Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Quality & Risk Committee (Part 1)
(Sub Committee of the Board of Directors)
Quarter 3, Month 2

Held on 30th November 2023, at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael	(MB)	Non-Executive Director
	Fadero, Amanda	(AF)	Non-Executive Director
	Midlane, Eilish	(EM)	Chief Executive
	Monkhouse, Oonagh	(OM)	Director of Workforce and Organisational Development
	Palmer, Louise	(LP)	Assistant Director for Quality & Risk
	Screaton, Maura	(MS)	Chief Nurse
	Smith, Ian	(IS)	Medical Director
	Wilkinson, Ian	(IW)	Non-Executive Director
In attendance	Agrawal, Bobby (arrived 15:35; left 16:23)	(BA)	Consultant Radiology (Agenda Item 8.2)
	Hales, Pippa (arrived 14:30; left 15:30)	(PH)	Chief AHP (Agenda Item 6.6.1)
	Halstead, Abigail	(AH)	Public Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	McCorquodale, Christopher	(CMc)	Staff Governor
	Mensa-Bonsu, Kwame	(KMB)	Observer
	Page, Simon (arrived 15:28; left 15:58)	(SPa)	Interim Director of Digital (Agenda Item 8.4)
	Randall, Kathy	(KR)	Lead Nurse for IPC (Observer)
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
	Wynn, Jacqui	(JWy)	Head of Quality, Improvement and Transformation (Observer and Agenda Item 6.1.5)
Apologies	Meek, David	(DM)	Consultant Physician in Oncology, Chair of QRMG
	Raynes, Andrew	(AR)	Director of Digital & Chief Information Officer
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance

Discussion did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.

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1	**APOLOGIES FOR ABSENCE**		
	The Chair opened the meeting and apologies were noted as above.		
2	**DECLARATIONS OF INTEREST**		
	There is a requirement that those attending Board Committees to raise any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted: • Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication; as advisor to the Behavioural Change by Design research project; as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration, as a freelance writer and broadcaster. The Chair advised that he was Co-Chair on a review of impartiality of BBC coverage of taxation and public spending. • Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd; CIS UCQ is a trademark for health and car IT courses established under consultancy ADR Health Care Consultancy Solutions Ltd. • Eilish Midlane as: Chair of C&P Diagnostic Steering Group; Holds an unpaid Executive Reviewer Role with CQC; as Director of CUHP; Voting Member of ICB. • Jag Ahluwalia as: Employee of Eastern Academic Health Science Network as Chief Clinical Officer; Trustee at Macmillan Cancer Support; Fellow at the Judge Business School – Honorary appointment and am not on the faculty; Co-director and shareholder in Ahluwalia Education and Consulting Limited; Associate at Deloitte and Associate at the Moller Centre. • Ian Wilkinson as: Hon Consultant CUHFT; Employee of the University of Cambridge; Director of Cambridge Clinical Trials Unit, Member of Addenbrooke's Charitable Trust Scientific Advisory Board, Senior academic for University of Cambridge Sunway Collaboration and Private Health Care at the University of Cambridge. • Amanda Fadero as a Trustee of Nelson Trust, a charity predominantly supporting recovery from drug and alcohol addiction with expertise in trauma informed care for women; Associate Non-Executive Director at East Sussex NHS Healthcare Trust; Consilium Partners is a specialist health consultancy working wit health and care organisations to help them plan, improve and deliver successful and sustainable futures. Interim CEO role St Barnabas and Chestnut Tree House Hospices for 6/12. • Maura Screaton as a director of Cambridge Clinical Imaging and has shares in some biotech companies.		
3	**COMMITTEE MEMBER PRIORITIES** • The meeting discussed a national issue raised in the news over the last two or three weeks concerning the quality of communication by the NHS with patients, both at discharge and other times, but including lack of response to telephone calls, lack of knowledge regarding post discharge and issues related to medications. Additionally, Radio 4 (on the morning of 30th November) had a segment on an investigation into a patient's experience of continuity of care. • Communication is one of the top themes of informal and formal complaints at the Trust. • The Committee discussed the benefits of undertaking a deep dive		

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	review and including further intelligence such as Friends and Family Test. • MS/IS/LP to review and bring back an assessment to Committee. • The Committee discussed how soft intelligence has informed the Trust of communication issues with regard to, for example, communication on ward rounds. • The Committee asked whether the Trust has a policy outlining communication requirements. The Trust does not have an overarching policy, but information regarding communication with patients, carers and families is included in guidelines, etc. Also, the Trust undertakes case note reviews which it is required to do annually as part of GMC standards. • IS advised that the Trust is undertaking a review into a new EPR system that would include discharge summaries. The Committee acknowledged the issues regarding the current EPR system.	MS/ IS /LP	02/24
4	**MINUTES OF THE PREVIOUS MEETING – 26th October 2023** The minutes from the Quality and Risk Committee meeting dated 26th October 2023 were agreed to be a true and accurate record of the meeting and signed.		
5	**MATTERS ARISING AND ACTION CHECKLIST PART 1 – from 26th October 2023** The Committee noted the pre-circulated document and discussed as follows: • 053: Mortality Statistics: the quarterly Learning From Deaths report is due at the December meeting. This will include mortality in all areas of the Trust as requested. Additionally, DN682 Procedure for Learning From Inpatient Deaths is being updated to include the monitoring and reporting on inpatient deaths. • The Committee discussed the question of committee responsibility for surgical mortality and noted that this was reported in PIPR Effective. • The Committee discussed and agreed on the importance of reviewing PIPR as a whole rather than taking Safe and Caring as independent domains. It was agreed that the whole PIPR document would be included in papers for the Quality & Risk Committee, with Safe and Caring reviewed and monitored in detail as usual. To be included in Chair's report to Board on 7th December 2023. Post meeting note: following the meeting, it was decided that the Committee should receive the PIPR Safe and Caring domains as usual. • 057: review offline to ensure rating is correct has been completed in conjunction with Chief Pharmacist. An establishment review is in progress which will be addressed through annual planning/budget setting. The Committee noted the stress the Pharmacy team is under in relation to workload and vacancies and acknowledged that even at full establishment the team is under pressure. • 058: completed and closed. All other actions are on the agenda, for discussion at a future meeting, or closed.		
6.	**QUALITY AND SAFETY**		

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6.1	**Trust Quality and Risk Report Quarter 2 23/24** LP led the Committee through the pre-circulated document, as follows: • The Committee noted that incident numbers were within normal range. • The report includes a chart displaying the number of patient safety incidents reported in the last three years and the linear trendline demonstrates no significant variation between months. The Committee noted that the data displayed will be developed to establish better methods for demonstrating potential trends. • The Committee noted that twenty-four clinical negligence claims are currently open and being managed by NHS Resolution (NHSR) on behalf of the Trust. The increase is due to three M.abscessus cases that were previously classed as records disclosures which are now being dealt with by NHSR as potential claims and one Letter of Claim that was uploaded to NHSR August 2023. • The Committee noted that the Trust had received sixteen formal complaints in Quarter 2, with twelve closed with no further feedback. Of these twelve, six have been partially upheld and/or upheld. Communication, clinical care and delay are the most frequent themes of formal complaints. All sixteen formal complaints received a written acknowledgement from the Trust within three working days. • The Trust received forty-one informal complaints within the quarter. • Both formal and informal complaints have increased from Quarter 1. This is being monitored but the Committee noted that the rise in informal complaints reflects that a local resolution was enabled. • The Committee noted that three RIDDOR reportable incidents required reporting to HSE in Quarter 2 as staff required time off work due to their injures. The Trust has been notified of one non-clinical claim in relation to one of the incidents. • The Chair acknowledged the three-year trend and commented that there seemed to be no systematic special cause variations apart from fall in activity during Covid-19. • The Committee acknowledged that the level of incident categorisation would be helpful. • The Committee asked when it would expect to receive a more granular breakdown on the quality of near misses. The Committee has held two conversations on near misses in year and received a focus review on patient harm and experience in January 2023. • The Committee noted that the PSIRF will focus on five main areas, with harm level included. Quarter 4 will be the starting point with reporting in Quarter 1 of 24/25. • The Chair asked about the source of the variation. What is the source of there being no variation in this case? Do nurses and others have a capacity for how often they enter data? The Committee discussed the continuing potential for reportable incidents not being reported and the mitigations that are in place to counter this, for example, through governance, MDTs, specialist roles, etc. Additionally, in meetings variations are picked up, for example in Cardiology Performance meeting it was felt that reporting was low considering it is a high throughput and high activity area and so this was raised. • It was noted that the Datix system is changing with a drop-down box offering different questions/categories. This will enable staff to report a patient safety incident, with more options available, and where soft intelligence can be captured.		

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	• The Committee discussed the recording of incidents that occur once the patient has been discharged and noted that this would be recorded in the governance process. If a receiving trust or GP felt that an incident had occurred due to care at RPH, their responsibility would be to feedback to the Trust. Additionally, the patient can raise the incident through the complaints process. The Committee acknowledged the importance of the Trust's role in ensuring good partnership and collaboration and discussed the importance of having better systems in place regionally to track the experience and outcomes of patients. EM advised that conversations had taken place at System meetings around having a central communications hub that patients could phone, and the possibility that this might duplicate work undertaken by hospital PALS and bookings teams. • The Committee discussed and acknowledged that only a percentage of the patients that the Trust serves come from the Cambridgeshire and Peterborough area. EM will revisit the conversation within the System Quality, Performance and Finance groups.		
6.1.1	**QRMG and SIERP Highlight and Exception Paper** LP led the Committee through the pre-circulated document, with points to note as follows: • The Committee noted that there were no escalations from QRMG this month, but three escalations from SIERP as three new serious incidents were reported to SIERP in the month of October 2023. • Although reported in October, not all incidents occurred in month. • A full discussion regarding the SIs to be held in Part 2.		
6.1.2	**Serious Incident Executive Review Panel (SIERP) minutes (231003, 231010, 231017, 231024, 231031)** The Committee noted the pre-circulated documents.		
6.1.3	**DN807 RTT Clinical Harm Review Procedure** LP led the Committee through the pre-circulated document, with discussion as follows: • The original document was created in April 2020 in response to the Covid-19 response. Although used across the three divisions it did not get embedded. The document has now been reviewed and made fit for purpose for use now. Operational Managers and Clinical Directors are supporting the review and looking at harm reviews. • The document has gone live and is already embedded in cancer pathway. • Sections on harm review and waiting lists are areas that are in further review and LP is working with Operational Managers to review how the Trust quantifies that. • The Committee complimented that the document has clear procedures for review and escalation, including SI investigations. However, EM challenged that the policy looks at RTT patients. Six-thousand patients are applicable on RTT, but there are a further forty-five-thousand patients that are on an open pathway that aren't applicable. • The Committee discussed the rationale for reviewing this smaller subset and agreed that this will need to be extended to enable a clearer understanding of the harms of longer patient waiting lists. • The Committee asked how the Trust would know that a death has		

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	occurred without contacting individual patients. Is there a central register? The Committee referred to its discussion in Agenda item 6.1, above, and discussed how the Trust knew whether patients were admitted elsewhere as part of the natural disease progression. The Committee noted that the Trust would depend on receiving a summary discharge letter or some form of communication from the other hospital. The Committee discussed the potential benefits of systems such as the Shared Care Record to aid with this. • IS advised that if one of his patients dies, then a notification is given through Lorenzo. It would be up to the relevant clinician to be curious to see what has happened. • The Committee noted that the document will be embedded in the next few months and reporting will begin to be seen thereafter.		
6.1.4	**SSI Dashboard** The Committee noted the pre-circulated document, with discussion as follows: • Although the rate of infections in Quarter 2 has not increased, they remain similar to Quarter 1 data: 6.1% to 6.3% respectively. • The Committee noted the rise in sternal wounds post valve surgery to 3.4% in Quarter 2 compared to 1.6% in Quarter 1. October 2023 has shown two infections in valve patients, one deep and one superficial, giving an infection rate of 4%. A deep dive has been undertaken to understand any commonalities, and organisms have been reviewed. The Trust is continuing with its governance structure and the last SSI Stakeholder Oversight Group meeting looked at the impact of the processes already put in place: • The Committee discussed the following: o Culture and culture of change. The Committee noted the difficulties of changing the culture, in particular as some staff in the organisation believe that, although marginal gains are made with the processes in place, bigger issues such as ventilation are to blame. For instance, if some staff do not accept that the basic protocols put in place will make a difference, or they feel that they know better, they will not undertake what is required of them. More work needs to be undertaken on communication and ensuring that the messages are disseminated correctly to all staff. IS and MS will attend some larger staff group meetings, for example surgery M&M meetings, to ensure the communication is circulated to all relevant staff. • The Committee expressed disappointment that basic infection prevention and control measures appeared to not be followed in full in some areas, and discussed the IPC audit results. It was noted that the Trust now has an established peer review programme for all IPC audits that has picked up lower compliance, due potentially to setting tougher/higher standards. The Committee highlighted how meeting IPC standards is everyone's responsibility and should be a part of all staff's professional standards. The meeting discussed the importance of leadership, role modelling, capacity and time to ensure that the basics are done. The Committee similarly discussed the fall in compliance with		

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	antibiotic policy for surgical prophylaxis in October to 75% from 83.20% in April, and the fall in compliance of MRSA nasal decolonisation to 71% in October from 77% in September. The Committee noted that there is a checklist in terms of knife to skin, and also the complexity of collecting the data due to the number of systems in place. The Committee asked: what is the point at which the Trust moves to intervention with an assigned individual, rather than have this as everyone's responsibility? Do we need harsher accountability at any stage or in any groups? The Committee was advised that the audit for compliance with surgical prophylaxis antibiotic administration was completed before the new antibiotic regime had been fully introduced. Therefore, the next audit should see improvement. The Committee discussed the importance of ensuring the environmental dashboard is green to greater understand the environmental contribution to SSI rates. This needs to be fully communicated to and understood by all staff. • Due to the amount of data now collected, it will be re-reviewed to look for trends and patterns. Additionally, a general review of all work undertaken so far will be done to see whether any gaps are apparent. • The Committee reiterated its frustration at the situation but acknowledged the ongoing work and commitment to lower the rates.		
6.1.5	**Clinical Quality Improvement and Transformation Workstreams Six Month Update** JW led the Committee through the pre-circulated document, with discussion as follows: • The Committee commended the work already undertaken on the workstreams and requested that a report was presented to the Committee in six months to report on how the work was progressing and being embedded. • AF commented that a conversation took place in the Workforce Committee earlier about the kind of improvement methodology approach and work being undertaken by Amanda Pritchard and NHS England. Will this be aligned to the work that the Trust is doing? The work around quality improvement will continue to be a focus of the Quality Strategy and annual updates will be available for the Committee.		
6.2	**M.abscessus Dashboard November 2023 (October data)** The pre-circulated document was noted, with discussion as follows: • Further discussion regarding M.abscessus will take place in Part 2 of the meeting. • The Committee noted that there had been no new acquisitions in month. • No new clinical claims were made in October. • In total the Trust has received ten notifications of claims as follows: seven potential claims through records disclosures/legal team notifications and three formal Letters of Claims (LOC). All have been reported to NHS Resolution.		

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6.2.1	**M.abscessus Executive Oversight Committee Minutes (230922)** The Committee noted the pre-circulated document.		
6.3	**Health and Safety Committee Highlights Report** The pre-circulated document was discussed as follows: • The November meeting was the second Health and Safety Committee meeting held under the new governance system. • The Committee has developed considerably, and reporting divisions now give more data, assurance and triangulation. • It was noted that the Medical Gasses Committee now reports into the Committee, alongside the Radiation Protection Committee, which has strengthened the collaboration of the two. • The Committee noted that eight new health and safety risks were recorded in Quarter 2, with one being closed in quarter. • The Committee commended the new governance and increased focus on health and safety.		
6.4	**Antimicrobial Stewardship (AMS) Quarter 2 Report** The Committee noted the pre-circulated report. • The Committee noted and commended the fact that the Trust has been awarded Level 2 Certificate of Accreditation by the BSACs Global Antimicrobial Stewardship Scheme, with the option to apply for Level 3, which is the highest level, accreditation in six months. • The Trust achieved a 14.1% reduction in antimicrobial use in Quarter 2, and are on target to meet the AMS target within the NHS Standard Contract 2022/24. • The Committee noted that that the Trust continues to reduce the use of antibiotics but noted that there had been a slight increase in the most recent months. • The Committee noted reference to the Define functionality in Rx-Info which is not able to show which ward/directorate/cost centre is being issued with antibiotics. This functionality is found in Rx-Info's Refine reports which the Trust does not subscribe to. What is the cost of not subscribing to this? MS will discuss with Netta Tyler and report back to the Committee.	MS	01/24
6.5	**Safeguarding Quarter 2 Report** The Committee noted and discussed the report as follows: • The Committee noted the activity undertaken by the Safeguarding Team and the improved compliance for Level 3 Safeguarding Training due to changing the mode of delivery to face-to-face. The Committee noted that medical staff compliance for the training remains low and work is continuing to better understand how the team can better facilitate this. • The Committee acknowledged the potential vulnerability of the Safeguarding Team in respect of sickness and capacity. It noted the amount of collaboration and involvement by the team with outside groups. • The ICB has a work plan in relation to safeguarding and requires the same input from all trusts. RPH is scoping the benefits of joining forces with CUH regarding this to ensure that staff are protected.		
6.6	**Cover: Allied Health Professional Strategy**		

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6.6.1	**Allied Health Professional Strategy** PH led the Committee through the shared slides, with discussion as follows: • The Committee commended the work undertaken by the Allied Health Professional (AHP) group and recognised the increased visibility of the team who were a more recognisable cohesive group. • The Committee suggested that the Ruth May quote used in Chapter 4 of the Strategy regarding transforming healthcare should come through in the Strategy. Is there room to say whether there is a scope for transfer of skills or responsibilities or to play a greater role in the Trust? What innovation might be introduced? • PH shared that AHP counterparts in other organisations are being utilised in more modern ways, some of that is supporting medical teams using skill sets slightly away from original traditional professions and others are within their own field. It would be good to adapt the culture to further integrate AHPs and release skills. PH shared that an ambition is to have key measurable changes for role developments, without that being siloed or swapping one professional dominance for another. • The Chair advised suggested that PH include this ambition in the Strategy. • The Committee discussed the term non-medical researchers and wondered whether a less negative descriptive phrase could be used. PH acknowledge this is a national term. • MS thanked PH for her leadership and work.		
6.7	**PERFORMANCE**		
6.7.1 **6.7.1.1**	**Performance Reporting** **PIPR Safe – M7** MS led the Committee through the report highlights, with points to note as follows: • The Committee noted that the fill rate for Registered Nursing is showing an improvement. Further detail was noted on the Key Performance Challenge slide that also talks to recovery trajectory, in particular with Health Care Support Workers (HCSW). Workforce triangulates with turnover and increasing vacancies in Registered Nursing. HCSW fill rate is partly impacted by high sickness levels in that group. • The Committee noted the three SIs reported, including one Never Event, as discussed in Part 2 of the October meeting. • The sepsis bundle compliance has deteriorated and has a rating of 74% for Quarter 2, which is lower than the Trust target of 90% of patients to have full screening if sepsis is suspected. The Committee noted current issues regarding sepsis reporting and further work is being undertaken on the sepsis bundle with the template under review to aid documentation to be completed.		
6.2.1.2	**PIPR Caring – M7** The Committee noted the pre-circulated document, with points to note as follows: • The Committee noted that PIPR Caring was written by the new Patient Experience Manager who has reviewed and amended the narrative regarding complaints to show more consideration and		

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	acknowledgement of patient experience whether or not the complaint has been upheld. • The Committee noted the Spotlight On Bereavement Support slide and its connection to the Trust values.		
7	**RISK**		
7 **7.1** **7.1.1**	**Board Assurance Framework Report** **Cover Paper – Board Assurance Framework (BAF)** **Board Assurance Framework** The Committee noted the pre-circulated documents, with points to note as follows: • It was noted that Committee risks have been discussed on agenda today. • AJ advised that the emerging risk concerning the CT reporting backlog had been discussed at Performance Committee this morning and it was agreed that it should be reported on the BAF, with Performance Committee oversight. There are currently three risks on the Corporate Risk Register which are all interconnected. • A CT Backlog verbal update is on the Part 2 agenda.		
8.	**GOVERNANCE AND COMPLIANCE**		
8.1	**Quality Strategy Update** LP shared a tabled update on the Quality Strategy, with points to note as follows: • The Quality Strategy was extended for an additional year to March 2023. Although no Strategy is currently in place, the Trust does have active Quality Accounts. • The Committee noted the Quality Account priorities for 23/24: o Priority 1 – Aim: Patient Safety Incident Response Framework. o Priority 2 – Increased action on prevention of health inequalities. o Priority 3 – Harm free care: VTE, PU and falls – linked to performance and need for focus on harm free care charting and trends. o Priority 4 – Reduced Surgical Site Infections. o Priority 5 – To improve resourcing and retention of staff through enhancing line managers skills and improving talent management/career progression. • LP shared information regarding NHS Impact 2023, that has been launched to support all NHS organisations, systems and providers to have the skills and techniques to deliver continuous improvement. • The Committee noted the five components of the programme that underpin a systematic approach to continuous improvement: 1. Building a shared purpose and vision 2. Investing in people and culture 3. Developing leadership behaviours 4. Building improvement capability and capacity 5. Embedding improvement into management systems and processes. • The Strategy will be developed in January, fine tuned in February and will be presented to the Committee in March to go live in April. • EM advised that there has been discussion about the NHS Impact work, specifically regarding continuous improvement, at an ICS/ICB		

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	level. There is acknowledgement that different organisations across the region have embraced different quality improvement methodologies, so there is a will to embrace the broad principles of continuous improvement but not necessarily give a steer as to which methodology people should coalesce around. Based on assessments already done, there is a self-assessment for the NHS Impact work that is in the early stages of developing a continuous improvement, culture and ambition.		
8.2	**PACS and Diagnostic Update** BA led the Committee through the pre-circulated paper, with discussion as follows: • RPH replaced the enterprise wide PACS in July 2022, and transitioned from a legacy system to a modern system. It was noted that the evaluation of prospective systems, procurement and installation were done in a constrained financial envelope during the pandemic. • BA shared that the installation was not straight forward at the beginning, with early issues including a major outage of PACS due to a supplier side problem Initial and ongoing training from Insignia has been good, however. • The Committee noted the challenge of radiology backlog – this to be discussed in full in Part 2. BA asked to join Part 2 of the meeting for this section. • The Committee noted the current work and improvements including holding a listening event with six engineers and the CEO of Insignia, changes to ways of working to maximise reporting capacity within the existing job plan envelope and assessment of how much reporting time is required now and going forwards. • Two locum Consultants are due to start in Spring 2024. • The Committee noted that the PACS system has been deployed for a year and the significant change this meant for the Trust. It was noted that PACS is largely stable with good speed of loading with most functionality easily available for day-to-day work. Work is underway to try to make improvements, for instance, home working is slow and unusable which has a negative impact on reviewing urgent studies for on call purposes. The Committee also noted again the large and growing backlog of reporting and acknowledged the planed next steps and future developments due.		
8.3	**Scan4Safety and GS1 Standards – Update on RPH Position and report from 36th Global GS1 Conference** CMc led the Committee through the pre-circulated document, with discussion as follows: • Ensuring compliance with standards has been a core strategic approach of digital team working, and GS1 compliant technologies have been deployed in a variety of areas across the Trust. • The Committee noted the action table on pages 3 and 4 of the document outlining progress, delivery and future opportunities. Much of the work to date has focused on ensuring that patient wristbands, medicines and products, assets and locations are appropriately labelled with barcodes or RFID tags. • JA commented that there was a question of trying to reconcile the number of benefits of this technology, against the recording overrides		

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	as mentioned in the Quality Accounts running in several hundreds of thousands. JA advised that he remained sceptical as to how much progress has been made in actual usage in this patient facing technology such as bar codes and drugs administration in light of the circa quarter of a million reported overrides. • CMc highlighted that some aspects are working very well, in particular blood track, and advised that, although there have been issues with overrides, work continues on improving the issues. • It was noted that fundamentals are in place, but there needs to be continued focus on applying them to realise the safety benefits.		
8.4	**C&P ICS Shared Care Record** The Committee noted the pre-circulated paper, with discussion as follows: • ICS has been mandated to put in place a capability that allows for the secure sharing of its citizens health care records. Phase 1 of the project has gone live and enabled a summary view of GP records and those held by CPFT. The data is unstructured, cloud based and presented as a web page either within the local system or accessed separately via a web portal. • Phase 2 is focussing on the connection of RPH, CUH, NWAFT, CCS and Adult Social Care to the Shared Care Record. The Committee noted that this will be a complex phase which is likely to require reiteration to achieve the stated objectives of the programme. • The Committee asked where governance and responsibility lay and was advised that a Board and Governance group have been formed that includes representatives from all partner organisations. This reports to ICS.		
8.5	**Document Control Spreadsheet – Out of Date Documents** • The Committee noted the document.		
8.6 **8.7**	**Internal Audits:** There were none to report. **External Audits/Assessment:** There were none to report.		
9	**POLICIES**		
	The Committee has sought and gained assurance that policies presented for ratification at the Committee are reviewed and approved at appropriate level meetings before being presented to Quality & Risk. The Committee also noted that there had been occasions when policies had not been ratified at the Committee that had requested further work and at Committee's before it at, for example, CPAC and QRMG.		
9.1	**Cover: DN361 Use of Human Biological Materials for Research** • The Committee noted the pre-circulated document.		
9.1.1	**DN361 Use of Human Biological Materials for Research** • The Committee ratified the pre-circulated document.		
9.2	**DN884 Patient and Professional Visiting Policy** • The Committee ratified the pre-circulated document.		

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9.3	**DN289 Health & Safety and Wellbeing Policy Nov 2023** • The Committee ratified the pre-circulated document.		
10	**RESEARCH AND DEVELOPMENT**		
10.1	**Minutes of Research & Development Directorate Meeting** • None available.		
11	**OTHER REPORTING COMMITTEES**		
11.1	**Escalation from Clinical Professional Advisory Committee (CPAC)** • No escalations noted from the November CPAC meeting.		
11.1.1	**Minutes from Clinical Professional Advisory Committee (231019)** • The Committee noted the pre-circulated document.		
11.2	**Minutes from Health & Safety Committee (230816)** • The Committee noted the pre-circulated document.		
11.3	**Minutes from the End of Life Steering Group (231010)** • The Committee noted the pre-circulated document.		
12	**ISSUES FOR ESCALATION**		
12.1	**Audit Committee** • There were no issues for escalation from Part 1.		
12.2	**Board of Directors** • There were no issues for escalation from Part 1.		
12.3	**Emerging Risks** • There were no emerging risks.		
13	**ANY OTHER BUSINESS** • The Committee noted that this was the last meeting for both Anna Jarvis and Chris McCorquodale and the Chair thanked them on behalf of the Committee for the commitment they have shown and the work they have undertaken.		
	Date & Time of Next Meeting: **Thursday 21st December 2023 2.00-4.00 pm, via Microsoft Teams**		

Meeting closed at 15:58

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Signed

21st December 2023

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Date