

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

**Held on 21<sup>st</sup> December 2023, at 2 pm**  
**Via Microsoft Teams**

**MINUTES**

<b>Present</b>	Blastland, Michael (Chair)	(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
	Raynes, Andrew	(AR)	Director of Digital & Chief Information Officer
	Screaton, Maura	(MS)	Chief Nurse
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
<b>In attendance</b>	Powell, Sarah	(SPo)	Clinical Governance Manager
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
<b>Apologies</b>	Ahluwalia, Jag	(JA)	Non-Executive Director
	Meek, David	(DM)	Consultant Physician in Oncology, Chair of QRMG
	Smith, Ian	(IS)	Medical Director
	Wilkinson, Ian	(IW)	Non-Executive Director

*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.*

Agenda Item		Action by Whom	Date
<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>		
	The Chair opened the meeting and apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
	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: <ul style="list-style-type: none"> <li>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</li> </ul>		

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	<p>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. Agreed to advise UKRI (UK Research Institute) on a project regarding using narrative in research.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Eilish Midlane as: Chair of C&amp;P Diagnostic Steering Group; Holds an unpaid Executive Reviewer Role with CQC; as Director of CUHP; Voting Member of ICB.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 with 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.</li> <li>• Maura Sreaton as a director of Cambridge Clinical Imaging and has shares in some biotech companies.</li> </ul>		
3	<p><b>COMMITTEE MEMBER PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• No Committee member priorities reported this month.</li> </ul>		
4	<p><b>MINUTES OF THE PREVIOUS MEETING – 30<sup>th</sup> November 2023</b></p> <p>The minutes from the Quality and Risk Committee meeting dated 30<sup>th</sup> November 2023 were agreed to be a true and accurate record of the meeting and signed.</p>		
5	<p><b>MATTERS ARISING AND ACTION CHECKLIST PART 1 – from 30<sup>th</sup> November 2023</b></p> <p>The Committee noted the pre-circulated document and discussed as follows:</p> <ul style="list-style-type: none"> <li>• 053: On agenda.</li> <li>• 060: Action due February 2024. The Chair asked MS, IS and LP to consider a further question: do our patient questionnaires ask the right questions and provoke about issues that could be quite significant but at present are potentially missed. For example, do patients feel they need to repeat information to clinical staff that they have given before? Do staff know patients' background information?</li> <li>• The Chair shared his concern that some patients do have anxieties</li> </ul>		

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	<p>about their treatment or have had experiences that did not match their expectations and this information is not coming through at present. Should we add some ad hoc questions to the Trust's surveys to ensure we are getting as much information as possible?</p> <ul style="list-style-type: none"> <li>• The Committee was informed that work has started on updating the Friends and Family Test (FFT) to the mandated ask. The current electronic form will be moved to a different, more sophisticated platform that will enable the Trust to review the questions asked and include the mandated questions that were introduced by the NHS a few years ago. The review will include the standard mandatory questions, but also look at questions each year that fit with the Trust's themes and focuses. The review will go through the Patient and Carer Experience Group and also PPI Committee and will return through Quality and Risk Committee for sign off.</li> <li>• MS highlighted the importance of maintaining curiosity and advised that the Trust has seen themes in terms of complaints made that are reflective of the national picture, for instance, managing patients' expectations regarding their patient journeys and outcomes. This is particularly pertinent in relation to the number of cancellations that are happening nationally.</li> <li>• MS also highlighted the importance of re-establishing the patient/speciality groups following the pandemic, and the Committee noted that a potential position for a Head of Patient Experience and Engagement has been put forward in budget planning that would give the Trust resource to offer further breadth and depth in this area.</li> <li>• The Committee noted that work is ongoing on the Patient Experience and Engagement Strategy.</li> <li>• 050: the Committee noted that the inquest has been held and the Trust is chasing the outcome. Shared offline with any questions to be taken at the next Committee meeting. Action to be closed.</li> <li>• PIPR Effectiveness to be shared with the Committee at future meetings.</li> </ul> <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p>		
<b>6.</b>	<b>QUALITY AND SAFETY</b>		
<b>6.1</b>	<p><b>QRMG and SIERP Highlight and Exception Paper</b></p> <p>LP led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> <li>• The Committee noted that both QRMG and SIERP escalated SUI-WEB49875 as reported to Part 2 of Quality &amp; Risk Committee in November 2023.</li> <li>• The Committee noted that the Medical Examiners' Officer Q2 report advised that there had been a significant increase in workload over the last quarter.</li> <li>• Normal variation was noted in medicines incident reporting this month with a high proportion of investigations completed, and a proactive approach to incident management in some areas has been seen. It was noted that concerns were raised that some patient letters contained out of date advice and did not have the appropriate clinical reviews of the information they contained. The Chief Pharmacist will liaise with the Clinical Administration team to ensure appropriate</li> </ul>		

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	<p>clinical oversight of patient letters that include clinical advice.</p> <ul style="list-style-type: none"> <li>The Intensive Care National Audit and Research Centre report was presented to the group and demonstrated that for 22/23 Q3 and Q4 for risk adjusted mortality, the observed value is above the 95% predicted range but within the 99.8% predicted range. Some evidence suggests that the Q1 value is worse than expected. Actions are currently underway and further assurance will be sought by QRMG as actions progress with updates to be presented to future Quality &amp; Risk Committee meetings.</li> <li>It was noted that there was one RIDDOR reportable incident in month which required reporting to HSE related to staff moving and handling injuries at work.</li> <li>As of 4<sup>th</sup> December 2023, there are 316 open corporate risks recorded on the Datix risk information system, of which 76 were overdue. As of 21<sup>st</sup> December, 10% of the open corporate risks are overdue.</li> <li>A total of eight formal complaints were received in November 2023. These complaint investigations are currently ongoing.</li> <li>The Committee noted that the volunteer team continues to expand, with new opportunities for volunteers within the Trust.</li> <li>Three inquests were heard in November 2023 and the Trust attended four Pre-Inquest Review Hearings.</li> <li>The Committee noted the update from the VTE Oversight Group.</li> <li>The Committee noted the peer review update in the IPC report.</li> </ul>		
6.1.2	<p><b>Serious Incident Executive Review Panel (SIERP) minutes (231107, 231114, 231121, 231128)</b> The Committee noted the pre-circulated documents.</p>		
6.2	<p><b>PSIRF Incident Flow Chart</b> The Committee noted the pre-circulated document.</p> <ul style="list-style-type: none"> <li>LP outlined the flow chart and the work that will go on behind it, particularly within the first three months and acknowledged the difficulties of a potential higher volume of casework within the first three months due to tandem working.</li> <li>The Chair acknowledged the process and landmarks that the Trust needed to hit and the Committee discussed where the Trust expected that the difficult judgements/issues were likely to be.</li> </ul>		
6.3	<p><b>Learning From Deaths Report 23/24 for Quarter 1 and Quarter 2</b> SPo led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> <li>The Committee noted that from 1<sup>st</sup> April to 30<sup>th</sup> September 2023, 95 patients died in RPH.</li> <li>Inpatient deaths are required to be discussed at a specialty Mortality and Morbidity meeting. In addition, there are now several processes that work in parallel to comprehensively review all deaths at the Trust to identify issues and improve quality and safety for patients. These include: <ul style="list-style-type: none"> <li>All deaths in the previous week are presented at the weekly SIERP.</li> <li>Medical Examiner Scrutiny Review: <ul style="list-style-type: none"> <li>The Committee noted that all patient deaths within period were reviewed by Medical Examiner Scrutiny Review.</li> </ul> </li> <li>Retrospective Care Record Review (RCR):</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Within the six-month period, 22 RCRs were requested, with 11 completed. Of the 11 not received, all have been discussed at an M&amp;M meeting. The review of 11 patients, has not shown any concerns raised via this system. And none of the 11 patients are within the coroner's inquest/investigation process.</li> <li>○ Consultant clinicians have fed back that industrial action has impacted on time to undertake RCRs within the data period Q1 and Q2.</li> <li>○ The Committee noted the learning from RCRs completed in the report.</li> <li>● Morbidity and Mortality (M&amp;M) meeting discussion: <ul style="list-style-type: none"> <li>○ All in-hospital deaths must be discussed at an M&amp;M meeting. In Q1 and Q2, 90 out of 95 patient deaths have been discussed in at least one speciality M&amp;M meeting. The planned actions for the 5 patient deaths yet to be discussed were noted in the report.</li> <li>○ There have been no escalations following discussion at Surgical, Cardiology, Thoracic or Transplant M&amp;M meetings via Datix. However, it was noted that the Critical Care M&amp;M meeting has retrospectively raised potential learning opportunities for other teams.</li> </ul> </li> <li>● Incident investigation: <ul style="list-style-type: none"> <li>○ All deaths and any associated incidents are reviewed at the weekly SIERP meetings. In Q1 and Q2, there were 4 incident investigations into potential safety concerns: 3 moderate harm investigations and 1 clinical review.</li> <li>○ The Committee noted the outcome or progress of all incident investigations in the report.</li> </ul> </li> <li>● The Committee noted and acknowledged the two new reporting charts presented in the report demonstrating longitudinal crude in-hospital mortality data over the last three years. Graph 1, with data presented by year and month, demonstrates that the Trust has similar peaks and troughs in certain months. The graphs are being developed into SPCC charts for further reporting.</li> <li>● The Committee noted the summary of actions and improvements planned, that include: <ul style="list-style-type: none"> <li>● Improvement work to review how to increase compliance and train further medical colleagues to support the required RCR completions.</li> <li>● DN792 Trust Medical Examiner Scrutiny Procedure has been merged with DN682, Mortality Case Record Procedure.</li> <li>● All other procedures that relate to in-patient deaths are being reviewed and collated to further merge with DN682 to create a single Trust Learning From Death Policy.</li> <li>● Planned increase medical awareness campaign around statutory requirements and internal learning opportunities from the review of all inpatient deaths.</li> </ul> </li> <li>● The Committee also noted that the Patient Safety Incident Response Framework (PSIRF) will be introduced at the Trust in January 2024.</li> </ul> <p>Committee discussion regarding the report was as follows:</p> <ul style="list-style-type: none"> <li>● The Chair stated that it was reassuring to know that the Trust has the various levels of response as stated in the report.</li> <li>● Chair: we probably do have some suspicions that mortality is behaving in unusual ways at the moment, and we do not know quite why.</li> </ul>		

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	<p>There is a lot more information that we can retrieve from our data, and I am keen to see this developed. Crude numbers of deaths are not going to tell us very much because they're not case/activity adjusted.</p> <ul style="list-style-type: none"> <li>• The Committee noted that mortality data is fed into national clinical audits but agreed that more information locally would be helpful to include in Learning From Deaths reports, such as:</li> <li>• Divisional risk adjusted mortality trends.</li> <li>• Health inequalities: looking at deaths within patient groups such as learning disabilities, and causal factors. It was noted that the Trust does have data to support mandatory reporting for LD and is included in the Learning From Deaths reports to the Committee.</li> <li>• Additionally, the Committee discussed the importance of knowing more about the patients that die in the Trust – ethnicity, place of residence, socio-economic status, for example.</li> <li>• Patient acuity. Are we offering treatment to the right patients? Do we need to look at improving the pre-operative and consent processes? Conversations taking place pre-operatively can be helpful in terms of explaining the risk and also the lengths that we may need to go through to bring the patient through the procedure.</li> <li>• Ensuring that RESPECT conversations are taking place before interventions.</li> <li>• The Committee noted the importance of collaborating on various digital tools available to enhance productivity on the shared care record, and discussed the current drawbacks to data collection and sharing with current EPR system and potential for new system.</li> </ul>		
6.1.4	<p><b>SSI Dashboard</b></p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• So far for November 2023, there are two superficial leg wound infections in CABG surgery, giving a reportable rate of 2.5%. The Committee noted that figures are subject to change as more patients may present.</li> <li>• So far for Q3, October 2023 has seen five superficial infections in CABG surgery, four of which are inpatient/readmissions. Therefore, current reportable rate for October is 4.9% the total rate of CABG infections for October is 6.1% for all inpatients/outpatients.</li> <li>• Quarter 2 inpatient/readmission rate is 6.1%. This compares to 6.3% in Q1. Overall inpatient/outpatient for Q2 is 9.4%.</li> <li>• Colour coding to dashboard will change: rates will be coloured grey until late reporting confirmed in future dashboards.</li> <li>• The Committee noted the improved IPC audits.</li> <li>• Work has started to review actions and initiatives taken to date and of the embedding of practice.</li> <li>• The Committee noted that the Trust was seeing more gram negative organisms causing infections than gram positives.</li> <li>• The Committee noted that compliance with MRSA nasal decolonisation treatment in November had decreased to 30% compared to 71% in October. This remains a focus with best practice. Documentation of treatment involving the Pharmacy group and clinical teams has been reviewed and a prescription and handover process has been implemented to support this measure. It was noted that December audits have seen an improvement.</li> </ul>		

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	<ul style="list-style-type: none"> <li>The Committee discussed the Trust's contract with Nuffield for surgical instruments and noted that non conformances are down slightly at 9 for November 2023. It was noted that daily meetings between a member of theatre staff and Nuffield now take place and improvements have been seen. The contract for decontamination of surgical instruments is currently out to tender.</li> </ul>		
<b>6.5</b>	<p><b>M.abscessus Dashboard November 2023 (October data)</b> The pre-circulated document was noted, with discussion as follows:</p> <ul style="list-style-type: none"> <li>In November 2023, relatedness results were received for samples taken between October 2022 and August 2023.</li> <li>New patients: two patients who had samples tested from December 2022 and January 2023 were not related to the outbreak cluster.</li> <li>Re-testing of previous known positive patients 2022/23: three patients had samples tested from October 2022 to January 2023 and all were not related to the outbreak cluster.</li> <li>No new patients with acquisitions of M.abscessus were reported in November 2023.</li> <li>In November, relatedness results of two patients have relatedness results showing they are related to the outbreak. Neither patient is showing clinical signs of the disease. Both were discussed at SIERP on 5<sup>th</sup> December 2023 and currently graded as low harm incidents.</li> <li>One new patient result (from WEB49271(5)) confirmed not related acquisition to outbreak cluster is still waiting for relatedness tests.</li> <li>There are no pending inquests.</li> <li>The Trust is trying to source another provider. Currently, UKHSA has committed to undertaking an ad-hoc service for the Trust.</li> </ul>		
<b>6.7</b>	<b>PERFORMANCE</b>		
<b>6.7.1</b> <b>6.7.1.1</b>	<p><b>Performance Reporting</b> <b>PIPR Safe – M8</b> MS led the Committee through the report highlights, with points to note as follows:</p> <ul style="list-style-type: none"> <li>The Committee noted that nursing roster fill rates have increased for November. However, it was noted that the Trust's main area of concern with regard to vacancies and leavers is CCA which is having an effect on performance in terms of number of beds that are safely being able to be staffed.</li> <li>Ward supervisory sister and charge nurse time continues to have small incremental increases from 46% to 48% (October and November respectively), with cardiology wards showing the biggest improvements. Surgical wards currently require further support to achieve adequate supervisory sister time.</li> <li>Two cases of Klebsiella bacteraemia and two cases of C.diff were reported for November. The Trust is currently above its annual target of seven C.diff set by UKHSA annually. After an IPC review, key learning was identified and shared with the CCA team.</li> <li></li> </ul>		
<b>6.2.1.2</b>	<p><b>PIPR Caring – M8</b> The Committee noted the pre-circulated document.</p>		
<b>7</b>	<b>RISK</b>		
<b>7</b>	<b>Board Assurance Framework Report</b>		

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7.1 7.1.1	<p><b>Cover Paper – Board Assurance Framework (BAF)</b>  <b>Board Assurance Framework</b>  The Committee noted the pre-circulated documents, with points to note as follows:</p> <ul style="list-style-type: none"> <li>EM outlined the three risks that relate to the Committee. The meeting has covered hospital acquired infection, M.abscessus and safer staffing, but EM highlighted that the CT reporting backlog element is now included on the BAF. A good discussion was held at the December Performance Committee regarding assurance levels regarding activity recovery and productivity.</li> <li>EM highlighted the action plan in place and stated that active work is ongoing to address the shortfall in radiology capacity in terms of reporting. Additionally, a piece of work is in place to address the backlog itself. It was noted that the anticipation is that it is going to take six to eight weeks to recover the backlog and bring the Trust back to a steadier flow of actually reporting in accordance with the national standard.</li> </ul>		
8.	<b>GOVERNANCE AND COMPLIANCE</b>		
8.1	<p><b>Internal Audits:</b>  There were none to report.</p>		
8.2	<p><b>External Audits/Assessment:</b>  There were none to report.</p>		
9	<b>POLICIES</b>		
	<p>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 &amp; 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.</p>		
9.1	<p><b>ToR011 QRMG</b></p> <ul style="list-style-type: none"> <li>The Committee ratified the pre-circulated document.</li> </ul>		
10	<b>RESEARCH AND DEVELOPMENT</b>		
10.1	<p><b>Minutes of Research &amp; Development Directorate Meeting (231023)</b></p> <ul style="list-style-type: none"> <li>The Committee noted the pre-circulated document.</li> </ul>		
11	<b>OTHER REPORTING COMMITTEES</b>		
11.1	<p><b>Escalation from Clinical Professional Advisory Committee (CPAC)</b></p> <ul style="list-style-type: none"> <li>The December CPAC meeting was stood down due to availabilities and pressures.</li> </ul>		
11.1.1	<p><b>Minutes from Clinical Professional Advisory Committee</b></p> <ul style="list-style-type: none"> <li>None available.</li> </ul>		
12	<b>ISSUES FOR ESCALATION</b>		
12.1	<p><b>Audit Committee</b></p> <ul style="list-style-type: none"> <li>There were no issues for escalation from Part 1.</li> </ul>		
12.2	<b>Board of Directors</b>		



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	<ul style="list-style-type: none"> <li>There were no issues for escalation from Part 1.</li> </ul>		
12.3	<b>Emerging Risks</b> <ul style="list-style-type: none"> <li>There were no emerging risks.</li> </ul>		
13	<b>ANY OTHER BUSINESS</b> <ul style="list-style-type: none"> <li>None.</li> </ul>		
	<b>Date &amp; Time of Next Meeting:</b> <b>Thursday 25<sup>th</sup> January 2024 2.00-4.00 pm, via Microsoft Teams</b>		

Meeting closed at 15:28



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Signed

25<sup>th</sup> January 2024

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Date

**Royal Papworth Hospital NHS Foundation Trust  
Quality & Risk Committee**