

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

**Held on 24 June 2021 at 2 pm
Via Microsoft Teams**

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-executive Director
	Blastland, Michael (Chair)	(MB)	Non-executive Director (Chair)
	Fadero, Amanda	(AF)	Non-executive Director
	Graham, Ivan	(IG)	Deputy Chief Nurse
	Jarvis, Anna	(AJ)	Trust Secretary
	Monkhouse, Oonagh (until 3.10 pm)	(OM)	Director of Workforce and Organisational Development
	Rudman, Josie	(JR)	Chief Nurse and DIPC
	Seaman, Chris	(CS)	Quality Compliance Officer (Minute taker)
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
	Wilkinson, Ian (from 2.45pm)	(IW)	Non-executive Director
In attendance	Conquest, Cynthia (from 3.45 pm)	(CC)	Non-executive Director
	Hales, Pippa (from 2.50 pm)	(PH)	Acting Chief Allied Health Professional
	Leacock, Diane (from 3.45 pm)	(DL)	Non-executive Director
	Nashef, Sam (until 2.50 pm)	(SN)	Consultant Surgeon
Apologies	Hall, Roger	(RH)	Medical Director
	Hodder, Richard	(RHo)	Lead Governor
	McCorQuodale, Chris	(CM)	Deputy Chief Pharmacist & Staff Governor
	Powell, Sarah	(SPo)	Clinical Governance Manager
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer

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
1	APOLOGIES FOR ABSENCE		
	The Chair opened the meeting and the apologies above were noted.		
2	DECLARATIONS OF INTEREST		
	There is a requirement that those attending Board Committees raise any specific declarations if these arise during discussions. The following		

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	<p>standing Declarations of Interest were noted:</p> <ul style="list-style-type: none"> • 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 journalist reporting on health issues and as an advisor to Bristol University's Centre for Research Quality and Improvement. • Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. • Jag Ahluwalia as: CUH Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; Programme Director for East of England Chief Resident Training programme, run through CUH; 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. • Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH; Chair of the NHS England (NHSE) Operational Delivery Network Board; Trustee of the Intensive Care Society; Chair of the East of England Cardiac Network and an Executive Reviewer for CQC Well Led reviews. • 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. 		
3	<p>COMMITTEE MEMBER PRIORITIES There was no discussion.</p>		
4	<p>MINUTES OF THE PREVIOUS MEETING – 27 May 2021</p>		
	<p>The Quality & Risk Committee approved the minutes of the previous meeting held on the 27 May 2021 and authorised these for signature by the Chair as a true record.</p>		
5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 (210325) There were no outstanding actions.</p>		
5.1	<p>Surgical Mortality & Morbidity monitoring Mr Sam Nashef, Consultant Surgeon was welcomed to the meeting to present a guide to the measurement of clinical quality outcome monitoring and mortality at Royal Papworth. Key highlights:</p> <ul style="list-style-type: none"> • Evidence based practice was a recent innovation in the last 20-30 years led by the field of cardiac surgery. • Previously treatments had been measured by comparing costs rather than by clinical outcomes. • Initial review of mortality by individual surgeon activity did not allow for patient acuity and intervention risk. 		

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	<ul style="list-style-type: none"> • A risk adjustment known as EuroScore was introduced. This predicted the risk of an operation based on a weighting of risk factors of the individual patient. • The use of VLAD graphs (Variable Life Adjusted Display) based on sequential monitoring of performance over time were used to demonstrate the difference between expected mortality and actual deaths that occurred and would indicate whether overall performance was better or worse than expected, based on the predicted risk of failure. • VLAD curves allowed a more sensitive way of observing trends and could pick up substandard performance at an early stage whilst allowing a view of the outcome of performance of an individual surgeon over a period of time. • The comparison of the Euroscore risk (measurement of death before a procedure) with the ICNARC risk (measurement of risk of death on arrival in ICU following a procedure) would be a more objective measure for assessing quality of care and future quality of life indicators. • The Trust hopes to adopt Acute Risk Change (ARC) model which would assess whether problems with operations could be caused by system issues, however this was still at the preliminary stages of implementation. • Publication of clinical outcomes by individual surgeon, whilst useful and transparent could lead to category shifts, ie the modification of the appearance of mortality rates by doing something that was potential harmful to the patient. • RPH had tried to reduce the pitfalls of transparency by the national publication of unit outcomes only. Internal publication and comparison of individual surgeons would continue. • A system had been devised for the measure of the risk adjusted mortality of the operation and the optimum time the patient would benefit from having the operation, however there was limited resources to follow up on survival, quality of life, and future interventions. <p>In response to Chair's question of how performance was reported in PIPR, Mr Nashef suggested showing actual outcomes compared with Euroscore expectations as a mortality percentage or, if only a single number was required, a ratio of these or alternatively raw mortality. This was considered a conversation for future deliberation.</p> <p>The Committee took substantial assurance from the fact that Euroscore was fully embedded at Royal Papworth and future development was continuing despite lack of resources.</p> <p>Assurance was also given by the knowledge that Euroscore was used in RPH's centres of referral. A mortality number was stated in every response to a referral by RPH demonstrating open communications between RPH, referral centres and patients concerning the risk of death versus survival.</p>		
6.1	QUALITY		
6.1.1	Quality Exception Reports		
6.1.1.1	Quality & Risk Management Group (QRMG) Exception Report This was received by the Committee.		
6.1.1.2	Covid environmental Risk Assessment v4 This was received by the Committee.		

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6.1.1.3	QRMG Minutes (210511) These were received by the Committee.		
6.1.1.4	Risks 12+ This report was received by the Committee.		
6.1.2	Fundamentals of Care Board (FOCB) Exception Report This was received by the Committee.		
6.1.2.1	Appendix 1 – EoL Action Plan This was received by the Committee.		
6.1.2.2	Minutes of FOCB (210512) These were received by the Committee.		
6.1.3	Executive Led Environment Round Report This was deferred to next month.		
6.1.4	Regional Health Inequalities The Chair gave an update that work on health inequality analysis had been slow due to the lack of widely available data and available resources in the Business Analysis Team. It was acknowledged that there was some ongoing progress with this but not sufficient to warrant an update to Committee at this stage. It was agreed to tap into the ICS strategy groups' analysis of health inequalities, with the objective to reschedule this at Committee for an update in 3 to 4 months hence. It was suggested that Dr Calvert could assist with this as the respiratory team had already undertaken some work on this. The Deputy Medical Director would liaise and agree a convenient month in which to invite Dr Calvert to Committee to explore this further.		
6.2	PERFORMANCE		
6.2.1	Performance Reporting / Quality Dashboard		
6.2.1.1	PIPR Safe – M02 The Deputy Chief Nurse highlighted a correction to the circulated document - the number of pressure ulcers was 2 and not 3 which took Safe into the rating of green for month 02.		
6.2.1.2	PIPR Caring – M02 This was received by the Committee.		
6.2.1.3	PIPR People, Management & Culture – M02 This was not available at time of circulation of papers; this is now attached with the minutes for information.		
6.2.2	Monthly Ward Scorecards: M02 This was not available at time of circulation of papers; this is now attached with the minutes for information.		
6.3	SAFETY		
6.3.1	Serious Incident Executive Review Panel (SIERP) (210525, 210601, 210608, 210615) minutes The minutes noted above were received by the Committee.		
6.3.2	Patient Safety Data This was deferred to next month.		
6.3.3	Learning from Deaths Q4 report 20/21 This was not available at the time of the meeting.		
7	RISK		
7.1	Board Assurance Framework Report This was accepted by the Committee.		
7.2	Emerging risks There were none to report.		
8	WORKFORCE		

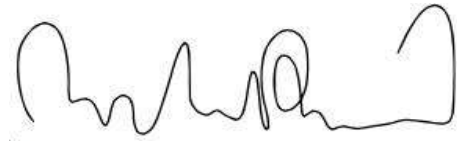
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8.1	<p>Paper on Second Covid Debrief Report</p> <p>The Director of Workforce and Organisational Development presented the paper on the second Covid Debrief to the Committee. The following documents were included in the meeting papers for information:</p> <p>Appendix 1 – Debrief Summary Report</p> <p>Appendix 2 – Complete Debrief Report</p> <p>Four key questions were posed in the second debrief process to better understand the impact of the changes in practice made following the first staff debrief in the summer of 2020. Some staff were interviewed individually and feedback gathered in the Q1 Pulse survey was also considered. The report/feedback would be shared widely and divisional splits on feedback were available. Broadly, the debrief gave positive feedback on improvements made as a result of learning gained from the first debrief. Items of note were:</p> <ul style="list-style-type: none"> • To continue with positive messaging through the variety of communication channels available • To continue with interventions such as improved facilities for health & well-being, home working, free tea and coffee etc. • How to maintain a healthy balance of hospital activity whilst providing a reprieve for staff. This depended very much on vacancy rates and staffing ratios together with the pressures of higher emergency rates in some services. Some areas noted continuing low staff morale because of service pressures, higher vacancy rates and staff turnover despite the efforts of leaders to alleviate this. • Concerns about workload with not enough space to process events and recover. This was very much a live topic at present with efforts to build a higher head room into establishments to allow staff not to put pressure on themselves to keep going without a period of rest and recuperation. <p>The Committee considered whether the Trust had a secure system for reporting dangerous levels of fatigue and if staff fatigue could be a contributory factor to the recent increase in serious incidents. This led to a wider discussion on the trend of increasing serious incidents regionally and whilst this could be considered reassuring was still a cause for concern. It was noted that SIERP could be considered as a regular internal temperature check and that this weekly analysis would very quickly pick up on any human factors trends.</p> <p>The Director of Workforce and Organisational Development confirmed that line managers were fully aware of legislation on working hours and that mechanisms for breaches of working in excess of 48 hours per week were in place, however she acknowledged that it was generally the unpaid hours that staff contributed that was of concern, of which there was no formal method of tracking.</p> <p>Discussion focussed on the question of how rife the practice was at RPH of regularly exceeding working hours by medics and surgeons and whether there was sufficient self-governance to provide a safe environment for both patients and staff. Concern was expressed by Dr Ahluwalia that RPH should not be guilty of not recognising the need to take regular shift breaks by more senior members of staff which would have the effect of creating an environment where it was considered the norm to be expected to exceed working hours. The Director of Workforce and Organisational Development was keen for this to be</p>		

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	<p>followed up by the Medical and Deputy Medical Directors as she considered this was not visible to those outside of the medical profession. It was suggested that talking to junior doctors would initially be a good place to start and that the feature of a healthy team was the ability and confidence to look out for each other.</p> <p>The Deputy Medical Director referred to the Fight Fatigue Campaign and noted the comments made by the Director of Workforce and Organisational Development.</p>		
9	GOVERNANCE		
9.1	<p>Cover Paper for Clinical Ethics Committee Terms of Reference (ToR) This was received by the Committee.</p>		
9.1.1	<p>Clinical Ethics Committee ToR The ToR for the Clinical Ethics Committee were ratified by the Committee.</p>		
9.2	<p>Cover Paper for End of Life Steering Group ToR This was received by the Committee</p>		
9.2.1	<p>End of Life Steering Group ToR The ToR for the Clinical Ethics Committee were ratified by the Committee.</p>		
10.1	<p>Draft Quality Accounts 21/22 The Trust Board had been invited to the meeting to review the final draft of the Quality Accounts for 21/22. In addition to those Board members already present, two further non-executive directors, Cynthia Conquest and Diane Leacock, joined the meeting. Amendments to the circulated version were considered:</p> <ul style="list-style-type: none"> • Healthwatch had responded with positive feedback • C.Diff numbers were adjusted up from 13 to 14 • Participation rates to clinical audit were adjusted <p>Further discussion covered the following:</p> <ul style="list-style-type: none"> • The Trust Secretary advised the Committee that the Quality Accounts would be put in the public domain on 30 June and then presented at the public Board committee on 1 July 2021. • The Trust Secretary and Quality Compliance Officer were thanked by the Chief Nurse for their joint efforts on progressing this document to Committee approval stage. • Dr Ahluwalia congratulated the Research & Development team on their high level of participation in clinical research activities demonstrating the Trust's continued commitment to improving treatments and care for patients. • It was suggested that future Quality Accounts should encompass and celebrate the wider contribution of different staff groups such as AHPs. • The Committee voiced its wish to be involved with the setting of quality initiatives for 22/23 at an early stage of the process and it was agreed that this would be brought back to Committee early in Q3. <p>The Committee approved the draft quality account subject to the aforementioned minor amendments.</p>		
10.2	<p>Internal Audits: There were none to report.</p>		
10.3	<p>External Audits/Assessment: There were none to report.</p>		

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10.4	EPRR Interim Update This was received by the Committee.		
11	POLICIES		
11.1	<p>Cover paper and AHP Strategy 2021-2026 This was presented by the Acting Chief Allied Health Professional, who was welcomed to the meeting:</p> <ul style="list-style-type: none"> • This was the first AHP strategy for Royal Papworth Hospital created collectively by AHPs within the Trust and which mirrored the Trust Strategy. • Six of the 14 nationally recognised AHP groups were represented at RPH all of whom were regulated by Health and Care Professions Council (HCPC). • AHPs were the 3rd largest clinical workforce within RPH. • The aims were to strengthen the leadership and voice by uniting the professional groups and create a stronger sense of group identity. • It was hoped to realise greater role potential and responsibility for the staff groups. • Both regional and national AHP councils were now in place. • Other professional groups working at RPH, such as paramedics, had been included under this umbrella strategy. • The strategy was recognition of the need to support this workforce and retain the excellent skill set they provided. <p>The following points were discussed and noted by the Committee:</p> <ul style="list-style-type: none"> • The role of the Chief AHP was funded only until March 2022. • This document would set up the framework for further discussion at Board level. • The AHP voice should be included and heard at regional ICS level. • The development of AHPs to lead and develop new services at RPH by demonstrating independent practice, research and education to improve and support excellent quality of care. • In response to the Deputy Medical Director's suggestion that the strategy would further benefit from more operational detail and specific objectives, a workshop was planned whereby the group would challenge itself to redesign services and create a quantitative action plan based on the strategy. The aims within the first year would be to help the workforce feel more valued and empowered through its leadership structure and to have an equal voice and contribution at MDT forums which would benefit the quality of care. <p>The Strategy was endorsed wholeheartedly and ratified by the Committee.</p>		
11.2	<p>Cover paper for DN365 Policy for cytotoxic medicines to patients at RPH v4 This was received by the Committee.</p>		
11.2.1	<p>DN365 Policy for cytotoxic medicines to patients at RPH v4 DN365 was ratified by the Committee.</p>		
11.3	<p>Cover paper re complaint from EAST (WEB38111) This was received by the Committee.</p>		
11.3.1	<p>DN194 Patient Falls – Policy for the Prevention & Management DN365 was ratified by the Committee.</p>		
11.3.2	<p>DN483 First Aid Procedure</p>		

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	This was received by the Committee.		
11.3.3	DN771 Self-presenters or deteriorating outpatients at Royal Papworth Hospital Guidelines This was received by the Committee.		
11.4	Cover paper for DN513 Business Continuity Policy This was received by the Committee.		
11.4.1	DN513 Business Continuity Policy This was ratified by the Committee.		
11.5	ST016 - End of Life Strategy 2019-2023 This was ratified by the Committee.		
12	RESEARCH AND EDUCATION		
12.1	Research		
12.1.1	Minutes of Research & Development Directorate meeting (2105140) These were deferred to next month.		
12.2	Education		
12.2.1	Education Steering Group minutes There were none.		
12.2.2	Education update (M1 only)		
13	OTHER REPORTING COMMITTEES		
13.1	Minutes of Clinical Professional Advisory Committee (210520) These were accepted by the Committee.		
13.2	Minutes of Safeguarding Committee (210604) These were deferred to next month.		
14	ISSUES FOR ESCALATION		
14.1	Audit Committee There were no issues for escalation.		
14.2	Board of Directors There were no issues for escalation.		
15	ANY OTHER BUSINESS <ul style="list-style-type: none"> The Chief Nurse highlighted a further two cases of Mycobacterium Abscesses detected in lung defence patients which were related within 22 snips. As there had been no further positive water samples for a considerable time, a further source of infection had to be considered. The Trust had secured some funding to undertake a quality improvement R&D project to undertake further investigation of a possible source. This would be led by the Chief Nurse together with the Deputy Medical Director, and head of R&D, Dr Smith whilst the Director for Estates and Facilities would be leading on a piece of work with the architects. She asked for volunteer contributors to this project or alternatively to submit any queries for tabling. Amanda Fadero highlighted the risk factors involved with referring patients to London for a thrombectomy, following a recent incident. It was noted that CUH had a limited hours service only and that many hospitals locally were referring to London which was clearly not a sustainable solution. The Deputy Chief Nurse confirmed that this was on the risk register and that commissioner partners were supporting the extension of the local service. The Chair highlighted that today would be Josie Rudman's last committee meeting prior to leaving the Trust in early July. He acknowledged with grateful thanks, the hugely reassuring and positive influence she had brought both to the Trust and the Committee and that she would be very much missed. Josie 		

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	<p>responded by acknowledging how much she had enjoyed working with her work family and the immense privilege it had been to lead such a brilliant team. She said she would miss the full on, busy and unpredictable nature of the Quality & Risk Committee.</p> <p>The meeting closed at 4pm.</p>		
	<p>Date & Time of Next Meeting: Thursday 29th July 2021 2.00-4.00 pm, via Microsoft Teams</p>		



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Signed
29th July 2021
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Date

Royal Papworth Hospital NHS Foundation Trust
Quality & Risk Committee
Meeting held on 24 June 2021