

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

Held on 25th May 2023, at 2 pm
Via Microsoft Teams

MINUTES

Present	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael (Chair)	(MB)	Non-Executive Director
	Raynes, Andy	(AR)	Director of Digital & Chief Information Officer
	Fadero, Amanda	(AF)	Non-Executive Director
	Hodder, Richard	(RH)	Lead Governor
	Jarvis, Anna	(AJ)	Trust Secretary
	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
	Webb, Stephen	(SW)	Deputy Medical Director and Clinical Lead for Clinical Governance
In attendance	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
	Wynn, Jacqui (observer)	(JWy)	Head of Quality Improvement & Transformation
Apologies	McCorquodale, Christopher	(CMc)	Staff Governor

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 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: <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 		

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	<p>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.</p> <ul style="list-style-type: none"> • 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 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. • Maura Screatton as a director of Cambridge Clinical Imaging and has shares in some biotech companies. • Richard Hodder as Deputy Chair, Clinical Policies Forum, NHS Cambridgeshire and Peterborough ICB. 		
3	<p>COMMITTEE MEMBER PRIORITIES</p> <ul style="list-style-type: none"> • The Chair requested information to explain to the Committee the responsibilities and functions of the Medical Director senior team. IS to share at a future meeting. • The Chair asked if there was anything further to report on Level 5 following the last Quality & Risk Committee and Board meetings. To be discussed in Part 2. 	IS	
4	<p>MINUTES OF THE PREVIOUS MEETING – 27th April 2023</p> <p>AF, who gave apologies to the last meeting, asked whether the concerns regarding lack of engagement and reporting through the Occupational Health Department would be deferred to the Workforce Committee as written in the minutes. This refers to section 6.1.1 of the agenda.</p> <p>Post meeting note: the minutes were changed from:</p>		

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	<p>'Does the Committee wish to defer to the Workforce Committee? It was noted that the issues are listed in the departmental risk register.'</p> <p>To: 'The Committee discussed whether this should be deferred to the Workforce Committee and noted that the issues are listed in the departmental risk register.'</p> <p>Following this amendment, the minutes from the Quality and Risk Committee meeting dated 27th April 2023 were agreed to be a true and accurate record of the meeting and signed.</p>		
5	<p>MATTERS ARISING AND ACTION CHECKLIST PART 1 - from 27th April</p> <p>The Committee noted the pre-circulated document and discussed as follows:</p> <ul style="list-style-type: none"> • 036: IS advised that there is a drive from the Chief Operating Officer (COO) to look at how speedily patients can be safely discharged in the mornings, which does depend on a functional ward round. • The Medical Director team recently attended a ward round run by one of the junior doctors which was not considered functional by the MD team present. This is part of the STA project which is now being brought into a much more focused and methodical process. One of the streams looks at behaviours and culture and part of that will be about consulting responsibility, whether in theatres, ward rounds, or others. If delegation is required, it is important that the consultants receive adequate feedback from their juniors to ensure everything is happening at the right level. • The Committee noted that the STA transformation project is referred to the Performance Committee. Does Quality and Risk wish to receive updates to this meeting? • EM reported that an update on the STA transformation project was presented to the Performance Committee on the morning of 25th May and the Committee was assured by the process and will continue to monitor output metrics to ensure progress is happening. Quality and Committee would not need to receive updates in addition unless there is an escalation. • The Committee discussed and acknowledged the importance of ensuring quality aspects of the STA project are upheld. • The Chair stated that the QR Committee would continue to review the process of ward rounds. • 038: To be deferred to the June meeting. The meeting discussed the difficulties of formalising soft intelligence and the importance of triangulation. The Committee acknowledged the link between its conversation about soft intelligence and conversations taking place in the Workforce Committee regarding for example, survey responses. • 045: Action to be closed. <p>All other actions are on the agenda, for discussion at a future meeting, or closed.</p>		
6.	QUALITY AND SAFETY		
6.1	QRMG and SIERP Highlight and Exception Paper		

Agenda Item		Action by Whom	Date
	<p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> • No escalations from the SIERP meetings held, and no escalations from QRMG. • Two moderate harm incidents reported to SIERP in the month of April 2023. No serious incident final reports received, and no new serious incidents reported to SIERP in month. • The Committee noted that, although local audits continue and are ongoing, none were completed in April 2023. • The Committee noted the Pharmacy Report for Quarter 4. • The Committee requested clarification regarding the denominator for medication incidents on the chart to understand the number of prescriptions across which errors could be made and relative volume control. • LP advised that she would discuss with the Pharmacy senior team how more clarity can be given in such reporting. • IS: I think you can work out some trends from the change during Covid to after, because there would have been fewer patients during Covid, most of whom would have been on a lot of drugs, but most of them would have been the same drugs. So there are three things that are different and you see a step up as we go to more patients with more variety. But I would agree that we wouldn't expect very much to change now that we're back in business as usual from month to month. • The Committee commended the inclusion of the SPC charts. • The Committee noted that PIPR Safe gave a Spotlight On controlled drug medications and an update on key performance challenge on Antimicrobial Stewardship (AMS). 		
6.1.1	<p>Trust Quality and Risk Report Q4 and Annual Report</p> <p>The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> • The Committee noted the cardiac surgery mortality in the Q4 at 4.39%, as seen in appendix 1 of the report, and requested that IS comment on this in his report in Agenda item 6.1.3. • The Committee noted the number of incidents and trends, and discussed the soft intelligence that could be attributed to the Trust's reporting to RIDDOR. • The Committee noted that the Chief Nurse had reviewed the staffing escalation procedures and the importance of Ward Sisters being enabled to manage and lead their wards. • The Committee noted that moving and handling incidents were relatively higher in Critical Care due to the moving and handling of large bags of filtration fluid, etc, but noted that a number of devices have been brought into the Trust to help with this. • The Committee noted that the COO had offered to give bespoke training session on SPC orientation at the Performance Committee and EM will request that members of Quality & Risk Committee are included. 		
6.1.1.2	<p>Divisional & Business Unit Quality and Risk – Q4 and Annual Report</p> <p>The Committee noted the pre-circulated document.</p>		

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	<ul style="list-style-type: none"> LP highlighted the maturity of the matrons' reporting and highlighted the outstanding practice demonstrated in the report. JA asked to what extent the divisional data is shared with all members rather than just the senior management of that division. LP advised that Matrons and Divisional Leads produce monthly reports that are used at local divisional level but acknowledged that work could be further undertaken on how this is articulated to the team to enable further understanding of what the data means for them. MS: the data is owned by the matrons and ward sisters and is displayed for all staff to see on the wards, but for me, So What? Conversations should be increasingly happening at staffing meetings to improve understanding of what the information means and the responsibility that all staff hold in relation to it. 		
6.1.2	<p>Serious Incident Executive Review Panel (SIERP) minutes (230404, 230411, 230418, 230425)</p> <p>The Committee noted the pre-circulated documents.</p>		
6.1.3	<p>A preliminary review of changes in death rate associated with cardiac surgery in Royal Papworth Hospital</p> <p>IS led the Committee through the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> At present, the raw mortality rate is reported in PIPR as a percentage of all cardiac surgery cases as a twelve-month rolling average updated each month. The internal performance metric is a rate of <3%. For the last twelve months, the average has been 2.99%. The last quarter was 4.39%, however the two quarters before that were better. Although the twelve-month rate remains below the threshold, the rate has been rising over the last few months which raises the question of whether this indicates a decline in outcomes or a change in the patient population. Partly the value of the SPC approach is that we don't get overtaken by small changes but, IS noted, the reason we are looking at the rate is that even on SPC it is increasing sequentially over a series of months. Therefore, the Trust looked back at the actual numbers and reviewed Euroscore II that assesses risk of death related to cardiac surgery and national data for outcomes based on Euroscore II but with exclusions such as emergency cases, people ventilated or having a support device for the heart before surgery. IS advised that Euroscore II was an imperfect tool but was probably the best predictor of surgical mortality from cardiac surgery. So how are we faring compared to the predictive scores? If we were seeing more acutely ill patients, we would expect the Euroscore II to be going up and that is what we find. If we compare this year to the last two years, the Euroscore II prediction of death for last year's patients was 5.5% and the actual death rate was just under 3%. If we look at the two years before that, the predicted death rate 		

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	<p>was 3.9% and the actual death rate was 2.39%.</p> <ul style="list-style-type: none"> • Therefore, compared to the predicted scores, the illness level of the patients going in (the input), the output was an improvement which gives the Trust some assurance. • Then the question arises, in what way were the patients worse? One thing put forward was that there were more in-house urgents, there are more acutely unwell people. • The next piece of work will be to look at diabetic rates. This would be interesting at we know the diabetic population are much more at risk of SSIs. • Another consideration is whether age is a potent factor. Are patients coming for treatment older? Have they been waiting a year longer? • IW asked about benchmarking with other specialist hospitals, including Brompton. IS advised that the Trust benchmarks very favourably to other specialist trusts. • The Committee asked whether there were any trends in causes of death and noted that there did not seem to be any evidence that SSIs are a factor. • It was noted that the Trust will be looking at cause of death. • IS advised that the Trust should soon receive the results from a current study on the quality of life after cardiac surgery that looks at outcomes of older patients. This will enable the Trust to make meaningful decisions. • The Chair: I am less concerned about the rates per quarter, but I am concerned when there is a trend in a particular direction. If you look at the interpretation of SPC charts, that is one of the things they alert you to. Even though it might not cross a boundary for statistical significance, if it is moving in a consistent direction then you should pay it some attention. • The Committee discussed and acknowledged the value of reviewing actual vs predicted ratios in PIPR instead of the raw mortality percentage. • The Committee noted the inclusion of cardiac surgery mortality in PIPR Effective rather than PIPR Safe and discussed the blurred boundary of where it should sit. Executive Directors to review with surgeons where mortality should sit and if it should be included in Safe. • The Committee noted that a planned further piece of work will examine the individual factors in Euroscore II which have given a change in predicted mortality, including looking at who the Trust should be prioritising. • The Committee discussed patients on the waiting list and asked whether there was an option to consider as a research project a patient's score at the point of booking for a procedure versus when they undergo the procedure – is there a material change? • IS: we have been doing harm reviews of people who have waited a certain amount of time and it may come out that their Euroscore II score has changed significantly if, for example, they have gone into renal failure, or have hit a significant birthday, or had an MRI. 	IS	07/23
6.1.4	SSI Cover Paper		
6.1.4.1	SSI Governance Update		

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6.1.4.2	<p>SSI Dashboard</p> <p>The Committee noted the pre-circulated documents, with discussion as follows:</p> <ul style="list-style-type: none"> • In April, the SSI post CABG surgery rate of infection is currently 8.3%. March's rate was 6%. Currently, they are all superficial infections. • The Committee noted the assurance and monitoring work in place and the invitation that has been extended to NHSE and ICB to undertake a cooperative external review at the Trust on 12th and 13th June. • The Committee noted the reviewed governance structure around SSIs. • The Committee noted the importance of acknowledging the morbidity aspect of SSIs and the impact they have on a patient's quality of life. The Committee asked and discussed whether staff had sufficient awareness of the seriousness of morbidity for patients with an SSI. Should the Trust be increasing this awareness? Does the Trust need to think differently as to how to get the message across, to personalise patients (for example) and not use numbers and rates when discussing the issues? • IW asked whether there should be a rule of no knife to skin unless there was evidence of compliance with prophylactic antibiotic requirements, for example. • The Committee discussed and acknowledged the importance of triangulation of culture, improvement and outcomes and the importance of staff engagement and of role modelling appropriate behaviour at every level. • The Committee noted and discussed the issues with the environment such as ventilation and the difficulties that this presents when encouraging the importance of undertaking the basics of IPC, etc. 		
6.1.5	<p>M.abscessus Dashboard</p> <p>The Committee noted the pre-circulated document.</p>		
6.1.6	<p>Safeguarding Committee Quarter 4 Report</p> <p>The Committee noted the pre-circulated document.</p> <ul style="list-style-type: none"> • The Committee's oversight of the Fundamentals of Care Safeguarding Regulation review raised a number of areas for improvement that the Trust is working on, including increasing staff knowledge around mental capacity assessments. • The Committee noted that a plan has been put in place to increase the Trust's Level 3 Safeguarding Training compliance and suggested that the numbers of staff who should undertake each level of training be included in future reports for ease of understanding. • The Committee acknowledged the importance of keeping a good knowledge base and noted that the Trust does not have a formal arrangement with CUH for support but due to MS's good relationships with the CUH Safeguarding Team we do reach out to them for specialist advice or consideration. MS advised that she wished to make this more formal. 		

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6.2	PERFORMANCE		
6.2.1 6.2.1.1	Performance Reporting PIPR Safe – M1 The Committee noted the pre-circulated document, with points to note as follows: <ul style="list-style-type: none"> The Committee sought clarification concerning the controlled drug expected stock audit for the last quarter. LP to clarify with the Chief Pharmacist and report back to the Committee. 	LP	07/23
6.2.2	PIPR Caring – M1 The Committee noted the pre-circulated document.		
7	RISK		
7 7.1	Board Assurance Framework Report Cover Paper – Board Assurance Framework (BAF) The Committee noted the pre-circulated documents.		
8.	GOVERNANCE AND COMPLIANCE		
8.1 8.1.1	Cover: Quality Accounts Quality Report - draft The Committee noted the pre-circulated documents, with discussion as follows: <ul style="list-style-type: none"> Comments made at the last Quality and Risk Committee meeting will be pulled into the CEO introduction for the final version that will be presented to the mid-June Board meeting. It was noted that some areas are still to be added and edited to enable a more concise report for publication. The Chair asked whether the ambitions for health inequalities are correct? The Committee noted that this had been discussed at Board and at the Performance Committee held on the morning of 25th May. IS, EM and Cynthia Conquest met to discuss and IS will take a proposal to next month's Performance Committee. LP advised that behind the line in the report concerning the first objective for health and quality diversity, is a 40 page self assessment that will be undertaken throughout the year looking at key areas of health that we should be targeting. AF highlighted that page 86 of the report was an uncomfortable picture in terms of key performance indicators. Do we know what our partners and stakeholders will say this year as the page is blank? It was noted that the report has been sent to stakeholders, etc, for a 30-day consultation period. The Committee noted that the Quality Strategy would likely include three priorities that would include inequality and the Trust approach to quality improvement. Additionally, the Patient Safety Framework will be included. It was noted that the Quality Strategy should be included in a future Quality & Risk Committee agenda. 		
8.2	SIRO Report Q4 AR led the Committee through the pre-circulated document, which was noted.		

Agenda Item		Action by Whom	Date
8.3 8.3.1	Cover: Document Control Compliance Document Control Spreadsheet – Out of Date Documents The Committee noted the pre-circulated documents.		
8.4	Internal Audits: There were none to report.		
8.5	External Audits/Assessment: There were none to report.		
9	POLICIES		
	The Committee 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 DN177 Prescribing of Medicines Policy <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
9.1.1	DN177 Prescribing of Medicines Policy <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.2	Cover DN306 Policy for Consent to Examination or Treatment <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
9.2.1	DN306 Policy for Consent to Examination or Treatment <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.3	Cover DN537 Nutrition Policy <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
9.3.1	DN537 Nutrition Policy <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
9.4	Cover DN178 Independent Non-Medical Prescribing Policy <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
	DN178 Independent Non-Medical Prescribing Policy <ul style="list-style-type: none"> The Committee ratified the pre-circulated document. 		
10	RESEARCH AND DEVELOPMENT		
10.1	Minutes of Research & Development Directorate Meeting (230310) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
11	OTHER REPORTING COMMITTEES		
11.1	Escalation from Clinical Professional Advisory Committee (CPAC)		

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	<ul style="list-style-type: none"> No escalations noted from the May CPAC meeting. 		
11.1.1	Minutes from Clinical Professional Advisory Committee (230420) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
11.1.2	Minutes from the Clinical Ethical Meeting (230221) <ul style="list-style-type: none"> The Committee noted the pre-circulated document. 		
12	ISSUES FOR ESCALATION		
12.1	Audit Committee <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
12.2	Board of Directors <ul style="list-style-type: none"> There were no issues for escalation from Part 1. 		
12.3	Emerging Risks <ul style="list-style-type: none"> There were no emerging risks. 		
13	ANY OTHER BUSINESS <ul style="list-style-type: none"> None 		
	Date & Time of Next Meeting: Thursday 29th June 2023 at 2.00-4.00 pm, via Microsoft Teams		

Meeting closed at 15:52



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Signed

29th June 2023

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Date

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