

Minutes of the RMH CQRG Meeting held on 26th July 2022
Microsoft Teams Meeting

Attendees	Organisation
[REDACTED]	RMH
[REDACTED]	NHSE
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	NHSE
[REDACTED]	NHSE
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	SWL ICB
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	SWL
[REDACTED]	RMH
[REDACTED]	NHSE
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	RMH
[REDACTED]	NHSE

1.	Previous Minutes and Actions
	<p>The minutes of the previous meeting were agreed as an accurate record.</p> <p>A status update is required on the following actions from the previous meeting:</p> <ul style="list-style-type: none"> • Action: [REDACTED] to discuss offline the challenges with diagnostics and pathology. • Action: [REDACTED] to look into the issues with flu vaccination and feedback on the rates across London. • Action: RMH to share the COVID-19 testing flow charts with [REDACTED].
2.	Staff Survey
	<p>[REDACTED] provided a presentation on the staff survey results. Recent changes to the survey structure mean it is difficult to compare with previous survey results. However, the level of engagement with previous years seems consistent.</p> <p>Internal performance against London and National was strong. RMH staff have identified three areas for improvement; health & wellbeing, flexibility and retention and always learning. EDI continues to be an issue; however the latest WRES figures show this is improving in areas such as disciplinary action and recruitment. RMH are triangulating the staff survey data with the national cancer patient experience data.</p> <p>It has been reported that there has been a general increase in low-level toxicity. Leadership and management interventions have been introduced to encourage compassionate leadership.</p>

	<p>The Trust was surprised that there was a high number of staff that felt there were inadequate supplies and materials. However, the feedback is this seems related to slow procurement processes to get hold of particular equipment.</p> <p>RMH performed strongly on the 'we are a team' and staff engagement metrics. The vacancy figures are quite positive, which is encouraging, however turnover is increasing in some areas (e.g. HCA staff, clinical support staff, pharmacy, facilities etc).</p> <p>Due to changes in the paediatric oncology service it has been difficult to attract and retain band 6 paediatric oncology trained staffing at the Sutton site, which is a risk for patient safety. There is currently a 50% vacancy rate and RMH are looking into the timeline for the changes and incentives which can be offered (e.g. enhanced rates). A meeting was held with the pan-London group to identify actions across the sector. There were offers of mutual aid from the pan-London group. The network are looking at patient pathways and the pan-London aseptic group are looking into the potential for a CIVA service at the Sutton site.</p>
3.	<p>Radionuclide Therapy</p> <p>A presentation was provided by [REDACTED]. There has been a 30-year history of treating neuroendocrine patients at RMH. Dota therapy was always via local NHS commissioning. Patients from outside of the greater London area have also been treated at RMH. Therefore, there is a breadth and depth of expertise in this area.</p> <p>Imaging and dosimetry has been developed and used at RMH. UK expansion is required in this area. RMH is involved in numerous research activities. Current NHSE policy precludes RMH from giving Lutetium PMSA therapy to patients. There are currently 180 neuroendocrine patients being managed at RMH and since September 2020 there have been 68 cycles across 27 patients. Referral outside of the current pathway will impact on patient care.</p> <ul style="list-style-type: none"> • Action: A paper will be taken to the Specialised Services Regional Oversight Group meeting. • Action: RMH and the British Nuclear Medicine Society would be happy to contribute to ongoing work to identify the likely level of demand for this treatment.
4.	<p>Q1 CQUIN Update</p> <p>It has been agreed that the specialised commissioning CQUIN (Shared Decision Making) will be adopted. The main submission for the Trust will be reported via the national portal. <i>(Please note that following the meeting the national CQUIN team clarified that specialist CQUINs are not submitted through the portal and instead are emailed to the relevant commissioner and national team.)</i></p> <p>[REDACTED] discussed the Shared Decision Making CQUIN with SM and RM Partners and agreed to link the CQUIN to 4 pathways; senior adult oncology programme, testicular cancer personalised stratified follow up, perioperative care – enhanced pre-assessment and triggers/enhanced supportive care. This will be monitored on a monthly basis at the Trust and submitted quarterly to commissioners. This CQUIN won't require use of the Trust's new Digital Health Record system (due to be implemented March 2023) to report, however the non-contractual CCG CQUINS will. The Trust therefore will be using the remainder of 22.23 to embed the non-contractual CCG CQUIN data points into EPIC to allow reporting in future years, rather than reporting this year via time consuming audits.</p> <ul style="list-style-type: none"> • Action: Once the RMH submission is made it will be shared with the CQRG.

5.	Joint Thoracic Services Partnership
	<p>This service is now live as of 1 April 2022. The key enhancements include better access to clinical records, the pathway coordination hub, co-located services and meeting GIRFT recommendations. There is a single partnership board for governance. The service is currently operating in shadow format to validate the baseline assumptions for activity. The plan is to operate as one partnership in the next financial year. Further digital integration work is ongoing.</p> <ul style="list-style-type: none"> • Action: Meeting to be arranged with [REDACTED] colleagues to discuss the rationale and governance for this service.
6.	Patient Story
	<p>[REDACTED] provided a patient story of a [REDACTED] patient with prostate cancer who wrote a letter to the Trust expressing his thanks following radiotherapy at the [REDACTED]. He said that all staff were courteous, polite and professional. He also met with staff at the Epsom Hospital, demonstrating good joint working. The informational leaflets, brochures and videos were all extremely helpful. The patient explained how important he felt it is for PSA screening to detect cancers as early as possible.</p>
7.	Quality Reporting & Monitoring
	<p>The Quality & Monitoring Report is used internally at RMH, for the CCG and for the CQRG. [REDACTED] provided an update on the June data. There is a new audit tool called [REDACTED] and 3 trust-wide audits were approved. There have been no Covid outbreaks at the Trust. There were 4 cases of C-Diff, none of which were linked.</p> <p>Themes for adult safeguarding concerns related to domestic abuse, financial abuse and historical sexual abuse. There were 27 enquiries for paediatric safeguarding. Themes related to neglect and domestic abuse.</p> <p>The total Trust vacancy rate is 9.8% and nursing at 8.7%. There is a good international pipeline and additional training for newly qualified nursing staff. There is high turnover in HCA, band 5 and 6 staff.</p> <p>There were 24 complaints this quarter, which is a drop from 31 in the previous quarter. The main theme is around communications (e.g. notifying patients about changes, or dissatisfaction with the way information is given to patients). Communication skill training is being provided and feedback given to teams following complaints. No cases were referred to the ombudsman.</p> <p>There have been a number of health and wellbeing events run at the Trust, particularly due to the cost of living crisis. The annual staff achievement awards are open for nominations.</p> <p>There has been a lot of publicity related to the sad death of Dame Deborah James.</p> <p>In May, the 2-week target for urgent suspected cancer was not met. This was driven by the increased demand for the breast service and capacity challenges in the sarcoma service. However there have been improvements from the previous months. A business case has been approved related to improvements to the breast diagnostics service. There is a regional programme of work to support the sarcoma pathway improvement.</p> <p>In June, the RTT incomplete performance (18-week performance) target was not met. This is related to the increase in late referrals due to the backlog.</p>

	<ul style="list-style-type: none"> • Action: Future Quality Reporting and Monitoring reports to include reporting against the improvement against the backlog.
8.	AOB
	<p>At the RMH staff briefing, many questions were raised regarding the pay award and changes to the NHS pension scheme. RMH is continuing to support staff with these issues.</p> <ul style="list-style-type: none"> • Action: [REDACTED] regarding unification of bank and agency rates.