

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

**Held on 27<sup>th</sup> April 2023, at 2 pm**  
**Via Microsoft Teams**

**MINUTES**

<b>Present</b>	Ahluwalia, Jag	(JA)	Non-Executive Director
	Blastland, Michael (Chair)	(MB)	Non-Executive Director
	Gorman, Eamonn	(EG)	Deputy Director of Digital
	Hodder, Richard	(RH)	Lead Governor
	McCorquodale, Christopher	(CMc)	Staff Governor
	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
<b>In attendance</b>	Brown, Helena (left 15:20)	(HB)	Speech and Language Therapist
	Cynthia Conquest	(CC)	Non-Executive Director
	Steele, Clare (left 15:34)	(CS)	Patient Safety Lead
	Stephens, Teresa	(TS)	Executive Assistant (Minutes)
<b>Apologies</b>	Fadero, Amanda	(AF)	Non-Executive Director
	Jarvis, Anna	(AJ)	Trust Secretary
	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
<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:		

Agenda Item		Action by Whom	Date
	<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 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.</li> <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; 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.</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 Screatton as a director of Cambridge Clinical Imaging and has shares in some biotech companies.</li> <li>• Richard Hodder as Deputy Chair, Clinical Policies Forum, NHS Cambridgeshire and Peterborough ICB.</li> </ul>		
3	<p><b>COMMITTEE MEMBER PRIORITIES</b></p> <ul style="list-style-type: none"> <li>• The Chair asked how the Pharmacy dashboard was progressing.</li> <li>• IW: when we've discussed the VTE compliance, it has always been stated that lower compliance is mainly due to people not doing the assessment. The Pharmacy dashboard reveals that there is also a reasonable number of people who do the assessment but who do not get it prescribed.</li> <li>• IW highlighted the importance of the Committee looking at the granularity that the report brings to some of the things that the Committee discusses.</li> <li>• It was acknowledged that VTE Oversight Group does have greater triangulation. Additionally, a further version of the dashboard is</li> </ul>		

Agenda Item		Action by Whom	Date
	<p>being written that includes further information behind the data. It was agreed that VTE Oversight Group should escalate if required.</p> <ul style="list-style-type: none"> <li>• A further look into metrics on VTE to be included as a focus in a future meeting.</li> </ul>	SW	06/23
4	<p><b>MINUTES OF THE PREVIOUS MEETING – 30<sup>th</sup> March 2023</b> The minutes from the Quality and Risk Committee meeting dated 30<sup>th</sup> March 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> March</b> The Committee noted the pre-circulated document and discussed as follows:</p> <ul style="list-style-type: none"> <li>• 041: EM advised that following the escalation there was good divisional engagement and they were moving forward with the plan. Many of the items were around storage and having a SoP, etc, and these are being developed. The Committee asked to be updated when action closed.</li> </ul> <p>Further actions are on the agenda, for discussion at a future meeting, or closed.</p>		
6.	<b>QUALITY AND SAFETY</b>		
6.1.1	<p><b>QRMG and SIERP Highlight and Exception Paper</b> The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• The Committee noted the one formal escalation from QRMG in relation to the Occupational Health Service – OH report not received by IPPC and OH support not received to update policy/procedures related to health and safety, and staff wellbeing. The Deputy Director of Workforce and OD is working with Occupational Health to prioritise in line with staff occupational health needs, recruitment, and to ensure that occupational health is up to date in policies and procedures that are currently awaiting ratification. The Committee was additionally advised that part of the Hygiene Code includes OH reporting to governance structure; reports should be received from OH in relation to completion of health checks and referrals that may have an impact on infection prevention and control. The Trust is currently not compliant with the Hygiene Code.</li> <li>• The Committee was advised that the Trust has good oversight of, for example, pre-employment checks, sharps injuries, etc, through its own departments and concerns are raised if required. However, engagement and lack of reporting through the Occupational Health department is lacking currently.</li> <li>• Does the Committee wish to defer to the Workforce Committee? It was noted that the issues are listed in the departmental risk register.</li> <li>• One escalation was also noted from the SIERP meeting held on 21<sup>st</sup> March 2023, regarding SUI WEB46547 in relation to suboptimal care, there was a delay in escalation of a deteriorating patient before being found unresponsive. Intentional rounding was</li> </ul>		

Agenda Item		Action by Whom	Date
	<p>in place. Investigation underway. It was noted that the SI was also included in agenda item 6.1.4 pre circulated document.</p> <ul style="list-style-type: none"> <li>• Under the Digital Clinical Safety Officers' Report Q4, CMc asked for the tense to be changed in the section regarding Winpath. The summary report currently states that a project has been undertaken to replace the system. However, a project is underway but is not near completion. CMc was assured that the text will be changed.</li> <li>• JA sought assurance on safety alerts and was advised that the Trust is still seeing safety alerts. The number has reduced but this will continue to be reviewed and no cause for concern has been reported.</li> <li>• The Committee noted that QRMG had received an escalation from HTC regarding controlled access to blood components. This is a known risk on the risk register. Clare Steele is supporting, and a task and finish group has been set up to review. No escalation to Quality &amp; Risk Committee is required at this point.</li> <li>• IW queried INQ2122-13 regarding the section regarding Mean Arterial Pressure (MAP) between 65-85mmHg prior to weaning of sedation.</li> <li>• SW: I think our attempt here is to continue to reiterate the importance of blood pressure control. There is not much evidence to show what they should be, but I think avoiding extremely high blood pressure in post-surgery patients is our normal clinical practice.</li> <li>• The Committee acknowledged</li> <li>• the importance of appropriate targets.</li> </ul>		
6.1.1	<p><b>Serious Incident Executive Review Panel (SIERP) minutes (230307, 230314, 230321, 230328)</b> The Committee noted the pre-circulated documents.</p>		
6.1.2	<p><b>SSI Dashboard</b> The Committee noted the pre-circulated document, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• The Committee noted the Q4 data. Review of patients within Q4 is ongoing and adjustments are made as surveillance continues. In March there has been an overall reduction in SSIs post CABG surgery to 6% from 8.5% in February – however, it was noted that this was likely to increase.</li> <li>• SSIs remain a high Trust priority and MS expressed her disappointment that the levels have not improved to within the UKHSA benchmark of 2.6% despite improvements being made and actions being followed and monitored through ICPPC and the SSI Stakeholder Group.</li> <li>• The Committee noted the increase in MSSA bacteraemias, with four cases reported in March.</li> <li>• The Committee noted that the Trust has invited additional external scrutiny.</li> <li>• Additionally, meetings have discussed the importance of having zero tolerance for environmental compliance.</li> <li>• The SSI Stakeholder Group has surgeon membership and discussions have been held as to whether we are informing</li> </ul>		

Agenda Item		Action by Whom	Date
	<p>patients soon enough. Should the Trust do more around patient consent and communication?</p> <ul style="list-style-type: none"> <li>• IW expressed concern regarding the MRSA decolonisation treatment March data whereby 52% of patients audited had a complete five day course of nasal decolonisation, and highlighted that this could be tackled quite easily in that the Trust could state that a patient should not have surgery unless they have taken the complete course. It was noted that compliance is decreased by patients being admitted to RPH from other hospitals in an urgent pathway. It was acknowledged that communication with neighbouring hospitals needs to be increased to ensure compliance is upheld before patients are admitted through usual pathways.</li> <li>• The Committee discussed the human factors element and how this can be addressed. Compliance in environment factors should be tackled by the whole team and not just in silos. The Committee acknowledged the difficulties of gaining assurance from the evident human factors that are contributing to the issue. The Committee noted that issues concerning human factors and the quality of team working and staff engagement were consistent with other issues previously discussed at the Committee in relation to pressures on staff and potential disengagement.</li> <li>• The Committee asked the Executive Directors to consider how the Trust can tackle the human factor issue.</li> <li>• The Committee discussed the lower rates in valve surgery to CABG surgery. Are these lower due to non clinical activity in the groin area? It was noted that PTE patients have occasionally been affected.</li> <li>• The Committee discussed the potential benefits of earlier engagement with elective patients regarding consent. Are referral consultants and GPs aware of the data? Should the Trust let them know in the context of outcomes? It was acknowledged that there has not been a major impact on outcomes but patient experience for patients who have an SSI can be poor with a potentially longer recovery time. The Committee agreed on the importance of being open with patients and with those referring them and of ensuring proper understanding of the consequences of an SSI.</li> <li>• The Committee requested to have evidence that thorough and informed consent is in place.</li> </ul>	<p>MS/IS/OM</p> <p>MS/IS</p>	<p>05/23</p> <p>05/23</p>
6.1.3	<p><b>Evaluation of Progress against Clinical Audit</b> The Committee noted the pre-circulated document.</p>		
6.1.4	<p><b>Learning From Deaths Update</b> The Committee noted the pre-circulated document.</p>		
6.1.5	<p><b>Near Miss Incident Report</b> LP and CS led the Committee through the document, with points to note as follows:</p> <ul style="list-style-type: none"> <li>• The paper provides highlights from the review of all near miss incident reports from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.</li> <li>• 158 near miss incidents were reported within the period. An</li> </ul>		

Agenda Item		Action by Whom	Date
	<p>increase in reporting is noted from 1<sup>st</sup> June 2022, following the inclusion of missing or visual defects of surgical equipment incidents. The highest reporters of near miss incidents are Theatres, Critical Care and Anaesthesia.</p> <ul style="list-style-type: none"> <li>CS advised that going forward with the new Patient Safety Framework there should be more focus on low harms and near misses and reviewing the themes of same. The Trust will look to use a more risk-based approach rather than outcome based approach as used currently.</li> <li>The Committee noted the importance of triangulation when looking at near miss incidents and that the process will involve patients, complaint themes, staff feedback, etc.</li> <li>The Committee acknowledged the importance of continuous learning.</li> </ul>		
6.1.6	<p><b>M.abscessus Update</b> MS gave a verbal update, with points to note as follows:</p> <ul style="list-style-type: none"> <li>There has been no change to the quality M.abscessus dashboard in that no new cases have been acquired.</li> <li>An Executive Stakeholder meeting was held 24<sup>th</sup> April which highlighted a level of assurance that stakeholders are comfortable with the Trust's management of M.abscessus. The meeting agreed to review whether the current governance structure in relation to M.abs is still required at each meeting but was mindful that the meetings bring together engagement and expertise from different parties, including UKHSA.</li> </ul>		
6.1.7 6.1.7.1	<p><b>Cover: Quality Strategy</b> <b>Quality Strategy</b> The Committee noted the pre-circulated documents, with discussion as follows:</p> <ul style="list-style-type: none"> <li>The Committee commended the good progress made despite the pandemic and the hospital move and acknowledged the commitment to continuous improvement.</li> </ul>		
6.2	<b>PATIENT EXPERIENCE</b>		
6.2.1	<p><b>Patient Story</b> The Committee welcomed Helena Brown (HB) who gave a patient case review on behalf of Speech and Language Therapy (SALT), with points to note as follows:</p> <ul style="list-style-type: none"> <li>SALT at RPH provides specialist assessment and treatment of swallowing, voice and communication difficulties, including providing swallowing, rehab and communication aids.</li> <li>The patient was transferred from their local hospital for consideration of cardiac transplantation. On admission, they were eating and drinking, talking and mobilising with minimal assistance.</li> <li>Four days following their admission, the patient suffered a cardiac arrest and was transferred to theatre. Left Ventricular Assist Device (LVAD) insertion failed and so the patient left theatres on biventricular assist device implantation (BiVAD).</li> <li>Over the next few days, the patient suffered further ventricular fibrillation arrests and a large stroke when extubated.</li> </ul>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>• Due to the patient's oxygen requirements and secretions, tracheostomy was inserted and they were placed nil by mouth pending speech therapy review.</li> <li>• When the team initially reviewed the patient, following their stroke, the patient was only able to shake their head for no and blink once for yes, and partially move their left hand and following one stage commands.</li> <li>• Over the next few days, the patient started to tolerate greater periods off the ventilator and on speaking valve, but was not making any attempts to verbalise.</li> <li>• The patient was able to access an assisted scanning alphabet chart to express basic needs but found this very tiring and frustrating.</li> <li>• It was noted over the next few days that the patient was becoming increasingly isolated and was declining speaking valve placement around their family and it later transpired that the patient felt overwhelmed by the pressure of being repeatedly asked to try and speak by their partner as the patient knew their language impairment was preventing them from doing so. This prompted further education with the patient's family.</li> <li>• As the patient felt quite tested with direct questioning, this made assessing their communication level difficult. The SALT assistant practitioner made a 'get to know me better' book where she gathered information and pictures relating to the patient's personality, lifestyle and hobbies; and the team was able to use this book in therapy sessions.</li> <li>• Over the next few weeks, the patient's engagement progressed in lots of areas of rehabilitation and they were able to mouth 'yes' two weeks post stroke, and were attempting to verbalise isolated sounds four weeks post stroke.</li> <li>• After a few weeks the team completed a fiberoptic endoscopic evaluation of swallowing test. That showed excretions and the patient was recommended to remain nil by mouth for their own safety. However, due to the length of time the patient had already been nil by mouth and the impact of their quality of life, it was agreed that – with a risk assessment - the patient could have a few licks of a lollipop and a few ice chips every so often. This was to be limited in order to reduce clinical risks.</li> <li>• After another 6 weeks, the patient had a high secretion load, despite targeting medication being administered. There were a few small noted improvements to speech quality and language abilities and the patient managed to write a birthday card for their partner.</li> <li>• The patient unfortunately suffered another stroke and required sedation and increased ventilation support. There were MDT discussions regarding the patient's suitability for transplantation, and consideration was given to their increasing comorbidities that could impact the success of transplant.</li> <li>• After long discussions, the patient continued to show slow but gradual improvement in their clinical status, mobilisation with physios, and communication with SALT team. It was agreed to list the patient on the urgent waiting list.</li> <li>• A long term feeding tube was placed and the team worked on</li> </ul>		

Agenda Item		Action by Whom	Date
	<p>reducing the volume of saliva being produced. Despite remaining weak, the patient did engage in conversations and continued to express that one of their long term goals was to have a Diet Coke and a Curry. The team therefore worked a plan to enable the patient to be able to try these and focused the patient's attention to a common goal.</p> <ul style="list-style-type: none"> <li>• The patient suffered further complications which resulted in vomiting and diarrhoea which progressed to worsening abdominal pain which impacted mobilisation and personal care. The Team reached out to the specialist gastro colleagues at Addenbrookes for onward management and the patient was taken to theatre and had a laparotomy where some of their small bowel was removed.</li> <li>• The patient continued to clinically decline and so within the discussion regarding changing from active to comforts, the team ensured that the patient could taste for pleasure and introduced incredibly small quantities of tea, ice cream and finally bits of Diet Coke and curry sauce into the patient's diet.</li> <li>• The patient sadly passed away.</li> <li>• HB stated that she had reflected on her input with the patient over the months that they had been in the hospital, and this highlighted the physical and psychological challenges that CCA patients face and the impact this has on not only the patients but also their family and loved ones, and also the RPH staff too.</li> <li>• HB reflected on debrief sessions and highlighted that following long complex patients, it was vital to not only consider learning opportunities, but provide a safe space for staff to reflect on their own input and time with that patient to provide a level of closure.</li> <li>• HB summarised by saying that patients come to us as strangers, but we become invested in their recovery.</li> <li>• The Committee thanked HB and the team for sharing the story and for the commitment and dedication they had shown to this patient.</li> <li>• The Committee commended the outstanding care and treatment shown and discussed the importance of the different specialities required for such a complex case. Are we hindered because we are a specialist hospital? We do have access to specialist services of CUH.</li> <li>• The Committee sought reassurance that staff have adequate support for a case such as this. HB advised that CCA has a good wellbeing service on the unit that leads on debriefs, although advised that the timing of debriefs could be difficult as some staff will not be able to attend due to shift patterns. The Committee noted that debriefs are also held within the Allied Health Professional team and support is also available from Chaplains if required.</li> </ul>		
6.2.2	<p><b>End of Life Steering Group Meeting Minutes (230314)</b> The Committee noted the pre-circulated document.</p> <ul style="list-style-type: none"> <li>• The Chair questioned the provision of psychological services and how this had been resolved.</li> <li>• Thirza Pieters spoke to the Committee regarding psychological services and following that met with IS and MS in relation to how this can be taken forward in terms of prioritisation. This is still ongoing.</li> </ul>		

Agenda Item		Action by Whom	Date
<b>6.3</b>	<b>PERFORMANCE</b>		
<b>6.3.1</b> <b>6.3.1.1</b>	<p><b>Performance Reporting</b> <b>PIPR Safe – M12</b></p> <p>The Committee noted the pre-circulated document, with points to note as follows:</p> <ul style="list-style-type: none"> <li>• Themes in the document have been discussed earlier in the meeting.</li> <li>• The Committee noted the information presented on WHO Surgical Safety Checklist and the management of sepsis.</li> <li>• The Chair noted that the Serious Incident reported in Month 12 was the first since August 2022, which is a long period without an SI. The Committee noted that moderate harms remain within the Trust target.</li> <li>• As has been discussed at previous Quality &amp; Risk Committee meetings the Committee noted and acknowledged the continued pressures and stresses on staff. The Committee has discussed the balance of maintaining standards whilst acknowledging the stress on staffing and staff and acknowledged the risks that this posed. The Committee discussed that the issues currently being seen around SSIs could be signs that the balance is beginning to tilt.</li> </ul>		
<b>6.3.2</b>	<p><b>PIPR Caring – M12</b></p> <p>The Committee noted the pre-circulated document.</p>		
<b>7</b>	<b>RISK</b>		
<b>7</b> <b>7.1</b> <b>7.1.1</b>	<p><b>Board Assurance Framework Report</b> <b>Cover Paper – Board Assurance Framework (BAF)</b> <b>BAF</b> <b>Risk Appetite Statements</b></p> <p>The Committee noted the pre-circulated documents.</p> <ul style="list-style-type: none"> <li>• OM advised that the Performance Committee and Special Projects Committee meetings held earlier on 27<sup>th</sup> April discussed whether SO3 regarding offering a positive staff experience should have a slightly higher risk appetite specifically around actions to improve diversity, equality and inclusion.</li> <li>• The Committee agreed that this would be appropriate given the current issues.</li> <li>• EM asked whether M.abscessus can be absorbed into the main infection control risk due to the Trust's knowledge and experience in this area.</li> <li>• The Chair advised that this would ideally correspond with the level of governance and supervision, as discussed in 6.1.6, above. The Committee agreed that assurance on the water safety plan would be required before sign off from the BAF.</li> </ul>		
<b>7.2</b> <b>7.2.1</b> <b>7.2.2</b>	<p><b>Cover: Corporate Risk Register</b> <b>Appendix 1: Open/Closed Risks</b> <b>Appendix 2: Live Corporate Risk Register</b></p> <p>The Committee noted the pre-circulated documents.</p>		
<b>8.</b>	<b>GOVERNANCE AND COMPLIANCE</b>		

Agenda Item		Action by Whom	Date
8.1 8.1.1	<p><b>Cover: Draft Quality Accounts</b>  <b>Appendix 1: Quality Accounts</b>            The Committee noted the pre-circulated documents, with discussion as follows:</p> <ul style="list-style-type: none"> <li>• Should the introduction by the Chief Executive acknowledge the challenges within the Trust? This is not included at present, and the Committee expressed its anxiety that the challenges are not mentioned. Additionally, should we be referencing the challenge that the Trust faces around waiting lists, etc?</li> <li>• The Committee commented that there did not seem to be a focus on inclusion and diversity as a quality aim for staff relations, and also health inequalities.</li> <li>• The Committee suggested a move to a more impact metric focus.</li> <li>• The Chair encouraged the Committee to read the Quality Accounts at the earliest opportunity to ensure that the Committee can be involved in shaping the document and reviewing gaps and omissions.</li> </ul>	AP	05/23
8.2 8.2.1	<p><b>Cover: Document Control Compliance</b>  <b>Document Control Spreadsheet – Out of Date Documents</b>            The Committee noted the pre-circulated document.</p>		
8.3  8.4	<p><b>Internal Audits:</b>            There were none to report.</p> <p><b>External Audits/Assessment:</b>            There were none to report.</p>		
9	<b>POLICIES</b>		
9.1	<p><b>Cover DN260 Records Management Policy</b></p> <ul style="list-style-type: none"> <li>• The Committee noted the pre-circulated document.</li> </ul>		
9.1.1	<p><b>DN260 Records Management Policy</b></p> <ul style="list-style-type: none"> <li>• The Committee ratified the pre-circulated document.</li> </ul>		
9.2	<p><b>DN697 Patient and Professional Visiting (approved at CPAC)</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 (230223)</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>• No escalations noted from the April CPAC meeting.</li> </ul>		
11.1.1	<p><b>Minutes from Clinical Professional Advisory Committee (230316)</b></p> <ul style="list-style-type: none"> <li>• The Committee noted the pre-circulated document.</li> </ul>		
12	<b>ISSUES FOR ESCALATION</b>		
12.1	<b>Audit Committee</b>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>There were no issues for escalation from Part 1.</li> </ul>		
<b>12.2</b>	<b>Board of Directors</b> <ul style="list-style-type: none"> <li>The Chair will include the Committee's discussion regarding SSIs in his Chair's report.</li> </ul>		
<b>12.3</b>	<b>Emerging Risks</b> <ul style="list-style-type: none"> <li>There were no emerging risks.</li> </ul>		
<b>13</b>	<b>ANY OTHER BUSINESS</b> <ul style="list-style-type: none"> <li>None</li> </ul>		
	<b>Date &amp; Time of Next Meeting: Thursday 25<sup>th</sup> May 2023 at 2.00-4.00 pm, via Microsoft Teams</b>		

Meeting closed at 15:54

.....  
Signed

.....  
Date

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