Royal Papworth Hospital
NHS Foundation Trust

Minutes of the meeting Part 1: Quality and Risk Committee
Thursday 29th May 2025 2025 – 14:00-16:00
Chair: Ian Wilkinson
(Quarter 1, Month 2)
Microsoft Teams

PART ONE

Present	**Role**	**Initials**
Wilkinson, Ian (Chair)	Non-Executive Director	IW
Fadero, Amanda	Non-Executive Director	AF
Midlane, Eilish	Chief Executive	EM
Paddison, Charlotte	Non-Executive Director	CP
Palmer, Louise	Deputy Director for Quality & Risk	LP
Screaton, Maura	Chief Nurse	MS
Smith, Ian	Medical Director	IS
Mensa-Bonsu, Kwame	Associate Director of Corporate Governance	KMB
Monkhouse, Oonagh	Director of Workforce & Organisational Development	OM
Platten, Lynsey (Minutes)	Executive Assistance to Chief Nurse and Deputy Chief Nur	LPL
Apologies		
Glen, Tim	Deputy Chief Executive Officer & Executive Director of Commercial Development, Strategy and Innovation	TG
Raynes, Andrew	Chief Information Officer	AR

Item		**Action by whom**
1.	**Welcome & Apologies** The Chair welcomed Committee members and attendees to the meeting; introductions were made, and those present confirmed receipt of meeting papers. IW welcomed Lynsey Platten the new Executive Assistant to the Chief Nurse and Deputy Chief Nurse, who will be supporting the committee moving forward. Apologies were noted as above	**INFO**
2.	**Declarations of Interest** Amanda Fadero has a new role as Interim Chief Executive of a charity Hospice. AF to complete electronic record declaration.	**AF**

	There were no further declarations of interest raised	
3.	**Committee Member Priorities**	
	Not discussed	
4.	**Ratification of Previous Minutes Part 1 (250424)** LP requested two amendments to the minutes, which are found on page 16 of the combined pack, it reads as "serious incident Exec review panel", but requires correction to "safety incident exec review panel" Subject to the above agreed changes to the minutes of the meeting dated 24th April 2025. The minutes were **AGREED** to be a true and accurate record of the meeting.	
5	**Matters Arising – Part 1 Action Checklist (250424)**	
	The Committee **NOTED** the Action Log from the meeting held on 24th April 2025.	
6. **6.1**	**Quality and Safety** **Quality and Risk Management Group (QRMG) and Safety Incident Executive Review Panel (SIERP) Highlight and Exception Paper** LP provided an overview of the key points from the papers: • Divisional leads quarterly reports were due, no concerns were raised at QMRG from Pharmacy and digitals reports. • There were five harm events recorded in the month of April 2025, being two patient falls in cardiology, patient fall in surgery, a patient collapse and a retained segment of a Nasal Gastric Tube (NG). There is a focus on prevention and management of patient falls focus underway within the trust at present. The alls were a mixture of witness and unwitnessed and are in early preliminary review with duty of candour being observed. • Reporting of Disease and Dangerous Occurrences Regulations (RIDDOR): A member of staff had an exacerbation of Asthma linked to construction works being undertaken. • There were eight formal complaints received in the month of April 2025 with no obvious themes, and no escalation from QRMG is required. • Complaints received are always a mix of formal and informal. Ward staff will try and call patients and address informal concerns and complaints in real time which can minimise the formal complaints and better more timely resolution for patients. This does however rely on the ward and departments team capacity. • The number of hours that volunteers are providing has increased in the month of April 2025. • Pets as Therapy (PAT) Dogs have now been introduced, which is believed to be beneficial for companionship and therapy for patients MS advised that a review of the complaints presented surrounding 5 South in a previous month has been reviewed, and the findings will be presented	

	at Surgery Theatres and Anaesthetic's (STA) Performance meeting week commencing 2nd June 2025. This is also being discussed at QRMG and any escalations will be presented to Q and R AF question the details surrounding the NG tube end, MS advised that whilst the patient came to no harm the critical care team has reviewed the incident and has implemented an improvement plan because of the tip being left in the patient. IW noted a rise in control drug reporting, which after further examination, it appeared that it is due to documentation errors rather than to Controlled drugs handling. IW questioned the detail of a person who died of (INQ2425-03/ ID462) acute ventricular failure cardiac pulmonary disease as the background mentions endocarditis and the coroner medical cause of death does not mention endocarditis. IS advised that the assumption, was it was true that the patient had endocarditis, but a prolonged course of antibiotics was given and at postmortem there was no evidence of endocarditis, therefore the assumption was that it was successfully treated. **Action:**	
6.1.1	• IS to review the Inquest outcome for INQ2425-03/ ID462, to ascertain at what point the patient developed Endocarditis.	**IS**
6.2	**Safety Incident Executive Review Panel (SIERP) minutes (01/04/2025, 08/04/2025, 15/04/2025, 20/04/2025 & 29/04/2025).** The minutes were taken as **READ**	
	Trust Quality and Risk – Annual Report **LP provided an overview of the report to the committee:** • Incident variation was as expected with no areas of concern • Harm free care, shows a low number of falls, pressure ulcers and Venous Thromboembolism (VTE) • There has been an increase in the number of staff RIDDOR reports. A review of the incidents have been undertaken by the Trust, and it is believed that due to a new health and safety specialist role, who has been carrying out a robust training programme. This has resulted in RIDDOR issues being raised, which may have not previously been recorded. This is being monitored through Health and Safety Committee and there is no escalation required at present. • **Patient experience –** Patient Advice and Liaison Service (PALS) enquiries have increased. PALS are very responsive to the enquiries, ensuring that all enquires dealt with promptly. • Formal complaints are within the variation for the year April 2024 and March 2025. • Clinical audits or divisional audits that have taken place are listed within the report. • An audit plan for 2025 – 2026 will be issued by the June 2025 meeting.	

	CP thanked LP for the excellent report and noted the positive shift around systems and learning. CP discussed the section from the Trust's Quality and Risk annual report "where identification where harm may not have been avoidable due to severity and complexity of patient condition recognised as an unavoidable outcome of treatment procedure" and triangulating it with the data received from the patient and families feedback, where they discuss unavoidable but known harm, such as long recovery time for specific types of patients and how they benefit. CP questioned how the Trust could metricise and analyse such data. LP invited CP to a SIERP meeting which is where incidents are reviewed. LP explained that due to the specialism of the Trust opposed to a general hospital, data can be less simplistic to clearly categorise. The report has captured and separates out incident of harm against an actual known/possible outcome that have been consented against. **ACTION:** • LP to explore further how to triangulate and metricise patient and family feedback (when available) against harm, or potential and known/possible outcomes of treatment. This information could be presented in future Trust Quality and Risk reports.	**LP**
6.3		
	Health & Safety Highlights Report MS discussed the main areas to note from the last Health and Safety committee meeting which was held on May 2025: • Progress has been made in regard to fire risk and training, however some further scenario based training has been requested by staff. • Areas that require development have now been identified. • There are no issues that require escalation to the Q & R committee at present.	
6.4		
	Antimicrobial Stewardship Quarterly Report MS advised that the Trust's performance is "good" for meeting national targets in terms of the reduction of 'watch and reserve' and changing from Intravenous (IV) to orally administered antibiotics. A sound improvement plan has been produced with a focus on areas that the team are working on which includes further antibiotic reduction. The link with the hospital acquired pneumonia improvement group is very much welcomed as it could lead to a reduction of antibiotic prescribing post surgery. MS confirmed that resident doctors accompany microbiologists on ward rounds where possible to increase learning and education.	
6.5	IW identified from the report, that there is a continuing national shortage of some of the widely used antibiotics, and that the Trust takes note of this to ensure stock levels are adequately maintained.	

6.6	**Surgical Site Infection (SSI) Quality Monitoring Dashboard** MS provided an overview as below: • The Trust's annual report is nearly ready to be released. • Over the last year (April 2024 – March 2025) there has been a gradual decline in SSI rates, but with a few months showing slight spikes. There is still an overall quarter-by-quarter decline in SSI rates. • April 2025's level of infection rate has increased slightly, and a detailed review is taking place. The total rate of infection is 8.4%. **Monitoring dashboard – Compliance elements** There is reassurance that improvement has been made with compliance to IPC standards, such as improvement in decolonisation prior to theatre. In the month of April 2025, the trust Infection prevent controls rounds focused on the patient's environment, which includes the patients bed space and immediate area. Handwashing audits have indicated drop in compliance especially in critical care. MS advised that the message is being reiterated across the Trust about maintaining compliance. MS advised that this remains a priority and the need to have close oversight as DIPC. IW reiterated and fully supports MS points regard to hand hygiene and ensuring that the basic infection control preventative measures are being followed Trustwide AF commented on the priority action listed for May 2025 being the review of the door counter. The issue with the software is that it counts how many times the door is opened and people entering the theatre but not the number of times the door is opened and staff not entering the theatre. but people **SIRO report** SB provided an overview of the SIRO report: • The data security and protection toolkit submission is currently on track for completion by the 30th June 2025. • There has been a reduction in the number of Datix being raised over the year (April 2025 to March 2025) This means that reporting has been kept below the mean average. • There were two incidents that were reported to (NHS England) NHSE over the last year, however they did not need reporting to Information Commissioners Office (ICO) • Information asset register requires further work as it is currently 69% compliant in the last quarter of the year 2024 -2025. A new position has been recruited to, and one of their main focus's are to update the register. • Cyber activity at present is 100% clear of virus protection, but it is a constant and ongoing issue to ensure general cyber and patient data is maintained.	

	• Zivver has protected data leaks for up to 3,900 incidents for the year April 2024 - March 2025) • Data Privacy Impact Assessment (DIPA) have been approved over the last quarter of 2024 -2025 • Freedom of Information request (FoI), nursing and finance always receive a high level of requests. LP suggested breaking down the FoI into level of complexity and the number of questions that require answering. • Trust documents that require actioning are listed on page 9 part 4.2. CP question the software 'Might-y' relating to providing the ALERT team escalation of patients who are deteriorating risk (number 3470), and the actions that have been undertaken, along with a date it will be addressed and closed. SP is not aware of the exact details so will report back to the next Q & R committee EM questioned the number of 3,900 potential leaks and requested trending and data to identify the key things that are happening. **ACTION:** • SB to send an analysis of the data surrounding the 3900 potential data leaks. Information is requested as an urgent priority. • SB to report back to the committee, the outcomes from the software 'Might-y' risk (number 3470).	**SB** **SB**
7.	**Patient Experience** No patient story scheduled	
8. **8.1**	**Performance** **Performance Reporting: PIPR M1** MS provided an overview of the report: • VTE compliance is slightly below requirement • Supervisory sister time, this is a continuing topic for the Trust which is being developed. • There is a focus on Theatres and Cath labs as they require supporting with compliance to the World Health Organisation (WHO) checklist especially in emergency cases and pathways. AF noted performance in relation to harm, other than the 32 days for cancer pathway, are not as required and if the elective recovery programme plan will address the target for wait times. EM advised that this was illustrated to the performance committee meeting in the way of a glide path showing both waiting lists and RTT improvement. EM advised that the elective recovery programme plan report could be presented at board if required. AF advised that she attended a Supportive and Palliative Care Steering group meeting and noted that there were activities that were not being undertaken due to capacity constraints, which can affect the patient experience. AF noted that this would be a discussion point for board.	

	MS advised that the Palliative care annual report is being presented to Q & R in June 2025, this will enable a review to be taken by the committee. AF questioned if there was any corelation between impact of non-compliance of mandatory training and accidents and safety. OH advised that this has been explored for resus and could confirm that there was no correlation between mandatory training, incidents and Datix's. **ACTION:** • OM & MS to review data compliance for mandatory training including identifying the essential for role and any correlation between mandatory training not taking place v's against accidents that have occurred. • EM to provide the Elective Recovery Programme plan to board on 05.06.2025	**OM & MS** **EM**
9.1	Cover: Board Assurance Framework (BAF)	
9 9.1 9.1.1 9.1.2	**Risk:** **Cover: Board Assurance Framework (BAF)** **Appendix 1: BAF Report** KB noted 1 risk on the BAF report which has not changed. AF advised that this needs to be taken note by committee. **Appendix 2: BAF Tracker**	
10	**Governance and Compliance** **Internal Audits/Assessment** No audits presented. **External Audits/Assessment** No audits presented.	
11 **11.1**	**Quality Accounts** **Quality Accounts Report for 2024/25 -Final version** MS advised that the Commissioning Quality Group meeting (CQRG) & ICB – gave high praise of the standard of the accounts reported. There is a statutory requirement for a consultation period that closes early June 2025. The account details the quality priorities for 2025 -2026 The committee **RATIFIED** the Quality Accounts Report for 2024/25	
12 **12.1**	**Policies & Procedures** **Cover paper for all policies**	

	AM thanked LP for the covering paper that provided and overview of all three policies.	
12.2	**DN323 v6 Medical Gas System Operational Policy** The committee **RATIFIED** DN323 v6 Medical Gas System Operational Policy	
12.3	**DN375 Waste Management Policy** The committee **RATIFIED** DN323 v6 Medical Gas System Policy	
12.4	**DN664 - Policy for assessing continual compliance with the CQC Fundamental Standards** The committee **RATIFIED** DN664 Policy for assessing continual compliance with the CQC Fundamental Standards	
13	**Research and Development**	
13.1	**Minutes of Research & Development Directorate meeting Ratified** The minutes were taken as **READ**	
14	**Other Reporting Committees**	
14.1	**Escalation from Clinical Professional Advisory Committee** No escalation required. MS noted that Luke Bage produced a great report on looking at clinical supervision across the Trust and has provided some recommendations. The minutes were taken as **READ**	
14.2	**Health and Safety Committee (February 2025)** No escalation required. The minutes were taken as **READ**	
15	**Areas of Escalation and Emerging Risk** **Audit Committee** No escalation required. **Board of Directors**	

	No escalation required. **Emerging Risks** No escalation required.	
16	**Any Other Business**	
	No other business raised.	
17.	**Date and time of next meeting** Thursday 31st July 2025, 14:00-16:00 - Microsoft Teams	