Royal Papworth Hospital
NHS Foundation Trust

Agenda item 03.i.b

Report to:	Board of Directors Part 1	Date: 5th March 2026
Report from:	Chair of the Quality & Risk Committee – Professor Graham Martin	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the Quality & Risk Committee for the month of February 2026	
Board Assurance Framework Entries	BAF 3730 Delivering safe harm free care BAF 3731 Effective delivery of care	
Regulatory Requirement	Well Led/Code of Governance: CQC, DHSC,NHSE	
Equality Considerations	To have clear and effective processes for assurance of Committee risks	
Key Risks	None believed to apply	
For:	Information and noting at Board of Directors	

Part 1 Summary report from meeting in February 2026

1. Significant issues of interest to the Board

The Committee received a verbal update from Ian Smith regarding an interim analysis of outcomes from the trust's TAVI service, led by Mike O'Sullivan. This indicates that outcomes are better than national averages for both elective and emergency TAVI patients. However, questions remain regarding the distribution of benefits from TAVI (in terms of added life years or QALYs) given the wider characteristics of the population, and this requires a more detailed analysis, potentially including prospective data collection. Dr Smith will discuss the possible scope and resourcing (e.g. via a clinical fellow) of such an analysis with Dr O'Sullivan and return to the Committee with a proposed plan in April.

Discussions are ongoing with CUH regarding the pathway for patients who fall in RPH, including access routes and possible use of imaging facilities in RPH (rather than in Addenbrooke's), with a view to optimising the pathway for RPH patients and reducing pressure on ambulances and emergency care facilities at CUH. There have been positive discussions but any changes to the pathway will need to be reflected in RPH's falls policy. We expect to review proposed changes at the April meeting.

The content of the last month's QRMG meeting was discussed. There has been excellent progress in reducing the backlog of open incidents, moving from 353 at the start of January to 189 as of mid-February, and now under 100. Quarterly data on pressure ulcers were noted, including increased incidence of medical device-related pressure ulcers and persistent high numbers of cases of moisture-associated skin damage. Focused discussions are taking place between tissue viability and critical care, where several of the cases have occurred.

The Committee received a quarterly falls report and improvement plan, taking **substantial assurance** from work to date and forward planning. The Committee agreed that in future the

falls improvement programme would be reported to QRMG via the harm-free care panel, with highlights and escalations to the Quality and Risk Committee as appropriate.

The Committee received a quarterly report from the Antimicrobial Stewardship Team. Overall the trust's progress in reducing antibiotic use since 2019 has been impressive, and well ahead of government targets, though from Q3 2024/5 to Q3 2025/6 there has been a slight increase. The Team has set out a clear gap analysis and action plan from which, subject to the addition of a little more detail on timelines and milestones, the Committee took **substantial assurance.** The Department of Health and Social Care has written to all trusts requiring board-level review and executive oversight of antimicrobial stewardship in each organisation; Dr Smith has kindly agreed to be named as the executive lead. The gap analysis and proposed actions are included in the Board reference pack.

The Committee noted a sharp drop in rates of completion of Level 3 safeguarding training, which is due to an expansion of the denominator: all nurse and AHP staff at Bands 5 and 6 are now required to complete the training. Maura Screaton outlined the plans to address this: given the length of the training (one full day), the capacity of the training team, and the numbers now requiring training, it is likely to take 18-24 months to return to high levels of compliance. The possibility of increasing capacity is being investigated, and in the meantime steps are being taken to ensure prioritisation of key areas of the hospital and staff groups. **Assurance: moderate.**

There were two new cases of C.Difficile in the hospital in January (against a threshold of 18 for the year). Maura Screaton and Louise Palmer noted that both cases had been investigated and that there was no evidence that either case had been acquired in the hospital, and no evidence of deficiencies in transmission prevention, providing the Committee with **substantial assurance**.

The Committee reviewed two audits – on health inequalities and on quality improvement and innovation – and the trust's response to them. While work on health inequalities is in a relatively early stage, good progress has been made and the health inequalities panel now meets regularly, reporting to QRMG. The report on quality improvement and innovation offered some helpful insights, and the Committee noted the importance of ensuring strategic coherence between clinical quality improvement projects and wider trust transformation activities, including CIPs.

2. Key decisions or actions taken by the Quality and Risk Committee

Two revised policies (DN091 Medicines Management Policy, version 8.1; DN180 Sharps injury and splash incident involving blood or bodily fluids, version 11) were reviewed and ratified by the Committee.

3. Matters referred to other Committees or to individual executives

The Board is asked to note the work of the Antimicrobial Stewardship Team and the gap analysis and action plan included in the reference pack.

4. Other items of note

Nil.

5. Recommendation

- The Board is asked to note the content of this report.