

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

**Held on 29th April 2021 at 2 pm**  
**Via Microsoft Teams**

**MINUTES**

|                      |                            |       |   |
|----------------------|----------------------------|-------|---|
| <b>Present</b>       | Blastland, Michael (Chair) | (MB)  | Non-executive Director (Chair)                                    |
|                      | Fadero, Amanda             | (AF)  | Non-executive Director  |
|                      | Graham, Ivan               | (IG)  | Deputy Chief Nurse  |
|                      | Hall, Roger                | (RH)  | Medical Director  |
|                      | Hodder, Richard            | (RHo) | Lead Governor   |
|                      | Jarvis, Anna               | (AJ)  | Trust Secretary   |
|                      |                            |       |   |
|                      | McCorQuodale, Chris        | (CM)  | Deputy Chief Pharmacist & Staff Governor                          |
|                      | Monkhouse, Oonagh          | (OM)  | Director of Workforce and Organisational Development              |
|                      | Posey, Stephen             | (SP)  | Chief Executive   |
|                      | Powell, Sarah              | (SPo) | Clinical Governance Manager                                       |
|                      | Raynes, Andy               | (AR)  | Director of Digital & Chief Information Officer                   |
|                      | Rudman, Josie              | (JR)  | Chief Nurse and DIPC  |
|                      | Seaman, Chris              | (CS)  | Quality Compliance Officer  |
|                      | Webb, Stephen              | (SW)  | Deputy Medical Director and Clinical Lead for Clinical Governance |
|                      |                            |       |   |
| <b>In attendance</b> | Bates, Michael             | (MBa) | Clinical Audit & Improvement Manager                              |
|                      | Hamilton, Danielle         | (DH)  | Executive Assistant (Minute taker)                                |
|                      | Martindale, Tallisa        | (TM)  | Sister, Day Ward  |
|                      |                            |       |   |
| <b>Apologies</b>     | Ahluwalia, Jag             | (JA)  | Non-executive Director  |
|                      | Conquest, Cynthia          | (CC)  | Non-executive Director  |
|                      | Gorman, Eamonn             | (EG)  | Deputy Director of Digital and Chief Nursing Information Officer  |
|                      | Makings, Ellen             | (EM)  | RPH Medical Examiner, NHS England & NHS Improvement               |
|                      | Wilkinson, Ian             | (IW)  | Non-executive Director  |

Discussions 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> |                |      |

| Agenda Item |  | Action by Whom | Date |
|-------------|--|----------------|------|
|             | The Chair opened the meeting and the apologies were noted.   |                |      |
| <b>2</b>    | <b>DECLARATIONS OF INTEREST</b>  |                |      |
|             | <p>There is a requirement that those attending Board Committees raise any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted:</p> <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 journalist reporting on health issues and as an advisor to Bristol University's Centre for Research Quality and Improvement.</li> <li>• Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd.</li> <li>• Jag Ahluwalia as: CUH Employee, seconded to 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>• Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH; Chair of the NHS England (NHSE) Operational Delivery Network Board; Trustee of the Intensive Care Society; Chair of the East of England Cardiac Network and an Executive Reviewer for CQC Well Led reviews.</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.</li> </ul> |                |      |
| <b>3</b>    | <p><b>COMMITTEE MEMBER PRIORITIES</b></p> <p>Quality oversight at regional strategic level discussed.</p> <p>Quality oversight groups raised by Chair as this will begin to impinge before long – AC to explore reports on development and bring them through to committee.</p> <p>RH queried how quality is assured at ICS level – not clear at present, more clarity of clinical leadership is needed and where it sits.</p> <p>JR shared debates within the nursing community in regards to Executive Nurse role and confirmed that there will be at least one clinician.</p> <p>Total governance of ICS and where decisions are taken queried - wider conversation of governance needed and for it to be raised at board</p> <p>IG attended inaugural ICS Quality Steering Group 17.03.2021 whilst in</p>  |                |      |

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|                            | <p>Acting Chief Nurse role and confirmed that the next meeting is due to be held in May 2021. Attended by all ICS system partners.<br/>           AJ confirmed involvement within the overarching Governance Group also.<br/>           Agreement that standards need setting and mandatory standards need to be appropriate.<br/>           SP discussed danger in thinking that the road map is going to be set for the Trust. Agreement that we need to consider how to feed into the conversations and bring examples of models that would work well. All to contribute and shape the future rather than waiting to be told.<br/>           Chair suggested that discussion of risk associated with the ICS may help prepare the Committee.</p>   |                |      |
| <b>4</b>                   | <b>MINUTES OF THE PREVIOUS MEETING – 25<sup>th</sup> March 2021</b>   |                |      |
|                            | <p>The Quality &amp; Risk Committee approved the minutes of the previous meeting held on the 25<sup>th</sup> March 2021 and authorised these for signature by the Chair as a true record.</p>   |                |      |
| <b>5</b>                   | <p><b>MATTERS ARISING AND ACTION CHECKLIST PART 1 (210325)</b><br/>           These were reviewed and updated.</p>  |                |      |
| <b>6.1</b>                 | <b>QUALITY</b>  |                |      |
| <b>6.1</b><br><b>6.1.1</b> | <p><b>Quality &amp; Risk Management Group (QRMG) Exception Report</b><br/>           Deteriorating patients discussed including a recent SI in regards to this. Investigators are looking at previous actions and recommendations from previous incidents to see if we are learning as an Organisation and is there anything that we are missing.</p> <p>The Chair raised that the nub of concern is being sure that we are confident that the SI process is leading to changes in behaviour and practises to make incidents less likely again.<br/>           Query in regards to if there is anything that we can do, to test if recommendations have become embedded?</p> <p>JR discussed that the Trust is very good at reporting and investigating them however, our usual level of CPD and education programmes are missing at present which we need to be mindful of. Education team haven't been able to do training to the usual degree over the last 12-18 months due to recent events.</p> <p>Assurance given to the Committee that there is no theme in regards to transplant patients and that it is one of the first questions that is always asked when being investigated. Thematic review of all deteriorating patient cases also being held at present.</p> <p>RH shared that a sign of it being embedded in the culture is that datix's are sent asking for the SI review panel to adjudicate and that the Trust is in an immeasurably better position than previously in regards to reporting of incidents.<br/>           Reminder given that the Committee should be looking at SI processes that are underway as not complete, and that it would be premature for the Committee to recommend on something that may or may not eventuate in the final report.</p> |                |      |

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| 6.1.1.2     | <p>The Chair raised whether a top line can be added into local audits in regards to previous SI's and have lessons been embedded – is it possible to incorporate into the routine assessment? SPo shared that this could be piloted and bring feedback back to board.</p> <p>The Chair enquired about the Clopidogrel incident and CM advised that procedural changes within Pharmacy regarding the incident have already taken place. Wider concern about patients taking home all medications that have been dispensed shared. Group is being led by one of our Matrons being held next week regarding this.</p> <p>Following query from AF, JR discussed working with Aiden Fowler, looking at a patient safety module and delivering it through RPH school. Patient safety champions discussed – this role does not need to be created as SP completes this work currently. Chair requested that summary catch up added to the next agenda around quality and safety initiatives.</p>  | <p>SP</p> <p>DH</p> |      |
| 6.1.2       | <p><b>Progress update on last year's Quality Account priorities</b><br/>This was received by the Committee.</p>  |                     |      |
| 6.1.3       | <p><b>Achievement against Objectives report</b><br/>All objectives that haven't been achieved are going to be carried over to next year. Given the pandemic, the Trust has achieved a lot against a large number of objectives and priorities.</p> <p>IG discussed patient experience update. Narrative shared and results from last year included. Participation rates and positive experience rates discussed. Positive experience rate remains consistent in the high 90's. Participation rates are fairly static. Outpatients have wanted to work on participation rates – RPH have done well and there has been a steady increase in participation rates since moving to digital ie. I pads. Dip in Feb-March highlighted as it was linked to the vaccination clinic reducing in their activity in line with national COVID vaccination plans. Latest published information for friends &amp; family test is January and February 2020 – was stopped nationally until December 2020 – RPH have continued to obtain Friends and Family Test feedback. When back to full PIPR reporting with narrative – IG will continue to look at national benchmarking and include with the narrative.</p> <p>CS to circulate updated document.</p> <p>Assurance given by CS that the quantitative responses from the Chair and JA have been taken on board and will be reflected in next year's QAs.</p> | CS                  |      |
| 6.1.4       | <p><b>Quality Improvement (QI) update</b><br/>MBa attended the meeting to give an update on QI. Team carrying two vacancies at present – Information Analyst post and Quality Improvement Officer role, trying to fill these at pace. Over last 12 months has seen a slight loss in the traction of monitoring and supporting clinical audits – development in quality metrics and performance monitoring in theatres identified.</p>  |                     |      |

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|              | <p>Roll out for Quality Improvement training programme to be focussed on once vacancies are filled.<br/>           Training discussed – access to bronze level introductory course via web portal for quality improvement. Some training to be offered face-to-face. Gold level masterclass training being organised. MB planning to build and deliver a silver level course internally to AHP and medical/nursing teams and build engagement.<br/>           Projects to be identified towards mid/end of this financial year.</p> <p>The Chair queried if there is a particular area where the Trust needs to improve – quality improvement training discussed - to provide consistent language and approval process and permission processes. Current lack of method by which we deliver change outside of cost improvement and strategic projects; gap for quality change.<br/>           Level of quality change raised – ward level confirmed with wards being responsible for change. Lots of variety and projects raised by matrons – but changes not sustainable – Quality Improvement to look at giving them tools to do it.<br/>           AF raised the link to the cost improvement programmes, SIPS and PMO and how they would work together. Assurance given that conversation on how to link together held approx. 6 months ago. Meeting to be held this afternoon (29.04.21) to start discussions around how to effectively tie to together and not duplicating work. Clear plan not in place yet but want to work together.<br/>           MB to explore how partners are currently doing this.</p> <p>JR gave Committee reassurance that quality and improvement have been going ahead but the Trust is not very good at recording it – having a baseline and making a change. Scalability assurances not in place at the moment.</p> <p>CM shared others within the Trust that are working on change projects that could be linked into. MB raise that a QI Steering group is being organised and in the process of getting it up and running.</p> <p>The Chair discussed different aspects of QI coordinate, particularly internal audit. The Chair agreed to take matter to the Audit Committee.</p> <p>OM reminded Committee that the Reciprocal Mentoring Programme that the Trust has been accepted on to is an improvement programme, which plays into cultural and transformational pace.</p> <p>IG discussed how the clinical teams have continued to liaise with Keith Donovan on their CIP and SIP projects, to maintain structure and energy regards improvement, while awaiting QI.</p> | <b>Chair</b>   |      |
| <b>6.2</b>   | <b>PATIENT EXPERIENCE</b>   |                |      |
| <b>6.2.1</b> | <p><b>Patient Story</b><br/>           Patient story presented by TM, Sister from Day Ward.<br/>           Patient admitted to Day Ward for pace maker upgrade.<br/>           The Matron (FF) telephoned patient following admission in regards to the datix made by ward staff. Patient and wife were grateful that FF had telephoned and advised that they were in process of making a formal</p>  |                |      |

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|             | <p>complaint.</p> <p>The patient and wife complained that their daughter had had to drive one hour to pick the patient up, to then leave their home at 6:30am to get him to hospital for 8am. They understood the reasons why the patients wife was not allowed to stay with him during his admission but understandably, his wife was anxious and worried about the procedure and that she was unable to attend with him, as when he first had his pacemaker fitted, it was in an emergency situation.</p> <p>Given that the procedure was done under GA, he was off the Day Ward for quite a long time – the patient’s wife’s complaint was that she received no communication in regards to how he was. FF explained that the cath labs and recovery don’t routinely telephone relatives. Reassurance given to the patients wife that FF would discuss this with TM to put an alert system in place so that the Day Ward nurse can get an update from the labs and then telephone family members to alleviate some anxiety. The patient’s wife also discussed the telephone not being answered when she called – this was explored and an apology was provided, as the phone wasn’t diverted that day and reception staff have been spoken with regarding this.</p> <p>When the patient went back to the Day Ward from recovery, he began to feel better and was taken for x-ray at 5:30pm and this is where frustration began. The Consultants that would normally review the x-ray had gone home and nurses contacted doctors over 10 times but could not get confirmation that he could go home as there was no one to check his x-ray. He shared that he began getting more agitated as his family were waiting in carpark for over two hours to go home and that the nurses had to stay late, waiting for the x-ray review. He contemplated self-discharge at this point.</p> <p>The patient was finally discharged at 9pm – this could have been 6pm if the review of the x-ray had been reviewed in a timely manner. The patient was very complimentary of the nursing staff – all care that he received was excellent and that his recovery was better and he was in less pain than following his emergency procedure previously.</p> <p>Other feedback included that information about his transmitter box didn’t match the instructions in box, which caused a lot of confusion and lead to a phone call having to be made to the department.</p> <p>The patient and his wife were thankful that FF had called them and gave them a chance to raise their concerns and that issues were addressed and that actions were shared. They feel they no longer want to make a written complaint.</p> <p>Issue of x-rays not being checked in a timely way has been raised several times over the last few months and has lead to several complaints and datix’s. FF has made arrangements to discuss with medical lead and operational team about possibility of x-rays being checked by someone in a different role and TM to look into process in regards to contacting patients family members.</p> |                |      |

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|             | <p>RH discussed this as being a theme in the SI process (investigations being stuck in a queue and not being acknowledged) and feels that it could be done by a non-medical that is appropriately trained.<br/>Cost to hospital raised, as well as frustration for family.</p> <p>The Chair requested that the subject of a procedure being put into place where someone, who is not a senior clinician, is trained to read appropriate information, is brought back to the Committee within a couple of months' time.</p> <p>JR suggested patient story go into the Matrons Quality Report and once completed, flag to us to be highlighted to the Committee.</p> <p>SW discussed where dependency is on one group of staff, systems fall down. Diversification of roles is important.</p> <p>IG raised this story as being a fantastic example of the value of the Matron and Sisters roles, which lead to the aversion of a formal complaint and immediate learning and actions from patient feedback.</p> | DH             |      |
| 6.2.2       | <p><b>End of Life Steering Group Draft Minutes</b><br/>No minutes to report</p>   |                |      |
| 6.2.3       | <p><b>Patient &amp; Carer Experience Group Minutes</b><br/>No minutes available at the time of this meeting.</p>  |                |      |
| 6.2.4       | <p><b>Patient &amp; Public Involvement Committee Draft Minutes</b><br/>No minutes to report</p>   |                |      |
| 6.3         | <p><b>PERFORMANCE</b></p>   |                |      |
| 6.3.1       | <p><b>Performance Reporting/Quality Dashboard</b><br/>These were received by the Committee.</p>   |                |      |
| 6.3.2       | <p><b>Monthly Ward Scorecards: M12</b><br/>These were received by the Committee.</p>  |                |      |
| 6.3.3       | <p><b>Draft PIPR metrics for 2021/22</b><br/>These were received by the Committee.<br/>Committee agreement that the revision is sensible.<br/>JR noted that nosocomial infections to be captured and include all hospital acquired infections. Cyber also discussed and where it will sit – could go under SAFE. JR to liaise with AR regarding metrics to include.</p> <p>SP raised that it is still in a draft format and a workshop is being put in place to look at it together – it is a work in progress and any feedback will be gratefully received.</p> <p>The Chair requested something in the short term in regards risk holding amongst waiting patients, number of P1 and P2s – something useful for the Board to see how progress is being made – query to take this to Board?</p>  | AJ             |      |
| 6.4         | <p><b>SAFETY</b></p>  |                |      |
| 6.4.1       | <p><b>Serious Incident Executive Review Panel (SIERP) minutes (210323,</b></p>  |                |      |

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|              | 210330, 210406, 210413)<br>The SIERP minutes as outlined above were received.   |                |      |
| <b>6.4.2</b> | <b>HSE COVID letter_RPH position</b><br>This was received by the Committee.   |                |      |
| <b>6.4.3</b> | <b>BSI and ECMO reports</b><br>This was received by the Committee.  |                |      |
| <b>7</b>     | <b>RISK</b>   |                |      |
| <b>7.1</b>   | <b>Board Assurance Framework Report</b>   |                |      |
|              | <p>The Committee noted the contents of this report.</p> <p>ED discussion following NED and ED meeting earlier in the month. Control measures and assurance levels to be added into the report for each Committee. Some grading's and ratings expected to change. Inherent risk ratings to also change. Discussion about R&amp;D strategic recognition – consider HLRI risks and how that is reflected. The next meeting is to be expanded on that. Principle risks discussed – reinstating and bringing them in for Committee to see and note.</p> <p>JR shared that further reflections received in regards to M.Abscessus, and raising it to a 15. Still fits in nosocomial risk and happy to be guided by the Committee as a whole. The Chair in agreement - not confident to call it unlikely. Reasonable judgement taken. Lots of mitigation in place but it is acknowledged that human factors should be considered.</p> <p>RH shared that risk rating of around 15 is about right. Trust completely uncertain still about the mechanism of infection and due to unknown factors, risk ought to remain elevated until a time where knowledge improves.</p> <p>AF fully supports recommendations.</p> <p>The Chair raised question around ratings in regards to staff risks – OM shared that vacancy rating have been reduced and we can see definite sustainable solutions in some areas but staff engagement and RES scores are still poor. Turnover scores – not reduced due to not knowing what's going to happen with post COVID pandemic effect – retirement, reduce hours.</p> <p>AJ discussed how risks are classified and where they are being reported – to be discussed at Board.</p> |                |      |
| <b>7.1.2</b> | <b>Emerging risks</b><br>None to report.  |                |      |
| <b>7.1.3</b> | <b>Risk 12+</b><br>This was received by the Committee.  |                |      |

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| <b>8</b>    | <b>WORKFORCE</b>  |                |      |
| 8.1         | <p><b>Key workforce issues</b><br/> Papers received.<br/> Values and Behaviours framework – aim to bring to next month’s committee ahead of going to Board for sign off.<br/> Foundation priority – underpins programme of work around training and IPRs and line manager development.<br/> Lots of meetings and discussions with people – enthusiasm from staff and desire to have a behaviour framework – supports and enables conversations and sets common standards.<br/> Values discussed - 3 words – aligns with strategic direction and easy for people to remember.</p> <p>The Chair shared that he is comfortable with the Framework appears and the language used.</p>   |                |      |
| 8.2         | <p><b>Equality, Diversity and Inclusion report</b><br/> This was received by the Committee.</p>   |                |      |
| <b>9</b>    | <b>GOVERNANCE</b>   |                |      |
| 9.1         | <p><b>SIRO report Q4</b><br/> Paper taken as read.<br/> Audit undertaken by Price Water House Cooper – different auditor on our information governance tool kit submission - will form an action plan for the coming year. Some challenge to be given back but expecting the report imminently. Report to go through Information Governance Steering Group and action plan to be shared with Q&amp;R.<br/> Datix information governance incidents discussed. Recurring theme of information going to wrong people – due to human error that can be easily overcome by time being taken.<br/> Good news story shared – highest compliance rate ever at present for the Information Asset Register – currently 98%. Thanks extended to all.<br/> Document management discussed – clear leader boards and relegation within report. COVID has been prevalent but now that we are coming out of it, refreshing of documentation policies and processes needed to get them back up to date.</p> <p>The Chair queried the information governance and cyber training within the report and any surprises. AR discussed training information needs improving in regards to cyber security now that lots more work is completed online since COVID. Lots of discussion in regards to this topic within Information Governance Steering Group, communications campaigns, Performance Committee, Strategic Projects Committee, Digital Strategy Board, Information Governance, and weekly briefings.<br/> On Board Assurance Framework as a 16, reduced down from 20. Lots of initiatives being done.</p> <p>AF discussed the document control compliance – some assurance requested as to when we will have an amber/green picture. AR agreed that purge is needed and a move to be seen within the next 6 months. Identified risk discussed in regards to not being compliant with these – assurance given that there is process in place that document reminders are sent out to departments Trust wide. AJ shared that the subject has</p> |                |      |

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|               | <p>been on the agenda of QRMG and FoCB also.</p> <p>Business continuity plans discussed - formal testing is overdue – CS confirmed that she has been in touch with Eilish Midlane and the item is due to be taken to the next EPC meeting also.</p> <p>IG raised that he is pleased to see the progress in nursing and shared that a lot of it is a legacy from transferring to digital documents.</p>  |                |      |
| <b>10</b>     | <b>ASSURANCE</b>  |                |      |
| <b>10.1</b>   | <b>Internal Audits:</b><br>None received.   |                |      |
| <b>10.2</b>   | <b>External Audits/Assessment:</b><br>None received.  |                |      |
| <b>11</b>     | <b>POLICIES</b>   |                |      |
| <b>11.1</b>   | <b>CP025 IABP Guidelines</b><br>This was received by the Committee.   |                |      |
| <b>11.2</b>   | <b>DN818 Mycobacterium Abscessus Infection Control Policy</b><br>This was ratified by the Committee.  |                |      |
| <b>11.3</b>   | <b>DN115 Control of Substances Hazardous to Health</b><br>This was ratified by the Committee.   |                |      |
| <b>12</b>     | <b>RESEARCH AND EDUCATION</b>   |                |      |
| <b>12.1</b>   | <b>Research</b>   |                |      |
| <b>12.1.1</b> | <b>Minutes of Research &amp; Development Directorate meeting (210312)</b><br>These were received by the Committee.  |                |      |
| <b>12.2</b>   | <b>Education</b>  |                |      |
| <b>12.2.1</b> | <b>Education Steering Group minutes</b><br>No minutes to report.  |                |      |
| <b>12.2.2</b> | <b>Education update</b><br>This was received by the Committee.  |                |      |
| <b>13</b>     | <b>OTHER REPORTING COMMITTEES</b>   |                |      |
| <b>13.1</b>   | <b>Escalation from Clinical Professional Advisory Committee</b><br>IG shared update from this month's CPAC meeting. Minutes to be shared at next Q&R meeting.<br>Update from Clinical Education – success of overseas nurses programme.<br>Training procedures documents discussed and being put into place.<br>AHP ToR shared and the work they've been doing staff around Equality and Diversity and staff side discussed.<br>Good discussion in regards to nurse consultant work and JW leading on piece of work in regards to Specialist Nurses.<br>All welcome to any future CPAC. |                |      |
| <b>13.2</b>   | <b>Draft minutes of Clinical Professional Advisory Committee</b><br>None available at time of meeting.  |                |      |

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| 13.3        | <b>Minutes of Safeguarding Committee - draft (210222)</b><br>These were received by the Committee. |                |      |
| 13.4        | <b>Minutes of ICPPC (210324)</b><br>These were received by the Committee.                          |                |      |
| 14          | <b>ISSUES FOR ESCALATION</b><br>None to report.  |                |      |
| 14.1        | <b>Audit Committee</b><br>There were no issues for escalation.                                     |                |      |
| 14.2        | <b>Board of Directors</b><br>There were no issues for escalation.                                  |                |      |
| 15          | <b>ANY OTHER BUSINESS</b><br>No items for AOB shared.  |                |      |
|             | <b>Date &amp; Time of Next Meeting:</b><br><b>Thursday 27<sup>th</sup> May 2021 2.00-4.00 pm</b>   |                |      |



Signed

Thursday 27<sup>th</sup> May 2021  
Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Quality & Risk Committee**  
Meeting held on 29 April 2021