

### Agenda item 3.i.a

<b>Report to:</b>	<b>Board of Directors Part 1</b>	<b>Date: 05 March 2026</b>
<b>Report from:</b>	<b>Chair of the Quality &amp; Risk Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board on discussions at the Quality &amp; Risk Committee for January 2026</b>	
<b>Board Assurance Framework Entries</b>	BAF 3730 Delivering safe harm free care BAF 3731 Effective delivery of care	
<b>Regulatory Requirement</b>	Well Led/Code of Governance: CQC, DHSC, NHSE	
<b>Equality Considerations</b>	To have clear and effective processes for assurance of Committee risks	
<b>Key Risks</b>	None believed to apply	
<b>For:</b>	Information and noting at Board of Directors	

### Part 1 Summary report from meeting in January 2026

#### 1. Significant issues of interest to the Board.

- The Committee considered one formal escalation from QRMG, regarding engagement of Clinical Directors at QRMG. This was discussed and it was noted that recruitment currently underway is likely to go some way to addressing the issue. This has been logged as an action item for future review by the Committee.
- The Committee noted the need for further attention to TAVI, including value and efficacy for patients as well as strategic prioritisation, capacity and delivery. The Medical Director is in the process of commissioning further work on this in consultation with other executive colleagues and will report on plans at the Committee's February meeting.
- The Committee received an analysis, as part of the biannual Learning from Deaths report, of in-hospital mortality rates by sex. Across several specialities, women are more likely to die than men; however, the numbers are small, the difference appears to relate largely to case mix (e.g. older female patient population), and the ratios are similar to those reported in the research literature. The Committee agreed that further investigation was not warranted by this initial analysis.
- The Committee received a report of a Patient Safety Incident Investigation focused on the care and treatment of a patient with chronic total occlusion (CTO) of the right coronary artery. Key recommendations around the need for clear guidelines relating to the management of unexpected CTO, and to decision-making in the event of short-

notice absence of the lead consultant, were noted; QRMG will be monitoring implementation of these recommendations.

- The Committee received a report from the chair of the SSI stakeholder group, Dr Hannah Kiziltug. It included a comprehensive overview of the current situation with regard to SSIs, and a suite of actions intended to reduce incidence covering multiple areas (getting the basics right; upholding cleaning, decontamination and cleanliness standards; addressing infrastructure concerns; evaluating new technology; optimising care for patients with diabetes; adopting new practices; and addressing culture, attitudes and beliefs). The Committee commended the report and the plan but noted the need for monitoring of actions and outcomes; it also queried the level of resourcing required to deliver the plan. The Committee requested three-monthly progress updates. Assurance: partial.
- The Committee received a report from Chris McCorquodale, Chief Pharmaceutical Information Officer and Clinical Safety Officer, highlighting risks in various digital clinical systems, some critical. An action plan to address the most pressing risks has been agreed, and the Committee recognised the careful work that had gone into identifying and prioritising these risks, but there are residual risks that cannot be fully mitigated given the current resourcing level (e.g. FTEs of Clinical Safety Officers). There is also a recognised need to systematise / routinise oversight of these risks. The Committee escalated the issue to executive directors, including monitoring of delivery of the action plan and consideration of resourcing implications and risk appetite. Assurance: limited.
- The Committee noted substantial progress in the fire safety improvement plan, with good uptake of training and higher levels of confidence in fire safety management (e.g. evacuation plans). Some work is outstanding and further assurance is required on breadth of uptake across wards and departments. Assurance: substantial.
- The Committee reviewed a long list of possible Quality Accounts priorities for 2026/27. It endorsed the provisional selection of three projects (patient experience and engagement; acute pain service improvements; and prehabilitation and frailty), which will be subject to further consultation with the Patient and Public Involvement Committee in February.
- The Committee reviewed and approved the trust's Organ Utilisation Strategy and Annual Report and recommends it to the Board.

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

- None

## **3. Matters referred to other Committees or to individual executives**

- Oversight and resourcing of digital clinical safety referred to executive directors.

- Organ Utilisation Strategy and Annual Report – referred to Board with a recommendation to approve.

**4. Other items of note**

- None

**5. Recommendation**

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