

Agenda item 4.iii

Report to:	Board of Directors Part 1	Date: 2 nd April 2026
Report from:	Professor Graham Martin, Chair of the Quality & Risk Committee	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the Quality & Risk Committee for months of March and April 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	None believed to apply	
Key Risks	Insufficient information or understanding to provide assurance to the Board	
For:	Information	

Part 1 Summary report from the meeting in March 2026

1. Significant issues of interest to the Board

The Committee was informed of two separate patient safety events involving drain tubing that was noted to be incomplete on removal post operatively. This resulted in both patients needing to return to the operating theatre for removal of the retained tubing. The most likely explanation is that the tubing was caught by the sternal wires during surgery. Immediate actions have been taken including isolating the batch of tubing associated with both incidents, notifying the manufacturer and MHRA, and implementing some additional checks and education of staff on what to look out for both at time of insertion and removal; additionally, a follow-up review based on SEIPS principles will seek to identify further system-level actions that can be undertaken to reduce the likelihood of recurrence. The Committee took **substantial assurance** from these measures.

The meeting included a helpful discussion of the trust's clinical audit programme. A range of factors drives the choice of clinical audits, including national requirements, trust priorities, and the needs of resident doctors to demonstrate that they have engaged in audit or quality improvement to satisfy training requirements, but this means that the both the quality of the audits produced and their relevance to the trust are variable. The 2026-27 audit programme is already in train, but it was agreed that a more strategic approach to commissioning audits would be desirable in future years. The capacity of the audit team is constrained and any audit also requires engagement from the clinical team in question; Louise Palmer and Maura Sreaton will take this discussion forward and engage the Quality and Risk Committee early on in planning the audit programme for the following year with a view to maximising the value of this activity.

The Committee heard patient stories from Stephen Parish (specialist nurse for supportive and palliative care). The two accounts of patients who had died in hospital, following quite different trajectories, including the experiences of the patients and their families, the work of staff to adapt their care following often rapidly changing prognoses, and the vital importance of clearly

communicated information and support for dying patients. This led to a discussion of the trust's work to enhance the quality of end-of-life care, in partnership with other organisations in the system, including hospices. The Committee requested that this work be considered alongside other priorities in the five-year strategy as it is operationalised, and Maura Sreaton and Tim Glenn agreed to take forward these discussions – as well as consider a potential more strategic role for the trust's end-of-life steering group. An update on progress will be received by the Committee in three months' time.

The Committee noted a disappointing dip in the levels of Supervisory Sister / Charge Nurse time, as well as varied levels of cover across wards. As seen in PIPR, there has been a longstanding shortfall in SS/CN time from the 90% target, and the reasons for this were discussed – sickness absence being a central concern. Given the persistent nature of this shortfall, the Committee took **limited assurance** on the prospects for improvements in the near term. Given the importance of nursing leadership for various aspects of quality and safety, the Committee felt that this issue would benefit from discussion at Board level, with a view to identifying the steps that can be taken to improve rates and/or consider our tolerance for the risks that follow from persistent shortfalls in SS/CN time.

Finally, the Committee received a report on an internal audit carried out by BDO looking at arrangements to look after patient property during inpatient stays. This audit was presented at the Trust Audit Committee in March. The audit provides useful insights into some of the practical challenges involved in implementing the trust's policies, and alongside the audit, work has been undertaken to simplify and streamline elements of the policy and improve compliance. Work on implementing the revised policy is now in progress; the Committee took **moderate assurance** from the progress of this work to date and will receive an update on progress at a future meeting. The Audit Committee will continue to monitor progress with actions.

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

Update to DN306 Consent Policy was reviewed and approved by the Committee.

3. Matters referred to other Committees or to individual executives

The Committee requested that the Chief Nurse and Medical Director oversee work to develop a more strategic approach to planning the trust's programme of clinical audits. The Committee requested that the Chief Nurse and Deputy Chief Executive incorporate considerations regarding end-of-life care provision into work to implement the objectives set out in the trust's five-year strategy.

4. Other items of note

Nil.

5. Recommendation

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