

Agenda item 3.i

Report to:	Board of Directors Part 1	Date: 03 July 2025
Report from:	Chair of the Quality & Risk Committee	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the Quality & Risk Committee for May and June	
Board Assurance Framework Entries	BAF 675	
Regulatory Requirement	Well Led/Code of Governance:	
Equality Considerations	To have clear and effective processes for assurance of Committee risks	
Key Risks	None believed to apply	
For:	Insufficient information or understanding to provide assurance to the Board	

Part 1 Summary report from Q and R meetings in March and April

1. Significant issues of interest to the Board.

- QRMG and SIERP report – No formal escalations from QRMG at May or June meeting. The committee noted 5 harm events reported in April and 2 in May. Discussions centred around falls with harm with particular concern in respect to Level 5 (surgical wards) and what was believed to be contributing factors. The falls improvement plan was presented with key focus on prevention such as lying and standing BP and regular assessment, supervision and observation. It was noted that there was an increase in controlled drug incidents in May however detail revealed that they were errors in recording and documentation rather than missing or administration errors. Assurance Good
- SSI rates in May were 3.7% however we saw a slight increase on this in June, 4.8%. It was disappointing to see that compliance with IPC standards had deteriorated particularly in respect to environment on Level 5. Assurance Reasonable
- The committee received the annual 2024/25 End of life Care report which was presented by Dr Sarah Grove. Very clear presentation which was complimented by the committee. Discussion centred around capacity of the Palliative care Consultant and how the EoL care committee can support how to ring fence time for lead Consultant to spend on strategy. This may include further education more generally to help release time. Assurance reasonable
- Work by the inequalities team and panel was featured on May's PIPR and the committee heard of intention to apply to Charity for funding of projects. Assurance good.
- CT backlog reporting and safety was checked and the committee received assurance on processes in place to understand if harm was occurring. Assurance good

- In May the committee received the Annual Quality Accounts 2024/25 which were ratified. Assurance good.

2. Policies approved or ratified.

In May the following policies were approved

- DN323 v6 Medical Gas System Operational Policy
- DN375 Waste Management Policy
- DN664 - Policy for assessing continual compliance with the CQC Fundamental Standards

In June the following policies were approved

- DN091 Medicine Management Policy v8

4. Recommendation

The Trust Board is asked to note the contents of this report