

Agenda item 03.i

Report to:	Board of Directors Part 1	Date: 04 September 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 July and August	
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:	Trust Board is asked to note the contents of this report and to approve the Safeguarding and DIPC annual reports.	

Part 1 Summary report from Q and R meetings in July and August

1. Significant issues of interest to the Board.

- QRMG and SIERP report – No formal escalations were reported from QRMG or SIERP in July or August, however, the digital safety officer report recognises that Lorenzo is an aging system with no further development being introduced by the developer. Whilst there has been no harm identified for patients a discussion followed in respect to reviewing and understanding the risk going forward until procurement of new EPR. August QRMG meeting noted the continuing concern in respect to SSI and the resource for management of acute pain.
- There were discussions throughout both the July and August meetings in respect to ongoing concerns around the continued SSI rate that is above the UKHSA benchmark (Q1 5.7%). In August the committee heard from the Director of surgery and the Head of Nursing from STA on the oversight work and challenges in respect to managing SSI's. Whilst the presentation was informative and welcomed, the committee continues to have *limited assurance* and requested a more data driven and forward-looking plan to be presented for the next meeting as part of the SSI dashboard.
- The committee heard from Dr Charis Costopoulos on the improvement work underway in respect to the TAVI patient pathway and performance. It was noted that there have been improvements in the referral system triaging of patients and availability of operating lists. The team are currently working on demand and capacity to inform a more sustainable plan for TAVI. *Assurance moderate*.

- Kerry Pooley, Critical Care Sister, presented a patient story that described the experience of a patient who was admitted post-partum with heart failure and required ECMO support followed by a heart transplant. Critical care made adjustments to ensure the patients' baby was accommodated on the unit. The committee members commended this individualised approach and encouraged staff to continue to take a flexible approach when patients are critically ill and when young families are involved.
- In July the committee received Q1 report on quality priorities for 2025/26 and noted the progress. *Assurance good*
- Deputy Chief Nurse Jennifer Whisken presented the annual safeguarding report for 2024/25. The report was commended for its robustness and focus on key aspects of challenge i.e. training compliance. The committee recommends the annual safeguarding report to the Board for approval. *Assurance good*
- In August, the committee also received the annual report from the Director of Infection Prevention and Control. The report was detailed and provided assurance in respect to management and control of infection. It was noted that whilst there seems to be downward trends in a number of alert organism infections, surgical site infection rates continue to be elevated above national benchmark. IPC BAF and external support for inspection were noted as areas that the committee may like to have greater visibility of. The committee recommended the annual DIPC report to the Board. *Assurance good*.
- The committee discussed the review of falls due to the recent increase in patient falls with harm. It felt that the attention was focusing on the right areas of work in terms of patient assessment, frailty, environment, and lying and standing blood pressure. Further reporting and oversight of falls improvement will be reported through Harm Free Care and QRMG. *Assurance good*

2. Policies approved or ratified.

In July following policies were approved

- DN470 Information Security Policy
- DN672 The Organ Donation Policy

In August the following policies were approved.

- DN752 Biosimilar Medicines Policy
- DN 100 Blood Transfusion Policy

3. Recommendation



The Trust Board is asked to note the contents of this report and to approve the Annual Safeguarding and DIPC annual reports.