

**Report from Chair of Quality and Clinical Governance Committee (Q&CGC)**

Date of Committee 17 September 2025

Item	Summary of Item	Committee Decision	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Meeting Minutes</b>	Minutes from the Q&CG meeting 20 August 2025	Minutes <b>approved</b>	None	Refer to Audit Committee for <b>noting</b>	n/a
<b>Go See Visits</b>	Members and attendees of the Committee visited four areas across the Respiratory Pathway: - TB Services - BIRS Team - Respiratory Wards (SMH) - Targeted Lung Health	The Committee <b>discussed</b> the visits, highlighting areas of good practice and challenge in each area	None	n/a	n/a
<b>Integrated Performance Report (IPR)</b> Quality Metrics – August 2025	Monthly review of key quality metrics including performance against national standards and actions to address risks and areas where there is variation to expected performance	<b>Assured (acceptable)</b> , noting the following: - Common cause variation across most metrics - Actions planned to increase referrals to support lifestyle change (via Be Healthy Bucks) and a change in culture for colleagues to more holistically consider patients and their lifestyles - Comms shared on the above with a need to include this within local conversations - Recruitment of nursing and administrative staff to support the targeted lung health programme	Review possibility of breaking down readmission data by socioeconomic status	n/a	To take <b>assurance</b> from the report and Committee discussions

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<b>Perinatal Quality Surveillance Model (PQSM)</b>	Overview of current maternity issues, aligned with NHS England guidance and NHS Resolution standards	<p><b>Assured (acceptable)</b>, noting the following:</p> <ul style="list-style-type: none"> <li>- Low vacancy rates within midwifery</li> <li>- Maternity 'In Their Shoes' event which focussed on patient experience and could be used in other areas</li> <li>- Increasing rates of c-section and associated complications which needed to be communicated to expectant mothers</li> <li>- Health inequalities dashboard under development and available soon</li> </ul>	<p>Further detail on perinatal deaths among ethnic minorities including benchmarking, recognising this was being monitored by the LMNS</p> <p>The need to improve representation across patient experience groups with maternity and more broadly</p>	n/a	n/a
<b>Provision of Psychological &amp; Psychiatric Care at BHT</b>	Following an independent review by Professor Michael Sharpe, overview of the action plan to address the recommendations made	<p><b>Assured (partial)</b>, noting ongoing work and conversations with partner organisation, Oxford Health, including those related to:</p> <ul style="list-style-type: none"> <li>- Development of services both for local inpatients and more broadly within the community</li> <li>- Current inability to provide sufficient mental health support within the organisation with implications on patient and colleague experience, patient outcomes and length of stay</li> <li>- Joined up working including sharing of information</li> </ul> <p>The Committee acknowledged the need to manage expectations noting ongoing external challenges likely to impact on delivery of action plan</p>	None	n/a	To note the current position

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<b>Learning Disability (LD) &amp; Autism Liaison Service</b>	Overview of this service including areas of good practice, challenges and risks	<b>Assured (partial)</b> noting the following: <ul style="list-style-type: none"> <li>- Importance of listening to patients' families and valuing their knowledge and expertise</li> <li>- Mandatory training in place across the organisation and recent discussions related to the roll out of this (level 2)</li> <li>- Ongoing discussions related to increasing capacity within the service</li> <li>- The need for proactive reasonable adjustments to support patients with LD/autism e.g. longer outpatient appointment slots</li> </ul>	Further detail to be provided on the impact of training in this area Six-monthly update on service provision	n/a	n/a
<b>Clinical Effectiveness Report</b>	Six monthly update on clinical audit, clinical guidelines, adoption of NICE guidance and National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	<b>Assured (acceptable)</b> , noting the following: <ul style="list-style-type: none"> <li>- Breakdown of data related to the most and least accessed clinical guidelines and usefulness of such data</li> <li>- Processes related to overseeing results of clinical audits and escalation of areas of concern with organisational governance structures</li> </ul>	Clarity in those key areas Trust Board should be made aware of (planned through new quality metrics)	Update on work ongoing related to the standardisation of Standard Operating Procedures (SOPs) – also requested by Audit Committee	n/a
<b>Patient Experience Annual Report</b>	Overview of patient experience metrics during 2024/25, overview of progress against objectives for the year and plans for focus in 2025/26	<b>Noted</b> , including the improvement work underway and the organisational aim to improve focus on patient experience	Improvement in future report	n/a	n/a

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<b>Any Other Business</b> <u>National Spinal Injuries Centre (NSIC) Incident</u>	Verbal update on the movement of patients following a water leak within the NSIC. No patients had been harm and further assessment was being made of pipework more broadly.	<b>Noted</b>	None	n/a	n/a
<b>Any Other Business</b> <u>MRSA Outbreak</u>	Verbal update on the outbreak within NSIC (St Geroge's & St David's wards) and actions in place to manage/resolve. The CQC and national bodies had been informed.	<b>Noted</b>	None	n/a	n/a

**Emerging risks noted:**

- MRSA outbreak within National Spinal Injuries Centre (non-bacteraemia) and impact on capacity within the centre.

**Areas of good practice**

- Vacancy rate of <6% within midwifery, noted to be exceptional.
- Implementation and roll out of Carers Passport.