

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

Date of Committee 18 November 2025

Item	Summary of Item	Committee Decision	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting 14 October 2025	Minutes <b>approved</b>	None	Refer to Audit Committee for <b>noting</b>	n/a
Quality & Safety Report	Quarterly summary of performance against the Trust Quality Account priorities and other key quality and safety indicators for Q2 2025/26	<p><b>Assured</b>, noting the following:</p> <ul style="list-style-type: none"> <li>- Shift to a primary focus on patient experience going forwards</li> <li>- Outputs of the recent internal audit review of implementation of the Patient Safety Incident Response Framework (PSIRF) including the timeliness of action completion, alongside the view of the ICB on the maturity of Trust implementation</li> <li>- Improved medical coverage within microbiology</li> <li>- Rise in pressure ulcers and hospital acquired thrombosis which were related to equipment changes in the community and better detection respectively</li> <li>- Expected increase in reporting of medication incidents following the implementation of Electronic Prescribing &amp; Medicines Administration (EPMA)</li> <li>- Acute focus of the report with plans to improve coverage of community services</li> </ul>	<p>Summary of changes to patient pathways in the Emergency Department and Outpatients to support Committee understanding of related quality metrics</p> <p>Need to triangulate information received through patient concerns via PALs, incidents raised via Datix and use of the patient portal</p> <p>Review ward-level sepsis indicators and need to focus on delirium within the hospital setting (separate to dementia)</p>	n/a	n/a

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<b>Integrated Performance Report (IPR)</b> Quality Metrics – October 2025	Monthly review of key quality and healthy communities metrics including performance against national standards and actions to address risks and areas where there is variation to expected performance	<b>Partially assured</b> , noting good performance across broad range of metrics noting performance behind plan related to healthy community metrics and no recovery trajectory	Need to focus on metrics impacted by winter pressures over the coming months	n/a	To take <b>partial assurance</b> from the report and Committee discussions
<b>Mortality &amp; Learning from Deaths</b>	Overview of performance against mortality indicators including Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) as well on overview of Learning from Deaths and the position related to Clinical Coding	<b>Assured</b> , noting the following: <ul style="list-style-type: none"> <li>- Continued low mortality with HSMR within the expected range and SHMI among the top ten nationally</li> <li>- Improvements in death certification and speed of issuing certificates with plans to further integrate bereavement and medical examiner services</li> <li>- Plans to revise the Structured Judgment Review (SJR) process to align with PSIRF governance processes</li> </ul>	None	n/a	To <b>note</b> the current position
<b>Clinical Harms Update</b>	Update on the harm review process in the Trust between 01 April – 30 September 2025 and the outputs of this	<b>Partially assured</b> , noting the following: <ul style="list-style-type: none"> <li>- Need for standardised robust processes with clear accountability recognising a variety of processes related to following up diagnostics and booking follow up appointments</li> <li>- Overall low number of cases of harm</li> </ul>	Committee to understand the Smarter Working Programme and how this can mitigate risk within the outpatient setting	n/a	n/a

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<b>Maternity Quality &amp; Safety Reports</b>	Overview of performance against key quality and safety indicators within maternity and neonatal services in line with NHS England Perinatal Quality Surveillance Model (PQSM) and NHS Resolution Maternity Incentive Scheme (MIS)	<b>Assured</b> , noting the following: <ul style="list-style-type: none"> <li>- Perinatal mortality rate higher than expected during October with all cases being individual required and one meeting the requirements for external referral</li> <li>- Broad impact of the National Maternity Review and the package of support available for the team</li> <li>- Differences in the experiences of maternity services by women from different ethnic groups and the importance of considering this across the wider Trust noting there had not been a disproportionate number of complaints received or investigations instigated related to service users from the global majority</li> </ul>	Consider how best to more explicitly report on culture within the maternity unit, noting the challenges in reliable and objective measures (possibility of using staff survey metrics to support this)	n/a	To take <b>assurance</b> from the report and Committee discussions and <b>note</b> the perinatal mortality rate
<b>Maternity Staffing</b>	Overview of midwifery workforce including planning and monitoring of safe staffing levels for Q1-2 2025-26, in line with the Maternity Incentive Scheme (MIS)	<b>Assured</b> , noting the following: <ul style="list-style-type: none"> <li>- Full compliance with the maternity incentive scheme expected by March noting mitigations in place to support safe staffing levels and the current, challenging, broader financial context</li> <li>- Progress with the community midwifery review with improved on-call cover and plans in place for 2026/27</li> </ul>	None	Midwifery establishment options paper to be considered by the Executive Management Committee	To <b>note</b>
<b>Equality &amp; Quality Impact Assessment (EQIA) Report</b>	Summary of outcomes and activities related to those EQIAs reviewed between August – October 2025	<b>Assured</b> , noting the processes in place.			

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<b>Safe Staffing</b>	Overview of nursing and midwifery workforce against the National Quality Board (NQB) and Standards & Expectations for Safe Staffing and NICE standards	<b>Assured</b> , noting the following: <ul style="list-style-type: none"> <li>- Full compliance with standards and expectations</li> <li>- Work undertaken to objectify professional judgments</li> <li>- Impact of redeployment of staff on morale and efforts to address this fairly</li> <li>- Work planned to review staffing levels in non-ward areas</li> </ul>	Potential benefits of sharing staffing levels with colleagues and members of the public more broadly for re-assurance  Align quality metrics to the review of staffing across non-ward areas	n/a	n/a
<b>Patient Experience Report</b>	Summary of performance against key patient experience metrics as well as progress with improvement projects in Q2 2025/26	<b>Assured</b> , noting the following: <ul style="list-style-type: none"> <li>- Positive feedback from the implementation of the Carers Passport and good uptake of this</li> <li>- Need for robust risk assessments when implementing new technology / applications with good feedback following the implementation of the Reminiscence/Rehabilitation &amp; Interactive Therapy Activities (RITA) tool</li> <li>- Benchmarking exercise being undertaken related to the Experience of Care Improvement Framework with involvement from patients, colleagues and volunteers</li> </ul>	Additional reporting on numbers of complaints being reported to the Ombudsman	n/a	n/a
<b>Patient Story</b>	Film highlighting positive improvements in the lives of patients with spinal injuries through upper limb surgery	<b>Noted</b>	Consider sharing with specialist commissioners	n/a	<b>To note and discuss</b>

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<b>Never Event Briefing</b>	Overview of a recent Never Event involving an incorrect dose of insulin	<b>Noted</b> , including the plan for the Committee to have oversight of the full report	None	n/a	To note
<b>Patient Safety Incident Investigation (PSII) Reports</b>	Reports related to four PSIIs	<b>Noted</b> , including the implementation of single side lists within theatre where possible  Learning from events related to those with learning disabilities (LD) shows the need to review and clarify the referral and support from LD nurses	Consider how best to streamline reporting and focus on implementing learning and preventative actions	n/a	n/a
<b>Organ &amp; Tissue Donation Annual Report</b>	Overview of performance against set objectives related to organ and tissue donation during 2024/25	<b>Noted</b> , including the following: - No donation opportunities missed. - Good clinical representation where required	None	n/a	To note.
<b>Research &amp; Innovation Report</b>	Quarterly report summarising developments within research and innovation during Q2 2025/26 including celebrations, challenges and a financial summary	<b>Noted</b> , including the work within prostate cancer screening	None		
<b>Local Area Special Educational Needs and Disabilities (SEND) Notification Letter</b>	Verbal update on the inspection underway currently	<b>Noted</b>	None	n/a	n/a
<b>Any Other Business</b>	The Committee were informed that it was <b>World Antimicrobial Resistance Week</b> , discussed the Kingdon Review of Children's Hearing Service noting further information would be provided next month and thanks were given to the current Board Affiliate on her last meeting.				

**Emerging risks noted:**

- Delivery of healthy community metrics by year-end and the need for a recovery trajectory to address this.
- Impact of the National Maternity Review and potential for increased demand on local services, noting close monitoring of this underway.
- Potential for harm related to follow up scheduling and on-hold lists, noting plans to address this through the Smarter Working Programme.

**Areas of good practice**

- Mortality metrics, particularly when benchmarked nationally.
- Engagement with the Carers Passport initiative.
- Targeted screening for prostate cancer in high risk populations locally.