Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors Part 1**	**Date: 01 May 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**	
Board Assurance Framework Entries	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 meetings in March and April

1. Significant issues of interest to the Board.

- QRMG report – No formal escalations from QRMG at March meeting. It was noted that there was one PSII commissioned through SIERP for the reported month of February. It was noted that there was a significant increase in formal complaints (11) for the month of February however the number had decreased to more usual numbers in March (5). *Assurance good*

- In March the committee received the PSIRF plan for 2025/26. The committee felt the chosen areas of focused work, medication safety, unintended outcome of treatment or procedure and patient pathway issues were broadly appropriate areas to concentrate on. The committee received an evaluation of the Year 1 PSIRF plan at the April meeting. This was very informative, and a helpful discussion followed on appreciating the work on the culture change and how having more clarity on specific actions might help provide further assurances. Louise Palmer was commended on her leadership in respect PSIERF. *Assurance good*

- In April the committee heard from Jacqui Renwick, Head for Quality Improvement and Transformation on a medicines quality improvement project undertaken to review medicines incidents and explore key themes of reporting culture, controlled drugs, intravenous medication and dopamine infusions. Jacqui was commended on the work that was undertaken to problem sense rather than in response to harm incidents per se which is in the spirit of the PSIRF framework. The Committee will look forward to updates on the recommended actions from the review. *Assurance good*

- SSI's reduction in rates across quarter 1 – 3 which was good to see, although SSI's were still occurring there has been a sustained reduction in rates which is promising. Compliance with infection control standards has shown a good improvement though team were cautious in that this needs to be carefully overseen. A*ssurance moderate*

2. **Matters referred to other committees or individual Executives.**
   There were 2 escalations from performance committee. First escalation was in relation to impact of long waits on patient morbidity and mortality and understanding trigger points for escalation of care. The committee agreed to address this action through the harm review process currently underway to ensure all points of the escalation are addressed.
   The second escalation was in respect to clinical safety of patients experiencing long delays in CT scan reporting. The committee was assured by David Meek, Associate Director of Clinical Governance that the radiology clinical safety group which was set up in response to the CT backlog 12 months ago had clear oversight of this and concerns referred to SIERP as required.

3. Policies approved or ratified.

DN270 Learning from Death Policy DN195, DN 195 Complaints Policy, TOR002 and Quality and Risk Terms of reference were reviewed and approved in March.
DN306 Consent to examination or treatment policy and ToR for safety incident executive review panel were ratified in April.

4. Recommendation

The Trust Board is asked to note the contents of this report and recommends the 2025/26 PSIRF plan to Board of Directors.