

**Agenda item 3.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6 July 2023</b>
<b>Report from:</b>	<b>Chair of the Quality &amp; Risk Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board on discussions at the Quality &amp; Risk Committee</b>	
<b>Board Assurance Framework Entries</b>	675, 742, 2532, 3040, 3261	
<b>Regulatory Requirement</b>	Well Led/Code of Governance:	
<b>Equality Considerations</b>	To have clear and effective processes for assurance of Committee risks	
<b>Key Risks</b>	None believed to apply	
<b>For:</b>	Insufficient information or understanding to provide assurance to the Board	

**1. Significant issues of interest to the Board**

**1.1 SSIs.** SSI's remain our priority and were again our main discussion. The good news is that the rate appears to have fallen sharply in the latest data. This is plausibly linked to attempts to reduce footfall in theatres and other initiatives that began last month, but we can't be sure, and can't be sure either if the lower rate will be sustained. We considered a number of points: 1) The difficulty of achieving behavioural compliance with IPC expectations, on which we report more in part II, a problem also referred to the full board for consideration; 2) A recent visit by NHSE and their observation that we might have tried to put old practices into a new building without adapting them. For example, the fact we used to have anaesthetic rooms made it less problematic to walk in and out. Now that we don't, the same habit in theatre might be a contributory cause of the IPC problem. 3) That there are numerous issues about the clear separation of clean equipment from other activities, or movement between clean and other areas that will take time to address, but do need a robust solution. 4) That decolonization of MRSA remains a concern. 5) That there is more work to do to understand and address the high proportion of infections that are linked to diabetes.

So although the overall news this month is promising, if not conclusive, there's still much to do. Once again, we acknowledged the huge effort to get to grips with the problem so far and reaffirm our support for the work to come.

**1.2 Cardiac surgical mortality.** We were pleased to see further assurance that rates of cardiac surgical mortality – which have been rising lately, are significantly higher than pre-move, and have troubled our target at times in recent years – do not seem to imply a unique local problem. Once charted over time, they appear to a large extent to be explained either by rising acuity or to be consistent with problems that were common to most of the sector. This still suggests that delays to treatment may be a contributory factor to significantly higher mortality, which itself adds to the the urgency of addressing productivity, but it also provides

assurance that standards of care within the hospital have been largely maintained. This assurance has been a long time coming, and while there are differences of opinion about how the data should be interpreted, it seems likely that in the past we would have been concerned about some trends had we known about them in this detail. There seems to us a clear case for acuity-adjusted performance data to be a regular part of PIPR so that the board has timely notice of changing trends of this kind, and we propose to introduce this, reported quarterly; and also, with colleagues' agreement, that cardiac surgical mortality should become part of the safe domain with oversight by Q&R.

**1.3 Local Audits.** We welcomed a strong list of local audits, covering such subjects as duty of candour, consent forms, VTE, all of which produced useful recommendations. These audits are beginning to pick up again after a prolonged period when they fell by the wayside to other priorities. The committee will endeavour to keep a regular track of recommended actions.

**1.4 New patient incident response framework.** This is a big cultural and systems change in how we look at incidents "In the spirit of reflection and learning" rather than as part of a "framework of accountability". It is a complex project that will mean changes to Datix reporting, appointments to new roles, and a lot of training. We were pleased to see that the work and planning so far seems to have been impeccable, and feel assured that the project is in good hands.

## **2.1 Policies etc, approved or ratified.**

We approved the Quality Accounts, and ratified policy DN180: Needlestick, sharp and splash incidents involving blood and body fluids.

## **3. Matters referred to other committees or individual Executives**

Behavioural compliance referred to the main board. See part II.

## **4. Recommendation**

The Board of Directors is asked to note the contents of this report.