

**Agenda item 3.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1 September 2022</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 26 August 2022</b>	
<b>Board Assurance Framework Entries</b>	675, 730, 742, 1929, 2532, 3040	
<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 WRES and WDES.** Onika Patrick-Redhead Head of Equality Diversity and Inclusion presented the data submission and action plans for WRES and WDES for 2022, which were discussed at length. Whilst the Trust had undertaken a huge amount of work in recent years, and there was evidence in the data of one or two encouraging signs - Onika reported a greater willingness to share stories, for example – the Committee noted the lack of progress in representation in senior appointments to which remains a litmus test for the Trust. Representation at grades 8B and above remains a real concern, as does BME staff’s reported experience. The Committee recommended that we share information at a departmental level to support managers in understanding their data and that we look at average times to promotion. However, there was also a view that we don’t need further evidence of the problem, but to get on and address it. With the WDES, a principal concern remains the numbers not declared, which make any reading of trends difficult. The discussion at Committee was focused on our WRES and WDES data and we would welcome further Board scrutiny of the WRES and WDES action plans.

**1.2 Workforce.** The Committee noted the increased level of turnover reported in PIPR which was a concern. We considered the analysis of reasons for leaving and noted that the stated reasons may disguise other motivations (e.g. ‘relocation’ might be a result of dissatisfaction). We asked about how we could understand these reasons better, and particularly what might persuade people to stay. EM agreed that future staff surveys could explore this further.

**1.3 SSI follow up.** There was welcome evidence that surgical site infections had seen some improvement in Q1 and were falling, but the longer term position would continue to be kept under close review. We discussed whether there are other areas where the learning from

our approach to SSIs could be applied. MS said she is developing a similar approach in assessing harm free care.

**1.4 Quality standards.** The Committee were keen to understand whether workforce stresses were affecting outcomes and incidents more generally. The Committee noted that whilst there had been some increases in low and no harm incidents this quarter, and in complaints, the incidents seem mostly in line with changing rates of activity and were still low compared with most providers. Insulin errors remained high and of concern and there was work planned to address this including a 'Nursing Message of the Week'. We also noted the staffing pressures in pharmacy, but these seem to be separate issues. We do not at present see evidence of an overall decline in standards, however the need for vigilance in recognising adverse trends is important

**1.5 PIPR.** We noted briefly that PIPR safe is slightly flattered by reduced theatre activity which means we've been able to redeploy staff from critical care.

**1.6 IPC annual report.** We received the Director of Infection Prevention & Control Annual Report for 2021-22 which sets out our systems of control in line with the statutory reporting requirements. We noted that M.Abscessus, Covid-19 and SSIs had been severe challenges, but all, we felt, had been capably managed. As the report is for 2021-22, it does not describe in any detail the outcome of efforts to bring SSI rates under control. We hope to see this as a highlight of the 2022-23 report. This is recommended to the Board for approval.

**1.7 HEE.** We received the summary report on Health Education England (HEE) Provider Self-Assessment from the Assistant Director of Education. This outlined our key achievements, challenges, and risks in relation to the required standards. The submission is recommended to the Board for approval.

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

Information Security Policy, Mycobacterium abscessus Executive Oversight Committee Terms of Reference, Safer Staffing and Escalation Policy, Needlestick Sharp & Splash incidents Policy, Terms of Reference for VTE Oversight Committee.

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

None.

## **4. Recommendation**

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