

Agenda item 3.i

Report to:	Board of Directors	Date: 2 February 2023
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, 742, 2532, 3040, 3261	
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	

December 2022 meeting:

1. Significant issues of interest to the Board

1.1 Safety. After an expression of concern from the Performance Committee about the number of nurse staffing red flags, registered and unregistered roster fill rates, and other measures of safety, we discussed the current evidence. We agree there are signs of stress. Some of these are partly out of RPH control: a 14% vacancy rate for registered nurses and 5% sickness, for example, plus numerous new staff to train, all add to the strain - and labour market conditions seem unlikely to improve any time soon. What are the effects on safety? Some indicators are within the range of variation we've seen before – falls for instance – and it's not clear we're seeing a trend. Serious incident rates are also unexceptional. Others look more concerning: the volume of staffing red flags and staff continuously having to mitigate to maintain safety for example.

The obvious difficulty is what we can do without exacerbating a problem somewhere else. For example, one issue may be that nursing leaders are spending more time filling in on nursing shifts and they're unable to fulfil their supervision/ leadership role in the usual way. If that's the case, it presents a difficult choice: should we protect more of their time to allow them to fulfil the leadership role more fully, which might mean reduced patient volume?

We've asked the executive team to come back in January with their assessment of the overall patient safety risks and trends, focussing on the level of harm and taking all relevant indicators into account.

1.2 Inequality. We heard a fascinating presentation from the Medical Director about the sleep apnoea service and efforts to understand how social deprivation influences DNA and referral rates. Physical distance turned out not to be a big factor in non-attendance, but whether the referral was from an area of high deprivation did make a significant difference, reducing

attendance even though these patients were more likely to have high risk factors such as obesity, and more likely to have severe disease. Telephone appointments significantly improved their DNA rates. It was interesting to see that this research produced such a material improvement in a health inequality for RPH patients.

We heard that Craig Salmon has developed a dashboard enabling us to identify factors related to referred patients, including the IMD score for their home area. This is now available for all patients referred to the Trust and it's hoped it can facilitate similar work for other specialty clinics - though we were sorry to hear that Craig is leaving RPH

1.3 Infection Prevention and Control. We noted that RPH is compliant with the IPC board assurance framework with only minor gaps that are being addressed. However, we also noted the concern at QRMG about the decontamination service provided by Nuffield, where the large sets of instruments used by RPH seem to be an issue and there've been instances of 'non-conformance' with sets delivered. These are now centrally recorded, and RPH is working jointly with Nuffield to resolve them.

We also noted that while the most serious SSI infection rates are much improved, others are still high. Overall, we commended the much-improved monitoring of SSIs through a new quality dashboard, which doesn't guarantee to fix the problem but is about as thorough an attempt as we could ask for. We are assured of the level of attention to the problems here even if we can't yet be assured they are fully under control.

1.4. IR(ME)R and document control. We received the final report of the CQC IR(ME)R inspection and noted the Trust's initial response, which offered a number of clarifications in to some of the inspectorate's inaccuracies.

1.5 SSIs. The latest data for SSI's (SSI rates for October, IPR audits for November) shows a continuation of the improved position for infection rates (4.8%, though still above the UKHSA target of 2.6%), but a fall in completed IPC audits.

2.1 Policies etc, approved or ratified

We ratified the Antimicrobial Strategy and the Trust Wide Prisoner Policy.

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.

January 2023 Meeting:

1. Significant issues of interest to the Board

1.1 Patient harm review. As promised, we looked in detail at a variety of indicators of patient harm, following a referral from the Performance Committee and other expressions of concern about various quality and safety metrics. This review focussed on measures of harm, looking particularly at long term trends. The short answer is that there appears to be no evidence of a deterioration in patient safety in this data.

We do not regard this as conclusive - and will continue to triangulate this data with other evidence about stresses in the system, and to monitor any further changes as always, but we do take some assurance from it that there has not been an evident deterioration in levels or severity of patient harm at a time of high pressure. We have asked for the full report to be sent to the performance committee.

We're grateful to Louise Palmer, Assistant Director for Quality and Risk, for her detailed work compiling the data and also for presenting it in statistical process control charts to give us an added sense of the variability in the monthly numbers. We value these, we've been looking forward to using them, the Trust has been encouraged to adopt them, and they have the potential for improving our understanding of short-term changes in data. But we also recognise that they need to be interpreted correctly or there is a possibility of taking false reassurance, and so we look forward to more use of - and more education in the proper use of - SPC charts.

1.2 Surgical site infections. After an apparent marked improvement in SSI rates following a huge amount of work, the committee was frustrated to note that the numbers seem to have risen again. We discussed various points. First, that we are far better informed than previously at a better level of detail about what's going on. This is a huge improvement. Second, that many of the workstreams are not yet completely embedded, suggesting there is more mileage in them. Third, that in fact we can observe that when things slipped - when there was a reduction in thoroughness of audits, for example – so did results. A hopeful reading of that is that the work was having a genuinely positive effect, and that if it's sustained, results will improve again. However, we will keep careful track of the evidence, though as before it will take a few months for new trends to be clear.

1.3 Patient story. Lizzie Shillito told us about a patient who expected to be in for a few days which, following his operation he was informed that his length of stay would be greatly extended, and he seemed unable to find out why. We discussed ward rounds, and that the quality of clinical communication is a regular complaint. The medical directors have agreed to look at whether ward rounds can be audited or otherwise monitored as a first step to trying to make sure they happen as reliably as they should.

1.4. Safe staffing. Registered and unregistered roster fill rates continue to be red, and is being constantly mitigated in ways that add to staff stress – redeployment and senior staff stepping in, for example. It is a constant trade-off between patient numbers and pressure on staff which we recognize may be unsustainable in the long term.

1.5 Sepsis, Rosters and VTE. We were asked to review these by Performance, given concerns about this month's metrics.

1, Sepsis: compliance is measured against six elements of the sepsis six standards. The recent dip in performance concerned 4 patients in critical care where there was evidence of one element of the sepsis bundle not being complete, a different one in each case. No harm or delay resulted. We continue to work on sepsis compliance, but do not think we're seeing a downward trend, or any harm occurring.

2, Rosters: there has been some improvement in the timeliness of rosters being approved but we agree it has been slow, in theatres particularly. The roster template has been identified as one of the causes, and this has been changed, more training is in place for roster writers, and the expectation is performance will continue to improve.

3, Compliance with VTE risk assessments on admission: we agree that these have been frustratingly slow to improve. No area seems to have cracked it, though we do feel there is more medical engagement. We agree that it needs to remain a focus and actions are being monitored through QRMG and divisional performance meetings.

1.6 Quality accounts. We reviewed the first shortlist of options for priorities for the quality accounts in 2023-4. We noted that the board also recently discussed a set of strategic priorities, but that none of these figured as potential quality account priorities, and that some could, and we queried the terms for selection of each. We discussed whether they should reflect the priorities of the committee's recent business as usual, or identify less prominent objectives that would benefit from increased attention. At this early stage, we decided that the most useful step would be to try to make the list inclusive, before deciding how best to narrow it. Suggestions to Maura are welcome.

1.7 Fundamentals of care. We noted the results of recent reviews, both good or outstanding, for duty of candour, and receiving and acting on complaints. Engagement was good, despite staff having plenty of other things to do.

2.1 Policies approved or ratified: We noted the new Ionising Radiation Safety Policy, previously given chair's approval for submission to the CQC IR(ME)R. We ratified the policy on blood transfusion and the QRMG terms of reference.

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.