

Agenda item 3.i

Report to:	Board of Directors	Date: 2 March 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	

1. Significant issues of interest to the Board

1.1 Safety. Given current pressures, the committee took time to ask again if there were any further metrics that might be especially sensitive to signs of a deterioration in safety. We were satisfied that we have all the reasonable data we could expect and, at present, this does not show evidence of patient harm. We also asked if there was any scope for accelerating identification of any emerging trends. After discussion, we felt this was most likely to be improved by soft intelligence. To this end, we discussed the roles of matrons and ward sisters who have often been pulled away from their supervisory or monitoring duties to help cope with everyday bedside pressures. The Chief Nurse reports that we are now trying to give them back the time to do this work properly. We regard this as a key ambition and part of the work to reassert basic standards. We're hopeful this will give added assurance on quality in several areas.

1.2 Safe staffing We noted in the divisional quality reports the huge contribution to maintaining safe staffing from staff flexibility, redeployment, etc. and put on record our appreciation of their resilience and commitment. Whilst safe staffing metrics remain red, it's important to recognize that this is before mitigation of this kind. We were asked by the Performance Committee to review safe staffing at nights, which has been affected by a change in the willingness of agency staff to accept night shifts and an effort to increase daytime cover, showing how difficult is the Trust's balancing act. However, patient to nurse ratios have not exceeded minimum expectations. Clearly, staffing is under considerable pressure for well-known reasons and would face a severe struggle if the hospital were working at full capacity.

1.3. Service development. We were also pleased to note, amongst all the evident stresses, that we're seeing the continuing restoration of services lost during Covid, such as weekly physiotherapy MDT for long term patients on level 5. Similarly, the delirium working group, which although revealing weaknesses, has an action plan for improved assessment and management of patients.

1.4. VTE. As we've struggled to hit the 95% target for VTE monitoring (although performance is improving), the VTE oversight group has recommended the Trust should not apply for revalidation as an exemplary site. It proposes instead to focus on informatics and engagement, both at a clinical and patient level, in preparation for re-applying next year. VTE is shortlisted as a quality priority in 2023-24.

1.5 SSIs. The latest data for SSI's shows an overall deterioration in outcomes, but with some improvement in standards of compliance. Our hope remains that these positive trends will eventually bring better results - especially coupled with the renewed supervisory role of matrons and senior nurses mentioned above - and we feel strongly that we should continue to support this approach. It has most recently identified the quality of older surgical instruments as a possible area of concern. If current efforts fail to bring down infection rates then at some point – and we discussed when – we will have to explore other possible causes, among which could be theatre ventilation. This is an extremely high-quality system. Even so, it may have to be re-examined.

1.6 Staff harm. Alongside our routine assessment of the risks of patient harm, we feel the Trust should also consider how it assesses staff harm, especially in current conditions. Clearly, we are constantly trying to balance different pressures, and there will be no precise metric to tell us we have the balance right. But we feel that being as fully sighted on them all as we can be is surely a minimum requirement. We have referred this aspect to the Workforce Committee.

1.7 Bacteremia. Performance also referred to us a concern about reported Klebsiella and E Coli bacteremia cases (4 in total in month). The chief nurse advised that the microbiologists review all bacteremia cases to identify any commonalities or learning. In all cases the infections were associated with long term and complex patients and no omissions in care identified. There is no indication that there has been a concerning rise in these infections.

1.8 Committee self-assessment. We have agreed an initial assessment but will be surveying the committee members to identify specific areas for improvement. One of these is likely to be on training.

2.1 Policies etc, approved or ratified.

We ratified the Fire Policy, Security Policy, Volunteers Policy, Policy for implantable loop recording. The Remediation Policy has been referred to the Workforce committee for ratification with a minor amendment about reporting.

We also agreed the Q&R Committee terms of reference, which have been significantly changed now that workforce has its own committee, but retain elements on workforce that directly concern quality and risk.

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.