

Agenda item 3.i

Report to:	Board of Directors	Date: 6 April 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 meeting:

1. Significant issues of interest to the Board

1.1 Safety and standards. The consistent theme again this month was the continuing stress on staff and the pressure on standards. It's worth repeating that we still feel assured that to date, the data have shown no evidence of deteriorating outcomes for patients. But there is a growing sense that soft measures of quality are showing more fragility (and see also the Part II report). For example, we have emphasized the need to restore supervisory sister and charge nurse time to help ensure quality, and we will now monitor this in committee. While a workshop of matrons has been held to support this role (see PIPR safe spotlight), the time actually available for it is on a downward trend.

The pressure, as we know, is driven overwhelmingly by staff shortages and turnover which are affected in turn by labour market conditions that we cannot control. The PIPR safe spotlight reports the limited actions we can take to increase supervisory time in these circumstances, but we have also asked the team to look at how we can gather and track any available soft intelligence short of the hard outcomes already reported, as this may give us an early warning that outcomes could be at more imminent risk.

1.2 Moderate harm incidents. Performance asked us to look at an increase this month in moderate harm incidents. We don't think this particular rise in numbers contradicts the position described above. Some of these incidents have been classified as moderate mainly because that triggers what's judged to be the right level of investigation, not because they resulted in patient harm. Having reviewed the incidents, the team assures us that the number alone is not a cause of concern at this time.

1.3. SSIs. The latest data suggests a small improvement, but figures may be revised upwards as new cases come to light. Overall, we are still nowhere near where we want to be. Numerous workstreams still have some way to run – for example the replacement of surgical instruments, and achieving zero tolerance to opening theatre doors, and we continue to support those efforts and hope that marginal gains across the piece will bring results before long. We are also supporting the decision of the Chief Nurse to invite more scrutiny from outside, especially of human factors.

1.4. Quality accounts and priorities for 2023-24. The Quality Accounts for the year ending are being finalised. We also discussed the proposed priorities for next year, which are: the new patient safety response framework, inequalities, resourcing and retention, harm-free care, and reducing SSIs. The discussion was mostly about inequalities, which we feel also need a longer-term commitment than the 1-year focus of the quality accounts, and so should also be part of the 3-year quality strategy. We expect to see a refined brief shortly, so that's it clear what aspect of inequality, if any, we can reasonably target in the short term.

1.5 Safeguarding. A peer review of safeguarding has highlighted generally good practice but pointed to significant gaps in staff training and a general lack of knowledge, resulting in an amber-red rating. This is not a surprise given that training compliance fell sharply during Covid and has not recovered, but it has been a good prompt, and an action plan now seems to be in place, giving reasonable assurance.

1.6 Peer review of Critical Care. A generally positive report noted that alone in the East of England, RPH had an improved result on a safety attitude questionnaire, a snapshot of safety culture. It also made a small number of recommendations for improvement and an action plan is in place to respond to the recommendations.

1.7 Bacteraemia. Performance Committee again referred to us a concern about reported Klebsiella and E Coli bacteraemia cases. The Chief Nurse advised similarly to last month, that in all cases the infections were associated with chronically-ill and complex patients who are rising in number, and no omissions in care were identified.

2.1 Policies etc, approved or ratified.

We ratified the following documents:

- Allied Health Professional Strategy 2021-26,
- DN270 Safeguarding Children and Young Adults Policy,

and in line with changes in national guidance we agreed to archive Covid policy DN799.

3. Matters referred to other committees or individual Executives

None from part 1.

4. Recommendation

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