

**Agenda item 3.i**

<b>Report to:</b>	<b>Board of Directors Part 1</b>	<b>Date: 5 May 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 our main discussion. We are still not seeing the fall in cases we want despite huge effort. The UKHSA benchmark for CABG inpatients and readmissions is 2.6 per cent; RPH quarter 4 data shows 8.5 per cent. Patients post valve surgery our rate is lower, but still well above benchmark. We have also seen an increase in cases of MSSA bacteraemias with 4 reported in March. Two of these are associated with patients who have a SSI. We had expected that action taken so far would have brought improvement, and in some respects it probably has changed behaviour, there is certainly plenty of awareness, but this has not yet moved the dial.

We discussed four issues. First, that we suspect some of the problems are in harder-to-reach areas like the quality of team-working/staff engagement/other human factors such as a willingness to share collective responsibility for tasks that are otherwise easily siloed as someone else's responsibility. This is consistent with concerns across the organization about pressures on staff and disengagement. There's no simple metric for teamwork etc, and we have asked the executive team to think about how they – and we - can gain traction on this part of the problem and be assured it is improving. Second, the environmental dashboard suggests we are still not achieving compliance with the standards we are trying to set, and we discussed how to enforce zero tolerance for lapses. Third, that we are seeking more external scrutiny and detailed comparison with other providers. Up to now, we feel they would have noticed the same things we did, which were the obvious places to start. Now, we can ask them to look for other differences. Last but not least, we agreed that we need to be as open as possible with patients and those referring them. When possible, informed consent needs to include proper understanding of both the likelihood and the consequences of an infection – longer recovery, for example - and we have asked to see evidence that informed consent is thorough and early wherever possible.

We did discuss whether it was right to stop performing CABGs, but we agreed it was also right to see the risk of SSIs as one part of overall outcomes, which remain good.

**1.2 Near-miss incidents.** It's been a long-standing concern of this committee that incidents classified as 'near miss' may have been a near-miss of something catastrophic. We were pleased to be presented with a clearer analysis of near-miss incidents and were delighted to welcome Clare Steele, our new patient safety lead, who will help introduce a new approach to near misses and patient safety in general which is risk-based, more thematic, and less outcome and incident-based. We feel this is likely to give us better sight of underlying or systemic problems which will give us a better chance of learning how to avoid them.

**1.3 M. Abscessus.** Cases remain low, to the extent that we have discussed lowering the risk ratings and standing down some of the extra layers of governance. However, external advice is to hold fire for a little longer, and we agreed this was reasonable until we have full assurance that the last significant part of the response – the water quality strategy - is fully in place.

**1.4 Quality strategy.** It was heartening to see that despite the turmoil of the move, Covid, etc, a very large part of the quality strategy for the last four years has been achieved; for example, the establishment of regular serious incident review meetings, the introduction of the Rapid NSTEMI pathway, the just culture framework. Some elements have proved hard to crack, but a commitment to continuous improvement still shines through.

**1.5 PIPR.** We noted that PIPR once again suggests that quality outcomes are in key respects holding up, at the same time that stresses on staff are severe. An SI this month was the first since August 2022, the longest period without one that I have seen as Chair. Moderate harm incidents remain well within target as a share of the total, slightly higher than a few years ago, but holding at a comparable rate to the last year or two. Possibly, we have been lucky, this could change, and clearly, there are tensions between the strain of maintaining standards and the pressures on staff which mean the risks are significant. The exception to the general picture on outcomes is SSIs, which have been high since the move, but may also be affected by some of the human factors we discuss elsewhere, including in the Part II report.

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

We ratified DN 260 Records Management Policy and DN697 Patient and Professional Visiting.

## **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.