

Agenda item 3.i

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| Report to: | Board of Directors | Date: 7 September 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, 3040 | |
| 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 | |

Combined report for July and September meetings.

1. Significant issues of interest to the Board

- 1.1 Safety.** Quarterly reports suggest that levels of incidents continue within the expected range of variation. Nothing stands out.
- 1.2 SSIs.** The headline SSI figures show improvement. The numbers are small so this is not conclusive, though other data on the seriousness of infections are also going in the right direction. We commended the continuing programme of work to identify and reduce infection risk and noted that we are inviting new tenders for the contract for surgical instrument decontamination, where there have been compliance issues. We received the full report of the NHSE visit, which endorses much of what's being done, and adds a few useful insights and suggestions which are being reviewed or implemented. However, we also noted recent cases of MRSA, and that there is scope for improving decontamination. Hospital acquired infection remains this committee's highest rated risk.
- 1.3 Harm Review.** RPH has formally stopped completing RTT harm reviews due to a lack of capacity. How we do it in future is under review. Whilst this leaves a gap in assurance, the committee accepted the constraints. We discussed the purpose of harm reviews, whether they're principally for patient triage, or to assess the overall harm of patient waiting and delay, and how they might be brought back. It may be that surgeons can use the time whenever theatre is interrupted for whatever reason to review patients individually. We have asked for a report back in a month or two about how we proceed.
- 1.4 Cardiac Mortality/NICOR.** We reviewed the available data on cardiac surgical mortality in comparison to other centres. These suggest there are no outliers, either positive or negative. For purposes of assurance, we have asked for an annual summary. Whilst a rise in raw mortality appears to be a national phenomenon, we feel this should still be a concern. We agreed that oversight of mortality data should move to Q&R, as a primary indication of safety.

1.5 Letby case. Whilst expressing full confidence in our staff and thinking about how we support them after this case, we spent some time discussing how we are assured that we would pick up incidents like this. We report more in part II.

1.6 Communication with families. We noted several references recently to persistent communication issues with patient's families, including a patient story that emphasised the role of families in patient care and decision-making, and in SIs, and complaints. This has been noted by the Chief nurse and Assistant Director of Quality and Risk, who will come back to us in a couple of months with a considered response.

1.7 PIPR. After improvement in recent months, it was disappointing to see that supervisory ward time has fallen. We've been keen to see this aspect of care improved, but it's been set back this month by the need to fill in for staff absence. We hope to see the upward trend restored asap.

2 Policies etc, approved or ratified:

We approved and commended the new Patient Safety Incident Response Framework policy and plan and refer these for board approval. These are included as appendix 1 and 2 in the reference pack. We thought both excellent, and recognised the hard work involved. They represent a big cultural change in how we approach investigations of patient safety and help address numerous themes from Q&R in the past few years, all of which we're delighted to see. Training is being well received.

We approved the Safeguarding Annual Report, which is likewise referred to the board for final approval.

We also ratified:

DN449 Patient Access Policy;

TOR036 Emergency Preparedness Committee Terms of Reference;

DN115 Control of Substances Hazardous to Health (COSHH) Policy;

DN194 Patient Falls Policy.

Since we do not usually undertake a review in any detail of policies at Q&R committee stage – though we have on occasion asked for changes – we discussed how we have assurance on policy content when ratifying them. We looked at the policy development and approval process before the document reaches us, which we think looks generally thorough.

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 and to approve the Patient Safety Incident Response Framework policy and plan.