Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 07 December 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	

1. Significant issues of interest to the Board

1.1 SSIs. There's been little movement in the numbers this month, which remain well above target. We focused on three issues. 1) Some staff have their own preferred explanations, and we appear not to have full buy-in to all current efforts. That is, we think some of the problem might be cultural. 2) Related to this, audits and checks (on hand hygiene etc.) have been moved away from self-assessment to peer group assessment and this looks as if it sets a tougher standard, which it's now clearer we're not meeting. Until we do meet these environmental standards, we can't know how contributory they are. The challenge we will take to sceptical staff is therefore to get us to green on the environmental checks. If that fails to move the dial, we can focus elsewhere. But no-one should claim it's not the answer until we've done it properly. In general, we think we are still not there on some professional standards. 3) Because of the continued raised levels, we have now accumulated enough cases to look for patterns in the data, so we will review the data and in general review all work so far to see again if we can spot any gaps.

1.2 Harm Review. We were pleased to see the first part of a new policy on harm review for waiting patients. While it sets out clear procedures for review and escalation all the way to SI investigation where justified, which we welcome, this is only for patients on RTT pathways, which are a minority of all patients. This needs to be extended before we have a clearer understanding of the harms of longer patient waiting, but it is a good start.

1.3 Health and Safety Committee. This new committee is now up and running, and already highlighting areas that would perhaps not have had the same attention in the past, for example the issue of medical gas storage where a risk was identified as a health and safety issue and is being addressed.

1.4 Allied Health Professional Strategy. We felt it was a measure of how far allied health professionals have come in the last few years – becoming more organised, more visible, with stronger leadership and clearer objectives - that we encouraged them to set out bolder ambitions in the current strategy. They believe they could have a more

transformative effect, assuming more roles and responsibilities; we think they should spell that out, and how they hope to achieve it. Meanwhile, we applaud their progress so far.

1.5 Antimicrobial stewardship. RPH continues to make progress in reducing use of antimicrobials in line with some of the best of its peers, though the most recent months have shown a small increase.

1.6 PIPR. We propose in future to include all PIPR domains in Q&R papers, not just Safe and Caring. Performance already does this. This is partly because we have assumed an interest in surgical mortality as an important measure of risk and quality, but which is listed under Effective. Other committees might want to consider their approach.

1.7 Imaging, etc. We received reports on three technology developments: the shared care record, bar coding, and the PACS image record system. These have common themes of improving capability and more potential but with problems still to resolve which will require continued support from RPH and the ICS. We report on imaging reporting backlogs in Part II.

1.8 Quality improvement. After severe interruption by Covid, when quality improvement took a back seat and teams were disrupted, we feel that a culture of continuous quality improvement is becoming re-established. We have a new lead, new training, and plenty of projects.

2. Policies etc, approved or ratified:

DN361 Use of Human Biological Materials for Research, DN884 Patient and Professional Visiting Policy, DN289 Health Safety and Wellbeing Policy Nov 2023.

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.