

Agenda item 3.i

Report to:	Board of Directors	Date: 01 February 2024
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 – 25th January 2024	
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.** These remain above target and a continuing concern, a small fall in the quarterly reported total notwithstanding. Efforts are currently focused on reviewing previous work to see how well it is embedded, and other aspects of compliance. Elements we think need revisiting or stressing include pre-op de-colonisation and theatre footfall. We also feel that part of the problem is about upholding basic standards, but while these messages are hammered repeatedly, we understand that there may be limits to enforcement and accountability when there are multiple systems in patient pathways that are often long and complicated. However, there will be no relaxation of effort.
- 1.2 M.Abscessus.** We discussed the prospects for reducing risk ratings, reducing some governance arrangements, and removing some water filters to balance the risks associated with restricting water flow. It's likely we'll have to move steadily and only with advice, but the numbers continue to be more reassuring.
- 1.3 Equality.** The NHS Equality Delivery System (EDS) Self-Assessment was suspended during Covid. It's now been completed for 2022-23. The results are good, some very good, and we think the services assessed this time generally work well from the point of view of access for diverse patients, respect for patient characteristics, and so on. But it's acknowledged this is a first step. For example, we are some way off being able to say whether different groups in the population as a whole have equivalent access to our services relative to need, and there are severe statistical limits in some areas to what it will be possible to know. But this is progress, and we are learning from it.
- 1.4 PIPR.** Safety is amber. However, ward supervisory time remains low, and a priority for improvement.
- 1.5 End of Life.** We have agreed to postpone the annual report on end-of-life care for 2022-23. It isn't quite ready, another year is nearly over, and we think the format could be tweaked to become more outcomes focused. Therefore, it'll be combined with the report for 2023-4, include more recent data, and hopefully with us before the summer.

1.6 Quality assurance. An ICB quality assurance visit to outpatients and ward 5 north produced a glowing report, finding high levels of patient satisfaction.

1.7 PSIRF. We briefly reviewed progress on the patient outcomes framework, noting that it'll shortly be the subject of a board learning session. We welcome the new framework and applaud the work on it so far. There are, though, a number of outstanding questions, so the board session will be welcome. For instance: how will decisions be made about the appropriate level of review for different incidents? How will accountability work for individual patients and families if more work is thematic? Is there a risk the framework could be used to avoid scrutiny of some incidents, etc.

2. Policies etc, approved or ratified: We ratified DN558 Information Risk Policy and DN513 Business Continuity Policy v7.

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.