Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 07 March 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**	
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. This month's numbers are much lower, so far, but we make no assumptions. However, as we accumulate data, a few suggestive patterns are emerging. One such is that there are relatively fewer cases at weekends and evenings. A plausible explanation is that there are fewer people around, meaning less footfall in theatres, though we need to check that it's not because of the type of patient treated at these times. So this is probable support for the view that footfall is likely to be a key factor. There are already efforts to reduce it. These will increase. Other new data suggest that the type of patients at RPH in general, when compared with peers, is likely to be only a very small contributory factor overall. We've also become aware that not all centers are signed up to the same surveillance and reporting as RPH, and some of these are also experiencing SSI problems, though that doesn't change the clear message that we should expect to do significantly better.

1.2 Patient surveys. Although these surveys suggest high levels of patient satisfaction at RPH, we have suspected that they are not picking up some significant issues, so as a challenge to ourselves Q&R asked for them to be reviewed. This has identified a number of weaknesses; for example, with how we identify the concerns of long-term patients, how we extract information from free text comments. Whilst we think we could improve, and this could be a good source of information, there would be costs. The Chief Nurse will reflect on the best way forward and put together a business case as appropriate.

1.3 Pharmacy strategy. We considered a proposed strategy from the pharmacy department, their first. It received wide support and was commended for its ambition and clarity, especially when the department has been under sustained pressure. But there was also a concern that it was less a worked-out strategy than a vision, admirable as the vision was, and for the board to endorse it in that form might create unrealistic expectations. The execs will look at it again. But perhaps there is also a general question for the board about what form we want departmental strategies to take, and where they should lie between

costed, operational detail at one end, and broad statements of preferred direction at the other.

1.4 Ward sister time. We've seen a sharp increase in ward sister supervisory time. This has been an objective for a while so it's extremely welcome and was described as a 'game changer'. Staff are reporting immediate benefits. If it's sustained, we hope it can be part of a virtuous circle of better staffing, more time to offer support on the wards, higher standards, better working experience, better retention, and so on.

1.5 Quality Accounts. We received updates on the quality priorities for 2022-23 which showed encouraging progress in all areas, and new proposals for 2024-25. These are: 1, Diabetes; 2 Nutrition and hydration; 3, Dementia. We felt these three were timely, offered a good balance, and avoided overlap with other initiatives (under PSIRF, for example).

1.6 Decolonisation. Recorded rates of decolonisation treatment have fallen sharply. This is partly attributed to a change to higher standard of measurement. Still, they are far too low. The process was described as clunky and in need of simplification, with a lack of accountability. One change in future will be clearer clinical ownership.

1.7 Complaints. We've noted a change in the volume and type of formal complaints, probably as a result of staff sickness in PALS meaning not so many are resolved informally.

2. Policies etc, approved or ratified: Patient Initiated Request to Move Provider (PIDMAS), Quality & Risk Committee ToR.

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.