

**Agenda item 3.i.b**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 4<sup>th</sup> April, 2024</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, 3040	
<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 Safe Staffing.** This has steadily improved and is nearly all green, meaning less need for mitigation, less redeployment etc, and continuing what we hope is a virtuous cycle of improved working conditions and assurance on safety. The key now will be retention, and a key part of that, we think, will be supervisory ward time.
- 1.2 Supervisory ward time.** This has fallen a little this month but is still above recent levels. We agreed this should become a full PIPR metric, which will influence the overall RAG rating for safe.
- 1.3 SSIs.** Initial numbers this month again look lower so far, and we're tentatively saying they're improving. The focus remains on how to reduce theatre footfall; for example, how to automate a count of theatre traffic, or the ambition to set up a live feed to the HLRI for observers/trainees. From recent audits, we know that the number of times the theatre doors are opened can be extremely high, disrupting clean air. Overall, we feel there's still plenty to do. Where behavioural factors have been identified, the trick will be to sustain any change.
- 1.4 Complaints.** The chief executive has noted a recent change in complaints, which are within the normal range of frequency, but of a more serious nature. The question is whether this hints at a systemic problem, although they show no apparent pattern so far. For the time being, we will await the quarterly reports when the assistant director of quality and risk can take an overview of the evidence.
- 1.5 PIPR.** We've agreed some changes, notably to take surgical mortality into the safe domain and, as noted above, to make ward supervisory time an above-the-line metric, rather than for monitoring only.
- 1.6 PSIRF.** We continue to hear excellent reports about how well the new patient safety framework has been received, although also noting some difficulties such as arranging round table meetings. For a significant change, we feel it's been extremely smooth so far, though still with much to embed.

**1.7 Annual Committee Self-Assessment.** This was positive. We seem to think we're working well. Our one action will be to reflect on committee planning.

**2. Policies etc, approved or ratified:** Domestic Abuse Policy for Staff and Patients.

**3. Matters referred to other committees or individual Executives**

**Strategy papers.** In future, these will be handled by Special Projects. After previous lengthy discussion of a paper that came to Q&R, we have suggested from both a governance point of view, and to assist departments preparing their strategies, that Special Projects might find it helpful to give guidance about the level of operational detail expected. For example, some in the past have been largely aspirational; others include more detailed planning.

**4. Recommendation**

The Board of Directors is asked to note the contents of this report.

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