

Agenda item 3.i

Report to:	Board of Directors	Date: 07 Nov 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	

Part 1 Summary report from meetings in September and October

1. Significant issues of interest to the Board.

1i. Health and Safety Annual Report. We have felt in the past that we didn't fully know where the gaps were in our understanding of health and safety issues. The annual report is clear and comprehensive and suggests that aided by the work of the health and safety committee we now have good oversight. There was a small increase in incidents this year, but we think this most likely a result of increased attention and awareness. Areas identified for focus are sharps or needle stick injuries, and incidents of aggression and violence. We recommend the report to the board. **Assurance: good.**

1ii SSIs. In September, we were hopeful that tighter infection control during the CPE outbreak had had a beneficial effect on infections in general, lowering the numbers of SSIs. Following revisions as more data has come in, that effect looks less pronounced. We still think it likely to some extent, but we are still awaiting a sustained fall towards the SSI target. Footfall in theatres remains a particular concern and focus. We will review progress since the SSI summit at our November meeting. **Assurance: limited.**

1iii BAF. Subject to agreement by the Workforce Committee, we agreed to de-escalate from the BAF risk 742, failure to meet safer staffing. **Assurance: good.**

1iv M. Abscessus. In the absence of any new cases of m. abscessus originating in the last two years, we hope it will soon be possible to step down some of the governance and review some of the water safety precautions. It is gratifying to report m. abscessus **assurance as good.**

1v. Patient discharge letters. We have heard separate concerns about patient discharge letters: previously, that they are a theme in complaints, and that they have to follow a format

which GPs sometimes find hard to make sense of; and this month, via a patient story, of a patient who sat down with his GP and reached a conclusion about his prospects, based on the letter, which he said was 'like a bomb going off', i.e. it seemed alarming in the extreme. In this case, the cardiac support team were soon in touch to reassure him. While juniors are already reminded that all letters should be written with the assumption that the patient will read them, we are pleased that the discharge working group will review discharge letters in general, and will report back. We will review assurance at that point.

1vi Inequalities workshop. We asked for a report on the Trust's understanding of, and ability to address healthcare inequalities. There will be a board workshop, planned for June next year.

1vii PIPR/Ward supervisory time. This is improving, but slowly. Staffing numbers should allow us to move closer to the target, but old habits of using time to supplement colleagues are proving resistant. We strongly believe in the value of supervisory time, and hear anecdotal evidence that it is effective when used as intended, but this requires cultural change.

1viii. Mid-level reporting. After a long period of especially heavy committee business, Q&R workload has eased a little, and so we aim to reintroduce first person reports from mid-level perspectives to try to improve operational understanding at committee level. Suggestions are welcome.

1ix Q&R reporting structure. We reviewed the reporting lines into Q&R as there are numerous sub groups. It was suggested we ask them to report personally to Q&R from time to time. See item above.

2. Policies etc, approved or ratified: DN562 Protected and high-profile individuals (VIP) Procedure; DN633 Adverse Weather (Heatwave) Plan; DN643 Critical Incident Plan; DN830 Evacuation and Shelter; DN897 EPRR Policy; DN323 Medical Gas System Operational Policy; TOR014 – Health & Safety Committee Terms of Reference; DN297 Management of Medical Device and Equipment Policy

3. Matters referred to other committees or individual Executives. None.