Royal Papworth Hospital
NHS Foundation Trust

Agenda item 5

Report to:	**Board of Directors**	**Date: 06 June 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.

1i. SSIs. The committee reviewed the past year's work and hopes for progress. Rates have varied between about 6 and 10 per cent, possibly slightly better than last year, but not much, and still well above target. At times, we thought we were making progress, only to slip back. March was particularly bad, and the result is visible on the wards. Much excellent work has been done over the year on aspects of infection control; for example governance, audit, understanding and many basic processes are much better, but it's been frustrating that this has made little difference to the bottom line.

The focus now is in three areas: around diabetes; the quality of air in theatres (on which we await a specialist report); and footfall and headcount in theatres. The latter is largely a behavioural issue, and some in the wider teams have yet to be persuaded that it matters enough to change how they work. This is another source of frustration. We feel cultural buy-in is lacking in some quarters, even though the emerging evidence – such as a lower rate of infection at weekends when the hospital is quieter – seems more than strong enough to justify change. We feel this issue is linked to the wider cultural change the Trust seeks. Consequently, the committee has endorsed a proposal for a half day summit of staff to try to share understanding. This will interrupt clinical work, but the committee agreed it was fully justified.

Assurance on governance of SSIs is high. **Assurance** on outcomes has to remain low. However, we remain hopeful that if we can get the behavioural change we want, we can make progress.

1ii. Quality and risk annual report. Overall rates of hospital incidents are broadly stable. Reporting culture remains healthy, the number of incidents has possibly risen slightly as activity has risen, as you would expect but, on the data, safety generally within the hospital

seems well managed. Incident investigation through PSIRF is embedding and largely working well. At its best, it's quick and effective; but on occasion has been slower than we'd want, and we feel we're adapting. Overall **assurance**: high.

1iii. Complaints. The committee asked for a review of complaints, having wondered if there was evidence recently of an increase in the seriousness of formal complaints that are upheld. Whilst they seem now to be back to normal, and the rates of upheld complaints remain broadly stable and low in number, we're discussing whether there is an efficient way to monitor the content. This isn't straightforward, but we'll look at it. We are also now reporting a category of informal complaints to give us more data in which to spot any patterns. We have also become aware that RPH tends to uphold or partially uphold a larger proportion of complaints than others, which could be read as suggesting that we hold ourselves to a higher standard. **Assurance** on complaints: high.

1iv. End of Life Care annual report. Sarah Grove reported much good work and advised that there is steady progress in making end of life care a consideration for everyone. We discussed trends in the frailty of patients, and heard from the medical director that Sam Nashef thinks his research on surgical outcomes will show evidence of low or no practical benefit for some groups, ~~and in some cases that they are harmed~~, which could inform decisions and advice to patients in future about when and when not to intervene. The End of Life Care report is recommended for Board approval. **Assurance**: high.

1v. Self-medication. We're aware of anxiety from patients about some limited restrictions on patient self-medication. We will report more fully on this, but in the meantime the Chief Nurse has advised that this has been a temporary response to a safety issue on one ward, that it does not affect insulin, for example, and that the restriction will soon be lifted as safety changes become embedded.~~.~~

1vi. Learning from Deaths. The annual report once again details the many parallel systems of scrutiny we have in place. One issue, however, is the burden of work to produce it, which is labour-intensive and means trawling through minutes, etc. We will explore more efficient ways of gaining assurance. There are two cases in the report categorised as a patient death that 'could possibly' have been avoided (more than 50% likely). These findings were in retrospective case note reviews (conducted by one person, unlike Morbidity and Mortality meetings, which allow for wider engagement and discussion~~re slower but better~~), and concerned matters of reasonable judgement and patient choice where it's only with hindsight that it's apparent a different action might have been possible, and are not of concern to Q&R. The report is recommended to the board for approval. **Assurance**: high.

1vii. Quality accounts. Subject to minor rewording, we have approved the quality accounts.

Items from April Meeting not yet reported.

1i. Nursing Vision. The committee welcomed the Nursing Vision, an outline of ambitions for nursing for the next three years. It is not a full strategy document but sets out some clear principles and goals. We discussed a few potential additions around digital, collaboration, and career pathway, but felt in general that it was a clear and good statement of the kind of service we hope to deliver for staff and patients.

1ii SIs. We reviewed three SIs which were reported together and raised questions at board. Whilst there was some delay in reporting, we feel we understand the reasons, and that they did not suggest a rise in incidents, or unusual seriousness. **Assurance**: high.

1iii. EDS. The committee discussed the NHS equality delivery system, having asked Oonagh to look at how other Trusts approached it. We're satisfied with how ours compares. One question is how we take it beyond staff to include EDS for patients. This will necessarily depend on resource and what the ICB does, as much of this is a population-level issue.

2. Policies etc, approved or ratified:

DN480 Legionellosis Policy; DN101 Moving and Handling Policy. And from April: DN869 Safe Staffing Escalation Policy; DN015 Infection Prevention and Control Policy.

3. Matters referred to other committees or individual Executives.

The Quality of Life Care report and the Learning From Deaths annual report are recommended to the Board for approval.