

Agenda item

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| Report to: | Board of Directors | Date: 03 June 2021 |
| Report from: | Chair of the Quality & Risk Committee | |
| Principal Objective/ Strategy and Title | GOVERNANCE: To update the Board on discussions at the Quality risk meeting dated 27 May 2021. | |
| Board Assurance Framework Entries | 675, 730, 742, 1929 | |
| 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

Never Event: One reported this month but will await investigation before it's definitively labelled as such. Any necessary immediate actions have been taken.

Research capacity: Ian Smith presented on our capacity for operational research - as distinct from clinical research - in mind of potential pressure to change how we work. He gave fascinating examples of service redesigns, their potential benefits and occasional negative effects or unintended consequences – for example, when trying to minimise travel time for patients, improve did-not-attend rates, or ensure equity of referrals to the sleep-apnoea service (where they discovered a big disparity across social class). He said this kind of work had not been a focus in the past, but encouraged people to bring ideas, take advantage of the charitable funds now available to pay for backfill while they work on a project, and use the specialist support available. A good source of assurance that we are gearing up to some of the potential challenges ahead.

Employee Relations: Oonagh presented data looking for evidence of disparities in treatment of staff by characteristics and background. At face value, there does not appear to be strong evidence of sharp differences in the experience of such things as disciplinary action, for example, but the numbers give a limited perspective, and the question needs further examination. We also discussed disciplinary issues more generally, noting that a very high proportion of Oonagh's time especially, but also Roger's, has been consumed by a small number of protracted cases.

Q&R priorities: More generally, the board should be aware that we have adjusted our focus in Q&R to spend less time on more procedural matters and devote more to understanding the detail in a selected area each month (as with this month's focus on research capability). We

discussed the risks and benefits of this but felt that on balance it was justifiable and productive and offered higher levels of assurance overall.

2. Key decisions or actions taken by the Quality & Risk Committee

We ratified policies on Critical Incidents, the Policy for assessing continuing compliance with CQC Fundamental Standards, and the Clinical Ethics Committee Pandemic Guidelines.

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.