

Agenda item 3.i

Report to:	Board of Directors	Date: 1 April 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 25th February 2021.	
Board Assurance Framework Entries	675, 684, 730, 742, 1787, 1929, 2249	
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 Meeting demand. We discussed at length the combination of pressures around patient backlog, staff exhaustion and continuing Covid care, all within an emerging integrated care system. We recognised the need to rethink – perhaps fundamentally - how we work. At this stage, we emphasise two practical points. One, that defining the challenge will help determine how we respond, and this will be the first task: is it primarily about meeting an urgent patient backlog, or are we more focussed on longer term re-design? Two, that the role of the CDC will likely be central, but that it isn't yet sufficiently well-known or understood within RPH, and this function will have to be well communicated. We were re-assured that RPH has the staff, the will, and the innovative pedigree to meet the challenge, but have no doubt how demanding it will be.

1.2 Quality Accounts. In noting suggestions for next year's quality account priorities, we agreed that there was uncertainty in some quarters about how the quality accounts should work. We have decided to focus at a forthcoming meeting on reviewing the selection process, the way that we monitor delivery, and the priorities themselves. In general, our aim in future will be to devote more of the committee's time to seeking deeper assurance on selected questions.

1.3 Risk register. We observed that the very large number of open risks is described as a sign of a healthy culture, which it may be, but that the number alone cannot give us assurance. This is especially so as the register contains some risks which have been open for many years and the review of risks has understandably suffered during Covid, despite regular prompts. We agree that there is a need to improve risk-register housekeeping as soon as other pressures allow. Related themes were picked up in the recent internal audit of risk management.

1.4 Mock CQC inspection/End-of Life Care. The committee noted the ups and downs in assessment from two mock CQC inspections of our end-of-life care. In the most recent, three out of five domains, and overall, were rated 'requires improvement'. In particular, there were concerns around the use of ReSPECT forms, and recognition of a need for better documentation of good practices that already exist. We heard anecdotal praise for the service, and acknowledge that plans are in place for improvement, but will need further assurance in future that these are bearing fruit.

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

2.1 Policies etc. We have agreed our terms of reference and annual self-assessment, and ratified terms of reference for CPAC and Emergency Preparedness. We ratified policies on sharps injuries and other incidents, and the latest version of the Infection Control Living with Covid policy.

3. Matters referred to other committees or individual Executives

3.1 None.

4. Recommendation

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