Royal Papworth Hospital
NHS Foundation Trust

**Agenda item 3.i**

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| **Report to:** | **Board of Directors** | **Date: 7 July 2022** |
| **Report from:** | **Chair of the Quality & Risk Committee** | |
| **Principal Objective/ Strategy and Title** | **GOVERNANCE:**<br>**To update the Board on discussions at the Quality & Risk Committee** | |
| **Board Assurance Framework Entries** | 675, 730, 742, 1929, 2532, 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

**1.1 Theatre staff and quality improvement.** The current restriction on theatre activity led to discussion of how we go about service redesign, and particularly whether we need to be better an initiating change ahead of pressures escalating in service areas. We noted that there are complexities around rostering, for instance, which make it similar to the quality improvement programme in CCA. We hope that the transformation project in CCA can be a model for change and engagement in theatres. Our concern is how we establish a quality strategy and widespread culture of quality improvement that builds on this experience to help us spot and address problems sooner, ideally with contributions from the bottom up. MS, IS and LP report that they have already begun to discuss this and will bring an outline of their initial thoughts to a future meeting, as this is a significant, long-term challenge.

**1.2 Low harm v near miss**. Q&R has considered how events categorised as no-harm or low-harm may inadvertently conceal high levels of risk, i.e. . these events might not receive proportionate attention because of how they're labelled, even though the risk should there be a repetition could be severe. We asked LP to look at this and she led an excellent session on ideas to clarify and embed the distinction between low or no harm and near miss, including changed incident reporting. This is good to see, and there's already evidence it's bringing improvement. This also improves our assurance that incident reporting is more likely to capture the full range of events of concern.

**1.3 SSIs**. We discussed at length our response to the rise in surgical site infections. In many ways, it's been exemplary – fast and thorough. On the other hand, a number of us who have been involved with the Trust for a long period and have been aware of a degree of concern about SSIs for some time questioned whether we should have seen the case for stronger action before MS took this initiative. It was of course absolutely right to raise the

level of response – and so this is no criticism of that decision. The question is whether the committee as a whole had been sufficiently sensitive to the risks in the past. The answer is not straightforward. There are risks of over-sensitivity to changes in data as well as insensitivity, and by some measures we could be said to have reacted early. On the other hand, evidence of a potential problem had been persistent, but perhaps because we couldn't find a clear cause, we didn't take it further. There are potential improvements in data presentation which might help in future – such as SPC charts which we hope to see in routine use before long. While we accept that the decision can be complicated and needs to be triangulated with other evidence, one member of the committee felt strongly that this was an uncomfortable question for us. We have asked executives to consider whether there is board learning about how well calibrated our reactions are to problematic evidence.

**1.4** We were pleased to note that despite a response rate to the Q1 Pulse survey of about 9%, the trends in staff views are in several cases strong enough to suggest real, positive change over the last 18 months.

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

Ratification of policies for assessing continuing compliance with CQC Fundamental Standards, ToR for Clinical Ethics Committee, Complaints Policy, ToR for Emergency Preparedness Committee.

## 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.