

**Agenda item 3.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1 April 2021</b>
<b>Report from:</b>	<b>Chair of the Quality &amp; Risk Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board on discussions at the Quality risk meeting dated 25<sup>th</sup> March 2021.</b>	
<b>Board Assurance Framework Entries</b>	<b>675, 730, 742, 1787, 1929</b>	
<b>Regulatory Requirement</b>	<b>Well Led/Code of Governance:</b>	
<b>Equality Considerations</b>	<b>To have clear and effective processes for assurance of Committee risks</b>	
<b>Key Risks</b>	<b>None believed to apply</b>	
<b>For:</b>	<b>Insufficient information or understanding to provide assurance to the Board</b>	

**1. Significant issues of interest to the Board**

**1.1 Service redesign.** We noted with interest recent discussions in Surgery to adjust the nurse-patient ratio during daytime, following a reflection of staffing ratios through the pandemic – with no apparent impact or adverse effects on quality of care. In the context of demand pressures, this seems to us an important example of the adaptive mindset that we expect to need more of in future. It was warmly received at the CDC, and we take great reassurance from it. That it was initiated by the staff themselves seemed to us the more impressive. We discussed in general how to further encourage innovative ideas, clinical and operational, and whether the process might benefit from more formal institutional support - whilst accepting from Oonagh that this was also a cultural quality, already featuring in the culture and leadership programme.

**1.2 Thematic review of SIs involving deteriorating patients.** After noting a number of such SIs in the past year or so, while recognising the numbers remained low, Q&R asked for a thematic review to see if there were any general lessons. Carole Buckley presented this, and it was commended. Her principal observation was the difficulty - when each member of staff might deal with only one main aspect of the patient's condition before handing over - of achieving a holistic or 'helicopter view'. This patchwork of observations was hard to avoid, she said, and in no way due to lack of care or professionalism. We also accept that very often a change in condition might have no significance. Nevertheless, there seem to be occasions when the potential aggregate significance of more than one change isn't appreciated. We made a series of recommendations: 1, that QRMG reflect on the innate difficulty and consider whether there are ways of improving the 'helicopter view'. 2, that a new standing item is added to the SI protocol to review the impact of any previous learning from earlier SIs which seem relevant, to test whether learning led to real change. 3, That one of the annual quality audit priorities should be to check that relevant learning from SIs has been embedded.

- 1.3 Quality Accounts.** As promised, we took time from the normal agenda to gain a clearer understanding of the Quality Accounts, which, like much else, have been disrupted by covid. It's not our remit to choose the Trust's top four or five quality priorities, but we were keen to know that the process by which they are identified is robust. We were assured that there are no significant concerns, and that the priorities align with wider Trust objectives. But we also felt there were interesting questions (and possibly marginal gains) about how to gain wider staff input and recognition, and how to make the list of potential priorities inclusive. We were also reminded that our freedom to choose our priorities might change with the development of the ICS.
- 1.4 SI on prescribing error.** Clopidogrel prescribed on a patient's TTO was not dispensed owing to confusion over whether the patient already had a supply at home. In addition to the SI recommendations, there was discussion of the potential for patients to be unsure or unreliable about what medications they already have and whether essential drugs should be issued regardless.
- 1.5 Carole Buckley.** This was Carole's last Q&R as she leaves as assistant director of quality and risk at the end of the month. Her contribution to Papworth, her experience and hard work have been hugely valued, and we wish her well.

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

None.

## **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.