Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 7 April 2022**
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, 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 Critical Care. We noted the first of the reports on the transformation project and commended the project's clarity. Whilst it's not possible at this early stage to report measurable outcomes - so assurance must be limited - initial impressions are good. Engagement is reportedly high, and we heard expressions of confidence that we have a clearer understanding – maybe for the first time – of why we've been unable in the past to deliver the levels of both quality and productivity that we've hoped for. We'll receive regular updates.

1.2 Gender pay audit. We received the annual report which shows small reductions in the pay gap over the years, but it's still big. Discussion focussed on how the gap reflects simple seniority, and whether at RPH this is partly a result of 'the trade' – the demands of working in our specialisms, or whether it could be bias in recruitment and promotion. We felt we should be able to get a better handle on this from existing data - and will report back. Part-time staff in particular seem easily disadvantaged. For approved actions see key decisions below. Again, limited assurance on the grounds we don't fully understand the problem.

1.3 SI / falls / patient safety. We discussed a recently concluded SI investigation of a fall which led to a fracture. Two issues concerned us. First, whether learning from similar incidents in the past had been embedded. On this, we feel we don't yet have full assurance, but were encouraged to hear from LP that the new patient safety framework will require SI investigations to review previous, related incidents. Second, that diagnosis of the fracture meant a trip to CUH on a trolley and a long wait. We felt RPH should review its capacity to do x-rays for suspected trauma and simply send the image to CUH for trauma specialists to diagnose, rather than having to send the patient, and if possible change policy accordingly.

1.4 BAF. We discussed the new risk targets to clarify that gaps between current ratings and targets should now come with either a description of actions that will close the gap, or a rationale for not taking them – perhaps because they entail unjustifiable costs or undesirable effects elsewhere. The hope is that this will help focus discussion on potential further actions to mitigate risks and the trade-offs between them.

1.5 Quality account priorities. We reviewed third quarter progress**,** accepting that one priority - to develop QI capability - has suffered during the pandemic, but others – the compassionate and collective leadership programme and improved diabetes management, for example, have made good progress in spite of it. We agreed the 2022-3 priorities. See key decisions below.

1.6 CCG quality site visit. We noted the very positive report by the CCG following a quality assurance visit to Critical Care, Cath Labs and Cardiology Wards, with a focus on medicine management and on four SI reports.

1.7 Research. We have asked for a report on current issues in research, where IS tells us that appetite for new studies seems to be far outstripping resources, bringing frustration, and research activity into COVID19 has disguised a bottleneck in other subjects.

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

2.1 Quality priorities. The committee agreed five priorities for the coming year: the patient safety incident response framework, health inequalities, harm free care, barcode medicines administration and continuation of the compassionate and collective leadership programme.

2.2 Gender pay audit approved actions. These included updates to flexible working policies, more support for career progression and efforts to ensure bonuses are equitable.

2.2 Policies approved: Medicines Management Policy; Potassium – administration of POL; Dress Code and Uniform; Provision and Use of Work Equipment Regulations; Being Open and Duty of Candour. We noted that we took our assurance from the robust process for reviewing these policies, but also reflected on the very limited revisions from previous years and suggested that future reviews could consider whether the policies were being sufficiently updated.

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.