

Agenda item 3.i

Report to:	Board of Directors	Date: 1 September 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 heard about more progress in the critical care transformation programme, with the number of open beds continuing to rise and strong commitment to new ways of working. The big caveat is that this increased capacity is what's thought possible, it hasn't yet been tested because the flow of patients into critical care is limited by theatre availability. As the team put it 'the rubber hasn't yet hit the road'. Assurance must be limited until then. We discussed the quality impact of the programme, which looks well assessed, but would like to see the team's judgement of any increased risks the programme entails. We agree that the most important test will be what happens to early warning signs like red flags, incidents and patient outcomes.

1.2 Compassionate and Collective leadership. The values and behaviour framework training has reached about 18% of staff. The challenge is to enable more to attend from areas under pressure to increase activity during high levels of absence, vacancies and turnover.

1.3 Digital Clinical safety. We're pleased to see the new system of reporting up and running, but agreed there's more to be done to ensure digital clinical safety risks, plans and mitigations are all in place. We've requested an incident summary to show that all digital clinical safety incidents have this structure.

1.4 Staff story. Victor Tchuekam Tapah, described his enthusiasm for his work, then how he applied for a job but received no feedback despite several requests, then spoke of feeling there are limited opportunities to develop. He also described an incident that suggested treatment of a colleague under heavy personal pressures had been unsympathetic. We recognise that in a small hospital it's hard to meet everyone's expectations, but this was also a strong reminder at a time when staff engagement is a high priority of the ease with which we can frustrate and even alienate people.

1.5 Complaints We're seeing what we hope is a blip in complaints. This happens occasionally and our figures still compare well with others. But we will be watching.

1.6 Organ donation. Organ donation *from* RPH fell sharply during the pandemic for understandable reasons. As a big beneficiary of donated organs, we feel strongly that we should do all we can to encourage more, whilst accepting that the nature of RPH patients means their organs are often unsuitable. We have asked for an annual report of trends.

2.1 Policies approved:

Infection Control Living with COVID Policy, Digital Acceptable Use Policy, Waste Management Policy.

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.