

Agenda item 3.i

Report to:	Board of Directors	Date: 3 November 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 Workforce. We discussed the quarterly update on the compassionate and collective leadership programme. We can't speak too highly of its effort and ambition but recognise the challenge of continued engagement given the current workforce pressures. The stress caused by staff deployment was discussed and we heard about work already in place in the form of more advance planning and secondments including other support ideas, mentoring and peer support to help alleviate some of stress and anxiety as bed closures would be very much a last resort considering the current system pressures. The director of workforce welcomed the idea and will explore it.

1.2 Workforce Committee. After considering a reduced timetable for Q&R to accommodate a new workforce committee, we feel on reflection that the size of the Q&R agenda makes this unrealistic. Too much is happening just now, and this month brought home to us how squeezed we already are, how we are struggling to give pressing issues sufficient scrutiny. We therefore suggest that Q&R remain a monthly meeting. We think a separate committee to look at strategic workforce issues, possibly meeting every two months, could be sufficient to give workforce the detailed attention it needs, while it will also be inevitable and right that it continues to receive some attention more frequently through PIPR, the Board of Directors, and with continuing interests in workforce at Q&R and Performance.

1.3 Psychological medicine. We heard from Dr Thirza Pieters about provision of psychological medicine at RPH, which has grown but faces further increasing demands - some of which we've previously recognised at Q&R - but appears below levels at comparable providers. She suggested that a higher level of service might become part of service specifications. There are issues about the right time to provide psychological help to our patients and not all of it would be best within RPH. What Thirza said she would most

value is guidance about the specification of the service that RPH wants to deliver. We've asked to be kept updated as this is worked up.

1.4 SI on surgical site infections. The rise in SSIs has been a perplexing problem with no one identifiable root cause. The SI investigation which has now completed seems to us to have been thorough and speaks to a huge – and tentatively successful - effort to bring SSIs under control. We noted two findings in particular: one, that SSIs seem more likely in complex patients, two that in the end the approach was an exhaustive focus on procedure and standards, including examination of the patient pathway to identify any care or service delivery problems and , whether they caused harm with an associated SSI or not. Overall, it feels like a lesson in the value of detail.

1.5 Patient story. We heard the disturbing story of an appreciative patient who had a poor experience relating to inadequate disabled access from the car park to hospital. We are not sure why these issues exist when the site has been examined to try to guard against them. As a first step, we will ask the charity that offers checks of disabled access and facilities to review.

1.6 SIRO report. There has been a clear and steady rise since May in the number of Datix information governance incidents. Digital are looking at these in more detail to try to understand why. It may be of particular interest to the Board that the Chief Executive told us she had seen several charts showing the same pattern of pressures and problems in recent months, from different parts of the organization.

1.7 PIPR safe staffing. We looked again at measures of safe staffing. There's no question that several areas are tight, and the balance between demand and supply is often close – which is unsurprising when activity is such a priority. But on the assumption that our assessments of patient acuity and nursing demand are reasonable, the line is being held, though partly through redeployment. However, the metrics remain complicated, often requiring narrative explanation, and the chief nurse is looking at the best way of offering informative but concise triangulation of the evidence.

2 Policies etc, approved or ratified: None this month.

3. Matters referred to other committees or individual Executives: None this month.

4. Recommendation

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