

Agenda item 3.ii

Report to:	Board of Directors	Date: 02 April 2020
Report from:	Chair of the Quality & Risk Committee	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the Quality risk meeting dated 26 March 2020.	
Board Assurance Framework Entries	675, 684, 730, 742, 1787, 1929, 2249	
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 There has been a decline in WHO checklist compliance, which we can probably now identify as a trend beginning in about November. This could be due to problems of data collection, rather than failure to comply. Reasonable steps are being taken to address both. We can have good assurance from the identification of the problem and clearly defined efforts to address it.

1.2 An audit of our measurement of patient experience reports good grounds for assurance, with only minor room for improvement. The presentation of the report is exemplary. Those under the audit microscope also said it was “thorough”, i.e. demanding. All of which gives reason to feel that the process itself should give good assurance.

1.3 A number of Trust functions reporting to Q&R will be suspended due to pressure from Covid-19 to allow resources to be redeployed. We await guidance as to whether the Quality Accounts will be among them. Decisions here are clearly responsive to events, and we have full confidence in executive judgement.

1.4 We’ve seen a slight rise in surgical site infections, though it is too early to say if this represents more than normal variability. We felt the board could be assured that all reasonable steps are being taken to check any possible causes.

1.5 We discussed current risk appetites in light of the Covid-19 outbreak, whether our financial risk appetite should be raised, and whether our staff-engagement risk appetite should be lowered to reflect the critical need to support staff at such a testing time. Executives will review these risks. Oonagh reported that the biggest risk to staff engagement was the use of PPE – though much of this is outside Trust control and subject to contradictory comment, leading to

staff anxiety. We also discussed how to mitigate risks to our existing patient group and were reassured that urgent cases would receive equal consideration to cases of Covid-19.

1.6 Related to 1.5, we are pleased to report that a procedure and action flow chart for long waiters has been drafted and triggers for escalation process will be assigned to cohorts of waiting patients.

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

2.1 We propose to look at using statistical process control charts to help us identify abnormal, or special cause variations in safety and other aspects of performance, whilst recognising that the next few months are likely to be exceptional for obvious reasons.

3. Matters referred to other committees or individual Executives

3.1 None.

4. Recommendation

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