Agenda item Part 1 3ii

Report to:	Board of Directors	Date: 1 October 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 24 September 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 Quality Report. This is later than usual owing to Covid, and the first draft still requires work. We have approved it in order that the Audit Committee can review on 8 October. We have agreed to shorten the list of priorities for 2020-21, as much of the year has already passed, it is also not clear how much capacity there will be for the remainder of the year, and some elements from last year can run on. We will start the work for 2021-22 very soon. We will also review this year's document again virtually once a second draft is available. Overall, we feel much good work was done in 2019-20, but understandable pressures have recently caused considerable disruption to the programme. We also recognize that the 2021-22 programme may have to start taking into account system level quality priorities, should these emerge.

1.2 Cardiac Surgery Mortality. We are continuing to look for a way of providing the Board with aggregated data on surgical mortality which takes account of acuity, rather than simply showing a raw mortality rate. We recognise that raw data is insufficient for full assurance of the trends in our performance.

1.3 Staffing ratios. We have become aware that some nursing staff still report understaffing, in contrast to the available data, however, there was not the level of awareness that we would expect of the tools we have available to set safe staffing levels, and so we have encouraged efforts to understand the source of the perception, whether related a genuine burden of work, or to reliance on old models of data. As there is also evidence from the Covid debrief that morale has been affected by this kind of problem, we feel it important to address it quickly, whatever the cause.

1.4 Staff debrief. We received the full report. It reflects a mixed experience for our staff, some thriving, some struggling, and finds cause both for congratulation and concern, always mindful of the extreme pressures and uncertainties that everyone – staff and leaders - had to deal with. This should help inform preparation for any second wave. It is very valuable exercise with an extraordinary richness of information, and we commend it.

1.5 Covid preparation. The committee, like everyone else, is acutely aware of what might be coming, and especially that there may be thresholds of demand for our services which force us to alter the way we do things and the levels of service we can offer. Whilst of course we hope that no such moment arrives, we are assured that a lot of thought is going into how we will manage these possibilities.

1.6 Information governance. We were relieved and grateful to hear that we have hit the necessary target of 95% for staff completion of annual information governance training, without which we were a little too close for comfort to failing our data security and protection toolkit submission. Given the implications of such a failure for our reputation as a capable digital partner, we are trying to influence NHS Digital to agree to change the annual cycle for the submission to later in the year in order to avoid clashes with other end-of-year objectives.

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

2.1 Policies etc. We ratified policies for compliance with the CQC fundamental standards, for information governance, and for moving and handling.

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.