

Agenda item 3iii

Report to:	Board of Directors	2 nd May 2019
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 meeting held on 24 th April 2019	
Board Assurance Framework Entries	675, 690, 742, 1787, 744, 1929, 1511	
Regulatory Requirement	NHS Foundation Trust Code of Governance Scheme of Delegation/ToR	
Equality Considerations	Equality has been considered but none believed to apply	
Key Risks	Insufficient information or understanding to provide assurance to the Board	
For:	Information	

1. Chairman's Report Part One:

That the papers for the two-hour quarterly Quality and Risk Committee amounted to just under 900 pages underlined the wisdom of changing to monthly meetings. The Committee's oversight of patient safety and outcomes puts it at the heart of Royal Papworth's mission: papers deserve time for scrutiny. Notwithstanding the scope of this meeting, it was nevertheless possible to review the Quality Report in detail, note the adjustments to policies required for the safe operation of the new hospital, and discuss areas of continued concern. Briefly, there is still work to do in resolving problems and delays in Bookings (a significant number of clinical letters were not sent), issues in Cardiology (eg non-compliance with PPE equipment and failure to recognise a Long QT syndrome on an ECG), Radiology (delays in results), and in optimising Lorenzo - for instance, in having a mandatory field for VTE checks.

Governance:

The Chief Nurse and Trust Secretary will review the business of the Committee and issue a Forward Planner.

The Board is asked to note:

- **VTE Checks:** All patients are required to be assessed for VTE; however, the rate of reported compliance for the latest quarter was 92.22%, with January at

86.66%. Providing that funding is provided, Lorenzo will have a mandatory field for compliance. The Board is asked to authorise £5,000 for implementation.

- **Falls:** Though low compared to national averages, further work needs to be done. The reduction of 35% in the number of falls for Cardiac Surgery on Mallard was celebrated, although it was felt that the period of measurement was too short for complacency. Concern was expressed that the move to individual rooms might result in more falls going unnoticed or falls as a consequence of delays in help. Reassurance was given that the rooms had been designed to make the journey from the bed to the bathroom as short as possible and that all staff had responsibility for looking.
- **BAF:** There is obviously a thorough but elaborate methodology for identifying and quantifying risks; however, for the non-executive rather than the executive, the BAF remains somewhat opaque. The Trust Secretary has agreed to circulate the diagram (submitted to the Board) to Quality and Risk so that the Committee can better understand its responsibility for interrogating changes in risk ratings and discuss how risks are mitigated.
- **Hospital Move:** Finally, the Chief Nurse was asked for assurance, that to the best of her belief, the plans for the move continue to be robust with no major areas of concern.

2. Chairman's Report Part Two:

A report has been commissioned on the functioning of the Radiology department.

Recommendation

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