Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 4 June 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 26th 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 **Q4 reports**. We received the Q4 quarterly reports and annual summary, which show few notable trends - implying relatively consistent performance - for example in the level of safety incidents, complaints etc, though we note that the data are almost all pre-COVID-19. There has, however, been an increase in site infections, previously reported, that is likely to make RPH an outlier. Teams are aware of the issues and investigating, from which we take qualified assurance.

1.2 **Safe staffing**. Staffing appears to have fallen below recommended care hours per patient day on occasion because of COVID-19, but this has been mitigated by rapid redeployment and the presence of the essential care teams, neither of which appears in the summary data. Although this means we do not have a net measure of staff cover or guarantees of safe staffing, we can take assurance from the near-continual assessment of staffing pressures to redeploy people where necessary such that we are *probably* meeting our targets. Nevertheless, we are aware that pressure has often been acute. To maintain the level of staffing we have, under the most testing conditions, has been a real achievement.

1.3 **VTE**. There have been 11 reported VTE events in CCA in COVID-19 positive patients during April 2020. This is a known complication of the pathway. Achieving our target for VTE risk assessments remains a challenge and, although we had hoped to create a mandatory field on Lorenzo, AR told us that this must await the agreement of sufficient other users for a system change. Whilst we can lobby for this, it is not guaranteed. The importance of VTE assessment to the COVID-19 pathway might give us some leverage.

1.4 **M.abscessus SI**. The serious incident inquiry into the M.abcsessus outbreak has been concluded with the water supply thought to be the most likely culprit (perhaps related to the newness of the building). We feel assured that appropriate steps have been taken to prevent recurrence; that the investigation appears thorough, and there is no apparent evidence of poor practice in the provision of either facilities management or clinical care.

1.5 **Risk and the BAF**. We discussed at length current and future risks in the light of COVID-19 and noted numerous known and potential demands that could strain Trust capacity. Not least, persistently higher numbers of ECMO patients create a new stream of work and continuing pressure on staff, cause uncertainty about when or if staff can be released from CCA, which in turn affects the ramp-up of other services, all of which services can make a compelling case for urgent resumption. The combined pressures of a patient backlog, the severe stress on our people, extra and probably-continuing resource-intensive CCA activity, other COVID-19 related delays such as testing, possible new demands from others in the system as they also reconfigure, and so on, mean that we are likely to face difficult trade-offs, all of which could entail significant risk to our overall objectives. We are aware that COVID-19 risks are reviewed regularly, and commend this, but we also urged that the Trust reflects its active consideration of the longer-term strategic risks in the BAF: for example, that as services are resumed, patient expectations will need to be carefully managed; that we may face tough ethical choices between kinds and levels of intervention which will require a balancing of risk and benefit for diverse patient groups and staff; that we will need some mechanism for making these judgements and ideally be able to articulate clear principles to guide us; that it might be hard to retain control over these issues on behalf of the patients we serve; that the pace of change might not relent – with all the stress this implies. The list is long and simply managing the next few weeks will be hard enough, as we recognise that we are still in the early phases of the pandemic. So we understand that we're not about to resolve these issues quickly, especially as there is so much uncertainty about how the pandemic will pan out. However, we are reassured that the conversation about the longer term seems to be under way, uncertain as it must be.

1.6 **Workforce risk.** Oonagh advised of the latest guidance for workforce risk assessments in the light of COVID-19, especially for workers from a BAME background, and that it is our intention to reassess all staff in the first two weeks of June.

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

2.1 Subject to a few small revisions, we have ratified the digital acceptable use policy, perhaps the most important for protecting against digital risk. We look forward to a summary version being widely distributed. We have also ratified complaints and infection control policies.

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.