

Agenda item 3.ii

Report to:	Board of Directors	Date: 7 October 2021
Report from:	Chief Nurse and Acting Medical Director	
Trust Objective/Strategy:	GOVERNANCE: Patient Safety, Effectiveness of Care, Patient Experience and DIPC	
Title:	COMBINED QUALITY REPORT	
Board Assurance Framework Entries:	Unable to provide safe, high quality care BAF numbers: 742, 675, 1511 and 1878	
Regulatory Requirement:	CQC	
Equality Considerations:	None believed to apply	
Key Risks:	Non-compliance resulting in poor outcomes for patients and financial penalties	
For:	Information	

1. Purpose

The Medical Director and Chief Nurse would like to highlight the following items in addition to the Papworth Integrated Performance Report (PIPR) to the Board:

2. Infection prevention and control:

In order to support the ongoing recovery of elective care, the UK Health Security Agency (UKHSA) was commissioned to review and provide updated recommendations on COVID-19 control measures. The UKHSA guidance consists of three short guidance documents focused on changes to the requirements for physical distancing, pre-elective procedure patient testing and enhanced cleaning. These changes focus primarily on low-risk areas, and so it is understood that the impact of enhanced IPC will still be significant in a number of providers and pathways.

<https://www.gov.uk/government/publications/ukhsa-review-into-ipc-guidance>

The infection prevention and control team at RPH are reviewing these guidelines in line with patient pathways and will make recommendations accordingly. In doing so we will ensure that strict infection prevention and control standards will continue to be maintained thereby protecting patients and staff.

3. M.Abscessus BAF risk

M.Abscessus has previously been included and discussed as part of the infection prevention and control risk on the Board Assurance Framework (BAF). Following further review a new risk has been opened on the BAF to separate out the M.Abscessus risk.

4. 7 Day Service Board Assurance

The Board Assurance requirement related to 7 Day Services was paused over the pandemic period and has still to be re-instated. Therefore the Trust cannot provide the usual assurance documentation on the four priority clinical standards (Standard 2: time to initial consultant review; Standard 5: access to diagnostics; Standard 6: access to consultant-led interventions and Standard 8: Ongoing daily consultant-directed review) but will do so once normal reporting measures are resumed.

5. Inquests

No inquests have been heard since the last Board meeting. The Trust currently has 82 Coroner's Inquests/Investigations outstanding (7 out of area).

6. Recommendation

The Board of Directors is requested to note the content of this report.