Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 5 May 2022**
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**	
Board Assurance Framework Entries	675, 730, 742, 1929, 2532, 3040	
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 Critical Care Transformation. The Committee received an optimistic assessment from Jennifer Whisken and Katie Morrish. They advised that the team was making good progress and the project has hit interim targets (31 beds at time of writing, 32 expected by 3 May). They noted that staff ware engaged, with evidence of a positive change of culture – a view supported by AF who visited recently, and a reason for thinking that improvement can be sustained. However, not all open beds are filled, emphasizing that increased productivity is a whole hospital concern, and that the best metric will be throughput – safe throughput, of course. We agreed to keep a close eye on incident reporting and other quality measures which can become inconsistent during periods of cultural change.

1.2 Patient story / surgical site infections. Colleagues will recall from last month that we've been concerned by RPH's outlying rate of SSIs, and the Chief Nurse has made tackling this a priority. We had a timely patient story describing a case which, although managed, increased a patient's hospital stay from an expected one week to four – a measure of the striking human and operational costs of what we usually observe as an uptick on a chart. We hope the attention and discipline MS is bringing to the problem will bring about improvements in the rates of SSI's. We will also look into the protocols for treating infections to see if more can be dealt with at the patient's home.

1.3 Q&R scrutiny of SIs. Q&R tends to focus on thematic learning from serious incident investigations and how well that learning is embedded, rather than on the detail of any particular investigation. However, we discussed whether that gave us adequate assurance that investigations are thorough. We accepted that another round of routine, detailed scrutiny at this stage of reporting was unrealistic, and that investigations had in any case already been through multiple rounds of scrutiny by this point, so we will mostly restrict ourselves to occasional dives. We are encouraged by what we hear of the new patient

safety framework (also reported last month), which is a quality priority this year and should give more assurance the SI process is complete.

1.4 Safe staffing. Most of our discussion of safe staffing relates to nursing. CM had raised the excellent question whether we give sufficient attention to the safety aspects of vacancies in other clinical areas: "Are we assured that sufficient assessments are undertaken and escalation mechanisms created for other clinical teams (specialist nurses, healthcare scientists, AHPs, pharmacy, social work, etc.) to ensure that rosters/staffing levels are appropriate to workload and acuity?" Whilst we do report staff pressures in other areas, and Datix is used to record incidents resulting from staffing pressures wherever they occur, we felt problems elsewhere didn't have the same salience or generate the same attention as nursing. We agreed that the first task is to determine appropriate benchmarks for safe staffing in these other areas, whilst recognizing the constraints of a very tough labour market.

Meanwhile, we've seen several red RAG ratings for safe staffing (nurses) because of COVID-19 illness, including short-term ratios up to 1:8. We have examined the number of incidents in affected areas but not seen any rise. Pressures are thankfully easing this month.

1.5 Clinical audit. We've been keen to see an overview of RPH's various audit and QI programmes in one place. For the first time, thanks to LP, we've now been able to look at the whole list of clinical audits planned for the coming year. There are a huge number, some nationally required, most not. LP hopes this overview will help us begin to rationalise overlapping audits where possible, reflect on their timing and assess how effective they are. We're very pleased to see this.

1.6 SIRO report. As usual at this time of year, we are focused on ensuring that our staff have undertaken IG training for the Data Security and Protection Toolkit submission - and encourage a final push.

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

2.1 Quality accounts. We approved the latest version of the quality accounts for circulation to external stakeholders.

2.2 Other polices. We noted the updated Board Assurance Framework Policy, and approved policies for Biosimilar Medicines; Prescribing of Medicines; and Publication in Peer Review Journals.

3. Matters referred to other committees or individual Executives

CM has suggested the Governors consider his questions about NED assurance on safe staffing. Subject to new arrangements, at least one NED will be present at the next Governors meeting to discuss this.

4. Recommendation

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