

Agenda item 3.i

Report to:	Board of Directors	Date: 9 June 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. Workforce

Employee Relations: The Committee received the report on employee relations cases and noted that we were seeing increased workload in part as a number of historic cases had progressed more slowly during the pandemic and were now moving forward. These cases represented a significant workload for the workforce team.

Workforce KPIs: The Committee reviewed the PIPR People Management and Culture report noting the increases in turnover and vacancy levels and the deterioration in performance in rostering practice. There are programmes to support improvements across these workforce KPIs, and these will contribute to productivity across the organisation. However, the Committee felt that the Board may need to consider the issue of resourcing for the workforce team as there were some recurrent themes emerging around compliance, perhaps reflecting a workforce that were tired and who were struggling, which was common across the NHS. We needed to be confident that we had sufficient resource to support staff to ensure that they are trained and motivated, and the contribution of the workforce team was needed to support significant areas of this work around transformation in critical care and our Compassionate and Collective Leadership Programme which supports our commitment to the EDI agenda.

2. Quality and Safety

Surgical Site Infections: As reported to the Board last month we had escalated our response to SSI as we had seen increase in the levels of infections including organ space and deep wound infections. This had also been identified in the UKHSA surveillance reporting and they had written to the Trust about Q3 performance notifying that we are an outlier for SSIs. A significant set of activities has been agreed and the existing governance and oversight has been enhanced with a range of interventions agreed. We expect to see improvements in the rate of SSIs within two quarters and we will receive regular reporting in line with that trajectory. The BAF risk relating to HCAI has been increased to RRR 16. We currently have limited assurance in relation to this HCAI risk.

Nursing Establishment: We received the six-monthly review of the establishment and noted that no concerns were raised in the review.

Learning From Deaths: We were pleased to note from the learning from deaths review that none out of the 29 deaths reviewed in detail suggested that any deaths were likely to have been avoidable. Assurance was provided around the detailed scrutiny of cases and the multiple approaches that were taken to reviews and how learning was shared across the Trust. The committee asked whether there would be benefit in the use of some mutual external peer review on a periodic basis to support the scrutiny process and so provide even greater assurance as well as valuable learning from peers.

3. Patient Experience

Supportive and Palliative Care: We were pleased to receive the report from the Supportive and Palliative Care Team and noted that it raised no concerns.

4. Performance

PIPR: The Committee were reassured to note that staffing has reverted to green status.

5. Risk:

BAF: The Committee discussed how we use target measures in relation to our risks in terms of setting trajectories for improvement where risks were significantly above target levels. We used the issue of SSIs to consider how we could set a recovery trajectory using our prior experience and agreed we would expect to see improvement within two quarters. We agreed with the assessment that we had limited assurance in relation to the HCAI risk.

6. Governance and Compliance

Quality Accounts: The V4 draft quality accounts were received by committee. The Committee noted that a further iteration was due out and colleagues agreed to feedback comments to early next week ahead of consideration by the Board.

7. Research & Education

Royal Papworth Hospital School: The Committee received an update on progress against developing the RPH school.

8. Matters for escalation to the Board:

There were no items identified for escalation to the Board or Audit Committee.

The Committee was pleased to note that there were no escalations or serious incidents in the prior month but noted in review across different reports that there were some emerging themes in relation to failures in relation to some basic and essential aspects of process this included recording issues around our basic compliance and best practice in relation to SSIs, antimicrobial prescribing; recording of VTE risk assessment and documentation of administration of drugs. The CN and MD will review these matters as a whole and bring recommendations back to Committee.

9. Recommendation

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