

Agenda item 3ia

Report to:	Board of Directors	1 August 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 25th June 2019	
Board Assurance Framework Entries	675, 690, 742, 1787, 744, 1929, 1511	
Regulatory Requirement	Well Led/Code of Governance: To have clear and effective processes for assurance of Committee risks	
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	

Chairman's Report Part One:

Hospital Optimisation: Hospital Optimisation has been added to the agenda as a standing item. The Committee needs to be made aware of problems as well as new opportunities for safer and more efficient service. The Chief Nurse reported that optimisation teams were meeting jointly to ensure that incremental changes in one area didn't cause problems in another. The list of opportunities would be likely to include 30 items. No impossible problems had been identified: examples of problems included the extra 30 seconds added to the distance between cardiology treatment rooms and the ward; theatre porters finding it difficult to open the doors one-handed; and continued problems with booking for outpatient lists, which the project team were now addressing. An audit of the old equipment that had been transferred from Papworth was underway.

Staffing: CUH bank staff are now offered work at Royal Papworth on the 5th floor and Critical Care. Following nervousness at the size of the unit, Critical Care has remodelled its staffing. Health Care Support Staff are now in place and able to relieve nursing staff of some care duties. Routinely three of the five closed beds on 5 are now open. 18 out of the 32 registered nurses needed will arrive in October; recruitment will focus on opportunities overseas.

Litigation NHS Audit: Hospitals had been asked to ensure that staff were made aware of the costs of litigation. The charts relating to Papworth's activities demonstrated that the risks were relatively low but claims were likely to be relatively high - when aortic surgery went

wrong it was likely to be catastrophic. Litigation risk, however, was not part of the assessment for whether or not an operation should take place.

End of Life Care: The Committee discussed the concept of a “good death” and whether within the system of checklists the patient’s views on continuing interventions was considered. Patients and their families realised the inevitability of death at different speeds, which sometimes made the timing of necessary conversations difficult. Access to the palliative care and psychiatric team.

Balancing Risk and Safety: The patient story, from the old Hospital, centred on delays over the bank holiday weekend due to the absence of anyone to undertake routine post-operative ECHOs. In assessing whether to extend provision over the weekend, the Medical Director questioned the necessity for these patients to stay when the risk was minimal and an outpatient appointment might be more appropriate. It was thought that junior doctors might order routine post-operative ECHOs when a consultant might not.

Breaches of IT Acceptable Use Policy: Staff would need to be reminded of the importance of not using Hospital computers for personal use as doing so created the opportunity for hackers to tunnel through personal systems and attack NHS IT infrastructure.

Rise in Use of Antibiotics: The spike in the use of antibiotics was partly explained by the issuing of prescriptions to out-of-area outpatients.

Recommendation

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

Susan Lintott
Chair, Quality and Risk Committee
27 July 2019