NHS
Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3iia

Report to:	Board of Directors	7 November 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 20 August 2019	
Board Assurance Framework Entries	675, 684, 730, 742, 744, 1787, 1929, 2249	
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:

No PIPR was available as the meeting was early in the month and so there is no comment from us. We will be back to normal next time.

The Committee noted:

- A spike in complaints, now apparently falling again and with no obvious pattern.

- That there had been some problems with the new-staff pipeline which had not flowed as smoothly as hoped. As a result, some newly opened beds had come under pressure.

- A "grave concern" had been expressed at QRMG about the availability of rooms for essential meetings and we agreed to look at how this could be managed ahead of the opening of the HLRI.

There was one SI causing continuing concern relating to three M.Abscessus cases following lung transplant, whose source was hard to identify. Public Health England had been notified.

At more length, we considered the report on cybersecurity also presented to the private Board today, and especially a recent test of staff response to a phishing email generated with the help of NHS Digital, to which a number of staff reacted by clicking all the way through to what could have been malicious content. We agreed that in addition to

disseminating general messages emphasising the risks, the individuals concerned would be approached with advice.

Jane Speed, Clinical Administration Operations Manager, reported on bookings and admin and advised that recruitment was now excellent and candidates were of high quality. She also spoke positively of working with Meridian on making processes more reliable and efficient. She raised a concern that 'booking issues' were often a default explanation for problems that have wider causes e.g. late cancellation of clinics. We agreed that these wider causes and their consequences for patients need to be understood in all areas that affect booking/cancellation and we discussed how to achieve this.

Our main item was the notification the Trust had received advice that Royal Papworth was an outlier for the number of critical care patients who are moved to other wards and then readmitted to the unit within 48 hours. The question is whether these are, as tentatively believed, genuinely unavoidable because patients can appear stable and then deteriorate suddenly. This belief is rightly being tested with further analysis. We discussed the possibility of further research into patient characteristics to see if those at higher risk of readmission could be identified. However, we also noted that the trade-off for a more cautious approach to moving people might be higher risk elsewhere in the system if fewer critical care beds were available. We were unable to track our performance since the notification which appears to have improved but we need to see readmission as a percentage of our activity. We will track it accordingly in future. This item has been escalated to the Board.

Finally, this was Susan Lintott's last meeting at the Trust. We thanked her for being such a refreshing and capable member and chair.

Recommendation

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

Michael Blastland
Acting Chair, Quality and Risk Committee
24 October 2019