Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 6 August 2020**
Report from:	**Chair of the Quality & Risk Committee**	
Principal Objective/ Strategy and Title	**GOVERNANCE:** **To update the Board on discussions at the Quality risk meeting held on 30 July 2020.**	
Board Assurance Framework Entries	**675, 684, 730, 742, 1787, 1929, 2249**	
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 **Surgical site infections.** The coroner has informally notified us of concerns raised by the pathologist at PCH about a trend in deaths involving infection in post-cardiac surgery. We are seeking further details about the patients involved and have asked to be updated at the next meeting. We are also aware from our own data of an increase in surgical site infections for CABG. There is no evidence of increased mortality overall, the change in the absolute number of infections is small, and there is a long list of actions underway to address the problem. However, we must consider this **partial assurance** until the trend returns to normal.

1.2 **M.abscessus.** The clinical practice committee has rejected an application for a novel treatment of m.abscessus on the grounds of poor evidence that it's effective. The process has clarified that future applicants for high-cost, novel interventions should either have robust evidence in support, or propose further research. That may allow use of the drug in a research setting.

1.3 **Serious incident.** An SI investigation when a patient deteriorated and died on the ward, reported that a chance was missed for escalation and return to critical care (where a bed would have been available). Although the view is that this did not contribute to his death, we have proposed in addition to other recommendations that critical care be included in any shift handover where there are concerns about a patient's stability.

1.4 **Risk and productivity**. We discussed the effect on productivity of infection control measures under COVID, seeking assurance that the balance of risks - between safety and treating people promptly - was appropriate. In the same vein, RH advised that we are making no assumptions about increased staffing, meaning that any increase in productivity must come from elsewhere. On all counts, we are **assured** that there's a vigorous conversation about the

trade-offs between different pressures as services resume. In this light, we welcomed work on a new staffing model for the fourth floor.

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

2.1 **Policies etc**. We have ratified the Infection Control Living with COVID policy, and agreed a Violence and Aggression Procedure.

2.2 **Optimisation**. We agreed that as the optimisation work in critical care is now incorporated into the productivity objectives of the Living with COVID workstream, optimisation should end as a separate programme.

3. Matters referred to other committees or individual Executives

3.1 None.

4. Recommendation

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