Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3ii.b

Report to:	**Board of Directors**	**Date: 3 December 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 dated 26 November 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 **M.Abscessus**. We discussed developments at length, including a recent meeting with Public Health England, which sadly did not yield any major new lines of inquiry, but did give us the assurance of endorsing our approach so far, and has prompted interest in an epidemiological study of each affected patient. We agreed that RPH should continue to take a vigorous lead in encouraging openness and further research into all aspects of the problem, both here and elsewhere, as we suspect it may be generally under-reported. We noted one potential new case. Further details will be reported by Roger Hall to this meeting of the Board.

1.2 **Serious Incidents.** There were three SIs in October, after three in September. There are no obvious links between them, and November appears to be much better so far, so this could be ordinary – if unwelcome - variation. Ivan Graham reported that he is not unduly concerned by the number alone. However, we think there may be evidence of a recurring issue around escalation/deteriorating patients, also reflected in incidents of moderate harm. Significant work is already underway to address this, but we have also asked Carole Buckley to undertake a periodic review of incidents, including near misses, to double-check for any common features - and to include a narrative report on these to the committee. This should also help us assess the success of previous learning or action related to any themes that emerge.

1.3 **Surgical Mortality.** We received a report from Sarah Powell on surgical mortality. We take great assurance from the fact that Euroscore-adjusted mortality is monitored right down to individual surgeon level. We're also assured that outcomes are excellent, comparing extremely well with others. But we have been concerned that existing reporting to the board – using raw mortality numbers - struggles to capture our underlying performance, as the numbers in PIPR are not adjusted for case acuity. That means we would not easily see any changing trends. We have therefore asked Sarah and others to consider the best way of representing surgical mortality in PIPR so that underlying performance is clear to the board and externally.

1.4 **Health Inequality.** The ICNARC report on RPH outcomes in the first wave of Covid-19 included incidental data that our patients were predominantly in the middle and upper social classes. This prompted a number of questions from us. We know that the regional population is also tilted towards these groups to some extent, so that might be part or even the whole explanation. However, we don't know with any assurance how the population distribution and our patient distribution compare, relative to need, and so feel we cannot assume that all patients have equal access to the range of our services through the various referral routes. We have therefore asked what can be gleaned from available data about whether there are any inequalities of access. This is undeniably difficult to do, given limitations in the data. Some good analysis, presented this month by Craig Salmon - Head of Business Intelligence & Analytics - gives assurance that there are no apparent social inequalities of *outcomes*. But access is a harder question. It has become apparent, for example, that we don't have complete data for patient ethnicity. We are determined to learn what we can and have asked Craig to explore these issues further with Digital and others.

1.5 **Patient portal**. We were pleased to hear from Digital about the development of PatientAide - designed to be accessed by patients on their smartphone or tablet, which went live on November 17th, initially for a pilot group of RSSC patients.

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

See above.

3. Matters referred to other committees or individual Executives

None.

4. Other items of note

None

5. Recommendation

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