

Agenda item 3.ii.a

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 29 October 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 Quality Accounts. After long delay due to Covid-19, we have finally agreed the Quality Accounts for approval by the board, in conjunction with Cynthia as Chair of Audit. These report a substantial amount of solid work for the past year. For 2020-21 there are four main priorities rather than five, given the disruption. As we are now eight months into the financial year, we are relieved to say that work on these priorities is already well underway, so we are assured that we will have progress to report by the year end.

1.2 SIs. We have had 3 SIs in the last month, which is unusual. As they seem unconnected, and this is plausibly within the variation in numbers to be expected, we do not think the total itself suggests any immediate cause for concern. However, separately, QRMG has noted an increase in cases of moderate harm or SI where the timely management of deteriorating patients is a theme. The incidents will be collated for examination (weekends are already identified as a potential part of the problem). We noted that the management of deteriorating patients had been a quality improvement priority last year, and so discussed whether this implied either that important aspects of the problem had been missed, or not embedded - whilst recognising that we have the benefit of hindsight. We are, however, substantially assured by the high quality of SI investigations that any learning will be identified.

1.3 SIs cont'd. After complication during minimally invasive mitral valve surgery and subsequent vascular complications related to ECMO, the Trust has stopped performing this procedure. Following the SI investigation, any request to restart will require CPC approval. We recognised the decisive action taken and discussed the balance between the need to innovate, the appraisal of risk, the point at which we decide to stop a procedure, and especially the communication of potential harm and benefit to prospective patients if alternatives are available. We have asked that the SI investigation give particular consideration to these general questions.

1.4 Research and Education. This directorate reports the effect of Covid-19 on research income with a forecast shortfall by the year end of £1m. We discussed a number of issues raised, including: the effect on the Charity which has funded research that has not taken place; the extent to which lost income might be offset by reduced cost; and, perhaps of most strategic

significance, how financial pressure affects our choice of research. We understand that some work - for instance on the trial which discovered the benefit for Dexamethasone to patients with Covid-19 – is unfunded. How do we balance the clear value of such work with financial imperatives? It is also a key part of the RPH strategy to align research objectives with clinical priorities, and we discussed how this, likewise, sat with commercial pressure. As the HLRI comes closer, we think these issues will need more attention, but in the short term have asked that the financial position be reported to the Performance Committee.

1.5 SIRO report. All standards on our Data Security and Protection Toolkit submission have been declared met. It was also good to see that Datix reports were falling for many months, though we remain wary of hasty interpretation as this could be related to lower hospital activity, or lower reporting. However, we recognise the continuing efforts by Digital to raise awareness of data security, especially in light of more news of recent cyber-attacks on healthcare providers.

1.6 M.abscessus. We remain acutely conscious that we do not fully understand this problem, despite huge efforts to get to grips with it. We have plausible hypotheses, but they leave significant questions (for example, if it was the tap water, how do we explain international transmission? Might there be unintended consequences from point-of-use filters which alter the water flow?). There are also ethical and legal issues around affected patients – reported elsewhere to the board. We are assured that RPH is taking an honest, open and highly conscientious approach to problem – especially in its communications – but we recognise that we can have only very limited assurance about our current understanding.

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

2.1 Policies etc. We have ratified a new version of the Infection Control Living with Covid policy and a Medical Devices Policy.

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.