Royal Papworth Hospital
NHS Foundation Trust

**Agenda item 3.i**

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| **Report to:** | **Board of Directors** | **Date: 1 July 2021** |
| **Report from:** | **Chair of the Quality & Risk Committee** | |
| **Principal Objective/ Strategy and Title** | **GOVERNANCE:**<br>**To update the Board on discussions at the Quality & Risk Committee held on 24 June 2021.** | |
| **Board Assurance Framework Entries** | **675, 730, 742, 1929** | |
| **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 mortality.** Sam Nashef gave a brilliant guide to the measurement of surgical outcomes, including: how performance monitoring compares outcomes with expected mortality based on a weighting of risk factors; the use of Vlad curves to illustrate this; the arguments for and against publication of the data; and, potentially for the future, the comparison of Euroscore risk with ICNARC risk at the point of arriving in critical care in order to assess operation quality, plus the potential for quality of life indicators. It's a source of assurance simply to know that surgical performance receives such thoughtful attention and that RPH is a leader here. On the question of how we report performance in PIPR, Sam suggested showing actual outcomes compared with Euroscore expectations as mortality percentages; or, if we want a single number, a ratio of these; or, failing that, raw mortality.

**1.2 SIs.** We're seeing evidence of a slight increase in SIs and other safety incidents. This seems to be in line with experience elsewhere and has been attributed to tiredness. We discussed how to encourage reflection on the safety consequences when some may feel – with the best intentions - driven to push too hard. The level of incidents is not such as to cause serious concern, but further supports the Trust focus on staff recovery.

**1.3 M.Abscessus**. We've seen two more cases in lung defence patients, despite tests on the water repeatedly showing negative and widespread use of point-of-use filters. This raises the possibility of a source other than water, which is once again being investigated. As before, we can take assurance only from the determination to investigate and the Trust's continuing openness, but clearly cannot be confident in the face of this extremely elusive problem that our measures are sufficient, or that we even know at this stage what further measures might be necessary.

**1.4 Covid debrief 2.** This will be presented to the full board, so we note only in brief that we discussed some of the themes, including recognition of improvement on last time - showing the value of the first debrief.

**1.5 AHP strategy.** Pippa Hales presented the new AHP strategy and spoke of her hopes for a stronger sense of group identity and recognition, and especially for the potential for AHP staff to take on greater roles and responsibility. While the strategy is loosely defined, we are encouraged to see it and look forward to more operational detail and prioritisation of objectives soon - though we also note that the funding of the chief AHP is currently only March.

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

We approved the Quality Accounts subject to minor revisions, plus policies, strategies or terms of reference for: End of Life, Clinical Ethics, Patient Falls, AHP, Business Continuity, Cytotoxic medicines.

## 3. Matters referred to other committees or individual Executives

None.

## 4. Recommendation

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