Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 1 June 2023**
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**	
Board Assurance Framework Entries	675, 742, 2532, 3040, 3261	
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 SSIs. We continue to wrestle with the high level of SSIs. Various initiatives are still to play out, for example a visit from external advisors due in June. But we are also increasingly occupied by how to be sure we are achieving consistent compliance with basic standards, how to achieve role modeling of appropriate behaviour, how to tackle beliefs that responsibility lies elsewhere (in the hospital environment for example), and so on. In short, whilst we are still purusing issues or questions about surgical instruments and air flow in theatres, etc., the focus is increasingly on human and cultural factors. We discussed one strong view that there could be, for example, an absolute rule of 'no knife on skin' unless there was firm evidence of full compliance with requirments for prophylactic antibiotics. We also discussed whether there was sufficient awareness of the seriousness of the morbidity for patients with an infection. Whilst we are all frustrated by the lack of improvement in SSI rates, we recognize and continue to support the huge, daily effort to bring this under control.

1.2 Surgical mortality. The raw data for surgical mortality – as reported in PIPR - has been rising. In the latest quarter, it was well above target. Compared with a few years ago, it is consistently higher. But the raw data does not take account of patient acuity, which is also suspected to have been rising, and this might be the explanation. The problem is that we did not know if this was the case, and colleagues will recall the concern expressed about how to interpret the raw mortality data in PIPR. So we welcomed a preliminary analysis from the medical director which suggests that acuity – as measured by Euroscore II - has been rising faster than mortality, meaning outcomes are *improving* relative to what could be expected. It's also worth noting that there does not seem to be evidence that SSIs are a factor. See the table below:

Year(s)	Total cases	Deaths	Death rate	ES II Predicted death rate	Ratio actual : predicted
2020 - 2022	2637	63	2.39%	3.9%	0.61
2022 - 2023	1403	42	2.99%	5.5%	0.54

Whilst this gives some reassurance about RPH's own interal standards of safety and surgical outcomes etc, it doesn't alter the fact that more surgical patients are dying. If this is because they are becoming more acute because they wait longer, that is of course equally concerning to RPH, as well as to others. If it is related to diabetes – another suspicion – that would also be instructive. We hope to discover more about the reasons for rising acuity in the coming months. Meanwhile, the question arises if – in addition to raw mortality in PIPR - we should also see performance relative to Euroscore II expected outcomes, so that we have more timely notice of any emerging trends in surgical performance. The medical director and chief nurse have agreed to consider this and bring a recommendation.

1.3 Q4 and annual quality and risk reports, and divisional reports. In an otherwise reassuringly quiet set of quarterly and annual reports, we noted a small increase in incidents - though generally within ranges we'd expect.

1.4 Quality Accounts and Quality Strategy. We discussed the lastest draft of the quality accounts and whether the objectives in the inequality priority are exacting enough, or address questions about equality of access to RPH services. We accept that the short line in the accounts that refers to this entails a serious commitment and a good deal of work. We also welcomed the first indication of what will appear in the longer-term and more significant quality strategy, an outline of which we hope to see next month, and which is likely to have three priorities, including inequality, plus the overall Trust approach to quality improvement, and the patient safety framework.

1.5 Policy approval. We discussed the committee's assurance that policies it approves are sufficiently scrutinized, given that NEDs in particular usually lack specialist understanding of the policies themselves. We agreed that our assurance comes from the knowing the process of policy development and scrutiny, which is documented in each policy brought for approval. We also noted that there have been occasions when policies have been referred back by Q&R, and at other points, for further work.

2.1 Policies etc, approved or ratified.

We ratified:

DN177 Prescribing of Medicines Policy; DN306 Policy for Consent to Examination or Treatment; DN537 Nutrition Policy; DN178 Independent Non-Medical Prescribing Policy.

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.