Agenda item 3.ii

Report to:	**Board of Directors**	**Date: 3 September 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 27 August 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.** Colleagues will be aware that SSI rates for both CABG and Valve have risen in the past year. It was suspected that this might be related to the move, turnover of staff, etc, as no single explanation had otherwise been found. Numerous, ongoing efforts were underway to try to identify and solve the problem. However, Josie was able to report some recent, promising explanations, for example, that COVID19 has caused patients to miss appointments prior to surgery at which they would have been given antibacterial soap for the surgery site; and that we seem to be administering prophylactic antibiotics outside the optimum window.

Limited assurance until we see the numbers go down, but alongside comprehensive efforts to tighten up procedures, we are hopeful, and will keep a watchful eye.

1.2 **Health Inequality.** We noted that there is a sharp gradient in the index of social deprivations for Covid-19 patients seen at RPH, the most deprived being least likely to be treated here. This may simply reflect the population from which we receive referrals, which are in any case not in our control - we can only treat people sent to us. However, we are not certain of the reasons, and this raises a broader question about equity of access to our services. While we have no specific reason to suspect a problem, we feel we ought to fully understand the data for all patients referred to RPH, not just Covid-19 patients. Some work in this respect has just begun and we look forward to seeing it. In a long discussion about equity of access generally, we felt that it should be principally a concern for the STP at a population level, but that RPH ought to make the issue more salient, assign it to a committee, investigate the data we have, consider monitoring it, and seek to influence the broader discussion especially if we identify areas of concern – and we invite the board to reflect on this.

1.3 **Cardiac Surgery Mortality.** There has been a clear rise in the cardiac surgery crude mortality rate in Q1 – probably attributable to a steep increase in the proportion of patients admitted as emergencies with high acuity during the Covid-19 outbreak, when many procedures were delayed while we focused on the most serious and urgent. This seems to us a very likely explanation and

we take **moderate assurance** from it. However, we have asked if further work can be done to look at the rates compared with other, past cases of high acuity, although we accept that comparisons will be difficult and there is some uncertainty around Euroscores for high acuity patients. We have also asked for clarification of exactly what data is reported in PIPR for cardiac surgery mortality. This is shown as Euroscore-adjusted, but it looks like raw mortality data, and we need to understand whether we are seeing an adjusted or unadjusted series to know whether any trend is significant. If it is raw data, a significant trend might go undetected - though it should also be pointed out that our mortality compares well with comparable Trusts.

1.4 **Executive Led Environment Rounds.** We were plesed to hear that these are back in action and were struck by reports from Roger and Josie of how informative they can be. That significant local issues, often relating to estates, have been unaddressed by other means provoked a discussion about why problems can persist until they come to executive attention, and the potential for staff to become resigned to them. We agreed that the staff experience committee should be revived as a forum for this kind of problem.

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

2.1 **Policies etc**. We ratified policies for Organ Donation for Transplantation, and for patients with Learning Disability & Autism.

2.2 **Health inequality**. As noted above, we have asked that new work by finance looking into the geographical origin of referrals to RPH be brought to Q&R as part of a wider interest in understanding whether referrals to us raise issues of equality of access.

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.