Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	Board of Directors	Date: 04 January 2024
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 from meeting held on 21st December 2023	
Board Assurance Framework Entries	675, 742, 3040	
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. The numbers are well down this month, pending cases still to come in. There are some reasons for optimism. Environmental audits suggest some improvement, as they're now by peer review rather than self-assessed and therefore, we assume, to a higher standard. However, this is one month's figures, and we feel that good practice comes and goes, and once we get it there is a problem embedding it. Work continues to review all initiatives so far, and to push especially on behavioural factors, as it appears most infections are now of a type to which shoes / human traffic etc, could be relevant.

1.2 Patient surveys. We feel there may be significant gaps in our understanding of patient experience which surveys are not picking up. We have agreed that the surveys need revisiting and refreshing, but that we should also explore other ways of incorporating patient perspectives and picking up issues from their point of view, and that in general we need another level of curiosity. We will consider some options in February.

1.3 Mortality. We have taken the first steps in strengthening mortality reporting. Mortality has been rising in RPH and in the NHS, and we feel we need a better grasp of where and why. We have brought together patient mortality data into one report with the learning from deaths report, and will add statistical process charts in future. We also had a wider discussion of whether rising patient acuity, a plausible contributer to higher mortality, means we need to think more about the judgement of when (and when not) to intervene, and how to talk to patients about the risks.

1.4 M.abscessus. Two new cases from early last year have been confirmed related to the outbreak. Further investigation is required to understand the validity of these results as identified patients are currently not experiencing signs and symptoms of disease related to M.abscessus. As previously reported, relatedness testing is taking a long time and we're looking for a new supplier, but that too is currently awaiting a service specification from the old one (UKHSA).

2. Policies etc, approved or ratified:

We approved the terms for reference for the Quality & Risk Management Group (QRMG)

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.