Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 1 October 2021**
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, 730, 742, 1929, 2532**	
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 Workforce and the Q&R agenda. In response to concerns that the extensive workforce agenda needs more attention, the committee has decided to protect 20-30 minutes at the beginning of each meeting for workforce items. We will endeavour to remain inside two hours for the whole meeting which will be a challenge as Q&R often has a packed agenda. To be as efficient and effective as possible, we have welcomed a redesign of some of the reports, which thanks to Maura and Louise Palmer already feel more focussed. We have also, for some months now, been trying to direct the whole agenda more towards assurance that methods and processes are working well, rather than, for example, trying to double-check surveillance or re-analyse data which is already well-scrutinised. We are also planning to schedule some reports bi-monthly or quarterly. We hope these changes will help us make the best use of our time but look on the new arrangement as experimental - though one way or another the commitment to time on workforce will be maintained.

1.2 Health inequality. Ian Smith reported on the emerging governance at system level of health inequalities, led by Fiona Head. Several priorities already identified are relevant to RPH's core work, such as cardio-vascular health. We discussed at length the rapid rise of the health inequality agenda, its implications for RPH and the need to define our own role within a system increasingly focussed on this, noting that the GIRFT report had helped to position us well. We agreed there was a need to establish a clear line of accountability within the Trust for health inequality issues, together with an organising structure for work in this area, and we have asked the executives to think about this. The general view was that the CDC should be where it's initially discussed. We felt there was much to do, from data gathering and research to drawing on the understanding of our own staff networks and EDI programme, and we welcomed the suggestion that ideas could be workshopped in the near future. We were particularly interested in Ian's report of work on the sleep apnoea service and evidence it uncovered about inequality of access – research which could be a model for other areas. Health inequality is likely to become a regular item on the Q&R agenda, when the committee will receive both updates on Trust and system level discussions

1.3 Establishment review. The committee received details of the establishment review and recognised the complexity of re-assessing safe staffing at this time. Some areas will have higher staff-patient ratios, some lower based on patient acuity and professional judgement. We accepted these judgements and, given their sensitivity, appreciated evidence of good methodology, especially about the extent of consultation, and we welcome Maura's view that a robust basis for the review is the best way to minimise emotion. We were clear that concern about staffing levels cannot be dismissed, even if it is inconsistent with the data, as the data needs to be open to challenge from the floor, but nor can concerns be allowed to run unchecked where the evidence does not support them. In this context we noted that the Trust has managed to sustain good levels of CHPPD in a testing period. We discussed the paramount need to assess staffing against patient outcomes to be assured that the levels are indeed safe, and we will monitor this. We will also be seeking further detail on variations around the average staffing figures set. Finally, we observed that the results of the review imply new benchmarks for PIPR measures of safe staffing CHPPD.

1.4 Workforce. Once again, we applauded the scope of the initiatives on compassionate and collective leadership, Oonagh's own leadership of this effort, and the Trust's evident determination to improve the experience of its staff.

1.5 Visibility rounds. Fellow NEDs will be interested to know of plans for weekly visibility rounds, led by the Chief Nurse/Deputy Chief Nurse, to improve visibility in clinical and non-clinical areas and see for ourselves what's happening on the ground. Invitations will follow.

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

See 1.2 above on our request for proposals to organise our response to the health inequalities agenda.

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.