Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 4 November 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 meeting on 28 October 2021**	
Board Assurance Framework Entries	675, 730, 742, 1929, 2532, 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 **Health inequality**

We warmly received and referred to the Board the report on healthcare inequality included separately on this agenda. We recognise that this is a first step but feel it's an excellent start in a short time. Although of course much will depend on the ICS, we're encouraged that the report is able to identify actions RPH has already taken and can take in future, building, for example, on a model of research into sleep apnoea. We're also reassured that RPH is identifying money and staff to support this work, and we've agreed quarterly reporting to Q&R. We agreed that there should, within the next two or three months, be an RPH health inequalities plan. It was also suggested that health inequality could become a Quality Account priority, as those are worked up over the next few months.

1.2 **Workforce**

This was the first meeting at which we prioritised workforce on the Q&R agenda, receiving employee relations reports for quarters one and two. We're assured that the case numbers are relatively low. One emerging issue with an emphasis on resolving cases informally where possible is that some staff who initiate complaints can feel this means they're not dealt with robustly enough. In time, we look forward to seeing more data for a better idea of trends and any significant variations between staff groups or business areas. We also discussed the range of workforce issues and their division between committees, and we agreed a reporting cycle to try to manage the workload.

1.3 **Adult inpatient survey**

We received the formal report of the 2021 survey and recognised again the contribution of our staff to a superb set of results. We also noted from Maura Screaton (Chief Nurse) the work already underway to address those areas of relative weakness. We say 'relative' because they can only really be called weak compared with the generally outstanding results RPH also achieved.

1.4 **Digital clinical safety**

Chris McCorquodale (Chief Pharmaceutical Information Officer) gave us some insight to the small team that works to ensure the clinical safety of our digital systems. This is clearly vital work but not especially visible, so we were keen to understand it a little better and bring it some recognition. Although the team hails from different parts of RPH, it seems to pull together well in delivering functions like compliance and seems innovative in developing dashboards and research capability. But it lacks a clear reporting line or governance. Louise Palmer has agreed to discuss this with Chris and come up with a suggestion.

1.5 **Safe staffing**

We again discussed the differences between the target numbers for Care Hours Per Patient Day reached during the recent establishment review and the targets used to assess performance in PIPR, for CCA in particular. These differences – which initially raised a number of questions – have been explained as the result of whether or not supernumerary staff are included in the calculation. Safe staffing is in any case intrinsically difficult to assess, especially when patient acuity can change rapidly. CHPPD is one useful part of the picture, but not originally intended for this purpose and we think not to be overly relied on. Of course, we would prefer a single, simple metric in PIPR but recognise that in practice judgment will depend on various measures, also including safety incidents, patient outcomes and professional judgement. We also noted the role of a recent rise in red flags in CCA as another safeguard, resulting in a 'fire break' in elective procedures. We are reassured that Maura will continue to try to bring as much rigour and clarity as possible to the metrics on safe staffing but recognise the inherent complexity. This does mean that assurance will often be a matter of judgement.

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

See 1.1 on reporting health inequalities, and 1.2 on a reporting cycle for the workforce 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.