Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 2 December 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, 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 PIPR, sickness absence. We discussed at length the pressures on staff given continuing high demand, illness, tiredness and stress, noting in particular the sickness data in PIPR. We recognise that these pressures have been sustained for some time now and that while the Trust offers all the support and recognition to staff that it can, they cannot be borne indefinitely, even though our judgement is that RPH has coped with the pressures relatively well. The even thornier problem might be the long term. Clearly, we can't know to what extent Covid-19 has brought about a long-term shift in our capacity – the effects might be temporary, might take several years to unwind - but after nearly two years, with accumulated patient demand and significant changes to service configuration, we also discussed the possibility that there might at some point have to be a 'reset' on what we can reasonably expect to deliver. We accepted that this would also require a mature political discussion nationally. In short, we're under no illusions about the severity of the stresses in the system, or that money alone will fix them.

1.2 Q2 Quality and risk report. Despite the above, the various quality and safety indicators show no dramatic changes, no rise in SIs, though there is a suggestion of a slight increase in other incidents, and the red-flag system in critical care is also picking up signs of stress. We're grateful to Louise Palmer for standardising and clarifying the reporting format.

1.3 Junior doctors. Related to the above, we've asked for a report on emerging issues with junior doctors who have expressed anxiety about workload and its effect on training. We're reassured that the execs are already working to understand the issues. As the next Q&R is in less than two weeks, we hope to have a full picture in the new year.

1.4 Ward planning. In light of all the above, we were mightily assured by Sister Rebecca Thomas, who we asked to talk about planning at ward level around sickness, staff levels,

rotas etc. She showed an awareness and no-nonsense grasp of detail, plus a personal knowledge of her team that gave us confidence they were being managed about as efficiently and sensitively as possible in the circumstances.

1.5 Near miss incidents. We have begun to review near-miss incidents to try to identify those that might have had no immediate consequences but could, with a little less good fortune, have turned out more seriously. Our initial question was whether 'low harm' and 'near miss' might not capture the full potential of an error, and whether we might not be learning all we could from these incidents because of their classification. Some incidents are identified as 'important near misses', and we're assured that all incidents are reviewed. The question is undeniably difficult to answer, since it implies a sub classification of 'near-miss' and 'low harm' and extracting the detail for a full review is onerous. But we will continue to explore.

1.6 Workforce behaviour policy. We were delighted to receive the new policy 'Your Behaviour Matters,' a clear statement of the Trust's principles of support and just culture that changes the language and attitudes to what we'd have previously called disciplinary policy. We recognise that the key to its success will be training for line managers.

1.7 Quality Accounts. This year, for the first time, we received a long-list of quality account priorities, rather than the four or five already selected. We welcome this as it gives us more assurance that we have a system of robust selection of quality priorities and see how the different options are weighed up, and the priorities decided. The committee does not need to make the operational decisions, though it does need to endorse them. As a general principle about recognising that strategy means choices, we commend the approach for all papers with similar strategic considerations of prominently setting out options and justifying priorities.

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

Workforce: Approval, subject to minor amendments of the Behavioural Policy.
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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.