Royal Papworth Hospital
NHS Foundation Trust

Agenda item 3.i

Report to:	**Board of Directors**	**Date: 6 October 2022**
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 Workforce Governance. We discussed the proposed new Trust-wide resourcing and retention programme, which had our full support. We agreed that workforce pressures have become consistently challenging and now need a concerted approach. In light of this, we also discussed how the programme should report. As it combines aspects of workforce that are currently split between Performance and Q&R, we considered various options for managing the workload. Our recommendation is for a new workforce committee with new membership meeting every other month, alternating with Q&R. One consideration was a strong desire to avoid additional meetings. We think the Q&R agenda, once lightened by removing workforce, could be manageable at this frequency and might even benefit from looking at slightly longer trends. We suggest that urgent escalation of Q&R issues in months when it doesn't meet could be brought to the full board but suspect such issues will be rare. But we also feel that we won't know if any new arrangement works until we try it, and suggest we keep it under review. One aspect we did not discuss, of course, was the perspective from Performance and Audit, which we would welcome, as we welcome the decision of the full board in due course.

1.2 Workforce Risks. The committee considered the current risks around workforce engagement. We agree these risks have increased, largely for reasons outside RPH control to do with pay and cost of living - and this is reflected in the BAF. Given these pressures, we questioned whether current risk targets and appetite were still realistic, and, if we expected to hit them, when? If not, should either the targets be changed or more be done? There was reluctance to relax the targets as that may be taken to imply less determination to improve, and there is unquestionably already a huge effort on staff engagement through the compassionate and collective leadership programme, so it is not clear what more could be done without excessive cost to other parts of the hospital. So it remains an open question whether the targets are realistic in the near term. On staff

recruitment and retention, OM agreed that underlying conditions may have changed for some time ahead. Again, we think it worth considering the implications for what we think can reasonably be achieved, and the standards we judge ourselves by. For example, is a target of a 5% vacancy rate still realistic?

1.3 Care hours. Following a request from Performance, we have agreed to look at the assurance from PIPR reporting of care hours per patient day, and whether there are other ways of presenting the data which better capture the position on the wards. We noted that a review of establishments is due in November, and that in light of changing working practices this may lead to revisions to targets for CHPPD, which will improve the reported ratios. We feel that Q&R has benefitted from occasional sight of data that shows the shift-by-shift balance of required and actual staffing which does offer assurance that these are reasonably well managed. Performance might appreciate the same.

1.4 VTE. We are concerned that VTE testing rates are not improving. MS outlined the difficulties of compliance because of the turnover of junior doctors, but said the bigger issue was achieving 'ownership' of each patient at a senior level. This remains work in progress.

1.5 Falls. We received a thematic review of incidents relating to falls and how to treat any resulting suspected trauma. This is a difficult balance of asking staff who don't usually assess trauma injury to do so or taking patients to CUH. On balance, the review supported existing policy of clinical decision making and consideration of transfer for fracture, but CT for head injuries at RPH.

1.6 Theatres. We recognise that the flow of patients through theatres given current limits on capacity is largely an issue for the Performance Committee, but we wanted to reflect again on the implications for the quality of care and safety for patients whose treatment is delayed. We feel in general that we have a significant gap in our data and understanding of the full consequences for patients of delays to patient flow. This is not easily fixed, certainly not by RPH alone, but at the very least it is good to be reminded that from the patient perspective performance and quality are closely entwined.

2 Policies etc, approved or ratified:

Data Protection Policy and Endoscopy and Trans-oesophageal Probe Policy.

3. Matters referred to other committees or individual Executives

4. Recommendation

The Board of Directors is asked to note the contents of this report.