

Council of Governors 10.07.24

MEETING
10 July 2024 13:00 BST

PUBLISHED
5 July 2024

Agenda

Location
Meeting Room 1, RJAH

Date
10 Jul 2024

Time
13:00 BST

Item	Owner	Time	Page
1 Introduction	Harry Turner	13:00	-
1.1 Apologies			-
1.2 Minutes from the previous meeting - 10.04.24			4
1.3 Action Log			11
1.4 Matters Arising			-
1.5 Declaration of Interests			-
2 Welcome from the Chairman (verbal)	Harry Turner	13:05	-
3 Lead Governor Update (verbal)	Victoria Sugden	13:10	-
4 Chief Executive Trust Overview	Stacey Keegan	13:15	12
5 Governance			-
5.1 CoG elections and appointments	Dylan Murphy	13:25	24
5.2 Composition of the Council of Governors	Dylan Murphy	13:30	27
5.3 Questions from the Governors	Dylan Murphy	13:40	29
5.4 Membership Report	Dylan Murphy	13:45	31
5.5 Council Of Governors Annual Report 2023/24 and Self Assessment (verbal)	Dylan Murphy	13:50	-
5.6 Patient Safety Visit Feedback	Paul Kavanagh-Fields	13:55	35
6 Quality			-
6.1 2024/25 Priorities	Paul Kavanagh-Fields	14:00	42
7 Committee Chairs Updates			-
7.1 Audit and Risk Committee	Martin Newsholme	14:05	45
7.2 Quality and Safety Committee	Lindsey Webb	14:10	48
7.3 Finance and Performance Committee	Sarfraz Nawaz	14:15	53
7.4 People and Culture Committee	Paul Maubach	14:20	58
7.5 Digital, Education, Research, Innovation and Commercialisation Committee	Martin Evans	14:25	62
8 To Note:			-
8.1 Safeguarding Annual Report	Paul Kavanagh-Fields		66
8.2 Was Not Brought Update	Paul Kavanagh-Fields		88
8.3 Review of Work Plan	Dylan Murphy		91
8.4 CoG Attendance Matrix	Dylan Murphy		92

Item	Item	Owner	Time	Page
8.5	Sub Committee Attendance Matrix	Dylan Murphy		93
9	Any Other Business	Harry Turner		-
9.1	Next Meeting: 24th November 2024 at 1.00pm			-

**COUNCIL OF GOVERNORS
WEDNESDAY 10TH APRIL 2024**

MINUTES OF THE MEETING

PRESENT:

Harry Turner	Chair	HT
Colin Chapman	Public Governor – Shropshire	CC
Martin Bennett	Public Governor – Shropshire	MB
Simon Jones	Stakeholder Governor – Shropshire Council	SJ
Kate Betts	Staff Governor	KB
Karina Wight	Stakeholder Governor – Keele University	KW

IN ATTENDANCE:

Dylan Murphy	Trust Secretary	DM
Stacey Keegan (items 1 to 3)	Chief Executive Officer	SK
Paul Kavanagh-Fields	Chief Nurse and Patient Safety Officer	PKF
Mike Carr	Chief Operating officer	MC
Nia Jones	Strategy and Planning Managing Director	NJ
Sarfraz Nawaz	Non-Executive Director	SN
Martin Newsholme	Non-Executive Director	MN
Penny Venables	Non-Executive Director	PV
Lindsay Webb	Non-Executive Director	LW
Paul Maubach	Associate Non-Executive Director	PM
Atif Ishaq	Associate Non-Executive Director	AI
John Pepper	Associate Non-Executive Director	JP

MINUTE SECRETARY:

Gayle Murphy	Trust Office EA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	<p>WELCOME & APOLOGIES Apologies were received from Phil White, Tony Wright, Allen Edwards, Katrina Morphet, William Greenwood, Victoria Sugden, Colette Gribble, Sheila Hughes, and Martin Evans.</p> <p>It was noted that the meeting was not quorate. The meeting would go ahead but no formal decisions could be made. Any decisions that were required would be considered after the meeting by correspondence.</p>	
1.2	<p>MINUTES FROM THE PREVIOUS MEETING The minutes from the previous meetings were approved as a true and accurate record.</p>	
1.3	<p>MATTERS ARISING MB asked whether a merger was planned between Shrewsbury and Telford Hospitals. HT responded that the two were already part of the same organisation, the Shrewsbury and Telford Hospitals NHS Trust. MB asked whether RJAH will be merging with them. HT responded there is no intention for a merger and no appetite from RJAH for this.</p> <p>ACTIONS FOLLOWING THE PREVIOUS MEETING All actions from the previous meeting were recorded as complete. The action log would be updated accordingly.</p>	

MINUTE No	TITLE	ACTION
1.4	<p>DECLARATIONS OF INTEREST</p> <p>The Chair reminded attendees of the need to declare any potential conflicts of interest in the business to be discussed. No potential conflicts of interest were identified.</p>	
2.0	<p>WELCOME FROM THE CHAIRMAN</p>	
	<p>HT welcomed Council members to the April meeting of the Council of Governors. He noted:</p> <ul style="list-style-type: none"> • The Trust is encouraging clinical representation at the upcoming Governor elections. • Financial and Urgent Emergency Care pressures are continuing across the System. • The process of Non-Executive Director and Chair appraisals are due to begin this month; the outcome would be reported to the Governors in due course. • Today's agenda is shorter than usual due to Board pressures later in the day. <p>The Council of Governors noted the welcome.</p>	
3.0	<p>CHIEF EXECUTIVE TRUST OVERVIEW</p>	
	<p>SK presented the submitted Trust Overview and drew Council members' attention to the following updates in particular:</p> <ul style="list-style-type: none"> • Quality and Safety. • Performance. • Finance. • People. • Equality, diversity and inclusion (EDI). • Staff Survey Results. • Apollo. • 2024/25 Planning. <p>SK responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • The Trust emphasises the quality of life, housing prices etc, in the local area when recruiting and retaining staff. • Apollo will aid a better flow of information between GPs and the Trust. In time SaTH will be implementing the system for their digital services which will provide a greater collaboration on shared care records across Shropshire. <p>The Council of Governors noted the Trust Overview.</p>	
4.0	<p>LEAD GOVERNOR UPDATE</p>	
	<p>KB gave a verbal update to the Council. The following points were highlighted:</p> <ul style="list-style-type: none"> • Governors are continuing to attend Sub-Committee meetings. • Several Governors have joined recent Patient Safety Visits. • The Governors are looking forward to upcoming elections which will hopefully encourage new people to join the team and retain some current Governors who have historic knowledge of the Trust. <p>The Council of Governors noted the Lead Governor Update.</p>	

MINUTE No	TITLE	ACTION
5.0	TRUST STRATEGY UPDATE	
	<p>NJ presented the submitted slides and drew Council members' attention to the following updates in particular:</p> <ul style="list-style-type: none"> • The Trust has five key strategic objectives. • The paper highlights the ambition over the next five years. • Staff interactive engagement and communication sessions were held in December 2023 following Board approval in November 2023. • The Strategy has been shared with STW ICB in January 2023. • Key development updates which are aligned to the Strategy are included in the pack which include: <ul style="list-style-type: none"> ○ Quality Strategy for the next five years has been approved. ○ The Trust has been recognised as an accredited Elective Surgical Hub ○ The Trust has joined the getting it right first time (GIRFT) pilot programme to set standards on improving MSK rehabilitation for veterans. ○ The Trust is working with ministry of defence to be a supplier of active military MSK surgical rehabilitation, it is a national contract with tenders due in June. ○ The Trust has become the lead provider for rheumatology for STW. ○ The Trust has been developing its work in collaboration with Powys Health Board to enhance the level of outreach and joint working. ○ The Trust has co-produced a Nursing & Allied Health Professionals Strategy for the next 5 years, with key objectives centred around enhancing our Innovation, education, and research opportunities. ○ The Trust currently reviewing and updating its Strategy for Innovation and Research, and Education Strategy. <p>HT noted the Strategy has been developed through staff engagement; a large cross section of colleagues across the organisation met in April 2023 to begin the process.</p> <p>NJ responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • To ensure financial sustainability the Trust will grow the right services at the right time at the right price. • The Trust will optimise productivity; the enhanced recovery roll out supports productivity with existing resources. <p>The Council of Governors noted the Trust Strategy Update.</p>	
6.0	LEADERSHIP COMPETENCY FRAMEWORK	
	<p>DM presented the submitted paper for information and drew Council members' attention to the following updates in particular:</p> <ul style="list-style-type: none"> • NHS England released the new NHS leadership competency framework for board members, known as the LCF; and • A revised framework for conducting annual appraisals of NHS chairs, known as the CAF in January 2024. • From April 2024 onwards the framework will be taken into consideration during recruitment and appraisal processes. • Stakeholders, including the Lead Governor, will be asked for views as part of the CAF. • Results of non-executive appraisals will be fed back to Governors in due course. 	

MINUTE No	TITLE	ACTION	1 2 3 4 5 6 7 8 9
	<p>DM responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Trust can measure the impact of compassionate leadership via the results of the staff survey, considering measures such as staff satisfaction, turnover and others. Non-Staff Governors will not have seen the staff survey questions; therefore, the staff survey report will be shared with Governors for information. <p>Action: DM to share the Staff Survey report with the Governors.</p> <p>The Council of Governors noted the Leadership Competency Framework.</p>	DM	
7.0	GOVERNANCE		
7.1	<p>Questions from the Governors DM introduced the submitted paper and highlighted that no questions had been asked prior to the meeting.</p> <p>The Council noted the Questions and Answers paper.</p>		
7.2	<p>Governor Elections DM introduced the submitted update on the upcoming elections, noting the following in particular:</p> <ul style="list-style-type: none"> The paper highlights existing vacancies and those terms that are due to expire. Governors can serve additional terms, up to total of 3 terms. Re-appointment is not automatic, interested parties will need to engage in the election process and re-apply if needed. The maximum is 3 consecutive terms, with a maximum of 9 consecutive years. The process is well established, the Trust has started engaging with the third-party company who runs the process. DM will make the Governors aware when the process starts and who is impacted. There will be communication across the Trust and social media. <p>DM responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Trust will use all available channels to promote the process and fill the vacancies. <p>Action: DM to inform the Governors when the process starts and who is impacted.</p> <p>The Council of Governors noted the Governor Elections update.</p>	DM	
7.3	<p>Membership Report DM introduced the submitted update on the membership of the Trust, noting the following in particular:</p> <ul style="list-style-type: none"> The current membership total was 6803. This represented a 4.2% increase over the last twelve months. Since the low point in September 2022, the membership had risen by 6.4%. The figures now showed a year-on-year increase in both overall membership and in public membership. The male/female split has remained constant over the last year, female members are currently two thirds of the total and one third are male. Consistently, the 60–74-year-olds category provided the largest proportion of the membership. 		

MINUTE No	TITLE	ACTION
	The Council of Governors noted the Membership Report.	
7.4	<p>Patient Safety Visit Feedback</p> <p>PKF presented the submitted feedback, noting the following in particular:</p> <ul style="list-style-type: none"> • The visits provide staff, Board members and governors the opportunity to see the Trust in real time. • Any concerns are raised and rectified. • There is a plan to continue the visits throughout the year. • Themes arising are staffing shortages, training, and development, out of hour blood services and staffing rotation between wards. <p>DM responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • Feedback is now brought to the attention of the relevant Sub-Committee for noting and action. • Governors attending the visits have found staff to be incredibly positive. <p>The Council of Governors noted the Patient Safety Visit Feedback.</p>	
8.0	TO NOTE	
8.1	COMMITTEE CHAIR UPDATES	
8.1.1	<p>Audit and Risk Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> • Reports were received from Internal and External Audit and various managers. • There were four reports from Internal Audit with substantial assurance. • Work was undertaken to close 15 of 23 outstanding actions from Internal Audit reports, with the remaining 8 closed shortly after the meeting. <p>The Council of Governors noted the Chair Report.</p>	
8.1.2	<p>Finance and Planning Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> • There should be recognition for effort behind the scenes, to pull information together and deliver the plan. • The Committee continues to focus on finances and performance. <p>The Council of Governors noted the Chair Report.</p>	
8.1.3	<p>Quality and Safety Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> • The Committee continue to focus on delivering the Quality Strategy and maintaining Infection Prevention and Control standards. • The Trust has a new Chief Pharmacist who is focusing on medicine management issues. • There is a focus on the renewed Quality outcomes. • As weekend working becomes the norm, the Committee is monitoring the Quality and Safety impacts and maintaining standards. <p>The Council of Governors noted the Chair Report.</p>	

MINUTE No	TITLE	ACTION
8.1.4	<p>People and Culture Committee The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> • Sickness levels are below target. • There is a continued focus on the staff survey results. • The Committee has regular Governor attendance. • Several policies were approved. <p>The Council of Governors noted the Chair Report.</p>	
8.1.5	<p>Digital, Education, Research, Innovation and Commercialisation Committee The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> • A subcommittee of DERIC has been established to focus on EPR assurance as the Appollo go live date is getting closer of Apollo. • An embryonic Research and Innovation case has been developed further. • The Education strategy will be bought back to the Committee in June, following work on mapping the Trusts education provision. <p>PV responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • The Sim lab features in the Committee especially around innovation and commercialisation. <p>The Council of Governors noted the Chair Report.</p>	
8.2	<p>Review of the Workplan HT presented the submitted current work plan for 2024/25 and noted the information is shared within the Council for information, to ensure there is oversight of agenda items being tabled for discussion at future meetings.</p> <p>The Council of Governors noted the Work Plan.</p>	
8.3	<p>Attendance Matrix The Council of Governors noted the submitted Attendance Matrix.</p>	
8.4	<p>Record of Committee Attendance The Council of Governors noted the submitted Record of Committee Attendance.</p>	
9.0	ANY OTHER BUSINESS	
	<p>HT thanked the members of Council for their attendance and contribution.</p> <p>HT responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • New and existing Board members will be appraised against the new NHSE framework, which may lead to further training and development, but he would be surprised if anyone falls below the expected standards. • The new theatre complex funding has come from two streams. It has been part funded by NHS England and part funded through RJAH capital. It was due to be operational by January 2024, this was then delayed until April 2024. Due to contractor issues, there is a frustrating delay until August with an operational date due in September 2024. The delay has incurred a loss of revenue against the additional staffing. • The Trust has capital restriction on site to develop additional clinical staff accommodation. To help with recruitment and retention the Trust is undertaking discussions with external partners who are planning local large-scale developments to utilise key worker accommodation. 	

MINUTE No	TITLE	ACTION
	HT brought the meeting to a close.	

NEXT COUNCIL OF GOVERNORS MEETING: 10 JULY 2024 AT 1PM

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Council Of Governors Committee

Updated: 01.07.2024

Action Log No.	Original Meeting Date	Minute reference	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
18	08-Nov-2023		5 GM to schedule a Living Well App demonstration for the Governors at the March meeting. <i>Update: due to a heavy July agenda this has been deferred to the November meeting</i>	GM	13-Mar-2024		ONGOING
21	09-Apr-2024		6 DM to share the Staff Survey report with the Governors	DM	10-Jul-2024		COMPLETED
22	09-Apr-2024		7.2 DM to inform the Governors when the election process starts and who is impacted	DM	01-Jun-2024		COMPLETED

Overview of the Trust – July 2024

Stacey Keegan, Chief Executive

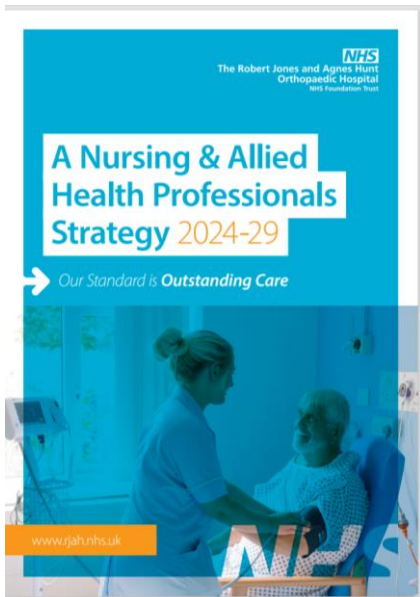


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Quality and Safety

- The Trust has published its Quality Accounts for 2023/24. These accounts focus on the Quality of services delivered and focus on:
 - Patient Safety.
 - Patient Outcomes.
 - Patient Feedback.
- The Trust has successfully rolled out of our locally developed Quality Accreditation Programme and has a rolling plan in place to visit every patient facing area in the next 12 months.

Nursing & Allied Health Professionals Strategy 2024-29



‘Our Standard is Outstanding Care’ the new RJAH Nursing & AHP Strategy consists of 5 Key Commitments:



<https://www.rjah.nhs.uk/media/o11hx3hx/nursingplusandplusahplusstrategyplus2024plus-plus2029-1.pdf>

Quality and Safety



- Chester University Graduate Entry Medical School
- First cohort of students starting September 2024, 50 UK students, 15 international students
- RJAH is partner / LEP (Local Educational Provider)
- Two Clinical Sub Deans already appointed at RJAH
- Engagement evening held at RJAH for consultants

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Quality and Safety

RJAH & KEELE 25TH Annual Research Day



Friday 7th June 2024

Morning:

- Scientific Session: Seminar room, ARC
- Clinical Session: Lecture Theatre

Afternoon:

- Combined Session: Lecture Theatre



OSBONE
OSWESTRY & STOKE
ORTHOPAEDIC ROTATION

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People

- Vacancy rate at end of May 4.79% compared to last year, at 7.99%
- Refresh of Appraisal/PDR policy and process
- Five flagship areas agreed for overall Trust Staff Survey action plan

Staff Survey 2023 – Overall Trust Action Plan Flagship areas



- Launch of OurSpace wellbeing website, one stop shop for staff to access



People



- Internal vacancy panel meets to scrutinise requests, with a system vacancy panel meeting weekly
- Reviewing at scale and collaborative opportunities with the System
- Above target for staff on e-rostering system, at 92.03% target of 90%
- During March and April, the self-assessment retention and gap analysis for the People Promise exemplar cohort 2 was completed

Performance

- In the first two months of the financial year we achieved the elective activity plan with performance of 101.28% in April and 100.90% in May, both represented a significant increase on 2019/20 127.50% and 112.53% respectively.
- April and May saw a continued reduction in the number of theatre cancelations, although further reducing this remains an operational priority for this year.
- After 12 months of the Enhanced Recovery Service being in place, the LoS has almost halved for our elective inpatient service.
- Over recent months the Trust has worked closely with SCHAT regarding the transfer of Rheumatology patients to RJA, this work is continuing but has, as anticipated, resulted in a significant increase in the overall waiting list of RJA.
- The longest waiting patients remain a priority and whilst we have seen continued delivery against the NHSE performance standards, and continued efforts are being made to restore parity of access for our Welsh patients.

Finance



- Agreed a plan to deliver £2.9m surplus with risks of £13.5m – this is in the context of a £90m deficit stretch target for the STW system
- Most systems now in deficits which cannot be afforded so capital allocations have been cut further – no headroom for RJAH to undertake new investments
- Enhanced Financial controls remain in place for all vacancies and routine non pay expenditure greater than £10k (requires sign off by RJAH Exec, system and NHSE)
- At month 2 RJAH £0.5m behind plan – variance driven by excess pay costs from temporary staffing and income shortfalls relating to the funding of out of area work (under discussion with NHSE)
- Risks are set to intensify from July when long standing arrangements with the LLP come to an end – this will impact both finance (lost income) and wait times whilst alternative arrangements are put in place

Communications



Launch of OurSpace - a new wellbeing portal for all staff, with a range of information, resources, tips and events under a variety of topics, such as mental health, disability, personal fitness, self-help, personal health, family, finances and menopause.



International accreditation for Neuromuscular Service - RJAH has become only the third centre in the world – and the first in the UK – to have been accredited under the Accredited Duchenne Centers Program run by the World Duchenne Organisation.



#ImproveTheNextJourney – an opportunity for patients, carers, service users and members of the public to help shape future services through this new quality improvement initiative.



Swan Model of Care - implementing and embedding the Swan Model of Care to support and guide the care of patients and their loved ones that we care for at the end of their life and after they have died.



King's birthday honours - congratulations to Lt Col Carl Meyer, who has been made an OBE in recognition of his service to the British Army and to the veterans community.

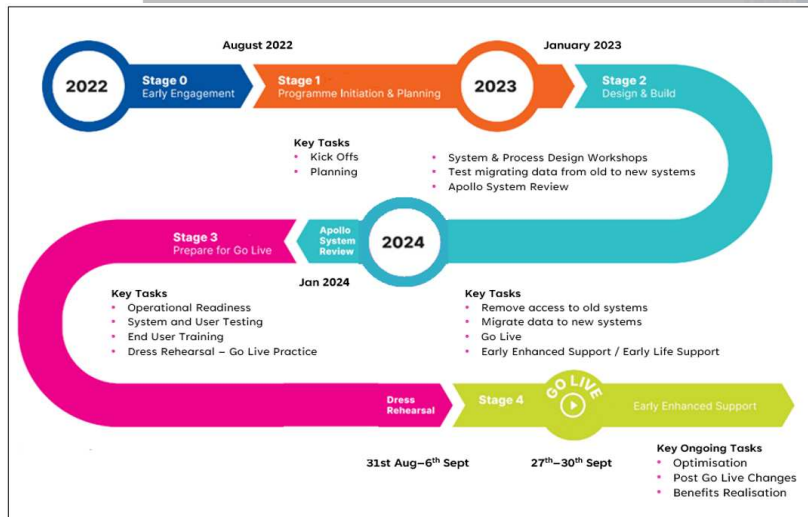
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Apollo EPR Programme - Update

We have

- Completed four cycles of Data Migration Testing – ensuring we can move data from old to new systems safely and accurately.
- Completed an **Apollo System Review** with staff from across the Trust to demonstrate and get feedback on patient journeys using the system.
- Completed two cycles of Application Testing from February to June to test various aspects of Apollo.
- Worked with Trust staff to document how Trust departments and staff work and ensure the system supports that work or enables improvement.
- Upgraded Vitals and Pharmacy Stock Control systems.
- Improved Trust **digital literacy**.
- Published the **Training** courses needed to use the new system in ESR and supported staff enrolling.
- Published online training staff to complete before starting courses.
- **Agreed a new Go Live date** to allow sufficient time for assurance on key issues, more staff engagement, additional testing and to allow more time for training preparation.



Stage 0 Early Engagement

Prepare for the Programme.

Stage 1 Project Initiation

Strategies, Approaches, Planning

Stage 2 Design and Build

Engage, Design, configure, review.

Stage 3 Prepare for Go Live

System and User Testing, Training, Operational Readiness, Rehearse.

Stage 4 Go Live

Final prep. Switch over to new system. Provide initial support.

What's next

- **Finish fully testing our system** - Ensuring it all works as expected and fully supports our future ways of working.
- **Operational Readiness** - Prepare the Trust for Go Live and changes to processes.
- **Training** - Classroom based, online, demos. **Starts July 8th**.
- **Dress Rehearsal** - Practice of Go Live, Early Live Support and Business Continuity.
- **GO LIVE – September 27th-30th**. Followed by 3 weeks of intensive Super User and Floorwalker “at the elbow” support for staff and handover.

Theatre Expansion Update



- Progress with our new Theatre extension has stepped up in recent weeks
- Agreed with the contractor a revised handover date of 30th August
- New staff have been recruited and we are expecting to get our first patients through the new Theatre from 1st October
- The extension provides room to accommodate a further 3 Theatres should we require them
- We are currently developing a longer term theatre strategy which will inform the need for any further theatres
- Any future development will be subject to the viability of a Business case.

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Governor Elections

Committee / Group / Meeting, Date

Council of Governors, 10 July 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Name:
Role/Title:

Report sign-off:

Not applicable

Is the report suitable for publication?:

YES

Key issues and considerations:

Summer 2024 appointments

During May / June 2024, Civica ran an election / re-election process on behalf of the Trust to fill a number of positions on the Council of Governors. The outcome of that process was:

- Staff Governors x 2:
 - Allen Edwards re-elected to the end of June 2025*; and
 - one vacancy not filled.
- Shropshire Public Governors x 3:
 - Colin Chapman re-elected to the end of June 2026*;
 - Victoria Sugden elected to the end of June 2027; and
 - One vacancy not filled.
- North Wales Public Governor x 1:
 - Vacancy not filled.
- Powys Public Governor:
 - Vacancy not filled.
- Cheshire and Merseyside Public Governor:
 - Neil Turner elected to the end of June 2027.
- Rest of England and Wales Public Governor:
 - Vacancy not filled.

** Due to the limitation of the number of years a Governor may serve consecutively, it was not possible to re-appoint all current Governors for a full three year term.*

As Victoria Sugden was elected a Public Governor, she resigned her League of Friends Partnership Governor role. The following appointment was made to fill that vacancy:

- Peter David appointed to the end of June 2027.

As a result, from 1 July 2024:

- 3/3 stakeholder positions are filled;
- 2/3 staff positions are filled; and
- 6/9 public positions are filled.

Autumn 2024 appointments

The following appointments come to an end on 5 October 2024:

- West Midlands Public Governor – currently held by Tony Wright.
- Shropshire Council Stakeholder Governor – currently held by Simon Jones.

A nomination process will therefore need to open to fill the West Midlands Public Governor role from 6 October 2024. The minimum period to run a nomination / election process is around ten weeks. It would therefore need to start before the end of July. The Trust will also contact Shropshire County Council to confirm their appointee from October onwards.

Governor Elections

Options for filling vacancies

According to Annex 5 of the Trust's constitution, Council of Governors: Additional Provisions, there are a number of options available when there are vacancies on the Council of Governors:

1. Call an election within three months to fill the seat; or
2. Invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat for the unexpired period of the term of office; or
3. Leave the vacancy outstanding until the next scheduled general election of Governors, provided that the vacancy shall not be for more than nine months.

As each of the candidates elected in June were elected uncontested, there are no "next highest polling" candidates to call upon.

The next scheduled election for 3 of the 4 constituencies with a current vacancy (Staff, Shropshire, and North Wales) would be in the summer of 2025. That is beyond the nine month period mentioned at point 3 above. There is no scheduled election for Powys or the Rest of England and Wales as they each have only one position.

The next scheduled election for any position is the West Midlands Public Governor process that is about to start. That election could be opened out to the Staff, Shropshire, North Wales, Powys and Rest of England and Wales constituencies to elect to the vacant positions. That would be well within the three month period mentioned at point 1 above.

Strategic objectives and associated risks:

The work of the Council of Governors is relevant to all of the Trust's strategic objectives:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

The work of the Council of Governors is relevant to all of the Board Assurance Framework (BAF) themes and associated strategic risks:

Board Assurance Framework Themes		
1	Continued focus on excellence in quality and safety	✓
2	Creating a sustainable workforce	✓
3	Delivering the financial plan	✓
4	Delivering the required levels of productivity, performance and activity	✓
5	Delivering innovation, growth and achieving systemic improvements	✓
6	Responding to opportunities and challenges in the wider health and care system	✓
7	Responding to a significant disruptive event	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The work of the Council of Governors is relevant to all of these:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Recommendations:

That the Council of Governors :

1. NOTE the outcome of the summer 2024 round of nominations;
2. NOTE that a nomination / election process for the West Midlands Public Governor will commence before the end of July 2024;
3. NOTE that Shropshire County Council will be contact to seek confirmation of their appointee as Partnership Governor;

Governor Elections

-
4. CONSIDER re-running a nomination / election process to fill the current Public Governor vacancies, to either:
- a) Coincide with the West Midlands Public Governor process starting in July 2024; or
 - b) Commence a month or so later, to enable further communication / engagement with the relevant constituent groups, with a view to appointing in early November. This would satisfy the requirement to “call an election within three months”*

*There is also a hybrid option to commence at the same time as the West Midlands nomination / election process but extend the timetable for the Staff, Shropshire, North Wales, Powys and Rest of England and Wales positions to enable further engagement with those constituencies.

Report development and engagement history:

None.

Next steps:

The next steps will include:

1. Engaging Civica to run a nomination / election process for:
 - the West Midlands Public Governor position; and
 - any other existing vacancies, as agreed by the Council of Governors.
2. Contacting Shropshire County Council to seek confirmation of their appointee as Partnership Governor.
3. The development and implementation of an internal and external communications campaign to attract potential Governors. The Trust’s Communications Team would run this. The Trust Secretary has also made initial contact with [Llais](#) (which is described on its website as “the national, independent body set up by the Welsh Government to give the people of Wales a stronger voice in their health and social care services”) which has agreed to share information about the North Wales and Powys positions among its volunteers and networks.
4. Governors are also encouraged to use any contacts they have to raise awareness of the vacancies on the Council of Governors.

Composition of the Council of Governors

Committee / Group / Meeting, Date

Council of Governors, 10 July 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Name:
Role/Title:

Report sign-off:

Not applicable

Is the report suitable for publication?:

YES

Key issues and considerations:

Annex 3 of the Trust's constitution, **Composition of the Council of Governors**, states that the Council should: "*from time to time, and not less than every three years, review the policy for the composition of the Council of Governors*".

In doing so, the Council should ensure that:

- "*the interests of the community served by the Trust are appropriately representative of the areas in which the Trust operates and the people using the services; and*"
- "*the level of representation of the Public and Staff Constituencies and Partnership Organisations provides an appropriate balance having regard to their respective interests in the Trust's affairs.*"

The Council currently has fifteen Members:

- Nine elected Public Governors, comprising;
 - Shropshire (excluding Telford and Wrekin) x 3
 - North Wales x 2
 - Cheshire and Merseyside x 1
 - West Midlands x 1
 - Powys x 1
 - Rest of England & Wales x 1
- Three elected Staff Governors.
- Three appointed Partnership Governors, comprising:
 - One appointed by Shropshire Council
 - One appointed by Keele University
 - One appointed by the League of Friends

Public Governors must make up at least half of the total membership of the Council.

The Council may propose changes to the composition of the Council if they feel that is necessary to ensure appropriate representation of those with an "interest in the Trust's affairs".

Examples of potential changes would include:

1. Creating additional Partnership Governor/s roles – to include a specific role representing veterans, for example;
2. Creating particular "classes" within the Staff Governor group – to stipulate the need for a "clinical", or "medical" staff Governor, for example.

Any change would require a change to the Trust's constitution. That would require approval at both the Board of Directors and the Council of Governors. There would also be practical implications around:

1. The identification of a nominating organisation (for any changes to the appointed partnership positions); or
2. The identification of the eligible membership for any new class of elected governor (e.g. if a specific "medical" staff governor role was to be created, it would be necessary to identify which of

Composition of the Council of Governors

the Trust's staff members fell into that category and would be eligible to apply to fill that role / vote on that appointment).

As noted under the Governor Elections paper on this agenda, there are other options to explore in raising awareness and encouraging applications to become a member of the Council of Governors (beyond changes to the composition of the Council).

Strategic objectives and associated risks:

The work of the Council of Governors is relevant to all of the Trust's strategic objectives:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

The work of the Council of Governors is relevant to all of the Board Assurance Framework (BAF) themes and associated strategic risks:

Board Assurance Framework Themes		
1	Continued focus on excellence in quality and safety	✓
2	Creating a sustainable workforce	✓
3	Delivering the financial plan	✓
4	Delivering the required levels of productivity, performance and activity	✓
5	Delivering innovation, growth and achieving systemic improvements	✓
6	Responding to opportunities and challenges in the wider health and care system	✓
7	Responding to a significant disruptive event	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The work of the Council of Governors is relevant to all of these:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Recommendations:

That the Council of Governors consider whether the current composition of the Council – i.e. nine public governors; three staff governors; and three partnership governors (representing Shropshire Council, Keele University, and the League of Friends) - continues to provide appropriate representation.

Report development and engagement history:

None, other than an initial conversation with the Trust Chair.

Next steps:

If the Council of Governors identifies any gaps in current representation (notwithstanding any vacancies in existing roles) on the Council, options will be developed to address those gaps. Those options will be presented back to the Council for formal consideration.

Questions and Answers

Committee / Group / Meeting, Date

Council of Governors, 10 July 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Gayle Murphy

Report sign-off:

Stacey Keegan
Chief Executive Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

The Council of Governors are asked to note the questions that have been raised by Council members since the last meeting and the answers provided by the lead executive.

It was agreed that any questions and answers raised by Council members in between meetings would be collated into a paper to the Council in order that all members could benefit from the information and also to ensure there was opportunity for discussion as required.

In addition it was agreed that the Council of Governors would be proactively asked if there were any items they wished the Chairman to consider for the agenda.

This paper presents the questions and answers paper. In summary:

- No items were requested for the agenda.
- No questions were raised.

Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Questions and Answers

Recommendations:

The Council of Governors are asked to note the information contained within this paper.

Report development and engagement history:

This report has not been considered at any other meeting within the Trust.

Next steps:

Questions from the Governors will continue to be received and responded to at future meetings of the the Council of Governors.

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Membership Update

Committee / Group / Meeting, Date

Council of Governors, 10 July 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Name: Gayle Murphy
Role/Title: Executive Assistant to Chair / CEO

Report sign-off:

N/A

Is the report suitable for publication?:

YES

Key issues and considerations:

It is a constitutional requirement for a Foundation Trust to have a membership made up of public, staff, and patient constituents. The aim is to ensure that the membership is sufficient in its size and make up to adequately represent the communities the Trust serves.

This report provides an update on Foundation Trust membership and representation in support of the membership strategy. The Trust was unable to engage in full membership recruitment activities for the main part of the preceding year because of the restrictions on visitors to the site, but these were reinstated in late 2022.

Membership Total

The current membership total (on 01 July 2024) was 6851:

Staff	1324
Public	5112
Volunteers	415
Total	6851

The Trust membership target is to achieve a year-on-year increase. In July 2023, membership stood at 6631. As such, there has been around a 3.3% increase over the last twelve months.

The low point in membership was September 2022, when the figure was 6396. Since that low point, the membership has risen by around 7%.

Public Constituencies

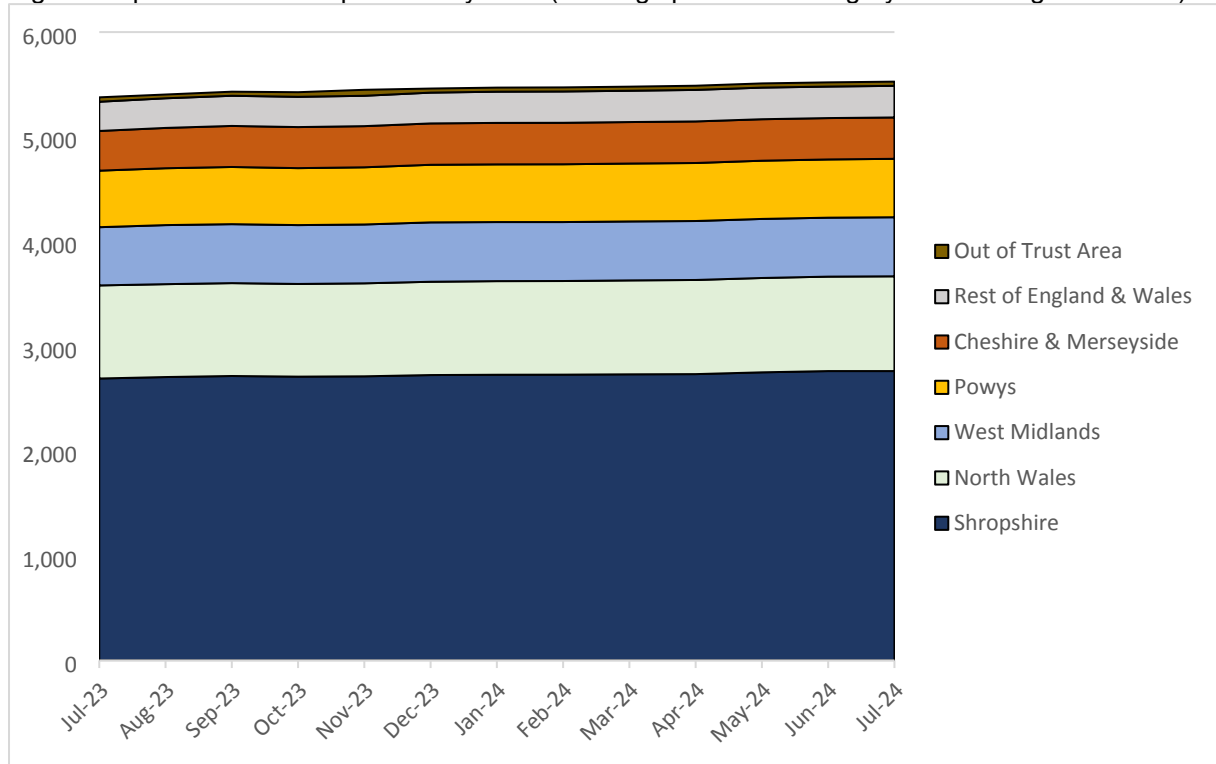
The breakdown of membership by public constituency (including the volunteer category) shows, as expected, that Shropshire continues to provide the largest membership base:

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	July-24
Cheshire & Merseyside	379	385	392	392	393	395	396	396	396	397	396	395	395
North Wales	889	887	887	885	888	891	894	894	897	899	901	902	905
Powys	540	543	546	544	546	550	551	552	553	554	556	556	558
Shropshire	2,692	2,706	2,716	2,710	2,713	2,725	2,728	2,729	2,732	2,734	2,751	2,763	2,763
West Midlands	556	564	563	562	562	567	564	563	563	563	564	563	564
Rest of England & Wales	279	283	288	289	290	294	298	299	299	301	302	301	302
Out of Trust Area	42	36	39	44	57	39	39	39	39	40	40	40	40
Total	5,377	5,404	5,431	5,426	5,449	5,461	5,470	5,472	5,479	5,488	5,510	5,520	5,527

Membership Update

The figures in the table above are presented in an alternative format in the chart below.

Figure 1 – public membership since July 2023 (building up from the category with the largest number):

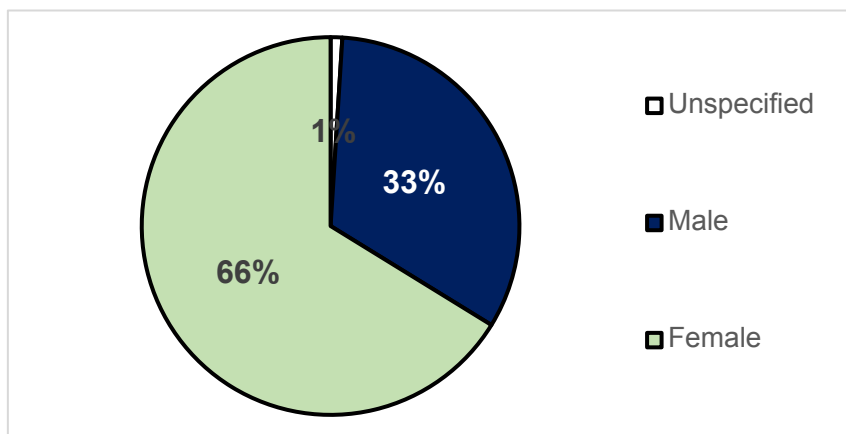


Gender

The table below presents the number of male and female members (from the public constituency).

	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Total	5,377	5,404	5,431	5,426	5,449	5,461	5,470	5,472	5,479	5,488	5,510	5,520	5,527
Unspec.	42	42	42	44	44	44	46	47	48	48	55	55	55
Male	1,763	1,776	1,796	1,792	1,798	1,804	1,807	1,807	1,810	1,813	1,810	1,811	1,812
Female	3,572	3,586	3,593	3,590	3,607	3,613	3,617	3,618	3,621	3,627	3,645	3,654	3,660

The figures for July 2024 in the table above are presented in an alternative format in the chart below:



The proportion of male and female public members has remained constant through the year, with around a third of the membership being male and two thirds female.

Membership Update

Ethnicity

Of the members who declared their ethnicity, the large proportion chose to define as “White”. A significant proportion did not declare their ethnicity however so it is difficult to gauge how representative of the population / patient base the membership is.

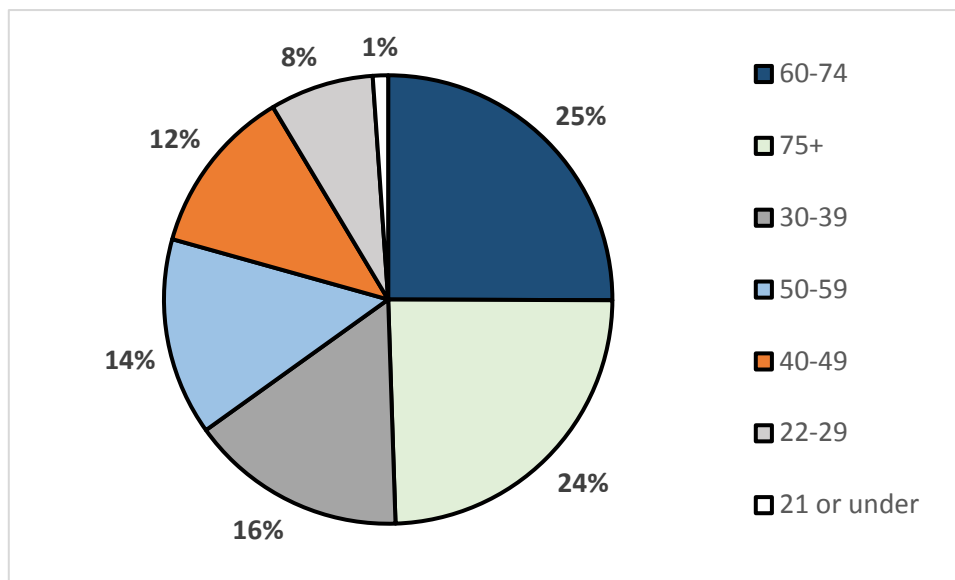
	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Ethnicity	5,376	5,403	5,430	5,425	5,448	5,460	5,469	5,471	5,478	5,487	5,509	5,519	5,526
White	3,195	3,203	3,202	3,199	3,198	3,198	3,201	3,203	3,204	3,203	3,211	3,211	3,208
BME	118	121	122	121	122	122	122	122	122	122	126	127	128
Not stated	2,063	2,079	2,106	2,105	2,128	2,140	2,146	2,146	2,152	2,162	2,172	2,181	2,190

Age

The profile of public membership by age looks to have remained largely the same over the year when looking at the proportion of members in each age range category.

	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Age	5,052	5,078	5,104	5,100	5,123	5,137	5,145	5,148	5,157	5,170	5,186	5,196	5,203
14-21	58	59	60	59	59	57	58	57	55	51	57	58	58
22-29	430	425	419	409	416	410	408	403	400	400	397	394	394
30-39	756	767	786	786	793	805	806	809	810	815	817	820	822
40-49	596	602	610	615	621	623	625	623	627	629	631	631	635
50-59	743	747	746	745	748	745	746	746	748	745	747	748	749
60-74	1,302	1,307	1,307	1,301	1,301	1,304	1,306	1,309	1,313	1,317	1,325	1,326	1,318
75+	1,225	1,230	1,236	1,244	1,244	1,250	1,254	1,258	1,259	1,264	1,269	1,277	1,285

The figures for July 2024 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):



Membership Update

The proportion of members in the different age categories has remained relatively constant during the year. The top four categories in July of each year were:

Ranking	July 2023	July 2024
1	60-74 year-olds at 25%	60-74 year-olds at 25%
2	75 years-old or over at 24%	75 years-old or over at 24%
3	30-39 year-olds at 15%	30-39 year-olds at 16%
4	50-59 year-olds at 15%	50-59 year-olds at 14%

Strategic objectives and associated risks:

The work of the Council of Governors is relevant to all of the Trust's strategic objectives:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

The work of the Council of Governors is relevant to all of the Board Assurance Framework (BAF) themes and associated strategic risks:

Board Assurance Framework Themes		
1	Continued focus on excellence in quality and safety	✓
2	Creating a sustainable workforce	✓
3	Delivering the financial plan	✓
4	Delivering the required levels of productivity, performance and activity	✓
5	Delivering innovation, growth and achieving systemic improvements	✓
6	Responding to opportunities and challenges in the wider health and care system	✓
7	Responding to a significant disruptive event	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The work of the Council of Governors is relevant to all of these:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Report development and engagement history:

This report has not been considered at any other meeting within the Trust.

Next steps:

Membership numbers will continue to be monitored and reported.

Patient Safety Visits

Council of Governors | July 2024



Aspiring to deliver world class patient care

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Purpose

- Demonstrate commitment to safety
- Fuel culture for change pertaining to patient safety
- Provide opportunities for senior executives to learn about patient safety
- Identify opportunities for improving safety
- Establish lines of communication about patient safety among employees, - executives, managers, and employees
- Establish a plan for the rapid testing of safety-based improvements

Areas Visited (January 2024 – March 2024)

- Oswald Ward
- Gladstone Ward
- Main Outpatient Department
- Pharmacy Department

Positives

- Staff adhering to the uniform policy (inc. bare below the elbows)
- Clutter free environments and equipment safely stored
- Staff spoke about the training which they have attended (one stop shop) which will support activity and patient experience. The teams are developing day case documentation to enhance the utilisation of the procedure room.
- Observed staff attending to patients promptly
- Noted that moderate harms meetings are held to support with learning.
- Positive feedback from patients in relation to the care they have received.

Positives

- Communication with senior members noted to be positive – managers briefing, SNAHP meetings and meetings with the Assistant Chief Nurse.
- Passionate staff
- Well led wards/departments
- Observed patients dignity and privacy respected

Actions/areas of improvement raised...

Actions	Committee/Meeting Oversight
<p>Display Cabinets – observed some out-of-date information being displayed. Reminder has been sent to all staff via Communications and highlighted in mangers briefing.</p>	<p>Executive Team Meeting</p>
<p>Increased dust – notice high surface dust which has been raised with the facilities team. The cleaning team will pay particular attention, for increased deep cleans, based on the type of works being undertaken.</p>	<p>Quality and Safety Committee</p>
<p>Cleanliness of walkway– the walkway between the veterans and pre-op was raised as a concern. The PEAT team have cleaned the covered walkway; a 6 monthly cleaning task has been added to their worklist to maintain the walkway. A Capital bid has gone in for replacement of the walkway.</p>	<p>Quality and Safety Committee</p>
<p>Changing facilities – no changing facilities for the staff on Oswald ward. This is being considered by the Estates team.</p>	<p>Quality and Safety Committee</p>

Timetable for April 2024 – June 2024

- 14th May – Ludlow Ward
- 23rd May – Kenyon Ward
- 20th June – Clwyd Ward

Quality Priorities 2024/25

Committee / Group / Meeting, Date

Council of Governors, 10 July 2024

Author:

Name: Kirsty Foskett
Role/Title: Assistant Chief Nurse and Patient
Safety Officer

Contributors:

Name:
Role/Title:

Report sign-off:

Name: Paul Kavanagh-Fields
Role/Title: Chief Nurse and Patient Safety Officer

Is the report suitable for publication?

Yes

Key issues and considerations:

Each year the Trust sets out several quality priorities that focus on improvements relating to patient safety, patient experience and clinical effectiveness.

With the launch of the Patient Safety Incident Response Framework (PSIRF) in October 2023, as part of this process the Trust identified several local priorities to focus learning to inform improvement and these priorities will be reflected in the quality priorities for 2024/25.

Patient Safety

- Learning from Infection Prevention and Control patient safety events, including Surgical Site Infections (SSIs) and nosocomial outbreaks
- Learning from deteriorating patient, patient safety events
- Learning from incidents of VTE
- Learning from Medication safety events
- Learning from Inpatient falls

Clinical Effectiveness

- Implementation of the GIRFT Pre-op Improvement Plan

Patient Experience

- Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services.

Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	
4	Grow our services and workforce sustainably	
5	Innovation, education and research at the heart of what we do	

Recommendations:

The Council of Governors is asked to note the Trust Quality Priorities and identified areas of focus, which will be included in the Trust Quality Account.

Quality Priorities 2024/25

1. Background / context

Each year the Trust sets out several quality priorities that focus on improvements relating to patient safety, patient experience and clinical effectiveness.

With the launch of the Patient Safety Incident Response Framework in October 2023, as part of this process the Trust identified several local priorities to focus learning to inform improvement and these priorities will be reflected in the quality priorities for 2024/25.

2. Quality Priorities 2024/25

It is now six months since the Trust transitioned from the Serious Incident Framework to PSIRF. Through a variety of learning responses, we have been able to identify several areas for us to focus improvement under each of the local priorities.

Patient Safety Priority	Area of Focus
Learning from Infection Prevention and Control patient safety events, including Surgical Site Infections and nosocomial outbreaks	To review the one-together toolkit, to include a set of more in-depth questions, as agreed through the IPC SSI MDT review to be used for individual case reviews and the bi-annual collective MDT review of all SSI's.
Learning from deteriorating patient, patient safety events	Establish a task and finish group to review and improve pre- and post-operative bowel management
	Establish a task and finish group to review and improve the management of the diabetic patient
Learning from incidents of VTE	Review the mechanisms for shared learning of VTE MDT reviews at mini MDCAM sessions, particularly regarding documentation and BMI
	Introduction of revised VTE policy
	Explore the possibility of a SLA with a haematology services for advice and guidance
Learning from Medication safety events	Implementation of quarterly thematic reviews, using a systems-based approach to explore areas for improvement.
	Establish a medicines safety incident group, with a specific focus on 'look alike' medications and improvement opportunities in theatres.
Learning from Inpatient falls	Implementation of quarterly thematic reviews, using a systems-based approach to explore areas for improvement.
	Establish a falls working group to implement the identified improvements following the thematic review.

Quality Priorities 2024/25

Clinical Effectiveness Priority	Area of Focus
Implementation of the GIRFT Pre-op Improvement Plan	Through the pre-op working group implement the improvement actions identified from the GIRFT accreditation process.

Patient Experience	Area of Focus
Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services.	Continued compliance with tier 1 LD and Autism awareness training and review of staff groups to undertake Oliver McGowan training.
	Review and action findings from the Learning disability, staff and patient survey.
	Increased access to specialist advice for LD and Autism

4. Recommendation

The Council of Governors is asked to note the Trust Quality Priorities and identified areas of focus, which will be included in the Trust Quality Account.

Chair's Assurance Report Audit and Risk Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	10 July 2024
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	Paper written on:	30 June 2024
Paper Reviewed by:	Martin Newsholme, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Public	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board of Directors and what input is required?

This is an assurance report from the Audit and Risk Committee was presented to the Board of Directors. On 03 July 2024. The Council of Governors is asked to consider note the recommendations of the Audit and Risk Committee to the Board meeting.

2. Context

2.1 Context

The Trust Board has established an Audit and Risk Committee. According to its terms of reference: *'The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control and risk assurance to the Audit and Risk Committee. This Committee is responsible for seeking assurance that the Trust has adequate and effective controls in place. It sought assurance regarding the Trust's internal and external audit programme, the local counter fraud service and compliance with the law and regulations governing the Trust's activities. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.'*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as "Meetings") which focus on particular areas of the Committee's remit. The Audit and Risk Committee receives regular assurance reports from each of these "Meetings" and escalates issues to the Board as necessary via this report.

3. Assurance Report from Audit and Risk Committee

This report provides a summary of the items considered at the Audit and Risk Committee on 14 May 2024 and the Extraordinary Audit and Risk Committee on 24 June 2024. It highlights the key areas the Audit and Risk Committee wishes to bring to the attention of the Board.

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The Audit and Risk Committee wishes to bring the following issues to the Board's attention as they:

- Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR
- Require the approval of the Board for work to progress.

Annual Report and Annual Accounts 2023/24

The Committee considered the Annual Report and Annual Accounts 2023/24 and subsequently recommended the approval of the document at the extraordinary Board of Directors meeting on 24 June 2024.

As part of the meeting the Committee also received the value for money, ISA260 report and the letter of representation - assurance was sought in all reports and the Committee endorsed the documents.

Chair's Assurance Report Audit and Risk Committee

The Committee acknowledged the work completed by the Trust and auditors to present and provide a comprehensive report.

Head of Internal Audit Opinion

The Committee were pleased to receive a head of internal audit opinion of substantial assurance based on the work performed throughout the year. The Committee were reassured that there are good systems of internal controls designed to meet the organisation's objectives, and controls are generally being applied consistently. The Committee commended the work of execs and colleagues in relation to the reports.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Audit and Risk Committee wishes to bring the following issues to the Board's attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Chair Report from the Information Governance Meeting

There were no risks to escalate in relation to information governance. The Trust reported one freedom of information breach within the reporting period and due to the complex nature of the breach, the Trust are seeking support from the solicitors.

The Committee requested an information governance annual report which would enable the members of the meeting to reflect upon the past 12 months of reporting.

Finance Governance Pack

The Committee were assured with the detail of the paper provided however, further assurance and a review of the waivers policy and process is required following concerns raised in relation to the waiver in relation to a significant item as noted below. The following items are tabled for the next meeting:

- A briefing paper on the Trust compliance with the SFI policy
- A post implementation briefing noted on the value for money SFI in relation to the Solar photovoltaic car ports and roof arrays.

Counter Fraud Annual Plan 2023/24

The Committee commended the work completed in relation to the annual report. It was noted a local proactive exercise had been completed and following a review, the Committee were assured that no fraudulent activity was identified although there have been some recommendations shared with the Trust in order to strengthen and support processes.

There have been 3 referrals reported to the AFS within the year of which one is being investigated. The Committee were reassured with the green rating which the Trust received in line with the Government Functional Standards.

Internal Audit Update

The Committee received three reports for consideration:

- Medical Devices (limited assurance) - the Committee requested regular updates to be presented to the Finance and Performance Committee to ensure the recommendations from the review are implemented.
- Consultant Job Planning and Annual Leave (substantial assurance) – the Committee asked for consideration on the recommendations implementation timeline as it was suggested the actions should be completed sooner.
- Assurance Framework – the Committee commended the work completed as there were no recommendations following the internal audit review.
- Risk Management core framework.

The Committee were assured with the timely implementation of recommendations which has continuously improved over the recent months.

Chair's Assurance Report Audit and Risk Committee

3.3 Areas of assurance

ASSURE - The Audit and Risk Committee considered the following items and did not identify any issues that required escalation to the Board.

Register of Interest and Hospitality Register

The Committee noted the report and were assured with the work being undertaken to improve the reporting. An internal audit review has been scheduled for Q1 in 2024/25. There were no concerns to raise to the Board.

Draft Annual Report (including the Annual Governance Statement)

The draft report was circulated for comments which were due to be reported back to the Trust in time for the approval of the annual report on 24 June 2024. The Committee were assured with the process in reporting the information.

Reference Cost Update

The Trust were reassured that a desk top review has been completed and there were no issues to raise to the Committee. The documentation will be approved by the Chief Finance and Planning Officer ahead of submission date.

Counter Fraud Plan 2024/25

The Committee approved the plan for the coming year.

External Audit Progress Report

The Committee noted the progress report with no concerns to raise.

Board Assurance Framework

The Committee were assured and content with the work completed on revising the BAF. The Trust intend to use the framework to shape the assurance committees reporting in order to provide assurance on the risks.

Risk Management Report

The Committee were assured with the work completed to support risk management across the organisation and noted the positive impact in which the establishment of the Risk Management Group has had on the overall reporting and understanding of risk. Work continues with a further focus on ensuring risks are combined where appropriate to ensure a reduction in duplication.

The Committee were reassured with the number of high risks which have been closed throughout the year.

Corporate Risk Annual Report

The Committee confirmed the report demonstrated the impact of the work being undertaken on the corporate risks and the snapshot report presented the movement over the past 12months. There were no issues to escalate to the Boars.

The following items were shared with the Committee for information only:

- Audit Committee Handbook Insight
- TIAN insight April 2024

4.0 Conclusion / Recommendation

The Council of Governors is asked to:

1. NOTE the content of section 3.1.
2. NOTE the content of section 3.2, (none to note)
3. NOTE the content of section 3.3. (note to note)

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	10 July 2024
Executive Sponsor:	Ruth Longfellow, Chief Medical Officer / Paul Kavanagh Fields, Chief Nurse and Patient Safety Officer	Paper written on:	01 July 2024
Paper Reviewed by:	Lindsey Webb, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Public	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?

This is an assurance report from the Quality and Safety Committee presented to the Board of Directors on 03 July 2024. The Council of Governors is asked to consider the recommendations of the Quality and Safety Committee to the Board.

2. Context

2.1 Context

The Trust Board has established a Quality and Safety Committee. According to its terms of reference: *"The purpose of the Quality and Safety Committee is to assist the Board obtaining assurance that high standards of care are provided and any risks to quality identified and robustly addressed at an early stage. The Committee will work with the Audit and Risk Management Committee to ensure that there are adequate and appropriate quality governance structures, processes, and controls in place throughout the Trust to:*

- *Promote safety and excellence in patient care.*
- *Identify, prioritise, and manage risk arising from clinical care.*
- *Ensure efficient and effective use of resources through evidence based clinical practice."*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as "Meetings") which focus on particular areas of the Committee's remit. The Quality and Safety Committee receives regular assurance reports from each of these "Meetings" and escalates issues to the Board as necessary via this report.

3. Assurance Report from Quality and Safety Committee

This report provides a summary of the items considered at the Quality and Safety Committee on 23 May 2024 and 20 June 2024. It highlights the key areas the Quality and Safety Committee wishes to bring to the attention of the Board.

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT – The Quality and Safety Committee wishes to bring the following issues to the Board's attention as they:

- Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR
- Require the approval of the Board for work to progress.

Committee Annual Report

The Committee completed an annual report which reported the meeting to be working effectively. The revised terms of reference were endorsed and recommended to the Board for formal approval.

Chair's Assurance Report
Quality and Safety Committee

The Committee has completed a review of the workplan to align the reporting process of business-as-usual items to the public board meeting and a reflection/strategic meeting to report into the private board meetings.

The Board is asked to consider and approve the terms of reference for the Committee.

Food and Drink Strategy

The Committee recommends the Board to approve the revised Food and Drink Strategy.

Modern Slavery Statement

The Committee recommends the Board to approve the modern slavery statement. The Committee received assurance that consideration was given at the Safeguarding meeting ahead of presentation.

Quality Accounts 2023/24

The Committee reviewed and considered the Quality Accounts for 2023/24. An extraordinary Board meeting was held on the 24 June 2024 where the Chair of the Committee recommended approval at by the Board. The Quality Accounts have been published on the Trust's website and circulated to NHSE for oversight.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Quality and Safety Committee wishes to bring the following issues to the Board's attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Corporate Risk Register

The Committee reviewed and endorsed the register ahead of presentation to the Board. The Committee gained an update on detail of the risks. It was noted that in relation to risk 2892 the onsite SALT provision at the Trust did not meet the guidelines, the SLA with SaTH is currently being reviewed and therefore the Committee asked for the risk to be increased.

Board Assurance Framework

The Committee approved the framework however, asked for further consideration on the following areas ahead of the next round of reporting:

- Levels of assurance to be discussed and presented by the Executive Team.
- Definition of the assurance levels required.
- Further external assurance to be included within the narrative to support the assurance including GIRFT, NHSE, IPC visits, Healthwatch, internal audit and peer reviews.
- Consideration to be given to the target score and links to the risk appetite.
- BAF 1 – include narrative relating to NICE guidance and clinical guidelines.
- BAF 7 – include resilience to pandemics.

The Committee welcomed the national oversight framework dashboard which was shared for information only. The dashboard will be aligned to the BAF.

Performance Report

The Committee were assured with the report, the following performance indicators were acknowledged:

- 1 PSII commissioned review relating to MSCI is being completed following a death of a patient who was discharged from the Trust.
- The number of patient safety reviews being completed has been added to the performance report following a request from the Committee.
- 1 acquired CDI – the PIR is currently being undertaken and findings will be reported in due course.
- 6 SSIs reported.
- Patient falls remains a concern.

Overall, the Committee were assured with the process in place to support the reporting however in order to seek further assurance on individual topics, the Committee requested:

- an assurance reporting on medicine supply following the increase in medication errors aligned to supply and storage.

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Chair's Assurance Report
Quality and Safety Committee

- a deep dive to be completed on falls with the consideration to be given to if there is a correlation between falls and enhanced recovery.
- on the day cancellation assurance report.

Policy Tracker

Further improvements are to be made to the policy tracker to increase assurance following the review of the Policy Framework. The revised report will be amended in time for the next paper.

IPC Theatre Assurance Paper

The Committee welcomed a deep dive into IPC within Theatres. It was noted issues flagged via reporting of audits. An improvement plan has been compiled to support the implementation of improvements including an IPC link nurse attending link nurse meetings. The Committee acknowledged the current challenges which the department faces with new staff, high levels of activity and staff shortages. It was reassuring to note that hand hygiene is often challenged by a variety of members of the team and overall IPC remains a priority for the department.

Further assurance was sought on the following:

- consider the cleanliness of theatres risk on the register.
- feedback on the progress of the one stop cleaning team case of need

Learning from Deaths Q4 Report

There have been 5 deaths reported with Q4, 2 of which were unexpected. The Committee requested for the report to be adapted to support the reporting of actions which have been suggested following a review. This is providing further assurance to the committee on the learning and implementation of improvements. The Trust agreed to consider if this can be captured via DATIX.

Inpatient Survey Report

There has been significant progress reporting in 6 of the 7 recommendations. The one outstanding action relates to waiting times. The committee asked for further consideration to be given on how to capture and increase the completion of the survey by diversity.

HAVS Assurance Report

The Committee were assured that all actions following the review have been closed and the Trust continue to support staff. The Trust has received a total of 4 claims from employees which the solicitors are supporting. It was confirmed renewed processes will support in monitoring and identified issues at an earlier stage – specialist training has been rolled out for managers to support in recognising signs.

Medicine Supply Assurance Report

Following the rise in incidents linked to supply and storage of medication, the Committee requested an assurance report. It was noted that there has been insufficient stock holding and waiting, pharmacy restocking and an increase in demand have all been noted as contributing factors. The risk of patient's surgery being cancelled due to the lack of supply to meet the demand has increased. An action plan is being produced and will be reported through the Drugs and Therapeutics Meeting ahead of upward reporting via the Chairs report for assurance to the Committee. The Committee were reassured that Trust are actively sourcing additional storage space within the organisation.

3.3 Areas of assurance

ASSURE - The Quality and Safety Committee considered the following items and did not identify any issues that required escalation to the Board.

IPC Annual Report

The Committee considered the annual report in May and further amendments were requested to the following:

- avoidable and or unavoidable HCAs – the narrative to be reviewed to reflect the breach of targets.
- UTI investigation - language to be reconsidered to ensure it is clear that actions were completed by the Trust.

Chair's Assurance Report
Quality and Safety Committee

- Limiting antibiotic usage – assurance was provided on the microbiology support in place however amended to the Tazocin usage guidance to be included and there is a potential misunderstanding due to the 2 sets of guidance.
- Antimicrobial stewardship – further information to be included.

The report was represented the Committee in June and subsequently approved.

Clinical Audit Annual Report

The Committee considered and noted the annual report. It was pleasing to note the number of audits being undertaken however, consideration is to be given to the actions plan aligned to those audits. A reviewed reporting process has been embedded with all audits being reported through the Clinical Effectiveness Meeting.

Patient Complaint and Experience Annual Report

There has been a noted reduction on complaints within the reporting year along with a substantial increase in local resolutions and compliments. The team continue to action steps from the patient experience strategy and inpatient survey. The top themes were aligned to waiting list times. The Trust are participating in a round table discussion in relation to concerns raised the MSST service.

Security Annual Report

An increase in non-physical assault has been reported mainly relating to the behaviour from patients which is noted to be challenging for staff. The Trust continue to support staff and is being closely monitored by the Executive team. The Committee noted the annual report.

Health and Safety Annual Report / Patient Safety Alerts Annual Report

Going forwards the Committee asked for the two annual reports to be combined. Assurance was received on the completion of health and safety checks across clinical areas however it was noted there is a small team supporting health and safety across the site which can become challenging. The Committee were assured with the reports provided which shown no themes or trends to incidents.

Safeguarding Annual Report

The Committee considered and noted the annual report. A review of the team has been completed which has supported in the review of processes and policies. The team work closely with counterparts in the System to support with partnership working. The Committee commended the work undertaken by the team and no concerns were raised.

Drug and Accountable Officer Annual Report

The Committee considered and noted the annual report – there were no items to escalate to the Board.

PSRIF and Patient Safety Improvement Plan

The Committee were assured with the processes in place in relation to PSIRF and improvement plan. The PSII commissioned review remains on track for completion and the Committee were reassured that processed have been altered within the MSC1 ward following the review. The Committee sought assurance on the PE incident to which the Trust completed outside of the meeting.

Mortuary Assurance Report

The Committee were assured with the report which reflected upon the position of the Trust. The Trust is to complete a tender process to source an offsite facility for the mortuary. The Committee were reassured that this would be more beneficial for patients' families as the Trust does not offer viewing.

CIP Q4 Report

The Committee noted the report and noted that efficiencies for the coming year are being reviewed.

The Committee received the following **Chair Reports**:

Chair's Assurance Report
Quality and Safety Committee

- **Patient Experience Meeting (May and June)** – The Committee noted the report and there are no concerns to escalate to the Board.
- **Patient Safety Meeting (May and June)** – The Committee noted the report and there are no concerns to escalate to the Board. It was noted the one stop clinic offered in the Veterans centre was well received.
- **ICS Committee (May and June)** – Vanessa Whatley has been appointed Chief Nurse for the System. It was confirmed the remainder of the structure is underway. The ICS commended the work undertaken to produce the Quality Accounts.
- **Clinical Effectiveness Meeting (June)** - The Committee noted the report and there are no concerns to escalate to the Board. It was noted the attendance and reporting presentations have improved following a review of the meeting.
- **Health Inequalities (June)** – the group has been altered to a System wide group for greater partnership working.
- **IPCC Meeting (May and June)** – the Committee were reassured an improved approach has been embedded to support the fit mask testing following concerns raised at the May meeting.
- **Safeguarding (May)** – the Committee requested a review of the training compliance in relation to bank staff to which the Trust confirmed the work has been undertaken and improvements have been noted.
- **Drugs and Therapeutics (June)** – The Committee noted the report and there are no concerns to escalate to the Board.
- **Regulatory Oversight Group (June)** – The Committee asked for the ROG terms of reference to be reviewed and presented for approval.
- **Health and Safety (May)** – inline with the IPCC meeting, the Committee were reassured an improved approach has been embedded to support the fit mask testing following concerns raised at the May meeting.
- **Trust Performance and Operational Improvement Group (June)** – the Committee noted the report.

The following items were approved:

- Deteriorating patient escalation policy (subject to the completion of the EQIA)

The following items were deferred:

- Revision knee assurance report.

4.0 Conclusion / Recommendation

The Council of Governors is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps.
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
3. NOTE the content of section 3.3.

Chair’s Assurance Report
Finance and Performance Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary / Craig Macbeth, Chief Finance and Planning Officer	Paper date:	10 July 2024
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	Paper written on:	01 July 2024
Paper Reviewed by:	Sarfraz Nawaz, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors – Public	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?

This is an assurance report from the Finance and Performance Committee presented to the Board on 03 July 2024. The Council of Governors is asked to note the recommendations of the Finance and Performance Committee to the Board.

2. Context

2.1 Context

The Trust Board has established a Finance and Performance Committee. According to its terms of reference: *“The Board of Directors has delegated responsibility for the oversight of the Trust’s financial performance to the Finance and Performance Committee. This Committee is responsible for seeking assurance that the Trust is operating within its financial constraints and that the delivery of its services represents value for money. Further it is responsible for seeking assurance that any investments again represent value for money and delivery the expected benefits. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.”*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as “Meetings”) which focus on particular areas of the Committee’s remit. The Finance and Performance Committee receives regular assurance reports from each of these “Meetings” and escalates issues to the Board as necessary via this report.

3. Assurance Report from Finance and Performance Committee

This report provides a summary of the items considered at the Finance and Performance Committee on 24 May 2024 and 24 June 2024. It highlights the key areas the Finance and Performance Committee wishes to bring to the attention of the Board.

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The Finance and Performance Committee wishes to bring the following issues to the Board’s attention as they:

- Represent non-compliance with required standards or pose a significant risk to the Trust’s ability to deliver its responsibilities or objectives and therefore require action to address, OR
- Require the approval of the Board for work to progress.

Committee Effectiveness Annual Report

The Committee completed an annual report which reported the meeting to be working effectively. The revised terms of reference were endorsed and recommended to the Board for formal approval. The Committee has completed a review of the workplan to align the reporting process of business-as-usual items to the public board meeting and a reflection/strategic meeting to report into the private board meetings.

Chair's Assurance Report
Finance and Performance Committee

Operational and Financial Plan 2024/25

The ICS has been issued with a control total of £90m deficit by NHSE against the submitted 2nd May plan of £99m deficit, to achieve this control total each organisation was required to improve plan positions by a pro rata amount based on submitted cost pressures. RJAH plan has therefore improved by £0.8m taking the planned surplus to £2.9m for the year.

The improvement has been transacted against the Low Value Agreement block as an overperformance assumption, this is to simplify the reporting of performance against the LVA and make the issue as transparent as possible for NHSE - The LVA risk value has been updated to this effect.

Additionally, all systems in deficit have been required to reduce capital expenditure in order to support the national revenue position. For STW the maximum reduction of 10% has been applied due to the scale of financial deficit. This translates into a £700k reduction to the RJAH capital plan.

The Committee wished to escalate the pressure and challenges which the Trust face in achieving the operational and financial plan following the request which have been imposed externally.

Financial Performance Report

Overall, a £48k deficit in month has been reporting for May, which equates to £278k adverse to plan. Year to date the Trust is reporting £161k deficit, £464k adverse to plan. The finances risks have been reviewed and altered inline with the current position. Concerns were raised in relation to the use of bank staff (noting that the agency usage is being well managed) A task and finish group has been established to review the process regarding rostering. In order to provide further assurance to the Committee, the following has been requested:

- To provide a paper on the use of bank and agency staff pay.
- To develop the financial risks into the front sheet of the IPR

3.2 Areas of on-going monitoring with new developments

ADVISE - The Finance and Performance Committee wishes to bring the following issues to the Board's attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Productivity

The Committee acknowledged that productivity remains a key focus area for the Trust and requested a written briefing paper to be provided at the next meeting to support in providing assurance to the Committee and the Board. Discussions were held in relation to whether the Trust are incentivising the clinicians to ensure alignment of objectives and incentives and what kind of relationship the Trust is heading towards. The Trust confirmed the team are considering the following and supporting colleagues with understanding:

- What can be converted to core IJP delivery at no extra expense.
- What is classified as agency and insourcing.
- What is the difference between OJP paid via LLP and paid via payroll.

The Trust want to ensure maximisation of productivity in all capacity including IJP, but payroll is not particularly appealing to the clinicians. It was advised to seek external support, which was previously sought. An update on the actual and long-term position will be provided to the next committee as part of the deep dive.

Corporate Risk Register

The Committee considered the register which reported the high risks aligned to the meeting. The movements of the risks were noted and further consideration is to be given to:

- Risk 3195 - further assurance on this risk is required, the mitigation narrative is to include the work being undertaken to support the gaps as it was agreed the information provided did not reflect the scale of work that has been done.
- A comment was made that there is not sufficient attention on the alternatives and questioned whether the Trust has the capability to secure additional routes of income. Following a discussion, the Committee were reassured the work being undertaken to develop the growth of the Trust and its strategic ambition. The consensus was to add this to the risk register and develop mitigating actions – a shared risk between Finance and Performance Committee and DERIC Committee.

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Chair's Assurance Report Finance and Performance Committee

Board Assurance Framework

The Committee considered the framework and agreed the following:

- In terms of the list of associated controls, a comment was made that it would be helpful to articulate what full assurance looks like and how the likelihood is judged. Triangulation to link the likelihood to the sub measures was suggested.
- it was thought that although EPR may be a substantial benefit for the longer term, it potentially presents a significant risk during the roll out phase. It was suggested to bring a discussion to Private Board on how the congruence of events are being managed (this was completed at the private board in June)
- A question was raised whether the Committee are clear on the materiality of each measure, and which has the most significant bearing and impact – this will be considered ahead of the next presentation.
- Clinical engagement leadership to be explored.
- Housekeeping of RAG rating to be reviewed.
- risk appetite for finance to be reviewed due to slight misalignment.

Medical Devices Internal Audit Report

Following a request from the Audit and Risk Committee, the Committee received the medical devices internal audit for oversight as the Trust received a limited assurance rating. The Committee were reassured that an action plan has been devised to support the tracking of the recommendations. It was noted the Medical Devices Group will continue to monitor the action plan tracker and report through the patient safety meeting.

ZLC Appointment Paper

The Chair thanked the Trust for assurance paper which confirmed the rationale, however raised concerns as to whether or not the Trust followed the governance processes and SFIs. It was noted this should have come through the Finance and Performance Committee for approval and the lessons learnt from this are that future bids should be taken through the internal governance process to ensure the Committee is sighted on any opportunity and the processes which may be required to rapidly engage a supplier should funding become available.

The Committee acknowledged this is a significant delivery of efficiency taking the Trust towards its green plan ambitions, but a lesson learnt on the process undertaken.

3.3 Areas of assurance

ASSURE - The Finance and Performance Committee considered the following items and did not identify any issues that required escalation to the Board.

Performance Report

The Committee was assured with the performance report, noting the following positives in particular:

- Commended the Trust for achieving activity in April and May.
- The Trust are on track to deliver the target for 52 week waits for under 18s.
- Concerns with the metabolic medicine list were shared, which is increasing due to the capacity for DEXA scanning – it was reassuring to note a second scanner has been approved and should be embedded in time to support Q3.
- emphasised that the report contained an overview of the list size over the last 6 months of English, Welsh and combined for clarity which shows a fairly similar pattern.
- Outpatient numbers are understated due to issue identified with coding and outcome forms not being processed. There is an impact on income which is yet to be quantified. – it was reassuring to note that the automated process through Apollo will become live from October onwards.
- A focus for the units at the Trust Performance and Operational Improvement Group is to explore the waiting list profiles and tariffs. The Trust have been focused on activity in terms of procedures, but it was questioned whether decision making on procedures should be driven by price as clinical need should be directly linked to the price list.

Chair's Assurance Report Finance and Performance Committee

- an update on LVA stating discussions have been held as an Executive Team and escalation upward to NHSE where it is agreed as not acceptable and if this does not deliver a result, onward discussion will be brought to the Committee's attention.

The Committee requested the following ahead of the next meeting:

- There was an ask to provide the waiting list size excluding the rheumatology figures at next month's meeting.
- It was raised it is not clear on the reasons behind performing certain activity versus others and was suggested it would be helpful to understand how the Trust drive choices to enable delivery of the financial position. A forecast on this was requested to help provide a better understanding.

Long Waiters Presentation

The Committee were assured with the processes in place to support long waiting patients. A request for a deep dive into Welsh patients was completed which provided clarity on the waiting times for the cohort of patients.

The discussions at the June meeting relating to health inequalities and in particular with working being undertaken to support paediatric patients. The Trust are currently collecting and investigating data on why these patients are not being brought, to understand the root causes and help deliver targeted improvement work whilst strengthening relationships between our paediatric teams and both Shropshire Council and Telford & Wrekin Council with a main focus on deprivation score and ethnic group. Assurance was provided that Health Inequalities is overseen by Quality and Safety Committee and a monthly Chair's report will be provided from the System MSK Health Inequalities Meeting.

The Committee requested the Health Inequalities section of the long waiters report to be added as a separate agenda item going forwards to ensure a focus upon the topic.

MSK Unit Efficiency Report

The Committee were assured with the report which confirmed a overachievement within in month 1. The Trust congratulated the team on their performance.

Chair Reports from the sub-meetings which report into the Committee:

- **Veterans Strategy Group (June)** – the Committee noted the chairs report, there were no areas to escalate.
- **MSK Transformation Board (June)** – it was reassuring to more that improvements within the MSST services had been reported. The team are on track to deliver on finances however there is a significantly larger expectation from the system which is being discussed at the System planned care board meeting. A one page summary including headline opportunities around orthopaedic collaboration will be provided at Board for oversight.
- **Financial Improvement Group (May and June)** – concerns were raised as the chair report did not alert to any issues which have been discussed at the meeting. The Committee requested improved reporting from the group.
- **Trust Performance and Operation Improvement Group (May)** – the Committee noted the chairs report, there were no areas to escalate.
- **Procurement Working Group (June)** – the Committee were advised the benefit from the utilities credit note does support with the under delivery which was alerted to the Committee. The Chair requested regular updates to be provided within the efficiency unit reports.
- **Capital Management Group (May and June)** – the Committee noted the chairs report, there were no areas to escalate.
- **Theatre Development Group (May and June)** – the Committee noted the chairs report, there were no areas to escalate.

The following items were shared with the committee for information only:

- National Oversight Framework dashboard

The following items were deferred to the next meeting

- Specialist unit efficiency report
- Service line reporting

Chair's Assurance Report
Finance and Performance Committee

4.0 Conclusion / Recommendation

The Council of Governors is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps.
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
3. NOTE the content of section 3.3.

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0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	10 July 2024
Executive Sponsor:	Denise Harnin, Chief People Officer	Paper written on:	30 June 2024
Paper Reviewed by:	Paul Maubach, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Public	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?

This is an assurance report from the People and Culture Committee to the Board of Directors on 03 July 2024. The Council of Governors is asked to note the recommendations of the People and Culture Committee to the Board.

2. Context

2.1 Context

The Trust Board has established a People and Culture Committee. According to its terms of reference: *“The purpose of the People and Culture Committee is to assist the Board obtaining assurance that the Trust’s workforce strategies and policies are aligned with the Trust’s strategic aims and support a patient-focused, performance culture where staff engagement, development and innovation are supported. The Committee will work with the Audit and Risk Committee to ensure that there are adequate and appropriate governance structures, processes, and controls in place throughout the Trust to:*

- *Promote excellence in staff health and wellbeing;*
- *Identify, prioritise, and manage risks relating to staff;*
- *Ensure efficient and effective use of resources.”*

In order to fulfil its responsibilities, the Committee has established sub-committees (known as “Meetings”) which focus on particular areas of the Committee’s remit. The People and Culture Committee receives regular assurance reports from each of these “Meetings” and escalates issues to the Board as necessary via this report.

3. Assurance Report from People and Culture Committee

This report provides a summary of the items considered at the People and Culture Committee on 23 May 2024 and 19 June 2024. It highlights the key areas the People and Culture Committee wishes to bring to the attention of the Board.

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The People and Culture Committee wishes to bring the following issues to the Board’s attention as they:

- Represent non-compliance with required standards or pose a significant risk to the Trust’s ability to deliver its responsibilities or objectives and therefore require action to address, OR
- Require the approval of the Board for work to progress.

Formal Review of the Committee Effectiveness and Annual Report

The Committee endorsed the review which reported the meeting to be working effectively. Following a recommendation from the Committee, the Board is asked to consider and approve the revised Terms of Reference.

Further work is to be completed to align the Committee workplan to the reporting schedule of the Board of Directors to enhance reflective and strategic discussions.

3.2 Areas of on-going monitoring with new developments

ADVISE - The People and Culture Committee wishes to bring the following issues to the Board's attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Corporate Risk Register

The Committee reviewed and approved the risk register ahead of presentation to the Board. A discussion was held in relation to the off-framework agency ban and the risk to safe staffing levels, activity, performance and finances. The Committee were assured the risk is being mitigated by a variety of actions and innovations which are being reported through the relevant assurance Committees. The Committee were reassured that a meeting was being held with all consultants within the Trust to gain clinical engagement in addressing the issues. A deep dive in relation to overall clinical engagement was requested to be presented at the next meeting.

Board Assurance Framework (BAF)

The Committee asked for further consideration to be given to the key risks as it was noted recruitment had been mitigated and the Trusts current focus has moved to engaging and retaining staff. The Committee welcomed the national oversight framework dashboard being aligned to the relevant risks within the framework. This will be considered within the next round of reporting.

Workforce Performance Report

The Committee reviewed the April and May Workforce Performance reports. The following areas were highlighted:

- Long term sickness was reported within the tolerance levels. Following a deep dive the overall number of cases has reduced which the Trust commended. The Trust continue to focus on supporting staff back into their working routine.
- The Committee suggested the Trust consider short term sickness to which the team confirmed this has taken place with 'hotspot' areas being supported.
- Vacancy rate, staff turnover and professional development reviews remained below the tolerance rate.
- A focus discussion upon flexible working was requested for a future meeting.

Overall, the Committee gained assurance from the data reported within the performance report as all metrics continue to record a positive trend.

Agency Update

The Committee were assured with the actions implemented to support the reduction in agency usage. A review of the agency process is underway to ensure compliance to which the Committee asked for an update to be presented at a future meeting. It was noted that agency remains a key focus topic for the Trust, with the increase in scrutiny both regionally and nationally.

Staffing Establishment Reviews

A verbal update was provided to the Committee confirming the Trust is yet to secure a reduction in posts. The Committee were reassured that operational and clinical establishment review meetings have commenced. At the next meeting, the Committee requested a progress report, including clarity about precisely what objectives needed to be achieved and the timelines for those, in order to provide further assurance.

EDI Update

The Committee received a verbal briefing following the publication of the HSJ article relating to the STW ICS Racism Report. It was agreed the Trust would review the actions outlined in the report against the organisation practices in order to provide assurance to the Committee. The Trust is committed to supporting the ICS and considering ways to collaborate to implement improvements.

3.3 Areas of assurance

ASSURE - The People and Culture Committee considered the following items and did not identify any issues that required escalation to the Board.

Work Experience Presentation

The Committee received a presentation on the work experience programme which the Trust offers and the team were commended for the work they are doing.

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Industrial Actions Update

The Committee were assured with the process which the Trust has embedded to support staff through the industrial action period.

Employment Law Tracker

The Committee were assured with the process in place to support the upcoming changes in relation to employment law. The Committee requested an update on the action plan tracker to be presented to the July meeting for oversight.

Staff Survey Focus Update

The Committee were assured with the work being undertaken by the Trust to progress against the staff survey. The Trust has a staff survey focus group which considered the flagship areas for all wards and departments which reports through the Trust Performance and Operational Improvement Group. The members of the meeting asked for increased focus upon the racism and behavioural issues as there was a noted rise in comparison to previous reporting.

Retain and Engage

The Committee received an update on the ongoing to support and implement the People Promise innovative. A task and finish group has been established to support the implementation of the action plan. The Committee were assured the progress is monitored and reported to NHSE at the monthly meeting. A quarterly report will be added to the workplan.

Personal Development Review Deep Dive

The Trust completed a deep dive into personal development reviews which has supported an increase in compliance rate. The Committee held a discussion on the actions taken to support the completion of the reviews which included an overview of the next steps which have been identified. It was noted that an appraisal review will be forming part of the People Promise work.

Core Training Compliance

The Committee were assured with the process in place to monitor and support staff with core training.

Chair Reports

- Trust Performance and Operational Improvement Group (May) – the Committee noted the report, there were no items of escalation to the Committee.
- Equality, Diversity and Inclusion (May) – the Committee were informed of the Trusts requirement to implement an anti-racism strategy. The document is being drafted and will be reporting to the Committee for approval in due course. Progress update were presented on the red action which were recorded on the WRES and WDES action plan.
- Non-Medical Staffing Group (May) – the Committee noted the report, there were no items of escalation to the Committee. The Committee were reassured the risk relating to staffing is being managed and reviewed via the appropriate routes.
- Joint Consultancy Group (May) – the Committee noted the report, there were no items of escalation to the Committee.
- Local Negotiating Meeting (May) – the Committee noted the report, there were no items of escalation to the Committee.
- ICS People Committee (verbal update) – there were no items of escalation to the Committee. The structure of the ICB people team is being reviewed. The Committee asked for this information to be provided once confirmed.

Policies

The Committee endorsed the following policies:

- Medical Job Planning policy (reported via LNM)

4.0 Conclusion / Recommendation

The Council of Governors is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps,
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required,
3. NOTE the content of section 3.3.

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Chair's Assurance Report

Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

Committee / Group / Meeting, Date

Council of Governors, 10 July 2024

Author:

Name: Felicity Kipling
Role/Title: Executive Assistant

Contributors:

Report sign-off:

Martin Evans, Non-Executive Director/DERIC Committee Chair
Board of Directors Meeting, 03 July 2024

Is the report suitable for publication?

Yes

1. Key issues and considerations:

The Trust Board has established a Digital, Education, Research, Innovation and Commercialisation Committee. According to its terms of reference: *“The Board of Directors has delegated responsibility for the oversight of the Trust’s Digital, Education, Research performance to the Digital, Education, Research, Innovation and Commercialisation Committee. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.”*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as “Meetings”) which focus on particular areas of the Committee’s remit. The Digital, Education, Research, Innovation and Commercialisation Committee receives regular assurance reports from each of these “Meetings” and escalates issues to the Board as necessary via this report.

This report provides a summary of the items considered at the Committee meeting held on 23rd May and 26th June 2024. It highlights the key areas the Committee wishes to bring to the attention of the Board.

2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

The Board Assurance Framework themes overseen by this Committee and the Committee’s overall level of assurance on their delivery is outlined in the table below in **bold text**.

The table also identifies BAF themes which are primarily overseen by other Committees but are also relevant to the work of the Committee. Those assurance ratings relate only to those themes as they

Chair's Assurance Report

Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

apply to the remit of the Committee, e.g. assurance on the Trust's ability to create a "sustainable workforce" that can deliver the DERIC agenda.

Assurance framework themes		Relevant	Overall level of assurance
1	Continued focus on excellence in quality and safety.		
2	Creating a sustainable workforce.	✓	MEDIUM
3	Delivering the financial plan.		
4	Delivering the required levels of productivity, performance and activity.		
5	Delivering innovation, growth and achieving systemic improvements.	✓	MEDIUM
6	Responding to opportunities and challenges in the wider health and care system.	✓	MEDIUM
7	Responding to a significant disruptive event.	✓	MEDIUM

3. Assurance Report from Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee wishes to bring the following issues to the Board's attention as they:
Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR
Require the approval of the Board for work to progress.

There were no areas to alert to the Board.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee wishes to bring the following issues to the Board's attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Board Assurance Framework

The Committee reviewed and discussed the content of BAF 5 and 7. No changes were proposed to the risk scores however the Committee requested further detail to be included within the control and mitigation sections and for the Executive lead to propose to the Committee the level of assurance that they believe to be appropriate for consideration by the Committee.

Corporate Risk Register

The Committee reviewed the relevant risks, and the following key points were made:

- Risk 1511 re cyber-attack, was discussed in line with the recent attack in London and it was acknowledged that this risk will likely remain a permanent risk nationally. The Committee noted that a number of additional measures have been applied over the last few weeks and requested that these be added to the control measures section accordingly.
- The Committee noted a new risk relating to Apollo and the potential for delays impacting on finances has been added and that this is being overseen by the Finance and Performance Committee.
- No changes to the levels of risk were proposed.

Research

Key areas discussed as follows: -

- An individual has been appointed to the Research Manager post and is due to start on 22nd July 2024.

Chair's Assurance Report

Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

- The Research and Innovation Hub Business Case has been considered by the Executives and a way forward agreed. Further details have been requested for the next Committee.
- The research strategy has not yet been developed and this will be an early piece of work for the new Research Manager.
- The Committee were provided with a long list of MSK and SDU research studies that are ongoing and have requested that key studies, linked to Trust performance priorities and any with commercial opportunities of note to be highlighted for discussion at future meetings in more detail.
- The Committee noted that consideration needs to be given as to how the research work of the Trust can be better promoted both internally to staff and externally to patients and the wider community.
- A brief update was provided of the RJAH / Keele University Research Day which took place on 7th June 2024. It was well attended, informative and the intention is to have a similar event next year.

The Committee received a presentation regarding the ASCOT trial. The team were congratulated on the conclusion of the recruitment element for the 10 + year trial, which was marked by an engagement event in December 2023. The Committee looks forward to reviewing the results of the trial in early 2025.

Digital Update

The Committee was updated that work on the Digital strategy is underway, to be received by the Committee in September.

The Committee received the EPR Implementation Assurance Committee updates for April, May and June with the below being the key points noted: -

- The Trust is continuing to work towards a go live at the end of September and overall position of the programme plan has improved.
- The financial and performance risks will be reviewed via F&P Committee.
- Further assurance re training figures was requested for future meetings.
- Assurances regarding business continuity plans for the implementation phase were requested.
- The action log for the NHSE Stage 4 Assurance Report is held within DTPB, progress updates on this have been requested for review at the EPR meeting.
- The Clinical Safety Case will be presented at the EPR meeting as well as at Q&S.

Cyber Security Report

The Committee received the Cyber Security Report and noted the work that was on going including some additional actions resulting from the recent Cyber-attack in London. The Committee requested further detail and assurance on the work being done to mitigate any risks via any of the Trust's suppliers.

Education

The Committee noted that a Working Group had been set up for nurses and AHPs with the key aims of the group being to develop the Trust's own research, increase academic opportunities, collaborative working and support current studies.

The Committee noted that work continues to develop the Education strategy. It discussed the aspiration of achieving Teaching Hospital status and agreed that this should be a long-term goal with timescales likely to be 5 year+.

Commercial

The Committee were updated that the Trust remains in the process of compiling a business case for a Commercial Director/Business development director and further information was requested for the next meeting.

Chair's Assurance Report

Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

3.3 Areas of assurance

ASSURE - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee considered the following items and did not identify any issues that required escalation to the Board.

Innovation

The Committee received a presentation on a neurodiversity awareness project which had been progressed through the Innovation Club and had been driven by a poor personal experience after a member of staff having a seizure at work. It was noted how the Innovation Hub had encouraged and supported the member of staff to use their experience to develop a way of improving understanding across the organisation. This member of staff has since gone on to play a lead role within the Staff Disability Network Group.

Improvement Champions

The Committee were provided with an overview of the Improvement Champions 4 Day Training course and the Improvement Advocates role that has been introduced for those that are unable to attend the 4-day course. It was noted that the 6th cohort of Improvement Champions for Ward Managers and Theatre Services Managers is underway.

My recovery Presentation

The Committee received a presentation on the My recovery app trial which aimed to support patients with information about the Trust, their condition and the surgery that they would be receiving. It was noted that the patient onboarding began in 2022, there were now 7000 patients registered and that the resulting data is reported to the Clinical Effectiveness Committee. The Committee acknowledged the fantastic work that is ongoing with this trial and were really pleased to see how it is helping different departments to capture valuable feedback from patients such as the Pharmacy team. It was agreed that the potential opportunities for the further development of the app and potential benefits to the patient and Trust moving forwards were huge.

Recommendation

The Governors is asked to:

1. CONSIDER the overall assurance level listed at section 2,
2. CONSIDER the content of section 3.1 and agree any action required.
3. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
4. NOTE the content of section 3.3.

Safeguarding Annual Report 2023 / 2024

Authors:

Named Nurses for Safeguarding Adults and Children

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Introduction

The Safeguarding Annual Report provides assurance to the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) Board regarding activity in relation to safeguarding governance for the reporting period 1st April 2023 – 31st March 2024.

This report demonstrates continued organisational compliance with local safeguarding frameworks, responsibilities and statutory duties.

RJAH is committed to ensuring that all staff are aware of their role in relation to safeguarding children, young people and adults at risk.

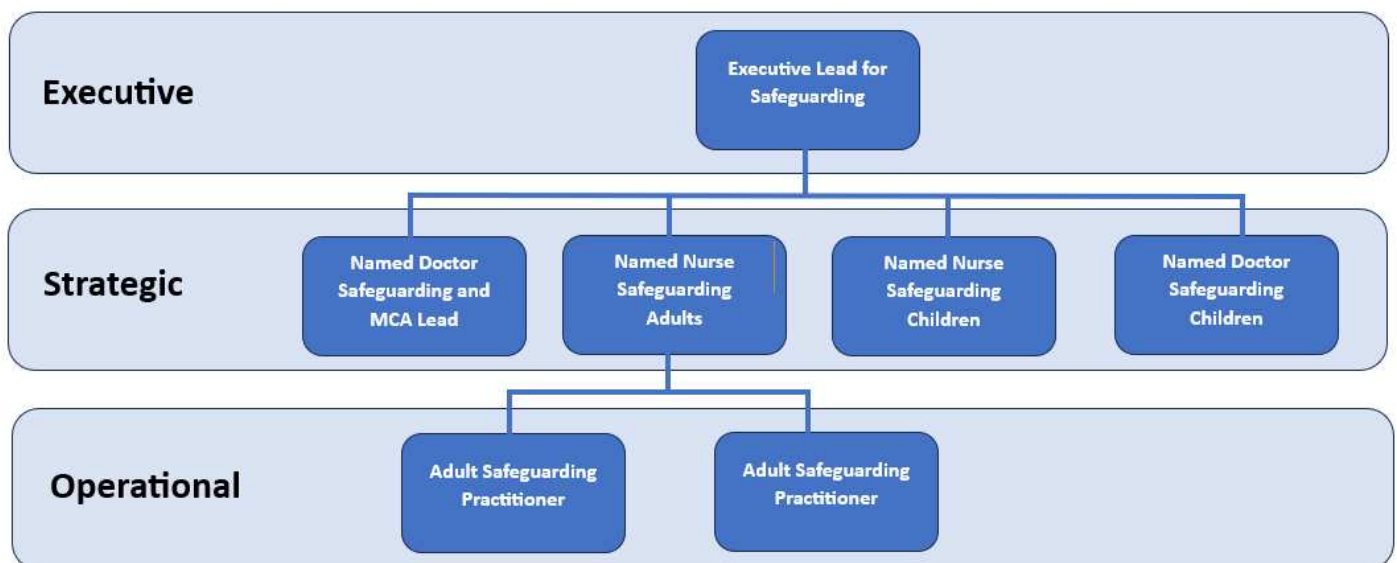
The Safeguarding Team provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention.

The Safeguarding Team ensures that all statutory functions are fulfilled, and that best practice is adhered to, thereby equipping the workforce to undertake their duties and fulfil personal and organisational responsibilities with regards to safeguarding the public.

Safeguarding Structure

The Chief Nurse is the Executive Lead for Safeguarding providing strategic leadership across the organization. The Executive Lead is responsible for ensuring that safeguarding is recognized as a key organisational policy and that it is embedded across all areas of service provision. A Non-Executive Lead for Safeguarding is identified within the Trust to ensure board scrutiny, challenge and accountability in relation to the safeguarding agenda.

All NHS organisations are required to identify a Named Doctor, Named Nurse for Safeguarding Children and Named Professional / Lead for Adults to provide expert advice and support to Trust employees and promote good practice within the organisation as per the Children Act (2004) Care Act (2014) and Intercollegiate Safeguarding Competencies for Adults (2018) and Children (2019).



Trust Safeguarding Team April 2023 - March 2024

Executive Lead for Safeguarding	Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer
Non-Executive Lead for Safeguarding	Paul Kingston – April - December 2023 John Pepper – January 2024 – Present
Named Doctor for Safeguarding Children and Young People	Dr Richa Kulshrestha, Consultant Paediatrician allocated 1 PA per week protected time to undertake this role
Named Nurse Safeguarding Children and Young People	Suzanne Marsden (7.5 hours) March 2024 standalone post created part time (18.75) recruited to April 2024 – Edyta Szpila
Named Doctor for Safeguarding Adults and MCA Lead	Mr Srinivasa Budithi, Consultant allocated 1 PA per week working with Named Nurse Safeguarding Adults
Named Nurse Safeguarding Adults	Sara Ellis-Anderson – April – July 2023 Paul Kavanagh-Fields – July 2023 – February 2024 Helen Harris – March 2024 standalone full time post. This post also incorporates Trust Lead for Domestic Abuse, Prevent, Learning Disabilities and Mental Health
Adult Safeguarding Practitioners	Anne Worrall (17 hours) Bethan Mallen (24 hours)

Key Achievements

Policies were updated or are currently under review at the time of report:

- Safeguarding Children & Young People Policy – POL005
- Protection & Safeguarding of Vulnerable Adults (Adults with Care & Support Needs) Policy – POL011
- Missing Child & Adult Policy – POL038
- PREVENT Policy – POL138
- Safeguarding Supervision Policy – POL222
- Restrictive Practice Policy – POL232
- Domestic Abuse and Sexual Violence – Employees – POL254
- Acute Confusional State (Delirium) in Older People SOP – (awaiting approval)
- Managing Patients with Mental Health Issues under the Mental Health Act 1983 SOP – (awaiting approval)
- Mental Health Act 1983: Section 132 Informing Patient and Nearest Relative of Their Rights under the Mental Health Act SOP – (awaiting approval)

Ongoing education, training and support of staff in relation to MCA and DoLS, with resources and examples promoted.

Real-time quality assurance and feedback to ensure completion to a required standard.

Audit of MCA and DoLS documentation completion to establish confidence and knowledge.

Sign up to, and implementation of, the NHS Sexual Safety Charter proposed by NHS England.

ASK5 PREVENT Audit completed to identify level of confidence of staff.

During Q4 of the reporting period the Trust successfully recruited a dedicated Named Nurse Safeguarding Adults and a dedicated Named Nurse Safeguarding Children and Young People.

Section 1: Statutory Frameworks and National Policy Drivers

Whilst there are significant differences in the laws and policies that shape how we safeguard children, young people and adults at risk, the objective of all legislation is to ensure that all individuals are protected to life free from harm, abuse and neglect.

This report provides a summary of how the Robert Jones & Agnes Hunt Orthopaedic Hospital (RJAH) discharges its statutory duties in relation to:

- Children Act (1984, 2004)
- Mental Capacity Act (2005)
- Health & Social Care Act (2008, 2012)
- Deprivation of Liberty Safeguards Amendments (2009)
- Care Act (2014)
- Counter Terrorism and Security Act (2015)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018, 2023)
- Domestic Abuse Act (2021)
- Learning from Lives and Deaths – People with a learning disability and autistic people (LeDeR) (2021)
- Health and Care Act (2022)
- Safeguarding Accountability and Assurance Frameworks (SAAF)
- NHS Sexual Safety Charter (2023)

The Care Act (2014)

Adult safeguarding is established as a core function of every local authority's care and support system. The Care Act (2014) sets out the statutory framework for safeguarding adults which replaced the, No Secrets guidance (2000).

The Act requires each local authority to have a Safeguarding Adults Board (SAB) with core membership from the local authority, local police and the NHS. One of SAB's key functions is to ensure that policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

Working Together to Safeguard Children (2018, 2023)

The Children Act (1989) and Section 11 of the Children Act (2004) placed a statutory duty on all NHS Trusts to plan to ensure that it has regard for the need to safeguard and promote the welfare of children when exercising its functions.

The new arrangements are led by three statutory partners, The Shropshire Safeguarding Community Partnership, the Local Authority, West Mercia Police and Integrated Care Board (ICB).

Safeguarding Accountability and Assurance Frameworks (SAAF)

RJAH is required to evidence assurance and compliance through various domains, nationally and locally in relation to its safeguarding activity. The following reflects the work undertaken during the reporting period 1st April 2023 to 31st March 2024.

The Safeguarding Committee

The Safeguarding Committee provides opportunity for challenge and assurance in relation to the safeguarding arrangements within RJAH, monitoring compliance and benchmarking with external standards, clinical effectiveness indicators including Care Quality Commission (CQC) outcomes and addresses any gaps in service. Safeguarding Committee is chaired by Chief Nurse and core membership includes external scrutiny from Designated Nurses for Shropshire, Telford and Wrekin ICB.

Safeguarding Committee meets quarterly and provides oversight and scrutiny of the operational working of the Safeguarding Team alongside compliance with safeguarding standards including Safeguarding Assurance Framework and key performance indicators.

The Safeguarding Team provide regular quarterly assurance reports and yearly annual report to Safeguarding Committee to provide internal scrutiny and assurance to the Trust Board.

Shropshire Safeguarding Community Partnership (SSCP)

SSCP is the key statutory body for coordinating and ensuring effectiveness of arrangements to safeguard and promote the welfare of children, young people and adults at risk in Shropshire.

Trust Position

- RJAH policies, procedures and training have been reviewed and updated.
- During the reporting period RJAH has contributed to policy development, annual reports, numerous audits and supported work undertaken by SSCP.
- All Trust Safeguarding policies, procedures and training are aligned with ICB Safeguarding policy and guidance.
- RJAH attend:
 - IIT CSE – Health Group
 - SSCP Adult Safeguarding & Protection Practice Oversight Group
 - SSCP Childrens Safeguarding & Protection Practice Oversight Group
 - SSCP Children’s Oversight Group
 - SSCP Statutory Case Review Group
 - SSCP Training Pool
 - Safeguarding Summit – currently bimonthly to monitor progress

The SSCP Strategic Governing Group meet monthly and include the current Key Partners, the Director of Public Health and the chairs of groups, apart from the Child and Adult Statutory Case Review Group. This group will be directly linked into and informing the work of the Practice Oversight Groups.

The Practice Oversight Groups include:

- Adult Safeguarding and Protection Practice Oversight Group (including Self-Neglect) – Chaired by Alison Bussey
- Children’s Safeguarding and Protection Practice Oversight Group (including Child Neglect) – Chaired by Tanya Miles
- Community Safety Practice Oversight Group (with a focus on reducing re-offending, hate crime, anti-social behaviour and serious Violence) – Chaired by George Branch

The Mental Capacity Act (2005) / Deprivation of Liberty Safeguards (DoLS) Amendments (2009)

The Mental Capacity Act 2005 (MCA) protects and empowers individuals who are, or may be, unable to make decisions for themselves. It applies to everyone working in health and social care providing support, care and treatment to people aged 16 and over who live in England and Wales.

There are five fundamental and underpinning principles of the MCA:

- Presumption of Capacity – Assume an individual has capacity until it’s proven otherwise.
- Support the Individual – Every effort and practicable steps should be taken to help the individual make their own decisions.
- Unwise Decisions – Individuals have the right to make what others may deem as an unwise decision.
- Best Interests – All decisions made, or acts considered, for or on behalf of the individual, must be made in their best interests.
- Least Restrictive Option – All options available should be considered in a balanced manner, with the most appropriate option identified as affecting the individual’s basic rights and freedoms in the smallest way.

The MCA identifies provision for individuals to express their preferences for care and treatment, and to appoint a trusted person to make a decision on their behalf, should they lack capacity in the future. An individual is deemed to lack capacity to make a decision if they are unable to understand relevant information (to the decision being considered), retain the information for long enough to make the decision, use or weigh up the information in order to make a decision, and communicate their decision.

The Mental Capacity Act allows restraint and restrictions to be used, but only where it is identified that they are in the best interests of the individual. Extra safeguards are needed if restraint and restrictions are used to deprive a person of their liberty; these are the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (2009) were due to be replaced by Liberty Protection Safeguards (LPS), however in April 2023, HM Government announced the decision to further delay the implementation of LPS beyond the life of the current Parliament.

Trust Position

- Board oversight is achieved via safeguarding assurance reports within the Safeguarding committee and Quality and Safety Committee.

- MCA and DoLS is a mandatory section within the Safeguarding Adult L3 training.
- Urgent and standard Deprivation of Liberty Safeguards (DoLS) applications are completed by front line staff within adult inpatient wards and emailed to the local authority.
- DoLS applications are monitored by the Safeguarding Team
- Safeguarding Team attend daily state of play, which includes DoLS applications throughout the Trust.
- Mental Capacity Audit completed as part of quality assurance and planned visits with the Integrated Care Board.

Mental Health

Mental health “is just like physical health: everybody has it and we need to take care of it” (Mind, 2017) <https://www.mind.org.uk/information-support/types-of-mental-health-problems/>

In 2022 the Mental Health Task and Finish group was set up to monitor and review patient activity admitted to RJAH with a mental health condition/issue with the aim to assess practice and to explore what skills and knowledge staff have within this area. Part of this piece of work is to recognise where there are gaps in knowledge and skill and establish where improvements can be made. This work has continued throughout 2023/24 and continues to be undertaken as one of the safeguarding priorities for 2024/25.

The task and finish group consists of senior nursing staff, clinical psychologists, and the safeguarding practitioners. The work of the group has focused on patients predominantly admitted to the Spinal Injuries unit where often there are patients who following a traumatic spinal cord injury who are sometimes experiencing mental health conditions/issues which can have an effect on their acute management and rehabilitation.

The hospital is elective orthopaedic with other specialities i.e. Midland Centre for Spinal Injuries, and Care of the Elderly ward. RJAH commissions the Liaison Mental health team from the Royal Shrewsbury Hospital, who are available via the phone 24 hrs 7 days per week. The hospital is also visited by the Liaison Mental Health Nurse 1 day per week to review any patients who require assessment, and further mental health advice/input.

Communication with Liaison Mental Health Nurse (LMHN) has improved greatly. This is due to having a consistent weekly visit from the same specialist nurse who attends the trust and has integrated into the spinal injuries’ unit and the other surgical/medical wards. Communication with the LMHN with the safeguarding team is also beneficial where there are regular updates.

Themes noted by MPFT Liaison Mental Health Nurse

- Alcohol withdrawal is not identified on the surgical wards early enough and not adequately treated if identified.
- Chronic substance misusers on the spinal injuries’ unit have presented a challenge.
- Referring hospitals may be unaware of an individual’s mental health history and this can be very different to readily available information. Referring hospitals are often not aware of alcohol induced cognitive impairment and this only becomes evident after ‘detective work’ once they arrive.

- There has been an increase in patients on the spinal injuries unit who have required regular mental health visits during their whole stay to ensure that a safer mental health discharge can be arranged.
- There seems to be more patients admitted to the spinal injuries unit who have severe and enduring mental illness with the associated needs. This affects the discharge process re: housing, engagement with rehab and level of care and social support.

The LMHN has regular discussions with the psychologists about the needs of people who we are jointly involved with and the LMHN has attended external MDT's with out of area mental health teams to plan mental health discharges.

The task and finish group and the safeguarding team are aware of the themes identified by the LMHN and are actively incorporating some actions to address this i.e. improve communication prior to admission, risk assessment, review the preoperative assessment pathway through the ward alert system, and relevant policies and standard operating procedures.

Currently in supporting staff on the spinal injuries unit there is active plan to implement some addition training providing staff with the tools, and knowledge to help manage patients who may have a mental health, or a neurodivergent condition. This training will be mandatory for all staff working on the unit and will cover specific objectives e.g. de-escalation, communication, active listening, and conflict resolution.

The task and finish group have worked together to develop risk management plans for patients on the spinal injuries unit which is incorporated into the clinical care pathway. This is accessible for all staff to read, and document as care changes. Further work is being undertaken to produce internal policies to ensure the infrastructure is in place to maintain consistency, and to support staff in how to manage patients and the different scenarios which may be presented.

The Safeguarding Team have been involved in reviewing the mental health act policies and standard operating procedures working closely with the Midland Partnership Foundation Trust lead for the Mental Health Act & Mental Capacity Act, and the Liaison Mental Health Nurse. These policies have been worked on and adapted to meet the needs of patients and staff at the RJAH.

In addition, the Acute Confusional state (delirium) in older people SOP has been reviewed and presented to the senior nurses teams and ward teams as a teaching package sharing knowledge of the delirium pathway, and what interventions are required to manage patients who are unwell.

The Safeguarding Team have reviewed and updated the Managing Challenging patient contact - Guidance for non-clinical staff procedure. This was in collaboration with the non-clinical staff administration teams including the booking team, access, the Patient Liaison Service (PALS), and medical secretaries. The purpose of this procedure is to detail a process for raising concerns for patient and staff health following difficult patient communication. There were several training sessions provided during the month of November 2023, and approximately 40 staff attended.

The Counterterrorism and Security Act (2015)

The threat of terrorism continues locally, nationally and globally and the strategy aims to ensure that the UK has the best response to the heightened threats from terrorism moving forwards. CONTEST is the framework that enables the government to organise work to counter all forms of terrorism and has four key components; Pursue, Prevent, Protect and Prepare. The NHS and its partners have a role in the 'Prevent' section of this strategy.

Whilst the Trust continues to be a non-priority site, the reporting mechanism is required via NHS Digital and via the Safeguarding Assurance Framework to STW ICB.

Trust Position

- Prevent awareness training is included within the Trust onboarding mandatory training matrix. It is recorded and included within the Trusts compliance reporting mechanism specific to role required skills and knowledge.
- The Safeguarding Team liaise with Counter Terrorism Regional Police to share information for Channel and in high-risk cases.
- The Trust Prevent Lead ensures that staff are provided with the appropriate training in line with the Government Counter Terrorism Contest framework.
- ASK5 PREVENT audit completed to identify the level of confidence amongst staff in relation to individual's at risk from potential radicalisation. The audit, whilst limited in responses, provided assurance that most staff were up to date with mandatory training. In addition, most staff (84%) are aware of the resources available to support them in raising concerns appropriately.
- Compliance for Prevent training at the end of 2023 / 2024 reported at 96.9% far exceeding the national expectation of 85%, and exceeding the Trust target of 92%.
- RJAH has shared information to Channel Panel in a total of 7 cases; 5 in relation to children and 2 regarding adults.

Learning from Lives and Deaths (LeDeR) 2021

LeDeR was a service improvement programme developed in 2017, designed to improve care for individual with a learning disability and/or autism. Individuals within these groups are identified as being 3-4 times more likely to die from avoidable medical causes, and 25 years earlier than the general population. The aim of LeDeR is to reduce health inequalities and prevent individuals dying sooner than they should.

Anybody can make a referral to LeDer and request that a review is considered following the death of an individual who has a learning disability and/or Autism. A review looks at key episodes of healthcare and identifies areas that require improvement and highlights good practice, sharing learning across the wider health economy.

The NHS Long Term Plan made a commitment to continue LeDeR and in 2021 a new LeDeR policy was produced, providing for the first time, core aims and values of the programme and the expectations placed on the health and social care system. Locally LeDeR governance groups review deaths and take actions to improve services within the local areas, ensuring compliance with the LeDeR policy.

The Learning Disability Improvement Standards (LDIS) for NHS Trusts have been developed in conjunction with people and their families; clearly stating what they expect from the NHS.

This approach to quality improvement, ensures that our patient's voices, and those of their carers, are sought and heard; and that they are the primary focus of the work undertaken. The Listen, Act, Do framework is fundamental to this premise.

There are 4 standards identified within the LDIS; Respecting and Protecting Rights, Inclusion and Engagement, Workforce and Specialist Learning Disability Services. The last standard is not applicable to RJAH.

Trust Position

- Attendance at local LeDeR Governance Panel.
- Attendance at local LeDeR Steering Group.
- Attendance at local LeDeR Task and Finish Group.
- Standard 1 Update
 - Hospital Passport review
 - Reasonable Adjustments / Pre-Op Alerts Review
 - Awaiting Implementation of NHS Digital Flag
 - SG Team monitoring / reviewing / embedding standards within practice
 - SG Team / Quality Governance liaison for Datix patient deaths / LeDeR data capture
- Standard 2 Update
 - OurSpace – Wellbeing Portal incorporates up to date information on hidden disabilities i.e. Autism
 - Identified Trust Lead for LD & A
 - Specialist MCSI Neurodiversity Training
- Standard 3 Update
 - SG Team liaising Taking Part (Experts by Exp) Group and Staff Network
 - SG Team / L&D Team liaising to promote Oliver McGowan Training
 - Promotion of the Ask, Listen, Do Framework to Patient Experience Lead and Governance Team
 - SG Team reviewing Best Interest Guidance
 - SG Team creation of dedicated Web Page for patients with LD & A

Oliver McGowan Mandatory Training on Learning Disability and Autism

In July 2022, the government introduced a requirement for all CQC registered service providers to ensure that employees receive learning disability and autism training appropriate to their role.

The training is to be delivered in two parts. Part 1 is an E-Learning package, that all members of staff will have to undertake, and then they will go on to complete Part 2; which comprises of either Tier 1 or Tier 2. Tier 1 is a 60 minute Webinar and Tier 2 is a full day, face to face session. NHS England have provided guidance for Trusts to support them in identification of which staff should undertake which Tier of training.

Due to the delivery mechanism of Tier 1 and Tier 2 sessions; incorporating Lived Experience Experts together with limited capacity on sessions, it is locally recognised and acknowledged that completion is likely to be an ongoing priority.

Trust Position

- All Trust staff have Part 1 E-Learning added to their mandatory training via ESR.
- Current compliance with Part 1 E-Learning is approximately 60%.

- Training Needs Analysis completed to identify staff requiring Tier 1 and 2.

NHS Sexual Safety Charter (2023)

In September 2023, NHS England launched its first ever sexual safety charter. NHS Trusts and partner organisations across the healthcare system are working collaboratively to ensure and enforce a zero-tolerance approach to unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The charter has 10 core principles underpinning the actions that all agencies are expected to undertake to achieve. At the time of publication, 349 NHS Trusts and partner organisations have signed up to the organisational charter.

Trust Position

- Sign up to the NHSE Sexual Safety Charter, providing a commitment to support and implement all underpinning principles.
- Creation of Trust Task and Finish Group to ensure consideration and implementation of all pledges held within the charter.
- Every member of staff throughout the Trust to be sent a letter from the Chief Executive Officer, outlining the importance of feeling safe at work and the steps to take if any member of staff is experiencing inappropriate behaviours.
- Trustwide promotion of policy, literature, posters and CEO letter, identifying what sexual safety looks like and how the workforce, working together, can ensure that no staff are subjected to any and all behaviours that are unacceptable.
- Consideration, review and triangulation of reporting mechanisms and data collection in accordance with the charter.

Mandatory Training

Safeguarding training is delivered in line with the Adult and Children’s Intercollegiate documents; Safeguarding Children and Young People: Roles and competencies for Health Care Staff. Intercollegiate Document (2014) and Safeguarding Adults: Roles and competencies for Health and Care staff Intercollegiate Document (2018)

Trust Position

All RJAH staff are required to attend Safeguarding training on a mandatory basis relevant to their area of service provision within a 3-year training cycle. Training compliance data can be found in the table below and is shared with Shropshire, Telford & Wrekin Integrated Care Board (ICB) as part of quarterly Safeguarding Assurance Framework (SAF) Quality Schedule.

Safeguarding Training Compliance				
	Adults		Children	
	2023/2024	2022/2023	2023/2024	2022/2023
Level 1	96%	94%	96.5%	95%
Level 2	93.3%	92%	95.1%	92.5%
Level 3	82.4%	67%	92.1%	90.1%
Level 4	100%	100%	100%	100%

Level 3 Adult Safeguarding training continues to be a focus of the Safeguarding Team and Trust within the reporting period. The team continue to work proactively with the Learning and Development Team in order to improve compliance and achieve the Trust target of 92%. As identified in section 5, L3 Safeguarding Adult Training compliance is a key priority for 2024/2025.

Child Sexual Exploitation Multiagency Training Trajectory

Phase 1 – to be achieved by May 2024

Area/staff group	April 2024	May 2024	June 2024	July 2024
Paediatric ward and Children's outpatients				85%
ORLAU staff				85%
New starters into the trust				
Physiotherapist				

Phase 2 – to be achieved by September 2024

Area/staff group	April 2024	August 2024	December 2024	April 2025
Main Outpatients				85%
Adult wards (where young people maybe admitted)				85%
Recovery				
Dental anaesthetists				

Safeguarding Supervision

Safeguarding supervision is available to all clinical, registered staff across the organisation and is aligned to national guidance. Dependent upon an individual's role, the frequency of safeguarding supervision can vary, as can the delivery of the session.

Those practitioners who do not hold caseloads, or those who work with adults, are recommended to undertake group supervision on a 12 weekly basis. However, 1:1, ad-hoc, bespoke and tailored safeguarding supervision session can be accessed on request and discussion with the Safeguarding Team.

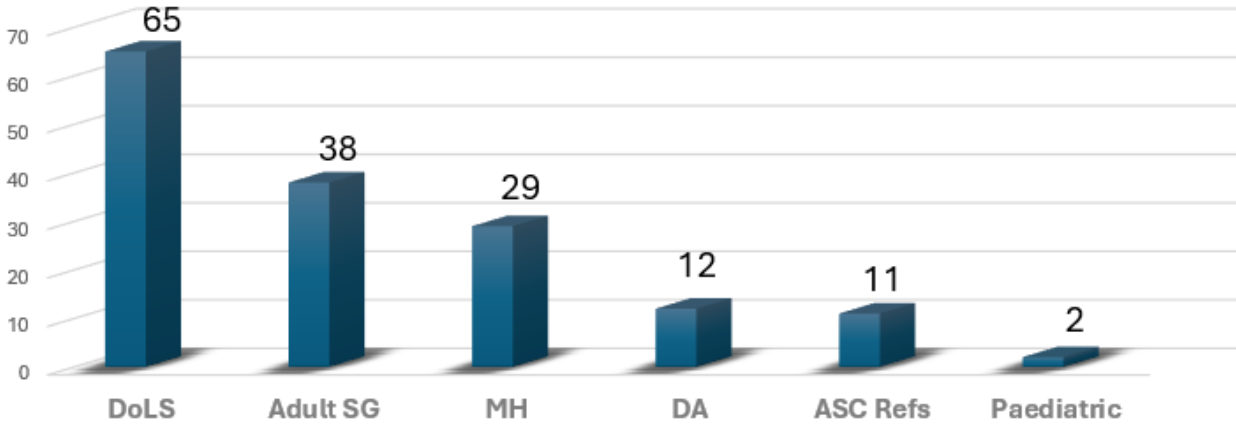
Trust Position

The Safeguarding Supervision Policy is under review at the time of reporting, with significant enhancements made to supervision documentation.

Section 2: Safeguarding Adult Activity

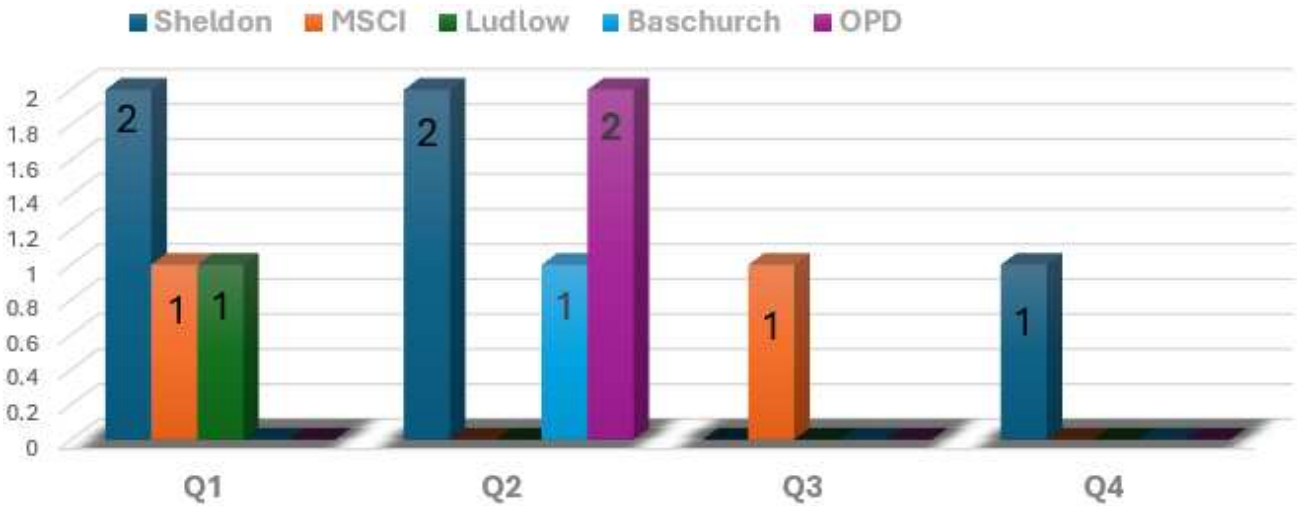
Safeguarding Datix

Within the reporting period there were 157 datix's completed, up by 13% from last year. 41% were in respect of DoLS applications, 24% in relation to general safeguarding concerns, 18% in regard to mental health concerns, 8% were domestic abuse concerns, 7% safeguarding referrals made to Adult Social Care (ASC) and 1% paediatric concerns.



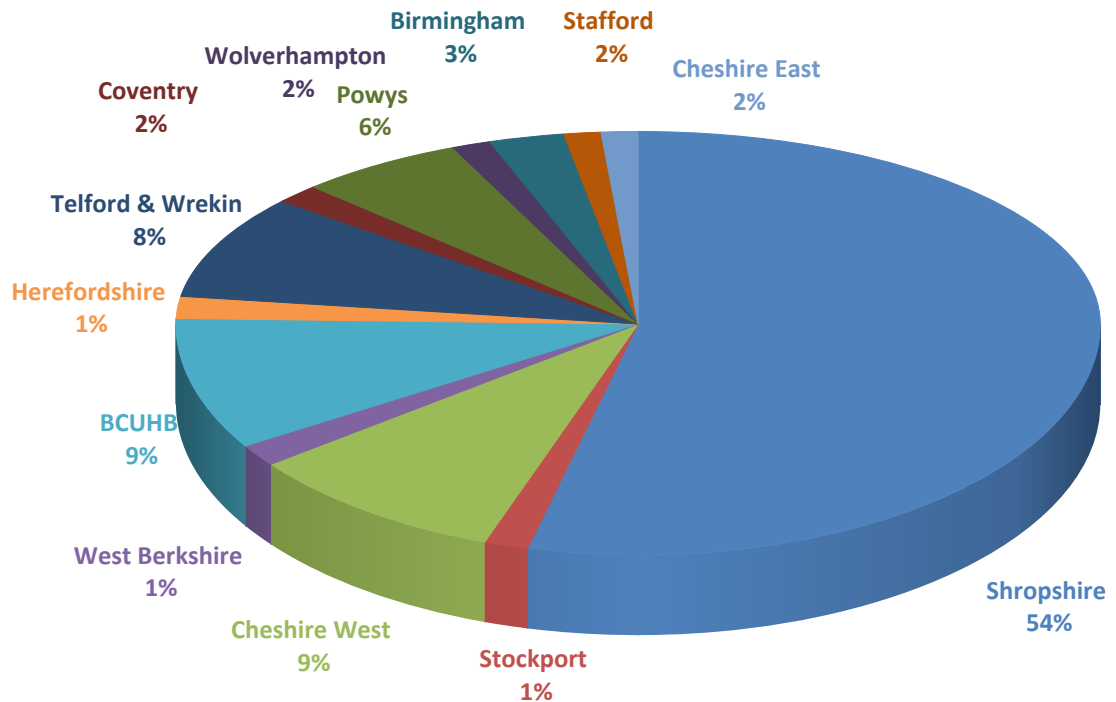
Safeguarding Referrals

RJAH staff made 11 referrals into Adult Social Care (ASC) in 2022/2023. The Safeguarding Team provide feedback to members of staff undertaking referrals to improve practice and ensure a robust referral process.



Deprivation of Liberty Safeguards (DoLS) Applications

In 2023/2024 RJAH staff made a total of 65 DoLS applications, compared to 54 completed within 2022/2023. There were a total of 13 different local authorities being referred to; with the top three authorities being Shropshire with 35 applications, Cheshire West with 6 and BCUHB (Betsi Cadwaladr University Health Board) with 6.



Domestic Abuse Agenda

The Safeguarding Team reviewed 12 datix's within 2022/2023 in relation to domestic abuse, with appropriate and proportionate support and feedback being provided in all cases.

DA Datix			
	No	DASH	
Q1	2	0	N/A
Q2	2	2	Did Not Trigger MARAC referral
Q3	4	2	Did Not Trigger MARAC referral
Q4	4	2	1 MARAC Referral

The Safeguarding Team quality assured and provided feedback to staff in regard to 6 Domestic Abuse Stalking and Harassment (DASH) Risk Assessments. Of these, 1 fulfilled the Multi-Agency Risk Assessment Conference (MARAC) threshold of high risk criteria and was therefore referred appropriately for further consideration. The remainder (5) were identified as low risk, in accordance with the threshold criteria, and were subsequently supported with proportionate advice and appropriate signposting to specialist support services being offered to the individual.

Harmful Practices / Gender Based Abuse (FGM / Forced Marriage / Honour Based Abuse)

During the reporting period there were no identified cases of FGM, Forced Marriage or Honour Based Abuse.

Safeguarding Newsletter

The Safeguarding Newsletter has continued to be distributed on a quarterly basis throughout the Trust. As Safeguarding is Everyone's Business, the newsletter supports staff with discussing important topics, learning from experience and ensuring that those patients who are our most at risk, have a voice.

Safeguarding Adults Week (20th – 24th November 2023)

This Safeguarding Team worked collaboratively across the Trust to continue to promote the ongoing work undertaken to profile the safeguarding agenda. This work included:

- Attendance at the Annual Safeguarding Conference, held at SaTH.
- Stall at the Patient Safety Fayre to promote safeguarding, including a quiz for staff to complete.
- Professional Curiosity presentation held at Safeguarding Links meeting in November 2023.
- Attendance at local Safeguarding Forum.
- Promotion of Safeguarding Adults Week in Denbigh's Restaurant, including link to resources and information to Ann Craft Trust.
- Radiology completed Safeguarding Presentation for sharing with staff and visitors.

Safeguarding Adult Reviews (SAR) / Domestic Homicide Reviews (DHR)

Where SSCP receive a referral for a SAR or DHR within the local system, all partner agencies, including RJAH, are asked to complete initial scoping reports in order to review and analyse best practice, and identify learning. Where applicable RJAH practitioners and Safeguarding Team will attend decision making meetings to summarise practice, share learning and replicate good practice across the organisation.

Eleven SAR's have progressed during the reporting period, with identified learning and actions being monitored via SSCP and disseminated throughout the system.

- **SAR Mrs H** published July 2024 with learning [brief](#) circulated.
- **SAR Lily** published July 2023 with learning [brief](#) circulated.
- **SAR Mr I** published August 2023 with learning [brief](#) circulated.
- **SAR Kim** published September 2023 with learning [brief](#) circulated.
- **SAR TR** commenced September 2022 with issues identified as self-neglect, alcohol misuse and assessment of mental capacity. Possible presentation to SSCP Governing Group May 2024. Second draft circulated to system March 2024.
- **SAR SH (Joint SAR and DHR)** commenced July 2022 and remains ongoing, awaiting final report sign-off by SSCP Governing Group.
- **SAR SLB (Joint SAR and LCSPR)** commenced February 2024 with issues identified as self-neglect, depression and limited agency involvement. Learning identified with practitioners event scheduled.
- **SAR SL** commenced January 2024 with issues identified as alcohol abuse and mental health issues. Report first draft currently in review with learning points acknowledged.
- **SAR RS (Joint SAR and LCSPR)** commenced February 2024 and remains ongoing.
- **SAR WC** commenced July 2023 with limited agency involvement. Remains ongoing.
- **SAR JW** commenced July 2023 with issues identified as alcohol related brain changes, lack of engagement with services and self-neglect. Remains ongoing.

There has been one SAR referral that did not meet the criteria, but did identify learning for the system partners.

- **DP** commenced in March 2024 and identified that agencies worked together in attempts to support the individual and there was evidence of assertive outreach to try and engage him with regular visits taking place and agencies sharing information with each other. Report shared system partners and requests to ensure all learning recommendations embedded.

Eight DHR's have progressed across the system within the reporting period.

- **DHR Ms A** awaiting approval sign-off from Home Office. Learning brief to be pushed once press statement agreed by Comms.
- **DHR Mr C** awaiting approval sign-off from Home Office. Learning identified with briefing to be published shortly to system partners.
- **DHR Laura** awaiting final approval and dissemination. Learning identified.
- **DHR ND** commenced July 2023, awaiting panel meeting. Police investigation ongoing. Learning identified.
- **DHR DBal** commenced July 2023, awaiting commissioning. Learning identified.
- **DHR JR** commenced November 2023, awaiting commissioning. Learning identified.
- **DHR AP** commenced December 2023, report author identified with IMR's completed by agencies. Learning identified.
- **DHR WP** commenced January 2024, awaiting commissioning. Learning identified.

There were three additional referrals for DHR consideration within the system.

- **BT** referred March 2023. Police investigation remains ongoing and once concluded Home Office to be updated.
- **PL** referred June 2023. Police investigation remains ongoing and once concluded Home Office to be updated.
- **DB** referred July 2023. Home Office agreed with Independent Chair, that there was no evidence of domestic abuse, and therefore no purpose in undertaking a DHR. Case closed.

A number of themes were identified following above case reviews and referrals, including:

- Self-Neglect.
- Maintaining engagement.
- Mental health issues.
- Application of the Mental Capacity Act.
- Intra-familial domestic homicide.
- Suicide linked to domestic abuse.
- Information sharing.
- Joint homicide/suicide.
- Carer strain.
- Decision making for people leaving residential care.
- Adult social care self-funding.
- Professional curiosity.

Section 3: Safeguarding Children Activity

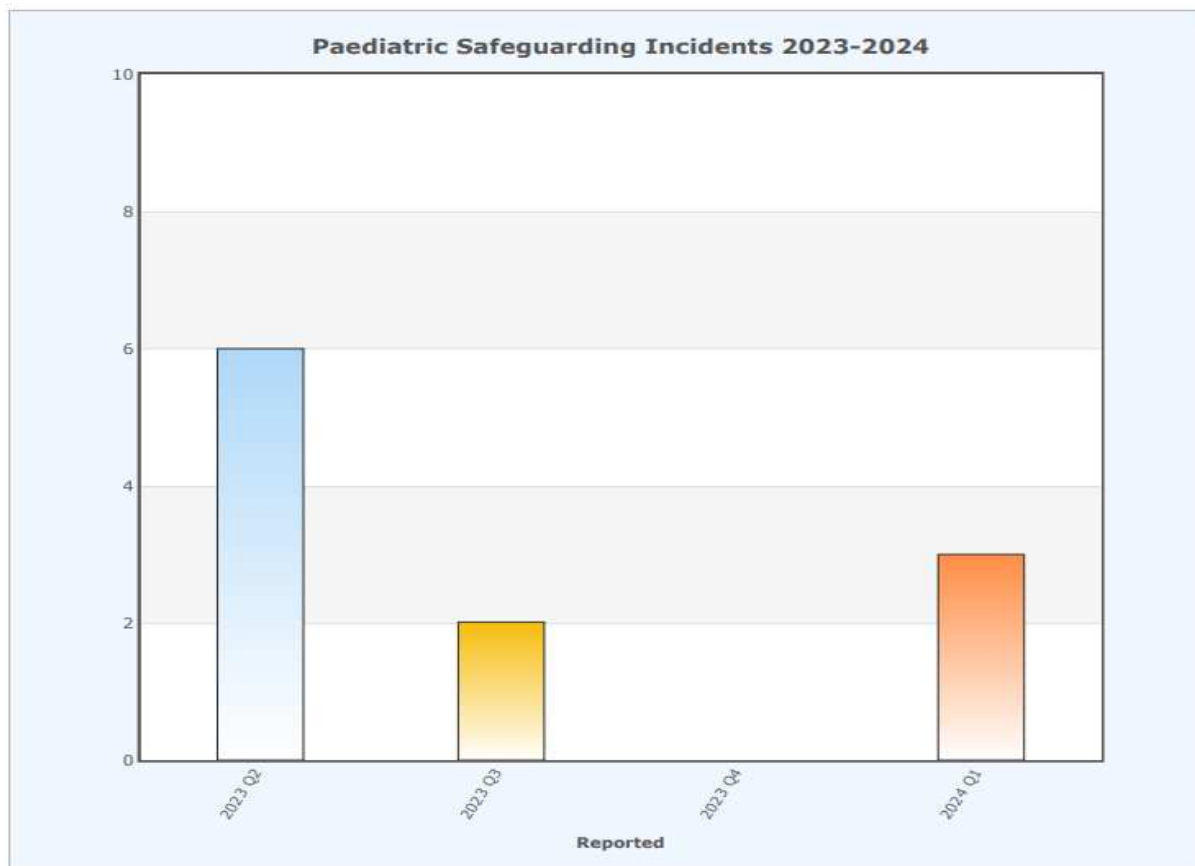
Safeguarding Children & Young People

The safeguarding children team consisted of the Named Nurse Safeguarding Children 7.5 hrs a week and the Specialist nurse for transition to adult services (18-25yrs), working 24 hours a week. This structure changed significantly in April 2024.

Since the reorganisation of the Shropshire Safeguarding Partnership this has had a significant impact on the amount of meetings being invited too. Prioritising external safeguarding meetings became a challenge alongside Trust weekly safeguarding huddles, monthly Safeguarding Leads and quarterly safeguarding committee.

Safeguarding Children Activity

There has been 11 safeguarding children incidents in 2023-2024, mainly in the Alice Ward, Paediatric Outpatients, Main Outpatients, specialist muscle team and specialist neurology service.



Child Safeguarding Practice Reviews

There has been one Child Practice Review in 2023-2024 that the Trust have been involved with. This was due to an unexpected death of one of our out patients (KT) was 16yrs old female with complex needs who became immobile and died as a result of neglect. Her parents were convicted of manslaughter. A learning review is now being arranged to ensure the voice of practitioners and perspectives of the family during the event and reviewed to enable reflection and identification of learning for future practice. This learning review was attended by the Named Nurse and Transition Nurse.

Learning reviews published by the SSCP and shared Trust Wide:

[Learning from Local Child Safeguarding Practice Reviews and Rapid Reviews — Shropshire Safeguarding Community Partnership](#)

An emergency safeguarding summit was called following a significant increase in serious injuries and serious harm in Shropshire in the previous 2 month including 3 Rapid Reviews.

5 cases were shared, all cases were initially referred into social services by police, which raised concerns about thresholds and the potential missed opportunity to recognise the need for 'Early Help' for these families, across all partnership agencies. It was also noted there was a high percentage of under 5yr olds in particular the non verbal child. Therefore I have been asked to share this document by the SSCP Children's Statutory Case Review group to ensure learning is incorporated into practice.

- 'Bruising in non-mobile infants'



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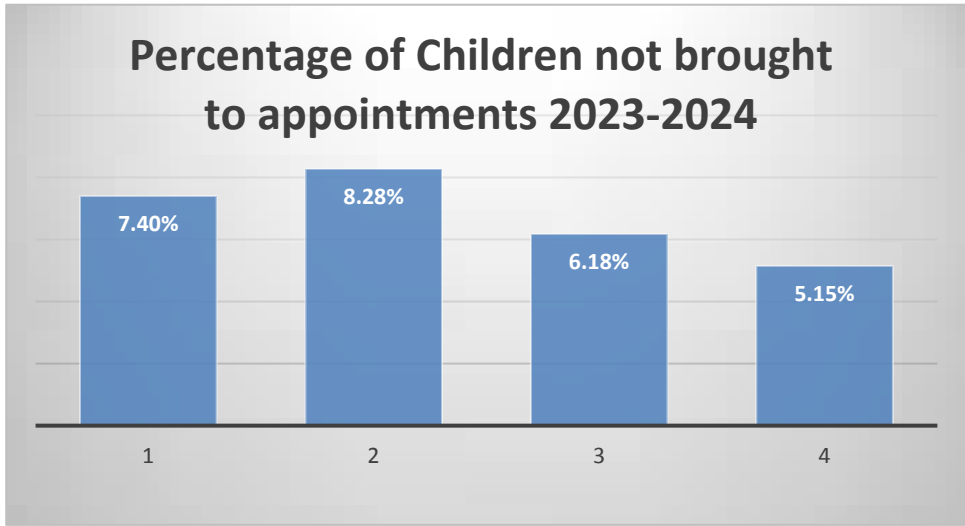
Action plan for RJAH agreed for the safeguarding summit:

Agency	Actions 16.05.23 in Summit	RJAH Update 14.06.23
SATH & RJAH	<p>Commit to doing a tabletop review of the 5 cases presented at the children's SG summit</p> <p>Review Did Not Attend policy, undertake audit to evidence compliance</p>	<p>Learning briefings to be shared in RJAH Safeguarding Bulletin. Raising awareness of early help identified as one of the Safeguarding priorities for 23/24 at RJAH</p> <p>Monthly audit of 'was not brought' policy completed and full annual audit currently being completed in June 23.</p>

Children who Were Not Brought to Appointments (WNB)

Children who are not brought for their appointment continue to be monitored Trust wide and we continue to look at different ways of improving these figures.

We continue to work with the Trusts Improvement team to gain a better understanding of why children don't attend. Our starting point is to contact all families whose children have not been brought for their appointment to ascertain why. This has unfortunately been a slow start due to sickness within the team, however as a direct result of staff now undertaking CP-IS checks following a WNB. Since increasing calls within the team, we have highlighted a child that was at the heart of a potential sexual exploitation situation, and we are now liaising with their social worker to facilitate attendance. Another family was contacted in Wales, following numerous WNB and it was highlighted the child was previously known to social care that we were unaware of, in view of this information the decision to discharge back to GP was reconsidered and a further appointment is being offered.



Supervision

Named Nurse received regular supervision from Elena Lloyd – New Designate Nurse for Safeguarding Children. Weekly safeguarding huddles a peer support has also been available Trust wide. Ad hock supervision has been offered to staff linked to the Datix’s and safeguarding inquiries.

Lado referrals

Nil to report

Section 4: Priorities 2024/25

The Annual Safeguarding priorities for 2024/25 were agreed at Quality and Safety meeting on 24th of April 2024. The safeguarding priorities have been derived from a range of information sources, including any emerging national safeguarding priorities and legislative and practice changes. Additional priority has been identified following the new Named Nurse being appointed in April 2024 of group safeguarding supervision to be arranged three monthly for those practitioners working with children long term such as physiotherapists and occupational therapists.

Improvements have been seen across the organisation in relation to the safeguarding priorities for 2023/2024, with a steady increase throughout the year in relation to mandatory safeguarding training. An increase in awareness and confidence is evident across the Trust in the recognition and reporting of actual and potential safeguarding concerns, including domestic abuse. The Safeguarding Team, in conjunction with colleagues in Midlands Partnership Foundation Trust (MPFT) and local Learning Disability partners, have produced a number of resources to support staff and patients, with additional needs such as mental health, learning disabilities and neurodiversity.

Significant investment has been made by the Trust in relation to the Safeguarding Team, including the recruitment of dedicated Named Nurses for Adults and Children, which will continue to enhance and support the organisational safeguarding agenda. The additional safeguarding priority has been set by the newly appointed Named Nurse for Safeguarding Children regarding offering group supervision to children professionals and updating the safeguarding supervision policy.

Conclusion

There have been challenges during 2023-2024 across the safeguarding agenda, but the Trust is now in a strong position moving forward into the coming year following significant investment into two Nemed Professionals for Adult and Children being appointed. The Safeguarding Team understands purpose, roles and responsibilities not only to each other but to how this is embedded within the organisation and most importantly all of the patients that access our services. The team will continue to lead the organisation in strengthening the safeguarding agenda on its journey to become 'Outstanding' as rated by the Care Quality Commission.

The Annual Report demonstrates how the Trust continues to adapt to changing priorities and has achieved its statutory duties in order to effectively safeguard patients that use our services.

It is requested that the Safeguarding Committee receive the content of the Safeguarding Annual Report and note the improvements made over the past year. This would not have been possible without the hard work and commitment of the Safeguarding Team and all Trust staff who work tirelessly to ensure that safeguarding is embedded across the organisation as core business.

Abbreviations

CAMHS	Children & Adolescent Mental Health Service
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CSPR	Child Safeguarding Practice Review
DA	Domestic Abuse
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FGM	Female Genital Mutilation
ICB	Integrated Care Board
ICD	Intercollegiate Document
ICS	Integrated Care System
KPI	Key Performance Indicators
LADO	Local Area Designated Officer
LD	Learning Disabilities
L&D	Learning & Development
LeDeR	Learning Disability Mortality Review
LPS	Liberty Protection Safeguards

MCA	Mental Capacity Act
MCSI	Midlands Centre for Spinal Cord Injury
MDT	Multi-Disciplinary Team
MPFT	Midlands Partnership Foundation Trust
MSP	Making Safeguarding Personal
NHSE	NHS England
NNSO	Nominated Safeguarding Senior Officer
PLACE	Patient Led Assessment of the Clinical Environment
RJAH	Robert Jones & Agnes Hunt Orthopaedic Hospital
SAR	Safeguarding Adult Review
SCPR	Safeguarding Children Practice Review
SFEF	Supporting Families Enhancing Futures
SGC	Safeguarding Committee
SLA	Service Led Agreement
SOP	Standard Operating Procedure
SSCP	Shropshire Safeguarding Community Partnership
STING	Shropshire and Telford Implementation Network Group
SUDiC	Sudden Unexpected Death in Childhood
WNB	Was Not Brought

Was Not Brought Update

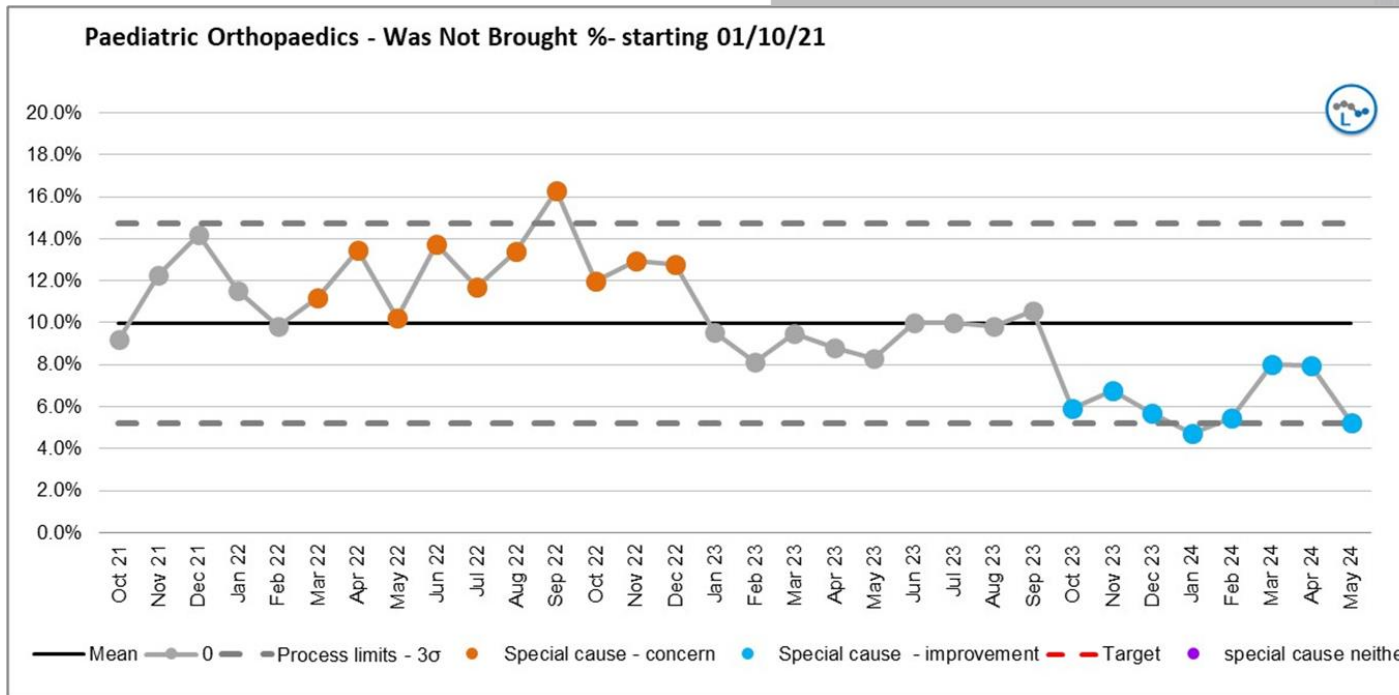
Council of Governors, 10 July 2024



Aspiring to deliver world class patient care

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Question raised at the Board of Directors Meeting 03 July 2024: What are the total figures for children who 'were not brought'?



Question raised at the Board of Directors Meeting 03 July 2024:

Do our processes cover all sites where RJAH services are delivered, and do we have a list of these?

Group	Location	Apr-24			
		Attended	DNA	Total	DNA %
Paediatric Directorate	Alice Ward (Location 39)	59	6	65	9.23%
	Childrens Outpatients (Location 40)	599	41	640	6.41%
	Childrens Outpatients Princess Royal Hospital	8	2	10	20.00%
	Hebden Green School	10	1	11	9.09%
	NTK SCHOOL				
Paediatric Directorate Total		676	50	726	6.89%
External to Paediatric Directorate	Baschurch Day Unit (Location 12)				
	Bone Densitometry				
	Clinic 5 RSH Main Outpatients				
	Clinic Location for virtual clinics at RJAH	10		10	0.00%
	Headley Court Veterans Centre (Location 3)	5	1	6	16.67%
	Louise House				
	Midlands Centre for Spinal Injuries (Location 24)	3		3	0.00%
	Newtown Hospital Powys	1		1	0.00%
	Occupational Therapy Department (Location 37)	8		8	0.00%
	ORLAU	62	3	65	4.62%
	ORLAU Community	7		7	0.00%
	Orthotics (Location 29)	106	5	111	4.50%
	Physiotherapy Department (Location 26)	9	2	11	18.18%
	Preop Assessment Unit (Location 2)	4		4	0.00%
	Radiology Department (Location 5)	1		1	0.00%
	RJAH SOOS Clinic (Location 2b)				
	SATH	33	2	35	5.71%
	The Fracture Clinic	17	1	18	5.56%
	The Main Outpatients Department (Location 4)	52	4	56	7.14%
	The Menzies Unit (Location 19)	5		5	0.00%
Tumour Unit (Location 2)	7		7	0.00%	
Whitchurch Hospital					
(blank)					
External to Paediatric Directorate Total		330	18	348	5.17%
Grand Total	Grand Total	1006	68	1074	6.33%

	10.04. 2024	10.07. 2024	26.09 2024 AGM	24.11. 2024	12.03. 2025
Standing items					
Questions from the Governors	X	X		X	X
Non-Executive Director Committee Updates	X	X		X	X
CEO Trust Overview, including key developments (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update (inc. Governor Activity and Feedback)	X	X		X	X
Patient Safety Walkabout Feedback	X	X			X
Trust Strategy					X
Guest Speaker					
As agreed	X	X		X	X
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Annual Reports					
Safeguarding Annual Report (for information)		X			
Strategic Plan					
Consider strategic issues/priorities for Board to consider in the 2024/25 planning process					X
Quality					
2023/24 priorities		X			
Quality accounts draft presented			X		
COG Strategy					
Foundation Trust Public Membership Development and Engagement Strategy Update		X			
COG Governance					
COG Annual Report and Self-Assessment		X			
Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)					
Appointment, reappointment or removal of Chair					
Appointment, reappointment or removal of the non-executive Directors					
Remuneration of Chair and Non-executive Directors					
Appointment or removal of Auditors					
Amendments to the Constitution					
Approval of "significant transactions"; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income "attributable to activities other than the provision of goods and services for the purposes of health service in England".					

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Council of Governors Committee

Attendance Matrix

Quorum: Four Public Governors and two from the other constituencies

Name	Title	10.04.24	10.07.24	26.09.24	24.11.24	12.03.25	%
				AGM			
Harry Turner	Chair	✓					100
Stacey Keegan	Chief Executive Officer	✓					100
Sarfraz Nawaz	Non Executive Director	✓					100
Penny Venables	Non Executive Director	✓					100
Martin Newsholme	Non Executive Director	✓					100
Lindsey Webb	Non Executive Director	✓					100
Martin Evans	Non Executive Director	X					0
John Pepper	Associate Non Executive Director	✓					100
Paul Maubach	Associate Non Executive Director	✓					100
Atif Ishaq	Associate Non Executive Director	✓					100
Victoria Sugden	Stakeholder Governor - Voluntary Services/Lead Governor	X					0
Simon Jones	Stakeholder Governor - Shropshire Council	✓					100
Karina Wright	Stakeholder Governor - Keele University	✓					100
William Greenwood	Public Governor - Powys	X					0
Martin Bennett	Public Governor - Shropshire	✓					100
Colin Chapman	Public Governor - Shropshire	✓					100
Sheila Hughes	Public Governor - North Wales	X					0
Colette Gribble	Public Governor - North Wales	X					0
Tony Wright	Public Governor - West Midlands	X					0
Katrina Morphet	Public Governor - Cheshire & Merseyside	X					0
Neil Turner	Public Governor - Cheshire & Merseyside					N/A	
Phil White	Public Governor - Rest of England	X					0
Kate Betts	Staff Governor	✓					100
Allen Edwards	Staff Governor	X					0

In Attendance

Dylan Murphy	Trust Secretary	✓					N/A
Paul Kavanagh-Fields	Chief Nurse and Patient Safety Officer	✓					N/A
Mike Carr	Chief Operating officer	✓					N/A
Nia Jones	Strategy and Planning Managing Director	✓					N/A

Key:

EXO - extraordinary committee meeting scheduled

✓ - Attended

X - Apologies

Not Expected

Council of Governors Board and Sub Committee Attendance Matrix

Name	Title	April	May	June	July	August	September	October	November	December	January	February	March
Vacancy	Public Governor - Powys												
Victoria Sugden	Public Governor - Shropshire (Lead Governor)		Board		Board								
Martin Bennett	Public Governor - Shropshire	P&C F&P	Board										
Colin Chapman	Public Governor - Shropshire		Board	Q&S	Board								
Sheila Hughes	Public Governor - North Wales	Q&S P&C	Board	Q&S	Board								
Vacancy	Public Governor - North Wales												
Tony Wright	Public Governor - West Midlands												
Neil Turner	Public Governor - Cheshire & Merseyside												
Vacancy	Public Governor - Rest of England												
Kate Betts	Staff Governor		Board		Board								
Allen Edwards	Staff Governor												
Vacancy	Staff Governor												
Simon Jones	Stakeholder Governor - Shropshire Council		Board	DERIC									
Karina Wright	Stakeholder Governor - Keele University	DERIC		DERIC	Board								
Peter David	Stakeholder Governor - Voluntary Services/Lead Governor												

Key:

Board - Public Board of Directors Meeting

A&R - Audit and Risk Committee

F&P - Finance and Planning Committee

Q&S - Quality and Safety Committee

P&C - People and Culture Committee

DERIC - Digital, Education, Research, Innovation and Commercialisation Committee

No attendees

Not Expected