Council of Governors 08.03.23

MEETING
8 March 2023 13:30

PUBLISHED
8 March 2023

Agenda

Location	Date	Owner	Time
	8/03/23		13:30

1. Introduction   Harry Turner   13:30

  1.1. Apologies
  1.2. Minutes from the previous meeting - 09.11.2022
  1.3. Minutes from the extra-ordinary meeting - 15.12.2022
  1.4. Matters Arising
  1.5. Declaration of Interests

2. Welcome from the Chairman   Harry Turner   13:35

3. Trust Organisational Development and Improvement Presentation   Olivia Evans   13:40

4. Workforce Presentation   Denise Harnin   13:55

5. Lead Governor Update (verbal)   Victoria Sugden   14:05

6. Trust Overview   Stacey Keegan   14:10

7. Committee Chairs Updates

  7.1. Audit and Risk Committee   Martin Newsholme   14:15
  7.2. Finance Planning and Digital Committee   Sarfraz Nawaz   14:20
  7.3. Quality and Safety Committee   Chris Beacock   14:25
  7.4. IPC Quality Assurance Committee   Chris Beacock   14:30
  7.5. People Committee   Martin Evans   14:35

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Location	Date	Owner	Time
	8/03/23		13:30

8. Governance

8.1. Patient Safety Walkabout Presentation   Sara Ellis Anderson   14:40

8.2. Membership Report   Dylan Murphy   14:45

8.3. Questions from the Governors   Dylan Murphy   14:50

8.4. Review of Work Plan   Dylan Murphy   14:55

  8.4.1. Attendance Matrix   Dylan Murphy

9. Any Other Business

9.1. Next Meeting: 10 May 2023

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![NHS logo]

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS
WEDNESDAY 9TH NOVEMBER 2022

MINUTES OF THE MEETING

PRESENT:

Harry Turner	Chair	HT
Tony Wright	Public Governor – West Midlands	TW
Nicki Kuiper	Public Governor – Shropshire	NK
Martin Bennett	Public Governor – Shropshire	MB
Colin Chapman	Public Governor – Shropshire	CC
Kate Betts	Staff Governor	KB
Karina Wright (part)	Stakeholder Governor – Keele University	KW
Victoria Sugden	Stakeholder Governor – Voluntary Services	VS
Colette Gribble	Public Governor – North Wales	CG
Sheila Hughes	Public Governor – North Wales	SH

IN ATTENDANCE:

Mary Bardsley	Acting Trust Secretary	MBa
Stacey Keegan	Chief Executive	SK
John Pepper	Associate Non-Executive Director	JP
Martin Newsholme	Non-Executive Director	MN
Sarfraz Nawaz	Non-Executive Director	SN
Martin Evans	Associate Non-Executive Director	ME
David Gilburt	Associate Non-Executive Director	DG
Paul Kingston	Non-Executive Director	PK

SECRETARY:

Gayle Murphy	Trust Office EA	GM

MINUTE No	TITLE	ACTION
	COMMITTEE MANAGEMENT	
1.1	**WELCOME & APOLOGIES** Apologies were received from Kate Chaffey, Phil White, Simon Jones, William Greenwood, Katrina Morphet, Allen Edwards, Penny Venables and Chris Beacock. HT formally welcomed new members Nicki Kuiper, Public Governor Shropshire, Martin Bennett, Public Governor Shropshire and Sheila Hughes, Public Governor, North Wales to the Committee.	
1.2	**MINUTES FROM THE PREVIOUS MEETING** The minutes from the previous meetings were approved as a true and accurate record.	
1.3	**MATTERS ARISING** The Governors requested a review of the Governors individual training records and any requirements needed and also the current structure of the senior leaders and Non-Executive Directors.	

MINUTE No	TITLE	ACTION
	Action: MBa to share the Governor training records and current organisational structure ACTIONS FOLLOWING THE PREVIOUS MEETING All actions from the previous meeting were recorded as complete.	
1.4	DECLARATIONS OF INTEREST None recorded	
2.0	WELCOME FROM THE CHAIRMAN	
	HT welcomed the Committee members to the November meeting of the Council of Governors. He highlighted the following: • The Infection Prevention Control internal rating has improved with a recommendation from NHSE for the Trust to return to Strategic Oversight Framework (SOF) 2 rating. He expressed his thanks to the Chief Executive, nursing teams, Non-Executive Directors, and all staff at the Trust for their focus and commitment. • The Headley Court Veterans Centre has a soft launch on the 11th November • The STW ICS continues to develop; the Trust had a recent Board to Board meeting which received positive feedback from the ICB Chair, Chief Executive and Non-Executive Directors. The Council of Governors *noted* the Update.	
3.0	RESEARCH PRESENTATION	
	At a previous Strategy meeting, the Board agreed the Research portfolio is to be increased across the organisation and therefore invited AR to attend to present an overview of the direction of moving forward. AR shared the presentation. The following questions/comments were noted: • Are audits in place at the Trust for orthoses • What information would be useful for patients and visitors in the main entrance and main corridor • Does the Institute of Orthopaedics offer staff training courses to target the relevant staff members • The entire organisation needs to shout about research • If RJAH is aspiring to be world class, how does the Trust compare to other countries across world HT thanked AR on behalf of the Council. The Council *noted* and *thanked* AR for his inspirational and driven presentation.	
4.0	LEAD GOVERNOR UPDATE	
	VS presented the update to the Committee on behalf of William Greenwood. She highlighted the following points: • Governors had attended the recent Quality and Safety Committee and People and Culture Committee; they thanked the Board for the opportunity and were reassured by the Non-Executive Directors questioning and	

MINUTE No	TITLE	ACTION
	assurance gained from this. They were impressed by the level of scrutiny within the meetings. HT noted the chairs of the Committees could take time at the end of the meetings to discuss any feedback. • Governors had attended 4 Patient Safety Walkabouts, the Annual General Meeting, Board of Directors meetings and various NHS Providers training courses. • The Council are excited to attend the Veterans opening VS thanked her fellow Governors for their hard work and commitment and also thanked the Senior Leadership team for their support in helping the Governors to carry out their duties. HT thanked VS. The Council of Governors **noted** the Governor Update.	
5.0	**TRUST OVERVIEW**	
	SK provided a Trust Overview to the Committee; the slides can be made available to the Committee members if required. MB questioned SK on the Trust's position of delayed transfers of care. SK noted there are hotspots across the Trust, where due to complexities and ongoing care needs, there are delayed transfers of care. The Chief Operational Officer and Chief Nurse led a piece of work as part of the national discharge taskforce; the Trust maintains its policies, practices and escalations so they are timely in any actions taken to avoid delays. There is also ongoing work within the STW ICS, with taskforce groups established. The Council of Governors **noted** the Trust Overview.	
6.0	**APPOINTMENT OF THE CHIEF EXECUTIVE**	
	HT provided a verbal update to the Governors on the forthcoming recruitment process of the Chief Executive. He noted that the Trust did not appoint earlier in the year, this was reviewed again in the summer but was put on hold until the autumn due the delay in the ICS forming, therefore the Trust is revisiting it again. Both the System and Region are in agreement with the Board to now recruit a substantive Chief Executive. The appointment of the Chief Executive is one made by the Non-Executive Directors, who have agreed the direction and process and the statutory responsibility. The appointment is also subject to them being appointed as accountable officer and this appointment is made by NHSE on behalf of the secretary of state. Once an appointment has been made, it will come to the Council of Governors for approval. The process will go out to advert week commencing 14th November, with Governors being included in the Stakeholder panels. The aim is to complete the process prior to Christmas but certainly by the middle of January. HT asked VS to brief William Greenwood on the process discussed. **Action: VS to update WG on the Chief Executive appointment process** The Council of Governors **noted** the Trust Overview.	
7.0	**COMMITTEE CHAIRS UPDATES**	

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MINUTE No	TITLE	ACTION
7.1	**Audit and Risk Committee** MN provided an update on the Audit and Risk Committee held on 11 October; he highlighted the following: • Reports were received from executive colleagues, Sub Committees of the Board and from internal and external auditors • From the Internal processes there are actions underway, with the Committee making recommendations on how they should progress in terms of risk management processes and how they link into the different Committees • 1 completed report was received on processes on wating list management; the Trust received substantial assurance from this • The Committee is expected to receive 5 further reports at the next meeting • There is nothing of concern to raise to Governors and colleagues. KB asked whether the corporate risk register contained 8 high risks and what reassurance can be given that they are completed and/or reviewed regularly. MN responded the Committee is looking to get the maximum focus on the highest-level risks. The risks are reviewed on an ongoing basis at senior leader level and below, they are allocated to individual Committees with updates provided at each Committee with oversight provided to the Audit and Risk Committee. There is constant monitoring on the risk and actions to mitigate them. The Council of Governors **noted** the Chair Report.	
7.2	**Finance, Planning and Digital Committee** SN provided an update on the Finance, Planning and Digital Committee, he highlighted the following: • Since last Council of Governors Committee there has been a heavy focus on 104's • There are weekly national and regional calls on the 104's • The Trust would like to be ahead of curve, not reactive to regional directives • All patients on all pathways get equal focus • Deep dives are held on a rotational basis • An area of concern for performance is main outpatients, which falls short of national targets • An extra-ordinary meeting was held to approve a business case • The Electronic Patient Records programme has progressed with the Trust picking a name for the programme • Agency spend is a level of concern, which is above national level and the Trust target • The efficiency programme is on track, with positive assurance taken from this • There is an open invite for Governors and colleagues to attend future FPD meetings CC asked if the outpatient issue is due to staffing or clinic space. SN responded it is a multitude of issues including treatment pathways caused by the pandemic. The Council of Governors **noted** the Chair Report.	
7.3	**Quality and Safety Committee** JP provided an update on the Quality and Safety Committee; he highlighted the following: • It was great that CC attended the last meeting • There is less impact on services from Covid but continue to test for inpatient surgery, testing has now ceased for day cases	

MINUTE No	TITLE	ACTION
	• Inpatient physiotherapy staffing is now improving as is the Trusts overnight staffing • Any Agency staff who fail to attend shifts are removed from the Trusts register • Vacancy rates and staffing pressures were highlighted • There have been deep dives into falls, medication incidents and pressure ulcers required whilst at RJAH • Training has been implemented on the patient safety response framework, which replaces the former serious incidents framework • A discussion on never events was held and reported externally • The review of the Ockendon report identified improvements that the Trust can undertake • A health inequalities paper was received • Near misses have decreased • The Committee received the Patient Safety Alert annual report, Drugs and Therapeutics annual report, Research Committee annual report and the Safeguarding Committee annual report The Council of Governors **noted** the Chair Report.	
7.4	**IPC Quality Assurance Committee** JP provided an update on the IPC Quality Assurance Committee; he highlighted the following: • The formal IPC undertakings have been removed following a visit by NHSE and the ICB on 27 October • There will be a future IPC summit • The IPC Assurance Committee will continue at least until March 2023 • IPC training has increased across the Trust • The IPC quality walkabouts will continue • There is only one action behind plan on the action plan • The learning from the MRSA outbreak will be shared with NHSE • A full review of patient information leaflets will be undertaken • The NHSE Improvement Director will be removed from the Trust The Council of Governors **noted** the Chair Report.	
7.5	**People Committee** ME provided an update on the People Committee, held on 20 October, he highlighted the following points: • Governors are more than welcome to join the Committee • There is a strong focus on recruitment and retention with a working group being established and a focus on the action plan • Performance data in relation to recruitment shows there is work needed to reduce the time from advert to hire • Discussions were held on appraisals, sickness levels, mandatory training, bank and agency staffing, freedom to speak up and strike action • There will be a focus on special/carers leave given across organisation • The Committee received a cost-of-living update, and is aware a working group has been established • There are 8 new Freedom to Speak Up Guardians CC asked if there are any specific areas of focus for the high staff turnover. SK responded there are hotspots within the Trust that are being focused on. There has been a huge influx of staff who have stayed on to support during the pandemic who have now decided to retire. CC went on to ask if exit interviews are still held at the Trust. He noted it was alluded to at a previous Committee meeting that the department manager was not always the best person to hold these interviews and	

MINUTE No	TITLE	ACTION
	whether there are any plans for third party to pick them up. ME responded there is still work to do on this, usually it is too late at the interview, the key is to try to prevent getting to this stage. There is a drive across the organisation for managers to regularly keep in touch with their staff and that regular conversations are held, so if people are thinking of moving on it can be addressed at an early stage. SK added that the correct people need to be sighted on the information gained at exit interviews to help make a difference in the future. KB noted that the agency nurses on the wards are training on the job, they do not have the experience requires; she asked if this could be pick up with the agencies. NK noted that in September 2021 the hospital welcomed in trainee nurse associates; she asked if there are any long-term plans when their courses end to offer them positions within the hospital. SK responded this is the case and noted the Trust has bid for further funding for an additional 15 trainees. The Council of Governors *noted* the Chair Report.	
8.0	**GOVERNANCE**	
8.1	**Patient Safety Walkabout Feedback** HT presented the report with the Committee for information. The paper provides an overview of the patient safety walkabouts which were reintroduced in April 2022. There have been 7 walkabouts completed this financial year and the remaining wards and departments are scheduled to be completed by the end of March 2022. The overall top theme relates to staffing and recruitment which is a current focus area for the Trust, with continued discussions being held at the People and Culture Committee as well as the Board meetings. The detail of each walkabout has been incorporated into the paper as appendix one. HT asked the Chair of the Quality and Safety Committee to have sight of the feedback reports via the Q&S Committee and then any themes or highlights to come to the Council of Governors on a quarterly basis. **Action: MBa to liaise with the Chair of the Q&S Committee and the Chief Nurse and update the Quality and Safety and Council of Governor workplans accordingly** The Council of Governors *noted* the feedback.	
8.2	**Membership Report** HT provided an update on the membership for the Trust. The report provides an update on the foundation trust membership status. The current membership total is at 6420 and therefore reports a 2.7% decrease in comparison to November 2021. The Governors continue to hold a Governor's surgery on a quarterly basis. The information presented report's underrepresentation from males and the younger generation. HT asked for a Membership Strategy discussion to be added to the workplan. **Action: MBa to update the workplan to include a Membership Strategy discussion** KB asked if a membership poster could be added to the main entrance to include a QR code to the application form.	

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MINUTE No	TITLE	ACTION
	Action: VS to liaise with the Communications and Medical Illustration teams to design a membership poster for the main entrance and website, to include a QR code to the application form The Council of Governors *noted* the Membership Report.	
8.3	**Questions from the Governors** The Council were aware that two questions had been asked prior to the meeting. HT thanked CC and KB who each raised a question – one relating to the CEO performance and another relating to TRAC - the Trust's recruitment system. Responses to those questions have been provided within the paper. No supplementary questions were asked during the meeting. The Council *noted* the Questions and Answers paper.	
8.4	**Review of the Workplan** HT presented the work plan for 2022/223 and noted the information is shared within the Council for information only and to ensure there is oversight of agenda items being tabled for discussion at future meetings. The Council of Governors *noted* the Work Plan Review.	
8.4.1	**Attendance Matrix** The Council of Governors *noted* the Attendance Matrix.	
9.0	**ANY OTHER BUSINESS**	
	HT noted the following for the Council's information: • A formal review of the Sub Board Committees is carried out routinely as part of the Audit and Risk Committee; a questionnaire to monitor effectiveness will be forwarded to the Governors to complete and will be shared with MN, the Chair of the Audit and Risk Committee. **Action: MBa to forward the effectiveness questionnaire to the Governors and update the workplan** • The Council of Governors are invited to an informal lunch with the Board of Directors on the 7th December; this will be a great opportunity for the new Governors to chat with the Non-Executive Directors. HT added that this was the last meeting for David Gilburt as he is leaving the Trust at the end of the year to take up a post at another organisation. HT thanked DG on behalf of the Governors for his contribution both to the Council and the Trust over the last 6 years. VS added thanks and wished him well on behalf of the Governors. DG added it has been a privilege and pleasure to be associated with the Trust HT thanked the members of Council for their attendance and contribution and brought the meeting to a close.	

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NEXT COUNCIL OF GOVERNORS MEETING: 8 MARCH 2023

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

New Actions	Lead Responsibility	Progress
1.3 Matters Arising • MBa to share the Governor training records and current organisational structure	Mary Bardsley	Complete – training records to be shared with each Governor and organisation structure circulated
6.0 Appointment of the Chief Executive • VS to update WG on the Chief Executive appointment process	Victoria Sugden	Complete
8.1 Patient Safety Walkabout Feedback • MBa to liaise with the Chair of the Q&S Committee and the Chief Nurse and update the Quality and Safety and Council of Governor workplans accordingly	Mary Bardsley	Complete – Patient Safety Walkabout themes/actions presentation added to the agenda
8.2 Membership Report • MBa to update the workplan to include a Membership Strategy discussion • VS to liaise with the Communications and Medical Illustration teams to design a membership poster for the main entrance and website, to include a QR code to the application form	Mary Bardsley Victoria Sugden	Complete – on the work plan for May 2023 Actioned but not complete
9.0 Any Other Business • MBa to forward the effectiveness questionnaire to the Governors and update the workplan	Mary Bardsley	Complete – on the work plan for July 2023

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EXTRA ORDINARY COUNCIL OF GOVERNORS
THURSDAY 15TH DECEMBER 2022

MINUTES OF THE MEETING

PRESENT:
Harry Turner	Chair	HT
William Greenwood	Lead Governor/Public Governor – Powys	WG
Colin Chapman	Public Governor - Shropshire	CC
Nicki Kuiper	Public Governor – Shropshire	NK
Martin Bennett	Public Governor – Shropshire	MB
Katrina Morphet	Public Governor – Cheshire and Merseyside	KM
Phil White	Public Governor – Rest of England & Wales	PW
Kate Betts	Staff Governor	KB
Allen Edwards	Staff Governor	AE
Victoria Sugden	Stakeholder Governor – League of Friends	VS

IN ATTENDANCE:
Mary Bardsley	Acting Trust Secretary	MBa
Denise Harnin	Interim Chief People Officer	DH

SECRETARY:
Gayle Murphy	Trust Office EA	GM

MINUTE No	TITLE	ACTION
	COMMITTEE MANAGEMENT	
1.0	**WELCOME & APOLOGIES** Apologies were received from Karina Wright, Simon Jones, Kate Chaffey, Tony Wright, Sheila Hughes and Colette Gribble.	
2.0	**DECLARATIONS OF INTEREST** None recorded	
3.0	**CHIEF EXECUTIVE OFFICER APPOINTMENT**	
	DH presented the paper which outlines the CEO role and the Council's responsibilities in approving it. She noted the process that had been followed, which included the various interview panels that took place. On conclusion of the interviews, Stacey Keegan was appointable, and this is the unanimous recommendation being made to the Council by the formal panel and upon approval from the Remuneration Committee. HT highlighted the Trust followed due process with a rigorous recruitment search and selection process. Four candidates applied for the role with one being shortlisted. VS confirmed she had been involved in the very rigorous Stakeholder panel interview and stated that Stacey Keegan has shown integrity and passion throughout the process. HT noted that recruitment for Stacey's substantive post as Chief Nurse and Patient Safety Officer will begin in the New Year. The Council **approved** the appointment following a recommendation from the Board.	

MINUTE No	TITLE	ACTION
4.0	**NON-EXECUTIVE DIRECTOR RECRUITMENT**	
	HT outlined that as of 3 July 2023, Chris Beacock's term as Non-Executive Director for the Trust will come to an end, therefore approval is sought to commence the recruitment a replacement Non-Executive Director. It is proposed that the Trust should explore the recruitment of candidates with experience in the NHS quality agenda and a secondary care clinical qualification. The Trust's recruitment timetable is as follow: • December – seek approval from the Council of Governors • January – commence recruitment • February – advertise for the vacancy • March – schedule for interviews to take place The above time scale will ensure the Trusts has a smooth transition between the Non-Executive Directors. The Council is asked to approve the recommendation for the recruitment of a Non-Executive Director to commence in the New Year. MB asked for any abbreviations within meeting papers to be included in a glossary. **Action: MBa to include a glossary of terms within future papers** The Council of Governors ***approved*** the recruitment commencement.	
5.0	**ANY OTHER BUSINESS**	
	There were no further items of business to discuss. HT thanked all members of the meeting for their contribution and brought the meeting to a close.	

NEXT MEETING:
COUNCIL OF GOVERNORS MEETING 8TH MARCH 2023

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	**Lead Responsibility**	**Progress**
MBa to include a glossary of terms within future papers	Mary Bardsley	

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Improvement Team

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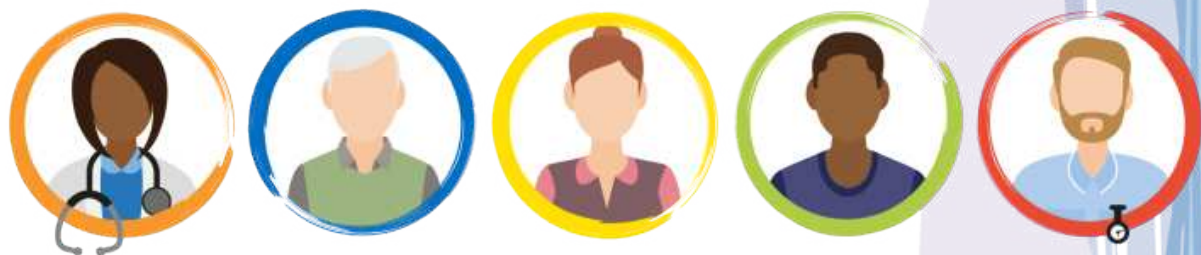The Robert Jones and Agnes Hunt
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Who are we?

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Mike Carr
Chief Operating Officer
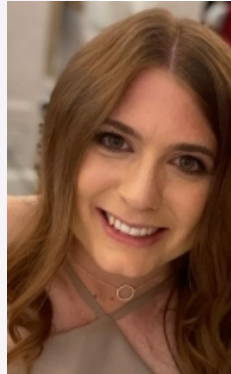
Steph Wilson
Performance and
Improvement Manager

Liv Evans
Improvement, Innovation and
Effectiveness Facilitator

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What is improvement?

- It should be in everything we do

- About being curious about our work

- Challenging the status quo

- Testing out new ideas

Are you too busy to improve?

No thanks!

We are too busy

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How do you "do" improvement?

Model for Improvement

What are we trying to accomplish?

How will we know that achange is an improvement?

What change can we make that will result in improvement?

Act   Plan

Study   Do

What do we do?

- Training – individual, bespoke or virtual

- Process mapping workshops

- Support with measurement

- Stakeholder engagement

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Measurement

> *"If you can't measure it,*
>
> *you can't IMPROVE it"*

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Examples of Current Projects

DNA rate: - mapping current processes Are there opportunities to improve? E.g. Two-way messaging

Cost of Living

Improving 11am discharge

Rapid Improvement Session – Catheter Management

SORT
Remove objects in the workspace that are not in use. Either store or discard them.

SET
Arrange items used on a daily basis so they may be easily accessed and quickly stored.

SAFETY
Make sure all employees have correct equipment, training and resources to work safely.

SHINE
Ensure everything is cleaned and functioning properly.

STANDARDIZE
Develop a routine for sorting, setting, and shining.

SUSTAIN
Create a culture that follows these steps on a daily basis.

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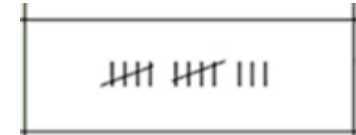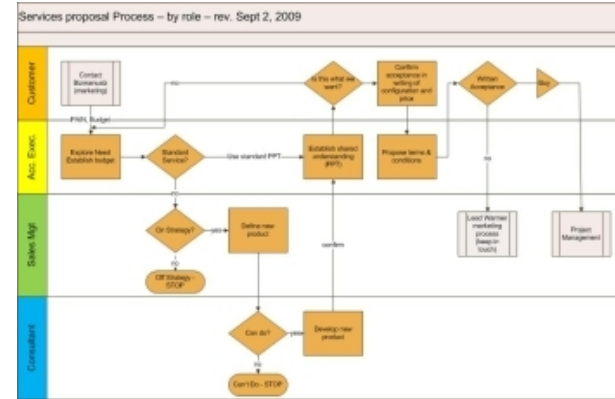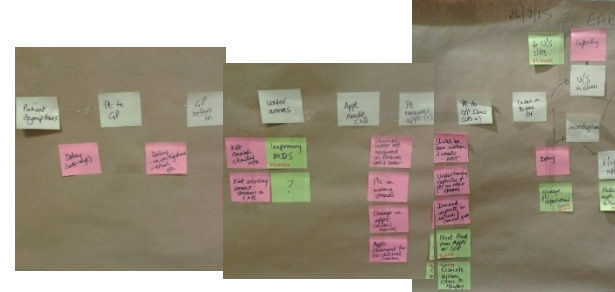1 2 3 4 5 6

Improvement awareness, education and training

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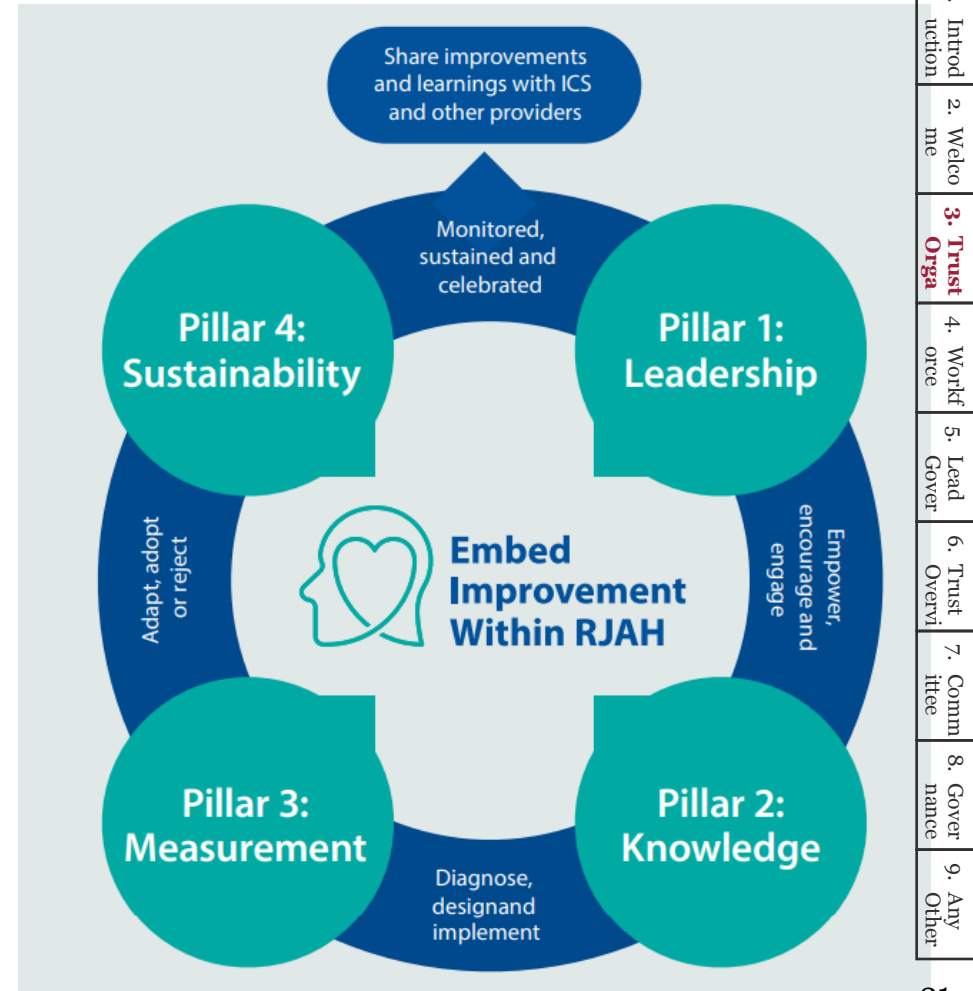6. Trust Overvi
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Contact us:

Olivia.evans1@nhs.net

Steph.wilson@nhs.net

Visit us at the Improvement Hub

Look on the Improvement page

on Percy (Intranet)

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Thank you!

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Workforce Presentation
Council of Governors Committee

Denise Harnin
Chief People and Culture Officer
March 2023

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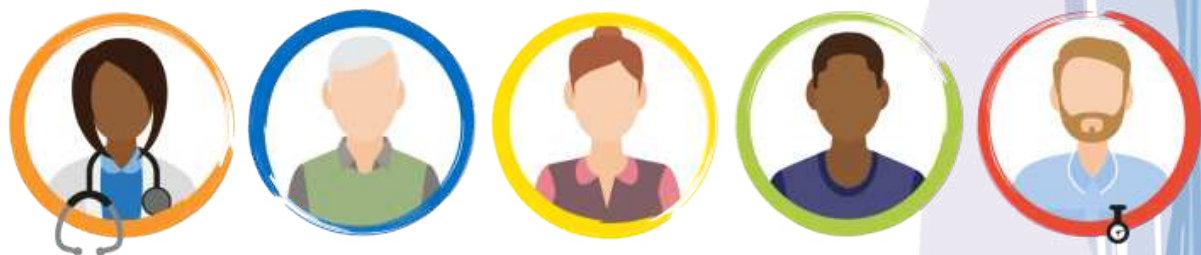
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Focus on Workforce – Recruitment

Zero Healthcare Support Worker vacancy rate, working with NHSE

- Since December 2022 - Two cohorts of Trust wide advertising and interviews held
- Rolling advert to maintain vacancy rate and improve upon turnover, 23 offers made and progressing
- Theatres targeted as specialist area to fill vacancies, rolling advert in place
- Current pipeline – 98% of vacant HCSW posts filled

Registered Nurses and Allied Health Professionals

- Adverts run alongside a digital campaign Time to Care utilising RJAH staff and their staff stories
- All adverts reviewed and revitalised to promote what is great about RJAH and targeting staff that may wish to work within an award winning hospital.
- **Quarterly Recruitment Days** – Successful Professionals open day held in January for any NMC or HCPC registrant to view our services and understand the multi disciplinary working that the hospital offers. Interviews held on the day.
    - The Sim suite was open for potential candidates to see the state of the art educational facilities that are on offer
    - January Event - 6 RN offers made plus 8 "Golden Ticket" offers made to student nurses. Many AHP's came and spoke to the teams with several interviewed since.
    - Next dates are 16th April, 15th July and 10th October

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Focus on Workforce – Recruitment

International Recruitment

- 8 appointments made with arrivals planned for 2nd March 3 Nurses and the 30th March.

- A further 9 Nurses offered a position in February

- Further bid for additional funding from NHSE for a further 12 nurses to land between April- November this year

- Awaiting NHSE offer for funding for international AHP's

Fortnightly Recruitment and Retention Working Group

- Oversight of recruitment pipeline for Registered Nurses, Registered AHPs and Healthcare Support Workers for the coming year.

- Learning on what we can do better for the next open day – Facilities and pharmacy to be included, utilising the veterans centre as the main centre for the event and providing access to the educational facility.

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Focus on Workforce – Retention

Career Pathways

- A grow your own initiative, designed to support career progression from Support Worker band 2 to Senior Leader Band 8, through apprenticeship provision and continuous professional development, learning and education. Focus on AHP careers and the MCSI unit.

Rotational development and Career Opportunity

- Offering staff the opportunity to rotate and develop, working within different departments/ area's and the Integrated Care System.
- Focussing on both new starters (internal rotation) and roles where system rotation will be attractive (theatres)
- In place for rotational Band 5 Physiotherapy Posts at system level
- Seeking to expand on this further by creating rotational development opportunity for our more mature workforce.

Stay Conversations & Exit arrangements

- We have strengthened our existing processes to encourage "stay conversations" as a means of retaining our staff, and to capture earlier information about staff leaving so that staff can be supported to stay where possible.

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Focus on Workforce – Retention

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Preceptorship- Supporting Early Careers

- In collaboration with system partners a new preceptorship offer has been developed for Nurses and Allied Health Professional's. RJAH has chosen to complement this further by providing additional days that will offer tailored support for our staff.

- In the process of finalising our learning and development offer, a directory of professional education, training and access to apprenticeships that will support staff
- Included in the offer:
    - RJAH Leadership Programme (Compassion in Leadership, Wellbeing Conversations, Recognizing Signs of Mental Health, Employee Engagement, Mastering Difficult Conversations, From Stress to Resilience).
    - PTSD, Stress & Resilience
    - Simulation training 'menu' offer
    - Virtual Reality (VR Goggles) – Induction with a view to extend into further training subjects

Career Café's

- A new initiative for Nursing and Allied Health Professionals staff to support them in professional career discussions and identify their next steps within the Hospital.

Revised exit interviews and keeping in touch conversations

- Launched with senior nurses and AHP managers last week. Aiming to reduce leavers where the reasons are within our gift, e.g.: flexible working and development.
- Keeping in touch discussions are informal and provide the opportunity for staff to share worries and concerns, and for managers to stay connected with staff and act earlier to any concerns.

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Overview of the Trust – March 2023

Stacey Keegan, Chief Executive

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Caring for Staff

- Welcome to Dylan Murphy, Trust Secretary.
- Chief Nurse and Patient Safety Officer and Chief People and Culture Officer recruitment in progress – both key positions and will complete the Executive team.
- Recruitment and retention focus – multiple initiatives and progress being seen.
- New Leadership Development offer launched and commences March 2023 with cohort 1.
- NHS Staff Survey 2022 – published results in March 2023.
- Recognition and celebration – dates and plan being finalised for 2023/24.
- Cost of living – various initiatives and staff story at Board this month.

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Industrial Action

- The Trust has now seen a total of 4 days industrial action by RCN members across January and February.
- Clinically urgent surgery including patients waiting over 104 weeks and 78 weeks continued.
- Outpatient clinics continued where possible. Site safety maintained on both occasions with minimal safe staffing levels.
- Approximately 118 theatre cases lost across 4 days.
- Government and RCN in negotiation talks.
- Planning taking place ahead of the proposed 72 hour junior doctor strike commencing 13th March.

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IPC Improvement Plan Progress Update

- The Trust have sustained GREEN on the NHSE IPC Matrix following NHSE visit in December 2022.
- Letter received formally notifying the Trust undertakings have been removed.
- IPC Summit 30th of January invited colleagues across the system to share learning and launch the new IPC strategy
- Focus continues to be on sustaining the improvements made.
- IPC improvement plan against exit criteria/undertakings now closed
- Newly formed IPC Quality Improvement plan in place for 23/24 aligned to strategy
- Further joint NHSE and ICS IPC visit planned for March 23.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
IPC Quality Improvement Ambitions

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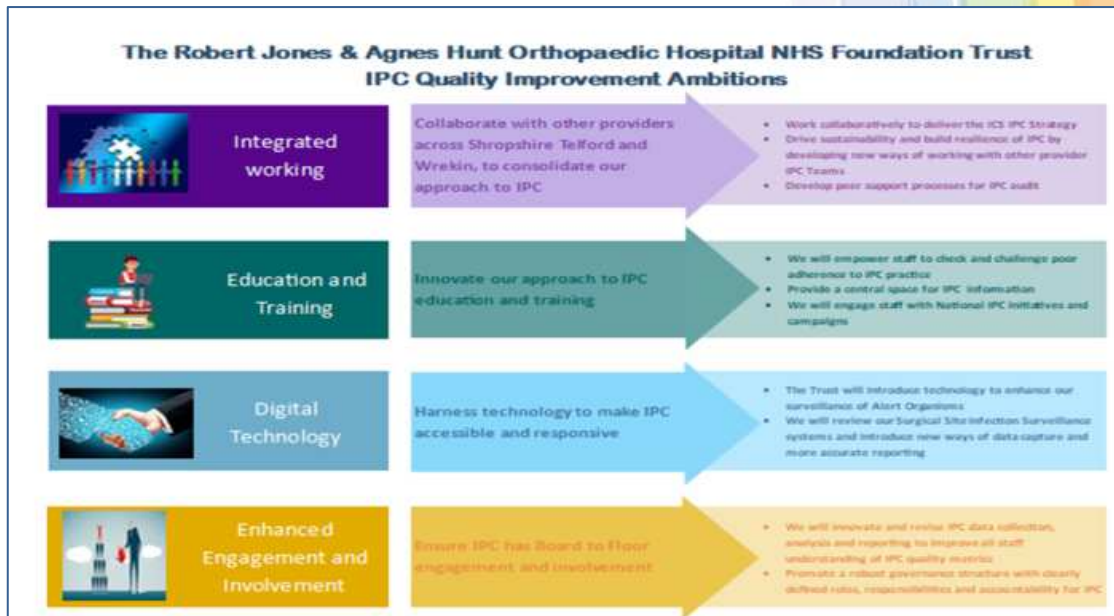
Performance Update

- Constant focus remains on our longest waiting patients. The Trust is on plan to eliminate 104+ week waits by the end of March 2023.   In addition and aligning with national expectations, efforts are also being made to achieve a "route to zero" for patients >78+ weeks.

- Diagnostic performance: - Changes in practice in September and additional capacity commencing in November to support increased MRI demand has supported improvements in diagnostic waiting times. The 6-week English standard was improved to 81% for January 2023 from 56% in September with this predicted to further improve.

- A range of work is underway to improve the operational processes across the organisation, specifically in Theatres and across our inpatient and outpatient pathways. All with the aim to increase our activity to pre-pandemic levels and further. Additional Theatre capacity is also planned to go live in Quarter 4 of 2023/34 as part of future developments.

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Operational Plan 2023/24

- Draft Plan submitted 23rd February – Final Plan to be completed 30th March
- Overall value weighted activity target of 103% of 19/20 baseline for STW as a system..
- Activity above 103% earns full tariff income through Elective Recovery fund to incentivise backlog waiting list clearance. Activity below will trigger a full tariff income reduction.
- Step up in planned capacity from Q4 as we benefit from an additional Theatre funded through the national programme. Operational dependant on further recruitment.
- Still falling just short of the activity target with further work to be concluded regarding securing insource capacity to enable a return to pre COVID levels of Saturday operating.
- More to do on 78 week clearance plan and 65 week target by April 2024.

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Caring for Finance

RJAH
- Forecasting a £2.4m surplus which will be £3.2m ahead of plan
- Benefitted from block contract income from most of our Commissioners this year and a lower cost base linked to not achieving activity levels set in the plan
- Agency cost pressures are biggest concern as we continue to struggle with unprecedented levels of workforce gaps

System
- System forecasting to be £66m adrift of plan and subject to National Escalation as an outlier
- Main drivers of system position are escalation capacity costs manifesting in higher than planned social care and agency costs
- RJAH continues to take a proportional share of system deficit (£2.1m in forecast out-turn)

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Trust Strategy 2023

Board Strategy session held 8th February:

Key strategic themes:
- MSK Integration
- Clinical service strategies
- Growth
- Veterans
- Research and Innovation

Key enabling strategies:
- Quality, Safety and Patient Experience
- Estates
- Workforce and Equality, Diversity and Inclusion (EDI)
- Finance
- Digital
- Reputation and branding

Next Steps:
- Facilitated session planned for mid April 2023 with leads and stakeholders.
- Review mission, vision and values.
- Rewrite and refresh current Trust Strategy 2018-23 – June 2023.

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System Strategic Update

ICB Strategy

- Draft Integrated Care Strategy sets a vision for what the Integrated Care System wants to achieve through greater partnership and collaboration
- Four Strategic Objectives:
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Support broader social and economic development
  - Enhance productivity and value for money
- The RJAH/ICS engagement session is arranged for March 9th 2023.

SATH Hospital Transformation Programme Update

- Planned care services will be available throughout the year leading to fewer cancellations
- Improved emergency care services will be delivered from a new, purpose built Emergency Department
- Enhanced 24/7 urgent care services will be available on both sites and be delivered through a new A&E Local model in Telford
- Currently developing the Outline Business Case (OBC) – (targeting approval in Summer 2023)
- When OBC has been approved, progress to the third / final approval stage – Full Business Case (FBC) (targeting approval in Autumn 2023)

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Chair's Assurance Report
Audit and Risk Committee

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	08 March 2023
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	**Paper written on:**	01 March 2023
Paper Reviewed by:	Martin Newsholme, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Council of Governors	**Paper FOIA Status:**	Full

1.   Purpose of Paper

1.1. Why is this paper going to the Council of Governors Committee and what input is required?

This is an assurance report from the Audit and Risk Committee to the Board of Directors. The Council of Governors are asked to note the report which is shared for oversight.

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 is responsible for seeking 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 11 January 2023. It highlights the key areas the Audit and Risk Committee shared with the Board of Directors and is presented to the Council for oversight.

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.

There were no new items of risk or escalation to report to the Board.

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:

1

Chair's Assurance Report
Audit and Risk Committee

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Declaration of Interest
The Trust is to gain support from MIAA in how to provide an improved report. The Committee asked for consideration to be given on the process of ensuring declarations are current and correct and suggested the Trust is to link in with procurement.

Policy Tracker
Policy trackers are to be created for each assurance committee similar to the people and culture committee – there is a noted improved position since the last meeting but further improvements to be made to the process to provide assurance.

Internal Audit Reports
The Committee received the finalised internal audit report which were as follows:
- Bank and Agency Review – substantial assurance received (2 med risks)
- Quality Spot Checks – moderate assurance received (1 high risk)
- Medical Rota Review – limited assurance received (3 high risks) asked for completion dates to be reviewed.
- Risk Management Review – limited assurance received (2 high risks)
- IT Threat and Vulnerability Management Review – limited assurance received (2 high risks)
- Review of HFMA Improving NHS financial sustainability checklist – no concerns

The Committee asked for support from the Executive team to expedite the high risk actions to support the implementation by 31 March if possible
Concerns raised regarding the overall head of internal audit opinion. It was agreed that if all high-risk recommendations are to begin being implemented before the end of the financial year this will improve the overall opinion.

Risk Management Report
Improvements have been noted and the Committee commended the team for the actions which have been implemented to date. The Trust will continue to progress as further work is to be completed on reviewing the risks.

Chair Report from Risk Management Working Group
Similar to the risk management report, there are improved processes in place and risks are being considered.

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.

Finance Governance Pack
Review to be undertaken of the threshold of supplies of stock and Unit level reviews to be completed and reports to be presented to the next meeting.

Quality and Safety Annual Report
The Committee noted and commended the hard work and effectiveness of the Q&S Committee in overseeingthe Quality and Safety agenda and actions across the Trust.

GGI Action Plan
The action plan is to be aligned to each assurance committee meeting for monitoring and oversight. The Committee asked for the Trust to consider how will the organisation demonstrate to the Committees that the actions are completed and embedded and what ongoing assurance can we implement as team.

Counter Fraud
Potential fraud alert being investigated and further information to be shared with the Committee in time – no concerns raised.

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Chair's Assurance Report
Audit and Risk Committee

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
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Internal Audit Follow Up Report
Extension of agreed recommendations are to be requested one month before completion date along with supporting rationale.

External Audit Report
No concerns raised.

Chair Report from Information Governance Meeting
No areas of concerns

Terms of Reference
The Committee considered and approved both the Audit and Risk Committee and Risk management Working Group terms of reference.

Policies
The committee endorsed the Anti-fraud, bribery and corruption policy.

Following consideration, the Committee asked for the Standing financial instruction and scheme of delegation policy to be tabled for discussion at the Board meeting in February where it was recommended for approval.

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,
3. NOTE the content of section 3.3.

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Chair's Assurance Report
Finance, Performance and Digital Committee

0. Reference Information

1. Purpose of Paper

1.1. Why is this paper going to the Council of Governors and what input is required?

This is an assurance report from the Finance, Performance and Digital Committee. The Council of Governors is asked to note the report which is shared for oversight.

2. Context

2.1 Context

The Trust Board has established a Finance, Performance and Digital 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, Performance and Digital 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, Performance and Digital 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, Performance and Digital Committee

This report provides a summary of the items considered at the Finance, Performance and Digital Committee on 21 February 2023. It highlights the key areas the Finance, Performance and Digital Committee brought to the attention of the Board and shared with the Council of Governors for oversight.

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

ALERT - The Finance, Performance and Digital 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 new areas of risk to highlight to the Board.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Finance, Performance and Digital 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:

Performance Report and Long Waiters Presentation

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Chair's Assurance Report
Finance, Performance and Digital Committee

The Committee thanked the team for their continued efforts on reducing patients waiting 104+ and 78+ weeks - noting the continued blocker being spines. The Committee requested a further focused report to be presented on spines alone, to incorporate the capacity and demand and highlight any issues and risks requiring escalation. It was also suggested reviewing patient pathways and comparing these to other Trusts, to offer alternative practices of treatment, to which the Committee agreed. The Committee noted partial assurance.

Planning Oversight (Financial and Operational)
Following a review since the last meeting (January) improvement have been noted relating to:
- improvement from £8.4m deficit to £5.1m
- ERF allocations assumption £5.8m of which £3.7m has been mapped to costs to support activity delivery.
- ERF is currently at risk as the draft activity submission currently takes us to 102% against the 103% target.
- IFP adjustment assumes £4.2m deduction but still needs to be reset at a system level.

The Committee noted the amendments made, requesting further confidence on the deliverability of the plan to offer assurance to the Committee members – partial assurance was noted.

RTT Trajectories
Partial assurance was noted in relation to the RTT trajectories; 78 weeks currently forecasting 0 for the end of March 2024 and 65 weeks currently forecasting 154 for the end of March 2024. The achievement of the plan requires significant support via mutual aid from other specialist providers.

EPR Update
Concerns were raised over the slow start made by the consultant and greater clarity was requested on progress against milestones– partial assurance was noted.

3.3 Areas of assurance

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

Corporate Risk Register
It was noted that further work is to be completed to ensure the smooth reporting process of the corporate risks. The Trust is to review the report to improve the reporting of escalation points.

National and Regional Elective Recovery Programme
December was the latest being compared from a national perspective, with 81% outpatients' restoration against 19/20 levels and 90% inpatient. The Trust will continue to monitor.

Productivity Dashboard and Day Cases
The Committee took assurance from the actions in place to support productivity and day cases, those actions included enhanced recovery programme and benchmarking performance against peers.

RJAH Financial Report
Overall, the Committee took assurance from the report noting the full forecast for the year being £2.4m surplus which is £3.2m.

Contracts and Investments Register
The Committee discussed the SLA which are at risk of non-payment – the Committee were advised that these are relatively low risk due to system relationships and the focus to date has been on customer SLA's. The Committee agreed for the information to be presented to unit Board meeting to support planning from April 2023.

Service Line Reporting
The Trust provided background detail as this was the first report presented since Covid19. The governance arrangements were confirmed, and it was noted that the majority to service lines are reporting consistently with 19/20 baseline. The Committee took assurance from the report.

Specialist Unit Efficiency Delivery Update
The Trust commended the paper which included a first draft of the efficiencies for the next year. Focus remains on transformations and cost reduction with service managers working with clinical leads.

Chair Reports
The Committee noted the Chairs assurance reports from the following meetings: Digital Transformation Programme Board, Trust Performance and Operational Improvement Group, MSK Transformation Board, Capital Management Group and Sustainability Working Group.

Security Update

Chair's Assurance Report
Finance, Performance and Digital Committee

> There were no risks or concerns to raise, and assurance was obtained.
> **IT Threat and Management Action Plan**
> All actions following the review are due to be completed by the end of the month – no concerns were raised.

4.0 Conclusion / Recommendation

The Council is asked to:

1. NOTE the content of section 3.2.
2. NOTE the content of section 3.3.

Chair's Assurance Report
Quality and Safety Committee

**The Robert Jones and Agnes Hunt
Orthopaedic Hospital**
NHS Foundation Trust

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	08 March 2023
Executive Sponsor:	Ruth Longfellow, Chief Medical Officer	**Paper written on:**	22 February 2023
Paper Reviewed by:	Chris Beacock, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Council of Governors	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Council of Governors and what input is required?

This is an assurance report from the Quality and Safety Committee. The Council of Governors is asked to note the report which is shared for oversight.

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 16 February 2023. It highlights the key areas the Quality and Safety Committee brought to the Boards attention on 01 March 2023 and is shared with the council for oversight.

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.
There were no items to report.

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Chair's Assurance Report
Quality and Safety Committee

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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:

Bioknotless Briefing (shoulder)
There have been an additional 4 patients reported with retained fragments. 1 patient has been referred for a CT scan as it is not clear where the anchor is positioned. 1 patient requires further surgery to remove fragment and therefore has been recorded as moderate harm. To date, there have been a total of 14 patients reported. The Trust confirmed that feedback has been received from the MHRA however, details were unable to be shared due to confidentiality. It was confirmed that as a never event the incidents have been reported to NHS Resolutions and the Trusts solicitors have been supporting. The Trust has received one complaint to date.
The Board is asked to note the information provided and it is recommended that an update on the never event is continued to be provided via the Chairs report.

Exactech Briefing (knee)
A recall was issued in September 2022 due to a manufacturing error. The Committee received an update into the figures of the affective patients. A letter, enclosing the Exactech letter, has been sent to patients with these implants offering them an appointment - extra clinics are being scheduled. The Committee discussed the process for ensuring patients are supported. It was confirmed that 18 patients are being monitored closely due to symptoms. It was suggested that for those patients who require surgical intervention a Datix incident is to be recorded. The Trust confirmed that Duty of Candour is being explained to all patients and the Chief Medical Officer has agreed to provide regular updates to the Committee. The Board is asked to note the information provided.
The Board is asked to note the information provided and it is recommended that an update on the recall is continued to be provided via the Chairs report.

Harms Review – Risk Assessment
At the Committee meeting in January, the members of the meeting requested a risk assessment was complete to support the Trusts decision to review patients at 6months instead of the 3months (national guidance) A verbal update on the position was presented to the Committee as each firm has different rationale and decision making and therefore flowcharts/risk assessments will be produced for each speciality. Therefore, the risk assessment is due to be received at the next meeting (March 2023)

Coroner Case Summary
The Committee received a summary on the Coroner Case as the East Cheshire Coroner requested the patient's medical report. A covering letter has been sent to the coroner displaying learning actions for the Trust and how to improve the process which the family was focused on. The inquest is scheduled to take place in June 2023 and on reviewing the notes, there was no issue with how the case was managed. The Trust are considering the process of prescribing drugs at discharge to ensure effective communication is embedded.

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.

- **Board Assurance Framework and Corporate Risk Register**
  The Trust confirmed a review of the corporate risk register process is being undertaken to streamline the reporting. The Committee noted the 6 corporate risks aligned to the Committee.
- **Patient Safety Incident Review Framework (PSIRF)**
  The implementation of the framework is currently being embedded. Governance arrangements are in place and draft priorities have been identified.
- **National Inpatient Survey Action Plan**
  An action plan has been compiled. The Committee discussed patients discharge process and the importance of ensuring patients have access to services – planning and communication are key factors.

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Chair's Assurance Report
Quality and Safety Committee

- **Performance Report**
  Noted that the cancer waiting standards have not been met, however this is due to patient choice. There has been one expected death in January. The Trust has been an increase in cancellations in February due to industrial action.
- **CQUIN Report**
  The Committee noted that following 2 targets were unlikely to be achieved – For CCG8 where 70% of surgical inpatients are supported to drink, eat, and mobilise within 24 hours of surgery ending, 55% was achieved and the uptake of flu vaccinations by frontline staff is currently 56.9% against the quarter 4 target is 90%
- **GGI Action Plan**
  The Committee noted the action plan with no concerns to raise.
- **Operational Framework**
  The Trust confirmed that the final plan will be reported to the Board of Directors. The Trust confirmed clinical engagement will be sourced to gain feedback from leads of services.
- **Chair Report from sub-meetings**
  The Committee noted the following Chair's report; Patient Experience Committee, Safeguarding Committee, Patient Safety Committee, and the Research Committee.
- **Workplan (and Attendance Matrix)**
  The Committee noted the workplan which is currently under review.
- **For information only**
  The following two items were shared with the Committee for information – ICS Quality Committee Chair Report and Nurse Workforce Paper which was presented to the People and Culture Committee for assurance.

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.
3. NOTE the content of section 3.3.

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Chair's Assurance Report
IPC Quality Assurance Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 March 2023
Executive Sponsor:	Sara Ellis Anderson, Chief Nurse, and Patient Safety Officer	Paper written on:	22 February 2023
Paper Reviewed by:	Chris Beacock, Committee Chair	Paper Category:	Governance
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Council of Governors and what input is required?

This is an assurance report from the IPC Quality Assurance Committee which was presented to the Board on 01 March 2023. The Council of Governors is asked to note the report which is shared for oversight.

2. Context

2.1 Context

The Trust Board has established an IPC Quality Assurance Committee. According to its terms of reference: *"The purpose of the IPC Quality Assurance 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 in relation to Infection, Prevention and Control in order 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 IPC Quality Assurance 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 IPC Quality Assurance Committee

This report provides a summary of the items considered at the IPC Quality Assurance Committee on 09 February 2023. It highlights the key areas the IPC Quality Assurance Committee brought to the attention of the Board and is shared with the Council for oversight.

1

Chair's Assurance Report
IPC Quality Assurance Committee

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

ALERT - The IPC QA 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.

IPC Quality Report
The Committee discusses the importance of routinely reporting of surgical site infections. The Trust report effectively on hips, knees, and spines however, there is a noted gap with other service areas. It was noted that the Trust gains data from the national reporting which has a 3-month delay – the timeframe of this does not support with triggers and supporting patients sooner.
The Committee discussed the challenges faced with the implementation of the ICNET system which in time would support the reporting and have the capability to code and potential SSI – there is a noted 12-to-18-month timeframe for the system to be embedded.
The Committee wished to raise the lack of progress over the past 12 months in relation to implementation of ICNET and the reporting of other specialty SSI and have formally flagged as a risk for the organisation.

IPC Quality Committee Review
The Committee considered a summary of the activity of the Committee along with recommendations on the future governance arrangements relating to infection prevention and control agenda. After considering the report (attached as appendix 1 for reference), the Committee concluded that it has essentially delivered its purpose, as defined in its terms of reference, and IPC assurance arrangement could return to a 'business as usual' footing.
As such, the Committee recommends that the Board consider:
1. Disestablished the IPC Quality Assurance Committee and transferring responsibility for providing assurance on IPC matters, including oversight of the residual actions arising from the IPC action plan as now captured within the IPC Quality Improvement Plan, back to Quality and Safety Committee.
2. Reviewing those arrangements in three months' time with a view to re-establishing a dedicated committee of the Board if the position deteriorated and/or the Quality and Safety Committee was unable to provide the necessary focus on the IPC agenda.

It was noted that the monthly IPC meeting that has reported into the IPC Quality Assurance Committee would continue to meet. The associated work would continue but the board would receive assurance via the Quality and Safety Committee rather than an IPC Quality Assurance Committee.

3.2 Areas of on-going monitoring with new developments

ADVISE - The IPC Quality Assurance 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:

There were no agenda item to note within this section of the report.

3.3 Areas of assurance

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

IPC Improvement Plan
The Trust remains Green rated on the NHSE IPC matrix following most recent NHSE visit in December and the Trust has received formal notification undertakings have now been removed. Actions will be transferred to the overarching IPC Quality improvement plan for monitoring.

Environment and Estates Report
The Committee noted considerable assurance can be taken and steps in place to ensure the backlog of requested does not happen again. The reporting will be aligned to the IPC Committee. The Committee commended and thanked the Estates teams for all their work and support.

Chair Report IPC Committee
The Committee noted the Chairs assurance report.

2

Chair's Assurance Report
IPC Quality Assurance Committee

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 3.3.

1. Introduction

2. Welcome

3. Trust

4. Workforce

5. Lead

6. Trust

7. Committee

8. Governance

9. Any Other

Chair's Assurance Report
People and Culture Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 March 2023
Executive Sponsor:	Denise Harnin, Chief People Officer	Paper written on:	22 February 2023
Paper Reviewed by:	Martin Evans, Committee Chair	Paper Category:	Governance
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Council of Governors and what input is required?

This is an assurance report from the People and Culture Committee. The Council of Governors is asked to note the report which is shared for oversight.

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 a number of 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 16 February 2023. It highlights the key areas the People and Culture Committee brought to the Boards attention on the 01 March and is shared with the Council for oversight.

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.

Framework of Quality Assurance for Responsible Officer and Revalidation
The annual report is presented to Board for final approval. It was noted that the report demonstrates that the Trust has an appropriate process for doctor appraisals which is well managed with an appropriate infrastructure. The committee agreed to oversee progress against the actions within the report. To ensure further assurance and oversight is gained, the Committee have also asked for an

1

Chair's Assurance Report
People and Culture Committee

anonymised case management tracker paper to be presented to committee to offer oversight on process, conclusion and any potential trends in cases that are not in line with the culture of the Trust. The report was endorsed by the committee for approval by the Board.

Timeliness of committee papers

On reflection at the end of the meeting the committee noted the lateness of some of the papers (less than 48 hours) and it was established that this was something that is experienced at a number of other assurance committees. It was agreed that the need for timely papers for committees should be highlighted at Board level.

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:

Recruitment and Retention

The committee acknowledged the progress that has been made on recruitment with particular recognition given to the work and productivity that resulted from the Recruitment day. It was noted that including candidates with conditional offers, international recruits and student offers in the pipeline brought nurse vacancies down from 15.09% to 6.13% and Healthcare Support workers down from 10.82% to 3.2%. The committee requested further work to be carried out to ensure that all staff are aware of the improving position in relation to staff vacancies.

The committee highlighted the importance of the work needed to improve retention of staff and have requested some early feedback on the new approach to 'keeping in touch' with staff.

Planning Guidance 2023/2024 – (request from FPD Committee)

Concerns were raised by the Committee on the assumptions made within the plan. The Committee requested further work to be carried out including linking with the ongoing recruitment work to align the forecast and present a more accurate and achievable plan. The plan is to be further discussed at the March meeting.

Industrial Action

Industrial Action is planned for 1-3 March – it was noted that the current risk is that National and Local derogation will not be available for these dates. The risk is to be reviewed and appropriately reflected within the corporate risk register.

Performance Report

The committee highlighted the need to improve mandatory training compliance levels (highlighting fire training as an example). A rolling training day option for nursing staff and a performance development review compliance process is being developed – these areas will be a key focus at the next meeting.

The committee agreed on a figure of 78% for staff availability, this being the percentage of staff available and not on annual leave, study leave, sickness etc. It was agreed that this was not to be seen as a target that required performance managing but rather an indicatory to help better understand the amount of staff at any one time that are available for duty

E-Job Planning Report and Actions

The NHS Operational Plan has been used to measure the Trust with a target of achieving level 4 by the end of March this year – the Trust will not achieve this target. The issue relates to current medical job plans and the medical job planning policy. The organisation needs to ensure these align with the current position and processes within the organisation. The policy is due to be presented to the LNC meeting in April 2023.

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.

Board Assurance Framework and Corporate Risk Register

The committee reviewed the BAF and Corporate Risk Register and no new risks were identified. A review and refresh of the BAF controls, assurances, gaps and actions for those risks aligned to the committee was requested for review at the next meeting. The Committee asked for a review of the risk 2995 (Industrial action) following the information received that day regarding the national and local derogation not being available for the next round of industrial action.

Agency Spend (Presentation)

2

Chair's Assurance Report
People and Culture Committee

Agency spend continues to be a significant challenge for the Trust. The Trust continue to reflect on ways to improve the current position and is discussed in detail at the Finance, Performance and Digital Committee and will continue to be monitored by this committee.

GGI Action Plan Review
Noted the progress to date and agreed the need to extend the completion date for 5 of the actions.

E-Rostering and Medical Staff Rota - Internal Audit Reports
Action plan to be added to the committee work plan to ensure oversight and assurance is gained.

Freedom to Speak Up Action Plan
Assurance gained on actions and noted the continued progress.

Nursing Workforce Report
Assurance was gained that Safe Staffing remains above target despite staffing challenges, but it was acknowledged that this had been aided by the closure of Kenyan ward. It was noted that the work is being discussed and developed via the Recruitment Working Group – the Committee requested that details on improvements implemented to address the vacancy gaps are included in the next report. Assurance was obtained on the risks related to high reliance on bank and agency staffing being mitigated by ensuring a minimum of regular staff on each shift.

Chair Report – ICS People Committee
The Committee noted the report.

EDI Policy
The Committee approved the policy which included an equality impact assessment following deferral at the previous meeting.

E-Rostering Policy
The Committee endorsed the policy, pending further formatting on the document prior to circulation. Further consideration is to be given on how assurance can be established on adherence to the policy and the key wellbeing elements within it.

4.0 Conclusion / Recommendation

The Council of Govrnoers is asked to:
1. NOTE the content of section 3.1.
2. NOTE the content of section 3.2.
3. NOTE the content of section 3.3.

3

Patient Safety Walkabout Review
January 2023

1. Introduction
2. Welcome
3. Trust Organi
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6. Trust Overvi
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9. Any Other

NHS

**The Robert Jones and Agnes Hunt
Orthopaedic Hospital**
NHS Foundation Trust
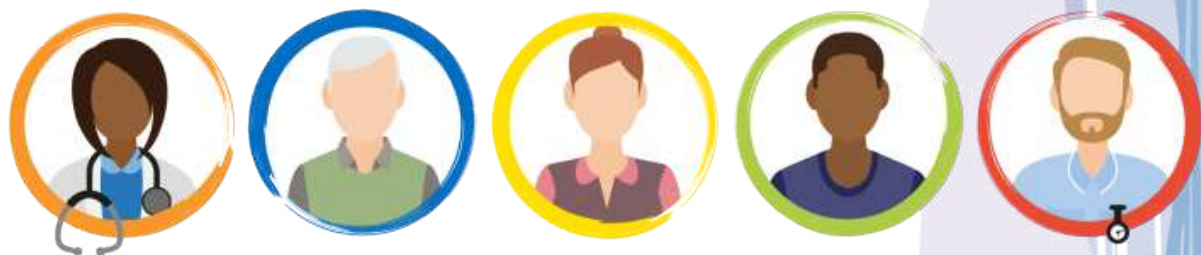
Aspiring to deliver world class patient care

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

Aspiring to deliver world class patient care

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Areas' Visited

- ORLAU
- Main Outpatient Department
- Ludlow Ward
- Kenyon Ward

- Oswald Ward
- Pharmacy
- Clwyd Ward
- Theatre

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Is it Safe?

Going well:

- The Trust uniform policy is adhered to

- Equipment is visibly clean and dust free

- Staff were observed to be bare below the elbows and evidence of hand hygiene

- Sharing of learning from Serious Incidents within the dept/ward and reporting of incidents

Areas for consideration/improvement:

- Issues with storage

- Dissemination of Serious Incidents and Never Events across the organisation

- Safety concerns were related to staffing pressures

Aspiring to deliver world class patient care

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Is it Effective?

Going well:

- Good working relationship across the organisation
- Team huddles support in ensuring effective care is given
- Notice board are up to date with current and relevant information displayed

Areas for consideration/improvement:

- Training to be reviewed to ensure it is relevant for the role and role specific training is available
- General estates works to improve the environment
- Support with TRAC and recruitment

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Is it Caring?

Going well:

- Staff are proud of working at the Trust
- Staff think patients are involved in their care
- Call bells are answered in a timely manner (of those observed)
- Patients dignity and privacy respected

Areas for consideration/improvement:

- Nosie at night

Aspiring to deliver world class patient care

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Is it Responsive?

Going well:

- Knowledge of compliments and complaints received within the ward/department
- Knowledge of the top three risk known within the ward/department
- Majority of wards/departments display patient information leaflets

Areas for consideration/improvement :

- One ward requires board to display patient information leaflets following refurbishment

NHS

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Aspiring to deliver world class patient care

Is it Well Led?

Going well:

- Buddy visits from Executive lead in place
- Wards and departments are well led

Areas for consideration/improvement :

- Increase interaction between senior managers and leaders of the Trust
- Improved communications
- Team building events

Aspiring to deliver world class patient care

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Actions…

Actions	Committee Oversight
Escalation process in place for safe staffing	Quality and Safety Committee
Statutory and Mandatory Training has been reviewed	People and Culture Committee
Estates work supported by IPC improvement plan and overall job requisition process has been reviewed	IPC Quality Assurance Committee
Recruitment and Retention continue to be a focus area - Recruitment days, staff retention, review of people service department	People and Culture Committee
Board Walkabouts, Executive Buddy, Managers Briefing, Question Time,	Executive Team Meeting
PSIRF implementation to support improvement within serious incident reporting and communication	Quality and Safety Committee
Implementation of after action reviews for incidents to ensure rapid learning	Patient Safety Committee

Aspiring to deliver world class patient care

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Membership Update

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

0. Reference Information

Author:	Dylan Murphy, Trust Secretary	Paper date:	8 March 2023
Executive Sponsor:	Stacey Keegan, Chief Executive	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Equality Impact Status:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Disclosable

1. Purpose of Paper

1.1. Why is this paper going to Council of Governors and what input is required?

This paper is presented to the Council of Governors to note the current membership position of the Trust.

2. Executive Summary

2.1. Context

As a Foundation Trust it is a constitutional requirement for the 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.

2.2.   Summary

This report provides an update on Foundation Trust membership and representation in support of the membership strategy.

The Trust has been 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 have been reinstated in the last few months.

2.3 Conclusion

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

Membership Update

3. The Main Report

3.1. Background

This paper provides an update on membership numbers as of 01 March 2023 and on-going progress of the Trust's Public Membership Strategy.

3.2. Current Membership

The current membership total (on 01 March 2023) is 6514 which can be broken down as follows:

	As of 01 March 2023
Staff	1217
Public	5297
Total	**6514**

3.3. Membership Growth

The Trust membership target for 2022/23 was amended during a previous meeting to achieve a year-on-year increase. In March 2022 membership stood at 6635. As such, there has been a 1.8% decrease over the last twelve months.

3.4 Constituencies

The breakdown of membership by public constituency shows, as expected, that Shropshire continues to provide the largest membership base.

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	358	357	357	356	355	355	353	352	368	370	370	370	369
North Wales	927	926	925	929	925	904	863	867	885	884	879	884	884
Powys	536	537	539	542	540	524	523	522	533	533	533	531	531
Shropshire	2,754	2,750	2,757	2,757	2,755	2,703	2,544	2,542	2,623	2,632	2,634	2,639	2,639
West Midlands	530	529	530	531	530	531	530	530	545	547	545	546	547
Rest of England & Wales	249	249	249	249	249	249	249	248	261	262	262	263	264
Out of Trust Area	107	118	128	138	139	150	160	181	49	57	63	75	82
Total	5,461	5,466	5,485	5,502	5,493	5,416	5,222	5,242	5,264	5,285	5,286	5,308	5,316

3.5 Gender

The table below presents the difference between female and male members. This demonstrates that males remain underrepresented within the membership. The number of male members has increased very slightly but growth in male members remains slower than that for female members.

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan -23	Feb-23	Mar-23

Membership Update

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Gender	5,461	5,466	5,485	5,502	5,493	5,416	5,222	5,242	5,264	5,285	5,286	5,308	5,316
Unspecified	41	42	43	43	43	43	43	43	43	43	43	43	43
Male	1,777	1,780	1,785	1,789	1,783	1,763	1,705	1,717	1,723	1,731	1,731	1,737	1,739
Female	3,643	3,644	3,657	3,670	3,667	3,610	3,474	3,482	3,498	3,511	3,512	3,528	3,534

3.6 Ethnicity

Although relatively small numbers of members are from Black and Minority Ethnic groups, compared to the local population, these groups are representative of the population and therefore the patient base.

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Ethnicity	5,461	5,466	5,485	5,502	5,492	5,415	5,221	5,241	5,263	5,284	5,285	5,307	5,315
White	3,367	3,359	3,364	3,367	3,356	3,301	3,184	3,180	3,182	3,188	3,182	3,181	3,180
BME	118	119	119	119	119	118	111	113	114	114	114	116	116
Not stated	1,976	1,988	2,002	2,016	2,017	1,996	1,926	1,948	1,967	1,982	1,989	2,010	2,019

3.7 Age

The profile of public membership by age looks to have remained largely the same over the year when looking at the number of members for each category with a slight decline in those aged 17-21 and an increase in the 30-39 age category.

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Age	5,095	5,101	5,120	5,140	5,137	5,069	4,883	4,906	4,929	4,951	4,953	4,977	4,987
22-29	459	458	457	457	453	447	420	422	425	424	425	435	434
30-39	698	707	712	726	731	727	692	706	711	718	721	723	730
40-49	626	623	623	620	613	597	574	574	577	581	580	583	586
50-59	757	752	758	759	763	763	734	738	743	746	741	746	748
60-74	1,338	1,340	1,347	1,351	1,347	1,331	1,283	1,285	1,286	1,289	1,292	1,287	1,284
75+	1,217	1,221	1,223	1,227	1,230	1,204	1,180	1,181	1,187	1,193	1,194	1,203	1,205

4. Conclusion

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

3

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

0. Reference Information

Author:	Dylan Murphy, Trust Secretary	Paper date:	8 March 2023
Executive Sponsor:	Stacey Keegan, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Council of Governors and what input is required?

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.

2. Executive Summary

2.1. Context

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.

2.2 Summary

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

- The Council members requested no items for the agenda
- The Council members raised 2 questions

2.3 Conclusion

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

1

Questions and Answers

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

3. Main Report

3.1. Questions and Answers

Date Raised	Raised By	Question
19/02/2023	Kate Betts, Staff Governor	Has there been a rise in Datix reporting relating to the exponential rise in our necessary use of agency staff . I completely respect that they are all trained professional staff, however never having been in the position before where their numbers have been so high, can we gain assurance that this is not having a negative effect on our patient care?

Response Provided By Sara Ellis Anderson, Chief Nurse and Patient Safety Officer:
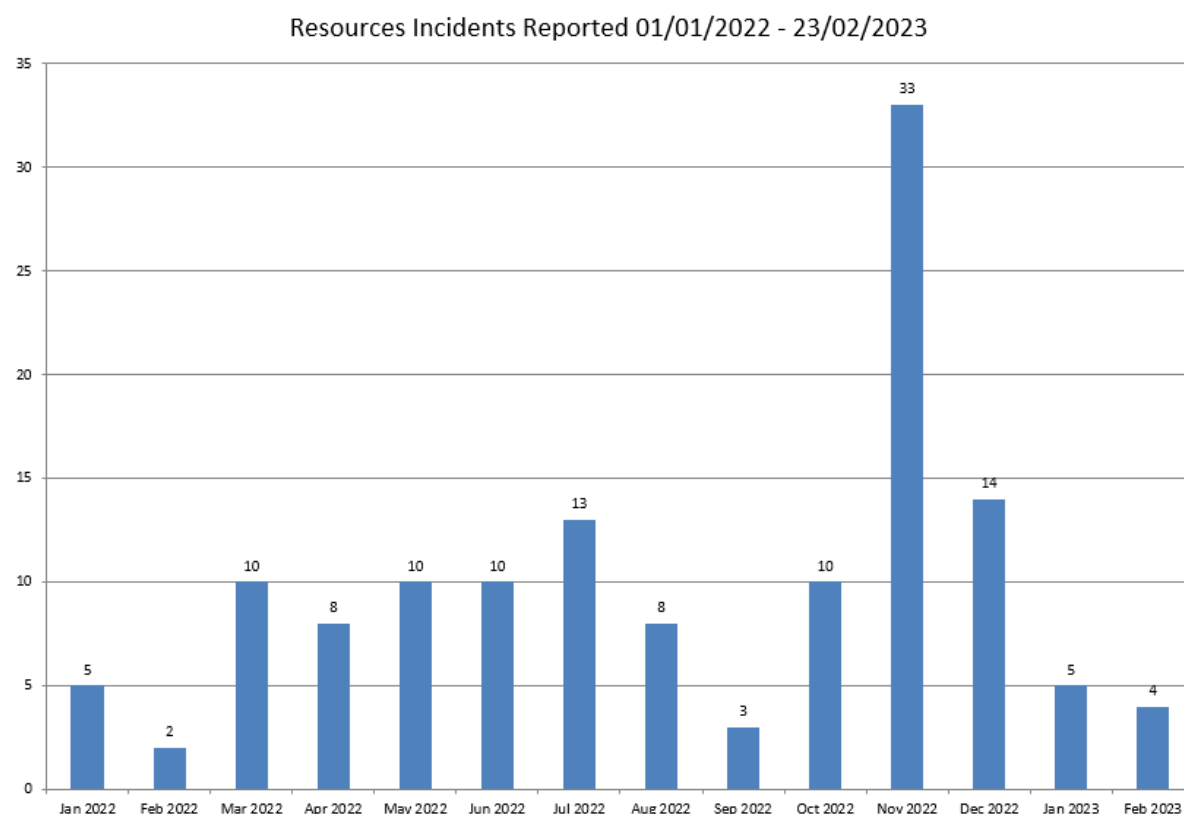
In November through the Clinical Governance Report at Patient Safety Committee, it was noted that there had been an increase in the number of incidents reported which relate to safe nursing care indicators (pressure sores, falls medication incidents). Although safe staffing levels within the organisation are being achieved, there was a discussion as to whether the increase in the use of temporary staffing on the wards is impacting the skill mix on the wards, having a negative impact on patient care. It was recommended by the CNO that a deep dive be undertaken to identify any correlation, and this was taken to Quality and Safety committee in November. The data in the report provided assurance that the Safe Staffing levels are being achieved within the highlighted areas and that there was no specific correlation between the number of patient safety incidents reported and the volume of temporary staff on duty.

A monthly nursing safer staffing paper is also presented at People and Culture committee – this paper reviews any 'red flags' reported on safe care and checks whether any patient safety incidents were reported as a result of shortfall in staffing. There has been no correlation with staffing shortages and patient harm in the November and December reports. Red flags are reported where there is a shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift or where fewer than two registered nurses are present on a ward during any shift. The monthly report also gives a breakdown of number of shifts filled by substantive/bank and agency staff for each area.

Recruitment and retention actions are progressing with the aim to decrease registered nurse and health care support worker vacancy. In the interim it has been agreed to block book agency nurses with the correct skills to provide continuity and stability to those areas with the biggest gaps.

Staff are encouraged to report Resourcing/Staffing incidents through the datix system and this is monitored at patient safety committee. Please see number of incidents reported below:

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Questions and Answers

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

From 01/01/2022 – 23/02/2023 there have been 135 resources incidents reported:

Resources Incidents Reported 01/01/2022 - 23/02/2023

Month	Incidents
Jan 2022	5
Feb 2022	2
Mar 2022	10
Apr 2022	8
May 2022	10
Jun 2022	10
Jul 2022	13
Aug 2022	8
Sep 2022	3
Oct 2022	10
Nov 2022	33
Dec 2022	14
Jan 2023	5
Feb 2023	4

Date Raised	Raised By	Question
19/02/2023	Kate Betts, Staff Governor	What effect has the recent nurses industrial action had on our recovery plan?

Response Provided By Sara Ellis Anderson, Chief Nurse and Patient Safety Officer:

There was a total of 118 cases that were not able to be done in relation to the industrial action taken over the four days.

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Work Programme Review 2022/23

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

	24th May 2022	19th July 2022	TBC Sept 2022 AGM	9th Nov 2022	8th March 2023
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Forward Plan					
Consider strategic issues/priorities for Board to consider in the planning process					X
Presentation of plan		X			
Quality					
2022/23 priorities	X				
Quality Indicators to be audited	n/a	n/a	n/a	n/a	n/a
Quality accounts draft presented			X		
Update on Quality Accounts Audit Actions	n/a	n/a	n/a	n/a	n/a
Trust Developments					
As & When required	X	X		X	X
COG Strategy					
Membership & Engagement strategy	X				
COG Governance					
COG Self-Assessment (inc review of outcomes from training)		X			
COG Annual report (for approval)		X			
COG Annual report presentation			X		
Annual Reports					
Safeguarding Annual Report (for information)		X			
Standing items					
Non Executive Director Committee Update	X	X		X	X
Trust Overview (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update	X	X		X	X
Governor Activity and Feedback	X	X		X	X
Patient Safety Walkabout Feedback	X	X		X	X
Questions from the Governors	X	X		X	X
Guest Speaker	X	X		X	X

Council of Governors Committee
Attendance Matrix

The Robert Jones ar
Orthop

	Quorum: 8 Governors

Name	Title	21.04.22 EXO	24.05.22	19.07.22	28.09.22 AGM	09.11.22	08.03.23
Harry Turner	Chair	X	X	X	X	X	
Stacey Keegan	Interim Chief Executive Officer			X	X	X	
Sarfraz Nawaz	Non Executive Director		X			X	
Penny Venables	Non Executive Director		X	X			
Martin Newsholme	Non Executive Director		X	X	X	X	
Chris Beacock	Non Executive Director				X		
Paul Kingston	Non Executive Director		X			X	
David Gilburt	Associate Non Executive Director		X	X		X	
John Pepper	Associate Non Executive Director			X	X	X	
Martin Evans	Associate Non Executive Director				X	X	
William Greenwood	Public Governor - Powys/Lead Governor	X	X	X	X		
Victoria Sugden	Public Governor - Shropshire	X		X	X	X	
Martin Bennett	Public Governor - Shropshire				X	X	
Nicki Kuiper	Public Governor - Shropshire					X	
Colin Chapman	Public Governor - Shropshire	X		X		X	
Sheila Hughes	Public Governor - North Wales				X	X	
Colette Gribble	Public Governor - North Wales					X	
Tony Wright	Public Governor - West Midlands		X			X	
Katrina Morphet	Public Governor - Cheshire & Merseyside	X	X		X		
Phil White	Public Governor - Rest of England	X		X			
Kate Betts	Staff Governor	X	X	X		X	
Kate Chaffey	Staff Governor						
Allen Edwards	Staff Governor	X	X				
Simon Jones	Stakeholder Governor - Shropshire Council	X		X	X		
Peter David	Stakeholder Governor - Voluntary Services	X		X			
Karina Wright	Stakeholder Governor - Keele University					X	
In Attendance							
Mary Bardsley	Acting Trust Secretary					X	

Key: EXO - extraordinary committee meeting schduled

1. Introduction
2. Welcome from the Chairman
3. Trust Organisational
4. Workforce Presentation
5. Lead Governor Update (verbal)
6. Trust Overview
7. Committee Chairs Updates
8. Governance
9. Any Other Business