

Council of Governors 08.11.23

MEETING
8 November 2023 13:00 GMT

PUBLISHED
7 November 2023

Agenda

Location
Meeting Room 1, RJAH

Date
8 Nov 2023

Time
13:00

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1.3	Matters Arising			-
1.4	Declaration of Interests			-
2	Welcome from the Chairman	Harry Turner	13:05	-
3	SIM Lab Presentation	Alice Amyes/Donna St John	13:10	11
4	Lead Governor Update (verbal)	Victoria Sugden	13:20	-
5	CEO Trust Overview	Stacey Keegan	13:25	19
6	Governance			-
6.1	Questions from the Governors	Dylan Murphy	13:40	29
6.2	Revised Fit and Proper Persons Framework	Dylan Murphy	13:45	36
6.3	Membership Report	Dylan Murphy	13:50	39
6.4	Governors' Survey Action Plan Update	Dylan Murphy	13:55	43
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The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

COUNCIL OF GOVERNORS

MONDAY 24TH JULY 2023

MINUTES OF THE MEETING

PRESENT:

Harry Turner
Katrina Morphet
William Greenwood
Colin Chapman
Martin Bennett
Tony Wright
Allen Edwards
Simon Jones

Chair
Public Governor – Cheshire and Merseyside
Public Governor – Powys
Public Governor – Shropshire
Public Governor – Shropshire
Public Governor – West Midlands
Staff Governor
Stakeholder Governor – Shropshire Council

HT
KM
WG
CC
MB
TW
AE
SJ

IN ATTENDANCE:

Dylan Murphy
Stacey Keegan
Martin Newsholme
Sarfraz Nawaz
Martin Evans
Paul Kingston
John Pepper
Sara Ellis Anderson

Trust Secretary
Chief Executive Officer
Non-Executive Director
Non-Executive Director
Non-Executive Director
Associate Non-Executive Director
Associate Non-Executive Director
Assistant Chief Nurse (Corporate) and Patient Safety Specialist

DM
SK
MN
SN
ME
PK
JP
SEA

MINUTE SECRETARY:

Gayle Murphy

Trust Office EA

GM

MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	WELCOME & APOLOGIES Apologies were received from Paul Maubach, Atif Ishaq, Lindsey Webb, Penny Venables, Victoria Sugden, Colette Gribble, Phil White, Sheila Hughes, Kate Chaffey, Kate Betts, Nikki Kuiper and Karina Wright.	
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 There were none raised. ACTIONS FOLLOWING THE PREVIOUS MEETING All actions from the previous meeting were recorded as complete or ongoing. The action log would be updated accordingly.	
1.4	DECLARATIONS OF INTEREST The Chair reminded attendees of the need to declare any potential conflicts of interest in the business to be discussed. No potential conflicts of interest were identified.	

MINUTE No	TITLE	ACTION
2.0	WELCOME FROM THE CHAIRMAN	
	<p>HT welcomed Council members to the July meeting of the Council of Governors. An update was provided on the suggested Provider Collaboration; a formal proposal back to the System is due to be sent on 27th July. A copy will be shared with the Governors in due course.</p> <p>Action: DM to share a copy of the formal Provider Collaboration proposal with the Governors.</p> <p>KM asked whether there has been any staff consultation. HT confirmed it has been limited at this stage to Senior Nurses, AHPs, Governors and the Consultant body. There would be wider engagement as and when the proposals moved into the development of a formal business case.</p> <p>The Council of Governors noted the welcome and update.</p>	
3.0	LEAD GOVERNOR UPDATE	
	<p>WG presented the submitted update to the Council. The following points were highlighted:</p> <ul style="list-style-type: none"> • Governors have continued to engage in and enjoy the walkabouts, allowing them to observe and interact with staff and patients across various departments and facilities. • Various members of the Council have observed the sub-committee meetings and are grateful for the continued invitations. • Congratulations were offered to ME and SN on their new roles within the Non-Executive group. • Welcome back to PK, who has been on a period of leave from the Trust. <p>KM suggested that iPad's be made available at the subcommittee meetings to allow the Governors to read the papers. HT noted that the role of governors at committee meetings was to observe how the non-executives were performing their role. When considered previously, the conclusion had been that governors did not need the meeting papers to perform this role. WG asked that provision of committee papers to Governors prior to meetings be reconsidered.</p> <p>Action: HT to liaise with VS to consider the provision of committee papers to Governors attending the meetings.</p> <p>The Council of Governors noted the Lead Governor Update.</p>	
4.0	CHIEF EXECUTIVE TRUST OVERVIEW	
	<p>SK presented the submitted Trust Overview and drew Council members' attention to the following updates in particular:</p> <ul style="list-style-type: none"> • Quality and Safety • Performance • Finance • People • New theatre development • High Impact Provider-led Strategy workshop outputs <p>SK responded to queries from the Council which included:</p>	

MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> Will the staffing for the new theatres build result in an increase in agency spend. It is good to see the progress in performance especially with the Welsh patients; how soon will this mutual aid be in place. <p>The Council of Governors noted the Trust Overview.</p>	
5.0	GOVERNANCE	
5.1	<p>Questions from the Governors</p> <p>The Council noted that one question had been asked prior to the meeting. The question and response were provided within the submitted paper. No supplementary questions were asked during the meeting.</p> <p>The Council noted the Questions and Answers paper.</p>	
5.2	<p>Foundation Trust Public Membership Development and Engagement Strategy</p> <p>DM presented the submitted update, noting the following in particular:</p> <ul style="list-style-type: none"> The Trust was one year into a three year strategy; The paper presented an update on what had been done during that year, as well as outlining some proposed next steps (as produced by Chris Hudson, Head of Communications and Engagement); The Membership Update paper was also relevant as one of the objectives of the strategy was to increase the Trust membership. Though there had been a year-on-year reduction of around 0.7% (which would be discussed in more detail under the Membership update item), there had been a 4% increase since the low point. The Committee Review item was also relevant as there was an objective around engagement and communication. <p>KM queried why inpatients are not recruited to become members. DM confirmed that inpatients do receive FT membership information as part of the satisfaction survey. Any patients who contacted PALS were also given information about Trust membership. WG asked if there is more that can be done amongst the community. HT noted that the Trust's equality, diversity and inclusion (EDI) strategy to increase diversity should apply to the membership.</p> <p>MB asked what the psychology of becoming a member of the Trust. HT responded it is the motivation to support a local organisation but this is a challenge as we are a Specialist Trust, therefore our patients are nationwide. PK noted the veteran population would be worth targeting as a source of potential members.</p> <p>The Council of Governors noted the report.</p>	
5.3	<p>Membership Report</p> <p>DM introduced the submitted update on the membership of the Trust, noting the following in particular:</p> <ul style="list-style-type: none"> The current membership total was 6649. This represented a 0.7% decrease over the last twelve months. Though the membership total had fallen year-on-year, the low point was September 2022, when the figure was 6396. Since that point, the membership had risen by 4%. The first chart at page 37 showed a significant fall in numbers in August / September 2022. That occurred following the last set of elections as there was a "data cleanse" as it became apparent that a number of members were no longer contactable. The second chart showed the steady increase in membership from late 2022 onwards. The appendix included membership figures for a range of Foundation Trusts. As a rule, the large acute Trusts had a higher proportion of staff members to public 	

MINUTE No	TITLE	ACTION
	<p>members (with the largest Trust in the sample having around two staff members for every public member). The opposite was true of the smaller, specialist trusts which had a higher proportion of public members. The figures suggested that RJAH had been relatively successful in attracting public members as the figure of 4.6 public members per staff member was the highest in the sample – the next highest figures were the Royal Orthopaedic at 3.75 and the Walton at 3.6.</p> <p>The Council of Governors noted the Membership Report.</p>	
5.4	<p>Council Of Governors Annual Report 2022/23 and Self-Assessment</p> <p>DM presented the submitted Annual Report of the Council, noting the following in particular.</p> <ul style="list-style-type: none"> • There were two parts to the report – the first was a report on membership, attendance and business considered during the year; the second was a survey completed by Governors. • It was pleasing to note the response rate had risen from 60% in 2022 to 81%. There were 18 consistent statements that have been asked over several years, along with a few additional questions added this year that allowed for a more narrative response. • The survey had only recently concluded so the results had not yet been analysed. DM noted however that induction / training appeared to be an area that would need further thought. <p>Action: DM, HT and VS to meet to discuss the results of the survey and consider any actions. The outcome of this discussion would be fed back to the Governors.</p> <p>The Council of Governors noted the Annual Report and Self-Assessment.</p>	
5.5	<p>Patient Safety Walkabout Feedback</p> <p>SEA delivered a presentation on Patient Safety Walkabouts. The presentation covered the following:</p> <ul style="list-style-type: none"> • This presentation provides an overview of themes from patient safety walkabouts undertaken from January – May 2023. • 5 areas have been visited in total. • Improvements noted and sustained including uniform policy compliance, bare below elbow, general cleanliness, and standard of care and team working highlighted positively. • The main theme identified relates to workforce pressures, recruitment and retention, and reliance on agency which remain a key focus. • Staff feedback regarding the walkabouts have been largely positive. An area of focus is feeding back to these areas regarding actions taken. <p>DM noted the actions will be picked up with the relevant Committee Chairs as required.</p> <p>The Governors noted the presentation.</p>	
6.0	QUALITY	
6.1	<p>2023/24 Priorities</p> <p>SEA presented the submitted Quality Account Priorities for 2023/24 as approved by the Quality and Safety Committee on behalf of the Board.</p> <p>The Council are asked to note the priorities and progress made against them. The new Quality Improvement Priorities for 2023/24 are:</p> <p>Patient Safety: Reduction in inpatient falls (New Priority)</p>	

MINUTE No	TITLE	ACTION
	<p>Patient Safety: Reduction in RJAH acquired pressure ulcers (New Priority)</p> <p>Patient Safety: Reduction in number of medication incidents (New Priority)</p> <p>Clinical Effectiveness: Reduction in delayed discharges (Continued Priority)</p> <p>Patient Experience: End of Life Care and ReSPECT documentation (Continued Priority)</p> <p>Patient Experience: Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services (New Priority).</p> <p>It is important to note two of the Quality Improvement Priorities have also been identified as our Patient Safety Incident Response Framework (PSIRF) priorities; Medication incidents and Falls. Themed reports for both incidents related to falls and medication incidents will be used to create safety improvement actions aiming for a reduction in reported incidents overall and importantly shared learning and improvement actions that can be extrapolated across the organisation.</p> <p>The Council of Governors noted the 2023/24 Priorities.</p>	
7.0	ANNUAL REPORTS	
7.1	<p>Safeguarding Annual Report</p> <p>SEA presented the submitted Safeguarding Annual Report as approved by the Quality and Safety Committee recently. The report provides a summary of the work which has been undertaken and the Trust's performance during 2022/23 in relation to children and young people and adult safeguarding. It outlines key priorities for 2023/24. The report should be read in conjunction with the Shropshire Safeguarding Community Partnership (SSCP) annual reports A link to these documents are available on the safeguarding web page.</p> <p>The Council of Governors noted the annual report.</p>	
8.0	COMMITTEE CHAIRS UPDATES	
8.1	<p>Audit and Risk Committee</p> <p>MN provided a verbal update from the last meeting held on 11 July 2023.</p> <ul style="list-style-type: none"> Discussions were held regarding the annual report and accounts with the deadline met for submission. The auditors presented a 'clean' audit opinion; they were satisfied with the Trusts actions taken. Internal audit provided their conclusion on the previous year, with an overall opinion of 'moderate assurance'. All actions are in line with the plan and timetable. Discussions were held on the plan for 23/24 based on strategic priorities. A risk management group now meets fortnightly All risks have been allocated to Committees with an action plan in place to mitigate risks in a timely manner. <p>The Council of Governors noted the Chair Report.</p>	
8.2	<p>Quality and Safety Committee</p> <p>MN provided a verbal update on the Quality and Safety Committee; held on 22 June and 20 July 2023. The following highlights were noted:</p> <ul style="list-style-type: none"> Lindsey Webb, Non-Executive Director, has taken over the role as Chair of Quality and Safety from Chris Beacock, who has retired. The annual quality accounts were approved and uploaded to the Trust website. An increase in medication errors led to a deep dive in July – key piece of work to look at themes which has resulted in a detailed action plan. No errors led to patient harm. 	

MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> PSIRF framework training is on track for October. Performance has been impacted by industrial action. A deep dive is planned into the health and safety compliance of the theatre barns. <p>The Council of Governors noted the Chair Report.</p>	
8.3	<p>Finance, Planning and Digital Committee</p> <p>SN provided a verbal update on the Finance, Planning and Digital Committee held on 26 June 2023. The following highlights were noted:</p> <ul style="list-style-type: none"> Industrial action has had a significant impact on activity. A deep dive is planned for the August committee on staff availability during industrial action. There has been a lot of work on long waiters - both 104 and 78 week waits. Activity is a big driver of financial performance – an action and recovery plan are in place. A business case is due to be completed next month regarding the theatre development plan. The Board of Directors have received a presentation for oversight on Apollo, the electronic patient record service and a Headley Court update. <p>CC queried the timeline for the theatre complex build. SK noted this is within the business case which is yet to be completed. SN noted there is a 5-year programme for the various phases.</p> <p>Action: GM to share the Apollo presentation and Headley Court update with the Governors and add an update on the Theatre development to the workplan for the next meeting.</p> <p>The Council of Governors noted the Chair Report.</p>	
5.4	<p>People and Culture Committee</p> <p>ME provided a verbal update on the People Committee; held on 20 July 2023. The following highlights were noted:</p> <ul style="list-style-type: none"> There was a strong focus on recruitment and retention. The Trusts vacancy rate is currently 6.72% which is the lowest in last 12 months. The nurse's vacancy rate is currently 13.25% which is equivalent to 37 full time positions. 90% of which will be filled in the next few months by international nurses and students. The Committee received a deep dive on theatre staffing. There was a focus on agency spend, with a task and finish group being established which will report to the System and NHSE. Assurance was received that the Trust is compliant with Safer Staffing and junior doctors working directive regulations. There was a focus on EDI. <p>WG asked whether there are support programmes in place for international recruitment. SK noted the Trust follows the NHSE framework, all recruitment is completed by NHSE with the Trust holding events with the new colleagues to gain feedback. The process is very thorough which result in very few recruits dropping out. PK added the recruitment process is far more sophisticated than in past years. The Council of Governors noted the Chair Report.</p>	
9.0	TO NOTE	

MINUTE No	TITLE	ACTION
9.1	Review of the Workplan DM presented the submitted current work plan for 2023/224 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.	
9.2	Attendance Matrix The Council of Governors noted the submitted Attendance Matrix.	
10.0	ANY OTHER BUSINESS	
	HT thanked the members of Council for their attendance and contribution. He brought the meeting to a close.	

NEXT COUNCIL OF GOVERNORS MEETING: 8 NOVEMBER 2023

SIMLAB

VIRTUALLY AS REAL AS IT GETS

Who we are

- ▶ Donna St John - Simulation Lead
- ▶ Alice Amyes - Simulation Technician



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What we can do



INTERACTIVE
EDUCATION
SESSIONS



SELECTION OF
SKILLS TRAINERS
AND MANIKINS



VISUAL AND AUDIO
RECORDING



REMOTE
SIMULATIONS



SELF-STUDY
SESSIONS

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What we have done



Developing a
Simulation
Framework
Evidence base
Governance
Psychological
Safety



Supporting the
interviews of
Anaesthesia
Associates



Supporting the
development of
student doctors
from Buckingham
University



Supporting the
development of
international
nurses, including
OSCE practice



Escape rooms for
staff teambuilding



Supporting the
Care Certificate
delivery
Holistic skills
academy



Networking with
partner
organisations,
developing
mutually
beneficial plans



Development of
multiple
“background”
processes to
future proof the
sim lab

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Current Simulation Catalogue

- ▶ Acute Pain - Local Anaesthetic Toxicity
- ▶ Acute Pain - Epidural Disconnection
- ▶ Acute Pain - Epidural Level High
- ▶ Paediatric Emergencies - Anaphylaxis
- ▶ Paediatric Emergencies - Status Epilepticus
- ▶ Paediatric Emergencies - Wheeze
- ▶ Paediatric Emergencies - Sepsis
- ▶ HDU - Tachycardia
- ▶ MCSI - Autonomic Dysreflexia
- ▶ MCSI - Urosepsis
- ▶ MCSI - Choking In Bed (Tetraplegic)
- ▶ MCSI - Choking In Wheelchair (Paraplegic)
- ▶ Medical Emergencies - Sepsis
- ▶ Medical Emergencies - Assisted Fall
- ▶ Medical Emergencies - Pulmonary Embolism
- ▶ Medical Emergencies - Hospital Acquired Pneumonia
- ▶ Theatre - Local Anaesthetic Toxicity
- ▶ Theatre - WHO Time Out and Sign Out
- ▶ X-Ray - Faint
- ▶ X-Ray - Anaphylaxis

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Teambuilding and Fun



What we are currently working on

NEWS 2 Faculty
Lead Experience

Student Placements

Teambuilding
Experiences

Wellbeing
Experiences

Supporting the
Apollo project
EPMA

Linking
Human Factors
Simulation
PSIRF

Income generation

MCSI Tracheostomy
Simulation

BM + Anaphylaxis
Boxes Faculty Lead
Experience

Gaining External
Accreditation as a
Centre of
Excellence

Faculty
Development

Acute Pain Sedation
Simulation

Blood Transfusion
Simulation
(Catastrophic
Bleed)

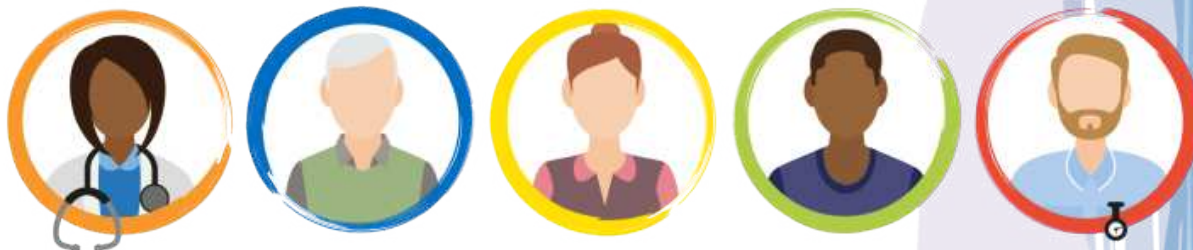
Completion of a
Masters course
(Donna)

Registration with
the Science Council
(Alice)

Introduction of
virtual reality
headsets

Overview of the Trust – November 2023

Stacey Keegan, Chief Executive



Aspiring to deliver world class patient care

Quality and Safety

- In October the Trust moved to using the new Patient Safety Incident Response Framework (PSIRF), which replaces the Serious Incident Framework (SIF).
- PSIRF forms part of the NHS Patient Safety Strategy and sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents (PSI's), for the purpose of learning and improving patient safety.
- As a trust we have developed a Patient Safety Incident Response Plan which outlines our local and national patient safety priorities and what the learning response will be for each event. These include:
 - IPC; Nosocomial Outbreaks and Surgical Site Infections
 - Deteriorating Patients
 - Incidents of VTE
 - Medication Incidents
 - Patient Falls
 - Never Events
 - Patient Death (where acts or omissions, may have be contributing factor)

Quality and Safety – The 4 Principles of PSIRF

PSIRF – Patient Safety Incident Response Framework



Considered and proportionate responses to patient safety incidents



Application of a range of system-based approaches to learning from patient safety incidents



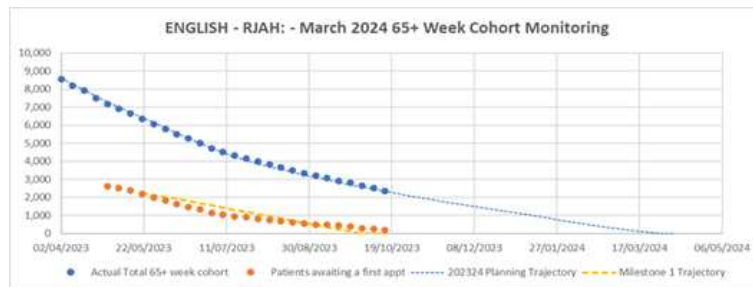
Compassionate engagement & involvement of those affected by patient safety incidents



Supportive oversight focussed on strengthening response system functioning and improvement

Performance

- There remains a small number of NHSE patients waiting over 78 weeks (9), these patients are monitored closely and the delays are deemed to be out of control of the organisation.
- Welsh commissioners have agreed for long waiting spinal disorder patients to be transferred to alternative NHS providers, this will significantly reduce waiting times/backlog.
- Activity remains significantly off track due to Industrial Action and workforce gaps in the first half of the year, although we are now regularly operating out of all surgical theatres due to an increase in staffing which is seeing overall activity increase.
- Our plans to eliminate patients waiting over 65 weeks by the end of March as per NHSE expectations remains on track;



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Finance



Finances remain very challenged

- Forecasting to be £5.3m adrift of plan by the end of the year.
- Much of the pressure driven by external factors (Industrial Action, excess inflation and funding for non-contracted activity).
- Support for the above being discussed at national level (impact is being felt across the broader NHS) – outcome currently unknown.
- Internal pressures from more complex casemix (long wait clearance), activity shortfalls impacting income (including delay to opening of new theatre) and premium cost workforce (bank and agency covering gaps).
- Enhanced Financial controls and Financial Recovery Group established to contain and mitigate where possible.
- System finances remain high on the national agenda as the biggest proportional deficit of allocation (13.5%).

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People



Staff Engagement

- Staff survey launched on 2nd October, with drop-in sessions and protected time given to staff to complete in working hours. Runs until 24th November.
- Pilot launch of ImproveWell digital solutions platform to launch in November.

EDI

- Inclusion and OD team appointed with a workplan of national, regional and Trust objectives and actions.
- Inclusion Strategy and Action Plan launched through all staff communications and social media as part of Inclusion Week in September.
- The Trust has joined the NHSE Diversity in Health and Care Programme.
- Staff Networks are developing with the support of Executive sponsors and allies.

Recruitment

- Open Day on Sunday 8th October was well attended with a mix of age groups and interest in different professions. Great connections made with the community and opportunities to progress interest in vacancies.

GIRFT Elective Surgical Hub Accreditation Programme



The Trust has been successfully accepted on to cohort 3 of the NHS England's Getting It Right First Time (GIRFT) Elective Surgical Hub Accreditation programme.

The programme, in collaboration with the Royal College of Surgeons of England, and supported by the Royal College of Anaesthetists, assesses elective surgical hubs against a framework of standards to help hubs deliver faster access to some of the most common surgical procedures which includes hip replacements. It also seeks to assure patients about the high standards of clinical care provided by the hubs.

The prospective hubs are evaluated against key clinical and operational domains:

1. The patient pathway
2. Staff and training
3. Clinical governance and outcomes
4. Facilities and ring-fencing
5. Utilisation and productivity

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Corporate Objectives



The complete Corporate Objectives are included in the pack under 'to note'.

Click on an icon below to visit a specific Corporate Objective

-  1 Deliver high quality clinical services
-  2 Develop our Armed Forces and Veterans service as a nationally recognised centre
-  3 Integrate MSK pathways across STW
-  4 Grow our services and workforce sustainably
-  5 Innovation & research at the heart of what we do

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Adult Inpatient Survey



- We have again been named by the CQC as one of just eight organisations placed in the top band of Trusts across England delivering results that are considered “**much better than expected**”
- We once again score **No 1 in the country for overall patient experience** – for the fourth year in a row
- Our **food has been rated No 1 in the country** for the 17th time in the last 18 years
- We rated No 1, for the third year running, for patients reported that **their room or ward was clean**
- A higher percentage of patients had **confidence and trust in both our doctors and our nurses** compared to any other hospital in England
- Areas for improvement – an action plan has been identified to address these areas:
 - not prevented from sleeping at night
 - able to get food outside of mealtimes
 - asked to give views of quality of care during stay
 - family or carers involvement in discussions about leaving the hospital (new question)



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Flu and Covid vaccination



Figures as of 25/10/23

- Flu Frontline Staff – 435 (33%)
- Covid Frontline Staff – 284 (21%)
- Flu Non-Frontline Staff – 232 (36%)
- Covid Non-Frontline Staff – 196 (30%)

Vaccinator Training

- Flu = 24 staff
- Covid = 20 staff

Clinics

- We continue to hold clinics on Baschurch daily Monday-Friday 13.30-17.00
- During this time staff also provide a walkabout delivery of vaccine.
- Vaccinators can also collect vaccine for their area to peer vaccinate

Questions and Answers

Committee / Group / Meeting, Date

Council of Governors, 8 November 2023

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Gayle Murphy

Report sign-off:

Stacey Keegan
Chief Executive Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

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

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

- The Council members requested no items for the agenda
- The Council members raised 3 questions

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.

Questions and Answers

Question

Colin Chapman, Public Governor Shropshire, 11.10.2023

How many staff has the Trust employed since commencing recruitment days and more importantly how many are still with us? Departmental statistics would be good as would reasons for leaving.

Response Provided by Andrea Martin, Acting Deputy Chief People and Culture Officer:

Since the reinstatement of the recruitment days in January 2023, 231 employees have commenced with the Trust, seeing a 94% retention rate, with 14 leavers. The table below shows a breakdown by staff group. Please note the data excludes planned rotational medical trainees. Further detail has been requested to span 10 year period which is being worked up and agreed to be provided at a later date.

Staff Group	Starters since 28th January 2023	Number of which have now left
Add Prof Scientific and Technic	1	0
Additional Clinical Services	80	7
Administrative and Clerical	58	1
Allied Health Professionals	24	0
Estates and Ancillary	18	2
Medical and Dental	19	3
Nursing and Midwifery Registered	31	1
Total	231	14

William Greenwood, Public Governor Powys, 16.10.2023

**Is the Trust continuing to make solid progress regarding infection prevention and control?
Are there any recent incidents we need to be aware of?**

Response Provided by Sam Young, Deputy Chief Nurse and Patient Safety Officer:

IPC Improvement Plan update:

161 actions have been completed and sustained.

6 are in progress and one action is overdue pertaining to FFP3 mask testing.

A plan has been endorsed at IPC working Group and will be completed within the next 6 months.

IPC Governance is strengthened by:

- Compliance position to IPC Board Assurance Framework and Health and Social Care Act managed monthly by the IPC Quality Management System dashboard
- Workshops and working groups planned to regularly review and update compliance to Health and Social Care Act criterion
- Actions are assigned to strengthen gaps in assurance, others as a result from audit, quality visits or case reviews
- All actions are sited on the IPC Quality Improvement Plan
- Oversight and review is conducted by the deputy director of Infection Prevention Control (DDIPC) at Infection Prevention and Control and Cleaning Working Group to maintain traction
- Risks are escalated to Infection Prevention and Control and Cleaning meeting

Questions and Answers

to the Chief Nurse via chairs report

- Cleaning and Anti-Microbial Stewardship reports are received routinely to Infection Prevention and Control and Cleaning Working Group and Quality and Safety Committee for oversight
- Estate and facilities upgrades continue in line with IPC improvements and recommendations

Surgical Site infections Update: April to June 2023 (Q2)

- 3 x Total Hip Replacement
- 1 x Total Knee Replacement
- 1 x Spinal Surgery
- Quarterly updates with the Integrated Care Board and NHS England of Surgical Site Infections continue – the Surgical Site Infection rate trend is maintained within expected limits
- Surgical Site Infections case reviews are undertaken by Surgical Site Surveillance/IPC team following new Surgical Site Surveillance process (aligned to PSIRF). The Trust is 100% compliance with timelines.

The bi-annual visit from the NHS England IPC Lead and Integrated Care Board continues with good engagement from RJAH staff. There were no IPC Incidents declared.

William Greenwood, Public Governor Powys, 16.10.2023

RJAH undertakes a lot of really good initiatives to retain its trained workforce. What is the latest in terms of trends for our retention and recruitment numbers? What are our top 3 professional groups we need to do better with?

Response Provided by Denise Harnin, Chief People Officer:

Initiatives currently in place and promoted:

International Recruitment
Recruitment Days – opportunity promotion
Golden Ticket Scheme
Stay conversations
Carer Cafe
Buddy walkabout
Trainee Nurse Associate Programme
School/College NHS Career Conversations – Promoting NHS career and apprenticeships including degree apprenticeships

Trends for our retention and recruitment numbers

Turnover

- Turnover for rolling twelve months reported at 9.07%; within the 12% target that was submitted in Trust's Operational plan. Included as an IPR exception as graph indicates special cause variation of an improving nature.
- 12 leavers within the month.
- The table below provides an oversight of leavers by staff group over the last twelve months:

Staff Group	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Add Prof Scientific and Technic	0	0	1	0	0	0	0	0	0	1	0
Additional Clinical Services	4	2	4	4	2	5	1	2	2	7	5
Administrative and Clerical	8	4	4	3	2	2	4	0	0	6	5
Allied Health Professionals	3	2	2	5	4	1	1	3	0	3	2

Questions and Answers

Estates and Ancillary	1	1	1	1	1	1	5	1	4	1	0
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0
Medical and Dental	1	2	0	0	5	0	1	2	0	2	17
Nursing and Midwifery Registered	5	3	2	5	1	3	6	3	2	1	2
Trust Wide Total	22	14	14	18	15	12	18	11	8	21	31

September leavers analysis:

- 12 leavers in month, 6 from MSK and 6 from Specialist Unit
- Reasons for leaving were:
 - 2 for flexi retirement – returning to employment on reduced hours
 - 1 leaver due to ill-health capability
 - 1 end of training contract
 - 8 due to voluntary resignations due to; 2 Other/Not Known, 1 Promotion, 2 Relocation, 1 to undertake further training, 2 for work-life balance.

- Below shows the FTE of confirmed leavers until March 2024 and the FTE of fixed term contracts due to end

Future Leavers (FTE)	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Termination forms received	4.44	1.64	1	1.69	0	0
Fixed term contracts ending	0	0	4.76	3.6	20.97	0
Total	4.44	1.64	5.76	5.29	20.97	0

*includes 10 on
Medical rotation

Vacancy Rate

- Overall vacancy rate remains below the 8% target at 5.30%.
- Further breakdowns below to demonstrate vacancies by area, followed by recruitment pipeline per staff group as at the 1st October.

CURRENT RECRUITMENT PIPELINE (FTE offers made)	Conditional Offer	Ready to Start	Start Date booked	International Recruitment	Student Offers	Total
Add Prof Scientific and Technic	1	1	0	0	0	2
Additional Clinical Services	9.73	4.04	4.4	0	0	18.17
Administrative and Clerical	3.6	3	4.6	0	0	11.2
Allied Health Professionals	3	1	1	0	0.8	5.8
Estates and Ancillary	0.95	0	0	0	0	0.95
Healthcare Scientists	1	0	0	0	0	1
Medical and Dental	4.13	2	1	0	0	7.13
Nursing and Midwifery Registered	1	0	1	18	6.44	26.44
TRUST WIDE TOTAL	24.41	11.04	12.00	18.00	7.24	72.69

Nursing

- Nursing at 9.74% for September month end.
- Operationally, internal dashboards are updated on a weekly basis. Closest position to month end is for week ending 1st October where vacancies equated to 31.97 WTE.
- Further breakdowns below by area, followed by recruitment pipeline per staff group. Third table demonstrates the FTE of starters forecast to commence with the Trust in next six months:

UNIT	FTE Budgeted	FTE Actual	Vacant FTE	% Vacant (Current)
MSK Delivery Unit	189.66	174.56	15.10	7.96%
Nursing and Patient Safety	6.63	6.57	0.06	0.85%
Office of the CEO	1	2.00	-1.00	-100.00%

Questions and Answers

Office of the Medical Director	2.77	3.27	-0.50	-18.17%
People	9.2	8.29	0.91	9.86%
Specialist Delivery Unit	126.41	109.00	17.41	13.77%
TRUST WIDE TOTAL	335.67	303.70	31.97	9.52%

CURRENT RECRUITMENT PIPELINE (FTE offers made)	Conditional Offer	Ready to Start	Start Date booked	International Recruitment	Student Offers	Total
MSK Delivery Unit	0	0	1	11	5.64	17.64
Specialist Delivery Unit	1	0	0	7	0.8	8.8
Total	1	0	1	18.00	6.44	26.44

Nursing - Confirmed/Forecast Start Month	October	November	December	January	February	March
MSK Delivery Unit	6.64	2	3	0	0	5
Specialist Delivery Unit	4	2	0	0	0	2
Total	10.64	4	3	0	0	7

Healthcare Support Workers

- Healthcare Support Workers at 16.41% for September month end. The increased number of vacancies is primarily driven by nine staff that have moved into Trainee Nurse Associate roles.
- Operationally, internal dashboards are updated on a weekly basis. Closest position to month end is for week ending 1st October where vacancies equated to 35.93 WTE.
- Further breakdowns below by area, followed by recruitment pipeline per staff group. Third table demonstrates the FTE of starters forecast to commence with the Trust in next six months:

UNIT	FTE Budgeted	FTE Actual	Vacant FTE	% Vacant (Current)
MSK Delivery Unit	110.48	90.70	19.78	17.90%
Nursing and Patient Safety	1	1	0.00	0.00%
People	0	0.8	-0.80	0.00%
Specialist Delivery Unit	106.45	89.50	16.95	15.92%
TRUST WIDE TOTAL	217.93	182.00	35.93	16.49%

UNIT	Conditional Offer	Ready to Start	Start Date booked	Total
MSK Delivery Unit	4.13	1.76	1.00	6.89
Nursing and Patient Safety	0.00	0.00	0.00	0.00
People	0.00	0.00	0.00	0.00
Specialist Delivery Unit	2.60	1.28	0.00	3.88
Total	6.73	3.04	1.00	10.77

HCSW - Confirmed/Forecast Start Month	October	November	December	January	February	March
MSK Delivery Unit	6.89	0	0	0	0	0
Specialist Delivery Unit	3.24	0.64	0	0	0	0

Questions and Answers

Total	10.13	0.64	0	0	0	0
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Allied Health Professionals

- Allied Health Professionals at 3.92% for September month end. This is the first month this metric has been reported below target since November-22.
- Operationally, internal dashboards are updated on a weekly basis. Closest position to month end is for week ending 1st October where vacancies equated to 9.33 WTE.
- Further breakdowns below showing by area and then recruitment pipeline for specific AHP roles. Third table demonstrates the FTE of starters forecast to commence with the Trust in next six months:

UNIT	FTE Budgeted	FTE Actual	Vacant FTE	% Vacant (Current)
MSK Delivery Unit	148.98	144.92	4.06	2.73%
Nursing and Patient Safety	1	1.00	0.00	0.00%
Office of the Medical Director	1.48	0.40	1.08	72.97%
Specialist Delivery Unit	36.2	32.01	4.19	11.57%
TRUST WIDE TOTAL	187.66	178.33	9.33	4.97%

AHP ROLE	Conditional Offer	Ready to Start	Start Date booked	Student Offers	Total
Chiroprapist/Podiatrist	0.00	0.00	0.00	0.00	0.00
Occupational Therapist	0.00	0.00	0.00	0.00	0.00
Operating Department Practitioner	0.00	0.00	0.00	0.00	0.00
Orthotist	0.00	0.00	0.00	0.00	0.00
Pharmacist	0.00	0.00	0.00	0.00	0.00
Physiotherapist	2.00	1.00	1.00	0.00	4.00
Radiographer - Diagnostic	1.00	0.00	0.00	0.80	1.80
TOTAL	3.00	2.00	1.00	0.80	5.80

AHP ROLE	October	November	December	January	February	March
Chiroprapist/Podiatrist	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0
Operating Department Practitioner	0	0	0	0	0	0
Orthotist	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0
Physiotherapist	2	2	0	0	0	0
Radiographer - Diagnostic	0.8	1	0	0	0	0
TOTAL	2.8	3	0	0	0	0

Areas of Focus

All areas continue to be a focus for recruitment and retention. In respect of three in particular, the following are listed:

Nursing
AHP
HCSW

Questions and Answers

Strategic objectives and associated risks:

The Council of Governors support delivery of all the Trust’s objectives.

Recommendations:

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

Report development and engagement history:

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

Next steps:

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

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Fit and Proper Persons Test

Committee / Group / Meeting, Date

Council of Governors, 8 November 2023

Author:**Contributors:**Name: Dylan Murphy
Role/Title: Trust Secretary**Report sign-off:**Name: Stacey Keegan
Role/Title: Chief Executive Officer**Is the report suitable for publication?:**

YES.

Key issues and considerations:**1. Introduction and implication for the Council of Governors**

NHSE wrote to ICB and NHS trust / FT Chief Executives in 2 August 2023 to alert them to publication of the [Fit and Proper Person Test \("FPPT"\) Framework](#). This was developed in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT. It also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The Framework, which applies to both Executive and Non-Executive Directors of NHS Boards, came into effect on 30 September. Key elements include:

- A revised FPPT self-attestation form, for use of appointment and annually thereafter;
- The requirement for a series of checks to be undertaken annually, as well as on initial appointment;
- Use of a standard reference for Board members; and
- Linkages with the forthcoming NHS Leadership Competency Framework and associated board appraisal framework (both of which are yet to be published).

The revised Framework advises that Governors will *"continue to make chair and NED appointments in accordance with their statutory duties and local constitution. These continue to be subject to satisfactory recruitment checks, and this will now include consideration of the initial FPPT assessment"*.

The Council of Governors will receive an annual report on application of the Framework and *"Should be advised of any outcome from a non-executive board member (including the chair) FPPT assessment as 'not fit and proper.' Dependent on the circumstances and in accordance with the local constitution, the CoG would be involved as appropriate with any subsequent removal process, where applicable."*

2. Requirements of the FPPT assessment

Extracts from section 3 of the Framework which cover the scope of the assessments are included below:

Full FPPT

"A documented, full FPPT assessment – a complete assessment by the employing NHS organisation against the core elements (detailed in section 3.7) – will be needed in the following circumstances:

- 1. New appointments in board member roles, whether permanent or temporary, where greater than six weeks, this covers:*
 - a. new appointments that have been promoted within an NHS organisation*
 - b. temporary appointments (including secondments) involving acting up into a board role on a non-permanent basis*
 - c. existing board members at one NHS organisation who move to another NHS organisation in the role of a board member*
 - d. individuals who join an NHS organisation in the role of board member for the first time from an organisation that is outside the NHS.*

Fit and Proper Persons Test

2. *When an individual board member changes role within their current NHS organisation (for instance, if an existing board member moves into a new board role that requires a different skillset, e.g. chief financial officer).*
3. *Annually; that is, within a 12-month period of the date of the previous FPPT to review for any changes in the previous 12 months"*

The requirement for in-depth annual tests is a new requirement. These will entail:

- Consideration of any disciplinary findings; grievance against the board member; whistleblowing claim(s) against the board member; evidence of behaviour not in accordance with organisational values and behaviours or related local policies;
- the conclusions of the annual appraisal;
- A series of searches / checks of publicly available sources, including: professional register check (e.g. membership of professional bodies); insolvency check; Disqualified Directors Register check; disqualification from being a charity trustee check; Employment Tribunal Judgement check; and social media check;
- Confirmation by the Chair (or the Senior Independent Director, when the test relates to the Chair) that the various checks have been completed satisfactorily.

Annual Self-attestation

As well as the assessment undertaken the employing / appointing body, the FPPT process requires that: *"Every board member will need to complete an annual self-attestation, to confirm that they are in adherence with the FPPT requirements. Self-attestations will be a necessary step that forms a part of the full FPPT assessment"*.

3. References

The Framework (at section 3.9) includes a detailed section on the provision / request of references for Board members. Standard references templates are to be used and *"the template should be completed, and retained locally in an accessible archive, for departing board members even where they have indicated they are moving onto a non-NHS role and/or performing a role that is not on the board, or where they have indicated they are to retire."*

NHS organisations also need to obtain references before the start of a board member's appointment. The standard template should be used for intra intra-NHS appointments . If the appointee *"is entering the NHS for the first time or coming from a post which was not at board member level... The new employing NHS organisation should make every practical effort to obtain such a reference which fulfils the board member reference requirements."*

4. Accountability and regulation

The Chair - The Framework states that *"Chairs are accountable for taking all reasonable steps to ensure the FPPT process is effective and that the desired culture of their NHS organisation is maintained to support an effective FPPT regime"*. Compliance with the FPPT framework will be monitored / assessed through various channels:

Care Quality Commission - *"The CQC's role is to ensure NHS organisations have robust processes in place to adequately perform the FPPT assessments, and to adhere to the requirements of Regulation 5 of the Regulations. As such, as part of the Well Led reviews, CQC will consider the:*

- *quality of processes and controls supporting the FPPT*
- *quality of individual FPPT assessments*
- *board member references, both in relation to the new employing NHS organisation but also in relation to the NHS organisation which wrote the reference*
- *collation and quality of data within the database and local FPPT records."*

NHS England - *"NHS England will have oversight through receipt and review of the annual FPPT submissions to the relevant NHS England regional director from NHS organisations."*

Internal audit/external review - *"Every three years, NHS organisations should have an internal audit to assess the processes, controls and compliance supporting the FPPT assessments. The internal audit should include sample testing of FPPT assessment and associated documentation."*

Fit and Proper Persons Test

NHS organisations should consider inclusion of FPPT process and testing in the specification for any commissioned Well-Led/board effectiveness reviews.”

Internal Governance - “For good governance, organisations should be clear about the reporting arrangements across the FPPT cycle. This is likely to include:

- an update to a meeting of the board in public to confirm that the requirements for FPPT assessment have been satisfied at least annually
- consideration by the Audit Committee, for example where there is a related internal or external audit review included in the audit programme
- relevant information to the Council of Governors (CoG) in an NHS foundation trust”

Corporate objectives and associated risks:

Implementation of the FPPT will be within scope of the CQC well-led assessment and is therefore a key measure of the Trust’s governance arrangements affecting the Trust’s rating within the Oversight Framework.

Recommendations:

That the Council of Governors:

- 1) NOTE the update on the implementation of the revised Fit and Proper Persons Test Framework.

Report development and engagement history:

The report reflects the content of NHS England *Fit and Proper Person Test Framework (FPPT) for board members* published on 2 August 2023 and the NHSE webinar on *Fit and Proper Persons Test (FPPT) Framework Implementation* held on 30 August 2023.

The Board of Directors received a more detailed version of this paper at their meeting in private in September 2023.

Next steps:

Other national developments will inform and support implementation of the FPPT. These are also summarised in the NHSE letter of 2 August 2023:

*“Working with system colleagues and wider stakeholders, we are currently finalising a new **NHS Leadership Competency Framework (LCF)** for board level roles. We will share this with you by September, so that you can implement this alongside the FPPT Framework.*

The LCF will help inform the ‘fitness’ assessment in the FPPT in line with the recommendation in the Tom Kark KC Review on professional standards. It takes account of the NHS Long Term Workforce Plan, NHS People Promise and ICB formation, and will support you to develop a diverse range of skilled and proficient leaders to deliver the best outcomes for our patients, workforce and wider communities.

*A new **board appraisal framework** will also be published, incorporating the LCF, by March 2024. By the end of Q1 2024, we will ask you to use this for all annual appraisals of all board directors for 2023/24.”*

Acronyms

CQC	Care Quality Commissioner
CoG	Council of Governors
FPPT	Fit and Proper Persons Test
LCF	NHS Leadership Competency Framework
NHS	National Health Service

Committee / Group / Meeting, Date

Council of Governors, 8 November 2023

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

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

Report sign-off:

N/A

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

Membership Total

The current membership total (on 01 November 2023) was 6748:

Staff	1299
Public	5449
Total	6748

The Trust membership target for 2022/23 was amended during a previous meeting to achieve a year-on-year increase. In November 2022 membership stood at 6420. As such, there has been around a 5.1% increase over the last twelve months.

Though the membership total has fallen year-on-year, the low point was September 2022, when the figure was 6396. Since September 2022, the membership has risen by around 5.5%.

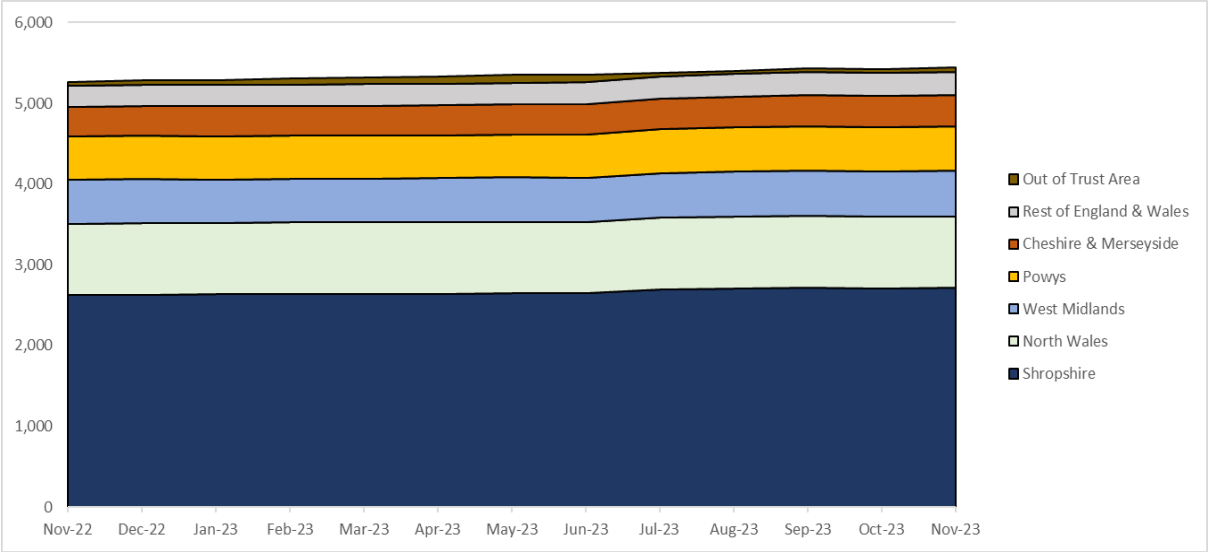
Public Constituencies

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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Cheshire & Merseyside	368	370	370	370	369	370	374	374	379	385	392	392	393
North Wales	885	884	879	884	884	883	884	884	889	887	887	885	888
Powys	533	533	533	531	531	532	533	535	540	543	546	544	546
Shropshire	2,623	2,632	2,634	2,639	2,639	2,642	2,649	2,647	2,692	2,706	2,716	2,710	2,713
West Midlands	545	547	545	546	547	548	549	549	556	564	563	562	562
Rest of England & Wales	261	262	262	263	264	265	267	268	279	283	288	289	290
Out of Trust Area	49	57	63	75	82	87	94	102	42	36	39	44	57
Total	5,264	5,285	5,286	5,308	5,316	5,327	5,350	5,359	5,377	5,404	5,431	5,426	5,449

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

Figure 1 – public membership since Nov 2022 (building up from the category with the largest number):

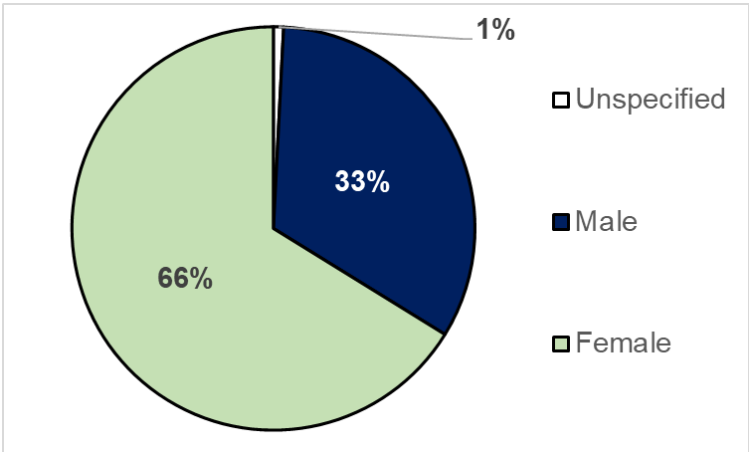


Gender

The table below presents the number of male and female members.

	Nov-22	Dec-22	Jan -23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23
Gender	5,264	5,285	5,286	5,308	5,316	5,327	5,350	5,359	5,377	5,404	5,431	5,426	5,449
Unspec.	43	43	43	43	43	43	43	42	42	42	42	44	44
Male	1,723	1,731	1,731	1,737	1,739	1,744	1,753	1,758	1,763	1,776	1,796	1,792	1,798
Female	3,498	3,511	3,512	3,528	3,534	3,540	3,554	3,559	3,572	3,586	3,593	3,590	3,607

The figures for Nov 2023 in the table above are presented in an alternative format in the chart below:



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

Ethnicity

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

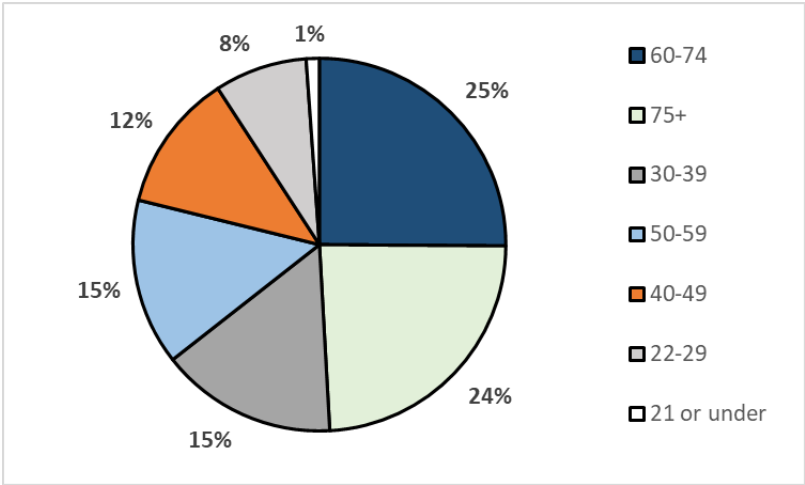
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23
Ethnicity	5,263	5,284	5,285	5,307	5,315	5,326	5,349	5,358	5,376	5,403	5,430	5,425	5,448
White	3,182	3,188	3,182	3,181	3,180	3,184	3,192	3,193	3,195	3,203	3,202	3,199	3,198
BME	114	114	114	116	116	116	119	118	118	121	122	121	122
Not stated	1,967	1,982	1,989	2,010	2,019	2,026	2,038	2,047	2,063	2,079	2,106	2,105	2,128

Age

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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23
Age	4,929	4,951	4,953	4,977	4,987	5,002	5,027	5,037	5,052	5,078	5,104	5,100	5,123
14-21	69	68	67	64	62	58	56	55	58	59	60	59	59
22-29	425	424	425	435	434	428	431	431	430	425	419	409	416
30-39	711	718	721	723	730	738	744	747	756	767	786	786	793
40-49	577	581	580	583	586	587	590	591	596	602	610	615	621
50-59	743	746	741	746	748	750	751	747	743	747	746	745	748
60-74	1,286	1,289	1,292	1,287	1,284	1,287	1,292	1,295	1,302	1,307	1,307	1,301	1,301
75+	1,187	1,193	1,194	1,203	1,205	1,212	1,219	1,226	1,225	1,230	1,236	1,244	1,244

The figures for November 2023 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):



Membership Update

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

Ranking	November 2023	November 2022
1	60-74 year-olds at 25%	60-74 year-olds at 26%
2	75 years-old or over at 24%	75 years-old or over at 24%
3	30-39 year-olds at 15%*	50-59 year-olds at 15%
4	50-59 year-olds at 15%*	30-39 year-olds at 14%

*.*Both rounded to 15% of the total but the figure for 30-39 year-olds is higher.*

Strategic objectives and associated risks:

The Council of Governors support delivery of all the Trust's objectives.

Recommendations:

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

Report development and engagement history:

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

Next steps:

Membership numbers will continue to be monitored and reported.

Appendices:

None

Governors' survey Action Plan

Committee / Group / Meeting, Date

Council of Governors, 8 November 2023

Author:Name: Dylan Murphy
Role/Title: Trust Secretary**Contributors:**Name: Victoria Sugden
Role/Title: Lead Governor**Report sign-off:**

n/a

Is the report suitable for publication?:

YES

Key issues and considerations:

As part of the Council of Governors' Annual Review, governors were asked to complete a survey to share their opinions of the operation of the Council and their experience as a governor.

The results of the survey were presented in July 2023 when it was agreed that the Chair, Lead Governor and Trust Secretary would consider the results and Governors' comments and identify actions to address any apparent issues or make any suggested improvements. Some proposed actions were presented to the Council on 21 September. These relate chiefly to:

- Induction, training and "buddying" arrangements;
- Communication and engagement; and
- Meeting arrangements.

As the 21 September meeting was not quorate, the proposals were also circulated for comment by correspondence. No changes to the proposed actions were requested and they were therefore agreed.

The attachment includes a reminder of the agreed actions, along with an initial update on progress to date and the next steps in implementing them.

Strategic objectives and associated risks:

The work of the Council has supported delivery of all the Trust objectives.

Recommendations:

That the Council of Governors:

1. NOTE the actions developed in response to the governors' survey; and
2. CONSIDER and COMMENT on the initial summary action plan.

Report development and engagement history:

The survey results reflected responses received during the governors' survey. The proposed actions are based on conversation between the Trust Secretary, Chair and Lead Governor, as subsequently circulated to, and agreed by, the Council of Governors.

Next steps:

A work programme to deliver the identified actions will be developed. Progress in delivering the actions will be reported to future meetings of the Council of Governors.

Attachments

Appendix A Summary Action Plan

Appendix: Council of Governors' survey – Summary Action Plan

Ref.	Action	Update
1	<p>NHS Providers to be engaged to provide a training / refresher session to incorporate:</p> <ul style="list-style-type: none"> The respective roles of Governors, Non-executive Directors, the Board of Directors etc. The role of Foundation Trusts / Governors within the integrated care system. 	<p>DM to engage NHS Providers to consider a session via their "GovernWell" programme with the Council of Governors and Board of Directors. NHS Providers describes the programme as follows:</p> <p><i>"Established in 2013, GovernWell is a wide-ranging governor support programme. With a focus on quality and relevant content, the governor role in practice and an interactive approach, we strive to equip governors with the knowledge, skills and confidence required to fulfil their statutory role effectively.</i></p> <p><i>Our offer includes:</i></p> <ul style="list-style-type: none"> <i>the national training programme for foundation trust governors</i> <i>Governor Focus conference – an annual event exploring national issues in health and care that impact on the governor role</i> <i>virtual workshops – to enable governors to keep up to date with key policy issues, share good practice and discuss hot topics with peers</i> <i>Governor Focus e-newsletter so governors can keep up with developments in the sector</i> <i>support and guidance on our webpages including jargon busters, guidance documents and induction resources."</i> <p>When options are confirmed, HT and VS to agree the content and session/s to be arranged.</p>
2	<p>Subsequent training / refresher session to be held annually, incorporating a joint session with the Board of Directors.</p>	<p>Joint sessions will be considered / arranged, via GM / DM, to complement the agreed "GovernWell" programme.</p> <p>DM / GM to engage the Trust's training and development team to identify wider training and development opportunities that could be accessed by Governors during 2024 and beyond.</p> <p>A joint Board of Directors / Council of Governors lunch has been arranged for 6 December 2023.</p>
3	<p>The corporate office to keep Governors informed of national training / material on the role of an FT Governor and support access to those resources.</p>	<p>GM to:</p> <ul style="list-style-type: none"> Support Governors to register with NHS Providers to access Governor resources directly, via: Log In - NHS Providers; and Circulate information on key resources / events relevant to Governors as it becomes available.
4	<p>Development of a Governor mentorship scheme to build on the proposals around "buddying" arrangements. The corporate office will identify appropriate mentorship training opportunities, seek expressions of interest from Governors and support access to those opportunities.</p>	<p>Initial proposals, to provide Governors with an identified "buddy", are:</p> <ul style="list-style-type: none"> William Greenwood and Martin Bennett Victoria Sugden and Sheila Hughes Allen Edwards and Phil White Kate Betts and Colette Gribble Katrina Morphet, Karina Wright and Simon Jones

Appendix: Council of Governors' survey – Summary Action Plan

Ref.	Action	Update
		<ul style="list-style-type: none"> Colin Chapman and Tony Wright <p>Governors are encouraged to contact their nominated "buddy" to discuss their role and:</p> <ol style="list-style-type: none"> Consider issues / address queries between themselves; or Consider any issues that should be referred to the Lead Governor, Chair or Trust Secretary (via GM) <p>Identify and share opportunities for training and development, in line with actions 1 and 2.</p>
5	<p>Development of a structured Governors induction programme, to include:</p> <ul style="list-style-type: none"> Attendance at the Trust's corporate induction; Meetings with key individuals, including the Lead Governor, Chair and Trust Secretary; and Sign-posting to relevant national training opportunities / materials. 	DM and GM to work with HT and VS to develop an induction programme (including the suggested content) to be in place for the 2024 round of elections / appointment.
6	The Communications Team to provide a further update to the Council of Governors on arrangements for engaging patients and service users.	Linked to action 7 – GM to invite the Communications Team to present an update on engagement and outreach, following HT's initial consideration with the Team.
7	Consideration of Governor "outreach" / social media presence. The Chair to initially consider this with the Communications team, with a paper to be presented to a future Council of Governors meeting	Linked to action 6 – GM to invite the Communications Team to present an update on engagement and outreach, following HT's initial consideration with the Team.
8	<p>Presentation of a Board committee update to the next ordinary meeting of the Council of Governors, to include:</p> <ul style="list-style-type: none"> An update on the newly created Digital, Education, Research and Innovation Committee (which will provide more opportunities for Governors to consider "research and innovation"). 	<p>An update on the establishment and initial meeting of the Digital, Education, Research and Innovation Committee is included on the agenda for the 8 November meeting.</p> <p>The meeting was attended by Karina Wright.</p> <p>Regular updates from the Committee will continue to be presented to the Council.</p>
9	a) Regular Council of Governors meetings to continue as face-to-face meetings (with an expectation that Governors attend the core quarterly meetings).	<p>Regular meetings have been arranged as face-to-face meetings.</p> <p>Additional meetings will ordinarily be arranged as virtual meetings.</p>

Appendix: Council of Governors' survey – Summary Action Plan

Ref.	Action	Update
	b) Additional meetings, including extra-ordinary meetings, nomination committee meetings etc, generally to be held virtually.	
10	Governors to continue to receive invitations to attend Board committee meetings (to observe how the Non-Executive Directors perform their role at those meetings).	Invitations to Board and committee meetings will continue to be extended to Governors.
11	Governors to consider pre-meeting arrangements, including: <ul style="list-style-type: none"> What the focus of such meetings should be (e.g. discussing questions to be asked at the subsequent meeting); and How much time is required to hold such meetings. 	VS to work with Governors to consider future arrangements. GM to work with VS to provide logistical support (such as meeting arrangements / room bookings).
12	Governors to consider current arrangements for engagement with Non-Executive Directors, including any proposed alternative arrangements.	NEDs to continue to attend CoG meetings to provide updates on "their" committees. VS to work with Governors to consider future arrangements. GM to work with VS to provide logistical support (such as meeting arrangements / room bookings).

Chair's Assurance Report Audit and Risk Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 November 2023
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	Paper written on:	25 October 2023
Paper Reviewed by:	Martin NEWSHOLME, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Private	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the Audit and Risk Committee to the Board of Directors. The Board is asked to consider the recommendations of the Audit and Risk Committee.

2. Context

2.1 Context

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

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

3. Assurance Report from Audit and Risk Committee

This report provides a summary of the items considered at the Audit and Risk Committee on 10 October 2023. It highlights the key areas the Audit and Risk Committee wishes to bring to the attention of the Board.

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

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

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

There were no items to alert 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:

Chair's Assurance Report Audit and Risk Committee

Theatre Waste Briefing

The Committee were not assured from the paper tabled as it did not show any comparison data, therefore the Committee asked for the briefing to be tabled for discussion at the Finance and Performance Committee to provide further assurance. The members of the meeting discussed the wastage on the wards. It was recognised that there is the opportunity to reduce wastage of ward consumables.

Code of Governance

The Committee asked for regular reports on the status to be presented at future meetings. The Trust are considering any actions which can be aligned to assurance committees' terms of reference to improve the Trust's position. The action plan will be shared with the Committee and Board of Directors in due course.

Managing Conflicts of Interest Policy

The Committee considered the policy and asked for further amendments to be incorporated into the document before approval. It was agreed that the policy will be reviewed outside the meeting and circulated to members for approval to expedite the approval process.

Internal Audit Progress Report

The Committee raised concerns regarding the number of outstanding recommendations following receipt of the internal audit follow-up paper. The Trust offered re-assurance on the internal processes which are embedded. These included that Trust having their own internal audit tracker and regular meeting are in scheduled with the Executive Team to discuss the progress of each recommendation. It was confirmed that the internal audits are aligned and overseen at the relevant assurance Committee. The Committee asked for the paper to be discussed at the next Executive Team Meeting.

Risk Management Report

There continues to be good progress made by the Trust to embed and sustain risk management. The Committee asked the Trust to consider ways which the improvement can be reported and learning shared. It was noted that further support is required for the Corporate Services, which is currently being addressed. The next focus piece for the risk management group is age profiles of risk.

External Audit Lead Individual

Board are asked to note that the Deloitte audit partner will change this year as Mo Ramzan has reached the time limit for leading the audit. Deloitte will ensure continuity in the team.

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.

Chair Report Information Governance Meeting

The Committee noted the report which had no issues to escalate. It was suggested that the report should be strengthened particularly within the advice and alert sections of the report.

Finance Governance Pack

The Committee were assured with the process and reporting in place for the finance governance paper. Further information is expected at a future meeting in relation to the theatre wastage.

Declaration of Interest and Hospitality Register

The completion figure is currently at 96%. It was acknowledged that it is difficult to obtain 100% due to reasons such as long-term sickness. Internal Audit are completing a review on the Declaration of Interest and Hospitality Register which will provide further assurance once complete.

GGI Action Plan

The Committee were assured with the action plan which reports one action outstanding.

Policy Tracker

Chair's Assurance Report Audit and Risk Committee

The Committee were assured with the policy tracker in place which is aligned to all assurance Committees. Further work is to be completed to ensure the tracker is pro-active and a forward look of 12months is to be presented going forwards.

Counter Fraud Progress Report

The Committee were assured with the progress report provided by Counter Fraud. The Committee were informed that there are no issues raised in relation to the delivery of the programme of work. There has been one referral since the last committee meeting – this has been investigated and closed.

External Audit Progress Report

Deloitte are currently completing an audit of the Trust's charity which is due to be completed and presented for approval at the charitable Funds Committee in December.

Board Assurance Framework and Risk Appetite

Work is underway to review the Board Assurance Framework, align with the recently approved corporate objectives and consideration is being given to the risk appetite following the Board session with the Good Governance Institute. The Committee were assured with the processes in place.

4.0 Conclusion / Recommendation

The Council of Governors is asked to:

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

Chair's Assurance Report
Finance and Performance Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 November 2023
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	Paper written on:	02 November 2023
Paper Reviewed by:	Sarfraz Nawaz, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors – Private	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the Finance and Performance Committee. The Board is asked to consider the recommendations of the Finance and Performance Committee.

2. Context

2.1 Context

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

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

3. Assurance Report from Finance and Performance Committee

This report provides a summary of the items considered at the Finance and Performance Committee on 23 October 2023. It highlights the key areas the Finance and Performance Committee wishes to bring to the attention of the Board.

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

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

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

Treasury Management Policy

The Committee received the refreshed policy for consideration with a proposed increase in authorisation limits for investments placed with the National Loans Fund to £10m given higher cash balances than when last set. Following a discussion, the Committee agreed the limits should be increased further to £15m. Subject to this further change, The Committee recommended the Board of Directors approve the updated policy.

Chair's Assurance Report Finance and Performance Committee

Board Assurance Framework

The Committee acknowledged the current position of the framework. It was noted that a revised version of the board assurance framework is required to align the document to the recently approved corporate objectives and the risk appetite.

Following consideration, the Committee had asked for the risks to be revised specifically relating to the Trusts' finances and activity. The Committee requested that the document is shared with the Committee ahead of the next quarterly report.

Corporate Risk Register

The committee agreed the corporate risk register and the improved risk management process which the Trust has embedded. Following a discussion, it was agreed that the register would be presented to the committee on a bi-monthly basis.

Performance Report

The Committee raised concerns with the current performance as follows:

- There is a sustained greater proportion of out of job plan activity to offset reduced in job plan sessions.
- Waiting lists continue to rise and this will remain the case until 12 theatres are regularly running.
- Theatre 13 will accelerate the opportunity to reduce the waiting list.

Following a discussion of the Committee asked for the impact of the increased theatre capacity to be built into future projections.

Financial Performance Report

The Committee noted a continued challenging financial position with a further £1m shortfall against plan in month bringing the cumulative distance from plan to £2.1m The key drivers of the position were noted as:

- Industrial action (still no further mitigation announced by NHSE)
- Shortfall in Theatre activity driven by a shortfall of both overall sessions planned and cases per session.
- A more complex case mix thought to be driven by long waiters driving up higher costs.
- Premium cost pay (OJP, bank and agency further inflated by super numerary posts)
- It was further noted that there had been no recovery of year-to-date activity losses previously assumed which would further deteriorate the forecast

The forecast presented showed a most likely adverse variance to plan of £5.1m and assumed ongoing industrial action unmitigated until the end of the financial year and activity recovery plan previously agreed would deliver in full. It was noted that this would require amendment given the activity outlook.

The Committee asked noted that most of the drivers of the position were income related and non-recurrent so asked for this to be presented in a way that better highlighted this particularly given the importance of understanding the Trust's underlying position.

Activity Mitigation and Forecast Assurance

It was noted that the activity recovery plan had not delivered for September with a shortfall of 171 theatre cases only half of which was because of industrial action. A forward look of October and November showed a similarly bleak outlook assuming cases per session continues at lower levels than previously modelled.

In order to gain further assurance and to offer support, the Committee agreed the next steps would include the following:

- Focus on consistent running of 12 theatres every day.
- Review further mitigation opportunities.
- Performance benchmarking data against ROH around complexity to be completed.
- Complete a deep dive into case-mix position.

The Committee were reassured that the Trust have increased focus on activity and finance by implementing a financial recovery group. The group will meet on weekly basis to discuss the key areas. It was welcomed that a monthly chairs' assurance report will be provided at future meetings.

Chair's Assurance Report Finance and Performance Committee

With consideration given to the challenges the Trust is facing with the activity and financial performance, the members of the meeting agreed to meet outside of the scheduled meeting dates as required.

3.2 Areas of on-going monitoring with new developments

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

Specialist Unit Efficient Delivery Report

The Committee received a further report from the Specialist Unit with an updated efficiency forecast. to be £103k adverse to plan. It was noted that further schemes are being developed to mitigate the gap, these include spinal emergency lists, veterans' day cases, review of medication costs, review of the outpatients' bookings. An update report will be presented in December.

Additional Financial Controls Self-Assessment

The Committee noted the progress made with the implementation of further financial controls and further work still in progress. The Committee asked for evidence that the additional controls are reducing costs or improving income alongside the RAG rating as part of the future updates. It was noted that this will be overseen by the Financial Recovery Group going forwards.

3.3 Areas of assurance

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

Long Waiters Presentation

The Committee were assured with the ongoing work with relation to waiting lists and commended the comprehensive presentation. It was noted that there are still ongoing discussions with the Welsh commissioners to support Welsh patients.

Insourcing Action Plan

The Committee noted the action plan and requested Board engagement and decision making to be incorporated into the document.

Planning Timetable

The Committee noted the planning timetable which has been received from NHSE. The Trust is expecting the guidance to be received at the end of October 2023 with a submission date of February 2024. The Committee agreed for an Extra-Ordinary meeting to be scheduled to consider and approve the plan for 2024/25 in February.

Chairs Assurance Reports

The Committee noted the following chairs report with no concerns to highlight to the Board;

- Procurement Steering Group
- Sustainability Working Group
- Theatre Development Group
- Capital Management Group
- Trust Performance and Operational Improvement Group – the Committee suggested that this Chairs Report is circulated to all Committees to note.

4.0 Conclusion / Recommendation

The Board is asked to:

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

Chair's Assurance Report Quality and Safety Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 November 2023
Executive Sponsor:	Paul Kavanagh Fields, Chief Nurse and Patient Safety Officer	Paper written on:	30 October 2023
Paper Reviewed by:	Lindsey Webb, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Private	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the Quality and Safety Committee. The Board is asked to consider the recommendations of the Quality and Safety Committee.

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 20 October 2023. It highlights the key areas the Quality and Safety Committee wishes to bring to the attention of the Board.

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

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

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

Corporate Risk Register

Although work is ongoing to identify patients receiving metal on metal implants the Committee required further assurance on the completion of appropriate follow up in line with MHRA guidance from 2017. The concern has been recorded on the risk register and a regular assurance report will be presented to the Committee.

Chair's Assurance Report Quality and Safety Committee

The Committee reviewed the register and noted the Metal-on-Metal risk would be updated to reflect the fact that not all patients had yet been reviewed in line with the MHRA guidance. Further detail on this is being provided to the next meeting.

A new risk is being added with regards to potential compensation claims arising from the historical hand vibration cases. Assurance has been given that no staff are currently working with equipment that may cause this moving forward.

Board Assurance Framework

The Committee reviewed the document and agreed for BAF 4 – high levels of community infection that the score be reduced as supporting policies and mitigation have been embedded to address the risk. This is in line with the national guidance.

IPC Q2 Report

The Trust has breached the CDI target with a further 2 CDI cases This is in line with the picture nationally currently under investigation by the UKHSA. The rise seen at RJA is mainly due to numerous recurrences in one patient.

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:

Medicines Safety

A number of observations of practice have been carried out across August and September where key themes had been identified and safety actions agreed. These actions will be monitored through the patient safety improvement plan and through Patient Safety Meeting. The Trust confirmed training issues would be picked up through the context of PSIRF and assurance was provided this does not take away from individual investigations. The PSIRF response would be theming these to identify improvements.

MSCI Peer Review

Although the full report is yet to be received, the review team flagged a concern relating to a dedicated confidential space for the psychology support for patients on the ward. This was addressed with immediate effect. The Committee asked for the terms of reference of the review to be presented to the next meeting along with the full report and action plan.

CQC Action Plan (Paediatric Peer Review)

There is one outstanding action aligned to the out of hours arrangements which have also been flagged within the Paediatric Peer Review. The Committee requested greater clarity on how all clinical service strategies were shared with Board members.

Paediatric Peer Review

The Committee asked for further assurance on the actions and improvements implemented following the peer review therefore the action plan will be presented at future meetings.

Legal Claims Q2 Report

The Committee considered the report which in summary outlined:

- No new CNST claims in Q2.
- 1 CNST has been closed in A2.
- The Trust has been advised to settle 3 CNST claims in Q2.
- There have been no new ELPL claims in Q2.
- The Trust has been advised to settle 2 ELPL claims, one of which was due to go to trial in October 2023 with the probability of claimant being successful high and therefore to settle to minimise costs.

Policy Tracker

The Committee noted the policy tracker and the process in place to review and receive overdue policies. A number of documents were added to the workplan for the next meeting.

Chair's Assurance Report
Quality and Safety Committee

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.

Performance Report

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

- a reduction in MCI patient awaiting admission,
- a reduction in medications errors,
- 1 patient breached the cancer target due to administrative oversight and processes have been put in place to ensure this does not recur,
- Levels of theatre cancellations are lower than last year despite the impact of industrial action.

CIP QIA Q2 Report

Assurance was provided on the continuing process. The process for 2023/24 will be timelier to ensure completion and sign off before delivering programmes next year. The enhanced quality element of the paper alongside the financial elements was welcomed.

PSIRF/SI Update

It was noted that there have been no serious incidents or never events within month and good progress have been made on current actions. The Committee acknowledged that the report will be presented differently next month with the transition to PSIRF, focusing on improvement and actions being taken forward as part of the patient safety improvement plan. To provide further assurance on the duty of candour, the Committee asked for the table to be reviewed which will support identifying gaps.

Quality Priorities Update

All priorities remain on track. There is no risk to delivery except around end-of-life care which was rolled over from the previous year. Different streams are being investigated to recruit an end-of-life facilitator into the Trust. A request was made to quantify success measures for each priority which will be included in future reports.

Quality Spot Checks (Internal Audit Report)

Assurance was given that the remaining actions will be completed by the end of October as planned, and that an update will be provided at the next Committee.

Learning from Deaths Q2 Report and Mortality Review

No concerns have been raised within Q2 and is shared with the Board of Directors for oversight. The Committee noted the Q2 report and are waiting the SI outcome following a death in July.

In relation to the review, the Trust were assured with the processes in place however, the flowchart of the death review process does not show notification for patients who have a learning disability or autism, and assurance was provided that the flowchart will be updated to reflect this as well as the transition to PSIRF.

Hand Vibration Report

The Committee were assured with the process and support offered to staff following the alert. 4 members of staff have been diagnosed with having hand arm vibration syndrome which has been reported under the RIDDOR regulations. The Trust will complete another assessment in 6months, training has been scheduled and exposure to the equipment has been restricted. The Committee will continue to gain assurance via the Chairs Report from the Health and Safety Meeting.

Controlled Drug Accountable Officer Annual Report

The Committee considered and reviewed the annual report which is shared with the Board of Directors for oversight. Increased reporting has been introduced with quarterly reports being presented to the Patient Safety Meeting. As part of surveillance and adherence to Controlled Drug

Chair's Assurance Report Quality and Safety Committee

legislation, support is being asked to automate processes and enhance safety at ward level which will be taken through Capital Management Group.

Chair Reports

The Committee noted the chairs assurance report from the Patient Safety Meeting and the IPC Meeting – no concerns were raised.

The following items were **deferred** to the next meeting:

- Safeguarding Priorities
- Patient Experience Q2 Report
- CQUIN Q2 Report

4.0 Conclusion / Recommendation

The Board is asked to:

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

Chair's Assurance Report People and Culture Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 November 2023
Executive Sponsor:	Denise Harnin, Chief People Officer	Paper written on:	31 October 2023
Paper Reviewed by:	Martin Evans, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Public	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the People and Culture Committee. The Board is asked to consider the recommendations of the People and Culture Committee.

2. Context

2.1 Context

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

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

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

3. Assurance Report from People and Culture Committee

This report provides a summary of the items considered at the People and Culture Committee on 26 October 2023. It highlights the key areas the People and Culture Committee wishes to bring to the attention of the Board.

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

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

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

Board Assurance Framework

The Committee agreed that it is an appropriate time for the document to be reviewed to align with the recently approved corporate objectives. The members of the meeting discussed and acknowledged the phenomenal work which has been undertaken by the Trust to reduce the risks aligned to workforce, recruitment, wellbeing and EDI. The Committee welcomed a refresh perspective on the BAF and agreed the current position.

Chair's Assurance Report People and Culture Committee

Corporate Risk Register

The Committee noted and agreed the corporate risk register. The movement of risks were welcomed and noted.

Chair Report ICS People Committee

It was noted that there was no formal paper available from the System and therefore a verbal update was provided via the Chief People Officer. Following a discussion, concerns were raised relating to the risk (to both the Trust and the System) regarding there being no central people relating leadership which subsequently has led to additional pressures being shared across the System. The Committee agreed to raise the concern with the Board of Directors with a suggestion that the risk is highlighted and discussed at the ICB.

WDES Annual Report

The Committee received the annual report which is required to be published by the Trust on 31 October 2023. The report has an associated action plan which will be monitored through the Committee. Concerns were raised in relation to comparative data provided regarding harassment and bullying which will be investigated as part of the action plan. The Committee agreed for the draft report to be made available on the Trust website and recommend the approval of the report by the Board.

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:

Workforce Performance Report

The Trust continues to report a positive position in relation to the key performance indicators. The Committee asked consideration to be given to the following to provide further assurance at the next meeting:

- Deep dive of high long-term sickness to be completed and improvement actions to be presented.
- Review internal health and wellbeing services available due to the imminent ceasing in the current counseling services.
- Personal development reviews review – the committee discussed the reduction in PDR compliance rates and were provided assurance that the Trust has a current focus on this. The committee will be more assured when the compliance levels are seen to have increased in the monthly performance report.

Guardian of Safe Working Hours Q2 Report

The Committee were informed that the Trust has reported 2 exceptions within Q2 however exceptions were not directly related to the Trust. The exceptions relate to two trainees who the Trust hold central contracts for who are working in Wales where there is no guardian in place. The Committee were assured on the processes in place to support the staff and engage with neighboring providers. There is a requirement for the Trust to source funding for the electronic reporting system, the Committee were re-assured that the Trust is currently reviewing options.

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.

Agency Update

The Committee were assured with the actions implemented to support the reduction in agency usage. The Trust reported a sustained improvement for month 6. MSCI remains the highest reliance upon agency but noted this is due to the high level of one-on-one care provided to the patients.

Nursing Safe Staffing Report

The Committee were assured that the Trust are compliant with the safe staffing levels. Concerns were raised in relation to medication incidents and staff behaviors but assurance was provided that

Chair's Assurance Report People and Culture Committee

these areas are being overseen by the Quality and Safety Committee via the medication incident improvement work and patient experience report.

EDI Report

The Committee are assured with the actions implemented to improve the overall EDI agenda for the Trust and agreed for the reporting to be bi-monthly. The Committee asked for an assurance report to allow reflection on the internal audit recommendations from 2022/23 review.

Education Contract Self-Assessment

The committee were provided with an overview of the self assessment which covered the contractual key performance indicators in relation to NHS education contract. To improve the Trusts position the following actions are required; internal governance and assurance process to ensure quality improvement and educational supervisor to support the practice appropriately. The Committee supported and approved the self-assessment.

Chair Report Non-Medical Staff Group

The Committee noted the assurance report – no concerns were raised.

Chair Report EDI Meeting

The Committee noted the assurance report – no concerns were raised.

Chair Report LNC Meeting

The Committee noted the assurance report – no concerns were raised.

Chair Report JCG Meeting

The Committee noted the assurance report – no concerns were raised.

The Committee considered and **approved** the following policies:

- Medical Staffing Rostering Policy
- Non-Medical Job Planning Policy

The following papers were **deferred** to the next meeting:

- Freedom to Speak Up Q2 Report and Action Log
- Responsible Officer Revalidation Report
- Powys Assurance Update (verbal) – it was noted this was deferred due to the update meeting being rearranged to 2nd November.

4.0 Conclusion / Recommendation

The Board is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps :-
 - To consider the approval of the WDES report
 - To consider the concerns raised in relation to the lack of ICB people related leadership
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
3. NOTE the content of section 3.3.

Chair's Assurance Report
Digital, Education, Research and Innovation Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	08 November 2023
Executive Sponsor:	Ruth Longfellow, Chief Medical Officer	Paper written on:	02 November 2023
Paper Reviewed by:	Penny Venables, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors – Public	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the Digital, Education, Research and Innovation Committee. The Board is asked to consider the recommendations of the Digital, Education, Research and Innovation Committee.

2. Context

2.1 Context

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

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

3. Assurance Report from Finance and Performance Committee

This report provides a summary of the items considered at the Digital, Education, Research and Innovation Committee on 30 September 2023. It highlights the key areas the Digital, Education, Research and Innovation Committee wishes to bring to the attention of the Board.

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

ALERT - The Digital, Education, Research and Innovation 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 alert to the Board.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Digital, Education, Research and Innovation 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:

Terms of Reference

The Committee held a positive first meeting. The terms of reference for the Committee were considered and reviewed. Consideration was given to the areas of focus for the Committee and the realignment of the supporting meetings in order to gain assurance on the relevant areas of oversight for the Committee.

Chair's Assurance Report

Digital, Education, Research and Innovation Committee

It was agreed the terms of reference would be reviewed following the discussion held throughout the meeting to include a separate section on Innovation and there would also be a focus on commercialisation as well as innovation with a view to developing a Commercial Strategy.. A draft version will be shared with the Board for consideration and approval at the December meeting.

Committee Workplan

The Committee discussed the areas of focus, which included the following:

- Education and Training
- Digital
- Research
- Innovation
- Policies
- Strategies
- Performance Indicators
- Internal Audit Reports
- Supporting Governance Structures

A discussion was held regarding the cross over of other assurance Committees and the importance on ensuring the alignment of upward reporting is correct. It was agreed that the responsibility for Clinical Audit should remain with the Quality and Safety Committee, but should the committee review any Business Cases or papers that related to this area, the Chair of the Quality and Safety Committee would be invited to attend. It was also agreed that the Research Committee that currently feeds into Quality and Safety should now feed into DERIC.

Risk and Governance

The Committee considered and noted the Board Assurance Framework and Corporate Risk Register. It was agreed that risks relating to education, digital and research are to be realigned to the Committee for their consideration at future meetings.

Reflection

The members of the meeting expressed excitement of the newly established Committee which will support in enhancing innovation across the organisation.

3.3 Areas of assurance

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

There were no items to assure the Board.

4.0 Conclusion / Recommendation

The Board is asked to:

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

Work Programme Review 2023/24

	2 nd May 2023	24 th July 2023	28 th Sept 2023 AGM	8 th Nov 2023	13 th March 2024
Standing items					
Questions from the Governors	X	X		X	X
Non-Executive Director Committee Updates	X	X		X	X
Trust Overview, including key developments (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update (inc. Governor Activity and Feedback)	X	X		X	X
Patient Safety Walkabout Feedback	X	X			X
Guest Speaker					
As agreed	X	X		X	X
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Annual Reports					
Safeguarding Annual Report (for information)		X			
Strategic Plan					
Consider strategic issues/priorities for Board to consider in the 2024/25 planning process					X
Quality					
2023/24 priorities		X			
Quality accounts draft presented			X		
COG Strategy					
Foundation Trust Public Membership Development and Engagement Strategy Update		X			
COG Governance					
COG Annual Report and Self-Assessment		X			
Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)					
Appointment, reappointment or removal of Chair					
Appointment, reappointment or removal of the non-executive Directors					
Remuneration of Chair and Non-executive Directors					
Appointment or removal of Auditors					
Amendments to the Constitution					
Approval of "significant transactions"; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income "attributable to activities other than the provision of goods and services for the purposes of health service in England".					

Council of Governors Committee

Attendance Matrix

Quorum: Four Public Governors and two from the other constituencies

Name	Title	02.05.23	25.05.23	07.06.23	10.07.23	24.07.23	21.09.23	28.09.23	08.11.23	13.03.23	%
			EXO	EXO	EXO		EXO	AGM			
Harry Turner	Chair	✓	✓	✓	✓	✓	✓	✓			100
Stacey Keegan	Chief Executive Officer	✓		✓		✓		✓			100
Sarfraz Nawaz	Non Executive Director	✓		✓		✓		X			75
Penny Venables	Non Executive Director	✓	✓	✓		X		X			60
Martin Newsholme	Non Executive Director	✓		✓		✓		✓			100
Chris Beacock	Non Executive Director	X		✓							50
Lindsey Webb	Non Executive Director					X		✓			50
Paul Kingston	Non Executive Director	X		✓		✓		X			50
John Pepper	Associate Non Executive Director	✓		✓		✓		X			75
Paul Maubach	Associate Non Executive Director	X		✓		X		✓			50
Atif Ishaq	Associate Non Executive Director					X		X			0
Martin Evans	Non Executive Director	✓		✓		✓		✓			100
William Greenwood	Public Governor - Powys	✓	✓	✓	✓	✓	✓	✓			100
Victoria Sugden	Stakeholder Governor - Voluntary Services/Lead Governor	✓	✓	✓	✓	X	✓	✓			86
Martin Bennett	Public Governor - Shropshire	X	X	✓	✓	✓	X	X			43
Nicki Kuiper	Public Governor - Shropshire	X	X	✓	X	X	X	X			14
Colin Chapman	Public Governor - Shropshire	X	X	✓	✓	✓	X	✓			57
Sheila Hughes	Public Governor - North Wales	X	✓	✓	✓	X	X	X			43
Colette Gribble	Public Governor - North Wales	X	X	✓	X	X	X	X			14
Tony Wright	Public Governor - West Midlands	X	✓	✓	X	✓	✓	X			57
Katrina Morphet	Public Governor - Cheshire & Merseyside	✓	✓	✓	X	✓	✓	✓			86
Phil White	Public Governor - Rest of England	X	X	✓	X	X	X	X			14
Kate Betts	Staff Governor	✓	✓	✓	✓	X	✓	✓			86
Kate Chaffey	Staff Governor	X	X	✓	X	X	X	X			14
Allen Edwards	Staff Governor	✓	✓	✓	X	✓	✓	✓			86
Simon Jones	Stakeholder Governor - Shropshire Council	X	✓	✓	✓	✓	✓	✓			86
Karina Wright	Stakeholder Governor - Keele University	✓	✓	✓	✓	X	✓	X			71

In Attendance

Dylan Murphy	Trust Secretary	✓	✓	✓	✓	✓	✓	✓			100
Mary Bardsley	Assistant Trust Secretary							✓			100

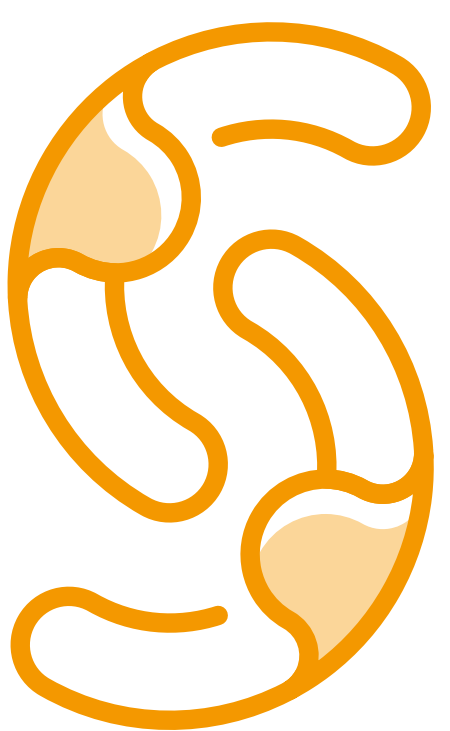
Key:

EXO - extraordinary committee meeting scheduled

✓ - Attended

X - Apologies

Not Expected



Corporate Objectives



Click on an icon below to visit a specific **Corporate Objective**



1 Deliver high quality clinical services



2

Develop our Armed Forces and Veterans service as a nationally recognised centre



3

Integrate MSK pathways across STW



4

Grow our services and workforce sustainably



5

Innovation & research at the heart of what we do

1 Deliver high quality clinical services



How we will do it	Measure
Ensure the highest standards of care for our patients	<ul style="list-style-type: none"> • Delivery of Trust's Quality Improvement Priorities for 2023/24 • Implementation of Quality accreditation programme • Roll-out of PSIRF (Patient Safety Incident Response Framework) • Nursing & AHP Strategy and Quality strategy signed-off
Empower departments to develop services	<ul style="list-style-type: none"> • Departmental-led implementation of clinical strategies • Annual Departmental Business Plan in place for each Clinical service
Optimise productivity and efficiency within our services	<ul style="list-style-type: none"> • Delivery of the performance, workforce, productivity and transformation schemes set out as part of the Trust's Operational plan • Deliver Elective Hub efficiency standards
Ensure a fair, equal and inclusive culture across the Trust	<ul style="list-style-type: none"> • Delivery of the Trust's Inclusion priorities for 2023/24



2 Develop our Armed Forces and Veterans service as a nationally recognised centre

How we will do it	Measure
Increase our workforce capacity to reflect service demand	<ul style="list-style-type: none">• Delivery of Consultant recruitment plan• with targeted consultant recruitment to reduce waiting times
Develop our rehabilitation facilities	<ul style="list-style-type: none">• Develop Business case for Veterans Rehabilitation service
Maintain Veterans Accreditation standards	<ul style="list-style-type: none">• Veterans accreditation training for new starters
Strengthen partnerships with armed forces and veterans friendly organisations	<ul style="list-style-type: none">• Consider opportunities for future working with Headley Court charity and Ministry of Defence• Develop links with GIRFT (Getting it Right First Time) in line with the Improving Veterans MSK Rehabilitation Report

3 Integrate MSK pathways across STW

How we will do it	Measure
Lead the MSK Transformation Board and contributing to the delivery of the transformation programme	<ul style="list-style-type: none">• Establishing RJAH as the lead provider for MSK services through the development of a provider collaborative agreements• Governance structure in place for the MSK transformation programme.• Work collaboratively to standardise pathways and equity of access for STW patients.
Work towards Elective Hub Accreditation	<ul style="list-style-type: none">• Self-assessment completed against the Elective Hub accreditation criteria.



4

Grow our services and workforce sustainably

How we will do it	Measure
Recruit, support, retain and provide an exemplar experience for our staff	<ul style="list-style-type: none">• Delivery of year 1 objectives contained within the RJAH People Strategy
Optimise use of estate through capital investment & partnership working	<ul style="list-style-type: none">• Review opportunities to utilise estates and facilities within our geographical catchment to deliver services locally and in line with our Green plan.
Expanding our reach and specialist expertise to other providers and sectors	<ul style="list-style-type: none">• Scope the appropriate resources and skills required to strengthen commercial and business expertise within the organisation



5 Innovation & research at the heart of what we do

How we will do it	Measure
Create the cultural environment to promote continuous Improvement	<ul style="list-style-type: none"> NHS Improvement Impact self-assessment to be completed Roll out continuous improvement training across all staff groups Establish Digital Education, Research and Innovation Committee
Enhance capability and opportunities for research across all professions	<ul style="list-style-type: none"> Increase Nurse and AHP led research. Delivery of in-year objectives contained within the RJAH Research Strategy
Optimise the potential of digital technologies to transform care	<ul style="list-style-type: none"> Implementation of the EPR programme. Appropriate digital training & awareness programme in place