

# Council of Governors 09.11.2022

MEETING  
9 November 2022 15:00

PUBLISHED  
9 November 2022

# Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	9/11/22		15:00
1. Introduction		Harry Turner	15:00
1.1. Apologies			
1.2. Minutes from the previous meeting - 19.07.22			
1.3. Matters Arising			
1.4. Declaration of Interests			
2. Welcome from the Chairman		Harry Turner	15:05
3. Research Presentation		Andrew Roberts	15:10
4. Lead Governor Update		Victoria Sugden	15:25
5. Trust Overview (Presentation)		Stacey Keegan	15:30
6. Appointment of the Chief Executive (verbal)		Harry Turner	15:35
7. Committee Chairs Updates			
7.1. Audit and Risk Committee (verbal)		Martin Newsholme	15:40
7.2. Finance Planning and Digital Committee (verbal)		Sarfraz Nawaz	15:45
7.3. Quality and Safety Committee (verbal)		Chris Beacock	15:50
7.4. IPC Quality Assurance Committee (verbal)		Chris Beacock	15:55
7.5. People Committee (verbal)		Paul Kingston	16:00

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<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	9/11/22		15:00
<b>8. Governance</b>			
8.1. Patient Safety Walkabout Feedback		Mary Bardsley	16:05
8.2. Membership Report		Mary Bardsley	16:10
8.3. Questions from the Governors		Mary Bardsley	16:15
8.4. Review of Work Plan		Mary Bardsley	16:20
8.4.1. Attendance Matrix		Mary Bardsley	16:25
<b>9. Any Other Business</b>			
9.1. Next Meeting: 8 March 2023			16:30

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# The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

**COUNCIL OF GOVERNORS  
TUESDAY 19<sup>TH</sup> JULY 2022**

## MINUTES OF THE MEETING

**PRESENT:**

Harry Turner	Chair	HT
William Greenwood	Lead Governor/Public Governor – Powys	WG
Victoria Sugden	Public Governor – Shropshire	VS
Colin Chapman	Public Governor – Shropshire	CC
Kate Betts	Staff Governor	KB
Simon Jones	Stakeholder Governor – Shropshire Council	SJ
Peter David	Stakeholder Governor – Voluntary Services	PD
Phil White	Public Governor – Rest of England	PW

**IN ATTENDANCE:**

Shelley Ramtuhul	Trust Secretary	SR
Stacey Keegan	Chief Executive	SK
John Pepper	Associate Non-Executive Director	JP
Martin Newsholme	Non-Executive Director	MN
Penny Venables	Non-Executive Director	PV
David Gilbert	Associate Non-Executive Director	DG

**SECRETARY:**

Gayle Murphy	Trust Office EA	GM
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MINUTE No	TITLE	ACTION
<b>COMMITTEE MANAGEMENT</b>		
1.1	<p><b>WELCOME &amp; APOLOGIES</b> Apologies were received from Kate Chaffey, Sue Nassar, Tony Wright, Katrina Morphet, Karina Wright, Colette Gribble, Jan Greasley, Allen Edwards, Chris Beacock, Sarfraz Nawaz and Paul Kingston.</p> <p>Mike Carr, Chief Operating Officer, joined the meeting and was introduced to the Governors. He gave a brief update on his previous roles within the NHS.</p>	
1.2 – 1.7	<p><b>MINUTES FROM THE PREVIOUS MEETING</b> The minutes from the previous meetings were approved as a true and accurate record.</p>	
1.8	<p><b>MATTERS ARISING</b> None recorded.</p> <p><b>ACTIONS FOLLOWING THE PREVIOUS MEETING</b> All actions from the previous meeting were recorded as complete.</p>	
1.9	<p><b>DECLARATIONS OF INTEREST</b> None recorded</p>	

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2.0	<b>WELCOME FROM THE CHAIRMAN</b>	
	HT welcomed the Committee members to the July meeting of the Council of Governors.	
3.0	<b>GOVERNOR UPDATE</b>	
3.1	<p><b>Lead Governor Update</b>  WG presented the update to the Committee. He highlighted the Council are glad to be back on-site at events such as Patient Safety Walkabouts/Governor Surgeries and noted the Governors have enjoyed meeting new colleagues face to face as opposed to virtually.</p> <p>The Council of Governors <i>noted</i> the Governor Update.</p>	
4.0	<b>TRUST OVERVIEW</b>	
	<p>SK provided a Trust Overview to the Committee; the slides can be made available to the Committee members if required.</p> <p>HT noted the Board is receiving robust assurance on the improvements in terms of delivering the IPC plan; the next steps are to make sure these improvements are sustainable.</p> <p>SK added the Trust has commissioned a Clinical Governance review, to sense check the work regarding IPC. An external company, The Good Governance Institute, is working with the Trust on this matter. The outcome of this review is due imminently.</p> <p>SJ asked if the Trust is sighted on/aware of the new Covid variant B2.75, which is a virulent strain. SK commented that she was not aware of this variant but drew attention to variant B5, which is having the most impact at the moment, and noted she would discuss this further with the IPC team.</p> <p>WG highlighted it was great to see the work taking place on the F2SU initiative; he went on to note that the overview stated the new Interim Chief People Officer would be at the Trust for 3 months. He queried if this is how long the recruitment process is anticipated to take. SK confirmed consistency is required during the process and so the term will be extended if needed.</p> <p>The Council of Governors <i>noted</i> the Trust Overview.</p>	
5.0	<b>COMMITTEE CHAIRS UPDATES</b>	
5.1	<p><b>Audit and Risk Committee</b>  MN provided an update on the Audit and Risk Committee held on 12 July; he highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Committee received several reports from the Auditors including one regarding anti-fraud for the last quarter</li> <li>• The Trusts new internal auditors joined the meeting and highlighted a full agenda for next quarter</li> <li>• The Committee agreed the requirement for consistent wording in reports</li> <li>• A lengthy discussion was held and a presentation received on the risk profiles within the Trust – the Committee received detailed reports from the SSU and MSK Unit's</li> </ul>	

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	The Council of Governors <i>noted</i> the Chair Report.	
5.2	<p><b>Finance, Planning and Digital Committee</b>  MN provided an update on the Finance, Planning and Digital Committee, held on 28 June, he highlighted the following:</p> <ul style="list-style-type: none"> <li>• The prime focus is on elective recovery and a deep dive on 104 waits. The Committee took assurance on the momentum and the progress of actions</li> <li>• The recovery target is on trajectory</li> <li>• There are a number of risks and concerns around staffing constraints and theatre staffing</li> <li>• The finance position is planning a deficit due to a System requirement</li> <li>• As of the end of June the Trust is behind plan, a revised forecast showing the challenges and risks is to be provided at the next FPD meeting</li> <li>• A report on the EPR programme was received</li> <li>• An update was received on the veterans' centre, this is on track with no issues raised</li> </ul> <p>The Council of Governors <i>noted</i> the Chair Report.</p>	
5.3	<p><b>Quality and Safety Committee</b>  PV provided an update on the Quality and Safety Committee; she highlighted the following:</p> <ul style="list-style-type: none"> <li>• Performance report: there was a debate on complaint numbers and response rates</li> <li>• Activity, cancer waiting times and 104 waits were discussed</li> <li>• There was a focus on Who compliance in theatres and data benchmarking with other trusts to compare this</li> <li>• There were discussions on recruitment and processes, Consultant recruitment and falls training</li> <li>• There was a deep dive into the Support unit and MSK unit, the Committee received assurance on their quality metrics</li> <li>• There was a policy review – the IRMER procedures and VTE policy were approved</li> <li>• The Committee received a Harms review presentation</li> <li>• The Safeguarding annual report was approved, this will come to a future governor meeting</li> </ul> <p><b>Action: SR to add the Safeguarding annual report to the Council of Governor workplan</b></p> <p>KB asked if complaint trends can be reviewed in detail. PV noted the trends are regarding waiting times and bed days.</p> <p>WG noted recruitment time is frustrating; he added staff will be assured that there is work in place to counteract this. CC asked if there are specific areas with recruitment issues. SK noted there are hot spot areas within clinical areas such as Therapies and Theatres. This is being reviewed by the Senior Leaders Team.</p> <p>The Council of Governors <i>noted</i> the Chair Report.</p>	
5.4	<p><b>IPC Quality Assurance Committee</b>  PV provided an update on the IPC Quality Assurance Committee; she highlighted the Committee held discussions on the following:</p> <ul style="list-style-type: none"> <li>• Cleaning funding</li> <li>• Staff IPC Training</li> <li>• Membership of IPC Committee</li> </ul>	

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MINUTE No	TITLE	ACTION
	The Council of Governors <i>noted</i> the Chair Report.	
5.5	<p><b>People Committee</b>            DG provided an update on the People Committee, held on 23 June, he highlighted the following points:</p> <ul style="list-style-type: none"> <li>• There were discussions regarding the STW people plan and the time lag on recruitment – PK has asked for a deeper understanding on the issues, the F2SU changes - assurances have been taken from this, and the consultant recruitment plan.</li> <li>• A healthcare support worker academy has been set up within the System to aid the recruitment of staff</li> <li>• The staff survey was compared with other ICS Trusts</li> <li>• Various policies were agreed</li> <li>• The Board assurance framework and committee workplan were reviewed.</li> </ul> <p>HT asked for reflections and feedback from the Council on the format of the Chairs reports from the Sub Committees. WG commented that the Governors were keen to attend the meetings to observe in person. HT asked the Governors to liaise with the Assistant Trust Secretary regarding which meetings they can attend.</p> <p><b>Action: GM to share the Sub Committee dates with WG</b></p> <p>The Council of Governors <i>noted</i> the Chair Report.</p>	
6.0	<b>GOVERNANCE</b>	
6.1	<p><b>How the Governor's role might fit into the new Integrated Care System arrangements</b></p> <p>Following a discussion, the Chair summarised:</p> <ul style="list-style-type: none"> <li>• There is a principle that all Foundation Trust's have to contribute, via collaboration, to the System that it sits within.</li> <li>• All decision making should be based on a duty to provide better healthcare, the sustainable use of resources and reducing health inequalities.</li> </ul> <p>The role of the Governor's is covered within three areas:</p> <ul style="list-style-type: none"> <li>• Representation of interests of the public constituents within the Foundation Trust area</li> <li>• Holding the non-executives to account for the performance of the Board</li> <li>• Approving significant transactions – the Governors should assure themselves the transaction is in the interests of the wider population of Shropshire not just the patients of the Trust. It must achieve better health, sustainable resources and reduce health inequalities.</li> </ul> <p>A suggestion was put forward for the Governors to attend the ICS monthly public Board meeting, when appropriate. It was agreed the Chair will share the dates with the Lead Governor to disseminate to the Council members.</p> <p><b>Action: HT to share the dates of the ICS public Board meeting with the Lead Governor</b></p> <p>The Chair highlighted that due to Governor elections taking place over the next few months, there will be new Governors joining the Council over the course of the summer. It was agreed a date will be sourced in late September for an induction</p>	

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	<p>session, to which, the existing Governors, are welcome to join as a refresher session and to gain a System update.</p> <p><b>Action: SR to set up a development induction/refresher session, to include an ICS update, in late September, for new governors and current Committee members</b></p> <p>KB noted that due to not being familiar with the System and all of the departments within it; it is difficult for the Governors to know what is within the best interests for the System as opposed to the Trust.</p> <p>The Council of Governors <i>noted</i> the discussion.</p>	
6.2	<p><b>Committee Self-Assessment Presentation</b>  SR presented the Committee Self-Assessment Presentation; the slides can be made available to the Committee members if required.</p> <p>The Self-Assessment has been benchmarked against previous years, using the same questions for consistency. It was highlighted that the response rate was lower than previous years but overall, the picture has not changed that much even with engagement challenges over the past 2 years.</p> <p>The Council of Governors <i>noted</i> the Committee Self-Assessment.</p>	
6.3	<p><b>Council of Governors Annual Report 2021-22</b>  SR presented the report to the Committee and noted the Council need to approve the document prior to it being presented at the AGM.</p> <p>The Council of Governors <i>approved</i> the Annual Report.</p>	
6.4	<p><b>Board Governance Framework</b>  SR presented the report to the Committee for information and highlighted it had been agreed at the last Board of Directors meeting.</p> <p>KB asked if it was possible for the Governors to have an informal meeting with SR. HT agreed SR should join the next meeting with the Governors and Chair.</p> <p><b>Action: GM to include SR on the invite for the next Chair/Governor informal meeting</b></p> <p>The Council of Governors <i>noted</i> the Board Governance Framework.</p>	
6.5	<p><b>Patient Safety Walkabout Feedback</b>  SR presented the report with the Committee for information.</p> <p>WG noted the Governors would like to see the written report before it is presented at the Committee for sign off. He added the Governors would like to be included in the meeting debrief and in completing/signing off of the form.</p> <p>HT asked for the feedback to be included in the relevant Sub Committee work plans for noting.</p> <p><b>Action: SR to review the PSW process, gain Governor feedback when completing the reports and forward the feedback to the relevant Sub Committees for noting</b></p> <p>SJ added the feedback form from the Main Outpatients walkabout, held on 19 May had been excluded from the pack. SR agreed she would include this in the next meeting pack.</p>	

MINUTE No	TITLE	ACTION
	<p><b>Action: SR to include any actions taken from the PSW on the feedback form and to include the Main Outpatients feedback form at the next meeting</b></p> <p>The Council of Governors <i>noted</i> the feedback.</p>	
6.6	<p><b>Foundation Trust Public Membership Development and Engagement Strategy</b></p> <p>SR highlighted that there are no major changes to the document, it has been updated to reflect the change in dates.</p> <p>KB asked if all new members of staff are automatically made a staff member on commencement of employment at the Trust. SR confirmed this is the case, but everyone has an option to opt out.</p> <p>WG noted the membership is underrepresented in certain groups such as the younger age group.</p> <p>JP added the Trust could link in with the ICS to promote the membership to other providers, which could potentially help with the focus on System working.</p> <p><b>Action: WG and the Governors to explore promoting the membership with the ICS and other providers</b></p> <p>WG noted each practice has a patient participation group, which maybe an area to target.</p> <p>PV asked if social media is used for communicating the membership. SR confirmed there is an online membership form. SR noted she will link in with the Communications team to advertise this via the Trusts social media platforms.</p> <p><b>Action: SR to link in with the Communications team to advertise the online membership form via the Trusts social media platforms</b></p> <p>The Council of Governors <i>approved</i> the Foundation Trust Public Membership Development and Engagement Strategy.</p>	
6.7	<p><b>Membership Report</b></p> <p>SR provided an update on the membership for the Trust and noted there were no significant changes to highlight.</p> <p><b>Action: SR to confirm a date for the AGM</b></p> <p>The Council of Governors <i>noted</i> the Membership Report.</p>	
6.8	<p><b>Questions from the Governors</b></p> <p>The Council were aware that no questions had been asked prior to the meeting. No supplementary questions were asked during the meeting.</p> <p>The Council <i>noted</i> the Questions and Answers paper.</p>	
6.9	<p><b>Review of the Workplan</b></p> <p>SR presented the work plan for 2022/223 and noted a schedule of guest speakers will be invited to join future Committees.</p> <p><b>Action: SR to add a schedule of guest speakers to join future Committees</b></p> <p>The Council of Governors <i>noted</i> the Work Plan Review.</p>	

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7.0	ANY OTHER BUSINESS	
	HT thanked the members of Council for their attendance and contribution and brought the meeting to a close.	

**NEXT COUNCIL OF GOVERNORS MEETING: 9 NOVEMBER 2022**

**COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS**

New Actions	Lead Responsibility	Progress
<b>5.3 Quality and Safety Committee Chairs Updates</b> <ul style="list-style-type: none"> <li>SR to add the Safeguarding annual report to the Council of Governor workplan</li> </ul>	SR	Complete
<b>5.5 People Committee Chairs Updates</b> <ul style="list-style-type: none"> <li>GM to share the Sub Committee dates with WG</li> </ul>	GM	Complete
<b>6.1 How the Governor's role might fit into the new Integrated Care System arrangements</b> <ul style="list-style-type: none"> <li>HT to share the dates of the ICS public Board meeting with the Lead Governor</li> <li>SR to set up a development induction/refresher session, to include an ICS update, in late September, for new governors and current Committee members</li> </ul>	HT SR	Complete Complete
<b>6.4 Board Governance Framework</b> <ul style="list-style-type: none"> <li>GM to include SR on the invite for the next Chair/Governor informal meeting</li> </ul>	GM	Complete
<b>6.5 Patient Safety Walkabout Feedback</b> <ul style="list-style-type: none"> <li>SR to review the PSW process, gain Governor feedback when completing the reports and forward the feedback to the relevant Sub Committees for noting</li> <li>SR to include any actions taken from the PSW on the feedback form and to include the Main Outpatients feedback form at the next meeting</li> </ul>	SR SR	Complete Complete
<b>6.6 Foundation Trust Public Membership Development and Engagement Strategy</b> <ul style="list-style-type: none"> <li>WG and the Governors to explore promoting the membership with the ICS and other providers</li> <li>SR to link in with the Communications team to advertise the online membership form via the Trusts social media platforms</li> </ul>	WG/Governors SR	 Complete
<b>6.7 Membership Report</b> <ul style="list-style-type: none"> <li>SR to confirm a date for the AGM</li> </ul>	SR	Complete
<b>6.9 Review of the Workplan</b> <ul style="list-style-type: none"> <li>SR to add a schedule of guest speakers to join future Committees</li> </ul>	SR	Complete

# WORLD-CLASS RESEARCH

Research Director: Andrew Roberts  
Research Manager: Teresa Jones



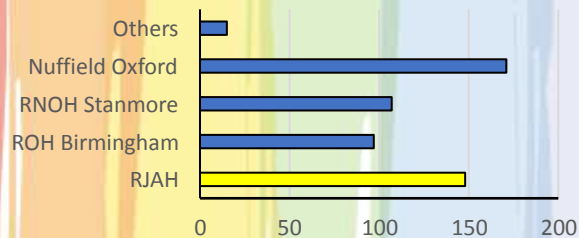
Aspiring to deliver world class patient care

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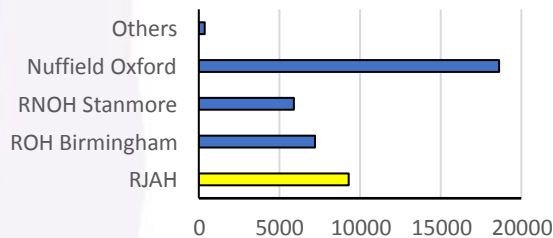
# Baseline

- Staff research capability unknown
- Research Evaluation Framework
- Comparison with other centres

No of Studies (since records began to date)



No. of Research Participants (since records began to date)



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# Gap Analysis

- Deficient expectations of our new staff
- No declaration of intent
- The excluded tribes
  - Nurses
  - Therapists
  - Pharmacists
  - Radiographers

# Benefits

- Caring for patients
  - Quality outcomes; reduced mortality and complications
- Caring for Staff
  - Upskilling staff to undertake research
  - Attracting and retaining high quality staff
  - Creating world-class culture
- Caring for Finances
  - Commercial research
  - Reduced complications and costs

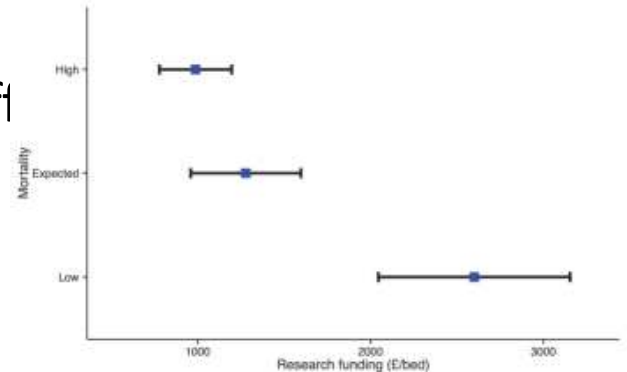


Fig 1. NH&R CCRN funding (£/bed) in English acute NHS Trusts with Trusts sub-grouped as low ( $n = 35$ ), as expected ( $n = 62$ ) and High ( $n = 42$ ) mortality. For each group, the mean and 95% CI funding are shown. The low mortality Trusts had significantly higher levels of CCRN funding than the expected ( $p < 0.0001$ ) or high ( $p = 0.0001$ ) mortality Trusts.

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# Research Impact



- FAST
- ACI
- Pico
- GTPS
- Rapid Recovery

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# World-Class Knowledge



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# Innovation Team



- Research – *management of ignorance*
- Outcomes – *measurement of effectiveness*
- Clinical Audit – *measurement of process*
- Library Services – *curation of evidence*

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# Innovation need



- Management of Spinal Injury Pressure Sores
  - Research – *identification and participation in studies*
  - Outcomes – *effectiveness of current care*
  - Clinical Audit – *identifying compliance with gold-standard care*
  - Library Services – *evidence of best practice*

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# The Future



- Veterans – social and psychological care too
- MSK Alliance – evidence based
- Biomarkers – right pathway
- System working – spreading our impact
- RJAH@

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## 0. Reference Information

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Author:	William Greenwood, Public Governor, Powys/Lead Governor	Paper date:	09/11/2022
Senior Leader Sponsor:		Paper written on:	17/10/2022
Paper Reviewed by:	Mary Bardsley, Acting Trust Secretary	Paper Type:	Governance
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

## 1. Purpose of Paper

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

This paper presents an update of recent activity of the Council and is presented to the Council of Governors for noting.

## 2. Executive Summary

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### 2.1. Context

The Council of Governors has statutory and general duties regarding holding the Non-Executive Directors to account and further representing the interests of the Trust's members and the wider public.

### 2.2. Summary

This report sets out the activities which have been undertaken by the Council of Governors in recent months. It demonstrates how they meet their statutory and general duties.

### 2.3. Conclusion

The Council of Governors Committee is asked to note the recent activity of the Governors.

### 3.1. Introduction

As Governors our work is voluntary, but our common aim with the Trust Board is to ensure our staff provide the highest quality of care; delivered by an outstanding team who all live by our Trust values. Our effort focuses on challenging our executive and non-executive colleagues to ensure the Trust is recognised as a listening organisation; patient centred and delivering compassionate care. We aim to play our part in ensuring it is an outstanding place to work, where staff can flourish, deliver quality improvement and innovation each day.

### 3.2. Recent Activity

Since the last report we have

- Undertaken four patient safety visits including reviews of theatres and wards.
- Attended meetings of the People and Culture Committee in an observer status
- Attended the Annual General meeting of the Trust.
- Met as a Council of Governors and discussed issues raised at patient safety visits with the Chair.
- Attended Board meetings.
- Attended update training to enhance our questioning and challenge techniques.

### 3.3 Looking Ahead

With our Chair, we have continued to re-examine our relationship with the Board and to change the way we work so that we can better align our activities with the executive work plan and the operational aspects of the hospital as it looks to manage waiting lists post Covid and continuously improve our working methods.

We look forward to the commissioning of the state-of-the-art veterans' orthopaedic centre at the hospital and our continued commitment to our service personnel.

### 3.4 Conclusion

I would thank my fellow Governors for their continuing support and to patients, staff, and the executive Team for their time in providing the formal and informal feedback that we receive. This is invaluable to us in performing our role as Governors.

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# Overview of the Trust – November 2022

## Stacey Keegan, Chief Executive



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9.	Any Other

# IPC Improvement Plan Progress Update

- The Trust have now moved from AMBER to GREEN on the NHSE IPC Matrix following NHSE visit on the 26<sup>th</sup> September 2022
- Improvement Review Meeting with NHSE and ICB on 27<sup>th</sup> October 2022 concluded NHSE would be seeking to remove the formal undertakings currently in place.
- Focus is now on sustaining the improvements made and further reviews planned in Dec and March.
- IPC improvement plan remains live and will continue to be monitored through IPC Working Group.
- IPC summit planned for Dec 22

No.	Objective (Exit Criteria)	Not Started	Behind Plan	In Progress	Complete	Total
1.	Evidence of board assurance, senior leadership, and delivery of actions	0	0	2	4	6
2.	Trust staff have the necessary improvement skills to sustain improvement	0	0	2	14	16
3	Trust IPC audits demonstrate improvement	0	1	14	25	40
4.	Trust reporting on HCAs, outbreaks and SSIs	0	0	2	19	21
5/6.	Improvement in external IPC inspections	0	0	0	3	3
7.	Agreement between regulators, commissioners and the System that there is evidence of significant progress and confidence in the Trust leadership Team	0	0	0	3	3
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>20</b>	<b>68</b>	<b>89</b>

# IPC Sustainability

<u>Strengthened IPC team and cleanliness team resource</u>	<u>Strengthened systems and processes including shared learning</u>	<u>Strengthened governance and oversight</u>	<u>Culture and Leadership</u>
<ul style="list-style-type: none"> <li>• New Deputy DIPC role</li> <li>• IPC Assurance Lead made permanent</li> <li>• Increase from 0.43 to 2.43 WTE SSI practitioners</li> <li>• Introduction of 12 month IPC Health Care Support Worker</li> <li>• Re-launch of IPC champions and broadened areas/departments involved</li> <li>• Twice weekly MDT infection ward rounds</li> <li>• Housekeeper recruitment</li> <li>• Logistics assistant role</li> <li>• PEAT team expansion</li> </ul>	<ul style="list-style-type: none"> <li>• Post infection reviews for HCAIs and SSIs</li> <li>• Quarterly thematic reviews for SSIs</li> <li>• After Action Review posters developed for outbreaks</li> <li>• SOPs developed</li> <li>• Policy tracker in place</li> <li>• Estates works prioritisation process in place</li> <li>• Risk assessment process in place for estates refurbishment work</li> </ul>	<ul style="list-style-type: none"> <li>• Board and committee structure – IPC Quality Assurance Committee</li> <li>• IPC dashboard</li> <li>• IPC quality walks and clear escalation procedure</li> <li>• IPC audit programme in place</li> <li>• IPC programme of works</li> <li>• IPC BAF and IPC hygiene code gap analysis reviewed quarterly with Board oversight</li> </ul>	<ul style="list-style-type: none"> <li>• Collective ownership and responsibility</li> <li>• Increased awareness and understanding</li> <li>• Visibility – Board walkabouts, Patient safety walkabouts, DIPC walkabouts</li> <li>• Peer reviews</li> <li>• IPC champions</li> <li>• Regular communication – IPC bulletin and after action reviews</li> <li>• Training</li> <li>• FTSU champions</li> </ul>

# Caring for Staff

- Welcome to Sam McIntosh, Theatre Services Manager
- Senior level organisational structure implemented in August 2022.
- Further to our focus on Speaking Up
  - Recruitment of Freedom to Speak Up Champions has taken place with 8 champions appointed
  - The champions work in a variety of departments and hold a variety of roles in the Trust
  - A development day for the champions took place in September
  - It is anticipated that the champions will be a point of contact to support staff and signpost across the Trust
- Wellbeing continues to be a focus for the Trust and Togetherness events have continued to take place including, but not limited to
  - Staff Art Workshop - Designs in Mind on site to support staff to produce a fibre glass sculpture to be installed along the path of positivity
  - Oswestry Orthopaedic Hospital Male Voice Choir
  - Desert Island Discs competition
  - Humble Boast Day
  - Photobooth in Denbigh's
  - Post your Thank You
  - Strava Competition
  - Pension Advice Stall
  - Music from Odd Bods
  - Beat the Board
  - Music from Sonia Smith
  - Inspirational talks

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# Caring for Staff

- Cost of Living Crisis
  - The Trust recognises the significant impact on staff and has introduced free breakfast, porridge or toast, and a daily winter warmer meal deal at a cost of £2
  - A group is established to continue to look at what can be done to support staff
  
- Recruitment and Retention
  - Newly established Recruitment and Retention working group
  - Review of recruitment processes and time to recruit
  - Marketing and recruitment campaign – social media channels
  - New roles and care pathways
  - Retention Toolkit
  - Incentives
  - Consultant Recruitment

# Caring for Finance

## Finance

- Trust on track to deliver its agreed financial plan as of Month 6 – receiving non recurrent income support via the Elective recovery fund which has offset lost income from performance
- System forecasting to be £30m adrift of plan and subject to Regional/National Escalation
- System under ongoing scrutiny to improve as deemed unacceptable

## Planning

- Planning for next year expected to see a continued focus on backlog waiting list reduction and a shortening of waiting times
- Key challenge on restoring productivity to pre pandemic levels – this is a national challenge and we have been assessed as having a 16% reduction locally
- Invited to submit bid for £5m of unallocated national capital money for a new Theatre
- If successful this will support waiting list clearance in the short term and support us in our strategic theatre replacement programme in the medium to long term

# Performance Update

- Constant focus on our longest waiting patients (104+ weeks). Overall the Trust is ahead of plan (93\* vs 136 at end of October) to eliminate 104+ waits by 31/3/23 however, and inline with national expectations, efforts are being made to achieve a “route to zero” in 2022
- Diagnostic performance has been a significant challenge mainly due to increased MRI demand, however due to a change in practice in September and additional capacity commencing in November waits for diagnostics will significantly reduce. MRI activity in October was 123% vs 19/20.
- A range of work is underway to improve the operational processes across the organisation, specifically in Theatres and across our inpatient and outpatient pathway. All with the aim to increase our activity to pre-pandemic levels.

\*Unvalidated Performance Figure For October

Aspiring to deliver world class patient care

1. Introd uction
2. Welco me
3. Resear ch
4. Lead Gover
5. <b>Trust Overv</b>
6. Appoi ntmen
7. Comm itee
8. Gover nance
9. Any Other

## Patient Safety Walkabout Summary

### 0. Reference Information

Author:	Mary Bardsley, Acting Trust Secretary	Paper date:	09 November 2022
Senior Leader Sponsor:	Sara Ellis Anderson, Chief Nurse and Patient Safety Officer	Paper written on:	03 November 2022
Paper Reviewed by:	N/A	Paper Type:	Governance and Quality
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

### 1. Purpose of Paper

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

This paper presents a summary of the recent patient safety walkabouts across the Trust which is shared with the Council of Governors for information.

### 2. Executive Summary

#### 2.1. Context

Walkabouts are conducted in patient care wards/departments, and they provide an informal method for leaders to talk with front-line staff about safety issues within the organisation and show their support for teams across the Trust.

#### 2.2. Summary

- The walkabouts were reinstated as of April 2022
- Since April 2022 there are a total of seven walkabouts completed
- A schedule for the future can be found in appendix one of the report
- The feedback from the walkabouts can be found in appendix two

#### 2.3. Conclusion

The Council of Governors is asked to note the summary which is shared for information.

## Patient Safety Walkabout Summary

### 3. The Main Report

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#### 3.1. Introduction

By using Patient Safety Leadership Walkabouts, health care organisations can demonstrate to staff the organisation's commitment to building a culture of safety.

Walkabouts are conducted in patient care wards/departments and they provide an informal method for leaders to talk with front-line staff about safety issues in the organisation and show their support for teams across the Trust.

Many organisations that have conducted walkabouts in conjunction with Safety Briefings have achieved greater success in changing the culture than organisations that use either tool alone. Focusing solely on safety during these rounds is a more successful strategy for promoting creating a culture of safety than digressing to other topics such as budgets and patient satisfaction.

#### Purpose of the Walkabouts

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

#### Measures of Success

- Number of errors reported per month from voluntary reporting systems (outcome measure)
- Number of safety-based changes made by managers per year
- Percent of changes in overall surveillance data (for example, infection rates)

#### 3.2. Associated Risks

There have been no risks identified.

#### 3.3. Conclusion

The Trust will continue to schedule the walkabouts throughout 2022/23 asking Governors to support.

The information will be shared with the Senior Leaders Group, Quality and Safety Committee and the Council of Governors on a quarterly basis.

Patient Safety Walkabout Summary

Appendix 1: Schedule for (November 2022 – March 2023)

Date	Time	Area Visited
November 24 <sup>th</sup>	08:45 – 09:45	ORLAU
November 24 <sup>th</sup>	15:00 – 16:00	Radiology
November 29 <sup>th</sup>	16:00 – 17:00	Baschurch
January 10 <sup>th</sup>	12:45 – 13:45	HDU
January 19 <sup>th</sup>	08:45 – 09:45	Montgomery
January 19 <sup>th</sup>	15:00 – 16:00	Menzies
January 24 <sup>th</sup>	16:15 – 17:15	Recovery
February 16 <sup>th</sup>	08:45 – 09:45	Powys
February 16 <sup>th</sup>	15:00 – 16:00	Gladstone
February 21 <sup>st</sup>	16:00 – 17:00	Wrekin
March 23 <sup>rd</sup>	08:45 – 09:45	Alice/Children OPD

## Patient Safety Walkabout – Summary Guidance

Dept/Ward: Clwyd.....

Date: 12/07/2022.....

In Attendance: Craig Macbeth, Paul Kingston, William Greenwood, Anne Lloyd, Jayne Long

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	No safety concerns raised. Ward was staffed above establishment for late shift with an agency booked to cover in case of sickness.
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	Some medication errors associated with unfamiliar agency nurses. New process on Ward to double check introduced
Do you think we learn widely from serious incidents or never events across the Trust?	Serious Incident learning is shared within Ward but felt that dissemination could be improved across broader nursing base. SNAP meeting was said to have a limited audience  'Time to think' may be a longer term issue – how we free staff to share experiences - good and bad – in a way more conducive to shared learning.
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	No issues
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	All clean (including ventilation ducts, toilet/ sluice areas, store cupboards and built in cupboards that were open (e.g. tops of doors).
The trust uniform policy is adhered to	No issues
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	Huddles throughout the day to ensure all patient needs understood. Patient bays allocated to nominated nursing staff.

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Is there any training or support you need to do your job better?	There are time pressures delivering the 'day job' but the staff appear ok with this if they have a stable workforce – less Agency/ or other (ward) staff being drafted in and out. Recognised as an operational necessity but never -the- less distracting in terms of efficiency.
<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	Notice boards well-tended and up to date
Are there opportunities for improving the environment?	Standard of the paintwork was very good (there has been a recent upgrade but no scuff marks or the like) New sinks awaiting installation but problems in allowing access to the Ward. It was flagged that the adjacent Ward had been closed due to staffing/activity and by flipping the closure to Clwyd this important work for the IPC action plan could continue.
<b>Is it Caring?</b>	
<b>What to ASK</b>	
What are you most proud of working here?	Team work, low staff turnover, first class safe nursing care
Do you think patients are involved in their care?	Very much so – patients informed of what is happening at every stage (all patients spoke to were largely positive of the care they were receiving)
<b>What to OBSERVE</b>	
The patients call bells are within easy reach of the patient and responded to in a timely manner	Not observed
Is the patient's dignity and privacy respected?	Yes although one elderly female patient sat on bed was inappropriately dressed – this was flagged to nursing team
<b>Is it Responsive?</b>	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	Complaint was as a result of a specific dietary requirement being compromised (gluten intolerance). Compliments are frequent with much chocolate gifted to ward members.
What are the departments top three risks/worries? How can the senior leadership help?	Falls, Pressure Sores, medication errors plus staffing resources. Welcomed enhanced bank rates but requested weekly pay would improve take up further
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	Not observed
Are there PALS information and patient feedback posters displayed?	Yes

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Is it Well Led ?	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	Senior Leadership team not known by majority of Ward staff. Stacey well known as is Ward buddy
How could communication (from board to ward and ward to board) be improved?	More drop ins – written communications do not reach this group of staff effectively
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	Yes interim Ward Manager and Substantive Ward Manager (currently acting up to a matron role) were friendly and welcoming.

Areas to highlight (if required)
<p>Overall a well run ward with a great atmosphere.</p> <p>The recruitment process with TRAQ seems to cause frustration and delay – needs to be looked at again possibly.</p>

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## Patient Safety Walkabout – Summary Guidance

Dept/Ward: Kenyon Ward

Date: 27/09/2022

In Attendance: Craig Macbeth, Sarfraz Nawaz, William Greenwood.

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	Staffing pressures reported as impeding quality of care
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	The ward manager reported a number of medication errors likely caused by pressure of work. Also, some thoughts that the use of agency staff contributed to this issue.
Do you think we learn widely from serious incidents or never events across the Trust?	Yes, learning & improvements in place.
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	Staff seemed busy, efficient, and professionally dressed.
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	Cupboards in storerooms all clearly labelled. The ward is awaiting some better shelving in a couple of storage areas.
The trust uniform policy is adhered to	Yes.
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	Safety huddles at shift handovers where patient needs/acuity discussed
Is there any training or support you need to do your job better?	Some concern staff having to do their educational requirements in their own time. Ward Manager would also like to plan for some team building session(s) which she thinks would help staff morale.
<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	All the notice boards were up to date and tidy.
Are there opportunities for improving the environment?	Concerned about a raised inspection cover built into the flooring. It was reported as being flagged for repair/ remedial action but was said to be a 'big' job. It had been clearly taped off but there was a clear crack in the cover which might impact structural integrity. Might benefit from another review/ assurance by Estates. Clearly some 'bolt on' parts of the ward with changes in floor levels. Whilst not significant might be a hazard for any patients unsteady on their feet. Very clean and tidy unit. No dust in vents or in recessed areas. Dishwasher not working – awaiting parts. Suggested short term solutions suggested.
<b>Is it Caring?</b>	

<b>What to ASK</b>	
What are you most proud of working here?	Good patient care and togetherness of staff
Do you think patients are involved in their care?	Yes
<b>What to OBSERVE</b>	
The patients call bells are within easy reach of the patient and responded to in a timely manner	Yes
Is the patient's dignity and privacy respected?	Yes
<b>Is it Responsive?</b>	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	
What are the departments top three risks/worries? How can the senior leadership help?	Recruitment/vacancies/agency usage Morale suffering from at times over stretched staff having to work beyond their contracted hours to 'get the job done'. Also concerns raised about staffing levels at 'peak' periods (post op patients arriving on the ward at the same time meals being served). Caused strain on the available staffing levels. A review of some of our operational systems might benefit this issue.
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	Not observed
Are there PALS information and patient feedback posters displayed?	Yes
<b>Is it Well Led ?</b>	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	Yes – Buddy visits regular where issues/concerns can be escalated
How could communication (from board to ward and ward to board) be improved?	Walk arounds welcomed
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	Yes we were warmly welcomed by Ward Manager and Matron
<b>Areas to highlight (if required)</b>	
<ul style="list-style-type: none"> <li>Concern discussed re recruitment of staff (low response to advertisements and 4 leavers imminent).</li> <li>Recruitment process remains slow and labour intensive on the Ward Manager (more support required from people services)</li> <li>Review of mandatory training content required</li> <li>Formal safe staffing reviews should be shared with the Wards. This links to concerns about nursing staff having to work beyond their contracted hours to 'get the job done' which does not get raised in the reports.</li> <li>Review of manhole cover seal awaiting repair by Estates</li> <li>Support for team building events would support staff retention</li> </ul>	

## Patient Safety Walkabout – Summary Guidance

Dept/Ward: Ludlow

Date: 21<sup>st</sup> July 2022

In Attendance: Colette Gribble, David Gilbert, Stacey Keegan

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	Yes, safe staffing displayed. Improvements in estate have enabled enhanced IPC measures and ability to clean.
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	Not discussed.
Do you think we learn widely from serious incidents or never events across the Trust?	Not discussed.
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	Yes, no observations of non-compliance witnessed.
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	Yes, the visit was conducted at 9am, busy period of care being provided therefore equipment in use, however discussed that this is appropriately stored when not in use.
The trust uniform policy is adhered to	Name badges – transitioning from embroidered names to badges. All staff observed, bare below elbow.
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	Team based nursing, two teams and one coordinator – feedback that this is effective. Described ward rounds.
Is there any training or support you need to do your job better?	Not discussed
<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	Ward recently refurbished, Board on order – Ward manager articulated the need and plan for educational boards.
Are there opportunities for improving the environment?	Refurnished, plans in place to provide artwork to further enhance. Opportunities: <ul style="list-style-type: none"> <li>The staff spoken to describe the issue of the high temperatures within the ward (all year round) – portable air conditioning units had been provided during heat wave. We committed to enquiring if there was a more permanent solution available.</li> <li>Landscaping – after the building work (Veteran’s), with possibility of trees to help provide shade.</li> </ul>

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Is it Caring?	
<b>What to ASK</b>	
What are you most proud of working here?	The team and how they look after each other. The environment and improvements.
Do you think patients are involved in their care?	Not discussed.
<b>What to OBSERVE</b>	
The patients call bells are within easy reach of the patient and responded to in a timely manner	Yes, when call bells were alarming responded to timely. One call bell out of service at time of visit, bell provided that patient was using.
Is the patient's dignity and privacy respected?	Yes, single side rooms; doors were closed when care was being provided.
Is it Responsive?	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	Not discussed.
What are the departments top three risks/worries? How can the senior leadership help?	Not discussed.
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	No opportunity to observe.
Are there PALS information and patient feedback posters displayed?	No, Boards on order following refurbishment.
Is it Well Led ?	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	Not discussed.
How could communication (from board to ward and ward to board) be improved?	Not discussed.
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	Yes, even though we conducted the visit during a wards busiest time, the ward still appeared calm and controlled. Staff were visible and there was clarity of roles and responsibilities.
Areas to highlight (if required)	
<ul style="list-style-type: none"> <li>• Temperature and air conditioning</li> <li>• Enhance the outside space (visible from the patient side rooms) once the Veteran's build is complete.</li> </ul>	

## Patient Safety Walkabout – Summary Guidance

Dept/Ward: ...Main Outpatient Dept..... Date: ...19/05/2022..... In Attendance: .....Chris, Shelley, Simon, Liz.....

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	Good consideration of social distancing going forward
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	Infections – as reported; admissions from Outpatients - none
Do you think we learn widely from serious incidents or never events across the Trust?	This is something we do at a local level
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	Yes
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	Yes. Environment – temperature in clinic rooms
The trust uniform policy is adhered to	Yes
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	Clinics with Ops team, relationships with consultants
Is there any training or support you need to do your job better?	Too much training – not aligned to roles. Need communication of new training
<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	IPC data not updated, STAR boards – are these being replaced?
Are there opportunities for improving the environment?	Veterans – electronic outpatient system has been removed
<b>Is it Caring?</b>	
<b>What to ASK</b>	
What are you most proud of working here?	Proud of environment, we work well with clinicians
Do you think patients are involved in their care?	
<b>What to OBSERVE</b>	
The patients call bells are within easy reach of the patient and responded to in a timely manner	N/A – didn't go off
Is the patient's dignity and privacy respected?	Yes. Challenge if no spare room. Ok with cheaper one

<b>Is it Responsive?</b>	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	
What are the departments top three risks/worries? How can the senior leadership help?	Social distancing, staffing – cant recruit RNs, admin time for veterans
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	
Are there PALS information and patient feedback posters displayed?	
<b>Is it Well Led ?</b>	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	
How could communication (from board to ward and ward to board) be improved?	
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	

<b>Areas to highlight (if required)</b>
Good challenge of poor behaviour Notice of clinics being done – last minute changes to clinics.

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## Patient Safety Walkabout – Summary Guidance

Dept/Ward: Oswald Ward

Date: 21/04/2022

In Attendance: Fiona, Tony, Sara Ellis-Anderson

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	Yes. Some days high dependency/complexity mitigated & ward manager would support and work in numbers.
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	Discussed recent Patient fall. Patient “call don’t fall” posters in . Decrease BP was the probable cause. This was shared in ward meeting. Spinal tetraplegic patient – call bell access limited on Oswald (Wrekin lended monitor) – Ward investing in a monitor for use going forwards. Overall staff had awareness of the incidents being reported and actions taken.
Do you think we learn widely from serious incidents or never events across the Trust?	Shared at monthly Ward meeting. Awareness of Serious Incidents but staff could not describe in detail actions taken/lessons learnt
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	Yes. All staff BBE & hand gel used entering rooms.
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	Yes. Some clutter/equipment storage at end of corridor but all equipment clean and labelled.
The trust uniform policy is adhered to	Yes. All ward staff compliant. 1 Doctor wearing watch – removed.
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	Wider hospital working with staffing shortfalls, examples given.
Is there any training or support you need to do your job better?	Bespoke tumour/bone/soft tissue on induction. Use of Sarcoma UK learning materials. B6/7 Competencies leadership development programme CSM – Scenarios pack would be helpful.
<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	Yes. Check medicines safety (in clean utility) – Dated December 2021. Good array of leaflets.
Are there opportunities for improving the environment?	Patient toilet outside of side room for access to patients waiting – the only toilets available are within the en-suite facilities. Access to outside for patients.
<b>Is it Caring?</b>	

<b>What to ASK</b>	
What are you most proud of working here?	Patients (Oncology) – Personal strength/resilience that they show.
Do you think patients are involved in their care?	Yes very involved. Spoke to patient, example of wound care and joint decision. Patient feedback very positive about care given
<b>What to OBSERVE</b>	
The patients call bells are within easy reach of the patient and responded to in a timely manner	Patient feedback – Yes. Witnessed call bell being answered in timely manner.
Is the patient’s dignity and privacy respected?	Yes. Some noise at night mentioned by patient.
<b>Is it Responsive?</b>	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	Lots of compliments and these are fed back to the team. 1 complaint last week – Spinal emergency discharge and patient expectations. Discussed importance of communication.
What are the departments top three risks/worries? How can the senior leadership help?	<ul style="list-style-type: none"> <li>• Staffing – discussed incentives for staff and weekly pay as options. Oswald staff have not seen the benefit of the recently introduced enhanced bank staffing.</li> <li>• Managing Covid positive (Red) /Green patients in the same clinical area</li> <li>• Prioritise beds for tumour patients</li> </ul>
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	Not observed during visit. N/A.
Are there PALS information and patient feedback posters displayed?	Yes. Displayed clearly and easily accessible.
<b>Is it Well Led ?</b>	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	Yes. Exec Buddy – Unsure of who this is but aware of the system in place.
How could communication (from board to ward and ward to board) be improved?	Changes in Matron role structure could have been communicated better – staff feel there have been numerous changes recently. Further visibility of Exec Team would be welcomed.
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	Yes. Staffing clearly displayed including who nurse in charge is.

**Areas to highlight (if required)**

Sharps box closure reminders written on sharps box lids. – Good Practice.  
‘Clean & Ready for Admission’ in clip frame outside of room to replace the stickers. – Good Practice.

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## Patient Safety Walkabout – Summary Guidance

Dept/Ward: ...Pharmacy.....

Date: ...23/06/2022.....

In Attendance: Ruth Longfellow, Colette Gribble, David Gilbert and Carrie Jenkins

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	
Do you think we learn widely from serious incidents or never events across the Trust?	
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	<ul style="list-style-type: none"> <li>• CD audits quarterly - learning themes from audits shared with ward</li> <li>• Tendable app very useful as now audits are web based rather than paper based</li> <li>• New temperature monitoring system for drug fridges- new technology - will email an alert if there is a problem.</li> </ul>
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	
The trust uniform policy is adhered to	
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	
Is there any training or support you need to do your job better?	
<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	<ul style="list-style-type: none"> <li>• Good use of Teams app now for communication between pharmacy team throughout the hospital</li> <li>• Use teams to join daily state of play to share information if any medicine issues</li> <li>• Use Teams for DTC, for holding and sharing of drug related documents</li> </ul>
Are there opportunities for improving the environment?	
<b>Is it Caring?</b>	
<b>What to ASK</b>	
What are you most proud of working here?	
Do you think patients are involved in their care?	
<b>What to OBSERVE</b>	

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The patients call bells are within easy reach of the patient and responded to in a timely manner	<ul style="list-style-type: none"> <li>All members of pharmacy we met, cited positive supportive working environment, good teamwork</li> </ul>
Is the patient's dignity and privacy respected?	
<b>Is it Responsive?</b>	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	
What are the departments top three risks/worries? How can the senior leadership help?	
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	<ul style="list-style-type: none"> <li>Use of technology to improve lots of systems, to improve safety and efficiency</li> <li>Planning for a 'dispensing' system for emergency drug cupboard - safer and easier to manage stock levels</li> <li>Feedback learning to clinical areas following incidents and audits</li> </ul>
Are there PALS information and patient feedback posters displayed?	
<b>Is it Well Led ?</b>	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	
How could communication (from board to ward and ward to board) be improved?	
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	

<b>Areas to highlight (if required)</b>
Space is an issue, storage of vaccination clinical files for 20 yrs Paeds - need to keep documents relating to medicines use

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## Patient Safety Walkabout – Summary Guidance

Dept/Ward: Theatre Visit

Date: 28<sup>th</sup> June 2022

In Attendance: Sarfraz Nawaz, Simon Adams, Colin Chapman, Rachael Flood, David Blackwell

Questions	Comments
<b>Is it Safe?</b>	
<b>What to ASK</b>	
Today are you able to care for your patients as safely as possible? If not, what is prohibiting you?	
Have there been any recent patient safety incidents reported? If so has there been any lessons learnt/improvements?	
Do you think we learn widely from serious incidents or never events across the Trust?	Discussion concerning Never events following restarts since Covid were discussed, and Rachel and David shared the learning that had taken place.
<b>What to OBSERVE</b>	
Are staff bare below the elbows and there is evidence of hand hygiene?	All staff compliant on observation.
Area is clutter free and equipment is stored safely. Equipment is visibly clean and dust free	The staff did mention the issues with storage, and this was witnessed on more than one occasion in that equipment was difficult to keep in areas without causing disruption to flow. New kit was in the process of being acquired, however storage for the kit (microscope ) would potentially still be an issue.  Staff were keen that they are involved in the upgrade of the theatres at an early opportunity in order to be able to potentially resolve some of the longer term storage issues.
The trust uniform policy is adhered to	All staff were compliant with uniform policy and following current guidelines in respect of IPC / COVID.
<b>Is it Effective?</b>	
<b>What to ASK</b>	
How do you work as a wider team to deliver patient care?	
Is there any training or support you need to do your job better?	Introduction of electronic boards to show information was felt by David and Rachel that this would be beneficial and enable staff to easily see information, rather than the current methods, which whilst clear, were sometimes felt could be overwhelming when looking for particular information.

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<b>What to OBSERVE</b>	
The notice boards are up to date and so are leaflets	Yes all information in date.
Are there opportunities for improving the environment?	Improvement opportunities within rest areas and also storage areas to allow further compliance to IPC guidance.
<b>Is it Caring?</b>	
<b>What to ASK</b>	
What are you most proud of working here?	
Do you think patients are involved in their care?	
<b>What to OBSERVE</b>	
The patients call bells are within easy reach of the patient and responded to in a timely manner	N/A
Is the patient's dignity and privacy respected?	
<b>Is it Responsive?</b>	
<b>What to ASK</b>	
What was the last complaint or compliment a patient made to you? What happened?	
What are the departments top three risks/worries? How can the senior leadership help?	The size of the rest areas was raised, and keen to address as part of any redevelopment. Staff were keen to be involved in the new EPR and to evaluate how this can improve flows within Theatre.
<b>What to OBSERVE</b>	
Are Staff supporting patients who may be disorientated?	N/A
Are there PALS information and patient feedback posters displayed?	N/A
<b>Is it Well Led ?</b>	
<b>What to ASK</b>	
Do you feel you have sufficient interaction with managers and senior leaders within the Trust?	

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How could communication (from board to ward and ward to board) be improved?	
<b>What to OBSERVE</b>	
Does the area appear well led and is it clear who is in charge?	

<b>Areas to highlight (if required)</b>
The visit was very good and both Rachael & David were very helpful in describing the flow in theatres, pointing out the good, what had improved, and what could still be done.

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**0. Reference Information**

Author:	Mary Bardsley, Acting Trust Secretary	Paper date:	9 November 2022
Executive Sponsor:	Stacey Keegan, Chief Executive	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Equality Impact Status:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Disclosable

**1. Purpose of Paper**

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

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

**2. Executive Summary**

**2.1. Context**

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

**2.2. Summary**

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

The Trust has been unable to engage in full membership recruitment activities for the main part of the preceding year because of the restrictions on visitors to the site, but these have been reinstated for last few months.

**2.3 Conclusion**

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

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## Membership Update

### 3. The Main Report

#### 3.1. Background

This paper provides an update on membership numbers as of 01 November 2022 and on-going progress of the Trusts Public Membership Strategy.

#### 3.2. Current Membership

The current membership total (on 01 November 2022) is 6420 which can be broken down as follows:

As of 01 November 2022	
Staff	1175
Public	4819
<b>Total</b>	<b>6420</b>

#### 3.3. Membership Growth

The Council will recall that the trust membership target for 2022/23 was amended during a previous meeting to the achievement of a year-on-year increase. In November 2021 membership stood at 6599 and as such a 2.7% decrease has been achieved over the last twelve months.

#### 3.4 Constituencies

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

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Cheshire & Merseyside	355	357	357	357	358	357	357	356	355	355	353	352	368
North Wales	929	931	927	928	927	926	925	929	925	904	863	867	885
Powys	537	536	534	537	536	537	539	542	540	524	523	522	533
Shropshire	2,748	2,748	2,752	2,750	2,754	2,750	2,757	2,757	2,755	2,703	2,544	2,542	2,623
West Midlands	529	529	528	528	530	529	530	531	530	531	530	530	545
Rest of England & Wales	249	249	249	249	249	249	249	249	249	249	249	248	261
Out of Trust Area	76	80	96	98	107	118	128	138	139	150	160	181	49
<b>Total</b>	<b>5,423</b>	<b>5,430</b>	<b>5,443</b>	<b>5,447</b>	<b>5,461</b>	<b>5,466</b>	<b>5,485</b>	<b>5,502</b>	<b>5,493</b>	<b>5,416</b>	<b>5,222</b>	<b>5,242</b>	<b>5,264</b>

#### 3.5 Gender

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

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
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Gender	5,423	5,430	5,443	5,447	5,461	5,466	5,485	5,502	5,493	5,416	5,222	5,242	5,264
Unspecified	41	41	41	41	41	42	43	43	43	43	43	43	43
Male	1,764	1,771	1,771	1,772	1,777	1,780	1,785	1,789	1,783	1,763	1,705	1,717	1,723
Female	3,618	3,618	3,631	3,634	3,643	3,644	3,657	3,670	3,667	3,610	3,474	3,482	3,498

### 3.6 Ethnicity

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

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
<b>Ethnicity</b>	<b>5,423</b>	<b>5,430</b>	<b>5,443</b>	<b>5,447</b>	<b>5,461</b>	<b>5,466</b>	<b>5,485</b>	<b>5,502</b>	<b>5,492</b>	<b>5,415</b>	<b>5,221</b>	<b>5,241</b>	<b>5,263</b>
White	3,368	3,369	3,363	3,365	3,367	3,359	3,364	3,367	3,356	3,301	3,184	3,180	3,182
BME	115	117	116	117	118	119	119	119	119	118	111	113	114
Not stated	1,940	1,944	1,964	1,965	1,976	1,988	2,002	2,016	2,017	1,996	1,926	1,948	1,967

### 3.7 Age

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

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
<b>Age</b>	<b>5,050</b>	<b>5,059</b>	<b>5,070</b>	<b>5,076</b>	<b>5,095</b>	<b>5,101</b>	<b>5,120</b>	<b>5,140</b>	<b>5,137</b>	<b>5,069</b>	<b>4,883</b>	<b>4,906</b>	<b>4,929</b>
22-29	470	467	467	463	459	458	457	457	453	447	420	422	425
30-39	673	678	690	687	698	707	712	726	731	727	692	706	711
40-49	623	625	623	626	626	623	623	620	613	597	574	574	577
50-59	750	748	752	753	757	752	758	759	763	763	734	738	743
60-74	1,343	1,345	1,337	1,336	1,338	1,340	1,347	1,351	1,347	1,331	1,283	1,285	1,286
75+	1,191	1,196	1,201	1,211	1,217	1,221	1,223	1,227	1,230	1,204	1,180	1,181	1,187

## 4. Conclusion

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

## 0. Reference Information

Author:	Mary Bardsley, Acting Trust Secretary	Paper date:	9 November 2022
Executive Sponsor:	Stacey Keegan, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

## 1. Purpose of Paper

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

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

## 2. Executive Summary

### 2.1. Context

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

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

### 2.2 Summary

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

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

### 2.3 Conclusion

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

### 3. Main Report

#### 3.1. Questions and Answers

Date Raised	Raised By	Question
19/10/2022	Colin Chapman, Public Governor Shropshire	It was highlighted recently on the national news Re “Key Performance indicators” specifically related to CEO positions of NHS Trusts. It would be good to know if such measures are in place for the performance of our own CEO albeit interim or substantive and who is responsible for ensuring these are being met.

Response Provided By Mary Bardsley, Acting Trust Secretary

The Chair assesses the performance of the Chief Executive Officer. In line with processes, the Chief Executive Officer will have an annual appraisal with the Chair which includes the setting of personal objectives.

The CEO performance assessment (along with other Executive Directors) is presented to the Remuneration Committee where recommendations are considered.

Date Raised	Raised By	Question
26/10/2022	Kate Betts, Staff Governor	Can reassurance be gained that the TRAC recruitment system is fit for purpose? I have heard so many negative comments about it. If we are in a contract with TRAC, can improvements be made to the way, it works for us?

Response Provided By Andrea Martin, Interim Deputy Chief People Officer

We appreciate the concerns raised around recruitment attributed to the TRAC system and colleagues have been working to resolve these. The Head of Resourcing has been reviewing the process of recruitment via TRAC with our colleagues within Midlands and Lancashire Commissioning Support Unit who currently provide this service to RJAH. This has comprised of unblocking barriers and reviewing processes to ensure timely recruitment. Trac Champions have also been introduced to support managers who require support to utilise the system.

The TRAC system itself is a common NHS system that is utilised nationally within the NHS and has advantages of integrated vacancy approval, enhanced advertising, improved applicant communications and improved pre-employment checks system.

The Trust is continuing to focus our effort to look for further efficiencies within the processes of recruitment and the administration of the TRAC system.

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

# Council of Governors Committee

## Attendance Matrix



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

Quorum: 8 Governors

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

Key: EXO - extraordinary committee meeting scheduled

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