The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Board of Director (Public) 05.07.2023

MEETING
5 July 2023 09:30

PUBLISHED
4 July 2023

Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	5/07/23		09:30
1. Welcome			09:30
1.1. Apologies		All	
1.2. Declarations of Interest		All	
1.3. Minutes of the previous meeting 01 March 2023		Chair	
1.4. Minutes from the previous meeting 03 May 2023		Chair	
1.5. Action Log		Chair	
1.6. Matter Arising		All	
2. Patient Story with Aimee Woosnam		Chief Nurse and Patient Safety Officer	09:40
3. Chair and CEO Update		Chair and CEO	09:55
4. Quality and Safety			
4.1. Chief Nurse and Patient Safety Officer Update (verbal)		Chief Nurse and Patient Safety Officer	10:10
4.2. IPR Exception Report		Chief Nurse Patient Safety Officer	
4.3. Chair Report from Quality and Safety Committee		Non Executive Director	
4.3.1. Patient Experience Annual Report		Chief Nurse and Patient Safety Officer	
BREAK			10:35

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Agenda

Location	*Date*	*Owner*	*Time*
Meeting Room 1, Main Entrance	5/07/23		09:30
5. People and Workforce			10:50
5.1. IPR Exception Report		Chief People Officer	
5.2. Chair Report from People and Culture Committee		Non Executive Director	
5.2.1. Freedom to Speak Up Annual Report		Chief Nurse and Patient Safety Officer	
6. Performance and Finance			11:10
6.1. Chief Operating Officer Update (verbal)		Chief Operating Officer	
6.2. Industrial Action (verbal)		Chief Operating Officer	
6.3. IPR Exception Report		Chief Operating Officer	
6.4. Long Waiters (Presentation)		Chief Operating Officer	
6.5. Finance Performance Report		Chief Finance and Planning Officer	
6.6. Chair Report from Finance, Performance and Digital Committee (verbal)		Non Executive Director	
6.7. Chair Report from Audit and Risk Committee		Non Executive Director	
7. Questions from the Governors and Public		Chair	11:45
8. Any Other Business		All	11:50
8.1. Next Meeting: 06 September 2023			

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The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust
Harry Turner ☎ 01691 404358
Chair

BOARD OF DIRECTOR – PUBLIC MEETING
01 MARCH 2023 AT 9:30AM IN MEETING ROOM 1, MAIN ENTRANCE AT RJAH
MINUTES OF MEETING

Present:

Harry Turner	Chair	HT
Chris Beacock	Non-Executive Director	CB
Penny Venables	Non-Executive Director	PV
Sarfraz Nawaz	Non-Executive Director	SN
Martin Newsholme	Non-Executive Director	MN
Stacey Keegan	Chief Executive Officer	SK
Craig Macbeth	Chief Finance and Planning Officer	CM
Sara Ellis Anderson	Chief Nurse and Patient Safety Officer	SEA
Ruth Longfellow	Chief Medical Officer	RL

In Attendance:

Martin Evans	Associate Non-Executive Director	ME
John Pepper	Associate Non-Executive Director	JP
Denise Harnin	Chief People Officer	DH
Mary Bardsley	Acting Trust Secretary (minute secretary)	MB
Jo Banks	Managing Director for MSK Unit	JB
Martin Bennett	Governor	MBe
Colette Gribble	Governor	CG
Kate Betts	Governor	KB
Katrina Morphet	Governor	KM
Colin Chapman	Governor	CC
Karina Wright	Governor	KW

MINUTE NO	TITLE
01/03.01	**APOLOGIES** Apologies were noted from Mike Carr
01/03.02	**MINUTES OF THE PREVIOUS MEETINGS** 11 January 2023 – the minutes were approved as an accurate reflection of the meeting.
01/03.03	**MATTERS ARISING** There were no further items tabled for discussion.
01/03.04	**DECLARATION OF INTERESTS** There were no new declarations shared.
PRESENTATIONS	
01/03.05	**STAFF STORY – COST OF LIVING SUPPORT** DH introduced Laura Peill and Liv Evans to the meeting who have been leading on the Cost-of-Living innovation for the Trust. Laura and Liv delivered the presentation, highlighting the following key points: • NHS employers have reported that 1 in 8 workers are not able to meet essential cost of living. • The Trust circulated a survey monkey and received 139 responses. Following the feedback, a cost-of-living working group was established. • 40 ideas were considered in total and narrowed down to those which were affordable and feasible for the Trust to implement. • Some of the ideas implemented include free hot drinks for staff, free breakfast and a subsidised healthy meal offered at lunch time. Enhanced bank rates have been extended to the end of March and bank shift incentives were launched. The book shop was reopened, and a money matters session was delivered to the organisation. A money matters page is available on the Trusts intranet, staff car parking continues to be free, and flowers are gifted from local supermarkets via the League of Friends.

	• Following sharing the initiatives on social media, the Trust have been invited to present at the ICS health and wellbeing at the end of the month. • Another survey is to be circulated to gain feedback on the initiatives which have been implemented. • Some further areas of consideration include access to the gym (in the future), access to the pool, dried goods to be available at the fruit and vegetable stall within the main entrance and trialling free sanitary products. • Liv ended the presentation thanking all staff members who have been supporting the delivering of the ideas. HT thanked Laura and Liv for attending the meeting to highlight the areas and encouraged the Trust to ensure the support is noted when recruiting future staff. HT encouraged comments from the Board and the following was noted: • Received the presentation at the People and Culture Committee and were impressed with the support that has been offered to staff. • The Board commended the team effort and leadership - well done both. • Highlighted the importance of implementing the 'quick wins' and building on the ideas each month. • It was noted that the support is much bigger than the cost of living, it also relates to valuing staff and supporting with wellbeing. • Commended the presentation for not aligning to finances and figures. • Suggested consideration is to be given on how the Trust can measure the benefits. The Trust explained the local pulse survey and staff survey should be able to support with evidence along with staff sickness rates. DH explained the Trust are improving the infrastructure relating to pulse survey including digital app to support live feedback. The Board commended the impressive presentation and welcomed the next steps which include, an evaluation of the current ideas in place and continue to build offers available to staff.
CHAIR/CHIEF EXECUTIVE OFFICER UPDATE	
01/03.06	**CHAIR UPDATE (VERBAL)** HT welcomed the attendees to the meeting and informed them that with support from VS, the official opening of the Headley Court Veterans Centre has been scheduled for 4th April. Princess Sophie, the Duchess of Wessex will visit the Trust to formally opening the centre. **CEO UPDATE** SK provided the following updates: • Trust Secretary – welcome to Dylan Murphy who joined the Trust at the end of January. • Long Services Awards – 35 staff members joined SK and HT to celebrate their long service within the NHS. • Jacqueline Barnes – thank you for Jacqueline for supporting the Trust in through her secondment as Director of Improvement and Quality • Recruitment and Retention – attended Keele Uni conference to informally hear the challenges within the NHS in relation to education. • Cost of Living – implementation of initiatives has been well received. • Vaccination Centre – closed in February 2023 after administration over 150,000 vaccination. Thank you to all staff across the Trust and the ICS who were led by Rebecca Warren. • Health Equality – delighted to be working with Healthwatch in Shropshire to support the population. • Health Hero January – Gayle Murphy, Executive Assistant who was nominated by the Clinical Governance Team. • Health Hero February – Library Team, who continually supporting education and learning across the organisation.
CORPORATE RISK REGISTER	
01/03.07	**CORPORATE RISK REGISTER** The Trust continues develop the process for the corporate risk register. DM presented the document highlighting that the track changes which have been presented to reference the changes to the progress of actions.

	HT highlighted the importance of reporting the journey of the risk including the triangulation and therefore asked for consideration to be given on how this could be reflected within the Chairs assurance reports. CB added that some of the risks are not reduced following the implementation of the mitigation and queried whether those risk should be approached in another way. HT explained that consideration is to be given to the impact. DM added the risk management strategy is currently being reviewed which will support the review of all risks across the Trust. Penny highlighted the pathology risk and queried the high score of the risk. RL explained that the Trust is relying upon SaTH to update a system, and therefore the risk is out of the control of the Trust. SK asked for the risk to be reviewed and aligned to EPR and the compatibility of the systems. DM informed the Board that there needs to be consideration between the Trusts risk register and the system risks. This is currently work in progress. MN added the risk appetite within a System is being considered for the risk register is being compiled. Following the discussion, the Board approved the corporate risk register and were assured with the processes in place. To improve further the Board asked to enhance the visibility of risks.
QUALITY AND SAFETY	
01/03.08	**CHIEF NURSE AND PATIENT SAFETY OFFICER UPDATE (VERBAL)** SEA highlighted the following key points to the Board: • RCN industrial action – a total of four days industrial action took place in January and February. There was disruption but on both occasions the site was managed safely. Industrial action that was planned for now (1st to 3rd March) has been stood down whilst talks between the RCN and Government take place. • Successful recruitment open day saw 15 offers being accepted on the day and thank you to all those that were involved. Next open day is planned for 16th of April. • First four trainee nurse associates qualify in March. • International recruitment continues to progress with seven nurses arriving in March and the Trust have been successful in our bid to HEE for further funding to support continued international recruitment for another 12 nurses in 23/24. • A focus on retention initiatives and launch of keeping in touch conversations and meaningful exit interviews. • IPC Summit was scheduled for 30th of January saw colleagues from across the system listen to RJAH IPC improvement journey and the successful launch of the new IPC strategy. HT informed the Board of the positive feedback which has been received from the IPC summit. The Board asked for consideration to be given on how further the outputs of the day can be cascaded to staff across the organisation. SEA confirmed videos and recordings of the day have been shared through communicate and available on the Trusts websites. The teams are considering a road show option to deliver to the clinical departments and wards.
01/03.09	**PERFORMANCE REPORT – QUALITY AND SAFETY** SEA and RL provided the following update: • No Never Events or Serious Incidents in January however one reported in February for wrong sided block in Radiology - no harm to the patient and investigation is underway and duty of candour has been met. • SSIs - there were three additional infections confirmed in January, all relating to procedures that took place in November-22 bringing the November total to 5. The infections are being seen in hips and knees and none in spines. Several improvement actions have taken place and are monitored through IPCC. There are ongoing discussions with the IPC and Information team to display the data differently aiming for this to be delivered in the new IPR from April. Discussions were held at the IPC Quality Assurance Committee on the difficulty and labour-intensive process of capturing other specialty SSIs without ICNET and the teams are looking for an interim solution. • There has been one expected death in January. The Board noted the performance update, and no questions were raised.

01/03.10	**CHIEF MEDICAL OFFICER UPDATE (VERBAL)** Junior doctors strike has been confirmed. The strike is scheduled for 72hours between 13th–16th March. There is an option for local derogation and doctors can be requested back for emergencies. The Trust is currently reviewing staff members and a self-assessment is to be completed. There is an expected impact on activity and therefore planning meetings have been scheduled with clinical leads. with clinical leads CB explained that the GMC has given guidance on ensuring patient safety including ensuring training is provided to those who are supporting. RL explained the medical cover across the Trust, will not be involved in the strike and therefore able to support on the day. SK confirmed the same approach to be replicated on the doctor's strike as nurses to mitigate the impact on delivery and patient safety. The Trust will continue to prioritise patients in line with the current guidance.
01/03.11	**LEARNING FROM DEATHS Q3 REPORT** RL highlighted the following points from the report: • Reporting period is between October and December 2022. • There have been 2 deaths recorded. • In relation to the end-of-life pathway, positive learning has been noted following receiving feedback from the family. • The Trust continues to improve the reporting format of the paper. The Board noted the report.
01/03.12	**CHAIRS ASSURANCE REPORT – QUALITY AND SAFETY COMMITTEE** CB shared the following highlights from the Chairs assurance report: • Risk to highlighted included speech and language therapist provisions. The committee asked for a further review and assurance to be presented at the next meeting. SEA confirmed that staff are being actively recruited. • Received updates on both the Bioknotless (shoulder) and Exatech (knee) issues which are noted as ongoing. There are no issues to raise in relation to the process being undertaken to support patients. For clarity, SK confirmed the shoulder is a never event however the knee is a prothesis recall. There were no questions raised and the Board noted the assurance report.
01/03.13	**IPC IMPROVEMENT PLAN** The Trust remains green rated on the NHE IPC matrix following most recent NHSE visit in December, and the Trust has had formal notification that undertakings have now been removed. SEA confirmed the official letter has been shared for information. It was noted that good progress has been made on the IPC improvement plan month on month. Following a discussion at the IPC Quality Assurance Committee, the Board are asked to consider the following recommendations: • Closure of IPC improvement plan that was developed to meet the exit criteria/undertakings. • Transfer of the 'in progress' actions to newly formed overarching IPC Quality Improvement Plan • Newly formed IPC Quality Improvement Plan to be presented quarterly to Trust Board for assurance of compliance against the Health and Social Care Act 'Hygiene Code' and the IPC Board Assurance Framework • Discussion with incoming chair of Quality and Safety Committee regarding workplan and incorporating the IPC agenda items for 23/24 The Board noted and approved those recommendations.
01/03.14	**IPC BOARD ASSURANCE FRAMEWORK** The IPC BAF has been developed by NHSE to support all healthcare providers to effectively self-assess their compliance against the ten criteria of the Health and Social Care Act (Hygiene code). The Infection Prevention and Control Quality Assurance Committee (IPCQAC) reviewed the IPC BAF for assurance purposes on the 12th of January 2023 and the Board are asked to note the report and progress. There are no red rated KLOE and 23 amber partially compliant KLOE.

	Overall strong evidence of compliance with the ten criterion and where there have been gaps in assurance identified, mitigating actions/recommendations have been described. Areas of focus to increase compliance are: Antimicrobial stewardship, FFP3 mask fit testing and improving access to Microbiology provision onsite. Resulting actions from the BAF will be transferred to the overarching IPC Quality Improvement Plan which is reviewed monthly at IPC Working Group for oversight and governance. SEA informed the Board that the new updated BAF is expected in later this month. SK highlighted that where the Trust is stating the policy is evidence, this should be the audit against the policy to gain assurance that the policy is embedded, and processes are being followed. The Board noted the IPC Board Assurance Framework.
01/03.15	**CHAIRS ASSURANCE REPORT – IPC QUALITY ASSURANCE COMMITTEE** CB informed the Committee that there is an ongoing concern in relation to onsite microbiology. The Committee were reassured that they Trust are taking the necessary steps to mitigate the risk, however asked for the assurance to be provided to the Quality and Safety Committee going forward. Following a recent discussion, the Committee presented a recommendation to the Board that the committee is to be disestablished and the agenda is to be realigned to the Quality and Safety Committee. CB explained that assurance is frequently received, and the times of meetings have reduced in recent months. The assurances are being received and culture across the organisations have changed. It was noted that the same attendees join both the Quality and Safety Committee and the IPC Quality Assurance Committee therefore oversight will remain effective. The Committee request the Board to complete a 3month review to gain feedback on the IPC agenda items are being sufficiently monitored. The Board approved the recommendation. HT agreed that the IPC section within the Board agenda can be realigned to the Quality and Safety sections and does not need to be noted as an exceptional item going forwards. The Board reflection upon the IPC journey over the past 12months included the challenges which the Trust have overcome. The Trust have received recognition from NHSE noted and thanked SEA, JB, and CB for leading the committee meeting and ensuring there was focus upon the area.
PEOPLE AND WORKFORCE	
01/03.16	**PERFORMANCE REPORT – PEOPLE AND WORKFORCE** DH highlighted the following key points from the performance report: • Sickness – target is recorded at 3.6% however the Trust continually report approximately 5%. DH confirmed other Trusts report at 5.2%. There is a requirement to review the target to align to national reporting. • Policy and management plans in place for long term sick. Most of the long-term sickness is related to anxiety, stress, and depression. It was noted that this is a national issue relating to 26% of the sickness within the NHS. Further support is to be offered to staff regarding wellbeing – this continues to be a development area for the Trust. • Turnover – the Trusts target is 8%. DH highlighted the national target is between 10%-12% and again highlighted the requirements to review and align to national benchmarking. • 25% increase in nurse leavers nationally – 2/3 of those are reported to be under the age of 45. The Trust are committed to understand the key elements which are driving the impact. The Board noted the performance relating to the people and workforce agenda.

01/03.17	**FREEDOM TO SPEAK UP (Q3 REPORT)** This is the quarterly freedom to speak up report that has been through People and Culture committee. It was noted that the number of concerns raised remains the same as last quarter with a total of 5. Freedom to speak up has been contacted, this quarter, with one patient safety issue, two bullying concern, one worker safety and one inappropriate attitudes/behaviours issue. The freedom to speak up action plan continues to progress with updates at People and Culture Committee. Areas of focus this month is a bespoke training session forward managers and Allied Healthcare Professionals leads at Senior Nursing and Allied Healthcare Professionals meeting. Freedom to speak up capacity has been reviewed and the executive team have agreed an increase in freedom to speak up hours for the organisation from 7.5 hours a week to 15. This was benchmarked against other similar sized organisations and champions are also in place. Training needs are being reviewed but it has been agreed in principle all staff should have mandatory freedom to speak up awareness training as a minimum. PV highlighted that there have been no anonymous concerns raised in the past 2 reports which is a positive result for the organisation. Following PV query, SEA confirmed the Trust feedback to people who have raised and for those who are anonymous, the Trust consider presenting the information and learning in a generic format through the Communications team. CB asked the Trust to consider how to gain support from the System and offering a freedom to speak up link from within the System and not only local within the Trust. This may support people in speaking up. SK explained Healthwatch are keen to support this and how to support staff as well as patients, there are opportunities for external companies to support however further work is to be completed to ensure a robust process is in place. The Board noted the Freedom to Speak Up quarterly report.
01/03.18	**GUARDIAN OF SAFE WORKING HOURS Q3 REPORT** RL informed the Board that there have been no exception reports or no fines within the past quarter. Following the recent medical rota internal audit, the Trust received a recommendation that an annual report will be presented to the Board. There was also a recommendation regarding electronic reporting to be used. RL explained Allocate to be used for exception reporting. HT commended the Trust - delighted to see another positive report. PV queried whether there is a risk to this regarding the industrial action and are the Trust at risk of breaching safe working hours. RL explained conversation are to be had to gain cover for night shift, there is currently no risks as Consultant will also be supporting. MN asked for consideration to be given in relation to the nursing staff and how the Trust can be assured nurses are working to a safe working hours guidance. SK explained you have controlled mechanism, nurses are asked to sign the nursing time directorate. CB explained the Trust cannot control or gain knowledge of nursing staff once they have completed a shift. ME explained the e-Rostering policy should support in given assurance. This is being considered and how we can challenge and evidence. SK added that e-Rostering would support as controls in place on how many hours peoples are working however out of hours work is beyond the control of the Trust. JB suggested this is captured within the pulse survey and linked into staff wellbeing. Laura and Liv and link is as part of the pulse survey to capture the information. HT also encouraged conversation through walkabouts. The Board asked for the annual report to report on the Guardian of Safe Working hours to highlight the Trust as a positive outlier for remaining complaint.
01/03.19	**FRAMEWORK FOR RESPONSIBLE OFFICERS AND VALIDATIONS – ANNUAL REPORT** RL presented the report for the period of 31 March 2021 – 01 April 22. The annual report was considered by the People and Culture Committee in February and provides assurance and evidence on the appraisal and validation.

	ME confirmed the report was discussed at the Committee. There was a request that the actions following the report are to be presented to the Committee going forward to gain assurance for upward reporting to the Board. ME added there was a good conversation in how we seek support. The Board approved the annual report.
01/03.20	**CHAIRS ASSURANCE REPORT – PEOPLE AND CULTURE COMMITTEE** ME highlighted the following points from the Chairs assurance report: • Reflection on the papers being published on the day – a request to improve the process of uploaded and publishing papers in a timely manner has been request by all assurance committees. This is to ensure the members of the meeting gain the relevant information ahead of the meeting. DM explained a corporate manual is being compiled to support with effective meeting support. SN asked for consideration to be given to the volume of agenda items tabled for discussion. DM requested support from the Executive Leads and Chairs of the Committees to ensure committee workplans are current and reflective of the matters which are to be presented to the meeting. • Recruitment and retention – HCA and nurse vacancies are reducing. The Trust have introduced the keeping in touch policy. • Planning guidance – concerns raised with assumptions within the plan and need to link to the recruitment working. The forecast position now aligned between workforce and operational. • E job planning – the Trust had a target to be complaint with level 4 by the end of march but due to further work that needs to be completed linking to the policy this will not be achieved. JP –queried the percentage of staff who are absent from work due to work related anxiety and depression, is this being monitored. DH confirmed this is being captured and agreed to give consideration on how the date can be presented due to the low numbers and nature of the hospital the Trust is to be cautious that staff are not identifiable. SK informed the Committee that a meeting to commence the planning for the next togetherness week has been scheduled. The Board noted the chairs assurance report.
PERFORMANCE AND FINANCE	
01/03.21	**CHIEF OPERATING OFFICER UPDATE (VERBAL)** MC provided the following verbal update: • The Trust attended the system GIRFT meeting. • Continue to attend the performance call as part of the system. • MSK from Shropshire and Telford was launched on 13 February – there is a management group established for supporting issues. • Continue to support with the 2023/24 planning. • There has been a deep dive into unit efficiency for 2023/24 For clarity, SK confirmed that the Trust attend the performance call to support the systems and remain withing tier two.
01/03.22	**PERFORMANCE REPORT AND LONG WAITERS PRESENTATION** MC highlighted the following key points relating to the performance report: • Both workforce and industrial action has impacted the overall activity within month. • A focus continues to be on long waits and supporting patients. MC highlighted the following key points relating to the long waiter's presentation: • Note the positive reporting relating to the actual vs plan for English patients. • 78 weeks remains a challenge. The Trust need to reach 0 by the end of April. • Trip in patients is being monitored and aligned to the plans. • The Trust will be 0 by the end of May (relating to 104 weeks) • Highlighted there are an expected 247 patients at over 78 weeks by the end of March – this has since reduced to 140. There is an expectation this will be reduced further to 90 patients. The Board were reminded the Trust are working towards 0 by the end of April, this will be supporting by insourcing and ROH collaboration. • Queried the upward trend relating to the Welsh patients. ACTION: JB to confirm the reporting direction outside of the meeting with ME. • Further assurance and information requested on cases per list and utilisation per session. It was noted that the measures are being compiled following the Cardos

	review and is being reported through the Trust Performance and Operational Improvement Group. • Cardos review commenced approx. 3months ago and triangulation of measures is to be presented at the Finance, Performance and Digital Committee for oversight.
01/03.23	**FINANCE REPORT** CM provided the following updated in relation to month 10 finance performance: • Continue to support the initiatives to improve the forecast including the Welsh contract on performance. The Trust is awaiting confirmation from Welsh commissioners regarding block contracts. • Guidance waiting regarding the annual leave accrual – there is an expected £600k to be incorporated. • A £1.3m surplus was reported for the Trust. • Forecast position for the system is more than £65m. This continues to be scrutinised as part of the system meetings. The Trust has been asked to submit further information to support the deficit. It was noted that this continues to be a challenge for the Trust.
01/03.24	**DRAFT PLAN SUBMISSION FOR 2023/24** CM presented the presentation to the Board. The following points were highlighted: • The Finance, Performance and Digital Committee oversee planning. • The operational plan was submitted at the end of February. • Workforce plan is a focus and international recruitment funding will be used to staff the new theatre. • Risks include industrial actions and workforce recruitment. It was note that industrial action cannot be incorporated into the plan. • To ensure the plan is deliverable, the Trust have considered skill mix, additional roles, recruitment planning within theatre. • It was noted that the delivery of the plan is heavily reliant on the workforce • The Trust accept the risks and continue to mitigate and monitor. • The outpatient activity is reliant upon the additional capacity. It was noted that firm plans are in place relating to the clinic room utilisation and being able to staff that activity. • The final plan presents a step change in November and asked for this to be included into the performance indicators. – can this be introduced into the KPI – will remain • The submission to NHSE is scheduled for 30 March. HT encouraged the Trust to share an update on the plans at the Board meeting on 30 March.
01/03.25	**CHAIR ASSURANCE REPORT – FINANCE, PERFORMANCE AND DIGITAL COMMITTEE** SN shared the following key points Chairs assurance report: • Acknowledged the significant effort there has been to reduce the long waiters and highlighted the challenges relating to the 78 weeks. The importance of not losing oversight of the elective and outpatient activity remains behind target. There has been a request to focus on spinal patients in at the next meeting. • Continue to look at the operational plan noting the challenges including the request from the system. The committee asked for an illustrated link between people/workforce and activity which include the assumptions to the Trust is reliant upon. • Financial position is very favourable - the risk is the finances go back to an activity basis and not block payments. • RTT trajectories – heavily dependent upon mutual aid • EPR – raised concerns that the consultancy supporting the implementation has been slow and initial milestones have not been achieved. The committee requested for further information to be presented at the next meeting. In relation to the big-ticket items within the system, PV queried why is there more of a focus and is there any more pressure from NHSE/nationally. CM explained the system needs to improve the deliver on the big tickets items and there has been an expectation that the MSK transformation will deliver the plan however there is a lack of assurance that this is going to be realistic. The Board noted the chairs assurance report from the Finance, Performance and Digital Committee.
QUESTIONS FROM THE GOVERNORS AND THE PUBLIC	
01/03.26	**QUESTIONS FROM THE GOVERNORS AND PUBLIC**

	CC queried the logistics of the insourcing of theatre team and asked that clarity and communication is shared with the staff on the proposed plans. CC explained that members of the Trust have shared concerns with CC relating to the skill mix, training, governance structure and safety implications. The Board thanked CC for bringing to the attention of the Board highlighting the importance of staff members raising concerns through the correct process to ensure the relevant support and advice is communicated. It was confirmed that DH, SEA, and RL will supporting the implementation and explained 2 consultants have volunteered to pilot the initiative. RL added that governance and communications have been shared with staff and have been offered the additional work. The Trust is keen to engage in open conversations and explained the item has been cascaded through managers briefing and MAC. The Executive Team agreed to share further communication on the matter. VS - enjoyed the cost-of-living presentation and commended the fantastic work which has been implemented across the Trust. There has been a noted change within the atmosphere of the organisation and Staff are feeling support. On behalf of the Board, HT thanked CC and VS for attending the meeting.
ANY OTHER BUSINESS	
01/03.27	**ANY OTHER BUSINESS** RL explained there is a charity quiz and charity wine tasting evening being scheduled to support the London Marathons fundraising – if you would like further information, please contact the Executive Assistant Office.
01/03.28	**CLOSING REMARKS:** HT thanked everyone for attending the meeting and for their contribution in the discussions.
NEXT PUBLIC MEETING: 01 MARCH 2023	

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING
03 MAY 2023 AT 9:30PM, MEETING ROOM 1 AT RJAH
MINUTES OF MEETING

Voting Members in Attendance

Name	Role	Attending
Harry Turner	Chairman	✓
Paul Kingston	Non-Executive Director	*x*
Martin Newsholme	Non-Executive Director	✓
Penny Venables	Non-Executive Director	✓
Chris Beacock	Non-Executive Director	✓
Sarfraz Nawaz	Non-Executive Director	✓
Stacey Keegan	Chief Executive Officer	✓
Craig Macbeth	Chief Finance and Planning Officer	✓
Paul Kavanagh Fields	Chief Nurse and Patient Safety Officer	*X*
Ruth Longfellow	Chief Medical Officer	✓
Mike Carr	Chief Operating Officer	✓

Others in Attendance

Name	Role	Attending
Martin Evans	Associate Non-Executive Director	✓
Paul Maubach	Associate Non-Executive Director	✓
John Pepper	Associate Non-Executive Director	✓
Denise Harnin	Chief People and Culture Officer	✓
Lisa Newton	Assistant Chief Nurse for Specialist Unit	✓
Dylan Murphy	Trust Secretary	✓
Mary Bardsley	Assistant Trust Secretary (minutes)	✓
Chris Hudson	Head of Communications	✓
Colin Chapman	Governor	✓
Victoria Sugden	Governor	✓

Ref.	Discussion and Action Points
1.0	**Welcome and introductions**
	The Chair welcomed all attendees to the meeting and in particular, the Governors, Jess Harper, who joined the meeting to present her staff story, Lisa Newton, Assistant Chief Nurse who has joined the meeting to represent Paul Kavanagh Fields and to Paul Maubach. Paul joined the Trust as an Associate Non-Executive Director last month and therefore welcome him to his for the first public meeting.
1.1	**Apologies**
	Apologies were received from Paul Kavanagh Fields and Paul Kingston. It was noted that the Board was quorate.
1.2	**Declarations of Interest**
	The Chair reminded attendees of their obligation to declare any interest which may be perceived as a potential conflict of interest with their Trust role and their role on this Board. There were no conflicts of interest identified in relation to the items for discussion which required members to withdraw from discussion or decision-making.
1.3	**Minutes of Previous Meetings**
	The minutes of the Board meeting held on 01 March 2023 were not available. The consideration and approval of those minutes will be deferred to the next Public meeting in July. ACTION: upload the minutes from the public meeting in March to the public meeting in July. HT confirmed the draft minutes have been circulated to all Board members outside of the meeting.
1.4	**Matters Arising**
	There were no matters arising.

Ref.	Discussion and Action Points
2.0	**Patient Story**
	LN introduced Jess Harper who joined the meeting to deliver an update on her patient journey. The update covered the following areas: • Jess introduced herself and explained she lives in Shrewsbury with her family. • Following an injury in Canada she saw a physio. Jess had issues with her ACL. • Jess explained she enjoys swimming, cycling and running and continues to be active. • Attended an MRI at the Trust and had an appointment to see Mr Andrew Barnett who confirmed she has a torn ACL and meniscus. • MRI was a quick service, and the staff were helpful. Jess explained she was able to listen to the radio whilst the scan was being completed. • From receiving the results, it was approximately 2months until her date for surgery. • Surgery took place in December 2022. Arrived at the Trust for 7:30am and was admitted to Baschurch ward. Overall, Jess described her visit as pleasant. • Jess sat down with the anaesthetist ahead of the surgery and opted for spinal injection based on a quicker recovery time. Jess also wanted to be able to watch some of her operation. Jess also had discussion with Matt, Mr Andrew Barnetts registrar who explained the process ahead of surgery. • Following surgery, Jess explained she was well looked after and offered a cup of tea. The Nurse which was her 'buddy' was calming and supportive throughout the day. • Overall, the operation went well and no complaints to raise with the Board. • Jess was taken to a rest room post op where a cup of tea and sandwich was available. • The nurses were lovely, supportive and explained the process of after care. • Jess spoke to the physio who explained how to use crutches before leaving the Trust. • In relation to post operative treatment, Jess explained she has attended an appointment with a physio Laura and Ben – who were both professional and caring. • An area of improvement would be to consider different ways to re-arrange an appointment. Jess explained that sometime communication was difficult and appointments options via an app would have been useful. • Jess was content to support in the fast flex knee study which is offered by the research department. • Jess praised all staff for the phenomenal care that she had received. Following the presentation from Jess, the members queried the following points: • Q: At what point was the day case surgery options explained to you and how did you feel about it. A: The day case surgery was explained through the letter. Jess explained she was apprehensive to begin but as she has a good support network at home it was the preferred option. The Trust highlighted that further consideration should be given to those who don't have the appropriate support at home. • Noted that the option to have digital app for booking physio appointments would be beneficial. • Q: In relation to follow up appointments, was this a patient initiated follow up and did you know who to contact? A: Jess explained that she had a follow up appointment at 3months with a senior physio. The contacts details of who to contact would have been noted within the discharge information pack which was given to her before being discharged. • Q: Good to hear the engagement with the research team. How did you feel about it when were you approached to partake. A: Jess explained that she was asked following the MRI scan and there was an opportunity to speak to someone before the operation. This discussion included an explanation of the tools which were to be used in surgery. • Q: Was there much contact from the hospital within the 2month period of you were waiting for your operation? A: Jess explained there was a space in-between that time. Jess sourced support from a private physio between referral and surgery. Jess highlighted the fantastic physio service which the Trust offered following surgery however highlighted the gap in supporting patient whilst waiting. Following consideration of the presentation and subsequent discussion, the Board thanked Jess for her valuable feedback. The Trust agreed to consider actioning an app for scheduling appointments and to consider the gap in process between being referral and surgery.

Ref.	Discussion and Action Points
3.0	**Chair and CEO Update**
3.1	HT provided the following update: • Thank you to all who all who has joined the HIPS 1 Strategy day. It is the first step of change for the Trust which helped outline areas of the Trust need to focus on. • A meeting has recently been held with the Non-Executive Directors to review the Committees. There is also consideration being given to establish a Digital Committee to raise the profile of digital. Therefore, an Associate Non-Executive Director will join the Board in the future. • The Non-Executive Director recruitment to replace CB has commenced. The panel has shortlisted 4 candidates who will be interviewed on 18th May.
3.2	SK provided the following update: • The Trust were delighted to welcome HRH Duchess of Edinburgh to open the Headley Court Veterans Centre. SK thanked all those involved in the planning and supporting the programme of the day. The feedback received has been positive. A selection of feedback letters has been appendices to the papers for information. • The Trust are delighted to welcome Chief Nurse and Patient Safety Officer PKF who started his role with the Trust on 1st April. • The HIPS 1 Strategy day was a thought-provoking session where over 120 members of the team attended the event to support. The energy and ambition of staff were noted. The Trust are working with the Value Circle to collate the outputs of the day. • Thank you to all the London Marathon runners who took park in this year's event. • RJAH has been reaccredited with the Veteran awareness status. This is for a further term of 3 years and reconfirms the commitment the Trust pledges to supporting veterans and their families. • Myrecovery app has been rolled out across the organisation – patients have been actively added to the platform to gain both pre and post operative support. Patient training was offered as part of the digital inclusion work. • Work is underway to extend theatres which will support the recovery plans for 2023/24. • Health Hero for March was awarded to Consultant Anaesthetist Dr. James Pattinson for going above and beyond his role, collecting patients from admission and supporting staff through clinical incidents. Well done James! • For the new year, the Health Hero has been rebranded to RJAH Stars. • RJAH Stars for April was awarded to the Medical Illustration Team The team were nominated by Becs' Warren for supporting with branding of enhanced recovery. It was noted that they are continuously helpful and supportive to a variety of teams across the organisation. Well done to Andy, Tony and Nia! • The Trust have been approved as the MSK Integration services lead for the System. This is following a proposal being presented to the ICB. The Trust will be the strategic lead within the system with a focus on population health and reducing health inequalities. Following a discussion, the following was confirmed: • RJAH Stars recognition will continue to be a monthly award. The award includes a certificate, a voucher and a lunch on an annual basis. • The Dame Agnus Hunt Medal is usually awarded at the Annual General Meeting. A plaque has been purchased to visible honour those who have won the award. The unveiling of the Board will be aligned to the Nurses Day celebratory event later in the year. • Positive to note the cost-of-living gesture will continue for staff. The Trust are committed to supporting staff and will continue to consider new ideas through the Executive Team Meeting. The Board noted the update.
3.3	**Oversight Framework**
	The Board considered the submitted paper and members noted the following points in particular: • The framework has been updated since moving into the ICS. • The main change is the process is being assessed. The Trust is to complete a self-assessment and submit to the ICB for check and challenge. This is then presented to the regional team for approval. • In Q3 the Trust submitted a self-assessment with the outcome of being in segmentation 2 – this was supported by the ICS. However, the Trust remained within segmentation 3 with the reasons relating to MSK long waiters and IPC breach. • In Q4 the Trust submitted a self-assessment with the outcome of being in segmentation 2 – again this was supported by the ICS. The Trust was able to evidence the improvements made

Ref.	Discussion and Action Points
	in relation to MSK long waiters and IPC breach with the completion of the undertakings and noting the national issue with spinal surgery. • It was noted that the System remain in tier 1 and therefore there is an increased oversight from NHSE. Following consideration of the report and subsequent discussion, the Board noted the letter and outcome, a further update will be provided in due course.
3.4	**Corporate Objectives**
	The Corporate Objective for 2022/23 are listed as the following: 1. Developing and maintain safe services. 2. Develop our Veterans service to ensure it is established as a centre of excellence. 3. Support MSK integration across the system. 4. Optimise the potential of digital technologies to transform the care of patients and their outcomes. 5. Maintain statutory and regulatory compliance. SK confirmed a review has been completed where the Executive Team reflected upon the past 12months. The paper is shared with the Board for information and consideration. It was noted this was a useful review to complete which will support shaping the new Corporate Objectives for 2023/24. The members of the Board noted the following points in particular: • Helpful to see and support reflection. • HIPS has been successful so far but there is more work to complete. • The Trust Management Group have been receiving the clinical service presentations over the recent months which has supported with engagement and progression within the areas. There is a further requirement to ensure the work across all clinical services is aligned and prioritised. • The paper is a timely reminder of what the Trust is focusing on and welcome the review of the Committees to support on the key areas to ensure the corporate objectives are met to support the strategic objectives. • It is critical work and need to ensure there is a continues focus on the objectives. Following consideration of the report and subsequent discussion, the Board agreed: • To prioritise the key areas and ensure the focus is attainable. • Consider a more frequent report to Board and the Committees. • Consider aligning the information to the Board Assurance Framework The Board noted the Corporate Objectives report for 2022/23.
Risk Management	
4.0	**Board Assurance Framework**
	DM reminded the Board that the BAF risk aligned to the most high-level risk which influence delivery the objectives. DM delivered the framework which presented the track changes from the previous meeting for ease of reference. DM confirmed that the detail of the BAF risks is included within the appendix A. The revised format of the BAF has been shared for information which is noted within appendix B - this format will be implemented from June onwards. The Board considered the following: • BAF 6 – following discussion within Finance, Performance and Digital Committee this risk is to be reviewed. The wording has been revised to articulate the risk further. DM asked for approval from the Board. MC explained that further work is required. There is a shared ownership of the digital agenda which is supported by the digital team. SN supported MC comments and asked that the risk is reviewed and presented back to the FPD Committee next month. • BAF 1 – to include the HIPS work which is ongoing and needs to be reflected within the comments.

Ref.	Discussion and Action Points
	• BAF 2 and BAF 5 – the residual risk is the same as the mitigated risk and therefore assurance has not been gained at the committee meetings. The process template and reporting will support the journey of the risk which will outline the scores. Following the discussions, the Board asked the Trust to consider the following: • How does the BAF reflect the risks to the corporate objectives/ • At what point does the Trust expect to achieve the residual risk score – this gives sense of trajectory being improved. • Review the wording for risk BAF 1 and BAF 6 • Review the suggested format of the new report to include presentation of impact and controls as to whether they effect the controls. The Board agreed to receive the Board Assurance Framework at the Board meeting and committee meetings on a quarterly basis.
4.1	**Corporate Risk Register**
	DM reminded the Board that the Corporate Risk Register are the highest risks effecting operational tasks. The risk management process has been reviewed and a policy is shared later in the meeting for consideration and approval. DM confirmed that risk management training is due to be delivered across the organisation. It was highlighted that there have been some timing issues which effect the report, there is a requirement for the assurance committees to have a discussion on the risks aligned to the committee ahead of presentation at the Board. HT asked for the Trust to ensure the flow of the reporting is considered. DM agreed with the suggestion and confirmed this will be reviewed by the corporate risk management group. The meeting is to be established to support the review timeline of the risk and therefore mapping the risk process is currently underway. In relation to risk 2653 sufficient theatre staffing, ME confirmed the People and Culture committee did not assurance from the risk register and therefore asked for further information at the next meeting. The Board noted the report.
Quality and Safety	
5.0	**Chief Nurse and Patient Safety Office update**
	LN provided the following updates in PKF absence: • IPC guidance was launched yesterday relating to mask wearing. The Trust has implemented a traffic light system which are visible on the ward/department entrance. The Trust is currently green, and the system has been well received by the staff. • No longer need to complete LFT for staff and patients will be tested who have symptoms. • Transition Nurse has been successful in the permeant position for the Trust. • Strikes scheduled for the weekend were managed well – thank you to MC and industrial planning meetings. The Trust confirmed that an MSK ward was closed due to reduced activity. • Nurses Day is scheduled for 12 May 2023 and ODP day is scheduled for 14 May 2023. The Trust is planning ways to thank staff. The Trust noted the Chief Nurse and Patient Safety Officer update.
5.1	**Quality and Safety Performance Report**
	LN reported the following: • 2 surgical site infections were reported in March which are linked to surgery undertaken in January and February – one spine and one knee. The Trust confirmed a post infection review is currently being completed. • 1 CDI in May – this isn't inclusive to the Trust. • Covid outbreak in Sheldon ward within March. There is now another active outbreak in May which is being well managed. The Board note the Performance Report relating to Quality and Safety.
5.2	**Chairs Assurance Report – Quality and Safety Committee**
	CB shared the following key points from the Quality and Safety Committee: • There are no new risks to escalate to the Board.

Ref.	Discussion and Action Points
	• 1 serious incident was reported relating to a pressure ulcer. • 2 surgical site infections have been reported. • The Committee intended for the IPC information to be shared at the meeting however the Committee is yet to receive a report. This concern has been feedback and the workplan has been amended therefore, the Committee is expecting a report at the next meeting. SSI reporting has previously been raised as an issue to the Board due to the timeliness of the reporting. The Trust continue to consider ways to provide assurance to the Board. LN explained that it is difficult to gather the information as it is it is dependent on the patient's recovery. Patients are monitored for 12months post operatively and therefore an SSI could be reported at any time within the recovery period. The Board discussed whether an infection at 3months following an operation could be considered as an infection and not necessarily from the operation. The Trust receive a benchmark against national data but again this is retrospective date (12months). CB highlighted this has been discussed frequently at the Committee and the issue is related to time. RL explained the data can be presented in a graph format will be included within the IPR however acknowledged that further consideration needs to be given on how the Trust gain provide assurance on the reporting. The Trust agreed to review the KPI and add narrative to support. In relation to covid outbreaks and being mindful that the Trust receives patients from other providers. SK quired what are the measures in place to support and manage the infection. LN explained barrier nursing is in place and the ward isolates patients. It was explained that the layout of the ward supports effective management. The Board noted the updated from the Quality and Safety Committee.
5.3	**Corporate Business Continuity Plan**
	MC informed the Board that the Corporate Business Continuity Plan has been presented and considered at the EPRR Group meeting and Quality and Safety Committee ahead of presentation at today's meeting. The Trust confirmed that the oversight and has been tested following tabletop exercise. The changes to the plan include the implementation of structure changes. CB confirmed the plan was considered at the Quality and Safety Committee and is recommended the Board approves. The Board approved the Corporate Business Continuity Plan.
People and Culture	
6.0	**People and Culture Performance Report**
	DH provided an update relating to the performance report: • Sickness absence – the policy has been revised and a summary version is being created for managers. Along with this, an extensive FAQ is being rolled out for information. • Turnover is reported at 12.1% against a target of 8%. It is in line with the national trend. • In month leavers totalled 12 with the main reason being adult/child dependency and work/life balance. The Trust continue to challenge weather the leavers can be supported before resigning. • Career cafes have been launched and are being led by Assistant Chief Nurses' The Board noted the performance report.
6.1	**Chairs Assurance Report - People and Culture Committee**
	ME provided the highlights from the People and Culture Committee Chair report: • Delighted to hear DH is continuing as Chief People Officer for next 18months. • Assurance was received on the Powys Ward action plan. The lack of respect and civility across the organisation and across all levels was noted and this was highlighted as an opportunity to reinstate the Trusts values. The Committee held good conversation and gained feedback as to what is to be expected at future meetings. • Guardian of safe working hours and freedom to speak up quarterly report supported by the committee.

Ref.	Discussion and Action Points
	• In relation to the recruitment and retention performance, plans are in place and the Committee asked for work to be completed outside of the meeting to ensure the agenda items flow when presenting. There was a request to improve the triangulation of reports. HT welcomed a view from the board on lack of civility. RL explained the Trust delivered the civility saves lives and human factors training. The Trust has agreed to scheduled further dates. In relation to the keeping in touch conversations, the Trust confirmed that capturing conversations to improve the knowledge from across the organisation is informative however further work needs to be completed. It was noted that the impact of the vacancies could be a potential reason why staff consider moving roles – this is something to consider. The Board noted the update.
6.2	**Industrial Action**
	The Trust continue to work through industrial action strikes. It was noted that 257 outpatients and 177 inpatients have been cancelled following the last round of industrial action. This has a greater impact as this has a knock-on effect on the appointments being scheduled. There is a noted difference between nurses and junior doctors strikes. The Trust confirmed that activity was reduced ahead of the weekend to ensure safe staffing was adhered too. Planning meetings continue and are effective. The Trust continue to be pro-active and learning from recent strike include pooling patients for day case surgery as patients do not require to stay within the Trust and increased training sessions are available.
6.3	**Staff Survey Presentation**
	Chris Hudson, Communications Manager delivered a presentation on the staff survey results. The presentation covered the following areas: • Headlines • Themes • Positives and Improvements • Difference in departments • Pulse surveys • Next steps Members noted the following points in particular: • Q: Is it predictable that facilities, nursing and theatres have been negative (and other areas of with vacancies.) A: This is being considered as part of the task and finish group. The Trust will analyse the data to make recommendation to implements improvements. • The Trust are considering purchasing an app which will provide real time feedback from across the organisation. This would be able to support as the Trust could circluate surveys in certain areas where issues have been raised. • The results relating to the number of staff that would recommended the Trust to friends and family is incredible positive. • Q: For staff members who have raised concerns, what communication is available to report back to support those people and inform them of actions being implemented? A: The Trust complete a 'you said we did' poster which is shared via the Communication links. This has worked will within the theatre team as it shows the Trust acknowledging and implementing improvement. The Trust has developed a leadership and there is a section on concerns being raised and celebrating the learning. The Trust is committed to enhancing the skills of the managers to support the staff in raising concerns. • Q: How can the burnout data can be quantified with time and queried how this can be considered. A: This is a good example of how an effective app would support the Trust in dealing with real time issues. • It was noted that 2021 comparison wouldn't necessarily be a good year to benchmark against and encouraged looking at the underlying issues.

Ref.	Discussion and Action Points
	• The Board explained that it would be helpful to see the variation between the department. The Trust noted this can be considered as part of the task and finish group. • The Board suggested to consider the departmental strong leaders across the Trust and whether the data aligns with departments. The Trust asked for consideration as to how the Board can support in the task and finish group. On behalf of the Board, DH thanked Chris for delivering the presentation before noting the further opportunities for digital services to support in gaining data.
6.5	**Freedom to Speak Up (Q4) Report**
	LN thanked Liz Hammond and Kirsty Foskett who compiles the report for the People and Culture Committee to consider. LN highlighted the following key points: • Summary of the Q4 report – 2 concerns raised in month relating to policies and procedures which have been completed and resolution noted. • 4 concerns remain open due to complexity. These relate to Therapies (2), Powys (1) and Corporate (1). • 0 anonymous concerns raised which is noted as an achievement for the Trust. This is an important factor as staff feel safe and supported when raising concerns. • In relation to comparative date – the numbers reported are similar to those reported at the ROH. • Work to be completed on ensuring the feedback loop is closed. • There is visible pressure on the freedom to speak up guidance and therefore further training is planned to support. LN confirmed the report have been considered at the People and Culture Committee. The Board noted the report – highlighting the positive improvements. Well done to all involved!
6.6	**Guardian of Safe Working Hours (Q4) Report**
	RL thanked Mr Chris Marquis who is the guardian for the Trust and compiles the report for the People and Culture Committee to consider. RL highlighted the following key points: • Report presents that there have been no exceptions reporting. The Trust remains compliant with the guidance and has done since the reporting was established. • Details on the training vacancies are noted within the paper. • Chris Marquis was commended for his engagement with the role. • An internal audit is due to be completed in the new year. • Exception reporting is moving to Allocate. • The lack of training opportunities were highlighted as a risk due to covid and reduced activity. It was noted that the training was flagged as a difficultly at the People and Culture Committee. The Trust reassured the Committee that they are supporting and noted that the Trust is note outliner as this has happened nationally. The Board noted the quarterly report and thanked the team for continuation of no exceptions being reported.
Performance and Finance	
7.0	**Chief Operating Officer Update**
	MC provider the following verbal update: • MSK clinical engagement phrase one has begun. There has been a positive meeting with the clinical team at SaTH. The first MSK Board meeting is scheduled for 23rd May 2023 and the Value Circle are facilitating a strategy day in June. • Review of therapies is being completed – the review is considering the skill mix, arrangements and vacancies within the area. A report is expected to be received within the month which will outline some recommendation for considerations. • Mutual aid relationship remains positive. The Trust is working well with the Walton Centre and ROH to support long waiting patients. The Board noted the Chief Operating Officer Update.
7.1	**Performance report**
	MC highlighted the following key points relating to performance: • Activity in March was challenge due to covid, sickness and adverse weather conditions. • April is looking positive – currently the Trust is 88 cases down for elective care however outpatient plan is expected to be over plan. • May is reporting over plan and therefore currently on track for delivery of the operational plan.

Ref.	Discussion and Action Points
	• There is a continued improvement on the overdue backlog of patients, in particular to the validation, activity and patient-initiated pathway. • Diagnostics targets continue to overachieve. The Board noted the performance report.
7.2	**Long Waiters Presentation**
	MC highlighted the following key points to the Board: • In relation to English patients, the Trust was hoping to report 0 patients waiting at the end of March however there are 6 in total. • In relation to 78 weeks there is a target of 0 by the end of June, this will be a challenge as the Trust have recorded 69 patients waiting by the end of April. The Trust reported that they are currently ahead of schedule. • The Trust is on track to reach the 65 weeks target of 0 by the end of the financial year. • In relation to Welsh patients, the Trust is ahead of plan. It was noted that the mutual aid isn't available to the Welsh patients however the Trust are liaising with the Walton Centre to gain support. HT highlighted that the area remains a key focus on for the Trust and the Finance, Performance and Digital Committee will continue to gain assurance on behalf of the Board. The Board noted the presentation.
7.3	**Finance Performance Report**
	CM reminder the Board that this is the last month of the block contract agreement which has been supporting the income activity. The Trust ended the financial year with a surplus of £2.5m which is £3.2m ahead of the plan. The Board commended the Trust. There are expected challenges as the Trust returns to a funding option from month 1. It was noted the Trust expect to start the year behind plan however recovery is noted later within the year. HT asked the Trust how the organisation can quantify the current risk and look further ahead. It was agreed this would be considered by the Finance, Performance and Digital Committee. The Board noted the Finance Performance Report.
7.4	**Chairs Assurance Report – Finance, Performance and Digital Committee**
	SN provided the following update: • The Committee focused on the resubmission on the final plan. RJAH plan was previously reporting a £0.5m deficit and there is an underlying deficit of £2m therefore the Trust came to an additional £0.5m for the year. Therefore, the underlying surplus is noted at £2.5m • EPR have been asked to provide an update to the Board in June/July time to gain oversight on the programme. The programmes remain on track with no risks to escalate to the Board. • Well done to all involved in delivering the financial plan for 2022/23 The Board discussed the following areas: • The importance of being critical and completing a forward look on the operational plan and finances was noted. The Trust explained that there is an understanding of what is required in May and the Trust are confident in delivering the plan for May. The operational oversight dashboard is shared at Finance, Performance and Digital Committee which presents the assumptions across the organisation. ACTION: add to the operational oversight plan to the performance section going forwards. • The trip in patients for the 65 weeks were noted to aligned with the similar time scales as expected increase in annual leave and absences. The Trust are anticipating the greater numbers of the 65 weeks over summer and will then reduce towards the end of the year once the extra theatre will be available. • In relation to the elective activity, the Trust have not reached the target on no more than 2 occasion in 2 years and it was noted that there have been a variety of explanations for this. It was highlighted that a large step change is required. MC explained that the assumption which have been recorded can be tracked and there is an improved emphasis on the forward look and a dashboard has been development to support. • Noted the amount of work to be done to deliver the activity, the Trust reminded the Board that the challenge of activity has been delivered each year.

Ref.	Discussion and Action Points
	• Highlighted the importance on staff moral and celebrating the achievements. • Need to factor the current risks into the plan now and not wait for further into the year. • Workforce remains a top priority along with retention. A challenging plan has been agreed and the Finance, Performance and Digital Committee will continue to focus and develop mitigations for the risk. The Trust recognise the importance of being proactive and forward looking further into the year.
Governance	
8.0	**Risk Management Policy**
	The Board considered the submitted paper and members noted the following points in particular: • The policy was supported by Jacqueline Barnes as part of the Good Governance Institute Review. • The policy has been supported by Good Governance Institute. • The amendments to the policy are noted within the papers; they relate to the structure, practice of risk management along with the review and escalation of risks process. The importance of the implementation of the risk management training was highlighted. DM confirmed this is being rolled out to members of staff. The training is separating into three different levels which is dependent on individuals' responsibility of risk. Following a recommendation from the members of the Audit and Risk Committee, the Board approved the Risk Management Policy.
8.1	**Policy Approval Framework**
	The Board considered the submitted paper and members noted the following points in particular: • A review was completed following queries raised across the Board and assurance Committees. • Principles of the approving policies was agreed at the private Board meeting in March. • The framework highlights the corporate policy ownership for the Board as well as the assurance Committees. • The framework has been reviewed and considered at the Executive Team Meeting. Members noted the following points in particular: • The Trust needs to improve on auditing the compliance of policies as the role of the committee is to gain assurance on the process being embedded. • An example was shared of this happening in a recent People and Culture Committee. The Committee are awaiting assurance on the process and asked for evidence that assurance is being captured. Following consideration of the report and subsequent discussion, the Board agreed: • The policy template will include information on how to complete an audit against a policy. This can be added as appendix to the template. • A template is currently being developed and consideration will be given further following the discussion. • The Board approved the framework.
9.0	**Question from the Public and Governors.**
	The following comments/questions were received from the Governors: • Welcomed the presentation on the staff and pulse survey results. CC queried how anonymous are the surveys? CH explained that the surveys are fully anonymous and managed by a third party – Quality Health. It was noted that reminders are automatics reminders. Quality Health circulate the reminders against staff codes (the Trust does not have access to this information) The Trust does receive the comments sections but this these are unidentifiable to specific people or departments. It was noted that some feedback received through these avenues are difficult to respond to as the Trust are unaware who comments relate to. With regards to departments who have less than 10 staff members, there is a risk of those being identified, therefore, to protect those staff comments are not shared. CC thanked CH for the update and explained the importance of ensuring all staff are aware of this as it may support an increase in responses.

Ref.	Discussion and Action Points
	• CC queried the open-door policy and how to raise concerns across the organisation. HT explained this is being reviewed as part of the organisation's development changes and that all staff are encouraged to raise concerns. • VS added that the meeting has been balanced meeting and noted the great patient story. HT thanked both Governors for attending the meeting. There were no questions from the public.
Item to Note	
10.0	**Thankyou Letter (following the Veterans Building Opening)**
	The letters were shared for information only.
Any Other Business	
11.0	There were no further items of business for discussion. HT thanked all attendees for their contributions and closed the meeting.
Next Meeting: 01 July 2023	

Board of Directors

Updated: 03 July 2023

Action Log No.	Original Meeting Date	Public or. Private	Minute reference	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
1	03-May-2023	Public	1.3 Minutes from the previous meeting	upload the minutes from the public meeting in March to the public meeting in July.	Dylan Murphy	04-Jul-2023	Complete - minutes available within the pack	COMPLETED
2	03-May-2023	Public	7.4 Chair Report from FPD Committee	add to the operational oversight plan to the performance section going forwards.	Mike Carr	04-Jul-2023	Complete - information available within the pack	COMPLETED

Chief Executive Officer Update

Committee / Group / Meeting, Date

Board of Director – Public Meeting, 05 July 2023

Author:		**Contributors:**
Name:	Stacey Keegan	Chris Hudson,
Role/Title:	Chief Executive Officer	Head of Communications

Report sign-off:

Stacey Keegan, Chief Executive Officer

Is the report suitable for publication:

YES

Key issues and considerations:

This paper provides an update to Board members on key local activities across several business areas not covered within the main agenda.

This paper provides an update regarding some of the most noteworthy events and updates since the last Board from the Chief Executive Officer.

Recommendations:

The Board is asked to note and discuss the contents of the report.

Acronyms

NHS	National Health Service
RJAH	Robert Jones and Agnes Hunt Orthopaedic Hospital Foundation Trust
AHP	Allied Health Professional
EDI	Equality, Diversity and Inclusion
ICS	Integrated Care System
SAND	Safe Ageing No Discrimination
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, questioning, intersex, or sexual community
Lt	Lieutenant
Capt.	Captain
CEO	Chief Executive Officer

Chief Executive Officer Update

1. NHS 75

Our Board meeting this month falls on the NHS birthday – and it is a significant milestone as we mark 75 years of our National Health Service. This hospital has been a part of the NHS from the very start, and we are proud of our history, both before that point and since. I'm delighted that five members of our staff were invited to travel to Westminster Abbey today for a special service to mark the birthday. It was also pleasing for the Trust to contribute to The NHS in England at 75: priorities for the future, an independent report developed by NHS Assembly. The report draws on the feedback of thousands of people who contributed to a rapid process of engagement.

There is a celebratory feel across the site today as well, which includes a special birthday menu option in Denbigh's. We're also supporting a special NHS75 parkrun event at Henley Wood in Oswestry this weekend, and I look forward to being joined by a number of colleagues for that.

2. Theatres Expansion

We recently announced publicly that work was starting on our Theatre expansion in a project that will initially help us cut our waiting lists and longer term grow our capacity. We have talked about this work several times in recent Board meetings, and it is pleasing that we are now starting to see work get under way, with the project due for completion by the end of the financial year. As well as a new Theatre, the development will also include a recovery area and staff facilities and will give us the capacity to carry out an additional 1,200 surgical procedures a year.

3. Recruitment Days

Of course, new buildings don't carry out our activity – people do. That is why, alongside our capital building programme, it is so important we focus on recruitment and retention. We have already held two recruitment days this year that have been very successful, and we are also seeing positive results from our international recruitment efforts. Our third recruitment event of the year takes place a week on Saturday (15 July), and I hope will again prove fruitful in terms of helping us bring new talent into the Trust.

4. Career Cafe

As part of our retention work, we are also delighted to be introducing Career Cafés at RJAH, in a bid to further support the development of our clinical staff. Career Café conversations give clinical staff the opportunity to discuss and explore their options and future within the Trust. The informal conversations, which are open to nurses and Allied Health Professionals (AHPs), will take place with a senior nurse or AHP and are a private and confidential space. The senior nurse or AHP leading the session will be able to signpost and provide information around potential next steps.

5. EDI Listening Event

Our Equality Diversity and Inclusion (EDI) Listening Event took place last month and was a huge success. It saw members of staff invited to have discussions and give feedback, with a specific focus on developing our internal staff network groups, and EDI strategy and action plan.

The event welcomed three guest speakers all from Shropshire Telford and Wrekin Integrated Care System (ICS), sharing their thoughts, lived experiences, the role of allies and the promotion of staff networks. It's so important to me that the strategy doesn't just sit on a shelf, it needs to be a living document to demonstrate our commitment on all things EDI.

6. NHS EDI Improvement Plan

June saw the publication of the first NHS Equality, Diversity and Inclusion Improvement Plan, a plan that sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behavior, policies, practices and cultures against certain groups and individuals across the NHS workforce. We are committed at RJAH to take these actions forward and incorporate this work into our strategy

7. Pride Month

We have just come to the end of Pride Month, which was celebrated throughout June. The most significant part of the celebrations here at RJAH was that we signed a covenant with Safe Ageing No Discrimination (SAND) which commits us to understanding and responding to the needs of ageing members of the lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual (LGBTQIA+) community. Our next steps will include building a network of staff across the organisation to act as SAND Champions – these champions will undergo specialist training which will open their heart and mind to understand the needs of the community so they can effectively signpost and support both staff and patients as required.

8. Armed Forces Week

June also saw Armed Forces Week taking place – an annual seven-day event which includes Reserves Day and Armed Forces Day. We have three reservists here at RJAH – Lt Col Carl Meyer, Warrant Officer Rebecca Warren, and Capt Helen Weavers. They spent two weeks away from RJAH at the end of June for an annual training camp, and it was good to speak to them virtually to understand what they have been up to, and the transferable skills they get from their army careers that they can bring back for the benefit of our patients. I am proud of the support we give to the Armed Forces here at RJAH, and that is something we are committed to continuing.

9. Volunteers Week

Another recognition event to take place in June was Volunteers Week. I was grateful to our fantastic League of Friends, who arranged a wonderful celebration evening to thank our army of volunteers who work in roles from Ward Friends to Helpdesk Heroes. In total, the League of Friends support volunteers in 12 different roles, and they annually dedicate over 26,000 hours of their time to support patients, staff and visitors. The celebration saw over 60 of our volunteers gather together and included the presentation of a Volunteer of the Year award and a Volunteer Team of the Year award as well. Volunteer of the Year was Jayne Thomas, who works in the Friends Coffee Shop; while the Horatio's Garden team won the Volunteer Team of the Year award.

9. League of Friends Funds Ultrasound Scanners

While we are talking about the work of the League of Friends, I must also thank them for the donation of £50,000 to fund two new ultrasound scanners for the Theatres Department. They will be used extensively by our anaesthetists and are essential for performing nerve blocks for pain relief and Intra Venous (IV) access. Up until about 15 years ago nerve blocks were done largely by using anatomical knowledge in a blind technique, but now these are done under direct vision using the ultrasound – as a result these pain-relieving techniques have become more successful and safer.

9. NHS ConfedExpo 2023

In June I attended NHS ConfedExpo held in Manchester, an opportunity for health and care leaders to come together at a time of transformation and recovery. Plenary speakers included Amanda Pritchard, NHSE CEO, Rt Hon Steve Barclay, Secretary of State for Health and Social Care and Matthew Taylor, NHS Confederation CEO. The conference provided a range of networking opportunities, learning to be shared and encouraged innovation.

10. RJAH Stars Award

Every month, I present an RJAH Stars Award to one individual or team, in recognition of outstanding achievement or performance.

There have been two winners of the RJAH Stars Award since our last public Board meeting:

The May winner was our Quality Outcomes Manager, **Sammy Davies**. This was in recognition of her dedication to the development and launch of a brand-new patient application, named myrecovery. She, along with her team, have shown true dedication to myrecovery, ensuring our clinicians know how to get the most out of this innovative app. I am extremely thankful to Sammy for her dedication to making improvements for the Trust, and our patients. The new platform enables patients to access information relevant to their care at their fingertips, which is a fantastic addition to the care we offer our patients.

The June winner was our Catering Manager, **Dan Hoggett**. We are lucky to have what I can confidently say is the best catering team in the NHS. Their food is consistently rated as the best you can find in any hospital, and nothing is ever too much trouble for them. A lot of that is down to Dan, who is a diligent, hard-working leader who really puts patients and staff first. From special menus to satisfy dietary requirements, to organising some fantastic culinary events such as the NHS birthday today or our Christmas dinners, Dan always delivers a first class service. I was delighted to be able to turn the tables for once, and serve up an RJAH Stars Award for him!

Congratulations to both of our latest winners!

11. Conclusion

The Board is asked to note and discuss the contents of the report.

Trust Board - Quality & Safety

May 2023 – Month 2

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

SPC charts are line graphs that employ statistical methods to aid in monitoring and controlling processes. An area is calculated based on the difference between points, called the control range. 99% of points are expected to fall within this area, and in doing so are classed as 'normal variation'. There are a number of rules that apply to SPC charts designed to highlight points that class as 'special cause variation' - abnormal trends or outliers that may require attention.

There are situations where SPC is not the appropriate format for a KPI and a regular line graph has been used instead. Examples of this are list sizes, KPIs with small numbers and little variation, and zero tolerance events.

SPC Chart Rules

The rules that are currently being highlighted as 'special cause' are:

- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

Different colours have been used to separate these trends of special cause variation:

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

White Points are used to highlight data points which have been excluded from SPC calculations

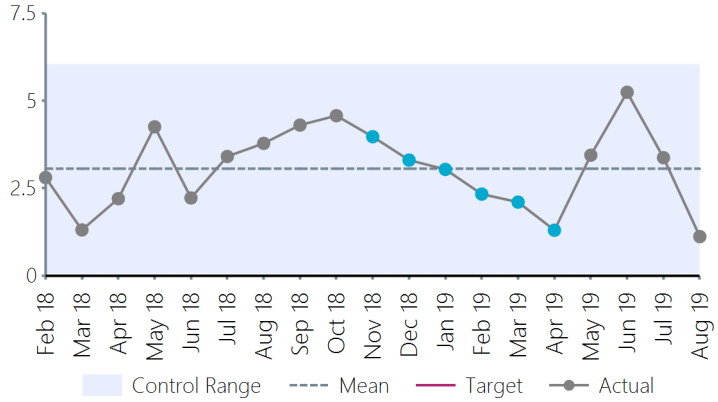
Some examples of these are shown in the images to the right:

a) shows a run of improvement with 6 consecutive descending months.

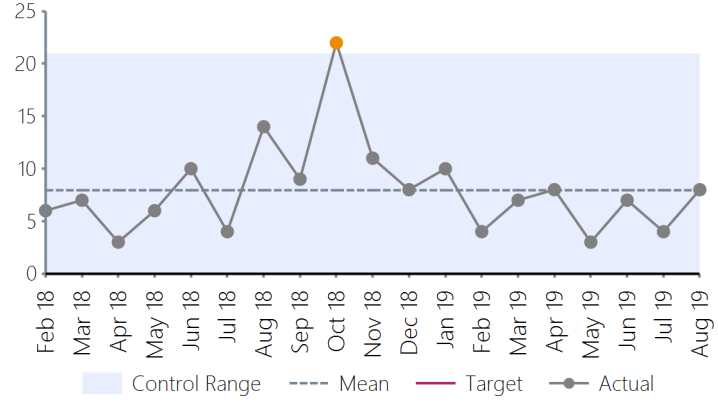
b) shows a point of concern sitting above the control range.

c) shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.

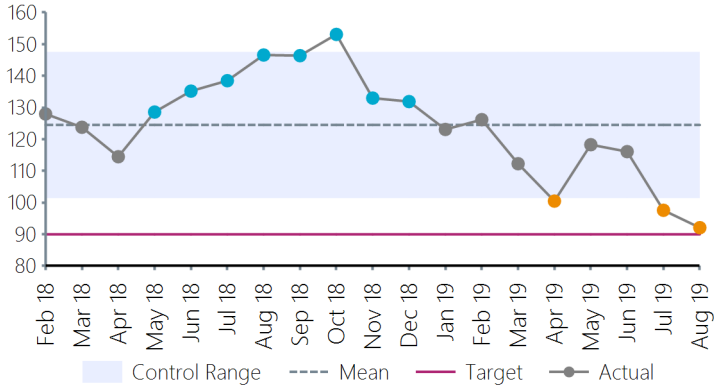
a)



b)



c)



Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an execption if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?

Orange variation icons indicate special cause of **concerning nature** or high pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

Blue variation icons indicate special cause of improving nature or lower pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

Assurance Icons

Can we expect to reliably hit the target?

An orange assurance icon indicates consistently (F)alling short of the target.

A blue assurance icon indicates consistently (P)assing the target.

A grey assurance icon indicates inconsistently passing and falling short of the target.

For measures without a target you will instead see the "No Target" icon.

Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months in comparison to the target, showing F or P icons if consistently passing of falling short.

Data Quality Rating Reading Guide

The Data Quality (DQ) rating for each KPI is included within the 'heatmap' section of this report. The indicator score is based on audits undertaken by the Data Quality Team and will be further validated as part of the audit assurance programme.

Colours

When rated, each KPI will display colour indicating the overall rating of the KPI

Blue	Green	Amber	Red
No improvement required to comply with the dimensions of data quality	Satisfactory - minor issues only	Requires improvement	Siginficant improvement required

Dates

The date displayed within the rating is the date that the audit was last completed.

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0		N/A to SPC	?		16/04/18
Never Events	0	0		N/A to SPC	P		16/04/18
Number of Complaints	8	13			?		11/05/18
RJAH Acquired C.Difficile	0	0		N/A to SPC	?		24/06/21
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		24/06/21
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		24/06/21
RJAH Acquired MSSA Bacteraemia	0	1		N/A to SPC	?	+	
RJAH Acquired Klebsiella spp	0	0		N/A to SPC	P		
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		
Surgical Site Infections	0	0			?	+	

Summary - Caring for Patients

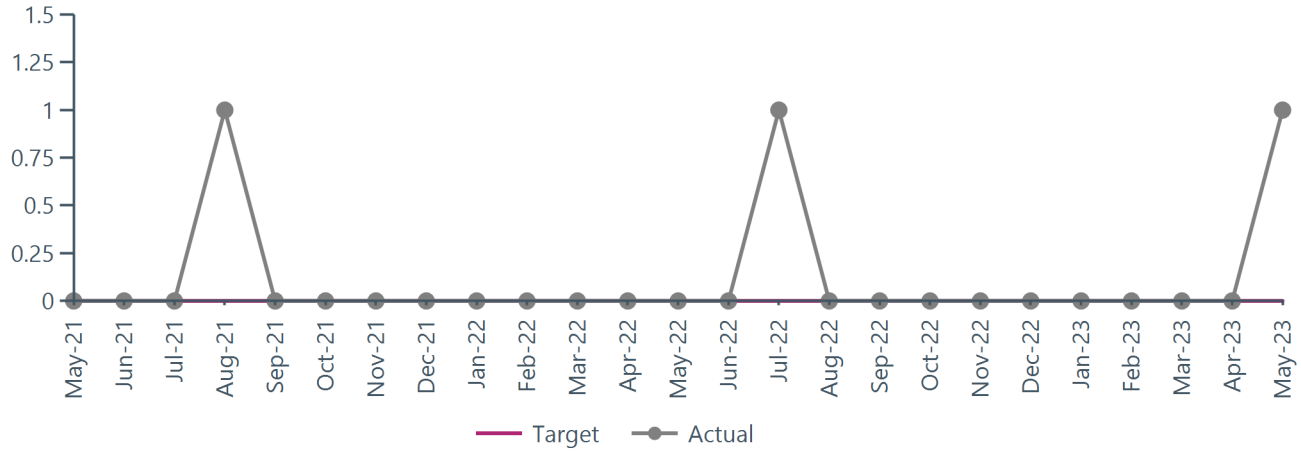
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Outbreaks	0	0		N/A to SPC	?		
Total Deaths	0	0		N/A to SPC	?		
WHO Quality Audit - % Compliance	100.00%	100.00%		N/A to SPC	P		

RJAH Acquired MSSA Bacteraemia

Number of cases of MSSA bacteraemia in month 211152

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
0	1	N/A to SPC	?



Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

There was one RJAH Acquired MSSA Bacteraemia reported in May.

Actions

As at 6th June, the post infection review was due to be undertaken to determine the likely source. This was a spinal injuries patient who had been an inpatient since February, following transfer from another provider. The patient became poorly, requiring a period of care on HDU where the infection was confirmed following tests. The patient was managed in a side room with no transmission. It is considered an unavoidable case.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
0	0	1	0	0	0	0	0	0	0	0	0	1

- Staff - Patients - Finances -

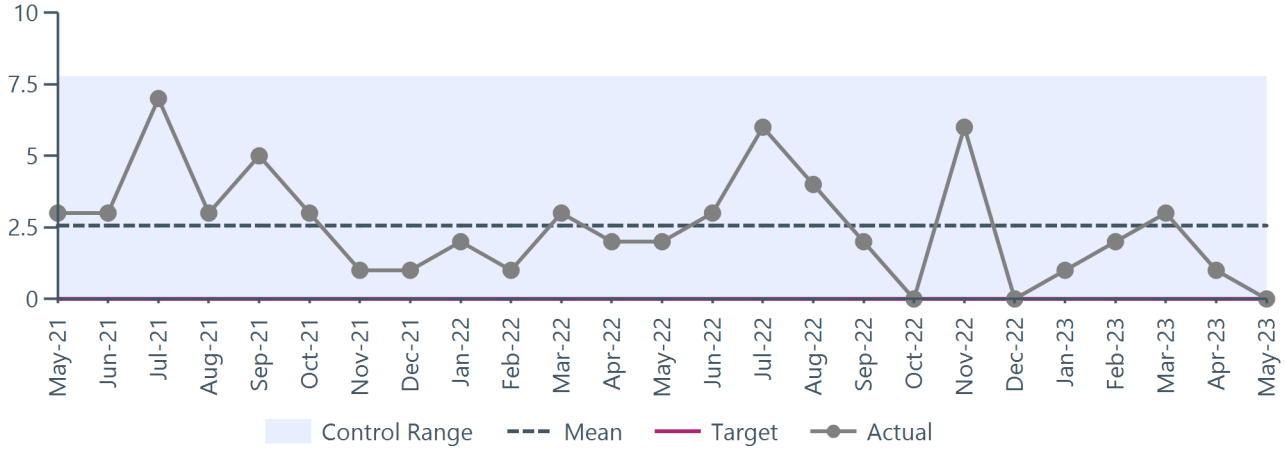
Surgical Site Infections

Surgical Site Infections reported for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement in previous twelve months.

Exec Lead:
Chief Nurse and Patient Safety Officer

217727

Target/Plan	Latest Value	Variation	Assurance
0	0		



Trajectory

What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement in the past twelve months. The data represented in the SPC above shows any surgical site infections that have been reported where they're shown on the graph above based on the month that the procedure took place.

In the latest twelve month period, covering June-22 to May-23, there have been 28 surgical site infections. There were four additional infections confirmed in May, relating to procedures that took place in November-22 (1), March-23 (2) and April-23 (1). A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2	3	6	4	2	0	6	0	1	2	3	1	0

- Staff - Patients - Finances -

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Chair's Assurance Report
Quality and Safety Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	05 July 2023
Executive Sponsor:	Paul Kavanagh Fields, Chief Nurse and Patient Safety Officer	**Paper written on:**	29 June 2023
Paper Reviewed by:	Penny Venables/ Chris Beacock, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Board of Directors - Public	**Paper FOIA Status:**	Full

1. Purpose of Paper

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

This is an assurance report from the Quality and Safety Committee. 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 22 June 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.

Quality Accounts

The Committee recommended approval of the document to Chief Nurse, Chief Medical Officer and Chair of the Committee following the final suggestions made at the Committee meeting. SEA was thanked for compiling the document. The document will be uploaded to the Trust's website on 30th June 2023 and a copy will be shared with NHSE.

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:

Performance Report

The Committee noted the following in relation to the performance report:

- Rise within medication errors – the Trust confirmed there is an increased focus on the area and an action plan is being compiled following an investigation of each incident. This is to be shared with the Committee for further assurance.
- Delayed discharges continue to be added to DATIX to support the Trust in monitoring the occurrences and patient harm. A step-down facility is being considered to support MSCI patients.
- Requested themes and trends data in relation to complaints.

MSK Unit Quality Report

The Committee asked for further assurance on the pressure ulcers reporting. Assurance was provided on the review process of patient's harms following a transfer incident. The unit reported 98% on the friends and family test.

PSIRF Update

The Committee were assured with the update and confirmation was given that the new PSIRF is on track to be implemented by October. The Committee endorsed the policy however it was noted that the Framework and policy will be presented to the Board of Directors meeting in September for formal approval.

Safeguarding Priorities

The Committee agreed the safeguarding priorities for 2023/24. It was noted the prioritises were compiled following a review of incidents and themes emerging from the Shropshire Safeguarding Community Partnership. The Committee agreed for quarterly exception reports to be presented to the Committee.

Security Annual Report

Further consideration is to be given to the following for the next report – comparative data/benchmarking data to a similar organisation and to include actions which have been implemented following an incident. It was reassuring to see a decrease in the number of incidents from the previous year.

Chair Report – Clinical Effectiveness Meeting

A concern was raised relating to the PROMs data not being received by the Trust. This has been escalated to NHSE for support. The Trust is revising the sign off process of clinical audit to ensure they are effective and align to the Trusts objectives. The team continue to work hard to reduced overdue audit and actions.

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.

Serious Incidents, Never Events and Learning from Incidents

There were no concerns raised relating to the report or the process of reporting SI and never events. The Board members commended the improvements implemented over the past 18months.

Quality Spot Check Internal Audit

There are 5 recommendations. The Committee agreed to an extension for the implementation date of discharge checklists and intentional rounding checklists. The ICB offered to support to the Trust by joining in walkabouts.

Patient Safety Walkabout Presentation (including feedback)
The walkabouts are well received across the Trust. The presentation and feedback were well received by the Committee. The Trust acknowledged that the governance reporting is to be improvement.

IPC Improvement Plan
Assurance was given that the action plan continues to be monitored effectively and implemented actions are checked for sustained evidence before closing. There is a new IPC BAF which supports the Trust in completing a self-assessment against the Health and Social Act.

IPC Quality Report
The Committee were assured with the report received. The Trust have implemented a new traffic light system following the circulation of mask wearing guidance. Sheldon ward was commended for excellent management of a recent Covid outbreak and assurance was given that risks are regularly reviewed at the IPC working group.

Chair Report – Patient Safety Meeting
The majority of patient delay incidents are due to cancellations, this is being considered at the Trust Performance and Operational Improvement Group.

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.

Patient Experience Annual Report

Author:	Alison Harper MSK, Governance Manager, Matthew Hughes, Governance Admin Assistant	Paper date:	05 July 2023
Executive Sponsor:	Paul Kavanagh-Fields, Chief Nurse	Paper Category:	Governance and Quality / Performance
Paper Reviewed by:	Geraint Davies, AHP Consultant in MSK Tumours and Lead Cancer Practitioner	Paper Ref:	N/A
Forum submitted to:	Quality and Safety Committee meeting	Paper FOIA Status:	Full

1. Purpose of Paper

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

The purpose of this report is to provide insight into what patients think about their experience of care received at the RJAH between April 2022 - March 2023.

The Trusts collects patient experience data as an active part of monitoring the quality of care which provides an important “health check” of the services we provide as well as promoting a strong culture of listening to patients and improving services.

The annual report has been considered at the Patient Experience Meeting and the Quality and Safety Committee ahead of presentation at the Board of Directors meeting in July.

2. Executive Summary

This report outlines the Trust’s performance and includes trends and themes arising from formal complaints, PALS concerns and other sources of patient feedback between April 2022 – March 2023

The table below shows overall patient feedback received for 2022/2023 compared 2021/2022:

Feedback	2021/22	2022/23	Diff from 2021/21 to 2022/23	% Change
Complaints	115	113	-2	-1.7
Local resolution	19	29	10	52.6
PALS concerns	206	303	97	47.1
PALS enquiries	3667	4006	339	9.2
Compliments	6281	10684	4403	70.1
FFT	98%	98%		

Conclusion:
The overall evidence collected in this report provides assurance that the hospital is delivering services that are truly patient centred. Our patients rate their experience as being exceptionally good and this is evidenced in the NHS Inpatient 2021 survey results where the RJAH was rated No 1 in the country for the third year running for overall patient experience and named as a top performing Trust across 134 Trusts in England.
The Board is asked to note the content of the report.

#Caring for Patients
Patient Experience Annual Report
April 2022 - March 2023

Highlights from 2022/2023

- The Patient Experience Strategy action plan for 2022/23 is progressing, mainly on track with some minor issues
- RJAH was named as a top performing Trust in the NHS Inpatient 2021 survey results and was rated No 1 in the country for the third year running for overall patient experience.
- 10,684 compliments or acknowledgement of thanks were received.
- FFT results continue to be very high with 98% of 21,543 patients asked, said their experience was good or very good.
- 113 Complaints were received, an average of 9.4 per month. This has decreased by 2 when compared to last year.
- Since Sept 22, an improvement has been seen in complaint response timeframes with 100% of standard and complex complaints being responded to.
- Since Aug 22, 100% all complaints had an action plan
- 16 complaints were re-opened, 9 are private patient complaints
- 303 PALS concerns received, increased by 97 from last year.
- There were 2 cases referred to the Parliamentary & Health Service Ombudsman (PHSO) for independent review, 1 Spinal Surgery and 1 Rheumatology

Themes

- Integrated Care is the main reason for patients making a complaint (28) followed by delays to appointments/waiting times for an appointment (26).
- Increase seen in Private patient complaints (16) in Q1 and Q2 2022.
- Complaint response timescales and actions plan improved in last 6 months.
- Wait in clinic comments are seen to be on the decrease in the last 6 months.

Actions being taken

- Patient panel forums are looking to recommence in July 23 with plans to meet quarterly.
- Examples of Learning from complaints and PALS are being shared in the Governance monthly newsletter
- Complaint feedback surveys to commence in Sept 23.
- Equality, Diversity and Inclusion priorities being developed for 2023/24
- Working collaboratively with Shropshire Telford and Wrekin Integrated Care System Complaints Group to share good practice and improved complaint handling.
- A Learning and Disability task and finish group to be re-invigorated with clear objectives to improve current practices against the three core standards.

Heat Map Summary April 22 – March 2023

	target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total/Avg
Total Complaints received in month	8	12	11	5	14	13	4	12	10	7	6	10	9	113
Standard complaints		11	10	3	9	10	3	10	9	5	5	8	8	91
complex complaints		1	1	2	5	3	1	2	1	2	1	2	1	22
% Standard Complaints Response Rate Within 25 Days due in month (from KPI)	100%	88.89%	63.64%	55.56%	33%	87%	89%	100%	100%	100%	100%	100%	100%	85%
% Complex Complaints Response Rate Within 40 Days due in month (from KPI)	100%	n/a	100%	n/a	75%	50%	60%	100%	100%	100%	100%	100%	100%	89%
Standard complaints responded to in 25 working days target (due to close in month)	no target	9	11	9	1	7	8	2	6	7	6	6	6	78
Standard complaints due to be responded to in 25 working days target	n/a	8	7	5	3	8	9	2	6	7	6	6	6	73
Complex complaints responded to in 40 working days target	n/a	0	1	0	3	1	3	3	2	4	2	1	2	22
Complex complaints due to be responded to in 40 working days target	n/a	0	1	1	4	2	5	3	2	4	2	1	2	27
avg working days to close a complaint	n/a	27	25	29	27	23	30	30	26	20				
PALS converted to complaint - Initiated by Patient	n/a	2	3	0	4	5	1	0	1	0	0	2	2	20
PALS converted to complaint - Initiated by Trust	n/a	1	1	0	0	0	0	0	1	0	0	0	0	3
% Complaints progressed from PALS	no target	25%	36%	0%	29%	8%	20%	0%	20%	0%	0%	20%	0%	13%
Complaint FULLY upheld	no target	0	1	0	2	2	0	2	4	2	2	1	2	18
Complaint NOT upheld	no target	4	5	1	4	8	3	7	5	2	0	5	2	46
Complaint PARTIALLY upheld	no target	5	4	0	8	3	1	3	1	3	2	2	2	34
re-opened complaint	0	1	0	2	3	2	2	0	2	0	1	2	1	16
Complaints with action plan	100%	92%	72%	80%	86%	100%	100%	100%	100%	100%	100%	100%	100%	94%
Complaints referred to the Ombudsman	0	0	1	1	0	0	0	0	0	0	0	0	0	2
Local resolutions	no target	0	1	2	3	0	2	5	2	1	6	2	5	29
PALS concerns	no target	17	23	18	20	24	22	27	29	26	28	30	39	303
PALS enquries	no target	329	314	306	307	367	302	351	365	270	322	375	398	4006
FFT	95%	97%	98.1%	97.7%	97.6%	97.6%	98.2%	97.9%	98.4%	98.5%	98.3%	98.1%	97.7%	98.0%
negative FFT scores (not Good or very good)	no target	48	33	35	40	43	31	40	33	24	35	33	43	438
Compliments	no target	793	880	737	831	872	948	1006	1088	776	976	808	969	10684

Key

green is used where targets have been met	
red where targets have not been met	

Introduction

We know that a positive experience during a care episode promotes a positive clinical outcome. If a patient feels listened to and involved in their care they will respond better to medical, nursing and therapy interventions and be better able to manage their own journey of care.

Collecting Patient experience data is an important part of monitoring the quality of care provided at the RJAH and helps promote an open learning culture by identifying and sharing examples of good complaints practice and learning that was identified through patient feedback.

Patient Experience Strategy 2021-2024

In 2022, the Patient Experience and Engagement Strategy for 2021-2024 was produced and outlined the Trust's commitments to provide patients, carers, their relatives with world class care.

During 2022/23 the Trust has been working towards achievement of the commitments and work is progressing in a number of areas outlined in the Patient Experience Strategy Action plan.
Our commitments are:

1. We will work in partnership with our patients and actively involve them in decisions about their care.
2. We will communicate to our patients in a manner that is accessible and appropriate to their own individual needs whilst listening to our patients about their priority of care and what matters most to them.
3. We will involve our patients and services users and the public generally in decisions regarding the way we deliver services and any future developments.
4. We will engage with our patients to facilitate patients to manage their own health conditions and get the best out of their wellbeing.
5. We will further develop the role of volunteers to ensure we maximise their input to enhance patient experience

National Adult Inpatient Survey 2021 results

The NHS Adult Inpatient Survey runs every year, and all NHS Trusts in England are required to conduct the survey to provide a measure on what our patient think about their experience.

The Adult Inpatient Survey includes 134 NHS acute trusts in the country and asked adults who had stayed in hospital for at least one night during the period Aug 21-Nov 21 about the care they received.

A total of 1,250 RJAH patients were asked to complete the survey and 904 returned it.

The Trust received the highest score for 20 out of 47 questions nationally (134 NHS Trusts) including food, and cleanliness of the wards.

The highlights to note are:

- Overall patient experience: RJAH rated No 1 in the country for the third year in a row
- Hospital food: Our food has been rated No 1 in the country for the 16th time in the last 17 years
- Cleanliness of wards and rooms: We rated No 1, for the second year running, for patients reported that their room or ward was clean

An action plan was produced to review areas for improvement which include support when leaving hospital, length of time you were on the waiting list, prevented from sleeping at night by noise and hospital lighting, giving views on the quality of your care, given enough privacy when being treated or examined.

Results of the 2021 survey for the Learning Disability (LD) Standards for NHS Trusts published by NHS Improvement (NHSI) in 2018.

The Trust participated in the NHSI Learning Disability Standards survey for 2021. This provides a benchmark against which all trusts can measure their performance in delivering services to people with learning disabilities (LD) which in turn drives quality improvement.

This is a three-pronged approach of organisational, staff and patient information collection providing a holistic view of the workforce, activity, service models and quality of services provided to people with learning disabilities and autism.

The are four LD standards, intended to help trusts measure quality of service and aims to ensure consistency across the NHS in how we approach and treat people with learning disabilities, autism or both.

The results from the 2021 survey show we are partially compliant across the below standards :
1. Respecting and protecting rights,
2. Inclusion and engagement
3. Workforce
4. Specialist learning disability services.

There are improvements noted with data collection and also flagging of patients within the current system – with the new EPR system being delivered this will address many of the data and flagging issues that arise for a number of patient groups but especially the people with LD and autism.

Next Steps
A task and finish group will be re-invigorated with clear objectives to improve current practices against the three core standards. The subsequent action plan for improvement will be developed and can be monitored through the Safeguarding Committee. Priority work will be the audit of the pre-op flagging system.

Formal Complaints

- There were 113 formal complaints received in 2022/23, a decrease from last year by 2, 1.7%. July 22 saw the most complaints submitted (14).

- There has been 91 standard complaints and 22 complex complaints
- The MSK Unit received the highest number of complaints (MSK 69, Specialist 42, Corporate 3).
- 65 (58%) complaints relating to clinical care and 48 were operational issues
- The average number of complaints per month was 9.4, aligned with the previous 2021/22 of 9.5

Top themes of Complaints:

- Integrated Care is the main reason for patients making a complaint followed by delays to appointments/waiting times for an appointment.
- Patient care and complaints about admission have increased
- Staff behaviour complaints have decreased by 17 to 11 from previous year
- There were 16 private patient complaints received a number in first quarter about the facilities on Ludlow ward.

- The top theme of complaints is shown below compared to 2021/23 by category

	Complaints 2022/23	Complaints 2021/
Integrated care	28	18
Appointments inc delays, waiting times	26	31
Admissions, discharge and tr	12	7
Patient Care including Nutritiion	12	6
Values & Behaviours (Staff)	11	28
Communications	9	8
Facilities Services	6	4
Other	3	7
Prescribing Errors	3	2
Privacy, dignity and wellbeing	1	3
Satffing Numbers	1	0
Trust Administration	1	0
Access to treatment or drugs	0	1
Total	113	115

- See below for themes of the Integrated care, patient care and staff behaviour complaints

Themes from Integrated care (28):

15 x unhappy with outcome of surgery, 4 Arthroplasty, 4 HULU, 6 Knee, 1 Anaesthetists
10 x unhappy with outcome of appointment, across a number of specialities and x3 Rheumatology
2 x discharged and referred back to the GP (Arthroplasty and Spinal surgery)
1 x concerns with communication and discharge to nursing home – MCSI

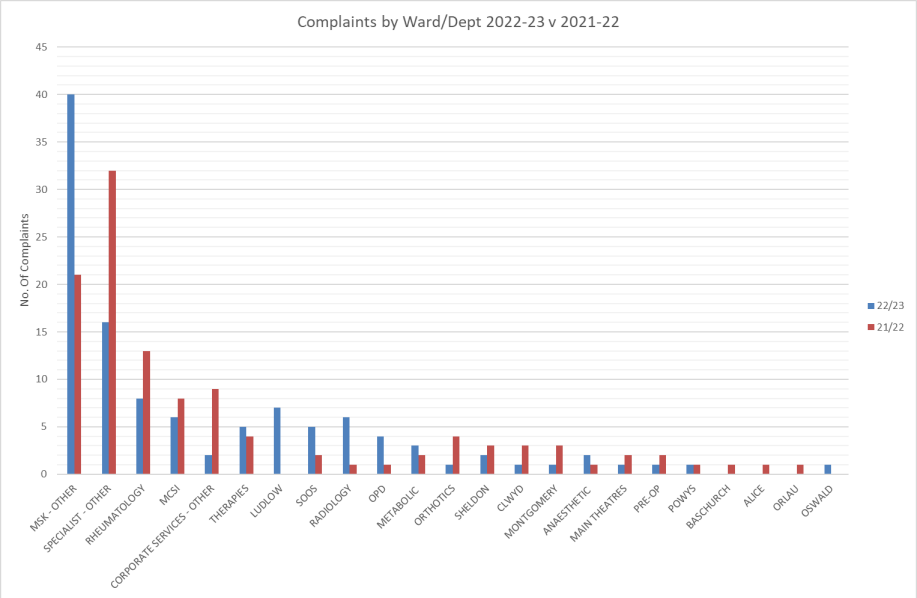
Themes of patient care complaints (12) :
4 x Gladstone ward on nursing care and communication treatment
2 x private patient on Ludlow ward with nursing care and rehabilitation
1 x Clwyd ward about pain relief and nursing care
1 x private patient in Xray experience pain when having a CT guided lumber injections
1 x Foot and ankle and patient developed Pulmonary Embolism PE
1 x private patient Therapy, unhappy with advice and treatment received and have increased back pain.
1 x Bone density, unhappy with treatment outcome and the lack of communication
1 x Spinal Disorders, patient is unhappy with the ongoing management of his symptoms

Themes of staff behaviour (11) :

6 x medical staff – HULU, Foot and Ankle, Knee, MRI, Rheum, Spinal Surgery
4 x AHP – MRI, Orthotics', Physio, SOOS
1 Other – facilities staff

Complaints by department

See graph below of complaints by department compared to 2021/22. MSK – Other (includes the specialties such as Arthroplasty, Foot & Ankle, Hand and Upper limb, Knee, Specialist – Other (e.g., Spinal Surgery, Paediatrics)



Complaint Performance

The Trust is required to acknowledge all responses within three working days; this target was met. There is an internal target to resolve standard complaints within 25 working days and complex complaints within 40 working days.

- Since Sept 22, (CG restructure) an improvement has been seen in complaint response timeframes with 100% of standard and complex complaints being responded to.

The graph below shows the standard complaint response rate per month:

The graph below shows the complex complaint response rate per month:

Complaints re-opened

- 16 complaints were re-opened with a further reply provided. It is noted that 9 of these were private patients and 1 complaint re-opened 3 times. No other trends identified as separate issues raised in each.

Complaints Upheld

20 complaints were fully upheld complaints, 44 partially upheld and 49 not upheld.

Definition of upheld complaints
If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.
Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.
If a complaint is made regarding more than one issue, and one or more of these issues (but not all) are upheld, the complaint should be recorded as partially upheld.

PALS concerns received

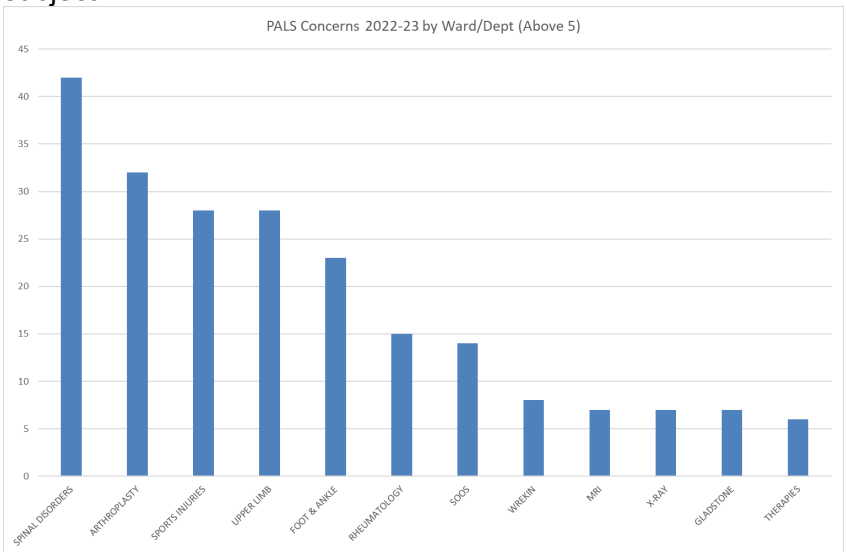
PALS concerns/enquiries

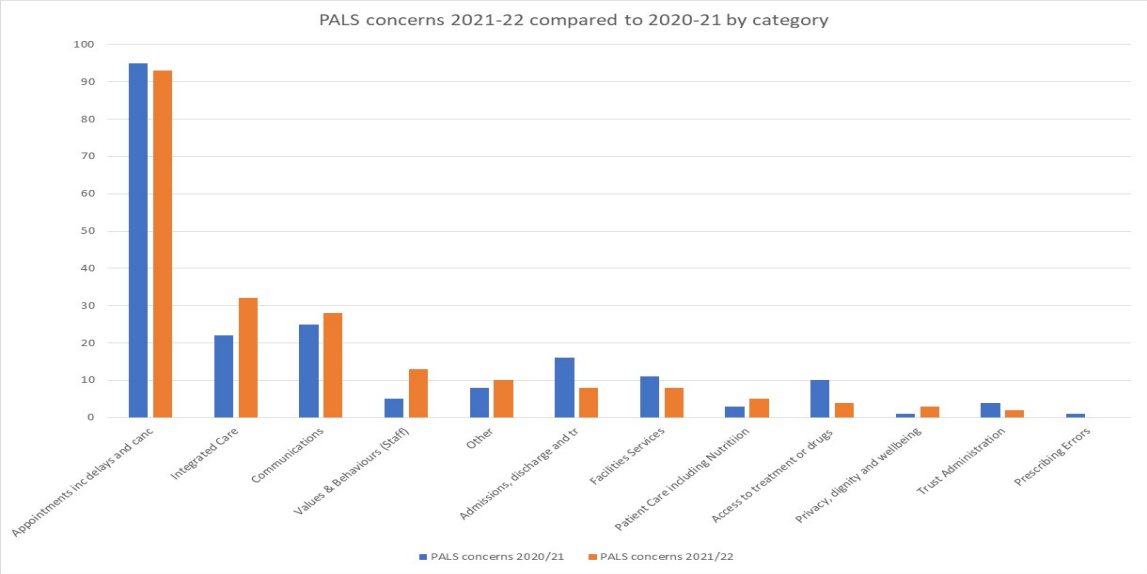
- In 2022-23, there were 303 PALS concerns received, 97 more than in the previous year.

- The top reasons for a patient contacting PALS were:
  - Delay to admission and appointments treatment dates (109) - (Arthroplasty 19, F&A 13, HULU 10, Knee 11, Spinal Disorders 20, Xray 10).
  - Integrated care/Management of future care (57) -(top specialties HULU 9, Spinal Disorders 9, Knee 8, SOOS 7, Rheum 6)
  - Communication (44) - (top specialities Arthroplasty 6, Spinal Disorders 6 HULU 5. E.g., communication between staff, letter content not accurate, delay in test results
  - Staff values and behaviours (22), 11 are medical staff across several specialites, 4 nursing 4 reception/admin, 2 AHP.

- 4004 PALS enquiries were received in 2022-23, an 8.6% increase on the previous year. These include the RJAH emails and emails on the website and the main theme is patients asking when their treatment date will be including GP expedite letters.

The graphs below show PALS concerns received by department for 2022/23 (for above 5) and by subject





Locally resolved issues

There were 29 local resolutions reported from the ward/department. These are concerns resolved on the spot by ward or department staff. Top theme is patient care and facilities

Cases referred to the Parliamentary & Health Service Ombudsman (PHSO)

2 cases referred to the PHSO

- June 2022 Rheumatology complaint CRP 0920-02 fully upheld by PHSO after investigation due to not being compliant with NICE guidance at time of complaint in Sept 2020 with delay to patient receiving denosumab treatment. Trust has adapted and is now fully compliant with national guidance referenced in the report. Apology offered to patient.
- May 22 – Spinal Surgery complaint CRP0421-06 and CRP 1018-07, PHSO contacted the Trust about patient unhappy with 3 main areas of their care; Difficult discharge post-op, not consenting to surgery and the consultant had kept information from the patient.
  Outcome: PHSO confirmed they will not be investigating this case any further.

Learning from Complaints

The Trust recognises that complaints resolution provides an opportunity to learn and helps drive quality improvement. Actions plans are produced when service improvements are identified as part of the complaint investigation.

- Since Aug 22, 100% of complaints have an action plan
- Examples of Learning from complaints and PALS are being shared in the Governance monthly newsletter and at Unit Governance reports

Please see below some examples of actions following a complaint:

CRP 0223-10 Pre-op/Knee . Patient surgery cancelled at pre-op as cannot provide a pacemaker technician before or after surgery. Patient been waiting over a year for surgery and transferred to another Trust.
Outcome: Consultant did contact SATH to ask if could support but were unable to help. Consultant suggested if patients are added to the waiting list with pacemakers or implantable cardiac defibrillators they are referred immediately for Pre-

CRP 0223-07 Clwyd ward Patient fell in bathroom when mobilising to the toilet and queried that he was not given nonslip socks.

Outcome
Moving and Handling lead to remind theatre staff to retaining non-slip socks so they can be worn by patients on the ward. Remind ward staff to check patients have understood instructions and take notice of posters displayed on ward to use call bell to ring for assistance.

Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) "Overall, how was your experience of our service" was created to help Trusts understand whether patients are happy with the service provided, or to provide suggestions on any improvements needed. It's a quick and simple way for patients to give their views after receiving NHS care or treatment.

The results from FFT provides insights into how we can improve or celebrate the positive patient feedback received about staff.

FFT data is collected in real time using the IQVIA patient feedback system and patients are sent a text to invite them to complete a FFT survey electronically (after discharge or clinic appointment). Paper cards are also on display in wards/departments

A message has been added to the SMS text a patient receives so advise that if they need help to access the link to contact PALS so that their feedback can be captured.

- For 2022/23, 21,543 patients completed a FFT survey and 98% of patients (inpatients and outpatients) (21,105) said they would rate their experience as good or very good.

The chart below shows the average FFT score per month

The results for the Trust over the last five years are below based on the average percentage of FFT score (inpatients and outpatients).

	2018/19	2019/20	2020/21	2021/22	2022/23
National Average	96%	96%	94%	94%	94%*
Highest Score	100%	100%	100%	100%	100%*
Lowest Score	76%	73%	65%	64%	73%*
The Robert Jones and Agnes Hunt	99%	99%	98%	98%	98%

*for 2022/23 national data includes up to Jan 23

The Trust is committed to improving the percentage of patients who would rate their experience as good or very good.

The top themes of the negative comments from FFT scores are shown below for 2021/2022

- Wait in clinic comments are seen to be on the decrease in the last 6 months.
- The comments received on cancelled surgery are due to the recent staffing issues in theatres and staff strikes
- FFT results are shared in Unit, department and Speciality level Governance Quality reports with trends of low scores monitored monthly.

theme of FFT scores	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021	Quarter 4 2021	Grand Total
wait in clinic	34	36	23	17	110
outcome of appointment	21	24	20	15	80
No comment	7	14	12	17	50
staff attitude	12	7	10	18	47
cancellation of surgery	2	5	12	15	34
Poor communication	5	9		12	26
IPC issues	8	6	4	5	23
Compliment	5	3	5	6	19
Other	0	6	0	7	13
booking issue	5	4	4		13
Environment & Facilities	1	4	1	1	7
nursing staff	3			1	4
Grand Total	**103**	**118**	**91**	**114**	**426**

Collecting Patient feedback:

As well as being asked the FFT question, patients are asked several other questions about their visit for inpatients and outpatients.

The results for 2022/23 for the inpatient and outpatient surveys are shown below with all questions receiving high scores:

Inpatients & Day Case Survey (after 1 April 2020) - Trend Heatmap

We would like to know what you thought of the experience you had on the ward where you spent the most of your time during this stay at the RJAH

Question text	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
1. Overall, how was your experience of our service? Please can you tell us why you gave your answer:	97	97	96	96	98	98	97	98	98	98	98	97	97
Total	97	97	96	96	98	98	97	98	98	98	98	97	97

About your care

Question text	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
7. Were staff caring and compassionate?	97	98	98	97	99	98	99	98	98	98	98	98	98
8. Did you like the food provided, if you were offered any? (If not please leave blank)	88	90	90	88	90	91	92	92	89	90	90	88	90
9. Did you feel the ward was clean?	99	99	99	99	99	100	100	99	99	99	99	99	99
10. Did you find the staff welcoming and friendly?	98	98	98	98	99	98	99	98	99	98	99	99	98
11. Did you feel that the noise levels were acceptable at night?	87	86	85	85	86	86	85	85	86	84	84	83	85
12. Did the staff practice good hand hygiene?	97	99	98	99	99	99	98	99	99	98	99	99	99
13. Was your privacy/ dignity & comfort respected?	98	98	98	98	99	99	99	99	99	98	98	99	99
14. Was your admission date changed by the hospital?	83	85	85	91	89	88	87	88	89	93	89	87	88
15. After leaving hospital, did you get enough support from staff ?	86	87	88	88	92	90	91	91	89	89	85	88	89
16. Were you involved as much as you wanted to be in decisions about your care and treatment?	92	93	93	93	93	94	93	95	94	94	94	94	94
Total	93	94	94	94	95	95	95	95	95	95	94	94	94
Overall	93	94	94	94	95	95	95	95	95	95	94	94	95
Total number of surveys	154	234	248	253	279	252	292	294	221	257	246	215	2,945

Outpatients Survey (after 1 April 2020) - Trend Heatmap

We would like you to think about your recent experiences of our service

Question text	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
1. Overall, how was your experience of our service? Please can you tell us why you gave your answer:	96	97	97	97	96	97	96	97	97	97	97	97	97
Total	96	97	97	97	96	97	96	97	97	97	97	97	97

About your care

Question text	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
3. Did you feel that the department was clean?	99	99	99	99	99	99	99	99	99	98	99	99	99
4. Were you informed about waiting times?	84	85	86	86	85	86	84	84	85	84	86	85	85
5. Did you find the staff welcoming and friendly?	98	98	98	98	98	98	98	98	98	98	98	98	98
6. Was your privacy/ dignity & comfort respected?	99	99	99	99	99	99	99	99	99	99	99	99	99
7. Did the Health Care Professional explain the procedure satisfactorily? (if you had one - if not please leave blank)	98	98	98	98	99	99	98	98	98	98	98	99	98
8. Were staff caring and compassionate?	98	98	98	98	98	98	98	98	98	98	99	98	98
9. Did the Healthcare Professional introduce themselves?	97	98	98	97	98	98	98	97	98	97	98	98	98
10. Did the Health Care Professional listen to you?	99	99	98	99	99	99	99	99	99	99	99	99	99
Total	97	97	97	97	97	97	97	97	97	97	97	97	97
Overall	97	97	97	97	97	97	97	97	97	97	97	97	97
Total number of surveys	1,341	1,432	1,257	1,232	1,329	1,260	1,291	1,260	786	1,025	970	983	14,166

Patient Involvement

The Trust works in partnership with patients, staff, and stakeholders to help

ensure services are patient cantered.
During 2022/23 Patient reps have been involved in:

- Reviewing patient information leaflets
- Attending the Accessible Care group, the Patient Experience committee, Patient stories, PLACE inspections
- Assisting with Executive staff interviews
- Patient Safety Partners have been recruited as part of the implementation of the Patient Safety Incident Response Framework (PSIRF) and invited to the Patient Safety committee.
- An Equality, Diversity and Inclusion patient focus group was arranged for early March 23 but had to be rearranged to early April 23 due to bad weather. The focus group was to obtain feedback from patients, service users to help the Trust develop plans to tackle health inequalities and ensure our services meet the needs of the community and are accessible to all. This work is continuing in 2023/24.
- Patient panel forums have not started since they were paused at the start of the pandemic but are looking to recommence in July 23 and plans to meet quarterly.

Patient Stories, Compliments and Comments

The Trust uses patient stories as a source of patient insight and the Trust Board often starts with a patient story. Face to Face patient stories being shared at Trust Board resumed in July 2022 as COVID measures were relaxed

- 3 patient stories were shared at the Trust Board as below
- There were 10684 compliments received across departments recorded in the IQVIA system

July 22
A Patient shared his story about his treatment under a Spinal Consultant Surgeon for his lower back pain since he was referred in 2017. His symptoms were not bad enough to warrant spinal surgery, but he is being reviewed annually. His symptoms are being managed with targeted exercise from the Therapy team and his condition has not deteriorated.
The patient was very complimentary about his care and felt the Covid control measures were brilliant, and staff all went the extra mile! His only suggestion for improvement was the location of the Therapy department being a long walk from the main entrance which some patients struggle to walk. The Head of Estates did advise that entrances nearest to the Therapy Dept are being opened so access is easier for those patients with mobility difficulties. For those needed assistant to move about the Trust wheelchairs are available and the porters can support in booked in advance of visit. This will be monitored by the PLACE audits.

September 2022
A Patient story was presented to the Trust Board in September 2022 who had hand carpal tunnel surgery in April 2022. Compliments were shared, including how the multidisciplinary team were exemplary in the way she was treated. Her operation and therapies have been successful and pain in her hands due to arthritis is under control. Her suggestion for improvement was to receive 2 hand fabric hand splints as one can get dirty quickly.

January 2023
A patient had a total knee replacement in October 2022. Compliments were shared, including being well looked after by nursing staff on Powys ward. She spoke highly of the Consultant and has recommended her own father who is now on the waiting list for treatment. She felt it was of benefit to discuss her medication on the ward with a pharmacist, which made her feel so much more at ease when nurse administered her medication.

Working in partnership with Shropshire Integrated Care System (ICS)

Shropshire, Telford & Wrekin Integrated Care System

A new Shropshire Telford and Wrekin Integrated Care System Complaints Group was established in Dec 22 to meet bi-monthly to share good practice and improve complaint handling. Ideas for joint working include review of complaint templates, staff training, improved joint working for shared complaints, implementing PHSO complaints standards.

healthwatch

The Trust works in partnership with Shropshire Healthwatch, and they are involved in the Patient Experience Committee and PLACE inspections.
They shared the feedback they collected for RJAH for the period January 22-December 22, 47 comments were received 61 positive themes, 24 negative themes and 1 neutral theme.
The negative comments were across a number of themes, but highest theme was noted in waiting times and communication between patient and staff both x3.

Conclusion

The overall evidence collected in this report provides assurance that the hospital is delivering services that are truly patient centred. Our patients rate their experience as being exceptionally good and this is evidenced in the NHS Inpatient 2021 survey results where the RJAH was rated No 1 in the country for the third year running for overall patient experience and named as a top performing Trust across 134 Trusts in England.

Trust Board - People & Workforce
May 2023 – Month 2

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

SPC charts are line graphs that employ statistical methods to aid in monitoring and controlling processes. An area is calculated based on the difference between points, called the control range. 99% of points are expected to fall within this area, and in doing so are classed as 'normal variation'. There are a number of rules that apply to SPC charts designed to highlight points that class as 'special cause variation' - abnormal trends or outliers that may require attention.

There are situations where SPC is not the appropriate format for a KPI and a regular line graph has been used instead. Examples of this are list sizes, KPIs with small numbers and little variation, and zero tolerance events.

SPC Chart Rules

The rules that are currently being highlighted as 'special cause' are:

- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

Different colours have been used to separate these trends of special cause variation:

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

White Points are used to highlight data points which have been excluded from SPC calculations

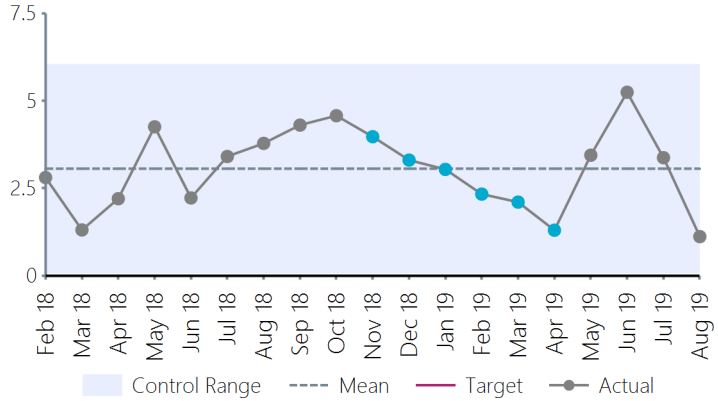
Some examples of these are shown in the images to the right:

a) shows a run of improvement with 6 consecutive descending months.

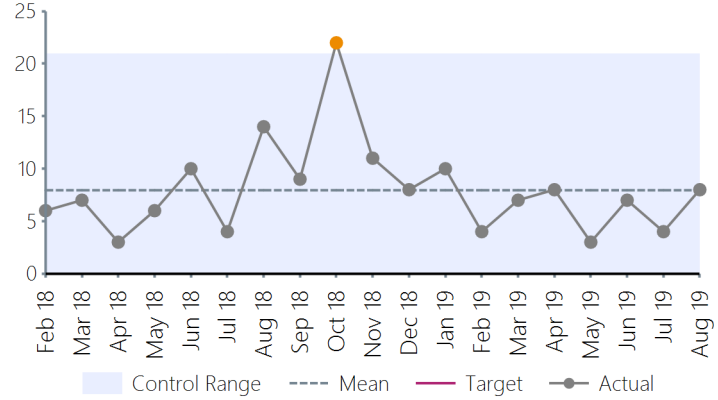
b) shows a point of concern sitting above the control range.

c) shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.

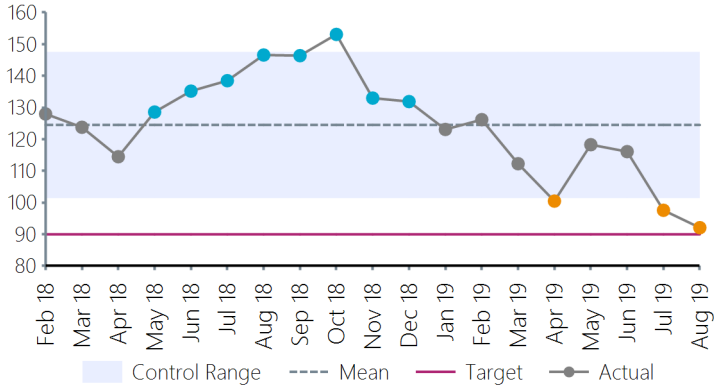
a)



b)



c)



Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an execption if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?

Orange variation icons indicate special cause of **concerning nature** or high pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

Blue variation icons indicate special cause of improving nature or lower pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

Assurance Icons

Can we expect to reliably hit the target?

An orange assurance icon indicates consistently (F)alling short of the target.

A blue assurance icon indicates consistently (P)assing the target.

A grey assurance icon indicates inconsistently passing and falling short of the target.

For measures without a target you will instead see the "No Target" icon.

Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months in comparison to the target, showing F or P icons if consistently passing of falling short.

Data Quality Rating Reading Guide

The Data Quality (DQ) rating for each KPI is included within the 'heatmap' section of this report. The indicator score is based on audits undertaken by the Data Quality Team and will be further validated as part of the audit assurance programme.

Colours

When rated, each KPI will display colour indicating the overall rating of the KPI

Blue	Green	Amber	Red
No improvement required to comply with the dimensions of data quality	Satisfactory - minor issues only	Requires improvement	Siginficant improvement required

Dates

The date displayed within the rating is the date that the audit was last completed.

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.35%	4.67%			Moving Target		
Staff Turnover - Headcount	13.00%	11.63%		H	Moving Target	+	
In Month Leavers	18	11		L	?	+	
Vacancy Rate	8.00%	7.99%		H	?	+	14/03/19

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Agency Core - On Framework	258	131		N/A to SPC	Moving Target		
Agency Core - Off Framework	0	119		N/A to SPC	F		

Staff Turnover - Headcount

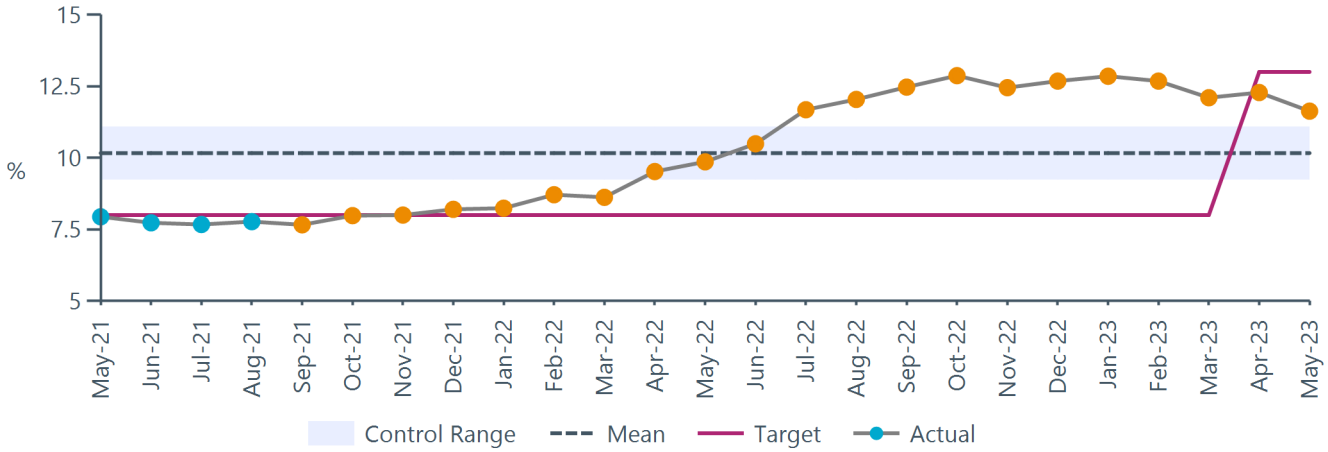
Total numbers of voluntary leavers in the last 12 months as a percentage of the total employed 217394

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
13.00%	11.63%	H	Moving Target

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has had a target change from April-23.

Narrative

For May, Staff Turnover, at Trust level, is reported within the 13% target at 11.63% but remains an exception as still showing as special cause variation. Four out of eight staff groups are reported above 13% as follows:
* Allied Health Professionals - 14.95%
* Healthcare Scientists - 14.29%
* Nursing and Midwifery - 13.94%
* Additional Clinical Services - 13.33%

In the latest twelve month period, June-22 to May-23, there have been 199 leavers throughout the Trust. This is in relation to a headcount in post of 1711, as at 31st May 2023. The top three reasons for leaving, that accounts for 100 leavers/50%, at Trust level were:
* Voluntary Resignation - Other/Not Known - 38 / 19.10%
* Voluntary Resignation - Work Life Balance - 33 / 16.58%
* Retirement age - 29 / 14.57%

Actions

* Future Trust Open Days planned for 15th July and 8th October.
* Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within Theatres, work has begun on developing career pathways for bands 2/3/4 and within MCSI a business case is in progress.
* Professional Career Cafes to be run by the Assistant Chief nurses with a launch in quarter one and initial clinics beginning in quarter two.
* Seeking to apply for the Preceptorship Quality Mark that will be attractive to newly qualified registered nurses. The aim for completion by end of quarter two is still on track with some recent adjustments to e-rostering made to assist auditing of this.
* An update to the Trust's Study Leave Policy is in progress with aim for completion by end of quarter one. Approval will be via Recruitment and Retention, followed by the People Committee.
* Routine adverts and interviews continue for domestic nurses and allied health professionals.

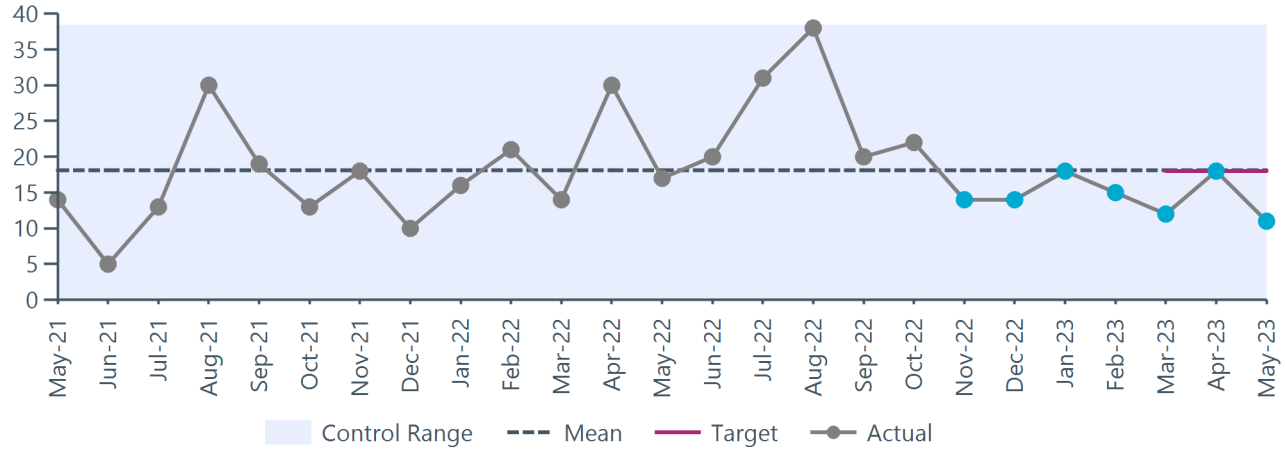
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
9.86%	10.49%	11.68%	12.04%	12.47%	12.87%	12.45%	12.68%	12.85%	12.68%	12.10%	12.28%	11.63%

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
18	11	L	?



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

Narrative

There were eleven staff who left the Trust in May. This is below the target of 18, but is included as an exception as it is reported as special cause variation of an improving nature as there have been seven data points below the mean. A breakdown of leavers in May by staff group is:

* Allied Health Professionals (3)
* Nursing & Midwifery Registered (3)
* Additional Clinical Services (2)
* Medical & Dental (2)
* Estates & Ancillary (1)

Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
17	20	31	38	20	22	14	14	18	15	12	18	11

- Staff - Patients - Finances -

Vacancy Rate

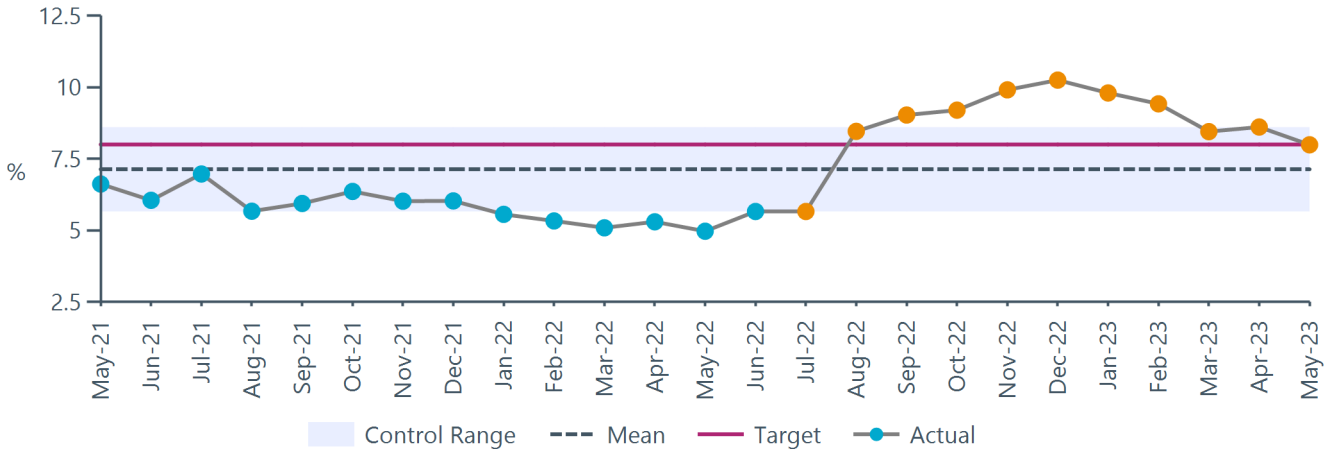
% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
8.00%	7.99%	H	?

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

Narrative

The vacancy rate is reported at 7.99% for the end of May. It remains as an exception due to special cause variation, but it is reported below the 8% target this month; the first time since July-22. The vacant position equates to vacancies across the Trust at 127.62 WTE; down from 136.72 WTE at the end of April. A breakdown by area is:
* MSK Unit - 9.15% / 62.78 WTE vacant
* Specialist Unit - 8.38% / 47.21 WTE vacant
* Corporate areas - 5.07% / 17.63 WTE vacant
Further details on the staff groups is provided against other KPIs (Nursing, Healthcare Support Workers & Allied Healthcare Professionals).

As can be seen in the SPC graph above, the vacancy rate has shown an increase from July. It must be noted, that when reviewing at a Trust-level the establishment has risen from 1518.31 WTE at the end of July to 1597.38 WTE at the end of May; an establishment increase of 79.07 WTE.

Actions

* Future Trust Open Days planned for 15th July and 8th October.
* 'Golden Ticket' being offered for registered individuals on placement with the Trust, providing offer of role once they are qualified. Staff awareness of this raised through SNAHP to ensure it is utilised routinely, not just at recruitment events.
* Focussed effort on developing role competencies and career pathways for progression to agenda for change. This work will commence in Theatres and MCSI. Within Theatres, work has begun on developing career pathways for bands 2/3/4 and within MCSI a business case is in progress.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
4.97%	5.66%	5.66%	8.46%	9.03%	9.20%	9.91%	10.25%	9.80%	9.42%	8.45%	8.61%	7.99%

- Staff - Patients - Finances -

Chair's Assurance Report
People and Culture Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	05 July 2023
Executive Sponsor:	Denise Harnin, Chief People Officer	**Paper written on:**	29 June 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 22 June 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.

There were no items to escalate to 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 Committee welcomed the revised format of the report which presented:

- sickness remaining within target for the second month.
- vacancy rates are below target for the first month since July 2022.
- numbers of leavers within month have presented a sustained improvement.

In relation to wellbeing, the Trust are supporting staff with wellness conversations following the approval of the new sickness management policy and stress and resilience training has been established.
The Committee approved the 2 new key performance indicators – time to recruit and staff retention. A proposal regarding the KPI targets is to be presented at the next meeting.
The Trust have approved an additional 12 international nurses to be recruited to support with staffing pressures. The Committee asked for forecasting of staff recruitment and wider performance to be included within the OPOD to allow oversight of the projections versus target. Along with this, theatres staffing section to be included within the workforce performance report to maintain focus and assurance on the planned recruitment to the area.

Agency Update
The committee discussed the reduction in agency spend during month 2. It was identified that during May there were 3 bank holidays along with reduced activity due to industrial actions and therefore reduced off framework agency spend. The Trust explained this is the context around the reduction, informing the Committee this may not be immediately sustained.

The Committee were informed that the Chief Nurse is the identified Executive lead for Agency spend and reductions. A task and finish group is now in place and is meeting weekly.

The Committee agreed that an agency spending forecast to be triangulated with the workforce trajectory and recruitment for a focused overview.

Learning and Development Report
The Trust continue to monitor the compliance of training and in order to improve compliance the Trust is working on the following:

- A full review of DNA to understand the reasons for non-attendance.
- Continue to support managers and departmental heads in ensuring protected time is allocated to staff.
- Professional development team to attend the state of play and senior nurse and allied health professional meetings to raise awareness for clinical skills.
- Provide a compliance trajectory for all new training.
- Recruitment of an in-house fire trainer.
- Additional training being scheduled for industrial action days.

The Committee requested a revised report to be presented to the Committee relating to the review of Statutory and Mandatory training for staff cohorts for assurance and approval.

The Committee have requested that a middle manager, that has completed the Trust Leadership programme, be invited to a future meeting to talk through the learning that they had from the programme and how this has helped them to perform their role better.

Healthcare Professionals Fit Note SOP
Assurance was received that the policy had been reviewed and endorsed via the appropriate forums. The Committee noted the legislation change in July 2022 which has enabled a wider range of healthcare professionals to certify fit notes, this being advice to a patient about their fitness for work following illness or an operation. The Committee were assured of the measures that are in place to support appropriate healthcare professionals to perform this important role and therefore approved the policy.

Extreme Weather People Management Policy
Following a discussion, the policy is to be amalgamated with the heatwave policy to have one overarching document for staff to refer too. The policy was deferred to a future meeting.

Performance and Capability Policy
The Committee considered the policy and, subject to including reference where appropriate to the Just Culture and some further detail around redeployment responsibilities, they were happy to approve the policy.

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.

Corporate Risk Register
The Committee were provided with an update on the developments of the Corporate Risk Register. No issues were raised by the Committee and no new risks identified.

EDI Plan
The Committee were assured with the steps taken so far to develop the EDI plan. The Trust held 2 EDI listening events which have been well received. The first draft of the EDI strategy is expected to be presented to the Committee in September.

One of the key next steps is the setting up of staff networks with 3 initially being established for disability/neuro diversity, LQBTQ+ and BME. Further Staff Networks will also be established if required, ensuring that there is a Chair, a core membership including Allyship and an Executive sponsor.

Assurance will be reported via the Chair Report following each EDI Meeting.

Nursing Retention Report
The Committee took assurance from the report that the organisation had fulfilled its obligations in May 2023 in relation to Nurse safer staffing. The Trust continue to consider opportunities to improve the recruitment and retention strategies.

Powys Ward Action Plan
Assurance was provided on the progress of the action plan with no concerns being progressed raised. 29 actions are now complete or business as usual with the remaining 7 actions on going. It was agreed that there would be a meeting between Chief People Officer, Chief Nurse, and Lead Non-Executives to consider the full action pan to gain assurance on the Committees behalf in relation to progress.

Chair Report from the Joint Consultancy Group
The Chairs Report was reviewed by the Committee with no risks or issues to be raised. Therefore, the Committee members noted the report.

4.0 Conclusion / Recommendation

The Board is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps – non to consider this month.
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.

Freedom to Speak Up Annual Report

0. Reference Information

Author:	Elizabeth Hammond Freedom to Speak Up Guardian	Paper date:	05 July 2023
Executive Sponsor:	Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer	Paper Category:	Governance and Quality
Paper Reviewed by:	Kirsty Foskett, Head of Clinical Governance & Quality.	Paper Ref:	N/A
Forum submitted to:	People and Culture Committee	Paper FOIA Status:	Full

1. Purpose of Paper

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

The purpose of this report is to provide the Trust Board with an overview of the work of the Robert Jones and Agnes Hunt (RJAH) Freedom to Speak Up (FTSU) Guardian over the period 01 April 2022 to 31 March 2023.

2. Executive Summary

2.1. Context

The role of FTSU was established in 2016 following the events at Mid Staffordshire NHS Foundation Trust and the subsequent public inquiry by Sir Robert Francis QC. The process is there to help protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement.

2.2 Summary

The FTSU team have received concerns from a broad range of professional groups across the Trust. Admin and clerical, accounted for the largest portion of speaking up cases raised during 2022/23.

In 2022/23, 33% of staff raised a concern anonymously which is an improvement compared to 2021/22, where 44% of the concerns raised, were done so anonymously.

The report also provides as summary of FTSU in relation to the Staff Survey 2022. This year RJAH has seen a 6.9% reduction in staff feeling safe to speak up and an 8.2% reduction in staff feeling confident that RJAH would address their concern. Although the figures are concerning, this appears to be a national trend.

On a positive note, 70.9 % of staff do feel secure in raising a concern and 58.6% are confident that RJAH would address a concern.

2.3 Conclusion

The Board are asked to approve the content of the report.

Freedom To Speak Up Annual Report
01 April 2022 – 31 March 2023

Freedom to Speak Up Annual Report

Introduction

The purpose of creating a speaking up culture is to keep our patients safe, improve the working environment of staff and to promote learning and improvement. The staff survey results 2022 and previous years confirm that the Trust has a CQC 'Good' rated safety culture; we will keep on building on that positive culture.

2022/23 saw a return of many staff either working onsite or adopting a flexible hybrid working pattern, with some days onsite and other days, from home.

This report provides a summary of activity, feedback and themes of concerns raised to the Freedom to Speak Up (FTSU) Guardian The staff survey 2022 has been evaluated to provide comparisons Nationally and with like comparators.

Background

The roles of Freedom to Speak Up (FTSU) Guardians and the National Guardian's Office (NGO) were established in 2016 following events at Mid Staffordshire NHS Foundation Trust and the subsequent public inquiry by Sir Robert Francis QC.

Freedom to Speak Up Guardians help protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. They do this by ensuring that workers are supported in speaking up and that issues raised are used as opportunities for learning and improvement. They work within their organisations to help ensure that barriers to speaking up are addressed and a positive culture of speaking up is fostered.

Freedom to Speak Up Accountability Arrangements

The Trust is committed to providing outstanding care to service users and staff and to achieving the highest standards of conduct, openness, and accountability. The Chief Executive Officer (CEO) is accountable for ensuring that FTSU arrangements meet the needs of the staff across the Trust.

During the period of this report, the FTSU Team was led by the FTSU Guardian, Elizabeth Hammond.

In 22/23 FTSU has moved from the portfolio of the Chief People Officer, with the Chief Nurse and Patient Safety Officer as the Executive Lead for FTSU. The role of the FTSU Guardian is now incorporated into the Clinical Governance Team, ensuring effective triangulation of patient safety data and concerns raised.

The Executive Lead provides leadership and oversees the supportive arrangements for speaking up within the Trust. The FTSU independent Non-Executive Director (NED) holds the CEO, Executive FTSU Lead and the Board of Directors to account for implementing the speaking up strategy and acts as an independent advisor regarding concerns raised through the FTSU Guardian.

Freedom to Speak Up Annual Report

Freedom to Speak Up Reporting

FTSU Guardian reports to the Trust Board on a bi-annual basis. A quarterly report is presented to the People and Culture Committee, which in turn upward reports the Trust Board.

Quarterly data returns are made to the National Guardian Office and the information from all trusts making submissions is published on the National Guardian's website: https://www.nationalguardian.org.uk/

The data to be reported includes the following:

- Number of cases raised anonymously
- Number of cases with an element of patient safety/quality
- Number of cases with an element of worker safety or wellbeing
- Number of cases with an element of bullying or harassment
- Number of cases with an element of other inappropriate attitudes or behaviours
- Number of cases where disadvantageous and/or demeaning treatment as a result of speaking up (often referred to as 'detriment') is indicated

Who is speaking up?

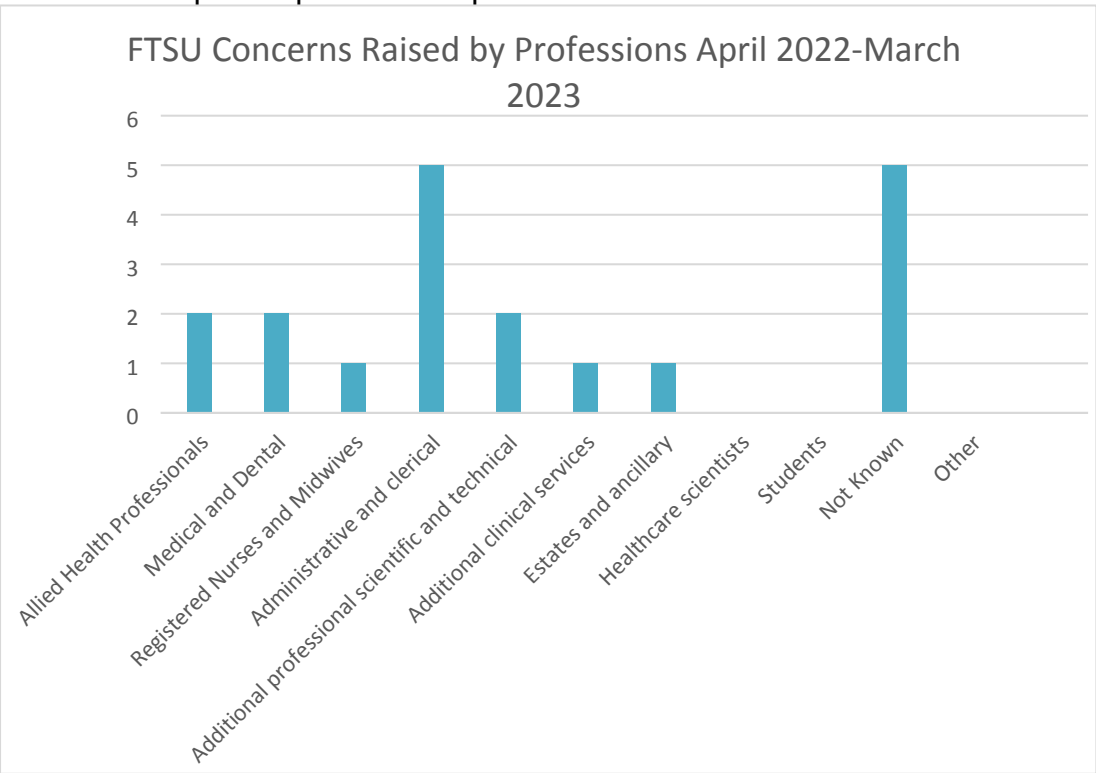
The FTSU team have received concerns from a broad range of professional groups across the Trust. Admin and clerical, accounted for the largest portion of speaking up cases raised during 2022/23.

In 2022/23, 33% of staff raised a concern anonymously which is an improvement compared to 2021/22, where 44% of the concerns raised, were done so anonymously.

No staff reported experiencing a detriment because of speaking up.

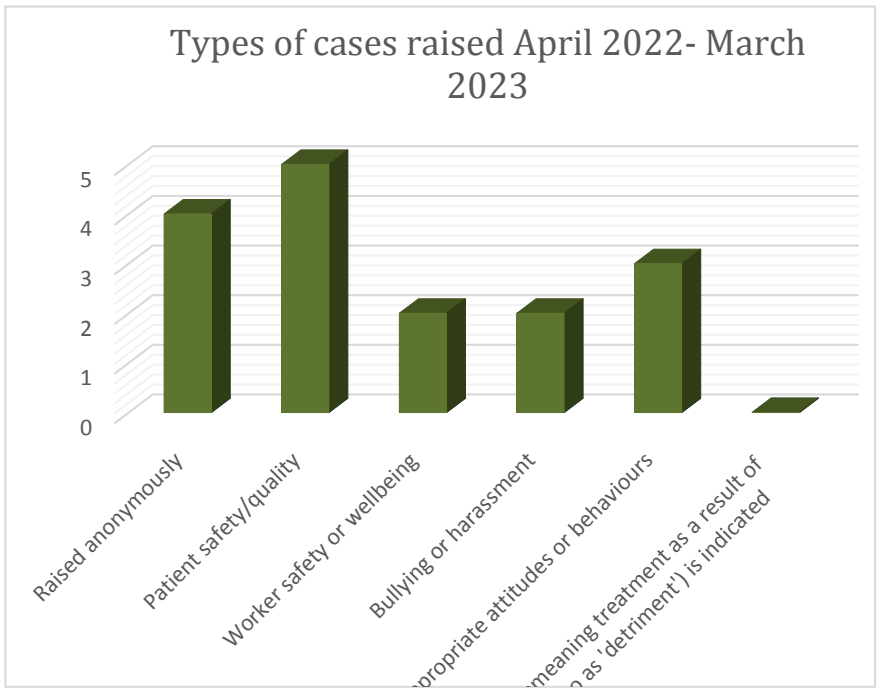
Reviews for each concern are independent, fair, and objective. Recommendations are designed to promote staff welfare, patient safety learning and improvement.

The table below shows the number of concerns raised by each profession in 2022/23.



Assessment of cases raised via FTSU

During 01 April 2022 to 31 March 23 19 concerns/ advice was received, which is a reduction in comparison to 45 that were received in 2021/22. However, 20 of the concerns raised in 2021/22 originated from the same area of work.



The table above shows the types and number of cases raised in 22/23.

Freedom to Speak Up Annual Report

As of 31 March 23, four complex concerns remain open under FTSU. These concerns have been raised from various departments in the Trust, once the investigations have concluded and reviewed, lessons and feedback can be actioned.

Sixty-six percent of concerns, raised by staff, have been raised confidentially and 34% anonymously. This has enabled the Guardian's to speak to the person who raised the concern, to gain information and clarity around the concern raised and to enable the Guardian to feedback actions and learning.

All concerns have been accessed within 48 hours. Concerns are then reviewed and escalated/directed as appropriate.

Where possible, the person who raised the concern has been given feedback on actions taken and regular one to ones arranged with the guardian/ manager to update the person and re-evaluate the concern.

All concerns have been logged as required by the National Guardianship. Data required by the Guardianship has been submitted quarterly via the National Guardian Database.

The Lead Guardian has attended the monthly Teams meetings regionally, the quarterly National Guardian meetings and the yearly conference.

The table below shows the 2022/23 data submitted to the National Guardianship Office (NGO).

Freedom to Speak Up Annual Report

Data For Quarter	April 2022- March 2023				
Organisation	Robert Jones & Agnes Hunt Orthopedic NHS Foundation Trust				
Size of organisation	Small Under 5,000				
Region	Midlands				
		April-June	July-Sept	Oct-Dec	Jan-March
Number of cases brought to FTSUGs per quarter		7	5	5	2
Numbers of cases brought by professional level					
Worker		1	5	5	2
Manager		2	0	0	0
Senior leader		0	0	0	0
Not disclosed		4	0	0	0
Numbers of cases brought by professional group					
Allied Health Professionals		0	0	1	1
Medical and Dental		2	0	0	0
Registered Nurses and Midwives		0	0	0	1
Administrative and clerical		1	3	1	0
Additional professional scientific and technical		0	1	1	0
Additional clinical services		0	0	1	0
Estates and ancillary		0	0	1	0
Healthcare scientists		0	0	0	0
Students		0	0	0	0
Not Known		4	1	0	0
Other		0	0	0	0
Of which there is an element of					
Number of cases raised anonymously		4	0	0	0
Number of cases with an element of patient safety/quality		3	1	1	0
Number of cases with an element of worker safety or wellbeing		0	1	1	0
Number of cases with an element of bullying or harassment		0	0	2	0
Number of cases with an element of other inappropriate attitudes or behaviours		1	1	1	0
Number of cases where disadvantageous and/or demeaning treatment as a result of speaking up (often referred to as 'detriment') is indicated					
Response to the feedback question,					
'Given your experience, would you speak up again?					
Total number of responses					
The number of these that responded 'Yes'		1	1	0	0
The number of these that responded 'No'		1	0	0	0
The number of these that responded 'Maybe'		0	0	0	0
The number of these that responded 'I don't know'		0	0	0	0

In general, the number of cases reported through FTSU are low number in comparison to other Trusts. This could be for several reasons.

1) Some of the comparators are categorised, as our peers in the National Guardian Data, with staff under 5,000. RJAH only has 1,600 staff, there are few Acute specialist hospitals which have such a small number of staff.

2) During the last 2 years the Guardian has been unable to access the departments due to Covid restrictions.

3) Lack of awareness of FTSU and how to raise a concern. The induction programme for staff is in a booklet form instead of a face-to-face presentation. From April 2023 FTSU will revert to face-to-face induction presentation.

4) Few, established, staff have received any FTSU presentations.

5) Limited facility time to engage with staff. This has been addressed with an additional 7.5 hours. Total time per week for FTSUG 15 hours.

Staff Survey and Speaking Up

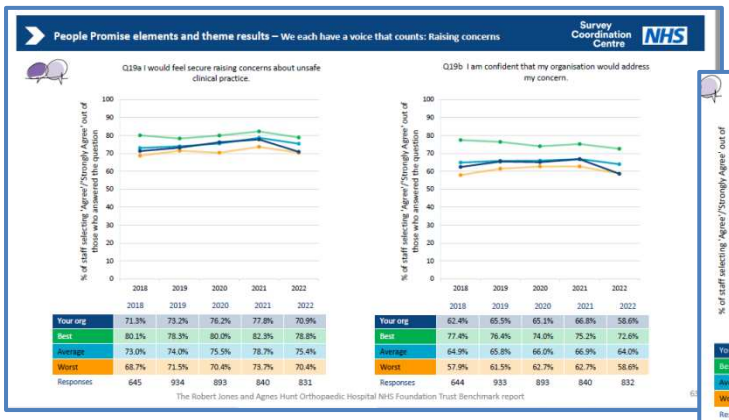
The staff survey 2022 shows that nationally the sub-score for raising concerns declined from 6.5 in 2021 to 6.4 this year. There were declines on all measures relating to raising concerns, both relating to raising concerns about clinical safety and speaking up more generally. The greatest deterioration was seen in the percentage of staff who would feel secure raising concerns about unsafe clinical practice.

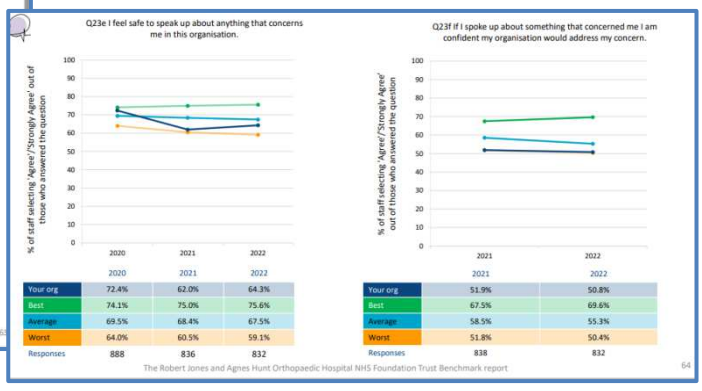
At RJAH our results showed that staff felt less secure in raising a concern, 6.9% less than last year. A drop of 8.2% felt confident that the organisation would address their concern.

There was a slight increase, 2.3%, in staff feeling safe to raise concerns. However, the 2020 figure, which was higher, do not take in consideration that a large proportion of staff were working from home at this time. Many staff are now working on site.

Question 23, If I spoke up about something that concerned me, I am confident my organisation would address my concern, had a slight drop of 0.9%.

The table below compares our results for Q19a, 19b, 23e, and 23f from the 2022 Staff survey with similar hospitals. All hospital, used in the comparison, percentages were lower than 2021.





FTSU Improvements

Freedom to Speak Up Annual Report

In 2022/23 the RJAH made a commitment to invest and promote in raising the profile of FTSU across the Trust. This has included.

- ✓ A self-assessment against NHS England standards for FTSU arrangements. The FTSU self-assessment tool was devised by NHS England and NHS Improvement as guide to help Trusts reflect on its current position and the improvement needed to meet expectations.
- ✓ The appointment of seven FTSU champions. Champions have been encouraged to raise the profile of FTSU to departments.
- ✓ Ensuring face to face presentations on FTSU at Trust indication and development days.
- ✓ The National Guardianship produced a generic NHS FTSU policy which has just been published. This policy has been adapted for use at RJAH.
- ✓ Refreshed posters and a new roller banner have been designed and will be posted around the hospital. Information page on the Trusts Intranet Percy.
- ✓ FTSU training provided to the Trust Board.
- ✓ Investment in the role of the FTSU Guardian, increasing the provision in line with similar Organisations within the National Orthopaedic Alliance.

The RJAH are committed to improving FTSU processes throughout the Trust. An action plan of steps being taken to deliver this is monitored through the People and Culture Committee.

Conclusion

The annual report provides a summary of FTSU activity across the Trust and data submitted to the NGO for 22/23 and provides a summary of the improvement work undertaken to ensure as a Trust there are effective process in place for staff to have the Freedom to Speak Up.

The FTSU team have received concerns from a broad range of professional groups across the Trust. Admin and clerical, accounted for the largest portion of speaking up cases raised during 2022/23.

In 2022/23, 33% of staff raised a concern anonymously which is an improvement compared to 2021/22, where 44% of the concerns raised, were done so anonymously.

The report also provides as summary of FTSU in relation to the Staff Survey 2022. This year RJAH has seen a 6.9% reduction in staff feeling safe to speak up and an

Freedom to Speak Up Annual Report
8.2% reduction in staff feeling confident that RJAH would address their concern. Although the figures are concerning, this appears to be a national trend.

On a positive note, 70.9 % of staff do feel secure in raising a concern and 58.6% are confident that RJAH would address a concern.

Trust Board - Performance

May 2023 – Month 2

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

SPC charts are line graphs that employ statistical methods to aid in monitoring and controlling processes. An area is calculated based on the difference between points, called the control range. 99% of points are expected to fall within this area, and in doing so are classed as 'normal variation'. There are a number of rules that apply to SPC charts designed to highlight points that class as 'special cause variation' - abnormal trends or outliers that may require attention.

There are situations where SPC is not the appropriate format for a KPI and a regular line graph has been used instead. Examples of this are list sizes, KPIs with small numbers and little variation, and zero tolerance events.

SPC Chart Rules

The rules that are currently being highlighted as 'special cause' are:

- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

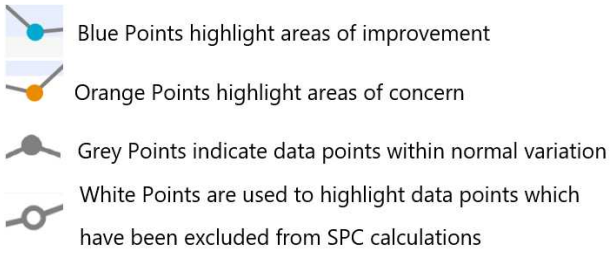
Different colours have been used to separate these trends of special cause variation:

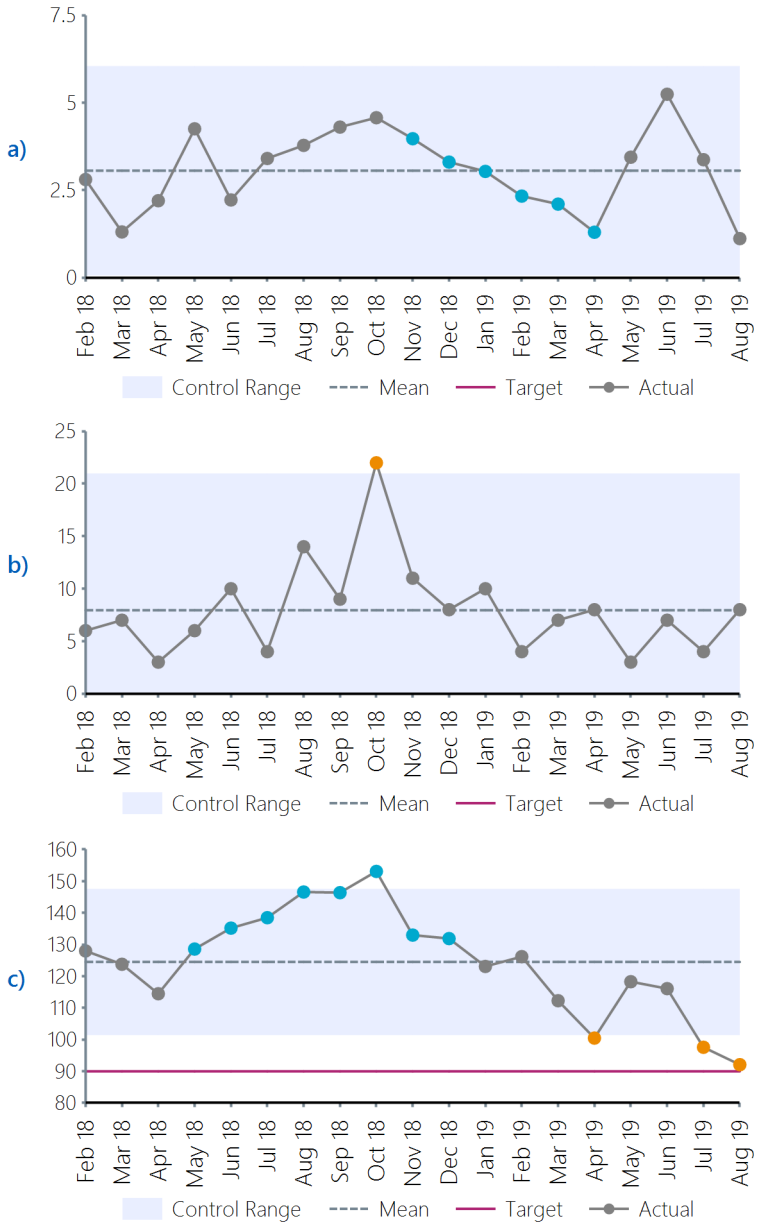
Some examples of these are shown in the images to the right:

a) shows a run of improvement with 6 consecutive descending months.

b) shows a point of concern sitting above the control range.

c) shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.





Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an execption if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?

Orange variation icons indicate special cause of **concerning nature** or high pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

Blue variation icons indicate special cause of improving nature or lower pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

Assurance Icons

Can we expect to reliably hit the target?

An orange assurance icon indicates consistently (F)alling short of the target.

A blue assurance icon indicates consistently (P)assing the target.

A grey assurance icon indicates inconsistently passing and falling short of the target.

For measures without a target you will instead see the "No Target" icon.

Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months in comparison to the target, showing F or P icons if consistently passing of falling short.

Data Quality Rating Reading Guide

The Data Quality (DQ) rating for each KPI is included within the 'heatmap' section of this report. The indicator score is based on audits undertaken by the Data Quality Team and will be further validated as part of the audit assurance programme.

Colours

When rated, each KPI will display colour indicating the overall rating of the KPI

Blue	Green	Amber	Red
No improvement required to comply with the dimensions of data quality	Satisfactory - minor issues only	Requires improvement	Siginficant improvement required

Dates

The date displayed within the rating is the date that the audit was last completed.

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Cancer Plan 62 Days Standard (Tumour)*	85.00%	33.33%			?	+	24/06/21
28 Day Faster Diagnosis Standard*	75.00%	75.00%			?		
18 Weeks RTT Open Pathways	92.00%	51.12%		L	F	+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,195	1,535	L	F	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		928			No Target	+	24/06/21
Patients Waiting Over 78 Weeks - English	0	46	31	L	F	+	
Patients Waiting Over 78 Weeks - Welsh (Total)		224			No Target	+	
Patients Waiting Over 104 Weeks - English	0	2		L	F	+	
Patients Waiting Over 104 Weeks - Welsh (Total)		48		L	No Target	+	
Overdue Follow Up Backlog	5,000	12,158		L	F	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	99.00%	89.74%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	96.92%				+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Elective Activity Against Plan (volumes)	969	925			Moving Target	+	24/06/21
Overall BADS %	85.00%	78.18%			?		
Total Outpatient Activity against Plan (volumes)	13,183	13,751			Moving Target		24/06/21
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	6.76%			Moving Target	+	
Total Diagnostics Activity against Plan - Catchment Based	2,400	2,360			Moving Target	+	

Cancer Plan 62 Days Standard (Tumour)*

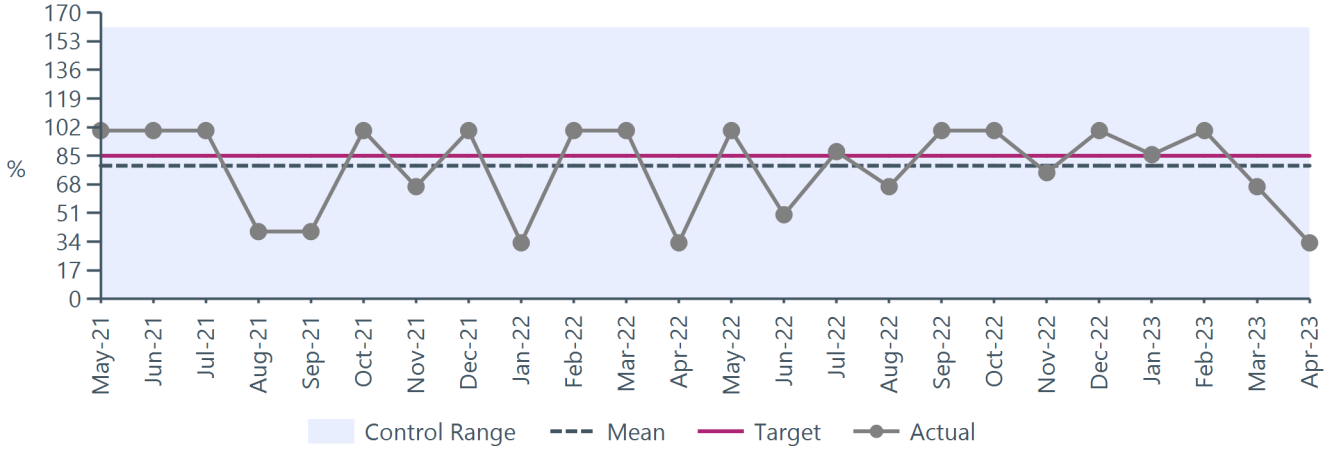
% of cancer patients treated within 62 days of referral (*Reported one month in arrears) 211045

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85.00%	33.33%		

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

The Cancer 62 Day Standard was not met in April; this measure is reported in arrears. The April performance is reported at 33.33% against the 85% target. There was one patient who breached the standard as there was a delay to scheduling their biopsy due to the restrictions associated with their medication.

Actions

Overall actions for monitoring cancer waits - the administrative team in the Tumour Unit now have the mechanism to escalate any delays/difficulties in booking to the Assistant Service Manager. There is now a weekly meeting in place to review all patients on the PTL that should support with this and assist with preventing potential breaches.

Assistant Service Manager for this area to review timelines of pathways in detail to prevent any breaches where possible.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
100.00%	50.00%	87.50%	66.67%	100.00%	100.00%	75.00%	100.00%	85.71%	100.00%	66.67%	33.33%	

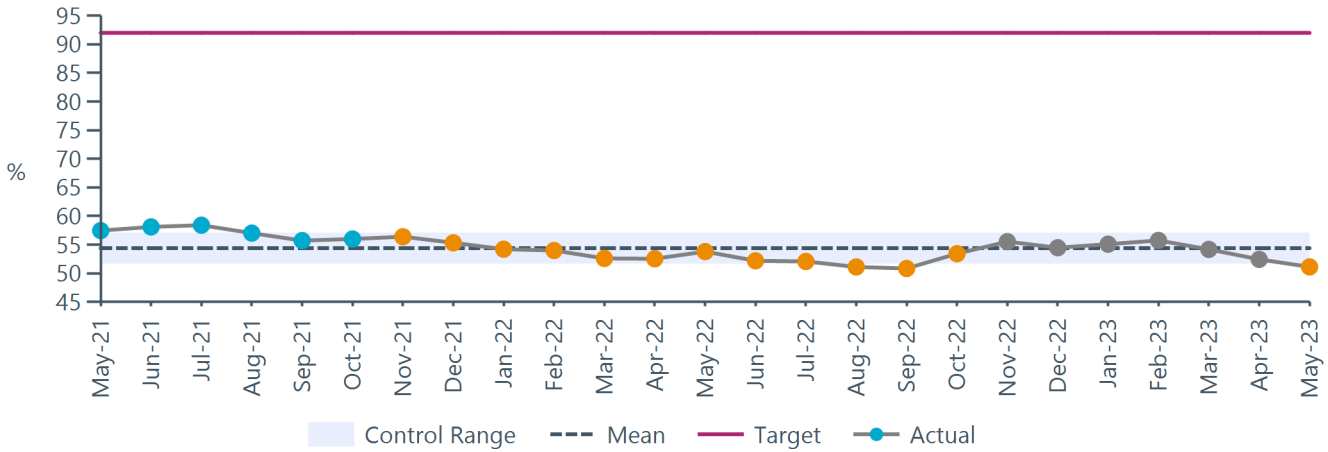
- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

% of English patients on waiting list waiting 18 weeks or less 211021

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
92.00%	51.12%	L	F



Trajectory

What these graphs are telling us

Metric is experiencing common cause variation. Metric is consistently failing the target.

Narrative

Our May performance was 51.12% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows:
* MS1 – 8156 patients waiting of which 2648 are breaches
* MS2 - 1267 patients waiting of which 857 are breaches
* MS3 - 5054 patients waiting of which 3572 are breaches

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support with both ROH and Walton. Patients being contacted and transferred where appropriate for our most challenged sub-specialty.

Plans to undertake significant level of patient validation to be undertaken; in addition to the routine validation cycles. Plans in place to ring and send letters to our patients who are waiting greater than 12 weeks.

Planning assumptions for 2023/24 include increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. The increased capacity coming on board from quarter three supports with ensuring waiting lists are sustainable going forwards. These plans are reflected within the IPR trajectories. Recruitment is currently forecasting to be ahead of plan, recognising training needs of the new staff; the impacts of this is currently being reviewed.

The Trust will also be taking actions during 2023/24 to assess waiting lists alongside health inequalities assessments.

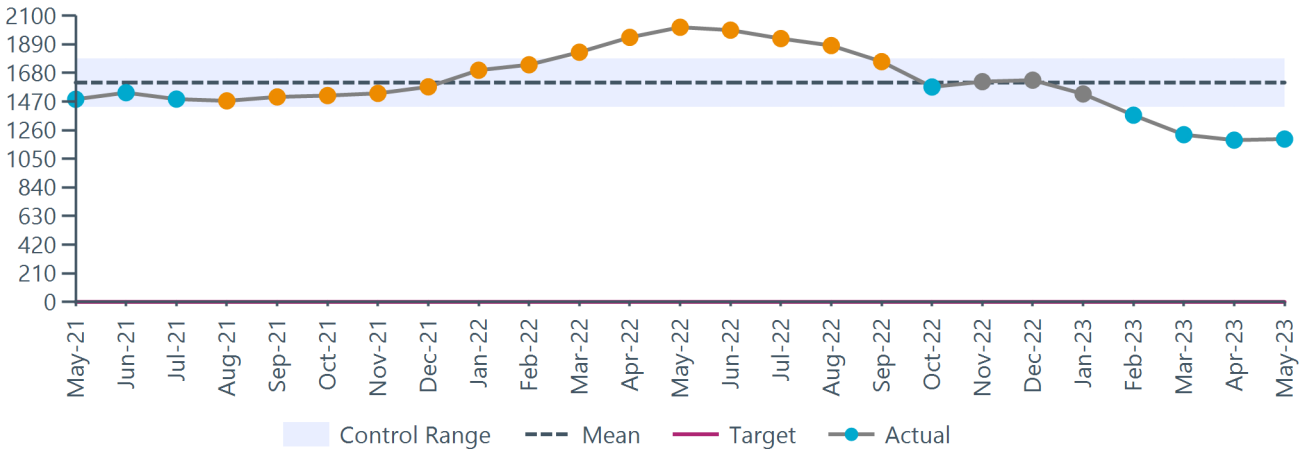
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
53.79%	52.19%	52.07%	51.11%	50.84%	53.43%	55.53%	54.47%	55.09%	55.74%	54.18%	52.44%	51.12%

Patients Waiting Over 52 Weeks – English

Number of English RTT patients waiting 52 weeks or more at month end 211139

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	1,195	L	F



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

At the end of May there were 1195 English patients waiting over 52 weeks; below our trajectory figure of 1535 by 340. The patients are under the care of these sub-specialities; Arthroplasty (420), Spinal Disorders (214), Knee & Sports Injuries (189), Upper Limb (172), Foot & Ankle (148), Paediatric Orthopaedics (19), Tumour (9), Metabolic Medicine (7), Orthotics (5), SOOS GPSI (3), ORLAU (2), Physiotherapy (2), Spinal Injuries (1), Neurology (1), Rheumatology (1), Muscle (1) and Paediatric Medicine (1). Patients waiting, by weeks brackets is:

* >52 to <=78 weeks - 1149 patients
* >78 to <=95 weeks - 44 patients
* >95 to <=104 weeks - 2 patients

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .

Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

The national planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). To eliminate waits of over 65 weeks by March-2024 the Trust is looking to eradicate patients waiting greater than 52 weeks for a first appointment by quarter two. The Trust has submitted a plan to NHSE that forecasts zero 65+ weeks waits by March-24.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Internal insourcing options are being explored to further increase capacity.

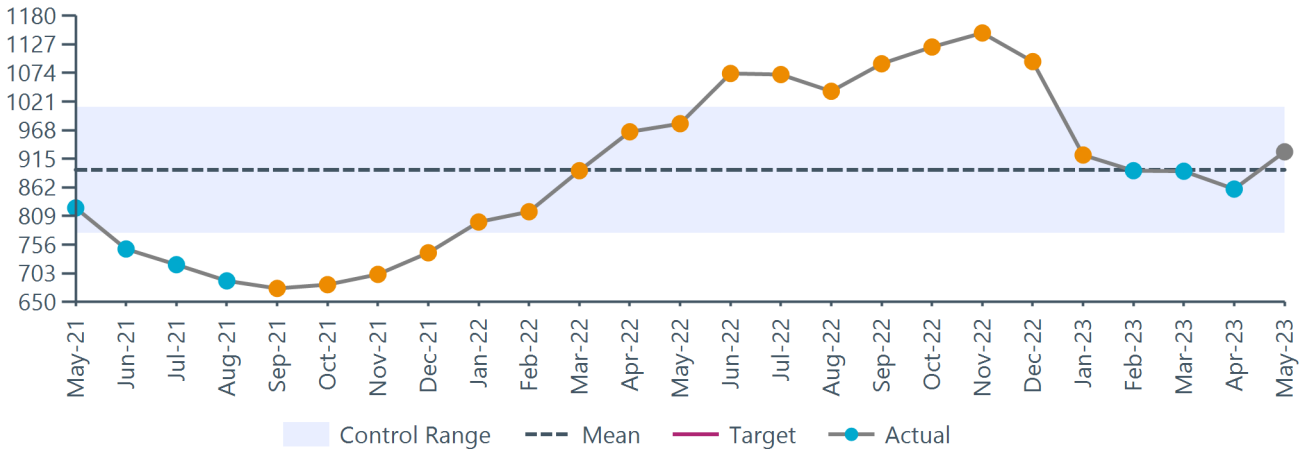
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2015	1994	1932	1881	1763	1577	1616	1627	1526	1370	1227	1187	1195

Patients Waiting Over 52 Weeks - Welsh (Total)

Patients Waiting Over 52 Weeks - Welsh (Total) - Welsh and Welsh (BCU Transfers) combined 217788

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	928		No Target



Trajectory

What these graphs are telling us

Metric is experiencing common cause variation.

Narrative

At the end of May there were 928 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (410), Arthroplasty (168), Knee & Sports Injuries (116), Foot & Ankle (85), Upper Limb (82), Veterans (32), Paediatric Orthopaedics (24), Tumour (6), Metabolic Medicine (3), Neurology (1), Physiotherapy (1).

Patients are under the care of the following commissioners: BCU (537), Powys (368), Hywel Dda (20), Cardiff & Vale (1), Aneurin Bevan (1) and Cwm Taf University LHB (1). The number of patients waiting, by weeks brackets is:
* >52 to <=78 weeks - 704 patients
* >78 to <=95 weeks - 143 patients
* >95 to <=104 weeks - 33 patients
* >104 weeks - 48 patients

The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. Discussions continue with Welsh Commissioners to understand commissioning intentions for 2023/24. This includes whether additional capacity is required to be sourced.

Actions

The Welsh guidance differs from NHS England guidance. The Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. Welsh national guidance expected to be received in the Trust imminently.

The English planning requirements issued in December stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). To eliminate waits of over 65 weeks by March-2024 the Trust is looking to eradicate patients waiting greater than 52 weeks for a first appointment by quarter two. The Trust has submitted a plan to NHSE that forecasts zero 65+ weeks waits by March-24.

The Trust has a continuous validation programme in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

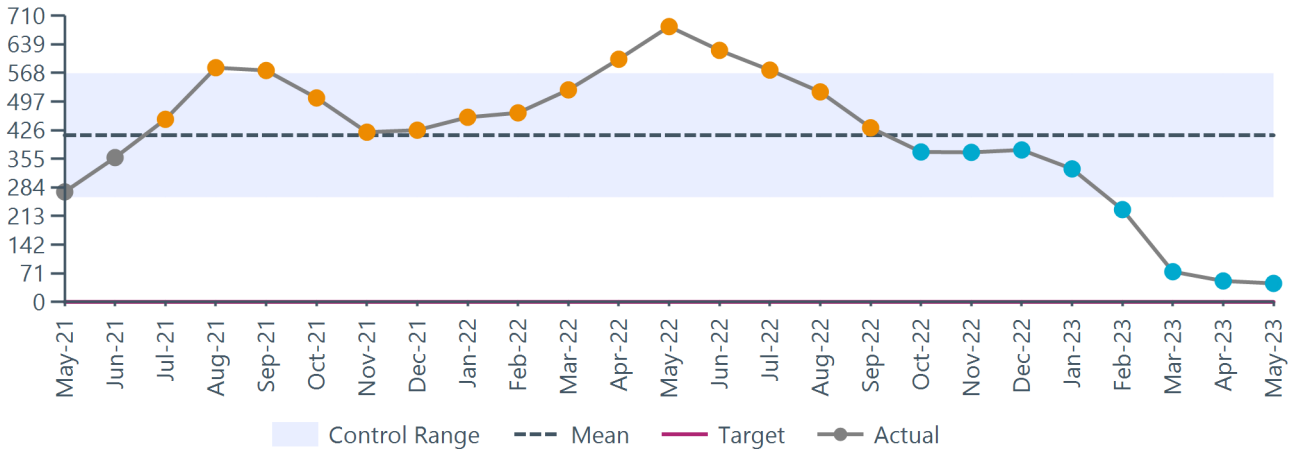
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
980	1073	1071	1040	1091	1122	1148	1095	922	893	892	859	928

Patients Waiting Over 78 Weeks - English

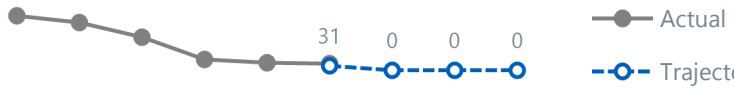
Number of English RTT patients waiting 78 weeks or more at month end 217774

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	46	L	F



Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

At the end of May there were 46 English patients waiting over 78 weeks; this was 15 patients above our trajectory of 31. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Spinal Disorders (15), Knee & Sports Injuries (14), Arthroplasty (10), Foot & Ankle (2), Upper Limb (2), Paediatric Orthopaedics (2) and Orthotics (1).

13 patients declined the offer of mutual aid leading to non-admitted clock stops; the patients remain on our internal waiting lists. This is in line with updated national guidance.

2023/24 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
Discussions continue with our Welsh Commissioners to ensure we are aligned to their ambitions too.
The Trust continues to address patients who continue to wait greater than 78 weeks with a route to zero planned by end of quarter one.

Actions

As part of 23/24 planning, our Trust trajectory has been submitted to NHSE to clear this cohort in quarter 1. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks by March-24. Trajectories have been created for this and the Trust is on track to clear this cohort by the end of June with breaches being reported by exception.

The Trust has sought mutual aid to support its most challenged specialty. Agreements made with both ROH and Walton for support. Patients being contacted and transferred where appropriate.

Agreement in place to participate in the Digital Mutual Aid system that is being led by NHS England. A mutual aid co-ordinator and validation resource are in place and this resource has been extended into 23/24 to support actions being taken. Chief Operating Officer discussions also take place between providers to monitor progress.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible during the periods.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
683	624	575	521	432	372	371	377	330	229	75	52	46

Patients Waiting Over 78 Weeks - Welsh (Total)

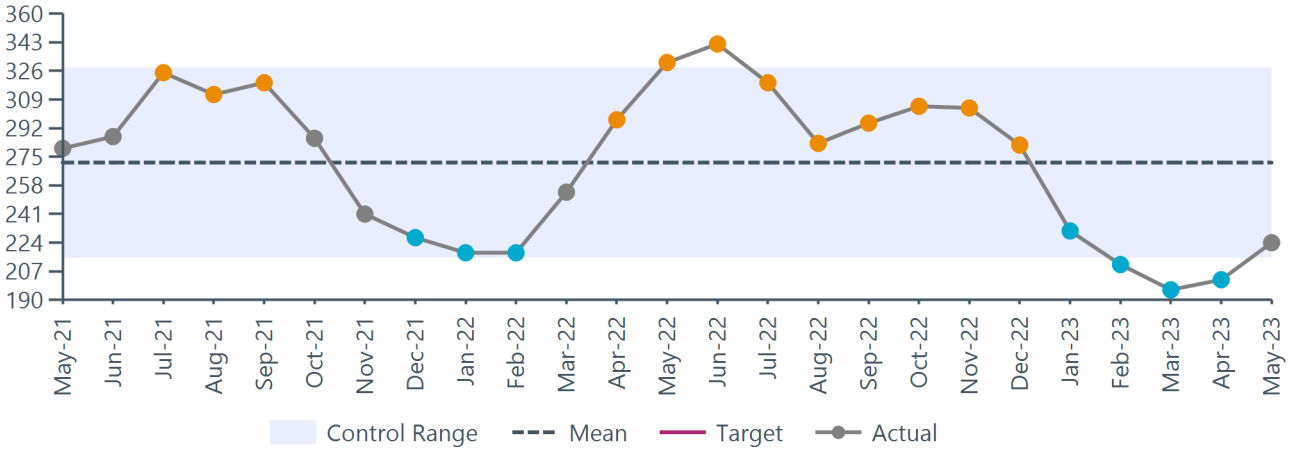
Number of Welsh RTT patients waiting 78 weeks or more at month end 217802

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	224		No Target

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing common cause variation.

Narrative

At the end of May there were 224 Welsh patients waiting over 78 weeks.

The patients are under the following sub-specialties; Spinal Disorders (155), Knee & Sports Injuries (26), Arthroplasty (14), Foot & Ankle (12), Upper Limb (8), Veterans (4), Paediatric Orthopaedics (2), Tumour (2) and Neurology (1).

Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. Discussions continue with Welsh Commissioners to understand commissioning intentions for 2023/24, with guidance expected to be received imminently. This includes whether additional capacity is required to be sourced. Trajectories are currently in development for our Welsh Commissioners.

Internal pooling is underway to further support progressing our longest waits.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Internal insourcing options are being explored to further increase capacity.

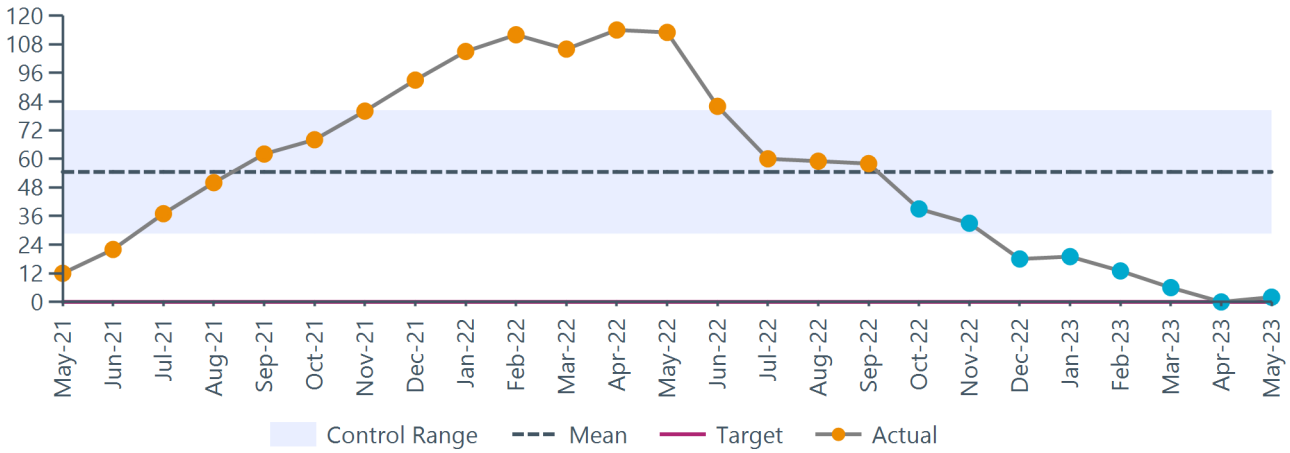
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
331	342	319	283	295	305	304	282	231	211	196	202	224

Patients Waiting Over 104 Weeks - English

Number of English RTT patients waiting 104 weeks or more at month end 217588

Exec Lead:
Chief Operating Office

Target/Plan	Latest Value	Variation	Assurance
0	2	L	F



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

At the end of May there were 2 English patients waiting over 104 weeks details as follows:
* Knee & Sports Injuries (2):
- Complex case requiring a bespoke piece of kit sourced from abroad (ongoing supply issues)
- Re-opened pathway, to be treated in June (no ongoing risk)

The Trust is forecasting one breach for the end of June and will return to zero in July.

Actions

The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
113	82	60	59	58	39	33	18	19	13	6	0	2

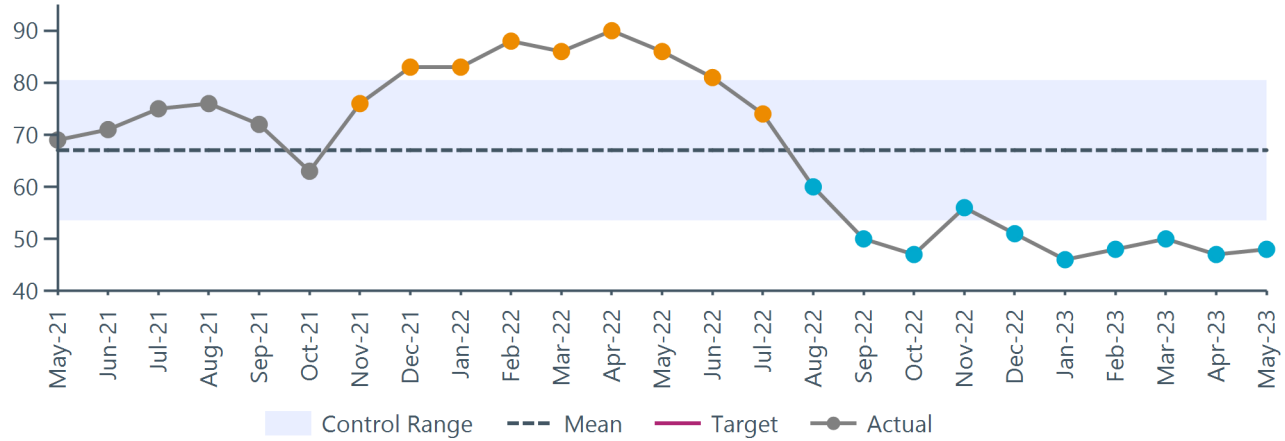
Patients Waiting Over 104 Weeks - Welsh (Total)

Number of Welsh RTT patients waiting 104 weeks or more at month end 217803

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	48	L	No Target

Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

At the end of May there were 48 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:
* Spinal Disorders (46)
* Veterans (1)
* Tumour (1)

Actions

The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The majority of breaches are now attributable to our most challenged sub-specialty. Conversations with Welsh Commissioners continue.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
86	81	74	60	50	47	56	51	46	48	50	47	48

Overdue Follow Up Backlog

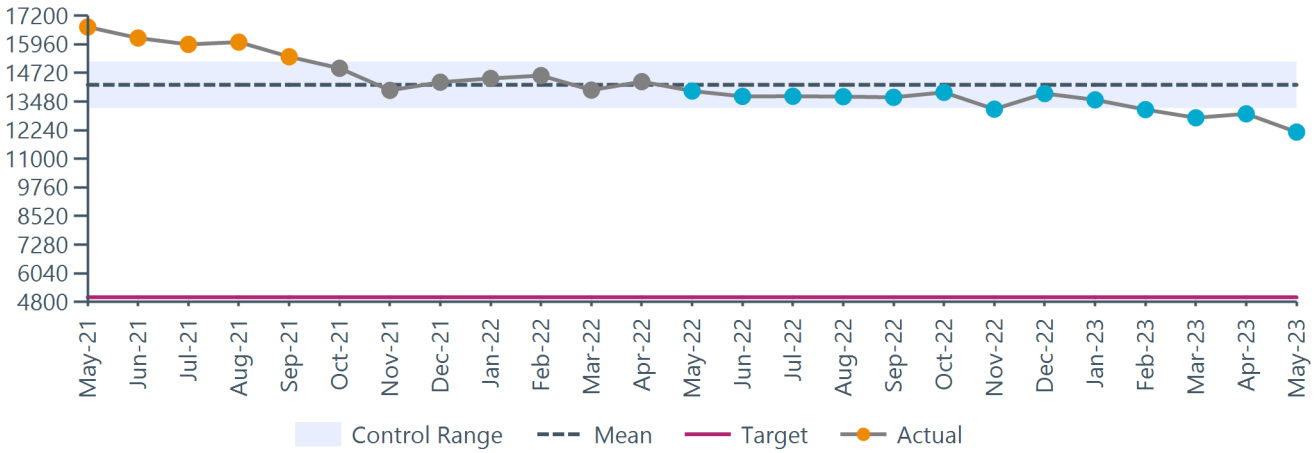
All dated and undated patients that are overdue their follow up appointment 217364

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
5,000	12,158	L	F

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

At the end of May, there were 12158 patients overdue their follow up appointment. This is broken down by:
* Priority 1 - 7915 with 1426 dated (18%) (priority 1 is our more overdue follow-up cohort)
* Priority 2 - 4243 with 1528 dated (30%);

The backlog decreased by 791 from last month. It is noted that a total of 2339 patients were removed from the backlog in May; it is the overdue trip ins that mean the backlog doesn't reduce at this same scale. MSK backlog at the end of May is 5222; 6% higher than it was in April 2020. Specialist backlog at the end of May is 6936; 38% higher than it was in April 2020.

Main focus within the Trust has been on long waiters. The sub-specialities with the highest percentage of overdue follow ups are: Arthroplasty - 18.56%; Rheumatology - 17.01%; Spinal Disorders - 10.94%;

Planning expectations for 2022/23 were to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023, however, our plans do not meet this aspiration. One of the factors to non-achievement is recognition that the Trust continues to address its overdue follow-up backlog.

Actions

* Actions from the working group include analysis of data by consultant to highlight any issues such as data quality errors or booking process errors.
* Once the above action is complete, the group will then be looking to understand the follow up protocols by consultant to then feed into the trajectory tool that the information team have been supporting with.
* A meeting has been held between the Information team and the Access Trainer to streamline the follow PTL for the bookings teams to make it easier to use.
* The Information team have made improvements to sub-speciality reports which are shared at firm meetings for discussion, these include a slide on overdue follow ups by consultant.
* The Validation team have a long term follow up database and follow ups are validated regularly. Arthroplasty in particular have a high validation rate.
* In Rheumatology, additional capacity is now in place for follow ups.
* PIFU for overdue follow ups has begun within Spinal Disorders. Spinal disorders are achieving the target for % moved to PIFU.
* Clinical discussions are taking place with regards to validation of overdue follow ups.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
13937	13705	13710	13693	13665	13878	13151	13828	13554	13132	12777	12949	12158

6 Week Wait for Diagnostics - English Patients

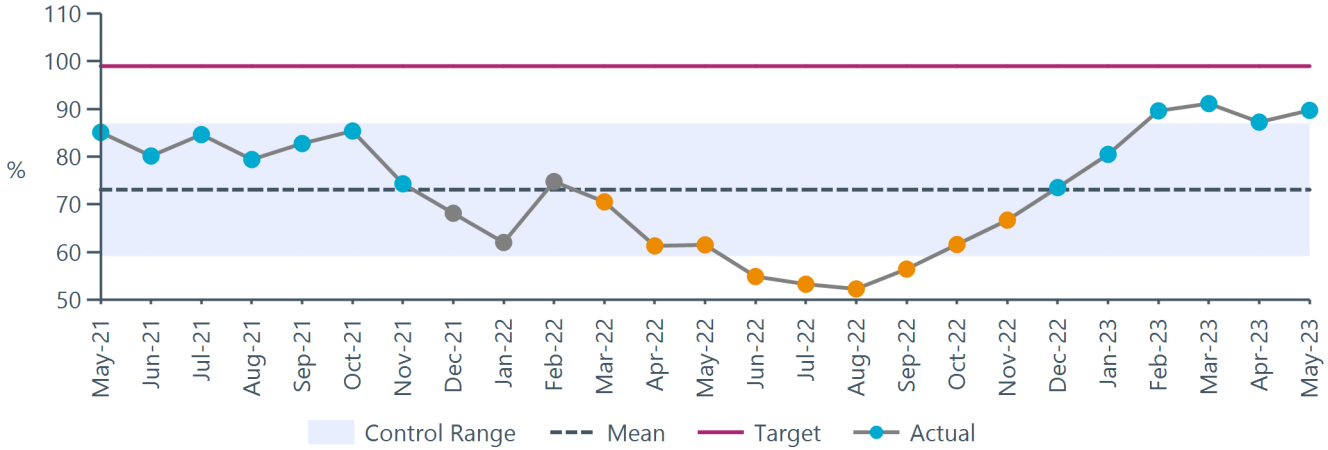
% of English patients currently waiting less than 6 weeks for diagnostics 211026

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
99.00%	89.74%	H	F

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 89.74%; however, as can be seen in the graph above, there have now been nine months of consistent improvement.

Reported performance equates to 99 patients who waited beyond 6 weeks. Of the 6-week breaches; 2 are over 13 weeks (MRI). Breakdown below outlines performance and breaches by modality:
* MRI - 97.45% - D2 (Urgent - 0-2 weeks) - 1 dated, (D4 (Routine - 6-12 weeks) - 12 dated
* CT - 95.45% - D2 (Urgent - 0-2 weeks) - 2 with 1 dated, D4 (Routine - 6-12 weeks) - 2 dated
* Ultrasound - 77.09% - D4 (Routine - 6-12 weeks) - 82 with 73 dated
* DEXA Scans - 100%

The trust continues to treat by clinical priority. Both Ultrasound and CT activity plans were met in May.

In order to support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. National expectations to have no 13 weeks by end of June 2023 and by March 2024 the ambition is to achieve 85% against the 6-week standard within all modalities. It must be noted that both MRI and CT are already achieving the 6-week standard.

Actions

* Staffed Mobile MRI scanner was initially installed at the beginning of November for six months in order to help reduce waiting list. Scanner is back on site 25th June for 13 days.
* Continue to monitor referrals as outpatient restoration increases; in particular Ultrasound.
* Continue to review waiting list size in Ultrasound. Trajectory for ultrasound to reach 85% by July 2023.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
61.54%	54.90%	53.30%	52.31%	56.47%	61.62%	66.73%	73.55%	80.51%	89.63%	91.15%	87.27%	89.74%

8 Week Wait for Diagnostics - Welsh Patients

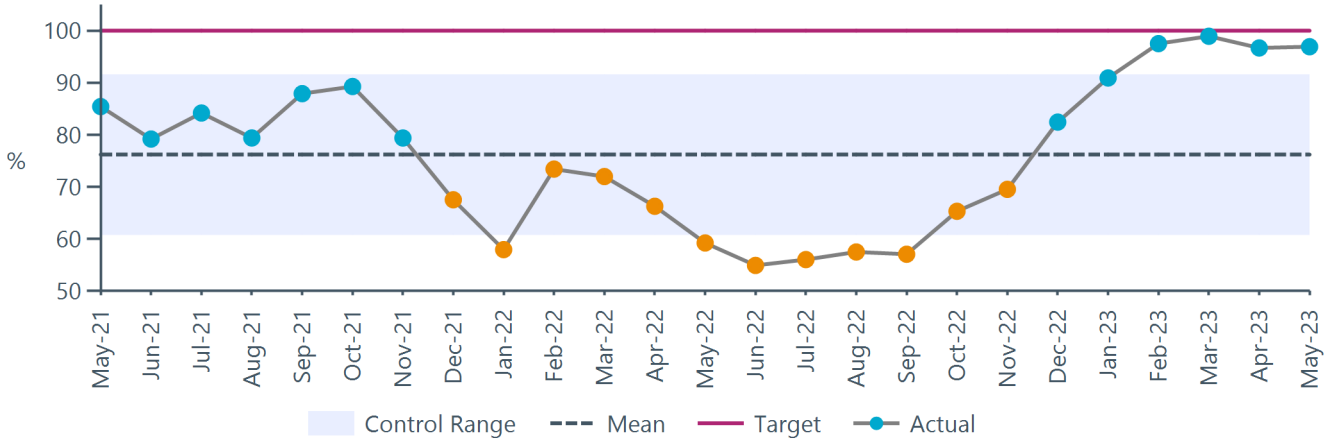
% of Welsh patients currently waiting less than 8 weeks for diagnostics 211027

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
100.00%	96.92%	H	F

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 96.92%; however, as can be seen in the graph above, there have now been eight months of consistent improvement.

Reported performance equates to 10 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:
* MRI - 99.49% - D4 (Routine - 6-12 weeks) - 1 dated
* CT - 100%
* Ultrasound - 90.63% D4 (Routine - 6-12 weeks) - 9 with 8 dated
* DEXA Scans - 100%

The trust continues to treat by clinical priority. It must be noted that both Ultrasound and CT activity plans were met in May.

Actions

* Staffed Mobile MRI scanner was initially installed at the beginning of November for six months in order to help reduce waiting list. Scanner is back on site 25th June for 13 days.
* Continue to monitor referrals as outpatient restoration increases; in particular Ultrasound.
* Continue to review waiting list size in Ultrasound.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
59.22%	54.90%	56.03%	57.48%	57.05%	65.30%	69.52%	82.44%	90.92%	97.52%	98.94%	96.69%	96.92%

Elective Activity Against Plan (volumes)

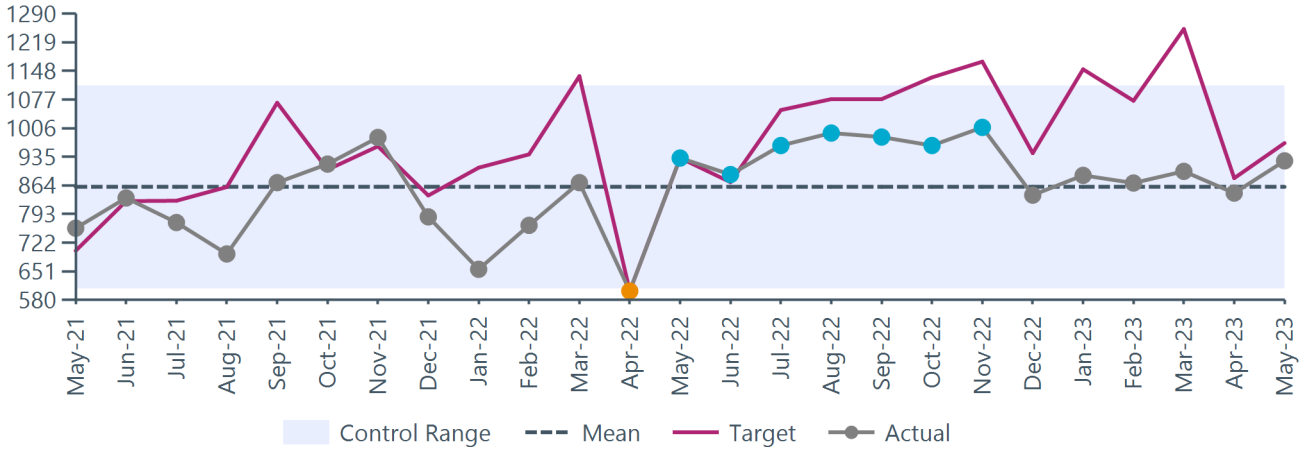
Total elective activity rated against plan. 217796

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
969	925		Moving Target

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

Narrative

Total elective activity reported externally against plan 2023/24 in May was 925, 44 below plan 969 (95.46%).
Factors affecting delivery:
- Additional coronation day bank holiday Monday 8th May
- Staffing issues in Theatres
- 49 theatre cancellations (39 on the day and 10 ahead of TCI)
- Shortfall in NHS theatre sessions (-13.0)
- IJP activity not maximised and shortfall in OJP activity
- Cases per session behind plan

Non theatre activity accounted for 26.60% of spells this month.

Actions

Key themes identified for improvement:
* Insourcing - focus on Spinal Disorders and pre-op pool.
* Workforce model – planning and retention.
* Booking and Scheduling – maximising theatre usage
* Working day effectiveness
* OJP alignment to booking processes
* Reducing cancellations
* Assumptions made for operational plans:
  - Productivity - Extended days
  - Productivity - Joints/List
  - Productivity - P2s in Spinal Emergencies

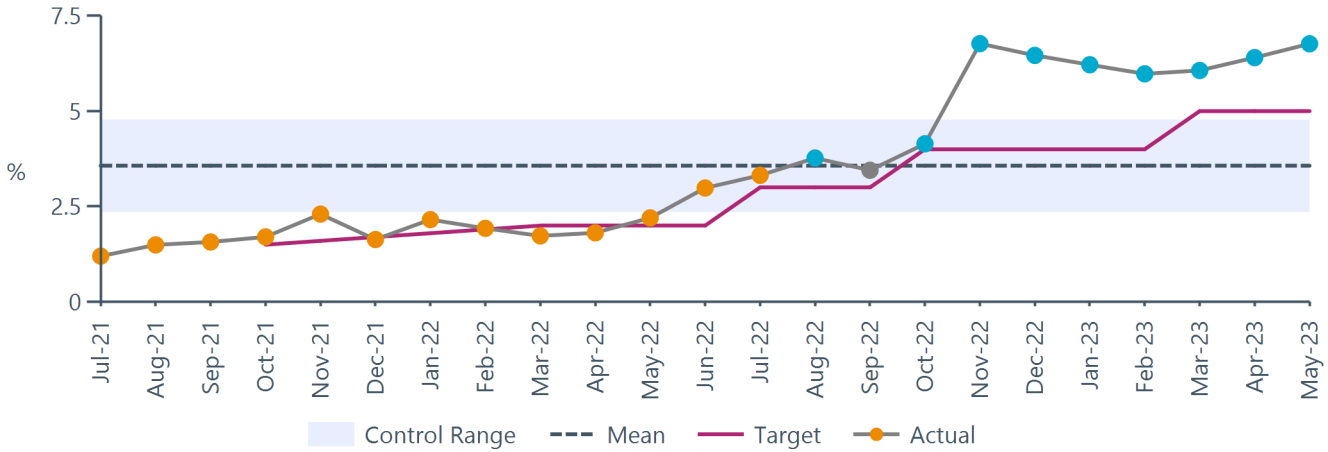
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
932	891	963	994	984	963	1008	840	889	870	899	845	925

Total Outpatient Activity - % Moved to PIFU Pathway

Total Outpatient Activity - % Moved to Patient Initiated Follow Up Pathway against plan 217715

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
5.00%	6.76%	H	Moving Target



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. This measure has a moving target.

Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances. In May this was exceeded with 6.76% of total outpatient activity moved to a PIFU pathway.

Actions

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2.20%	2.99%	3.32%	3.77%	3.45%	4.14%	6.77%	6.46%	6.21%	5.98%	6.06%	6.40%	6.76%

- Staff - Patients - Finances -

Total Diagnostics Activity against Plan - Catchment Based

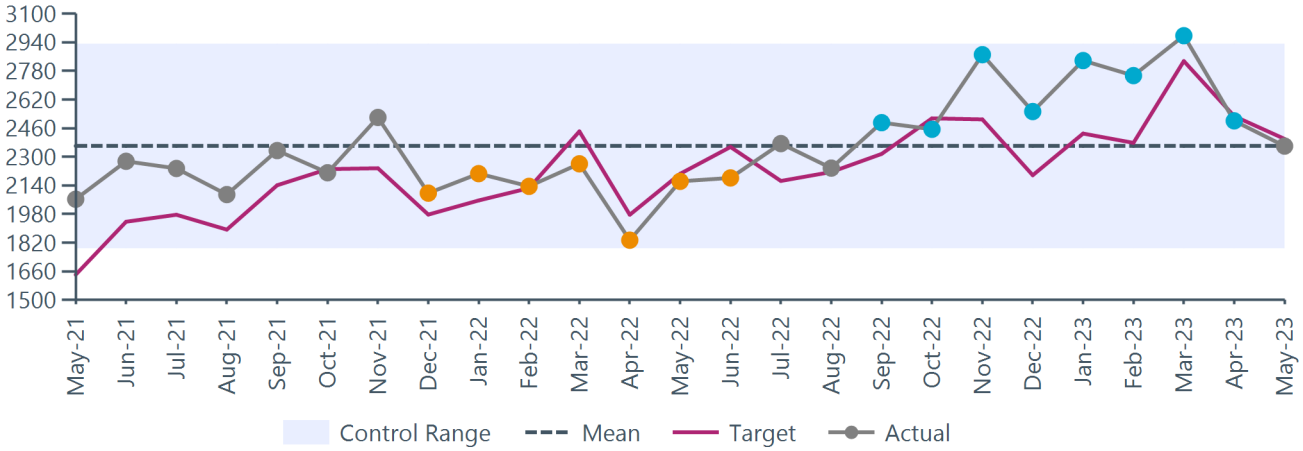
Total Diagnostic Activity against Plan - (MRI, U/S and CT activity) against plan 217794

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
2,400	2,360		Moving Target

Trajectory

Actual
Trajectory



What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

Narrative

This metric is included as an exception as it is the second month where the plan has not been met. The plan for May was 117% of 19/20 baseline; total diagnostic activity undertaken in May was 2360 against the 2023/24 plan of 2400; 40 cases below - equating to 98.33%.

This is broken down as:
- CT - 424 against plan of 398; equating to 106.53%
- MRI - 1089 against plan of 1249; equating to 87.19%
- U/S - 847 against 753; equating to 112.48%

The plan for MRI activity was initially based on the mobile scanner being on-site for 2 days each week but since the plans have been submitted the schedule for the MRI scanner has been changed. The mobile scanner was not on site during May so activity was lost due to this. It is next due back on site on 25th June for 13 consecutive days.

Actions

* Mobile MRI scanner back on site 25th June for 13 days.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
2163	2182	2374	2237	2491	2454	2871	2553	2838	2754	2977	2501	2360

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

Actuals for May as @ 8th June
June/July forecasts as @ 16th June

Operational Plan 2023/24
Combined KPI and Assumptions monitoring

Performance and Activity		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total Elective Spells	Plan	882	969	1063	998	1018	1081	1113	1182	1006	1299	1238	1197
	Actual/Booked	845	925	919	714								
Daycases	Plan	415	453	499	471	476	513	520	552	473	611	581	567
	Actual/Booked	453	451	497	298								
Elective Inpatients	Plan	467	516	564	527	542	568	593	630	533	688	657	630
	Actual/Booked	392	474	422	416								
Non Elective Spells	Plan	38	55	52	49	57	49	48	42	51	37	38	49
	Actual	52	47	20									
Total Outpatient Activity	Plan	11269	13183	15771	14714	15338	15453	16506	17045	12246	16076	15522	14647
	Actual/Booked	12137	13751	13741	7269								
Outpatient consultant Led - New	Plan	2893	3234	3850	3676	3814	3842	4071	4215	3042	4062	3945	3861
	Actual/Booked	2809	2906	3131	1875								
Outpatient consultant Led - FU	Plan	5975	7050	8142	7477	7555	7720	8247	8592	6138	8112	7807	7408
	Actual/Booked	6365	7420	7280	3946								
Outpatient non-consultant led - New	Plan	504	649	822	777	851	856	910	908	655	839	815	772
	Actual/Booked	837	932	707	138								
Outpatient non-consultant led - FU	Plan	1897	2250	2957	2784	3118	3035	3278	3330	2411	3063	2955	2806
	Actual/Booked	2126	2493	2623	1308								
Diagnostic Activity (US,MRI &CT)	Plan	2527	2400	2602	2572	2490	2525	2790	2545	2207	2646	2536	2627
	Actual/Booked	2501	2360	2312	487								
RTT - over 104 English	Plan	0	0	0	0	0	0	0	0	0	0	0	0
	Actual	0	2										
RTT - over 104 Welsh	Plan												
	Actual	47	48										
RTT - over 78 week English	Plan	69	31	0	0	0	0	0	0	0	0	0	0
	Actual	52	46										
RTT - over 78 week Welsh	Plan												
	Actual	202	224										
RTT - over 65 week English	Plan	476	402	441	454	513	467	460	365	321	303	196	0
	Actual	400	363										
RTT - over 52 weeks - English	Plan	1595	1535	1476	1410	1342	1265	1182	1091	1018	927	837	767
	Actual	1187	1195										
RTT - total list size - combined	Plan												
	Actual	21900	21804										
Follow Up backlog	Plan												
	Actual	12949	12158										

•Elective spells 44 below plan in May 2023, and 81 below plan YTD.
• Outpatient activity above plan for April and May 2023; 1436 above plan year to date. To note, the April performance has improved as compared to the reported position clinical activity has been recorded following reporting out off dates. Clinical outcomes turnaround is being reviewed.
• Follow up trajectory for 23/24 to be developed with operational team and will be provided in the June report
• English RTT trajectories were achieved for 52 weeks and 65 weeks in May 2023, the Trust was 2 above plan for 104 week and 15 above plan for 78 weeks. Please see seperate report.

Productivity and Efficiencies		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Theatre sessions	Plan	396	445	489	450	474	485	507	537	460	584	558	532
(total - including Dental & Xray)	Actual/Forecast	373.5	438	455	461								
NHS (excluding Dental & Xray)	Plan	358	403	443	406	428	441	460.5	490.5	419.5	538	514	490
	Actual/Forecast	338.5	390	413	433								
PP	Plan	28	31	34	33	34	33	34	34	29	34	33	31
	Actual/Forecast	24	34	32	17								
IJP	Plan	306	322	355	338	335	358	363	363	315	372	354	337
	Actual/Forecast	268	315	314.5	340								
OJP	Plan	52	81	88	68	93	83	98	128	105	166	160	153
	Actual/Forecast	70.5	75	98.5	93								
Evening	Plan	0	0	0	0	0	0	3.5	3.5	3.5	7	7	7
(scheduled & planned overruns of 2 hrs or more)	Actual/Forecast	3	1	1	0								
Weekend	Plan	32	32	32	32	32	32	32	32	32	32	32	32
	Actual/Forecast	31	29.5	29	38								
Cases per session	Plan	2.05	2.00	2.00	1.98	1.95	2.01	2.04	2.05	2.00	2.06	2.05	2.07
	Actual/Forecast	1.95	1.88	1.78	1.07								
All day lists with 5 major cases on list	Plan	7	7	7	14	14	14	21	21	21	28	28	28
	Actual	0	0										
Total Theatre Cases - NHS & PP (excludes Dental & Xray)	Plan	790	866	956	871	903	953	1009	1074	897	1177	1120	1077
	Actual/Forecast	707	795	791	483								
LOS reduction (bed capacity released)	LOS Plan	3.2	3.2	3.1	3.1	3.0	3.0	2.9	2.8	2.8	2.6	2.6	2.5
T&O, Hand Trauma, Tumour and MCSI only	Actual	3.83	3.81										
Outpatient OJP clinic sessions	Plan	129	149	176	161								
as @ 15th June 2023	Actual/Forecast	112	135	162	156								
Outpatient DNA Rates	Plan	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
	Actual	5.67%	5.85%										
PIFU (5%) - of Total OP Activity plan	Plan number to	564	660	789	736	767	773	826	853	613	804	777	733
	Actual	777	930										
of Actual OP Activity delivered	Actual %	6.40%	6.76%										
RTT booking from backlog - 65 wk cohort	Plan	7280	6160	4746	3873	3107	2578	2105	1567	1166	765	364	0
	Actual	7186	6075										

• Theatre sessions reduced in month in May resulting in being 7 sessions short overall against plan. Sessions are currently forecasting to also be below plan for June having previously been on track. Ability to run the sessions have been impacted by theatre scrub & anaesthetic staff availability impacting on sessions.

• CPS below plan for May, impacted by case complexity (spinal disorders and arthroplast revision activity levels and also delay in the implementation of improvement initiatives contained within the plan. The schemes that anticipated improved performance against this metric specifically related to 5 major cases on list and utilisation of emergency spinal lists for P2 cases. Ongoing focus on bookings for June to improve CPS rates with Clinical leads reviewing list productivity. It is noted that the forward look for CPS is reflective of the current bookings at a point in time.
• We are achieving extended day sessions ahead of plan for theatres.
• Outpatients delivered at a lower rate of OJP uptake, however it is noted that the OJP uptake is increasing month on month as the consulting rooms have come online. It is also noted that the consultant led activity combined was achieved in May 2023 delivering above plan for IJP.

• The DNA rate for May remains above target at 5.85% which equates to 855 missed appointments. The Outpatient Task & Finish Group meet fortnightly to highlight risks and explore any improvements that can be made. Some recent actions from this meeting include a review of DNA letters & processes, understanding how we can support patients who find it difficult to attend and exploring the option of two text messaging.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Workforce													
Total substantive staff in Post	**Plan**	**1509.09**	**1508.87**	1511.57	1521.84	1523.84	1536.34	1543.45	1543.45	1543.45	1552.75	1552.75	1560.75
	Actual/ Forecast	**1452.07**	**1469.76**	**1481.06**									
Bank Usage	**Plan**	**36.23**	**36.23**	36.23	29.23	29.23	29.23	29.23	29.23	29.23	20.23	20.23	20.23
	Actual/Forecast	**59.89**											
Agency Usage	**Plan**	**18.43**	**18.43**	17.43	12.43	7.43	5.43	2.00	2.00	2.00	2.00	2.00	2.00
	Actual/Forecast	**44.08**	**30.35**										
Sickness Rate (monthly)%	**Plan**	**5.21%**	**5.35%**	5.42%	5.59%	5.63%	5.69%	5.79%	5.84%	5.98%	4.40%	4.59%	4.92%
	Actual/Forecast	**4.43%**	**4.67%**	**4.51%**									
Leavers	**Plan**	**18**	**18**	15	15	15	10	10	10	10	10	10	10
	Actual/Forecast	**18**	**11**	12									
Retention	Target												
	Actual	**79.17%**	**79.34%**										
Time to recruit	Target												
	Actual	**153**	**192**										
Combined workforce to open 12th theatre in November and Additional theatre (TIF2) in January	**Workforce Pl**	**159.00**	**159.14**	159.14	159.14	159.14	159.14	159.14	175.45	175.45	190.07	190.07	190.07
	Actual/Forecast	**159.00**	**164.45**	**167.82**									
Additional Outpatient Clinics	**Workforce Pl**	**28.85**	**28.85**	28.85	28.85	28.85	28.85	28.85	28.85	28.85	28.85	28.85	28.85
	Actual/Forecast	**22.68**	**22.72**	**24.96**									
Total Nurse recruitment (with pipeline and assumed leavers)	**Workforce Pl**	**293.29**	**294.04**	294.04	299.04	304.04	304.04	310.68	310.68	310.68	310.68	310.68	315.68
	Actual/Forecast	**281.66**	**282.61**	**284.61**									

- Total Staff in post increased by 17.69 WTE in May 2023, reducing the variance to plan to 39.11WTE below plan.
- Agency usage reduced in May 2023. An Agency Task and Finish Group has been established and a forecst review is being undertaken by the group and will inform future reports.
- Retention - 24 month retention rate, % of staff in post at month end position that were in post 24 months. This is a new metric reported this month.

- Time to recruit - for starters in the month, the average number of days from Post Approval submission to start date of employee. This is a new metric reported this month.
- Registered nursing below plan in April and May, projected to improve by 3.88 WTE by the end of June.
- Leavers were below planned levels in May.
- Outpatient recruitment below plan in April, with 2.6 WTE in the pipeline.

- Total theatre workforce metrics have been updated to provide both staff in post against plan and staff available against plan. This will enable oversight of training requirements for new postholders. Both metrics are currently on plan as a combined workforce for May 2023. However, there is a negative variance against plan for our Registered Scrub staff and anaesthetic staff availability.

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Transformation Schemes & Risk													
Additional theatre (TIF2)	**Activity Plan**	**0**	**0**	0	0	0	0	0	0	0	94	94	94
	Actual/Forecast	**0**	**0**	0	0	0	0	0	0	0	0	0	0
Insourcing Capacity for Theatres	**Plan**	**0**	**10**	10	10	10	10	10	10	10	10	10	0
	Actual/Forecast	**0**	**0**										
Bed capacity (Average Beds Available)	**Plan**	**132**	**135**	143	136	138	143	144	145	138	145	145	145
	Actual	**140**	**145**										
Bed capacity (Average Beds Occupied)	**Plan**	**115**	**118**	126	119	121	126	127	132	121	133	133	132
	Actual	**116**	**117**										
Industrial Action	**Plan**	**0**	**0**	0	0	0	0	0	0	0	0	0	0
Elective spells (potential impact - weekday only)	Actual	**56**	**0**										
Oupatients (actuals as per external submission)	Actual	**110**	**0**										
Mutual Aid Capacity	**Plan**	**80**	**80**	80	50	50	50	67	67	67	67	67	67
	Actual	**93**	**88**										

- Mutual aid capacity is ahead of target YTD.
- The Trust has consistently deliverd 145 bed availability in May, above our plan of 135.

- It is noted that insourcing is not currently in place for theatre sessions in May as per plan, however, we have utilised insourcing for pre-operative assessment and are also reviewing for spinal disorders theatre sessions.
- Industrial action not impacted on overall Trust performance in May, but is anticipated to have an impact against planned inpatient electives in June.

- TIF2: Contractor formally appointed, design locked down, and planning application submitted with fabrication works ongoing off site.
Appointed contractor schedule sets out completion and handover in March 2023 following review of steel construction re-enforcement works required. Trust participating in ongoing discussions with the contractors on capability to bring forward completion date with a more accurate assessment to take place when modulars are on site.

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

RJAH Long Waiters - 2023/24

4th July 2023

Aspiring to deliver world class patient care

2023/24 May and June** Performance

		Plan	Actual	Difference
May	English 104+ Weeks	0	2	2
	Welsh 104+ Weeks	-	48	
	English 78+ Weeks	31	46	15
	Welsh 78+ Weeks	-	224	
	English 65+ Weeks	402	363	-39
	Welsh 65+ Weeks	-	445	

		Plan	Forecast*	Difference
June**	English 104+ Weeks	0	1	1
	Welsh 104+ Weeks	-	55	
	English 78+ Weeks	0	6	6
	Welsh 78+ Weeks	-	225	
	English 65+ Weeks	441	371	-70
	Welsh 65+ Weeks	-	462	

NHS England Updates:

Patient choice: - NHSE Interim guidance - NHSE Active Monitoring RTT rule changes being made to patients declining mutual aid and 2 x TCI dates. Impacts English ONLY

System mutual aid: - Patients transferred from SaTH to RJAH during 2022/23. Ongoing assessments during 2023/24.

2023/24 – FOCUS TO MOVE TO 0 X 65+ WEEKS BY MARCH 2024

NHS Wales Updates:

2023/24 – Awaiting confirmation on targets.

Mutual aid discussions ongoing

2023/24: - NHSE 65+ weeks Submitted Plans

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
476	402	441	454	513	467	460	365	321	303	196	0

class patient care

M2 Financial Position Update

I&E Position

Performance Against Plan £'000s							
Category	Annual Plan	In Month Position			23/24 YTD Position		
		Plan	Pass through Adj Actual	Variance	Plan	Pass through Adj Actual	Variance
Clinical Income	128,125	9,915	9,626	(289)	18,645	18,154	(491)
Private Patient income	6,354	540	664	124	1,081	1,145	64
Other income	7,302	607	565	(42)	1,215	1,105	(110)
Pay	(86,284)	(7,257)	(7,227)	30	(14,216)	(14,199)	17
Non-pay	(48,801)	(3,869)	(3,836)	33	(7,602)	(7,471)	131
EBITDA	6,696	(64)	(208)	(144)	(877)	(1,266)	(389)
Finance Costs	(7,341)	(600)	(541)	59	(1,199)	(1,093)	106
Capital Donations	150	25	3	(22)	50	8	(42)
Operational Surplus	(495)	(639)	(746)	(107)	(2,026)	(2,351)	(325)
Remove Capital Donations	(150)	(25)	(3)	22	(50)	(8)	42
Add Back Donated Dep'n	836	69	65	(4)	138	131	(7)
Control Total	191	(595)	(683)	(89)	(1,938)	(2,227)	(289)

In month £683k deficit, £89k adverse to plan.

Income adverse by £207k with pass through elements excluded.

- NHS Clinical Income £289k adverse,
  - LVA block shortfall of £88k.(Veterans driving)
  - Operational performance £185k adverse (Theatres and consultant led Outpatients)
- Private Patients £124k favourable – recovering M1 shortfall

Expenditure £63k favourable with pass through costs excluded.

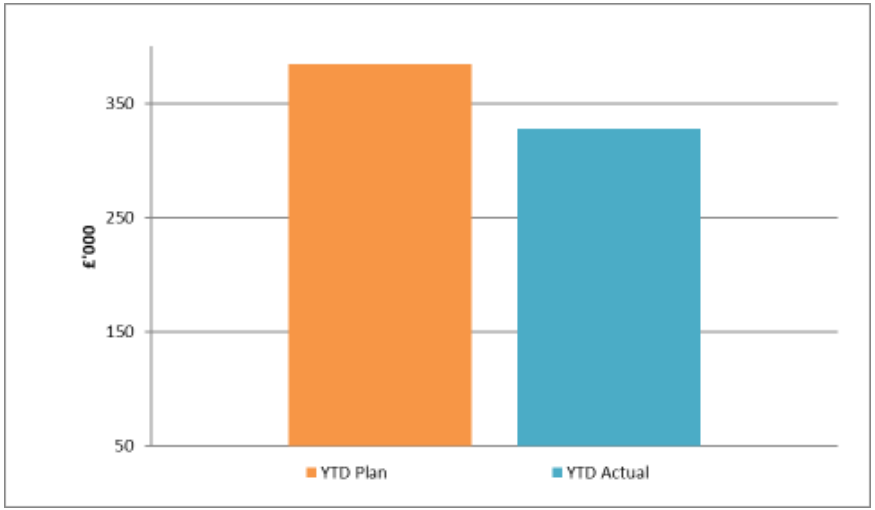
- Linked to marginal cost savings from reduced Theatre activity
- Note: agency £250k spend in month, £9k below agency cap, 47% off framework usage in month.
- **YTD month £2,227k deficit, £289k adverse to plan.**

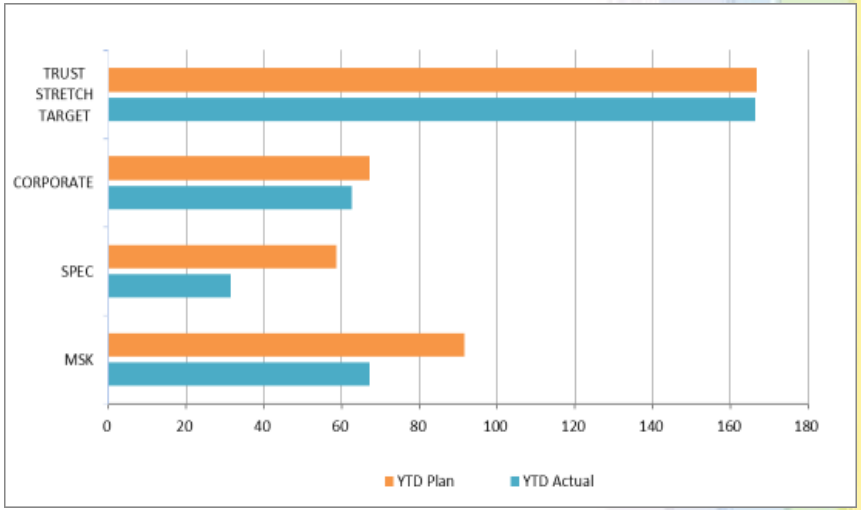
Commissioner Position

NHS Clinical Income - by Contract							
Contract	Contract Type	Month 2 - May 2023			YTD 2023/24		
		Plan £'000	Actual £'000	Variance to Plan £'000	Plan £'000	Actual £'000	Variance to Plan £'000
Shropshire, Telford & Wrekin ICB	API	3,556	3,328	-227	6,731	6,364	-367
NHS England Contract	API	2,182	2,221	39	4,280	4,323	43
Cheshire & Merseyside ICB	API	565	562	-3	1,062	1,092	30
Staffordshire & Stoke-on-Trent ICB	API	184	183	-1	346	383	36
Herefordshire & Worcestershire ICB	API	163	183	20	306	349	43
Black Country ICB	API	69	86	17	129	129	0
Betsi Cadwaladr UHB	API	1,178	1,068	-110	2,232	2,064	-168
Powys TLHB	API	830	798	-32	1,573	1,398	-175
Hywel Dda UHB	API	51	74	23	96	161	65
API Contracts Subtotal		8,777	8,505	-273	16,755	16,262	-493
Low Value Activity (LVA)	Block	180	180	0	338	338	0
Elective Recovery Fund	Block	484	484	0	914	914	0
AfC Pay Award	Block	290	274	-16	290	274	-16
Welsh Health Specialised Services Committee (WHSSC)	Block	122	91	-31	231	231	0
Block Contracts Subtotal		1,075	1,029	-46	1,772	1,757	-16
Other Non Commissioned Activity (NCA)	Pbr	15	8	-7	29	10	-19
Other		47	47	0	90	90	0
Non Clinical Income		0	14	14	0	29	29
Other Subtotal		63	69	6	118	129	10
Total		9,915	9,602	-313	18,646	18,148	-498

- Material underperformance against the variable element of the API contracts – in particular against STW and BCU in month
- Low Value Activity (LVA) performance was £88k above the block in month, £118k ytd, this is a strategic risk to the Trust from growth in tertiary referrals as the income recognition will be in future years

Efficiencies





Efficiency performance is £56k adverse to plan ytd, Spec £27k adverse, MSK £25k adverse, Corporate £4k adverse

Slippage in MSK linked to procurement and ACI growth.

Specialist unit performance affected by theatre delivery on Emergency spinal lists.

Cash Position

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual	25.71	26.17										
Forecast			24.19	24.05	22.99	21.30	21.12	21.71	19.95	21.26	21.21	20.65
Plan	23.74	23.56	24.19	24.05	22.99	21.30	21.12	21.71	19.95	21.26	21.21	20.65

There has been a small increase of £0.5m in cash during the month. The balance is currently £26.2m. It is planned to drop to £20.7m during the year, largely due to investment in the capital programme.

Capital

Position as at	2324-02		Capital Programme 2023-24						
Project	Submitted Annual Plan £000s	Revised Annual Plan £000s	In Month Plan £000s	In Month Completed £000s	In Month Variance £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s
Backlog maintenance	430	430	35	21	14	55	33	22	430
I/T investment & replacement	600	600	0	5	-5	0	14	-14	600
Capital project management	130	130	10	10	0	20	21	-1	130
Equipment replacement	750	750	0	14	-14	0	12	-12	750
Diagnostic equipment replacement	500	300	0	0	0	0	0	0	300
IPC & safety compliance	170	170	10	17	-7	10	18	-8	170
Estate reconfiguration	100	100	8	0	8	16	0	16	100
EPR planning & implementation	4,600	4,600	114	70	44	227	119	108	4,600
Invest to save	300	300	0	0	0	0	37	-37	300
Theatre replacement strategy	4,380	4,380	188	17	171	224	17	207	4,380
Donated medical equipment	150	150	25	3	22	50	8	42	150
Leases (IFRS16)	120	120	30	0	30	45	0	45	120
Contingency	0	200	0	0	0	0	0	0	200
Total Capital Funding	12,230	12,230	420	155	265	647	279	368	12,230
Donated medical equipment	-150	-150	-25	-3	-22	-50	-8	-42	-150
NHS Capital Funding - Charge to CDEL	12,080	12,080	395	153	242	597	271	326	12,080
Less leases (IFRS16)	-120	-120	-30	0	-30	-45	0	-45	-120
Charge to CDEL excluding IFRS16	11,960	11,960	365	153	212	552	271	281	11,960

The total capital programme for the year is £12.2m with the Theatre replacement and Apollo EPR implementation being the most significant schemes.
There is a small underspend of £0.4m after 2 months, mainly due to the profiling of these 2 schemes.

The majority of the programme is fully committed with only a small contingency remaining

Risks to the financial plan

Risk Type	Risk name	Risk Description	Estimated Value	Risk ID	Annual Risk £000 at 1st April 2023	Forecast Risk Remainder of Year £000	Mitigations £000	Net Risk £000	Likihood	Consequence	Risk Rating	Mitigations / actions
Internal	Variable income performance	Planned activity requires an increase of 13% on previous year average. As the Trust now operates under PbR, failure to deliver carries an income risk. Additionally capacity is due to be increased in Q4 subject to delivery of a new theatre build and associated workforce.	A 1% shortfall in activity delivery is valued at net impact £325k. Total risk based on recovery from 90% to 103% activity.	3027	£ 4,225	£ 3,521	£ 3,521	£ -	4	4	16	Action plan linked to operational plan delivery assurance. TIF project board and team focused on delivery within agreed timescales.
External	Industrial Action (Strikes)	Further strike action potential for doctors and nurses impacts on ability to delivery planned activity levels with a resulting impact on pbr income.	£80k loss per day of strike action based on previous experiences in 22/23. Estimated value assumes 10 days lost to strike action.	3054	£ 800	£ 560	£ -	£ 560	4	4	16	Engagement with local unions. Robust plans to mitigate activity loss during strike action days. Plans to recover activity where possible later in the year.
Internal	Non Contract Activity Overperformance	Low Value Activity is funded as a block but valued at historical levels (3 year average), this doesn't adequatley reflect growth in tertiary referrals for specialist work aligned to national strategy.	Overperformance in 22/23 was £0.5m, if this continues this will not be recognised in 23/24.	3052	£ 500	£ 500	£ -	£ 500	5	3	15	Look to identify offsetting non recurrent contract gains to offset potential risk. If material ensure clear communication with regulator on impact.
Internal	Agency Pressures	If workforce recruitment trajectories slip there will be continued overreliance on agency to fill gaps.	£480k estimate based on agency premium net of vacancies.	3050	£ 480	£ 400	£ -	£ 400	5	3	15	Recruitment plans linked to operational plan delivery assurance focused on RN, HCSW and consultants. Actions in units to target off framework agency reductions, review of processes and sign off arrangements.
Internal	Efficiency Programme Slippage	Challenges within STW system have led to organisations setting very ambitious efficiency plans of 3.7%, this saving is built into the delivery of the financial plan.	20% slippage risk + further £0.8m system stretch unidentified.	2858	£ 1,441	£ 1,308	£ 733	£ 574	3	4	12	Executive review of efficiency plans at outset, where plans fall short continued escalation until 20% contingency identified. Monthly review of performance through TPOIB. Monthly assurance through FPD.
External	Inflationary Environment	UK RPI is still running at 10%, tariff funding has been devolved for 5.5% so potential for further pressures to arise in year if current inflationary environment continues.	Risk £400k based on 22/23 pressure.	2886	£ 400	£ 400	£ -	£ 400	4	3	12	Procurement steering group monthly review of inflation pressures. Robust management of inflation reserve. Robust negotiation of controllable costs under contracts and pricing challenges.
External	Urgent Care / System Pressures	System escalation pressures requiring Sheldon ward beds to be used for rehabilitation - this would imapct on agency costs and the MCSI @ Sheldon model	Potential for £72k per month lost income from MCSI beds. Risk based on 6 month loss of capacity.	3053	£ 432	£ 432	£ 432	£ -	3	3	9	System process for RJAH involvement in escalation. System winter funding allocations.
				Total	£ 8,278	£ 7,121	£ 4,686	£ 2,434				

- Annual risks identified at £8.3m, forecast risk for remaining of year £7.1m.
- Mitigations identified at £4.6m (including full delivery of activity plan) leaving a residual risk to plan delivery of £2.4m.
- Further mitigations need to be identified in the context of an already challenging plan.

Trust Board - Finance
May 2023 – Month 2

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

SPC charts are line graphs that employ statistical methods to aid in monitoring and controlling processes. An area is calculated based on the difference between points, called the control range. 99% of points are expected to fall within this area, and in doing so are classed as 'normal variation'. There are a number of rules that apply to SPC charts designed to highlight points that class as 'special cause variation' - abnormal trends or outliers that may require attention.

There are situations where SPC is not the appropriate format for a KPI and a regular line graph has been used instead. Examples of this are list sizes, KPIs with small numbers and little variation, and zero tolerance events.

SPC Chart Rules

The rules that are currently being highlighted as 'special cause' are:

- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

Different colours have been used to separate these trends of special cause variation:

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

White Points are used to highlight data points which have been excluded from SPC calculations

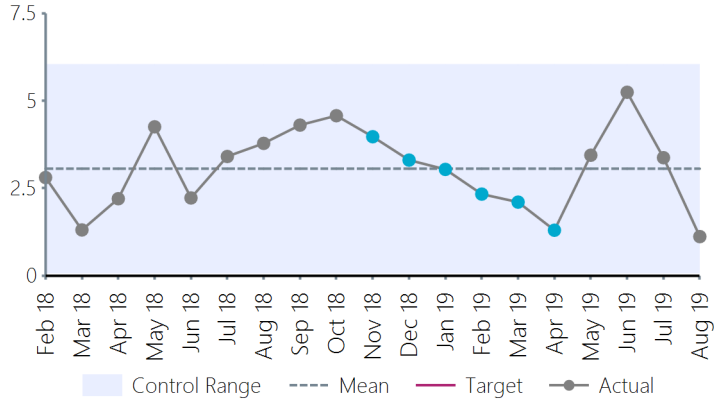
Some examples of these are shown in the images to the right:

a) shows a run of improvement with 6 consecutive descending months.

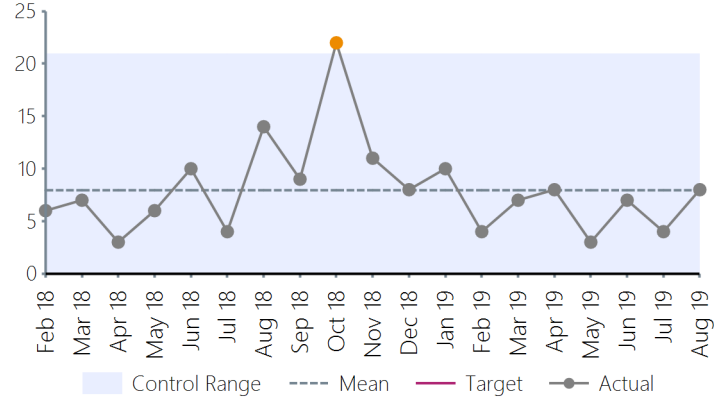
b) shows a point of concern sitting above the control range.

c) shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.

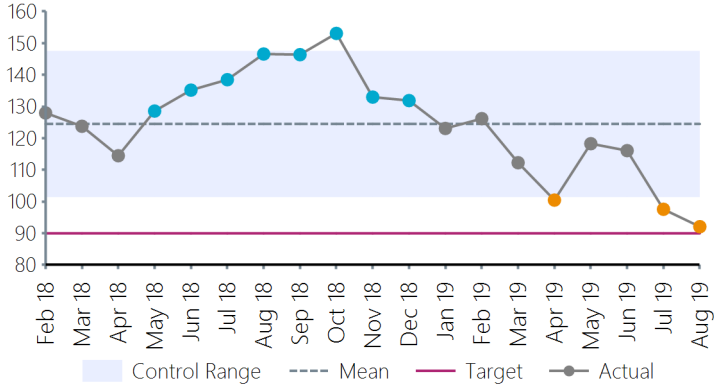
a)



b)



c)



Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an execption if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?

Orange variation icons indicate special cause of **concerning nature** or high pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

Blue variation icons indicate special cause of improving nature or lower pressure do to (H)igher or (L)ower values, depending on whether the measure aims to be above or below target.

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

Assurance Icons

Can we expect to reliably hit the target?

An orange assurance icon indicates consistently (F)alling short of the target.

A blue assurance icon indicates consistently (P)assing the target.

A grey assurance icon indicates inconsistently passing and falling short of the target.

For measures without a target you will instead see the "No Target" icon.

Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months in comparison to the target, showing F or P icons if consistently passing of falling short.

Data Quality Rating Reading Guide

The Data Quality (DQ) rating for each KPI is included within the 'heatmap' section of this report. The indicator score is based on audits undertaken by the Data Quality Team and will be further validated as part of the audit assurance programme.

Colours

When rated, each KPI will display colour indicating the overall rating of the KPI

Blue	Green	Amber	Red
No improvement required to comply with the dimensions of data quality	Satisfactory - minor issues only	Requires improvement	Siginficant improvement required

Dates

The date displayed within the rating is the date that the audit was last completed.

Summary - Caring for Finances

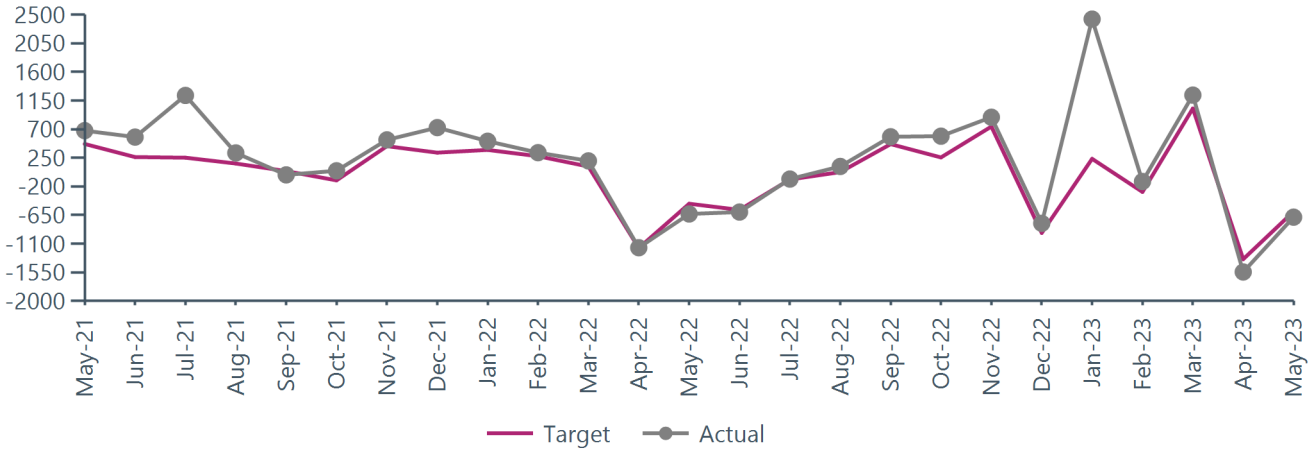
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	-595	-683	-595	N/A to SPC	Moving Target	+	
Income	11,063	10,886	11,063	N/A to SPC	Moving Target	+	
Expenditure	11,126	11,635	11,126	N/A to SPC	Moving Target		
Efficiency Delivered	195	164	195	N/A to SPC	Moving Target	+	
Cash Balance	23,559	26,170		H	Moving Target		
Capital Expenditure	420	155		N/A to SPC	Moving Target		
Value Weighted Assessment	82.64%	84.67%		N/A to SPC	Moving Target		

Financial Control Total

Surplus/deficit adjusted for donations 215290

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
-595	-683	N/A to SPC	Moving Target



Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. This metric has a moving target.

Narrative

Overall £683k deficit in month, £88k adverse to plan

YTD £2,227k deficit, £289k adverse to plan

Actions

Recover activity shortfall which has impacted income and ongoing management of risks/identification of mitigations

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
-633	-603	-84	114	581	590	888	-780	2431	-122	1236	-1545	-683

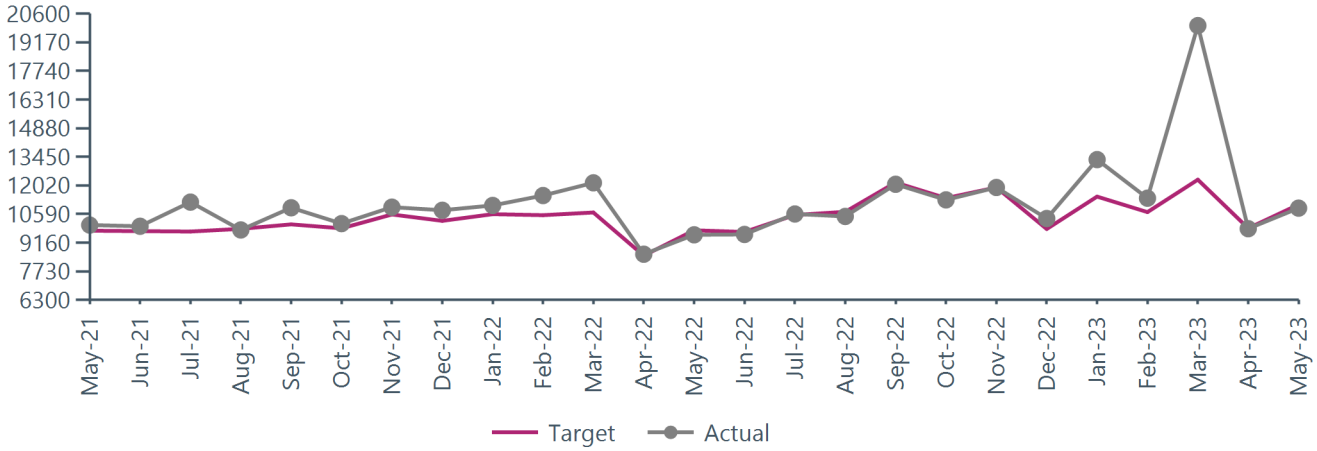
- Staff - Patients - Finances -

Income

All Trust Income, Clinical and Non-Clinical 216333

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
11,063	10,886	N/A to SPC	Moving Target



Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. This metric has a moving target.

Narrative

Income £207k adverse excluding pass through income driven by:
- Commissioner mix in month (LVA activity exceeded historical levels from which block funding is based upon)
- Theatres and Consultant led outpatient activity also behind plan leading to further shortfall of income

Actions

Escalate LVA block funding as an issue with NHSE and increased oversight on theatre and outpatient activity to recover ytd shortfalls

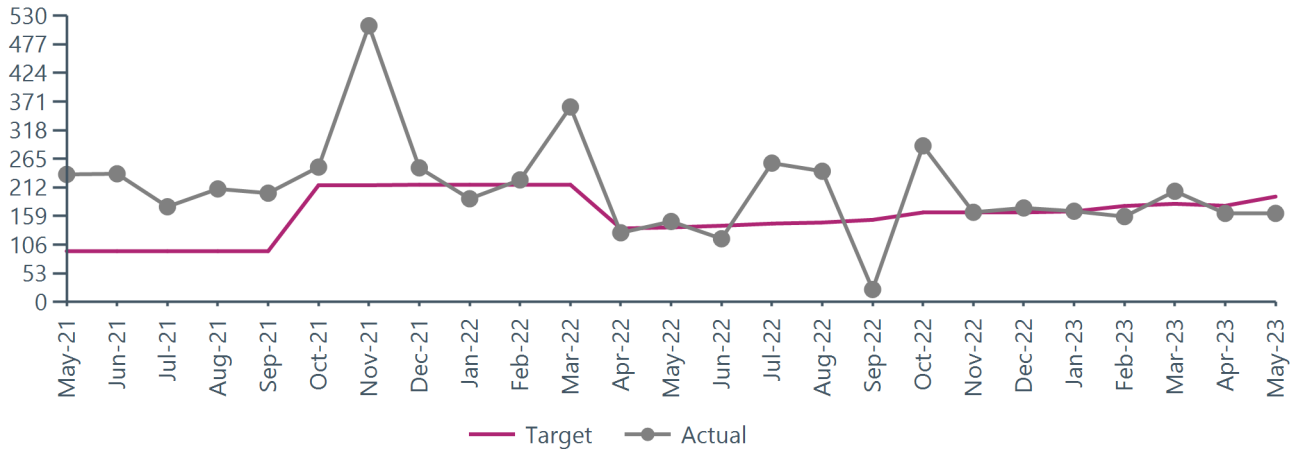
May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
9554	9573	10594	10471	12079	11299	11918	10368	13312	11383	20006	9859	10886

Efficiency Delivered

Efficiency requirements 215298

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
195	164	N/A to SPC	Moving Target



Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. This metric has a moving target.

Narrative

1.4% efficiencies achieved in month against a phased plan of 1.8% Shortfall in both clinical units

Actions

Ongoing oversight of delivery and identification of further schemes within units - progress updates to FPD

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
149	117	257	242	23	289	166	174	168	158	205	164	164

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Chair's Assurance Report
Audit and Risk Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	05 July 2023
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	**Paper written on:**	29 June 2023
Paper Reviewed by:	Martin Newsholme, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Board of Directors - Public	**Paper FOIA Status:**	Full

1. Purpose of Paper

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

This is an assurance report from the Audit and Risk Committee 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 22 June 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.

Approval of the Annual Report and Annual Accounts

It was noted that the Committee are asked to consider the Annual Report and Annual Accounts and external auditors' findings and recommendations. The Board of Directors delegated responsibility for approving the final report to, Accountable Officer, Chief Finance and Planning Officer and Chair of the Audit and Risk Committee.

The Committee were assured with the process undertaken to compile the report and therefore recommended approval to the relevant Directors ahead of the submission deadline (30th June 2023)

Auditors Report on Financial Statement and Value for Money Opinion
The Committee considered the report and following a discussion asked for the following amendments to be incorporated into the final report:

- IT findings noted as not accepted to be updated to 'yes, we accept the recommendations in principle but are unable to practically implement and therefore have compensating controls in place.'
- Actions - the addition of mutually agreed timescales for which the Trust can be held accountable is to be added to the actions.

It was noted there was no significant weakness regarding the Value for Money section, raising governance or Infection, Prevention and Control areas.

In summary, it was confirmed that the Committee and external audit have reviewed the disclosures and figures in the accounts, advising there are no audit adjustments to be tabled. Control observations were reviewed, and it was confirmed a plan was in place to address them.

The Committee recommended approval of the Report and accounts on behalf of 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:
There were no areas to note.

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.
There were no areas to note.

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)