The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Board of Directors (Public) 29.11.18

MEETING
29 November 2018 11:00

PUBLISHED
27 November 2018

Agenda

Location	*Date*	*Owner*	*Time*
Boardroom, Main Entrance	29/11/18	Frank Collins	11:00

1. Part One - Public Meeting		
1.1. Matters Arising	All	11:00
1.1.1. Minutes of the Previous Meeting (27 September 2018)	All	11:05
1.2. Declarations of Interest	All	11:10
1.3. Patient Story (Verbal)	Director of Nursing	11:15
1.4. End of Life Care Presentation	Mr Ockendon, Consultant Spinal Surgeon and Ms Roberts, Assistant Director of Nursing and Clinical Governance	11:25
2. Strategy & Policy Updates		
2.1. Chief Executive Update	Chief Executive	11:35
2.1.1. Presentation of ERS Gold Award	Maggie Durrant and Rebecca Warren	
2.1.2. Horatio's Garden	Chief Executive	
2.2. Strategy Board Summary	Director of Strategy and Planning	11:45

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Agenda

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Boardroom, Main Entrance	29/11/18	Frank Collins	11:00

3. Quality & Safety		
3.1. Chair Report: Quality and Safety Committee (Verbal)	Non Executive Director	11:55
3.2. Back to the Floor	Director of Strategy and Planning	12:00
3.3. Chair Report: Risk Management Committee	Non Executive Director	12:10
3.4. Board Assurance Framework	Trust Secretary	12:15
3.5. Infection Control Quarterly Report	Director of Nursing	12:20
3.6. Guardian of Safe Working Hours	Medical Director	12:25
3.7. Safe Staffing including Developing Workforce Standards	Director of Nursing	12:30
3.8. Policy Update and Policy Framework	Trust Secretary	12:35
3.9. Performance & Governance		
3.9.1. Chair Report: Audit Committee	Non Executive Director	12:40
3.9.2. Chair Report: Finance Planning and Investment (verbal)	Non Executive Director	12:45
3.9.3. Corporate Objectives Update	Director of Strategy and Planning	12:50
3.9.4. Performance Report	Associate Director of Performance	12:55
3.9.4.1. Activity Update (Presentation)	Director of Operations	
3.9.4.2. Agency Update	Director of People	
3.9.4.3. Financial Forecast	Director of Finance	

Continued on the next page...

Agenda

Location	*Date*	*Owner*	*Time*
Boardroom, Main Entrance	29/11/18	Frank Collins	11:00
4. Annual Reports			
4.1. Controlled Drugs Accountable Officer Annual Report		Director of Nursing	13:15
5. Items to note			13:20
5.1. M6 Performance Report		Associate Director of Performance	
5.2. Research Update		Director of Planning and Strategy	
5.3. STP Update		Chief Executive	
5.4. Finance Planning and Investment Committee (September)		Non Executive Director	
5.5. Governors Update (verbal)		Trust Secretary	
6. Any Other Business		All	
6.1. Questions from the Public			13:30
6.2. Next meeting: 31.01.2019 in Meeting Room 1			

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Frank Collins ☎ 4358
Chairman

BOARD OF DIRECTORS – PUBLIC SESSION
27 SEPTEMBER 2018

MINUTES OF MEETING

Present:

Frank Collins	Chairman	FC
Mark Brandreth	Chief Executive	MB
Craig Macbeth	Director of Finance	CM
Chris Beacock	Non-Executive Director	CB
Nia Jones	Director of Operations	NJ
David Gilburt	Non-Executive Director	DG
Hilary Pepler	Non-Executive Director	HP
Bev Tabernacle	Director of Nursing	BT
Steve White	Medical Director	SW

In Attendance:

Shelley Ramtuhul	Trust Secretary	KR
Sarah Sheppard	Director of People	SR
Laura Peill	Associate Director of Performance	SS
Alison Harper	Patient Experience Lead (Item 27/09/5.0)	

FC welcomed all Board members to the Public Board. FC wished LP all the best as she prepares to take maternity leave.

MINUTE NO	TITLE
27/09/1.0	**APOLOGIES** Alastair Findlay, Non-Executive Director, Harry Turner, Non-Executive Director and Kerry Robinson, Director of Strategy
27/09/2.0	**MINUTES OF THE MEETING 26 JULY 2018** The minutes of the meeting held on the 26 July 2018 were agreed as an accurate representation of the meeting.
27/09/3.0	**MATTERS ARISING** FC went through the actions which were noted to be completed.
27/09/4.0	**DECLARATIONS OF INTEREST** DG has been asked to take on the role of Acting Director of Finance at Eastern Cheshire CCG to the end of December 2018. The potential for a conflict of interest had been discussed with FC as the Trust provides services to the CCG. It is accepted that DG would recluse himself from any discussions involving RJAH during his short-term role.
27/09/5.0	**PATIENT STORY (RACHEL JORDAN)** BT introduced Rachel who had recently been a patient in the Baschurch Unit. Rachel commented on the aspects of her experience as follows, starting with the positives: • She was impressed with the Joint School and had used the brochure provided as her regular source of guidance • Her surgery had to be cancelled as she was not fit but it was rescheduled within three weeks • She felt she had received an excellent high standard of care

	• Her observations had been taken along with a cup of tea which she felt was a kind way of making sure she was hydrated • Overall the staff were brilliant • The cosy blankets wrapped around her were lovely Rachel went on to comment on the areas that she felt could be improved as follows: • She found the waiting area soulless and uncomfortable with aisles between seats not wide enough • There was nowhere to store bags or personal items • Charging points for kindles or tablets would be helpful • She did not know she could ask for a bleep to allow her to leave the unit and she was not offered one. • She commented that sound in the area carries well and this meant she could overhear conversations between staff BT commented that it was fantastic that her overall experience was good but the points she has raised for improvement are important. Rachel Flood, Ward Manager, has been working on some of the issues, in particular looking at where people can leave luggage. AH added that the Trust is looking at charging points and a welcome leaflet for Baschurch that can be given out prior to admission. MB advised that one of the Trust's Surgeons is looking at an app that patients can use to access information. He asked about the chairs and BT advised that they have recently been changed but there is no reason they cannot be reviewed. The bleep would be a good solution to avoiding people sitting for too long on uncomfortable chairs. NJ advised that the Operations Team are looking at patient flow and how to make the pods more comfortable with TVs etc, they are also looking again at staggering admissions to avoid patients having to arrive too early. Rachel's final suggestion was for the Trust to consider linking with colleges for art / installations so that patients have something to look at. FC thanked Rachel for attending and sharing her story. The Board ***noted*** the Patient Story
STRATEGY AND POLICY UPDATES	
27/09/6.0	**CHIEF EXECUTIVE UPDATE** • MB provided an update on the IG Breach incident and confirmed that the ICO have closed their investigation with no further action. All patients have been contacted with a small number of queries raised but all resolved. The CCG has been provided with a copy of the investigation report and action plan. • Thanks were extended to the Executive Team for their hard work through some of the booking challenges that have been seen over the summer months. • Attendance at the Chief Executive and Chair's Meeting where there was discussion around the 10 year plan. He raised the a concern that orthopaedics as a specialty is not mentioned in the 10 year plan and work will continue through the National Orthopaedic Alliance to champion the speciality. • Attendance at the Local Clinical Research Network for the West Midlands. MB has been asked to take over as the Chair from next April. • Attendance at the West Midlands Chief Executive Meeting which was attended by Ted Baker, Chief CQC Inspector. Growing interest in data backed

	inspections and the well led framework was highlighted. The joining of NHS Improvement and NHS England was also discussed. • The STP senior leaders have asked him to take on the role of Senior Responsible Officer for the Digital Systems work. • Congratulations to the MCSI Team who were invited to Downing Street by Owen Paterson as a thank you for the care they had provided to him • RJAH again shortlisted for the HSJ Awards Trust of the Year category for the second year running. The judges will attend the Trust shortly to be shown around and then a team will go to London to provide a presentation • Staff Award nominations have taken place with over 260 nominations received and the shortlisting has taken place. • Two Health Heroes to announce. In August the Health Hero was a Staff Nurse on Powys Ward, Mel McMahon and for September it was an MCSI Staff Nurse, Hayley Thurston. MB invited BT to speak about the recent Safety Summit. BT advised that this was a good session with senior leaders and clinicians during which the following was covered: • Update on the WHO compliance work • Update on the Human Factors training being led by Sophie Shapter, Consultant Anaesthetist • Work with the senior managers and clinicians regarding the near miss incidents and how we can increase reporting and learning from these events The Board ***noted*** the Chief Executive's Update
27/09/7.0	**CORPORATE OBJECTIVES Q1** LP presented the report which provided an overview of progress against the agreed corporate objectives for Quarter 1. DG asked if the Governance Away day for Paediatrics took place. MB advised that it did not but instead there have been a series of meetings regarding the governance of paediatrics with a proposal developed to create a paediatrics directorate in the short term so that the governance is drawn out for this area. MB gave examples of it having its own risk register to be presented to the Risk Management Committee and a separate Performance Review Session. The Board ***noted*** the progress against the Corporate Objectives.
	QUALITY AND SAFETY
27/09/8.0	**CHAIR'S REPORT - QUALITY AND SAFETY COMMITTEE** HP provided a verbal update of the meeting which was held on 20 September. She raised a concern with attendees, specifically at some of the sub committees and advised that this is being looked at going forward. BT added that there was an update provided on the work being done on delayed discharges which outlined the escalation of the issues. FC commented that there is a danger that staff have too many meetings and MB advised that the releasing potential cohort are currently undertaking a piece of work looking at the meeting structure. The Board ***noted*** the Chair's Report.
27/09/9.0	**CQC UPDATE** BT presented an overview of the work that has been undertaken against the issues identified during the recent inspection. The Executive Team have reviewed the 2015

	report and 2018 draft report and agreed the outstanding as actions and the aspects that require assurance that the actions that have been taken remain in place and fit for purpose. Following further discussion with the CQC additional actions have been added to address the paediatric on-call issue and the scheduling of more complex procedures. The decision was also taken to add in an action regarding equality and diversity from a staff perspective rather than a service perspective. BT advised there has been significant work on the WHO compliance. The Human Factors Trainer has observed the practice in Theatres with positive feedback as a result. DG commented that he was assured by the progress being made but questioned the timing of the WHO Audit scheduled for January next year. BT advised that there are both quantitative and qualitative elements to the audit and these are being undertaken now and this can be presented to the Quality and Safety Committee. The quantitative audits are completed on a monthly basis and qualitative audits are now being undertaken as well. The first report was received in May but an update can be presented to the Quality and Safety Committee. **ACTION: WHO Audit to be presented to the Quality and Safety Committee** CB commented on the fact that the process varies from organisation to organisation and asked whether there could be a collaborative approach. SW agreed that this is an issue but RJAH has no influence over the other organisations although he acknowledged that a standard approach could be championed through the National Orthopaedic Alliance. **ACTION: WHO process to be raised with National Orthopaedic Alliance** BT advised that once concluded the work the Trust has undertaken could be shared across the region. The Board ***noted*** the update.
27/09/10.0	**LEARNING FROM DEATHS** SW presented the report which had previously been presented to the Quality and Safety Committee. SW commented that the death referenced will be reviewed by the Multi-Disciplinary Clinical Audit Meeting for learning opportunities. CB asked about the cardiological nature of the death and the requirement to have cardiology input. SW advised that he could approach Royal Shrewsbury Hospital for input. BT added that the Senior Medical Team are involved in this review. **ACTION: SW to contact the Cardiology Team at the Royal Shrewsbury Hospital** DG asked if the further review would be reported to Quality and Safety Committee and it was confirmed that it would be. The Board ***noted*** the report and the assurances contained within it.
27/09/11.0	**CONSULTANT APPRAISAL REPORT** SW presented the appraisal report and sought Board approval of the Statement of Compliance. SW drew the Board's attention to the benchmark data which showed the Trust's

	performance against the same sector and all sectors. The Board noted the organisation's 100% compliance. SW also referred the Board to the year on year data which shows compliance continuing to improve over the last five years. CB congratulated the team for the level of compliance achieved and asked whether the system is manual or electronic. SW confirmed that the Trust has an electronic system 'Magform' but it does have limited data capacity which can be frustrating. CB asked about clinician activity at other organisations and how robustly this is included and SW advised that this should all be included but accepted that it is dependent on the appraisee being forthcoming with the information external to the organisation. SW advised he is planning to set a minimum requirement for the information which has to be loaded onto the 'Magform' and also when a clinician appears in the lower quartile that this is included. SS clarified that the HR lead for Consultant appraisal is on leave but being backfilled until her return. The Board ***noted*** the report and ***approved*** the statement of compliance.
27/09/12.0	**ANNUAL REPORT FOR PATIENT EXPERIENCE** BT presented the Annual Report for Patient Experience and highlighted the following: • Work is underway to implement an electronic solution to enable the collection of real time patient feedback • The Trust has introduced a weekly meeting to discuss Incidents, Inquests Claims, Complaints & PALS (WIICCAM) to identify any trends for service improvements. • National Inpatient Survey 2017 ranked the Trust joint second • The Trust maintained an excellent Friends and Family test score • Only one case referred to the Ombudsman for independent review and the Trust is waiting to hear whether the Ombudsman will investigate the complaint or not. • Good rate of action plans following a complaint in 2017-2018 showing a positive attitude to continuous improvement. • 90 Sit & See Observations carried out with positive feedback FC commented that the overall number of complaints has dropped this year and questioned whether there should be concern about accessibility, BT was confident that this was not an issue as accessibility has not changed. The Board ***noted*** the report.
	PERFORMANCE AND GOVERNANCE
27/09/13.0	**CHAIR'S REPORT - AUDIT COMMITTEE** DG presented the report and highlighted the routine NHS CFA inspection which had resulted in a disappointing red rating. DG advised that there has been a process in place for a number of years where the LCFS work is supplemented by the Trust Secretary and there is a requirement that all work should be undertaken by a qualified LCFS and as our Trust Secretary is not fomally qualified this resulted in the rating. SR and CM have put in place a full action plan which is supported by the NHS CFA Inspector and this will be overseen by the Audit Committee going forward. The Board ***noted*** the Chair's Report.
27/09/14.0	**CHAIR'S REPORT – FINANCE PLANNING AND INVESTMENT COMMITTEE** In the absence of the Chair of the Finance Planning and Investment Committee, the

	Board took this report as read. The Board ***noted*** the Chair's Report
27/09/15.0	**CHAIR'S REPORT – RISK MANAGEMENT COMMITTEE** CB presented the report and highlighted the discussion that had taken place regarding the risk relating to Haematology Consultant Cover. It was felt that this was not accurately represented in the minutes as they did not make clear that this "risk" was not in relation to operational cover but rather with regard to policy expertise. The risk is therefore being redefined. The Committee also discussed the TSSU tracing and sought clarity regarding this risk via the Quality & Safety Committee. CB advised that the Committee also discussed the "aged risks", particularly with regard to the Theatres and Surgical Divisions who presented their deep dives. Clarification was sought regarding the Trust's status with addressing "aged risks" and an update is expected at the next meeting. The Board ***noted*** the Chair's Report
27/09/16.0	**PERFORMANCE REPORT** LP advised that August was a low activity month (as planned) and exception reports have been added for those areas that have been red rated for three months or more. With regard to regulatory segmentation the Trust is at segment 2 and continuing to work with NHSI to get to Segment 1. The CQC rating remains 'requires improvement' as per the 2015 inspection. Finally the Mike Davidge session on 'Plot the Dots' is being run again. *Caring for Patients* BT highlighted the following: • One serious incident involvement a perforated bowel sustained during surgery. The RCA is being done and will be presented to Q&S • Falls work – new ideas on preventative work have been presented to the collaborative and are being taken forward. • Delayed discharges continue to fall. A deep dive went to the Quality and Safety Committee which outlined further interventions, particularly with regard to MCSI and step down beds • One case of C.difficile reported in April which was appealed unsuccessfully due to adherence to guidance on anti-microbial prescribing. This is therefore attributable to the organisation. The annual target is one and therefore any further cases will result in a £10k fine. FC commented on the trajectory for falls and BT confirmed the update has been presented to Quality and Safety Committee with an outline of the further interventions to be taken, particularly with regard to surgery. DG asked if there are any lessons that can be taken from the unsuccessful appeal of the C.difficile case. BT advised the narrative in the documentation will be more robust going forward to make clear the prescribing practice and avoid future ambiguity. FC asked if the target resets at the end of the financial year and BT confirmed that it does. The Trust currently has one under investigation but at this stage this does not appear to be attributable.

SW highlighted the following:

- No medication errors
- No unexpected deaths
- No VTE cases
- 28 day readmissions have been analysed and the full analysis will be presented to the Quality and Safety Committee. The analysis has highlighted the number of readmissions to other providers that that is to be expected as patients with medical conditions outside of orthopaedics are transferred to other hospitals. The patients who tend to be readmitted most are spines and arthroplasty but this is in line with the activity.

NB highlighted the following:

- One Cancer patient did not achieve the 62 day target. This is a shared breach with SaTH despite the Trust making the referral at day 16. It was noted that when the reporting changes in Q4 these types of cases will no longer be counted as a breach for the Trust.
- 89.6% for RTT which is slightly behind trajectory but it is anticipated that the Trust will be back on track to meet 90% in September
- Patients over 52 weeks – one English patient delayed treatment into August and had to be cancelled due to an emergency. There are no breaches forecast for September. There were nine breaches relating to Welsh patients this month, the forecast is for an improved position for September and breaches limited to spinal disorders. The Trust continues to support BCU with its waiting list reduction work and there are 124 patients awaiting treatment.
- Theatre activity fell short of plan this month by 13 sessions which has resulted in a deterioration in theatre utilisation. There are booking and scheduling pressures which is being compounded by high rates of patients declining surgery. There has been a focus on this across the organisation in August and throughout September with short term mitigations in place such as staff redeployment. However, it is not expected that the position in September will be fully mitigated. Further weekend opening of the Booking Centre is planned in October to get a lead time on bookings. The Operations Team have welcomed Alyson Jordan to the team as Head of Patient Access and her role will be focussed on driving improvement work for the Bookings Team starting with a 'Breaking the Cycle' event planned for October
- DNA rates – 5.39% which is an improvement. A deep dive has been undertaken with specific actions focussing on bringing about a stepped change

FC asked about the outpatient activity which was below plan. NJ advised the attention was focussed on Theatres and the rate of patient availability was a contributory factor. FC commented that if there is a pattern of outpatient attendances dropping in the summer it might be worth considering the phasing in future planning. NJ advised that the capacity and demand work will assist in informing this going forward.

DG was encouraged by the extra work going on with the Bookings Team and the focus on booking theatre time.

FC asked about the 100% target. LP clarified that the target is 100% of plan not 100% usage of theatre.

Caring for Finances

CM highlighted the following:

- Deficit in August of 191K, a deficit was planned due to seasonal drop. There

were concerns regarding the August activity but there has been a good organisational response to recover some of that position.

- Theatre target not achieved but there were compensating factors as the medicine division and spinal injuries which cleared a backlog of patients
- Significantly behind plan on the private patient income as a high plan had been set for August. Overall, year to date, performance was still above plan for private patients
- The overall cost base was performing to plan
- There is a recurrent issue with agency expenditure so an exception report has been included
- YTD ahead of plan by 75k, M6 is the key measure point for the provider sustainability funding.
- The big risks for September mostly centred around theatre activity but with good mitigations in place which may have come too late for September activity. Estimated to be around 40 cases short with a light case mix. There may be an upside from the cost base with less complex procedures being carried out.
- The traditional core agency spend has been running over, as has the spend on out of job plan work. The Trust has formally raised with the regulator that the agency spend control limit is not sufficient as it does not allow for growth. The main focus has been actions to address the core agency spend, e.g a new tranche of nurses commenced employment this month. There are a number of vacancies in Rheumatology and there is a focus on recruitment in this area. The expectation is that the Trust will be within the core agency limit by the end of the year.

FC asked about the STF and CM confirmed that the plan must be delivered but that the Trust is currently ahead by £75k.

FC also asked about the cost being incurred by, say, each of the "top" 5 or 10 agency posts and how long each individual had been working at the Trust. SS agreed that this type of analysis would help target efforts to replace agency staff with permanent positions, if possible. She agreed to bring a report back to the next Board meeting.

MB commented that currently the Trust has been providing a sub contracted service for TeMS and therefore the agency spend is linked to this. The Executive Team have questioned whether this should be stopped due to financial viability but the view has been this would have significant impact on patients.

CB asked what the consequence was of not meeting the agency control total. CM advised that there is additional scrutiny from the regulator and it impacts on the use of resources rating. CM advised that the key is to be clear on what is driving the overspend and what is being done about it.

DG asked about the performance to date against the forecast around delayed discharges, 18 weeks and DNAs. He felt it would be good to have assurance that these will still achieve green by the end of the year. LP advised that these are reviewed monthly by the Executive Lead.

MB suggested a M6 stock take report to be brought back to the next meeting

ACTION: M6 stock take report
ACTION: SS to bring top-expenditure agency staff review back to Board.

Caring for Staff
SS highlighted the following:

	• Improvements have been seen in voluntary turnover and sickness absence. That said Theatres and Medicine divisions are above target and will therefore present their action plans to the next Workforce Development Group Meeting. • Mandatory training remains behind target but the HR Business Partners are supporting the divisions in improving compliance • Staff appraisal rates have decreased but remain above target, nonetheless need to be kept under close review The Board ***noted*** the update
27/09/17.0	**CONSTITUTION** SR presented the updated constitution which had only had a small number of changes made and these were highlighted in the document. The changes related to an addition of wording to make clear that reference to Monitor applied to NHS Improvement as well. Also, updating the voluntary aspect to reflect the fact that this is now the League of Friends. The Board ***noted*** the amendments and approved the same.
27/09/18.0	**BOARD ASSURANCE FRAMEWORK** SR presented the Board Assurance Framework which had been reviewed and approved by the Risk Management Committee. The Board ***noted*** the Board Assurance Framework.
27/09/19.0	**FREEDOM TO SPEAK UP** BT presented the Freedom to Speak Up paper. The information and guidance has been circulated and the paper outlined the self-assessment that has been undertaken against the toolkit. BT highlighted the three red areas which relate to vision and strategy for freedom to speak up. BT advised that other organisations have mapped this into their organisational strategies. Currently this is aligned to the Trust's People Plan but further work is required to align this to the overarching strategy. BT advised that the Trust is in the process of appointing a dedicated Freedom to Speak Up Guardian as opposed to the current arrangement of this being additional to the three existing guardians' roles at the Trust. FC asked about the strategy and BT advised that whilst this in the people plan the Trust needs to go a step further to link into the main vision and strategy. CB – asked about the red being referred to as not met / no plans to address and BT confirmed that the mitigating actions are outlined and she will ensure this reference is amended. The Board ***noted*** the update.
27/09/20.0	**Q&S CHAIRS REPORT** This report presented an outline of the meeting held in July which has been superseded by the meeting held more recently and for which a verbal report has been provided. The Board ***noted*** the Chair's Report.
27/09/21.0	**FUTURE FIT** MB thanked KR for her work in this response. The Trust has submitted the response to the consultation. Supportive of the intention to locate planned care at Princess Royal and emergency care at Royal Shrewsbury. There is opportunity for the system to look at how orthopaedics across the county is delivered. MB highlighted potential for SaTH to close Princess Royal overnight. He intends to write

	to the Chief Executive to look together at the impact on the Trauma rota to ensure there is sufficient coverage. Orthopaedic Trauma for Paediatrics needs to be looked at. MB advised he is going to shadow a surgeon doing a Trauma shift at SaTH. FC asked about the timetable going forward. MB advised there is an ambition to progress quickly but they have received more paper responses than anticipated, there is a pressure to bring the decision to a head by the end of this year. The Board ***noted*** the update.
27/09/22.0	**STP UPDATE** MB presented the STP Update and invited questions. The Board were content that the update was self-explanatory and ***noted*** the update.
27/09/23.0	**GOVERNORS UPDATE** SR presented an update of the activities the Governors had been involved in as follows: • Non-Executive Director recruitment • Patient Safety Walkabouts • Patient Safety Summit Attendance • Patient Panel
ITEMS TO NOTE	
27/09/23.0	**AOB** None
	DATE OF NEXT MEETING: Thursday 29th November at 11.00 in the Meeting Room 1.
	CHAIRMAN'S CLOSING REMARKS FC thanked everyone for their contribution and closed the meeting.

27TH SEPTEMBER 2018

SUMMARY OF KEY ACTIONS

Outstanding Actions from Previous Meetings	Lead Responsibility	Progress
Actions from Last Meeting	**Lead Responsibility**	**Progress**
27/09/9.0 CQC UPDATE WHO Audit to be presented to the Quality and Safety Committee	Director of Nursing	Completed
WHO process to be raised with National Orthopaedic Alliance	Medical Director	At the NOA November the medical director will highlight the need for NOA alignment in good WHO processes.
Bring top-expenditure agency staff review back to Board	Director of People	On the agenda
27/09/9.0 LEARNING FROM DEATHS SW to contact the Cardiology Team at the Royal Shrewsbury Hospital	Medical Director	The cardiac issue has been discussed with lead for learning from deaths. The support we receive from Stoke cardiologists is good and protects our patients adequately, and the support from SaTH is also good.
27/09/16.0 PERFORMANCE REPORT M6 stock take report	Finance Director	On the agenda

Horatio's Garden Project

0. Reference Information

Author:	Lynne Morris, MCSI Service Manager	Paper date:	28th December 2018
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Strategy
Paper Reviewed by:	Trust Board	Paper Ref:	N/A
Forum submitted to:	N/A	Paper FOIA Status:	Full

1. Purpose of Paper

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

To provide an update and assurance to the Board on progress with the Horatio's Garden Oswestry Garden project.

2. Executive Summary

2.1. Context

Horatio's Garden is a national charity that creates and cares for stunning gardens in NHS Spinal Cord Injury Centres and the garden in Oswestry has been designed by Bunny Guiness.

A capital appeal was launched with Horatio's Garden Charity and the League of Friends (LOF) to raise the £675,000 needed to complete this ambitious project within 1 year so that work can start in Autumn 2018 in MCSI.

2.2. Summary

Both Horatio's Garden Charity and the League of Friends have successfully raised the £675,000 required and building works commenced on 5th November 2018.

There is a formal "Breaking the ground" Ceremony planned on the 22nd November 2018 with a celebration afternoon tea hosted by Trust in the main entrance by invitation. The LOF contribution to the appeal has exceeded the initial target of £130,000 and they have raised just over £260,000 and the cheque will be presented at the ceremony. A project programme has been shared which is enclosed. The project is progressing well and there have been no concerns reported.

The provisional project plan aims to deliver by early June 2019 and Horatio's Garden charity are continuing to fundraise for the running and ongoing costs for the garden.

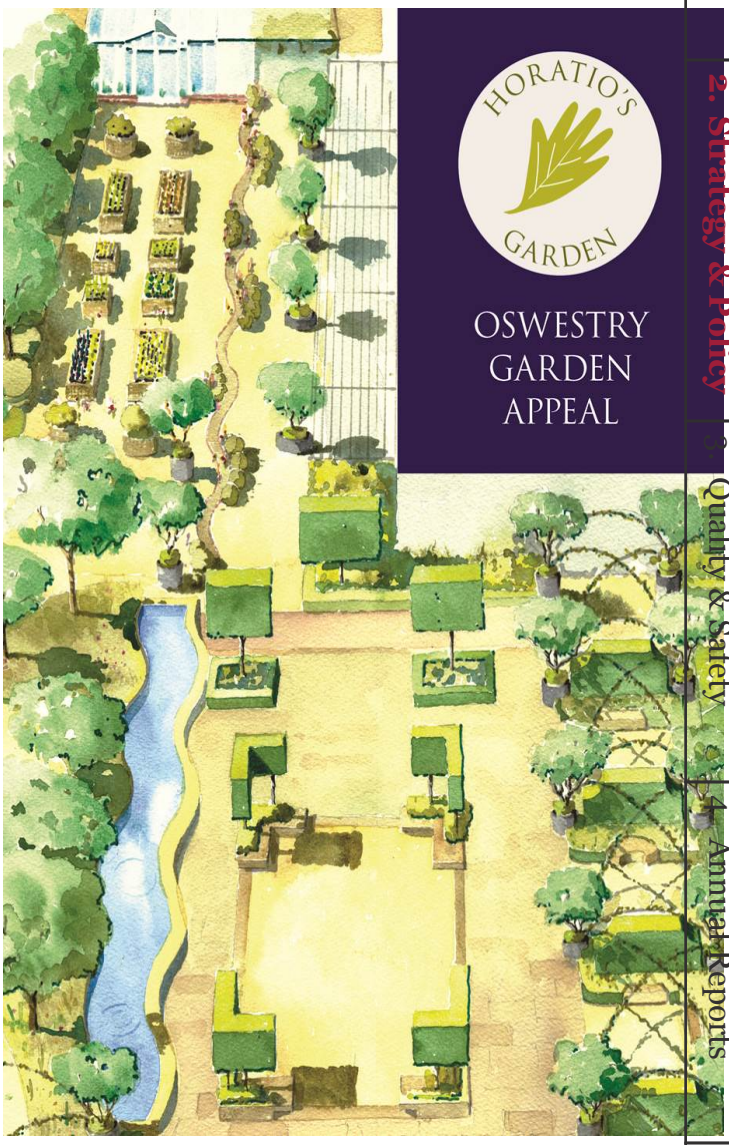
Conclusion

The Board are asked to review the enclosed information and provisional Project programme.

Horatio's Garden Project

3. The Main Report

3.1. Introduction



Horatio's Garden is a national charity that creates and cares for stunning gardens in NHS Spinal Cord Injury Centres. The garden in Oswestry has been designed by Bunny Guiness.They have recently completed a garden in Stoke Mandeville Spinal Injuries Centre. There are also gardens in Duke of Cornwall Spinal Treatment Centre, Salisbury District Hospital and in The Scottish National Spinal Unit Queen Elizabeth University Hospital, Glasgow.

A capital appeal was launched with Horatio's garden charity and the League of Friends (LOF) to raise the £675,000 needed to complete this ambitious project within 1 year so that work can start in Autumn 2018 in MCSI. Bunny Guiness has been appointed as the garden designer.

The evidence base for implementing

A project team was established chaired by the Chief Executive which met at regular intervals.

The following risk registers are in place - project, operational and build and construction. The project team has included patient representative and there has been staff and patient focus groups.

3.2 "Planting hope for those living with paralysis"

Evidence Base

• Length of hospital stay	• Fitness
• Medication use	• Happiness
• Low mood	• Positive distractions
• Blood pressure	• Wellbeing
• Cortisol levels	• Sense of control
• Staff sickness	• Relaxed sensation
• Relatives' stress levels	• More able to cope
• Social isolation	• Staff job satisfaction
• Blood glucose levels	• Vitamin D levels

Horatio's Garden Project

3.2. Update on project

Following a successful year of fundraising the initial appeal amount has been achieved. Fundraising is continuing for the ongoing garden and maintenance costs. The LOF had initially pledged to raise £130,000 but they are due to hand over a cheque for just over £260,000 at the "Breaking the Ground" ceremony at 3.30 which is planned for 22nd November 2018. Owen Patterson, MP will be in attendance along with Horatio's garden patrons and supporters including the LOF. Following the ceremony there will be an afternoon tea planned in the main entrance for supporters

The Estates team were able to complete their planned enabling works to remove the old IT portacabin and to complete the refurbishment work on Kenyon ward in October 2018.

Horatio's garden have appointed Reed Construction as their main contractor. We are pleased to report that works have started from the 5th November 2018.

A programme of works has been agreed and shared with estates and it is progressing well with no reported incidents. The contractors will be concentrating on the alleyway between MCSI and Kenyon ward down to the magnolia tree for the next month or so. The site around the spinal centre is noticeably changed with pavement slabs being removed whilst they are levelling the ground.

Construction for the garden room will begin early December 2018.

The contractors have portacabins and temporary offices in place and the Estates team are coordinating regular meetings with contractors. The Horatio's garden next Estate project meeting is on 22nd November 2018.

The Ward managers from MCSI and Kenyon ward are meeting every 2 weeks with the estates team. There is an updated fire safety plan in place for MCSI whilst the works are ongoing. There has been some minor disruption on the ward with contractors installing new fire safety partitions in ceilings to conform with fire regulations which has now been completed.

The Clinical Lead, Ward manager and Therapy Team Lead on MCSI will be co-ordinating working groups to review designs with staff and patients in preparation for the operational use of the garden.

There have been some design changes implemented to achieve tendering affordability such as changing stone paving to resin paving and the copper ceiling proposed for the garden room will now be painted. Enclosed is a copy of the garden designs.

3.3. Associated Risks

The enclosed programme is provisional and the risks include the project being delayed due to inclement weather, changes to design, contractors performance on site and any other unforeseen circumstances.

3.4. Conclusion

The Trust board are asked to note the contents of the report that the Project is progressing well.

Horatio's Garden Project

Appendix 1: Acronyms

LOF	League of Friends
MCSI	Midland Centre for Spinal Injuries, Oswestry

HORATIO'S GARDEN
Planting hope for people living with paralysis

Horatio's Garden Oswestry

Project Programme - November 2018 (ver4)

Provisional Programme - The dates are dependent on the performance of the Main Contractor on site

Week Beginning	15-Oct-18	22-Oct-18	29-Oct-18	05-Nov-18	12-Nov-18	19-Nov-18	26-Nov-18	03-Dec-18	10-Dec-18	17-Dec-18	24-Dec-18	31-Dec-18	07-Jan-19	14-Jan-19	21-Jan-19	28-Jan-19	04-Feb-19	11-Feb-19	18-Feb-19	25-Feb-19	04-Mar-19	11-Mar-19	18-Mar-19	25-Mar-19	01-Apr-19	08-Apr-19	15-Apr-19	22-Apr-19	29-Apr-19	06-May-19	13-May-19	20-May-19	27-May-19	03-Jun-19	10-Jun-19	17-Jun-19	24-Jun-19	01-Jul-19
Week Number (on Site)				1	2	3	4	5	6	7			8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
Contractor Lead-in Time																																					
Contractor Start on Site																																					
Garden Area 1 [Long narrow alley]																																					
Garden Area 2 [Glasshouse / Shed area]																																					
Garden Area 3 [Garden Room area]																																					
Perimeter Retaining Walls																																					
Shed Installation																																					
Glasshouse Installation																																					
Works to Hospital Doors (if required)																											TBC										
Soft Landscaping																																					
Installing Equipment / Benches / Fixtures																																					
Completion on Site & Contractor clear away																																					
CHRISTMAS SHUT DOWN																																					
CHRISTMAS SHUT DOWN																																					
CLIENT COMPLETION / FIT OUT WORKS																																					
Glasshouse Fit Out: Sink, Electrics, Benching																																					
Garden Room Furniture & Fit Out																																					
Shed Fit Out																																					
Final Preparation																																					
Garden Opens for Patients (Provisional, date tbc)																																					

The above programme is provisional and the final opening date will be dependent on many factors including the contractor's performance on site, changes to the design, inclement weather and any unforeseen circumstances. We are waiting for a detailed programme from the main contractor, after which we can update this programme accordingly.

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RICS

Strategy Board Summary

0. Reference Information

Author:	Kerry Robinson, Director of Strategy and Planning	Paper date:	29th November 2018
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Strategy
Paper Reviewed by:	Executive Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper provides a summary of the discussions that took place at the Strategy Board in October 2018, highlighting the consensus in regards to the future direction of the Trust and potential next steps. Therefore the Board are asked to approve this paper as the consensus for our future direction.

2. Executive Summary

2.1. Context

As the Strategy Board is a session that is not possible to hold in public, due to issues of commercial confidentiality, this paper has been produced to ensure openness and transparency in the discussions that took place and the consensus reached in regards to the future direction of the Trust together with potential next steps, without jeopardising any commercial sensitive issues.

2.2. Summary

The Board of Directors is asked to approve this paper as the consensus for our future direction. Namely;

- Development of communication strategy of delivery to date for all organisational stakeholders.
- Carry on delivering both local MSK services and specialist services.
- Continue to focus upon Operational Excellence and Culture and Leadership.
- Focus upon operational excellence in anticipation of a new EPR.
- Design greater partnerships into our services.
- Build upon the emerging opportunities.
- Concentrate upon population delivery.
- Build upon our preference for growth.
- Develop the RJAH@ brand.

2.3. Conclusion

The next steps will be built upon with proposals and actions through the Board of Directors. It was agreed that at a future Strategy Board time would be spent upon the development of our communication of the strategy

The Main Report

2.2. Introduction

This paper provides a summary of the discussions that took place at the Strategy Board in October 2018, highlighting the consensus in regards to the future direction of the Trust and potential next steps. Therefore the Board are asked to approve this paper as the consensus for our future direction.

As the Strategy Board is a closed session of the Board of Directors, this paper has been produced to ensure openness and transparency in the discussions that took place and the consensus reached in regards to the future direction of the Trust together with potential next steps, without jeopardising any commercial sensitive issues.

2.3. Strategy Board

The Strategy Board session covered the following content;

- The development and implementation of the Trusts' organisational strategy.
- Delivery and achievement against our strategy since 2016.
- Prioritising our focus in horizon two.
- External environment changes and the impact on RJAH's strategy.
- The role of RJAH for the future.
- Next steps.

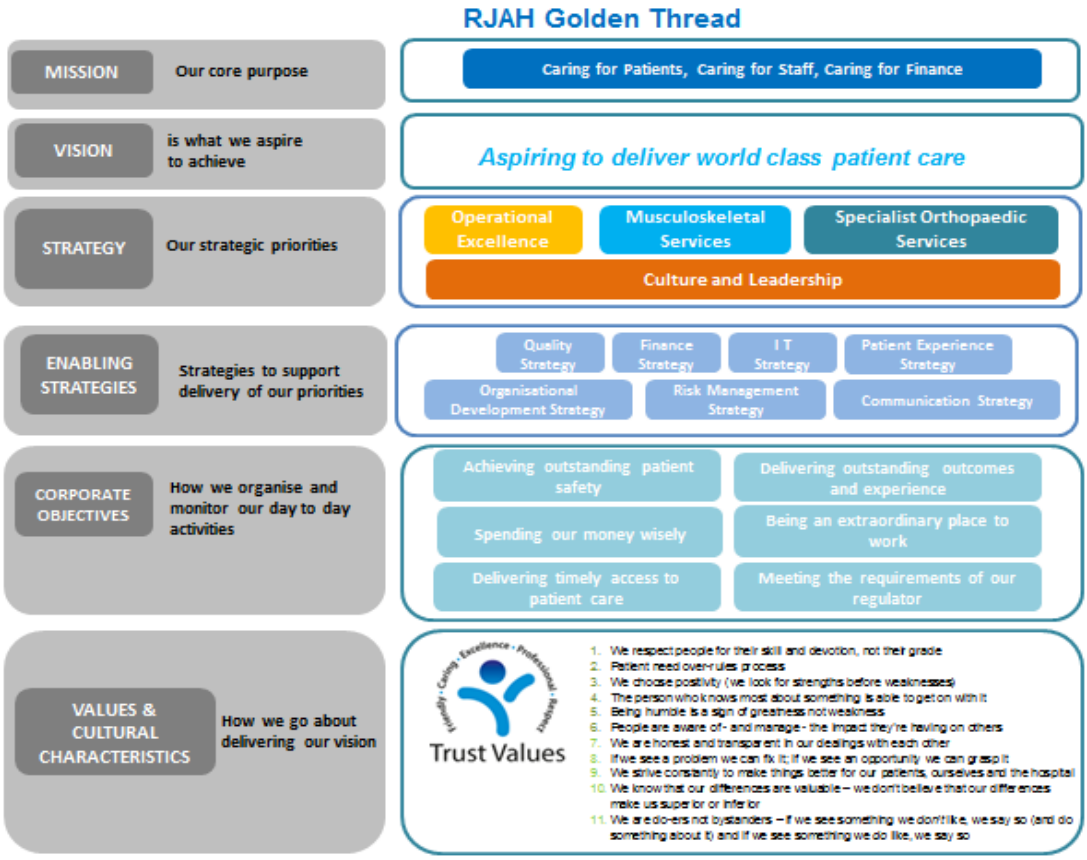
This report will summarise the content and discussions providing the consensus of future direction and agreed next steps.

2.3.1. The Development & Implementation of the Trusts' Organisational Strategy

It was highlighted over the last two years how the following has been put into place and how the Trust is now in a cycle of embedding through continuous improvement in the annual cycle.

Strategy Board Summary

The detail of our strategic planning is from the base of our golden thread, which clearly articulates how all elements of our strategic planning link together.



This is supported by the Board consensus regarding our preferred strategic option;

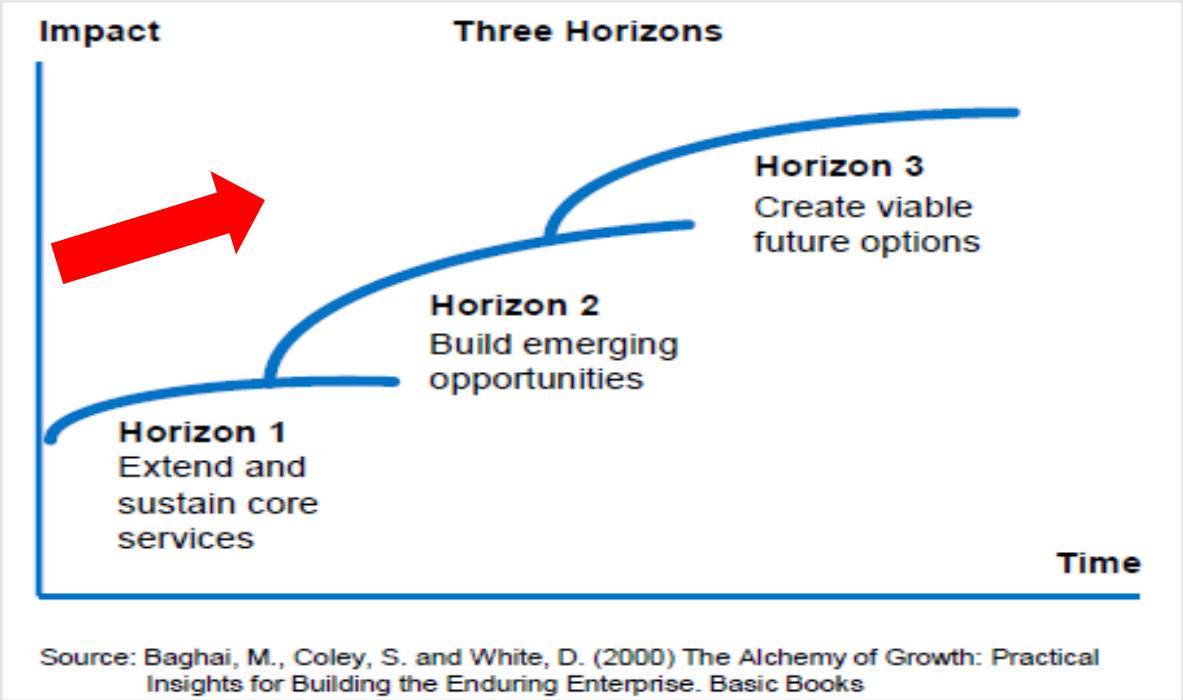
"is to continue to grow both in the orthopaedic surgical care activity we provide whilst also adopting a future model of care where the Trust plays a key role as the local system integrator for musculoskeletal services"

To get to here we carried out the following;

- Board Strategy day – June 16
- Strategic Development & Planning Toolkit – July 16
- Board Strategy day – October 16
- The Big 'strategy' Conversation – March 17
- Exec away day setting 2017/18 objectives – March 17
- Projects review to align to organisational strategy – Jun 17
- BoD Strategy Boards commence quarterly – October 17
- 2018-23 RJAH Strategic Plan approved – February 18
- Leadership Summit – Our Strategic Priorities - April 18
- Leadership Summit – Cascade Trust Objectives - July 18

2.3.2. Delivery & Achievement against our Strategy since 2016

In the Strategic Development and Planning Toolkit it was set out how as an organisation the strategic planning was based upon three horizons, with horizon one anticipated to be 0 to two years, the horizon that has just been completed, as illustrated below;



Source: Baghai, M., Coley, S. and White, D. (2000) The Alchemy of Growth: Practical Insights for Building the Enduring Enterprise. Basic Books

In summary delivery and achievement over the last two years was presented with reference to the quantitative data that supported this qualitative summary, against our initial expectation of extend and sustain our core services;

Caring for Patients

- Growth of our spinal disorders service.
- Removal of breach of licence.
- Continually improving the CQC inpatient survey results.
- Improvements in our NJR performance.
- Sustaining friends & family test scores above 98%
- Participation in local health economy specifically development of MSK services.
- Launch of our Veterans Appeal & growth of this service.
- Signed Armed Forces Covenant.
- Expansion of our SOOS service.
- MCSI hospital to home surveillance nurse team.
- Transforming Outpatients.
- Extension of PROM's.
- Growth of Research.
- Outpatients Department transformation
- MSK programme
- ACI
- Flexed therapy services over a seven day period.

Caring for Finance

- Welsh activity growth – routine orthopaedics.
- Meeting financial control totals.
- Achieving at least 1% financial margin.
- Main service lines providing contribution.
- Private patient growth.
- New theatres development.
- Theatre capacity stabilisation.
- LHE system financial savings.
- CIP delivery.
- £4 million capital reinvestment
- Capital development programme;
    - CT scanner.
    - Kenyon Ward refurbishment.
    - New beds.

- £100k Improvement pot.
- Backlog maintenance.
- IT investment
- Equipment replacement
- Menzies equipment.

Caring for Staff

- Participation in local health. economy specifically development of MSK services.
- Improvement in staff survey results.
- Staff voluntary turnover reduced.
- HSJ awards shortlisting.
- MOD Employer Recognition Gold award.
- 2 x Celebration of Achievement Awards
- 3 cohorts of Releasing Potential
- 2 cohorts of Improvement Champions
- 50 senior leaders Rebuilding Relationships training.
- 918 attendances at bite sized training.
- NHS70 celebrations

This was supported by greater clinical leadership which in turn increases the level of clinical engagement.

The discussion of the Board highlighted the need to communicate the delivery of our strategy to date with both our staff and organisational stakeholders, as a solid base for the future we are creating, recognising this has to be both numbers and narrative and be tailored for the relevant audiences.

2.3.3. Prioritising our Focus in Horizon Two

As we enter horizon two, the next two to five years of our organisational strategy the intent from our original Strategic Development and Planning Toolkit was to build emerging opportunities, rebalancing our service portfolio through partnerships. This is an environment that explores new ideas whilst continuing the performance focus.

The discussions focused upon our strategic priorities of;

- Operational Excellence
- Local MSK services
- Specialist services
- Culture and Leadership

The consensus was that these are still our priorities, with a discussion that focused the Board upon what we deliver is;

- Local MSK services
- Specialist services

And that the two remaining priorities, any organisation regardless of what is being delivered, needs to focus upon for delivery, effectively the how;

- Operational Excellence
- Culture and Leadership

There was much discussion and debate in regards to our organisational appetite in regards to our operational processes, recognising that a strategic case outline for a new electronic patient record has been approved. This provides an opportunity to ensure that through Operational Excellence our processes reflect the needs of today and tomorrow, against an operating model that has been created and built upon over the last 25 years. The Board consensus was in regards to balancing incremental change with transformational change whilst staying focused upon our vision "aspiring to deliver world class patient care".

2.3.4. External Environment Changes & the Impact on RJAH's Strategy

It was recognised that over the last two years many changes externally to the Trust have taken place, including;

- Future Fit consultation
- Model Hospital
- CQC framework
- Regulatory changes – NHSI / NHSE
- GIRFT
- BESS
- Shropshire, Telford and Wrekin STP
- National MSK programmes – ECTP, RightCare, Choosing Wisely, NHSI Op Prod

Discussions took place in regards to the SWOT surrounding Specialist Trusts and the role of hospitals now and in the future, which was embedded into reviewing both the opportunities and threats this could provide for the Trust and the implication for our organisational strategy and our priorities.

A consensus view was that we should look to design greater partnerships into our services.

2.3.5. The Role of RJAH for the Future

Much discussion took place into the future role of RJAH in the context of the information and debate to this point. The consensus view was that our focus should be upon population and therefore with the nature of our services and the expertise we provide a greater focus upon pathway provision and how this is supported and delivered, designing partnerships into our services.

A recognition that our preferred option is to continue to grow, recognising this is both organic growth (responding to demand) due to population demographics but also widening our net for greater market share, understanding the impact of the current orthopaedic activity and wait list growth being seen nationally. Coupling this with our expertise, patient outcomes and experience together with our effective services.

This would build upon our work over the last two years in building partnerships within our STP and the significant changes and benefits that have been delivered in MSK care in Shropshire, looking to widen this influence across the whole STP footprint.

Additionally building upon models of care and learning from other specialist providers on a national basis building upon the brand of RJAH to work much more outside our hospital walls.

2.4. Next Steps

The Board of Directors is asked to approve this paper as the consensus for our future direction. Namely;

- Development of communication strategy of delivery to date for all organisational stakeholders.
- Carry on delivering both local MSK services and specialist services.
- Continue to focus upon Operational Excellence and Culture and Leadership.
- Focus upon operational excellence in anticipation of a new EPR.
- Design greater partnerships into our services.
- Build upon the emerging opportunities.
- Concentrate upon population delivery.
- Build upon our preference for growth.
- Develop the RJAH@ brand.

2.5. Conclusion

The next steps will be built upon with proposals and actions through the Board of Directors. It was agreed that at a future Strategy Board time would be spent upon the development of our communication of the strategy.

Appendix 1: Acronyms

RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT
KPI	Key Performance Indicators
BoD	Board of Directors
CQC	Care Quality Commission
MSK	Musculoskeletal
SOOS	Shropshire Orthopaedic Outreach Service
ACI	Autologous Chrondrocyte Implantation
RTT	Referral to Treatment
LHE	Local Health Economy
CIP	Cost Improvement Programme
IT	Information Technology
MOD	Ministry of Defence
MCSI	Midland Centre for Spinal Injuries
STP	Sustainability & Transformation Partnership
BESS	British Elbow and Shoulder Society
GIRFT	Getting It Right First Time
ECTP	Elective Care Transformation Programme
NHSI	NHS Improvement
SWOT	Strengths Weaknesses Opportunities Threats

Review of:

BACK 2 THE FLOOR

8 November 2018

--Part of the Rebuilding Relationships Programme—

Prepared by Siobahn Price, Project Manager

Aspiring to deliver world class patient care

Overview of the event

Our first two Back to the Floor events (in November 2017 and March earlier this year) proved a big success, with a number of our Executive Directors and senior managers getting a taste of life on the 'shop floor'. The exercise is designed to help the Board and Senior Leaders better understand the issues facing staff and patients on a day-to-day basis. This time it also gave the opportunity to talk about impending CQC inspection which happened 14th and 21st November.

Senior leaders spent up to half a day in allocated areas – not just observing but also mucking in and helping with the delivery of our services.

25 Non-Executive Directors, Executives and Senior Leaders took part in the Back to the Floor Event and between them they spent time in 48 areas on Thursday 8th November 2018.

Some job shadowed specific roles e.g. a nurse, booking clerk, housekeeper, porter, HCA, while others were able to spend time with a variety of staff in that area.

Video content produced on the day by the Communications team is available on the RJAH YouTube Channel (for which no subscription is required). This includes films with:

- Mark Brandreth, Chief Executive, who experienced being a patient on MCSI
- Julie Roberts, Assistant Director of Nursing & Clinical Governance

Thank you letters

As part of the 'Back to the Floor' event, Non-Executives, Executives and Senior Leaders were expected to write a thank you letter about their experience to the manager of the area that was visited to share with their team. The letters were directly sent out to the managers but copies of them can be seen on the following pages.

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Baschurch Unit

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Rachael Flood
Baschurch Unit

Dear Rachael,

I am writing to thank you and your staff for welcoming me to the Baschurch Unit today and taking the time to explain and show me how a patient is admitted for surgery and then subsequently discharged.

During my time I shadowed Liz, Staff Nurse, who is very professional and caring and took the time to check with the patients if it was ok that I sat in on the admission or discharge process.

The nurses were very helpful and supportive to the patients especially with contacting relatives and providing reassurance every step of the way.

As a non clinician I am always in awe of how clinicians operate and manage the patient needs and do the important checks with such compassion. The majority of the patients being admitted for surgery were anxious and the whole team, from Nurse theatre escort and recovery nurse were very kind and compassionate and spent time reassuring patients.

Listening to patients experience of the booking process was invaluable for my current role and I have taken away a number of learnings to communicate to the Access teams in both Outpatients and Admissions.

I was surprised at the "work" that goes on in the background of patients being admitted in managing their luggage especially when they are staying in overnight and are moved to another ward with their luggage in their locker. This process is seamless and involves a few touchpoints but the patient arrives at another ward with their luggage in their locker. This process prompted a few pointers that the booking clerks can put their script with the patients eg; "please bring minimal luggage to the ward".

I also say with the admin team and printed off the patient summaries for Saturday and Monday admissions and learned how to print off wrist bands.

Thank you for explaining the process of staggered admissions and split listings to enhance the patient journey. All day cases arrived at 7.30am but might not in fact be operated on until 5.30pm and as you suggested the impact on the patient is huge and the process should be revisited.

I found shadowing the team and spending time with yourself very helpful and as discussed we will meet regularly to work together to improve the patient journey.

Yours sincerely

Alyson Jordan
Head of Patient Access

CC: Nia Jones, Director of Operations

Catering Team

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Dan Hoggett
Catering Department

Dear Dan and the Top Catering team : Shirley, Dawn C, Tina, Mandy, Dawn, Natalia, Katie, Kirsten, Dawn E, Claire, Mark, Hazel, Jan, Helen, Maria, Claire,

Wow what a team!!! & what an experience! Thank you all! I thoroughly enjoyed the time spent with you all understanding what you do and deliver on a daily basis in all areas of the main Kitchen and Denbigh's restaurant.

I'd like to formally thank you all for welcoming me, and walking and talking me through your tasks, and environment. I was most impressed by everyone's professionalism and having such a proud work ethic. You are clearly all very committed to ensuring our patients, staff and visitors received good quality enjoyable food.

I was most impressed with your health and safety standards, and that you had in-date first aid kits, eye bath kits and burns kits and that these were regularly audited and checked.

I observed food that was prepped, and provided for patients with varied needs e.g. Gluten free and there was a resource folder to be referred to for patients with common food intolerance or allergies.

I was overwhelmed by the fact that you also prepare and provide 'meals on wheels' to some elderly residents in our local community. I thought this could possibly be expanded further and would be more than happy to assist you with pursuing this.

A couple of areas that were highlighted as required further assistant to improve was:
Improved communication between the catering team and the wards/Dept (pre-op)
Correct and consistent completion of patient food menus to ensure that the patients were receiving the correct food on the wards. This would certainly reduce the occasional negative comments you received.

It was fabulous to learn that succession planning was operating and that staff were keen to join the catering team and were given opportunities to complete some formal training.

I introduced the Trust's Signature Behaviours and encouraged you to nominate team members to be included in this year's Trust Advent Calendar, hope you haven't forgotten to nominate! The Golden Thread poster is now proudly placed on your staff noticeboard for you all to read, which brings all our values, mission, vision and corporate Trust objectives together.

I recall you say that week commencing December 10th would be beneficial to observe as this a very busy period providing staff Christmas lunches, I will certainly share this date with the senior team.

Many thanks to everyone, see you soon.

Your sincerely

Julie Roberts
Assistant Director of Nursing & Clinical Governance

Childrens' Unit /Alice Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Suzanne Marsden
Ward Manager

Dear Suzanne,

I am writing to say a big thank you for allowing me to visit Alice and Children's Out-patients and find out all the amazing things that you and your team do! Everyone made me feel so welcome and took a lot of trouble to show me around and explain what was going on.

There was a little boy who was so excited about riding up the corridor in a toy car that it took his mind off the anxiety of his operation – and his parents too. Your nurses are so skilful about taking the fear out of the experience for your patients.

Sam and the Physio team were very patient in answering all my questions and very generous of their time.

It was helpful also to speak with the out-patient staff about the challenges of an ever growing need for space and clinic rooms.

I'm sure the insights I gained during my visit will help me in my new role and to understand some of the challenges you face. I'm very proud to be a new member of the Paediatric team and look forward to working together and being of some use to you!

Best wishes

Paula Jeffreson
Deputy Director of Operations

Clinical Governance

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Julie Roberts
Assistant Director of Nursing & Clinical Governance

Dear Julie

Thank you for enabling me to visit the Clinical Governance Department and spend some time with yourself and your team.

As you described to me yourself, it is a team in transition and one that is clear about its role in supporting the divisions. The team are looking forward to the implementation of the new structure.

I spent a good amount of time with Alison discussing her role and the challenges she faces. She shared with me some of the rports she produces, the patient experience strategy and the plans to moved from a “site and see” approach to a “sit and act” one – this work is really impressive. It was fantastic to see how the Trust values have been mapped to the questions in the patient comment cards, providing that Golden Thread.

Meeting with Carol and Lindsey, I understand that this is a mission to change the perception of Datix and to relaunch it as “Greatix”. I understand that both audit and governance are discussed at divisional meetings and that the team, under your leadership, are having a real focus on strengthening the process and management of the risk register. Using my operational experience, in this area, from other organisations, if I can be of any help, please just ask.

In summary I thoroughly enjoyed my visit and the staff I spent time with were very experienced and knowledgeable and the new structure and focus for the team members will, I am sure, enhance the service you are offering.

Yours sincerely

Debbie Kadum
Interim Associate Director of Performance

Clwyd Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Ann Lloyd
Ward Manager

Dear Ann

I am writing to thank you and your colleagues for allowing me to join them on Thursday 8th November 2018 on Clwyd Ward. I am always in awe of the dedication and professionalism of nursing staff and their clinical colleagues. The morning I spent with them was fantastic.

A special thank you to Helen for allowing me to shadow her on her rounds and for giving me a real taste of the various challenges she faces every day. It was a privilege to see how she dealt with patients and staff and how she managed to stay abreast of all situations/concerns. Also thanks to Susie who let me observe whilst she removed staples from a patient's knee.

This was an opportunity to get a real sense of what goes on "on the floor" and what issues the team deal with on a regular basis that I or my colleagues may be able to support or do something to improve the situation.

One such issue was delayed discharges - one particular aspect of DD that comes up too often is when a patient comes onto the ward following an operation but doesn't have the necessary equipment in readiness for their discharge, a care package or carers available. This causes a delayed discharge and a domino effect on other patients waiting on that bed. It takes up valuable time chasing this issue and doesn't just tie up the ward clerk but also the nursing managers. One option discussed might be that at the Pre Op point the care package and equipment is confirmed. Then clarified before the operation date to ensure that all aspects are in place. One area that may cause an issue with this solution is that equipment will not be released until the patient has been confirmed as having had their operation. Does this really have to be the case? Rectification of this issue would greatly help the bed blocking issue and also help the wards in management of their patients.

Another case that caused me some concern was a patient that had been delayed due to medical issues initially. Once they were cleared as fit to go home their transport had to be re requested but due to the delay the whole financial approval process had to be revisited again. This caused a bit of an administrative headache and rework. I could not understand why this was so and I am sure is something that could be rectified.

Another issue I came across was the patient wash pans having to be doubled up because if left single they were very flexible and water got spilled. Do we need to look at a better quality product or a system similar to the plastic cup holder that holds the disposable plastic cups?

There were other issues and I genuinely hope I haven't missed something important. Ann or Helen please feel free to remind me if I have. Hopefully from my raising the above issues something might be looked at, this would be fantastic as I know it would help the team on the wards.

Once again thank you for your time and patience during my visit. I genuinely hope this will be the start of a friendship.

Yours sincerely

Mark Lowe
Performance Manager - Surgery

Denbighs Restaurant

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Dan Hoggett and Team
Catering Department

Dear All

Just a short note to ask you to thank the fantastic team in Denbigh's for hosting me as part of the back to the floor.

I know how hard they work, how hot it is behind the counter and how serving people can sometimes be an interesting experience! I enjoyed learning to fry the chips and thank you to Dawn for teaching me so well.

I saw great teamwork, humour and really lovely care, particularly to patients who struggle with choosing food or carrying it. Time after time the team take a moment to help and support. They should be very proud of the service they provide.

The environment is looking so good and the range of food offering for a small hospital is really exceptional. It is pleasing to see the new tills working well and I would commend you for the improvements that have been made.

We probably need some more spoons, or to encourage an amnesty for those who 'borrow' them!

Kind regards,

Mark Brandreth
Chief Executive

DXA Scanning

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Jill Roberts
DXA Scanning

Dear Jill

Thank you for the opportunity to observe the Dexa Service on Thursday 8th November as part of the "Back to the Floor" initiative, where a number of the senior leaders within the organisation were given an insight to other departments, roles and responsibilities.

I found the insight valuable in understanding better what individuals do and how their duties fit within the wider team, it was evident everybody had a role and despite challenges from technology, space and staffing the service operated exceptionally smoothly despite the external pressures.

During the morning I enjoyed talking to staff and obtaining a small insight into their working day and the various pressures encountered, it was evident the team worked tirelessly and supported one another.

Thank you for the opportunity and insight within the team.

Yours sincerely

Nick Huband
Associate Director of Estates & Facilities

Estates

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Nick Huband
Associate Director of Estates & Facilities

Dear Nick

Just a short note to thank you for welcoming me to the Estates Department on 'Back to the Floor' day recently.

My wanderings in the main corridor were ended when I accosted a 'man with a spanner' – Matt – who kindly accompanied me to the estates department.
Phil gave an overview of the estates remit followed by 'walkabouts' with Lee and Mike.

Your team were extremely knowledgeable and most informative and I was struck by the collaborative spirit that seemed to pervade the whole department.

I was greatly impressed by the way an estate that includes many elderly buildings is held together by superimposed modern technology and control systems. We do well to remember the effort that goes in behind the scenes to keep everything running reliably and safely thanks to the commitment, knowledge and expertise of you and your staff.

Thank you once again for a thoroughly interesting and illuminating visit on Nov 8th!

Yours sincerely

Christopher Beacock
Non Executive Director

HDU

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Lowri Mansell
Ward Manager

Dear Lowri and team

Thank you so very much for your hospitality on the 8th. It was good to see HDU in use and to be able to follow the pathway that patients experience. I was particularly pleased to be able to speak in depth to one of the patients before she transferred to Ludlow, and think her suggestion that staff across the Trust should better understand what it is that you do and the pressures you have to work under ta times.

I hope that you have been able to have a decent discussion on some of the issues around expectations that HDU can provide back up across the wards, clearly there needs to be more understanding on the impact of this; not least for the more junior staff who are so often called to do this.

I was grateful to hear about the role of the staff doing outreach across the wards, this is a service I had heard about when doing safety walkabouts, it was good to fully understand how it operates and the breadth of tasks it covers especially at weekends and during the night. I do think that it would be a good thing if the team was to talk through their work at the Board some time.

Please thank all your staff for providing me with this experience, I learnt a lot and now have a much greater appreciation of what you do, how you do it and of some of the difficulties you face.

Kind regards

Hilary Peplar
Non Executive Director

Histopathology Department

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Pat Evans
Biomedical Manager

Dear Pat,

Thank you very much for making me so welcome today to see your histopathology department; and meet your team.

It was fascinating to see the various processes, reminding me of days I spent in such a laboratory doing research projects in the past. Haematoxylin and Eosin still live on! but the equipment is better, in many incidences using Leica products which are world class. I could also see the smooth flow of work that occurs with paraffin sections as opposed to the very real time pressures dealing with frozen section technology and can see why many surgeons and labs are moving away from frozen sections.

One of the four central NHS overall objectives is “digitisation” and for that I can see that you are well ahead with the combined work with people from the Royal National Orthopaedic Hospital Stanmore, Professor Adrienne Flanagan and her colleagues, including Louis who I met today on his three day stint here. You can send images to London, and more remotely, indeed anywhere which raises the potential for second and third opinions from World Class Experts in specialist fields. There is opportunity to further develop our technology and contracts to deliver this. Another NHS objective is “workforce” How can we recruit train and keep the best staff? The challenges ahead seem to me:

1. Optimising the digital processing and imaging, not just from still but to live video, especially for cut up of specimens.
2. Developing more technology for remote site interaction to manipulate images and/or specimen processes and Intelligent Software for diagnosis.
3. Recruitment and retention, career progression and national inter-departmental working to attract and retain the best scientific and research staff in the world.

It’s good to see how well the genome project has taken off at your laboratory this year for which a National award has been deservedly won.

Thank you once again for sharing all this with me today.

With kind regards,

Stephen White
Medical Director

Housekeeping

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Martine Williams and team
Housekeeping

Dear Martine and team,

May I take this opportunity to personally thank you all for making me feel welcome and part of your team. In particular my thanks to Gaynor who took me under her wing for her entire shift. It was a great opportunity to chat through some of the fantastic things that the team are doing in order to maximise patient safety and infection prevention within the theatre complex.

Gaynor was extremely knowledgeable in her role as a domestic and articulated that she was part of the team to help keep patients safe from infection. It was clearly obvious during the day that all the staff we spoke with value her as a colleague and recognise the work she does to support them in their own roles. I noticed that the team's morale appeared to be strong overall with a wiliness to help each other where possible in order to provide the best possible patient outcome and comfort.

Whilst working on HDU I observed the sensitive manner and the reorder of work that Gaynor undertook to ensure that patient care came first and she maximised every opportunity to ensure that her work had a minimal disruption to the daily running of the unit and maximised patient confidentially and dignity.

I did notice some of the difficulties that Gaynor had to encounter in relation to clutter particularly under desks and in offices and the additional time it took to move objects before she could clean and mop to maintain the expected standards. My suggestion would be to have a designated 'clear clutter' day so that staff are aware that every week on a predetermined day the office floor needs to be clear of all objects.

Kind regards and best wishes to the team.

Nicki Bellinger
Deputy Director of Nursing

Implant Room

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Sam Hanson
Implant Room

Dear Sam and team,

Just a quick to note to express my sincere gratitude to you and your team for welcoming me into the Implants stock room as part of the recent back to the floor event.

I learnt much during my visit about the initiatives you have implemented to date and further ones in the pipeline; in fact there were so many of these we could have done with more time!

As we discussed I am currently reviewing arrangements for overseeing procurement initiatives across the Trust including the establishment of a procurement committee and can see a benefit from you being part of this group to ensure your work is both recognised and supported. I will therefore ensure you are included within the membership and terms of reference.

On a personal note I was really impressed with your drive and enthusiasm for improvement which was totally aligned with Trust values.

Keep up the great work and well done to all in the team.

Yours sincerely

Craig Macbeth
Director of Finance

Information

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Ian Roberts
Information Manager

Dear Ian, Ben, Dan, Claire, Sian, Wendy, John; all staff within the Information Dept,

I wanted to thank the whole team for welcoming me into the team during the Back to the Floor Event. Information isn't something I would naturally lean towards, so I was pleased I was doing going somewhere I knew very little about and which was outside of my comfort zone.

I was welcomed by Ian, who told me about the development of the Warehouse and the positive impact this has had on the timeliness and content of outputs from the system. I then really enjoyed spending time with each member of the team hearing what each person and role did and how they interlinked. I was amazed by the scope of what the Information department covered, and was also surprised to hear about the reliance, in some areas, on the manual input of data.

I was very impressed by the initiative of staff who were undertaking pre-emptive projects in order to try and ensure that information likely to be asked for was there, ready and waiting.

I was staggered to see the sheer volume of routine returns that had to be dealt with each month, and could empathise with the frustration involved in waiting for other staff groups to provide the necessary information to complete the return.

It was also a real eye opener to see how labour intensive the RTT Validation work was; I had no idea about the intricacies of the process until spending a short time with John!

It was a real pleasure to spend time talking with the team who were keen to share plans for how the team was growing and developing. I was really impressed by the clear desire to constantly improve in order to continue to provide an invaluable provision to all the areas, departments and divisions across the trust.

With thanks and very best wishes,

Yours sincerely

Leighann Sharp
Matron - Theatres

IT Department

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Mike Nowell
IT Infrastructure and Service Team Lead

Dear Mike

Thank you for enabling me to visit IT and shadow various members of your staff who included:

- Livvy – Help Desk
- Les – Help Desk
- James – Main
- Danni – Development

Shadowing some of the members of your team has given me greater understanding of the service your provide and the challenges you face, which are not dissimilar to the challenges for front line staff.

I was incredibly impressed by the professionalism of your team, both on the phone and in face to face contact with service users. Your team is clear customer focused and highly skilled.

I learnt that there will be a new helpdesk system introduced in the New Year which will help to prioritise workload.

I am pleased that the team has been nominated for an award at the Celebration of Achievements Awards next week for the roll out of NHS Mail in July. Additional to this I was delighted to hear of the dedication your team showed when they voluntarily came into work out of normal working hours on learning of the recent cyber-attack.

The pilot with Microsoft in deploying Windows 10 enables us to get ahead of the game and in conjunction with the amazing development work which is being done supports our ambition to deliver world class patient care. You and your team at the heart of this, Mike, and I congratulate you all.

My take away message was that you have a very organised service with staff who are very passionate about what they do, with a training structure in place to ensure staff development. I thoroughly enjoyed my morning, not least the tips I have picked up to fix my own IT problems!

Yours sincerely

Debbie Kadum
Interim Associate Director of Performance

Kenyon Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Hayley Woodcock
Ward Manager

Dear Hayley,

Just a quick to note to express my gratitude to you and the team on Kenyon Ward for making me feel welcome and taking me through how the ward functions as part of the recent back to the floor event.

It was great to see the improvements that have been made as part of the refurbishment this year, you confirmed it had made a big difference to the patients and staff which is really great to hear.

I was impressed with how you have taken on the ward manager role and pulled together a team under challenging circumstances, you really can tell the effort you've put in and it is reflected in the staff behaviour as soon as you walk onto the unit and in the excellent care the patients receive.

Please specifically pass on my thanks to Magda who was so happy to answer all my questions and came up with some brilliant recycling ideas that I will ensure are picked up by procurement and facilities.

Yours sincerely

Mark Salisbury
Deputy Director of Finance

League of Friends

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Victoria Sugden and LOF
League of Friends

Dear Victoria

Thank you so much for allowing me to spend some time working in the League of Friends Coffee Shop.

Although I was only there for a short time, I really enjoyed the experience and most certainly gained an understanding of the importance of the facility to our patients, staff and visitors. I was made most welcome by the volunteers, some of whom have supported the Trust for many years. Their commitment to the hospital and the LoF is a real credit.

Please pass on my thanks to everyone who helped me.

Frank Collins
Chairman

Ludlow Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Elaina Lewis
Ludlow Unit

I wanted to write to say thank you for allowing me the opportunity to come and visit the Ludlow Unit and to see how our private patient processes operate. I also wanted to extend my thanks to Maisie, Diane, Gillian and Helen who all took the time out of their morning to give me a very comprehensive tour and understanding of your area.

It was really interesting looking at the patient pathways from a private perspective and we had some great discussions around both the benefits and obstacles of a private compared to an NHS pathway. I'm really looking forward to seeing how we can develop in the future.

What struck me whilst spending the morning with you all was how knowledgeable, passionate and professional everyone on the unit was, with an eagerness to always look to improve. Gillian and I had a discussion about some duplication with paper and electronic versions of the pathology results, and so I will look into this and come back to you.

Thank you again for giving up your time and allowing me this opportunity.

Yours sincerely

Gemma Brett
Interim Divisional Manager for Surgery

MCSI Gladstone Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Rebecca Warren and Team
MCSI

Dear Rebecca

Just a short letter to thank you for hosting me last week. I want to thank you for arranging for me the privileged of spending time with one of your patients, Adrian. I can certainly see how physically hard it is to care for a patient on Gladstone. It was brilliant to see how Adrian directed your care towards him and I can see how psychologically significant that is.

The time with you and Kate (cheered on by your patient Jo!) was certainly an experience I shall never forget. I can appreciate how anonymous someone can be in a wheelchair and how significant it would be to have the kind of live changing experience your patients have.

I understand that you do similar with your new staff and I would encourage you to keep doing it. I also hope your senior nursing, medical and therapy colleagues have undergone the same kind of experience.

As ever on MCSI, I saw busy staff delivering high quality patient focussed care with a smile.

Please pass on my thanks to Adrian, Jo, and your staff. It was also lovely to hear from Terry about the care he has been receiving for years.

Well done and keep up the good work. I will, as promised raise the painting with Nick and ask for some work to be done to see if (with consent) patients could have a ceiling tile as a photographic space.

Kind regards

Mark Brandreth
Chief Executive

MCSI Therapy Team

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Alison Mannion
MCSI Therapy Team

Dear Alison

Thank you for allowing me to join you and your team last Thursday and to observe what you and your staff do. It was great to see from your team's perspective how the hospital operates and I must say I learnt a lot.

I started the session with Becky who talked me through how you work with your patients. She also gave me the opportunity to speak with some of the patients in the area who reinforced the message of the key work that is done by the therapists in helping them.

Kathy showed me the wheelchair store which is an issue as it is within Menzies and overcrowded, not allowing easy access to kit. I have suggested if your team could consider what would make it better and happy to work alongside to bounce ideas off to see what could be progressed.

I then participated in the active gym session with the patients which gave me a unique opportunity to see from their perspective. I did not fully appreciate the additional benefits that come from the therapists in how you help not just with physical movement but how you also deal with the mental health of patients too. I managed to speak with a patient, Adrian, who shared his story with me and how you have helped, and what else makes RJAH special.

I ended the day with the occupational therapists and had the opportunity to see the workshop first hand which reinforce the message from your patients about how we work with them is unique and it is this which makes the difference.

I have asked my team to extend the Wi-Fi into the gym area so patients can access the internet and will also look at what else we can do to help improve the services in this area.

I hope you and your team found it useful too. Please pass on my thanks to all your staff for hosting and making me feel welcome.

If anyone would like to see what I or my team do, please let me know.

Yours sincerely

Simon Adams
Associate Director of IM&T

MCSI Wrekin Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Becky Warren
MCSI

Dear Becky

Just a quick to note to express my gratitude to you and the team on Gladstone and Wrekin for making me feel so welcome as part of the recent back to the floor event.

It was a privilege to see first-hand the challenges facing the service on a day to day basis and what really struck me was the professionalism and caring approach from the whole team which makes such a difference for our patients. Everyone I spoke to was positive and friendly truly embracing the Trust Values.

Appreciate the effort you personally made to ensure my visit was so valuable. I learnt a great deal about the patient pathway which is really useful for me in my finance role in understanding the service.

Yours sincerely

Mark Salisbury
Deputy Director of Finance

Medical Records Library

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Ted Meredith
Medical Records Library

Dear Ted,

Just a quick to note to express my gratitude to you and the team in the records library for talking me through the service as part of the recent back to the floor event.

It was great to see the improvements that have been made since the electronic patient record project was implemented and it looks like most of the new processes run fairly smoothly.

It was also interesting to note that some of the expected benefits have perhaps not been fully realised and there is further opportunity for improvement, I've spoken to Simon about further opportunities and hope this will support with unlocking some of the issues.

The quality assurance process and checks show the high level of care taken by the team in ensuring the patient notes are reliable and accessible in EPR.

Please pass on my thanks to Suzanne as well for her part in describing the service.

Yours sincerely

Mark Salisbury
Deputy Director of Finance

Montgomery Unit

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

The Team
Montgomery Unit

Dear all in Montgomery Unit

Thank you for your hospitality on the morning's Back to the Floor session.

I was very impressed by the clear professionalism of the service and the people involved. Special thanks go to those who took time to talk me through their work; Ellen, Yvonne, Amber and Caroline.

I attended the closing stages of a MDT meeting chaired by Mr Cool which considered some 40 patients and it was clear that even after a lengthy session each case was considered carefully. The professional input from Naomi Winn, the radiologist, was impressive.

I also met Geraint (Gez) the Unit's physiotherapist.

I noted from what Ellen said that the new Faster Diagnostic target of 28 days which is due to come into force in April 2019 will be difficult to achieve with bone cancer related patients. This issue should be raised with NHSi if it has not already been done.

I also commented that the layout of the Reception area was a bit formal, and that perhaps it could be made more welcoming. It was pointed out to me that for some patients, those in wheelchairs for instance, the rack of Macmillan notes was out of reach.

It was very helpful for me to meet the staff on the Unit. I hope I didn't disrupt the work of the Unit too much.

Yours sincerely

Alastair Findlay
Non Executive Director/Deputy Chairman

Neuromuscular Disorders

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Neuromuscular Disorders Team

Dear Cheryl and Debbie,

I'd like to take this opportunity to thank you both for welcoming me to your department, for sharing and giving me an overview of your roles and responsibilities and for outlining the wider team that were unavailable on the day due to clinical commitments.

You described a very cohesive team who worked extremely well and were very supportive of each other's roles, ensuring the patient pathway was seamless and joined up.

Thanks Debbie for sharing your 'great idea' that you had submitted and that you were awaiting your meal voucher, I will chase this too!

Cheryl, we discussed your issue with lack of clinic space and that current demand for your service outstrips capacity. We discussed taking a new suggestion to Lynn Morris your manager to pursue.

I encouraged you to submit and nominate a colleague who demonstrated behaviours that made a difference, towards the Trust Behaviours Advent Calendar.

I look forward to visiting you again for an update.

Keep up the great work.

Yours sincerely

Julie Roberts
Assistant Director of Nursing & Clinical Governance

ORLAU

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Caroline Stewart
ORLAU Manager

Dear Caroline

Following my recent visit to ORLAU on November 8th as part of the Back to the Floor Event, I wanted to write to thank you and the whole team for making me so welcome and for taking the time out of your busy days to talk to me and show and explain more about what you are involved with daily.

It was so interesting to spend time with the various teams and to see the journey which patients go through as part of your service. The complexity of the whole process and the interactions between the multidisciplinary teams was evident and impressive to witness in person.

It was a real pleasure to be able to observe the young girl in the gait lab and to see in practice what happens as part of the gait assessment. It was so interesting to be able to talk to her and her mother as they explained the benefits of being able to see the 'before and after' results following surgical and therapy interventions.

I developed a much better understanding of how the results obtained are discussed and the recommendations for future management are reached. The complexity of the data alongside the expert knowledge of the different professionals was apparent and it was really beneficial to see it in practice and to understand the very clear benefits of working in a team with mutual respect and positive challenge clearly evident.

I enjoyed visiting where the various equipment is made and adapted and we had an interesting debate about the importance of recruiting the right behaviours and values rather than focussing on the technical skills! The enthusiasm of the staff about their roles was apparent and they all said how much they enjoyed working as part of the wider team.

It was great to meet the STP graduates and to hear about their experiences and benefits of being at ORLAU for their professional and personal development. Their enthusiasm about what they were involved in was palpable and am sure they have very bright futures in front of them!

The atmosphere throughout ORLAU was so friendly and positive and the attitude of staff to each other, to patients and visitors was a real pleasure to observe – Thank You!

Although I have been working in the NHS for many years, the visit really helped me to reconnect with patient care delivery and to witness the very best that the NHS can be. I have known about ORLAU since 1990 and to be able to see just how much things have developed over the past 30 years was fascinating.

Yours sincerely

Sarah Sheppard
Director of People

Orthotics

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Jane Dewsbury
Orthotics Department

Dear Jane and team,

Just a brief note to thank you and your team for allowing me to spend time in your department as part of our “Back to the Floor” day.

I really enjoyed the experience and in particular the clear linkage between each function within the Orthotics department. It was great to see the team working involved and the real sense of pride in delivering a top-class service which every member of your team demonstrated.

Please pass on my thanks to everyone involved, particularly Helena and Ffion for allowing me to observe them during patient consultations.

I have noted your comments about the inadequate Despatch facility and by way of a copy of this letter I am making Mark aware of the issue (I would suspect he knows about it in any event). Whilst I cannot promise any improvement, I do know that the matter will be considered.

Yours sincerely

Frank Collins
Chairman

OsCell

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Supriya Kapas
Quality Controller
Research & Development

Dear Supriya,

Thank you very much for taking me through the procedures and showing me around the Oscell laboratory this morning. It was fortuitous that a prospective patient wanted to look around at the same time so we were able to see it from a patient's perspective as well. It was good to see the cells on the computer screen being viewed live during an inspection test. I can see how the process works, tissue samples coming from the theatres direct to the laboratory then broken down in stages with enzymes and other chemicals to free up the cartilage cells and then the successive cultures with all the nutrients and chemicals to produce millions of new chondrocytes or stem cells suitable cells for re-implantation three weeks later.

Today, you have been looking after two patients cultures with a view to re-implantation. You have capacity for up to six single or three combined cell therapies (stem cells and chondrocytes). I can see that you are bristling with ideas for how to develop and improve the service which is already a unique and fantastic facility in the UK and it wouldn't take much in terms of reconfiguration to comply with the very latest recommendations for successive room changing facilities, sterilisation zones to be absolutely world class.

Thank you to you and the team who provided such a wonderful opportunity for me to better understand.

Yours sincerely

Stephen White
Medical Director

Oswald Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Donna St John
Ward Manager

Dear Donna,

I am writing to thank you and your team for allowing me the opportunity to shadow you for the morning. It was lovely to get to know you all better and to see what a life as an Oswald team member is like.

On speaking with the patients, it was clear that the combination of the ward environment and the high standard of care from you and your team, provides patients with an excellent experience. Those that I spoke to were very complimentary.

It was clear that you and your team support your patients through what can be some very difficult times and life changing conditions. That is evident in the number of patients who stay in touch with the ward after their discharge.

Thank you again for allowing me to experience what you do on a daily basis.

Yours sincerely,

Shelley Ramtuhul
Trust Secretary

Outcomes Department

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Samantha Davies
Outcomes Department

Dear Samantha and team,

Thank you so much for arranging my visit to the Outcomes team, as the outgoing Chair of the Quality and Safety Committee I only wished I had done it earlier and will certainly suggest it to my successor Chris Beacock, as I also will to Paul Kingston who is a new addition to the Non -Executive team and may well have ideas as you come to expand the areas under review.

I left with a much clearer understanding of how the data is collected and collated and also the problems in clarifying the right base for the Team. Hurtling up and down the long corridor several times each day will keep you all fit but the proximity to IT and Information must be a bonus.

Thanks to all for their time, enthusiasm and generosity in helping me with a comprehensive picture.

Kind regards,

Hilary Peplar
Non Executive Director

Outpatients Department

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Liz Reece
Outpatients Manager

Dear Liz,

Thank you so much for welcoming me into the department on Thursday morning, I thoroughly enjoyed the time I spent with you and your staff in OPD.

The department has recently been revamped to improve the environment for both staff and patients and looks so much better and brighter.

All of the staff that I observed had exemplary communication skills and spoke in a way that was kind and reassuring to the patients that they saw.

During the morning we discussed innovative ways in how the department has improved, the difficulties you are still experiencing with Ultrasound and the recent development you have done with Dexa staff to enable them to undertake observations for metabolic clinics. You also took the opportunity to inform me about the veterans work, these seem like exciting opportunities and I look forward to seeing and hearing the development of these.

One of the issues I told staff that I would feedback, is the issue around rostering and having to change shifts to align to clinic demand. Is there a possibility for the roster to be aligned to clinic notification, .i.e. the six week notice period for consultant leave rather than the 8 weeks as per rostering policy, which may reduce the variation of shift changes that staff experience? I know this is something that they have done in theatres – just a thought for you.

Once again, thank you for your time,

Yours sincerely

Kirsty Evans
Matron

Outpatients Department Resource Team

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Laura Crump
Outpatients Dept Resource Team

Dear Laura and team,

To all of you (Laura, Jen, Zara and Mike) I just wanted to say thank you for the time you spent with me yesterday talking me through your work. I must have delayed your day with all my questions, but you gave me a massive insight of the day to day workings of all your roles, it left me with many thoughts and learning.

I found it really interesting to understand the Bookwise system and how all our processes interconnect and how we separate out different tasks. It was great to see measurements in place in regards to outcome forms.

Spending time down in children's outpatients with Jen, was amazing to see how close the team that work down there are. Jen does so much more than administration; I watched how skilfully she has her eye on everything in the department being aware of security for our children patients. Jen knows the patients well and thinks about their needs often recognising them, getting them to confirm their details without having to give all information again.

Then down to main outpatients reception with Zara and Mike, often the first point of contact for most visitors to our Trust, were we chatted about the number of patients who have booked through choose and book that turned up even though appointments had been cancelled. How telephone numbers are instrumental in patient contact and how they are hidden in different screens within our systems.

You raised some issues in regards to outsourcing of letters which I've raised with our IM&T department to review, but please ensure any issues are raised on Datix. I've also highlighted the impact of the ambulance service not always providing leave cover for their personnel based at the Trust.

Thanks again to you all, your dedication to delivering patient care is heart-warming and you should be so proud of what you do each and every day, the strength of you together and how hard you work comes across.

Yours sincerely

Kerry Robinson
Director of Strategy & Planning

Outpatients Therapy Team

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Philip Hulse
Outpatient Therapy Team

Dear Philip

I am writing to firstly thank you and your team for agreeing to me visiting your areas to shadow staff.

I thoroughly enjoyed seeing the various roles that Therapies can play in a patient's journey to recovery. In particular I was able to observe three different physiotherapists assessing and treating three different patients and the way in which they tailored their communication and treatment plans to suit the individual patients was nothing less than impressive.

The hydro pool facility was clearly popular with patients and you could see that not only this benefited the patients physically but also the social support it provided through being able to connect with other patients was also evident.

It would be remiss of me not to mention the incident with the elderly patient who fell in the corridor and the way in which you and surrounding staff dealt with this professionally and calmly. This went beyond the immediate checks with patient to notifying the staff in the area the patient was due to visit so that ongoing observations and checks could be taken, checking the falls protocol to ensure all measures required had been taken and reporting the incident via Datix. This was a perfect example of someone taking responsibility for a situation and seeing it through to a conclusion.

Thank you again for making me so welcome.

Yours sincerely

Shelley Ramtuhul
Trust Secretary

Patient Access Team

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Alyson Jones
Head of Patient Access

Dear Alyson,

I am writing to thank you and your staff for the opportunity to visit the Admissions booking department and taking the time to take me through the processes. This was particularly timely to see in action some of the processes that we had been discussing that week as part of the "Breaking the Cycle" event.

The team had arranged a busy schedule for my visit to ensure I had an opportunity to see the breadth of the work of the team from a number of different perspectives.

During my visit I spent time with Karl who took me through the way our information reports are reviewed on a daily basis and put into action through daily comm cells, team updates and twice weekly PTL meetings.

I then had an opportunity to meet with Julie and the team to see booking in practice with a team discussion on the unintended impact of Surgeons changing lists on Bluespier leading to the need for daily validation of our systems and on occasion multiple date changes for some of our patients.

It was great to hear the close working relationship that our admission clerks have with our surgeons to review lists. It was also insightful to see that our admissions team are regularly the first point of contact for wide ranging aspects of the admission process far above and beyond the scheduling of dates with patients, the breadth of their role stretched to liaison with theatre teams regarding kit and implants and checking medication with the pre-operative teams.

There were also opportunities for improvement seen as part of my visit, with all members of the team keen to see improvements in our processes associated with pre-operative assessment, from a communication perspective and also in ensuring that there is sufficient capacity available to schedule the necessary number of patients for each of our Surgeons.

A further recognised area for improvement identified related to the training capabilities within the team for new starters and bank staff. I had an opportunity to discuss with staff members the impact of our shortcomings in this area on some of our newest members of the team and consider some options as to how we could improve experiences going forwards.

It was great to see the enthusiasm of the team to make improvements in their department and they translated this into their "Breaking the Cycle" action plan that afternoon.

Thank you again to the team for sharing your time with me, and I am looking forward to seeing the changes you have worked together to develop.

Kind sincerely

Nia Jones
Director of Operations

Portering

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Christine Lee
Portering

Dear Christine

Thank you for allowing me to join you and your team last Thursday and to observe what you and your staff do. It was great to see from your perspective how the hospital operates and I must say I learnt a lot.

Paul was really helpful in showing me what you all have to do, and how complex some simple tasks can become, with the need to constantly revisit areas to ensure that patients are ready to be transferred to other areas such as x-ray to continue their care.

Your staff take great care in their work, ensuring that they tell the patients why they are there and what they are doing, keeping them informed which can be so key.

If you are still happy to, I would like to get another member of my team to shadow and work with your team to see how you interact with IT systems to see what can be done to help improve the services.

I hope you found it useful too and I will ask Hayley Derbyshire to set up a follow on visit.

Please pass on my thanks to all your staff for hosting and making me feel welcome.

If anyone would like to see what I or my team do, please let me know.

Yours sincerely

Simon Adams
Associate Director of IM&T

Powys Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Deb Povall
Powys Ward

Dear Deb,

I wanted to write to say thank you for allowing me the opportunity to come and visit Powys Ward and to see first-hand the care that we give our patient post-surgery. I hear so often about the quality experience that patients have on the ward and it was really wonderful seeing it for myself. I especially wanted to thank Staff Nurse Gemma Littley and HCA Tracey Scott who hosted my time.

What struck me whilst spending the afternoon with you was how knowledgeable, passionate and professional everyone on the ward was, with an eagerness to always look to improve. I also found it really beneficial understanding how the implemented technology that I hear about from the project side of things is practically applied on the floor, e.g. VitalPAC and the PSAG boards.

Participating in the drinks trolley round and being present for the afternoon huddle allowed me to interact with the patients and staff and hear their experiences of our care, which I rarely get the chance to do.

Your team are dedicated to caring for staff, patients and finances and demonstrations of this came up several times whilst I was with you.

Thank you again for giving up your time and allowing me this opportunity.

Yours sincerely

Gemma Brett
Interim Divisional Manager for Surgery

Pre Operative Assessment

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Jo-Anne Bidmead
Pre Op Assessment

Dear Jo-Anne,

Thank you for your time on Thursday 8th November as part of the "Back to the Floor" initiative, where a number of the senior leaders within the organisation were given an insight to other departments, roles and responsibilities.

The insight you provided explaining the dynamics of how the Pre Op Assessment Unit works was informative and given a greater understanding of the complexities faced.

I found the insight valuable in understanding better what individuals do and how their duties fit within the wider team, it was evident everybody had a role and from what I observed seemed to operate as one smooth operation.

Team work was clearly the focal point from start to finish and everything in-between, which is a credit to yourself and the team around.

I enjoyed my time on the unit and obtaining a small insight into daily operations and the various pressures encountered.

Thank you for the opportunity and insight within the team.

Yours sincerely

Nick Huband
Associate Director of Estates & Facilities

Radiology

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Connor Hodgetts
Radiology Team

Dear Connor and team,

Just a quick to note to express my sincere gratitude to you and your team for welcoming me into your department as part of the recent back to the floor event.

I learnt much during my visit about the different types of imaging equipment and it was really helpful to see these in action and to understand how the images taken are subsequently reported and communicated. The exhibition for World Radiography day was also very impressive and it was great to see the enthusiasm of the team in spreading awareness across the Trust.

Whilst there is still further work to do to replace some of the older equipment and rooms in the department it was really good to see the differences that recent investments had made. I know you and Eric are committed to finalising a plan to ensure all of our equipment meets the same high standards and look forward to further updates through the Capital Management group so we can align future resources appropriately.

What stood out for me most from my visit was the improved morale across the team; as we know happy staff leads to happy patients so this was not only great to see but a credit to the leadership of yourself and Eric.

Keep up the great work and well done to all.

Yours sincerely

Craig Macbeth
Director of Finance

Recovery

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Dawn Willmore
Recovery

Dear Dawn,

Thank you so much for hosting me in recovery. It was great to spend some time chatting and understanding a bit more how things work.

I really enjoyed watching Paul, Becky and colleagues work. The care I saw was excellent. It was extremely professional and compassionate. The handover onto Ludlow was impressive and supports our work to keep patients safe. I enjoyed pulling one of the new beds with Frank. They are certainly an improvement and we know the rooms and doors on Ludlow are snug!

We chatted about the emergency bell issue and I saw first-hand the issue with it being connected to the new theatres, HDU and Oswald. I will ask Nick Huband to look into it.

I meant to ask about VitalPAC? I noted Paul was manually recording into notes (very well!). I would be keen to understand if it would be suitable for recovery? Paul and I also chatted how we might use the 3D headsets in the preparation of patients. I will follow this up with him.

I also spent time observing the escorting of a patient from Baschurch up to theatres. I shall write separately to Stuart Bowdler and Jo about that fantastic experience. I was also lobbied about TSSU and the trolleys from the scrub teams. I have raised this but I will write separately about it as part of my monthly visit to the coffee room.

You have an experienced hard working team. Please pass on how much I appreciate how hard people work and the excellent job they do.

Kind regards

Mark Brandreth
Chief Executive

Research

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Sally Roberts and Heidi Fuller
Research Dept.
ARC Building

Dear Heidi and Sally,

Thank you so much for hosting my visit to your research facilities as part of our “Back to the Floor” day. I remain in awe at the level of expertise, specialised skills and commitment to research I observed in each department, whether from members of your senior team or your brilliant students.

It was particularly valuable to be able to spend the morning in a department which I had not visited previously and to learn something of the important work and projects you are undertaking - many with very long term horizons and potentially life-changing patient benefits. The collaboration between RJAH and Keele was also good to see in practice.

Please pass on my thanks to everyone who spent time with me, and for their patience in explaining at least something of the work you do. I really enjoyed it.

Regards,

Frank Collins
Chairman

Rheumatology

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Dr Askari
Consultant Rheumatology

Dear Dr Askari,

I am writing to thank you and your team for allowing me to join you on Thursday 8th November 2018 in your Rheumatology Clinic.

I felt extremely privileged to get such a first-hand insight into what goes on in your clinic room. I must really thank you, the team and your patients for allowing this. The complexity of your patient's issues was a real eye opener. Not one patient came to your clinic that day with only one issue that required one solution. They all had extensive clinic notes, numerous diagnoses and issues regarding certain medications. The way in which you managed the patients' expectations was extremely professional whilst remaining compassionate and caring. Given the complexity of your patients' needs I was surprised that by the last patient you were running "only" an hour behind.

Once again thank you so much for your time and I hope to see you very soon.

Regards,

Mark Lowe
Performance Manager - Surgery

Sheldon Ward

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Lorna Edwards
Sheldon Ward

Dear Lorna,

Following my recent visit to Sheldon Ward on November 8th as part of the Back to the Floor Event, I wanted to write to thank you and the whole team on the ward for making me so welcome and for taking the time out of your busy days to talk to me and show and explain more about what you are involved with daily.

It was interesting to spend time with the therapies team hearing about the challenges they are currently facing and listening to the way in which they are having to respond flexibly until the team is back up to full strength and to be reminded of the absolutely key role, they play in supporting your patients.

I developed a better understanding of Bay Watch and it was really beneficial to see it in practice and to understand the very clear benefits which have been seen since its introduction. I also understood the impact of the recent incident on all those involved and the way in which staffing levels have been reviewed.

I was encouraged by the impact that the activities co-ordinator has had on the ward and could witness the care that was being given patiently and kindly to patients who so often are not given the time and support in a busy patient environment, but it is apparent that this makes a huge impact on their quality of life whilst in hospital and staff really appreciate that this is in place.

Thank you for taking the time to explain what you are focussing on as the Ward Manager and demonstrating how you are supporting and leading the ward to be an exemplar of excellent patient care delivery.

The atmosphere on the ward was so friendly and positive and the attitude of staff to each other, to patients and visitors was a real pleasure to observe – Thank You!

Although I have been working in the NHS for many years, the visit really helped me to reconnect with patient care delivery and to witness the very best that the NHS can be.
Regards,

Yours sincerely

Sarah Sheppard
Director of People

Shropshire Orthopaedic Outreach Service (SOOS)

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Nina White
Service Manager

Dear Nina,

Just a quick note to express my sincere gratitude to you and your team for welcoming me into your department as part of the recent back to the floor event. I was fortunate enough to spend time at Oswestry Health Centre, SOOS clinic and a little time in the admin department.

I learnt much during my visit and could see strong evidence of a progressive and forward thinking culture throughout the department; which is totally aligned with the Trust's values and operational excellence objectives. What struck me the most however was the consistent level of dedication and professionalism displayed throughout your team.

There were a number of challenges which were highlighted for the relatively new SOOS service and areas for development which included:

- Regular team meetings
- Training opportunities for the team members
- Clinical expertise for specific patient groups

There was also much anticipation of what your leadership will bring to the service in the future and a real hope that this will ensure the Trust's patients continue to receive the highest levels of care within the resources we have available.

It was great to see and be seen by staff and to hear their views – some had not met me before and have now been able to put a face to a name. I really enjoyed my morning.

Keep up the great work and well done to all.

Yours sincerely

Imran Hanif
Chief Pharmacist

Stores

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Mark Evans
Stores Manager

Dear Mark

Thank you very much for your time when I visited Stores on 8th November as part of the Back to the Floor event. I was surprised to hear this was the first visit you had received since this event began. It was very evident that you are a committed team who have many ideas to enhance processes between Stores and clinical areas across the Trust. We discussed several key issues, some of which as a Divisional Manager cause me concern. I have highlighted these key issues below in order to assist in achieving some focus in addressing them. Can I please emphasise that these were issues that were highlighted to me by you and your team due to my own questioning about Stores in general. This is not meant to come across negatively as I found the experience most enlightening and very, very positive.

- Security of Stock
  - As Divisional Manager of an area where a lot of consumables pass through Stores, I was shocked to find there was no lock down to this area. The code is well known and Domestics, Porters and the Post Room are all in the same area divided by storage shelves only. This does not provide any assurance in relation to security of stock or any associated audit of stock levels. I requested the record of stock checks (this is something that we regularly do in our procurement store), this does not appear to be something that is regularly done. There does not appear to be a system to enable auditing of the flow of what is actually ordered and delivered to what is delivered in theatre. In addition to this, rotation of stock is not something that can be facilitated by the department at present due to staffing shortages.
- Limited Storage Space
  - It was evident, due to lack of storage space, that boxes were stored directly on the floor with a high risk of damage and subsequent validity of sterility (obviously a lot of theatre goods fall into this capacity).
  - Due to this shared open plan facility the height of storage of consumables exceed health and safety recommendations but there appeared no other option other than increasing the amount of goods stored on the floor with all the associated risks as outlined above.
- Manual Handling
  - You only had one “elephant foot” and no mobile steps with wheel lock and handle for assisting in both storing and retrieving stock.
  - There were no motorised trollies. (Concern due to the 13% incline into building which all stock is taken through for both delivery and despatch.) You gave an example of a 1 tonne plaster delivery which occurs every 3-4 weeks which takes up to 6 of you to move. Due to the available space in your store room I witnessed a very limited area in which you have to perform manoeuvres when turning.
  - You informed me that a manual handling risk assessment for pushing and pulling had been completed by? SaTH. Despite scoring high on 21 out of the 40 criteria/tasks, the overall score was only marked as 6 which gives a risk rating category of low. I requested the risk rating matrix but you did not have access to this.

There was some discussion regarding centralisation of Stores with SaTH which is most concerning in view of difficulties with the volume of consumables that would need to be both delivered and stored within theatre to prevent cancellation of activity when storage is already a problem within the theatres

division.

As requested by you Mark I am planning on visiting you and your team again on 14th December for a few hours in the morning when the full extent of the impact of deliveries can be witnessed as I had missed this when I joined you on the Back to the Floor as I was only able to come to you in the afternoon.

I would like to take this opportunity again to commend you and your team on your professional approach and commitment to your roles and for the warm welcome you gave me.

I look forward to seeing you all on the 14th.

Kind regards

Yours sincerely

Amanda Peet
Theatre Divisional Manager

CC: Phil Davies

Switchboard

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Martine Williams
Switchboard

Dear Martine and Switchboard team,

Martine, can I thank, through you, the two members of staff that I met on my visit to Switchboard on the 8th. I was left breathless at the pace under which they have to work and the variety of additional tasks they have to complete in addition to answering a busy switchboard within a tight timeframe.

Both people I met struck me as unfailingly polite to telephone and direct callers whilst keeping a close eye on a complex system. I understand that there is a move to re order the desks to ensure better observation of all four monitors; this would seem a very sensible move.

Both ladies were incredibly upbeat working within an oddly isolated position; however I was very impressed by how connected they are to the wider issues within the Trust, positive about their work and the importance of it. A very impressive duo.

Again many thanks to you for arranging this and even more so to the Switchboard staff for taking time, whilst juggling so many plates, to explain their role to me.

Kind regards

Hilary Peplar
Non Executive Director

Theatres

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Amanda Peet
Theatre Divisional Manager

Dear Amanda,

It is a pleasure to be operating on this afternoon as it truly is back to the floor in my other role as orthopaedic surgeon. As usual I found everybody welcoming and cooperative looking forward to the operating list. The WHO briefing before we started operating was professional; we went through all the WHO stages meticulously. All the equipment had been carefully selected and prepared in case it was needed. The staff are extremely knowledgeable especially as I have moved to using the Vanguard replacement and that made the operating very smooth with everything handed in the correct order, anticipating each step of the operation along the way. The operations finished within good time and without delays.

We had a debrief at the end of the day and in between cases were able to discuss interesting cases amongst the surgeons and welcome one of the nurses back from maternity leave. We demonstrated some of our operative procedures to Paula who has been visiting today on her “Back to the Floor” experience.

You and all your staff run a very tidy ship!

With best wishes and kind regards
Yours sincerely

Stephen White
Medical Director

Theatres

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Gilly Griffiths
Theatres

Dear Gilly and Team

I am writing to say a big thank you for allowing me to visit theatres and find out all the amazing things that go on there! You all made me feel welcome; I have spent many years in this hospital on the ground floor so it was fascinating to see what happens up-stairs.

Especial thanks to Gilly for guiding me round and explaining all the good work you are doing in theatres; you work so hard and are rightly proud of your team. It was good to see the staff involvement, for example, your GOB board.

Thank you also to Pat and Mr White for letting me observe an operation and talking me through it – you are so professional, you almost make it look easy!

I'm sure the insights I gained during my visit will help me in my new role to understand some of the challenges you face and I hope to be able to provide some management support if needed.

Best wishes

Paula Jeffreson
Deputy Director of Operations

Theatres: Menzies

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Amanda Peet
Theatre Divisional Manager

Dear Amanda,

I am writing to thank you and your staff for the opportunity to visit the Menzies unit and taking the time to take me on tour around our theatres.

During my visit Gilly kindly gave me a tour of both main theatres and the Menzies unit.

It was great to see the work that has taken place on your communication boards to share the feedback from staff surveys, with the “you said”, “we did” as a great example of how we are responding to staff feedback.

It was also great to see staff adopting our cultural characteristics in the approach taken to improve our storage area, and having identified a problem, taken a proactive approach to fixing it. Great teamwork from all involved!

I was then privileged to spend time observing a list undertaken by Simon Pickard, where he provided an endoscopic carpel tunnel teaching course for visiting surgeons followed by life changing surgery to enable a patient to regain a level of independence through tendon transfer surgery.

I concluded my time in theatre with a visit to theatre 6, discussing the impact of the restrictive space in the theatre with a view to looking at whether we might be able to make better use of the recently vacated procedure room in Menzies, and in turn consider other uses for theatre 6, potentially as much needed storage space for the complex.

Despite its limitations, Stuart Hay and Richard Potter had undertaken a complex elbow revision surgery in theatre 6 that afternoon, corrective surgery following multiple operations at another provider with a successful outcome for the patient, a prime example of the excellent care and expertise of our surgeons.

Thank you again to all the staff for sharing their time with me.

Yours sincerely

Nia Jones
Director of Operations

Theatres Scheduling

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Amanda Peet
Theatre Divisional Manager

Dear Carla, Amanda and Mel,

To all three of you I just wanted to say thank you for the time you spent with me yesterday talking me through theatre scheduling. I must have delayed your day considerably with all my questions, but you gave me a massive insight of the day to day workings of scheduling, it left me with many thoughts and learning.

Watching you review with skill the scheduling of our theatres, knowing when and where changes have been made and their potential consequences was outstanding. It was great to chat about how feedback is given and received and by who when changes are made that have implications that others may not be aware of. I'd urge you to consider this further, the conversation was excellent and I'm sure you can make much difference in these communications.

You raised how the timing of procedures are not automatically updated in Bluespier, just to reassure you I understand that our system does have the capability to complete what you suggested and our IM&T team are looking into how this could be switched on.

It was fascinating to understand what are meant to be lock down points for our theatre scheduling and what happens in reality, we discussed how this could be presented numerically with data. I look forward to seeing this presentation, I think this could be a cornerstone to a change in conversations and potential next step actions.

Thanks again to you all, your dedication to delivering patient care is heart-warming and you should be so proud of what you do each and every day, the strength of you together as a team and how hard you work comes across.

Yours sincerely

Kerry Robinson
Director of Strategy & Planning

TSSU

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Nick Richardson
TSSU

Dear Nick & Team,

Just a quick to note to express my sincere gratitude for welcoming me into TSSU as part of the recent back to the floor event.

It was great to see the unit in action and to understand more fully the stages of equipment sterilisation as well as to see the team working so effectively within the limited space and capacity.

I also appreciated learning more about the forthcoming refurbishment and to understand your plans for continuity during the works. Your positive 'can do' approach has been key to moving this forward and for gaining the support of your team. I will certainly be taking you up on the offer of a further visit to the department once the refurbishments have been completed!

In the meantime keep up the great work and thank you for your continued commitment.

Yours sincerely

Craig Macbeth
Director of Finance

Chair's Assurance Report
Risk Management Committee – 7 November 2018

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	29th November 2018
Executive Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	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 paper presents an overview of the Risk Management Committee Meeting held on 7 November 2018 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

The Board of Directors has delegated responsibility for the implementation of the Trust's risk management systems and controls to the Risk Management Committee. This Committee is responsible for seeking assurance on the Trust's risk management in order that it may provide appropriate assurance to the Board.

2.2 Summary

- The meeting was well attended and was quorate.
- There was good progress of actions from the previous meeting
- The Board Assurance Framework (BAF) was presented with the progress against addressing the gaps in controls and assurances noted.
- Partial assurance was obtained regarding the Trust's Corporate Risk Register as there were a number of risks that required further review. It was agreed that this work would be done before the next meeting in January.
- The committee was assured regarding the management of the IT Department Risks.
- The Risk Management Report provided assurance regarding the Trust's risk and incident management. In particular the incident reporting levels were noted to be stable.
- Assurance was obtained regarding the management of safety alerts and the Trust's processes were noted to be robust
- The work plan was reviewed and agreed

2.3. Conclusion

The Board is asked to note the meeting that took place and the assurances obtained.

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Risk Management Committee which met on 3 October 2018. The meeting was quorate with no Non-Executive Directors, there were two Executive Directors present. A full list of the attendance is outlined below and demonstrates good representation from the Divisions.

Chair/ Attendance:
Chris Beacock, Non-Executive Director
Nia Jones, Director of Operations
Kerry Robinson, Director of Strategy and Planning
Mark Brandreth, Chief Executive Officer
Craig Macbeth, Director of Finance
Shelley Ramtuhul, Trust Secretary
Mandy Bride, Matron for Medicine
Kirsty Evans, Matron for Surgery
Rob Freeman, Medical Representation
Amanda Peet, Divisional Manager for Theatres
Phil Davies, Head of Estates and Facilities
Ian Gingell, Health and Safety Advisor
Karin Daelemans, Therapies Manager
Gemma Brett, Surgery Divisional Manager
Julie Roberts, Assistant Director of Nursing and Governance
Simon Adams, Associate Director of IM&T
Mary Bardsley, PA to Director of Nursing
Apologies:
Harry Turner, Non-Executive Director
Bev Tabernacle, Director of Nursing / Deputy Chief Executive
Nikki Bellinger, Deputy Director of Nursing
Sara Ellis Anderson, Matron
Leighann Sharp, Theatres Matron
Lindsay Leach, Divisional Governance Lead
Paula Jeffreson, Deputy Director of Operations
Eric Hughes, Diagnostics Divisional Manager

Chair's Assurance Report
Risk Management Committee – 7 November 2018

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting had all been completed.

3.3 Key Agenda

The Committee received all items required on the work plan with an outline provided below for each:

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Corporate Risk Register		
The committee received the Corporate Risk Register for review and approval, the paper presented those Trust wide risks with a score of 15 and higher. The following was noted: • 4 new risks added • 0 risks have increased • 0 risks have reduced • 1 risk has been closed The committee discussed the three new risks that had been added in relation to the Charnley Labs. It was agreed that these needed further review in order to adequately reflect the current control measures and following which further review of the risk score was required. The other new risk related to research governance and the committee felt that this did not fully out the current position and that there were further mitigations to consider which would affect the score. The committee received an update from Amanda Peet, Divisional General Manager for Theatres regarding the O Arm risk (DX1848). It was noted that the trial had been extended for three months. The committee as if the current control measures were correct and asked for the narrative to be strengthened. The committee discussed the risk relating to spines equipment (DX1858) and noted that the equipment had been ordered but that the risk remained until it had been installed. The team continued to chase this. The committee discussed the scrub staff recruitment and retention risk (DX1059) and agreed that a trust wide staffing risk should be added to the register. It was noted that this was referenced in the Board Assurance Framework. The committee reviewed the RTT recovery risk (DX1601) and noted that the new spinal consultant had been appointed. The radiology reporting pathway risk (DX1914) was discussed and it was confirmed that this related only to the SOOS service. It was agreed that this should be escalated to the Quality and Safety Committee.	Partial	The committee identified a number of risks it felt required further review in order to accurately reflect the risk The committee agreed to escalate the risk regarding the radiology reporting pathway risk for SOOS to the Quality and Safety Committee

Chair's Assurance Report
Risk Management Committee – 7 November 2018

A concern was raised regarding RJAH emails going into the junk mail inbox since the migration to NHS.net. The Associate Director for IT outlined the communications that have taken place regarding this but agreed a risk should be added to the risk register and further communications and support provided the Medical Secretary team as a mitigation. Further it was agreed that this could be highlighted at the next Clinical Management Board. The committee **approved** the Corporate Risk Register.		
2. Board Assurance Framework		
The committee received the review Board Assurance Framework and noted there were no material changes to the risks since its presentation to the Board at the end of October. The committee noted the progress that had been made against the actions. The committee was pleased to note that going forward all Board committees will receive a copy of the risks which fall within their remit for review and monitoring. The committee **approved** the Board Assurance Framework.	Y	
3. Risk Management Report		
The committee received the risk management report which provided an overview of the Trust's incident management and risk management. The headlines from the report were as follows: • Overall reporting levels remained consistent • A total of 261 incidents were reported in September • The top 5 categories of incident remain the same • There were 13 moderate harms reported within the month which included 8 patient transfers and 1 medical emergency • One serious incident was reported and the Trust are following the process to complete a root cause analysis • A total of 4 trust wide serious incidents are recorded as open and 1 never event • A total of 624 live risks are recorded, the team continue to review the overdue risks • The majority of the aged risks have been reviewed and rewritten to ensure the risk is reflected accurately. The team continue to review. • A total of 12 new risks have been added to the risk register (which includes those that have been added to the corporate risk register) The committee asked the Divisional Managers to work with the Governance Teams to review the aged risks and outstanding actions before the next meeting in January.	Y	

Chair's Assurance Report
Risk Management Committee – 7 November 2018

The committee **noted** the Risk Management Report.		
4. CAS Alerts Update		
The committee welcomed Ian Gingell, Health and Safety Advisor who had recently taken up the post at the Trust. IG presented the update on the CAS Alerts and highlighted there have been 70 received since April 2018 of which, 16 were not applicable, 40 were assessed and deemed not relevant, 9 were being assessed and 4 alerts had been completed with action logs. The committee noted the robust process in place for managing CAS alerts and this was reflected in the fact that there are currently no overdue alerts. The committee **noted** the CAS Alerts Update	Y	
5. Business Continuity Plan		
In the absences of the Director of Nursing and Deputy Director of Nursing the committee agreed to defer the approval of the Business Continuity Plan until the next meeting. The committee **deferred** the Business Continuity Plan to the next meeting.	N/A	
6. Fire Risk Assessment Annual Report		
The committee received an updated on the Trust Fire Risk Assessment and Annual Report. The committee noted that during the past 12 months the Estates Department and Capital Management Group have developed a long term investment programme to further reduce the fire throughout the Trust. A 5 year programme has been agreed to specifically address high and medium fire related risks, incorporating a £240k spend for 2018/19. Work to date has almost entirely eliminated the high risk items. The committee **noted** the Fire Risk Assessment.	Y	
7. IT Deep Dive		
The committee received the deep dive into the I.T department risks and noted the control measures in place regarding the following: • Cyber Security • NHS Digital firewalls • Data Protection compliance In addition the committee received an update on the progress with the EPR and noted it was to be discussed at the next Clinical Management Board.	Y	

The committee had a discussion regarding the security of email on mobile devices and was assured regarding this and the information governance training in place. The committee **noted** the I.T Deep Dive Report.		
8. Review of Work Plan		
The work plan is a standard agenda item to encourage the committee to reflect on any changing priorities and external factors. The following suggestions were made: • Paediatrics Deep Dive to be added to the work plan (January) • Human Resources Deep Dive to be added to the work plan • Research Deep Dive to be added to the work plan The committee **approved** the work plan.	N/A	
9. Attendance Matrix		
The committee received the attendance matrix for information and there were no attendance concerns. The committee **noted** the attendance matrix.	Y	
10. Paediatric Directorate		
The structure chart was presented to the committee for information and it was explained that historically paediatrics had reported to two divisions and the aim of this change was to enable the governance of paediatrics to be drawn out whilst retaining strong links with the medicine and surgical divisions.	N/A	

3.4 Risks to be Escalated

In the course of its business the Committee discussed the risk of the pathway for the radiology reporting for the SOOS service, this was related to the tracking of radiology requests. The committee asked for this to be escalated to and addressed by the Quality and Safety Committee.

3.5 Assurances Sought at the Last Meeting

There were no outstanding assurances from the previous meeting.

3.5 Conclusion

The Board is asked to note the meeting that took place and the assurances obtained.

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	29 November 2018
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	Risk Management Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board is asked to ***consider*** and ***approve*** the suggested amendments to the BAF (highlighted in blue).

2. Executive Summary

2.1. Context

The Board of Directors uses the BAF as a tool to ensure effective management of any risks which have potential to impact on delivery of the Trust strategy. The Trust has defined its three key strategic aims:

- Operational Excellence
  Getting a real grip on the operational things that will make a significant difference to our patients

- Specialist Orthopaedic
  Being a national voice in our area of expertise, working in partnership with our specialist neighbours

- MSK
  Establishing RJAH as a central part of the local health system, rather than a fringe specialist provider

All underpinned by a fourth aim relating to Culture and Leadership (We must be a patient-focussed, clinically-led organisation that is spoken of as an extraordinary place to work).

2.2 Summary

This paper presents an update of the BAF which has been reviewed and updated since it's last presentation to the Board in September 2018.

2.3. Conclusion

The Board is asked to:

- Note the content of the BAF
- Consider and agree the proposed changes
- Consider and agree any additional changes required

3. Main Report

3.1. Board Assurance Framework

The Board of Directors utilises the BAF to identify and track the management of risks to the delivery of the organisations corporate objectives and ultimately the strategy. It documents the controls and assurances in place for each risk and identifies any gaps which require action to be taken.

Attached at Appendix 1 is a copy of the BAF which has been reviewed and updated with the Executive Team since its last presentation to the Board at the end of September.

There have been no changes to the risks cited on the BAF but updates have been made to the actions to address identified gaps in controls and assurances.

3.2. Conclusion

The Board is asked to:

- Note the content of the BAF
- Consider and agree the proposed changes
- Consider and agree any additional changes required

Operational Excellence 1.1

Achieving Outstanding Patient Safety

Principal Risk: Inadequate or unsuccessful implementation of learning from incidents

Missed opportunities to prevent further incidents, risk of increased incidents. Reputational damage and poor patient experience. Lack of output from investigations reduces reporting

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	5	4	2
Likelihood	5	2	1
Total	25	8	3

Risk Details

Opened: May 2017
Reviewed Date: October 2018
Source of Risk: Incident data
Corporate Risk Register? (DX 1949)

Controls:

- ✓ Incident and Serious Incident Policy in place and updated
- ✓ Learning triangles introduced
- ✓ Robust Quality and Governance Structure
- ✓ Real time data and feedback via Datix with daily reporting of incidents to executive team
- ✓ Safety Summits (July 2017 and further summit planned on near misses)
- ✓ Reporting to Risk Management Committee of ongoing risks linked to incidents
- ✓ RCA training rolled out to wider organisation
- ✓ Automated feedback to staff who report incidents via Datix
- ✓ Quarterly safety bulletin
- ✓ WHO process revised following Never Event

Assurance: **Source of Assurance** **3**

- ✓ NRLS benchmarking
- ✓ CQC Monitoring
- ✓ Oversight and assurance by Quality and Safety Committee
- ✓ Monitoring by CCG with regular Quality Surveillance Meetings
- ✓ Internal audit report on incident management
- ✓ Internal audit on WHO process

Gaps in Controls:

- Manual patient feedback capture does not provide real time data
- Staff survey results low regarding feedback indicating a perception issue

Gaps in Assurance:

- Lack of specialty benchmarking

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Roll out of electronic solution for patient feedback capture	Director of Nursing	Sept 2018	The data impact assessment has been signed off by the Data Protection Officer. The hardware requirements are currently being addressed. Roll out has commenced	
Communication with staff regarding feedback	Trust Secretary	Oct 2018	Ongoing monitoring of feedback emails. Introduction of Safety Rounds whereby the Clinical Governance will walk the hospital for an hour everyday sharing the learning from incidents and discussing safety issues.	
Benchmarking opportunities to be scoped	Medical Director	Nov 2018	Plan to raise benchmarking issue with the NOA	

Risk Owner:

Director of Nursing

Lead Committee

Quality and Safety Committee

Operational Excellence 1.2

Delivering outstanding outcomes and experience

Principal Risk: Limitations as a result of IT capabilities

Inability to progress innovative ways of working due to limited IT infrastructure and resource, fragmented systems resulting in continuing inefficiencies, efficiency payback of new systems not full realised or optimised

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	3
Likelihood	4	3	2
Total	16	12	6

Risk Details

Opened: March 2018
Reviewed Date: October 2018
Source of Risk: Risk Assessment
Corporate Risk Register? (DX TBC)

Controls:

- IMT steering group oversight and action
- Actions in response to internal audit report on cyber security
- Actions in response to internal audit on IT general controls
- Annual penetration test with actions in response as required
- Incident policy in place
- Training in place
- KPI's monitored via IMT steering group
- Help desk review completed
- Chief Clinical Information Officer role in place
- Capital Management Group
- OLA's for service
- Shared governance arrangements for the STP
- Board have undergone Cyber Training
- IT Strategy approved the by the Board

Assurance: **Source of Assurance** **3**

- Oversight and assurance by Audit committee
- Oversight and assurance by FPI committee
- IG committee oversight and assurance
- NHS digital benchmarking
- NHS model hospital
- NHS Digital oversight
- STP Digital stream committee
- Internal audit report on cyber security
- Internal audit on IT general controls
- Specialty benchmarking in place via model hospital

Gaps in Controls:

- Financial viability to be tested
- Ability to implement digital strategy
- Clinical process standardisation
- Lack of clinical standards and innovation committee

Gaps in Assurance:

- Training compliance on systems

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
EPR procurement and development of EPR Business Case to include stakeholder engagement.	Associate Director of IM&T	Nov 18	Stakeholder engagement underway	

Stakeholder engagement.	Associate Director of IM&T	Sep 2018	Key agenda item for Clinical Cabinet on 12th November followed by discussion with Clinical Management Board	

Risk Owner:	**Lead Committee**
Director of Strategy and Planning	Finance Planning and Investment Committee

Operational Excellence 1.3

Spending our money wisely

Principal Risk: Failure to achieve activity and income target within planned cost base

Potential impact on Trust's financial stability, inability to grow and invest as required, impact on cash balances, single oversight framework ratings adversely affected

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	5	4	2
Likelihood	5	3	2
Total	25	12	2

Risk Details

Opened: March 2018
Reviewed Date: October 2018
Source of Risk: Financial management
Corporate Risk Register? (DX TBC)

Controls:

- ✓ Cost improvement schemes identified to required level for 2018/19 with 20% contingency
- ✓ QIPP schemes identified to required level
- ✓ Carter recommendations embedded in savings scheme discussions
- ✓ Access to good quality benchmark information as per model hospital
- ✓ Daily tracking of theatre bookings
- ✓ Focus on theatre productivity
- ✓ Forward view of availability of LLP sessions and cost of this factored in to financial plan
- ✓ Risks reviewed on a monthly basis and addressed through performance reviews
- ✓ Lessons learned when setting the 2018/19 plan for theatre activity

Assurance: **Source of Assurance** **3**

- ✓ Monitoring of CIP delivery via Divisional Performance Meetings
- ✓ Oversight by Operational Board and Finance, Planning and Investment Committee
- ✓ QIPP monitored by RJAH and CCG at contract meetings
- ✓ NHS I oversight
- ✓ KPIs monitored via Board
- ✓ QIA process in place to ensure quality not impacted
- ✓ Planned Care Working Group oversight

Gaps in Controls:

- Further work required on future savings programmes
- Demand and capacity modelling to be completed and behind plan
- Review of bookings process required
- Uncertainty around compliance with consultant job plans
- Reliance on OJP some of which is not based in contract

Gaps in Assurance:

- Gaps in demand and capacity oversight
- Audit of compliance with consultant job plans

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Divisions to identify further mitigating schemes	Director of Finance	Ongoing	Ongoing discussions via Performance Meetings	
Demand and capacity modelling to be completed	Assoc. Director of Performance	TBC	Reconfigured plan developed with new milestones	
Bookings process to be reviewed	Director of Operations	November 2018	Breaking the cycle event being held w/c 5 November this will focus on the bookings process	
Audit of job plan compliance to be completed	Director of People / Director of Operations	January 2019	Incorporated into Internal Auditor Work Plan for 3 months time	

Risk Owner:

Director of Finance

Lead Committee

Finance Planning and Investment Committee

Operational Excellence 1.4

Meeting the requirements of our regulators

Principal Risk: Failure to improve performance in relation to the CQC core standards

Potential for reputational damage and impact on business growth. Inability to attract quality staff. Poor patient perception

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	5	5	1
Likelihood	5	2	2
Total	25	10	2

Risk Details

Opened: May 2017
Reviewed Date: October 18
Source of Risk: CQC regulation
Corporate Risk Register? (DX TBC)

Controls:

- ✓ Implementation of 'Clutter Busters' on each ward
- ✓ CQC Action Plan and Mock CQC Action Plan
- ✓ Review and revision to Quality and Governance structure
- ✓ Removal of breach of licence
- ✓ Well Led Self-Assessment completed and action plan compiled
- ✓ Completed PIR to CQC
- ✓ Learning from recent CQC inspection with debriefs held with staff
- ✓ Gap analysis against the KLOEs completed
- ✓ Exec led reviews with Divisional leadership teams

Assurance: **Source of Assurance** **3**

- ✓ Regular meetings with CQC Officer
- ✓ Internal audit review of CQC action plan
- ✓ Board oversight and assurance
- ✓ CQC Mock Inspection held
- ✓ External reviews of both Theatres and Paediatrics
- ✓ Initial feedback from the CQC inspection team

Gaps in Controls:

- Action plan to address gap analysis ongoing
- ~~Divisional Quality Reports yet to be rolled out~~

Gaps in Assurance:

- Published rating is from 2015

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Quality Reports to be rolled out	Director of Nursing	Mar 2019	The template has been updated and circulated to the governance team and divisional managers. The Theatres and Diagnostics Quality Reports have been presented to Q&S Committee	Completed
Action plan to address gap analysis	Director of Nursing	Oct 2018	This is scheduled for weekly review by the Executive Team with formal assurance via the Q&S Committee which is ongoing	

Risk Owner:

Director of Nursing

Lead Committee

Quality and Safety Committee

Operational Excellence 1.5

Spending our money wisely

Principal Risk: Instability arising from fluctuations in the tariff from 2019/20 onwards

Year on year fluctuations create a risk of instability, single oversight framework rating and segmentation adversely affected

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	3	3
Likelihood	5	4	2
Total	25	12	6

Risk Details

Opened: November 2016
Reviewed Date: October 2018
Source of Risk: Commissioning contract
Corporate Risk Register? (DX1490, DX1533, DX1602)

Controls:

- ✓ Feedback through NHS I consultation process
- ✓ Lobbying to support adverse losses via the NOA
- ✓ Trust actively participating in the development of future orthopaedic tariff as part of costing transformation programme (CTP) pilot scheme
- ✓ NOA and Expert Working Group
- ✓ Strong costing systems locally
- ✓ Framework set for a two year cycle

Assurance: **Source of Assurance** **3**

- ✓ Local pricing agreements to offset losses based on local PLICS
- ✓ NHS I engagement and recognition by pricing team
- ✓ NOA benchmarking
- ✓ CTP Report
- ✓ Confirmation that no organisation will lose more than 2%

Gaps in Controls:

- ○ 2019/20 national tariff will be based on national reference costs – historically this causes shortfalls in specialist activity prices

Gaps in Assurance:

- ○ N/A

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Trust working with NHSI as part of pre-consultation early impact assessment	Finance Director	Oct 2018	Ongoing discussions through the NOA with NHSi regarding a sustainable tariff for complex procedures	
Lobbying through NOA on tariff losses	Chief Executive / Finance Director	Ongoing	Await release of 2019/20 draft tariff under CTP	

Risk Owner:

Director of Finance

Lead Committee

Finance, Planning and Investment Committee

Operational Excellence 1.6

Delivering outstanding outcomes and experience

Principal Risk: Inadequate operational processes

Inability to reduce the number of rescheduled episodes, missed opportunities to prevent rescheduled appointments, reputational damage and poor patient experience, inability to backfill short notice cancellations, lack of an operational transparency model to support improvements in operations processes reducing efficiency opportunities.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	5	4	2
Likelihood	5	4	1
Total	25	16	3

Risk Details

Opened: March 2018
Reviewed Date: October 2018
Source of Risk: National and local health landscape
Corporate Risk Register? (DX TBC)

Controls:

- ✓ Access Policy in place
- ✓ Pre-operative Assessment Transformation workstream
- ✓ Daily scheduling / theatre comm cell
- ✓ Admin review completed, full implementation 2018/19
- ✓ Monitoring of efficiency KPIs
- ✓ Operational Excellence transformation programme working groups
- ✓ Patient Flow Co-ordinator in place
- ✓ Bed Management Policy in place

Assurance: Source of Assurance 2

- ✓ Daily Comms Cell
- ✓ Monthly Operational Board oversight
- ✓ Oversight and assurance via the Finance Planning and Investment Committee
- ✓ Inpatient Survey Performance
- ✓ Operational Excellence Programme Board
- ✓ Oversight from Strategy Board
- ✓ Weekly RTT Meeting / Surgical Division Meeting / Speciality Meetings
- ✓ Deep dives for areas of red performance

Gaps in Controls:

- Booking pathway timeline compliance
- Financial viability of transparency model to be assessed
- ~~Gaps in Operational Management Team~~
- Lack of real time oversight of bed capacity
- Staffing issues in the Bookings Teams

Gaps in Assurance:

- Performance deep dives still embedding

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Operational Excellence Programme Board to develop programme plan	Director of Operations / Assoc. Dir of Performance	Ongoing	Programme Board held 11 June and proposed programme plan discussed. PIDs to go to monthly meetings going forward.	
Options appraisal of existing technologies for control room model	Director of Operations / Assoc. Dir of Performance	Sept 2018	Workshop with external software provider has taken place. PIDs to be completed for the capital working group	
Recruitment to address gaps in operational management	Director of Operations	Oct 2018	Head of Patient Access and Interim Divisional General Manager in post. Deputy Director of Operations commenced, in October 2018	Completed

Risk Owner:

Director of Operations / Assoc. Director of Performance

Lead Committee

Finance Planning and Investment Committee

Operational Excellence 1.7

Delivering timely access to patient care

Principal Risk: Inability to sustain the delivery of our access and waiting times

Lack of capacity in sub specialties together with a failure to follow polices and embed RTT management processes. Pressure on sub specialties where demand exceeds capacity. Potential to result in breach of contracts and key targets, potential for increased costs if OJP or external capacity used. Risk of patient safety issues due to long waits. Overall reputational damage.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	2
Likelihood	5	4	1
Total	20	16	3

Risk Details

Opened: November 2016
Review Date: October 2018
Source of Risk: National Targets
Corporate Risk Register? (DX885, DX1573, DX1601)

Controls:

- ✓ Fast track recruitment days for Theatre staff
- ✓ New Access Policy in place
- ✓ Close monitoring of shortfall in theatre sessions through daily Comm Cell
- ✓ Transformation work streams identified
- ✓ Additional consultants recruited in Spinal Disorders, Knee and Sports Injuries and Paediatric Orthopaedics
- ✓ Bed modelling completed with Kenyon opened as required to support activity
- ✓ CCG PLCV /VBC authorisation process placing controls on demand to RJAH
- ✓ Referrals being monitored as part of monthly planned care working group and monthly contract meeting with CCG (Service Performance Forum)
- ✓ Menzies M12 opened on 1 October
- ✓ Theatre recovery plan in place focussing on theatre efficiency – minutes utilised and cases per session with remodelling completed
- ✓ Consultant training on patient choice

Assurance: **Source of Assurance** **3**

- ✓ NHSi agreed recovery trajectories and monitoring and breach of licence removed
- ✓ Finance Planning and Investment Committee monitoring
- ✓ Planned Care Working Group monitoring
- ✓ Weekly exec comm cell
- ✓ Weekly activity and assurance meeting
- ✓ Mandated returns approved by Exec Team
- ✓ Data quality assessment of all KPIs
- ✓ Daily theatre activity comm cell
- ✓ Twice weekly theatre scheduling meeting
- ✓ Operational Board established with oversight of work to deliver access targets

Gaps in Controls:

- Transformation work ongoing
- Demand and capacity work ongoing but behind plan
- Case mix of RTT backlog continues. Reduction in backlog requires deliver of efficiency of theatres for inpatient activity
- Spinal Disorders capacity
- Control of the impact of CCG PLCV/VBC on SOOS demand and case mix imbalance
- Follow up backlog project behind plan

Gaps in Assurance:

- Lack of Consultant Referral Policy and compliance with the same

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Recruitment of required consultants	Medical Director	Oct 18	Spinal Disorders appointment has been made, Arthroplasty appointment has been recruited to. Foot and Ankle appointment under review. Business case for additional spinal capacity has been approved.	

Completion of capacity and demand work	Associate Director of Performance	Sept 18	Reconfigured plan developed with new milestones	
Implementation of Administration Review recommendations to improve booking process	Director of Operations	December 18	Head of Patient Access in post end of September, Improvement event scheduled in October 2018. Action plan in place for 3 month implementation.	
Progress follow up back log project	Director of Operations	Mar 19	Four key work streams have been established with project management resource identified. Plan takes to the end of March 2019 for full implementation	
Development of Consultant Referral Policy	Medical Director	Nov 18	NHSi supporting with patient choice for implementation in October 2018. Work on the Consultant Referral Policy underway with stakeholder engagement planned – on the agenda for discussion at Clinical Management Board.	

Risk Owner:

Director of Operations

Lead Committee

Finance Planning and Investment Committee

Specialist Orthopaedic 2.1

Delivering outstanding outcomes and experience

Principal Risk: Lack of clear national strategy for the commissioning of our specialist services

Risk of fragmentation and risk to sustainability of specialist services, centres of excellence diminished impacting on the quality of patient care for complex cases

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	3
Likelihood	4	3	2
Total	16	12	6

Risk Details

Opened: March 2018

Review Date: October 2018

Source of Risk: National and local health landscape

Corporate Risk Register? (DX TBC)

Controls:

- ✓ NOA collaboration
- ✓ Engagement with specialist commissioners and NHS England
- ✓ Internal definition and understanding of specialist services with a wider view beyond specialist commissioning
- ✓ Specialist Orthopaedic programme
- ✓ Complexity modelling completed

Assurance: Source of Assurance 3

- ✓ Previous national strategy for specialised commissioning
- ✓ NHS I and NHS E oversight
- ✓ Trust strategy
- ✓ STP collaboration

Gaps in Controls:

- Further definition of specialist orthopaedic programme
- No process for addressing the impact of NHS E procurement for specialised service contracts
- No early warning systems for external providers

Gaps in Assurance:

- ~~Peer networks not linked into governance structure~~

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Strategy development	Director of Nursing	Ongoing – next report to Strategy Board	Forward view underdevelopment, working with the NOA. Update provided to Board in June. Definition for Specialist Services agreed at Trust Board in October	
Review governance around peer networks to ensure escalation / sharing of information and issues	Director of Nursing	Oct 18	Quality reports to pick up external network information and template amended to reflect this	Completed

Risk Owner:

Director of Nursing

Lead Committee

Finance Planning and Investment Committee

Specialist Orthopaedic 2.2

Delivering outstanding outcomes and experience

Principal Risk: Local health partners do not see the benefit of specialist orthopaedic services within the system

Ability to lead the MSK pathways compromised, difficulties integrating into the local system work with weak voice

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	3
Likelihood	4	3	2
Total	16	12	6

Risk Details

Opened: March 2018

Review Date: October 2018

Source of Risk: National and local health landscape

Corporate Risk Register? (DX TBC)

Controls:

- ✓ Trust representation within the STP workstreams
- ✓ CEO and Chair Network for the STP
- ✓ Engagement with key partners in the local health system
- ✓ Kings Fund led workshops
- ✓ Trust strategy
- ✓ Horizon scanning
- ✓ Future fit response
- ✓ MSK Orthopaedic System Paper

Assurance: Source of Assurance 3

- ✓ STP updates to Board
- ✓ NHS I and NHS E input

Gaps in Controls:

- Understanding of our partners risks

Gaps in Assurance:

- Lack of sight of partner risks resulting in gaps in assurance relating to the impact and mitigations of those risks for the Trust

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Review the ways the Trust can ensure sight of partner risks	Director of Strategy and Planning	Dec 2018	Considerations to be given to Board / Executive relationships with partners	

Risk Owner:

Director of Nursing

Lead Committee

Executive Team

MSK 3.1

Delivering timely access to patient care

Principal Risk: MSK service integration fails to deliver expected benefits due to lack of understanding of the self-management and non-surgical pathways

Potential reduction in activity at the Trust with loss of contracted work, impact on stability and availability of specialist work, potential for duplicate visits for patients, inability to respond to external factors. Host commissioner in financial recovery and requires material reduction in orthopaedic spend, impact for the Trust still to be determined.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	4
Likelihood	4	3	1
Total	16	12	4

Risk Details

Opened: May 2017
Review Date: October 2018
Source of Risk: External drivers
Corporate Risk Register? (DX1490, DX1533, DX1602)

Controls:

- ✓ Monitoring of GP referrals
- ✓ Horizon scanning in place
- ✓ Regular dialogue through contract meetings
- ✓ Monthly 1:1 between the Directors of Finance and Chief Executives
- ✓ Participation in MSK service developments and SOOS
- ✓ Delivery of QIPP prior approval requirements
- ✓ STP Directors Monthly Report
- ✓ Strategy deployment linked to objective setting
- ✓ Programme plan in place
- ✓ STP governance arrangements defined
- ✓ SOOS KPIs in place
- ✓ 1st phase complexity modelling completed

Assurance: Source of Assurance 3

- ✓ Strategy Oversight Group overseeing delivery
- ✓ Board reporting programme in place
- ✓ Clinical Cabinet established
- ✓ Local MSK Programme Board in place
- ✓ Finance, Planning and Investment Committee Oversight (Previously BRIC)
- ✓ Monthly performance report
- ✓ NHS I monitoring
- ✓ Shropshire CCG MSK Programme Board
- ✓ SOOS project board in place
- ✓ Contract in place with contractual review meetings
- ✓ Monthly MSK meeting with the CCG
- ✓ Updates to Q&S Committee
- ✓ Planned Care Working Group

Gaps in Controls:

- ○ Ability to implement strategy
- ○ Stakeholder relationships

Gaps in Assurance:

N/A

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Communications plan to be taken through the Executive Team Meeting	Director of Strategy and Planning	November 2018	Steer provided by the Board, to be followed up through the Executive Team	

Risk Owner:

Director of Strategy and Planning

Lead Committee

Finance, Planning and Investment Committee

Culture and Leadership 4.1

Being an extraordinary place to work

Principal Risk: Failure to improve staff engagement linked to communication between managers and the workforce

Inability to improve the culture and behaviour of the workforce, difficulties attracting staff to the organisation, poor patient experience

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	4	2
Likelihood	5	3	2
Total	20	12	4

Risk Details

Opened: Apr 17
Review Date: October 2018
Source of Risk: Staff survey results
Corporate Risk Register? (DX TBC)

Controls:

- ✓ Ward / department buddying with escalation of issues to exec team
- ✓ Communications and engagement strategy
- ✓ Six monthly big conversations
- ✓ Leadership training and bite-sized modules for wider organisation
- ✓ Workforce Development Group in place
- ✓ Established Performance Review Programme
- ✓ Additional resource in place to assist with the delivery of the engagement programme
- ✓ Performance framework in place
- ✓ Patient Safety Walkabouts

Assurance: Source of Assurance 3

- ✓ Regular updates to the Quality and Safety Committee and Board
- ✓ NHS I PRM
- ✓ Staff Survey
- ✓ Pulse Checks
- ✓ NHS I Oversight Framework
- ✓ Oversight from Workforce Development Group

Gaps in Controls:

- Effectiveness of information cascade as a result of having no formal cascade process
- Establishing / re-enforcing management visibility

Gaps in Assurance:

- Service improvement expertise

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Review of how communications cascade works to be undertaken	Assoc. Dir of Performance	Sept 2018	Survey of staff regarding communication has been issued with results now in the process of being reviewed and to feed into the Communications Strategy	
Business case to be developed for service improvement expertise	Director of Strategy and Planning	Oct 2018	Review of Service Improvement capability completed in September to now form part of drafted business case.	

Risk Owner:

Director of Strategy and Planning

Lead Committee

Quality and Safety Committee via Workforce Development Group

Culture and Leadership 4.2

Being an extraordinary place to work

Principal Risk: Potential inability to have the right workforce in the right place at the right time

Inadequate succession planning and talent management resulting in gaps in levels of expertise. Risk to staff morale resulting in increased turnover. Inability to increase activity safety to meet RTT targets resulting in further regulatory scrutiny. Poor patient experience and potential patient safety risks

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (tolerance)
Consequence	4	3	2
Likelihood	4	3	2
Total	16	9	4

Risk Details

Opened: March 2018
Review Date: October 2018
Source of Risk: Workforce
Corporate Risk Register? (DX TBC)

Controls:

- ✓ Recruitment plans to target vacancy hot-spots
- ✓ Sickness absence management
- ✓ Staff turnover monitoring
- ✓ Leadership training to support effective management and engagement of staff
- ✓ Line of sight of the detail of theatre usage
- ✓ 5 year people plan in place

Assurance: **Source of Assurance** **3**

- ✓ Performance report
- ✓ Safe staffing audits
- ✓ Turnover and sickness absence rates
- ✓ Quality and Safety Committee and Board oversight
- ✓ Agency usage monitoring (within the cap)
- ✓ Workforce development oversight and deep dives into hotspots
- ✓ 50% of areas within target for vacancy percentages

Gaps in Controls:

- Development of new roles
- Resource to support maintenance of number of bank staff
- Efficiency and timeliness of recruitment process
- Role specific recruitment plan
- Succession planning / workforce plans

Gaps in Assurance:

- Lack of visibility to ward managers of staffing variances

Action Plan to Address Gaps

Action	Lead	Due By	Progress Update	Completed
Development of new roles and training routes for hard to fill roles	Deputy Director of HR	Mar 2019	New roles currently being considered are associate nurse roles and physician associates.	
Service improvement of recruitment and employment checks processes	Deputy Director of HR	Mar 2019	Business case due to go to Executives concerning implementation of TRAC platform to improve the efficiency TRAC system to be discussed at the next Executive Team Meeting	
Development of a 5 year workforce plan which will include the identification of critical roles for succession planning purposes.	Deputy Director of HR	Mar 2019	Divisional level planning under way.	
Increased overview and scrutiny via Workforce Development Group increasing manager engagement, responsibility and accountability	Deputy Director of HR		Regular reporting now commenced.	Completed

Role specific recruitment plans to be devised	Deputy Director of HR	Nov 2018 -Jan 2019	Workforce Development Group agreed recruitment plan for nursing.	

Risk Owner:

Director of People

Lead Committee

Quality and Safety Committee via Workforce Development Group

Appendix One: Assessment of Trust's Risk Appetite Against the 'Risk Appetite for NHS Organisations Matrix

Key Elements ↓	Risk Levels					
	0	1	2	3	4	5
	Avoid Avoidance of risk and uncertainty is a key organisational objective	**Minimal** As little risk as possible. Preference for ultra-safe delivery options with low degree of risk and only for limited reward potential	**Cautious** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward	**Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward	**Seek** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	**Mature** Confident in setting high levels of risk appetite because controls, forward scanning and response systems are robust
Financial / Value for Money (VfM)	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of limited financial loss. VfM still the primary concern but will consider other benefits of constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing risks to a tolerable level. Value and benefits considered. Resources allocated to capitalise opportunities.	Investing in best possible return and accept the possibility of financial loss (with controls in place). Resources allocated without guarantee of return – 'investment capital' type approach	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself
Compliance / Regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances	Limited tolerance for sticking neck out. Want to be reasonably sure we would win any challenge	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup	Consistently pushing back on regulatory burden. Front foot approach informs better regulation
Innovation / Quality / Outcomes**	Defensive approach to objectives – aim to maintain/protect, rather than create or innovate. Tight management controls and oversight / limited devolved decision taking authority. General avoidance of systems / technology developments	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority is held by senior management. Only essential systems / technology developments to protect current operations	Tendency to stick to the status quo, innovations in practice avoided unless necessary. Decision making authority held by senior management. Systems / technology developments limited to protection of current operations.	Innovation supported, with demonstration of commensurate management control improvements. Systems / technology developments used to enable operational delivery. Responsibility for non-critical decisions may be devolved	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control	Innovation the priority – consistently 'breaking the mould' / challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust not tight control is standard.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation is viewed as a concern	Tolerance for risk taking limited to events where there is no chance of significant repercussions. Senior management distant from chance of exposure to attention	Tolerance for risk taking limited to events where there is no chance of significant repercussions. Should there be failure. Mitigations in place for undue interest	Appetite to take decisions with potential to expose the Trust to additional scrutiny/interest. Prospective management of organisations reputation	Willingness to take decisions likely to bring scrutiny but where potential benefits outweigh risks. New ideas seen as potentially enhancing reputation	Track record / investment in communications has built public, press and politician confidence that difficult decisions will be taken following benefits / risk analysis

** Where pursuit of the Trust's strategic objectives results in quality and outcome risks the Trust will adopt a cautious approach but will adopt a seeking approach for innovation risks.

Infection Prevention & Control & Cleanliness Quarter 2 Report 2018/19

0. Reference Information

Author:	Sue Sayles, Infection Control Nurse Phil Davies, Head of Estates and Facilities	Paper date:	29th December 2018
Executive Sponsor:	Bev Tabernacle, Director of Nursing	Paper Category:	Governance and Quality
Paper Reviewed by:	Quality& Safety/Infection Control Committee	Paper Ref:	N/A
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors are asked to **note** the progress report against the annual plan for: **Infection Prevention and Control and Cleanliness Report**

2. Executive Summary

2.1. Context

Through the monthly Board performance report, the Board are briefed on the mandatory bacteraemia and any key issues emerging from those results. Over and above the mandatory reporting, the Board receive a report at least four times per year from the Director of Infection Prevention and Control (Director of Nursing). This report includes a high level summary of the key issues in Infection Prevention and Control as well as cleanliness.

2.2. Summary

	MRSA Bacteraemia RJAH Acquired	**MSSA Bacteraemia RJAH Acquired**	**E *.coli* Bacteraemia RJAH Acquired**	**C. *difficile***
Month	**No. of Cases**	**No. of Cases**	**No. of Cases**	**No. of Cases**
July	0	0	1	**0**
August	0	0	0	**0**
September	0	0	1	**1**
Quarter	**0**	**0**	**2**	**1**

2.3. Conclusion

The Board of Directors will have seen through the Board performance papers that there have been no cases of reportable MRSA bacteraemia since 2006.

Summary in the main report shows current performance in cleanliness and infection control against the work plan.

3. The Main Report

3.1. Introduction

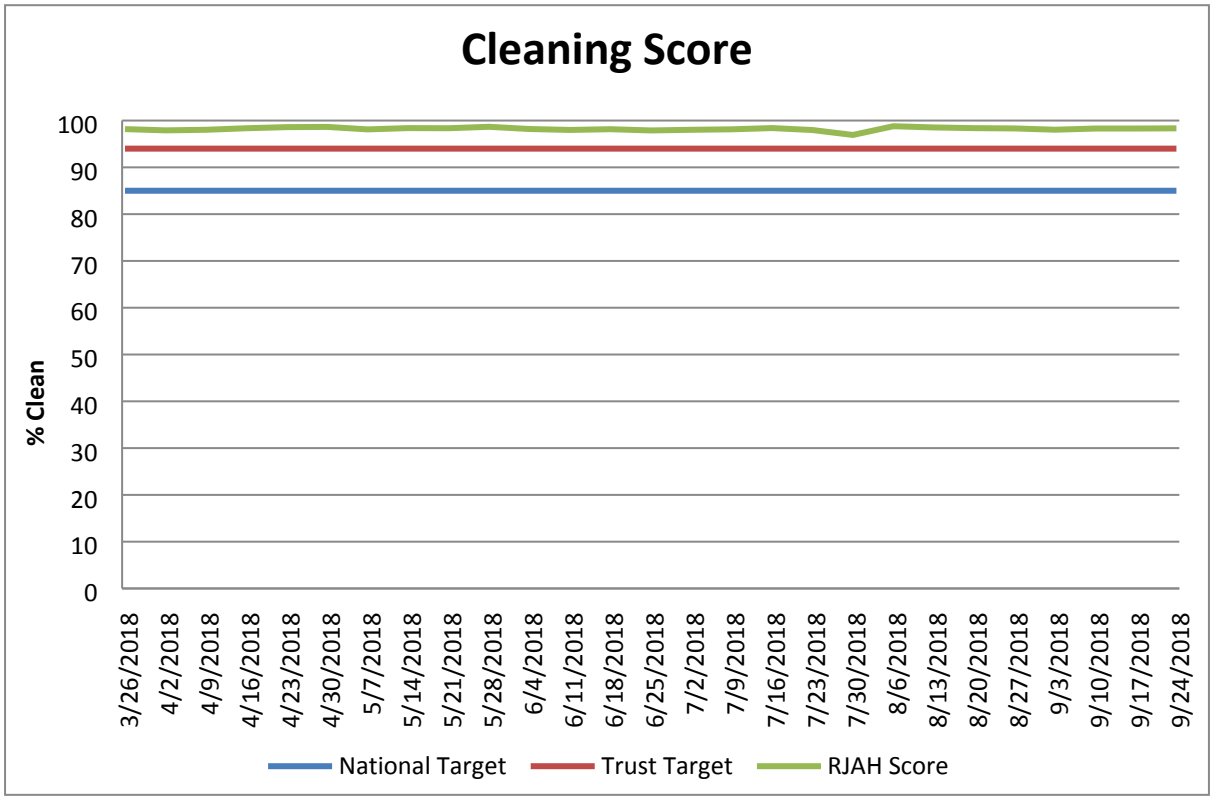
This report provides an update on progress made within quarter 2, 2018/19 to the Board of Directors, to ensure that the Board are briefed at a high level on any trends or issues that identify best practice or any gaps in assurance from which further work or actions are required.

3.1.2 Infection Control Committee

The IPC Programme of Work 2018 – 20, which has been developed in line with the Shropshire and Telford Health and Social Care Strategy, has been agreed at the Infection Control Committee in July 2018 and progress is reported quarterly.

3.2. Cleanliness

Measured cleanliness has been maintained above the National calculated target (85.0%) and Trust target (94.0%) over the most recent quarter, achieving an overall average for the quarter of 98.19% which is consistent with recent reporting periods. The below chart demonstrates the position for the last 2 quarters.

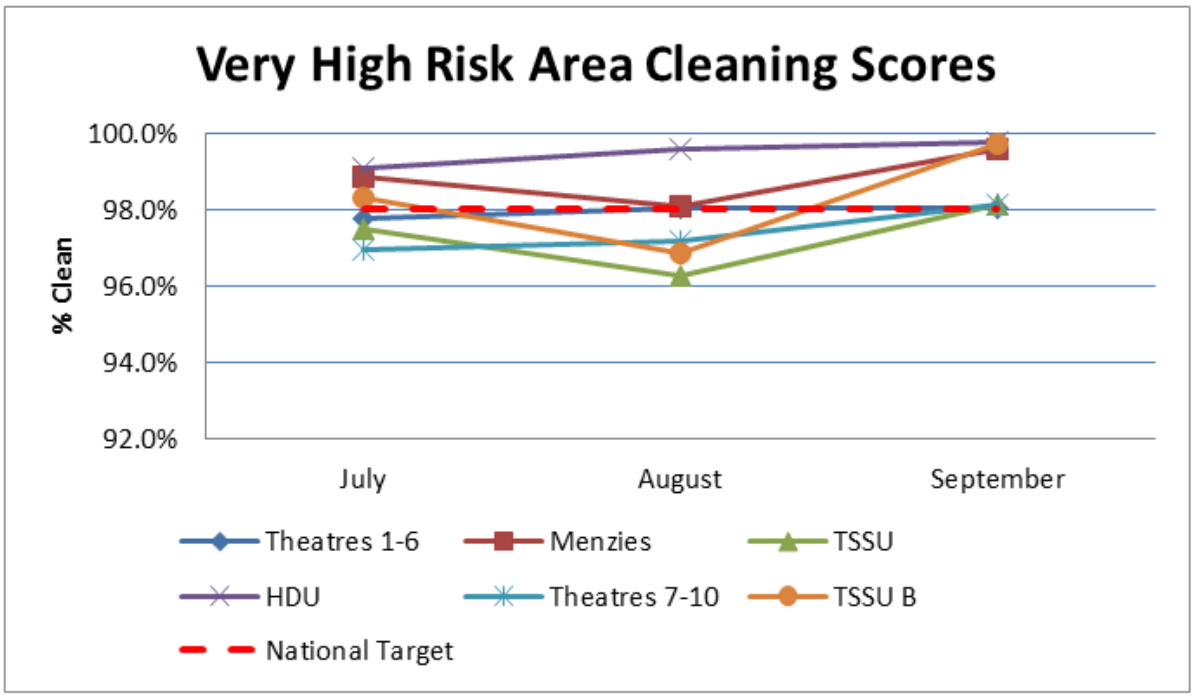


3.2.1. Cleanliness – High Risk Areas

Measured standards in the Very High Risk areas including Theatre areas, HDU and TSSU are displayed below:

- 97.9% Theatres 1-6
- 98.8% Menzies
- 97.3% TSSU - Main Theatre
- 99.5% HDU
- 97.4% Theatres 7-10
- 98.3% TSSU B

The graph below demonstrates scores in very high risk areas across the quarter. Failings are picked up through specific action plans, with supervisors performing regular spot checks to compliment a robust audit schedule.



Audit scores remain consistent in very high risk areas, with specific fails escalated on day of audit through the appropriate responsibility chain.

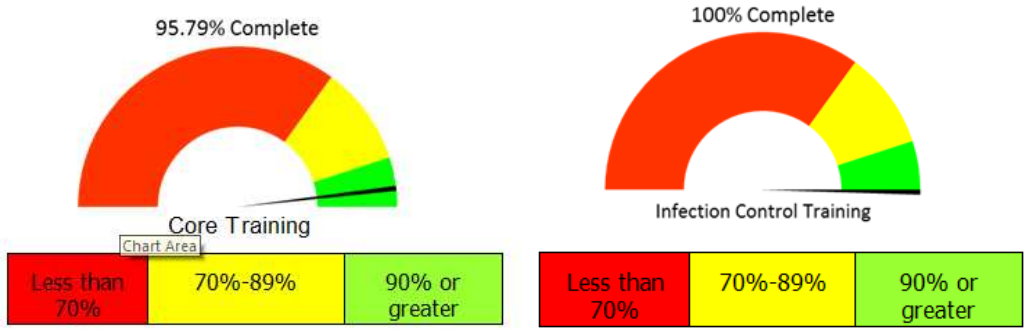
Domestic and facilities management continue to closely monitor standards; and work with the domestic and clinical teams to scrutinise areas for improvement – both in standards and methods of working. This has included an increase in cleaning input hours, designated work zones and the purchase of wheeled racking over the quarter.

Progress with action plans raised from infection control audits is reported though the infection control working group, where key stakeholders are able to discuss areas of best practice and any barriers to completion.

3.2.2. Cleanliness – Staff

Training has a very high compliance for the rolling 12 month period, demonstrating our commitment to the highest level of staff competency. The rolling year position is:

Demonstrated below:

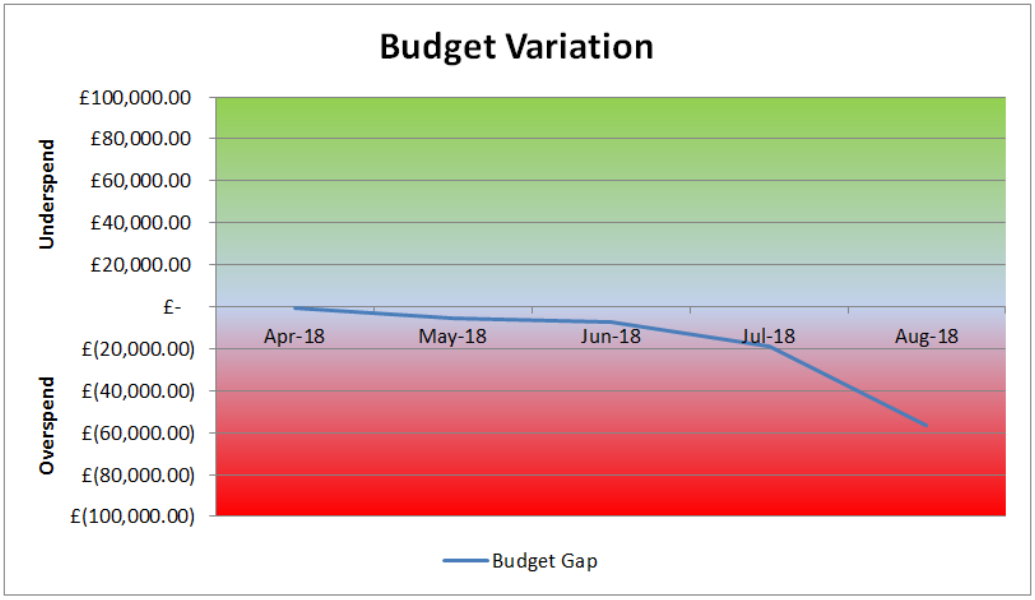


To bolster the infection control e learning all housekeepers now undertake practical infection control learning, led on each occasion by the infection control specialist nurse, this will roll on an annual basis.

Estates have been providing the domestic team with enhanced water infection training to address issues including pseudomonas and legionella through good practice and flushing regimes

3.2.3. Cleanliness – Spend on Cleanliness

Cleaning is currently overspent, the majority of the over-spend is in staffing, where the impact of pay banding review has had a significant effect. The department continues to study best practice nationally to identify any possible efficiency potential whilst delivering a high standard service.



3.2.4. Cleanliness – Patient Satisfaction

Patient satisfaction is sustaining its very high level, reflecting the feedback from the CQC inpatient survey and the net promoter score.

Did you feel the Ward environment was clean?					
Month	Always	Mostly	Sometimes	Never	N/A
July	462	19	0	0	2
August	388	19	0	0	1
September	442	11	1	0	0

- 99.7% of those asked found the ward environment to be always or mostly clean;
- 44 compliments relating to cleanliness were recorded in the written comments;
- Positive compliments are regularly fed back to housekeeping staff.

3.2.5. Cleaning Developments

HPV Decontamination

The facilities team has worked alongside infection control and estates to review the Trusts response to terminal clean decontamination.

Working with Dewpoint Solution Ltd; the Trust has 24 hour access to a validated Hydrogen Peroxide Vapour (HPV) decontamination system. Several studies have shown that some micro-organisms, such as bacteria, viruses and fungi, are not killed effectively by standard cleaning. HPV technology consists of a mobile vapour generator which mists aqueous hydrogen peroxide to facilitate total disinfection of hospital areas and equipment. HPV is an oxidising agent. When it comes into contact with micro-organisms it oxidises the cells or spores, thus deactivating them. An HPV generator delivers hydrogen peroxide vapour at high speed, ensuring distribution to all parts of a room. A very fine layer of micro-condensation is formed on all exposed surfaces, deactivating microorganisms. The Trust uses a system which mists at 12%.

HPV can be used to reach awkward inaccessible areas. However, areas not exposed to the vapour are not disinfected, so all surfaces have to be positioned for optimum exposure. Soiling reduces the efficacy of HPV, so surfaces to be disinfected must be cleaned prior to use. HPV is hazardous to human health, so it can only be used in areas that can be emptied of patients and staff and sealed during the disinfection process. HPV is particularly useful for disinfecting nonporous surfaces on furniture and on equipment that is difficult to disinfect manually

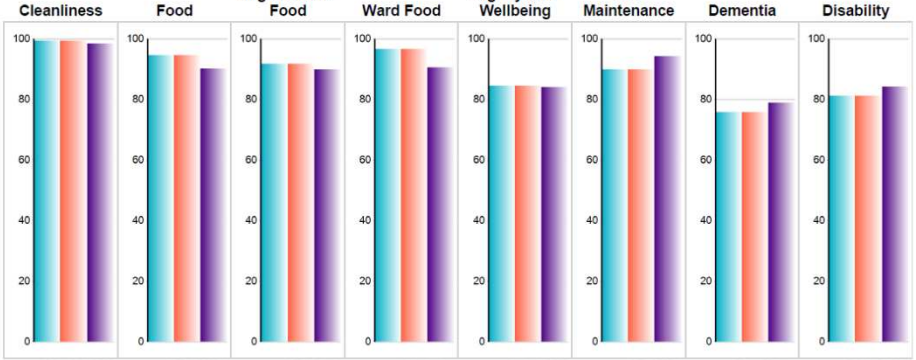
As summary of decontaminations performed over the quarter is seen below:

Date Requested	Date on site	Location	Requirement	Approved by IPC Team?	Rationale
27/09/2018	01/10/2018	Alice Ward	1 Side Room	✓	Multi Resistant Pseudomonas
03/09/2018	03/09/2018	Wrekin Ward	1 Side Room	✓	CPE

3.2.6. PLACE

The 2018 PLACE assessment was carried out at the Trust over two days on the 9th and 10th May 2018. All findings were recorded and approved by the patient assessors before committing to the National database.

ROBERT JONES & AGNES HUNT ORTHOPAEDIC HOSPITAL- Collection: 2018



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	3245.0000	268.7056	108.8275	159.8781	370.6666	1435.0000	681.3571	503.8697
Available Score (Actual)	3264.0000	283.9661	118.5880	165.3781	438.0000	1594.0000	898.8571	620.3697
Site Score	99.42%	94.63%	91.77%	96.67%	84.63%	90.03%	75.80%	81.22%
Organisation Average	99.42%	94.63%	91.77%	96.67%	84.63%	90.03%	75.80%	81.22%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%

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The Trust has maintained high scoring feedback across cleanliness and food metrics, shown improvement on privacy, dignity, wellbeing and disability, but has marginally lower scores for condition/appearance and dementia.

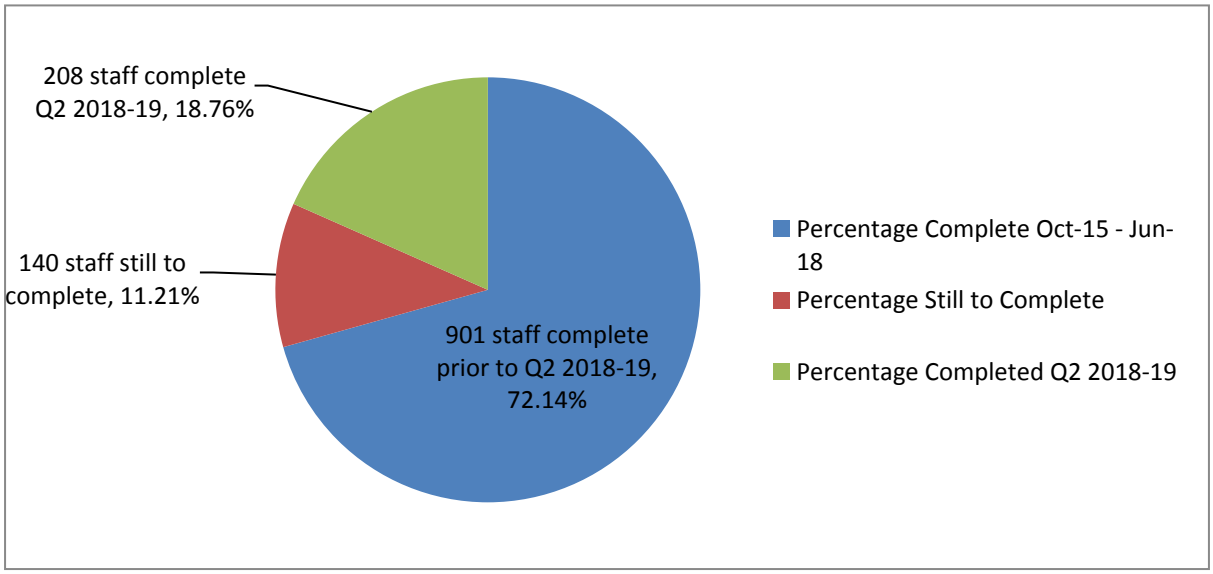
Some findings were easy to address with immediate actions, others raised debate regarding individual perception. Longer term solutions have been raised for consideration in Trust strategies and the department feels that technology will overtake the long term need to fulfil individual criteria.
The Trust is in an overall positive position; the pace at which the outstanding improvements will be realised depends on priority with which investment is allocated.

3.3. Infection Prevention & Control

3.3.1. Training

The Infection Control Training expires every 3 years, the data below shows the number of staff who are compliant and the number who's training has expired.

- Total number of eligible staff: **1249**
- Total number of staff compliant: **1109**
- Total number of staff who's training is due in Qtr2: **348**
- Total number of staff who completed their training in Qtr2: **208**
- Total number of staff still to complete their training: **140**



Ward/departmental managers are responsible for ensuring that staff are up to date with infection control training as part of the appraisal process. Interactive infection control training is delivered to all staff on induction including volunteers and work experience to the trust. Practical ward training is delivered on request.

3.3.2. Infection Control Link Meetings

July E update	• E.Coli bacteraemia • Importance of hydration • Reporting sharps injuries • Reporting CAUTI's
August	• Minutes of previous meeting • Health Care Associated Infections • CPE • Welcome to Daniels Sharps Training
September E update	• Preperation for Flu season • Second case of C.difficle infection, including the appeals process • HPV fogging for resistant organisms • Audit update • Sepsis conference 24th Oct

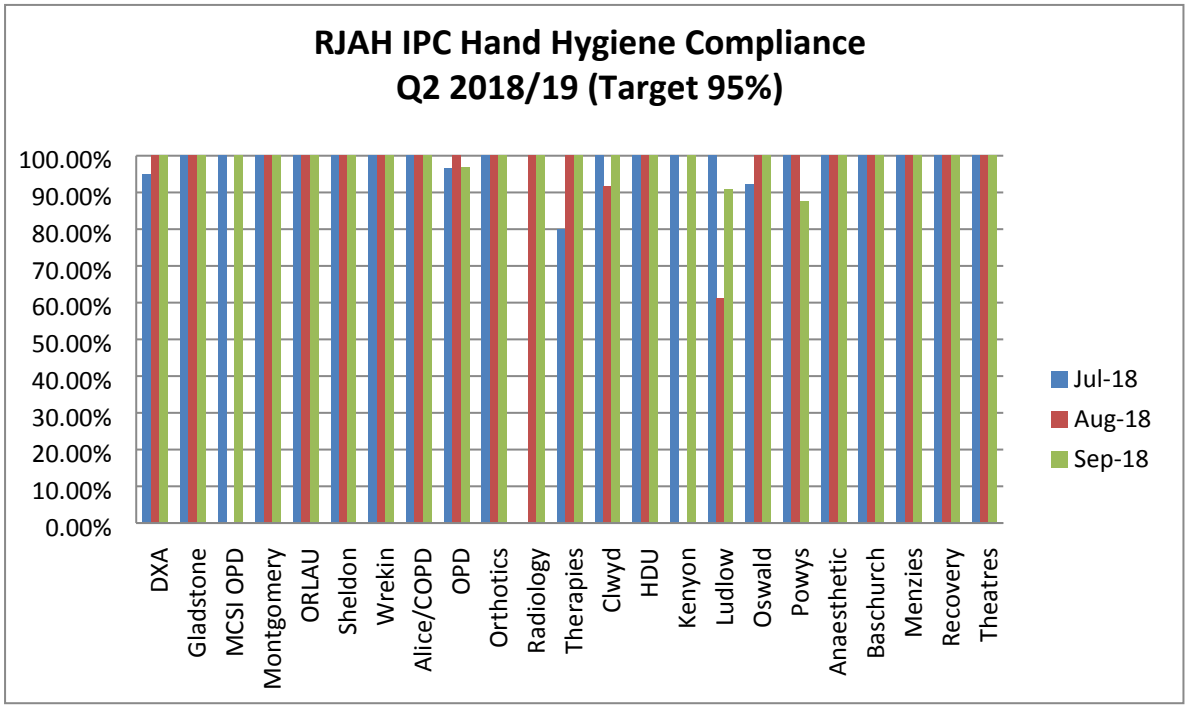
3.3.3. Audit

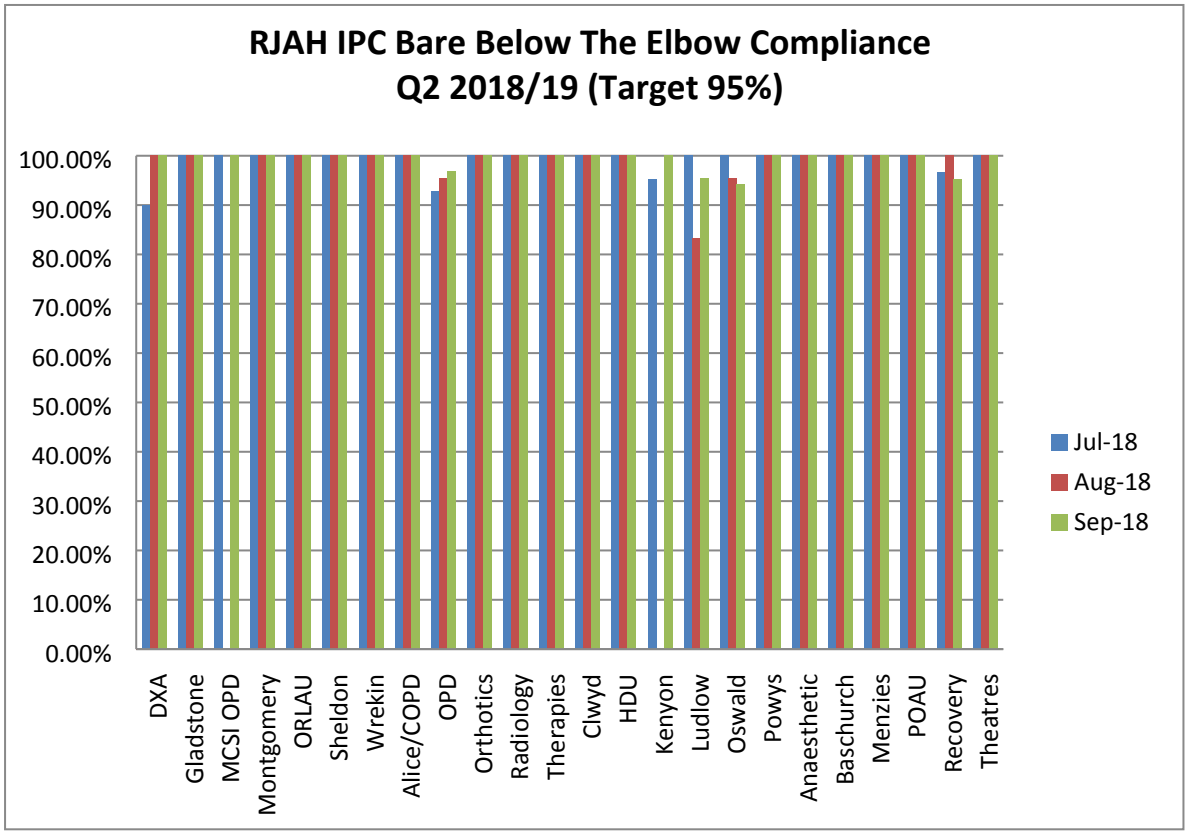
In Quarter 2, the identified planned clinical audits have been undertaken. These include audit tools from:

- A purpose designed environmental audit covering cleanliness, waste, linen, sharps, personal protective equipment, kitchens, hand hygiene facilities and isolation facilities.
- High Impact Interventions
- Hand hygiene/ Bare below the elbow audits

These audit results are displayed on ward STAR Boards.

3.3.3.1. Hand Hygiene

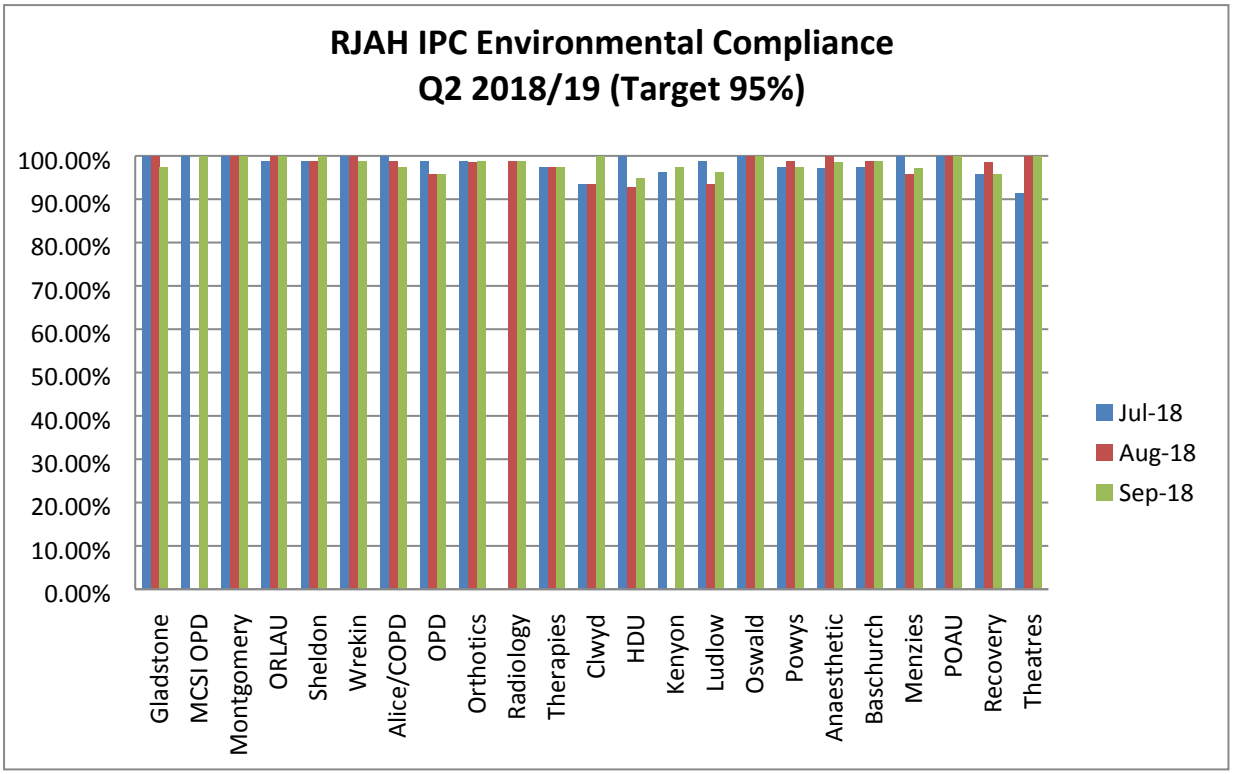




The overall hand hygiene and bare below the elbow audit compliance remains above 95%.

1389 hand hygiene audits were undertaken over quarter 2 with an overall Trust score of 98.56% compliance, and bare below the elbow element of the audit resulted in 99.12% compliance with 1434 audits completed. Staff are encouraged to challenge poor practice at the point of care and ward managers are encouraged to produce action plans for any areas achieving less than 95%.

3.3.3.2. Environment



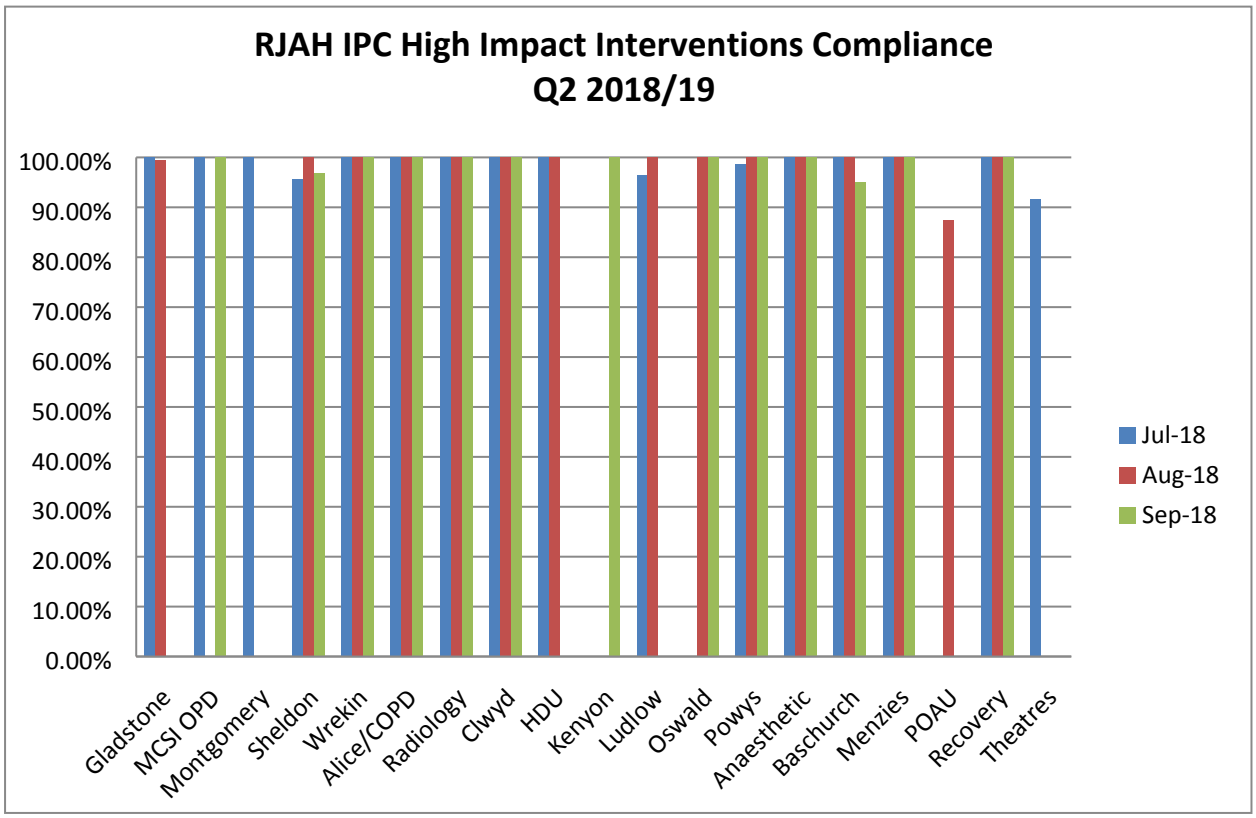
The above graph demonstrates the monthly environmental audit results. The most common areas of non-compliance are:

- Floors clean & in good state of repair
- High & low surfaces clean & free from dust
- Inappropriate items stored in kitchen
- Furniture clean & in good state of repair (e.g. lockers, chairs, tables)

High and low surfaces identified as being unclean are reported to the domestics at the time of the audit.

Any floors identified as being unclean are flagged to the domestics at the time of the audit; a floor replacement programme is in place.

3.3.3.3. Saving Lives: High Impact Interventions



6839 High Impact Intervention audits were undertaken over quarter 2 with a score of 99.19% compliance, which is consistently above the Trust target of 95%. These include insertion and care of peripheral, central and PICC lines; insertion and care of urinary catheters; prevention of surgical site infection.

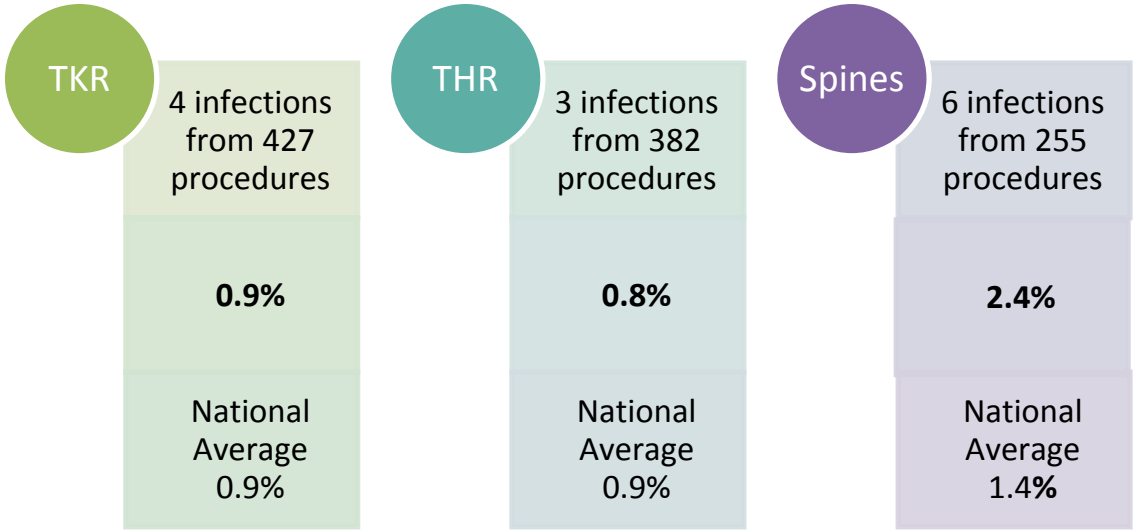
3.3.4. Surgical Site Surveillance

Providing data to the national SSI process enables the Trust to benchmark on a national basis with other Trusts and promote the low infection rates within the Trust. The process uses nationally agreed criteria from which the definition of a Surgical Site Infection is formed. Understanding surgical site infection rates enables the Trust to estimate the size of SSI risk in patients undergoing specific operations.

The Trust submits the maximum of all data, which is above the national requirement for one quarter of surveillance in one category of surgery per year. Year round surveillance is performed in total hip, total knee and spinal surgeries.

The Trust submits surgical site infection data to the PHE database on a quarterly basis; these reports are always one quarter in arrears to allow a window of time for any infections to present.

The data below shows the SSI rates for Apr-June 2018.



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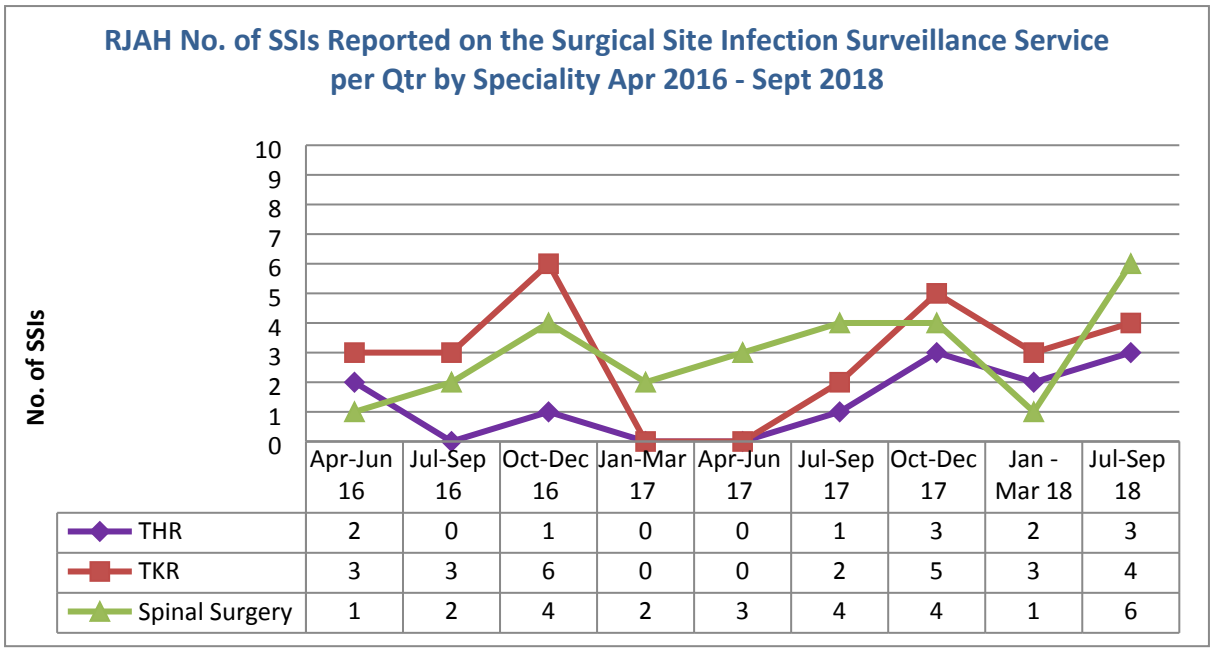
The Infection Control Nurse/ Surgical Site Surveillance Nurse liaise with Consultants concerning wound infections. The data for April to June 2018 has been verified and the results have been submitted to PHE and published on their web site. All of these infections were discussed and agreed at the infection Multi-Disciplinary Team meeting (MDT).

Infection rates for hip and knee replacement s are in line with the national average, there were 6 spinal infections identified, upon initial analysis, no correlation between the cases has been identified and all infections will continue to be monitored through the MDT.

Additional information collection is currently under review by the Infection Prevention & Control Team, based on national standards aiming at minimising the risk of surgical site infection, which include skin preparation, prophylactic antibiotics, patient warming, maintaining asepsis, surgical environment, wound management and surveillance of surgical site infection.

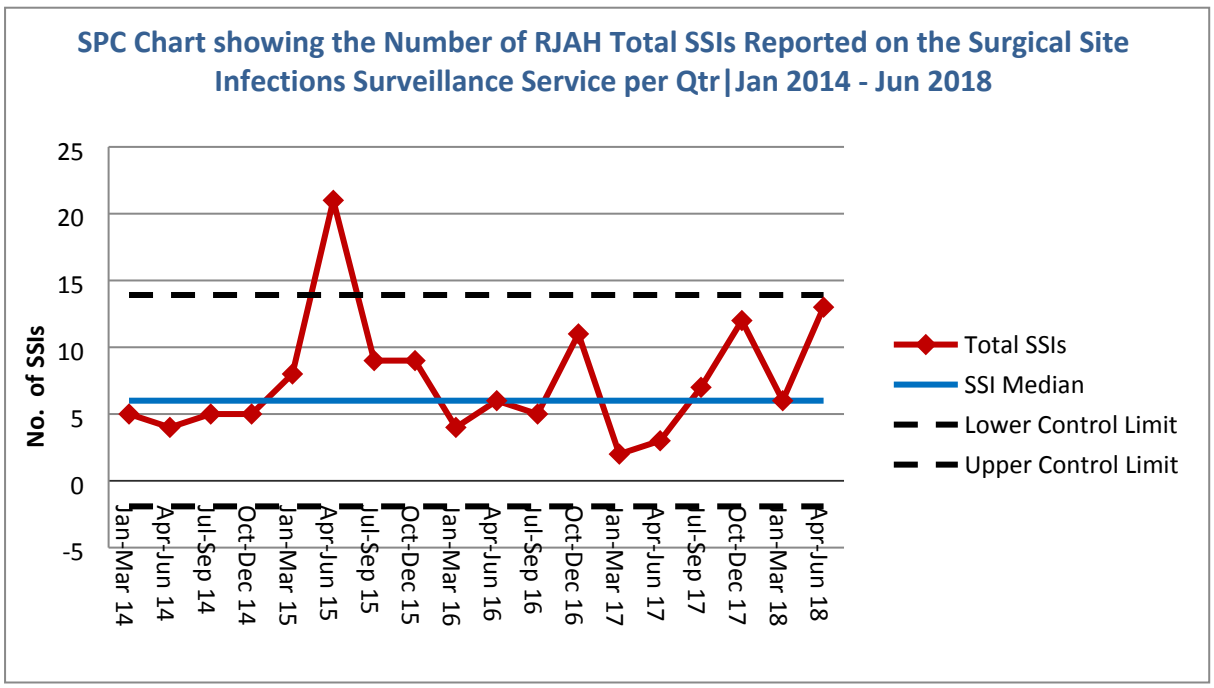
Infection Prevention & Control & Cleanliness Quarter 2 Report 2018/19

Graph showing trend in SSIs:



	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan - Mar 18	Jul-Sep 18
THR	2	0	1	0	0	1	3	2	3
TKR	3	3	6	0	0	2	5	3	4
Spinal Surgery	1	2	4	2	3	4	4	1	6

Statistical Process Control (SPC) Graph showing trend in SSIs:



* The Trust submits surgical site infection data to the PHE database on a quarterly basis; these reports are always one quarter in arrears to allow a window of time for any infections to present.

All potentially infected cases are reviewed at the weekly infection MDT including other orthopaedic specialities such as foot and ankle, hand/upper limb and paediatric; these are not submitted to PHE but are recorded on our local database.

3.3.5. MRSA Swabbing & New Isolates

MRSA swabbing for all admissions continues and is monitored internally to ensure that the Trust remains compliant to the national requirement for reducing preventable Hospital Acquired Infections.

	July 18	Aug 18	Sept 18
Eligible patients	1080	930	1025
Screened for MRSA	1078	930	1025
% achieved	99.81%	100%	100%
Target	95%	95%	95%

MRSA screening compliance remains well above the target of 95%.

3.3.6. Alert Organisms

3.3.6.1. C.*difficle*

The Trust was unsuccessful in the appeal against the April case of C.difficle, the CCG declined the appeal due to the lack of evidence relating to antimicrobial stewardship. An action plan has been formed and the outcome of the investigation shared with all staff directly involved in the incident and staff from the area where the incident occurred. Face to face 'Keeping the Skills Alive' training dates have been arranged for October.

There has been a second case of C.*difficle* infection reported to the PHE HCAI database during Q2.

During September a patient on Powys ward tested positive for C.*difficle* following requiring intravenous antibiotics for a post- operative chest infection. This patient has a history of long term antibiotic therapy for an infected total knee replacement.

A post infection review meeting with the CCG identified that there had been no lapse in patient care and the antibiotics prescribed to treat the chest infection was within the Shropshire Antibiotic Guidelines.

Areas of good practice included:-

- No delay in obtaining a stool specimen
- No delay in isolation, deep clean of bay that patient was previously nursed in undertaken
- C.diff pathway commenced
- Appropriate antibiotic therapy for treatment of chest infection
- Patient and relatives informed and advice sheet given
- Patient has responded to treatment

The Trust has followed the appeals process for consideration by the Commissioners for removal from the actual number of cases for the purpose of calculations of financial sanctions. Lessons learnt from our previous case have demonstrated high standards of care and continue to be communicated across the Trust to keep the knowledge/skills current.

3.3.6.2 MSSA bacteraemia

There have been no cases of MSSA blood stream infections during quarter 2.

3.3.6.3 E.*coli* bacteraemia.

During quarter 2 RJAH reported two E.*coli* blood stream infections to the HCAI surveillance database.

There was one case of E.coli bacteraemia in July on Gladstone ward. The Patient had been treated for an E.coli urinary tract infection, became unwell with pyrexia and rigours, a further urine sample and blood cultures identified an E.coli resistant to the previous antibiotic. Alternative antibiotics were given. The E.coli urine Infection is the most likely source of the bloodstream infection.

The second case of E.coli bacteraemia was on Wrekin during September. The patient had a positive urine sample for E.coli; this was not treated as the patient was asymptomatic. The patient became unwell with pyrexia and rigours. Blood cultures tested positive for E.coli. The E.coli urine Infection is the most likely source of the bloodstream infection.

3.4 Outbreaks

There have been no outbreaks recorded during Quarter 2

3.5 Serious Incidents

There have been no serious incidents recorded during Quarter 2.

3.6 Infection Prevention & Control & Cleanliness Working Group

It was decided to re-establish this monthly working group in order to improve communications between Infection Control, Operational Areas and Estates & Facilities in order to identify and resolve issues in line with Trust priorities.

Issues around Theatre cleanliness had been identified and highlighted to Infection Control, which prompted appropriate actions to be taken and support provided to the operational areas.

An action plan was formulated which included identifying clear cleaning responsibilities within the operating theatres.

3.7 Conclusion

- The Trust reports positive outcomes against national set targets for HCAI:
  - The Trust continues to have no cases of MRSA bacteraemia.
  - The Trust has had two cases of C.*difficile* against a target set at one for 2018/19.
- The surgical site infection data for April-June 18 shows there were 13 surgical site infections across hips, knees performing well below the national average, including 6 spinal surgeries which for this quarter is above the national average.
- All orthopaedic speciality surgery is being monitored closely and all cases of suspected/confirmed infections are discussed at the Consultant Led Weekly Infection MDT meetings.
- Improved communications and resolution of issues as a result of the re-established Working Group.

Sue Sayles: Infection prevention and Control Nurse
Bev Tabernacle: Director of Infection Prevention & Control
October 2018

Appendix 1: Acronyms

MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
MDT	Multi-Disciplinary Team
E.coli	Escherichia. Coli
C.diff	Clostridium difficile
KPI	Key Performance Indicators
PHE	Public Health England
SPC	Statistical Process Control
SSI	Surgical Site Infection
STAR	Sustaining Through Assessment and Review
TKR	Total Knee Replacement
THR	Total Hip Replacement
HCAI	Healthcare Associated Infection
UTI	Urinary Tract Infection

Glossary

Bacteraemia: The presence of bacteria in the blood without clinical signs or symptoms of infection

C. difficile: or C. diff is short for Clostridium difficile. It is a type of bacteria (germ) which less than 5% of the population carry in their gut without becoming ill. It is normally kept under control by the 'good' bacteria in the gut. However, when the good bacteria are reduced, e.g. by taking antibiotics, C. difficile can multiply and produce toxins (poisons) which can cause diarrhoea. The C. difficile bacteria form spores (germs that have a protective coating). These spores are shed in the diarrhoea of an infected person and can survive for a long time in the environment. C. difficile is highly infectious and can be spread from patient to patient unless strict hygiene measures are followed.

E coli: is an organism we all carry in our gut, and most of the time it is completely harmless. It is part of the coliform group of bacteria – often known as Gram Negative bacteria. Most strains do not cause any symptoms while being carried in the gut. Instead E coli forms part of our "friendly" colonising gut bacteria. However when it escapes the gut it can be dangerous. E coli is the commonest cause of blood stream infections (bacteraemia) in the community. The most frequent problem it causes is a urinary tract infection, but it can also cause infections in the abdomen such as gallbladder infections or following perforations of the bowel.

HCAI: Health Care Associated Infection. An infection acquired as a result of receiving treatment in a health care setting.

MRSA: or Methicillin Resistant Staph aureus, is a highly resistant strain of the common bacteria,Staph aureus. Bloodstream infections (bacteraemia) cases are the most serious form of infection where bacteria, in this case MRSA, escape from the local site of infection, such as an abscess or wound infection, and spread throughout the body via the bloodstream. All cases of MRSA detected in the blood are reported by the trust.

MSSA: or Methicillin Sensitive Staph aureus, is the more common sensitive strain of Staph aureus. Up to 25% of us are colonised with this organism. Mostly it causes us no problem but it is a frequent cause of skin, soft tissue and bone infections. As with its more resistant cousin, MRSA, sometimes the infection can escape into the bloodstream producing a "bacteraemia" i.e. bacteria in the blood. Unlike MRSA, the majority of the infections will be acquired in the community, and are not associated with health care. However, some may arise as a consequence of health care, and like MRSA, it can arise from infected peripheral and central intravenous lines and other health care interventions. We were asked by the Department of Health in 2011 to report all MSSA bacteraemia cases, whether acquired in the community or in hospital, so that we can review the sources and identify potentially avoidable cases. So far no targets have been set. However, we can compare ourselves with other trusts and put in interventions to further reduce infections.

Safe Working Hours: Doctors in Training Q4 2016-17

0. Reference Information

Author:	Chris Marquis, Guardian of Safe Working	Paper date:	29 November 2018
Executive Sponsor:	Steve White, Medical Director	Paper Category:	Governance and Quality
Paper Reviewed by:	Quality and Safety Committee	Paper Ref:	N/A
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors is asked to ***consider*** and ***note*** the Trust's position in relation to safe working hours for doctors in training.

2. Executive Summary

2.1. Context

As part of the 2016 Terms and Conditions for Junior Doctors it was agreed that additional safeguards would be put in place to protect the working hours of doctors in training. This included a Guarding of Safe Working to champion safe working hours and provide assurance to the Board in this regard.

2.2 Summary

The Trust has in place a Guardian of Safe Working and this paper presents the July 2018 report from the Guardian. It outlines the work that has been undertaken to date and highlights some of the issues being faced as the new system of monitoring and exception reporting embeds. The report provides the data currently available in relation to rota vacancies and agency and locum usage. At the time of reporting to Quality and Safety Committee not all required data was available and this has since been rectified, however, the report is as presented to the Quality and Safety Committee for consistency.

2.3. Conclusion

The Board is asked to ***consider*** and ***note*** this report from the Guardian of Safe Working.

3. The Main Report

3.1. Introduction

This paper sets outs the background and context around the introduction of the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors and implementation of that role in the Trust.

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. During negotiations on the junior doctor contract, agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.

The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The work of the guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

The Guardian will:

- Champion safe working hours.
- Oversee safety related exception reports and monitor compliance.
- Escalate issues for action where not addressed locally.
- Require work schedule reviews to be undertaken where necessary
- Intervene to mitigate safety risks.
- Intervene where issues are not being resolved satisfactorily.
- Distribute monies received as a result of fines for safety breaches.
- Give assurance to the board that doctors are rostered and working safe hours.
- Identify to the board any areas where there are current difficulties maintaining safe working hours.
- Outline to the board any plans already in place to address these
- Highlight to the board any areas of persistent concern which may require a wider, system solution.

The Board will receive a quarterly report from the Guardian, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade.
- Details of fines levied against departments with safety issues.
- Data on Rota gaps / staff vacancies/locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

Other new features of the 2016 contract include:

Work scheduling – junior doctors and employers will be required to complete work schedules for the doctors in training. This will begin as a generic schedule setting out the hours of work,

the working pattern, the service commitments and the training opportunities available during the post or placement.

Exception reporting – enabling doctors to raise exception reports where their work schedules do not reflect their work, and to ensure that a work schedule remains fit for purpose, This is beneficial to employers as it will give real-time information and be able to identify key issues as they arise. It also benefits doctors, as issues over safe working or missed educational opportunities can be raised and addressed early on in a placement, resulting in safer working and a better educational experience.

Requirement for junior .doctor forums to be set up - principally these forums will advise the Guardian of Safe Working who will oversee the processes in the new contract designed to protect junior doctors from being overworked. The Guardian and Director of Medical Education in each Trust and relevant organisation shall jointly enable a nomination/election process to establish a Junior Doctors Forum (or fora) to advise them and make appropriate arrangements to enable the elected representatives time off for their activities & duties in connection with their role. Election onto the forum will be for the period of rotation and replacements must be sought for any vacancies.

3.2 Guardian of Safe Working Report

3.2.1 High level data

For the period July-Sept 2018

Orthopaedics	Training posts	20
	Of which Doctors in training on 2016 contract	3
Rehabilitation/ Spinal Injuries	Training posts	1
	Of which Doctors in training on 2016 contract	1

3.2.2 Exception reports (with regard to working hours)

The exception reporting system is designed to allow employers to address issues and concerns as they arise, in real time, and to keep doctors' working hours, both rostered and actual, within safe working limits. If the system of work scheduling and exception reporting is working correctly, in anything other than truly exceptional circumstances, the levying of a fine indicates that the system has failed or that someone – the supervisor, Guardian or the individual doctor concerned – has failed to discharge his or her responsibilities appropriately.

Any levying of a fine should therefore be followed by an investigation in to why it was necessary and remedial action to ensure that it does not happen again. The most important thing to remember is that fines should rarely, if ever be applied at all.

Currently there have been no exceptions reported to the Trust.

The trust continues to engage with the junior doctors regarding rotas and via the Junior Doctor Forum. At all stages care is taken to ensure hour's compliance is achieved without compromise to patient safety and our training responsibilities.

As it stands the Trust can be reassured we are compliant with the demands placed upon us.

3.2.3 Work schedule reviews

None – please see above. Work schedule reviews are triggered by repeat exception reporting highlighting an issue with a position or rota. With no exception reports, no work schedule reviews should be expected.

3.2.4 Junior Doctor Agency and Locum usage and Rota Vacancy Report

Please see Appendix 1

Trauma and Orthopaedics

Unavailable due to absence – will be made available when provided

July–

August –

Sept -

Vacant shifts –

Total spend has been £

Medicine

Unavailable due to absence – will be made available when provided

July

August

Sept

Vacant shifts – July, August, Sept

Total spend has been £

MCSI

July – 1 – Clinical fellow doctor appointed left on first day. Agency doctor in place

August – 1 – vacancy clinical fellow

Sept – 1 – vacancy clinical fellow

Vacant shifts – July 7, August 7, Sept 6

Total spend has been £ 4470

3.2.5 Fines

None – please see exceptions report section 3.2.2

3.3 Challenges

3.3.1 Engagement

Engagement with the junior doctor workforce has continued to improve and the JDF provides an open forum for discussion. Attendance has fluctuated and I continue to try and achieve a broader representation and numbers at the meetings. The August meeting had improved attendance but broader representation could still be achieved.

3.3.2 Software System

The position has not changed from previous reports.

The Trust has yet to invest in a system for exception reporting. Neither, available system (Allocate or DRS) is reported as fit for purpose as discussed at regional and national level. Continued engagement at regional meetings has shown this position has not changed.

This has been raised as an issue by the BMA and I have discussed this with them. At a minimum level an e-mail system is acceptable and is the current approach of the Trust. The Trust currently uses Allocate for rota organisation and this may prove to be the easiest option to explore if required in the future.

Safe Working Hours: Doctors in Training Q4 2016-17

3.4 Associated Risks

Inability to provide robust data regarding vacancies and costs due to absence. Contingency planning needs to occur to ensure this information is available in similar circumstances in future. The full detail will be provided in the next report.

Next Steps

The Board is asked to ***consider*** and ***note*** this report from the Guardian of Safe Working.

3.4. Conclusion

The Trust continues to see no exception reports or fines. This is strongly suggestive of a high level of satisfaction in the training and experience offered by the Trust to the Junior Doctors.

As discussed in associated risks, process needs to be reviewed to ensure the report is able to be completed in a timely and complete fashion for the board.

The trust continues to work hard to fulfil its responsibilities under the terms of the new junior doctors' contract and based on available information and assessments appear to be compliant.

Christopher Marquis

Guardian of Safe Working

Safe Staffing 6 Monthly Update

0. Reference Information

Author:	Bev Tabernacle, Director of Nursing/ Deputy CEO/ Nicki Bellinger, Deputy Director of Nursing	Paper date:	29th November 2018
Executive Sponsor:	Bev Tabernacle, Director of Nursing/ Deputy CEO	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board are asked to ***approve*** the Safe Staffing Paper.

2. Executive Summary

2.1. Context

The intention of this paper is to present the Trust Board with a six monthly report on nurse staffing within our inpatient wards and to give assurance that the Trust has a clear and ratified process for monitoring and ensuring safe in-patient staffing. This is in accordance with expectations of NHS England National Quality Board (NQB), and the Care Quality Commission (CQC).

Ensuring that the Trust is staffed with the appropriate number and skill mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm.

2.2. Summary

The national requirements on NHS providers to monitor and report safe staffing levels is continuing to rise, illustrating the importance NHS England and CQC place on ensuring sufficient staffing levels are in place to delivery safe, effective and high quality care.

On 26 January 2018 the Health Select Committee (HSC) published its nursing workforce report. The report outlined that reversing cuts to training budgets and making sure nurses feel valued are some of the key recommendations. It commends NHS Employers and NHS Improvement for the work already under way to help trusts improve retention, and recommends this work continues with specific focus on initiatives that will increase the opportunities for nurses to access high quality continuous practice development, flexible career pathways and flexible working opportunities. The report acknowledges that greater attention is needed to ensure nurses feel valued and to improve morale. The HSC also welcomes the government's development of new and diverse routes into nursing including apprenticeships, the fast-track nurse first programme and the new nursing associate role. It has also been recommended that nurses remain on the shortage occupation list and that this is reviewed regularly. The removal of the bursary correlates with a decline in numbers of applications from mature students. The report asks for government to set out plans to continue to monitor this and should there be any further decline, look to mitigate this.

The Trust has a responsive escalation procedure in place to nurse staffing on a shift by shift, daily and weekly basis with senior nursing staffing giving appropriate support to ward teams at the monthly e-rostering meetings in order to maximise the availability of the staff roster to identify any potential shortfalls and where possible mitigate the use of agency staff.

Safe Staffing 6 Monthly Update

Each ward with the support of the Matrons are undertaking a variety of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to their patient's acuity and dependency needs.

During the 6 month period the wards were considered safe with low levels of harms and positive patient experience across all areas indicating that safe staffing has been maintained. Patient care remains of high quality, and patient feedback reflects this, indeed the patient friends and family test for August 2018 with patients stating they would recommend the Trust reached 100% for the first time. There are areas with ongoing staffing pressures but the existing systems and processes are in place to address and support these. Staffing levels are skill mix is managed and reviewed on a continuous shift by shift basis with staffing levels clearly displayed at the entrance to all inpatient wards.

The paper also provides a commentary on the new NHSi workforce document and also the Collinson Grant work commissioned by the Trust.

2.3. Conclusion

The Board of Directors are asked to approve the report and to note the following:

1. Part One - Public Meeting	2. Strategy & Policy Updates	3. Quality & Safety	4. Annual Reports	5. Items to note	6. Any Other Business

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Description	Comment
% of adult admissions in the month who have been risk assessed for VTE	The percentage of admissions risk assessed is reported at 99.92% in September and remains above the 95% target.
Target 95% in month (External Measure, External Target)	
Executive Lead Medical Director	

Description	Comment
% of patients readmitted to RJAH as an emergency following an overnight stay (*Reported one month in arrears)	Seven patients were readmitted as an emergency within 28 days of initial discharge in August 2018, giving a readmission rate of 1.10% against the 1% tolerance. The reasons for readmission were associated with wound issues (5), pain (1) and urinary issues (1).
Target Less than 1% in month (Internal Monitoring)	**Action** The proportion of readmissions to our Trust is 20% of the total readmissions to all Trusts and this is appropriate for medical complications which need treatment in acute settings. There is no evidence of a greater rate of readmissions compared to our peer group of hospitals.
Executive Lead Medical Director	

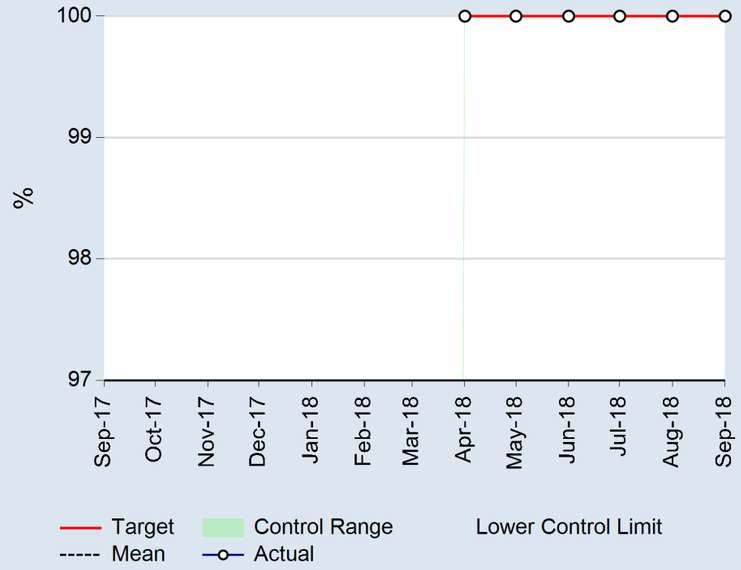
WHO Compliance - G

Description
% Compliance against completion of WHO Surgical Safety Checklist in Theatre Department

Target
100% in month (Internal Monitoring)

Executive Lead
Medical Director

Comment
We continue to monitor compliance by ensuring there have been no datix raised to report any failures in completing the WHO Surgical Safety Checklist. The compliance is reported at 100% in September. We continue to improve our qualitative processes though Human Factor Training and MDT development of theatre checks for our patients and plan to codify this process shortly.



% Reportable Cancellations - R

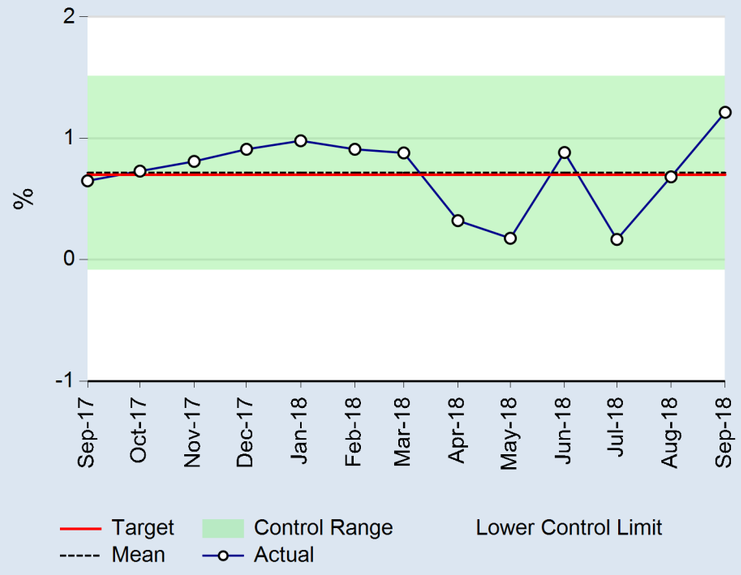
Description
% of procedures which were reportable cancellations on the day i.e. within Trust's Control

Target
0.7% in month (External Measure, Internal Target)

Executive Lead
Director of Operations

Comment
There were fourteen reportable cancellations in September with reasons associated with emergency case took priority (5), lack of HDU bed (2), lack of kit (1), lack of time (5) and lack of staff (1). Based on activity levels carried out in September reportable cancellations are red rated at 1.21%.

Action
We are reviewing staffing arrangements for beds on HDU during peak activity periods



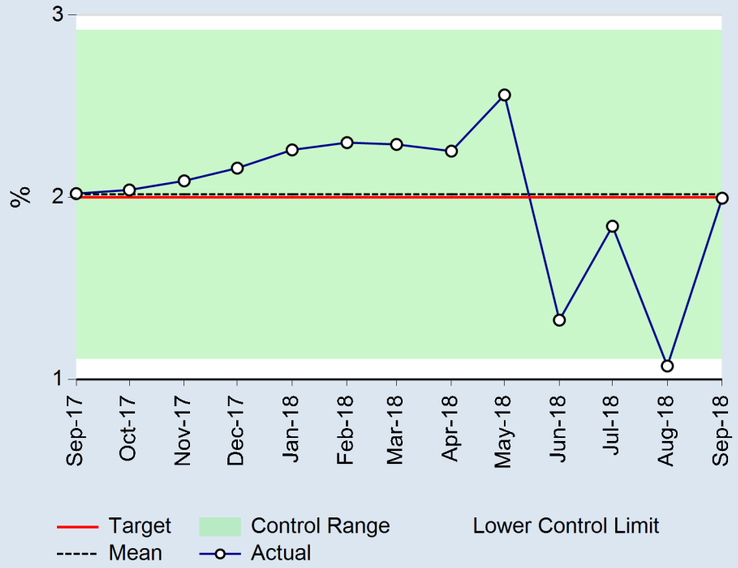
% Non-Reportable Cancellations - G

Description
% of procedures which were non-reportable cancellations on the day

Target
2% in month (Internal Monitoring)

Executive Lead
Director of Operations

Comment
There were twenty-three non-reportable cancellations in September with reasons associated with medically unfit (16), lack of HDU bed (1), operation abandoned (1), patient declined (4) and surgery not required (1). Non-reportable cancellations are green rated at 1.99% of activity in September.



Cancellations Not Rebooked within 28 Days - G

Description
Number of theatre cancellations (reportable) not rebooked within 28 days

Target
0 in month (External Measure, External Target)

Executive Lead
Director of Operations

Comment
All reportable cancellations were rebooked within 28 days of cancellation.

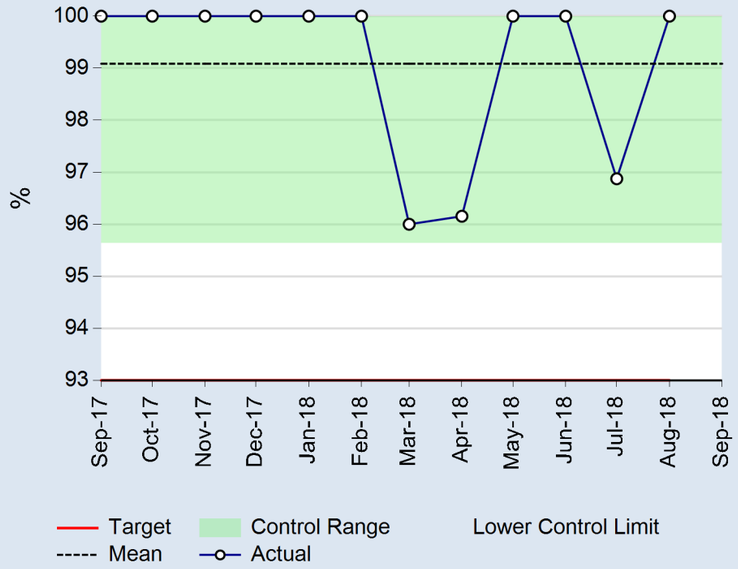
Cancer Two Week Wait* - G

Description
% of urgent cancer referrals seen within 2 weeks (*Reported one month in arrears)

Comment
The Cancer 2 week wait standard was achieved in August and indicative data for September shows achievement of the standard will continue.

Target
93% in month (External Measure, External Target)

Executive Lead
Director of Operations



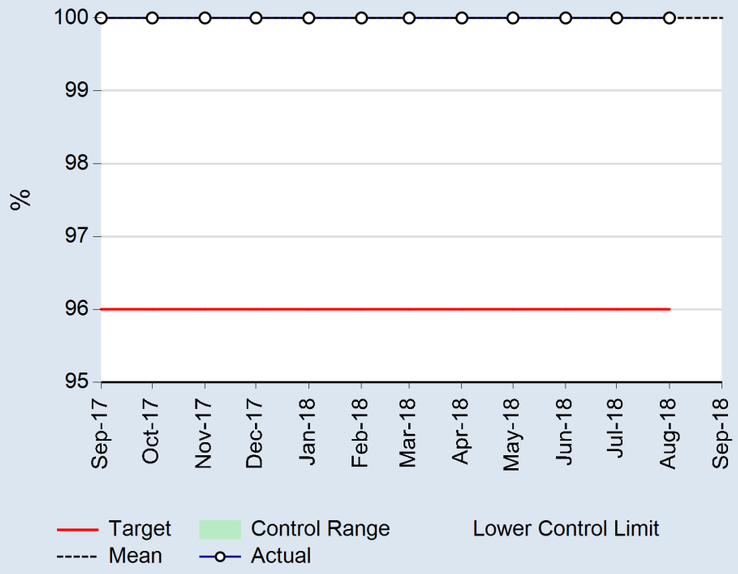
31 Days First Treatment (Tumour)* - G

Description
% of cancer patients treated within 31 days of decision to treat (*Reported one month in arrears)

Comment
The Cancer 31 day first treatment standard was achieved in August and indicative data for September shows achievement of the standard will continue.

Target
96% in month (External Measure, External Target)

Executive Lead
Director of Operations



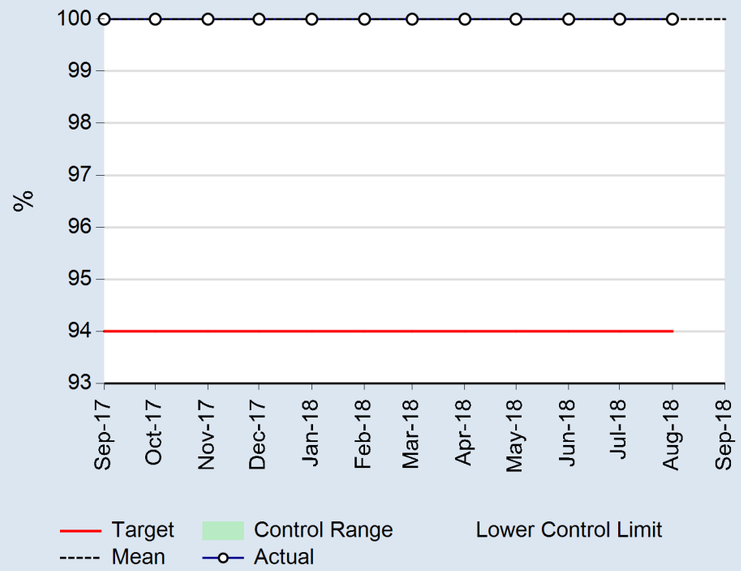
31 Days Subsequent Treatment (Tumour)* - G

Description
% of cancer patients subsequent treatment within 31 days of decision to treat (*Reported one month in arrears)

Target
94% in month (External Measure, External Target)

Executive Lead
Director of Operations

Comment
The Cancer 31 day subsequent treatment standard was achieved in August and indicative data for September shows achievement of the standard will continue.



Cancer Plan 62 Days Standard (Tumour)* - R

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

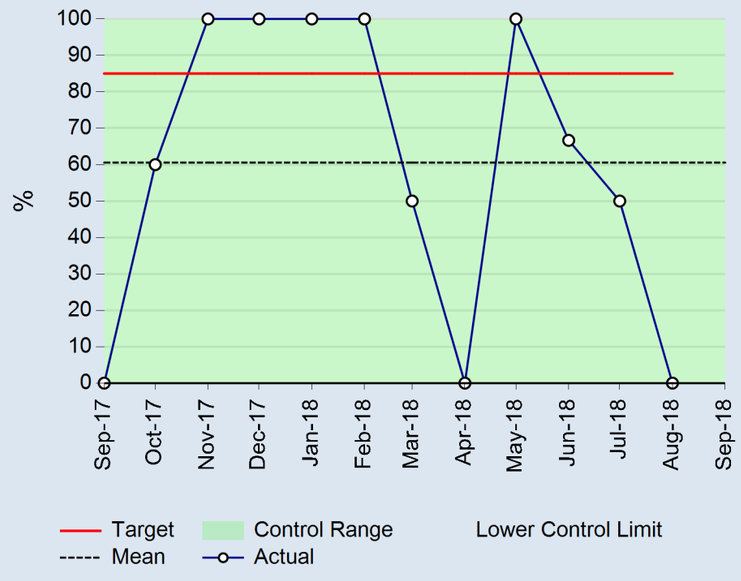
Target
85% in month (External Measure, External Target)

Executive Lead
Director of Operations

Comment
The Cancer 62 Day standard was not achieved in August. There was one shared pathway with The Christie and the patient breached the standard with a wait of 66 days. The patient required various diagnostic tests due to an unknown primary cancer so we were unable to refer the patient on to The Christie until day 45.

Although breach reallocation is not yet functional in the National Cancer Waits Database we continue to follow the process of breach reallocation internally and the adjusted mitigated position would remain at 0% this month as The Christie could look for breach allocation to RJAH. The new national reporting approach will be used in official published performance reports from Q4 onwards.

Action
See exception report



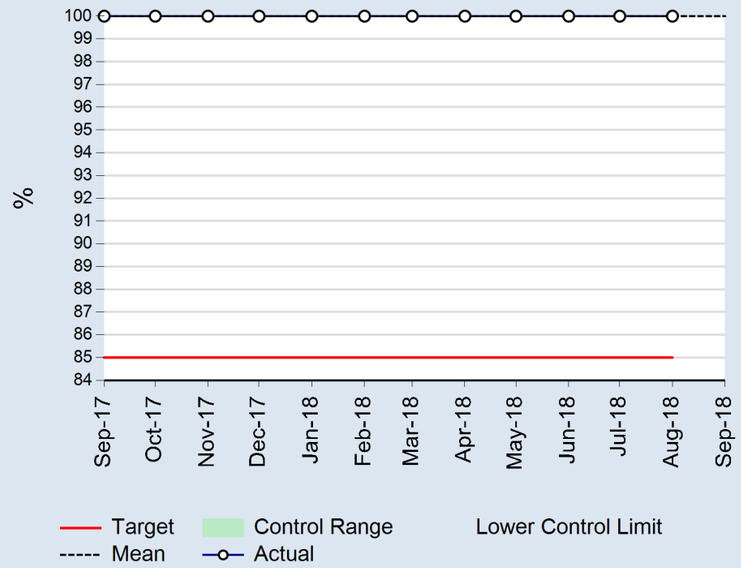
Cancer 62 Days Consultant Upgrade* - G

Description
% of cancer patients treated within 62 days of date of upgrade (*Reported one month in arrears)

Comment
The Cancer 62 day consultant upgrade standard was achieved in August and indicative data for September shows achievement of the standard will continue.

Target
85% in month (External Measure, External Target)

Executive Lead
Director of Operations



18 Weeks RTT Open Pathways - A

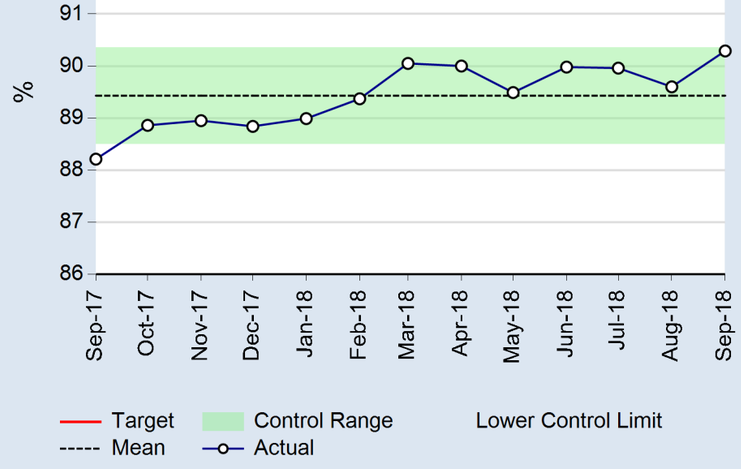
Description
% of English patients on waiting list waiting 18 weeks or less

Comment
Our September performance was 90.29% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The total number of breaches reduced from 695 in August to 676 in September.

Target
92% at month end (External Measure, External Target)

Action
The performance in September met our planned trajectory.

Executive Lead
Director of Operations



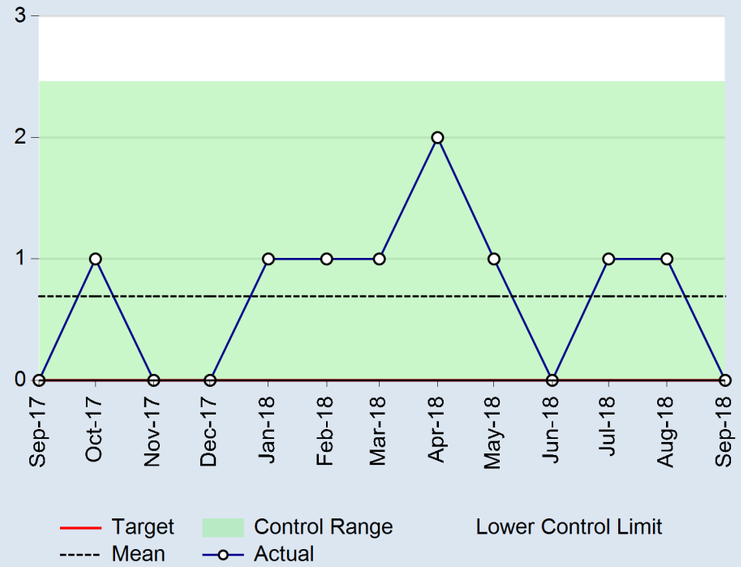
Patients Waiting Over 52 Weeks – English - G

Description
Number of English RTT patients currently waiting 52 weeks or more

Comment
At the end of September there were no English patients waiting over 52 weeks.

Target
0 at month end (External Measure, External Target)

Executive Lead
Director of Operations



Patients Waiting Over 52 Weeks – Welsh - R

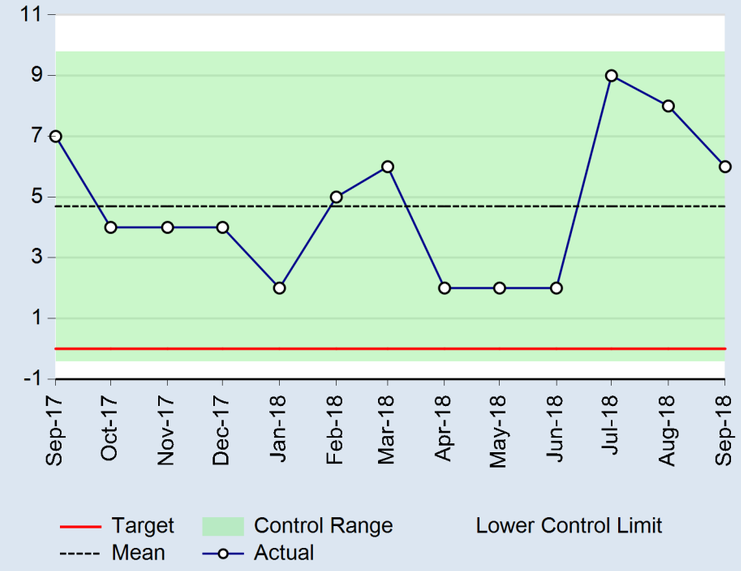
Description
Number of RJAH Welsh RTT patients currently waiting 52 weeks or more

Comment
There were 6 patients waiting over 52 weeks at the end of September 2018.

Action
See exception report

Target
0 at month end (External Measure, External Target)

Executive Lead
Director of Operations



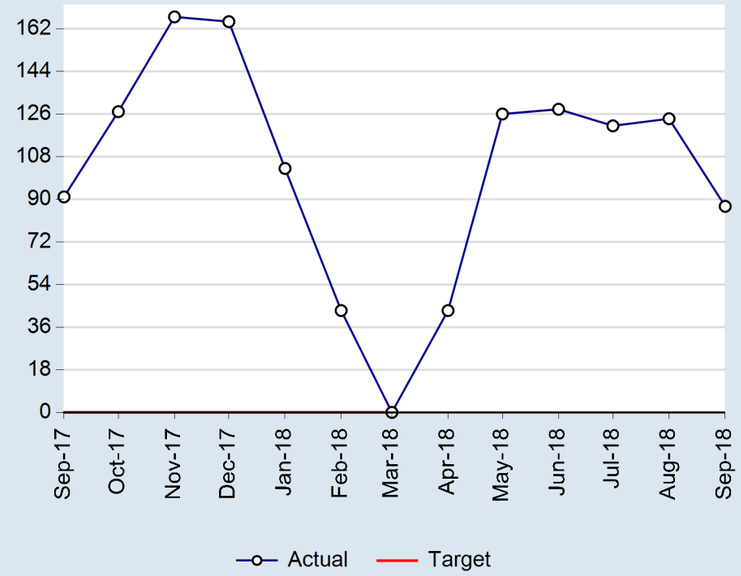
Patients Waiting Over 52 Weeks – Welsh (BCU Transfers) -

Description
Number of BCU transfer Welsh RTT patients currently waiting 52 weeks or more.

Comment
At the end of September there were 87 Welsh patients waiting over 52 weeks who were all transfers of care from BCU.

Target
No target (External Measure, External Target)

Executive Lead
Director of Operations



English List Size - R

Description
Number of English patients currently waiting

Comment
The number of English patients waiting at the end of September is reported at 6960.

Target
6498 in September (Internal Monitoring)

Action
There has been a focus on registrations within our SOOS service that has impacted on our list size. We will continue to monitor this going forward.

Executive Lead
Director of Operations

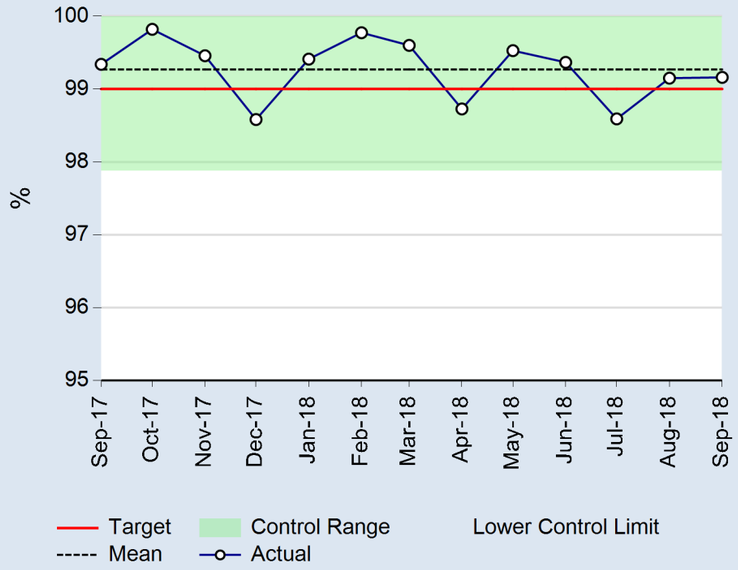
6 Week Wait for Diagnostics - English Patients - G

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

Comment
The 6 week standard for diagnostics was achieved this month and is reported at 99.16%.

Target
99% at month end (External Measure, External Target)

Executive Lead
Director of Operations



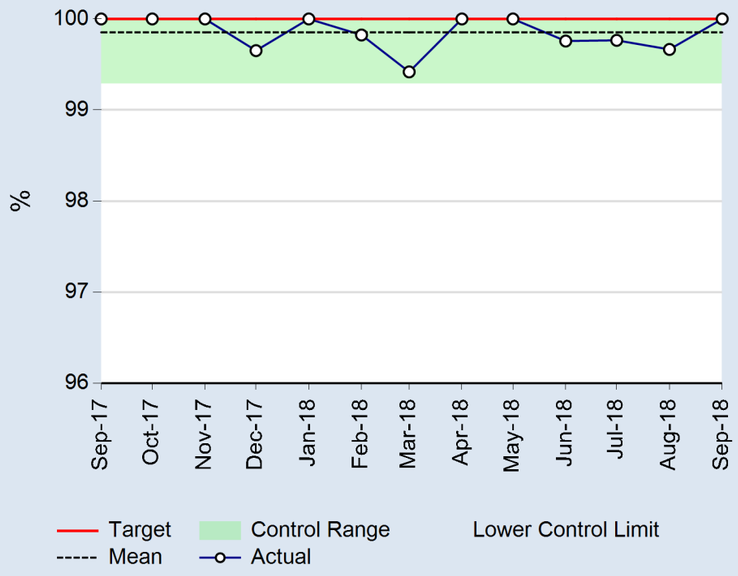
8 Week Wait for Diagnostics - Welsh Patients - G

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

Comment
The 8 week standard for diagnostics was achieved this month and is reported at 100%.

Target
100% at month end (External Measure, External Target)

Executive Lead
Director of Operations



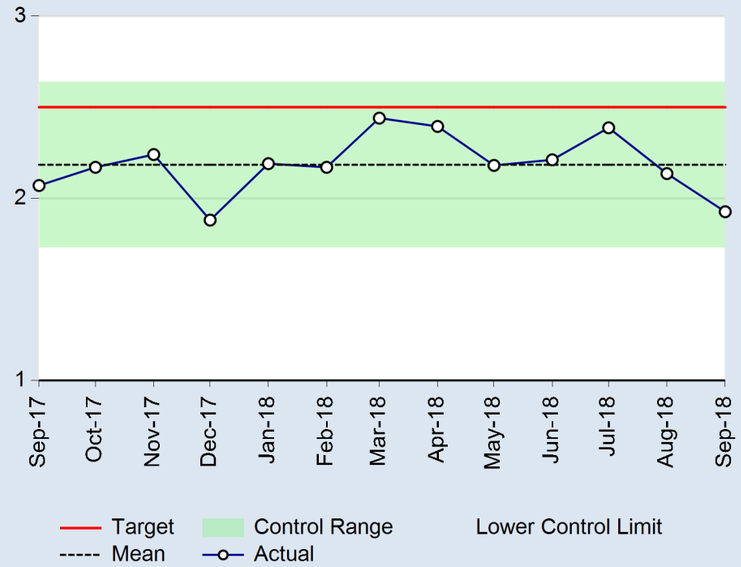
New to Follow Up Ratio (Consultant Led Activity) - G

Description
Outpatient new to follow up ratio (Consultant Led Activity)

Comment
The new to follow up ratio remains within anticipated levels and is green rated at 1.93 in September.

Target
2.5 follow up for each new in month

Executive Lead
Director of Operations



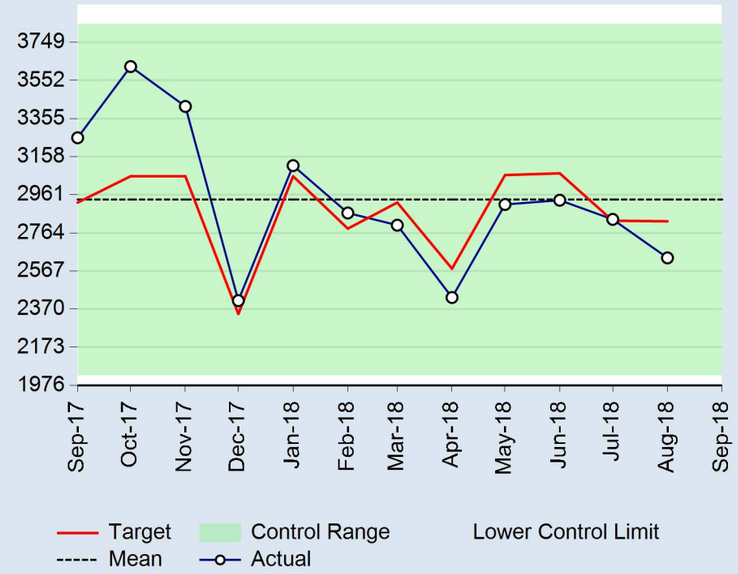
Referrals Received for Consultant Led Services* - G

Description
Total number of referrals received in month (*Reported one month in arrears)

Comment
The number of referrals received for consultant led services is green rated this month with 2635 received against a plan of 2824.

Target
2824 in August (Internal Monitoring)

Executive Lead
Director of Operations



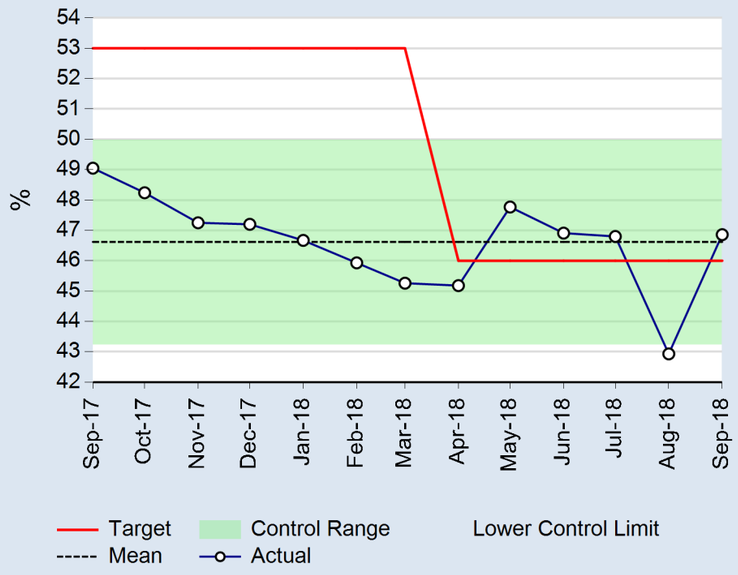
Overall Daycase Rate - G

Description
% of procedures performed as a daycase

Comment
The Daycase rate is green rated this month at 46.86% against the 46% target.

Target
46% in March

Executive Lead
Director of Operations



% Sessions Used Against Plan - A

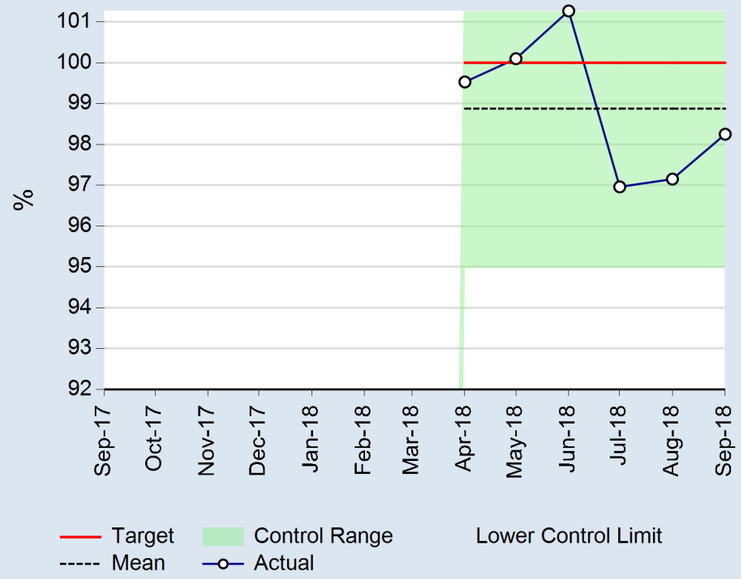
Description
% of sessions used against plan

Target
100% in month (Internal Monitoring)

Executive Lead
Director of Operations

Comment
Performance against this measure is amber rated this month with 98.25% sessions used against plan. This equates to 9 sessions behind plan.

Action
In September we were on plan but sessions were lost within the month due to staffing issues and late notice cancellations which led to inability to run a fully utilised list. There is now regular scrutiny of the data to establish the themes for any lost sessions.



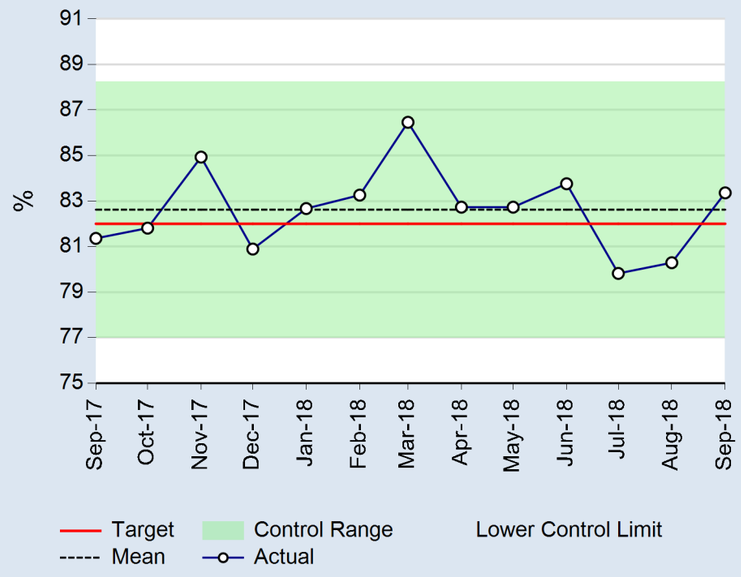
Touchtime Utilisation - G

Description
% of Minutes Utilised replicating Touch Time methodology

Target
82% in month (Internal Monitoring)

Executive Lead
Director of Operations

Comment
Performance in September was above the 82% target at 83.36%



Theatre Cases Per Session - A

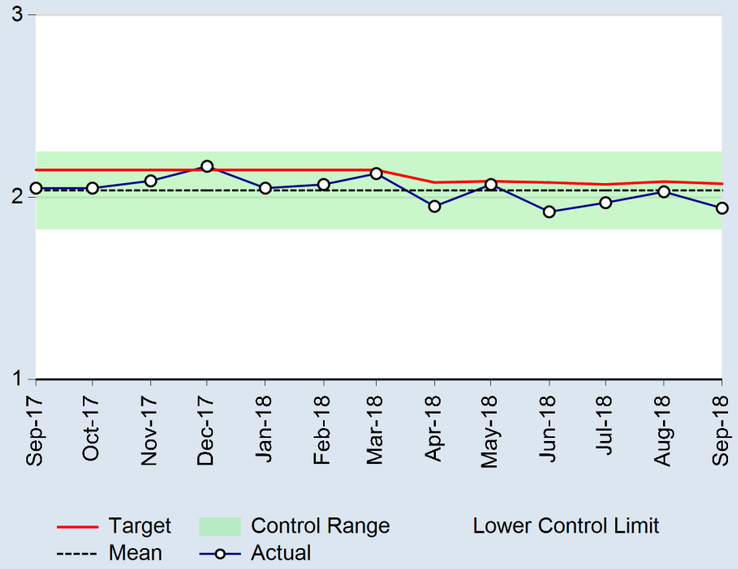
Description
Average number of cases per theatre session

Target
2.07 in September (Internal Monitoring)

Executive Lead
Director of Operations

Comment
Theatre cases per session remains amber rated in September at 1.94 against the 2.07 target.

Action
We have undertaken a review of the theatres utilisation data where a number of factors have been identified in September as a contributory factor to our cases per session. In particular it has identified that the average times per case for our most complex cases, revisions and complex spinal surgery, has increased. We continue to hold daily meetings, led by an Executive Director, to ensure focus is maintained on the utilisation of our theatres. A Head of Patient Access has been appointed and commenced their post in September. Weekend booking is due to take place in October. We have also worked to increase our pre-op pool so that patients are available for surgery.



Total Theatre Activity - A

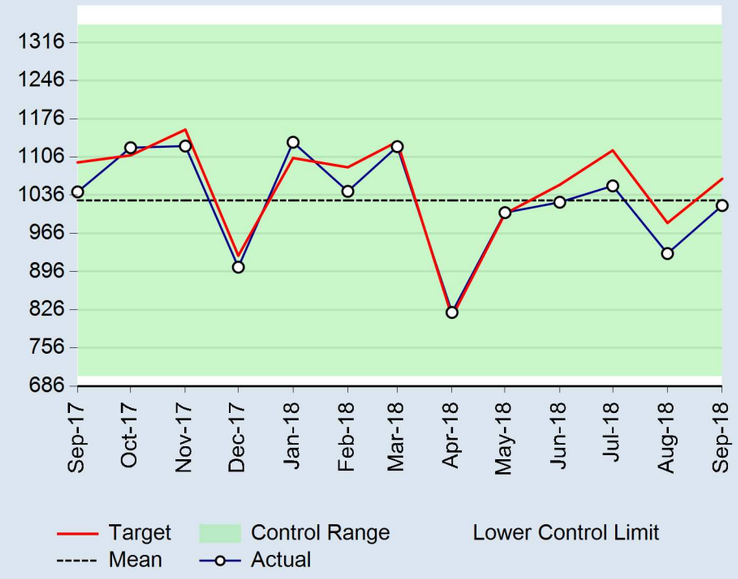
Description
Activity in theatres in month

Target
1066 in September (Internal Monitoring)

Executive Lead
Director of Operations

Comment
A breakdown of Total Theatre Activity against plan is:
- T&O -924 against plan of 962 (-38 cases)
- MCSI - 26 against plan of 32 (-6 cases)
- Private Patients - 67 against plan of 72 (-5 cases)

Action
See cases per session.



Average Length of Stay - A

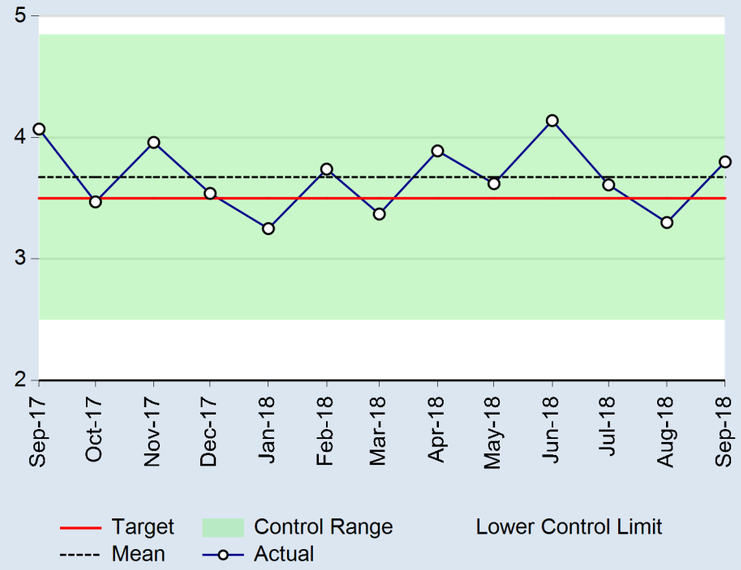
Description
Elective patients length of stay (excluding daycase)

Target
3.5 in month (Internal Monitoring)

Executive Lead
Director of Operations

Comment
The average length of stay is amber rated this month at 3.8 days against a target of 3.5 days.

Action
We continue to monitor the number of patients who require an extended stay as part of their treatment plan. In September seven patients required a stay over 20 days, without these patients our average length of stay would be at 3.24 days and below the target of 3.5 days. Two of these patients were delays so continued focus on our delayed transfers of care is likely to influence the length of stay for these patients.



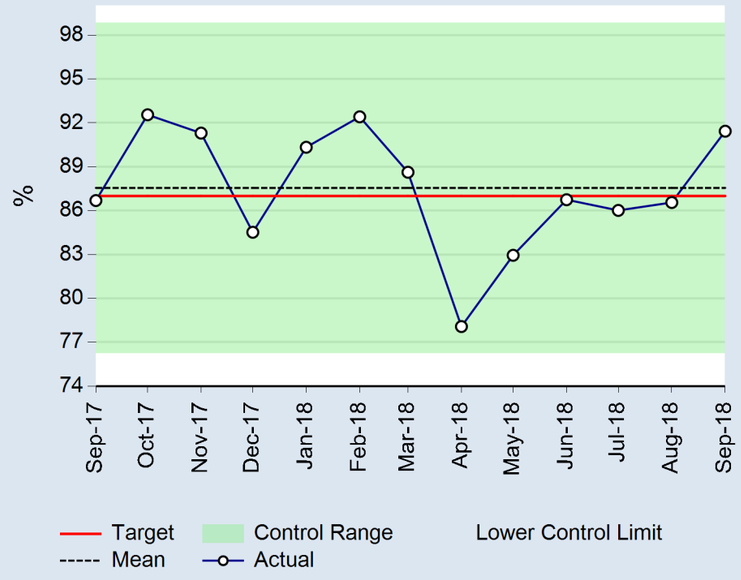
Bed Occupancy – Adult Orthopaedic Wards – 2pm - A

Description
% Bed occupancy at 2pm

Target
87% in month (Internal Monitoring)

Executive Lead
Director of Operations

Comment
The occupancy rate for adult orthopaedic beds is amber rated this month at 91.43%.



Bed Occupancy – All Wards – 2pm - A

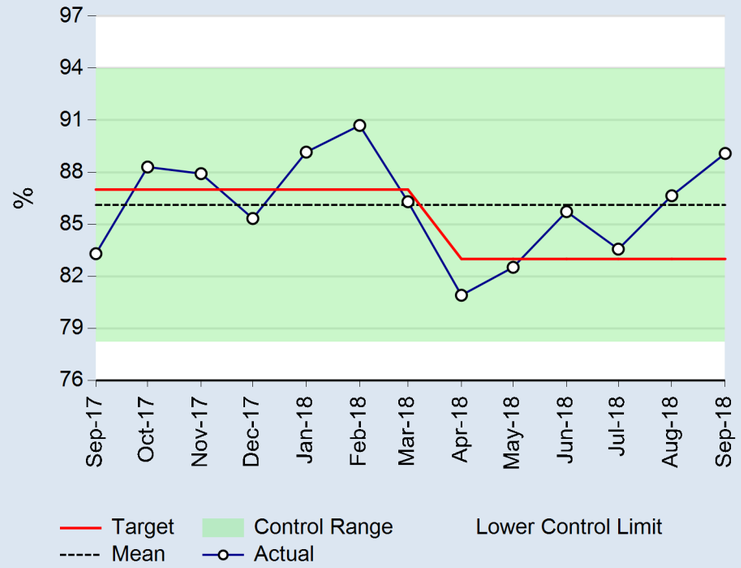
Description
% Bed occupancy at 2pm

Target
83% in month (Internal Monitoring)

Executive Lead
Director of Operations

Comment
The occupancy rate for all wards is amber rated this month at 89.08%.

Action
Occupancy levels on our rehabilitation wards continue to impact this measure and remain an area of focus.



Outpatients Activity Attendences - A

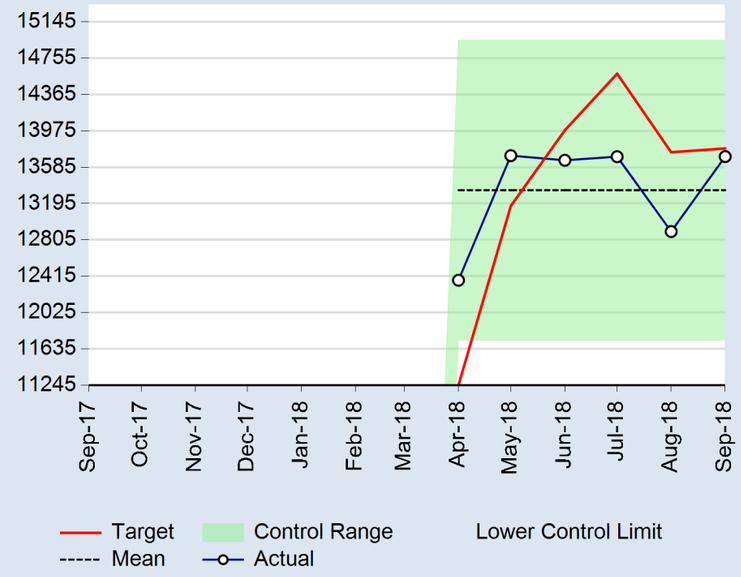
Description
Number of attendances seen in Outpatient clinics

Target
13786 in September (Internal Monitoring)

Executive Lead
Director of Operations

Comment
The number of attendances was 87 lower than plan in month with 13,699 attendances against a plan of 13,786.

Action
The in-month reduction has primarily been seen within the Medicine Division. Orlau has experienced a reduction of gait assessment referrals which is probably associated with Mr Roberts' retirement. Orlau have met with paediatric orthopaedic consultants to promote the service and encourage appropropriate referrals. Activity is expected in improve but unlikely to fully achieve target by end of year. DXA activity has been affected by long term sickness in the team leading to suspension of the extended working day. Recruitment to cover rota gaps is in progress and we are scoping the opportunity to run two DXA machine's side by side when the current machine is replaced in Q3. If this is successful, activity will be fully recovered by end of Q4. Text reminder service has been rolled out to all rheumatology and



Outpatient DNA Rate (Consultant Led Activity) - R

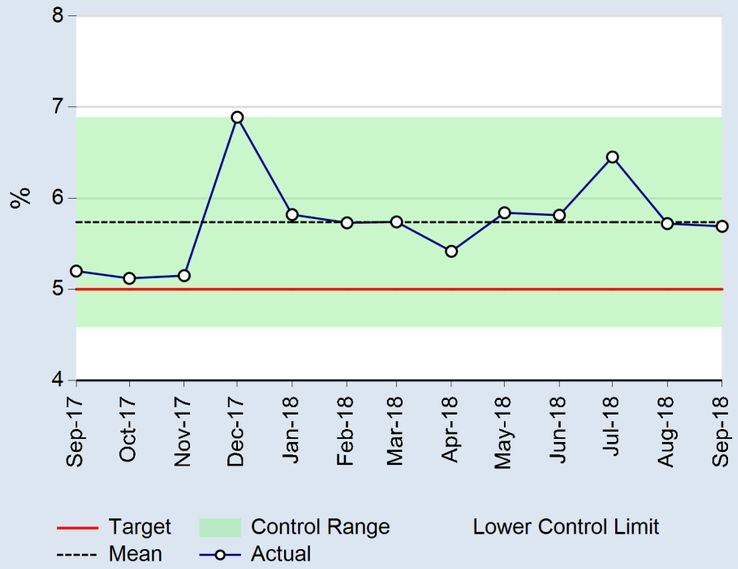
Description
% of outpatient appointments not attended

Comment
The DNA remains red rated in September at 5.70% against the 5% target. This equates to 540 missed appointments.

Target
5% in month

Action
See exception report.

Executive Lead
Director of Operations



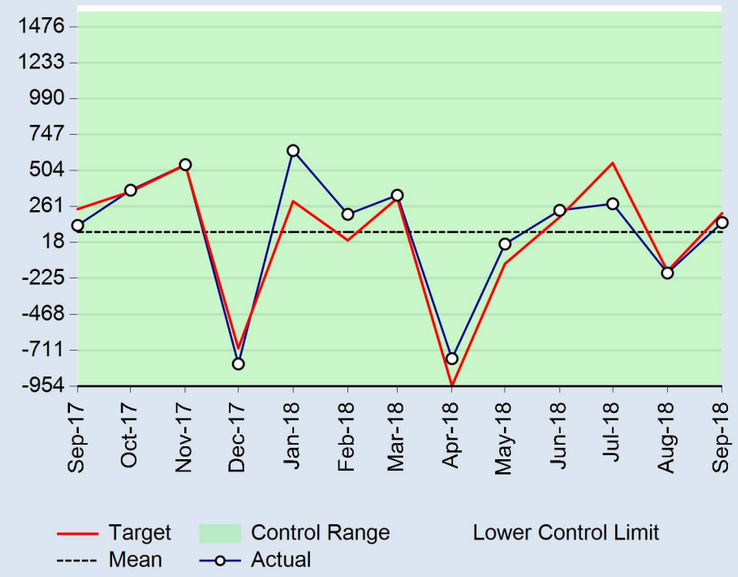
Financial Control Total - R

Description
Surplus/deficit adjusted for donations and excluding STF funding

Comment
- Overall in month surplus of £152k
- £64k behind plan in month (£7k ahead of plan YTD)

Target
£1,104m

Executive Lead
Director of Finance



Clinical Income from Activity - R

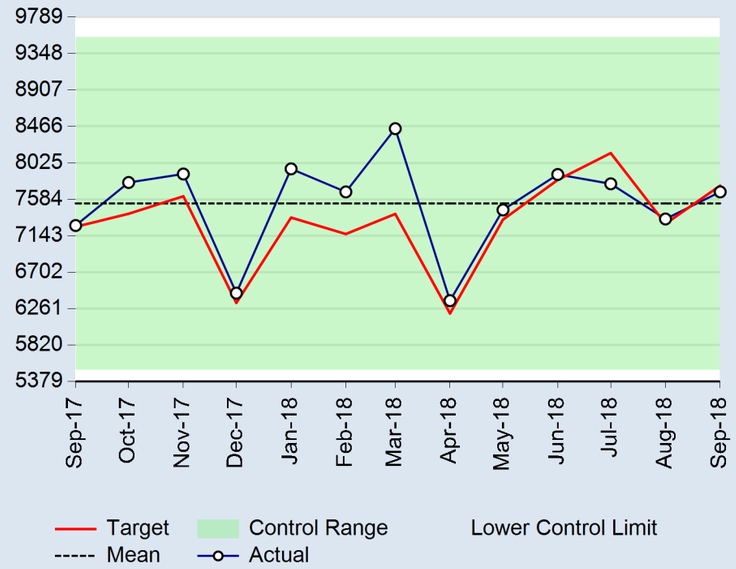
Description
Income associated with clinical activities (excludes pass through drugs)

Target
£91.5m

Executive Lead
Director of Finance

Comment
- Overall £76k behind plan in month:
- Theatres activity £215k adverse driven by cases shortfall and weak case mix.
'- Surgery outpatients favourable
'- Spinal Injuries favourable £79k

Action
Focus on delivery of October and future months theatre bookings to avoid further losses against plan



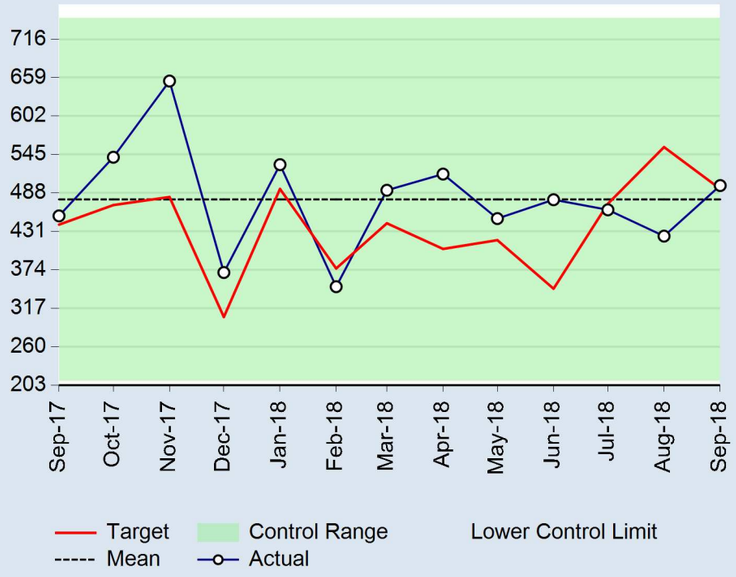
Private Patients Income - G

Description
Income generated by private patient activity

Target
£5.4m

Executive Lead
Director of Finance

Comment
- Overall £5k ahead of plan overall in month - predominantly driven by surgery



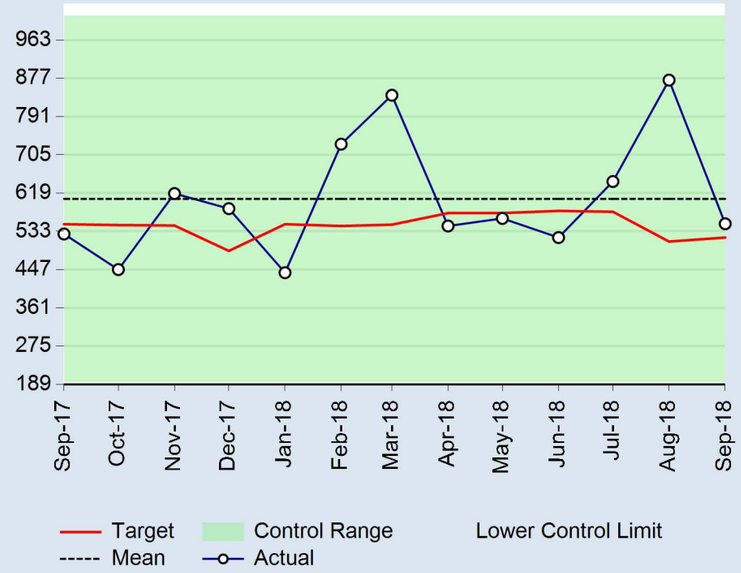
Other Income - A

Description
Non-clinical income e.g. research, education and NHS Injury Cost Recovery (ICR)

Comment
- Position when adjusted for A4c funding is £50k behind plan::
'- Education Income £33k adverse
'- Research £21k adverse

Target
£6.5m

Executive Lead
Director of Finance



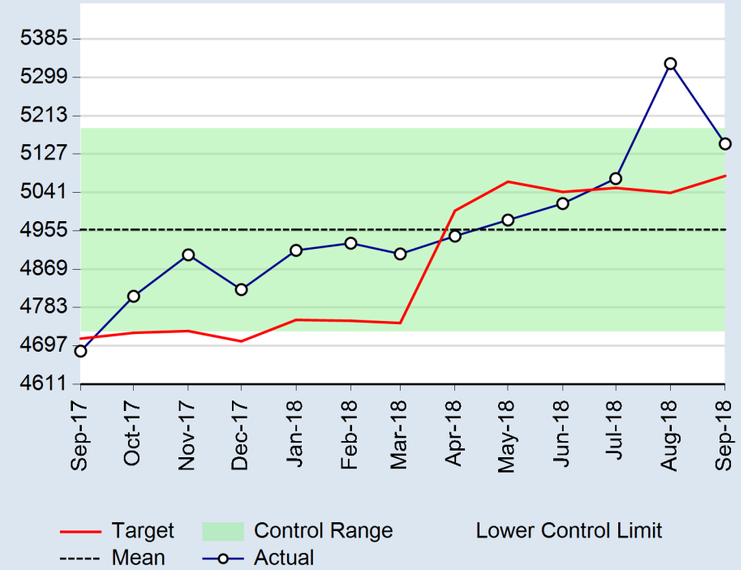
Pay - G

Description
Expenditure on workforce

Comment
- Pay costs adjusted for the A4c funding £8k underspent due to:
- Non LLP OJP below plan

Target
£60.7m

Executive Lead
Director of Finance



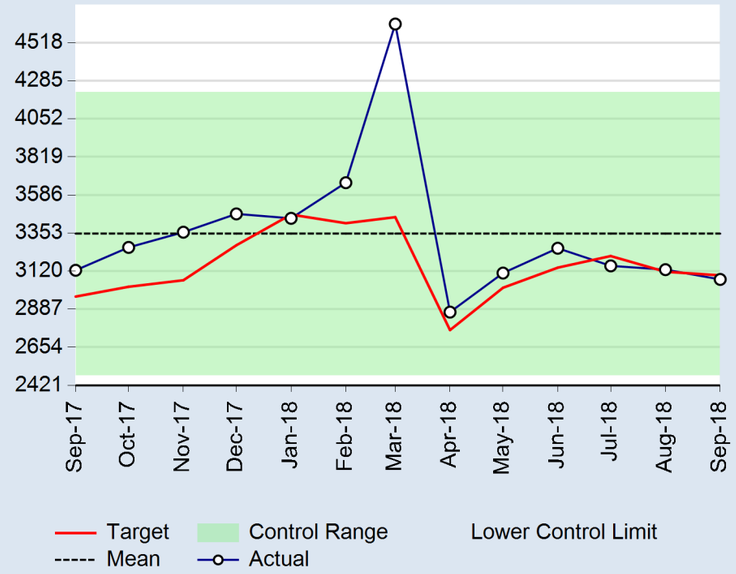
Non Pay - G

Description
Non-workforce expenditure e.g. consumables, implants and drugs (excludes pass through drugs)

Comment
- Overall non Pay costs £23k underspent against plan (excl Anti-TNF) due to:
- LLP OJP pressure of £73k
- Partially offset by Implants/consumables underspent driven by cases shortfall

Target
£42.9m

Executive Lead
Director of Finance



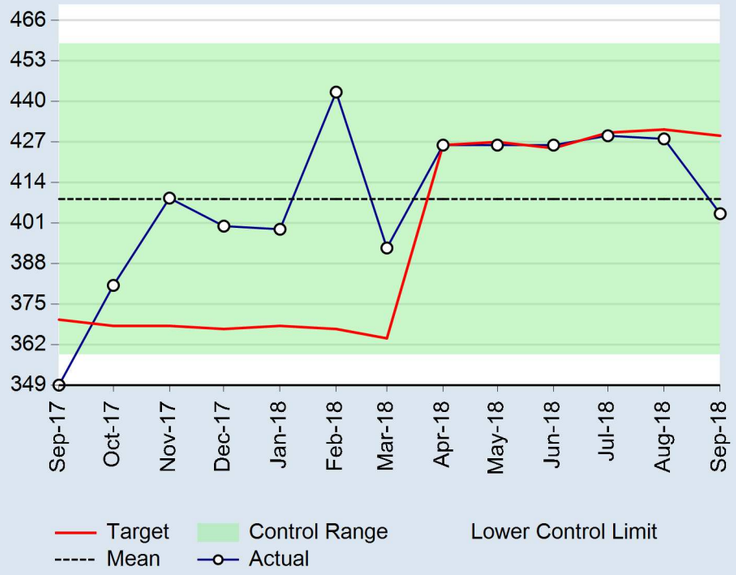
Financing - G

Description
Costs associated with financing the Trust i.e. depreciation, PDC and interest charges

Comment
- PDC dividend is £20k under plan in month driven by revised annual estimate due to higher cash balances in year

Target
£5.1m

Executive Lead
Director of Finance



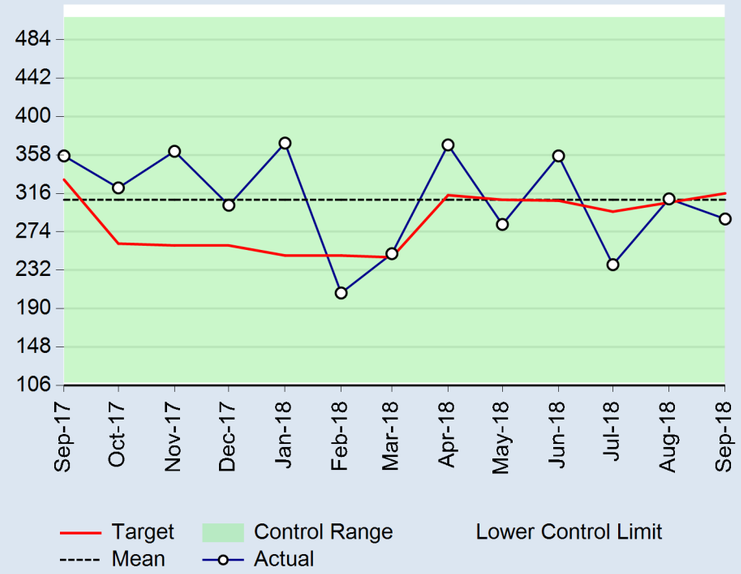
CIP Delivery - A

Description
Cost Improvement Programme requirement

Target
£3.6m

Executive Lead
Director of Finance

Comment
- CIPs under achieved by £22k in month, driven by implant savings slippage , YTD £6k behind plan



Agency Control Total - R

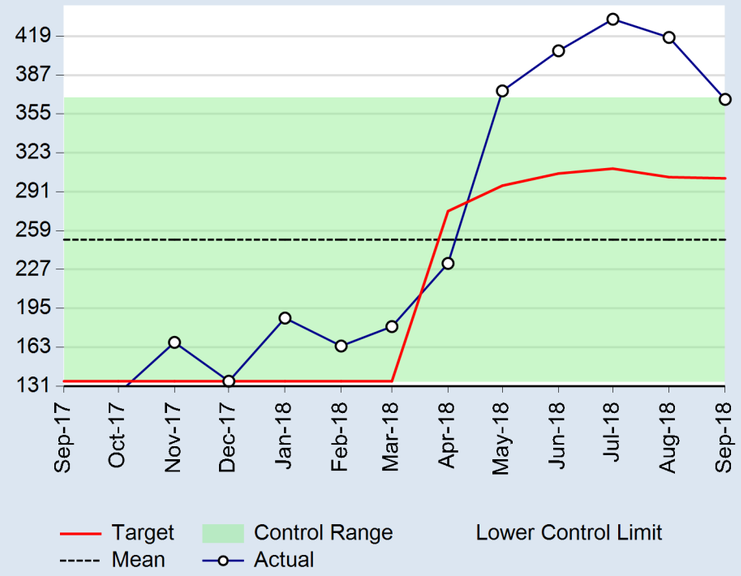
Description
Annual ceiling for total agency spend introduced by NHS Improvement

Target
£4.0m

Executive Lead
Director of Finance

Comment
- Overall agency spend £365k in month (including LLP), £54k ahead of the agency ceiling in month - £73k driven by LLP and £19k underspend on 'core' agency
- YTD £430k ahead of ceiling (ceiling set at £3.6m for 18/19)

Action
Deep dive undertaken with divisions with regards to 'core agency, short term and medium term actions in place to reduce agency pressures. Progress against improvement plan tracked by FPI committee.



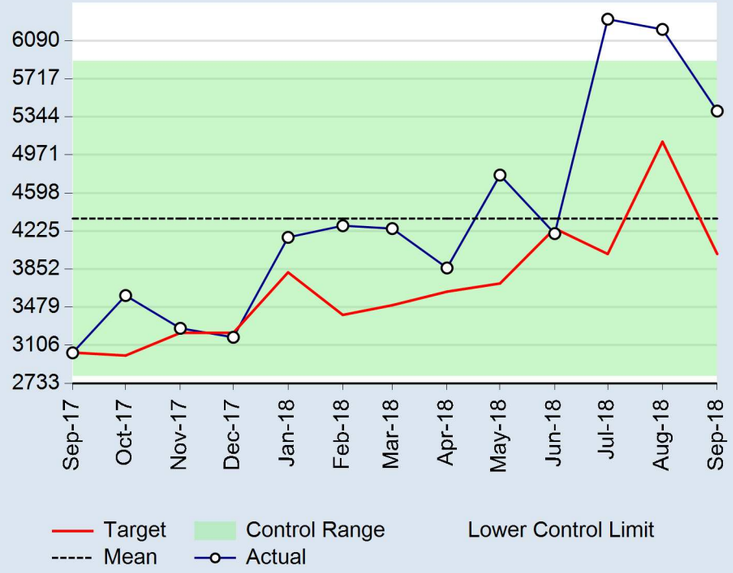
Cash Balance - G

Description
Cash in bank

Target
£5m (at March 2019)

Executive Lead
Director of Finance

Comment
- Cash balances of £5.4m, decrease of £0.8m in month driven by planned payment of PDC dividend £0.9m
- £1.14m ahead of plan due to NHS Supply Chain change of payment terms and capital slippage.



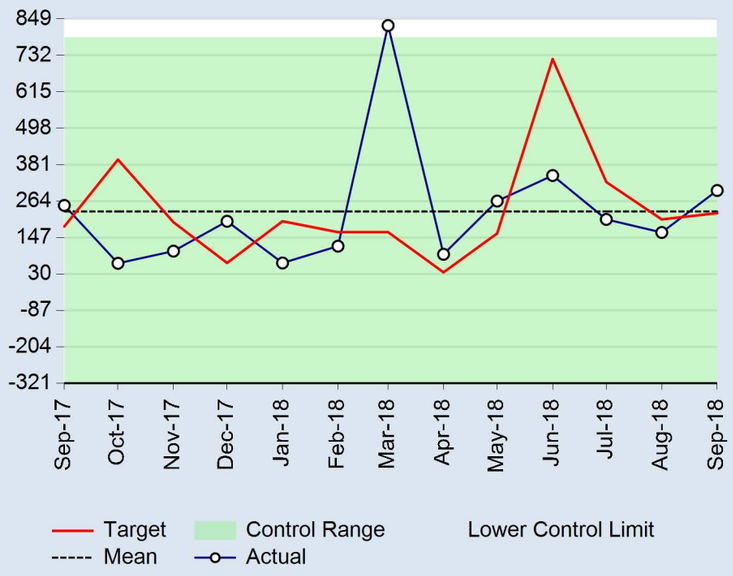
Capital Expenditure - G

Description
Expenditure against Trust capital programme

Target
£4.3m

Executive Lead
Director of Finance

Comment
- Capital spend of £298k in month
- £0.3m below plan YTD driven by phasing of plan



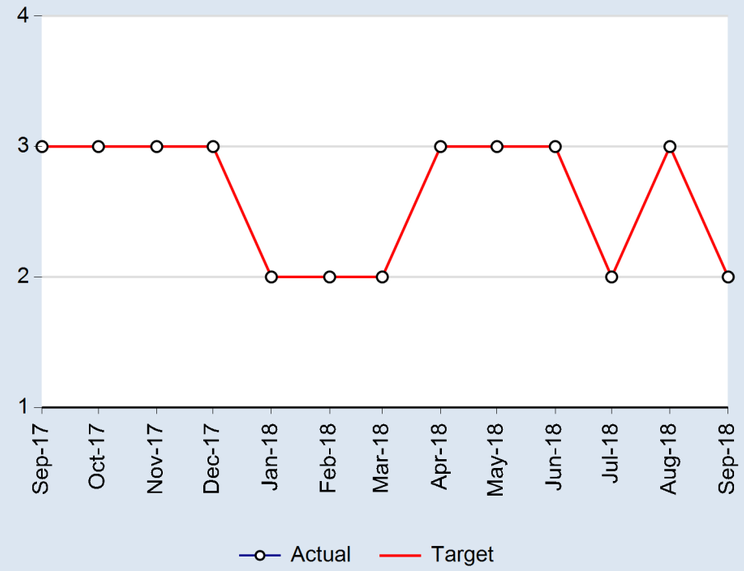
Use of Resources (UOR) - G

Description
Overall Use of Resources indicator

Comment
UOR on plan at level 2

Target
1 (at March 19)

Executive Lead
Director of Finance



Sickness Absence - A

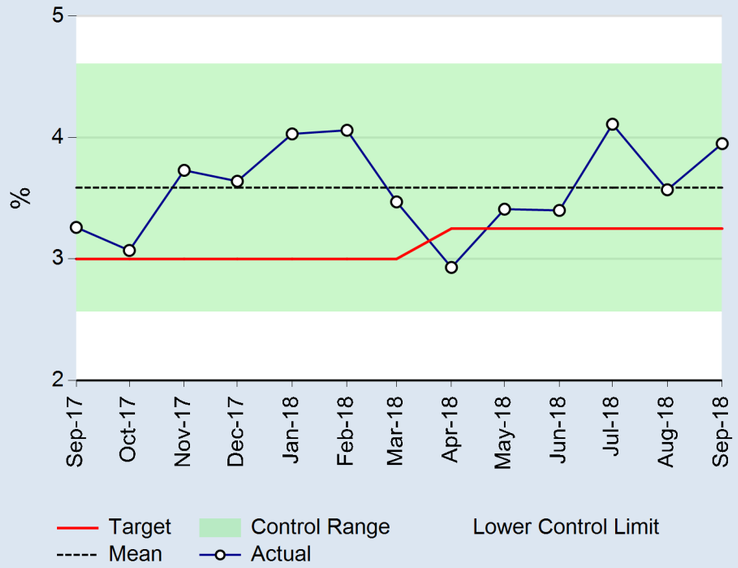
Description
FTE days lost as a percentage of FTE days available in month

Target
3.25% in month (Internal Monitoring)

Executive Lead
Director of People

Comment
There has been an increase in sickness absence rates during September and the position is now above target.

Action
As Theatre and Medicine Divisions are above target there will be a "deep-dive" report in to the issues as part of the quarter 2 Workforce Development Group report where actions will be agreed. We would expect to see improvements in quarter four once actions have been implemented.



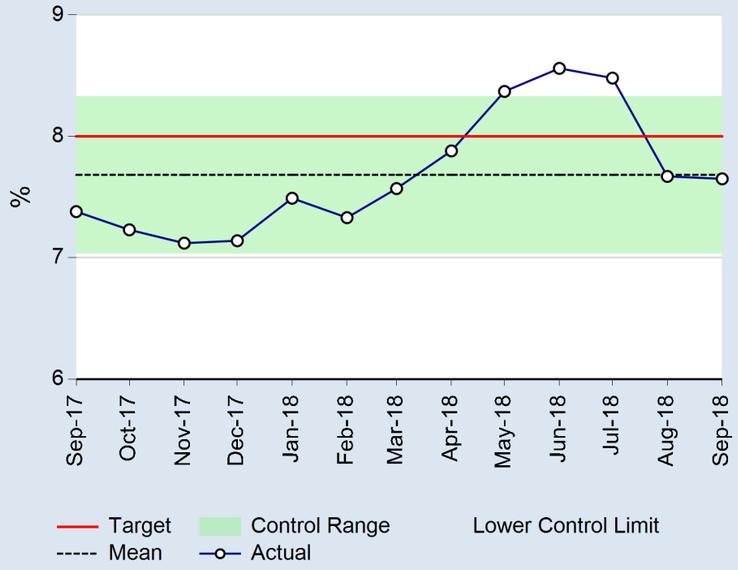
Voluntary Staff Turnover - G

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

Target
8% in month (Internal Monitoring)

Executive Lead
Director of People

Comment
There has been a reduction in voluntary turnover and it remains below (positive) the target.



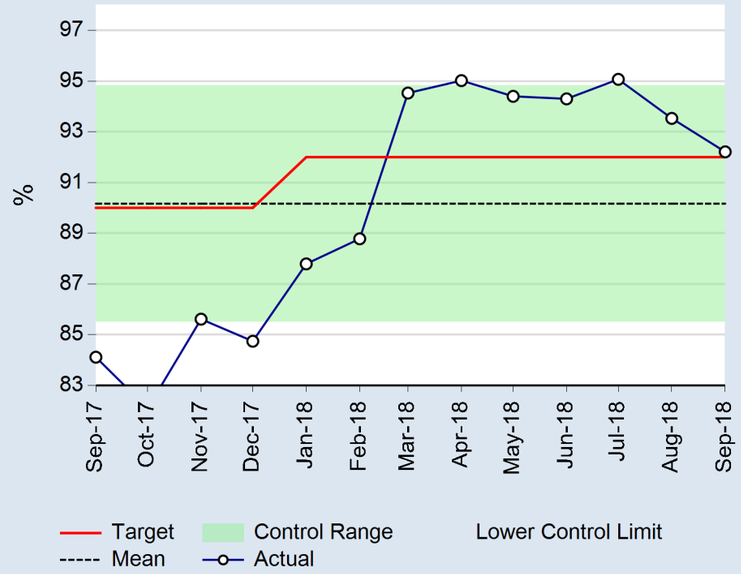
Staff Appraisal - G

Description
% of staff who have had an appraisal within the last 13 months

Comment
There has been a further decrease in appraisal rates although they remain above (positive) the target.

Target
92% at month end (Internal Monitoring)

Executive Lead
Director of People



Mandatory Training - A

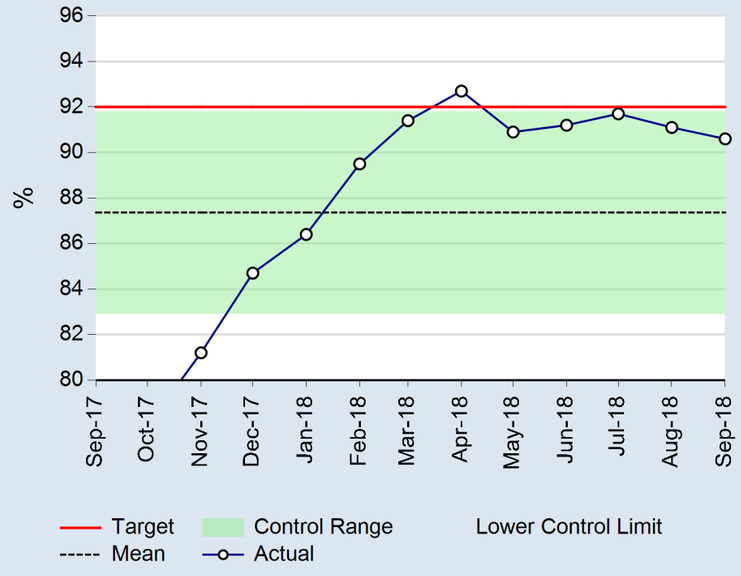
Description
The combined total of completed Fire, H&S or Moving and Handling training modules as a % of the total number of modules that require completion.

Comment
There has been a further decrease in mandatory training rates and they remain below (negative) the target.

Action
As the completion rates for mandatory training have failed to make the required recovery there will be a "deep-dive" into the issues as part of the quarter 2 Workforce Development Group where actions will be agreed. We would expect to see improvements in quarter three once actions have been implemented.

Target
92% in month (Internal Monitoring)

Executive Lead
Director of People



Integrated Performance Report
September – Month 6

Caring for Patients	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Serious Incidents	1	1	0	0	0	0	0	1	2	0	0	1	1	0	0	5	A	Apr-18
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Patient Falls (With Moderate or Severe Harm)	0	0	0	0	0	0	0	0	2	0	0	0	1	1	6	6	G	
Total Patient Falls								10	9	10	13	10	15		6	3	G	
Inpatient Ward Falls Per 1,000 Bed Days	4.08	2.75	2.01	2.87	2.17	3.37	1.49	2	2.18	2.02	2.88	2.99	3.35	3	3	2.56	G	May-18
UTIs Associated with Catheters								2	0	2	2	3	0	5	30	10	G	
Pressure Ulcer Assessments	100%	100%	100%	99.89%	100%	100%	100%	100%	99.9%	99.9%	99.91%	100%	100%	99%	99	99.95%	G	Apr-18
RJAH Acquired Pressure Ulcers - Grade 2	0	3	0	1	0	2	3	3	2	1	2	0	1	1	6	9	G	Apr-18
RJAH Acquired Pressure Ulcers - Grades 3 or 4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Patient Friends & Family - % Would Recommend (Inpatients & Outpatients)	98.86%	98.96%	99.47%	98.99%	99.7%	98.92%	99.17%	99.35%	99.08%	99.49%	99.23%	100%	99.45%	95%			G	
Number of Complaints	4	8	7	6	4	6	9	7	9	11	2	7	12	8	48	48	G	May-18
Safe Staffing	96.2%	96.5%	96.9%	98.6%	97.7%	95.9%	95.5%	95.2%	96.2%	96.6%	96.4%	96.5%	97.8%	90%			G	May-18
% Delayed Discharge Rate	1.82%	0.43%	2.54%	5.41%	5.02%	7.28%	7.47%	5.83%	4.12%	4.99%	4.42%	3.27%	5.66%	2.5%			G	
Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	

Integrated Performance Report
September – Month 6

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
RJAH Acquired E. Coli Bacteraemia	0	1	0	3	1	0	0	1	1	0	1	0	1	0	0	4	R	
RJAH Acquired C.Difficile	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	2	R	Apr-18
RJAH Acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Medication Errors with Harm	3	0	1	0	2	0	1							2	12	9	G	
Unexpected Deaths	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	R	Apr-18
RJAH Acquired VTE (DVT or PE)	3	0	2	2	1	4	2	1	1	2	4	1	3	4	24	12	G	Apr-18
VTE Assessments Undertaken	100%	99.85%	100%	99.62%	99.92%	100%	99.92%	99.71%	100%	99.92%	99.7%	100%	99.92%	95%	95	99.88%	G	Apr-18
28 days Emergency Readmissions*	0.66%	0.43%	0.89%	1.01%	0.6%	0.9%	1.38%	1.09%	1.39%	1.52%	0.99%	1.1%			1	1.22%	A	
WHO Compliance								100%	100%	100%	100%	100%	100%	100%	100	100%	G	
% Reportable Cancellations	0.65%	0.73%	0.81%	0.91%	0.98%	0.91%	0.88%	0.32%	0.18%	0.88%	0.17%	0.68%	1.21%	0.7%	0.7	0.58%	G	
% Non-Reportable Cancellations	2.02%	2.04%	2.09%	2.16%	2.26%	2.3%	2.29%	2.25%	2.56%	1.33%	1.84%	1.07%	1.99%	2%	2	1.84%	G	
Cancellations Not Rebooked within 28 Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	
Cancer Two Week Wait*	100%	100%	100%	100%	100%	100%	96%	96.15%	100%	100%	96.88%	100%			93	98.54%	G	
31 Days First Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			96	100%	G	
31 Days Subsequent Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			94	100%	G	
Cancer Plan 62 Days Standard (Tumour)*	0%	60%	100%	100%	100%	100%	50%	0%	100%	66.67%	50%	0%			85	55.56%	G	

Integrated Performance Report
September – Month 6

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Cancer 62 Days Consultant Upgrade*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			85	100%	G	
18 Weeks RTT Open Pathways	88.21%	88.86%	88.95%	88.84%	88.99%	89.37%	90.05%	90%	89.49%	89.98%	89.96%	89.6%	90.29%	92%	92	89.89%	G	
Patients Waiting Over 52 Weeks – English	0	1	0	0	1	1	1	2	1	0	1	1	0	0	0		G	
Patients Waiting Over 52 Weeks – Welsh	7	4	4	4	2	5	6	2	2	2	9	8	6	0	0		G	
Patients Waiting Over 52 Weeks – Welsh (BCU Transfers)	91	127	167	165	103	43	0	43	126	128	121	124	87				G	
English List Size								5,918	5,918	6,367	6,346	6,680	6,960	6,498			G	
6 Week Wait for Diagnostics - English Patients	99.34%	99.82%	99.46%	98.58%	99.41%	99.77%	99.6%	98.73%	99.53%	99.37%	98.59%	99.15%	99.16%	99%	99	99.09%	G	
8 Week Wait for Diagnostics - Welsh Patients	100%	100%	100%	99.65%	100%	99.82%	99.42%	100%	100%	99.76%	99.77%	99.67%	100%	100%	100	99.86%	G	
New to Follow Up Ratio (Consultant Led Activity)	2.07	2.17	2.24	1.88	2.19	2.17	2.44	2.39	2.18	2.21	2.39	2.14	1.93	2.5	2.2	2.2	G	

Integrated Performance Report
September – Month 6

Caring for Finances

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Referrals Received for Consultant Led Services*	3,256	3,624	3,418	2,414	3,112	2,867	2,804	2,430	2,911	2,933	2,834	2,635			14365	13,743	G	
Overall Daycase Rate	49.05%	48.24%	47.25%	47.2%	46.67%	45.93%	45.26%	45.18%	47.77%	46.91%	46.8%	42.93%	46.86%	46%	46	46.17%	G	
% Sessions Used Against Plan								99.53%	100.1%	101.27 %	96.96%	97.15%	98.25%	100%	100	98.85%	G	
Touchtime Utilisation	81.36%	81.81%	84.93%	80.89%	82.67%	83.26%	86.46%	82.73%	82.73%	83.76%	79.82%	80.29%	83.36%	82%	82	82.1%	G	
Theatre Cases Per Session	2.05	2.05	2.09	2.17	2.05	2.07	2.13	1.95	2.07	1.92	1.97	2.03	1.94	2.07			A	
Total Theatre Activity	1,042	1,123	1,126	904	1,133	1,043	1,125	821	1,004	1,023	1,053	929	1,017	1,066	6039	5,847	A	
Average Length of Stay	4.07	3.47	3.96	3.54	3.25	3.74	3.37	3.89	3.62	4.14	3.61	3.3	3.8	3.5	3.5	3.8	G	
Bed Occupancy – Adult Orthopaedic Wards – 2pm	86.69%	92.55%	91.3%	84.52%	90.33%	92.41%	88.62%	78.07%	82.95%	86.75%	86.01%	86.55%	91.43%	87%	87	85.4%	G	
Bed Occupancy – All Wards – 2pm	83.3%	88.3%	87.92%	85.33%	89.16%	90.7%	86.3%	80.91%	82.52%	85.73%	83.57%	86.65%	89.08%	83%	83	84.75%	G	
Outpatients Activity Attendences								12,371	13,709	13,659	13,698	12,894	13,699	13,786	80515	80,030	G	
Outpatient DNA Rate (Consultant Led Activity)	5.2%	5.12%	5.15%	6.89%	5.82%	5.73%	5.74%	5.42%	5.84%	5.81%	6.45%	5.72%	5.69%	5%	5	5.83%	A	
Financial Control Total	133	371	544	-804	639	208	337	-768	7	235	279	-189	152	216	-293	-285	G	
Clinical Income from Activity	7,266	7,787	7,890	6,447	7,952	7,673	8,439	6,356	7,455	7,884	7,771	7,345	7,673	7,749	44534	44,484	G	
Private Patients Income	454	541	654	370	530	349	492	516	450	478	463	424	499	494	2691	2,829	G	
Other Income	527	447	618	584	440	729	839	545	562	519	645	873	550	519	3335	3,695	A	
Pay	4,685	4,808	4,901	4,823	4,911	4,927	4,903	4,943	4,979	5,016	5,072	5,330	5,150	5,078	30276	30,490	G	

Integrated Performance Report
September – Month 6

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Non Pay	3,125	3,265	3,358	3,470	3,443	3,661	4,632	2,869	3,108	3,260	3,152	3,129	3,069	3,094	18339	18,588	A	
Financing	349	381	409	400	399	443	393	426	426	426	429	428	404	429	2567	2,539	G	
CIP Delivery	357	322	362	303	371	207	250	369	282	357	238	310	288	316	1850	1,844	G	
Agency Control Total	81	125	167	135	187	164	180	232	374	407	433	418	367	302	1792	2,231	R	
Cash Balance	3,032	3,593	3,272	3,184	4,163	4,277	4,249	3,863	4,773	4,200	6,300	6,200	5,400	4,000	5100	6,200	G	
Capital Expenditure	250	64	103	199	65	119	828	93	264	346	205	163	298	225	1670	1,369	G	
Use of Resources (UOR)	3	3	3	3	2	2	2	3	3	3	2	3	2	2	2	2	G	

Integrated Performance Report
September – Month 6

Caring for Staff	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Sickness Absence	3.26%	3.07%	3.73%	3.64%	4.03%	4.06%	3.47%	2.93%	3.41%	3.4%	4.11%	3.57%	3.95%	3.25%	3.25	3.62%	A	
Voluntary Staff Turnover	7.38%	7.23%	7.12%	7.14%	7.49%	7.33%	7.57%	7.88%	8.37%	8.56%	8.48%	7.67%	7.65%	8%			G	
Staff Appraisal	84.11%	82.09%	85.61%	84.74%	87.79%	88.78%	94.53%	95.02%	94.4%	94.3%	95.07%	93.53%	92.21%	92%			A	
Mandatory Training	76.3%	78%	81.2%	84.7%	86.4%	89.5%	91.4%	92.7%	90.9%	91.2%	91.7%	91.1%	90.6%	92%			A	

Exception Report – Agency Control Total

Performance Issue:

National Context

Reducing agency spend is one of the key priorities of NHS Improvement in returning the provider sector back to financial balance.

All NHS providers have been issued with an agency control limit by NHS Improvement to support this position and weekly returns are required from providers on agency shifts and costs. Overspends against the agency limit have an adverse impact on the Trust's UoR (Use of Resources rating) and could lead to Regulator intervention.

Local Context

RJAH has historically been one of the lowest users of agency in the region with a well-established internal bank. However, more recently national workforce shortages have continued to intensify with a consequence that agency requirements have been steadily increasing. This is in the context of increasing demand for our services.

RJAH has an agency control target comprising of two elements as follows:

- **'Core' agency** – Representing the traditional agency workforce of doctors and nurses. The limit of £1.56m is on par with prior year usage and whilst challenging is realistic to be achieved.
- **Oswestry Orthopaedics LLP** – Additional reporting of the costs of using flexible consultant capacity (out of job plan working). The target set for this year represents a £0.6m reduction from the previous year and whilst the Trust remains committed to reducing volumes of out of job plan working by recruiting additional consultants, the timelines required for this alongside a backdrop of increased overall planned activity mean that this element of our target is unachievable for this financial year. This position has been accepted by our Regulator and plans to reduce LLP spend going forward are tracked at our Performance Review meets.

Current Position

In terms of the 'core' agency spend a deep dive was presented to the September Finance Planning and Investment Committee detailing the key drivers for the year to date position and highlighting a number of short term actions and longer term workforce transformation plans that will support reduced agency usage.

Key headlines for September are as follows:

Area	Month 6		
	Action Plan	Actual	Variance
Ward Nursing	£29,056	£37,639	-£8,583
MCSI Doctors	£12,480	£7,794	£4,686
Rheumatology Consultants	£61,528	£38,160	£23,368
T&O Doctors	£0	£0	£0
Theatre Scrub/ODP	£29,911	£19,089	£10,822
Therapies	£0	£0	£0
Radiology	£0	£0	£0
Orthotics	£14,000	£10,017	£3,983
Total	**£146,975**	**£112,699**	**£34,276**
Control Total	£132,118	£132,118	£0
Variance	**-£14,857**	**£19,419**	**£34,276**

- September showed a benefit of £35k against the forecasted spend of £147k driven by consultant annual leave in medicine division. £65k over control limit year to date (£19k improvement on M5 YTD) .
- All agency spend is on clinical posts
- 50% of spend on Consultants and Doctors predominately covering vacancies in Medicine Division
- 18% of spend on Theatres staff covering vacancies and weekend working
- 18% of spend on nursing, shortfall against action plan in September, due to increased Kenyon usage.

Planned Remedial Actions:

The Trust is committed to keeping premium staffing costs to a minimum while delivering outstanding patient care. A number of remedial actions have been agreed to reduce agency spend for the remainder of the year.

'Core' agency:

- Agency procedure revamped with strong focus on controls with full Executive sign off of every appointment
- Detailed action plans in place with divisions and nominated leads – progress tracked through monthly performance meets
- 'Live' agency forecast maintained in line with action plans to track progress - if delivered will end year within agency limit for 'core' agency
- Successful recruitment of additional theatre and ward nursing staff to commence in September will alleviate pressures in these areas going forward
- Three nursing recruitment days planned for November, January and March to continue filling vacancies and attract staff to RJAH as an attractive place to work
- Transformation of the recruitment process to support fast track appointments and trouble shoot any delays
- New ways of working developed through service review methodology with overseas Doctors recruitment in the pipeline for Medicine division reducing reliance on traditional consultant models

Oswestry Orthopaedics LLP:

- Deep dive to be undertaken and reported to the Finance Planning and Investment Committee in November to ensure contract performing as expected
- Monthly performance meetings held with provider to ensure delivery of contractual obligations
- Progression of consultant appointments in Arthroplasty and Spinal Disorders sub specialities
- 'Live' forecast maintained in line with activity projections to ensure best use of resources
- Delivery tracked through monthly performance review meets
- Regular communication with NHS Improvement to ensure shared understanding of model and expectations

Ownership:

Executive Lead: Craig Macbeth, Director of Finance

Report Prepared By: Mark Salisbury, Deputy Director of Finance

Exception Report – Outpatient DNA Rate

Performance Issue:

	Jul-18				Aug-18				Sep-18			
	Attended	DNA	Total	DNA Rate	Attended	DNA	Total	DNA Rate	Attended	DNA	Total	DNA Rate
Trust	8640	596	9236	6.45%	7942	482	8424	5.72%	8948	540	9488	5.69%
Surgical	6086	405	6491	6.24%	5361	341	5702	5.98%	6222	406	6628	6.13%
Medicine	2304	180	2484	7.25%	2379	131	2510	5.22%	2501	128	2629	4.87%

The out-patient DNA rate was within target for Medicine services this month but remains above the ceiling target of 5% in the following Surgical services:

- Spinal disorders 7.55%
- Upper Limb 5.77%

The higher rate of DNAs in these services is likely exacerbated by short notice changes to clinics owing to the need to respond to demand for either more surgical or clinic sessions to meet planned activity targets. There has also been pressure on booking staff owing to vacancies which is being addressed.

Planned Remedial Actions:

Improvements to the booking process and ensuring patients are given sufficient notice of their booked date is expected to improve DNA rate. Action is underway to recruit and train staff to fill vacancies in the bookings team and to ensure they have the appropriate support. Help from former booking staff now working in other areas is being sought to speed up this process.

Ownership:

Executive Lead: Nia Jones, Director of Operations

Report Prepared By: Paula Jeffreson, Deputy Director of Operations

Exception Report – Patients Waiting Over 52 Weeks – Welsh

Performance Issue:

Patients Waiting Over 52 Weeks - Welsh	
July 2018	9
August 2018	8
September 2018	6

July – Spinal Disorders (6), Paediatric Orthopaedics (1), Upper Limb (1), Arthroplasty (1)

August – Spinal Disorders (6), Rheumatology (1), Sports Injuries (1)

September – Spinal Disorders (6)

Planned Remedial Actions:

Consistent area of failure is spinal disorders; actions being taken here are as follows:

- Discussions with the team are in place to level the load of referrals from the more pressured consultants to the less pressured consultants. Work streams are along the lines of communications to GP practices around all of our consultants to discourage named referrals, buddying of colleagues to develop stronger links to refer across to, analysis on referral routes into RJAH
- Business case approved for two additional spinal disorders consultants to increase capacity once load is levelled
- Policy to manage referrals being developed to ensure consistency across division not just spines firm
- Use of registrars and AHP's being reviewed to free up more capacity for consultants and increase patients being seen

- More work to be undertaken to increase theatre capacity for current spinal consultants

Ownership:

Executive Lead: Nia Jones, Director of Operations

Report Prepared By: Paula Jeffreson, Deputy Director of Operations

Exception Report – Cancer 62 Days Standard (Tumour)

Performance Issue:

Performance against the Cancer 62 Days Standard (Tumour) has been below target and red rated for three consecutive months. Although breach reallocation is not yet functional in the National Cancer Waits Database we continue to follow the process of breach reallocation internally. The new national reporting approach will be used in official published performance reports from Q4 onwards (i.e. on pathways ending in Q3).

In the IPR narrative we also refer to the adjusted mitigated position each month, the table below summarises the National Reported and Adjusted Mitigated positions:

Reporting Period	National Reported Position			Adjusted Mitigated Position		
	Total Patients	Treated in Target	% Treated in Target	Total Patients	Treated in Target	% Treated in Target
June	1.5	1	66.67%	1.5	1.5	100.00%
July	1	0.5	50.00%	1	1	100.00%
August	0.5	0	0.00%	0.5	0	0.00%

The details surrounding the data above is summarised below:

June – one patient, whose entire pathway was at RJAH, was treated in target but a second patient, who had a shared pathway with The Christie breached the standard. The patient was referred from RJAH on Day 32 and there were also administrative delays at The Christie. The adjusted mitigated position is reported at 100%.

July – Two patients were reported in July. The first was a shared pathway with The Christie and this patient met the standard. A second patient, whose pathway was shared with SaTH breached the standard with a wait of 83 days. The breach patient was a result of many complex diagnostic tests that were required within the pathway however RJAH referred the patient on in a timely manner on Day 16. The adjusted mitigated position is different to the national figures at 100%.

August – In August there was one shared pathway with The Christie and the patient breached the standard with a wait of 66 days. The patient required various diagnostic tests due to an unknown primary cancer. There was also a delay of one working day in referring the patient to The Christie owing to staff leave. The patient was referred to The Christie on day 45. The adjusted mitigated position is reported the same as national figures at 0.00%.

Planned Remedial Actions:

Cross cover for admin staff leave is now in place.

Ownership:

Executive Lead: Nia Jones, Director of Operations

Report Prepared By: Nia Jones, Director of Operations

Research Update November 2018

0. Reference Information

Author:	Teresa Jones, Research Manager	Paper date:	29th November 2018
Executive Sponsor:	Steve White, Medical Director Kerry Robinson, Director of Strategy and Planning	Paper Category:	Strategy
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board are asked to note the update on research progress within the Trust.

2. Executive Summary

2.2. Summary

The research department continues to support the delivery of clinical research within the Trust, supporting hosted and sponsored studies.

The Trust continues to grow its research and has further increased participant recruitment; performing above the National Institute for Health Research (NIHR) West Midlands Clinical Research Network (WM CRN) recruitment target. In June 2018 the Trust was at 106% participant recruitment and this has further increased to 135% in September 2018. The Trust also continues to be above the targets set for Activity Based Funding (ABF) reporting 122% against target as at September 2018.

To support further increasing participation in research plans are underway to grow patient, carers and visitors awareness that RJAH is a research active Trust.

The department is working in conjunction with an external partner to review processes, governance structures and staffing levels. This supports research as it moves into the next phase of its strategy.

2.3. Conclusion

In conclusion, the research department continues to add value to the Trust, contributing to the aspiration of being a world class provider and leader in MSK services.

Actions are being undertaken in ensuring sustainability and future growth in this area.

3. The Main Report

3.1. Introduction

This report will highlight the research performance of the Trust from a patient recruitment, financial and NIHR perspective.

3.2. Research update Nov 2018

3.2.1. Participant Recruitment

At 30th September 2018, recruitment to NIHR studies was 528 against a pro-rata target of 391 (135%). This has further increased above target since June 2018 where recruitment was reported at 106% against the target. As reported in the last update, the annual target was increased by the CRN in line with the West Midlands increased annual target of 65,000 participants, with RJAH's percentage contribution at 1.2% (1.1% last yr.), which is comparable with The Royal Orthopaedic Hospital and Shrewsbury and Telford Hospitals at 1.0% and 2.8% respectively.

The Trust is continuing to increase patient, carers and visitors awareness that RJAH is a research active Trust by working in partnership with our communication experts within the Trust. For our patients, carers and visitors this will for example include visibility of notice boards in areas around the Trust. Other communication options will also be explored.

3.2.2. Active Studies

Recognising that patient participation is above the CRN recruitment target the table below displays the total number of Health Research Authority approved (including ethical approval) studies currently active at RJAH:

Study Type	Current Status	No.	No. of which are NIHR Portfolio	Research Dept. supporting
Laboratory Based	No pt. recruitment and Tissue Sample studies	6	1	
Staff / Organisation Questionnaire	No pt. recruitment	10	2	
Clinical Study	Pts in follow-up	21	16	21
Clinical Study	Active Recruitment	46	30	36
	Total	**83**	**49**	**57**

The research department continues to explore all potential opportunities to further grow our research activity.

Ten research studies have been opened to recruitment since the start of the financial year.

There are currently a number of studies including 8 commercial studies in various stages of development. Start dates of studies will be subject to available capacity within the research department, regulatory status and sponsor requirements if not sponsored by RJAH; commercially funded studies are given priority due to provision of funding to provide resources for support.

3.2.3. Finance

Although the WM CRN core funding for 2018/19 decreased by c. £50k (20%) from 2017/18 the approval of a strategic funding application has resulted in this decrease being recovered. This strategic funding has enabled the addition of two study support officer roles to support the delivery of research in the upper limb service and the daily management of all our research studies. The roles play a pivotal part in ensuring recruitment targets are met and studies are delivered to time and within the funding available.

3.2.4. Development of ACI Service

The research department continues to support the development of the ACI service and has active studies within this area.

3.3. Associated Risks

As reported in the last update, the success of research within RJAH creates a potential risk in managing the level of growth, ensuring that our resources to support and open new studies is aligned with further developments, recognising that the funding and activity of research is not linear.

As the research department moves in to the next phase of its strategy the department is reviewing its processes and governance. We are working in conjunction with an external partner to review our processes, governance structure and staffing levels to ensure our financial resourcing model aligns to the practice of research in action, regulatory requirements are met and more importantly that patients are given the opportunity to participate in research studies.

As our Trust wide services continue to grow and in working across disciplines in ensuring they are research active working patterns may require future review. This is to ensure we align with the services participating in research and to support our ambitions as we move into the next phase of the strategy.

3.4. Conclusion

In conclusion, RJAH continues to enhance its reputation as a leader in orthopaedic and MSK research. Through participation in research, the Trust is able to evidence change and improve the patient experience and treatment, leading to achievement of its aspiration to be a world class provider and a leader in MSK care.

Governance processes are being reviewed as part of continual improvements in this area and to support the next phase of the department's strategy.

Participation rates continue to be above targets set by the West Midlands Clinical Research Network. Steps are being undertaken to further increase patient, carers and visitors awareness that RJAH is a research active Trust.

Appendix 1: Acronyms

WM CRN	West Midlands Clinical Research Network
NIHR	National Institute for Health Research
ABF	Activity Based Funding
ACI	Autologous Chondrocyte Implantation
WM AHSN	West Midlands Academic Health Science Network
MSK	Musculoskeletal

Shropshire, Telford & Wrekin STP

Sustainability and Transformation Plan

Footprint Name and Number:
Shropshire and Telford & Wrekin (11)

Region:
Shropshire and Telford & Wrekin

STP Directors Update

Oct 2018 Final

Our vision for health and care services in Shropshire, Telford & Wrekin

https://www.england.nhs.uk/systemchange/view-stps/shropshire-and-telford-and-wrekin/

Priorities

•Focusing on neighbourhoods to prevent ill health and promoting the support that local communities offer to help people lead healthier lives and encourage them to care for themselves where appropriate.

•Multi-disciplinary neighbourhood care teams working closer together supporting local people with long-term health conditions, and those who have had a hospital stay and return home needing further care.

•Ensuring all community services are safe, accessible and provide the most appropriate care.

•Redesigning urgent and emergency care, creating two vibrant 'centres of excellence' to meet the needs of local people, including integrated working and primary care models.

•Making the best use of technology to avoid people having to travel large distances where possible – especially important to people living in the most rural communities in Shropshire and Powys.

•Involving local people in shaping their health and care services for the future.

•Supporting those who deliver health and social care in Shropshire, Telford and Wrekin, developing the right workforce, in the right place with the right skills and providing them with local opportunities for the future.

STP Development Programme

Facilitated offers delivered over a condensed time period:

- System Opportunity Diagnostic programme
  - Hypothesis testing, Validation and priority setting
  - Identification of transformation programmes and priorities
  - Qualitative self assessment
- System support (Facilitated learning events)
  - Leadership
  - Provider alliance
  - Structural architecture
- Development of ICS
  - ICS roadmap
  - Meeting the requirement of the ICS MOU

High Level Critical Path

Launch Event & Mobilisation

Detailed Diagnostic

Quantitative Analysis	**Qualitative Assessment**

Hypothesis testing workshops
- **Validation of opportunities**
- **Executive review , testing and validation**

Decision to proceed

Diagnosis and design phase

(weeks)

Transformation Programmes
- Planning for mobilisation
- Define support, structure & budgets
- Engagement and communication

Delivery and Support
- Programme management and expert PMO
- Access to subject matter expertise
- Best Practice
- Monthly gateway reviews

System Capacity Building
- Supporting development of leadership capacity and capability
- Facilitated workshops
- Action learning sets
- Development of appropriate financial strategies
- Governance and decision making

Transformation delivery and improvement phase (weeks)

Quantitative Diagnostic

- NHSE has coordinated the production of a quantitative deep dive of all key analytical data and matrix:
    - Right Care (2017/18)
    - Model Hospital Programme
    - Getting it Right First Time (GIRFT)
    - Benchmarking from Social Care
    - Benchmarking from CHC
- It is acknowledged that for Shropshire CCG some of this analysis is available in its Optimity Report.
- Co-produced with NHSI, the information will be collated into a Hypothesis pack for Shropshire - mid September 2018

- Ambition is to support the identify any quick wins and to fully inform the production of an agreed set of transformation priorities.

Qualitative Self Assessment

- NHSE will co ordinate a qualitative self assessment exercise, the scope of which will be informed by the STP.
- Assessment will utilise the key concepts of the Integrated Care System (ICS) maturity index designed to provide a self assessment and anonymised baseline for the health system
- Approach:
  - Structured interviews around the core capabilities of: leadership and governance, readiness and commitment to operate as a single system, financial management, current performance, delivery and impact across the system.
  - Understanding the barriers to system development
- Output to shape the system **capacity support programme**

Diagnostic Review:

- Designed to support the system to identify opportunities available to the system
- Undertaken through both quantitate and qualitative analysis
- Quantitative data and information analysis output a report that seeks to quantify the identified opportunities.
- Qualitative diagnostic – self assessment to shape development programme

Facilitated Workshops – delivered over a number of sessions:

- To discuss data, information and evidence base
- Generate and test hypothesis
- Focused output on quantification of opportunities and next steps.
- Planning for delivery and system support
- Gateway signoff

Facilitated Programme Support / Action Learning Sets

- Support to executive leadership across the system
- Readiness and commitment to operate as a system across all partners
- Financial strategy and programme delivery
- Progressing the ICS – roadmap
- Meeting the requirements of the ICS MOU

Transformation priority programmes

- Intensive review and detailed shaping of selected priority programmes
- Gateway signoff

The offer:

- North Midland DCO have agreement with National Team to access:
  - External support and subject matter exercise
  - Length of high impact delivery 3-6 months
  - Expert facilitation of programme and workshops
- Transitional support to move to sustainable business as usual at approximately 3 months
- Delivery team shared across multiple high impact areas
- ICS programme facilitation (Jointly funded)

Project oversight

- NHSE/I project team to meet weekly
  - Facilitator/alliance
  - Project manager
  - Locality Director/leads

- Steering group to meet 2 weekly
  - STP leads
  - Alliance lead
  - Project manager
  - Expert advisors/regional support

Next Steps for Shropshire, Telford & Wrekin STP

- Work through the ICS 12 week Development Programme (start date to coincide with new STP Chair appointment)
- Develop Shropshire, Telford & Wrekin ICS Roadmap
  - Clear system Governance and programme management support
    - Aligned to system priorities
  - Further develop System Strategic Commissioning
  - Identify System Redesign Requirements
    - Clinically Led, building on the work of the STP Clinical Strategy Group
    - Understand **WHAT** enablement requirements are needed and **HOW** they will be delivered and by **WHEN**
    - Financial alignment
    - Estates
    - Digital
    - Workforce
    - Back Office functions
  - Be clear how as a system we will continually improve and sustain those improvements

Timeline of key STP activities June 17 – Dec 17

Pre -June 17

- STP Submission April 2017
- System OD Diagnostic undertaken
- 4 previous Interim STP Programme Directors

June - July 17

- STP Partners agreement to fund System PMO Resource
- Initial Governance structure published
- Programme Director appointed 1.0wte
- Head of PMO appointed 1.0 wte

Oct 17

- STP PMO Team approved
- First Directors Report published
- Kings Fund OD Phase 1 commences with system leaders
- Substantive PMO appointed 4.0 wte

Nov 17

- STP Delivery Group workshop with Kings Fund
- Review of Delivery & Enablement Groups
- Each work Programme offered STP Resource
- System UEC Director appointed 0.8wte

Dec 17

- STP PMO aligned to Delivery or Enablement
- STP Governance structure refreshed
- Awaiting outcome of Future Fit Capital investment
- System Finance PMO appointed 1.0wte

Key appointments to enable System Development / Improvement

Timeline of key STP activities Jan 18 – Aug 18

Jan-Mar 18

- Plan on a page reporting commenced Reducing duplication
- STP Clinical Strategy Group Evolved
- STP System Leaders Group established
- Office 365 deployed across PMO Team

April - May 18

- Successful Individual Placement Scheme Bid
  Wave 1 - £294,500
  Wave 2 - £289,000
- Estates workbook system wide working
- Future Fit consultation commences May 18
- STP leadership agree system priorities
- AHSN Innovation Implementation Lead funding £70k

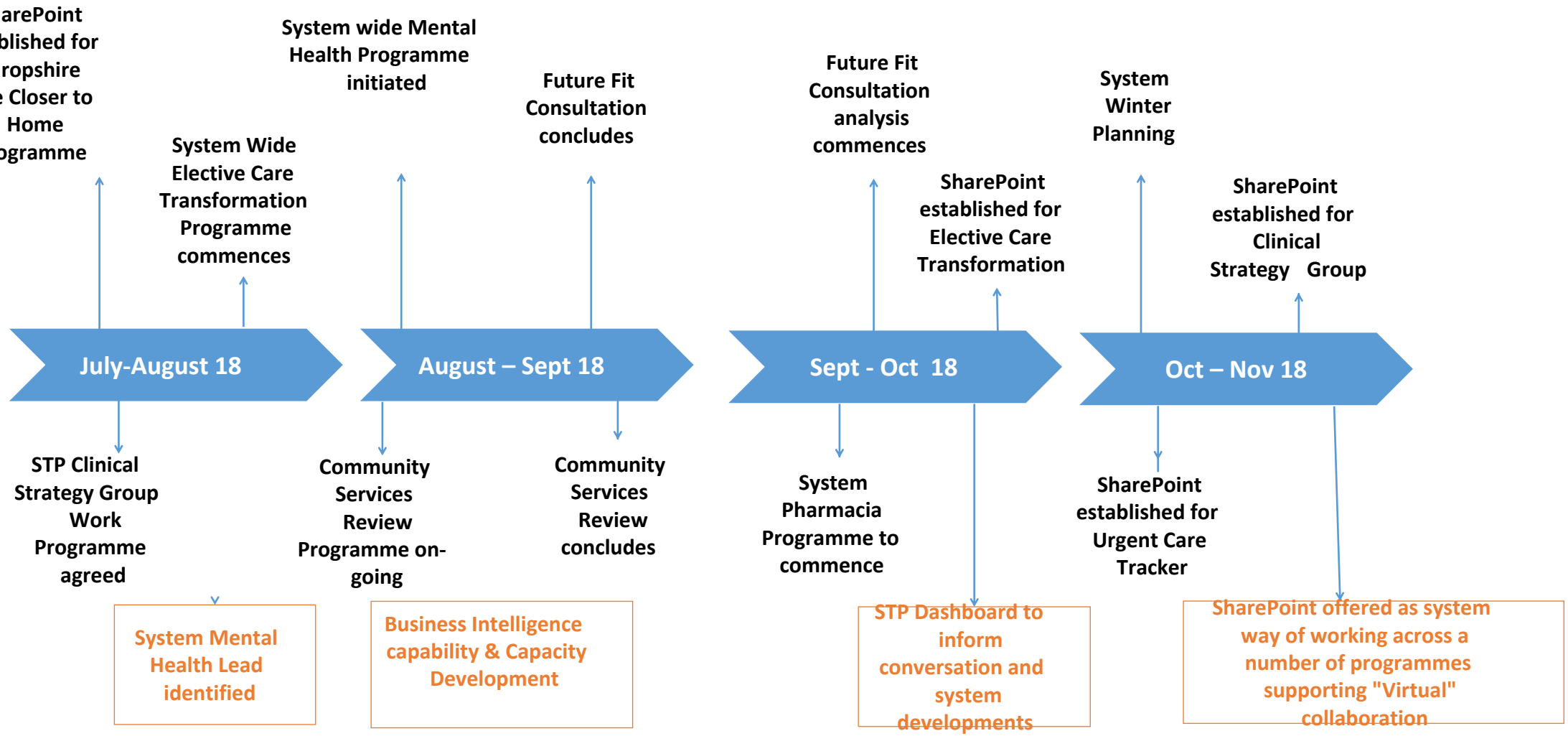
May - June 18

- STP Clinical Strategy Group to agree system priorities
- System wide Mental Health Group Developmen t
- NHSE STP Governance Framework commenced
- STP System Transformation Programme Marketplace
- STP Dashboard to inform conversation and system developments

July- Aug 18

- Estates workbook submitted
- Digital Roadmap refresh
- Elective Care Transformation Plan 1 st Draft submitted
- Future Fit consultation on -going
- Business Intelligence capability & capacity Development

Timeline of key STP activities July 18 – Aug 18



Shaping STP System Thinking

- STP Review meetings with NHSE & I
  - Last review meeting was 6th Sept, we continue to be "Level 3" – making progress
- System wide working gaining momentum – next slide shows system wide groups
  - STP Leadership Group – Integrated Care System / Partnership developments
  - Clinical Strategy Group – meeting bi-monthly and work programme developing around STP Priority areas
  - Mental Health Group – just being establish
  - Elective Care Transformation – established and work programme drafted
  - Digital Enablement – Roadmap and work programme being reviewed
  - Population Health & Prevention – being established, system leads identified
  - Urgent Care, Frailty, Winter Planning – established and work programme underway
  - System wide Estates – submission completed
  - System Wide Pharmacia – draft formed and work programme being developed
  - Strategic Workforce Partnership working for our system transformation
    - Strategic planning
    - Organisational development
    - Education & training
  - Secondary Care reconfiguration (Future Fit) – consultation ongoing
  - Shropshire Community Services Review – work programme with GE Finnemore / Neil McKay
  - Out of Hospital Programmes
    - Shropshire Care Closer to Home
    - Telford & Wrekin Neighbourhood working

System Wide Working

Strategic Development & Leadership

Recruitment of independent STP Chair

STP System Leaders Group

Local Workforce Action Board (LWAB)

STP Clinical Strategy Group

Health & Well-being Boards

Community Services review work programme

System Communication & Engagement

System wide consultation and feedback through existing mechanisms

Strategic Enablement

Strategic Estates Group

Strategic Back Office

Digital Enablement Group

Strategic Workforce Planning

Strategic System Finances

System population health & prevention (new)

System End of Life (new)

System Business Intelligence (Gap)

Strategic Delivery of change

Hospital reconfiguration (Future Fit)

Urgent & Emergency Care

- Winter Planning
- High Impact Changes
- Frailty
- IUC / 111

Out of Hospital Care Delivery

- Shropshire Care Closer to Home
- Telford & Wrekin Neighbourhoods

Primary Care Transformation

Mental Health Transformation

Cancer & End of Life

Elective Care Transformation – 8 workstreams identified

1.Procedures of Limited Clin Value 2. MSK

3. Ophthalmology 4. Diabetes 5. MRI

6. Out-Patients 7. Neurology 8. Dermatology

Pharmacia Programme

Local Maternity Services

- 132 Deliverables categorised as:

  - 47 Operational deliverables
    - Established indicators
    - Automated Data Collection through Statutory reporting (previously UNIFY)

  - 85 Transformation deliverables
    - Mix of quantitative and qualitative standards
    - Data sources not established for all quantitative standards
    - Non statutory/local reporting required for some
    - Being built into FYFV Dashboard as data sources are identified
    - **Monthly reporting on ALL 85**

Note:

These requests come through a variety of routes and land in different parts of the system, all with different deadlines and requirements using a mix of templates that are continually being revised

Shropshire, Telford & Wrekin STP Overview

FYFV Programme	Constitutional Standards 18/19	RAG
Urgent and emergency Care	A&E 4 hour standard	
	DTOC	
	Ambulance	
	NHS 111	
Elective Care	RTT 18 week	
	52 week waits	
	Diagnostics	
	Wheelchair access	
Cancer	Cancer Waits	
Mental Health	IAPT Access	
	IAPT Recovery	
	Dementia Diagnosis	

FYFV Programme	85 Assurance Statements 18/19	RAG
Urgent and emergency Care	NHS 111 x 3	
	Ambulance x 3	
	Hospital to Home x 2	
	Hospitals x5	
	Technology x 8	
Elective Care	Avoidable demand x 4	
	Ophthalmology x 3	
Cancer	National Priorities x 10	
Mental Health	CYP x 2	
	CRHT x 2	
	OAP x 1	
	Liaison x 3	
	SMI x 1	
	Perinatal x 1	
	Suicide prevention x 2	
	IPS x 1	
	DQ x 1	
	Parity of esteem x 1	
	IAPT expansion x 1	
	EIP x 1	
	Dementia x 1	
	Workforce x 4	

85 Assurance Statements 18/19	RAG
CHC x 3	
Maternity x 5	
Primary Care x 14	
7 day services x 1	
Transforming Care x 2	

Updated Version 5.0
Oct 2018

Shropshire, Telford and Wrekin
Sustainability & Transformation Programme Governance Structure

Draft – tba - changes

STATUTORY ORGS
Requirement to adhere to own governance procedures

Provider Boards
Commissioner Boards
Local Authority Cabinets

- Telford & Wrekin CCG
- Telford & Wrekin LA
- SaTH
- RJAH
- ShropCom
- MPFT
- Shropshire CCG
- Shropshire LA

STP System Leadership Group

(System CEOs)

Health & Wellbeing Boards

Joint Health Overview Scrutiny Committee

STP Clinical Strategy Group

(System Clinical Leads)

Vulnerable Services Review
Clinical Strategy Improvement

STP Transformation Programme Delivery Group

System Enablement

- Communication & Engagement
- Strategic Workforce
- Strategic Estates
- Back Office
- Digital Enablement
- System Finance
- Population Health Management & Prevention
- Medicines Optimisation
- End of Life Programme

System Delivery

Telford & Wrekin

1. Community Resilience & prevention
2. Neighbourhood Teams
3. Systematic Speciality Review

- Urgent & Emergency Care High Impact Changes Frailty
- Acute Hospital Reconfiguration Future Fit Sustainable Services Programme
- Local Maternity Services
- Development of Primary Care
- System Mental Health Programme
- Elective Care Transformation Programme
- System Cancer

Shropshire

- Neighbourhoods & Prevention
- Care Closer to Home
  1. Frailty Front Door
  2. Primary Care Development
  3. Hospital at Home / Crisis intervention

Wider Stakeholder involvement across all work programmes

- Health Watch Telford & Wrekin
- Local Pharmacy Committee
- Shropshire Partners in Care
- Powys Teaching Health Board
- Severn Hospice
- ShropDoc
- West Midlands Ambulance Service
- Patient Groups
- Voluntary Sector
- Welsh Ambulance Service
- Wider independent organisations
- System Neighbours
- Health Watch Shropshire
- Subject Matter Experts

STP PMO Team

Name	Role & capacity available	Key area's of responsibility / support
Phil Evans	Programme Director 1.0 wte	STP Leadership Group, system board meetings, external stakeholders, ICS development Oversight of Programme, escalation to STP System Leadership, strategic system developments
Joanne Harding	Head of PMO 1.0 wte	Clinical Strategy Group, End of Life Group, System Medicine Optimisation, workload allocation, system collaboration, system papers and overview, STP Dashboard development, SharePoint Admin Links to National STP/ICS Development, Transformation Programme Delivery Group
Jayne Knott	Senior Project Admin 1.0 wte	Support to STP Programme Director, UEC Programme Director, system meetings, point of contact for the PMO
Andrea Webster	Programme Manager 1.0 wte	Future Fit, Care Closer to Home, Telford Neighbourhoods Travel & Transport, support for Future Fit Consultation working with FF Programme Director
Rob Gray	Programme Manager 1.0 wte	Digital Enabling Group and sub-groups, link to all delivery workstreams from a digital perspective. HSLI and Local Digital Roadmap, system digital developments, SharePoint Admin
Penny Bason	Programme Manager 1.0 wte	Population Health, Better Care Fund
Paul Gilmore	Programme Manager 1.0 wte	STP Strategic Finance Group. Link to all delivery programmes from a finance perspective to support system financial understanding and modelling
Pam Schreier	Comms & Engagement 1.0 wte	STP comms and engagement, Future Fit consultation and wider STP Comms
Sara Edwards	Programme Manager 0.8 wte	Strategic Workforce Group, Primary Care Training Hub, link to delivery programmes from a workforce enabling perspective, inc Cancer & Mental Health, working alongside HEE
Maggie Durrant	Programme Manager 0.6 wte	Urgent Emergency Care - working with UEC Programme Director, system NHSE UEC Submissions Estates & Back office enabling groups
Jill Barker	Programme	Elective Care Transformation Programme, linking with CCG leads, preparing system readiness for

Delivery Programmes – Key Contacts

Delivery Programmes	Exec Lead Clinical Lead Programme Director (where applicable)	Programme Key People	Clinical Lead Where appropriate	STP PMO Link to Programme Enablement
Urgent & Emergency Care	Julie Davies Claire Old	Emma Pyrah	Dr Kevin Eardley	Maggie Durrant
Frailty	Fran Beck	Emma Pyrah Michael Bennett	Dr Jo Leahy	Penny Bason
Future Fit	Debbie Vogler	Pam Schreier	Dr Mark Cheetham	Andrea Webster
Local Maternity Services	Chris Morris	Fiona Ellis Helen White	Sarah Jamieson	Jo Harding
Primary Care	Nicky Wilde Rebecca Thornley	Phil Morgan	Dr Jo Leahy Dr Julian Povey	Jo Harding
Mental Health	Fran Beck	Frances Sutherland Steve Trenchard	Prof Tony Elliot	Sara Edwards
Elective Care	Julie Davies	Bethan Emberton Angie Parkes	Opthalmology – Claire Roberts MSK -	Jill Barker
System Cancer	Gail Fortes-Myers	Sharon Clennell David Whiting	Dr Andy Inglis	Sara Edwards
Telford & Wrekin Neighbourhoods	Fran Beck	Anna Hammond Ruth Emery	Dr Jo Leahy	Andrea Webster
Shropshire Care Closer to	Julie Davies	Lisa Wicks Barrie Reiss-Seymour	Dr Jess Sokolov	Andrea Webster

STP – People & Programmes

Enablement Programmes – Key Contacts

Delivery Programmes	SRO / Exec Lead Clinical Lead Programme Director (where applicable)	Programme Key People	Clinical Lead Where applicable	STP PMO Link to Programme Enablement
Comms & Engagement		Pam Schreier Sophie Powers	n/a	Maggie Durrant
Workforce	Jan Ditheridge Victoria Maher	Heather Pitchford Nichola Bradford	Nursing – Dawn Clarke Medical – Dr Julian Povey AHP's – Rachael McKeown	Sara Edwards
Estates	Clive Wright Tim Smith	Becky Jones	n/a	Maggie Durrant
Back Office	Dave Evans Ros Preen		n/a	Maggie Durrant
Digital	Mark Brandreth Gail Fortes-Myers Andrew Boxall	Andrew Crooks Simon Adams	Andrew Roberts	Rob Gray
Finance	Claire Skidmore		n/a	Paul Gilmore
Population Health management	Kevin Lewis Helen Onions	Emma Sandbach	Kevin Lewis	Penny Bason
Medicines Optimisation	Gail Fortes-Myers	Lynne Deavin Mani Hussain	Jacqui Seaton Liz Walker	Jo Harding
End of Life	Derek Willis	Heather Palin	Derek Willis	Jo Harding
Clinical Strategy Group	Julian Povey		STP - Julian Povey Rachel McKeown – AHP's	Jo Harding

System Submissions to NHSE Governance

STP PMO currently support the following submissions to NHSE

1. Urgent & Emergency Care Tracker

- System Coordination of response by Prog Director Claire Old & Maggie Durrant
- Oversight and Exec sign off by Julie Davies on behalf of both CCGs

2. Elective Care Transformation Tracker

- System Coordination of response by CCGs & STP PMO Jill Barker
- Oversight & Exec sign off by Julie Davies on behalf of both CCGs

3. Mental Health Transformation – Tracker not yet available / required

- System Coordination of system Plan by STP Mental Health Strategy Group (co-chaired by Tony Elliot & Steve Trenchard (on behalf of both CCGs
- Oversight & Exec Sign off by Fran Beck on behalf of both CCGs

4. Clinical Vulnerable Services Stocktake

- Stocktake to establish vulnerable services across STP Footprint, support by Joanne Harding (STP PMO)
- Response coordinated through the Clinical Strategy Group on behalf of the system
- Sign off of final stocktake by STP Clinical Lead Julian Povey on behalf of the system

- All other submissions / reporting is unchanged and goes through existing Provider / Commissioner Governance processes
- Note STP has NO authority for sign off and existing governance arrangements MUST be met using Lead Execs as above

Appendixes

Following slides provide additional level of detail

These slides are “Live” and are continually updated as work programmes progressed, they are published bi-monthly

Commissioner Led Transformation Programmes

Shropshire – Care Closer to Home

Exec Lead – Julie Davies Clinical Lead Dr Jess Sokolov Programme Lead – Barrie Reis-Seymour

Phase 1

- Phase 1 is operationally functional as the Frailty Intervention Team (FIT) based within the A&E department of Royal Shrewsbury Hospital.
- The FIT works with frail patients to ensure that they experience as efficient an in-patient service as is possible; providing a bespoke assessment and evaluation in order to get the patient to the appropriate care setting rather than unnecessarily admitted into the acute bed base.
- The FIT helps us to understand the scale of the problem we need to address as a health economy, and the potential impact that can be achieved through getting things right in the community for our population.

Phase 2

- Phase 2 is about introducing proactive & preventative Case Management into the community and primary care.
- This will enable risk-stratification of our patients for earlier identification of needs.
- This will enable those most in need to be pro-actively managed with an integrated holistic health and social care plan, provided by a community based Case Management Team.
- This service is underpinned by the principles of keeping people as well as possible, for as long as possible, and in their own home or community.
- This will enable a clear understanding of what the requirements of the models in phase 3 are for the patients with a more acute/intense level of need.
- This will enable effective, fit for purpose strategic workforce and estate planning.
- This will improve patient & family experience, improve outcomes, and reduce admissions into the general hospitals.

Phase 3

- Phase 3 will introduce a range of higher intensity care settings & services into the community including:
- Hospital at Home,
- A Rapid Response Team
- Provision of Step-up beds capable of managing high levels of need acuity.
- Phase 3 will enable the full benefits of case management to emerge, providing other care settings into which patients can be transferred.
- Phase 3 will provide for significant market-place development.
- Phase 3 with Phase 2 provides layers of multiple care services that will keep people as well as possible and in the community or own home, reducing emergency hospital admissions to a critical minimum.
- Most importantly Phase 3 will enable us to serve our populations in a far more patient centred way than we can possibly achieve at this time.

NHS Shropshire Clinical Commissioning Group

Shropshire – Care Closer to Home - Progress

Phase 1 - update

- This remains operationally functional, it is the Frailty Intervention Team (FIT) based within Royal Shrewsbury Hospital A&E Department. Planning underway to implement at PRH A&E.
- FIT requirements in SaTH should taper off and reduce in time with the implementation of Phase 2 as a result of earlier intervention and proactive preventative care & support in the community.

Phase 2 - update

- Collaborative design of models and possibilities completed in July 2018.
- Final preferred model for risk stratification and case management approved by the Clinical Commissioning Committee on 15th August 2018.
- An Alliance Agreement being progressed that will enable the integrated working that will underpin the development of pilot demonstrator sites. This will involve finessing the model with the more detailed operational service delivery and workforce modelling.
- Monitoring and evaluation of pilots that will inform wider rollout across the county.
- Dedicated IT Task & Finish Group established to address need for shared data, and development of an electronic shared Care Plan.

Phase 3 - update

- Following 2 failed attempts at collaborative co-design (poor uptake from stakeholders, increasing system pressures and limited availability) the decision has been made for the in-house programme team to develop a range of Phase 3 model options by end of December 2018.
- In the new year, model options will be taken to GP, provider, and public & patient stakeholder workshops to provide critique, feedback and input that will further define a long list of possible model options.
- Phase 3 timeline being refreshed to reflect this necessary change in approach.
- It is likely that formal consultation will be required in elements of Phase 3, and this will be determine by the nature of the models that emerge in the design and option appraisal process.

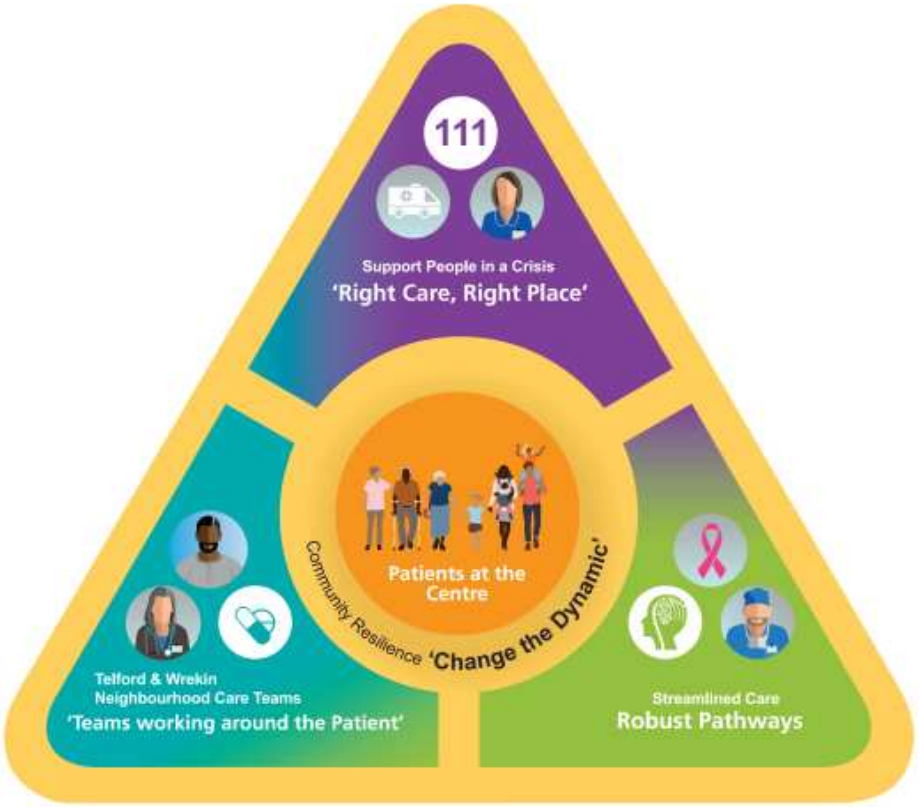
NHS
Shropshire
Clinical Commissioning Group

Telford & Wrekin Neighbourhood Programme

Exec Lead – Tracey Jones Project Lead – Ruth Emery

Programme needs to:

1. Improve availability and access to activities that will prevent the development of poor health
2. Improve early identification of illness to stop further deterioration
3. Promote self-care/self-management
4. Demonstrably increase effective community support available to support out of hospital care
5. Enable Primary Care Resilience (feeds into Primary Care local strategy)
6. Reduce dependency on statutory services
7. Develop a sustainable workforce
8. Reduce social isolation
9. Empowerment for people and professionals
10. Introduce new roles and ways of working
11. Ensure robust information accessible for communities and the professionals working with them
12. Ensure there are services and activities available closer to home
13. Develop well connected services and communities



System Partners / Enablers need to:

All stakeholders in the Telford and Wrekin area need to be open to change and new ways of working

Estates
- Support to ensure suitable estates to enable delivery, maximising to use of current resources available in addition to the development of new facilities

Communications
- Support with health literacy including mental health awareness

Digital
- Solution needed for shared patient records in particular those patients at risk
- Expertise/input regarding optimal use of assistive technology and how this can support the programme, and how IT can be utilised to work more effectively
- Develop data sharing agreement required across organisations

Workforce
- Supporting teams to develop a shared vision – neighbourhood working requires "virtual" teams and expertise on how this can work optimally is needed

Prevention
- Prevention is embedded throughout the programme, ensure awareness of programme and link where required

Out of Hospital
- Support with delivery of projects within programme – practical support needed

Mental Health

Development of STP wide strategy and governance .

Practical project support for AC OOA framework for 0-25 mental health (must do quickly) amd OOA adult mental health placements (longer term QIPP)

Crisis pathway for 16-18 year old children (including children who don't meet tier 4 threshold, those who have challenging behaviour and setting up PARA registers)

Encouraging Healthy Lifestyles
Targeting obesity, smoking and alcohol

Community Resilience
To support strong communities and improving access to community resources, including drop in service for mental health crisis, support for carers, the development of wellbeing hubs

Direct Care in the Community
To include the introduction of a dedicated care homes team, development of integrated neighbourhood teams, and review of intermediate care beds

Specialty Review
To include Diabetes and Respiratory

What the neighbourhood Programme Looks like for a single locality – an example

Using the data to drive the change

Description of Neighbourhood Working has fed into the Pre Consultation Business Case, including 5 year activity profiling for the acute

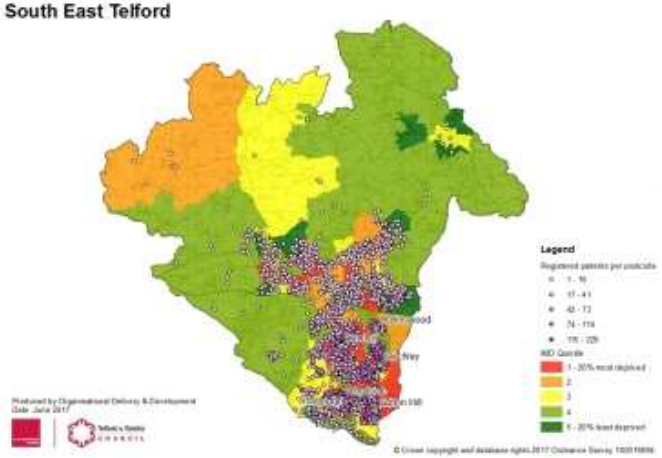
futurefit
Shaping healthcare together

Dementia diagnosis rate (add more context)
Rising hospital admissions (add more context)

NHS RightCare → *Diabetes outcomes need to be improved*

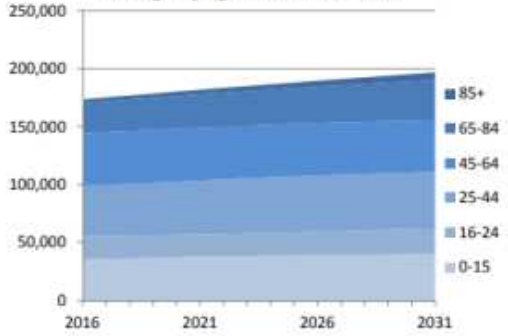
Between 2016 & 2031 the T&W population is expected to increase by 23,300 (13.4%). Over half of these are 65 and over, with the 85+ ages more than *doubling* (117.6%) and the 65-84 ages increasing by 33.1%. All England is expected to grow 10.2%, a slower growth than T&W(13.2%). The largest difference is seen in the T&W 25- 44 age group which expects 11.6% growth compared with just 3.2% for England.

South East Telford

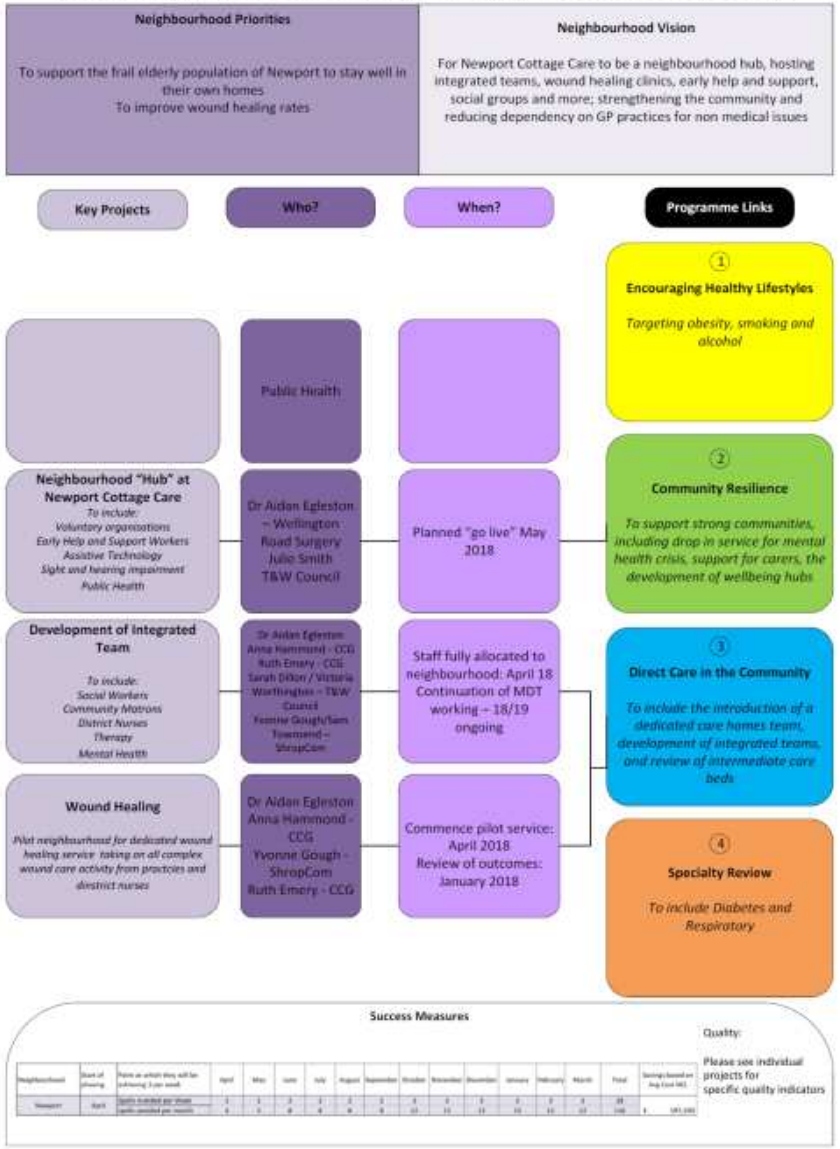


Practices and deprivation by neighbourhood – one of these for each n'hood has been produced

Figure 6: Telford and Wrekin projected population change by age band 2016 – 2031



NEWPORT LOCALITY: NEIGHBOURHOOD WORKING PROGRAMME PLAN ON A PAGE 2018/19 DRAFT



Telford Neighbourhoods – how it all fits together – delivering transformation

Case Study Examples to showcase progress

- Diabetes Management
- Hypertension Management
- Mental Health Hub – Branches
- Citizens Advice – Virtual Team
- Wound Healing project
- Community Information Portal
- Health Champions

Governance established

Engagement & Leadership in place

Co-Produced solutions to meet local need

Designed together

Delivered together

Telford Neighbourhood Programme

4 Neighbourhoods Formed

Working with CSU Strategy Unit re: Logic Model and robust evaluation

Plan on a page for each Neighbourhood in place

Strong engagement with all sector partners, alliance agreement drafted to support new ways of working

- Newport
- South East Telford
- Central Telford
- Telwell

Primary Care Programme – GPFV

Updated Aug 2018
Next update– Oct 18

Exec Lead – Nicky Wilde & Rebecca Thornley

Project Leads – Phil Morgan

Programme needs to:

The GPFV programme has five main elements:

New models of care
- Developing an approach to "working at scale" among practices using the guidance from NHS England to define and establish local "primary care networks"
- Linking practices working at scale to wider new models of care – i.e. Care Closer to Home (SCCG) and Neighbourhood Working (TWCCG)

Extended Access
- Ensuring that 100% of the population has access to GP (or other clinician) appointments 8am to 8pm Mon-Fri and at weekends/bank holidays (subject to local need) by Oct 1st 2018

Workforce
- Meeting national targets for increases in the number of GPs and other clinicians
- Retaining existing GP and other clinical staff in practices
- Developing at-scale approaches to workforce

Resilience/Workload
- Using the Resilience Fund to deliver practical, local solutions to increase resilience
- Implementing the 10 High Impact Actions

Estates and Technology Transformation Fund
- Delivering against key physical and digital projects, funded through the ETTF

In addition, CCGs are required to **invest** £3 per head, over two years, to enable Primary Care transformation.

System Partners / Enablers need to:

There are a number of enablers that would assist in the successful implementation of the GPFV programme:

Workforce
- The CCGs need to work with other health stakeholders to increase and improve the integration of workforce across different providers.
- The Care Closer to Home and neighbourhood working models, and the Future Fit strategy, need to be aligned to primary care strategic planning when considering workforce mobilisation

Digital Information and Technology
- Key projects within the GPFV, particularly extended access and implementing the 10 High Impact Actions, are dependent on IT/digital solutions

Estates Investment
- Working across key STP stakeholders (local authority, public health, secondary and community providers) to utilise and develop the current and future estate

The progress:

New models of care
- Practices in both CCGs are increasingly working in groups/localities – further work is being planned with NHS England, including attending a conference on Primary Care Networks in September
- Primary Care is inputting into the development of both Care Closer to Home (SCCG) and Neighbourhood Working (TWCCG)

Extended Access
- Current provision of evening and weekend appointments covers over 90% of the population
- Local pilots are being developed to ensure that the 100% target is met by October 1st

Workforce
- An STP Workforce Plan has been submitted with projects designed to address the recruitment and retention targets
- The CCGs are working with the STP workforce group to explore the possibility of developing banks for GPs and other clinicians.

Resilience/Workload
- Successful bids to the Resilience Fund have helped to increase resilience
- The CCGs are working with the national Time for Care team around the 10 High Impact Actions

Estates and Technology Transformation Fund
- A programme to install VOiP, VDI and WiFi across practices is being implemented
- Funding for 2018/19 projects (Skype and Telehealth) has been agreed
- Good progress has been made on a number of estates projects to address growing population GMS needs and to link with hospital service transformation

Interventions and process change milestones

- Increased levels of working at scale between practices
- 100% of the population having access to GP appointments 8am to 8pm Mon-Fri and at weekends/bank holidays subject to local need
- Targets for workforce recruitment and retention across primary care met
- Successful implementation of the GPFV 10 High Impact Actions
- Successful implementation of ETTF funded IT and estates projects

Risks to delivery

Risks
1. Lack of alignment between the at-scale primary care plans and the Care Closer to Home /neighbourhood plans
2. Continued uncertainty around continuation of funding for extended access pilots and the post-October 1st scheme(s)
3. Inability of CCGs/GP practices to attract new GP and non-doctor clinicians to the local area
4. Pressure on revenue budgets from ETTF-funded capital estates projects
5. A change in historical culture is required to enable transformation and collaborative change in Primary Care which will take time to embed
6. Difficulty in accessing up to date and meaningful data to identify unsustainable practices who need support with resilience funding

Data

Extended Access
- Over 90% of the registered population currently has access to GP (or other clinician) appointments 8am to 8pm Mon-Fri and at need – both CCGs are confident of achieving 100% access by 1st October 2018

Workforce
- NHS England targets for Shropshire STP are for 101 GPs and 47 non-Doctor clinicians to be recruited/retained by September 2020

Resilience/Workload
- Each of the practices across the STP need to implement at least two of the 10 High Impact Actions during 2018/19

Estates and Technology Transformation Fund
- VOiP Telephony Project – T&W - 16 sites now live for VOiP and Wi-Fi; SCCG – 16 sites now live for VOiP and Wi-Fi

Local Maternity System

Exec Lead – Chris Morris Programme Lead – Fiona Ellis

NHS England NHS Improvement

Maternity Core Deliverables Overall RAG

X097	X098	X099	X100	X101	MTP1	MTP2	MTP3	MTP4	MTP5	MTP6
On Track	On Track	On Track	At Risk	On Track	On Track	On Track	On Track	On Track	On Track	On Track

Milestones

Ref	Critical Milestones (Rolling)	Due Date	Current Assessment
1	Safety - LMS Trust level representative engaged with and actively participating in safety collaborative	30/08/18	On Track
2	Continuity of Carer - Roll out plan (may include plan to pilot as req.) in place which factors in both workforce and financial implications	07/09/18	At Risk
3	Safety - Saving Babies Lives Care Bundle survey 9 results shared across LMSs	30/09/18	On Track
4	Continuity of Carer - Through MVP Engagement plan in place for ensuring local woman have voice in the development of the continuity of carer pathway	30/09/18	On Track
5	Continuity of Carer - Mechanism in place for being able to capture how women feel and think about their continuity of carer pathway	30/09/18	On Track

Key

Complete	**The Deliverable**	**or Milestone has been completed within specified timeframe**
On Track	**The Deliverable**	**or Milestone is currently on track to completed within specified timeframe**
At Risk	**The Deliverable**	**or Milestone is currently at risk of not being completed within specified timeframe**
Will not be met	**The Deliverable**	**or Milestone will currently not be completed within specified timeframe**

Local Maternity System

Exec Lead – Chris Morris Programme Lead – Fiona Ellis

NHS England NHS Improvement

Risks

Ref	Top Risks & Issues	Rating (Pre)	Mitigation	Rating (Post)
	The target of 20% women on a continuity of carer pathway by March 2019 is not met.	Medium risk	Clear project plan in place. Engagement work with staff planned.	Medium risk
	Effect of existing instability in maternity services on staff morale hinders continuity of carer pilot and roll out. (Publicity, change exhaustion and poor estate and working environments)	High risk	Supporting staff with resilience and health and wellbeing. Robust staff engagement and increasing understanding of models of continuity of carer. Ensuring that staff feel listened to.	Medium risk
	Capacity of front line staff to absorb additional activity generated by achieving safe CofC ratios.	High risk	Supporting staff with resilience and health and wellbeing. Robust staff engagement and increasing understanding of models of continuity of carer. Ensuring that staff feel listened to.	High risk
	Capacity of Senior management team to lead and deliver changes required to implement continuity of carer pathway.	High risk	Transformation Midwife in place until April 2019 to undertake scoping and planning activities and to support implementation.	High risk

Activities

Key activities this reporting period	Key activities next reporting period
1. LMS Transformation Midwife is in post to support delivery of transformation projects, including continuity of carer. 2. Continuity of carer project launched. 3. Co-production workshop took place to agree approach to working in co-production. 4. Additional scanning resource in place.	1. Commence Continuity of Carer Pilot. 2. Recruit transformation champions (front line staff with protected hours for LMS activities). 3. Complete implementation of projects funded through additional £150k non recurrent funding. 4. Implement AMU pilot (bringing it closer to consultant unit) 5. Deliver implementation plan for Specialist Perinatal Mental Health service. 6. Launch initiatives to increase midwife led births (Shrewsbury MLU refurbishment, emergency situation training for midwives, AMU pilot)

Challenges; learning; & good news

Further issues & challenges / learning / good news	Comments
Existing pressures in maternity services mean that the pace and scale of transformation may not be in line with national requirements.	
Funding of £251,467 confirmed for Specialist Perinatal Mental Health service for 2018/19 (joint with Staffordshire LMS).	
Health and Wellbeing Initiatives through LMS funding launched. Public Health and smoking cessation midwifery support increased from 1st September.	

Local Maternity System

Exec Lead – Chris Morris Programme Lead – Fiona Ellis

NHS England NHS Improvement

Core Deliverables

No.	Ref	Type	Deliverable
1.	X097	Next Steps	Deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.
2.	X098	Next Steps	Deliver full implementation of the Saving Babies Lives Care Bundle by 31 March 2019.
3.	X099	Next Steps	Deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 all women have a personalised care plan.
4.	X100	Next Steps	Increase the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally so that by March 2019, 20% of women booking receive continuity.
5.	X101	Next Steps	Deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 more women are able to give birth in midwifery settings.
6.	MTP1	System Ask	All services are investigating and learning from incidents, and share this learning through their LMS and with others by March 2021
7.	MTP2	System ask	All services are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme by March 2021
8.	MTP3	System ask	All women are able to make choices about their maternity care, during pregnancy, birth and postnatally by March 2021
9.	MTP4	Oversight	The LMS is engaging with Operational Delivery Networks to deliver safe and sustainable models of neonatal care across England by March 2021
10.	MTP5	Oversight	The LMS has a credible plan for how its financial allocation (Transformation funding) will be spent, and is it on track to spend in year .
11.	MTP6	Oversight	The LMS has sufficient core staffing, and clear governance and reporting processes in place by March 2021

Mental Health

Programme Director – Steve Trenchard Clinical Lead - Professor Tony Elliott Programme Manager – Sara Edwards

Programme needs to:

1. Deliver the **implementation plan** for the Mental Health Forward View, ensure delivery of the mental health access and quality standards and increase baseline spend on mental health
2. Work to eliminate **out of area placements** and reduce PICU spend
3. Deliver a sustainable system-wide **IAPT service**
4. Progress against **CYP LTP**
5. Realise **Five Year Forward View targets** for STW STP footprint.
6. Ensure there is wider **stakeholder engagement** in setting the priorities for transforming MH services across STW.

System Partners / Enablers need to:

1. Work across all systems to consider mental health needs of individuals
2. Ensure services all are trauma aware
3. Focus on prevention and early intervention
4. System has a clear understanding of reasonable adjustments for individuals with mental health or learning disabilities issues
5. Improve provision and support for out of area Looked After Children
6. Eliminate inappropriate access arrangements ,improving multi-agency working and enhance understanding amongst other agencies of role of core CAMHS team and lead overall improvement of service
7. Have provision of both acute and PICU MH beds locally to avoid spot purchasing out of area based on competitive tariffs

The progress:

1. Extra Funding has been extended to current Provider to enable increase of Mental Health patients receiving employment support (IPS) under 5YFV
2. Scoping underway to reduce PICU bed use out of area and improve quality, QIPP benchmarking in progress
3. Delivery issues in CAMHS being addressed via a Remedial Action Plan with clear milestones and objectives. Operational Group in place monitoring progress
4. Dementia diagnosis rate for Shropshire is presently at 69.9% against the national benchmark of 66.7%.
5. CCGs meeting entry, recovery and waiting times targets for Access to Psychological services
6. **STP MH Strategic Group** formulating with ToR being developed. Joint Chairing of the Group by STP MH Clinical Lead and STP MH Programme Director.
7. **A joint strategic needs assessment** undertaken to Identify service priority areas against 5YFV Plan. Presented to the STP Clinical Strategy Group. To form basis of the STP MH Strategy.
8. **MH Workforce Plan** for STW completed. Workforce Delivery Plan response being worked up with next steps to align service delivery, workforce and financial plans.

Key Interventions / Milestones

- Contractual talks pencilled for March 18 with aim to increase IAPT access???
- Implementation of Community Mental Health Hubs joining the Main Provider and Third Sector Organisations almost complete
- Programme plan to be produced for delivery of associated workforce transformation projects against **£100k STP/LWAB MH funding.**
- Costings against workforce expansion being developed for completion of **Workforce Delivery Plan** with submission to HEE by end of 2018.
- Benchmark and scope likelihood of having local PICU beds to reduce OOA placements

Risks to delivery

Risks

1. Legacy issues and backlogs in CAMHS require more resource in terms of workforce to eradicate. Provider currently running extensive recruitment process, Risks of serious incidents, safeguarding issues as a result of service problems with recruitment.
2. NHSE requirement that IAPT interventions be clustered and each treatment be tariff based will likely push contract prices up based on national reference costs which means there is a financial risk to the CCG to meet the required IAPT access targets mandated under the Five Year Forward View
3. Burden on financial resources due to spot purchasing of beds for female PICU
4. Gaps in provision, adult ASD (no LD), some patients might not receive required support.
5. Required workforce growth will not be achieved if there is no additional financial investment from CCGs/NHSE.

Data

- Mental health MDS (MHMDS) - difficult to manipulate
- IaPTUS- IAPT service only
- **STP Mental Health Workforce Plan** submitted to HEE included expansion trajectory showing funded workforce growth against future targets. April 2016 baseline position of **528** to the current workforce baseline position (January 2018) of **597** showing an achieved growth of **78** of the original **134** target leaving a required growth of **56** to achieve a target of **662** by 2021.

Elective Care Transformation Programme

This Programme of work consists of the following workstreams:

- Workstream 1 – PLCV Policies
- Workstream 2 – MSK
- Workstream 3 – Ophthalmology
- Workstream 4 – Diabetes
- Workstream 5 – Outpatients
- Workstream 6 – MRI
- Workstream 7 – Neurology
- Workstream 8 - Dermatology

All workstreams are currently in draft and are being worked up as part of the Elective Care Transformation Programme

1. Procedures of Limited Value

Exec Lead – Julie Davies Programme Lead Project Lead –

Programme needs to:

The programme is clearly setting out procedures determined to be of limited clinical value and each CCGs policy in relation to these interventions. The programme intends to manage unnecessary demand on acute hospitals and ensure unnecessary procedures are not carried out on patients.

System Partners / Enablers need to:

1. Ensure they adhere to the CCGs policies (Values Based Commissioning for SCCG / Excluded and Restricted Interventions Policy for TWCCG)
2. Implement any changes to the policies quickly and efficiently

The progress:

- VBC policy in place for SCCG and ERIP in place for TWCCG
- Prior approval process implemented for VBC and ERIP
- Quarterly review of VBC completed
- CSU completed review of ERIP for TWCCG
- Task and finish group completed review of recommendations for ERIP and identified that further clinical input is required

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

- Clinical leads to discuss recommendations for ERIP in October
- VBC policy to CCC for approval in October
- Proposal for changes to ERIP in November
- Publish changes to VBC in xxx
- Publish changes to ERIP in January

Expected Benefits

- Improved control over procedures carried out on patients
- Patients not subjected to clinically inappropriate procedures
- Greater financial control for CCGs
- Improved utilisation of finite resources

Risks to delivery

Top 5 Risks

1. Providers do not follow the policies for the CCGs
2.
3.
4.
5.

Mitigating Actions:

1. Engage with providers to implement the policies

Data

- Number and cost of identified procedures carried out
- Number and cost of identified procedures rejected

2. MSK

Exec Lead – Clinical Lead - Programme Lead –

Programme needs to:

The programme is implementing the high impact interventions within MSK in the short term and exploring new models of care across the STP footprint in the long term.

(High impact interventions for MSK are triage for all routine referrals and implementation of a First Contact Practitioner pilot site)

System Partners / Enablers need to:

- Support implementation of VBC and ERIP in relation to MSK conditions across the pathways
- Ensure full utilisation of MSK triage for all routine MSK referrals
- Agree implementation of a pilot FCP service using existing resource
- Support development of new models of care for MSK
- Provide information to feed into the new models of care work
- Provide resource to deliver the project
- Potential pump prime funding may be required to gain the appropriate transformation of services required

The progress:

- Community MSK in place for TWCCG since 2015
- MSK triage in place for TWCCG since 2015
- MSK triage implemented in line with project plan for SCCG
- Prior approval for VBC and ERIP implemented
- MSK physiotherapy specification developed and implementation commenced for SCCG
- Self-management project commenced in SCCG
- FCP pilot site identified and agreed
- FCP pilot site planning undertaken
- Review of community MSK service in TWCCG in progress

Key Interventions / Milestones

- All SOOS staff in place by October
- Final community MSK report for TWCCG by November
- FCP pilot implementation to commence by first week in November
- FCP evaluation by March 2019
- Task and finish group established for new models of care during Q4

Expected Benefits

- Reduced demand on secondary care
- Reduced demand on primary care
- Alternative community based solutions
- Financial benefits for the CCG
- Improved access for patients

Risks to delivery

Risks

1. Availability of resource to complete required work
2. Differing models across the footprint
3. Lack of engagement from partners
4. High impact interventions do not deliver savings
5. Unmet need uses FCP slots resulting in no improvements and creating cost pressures

Data

- TBC

3. Ophthalmology

Exec Lead – Programme Lead Project Lead –

Programme needs to:

The programme is implementing the High Impact Interventions for ophthalmology and improving pathways to eye care services.

The High impact interventions are:

1. Secondary care providers to develop failsafe prioritisation processes and policies
2. Secondary care providers to undertake a clinical risk audit of patients
3. Complete eye health capacity reviews to understand demand

System Partners / Enablers need to:

- Complete the High Impact Interventions assigned to them
- Share the output of the work in relation to High Impact Interventions with partners
- Work together to develop alternative pathways through the Local Eye Health Steering Group

The progress:

- Secondary care providers have developed failsafe prioritisation process and policies (are we sure?)
- Secondary care providers have undertaken a clinical risk audit of patients
- Procurement of optometry scheme provider commenced to deadline
- Tenders received and evaluation taking place

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

- Award of new optometry scheme contract by January
- Review of corneal pathway
- Explore feasibility of virtual clinics
- Optometry provider service mobilisation by April 2019
-

Expected Benefits

- A sustainable model of care for our population
- Plans in place to provide required capacity
- Patient pathways that provide more out of hospital care
- Reduction in acute attendances
- Improved quality of care

Risks to delivery

Risks

1. Capacity to meet demand cannot be sourced
2. No bidders meet the required standard for the optometry scheme contract
3. Acute workforce continues to be fragile

Mitigating Actions:

Data

TBC

4. Diabetes

Exec Lead – Programme Lead Project Lead –

NHS England NHS Improvement

Programme needs to:

- Describe what the programme is setting out to do

System Partners / Enablers need to:

1. What's needed from STP System partners to make this programme a success
2. What do system enablers need to consider,
   - Finance
   - Comms
   - Workforce
   - estates

The progress:

- Insert bullet points to describe what's been achieved so far

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

You add additional milestone boxes if useful or delete if not needed

Expected Benefits

Patients / service users

Staff

Organisational

Financial

Risks to delivery

Top 5 Risks

1.
2.
3.
4.
5.

Mitigating Actions:

Describe the risks and mitigating actions

Data

Use data to describe progress
If no data available, describe what will be used to measure benefits

5. Outpatients Redesign

Exec Lead – Programme Lead Project Lead –

NHS England NHS Improvement

Programme needs to:

The programme is looking to reduce demand for outpatient appointments, both first and follow up, in secondary care and looking to develop alternatives to traditional outpatient appointments.

System Partners / Enablers need to:

- Engage in outpatients task and finish group
- Identify improved ways of working
- Implement changes agreed as part of the task and finish group

The progress:

- Analysis of outpatients activity completed
- Task and finish group set up
- Initial focus of group agreed to be Cardiology and Paediatric Ophthalmology due to opportunities identified in these areas
- Gastro workbook released by NHSE
- Gastro group set up to look at potential for improvements in this area

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

- Deep dive into cardiology during October
- Deep dive into paediatric ophthalmology during November
- Implement identified quick wins during December and January
- Review new consultant to consultant policy (when received) and identify changes to local policy
- Explore use of apps and Telehealth by January

Expected Benefits

- Reduction in outpatient activity at SaTH
- Reduction in consultant led outpatient activity in SaTH
- More care delivered out of hospital
- Reduction in demand for outpatient appointments
- Reduction in avoidable attendance at outpatient appointments
- Improved use of finite resources
- Improved use of skill mix for delivering outpatient activity
- Opportunities for innovation and alternative delivery
- Financial benefits for partners

Risks to delivery

Risks
1.Partners don't engage in task and finish groups
2. Partners don't implement changes agreed
3. Released resource is filled with other patients so RTT improves for SaTH but savings are not made

Mitigating Actions:
Senior buy-in and support from partners

Data

TBC

6. MRI

Exec Lead – Programme Lead Project Lead –

Programme needs to:

- Describe what the programme is setting out to do

System Partners / Enablers need to:

1. What's needed from STP System partners to make this programme a success
2. What do system enablers need to consider,
   - Finance
   - Comms
   - Workforce
   - estates

The progress:

- Insert bullet points to describe what's been achieved so far

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

You add additional milestone boxes if useful or delete if not needed

Expected Benefits

Patients / service users

Staff

Oragnisational

Financial

Risks to delivery

Top 5 Risks

1.
2.
3.
4.
5.

Mitigating Actions:

Describe the risks and mitigating actions

Data

Use data to describe progress
If no data available, describe what will be used to measure benefits

7. Neurology Redesign

Exec Lead – Programme Lead Project Lead –

Programme needs to:

The programme is looking to develop a sustainable neurology service across the STP footprint.

System Partners / Enablers need to:

1. Support the CCGs in the development of a sustainable model
2. Engage in any required groups
3. Provide information as required
4. Work with any new providers moving onto the patch as part of the new models of care

The progress:

- Met with neighbouring CCGs to explore the option of joining forces
- Published Prior Information Notice (PIN) to test the market
- Held market engagement event
- Virtual meeting with neighbouring trust to begin discussions in relation to the support available

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

- Virtual meeting with further neighbouring trust in October
- Virtual meetings with potential providers to gauge interest in November
- Procurement decision made (go out or work with individual provider or group of providers)
- Further actions to be determined
-

Expected Benefits

- Sustainable neurology service
- Neurology service delivered in county
- Improved use of skill mix for delivering outpatient activity

Risks to delivery

Risks

1. No provider is able to deliver a sustainable service
2. Providers are not able to deliver services in county
3. Increased cost as specialist service with no national tariff

Mitigating Actions:

Data

Use data to describe progress
If no data available, describe what will be used to measure benefits

8. Dermatology

Exec Lead – Programme Lead Project Lead –

Programme needs to:

The programme is to procure a community dermatology service across the STP footprint

System Partners / Enablers need to:

Partners to work with any new service provider

The progress:

- Task and finish group established
- Workshop held to map processes
- Service specification developed
- Finance and activity modelling completed

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

- ITT published in October
- Evaluation completed in November and December
- Contract award by February 2019
- Service implemented by April 2019
-

Expected Benefits

- Support for the fragile acute service
- Sustainable dermatology services across the STP footprint
- Increased care closer to home
- Improved use of skill mix for delivering outpatient activity
- Improved likelihood of bidders due to increased activity levels

Risks to delivery

Risks

1. No bids are received for the service
2. Bidders set prices higher than current provision creating a cost pressure
3. Short implementation time impacts on ability of provider to mobilise

Mitigating Actions:

Data

Use data to describe progress
If no data available, describe what will be used to measure benefits

Acute Reconfiguration - Future Fit

Executive Lead – Debbie Vogler Programme Manager – Andrea Webster

NHS England NHS Improvement

Programme needs to:

- Ensure delivery of the required Decision Making Business Case
- Evidence conscientious consideration in relation to process
- Prepare and deliver a structured and agreed timeline and process of drafting, submission and approval of the DMBC
- Work with all key stakeholders to ensure DMBC accurately reflects all identified priorities, interdependencies, NHSE/NHSI approvals and engagement as well as taking into consideration the Participate Report to identify recommendations and any mitigations

System Partners / Enablers need to:

- Support the effective delivery of the Decision Making Business Case with relevant clinical and managerial support to key events
- Contribute to the development of the DMBC
- Provide required expertise to confirm and challenge assumptions and mitigations from Participate Report, consultation themes feedbacks, IIA Priorities and other relevant interdependencies
- Ensure alignment and engagement with NHSE/NHSI , Specialised Commissioning approvals process as required
- The OOH and neighbourhood working models, and the Future Fit strategy, need to be aligned to primary care strategic planning when considering workforce mobilisation

The progress:

- The next phase of the Future Fit Programme is the development of the Decision Making Business Case. (DMBC)
- Joint Committee Terms of Reference has been prepared and submitted to the FF Programme Board on 24th October.
- An initial timeline has been developed in conjunction with SaTH and the FF Programme Team to outine development from SOC through to FBC and implementation
- Receipt of Participate Consultation Report will commence a high level implementation timeline for the drafting, approval and submission of the DMBC
- Support from tcI and NHSE continues to support the Programme

Key Interventions / Milestones

- Formal Public consultation ends 11th September 2018
- Analysis of surveys and feedback from the Consultation process collated into a Report by Participate Ltd by 9th November
- To Draft, develop and obtain fof the DMBC in line with agreed timescales and approval process
- Submit Final DMBC with recommendations submitted
- Joint Committee make recommendation

Risks to delivery

Risks

- FF Team capacity and resource needs to be maintained to support delivery of the DMBC
- High level timeline will require significant engagement and approvals process within a short timescale to meet proposed DMBC development and submission
- Telford and Wrekin local council elections could impact on timeline if PURDAH is actioned

Data

Urgent and Emergency Care

System Improvements

Plan on a Page

Mixed formats of plan on a page to reduce duplication

Urgent & Emergency Care – Transformation Programme

Implementation of UEC High Impact Changes

- Demand & Capacity Review
- Stranded Patients
- ED Systems & Processes
- Red2Green / SAFER
- Integrated Discharge Team
- IV Therapies in the Community
- Frailty
  - Frailty Team at ED front door
  - Reduce admissions / readmissions from care homes
  - Trusted Assessors

- Further details around the Urgent & Emergency Care work programme are available by contacting maggie.durrant@nhs.net

Improving ED Systems & Processes

Project Summary

Project Overview				Overall Project Status
Project Title:	ED implementation	Deadline:	5.10.2018	AMBER
Exec Lead:	Nigel Lee	Project Lead:	Karen Barnett	
Clinical Lead:	Edwin Borman/Deirdre Fowler	Project Group:		
Date of Report:	12th October 2018	% improvement in admitted performance target		TBC

3B. Progress, Issues/Risks, and Decisions

Key Items completed this week/since the last report

All working groups have conducted at least one meeting and actions are in place
Modelling refined and agreed numbers are now in place for SaTH, WMAS and worked through with CCG colleagues
Project plan updated
Risk log updated
Issues log updated
Responses to external agencies continued – CQC, NHSI, elected members, media
Continued to work with New Cross to review and agree repatriation policy
Calls undertaken with WMAS, RWT, and UHNM to agree numbers of conveyance patients post go live

Care pathway group – met and care pathways are being created for review on Monday 8th October.
Regional Flows – met and list of concerns/issues identified from each partner organisation
Operational delivery group – met and list of actions discussed
Finance and data –1st met on Friday 12th
Comms and engagement – group met and version 1 of Comms plan created and added to SharePoint
Meeting set up with Telford CCG re extended GP hours
The project team has gained lessons learnt from similar projects in Lincoln such Lincoln (recent Paediatrics and ED service changes)
Provided an extensive set of evidence sent for Clinical Senate (next Weds)

Improving ED Systems & Processes

Key Issues/Risks

1. Regulators requiring significant assurance regarding process
2. Capacity to complete pieces of work within the timescale required with the operational pressures currently being experienced particularly regarding clinical input to pathways and clinicians have full clinical commitments
3. Go / No Go (GONG) tracker under development to ensure transparent decision making and project governance
4. Mental Health organisations to be included / briefed ie Police and local MH organisation

Key items for next week

Call with Dudley Group to agree numbers of conveyance patients post go live
Sign off, agree and publish each Care pathway (sign off deadline agreed at 12.00 noon Monday 15th October)
All working groups to progress individual work at pace
To discuss with wider partners – Police for attending ED with patients, Local council for road signs
Agree STP support into the programme of work
Agree and sign off Go / No Go (GONG) tracker
Establish closer working with NEDs to inform Q&S next week
Provision of further evidence for Clinical Senate (next Weds)

Stranded Patient Flash Report

Project Overview				Overall Project Status
Project Title:	Stranded patient	Deadline:	02/07/2018	Amber
Exec Lead:	Edwin Borman	Project Lead:	Gemma McIver	
Clinical Lead:		Project Group:	Improving patient flow	
Date of Report:	21/08/2018	% improvement in admitted performance target 4%		

Progress, Issues/Risks, and Decisions Key Ite

Current Position

- **Monday 20/08/2018 – 233 lowest 'Monday' figure be historically the lowest point we have de creased increase**
- **Weekend figures fell below 200 for the third conse**
- **COP Friday 17/08/2018 – number was 188**
- **Super Stranded 30/31 st the Super Stranded wen NHSE 23% improvement target – this is in Summer**
- **Model Hospital have released data up to May 2018 is positive) 4 th against our 'peers'**
- **For Super Stranded performance in Model Hospital 14 in the country.**
- **Model Hospital data reflects that LOS for >75's is al against our peers and ranked number 13 nationally**

Progress

Project Overview				Overall Project Status
Project Title:	Stranded patient	Deadline:	02/07/2018	Amber
Exec Lead:	Edwin Borman	Project Lead:	Gemma McIver	
Clinical Lead:		Project Group:	Improving patient flow	
Date of Report:	21/08/2018	% improvement in admitted performance target 4%		

Cont.

Stranded Patient

Key Issues/Risks

- **Medical capacity to engage and support to challenge/ explore medical decisions is an area that is needed to fully achieve a reduction and sustained improvement**
- **Challenges with joint care arrangements peer to peer planning - speciality referrals – IT solution required**
- **Inconsistent use of PSAG on board rounds –delay in patients declared MFFD in medical notes being flagged on PSAG**
- **Therapy cover/ vacancies across all wards impacting on discharge planning and goal setting**
- **Discharge to Assess culture not supported for pathway 3 patients requiring EMI environment**
- **FFA completion and ownership remains a challenge**
- **Frequent discharge pathway changes due to gaps in community provision (example: patient waiting 5 days for rehab bed improving and then needing pw1)**
- **Powys engagement and support is limited**
- **Criteria for accessing Pathways is different across local authorities impacting on decision making and trusted assessor model**
- **CHC at Telford and Shrewsbury have built in a brokerage model to source care that adds multiple days to LOS for fast tracks and PW1 patients (mitigated by S2H)**
- **Lack of community IV pathways**
- **No pathway 2 bed forward view for Telford to plan weekend discharges**
- **Pathway 1, 2 and 3 delays continue for Telford patients impacting on LOS and flow**
- **Challenges for Frailty Team and nursing staff when referring to community hospitals from ED**
- **Frailty funding decision pending for workforce recruitment**

Red2Green/Safer

3A. Project Summary

Project Overview				Overall Project Status
Project Title:	Objective 3 - Red 2 Green/SAFER	Deadline:		AMBER
Exec Lead:	Deidre Fowler	Project Lead:	Rachael Brown	
Clinical Lead:	To be agreed for each site	Project Group:	Improving patient flow	
Date of Report:	17th October 2018	% improvement in admitted performance target 4%		

3B. Progress, Issues/Risks, and Decisions

Key Items completed this week/since the last report

Project / kaizen in place which incorporates SAFER principles under standard work. Task and finish group meeting fortnightly. First set of re-measures show improvements in some areas pm huddles, attendance at board rounds and nurse accompanying ward rounds. In the process of collecting next set of measures.
Corporate nursing Nightingale project to be developed as part of standard work plan regarding safety huddles.
Weekly data shows an increase in pre12pm discharges, although still below trajectory. Currently remains at 16% against a trajectory of 20%. This data set includes transfers to discharge lounge which are now open on both sites.
Super - stranded patient reviews continue to take place on a weekly basis for both care groups across both sites. LOS threshold reduced to 18 days
Red2Green function and clinical reasoning for changes to EDD live on psag. Developing Tolerance reporting in line professional standards, to be in place by October
Check, chase, challenge process in place across both sites, all care groups. Production board developed to provide visibility of daily metrics
Working with the community trust to share good practice around red2green, and check, chase, challenge.

Red2Green/Safer

Lack of red2green completion leading to insufficient and potentially misleading data on some wards. About half of all wards consistently submit data. Performance still below baseline measure / trajectory Pace of change Medical engagement

Key Items for next week

Continue to work with the identified wards to understand processes, key issues and effectiveness with a view to making further improvements Stranded patient reviews both care groups, with weekly metrics, and escalation. Check, chase, challenge approach and process. Collection of metrics

Taskforce- Steering Group Report

Project Summary

Project Overview				Overall Project Status
Project Title:	Workforce			RED
Exec Lead:	Victoria Maher	Project Lead:	Simon Balderstone	
Clinical Lead:		Project Group:	TBC	
Date of Report:	10 October 2018	% improvement in admitted performance target 4%		

3B. Progress, Issues/Risks, and Decisions

Key Items completed this week/since the last report

Consultant

Re-advertised ED Consultant post – interviewed on 6 September. Candidate has been offered position and has accepted (confirmed on 4 October).
We currently have 4 substantive Consultants with an additional 3 commencing over the next 5 months.
Re-advertising Consultant post in BMJ in October.

Middle Grade

From last round of interviews 3 Specialty Doctors have been offered position (1 has accepted 2 have declined)
Adverts for Specialty Doctors closed 25 September. 1 application received plus 5 applications put forward from agencies. Interviewing 10 October.
Re-advertised Specialty Doctor which now closes on 15 October 2018.
Advertised for Simulation Fellow which now closes on 15 October.

In summary

We have 12 middle grades in post. Including 1 appointment that started in July and 1 in September.
Appointed 1 middle grade from last round of interviews commencement date to be confirmed.
We have 2 ST2 level doctors that are progressing to middle grade but will not be ready for at least 6 months.
We are continuously advertising and interviewing middle grade doctors via internal process and agencies but require 7 more substantive to reach a total of 20.

ACP

Advanced Clinical Practitioner (ACP) - Candidate has been offered position – commenced 28 August.

Nursing

ED Recruitment Day (Nursing) on 5 September. Only 1 applicant appointed.
New recruitment event being organised likely to be in October / early November.
8 newly qualified / qualified nurses recruited and joining from September and October.
Looking at how we are using social media to attract candidates given the poor response we have had recently to ED recruitment.
Continue to engage the following agencies for substantive recruitment Medacs Healthcare, ID Medical, Remedium.

Key Issues/ Risks

Failure to secure locum cover for ED will lead to enacting contingency plan.
Risk to overall agency work.
Patient and staff wellbeing

Key Items for next week

Interview arrangements in place for Speciality Doctors and Simulation Fellow.

Integrated Discharge Team

Exec Lead – Claire Old Programme Leads – Sara Dillon & Tanya Miles 01 October 2018

NHS England NHS Improvement

SaTH needs to:

1. Increase the number of FFAs received by the discharging organisation before midday – target 80% before midday.
2. Increase the number of FFAs received per week to enable the LAs to meet their discharge trajectories (target: Shropshire 64 per week, Telford Wrekin 42) Through the demand and capacity work we will review the original figures for discharge to ensure that they are accurate as these have never been reached.
3. Nurse led discharge criteria embedded to improve earlier discharges
4. DLN's to be part of the discharge team- the case management approach to be embedded across both sites to ensure the correct approach toward discharges.
5. SaTH therapists to goal set for minimum 72 hours post discharge – this needs to be across all wards.
6. Transfer by relative/Red Cross should be default unless otherwise indicated
7. Anticipatory equipment planning and prescribed meds with person day before discharge
8. Need access to Senior Medical advice and diagnostics from SaTH for Admission Avoidance – to be considered at A and E group – Frailty at Front Door on both sites – decision needed re future funding needed.

System needs to:

1. System-wide Choice Policy in line with national guidance approved by all partners and implemented – need to ensure consistent application.
2. Trusted assessors for care homes in place to be extended in Telford.
3. Support the current demand and capacity modelling across the system.
4. Further develop the system wide assistive technology offer.
5. Continue to support the admission avoidance pathway provided by Rapid Response nursing and social care teams.

The progress:

1. ECIST review of IDT process and develop the SOP 15/16/10/18
2. RPIW event re FFA's 5/11/18

Overall status

Amber

Improvement in the A&E Quality Standard/Improvement discharge practice

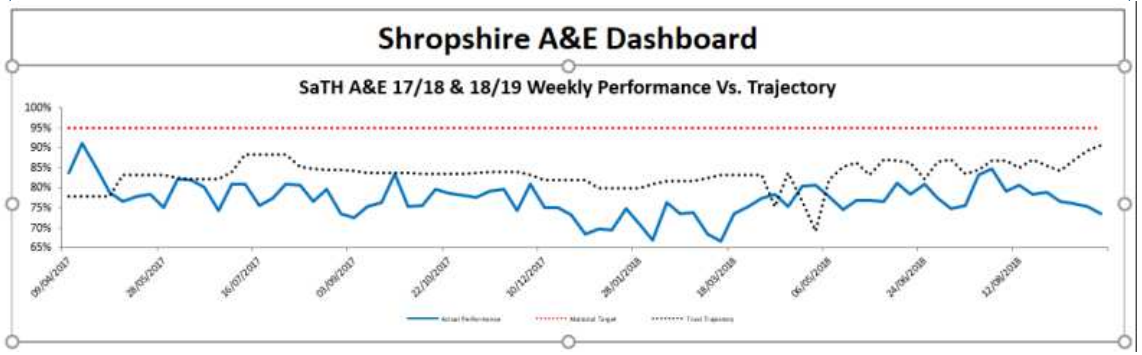
Interventions and process changes

- Criteria met nurse discharge especially at weekends
- Operational intermediate process and framework review and system wide agreement to new framework.
- Training across all partners regarding new intermediate care process.
- Red, amber, green process for all intermediate care pathways with twice weekly monitoring and MDT's. tracker post out to advert.
- Point prevalence/audit to review progress against new framework
- SaTH therapists to goal set for minimum 72 hours post discharge
- Transfer by relative/Red Cross should be default unless otherwise indicated
- Anticipatory equipment planning and prescribed meds with person day before discharge

Risks to delivery

1. Insufficient patients ready for discharge to achieve the required FFA numbers per week for the LA to hit their discharge trajectories
2. Provider failure dom/bed based care. Mitigation plan in place
3. BCF sufficiency to meet demand. New governance structure to support BCF board to monitor performance.
4. PRH decision re closure and divert to other hospitals will have a huge impact upon the performance around DToC as patients are spread across the region.
5. Medication protocols for discharge are stretched with both in house and external providers being challenged by CQC on their processes around discharges.

Data



IV Antibiotic Therapy – Community Based Delivery

Updated: 29/10/18
Next Update: November 2018

Exec Lead – Steve Gregory

Programme Lead – Yvonne Gough

Reasons for change

Why is the change indicated?

Give 4 reasons

- Admission avoidance
- Point prevalence data suggests 70 patients in acute beds suitable for community ambulatory delivery
- Reduce LOS
- Reduce number of stranded patients

Which Strategic Priority does this support?

- **Admission Avoidance** ☒
- **Length of Stay** ☒
- **Effective Discharge** ☒

Evidence to support change required

- National Priority
- ECIP – LOS projects and external support received suggests opportunity for delivery outside of acute bed base
- Admission avoidance; low admission avoidance attainment
- Volume of patient treatments within SATH for IV antibiotic therapy

Expected Benefits

Patients / service users

- Less stay in hospital, reduced dependency on acute hospital stay
- Understanding of alternative treatment options
- Encouragement for maintained independence

Staff

- Improve morale
- Improve MD Team working

Organisational

- Opportunity to challenge cultural working practices and to consider community options
- Improved communications between all the different organisations

Financial

- Reduced occupancy for IV antibiotic therapy

Key Interventions / Milestones (Describe key milestones (Blue dots achieved, grey dots still to do)

- Development of pathways and governance for community 'chair based' antibiotic IV therapy
- Identify capacity within the MIU/DAART to deliver treatment
- Financial modelling for costs of drugs, consumables and pathway delivery and initial funding for equipment
- Agreement for pilot to commence October 2018 –April 2019, with funding stream approved
- Collection of data to validate efficacy of project

The progress:

Describe progress to date;

- Project live from 1 st October 2018 delivering a chaired based service from Ludlow and Bridgnorth MIU plus DAART Shrewsbury (OD/BD Ivs)
- Capacity to deliver within current staff resource for 12 additional appointments per day across the 3 sites using an inclusion and exclusion criteria
- Governance and medical responsibility agreed
- Staff matrix and competencies completed and relevant staff trained
- All medication to be stocked in the community
- All activity to be invoiced to SaTH direct
- All current referrals continue to be triaged through Phil Atkins MIU Lead in order to accept the maximum activity as many patients identified fall outside of the inclusion criteria.
- Shropcom have developed bespoke care for the current referrals to ensure the project is successful
- Rachel Brown (SaTH) engaging in-house to increase referrals

Risks to delivery

Top Risks

1. Lack of engagement from all partners
2. Reluctance to change prescribing behaviours
3. Insufficient patients identified for community delivery
4. Governance – maintaining medical responsibility within SATH
5. Finance – redirection of funding for pathway delivery
6. High re-admission rate
7. De-skilling of staff due to lack of referrals

Mitigating Actions:

- Full liaison and involvement of all partners including engagement workshops
- Robust capacity model; therefore financial redirection only required for those patients who attend this community provision
- Patient inclusion criteria with on-going virtual MDT until discharge
- Monitor all staff training and rotate through rapid response IV service if de-skilling

Data

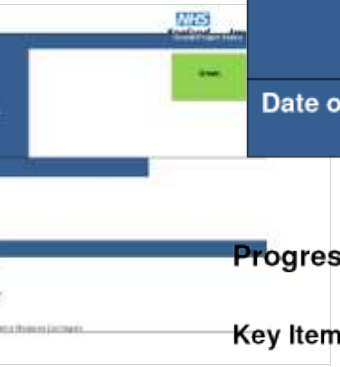
Data set has been developed by Shropcom for community delivery. Manual calculation in place to ensure all activity recorded accurately during initial stages.

A system wide data will assess scale of opportunity and to validate efficacy of project (including but not limited to the following);

- Numbers of patients with reason for admission as IV antibiotic therapy in acute hospital
- Number of patients suitable for OD /BD regimes
- LOS for patients receiving IV antibiotics
- Patient feedback and experience
- Number of avoidable admissions

Summary

Overview				Overall Project Status
Title:	AHP collaborative	Deadline:		Green
Lead:	Amanda Taylor	Key contacts:		
Date of Report:	September 2018			



Progress, Issues/Risks, and Decisions

Key Items completed this week/since the last report

Project plan in place and reviewed as part of integration work stream in STP
Driver diagram in place and reviewed as part of integration work stream

Storyboard_v01_SaTH_Shropcom.pptx

Attended all AHP collaborative events and presented poster
Currently in data capture continuing and being refined
Networking between therapy teams in progress
Continued development of good conversations and relationships with AHP lead in Shropcom (Liz Hagon)

Key Issues/Risks

Timeline is tight to demonstrate significant changes though processes will be clear going forward. Community hospital (Whitchurch) about to lose its physio leaving one full time OT for the whole bed base Commitment from Orthopaedic surgeons to test the new system – discussions happening Data sharing across organisations to identify total time person away from home – Liz Hagon now has data and is merging from 2 systems

Key Items for next week / next period of work

Complete phase 2 Complete simple actions from project plan Continue changes in PDSA model

Measures of success

Overall time a person is away from home is reduced by a day Pathway decisions are correct for 60% of the time Patients and relatives expectations are aligned to service provision Patients are informed of their choices following orthopaedic surgery or admission to Whitchurch hospital Therapy staff across the system are clear on the services on offer in order to support patient decision making Transfer of care is more streamlined and effective

Frailty Programme

Exec Lead – Fran Beck Programme Lead – Michael Bennett / Emma Pyrah

NHS England NHS Improvement

Programme needs to:

- Implement Frailty Front Door at RSH in line with the AFN model
- Develop and implement Frailty Front Door at PRH by October at the latest
- Develop Inter-Disciplinary Teams to have robust MDT approach to complex discharge and achieve target of 136 complex discharges a week
- Support home First and achieving 60:30:10 for pathways 1/2/3
- IDTs support and wider ICS/ICT support SATH Red2Green/ SAFER through in-reach support
- Reduce admissions from Care Homes through specific dedicated Teams or focus
- Provide overview and scrutiny of the DTOC High Impact Changes progress across the economy in achieving Mature RAG rating by end of Quarter 4 reporting.
- Reduce and maintain DTOC target levels and reduce length of time of patients on the work list

System Partners / Enablers need to:

- Clinical and managerial support from all organisations to ensure prioritising programme of work
- Collaborate to maximise the effective utilisation of learning from PDSAs, and audit in order to create behaviour and system change
- Clearly define objectives, activity, resource, milestones within each program work stream to enable accurate assessment of progress
- Accessibility of clinical expertise to support programme development including ECIST and AFN

The progress:

- Frailty Front Door at RSH Evaluation Action Plan in place; monitored through the Frailty Task and Finish Group
- 6 As Audit completed highlighting potential for reduced admissions, reduced length of stay, improvements in clinical and care pathways
- PDSA for Frailty at Front Door at PRH completed 25-27th July to develop model and improve existing pathways. Evaluation highlighted need for additional medical and therapy capacity – within Winter Plan
- Inter-Disciplinary Teams (Clinical Hub) in place on both sites seeking to achieve target of 136 complex discharges/ week. IDTs engaged in weekly Stranded Patient reviews
- Trusted Assessors in place facilitating early discharge to care homes
- Care Home MDT in place in T&W. Commenced piloting Emergency Passports in six care homes in conjunction with WMAS. Preparing to launch Red Bag Scheme
- Shropshire Deep Dive of Care Homes including review of CHAS and potential for piloting Miralife
- Relaunch of NHS 111*6 clinical advice line for care homes
- Developed DTOC High Impact Changes Action Plan to achieve Mature by end of Quarter 4 RAG rating

Key Interventions / Milestones

- Further develop Frailty at Front Door to maximise avoidable admissions and reduce length of stay on RSH site
- Develop and implement Frailty at Front Door at PRH to maximise avoidable admissions and reduce length of stay on PRH
- Implement DTOC High Impact Changes Action Plan to ensure achieving a Mature RAG rating by Q4
- Care Homes actively utilising the NHS111 * 6 line for telephone clinical advice from the NHS111
- Funding for Frailty team at Front Door at PRH to enable implementation and evaluation

Risks to delivery

- Current funding for Frailty at Front Door at RSH is based on local tariff Agreement. Risk that not agreed putting funding from April 2019 into question
- Current RSH infrastructure does not support working more upstream in ED to prevent admissions which limits to Service's impact on admission avoidance and potentially duplicates clinical input
- Additional capacity for Frailty at Front Door at PRH identified through PDSA. Needs approval through Winter Plan. Evaluation is needed to develop a Business Care for funding post April 2019
- Additional Domiciliary care capacity in both Boroughs to maximise complex discharges home for Pathway 1 and long term care at home supporting Home First and reduce length of time on the work list and recordable DTOCs

Data

- SATH reporting on Frailty at RSH highlighting impact on admissions and length of stay of Frail patient
- Need to develop methodology for monitoring impact at PRH
- Weekly reporting to A&E Delivery Group on performance related to complex discharge
- A Frailty dashboard is in place to monitor performance across both CCGs. This is being updated

Transformation Enablers

System Improvements

Plan on a Page

Digital Enabling Programme

Exec Lead – Clinical Lead - Programme Lead – Rob Gray

NHS England Improvement

Programme needs to:

- developing the Local Digital Roadmap (LDR) - draft for NHS Digital Review October.
- Improve Connectivity : Provide seamless access networks and efficient procurement of new connections / wifi access for staff and citizens at all locations – close of financial year
- Populate Information sharing Gateway with agreements to allow sharing of information between organisations.
- Formulate an STP-wide plan for Cybersecurity: Ensure records and systems are secure.
- Improve Collaboration - Licensing future proof and cost efficient route for Microsoft and Office upgrades (towards O365 and CloudFirst)
- Identify & support digital requirements for all other programme groups
- Improve Digital Maturity Assessment scores to support programme success.
- Develop business cases as appropriate for possible future funding availability
- Analyse options for an Integrated care record across health and social care settings.
- Ensure and assist organisations within the STP to capture information electronically at point of care
- Implement a solution for Interoperability across the STP area.

System Partners / Enablers need to:

1. Ensure "Right Information available to the right person in the right time and location" enabling better outcomes for citizens.
2. Clarify the end vision and the level of commitment required from organisations.
3. Act as One! Agree the objectives of the enabling group in line with the strategic governance process at exec level.
4. Standardise on clinical coding (SNOMED-CT) for all organisations.
5. Provide resource (inc funding, project management etc) to define and plan programmes and projects
6. Involve digital solutions in all workstreams. Promote the modernisation and efficiency of paperless processes to increase efficiency through a digital programme
7. Conform to cyber-security requirements – and resource specialist support
8. Provide Strategic direction for an STP solution to enabling a system wide approach to an infrastructure that enables the use of all modern technologies to improve frontline patient care.

The Progress:

- Continue direct engagement with NHS England, and NHS Digital for strategic direction.
- New DEG chair, SRO and Exec Lead to meet to agree LDR direction.
- LDR refresh process nearing completion.
- HSLI bid for 8/19 funding accepted by NHSE. £885k awarded.
  - Business cases now to be created and locally approved.
  - Benefits expectation to be refined
- Project started - Enhance SCR for all active patients.
- Data Analytics forum to be defined as centre for data-driven decision making.
- Evaluating options for interim digital system in A&E to increase time-critical processes, reduce data-entry delays, and increase access to existing patient information.

Key Interventions / Milestones

- Oct-18. LDR refreshed and new Digital Programme defined. HSLI bid created and applied for.
- Nov-18. Summary Care Record enhancement initiative started, and visible in secondary care, starting with A&E. HSLI refinement and planning
- Dec-18. Network - Corporate Wifi access for all orgs planned for all sites. Business cases in progress for HSLI funding
- Jan-19.draw down funds for HSLI projects.
- Jan-19. Defined Procurement process started for Electronic Patient Record systems for SaTH and RJAH to support shared access to Integrated care records

Risks to delivery

Resources – (lack of revenue funding to progress strategic planning, and availability. commitment from senior management to release or increase resources)
Lack of Technology standardisation - Action :Identify interoperable platforms and recommending their use across the STP
Licencing costs are set to increase with a requirement to migrate to a supported set of office applications with revenue costs instead of capital.
Executive Strategic Direction is unclear.
Lack of clear co-ordinated approval processes for schemes with a cross-organisation impact.
Complex governance arrangement (STP is not an executive group with delegated authority.)

Actions:
DEG SRO, Exec Lead and co-chairs appointed

Data

Outline programme plan.

Strategic Estates Programme

Updated October 2018
Next update– December 2018

Exec Lead – Clive Wright

Programme Lead – Becky Jones

Programme needs to:

- Use data in geographic layers at a very local level as evidence of emerging community need, & how or if they are being addressed
- Identify opportunities for developing community hubs, housing solutions or projects to support economic growth, where a local need is present.
- Inform the requirements for future service provision and ultimately guide the utilisation of the public estate
- Ensure estate is accessible, efficient and safe.
- Engage the expertise and knowledge of public sector delivery leads in developing community needs-based projects stemming from opportunities created by the One Public Estate work-stream.

System Partners / Enablers need to:

- Provide an integrated and co-ordinated healthcare estate relevant to redesigned patient /service user and staff pathways under the STP
- Deliver a reduction in estate
- Reduce / plan removal of backlog maintenance
- Support Estate aligning with and utilising the One Public Estate agenda
- Utilisation aligned with Carter review
- Deliver a Reduction in annual revenue costs
- Provide flexible estate that will enhanced a dynamic healthcare economy
- Develop local solutions drawing on all the assets and resources of an area
- Build resilience of communities.

The progress:

- Estates Workbook/Strategy completed and submitted on time and now a living document
- Capital bid for Shawbirch submitted and support being provided to CCG
- Project pipeline in early stages of development
- Joint OPE/STP Programme Delivery board established and functioning well
- Whitchurch Project Board up and running and Shropshire Council Cabinet report approved. Continuing on road to delivery
- Asset Mapping & data layering work with Shropshire Council going well, producing evidence base & assisting to inform opportunities with regular meetings taking place to ensure co-ordination between Council and health future planning needs
- Early stages of planning for OPE 7 projects
- Engagement with Telford and Wrekin Council progressing. Potential opportunities identified and looking to further identify and expand
- Planning workshop for estate strategy requirements

Key Interventions / Milestones

- Awaiting feedback on Estate Workbook/Strategy then progress against recommendations in line with requirements of system and Wave 3 bid caveats
- Build on engagement with T&W Council to identify possible project opportunities through joint working
- Identify systemwide requirements of an estate strategy and work with colleagues to develop
- Improve disposal information and data and develop a disposals pipeline in conjunction with the project opportunities
- Real national focus on delivery of Wave 1 – 3 capital bids – need to ensure the joined up approach between all elements of Future Fit/SSP, and the out of hospital offer is there

Risks to delivery

Risks

- Timelines for funding bids vary across different organisations; aligning for cross-organisational estate projects difficult to achieve.
- Aligning existing projects and agreement on potential future opportunities
- Engagement not fully embraced
- Rejection of future capital bids through omission of estate projects/concepts from STP Estates Strategy
- Huge national focus on delivery of Wave 1 – 3 capital bids, need to ensure linkages are there and supported

Actions:

- Transparency and awareness of funding timelines between organisations
- Agreed approach to partnership working
- Identify and Plan for interim arrangements
- Comprehensive links across all STP workstreams/enablers to include their known and anticipated estate implications

Data

- Validation and updates of SHAPE database (Health Service Estates) by all relevant organisations; ongoing requirement to maintain accuracy
- Property and Estates (Shropshire and Telford), Freehold land, Leasehold land, Leased land;
- Transport , Shropshire and Telford Bus routes 2016, Car and Van ownership *(2011 Census);*
- Demographic (covers Telford and Shropshire) *(2016 MYE ONS) ,*
- Deprivation (2015 IMD, DCLG)
- Community Facilities (e.g. libraries/schools)
- Older People,
- Health, including long-term illness & disability; health deprivation
- Planning Themes (Planning and Land Use Monitoring
- systems, Planning Policy Team
- Economy
- Housing Affordability

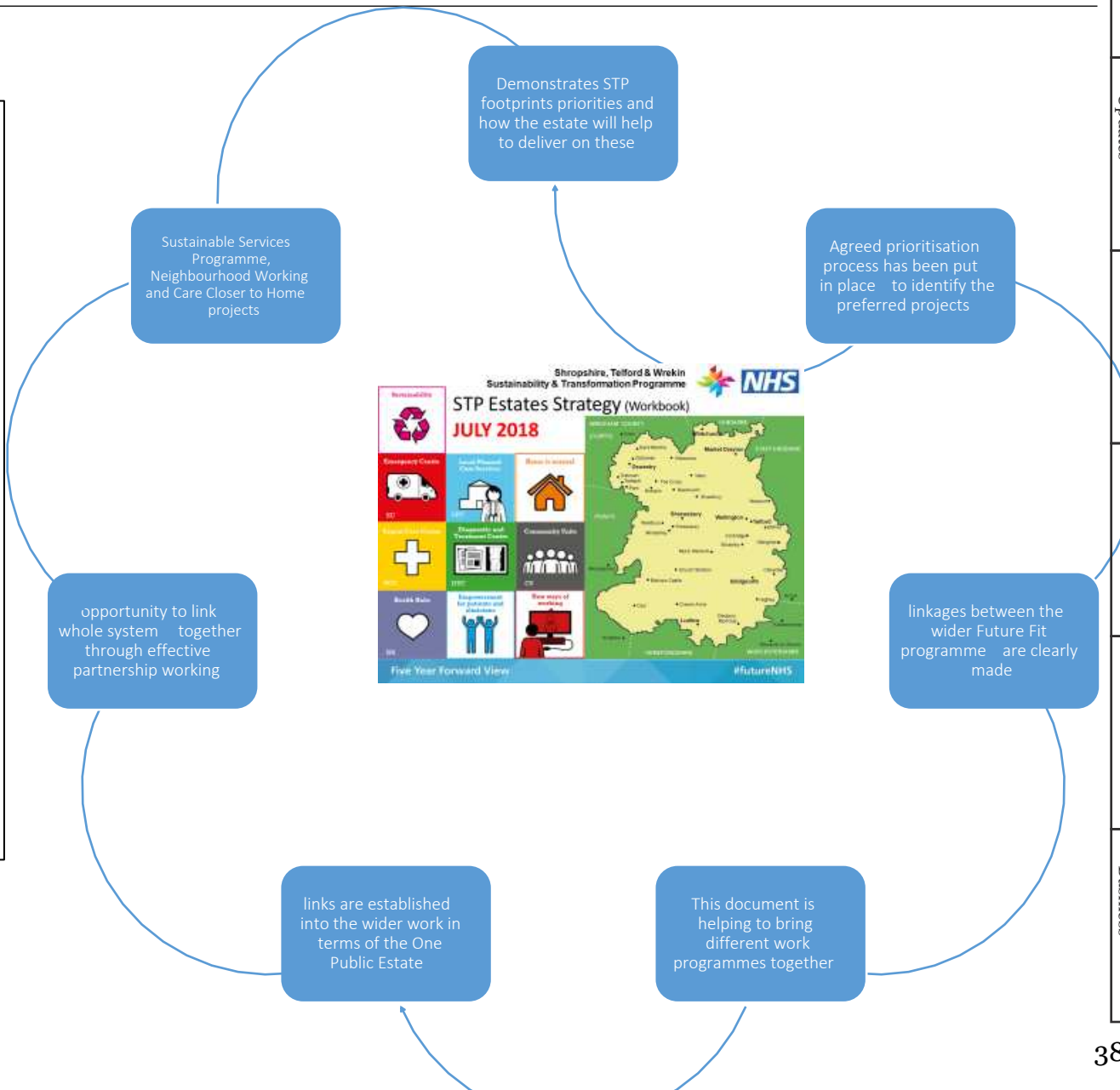
Strategic Estates Progress so far

The STP Estates Strategy has been a key piece of working with:

"ALL SYSTEM PARTNERS"

Through facilitated workshops, shared conversations
recognising system interdependencies, increasing
knowledge and understanding of Estates requirements across the system both now and in the future.

This strategy is facilitating system change through
encouraging work to be done once by involving all
partners in initial discussions, thus looking at the bigger picture and understanding the wider implications of organisational decisions….



Strategic Back Office

Updated August 2018 Next update– October 18

Exec Lead – Ros Preen

Programme Lead – Maggie Durrant

Programme needs to:

- Update the planning assumptions made in the 5 year STP financial plan and identifying a more robust view on the scale of savings in the following areas;

Corporate services savings in the health economy, using recent benchmarking data,
Shared recruitment processes (by the Workforce Work stream)
Procurement savings through model hospital and PPIB data
Estate rationalisation (developed by the STP Estates Work stream)

- Develop an over view that makes it clear what exists in plans already and whether the programme can stretch the thinking to gain more operational and financial value (e.g. target set to drive costs to the national median).

IT foundations to ensure the groundwork is most effectively procured to support the STP digital agenda.

System Partners / Enablers need to:

1. Support a level of ambition proposed by the programme – ie. drive costs to the national median (where there is one or other agreed benchmark where there isn't),
2. Sponsor and support the collaboration on key priorities, initially by sponsoring the CSU's diagnostic and option appraisal process.
3. Have an 'open book' approach to data and information to enable opportunity assessment,
4. Develop the relationship with other STP stakeholders to assess the opportunity for wider public sector benefits,
5. Agree a change programme in due course.

The progress:

- The group, on behalf of the STP health partners have commissioned a piece of 'value added' work via Midlands and Lancs CSU to appraise the options for rationalising the 'back office' in health organisations. Time scales are now firmer and are outlined below. With a project plan developed to underpin the work.
- Back Office wok stream meetings suspended until the initial reporting of the CSU diagnostic has reached a point where it is appropriate to review progress (meeting scheduled for 24th Sept).
- Individual STP work streams are working on discrete aspects of rationalisation or collaboration (estates and workforce)
- All providers are using benchmarking data to support decision making, with the most recent national submission for corporate benchmarking (Model Hospital) due to be submitted by STP health providers by the 17th July.

Key Interventions / Milestones

- Commence CSU diagnostic – Summer 18
- Data sharing to underpin the data analysis and diagnostic (Aug 18)
- Initiate director/ senior team interviews (Sept 18)
- Evaluate CSU diagnostic conclusions and agree programme of change – Autumn /Winter 18
- Implement change programme – Winter 18 onwards

Risks to delivery

Risks
The scale of opportunity will not be realised due to;

1. Lack of collaboration beyond health on procurement.
2. Willing ness to share data to support the CSU review.
3. Capacity and will to drive ideas forward across organisations at pace
4. Lack of willingness to collaborate on a joint agenda and give or pass on sovereignty by individual organisations.
5. A Shropshire centric preference not accessing the opportunity where it is at its greatest on a wider footprint (ie out of STP boundaries)

.....

Actions:
A review of the effectiveness of the existing county wide Procurement Group
Using the CSU diagnostic and option appraisal process to increase pace, draw conclusions and propose a change programme which will require tangible agreement

Data

Model hospital (Carter)
Corporate services data (Model Hospital)
NHS Efficiency Map
Procurement data (PPIB)

Strategic Workforce Programme

Updated August 2018 Next update - October 2018

Exec Sponsor – Jan Ditheridge Exec Lead – Victoria Maher Programme Manager – Sara Edwards

Programme needs to:

1. Develop a system-wide **Strategic Transformation Workforce Plan** which supports Future Fit options linking acute and community models.
2. Develop and implement a system **Organisational Development Plan** to support new ways of working.
3. Develop **workforce sustainability** through the identification of learning and development, education and training needs and through supporting system programmes to implement change and support transformation.

System Partners / Enablers need to:

- **Work closely to share workforce intelligence**, undertake workforce modelling and strengthen system ownership of workforce strategies.
- **Work collaboratively** to attract, recruit and retain the current and future health and care workforce.
- **Agree system-wide requirements** in order to maximise the education, development and training opportunities for our workforce.
- Lead a **system programme** that delivers transformation and sustainability taking into account Future Fit options.
- Lead **cultural change** through health and care that supports **integrated working** which prioritises patients resulting in improved population health and wellbeing.
- Deliver **system-wide workforce solutions** and improvements in response to the system workforce challenges.

The progress:

- Agreement between STP partners on **priority areas** through the Strategic Workforce Group .
- **System-wide Workforce Strategy** – Baseline data being worked up via HEE.
- **Mental Health Workforce Plan –** Submitted with no requirement to resubmit. MH Delivery Plan now being addressed.
- **STP OD Group -** now set up with priorities being planned.
- **Local Maternity Services (LMS) Transformation Plan** developed. First draft of WFP taken to LMS Board and WF sub group meetings in progress. Leadership & Cultural Development Plan to follow in Autumn 2018.
- **GP Forward View Workforce Plan** has identified projects to address recruitment and retention targets and bids have been submitted to support GP recruitment, retention and resilience programmes.
- **2017/18 workforce investment programme** of £817,600 covering both primary care and acute services being delivered.
- **2018/19 workforce investment** scoping exercise in progress.
- **STP/LWAB** relaunched with priorities refreshed.
- **Education & Development Group** – Identification of priorities and development of Multidisciplinary Preceptorship Framework, Shared Learning Assets and Shared Statutory and Mandatory training projects.
- **Training Hub** – Re-establishment of the Shropshire and T&W Training Hub provision within the STP PMO.

Key Interventions / Milestones

- Complete the **workforce profile data** gathering and individual specialist workforce plans. Aligning with Future Fit Programme.
- **Leadership and OD Programme** with the King's Fund completed. NHSI (ACT Academy) **TCSL Programme** change management tools being used.
- Development of **Shared Recruitment** project and **Collaborative Bank –** Project Briefs developed with partner engagement.
- Implementation of a pilot **Rotational Apprenticeship Programme** with September 2018 start.
- Delivery of 2018/19 **STP/LWAB funded priority areas** and development of a **shared training/learning** offer to meet system needs and promote integrated working.

Risks to delivery

Risks:

- Planning without knowledge of future finances and service redesign/configuration. Future Fit Consultation ends in September 2018.
- Varying levels of stakeholder engagement driven by different approaches to Workforce and access to data.
- Ability to fund workforce development activities both in terms of finance and time.
- Risk to quality of STP submissions due to a lack of clarity around requirements .
- Timely decisions in respect of funding which affects education, development and recruitment.

Actions:

- Ensure strong workforce links with STP clinical /service priorities reporting into the Strategic Workforce Group.
- Continue to build relations through working together on identified projects/ task & finish groups.
- Identify priority development areas and align through STP PMO processes.
- Collaborating with HEE to access support and align programmes.
- Piloting areas of work to test outcomes.

Data

Shropshire Workforce Baseline:

STW system workforce baseline developed by HEE Workforce Intelligence Team utilising data from NHSI operational plans (workforce plan) for acute/community and mental health services, NHS Digital for primary care and NMDS for social care. Data presented at July meeting of Strategic Workforce Group and LWAB. The data provides demographic information, nurse to bed ratio and a comparison with the 17 LWABs across Midlands and East. A focused session with workforce planners to review the data and provide a response to HEE is currently being arranged.

Individual areas of workforce:

- **Mental Health Workforce** data included in the submission of the MH Workforce Plan in March.
- **Local Maternity Transformation Plan (LMS)** developed with workforce analysis being undertaken to inform WFP. Financial analysis underway with STP Finance Lead for LMS. WF risk register updated to include financial risks.
- **Primary Care workforce data** has been collated as part of the GPFV Workforce Plan.
- Cancer Alliance now linked into Collaborative Cancer Group to progress Cancer Workforce Plan.

Strategy

Caring, Responsive, Effective, Well-Led, Safe: A positive experience for patients, carers and families

The Shrewsbury and Telford Hospital NHS Trust | Severn Hospice | Shropshire Community Health NHS Trust

National Ambitions

- Individual care
- Fair access to care
- Comfort and Wellbeing
- Coordinated care
- All staff care
- Caring Community

Living Well HELPS ---> Dying Better

Facilitate effective personalised care planning and support of those important to the dying person
- Documentation provides clarity to all regarding patients' preferences/goals for living
- Important conversations
- Identify key worker
- Patient and carer access to documentation
- Shared electronic records

Ensure equal access to palliative and end of life care
- Develop systems with prognostication to identify patients in last year of life
- Co-ordinated processes for referral: clear Access criteria and Co-designed referral documents
- Establish a needs based model that identifies phase of illness and a system for prioritization
- Links with non-cancer specialists
- All supported by GSF and Frailty registers
- Support Transitional Care Initiatives

Establish 'Living Well' concept: support advanced & anticipatory care planning & timely access to services
- Culture of care is enablement
- Programs for palliative rehabilitation are established
- Expand homecare models to support a preference to die at home; further develop H@H service
- Provide necessary medication and associated documented administration authority

Work in partnership to ensure that care is coordinated between services
- Facilitated by Local Health Economy End of Life Group supported by CCGs
- Services compliment not replicate each other
- There is shared accessible documentation where possible (RESPECT, EOL care plan, PPC) and Flagging
- Integration of H@H with the Hospice Outreach Service

Ensure a competent workforce
- Identify education needs across services ; Establish education programmes
- Robust systems for appraisal and CPD across groups; System learning from Significant Adverse Events

Recognise compassionate communities voluntary support as an extension to services
- Severn Hospice continued roll out of coco
- Volunteering is seen as an arm to wider services
- Clinical services refer to established volunteer support
- Expand competencies in verification of death to facilitate this promptly and confidently

National Foundations

- Personalised care planning
- Shared records
- Evidence and information
- Those important to the dying person
- Education and training
- 24/7 access
- Co-design
- Leadership

Population Health & Systems

System Leads –Kevin Lewis / Helen Onions
Programme Lead – Penny Bason

Updated October 2018

Next update– November 2018

NHS England

NHS Improvement

The programme needs to:

1. Develop our wider workforce to 'make every contact count' (MECC+) / proactive identification of people at risk of ill health and behaviour change conversations, brief interventions
2. Prevent harm due to alcohol, obesity and CVD
3. Support culture change and new working practices that help people at the earliest opportunity
4. Support active signposting and develop a good understanding of how communities support people – linking to Social Prescribing
5. Work across organisations (including the VCSE) to prioritise support for key population groups – address inequity and inequalities by connecting with the national and regional population health management support mechanisms
6. Support and embrace the role of the VCSE and communities to drive forward prevention activity
7. Focus on developing a good understanding of need – continual information provision for the JSNA
8. Improve communication between organisations

System Partners / Enablers need to:

1. Systematically raise awareness and deliver lifestyle advice, signposting and referral by healthcare and other professionals, e.g. through MECC +, PHE's One You, including for:
   - Stop Smoking Support
   - Weight management
   - Physical activity programmes
   - Immunisation opportunities, e.g. flu
2. Improve the prevention, detection and diagnosis of CVD, specifically diabetes and hypertension
3. Radically upgrade the role of the NHS in tackling harmful alcohol consumption, through screening, identification, brief advice and referral into treatment services
4. Deliver prevention expectations of the national Cancer Strategy
5. To ensure the systematic delivery of mental wellbeing services, including identification of mental ill health and prioritisation of emotional support
6. **Work together to make best use of resource and expertise**

The progress:

Mobilisation of the National Diabetes Prevention Programme March-May
Neighbourhood working to build community capacity- focus on Healthy places, Active and Creative communities
Delivery of Social Prescribing initiatives and infrastructure
Supporting Carers through all age strategies and Dementia Companions
Delivery of Fire Safe and Well Visits (since July 17)
Develop and deliver a system prevention framework for all pathways
Developing very positive joint working across health and care
Individual Placement Support Service for those in secondary MH services

Telford & Wrekin – Healthy Telford

Borough-wide lifestyle offer
Development and Deliver of MECC Plus for NHS providers, VCS, housing
Twitter and blog – using social media to inspire behaviour change
Developing and nurturing our community health champions
Public Health Midwife, stop smoking support and maternal health advice

Shropshire – Healthy Lives

Development of an Integrated Care Navigation Programme
Delivery of Healthy Lives Programme and prevention services

Opportunities

- Smoke free hospital and brief interventions in hospital
- Connecting to workforce (and funding) to support development of staff (link to MECC plus)
- Mental health hubs, MH support in Local Maternity hubs, Early help for children and young people, link to Estates
- Healthy hubs and social care support/ advice and guidance in hospital
- Risky behaviour CQUIN - link to MECC Plus

Key Interventions / Milestones

- Developing local Health & Wellbeing Intelligence Population health management
- Develop and Deliver System CVD, Diabetes and Obesity Strategy
- Deliver the prevention expectations of cancer strategy
- Develop system social prescribing infrastructure
- Development of a system plan to reduce harm related to alcohol
- Develop the system MECC Plus proactive approach, including training and delivery plan

Risks to delivery

1. Lack of buy in by partner organisations
   - Risk to strategy delivery
   - Risk to culture change needed
2. Investment in prevention programmes (national and local)
   - Local Authority Public Health Grant challenges
   - Lack of NHS investment in prevention
3. Medical and nursing capacity
   - NHS Trusts (SaTH, SSSFT, ShropCom, RJAH)
   - Primary Care

Outcomes – how do we know it's working? DRAFT

Public Health Outcomes Framework
- Healthy life expectancy
- Health Equity
  - Smoking rates
  - Obesity – children and adults
  - Physical activity
  - Wellbeing measures – Social Prescribing
  - Reduction in GP attendances
  - Reduction in unplanned hospital admissions
  - Cancer rates
  - Harm due to alcohol – alcohol admission rates

Connecting to other programmes

- Health and Wellbeing Boards Strategic Planning (both T&W and Shropshire)
- Better Care Fund (T&W and Shropshire)
- Rightcare
- STP Neighbourhoods and Out of Hospital Programmes – community development,
- GP 5 Year Forward View –
- Mental Health 5 Year Forward View – preventing
- Maternity Services Transformation
- Workforce – developing our
- Estates Partnership
- Musculoskeletal and Falls System Planning

Chair's Assurance Report
Finance Planning and Investment Committee - 17th September 2018

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	27th September
Executive Sponsor:	Alastair Findlay, Non-Executive Director	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	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 paper presents an overview of the Finance Planning and Investment Committee Meeting which was held on 17th September 2018 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

The Board of Directors has delegated responsibility for the oversight of the Trust's financial performance to the Finance Planning and Investment Committee. This Committee is responsible for seeking assurance on that the Trust is operating within its financial constraints and that the delivery of its services represents value for money. Further it is responsible for seeking assurance that any investments again represent value for money and delivery the expected benefits. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.

2.2 Summary

- The meeting was well attended
- There was good progress of actions from the previous meeting with all actions completed
- The work plan was reviewed and agreed
- Consideration was given to the indicative Trust's financial position and performance including a forward look into September.
- The committee received an update on the Pain Service and the ACI Development.

2.3. Conclusion

The Board is asked to note the meeting that took place and the assurances obtained.

Chair's Assurance Report
Finance Planning and Investment Committee - 17th September 2018

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Finance Planning and Investment Committee which met on 17th September. The meeting was quorate with one Non-Executive Director present. A full list of the attendance is outlined below:

Chair/ Attendance:
Members
Alastair Findlay, Non-Executive Director (Chair)
Mark Brandreth, Chief Executive
Craig Macbeth, Director of Finance
Nia Jones, Director of Operations
Laura Peill, Associate Director of Performance
Kerry Robinson, Director of Strategy and Planning
In Attendance
Mark Salisbury, Deputy Director of Finance
Claire Jones, Senior Divisional & Performance Information Analyst
Mary Bardsley, Trust Office PA
Apologies:
Bev Tabernacle, Director of Nursing / Deputy CEO

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting and receive an updated on the progress of each. All actions were noted to be completed.

3.3 Key Agenda

The Committee received all items required on the work plan with an outline provided below for each:

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
Declaration of Interest		
There were no announcements regarding declarations of interest.	N/A	

Chair's Assurance Report
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Finance and Performance Report		
The Committee received the indicative finance and performance report for month 5. The final report will be discussed at the next meeting. The Committee discussed the following: • RTT trajectory • Theatre activity • Forecast for September • 52 week waiters • Current financial position including the agency spend and CIP progress The Committee had concerns with the RTT performance and Theatre usage and noted that there were currently staffing issues in the Bookings Team which were impacting on these areas. It was noted that recruitment was underway, in particular a senior role of Head of Patient Access was being introduced to lead the work. The Committee noted the Finance and Performance Report.	Partial as a result of RTT and theatre activity concerns	It was noted that remedial actions were being taken but approval was given for additional Bookings Team recruitment as required.
Agency Deep Dive		
The paper was presented to inform the Committee on the key areas of agency spend and assurance on the actions being undertaken to reduce this. The current agency spends by areas for the Trust show an adverse variance against the cap of £85k by month 5. There was significant discussion regarding the agency spend position and the actions being taken to address the overspend The Committee noted the Agency Deep Dive	Partial	Ongoing updates required to the Committee
Service Line Reporting		
The Committee discussed the indicative service line reporting (SLR) data for quarter 1 2018/19 and focussed particularly on those areas not performing as expected. The Trust was able to recognise the PSF income of £125k in Q1 through delivery of the plan. The Committee noted the Service Line Reporting Data.	Y	

Chair's Assurance Report
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Procurement Update		
The Committee received an update from Procurement which included the National Contract Products, Clinical Specialist nurse and Model Hospital. A saving of £900k has been agreed for the Trust for 2018/19. Procurement informed the Committee the overall forecasted saving is £939k The Committee noted the Procurement Update.	Y	
Pain Service Update		
The Committee were informed the commissioners have received formal notice from the Trust that the service will cease and the decommissioning plans are being arranged. The service has continues to be unsustainable therefore the final decision to close the service was agreed. The Committee noted the Pain Service Update.	Y	
ACI Development		
The progress in the ACI Development was shared with the Committee. It was noted the project has slowed due to a decrease in referrals. The Trust has decided to gain further assurance that the commercial service would be beneficial for the Trust. The Committee noted the ACI Development paper.	Y	
Chair Report: IM&T Steering Group		
The Committee received the Chair's Report from the IM&T Steering Group. It was noted further assurance is to be provided regarding the cyber security and IT project updates.		
Minutes: Capital Management Group		
The minutes from the recent Capital Management Group was presented with no issues identified. The Committee was informed the final bids into the STP capital is to be received by November and is currently being monitored by the Finance Leads.	Y	
Review of the work plan		
The work plan was reviewed by the Committee with	Y	

some minor amendments agreed regarding future agenda items. The Committee approved the work plan.		
Attendance Matrix		
The Committee noted the paper.	N/A	

3.4 Approvals

There were no approvals sought from the Committee.

3.6 Risks to be Escalated

In the course of its business the Committee identified no risks for escalation.

3.5 Conclusion

The Board of Directors is asked to note the meeting that took place and the assurances obtained.