

# Council of Governors 14.05.2025

MEETING  
14 May 2025 13:00 BST

PUBLISHED  
14 May 2025

# Agenda

Location  
The Boardroom, RJAH

Date  
14 May 2025

Time  
13:00 BST

|     | Item                                                                     | Owner            | Time  | Page |
|-----|--------------------------------------------------------------------------|------------------|-------|------|
| 1   | Introduction                                                             | Chair            | 13:00 | -    |
| 1.1 | Apologies                                                                |                  |       | -    |
| 1.2 | Minutes from the previous meeting - 05.03.2025                           |                  |       | 4    |
| 1.3 | Action Log                                                               |                  |       | 11   |
| 1.4 | Matters Arising                                                          |                  |       | -    |
| 1.5 | Declaration of Interests                                                 |                  |       | -    |
| 2   | Welcome from the Chairman (verbal)                                       | Chair            | 13:05 | -    |
| 3   | Committee Chairs Updates                                                 |                  |       | -    |
| 3.1 | Quality and Safety Committee                                             | Lindsey Webb     | 13:10 | 12   |
| 3.2 | People and Culture Committee                                             | Paul Maubach     | 13:15 | 17   |
| 3.3 | Finance and Performance Committee                                        | Martin Newsholme | 13:20 | 22   |
| 3.4 | Audit and Risk Committee (verbal)                                        | Martin Newsholme | 13:25 | -    |
| 3.5 | Digital, Education, Research, Innovation and Commercialisation Committee | Martin Evans     | 13:30 | 26   |
| 4   | Chief Executive Trust Overview                                           | Stacey Keegan    | 13:35 | 30   |
| 5   | Lead Governor Update (verbal)                                            | Victoria Sugden  | 13:45 | -    |
| 6   | Quality Priorities 2025/26                                               | Sam Young        | 13:50 | 39   |
| 7   | Governor Nominations / Elections                                         | Dylan Murphy     | 13:55 | 43   |
| 8   | Governance                                                               |                  |       | -    |
| 8.1 | Questions from the Governors                                             | Dylan Murphy     | 14:00 | 45   |
| 8.2 | Membership Report                                                        | Dylan Murphy     | 14:05 | 48   |
| 9   | To Note:                                                                 |                  |       | -    |
| 9.1 | Review of Work Plan                                                      | Dylan Murphy     |       | 52   |
| 9.2 | CoG Attendance Matrix 2024-2025                                          | Dylan Murphy     |       | 53   |
| 9.3 | Sub Committee Attendance Matrix                                          | Dylan Murphy     |       | 54   |
| 9.4 | National Plan Presentation (following action 29 from 05.03.25)           | Nia Jones        |       | 55   |
| 10  | Any Other Business                                                       | Chair            | 14:10 | -    |
| 11  | Next Meeting: 9th July 2025 at 1.00pm                                    |                  |       | -    |

# Contents

|     | Item                                                                     | Page |
|-----|--------------------------------------------------------------------------|------|
| 1   | Introduction                                                             | -    |
| 1.1 | Apologies                                                                | -    |
| 1.2 | Minutes from the previous meeting - 05.03.2025                           | 4    |
| 1.3 | Action Log                                                               | 11   |
| 1.4 | Matters Arising                                                          | -    |
| 1.5 | Declaration of Interests                                                 | -    |
| 2   | Welcome from the Chairman (verbal)                                       | -    |
| 3   | Committee Chairs Updates                                                 | -    |
| 3.1 | Quality and Safety Committee                                             | 12   |
| 3.2 | People and Culture Committee                                             | 17   |
| 3.3 | Finance and Performance Committee                                        | 22   |
| 3.4 | Audit and Risk Committee (verbal)                                        | -    |
| 3.5 | Digital, Education, Research, Innovation and Commercialisation Committee | 26   |
| 4   | Chief Executive Trust Overview                                           | 30   |
| 5   | Lead Governor Update (verbal)                                            | -    |
| 6   | Quality Priorities 2025/26                                               | 39   |
| 7   | Governor Nominations / Elections                                         | 43   |
| 8   | Governance                                                               | -    |
| 8.1 | Questions from the Governors                                             | 45   |
| 8.2 | Membership Report                                                        | 48   |
| 9   | To Note:                                                                 | -    |
| 9.1 | Review of Work Plan                                                      | 52   |
| 9.2 | CoG Attendance Matrix 2024-2025                                          | 53   |
| 9.3 | Sub Committee Attendance Matrix                                          | 54   |
| 9.4 | National Plan Presentation (following action 29 from 05.03.25)           | 55   |
| 10  | Any Other Business                                                       | -    |
| 11  | Next Meeting: 9th July 2025 at 1.00pm                                    | -    |

**COUNCIL OF GOVERNORS**  
**WEDNESDAY 5<sup>TH</sup> MARCH AT 14:45PM, BOARDROOM, MAIN ENTRANCE AT RJA**  
**MINUTES OF MEETING**

**Voting Members in Attendance**

| Name<br>(and identifying Initials) | Role                                          | Attending |
|------------------------------------|-----------------------------------------------|-----------|
| Harry Turner (HT)                  | Chair                                         | ✓         |
| Sheila Hughes (SH)                 | Public Governor – North Wales                 | ✓         |
| Jan Greasley (JG)                  | Public Governor – North Wales                 | ✓         |
| Neil Turner (NT)                   | Public Governor – Cheshire and Merseyside     | ✓         |
| Russell Luckock (RL)               | Public Governor – Rest of England and Wales   | ✓         |
| Peter David (PD)                   | Stakeholder Governor – RJA Voluntary Services | ✓         |
| Karina Wright (KW)                 | Stakeholder Governor – Keele University       | ✓         |
| Nicki Bellinger (NB)               | Staff Governor                                | ✓         |

**Others in Attendance**

| Name (Initial)                 | Role                             | Attending |
|--------------------------------|----------------------------------|-----------|
| Stacey Keegan (SK)             | Chief Executive Officer          | ✓         |
| Martin Newsholme (MN)          | Non-Executive Director           | ✓         |
| Penny Venables (PV)            | Non-Executive Director           | ✓         |
| Paul Maubach (PM)              | Associate Non-Executive Director | ✓         |
| Rebecca Warren (RW) (Item 1-3) | Enhanced Recovery Team Lead      | ✓         |
| Dylan Murphy (DM)              | Trust Secretary                  | ✓         |
| Gayle Murphy (GM)              | Executive Assistant (minutes)    | ✓         |

| Ref.       | Discussion and Action Points                                                                                                                                                                                                                                                                                   | Action Owner |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1.0</b> | <b>Introduction and Welcome</b>                                                                                                                                                                                                                                                                                |              |
| <b>1.1</b> | <b>Welcome and Apologies</b>                                                                                                                                                                                                                                                                                   |              |
|            | <p>Apologies were received from Victoria Sugden, Allen Edwards, Kate Betts, Simon Jones, Colin Chapman, Tony Wright, Martin Evans, Lindsey Webb, Atif Ishaq, John Pepper and Sarfraz Nawaz.</p> <p>The Chair welcomed RL, NB and JG to the meeting.</p> <p>It was noted that the Council was quorate.</p>      |              |
| <b>1.2</b> | <b>Minutes of the Previous Meeting</b>                                                                                                                                                                                                                                                                         |              |
|            | The minutes from the previous meeting held on 25 November 2024 were approved as an accurate record.                                                                                                                                                                                                            |              |
| <b>1.3</b> | <b>Action Log</b>                                                                                                                                                                                                                                                                                              |              |
|            | <p>The following updates were noted:</p> <ul style="list-style-type: none"> <li>Action number 18: the presentation is planned for the May 2025 meeting.</li> <li>Action number 27: The Communications team will be invited to the May meeting to present the Communication and Engagement Strategy.</li> </ul> |              |
| <b>1.4</b> | <b>Matters Arising</b>                                                                                                                                                                                                                                                                                         |              |
|            | The Governors noted that they would like a clear explanation of the National Plan submission and Headline Plan.                                                                                                                                                                                                |              |

| Ref.       | Discussion and Action Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Action Owner                              |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|            | <b>Action: The Trust will provide a clear explanation of the National Plan submission and Headline Plan for the Governors.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Chief Finance and Planning Officer</b> |
| <b>1.5</b> | <b>Declarations of Interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
|            | <p>The Chair reminded attendees of their obligation to declare any interest which may be perceived as a potential conflict of interest with the business of the Council. It was noted that Members' declarations are listed in the Trust's Register of Interests.</p> <p>No Declarations were made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |
| <b>2.0</b> | <b>Welcome from The Chair</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
|            | <p>HT welcomed Council members to the March meeting of the Council of Governors. He highlighted the following</p> <ul style="list-style-type: none"> <li>The NHS is entering into a period of unprecedented change, with a new Government and new leadership within the NHS (new Chair and CEO). There will be a new ten-year plan which the Trust needs to be agile to respond to. This will be a positive opportunity for RJAH to grasp and move forwards.</li> <li>The Trust are in the process of organising a bespoke NHS Providers session for both Governors and the Board of Directors.</li> </ul> <p>The Council of Governors <b>NOTED</b> the welcome.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |
| <b>3.0</b> | <b>Enhanced Recovery Presentation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |
|            | <p>RW, Enhanced Recovery Team Lead, delivered an Enhanced Recovery presentation. The presentation covered the following areas:</p> <ul style="list-style-type: none"> <li>Background.</li> <li>Model Health System: - Length of Stay Pre-Enhanced Recovery.</li> <li>Length of Stay – Q4 2023/24.</li> <li>ASA Score.</li> <li>3,000th Patient.</li> <li>Patient Experience.</li> <li>Enhanced Recovery has enabled efficient and effective way of working.</li> <li>Demonstrated efficiency and effective way of working – More Activity.</li> <li>Teamwork is essential.</li> <li>Our Ask.</li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>HT thanked RW for the informative presentation and her work within the Trust.</li> <li>It is very impressive that there are no theatre cancellations; this is actively being managed by engaging with patients prior to admission. Each patient attends joint school where they prepare for discharge, discuss processes that will be in place and manage patient expectations.</li> <li>Patient mobilisation is key to pain management, resources are in place for patients to manage at home, adequate pain medication is available if required.</li> <li>The figures in the presentation include private patients.</li> </ul> <p>Following consideration of the presentation and subsequent discussion, the Council of Governors <b>NOTED</b> the presentation.</p> |                                           |
| <b>4.0</b> | <b>Committee Chairs Updates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| <b>4.1</b> | <b>Quality and Safety Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |
|            | The Council considered the submitted paper and members noted the following points in particular:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |

| Ref.       | Discussion and Action Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action Owner |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|            | <ul style="list-style-type: none"> <li>A report on PSIRF (Patient Safety Incident Response Framework) was received.</li> <li>A 'Learning from Deaths' report was received.</li> <li>An EPRR (Emergency preparedness, resilience and response) report was received, which included business continuity plans.</li> <li>A detailed 'Never Events' report was received.</li> </ul> <p>Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the Chair Report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
| <b>4.2</b> | <b>People and Culture Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The Committee received positive assurance on recruitment and training levels.</li> <li>A deep dive into theatre arrangements was received.</li> <li>There has been positive medical engagement with clinicians.</li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>There is an initial report and work in progress regarding overseas nurses and the pay differential concern. There are national guidelines that the Trust follows and this was on the risk log.</li> </ul> <p>Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the Chair Report.</p>                                                                                                                                                                                                                                |              |
| <b>4.3</b> | <b>Finance and Planning Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The financial plan was to achieve a surplus £2.9m. Due to several issues which impacted on activity, the plan was refined, and the Trust submitted a revised forecast of £1.9m.</li> <li>The Committee considered the draft Financial and Operational plans for 2025/26.</li> <li>A business case to recruit middle grade anaesthetists was received by the Committee.</li> <li>The Committee discussed the financial pressures relating to implementation of the Electronic Patient Record system at the Trust.</li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The Trust must be agile to respond to future decisions and changes within the Government and focus on what they can control.</li> </ul> <p>Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the Chair Report.</p> |              |
| <b>4.4</b> | <b>Audit and Risk Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The Governors were involved in the recent external audit tender process, which will see the current auditors, Deloitte, in place until end of this financial year. KPMG had been appointed from next financial year.</li> <li>An internal audit report on research governance was received with a moderate assurance opinion. The committee felt that the report did not accurately reflect the position so the report findings and recommendations would be reconsidered.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                               |              |

| Ref.       | Discussion and Action Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Action Owner            |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
|            | Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the Chair Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |
| <b>4.5</b> | <b>Digital, Education, Research, Innovation and Commercialisation Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>Concerns were raised around the Digital Strategy content and the adequacy of consultation across the organisation. The Committee requested evidence that the wider organisation had been engaged and asked for more work to be undertaken.</li> <li>The Committee received a review of the resilience of the Orthotics system.</li> <li>The Committee received an innovation story on 'Abnormal Post Operative Blood Tests in Arthroplasty'.</li> <li>A presentation was received on Ambient AI systems for outpatient consultations.</li> <li>A presentation was received on the steps required to achieve University Hospital status.</li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>There would need to be increased academic engagement among the Trust's consultant body if University Hospital Status was to be achieved. The Trust was working collaboratively with Keele University and there was a suggestion that the Trust included University representatives in the consultant interview process.</li> </ul> <p><b>Action: SK to liaise with the Chief People Officer, regarding the suggestion that there is University member representation on consultant interviews.</b></p> <p>Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the Chair Report.</p> | Chief Executive Officer |
| <b>4.6</b> | <b>Activity Recovery Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The meeting is held fortnightly and focuses on waiting times and activity levels.</li> <li>NHS England scrutiny has reduced due to the work undertaken since the autumn and the progress made.</li> <li>Further assurance has been requested on the reasons behind fluctuations in the forecast.</li> <li>The Committee spent time looking at the insourcing tender.</li> <li>The Committee requested a progress report on the GIRFT (Getting it right first time) action plan.</li> <li>The Committee requested a review of the quality impact assessments for Welsh patient waiting times.</li> <li>A discussion took place regarding the frequency of the Committee in the new financial year.</li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>Several long waiting patients have chosen to stay with their existing consultant rather than transfer to an alternative consultant (who has a shorter waiting list).</li> </ul> <p>Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the Chair Report.</p>                                                                                                                                                                                                                                                              |                         |
| <b>5.0</b> | <b>Chief Executive Trust Overview</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |
|            | SK delivered a Trust Overview presentation. The presentation covered the following areas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |

| Ref.       | Discussion and Action Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Action Owner |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|            | <ul style="list-style-type: none"> <li>• Quality and Safety.</li> <li>• People.</li> <li>• Performance.</li> <li>• Finance.</li> <li>• 2025/26 Planning Requirements.</li> <li>• Communications.</li> <li>• Apollo EPR Programme – Update.</li> </ul> <p>Following consideration of the presentation and subsequent discussion, the Council of Governors <b>NOTED</b> the overview.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
| <b>6.0</b> | <b>Lead Governor Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
|            | <p>JG delivered a verbal update. The update covered the following areas:</p> <ul style="list-style-type: none"> <li>• The Governors wished the Chair the best with his ongoing health focus.</li> <li>• The Council enjoyed the excellent presentation by Prof. Tracey Willis at the recent Board of Directors meeting.</li> <li>• Several Governors took part in the NHS Change feedback for public and staff.</li> <li>• The Governors have supported the recent process to re-appoint Non-Executive Directors.</li> <li>• The Governors supported the recent process to appoint the External Auditors.</li> <li>• The Governors have regularly attended the Sub-Committee meetings.</li> <li>• The Governors are fully committed to the Governor Code of Conduct.</li> <li>• It has been noted that the challenge from the Non-Executive Directors to the Executive directors is more effective than in the past.</li> </ul> <p>Following consideration of the update and subsequent discussion, the Council of Governors <b>NOTED</b> the update.</p> |              |
| <b>7.0</b> | <b>Trust Constitution</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>• The Governors are asked to approve the revisions to the Constitution.</li> <li>• The updates are highlighted within the document for the Governors' information.</li> <li>• There have not been any significant changes to the Constitution – the revisions were necessary to “tidy up” the document to reflect recent changes in the wider NHS governance structure.</li> <li>• The updates have been approved by the Audit and Risk Committee and the Board of Directors.</li> </ul> <p>Following consideration of the Trust Constitution and subsequent discussion, the Council of Governors <b>NOTED</b> and <b>APPROVED</b> the Trust Constitution.</p>                                                                                                                                                                                                                                             |              |
| <b>8.0</b> | <b>Governance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |
| <b>8.1</b> | <b>Questions from the Governors</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
|            | <p>The Council were aware that four questions had been asked prior to the meeting and noted the submitted report.</p> <p>DM thanked RL who raised the questions and noted that written responses have been provided within the submitted paper. The Governors noted earlier in the meeting that they would like a clear explanation of the National Plan submission and Headline Plan.</p> <p>(RL was provided a printed copy of the responses to review at the end of the meeting.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |



| Ref.       | Discussion and Action Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Action Owner |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|            | Following consideration of the questions and subsequent discussion, the Council of Governors <b>NOTED</b> the update.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |
| <b>8.2</b> | <b>Membership Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The current membership total was 6972. This represented a 2.9% increase over the last twelve months.</li> <li>Since the low point in September 2022, the membership had risen by 9%.</li> <li>The male/female split has remained constant over the last year, female members are currently two thirds of the total and one third are male.</li> <li>Ethnicity is an optional declaration by members. No analysis had been done on the figures as the response rate was too low for this to be meaningful.</li> <li>Consistently, the 60–74-year-olds category provided the largest proportion of the membership.</li> <li>The Membership Communications and Engagement strategy will be reviewed for 2025/6.</li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>Membership information on the database is updated by an external company on a regular basis.</li> </ul> <p>Following consideration of the report and subsequent discussion, the Council of Governors <b>NOTED</b> the update.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
| <b>8.3</b> | <b>Re-appointment of Non-Executive Directors</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|            | <p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>MN was appointed Non-Executive Director (NED) for a three-year term from 4<sup>th</sup> May 2022. That term expires on 3<sup>rd</sup> May 2025.</li> <li>PV was appointed Non-Executive Director (NED) for a three-year term from 9<sup>th</sup> May 2022. That term expires on 8<sup>th</sup> May 2025.</li> <li>In accordance with the Trust's Constitution, and as agreed by the Council of Governors by correspondence, a Nomination Committee was established to consider the process for the appointment / reappointments of MN and PV and make a recommendation to the Council of Governors.</li> <li>The Committee considered the following, for both MN and PV: <ul style="list-style-type: none"> <li>Whether, following formal performance evaluation, their performance continued to be effective and demonstrated commitment to the role; and</li> <li>Whether their reappointment would be in the continuing best interests of the Trust, having regard to the qualifications, skills and experience required for the position.</li> </ul> </li> <li>The Committee concluded that in both cases the answer to those questions was YES and therefore recommended that MN and PV be re-appointed.</li> <li>The Committee then considered the term of the re-appointment. In doing so, it took account of both the Trust Constitution and the Code of Governance for NHS Provider Trusts.</li> <li>The Committee recommended that the Council of Governors: <ul style="list-style-type: none"> <li>Reappoints MH for a further three-year term, to 3<sup>rd</sup> May 2028.</li> <li>Reappoints PV for a further three-year term, to 8<sup>th</sup> May 2028.</li> </ul> </li> </ul> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> <li>The Governors expressed their gratitude to the NED's for the past 3-year tenure and for the upcoming 3 year tenure.</li> </ul> |              |

| Ref.        | Discussion and Action Points                                                                                            | Action Owner |
|-------------|-------------------------------------------------------------------------------------------------------------------------|--------------|
|             | Following consideration of the feedback, the Council of Governors <b>NOTED</b> and <b>APPROVED</b> the re-appointments. |              |
| <b>9.0</b>  | <b>To Note</b>                                                                                                          |              |
| <b>9.1</b>  | <b>Review of the Workplan</b><br>The Council of Governors <b>NOTED</b> the submitted work plan.                         |              |
| <b>9.2</b>  | <b>Council of Governors Attendance Matrix</b><br>The Council of Governors <b>NOTED</b> the submitted matrix.            |              |
| <b>9.3</b>  | <b>Sub-Committee Attendance Matrix</b><br>The Council of Governors <b>NOTED</b> the submitted matrix.                   |              |
| <b>10.0</b> | <b>Any Other Business</b>                                                                                               |              |
|             | The Chair thanked the members of Council for their attendance and contribution and brought the meeting to a close.      |              |
| <b>10.1</b> | <b>Next Meeting Date: 14 May 2025 1:00pm</b>                                                                            |              |

Council Of Governors Committee

Updated: 05.03.2025

| Action Log No. | Original Meeting Date | Minute reference | Action                                                                                                                                        | By Whom | By When     | Comments/ Updates Outside of the Meetings | Status |
|----------------|-----------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|-------------------------------------------|--------|
| 29             | 05-Mar-2025           | 1.4              | The Trust will provide a clear explanation of the National Plan submission and Headline Plan for the Governors.                               | CM      | 14-May-2025 |                                           | CLOSED |
| 30             | 05-Mar-2025           | 4.5              | SK to liaise with the Chief People Officer, regarding the suggestion that there is University member representation on consultant interviews. | SK      | 14-May-2025 |                                           | CLOSED |

## Chair's Assurance Report Quality and Safety Committee

### Committee / Group / Meeting, Date

Council of Governors, 14 May 2025

### Author:

Name: Mary Bardsley  
Role/Title: Assistant Trust Secretary

### Contributors:

### Report sign-off:

Ruth Longfellow, Chief Medical Officer / Sam Young, Interim Chief Nurse and Patient Safety Officer  
Lindsey Webb, Non-Executive Director  
Board of Directors Meeting, 07 May 2025

### Is the report suitable for publication:

Yes

## 1. Key issues and considerations:

The Trust Board has established a Quality and Safety Committee. According to its terms of reference: *"The purpose of the Quality and Safety Committee is to assist the Board obtaining assurance that high standards of care are provided and any risks to quality identified and robustly addressed at an early stage. The Committee will work with the Audit and Risk Management Committee to ensure that there are adequate and appropriate quality governance structures, processes, and controls in place throughout the Trust to:*

- *Promote safety and excellence in patient care.*
- *Identify, prioritise, and manage risk arising from clinical care.*
- *Ensure efficient and effective use of resources through evidence based clinical practice."*

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

This report provides a summary of the items considered at the Quality and Safety Committee on 20 March 2025 and 24 April 2025. It highlights the key areas the Quality and Safety Committee brought to the Board attention at the Public meeting on 07 May 2025.

## 2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

| Trust Objectives |                                                                              |   |
|------------------|------------------------------------------------------------------------------|---|
| 1                | Deliver high quality clinical services                                       | ✓ |
| 2                | Develop our veterans service as a nationally recognised centre of excellence | ✓ |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             | ✓ |
| 4                | Grow our services and workforce sustainably                                  |   |
| 5                | Innovation, education and research at the heart of what we do                |   |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        |   |
| 4                 | Enhance productivity and value for money               |   |

The following strategic themes, as outlined in the Board Assurance Framework, are overseen by this Committee. The relevant themes, and the Committee's overall level of assurance on their delivery is:

| Assurance framework themes |                                                                                 | Relevant | Overall level of assurance |
|----------------------------|---------------------------------------------------------------------------------|----------|----------------------------|
| 1                          | Continued focus on excellence in quality and safety.                            | ✓        | MEDIUM                     |
| 2                          | Creating a sustainable workforce.                                               |          |                            |
| 3                          | Delivering the financial plan.                                                  |          |                            |
| 4                          | Delivering the required levels of productivity, performance and activity.       |          |                            |
| 5                          | Delivering innovation, growth and achieving systemic improvements.              |          |                            |
| 6                          | Responding to opportunities and challenges in the wider health and care system. |          |                            |
| 7                          | Responding to a significant disruptive event.                                   | ✓        | MEDIUM                     |

### 3. Assurance Report from Quality and Safety Committee

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

**ALERT** - The Quality and Safety Committee wishes to bring the following issues to the Board's attention as they:  
Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR  
Require the approval of the Board for work to progress.

##### **KPI Proposal 2025/26 (April Meeting) - Report presented to the Board of Directors**

The Committee reviewed the submitted paper, which highlighted several proposed changes to Key Performance Indicators (KPIs) as outlined within the Board paper.

##### **Learning from Deaths Q4 Report (April Meeting) – Report presented to the Board of Directors**

There were 4 expected deaths during Q4 with no issues of care identified. 1 NHS to NHS concern was raised to SATH around 1 death where a patient was moved from SATH to RJAH while on an end-of-life care pathway and passed away within 12 hours. The Committee are assured with the process in relation to learning from deaths.

#### 3.2 Areas of on-going monitoring with new developments

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

##### **Corporate Risk Register (March Meeting)**

The Committee discussed each risk on an individual basis to gain oversight. There were no concerns to escalate to the Board in relation to the risks however, the Committee requested further assurance on the following as part of the next review:

- The Trust is to review the potential levels of harms coming to patients due to the increased waiting times.
- The Executive team to review all risks scoring a 12 or higher which have not reported movement over the past 12 months.
- Extend an invitation to the Head of Orthotics to present the further detail on risk 2281- The Orthotics System.

##### **Deep Dive – Pre-Op GIRFT / on the day cancellations (March Meeting)**

The Committee raised several concerns regarding the on-target status for some actions, noting that these may not be fully visible and implemented by the target dates set. It was suggested that a follow-up discussion with the pathway leads would be valuable to ensure a clearer understanding of the progress and the tangible outcomes expected.

The importance of developing comprehensive KPIs to measure the impact of the project, track progress, and identify areas for further improvement was emphasised. It was noted that the main aim of the project is to enhance patient outcomes and surgical efficiency, with a focus on measurable impacts. While the GIRFT standards are helpful, they are not tailored to the Trust's specific needs, and therefore there is a need for more focused KPIs that reflect the true goals of the project.

The Committee agreed that next steps should include revisiting the objectives, developing relevant quality KPIs, reassessing the GIRFT standards, and gathering baseline data to track progress over time. An update progress reported is scheduled to be presented to the Committee May.

#### **Clinical Safety Case Report (verbal) (April Meeting) / (March Meeting)**

The report was submitted to NHSE and approved as being acceptable for go live, is reporting an improved position. The 2 previously identified substantial risks have now been resolved or effectively mitigated. The formal case report is scheduled for consideration and approval at the Joint QS and DERIC Committee on 1<sup>st</sup> May 2025.

The draft clinical safety case was also received by the Committee in **March** where the Committee was informed that a dedicated team of staff has been assigned to support the go-live process for 2 months. It was noted that training compliance and engagement levels have been disappointing. However, efforts are being made to address this issue, including further communication and incorporating attendance at upcoming firm meetings to reach more staff. The delay in the go-live date has provided more time for increased engagement and experience with the new system.

#### **Performance Report (March and April Meeting)**

- **Cancellations:** 15 cancellations on the day due to a double-booked surgeon, noting that this issue was also caused by an NHS booking at Alder Hey.
- **Safe Staffing Levels:** A question was raised regarding safe staffing levels and whether the narrative would be updated with the introduction of the updated tool. The Committee was informed that an audit would be carried out throughout April. The updated approach will continue to track staffing data based on nursing hours available and bed occupancy requirements, with a revised method for evaluating overall establishments and staffing safety.
- **Validation of Overdue Follow-Ups:** It was confirmed that a cost has been obtained for the validation of overdue follow-ups and will be included in future narratives.
- **Waiting Lists:** It was noted that in February, when the waiting lists for Telford and Shropshire were combined, there was a notable increase in the representation of the most deprived quintile. However, this has since reduced by 4%, indicating improved access to services for Telford residents and highlighting a positive impact.
- **Medication Errors:** Additional assurance was given that medication errors resulting in harm are classified as low harm, with extra measures in place to monitor patients and prevent harm. The Committee requested that definitions of harm be added to the IPR.
- **Validation Exercise:** An external company is conducting a validation exercise to ensure consistency in the waiting list. To date, 890 records over 50 weeks have been validated with only 3 issues identified, providing confidence in the internal validation process. Further results are expected as the external team begins validating records in the 20–50-week range. This will be monitored by the Finance and Performance Committee.
- **Follow Ups** - A new project is underway focusing on improving follow-ups across the organisation with consultant engagement to standardise and cleanse data, allowing for benchmarking with peers and ensuring reliable follow-up information for better patient care.

#### **PSIRF Report (March and April Meeting)**

The Committee were assured of the current process. The patient safety improvement plan is progressing, although there are currently five actions that are behind schedule, including access to diabetic specialists and stock holding in the pharmacy. The Committee requested that updates on overdue actions be included in future papers.

It was noted that the Standard Operating Procedures related to the transfer out to Level 3 care are in progress, alongside ongoing work with pre-operative (pre-op) and High Dependency Unit (HDU) care. An update will be provided on this. Following the consideration of the report and subsequent discussion, the Committee noted the report and acknowledged the ongoing efforts and improvements in patient safety and service delivery.

#### **Quality Priorities 2025/26 (March Meeting)**

The priorities were shaped by insights gained from the PSIRF over the past 18 months and findings from the quality accreditation programme. The identified priorities are:

- Inpatient falls

## Chair's Assurance Report Quality and Safety Committee

- Managing the deteriorating patient
- Improving information sharing
- Introducing a complex care pathway

After considering the report and subsequent discussion, the Committee approved the 2025-26 Quality Priorities to be included in the Quality Account

### Critical Care Review (April Meeting)

- **Compliance Concerns:** A question was raised about the consequences of non-compliance. The Committee was informed that while national critical care standards must be met, many are not fully applicable to specialist secondary care providers like this Trust. The lack of a formal distinction between essential and non-relevant standards poses challenges in compliance and reporting.
- **Collaboration with Other NHS Trusts:** The Trust is collaborating with other NHS Trusts to create a more practical approach, focusing on ensuring compliance with essential standards for patient safety and operational needs.
- **Future Reports:** The Committee requested that future reports include an outline of risks and mitigations, ensuring they are documented and, where relevant, reflected in the risk registers.
- **Consultant Involvement:** The importance of increased consultant involvement in critical care decision-making was emphasised, highlighting the need for a cultural shift towards a more balanced approach to critical care resource use, moving away from a risk-averse mindset.
- **Pre-Op Assessments:** The importance of timely pre-op assessments to anticipate critical care needs and ensure proper rehabilitation for patients was stressed.
- **GPICS Standards:** The GPICS standards are being overseen at the Regulatory Oversight Meeting, Patient Safety Meeting, and Trust Management Group.
- **Follow-Up:** The Committee requested that this matter be revisited in six months' time, with a progress report being scheduled for October 2025.

### Quality Strategy Progress Report (April Meeting)

There is 1 action currently behind plan which relates to accessible information and is hoped to be completed upon the implementation of Apollo. There is an ongoing action around clinical audit with next steps planned.

### Committee Annual Report (inc. self-assessment and terms of reference) (April 2025)

The Committee received the annual report for comments ahead of approval at the Board of Directors. It was noted that there were no issues to escalate to the Board and the Committee;

- encouraged members to share any feedback or suggestions related to chairing and agenda structure.
- noted that agenda-setting meetings are held, and any ideas for changes, whether additions, removals, or improvements, are welcome.
- agreed that the MHRA Meeting, which is a task and finish group, will report into the Regulatory Oversight Meeting.
- requested for the terms of reference to be amended to include the following key responsibilities' Clinical Audit, Health and Safety, Safeguarding and Emergency Planning

The Committee annual report and terms of reference will be presented to the public Board in July. This is to allow for all assurance Committees to complete their reviews and present to the Board in its entirety.

## 3.3 Areas of assurance

**ASSURE** – Quality and Safety Committee considered the following items and did not identify any issues that required escalation to the Board.

### PSIRF Internal Audit (MIAA) Review (April Meeting)

The recent audit provided positive assurance for the Trust, with no significant issues identified. There were 3 recommendations which have an action plan for completion. The Committee agreed that the recommendations did not need to return to the Committee as they were already being addressed.

### Clinical Audit Annual Report 2025/26 (April Meeting)



The Committee received a comprehensive paper and presentation on the work being undertaken within Clinical Audit providing an oversight of local and national audits. The report also presented information on the forward plan for 2026/27. The Committee acknowledged the significant improvement made over the past 12 months as shown in the annual report and thanked the team for their work in this area.

#### IPC Q4 Report

The Committee's review and discussions highlighted the proactive measures taken to update IPC policies, implement new catheterisation policies, and investigate SSI rates. Continuous monitoring and training are in place to ensure compliance and address any emerging issues. Further data collection over the coming months will be crucial in assessing the long-term impact of these initiatives.

#### Chair Report from Patient Safety Meeting (March and April Meeting)

- A discussion was held in relation to the Theatre Safety Culture Review Group regarding the drop-in sessions not being well received and the Committee was informed further work is being undertaken to allow the leadership team to gain 360 leadership feedback.
- The metal-on-metal process was agreed to continue as business as usual.
- Confirmed 5 Welsh patients are now waiting over 200 weeks all with harm reviews completed and deemed as low harm. 2 are on active monitoring due to self-chosen delays.

#### Chair Report from Health Inequalities and Population Health Working Group (March Meeting)

- There were no concerns to raise to the Board.

#### Chair Report from IPCC Meeting (March and April Meeting)

- The Committee was informed that there is lots of work undertaken around SSI prevention with increased positive engagement from surgical and theatre colleagues.
- The 6 monthly MDT reviews of SSIs will continue despite not being a PSIRF priority as this has been found to be beneficial.
- A query was raised regarding the recent failure involving the TSSU and the reverse osmosis unit. It was clarified that the issue was related to ageing equipment, which may require replacement and is potentially nearing end-of-life. It will be confirmed whether this is in the estate's capital plan. However, business continuity plans are in place and these measures have thus far prevented theatre cancellations.

#### Chair Report from the Drugs and Therapeutics Meeting (March Meeting)

- The Committee discussed the lack of attendance at the Meeting and raised this should be added to the risk register until this has improved.
- A question was raised whether there are any measures to flag underusage of antimicrobial agents, and this will be reviewed.

#### Chair Report from Clinical Effectiveness Meeting (April Meeting)

There has been an issue in relation to the Quality Health and NHSE's data publication delays which has been escalated.

#### Chair Report from Regulatory Oversight Meeting (April meeting)

- The Trust currently does not have an MDSO role in place. As the role is not required on a full-time basis, collaboration with SATH is being explored and a business case is being developed in the interim.
- A question was raised regarding orthotics compliance. Assurance was given that the issue affects non-RJAH patients only, and work is ongoing to ensure compliance to provide orthoses to those outside the Trust. The service for RJAH patients is compliant.

#### Chair Report from MHRA Working Group (March and April Meeting)

The business case and options appraisal/quality impact assessment will return to Committee in May.

### Recommendation

The Council of Governors is asked to note the Chairs' Assurance Report.



| Committee / Group / Meeting, Date                                                                  |               |
|----------------------------------------------------------------------------------------------------|---------------|
| Council of Governoes, 14 May 2025                                                                  |               |
| Author:                                                                                            | Contributors: |
| Name: Mary Bardsley<br>Role/Title: Assistant Trust Secretary                                       |               |
| Report sign-off:                                                                                   |               |
| Paul Maubach, Chair of the People and Culture Committee<br>Board of Directors Meeting, 07 May 2025 |               |
| Is the report suitable for publication:                                                            |               |
| Yes                                                                                                |               |

### 1. Key issues and considerations:

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

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

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

This report provides a summary of the items considered at the People and Culture Committee on 20 March 2025 and 24 April 2025. It highlights the key areas the People and Culture Committee brought to the Public Board Meeting on 07 May 2025.

### 2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

| Trust Objectives |                                                                              |   |
|------------------|------------------------------------------------------------------------------|---|
| 1                | Deliver high quality clinical services                                       |   |
| 2                | Develop our veterans service as a nationally recognised centre of excellence |   |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             |   |
| 4                | Grow our services and workforce sustainably                                  | ✓ |
| 5                | Innovation, education and research at the heart of what we do                |   |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        | ✓ |
| 4                 | Enhance productivity and value for money               |   |

The following strategic themes, as outlined in the Board Assurance Framework, are overseen by this Committee. The relevant themes, and the Committee's overall level of assurance on their delivery is:

| Assurance framework themes |                                                                                 | Relevant | Overall level of assurance |
|----------------------------|---------------------------------------------------------------------------------|----------|----------------------------|
| 1                          | Continued focus on excellence in quality and safety.                            |          |                            |
| 2                          | Creating a sustainable workforce.                                               | ✓        | STRONG                     |
| 3                          | Delivering the financial plan.                                                  |          |                            |
| 4                          | Delivering the required levels of productivity, performance and activity.       |          |                            |
| 5                          | Delivering innovation, growth and achieving systemic improvements.              |          |                            |
| 6                          | Responding to opportunities and challenges in the wider health and care system. |          |                            |
| 7                          | Responding to a significant disruptive event.                                   |          |                            |

### 3. Assurance Report from People and Culture Committee

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

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

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

##### **KPI Proposal 2025/26 (April Meeting) - report presented to the Board of Directors**

The Committee reviewed the submitted paper, which highlighted several proposed changes to Key Performance Indicators (KPIs) as outlined within the Board paper.

##### **Staff Survey Presentation (March Meeting) - report presented to the Board of Directors**

The Committee's consideration and subsequent discussion highlighted the need for focused efforts to address the identified issues and improve overall staff engagement and satisfaction.

- **Response Rate** - the decline in response rate is concerning and should be addressed through targeted communication and engagement strategies.
- **Global Majority Staff Feedback** - a deeper dive into the feedback from global majority staff is essential, particularly regarding bullying, harassment, and raising concerns. This should be a priority in the action plan.
- **People Promise and Learning** - the low scores in the "people promise" and "always learning" categories indicate areas for improvement. The Committee suggested conducting a deep dive and communicating the importance of non-classroom learning will be crucial.
- **Action Plan** - the bi-monthly action plan focus meetings and support for managers are positive steps and the Committee highlighted the importance of ensuring that the top three actions are clearly defined and communicated to all relevant stakeholders.

#### 3.2 Areas of on-going monitoring with new developments

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

##### **Corporate Risk Register (March Meeting)**

The Committee considered the risk register. There were no concerns to escalate to the Board in relation to the risks however, the Committee requested further assurance on the following as part of the next review:

- The Executive team to review all risks scoring a 12 or higher which have not reported movement over the past 12 months.
- The lack of escalation process from provider to System level is to be discussed with the System.
- To ensure all mitigations actions are reviewed ahead of presentation at the Committee.

##### **Committee Annual Report (inc. self-assessment and terms of reference) (April 2025)**

The Committee received the annual report for comments ahead of approval at the Board of Directors. It was noted that there were no issues to escalate to the Board and the Committee.

- noted the survey results which presented which were positive

- discussed the placement of the education elements within the People and Culture Committee agenda and which elements should be aligned to the DERIC Committee which would be considered outside of the meeting.
- considered the membership of the meeting and acknowledged the time which the Chief Medical Officer had attended throughout the year to provide assurance on medical aspects of the agenda.

The Committee annual report and terms of reference will be presented to the public Board in July. This is to allow for all assurance Committees to complete their reviews and present to the Board in its entirety.

### Workforce Performance Report (March and April Meeting)

The Committee reviewed the Workforce Performance report. Overall, the Committee gained assurance from the data reported within the performance report as all metrics continue to record a positive trend.

To greater understand the data being presented, the Committee have requested:

- Leaver Categories** – it was suggested to exclude retirements and returns from the leaver figures to provide a more accurate view of voluntary turnover.
- Job Planning Attainment** - the importance of integrating team job planning into the delivery model was emphasised. The Committee expressed interest in understanding the Trust's progress with a clear trajectory to provide further assurance. The Level of Attainment remains at level 1. To achieve level 4, active job plans must be above 90%, while the latest position is 17.42%. The Trust is to provide a clear trajectory for job planning compliance to ensure the committee can be assured of progress.
- Staff Sickness** – a total of 7 departments were identified as having recurring sickness issues, and it was agreed that management should actively address these problems.
- Corporate Reduction** - the Committee discussed that the Trust requirement to reduce staff numbers to 2022 levels through vacancy management, ending fixed-term contracts, and digital post-Apollo. The Committee asked for this to be included into the KPI measures for oversight.

### Core Training Compliance Report (April Meeting)

The Committee discussed the importance of training compliance and raised concerns about how non-compliance, especially with critical training like safeguarding, could affect safe working practices. The Committee emphasised the need for the Quality and Safety Committee to review which training is most critical and when non-compliance should trigger escalation. Medical and dental staff were noted as having the highest non-compliance rates, with a call for managers to take responsibility for their teams. The discussion highlighted the need for a clear process to manage non-compliance and ensure staff understand the consequences, supporting a more structured and accountable approach to training. The Trust agreed to reviewing the new national frameworks for statutory and mandatory training to identify the required areas and assess the Trust's compliance rates.

### System Integrated Improvement Plan (SIIP) (March Meeting)

The Committee received and considered elements of the improvement plan within its remit. The Committee will receive an update on the action plan at the next meeting, and particularly the development of the provider collaboratives.

### 2025/26 Workplan Plan (March Meeting)

The workforce plan demonstrates a strong commitment to reducing reliance on temporary staff through significant reductions in agency, bank, and NHS infrastructure staff. The reductions exceed the required targets, indicating effective planning and implementation strategies. Regular tracking and review of these reductions will ensure that the plan remains on course and its impact on the forecast is closely monitored.

### Absence Management Report (March Meeting)

The Committee considered the submitted paper and noted several key points regarding sickness absence management over a 12-month period to December 2024, with benchmarking against similar Trusts for comparison.

- Training Development** - the Trust will continue to support and develop manager within this area. The Committee requested additional assurance to ensure progress in a few

|    |
|----|
| 1  |
| 2  |
| 3  |
| 4  |
| 5  |
| 6  |
| 7  |
| 8  |
| 9  |
| 10 |
| 11 |

months. Tailored training and support will be provided to these managers, though additional resources may be required to manage this effectively.

- **Understanding Underlying Reasons** – a further question was raised about understanding the underlying reasons for absence and whether it would be worthwhile investing in treatment or support to help staff return to work. The Trust offers self-referral to physiotherapy. It was suggested that investing in psychological support for staff could be beneficial. It was noted that a project is underway to gather intelligence on MSK absences, with the aim of identifying the measures needed to increase support.

### 3.3 Areas of assurance

**ASSURE** – People and Culture Committee considered the following items and did not identify any issues that required escalation to the Board.

#### **Premium Workforce Report (M11 – March Meeting / M12 – April Meeting)**

The Committee considered the update and subsequent discussion, noting the strategic steps being taken by the Trust to manage workforce costs, address staffing challenges, and meet financial targets. The Committee was reassured by the Trust's understanding of the challenges and its proactive approach to tackling them.

#### **Guardian of Safe Working Hours (Q4 Report) (April Meeting)**

Following the review and discussion, the Committee noted the update and expressed confidence in the ongoing efforts and compliance with the requirements. The new exception reporting framework is expected to streamline processes but will require careful management and reliable systems to handle the increased workload.

#### **Anti-Racism Strategy (April Meeting)**

A verbal update was provided, highlighting that a more rounded and final draft of the strategy will be presented to the Committee's for consideration at the next meeting.

#### **Personal Development Review Proposal (March Meeting)**

The PDR process has been completely refreshed, incorporating feedback from the Committee and stakeholder engagement, and aligning it with the Trust's values. The new document has been trialled within teams, and feedback indicates it is clear, easy to understand, provides helpful prompts, and facilitates reflective conversations. Moving forward, the goal is for the PDR process to be completed through the Electronic Staff Record (ESR) system. This is essential to prevent it from becoming a tick-box exercise and to enable the Trust to monitor how many people are achieving their objectives and identify any necessary course of action. The Committee requested confirmation that the current ESR system has the necessary capabilities to support the PDR process.

#### **People Promise Update (March Meeting)**

The 12-month funded NHSE initiative was concluded at the beginning of March. Several strategic objectives were signed and approved by NHSE. The initiatives under the people promise to have been incorporated into the ongoing plans as part of the business-as-usual operations. This demonstrates a commitment to maintaining and embedding the principles of the people promise into the organization's regular activities. The Committee took the opportunity to thank Mande Worrall for her for their positive contributions within this remit.

#### **HR System Review (March Meeting)**

A verbal update was provided, and the Committee were informed of the HR System Review which has been commissioned. Further work is to be undertaken to strengthen priorities, governance and escalation processes and the correct resources to support the remit.

#### **Retain Workstream SRO Update (March Meeting)**

The teams are addressing key priority areas within the retain workstream. The structured 90-day plan and the progress made despite the lack of PMO support are positive indicators. Additionally, the suggestion to involve social care providers and the voluntary sector could further strengthen the system's leadership and support.

The Committee considered the following policies:

# Chair's Assurance Report People and Culture Committee

- **Internal Transfer Policy (April Meeting)** – the Committee requested further amendments to the document before endorsing. This is to: include all staff groups; clarify the purpose and timing of the interest register (eg: do people express an interest in advance or only when a new job is available); give consideration as to whether this would have unintentional consequences to the time to hire KPI (eg: if it adds an additional stage at the start of any recruitment); to ensure the process compliments the PDR process.
- **Special Leave Policy (April Meeting)** - the Committee requested further amendments to the document before endorsing. This is to: include auditing the application of the policy to ascertain how it is being used; amend the policy so that it is less open to individual interpretation and therefore avoid inconsistent adherence throughout the Trust; provide clearer guidance in relation to the 'paid / unpaid' table and how this is applied.
- **Fixed Term Contract Policy (March Meeting)** - the Committee requested further amendments to the document before endorsing. This is to include; a process flowchart; a clear escalation process for extending contracts (particularly beyond 2 years); reviewing the reference to extended contracts for 2years and whether this should be allowable.
- **National Pregnancy and Baby Loss People Policy (March Meeting)** – the Committee supported the policy.

## Chair Report Non-Medical Staffing Subgroup (March Meeting)

The Committee noted the report, there were no items to escalate.

## Chair Report Local Negotiating Meeting (April Meeting)

TOIL was raised as a concern and taken as an action for the Team to investigate any potential discrepancies.

## Chair Report Multi Professional Education Strategy Meeting (March Meeting)

The Committee noted the report, there were no items to escalate.

## Chair Report Joint Consultancy Meeting (April Meeting)

The Committee noted the report, there were no items to escalate

## Chair Report Trust Performance and Operational Improvement (April Meeting)

The report is shared with the Committee for noting only and is formally reported through the Finance and Performance Committee.

## Recommendation

The Council of Governors is asked to note the Chairs' Assurance Report.

|    |
|----|
| 1  |
| 2  |
| 3  |
| 4  |
| 5  |
| 6  |
| 7  |
| 8  |
| 9  |
| 10 |
| 11 |



## Chair's Assurance Report Finance and Performance Committee

### Committee / Group / Meeting, Date

Council of Governors, 14 May 2025

### Author:

Name: Mary Bardsley  
Role/Title: Assistant Trust Secretary

### Contributors:

### Report sign-off:

Martin Newsholme, Deputy Chair of the Finance and Performance Committee  
Mike Carr, Chief Operating Officer and Deputy Chief Executive Officer  
Board of Directors, 07 May 2025

### Is the report suitable for publication?

Yes

### 1. Key issues and considerations:

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

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

This report provides a summary of the items considered at the Finance and Performance Committee on 25 March 2025 and 28 April 2025. It highlights the key areas the Finance and Performance Committee brought to the Board attention at the Public meeting on 07 May 2025.

### 2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

| Trust Objectives |                                                                              |   |
|------------------|------------------------------------------------------------------------------|---|
| 1                | Deliver high quality clinical services                                       |   |
| 2                | Develop our veterans service as a nationally recognised centre of excellence | ✓ |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             | ✓ |
| 4                | Grow our services and workforce sustainably                                  |   |
| 5                | Innovation, education and research at the heart of what we do                |   |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   |   |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        |   |
| 4                 | Enhance productivity and value for money               | ✓ |

The following strategic themes, as outlined in the Board Assurance Framework, are overseen by this Committee. The relevant themes, and the Committee's overall level of assurance on their delivery is:

## Chair's Assurance Report Finance and Performance Committee

| Assurance framework themes |                                                                                        | Relevant | Overall level of assurance |
|----------------------------|----------------------------------------------------------------------------------------|----------|----------------------------|
| 1                          | <i>Continued focus on excellence in quality and safety.</i>                            |          |                            |
| 2                          | <i>Creating a sustainable workforce.</i>                                               |          |                            |
| 3                          | <i>Delivering the financial plan.</i>                                                  | ✓        | LOW                        |
| 4                          | <i>Delivering the required levels of productivity, performance and activity.</i>       | ✓        | LOW                        |
| 5                          | <i>Delivering innovation, growth and achieving systemic improvements.</i>              |          |                            |
| 6                          | <i>Responding to opportunities and challenges in the wider health and care system.</i> |          |                            |
| 7                          | <i>Responding to a significant disruptive event.</i>                                   |          |                            |

### 3. Assurance Report from Finance and Performance Committee

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

**ALERT** - The Finance and Performance Committee wishes to bring the following issues to the Board's attention as they:  
Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR  
Require the approval of the Board for work to progress.

#### KPI Proposal 2025/26 (April Meeting) - Report presented to the Board of Directors

The Committee reviewed the submitted paper, which highlighted several proposed changes to Key Performance Indicators (KPIs) as outlined within the Board paper.

#### 3.2 Areas of on-going monitoring with new developments

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

#### Performance Report; including long waiters update (March and April Meeting)

The committee noted the performance report, including long waiters, and congratulated all teams involved on the latest performance update. The assurance report highlights significant improvements in theatre cancellations, pre-operative planning, and staffing, whilst addressing ongoing issues such as day-of surgery cancellations, waiting times, and late starts.

#### Corporate Risk Register (March Meeting)

The Committee discussed each risk on an individual basis to gain oversight. There were no concerns to escalate to the Board in relation to the risks however, the Committee requested further assurance on the following as part of the next review:

- The Executive team to review all risks scoring a 12 or higher which have not reported movement over the past 12months.
- Noted that the scores of the risk are reflective of the current position, and this is likely to change throughout the year.

#### Efficiency Unit Plans (April Meeting)

All targets have been identified, totalling £9.6m. The importance of monitoring progress and addressing issues promptly was emphasised due to the scale of the efficiency plans this year. To provide further assurance on the delivery of the plans, the Committee requested a risk scheduled with emerging risk is to be incorporated into the report.

#### Service Line Reporting (April Meeting)

The committee noted the Service Line Report update and acknowledged the efforts to improve financial performance and efficiency. The actions agreed upon will enhance transparency and provide valuable insights for future decision-making. To support further papers, the Committee requested the Trust to:

## Chair's Assurance Report Finance and Performance Committee

- circulate a detailed explanation of the cost allocation process and its impact on service line profitability.
- to include a benefits tracker in future SLR updates.

### **Corporate Cost Reduction (April Meeting)**

The Trust has been instructed to reduce the NHS infrastructure whole time equivalents back to 2021 levels, resulting in a cost saving of £0.5m included in the final workforce and financial plans. Further guidance from NHSE requires all providers to reduce corporate cost growth by 50% with the base year being 2018/19. The Trust's cost growth from 2018/19-2023/24 is £3.2m, therefore there is a target of reducing corporate costs by £1.6m for 2025/26. The next steps involve identifying SROs and governance, alongside reporting forums. A return needs to be presented back to NHSE by the end of May, requiring a system response that includes reduction and delivery from quarter 3.

### **Committee Annual Report (inc. self-assessment and terms of reference) (April 2025)**

The Committee received the annual report for comments ahead of approval at the Board of Directors. It was noted that there were no issues to escalate to the Board and the Committee.

- requested minor amendments to the survey and self-assessment outputs following minor housekeeping amendments.
- Requested for the Trust to have a discussion with the Chair in relation to the Activity Recovery Committee.

The Committee annual report and terms of reference will be presented to the public Board in July. This is to allow for all assurance Committees to complete their reviews and present to the Board in its entirety.

### **Operational Plan; April Submission (April Meeting)**

An update on the final operational plan submission, focusing on the revised RTT (Referral to Treatment) and 52-week trajectories was presented to the Committee. This included planned interventions to achieve the targets, such as additional Saturday clinics and regional support. The final operational plan submission and the revised 52-week trajectory have been thoroughly reviewed and approved by the Board of Directors. The Trust has complied with NHSE's requests and has planned several interventions to achieve the targets. The Committee requests minor amendments ahead of submission following the meeting.

### **Salix Decarbonisation Bid (March Meeting)**

The Committee approved the bid in principle and looked forward to seeing the business case in the future. The plan presented outlined a clear and structured approach to achieving significant carbon emissions reduction by 2032. The focus on energy emissions, supported by the Carbon Energy Fund and additional solar projects, demonstrates a strong commitment to sustainability and cost-efficiency. The comments from members highlight the importance of timely action and the potential benefits of the proposed initiatives. The Trust's proactive steps towards renewable energy and decarbonisation are commendable and align with broader environmental goals.

### **Theatre Activity Forecast Including Mitigations (March Meeting)**

This report highlights the improvements in the theatre activity forecast, the mitigation efforts undertaken by the Trust, and the overall performance against the plan. The Trust has shown significant efforts in mitigating below-plan activities and has set a positive context for the next year's plan.

## **3.3 Areas of assurance**

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

### **Financial Performance Report (March and April Meeting)**

The Trust ended the year with a £2.9m surplus, which aligns with the planned budget. This achievement is notable given the challenging year. Key highlights include the successful mitigation of insourcing capacity loss, delivery of the efficiency plan, and progress in recovering income from commissioners under ICB billing arrangements. Further assurance was sought on the following on the adverse net movement in provisions, the Trust explained that there is a provision to address an ongoing banding challenge for Healthcare Support Workers due to changes in job descriptions. The Trust is currently unsure how many staff members or how far back this will go however, this work is being undertaken in parallel with System partners to ensure a consistent response.



## Chair's Assurance Report Finance and Performance Committee

### **Capital Plan 2025/26 (March Meeting)**

The capital plan has been thoroughly reviewed and approved the plan which totalled £6.4m. The Trust confirmed that the plan is aligned with the planning submission. This provides a high level of assurance regarding the integrity and reliability of the capital plan.

**System Integrated Improvement Plan (March Meeting)** – the Committee received and considered elements of the improvement plan within its remit. The committee expressed concerns regarding the actions reported as red without accompanying dates. Certain actions with assigned dates were found to be inconsistent with the planning submission. System oversight and timely action alignment still need improvement.

### **Business Case and Investment Policy (March Meeting)**

The Committee reviewed and approved the business case and investment policy.

The Committee considered the following Chairs' assurance reports:

- **Capital Management Group (March and April Meeting)** - the Trust delivered in line with the capital plan and the positive response for grant funding to build additional solar panels over the patient car park was noted.
- **Financial Improvement Group (March and April Meeting)** - the Committee noted the chair report, there were no issues to raise. The group has continued to support and improve the finance agenda.
- **Activity Recovery Meeting (April Meeting)** – noted that the Activity Recovery Group is still set up as a Committee of the Board but reports via Finance and Performance. The Trust wished to discuss this further with the Board of Directors meeting to ensure the meeting complement one another.
- **Procurement Group (April Meeting)** - the Committee noted the chair report, there were no issues to raise.
- **Veterans Strategy Oversight Group (April Meeting)** - the Committee noted the chair report, there were no issues to raise.
- **Trust Performance and Operational Improvement Group (March and April Meeting)** - the Committee noted the chair report, there were no issues to raise as the report related to March's meeting and actions have since progressed.
- **STW MSK Provide Collaborative Board (March and April Meeting)** – the first meeting started with discussion regarding the terms of reference and key priorities, there were no areas to escalate to the Committee. Going forward there will be more focus over the course of the next 12 months. It was noted that the legal framework is yet to be determined, however providers are accountable for their own performance.

### **Recommendation**

The Council of Governors is asked to note the Chairs' Assurance Report.

## Chair's Assurance Report Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

### Committee / Group / Meeting, Date

Council of Governors, 14 May 2025

### Author:

Name: Mary Bardsley  
Role/Title: Assistant Trust Secretary

### Contributors:

### Report sign-off:

Ruth Longfellow, Chief Medical Officer  
Martin Evans, Non-Executive Director, Chair of the DERIC Committee  
Board of Directors Meeting, 07 May 2025

### Is the report suitable for publication:

Yes

### 1. Key issues and considerations:

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

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

This report provides a summary of the items considered at the Committee meeting held on 27 March and 24 April 2025. It highlights the key areas the Committee brought to the Board attention at the Public meeting on 07 May 2025.

### 2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

| Trust Objectives |                                                                              |   |
|------------------|------------------------------------------------------------------------------|---|
| 1                | Deliver high quality clinical services                                       | ✓ |
| 2                | Develop our veterans service as a nationally recognised centre of excellence |   |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             | ✓ |
| 4                | Grow our services and workforce sustainably                                  | ✓ |
| 5                | Innovation, education and research at the heart of what we do                | ✓ |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        | ✓ |
| 4                 | Enhance productivity and value for money               | ✓ |

The Board Assurance Framework themes overseen by this Committee and the Committee's overall level of assurance on their delivery is outlined in the table below in **bold text**.

The table also identifies BAF themes which are primarily overseen by other Committees but are also relevant to the work of the Committee. Those assurance ratings relate only to those themes as they apply to the remit of the Committee, e.g. assurance on the Trust's ability to create a "sustainable workforce" that can deliver the DERIC agenda.

## Chair's Assurance Report

### Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

| Assurance framework themes |                                                                                 | Relevant | Overall level of assurance |
|----------------------------|---------------------------------------------------------------------------------|----------|----------------------------|
| 1                          | Continued focus on excellence in quality and safety.                            |          |                            |
| 2                          | Creating a sustainable workforce.                                               | ✓        | MEDIUM                     |
| 3                          | Delivering the financial plan.                                                  |          |                            |
| 4                          | Delivering the required levels of productivity, performance and activity.       |          |                            |
| 5                          | Delivering innovation, growth and achieving systemic improvements.              | ✓        | MEDIUM                     |
| 6                          | Responding to opportunities and challenges in the wider health and care system. | ✓        | MEDIUM                     |
| 7                          | Responding to a significant disruptive event.                                   | ✓        | MEDIUM                     |

### 3. Assurance Report from Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

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

**ALERT** - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee wishes to bring the following issues to the Board's attention as they:  
Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR  
Require the approval of the Board for work to progress.

#### Digital Strategy (April Meeting) – reported to the Board of Directors

The Committee endorsed the Strategy and suggested it is recommended to the Board for approval. The strategy was formulated through extensive consultations across the Trust, including various meetings and drop-in sessions with staff and patients to gather their feedback. The vision is to provide the best digital experience for patients and staff, supported by technology to deliver better patient care. The Committee will review the delivery plan including budget requirements at the next meeting and will monitor progress quarterly.

#### 3.2 Areas of on-going monitoring with new developments

**ADVISE** - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee wishes to bring the following issues to the Board's attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

#### ICS Digital Strategy and Peer Review with David Maruta (March Meeting)

The Integrated Care System (ICS) strategy aims to align with national priorities and improve overall system efficiency. The strategy includes key pillars such as frontline digitisation, digital inclusion, interoperability, virtual wards, and cybersecurity. The committee discussed, peer review alignment, data sharing, co-ordination challenges and supply chain vulnerabilities along with an update on cyber assurance framework. A gap analysis will be completed, and the group will conduct a gap analysis based on the National Cyber Security Centre (NCSC) framework to identify areas where controls and capabilities are lacking. This analysis will inform the development of the cybersecurity strategy and the implementation of necessary controls. An update on the progress of working across the system in relation to cybersecurity will be brought back to committee in June.

#### Corporate Risk Register (March Meeting)

The Committee considered the risk within its remit and confirmed there were no items to escalate to the Board. However, the Committee requested further assurance on;

- The orthotics system related risk is high. The Trust confirmed an overview is being reported through the Quality and Safety Committee.
- The Executive team to review all risks scoring a 12 or higher which have not reported movement over the past 12 months to ensure they are accurately represented, along with the actions needed to address them.
- Suggested reported which risks rely on mitigations outside of the Trust, within the System, and efforts are ongoing to identify these.

## Chair's Assurance Report

### Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

#### Chair Report from EPR Implementation Assurance Meeting (March Meeting)

The Apollo EPR Programme is making considerable progress, with a strong emphasis on critical areas:

- **Staff Training:** Ensuring that all staff members are adequately trained is a primary focus. This preparation is crucial for a smooth transition to the new system.
- **Operational Readiness:** The programme is also concentrating on operational readiness, which involves making sure that all systems and processes are in place and functioning correctly before the go-live date.
- **Post-Go-Live Support:** Plans are in place to provide support after the system goes live, ensuring that any issues that arise can be promptly addressed.

The Trust has expressed confidence in the build and the clinical safety case, indicating that they believe the system is robust and safe for use. Overall, efforts are being made to ensure that all staff are well-prepared for the transition, which should help to minimise any disruptions and ensure a successful implementation.

#### Chairs Report from Multi-disciplinary Education Working Group (March Meeting)

The Committee emphasised the ambition for the Education Centre, recommending that the group should focus on various educational areas, specifically targeting both undergraduate and postgraduate medical education.

The committee recognised the need to agree with the People and Culture committee which elements of the education strategy report to which committee. It was recognised that there could be real value in DERIC overseeing those areas of the strategy that are closely aligned with the Digital, Innovation, Research and Commercial strategies and the future ambitions and development of the Trust.

#### Chair Report from Research Meeting (March and April Meeting)

There were no concerns to escalate to the Committee however the Committee noted the following:

- further progress has been made, including an additional 12k improvement in the worst-case scenario and the annual forecast is expecting £63K adverse from plan.
- Efforts are being made to improve transparency in research reporting, with new processes and requirements for starting studies becoming embedded. This has led to an increasing trend in the open publication of trials.

#### Research Strategy (March Meeting)

The Committee reviewed and agreed to approve the Research Strategy. Some of the key discussion which took place included:

- A proposal for revised research strategic objectives which included clarifying research roles, updating job descriptions to highlight research expectations, and ensuring person specifications reflect a commitment to research.
- An additional KPI within the strategy has been embedded around all consultant appointment person specification to include evidence of a substantive commitment to research beyond publication as a desirable characteristic.
- Discussions took place regarding the Orthopaedic Institute to identify potential mutual benefits. It was felt that an overview of their work should be provided to DERIC to explore potential collaborations, particularly linking to innovation and research.
- A comment was made regarding the four enabling programmes, highlighting that the initiatives for the facility enabling programme were unclear.
- A discussion took place regarding international research, given the Trust's specialist focus.

#### Innovation and Improvement Strategy (April Meeting)

The strategy outlines primary and secondary drivers to achieve continuous improvement and innovation. It aligns with national directives such as the "Getting the Right First Time" program and productivity benchmarking. The Committee discussed the content and a number of suggestions were made for inclusion. The Committee deferred the approval of the strategy for further work to be carried out in line with discussions, to be reviewed again at the next meeting.

#### Development of Dashboard KPI's (April Meeting)

The development of the dashboard KPIs is ongoing, with some work already completed. The aim is to integrate this into the monthly papers once finalised.

## Chair's Assurance Report

### Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

#### 3.3 Areas of assurance

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

##### **Chair Report from Digital Transformation Programme Board**

There were no issues to escalate to the Committee - capital bids processes are underway including the orthotics system for next year and new bleeps.

##### **PACs Update (March Meeting)**

A verbal update provided assurance that the high risk has been addressed, a new supplier solution is being planned, and a long-term strategy is in development. Furthermore, there is support for creating a specification and options appraisal, and regular updates will be provided to ensure transparency and progress tracking.

##### **Sim Lab Demonstration and Presentation (March Meeting)**

A demonstration of the Sim Lab was given to highlight how the interactive training operates. It was agreed that the Sim Lab's work should be integrated into DERIC to support its further development.

##### **Innovation Story – Commercialisation of the Orthotic CCD Lever (April Meeting)**

The Orthotic CCD Lever was developed to address the clinical need for stretching devices for patients with contracted muscles. The main challenge was to keep the device open for easy use. The team developed a lever system that disconnects the gas spring, making the device more user-friendly. Initially, an aluminium lever was used, but collaboration with Ricoh led to the creation of a 3D printed version, which enhanced both functionality and appearance. The lever system was commercialised as a kit of parts, which Ricoh now sells, providing a reliable supply for orthotic devices. RJAH receive 2% of the value of each sale. The new system has greatly improved device usability, with around 150 kits sold to date. The team is also working on other devices and potential future collaborations with Ricoh. The Orthotic CCD Lever's development and commercialisation have been successful, with significant improvements in device usability and ongoing work on other devices. The Trust's ownership of the IP and potential future patent protection were clarified, and the importance of marketing and innovation in radiology was discussed. The Committee acknowledged the value of partnerships and the Trust's strategic approach to innovation.

##### **Digital Security Report (April Meeting)**

A phishing and spam campaign was conducted just before Easter, which elicited interesting responses. Many employees contacted the payroll department to verify the legitimacy of the emails, indicating good awareness and caution. It was highlighted that the phishing simulation was very realistic and emphasised the need for more such exercises to educate employees about increasingly sophisticated phishing attempts. The analysis of the phishing campaign will be reported to a future DERIC.

#### **Recommendation**

The Council of Governors is asked to note the Chairs' Assurance Report.



# Overview of the Trust: May 2025

Stacey Keegan, Chief Executive

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

➔ *Improving lives through excellent and innovative care*

**NHS**



# → NHS Reform

## Key Changes

- **Dissolution of NHS England** - NHS England will be brought back into the Department of Health and Social Care (DHSC).
- **New NHSE Transition team** – CEO Sir James Mackey
- **ICB** – Function and purpose shift to Strategic Commissioners – ‘Model ICB’  
Reducing costs of ICBs by 50%.  
‘Clustering’ of ICS’s.
- **Reversing Corporate Cost Growth in NHS Providers** – all NHS providers to reduce corporate cost growth (2018/19) by 50% during quarter 3.



## Quality and Safety

- CPD accreditation for our in-house Human Factors program has been achieved and is now open to external candidates.
- The Trust is now a local education provider for the University of Chester's graduate entry Medical School. We welcomed the first cohort of Medical Students for their first hospital clinical placement.
- The Trust has introduced a patient quality improvement initiative to help patients on strong opiate medication to reduce or even stop these drugs prior to their surgery. Evidence shows that this can reduce the risk of post-operative complications including wound infection.
- The Trust is piloting a new pre-operative assessment programme where health screening will be conducted as soon as the decision to treat has been made.
- The next years Quality Priorities have been agreed and will be published in the Trust Quality Account



# → People

## Workforce Operational Plan 2025/2026

There are a number of requirements in line with the plan linked to pay and workforce, particularly our temporary staffing requirements to reduce agency by 40% and to reduce bank by 15%. There is also a required to return to April 22 workforce levels for NHS infrastructure.

## EDI

The Trust have chosen to produce and soon to publish an Ethnic Pay Gap report for 2025. Although not mandatory, this report is deemed good practice and helps towards our WRES Action Plan. There are no alerts for the Trust as part of the report. All EDI documents can be found on the Trust's website <https://www.rjah.nhs.uk/about-us/publications/trust-documents/equality-diversity-and-inclusion-documents/>

## People

**Staff Survey results 2024.** The breakdown and benchmark reports were received and published on the NHSE Staff Survey website on 13<sup>th</sup> March. For 2024 there was a slight decrease in response rate from 52% to 47%. Whilst staff would recommend the Trust as a place to work and recommend treatment, there is still work to do to improve other scores. A bi-monthly focus group meeting takes place for managers to review and recommend actions. The Trust scored the highest in its Specialist Group for the Bank Survey response rate of 23%, the first time we have taken part.

# Performance

- The combined volume of patients waiting over 65 weeks reduced from waiting list 1174 at the end of February to 1101 at the end of March.
- The disparity between English and Welsh access times, including the differential in targets remains a significant concern. This is driven by significant increases in referrals into the Spinal Disorders service, unavailability of suitable mutual aid offers and overall capacity shortfalls over the last 12 months.
- IJP theatre activity was 790 cases in March, which is a continuation of a rising trend;

- PIFU rates in March reaches 7.54%, the highest in a single month since the introduction of this metric.
- Key actions for performance improvement in Q1 are as follows;
  - Rheumatology insourcing commenced in April.
  - Delivery of the additional DEXA scanner scheduled for late May / Early June
  - Waiting List validation commenced in April.
- Working with NHSE, the Trust is developing a 'Plan Plus' which aims to expedite performance improvement.

IJP Activity - Theatres - against Plan



# → Finance

2024/25

- Delivered a **£2.9m surplus** in line with plan, strong performance we should be proud of – this is through the considerable efforts of the Financial Improvement Group mitigating the impact of lost insourcing capacity, inflation and increased employment provisions
- Recurrent **efficiency programme delivered £5.6m (3.7%)** delivered in year in line with plan along with £1.8m non recurrent efficiencies supporting the overall financial position
- **£11.2m invested into the capital programme** in year, notable schemes include the finalisation of a new theatre development, continued implementation of new Electronic Patient Record system and installation of solar panels above staff car park
- The ICS delivered in line with revenue forecast with an underlying deficit of £115m (before deficit support funding)

2025/26

- **Breakeven financial plan** - another challenging year ahead as we look to make the changes in 2024/25 recurrent to support a more sustainable financial position including embedding the New Operating Model and continuing enhanced financial controls
- **Efficiency plans set at £9.6m (6%)**, considerable increase from recent years due to the wider NHS challenges on cost savings and productivity along with local pressures
- **Capital plan is set at £10.9m**, notable schemes include finalisation of new Electronic Patient Record system, investment in digital and surgical innovations, development of a rheumatology hub and significant grants to continue decarbonisation schemes across the site
- The ICS has set an improved revenue plan deficit of £89m



# → Communications



Following a staff vote, we launched our new Trust vision statement: **Improving lives through excellent and innovative care.**



We were delighted to welcome our new Chief Finance and Commercial Officer to the Trust. She is **Angela Mulholland-Wells.**



RJAH has been awarded £2.4 million to **significantly expand its solar capacity** and deliver £300,000 annually in electricity savings.



We launched our new **Apollo Electronic Patient Record** on Monday 12 May – the single biggest technological investment in the history of the Trust.



Our **Garden for Alice** opened in May 2025 following a £265,000 fundraising campaign. The outdoor space will improve care for our children's inpatients.



ORLAU is **celebrating its 50<sup>th</sup> birthday** this year – half a century of ground-breaking care..



# → Apollo Update



## Apollo now LIVE ...

- The Trust successfully moved to the new Apollo electronic patient record over the past weekend. This was a massive task and was completed on plan and to time.
- Our first patients were put on to the new Pharmacy system on Sunday and nurses were administering drugs via electronic charts later that day
- Outpatient appointments on Monday commenced as planned, with support from Apollo floorwalkers throughout the Trust.
- Preoperative clinics and theatre operations went ahead using the new system on Monday as planned
- In the next few weeks we will also be enabling our new patient kiosks and patient portal to facilitate patients accessing their appointments
- Huge thanks to all staff for their dedication, many working very long hours to support colleagues and ensure safe patient care.

## Committee / Group / Meeting, Date

Council of Govenors, 14 May 2025

### Author:

Name: Kirsty Foskett  
Role/Title: Assistant Chief Nurse and Patient  
Safety Officer

### Contributors:

### Report sign-off:

Name: Sam Young  
Role/Title: Interim Chief Nurse and Patient Safety Officer

## Is the report suitable for publication?

Yes

### Key issues and considerations:

Each year the Trust sets out several quality priorities that focus on improvements relating to patient safety and patient experience.

Last year the priorities aligned to that of the Trusts Patient Safety Incident Response Plan, recognising that the introduction of the new Patient Safety Incident Response Framework (PSIRF) was change in how we respond to patient safety events and was a key focus for the organisation.

During 2024/25 the Trust launched the Quality Accreditation Programme for all wards and departments. The outputs of theses quality assessments along with learning insights through PSIRF, we have used this information to inform what the quality priorities will be for 2025/26.

The quality priorities for 2025/26 will be

- Inpatient Falls
- Managing the Deteriorating Patient
- Improving Information Sharing
- Introducing a complex care pathway

## Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

| Trust Objectives |                                                                              |
|------------------|------------------------------------------------------------------------------|
| 1                | Deliver high quality clinical services                                       |
| 2                | Develop our veterans service as a nationally recognised centre of excellence |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             |
| 4                | Grow our services and workforce sustainably                                  |
| 5                | Innovation, education and research at the heart of what we do                |

This report relates to the following Board Assurance Framework (BAF) themes and associated strategic risks:

| Board Assurance Framework Themes |                                                     |
|----------------------------------|-----------------------------------------------------|
| 1                                | Continued focus on excellence in quality and safety |
| 2                                | Creating a sustainable workforce                    |

## Quality Priorities 2025/26

|   |                                                                                |  |
|---|--------------------------------------------------------------------------------|--|
| 3 | Delivering the financial plan                                                  |  |
| 4 | Delivering the required levels of productivity, performance and activity       |  |
| 5 | Delivering innovation, growth and achieving systemic improvements              |  |
| 6 | Responding to opportunities and challenges in the wider health and care system |  |
| 7 | Responding to a significant disruptive event                                   |  |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access |   |
| 3                 | Support broader social and economic development        |   |
| 4                 | Enhance productivity and value for money               |   |

### Recommendations:

The group is asked to note the quality priorities for 2025/26.



## Quality Priorities 2025/26

| Patient Falls                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                           |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Key Objectives                                                                                                                                                                                                                                                                                        | Measures for Improvement                                                                                                                                                                  | Leads                                                                                                                |
| <ul style="list-style-type: none"> <li>To improve documentation and record keeping in relation to Falls risk assessments and management plans.</li> <li>To Improve the use of visual aids that highlight if a patient is at risk of falls.</li> <li>To introduce the new post-fall toolkit</li> </ul> | <ul style="list-style-type: none"> <li>Improved compliance with completion of risk assessments and management plans.</li> <li>Improved compliance with the use of visual aids.</li> </ul> | <p>Linda Head, Falls Lead and Rachael Flood, MSK Matron.</p> <p><i>Supported by the Quality Improvement Team</i></p> |

| Managing the Deteriorating Patient                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Key Objectives                                                                                                                                                                                                                                          | Measures for Improvement                                                                                                                                                                                                                                                                      | Leads                                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"> <li>To introduce a deteriorating patient simulation study day, to improve the early recognition and management of the unwell patient</li> <li>To improve the use of fluid balance charts across the Trust</li> </ul> | <ul style="list-style-type: none"> <li>Reduction in the number of patient safety reviews requested due deterioration</li> <li>Uptake of simulation training amongst clinical staff</li> <li>Improved compliance (through Tendable audit) in the completion of fluid balance charts</li> </ul> | <p>Nicki Bellinger (Critical Care Nurse Consultant), Craig Lammas, Resuscitation Officer Lowri Mansell, Critical Care Manager &amp; Donna St John, Simulation Education Lead.</p> <p><i>Supported by the Quality Improvement Team</i></p> |

| Improving Information Sharing                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Key Objectives                                                                                                                                                                                                                                                                                                                                                                 | Measures for Improvement                                                                                                                                                                                                                                                                 | Leads                                                                                                                           |
| <ul style="list-style-type: none"> <li>To introduce bedside nursing handovers</li> <li>To introduce visual Quality Dashboards in ward/departmental areas</li> <li>To review the effectiveness of safety huddles in the ward environment</li> <li>To review the effectiveness of “Link Nurse” meetings</li> <li>To introduce new patient bed boards across the trust</li> </ul> | <ul style="list-style-type: none"> <li>Improved communication with staff in understanding ward (quality) performance</li> <li>Reduction in incidents relating to communication in ward area</li> <li>Improved scores through Well-led of the quality accreditation assessment</li> </ul> | <p>Unit ACNs and Matrons and Hayley Gingell, Quality Assurance Lead</p> <p><i>Supported by the Quality Improvement Team</i></p> |

| Introduction of a complex care pathway for patients with mental health, Learning Disability and/or Autism                             |                                                                                                                         |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Key Objectives                                                                                                                        | Measures for Improvement                                                                                                | Leads                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Improving the experience of those patients with LD&amp;/or A or mental health needs</li> </ul> | <ul style="list-style-type: none"> <li>Reduction in communication incidents</li> <li>Reduction in complaints</li> </ul> | <p>Geraint Davies, AHP Consultant, Rachael Flood, MSK Matron and Kirsty Foskett, ACN</p> <p><i>Supported by the Quality Improvement Team</i></p> |

**Committee / Group / Meeting, Date**

Council of Governors, 14 May 2025

**Author:**
Name: Dylan Murphy  
Role/Title: Trust Secretary
**Contributors:**
Name: Gayle Murphy  
Role/Title: EA to the Chair
**Report sign-off:**

Not applicable

**Is the report suitable for publication?:**

YES

**Key issues and considerations:**

A number of Governor nominations / elections will need to take place over the summer of 2025.

- Staff Governors x 2:
  - Allen Edwards (reached the maximum 9 consecutive years); and
  - Kate Betts (eligible for reappointment)
- Shropshire Public Governor:
  - One vacancy not previously filled.
- North Wales Public Governor:
  - Sheila Hughes (eligible for reappointment).
- Powys Public Governor:
  - One vacancy not previously filled.

The nomination process will begin during May and will conclude by early August 2025. Civica have been engaged to run this process.

The trust is also seeking confirmation of the Shropshire County Council stakeholder governor following the 1 May election.

**Strategic objectives and associated risks:**

The work of the Council of Governors is relevant to all of the Trust's strategic objectives:

| Trust Objectives |                                                                                |
|------------------|--------------------------------------------------------------------------------|
| 1                | Deliver high quality clinical services ✓                                       |
| 2                | Develop our veterans service as a nationally recognised centre of excellence ✓ |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin ✓             |
| 4                | Grow our services and workforce sustainably ✓                                  |
| 5                | Innovation, education and research at the heart of what we do ✓                |

The work of the Council of Governors is relevant to all of the Board Assurance Framework (BAF) themes and associated strategic risks:

| Board Assurance Framework Themes |                                                                                  |
|----------------------------------|----------------------------------------------------------------------------------|
| 1                                | Continued focus on excellence in quality and safety ✓                            |
| 2                                | Creating a sustainable workforce ✓                                               |
| 3                                | Delivering the financial plan ✓                                                  |
| 4                                | Delivering the required levels of productivity, performance and activity ✓       |
| 5                                | Delivering innovation, growth and achieving systemic improvements ✓              |
| 6                                | Responding to opportunities and challenges in the wider health and care system ✓ |
| 7                                | Responding to a significant disruptive event ✓                                   |

## Governor Nomination / Elections

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The work of the Council of Governors is relevant to all of these:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        | ✓ |
| 4                 | Enhance productivity and value for money               | ✓ |

### Recommendations:

That the Council of Governors :

- NOTE the nomination / election process to be undertaken during the summer of 2025.

### Report development and engagement history:

None.

### Next steps:

The next steps will include:

- Working with Civica to run the required nomination / election process.
- Confirming the Shropshire County Council stakeholder governor nominee.
- Promoting the staff / public governor vacancies via the regular communication and engagement channels.
- Governors are also encouraged to use any contacts they have to raise awareness of the vacancies on the Council of Governors.

## Questions and Answers

### Committee / Group / Meeting, Date

Council of Governors, 14 May 2025

#### Author:

Name: Dylan Murphy  
Role/Title: Trust Secretary

#### Contributors:

Gayle Murphy  
Trust Executive Assistant

#### Report sign-off:

Stacey Keegan  
Chief Executive Officer

#### Is the report suitable for publication?:

YES

#### Key issues and considerations:

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

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

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

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

- No items were requested for the agenda.
- Three questions were raised.

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

| Date Raised | Raised By                     | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16/04/2025  | Kate Betts,<br>Staff Governor | <p>As a staff governor, I have heard repeated concerns from colleagues regarding the perceived growth (could actual numbers be included in the reply) in senior clinical management roles, particularly Matrons. Could the Non-Executive Directors provide assurance that they have scrutinised the growth in the number of Matrons over the past decade — specifically from 2015 to 2025 — and that they are assured this increase represents value for money and demonstrable benefit to patient care and staff support? In light of recent staff concerns around car parking and fears of cuts to lower-banded roles, it would be helpful to understand how the Board balances investment in senior roles with wider workforce pressures.</p> <p><b>Response Provided by Andrea Martin, Deputy Chief People and Culture Officer and Sam Young, Interim Chief Nurse and Patient Safety Officer</b></p> <p>The Trust can confirm the number of Matrons between 2015 and 2025 remains the same and there has been no growth in this area. Overall Trust growth between 2015 and 2025 grew by 28% from 1129.75 FTE to 1583.09 FTE. The Trust ensures all posts additional to establishment are taken through a robust approval process which reviews the requirements for the roles in line with requirements, outputs and financial affordability.</p> |

## Questions and Answers

|            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16/04/2025 | Kate Betts,<br>Staff<br>Governor       | <p>Following the retirement of John Pepper and the appointment of an additional Medical Associate Non-Executive Director, could the Non-Executive Directors provide assurance that the current NED composition remains financially and strategically proportionate? Specifically, have the NEDs considered whether the increase in the number of Non-Executive Directors is justified by the value added, and is there a longer-term plan to manage this within the Board's structure and cost plan — for example, through succession planning or the non-renewal of other associate roles?</p> <p><b>Response Provided by Harry Turner, Chair</b></p> <p>The skills and experience, composition, and the number of NEDs is subject to constant review to ensure we have the right skills mix for the organisation to operate effectively, our current mix is made up as follows:</p> <ul style="list-style-type: none"> <li>• Audit and Risk – Martin Newsholme</li> <li>• Finance – Sarfraz Nawaz</li> <li>• Quality and Safety – Lindsey Webb</li> <li>• Senior Leadership – Penny Venables</li> <li>• People and Culture – Martin Evans</li> <li>• Secondary Care Medic – to be appointed.</li> </ul> <p>The above are substantive appointments that are prescribed in the constitution of the board to ensure the right balance of between execs and NEDs.</p> <p>Associate non-execs are typically appointed for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• Succession planning; or</li> <li>• To enhance the diversity of the Board, bringing in additional skills and experience where review has identified a particular gap.</li> </ul> <p>We currently have two associate non-exec directors as follows.</p> <ul style="list-style-type: none"> <li>• Strategic planning and system leadership – Paul Maubach</li> <li>• Digital experience – Atif Ishaq</li> </ul> <p>It is my view that all non-execs add value for money in terms of the commitment to the organisation above and beyond their contractual obligations which are 2 to 3 days per month.</p> <p>It's right and proper that we constantly challenge ourselves to ensure we are delivering value for money and I can assure the council of governors that this is the case.</p> |
| 24/04/2025 | Russell Luckock,<br>Public<br>Governor | <p>Please can you provide an update as to what the hospital is doing in the short term in relation to Court's pronouncement on sex identification, prior to official guidance being handed down from Government. If this should involve capital expenditure, I trust that the Chairman and CEO will press for 100% of any cost involved.</p> <p><b>Response Provided by Andrea Martin, Deputy Chief People and Culture Officer and Sam Young, Interim Chief Nurse and Patient Safety Officer</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## Questions and Answers

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>Following the Supreme Court ruling, and whilst we await national guidance from NHS England in line with the recent definitive Equality Act classification of sex, the Trust can assure the Council that Equality, Diversity, and Inclusion remains a Trust priority.</p> <p>Presently, we will continue to hold patient and staff privacy and dignity as an essential component of our employer responsibility, in that we will ensure safe spaces are provided for all.</p> <p>As guidance and best practice emerges, if it becomes apparent that any changes are required to the Trust's current provision for patient and staff expenditure, as with any other cost associated programmes of work, the relevant action will be taken.</p> |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

| Trust Objectives |                                                                              |   |
|------------------|------------------------------------------------------------------------------|---|
| 1                | Deliver high quality clinical services                                       | ✓ |
| 2                | Develop our veterans service as a nationally recognised centre of excellence | ✓ |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             | ✓ |
| 4                | Grow our services and workforce sustainably                                  | ✓ |
| 5                | Innovation, education and research at the heart of what we do                | ✓ |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        | ✓ |
| 4                 | Enhance productivity and value for money               | ✓ |

### Recommendations:

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

### Report development and engagement history:

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

### Next steps:

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



## Committee / Group / Meeting, Date

Council of Governors, 14 May 2025

### Author:

Name: Dylan Murphy  
Role/Title: Trust Secretary

### Contributors:

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

### Report sign-off:

N/A

### Is the report suitable for publication?:

YES

### Key issues and considerations:

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

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

### Membership Total

The membership total on 01 May 2025 was 7018:

|              |             |
|--------------|-------------|
| Staff        | 1383        |
| Public       | 5225        |
| Volunteers   | 410         |
| <b>Total</b> | <b>7018</b> |

The Trust membership target is to achieve a year-on-year increase. In May 2024, membership stood at 6816. As such, there has been around a 3% increase over the last twelve months.

The low point in membership was September 2022, when the figure was 6396. Since that low point, the membership has risen by around 10%.

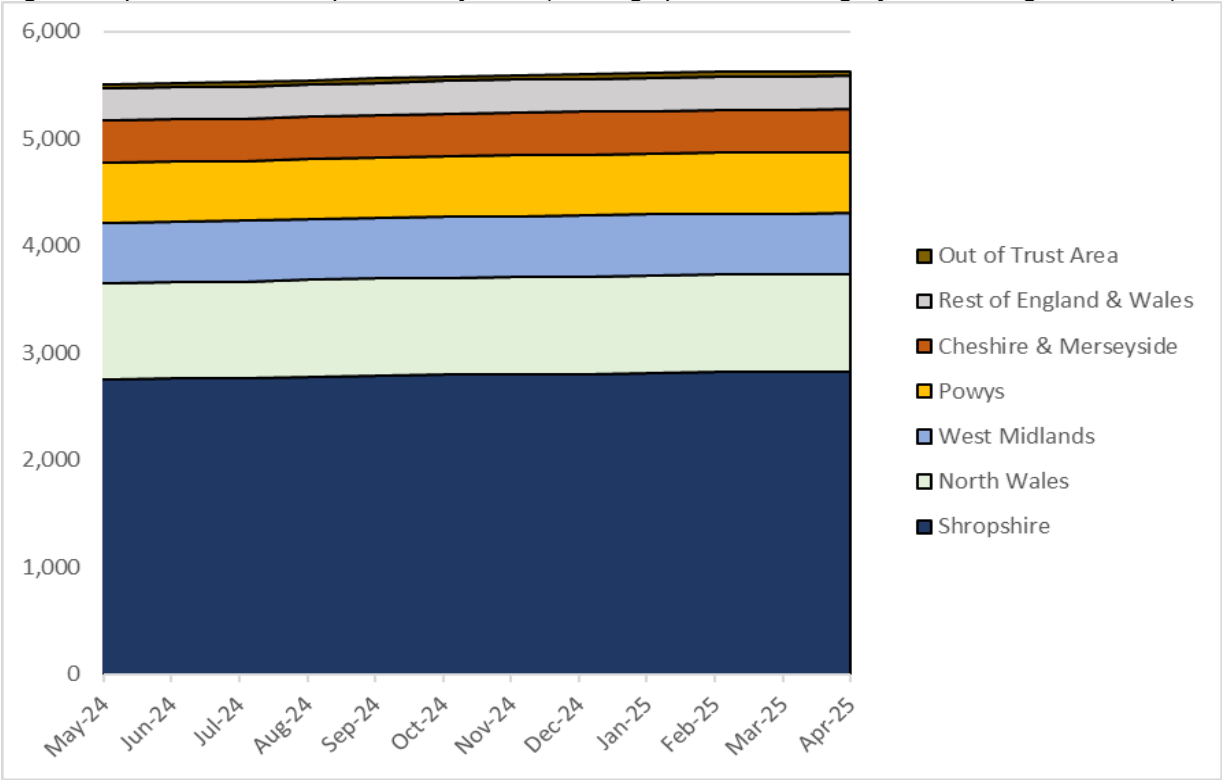
### Public Constituencies

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

|                         | May-24       | Jun-24       | July-24      | Aug-24       | Sep-24       | Oct-24       | Nov-24       | Dec-24       | Jan-25       | Feb-25       | Mar-25       | Apr-25       | May-25       |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Cheshire & Merseyside   | 396          | 395          | 395          | 396          | 399          | 402          | 402          | 401          | 401          | 401          | 401          | 400          | 401          |
| North Wales             | 901          | 902          | 905          | 906          | 908          | 909          | 910          | 911          | 909          | 910          | 909          | 912          | 912          |
| Powys                   | 556          | 556          | 558          | 559          | 563          | 563          | 565          | 567          | 567          | 570          | 570          | 571          | 571          |
| Shropshire              | 2,751        | 2,763        | 2,763        | 2,777        | 2,787        | 2,794        | 2,799        | 2,803        | 2,814        | 2,820        | 2,821        | 2,820        | 2,825        |
| West Midlands           | 564          | 563          | 564          | 565          | 565          | 569          | 569          | 570          | 570          | 571          | 572          | 573          | 573          |
| Rest of England & Wales | 302          | 301          | 302          | 301          | 300          | 304          | 306          | 308          | 311          | 312          | 312          | 315          | 315          |
| Out of Trust Area       | 40           | 40           | 40           | 40           | 40           | 40           | 41           | 42           | 38           | 39           | 39           | 38           | 38           |
| <b>Total</b>            | <b>5,510</b> | <b>5,520</b> | <b>5,527</b> | <b>5,544</b> | <b>5,562</b> | <b>5,581</b> | <b>5,592</b> | <b>5,602</b> | <b>5,610</b> | <b>5,623</b> | <b>5,624</b> | <b>5,629</b> | <b>5,635</b> |

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

Figure 1 – public membership since May 2024 (building up from the category with the largest number):

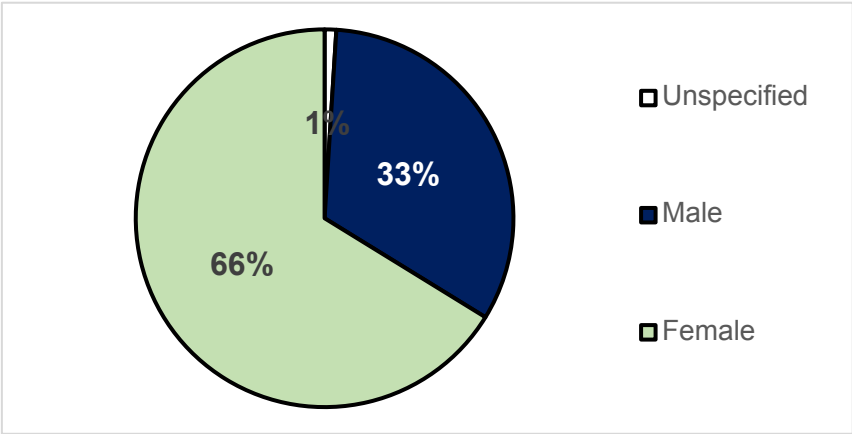


Gender

The table below presents the number of male and female members (from the public constituency).

|         | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total   | 5,510  | 5,520  | 5,527  | 5,544  | 5,562  | 5,581  | 5,592  | 5,602  | 5,610  | 5,623  | 5,624  | 5,629  | 5,635  |
| Unspec. | 55     | 55     | 55     | 58     | 59     | 58     | 59     | 59     | 59     | 59     | 59     | 59     | 59     |
| Male    | 1,810  | 1,811  | 1,812  | 1,820  | 1,829  | 1,839  | 1,845  | 1,851  | 1,853  | 1,860  | 1,858  | 1,859  | 1,861  |
| Female  | 3,645  | 3,654  | 3,660  | 3,666  | 3,674  | 3,684  | 3,688  | 3,692  | 3,698  | 3,704  | 3,707  | 3,711  | 3,715  |

The figures for May 2025 in the table above are presented in an alternative format in the chart below:



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

Ethnicity

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

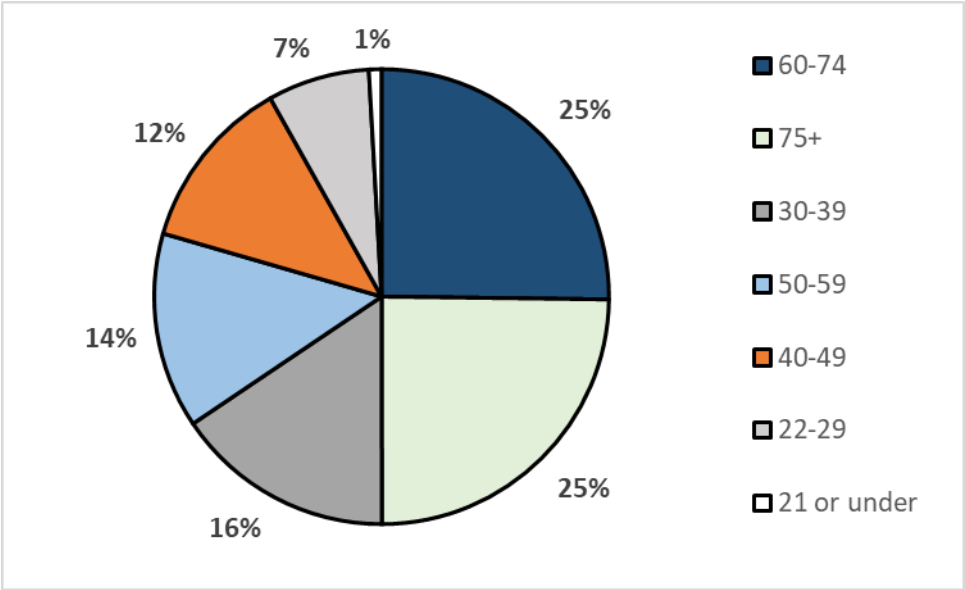
|            | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Ethnicity  | 5,509  | 5,519  | 5,526  | 5,543  | 5,561  | 5,580  | 5,591  | 5,601  | 5,609  | 5,622  | 5,623  | 5,628  | 5,634  |
| White      | 3,211  | 3,211  | 3,208  | 3,219  | 3,223  | 3,227  | 3,228  | 3,230  | 3,229  | 3,237  | 3,235  | 3,232  | 3,236  |
| BME        | 126    | 127    | 128    | 128    | 130    | 132    | 133    | 133    | 134    | 134    | 136    | 138    | 138    |
| Not stated | 2,172  | 2,181  | 2,190  | 2,196  | 2,208  | 2,221  | 2,230  | 2,238  | 2,246  | 2,251  | 2,252  | 2,258  | 2,260  |

Age

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

|       | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Age   | 5,186  | 5,196  | 5,203  | 5,543  | 5,561  | 5,580  | 5,591  | 5,279  | 5,290  | 5,305  | 5,308  | 5,316  | 5,322  |
| 14-21 | 57     | 58     | 58     | 63     | 61     | 60     | 58     | 57     | 54     | 52     | 51     | 48     | 48     |
| 22-29 | 397    | 394    | 394    | 391    | 389    | 385    | 382    | 384    | 390    | 389    | 390    | 392    | 389    |
| 30-39 | 817    | 820    | 822    | 819    | 823    | 832    | 841    | 843    | 842    | 840    | 835    | 837    | 837    |
| 40-49 | 631    | 631    | 635    | 639    | 640    | 650    | 653    | 652    | 648    | 652    | 660    | 663    | 665    |
| 50-59 | 747    | 748    | 749    | 751    | 762    | 757    | 755    | 755    | 763    | 764    | 758    | 752    | 747    |
| 60-74 | 1,325  | 1,326  | 1,318  | 1,324  | 1,328  | 1,333  | 1,336  | 1,344  | 1,338  | 1,342  | 1,346  | 1,348  | 1,353  |
| 75+   | 1,269  | 1,277  | 1,285  | 1,291  | 1,292  | 1,298  | 1,301  | 1,301  | 1,309  | 1,318  | 1,319  | 1,324  | 1,331  |

The figures for May 2025 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):



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

| Ranking | May 2024                    | May2025                     |
|---------|-----------------------------|-----------------------------|
| 1       | 60-74 year-olds at 25%      | 60-74 year-olds at 25%      |
| 2       | 75 years-old or over at 24% | 75 years-old or over at 25% |
| 3       | 30-39 year-olds at 16%      | 30-39 year-olds at 16%      |
| 4       | 50-59 year-olds at 14%      | 50-59 year-olds at 14%      |

## Strategic objectives and associated risks:

The work of the Council of Governors is relevant to all of the Trust's strategic objectives:

| Trust Objectives |                                                                              |   |
|------------------|------------------------------------------------------------------------------|---|
| 1                | Deliver high quality clinical services                                       | ✓ |
| 2                | Develop our veterans service as a nationally recognised centre of excellence | ✓ |
| 3                | Integrate the MSK pathways across Shropshire, Telford and Wrekin             | ✓ |
| 4                | Grow our services and workforce sustainably                                  | ✓ |
| 5                | Innovation, education and research at the heart of what we do                | ✓ |

The work of the Council of Governors is relevant to all of the Board Assurance Framework (BAF) themes and associated strategic risks:

| Board Assurance Framework Themes |                                                                                |   |
|----------------------------------|--------------------------------------------------------------------------------|---|
| 1                                | Continued focus on excellence in quality and safety                            | ✓ |
| 2                                | Creating a sustainable workforce                                               | ✓ |
| 3                                | Delivering the financial plan                                                  | ✓ |
| 4                                | Delivering the required levels of productivity, performance and activity       | ✓ |
| 5                                | Delivering innovation, growth and achieving systemic improvements              | ✓ |
| 6                                | Responding to opportunities and challenges in the wider health and care system | ✓ |
| 7                                | Responding to a significant disruptive event                                   | ✓ |

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The work of the Council of Governors is relevant to all of these:

| System Objectives |                                                        |   |
|-------------------|--------------------------------------------------------|---|
| 1                 | Improve outcomes in population health and healthcare   | ✓ |
| 2                 | Tackle inequalities in outcomes, experience and access | ✓ |
| 3                 | Support broader social and economic development        | ✓ |
| 4                 | Enhance productivity and value for money               | ✓ |

## Report development and engagement history:

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

## Next steps:

Membership numbers will continue to be monitored and reported.

## Work Programme Review 2025/26

|                                                                                                                                                                                                                                                                            | 14.05.<br>2025 | 09.07.<br>2025 | TBC<br>2025<br>AGM | 12.11.<br>2025 | 11.03.<br>2026 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|--------------------|----------------|----------------|
| <b>Standing items</b>                                                                                                                                                                                                                                                      |                |                |                    |                |                |
| Questions from the Governors                                                                                                                                                                                                                                               | X              | X              |                    | X              | X              |
| Non-Executive Director Committee Updates                                                                                                                                                                                                                                   | X              | X              |                    | X              | X              |
| CEO Trust Overview, including key developments                                                                                                                                                                                                                             | X              | X              |                    | X              | X              |
| Membership Report                                                                                                                                                                                                                                                          | X              | X              |                    | X              | X              |
| Review of Work Programme                                                                                                                                                                                                                                                   | X              | X              |                    | X              | X              |
| Lead Governor Update                                                                                                                                                                                                                                                       | X              | X              |                    | X              | X              |
| Patient Safety Visit Feedback                                                                                                                                                                                                                                              | X              | X              |                    | X              | X              |
| Trust Strategy                                                                                                                                                                                                                                                             |                |                |                    |                | X              |
| <b>Guest Speaker</b>                                                                                                                                                                                                                                                       |                |                |                    |                |                |
| As agreed                                                                                                                                                                                                                                                                  | X              | X              |                    | X              | X              |
| <b>Statutory Reports</b>                                                                                                                                                                                                                                                   |                |                |                    |                |                |
| Receive Annual Report and Accounts                                                                                                                                                                                                                                         |                |                | X                  |                |                |
| Receive Audit Reports                                                                                                                                                                                                                                                      |                |                | X                  |                |                |
| <b>Annual Reports</b>                                                                                                                                                                                                                                                      |                |                |                    |                |                |
| Safeguarding Annual Report (for information)                                                                                                                                                                                                                               |                | X              |                    |                |                |
| <b>Strategic Plan</b>                                                                                                                                                                                                                                                      |                |                |                    |                |                |
| Consider strategic issues/priorities for Board to consider in the 2024/25 planning process                                                                                                                                                                                 |                |                |                    |                | X              |
| <b>Quality</b>                                                                                                                                                                                                                                                             |                |                |                    |                |                |
| 2023/24 priorities                                                                                                                                                                                                                                                         |                | X              |                    |                |                |
| Quality accounts draft presented                                                                                                                                                                                                                                           |                |                | X                  |                |                |
| <b>COG Strategy</b>                                                                                                                                                                                                                                                        |                |                |                    |                |                |
| Foundation Trust Public Membership Development and Engagement Strategy Update                                                                                                                                                                                              |                | X              |                    |                |                |
| <b>COG Governance</b>                                                                                                                                                                                                                                                      |                |                |                    |                |                |
| COG Annual Report and Self-Assessment                                                                                                                                                                                                                                      |                | X              |                    |                |                |
| <b>Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)</b>                                                                                                                                                    |                |                |                    |                |                |
| Appointment, reappointment or removal of Chair                                                                                                                                                                                                                             |                |                |                    |                |                |
| Appointment, reappointment or removal of the non-executive Directors                                                                                                                                                                                                       |                |                |                    |                |                |
| Remuneration of Chair and Non-executive Directors                                                                                                                                                                                                                          |                |                |                    |                |                |
| Appointment or removal of Auditors                                                                                                                                                                                                                                         |                |                |                    |                |                |
| Amendments to the Constitution                                                                                                                                                                                                                                             |                |                |                    |                |                |
| Approval of "significant transactions"; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income "attributable to activities other than the provision of goods and services for the purposes of health service in England". |                |                |                    |                |                |

Council of Governors Committee

Attendance Matrix

Quorum: Four Public Governors and two from the other constituencies

| Name             | Title                                       | 10.04.24 | 10.07.24 | 01.08.24   | 15.08.24 | 26.09.24 | 15.10.24   | 25.11.24 | 05.03.25 | %   |
|------------------|---------------------------------------------|----------|----------|------------|----------|----------|------------|----------|----------|-----|
|                  |                                             |          |          | Nomination | EXO      | AGM      | Nomination |          |          |     |
| Harry Turner     | Chair                                       | ✓        | ✓        |            |          | ✓        | ✓          | X        | ✓        |     |
| Stacey Keegan    | Chief Executive Officer                     | ✓        | ✓        | ✓          |          | ✓        |            | ✓        | ✓        | 100 |
| Sarfraz Nawaz    | Non Executive Director                      | ✓        | ✓        | ✓          | ✓        | X        |            | ✓        | X        | 71  |
| Penny Venables   | Non Executive Director                      | ✓        | X        |            |          | ✓        |            | X        | ✓        | 60  |
| Martin Newsholme | Non Executive Director                      | ✓        | ✓        |            |          | X        |            | ✓        | ✓        | 80  |
| Lindsey Webb     | Non Executive Director                      | ✓        | ✓        |            |          | X        |            | ✓        | X        | 60  |
| Martin Evans     | Non Executive Director                      | X        | ✓        |            |          | ✓        |            | ✓        | X        | 60  |
| John Pepper      | Associate Non Executive Director            | ✓        | ✓        |            |          | ✓        |            | X        | X        | 60  |
| Paul Maubach     | Associate Non Executive Director            | ✓        | X        |            |          | X        |            | X        | ✓        | 40  |
| Atif Ishaq       | Associate Non Executive Director            | ✓        | X        |            |          | X        |            | X        | X        | 20  |
| Peter David      | Stakeholder Governor - Voluntary Services   |          |          |            |          | X        |            | ✓        | ✓        | 67  |
| Simon Jones      | Stakeholder Governor - Shropshire Council   | ✓        | ✓        | ✓          | ✓        | X        | ✓          | ✓        | X        | 75  |
| Karina Wright    | Stakeholder Governor - Keele University     | ✓        | X        |            | X        | X        | ✓          | X        | ✓        | 43  |
| Colin Chapman    | Public Governor - Shropshire                | ✓        | ✓        | ✓          | ✓        | ✓        | ✓          | ✓        | X        | 88  |
| Victoria Sugden  | Public Governor - Shropshire/Lead Governor  | X        | ✓        | ✓          | ✓        | ✓        | ✓          | ✓        | X        | 75  |
| Sheila Hughes    | Public Governor - North Wales               | X        | ✓        |            | ✓        | X        |            | ✓        | ✓        | 67  |
| Jan Greasley     | Public Governor - North Wales               |          |          |            |          |          |            | ✓        | ✓        | 100 |
| Tony Wright      | Public Governor - West Midlands             | X        | ✓        |            | X        | X        |            | X        | X        | 17  |
| Neil Turner      | Public Governor - Cheshire & Merseyside     |          | ✓        |            | X        | ✓        |            | ✓        | ✓        | 80  |
| Russell Luckock  | Public Governor - Rest of England and Wales |          |          |            |          |          |            | ✓        | ✓        | 100 |
| Kate Betts       | Staff Governor                              | ✓        | ✓        | ✓          | X        | X        | ✓          | ✓        | X        | 63  |
| Allen Edwards    | Staff Governor                              | X        | X        |            | X        | X        |            | ✓        | X        | 17  |
| Nicki Bellinger  | Staff Governor                              |          |          |            |          |          |            | ✓        | ✓        | 100 |

| In Attendance        |                                         |   |   |   |   |   |   |   |   |     |
|----------------------|-----------------------------------------|---|---|---|---|---|---|---|---|-----|
| Dylan Murphy         | Trust Secretary                         | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | N/A |
| Paul Kavanagh-Fields | Chief Nurse and Patient Safety Officer  | ✓ | ✓ |   |   | ✓ |   |   |   | N/A |
| Mike Carr            | Chief Operating officer                 | ✓ |   |   |   |   |   | ✓ |   | N/A |
| Nia Jones            | Strategy and Planning Managing Director | ✓ |   |   |   |   |   |   |   | N/A |
| Denise Harnin        | Chief People and Culture Officer        |   |   | ✓ |   | ✓ |   |   |   | N/A |
| Kirsty Foskett       | Head of Clinical Governance             |   |   |   |   |   |   | ✓ |   | N/A |
| Rebecca Warren       | Enhanced Recovery Team Lead             |   |   |   |   |   |   |   | ✓ | N/A |

Key:  
EXO - extraordinary committee meeting schduled  
✓ - Attended  
X - Apologies  
Not Expected



## Council of Governors Board and Sub Committee Attendance Matrix

| Name            | Title                                                   | April        | May | June | July | August | September | October | November | December | January | February | March |
|-----------------|---------------------------------------------------------|--------------|-----|------|------|--------|-----------|---------|----------|----------|---------|----------|-------|
| Vacancy         | Public Governor - Powys                                 |              |     |      |      |        |           |         |          |          |         |          |       |
| Vacancy         | Public Governor - Shropshire                            |              |     |      |      |        |           |         |          |          |         |          |       |
| Victoria Sugden | Public Governor - Shropshire (Lead Governor)            |              |     |      |      |        |           |         |          |          |         |          |       |
| Colin Chapman   | Public Governor - Shropshire                            | Q&S P&C      |     |      |      |        |           |         |          |          |         |          |       |
| Sheila Hughes   | Public Governor - North Wales                           | Q&S P&C      |     |      |      |        |           |         |          |          |         |          |       |
| Jan Greasley    | Public Governor - North Wales                           |              |     |      |      |        |           |         |          |          |         |          |       |
| Tony Wright     | Public Governor - West Midlands                         |              |     |      |      |        |           |         |          |          |         |          |       |
| Neil Turner     | Public Governor - Cheshire & Merseyside                 |              |     |      |      |        |           |         |          |          |         |          |       |
| Russell Luckock | Public Governor - Rest of England                       |              |     |      |      |        |           |         |          |          |         |          |       |
| Kate Betts      | Staff Governor                                          |              |     |      |      |        |           |         |          |          |         |          |       |
| Allen Edwards   | Staff Governor                                          |              |     |      |      |        |           |         |          |          |         |          |       |
| Nicki Bellinger | Staff Governor                                          |              |     |      |      |        |           |         |          |          |         |          |       |
| Simon Jones     | Stakeholder Governor - Shropshire Council               | DERIC<br>F&P |     |      |      |        |           |         |          |          |         |          |       |
| Karina Wright   | Stakeholder Governor - Keele University                 |              |     |      |      |        |           |         |          |          |         |          |       |
| Peter David     | Stakeholder Governor - Voluntary Services/Lead Governor |              |     |      |      |        |           |         |          |          |         |          |       |

Key:

Board - Public Board of Directors Meeting

A&R - Audit and Risk Committee

F&P - Finance and Planning Committee

Q&S - Quality and Safety Committee

P&C - People and Culture Committee

DERIC - Digital, Education, Research, Innovation and Commercialistaion Committee

No attendees

Not Expected





The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

# Operational Plan 2025/26

Mike Carr, Chief Operating Officer

➔ *Improving lives through excellent and innovative care*



|    |
|----|
| 1  |
| 2  |
| 3  |
| 4  |
| 5  |
| 6  |
| 7  |
| 8  |
| 9  |
| 10 |
| 11 |



# → Key National Planning priorities 2025/26

**Performance** – Delivery of the minimum standards set for key performance areas, including Referral to Treatment, Cancer and Urgent Emergency Care.

**Workforce** - Workforce plans set that meet agency, bank and Infrastructure support reduction targets set for each organisation.

**Finance** – Financial plans in place that ensures that organisations work to their financial target set for the system.

**Efficiency and Productivity** – Deliver efficiency and productivity improvements identified in the benchmarking toolkit shared with each provider through service transformation.

# RJAH Referral to Treatment & Cancer standards



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

## Patients waiting over 52 weeks: Target 1% of total waiting list

- Plans to improve from 5.5% at the end of March 2025 to 1% by end of March 2026.
- Assumes Orthopaedic NHS mutual aid of 120 and outsourcing of 500.

## 18 weeks time to first appointment: Target 67% by March 2026

- Trajectory to achieve 67.3% by the end of March 2026
- 4 specialties where supporting actions have been identified:
- Spinal disorders: Mutual aid, outsourcing, outpatient template improvements & demand management.
  - Arthroplasty: outsourcing & outpatient template improvements
  - Metabolic medicine: DXA additional scanner go live from June 2025
  - Rheumatology: Insourcing requirement for 1000 cases

## 18-week RTT: Target Increase to 60% by March 2026

- Plans to improve to 60% by the end of March 2026
- Requires delivery of diagnostics 6 weeks target achieve across all modalities.
- Included improvements: outpatient template and new to review ratio change benefits, validation at 5%.

## Cancer 62 day standard: 75% target

- 83% overall achievement planned
- Trajectory shows variation month on month from 50% to 100% based on small numbers with occasional breaches due to complex pathways.

## Cancer 28 day faster diagnosis: 80% target

- 86% overall achievement planned, it is an improving trajectory to 89% by March 2026



|    |
|----|
| 1  |
| 2  |
| 3  |
| 4  |
| 5  |
| 6  |
| 7  |
| 8  |
| 9  |
| 10 |
| 11 |

# RJAH Activity Plans

**Overall Theatre Activity: 11,488 (NHS patients 10,193 and Private patients 1,295)**

Key initiatives to support delivery :

- 7 new consultant and Fellow posts
- Utilisation of our theatres by Shrewsbury and Telford Hospital(SATH) surgical consultants
- Increasing Payroll Out of Job Plan activity
- Implementation of theatre productivity initiatives including pre-operative process improvements and reduction in theatre cancellations
- PP increase of 193 above 2024/25 activity levels to ensure full utilisation of theatre workforce

**Total Elective Spells activity: 13,834**

This includes delivery of patient treatment within our main theatres and other inpatient/daycase treatment services.

Key initiatives to support increased non-theatre based services in 2025/26 include:

- Additional diabetic foot procedures to be undertaken in the Headley Court procedure room
- Outsourcing to Independent sector

**Outpatient activity: 155,506 (New patient attendances: 48,007 Follow Up attendances 107,499)**

Key productivity improvement initiatives to support delivery

- Review across all clinics of the number of patients on a clinic template
- Clinical follow up pathway protocols to be reviewed
- Reduction in the number of patients that Do not Attend (DNA)



# RJAH Workforce Plan



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

**Establishment Plan: Reduce by 0.06 Whole Time Equivalent (WTE) against March 2025 outturn by March 2026**

Key areas of growth: Medical posts, Pharmacy Training Posts

Key areas of reduction: Apollo post project implementation, and Infrastructure support posts reducing to April 2022 levels in line with national guidance



**Staff in post: Increase by 9.64 WTE against March 2025 outturn by March 2026**

Key areas of growth: Medical growth

Key areas of reduction: Apollo post project implementation efficiencies, Infrastructure support reduction to April 2022 levels

**Infrastructure Support: Reduce by 41.79 WTE against April 2022 levels in line with national guidance.**

Reduction in head count for corporate infrastructure of 42 Whole Time Equivalent posts through holding of vacancies through vacancy control panel, disestablishment of long-term vacancies, review of fixed term roles, administrative review of corporate services, digital enablement & innovation.

**Bank usage target reduction of 15%, equating to 12.27 WTE**

Planned reduction from 81.81 WTE to 66.35 WTE (15.46 WTE), based on Month 8 baseline position as per provider return

Key areas where bank usage reductions are planned based on recruitment pipeline meaning that substantive staff are in post are Nursing, Support Services, Health Care Support Worker, Patient Access and Housekeeping

**Agency usage target reduction of 40% equating to 6.80 WTE**

50% reduction forecast to 8.53 WTE at the end of March 2026

Key areas where agency usage reductions are planned are within Anaesthetics, Rheumatology, and Nursing due to ward recruitment and reduction in Theatre supernumerary staff from April.



|    |
|----|
| 1  |
| 2  |
| 3  |
| 4  |
| 5  |
| 6  |
| 7  |
| 8  |
| 9  |
| 10 |
| 11 |



# RJAH Productivity and Efficiency Plan

**Elective** – Key initiatives to improve productivity include delivery of the new operating model which is lower cost than previous model reliant on insourcing supported by recruitment and flexible job planning, continues benefits from enhanced recovery of applicable patients to reduce length of stay and reduced cancellations on the day or surgery or within 7 days of surgical date.

**Outpatient transformation** – Key initiatives include clinic template improvements and clinical pathway changes based on best practice to deliver increases New attendances and reduced follow ups and reduced DNA rates through improved communications and bookings opportunities for increasing Patient initiated follow ups and optimising demand management and advice and guidance pathways to reduce referrals.

**Temporary Staffing** - Key initiatives to improve based on Supernumerary training periods finishing with staff skilled up to fill roles - particularly theatres; Recruitment of nursing and Health Care Support Worker (HCSW) staff alongside key consultant appointments (rheumatology, anaesthetics); Retention improvements through staff engagement, support, training initiatives and career development resulting in reduction in bank and agency rates

**Infrastructure Support** - Reduction in head count for corporate infrastructure of 42 Whole Time Equivalent posts through holding of vacancies through vacancy control panel, disestablishment of long-term vacancies, review of fixed term roles, administrative review of corporate services, digital enablement & innovation.

**Commercial** - Procurement savings target for non pay spend - particularly implants / consumables, contract renewals and inflation controls

**Medicines** - Biosimilar drugs opportunities



# RJAH Finance Plan

2025/26

- **Breakeven financial plan** - another challenging year ahead as we look to make the changes in 2024/25 recurrent to support a more sustainable financial position including embedding the New Operating Model and continuing enhanced financial controls
- **Efficiency plans set at £9.6m (6%)**, considerable increase from recent years due to the wider NHS challenges on cost savings and productivity along with local pressures
- **Capital plan is set at £10.9m**, notable schemes include finalisation of new Electronic Patient Record system, investment in digital and surgical innovations, development of a rheumatology hub and significant grants to continue decarbonisation schemes across the site
- The ICS has set a revenue plan deficit of £89m (improvement from £115m in 24/25)