

Council of Governors 24.05.2022

MEETING
24 May 2022 12:30

PUBLISHED
23 May 2022

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	24/05/22		12:30
1. Introduction		Harry Turner	12:30
1.1. Apologies			
1.2. Minutes from the previous meeting - 25.11.21			
1.3. Extra Ordinary Meeting Minutes - 25.11.21			
1.4. Extra Ordinary Meeting Minutes - 27.01.22			
1.5. Extra Ordinary Meeting Minutes - 30.03.22			
1.6. Extra Ordinary Meeting Minutes - 21.04.22			
1.7. Annual Board and Governor Meeting - Action Log 24.03.22			
1.8. Matters Arising			
1.9. Declaration of Interests			
2. Welcome from the Chairman		Harry Turner	12:40
3. Governor Update			
3.1. Lead Governor Update (verbal)		William Greenwood	12:45
3.2. Governor Activity and Feedback (verbal)		William Greenwood	12:50
4. IPC Update (Presentation)		Craig Macbeth	12:55
5. Trust Overview (Presentation)		Craig Macbeth	13:00
6. Committee Chairs Updates			
6.1. Audit and Risk Committee (verbal)		Sarfraz Nawaz	13:05
6.2. Finance Planning and Digital Committee (verbal)		Sarfraz Nawaz	13:10
6.3. Quality and Safety Committee (verbal)		Paul Kingston	13:15
6.4. People Committee (verbal)		Paul Kingston	13:20

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Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	24/05/22		12:30
7. Governance			
7.1. 2022/23 Priorities and Quality Indicators		Shelley Ramtuhul	13:25
7.2. Corporate Objectives (Presentation)		Shelley Ramtuhul	13:30
7.3. Patient Safety Walkabout Feedback		Shelley Ramtuhul	13:35
7.4. Membership Report		Shelley Ramtuhul	13:40
7.5. Questions from the Governors		Shelley Ramtuhul	13:45
7.6. Review of Work Plan		Shelley Ramtuhul	13:50
8. Any Other Business			
8.1. Next Meeting: 13 July 2022			13:55

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8.1. Next Meeting: 13 July 2022

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

COUNCIL OF GOVERNORS
THURSDAY 25TH NOVEMBER 2021

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
William Greenwood	Lead Governor/Public Governor – Powys	WG
Jan Greasley	Public Governor - North Wales	JG
Colette Gribble	Public Governor - North Wales	CG
Colin Chapman	Public Governor - Shropshire	CC
Victoria Sugden	Public Governor – Shropshire	VS
Tony Wright	Public Governor – West Midlands	TW
Katrina Morphet	Public Governor – Cheshire and Merseyside	KM
Phil White	Public Governor – Rest of England & Wales	PW
Kate Betts	Staff Governor	KB
Peter David	Stakeholder Governor – League of Friends	PD
Karina Wright	Stakeholder Governor – Keele University	KW
Simon Jones	Stakeholder Governor – Shropshire Council	SJ

IN ATTENDANCE:

Stacey Keegan	Interim Chief Executive Officer	SK
Shelley Ramtuhul	Trust Secretary	SR
Kerry Robinson	Chief Performance, Improvement & OD Officer	KR
Craig Macbeth	Chief Finance and Planning Officer	CM
Paul Kingston	Non-Executive Director	PK
Alison Tumilty	Non-Executive Director	AT
Harry Turner	Non-Executive Director	HT
Chris Beacock	Non-Executive Director	CB
David Gilbert	Non-Executive Director	DG
Hilary Pepler	Board Advisor	HP
Sarfraz Nawaz	Associate Non-Executive Director	SN
Emma Stockwell (part)	Partner Solicitor, Hill Dickenson LLP	ES

SECRETARY:

Gayle Murphy	Trust Office PA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	WELCOME & APOLOGIES Apologies were received from Kate Chaffey, Sue Nassar, Allen Edwards, Sara Ellis Anderson, Ruth Longfellow, Sarah Sheppard and Rachel Hopwood. FC welcomed Tony Wright to the meeting, who has joined the Council as a Public Governor for West Midlands.	
1.2	MINUTES FROM THE PREVIOUS MEETING The minutes from the previous meetings held on 29 July 2021 were approved as a true and accurate record.	
1.3	MATTERS ARISING None recorded.	

MINUTE No	TITLE	ACTION
	ACTIONS FOLLOWING THE PREVIOUS MEETING All actions from the previous meeting were recorded as complete.	
1.4	DECLARATIONS OF INTEREST None recorded	
2.0	THE FUTURE ROLE OF GOVERNORS IN THE NEW ICS	
	<p>Emma Stockwell, Partner Solicitor from Hill Dickinson LLP, joined the meeting to talk about the future role of Governors in the new ICS. The highlights are:</p> <ul style="list-style-type: none"> • Since the Integration and Innovation White paper was released in February 2021, guidance on ICS's has been released • An updated Code of Governance for Foundation Trusts and NHS Provider Licence is awaited • A Health and Care Bill is currently at the House of Lords, which will abolish the CCG's and replace them with an integrated Care Board (ICB) which will commission services and form collaborations within the System • There will be place based partnerships working at a local authority level within the System • A representative from RJAH will sit on the ICB and the Integrated Care Partnership Board (ICP) • All Trusts are expected to be part of one or more provider collaboratives by April 2022 • The role of the Governors is specific to the Trust, but the Governors will need an understanding of the new duties on the Trust and its role within the ICS <p>A in depth discussion took place regarding the presentation.</p> <p>FC thanked Emma and the Council noted the presentation.</p>	
3.0	BOARD REFLECTION	
	<p>Following the Board of Directors meetings earlier in the day, FC invited the Council of Governors to ask questions or offer comments.</p> <p>KB commented that the agenda was very heavy and as the pack was received late, it gave very little time to digest the information provided. She added there were lots of acronyms and asked if these could be minimised for future meetings. FC agreed it was a heavy agenda, but each item needed to be debated and noted the points for the future meetings.</p> <p>WG added his thanks to KB and VS for their excellent presentation. He noted it would be helpful for any pack changes to be highlighted to the Committee. FC responded this is usually the case, but the point has been noted.</p> <p>WG asked how the current waiting times and pressures with staffing shortages will have an impact at the Trust in the future. FC noted the senior leaders would discuss this at the next Board of Directors meeting to ensure the non-executives are getting assurance regarding the responses to staff shortages.</p> <p>PC offered to have a discussion with the Governors to sight them on the People Plan and the future plans. FC accepted and noted this could form part of the next Council of Governors meeting.</p> <p>Action: PK to present the People Plan to the Committee at the March meeting</p>	

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MINUTE No	TITLE	ACTION
	FC thanked the Council for their attendance at the Board of Directors meeting and for their reflections and observations.	
4.0	GOVERNANCE	
4.1	<p>RJAH Foundation Trust Constitution</p> <p>SR shared the constitution with the Council and noted that there have been no amendments to the document following a review. She added the document is based on the model constitution from Monitor before it became NHSE/I. It was agreed to review it again once the ICS is established formally, to check if anything has changed.</p> <p>FC agreed the Constitution should return to the Committee in quarter 1 after the transition of the Clinical Commissioning Group to an ICS.</p> <p>Action: SR to add the RJAH Foundation Trust Constitution to the May agenda</p> <p>The Council <i>approved</i> the Trusts constitution.</p>	
4.2	<p>Chair Appointment</p> <p>FC provided a verbal summary of the recruitment process which was approved at the Extra Ordinary Council of Governors earlier in the day. FC noted the due process that had been followed and therefore the Nomination Committee put their recommendation to the Council that Harry Turner was appointable, from 1 February 2022 for an initial period of 3 years.</p> <p>The Council of Governors <i>noted</i> the update.</p>	
5.0	EXTERNAL AUDIT APPOINTMENT	
	<p>FC noted the content of the paper and highlighted the recommendation is for the Trust to proceed with the appointment of Deloitte as the external auditors.</p> <p>The Council <i>approved</i> the appointment.</p>	
6.0	QUESTIONS AND ANSWERS	
	<p>The Council were aware of the Questions and Answers paper which was circulated prior to the meeting and were happy with the responses offered.</p> <p>No supplementary questions were asked during the meeting.</p> <p>The Council <i>noted</i> the Questions and Answers paper.</p>	
7.0	MEMBERSHIP REPORT	
	<p>SR provided an update on the membership for the Trust and noted there were no significant changes to highlight. The year-on-year increase stands at 1.2%.</p> <p>One discrepancy in the figures was highlighted; the paper states there are 5403 public members as opposed to 5423 members as shown in the constituency table. SR confirmed there are 20 inactive members included in the constituency total, the 5403 are active members only.</p>	

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MINUTE No	TITLE	ACTION
	KB asked whether staff are automatically made members on appointment. SR confirmed this is the case with an option to opt out if required. The Council of Governors <i>noted</i> the Membership Report.	
8.0	WORK PLAN REVIEW	
	SR presented the work plan for 2021/22 and noted there has been one addition to the plan - the Non-Executive Director Presentation at each meeting. The Council of Governors <i>noted</i> the Work Plan Review.	
9.0	ANY OTHER BUSINESS	
	JG highlighted the meeting would be the final meeting for FC as his tenure of Chair comes to an end in January 2022. She added how she has enjoyed working alongside FC and wished him well for the future. FC thanked JG for her kind words. FC thanked the members of Council for their attendance and contribution and brought the meeting to a close.	

**NEXT MEETING:
 COUNCIL OF GOVERNORS MEETING 24TH MARCH 2022**

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress
3.0 Board Reflection PK to present the People Plan to the Committee at the March meeting	PK	
4.1 RJA Foundation Trust Constitution SR to add the RJA Foundation Trust Constitution to the May agenda	PK	

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

**EXTRA ORDINARY COUNCIL OF GOVERNORS
THURSDAY 25TH NOVEMBER 2021**

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
William Greenwood	Lead Governor/Public Governor – Powys	WG
Jan Greasley	Public Governor - North Wales	JG
Colin Chapman	Public Governor - Shropshire	CC
Victoria Sugden	Public Governor – Shropshire	VS
Tony Wright	Public Governor – West Midlands	TW
Katrina Morphet	Public Governor – Cheshire and Merseyside	KM
Phil White	Public Governor – Rest of England & Wales	PW
Kate Betts	Staff Governor	KB
Allen Edwards	Staff Governor	AE
Peter David	Stakeholder Governor – League of Friends	PD
Simon Jones	Stakeholder Governor – Shropshire Council	SJ

IN ATTENDANCE:

Shelley Ramtuhul	Trust Secretary	SR
Chris Beacock	Non-Executive Director/Chair of the Nomination Committee	CB

SECRETARY:

Gayle Murphy	Trust Office PA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.0	<p>WELCOME & APOLOGIES</p> <p>Apologies were received from Kate Chaffey, Colette Gribble, Sue Nassar and Karina Wright</p> <p>FC welcomed Tony Wright to the meeting, who has joined the Council as a Public Governor for West Midlands.</p>	
2.0	<p>DECLARATIONS OF INTEREST</p> <p>None recorded</p>	
3.0	CHAIR APPOINTMENT	
	<p>SR presented the paper which outlines the Chair role and the Council's responsibilities in approving it. She noted the process that had been followed, which included the Nomination Committee and their responsibilities, and the various interview panels that took place.</p> <p>On conclusion of the interviews, Harry Turner was appointable and this is the unanimous recommendation being made to the Council by the Nomination Committee.</p>	

MINUTE No	TITLE	ACTION
	<p>FC thanked SR and highlighted the Trust followed due process with a rigorous recruitment search and selection process. It was overseen by an external consultancy with five shortlisted, high-quality candidates.</p> <p>CB concurred with the previous comments and agreed the correct process was followed and the outcome is as stated.</p> <p>WG added it was an intense process with high calibre candidates.</p> <p>FC emphasised to the Council, the decision was to approve the recommendation from the Nomination Committee, that Harry Turner is appointed to the position of Chair of RJAH with effect from 1st February 2022 for an initial term of 3 years.</p> <p>The Council approved the appointment.</p> <p>FC thanked the members of Council for their attendance and contribution and noted the formal process can now move forward. He highlighted the approval remains embargoed until the announcement at the public Board of Directors meeting later in the day and acknowledged the communication cascade will then follow.</p> <p>SR asked FC what the process should be for informing NHI/E representatives before the external communications are released. FC confirmed they should be notified prior to the press release and asked SR to action this.</p> <p>Action: SR to notify NHSI/E of the appointment of Harry Turner</p>	
4.0	ANY OTHER BUSINESS	
	<p>None recorded.</p> <p>FC brought the meeting to a close.</p>	

**NEXT MEETING:
 COUNCIL OF GOVERNORS MEETING 25TH NOVEMBER 2021**

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress
SR to notify NHSI/E of the appointment of Harry Turner	SR	Completed

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

**EXTRA ORDINARY COUNCIL OF GOVERNORS
THURSDAY 27TH JANUARY 2022**

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
William Greenwood	Lead Governor/Public Governor – Powys	WG
Victoria Sugden	Public Governor – Shropshire	VS
Kate Betts	Staff Governor	KB
Allen Edwards	Staff Governor	AE
Simon Jones	Stakeholder Governor – Shropshire Council	SJ

IN ATTENDANCE:

Shelley Ramtuhul	Trust Secretary	SR
Harry Turner	Non-Executive Director/Chair Designate	HT

SECRETARY:

Gayle Murphy	Trust Office PA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.0	WELCOME & APOLOGIES Apologies were received from Kate Chaffey, Jan Greasley, Katrina Morphet, Karina Wright, Tony Wright, Collin Chapman, Sue Nassar, Colette Gribble, Phil White and Peter David.	
2.0	DECLARATIONS OF INTEREST None recorded	
3.0	NON-EXECUTIVE DIRECTOR APPOINTMENT	
	<p>HT presented the paper and outlined the recommendations to the Committee as follows:</p> <ul style="list-style-type: none"> • The appointment of a new Non-Executive Director to fill the vacancy being left by himself. Offering the substantive role to Sarfraz Nawaz, currently an Associate Non-Executive Director. • The extension of Chris Beacock’s tenure for 12 months to provide stability during the next year. • The offering of a Board Advisory role to David Gilburd, again to provide stability. • The commencement of recruitment for two Associate Non-Executive roles to enhance the skills and expertise of the Board of Directors. <p>FC thanked HT and asked for clarification whether the Board Advisor post will initially be a 12-month tenure with an option to review for an additional year. HT agreed and added the portfolio will be slightly different to the previous board advisor.</p>	

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	<p>WG highlighted he has discussed the proposal informally with HT and understands the reasons for the appointments so is happy to support them.</p> <p>VS commented that the non-executive board is male heavy and asked if the Board could bear this in mind for future appointments. FC agreed and added it hadn't gone unnoticed.</p> <p>KB queried the finances for the two new roles. HT confirmed one is funded within the current budget and one will be a new cost pressure, less than £13k per year.</p> <p>SW agreed with the sensible proposal.</p> <p>SR added the proposal is an opportunity for succession planning, helping to keep stability and corporate memory within the Board. It will also provide greater resilience in having non-executive representation at the increasing number of meetings within the System</p> <p>FC thanked the Council and suggested HT progresses with the plans as recommended. SR highlighted a paper confirming the process followed, will be shared in the public Council of Governors meeting in March but this will not prevent HT progressing with the plans.</p> <p>The Council <i>approved</i> the recommendations.</p>	
4.0	SENIOR INDEPENDENT DIRECTOR APPOINTMENT	
	<p>HT presented the paper and highlighted to the Committee that he is the current Senior Independent Director (SID); however, his tenure is due to expire on 31 January 2022 when he commences his new role as Chairman. Therefore, the appointment of a new SID is required.</p> <p>The Chairman has sought expressions of interest from the Non-Executive Directors and upon consideration of these expressions has invited Paul Kingston to take up the position of SID with effect from 1 February 2022 until his tenure ends in December 2024.</p> <p>The Council is asked to consider and approve the appointment of Paul Kingston as the Trust's Senior Independent Director and Deputy Chairman.</p> <p>FC thanked HT and highlighted he is fully supportive of the appointment; Paul is making an effective contribution to the Trust.</p> <p>The Council <i>approved</i> the proposal.</p>	
5.0	ANY OTHER BUSINESS	
	<p>None recorded.</p> <p>HT formally thanked FC, on behalf of the Governors, for his leadership and commitment to the Council during his tenure as Chairman. FC commented it has been an absolute joy and pleasure.</p> <p>FC thanked the members of Council for their attendance and contribution and brought the meeting to a close.</p>	

**NEXT MEETING:
COUNCIL OF GOVERNORS MEETING 24TH MARCH 2022**

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress

DRAFT

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The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

**EXTRA ORDINARY COUNCIL OF GOVERNORS
WEDNESDAY 30th MARCH 2022**

MINUTES OF THE MEETING

PRESENT:

Harry Turner	Chair	HT
Colette Gribble	Public Governor – North Wales	CG
Victoria Sugden	Public Governor – Shropshire	VS
Kate Betts	Staff Governor	KB
Allen Edwards	Staff Governor	AE
Simon Jones	Stakeholder Governor – Shropshire Council	SJ
Katrina Morphet	Public Governor – Cheshire and Merseyside	KM
Tony Wright	Public Governor – West Midlands	TW
Peter David	Stakeholder Governor – Voluntary Services	PD
Karina Wright	Stakeholder Governor – Keele University	KW

IN ATTENDANCE:

Shelley Ramtuhul	Trust Secretary	SR
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SECRETARY:

Gayle Murphy	Trust Office PA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.0	WELCOME & APOLOGIES Apologies were received from Kate Chaffey, Jan Greasley, Collin Chapman, Sue Nassar, Phil White and William Greenwood.	
2.0	DECLARATIONS OF INTEREST None recorded	
3.0	NON-EXECUTIVE DIRECTOR APPOINTMENT	
	<p>HT presented the paper and outlined the recommendations to the Committee as follows:</p> <ul style="list-style-type: none"> • The appointment of a new Non-Executive Director to fill the vacancy being left by Rachel Hopwood • The appointment of a new Associate Non-Executive Director to fill the vacancy being left by Sarfraz Nawaz <p>The Board is looking to appoint two positions, a Non-Executive Director with experience in NHS quality management and an Associate Non-Executive Director with experience in general practice. The Trust advertised the role of Non-Executive Director in February 2022, in total there were 9 applications received. The standard of these applications was extremely high and after deliberation a shortlist of 2 candidates per vacancy was agreed between the Chairman, Chief Executive Director and Trust Secretary who then sought final approval from the Deputy Lead Governor.</p>	

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MINUTE No	TITLE	ACTION
	<p>The conclusion of the interviews was that Penelope Venables was appointable as Non-Executive Director and John Pepper as Associate Non-Executive Director as they would provide the most valuable contribution to the skill mix of the Board of Directors.</p> <p>The Council is asked to approve the appointment of Penelope Venables as a new Non-Executive Director as of 1st April 2022. Furthermore, the Council is asked to approve the appointment of John Pepper as Associate Non-Executive Director as of 1st July 2022.</p> <p>KM requested that prior to future meetings it would be beneficial for the Council to have access to a summary of the candidate's CV's. HT agreed.</p> <p>The Council <i>approved</i> the recommendations.</p>	
5.0	ANY OTHER BUSINESS	
	<p>None recorded.</p> <p>HT thanked the members of Council for their attendance and contribution and brought the meeting to a close.</p>	

**NEXT MEETING:
 COUNCIL OF GOVERNORS MEETING 25TH MAY 2022**

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

**EXTRA ORDINARY COUNCIL OF GOVERNORS
THURSDAY 21ST APRIL 2022**

MINUTES OF THE MEETING

PRESENT:

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

SECRETARY:

Gayle Murphy	Trust Office PA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.0	WELCOME & APOLOGIES Apologies were received from Kate Chaffey, Jan Greasley, Colette Gribble, Sue Nassar, Karina Wright and Tony Wright	
2.0	DECLARATIONS OF INTEREST None recorded	
3.0	NON-EXECUTIVE DIRECTOR APPOINTMENT	
	<p>HT presented the paper and outlined the recommendations to the Committee as follows:</p> <p>The Trust advertised the role of Non-Executive Director in March 2022, in total there were 7 applications received. The standard of these applications was extremely high and after deliberation a shortlist of 4 candidates were shortlisted between the Chairman, Chief Executive Director and Trust Secretary who then sought final approval from the Deputy Lead Governor. A stakeholder focus group was held followed by the formal panel, where the four candidates were interviewed.</p> <p>The conclusion of the interviews was that Martin Newsholme was appointable as Non-Executive Director as he would provide the most valuable contribution to the skill mix of the Board of Directors.</p> <p>The Council is asked to approve the appointment of Martin Newsholme as a new Non-Executive Director as of 1st May 2022.</p> <p>VS added that Martin was a good fit and understood the dynamics of the Trust.</p>	

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MINUTE No	TITLE	ACTION
	The Council <i>approved</i> the recommendation.	
5.0	ANY OTHER BUSINESS	
	None recorded. HT thanked the members of Council for their attendance and contribution and brought the meeting to a close.	

**NEXT MEETING:
COUNCIL OF GOVERNORS MEETING 25TH MAY 2022**

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress

Council of Governors and Board Annual Meeting - Action Notes 24.03.2022

Present:	Harry Turner, Shelley Ramtuhul, Stacey Keegan, Sarfraz Nawaz, Chris Beacock, Nia Jones, Kate Betts, Colette Gribble, Colin Chapman, Katrina Morphet, Phil White, Simon Jones, Victoria Sugden, Tony Wright, Karina Wright, Mark Butler (part), Joe Roberts (part)
In Attendance:	
Apologies:	Paul Kingston, Alison Tumilty, Hilary Pepler, David Gilburt, Kate Chaffey, Allen Edwards, Peter David, William Greenwood, Sue Nassar, Jan Greasley

Introduction:	HT welcomed the Council members to the meeting and gave an overview of the agenda ahead. He introduced Mark Butler and Joe Roberts who are working with the Trust on the planning process for the CQC visit.
Declarations:	None to note
Matters Arising	None to note

Ref	Agenda Item	Action	Responsible Exec/Deputy	Due Date/Progress
01.24.03	Operational Plan 2022/23	Update communications to include the strict criteria for international recruitment	Stacey Keegan	25.05.2022
02.24.03	Operational Plan 2022/23	Discuss international recruitment and the criteria at other relevant forums i.e.. System People Board	Stacey Keegan	25.05.2022
03.24.03	Governor Response Paper	Board and Sub Committee schedule to be shared with the Governors	Gayle Murphy/Mary Bardsley	04.04.2022
Decisions 24.03.2022				
D1.24.03	Strategic Priorities	Governors will be included in Sub groups/working groups for the Veterans Service when the time comes		
D2.24.03	Governor Response Paper	The second Council of Governors meeting of the year will serve as a review point to gauge the changes to the Board and Committee Governance		
D3.24.03	Governor Response Paper	Governors are to decide which members attend each Board/Sub-Committees		

1. Introduction

2. Welcome from the Chairman

3. Governor Update

4. IPC Update (Presentation)

5. Trust Overview (Presentation)

6. Committee Chairs Updates

7. Governance

8. Any Other Business

RJAH – IPC

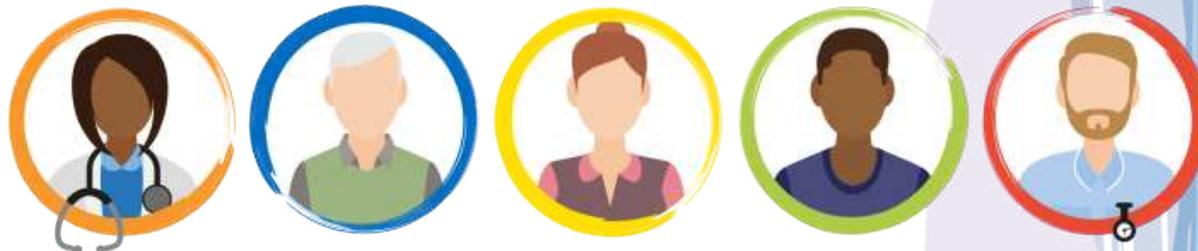
- MRSA outbreak August 21
- RJAH escalated to red on NHSE/I IPC matrix with additional support offered from NHSE/I
- Improvements made but not sustained/extrapolated across organisation
- Further review Feb 22 – remain red on NHSE/I matrix and immediate actions required
- Governance strengthened with increased oversight at IPC Quality Assurance Committee established
- IPC Improvement plan in place with methods of ongoing assurance identified
- Improvement plan split in to 9 themes (Leadership & Culture, Workforce, Governance, Cleanliness, Estates, Equipment and storage, HH/BBE, training, communications and trust wide learning)
- Monthly oversight at Trust Board and System Quality Group
- Improvement Director working with Trust
- Moved in to SOF 3



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Overview of the Trust

Craig Macbeth, Chief Finance and Planning Office/Deputy Chief Executive



Aspiring to deliver world class patient care

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8. Any Other

Caring for Patients

Highlights of 2021/22

1. *Adult inpatient survey - Patient experience best in country*
2. *Headley Court Veterans Centre development*
3. *Revision knee hub status granted (1 of only 3 in Midlands)*

Focus Areas for 2022/23

1. *Delivering Infection prevention and control improvement plan*
2. *Optimising capacity and reducing waiting lists (maximum 78 week wait target by April 2023) through enhanced recovery, patient initiated follow up pathways, MSK transformation*
3. *Delivering our quality priorities in patient safety, patient experience and patient outcomes*

Caring for Staff

Highlights of 2021/22

1. *Mutual aid/cross system working to support pandemic pressures*
2. *Staff awards event re-instated (virtual event)*
3. *Enhanced Wellbeing offer for staff*
4. *Overseas recruitment success (Radiography and Nursing)*

Focus Areas for 2022/23

1. *Recruitment and Retention to support Recovery*
2. *Develop action plan to address findings of staff survey*
3. *Strengthen Freedom to Speak up arrangements*
4. *People Management development*

Caring for Finances

Highlights of 2021/22

1. *Strong Surplus of £5.9m - £2.6m above plan*
2. *Cash balances of £25m*
3. *Capital investment of £5.25m (half from Headley Court)*

Focus Areas for 2022/23

1. *Deliver plan of £1.6m deficit including 1.6% efficiency*
2. *Access Elective Recovery funding and Targeted Investment Fund to support capacity building*
3. *Eliminate COVID costs - Re-instating productivity to pre-pandemic levels*

0. Reference Information

Author:	Sara Ellis-Anderson, Chief Nurse and Patient Safety Officer	Paper date:	24 th of May 2022
Executive Sponsor:	Sara Ellis-Anderson, Chief Nurse and Patient Safety Officer	Paper Category:	Governance and Quality
Paper Reviewed by:	Quality and Safety Committee	Paper Ref:	
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The paper is submitted to the Quality and Safety Committee for support and approval of the quality priorities identified for 2022/23.

2. Executive Summary

2.1. Context

Each year the Trust reviews its priorities for quality improvement aligned to the requirements of a Quality Account.

In determining the 2022/23 quality priorities the outcomes of the national staff and patient surveys and themes of incidents and complaints reported in the past twelve months have been reviewed.

The quality priorities identified aim to; reduce avoidable harm to patients by improving patient safety, improve patient experience and ensure good outcomes for our patients.

2.2. Summary

Six quality priorities have been identified for 2022/23 across the domains of Patient Safety, Clinical Effectiveness and Patient Experience. They will be underpinned by the continued implementation of the Patient Safety Strategy.

2.3. Conclusion

The Quality and Safety Committee are asked to approve the quality priorities for 2022/23.

3. The Main Report

3.1. Introduction

In determining the 2022/23 quality priorities the outcomes of the national staff and patient surveys and themes of incidents and complaints reported in the past twelve months have been reviewed. Subsequently a long list of quality priorities was produced and shared with staff in the form of a survey to gain wider staff engagement.

This resulted in two quality priorities being chosen in the domains of Patient Safety, Clinical Effectiveness and Patient Experience.

3.2. Overview of the Quality Priorities

Please see appendix one for an overview of the identified quality priorities including high level objectives. It has been requested that improvement champions are aligned to each quality improvement.

One quality priority that relates to continued improvement of delayed discharges have been extended from 2021/22 given the national focus on patient discharge and further improvements to make in this area.

3.3. Next Steps

Each of the quality priorities progress will be monitored via the respective committee with upward reporting to the Quality and Safety Committee on a quarterly basis.

3.4. Conclusion

The Council of Governors are asked to note the content of the report and approve the proposed quality priorities for 2022/23.

Quality Priorities 2022/23

Priority	Objective	Lead	Executive sponsor	Clinical champion	Key areas of focus	Measure of Success
PATIENT SAFETY						
1. End of Life Care and the ReSPECT Process	Ensure patients receive good quality and safe care at the end of their life by ensuring staff have the correct skills and training	Lisa Newton	Ruth Longfellow	TBC	<ul style="list-style-type: none"> Ensure staff have access to end of life resources Ensure staff receive appropriate training Audit of ReSPECT forms Collection of patient and relative feedback Ensure there is an organisational lead for End of Life Care Further training on advanced communication 	<ul style="list-style-type: none"> Increased levels of training Increased quality of documentation on ReSPECT forms Organisational lead in place Increased availability of resources
2. VTE – Prevention and management	Ensure compliance against Trust VTE policy to reduce risk of VTE incidence	Kirsty Foskett	Ruth Longfellow	Ted U	<ul style="list-style-type: none"> Improved learning from RJAH acquired VTE incidents Thematic analysis of incidents monitoring themes/trends Audit of compliance against policy Review ward to board reporting and data collection 	<ul style="list-style-type: none"> Decrease in VTE incidents resulting in harm Evidence of shared learning

Quality Priorities 2022/23

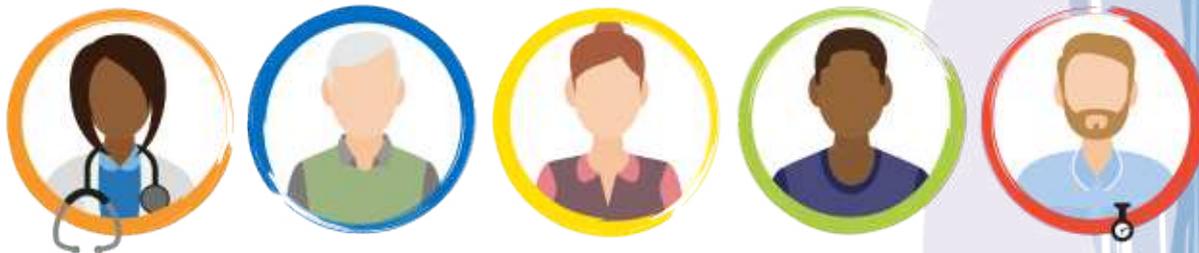
Priority	Objective	Lead	Executive sponsor	Clinical champion	Key areas of focus	Measure of Success
CLINICAL EFFECTIVENESS						
3. Enhanced Recovery – supporting patients to eat drink and mobilise after surgery	Decrease length of stay in primary arthroplasty surgery	Ian MacLennan	Ruth Longfellow	Geriant Thomas	<ul style="list-style-type: none"> Adopt “DrEaMing” (Drink, Eat and Mobilise) across surgical wards Implementation of enhanced recovery business case Implement criteria led discharge as part of enhanced recovery pathway 	<ul style="list-style-type: none"> Reduced Length of Stay Increased positive patient experience scores
4. Reduction in delayed discharges	Achieve the Trust KPI of less than 5.24% of all patients delayed	Dawn Forrest	Sara Ellis-Anderson	Lisa Newton	<ul style="list-style-type: none"> Ensure that all patients are aware of their expected discharge date. Early discharge planning needs to commence on arrival at the Trust or pre-operatively for elective admissions. Mini MADE events Review MDT Board rounds Ensure escalation flowchart as part of discharge policy is followed and good communication with system partners 	<ul style="list-style-type: none"> Achieve % improvements towards trust target of 5.24% delayed discharges Increased positive patient experience scores

Quality Priorities 2022/23

Priority	Objective	Lead	Executive sponsor	Clinical champion	Key areas of focus	Measure of Success
PATIENT EXPERIENCE						
5. Waiting well initiative	Ensure patients are communicated with effectively whilst on the waiting list	Alyson Jordan	Ruth Longfellow	Philip Hulse	<ul style="list-style-type: none"> Ensure effective communication and information available to patients waiting Promote pre-rehabilitation using My Recovery app Ensure robust clinical prioritisation and harms review process is in place and monitored 	<ul style="list-style-type: none"> Reduced patient contact/complaints relating to waiting times
6. Progress against NHS Learning Disability standards	Improve patient experience with patients with learning disabilities and autism who access our services	Nicki Bellinger	Sara Ellis-Anderson	Gemma Sweetman	<ul style="list-style-type: none"> Continue Learning Disabilities and Autism improvement group with patient involvement Improved communication across the patient pathway Review of national benchmarking data Improved compliance with tier 1 LD and Autism training for all staff to increase awareness 	<ul style="list-style-type: none"> Improved % with training compliance Increased patient satisfaction Increased access to resources for staff caring for patients with LD and autism

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RJAH Corporate Objective 2022/23



Aspiring to deliver world class patient care

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A Reminder of our Strategy 2018-2023

Aspiring to deliver world class patient care

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Our Mission - Caring for . . . (how)



Patients

Staff

Finances

Aspiring to deliver world class patient care

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To deliver world class patient care

Aspiring to deliver world class patient care

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Our Strategy (what)



Specialist Orthopaedic

- Explore new markets
- Leading work to develop a chain
- National voice on our areas of expertise
- Maintain & secure our position as an excellent educator.
- Adoption of innovation & research into clinical practice
- We share learning for the benefit of the patient.

Operational Excellence

- Focus on operational detail using good data.
- Embed & standardise safe processes.
- Define data enabled transformation schemes.
- Focus on unwarranted variation & waste, drive efficiency & value to ensure sustainability.
- Be as safe as we can,
- We organise ourselves to have real operational grip.

Local MSK Services

- Not relevant to relevant.
- Divorced from the system to part of the system.
- Consumer of resources to management of demand.
- Exclusive specialist to underwriter of quality of care in the system.
- Ad hoc private to long term contractual model.
- Short term Welsh fixer to long term expert & partner.
- Orthopaedic to MSK/Orthopaedic
- Stayed to innovation & creative.

Culture and Leadership

- We are an extraordinary place to work.
- We develop our people to realise their potential.
- Clinically led organisation.
- Rebuilding relationships.
- Structured team development.
- Investing in leaders and aspiring leaders.
- Focused support for first line management.
- Refine service improvement method & capability

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Corporate Objectives 2022/23

Aspiring to deliver world class patient care

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Key Strategic Priorities

The Trust's overarching corporate objectives for 2022/23 are:

- Develop and maintain safe services
- Further develop the veterans service to ensure it is established as a centre of Excellence
- Support MSK integration across the system
- Optimise the potential of digital technologies to transform the care of patients and their outcomes
- Maintaining statutory and regulatory compliance

Each overarching corporate objective is underpinned by further, more detailed objectives and description of how success will be measured. The objectives will be monitored through a quarterly update to Board, together with the alignment of our key performance indicators within the integrated performance report, which is reported monthly to the Board. Assurance is managed through the board assurance framework.

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1. Developing and Maintaining Safe Services

Our mission	How we will do it	Measure
Caring for Patients	Undertake full service reviews to include specialised commissioning to ensure we have the right services to serve our patients	<ul style="list-style-type: none"> • Service Review programme agreed by the end of Q1. • Delivery of 2022/23 service reviews in line with agreed service review programme.
	Development of a specialist revision knee service	<ul style="list-style-type: none"> • Service specification and resource requirements presented to FPD. • Implementation of the service specification requirements agreed by March 2023.
	Securing robust and sustainable microbiology support	<ul style="list-style-type: none"> • Service specification agreed with service provider. • Trust membership on the N8 pathology network
	Further developing equality and inclusion initiatives for patients	<ul style="list-style-type: none"> • Delivery of Inclusion Action Plan
Caring for staff	Recruiting and retaining staff to ensure we have the right staff, in the right place at the right time	Delivery of key KPIs in our 2022/23 workforce plan: <ul style="list-style-type: none"> • Nursing vacancy rate: 7.2% • Medical vacancy rate: 2.5% • HCSW vacancy rate: 0% • Staff Turnover: 8%
	Further developing equality and inclusion initiatives for staff	<ul style="list-style-type: none"> • Delivery of Inclusion Action Plan • Staff survey results
Caring for Finances	Review of funding models and service line reporting to ensure robust financial management	<ul style="list-style-type: none"> • Service line reports presented to FPD Committee.

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2 Develop our Veterans service to ensure it is established as a centre of excellence

Our mission	How we will do it	Measure
Caring for Patients	Develop a communications, marketing and branding strategy aimed at enhancing links with key stakeholders	<ul style="list-style-type: none"> • Communication, Marketing and Branding in place
	Maintain Veteran accreditation and explore other relevant accreditation opportunities	<ul style="list-style-type: none"> • Veteran accreditation maintained • Additional accreditation application opportunities reviewed and progressed
Caring for staff	Identification and utilisation of key recruitment links for the Veterans service	<ul style="list-style-type: none"> • Phase 2 business case has supporting recruitment strategy in place
	Roll out of Veterans awareness training	<ul style="list-style-type: none"> • Staff training to include Veterans awareness training for relevant staff
Caring for finances	Sustainable funding model to be agreed to optimise further investment opportunities	<ul style="list-style-type: none"> • Business case presented to FPD on phase 2 for the Veterans service
	Programme of review to ensure best use of resource	<ul style="list-style-type: none"> • Deliver to agreed timescales and budget

3 Support MSK integration across the system

Our mission	How we will do it	Measure
Caring for patients	Leading the MSK Transformation Board and contributing to the delivery of the transformation programme	<ul style="list-style-type: none"> MSK transformation Board Chair's reports presented to FPD committee
	<p>Standardising pathways and access for patients</p> <p>Levelling up of outcomes for patients across all providers</p>	<ul style="list-style-type: none"> Standardised pathways to be implemented in line with MSK Transformation board implementation programme NJR outcomes PROMs GIRFT metrics Model Hospital data
Caring for staff	Integrated OD solution for MSK providers in the system	<ul style="list-style-type: none"> Agreed MSK OD strategy in place for system providers
	Enhancement of non-medical roles	<ul style="list-style-type: none"> Standardised pathways for integrated care. Introduction of enhanced roles and new non-medical roles into MSK services.
Caring for Finances	Delivery of efficiencies outlined in the ICS plan	<ul style="list-style-type: none"> Transformation programme delivered to timescales. Achievement of 2022/23 efficiency target

4 Optimise the potential of digital technologies to transform the care of patients and their outcomes

Our mission	How we will do it	Measure
Caring for Patients	Continue to develop patient facing apps to optimise patient outcomes and explore the use of artificial intelligence (AI).	<ul style="list-style-type: none"> • Roll out of My Recovery app to agreed clinical pathways • Complete review of new technologies • Business cases for investments presented to FPD as appropriate
Caring for Staff	Programme of education for staff on digital awareness	<ul style="list-style-type: none"> • Development of appropriate training & awareness programme and demonstrate staff uptake and compliance
Caring for Finances	Commence delivery of the next stages of the EPR programme, ensuring processes are reviewed to improve workflows and outcomes	<ul style="list-style-type: none"> • Deliver to agreed timescales and budget. • Reports and oversight through FPD Committee

5 Maintaining statutory and regulatory compliance

Our mission	How we will do it	Measure
Caring for Patients	Progress towards full compliance with accessible information standard to coincide with EPR programme	<ul style="list-style-type: none"> • Accessible information standards compliance included in ERP implementation programme.
	Maintaining CQC rating	<ul style="list-style-type: none"> • Trust CQC Action plan and preparedness plans monitored through Quality and Safety Committee • Trust CQC rating
	Delivery of IPC Improvement Programme	<ul style="list-style-type: none"> • Delivery of IPC Improvement plan to agreed timescales • Monitored through internal IPCC, IPC Quality Assurance Committee with system oversight at the STW System Quality Group
	Compliance with ED&I requirements	<ul style="list-style-type: none"> • Compliance with Regulatory requirements evidenced through Trust regulatory submissions and declarations reported to Trust Board.
Caring for Staff	Compliance with ED&I requirements	<ul style="list-style-type: none"> • Compliance with Regulatory requirements evidenced through Trust regulatory submissions and declarations reported to Trust Board.
Caring for Finances	Delivery of Financial Plan	<ul style="list-style-type: none"> • Deliver Trust financial plan budget by 31st March 2023 • Deliver Trust efficiency programme • Ensure activity delivery plan is managed within available sources of funding
	Improve System Oversight Framework rating from SOF3 to SOF2.	<ul style="list-style-type: none"> • Trust improvement plan in place and delivering to agreed timescales.

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Patient Safety Walkabout Summary

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	24 May 2022
Senior Leader Sponsor:	Sara Ellis Anderson, Interim Chief Nurse and Patient Safety Officer	Paper written on:	16 May 2022
Paper Reviewed by:	N/A	Paper Type:	Governance and Quality
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

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

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

2. Executive Summary

2.1. Context

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

2.2. Summary

- The walkabouts were reinstated as of April 2022
- For Q1 there are a total of 5 walkabouts scheduled
- One has taken place which has received positive feedback
- A schedule for the quarter one can be found in appendix one
- The feedback from the walkabout can be found in appendix two

2.3. Conclusion

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

Patient Safety Walkabout Summary
3. The Main Report

3.1. Introduction

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

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

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

Purpose of the Walkabouts

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

Measures of Success

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

3.2. Associated Risks

There have been no risks identified.

3.3. Conclusion

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

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

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Patient Safety Walkabout Summary

Appendix 1: Schedule for Quarter 1 (April 2022 – June 2022)

Date	Time	Area Visited
April 21 st	3pm – 4pm	Oswald Ward
May 19 th	3pm – 4pm	Main Outpatient Dept.
June 23 rd	8:45am – 9:45am	Powys Ward
June 23 rd	3pm – 4pm	Menzies
June 28 th	4pm – 5pm	Theatres

Appendix 2 - Patient Safety Walkabout – Summary Guidance

Dept/Ward: Oswald Ward

Date: 21/04/2022

In Attendance: Fiona, Tony, Sara, (apologies – Chris)

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

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

Areas to highlight (if required)

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

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0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	24 May 2022
Executive Sponsor:	Stacey Keegan, Interim Chief Executive	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Equality Impact Status:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Disclosable

1. Purpose of Paper

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

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

2. Executive Summary

2.1. Context

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

2.2. Summary

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

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

2.3 Conclusion

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

3. The Main Report

3.1. Background

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

3.2. Current Membership

The current membership total (at 01 May 2022) is 6661 which can be broken down as follows:

As at 01 May 2022	
Staff	1196
Public	5465
Total	6661

3.3. Membership Growth

The Council will recall that the trust membership target for 2022/23 was amended during a previous meeting to the achievement of a year-on-year increase. In May 2021 membership stood at 6517 and as such a 2.2% increase has been achieved over the last twelve months.

3.4 Constituencies

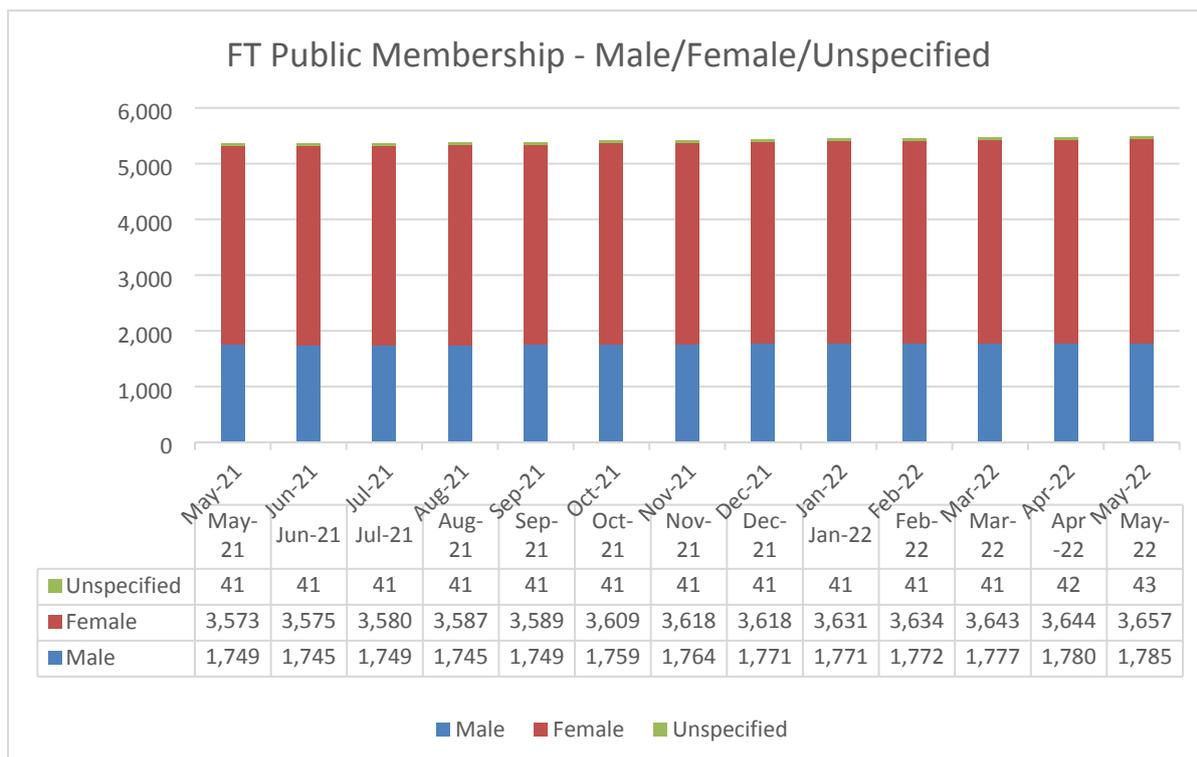
The breakdown of membership by public constituency, shows, as expected that Shropshire continues to provide the largest membership base.

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Cheshire & Merseyside	353	353	353	350	350	355	355	357	357	357	358	357	357
North Wales	932	927	928	926	927	930	929	931	927	928	927	926	925
Powys	536	535	535	535	533	537	537	536	534	537	536	537	539
Shropshire	2,698	2,700	2,699	2,699	2,700	2,744	2,748	2,748	2,752	2,750	2,754	2,750	2,757
West Midlands	522	522	521	519	519	531	529	529	528	528	530	529	530
Rest of England & Wales	245	245	246	246	245	248	249	249	249	249	249	249	249
Out of Trust Area	77	79	88	98	105	64	76	80	96	98	107	118	128
Total	5,363	5,361	5,370	5,373	5,379	5,409	5,423	5,430	5,443	5,447	5,461	5,466	5,485

3.5 Gender

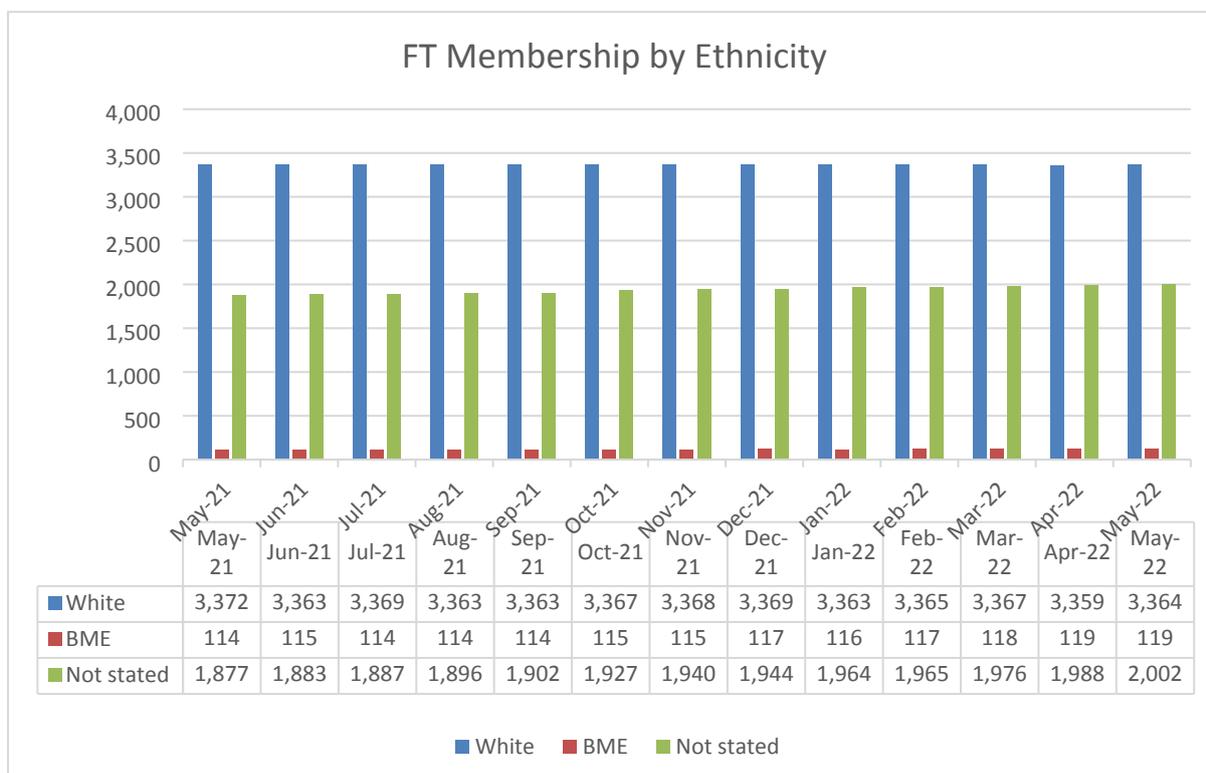
The graph below shows the split between female and male members. This demonstrates that males remain under represented within the membership. The number of male members has increased very slightly over the last year.

Membership Update



3.6 Ethnicity

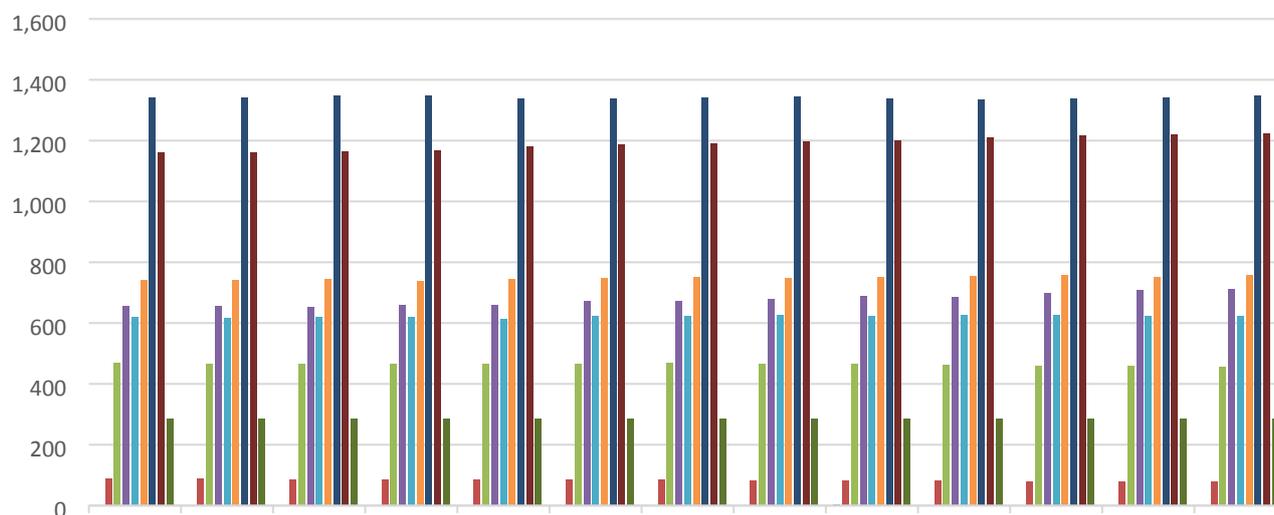
Although relatively small numbers of members are from Black and Minority Ethnic groups, compared to the local population, these groups are representative of the population and therefore the patient base.



3.7 Age

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

FT Membership by Age



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
0-16	0	0	0	1	1	1	1	1	3	0	0	0	0
17-21	90	90	86	86	86	85	84	82	82	83	79	78	78
22-29	468	465	467	465	466	466	470	467	467	463	459	458	457
30-39	657	657	654	658	660	673	673	678	690	687	698	707	712
40-49	619	617	619	619	615	623	623	625	623	626	626	623	623
50-59	742	740	743	739	744	748	750	748	752	753	757	752	758
60-74	1,340	1,343	1,348	1,349	1,339	1,337	1,343	1,345	1,337	1,336	1,338	1,340	1,347
75+	1,160	1,162	1,165	1,168	1,180	1,188	1,191	1,196	1,201	1,211	1,217	1,221	1,223
Not stated	286	286	287	287	287	287	287	287	287	287	286	286	286

0-16 17-21 22-29 30-39 40-49 50-59 60-74 75+ Not stated

4. Conclusion

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

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	24 May 2022
Executive Sponsor:	Stacey Keegan, Interim Chief Executive	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

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

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

2. Executive Summary

2.1. Context

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

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

2.2 Summary

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

- No agenda items were requested by the Council members
- No questions were raised by the Council members

2.3 Conclusion

There were no questions raised by the Council of Governors.

	24 th May 2022	13 th July 2022	TBC Sept 2021/2 AGM	9 th Nov 2022	8 th March 2023
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Forward Plan					
Consider strategic issues/priorities for Board to consider in the planning process					X
Presentation of plan		X			
Quality					
2022/23 priorities	X				
Quality Indicators to be audited	X				
Quality accounts draft presented			X		
Update on Quality Accounts Audit Actions	X	X		X	X
Trust Developments					
As & When required	X	X		X	X
COG Strategy					
Membership & Engagement strategy	X				
COG Governance					
COG Self-Assessment (inc review of outcomes from training)		X			
COG Annual report (for approval)		X			
COG Annual report presentation			X		
Standing items					
Non Executive Director Committee Update Presentation	X	X		X	X
Trust Overview (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update	X	X		X	X
Governor Activity and Feedback	X	X		X	X
Questions from the Governors	X	X		X	X

1. Introduction

2. Welcome from

3. Governor

4. IPC Update

5. Trust

6. Committee

7. Governance

8. Any Other