The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Board of Directors | Public Meeting 08.01.25

MEETING

8 January 2025 09:30 GMT

PUBLISHED

6 January 2025

Agenda

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Meeting Room 1, Main Entrance	8 Jan 2025	09:30 GMT

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Board Members and Senior Leaders Declarations of Interests

First Name	Surname	Position	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To dd-mm-yy		Comments, including action taken to mitigate any potential conflict of interest.
					From	To	
Sarfraz	Nawaz	Non Executive Director / Interim Chair	Financial Interests	Executive Director of Finance at National Citizens Trust	18/09/2023	Ongoing	No conflict between role at NCS and RJAH
			Non-Financial Professional Interests	Member of CIPFA	01/2021	Ongoing	
Martin	Evans	Non Executive Director / Interim SID	Financial Interests	Non-Executive Director at North Staffordshire Combined Healthcare NHS Trust	28/08/2024	Ongoing	
			Financial Interests	Director at MJE Associates Ltd	01/04/2020	Ongoing	
Penny	Venables	Non Executive Director	Financial Interests	Consultant – In-Form Solutions Ltd, Lichfield Business Hub, Lichfield Council House, 20 Frog Lane, Lichfield, Staffordshire, WS13 6YY. Work as a management consultant via this business.	January 2021	Ongoing	
			Financial Interests	Trustee Board of Birmingham University Guild of Students	January 2025	Ongoing	
			Financial Interests	Member of the Members Council of the West Bromwich Building Society	October 2024	Ongoing	
			Non-Financial Professional Interests	Non-Executive Director – British Dietetic Association, 3rd Floor Interchange Place, 151 – 165 Edmund Street, Birmingham B3 2TA. Sit on the Board of Directors of the BDA.	June 2020	Oct-24	
			Non-Financial Personal Interests	Chair Sandwell Leisure Trust, Tipton Sports Acadamy, Wednesbury Oak Road, Tipton, West Midlands DY4 0BS.	November 2023	Ongoing	
Martin	Newsholme	Non Executive Director	Financial Interests	Non executive director of Shropshire Doctors Co-operative Limited	01/08/2019	Ongoing	To my knowledge Shropdoc and RJAH do not trade with each other
			Financial Interests	None executive director at Warrington Housing Association	01/09/2018	Ongoing	Warrington Housing is not in the healthcare section and doesn't trade with RJAH
Lindsey	Webb	Non Executive Director	Indirect Interests	Husband is a NED at Birmingham and Solihull ICB		Ongoing	
John	Pepper	Associate Non Executive Director	Financial Interests	NHS England GP Appraiser	01/07/2022	Ongoing	
Paul	Maubach	Associate Non Executive Director	Non-Financial Professional Interests	Member of CIPFA	01/03/2023	Ongoing	
			Financial Interests	Senior Advisor for Primary Care (Department of Health	01/03/2023	31/07/2024	
			Financial Interests	Senior Advisor for Neighbourhood Health (Department of Health	01/08/2024	Ongoing	
			Financial Interests	Director and Owner of Maubach Consulting Ltd – through which I provide management consulting and advisory services to different organisations.If it transpires either at a committee or Board meeting of the Trust, the meeting is either discussing or engaging with an organisation that my company is also engaged with, then I will declare a potential conflict of interest to the Chair.	01/03/2023	Ongoing	
Atif	Ishaq	Associate Non Executive Director	Financial Interests	Data Product Director at Haleon Plc	2022	Ongoing	No conflict between role at Haleon and RJAH
			Financial Interests	Owner of Digital Clinician Ltd	2018	Ongoing	
			Financial Interests	Digital Advisor and Webmaster to Pharmacy Care Matters LTD	2011	Ongoing	
			Financial Interests	Digital Advisor and Webmaster to Quest Legal Advocates LTD	2011	Ongoing	
			Financial Interests	Webmaster for Shrawley, North Claines and Hanbury Parish Councils	2011	Ongoing	
			Financial Interests	Self-employed webhosting provider	2011	Ongoing	
			Non-Financial Personal Interests	Justice of the Peace for West Mercia Judiciary	2017	Ongoing	
Stacey	Keegan	Chief Executive Officer	Non-Financial Professional Interests	STW ICB Partner Member	01/07/2022	Ongoing	
			Non-Financial Professional Interests	A member of the National Orthopaedic Alliance Board	03/05/2024	Ongoing	
Ruth	Longfellow	Chief Medical Officer	Financial Interests	Member of GAS (Gobowen Anaesthetic Services)	November 2019	Ongoing	GAS was set up as an LLP, but no longer functions as an LLP since the recent pension rule changes
Craig	Macbeth	Chief Finance and Planning Officer	No interest to declare	N/A	N/A	N/A	
Mike	Carr	Chief Operating Officer	Non-Financial Personal Interests	Parent is Chief Executive of Midlands Partnership NHS Trust.	May 2022	Ongoing	Withdraw from discussions as appropriate.
			Non-Financial Personal Interests	Member of the Labour party.	2017	Ongoing	
Denise	Harnin	Chief People and Culture Officer	Non-Financial Personal Interests	Spouse is a senior partner at Johnson Fellows Charter House, Birmingham, Ad hoc HR consultancy Johnson Fellows		Ongoing	
Paul	Kavanagh-Fields	Chief Nurse and Patient Safety Officer	Non-Financial Professional Interests	Chair of the NOA workforce network	June 2024	Ongoing	
			Non-Financial Professional Interests	I sit on The Cavell Advisory Panel. Cavell is the charity supporting UK nurses, midwives, nursing associates and maternity support workers, working and retired, when they're suffering personal or financial hardship often due to illness, disability, older age, domestic abuse, and the ongoing cost of living crisis.	October 2024	Ongoing	

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING
WEDNESDAY 06 NOVEMBER 2024 AT 09:30AM IN BOARD ROOM AT RJAH
MINUTES OF MEETING

Voting Members in Attendance

Name	Role	Attending
Harry Turner	Chair	✓
Sarfraz Nawaz	Non-Executive Director	✓
Martin Newsholme	Non-Executive Director	✓
Penny Venables	Non-Executive Director	✓
Lindsey Webb	Non-Executive Director (via MS Teams)	✓
Martin Evans	Non-Executive Director	✓
Stacey Keegan	Chief Executive Officer	✓
Craig Macbeth	Chief Finance and Planning Officer	✓
Paul Kavanagh Fields	Chief Nurse and Patient Safety Officer	✓
Ruth Longfellow	Chief Medical Officer	✓
Mike Carr	Deputy CEO and Chief Operating Officer	✓

Others in Attendance

Name	Role	Attending
Paul Maubach	Associate Non-Executive Director	✓
John Pepper	Associate Non-Executive Director	✓
Atif Ishaq	Associate Non-Executive Director	✓
Denise Harnin	Chief People and Culture Officer	✓
Dylan Murphy	Trust Secretary	✓
Mary Bardsley	Assistant Trust Secretary (minute secretary)	✓
Chris Hudson	Head of Communications	✓
Neil Turner	Governor (observing)	✓
Peter David	Governor (observing)	✓
Sheila Hughes	Governor (observing)	✓
Colin Chapman	Governor (observing)	✓
Victoria Sugden	Governor (observing)	✓
Kate Betts	Governor (observing)	✓
Kirsty Foskett	Assistant Chief Nurse for Clinical Governance (item 5.5)	✓

Ref	Discussion and Action Points
1.0	**Welcome and introductions**
	The Chair welcomed all attendees to the meeting.
1.1	**Apologies**
	All members of the Board attended the meeting – there were no formal apologies to note.
1.2	**Declarations of Interest**
	The Chair reminded attendees of their obligation to declare any interest which may be perceived as a potential conflict of interest with their Trust role and their role on this Board. There were no conflicts of interest identified in relation to the items for discussion which required members to withdraw from discussion or decision-making.
1.3	**Minutes of the previous meeting**
	The minutes of the Board of Directors (Public) Meeting held on 03 September 2024 were approved as an accurate record.
1.4	**Matters Arising and Action Log**
	There were no further matters to raise. The Board agreed the following in relation to the action plan: • Action 19 – DERIC KPI Proposals - the Board agreed to close the action as this is currently in progress and aligned to the DERIC committee workplan.

Ref	Discussion and Action Points
	• Action 20 – Organise for the Board members to receive a meal as a patient – the Board agreed to close the action as this has been scheduled for 6th November. • Action 21 – Performance report metrics – the updated format was included within the papers and therefore the Board agreed to close the action. • Action 23 – MSST patient story – the Board agreed to close the action. It was confirmed the assurance report was presented to the Quality and Safety Committee and has been referenced within the Chairs assurance report.
2.0	**Chair and CEO Update**
2.1	**Chair Update** HT informed the Board of the following: • **ICB Chair** – Sir Neil McKay has left his position as Chair of the ICB. The System welcome Roger Dunshea who has been appointed interim Chair whilst the formal recruitment process takes place. **CEO Update** SK highlighted the following key points as part of the CEO report: • **Long waiting patients** – the organisations plan to achieve 65weeks waiting list has not been achieved and the organisation is currently in a challenging position for November. Due to the severity of the position, the long waiters will be discussed further in the private section of the Board meeting. • **Apollo** – the EPR system is due to be launch this weekend (Friday 8th – Monday 11th November). The project has had several delays and changes to go-live dates, however it was the right decision to ensure we got it right and were assured of its safety. This extra time has allowed us to further focus on three key priorities – completing the build of the system; assuring the system is safe; and familiarising ourselves with the system. Go-live is not the end of the Apollo journey – the Trust will have a product that is fit for purpose and supports us to deliver better patient care. • **New Theatres** - there have been several delays on the Theatre extension project, however SK was pleased to confirm that the Trust has have now received building control sign-off meaning it has been deemed safe for purpose. A deep clean of the building is currently being undertaken, preparing it ahead of Theatres getting it ready and stocked ahead of the first operation – which is scheduled for Monday 18 November. On behalf of the Board, SK thanked the Estates Team, who have successfully navigated us through this particularly difficult project. • **Alice Ward Garden** – the turf cutting event recently took place, where the Trust welcomed Anna Turner, Lord Lieutenant of Shropshire, to place the first shovel in the ground alongside fundraising supporters and other invited guests. The garden will be a safe, peaceful and sensory place for our paediatric patients and their families which will provide a whole host of health and wellbeing benefits. SK expressed thanks to the RJAH Charity, League of Friends, our Estates and Facilities Team, contractors and local businesses, fundraising groups, community events and individual supporters for their backing on the project. • **Excellence Award in waste management** - the Catering and Sustainability Teams were recently presented with The Best Reduction of Single Use Items of the Year Award at the Awards for Excellence in Waste Management for the NHS in England for their work in reducing single-use items across the hospital. Congratulations to all involved! • **September RJAH STAR**! - Fiona Bevan, Chief Pharmacist, who was nominated by David Blackwell, Theatre Anaesthetics Manager. David hailed Fiona for going above and beyond to ensure patients received their correct medication, in the height of challenges around drug unavailability that Pharmacy regularly face. Fiona has only worked at the Trust for a short amount of time, and in that time, she has made such a positive impact across the whole organisation. • **October RJAH STAR!** - Sharon Green, Healthcare Assistant who works across the Main Outpatients Department and Headley Court Veterans' Orthopaedic Centre. Dawn Pugh, DXA Technologist nominated Sharon after observing her caring for one of our veteran patients who was having a panic attack prior to his appointment. The Board congratulated all staff on their achievements.
3.0	**Risk and Governance**
3.1	**Corporate Risk Resister**
	The Board considered the Corporate Risk Register, DM highlighted the following key points:

Ref	Discussion and Action Points
	• The Board received the register in its entirety after being reported and reviewed to the assurance Committees throughout the month of October. • The summary presented is a high level review (including a retrospective review) of the risks. • A reflection of the discussion from the Committees will be reported through the Chairs assurance reports. The Board discussed the following risks in particular: • **Risk 3223 – (MSST) patients as risk of poor outcomes due to long waits** The Trust explained that the majority of the risks is external as this sits outside of the organisation as this is part of the MSST service and concerns have been escalated in relation to the process and governance. The overall effectiveness of the governance has been raised at System level. The MSK transformation is to consider the governance as part of the allocation of the MSK lead providers. The Trust has asked for a thematic review to be completed on all complaints which have been received which are aligned to the MSST long waiting patients. This will support in learning which can be shared with partners. • **Risk 3150 – Inadequate general paediatric cover** The risk has previously been as a N/A as this has been under development which was not completed in time for the report. • **Risk 2934 – Patient waiting times outside of national targets.** The Trust strengthened the commentary articulated for risk 2934 by confirmed the risk has been closed on the corporate risk register and it is reported as a strategic risk on the Board Assurance Framework. The Board agreed for the definition to be amended from 'closed' to 'escalated' to support the audit trail of the risk for future reporting. The Board noted that there will be further narrative to be included within the corporate risk register and the Board Assurance Framework following the discussion expected throughout the meeting. The Board thanked DM for his continued support in providing an overview of the corporate risk register before noting the report.
5.0	**Quality and Safety**
5.1	**Chief Nurse and Patient Safety Officer update (verbal)**
	PKF provided the following verbal update to the Board: • **Winter Planning** - the Trust continue to work closely with System in relation to winter planning and have offered Kenyon Ward as an option on an interim basis. • **Regional price cap agency programme** – the Trust has achieved the compliance for Nurse and Allied Health Professionals (AHP) price cap. • **EDI** – the Trust has its second EDI listening event scheduled for 7th November. All members of the Trust staff have welcomed the events which has given staff a platform to speak openly about their experiences. The Board thanked PKF for the verbal update – there were no questions raise
5.2	**Chief Medical Officer update (verbal)**
	RL provided the following verbal update to the Board: • **Research Strategy** – the Trust is scheduling an open space event to support the development of the research strategy. The event will encourage both staff and patients to come together to help shape the future direction of the department. The Board thanked RL for the verbal update – there were no questions raised.
5.3	**Performance Report – Quality and Safety Committee**
	The following points were highlighted from the Quality and Safety performance report (by exception only): • **Complaints** - there has been a noted increase in complaints being received with a theme being linked to long waiting times. The detail continues to be presented through the Quality and Safety Committee and there are a number of mitigations in place to decrease patient waiting times. • **Deaths** – there have been 2 total deaths reported within September both of which were reported as *expected. The Board noted the performance report, and no concerns were raised. *(footnote: 'expected' is the national NHS definition utislised in reporting deaths – 'a death that is anticipated to occur in the near future')

Ref	Discussion and Action Points
5.4	**Chair's Assurance Report – Quality and Safety Committee**
	LW highlighted the following key points from the Quality and Safety Committee Chairs Assurance report: • **Corporate Risk Register** - considered risks in detail and sought particular assurance on the speech and language risk. • **Never Event** – a never event was reported in June following the use of an incorrect implant. The patient has received surgery, and an improvement plan is in place to support learning. A further review will commence in 3months time. The Committee also received a verbal update in relation to a further 2 never events and it was confirmed that the Trust is currently completing the relevant process ahead of sharing the findings. The Committee also discussed an opportunity to review the culture within theatre following the rise in never events being reported which the Trust agreed to undertake. • **MSST patient story** – following the patient story at the Board of Directors meeting in September, the Committee took an action to ensure learning had been completed in relation to the patient's journey. The Committee were assured with the review which has been undertaken and was pleased to confirm the patient has a planned surgery date for 07 December. • **MHRA inspection ACI lab** – there have been some concerns raised following a recent inspection of the John Charnley (ACI) Lab at the Trust. This will be discussed further in the private forum. • **On the day cancellation** – the Committee received oversight of the pre-operative improvement plan which was reassuring to note. The plan will be presented on a quarterly basis to provide assurance on the progress being implemented. • **Inpatient survey results** – a positive report presented, and a detailed update will be provided as part of the Board agenda. • **Rheumatology delays** – the Committee received a presentation which clearly demonstrated the process and improvement which has been implemented to ensure the patients are being seen timely. This is following a concern which was raised due to the proportion of Rheumatology patients awaiting to be seen. The Board were reminded that the Trust has inherited this position when all the services were transferred to the Trust earlier in the year. HT thanked LW for the update and encouraged questions/comments from the Board. The Board discussed the following: • **Medicine Incidents** – noted the amount of improvement work which is being undertaken to support the data capturing of medication incidents. Following a query, the Trust confirmed that there has been no harm to patients. Overall, there continues to be a good reporting culture in relation to medication errors. The prescribing element was flagged as an area which has not been improving as quickly as the other and as a result, it one of the Trusts' quality priorities for the year. To provide further assurance, LW informed the Board that there have been targeting interventions completed as part of categorising the incidents. A quarterly report on the quality priorities if received by the Committee and members of the meeting has the opportunity to hear directly from the lead of the of the priority. The Trust confirmed there will be a change in reporting following the implementation of the Apollo System. • **Performance Report** – following the medication incident discussion, the Board discussed the format of the front sheet for the committee performance report as the reporting for medicine incidents could be flagged as a concerning variation however a lot of verbal assurance has been shared. HT explained the importance of the performance report aligning with the Committee Chairs assurance report narrative. The Trust discussed the possible changes to the format of the report. MC agreed to review the Committee template to report the exceptions. • **MSST patient story** – the Board were pleased to hear that the patient story from September (Alison) has been provided with a date of surgery. The members of the meeting wished to welcome Alison back to a future Board meeting to share the second half of her journey with the Trust. ACTION: Invite Alison (patient story from September) back to a future Board meeting.

Ref	Discussion and Action Points
	HT thanked the team for the overview and commended the performance related to the quality and safety agenda. It was noted that the reporting processes in relation to SSI continues to be difficult and to gain a reliable trend. The Board noted the Chairs assurance report.
5.5	**Adult Inpatient Survey Results**

	The Board welcomed KF, Assistant Chief Nurse for Clinical Governance to the meeting. KF joined the share the highlights from the report:
	• The report is based on the 2023 CQC adult inpatient survey annual report.
	• There was a total of 131 Trusts that participated in the survey.
	• Overall, the Trust was reported third for achieving 'much better than expected' category.
	• The survey took place in November 2023 and 1,250 patients at RJAH were asked to complete the questionnaire – a total of 856 completed surveys were received.
	• Positive outcomes included:
	  ○ Patients were asked to give a view on their quality of care during their stay, this reported a significant improvement from previous years.
	  ○ Quality and food provisions were scored far better than other providers.
	  ○ Feedback relating to doctors and nurses were significantly positive.
	  ○ 100% of patients reported being treated with kindness, compassion, respect and dignity.
	  ○ 97% of patients reported their overall experience at the Trust at 07 / 10 or more.
	• Areas for improvement included:
	  ○ Additional equipment required to support patients at home.
	  ○ Waiting times
	
	KF continued to explain that the Trust is completing further work to improve on the results, this included:
	• Implementing a diverse patient group on MCSI to gain more bespoke feedback from the cohort of patients.
	• Including the actions within the patient experience strategy.
	• Including the area of improvements from quality accreditation programme
	
	The Board commended the positive report which is justify by the good response rate. On behalf of the Board, HT thanked every staff member for their dedication and commitment to supporting the patients. The Board discussed the following:
	• **MCSI** – although the survey takes place in November that Trust is continuing with the intervention work with the MCSI cohort of patients due to the long length of stay they are with the Trust. This can be reported separately within the quality accounts.
	• **Ethnicity background** – noted that the overall response rate was reported as positive, there is further work which can be completed to ensure the Trust receive a diverse feedback. KF confirmed that this is something the Trust has struggled to obtain as the demographics isn't widely populated as this is a national programme. The Trust confirmed that Healthwatch has agreed to support.
	
	The Board thanked KF for the annual report and encouraged a further deep dive in the categories/answers in relation to the following questions to help support in development specific actions:
	• Q2 – did not mind waiting as long as did for admission.
	• Q49 – rated overall experience as 07 / 10 or more.
	• Q50 – asked for their views on the quality of their stay.
	
	KF confirmed an action plan is to be devised to support the monitoring and implementation of improvements and the Trust will continue to work closely with Healthwatch to improve the patient journey.
	
	The Board thanked KF for joining the meeting and noted the annual report.

5.6	**Learning from Deaths (Q2 Report)**
	RL presented the Q2 report, highlighting the following: • There has been a total of 5 deaths reported throughout quarter 2 (4 *expected / 1 unexpected)

Ref	Discussion and Action Points
	• The medical examiner and the Trust are reviewing the 1 unexpected death is currently awaiting the coroner's review. • Positive learning from the process includes good utilisation of multi-disciplinary teams to support an effective assessment. • An improvement for the Trust to consider is that for 1 of the deaths, it was reported that the end of life care package could have been considered earlier within the patient journey. The Board were assured following the presentation of the report and queried the expected / unexpected definition when reporting. The Trust confirmed this is the NHS national definition utilised when reporting deaths. There Board agreed to include a footnote for future reference particularly when reporting into the public domain. *(footnote: 'expected' is the national NHS definition utislised in reporting deaths – 'a death that is anticipated to occur in the near future')
6.0	**People and Workforce**
6.1	**Workforce – Performance Report**
	DH highlighted the following areas from the workforce performance report: • **Metrics** - overall, there is good progress against all of the performance indicators aligned to the people and workforce remit. However, the Trust expressed that this does not mean the organisation can become complacent. • **Turnover** - further work in relation to staff turner over continues to be a focus for the Committee. It was noted that the majority this metric is related to the MSCI Ward and highlighted the impact on data when reporting higher levels in a particular area. • **Leavers in month** – there were a total of 13 staff leavers reported in September, 10 of which took flexi retirement. It was positive to note that staff wish to remain working at the Trust. There were a further 2 staff on fixed term contracts which ended and 3 formal resignations. • **Agency pay** - has reduced and commended PKF for his leadership in this area. • **Time to hire** – the data reported for September, confirms that is takes an average of 85 days for a new starter to commence their role. The Trust is aware that there are some issues within the process which are being considered to support in improving this status. HT thanked DH for the update and commended the strong position. The Board noted the workforce performance report, and no concerns were raised.
6.2	**Chair's Assurance Report – People and Culture Committee**

	PM provided the following updates from the People and Culture Committee:
	• **Corporate risk register** – the Committee considered the corporate risk register and highlighting the following areas in particular:
	  ○ In relation to risk 3191 Hand and Arm Vibration Unit impact there has been a further risk added to the register risk 3238 Occupational health surveillance due to the issues noted with access to the providers.
	  ○ Risk 3249 HCA/CSW back pay – it has been agreed to close this as a risk as it's a national decision which is currently implemented.
	• **Performance report** – the Committee held a discussion in relation to bullying and harassment which the staff have experienced. The Trust's approach is to continue to follow up any flagged areas.
	• **PDR and training compliance** – a useful discussion was held for both of the areas. The Committee discussed staff being capable of completing their work safely if they are non-complaint with specific training moules. Further work is being completed to ensure training is relevant and beneficial for staff to undertaken.
	
	HT thanked PM for the update and encouraged questions/comments from the Board:
	• **Anaesthetist sickness** – at the Finance and Performance Committee, it was noted that one of the key drivers for not achieving the plan was due to the sickness within the anaesthetist team. The members of the Board flagged this as a concern as it has not been raised at the People and Culture Committee within the month. The importance of triangulation across the Committees was highlighted. The Trust confirmed this is part of the Chairs assurance report, to flag any specific areas to ensure cross cover of meetings which supports the resilience of the Board and the module of Non-Executive Directors being the link between assurance meetings.
	• **Risk 3249 HCA/CSW back pay** - the Board queried whether this included outpatients' staff as it was raised at a recent Board visit. The Trust confirmed this includes front line staff (band 2 and band 3). The Trust has completed the scope to identify the individuals, and

Ref	Discussion and Action Points
	communications will be shared with staff in due course. The Trust confirmed that discussion have commenced at meeting forums such as SNAHP and managers briefing to begin sharing the information. The Trust agreed to provide an update at the cascade meeting. The Board noted the chair report, and no concerns were raised.
6.3	**Freedom to Speak Up Report**
	PKF presented the Q2 report, highlighting the following: • The Trust circulated a survey monkey to all staff to help gather feedback on the guardian role, leadership and the organisations support for freedom to speak up. • It is reported that the staff are confident with the process and themes have been triangulated to support learning. • The overarching action plan to support improvements has been shared with the Board for information. • In relation to the Q2 report, there have been 11 concerns raised within the reporting period. 8 of these have been closed and 3 remain open. • The 3 remain open is due to, 1 staff member considering next steps, 1 has progressed to an investigation and 1 is awaiting staff to return from annual leave. • Out of the 11 concerns raised, 3 were reported anonymously. • The Trust were pleased to confirm that all concerns were responded to withing 48 hours as required. The Board discussed the following: • **Minority community** – the Board queried the Trust steps being taken to support the minority community. The Trust reminded the Board that there is a staff network which meets often and one of the standard agenda items is freedom to speal up. It is also shared at the EDI listening events. • **Self-assessment** – has been completed and correspondence and action plan included within the report for information, this highlighted the areas which the Trust are to consider further. • **Benchmarking** – the Trust continues to be an active member at the regional meeting, and it was confirmed that the providers benchmarking does not report the Trust as an outliner. • **Survey** – the Board commended the Trust for completing the survey which shows good practice and supports triangulation. The Board noted the good reporting culture within the Trust before commending the positive report.
6.4	**Guardian of Safe Working Hours (Q2 Report)**
	RL highlighted the following points to the Board: • There have been 0 exceptions reporting within quarter 2. • The Trust continues to manage the process well which is a credit to Chris Marquis – the Trusts' guardian of safe working hours. The Board discussed the following: • Noted another quarterly report reporting great performance by the Trust. • Questioned the outcome of the one exception which was reported (in previous reports) in relation to one trainee who was also supporting a Welsh Trust. It was confirmed that the individual was given TOIL, and the Trust has since implemented a diary exercise which supports people to continue to complete their working hours effectively. The Board noted the Q2 report.
7.0	**Operations and Finance**
7.1	**Chief Operating Officer Update**
	MC provided the following verbal update: • Apollo is scheduled to go live at the weekend. The Trust continues to complete the operational planning. • The Trust continues to work closely with System partners to support urgent and emergency care. Further work is being undertaken to ensure they System are aware of the role in which the Trust supports as an elective Trust. A MSK workshop has been scheduled to progress. • Achieving the activity plans remains a challenge for the organisation. Unfortunately, the Trust is reporting being behind plan in September with drives predominately being relating to cancellations, staff levels and availability (including anaesthetists'). Resilience of the

Ref	Discussion and Action Points
	anaesthetic department is being strengthened and new starters are due to join the team immediately following the approval of the middle grade case of need. • There has been a noted shortfall with theatre scrub team taking up additional bank shifts. • The Trust continue to focus upon the long waiting patients which has deteriorated since June (reporting a 99 increase for 65+ weeks) This deterioration has increased the overall scrutiny which is received by NHSE and therefore the team are meeting with the national team on a daily basis to provide assurance and progress. To support the work being undertaken, the Trust is consulting with the GIRFT and NHSE as a critical friend. The review which was completed has been favourable in relation to the grip and control on the waiting list however there are some process issues which the Trust will be developing. There is a total of 1001 patients to be reviewed/dated by the end of December. The Board noted the uncomfortable position with the long waiting patients and will continue to mitigate the breaches to ensure patients are seen timely.
7.2	**Performance Report (including long waiting patients)**
	MC highlighted the following key points from the performance report which included an update on the long waiter's presentation: • **Long waiting patients** - this continues to be a challenge for the Trust and further work is being undertaken to review areas of opportunities including opening up mutual aid for Welsh patients who can access English providers. The reporting of long waiting patients continues to be overseen by the Finance and Performance Committee and a deep dive has been requested for Welsh patients at the next meeting. • **Rheumatology transfers** - overdue follow up the Rheumatology transfers have affected the backlog of patients which has also been raised by the Quality and Safety Committee. • **Diagnostics performance** - has deteriorated and a deep dive is to be completed on the data. • **Inpatient activity** - is reported at 97% plan including some recurrent and nonrecurrent mitigations. • **September activity** - is being reported as favourable and the outpatient activity is reporting 101% of the plan. • **Veterans' referrals** - there continue to be challenges with the out of area veterans' referrals and there is ongoing work underway to support the operating model for the future. The Board held the following discussion: • **Welsh patients** – acknowledged the amount of work being undertaken to support the long waiting patients and welcomed the deep dive at the Finance and Performance Committee. • **Long waiters** - the Board was disappointed to report that the Trust remains behind plan for the 65 weeks patients and suggested the future presentation should include a clear trajectory until the end of the financial year. A discussion was held in relation to the communication at outpatients and GP in relation to support patients understand the current position of waiting times. It was confirmed that colleagues are encouraged to support the patients understanding and expectation in relation to waiting lists. It was noted that the majority of the referrals which the Trust receive are from GPs' and the Trust does not have any influence on the admin arrangements within the practices. However, there is work being undertaken to improve the internal communications and overall relationship between primary and secondary care interface. The Board noted the verbal update – there were no further queries raised.
7.3	**Finance Report**
	CM provided the following key highlights from the finance report: • Confirmed that the operational impact has had an effect on the finances as the income from the theatre activity was reported at -282 cases against plan. • The Trust is reporting £1.6m shortfall against plan. • The Trust have managed to mitigate the gap by £900k, the key driver includes securing income out of area ICB for the LWA work, elective recovery fund bonus for non-recurrent gain from last year's work and the industrial action funding has been received. • The Trusts' efficiency programme is reporting over plan by £700k which is supporting the overall financial plan.

Ref	Discussion and Action Points
	• The team continue to complete a forward look and forecasting of the finances and are estimated to be reporting £4m shortfall by the end of the year (March 2025) The Trust reiterated their commitment to continue to review the mitigations and improve the overall financial position for the Trust. The Board noted the current financial position and welcomed a further discussion as part of the private board meeting.
7.4	**Chairs' Assurance Report – Finance and Performance Committee**
	SN presented the Chairs assurance report, highlighting the following the Board: • The main focus of the Board are items which are aligned to the Finance and Performance Committee and therefore a lot of the discussion may have already taken place throughout the meeting. • Overall, the assurance rating aligned to the finances and activity is reported as a low rating as the Board are not confident that the plans will be achieved within 2024/25. • The Trust are committed to improving the position and further discussion into mitigations are scheduled to take place in the private forum. • There have been concerns raised with the efficient report from the specialised unit, a deep dive has been flagged and concerns raised and therefore further report requested at the next meeting to provide assurance. The Board discussed the following: • **Forecast outturn** – the Board discussed page 114 of the papers and highlighted that there hasn't been a month where the Trust has not achieved the financial plan which the Trust acknowledged. There will continue to be issues coming in the second half of the year and there is the Board have little assurance that the income to cover the costs for the Trust will be obtained. The members of the meeting agreed to discuss further within the private forum however, highlighted that one of the is the fixed overheads and the capacity isn't being completed to achieve the costs. The Trust were encouraged to consider how to revise the working arrangements to ensure the organisation is generating the income and the activity. The Trust reminded the Board of the work being completed to revise the operating model. It was noted that this remains a concerning position for the Trust. • **Mutual aid** – highlighted the underperformance in relation to the uptake on mutual aid. The Trust confirmed that this is one of the predominate drivers for the shortfall in activity. The Trust continue to offer patients the opportunity to move to another provider however there is limited uptake and well as limited capacity being offered to the organisation. This has been escalated to NHSE and the Trust has asked GIRFT for support in transferring patients. One of the main reasons for patients not transferring is due to the location including transport and accommodations concerns. • **Theatre cancellations** - the impact on the patients when their surgery is cancelled particularly with their mental health and asked for assurance on what steps the Trust is taking to support patients which have has cancelled surgery. The Trust confirmed that patients are rebooked no later than 28days following a cancellation and steps have been taken to improve the cancellation process to ensure there is minimal impact on patients. The majority of on the day cancellations relate to staff unavailability which has improved. • **Long waiting patients** - the waiting list has overall increased, the Board queried how the Trust is assured that there isn't a level of harm to patients. The Trust reminded the Board that there is a harms review process which is completed for all patients. This is reported to the Quality and Safety Committee to provide assurance on the process. • **IJP / OJP** – for clarity, the Trust confirmed there has been issues with staffing level for IJP activity. OJP work has previously been supported by the OOLLP. The Trust are committed to continue to actively focus on mitigating the financial and operational plans and conversations continue with NHSE who have also acknowledged the position in relation. The Board thanked the Trust for the update.
7.5	**Digital, Education, Research, Innovation and Commercialisation Committee**
	ME presented the chair report to the Board, highlighted the following from the report: • **Corporate risk register** – the Committee agreed to have risk 3096, procurement of the Trusts radiology systems resulting in unavailability of services as an agenda item. • **Innovation** – the Committee held a discussion on innovation across the organisation and the requirement of creating an innovation strategy to support develop the Trust aims and

Ref	Discussion and Action Points
	ambition. The Committee will continue to discuss as conversation have also included the research and innovation strategy. • **Cyber security** – the Committee sought further assurance on the report. • **Apollo** – a joint DERIC and QS Committee meeting was scheduled to consider the clinical safety officer report before approving the launch of Apollo. • **Education and Training Strategy** – received a quality piece of work which the Committee commended. The strategy has also been shared with the People and Culture Committee. The Board noted the Chair Report – there were no further questions.
7.6	**Joint DERIC and QS**
	ME presented the chair report to the Board, highlighted the following from the report: • A joint DERIC and QS Committee was held to consider the detail ahead of go live. • The clinical safety case was shared including any risks and issues with the report. Upon reflection of the clinical safety case report, the Committee asked for further positive to be included within the paper as a lot of positive work has been completed in order to launch the System. • Further assurance was sought on the work around temporary fixes. • All risks were considered and as a joint committee, approved the go live launch for this coming weekend. • The Trust confirmed that there would be daily meetings scheduled to support staff, and any concerns would be escalated to the Committee if it were deemed appropriate. • It was agreed that the EPR Implementation Assurance Committee will remain in place (reporting into DERIC) to continue to support in providing assurance on post-implementation. The Board noted the Chair Report – there were no further questions.
8.0	**Any Other Business**
8.1	**Questions and Committee from the Public**
	The Board welcomed comments and questions from governors in attendance at the meeting and responded to the queries raised: • **Time to hire** – it was pleasing to note that work is being undertaken to support the average of 85 days. The Trust confirmed a deep dive into the TRAC system is being considered as part of the review. This will support in highlighting the areas which need further development. • **Apollo** – there have been concerns amongst staff in relation to scrolling on the System. The Trust agreed to share a 'myth buster' note to all staff to help with clarifying areas of concerns. • **ICB funding with the veterans** – the Trust confirmed this funding stream relates to the payments who are referred to the veteran's centre who are out of the area. The Trust is working hard to ensure commissioners are funding their own patient's treatment and that it is not a detriment to the Trust finances. • **Finance challenges** – the team discussed the operating model for the coming year and the contingencies in place to drive the operational and financial plans going into the new year. The Trust confirmed that the organisation is about to commence the planning phrase for 2025/26, and a new delivery model is being developed to future proof and improve our services. • **Activity** – noted that due to the Trust following national guidance in relation to utilising the LLP, it has increased the pressure on the waiting lists. The Trust confirmed that the LLP support NHS patients only and would have equated to 20% of the activity. The Trust confirmed that private patient work has been used increased but only in line with policy. The Trusts priority remains the longest waiting patients. HT highlighted that it was important to note that the Trust is not in its current position due to the LLP contracting ceasing but to a number of drivers which the Board will continue to discuss in detail at the private meeting. To provide further assurance, the Board agreed to provide an update on the long waiting patient status at the next Council of Governors meeting. • **Thankyou –** despite the challenges faced upon the NHS, the Governors thanked the Board and Senior Leaders for their continued commitment to the Trusts, its staff and for their patients. On behalf of the Board, HT thanked all the attendees for their contribution.

Ref	Discussion and Action Points
8.2	**Any Other Business**
	Non-Executive Directors re-appointment – HT was pleased to confirm following the relevant process, SN has been re-appointment as Senior Independent Director for his 2nd term (3 years). The Board congratulated SN and thanked him for his continued commitment to the organisation. On behalf of the Board, HT thanked all the attendees for their contribution and closed the meeting.
8.3	**Date and time of next meeting**
	Public Board of Directors Meeting | 06 November 2024 | RJAH Conference Suite, Main Entrance

Board of Directors

Updated: 30 December 2024

Action Log No.	Original Meeting Date	Public or. Private	Minute reference	Action	By Whom	By When	Comments/Updates Outside of the Meetings	Status
23	06-Nov-2024	Public	Corporate Risk Register	Present the QIA for long waiting patients to QS Committee	PFK / MC	04-Dec-2024	Complete - presented to the Quality and Safety Committee who suggested this is also to be presented at the Activity Recovery Committee	COMPLETED
24	06-Nov-2024	Public	5.4 Chairs Assurance Report (QS)	Invite past patient story (Alison) to attend a future Board meeting to share her second half of her journey	PFK (MB)	07-May-2024	Ongoing - PALS team supporting in arranging Alison to join the Board meeting in May	ONGOING

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Chief Executive Officer Update

Committee / Group / Meeting, Date

Board of Director – Public Meeting, 8 January 2025

Author:

Name: Stacey Keegan
Role/Title: Chief Executive Officer

Contributors:

Chris Hudson, Head of Communications

Report sign-off:

Stacey Keegan, Chief Executive Officer

Is the report suitable for publication:

Yes

Key issues and considerations:

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

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

Recommendations:

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

Acronyms	
NHS	National Health Service
NHSE	National Health Service England
RJAH	Robert Jones and Agnes Hunt Orthopaedic Hospital Foundation Trust
AHP	Allied Health Professional
NJR	National Joint Registry
NOA	National Orthopaedic Alliance
GB	Great Britain
FoSH	Federation of Specialist Hospitals
ICB	Integrated Care Board
CEO	Chief Executive Officer
STW	Shropshire, Telford and Wrekin
RSP	Recovery Support Programme
DoHSC	Director General, Secondary Care and Integration, Department of Health and Social Care

Chief Executive Officer Update

1. Making progress with our performance

Board members will be fully aware that we have been investing a lot of energy into addressing our challenges around activity levels, specifically long waiting patients. This will be covered in more detail later in the agenda. I am pleased to say that this work has really been bearing fruit over recent weeks, and I wanted to acknowledge the work and focus by the organisation, thank you. We are now developing a delivery model for the future and aim to have that implemented over the next 12 to 18 months. As part of that work, we will be considering digital needs, staffing needs and our estate.

2. 10 Year Plan

Following Lord Darzi's independent review of the NHS in England 'Change NHS: A Health Service Fit for the Future' consultation was recently launched by the Government; a process designed to engage the public, health and care professionals in shaping the future of the NHS by gathering insights, experiences and ideas for improvement. This engagement will support the development of the 10-year plan which is planned to be published in Spring 2025. At RJAH we have been raising awareness of the National Change Campaign and have facilitated sessions planned for January. We have also contributed to the National Orthopaedic Alliance (NOA) and Federation of Specialist Hospitals (FoSH) submissions.

3. Evolution of the NHS Operating Model

NHS England (NHSE) has outlined its commitment to evolving the NHS Operating model to clarify roles, simplify processes and align resources with the delivery of a neighbourhood health model. This is in response to the Darzi and Hewitt reviews, which emphasised the need for greater clarity and accountability without another major structural reorganisation of the NHS. The revised model will focus on reducing duplication, empowering local decision making and support ICBs in their role as system leaders to drive the required transformation across health and care systems.

4. NHS Management and Leadership

Recognising the critical role leadership and management play in ensuring the highest standards of care, Amanda Pritchard, CEO NHSE has announced a two-year programme to transform leadership and management across the NHS. The programme aims to set clear standards, offer robust development opportunities, and foster talent to enhance outcomes for patients and staff while instilling public confidence in NHS leadership. The programme is structured into three workstreams, a new management and leadership framework, including a code of practice, professional standards and required competencies. The second emphasises developing an accredited leadership and management curricula and the third aims to strengthen the talent pipeline for senior roles and addressing barriers to deploying experienced leaders into challenging settings.

5. National meeting with local leaders

On the 20th November, along with other senior leaders across Shropshire, Telford and Wrekin (STW) system, I attended a face to face, Recovery Support Programme (RSP) meeting with National NHSE colleagues primarily relating to the system position in relation to Urgent and Emergency Care, finances and workforce. Progress was noted at the meeting in terms of operational performance, system improvement and delivery against plan, however, still much more to do.

6. NHS Providers annual conference

In November, alongside Harry Turner, Chair I attended the two-day NHS Providers conference. This year's theme was 'next generation' and focused on our collective efforts to maximise the social and economical value of the NHS, ensuring it remains responsive, effective, and centred on patient and community needs. There were a series of roundtables, expert case studies, interactive debates and importantly an opportunity to connect and network with other provider colleagues.

7. Director General visit

In December, Shropshire, Telford and Wrekin (STW) ICS hosted a visit with Matthew Style, Director General, Secondary Care and Integration, Department of Health and Social Care (DoHSC). A roundtable discussion with Chief Executives regarding some of the challenges facing STW as well as an opportunity to showcase some of the transformational work happening in primary care, workforce and Urgent and Emergency care. This was followed with a site visit at the Royal Shrewsbury hospital.

Chief Executive Officer Update

8. Marking Remembrance Day

On 11th November, I took part in our traditional Remembrance Day service here at RJAH, outside our Headley Court Veterans' Orthopaedic Centre. It was pleasing to see so many staff, volunteers, patients and visitors coming together to remember those who paid the ultimate sacrifice for their country. It is always an emotional occasion, and this was certainly no different. We are proud of our military connections at the Trust.

9. Launch of Call for Concern

December saw the launch of Call for Concern – a new patient safety initiative, which forms part of our commitment to provide safe, compassionate and joined up care to all our patients. Call for Concern forms part of Martha's Rule, which was launched by NHS England, to give patients, families, carers and staff round-the-clock access to a rapid review from a separate care team if they are worried about a patient's condition. Martha's Rule is named after Martha Mills, who died in 2021 after developing sepsis in hospital where she had been admitted after falling off her bike. Call for Concern enables patients and their families and loved ones to access the Trust's Critical Care Outreach Team 24/7 for help or advice.

10. RJAH hailed as exemplar for cleaning services

I am delighted that we have been chosen to join the NHS Exemplar Trusts Programme for Cleaning in recognition of the efforts and dedication in maintaining high cleaning standards. To receive this accolade, the Facilities team had to submit an application, providing evidence against a checklist of criteria outlined by NHS England, as well as a site visit from a team of representatives. Receiving Exemplar Trust status means the Cleanliness Team will work closely with other Exemplar Trusts and the NHS England Team to drive continuous improvement and innovation. This could involve piloting new initiatives or providing feedback on guidance.

11. Patient support app marks milestone with 10,000 patients registered

It has been pleasing to see the growth of our myrecovery app in recent months. Before Christmas, the app – which supports patients through their orthopaedic care – passed the milestone of having 10,000 patients registered, myrecovery, which was developed by surgeons to support patients to prepare for and recovery from surgery, first launched at the Trust in September 2022 for foot and ankle patients. It has since been rolled out to patients under the care of arthroplasty, sports injuries and upper limb specialities, and now more widely to all musculoskeletal patients who are registered with a GP in Shropshire, Telford and Wrekin.

12. Apollo update

I think it is important to note that since the Board last met in public, we have taken the difficult but necessary decision to delay the launch of our Electronic Patient Record system, Apollo. The organisation and system were ready to go live in November as planned, and the delay was entirely down to the operational pressures, specifically, long waiting patients. With our waiting times being unacceptable at that point, we had to make tackling them our primary focus. We have been using the delay to make further improvements so that Apollo is even better when it does go live. We anticipate that this will be early in the new financial year.

13. Wellbeing oasis for Ward staff

I am delighted that we have been able to develop a new outdoor space designed to support the wellbeing of our staff. This has been made possible thanks to the generous support of the League of Friends. This quiet retreat, situated adjacent to Powys and Clwyd Wards, provides a much-needed sanctuary for staff to enjoy during their breaks. Many ward staff work 12-hour shifts, and opportunities to leave the ward for a meaningful break are often limited. The creation of a nearby outdoor retreat has made it easier for staff to take advantage of their breaks, encouraging them to step outside for fresh air and a change of scenery.

14. New sculpture for Path of Positivity

On the theme of wellbeing, I was delighted to see the creation and installation of a new piece of artwork on the Path of Positivity. This has been created in partnership with Oswestry-based studio Designs In Mind, which supports adults in Shropshire to improve their mental health, through involvement in ambitious art and design projects. The artwork reflects themes of love, compassion and friendship, aiming to inspire those who visit the Path. The hand painted design covering the

sculpture celebrates the idea that life continues, and nature prevails, despite chaos. The motifs depicted symbolise new life and the arrival of spring.

15. RJAH Charity's Bridgerton Ball a resounding success

We saw further evidence of the value of our charity team, with the success of the Bridgerton Ball, which I was delighted to attend. Held in early November at Sweeney Hall Hotel, the night was branded as an evening of elegance and entertainment – and it certainly delivered! It was a wonderful celebration of community, and it was great to see so many different groups of staff in attendance. Their presence made the evening even more special, and it's moments like these that remind us of the incredible teamwork and commitment that drive our mission forward for the benefit of our patients.

16. Trialling Artificial Intelligence – introducing Microsoft Copilot

We are always keen to trial new technologies here at RJAH, especially if we can evidence that they bring a clear and obvious benefit to our patients and/or our staff. To that end, I am delighted that we are taking part in a trial to use an Artificial Intelligence tool called Microsoft Copilot. Copilot is designed to help teams save time. Integrated with Microsoft 365, it can assist with drafting emails, creating documents, and managing schedules, allowing employees to focus on more strategic tasks. Its ability to provide real-time suggestions and insights can streamline workflows and improve decision-making. Additionally, Copilot's integration with Office 365 ensures seamless access to tools like Word, Excel, and Teams, making it easier for teams to collaborate and share information efficiently. The three-month trial will allow for its value to be assessed and for lessons learned to be gathered as the programme runs.

17. RJAH Stars Award

Every month, I present an RJAH Stars Award to one individual or team, in recognition of outstanding achievement or performance. There have been two winners of the RJAH Stars Award since our last public Board meeting:

- The December winner was Susie Kershaw, Pre-Surgical Call Assistant who is based on Baschurch Day Unit. She was nominated by Baschurch Unit Manager Lisa Hughes, who called out her exceptional commitment to going above and beyond to ensuring patients receive a pre-surgical call. The calls Susie is carrying out have significantly reduced the number of medical cancellations on the day of surgery. With the challenges we have right now with patients waiting, it couldn't be more important. Everyone in this organisation plays a huge part.

- November's winner was the Rheumatology Booking and Secretaries Team. They were nominated in recognition of their work as part of the Shropshire, Telford and Wrekin MSK Transformation Programme. Previously the Rheumatology Service was split between RJAH and the Telford Musculoskeletal Service, known as TeMS (part of Shropshire Community Health NHS Trust), but now, it all is managed by the Rheumatology Service at RJAH, providing one streamlined referral and appointment route but still with multiple clinic locations. The Booking and Secretarial Teams successfully manually transferred all the [approx. 3,500] patient records (new and follow-ups) received from TeMS onto the RJAH clinical record systems in addition to their regular busy work and vacancies in the team.

Congratulations to both of our latest winners!

18. Conclusion

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Corporate Risk Summary

Committee / Group / Meeting, Date

Board of Directors, 8 January 2025

Author:		Contributors:
Name:	Dylan Murphy	Mary Bardsley, Assistant Trust Secretary
Role/Title:	Trust Secretary	Risk Owners / Executive Leads.

Report sign-off:

N/A

Is the report suitable for publication:

Yes

Key issues and considerations:

Strategic versus operational risk

Strategic Risks relate to delivery of the strategic objectives of the Trust. They can be affected by factors such as capital availability; political, legal and regulatory changes; reputational issues etc. These will usually be identified at Board, or Executive level, and are generated "from the top down'. These strategic risks are captured in the Board Assurance Framework.

Operational risks concern the day-to-day running of the Trust. These are usually identified by departments or business units and are captured on local risk registers. As such, these are usually generated "from the bottom up". Where these risks become sufficiently serious they are escalated to the corporate risk register. Each entry on the corporate risk register is reviewed on a monthly basis, has an identified executive lead, and is overseen by a committee of the Board. The benchmark for consideration for inclusion on the corporate risk register has been set as 15 or above.

Risk Management Group

In accordance with the revised Risk Management Policy, a Risk Management Group has been established. This Group meets monthly and is chaired by the Chief Nurse and Patient Safety Officer and reports into the Audit and Risk Committee. The Group has considered the process for reviewing and escalating risk within the Trust to clarify the various checkpoints through which a risk should pass before agreed "corporate risks" are presented to the Board Committees.

As part of the Trust's wider risk management process:

- staff across the organisation continue to manage operational risk;
- there is now a Governance Manager, Corporate Services to support areas of the business that do not fall within either of the two Units (i.e. Specialist or MSK).
- the risk management training programme continues – the next steps include targeted support to individuals who are responsible for managing a large number of risks (particularly high scoring risks) that have not yet attended a session;
- the Trust Performance and Operational Improvement Group, chaired by the Chief Operating Officer, continues to monitor high level risks and associated mitigating actions;
- the Risk Management Group continues to oversee high level risks as well as the overall risk profile of the Trust.

A summary of the risks considered at the December Risk Management Group meeting is attached. These have subsequently been shared with the executive owners for review. A summary of the risks was considered by the Risk Management Group before consideration at the December round of Board sub-Committees. The summary position reported to the Committees is included in **Table 1**. There were no specific areas to escalate to the Board.

The Digital, Education, Research and Innovation Committee (DERIC), via the Electronic Patient Record (EPR) Implementation Assurance Meeting, has also been keeping the risks related to the EPR under review. As such, these risks are receiving particular attention at Board sub-committee level but have not been incorporated into the Corporate Risk Register. A financial risk associated with delay to the programme has been included and thought is being given to other overarching EPR-related risks for inclusion.

"Corporate risks" previously considered by Board committees that remained live in December 2024:

Risk ref.	Headline risk	Ctte	Inherent Risk	Apr 24	June 24	Aug 24	Oct 24	Dec 24
*1511	**Compromise to patient data due to cyber attack (Malware)**	DERIC	C4 x L5 = 20	C4 x L4 = 16	C4 x L4 = 16	-	C4 x L4 = 16	n/a
2281	**The Orthotics System**	DERIC / F&P	C4 x L4 = 16	n/a	n/a	n/a	C4 x L4 = 16	C4 x L4 = 16
2858	**Efficiency Delivery Shortfall**	F&P	C4 x L5 = 20	n/a	n/a	n/a	C4 x L4 = 16	C4 x L4 = 16
*2892	**Insufficient provision of SALT to ensure effective assessment and monitoring of patients requiring a modified diet**	Q&S	C4 X L5 = 20	C4 x L3 = 12	C4 x L4 = 16	-	C4 x L4 = 16	C4 x L4 = 16
3007	**Diabetic demand into the orthotics service**	F&P / P&C / Q&S	C4 X L5 = 20	C4 x L4 = 16*	C4 x L4 = 16*	-	C4 x L4 = 16	C4 x L4 = 16
3019	**(Tumour) Consultant capacity with increasing work demand pressures**	F&P / Q&S	C4 X L5 = 20	n/a	n/a	n/a	C4 x L4 = 16	C4 x L4 = 16
3076	**Financial risk to ORLAU's service**	F&P	C4 x L5 = 20	n/a	n/a	n/a	C4 x L4 = 16	C4 x L4 = 16
3078	**There is a risk that the tumour service may not be able to maintain delivery**	F&P / Q&S	C4 x L5 = 20	C4 x L4 = 16	C4 x L4 = 16	-	C4 x L4 = 16	C4 x L4 = 16
3096	**Procurement of trust Radiology systems resulting in unavailability of service**	DERIC / F&P / Q&S	C4 x L5 = 20	C4 x L5 = 20	C4 x L5 = 20	-	C4 x L5 = 20	C4 x L5 = 20
3135	**Homecare Pharmacy Services**	Q&S	C4 x L5 = 20	C4 x L4 = 16	C4 x L4 = 16	-	C4 x L4 = 16	C4 x L4 = 16

Risk ref.	Headline risk	Ctte	Inherent Risk	Apr 24	June 24	Aug 24	Oct 24	Dec 24
3150	**Inadequate general paediatric cover**	P&C / Q&S	C4 x L5 = 20	n/a	C4 x L4 = 16*	-	C4 x L4 = 16	C4 x L4 = 16
3179	**Financial Impact of the Pharmacy Homecare Service Inadequate Resource**	F&P	C4 x L5 = 20	n/a	C4 x L4 = 16	-	C4 x L4 = 16	C4 x L4 = 16
3186	**Medicines Supply shortages - lack of resilience to national supply chain issues**	Q&S	C4 x L5 = 20	n/a	C4 x L5 = 20	-	C4 x L4 = 16	C4 x L5 = 20
3181	**Lifetime advisory on Orthoses**	Q&S	C4 x L5 = 20	n/a	n/a	n/a	C4 x L4 = 16	C4 x L4 = 16
*3191	**Hand and Arm Vibration Unit Impact**	F&P / P&C / Q&S	C4 X L5 = 20	n/a	n/a	n/a	C4 x L4 = 16	n/a
3203	**There is a risk that deteriorating patients at the weekend will receive sub optimal management**	Q&S	C5 X L4 = 20	n/a	n/a	n/a	C5 X L3 = 15	C5 X L3 = 15
3238	**Occupational Health surveillance**	P&C / Q&S	C4 X L4 = 16	n/a	n/a	n/a	C4 X L4 = 16	C4 x L4 = 16
3248	**OO LLP Confirmed Mitigations not delivering, leading to income loss**	F&P	C4 X L5 = 20	n/a	n/a	n/a	C4 X L4 = 16	C4 x L4 = 16

Footnotes:

- *1511 - DERIC did not meet during December but the risk remains relevant and is captured in a wider BAF entry.*
- *2892 - Insufficient provision of SALT to ensure effective assessment and monitoring of patients requiring a modified diet has been escalated to counterparts within the ICB and agreed a further discussion was required with the commissioners.*
- *3191 - Hand and Arm Vibration Unit Impact risk score was challenged by the Executive team and therefore the risk was not presented in December.*

"Corporate risks" previously considered by Board committees reported as REDUCED, or CLOSED, in December 2024:

Risk ref.	Headline risk	Ctte	Inherent Risk	Apr 24	June 24	Aug 24	Oct 24	Dec 24	Comments
3223	**(MSST) Patients at risk of poor outcomes due to long waits**	Q&S	**C3 X L5 = 15**	n/a	n/a	n/a	**C3 X L5 = 15**	**C3 X L3 = 9**	Risk has reduced to Moderate 9 as 52 week waits are now gradually reducing and long waits are improving.
3249	**HCA/CSW back pay due to banding challenge leading to financial deterioration**	F&P / P&C	**C5 X L4 = 20**	n/a	n/a	n/a	**C5 X L4 = 20**	**CLOSED**	Now included within the financial forecast.

"Corporate risks" considered by Board committees for the first time in December 2024. Included for completeness but subject to further Executive review and potential revision:

Risk ref.	Headline risk	Ctte	Inherent Risk	Apr 24	June 24	Aug 24	Oct 24	Dec 24
3147	**Apollo EPR Project Financial Risk**	F&P / DERIC	**C4 X L5 = 20**	n/a	n/a	n/a	**n/a**	**C4 X L4 = 16**
3227	**Sage system in Orthotics Manufacturing**	F&P	**C4 X L4 = 16**	n/a	n/a	n/a	**n/a**	**C4 X L4 = 16**
3239	**Cat on MSCI**	Q&S	**C4 X L5 = 20**	n/a	n/a	n/a	**n/a**	**C4 X L4 = 16**
3265	**Absence of investigation tracking**	Q&S	**C4 X L5 = 20**	n/a	n/a	n/a	**n/a**	**C4 X L4 = 16**
3269	**WLIs reliant on uptake and availability of staff from targeted specialties**	F&P	**C4 X L5 = 20**	n/a	n/a	n/a	**n/a**	**C4 X L4 = 16**
3282	**Suspension of MHRA licence, inability to manufacture autologous chondrocytes and treat patients**	Q&S	**C4 X L5 = 20**	n/a	n/a	n/a	**n/a**	**C4 X L5 = 20**

Strategic objectives and associated risks:

This work supports all of the Trust's objectives and feeds the Board Assurance Framework.

Recommendations:

That the Board NOTE the risks rated at 15 or above, and the movement in risks rated at 15 or above, as considered by the Board Committees during October 2024.

Report development and engagement history:

The Risk Management Group is in operation to ensure appropriate check and challenge of high rated risks.

The Board sub-committees considered the detail of each risk they oversee during the October round of meetings. This report provides a summary of the content considered in more detail at the committee meetings.

Next steps:

The Risk Management Group will continue to meet on a monthly basis and work with staff to implement the revised risk management arrangements. The Board sub-committees will continue to review risks rated at 15 or above that align with their remit.

Risk Management training will continue, including targeted support to key individuals / teams.

Executive Summary - Quality & Safety Committee

Assurance

Variation	Will consistently pass the target if nothing changes	Will not consistently pass or fail the target if nothing changes	Will consistently fail the target if nothing changes	No Target or Moving Target
Improving varitation (high or low)				
No significant change or N/A to SPC		RJAH Acquired C.Difficile RJAH Acquired MSSA Bacteraemia 62 Day General Standard Number of Complaints Surgical Site Infections	Complaints Re-opened Total Deaths RJAH Acquired Pressure Ulcers C Diff Infection Rates Per 100,000 Bed Days	Number of Patient Incident Investigations Number of Patient Safety Reviews Volume of Theatre Cancellations
Concerning variation (high or low) or 3 months off target	Safe Staffing E Coli Infection Rates Per 100,000 Bed Days	Standard Complaints Response Rate Within 25 Days No of Spinal Injury Patients Fit for Admission	% Delayed Discharge Rate	Medication Errors Overdue Follow Up Backlog

Please note - this is defined by the associated SPC graph within the IPR. Many KPIs show as a moving target due to the change of targets/plans as we moved into new financial year and monthly phasing.

Trust Board - Quality & Safety
November 2024 – Month 8

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

SPC Chart Rules

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

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

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

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

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

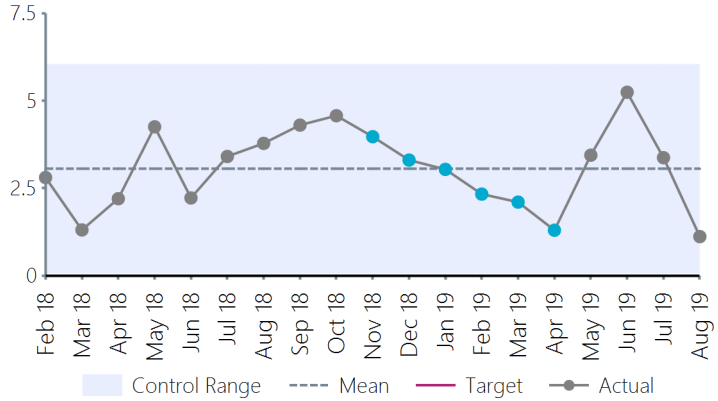
Some examples of these are shown in the images to the right:

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

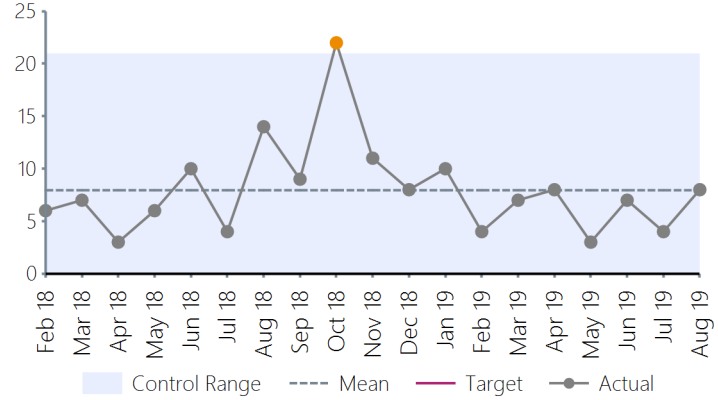
b) shows a point of concern sitting above the control range.

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

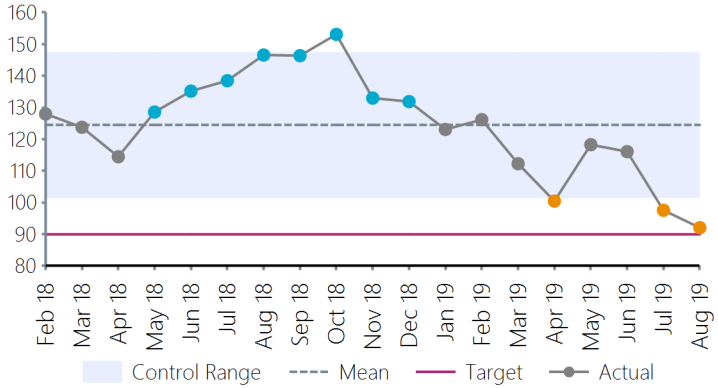
a)



b)



c)



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

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

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

Dates

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

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0		N/A to SPC	No Target		
Number of Complaints	8	11			?	+	04/03/24
RJAH Acquired C.Difficile	0	2		N/A to SPC	?	+	04/03/24
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		04/03/24
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		04/03/24
RJAH Acquired MSSA Bacteraemia	0	1		N/A to SPC	?	+	04/03/24
RJAH Acquired Klebsiella spp	0	0		N/A to SPC	P		04/03/24
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		04/03/24
Surgical Site Infections	0	0			?	+	04/03/24
Outbreaks	0	0		N/A to SPC	P		04/03/24

Summary - Caring for Patients

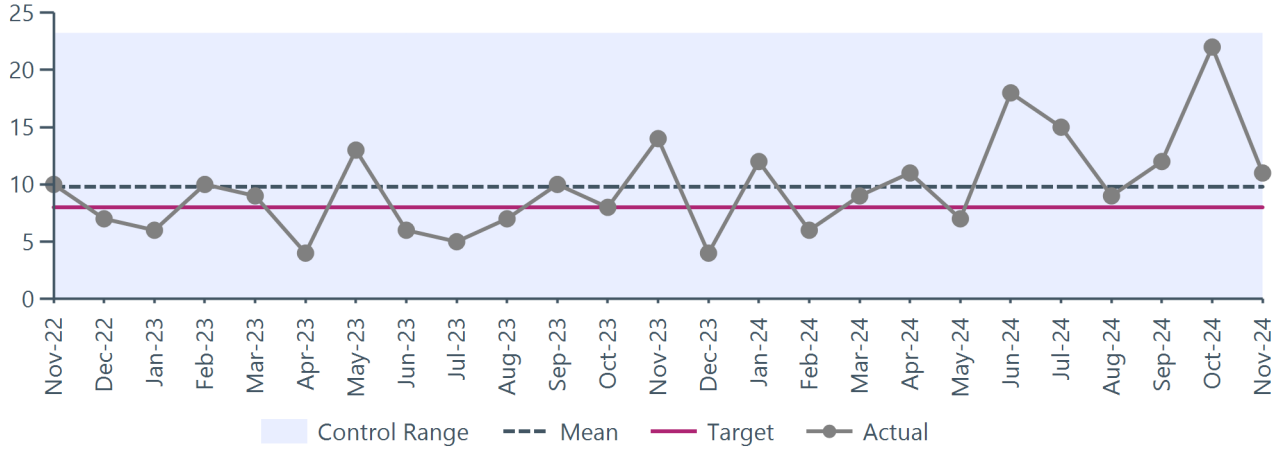
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Number of Deteriorating Patients	5	6		N/A to SPC	?		
Total Deaths	0	1		N/A to SPC	F	+	12/09/23
WHO Quality Audit - % Compliance	100.00%	100.00%			P		

Number of Complaints

Number of complaints received in month 211105

Exec Lead
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
8	11		



Trajectory

What these graphs are telling us

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

Narrative

There were eleven complaints received in November, where the themes are associated with care received/outcome of care (5), issues with staff (3), waiting times (2) and cancelled surgery/appointments (1).

Actions

A deep dive into PALS and complaints in relation to MSST service has been shared with executive colleagues and will be presented at the Patient Experience Committee on 16th December.

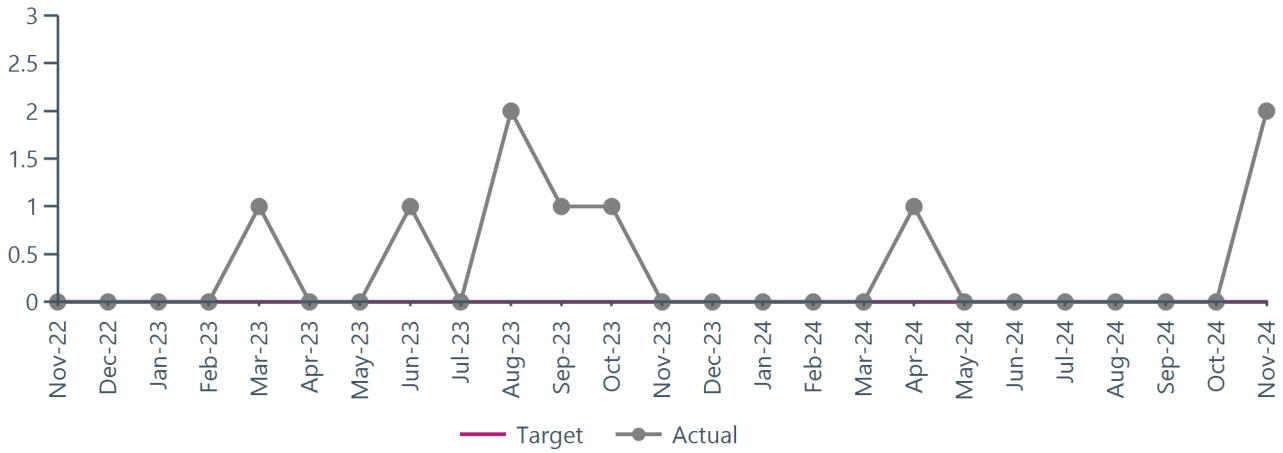
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
14	4	12	6	9	11	7	18	15	9	12	22	11

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month 211149

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
0	2	N/A to SPC	?



Trajectory

What these graphs are telling us

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

Narrative

There were two cases of RJAH Acquired C.Difficile reported in November.

Actions

* Case 1 was deemed unavoidable. The patient was a known C diff carrier. A full review was conducted by Antimicrobial Pharmacist which ensured that the patient had received the correct antibiotics for their infection. Full assurance was reached that each prescription was discussed with microbiology and therefore the resultant C diff infection was deemed unavoidable.
* Case 2 – The Post Infection Review findings reveal a missed opportunity for testing. If samples are not taken within a 48 hour period from admission, any infection is allocated to RJAH. This patient was transferred and symptomatic within the 48 hour window but a sample was not sent until the following day. Safety actions have been captured and progress monitored through the Patient Safety Meeting and IPC Working Group.

The Trust remains below target threshold for acquisition of C diff.

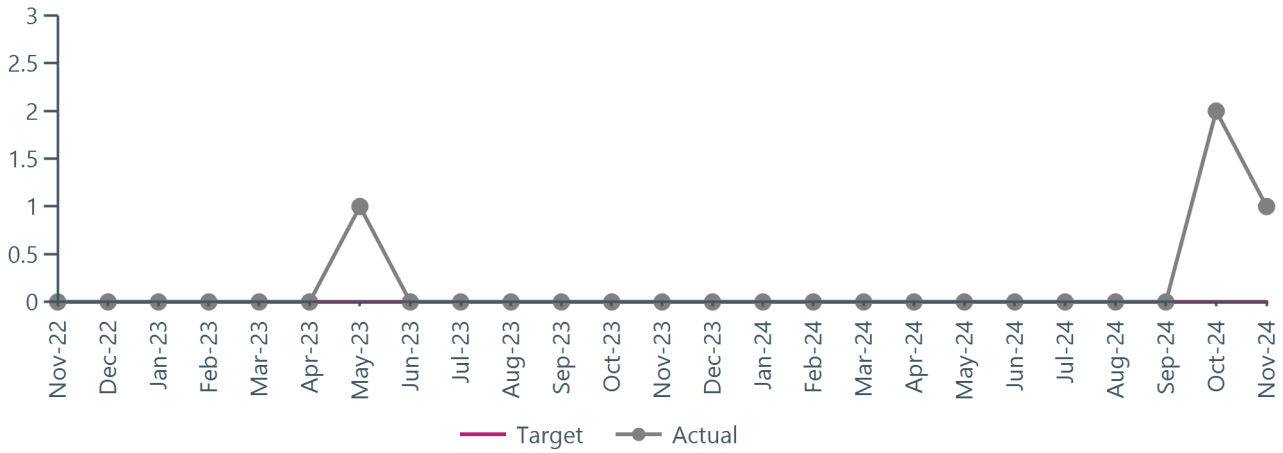
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
0	0	0	0	0	1	0	0	0	0	0	0	2

RJAH Acquired MSSA Bacteraemia

Number of cases of MSSA bacteraemia in month 211152

Exec Lead:
Chief Nurse and Patient Safety Officer

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



Trajectory

What these graphs are telling us

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

Narrative

There was one RJAH Acquired MSSA Bacteraemia reported in November; Wrekin Ward (1).

Actions

MSSA thresholds are not set by NHSE. This is RJAH acquired in terms of reporting, however this was deemed an unavoidable case. Safety actions have been captured following the PIR and will be actioned and monitored through the Trust's Gram Negative Blood Stream Infection Prevention Working Group, which reports monthly to the IPCC Meeting.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
0	0	0	0	0	0	0	0	0	0	0	2	1

- Staff - Patients - Finances -

Surgical Site Infections

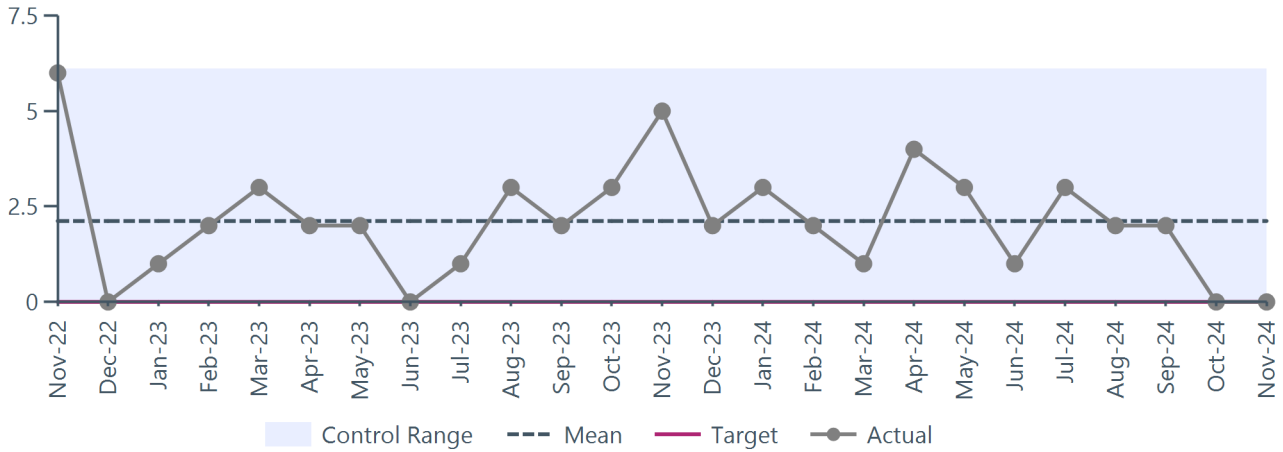
Surgical Site Infections reported for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement in previous twelve months.

217727

Exec Lead
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
0	0		

Trajectory



What these graphs are telling us

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

Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement. They are monitored through each quarter for a period of 365 days following the procedure. The data represented in the SPC above shows any surgical site infections that have been confirmed. SSI rates are benchmarked by the UKHSA against all providers, and Trusts are notified if the data identifies them as an outlier.

There were 2 infections confirmed in November, relating to procedures that took place in May (1) and September (1).

Actions

As expected, a knee outlier letter was received for April-July 24 as the Trust reached but did not breach the 1% threshold.
Case reviews are conducted within 30 days of notification and investigations are in progress in line with this process. Common themes are identified and explored. In addition, 6 monthly SSI thematic analyses are conducted as part of the IPC Team work plan. The thematic review is discussed in detail at the IMDT meeting. This was conducted in October and the following safety actions were identified:
* Develop an IPC back-to basics programme for Theatre personnel (including Registrars)
* Theatre Clinical Lead to communicate to scrub staff importance of not touching Stryker hoods whilst being scrubbed. This should be included in training.
* Consider placing staff who are learning in lower risk areas before they are moved to more high-risk surgical cases
* Explore options for the use of probiotics for surgical patients
* Extend MSSA decolonisation to ALL joint replacement surgery.
Actions progressed through SSIPWG and monitored through the Patient Safety Meeting and IPC&C Meetings.

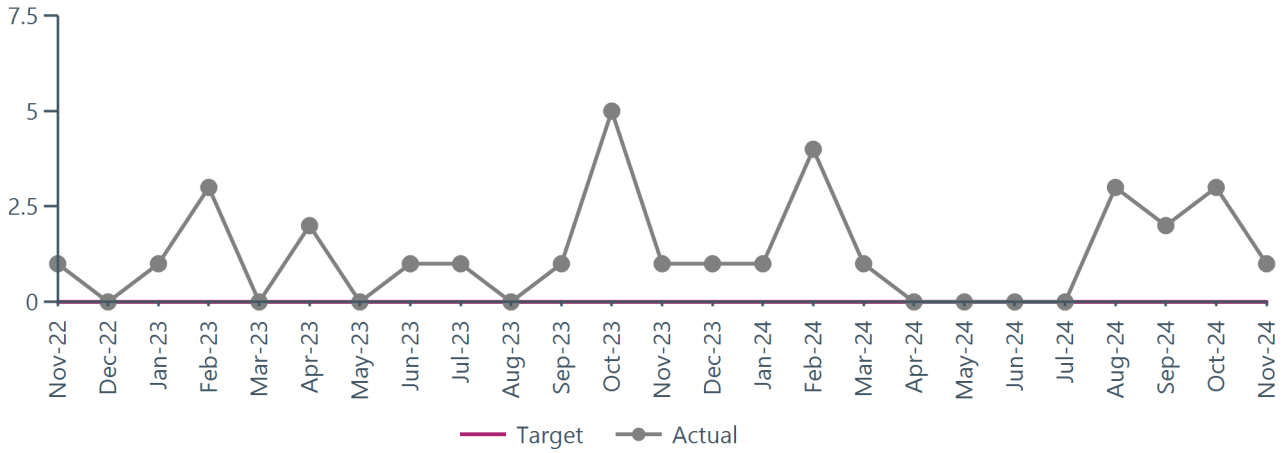
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
5	2	3	2	1	4	3	1	3	2	2	0	0

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer

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



Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is consistently exceeding the tolerance.

Narrative

There was one death within the Trust throughout November; which has been classified as an Unexpected Death.

Actions

Learning from Deaths Reviews will be completed by the Trust Lead.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1	1	1	4	1	0	0	0	0	3	2	3	1

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Chair's Assurance Report
Quality and Safety Committee

Committee / Group / Meeting, Date

Board of Directors Meeting, 08 January 2024

Author: **Contributors:**

Name: Mary Bardsley
Role/Title: Assistant Trust Secretary

Report sign-off:

Ruth Longfellow, Chief Medical Officer / Paul Kavanagh Fields, Chief Nurse and Patient Safety Officer
Lindsey Webb, Non-Executive Director, Committee Chair

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 21 November 2024 and 19 December 2024. It highlights the key areas the Quality and Safety Committee wishes to bring to the attention of the Board.

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.

Corporate Risk Register (December Meeting)
The Committee reviewed and endorsed the register ahead of presentation to the Board. The Committee gained an update on detail and movement of each risk (17 in total). It was noted that in relation to risk 2892, the Trust remains not meeting the guidelines for SALT provision and this has been escalated with counterparts within the System. The minutes of the discussion would be shared with the relevant risk handlers / executive owners to inform their review and update of the risks.

Never Events
There have been 2 never events reported relating to different periods of the year, the reviews will be reported to the Committee in January.

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:

Legal Claims Policy (November Meeting)
The Committee approved the policy which has been revised to aligned to the new NHS resolution framework.

PSIRF Report (November and December Meeting)
The Committee were assured with the process in place however noted that there were some overdue actions in relation to critical care and peri-operative medicine. The Trust confirmed these specific actions will be realigned to the critical care review action plan currently being devised.

Board Assurance Framework (November Meeting)
The Committee reviewed and endorsed the framework subject to the following considerations:

- BAF 1 | Continued focus on excellence in quality and safety - narrative to be updated to reflect the medium confidence levels and include information relation to the improvements made to the Regulatory Oversight meeting.
- BAF 7 | Responding to a significant disruptive event – timescales to be included for the simulation exercise which is being overseen by the Director of Digital.

Integrated Performance Report (November and December Meeting)
The Committee discussed the following metrics:

- Theatre cancellations – has been included in the performance report following recent conversations at Board.
- Medication errors – have been categorised further to support with understanding the data.
- 4 patient safety reviews completed.
- 4 RJAH acquired pressure ulcer – 1 category 2 and 3 category 3. A deep dive is being completed to support in identifying learning.
- Complaints – have decreased aligned within December and the majority relate to waiting times. A total of 5 have been reopened.
- 2 RJAH acquired C.diff reporting in month which was (1 avoidable and 1 unavoidable)
- 4 SSIs confirmed – after action reviews are being undertaken
- 1 unexpected death in December and 3 expected deaths in November – learning will be shared via the Q3 report.
- 2 PSII commissioned following never event

Chair Report from Regulatory Oversight Group (November and December Meeting)
Following an effectiveness review of the ROG, the Committee will be approving the Terms of Reference for this to become Regulatory Oversight Meeting (ROM) . This is to strengthen the governance process of regulatory oversight across the organisation. The Committee agreed to received updates on the MHRA inspection via a private forum due to the sensitive content of the report.

Draft Clinical Strategy (December Meeting)
The Committee were pleased to receive the first draft of the clinical strategy for comment. It was noted that the purpose of the document was to be an overarching strategy which supports the ambition and delivery of the local service strategies from across the organisation. The Committee held a lengthy discussion about the reporting of the service strategies and requiring clarity in their respective ambitions.
Further work is to be completed on the documents ahead of presentation to the Board, the Trust agreed to consider:

- Public and patient engagement/involvement in developing the clinical strategy
- Consider the links to the medical strategy
- Present to the DERIC Committee for comments

The Committee recommended a Board Development Session to support a wider discussion and links with the revised operating model.

Quality Impact Assessment (November Meeting)
The Committee were assured that the QIA for the 65 week waits had been completed and also suggested that the information is presented to the Activity Recovery Committee (ARC) for oversight. The Committee requested that the QIA is reviewed on a regular basis and be presented at both ARC and QS Committees in 3 months' time. The importance of transparency in decision-making was empathised.

Harms Review (November Meeting)
The Committee were assured with the processes in place to complete harms reviews. It was noted that the current focus for the Trust is on long waiting patients and a proactive process has been implemented to identify patients.

HTA Inspection (November Meeting)
The inspection resulted in 1 major and 8 minor shortfalls against governance, and 4 shortfalls against storage. A corrective action plan was developed and submitted to the HTA which will be overseen by the ROM. The one major shortfall related to patient travel documentation, which has been addressed and is expected to be closed. For oversight, the Committee requested that the HTA report was shared as a part of the ROM Chair Report.

Critical Care Peer Review (November Meeting)
The purpose of the review was to identify the increasing complexity of patients and develop a perioperative care model. The review found that not all previous CQC findings had been acted upon, and there was not full compliance with GPICs standards. Committee members asked for assurance

that in light of these concerns it was safe to continue with the current service. The Trust assured the Committee that the anaesthetist on call covers HDU and there have been no quality or safety concerns within the service. The Committee was informed that risks related to GPICs compliance are included in the MSK Unit risk register, acknowledging that the standards apply to a level 3 facility. The risk is classified as moderate and is discussed at the MSK Governance Meeting. Actions to support providing the Committee with further assurance include:

- to review the risk register and ensure this risk is sitting at the correct level.
- progress signing of the SLA for a level 3 service.
- Provide further assurance on progress with the actions required to address the findings of the review

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.

PLACE Results (November Meeting)
The Committee commended the Trust on their most recent assessment which reported the Trust to have improved scores in relation to cleanliness, food, appearance and condition domains. There is further work to be completed to improve the dementia and disability domains and it was noted that the Trust has already completed some recommendations in this area.

IPC Quality Report (November Meeting)
A question was raised on the gradual decline in quality assurance walk scores in Theatres and Menzies, and whether this correlates with theatre culture. The Committee was informed that a potential link exists but cannot be assessed until culture work is complete. However, assurance was provided through the MICAD cleaning scores showing theatres have maintained scores over the past 5 months, with only a 0.5-1% deviation from the target.

IPC Improvement Plan and BAF (November Meeting)
The Committee were assured with the improvement plan which reported to be on track. Further work is being undertaken to review policies to ensure alignment to the IPC manual and training packages are under development.

Cleanliness and Estates Report (November Meeting)
The Committee were assured with update which reported an improvement to scores and audits have been completed timely. Following a Duty of Care review in September, it was confirmed that there have been no points of escalation. The Committee commended the Trust on being accredited as an exemplar organisation for cleaning.

Quality Strategy Action Plan (November Meeting)
The Committee were assured with the progress reported in relation to the action plan. There is one action overdue completion which is aligned to the launch of Apollo.

Chair Assurance Reports:

- **Chair Report from Patient Safety Meeting (November and December Meeting)**
  There were no concerns to escalate to the Committee and the report was noted.
- **Chair Report from Health Inequalities and Population Health Working Group (December Meeting)**
  There were no concerns to escalate to the Committee. The Committee commended the Trust achievement in significantly reducing the 'was not brought' rate. The improvements which the Trust has embedded have been recognised regionally and supports the inequalities work.
- **Chair Report from IPCC Meeting (November and December Meeting)**
  There were no concerns to escalate to the Committee. It was noted that the hand hygiene has been reported as low and therefore challenged have been implemented to improve compliance.
- **Chair Report from Patient Experience Meeting (December Meeting)**
  There were no concerns to escalate to the Committee.
- **Chair Report from Theatre Safety Culture Group (November and December Meeting)**

A group has been formed to review the safety culture within the theatre department. The group will focus on particular elements including patient safety, quality and linked to the human factors training. The Trust confirmed that the attendance of the group includes both clinical and non-clinical colleagues. It was agreed that going forwards this will be reported into the Patient Safety Meeting and reported to the QS committee via the chairs report.

- **Chair Report from Health and Safety Meeting (November Meeting)**
  The Trust is to complete a review of the Health and Safety capacity following concerns raised by the team.
  The Committee requested a specific update on medical devices and ligature training at the next meeting.
  Noted that the hand arm vibration assessments are overdue due to the Trusts occupational health provide.
- **Chair Report from Clinical Effectiveness Meeting (December Meeting)**
  A new equipment procedure has been implemented to support the governances process with medical devices.
- **Chair Report from Adult and Children Safeguarding Meeting (November Meeting)**
  The Trust continue to pursue the options for Oliver McGowan training being delivered inhouse at the organisation.

Recommendation

The Board is asked to:

1. CONSIDER the overall assurance level listed at section 2,
2. CONSIDER the content of section 3.1 and agree any action required.
3. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
4. NOTE the content of section 3.3.

Executive Summary - People Committee

Assurance

Variation

	Will consistently pass the target if nothing changes	Will not consistently pass or fail the target if nothing changes	Will consistently fail the target if nothing changes	No Target or Moving Target
Improving variation (high or low)	Vacancy Rate % of System-Generated E-Roster % of Staff on E-Rostering System	Nursing Vacancy Rate AHPs Vacancy Rate		Staff Turnover - Headcount Staff Retention
No significant change or N/A to SPC	E-Rostering Level of Attainment	Time to Hire Personal Development Reviews	% of E-Rosters Approved 6 Weeks Ahead E-Job Planning Level of Attainment	Total Headcount in Post % Staff Availability Sickness Absence Sickness Absence - Long Term In Month Leavers Healthcare Support Worker Vacancy Rate
Concerning variation (high or low) or 3 months off target			% of Staff with an Active E-Job Plan	

Please note - this is defined by the associated SPC graph within the IPR. Many KPIs show as a moving target due to the change of targets/plans as we moved into new financial year and monthly phasing.

Trust Board - People & Workforce
November 2024 – Month 8

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

SPC Chart Rules

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

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

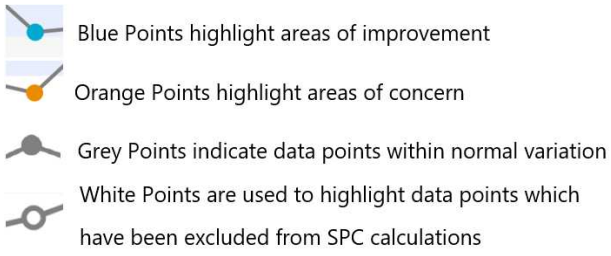
Different colours have been used to separate these trends of special cause variation:

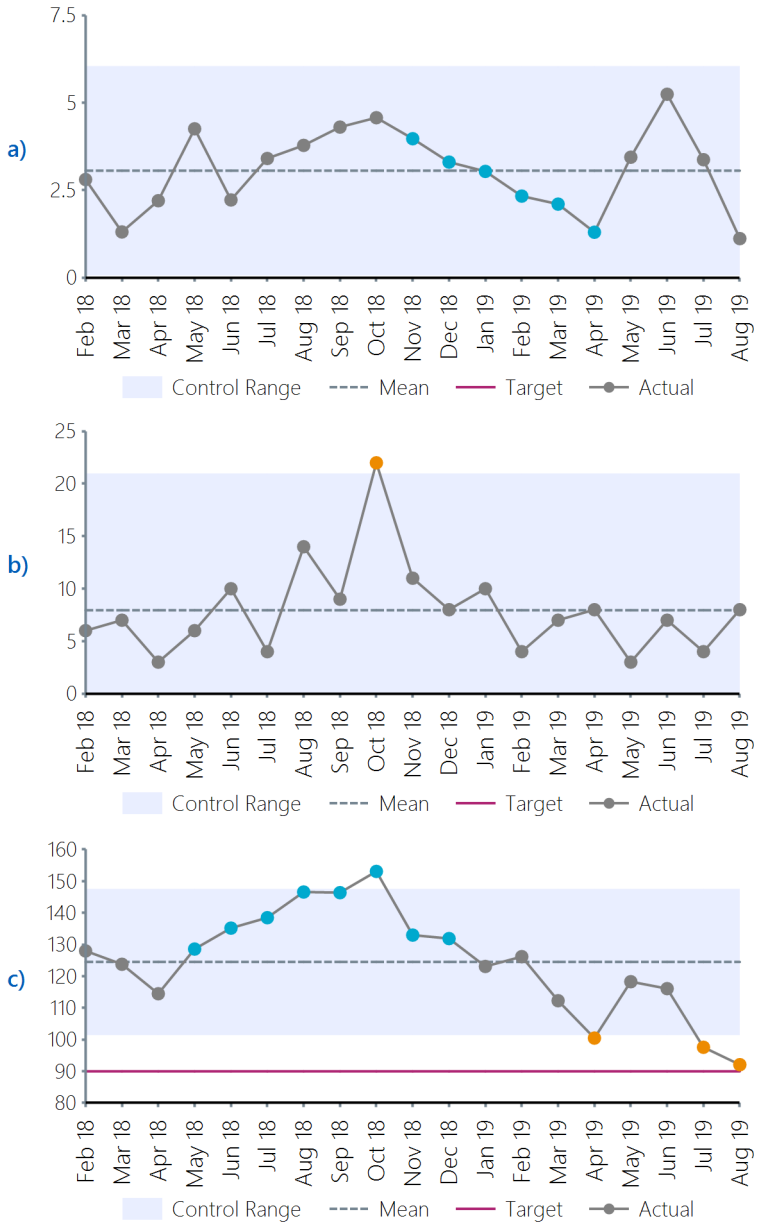
Some examples of these are shown in the images to the right:

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

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

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





Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

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

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

Dates

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

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	6.05%	5.70%			Moving Target	+	05/12/23
Staff Turnover - Headcount	7.86%	8.38%		L	Moving Target	+	04/06/24
In Month Leavers	12	15			Moving Target	+	
Vacancy Rate	8.00%	6.42%			P	+	15/04/24

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Agency Proportion of Pay Plan	3.20%	2.00%		N/A to SPC	P		

Sickness Absence

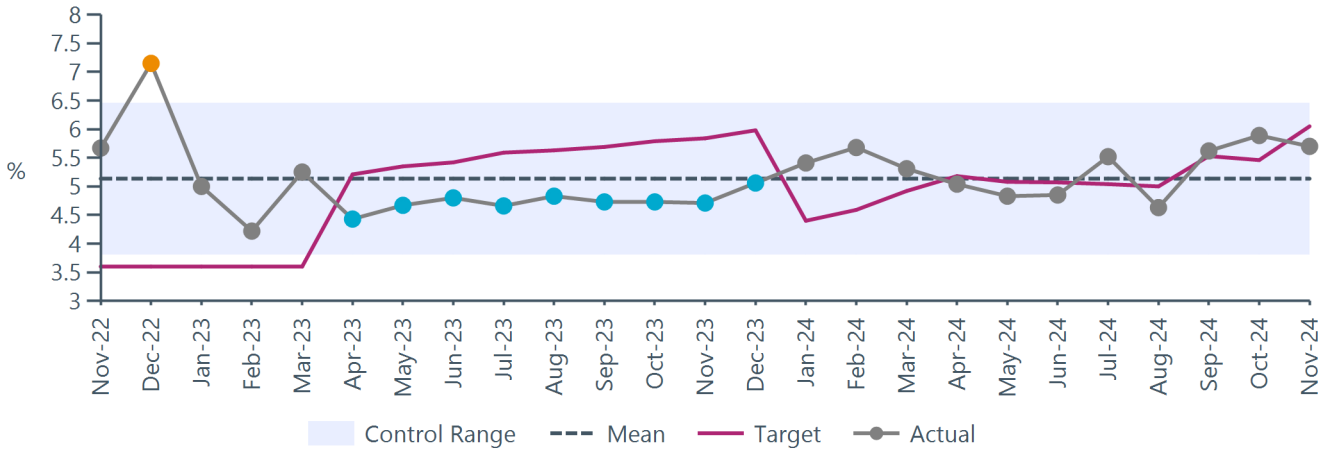
FTE days lost as a percentage of FTE days available in month. Target as per Trust's Operational Plans. 211161

Exec Lead
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
6.05%	5.70%		Moving Target

Trajectory

Actual
Trajectory



What these graphs are telling us

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

Narrative

The overall Sickness Absence rate is reported at 5.70% for November. Throughout the month, the top three reasons for absence were 'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Back Problems'.

The hotspot areas for sickness were Kenyon Ward (23.32%), Sheldon Ward (17.14%) and Orthotics Production (13.76%).

Other areas with high levels of sickness, that were a contributory factor in activity levels, were ODPs (12.82%), Anaesthetic Medical Staff (7.95%) Theatre Support Workers (11.87%) and ODOs (11.84%).

Actions

Due to the high number of long term sickness cases due to anxiety, stress and depression, the Employee Relations Team have put in place a regular team case review meeting (every 3 weeks) to ensure that each individual case has a management plan. The first meeting was 31 October.

The team have taken recommendations from 'NHS Employers – Supporting Staff Experiencing Stress Toolkit' and are working through applying where these have not already been put in place.

Long Term Sickness not related to stress are being managed appropriately, with a number being very complex in nature, requiring sensitive and careful management. Bespoke absence management training is being provided to ward managers at the end of December 24.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
4.71%	5.06%	5.41%	5.68%	5.31%	5.04%	4.83%	4.85%	5.52%	4.63%	5.62%	5.89%	5.70%

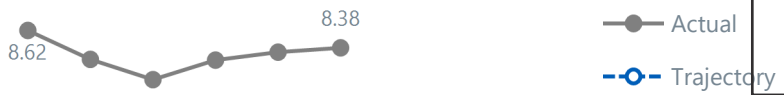
Staff Turnover - Headcount

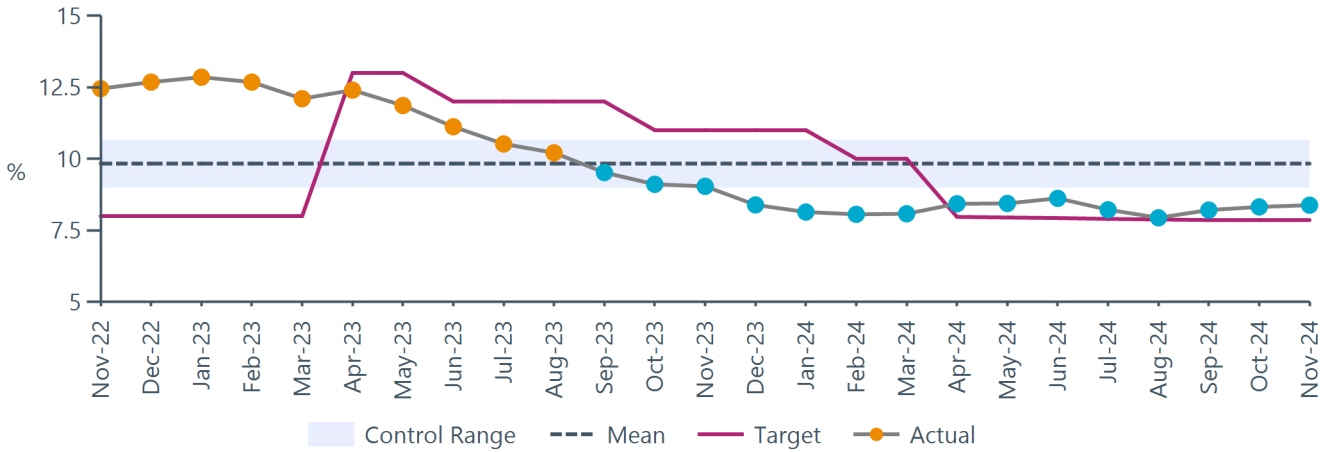
Total numbers of voluntary leavers in the last 12 months as a percentage of the total employed. Target as per Trust's Operational Plans. 217394

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
7.86%	8.38%	L	Moving Target

Trajectory





What these graphs are telling us

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

Narrative

Staff Turnover is reported at 8.38% for November, above the 7.86% plan. There has been a reduction in the target from April to reflect what has been submitted in the Trust's Operational Plans. The 24/25 target is aligned with the 23/24 outturn.

As demonstrated on the graph above, there has now been a period of sustained improvement for over twelve months.

This metric relates to the leavers over the past twelve months. For the period of December-23 to November-24 there have been 153 leavers as a proportion of the month end headcount.

Actions

Retention Activities in place to support staff:
*Developing role competencies and career pathways for progression, Theatres and MCSI focus
*Preceptorship programme - utilising springboard to align with system partners
*Introduction of Legacy Mentors to support departments with high turnover and leavers
*Revised and improved staff induction
*System Retention Strategy in Development
*People Promise Programme activity

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
9.04%	8.39%	8.14%	8.06%	8.08%	8.43%	8.44%	8.62%	8.22%	7.94%	8.21%	8.32%	8.38%

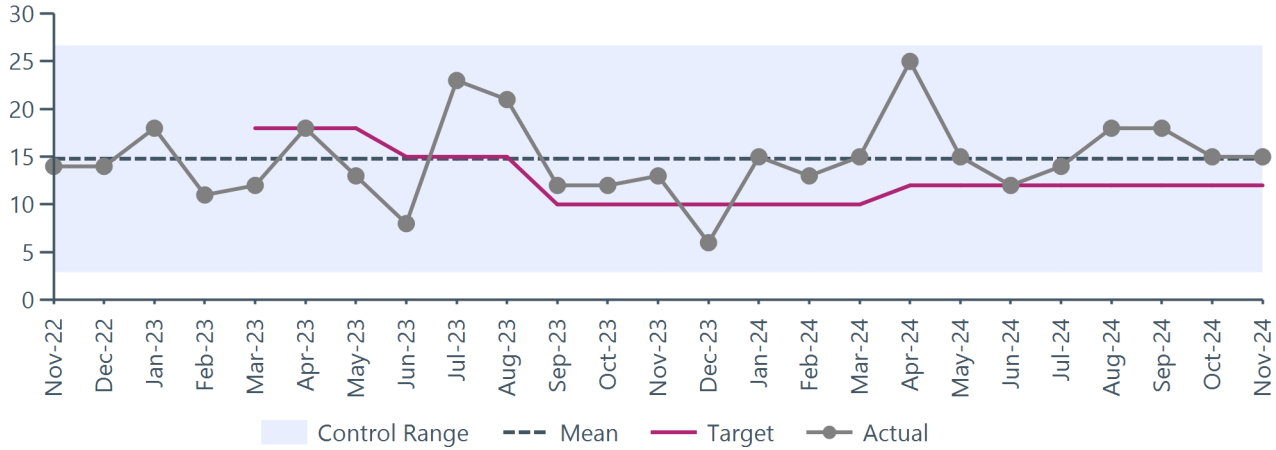
In Month Leavers

Number of leavers in month - excluding medical rotational staff 217809

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
12	15		Moving Target

Trajectory



What these graphs are telling us

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

Narrative

There were 15 staff who left the Trust throughout November. This metric is included as an exception as it has now exceeded the target of 12 for the last 5 months.

The leavers were from the following staff groups; Additional Clinical Services (6), Administrative & Clerical (4), Medical & Dental (2), Nursing & Midwifery Registered (1), Estates & Ancillary (1) and Allied Health Professionals (1)

The reasons for leaving were recorded as:
* Voluntary Resignation (7) with four of those attributed to work life balance
* Retirement (6) of which five were due to Flexi Retirement (retire and return, either same or reduced hours)
* End of Fixed Term Contracts (2) (non-medical posts)

Actions

Retention Activities in place to support staff:
*Developing role competencies and career pathways for progression, Theatres and MCSI focus
*Preceptorship programme - utilising springboard to align with system partners
*Introduction of Legacy Mentors to support departments with high turnover and leavers
*Revised and improved staff induction
*System Retention Strategy in Development
*People Promise Programme activity
*Flexible Working Approach - policy has been revised for Flexible Working and communicated out to the Trust as part of managers briefings.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
13	6	15	13	15	25	15	12	14	18	18	15	15

Vacancy Rate

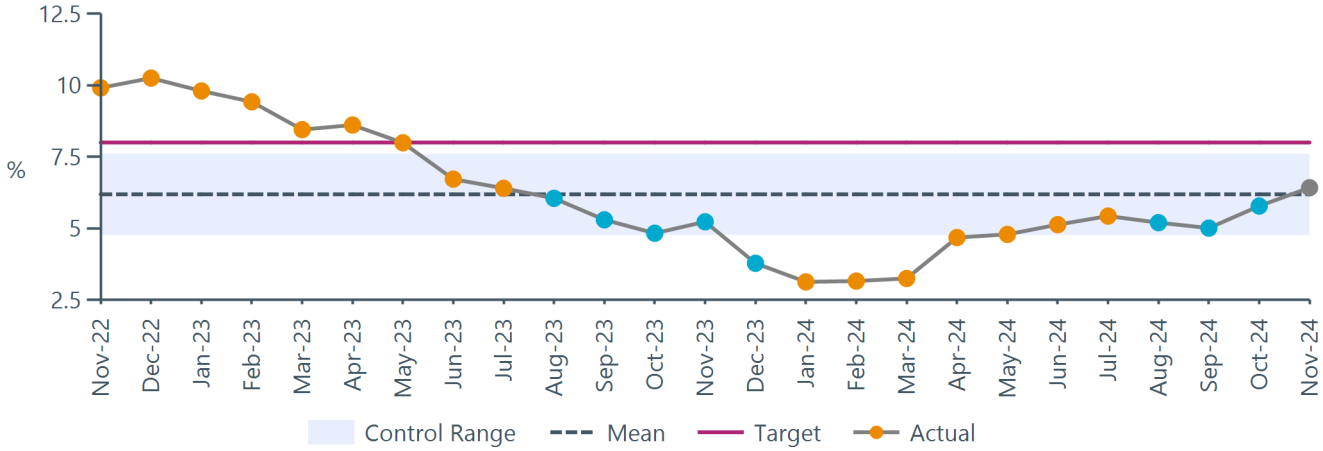
% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
8.00%	6.42%		

Trajectory

Actual
Trajectory



What these graphs are telling us

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

Narrative

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
5.23%	3.78%	3.13%	3.16%	3.25%	4.68%	4.79%	5.13%	5.43%	5.20%	5.01%	5.78%	6.42%

Chair's Assurance Report
People and Culture Committee

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Committee / Group / Meeting, Date	
Board of Directors Meeting, 08 January 2025	
Author:	**Contributors:**
Name: Leah Tunnah Role/Title: Executive Assistant	
Report sign-off:	
Denise Harnin, Chief People and Culture Officer Paul Maubach, Associate Non-Executive Director, Committee Chair	
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 21st November 2024 and 19th of December 2024. It highlights the key areas the People and Culture Committee wishes to bring to the attention of the Board.

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.

Board Assurance Framework (November Meeting)

The Committee reviewed the BAF report, which focused on workforce sustainability and engagement. There were no significant changes to note. A recommendation was made to include medical engagement within the BAF in relation to the mitigations and additional actions concerning workforce engagement. The Committee subsequently recommended the presentation of the framework to the Board.

Corporate Risk Register (December Meeting)

The Committee reviewed and endorsed the register ahead of presentation to the Board. The Committee gained an update on detail and movement of the below risks:

- Risk 3249 has been closed- HCA/CSW back pay due to banding challenge leading to financial deterioration.
- Risk 3191- Hand and Arm Vibration Unit Impact has been challenged by the Executive Lead and a further review has been requested by the author.
- Risk 3228- Consultant Rheumatologist Recruitment has been identified and is currently being reported through the appropriate governance process.

Pay Escalations (December Meeting)

The Committee was advised that the Trust have conducted a comprehensive review of the previous experience of 40 global majority nurses to determine their appropriate pay points. This review was carried out in response to an Inclusion event where the issue of pay and incremental credit was raised. The UK government's 2024 nursing pay consultation, where the RCN advocated for recognising the prior experience of internationally educated nurses was included within the rationale for the review. The following questions were raised prior to making a definitive decision:

- The Committee was advised to consider if the Race Equality Act applies and seek a legal opinion.
- There was a question about whether past competence is relevant and if previous experience truly reflects full operational capability.
- Concerns were raised about national precedence, with a suggestion that the Trust clarify with NHS England the policy they are following.
- Regarding back pay, it was questioned whether it would be backdated to when the concern was first raised or from when the individual left the supernumerary period.

There was also discussion regarding system wide approach and national to ensure alignment with national policy/local system partners prior to progressing given the financial impact and ongoing scrutiny of financial performance from NHSE.

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:

System Integrated Improvement Plan (SIIP) (December Meeting)
The Committee was informed that the Trust was invited to an NHSE/ICB session to discuss RJAH's role in the "system transition plan," which focuses on the ICB/SaTH transition from Level 4 to Level 3 of the NHS Oversight Framework. All providers must commit to the plan, and it was agreed that the Workforce and Leadership elements would be reported through the People and Culture Committee.

Premium Workforce (M8) Report (December Meeting)
The Committee was informed that since mid-August, the highest rates for medical and dental staff have stayed mostly the same after the new sign-off process for price cap breaches. However, the highest rates for nursing and STT staff have dropped by over 20% due to the new measures. The focus is now on addressing price cap breaches in the medical agency, whilst continuing with non-medical agency price cap work. The Trust is actively involved in this work, with staff participating in Regional Price Cap Compliance Groups.

Chief People and Culture Update (December Meeting)
The Committee was informed an external review of the ICS people function is underway. This will impact the provision of Chief People Officer services at the ICS and each Trust, who may be expected to bridge some of the gaps.

Theatre Recruitment Deep Dive (December Meeting)
The Committee received a deep dive on theatre recruitment, noting the current challenges and areas for improvement. It was agreed to keep this agenda item insight of the Committee given the significant risk it poses to recovery and future progress. Following in depth discussion, the following actions were recommended for direction of travel:

- Advertise and recruit for band 6 roles.
- Review the total number of band 6 roles.
- Investigate opportunities for student nurses' training in Theatre and more ODP apprentices.
- Provide clarity on the issue of staff motivation.
- Provide an understanding of the comparison between surgeon availability and staffing levels for Theatre.

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.

Workforce Performance Report (December 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.

WRES/WDES Reports (December Meeting)
A more simplified and user-friendly version of the reports was presented to the Committee following review and scrutiny of the previous version. The Committee approved the publication of the reports and action plans.

Personal Development Review/ Draft Appraisal and Development Guidance (November Meeting)
The Committee received a deep dive on the PDR process and were asked to consider whether a reduction in the target will ensure the Trust are regularly compliant. The consensus was that the Trust should first identify the typical gaps in the process before considering a reduction. There was

broad agreement that both individual and team objectives should align with the organisation's strategic goals. Following discussion, the Committee agreed to review all key performance measures at the end of the year.

Medical Engagement (November Meeting)
The Committee received an update on medical engagement within the Trust with next steps identified as developing a Medical Engagement Strategy and an action plan following areas of improvement identified in a recent survey. The Committee was assured from the presentation, noting the significant opportunity for further development in this area.

Responsible Officer and Revalidation Annual Report (November Meeting)
The Committee was updated on the revalidation process, which is reviewed and approved by the Chief Medical Officer, enabling doctors to be relicensed for another 5 years after completing their 5-year appraisals and submitting 360 multisource feedback. Every year the framework for quality assurance is reported to the Board and overall compliance is good. A discussion took place regarding the continuity of appraisers, with a suggestion to review the number of appraisers an individual has over a 5-year period. The Committee emphasised the importance of raising any issues with the technology or support going forward.

Statutory and Mandatory Training Review (December Meeting)
The Committee reviewed the report on the NHS England Statutory and Mandatory Training Programme, which outlined the Trust's requirements and assurance. The Committee was assured that the Education and Training Oversight Group has been established to monitor the outcomes of all nationally mandated training. Additionally, a review is being conducted to evaluate the frequency of refresher training and the relevant staff groups and roles. A suggestion was made to incorporate the EPRR work and link it to improving outcomes, such as fire safety training.

Leadership and Development Programme Review (December Meeting)
The Training and Development Team launched a Leadership and Development Programme, which has been well received by staff, with 23 cohorts delivered so far. Feedback shows that 18 staff members have advanced in their roles as a result of the programme. The Committee expressed full support for the ongoing work and agreed to continue with the programme, praising the team for its positive impact on staff. Additional feedback on the programme will be presented at a future meeting.

Anti-Racism Strategy (November Meeting)
The draft Anti-Racism Strategy and Too Hot to Handle Report was presented to the Committee. Following consideration of the update and subsequent discussion, it was agreed the following points raised would be taken forward and incorporated into the strategy:

- To ensure the Trust's global majority help shape the strategy to ensure they have got a voice within the organisation and link in community engagement.
- To focus on staff training to help further develop the culture- exposing staff to colleague's experiences of racism to raise awareness and help them understand the work and life experiences of others.

Flexible Working Policy (November Meeting)
The Committee approved the policy.

Subsistence Policy (November Meeting)
The Committee approved the policy.

Draft Clinical Strategy (December Meeting)
The Committee noted the Draft Clinical Strategy, which will be monitored through the Quality and Safety Committee and for approval via the Board of Directors.

Chair Report Non-Medical Staffing Subgroup (December Meeting)
The Committee noted the Chair Report- no areas of escalation.

Chair Report JCG (December Meeting)

The Committee noted the Chair Report- no areas of escalation.

Chair Report EDI (December Meeting)
The Committee noted the Chair Report- no areas of escalation.

ICS People Committee Update (December Meeting)
The Committee noted the update- no areas of escalation.

Risk Reflection (December Meeting)
There were no specific risks to raise. The Committee were content that the current risks are reflected within the Board Assurance Framework or the corporate risk register.

Recommendation

The Board is asked to:

- CONSIDER the overall assurance level listed at section 2,
- CONSIDER the content of section 3.1 and agree any action required.
- NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
- NOTE the content of section 3.3.

Trust Board - Performance
November 2024 – Month 8

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

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SPC Chart Rules

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

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

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

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

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

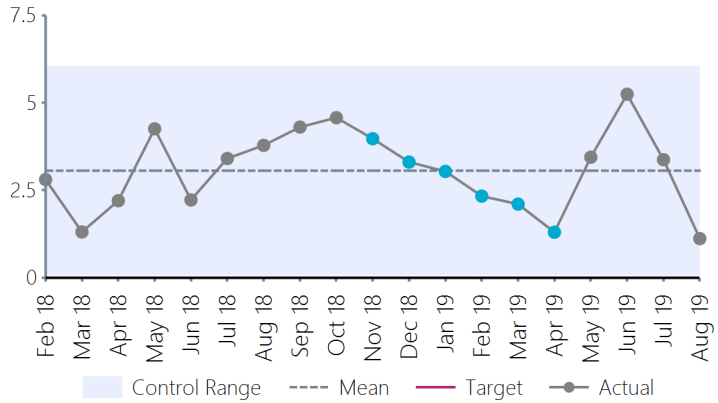
Some examples of these are shown in the images to the right:

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

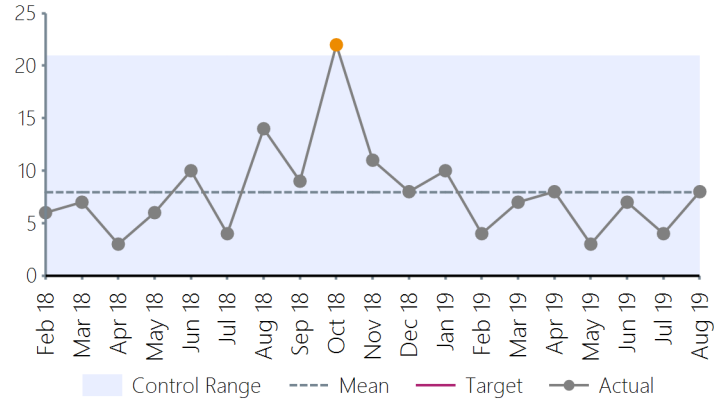
b) shows a point of concern sitting above the control range.

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

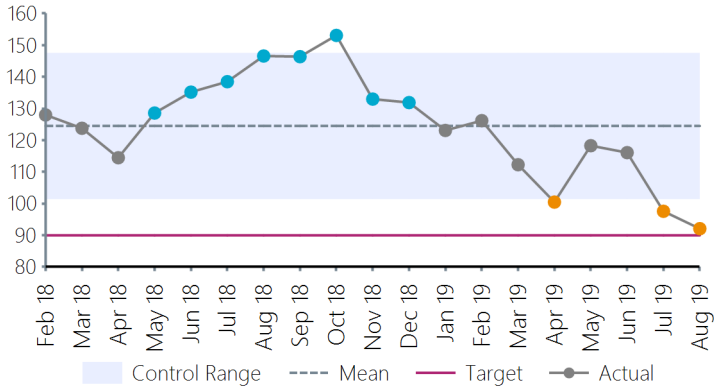
a)



b)



c)



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

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

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

Dates

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

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
31 Day General Treatment Standard*	96.00%	100.00%	100.00%		?		
62 Day General Standard*	85.00%	60.00%	100.00%		?	+	12/09/23
28 Day Faster Diagnosis Standard*	77.00%	91.11%	88.24%		Moving Target		12/09/23
18 Weeks RTT Open Pathways	92.00%	48.35%		L	F	+	24/06/21
Patients Waiting Over 52 Weeks – English	796	1,181			Moving Target	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,606		H	No Target	+	24/06/21
Patients Waiting Over 65 Weeks - English	0	262			Moving Target	+	
Patients Waiting Over 65 Weeks - Welsh	0	955		H	F	+	
Overdue Follow Up Backlog	6,905	13,353		H	Moving Target	+	
6 Week Wait for Diagnostics - English Patients	85.00%	91.97%	93.73%	H	Moving Target	+	04/03/24

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
8 Week Wait for Diagnostics - Welsh Patients	100.00%	96.07%			F	+	04/03/24

Summary - Caring for Finances

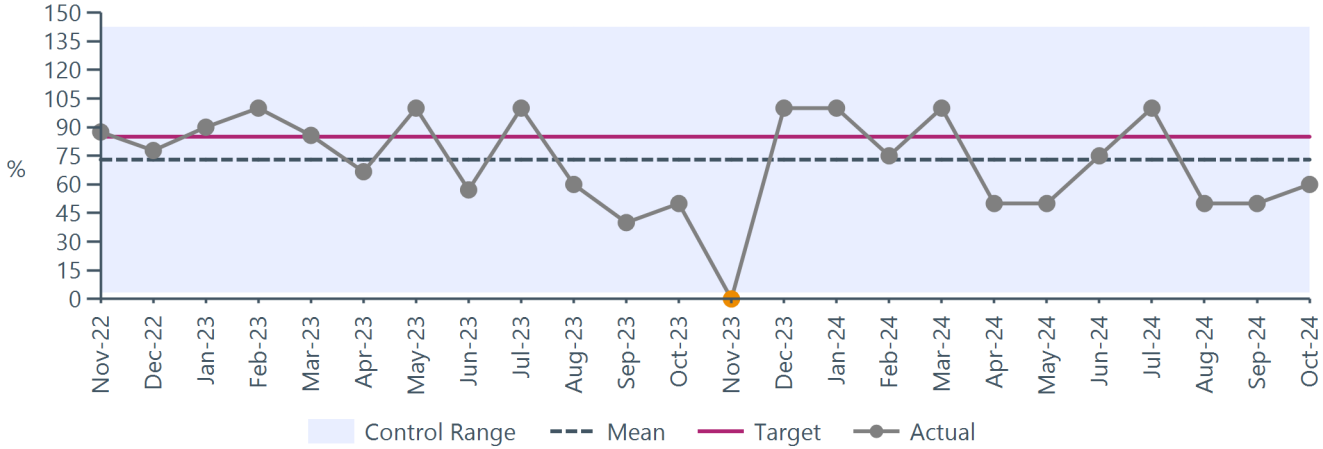
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Elective Activity Against Plan (volumes)	1,241	1,107			Moving Target	+	24/06/21
Overall BADS %	85.00%	83.14%			?	+	
Total Outpatient Activity against Plan (volumes)	10,417	12,689			Moving Target	+	24/06/21
Total Outpatient Activity - % Moved to PIFU Pathway	6.00%	4.68%			Moving Target		
Total Diagnostics Activity against Plan - Catchment Based	2,598	2,817			Moving Target	+	

62 Day General Standard*

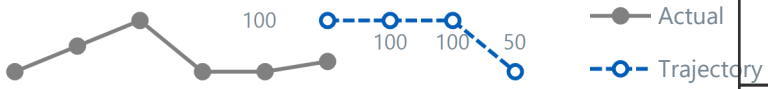
From receipt of an urgent GP referral for urgent suspected cancer, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer. National Target. Trajectory as per Trust's Operational Plans. 217831

Exec Lead: Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85%	60%		



Trajectory



What these graphs are telling us

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

Narrative

The 62 Day General Standard is reported at 60% in October; this is reported in arrears. There were two shared breaches due to the requirement of various tests/scans and complexity. At the time of IPR production, a third breach is currently being queried nwith another provider regarding the breach allocation.

Actions

Operational management for Tumour service liaising with other provider regarding breach allocation.
* 6 month thematic review of cancer standard breaches presented at November's TPOIG. Areas of focus include collaboration with referring centres regarding diagnostic pathways.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
0.00%	100.00%	100.00%	75.00%	100.00%	50.00%	50.00%	75.00%	100.00%	50.00%	50.00%	60.00%	

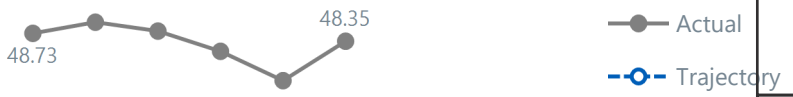
18 Weeks RTT Open Pathways

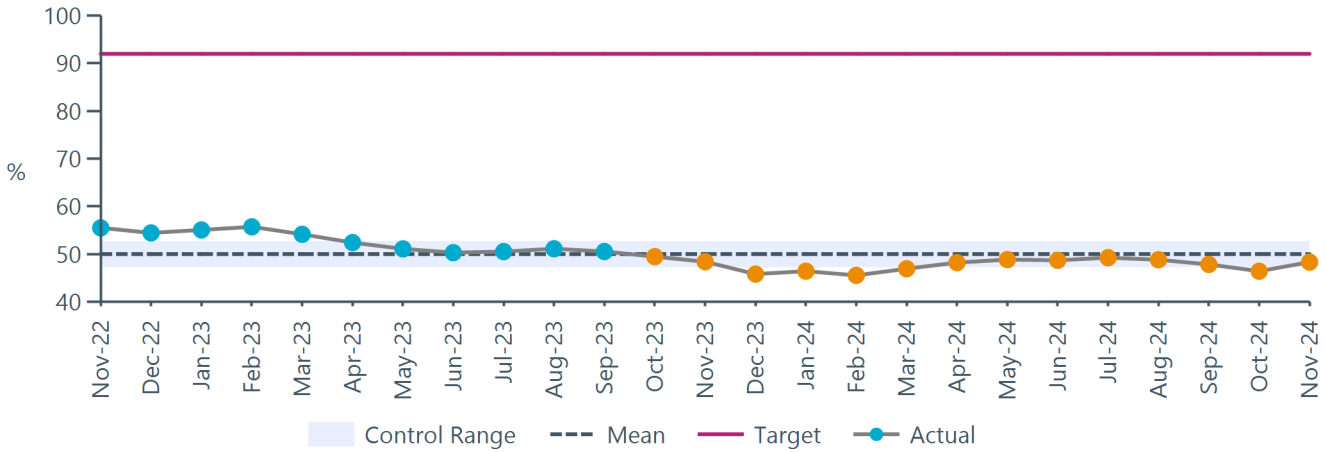
% of English patients on waiting list waiting 18 weeks or less 211021

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
92.00%	48.35%	L	F

Trajectory





What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric is consistently failing the target.

Narrative

Our November performance was 48.35% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows:
* MS1 - 9681 patients waiting of which 3725 are breaches
* MS2 - 1599 patients waiting of which 1093 are breaches
* MS3 - 5681 patients waiting of which 3973 are breaches

Reduced activity levels since July has impacted services with long waits. In addition, there was a shortfall of mutual aid in November where the levels did not meet the assumptions made for revised trajectories. Mitigations for this are underway and part of weekly discussions with NHSE.

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.
The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
* Pathway review and redesign supported by national GIRFT colleagues.
* Increased validation both clinically and administratively. A digital solution is in place to support further.
* Enhancing performance oversight. This is inclusive of a bi-weekly Activity Recovery Committee.
* Insourcing, with aim to commence February 2025.

To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
48.43%	45.84%	46.45%	45.57%	46.96%	48.24%	48.88%	48.73%	49.27%	48.84%	47.86%	46.44%	48.35%

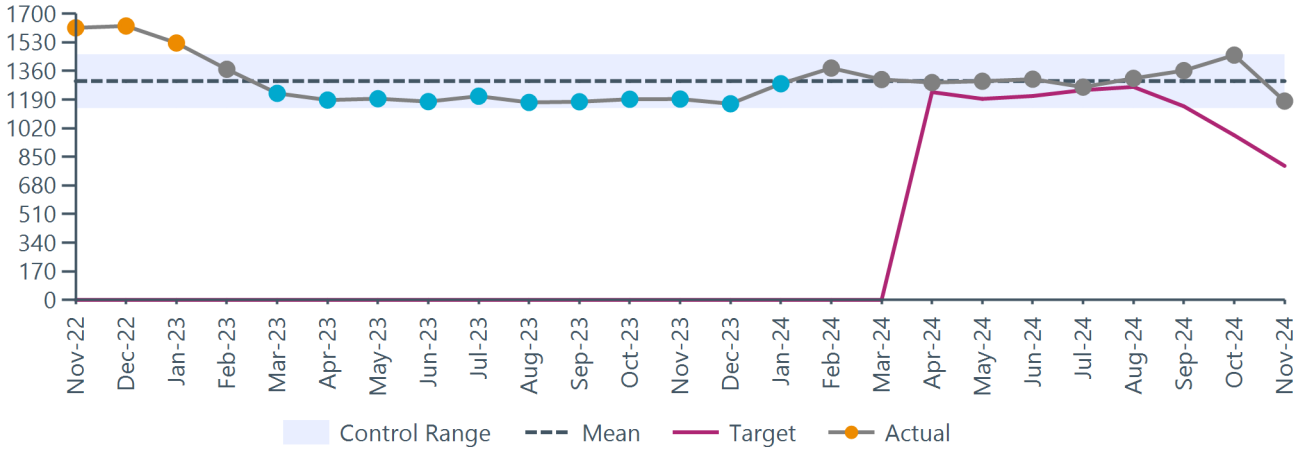
Patients Waiting Over 52 Weeks – English

Number of English RTT patients waiting 52 weeks or more at month end. Target as per Trust's Operational Plans. 211139

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
796	1,181		Moving Target

Trajectory



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target.

Narrative

At the end of November there were 1181 English patients waiting over 52 weeks; above our plan of 796 by 385. Target reflects the Trust's Operational plans. The patients are under the care of these sub-specialities; Arthroplasty (355), Spinal Disorders (309), Knee & Sports Injuries (150), Foot & Ankle (131), Upper Limb (116), Veterans (47), Rheumatology (45), ORLAU (6), Orthotics (5), Spinal Injuries (5), Paediatric Orthopaedics (4), Metabolic Medicine (4), Physiotherapy (2), Neurology (1) and Tumour (1).

Reduced activity levels since July has impacted services with long waits. In addition, there was a shortfall of mutual aid in November where the levels did not meet the assumptions made for the revised trajectories. Mitigations for this are underway and part of weekly discussions with NHSE.

Patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 919 patients
* >65 to <=78 weeks - 242 patients
* >78 weeks - 20 patients

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.
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The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
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The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

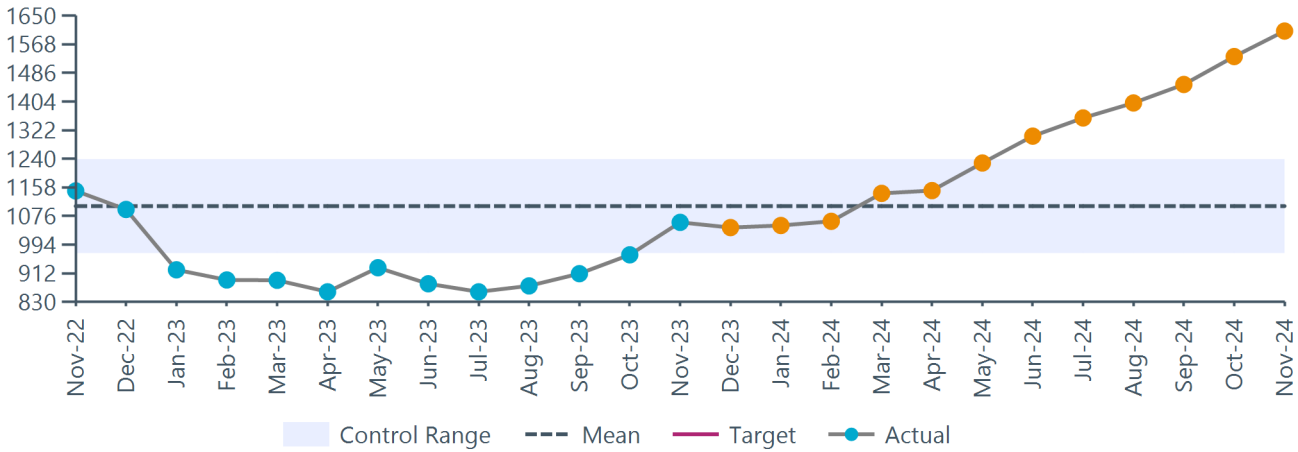
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1193	1165	1284	1377	1309	1291	1299	1311	1264	1316	1362	1454	1181

Patients Waiting Over 52 Weeks - Welsh (Total)

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	1,606	H	No Target



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of November there were 1606 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (795), Arthroplasty (424), Knee & Sports Injuries (131), Foot & Ankle (111), Upper Limb (90), Veterans (25), Paediatric Orthopaedics (10), Rheumatology (7), Tumour (4), Spinal Injuries (4), Metabolic Medicine (4) and ORLAU (1).

Reduced activity levels since July has impacted services with long waits. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 24% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

The number of patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 651 patients
* >65 to <=78 weeks - 454 patients
* >78 to <=95 weeks - 335 patients
* >95 to <=104 weeks - 46 patients
* >104 weeks - 120 patients

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.
The Trust has developed an overarching performance and activity recovery plan. Key actions include:
* Temporary and substantive recruitment with increased flexibility to backfill dropped sessions.
* Additional diagnostic capacity being progressed.
* Mutual aid with external providers, increasing during December.
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To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1058	1043	1049	1061	1141	1149	1228	1305	1357	1400	1453	1533	1606

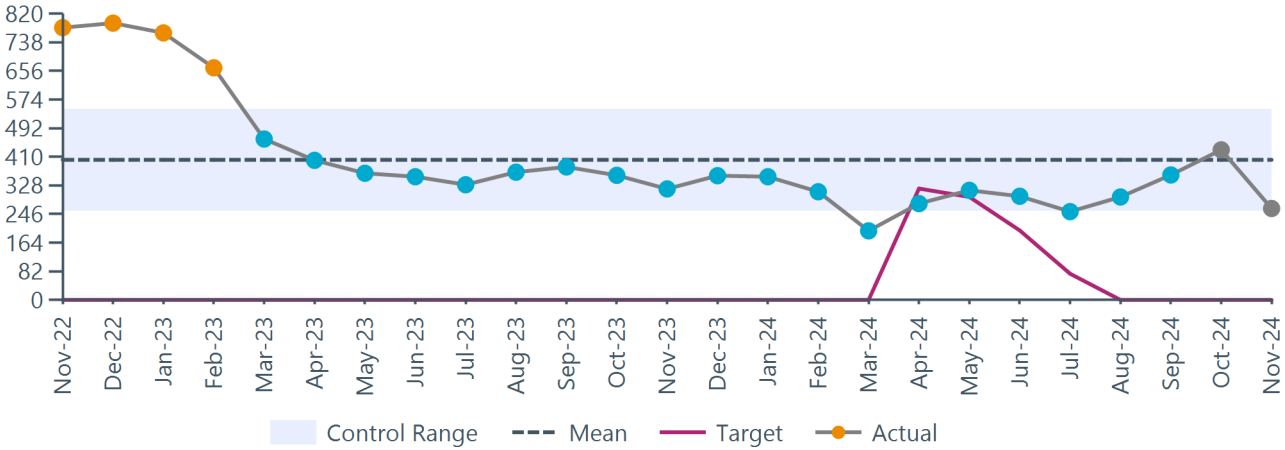
Patients Waiting Over 65 Weeks - English

Number of English RTT patients waiting 65 weeks or more at month end. Target as per Trust's Operational Plans. 217858

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	262		Moving Target

Trajectory



What these graphs are telling us

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

Narrative

At the end of November there were 262 English patients waiting over 65 weeks. Target of zero reflects the Trust's Operational Plans. The patients are under the care of these sub-specialities; Spinal Disorders (85), Arthroplasty (70), Foot & Ankle (48), Knee & Sports Injuries (27), Upper Limb (17), Veterans (9), Physiotherapy (2), Orthotics (2), ORLAU (1), and Neurology (1). Patients waiting, by weeks brackets is:

* >65 to <=78 weeks - 242 patients
* >78 to <=95 weeks - 20 patients

Reduced activity levels since July has impacted services with long waits. In addition, there was a shortfall of mutual aid in November where the levels did not meet the assumptions made for revised trajectories. Mitigations for this are underway and part of weekly discussions with NHSE.

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.
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* Increased validation both clinically and administratively. A digital solution is in place to support further.
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To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

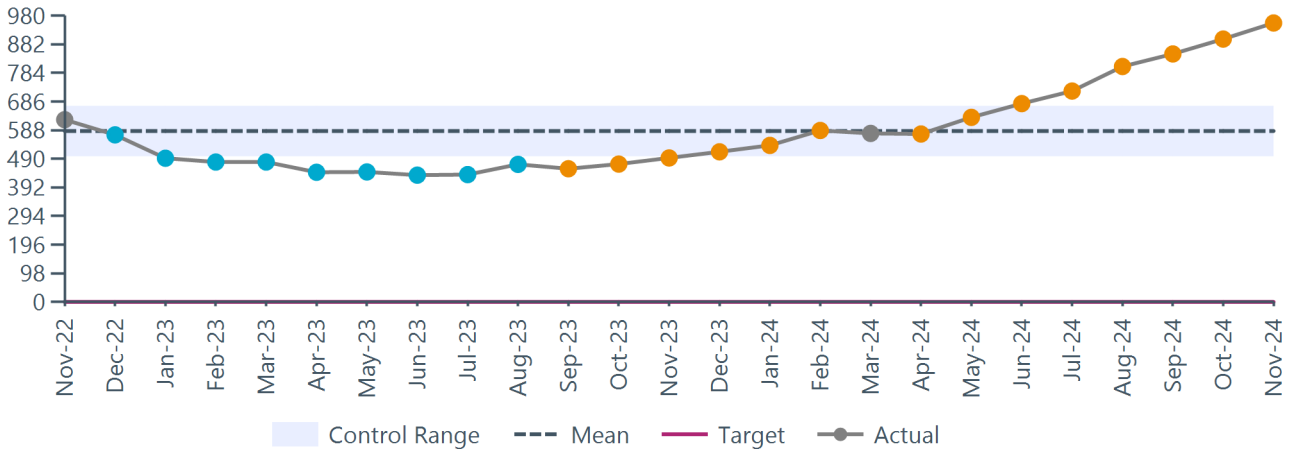
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
318	356	353	310	198	276	314	297	253	295	358	430	262

Patients Waiting Over 65 Weeks - Welsh

Number of Welsh RTT patients waiting over 65 weeks or more at month end 217859

Exec Lead
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	955	H	F



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of November there were 955 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (486), Arthroplasty (254), Knee & Sports Injuries (91), Foot & Ankle (66), Upper Limb (44), Veterans (9), Paediatric Orthopaedics (3), ORLAU (1) and Spinal Injuries (1). The number of patients waiting, by weeks brackets is:

* >65 to <=78 weeks -454 patients
* >78 to <=95 weeks - 335 patients
* >95 to <=104 weeks - 46 patients
* >104 weeks - 120 patients

Reduced activity levels since July has impacted services with long waits. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 24% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

Actions

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.
An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.
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* Increased validation both clinically and administratively. A digital solution is in place to support further.
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To support sustainability in the long-term a revised delivery model for the future is being progressed.
The actions taken to date are to be reviewed to support Welsh performance too. The Trust is continuing to work with Welsh Health Boards.

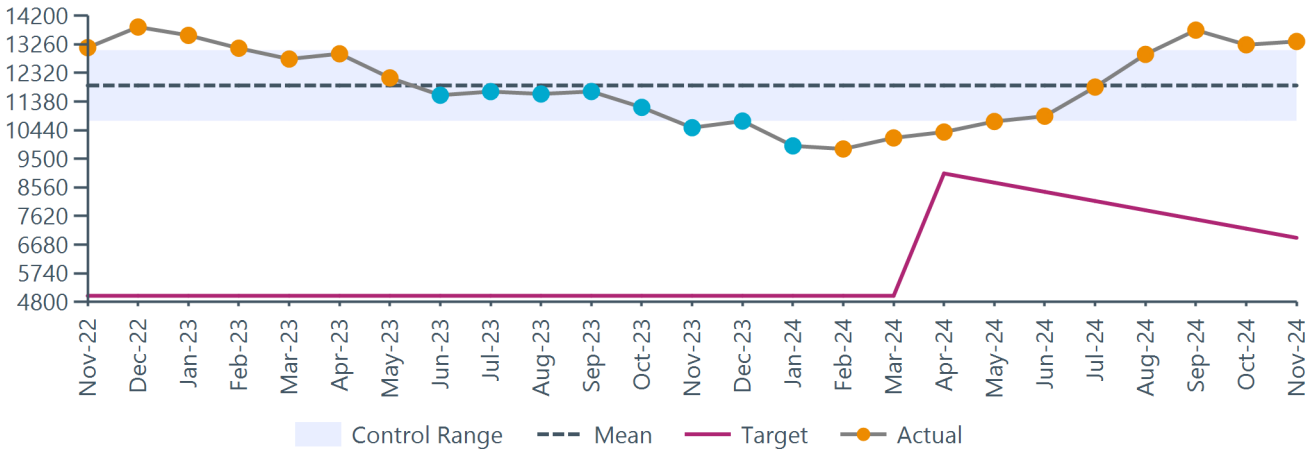
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
493	514	536	587	577	575	632	679	722	806	849	900	955

Overdue Follow Up Backlog

All dated and undated patients that are overdue their follow up appointment. Target as per Trust's Operational Plans. 217364

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
6,905	13,353	H	Moving Target



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. This metric has a moving target.

Narrative

At the end of November, there were 13353 patients overdue their follow up appointment, this is 6448 above the target of 6905. The target forms part of the Trust's Operational Plans. As demonstrated on the graph above, with the exception of October this metric has continued to increase since January.

This backlog is broken down by:
- Priority 1 – 7970 with 1294 dated (16.24%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 – 5383 with 999 dated (18.56%);

The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (3793), Spinal Disorders (1754) and Arthroplasty (1616).

Actions

Sub-speciality meetings are taking place to discuss the transformation of pathways in line with GIRFT recommendations.
* Spinal follow up pathways to be reviewed following discussions with GIRFT colleagues

The use of Dr Doctor continues to be explored and was utilised throughout November by Access Teams.

A data quality report remains in place to support this and is shared with key stakeholders on a weekly basis. This report details the two types of errors made at firm level. The patients that appear on this report are not necessarily overdue, but in anticipation of the Apollo go live – we need to ensure as few as possible errors are migrated over to the new system.

The Harms Review process remains in place with validation to support.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
10522	10740	9925	9823	10186	10380	10726	10900	11856	12930	13726	13244	13353

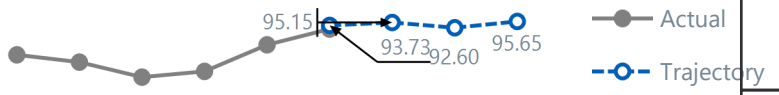
6 Week Wait for Diagnostics - English Patients

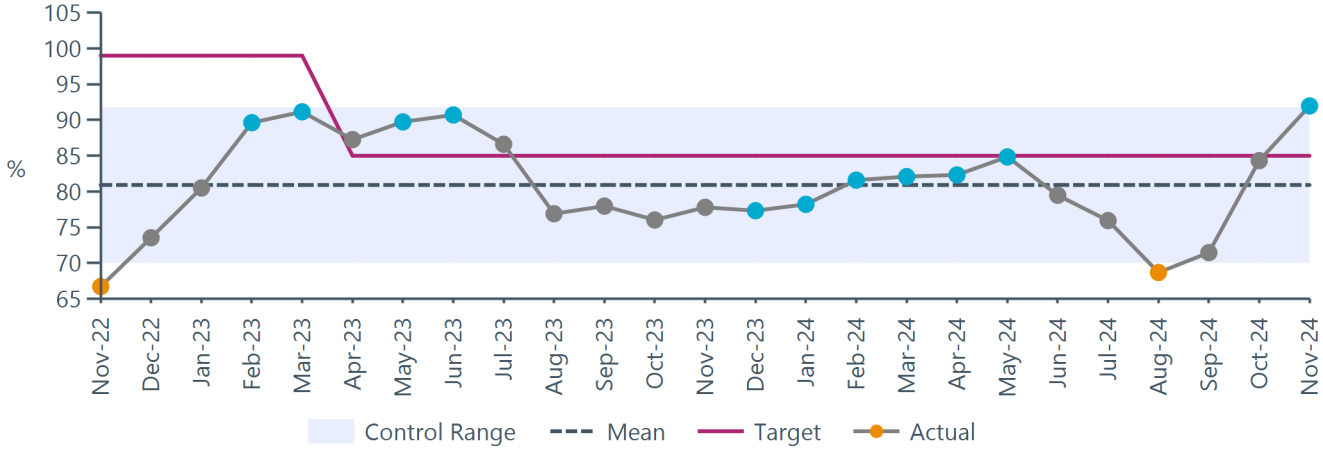
% of English patients currently waiting less than 6 weeks for diagnostics. National Target with Trajectory as per Trust's Operational Plans. 211026

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85.00%	91.97%	H	Moving Target

Trajectory





What these graphs are telling us

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

Narrative

Performance for November is 91.97% against the 85% target and as can be seen in the graph above this standard has improved significantly for the past three months and is the highest reported position in the last two years. The trajectory for November month end was 93.73%; this reflects the Trust's submitted Operational Plans. Reported position relates to 117 patients who waited beyond 6 weeks. Of the 6-week breaches; 8 are over 13 weeks (4 in Ultrasound and 4 in MRI).
Performance and breaches by modality:
* MRI – 96.70% - D2 (Urgent - 0-2 weeks) – 7 with 6 dated, D4 (Routine – 6-12 weeks) – 22 with 21 dated
* CT – 95.14% - D2 (Urgent - 0-2 weeks) – 1 dated, D4 (Routine – 6-12 weeks) – 6 with 5 dated
* Ultrasound – 80.43% - D2 (Urgent - 0-2 weeks) – 3 dated,
D4 (Routine - 6-12 weeks) - 78 with 77 dated
* DEXA Scans

Diagnostic activity plans were met in November overall, with just CT slightly behind.
National target – 0 patients waiting over 13 weeks by end of September 2024 and 95% against the 6-week standard within all modalities.

Actions

Ultrasound - Additional weekend clinics increased from October. Demand has increased across the ICS. 13 week waits below plan. ACTIONS - Advert for Consultant Radiologist due to go Live. Continuous work on maximising utilisation.

MRI – Increasing demand across ICS. Maternity/sickness continues to impact breaches in month. ACTIONS - Mobile capacity remains in place and needed to replace lost capacity and increasing demand.

Insourcing for CT interventional work is going through procurement to support with demand. Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted.

DM01 performance will be impacted as a consequence of reacting to long wait patients within the Trust and staffing issues pending approval of vacancies via ICS.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
77.80%	77.33%	78.22%	81.60%	82.09%	82.33%	84.85%	79.49%	75.95%	68.69%	71.47%	84.33%	91.97%

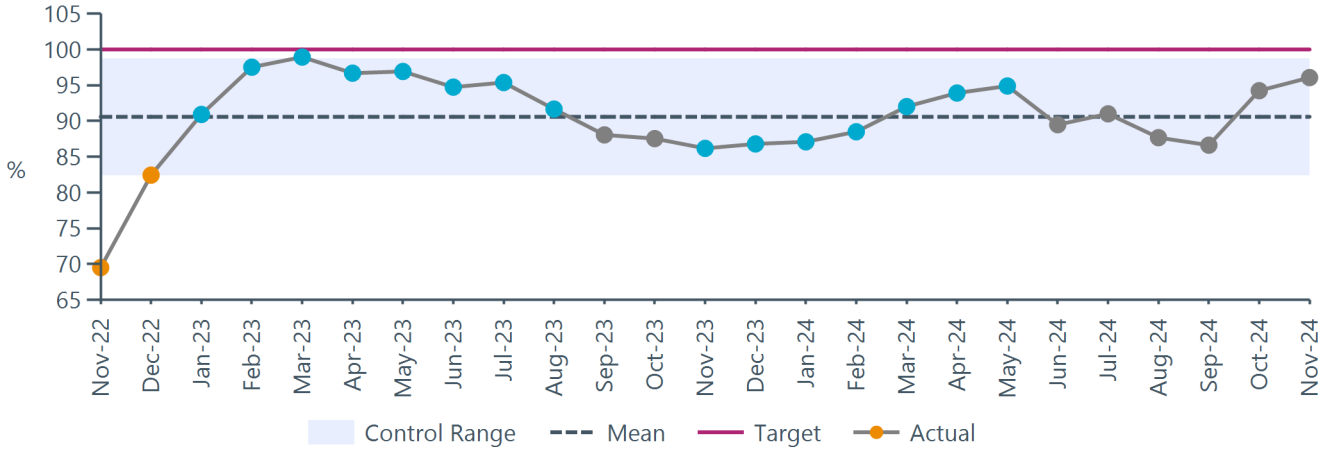
8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
100.00%	96.07%		F

Trajectory



What these graphs are telling us

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

Narrative

The 8-week standard for diagnostics is reported at 96.07%, a better position than that reported on previous months. The reporting position includes 20 patients who waited beyond 8 weeks. Of the 8-week breaches; 2 are over 13 weeks (Ultrasound).
Performance and breaches by modality:
* MRI – 99.23% - (D4 (Routine - 6-12 weeks) - 3 dated
* CT – 90.91% - (D4 (Routine - 6-12 weeks) - 3 with 2 dated
* Ultrasound – 82.28% - D4 (Routine - 6-12 weeks) - 14 with 13 dated
* DEXA Scans - 100%

Diagnostic activity plans were met in November overall, with just CT slightly behind.

Actions

Ultrasound - Additional weekend clinics increased from October. Demand has increased across the ICS. 13 week waits below plan. ACTIONS - Advert for Consultant Radiologist due to go Live. Continuous work on maximising utilisation.

MRI – Increasing demand across ICS. Maternity/sickness continues to impact breaches in month. ACTIONS - Mobile capacity remains in place and needed to replace lost capacity and increasing demand.

Insourcing for CT interventional work is going through procurement to support with demand. Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted.

DM01 performance will be impacted as a consequence of reacting to long wait patients within the Trust and staffing issues pending approval of vacancies via ICS.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
86.18%	86.80%	87.10%	88.50%	92.02%	93.92%	94.90%	89.48%	91.01%	87.68%	86.63%	94.24%	96.07%

Elective Activity Against Plan (volumes)

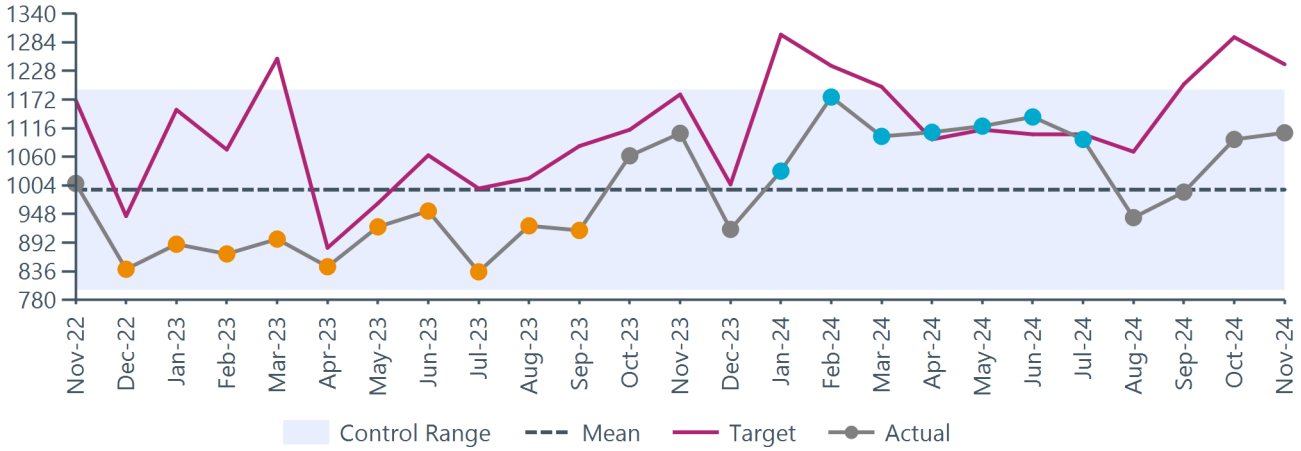
Total elective activity rated against plan. Target as per Trust's Operational Plans. 217796

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1,241	1,107		Moving Target

Trajectory

Actual
Trajectory



What these graphs are telling us

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

Narrative

Total elective activity as reported externally against plans for 2024/25.

The plan for November was 1241 elective spells of which the Trust achieved 1107 equating to 89.20% (134 cases below plan).
Elective spell activity is broken down as follows:
- Elective patients discharged in reporting month following operation - plan was 1030; 804 delivered (78.06%)
- Elective patients discharged in reporting month, no operation - plan was 211; 303 delivered (143.60%)
- Non-theatre activity accounted for 27.37% of elective spells this month; plan was 17.00%.

This metric is reporting normal variation after a period of sustained improvement this calendar year. To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. The original plan also included TIF2 that was delayed until week commencing 18th November.
The Theatres IJP plan was not met in November (92.82%).

Actions

Ongoing review to maintain performance.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
1106	918	1032	1177	1100	1108	1120	1138	1094	941	991	1094	1107

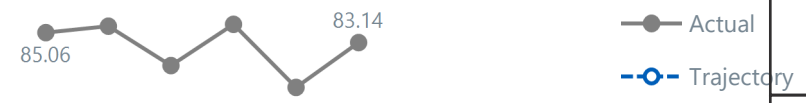
Overall BADS %

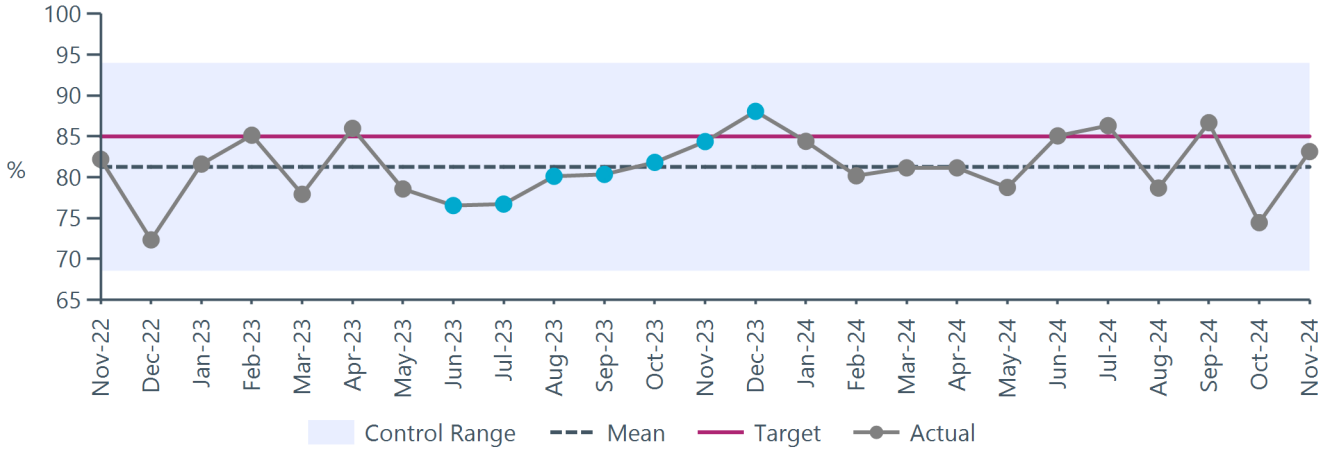
% of BADS procedures performed as a day case. National Target. 217813

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85.00%	83.14%		

Trajectory





What these graphs are telling us

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

Narrative

BADS %; this measure continues to be monitored against the 85% target set under 2023/24 elective care NHSE planning guidance and reflects the Trusts delivery of day cases against the latest online British Association Of Day Surgery directory of procedures; Orthopaedic and Urology pages.

In November the 85% target was not met although the position has improved since October and is reported at 83.14%.

The Trust is aiming for continuous improvements with Clinically led monthly day case surgery meeting. Data quality issues have been identified with Clinical audits and further investigations being undertaken. There continues to be reviews on day case conversions.

Actions also align to, and support with, the GIRFT recommendation following accreditation as a surgical hub for "A plan and review of clinical pathways that will support the Trust ambition to increase day case rates."

Actions

The Trust is aiming for continuous improvements with Clinically led monthly day case surgery meeting. Data quality issues have been identified with Clinical audits and further investigations being undertaken. There continues to be reviews on day case conversions.

Actions also align to, and support with, the GIRFT recommendation following accreditation as a surgical hub for "A plan and review of clinical pathways that will support the Trust ambition to increase day case rates."

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
84.36%	88.06%	84.39%	80.18%	81.15%	81.15%	78.75%	85.06%	86.31%	78.68%	86.67%	74.45%	83.14%

Total Outpatient Activity against Plan (volumes)

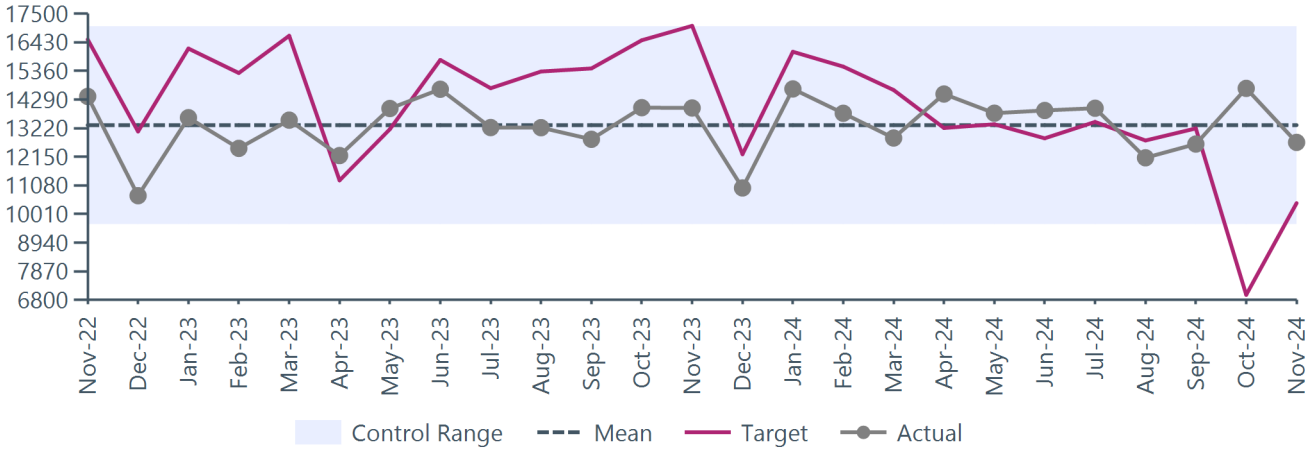
Total outpatient activity (consultant led and non-consultant led) against plan. Target as per Trust's Operational Plans. 217795

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
10,417	12,689		Moving Target

Trajectory

Actual
Trajectory



What these graphs are telling us

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

Narrative

Total outpatient activity was 12,689 attendances against the Trust's Operational Plan of 10,417 equating to 121.81% of plan (+2272 attendances). At the start of the financial year, the plan was set on the assumption that Apollo was due to go live 30th September so the November plan allowed a 25% reduction. Since then, the Apollo implementation was moved to November and more recently a pause applied to the programme.

In November the IJP was at 128.07% whilst OJP was at 46.76%. Despite the assumptions made for Apollo implementation, the original plan included an assumed level of OJP activity and Bank/Agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

Areas have been monitored to assume IJP was at 125% for November. There are some areas that have not achieved this. Metabolic Medicine have the lowest percentage against plan this month; this is due to a step change in the plan from November as the 2nd DEXA scanner was expected to be in place this month. However there is a delay with new scanner due to a motor fault; the company are now indicating delivery in early 2025.

Actions

Assurance of actions and mitigations reviewed weekly at FIG. Actions include review of progress against productivity and mitigation plans. The Outpatient Activity Meeting continues to meet on a weekly basis to focus on in-month and future month's activity. An expectation has been set whereby in the first week of the month, the current month should be booked to approximately 75%, and the following month to 50% - recognising that there will be different booking practices within firms due to the nature of their activity.

As at 9th December the forecast positions are:
* December – overall Outpatient Activity at 82.81% with IJP at 87.46%
* January – overall Outpatient Activity at 44.16% with IJP at 47.04%

Plans underway to stabilise the workforce in Therapies. Bank staff are now in place to support administrative functions. Activity levels receiving focus in daily huddles to discuss gaps and book ahead.

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
13976	10986	14688	13778	12852	14497	13781	13883	13967	12114	12627	14709	12689

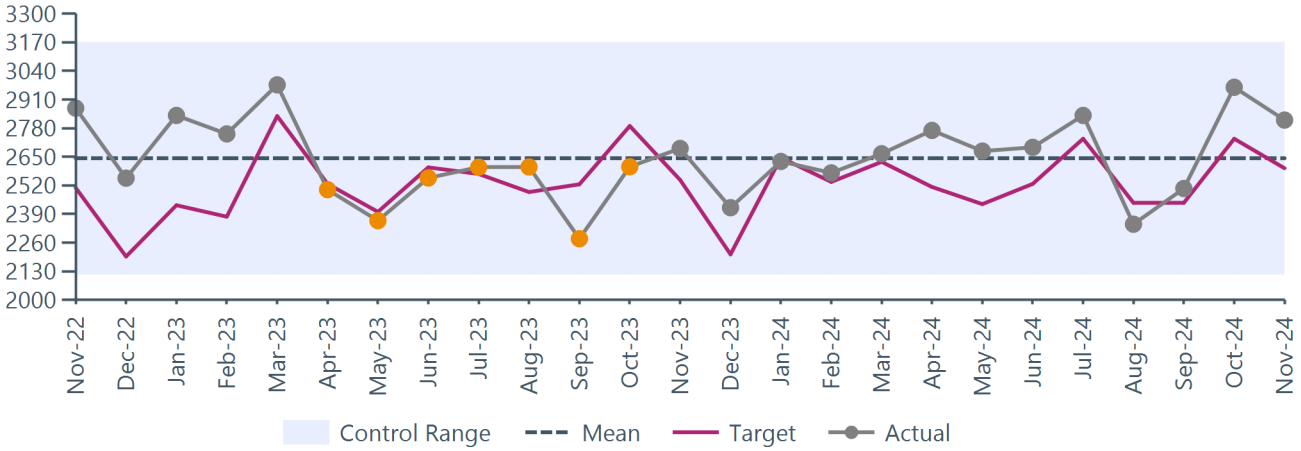
Total Diagnostics Activity against Plan - Catchment Based

Total Diagnostic Activity against Plan - (MRI, U/S and CT activity) against plan. Target as per Trust's Operational Plans. 217794

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
2,598	2,817		Moving Target

Trajectory



What these graphs are telling us

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

Narrative

The plan for November was met as total diagnostic activity undertaken was 2817 against the Trust's Operation plan of 2598; 219 cases above - equating to 108.43%

This is broken down as:
- CT – 404 against plan of 417; equating to 96.88%
- MRI - 1343 against plan of 1336; equating to 100.52%
- U/S –1070 against 845; equating to 126.63%

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2688	2419	2629	2577	2664	2770	2676	2693	2838	2344	2506	2966	2817

Executive Summary - Finance & Performance Committee

Assurance

Variation	Will consistently pass the target if nothing changes	Will not consistently pass or fail the target if nothing changes	Will consistently fail the target if nothing changes	No Target or Moving Target
Improving variation (high or low)		Outpatient DNA Rate		IJP Activity - Theatres 6 Week Wait for Diagnostics - English
No significant change or N/A to SPC		Overall BADS %		Volume of Theatre Cancellations Theatre Cases per Session Against Plan PP Activity - Theatres Total Outpatient Activity IJP Activity - Outpatients Total Diagnostics Activity against Plan - Catchment Based Value Weighted Assessment Capital Expenditure Expenditure
Concerning variation (high or low) or 3 months off target		No of Spinal Injury Patients Fit for Admission	18 Weeks RTT Open Pathways 8 Week Wait for Diagnostics - Welsh Outpatient Procedures - ERF Scope	English List Size Welsh List Size Patient Waiting Over 52 Weeks - English Patient Waiting Over 52 Weeks - Welsh Patient Waiting Over 65 Weeks - English Patient Waiting Over 65 Weeks - Welsh Overdue Follow Up Backlog Total Theatre Activity Against Plan OJP Activity - Theatres Elective Activity Against Plan OJP Activity - Outpatients Cash Balance

Please note - this is defined by the associated SPC graph within the IPR. Many KPIs show as a moving target due to the change of targets/plans as we moved into new financial year and monthly phasing.

M8 Financial Position Update

Aspiring to deliver world class patient care

I&E Position

Performance Against Plan £'000s							
Category	Annual Plan	In Month Position			YTD Position		
		Plan	Pass through Adj Actual	Variance	Plan	Pass through Adj Actual	Variance
Clinical Income	143,904	12,307	13,566	1,259	95,227	93,061	(2,166)
Private Patient income	8,535	777	963	186	5,746	6,353	607
Other income	8,609	637	569	(68)	6,060	5,724	(336)
Pay	(97,805)	(8,212)	(9,164)	(952)	(65,047)	(65,981)	(934)
Non-pay	(52,772)	(4,592)	(4,091)	501	(34,913)	(33,127)	1,786
EBITDA	10,471	917	1,843	926	7,073	6,030	(1,043)
Finance Costs	(8,368)	(742)	(651)	91	(5,388)	(4,942)	446
Capital Donations	120	10	11	1	80	74	(6)
Operational Surplus	2,223	185	1,203	1,018	1,765	1,162	(603)
Remove Capital Donations	(120)	(10)	(11)	(1)	(80)	(74)	6
Add Back Donated Dep'n	806	73	67	(6)	511	528	17
Control Total	2,909	247	1,258	1,011	2,195	1,616	(579)

- **£1,256k surplus in month, £1,011k favourable to plan**

The in month position includes adjustments totalling £955k for additional ERF income secured, release of EpR activity reserve, and review of employee provisions.

The in month unadjusted position was slightly above plan as the cumulative impact of cost controls and mitigations exceeded the impact of reduced theatre activity. .

- NHS Clinical Income – £1,259k favourable including adjustments :
  - £1,167k favourable STW Baseline correction for MSST/TeMS service transfers
  - £538k favourable STW additional ERF fair shares allocation confirmed
  - £300k favourable income reserve release linked to EPR deferral
- Unadjusted clinical income £747k adverse to plan driven by theatres 195 cases adverse to plan, partially offset by strong outpatient / diagnostic performance
- Private Patient Income £186k favourable driven by 35 cases above plan
- Other Income £68k adverse driven by CRU shortfalls
- Pay £952k adverse to plan including adverse adjustment of £1,250k for future pay liabilities. underlying performance is £298k favourable to plan.
- Non-Pay £501k favourable to plan including favourable adjustment of £200k for prior year employment provision. Underlying performance is £301k favourable to plan driven by reduced implants & consumable costs and enhanced expenditure controls
- Finance Cost £85k favourable driven by depreciation (linked to capital slippage) and interest receivable
- Agency spend £162k spend in month, £145k favourable to plan
- **YTD £1,616k surplus, £579k adverse to plan**

Value Weighted Activity

ERF Performance		English ICB's and NHS England (Excluding LVA)				
		Unadjusted Plan	Unadjusted Actual	Variance to Unadj.	Adjusted Actual	Variance to Adj.
Internal	Apr-24	115%	115%	0%	123%	8%
Internal	May-24	102%	98%	-4%	104%	2%
Internal	Jun-24	102%	100%	-2%	106%	4%
Internal	Jul-24	111%	104%	-7%	111%	0%
Internal	Aug-24	99%	82%	-17%	87%	-12%
Internal	Sep-24	101%	78%	-23%	82%	-19%
Internal	Oct-24	103%	89%	-14%	94%	-15%
Internal	Nov-24	112%	103%	-9%	109%	-11%
Internal	Dec-24	110%				
Internal	Jan-25	126%				
Internal	Feb-25	107%				
Internal	Mar-25	120%				
Internal	Full Year	109%				
Internal	Year To Date	109%	97%	-12%	103%	-13%

Elective activity recovery is monitored through a 'Weighted Activity Unit' currency for 24/25 against the revised 103% elective baseline (relative to 19/20).

The Trust carries out an internal calculation of elective activity to monitor our performance before the national data release to give a forward look of performance included in the IPR.

- NHSE have confirmed no baseline adjustments will be made for service movements between 19/20 and present day. This means the baseline target is overstated due to the net movement of the SOOS & TeMS services and the baseline error with specialised commissioning.
- The table therefore shows two views 1) against the unadjusted national baseline and 2) against the adjusted local baseline which will be tracked by the ICS.
- 1) Unadjusted performance is 97%. This is adverse largely due to the theatre activity performance in M6 & 7 and LVA overperformance not counting towards the VWA metric.
- 2) Adjusted baseline performance is 103%. This is favourable in Q1 but offset by adverse theatre performance from M5 onwards and is also affected by LVA overperformance not counting towards the VWA metric.

Efficiencies

Category	2024/25 Total Plan £000's	November YTD Plan £000's	November YTD Actual £000's	YTD Variance £000's	Forecast £000's	Risk of Delivery: High Confidence £000's	Risk of Delivery: Some Confidence £000's	Risk of Delivery: Low Confidence £000's
Commercial Income	162	88	38	-50	50	50	0	0
Digital Improvement	7	4	5	1	7	7	0	0
Drugs Saving	264	174	28	-146	59	57	2	0
Enhanced Recovery	279	92	92	0	279	279	0	0
Estates and Facilities	67	40	35	-5	63	61	2	0
Mattress Hire Savings	135	89	90	1	135	135	0	0
Other Non Pay	110	67	103	36	170	170	0	0
Private Patients	1,154	747	749	2	1,162	1,162	0	0
Procurement	670	411	437	26	700	700	0	0
Productivity	845	550	865	315	1,463	1,407	56	0
Review of Service Level Agreements	406	265	274	9	461	435	26	0
Salary Sacrifice	50	33	34	0	50	50	0	0
Service Growth	570	237	252	15	524	380	144	0
Solar Panels Savings	215	141	111	-30	111	111	0	0
Trainee Nurse Associates	122	80	40	-40	60	0	60	0
Unidentified	33	18	0	-18	0	0	0	0
Workforce establishment review	500	166	40	-126	297	297	0	0
Total Recurrent	**5,589**	**3,203**	**3,194**	**-9**	**5,589**	**5,300**	**289**	**0**
Commercial Income - Non Recurrent	0	0	4	4	22	22	0	0
Interest Receivable - Non Recurrent	0	0	309	309	422	422	0	0
Other Non Pay - Non Recurrent	0	0	29	29	36	36	0	0
Private Patients - Non Recurrent	0	0	464	464	617	617	0	0
Procurement - Non Recurrent	0	0	60	60	60	60	0	0
Drugs Saving - Non Recurrent	0	0	194	194	265	265	0	0
Workforce establishment review - non recurrent	0	0	26	26	39	39	0	0
Total Non Recurrent	**0**	**0**	**1,086**	**1,086**	**1,461**	**1,461**	**0**	**0**
Grand Total	**5,589**	**3,203**	**4,280**	**1,078**	**7,050**	**6,761**	**289**	**0**

Year to date recurrent efficiencies total £3,194k, just £9k adverse to plan.

Non recurrent efficiencies total £1,086k year to date supporting the overall financial position.

There has been significant progress in month with respect to de-risking the efficiency programme. There are now no red rated schemes, down from £400k in the previous month, whilst amber rated schemes have also reduced by £100k.

This reflects increased challenge and oversight to ensure the delivery of existing schemes, plus the identification of additional mitigating schemes, including over £230k for workforce review around temporary staffing costs.

Forecast Outturn Variance to Plan

Underlying Position	YTD	M9	M10	M11	M12	Total
Income	-8,861	-2,198	-1,799	-1,438	-1,285	-15,581
Pay	-2,264	-225	-139	-103	-105	-2,835
Non Pay	1,030	265	246	153	120	1,814
Total	**-10,095**	**-2,159**	**-1,692**	**-1,388**	**-1,270**	**-16,602**

Mitigations	YTD	M9	M10	M11	M12	Total
Income	6,967	1,321	1,563	1,112	1,603	12,446
Pay	1,331	317	249	208	904	3,010
Non Pay	1,219	-15	-236	-144	-175	768
Insourcing - Income	0	0	0	193	391	583
Insourcing - Non Pay	0	0	0	-193	-391	-583
Outsourcing - Income	119	180	180	180	180	839
Outsourcing - Non Pay	-119	-180	-180	-180	-180	-839
Total	**9,516**	**1,623**	**1,576**	**1,176**	**2,332**	**16,224**

Forecast Position	YTD	M9	M10	M11	M12	Total
Income	-1,895	-697	-56	46	889	-1,713
Pay	-934	93	111	106	800	175
Non Pay	2,249	70	-170	-363	-626	1,160
Total	**-579**	**-535**	**-115**	**-211**	**1,062**	**-378**

- The forecast outturn position has been updated to reflect the most up to date performance and mitigations position. This table shows variances to plan.
- Insourcing and outsourcing assumptions have been split out as these are ‘pass through’ income and cost.
- The underlying position shows a £16.6m adverse variance to plan, £16.2m of deliverable mitigations are assumed leading to adverse position against plan of £0.4m.

Movements from Last Month

	£m
October Forecast	**-2.1**
Adjustment to ERF baseline for MSST / TeMS (in M8)	1.7
EPR deferral net impact (in M8)	0.3
Discretionary non pay expenditure controls	0.2
Catering staff subsidies funded from charity (in M8)	0.1
Non pay inflationary pressures	-0.2
Q4 theatre activity deterioration	-0.4
November Forecast	**-0.4**

- The forecast has improved by £1.7m since last month as per the bridge above. Significant movements include :
  - £1.7 favourable – confirmation of adjustment to ERF baseline at a local system level for the service moves relating to MSST & TeMS
  - £0.3m favourable – deferral of EPR Go Live to May 2025 confirmed, benefit to 24/25 but cost pressure in 25/26
  - £0.2m favourable – implementation of discretionary spend controls on non-pay including non-mandatory training and consultancy
  - £0.4m adverse – deterioration in the Q4 activity forecast for January and February

Position Variance Drivers YTD and Forecast

Position Drivers	£m	£m
Lost LLP capacity	-2.3	-4.2
IJP / productivity capacity shortfall	-1.6	-3.3
NHS activity mitigations delivering	1.4	2.6
Employment provisions movements	-1.0	-1.0
Net pay pressures (vacancy stretch & temp staffing)	-0.9	-1.4
Improvement and Intervention work	0.9	1.8
Non pay inflationary pressures	-0.6	-0.9
NCA risk reserve (Veterans)	-0.2	0.0
Adjustment to ERF baseline for MSST / TeMS	1.2	1.7
Efficiency over delivery (including non recurrent)	1.1	1.5
23/24 ERF payment	0.6	1.0
STW additional ERF fair shares allocation	0.5	0.8
EPR deferral impact net of costs	0.3	0.3
Annual leave accrual reversal	0.0	0.7
Variance to Plan	**-0.6**	**-0.4**

Year to date

- The position is £0.6m adverse to plan, high level drivers are identified in the table above
- The most significant pressures are the loss of the LLP capacity and the non-recurrent impact of employment provisions.

Forecast

- The forecast position is £0.4m adverse to the planned surplus of £2.9m.
- Additional mitigations identified are offsetting most of the impact from losses of LLP capacity, IJP capacity and non-recurrent employment provisions.
- Further risk still exists for delivery of Q4 activity forecast and further mitigations are in scope to mitigate.

Further Mitigations

Further opportunities under consideration	£m	Description
Review of devices eligible for commissioner recharge	0.4	Review devices which can be recharged to commissioners through exclusion criteria
Rental of facilities to BCU (theatre and ward)	0.2	Opportunity to hire facilities to BCU for orthopaedics (dependant on requirement)
Continue to flex Kenyon Ward for Q4	0.2	Opportunity to extend the closure to 31st March dependant on activity levels
Total	**0.8**	

- Further mitigations are under constant review to mitigate the financial outturn position
- Potential opportunities totalling £0.8m have been identified and are work in progress with varying degrees of risk. A number of mitigations have move up into the forecast as part of the month 8 refresh.
- If these mitigations can deliver, they would provide offset for remaining risk to the plan delivery in Q4.

Financial Risks

Risk Type	Category	Risk name	Risk Description	Estimated Value Methodology	Risk ID	Residual Risk £'000	Likelihood	Consequence	Risk Rating	Mitigations / actions
Income	Internally Driven	Quarter 4 Theatre Aactivity falling short of forecast	Financial forecast is aligned to the theatre activity forecast which assumes a 10% improvement in run rate for Q4 due to interventions.	10% improvement in run rate is c100 cases		£ 1,100	3	5	15	FIG overseeing activity delivery weekly Interventions and mitigations for lost theatre capacity Workforce reviews, recruitment and retention
Income	Externally Driven	Non payment of Veterans NCA invoices	NCA invoices have been raised for Veterans activity above the LVA block. ICB's must agree payment and guidance is contradictory. RJAH has support from NHSE pricing team but some commissioners have still refused payment.	Based on 25% of invoices not being paid.	3205	£ 300	3	4	12	Support from STW as host ICB Regular chasing and contact with commissioners Escalation to NHSE for any continued non payment Support from regional commissioning for the service
Expenditure	Externally Driven	Inflationary Environment leading to increased costs	UK RPI is still running high, tariff funding has been devolved for 0.8% so potential for further pressures to arise in year if current inflationary environment continues.	Risk based on inflation running at 4% for the year excluding exceptional inflation for utilities and implants flagged in plan net of the inflation recognised in the forecast to date c£0.5m.	2886	£ 333	4	3	12	Procurement steering group monthly review of inflation pressures. Robust management of inflation proposals from supplies and strategic use of inflation reserve. Robust negotiation of controllable costs under contracts and pricing challenges.
Income	Externally Driven	ICR income reductions leading to adverse financial performance	ICR is a passive income source for the trust for treating patients involved in a road traffic accident. These notifications are outside of the Trusts control, therefore lower than planned notifications will lead to adverse financial performance.	Risk is based on notifications in H1 being adverse to plan.	3084	£ 167	4	3	12	Continued monitoring of notifications from the ICR system. Regular updates on notifications, withdrawals and payments. Review of notifications to ensure no duplications or errors. Q1 losses recognised in position and forecast with plans to mitigate.
Expenditure	Internally Driven	Efficiency Programme Slippage leading to increased cost	Challenges within STW system have led to organisations setting very ambitious efficiency plans of 3.5%, this is built into the delivery of the financial plan.	Risk based on red schemes at 100% and amber schemes at 25% aligned to ICS methodology from PwC	2858	£ 72	2	4	8	Executive review of efficiency plans at outset, where plans fall short continued escalation until 20% contingency identified. Monthly review of performance through TPOIB. Monthly assurance through F&P. Establishment reviews led by executive to reduce head count.
				Total		£ 1,900				

- Financial risks have been updated to show only risks not included in the financial forecast £1.9m.
- Risk has increased to reflect Q4 forecast activity risk offset by confirmation of Spec Comm ERF baseline error payment and reduced risk on the efficiency programme.

Trust Board - Finance
November 2024 – Month 8

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

SPC Reading Guide

SPC Charts

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

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

SPC Chart Rules

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

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

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

Blue Points highlight areas of improvement

Orange Points highlight areas of concern

Grey Points indicate data points within normal variation

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

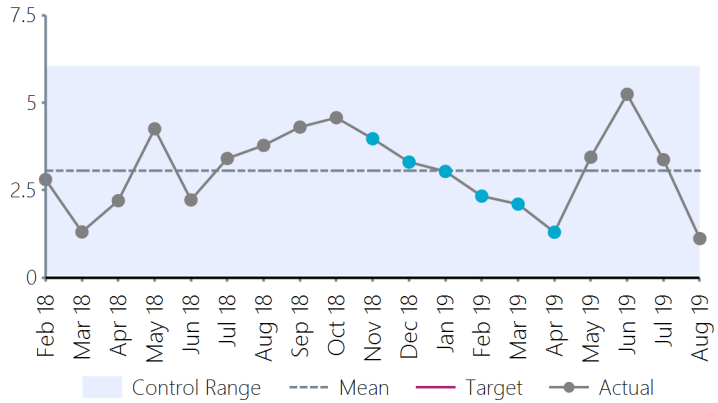
Some examples of these are shown in the images to the right:

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

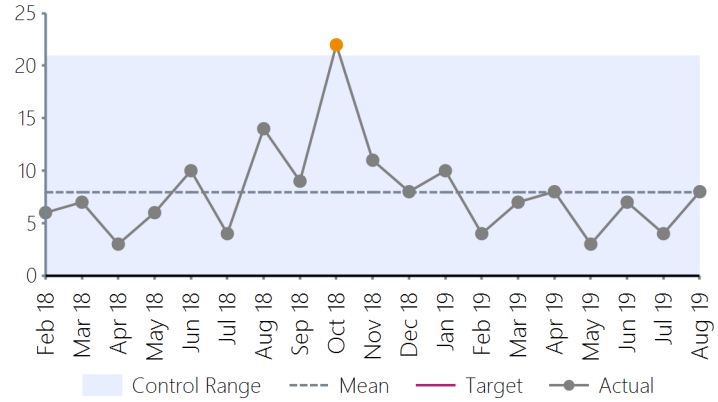
b) shows a point of concern sitting above the control range.

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

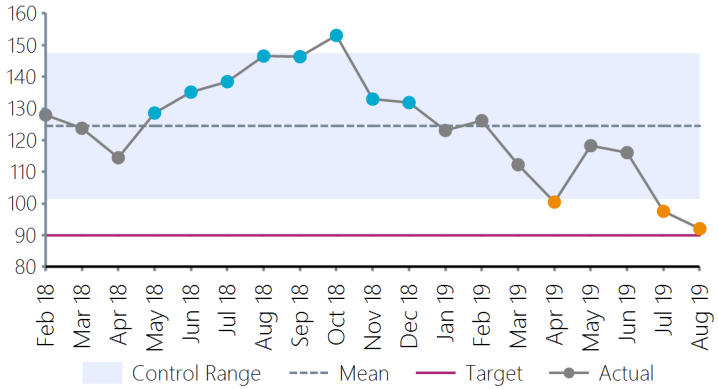
a)



b)



c)



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Data Quality Rating Reading Guide

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

Colours

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

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

Dates

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

Summary - Caring for Finances

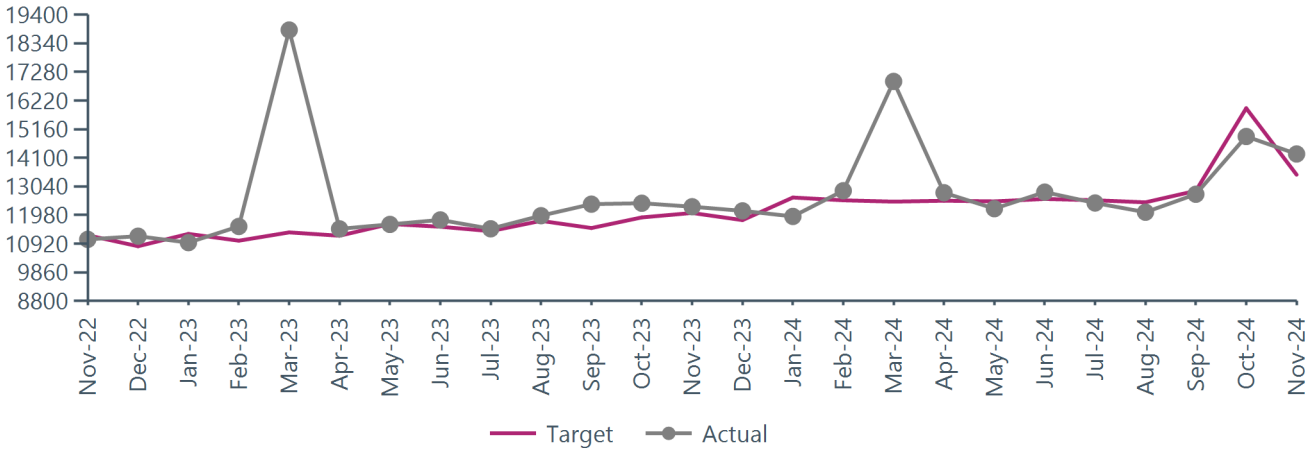
KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	245.10	1,256.20	245.10	N/A to SPC	Moving Target		
Income	13,719.70	15,498.90	13,719.70	N/A to SPC	Moving Target		
Expenditure	13,474.70	14,242.70	13,474.70	N/A to SPC	Moving Target	+	
Efficiency Delivered	599	745	599	N/A to SPC	Moving Target		
Cash Balance	19,591	14,300		L	Moving Target	+	
Capital Expenditure	213	1,418		N/A to SPC	Moving Target	+	
Value Weighted Assessment	112.05%	102.58%		N/A to SPC	Moving Target	+	

Expenditure

All Trust expenditure including Finance Costs 216334

Exec Lead
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
13,474.70	14,242.70	N/A to SPC	Moving Target



Trajectory

What these graphs are telling us

Narrative

Overall expenditure £359k adverse to plan including adjustments of £1,050k for future pay liabilities.

Unadjusted position is £691k favourable driven by reduced insourcing costs, temporary staffing controls and reduced implant and consumable costs driven by lower activity.

Actions

'- Financial Improvement Group (FIG) overseeing activity improvements, implementation of Improvement and Intervention (I&I) actions and regular oversight of key issues.

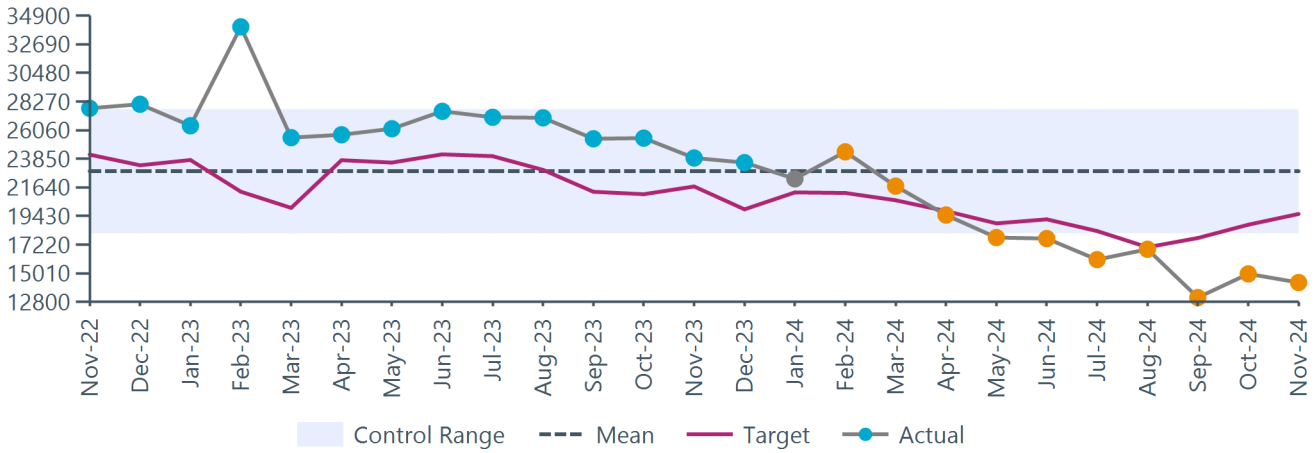
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
12288	12136	11929	12881	16929	12806	12216	12829	12426	12085	12751	14890	14242

Cash Balance

Cash in bank 215300

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
19,591	14,300	L	Moving Target



Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target.

Narrative

Cash is behind plan by £5.3m due to income owed from Commissioners for ERF, NCA and pay award.

Actions

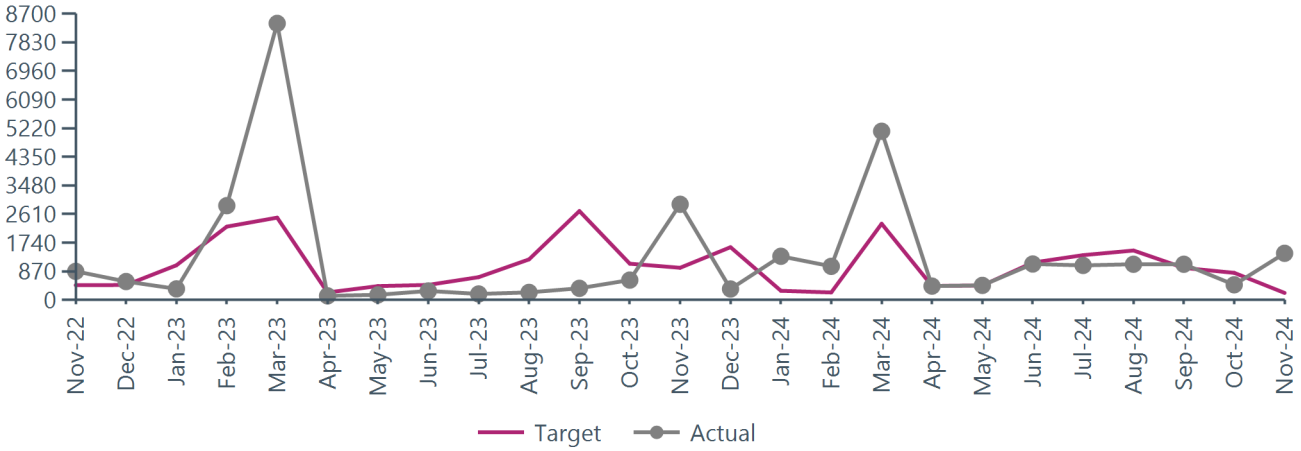
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
23915	23556	22304	24391	21743	19510	17770	17694	16066	16870	13138	14964	14300

Capital Expenditure

Expenditure against Trust capital programme 215301

Exec Lead
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
213	1,418	N/A to SPC	Moving Target



Trajectory

What these graphs are telling us

Narrative

Capital expenditure is £184k overspent YTD mainly due to additional EPR spend, this has been offset so far by other programmes slipping behind plan, which are expected to catch up in Q4.

The delay to EPR go live has led to an additional forecast pressure of £3m although this is expected to be funded by NHSE Digital.

Actions

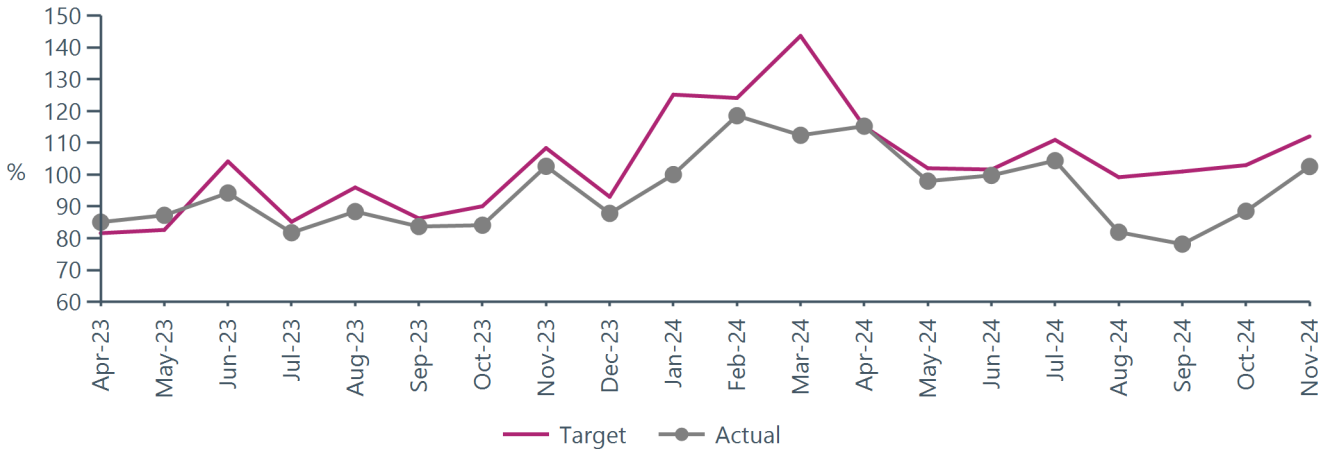
Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
2908	333	1327	1022	5127	420	443	1092	1049	1085	1085	461	1418

Value Weighted Assessment

Percentage recovery of patient activity in financial terms from the 2019/20 baseline to in year actual delivery (English only) 217818

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
112.05%	102.58%	N/A to SPC	Moving Target



Trajectory

What these graphs are telling us

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

Narrative

Current position to date is 97% of 19/20 baseline against a planned performance of 109%.
Month 8 is showing improvement and achieved over 100% restoration for English patients. However theatre activity shortfalls are significantly impacting the YTD performance and forecast outturn.

Actions

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
102.65%	87.85%	100.04%	118.55%	112.40%	115.26%	97.98%	99.79%	104.42%	81.93%	78.18%	88.52%	102.58%

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Chair's Assurance Report
Finance and Performance Committee

Committee / Group / Meeting, Date

Board of Directors, Thursday 19th December 2024

Author: **Contributors:**

Name: Larissa McElroy
Role/Title: Executive Assistant

Report sign-off:

Craig Macbeth, Director of Finance and Planning
Paul Maubach, Chair of the Finance and Performance Committee (December Meeting)

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 23rd September 2024 and 25th October 2024. It highlights the key areas the Finance and Performance Committee wishes to bring to the attention of the Board.

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.*		
3	*Delivering the financial plan.*	✓	LOW
4	*Delivering the required levels of productivity, performance and activity.*	✓	LOW
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 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.

Performance Report (December Meeting)
In comparison to recent months, elective spells are on an upward trajectory, but the position is still challenged driven by the theatre activity reduction:

- Ongoing work around insourcing plans commence from January 2025 onwards, therefore mutual aid is critical for the next 12 months to see an improved position.
- 50 on the day theatre cancellations and 6 cancellations within 7 days of TCI have been reported for this month.
- Improvements have been made regarding the average length of patients on Sheldon ward which was an ask to work with system partners to see a faster turnaround of patients residing on the ward.
- The performance work from November and December has gone down well with NHSE. The team continue to focus on non-admitted routes such as the validation of waiting lists and mutual aid. The same attention will now be put into Welsh waiting lists as they have done with the English waiting lists.
- Spinal Disorder referrals continue to be a concern and the referral grown is considerable. A detailed update on spinal disorders will be brought back to the committee in February following a January GIRFT visit to the Trust. The February meeting update will be brought with clinical representation.
- 24/7 on site anaesthesia cover discussions are in place following a letter received from the national team around criteria in the spinal disorders' specification. RJAH have responded to say that they are not currently compliant but are investing in a middle grade rota but aim to have this in place by April 2025.
- Paediatric 'Were not brought rates' have reduced, with figures now below the adult rates. The Trust have been invited to the regional elective inclusive recovery meeting following this.

Delivery Model Action Plan (November and December Meeting)
Objectives for the future delivery model have been broken down into five key delivery themes: clinical pathway transformation, workforce optimisation, workforce growth, non-recurrent backlog reduction initiatives and improving overall processes. Each theme will be overseen by the Trust Management Group with sub-groups to focus on the five key areas. There will be executive oversight, committee alignment and clinical leadership and updates will continue come to the committee.

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:

Financial forecast NHSE Letter to all STW (December Meeting)

Chair's Assurance Report
Finance and Performance Committee

The Trust have received a letter from Julian Kelly to confirm expectations that financial plan must be achieved and that further measures need to be considered including an immediate halt on discretionary spend. The committee were informed that further steps had been agreed to control non pay orders.

With regards to non-clinical staff roles there are still some live advertisements; the Trust are regularly challenging non-clinical vacancies and have an executive level vacancy approval process in place, but if non-clinical roles impact on activity or compliance then these posts are being progressed. All such posts go through the ICS screening process for approval before they are advertised.

Pay Escalation Paper (December Meeting)
Implications relating to increasing the pay point retrospectively for internationally recruited nurses were discussed.
It was agreed that any decision will need to be subject to a discussion with System partners to ensure alignment with national policy/local system partners given the significant financial impact and ongoing scrutiny of financial performance from NHSE.
The Committee felt it is not appropriate for the Trust to sit outside of a national policy and a decision cannot be made until the Trust receive clarity from NHSE.

Financial Report and Forecast (November and December Meeting)
Excluding YTD adjustments transacted in month, the Trust overachieved financial plan due to mitigations through cost control and private activity exceeding the impact of reduced theatre activity. The Committee commended all those involved in achieving this position.

The revised forecast position is now to achieve plan following confirmation of £2.5m of additional ERF income from two separate transactions within the system.

It was noted that the situation with theatre activity remained highly challenged and that there was a high risk of additional income losses over and above those assumed in the forecast. The enhanced financial controls would therefore remain in place and work continues to identify additional mitigations.

Activity Mitigation Plan (December Meeting)
Challenges around the impact of the lost insourcing capacity remain. A fresh tender exercise will be launched in January for a new insource partner with the previous attempt not having identified suitably skilled and experienced consultants.

Pending this, focus remains on maximising the utilization of theatres including opening access to SaTH orthopaedic consultants.

Review of Theatres Estates Strategy (SOC) (November Meeting)
The Committee were asked for their consideration for additional theatres to be provided in the new theatre block. It was agreed that the proposal would need to be revisited once the revised operating model including extended working days had been signed off.

Veterans Business Case post implementation review (November Meeting)
A formal post implementation review was presented against the Veterans Business Case. The review highlighted several successes, but further work needed to be undertaken to achieve the income targets assumed from the procedure room and Simulation lab.

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.

Chair's Assurance Report
Finance and Performance Committee

Corporate Risk Register (December Meeting)
There are currently 15 high risks aligned to the Finance and Performance committee, each reviewed regularly at the Risk Management Group. Since the last monthly update, there are now 3 new risks; 1 has been closed and 2 were challenged by the Executive Team and pushed back to their authors.

Specialist Efficiency Report (November and December Meeting)
The Specialist Unit provided an update on the delivery of their efficiency programme and following ongoing work from the previous month, the forecast outturn for the unit is recurrent under delivery of £203k with a further £301k being mitigated non-recurrently. This will provide an in year over delivery of £98k.
The unit are starting to work towards next year and they have already recurrently identified approximately £1.35m of next year's target.

PwC Tracker & Action Plan (November and December Meeting)
The Trust have seen good progress on the PwC Tracker and most of the action plan is now complete. There are a few external actions which involve consolidating tracking benefits but overall, the progress has been positive.

Service Line Reporting (December Meeting)
There has been a deterioration across the board in the quarter 2 position due to reduced theatre activity. All service lines are contributing to overheads, except neurology and unbundled diagnostics.
Work is ongoing to review to further opportunities to improve the loss-making service lines.

Productivity (December Meeting)
NHSE use a metric called 'Implied Productivity' which they use to measure every organization and system against where they were prior to Covid. Following an internal review, it became clear that there were many flaws with the calculation and that the 16.2% loss reported could legitimately be adjusted to 1.2% once agreed service transfers and technical adjustments had been factored in.

EPR Costing Deep Dive (December Meeting)
A breakdown of finances was shared with the committee and the Trust are aiming for go live in May 2025. A detailed discussion will be brought to the committee in January.

Planning Timetable 2025/26 (December Meeting)
The planning timetable was brought to the committee for noting, subject to the receival of planning guidance.

System Integrated Improvement Plan (SIIP) (December Meeting)
The Committee noted the System Integrated Improvement Plan (SIIP).

Board Assurance Framework (November Meeting)
The Committee were happy with the recent BAF, noting that the Activity Recovery Committee needs to be reflected.

Efficiency Programme -Standard Operating Procedure (November Meeting)
The Committee noted this new procedure, requesting a comment to be added around QIA's being carried out prior to the approval of the scheme as opposed to retrospective.

Trust Performance and Operational Improvement Group Chair Report (November and December Meeting)
The Committee noted the Chair Report- no areas of escalation.

Veterans Strategy Oversight Group Chair Report (November Meeting)
The Committee noted the Chair Report- no areas of escalation.

STW MSK Board Chair Report (November Meeting)
The Committee noted the Chair Report- no areas of escalation.

Chair's Assurance Report
Finance and Performance Committee

Capital Management Group Chair Report (December Meeting)
The Committee noted the Chair Report- no areas of escalation.

Theatre Development Group Chair Report (December Meeting)
The Committee noted the Chair Report- no areas of escalation.

Financial Improvement Group Chair Report (November and December Meeting)
The Committee noted the Chair Report- no areas of escalation.

Procurement Steering Group Chair Report (December Meeting)
The Committee noted the Chair Report- no areas of escalation.

Recommendation

The Board is asked to:

1. CONSIDER the overall assurance level listed at section 2,
2. CONSIDER the content of section 3.1 and agree any action required;
3. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
4. NOTE the content of section 3.3.

2024/25 November and December** Performance

		Plan	Actual	Difference
November	English 104+ Weeks	0	0	0
	Welsh 104+ Weeks	-	120	
	English 78+ Weeks	0	20	20
	Welsh 78+ Weeks	-	501	
	English 65+ Weeks*	242	262	20
	Welsh 65+ Weeks	-	955	

		Plan	Forecast**	Difference
December	English 104+ Weeks	0	0	0
	Welsh 104+ Weeks	-	116	
	English 78+ Weeks	0	22	22
	Welsh 78+ Weeks	-	592	
	English 65+ Weeks*	67	81	14
	Welsh 65+ Weeks	-	1050	

NHS England Updates:

Patient choice: - No longer applicable as guidance changed. These patients are now within the active monitoring rules and this has now been implemented following approval of the SOP. Impacts English ONLY

System mutual aid: - Mutual aid sought for spinal disorders, F&A, arthroplasty, K&S and this work is continuing alongside use of the independent sector and potential insourcing.

NHS Wales Updates:

2024/25 – Confirmation on targets regarding 104w and 52 w in MS1. Risk to meeting this alongside English targets due to capacity.

- English 65+ week plans updated to reflect latest revised trajectories. These continue to be reviewed
- CYP 52w Trajectory risk due to spines – reported monthly at paediatric directorate

*revised position and subject to all mutual aid coming online

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Chair's Assurance Report
Activity Recovery Committee

Committee / Group / Meeting, Date

Board of Directors – Public Meeting, 08 January 2024

Author:	**Contributors:**
Name: Mary Bardsley Role/Title: Assistant Trust Secretary	N/A

Report sign-off:

Penny Venables, Chair of the Activity Recovery Committee
Mike Carr, Chief Operating Officer

Is the report suitable for publication?:

Yes

1. Key issues and considerations:

The Trust Board has established an Activity Recovery Committee (ARC). According to its terms of reference: '*The purpose of the Activity Recovery Committee is to assist the Board obtaining assurance on the delivery of the operational plan and that any risks to delivery are identified and robustly addressed.'*

This report provides a summary of the items considered at the Committee meeting held on 09 December 2024 and 23 December 2024. It highlights the key areas the Committee wishes to bring to the attention of the Board.

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.*		
3	*Delivering the financial plan.*		
4	*Delivering the required levels of productivity, performance and activity.*	✓	MEDIUM
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 Activity Recovery Committee

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

ALERT - The Activity Recovery 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.

Long Waiting patient performance

The Committee noted the position in relation to 65 weeks patients being seen by the end of the 2024. The Trust has made significant progress in ensuring the 1001 patients are consulted appropriately. Despite the Trust efforts, it was noted that there continues to be 87 breaches expected by the end of December (which is an increase from 67 reported in November.) The main drivers for this include, sickness, mutual aid support and patient delays.
The Trust continue to liaise with NHSE on the position and attend weekly meetings to provide a progress update.
The Committee were concerned with the slight increase in breaches and will continue to meet fortnightly to receive assurance on the Trust position.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Activity Recovery 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:

January Forecasting position

The presentation reported a significant improvement compared to the December data. The Committee discussed the risks and the continued aim to reach a zero target. In January the main focus will be upon the spinal disorders waiting list. The Trust is currently reviewing patients and offering the opportunity to be realigned to another consultant however the uptake has been minimal. The clinical lead for spinal disorders has been invited to the Finance and Performance committee in the new year to present a deep dive into the speciality. Further mitigations are being considered including mutual aid, collaborative working and insourcing options.
The Committee sought a further forecast of the 65 week patients up until the end of the financial year.

NHSE Letter (11 recommendation)

The Committee were assured that the 11 recommendations stated within the original letter from NHSE have been aligned to the delivery model action plan; however, in order to gain further assurance, the Committee has requested a timeline to support the monitoring of the actions. It was noted that some of the recommendation have already been addressed through the Trusts response to NHSE.

Insourcing Tender

The Committee were informed of the current status position of the Trust in relation to the insourcing tender. To gain further assurance on the process the Committee has requested information at the next meeting, this is to include details on the process, specifications criteria, and evaluation methods.

Delivery Model

The Committee received a presentation on the overarching delivery model which will support long waiting patients as well as clinical pathway transformation, workforce optimisation and operational process improvements. It was noted that the delivery model will continue to be overseen by the Finance and Performance Committee as there is long term initiatives to be implemented however regular update will be provided to the Committee on matter which are deemed appropriate. The Committee were informed that the leads and dates are to be determined following conversations with Executive Directors.
The Committee would welcome a Board Development Session at a future meeting to support a Board wide discussion on the model.

Chair's Assurance Report
Activity Recovery Committee

Quality Impact Assessment The Committee were assured that the QIA has been completed and also presented to the Quality and Safety Committee (QS) for oversight. There is a noted inequality in Welsh patients due to the national guidance. There are mitigations in place to ensure all patients are reviewed under the harms process and the Trust have extended mutual aid offers to all Welsh patients. The Committee requested that the QIA is completed on a regular basis and will be presented at both ARC and QS Committees in 3 months' time. There have been 9 patients identified to be waiting 200+ weeks and therefore asked for a breakdown of these patients at the next meetings. The Trust confirmed that the 9 patients were adhering to Welsh guidance and explained the process in relation to 'clock starts/stops'.

3.3 Areas of assurance

ASSURE - The Activity Recovery Committee considered the following items and did not identify any issues that required escalation to the Board.
Long Waiters Patients The members of the Board have been receiving weekly updates on the position of the long waiting patients which has been reassuring.

Recommendation

The Board is asked to:

1. CONSIDER the overall assurance level listed at section 2,
2. CONSIDER the content of section 3.1 and agree any action required;
3. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
4. NOTE the content of section 3.3.

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

Committee / Group / Meeting, Date

Board of Directors Meeting, 08 January 2025

Author: **Contributors:**

Name: Mary Bardsley
Role/Title: Assistant Trust Secretary

Report sign-off:

Ruth Longfellow, Chief Medical Officer
Penny Venables, Non-Executive Director, Committee Chair

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 20 November 2024. It highlights the key areas the Committee wishes to bring to the attention of the Board.

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.

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.

EPR Implementation

In November, the Board decided to postpone the implementation of Electronic Patient Record (EPR) 'Apollo' system, due to the current challenges which the Trust face with long waiting patients and activity. It was noted that the positives from the delay were in terms of further training and familiarisation of the system. The Trust were commended for holding a communication briefing session which reported 270+ members of staff in attendance. The senior leaders took the opportunity to explain the Boards' decision which included the reasons behind the postponing the System.

The Trust is currently working through the logistics of scheduling the re-launch of the System (expected to be within Q1 of 2025/26) and further improvements will be implemented including two additional rounds of new user acceptance testing, additional training packages and a new clinical coding module. The cost implications of the EPR are being presented through the Finance and Performance Committee and a further deep dive into costings has been scheduled for the next meeting. Overall, there will be an impact on the financial recovery however the Trust is seeking funds from NHSE to support in offsetting the overspend.

The EPR Implementation Assurance Meeting will be reinstated in January which will continue to gain assurance on the implementation of the System. This will report directly into the DERIC Committee for upward reporting to the Board.

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:

Performance Challenges

Due to the current performance challenges across the organisation, the Committee took the opportunity to reflect on how the DERIC Committee can support in the delivery of the Trust financial and operational plans. The Committee discussed:

- From a digital perspective, the quality of operational information is insufficient, and there is no functional BI tool available to enhance the daily PTL.
- How to improve digital tools that could help with validation of waiting lists from a clinical and technical form.

- Exploring how innovation can enhance pathways and productivity, including preoperative processes, through the current implementation of early screening and the use of Myrecovery.
- AI tools are intended to support the automation of internal processes; however, due to financial constraints, there have been delays in initiating progress.
- Planning for innovation projects such as ambient AI that will support productivity is challenging due to financial constraints.
- Elements of digital transformation being implemented before the launch of Apollo to support the progress on validating waiting lists

To support in the deliver the Committee asked for the following to be presented at the January meeting for further discussion:

- presentation in relation to the use of Ambient AI to improve clinical productivity.
- Information and data around AI to be brought to January meeting within the Digital and Strategy paper.

Board Assurance Framework:
The Committee considered the framework, noting the following points in relation to:

- BAF 5 – Delivering innovation, growth and achieving systemic improvements.
  - Updates include the inhibiting factors including the delay of EPR and the required focus on addressing the waiting list issue.
  - It was noted that a discussion took place regarding the focus on delivering finance and activity plans, and how the current approach to finance could be inhibiting this.
  - It was noted there are a few revised dates and status changes within the additional actions to address any gaps in controls section.
- BAF 7 - Responding to a significant disruptive event.
  - A discussion took place regarding the narrative of BAF 7 and whether it accurately reflects the Trust's focus on preventing events from occurring. It was agreed that the narrative should be revised to better capture this.

PACs System
The contract for the Trust's current PACS/RIS system was extended until September 2026 to ensure adequate time to procure and implement a new system. It is the strategic ambition of NHS England to establish a West Midlands wide Converged Digital Imaging Platform (CDIP) which would replace the existing PACS/RIS systems across the 15 acute providers in the West Midlands.
Due to the slow progress in relation to implementation, the Trust commissioned a review of timelines. The Trust has explored various options, and while the preferred approach is to be part of the CDIP, there is a firm commitment to implementing a single system across STW by jointly procuring it with Shrewsbury and Telford Hospitals. A final decision to be reached by December 2024 on whether to proceed with the WMIN programme or pursue a local programme across STW.
Due to there not being a DERIC Committee in December, Committee request a briefing update is to be shared with the members in relation to the final decision. The briefing note is to include an explanation / mitigations which have been considered.

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.
There were no specific items to raise to the Board.

Recommendation

The Board is asked to:

1. CONSIDER the overall assurance level listed at section 2,
2. CONSIDER the content of section 3.1 and agree any action required.
3. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
4. NOTE the content of section 3.3.

Chair's Assurance Report
Audit and Risk Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	08 January 2025
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	**Paper written on:**	22 November 2024
Paper Reviewed by:	Martin Newsholme, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Board of Directors - Public	**Paper FOIA Status:**	Full

1. Purpose of Paper

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

This is an assurance report from the Audit and Risk Committee to the Board of Directors. The Board is asked to consider the recommendations of the Audit and Risk Committee.

2. Context

2.1 Context

The Trust Board has established an Audit and Risk Committee. According to its terms of reference: '*The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control and risk assurance to the Audit and Risk Committee. This Committee is responsible for seeking assurance that the Trust has adequate and effective controls in place. It sought assurance regarding the Trust's internal and external audit programme, the local counter fraud service and compliance with the law and regulations governing the Trust's activities. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.*'

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

3. Assurance Report from Audit and Risk Committee

This report provides a summary of the items considered at the Audit and Risk Committee on 12 November 2024. It highlights the key areas the Audit and Risk Committee wishes to bring to the attention of the Board.

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

ALERT - The Audit and Risk Committee wishes to bring the following issues to the Board's attention as they:

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

Matters Reserved for the Board Policy
The Committee considered and approved the policy subject to adding reference to collaboration with the system to the Board's responsibilities.

Constitution Update
A paper was received on the revised changes to the Trusts' Constitution which were endorsed. This will be presented to the Public Board meeting in January for approval.

Managing Conflicts of Interest Policy
The policy has been revised to reflect the changes from the Health and Care Act 2022, including the creation of ICBs and the Provider Selection Regime. The Committee approved the document.

Committee Effectiveness and Annual Report
Members of the Committee considered the effectiveness of the meetings as part of the annual review which will be shared with the Board for oversight. The Committee also considered the updated terms of reference and will recommend the Board approves at the Public Board meeting in January.

3.2 Areas of on-going monitoring with new developments

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

Chair Report from the Information Governance Meeting
There were no specific risks to escalate in relation to information governance. The Committee sought further assurance on:

- FOIs – an overview is to be included within the chair report going forwards.
- Apollo – Execs to review any potential risks from a financial and security perspective of the delayed implementation and report through the DERIC Committee.

Finance Governance Pack
The Committee were assured with the detail of the paper provided; however, further assurance was sought on the operational procedure aligned to the prior authorisation from insurance companies for private patient treatments.
A query was raised in relation to the Trust forecast cash position, and it was agreed that this should include the impact of the forecast Income and Expenditure.

Counter Fraud Annual Plan 2023/24
There have been 3 referrals received during this reporting period, 2 of which have been closed. The remaining one referral is being investigated.
There are some outstanding actions being reported in relation to the OJP recommendations however, plans are in place to have those actions implemented intime for the next meeting.

Internal Audit Update
The Committee received three reports for consideration:

- Key financial controls (High assurance) - the Committee commended the finance team on the result of this audit.
- Q3 progress report – overall, the reviews are progressing well. It has been agreed to defer the provider collaborative review and in place complete an audit on broader regulatory approach.
- Follow up report – the majority of the recommendations have been closed however there are some overdue actions which the Committee were reassured are in progress and a process in place to escalate the extension dates.

External Audit Update
The Deloitte audit lead presented the draft audit plan for the year. A discussion was held about the fixed asset revaluation, and it was decided to conduct a full evaluation of the Theatres and to provide a more detailed audit trail and information on investments made during the year for the valuers to conduct a desktop review.
In relation to the external audit contract with the Trust, a conversation was requested to clarify the fee proposal for the next 2 years which is significantly higher than expected and will impact the option to extend the current audit contract into a 4th year.

3.3 Areas of assurance

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

Register of Interest and Hospitality Register

The Committee noted the report and were assured with the work being undertaken to improve the reporting. Further assurance was sought on the monitoring processes which is being embedded and an update will be provided at the meeting in February.

Management of Policies and Other Corporate Documents
The Committee agree with the proposed approach to managing Trust policies and the wider suite of corporate documents which will support in simplifying reporting and content.

Risk Management Report
The Committee were assured with the work completed to support risk management across the organisation and noted the positive impact the establishment of the Risk Management Group has had on the overall reporting and understanding of risk.
The Committee sought clarity on the definition of a 'closed' risk and a query was raised about whether closed risks have actually been resolved or if they have evolved into ongoing issues.

4.0 Conclusion / Recommendation

The Board is asked to:

1. NOTE the content of section 3.1
2. NOTE the content of section 3.2
3. NOTE the content of section 3.3

Review of Schedule of Matters Reserved to the Board of Directors

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Committee / Group / Meeting, Date

Board of Directors, 8 January 2025

Author:	Contributors:
Name: Dylan Murphy Role/Title: Trust Secretary	-

Report sign-off:

N/A.

Is the report suitable for publication?:

YES

Key issues and considerations:

Elements of the Trust Constitution, including the Standing Orders, require review on a regular basis (on a three-year review cycle).

Section 12.6.1 of Annex 7 to the Constitution, *Review, Variation and Amendment of [Board of Directors] Standing Orders* states that:
"These Standing Orders, including all documents having effect as if incorporated in them, shall be subject to regular review by the Board of Directors at intervals not exceeding every three years."

Section 8.4.1. of Annex 6 , *Review, Variation and Amendment of [Council of Governors] Standing Orders* includes the same provision.

The "*Schedule of Matters reserved to the Board of Directors" (the Schedule)* is one of the documents "*having effect as if incorporated"* in the Standing Orders and is therefore subject to review every three years.

The *Schedule* was last reviewed in November 2021 and was therefore scheduled for review in November 2024. An updated version is attached. The proposed minor revisions relate to:

1. Amending the "Responsible Director" to the Chief Executive Officer (as the current "owner" is not an executive director).
2. Presentational changes, to aid understanding of the status of the Schedule and make the footnotes easier to follow.
3. Updating the "Document Type" to reflect a revised classification system.

Authority to approve the matters reserved to the Board of Directors lies with the Board of Directors (as set out in section 11.4 of the Schedule).

Strategic objectives and associated risks:

The constitution and its appendices supports delivery of 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	✓

As the overarching framework governing the operation of the Trust, the constitution and its appendices are 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 identified four strategic objectives for the integrated care system. As the overarching framework governing the operation of the Trust, the constitution and its appendices are relevant to all system objectives:

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 Board review and approve the proposed minor revisions to the Schedule of Matters Reserved to the Board of Directors.

Report development and engagement history:

The draft Audit and Risk Committee paper was shared with the Chief Finance Officer and Chief Executive Officer.

The Audit and Risk Committee considered a paper on 12 November 2024. The Committee recommended that the Board approve the proposed minor revisions.

Next steps:

The revised Schedule of Matters Reserved to the Board of Directors will be:

1. Published in an updated “Board Governance Pack”; and
2. Reviewed in line with the three-year review cycle (or sooner if required).

Attachments

Attachment A Matters Reserved for the Board – proposed revisions

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

Title:	Schedule of Matters Reserved to the Board of Directors		
Unique Identifier:	POL029	**Document Type:**	~~Policy~~ 1b: Scheme of Delegation
Version Number:	~~3.0~~ 4.0	**Status:**	Approved
Responsible Director:	~~Trust Secretary~~ Chief Executive Officer		
Author:	Trust Secretary		
Scope:	Trust wide		
Replaces:	Version ~~2.0~~ 3.0		
To be Read in Conjunction with the Following Documents: (list related policies)	Trust Constitution and Standing Orders Scheme of Delegation Standing Financial Instructions		
Keywords:			

Considered By Executive Owner:	~~Trust Secretary~~ Chief Executive Officer	**Date Considered:**	04/10/2021
Endorsed By:	Audit and Risk Committee	**Date Endorsed**	11/10/2021
Approved By:	Trust Board	**Date Approved:**	25/11/2021
Issue Date:	25/11/2021	**Review Date:**	25/11/2024
Security Level:	**Open Access** ✓	**Restricted**	**Confidential**

Trust Values

SCHEDULE OF MATTERS RESERVED TO THE BOARD OF DIRECTORS

The matters set out in the schedule below are specifically reserved for the collective decision of the Board of Directors. As outlined at section 8.2 of the Council of Governors' Standing Orders and sections 3.2.2 and 12.4 of the Board of Directors' Standing Orders, this Schedule has effect as it incorporated in the respective Standing Orders.

1.	STRATEGY AND MANAGEMENT
1.1	Responsibility for the overall management of the Trust
1.2	Approval of the Trust's long-term objectives and business strategy
1.3	Approval of the annual operating and capital expenditure budgets and any material changes to them
1.4	Oversight of the Trust's operations ensuring: • competent and prudent management • sound planning • an adequate system of internal control • adequate accounting and other records • compliance with its licence, constitution, mandatory guidance issued by the independent regulator, relevant statutory requirements, and contractual obligations • the quality and safety of healthcare services, education, training, and research delivered by the Trust • the application of the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies
1.5	Review of performance in the light of the Trust's strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken
1.6	Extension of the Trust's activities into new business areas
1.7	Any decision to cease to operate all or a material part of the Trust's business
1.8	Any decision to undertake transactions which have been designated as "Significant transactions",[1] subject to approval by the Council of Governors
1.9	Any decision to increase by 5% or more the proportion of its total income attributable to activities other than the provision of goods and services for the purposes of health service , subject to approval by the Council of Governors

[1] A Significant Transaction means a transaction which relates to:

- *For UK Healthcare: investments, divestments or other transactions comprising > 25% of the assets, income or capital of the NHS Foundation Trust.*
- *For non-healthcare related and/or international; investments, divestments or other transactions comprising > 25% of the assets, income or capital of the NHS Trust; or*
- *If a trust is in significant breach, any investment/divestment comprising >10% of the assets, income or capital of the trust.*

1.10	Ratify decisions made under emergency powers
2.	**CORPORATE STRUCTURE AND STATUS**
2.1	Major changes to the Trust's corporate structure
2.2	Major changes to the Trust's management and control structure
2.3	Any changes to the Trust's status as an NHS Foundation Trust
2.4	Any proposal to establish a subsidiary company, joint venture or other corporate vehicle for the purpose of carrying out any current or proposed activity of the Trust
2.5	Any proposal involving a merger of the Trust with or takeover of the Trust by another organisation
2.6	Any acquisition or disposal of land
2.7	Any application to a planning authority for planning permission
2.8	Any proposal involving the Trust operating in another organisation (whether within the NHS or not) in the provision of services
2.9	Any use of the RJAH name or brand by another organisation for any purpose
3.	**FINANCIAL REPORTING AND CONTROLS**
3.1	Approval of the quarterly financial report to the Independent Regulator
3.2	Approval of the annual report and accounts, including the corporate governance statement and the remuneration report
3.3	Approval of any significant changes in accounting policies or practices
3.4	Approval of treasury policies, including foreign currency exposure and the use of financial derivatives
3.5	Receive Annual Audit Letter
4.	**INTERNAL CONTROLS**
4.1	Ensuring the maintenance of a sound system of internal control and risk management including: • receiving reports on, and reviewing the effectiveness of, the Trust's risk and control processes to support its strategy and objectives • undertaking an annual assessment of these processes • approving an appropriate statement for inclusion in the annual report • Approving Standing Financial Instructions
5.	**CONTRACTS**
5.1	Major capital projects and Business Cases
5.2	Contracts which are material, strategically or by reason of size, or length of commitment entered into by the Trust in the ordinary course of business Contracts, other than NHS, with a value per year in excess of £250k
5.3	Contracts entered into by the Trust which are not in the ordinary course of its business

6.	**COMMUNICATION**
6.1	Approval of formal submissions to the Department of Health, the Independent Regulator, the Care Quality Commission and other relevant NHS bodies concerning the Trust's compliance with applicable targets and standards
7.	**BOARD MEMBERSHIP AND OTHER APPOINTMENTS**
7.1	Nomination of a Deputy Chairman for formal appointment by the Council of Governors
7.2	Appointment of the Senior Independent Director in consultation with the Council of Governors
7.3	Establishment, Membership and chairmanship of Board committees
7.4	Nomination of Board representatives to any joint committee of the Board of Directors and the Council of Governors that may be established from time to time for any purpose
7.5	Appointments to the boards of any subsidiary company, joint venture or other corporate vehicle established by the Trust for the purpose of carrying out any current or proposed activity
8.	**DELEGATION OF AUTHORITY**
8.1	Approval of the statement on the division of responsibilities between the Chairman and the Chief Executive, which should be in writing
8.2	Approval and review of the terms of reference of Board committees[2]
8.3	Receiving Chair's Assurance reports from Board committees on their activities
9.	**CORPORATE GOVERNANCE MATTERS**
9.1	Approval of the Trust Constitution, in conjunction with the Council of Governors
9.2	Undertaking at least annually a formal and rigorous review of the Board's own performance and that of its committees and individual directors
9.3	Determining the independence of Non-Executive Directors
9.4	Review of the Trust's overall corporate governance arrangements
9.5	Receiving reports on the views of the Trust's members, patients, carers and members of the public
10.	**POLICIES**
10.1	Approval and revision of Trust-wide Policy Management guidance
10.2	Approval of key policies of general application throughout the Trust, including: • codes of conduct

[2] *Matters which the Board considers suitable for delegation are contained in the terms of reference of its committees and in the scheme of delegation.*

	• health and safety policy • whistle blowing • business continuity • risk management
11.	**OTHER**
11.1	Approval of the appointment of the Trust's principal professional advisers, with the exception of the external auditor
11.2	Decisions relating to overall levels of insurance for the Trust, including proposals for the purchase of commercial directors' and officers' liability insurance and indemnification of directors
11.3	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust
11.4	This schedule of matters reserved for board decisions
11.5	Receive reports and recommendations from time to time on any other matter the Board considers significant to the Trust.

~~Matters which the Board considers suitable for delegation are contained in the terms of reference of its committees and in the scheme of delegation.~~

~~In addition, the Board will receive reports and recommendations from time to time on any matter which it considers significant to the Trust.~~

~~*A Significant Transaction means a transaction which relates to;~~

- ~~For UK Healthcare: investments, divestments or other transactions comprising > 25% of the assets, income or capital of the NHS Foundation Trust.~~
- ~~For non-healthcare related and/or international; investments, divestments or other transactions comprising > 25% of the assets, income or capital of the NHS Trust~~

~~or if a trust is in significant breach, any investment/divestment comprising >10% of the assets, income or capital of the trust~~

Review of Trust Constitution

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Committee / Group / Meeting, Date

Board of Directors, 8 January 2025

Author:	**Contributors:**
Name: Dylan Murphy Role/Title: Trust Secretary	-

Report sign-off:

N/A.

Is the report suitable for publication?:

YES

Key issues and considerations:

Elements of the Trust constitution, including the Standing Orders, require review on a regular basis (on a three-year review cycle). Elements of the legislative / regulatory framework governing foundation trusts have also changed in recent years so a wider review of the constitution was required to identify and amend any outdated references.

The risks attached to outdated references are low as:

1. Many of the underlying principles remain unchanged (so there is no fundamental contradiction between the existing content of the constitution and the updated legislation / guidance the Trust is required to comply with); and
2. In any situation where the constitution included an outdated reference, the assumption would be that the current equivalent requirement should be applied.

A general update would promote consistency however, avoid potential confusion, and reduce the need to cross-refer existing references with updated guidance documents.

The proposed revisions reflect changes introduced by the four developments listed below:

A. The Health and Care Act 2022 (and associated guidance for foundation trust governors)

There are multiple references in the constitution to Monitor as the regulatory body. Monitor was formally abolished when the 2022 Act came into force. Some of these references remain appropriate, where they relate to specific sections of the Health and Social Care Act 2012, or the NHS Act 2006. Other references are now redundant and should be replaced with references to NHS England.

The Health and Care Act 2022 placed additional duties on Governors to consider:

- "the interests of the public at large" and
- how decisions support the "triple aim" of:
  - better health and wellbeing for everyone,
  - better quality of health services for all individuals, and
  - sustainable use of NHS resources.

These revised considerations in the performance of their duties were included in updated NHSE Guidance on the duties of foundation trust governors. These are proposed for inclusion in the constitution.

There was no equivalent updated guidance on the duties of executive or non-executive Board members. As such, there is no suggested change to the section on the general duties of Board members. The Board of Directors' duty to take account o system priorities etc. is captured in the requirements of the Code of Governance for NHS provider trusts.

B. The updated Code of Governance for NHS Provider Trusts

There are various references in the constitution to the "FT Code", with an explanatory note that this refers to the NHS Foundation Trust Code of Governance published by Monitor in July 2014 and any subsequent updates. The Code underwent significant revision in 2023 and the specific references in the constitution are now outdated.

C. Current NHSE Guidance on Managing Conflicts of interest

There are multiple references in the constitution to arrangements to manage conflicts of interest. The principles remain valid but the terminology reflects older guidance. As such, there is a discrepancy between the language used in the constitution and the Trust's policy on managing conflicts of interest (which mirrors the requirements of the NHSE Guidance). This could lead to confusion, so the definitions / requirements should be standardised to bring the constitution up to date.

D. The updated Fit and Proper Person Framework

The Fit and Proper Person Framework was updated in 2023. The constitution includes some outdated references to the previous framework.

Strategic objectives and associated risks:

The constitution supports delivery of 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	✓

As the overarching framework governing the operation of the Trust, the constitution 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 identified four strategic objectives for the integrated care system. As the overarching framework governing the operation of the Trust, the constitution is relevant to all system objectives:

	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 Board:

1. Consider the proposed revisions outlined in this report, including the attached tracked-change extracts from the constitution;
2. Consider whether outdated references to "Monitor" should be updated throughout the document;
3. Approved the amendments to the constitution; and
4. Recommend that the Council of Governors also approve the amendments to the constitution.

Report development and engagement history:

The draft Audit and Risk Committee paper was shared with the Chief Finance Officer and Chief Executive Officer.

The Audit and Risk Committee considered a paper on 12 November 2024. The Committee recommended that the Board approve the updates (subject to checking whether any updated guidance on Board members' duties needed to be incorporated).

Next steps:

According to the Constitution…:

"45.1 The Trust may make amendments of its Constitution only if –

45.1.1 More than half of the Members of the Board of Directors of the Trust voting approve the amendments.

45.1.2 More than half of the Members of the Council of Governors of the Trust voting approve the amendments, and

45.2 Amendments made under paragraph 45.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act."

The Interpretation and Definitions section of the constitution states that: *"Constitution means this constitution, comprising the Core Constitution and all annexes"*.

The necessary approvals will therefore need to be sought from the Council of Governors before the constitution is updated.

Attachment:

Extracts of Constitution with proposed revisions by category:
A. Health and Care Act 2022
B. Code of Governance for NHS Provider Trusts
C. NHSE Guidance on Managing Conflicts of interest
D. Fit and Proper Person requirements

A. Required revision to constitution – changes to Council of Governors' considerations introduced by the Health and Care Act

15. Council of Governors – Duties of Governors

15.1 The general duties of the Council of Governors are to –

15.1.1 ~~to~~ hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors[1], ~~and~~

15.1.2 ~~to~~ represent the interests of the Members of the Trust ~~as a whole~~ and the ~~interests of the~~ public[1], and

15.1.3 approve 'significant transactions' (as defined in this Constitution), mergers, acquisitions, separations or dissolutions.

[1] In doing so, the Council of Governors should consider whether the interests of the public at large have been factored into board decision-making, and be assured of the board's performance in the context of the system as a whole, and as part of the wider provision of health and social care, taking account of the triple aim duty of: better health and wellbeing for everyone; better quality of health services for all individuals; and sustainable use of NHS resources.

B. Required revision to constitution – Code of Governance References

1. Interpretation and Definitions

FT Code means the NHS Foundation Trust Code of Governance published by ~~Monitor in July 2014 and any subsequent updates~~. NHS England in October 2022.

……..

27. Board of Directors - Appointment of Senior Independent Director

The Board of Directors shall in consultation with the Council of Governors appoint as Senior Independent Director one of the Non-Executive Directors who is deemed by the Board of Directors to be independent by reference to section 2.6 of the Code of Governance for NHS Provider Trusts ~~FT Code Provision A.4.1~~. Further provisions on the appointment and powers of the Senior Independent Director are set out in paragraph 3.7 of Annex 7.

28. Board of Directors – tenure of Non-Executive Directors

28.1 A Non-Executive Director (including the Chairman) may be appointed for a maximum period of up to three years.

28.2 A Non-Executive Director (including the Chairman) may be eligible for re-appointment at the end of his or her term, but shall not normally hold office for longer than six consecutive years or two consecutive terms each of three years. Any decision to extend a term beyond six years should be subject to rigorous review. A Non-Executive Director becoming chair after a three-year term as a non-executive director would not trigger such a review after three years in post as chair and is therefore eligible for reappointment via the usual process.

28.3 ~~In accordance with FT Code Provision B.7.1, any term beyond six years (i.e. two consecutive terms each of three years) for a Non-Executive Director should be subject to rigorous review, which should take into account the need for progressive refreshing of the Board of Directors. A Non-Executive Director may, in exceptional circumstances, serve for longer than six years (i.e. two consecutive terms each of three years), but this must be subject to annual re-appointment by the Council of Governors~~

In accordance with section 4.3 of the Code of Governance for NHS Provider Trusts (revised version, effective from April 2023), a Non-Executive Director or Chair should not normally remain in post beyond nine years from the date of their first appointment to the board of directors.

"……." *denotes a gap between the sections where there is no proposed change to the content.*

28.4 To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing Non-Executive Director. The need for all extensions beyond nine years in total on the Board of Directors should be clearly explained and should be agreed with NHS England.

……..

Annex 7: BOARD OF DIRECTORS: STANDING ORDERS

3.7. Appointment and Powers of Senior Independent Director

3.7.1. The Board of Directors shall in consultation with the Council of Governors appoint as the Senior Independent Director one of the Non-Executive Directors who is deemed by the Board of Directors to be independent by reference to section 2.6 of the Code of Governance for NHS Provider Trusts ~~FT Code Provision A.4.1~~. The term of office of the Senior Independent Director shall be specified by the Board of Directors on appointing him or her but shall not exceed the remainder of his or her term as a Non-Executive Director.

3.7.2. The Senior Independent Director shall perform the role set out at section 2.11 of the Code of Governance for NHS Provider Trusts ~~in FT Code Provisions A.4.1~~ and otherwise as summarised in a role description agreed between the Board of Directors and the Council of Governors which shall as a minimum include:

3.7.2.1. leading the Non-Executive Directors in the evaluation of the Chairman as part of process agreed with the Council of Governors;

3.7.2.2. being available to Members and Governors if they have concerns which contact through the normal channels of Chairman, Chief Executive or Finance Director has failed to resolve or for which such contact is inappropriate; and

3.7.2.3. attending sufficient meetings with Governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of Governors.

3.7.3. As provided by section 2.5 of the Code of Governance for NHS Provider Trusts ~~FT Code Provision A.4.1~~, the Deputy Chairman appointed in accordance with paragraph 3.6 above may also be appointed as the Senior Independent Director, provided that he or she is deemed by the Board of Directors to be independent by reference to section 2.6 of the Code of Governance for NHS Provider Trusts ~~FT Code Provision A.3.1.~~

"……." *denotes a gap between the sections where there is no proposed change to the content.*

C. Required revision to constitution – Conflicts of Interest references

19. Council of Governors - Conflicts of Interest of Governors

19.1 If a Governor has a ~~pecuniary, personal or family interest~~, financial interest, non-financial professional interest, or non-financial personal interest whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the Members of the Council of Governors as soon as he or she becomes aware of it.

19.2 Further provisions on the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed are set out in paragraph 5 of Annex 6.

……..

Annex 5: COUNCIL OF GOVERNORS: ADDITIONAL PROVISIONS

7. Further Provisions as to Disqualification, Termination and Removal
   7.1. Disqualification
   ……..

7.1.10. he or she is a person whose tenure of office as the Chairman or as a member or Director of a Health Service Body has been terminated on the grounds that his or her appointment is not in the interests of the health service, including for non-attendance at meetings or for non-disclosure of a ~~pecuniary~~ financial interest;

……..

Annex 6: COUNCIL OF GOVERNORS: STANDING ORDERS

5. Declarations of Interests and Register of Governors' Interests
   5.1. Declaration of Interests
   5.1.1. The Regulatory Framework requires each governor to declare to the Secretary:
   5.1.1.1. any actual or potential interest, direct or indirect, which is relevant and material to the business of the Trust, as described in paragraph 5.2.2 below; and
   5.1.1.2. any actual or potential ~~pecuniary~~ financial interest, direct or indirect, in any contract, proposed contract or other matter concerning the Trust, as described in paragraph 5.2.3 below; ~~and~~
   5.1.1.3. any actual or potential ~~family interest, direct or indirect~~, indirect interest, of which the governor is aware, as described in paragraph 5.2.6 below;
   5.1.1.4 any actual or potential non-financial professional interest, as described at paragraph 5.2.7 below;
   5.1.1.5 any actual or potential non-financial personal interest, as described at paragraph 5.2.8 below.

……..

5.1.4. Subject to paragraph 5.2.4 below, if a governor has declared a ~~pecuniary~~ financial interest (as described in paragraphs 5.2.2 and 5.2.3) in any matter which is the subject of consideration, he or she shall not take part in the consideration or discussion of that matter.

5.2. Nature of Interests
5.2.1. Definitions of the terms "~~relevant and~~ material", "~~pecuniary~~ financial interest", ~~and~~ "~~family~~ indirect interest", "non-financial professional interest" and "non-

"……." *denotes a gap between the sections where there is no proposed change to the content.*

financial personal interest" are set out below. If having considered these definitions a governor is in doubt as to the relevance or materiality of an interest, he or she should discuss the matter with the Chairman or the Secretary. Considerations of interests and potential conflicts of interest should also be informed by the most recent guidance issued by NHS England.

"~~Relevant and~~ Material interests"

5.2.2 ~~Interests which should be regarded as "relevant and material" are as follows and are to be interpreted in accordance with guidance issued by Monitor~~ 'Interests' can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Examples of interests which may be deemed material could include where an individual is:

- 5.2.2.1 a director (including a non-executive director) or senior employee in another organisation which is doing or is likely to do business with an organisation in receipt of NHS funding
- 5.2.2.2 a shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding
- 5.2.2.3 in outside employment
- 5.2.2.4 in receipt of secondary income
- 5.2.2.5 in receipt of a grant
- 5.2.2.6 in receipt of other payments (eg honoraria, day allowances, travel or subsistence)
- 5.2.2.7 in receipt of research sponsorship
- 5.2.2.8 an advocate for a particular group of patients
- 5.2.2.9 a clinician with a special interest
- 5.2.2.10 an active member of a particular specialist body
- 5.2.2.11 undertaking a research role, particularly sponsored research
- 5.2.2.12 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence
- 5.2.2.13 an advocate for a particular group of patients
- 5.2.2.14 a clinician with a special interest
- 5.2.2.15 an active member of a particular specialist body
- 5.2.2.16 undertaking a research role, particularly sponsored research
- 5.2.2.17 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence

"~~Pecuniary~~ Financial Interest"

5.2.3. A "financial interest" is where a governor may get direct financial benefit (which may be a financial again, or avoidance of a loss) from the consequences of a decision they are involved in making.

5.2.3.1 A governor shall be treated as having ~~indirectly~~ a financial ~~pecuniary~~ interest in a contract, proposed contract or other matter, if:

- 5.2.3.1.1 he or she, or a nominee of his or hers, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct ~~pecuniary~~ financial interest in the other matter under consideration; or
- 5.2.3.1.2 he or she is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct financial ~~pecuniary~~ interest in the other matter under consideration.

5.2.~~4~~.3.2 A governor shall not be treated as having a ~~pecuniary~~ financial interest in any contract, proposed contract or other matter by reason only of:

"……." *denotes a gap between the sections where there is no proposed change to the content.*

5.2.3.2.14.1. his or her membership of a company or other body, if he or she has no beneficial interest in any securities of that company or other body; or

5.2.3.2.2.4.2. an interest in any company, body or person with which he or she is connected which is so remote or insignificant that it cannot reasonably be regarded as likely to influence the governor in the consideration or discussion of or in voting on, any question with respect to that contract or matter; or

5.2.3.2.34.3. any travelling or other expenses or allowances payable to the governor in accordance with paragraph 20 of the Core Constitution.

5.2.3.35. Where a governor has a~~n~~ financial ~~pecuniary~~ interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body and

5.2.3.3.1.~~5.1.~~ the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less; and

5.2.3.3.2~~5.2~~. if the share capital is of more than one class, the total nominal value of shares of any one class in which he or she has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class, the governor shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his or her duty to disclose the interest.

"~~Family~~ Indirect Interest"

5.2.4~~6~~. An "~~Family~~ Indirect interest" is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making. A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners ~~an interest of the spouse or partner or any parent, child, brother or sister of a governor which if it were the interest of that governor would be a personal interest or a pecuniary interest of his or hers~~.

"Non-financial professional interests"

5.2.5 A "Non-financial professional interest" is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

"Non-financial personal interests"

5.2.6 A "Non-financial personal interest" is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

…

6.2. Interest of Governors in Contracts

"……." *denotes a gap between the sections where there is no proposed change to the content.*

6.2.1. If it comes to the knowledge of a governor that a contract in which he or she has any ~~pecuniary~~ financial interest not being a contract to which the governor is a party, has been, or is proposed to be, entered into by the Trust he or she shall at once give notice in writing to the Chairman or Secretary of the fact that he or she is interested therein. In the case of persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

6.2.2. A governor must also declare to the Chairman or Secretary any other employment or business or other relationship of his or hers, or of a cohabiting spouse or partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. The Trust shall require such interests to be recorded in the register of Governors' interests.

……..

Annex 7: BOARD OF DIRECTORS: STANDING ORDERS

3.10. Disqualification of Directors

A person may not become or continue as a Director of the Trust if:

……..

3.10.5. he or she is a person whose tenure of office as a Chairman or as a member or Director of an NHS body has been terminated on the grounds that his or her appointment is not in the interests of the health service, including for non-attendance at meetings or for non-disclosure of a ~~pecuniary~~ financial interest;

……..

9. Declaration of Interests and Register of Directors' Interests

9.1. Declaration of Interests

9.1.1. The Regulatory Framework requires each Director to declare to the Secretary:

9.1.1.1. any actual or potential interest, direct or indirect, which is relevant and material to the business of the Trust, as described in paragraph 9.2.2 below;

9.1.1.2. any actual or potential ~~pecuniary~~ financial interest, direct or indirect, in any contract, proposed contract or other matter which is under consideration concerning the Trust or is to be considered by the Board of Directors, as described in paragraph 9.2.3 below; and

9.1.1.3. any actual or potential ~~family interest, direct or indirect~~, indirect interest in any matter concerning the Trust, as described in paragraph 9.2.6 below.

9.1.1.4 any actual or potential non-financial professional interest, as described at paragraph 9.2.7 below

9.1.1.5 any actual or potential non-financial personal interest, as described at paragraph 9.2.8 below

9.1.2. Such a declaration shall be made either at the time of the Director's appointment or as soon thereafter as the interest arises, but within five Clear Days of the Director becoming aware of the existence of that interest, and shall be made in such manner as the Secretary shall prescribe from time to time.

9.1.3. In addition, if a Director is present at a meeting of the Board of Directors and has an interest of any sort in any matter which is the subject of consideration, he or she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not vote on any question with respect to the matter. At the time that the interests are declared, they should be recorded in the minutes of the meeting.

"……." *denotes a gap between the sections where there is no proposed change to the content.*

9.1.4. If a Director has declared a ~~pecuniary~~ financial interest in accordance with paragraph 9.2.3 below he shall not take part in the consideration or discussion of the matter in respect of which an interest has been disclosed and shall be excluded from the meeting while the matter is under consideration.

9.1.5. A Director who is aware of an alteration in his or her circumstance which gives rise to any changes in the interests he or she has previously declared should declare the changes at the next meeting of the Board of Directors following the change occurring.

9.1.6. This paragraph 9 applies to any committee, sub-committee or joint committee of the Board of Directors and to any member of any such committee, sub-committee or joint committee (whether or not he or she is also a Director).

9.1.7. The interests of Directors in companies likely or possibly seeking to do business with the NHS should be published in the Trust's Annual Report. The information should be kept up to date for inclusion in succeeding Annual Reports.

9.2. Nature of Interests

9.2.1. Definitions of the terms "~~relevant and~~ material", "~~pecuniary~~ financial interest", ~~and~~ "~~family~~ indirect interest", "non-financial professional interest" and "non-financial personal interest" are set out below. If having considered these definitions a Director is in doubt as to the relevance or materiality of an interest, he or she should discuss the matter with the Chairman or the Secretary. Considerations of interests and potential conflicts of interest should also be informed by the most recent guidance issued by NHS England.

"~~Relevant and~~ Material interest"

9.2.2. ~~Interests which should be regarded as "relevant and material" are as follows and are to be interpreted in accordance with guidance issued by~~ ~~Monitor~~ 'Interests' can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Examples of interests which may be deemed material could include where an individual is:

9.2.2.1 a director (including a non-executive director) or senior employee in another organisation which is doing or is likely to do business with an organisation in receipt of NHS funding
9.2.2.2 a shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding
9.2.2.3 in outside employment
9.2.2.4 in receipt of secondary income
9.2.2.5 in receipt of a grant
9.2.2.6 in receipt of other payments (eg honoraria, day allowances, travel or subsistence)
9.2.2.7 in receipt of research sponsorship
9.2.2.8 an advocate for a particular group of patients
9.2.2.9 a clinician with a special interest
9.2.2.10 an active member of a particular specialist body
9.2.2.11 undertaking a research role, particularly sponsored research
9.2.2.12 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence
9.2.2.13 an advocate for a particular group of patients
9.2.2.14 a clinician with a special interest
9.2.2.15 an active member of a particular specialist body
9.2.2.16 undertaking a research role, particularly sponsored research
9.2.2.27 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence

"……." *denotes a gap between the sections where there is no proposed change to the content.*

9.2.2.1. Directorships, including non-Executive Directorships held in private companies or public limited companies (with the exception of those of dormant companies); or
9.2.2.2. ownership, part-ownership or Directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS; or
9.2.2.3. majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS; or
9.2.2.4. a position of authority in a charity or voluntary organisation in the field of health and social care; or
9.2.2.5. an affliction to a health or social care related campaigning special interest group
9.2.2.6. any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services; or
9.2.2.7. any connection with an organisation, entity or company considering entering into or having entered into a financial agreement with the Trust, including but not limited to, lenders or banks.

"Pecuniary Financial Interest"

9.2.3. A "financial interest" is where a governor may get direct financial benefit (which may be a financial again, or avoidance of a loss) from the consequences of a decision they are involved in making.

9.2.3.1 A Director shall be treated as having indirectly a pecuniary financial interest in a contract, proposed contract or other matter, if:

9.2.3.1.1 he or she, or a nominee of his or hers, is a Director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary financial interest in the other matter under consideration; or

9.2.3.1.2. he or she is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary financial interest in the other matter under consideration.

9.2.3.24. A Director shall not be treated as having a pecuniary financial interest in any contract, proposed contract or other matter by reason only:

9.2.3.2.11. of his or her membership of a company or other body, if he or she has no beneficial interest in any securities of that company or other body; or

9.2.3.24.2 of an interest in any company, body or person with which he or she is connected which is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter; or

9.2.3.24.3. of any remuneration, compensation or allowances payable to a Director by virtue of paragraph 18 of Schedule 7 of the 2006 Act; or

9.2.3.24.4. of any travelling or other expenses or allowances payable to a Director in accordance with the Constitution.

9.2.3.35. Where a Director has an indirect pecuniary financial interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body and

9.2.3.3.5.1. the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and

9.2.3.3.5.2. if the share capital is of more than one class, the total nominal value of shares of any one class in which he or she has a beneficial interest does not exceed one-hundredth of the total issued share capital of that

"……." *denotes a gap between the sections where there is no proposed change to the content.*

class; the Director shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to the Director's duty to disclose his or her interest.

"~~Family~~ Indirect Interest"

9.2.4~~6~~. An "~~Family~~ Indirect interest" is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making. A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners ~~an interest of the spouse or partner or any parent, child, brother or sister of a governor which if it were the interest of that governor would be a personal interest or a pecuniary interest of his or hers~~.

"Non-financial professional interests"

9.2.5 A "Non-financial professional interest" is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

"Non-financial personal interests"

9.2.6 A "Non-financial personal interest" is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

D. Required revision to constitution – Fit and Proper Person references

Annex 7: BOARD OF DIRECTORS: STANDING ORDERS

3.10. Disqualification of Directors

……..

A person may not become or continue as a Director of the Trust if:

3.10.17. he or she fails to satisfy the fit and proper person requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as outlined in the NHS England Fit and Proper Person Test Framework for board members published in September 2023 (and any subsequent updates to that Framework) ~~and the guidance issued by the Care Quality Commission.~~

……..

"……." *denotes a gap between the sections where there is no proposed change to the content.*