

Board of Directors (Public) 25.03.21

MEETING
25 March 2021 11:00

PUBLISHED
23 March 2021

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams	25/03/21		11:00
1. Part Two - Public Meeting			
1.1. Apologies		Chair	11:00
1.2. Minutes of the last Public Meeting		Chair	
1.3. Matters Arising		Chair	
1.4. Declarations of Interest		Chair	
2. Patient Story			
		Chief Nurse	11:05
3. Chief Executives Update (verbal)			
		Chief Executive	11:15
3.1. ICS Development			
4. Quality & Safety			
4.1. Chair Report: Quality and Safety Committee		Non Executive Director	11:25
4.2. NHS Food Report		MD Support Services Unit	11:30
5. People Update			
5.1. Staff Opinion Survey Results		Chief People Officer	11:40

1. Part Two -
2. Patient Story
3. Chief
4. Quality &
5. People Update
6. Performance &
7. To Note
8. Any Other

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams	25/03/21		11:00
6. Performance & Governance			
6.1. Chair Report: Policy Committee		Non Executive Director	11:45
6.2. Chair Report: Finance, Planning and Digital Committee		Non Executive Director	11:50
6.3. Chair Report: Risk Management Committee		Non Executive Director	11:55
6.4. Strategy Board Update		Chief Performance, Improvement and OD Officer	12:00
6.5. Performance Report M11		Chief Performance, Improvement and OD Officer	12:05
6.6. Performance Management Strategy and Accountability Framework (to follow after FPD)		Chief Performance, Improvement and OD Officer	12:20
6.7. Spinal Disorders GIRFT Review		Chief Medical Officer	12:25
6.8. Board Assurance Framework and Corporate Objectives		Trust Secretary	12:30
6.9. Corporate Objectives 2021-22		Trust Secretary	12:35
6.10. Board of Directors Work plan 2021/22		Trust Secretary	12:40
6.11. Governors Update (verbal)		Trust Secretary	12:45

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams	25/03/21		11:00
7. To Note			
7.1. Chair Report: Quality and Safety Committee (February)		Non Executive Director	
7.2. Chair Report: People Committee (February)		Non Executive Director	
7.3. Chair Report: Finance, Planning and Digital Committee (February)		Non Executive Director	
7.4. Library & Knowledge Service Staff Publications Repository		MD Support Services Unit	
8. Any Other Business		All	12:50
8.1. Next meeting: 29th April 2021			

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8.1. Next meeting: 29th April 2021	

**BOARD OF DIRECTORS – PUBLIC BOARD
28 JANUARY 2021**

MINUTES OF MEETING

Present:

Frank Collins	Chairman	FC
Mark Brandreth	Chief Executive	MB
Stacey-Lea Keegan	Chief Nurse	SLK
Harry Turner	Non-Executive Director	HT
David Gilburt	Non-Executive Director	DG
Craig Macbeth	Chief of Finance	CM
Rachel Hopwood	Non-Executive Director	RH
Paul Kingston	Non-Executive Director	PK
Chris Beacock	Non-Executive Director	CB

In Attendance:

Shelley Ramtuhul	Trust Secretary	SR
Sarah Sheppard	Chief of People	SS
Hilary Pepler	Board Adviser	HP
Nia Jones	Managing Director for Specialist Services	NJ
Laura Peill	Managing Director for Support Services	LP
Debbie Kadum	Managing Director for MSK	DK
Jo Banks	Managing Director for Clinical Support Services	JB
Richard Potter	Clinical Chair for MSK	

FC welcomed everyone to the meeting and in particular RP who was attending on behalf of SW and Sudheer Karlakki who was shadowing MB.

FC invited the Board to reflect on the pressures of Covid-19 and the impact this was having nationally, regionally and locally. The Board paused for personal silent reflection.

MINUTE NO	TITLE
28/01/1.0	APOLOGIES Steve White, Chief Medical Officer
28/01/2.0	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were accepted as an accurate record of the meeting held.
28/01/3.0	MATTERS ARISING All actions were noted to either be completed or updates were provided as follows: SS working through the details the details of the NExT Director Scheme with NHS England and looking carefully at the timing PK and SS are attending a wellbeing guardian event today and will report back ACTION: SS and PK to provide an update on the wellbeing guardian event
28/01/4.0	DECLARATIONS OF INTEREST CB declared that both his wife and daughter have undertaken work in the Vaccination Hub. The Board <i>noted</i> the declaration of interest.
28/01/5.0	PATIENT STORY – MATTHEW THOMAS, HAND SURGERY PATIENT

	<p>SLK introduced the patient story which had been pre-recorded due to Covid restrictions preventing the usual face to face interaction taking place.</p> <p>Mr Thomas explained that he had undergone a manipulation under anaesthetic with K wires inserted back in November 2021 and he had agreed to share his experience:</p> <ul style="list-style-type: none"> • The procedure had been cancelled twice which had been frustrating but overall he felt the care had received was good, the staff were friendly and helpful • He had undergone a Covid test at Shrewsbury Hospital but because of his operation being postponed he then had to have further Covid tests and had to travel to Oswestry for these • He commented on the Covid questionnaire he was asked to complete on entry to the hospital and the fact this piece of paper was touched by several people and each time given back to him • He commented on the follow up after waking up from a general anaesthetic and said he was sent home with painkillers and a leaflet about Covid, he was not advised regarding wound care and what he could and could not do and felt this could be improved • He advised that he was unable to take a taxi home after his procedure due to the general anaesthetic and whilst he understood this it would have been helpful if he had been advised of this in advance <p>FC commented he was particularly taken with Mr Thomas' observations of inter-organisational communication, the handling of paper and patient information provision.</p> <p>SLK commented that Mr Thomas' pathway was different to usual as it was a trauma pathway and therefore there was shared care with SaTH. SLK confirmed she had picked up how the communication could be improved and more patient-focussed. Furthermore, SLK confirmed the Trust has changed its practice around the handling of paper. SLK commented on the post-operative care and follow up that this should be in place regardless of whether the patient is being treated on a trauma or elective pathway and she undertook to work with the team on this and feedback to Mr Thomas.</p> <p>ACTION: SLK to look into post-operative care and follow up and feedback to Mr Thomas</p> <p>HT commented on the issue around paper handling and felt this should go beyond Covid. He asked if there are practices that have come to light through Covid that can be baked into all infection control practices. SLK confirmed that there has definitely been significant learning around infection control. The Trust has always had good practices but has thought deeper into it and some of the improvements made can only be a positive in controlling all transmissible infections going forward.</p> <p>CB commented on the number of visits to multiple areas of the hospital for a straightforward planned operation and felt this was not very streamlined. FC agreed and commented that this builds on HT's point around improving processes and streamlining.</p> <p>MB commented that Mr Thomas had been admitted through the Trauma Pathway at SaTH, this was a pathway put in place very quickly in the midst of the pandemic. He felt this was an eloquent example of why an integrated healthcare record is needed.</p> <p>FC thanked Mr Thomas for sharing his story which was <i>noted</i> by the Board.</p>
28/01/6.0	<p>CHIEF EXECUTIVE UPDATE</p> <p>MB provided an update on the following:</p>

	<ul style="list-style-type: none"> • Recognition of the staff that have been redeployed to SaTH and the other staff moved from their usual roles in response reorganising patient care and providing significant support to the vaccination programme. There is currently a consequence for patients as the Trust is not doing routine operating at the moment and as a result there will be a significant backlog of patients waiting. MB confirmed that clinically urgent cases are being maintained as well as bone cancer services, spinal injury care and spinal emergencies. MB is grateful to senior clinical colleagues, led by RP, who have categorised all patients in the county for orthopaedics to enable treatment to be provided in clinical priority order. • An overview of prevalence; in November there were 170 Covid cases per 100,000 in Shropshire and nationally 230 per 100,000, as at 22nd January, Shropshire cases stood at 329 per 100,000, Telford at 419, the Midlands at 481 and England at 386. There is suggestion of the peak passing in the South with hospital admissions just beginning to drop, this is not yet being seen in the Midlands and not in Shropshire. SaTH have 160 Covid patients in beds and their ICU is above capacity. The county is admitting a wards worth of Covid patients every single day and the numbers continue to increase. According to the modelling the peak may pass in the next week or so but the pressure is likely to be there for a considerable time more. The Trust has cancelled the lower priority cases (P3 and P4) until the end of February and the Senior Leadership Team are reviewing this on a weekly basis. • The amazing work being done across the system and nationally on vaccinations. RJAH were asked to be a hospital hub to work with primary care colleagues. At the end of last Sunday 24th January, 97% of care homes had been visited and vaccinated across Shropshire and 83% of residential homes. By mid-February there is a requirement to have vaccinated the top four priority groups. MB advised that more than half over the 80s in the county had been vaccinated and by close of play this Sunday every over 80 will have been invited for a vaccine. There are challenges with the supply of the vaccine but the whole system is working through this. • The new Chair for the CCG is being recruited and MB extended his thanks to Julian Povey for his work, • Helen Whatley, Minister of State for Social Care met with some of the students supporting the Trust's work to understand their experience <p>FC asked if there had been any resistance to having the vaccine and MB confirmed there is no evidence of this locally and the staff uptake has been positive. The Trust is working to support those of certain faith groups and the small ethnic minority groups to ensure they understand the basis of the vaccine.</p> <p>SS added that her team are working with staff to support them in accessing the vaccine and from next Monday more detailed reporting is required with regard to staff uptake and the information governance implications of this are currently being worked through.</p> <p>PK commented that in a West Midlands system call earlier it was reported that the peak was anticipated for 9th February and that there is an increasing social movement called 'the great re-opening' trying to force shops to open.</p> <p>FC endorsed MB's comments regarding Julian Povey and commented that he has taken the CCG through some challenging times and is now returning back to clinical practice.</p> <p>The Board noted the update.</p>
28/01/7.0	<p>QUALITY AND SAFETY COMMITTEE CHAIR'S REPORT</p> <p>CB presented the Chair's Report and highlighted the following:</p> <ul style="list-style-type: none"> • The Infection Prevention and Control Board Assurance Framework was discussed and good progress was noted with deployment of appropriate cautions across the

	<p>Trust. CB confirmed that new KPIs are being developed in relation to the audit of this and the Committee will look forward to seeing these.</p> <ul style="list-style-type: none"> • A Quality Report was received from the Clinical Support Unit. This was in a new format, with a clear improvement in the presentation and content of these reports which he felt was starting to demonstrate a developing maturity of management in the Units. The Committee considered some of the duplication of assurances and management of risk and felt that as the Units managing these more proactively there needs to be a look at how assurance is obtained overall to remove the duplication • It was noted that the Clinical Effectiveness Committee is being established and this links with the need to collect good quality outcome data. He is looking forward to seeing the work this committee is going to be doing going forward • There remains concern about the management of the increasing waiting list and in particular the follow up back log and any potential harms and the Committee is receiving regular reports on this. <p>FC picked up the reference to Risk management and invited comment from HT as Chair of the Risk Committee. HT commented that the movement of escalating risks between the Committees is working well with intermediate touchpoints in place if needed, he felt there were good processes in place with safety nets in place where needed.</p> <p>The Board noted the Chair's Report</p>
28/01/8.0	<p>LEARNING FROM DEATHS REPORT</p> <p>RP presented the report prepared by James Neill, Learning from Deaths Lead and Consultant Anaesthetist. RP confirmed that the report had been presented to the Quality and Safety Committee. There were two deaths during the reporting period with no concerns and good documentation noted but some opportunity for learning identified and to be presented at the next Multi-Disciplinary Clinical Audit Meeting.</p> <p>The Board noted the report.</p>
28/01/9.0	<p>INFECTION CONTROL ANNUAL REPORT 19/20</p> <p>SLK presented the Infection Control Annual Report for 2019/20 and confirmed that this had been through the Quality and Safety Committee and Infection Control Committee.</p> <p>SLK highlighted the following:</p> <ul style="list-style-type: none"> • The report outlines the improvement made through the year and touches on the challenges of Covid at the back end of the financial year • There were no cases of MRSA for 14th year running • The Trust took part in the GIRFT work on surgical site infections and the feedback is awaited • The key areas of focus for 20/21 are outlined as follows: <ul style="list-style-type: none"> ○ Continued mitigation of Covid ○ Enhancement of tissue viability expertise and wound care clinics ○ Extending the surgical site surveillance for other orthopaedic specialties ○ Digital agenda for infection control <p>CB asked about the infection control workforce issues and SLK confirmed that this has been resolved with additional recruitment into the team and sickness absence down.</p> <p>HT asked about the gaps in link nurse attendance at the Infection Control Committee and SLK confirmed that this has been addressed with clarity on roles and responsibilities and the expectation of appropriate cascade back to their teams following meetings.</p> <p>FC noted that the full impact of Covid will feature in next year's report.</p> <p>The Board noted the report.</p>

28/01/10.0	<p>INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK (BAF)</p> <p>SLK presented the BAF and reminded the Board that this was developed back in May 2020 by NHSE/I to be used as a self-assessment assurance tool</p> <p>SLK provided the following highlights:</p> <ul style="list-style-type: none"> • The CQC is using it as an assurance tool and the progress against the actions has been reviewed with them • The BAF is reviewed regularly through the Infection Control Committee and then Quality and Safety Committee • There are 10 overarching key lines of enquiry and the document helps to identify gaps and evidence what is in place • The action plan is outlined at the end of the report and is aimed at enhancing compliance • Since the report was prepared there have been four further actions signed off <p>FC commented on the timeline for completion of the actions and SLK confirmed that all actions are on track.</p> <p>The Board <i>noted</i> the report.</p>
28/01/11.0	<p>NURSING WORKFORCE ROLES PRESENTATION</p> <p>SLK briefed the Board on the work that is in progress in relation to the nursing workforce. She confirmed that there is also work underway on Allied Health Professional roles but that the focus for this presentation is on nursing.</p> <p>SLK highlighted the following:</p> <ul style="list-style-type: none"> • It is recognised that the national and regional supply of students for the next three years will be reduced • The Trust has low internal vacancy rates and is therefore in a better position than other Trusts but there is still work to do • There is a national, regional and local focus around increasing nursing and the pipeline in the NHS People plan and the System plan. • Attracting nurses and retention are the key • Looking at the needs of the patient and the skills needed • Work to maximise student capacity at RJA – there are good relationships with one or two universities and this has been extended to all universities within a larger radius around the hospital • Over 50% of the Trust's 1st year students take on substantive roles • There is a national drive to ensure zero vacancies for the healthcare support workers. The Trust has bid for pastoral care and the adverts are to go out shortly. The Trust is looking at how this can link with the Nursing Associate programme. • Registered Nurse Associate roles have been deferred to September due to current pressures • Work on apprenticeships for Registered Nurses is being done as a system and system bid has been made to increase the pipeline • There is significant ongoing recruitment between March and July with national funding secured to support on-boarding • International recruitment is underway and the Trust is linking with SaTH • The Trust is looking at the training and development for nurses, a lot of courses have been stepped down and the universities are no longer running accredited orthopaedic courses. Stafford University was the last one to run these but these have now been paused until 2022. The Trust is therefore exploring accrediting its own courses.

	<ul style="list-style-type: none"> • Clinical education and development • There is more work to do on Specialist Nurses in advanced practice <p>FC commented that accredited courses would be a great benefit to the organisation.</p> <p>SS added that the Trust is being encouraged to challenge the traditional approach to recruitment and take a flexible approach to maximise the number of people it employs.</p> <p>CB asked whether, in the context of our follow up backlog, there is a role the nursing staff could play and if consultant colleagues were on board. RP confirmed that they are on board and the Arthroplasty Team have put forward a business case for Specialist Nurses to support the work with the backlog. Tim Briggs' guidance on follow up requirements is not aligned to the local CCG position and additional clarification is being sought on this.</p> <p>The Board noted the presentation and looked forward to receiving further updates in the future.</p>
28/01/12.0	<p>PEOPLE COMMITTEE CHAIR'S REPORT</p> <p>PK presented the report from the November meeting and confirmed that since this time the full committee has been stepped down due to stress on the system. In the interim PK and SS have met on a weekly basis to ensure continued progress on the People Plan.</p> <p>PK commented that SLK's presentation had covered a lot of the operational detail and he assured the Board of the progress with the People Plan and the positive position with recruitment. In particular he commented on SS's contribution to the recruitment to the vaccine hub which has been outstanding in a short time period.</p> <p>CB commented on the vaccine hub only running to March 2021 and SS confirmed that things have moved on with significant recruitment ongoing. SS confirmed that 2000 applications had been received and 500 offers of employment made as the Trust is now recruiting for the whole system not just the RJAH hub.</p> <p>The Board noted the report.</p>
28/01/13.0	<p>GUARDIAN OF SAFE WORKING HOURS REPORT</p> <p>RP presented the report prepared by Chris Marquis, Guardian of Safe Working Hours and Consultant Orthopaedic Surgeon. RP confirmed that this report goes through the People Committee.</p> <p>RP highlighted the following:</p> <ul style="list-style-type: none"> • The report outlines the responsibilities of the Guardian • No exception reports were raised for the reporting period • Covid has impacted on work patterns and training • No junior doctor forum has occurred despite attempts to do this virtually <p>MB commented on the Registrars rotating and whether at a future Board it might be worth asking Rob Banerjee, Consultant Orthopaedic Surgeon and a Registrar to come along and talk through their experience.</p> <p>ACTION: Invite Rob Banerjee and a Registrar to a future Board</p> <p>HT asked how the Trust benchmarks against other organisations.</p> <p>MB confirmed that this is a nationally mandated report and for a busy District General Hospital with more junior doctors this is a really big issue. The issues for Trust are slightly different and the rotation is highly regarded.</p>

	<p>CB asked about the ceasing of elective activity and the Deanery view of the impact on training. RP advised that there has been a significant impact and this is a national problem, the gift of training has been extended as a means of mitigating this.</p> <p>The Board <i>noted</i> the report.</p>
28/01/14.0	<p>AUDIT COMMITTEE CHAIR'S REPORT</p> <p>DG presented the Audit Committee Chair's Report for the meeting held on 11 January and highlighted the following:</p> <ul style="list-style-type: none"> • The Committee reviewed in some detail the revisions to Standing Financial Instructions and Scheme of Delegation • The Committee received and considered a report on consultant job planning noting that due to Covid the progress had been slower than hoped but the actions were to be overseen by the People Committee going forward. <p>SS confirmed that it is on the People Committee agenda.</p> <p>The Board <i>noted</i> the report.</p>
28/01/15.0	<p>FINANCE PLANNING AND DIGITAL COMMITTEE CHAIR'S REPORT</p> <p>RH confirmed that the Committee had met two days prior she highlighted the following:</p> <ul style="list-style-type: none"> • KR presented the Performance Report and the improvement in activity in November as part of the restoration plan was commended. • CM provided an update on the financial plan and the ceasing of elective work was noted along with the impact on income. The Committee was advised that the Trust was currently on plan due to the work to contain costs. • Provision had been made for the Welsh income loss and under performance in English income was noted but NHS E/I were providing support for this • An update was received on the conversations around EPR and extra funding streams and it was noted that this was progressing towards to a business case • An update was provided on the rollout of Microsoft 10 rollout update and it was noted that only a small number had not been converted with extended support in place until the migrations are complete <p>The Board <i>noted</i> the report.</p>
28/01/16.0	<p>PERFORMANCE REPORT</p> <p>KR presented the Performance Report for December and highlighted that this was the last full month of restoring services. The Trust began cancelling elective services from 11 January in order to support the mutual aid requirement of the system and the trajectories indicated should therefore be considered void as they were calculated prior to this change. KR confirmed that all activity plans were met for December except for MRI activity.</p> <p><i>Caring for Staff</i></p> <p>SS highlighted the following:</p> <ul style="list-style-type: none"> • Absence rates are above target but not a cause for concern given the current situation. Daily monitoring is in place both in relation to Covid and non-Covid and the Trust is currently managing well • There is a focus on staff wellbeing. The team are working with senior nursing colleagues to ensure support is available to those staff that have been redeployed • Turnover is slightly above target but not of concern <p><i>Caring for Patients</i></p> <p>SLK highlighted that a Serious Incident was reported during December in relation to a hospital acquired grade 3 pressure ulcer. The investigation is in its initial stages however it is very likely the ulcer was pre-existing, however, there were three contacts when full</p>

	<p>assessment and documentation were not completed, the investigation is ongoing. FC noted there were no unexpected deaths</p> <p>JB highlighted the following:</p> <ul style="list-style-type: none"> • Five out of the six cancer targets were met for November. The target missed was in relation to the 62 day standard and this related to two patients. Both cases were on a shared pathway. RJAH was reported as partly accountable; however, this has been challenged as the Trust's contribution to the pathway was timely. There was a 2.1% improved performance on 28 day faster diagnosis standard • 18 weeks RTT open pathways have seen a small improvement at 55.6% and clinical prioritisation is ongoing. The total number of breaches reduced by 86 reducing from 4935 at the end of November to 4849 at the end of December. • English Patients waiting over 52 Weeks stood at 687 an increase of 147 since November. Data validation and review of potential harms is ongoing. The number of patient waiting has increased and the number of those waiting over 52 weeks will continue to grow based on planned activity for the remainder of the year. • Welsh Patients waiting over 52 Weeks stood at 528 patients an increase of 75 compared to last month. Again work is ongoing to validate the data and assess any potential harm. • 6 week wait for English and 8 week Welsh diagnostic targets were below expected performance with a deterioration of 5.4% on English and 2.1% Welsh. Work is underway to understand why patients are cancelling or not attending • Total elective theatre activity for December was 78% compared to 19/20 and 107% of plan. There has been a sustained and improving performance since September. Regrettably, the most recent phase of the pandemic will impact on the January performance with a focus on P1 and Urgent P2 patients and a pausing of P3 and P4 patients. The January activity is down to 367 which is 37% compared to 19/20 and 46.9% against plan and the forecast is for 39% of pre-Covid activity to be achieved. • Bed occupancy is below target levels at 75.8% but this is linked to lower activity levels. • Outpatients activity was as follows: <ul style="list-style-type: none"> ○ Above plan at 100.7% which was just under 80% of activity compared to 19/20. This was due to increased clinics and extended hours. ○ DNA rates slightly increased by 0.7% to 6.8% for December which is above the target of 5%. The trend continues with a slight worsening through January relating to the national response to the pandemic and public confidence. ○ Looking forward for Jan the most likely position is between 72-75% and the focus is on calling patients and bringing extra staff in to regain patient confidence. ○ MRI activity is forecast to be 110% of plan and ultrasound is forecast to be 77% of plan. The ultrasound activity is being impacted by annual leave and shielding. <p>MB commented that outpatient are still being seen but this has been dramatically scaled back to move staff onto inpatient care. It is nice to hear some of the Clinical Leads talk about the fantastic work this were doing to work through their follow up backlogs.</p> <p>CB there have been long discussions at the restoration meetings with a focus on outpatient activity. What is not yet clear is the impact of this on the size of the patient waiting list and what level of activity is necessary to start to reduce it.</p> <p>JB advised as the activity in Theatres has changed the Consultants are looking at the overdue follow ups, there is a further meeting this afternoon to look at the impact and ensuring harms reviews are completed where applicable. The work has been being undertaken for some time but she is now looking at the reporting of this. KR commented that the Trust was previously in restoration which was about restoring services and the work CB is talking about is recovery. The Trust is currently working through the options of restart and recovery.</p> <p>DG commented that whilst looking at the staging of recovery there is a need to reflect on what KPIs are being used and ensure that it is captured that the % of plan is against a</p>
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	<p>lesser % of activity. MB commented that elective care is in an incredibly difficult place, more than half of the backlog is orthopaedics and the Trust is feeling the same impact as others. The Trust will be measured in relative terms against others and he would therefore not wish for there to be any sense that the Trust is in a worse than anywhere else. This is a long term issue.</p> <p><i>Caring for Finances</i> CM highlighted the following:</p> <ul style="list-style-type: none"> • The Trust remains on track to achieve a break even position with less support anticipated as needed from system, £0.5m • Income is block funded but there are some adjustments likely to be transacted from Wales and an increased risk provision has been made • The English incentive scheme is not going to be transacted at this stage but when it is it will be done at a system level • Vaccination costs were nominal in December but likely to step up considerably over the next few months as the lead employer. All costs will be rechargeable but will appear on the Trust's cost base. <p>FC asked if the vaccine costs would be an exceptional line and CM confirmed they would be.</p> <p>The Board <i>noted</i> the report.</p>
28/01/17.0	<p>ANNUAL PLAN PLANNING KR asked the Board to note the attached correspondence in relation to planning for the rest of the financial year and 2021-22. KR highlighted the following:</p> <ul style="list-style-type: none"> • Q1 2021/22 is expected to be a roll-over of current plans with plans required for the remaining 3 quarters. • Responding to Covid demand has been enacted together with implementation of the vaccine programme • The focus for 2021-22 will be on recovery, an expectation to grow workforce, equality diversity and inclusion, health and wellbeing support and orthopaedic activity • The focus on clinical prioritisation continues • This year should be viewed as 15 months and next year as 9 months • The Trust is modelling what the future will look like, the strategic options and the timeline for recovery; this will be covered at the Strategy Board in February. <p>FC commented on the need to consider the Trust's strategy both as an individual organisation and as a system.</p> <p>CM commented on the focus on system finances and the new financial system level framework that is in discussion to route map a recovery of the £134m deficit. In this regard the Trust will need to consider its role in supporting recovery of the system financial situation.</p> <p>The Board <i>noted</i> the report.</p>
28/01/18.0	<p>STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION CM presented the annual refresh of the Standing Financial Instructions and Scheme of Delegation and confirmed these had been reviewed by the Audit Committee</p> <p>The Board <i>approved</i> the documents.</p>
28/01/19.0	<p>GOVERNORS UPDATE SR confirmed that that the Governor meetings with the Senior Independent Director have continued and continue to be well received by the Governors. The Governor surgeries continue to be impacted by Covid.</p>

	<p>The Trust will shortly be embarking on Non-Executive Director recruitment which the Governors will be involved in</p> <p>Finally, the Trust is currently in discussions with the Electoral Reforms Service regarding the elections required in June and a timetable will be presented at the next Council of Governors.</p> <p>The Board <i>noted</i> the update.</p>
28/01/20.0	<p>OCKENDON REPORT</p> <p>MB highlighted some of the themes that will be put on the agendas of the next People and Q&S Committees</p> <p>The Board <i>noted</i> the report.</p>
28/01/21.0	<p>QUALITY AND SAFETY COMMITTEE CHAIR'S REPORT (NOVEMBER MEETING)</p> <p>The Board was presented with a written report of the Quality and Safety Committee meeting to supplement the verbal report provided during November's meeting of the Board.</p> <p>The Board <i>noted</i> the report.</p>
28/01/22.0	<p>AOB</p> <p>MB confirmed that the Health Hero for the month was Kenna Blackburn, Librarian; she was nominated for keeping staff up to date through the journal group in particular in relation to Covid.</p>
28/01/23.0	<p>QUESTIONS FROM THE PUBLIC</p> <p>None</p>
	<p>DATE OF NEXT MEETING IN PUBLIC:</p> <p>Thursday 25 March 2021 11.00 via Teams</p>
	<p>CHAIRMAN'S CLOSING REMARKS</p> <p>FC thanked everyone for their contribution and closed the meeting.</p>

28 JANUARY 2021

SUMMARY OF KEY ACTIONS

Outstanding Actions from Previous Meetings	Lead Responsibility	Progress
Actions from Last Meeting	Lead Responsibility	Progress
28/01/3.0 MATTERS ARISING SS and PK to provide an update on the wellbeing guardian event	SS and PK	Verbal update to be provided under matters arising
28/01/5.0 PATIENT STORY SLK to look into post-operative care and follow up and feedback to Mr Thomas	SLK	Completed- letter written to the patient
28/01/13.0 GUARDIAN OF SAFE WORKING HOURS Invite Rob Banerjee and a Registrar to a future Board	SR	Invitation issued for April Board

Chair's Assurance Report
Quality and Safety Committee**0. Reference Information**

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 th March 2021
Executive Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

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

This paper provides an outline of the Quality and Safety Committee Agenda for the meeting of 18th March 2021. This will support the verbal report provided by the Non-Executive Chair of the committee.

2. Executive Summary**2.1 Context**

The Board of Directors has delegated responsibility for the oversight of patient safety and quality to the Quality and Safety Committee. This Committee is responsible for seeking assurance on the quality and safety of the services it delivers in order that it may provide appropriate assurance to the Board.

2.2 Summary

Due to the timing of the committee it is not possible to provide a paper Chair's Report. The Non-Executive Director Chair of the committee will provide a verbal report covering the attached agenda from the committee.

2.3. Conclusion

The Board is asked to note the agenda and that a verbal report will be provided during the meeting.

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams Meeting	18/03/21		14:00
1. Introduction			14:00
1.1. Apologies		All	14:01
1.2. Minutes from the previous meeting		Chris Beacock	14:02
1.3. Action Log / Matters Arising		Chris Beacock	14:04
1.4. Declaration of Interests		All	14:06
2. Caring for Patients			
2.1. Serious Incidents, Never Events & Learning from Incidents		Shelley Ramtuhul	14:07
2.2. Managing Our Patients Waiting		Jo Banks	14:12
3. Committee Management			
3.1. MSK Unit Quality Report		Ian Maclellan/Jo Banks	14:22
3.2. Board Assurance Framework & Corporate Objectives		Shelley Ramtuhul	14:32
3.3. Integrated Performance Report		Stacey Keegan	14:37
4. Items For Review/Approval			
4.1. Radiation Safety Policy		Eric Hughes/Louise Arnold	14:42
4.2. Food & Hydration Strategy		Sian Langford	14:47

Continued on the next page...

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams Meeting	18/03/21		14:00
5. Items to Note:			
5.1. Chair Report from Research Committee		Jo Banks	14:52
5.2. Chair Report from Patient Safety Committee		Stacey Keegan	14:53
5.3. Chair Report from Safeguarding Committee		Stacey Keegan	14:54
5.4. Chair Report from Infection Control Committee		Stacey Keegan	14:55
5.5. Performance Improvement Meeting Minutes and Actions		Stacey Keegan	14:56
5.6. Review of the Workplan		Chris Beacock	14:57
5.7. Attendance Matrix		Chris Beacock	14:59
5.8. Top Risks		All	15:00
6. Any Other Business			15:01
6.1. Next Meeting: Thursday 15th April 2021 at 2pm			

Independent review of NHS Hospital Food

0. Reference Information

Author:	Sian Langford	Paper date:	25/03/2021
Executive Sponsor:	Laura Peill	Paper Category:	Quality & Safety
Paper Reviewed by:	SLG	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

To summarise the independent review of NHS Hospital food and its associated recommendations.

2. Executive Summary

2.1. Context

Following an outbreak of listeriosis in 2019, the Health Secretary of State announced this 'root and branch' review of food served and sold in hospitals. Published in October 2020, the review makes recommendations on how NHS Trusts can prioritise food safety and provide more nutritious meals to staff, visitors and patients.

2.2. Summary

The report highlights that regardless of the model of food delivery, there are four key elements that successful hospitals have in common:

- A whole hospital approach – Food is integrated into the life of the hospital, treating the restaurant as its hub & recognising the importance of caterers as part of the hospitals care and treatment.
- A Chief Executive who leads change and understands the value of food and nutrition
- They concentrate on the things people care about – good food served in an attractive environment.
- They integrate multi-disciplinary working – bringing together catering, dietetics and nursing to improve nutritional outcomes for patients.

The report notes that NHS Trusts need to recognise their legal obligations in regards to food safety, and that this understanding is key to regaining public confidence in the standards maintained throughout their services.

The review makes the following 8 recommendations for system led change to improve staff and patient health and wellbeing through hospital food:

1. Catering staff support: introduce professional qualifications and standards for hospital caterers, provide more training and reward excellence with pay progressions.
2. Nutrition and hydration: ensure importance of food services is understood and integrated within patient recovery, hospital governance and staff training.
3. Food safety: ensure food safety through open communication channels to address safety concerns, by appointing food safety specialists and upholding standards.
4. Facilities: provide funding to equip and upgrade hospital kitchens, provide 24/7 services for staff and patients, and prioritise providing health-enhancing meals.

Independent review of NHS Hospital Food

5. Technology: every hospital should implement a digital meal ordering system by 2022 to collate food choices, manage allergies and diets, and minimise waste.
6. Enforcing standards: food and drinks standards should be statutory and inspected by the CQC, a forum should be established to share exemplary best practice.
7. Sustainability and waste: ensure government food procurement standards are upheld, NHS trusts should agree a common method of monitoring food waste.
8. Going forward: establish an expert group of hospital caterers, dietitians and nurses to monitor progress, accountable to the Secretary of State for Health and Social Care.

These system wide recommendations are complemented by a 'checklist' for Trust Catering Managers and Chief Executives (Appendix 1), acting as a benchmark with a view to actioning change and improving the quality of food for patients, staff and visitors.

The checklist covers accountability, facilities and environment, training needs, procurement models and standards budget considerations as well as specific quality and safety indicators.

Not limited to what food is served, the review highlights the importance of hospital food being considered across the board – from encouraging communal dining areas, to linking in with the community to drive system changes, ring-fencing catering budgets to ensure quality, locally sourced food is advocated and multi-disciplinary training in both food safety and nutrition. It does not focus only on patient food, but offers guidance on provision of staff and visitor catering also.

2.3. Conclusion

The government has announced it will establish an expert group of NHS Caterers, dietitians and nurses to take forward these recommendations made in the report and decide on next steps. This expert group will be supported by 10 'Exemplar Trusts', who have demonstrated they provide a high quality food service to their patients, explored innovation and will be able to provide case studies and mentorship to ensure consistent standards are achieved across the country.

The innovation and improvement driven by this group, alongside the proposed funding package, will support the updated National Standards for NHS Food, which will be presented for legislative approval in early 2021.

RJAH has been approached, and has eagerly accepted, the opportunity to become one of the Exemplar Trusts. As well as allowing us to share good practice, being at the forefront of discussion affords the opportunity to ensure the Trust anticipates the legislative changes, taking steps to incorporate these into the Trust Food & Hydration strategy and associated future plans.

Progress against the Food & Hydration strategy, and once published, the NHS food Standards will be monitored by the Nutrition & Hydration Steering Group. The group will self-assess against these standards and prioritise implementation of work to meet these standards accordingly.

The board are asked to note the content of this summary report, and support the ongoing implementation of recommendations set out by the National Food Review.

A checklist for trust catering managers and chief executives

This is a brief guide for hospital catering managers, chief executives and boards, which every hospital can benchmark against with a view to actioning change, and improving the quality of its food for patients, staff and visitors.

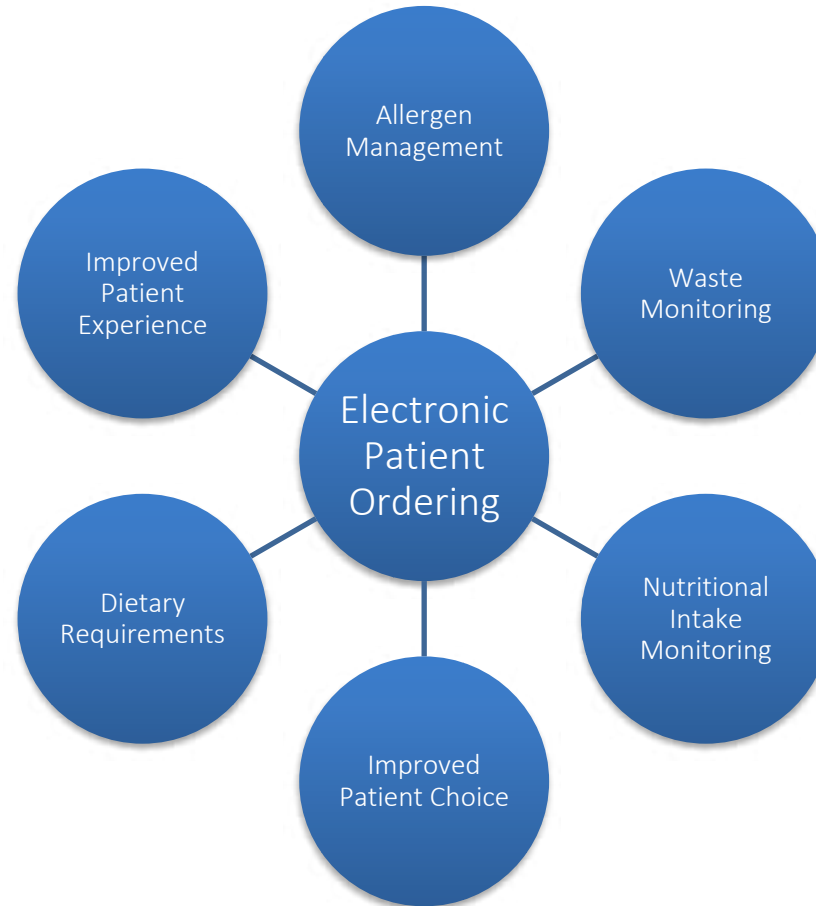
- Appropriate person nominated at board level to champion food, including safety and nutrition
- Food must be a standing item on board agendas and trusts should each have an up to-date food and drink strategy and action plan.
- The same food served to patients should be regularly offered in staff/visitor restaurants (with any divergence justified by needs).
- Accountability for the entire food service operation from 'farm to fork' in food services should sit within catering teams.
- Patient food should be adaptable and patient focused with consideration of dietary need and patient preference.
- All hospital catering services to phase in the use of attractive ceramic crockery.
- Communal dining, away from a patient's bed, should be encouraged whenever possible.
- Ensuring hydration through access to water 24/7 as well as suitable beverages such as tea, coffee (including decaffeinated) or fruit infusions for all patients, staff and visitors.
- Understand and achieve a buying solution that endorses buying British where possible and where it provides demonstrable local social and economic value and environmental benefits.
- Caterers must aim to reduce their carbon footprint.
- Caterers must measure food waste and strive to reduce it.
- Hospitals and caterers should foster closer links with the community, recognising the hospital's role as an anchor institution in the community, looking for ways in which to donate or repurpose surplus food safely, for example via food banks or working with homeless charities.
- Hospitals should engage with other organisations, such as local catering colleges or their local Sustainable Food City to share best practice and amplify their impact.
- Every hospital must have an active membership of helpful professional associations, for example BDA (in particular the Food Services Specialist Group) and HCA.
- Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced.
- Constant effort will be devoted to engaging all catering staff in a common mission to do a good job.
- Catering staff must be well treated to ensure they enjoy their jobs.
- Good and inspiring training at all levels (from in-service nutrition for doctors, to food safety essentials for all involved in food provision including ward staff and volunteers) should be normal practice.
- Consideration should be given to adapting mealtimes to prevent long gaps between services.
- Out of hours menu 24/7 that includes hot meal and cold snack provision for patients, staff and visitors including special diets and children's options.
- All hospitals should aspire to achieve 5 stars under the Food Standards Agency Food Hygiene Rating Scheme and maintain a minimum of 4 stars.
- Soup and sandwiches must not be served as the only meal choice in inpatient settings due to the inability of this option to meet the requirements of nutritionally vulnerable hospital patients. An alternative hot option must always be available.
- Minimum of two high-quality snacks offered to patients between meals (one in the evening) to support additional nutritional requirements; and must include those for healthier eating, higher energy, vegetarian, easy to chew, vegan, cultural, special and modified texture diets. Healthier snack options for different diets must also be available for staff and visitors.
- Poor-quality products should not be in use in hospital settings, for example whisk and-serve style non-nutritious soups.

Independent Review of NHS Hospital Food

8 System Recommendations

- Catering Staff Support
- Nutrition & Hydration
- Food Safety
- Facilities
- Technology
- Enforcing Standards
- Sustainability & Waste
- Going Forward

Electronic Patient Ordering



Aspiring to deliver world class patient care

1. Part Two - Public
2. Patient Story
3. Chief Executives
4. Quality & Safety
5. People Update
6. Performance &
7. To Note
8. Any Other Business

Action for Trusts

Appropriate person nominated at board level to champion food, including safety and nutrition.	✓
The same food served to patients should be regularly offered in staff/visitor restaurants.	✓
Patient food should be adaptable and patient focused.	✓
All hospital catering services to phase in the use of attractive ceramic crockery.	✓
Ensuring hydration through access to water 24/7 as well as suitable beverages for all patients, staff and visitors.	✓
Use buying solution that endorses buying British where possible.	✓
Caterers must aim to reduce their carbon footprint.	✓
Hospitals should engage with other organisations, such as local catering colleges to share best practice and amplify their impact.	✓
Every hospital must have an active membership of professional associations e.g. BDA and HCA.	✓
Constant effort will be devoted to engaging all catering staff in a common mission to do a good job.	✓
Catering staff must be well treated to ensure they enjoy their jobs.	✓
Consideration should be given to adapting mealtimes to prevent long gaps between services.	✓
All hospitals should aspire to achieve 5 stars Food Hygiene Rating and maintain a minimum of 4 stars.	✓
Soup and sandwiches must not be served as the only meal choice in inpatient settings.	✓
Minimum of two high-quality snacks offered to patients between meals (one in the evening)	✓
Poor-quality products should not be in use in hospital settings, for example whisk-and-serve style non-nutritious soups.	✓

Action for Trusts

Food must be a standing item on board agendas and trusts should have an up- to-date food and drink strategy.	✓
Accountability for the entire food service operation should sit within catering teams.	✓
Communal dining, away from a patient's bed, should be encouraged whenever possible.	✓
Caterers must measure food waste and strive to reduce it.	✓
Hospitals and caterers should foster closer links with the community, recognising the hospital's role as an anchor institution.	✓
Good and inspiring training at all levels (Including nutrition for doctors, to food safety for all involved in food service).	✓
Out of hours menu 24/7 that includes hot meal and cold snack provision for patients, staff and visitors.	✓
Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced.	✓

National Staff Survey 2020

0. Reference Information

Author:	Sue Pryce Head of People	Paper date:	25th March 2021
Executive Sponsor:	Sarah Sheppard Chief People Officer	Paper Category:	Performance
Paper Reviewed by:	Trust Board	Paper Ref:	
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1.1 Purpose of Paper

This report provides an analysis of the results of the 2020 NHS Staff Survey for RJA Hospital and shares the next steps to be taken to ensure that there is positive action to respond to the findings.

1.2 Summary

Headlines for 2020

- Three of the ten themes **improved** – Health and wellbeing, relationships with immediate managers, and morale.
- Two of the themes **worsened** – Quality of care and violence.
- The remaining 5 themes remained stable.

There were many positive results from survey

- Percentage of staff that would recommend the organisation as a place to work
- Percentage of staff that would be happy with the standard of care provided by the organisation if a friend or relative needed treatment
- Percentage of staff that consider care of patients/service users is the organisations top priority
- Responses to questions associated with morale received the highest scores within our benchmark group

But there remain challenges for us and where we will target our improvement work during the next 6 months:

- Percentage of staff feeling they know who the senior managers are
- Percentage of staff who feel communication between senior managers and staff is effective
- Insufficient action to improve health and wellbeing
- Taking action to ensure errors/incidents don't happen again
- Confidence the organisation takes action on concerns raised by patients/service users

1.3 Conclusion

The Board are asked to note the findings of the survey and the proposed action to respond to the findings.

National Staff Survey 2020

1. The Main Report

1.1. Introduction

The NHS Staff Survey 2020 results for RJAH have now been published and this report provides Trust Board with a briefing of key learning from this year's results.

The 2020 NHS Staff Survey was conducted during the period 5 October to 27 November 2020. Although the response rate was lower compared with the previous year, we achieved a response rate of 57%, with 500 members of staff participating in this year's survey.

Our survey results are benchmarked against 14 other acute specialist Trusts; and continue to be reported under the following themes:

- Equality, Diversity & Inclusion
- Health and Wellbeing
- Immediate Managers
- Morale
- Quality of care
- Safe Environment (bullying and harassment)
- Safe environment (violence)
- Safety culture
- Staff engagement
- Team Working

The results of all participant organisations are collated to provide a national set of results, which are also shared through this report.

As well as its own set of scores, for the purposes of further analysis, RJAH was placed into a comparator group of Acute Specialist Trusts, which contained the results of nine organisations.

1.2. Headline Results

The key headline results for the local survey were:

- Three of the ten themes **improved** – Health and wellbeing, relationships with immediate managers, and morale.
- Two of the themes **worsened** – Quality of care and violence.
- The remaining 5 themes remained stable.

The key headline results for the national staff survey were:

- Nationally three of the ten themes improved – health and wellbeing, bullying and harassment and violence
- One of the themes worsened – team working
- The remaining 6 themes remained stable

The table gives the actual 2020 and 2019 scores against each theme.

National Staff Survey 2020

Theme	2019	2020	Movement
Equality, diversity and inclusion	9.4	9.4	No change
Health and wellbeing	6.6	6.7	Improvement
Immediate managers	7.0	7.2	Improvement
Morale	6.6	6.7	Improvement
Quality of appraisals	5.6		
Quality of Care	8.0	7.9	Deterioration
Bullying and harassment	8.4	8.4	No change
Violence	9.9	9.8	Deterioration
Safety culture	7.0	7.0	No change
Staff Engagement	7.5	7.5	No change
Team Working	6.9	6.9	No change

Overview of theme results

The chart below illustrates the 2020 scores in comparison to the average, best and worst within the benchmark group of acute specialist Trusts



2.3 Detailed Themed Analysis

The ten themes provide a high level overview of the results of the Trust. The following takes key question results that fed into each theme

2.3.1 Equality and Diversity

The overall themed score remained stable at 9.4. The national score also remained stable at 9.0. Best within the benchmark group was 9.5.

National Staff Survey 2020

RJAH achieved the best benchmark with only 1.7% of staff personally experiencing discrimination at work from patients or service users.

2.3.2 Health and Wellbeing

The overall themed score rose to 6.7 from 6.6 last year. The national score increased from 5.9 to 6.1. Best within the benchmark group was 6.8.

RJAH achieved the best benchmark score in the 2020 survey to the question “In the last 3 months have you ever come to work despite not feeling well enough to perform your duties”, with 38% of staff selecting yes, compared to 46% nationally.

There was an increase in satisfaction in the opportunities for flexible working patterns.

There was worsening in staff feeling that the trust takes positive action on health and wellbeing, with a score of 36.6% which was slightly below average. Nationally this score improved by 4.1% to 33.4%.

There was an increase in staff reporting they had felt unwell as a result of work related stress in the last 12 months, up to 35.5% from 32.9% in 2019. Nationally this was 44%.

No change in score from last year in terms of staff experiencing MSK problems as a result of work related activities, which was reported at 21.7%. Nationally this increase by 1.3% to 29.3%

2.3.3 Immediate Managers

The overall themed score rose from 7.0 to 7.2. The national score remained stable at 6.9. Best in benchmark group was 7.3.

Improvement seen in all questions relating to relating relationship with immediate managers and a particularly strong increase in immediate managers taking positive interest in health and wellbeing increasing by 4% (70.6% to 74.6%) with only a 0.6% increase nationally to this question.

The Trust scored best in benchmark group for immediate managers giving clear feedback.

2.3.4 Morale

Our overall themed score for morale rose from 6.6 to 6.7, and making us best in the benchmark group within this theme. The national score remained stable at 6.2.

Our scores were best in the benchmark group for the following questions

- “I often think about leaving this organisation” - 18.8% agreed or strongly agreed
- “I will probably look for a new organisation in the next 12 months” - 12.3% agreeing or strongly agreeing
- “As soon as I can find another job, I will leave this organisation” – 8.3% agreeing or strongly agreeing

Those never or rarely experiencing unrealistic time pressures increased to 34% from 31.4%

There was a worsening in responses to the question “I receive the respect I deserve from my colleagues at work” which scored 72.7%, down from 73.5%. This score remained stable nationally at 71.4%.

2.3.5 Quality of Care

Our overall themed score for quality of care deteriorated to 7.9 from 8.0. The national score remained stable at 7.5. Best in benchmark group was 8.1.

Those agreeing or strongly agreeing that their role makes a difference to service users reduced from 93.4% in 2019 to 90.1% in 2020.

2.3.6 Bullying and Harassment

Our overall themed score for bullying and harassment remained stable at 8.4. The national score saw an improvement from 8.0 to 8.1. Best in benchmark group was 8.7.

Experience of at least once incident of bullying, harassment or abuse at work from managers in the last 12 months are dropped for the second consecutive year and is average with our benchmark group at 11.6% (benchmark average 11.3%). The best within the benchmark group is 7.2%.

However experience of at least one incident of bullying and harassment from colleagues remained stable at 20.2%, and is 8.7% above the benchmark best.

2.3.7 Violence

Our overall themed score for Violence improved from 9.8 to 9.9 and making us best within our benchmark group. The national score also increased from 9.4 to 9.5.

Although an improvement, there was an increase in those staff saying they have experience at least one incident of violence in the last 12 months from patients/service users or the public with 5.9% of respondents personally experience physical violence in the last 12 months.

2.3.8 Safety culture

Our overall themed score for safety culture remained stable with a score of 7.0. The national score also remained stable with a score of 6.8. Best in the benchmark group scored 7.5.

76.2% of staff agreed that they feel secure raising concerns above clinical practice. This score has continued to improve since the 2016 survey.

73.9% felt that the organisation takes action to ensure when errors, near misses, or incident are reported they do not happen again, compared with 75.1% last year. Similarly 61.1% of staff agreed they were given feedback about changes made in response to reported errors, compared with 63.2% in 2019.

2.3.9 Staff engagement

Our overall themed score for staff engagement remained stable with a score of 7.5. The national score also remained stable with a score of 7.0. Best in benchmark group scored 7.7.

The number of staff who:

- Look forward to going to work has decreased by 3%
- Are enthusiastic about their job has decreased by 4.7%
- Feel that time at work passes quickly has decreased by 4.6%

National Staff Survey 2020

Comparison with the national responses to the same questions

- Look forward to going to work has decreased by 0.8%
- Are enthusiastic about their job has decreased by 1.8%
- Feel that time at work passes quickly has decreased by 1.3%

2.3.10 Team working

Our overall theme score for team working remained stable with a score of 6.9. The national score saw deterioration in score from 6.6 to 6.5. Best in benchmark group scored 7.0

Staff agreeing that the team they work in had a set of shared objectives was 77.4% (77.3% in 2019) and those agreeing that the team they work in often meets to discuss the team's effectiveness was 63.7% (63.4% in 2019). Percentages were both above the benchmark average.

2.4 Questions results

No all questions are linked to the themed results, the following are particularly drawn out from this year's results:-

Strengths

- I would recommend my organisation as a place to work – 79.1% (best in benchmark 79.4%)
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation - 95.5% (best score in benchmark)
- Care of patients/services users is my organisation top priority – 87.3% (best in benchmark 91.8%) The national score is 79.5%
- I get recognition for good work – 62.7% (best in benchmark 65.2%)
- There are frequent opportunities for me to show initiative in my role – 74.8% (best in benchmark 77.8%)

Challenges

- I know who the senior managers here are – 79.3% and worst in benchmark group
- Communication between senior management and staff is effective – 39.7% (worst in benchmark 37.4%)
- When errors, near misses or incident are reported, my organisation takes action to ensure that they do not happen again – 75.9% (worst in benchmark 71.1%)
- My organisation acts on concerns raised by patients /service users – 82.6% (worst in benchmark 80.1%)

1.3. Next steps

We have drawn the key results into a single concise document which describes

- What is the 2020 story and what evidences this story
- What we want to start or continue doing
- What deliverables might look like

This document is included at appendix 1. The deliverables included are intended to complement the actions contained within our People Plan.

1.4. Recommendation

The Trust Board are asked to **note** the contents of this report.

1. Part Two -
2. Patient Story
3. Chief
4. Quality &
5. People
6. Performance &
7. To Note
8. Any Other

Appendix 1 - Staff Survey 2020

Cells highlighted green illustrate the positive story we have to tell from this survey. We will tell that story externally as well as internally to our staff – and identify actions to ensure standards are maintained or improved even further.

Cells highlighted purple illustrate areas we have targeted for improvement work, based on the feedback in this survey. Actions are identified to set out how we will look to begin addressing these areas.

We have grouped these findings into four areas, creating a story that is clear and compelling for all audiences.

Story we want to tell	Evidence by (<i>Staff Survey questions</i>)	What we want to start or continue to do	Deliverables
We will continue to make RJAH a great place to work	<ul style="list-style-type: none"> Recommend RJAH as a place to work Felt patients/ service users are RJAH's top priority Standard of care provided by RJAH <p><i>(Above three are regarded as the 'headline' questions. We do well in all three on a consistent basis and will call this out in external comms)</i></p> <ul style="list-style-type: none"> Have all materials needed for work (constant increase over last five years) 	<ul style="list-style-type: none"> We will continuously shift our cultural standpoint to be one of inclusivity, learning, and openness. We will continue to put our patients and service users at the heart of all we do to make sure the highest standard of care is maintained. 	<ul style="list-style-type: none"> EDI programme of work Workshops such as Forgiveness/ Reconciliation, Compassionate Conversations, Being Curious, and Improvement Masterclasses
Despite the disruption brought by Covid-19, we have adapted and thrived by working together as a team during this challenging period	<ul style="list-style-type: none"> Highest in the benchmark group morale for all staff including redeployed and working from home Clear feedback, support, and takes positive interest from immediate manager (constant increase over last five years) Able to meet all conflicting demands (constant increase over last four years) Gets recognition for good work (constant increase over last four years) Lots of opportunities to show initiative and improve 	<ul style="list-style-type: none"> We will continue to provide support for our redeployed staff so that they transition safely back to RJAH. We will continue to listen and work with you on your ideas for improvement opportunities to benefit you, your team, and your patients. We will work with line managers, to co-design a set of best practise guidelines to enable you to work safely and productively, physically and emotionally, wherever you are. 	<ul style="list-style-type: none"> Post covid-19 supportive process Improvement framework Cross department improvement programmes e.g. ODFU in OP Continued MB's Managers briefing

<p>You said you would like communications to be better from Senior teams so that we are all better connected and invested in the goals of the Trust.</p>	<ul style="list-style-type: none"> • Don't know who Senior Managers are (constant increase over last three years) • Communication between Senior Managers and staff not good (constant increase over last three years) • Staff not able to influence decisions (constant increase over last three years) • Felt RJAH not taking actions or give feedback on actions/ incidents (constant increase over last three years) • Felt RJAH not address concerns raised by patients/ service users 	<ul style="list-style-type: none"> • We will undertake listening/focus groups to understand why and to develop an action plan with you to address this, and feed this back to you. • We will roll out coaching training to our Senior Managers to ensure communication is supportive, clear, and effective. • We will put a feedback framework in place, such as After Action Reviews and Action Learning Sets, to ensure feedback and learnings are feedback to you. 	<ul style="list-style-type: none"> • Increased access to coaching. • AAR Toolkit and learning sessions. • ALS Toolkit and learning sessions. • Focus groups • Action plan, implementation, feedback
<p>You are worried about your health and wellbeing in your workplace.</p>	<ul style="list-style-type: none"> • Stress-related sickness (constant increase over last three years) • Decrease in motivation and enthusiasm for the job (constant decreases over last two and three years, respectively) • No significant changes in bullying and harassment, but bullying and harassment from colleagues is 8.7% above national best 	<ul style="list-style-type: none"> • We will make sure you have access to psychological support to ensure your mental wellbeing is looked after. • We will create a safe space, such as Virtual Common Rooms, for staff to seek peer-to-peer support and contact with one another. • We have appointed a Wellbeing Guardian to help improve your wellbeing and hold the organisation to account for its action to improving the wellbeing of its people 	<ul style="list-style-type: none"> • Virtual Commons Rooms • Appointment of Wellbeing Guardian

Chair's Assurance Report Policy Committee – 15 March 2021

0. Reference Information

Author:	Shelley Ramtuhul Trust Secretary	Paper date:	25 March 2021
Executive Sponsor:	David Gilburt, Non-Executive Director	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the documents discussed at the Policy Committee Meeting held on 15th March 2021.

2. Executive Summary

2.1 Context

The Policy Committee was established in 2019 to ensure the quality, consistency and formal approval of overdue policies is completed. To date, a total of 78 policies have been reviewed and approved by the Committee.

2.2 Summary

- The meeting was quorate
- A number of policies were approved by the Committee and further detail is provided in the report
- The policy tracker was shared for information

2.3. Conclusion

The Board is asked to *note* the meeting that took place and take *assurance* from the Policy Committee with regard to the policies it approved.

Chair's Assurance Report Policy Committee – 15 March 2021

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Policy Committee which met on 15th March 2021. The meeting was quorate with two Non-Executive Directors and two Senior Leaders being present. A full list of the attendance is outlined below:

Chair/ Attendance:	
David Gilburt	Non Executive Director (Chair)
Paul Kingston	Non Executive Director
Steve White	Chief Medical Officer
Ruth Longfellow	Associate Chief Medical Officer
Sue Pryce	Head of People Services
Heather Pickering	Trust Office PA (Minutes)
Apologies:	
Shelley Ramtuhul	Trust Secretary
Stacey Lea Keegan	Chief Nurse
Sarah Sheppard	Chief People Officer

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting. All actions which were due to be completed before the meeting were confirmed as accomplished.

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Declaration of Interest		
There were no declarations of interest shared with the Committee.	N/A	
2. Approved Policies		
<p>The following policies were approved by the Committee including the review date:</p> <ul style="list-style-type: none"> Management of Organisational Change Policy (3 years) Pay Progression Procedure (2 years) On call Policy (6 months) 	Y	

Chair's Assurance Report Policy Committee – 15 March 2021

3. Deferred Policies		
<p>The following policies were deferred due to further assurance and information required.</p> <ul style="list-style-type: none"> Subsistence Allowance Policy (will be agreed virtually within the next 2 weeks) 	N	Further information is to be provided within the next two weeks

3.5 Conclusion

The Board of Directors is asked to *note* the meeting that took place and the *assurances* provided to the Policy Committee.

Chairs Assurance Report

Finance Planning and Digital Committee 23rd March 2021

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 March 2021
Executive Sponsor:	Rachel Hopwood, Non-Executive Director	Paper Category:	Performance
Paper Reviewed by:	Finance, Performance and Digital	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper provides an outline of the Finance Planning and Investment Committee Agenda for the meeting of 23rd March 2021. This will support the verbal report provided by the Non-Executive Chair of the committee.

2. Executive Summary

2.1. Context

The Board of Directors has delegated responsibility for the oversight of the Trust's financial performance to the Finance Planning and Digital 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.

2.2. Summary

Due to the timing of the committee it is not possible to provide a paper Chair's Report and this will be provided at the next meeting. The Non-Executive Director Chair of the committee will provide a verbal report covering the attached agenda from the committee.

2.3. Conclusion

The Board is asked to note the agenda and that a verbal report will be provided during the meeting.

Finance, Planning and Digital Committee 23/03/2021

MEETING
23 March 2021 14:00

PUBLISHED
17 March 2021

1. Part Two -
2. Patient Story
3. Chief
4. Quality &
5. People
6. Performan
7. To Note
8. Any Other

Agenda

Location *Date* *Owner* *Time*

23/03/21 14:00

1. Introduction

1.1. Apologies

Rachel
Hopwood

1.2. Minutes from the previous meeting

Rachel
Hopwood

1.3. Action log/Matters arising

All

1.4. Declaration of interests

All

2. Planning

2.1. Performance Framework

Kerry Robinson

2.2. Performance Overview Report (KPIs)

Kerry Robinson

2.3. Financial Plan 21/22 (draft)

Mark Salisbury

2.4. Veterans Business Case

Nia Jones

3. Finance

3.1. Finance Report

Mark Salisbury

4. Digital

4.1. Strategic Update

Simon Adams

4.1.1. Timeline : EPR Procurement and Full Business Case

4.2. Security Update

Simon Adams

5. Committee Management

5.1. Chair Report from Capital Management Group

Craig Macbeth

5.2. Chair Report from Digital Steering Group

Simon Adams

5.3. Board Assurance Framework and Corporate Objectives

Shelley
Ramtuhul

1. Introduction	2. Planning	3. Finance	4. Digital	5. Committee	6. Governance	7. Top Risks	8. Any Other	9. Next
1. Part Two -	2. Patient Story	3. Chief	4. Quality &	5. People	6. Performance	7. To Note	8. Any Other	

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	23/03/21		14:00
6. Governance			
6.1. Review of the Work Plan		Shelley Ramtuhul	
6.2. Attendance Matrix		Shelley Ramtuhul	
7. Top Risks		Shelley Ramtuhul	
8. Any Other Business		All	
9. Next meeting: Tuesday 27th April 2021			

1. Part Two -	2. Patient Story	3. Chief	4. Quality &	5. People	6. Performance	7. To Note	8. Any Other
1. Introduction	2. Planning	3. Finance	4. Digital	5. Committee	6. Governance	7. Top Risks	8. Any Other
9. Next							

Chair's Assurance Report
Risk Management Committee –3rd February 2021

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 th March 2021
Sponsor:	Harry Turner, Non-Executive Director	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the Risk Management Committee Meeting held on 3rd February 2021 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

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

2.2 Summary

Key points to highlight from the meeting

- The meeting was well attended
- There was good progress of actions from the previous meeting with most actions completed or updated
- The work plan was reviewed and agreed
- Deep Dives was presented from the MSK Unit and Specialist Unit

2.3. Conclusion

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

Chair's Assurance Report Risk Management Committee –3rd February 2021

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Risk Management Committee which met on 3rd February 2021. The meeting was quorate with one Non-Executive Directors and three Senior Leaders present. A full list of the attendance is outlined below:

Attendance:	
Membership:	
Chris Beacock	Non-Executive Director (Chair)
Mark Brandreth	Chief Executive
Stacey Keegan	Chief Nurse / Head of Patient Safety
Craig Macbeth	Chief Finance and Planning Officer
In Attendance:	
Shelley Ramtuhul	Trust Secretary/Director of Governance
Rob Freeman	Clinical Representation
Kirsty Foscett	Head of Clinical Governance and Quality
Apologies:	
Harry Turner, Non Executive Director - Sarah Sheppard, Chief of People - Kerry Robinson , Chief Performance, Improvement and Organisational Development Officer.	

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting and received an update on the progress of each.

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
Risk Management Report		
The Committee received the risk management report. It was noted a small number of overdue risks exist for review but the Trust were confident they are being dealt with.	Y	
A further breakdown of the Harms group incidents is reported to review the themes.		
The Trust noted a review of patient communication incidents to see whether it would be appropriate to go to the Patient Experience Committee is required.		
The committee discussed the large number of incidents relating to transfers - how many transfers are carried and		

Chair's Assurance Report
Risk Management Committee –3rd February 2021

<p>how many generate incidents. The Trust explained that due to the activity levels fluctuate, incidents fluctuate and suggested a comparison from the same quarter in the previous year. The Committee agreed further discussion will be tabled at the Patient Safety Committee.</p> <p>The Committee discussed the 40 moderate harms and requested clarification. The Trust confirmed that the majority of moderate harms would be following investigation as they are over 21 days however there will be certain cases that have not been closed down with investigations ongoing. The Trust agreed to complete an review due to the high numbers.</p> <p>It was noted that there were some overdue risks to be reviewed due to the shortage of staff within in Governance team. The Team is now fully staffed and therefore these will be addressed.</p>		
Board Assurance Framework / Corporate Objectives		
<p>The Committee received the BAF and Corporate Objectives. The Committee were informed that this was a realigned BAF with revised objectives for the previous two quarters of the year. The BAF has been updated with progress and the current position in terms of delivery of the objectives.</p> <p>The Committee discussed the gaps in controls around the potential for increased harm to patients as waiting times increase and whether there is potential for hidden harms within the backlog and a significant element that should be specified.</p> <p>There were discussion relating to the overreliance on OJP activity and concern expressed that this is a significant potential risk but is not emphasised in the BAF.</p> <p>The risk posed by the backlog of outpatients and inpatients and the risk that the Trust tried to rely on the current workforce to deal with the backlog and therefore further articulation around staffing is required. The Trust explained that it was a planning issue and until the size of the issue is determined it is a risk and current indications imply it is approximately 5 years of risk. It was noted the emerging data of the Trust position in comparison with other trusts and it is no worse although it is a huge risk and the articulation can be strengthened within the BAF.</p> <p>The Committee agreed that improved articulation is required relating to the LLP contract and the Accelerate work to restore patients cared for to pre-covid levels</p> <p>The Trust provided further explanation relating to the green</p>	Y	

Chair's Assurance Report

Risk Management Committee –3rd February 2021

<p>rated score for Caring for Finances - the lower the activity the more financially viable the Trust is as payment is received on a block contract and if elective work is not resumed, the costs are not being incurred creating a healthy (green) financial position. Delivery of activity is as agreed in the System plan and that is why it appears as amber but activity has been suspended therefore next quarter it will be red.</p> <p>The Trust reminded the Committee that since the BAF was produced, the rules have changed – the financial targets for the Trust will be achieved.</p>		
1. Unit Deep Dives		
<p>MSK Unit Exception Reports</p> <p>The Unit highlighted the following high risks and provided an assurance update to the Committee:</p> <ul style="list-style-type: none"> Lack of imaging resources with the issue around the availability of individuals to work in theatres at the time they are needed, due to the vacancy issue there is a strong reliance on the willingness of people to do extra work to maintain the core requirement. Therefore, some temporary posts to be converted to permanent posts in order to resolve the issue. Metal on Metal – the Unit explained there is a requirement for the risk to be split into the following: <ul style="list-style-type: none"> - Size of the backlog - Risks of recovering from the size of the backlog <p>The Committee discussed the clinical risk which is wider than metal on metal, it is all patients that are overdue with a follow up which is not articulated on the MSK risk register.</p> <p>The Unit agreed to revise the theatre recruitment risk which was stated as 'closed'.</p> <p>The Trust noted further information is to be incorporated in to the report relating to the concerns about the leadership in theatres relating to culture and the turnover of staff and the work that has been carried to support.</p> <p>Specialist Unit Exception Report</p> <p>The Unit informed the Committee that at the end of November the Specialist Unit undertook formal and permanent responsibility for Rheumatology, Metabolic and DEXA Services and consequently the unit updated the datix to reflect that change. The Unit will review all risks which</p>	<p>Y</p> <p>Y</p>	<p>The Committee were assured with the process in place to review the risks identified in the Units and have asked for further review on some of the risks relating to wording, articulation and scoring.</p>

Chair's Assurance Report

Risk Management Committee –3rd February 2021

<p>have been aligned to them.</p> <p>The Unit highlighted that there are 137 approved risks as at end of December 2020 – highest areas in terms of non-Covid risks sit in paediatrics, histopathology and OrLau. Some of these risks will be significantly mitigated.</p> <p>The Committee were informed that the new risks in Montgomery all generated on the same day in August and related to the issues that have been discussed previously.</p> <p>The Unit confirmed the SaTh SLA risk can now be removed from the report.</p> <p>Members of the meeting suggested that delayed discharges should appear as a risk and that is something that has increased more recently and queried whether it should be on this risk register.</p> <p>The paediatric cover risk being at 16 was discussed and the Committee were informed that a paediatric candidate had been found and details were being negotiated around their appointment and agreed that the number was high but was owing to the SLA with SaTH.</p> <p>The Unit agreed to amend the wording relating to the tumour unit risk around treating paediatric patients in relation to NHS diverts and queried if that was the Trust's risk.</p> <p>The Unit agreed to challenge the Radiology cover in theatre risk - the number is high given that the Radiology department performance in terms of activity is impressive.</p>		
Committee Management (for noting)		
<p>Review of the Work plan 2020/21</p> <p>The corporate risk register will go to SLG to look at the organisational risks as opposed to duplicating the unit risks.</p> <p>The Committee acknowledged there will be discussion around whether the Risk Committee should be amalgamated with the Audit Committee towards the end of 2021 which will be considered.</p> <p>The Committee <i>noted</i> the Work Plan.</p>	N/A	
Safer Sharps Update		
<p>The Trust informed the committee that there has been a commitment to achieve full compliance by the end of the financial year. There are ongoing actions which are being</p>	Y	

Chair's Assurance Report

Risk Management Committee –3rd February 2021

<p>progressed through the Health and Safety Working Group and compliance work will be completed by the end of March 2021</p> <p>The Committee commended the Trust for their work</p>		
Health and Safety Committee Chair Report		
<p>The Committee were informed of some IG RIDDOR incidents since the last meeting. A total of 8 RIDDOR incidents for the financial year 2020/2021 comparing with 5 for 2019/2020.</p> <p>A meeting is to take place with the Estates Team to go through the Estates aspect of the incidents to see if any improvements to processes can be made.</p> <p>The Trust are currently working to ensure staff members feel supported and have access to relevant advice and guidance.</p> <p>There have been 4 safety alerts which are in progress and on track for completion.</p>	Y	
Medical Devices Committee Report		
<p>The Committee received assistance on the Medical Devices Committee. The following was discussed:</p> <ul style="list-style-type: none"> It was noted by Althea that staff are being trained on devices which are no longer supported by the manufacturer. This is being picked up by a consultant lead at MEP The CAZ alert lead and our medical device Safety Officer noted that there were no CAZ alerts associated with medical devices. An incident had been reported to MHRA where a patient came in with a broken device. It was removed and recorded as an MHRA near miss. Althea noted that they are struggling to find space to undertake engineering services – they were using space in Menzies. This is being escalated through Estates Planning Group to find a suitable space within a theatre environment where they have the medical gases required for testing Stronger links are being made between medical devices and MEP ensuring devices do not slip between the two groups. A meeting is scheduled. <p>The Premises Assurance Model (PAM) is a management tool used to provide assurance to the Board on all the Estates and Facilities services provided. The model helps to monitor compliance against guidance, standards and</p>	Y	

Chair's Assurance Report

Risk Management Committee –3rd February 2021

new regulations.		
The department explained that the PAM report links into the risk register in Estates. It was confirmed that that the risks are all driven by PAM; risk meetings take place regularly and are closely monitored.		
The PAM provides assurance to the Board around the performance of Estates and Facilities.		
The Committee were informed that the resource for Health and Safety and noted that it was a moment in time audit as many are, recorded based upon May 2020 data which was recorded by the auditor and presented in a simplified format.		
The department acknowledged the comments from the Committee on the paper that is being worked to reconsider how Health and Safety is handled, acknowledging that Health and Safety is performed very well at RJAH.		
The department commented regarding the risk register that Estates will continue to work with the Governance department to ensure that the burden of a very large risk register is eased whilst still recognising that they know the risks within the register.		

3.4 Approvals

Approval Sought	Outcome
N/A	

3.6 Risks to be Escalated

In the course of its business the Committee did not identified any risks to be escalated to the Board.

3.5 Conclusion

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

Strategy Board Update

0. Reference Information

Author:	Kerry Robinson	Paper date:	25 th March 2021
Executive Sponsor:	Kerry Robinson	Paper Category:	Strategy
Paper Reviewed by:	Senior Leadership Group	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper is going to summarise the output of the Board of Directors strategy session that took place in February 2021 to ensure open and transparency in public session.

2. Executive Summary

2.1. Context

This paper summarises the outputs from the Board of Directors strategy session that took place in February 2021. This was the second virtual strategy session the Board has held with a wider range of discussion regarding the future direction of the Trust in the current context of significantly grown waitlists, service recovery and renewal, particularly in the context of current constraints.

2.2. Summary

Summary of key points / issues from the session.

Caring for staff in recovery and renewal;

- At the time 74 staff seconded to SATH
- Staff supporting the vaccination hub
- Sickness rate pre-covid c. 5% with stress, anxiety and depression the highest individual reason for sickness
- Increasing vacancy rate from 3.89% to 7.47% nursing vacancy rate is 10.64% radiographer vacancy rate 19.25%
- Turnover rate static just below 8%
- Time and space for reflection and learning produces beneficial change e.g. Human Factors training, arthroplasty focus upon patient pathway to reduce length of stay.
- The importance of compassionate leadership, words aligning to demonstrable action.
- ACTION; create the space for our workforce to nurture transforming our services, improving working conditions to experience joy to begin innovating to deliver more efficient and effective services utilising our resources well and care for more patients.
- ACTION; build upon The ABC Framework.

Patient case complexity;

Strategy Board Update

- Since 2015/16 the Trust has seen no overall growth in elective cases completed.
- Between 2005 and 2020 complex surgery increased from 15% of activity to 30%.
- In the last few years the growth in complex surgery has been modest.
- Conscious in our planning for the management of an increasing frail population requiring more complex health care interventions.
- ACTION; ensure modelling for infrastructure builds upon complexity need.

Restart modelling;

A model of our current waitlists to understand the scenarios available to the Trust when services restart from a perspective of sustainability;

- Twice as many patients to care for, our RTT waitlist back in Jan 20 was 10,597, Jan 21 it sat at 15,966
- Seven scenarios modelled; only theatres and excluded MCSI, dental, emergency and private patients.
- Assumptions included a return to pre-covid referral rates.
- Pre-covid the Trust's operating model was borderline sustainable.
- Current operating models would maintain the increased waiting list levels without addressing the backlog.
- Without flexible workforce capacity previously utilised waitlists will increase dramatically, contracted workforce alone does not meet our demand.
- Increasing workforce capacity that exceeds demand enables backlog to be reduced.
- A sustainable steady state requires 111 theatre sessions per week before exclusions added.
- If no further demand were added to current waiting lists it would take between 17 to 43 weeks to clear dependent on scenario, however demand has returned and therefore clearance rates will be much longer.
- Theatre structural capacity is available to meet required activity levels.
- Theatre workforce has a gap of 21 sessions per week to meet the steady state, this reduce to a gap of 10 with flexible staffing.
- To meet steady state there is a shortfall of c. 43 sessions in contracted consultant sessions based upon 19/20 contracted levels.
- Modelling is based upon theatre waitlists, demand exists in our outpatient and diagnostic lists with a range of growth from -43% to +195% across our sub-specialities.
- ACTION; Transitional restart in phases for Q1 with focus upon clinical priority, system working, restoring safely based upon contracted sessions initially, theatre staffing session levels (90) to steady state sessions.
- ACTION: backlog stage, recruitment to enable steady theatre sessions at 111 to then build up to c. 153 sessions with recruitment and extended theatre working days.

Strategic Options;

- Reviewing the high level options that link the current restarting of services to our longer term model.
- ACTION: move forward with the strategic outline case to increase workforce models through increasing use of structural assets.

2.3. Conclusion

The summarised actions are in action / development due to the immediate requirements.

Month 11 Integrated Performance Report

0. Reference Information

Author:	Claire Jones	Paper date:	25/03/2021
Executive Sponsor:	Kerry Robinson	Paper Category:	Performance
Paper Reviewed by:	Executive Team	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The committee is required to assure itself that the Trust is providing high quality, caring and safe health care services in accordance with national regulatory standards.

The purpose of the Integrated Performance Report (IPR) is to provide the committee with the evidence of achievement against the national regulatory standards, identification of emerging risks and the assurance that an improvement plan is in place and is effective.

This paper is for information summarising the key performance indicators, highlighting areas of high or low performance for operational and financial metrics.

The committee is asked to note the overall performance as presented in the month 11 (February) Integrated Performance Report, against all areas and actions being taken to meet targets.

2. Executive Summary

2.1. Context

The paper incorporates the monthly integrated performance report with associated narrative and descriptions of key actions.

It should be noted that from week commencing 11th January the Trust began to cancel some of its elective work as part of the covid-19 system response. Changes to our services will impact on some of our standard KPIs. Trajectories and forecasts that are included in the IPR are based on activities before the system response was known. As at 9th March we anticipate the Trust will continue to provide system support in March.

2.2. Summary

In line with the Trust's Performance Framework, Board-level Key Performance Indicators (KPIs) which are considered to drive the overall performance of the Trust.

Areas of performance to highlight this month are as follows;

Caring for Staff;

- Sickness absence reported at 3.43% for February; now below 3.6% target following three months above it, forecast for the year end is borderline on meeting the year plan.
- Voluntary staff turnover remains stable and below 8% tolerance at 7.99% forecast for the year end is borderline on meeting the year plan.

Month 11 Integrated Performance Report

Caring for Patients;

- One serious incident reported in February.
- One unexpected death reported in February.
- No RJAH acquired infections throughout February.
- One cancer waits standard remaining below target; Cancer 62 Days Consultant Upgrade.
- 18 weeks RTT open pathways performance remains well below target; 54.53% for February. Increase in list size from 11,201 to 11,315 due to reduced elective work and referrals continuing.
- The number of patients waiting 52 weeks and over continues to grow; now at 2,251 with 59% English patients.
- Both diagnostics standards remain below target but with improving positions with English reported at 87.38% and Welsh at 94.00%.
- All regulatory standards forecast not to be met for the financial year end.

Caring for Finances;

- Total Elective activity was 263 in February; 747 spells behind 19/20 levels and 604 spells behind our phase three submission.
- Total Outpatient activity was 10,615; 3216 behind 19/20 levels and 1524 behind phase 3 plan submission.
- All finance measures green rated with exception of Income.

2.3. Conclusion

The Board is asked to **note** the report and where insufficient assurance is received seek additional assurance.

Integrated Performance Report

February 2021 – Month 11



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



Aspiring to deliver world class patient care

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1. Part Two - Public Meeting
2. Patient Story
3. Chief Executives Update (verbal)
4. Quality & Safety
5. People Update
6. Performance & Governance
7. To Note
8. Any Other Business

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Thirteen-month heatmap view

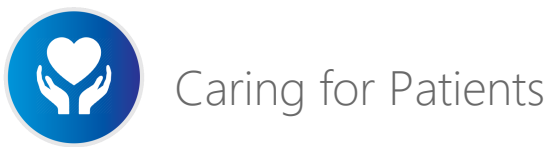


Caring for Staff

	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Sickness Absence	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	4.45%	4.42%	4.4%	3.43%	3.6%	3.6%	3.57%	R	Feb-20
Voluntary Staff Turnover - Headcount	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.2%	8.33%	7.97%	7.99%	8%	8%	7.99%	R	Sep-19

1. Part Two - Public Meeting
2. Patient Story
3. Chief Executives Update (verbal)
4. Quality & Safety
5. People Update
6. Performance & Governance
7. To Note
8. Any Other Business

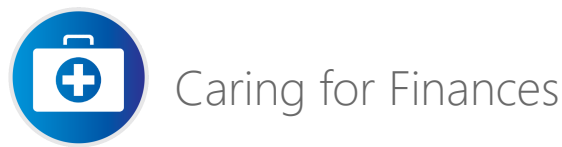
Integrated Performance Report
February – Month 11



	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Serious Incidents	0	0	0	1	0	2	0	0	0	1	1	0	1	0	0	6	R	Apr-18
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Number of Complaints	13	7	2	7	5	3	2	4	8	10	4	9	7	8	88	61	G	May-18
RJAH Acquired C.Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	G	Apr-18
RJAH Acquired E. Coli Bacteraemia	0	0	0	0	0	1	2	1	2	0	0	0	0	0	0	6	R	Jun-19
RJAH Acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	G	Apr-18
Unexpected Deaths	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	2	R	Apr-18
31 Days First Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%			96%	96.55%	G	Nov-19
Cancer Plan 62 Days Standard (Tumour)*	100%	100%	85.71%	50%	100%	100%	100%	50%	100%	0%	100%	100%			85%	82.05%	R	
18 Weeks RTT Open Pathways	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	55.21%	55.66%	56.19%	54.53%	92%	92%	54.21%	R	
Patients Waiting Over 52 Weeks – English	0	0	12	33	68	123	198	306	418	540	687	976	1,334	0			R	Nov-19
Patients Waiting Over 52 Weeks – Welsh	1	3	15	40	77	135	199	299	385	453	528	639	798	0			R	Nov-19
6 Week Wait for Diagnostics - English Patients	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.7%	83.37%	78.24%	87.38%	99%	99%	56.08%	R	
8 Week Wait for Diagnostics - Welsh Patients	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	87.99%	85.82%	83.58%	94%	100%	100%	54.75%	R	

1. Part Two - Public Meeting
2. Patient Story
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8. Any Other Business

Integrated Performance Report
February – Month 11



	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Latest target	YTD plan	YTD actual	Year-end forecast	DQ rating
Total Elective Activity			35	35	81	132	153	491	605	693	779	377	263	1,010	11,167	3,644	R	
Bed Occupancy – All Wards – 2pm	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	75.84%	73.37%	71.15%	87%	87%	73.77%	R	Sep-19
Total Outpatient Activity			6,382	5,152	6,508	7,222	6,593	9,528	10,845	11,221	10,358	10,854	10,615	13,831	153,425	95,278	R	
Financial Control Total	560	1,107	0	0	0	0	0	0	462	463	137	272	-117	-295	629	1,217	G	
Income	9,792	10,633	8,783	8,756	8,716	8,962	8,656	9,306	9,387	10,058	9,138	8,988	9,380	9,565	101,250	100,130	R	
Expenditure	9,275	9,564	8,827	8,799	8,761	9,006	8,701	9,350	8,967	9,640	9,045	8,760	9,542	9,904	101,107	99,398	G	
Efficiencies Delivery	356	303	46	57	61	155	152	200	88	79	137	118	113	93	475	535	G	
Cash Balance	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	19,100	19,510	20,402	21,278	15,020	15,530	21,278	G	
Capital Expenditure	234	2,451	72	167	267	308	183	770	694	935	307	97	463	1,088	7,822	4,263	G	
Use of Resources (UOR)	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	G	

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Sickness Absence

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

3.43% against 3.6% target

Within target green rated

Exec Lead:
Director of People

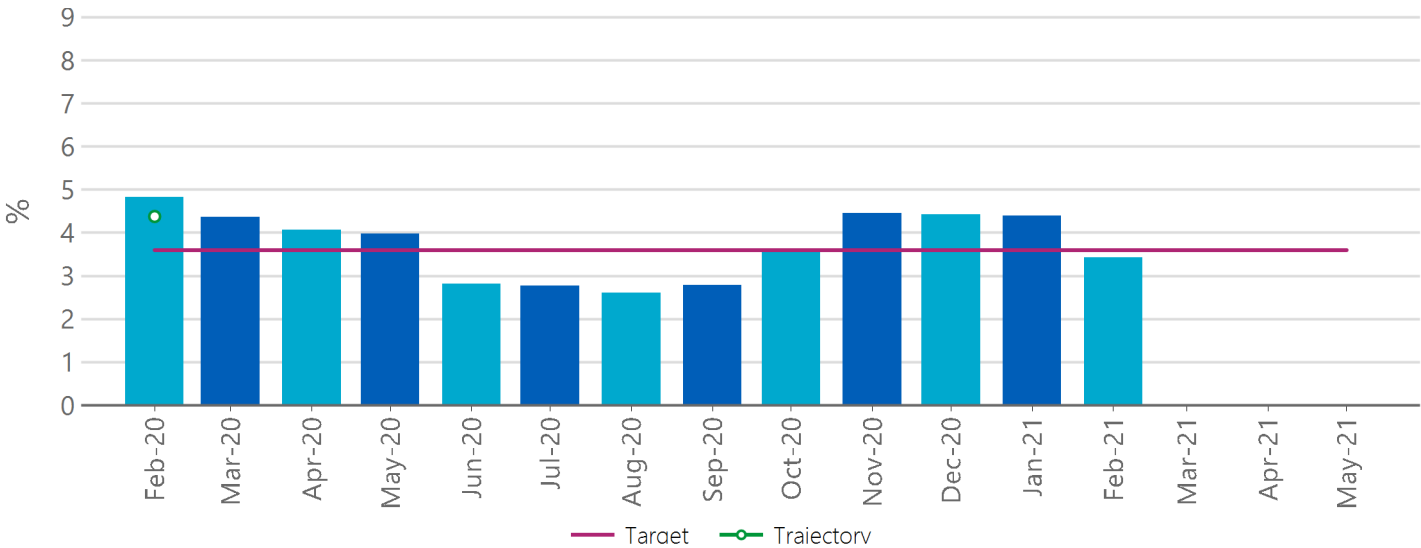
Integrated Performance Report

Narrative

The sickness rate for February is reported at 3.43%, a reduction from the January rate of 4.40%, driven by a reduction in short term absences, particularly sickness due to Covid-19 which reduced to 0.34% from 1.10% in January. Highest individual reason for absence was anxiety/stress/depression/other psychiatric illnesses with a rate of 0.9%. Those delivery units above target are MSK and Specialist.

- A unit breakdown is:
- MSK Unit 4.06% overall with 1.78% short term and 2.28% long term
 - Specialist Unit 4.52% overall with 2.25% short term and 2.28% long term
 - Clinical Services Unit 2.05% overall with 0.89% short term and 1.17% long term
 - Support Services Unit 3.15% overall with 0.98% short term and 2.16% long term
 - Assurance and Standards Team 1.71% overall with 0.88% short term and 0.82% long term

Trajectory

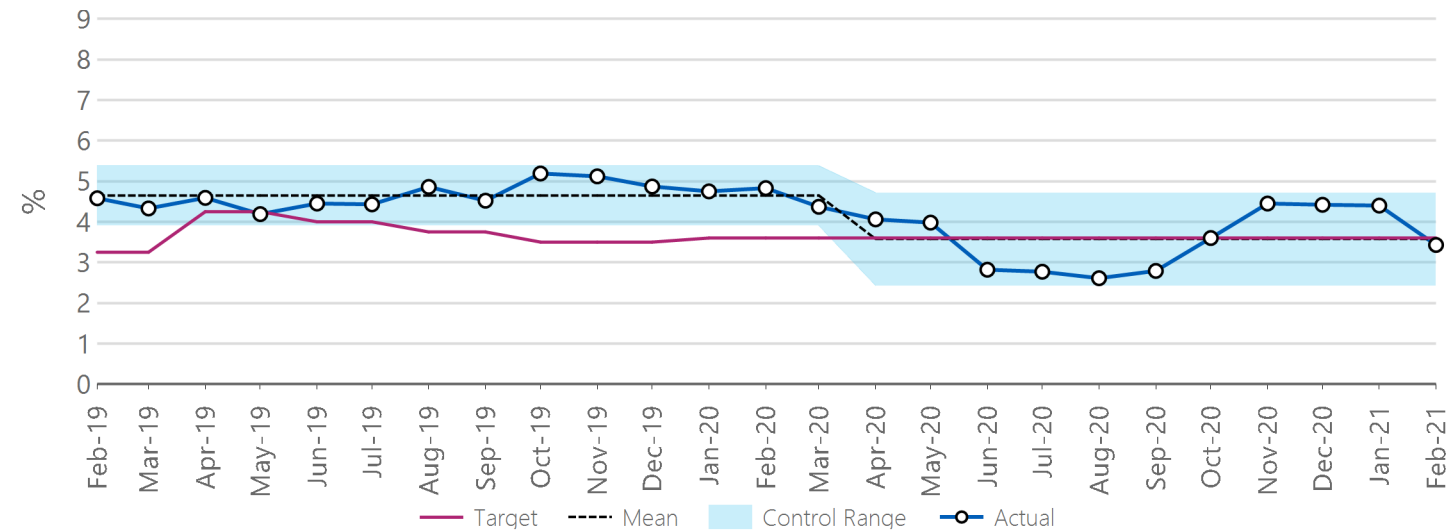


Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
4.58%	4.33%	4.59%	4.19%	4.45%	4.43%	4.86%	4.52%	5.19%	5.12%	4.87%	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	4.45%	4.42%	4.4%	3.43%	3.57%

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Actions

Action to Improve: Ensuring local actions are maintained to ensure prevalence of stress/anxiety/depression and other psychiatric illnesses is effectively supported, due to continued prevalence.

Exec Lead:
Director of People

Integrated Performance Report

Voluntary Staff Turnover - Headcount

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

7.99% against 8% target
Within target green rated

Narrative

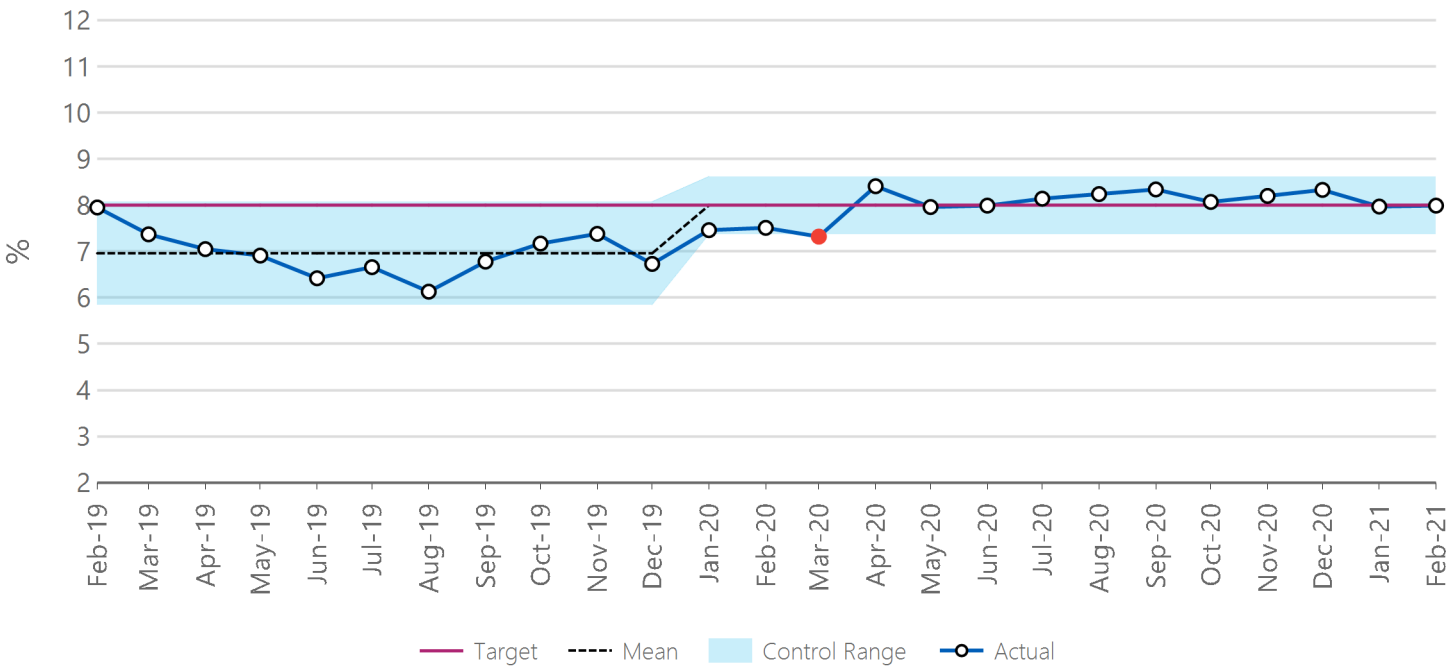
The voluntary staff turnover rate is reported below tolerance at 7.99%, with 126 leavers in the last 12 months (45 due to retirement).

A staff group breakdown is:

- Nursing - 10.47%
- AHP - 11.73%
- Medical - 8.18%
- Additional Clinical Services (group including HCA) - 5.61%
- Admin & Clerical - 6.8%
- Estates & Ancillary - 5.96%
- Healthcare Scientist - 33% (2 leavers)
- Additional Prof & Tech - 6.67%

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Trajectory



Actions

Action to Sustain: Improving focus on learning from exit.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
7.95%	7.37%	7.05%	6.91%	6.42%	6.66%	6.13%	6.78%	7.17%	7.38%	6.73%	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.2%	8.33%	7.97%	7.99%	7.99%

Serious Incidents

Number of Serious Incidents reported in month

1 against 0 target
Breaching target red rated

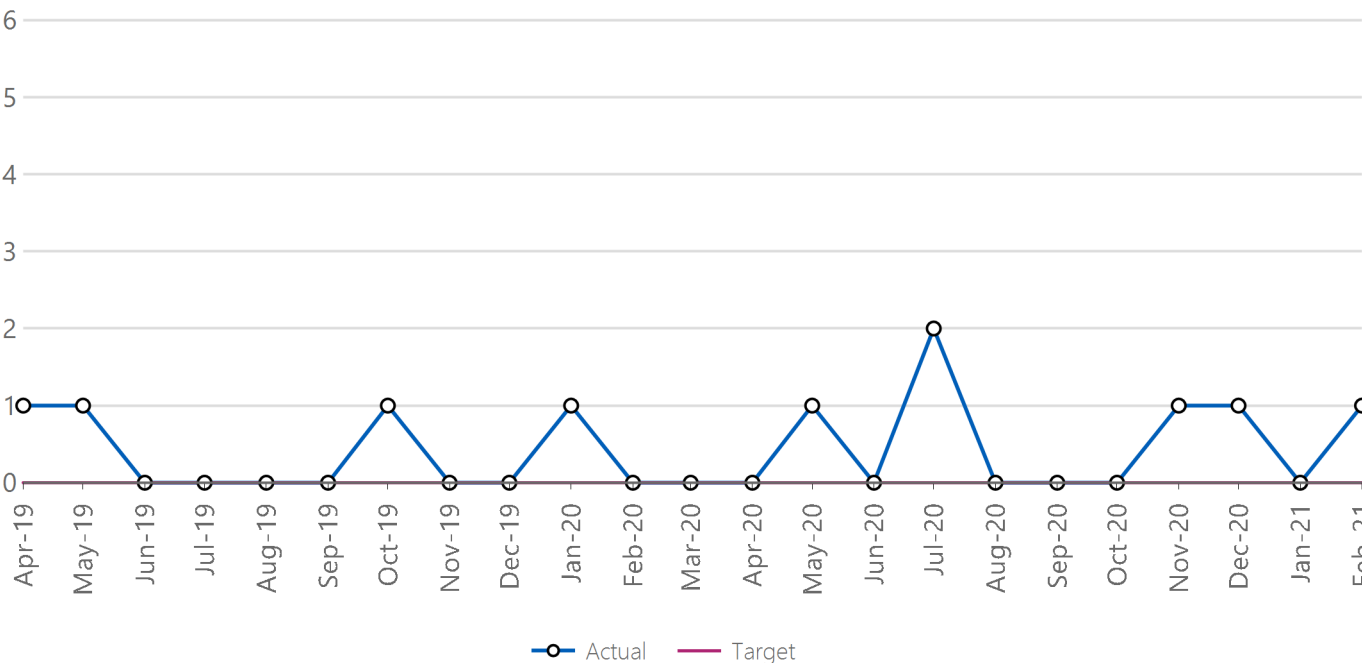
Exec Lead:
Director of Nursing

Integrated Performance Report

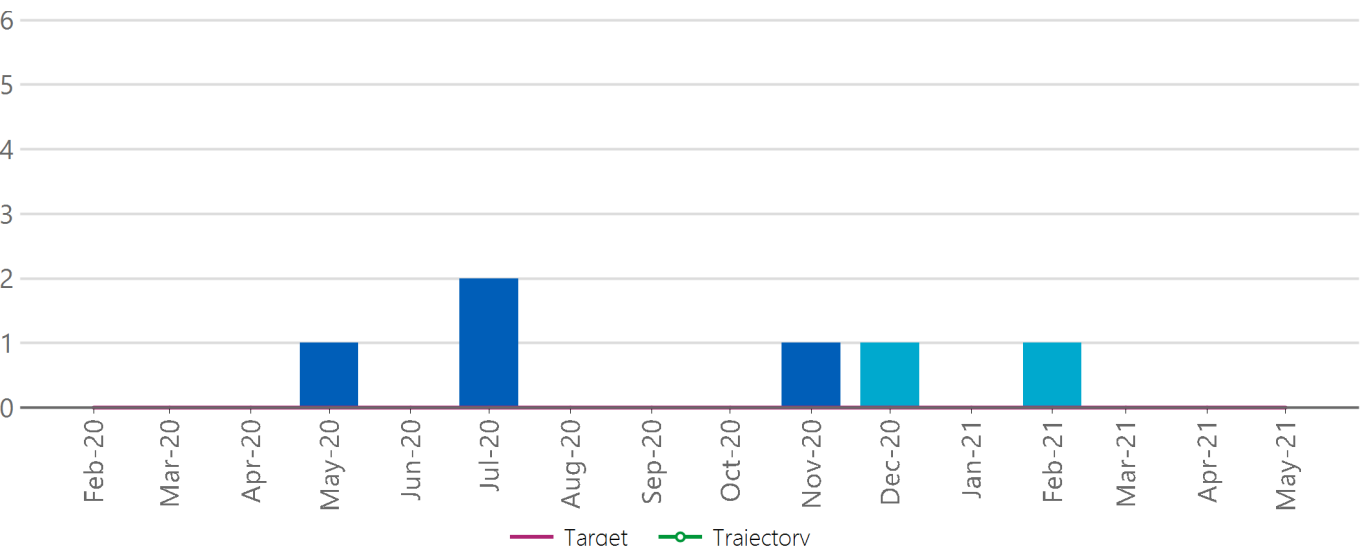
Narrative

There was one serious incident reported in February where a patient deteriorated during routine elective surgery and subsequently transferred to the Paediatric Intensive Care Unit (PICU) at Birmingham Children’s Hospital.

Performance over 24 months –



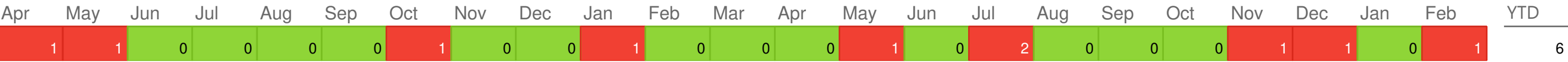
Trajectory



Actions

Action to Improve: This is currently under investigation. Two Serious Incident panel meetings have been held.

Heatmap performance over 24 months



1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Exec Lead:
Director of Nursing

Integrated Performance Report

Never Events

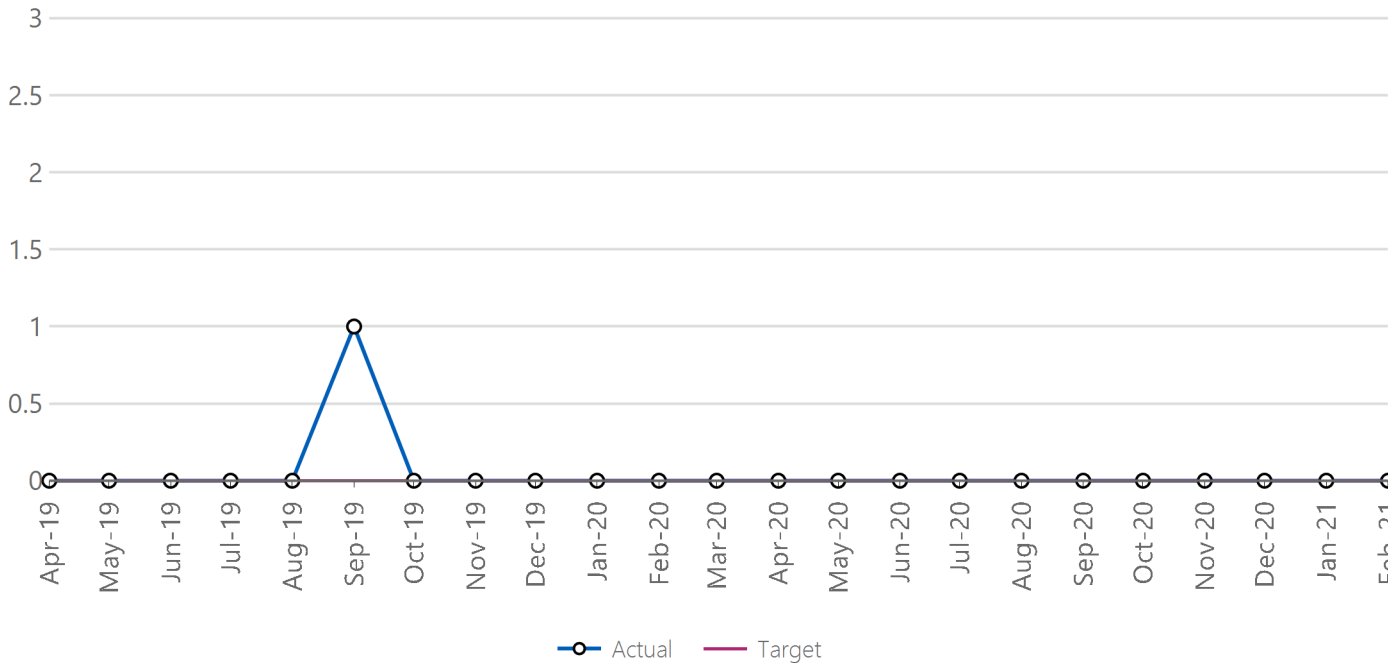
Number of Never Events Reported in Month

Narrative

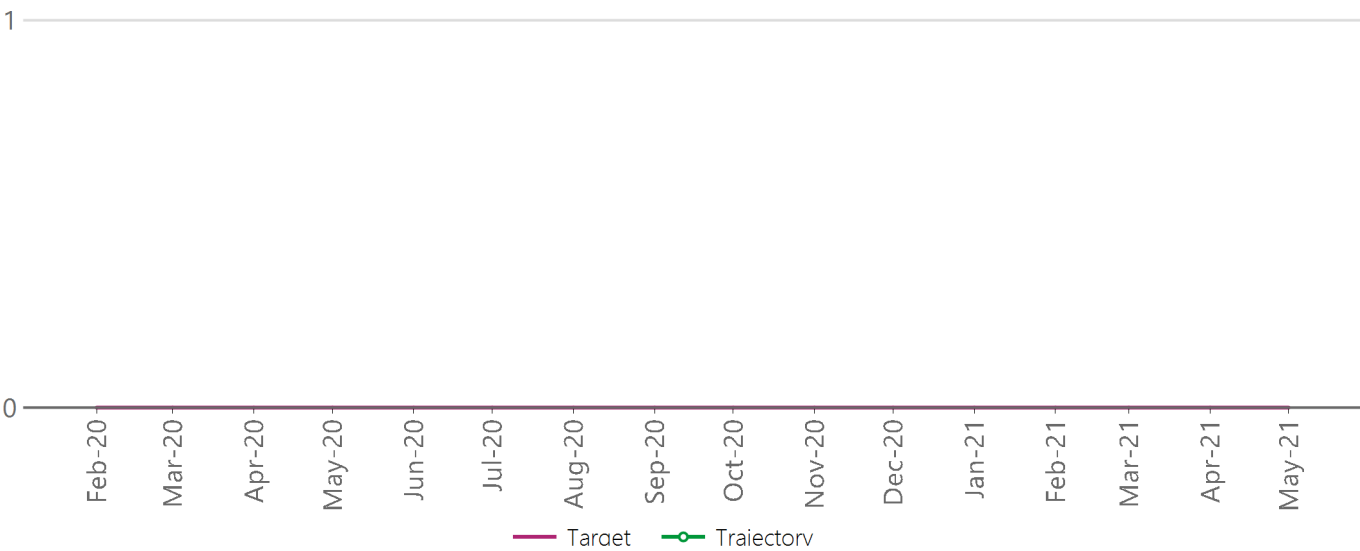
There were no never events reported in February.

0 against 0 target
On target green rated

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Exec Lead:
Director of Nursing

Integrated Performance Report

Number of Complaints

Number of complaints received in month

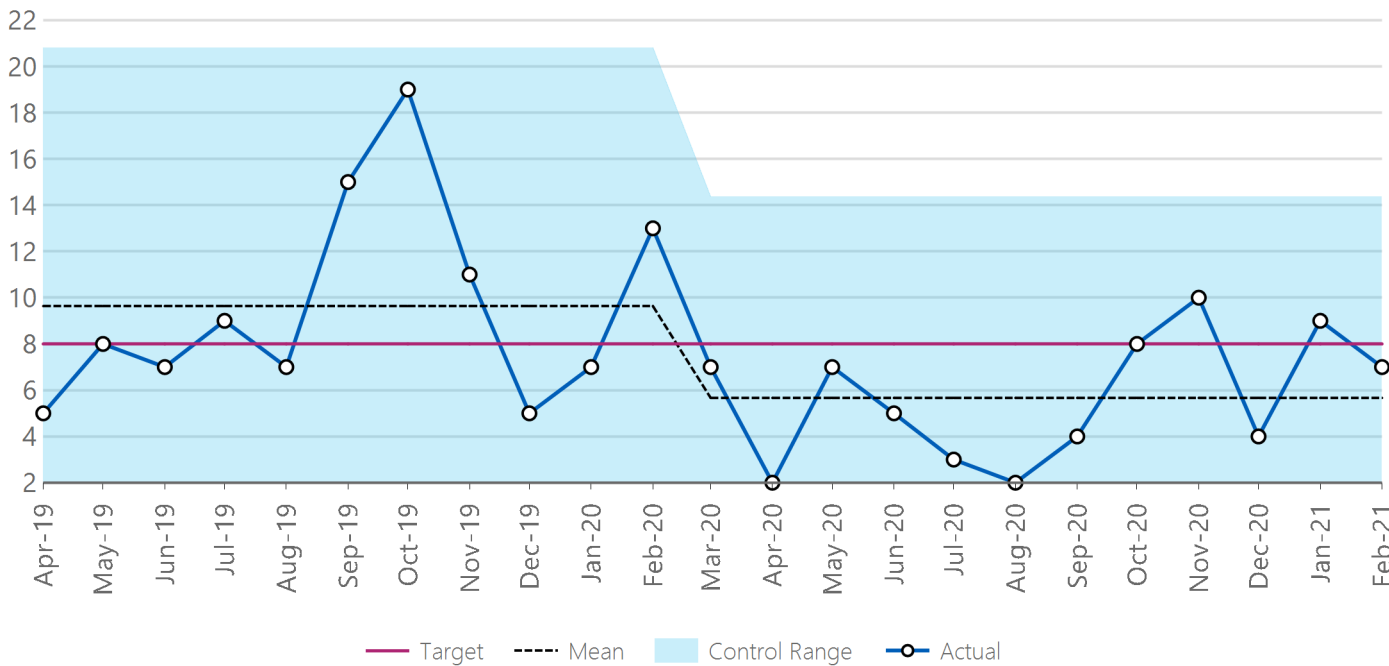
7 against 8 target
Within target green rated

Narrative

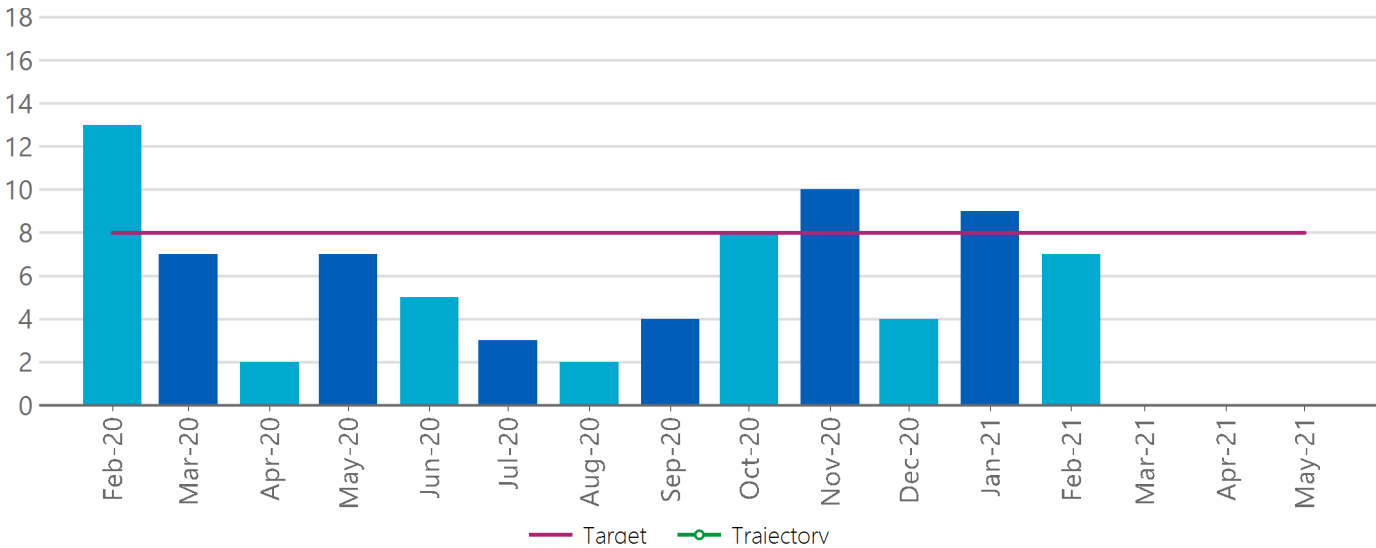
There were seven complaints received in February, within the Trust's tolerance of eight. Three complaints related to quality with reasons associated with communication (1), physio availability (1) and outcome of surgery (1). There were four operational complaints with reasons relating to cancellation and waiting times of surgery (2), procedure in covid vaccinations for Inpatients (1) and difficulties obtaining images through the request process (1).

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
5	8	7	9	7	15	19	11	5	7	13	7	2	7	5	3	2	4	8	10	4	9	7	61

Exec Lead:
Director of Nursing

Integrated Performance Report

RJAH Acquired C.Difficile

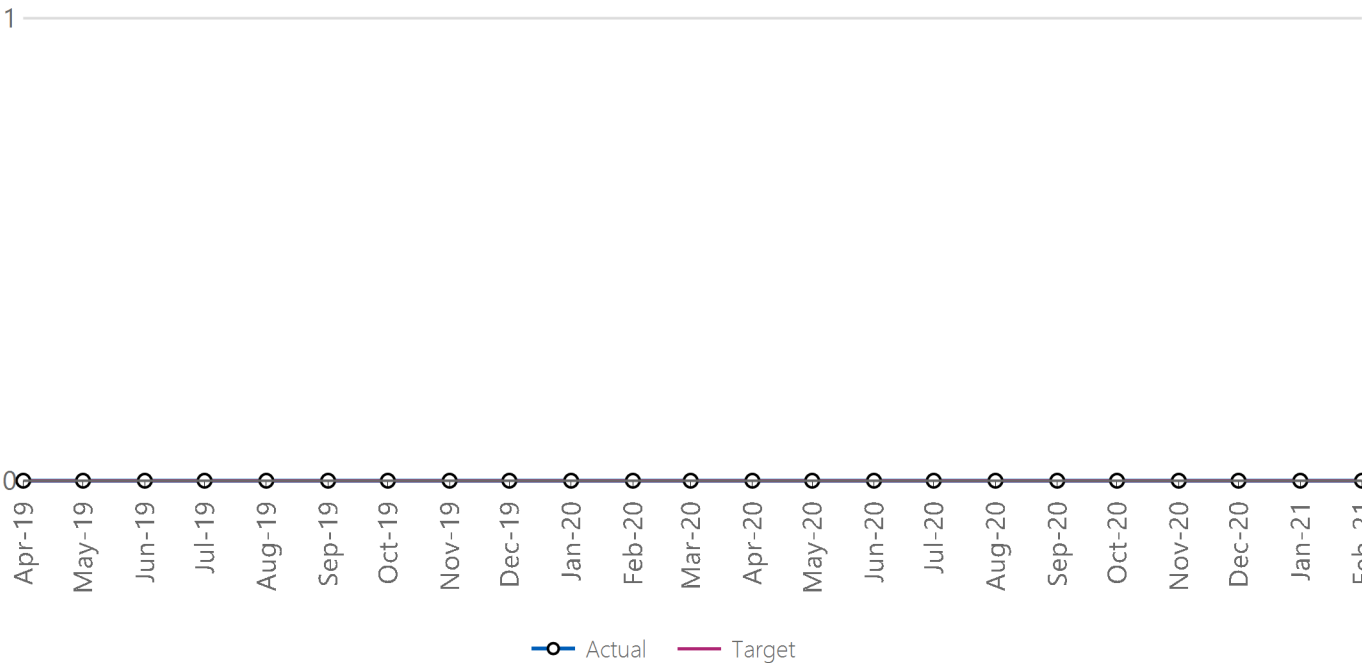
Number of cases of C.Difficile in Month

Narrative

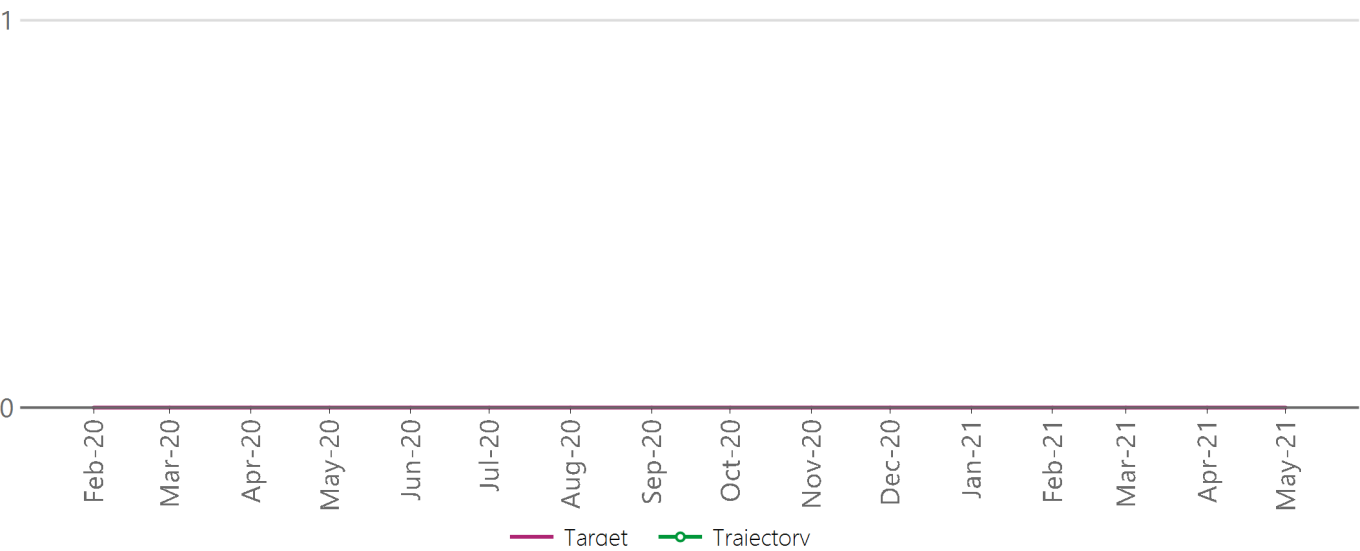
There were no incidents reported in February.

0 against 0 target
On target green rated

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Exec Lead:
Director of Nursing

Integrated Performance Report

RJAH Acquired E. Coli Bacteraemia

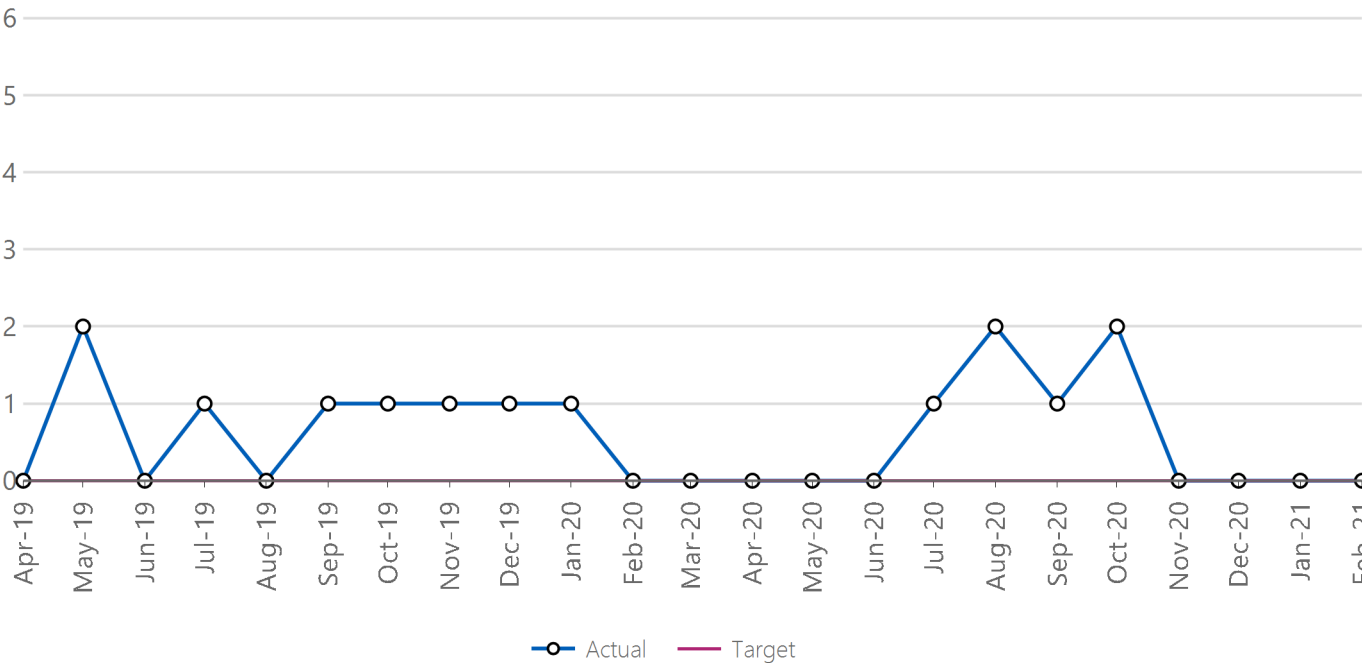
Number of cases of E. Coli Bacteraemia in Month.

Narrative

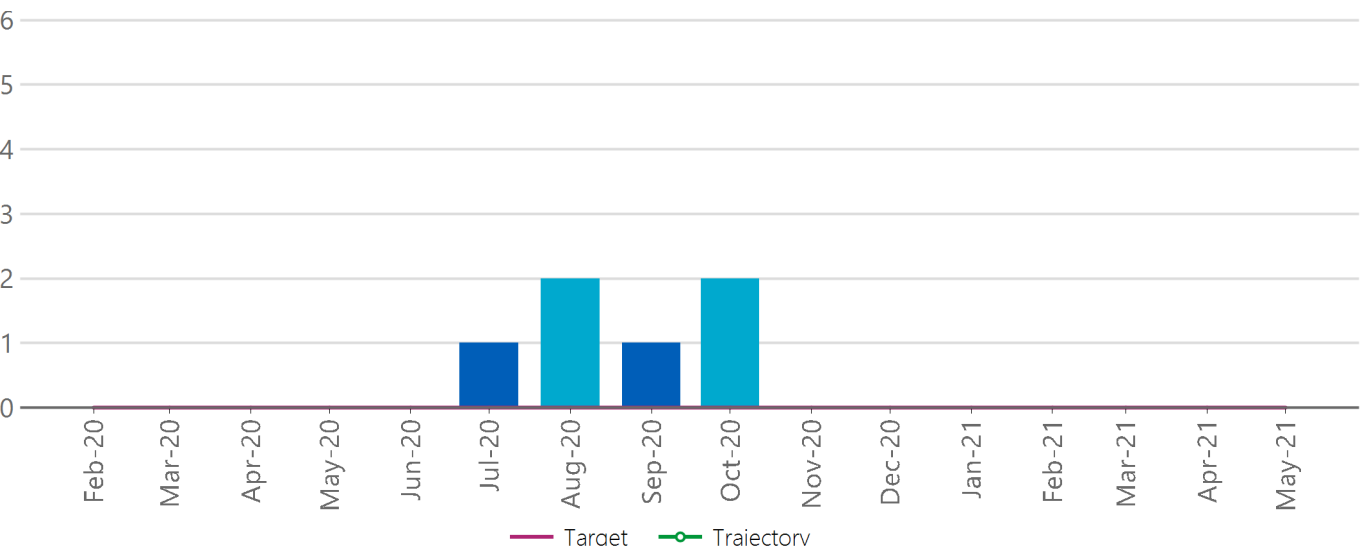
There were no incidents of E.Coli Bacteraemia reported in February.

0 against 0 target
On target green rated

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	2	0	1	0	1	1	1	1	1	0	0	0	0	0	1	2	1	2	0	0	0	0	6

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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RJAH Acquired MRSA Bacteraemia

Number of cases of MRSA bacteraemia in month

0 against 0 target

On target green rated

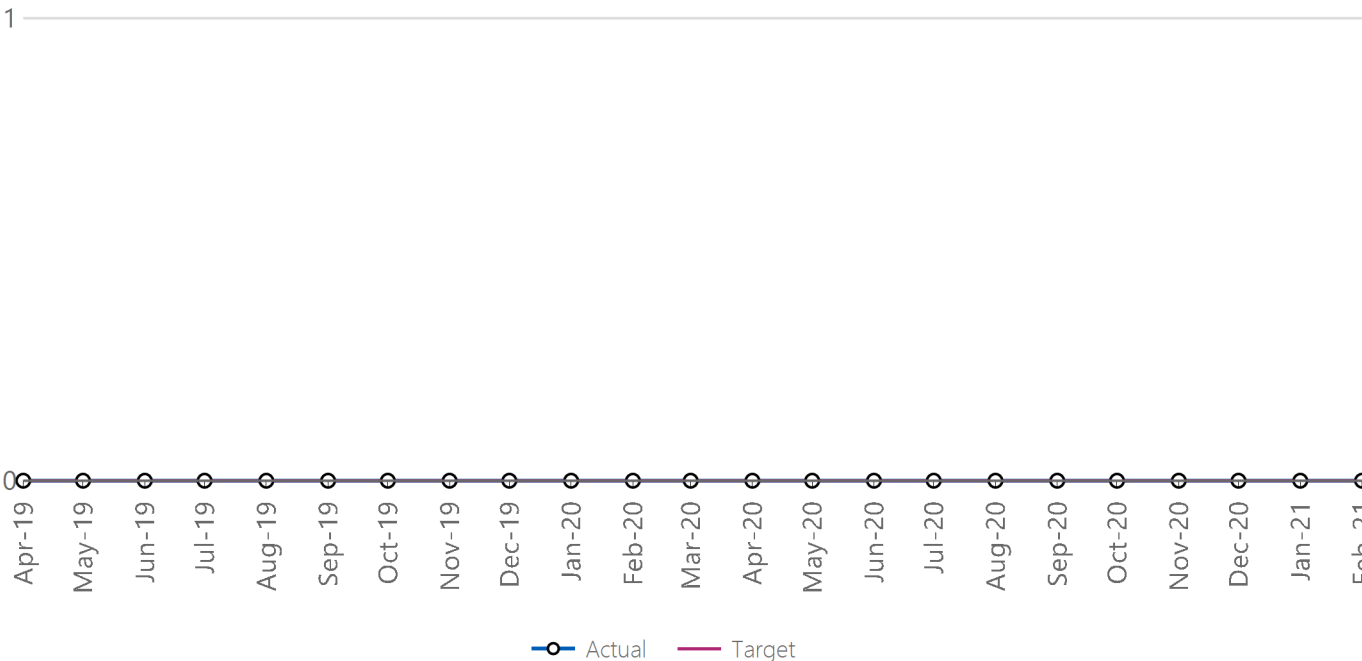
Exec Lead:
Director of Nursing

Integrated Performance Report

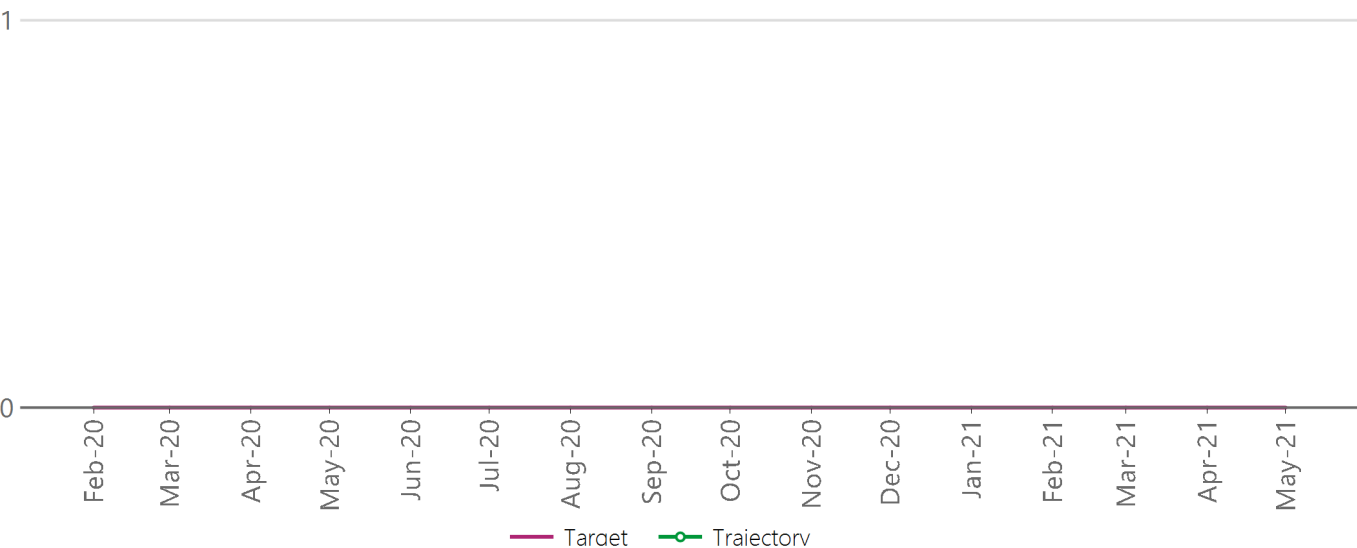
Narrative

There were no incidents reported in February.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Exec Lead:
Medical Director

Integrated Performance Report

Unexpected Deaths

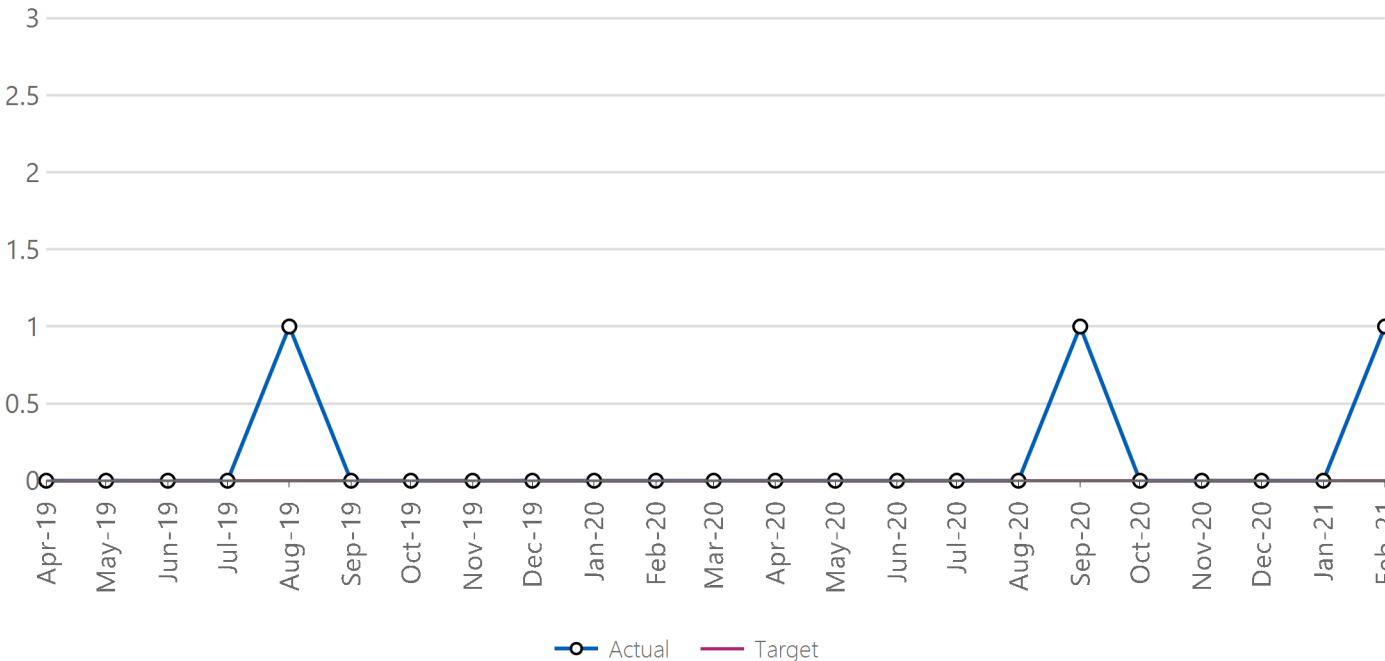
Number of Unexpected Deaths in Month

1 against 0 target
Breaching target red rated

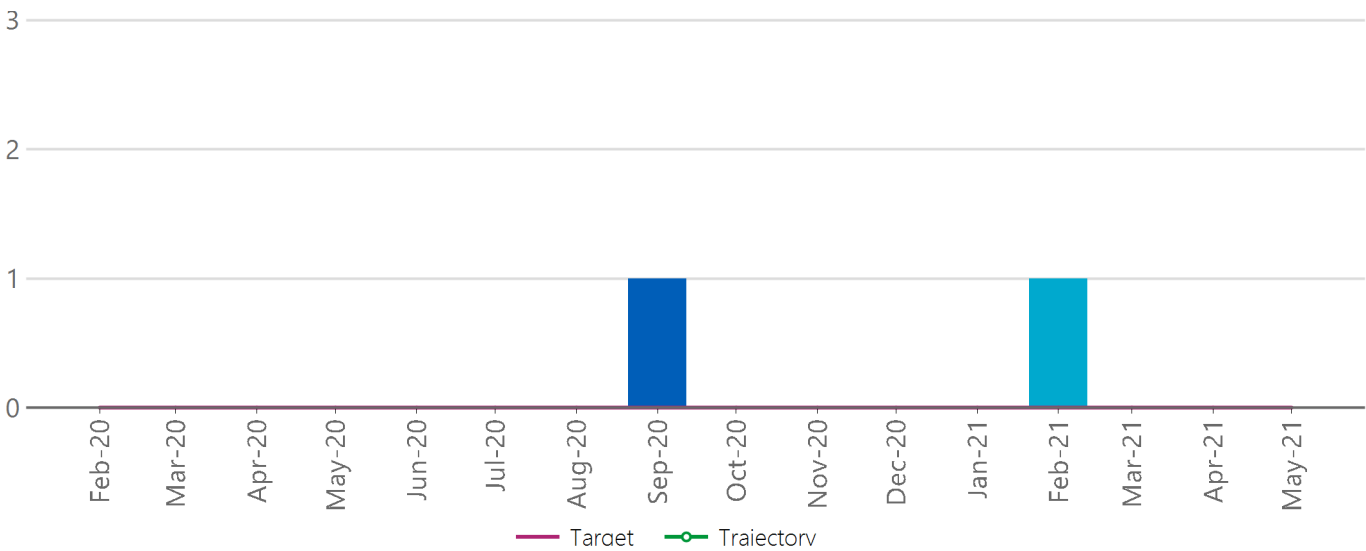
Narrative

There were three deaths within the Trust throughout February, of which, one was unexpected. Senior members of staff on the ward have completed an investigation of the datix. The Medical Director will be able to provide latest details on this verbally within committee meeting as the coroner’s office have opened an inquest into this incident.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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31 Days First Treatment (Tumour)*

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

100% against 96% target

green rated

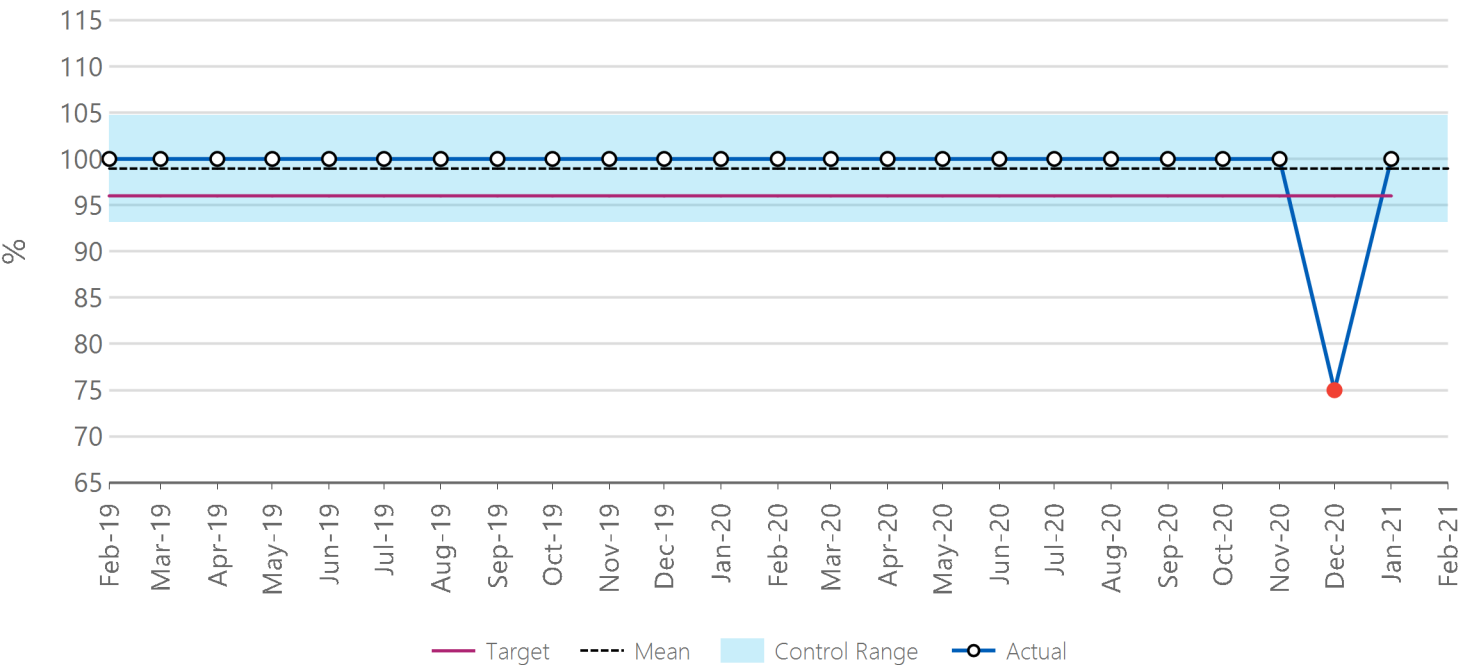
Exec Lead:
Specialist Services Unit

Integrated Performance Report

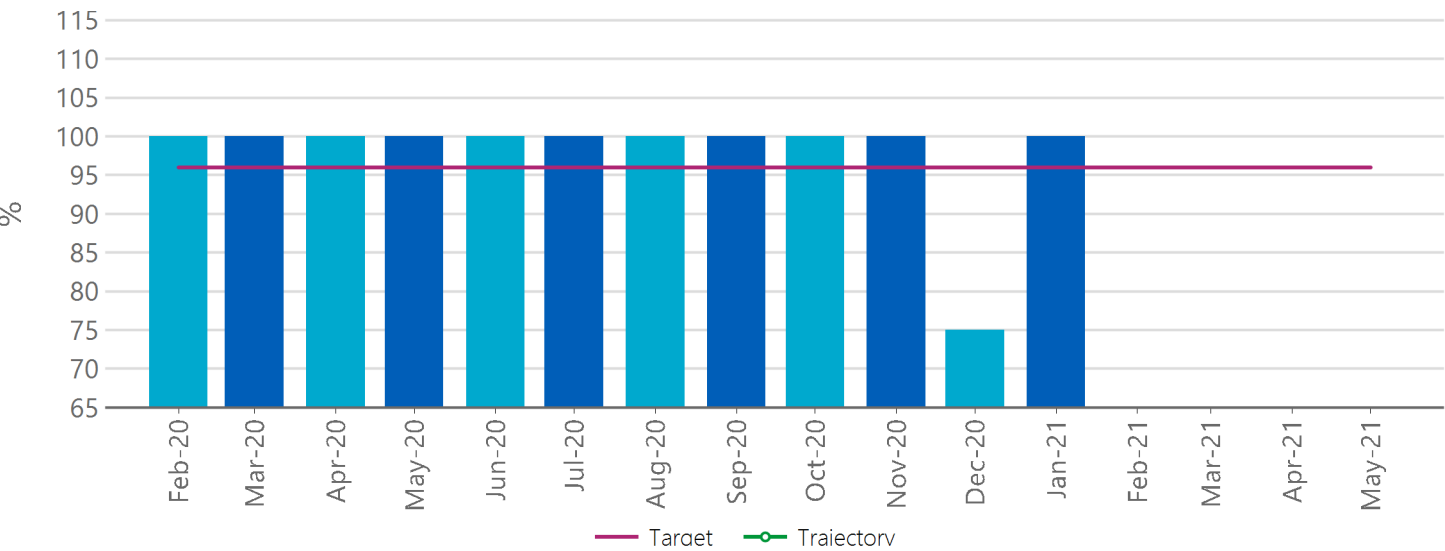
Narrative

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

Performance over 24 months – SPC



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%		96.55%

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Exec Lead:
Specialist Services Unit

Integrated Performance Report

Cancer Plan 62 Days Standard (Tumour)*

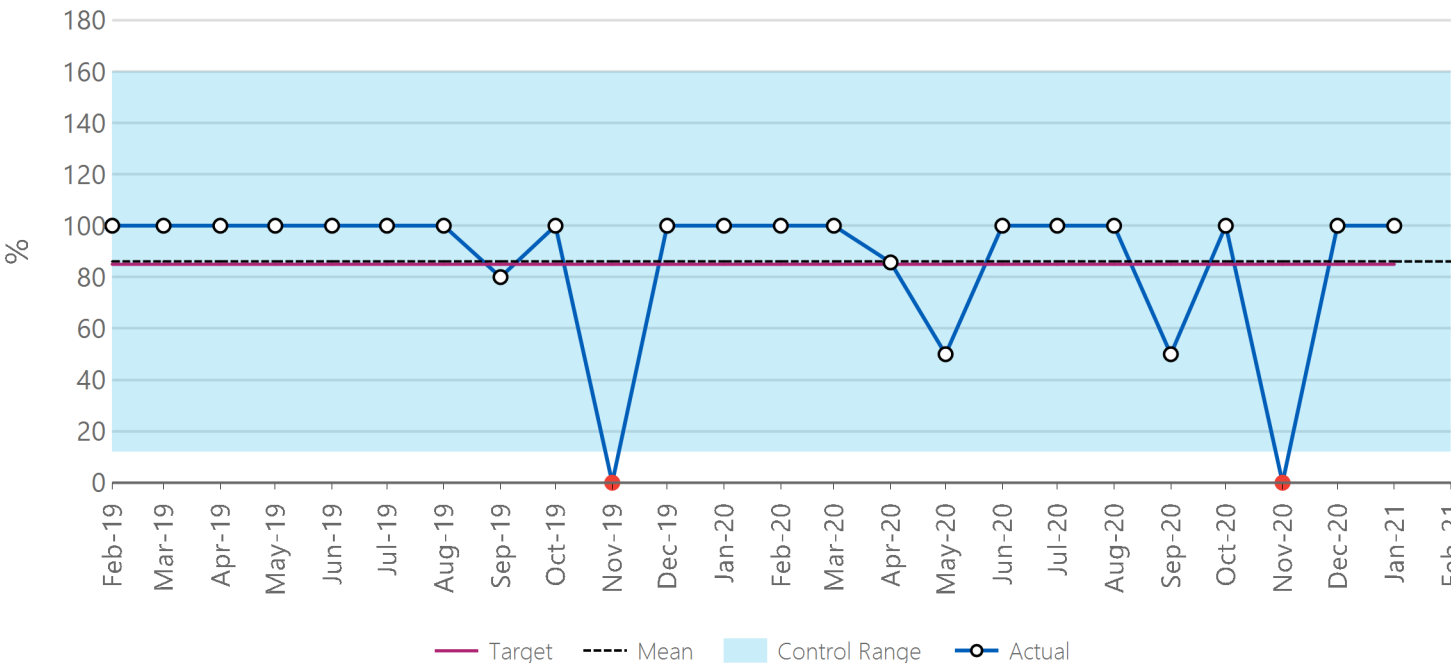
% of cancer patients treated within 62 days of referral (*Reported one month in arrears)

100% against 85% target
green rated

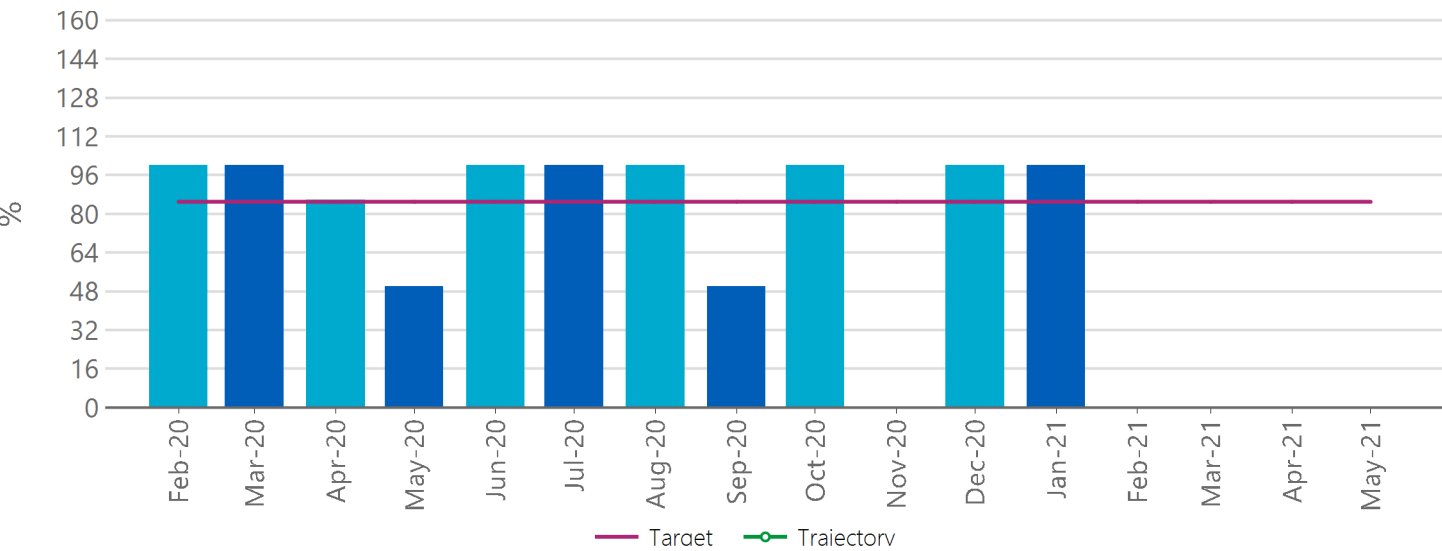
Narrative

The Cancer 62 day standard was achieved in January. Assessment of the current pathways, and likelihood of a potential breach means the year end forecast has been updated to red.

Performance over 24 months – SPC



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
100%	100%	100%	100%	100%	100%	100%	80%	100%	0%	100%	100%	100%	100%	85.71%	50%	100%	100%	100%	50%	100%	0%	100%	100%		82.05%

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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18 Weeks RTT Open Pathways

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

54.53% against 92% target

Below target red rated

Exec Lead:
Support Services Unit

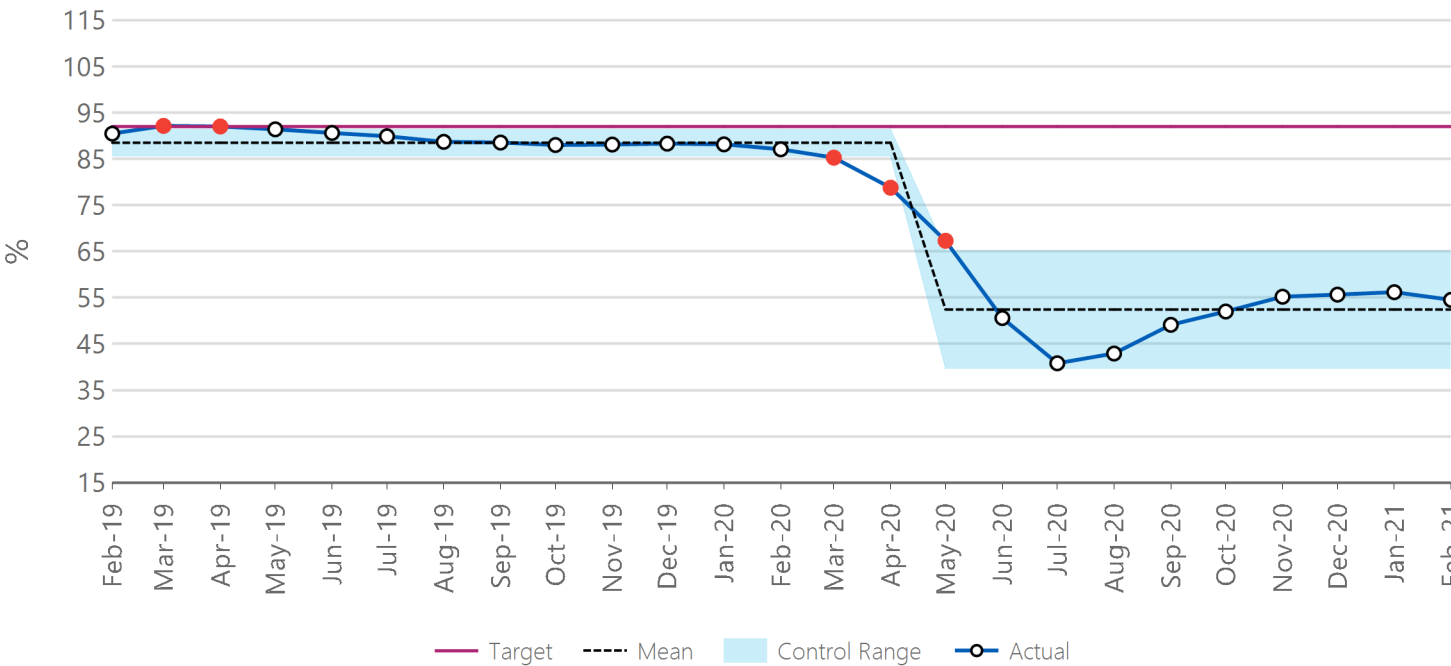
Integrated Performance Report

Narrative

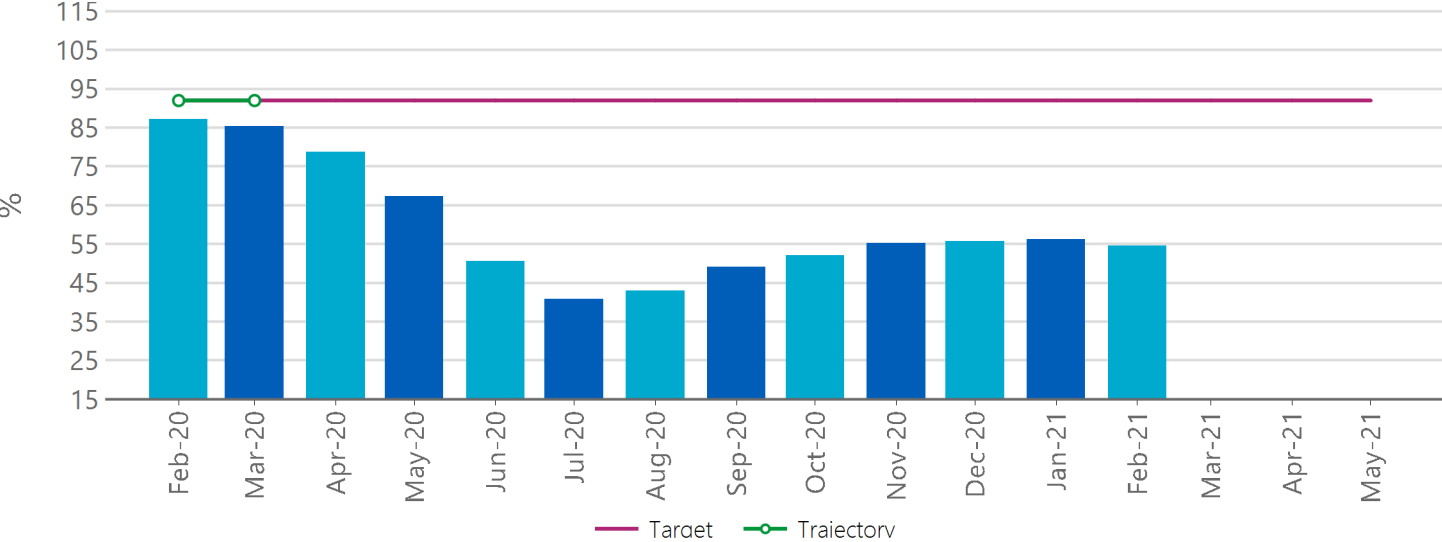
Our February performance was 54.53% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The total number of breaches has increased by 238, increasing from 4907 at the end of January to 5145 at the end of February. The performance breakdown by milestone is as follows: MS1 - 6447 patients waiting of which 1893 are breaches, MS2 - 1077 patients waiting of which 706 are breaches, MS3 - 3791 patients waiting of which 2546 are breaches.

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Trajectory



Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th March, this support continues in March so we anticipate the open pathways performance to deteriorate as we will only be treating priority 2 patients where it is deemed clinically essential.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
90.47%	92.14%	92.01%	91.4%	90.61%	89.9%	88.69%	88.54%	88.01%	88.1%	88.3%	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	55.21%	55.66%	56.19%	54.53%	54.21%

Patients Waiting Over 52 Weeks – English

Number of English RTT patients currently waiting 52 weeks or more

1,334 against 0 target
Breaching target red rated

Exec Lead:
Specialist Services Unit

Integrated Performance Report

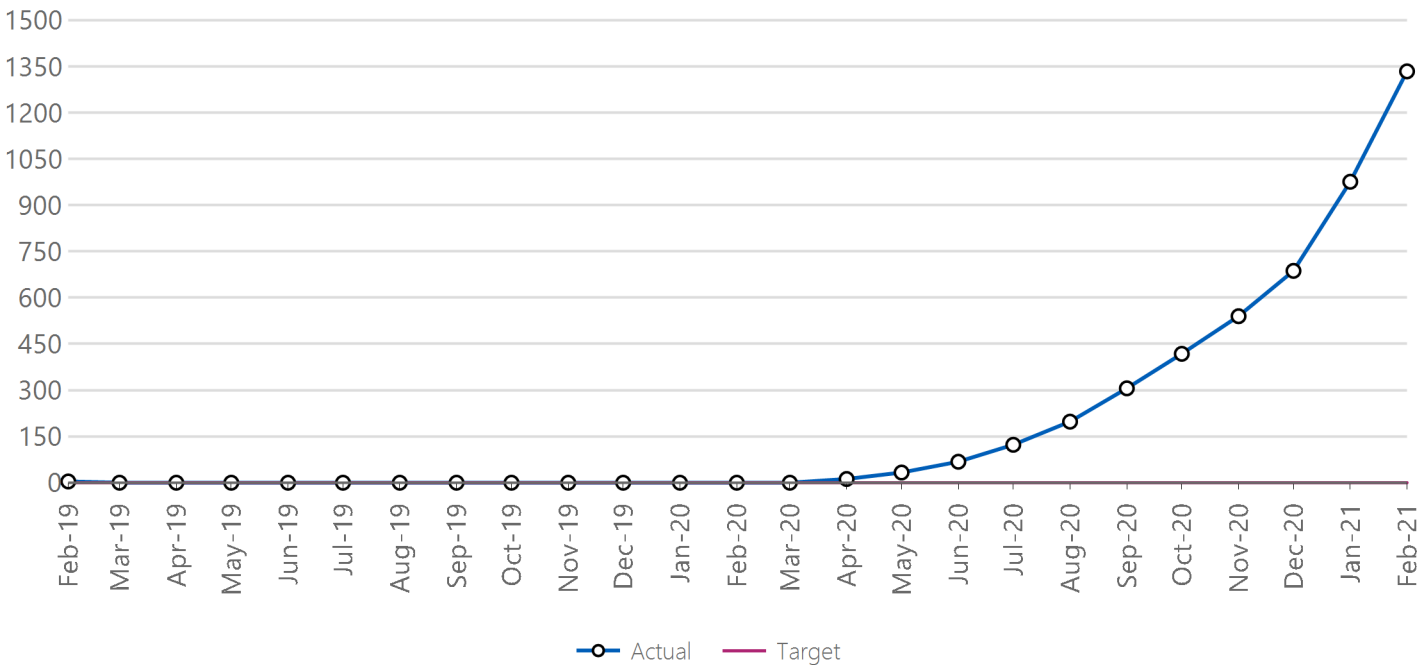
Narrative

At the end of February there were 1334 English patients waiting over 52 weeks. This is above our trajectory figure of 763.

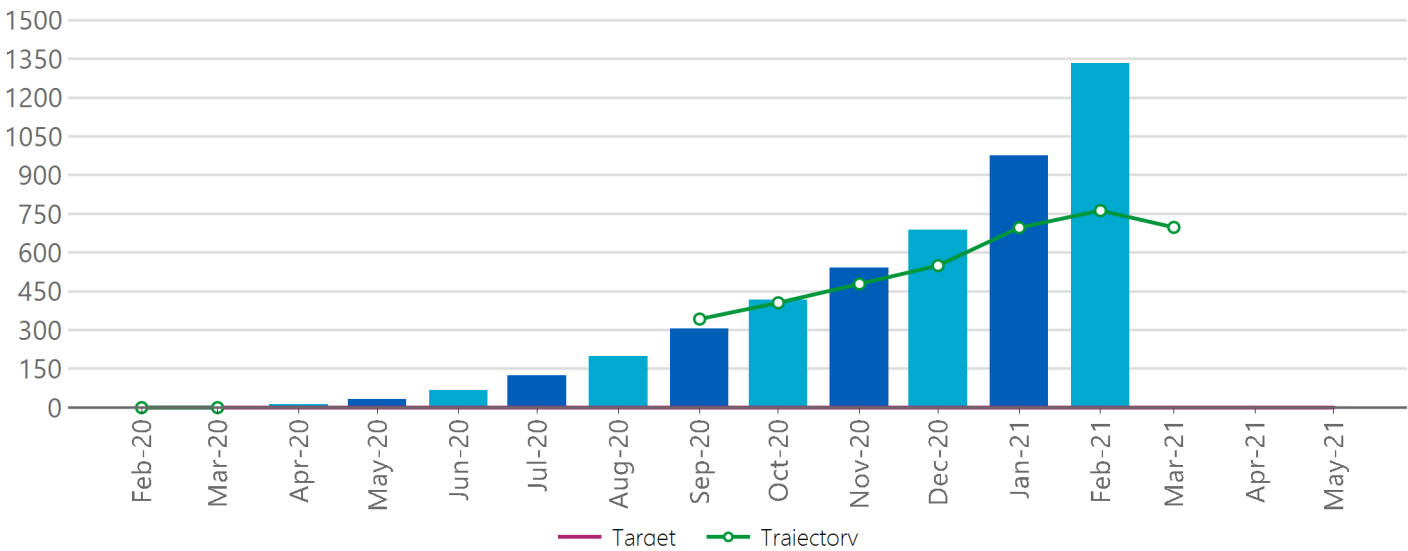
The patients are under the care of the following sub-specialities; Arthroplasty (421), Spinal Disorders (342), Knee & Sports Injuries (257), Upper Limb (162), Foot & Ankle (80), Paediatric Orthopaedics (32), Spinal Injuries (15), Tumour (12), Metabolic Medicine (5), SOOS GPSI (2), Neurology (2), Physiotherapy (1), Orthotics (1), Geriatrics (1) and SOOS Physiotherapy (1).

- The number of patients waiting, by weeks brackets is:
- >=52 to <60 weeks - 731 patients
 - >=60 to <70 weeks - 378 patients
 - >=70 weeks to <80 weeks - 147 patients
 - >=80 weeks to <104 weeks - 77 patients
 - >=104 weeks - 1 patient

Performance over 24 months –



Trajectory



Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th March, this support continues in March so we anticipate the number of patients waiting over 52 weeks to deteriorate as we will only be treating priority 2 patients where it is deemed clinically essential. We continue to review the clinical priority of patients and update harms assessments as appropriate.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
4	0	0	0	0	0	0	0	0	0	0	0	0	0	12	33	68	123	198	306	418	540	687	976	1,334

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Patients Waiting Over 52 Weeks – Welsh

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

798 against 0 target
Breaching target red rated

Exec Lead:
Specialist Services Unit

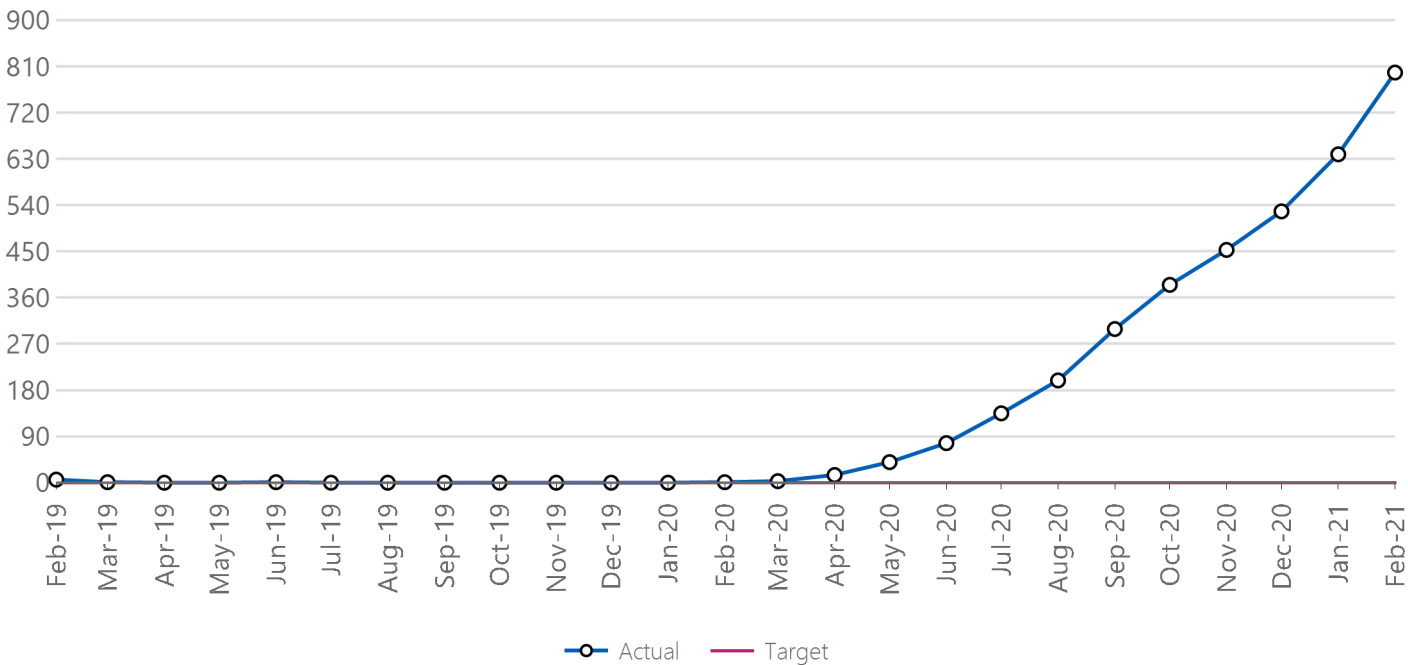
Integrated Performance Report

Narrative

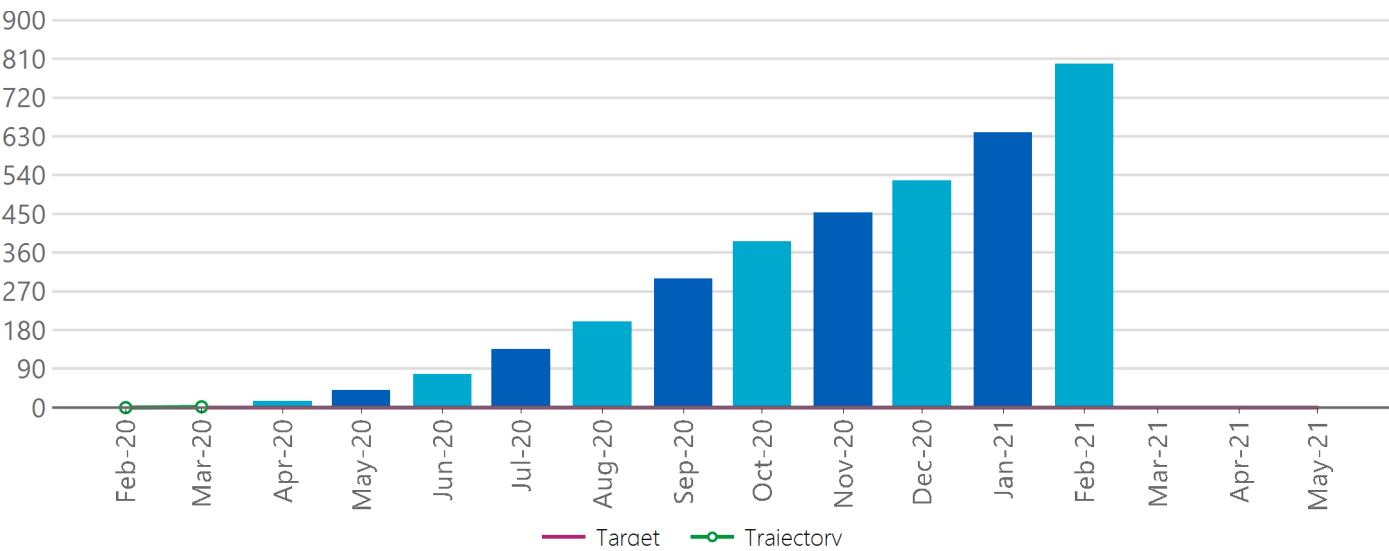
At the end of February there were 798 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (323), Arthroplasty (207), Knee & Sports Injuries (103), Foot & Ankle (67), Upper Limb (60), Paediatric Orthopaedics (24), Spinal Injuries (4), Metabolic Medicine (4), Tumour (4) and Neurology (2) . The patients are under the care of the following commissioners; BCU (426), Powys (355), Hywel Dda (13) and Aneurin Bevan (4).

- The number of patients waiting, by weeks brackets is:
- >=52 to <60 weeks - 341 patients
 - >=60 to <70 weeks - 216 patients
 - >=70 weeks to <80 weeks - 157 patients
 - >=80 weeks to <104 weeks - 83 patients
 - >=104 weeks - 1 patient

Performance over 24 months –



Trajectory



Actions

Action to Improve: The Trust continues to provide support to the system's covid-19 response. As at 9th March, this support continues in March so we anticipate the number of patients waiting over 52 weeks to deteriorate as we will only be treating priority 2 patients where it is deemed clinically essential. We continue to review the clinical priority of patients and update harms assessments as appropriate.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
6	1	0	0	1	0	0	0	0	0	0	0	1	3	15	40	77	135	199	299	385	453	528	639	798

6 Week Wait for Diagnostics - English Patients

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

87.38% against 99% target
Below target **red rated**

Exec Lead:
Clinical Services Unit

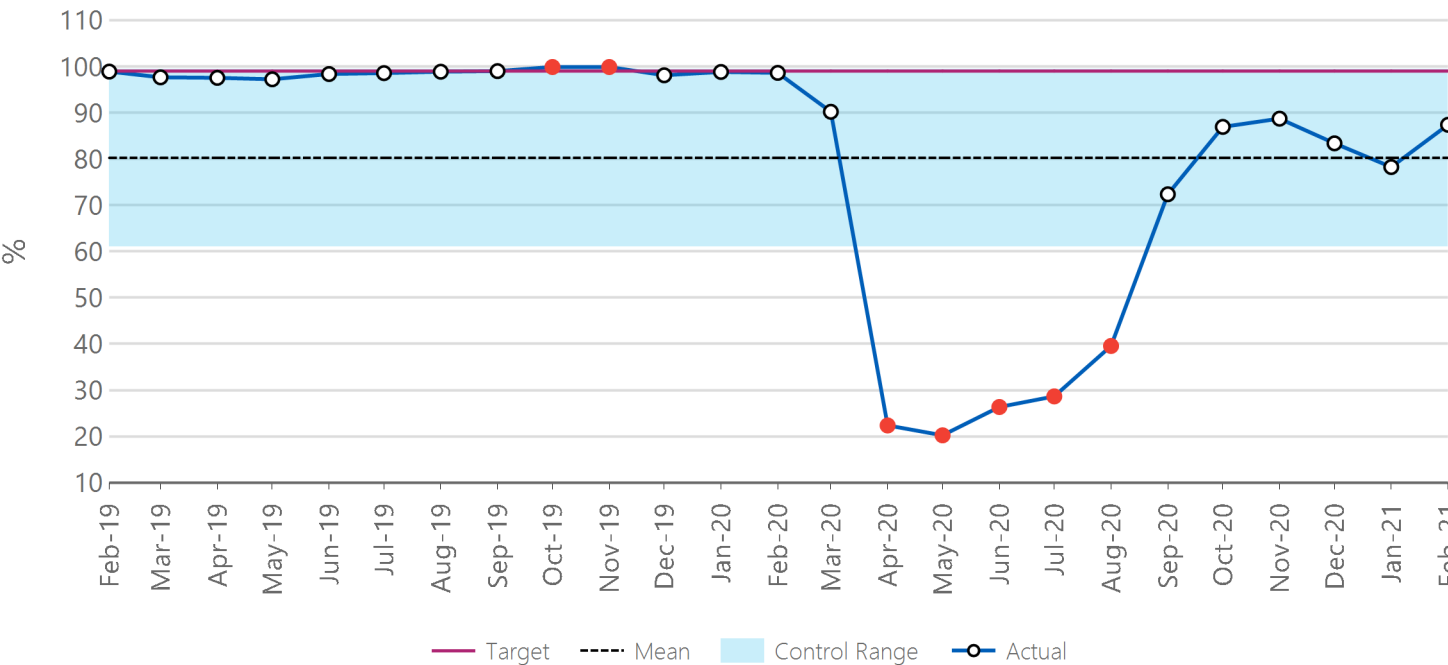
Integrated Performance Report

Narrative

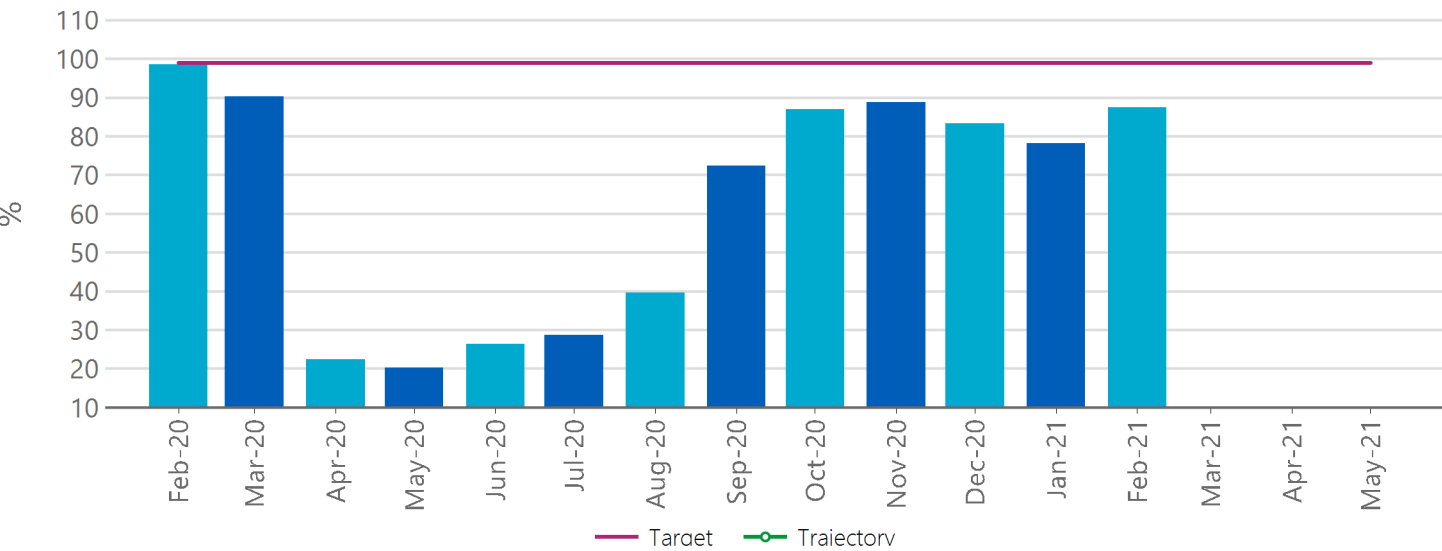
The 6 week standard for diagnostics was not achieved this month and is reported at 87.38%. This equates to 105 patients who waited beyond 6 weeks, a decrease of 66 from volume reported at the end of January.
The breaches occurred in the following modalities;
- MRI (95 - with 54 dated)
- Ultrasound (2 dated)
- CT (4 - with 3 dated)
- DEXA (4 dated)

Reasons associated with the delays include capacity issues, delays due to COVID19, spinal injuries patients awaiting MCSI support to safely transfer patients, limited appointments for Arthrograms and patients wanting same day appointments for different tests. Furthermore, we have seen an increase of patients cancelling their appointments and choosing to wait due to COVID19.

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:**
- Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
 - Recruitment of additional radiographers, to include agency radiographers. Appointed radiographers to commence employment throughout quarter one.
 - Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
 - Focus on the administrative part of processes to include; mentoring of recent employed Supervisor, review process to booking appointments and reiterate diagnostic standards to team.
 - A 'Breaking The Cycle' Improvement event, led by the Improvement and Organisational Development Manager is booked for 23rd March for Access Team, Radiology and Outpatients.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
98.88%	97.64%	97.53%	97.21%	98.35%	98.55%	98.85%	98.99%	99.87%	99.87%	98.09%	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	88.7%	83.37%	78.24%	87.38%	56.08%

8 Week Wait for Diagnostics - Welsh Patients

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

94%
against 100% target

Below target red rated

Exec Lead:
Clinical Services Unit

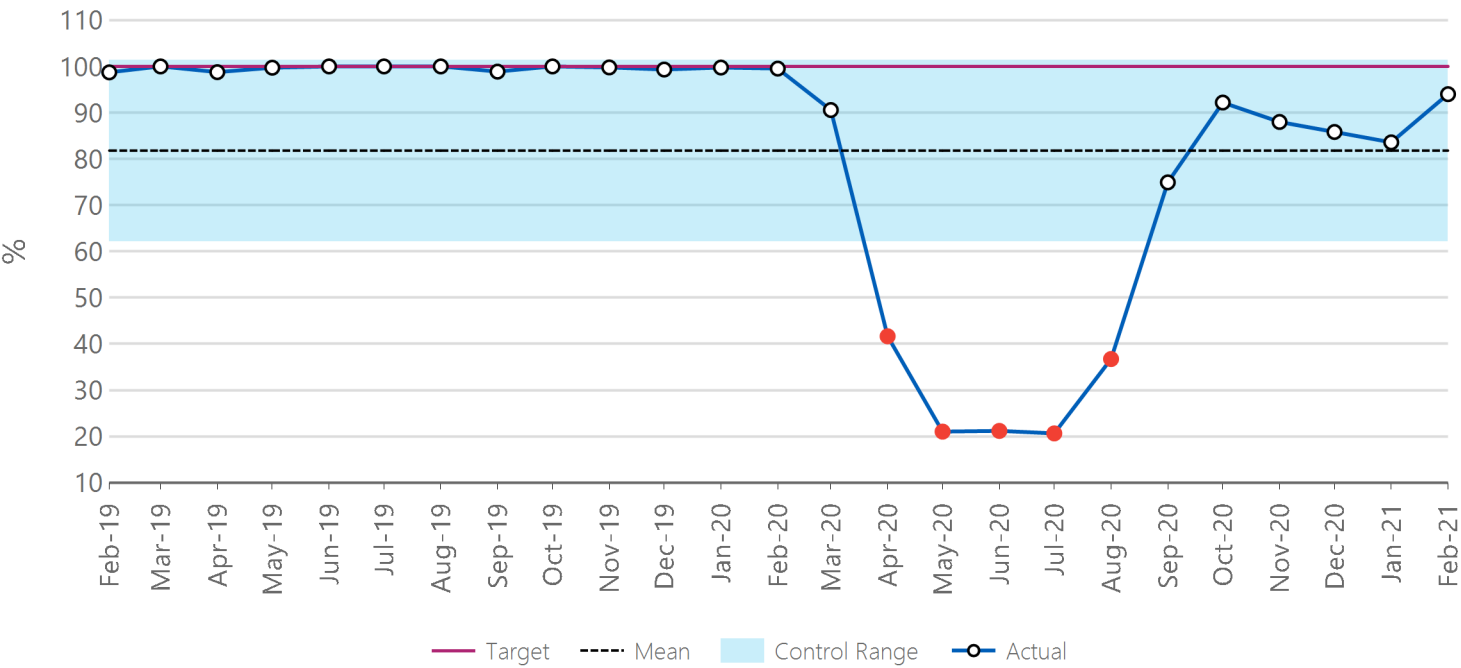
Integrated Performance Report

Narrative

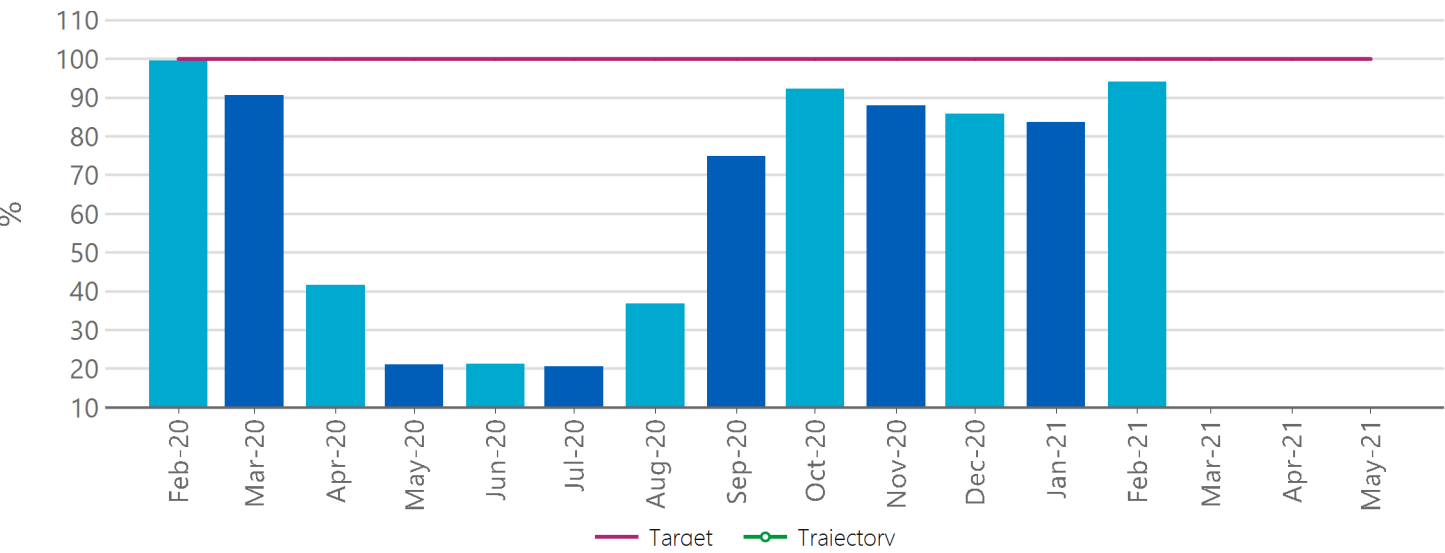
The 8 week standard for diagnostics was not achieved this month and is reported at 94.00%. This equates to 24 patients who waited beyond 8 weeks; a decrease of 42 from volume reported at the end of January. The breaches occurred in the following modalities;
- MRI (24 - with 14 dated)

Reasons associated with the delays include capacity issues, delays due to COVID19, spinal injuries patients awaiting MCSI support to safely transfer patients and limited appointments for Arthrograms. Furthermore, we have seen an increase of patients cancelling their appointments and choosing to wait due to COVID19.

Performance over 24 months – SPC



Trajectory



Actions

- Action to Improve:**
- Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
 - Recruitment of additional radiographers, to include agency radiographers. Appointed radiographers to commence employment throughout quarter one.
 - Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
 - Focus on the administrative part of processes to include; mentoring of recent employed Supervisor, review process to booking appointments and reiterate diagnostic standards to team.
 - A 'Breaking The Cycle' Improvement event, led by the Improvement and Organisational Development Manager is booked for 23rd March for Access Team, Radiology and Outpatients.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%	99.78%	99.32%	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	87.99%	85.82%	83.58%	94%	54.75%

Total Elective Activity

263 against 1,010 target
Within target **red rated**

Exec Lead:
MSK Unit

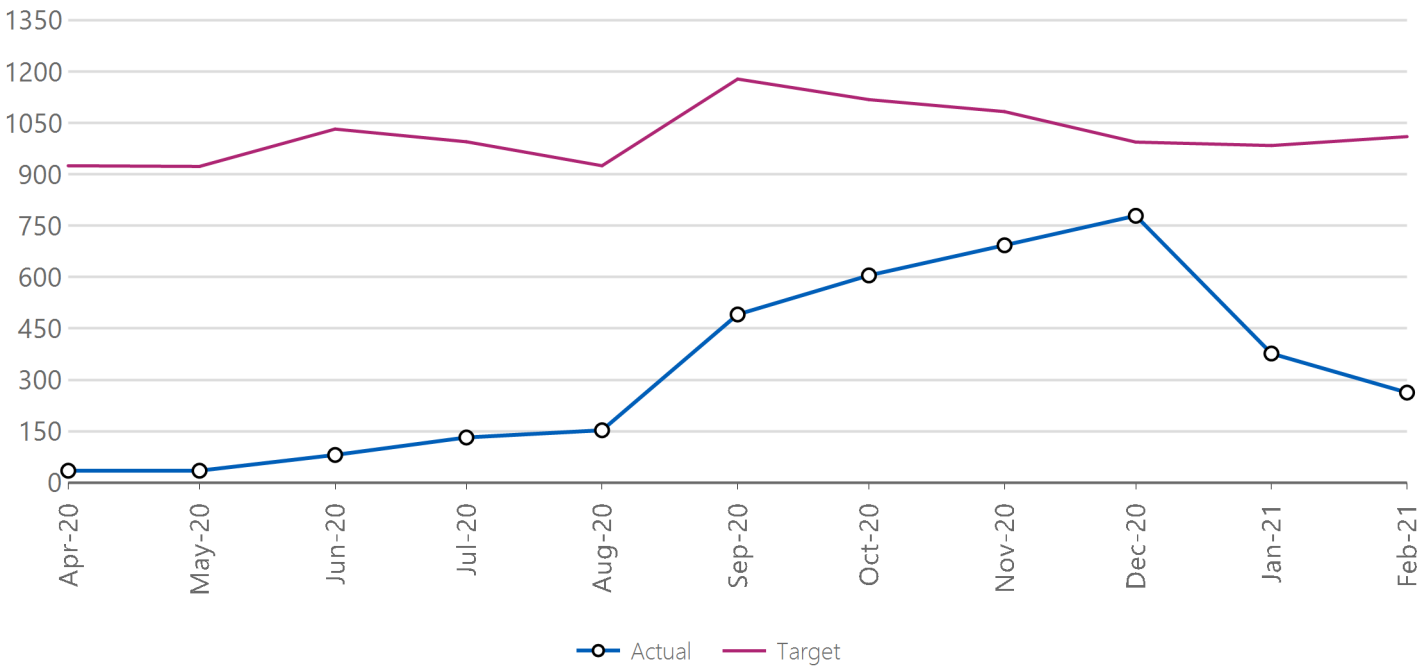
Integrated Performance Report

Narrative

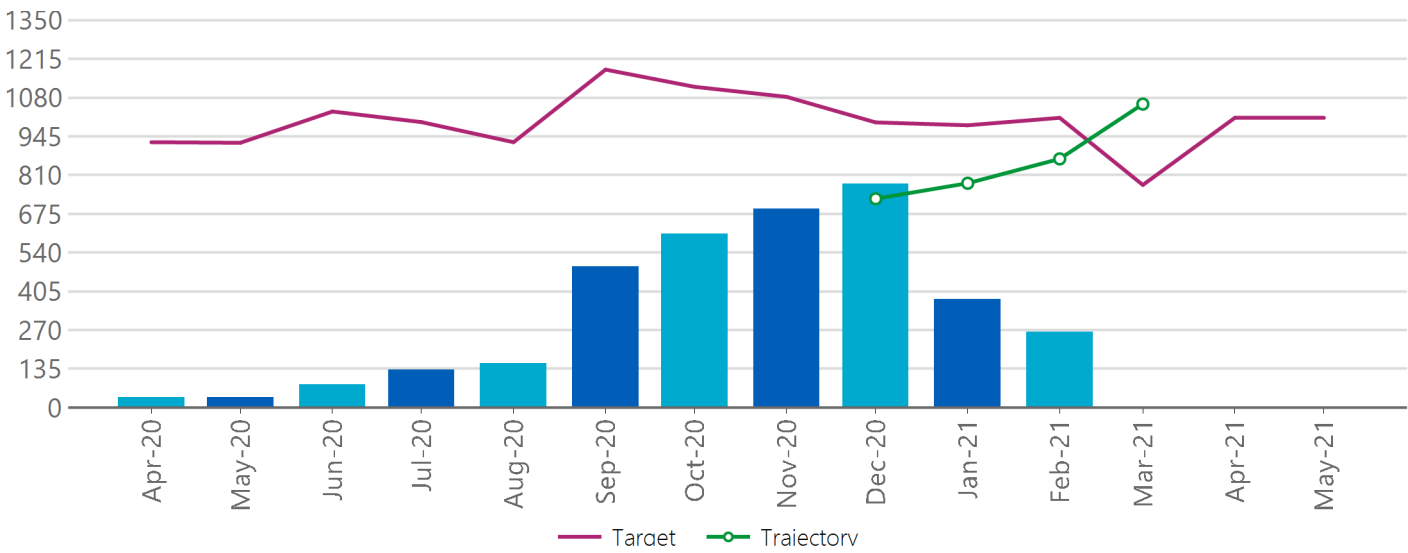
Nationally, Trusts are being monitored against activity levels delivered in 19/20, therefore the 20/21 plans have been updated to monitor against these figures. In November the Trust revised the submitted phase 3 planning figures with revised plans for the months of December to March. These figures are represented as a trajectory in the trajectory graph.

In February the total elective activity undertaken in the Trust was 263; this was 747 spells behind the plan of 1010. As at 5th March, the forecast for total elective spells against the refreshed March plan is 42; this is 734 behind the plan of 776 for March.

Performance over 24 months –



Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
35	35	81	132	153	491	605	693	779	377	263	3,644

Actions

Action to Improve: Plans are being worked up to repatriate 70 of our staff over two phases with the aim to be completed by end of March. Allied to that is the internal restore plan which is being supported by the internal goal to continue to book only P2 cases whilst capacity is limited. The Trust hopes to rapidly implement Phase 2 of the restore plan – to reallocate IJP lists according to capacity, split percentage wise per speciality, pending full restore of Job Plan.

The Trust will continue to review our actions alongside the impact of the covid-19 system response.

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

71.15% against 87% target
Within target **red rated**

Exec Lead:
MSK Unit

Integrated Performance Report

Narrative

The occupancy rate for all wards is red rated this month at 63.73%. The breakdown below gives the February occupancy per ward along with details on bed base and it's current use. Beds have been reduced in line with social distancing guidance:

MSK Unit:

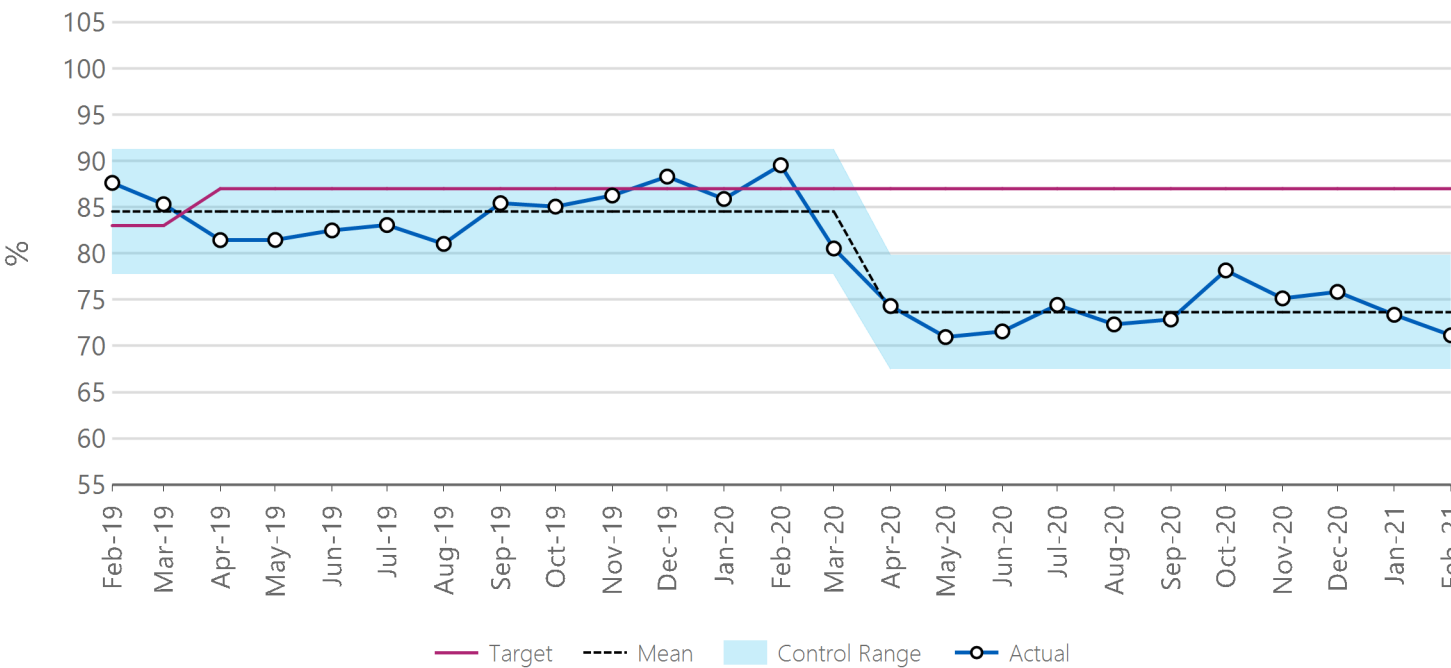
- Clwyd - 75.65% - usually 28 beds; open to 18-20 beds throughout month
- Powys - Ward closed throughout month
- Kenyon - Ward closed throughout month
- Ludlow - 36.22% - usually 16 beds; open to 14 beds throughout month - used for suspected/confirmed covid patients

Specialist Unit:

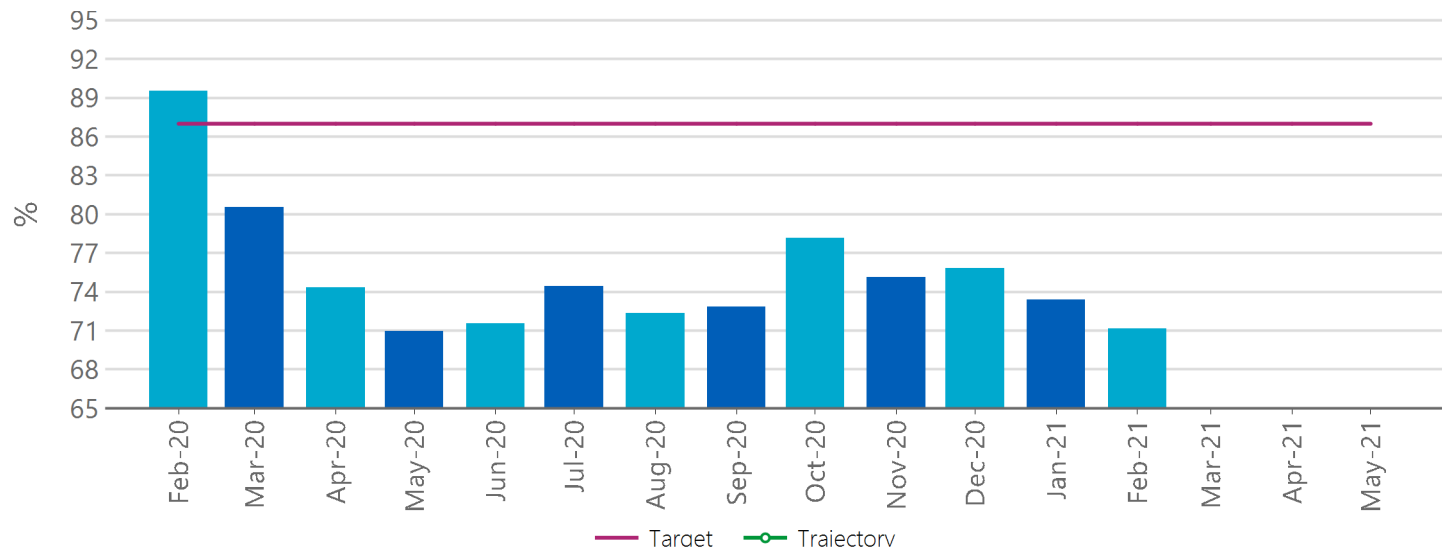
- Alice - 36.08% - open to usual 16 beds with closures on and around weekends
- Oswald - 78.23% - open to usual 10 beds
- Gladstone - 84.65% - open to usual 29 beds throughout month
- Wrekin - 89.09% - open to usual 15 beds throughout month
- Sheldon - 79.28% - open to usual 23 beds throughout month

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Trajectory



Actions

Action to Improve: As part of the Trust's covid-19 system response we will need to continually review our availability and utilisation of beds.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
87.62%	85.32%	81.44%	81.46%	82.49%	83.07%	81.03%	85.43%	85.06%	86.26%	88.31%	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	75.14%	75.84%	73.37%	71.15%	73.77%

Total Outpatient Activity

Total Outpatient Activity (Against Unadjusted External Plan (Phase 3), Catchment Based)

10,615 against 13,831 target

Within target red rated

Exec Lead:
Clinical Services Unit

Integrated Performance Report

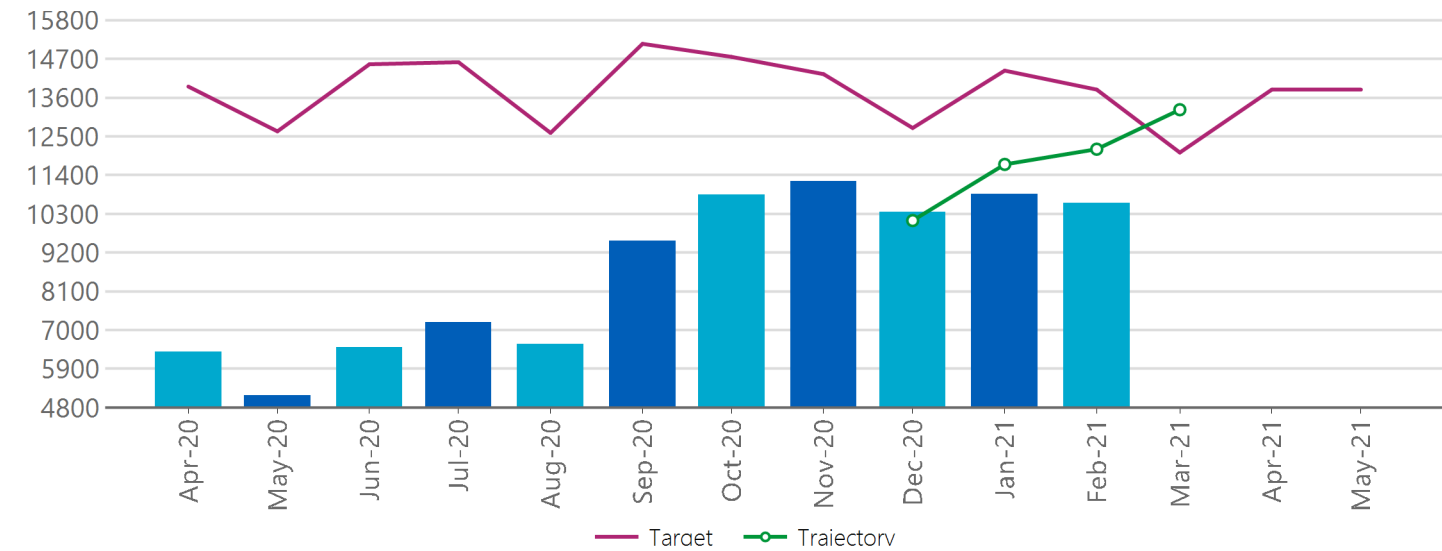
Narrative

This measure aligns with the NHS E/I inclusions and exclusions for restoration monitoring, effectively monitoring consultant-led activity. The target for this measure is the 19/20 activity that was delivered, with the phase 3 plans included as a trajectory in the trajectory graph. The months of December to March represent the figures included in our planning refresh carried out in November.

In February the total Outpatient activity undertaken in the Trust was 10615; 1524 cases below our phase 3 plan. As at 5th March (5th working day) there were 213 missing outcomes so once administrative actions are taken with these data entries, the February position will alter and updated figures will be included in the IPR next month. Taking into account the missing outcomes, this would mean that the Outpatient activity for February was 10828, 1311 below our phase 3 plan of 12139. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

Last month January was reported as 10748, 959 cases above our phase 3 plan, now with latest data available, as at 5th March, January now reported at 10854, 853 cases below our phase 3 plan. As at 5th February, the forecast for March is 9379 against the plan of 13260.

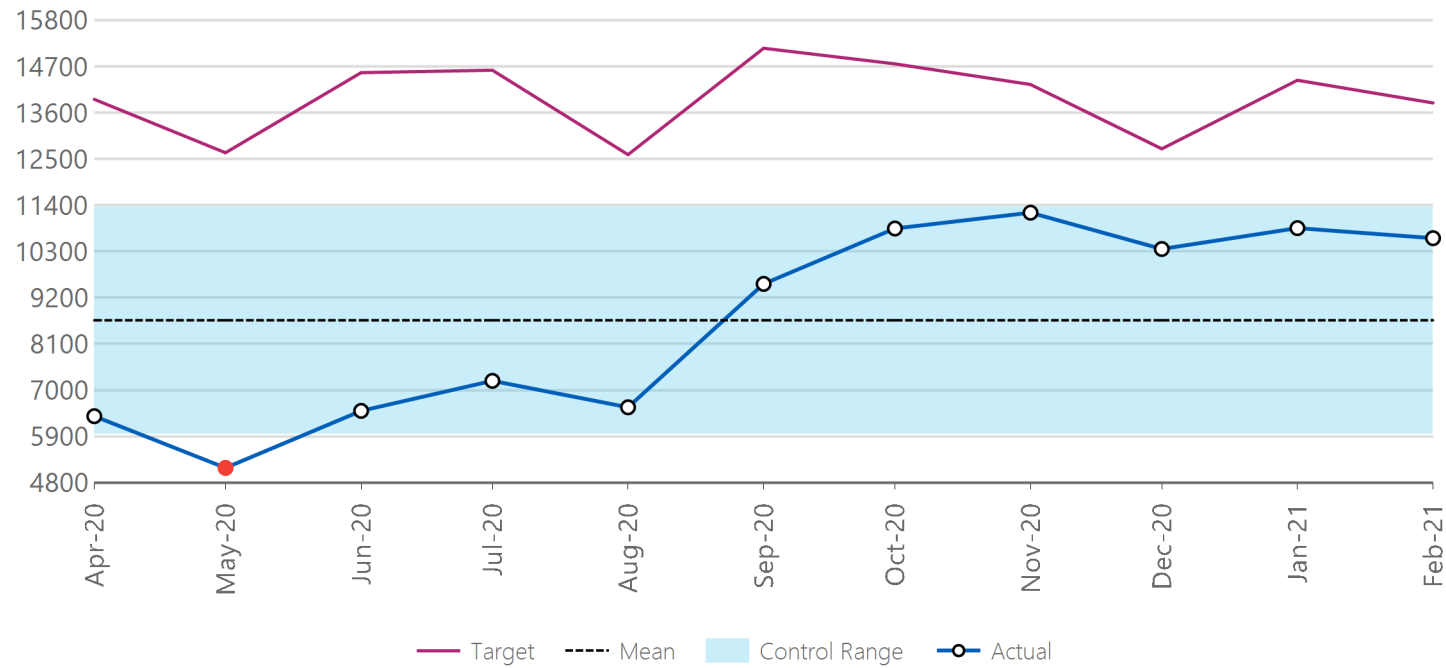
Trajectory



Heatmap performance over 24 months

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
6,382	5,152	6,508	7,222	6,593	9,528	10,845	11,221	10,358	10,854	10,615	95,278

Performance over 24 months – SPC



Actions

- Action to Improve:** Actions include:
- A 'Breaking The Cycle' Improvement event, led by the Improvement and Organisational Development Manager is booked for 23rd March for Access Team, Radiology and Outpatients.
 - Sub-speciality review of under-performance to maximise bookings
 - Saturdays and out of hours work in progress
 - Meetings in place to discuss clinic plan v actual for current and forthcoming month
 - Annual leave review
 - Bookwise - planning and capacity

Exec Lead:
Director of Finance

Integrated Performance Report

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

-117 against -295 target
Above target green rated

Narrative

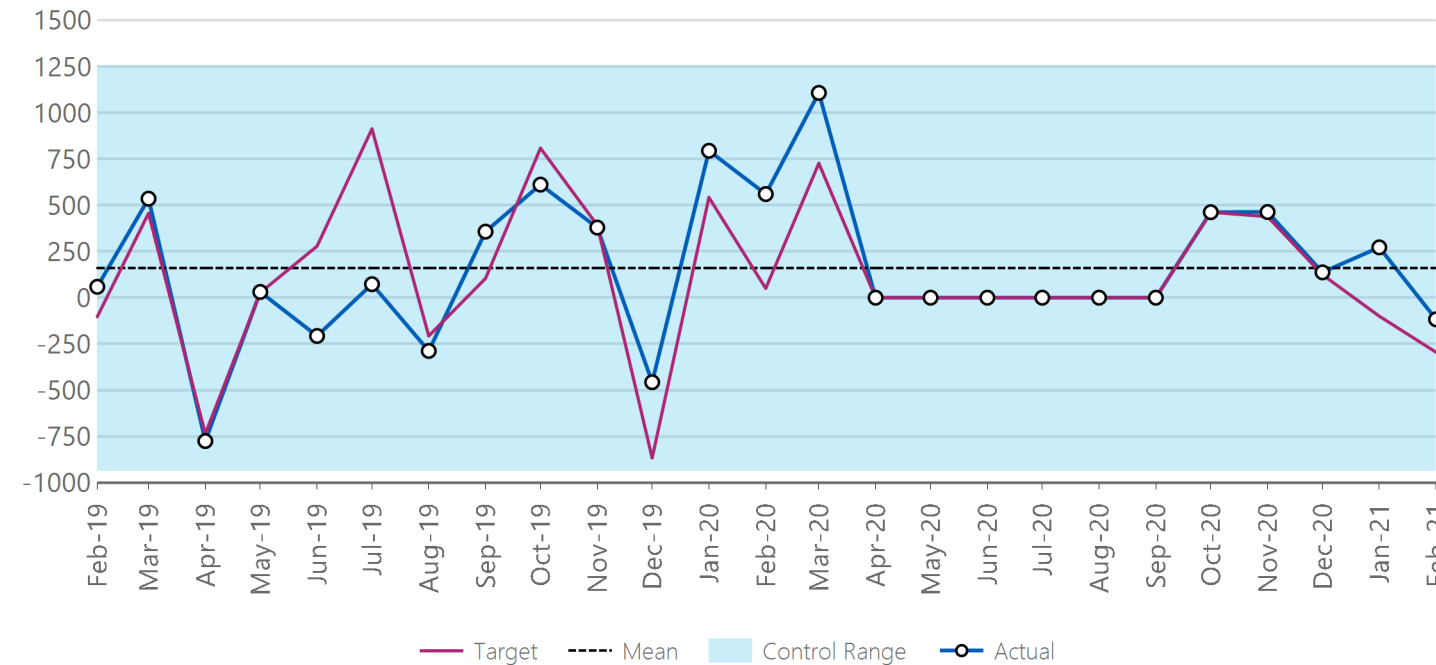
Overall £117k deficit in month, £178k favourable to plan.

YTD £1,217k surplus, £587k favourable to revised plan.

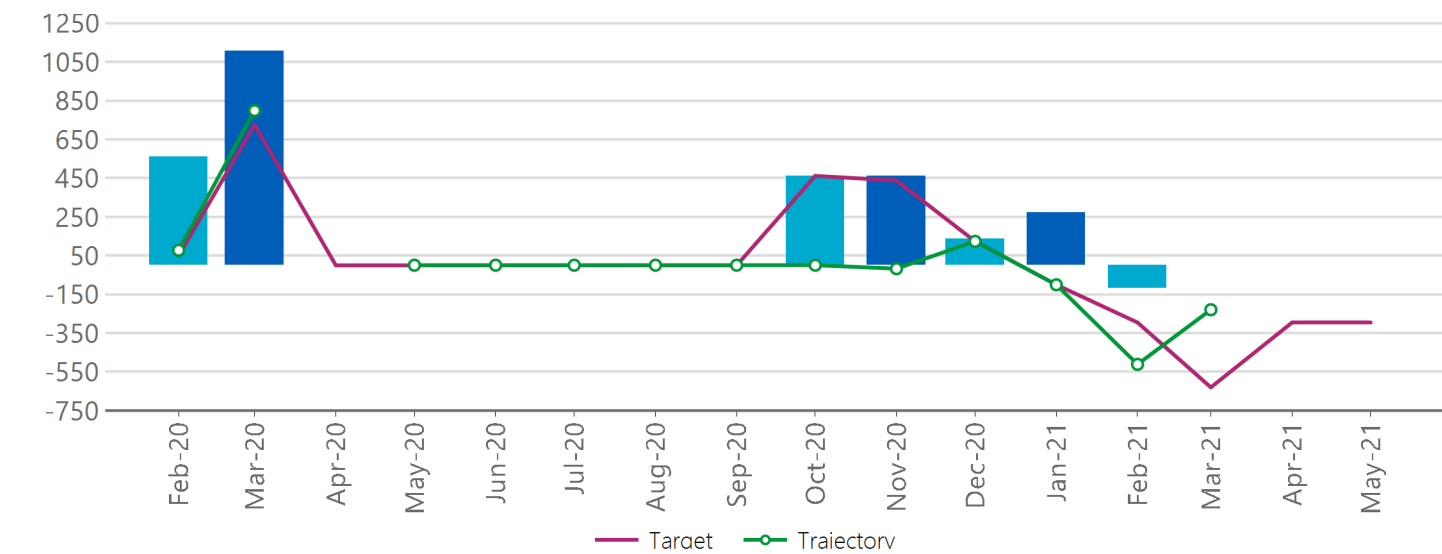
Forecast is £1m surplus (including system support of £980k) or break-even if this is repaid.

Forecast includes an annual leave accrual of £2.1m. Potential for this to be part funded by NHSI/E which would improve position

Performance over 24 months – SPC



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
59	535	-775	31	-207	73	-288	357	611	379	-457	794	560	1,107	0	0	0	0	0	0	462	463	137	272	-117	1,217

Income

All Trust Income, Clinical and non clinical

9,380 against 9,565 target

Below target red rated

Exec Lead:
Director of Finance

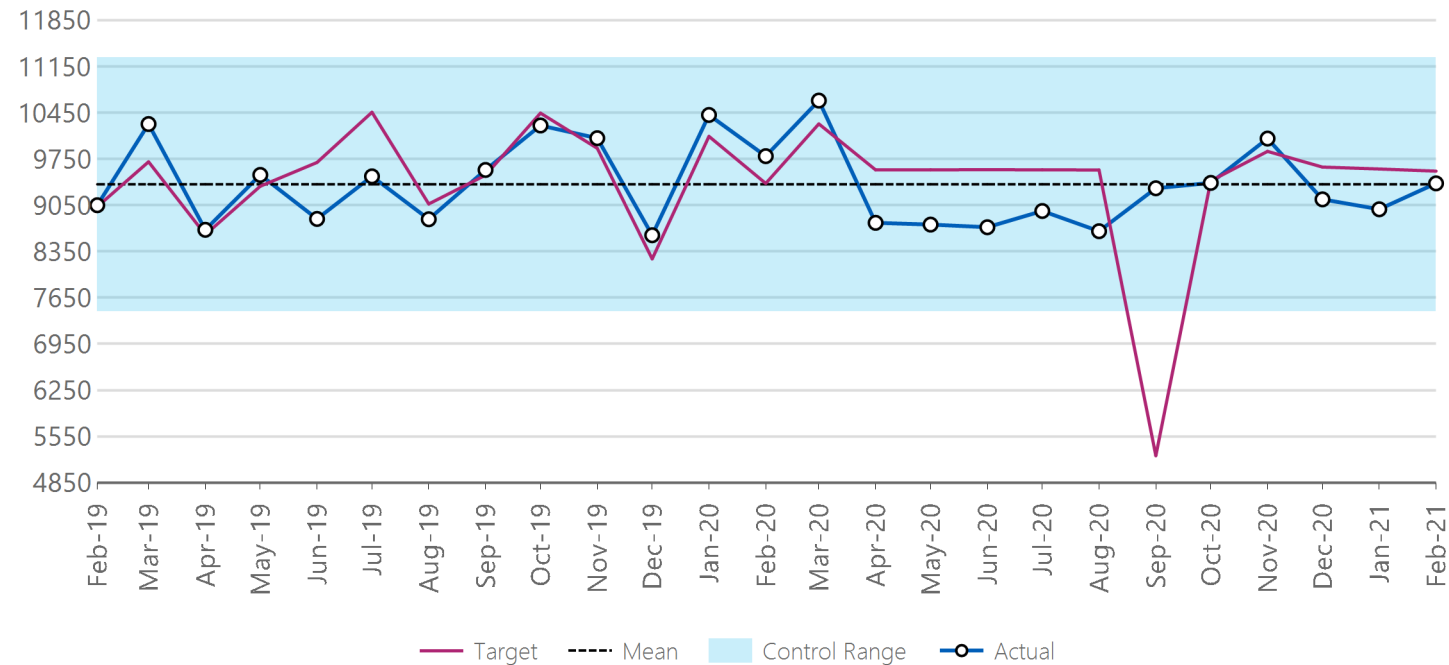
Integrated Performance Report

Narrative

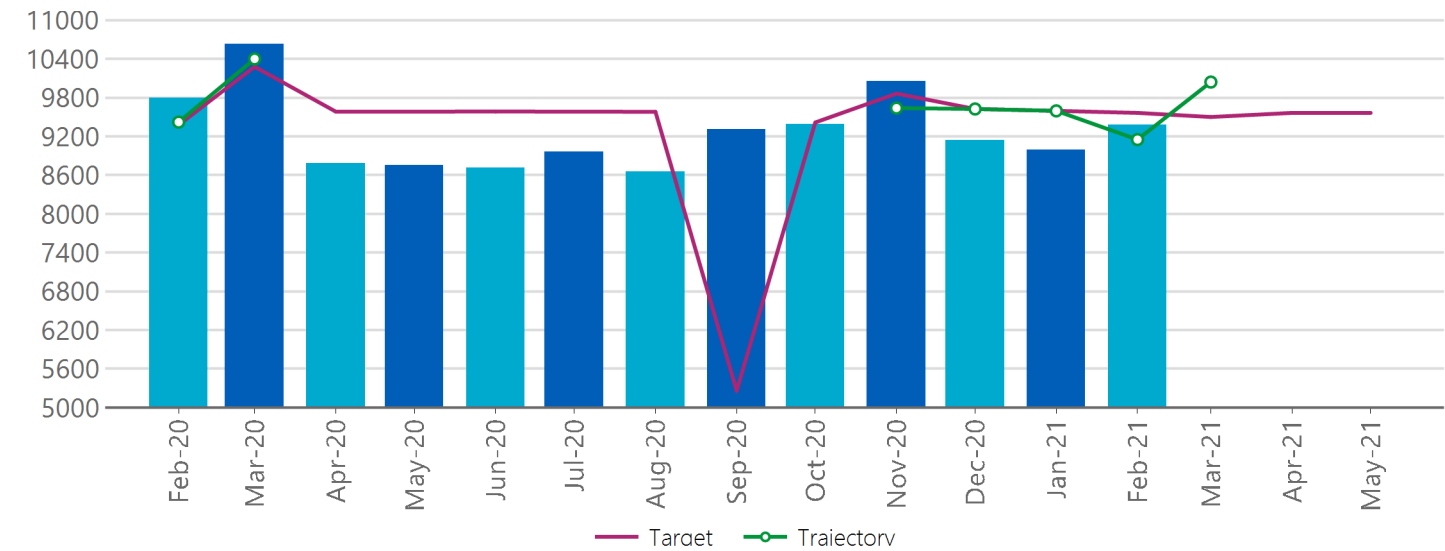
Income £185k adverse in month

- Clinical income adverse due to recognition of Welsh income risk linked to suspension of elective theatre activity.
- Reduced Private patients activity.

Performance over 24 months – SPC



Trajectory



Actions

Action to Improve: Close review of internal delivery position vs national guidance alongside system partners and regulator to inform forecast year end position, which remains breakeven due to marginal costs offset.

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
9,049	10,278	8,677	9,508	8,842	9,486	8,837	9,583	10,256	10,064	8,595	10,415	9,792	10,633	8,783	8,756	8,716	8,962	8,656	9,306	9,387	10,058	9,138	8,988	9,380	100,130

Expenditure

All Trust expenditure including Finance Costs

Narrative

Overall expenditure £362k favourable

Pay £1,042k adverse:
- Driven by increased annual leave accrual

Non pay £1,405k favourable
- Implants, drugs and consumables favourable due to pause of elective theatre activity

Note: vaccination hub/workforce services £238k of costs recharged to Shrewsbury and Telford Hospitals (SaTH), £430k ytd (excluded from these figures).

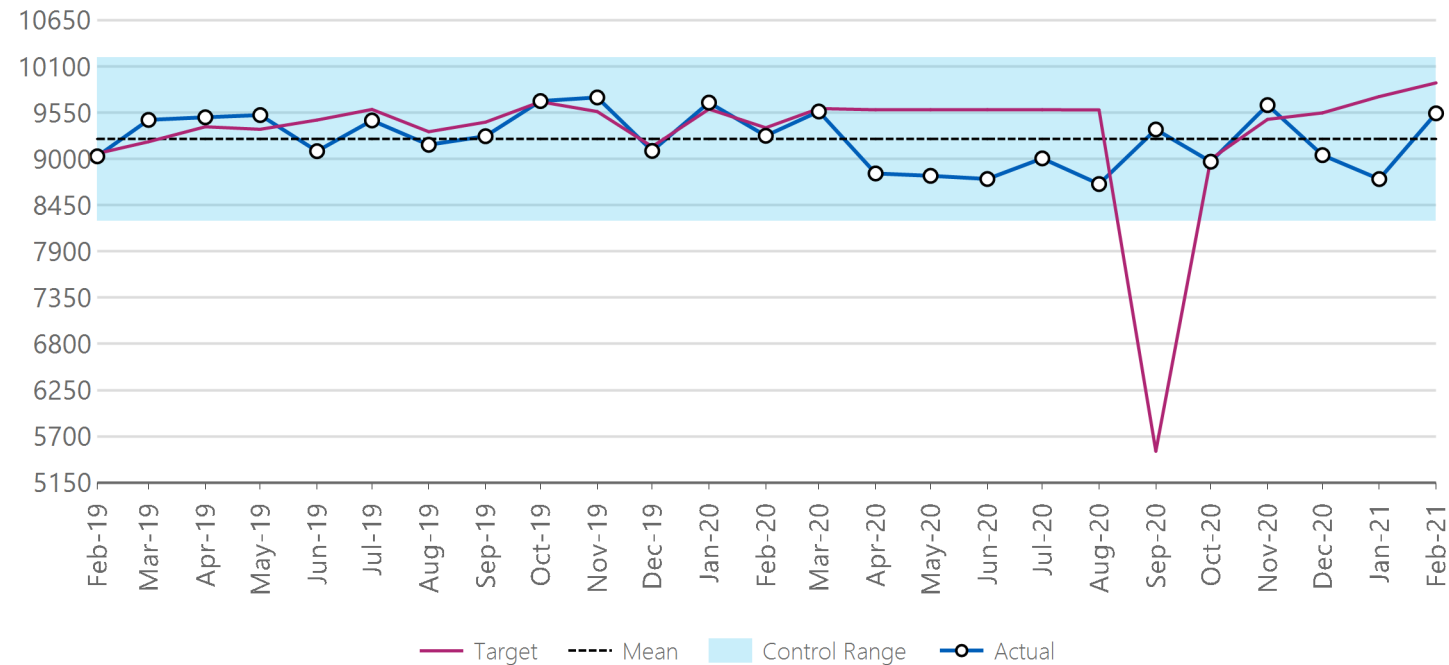
9,542 against 9,904 target

Within target green rated

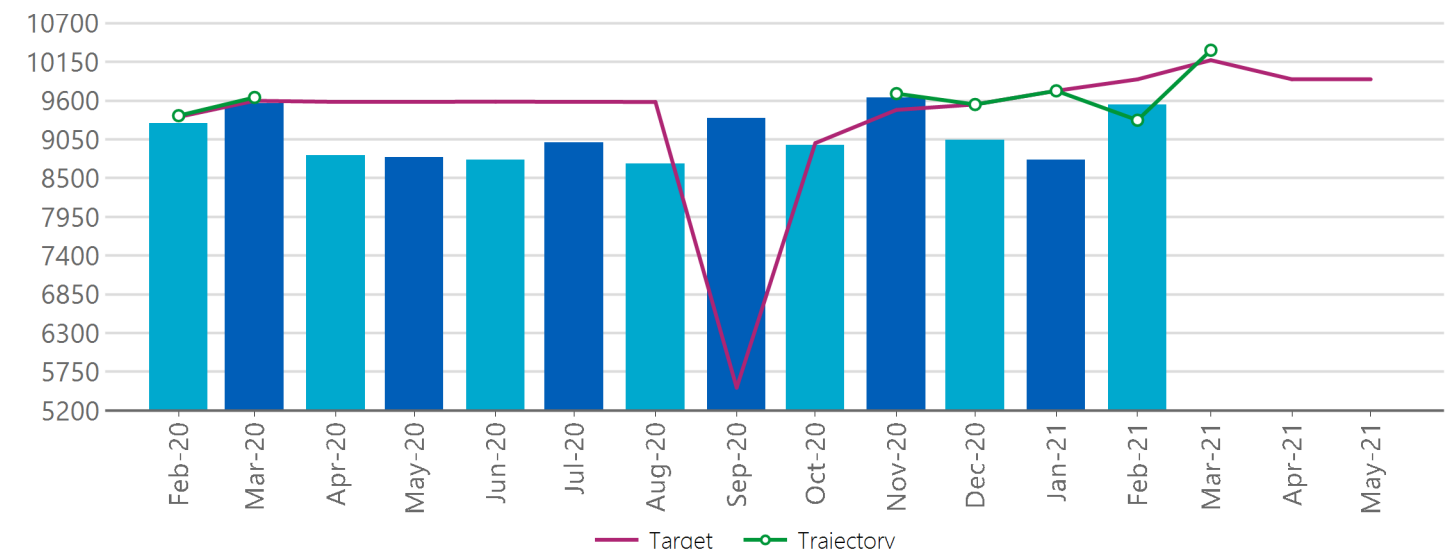
Exec Lead:
Director of Finance

Integrated Performance Report

Performance over 24 months – SPC



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,731	9,095	9,670	9,275	9,564	8,827	8,799	8,761	9,006	8,701	9,350	8,967	9,640	9,045	8,760	9,542	99,398

Efficiencies Delivery

Cost Improvement Programme requirement

113 against 93 target
Above target **green rated**

Exec Lead:
Director of Finance

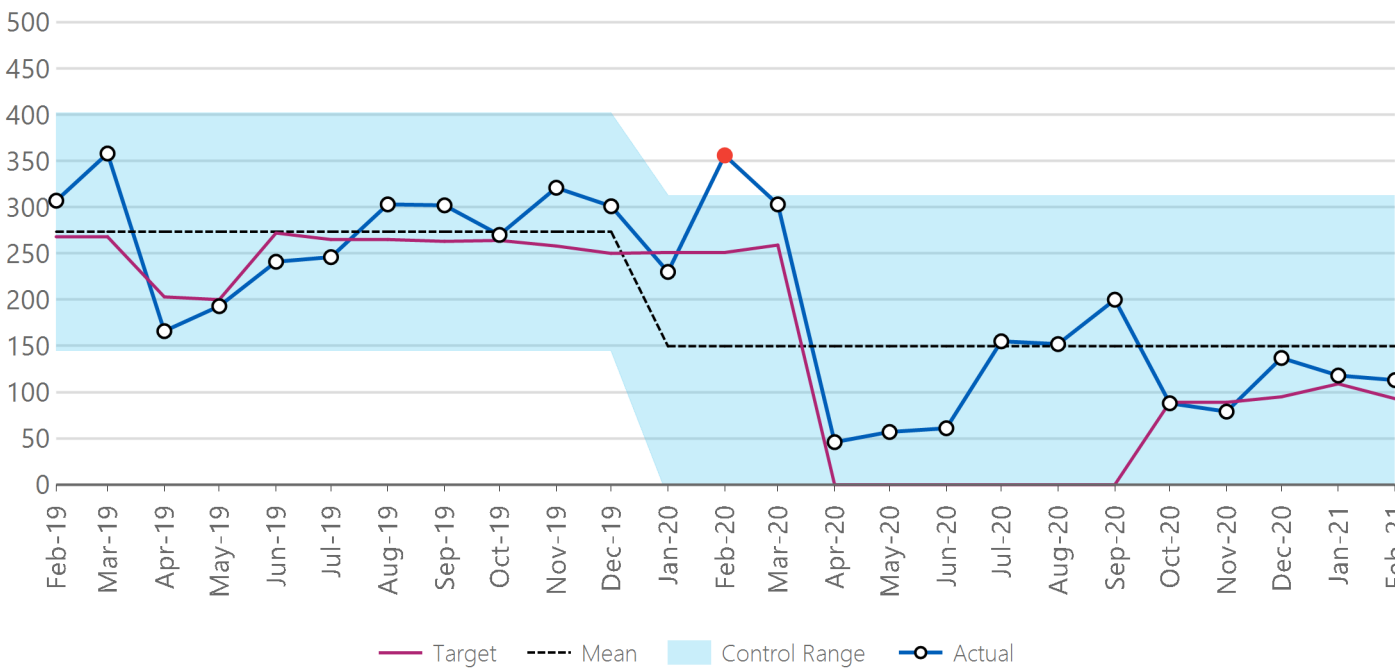
Integrated Performance Report

Narrative

£20k favourable in month.

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
307	358	166	193	241	246	303	302	270	321	301	230	356	303	46	57	61	155	152	200	88	79	137	118	113	535

Cash Balance

Cash in bank

Narrative

Cash balances of £21.3m, which includes the following payments in advance:

- £6.0m English block income
- £1.0m of top up and system support funding

Underlying cash balance £14.3m

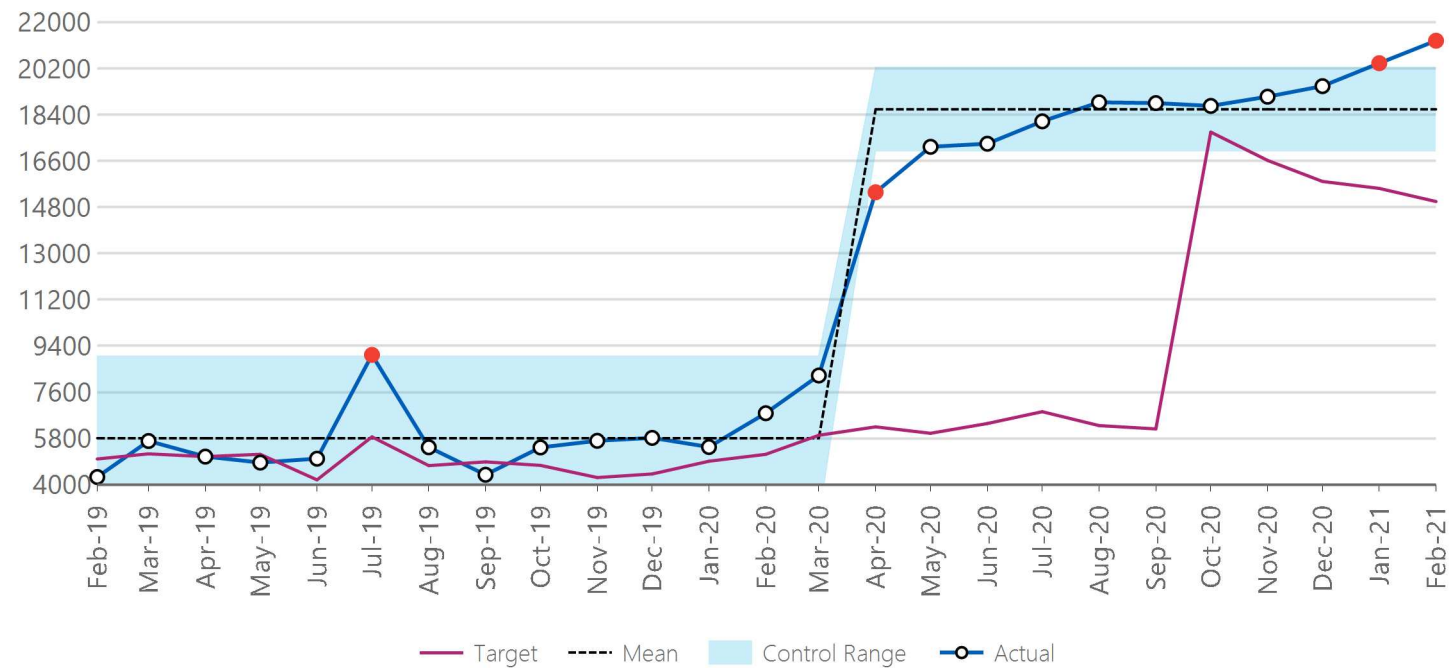
21,278 against 15,020 target
Above target **green rated**

Exec Lead:
Director of Finance

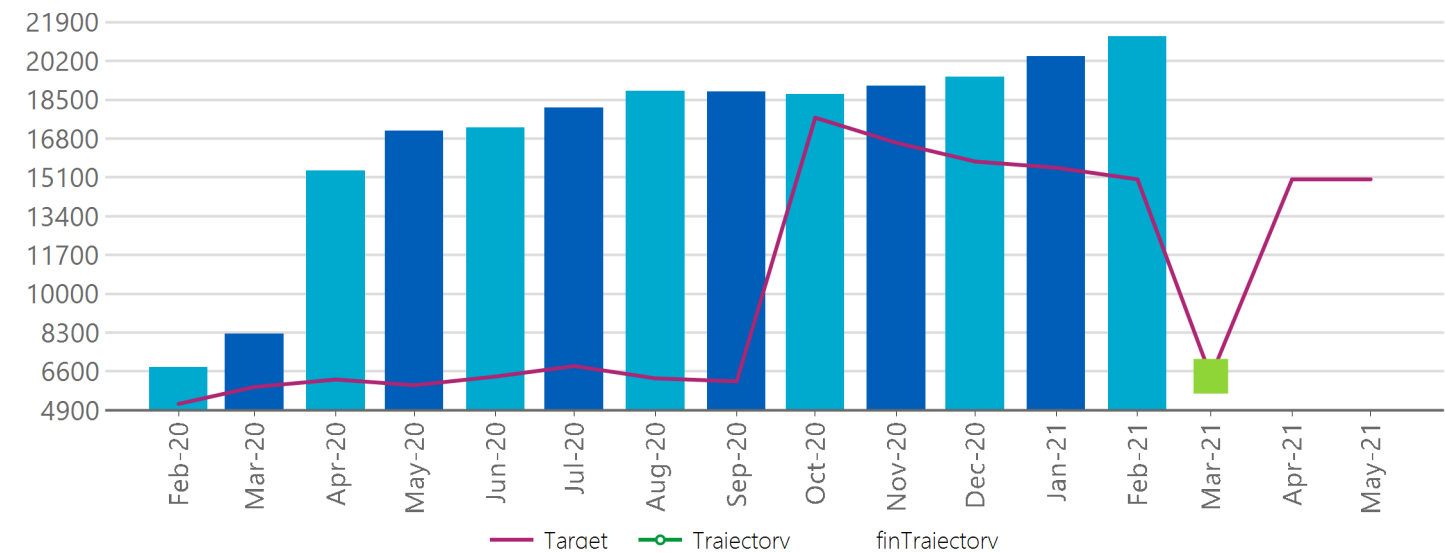
Integrated Performance Report

Performance over 24 months – SPC

SPC Alert - 7 or more consecutive points above or below the mean indicates a step change.



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,822	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	19,100	19,510	20,402	21,278	21,278

Capital Expenditure

Expenditure against Trust capital programme

463 against 1,088 target
Within target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

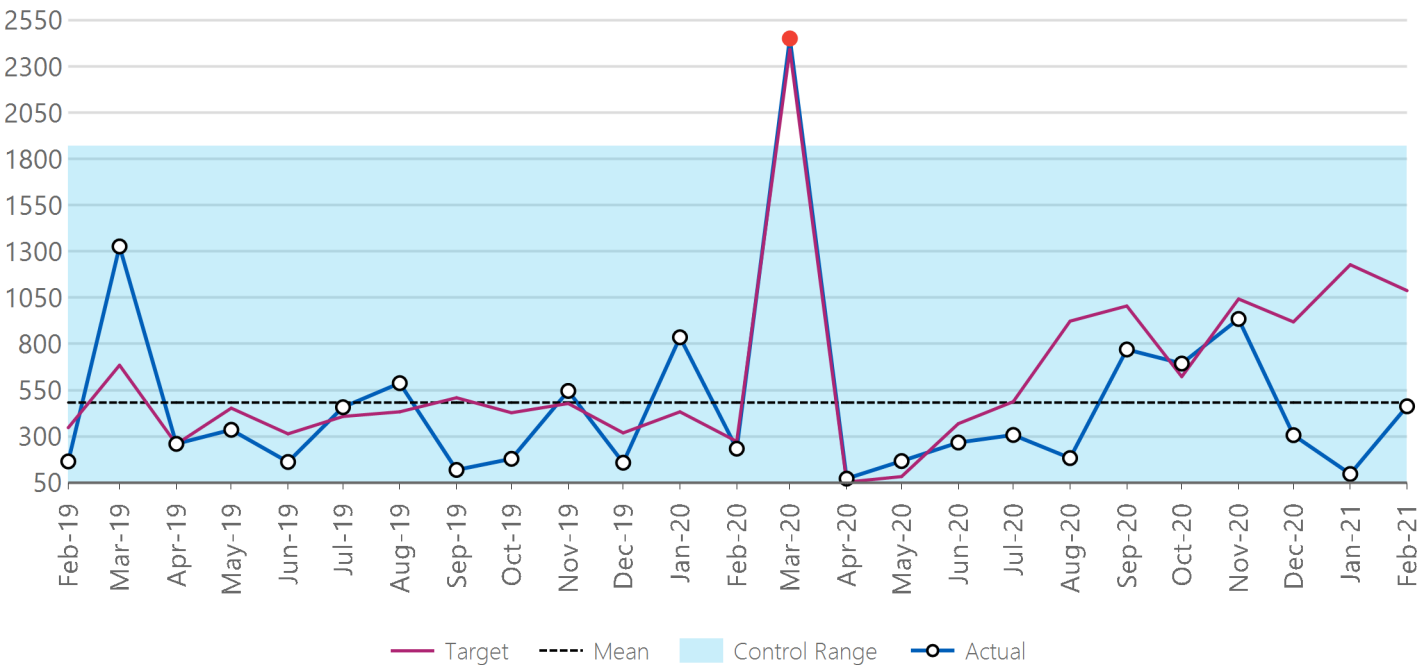
Narrative

In month £625k favourable to plan.

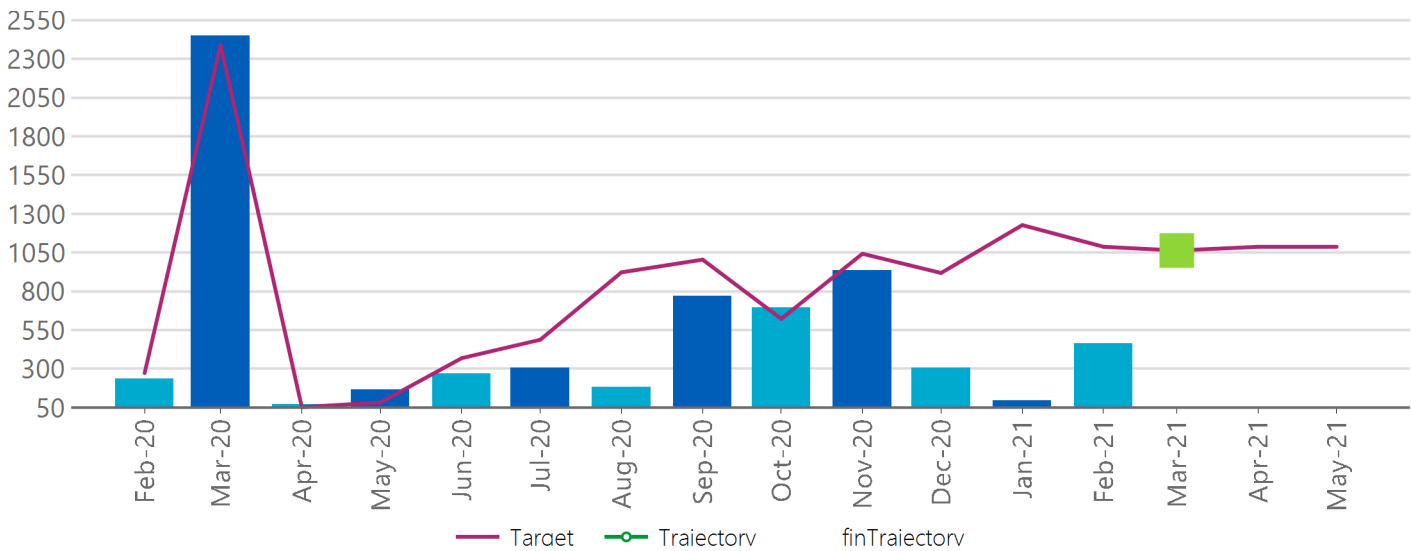
Year to date £3,559k favourable to plan made up of £1,434k NHS and £2,125k donated.

- Slippage on NHS schemes forecast at c£0.9m by 31st March 2021.
- Slippage on donated linked to Veteran's project which will be carried forward to 21/22.

Performance over 24 months – SPC



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
165	1,327	260	336	162	458	588	119	179	546	158	836	234	2,451	72	167	267	308	183	770	694	935	307	97	463	4,263

Use of Resources (UOR)

Overall Use of Resources indicator

1 against 1 target
On target green rated

Exec Lead:
Director of Finance

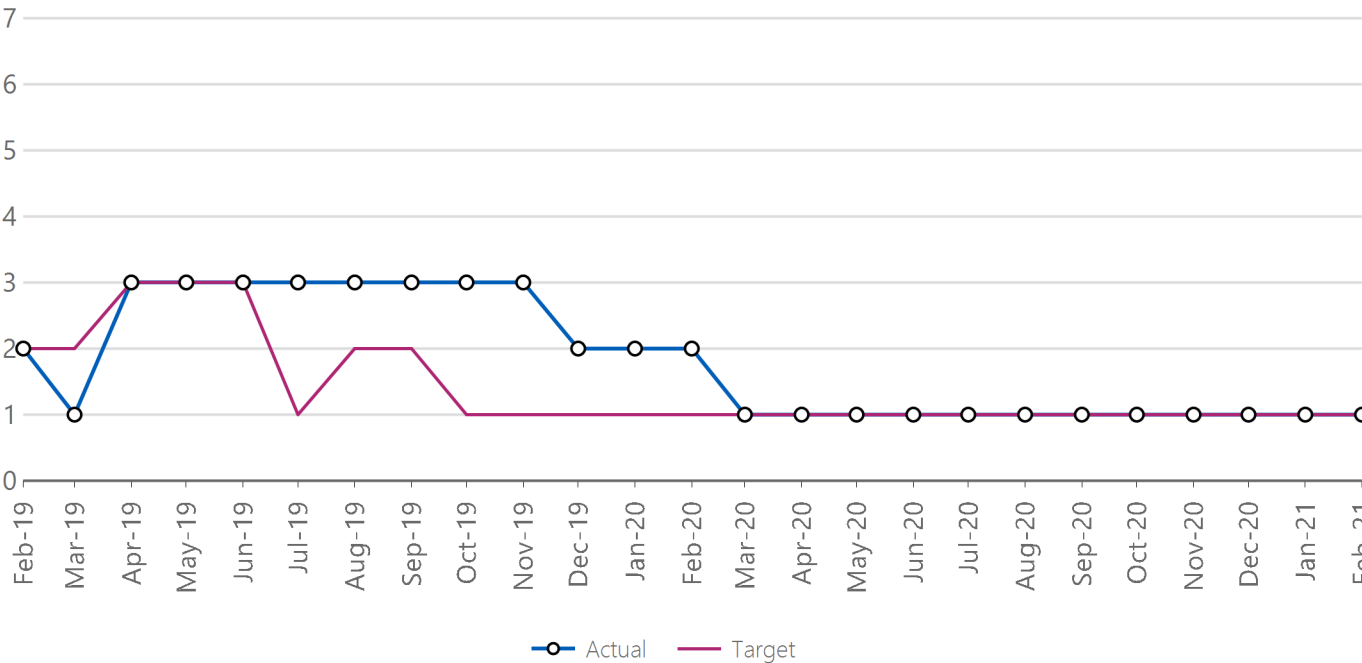
Integrated Performance Report

Narrative

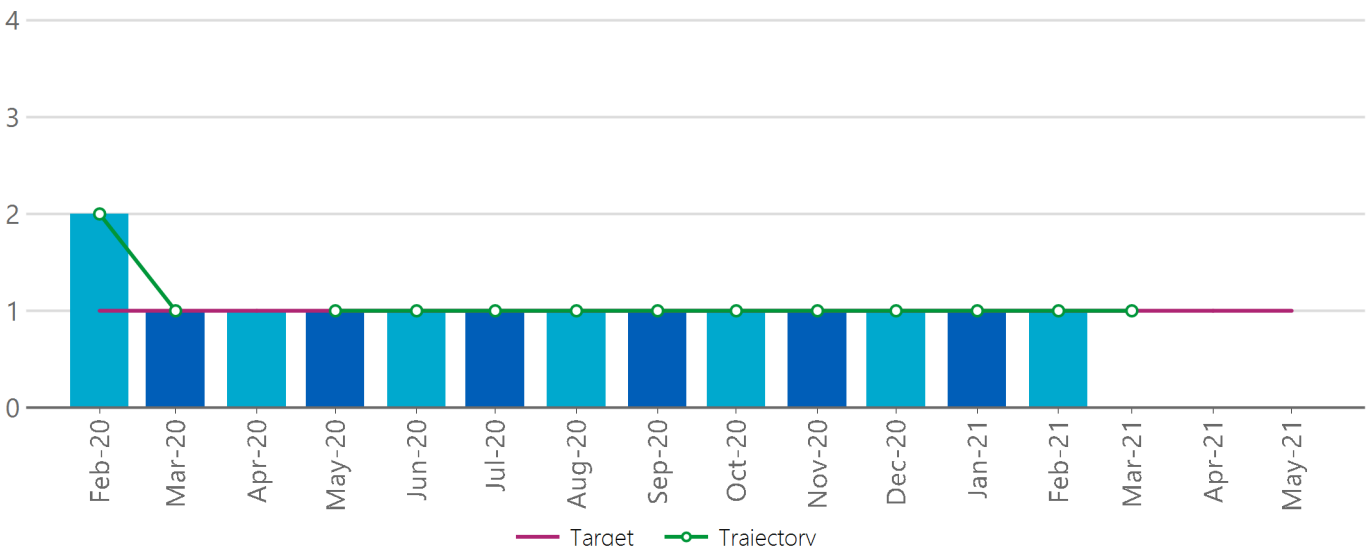
UOR 1 (Best)

Note - No formal UOR plan in place during 20/21, monitoring against historical indicators.

Performance over 24 months –



Trajectory



Actions

Heatmap performance over 24 months

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2	1	3	3	3	3	3	3	3	3	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1

1. Part Two - Public Meeting	2. Patient Story	3. Chief Executives Update (verbal)	4. Quality & Safety	5. People Update	6. Performance & Governance	7. To Note	8. Any Other Business
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Reading guide

The Integrated Performance Report (IPR) is designed to provide the Board with a monthly balanced summary of the Trust’s performance across the three areas of the Trust’s mission: caring for patients, caring for staff and caring for finances. To achieve this, the Trust has identified the Board-level Key Performance Indicators (KPIs), which are considered to drive the overall performance of the Trust. The report highlights key areas of improvement or concern enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board and its committees to accompany the IPR where requested by the Board, its committees or the Executive Team. Contents of the report include:

- Heatmaps
- In month, year-to-date and forecast performance against target for each KPI and rolling 13-month performance information. A data quality indicator for each KPI is also included where available.
- Narrative
- Supporting narrative and trend graphs (with statistical process control where appropriate) are provided for each KPI including mitigating actions for red rated indicators.

Key

Key Performance Indicator RAG Ratings

Green

YTD: Performance meets or exceeds target

Forecast: Little risk of missing target at year end

Red

YTD: Performance behind target and outside tolerance

Forecast: High risk of missing target at year end

KPIs reported in arrears

KPIs reported in arrears, for which no current-month values are available, are marked with an asterisk (*) next to their name. The latest values for these KPIs are from the previous reporting month.

Data Quality Indicator

Blue

No improvement required to comply with the dimensions of data quality

Green

Satisfactory – minor issues only

Amber

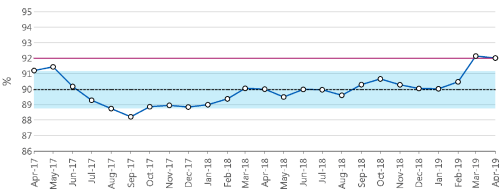
Requires improvement

Red

Significant improvement required

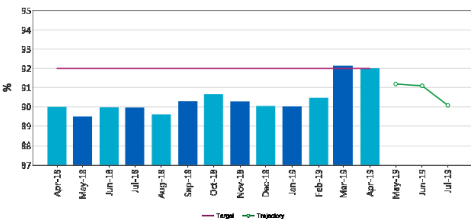
Trend graphs

Each KPI has a trend graph (or Statistical Process Control (SPC) where appropriate), which summarises performance over a rolling 24-month period.



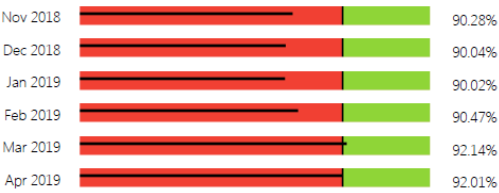
Trajectories

Where available, three-month trajectory data is included to indicate expected future performance. Historical trajectory data will be kept to compare actual performance with forecast performance.



Bullet graphs

Bullet graphs provide a clear visualisation to understand how well a KPI is performing against its target.



1. Part Two - Public Meeting
2. Patient Story
3. Chief Executives Update (verbal)
4. Quality & Safety
5. People Update
6. Performance & Governance
7. To Note
8. Any Other Business

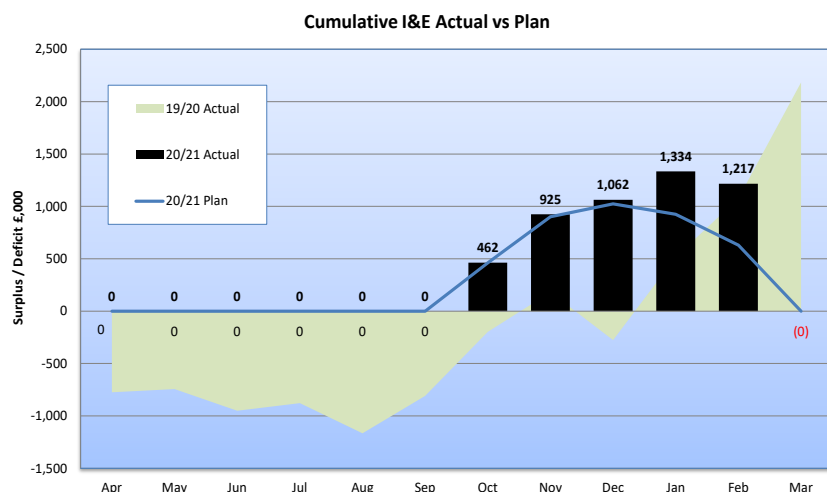
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 31st January 2021

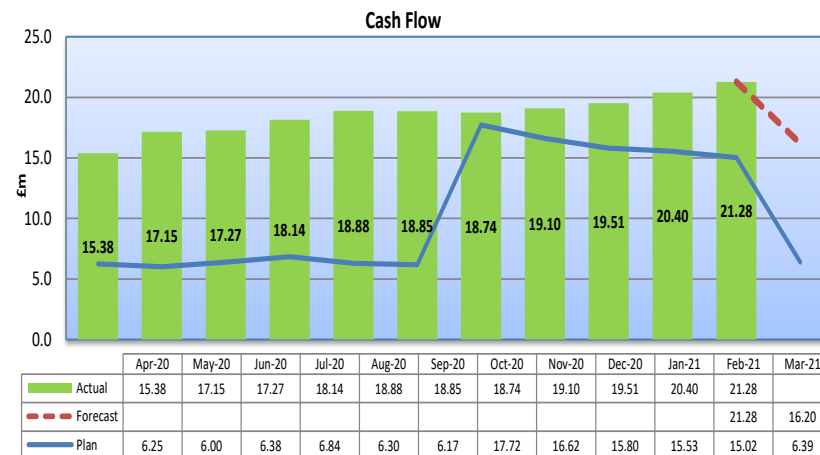
Income and Expenditure £'000s							
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	97,326	8,013	7,771	(242)	89,313	88,117	(1,196)
System Discretionary Funding	980	127	127	(0)	853	851	(1)
System Top Up Funding	2,560	427	427	0	2,133	2,133	0
Covid-19 Funding	1,452	242	144	(98)	1,210	1,051	(159)
Private Patient income	1,880	326	65	(261)	1,618	1,320	(298)
Other income	6,552	430	847	416	6,122	6,655	533
Pay	(67,678)	(5,772)	(6,815)	(1,042)	(61,836)	(62,634)	(798)
Non-pay	(38,083)	(3,689)	(2,280)	1,409	(34,195)	(31,315)	2,880
EBITDA	4,989	104	285	181	5,218	6,180	962
Finance Costs	(5,520)	(443)	(447)	(4)	(5,074)	(5,451)	(376)
Capital Donations	1,170	100	16	(84)	615	176	(439)
Operational Surplus	639	(239)	(146)	93	759	906	147
Remove Capital Donations	(1,170)	(100)	(16)	84	(615)	(176)	439
Add Back Donated Dep'n	531	44	44	0	486	488	2
Control Total*	0	(295)	(117)	178	630	1,217	587
EBITDA margin	4.7%	1.2%	3.2%	2.1%	5.3%	6.4%	1.0%

Capital service	1	I&E Margin	1
Liquidity (days)	1	Variance in I&E Margin	1
Agency	1		
Overall UOR	1		

	YTD
Debtor Days	17
Creditor Days	35



Statement of Financial Position £'000s				
Category	Jan-21	Feb-21	Movement	Drivers
Fixed Assets	76,246	76,352	106	Increase in fixed assets, value of additions higher than depreciation
Non current receivables	1,183	1,135	(48)	
Total Non Current Assets	77,429	77,487	58	
Inventories (Stocks)	1,297	1,273	(24)	
Receivables (Debtors)	4,737	5,064	327	Non recurrent Digital funding
Cash at Bank and in hand	20,402	21,278	876	
Total Current Assets	26,436	27,615	1,179	
Payables (Creditors)	(19,971)	(21,899)	(1,928)	Annual leave recognition.
Borrowings	(1,344)	(1,300)	44	
Current Provisions	(145)	(232)	(87)	
Total Current Liabilities (< 1 year)	(21,460)	(23,431)	(1,971)	
Total Assets less Current Liabilities	82,405	81,671	(734)	
Non Current Borrowings	(5,058)	(4,470)	588	Principal payment re DH Loan
Non Current Provisions	(944)	(944)	0	
Non Current Liabilities (> 1 year)	(6,002)	(5,414)	588	
Total Assets Employed	76,403	76,257	(146)	
Public Dividend Capital	(35,486)	(35,486)	0	
Revenue Position	(17,703)	(17,703)	0	
Retained Earnings	(1,051)	(905)	146	Current period deficit
Revaluation Reserve	(22,163)	(22,163)	0	
Total Taxpayers Equity	(76,403)	(76,257)	146	

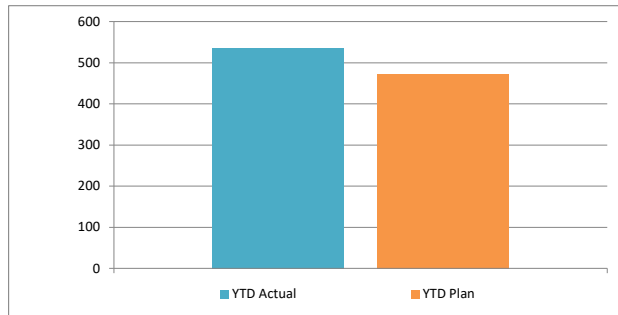


Note: Assumes April 2021 blocks will not be prepaid in March 2021.

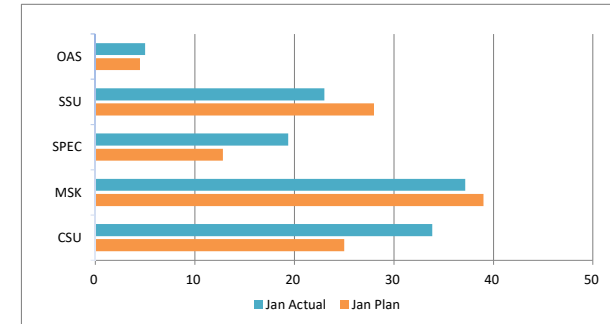
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 31st January 2021

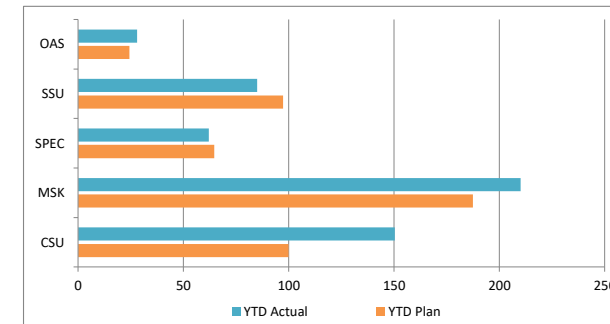
Trust YTD Achievement Against YTD Plan £000's



In Month Efficiencies Achievement £000's



Year To Date Efficiencies Achievement £000's



Efficiencies Total

Capital

Position as at	Capital Programme 2020-21									
Project	Annual Plan £000s	In Month Plan £000s	In Month Completed £000s	In Month Variance £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s	Forecast Variance £000s	
Diagnostic equipment replacement	1,545	200	106	94	1,345	1,178	167	1,771	226	
EPR planning & implementation	200	40	0	40	160	-128	288	-128	-328	
Backlog maintenance (System CIR)	500	60	2	58	480	403	77	501	1	
I/T investment & replacement	295	20	0	20	275	207	69	360	65	
Equipment & service continuity	600	100	119	-19	600	488	112	597	-3	
Project management	50	8	10	-2	41	51	-10	59	9	
Scheme slippage from 19/20	135	0	0	0	135	79	56	79	-56	
Salix energy improvements	1,210	60	49	11	1,210	1,201	9	1,210	0	
E-job planning	86	0	21	-21	86	76	10	86	0	
Covid-19	0	0	0	0	0	36	-36	36	36	
Contingency	1,165	100	90	10	915	140	775	206	-559	
Restoration Schemes (System CIR)	0	0	0	0	0	82	-82	82	82	
NHS Capital Funding	5,786	588	396	192	5,247	3,813	1,434	4,859	-387	
Veteran's facility	3,000	500	52	448	2,500	273	2,227	300	-2,700	
Donated medical equipment	100	0	16	-16	75	176	-101	176	76	
Total Capital Funding (NHS & Donated)	8,886	1,088	463	625	7,822	4,263	3,559	5,335	-3,551	

Efficiencies by Theme

Forecast

Category	Forecast		
	Plan	Actual	Variance
Clinical Income	97,326	95,836	(1,490)
System Discretionary Funding	980	979	(1)
System Top Up Funding	2,560	2,561	1
Covid-19 Funding	1,452	1,324	(129)
Private Patient income	1,880	1,359	(521)
Other income	6,552	8,113	1,561
Pay	(67,678)	(68,807)	(1,129)
Non-pay	(38,083)	(34,973)	3,110
EBITDA	4,989	6,391	1,402
Finance Costs	(5,520)	(5,937)	(417)
Capital Donations	1,170	732	(438)
Operational Surplus	639	1,186	547
Remove Capital Donations	(1,170)	(732)	438
Add Back Donated Dep'n	531	533	2
Control Total	0	987	987

Forecast Assumptions

- Continuation of Welsh income penalties at current run rate
- Reduction in the run rate for Non NHS income in Quarter 4 attributable to the COVID response
- Reduced cost base versus plan linked to the marginal cost of reduced activity attributable to the COVID response
- Recognition of expected annual leave accrual requirement by year end
- Vaccination costs incurred are fully recharged
- Covid expenditure remains at current run rate
- Forecast currently retains discretionary support of £980k from system – will be a break even position if repaid

Performance Management Framework

Author:	Kerry Robinson	Paper date:	25th March 2021
Executive Sponsor:	Kerry Robinson	Paper Category:	Performance
Paper Reviewed by:	Finance, Planning & Digital Committee	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper is going to Board of Directors for noting.

2. Executive Summary

2.1. Context

This paper is refreshing the performance management framework that had been approved by FPD in January 2020.

The Chief Executive and senior leadership team agreed to make further improvements to internal controls through the Trust's Performance Management Framework (PMF) in light of the changing environmental conditions in relation to covid-19 and restoration of services.

Refreshing this framework is primarily due to greater focus on our services due to the context of restoration of services, and to ensure no duplication together with clarity between delivery forums and assurance forums.

2.2. Summary

In summary the framework has been re-written to support greater emphasis on areas of learning through the last period, namely;

- Clarity between assurance, accountability and delivery responsibility
- Defined roles and responsibilities
- Standardising further the performance approach for units

1. Introduction

- 1.1 This paper provides an overview of the mechanisms in place to ensure effective oversight of the delivery of the operational objectives and priorities.
- 1.2 The Chief Executive and senior leadership team agreed to make further improvements to internal controls through the Trust's Performance Management Framework (PMF) in light of the changing environmental conditions in relation to covid-19 and restoration of services.
- 1.3 The Performance Management Framework document has been revised to reflect these and takes into account good practice documentation from NHSEI national teams.

2. The Role of the Board of Directors

- 2.1 The unitary Board is in place to ensure the effective oversight and delivery of the operational objectives and priorities, together with a number of wider accountabilities.
- 2.2 The Board of Directors will agree the key operational objectives and priorities and will be accountable both individually and collectively as the Board of Directors for:
 - Holding Officers to account for the performance of the Trust through seeking assurance that systems of control are robust and reliable;
 - Setting, and leading, a positive culture in the organisation; and
 - The outcomes delivered and the accountability to stakeholders, for outcomes delivered.
- 2.3 The Board committees play a key role in obtaining evidence to help the Board gain assurance that the Trust's strategic and operational objectives are being delivered. Each Committee has a Non-Executive Director Chair and Lead Chief Officer who will work together, on behalf of the Board of Directors, with guidance from the Trust Secretary, to agree the detailed work programme for the committee, obtain evidence to support assurance on the key aspects of operational plan delivery, in accordance with the Terms of Reference approved by the Board, with attention to ensuring effective management of risk through the Board Assurance Framework (BAF) and wider risk management framework.
- 2.4 The Audit Committee will continue to focus on seeking assurance that financial reporting is accurate, that internal controls are robust, and maintaining strong relationships with Internal and External Auditors and Counter Fraud.
- 2.5 In recognition of the current Trust priorities, the Board has introduced two time-limited Board Committees/Sub-Committees, Policy Committee and Restart, Recovery & Renewal Sub-Committee, to provide additional assurance to the Board on these focus areas.

3. The Role of the Non-Executive Directors

- 3.1 A key part of the assurance framework is the role undertaken by the Non-Executive Directors, who are responsible for scrutinising the performance of management, seeking assurance (evidence) in relation to the achievement of the objectives of the organisation, satisfying themselves as to the integrity of performance information and that internal controls and systems of risk management are robust.
- 3.2 One of the most critical and important dimensions of the role of Non-Executive Directors on Board committees, is to ensure independence, objectivity and perspective and to share their experience in supporting the Officers to oversee the delivery of strategic and operational objectives. Impartiality is a vital aspect of effective assurance, generating valued insights, and providing challenge and support for Chief Officers, Clinical Chairs and Managing Director colleagues, to improve Trust performance for the benefit of patients. Maintaining independence, distanced from detail provides great value in challenge and direction for the organisation.

4 The Role of the Chief Executive Officer

- 4.1 Reporting to the Chairman and to the Board directly, the Chief Executive is responsible for leading the Chief Officers, Clinical Chairs, Managing Directors and the wider organisation to deliver the strategic and operational objectives. All members of the management structure report either directly or indirectly to the Chief Executive.
- 4.2 The Chief Executive is also the Accountable Officer of the organisation.
- 4.3 The Chief Executive has undertaken a review of the portfolios of the Chief Officers to ensure complete clarity of roles, responsibilities and accountability. Some changes have been made, in discussion with senior leadership colleagues.

5 The Role of the Chief Officers

- 5.1 The Chief Officers are accountable for ensuring the delivery of operational objectives and priorities. Furthermore, the senior leadership team are collectively responsible for all aspects of plan delivery and individual Chief Officers are responsible for ensuring that the elements of the plan which they are leading, are achieved to the required outcome and timescale.
- 5.2 Each Chief Officer is responsible for identifying and escalating risks to the senior leadership team (and the CEO) that might impact the delivery of planned objectives and for ensuring mitigating action is taken as required.
- 5.3 All individuals of the senior leadership team are responsible for championing and supporting the delivery of The Trust's operational objectives and priorities and a culture of continuous improvement and learning throughout the Trust. Each Chief Officer is responsible and collectively accountable for the delivery of the operational objectives, including the

improvement plan, workforce plan, financial plan, and supporting plans (for example including digital and estates plans). Whilst the Chief Medical Officer and Chief Nurse have key clinical leadership roles, all Chief Officers are responsible for actively supporting the delivery of the improvement plan, championing and supporting a culture of continuous quality improvement and ensuring effective leadership, communication and engagement of colleagues and stakeholders.

5.4 In terms of financial objectives, the senior leadership team are individually responsible and collectively accountable for the delivery of the financial targets and individual Chief Officers and budget holders, are responsible for ensuring that they operate within their own budgets and comply with the SFIs. In addition, under the leadership of the Chief Finance Officer, all Chief Officers are responsible for providing evidence to the Board to support assurance of delivery of the financial plan.

5.5 Whilst the Clinical Chairs have primary responsibility for ensuring that services are delivered in line with expected standards, all Chief Officers are collectively responsible for supporting the delivery of high quality services to patients through the care groups.

5.6 Monthly performance meetings are an integral part of the Performance Management Framework and will be chaired by the Chief Performance Officer, focused on effective review of the units and corporate actions that underpin the overall delivery of the operational objectives and priorities.

5.7 The Office of Assurance and Standards collectively have responsibility for holding the units and corporate colleagues to account. Whilst the Clinical Chairs are responsible for the management of the Units, through the Managing Directors, to ensure effective day to day delivery of the operational objectives and priorities, Chief Officers are required to support delivery through their functional roles.

6 Performance Reporting

6.1 The organisation has in place an effective and robust Integrated Performance Report (IPR). The IPR will provide a relative view of the Trust's performance against a variety of local and national targets and benchmarks.

6.2 Unit performance dashboards will be continuously improved to ensure a clear line of sight on performance against the key quality, operational, workforce, finance and transformational priorities.

7 Quality Performance Assurance

7.1 The Quality and Safety Committee has the responsibility to monitor progress against the quality plan during the year. Monitoring will be through the committees IPR. Further evidence will be provided by Chief Officers, regarding the progress against actions and the extent to which these have been embedded.

8 Financial Performance Assurance

- 8.1 The Finance, Planning and Digital Committee monitors progress against the financial objectives during the year and provides the Board with assurance regarding whether actions have been delivered and embedded.
- 8.2 The Trust achieved its financial plan in 2019/20. However, significant work is still required to establish a solid basis for planning and forecasting, and to develop effective plans to continue to improve the underlying financial sustainability of the Trust, particularly in light of the changing national financial framework.

9 People Committee

- 9.1 The People Committee monitors progress against the people objectives during the year and provides the Board with assurance regarding whether actions have been delivered and embedded.
- 9.2 The Trust achieved most, but not all its people priorities in 2019/20. Whilst a number of activities have started, aimed at improving the position, significant work is still required to establish a solid basis for workforce planning and associated performance, and to develop effective plans to continue to improve the underlying workforce sustainability of the Trust.

10 Risk Committee

- 10.1 The Risk Committee oversees delivery of the Trust's risk management strategy and is focused on gaining assurance that risks are being appropriately identified and adequately controlled.

11 Conclusion

- 11.1 This paper sets out the framework to be put in place by the Chief Executive to ensure effective oversight and delivery of the operational objectives and priorities, demonstrating clear accountabilities and corporate responsibility for the delivery of the plan (see Performance Management Framework, Appendix 3).
- 11.2 As this framework is embedded, these strengthened performance management arrangements, combined with the implementation of leadership and management development programmes, should result in improved delivery and assurance relating to agreed operational objectives and priorities.

The Robert Jones and Agnes Hunt Orthopaedic Hospital



NHS Foundation Trust

Title:	Performance Management Framework		
Unique Identifier:	SGY022	Document Type:	Strategy
Version Number:	6.0	Status:	For Approval
Responsible Director:	Chief Performance Officer		
Author:	Chief Performance Officer		
Scope:	Trust wide		
Replaces:	Version 6.0		
To be Read in Conjunction with the Following Documents: (list related policies)	Trust Strategy, Board Assurance Framework, Risk Management Policy, Performance Review Terms of Reference		
Keywords:	performance, unit management, clinical management, integrated performance report		
Considered By Executive Owner:	Chief Executive Officer	Date Considered:	Mar 2021
Endorsed By:	Finance, Planning and Digital Committee	Date Endorsed:	
Approved By:	Trust Board	Date Approved:	
Issue Date:		Review Date:	1 st April 2022
Security Level:	<div> <div>Open Access</div> <div>Restricted</div> <div>Confidential</div> </div>		
<p>Trust Values</p>			

1. Introduction

- 1.1. The Trust's Performance Management Framework (PMF), Board Assurance Framework (BAF) and other wider governance arrangements when combined, are integral to the Trust's governance framework. To provide a full and comprehensive implementation of strategic and operational plans, including the delivery of quality and financial improvement programmes.
- 1.2. The Performance Management Framework (PMF) aims to foster a culture of responsibility and accountability at all levels in the Trust and helps teams and staff to understand the roles they play in successful delivery of the Trust's objectives. The PMF specifies the structure, systems and processes used to embed a performance management culture in the Trust and identifies the responsibilities for performance management.
- 1.3. A devolved accountability structure managed through a performance framework is in place at the Trust supported by a clinical leadership model. The underlying principles of this framework are to ensure that delivery of the Trust's strategy and corporate objectives are managed in a systematic way from 'Ward to Board' and 'Board to Ward'.

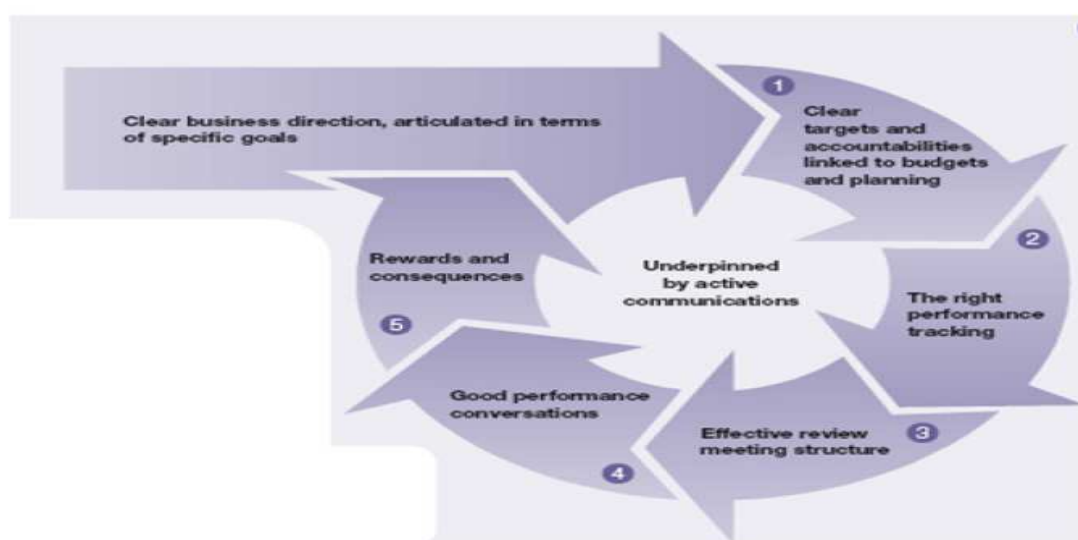
2. Objectives of the PMF

- 2.1. The PMF sets out the systems and processes through which the organisation manages the delivery of its strategic and operational goals, as well as ensuring that the regulatory and statutory requirements that apply to the Trust are met (including those outlined in the NHS Constitution).
- 2.2. The PMF drives the implementation of best practice performance assurance processes throughout the organisation, aligned to our Board committees, ensuring that;
 - Accountability arrangements are in place across the organisation to drive the delivery of all agreed objectives, targets and standards. Performance is seen as a continuous process which is embedded in all aspects of organisational activity.
 - Agreed performance objectives and targets are Specific, Measurable, Agreed, Realistic and Time bound (SMART) and transparent measurements are set to monitor performance.
 - Timely information is available to enable appropriate understanding, monitoring and assessing of the Trust's quality and performance, prompting appropriate action to be taken if performance is forecast to fall below set objectives and targets.
 - Staff, teams and Committees understand what is expected of them and are supported and motivated to deliver, with a clear line of sight between their contributions and the overall success of the Trust.
 - Mitigation plans are developed as soon as risks to the achievement of required targets or standards and/or barriers to effective performance are identified.

3. Key Management Principles

3.1. The following key management principles underpin this framework:

- **Focused on improvement** - All teams and staff members are encouraged to embrace a culture of continuous performance improvement and to speak up with suggestions and concerns. Initial interventions will focus on recovery to sustain improvement and will include actions to address the root causes of issues.
- **Transparent** – Clear and pre-determined performance measures and interventions. Teams and individuals will understand how performance is being assessed and what to expect if performance falls below acceptable levels.
- **Consistent** - Clear accountabilities through a uniform approach across RJAH, at different levels of the organisation and across different departments will ensure that all parties are clear of where accountabilities lie.
- **Proactive** - Delivery focused on improved performance through an integrated and action-oriented approach, with thresholds for intervention that identify underperformance at an early stage so that it can be swiftly addressed.
- **Proportionate** - Performance management interventions and action is related to the scale of risk and maintains an appropriate balance between challenge and support.



4. Link to Senior Leadership Roles and Responsibilities

4.1. Board of Directors

- The Board is required to ensure that the Trust remains at all times compliant with the relevant conditions of its NHS Provider License and has regard to the NHS Constitution.
- The Performance Management Framework works in conjunction with the Board Assurance Framework to provide the Board of Directors with the assurance required in relation to the full and comprehensive implementation of strategic and operational plans.

- The Board has overall accountability for the implementation of the Performance Management Framework.

4.2. Chief Executive

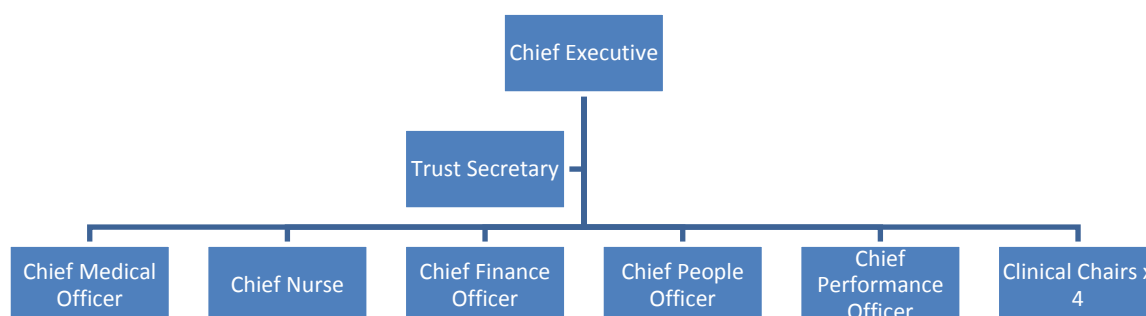
- The Board delegates responsibility for delivery of the objectives, targets and standards outlined in the Trust's Strategy, Business Plan and Operational Plan to the Chief Executive. The Chief Executive, supported by the Chief Officers, Clinical Chairs and Managing Directors, ensures that the associated activities are carried out efficiently, effectively and economically and in a manner appropriate for the proper conduct of public affairs.
- This Performance Management Framework describes the governance arrangements through which the Chief Executive delegates and manages the delivery of those responsibilities.

4.3. Chief Performance Officer

- Has delegated responsibility for the leadership, development and implementation of the Performance Management Framework.

5. Performance Management Roles and Responsibilities

- 5.1. The Trust's Performance Management Framework describes how the Chief Executive delegates responsibility for the delivery of strategic and operational plans, targets and objectives. There are two main ways in which those responsibilities are delegated – through line management structures and through a small number of management meetings (including Unit meetings).
- 5.2. The primary way in which responsibilities are delegated is through the Trust's line management structure to individuals, and then through to relevant members of their teams.



- 5.3. The Chief Officers and Clinical Chairs have individual responsibility for delivering the objectives that relate directly to their role, and for supporting their colleagues to deliver their objectives. Also, they are collectively responsible for delivering the Operational Plan objectives as a team.

RJAH sub-committees have been established to support the work of the Board committees. These have a focus on delivery and ensure that appropriate assurance can be provided upwards to Board committees;

- Health & Safety Committee
- Infection, Prevention and Control Committee
- Safeguarding Committee
- Information Governance Committee
- Drugs and Therapeutics Committee
- Equality, Diversity and Inclusion Committee

5.4. In a number of specific cases where objectives span across multiple officers, a sub-committee (chaired by an Chief Officer) may be established by a Board Committee with the delegated responsibility for delivery e.g. Health and Safety Committee.

6. Line Management Responsibilities

- 6.1. Responsibility for the majority of the Trust's performance objectives and targets is cascaded through to relevant line managers on an annual basis (or more frequently if required).
- 6.2. Line managers are responsible for delivery of their agreed targets in accordance with the key principles and approach outlined in this framework. Line management responsibilities include ensuring that:
- Teams and staff members have a clear understanding of their role, responsibilities and performance targets (with individual targets agreed and documented through the appraisal process).
 - Teams and staff members work in an environment that embraces feedback and learning and staff members are encouraged to speak up about issues and concerns.
 - Performance delivery is actively and proactively managed .
 - Performance issues and risks are captured, managed and escalated where appropriate.
 - Excellent performance is recognised and rewarded.

7. Sub-Committee Responsibilities

- 7.1. A number of Sub-Committees support the Board and Senior Leadership Team in effectively discharging their obligations by taking responsibility for the delivery of agreed objectives and targets.
- 7.2. Unit meetings and Sub-Committees are responsible for the delivery of relevant unit and/or functional objectives and targets within their areas of accountability.
- 7.3. Various other forums also play an important role in taking responsibility for the delivery of specific objectives and targets and in securing wider organisational buy-in to plans and developments.

7.4. A review of sub-committees and other groups has been undertaken, with the aim of:

- Clarifying scope and alignment of scope to support plan objectives
- Improving effectiveness and efficiency
- Ensuring right people attend and right governance structures are in place

8. Performance targets, objectives and KPI's

8.1. The Trust's strategic and operational plans are updated on an annual basis (or more frequently if required) in accordance with the Trust's planning cycle.

8.2. The Trust's performance targets, objectives and Key Performance Indicators are also updated on an annual basis (linked to the content of strategic and operational plans) and may be further updated during the financial year if needed.

8.3. Agreed performance targets, objectives and KPIs are cascaded to relevant line managers or to accountable Committees.

8.4. Effective performance management mechanisms are key to an organisation being 'well led' and are essential to the delivery of strong and consistent performance.

9. Performance monitoring and escalation

9.1. The Chief Performance Officer and supporting personnel monitors and assesses all aspects of the delivery of strategic and operational plan targets, having the following key responsibilities:

- Providing assurance that all statutory, regulatory, quality, operational, workforce, financial and project targets, objectives and KPIs are fully understood and have been assigned to an appropriate Chief Officer, managerial lead and assurance committee.
- Sourcing high quality, accurate information in a timely fashion to measure performance against each objective and target (single version of the truth), proactively supporting projections to the end of the plan year.
- Driving consistency and alignment of performance dashboards and reports at all levels (including Trust Board) – using 'exception-based' reporting wherever possible.
- Constructively challenging performance delivery against agreed targets and recommending action(s) where appropriate.
- Reviewing performance against comparative benchmarks to recognise areas of good performance and identify areas where further improvement is needed.

9.2. All unit meetings and Sub-Committees are required to formally review progress against performance objectives and targets at least once a month (more frequently if required) and confirm that those targets are still expected to be delivered.

- 9.3. If a unit meeting and/or Sub-Committee forecasts that it is unlikely to be able to deliver the agreed objectives and/or targets at any point, then the associated issue(s) and/or risk(s) should be formally escalated to the next layer of the Trust's accountability matrix (N.B. escalation of an issue does not transfer the responsibility for delivery).
- 9.4. If a Unit meeting or Sub-Committee's or individual's performance regularly falls below the required levels, more formal escalation processes may be instigated (e.g. Performance Improvement Plans).
- 9.5. The Office of Assurance and Standards will meet regularly (monthly) with the leadership team of each Unit to review performance and progress. The focus and content of those meetings will vary depending on the quality of information available and the level of assurance provided by the unit leadership team.

10. Recognition and Reward

- 10.1. Where objectives are delivered and/or performance is exceeded the Trust actively seeks to recognise and reward that good performance.
- 10.2. The successes of units and other functions in delivering key elements of the Trust's Operational Plan, will be routinely reported and celebrated as part of monthly communication processes.
- 10.3. There are a wide variety of routes through which performance is currently recognised and rewarded, including;
 - Staff and team communication
 - Health Hero awards
 - Celebration of Achievement awards
 - Recognition of learning
 - Long Service awards
 - Volunteer celebration
 - Bright ideas

11. Board Committees

- 11.1. Board Committees (BCs) provide an additional layer of independent assurance over and above organisational assurance processes, helping the Board to ascertain whether the PMF is operating effectively.
- 11.2. BCs provide an additional mechanism for Non-executive Directors to hold Chief Officers to account by testing the level of assurance available to support reported progress towards delivery of operational plan objectives.
- 11.3. BCs will routinely review performance reports but may also, from time to time and as necessary, undertake more in-depth assessments of aspects of performance delivery

(where significant, this may involve establishing additional time-limited sub-committees or groups).

11.4. The effectiveness of the BCs will be reviewed annually or more frequently if required.

1. Part Two -
2. Patient Story
3. Chief
4. Quality &
5. People Update
6. Performance
7. To Note
8. Any Other

Appendix 1 – Integrated Performance KPI Accountability

KPI	Accountable Role	Assurance Committee
Sickness Absence	Chief People Officer	People
Vacancy Rate	Chief People Officer	People
Voluntary Staff Turnover	Chief People Officer	People
Staff Appraisal	Chief People Officer	People
Mandatory Training	Chief People Officer	People
Serious Incidents	Chief Nurse	Quality & Safety
Never Events	Chief Nurse	Quality & Safety
Patient Falls measurements	Chief Nurse	Quality & Safety
Patient Safety Alerts	Chief Nurse	Quality & Safety
Pressure Ulcer measurements	Chief Nurse	Quality & Safety
Patient Friends & Family	Chief Nurse	Quality & Safety
Complaints	Chief Nurse	Quality & Safety
Safe staffing	Chief Nurse	Quality & Safety
Delayed Discharge	Chief Nurse	Quality & Safety
Mixed sex accommodation	Chief Nurse	Quality & Safety
Infection control measurements	Chief Nurse	Quality & Safety
Medication errors	Chief Medical Officer	Quality & Safety
Unexpected deaths	Chief Medical Officer	Quality & Safety
VTE measurements	Chief Medical Officer	Quality & Safety
Emergency readmissions	Chief Medical Officer	Quality & Safety
WHO compliance	Chief Medical Officer	Quality & Safety
% cancellations	MSK Clinical Chair	FPD
Cancellations not rebooked within 28 days	SSU Clinical Chair	FPD
Cancer two week wait	Specialist Clinical Chair	FPD
31 days first treatment (tumour)	Specialist Clinical Chair	FPD
31 days subsequent treatment (tumour)	Specialist Clinical Chair	FPD
Cancer plan 62 days standard (tumour)	Specialist Clinical Chair	FPD
Cancer 62 days consultant upgrade	Specialist Clinical Chair	FPD
Faster diagnosis standard	Specialist Clinical Chair	FPD
18 weeks RTT open pathways	SSU Clinical Chair	FPD
Patients waiting over 52 weeks – English	Specialist Clinical Chair	FPD
Patients waiting over 52 weeks – Welsh	Specialist Clinical Chair	FPD
Patients waiting over 52 weeks – Welsh (BCU transfers)	MSK Clinical Chair	FPD
English list size	SSU Clinical Chair	FPD
6 week wait diagnostics – English patients	CSU Clinical Chair	FPD
8 week wait for diagnostics – Welsh patients	CSU Clinical Chair	FPD
New to follow up ratio (Consultant led activity)	CSU Clinical Chair	FPD
Overdue follow up backlog	CSU Clinical Chair	FPD
Overall day case rate	MSK Clinical Chair	FPD
% sessions used against plan	MSK Clinical Chair	FPD
Touch time utilisation	MSK Clinical Chair	FPD
Theatre cases per session	MSK Clinical Chair	FPD
Total theatre activity	MSK Clinical Chair	FPD
Average length of stay	MSK Clinical Chair	FPD
Bed occupancy – all wards – 2pm	MSK Clinical Chair	FPD
Outpatient activity attendances	CSU Clinical Chair	FPD

The Robert Jones and Agnes Hunt Orthopaedic Hospital



NHS Foundation Trust

Outpatient DNA rate (Consultant led activity)	SSU Clinical Chair	FPD
Data Quality Maturity Index	SSU Clinical Chair	FPD
Financial Control Target	Chief Finance Officer	FPD
Income	Chief Finance Officer	FPD
Expenditure	Chief Finance Officer	FPD
Efficiencies delivery	Chief Finance Officer	FPD
Agency core	Chief Finance Officer	FPD
Agency non-core	Chief Finance Officer	FPD
Cash balance	Chief Finance Officer	FPD
Capital expenditure	Chief Finance Officer	FPD
Use of Resources	Chief Finance Officer	FPD
Proportion of Temporary Staffing	Chief Finance Officer	FPD
% invoices paid within 30 days	Chief Finance Officer	FPD

1. Part Two -
2. Patient Story
3. Chief
4. Quality &
5. People Update
6. Performance
7. To Note
8. Any Other

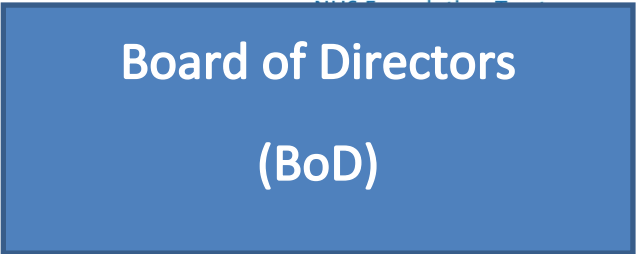
Appendix 2 – Lead Officer for Board Committees

Board Committee	Lead Officer
Quality and Safety Committee	Chief Nurse
People Committee	Chief People Officer
Finance, Planning & Digital Committee	Chief Finance Officer
Charitable Funds Committee	Chief Finance Officer
Audit Committee	Chief Finance Officer
Risk Committee	Chief Nurse
Policy Committee	Chief Nurse
Remuneration Committee	Chief People Officer

Appendix 3

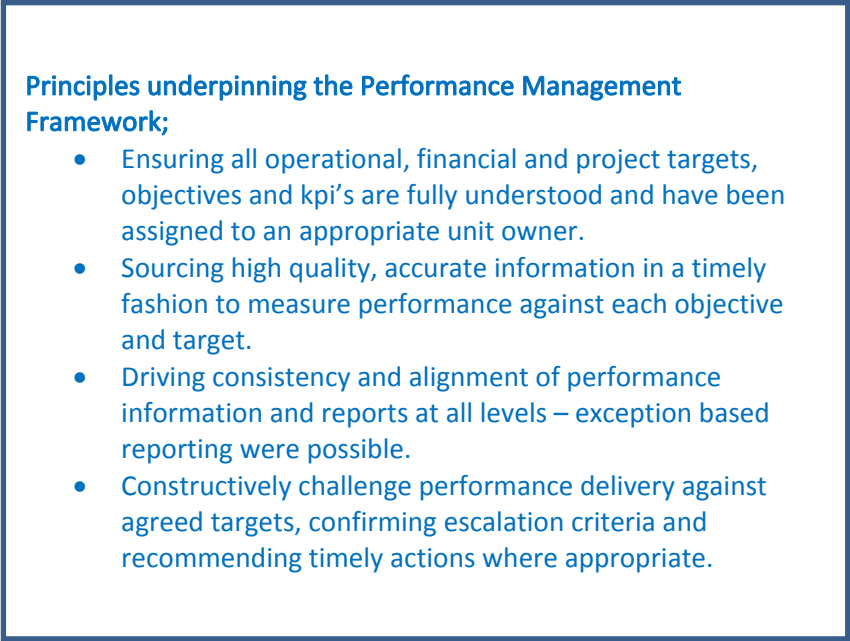
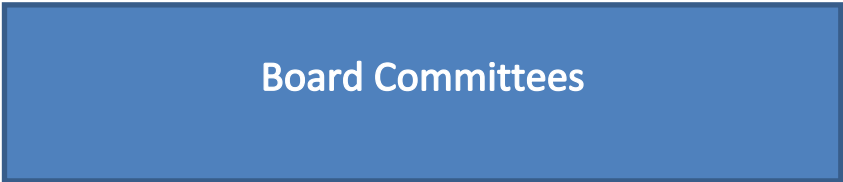
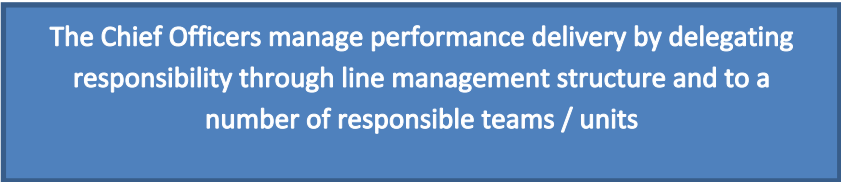
The BoD holds the Chief Officers to account for delivery of plan targets and objectives.

The BoD receives progress/performance reports.



The BoD delegate’s assurance activities (focused on the areas identified in the Board Assurance Framework).

The BoD receives ‘independent’ assurance from Board Committees



0. Reference Information

Author:	Mr Sujay Dheerendra, Spinal Disorders Clinical Lead & Steph Wilson, Performance Insight & Improvement Manager	Paper date:	25 th March 2021
Executive Sponsor:	Mr Steve White, Chief Medical Officer	Paper Category:	Performance
Paper Reviewed by:		Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper is going to the Board of Directors for discussion.

1.2. Context

We would like to share with the Board the discussion with the “Getting it Right First Time” (GIRFT) Team following the December 2020 GIRFT review.

2.1 Introduction:

Getting It Right First Time (GIRFT) is a national programme designed to improve care within the NHS by reducing unwarranted variation. By tackling variations in the way services are delivered across the NHS and by sharing best practice between trusts, GIRFT helps clinicians and Trusts identify changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings. GIRFT is led by Professor Tim Briggs, the National Director of Clinical Improvement for the NHS. Mike Hutton has been appointed as the clinical lead for Spinal Surgery, and will focus on both elective and emergency Spinal Surgery in networks and/or Trusts as appropriate. Mike is now revisiting trusts locally and at network level with updated data to identify to what extent changes have been made and share good practice from around England. The following summarises the outcome of the visit with certain exclusions for confidentiality. The original complete document is omitted due not only to its length but confidentiality but is considered in the Clinical Effectiveness Committee work programme.

2.2 Summary

The Trust has a reassuring GIRFT review which has been considered by the Clinical Effectiveness Committee and we are not reproducing here the full 74 pages. Instead, this paper presents the main issues and areas to be addressed following discussion at the 2020 GIRFT review

NOTABLE GOOD PRACTICE	
1	The capturing of Outcome data on the BSR is some of the best in the country, 213 of 224 units in terms of data capture for total number of procedures (page 14) patients are likely to recommend your service. MXH advised that it is a good benchmarking tool between colleagues nationally.
2	Page 17 - further demonstration that the unit are using the BSR with only a couple of trusts with a higher compliance rate, MXH notes that in the most recent data set he had seen that the units compliance rate was up to 80% however the unit felt this may not be maintainable (see action 2)
3	Average days from injury to admission for spinal cord patients is significantly less than the national average.
4	Page 29 - emergency admissions do not stay in hospital over 4 days on the whole which shows good intervention and decision making at an early stage.
5	Notable reduction in facet joint injections since the last visit (page 30) and do not repeat (3 or more MBB and FJI in 12 months - page 34/35). The unit attributed the previous data to the pain team which acted as a bubble away from the spine service which has now integrated/taken over the ownership of this cohort of patients.
6	Page 56 - return to theatre at 1 and 2 years good especially given the volumes of surgery the unit undertake. MXH did note that lumbar decompression patients did not return to theatre as a lever for increased IFs.

2.3. Conclusion

The Trust should be rightly proud of the progress made since the last GIRFT review. Congratulations should be given to the clinical leaders and managers who have worked hard on this.

Going forward, the Trust will wish to consider how it further develops the service. This may include consideration of investment in more specialist Allied Health Professional, nursing and consultant resource.

The Trust will also wish to consider further the need for more dedicated Spinal Surgical Theatre provision to manage an increasingly specialist field of surgery.

The Trust will need to consider these investments as part of its business planning cycle.

3. The Main Report

Spinal Surgery - Mr Mike Hutton

HOSPITAL / TRUST NAME: Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)

DATE OF VISIT: 16th December 2020

General observation points:

- All actions raised with RJAH following the first visit have been addressed and the data shows a significant change - Mike Hutton (MXH) congratulated the unit at the start of the meeting.
- RJAH have significantly reduced their volumes of facet joint injections (FJI) and attributed this in part to a change in commissioned services. The unit explained that the pain management service had ceased to be commissioned from RJAH and Shropshire CCG had set up a service commissioned by Pain Management Solutions with the secondary care elements in Shrewsbury and Telford (not RJAH) which will demonstrate a greater change in the data going forward. The team also confirmed that this cohort of patients came to a consultant lead clinic as part of a formal pathway.
- The data suggests that RJAH are the largest provider in the region for elective spinal surgery, cancer and spinal deformity with, as expected, a small amount of trauma which the unit felt was accurate portrayal of their service.
- Catchment population (heat map) shows the unit look after the majority of North Wales and break the border into Liverpool and Birmingham - when broken down by intervention rate/type of procedure it varies across the region which tends to relate to known pockets of certain demographics. (page 13).
- Patient demographics/case-mix identifies the unit's average patient is lower in age with an increased Charlson Score/rate of co-morbidity, the patients Charlson Score goes down following surgery as you would expect suggesting good patient selection for surgery.
- The unit are undertaking high volumes of anterior cervical surgery (do not do cervical disc replacements), they do operate in the thoracic spine with mostly a posterior approach, in the lumbar spine - doing high volumes of primary and decompression lumbar surgery with a tendency toward interbody fusion from a lateral, anterior and posterior approach.

IDENTIFIED ISSUE/AREA TO BE ADDRESSED		DETAILS OF ACTION TO BE TAKEN
1	<p>2.8 Estimates of adult case-mix and patient demographics - specialised services</p> <p>MXH noted that the unit as expected were undertaking high volumes of specialist work but suggested that in percentage terms this could be increased when compared with neighbouring trusts.</p>	The Trust indeed has an opportunity to support the ICS and further afield.
2	<p>British Spine Registry (BSR)</p> <p>The unit is one of the best in country at recording their data on the BSR, they are using a specialist nurse practitioner to input data and have compliance rate of 80% for the last quarter (separate data set).</p> <p>The unit did express concern at being able to maintain this level of compliance with a lack of admin support as data inputting requirement increased across 8 surgeons.</p>	The Trust management confirmed that they recognised this issue and had a business case going through for additional support.
3	<p>Spinal Cord Injuries (SCI)</p> <p>In this period the data showed 19 patients with spinal cord injuries which MXH thought was too low, the unit confirmed that a lot of SCI patients go direct to The Midlands Centre for spinal injuries.</p>	No direct action required but national issue with rehab bed availability, period between injury and surgery/admission to SCI unit should be regularly audited.
4	<p>ENTICE Audit (Cauda Equina Syndrome)</p> <p>The unit do run an acute Cauda Equina service and felt that there had been no improvement in OOH MR, main referral base is Shrewsbury & Telford, before COVID the team were actively setting up an OOH MRI service with the support of a Radiologist within Shrewsbury. The service did run through the first lock down for 3-4 months which did show an improvement but they have stepped down the service due to further COVID pressures.</p> <p>RJAH would like support from GIRFT on this issue.</p>	The unit have been using Refer A Patient since 31st March 2020, MXH suggested collating the data 3 months before and after the service was set up to evidence the need for an OOH service across the region and to support a business case going forward. MXH has requested the data to help highlight the need with local centres.

5	4.2 Spinal infection length of stay The violin graphs suggest that the local CCGs do not have a community based IV antibiotic service, the graph accounts for the outliers (long stays - South Cheshire), MXH suggested that it might fall out of the units remit but suggested identifying if this was an issue.	The unit recognised that there were certainly a handful of patients who had stayed for long periods due to a repatriation issue from the referring unit. MXH highlighted that this was a national issue and variable across CCGs and suggested the unit have a review with their Microbiology team to ensure consistent care across the service.
6	7.4 Lumbar fusion spinal surgery - Adult inpatient admission MXH identified from the data that the unit are large interbody fusion users and queried the cost of their implants, the unit advised that lateral access was more expensive than a TLIF.	MXH suggested looking on the framework to check that they are getting good value for money as a high volume user.
7	7.5 Fusion activity vs total fusion, decompression and discectomy activity A notably higher fusion rate when compared with other units.	MXH suggested that the 5-10 year return to theatre rate for decompression./discectomy vs fusion would answer this question and stressed the importance of outcome data collection. The unit are also collecting adjacent segment data.
8	7.6 Day case primary discectomy decompression for adults The unit are doing small volumes of day case surgery but expressed interest in increasing numbers.	MXH suggested Salford would be a good best practice site to visit who are doing large volumes, trust management advised that they had in fact started a pilot around patients' communications for day case procedures but had put a hold on the project due to COVID.
9	7.9a/b Spinal surgery for adult patients - length of stay Length of stay for anterior cervical and lumbar decompressions could be improved.	
10	Adult Deformity - data collection MXH highlighted the importance of data collection for this cohort of patients, the unit advised that they do collect this and will shortly be inputting to the BSR.	See comment opposite
11	9. Litigation Estimated cost of claims per admission -	MXH offered to take this away and cross correlate the claim numbers. The trust did not recognise any of the

only 5 trusts across 129 units with a higher litigation cost.	claims as Cauda Equina related that they were aware of.
The unit highlighted a disparity in the data compared with theirs and did not recognise the extent of claims.	MXH encouraged the unit to discuss their litigation data at a network level for essential shared learning.

2.2 Next Steps

The Board is asked to:

Note the report and consider the further development of the service based on the conclusions in section 2.3 (above).

3.0 Appendix

Appendix 1: Powerpoint Slide by Mr Sujay Dheerendra, Spinal Disorders Clinical Lead

Spinal Disorders Update

25th March



Aspiring to deliver world class patient care

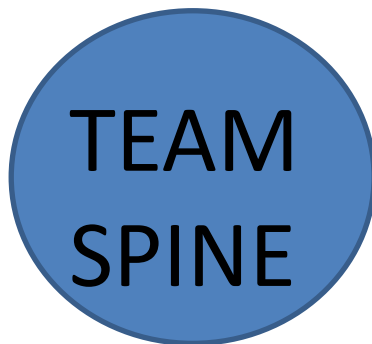
Mr Jaffray



Mr Trivedi



Mr Dheerendra



Mr Ahmad



Mr Balain



Mr Munigangaiah



Mr Davidson



Sr Ann Bishop



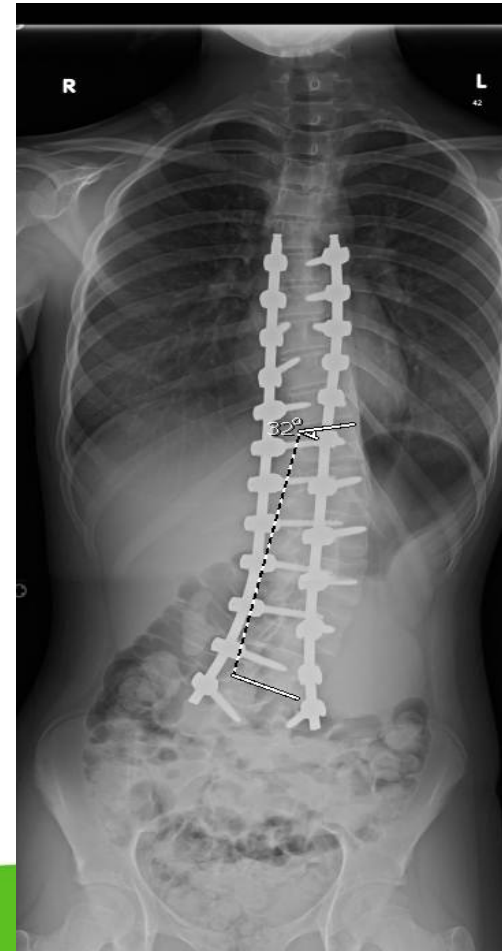
Mr Chitgopkar



Mr Ockendon



Some of the complex work we do...



Aspiring to deliver world class patient care

Some of the complex work we do...



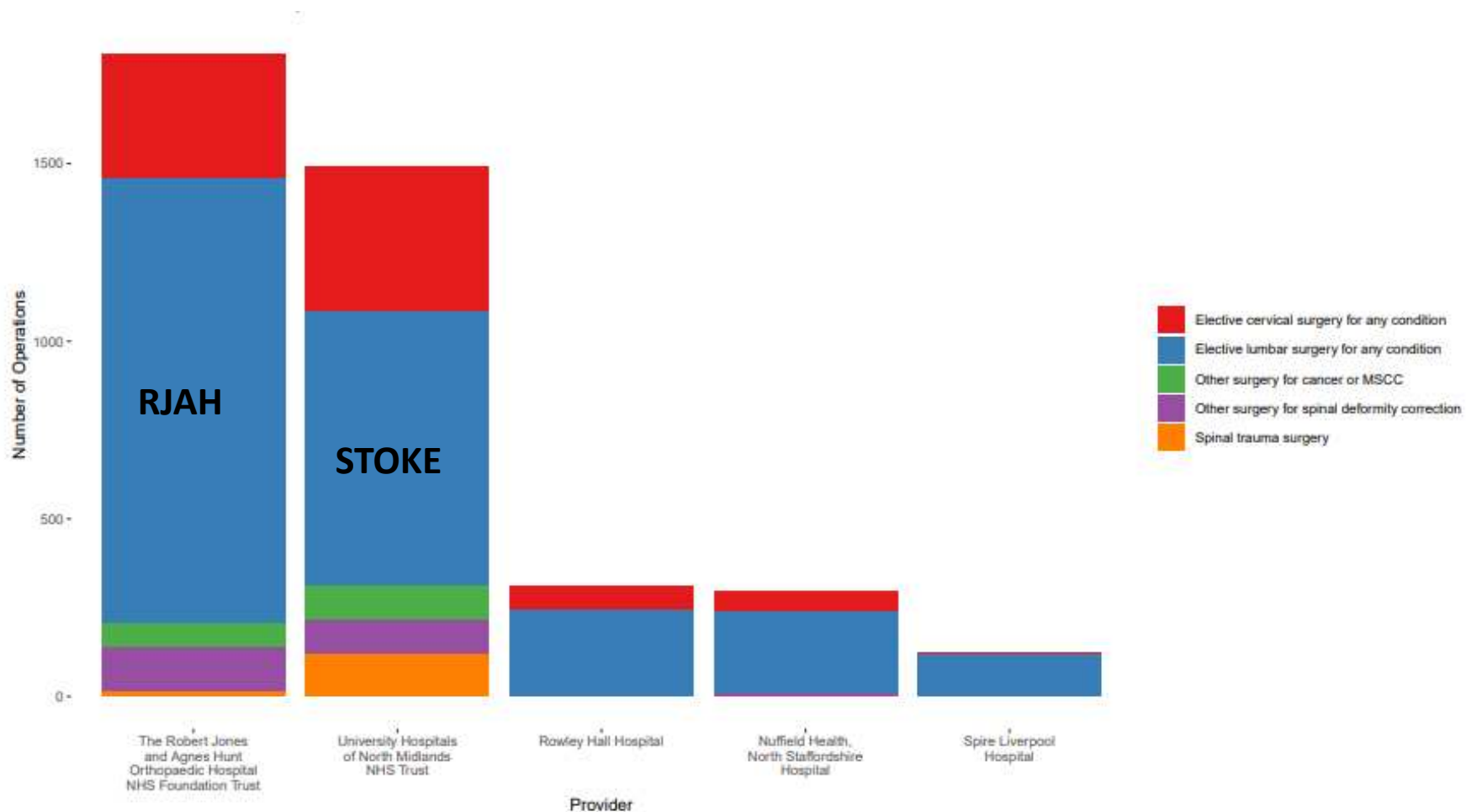
Aspiring to deliver world class patient care

1. Part Two - Public	2. Patient Story	3. Chief Executives	4. Quality & Safety	5. People Update	6. Performance & ce &	7. To Note	8. Any Other Business
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Leading the way...

- Centre of excellence for Spinal Endoscopic surgery
- Mentoring surgeons in other specialist units in Endoscopic surgery

Activity



Aspiring to deliver world class patient care

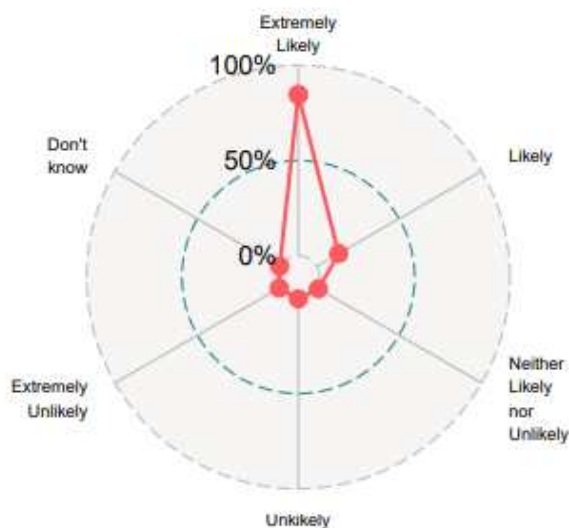
GIRFT (December 2020) - National

Comparison

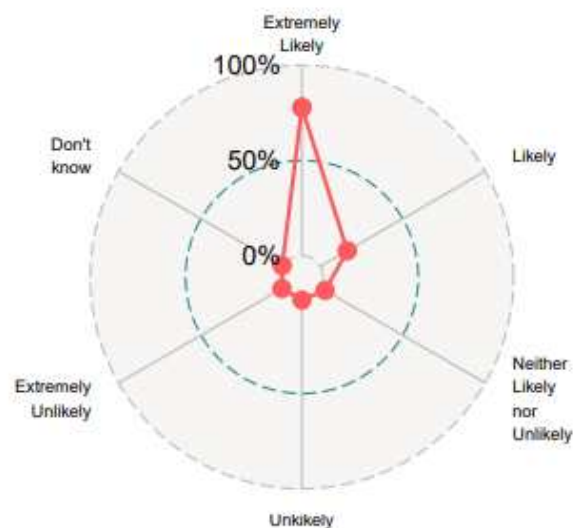
- Highest number of Minimally Invasive Lateral Lumbar Fusion procedures
- Top 5 in number of Cervical, Thoracic and Lumbar Fusion surgery procedures
- Top 5 in number of Adult Deformity Surgery procedures
- Less than National Average Return to Theatre in 2 years for all procedures

GIRFT - Family & Friends

Answers within 2 weeks



Answers within 6 months



Challenges

- Emergency on-call service
 - Access to theatre - 25% of on the day cancellations
 - Lack of out of hours MRI at SATH
- Inpatient and outpatient waiting time
 - Impacted by COVID (830 IP waiting list, 2100 OP waiting list as of March 2021)
 - Improve allocation in theatre – limited to maximum 2 spinal theatres in a day
 - AHP, Specialist nurses and Consultant recruitment

Challenges

- Paediatric deformity service
 - Adapt to increasing restrictions on Paediatric spinal deformity
 - Set up Transitional Deformity Service - Niche service for 16 to 20 year olds

- Day case spinal surgery
 - Geographical limitations
 - Enhanced recovery
 - Specialist Spinal Nurses

Governance

- Lead the way in Governance
 - British Spinal Registry
 - 100% compliance (March 2021) – one of the few units Nationally
 - Access to Surgeon specific Outcomes data
 - Clinical Effectiveness Committee
 - PROMS (Qualitative) data
 - Liaise with National Clinical Improvement Programme
 - 100% of surgical cases pass through Multi Disciplinary Team meeting

THANK YOU

1. Part Two - Public	2. Patient Story	3. Chief Executives	4. Quality & Safety	5. People Update	6. Performance & ce &	7. To Note	8. Any Other Business
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1. Part Two - Public	2. Patient Story	3. Chief Executives	4. Quality & Safety	5. People Update	6. Performance & ce &	7. To Note	8. Any Other Business
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Title

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 March 2021
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board is asked to **consider** the Board Assurance Framework (BAF)

2. Executive Summary

2.1. Context

The Board of Directors uses the BAF as tool to ensure effective management of any risks which have potential to impact on delivery of the Trust strategy.

The Board agreed new objectives for the Trust for the remainder of the financial year to reflect the necessary focus on the Trust's restoration programme. As in previous years the Trust continues to align reporting of performance against the objectives with the Board Assurance Framework to facilitate full consideration of the risks to delivery.

2.2 Summary

The BAF was last presented to the Board in November 2020 and since this time has been updated and reviewed by each of the Board's Assurance Committees. Since its last presentation the following changes have been made to the risks cited on the BAF:

- The risk in relation to infection control capacity and capability has been closed.
- The risk in relation to instability arising from fluctuations in tariff has been reduced
- Two new risks have been added:
 - Inability to meet baseline activity due to heavy reliance on a high proportion of out of job plan work.
 - Uncertainty around new system financial framework

In addition, updates have been provided against the actions to address any identified gaps in assurance and controls

2.3. Conclusion

The Board is asked to:

- Note the content of the BAF
- Consider if it is content with the actions being taken to address the identified gaps in controls and assurance
- Consider if there are any additional risks that may impact on delivery of the agreed objectives and should be included in the BAF.

3. Main Report

3.1. Board Assurance Framework

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

Attached at Appendix 1 is a copy of the BAF which is been aligned to the objectives agreed by the Board in October 2020.

For ease of reference the source of assurance ratings used in the BAF are as follows:

Level 0 – It has not been possible to obtain assurance

Level 1 – Assurance obtained at departmental level

Level 2 – Assurance obtained at organisational level i.e supported by HR, Finance etc

Level 3 – External assurance has been obtained through audit / inspection processes

3.2. Conclusion

The Board is asked to:

- Note the content of the BAF
- Consider if it is content with the actions being taken to address the identified gaps in controls and assurance
- Consider if there are any additional risks that may impact on delivery of the agreed objectives and should be included in the BAF.

Caring for Patients

OBJ 1

Principal Objective: Accelerate the work to restore patients cared for to pre Covid levels

This objective will focus on working towards an ambition of restoring to 100% of pre Covid activity levels, delivering a process that ensure robust processes for harms reviews and clinical prioritisation, delivery of outstanding clinical outcomes, working towards minimising patient waiting times, a zero tolerance of delayed discharges and finally the development of a recruitment plan to support this work.

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Delivery of activity as agreed in the system plan
- ✓ Completion of the clinical prioritisation process required by NHSE/I
- ✓ Achievement of quality KPIs within the Integrated Performance Report
- ✓ Minimising the number of patients waiting over 52 weeks
- ✓ % WTE recruited of recruitment plan
- ✓ Number of delayed discharges (without mitigations)

Supporting Programmes of Work:

- Outpatients, Theatres and Diagnostics Recovery Programmes
- Site planning
- Access programmes
- E-Review Clinical Prioritisation Programme

Lead Director:

Chief Executive

Objective Details:

Opened: October 2020

Reviewed Date: [March 2021](#)**Progress Update:**

The Trust has currently paused all non-urgent elective work in order to support its partners with the Covid crisis. Prior to this there had been a sustained and improved performance since September with total elective theatre activity for December at 78% compared to 19/20 and 107% over plan. Outpatient activity for December was 100.7% against plan and at just under 80% compared to 19/20. Patient waiting times are continuing to increase and clinical prioritisation of patients is continuing. The Trust is working with its partners on reducing delayed discharges. Quality and Safety Committee is receiving regular reports on the Harms Review process with further work to do in order to achieve full assurance [and work has commenced on a system wide harms review process.](#)

Risks:

BAF1.1 Insufficient core capacity to meet demand

BAF 1.2 Potential for increased harm to patients as waiting times increase

NB: Further risk be worked up in relation to ability to demonstrate clinical outcomes across all specialties – Clinical Effectiveness Committee established and will look at this

Lead Committee:

Finance Planning and Digital Committee (Additional oversight from Restoration Committee) / Quality and Safety Committee

BAF 1.1 Accelerate the work to restore patients cared for to pre Covid levels

OBJ 1

Principal Risk: Insufficient core capacity to meet demand

Inability to restore activity levels to that provided pre-Covid resulting in increasing waiting times and poor patient experience. Regulatory and system scrutiny and loss of reputation.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	4
Likelihood	4	4	1
Total	16	16	4

Controls:

- ✓ Demand and capacity modelling at local level
- ✓ Monitoring of efficiency KPIs
- ✓ 6-4-2 implemented
- ✓ Recovery programmes in place for Outpatients, Theatres and Diagnostics
- ✓ Weekly tactical restoration meeting
- ✓ Key restoration of capacity KPIs
- ✓ [Weekly meetings for management of delayed discharges](#)

Gaps In Controls:

- C1: Lack of line of sight on system demand and capacity requirements
- C2: Gaps in job planning and governance processes to ensure full capacity utilised
- [C3: Work with system partners on delayed discharge management is ongoing](#)

Risk Details:

Opened: November 2020
Reviewed Date: [March 2021](#)
Source of Risk:
Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Monthly Performance Improvement Board oversight
- ✓ Inpatient Survey Performance
- ✓ System and regulatory oversight
- ✓ Internal audit regarding job planning
- ✓ Patient Experience Committee oversight
- ✓ Restoration Committee Oversight
- ✓ Outpatient Improvement Board restored
- ✓ [System Governance Framework](#)

Gaps in Assurance:

- [A1: System governance of demand and capacity performance](#)
- A2: Patient Experience Strategy overdue for review

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Collaboration with system on demand and capacity requirements	Chief Executive	Nov 20 Mar 21	System now operating with one elective orthopaedic waiting list overseen by RJA, the system has a coordinated approach to treatment by clinical prioritisation overseen by the Clinical Chair for MSK and a group of senior consultants
C2	Project plan to address recommendations from job planning internal audit to be taken to completion	Chief of People	Mar 21	Update provided to People Committee in February
C3	Ongoing liaison with system partners on discharge management	Chief Nurse	Mar 21	Mitigating action taken and SLG briefed with paper going to Q&S in April - completed
A1	Support work to improve system governance and line of sight of key risks	Trust Secretary / Director of Governance	Dec 20	Completed - ICS Governance Framework agreed and first meetings of Committee Structure have either taken place or are scheduled. Risk management will be overseen by the new Audit and Risk Committee – first meeting scheduled for April.
A2	Review of Patient Experience Strategy	Chief Nurse	Dec 20 Mar 21 Apr 21	Engagement workshops held – draft strategy going to Patient Experience Committee in April

BAF 1.2 Accelerate the work to restore patients cared for to pre Covid levels

OBJ 1

Principal Risk Potential for increased harm to patients as waiting times increase

As a result of national clinical prioritisation criteria and social distancing requirements there is potential for patients to wait longer and they are therefore exposed to the risk of harm, potentially resulting in poorer outcomes or more extensive procedures being required.

Risk Rating:

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

Controls:

- ✓ Harms review process in place
- ✓ Following national NHS clinical prioritisation guidance
- ✓ Communication with patients regarding the current situation
- ✓ Access Policy in place
- ✓ Patient quality and safety monitoring via KPIs

Gaps In Controls:

- C1: Process for managing Harms Reviews within Units
- C3: Robust follow up back log process

Risk Details:

Opened: November 2020
 Reviewed Date: [March 2021](#)
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

1

- ✓ Patient Harms Group, Patient Safety Committee and Quality and Safety Committee to provide oversight of Harms Process

Gaps in Assurance:

- A2: Key metrics and reporting of Harms Reviews to be established and embedded

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Harms review reporting to be incorporated into Unit Governance Meetings	Chief Nurse and Trust Secretary / Director of Governance	Dec-20 Jan-21 Apr 21	Harms Group established with regular reporting – audit of harms reviews being undertaken
C3	Review of follow up backlog management	Managing Director for Clinical Support Services	Dec-20 Feb 21	Line of sight via Q&S Committee, data validation exercise has been completed and resource requirements identified – a small working group has been established to take the work forward and additional management resource has been put in place
A1	Patient Harms Group to be established	Trust Secretary / Director of Governance	Dec-20 Jan 21	Completed

Caring for Patients

OBJ 2

Principal Objective: Maintain high infection control standards to support the restoration of activity

This objective will focus on ensuring appropriate Covid free areas and strict application of hand hygiene with physical distancing and the use of masks, further it will aim to define and deliver a capital programme to support the maintenance of infection control standards whilst optimising activity. Overall the aim will be to have zero nosocomial infections.

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Monitor patient and staff infection rates in relation to reportable outbreaks
- ✓ Audit outcomes in relation to maintenance of infection control standards
- ✓ Presentation of a defined Capital Programme to Finance Planning and Digital Committee
- ✓ Full capital allocation spend to time and budget

Supporting Programmes of Work:

- IPC work plan
- Estates programme

Lead Director:

Chief Nurse and Patient Safety Officer

Objective Details:

Opened: October 2020

Reviewed Date: [March 2021](#)**Progress Update:**

The Trust continues to operate green and amber pathways for patients. Staff and environments have been risk assessed to ensure working environments are safe and Covid secure. Mask use across the Trust continues. Capital programme reviewed for 2021-22.

[Risk assessments recently reviewed in line with revised guidance.](#)

[Revised BAF published and the Trust is self-assessing against this.](#)

[HSE inspection findings of other Trusts being reviewed with a gap analysis being undertaken and to be presented to H&S Committee](#)

Risks:

- | | |
|---------|--|
| BAF 2.1 | Inability to respond quickly enough to rapidly changing infection control national guidance |
| BAF 2.2 | Inability to align the capital programme with the quickly changing operating environment and funding movements |
| BAF 2.3 | Capacity and resilience constraints within the Infection Prevention and Control Team |

[NB: Further risk to be worked up in relation to staff non-compliance once RCA completed – due February 2021](#)

Lead Committee:

Quality and Safety Committee and Finance Planning and Digital Committee

BAF 2.1 Maintain high infection control standards to support the restoration of activity

OBJ 2

Principal Risk: Inability to respond quickly enough to rapidly changing infection control national guidance

Potential for non-compliance resulting in risks to staff and patient safety. Inability to maintain an up to date suite of policies for use in the organisation and staff engagement with new policies.

Risk Rating:

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

Controls:

- ✓ IPC Board assurance framework in place and has been revised in January 2021
- ✓ Policy Committee in place to facilitate prompt ratification of changes to policy
- ✓ Flu champions in place
- ✓ Flu action plan in place
- ✓ Peer vaccinators
- ✓ System and Regional IPC networks in place with RJAH engagement
- ✓ Lateral flow testing being rolled out and robust staff Covid reporting and testing in place
- ✓ New Covid Infection Control Policy in place

Gaps In Controls:

- C1: H&S resource and capacity constraints
- C2: Lack of EPRR Lead
- ~~C3: Stretch target for flu vaccine uptake~~
- ~~C4: Limited IPC resource and capacity~~

Risk Details:

Opened: November 2020

Reviewed Date: [March 2021](#)

Source of Risk:

Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Oversight from Infection Control Committee which reports to Q&S Committee
- ✓ Recent CQC review of IPC BAF
- ✓ Flu Working Group chaired by DIPIC
- ✓ H&S Committee oversight

Gaps in Assurance:

- ~~A1: H&S Committee effectiveness~~

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Review of H&S resource and capacity requirements with recommendation to SLG for resource solution	Chief Nurse and Patient Safety Officer	Nov-20 Feb-21 Mar 21	Review has been undertaken with initial agreement to increase resource whilst system options considered – further meeting to discuss resource scheduled in March
C2	EPRR role and requirements to be established with recommendation to SLG	Chief Nurse and Patient Safety Officer	Nov-20 Feb-20 Mar 21	Review has been commissioned from CSU and completed report is going to the next SLG meeting
C4	See Risk 2.3			
A1	Review of H&S Committee effectiveness	Chief Nurse and Patient Safety Officer	Nov-20 Feb 20	Completed - Effectiveness reviewed at last Committee

BAF 2.2 Maintain high infection control standards to support the restoration of activity

OBJ 2

Principal Risk: Inability to align the capital programme with the quickly changing operating environment and funding movements

The operating environment is changing quickly to respond to developments with the Covid pandemic and changing infection control guidance and requirements and this has potential to impact on the Trust's capital requirements to support restoration. There is system prioritised restoration and backlog funding and the allocation of this is not yet determined which leaves uncertainty and potential for the Trust to have a shortfall or for there to be a limitation of the capital programme which in turn may impact on restoration.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	2
Likelihood	4	4	2
Total	16	16	4

Controls:

- ✓ Capital Management Group in place
- ✓ Revised capital programme
- ✓ Scenario planning
- ✓ Bed capacity scheme identified to support restoration
- ✓ [System capital delegated limit in place](#)

Gaps In Controls:

- C2: System funding and timings to be confirmed

Risk Details:

Opened: November 2020
 Reviewed Date: [March 2021](#)
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Restoration Committee and Finance Planning and Digital Committee Oversight
- ✓ Regulatory and System oversight

Gaps in Assurance:

- A1: Full monitoring and assurance cannot be achieved until allocation is known

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C2, A1	Ongoing discussions within the system regarding capital funding	Chief of Finance	Ongoing	Discussions are ongoing, system prioritisation and funding sources still to be confirmed – system allocation awaited

BAF 2.3 Maintain high infection control standards to support the restoration of activity **CLOSE**

OBJ 2

Principal Risk: Capacity and resilience constraints within the Infection Prevention and Control Team

The Trust has a small Infection Prevention and Control Team with single points of failure which means the impact of staff absences can be significant. This also links to risk 2.1. This raises potential for non-compliance with infection prevention and control standards.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	2↓	4
Likelihood	4	2↓	1
Total	16	4↓	4

Controls:

- ✓ IPC Board assurance framework in place
- ✓ Flu and Covid champions in place
- ✓ Flu action plan in place
- ✓ Peer vaccinators
- ✓ System and Regional IPC networks in place with RJAH engagement

Gaps In Controls:

- ⊖ C3: Capability and experience of new team

Risk Details:

Opened: November 2020
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Oversight from Infection Control Committee which reports to Q&S Committee
- ✓ Recent CQC review of IPC BAF
- ✓ Flu Working Group chaired by DIPIC

Gaps in Assurance:

- A1: N/A

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C3	Support required for new staff members to increase capability and experience	Chief Nurse and Patient Safety Officer	Mar 21	Completed - Shadow arrangements in place across the system

Caring for Patients

OBJ 3

Principal Objective: Support the wider healthcare system

This objective will focus on how the Trust can play an active role in the system to support preparation for winter and wave 2 of the Covid pandemic. The Trust will look at developing proposals for an increase in services available on a green pathway

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Service proposal for green pathways
- ✓ Attendance at system meetings

Supporting Programmes of Work:

- System winter planning
- System Gold
- Programme plans for system restoration

Lead Director:

Chief of Performance, Improvement & OD and Chief Nurse and Patient Safety Officer

Objective Details:

Opened: October 2020

Reviewed Date: [March 2021](#)

Progress Update:

Strategic options work underway and restart modelling commenced with an update to Strategy Board in February.

[Mutual aid has been delivered and de-escalation triggers in place with redeployed staff due to return to the Trust.](#)

[System integrated planning framework agreed with work underway on delivery](#)

Risks:

BAF 3.1 Infancy of system structure inhibits response

Also see risks 1.1 and 2.2

Lead Committee:

Restoration Committee

Principle Risk: Infancy of system structure inhibits response

Inability to make quick and co-ordinated decisions, potential for conflicts between partner organisations interests, varying levels of performance within the system.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	3
Likelihood	5	3	2
Total	20	12	6

Controls:

- ✓ Regular CEO forum
- ✓ System Transformation Delivery Group in place
- ✓ Diagnostics Programme being chaired by RJA Executive

Gaps In Controls:

- C1: Alignment of Trust's scheme of delegation to System's decision making requirements
- C2: Limited terms of reference and programme plans
- C3: Definition of roles and responsibilities within the system
- C4: Inability to align Trust performance report with System due to lack of integrated system performance report
- C5: Lack of line of sight on system risks that impact on the Trust

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Review of the Trust's Scheme of Delegation and potential for alignment with System partners	Chief Executive / Trust Secretary	Jan 21 Mar 21	Trust's scheme of delegation has recently been reviewed, ICS governance framework agreed and contact made with system Trust Secretary's to look at alignment
C2	RJA representatives to request terms of reference and programme plans	Chief of Performance, Improvement and OD	Dec 20 Feb 21	Integrated planning framework in place, programme plans being put in place for big six ticket items through the ICS Finance and Sustainability Committee
C3	Engagement with system recruitment plan and guidance	Chief of People	Mar 21	Guidance on ICS roles awaited
C4	RJA input into system performance reporting to be reviewed	Chief of Performance Improvement and OD	Nov 20 Mar 21	Covid performance monitoring being stood down with the performance framework for the system being an output of the system planning implementation
C5	Support to be offered to assist with the alignment of risk management across partner organisations	Chief Executive	Jan 21	Completed - ICS Governance Framework agreed with an Audit and Risk Committee established

Risk Details:

Opened: November 2020

Reviewed Date: March 2021

Source of Risk:

Corporate Risk Register

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

- ✓ Oversight from Shadow ICS Board
- ✓ Working groups with input from each organisation
- ✓ Regulatory oversight
- ✓ Programme governance structure in place with SROs
- ✓ Meeting of partner organisation Audit Chairs

Gaps in Assurance:

- A1: Alignment of Trust governance to a defined system governance framework

Caring for Patients

OBJ 4

Principal Objective: Maintain emergency responsiveness

This objective will focus on ensuring the Trust has in place stable and effective EPRR arrangements

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Board reporting
- ✓ EPRR Review

Supporting Programmes of Work:

- Business continuity planning
- EPRR exercise programme

Lead Director:

Chief Nurse and Patient Safety Officer

Objective Details:

Opened: October 2020

Reviewed Date: [March 2021](#)

Progress Update:

The Trust has a defined EPRR process but lacks robust resource, a full review has been commissioned from the CSU and a report is going to the next SLG Meeting

Risks:

BAF 4.1 Lack of designated EPRR resource

Lead Committee:

Risk Management Committee

BAF 4.1 Maintain emergency responsiveness

OBJ 4

Principle Risk: Lack of designated EPRR resource

Potential inability to provide a co-ordinated response to an interruption in service, lack of clarity around ownership and responsibilities and the required capability and expertise.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	3
Likelihood	5	3	2
Total	20	12	6

Controls:

- ✓ EPRR procedures and business continuity plans in place
- ✓ Tried and tested command and control structure
- ✓ Agreements in place across the system for mutual aid
- ✓ EPRR exercise programme
- ✓ National co-ordination of Covid pandemic

Gaps In Controls:

- C1: Variation of EPRR procedures across the system
- C2: Lack of EPRR Lead and defined core team

Risk Details:

Opened: November 2020
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Risk Management Committee oversight
- ✓ Compliance with EPRR Core Standards – substantial assurance for 19/20 submission
- ✓ NHSI/E oversight

Gaps in Assurance:

- A1: N/A

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Alignment of EPRR procedures across the system	Chief Nurse and Patient Safety Officer	Jan 21	Internal review of local EPRR procedures underway in the first instance to identify potential for alignment. CSU report going to the next SLG meeting.
C2	EPRR role and requirements to be established with recommendation to SLG	Chief Nurse and Patient Safety Officer	Nov 20 Feb 20	Review has been commissioned from CSU and completed and a report is going to the next SLG Meeting

Caring for Staff

OBJ 5

Principal Objective: Focus on providing an environment for our workforce to 'flourish at work'

This objective will focus on implementation of the national people plan, improving staff wellbeing, taking clear actions to address systemic inequality and ensuring a safe and Covid secure working environment

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Achievement of system / regional and national KPIs
- ✓ Regular Board updates
- ✓ Staff survey results and sickness absence figures
- ✓ Staff risk assessments
- ✓ Delivery of WRES action plan
- ✓ BAME Network in place
- ✓ PPE availability

Supporting Programmes of Work:

- Task and finish groups
- BAME Network (in the process of being renamed)

Lead Director:

Chief of People and Chief Nurse and Patient Safety Officer

Objective Details:

Opened: October 2020

Reviewed Date: [March 2021](#)

Progress Update:

Risk assessments in place for all staff to ensure covid secure working environment with a particular focus on BAME staff. A BAME network has been established and increased comms across the organisation. The Trust is accessing national and system wellbeing initiatives as required. A system people plan is in place and aligned to the national people plan with all actions on track

Risks:

- | | |
|---------|--|
| BAF 5.1 | Failure to improve staff engagement linked to communication between managers and the workforce |
| BAF 5.2 | Potential inability to have the right workforce in the right place at the right time |
| BAF 5.3 | Impact of Covid-19 on the workforce |

Lead Committee:

People Committee

BAF 5.1 Focus on providing an environment for our workforce to 'flourish at work'

OBJ 5

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

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

Risk Rating:

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

Controls:

- ✓ Ward / department budding with escalation of issues to SLG
- ✓ Communications and engagement strategy
- ✓ Six monthly back to the floor events
- ✓ Leadership training and bite-sized modules for wider organisation
- ✓ Performance framework in place
- ✓ Weekly update from CEO
- ✓ Comms bulletin

Gaps In Controls:

- C1: Effectiveness of information cascade as a result of having no formal cascade process — in particular in relation to clinicians
- C2: Establishing and re-inforcing middle management visibility

Risk Details:

Opened: April 2017
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Regular updates to People Committee and the Board
- ✓ NHS I PRM
- ✓ Staff Survey
- ✓ NHS I Oversight Framework
- ✓ Oversight from People Committee

Gaps in Assurance:

- A1: Lack of real time measure from staff
- A2: Sub-committees of People Committee to be fully established and developed
- A3: ED&I Committee effectiveness

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Communication cascade proposal to go to SLG with focus on clinical engagement	Chief of People	Dec 20	Completed: Increased frequency of MAC, clinical leads meetings re-established, manager briefings weekly, Q&A sessions
C2	Review of middle management visibility to identify gaps	Chief of People	Dec 20	Completed: Q&A Sessions and pulse surveys in place to assist identifying where support is needed
A2	Additional focus on People Committee sub committee agenda, workplan and attendance with recommendations	Chief of People	Nov 20 Apr 21	People Committee has moved to monthly meetings and work is underway on sub structure
A3	Review of ED&I effectiveness to be undertaken	Trust Secretary / Director of Governance	Dec 20	Delayed due to pause in committee meetings, focus on BAME continuing in line with national agenda. Committee meetings recommenced and ED&I internal audit planned for Q4 of next financial year

BAF 5.2 Focus on providing an environment for our workforce to 'flourish at work'

OBJ 5

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

Inadequate succession planning and talent management resulting in gaps in levels of expertise. Risk to staff morale resulting in increased turnover. Inability to increase activity safely to meet national targets resulting in further regulatory scrutiny. Poor patient experience and potential patient safety risks. This risk is impacted by potential reduced opportunities for international recruitment due to Covid and lack of a sustainable workforce model

Risk Rating:

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

Controls:

- ✓ Recruitment plans to target vacancy hotspots
- ✓ Sickness absence management
- ✓ Staff turnover monitoring
- ✓ Leadership training to support effective management and engagement of staff
- ✓ Theatre recruitment plan in place
- ✓ Emergency staffing requirements in place to address Covid impact
- ✓ System mutual aid and redeployment MOU in place

Gaps In Controls:

- C1: Lack of emergency planning and resilience resource impacting on ability to respond to potential second wave of Covid
- C2: Nursing strategy required
- C3: Nursing associate roles on hold due to Covid
- C4: International recruitment in progress
- C5: Flexible workforce model creates over reliance on premium cost workforce

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Review of emergency planning resource requirements and potential solution with system to be explored.	Chief Nurse	Jan-24 Mar 21	Review has been commissioned from CSU and report is being presented to next SLG meeting
C2, C3, C5	Nursing strategy to be developed to include Nursing Associates	Chief Nurse	Nov-20 Mar 21	Work ongoing as per update to Board in January – strategy engagement sessions with Senior Nurses held in March
C4, C5	International recruitment to be completed	Chief Nurse	Mar 21	Work ongoing as per update to Board in January – international recruitment interviews commenced
A1	Review of workforce alignment required to provide assurance	Chief of Performance, Improvement and OD	Nov-20 Mar 21	Modelling presented to Strategy Board however planning guidance still awaited and restart plan ready to be implemented

Risk Details:

Opened: March 2018
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Performance report
- ✓ Safe staffing audits
- ✓ People Committee oversight
- ✓ Agency usage monitoring
- ✓ Independent review of e-rostering
- ✓ Turnover and sickness absence rates

Gaps in Assurance:

- A1: Alignment of workforce to optimise capacity

BAF 5.3 Focus on providing an environment for our workforce to 'flourish at work'

OBJ 5

Principal Risk Impact of Covid-19 on the workforce

Inability to recruit internationally or access required training to develop the workforce. Potential for absence rates to go up as staff isolate and key areas with single points of failure will have increased vulnerability. Requirement for workforce to work more flexibly, increased working from home and increased reliance on IT and Information.

Risk Rating:

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

Controls:

- ✓ Resilience plans in place for departments
- ✓ Minimum nursing staffing levels in place to maintain safety
- ✓ System wide mutual aid with regard to staffing
- ✓ Listening sessions
- ✓ Improved IT infrastructure
- ✓ Mutual aid in place across the system
- ✓ Staff risk assessments in place
- ✓ Clinically vulnerable staff supported with redeployment / work from home opportunities

Gaps In Controls:

- C1: Wellbeing programme to be tailored to staff groups reflective of the different impacts on each
- C2: Increasing demand on IT resource leading to capacity constraints

Risk Details:

Opened: November 2020
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Performance reporting
- ✓ Staff surveys

Gaps in Assurance:

- A1: Visibility of flexible work arrangements required
- A2: Assurance of actions from the risk assessments being completed

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Targeted wellbeing programmes to be explored	Chief of People	Nov 20	National and system wellbeing initiatives being accessed as required
C2	Review of IT projects that can be paused to release short term resource	Director of IT	Nov 20	Completed
C3	Review of Information Team resource	MD for Support Services	Nov 20	Completed
A1	Line of sight on the flexible working arrangements of staff – review to be undertaken	Chief of People	Dec 20	Daily reporting on redeployment via information team sitrep
A2	Monitoring and reporting to be put in place regarding completion of actions from risk assessments	Chief of People	Jan 21	Completed - HR Business Partners review outstanding actions with the MDs

Caring for Staff

OBJ 6

Principal Objective: Implement beneficial changes and lessons learnt from managing Covid

This objective will focus on undertaking listening sessions across the organisation, senior leadership development sessions and incorporation of lessons learnt into the 2021/22 operational plan

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Report on lessons learnt
- ✓ Senior leadership development programme
- ✓ Operational plan for 2021-22

Supporting Programmes of Work:

- Regional network input
- Listening event
- Task and Finish Group for learning
- Senior leadership coaching programme

Lead Director:

Chief Performance, Improvement and OD Officer

Objective Details:

Opened: October 2020

Reviewed Date: March 2021

Progress Update:

After action reviews have been completed for wave 1 redeployment of staff, trauma and staff self-isolation with learning put in place. Redeployment for wave 2 completed with programme of support in place for returning staff. Learning from Wave 1 restart used in Wave 2 restart.

Learning exercise across the organisation completed and reported through People Committee.

After action reviews being completed for the vaccination hub.

Risks:

BAF 6.1 Inability to breakdown silo working both from an internal and external perspective

Lead Committee:

People Committee

BAF 6.1 Implement beneficial changes and lessons learnt from managing Covid

OBJ 6

Principal Risk: Inability to breakdown silo working both from an internal and external perspective

Potential for inefficiencies and duplication of work. Lack of standardisation making cross cover and alignment between units and organisations more challenging.

Risk Rating:

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

Controls:

- ✓ Integrated performance report
- ✓ Standardisation of Unit meeting agendas and terms of reference
- ✓ Local induction for staff working in new areas
- ✓ Strengthened corporate nursing structure providing system wide view of key quality indicators and delivery of best practice
- ✓ Standardised reporting templates for Units and Committees
- ✓ Revised organisational structure to provide matrix working
- ✓ Weekly joint Unit meetings

Gaps In Controls:

- C1: Requirement for flexible nursing workforce

Risk Details:

Opened: November 2020
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

Assurance:**Source of Assurance****1**

- ✓ Oversight from Performance and Improvement Board
- ✓ Safe staffing compliance
- ✓ Unit Meetings]
- ✓ Integrated performance report

Gaps in Assurance:

- A1: Maturity of Unit governance

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Increase flexible nursing workforce	Chief Nurse	Nov 20	Workforce meetings taking place on a monthly basis to progress, formal reporting into People Committee being established - completed
A1	Unit governance meetings to be established	Chief Nurse	Nov 20	Completed with embedding ongoing and internal audit planned

Caring for Staff

OBJ 7

Principle Objective: Deliver flu vaccination programme

This objective will focus on increasing the number of vaccinators and ensuring 100% of staff are offered the vaccine

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Lead and a minimum of 40 vaccinators in place
- ✓ Measurement of % of staff offered vaccine and accepted or offered vaccine and declined

Supporting Programmes of Work:

- IPC work plan

Lead Director:

Chief Nurse and Patient Safety Officer

Objective Details:

Opened: October 2020

Reviewed Date: [March 2021](#)

Progress Update:

[The number of vaccinators was increased as planned and the objective has been fully met.](#)

Risks:

[No risks to delivery](#)

Lead Committee:

People Committee / Quality and Safety Committee

Caring for Finances

OBJ 8

Principle Objective: Deliver Financial Plan

This objective will focus on cost control as opposed to income (tariff change and delivering planned activity within agreed cost base)

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Deliver on budget by 31 March 2021
- ✓ Deliver agreed activity within resources

Supporting Programmes of Work:

- Restoration Group
- Consultant Job Planning Task and Finish Group
- Recruitment plan

Lead Director:

Chief Finance Officer

Objective Details:

Opened: October 2020

Reviewed Date: March 2021

Progress Update:

The Trust is on trajectory to deliver the financial plan with ongoing reporting to Finance Planning and Digital Committee.

Risks:

BAF 8.1 Failure to achieve activity and income within agreed cost base

Lead Committee:

Restoration Committee / Finance Planning and Digital Committee

BAF 8.1 Deliver Financial Plan

OBJ 8

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

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

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	4	2
Likelihood	5	4	2
Total	25	16	4

Controls:

- ✓ Cost improvement schemes identified
- ✓ QIPP schemes identified to required level
- ✓ Carter recommendations embedded in savings discussions
- ✓ Access to good quality benchmark information as per model hospital
- ✓ Tracking of theatre productivity
- ✓ Risks reviewed on a monthly basis and addressed through performance reviews

Gaps In Controls:

- C1: Reliance on flexible premium cost workforce for capacity in excess of core, some of which is not based in contract
- C2: Improved process around job planning needed
- C3: Demand and capacity completed but shows need to increase core capacity
- C4: Alignment of workforce to maximise core capacity
- C5: Restoration of non NHS income

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C2, A1	Deliver actions agreed to provide assurance on consultant job plan fulfilment	Chief of People	Mar 21	Job planning audit recommendations being progressed – update provided to People Committee
C1,C3	Exploration of opportunities to expand core capacity through recruitment	Chief of People	Dec-20 Apr 21	Recruitment plans in place with update to the Board and People Committee- medical and dental recruitment plan to go to People Committee for implementation and monitoring
C4	Review alignment of workforce with a view to varying workforce to address any identified gaps	Chief of People	Dec-20 Apr 21	Planning underway with workforce to be aligned once resource requirement confirmed
C5	Non NHS income to be restored	Chief of Finance	Dec-20 Mar 21	Ongoing linked to restoration plans which are currently impacted by Covid.

Risk Details:

Opened: March 2018

Reviewed Date: March 2021

Source of Risk:

Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ Monitoring of CIP delivery via performance meetings
- ✓ Oversight by FPD Committee and Performance and Improvement Board
- ✓ QIPP monitored by RJA and CCG at contract meetings
- ✓ NHS I oversight
- ✓ KPI monitoring
- ✓ QIA process in place to ensure quality not impacted
- ✓ Restoration Board oversight

Gaps in Assurance:

- A1: Audit of compliance with consultant job plans

BAF 8.2 Deliver Financial Plan **NEW**

OBJ 8

Principal Risk: Inability to meet baseline activity due to heavy reliance on high proportions of out of job plan work

Potential for inability to meet activity levels if out of job plan work not accepted by required workforce, premium costs to deliver required activity levels.

Risk Rating:

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

Controls:

- ✓ Demand and capacity modelling provides intelligence on high risk areas
- ✓ Forward view allocation process for out of job plan work
- ✓ Consultant Job Planning Policy

Gaps In Controls:

- C1: E-Job planning still being rolled out
- C2: Recruitment plan required with resulting recruitment to reduce OJP reliance

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	E-job planning roll out being progressed	MD for Support Services	Apr 21	Project plan in place with updates going to People Committee and Audit Committee
C2	Development of recruitment plans to address gap	Chief of People	Dec 20 Apr 21	Medical and dental recruitment plan to go to People Committee for implementation and monitoring
A1	Follow up audit to be completed	Chief of People	Dec 21	

Risk Details:

Opened: March 2021
Reviewed Date: March 2021
Source of Risk:
Corporate Risk Register

Assurance:**Source of Assurance 3**

- ✓ Internal audit on Consultant Job Planning
- ✓ NHS I oversight
- ✓ KPI monitoring
- ✓ Restoration Board oversight
- ✓ People Committee Oversight

Gaps in Assurance:

- A1: Follow up audit of job planning (planned for 21/22)

Caring for Finances

OBJ 9

Principal Objective: Achieve and maintain the Single Oversight Framework score of 2 and seek to improve underlying measures

This objective will focus on delivery of the control total trajectory for income and expenditure, delivery of the agency control total for core agency and maintaining cash balances at trajectory and enable repayment of financing commitments.

Objective Delivery / Forecast:

Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Key performance information as outlined in Board reporting

Supporting Programmes of Work:

- CIP programme
- Financial governance pack

Lead Director:

Chief of Finance

Objective Details:

Opened: October 2020

Reviewed Date: March 2021

Progress Update:

Financial scores currently at 1 which is the best that can be achieved and forecast to be maintained to year end. The Trust is no longer externally measured against this as an individual organisation.

Risks:

BAF 9.1 Instability arising from fluctuations in the tariff and uncertainty regarding future funding models due to ambition to move away from PbR

Lead Committee:

Finance Planning and Digital Committee

BAF 9.1 Achieve and maintain the Single Oversight Framework score of 2 and seek to improve underlying measures

OBJ 9

Principal Risk: Instability arising from fluctuations in the tariff and uncertainty regarding future funding models due to ambition to move away from PbR

Uncertainty around future funding models impacting on ability to prepare financial models and plans.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	3	4
Likelihood	4	3	1
Total	16	9↓	4

Controls:

- ✓ Co-ordinating sustaining funding for loss making specialist procedures via the NOA
- ✓ NOA and Expert Working Group
- ✓ Strong costing systems locally
- ✓ Participation in tariff engagement
- ✓ Scenario modelling
- ✓ [Welsh funding framework confirmed](#)

Gaps In Controls:

- C1: Need to agree local payment mechanism within system as progress towards ICS
- C2: Need to agree risk and rewards share as part of MSK Alliance
- C3: Ongoing discussions regarding [welsh funding and](#) the shortfall in the NHS incentive scheme with regard to 20/21

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Participation in discussions regarding local payment mechanisms	Chief of Finance	Ongoing	No longer applicable as payment model based on cost has been agreed for the system. Further detail is still to be confirmed regarding how the income will flow.
C2	Participate in discussions regarding risk and reward share	Chief of Finance	Ongoing	Task and Finish Group established in MSK Alliance structure to facilitate discussions. Formal alliance agreement being drafted.
C3	Participate in discussions regarding welsh funding and the NHS incentive Scheme	Chief of Finance	Ongoing	Completed – elective incentive scheme has been scrapped and the welsh funding risk is being provided in full

Risk Details:

Opened: November 2020

Reviewed Date: [March 2021](#)

Source of Risk:

Corporate Risk Register

Assurance:

Source of Assurance

3

- ✓ NHS I engagement and recognition by pricing team
- ✓ NOA benchmarking – national strategy on tariff supports improved funding flows for revision surgery
- ✓ Finance Planning and Digital Committee oversight
- ✓ Tariff impact assessment
- ✓ Local ICS Group oversight of future funding models

Gaps in Assurance:

- N/A

Principal Risk: Uncertainty around new system financial framework

Potential for impact on the Trust's ability to deliver the statutory requirement of a break even position and reduction in autonomy for appointment and investment decisions.

Risk Rating:

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

Controls:

- ✓ Efficiency programme in place
- ✓ Income generation from outside of the system including private work
- ✓ Effective cost controls in place

Gaps In Controls:

- C1: Exploration of further income generation opportunities outside of the system
- C2: Further participation in transformational improvement programme

Further controls to be explored once financial framework confirmed

Risk Details:

Opened: March 2021
 Reviewed Date: March 2021
 Source of Risk:
 Corporate Risk Register

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

- ✓ ICS Shadow Board oversight
- ✓ ICS Financial Sustainability Committee oversight
- ✓ Finance Planning and Digital Committee oversight
- ✓ NHSE/I oversight

Gaps in Assurance:

- N/A

All assurance available at present in place but to be explored further once financial framework confirmed

Action Plan to Address Gaps

Ref	Action	Lead	Due	Progress
C1	Further income generation opportunities to be explored	Chief of Finance	Ongoing	
C2	Further participation in transformational improvement programme	Chief of Finance	Ongoing	
	Assessment of impact once financial framework confirmed	Chief of Finance	TBC	

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 March 2021
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance, Performance, Strategy
Paper Reviewed by:	Senior Leadership Group	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors is asked to approve the 2021/22 annual objectives.

2. Executive Summary

2.1. Context

This paper outlines the proposed annual corporate objectives for 2021/22.

2.2. Summary

The annual corporate objectives are fundamental element in the delivery of our organisational strategy and enable the Senior Leadership Team to align their proposed programme of activity for the coming financial year to the Trust's ambitions.

Our agreed aim is; "Aspiring to deliver world class patient care"; and the corporate objectives aim to support the delivery of this aspiration.

The Trust's overarching corporate objectives for 2021/22 are:

- Deliver the work to restart elective services
- Maintain high infection control standards to support the restoration of activity
- Play an active part in the wider health system
- Continuously improve the delivery of services
- Maintain emergency responsiveness
- Focus on providing an environment for our workforce to 'flourish at work'
- Deliver Flu and Covid vaccination programme
- Deliver Financial plan

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

2.3. Conclusion

The Board is asked to **approve** the Trust's annual corporate objectives.

DRAFT OBJECTIVES 2021/22 v4th March

Caring for patients		
What will we do	How will we do it	Measure
Deliver the work to restart elective services	<p>Deliver the modelling work to establish recovery</p> <p>Develop a plan which is agreed by the Board</p> <p>In the constraints of managing Covid, deliver Q1 activity based on roll over from Q3 20/21</p>	<p>Model completed and presented to Board</p> <p>Respond to planning requirements beyond Q1</p>
	<p>Ensure the Trust has a clear understanding of number of all patients waiting (backlog)</p> <p>Deliver a process to ensure the waiting list is validated</p> <p>Ensure patients are treated in priority order with newly added priority 2 patients being treated with 4 weeks and priority 2 backlog (pre wave 2) cleared by end of Q1.</p>	<p>Accurate data</p> <p>Whilst treating in harms order, seek to minimise the number of patients waiting over 52 weeks recognising numbers will grow</p>
	Ensure full implementation of the harms review process and clinical prioritisation process (incl health inequalities requirements). Including actions to deliver for Metal on Metal patients	Reduce the number of patients potentially subject to harms
	Sustain our work to deliver outstanding clinical outcomes	<p>NJR outcomes</p> <p>PROMs</p> <p>Specify targets within IPR.</p>

	Join the new formed National Clinical Information Programme (NCIP) for consultant reflection, improvement, appraisal and revalidation purposes	GIRFT reviews Model Hospital data 'top quartile performance for orthopaedic pathways.' Report to Board on participation and outcomes
	Establish a zero tolerance of delayed discharges by completing a review of the discharge and resettlement leadership and processes	Report on leadership arrangements Number of delayed discharges (without mitigations)
Maintain high infection control standards to support the restoration of activity	Minimise nosocomial infections with a focus on prevention and learning Implement new/revised IPC guidance	Number of outbreaks. Compliance with the IPC Board Assurance Framework Audit programme in place with % measures of compliance and regular reporting via the IPC Quarterly report to Quality and Safety Committee.
Play an active part in the wider health system	Seek delivery of an ambition to operate as one Orthopaedic system for the ICS (across multiple sites)	Proposal prepared for consideration
	Play an active part in the ICS Board and ICS committee arrangements	Attendance at System meetings; RJAH plan which supports.
	Support and where appropriate lead the mobilisation of the MSK alliance	Provide a report to Board committee
Continuously improve the delivery of services	Commence the work to deliver the Headley Court Veterans Orthopaedic Centre	Deliver to agreed timescales and budget

	Specify a new microbiology service to support the work on infection, to commission in 2021-22	Deliver the specification in 21/22.
	Prepare (and if commissioned) deliver the MDT knee revision service	Report to FPD
	Deliver the next stages in the business case process for a new EPR	Specify stages
	Implement 'Perfect Ward' a quality inspection and continuous improvement tool	Project plan with a full role out by November 2021
Maintain emergency responsiveness	Ensure stable and effective EPRR arrangements	Deliver the actions from the March 21 review
Caring for Staff		
Focus on providing an environment for our workforce to 'flourish at work'	Deliver recruitment plan and new staffing models established from recovery modelling option	TBC
	<p>Improve staff wellbeing by :</p> <p>Ensure staff have access to psychological support to ensure their mental wellbeing is looked after.</p> <p>Creating a safe space, such as Virtual Common Rooms, for staff to seek peer-to-peer support and contact with one another.</p> <p>Appointing a Wellbeing Guardian to help improve staff wellbeing and coordinate the work of the organisation to improving the wellbeing of staff</p>	<p>Staff survey results and sickness absence rates</p> <p>By improving the results for the questions relating to the following in the 'National Staff Survey</p>
	Clear action to address systemic inequality that may be experienced by some of our staff. Respond to the national requirements, including Board leadership.	<p>Board report on risk assessment and detailed action plan. November 21</p> <p>Delivery of Inclusion Action Plan</p>

		Staff network in place
	Ensure a safe and Covid secure working environment at home or on site	Risk assessments in place for individuals and workplace with tracking of actions. All staff have access to PPE and are trained to use it
	Deliver the milestones for 2021/22 set out in the Nursing Workforce Strategy	15 IR nurses (10 Theatres, 5 wards) 0 HCSW vacancies Increase of student placements by 22. First cohort of Nursing Associates. Deliver an accredited Orthopaedic Practice course.
Deliver Flu and Covid vaccination programme	100% of staff offered vaccine	Measurement to show 100% of staff offered and accepted or offered and declined
Caring for Finances		
Deliver Financial plan	Align investment decision making policy with revised system financial framework Deliver an efficiency programme of at least 3% Ensure activity delivery plan is managed within available sources of funding Remove COVID driven costs in a timely manner aligned to incident management step down	Deliver on cost budget by 31 st March 22
	Deliver agreed cost base	
	Delivery of agency control total	As demonstrated in Board reports

	Maintain cash balances at trajectory and enable repayment of financing commitments	
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0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 March 2021
Executive Sponsor:	Shelley Ramtuhul, Trust Secretary	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	Paper
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors is asked to consider and approve the proposed Board of Directors Business Programme for 2021/22.

2. Executive Summary

2.1. Context

On an annual basis the Trust's Board of Directors reflects on the year ahead and broadly agrees its agenda. This enables the Board to ensure that it receives timely information to enable it to meet its statutory commitments and strategic objectives.

2.2. Summary

Attached at Appendix 1 is a proposed Business Programme for 2021/22 for the Board to consider and discuss.

It should be noted that as the year progresses the business agenda may need to change to reflect the changing priorities or external factors and that further revisions to the Business Programme may be made throughout the year.

2.3. Conclusion

The Board of Directors is asked to [consider](#) and [approve](#) the Board Programme for 2021/22.

BOARD BUSINESS PROGRAMME 2021/22

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2021	2021	2021	2021	2021	2021	2021	2021	2021	2022	2022	2022
FORMAL TRUST BOARD	29th	27th		29th		23rd		25th		27th		24th
STRATEGY BOARD			24th				28th				24th	
ANNUAL GENERAL MEETING						23rd						
Council of Governors Committee		27th		29th				25th				24th
Board Developments Session												
Sessions (to be confirmed)												
Committee's												
Audit Committee (quarterly)		10th		12th			11th			10th		
Audit Committee (annually - extraordinary including final accounts)	7th											
Charitable Funds (quarterly)			24th				28th			27th		24th
Finance Planning & Digital (monthly)	27th	25th	22nd	27th		21st	26th	23rd		25th	22nd	22nd
Quality & Safety (monthly)	15th	20th	17th	15th		16th	14th	18th		20th	17th	17th
Quality & Safety (annually - extraordinary including quality accounts)		20th										
Risk Management Committee (quarterly)	7th			7th			13th			12th		
People Committee (monthly)	27th	25th	29th	27th	31st	28th	26th	30th	28th	25th	22nd	29th
Nomination & Remuneration Committee (when required)												
Committee Management												
Review Terms of Reference		x										
Review timetable and work plan												x
Board Constitution	x											
Declarations of Interest	x	x	x	x	x	x	x	x	x	x	x	x
Review of Effectiveness	x											
Review of the Audit Committee				x								
Annual Accounts & Report (NB inc Quality Accounts)												
Draft Annual Governance Statement	x											
Draft Annual Report	x											
Annual Accounts & Report & supporting documents - Board Approval		x										
Corporate Governance Statement & other certificates		x										
Annual Plan (2022/23)												
Planning Guidelines & Assumptions										x		
Board Approval												x
Annual Reports												
Health and Safety Annual Report								x				
Risk Annual Report								x				
Safeguarding Annual Report				x								
Controlled Drugs Accountable Officer Annual Report				x								
People Plan						x						
Freedom to Speak Up Annual Report				x								
Freedom of Information Act Annual Report						x						
Equality and Diversity Annual Report								x				
Clinical Audit Annual Report						x						
Infection Control Annual Report				x								
Patient Experience and Complaints Annual Report						x						
Corporate Objectives (2021/22)												
Board Approval	x											
Quarterly review			x				x				x	
End of year review	x											
Strategies and Policies												
Chief Executive Update	x	x	x	x	x	x	x	x	x	x	x	x
Standing Financial Instructions and Schemes of Delegation										x		
Equality & Diversity Strategy				x								
Business Continuity Plan								x				
Clinical Audit Strategy		x										
Performance Management Strategy and Accountability Framework												x
Research Strategy	x											
Communications and Engagement Strategy*				x								
Disciplinary Policy				x								
Staff Health and Well Being Strategy*						x						
Private Patient Strategy						x						
Smoke Free Policy										x		
Managing Conflicts of Interest Policy				x								
Patient Experience Strategy						x						
Quality Strategy						x						
Business Cases (as required)	x	x		x		x		x		x		x
Performance and Governance												
Performance Balanced Scorecard - Board Approval of 2021/21 KPIs	x											
Performance Report (IPR)	x	x	x	x		x	x	x		x	x	x
CQC Update	x	x		x		x		x		x		x
Plan and SLR quarterly review	x			x				x		x		
Board Assurance Framework	x			x				x		x		
Board Committee Chair Reports (Following sub committee meetings)	x	x		x		x		x		x		x
Staff Opinion Survey Results				x								x
Board 2022/23 Meeting Dates								x				
Board 2021/22 Committee Timetable												x
Well Led 2020				x								
Trust Seal	x											
Membership Report	x											
Directors Register of Interest / Hospitality	x											
Workforce Race Equality Standard				x								
Research Update	x			x				x		x		
Governors Update	x	x		x		x		x		x		x
Quality and Safety												
Patient / Staff Story	x	x		x		x		x		x		x
Quality Accounts		x										
Infection Control Report (quarterly)	x			x				x		x		
Consultant Appraisal Report						x				x		
Inpatients Survey Results				x								
Update on Legal Claims	x			x				x		x		
Learning from Deaths	x			x				x		x		
Guardian of Safe Working	x			x				x		x		
Other Matters Reserved to the Board (not included above)												

Chair's Assurance Report
Quality & Safety Committee 18th February 2021**0. Reference Information**

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 th March 2021
Executive Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Performance/Governance
Paper Reviewed by:	Quality and Safety Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

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

This paper presents an overview of the Quality and Safety Committee held on 18th February 2021 and is provided for assurance purposes.

2. Executive Summary**2.1 Context**

The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control to the Quality and Safety Committee. This Committee is responsible for seeking assurance that the Trust has adequate and effective controls in place. It is responsible for seeking 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.

2.2 Summary

- There was good progress of actions from the previous meeting with all actions completed or updated
- The new work plan for 2021/22 was brought to the committee and was agreed.
- The committee felt there was lack of assurance regarding the harms review and the waiting follow up patients, but hopefully at future committee's further assurance will be obtained.
- A new format of the Serious Incidents, Never Events & Learning from Incidents paper was included which was well received by the committee.

2.3. Conclusion

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

Chair's Assurance Report Quality & Safety Committee 18th February 2021

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from Quality and Safety Committee which met on 18th February 2021. The meeting was quorate with two Non-Executive Directors and 3 Executive Directors present. A full list of the attendance is outlined below:

Attendance:	
Attendance: Chris Beacock Non-Executive Director (Chair) David Gilbert Non-Executive Director Stacey Keegan Chief Nurse Steve White Medical Director Hilary Pepler Trust Board Advisor Mark Brandreth Chief Executive Ian MacLennan Assistant Chief Nurse for MSK Unit Mark Salisbury Operational Director of Finance Jo Banks (part) Managing Director Clinical Services Unit	
Apologies: Shelley Ramtuhul, Paul Kingston, Kirsty Foskett, Sara Ellis, Nicki Bellinger and Mark Brandreth.	

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting and received an update on the progress of each. There were 2 outstanding actions at the time of the meeting; these actions will remain on the action plan until a formal update has been presented to the committee.

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Serious Incidents, Never Events & Learning from Incidents		
This new type of paper which includes learning from incidents was brought to the committee. The paper was well received by all. The committee suggested whether the rolling half days can be used to ensure learning is disseminated throughout the whole Trust.	Y	
2. Harms Review		
The committee were made aware that this process is new and is just starting out and some of the work through the overdue and long term follow up work will tie into the harms review process. The committee have partial assurance on this process at present and optimism that as time goes on	N	Further work needs to be carried out for the committee to start to see some assurance. The committee were aware that this will not happen

Chair's Assurance Report

Quality & Safety Committee 18th February 2021

the committee will receive further assurance. The agenda item should be left on the work plan for discussion at every future committee.		straight away and it is an ongoing project.
3. Infection Control Report Quarter 3		
A summary of the report was presented to the committee. The report was clear and well received. It was asked if the social distancing audit figures could be added to the report going forwards for further assurance.	Y	
4. Board Assurance Framework & Corporate Objectives		
The committee were happy with the BAF that was brought to the meeting; it outlined that there have been no change to the risks since the Risk Management Committee reviewed the paper at the start of February 2021. Updates were shared with the committee, where a piece of work to go through the revised BAF has also begun to take place for 2021/22.	Y	
5. Integrated Performance Report		
<p>The committee felt assured with the number of complaints received; communication to patients has been looked at, especially through the new Patient Experience Committee which has impacted on the low number of complaints at present.</p> <p>It was also discussed that the follow up back log issue is not predominately down to Covid as there was an issue before Covid began. It is much more a fundamental issue which is being addressed at present.</p>	Partial	<p>Partial</p> <p>The committee received partial assurance around the IPR report, noting that full assurance cannot be received due to the current back log of patients and harms review project being carried out.</p>
6. Support Service Unit Quality Report		
<p>The committee were happy with the SSU report, congratulating the unit on their recruitment and set up plans for the Trust's vaccination centre in such a short time scale.</p> <p>It was suggested whether key risks should form part of the unit quality reports and their mitigating actions could be included going forwards.</p> <p>The committee were assured following a comprehensive unit quality report.</p>	Y	
7. Patient Safety Committee Terms of Reference		
<p>As the terms of reference had already been approved at the Patient Safety Committee, the committee wished to mention that the Trust should be working to avoid unnecessary duplication of work.</p> <p>The committee felt assured that this new committee is completing the work as necessary to ensure further assurance is brought to the Quality and Safety Committee each month.</p> <p>The committee approved the terms of reference.</p>	Y	
8. Patient Experience Committee Terms of Reference		
As the terms of reference had already been approved at the Patient Experience Committee, the committee wished to mention that the Trust should be working to avoid unnecessary duplication of work.	Y	

Chair's Assurance Report

Quality & Safety Committee 18th February 2021

The committee felt assured that this new committee is completing the work as necessary to ensure further assurance is brought to the Quality and Safety Committee each month.		
The committee approved the terms of reference.		
9. Chair Report from Research Committee		
<i>Research Committee</i> - The committee noted this chair report.	Y	
<i>Patient Safety Committee</i> - The committee noted this chair report.		
<i>Patient Experience Committee</i> - The committee noted this chair report.		
<i>Clinical Effectiveness Committee</i> - The committee noted this chair report.		
10. Review of the Work plan – 20/21 and 21/22		
The committee agreed the work plan for 2021/22, ensuring that the Harms Review paper is a monthly standing agenda item.	Y	

3.4 Approvals

Approval Sought	Outcome
Patient Safety Committee Terms of Reference	Approved
Patient Experience Committee Terms of Reference	Approved
Work plan 2021/22	Approved

3.5 Risks to be Escalated

At the time of the Committee meeting the Non-Executive Directors asked for further assurance relating to the harms review. It was agreed at the meeting the Chair of the Committee would escalate the concerns via the Chair Report to the Board of Directors.

3.6 Conclusion

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

0. People Committee Chair Report

Author:	Sarah Sheppard	Paper date:	23 rd February 2021
Executive Sponsor:	Sarah Sheppard – Chief of People	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	The Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the People Committee Briefing Meeting held on 23rd February 2021 and is provided for assurance purposes. This meeting was a briefing to update the Board of assurances within the Trust due to current pressures.

2. Executive Summary

2.1 Context

The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control to the People Committee. This Committee is responsible for seeking 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. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.

2.2 Summary

- Key points to highlight from the meeting
- There was good progress of actions from the previous meeting with all actions completed or updated
- The work plan was reviewed and agreed
- Good progress was reported on the corporate risk register
- To ensure the Trust is meeting its statutory and regulatory requirements in relation to workforce management
- To oversee the development and implementation of the People Plan and any related workforce plans
- To monitor and develop the Trust's plans for talent management, succession planning, staff engagement, performance, reward and recognition strategies and policies
- To ensure that the Committee has adequate information on which to advise and assure the Board on 'Caring for Staff'

- Review progress made in delivering key enabling workforce strategies raising any significant risks regarding their delivery to the Board.
- To assure and provide advice to the Board on any arising HR issues of significance

2.3. Conclusion

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

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the People Committee which met on 23rd February 2021. The meeting was attended by the below Committee members;

Attendance:	
Attendance: Paul Kingston Non-Executive Director Sarah Sheppard Chief of People Chris Beacock Non-Executive Director Kerry Robinson Director of Performance, Improvement and OD Hilary Pepler Board Advisor Steve White Chief Medical Officer Alexander Yashchik Consultant Anaesthetist / Well Being Guardian Sue Pryce Head of People Services Craig Macbeth Chief Finance Officer Rob Freeman Clinical Representation Stacey Keegan Chief Nurse Shelley Ramtuhul Trust Secretary	
Apologies: Harry Turner Non-Executive Director Chris Marquis Clinical Representation	

3.2 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1.		
Occupation Health Tender Specification SS noted that this has been delayed due to Covid. SP added that due to the System approach there has not yet been the opportunity to go into a tendering	Y	

exercise which will take considerable time. PK queried the date of contract expiration. SP responded that it was the end of April but would need to confirm the precise date.		
2.		
Mandatory Training CB noted that this was due September 2020. SS provided a brief update and acknowledged that the training team is currently overwhelmed however the work carried out for the vaccination bank recruitment has dramatically reduced the amount of essential statutory and mandatory training and there is some learning which can be used going forward in the onboarding process. SR recalled that this point was in relation to the delivery of Equality and Diversity training and a discussion around whether online training was appropriate or face to face. KR suggested she oversee ED & I training and come back to people committee in March and then look at other mandatory training at a later date.	Y	
3.		
Uniform Policy SR updated the Committee that there are number of outstanding policies for ratification including uniform policy and these will be discussed with SP an additional meeting specifically for policies arranged.	N	Update to be brought to next People committee.
4.		
BAF and Corporate Risk Register SR informed the Committee that the report has been to Board and the Risk Management Committee. SR answered all comments offered and the committee accepted these.	Y	
5.		
Job Planning Internal Audit Update SR advised the Committee that the paper went to Audit Committee where it was decided it should come to People Committee. The report outlines the position against the recommendations that were made. The Trust is slightly behind plan due to the impact of Covid but on track to complete all the recommendations (the timeline is outlined in the paper) SR asked for any questions to feed back to Laura Peill, the author of the paper.	Y	

6.		
People Performance Internal Audit Update	Y	
SS advised that both audits have been postponed by six months and at the time of the Committee meeting two months had passed.		
7.		
Workforce Transformational and Redesign	Y	
SK provided a brief update to give sight of the work that is underway in relation to the pipeline and retention from a nursing workforce perspective. An informal monthly meeting is taking place with work being undertaken to capture timeframes and metrics that are missing. Work is taking place with universities for cohorts / courses to commence. SK noted that what is currently missing is the document that pulls all the information together in a more formalised document to share with the organisation and to provide a means of monitoring and this is being worked through.		
8.		
People Management – People Status Update Presentation	Y	
SS presented an update to the Committee and highlighted the following;		
<ul style="list-style-type: none"> • Staff Absence • Absence Management • Vaccination of Staff • Lead Employers for Vaccination Centres 		
9.		
Guardian of Safe Working Hours	Y	
SW advised the Committee that since 2016 the hours of junior doctors have been monitored to protect them from being overworked. Any breaches in the policy could lead to a fine for the Trust and currently, there have been no exceptions reported.		
HP advised that she was reassured by the summary but queried the context of the number of vacancies and SW confirmed this would be looked into		
10.		
Staff Survey	Y	
SS noted that the Staff Survey contained an excellent set of results and the organisation should be proud of what staff are saying and how it compares with other NHS organisations.		

DL presented the paper to the Committee and recommended reflection on the very positive picture as well as on the areas for improvement		
PK commended the team on the excellent set of results.		
11.		
Ockenden Report SK reminded the Committee that the Ockenden Report was the independent report into the maternity concerns / failings at Shrewsbury and Telford Hospital. SK advised the Committee that the anticipated full report was due later in 2021 SK summarised that the themes within the report could apply to many services within the NHS, not just maternity. SK asked the Committee if it considered there to be adequate processes in place and whether there areas that need to be strengthened.	N/A	Independent report regarding SaTH. Committee to ensure various metrics available are used, ensuring they are pieced together.
12.		
On Call Policy (verbal) The Committee agreed to defer approval of the policy to the next meeting in order to clarify the query around application of the policy to Senior Managers.	Y	
13.		
Work Plan Review (end of 20/21 and New Plan for 21.22) CB queried the necessity of monthly People Committee meetings due to the extent of all the work that goes into producing the papers and the documentation. SS agreed that the sub-committee structure is not yet optimal and duplication of work needs to be avoided. SS suggested that given the size of the current agenda she would be reluctant to move to a quarterly meeting but would be guided and advised by the NEDs.	Y	
14.		
IPR Sickness, Turnover and Vacancy Hotspots KR highlighted that for the IPR sickness, turnover, and vacancy hot spots are red rated to ensure that the Committee is fully sighted on that. The Committee discussed the issue of staff retention and was assured.	Y	

3.3 Risks to be Escalated

In the course of its business the Committee identified no risks to be escalated to the committee this month.

3.4 Conclusion

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

Chair's Assurance Report

Finance Planning and Digital Committee – 23rd February 2021

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 th March 2021
Executive Sponsor:	Rachel Hopwood, Non-Executive Director	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the Finance Planning and Digital Committee Meeting which was held on 23rd February 2021 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

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

2.2 Summary

- The meeting was quorate
- The Committee received an update on the standard agenda items which included; Digital, Performance Report and Finance Report.
- The Committee discussed the System Planning Framework and the Financial Planning and System Financial Framework.
- The members of the meeting reviewed the Board Assurance Framework as asked for further review to be completed by the Risk Management Committee.

2.3. Conclusion

The Board is asked to [note](#) the meeting that took place and the assurances obtained.

Chair's Assurance Report

Finance Planning and Digital Committee – 23rd February 2021

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Finance Planning and Digital Committee which met on 23rd February 2021. The meeting was quorate with two Non-Executive Director and two Executive Directors in attendance. A full list of the attendance is outlined below:

Chair/Attendance:

Members

Rachel Hopwood, Non-Executive Director (Chair)

David Gilburt, Non-Executive Director

Kerry Robinson, Chief Performance, Improvement and OD Officer

Craig Macbeth, Chief Finance and Planning Officer

In Attendance

Mark Salisbury, Deputy Director of Finance

Simon Adams, Associate Director of IM&T

Shelley Ramtuhul, Trust Secretary

3.2 Actions from the Previous Meeting

The Committee received the action log.

It was noted that there had not been many explicit actions of late due to the current situation but it is hoped now that this latest phase of Covid seems to be easing, there will be a more action focused agenda.

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
Declaration of Interest		
DG noted he had been invited to join the Audit Committee of the Muir Group Housing association.	N/A	
Digital Aspirant		

Chair's Assurance Report

Finance Planning and Digital Committee – 23rd February 2021

<p>The Committee received an update on the Digital Aspirant programme and timetable that has been tentatively agreed with NHS X and NHS Digital. The Trust informed the Committee that the agreement was signed off week commencing 15th February and the money should be available from 1st March.</p> <p>The Committee discussed the move towards System working and any likely impacting factors. It was confirmed that there is a requirement for the digital system to communicate across the whole of Shropshire had already been factored into the specification, however further clarification is expected.</p> <p>The Trust confirmed the System is aware of our successful application regarding Digital Aspirant. There is a requirement within the System that the acute trusts have organised EPR by March 2022.</p> <p>The Trust informed the Committee that there would be a delegated limit for System capital spends next year, but the limit hasn't been confirmed yet.</p> <p>The Committee was informed that NHS X is working on strategies on how to ensure there is link up between the four nations.</p> <p>The Trust confirmed the phishing programme is live and a scheduled exercise will take place soon.</p>	Y	
System Planning Framework		
<p>The Committee received the paper for information rather than for approval. The Trust reminded the Committee that there will be a System Plan going forward; however there will be a Trust Plan as well.</p> <p>The key focus is ensuring consistency in the System of the processes we operate. The overarching aim is to provide a consistent, streamlined approach incorporating all key aspects affecting our system so that the finalised integrated plan is robust.</p> <p>The Trust confirmed the June submission date is likely to remain so the timeline has been created with this in mind. The timeline has been met so far with some slight delays due to ensure the targets have been reached as a system.</p> <p>Relating to the Trust's Veterans Project, the Trust assured the Committee that discussion are occurring within the System about pulling together capital plans so that when allocation is received, meaningful discussions can occur. A draft business case is currently being reviewed. Tenders are expected in March and will be presented to the Committee for formal approval.</p> <p>The Trust explained that in summary, planning this year has been quite different, complicated further by the fact it feels quite blind compared to previous years and further detail is to be received from NHSE&I.</p> <p>It was noted that the Trust will remain operating under the Covid framework and this is likely to extend into Quarter 1.</p>	Y	
Financial Planning and System Financial Framework		
<p>The Trust will continue move towards System performance rather than an organisation. The System will be expected to achieve break even overall. Organisations within Systems may post surplus / deficit positions</p> <ul style="list-style-type: none"> Q1 21/22 will be on same financial regime as 20/21 with continuation of blocks for clinical income. Q2-4 planning guidance expected early April 	Y	

Chair's Assurance Report

Finance Planning and Digital Committee – 23rd February 2021

<ul style="list-style-type: none"> National tariff will be un-mandated from 1st April 21 Welsh Health Boards approach to be confirmed- not required to follow English guidance. Discussions to commence imminently. Non recurrent funding allocation expected for efficiency missed in 20/21 at 1% Efficiency requirement in tariff for 21/22 expected to be 1.7% Pay award and national inflation assumptions to be confirmed <p>The new system financial framework is currently under discussion.</p> <p>In relation to the deficit position, the Trust agreed that as there were a number of financial risks on the register already, they may need to be reassessed and recalculated with the addition of the likely deficit position.</p> <p>It was noted that if financial distress is to be reached in 22/23 when cash reserves are used up, the Trust could investigate introducing more rigorous monitoring in the new financial year. The Committee agreed a disciplined future forecasting is required, and getting prepared for that in advance will be beneficial.</p>		
Performance Overview Report		
<p>The Committee received the Integrated Performance Report (Month 10) and highlighted the following key points:</p> <ul style="list-style-type: none"> The pressure created by redeploying staff to assist at SATH has meant that several targets will not be met, including 18 weeks English list size is increasing Welsh list size is increasing Diagnostic waits - target is not being met but wait lists are reducing Theatre activity is reduced <p>The Trust is anticipating redeployed staff would begin returning in March, with all staff back by the end of March. Following this, a period of leave, recovery and retraining would be needed until services can be fully restored.</p> <p>The Trust continue to work with the System colleagues looking at how operationally to return staff and discussions options.</p>	Y	
Finance Report		
<p>The Committee received the Finance Report for Month 10. The headlines included:</p> <ul style="list-style-type: none"> £0.4m ahead of plan in month and YTD driven by reduced expenditure associated with reduced activity levels Position includes full provision (£1.6m) for income reduction from Wales assuming that the 75% activity threshold can no longer be achieved; currently at 67% and expected to deteriorate further. No risk provision for activity shortfalls from England under the Elective Incentive Scheme in line with national guidance. It is looking increasingly unlikely that the potential ytd liability of £1m will be transacted. No coverage for losses of Non NHS income (£1.1m for period month 7-10). Latest guidance suggests that we will not be eligible to receive support as not forecasting a deficit. <p>It was noted that is seems likely that the Trusts will receive some financial support regarding accrued annual leave that was unable to be taken in 20/21, to reduce the impact of this in 21/22.</p>	Y	

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<p>Covid expenditure £61k under budget YTD. Forecast to spend full budget.</p> <p>Vaccination costs have significantly increased this month to £164k, total year to date amounting to £191k. This is again expected to step up significantly next month and is fully rechargeable.</p> <p>Forecast out-turn indicates an improved position of £1m surplus which still includes the remaining system support of £1m. Discussions are taking place within the system regarding the final presentation of this.</p> <p>The Committee discussed the difference in figures presented to the Committee relating to the Capital Management Team Minutes and the Finance Report. The Trust confirmed the Chair Report was correct as on November and that the Trust's position is changing rapidly.</p> <p>It was also confirmed that the £2.7m underspend noted for the Veteran's facility related to Headley Court funds that haven't been drawn down as yet and that it is expected in April.</p>		
Chair Report – Capital Management Group		
<p>It was noted nothing concerning came from the meeting that hadn't been highlighted in the previous agenda item. The focus is on planning for next year. There is an exercise ongoing at the moment to consolidate equipment replacement plans. This is due in later in the week, at which point it will be devolved to the Managing Directors to be prioritised.</p>	Y	
Board Assurance Framework		
<p>The Committee received the BAF for review and were informed that the document details objectives linked to this Committee and the associated risks. There have been updates on progress with actions being taken to identify and address gaps in controls and assurances. There is now a quarter 3 delivery view and forecast for the full year. It was noted there was a discussion around OJP and whether it is reflected adequately. The Committee agreed that the risk would be assigned to the People Committee due to the secondary risk/impact is a financial one but the primary issue is around People.</p> <p>The Committee discussed the 'Accelerate the work to restore patients cared for to pre Covid levels' It was suggested the Risk Management Committee were to look into the scoring/colour rating due to the forecast changing. It was noted that the scoring should be aligned to the performance framework to ensure consistency.</p> <p>The Committee were informed that the System doesn't have a risk appetite and tolerance at the moment, this is something the Trust has suggested.</p> <p>The Committee discussed the 'Principle Objective: Deliver Financial Plan'. It was queried why this had been rated green. The Trust confirmed it was due to the fact we were scheduled to be £1m ahead of where we needed to be at this stage. There was discussion around whether a marker needed to be added regarding next year as that is where the bigger challenges will be, and also around the System impact. There was discussion around the best way to do this, footnotes, extra columns in the table etc. The Committee agreed for the Risk Management Committee to review the risk for a suitable solution.</p> <p>The Trust confirmed that the objectives and the BAF are due to be reviewed shortly, which may be a good opportunity to broaden out the approach. A joint Audit and Risk committee may be an appropriate</p>	Y	

Chair's Assurance Report

Finance Planning and Digital Committee – 23rd February 2021

setting to review this further.		
Review of the Work Plan		
The Committee agreed that the security update is to be postponed from this month's agenda due to the submission date being June. It was noted that despite Covid related interruptions most items from the work plan had been addressed, and any deferred items would have been logged and caught up with appropriately.	Y	
Attendance Matrix		
The Committee <i>noted</i> the Attendance Matrix.	N/A	
Top risks		
Risks have been identified as part of previous agenda points and the following risks were noted: <ul style="list-style-type: none"> The System timeline as it was a tight timetable involving many elements within uncertain times. The need to capture the sense we are moving from a very familiar financial situation to something radically different. I.e. the new ICS financial framework will require us to move into a deficit position and the impacts of running a deficit has potential implications for our future investment plans and regulatory compliance. 	Y	

3.4 Approvals

The Committee approved the following:

- Committee Work plan
- Board Assurance Framework

3.5 Risks to be Escalated

The Committee escalated the following risks to be tabled for discussion at the Risk Management Committee:

- Accelerate the work to restore patients cared for to pre Covid levels
- Principle Objective: Deliver Financial Plan

3.6 Conclusion

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

Knowledge & Learning Hub: Library & Knowledge Service Staff Publications Repository

The Library & Knowledge Service (LKS) has for a number of years monitored any research which has been published by staff working at RJAH. Staff publications are currently monitored on a quarterly basis, and all the publications (or links to them) are added to the library catalogue. A search is undertaken using national databases, and information also comes from our research colleagues in an effort to capture all published research. The LKS is keen to help celebrate and disseminate knowledge from research undertaken by Trust employees and has recently submitted a joint bid with our colleagues from Shrewsbury and Telford Health Libraries to join a project to pilot a shared NHS research and knowledge repository, hosted by the British Library.

In 2020, 80 publications which had RJAH as an affiliation of one or more authors were added to our repository on the library catalogue. These are collected quarterly and can be broken down as follows:

Date	Number published
January – March 2020	19
April – June 2020	16
July – September 2020	16
October – December 2020	29

The attached spreadsheet gives detailed information about the publications, including where authors were jointly affiliated with Keele University. Publications are listed in alphabetical order, highlighted in green where the author has a joint affiliation with Keele. They are also listed on a separate tab by publication type, and on a third tab they are listed by departments.

The publications were predominantly journal articles but also included were Case Reports, Evaluation Studies, Comparative Studies, Randomised Control Trials (RCTs), Meta analyses and Systematic Reviews. The departments which published research included the following:

The Wolfson Centre for Neurological Disease
Trauma and Orthopaedics
Rheumatology
Spinal Studies
R&D
Radiology
Tumour
Neurological disorders
Paediatric Neurology
ORLAU

Lis Edwards
Head of Knowledge & Learning
January 2021

RJAH Staff Publications List Jan - Dec 2020

Title	Authors	Department	Journal	Date, Vol, Issue	Type of publication	LINK TO ARTICLE
A Preliminary Cohort Study Assessing Routine Blood Analyte Levels and Neurological Outcome after Spinal Cord Injury	Sharon J Brown 1 2, Gabriel M B Harrington 1 2, Charlotte H Hulme 1 2, Rachel Morris 2, Anna Bennett 3, Wal-Hung Tsang 2, Aheed Osman 2, Joy Chowdhury 2, Naveen Kumar 2, Karina T Wright 1 2 Affiliations 1 Institute of Science and Technology in Medicine (ISTM), Keele University, Keele, United Kingdom. 2 Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, United Kingdom.	Spinal Studies, Spinal Injuries Rehabilitation	Journal of Neurotrauma	2020 Feb 1;37(3):466-480	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/31310157/
A recurrent pathogenic variant in TPM2 reveals further phenotypic and genetic heterogeneity in multiple pterygium syndrome-related disorders	Julie Vogt 1, Atif Al-Saedi 2, Tracey Willis 3, Alison Male 4, Arthur McKie 5, Nigel Kiely 3, Eamonn R Maher 2 5 Affiliations 3 Neuromuscular Service, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Paediatric Neurology Neuromuscular Disorders	Clinical Genetics	2020 Jun;97(6):908-914	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/32092148/
A Single Amino Acid Residue Regulates PTEN-Binding and Stability of the Spinal Muscular Atrophy Protein SMN	Sebastian Rademacher 1, Nora T Detering 1 2, Tobias Schüning 1 2, Robert Lindner 1, Pamela Santonicola 3, Inga-Maria Wefel 1, Janina Dehus 1, Lisa M Walter 1 2, Hella Brinkmann 1, Agathe Niewianda 4, Katharina Janek 4, Miguel A Varela 5 6, Melissa Bowerman 5 7 8, Elia Di Schiavi 3, Peter Claus 1 2 Affiliations 5 Department of Physiology, Anatomy and Genetics, University of Oxford, Oxford OX1 3QX, UK. 6 Department of Paediatrics, John Radcliffe Hospital, University of Oxford, Oxford OX3 9DU, UK. 7 School of Medicine, Keele University, Staffordshire ST5 5BG, UK. 8 Wolfson Centre for Inherited Neuromuscular Disease, RJAH Orthopaedic Hospital, Oswestry SY10 7AG, UK.	Wolfson Centre for Inherited Neuromuscular Disease	Cells	2020 Nov 3;9(11):2405.	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/33153033/
Acute visual loss without concurrent headaches due to ultrasound-negative, biopsy-proven giant cell arteritis	Ruchir Singh 1, Tharshini Rajakulenthiran 1, Sethuge Silva 1, Roshan Amarasena 1 Affiliation 1 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Rheumatology	Clin Med	2020 Mar;20(Suppl 2):s58.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32409377/
An analysis of virtual fracture clinics in orthopaedic trauma in the UK during the coronavirus crisis	John-Henry Rhind 1, Eamon Ramhamadany 1, Ruairaidh Collins 2, Siddharth Govilkar 1, Debashis Dass 1, Stuart Hay 1 Affiliations 1 Robert Jones Agnes Hunt Hospital, Oswestry, Shropshire, UK.	Trauma and Orthopaedic Surgery Upper Limb	EFORT open reviews	2020 Aug 1;5(7):442-448. doi: 10.1302/2058-5241.5.200041. eCollection 2020 Jul.	Journal Article; Review	https://pubmed.ncbi.nlm.nih.gov/32818071/
An Epidemiological Study of Foot and Ankle Motocross Motorcycling Injuries in the United Kingdom	G Orfanos, T Paavana, S O Hill, R A Singh, S M Hay Affiliations Royal Shrewsbury Hospital, The Shrewsbury and Telford Hospital NHS Trust, Mytton Oak Road, Shrewsbury, SY3 8XQ, United Kingdom; The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, SY10 7AG, United Kingdom	Trauma and Orthopaedic Surgery Upper Limb	Foot and ankle surgery : official journal of the European Society of Foot and Ankle Surgeons	2020 Oct;26(7):797-800. Epub 2019 Nov 1.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/31699639/
An interaction of heart disease-associated proteins POPDC1/2 with XIRP1 in transverse tubules and intercalated discs	Ian Holt 1 2, Heidi R Fuller 3 4, Roland F R Schindler 5, Sally L Shirran 6, Thomas Brand 5, Glenn E Morris 3 4 Affiliations 1 Wolfson Centre for Inherited Neuromuscular Disease, RJAH Orthopaedic Hospital, Oswestry, SY10 7AG, UK. ian.holt@nhs.net. 2 School of Pharmacy and Bioengineering, Keele University, Keele, ST5 5BG, UK. ian.holt@nhs.net. 3 Wolfson Centre for Inherited Neuromuscular Disease, RJAH Orthopaedic Hospital, Oswestry, SY10 7AG, UK. 4 School of Pharmacy and Bioengineering, Keele University, Keele, ST5 5BG, UK.	Wolfson Centre for Inherited Neuromuscular Disease	BMC molecular and cell biology	2020 Dec ; vol. 21 (no. 1); p. 88	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33261556/
Association of vitamin D receptor gene polymorphisms with disc degeneration	Adam Biczo 1 2, Julia Szita 1 2, Iain McCall 3, Peter Pal Varga 1, Aron Lazary 4 Affiliations 3 Department of Diagnostic Imaging, The Robert Jones & Agnes Hunt Orthopaedic and District Hospital, Gobowen, Oswestry, SY10 7AG, UK.	Radiology	European spine journal : official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society	2020 Mar;29(3):596-604. Epub 2019 Nov 25.	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/31768839/
Balloon tibioplasty for tibial plateau fractures	Amit Sinha 1, Nicola Maffulli 2 Affiliations 1 Department of Orthopaedics, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, SY10 7AG, UK; Wales Deanery, Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ, UK.	Trauma and Orthopaedics	The surgeon : journal of the Royal Colleges of Surgeons of Edinburgh and Ireland	2020 Sep 18;51479-666X(20)30122-0. doi: 10.1016/j.surge.2020.08.009. Online ahead of print.	Journal Article; Review	https://pubmed.ncbi.nlm.nih.gov/32958409/
Bilateral hamstring origin calcification: rare presentation of Gitelman syndrome	Rahul Mohan 1, Satish Vinayakrao Dhotare 2, P Nithin Unnikrishnan 3, Chetan Jakaraddi 2 Affiliations 3 Trauma and Orthopaedics, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK.	Trauma and Orthopaedic Surgery Arthroplasty	BMI Case Reports	2020 7;13(1). pii: e227992	Case Reports; Journal Article	https://www.ncbi.nlm.nih.gov/pubmed/31915182
Biomechanical Evaluation Comparing Pulvertaft Weave and Side-to-Side Tenorrhaphy Using Porcine Tendons.	Soha Sajid 1, Emily Day 1, Jan Herman Kulper 1, Rohit Singh 1, Simon Pickard 1 Affiliation 1 Department of Upper Limb Surgery, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Trauma and Orthopaedic Surgery Upper Limb	The journal of hand surgery Asian-Pacific volume	2020 Dec;25(4):447-452.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33115350/
Bone and Soft Tissue Tumors: Part 2.	Weber MA; Lalam R	Radiology	Seminars in musculoskeletal radiology	2020 Dec; vol. 24 (no. 6); p. 611-612	Journal Article	https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0040-1721444
Bone biopsy results in patients with a history of malignancy: a case series of 378 patients	Rhys Morris 1, Karen Shepherd 2, Gillian Cribb 2, Jaspreet Singh 3, Prudencia Tyrrell 3, Paul Cool 2 4 Affiliations 1 Montgomery Unit, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, SY10 7AG, UK. rm502@doctors.org.uk. 2 Montgomery Unit, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, SY10 7AG, UK. 3 Department of Radiology, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, SY10 7AG, UK. 4 Keele University, Newcastle, Staffordshire, ST5 5BG, UK.	Trauma and Orthopaedic Surgery Tumour Radiology	Skeletal radiology	2020 Oct 23. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33097964/

Cauda equina compression in metastatic prostate cancer	Raheel Shakoor Siddiqui 1, Manikandar Srinivas Cheruvu 1 2, Hamza Ansari 1, Marck van Liefland 3 2 Affiliations 1 Department of Trauma & Orthopaedic Surgery, Royal Shrewsbury Hospital, The Shrewsbury & Telford Hospital NHS Trust , Shrewsbury, UK. 2 Department of Trauma & Orthopaedic Surgery, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, UK. 3 Department of Trauma & Orthopaedic Surgery, Royal Shrewsbury Hospital, The Shrewsbury & Telford Hospital NHS Trust , Shrewsbury, UK	Trauma and Orthopaedics	BMJ case reports	2020 Dec; vol. 13 (no. 12)	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33334759/
Characteristics of Early Paget's Disease in SQSTM1 Mutation Carriers: Baseline Analysis of the ZIPP Study Cohort	Owen Cronin 1, Deepak Subedi 2, Laura Forsyth 3, Kirsteen Goodman 3, Steff C Lewis 3, Catriona Keerie 3, Allan Walker 3, Mary Porteous 4, Roseanne Cetnarskyj 5, Lakshminarayan R Ranganath 6, Peter L Selby 7, Geeta Hampson 8, Rama Chandra 9, Shu Ho 10, Jon H Tobias 11, Steven A Young-Min 12, Malachi J McKenna 13 14, Rachel K Crowley 13 14, William D Fraser 15, Jonathan Tang 15, Luigi Gennari 16, Rannuccio Nuti 16, Maria-Luisa Brandi 17, Javier Del Pino-Montes 18, Jean-Pierre Devogelaer 19, Anne Durnez 19, Giovanni Carlo Isala 20, Marco Di Stefano 20, Josep Blanch Rubio 21, Nuria Guanabens 22, Markus J Seibel 23, John P Walsh 24 25, Mark A Kotowicz 26, Geoffrey C Nicholson 27, Emma L Duncan 28 29 30, Gabor Major 31 32, Anne Horne 33, Nigel L Gilchrist 34, Stuart H Ralston 1 3 35 Affiliations 10 The Robert Jones and Agnes Hunt Orthopaedic and District Hospital , Oswestry, UK.	Elderly Care Medicine Specialist Delivery Unit	Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research	2020 Jul;35(7):1246-1252	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32176830/
Characterization of regional meniscal cell and chondrocyte phenotypes and chondrogenic differentiation with histological analysis in osteoarthritic donor-matched tissues	Jingsong Wang 1 2 3, Sally Roberts 1 2, Jan Herman Kuiper 1 2, Weiguo Zhang 4, John Garcia 1 2, Zhanfeng Cui 5, Karina Wright 6 7 Affiliations 1 School of Pharmacy and Bioengineering, Keele University , Keele, ST5 5GB, Staffordshire, UK. 2 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, SY10 7AG, Shropshire, UK. 3 Dalian Medical University, Dalian, 116044, China. 4 Department of Orthopaedic Surgery, First Affiliated Hospital, Dalian Medical University, Dalian, 116011, China. 5 Department of Engineering Science, Institute of Biomedical Engineering, University of Oxford, Oxford, OX1 3PJ, UK. 6 School of Pharmacy and Bioengineering, Keele University , Keele, ST5 5GB, Staffordshire, UK. karina.wright1@nhs.net . 7 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, SY10 7AG, Shropshire, UK. karina.wright1@nhs.net .	Spinal Studies	Scientific reports	2020 vol. 10 (no. 1); p. 21658	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/33303888/
Characterization of soft tissue tumours with ultrasound, shear wave elastography and MRI	N Winn 1, J Baldwin 2, V Cassar-Pullicino 2, P Cool 2 3, M Ockendon 2, B Tins 2, J L Jaremkó 4 Affiliations 1 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, SY10 7AG, UK. naomi.winn@nhs.net . 2 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, SY10 7AG, UK. 3 Keele University , Keele, Staffordshire, ST5 5BG, UK.	Radiology	Skeletal Radiology	2020 Jun;49(6):869-881	Journal Article	https://www.ncbi.nlm.nih.gov/pubmed/31897519
Clinical indications for image-guided interventional procedures in the musculoskeletal system: a Delphi-based consensus paper from the European Society of Musculoskeletal Radiology (ESSR)-part I, shoulder.	Luca Maria Sconfienza 1 2, Miraude Adriaensen 3, Domenico Albano 4 5, Georgina Allen 6 7, Maria Pilar Aparisi Gómez 8 9, Alberto Bazzocchi 10, Ian Beggs 11, Bianca Bignotti 12, Vito Chianca 4, Angelo Corazza 4 13, Danoob Dalili 14 15, Miriam De Dea 16, Jose Luis Del Cura 17 18, Francesco Di Pietto 19, Eleni Drakonaki 20, Fernando Facal de Castro 21 22, Dimitrios Filippidis 23, Jan Gielen 24, Salvatore Gitto 25, Harun Gupta 26, Andrea S Klausner 27, Radhesh Lalam 28, Silvia Martin 29 30, Carlo Martinoli 31, Giovanni Mauri 32, Catherine McCarthy 15 33, Eugene McNally 33, Kalliopi Melaki 34, Carmelo Messina 4 35, Rebecca Mirón Mombiela 36 37, Benedikt Neubauer 38, Cyprian Olchoway 39, Davide Orlandi 40, Athena Plagou 41, Raquel Prada Gonzalez 42, Saulius Rutkauskas 43, Ziga Snoj 44, Alberto Stefano Tagliafico 12 45, Alexander Talaska 46, Violeta Vasilevska-Nikodinovska 47, Jelena Vucetic 22 37, David Wilson 6 7, Federico Zaottini 48, Marcello Zappia 49 50, Marina Obradov 51 Affiliations 28 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Gobowen, Oswestry, UK.	Radiology	European Radiology	2020 Feb;30(2):903-913. Epub 2019 Sep 16.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/31529252/
Clinical indications for image guided interventional procedures in the musculoskeletal system: a Delphi-based consensus paper from the European Society of Musculoskeletal Radiology (ESSR)-part III, nerves of the upper limb	Luca Maria Sconfienza 1 2, Miraude Adriaensen 3, Domenico Albano 4 5, Georgina Allen 6 7, Maria Pilar Aparisi Gómez 8 9, Alberto Bazzocchi 10, Ian Beggs 11, Bianca Bignotti 12, Vito Chianca 4, Angelo Corazza 4 13, Danoob Dalili 14 15, Miriam De Dea 16, Jose Luis Del Cura 17 18, Francesco Di Pietto 19, Eleni Drakonaki 20 21, Fernando Facal de Castro 22 23, Dimitrios Filippidis 24, Jan Gielen 25 26, Salvatore Gitto 27, Harun Gupta 28, Andrea S Klausner 29 30, Radhesh Lalam 31, Silvia Martin 32 33, Carlo Martinoli 12 34, Giovanni Mauri 35, Catherine McCarthy 15 36, Eugene McNally 36, Kalliopi Melaki 37, Carmelo Messina 4 38, Rebecca Mirón Mombiela 39 40, Benedikt Neubauer 41 42, Marina Obradov 43, Cyprian Olchoway 44, Davide Orlandi 45, Raquel Prada Gonzalez 46, Saulius Rutkauskas 47, Ziga Snoj 48, Alberto Stefano Tagliafico 12 49, Alexander Talaska 50, Violeta Vasilevska-Nikodinovska 51 52, Jelena Vucetic 23 39, David Wilson 6 7, Federico Zaottini 34, Marcello Zappia 53 54, Athena Plagou 55, Ultrasound and Interventional Subcommittees of the European Society of Musculoskeletal Radiology (ESSR) Affiliations 31 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Gobowen, Oswestry, UK.	Radiology	European Radiology	2020 Mar;30(3):1498-1506	Consensus Development Conference; Journal Article	https://www.ncbi.nlm.nih.gov/pubmed/31712960

Clinical indications for image-guided interventional procedures in the musculoskeletal system: a Delphi-based consensus paper from the European Society of Musculoskeletal Radiology (ESSR)-Part II, elbow and wrist	Luca Maria Sconfienza 1 2, Miraude Adriaensen 3, Domenico Albano 4 5, Maria Pilar Aparisi Gómez 6 7, Alberto Bazzocchi 8, Ian Beggs 9, Bianca Bignotti 10, Vito Chianca 4, Angelo Corazza 4 11, Danoob Dalili 12 13, Miriam De Dea 14, Jose Luis Del Cura 15 16, Francesco Di Pietto 17, Eleni Drakonaki 18 19, Fernando Facal de Castro 20 21, Dimitrios Filippidis 22, Jan Gielen 23 24, Salvatore Gitto 25, Harun Gupta 26, Andrea S Klausner 27, Radhesh Lalam 28, Silvia Martin 29 30, Carlo Martinoli 31 10, Giovanni Mauri 32, Catherine McCarthy 13 33, Eugene McNally 33, Kalliopei Melaki 34, Carmelo Messina 4 35, Rebecca Mirón Mombili 36 37, Benedikt Neubauer 38 39, Marina Obradov 40, Cyprian Olchoway 41, Davide Orlandi 42, Athena Plagou 43, Raquel Prada Gonzalez 44, Saulius Rutkauskas 45, Ziga Snoj 46, Alberto Stefano Tagliafico 31 10, Alexander Talaska 47, Violeta Vasilevska-Nikodinovska 48, Jelena Vucetic 21 37, David Wilson 49 50, Federico Zaottini 31, Marcello Zappia 51 52, Georgina Allen 49 50, Ultrasound and Interventional Subcommittees of the European Society of Musculoskeletal Radiology (ESSR) Affiliations 28 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Gobowen, Oswestry, UK.	Radiology	European Radiology	2020 Apr;30(4):2220-2230	Consensus Development Conference; Journal Article	https://pubmed.ncbi.nlm.nih.gov/31844963/
Clinical Neurorestorative Therapeutic Guidelines for Spinal Cord Injury (IANR/CANR version 2019)	Hongyun Huang 1 2, Wise Young 3, Stephen Skaper 4, Lin Chen 5, Gustavo Moviglia 6, Hooshang Saberi 7, Ziad Al-Zoubi 8, Hari Shanker Sharma 9, Daffin Muresanu 10, Alok Sharma 11, Wagih El Masry 12, Shiqing Feng 13, International Association of Neurorestoratology and The Chinese Association of Neurorestoratology Affiliations 12 Spinal Injuries Unit, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, United Kingdom.	Spinal injuries	Journal of orthopaedic translation	2020 Jan; vol. 20 ; p. 14-24. Published online 2019 Nov 11.	Journal Article; Review	https://pubmed.ncbi.nlm.nih.gov/31908929/
Comorbidities and Pregnancy Do Not Affect Local Recurrence in Patients With Giant Cell Tumour of Bone	Emma L Howard 1, Jonathan Gregory 2, Kim Tsoi 2, Scott Evans 2, Adrienne Flanagan 3, Paul Cool 1 4 Affiliations 1 Orthopaedic Oncology, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, GBR. 4 Medical Sciences, Keele University, Keele, GBR.	Trauma and Orthopaedics Tumour	Cureus	2020 Jul;12(7):e9164	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32802601/
Competence in using the arthroscopy stack system: a national survey of orthopaedic trainees in the UK	G Manoharan 1, N Sharma 1, P Gallacher 1 Affiliation 1 Trauma and Orthopaedics, Robert Jones Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, UK.	Trauma and Orthopaedics	Annals of the Royal College of Surgeons of England	2020 Feb;102(2):149-152. Epub 2019 Sep 20.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/31538799/
Correction to: Association of vitamin D receptor gene polymorphisms with disc degeneration European Spine Journal 2020 Mar;29(3):596-604	Adam Biczo 1 2, Julia Szita 1 2, Iain McCall 3, Peter Pal Varga 1, Genodisc Consortium; Aron Lazary 4 Affiliations 3 Department of Diagnostic Imaging, The Robert Jones & Agnes Hunt Orthopaedic and District Hospital, Gobowen, Oswestry, SY10 7AG, UK.	Radiology	European Spine Journal	2020 Mar;29(3):648	Published Erratum	https://www.ncbi.nlm.nih.gov/pubmed/31938946
Correction to: The Lisbon Agreement on Femoroacetabular Impingement Imaging-part 1: overview	Vasco V Mascarenhas 1, Miguel O Castro 2, Paulo A Rego 3, Reto Sutter 4, Luca Maria Sconfienza 5 6, Ara Kassarian 7, Florian Schmaranzer 8, Olufemi R Ayeni 9, Tobias Johannes Dietrich 10, Philip Robinson 11 12 13, Marc-André Weber 14, Paul E Beaulé 15, Michael Dienst 16, Lennart Jans 17, Radhesh Lalam 18, Apostolos H Karantanas 19 20, Iwona Sudol-Szopitka 21, Suzanne Anderson 22 23, Iris Neubauer-Huhmann 24, Filip M Vanhoenacker 17 25 26, Pedro Dantas 27, Oliver Marin-Peña 28, Diego Collado 29, Marc Tey-Pons 30, Ehrenfried Schmaranzer 31, Eva Llopis 32, Mario Padron 33, Josef Kramer 34, Patrick O Zingg 35, Michel De Maeseneer 36, P Diana Afonso 37 Affiliations 18 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Gobowen, Oswestry, UK.	Radiology	European radiology	2020 Dec;30(12):6966-6967. doi: 10.1007/s00330-020-07009-y.	Published Erratum	https://pubmed.ncbi.nlm.nih.gov/32681363/
Current Treatment Options for Intervertebral Disc Pathologies	Stephen M Eisenstein 1 2, Birender Balain 1, Sally Roberts 1 2 Affiliations 1 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, Shropshire, UK. 2 School of Pharmacy and Bioengineering, Keele University, Keele, Staffordshire, UK.	Trauma and Orthopaedics Spinal Surgery	Cartilage	2020 Apr;11(2):143-151	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/32075408/
Development of a physiotherapist-led exercise programme for traumatic tears of the rotator cuff for the SPeEdy study	Chris Littlewood 1, Catrin Astbury 2, Howard Bush 3, Jo Gibson 4, Stacey Lalande 5, Caroline Miller 6, Lisa Pitt 7, Helen Tunnicliffe 8, Rachel Winstanley 9 Affiliations 1 School of Primary, Community and Social Care, Keele University, Staffordshire, UK; Department of Health Professions, Faculty of Health, Psychology & Social Care, Manchester Metropolitan University, UK 2 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK. Electronic address: catrin.astbury@nhs.net.	Physiotherapy	Physiotherapy	2020 Aug 3;50031-9406(20)30394-1. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33316867/
Development of a total hip replacement phantom for the assessment of CT-image quality	Mara Mueller-Siefen 1 2, Bernhard Tins 2, Jan-Herman Kuiper 3, Marc-André Weber 4, Holger Krakowski-Roosen 1 Affiliations 1 Applied Sport Sciences, University of Applied Sciences Hamm-Lippstadt, Hamm, Germany. 2 Department of Radiology, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK. 3 Institute for Science and Technology in Medicine, Keele University/Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK. 4 Institute of Diagnostic and Interventional Radiology, University Medical Center Rostock, Rostock, Germany.	Radiology	Acta Radiologica	2020 Dec;61(12):1644-1652. Epub 2020 Mar 9.	Journal Article	https://www.ncbi.nlm.nih.gov/pubmed/32151141
Effect of COVID-19 on a rural orthopaedic hip fracture service	Manikandar Srinivas Chervu 1 2, Davinder Singh Bhachu 2, Jill Mulrain 1 2, Shko Resool 1, Paul Cool 2, David James Ford 1 2, Rohit Amol Singh 1 2 Affiliations 1 Shrewsbury & Telford Hospitals NHS Trust, Shrewsbury, United Kingdom. 2 Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Gobowen, Oswestry, United Kingdom.	Trauma and Orthopaedics Upper limb, Tumour, Arthroplasty	Bone & joint Open	2020 Aug 18;1(8):500-507.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33215145/
Exertional pain in the thigh: test yourself question and answer	N Winn 1, F Amary 2, K Shepherd 3 Affiliations 1 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, SY10 7AG, UK. naomi.winn@nhs.net. 2 Royal National Orthopaedic Hospital NHS Foundation Trust, Stanmore, Middlesex, HA7 4LP, UK. 3 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, SY10 7AG, UK.	Radiology	Skeletal radiology	2020 Oct 29. Online ahead of print.	Editorial	https://pubmed.ncbi.nlm.nih.gov/32785742/

Global FKRP Registry: observations in more than 300 patients with Limb Girdle Muscular Dystrophy R9	Lindsay B Murphy 1, Olivia Schreiber-Katz 2, Karen Rafferty 3, Agata Robertson 1, Ana Topf 1, Tracey A Willis 4, Marcel Heidemann 5, Simone Thiele 5, Laurence Bindoff 6 7, Jean-Pierre Laurent 8, Hanns Lochmüller 9 10, Katherine Mathews 11, Claudia Mitchell 12, John Herbert Stevenson 13, John Vissing 14, Lacey Woods 15, Maggie C Walter # 5, Volker Straub # 1 Affiliations 4 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Paediatric Neurology Neuromuscular Disorders	Annals of Clinical and Translational Neurology	2020 May;7(5):757-766	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/33234267/
Indications and outcome in total elbow arthroplasty: A systematic review	Vasileios Samdanis 1, Gopikanthan Manoharan 1, Robert W Jordan 1, Adam C Watts 2, Paul Jenkins 3, Rohit Kulkarni 4, Michael Thomas 5, Amar Rangan 6, Stuart M Hay 1 Affiliations 1 Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK.	Trauma and Orthopaedics Upper limb	Shoulder & elbow	2020 Oct;12(5):353-361. Epub 2019 Sep 12.	Journal Article; Review	https://pubmed.ncbi.nlm.nih.gov/33093874/
Injected human umbilical cord-derived mesenchymal stromal cells do not appear to elicit an inflammatory response in a murine model of osteoarthritis	J Perry 1 2, H S McCarthy 1 2, G Bou-Gharios 3, R van 't Hof 3, P I Milner 3, C Mennan 1 2, S Roberts 1 2 Affiliations 1 Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, SY10 7AG, UK. 2 School of Pharmacy and Bioengineering (PhaB), Keele University, Keele, ST4 7QB, UK.	Spinal Studies	Osteoarthritis and Cartilage Open	2020 Jun;2(2):100044.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33259669/
Interventional Techniques for Bone and Musculoskeletal Soft Tissue Tumors: Current Practices and Future Directions Part I. Ablation. Intraosseous lipomas originating from simple bone cysts	Dallil D; Isaac A; Bazzocchi A; Åström G; Bergh J; Lalam R; Weber MA; Fritz J; Mansour R Bernhard J Tins 1, Yaron J Berkowitz 2, Praveen Konala 3, Mark Davies 4, Victor N Cassar-Pullcinco 5, Radhesh Lalam 5, Paul Cool 5 Affiliations 1 Department of Radiology, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, Shropshire, SY10 7AQ, UK. btins@nhs.net. 5 Department of Radiology, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, Shropshire, SY10 7AQ, UK.	Radiology Radiology, Trauma and Orthopaedics Tumour	Seminars in musculoskeletal radiology Skeletal radiology	2020 Dec; vol. 24 (no. 6): p. 692-709 2020 Oct 1. Online ahead of print.	Journal Article Journal Article	 https://pubmed.ncbi.nlm.nih.gov/33005976/
Is Osteogenic Differentiation of Human Nucleus Pulposus Cells a Possibility for Biological Spinal Fusion?	Sharon J Brown 1 2, Sarah A Turner 1 2, Birender S Balain 1, Neil T Davidson 1, Sally Roberts 1 2 Affiliations 1 Spinal Studies, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, UK. 2 ISTM, Keele University, Keele, Staffordshire, UK.	Spinal Studies	Cartilage	2020 Apr;11(2):181-191	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/29361851/
John P. O'Brien ISSLS Lifetime Achievement Award	Dino Samartzis 1 2, Scott Blumenthal 3, Jeremy Fairbank 4, Robert D Fraser 5, Robert Gunzburg 6 7, Keith D K Luk 8, Sally Roberts 9 10 Affiliations 9 Institute for Science & Technology in Medicine, Keele University, Oswestry, England. 10 Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry, England.	Spinal Studies	Spine	2020 May 15;45(10):635-640	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33205699/
Management of adults with primary frozen shoulder in secondary care (UK FROST): a multicentre, pragmatic, three-arm, superiority randomised clinical trial	Rangan, Amar; Braeley, Stephen D; Keding, Ada; Corbacho, Belen; Northgraves, Matthew; Kottam, Lucky; Goodchild, Lorna; Srikesavan, Cynthia; Saleema Rex; Charalambous, Charalambos P; Hanchard, Nigel; Armstrong, Alison; Brooksbank, Andrew; Carr, Andrew; Cooper, Cushla; Dias, Joseph J; Donnelly, Iona; Hewitt, Catherine; Lamb, Sarah E; McDaid, Catriona; Richardson, Gerry; Rodgers, Sara; Sharp, Emma; Spencer, Sally; Torgerson, David; Toye, Francine; Ahrens, Philip; Baldwin, Cheryl; Bidwai, Amit; Butt, Asim; Candal-Couto, Jamie; Charalambous, Charalambos; Crowther, Mark; Drew, Steve; Garg, Sunil; Hawken, Richard; Kelly, Cormac; Kent, Matthew; Kumar, Kapil; Lawrence, Tom; Little, Christopher; Macleod, Iain; Malai, Jodi George; Matthews, Tim; McClelland, Damian; Millar, Neal; Prabhakar Motkur; Nanda, Rajesh; Chris Peach Peach; Peckham, Tim; Rai, Jayanti; Ray, Ravi; Robinson, Douglas; Rosell, Philip; Ruman, Adam; Salthna, Adnan; Senior, Colin; Shanker, Harish; Sheridan, Barnaby; Kanthan Theivendran; Simon, Thomas; Balachandran Venateswaran Cormac Kelly as Principle Investigator	Trauma and Orthopaedics Upper limb	The Lancet	2020 Oct;396(10256):977-989	Journal Article; Multicenter Study; Pragmatic Clinical Trial; Randomized Controlled Trial; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/33010843/
Management of recurrent digital heterotopic ossification with radiotherapy: a case report	Debashis Dass 1, Rohit Amol Singh 1, Adrian Chojnowski 2 Affiliations 1 Hand Unit, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK.	Trauma and Orthopaedics Upper limb	The Journal of hand surgery, European volume	2020 Nov 30;1753193420976261. doi: 10.1177/1753193420976261. Online ahead of print.	Letter	https://pubmed.ncbi.nlm.nih.gov/33256522/
Mechano-driven regeneration predicts response variations in large animal model based on scaffold implantation site and individual mechano-sensitivity	Gabriele Nasello 1, Antoine Vautrin 2, Jonathan Pitocchi 3, Mariska Wesseling 4, Jan Herman Kuiper 5, María Ángeles Pérez 6, José Manuel García-Aznar 7 Affiliations 5 Institute for Science and Technology in Medicine, Keele University, Keele, UK; The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK.	Research and Development	Bone	2020 Dec 1;115769. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33276152/
Minimizing the need for high dependency unit support in adolescent idiopathic scoliosis surgery. Is enhanced recovery and the multidisciplinary team key?	Debashis Dass 1, Rohit Dhawan 1, James Maybin 2, Nigel T Kiely 3, Neil T Davidson 1, Jayesh M Trivedi 1 Affiliations 1 Spinal Disorders Unit. 2 Department of Anaesthesia. 3 Paediatric Orthopaedics, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Trauma and Orthopaedics Upper limb Anaesthetist Anaesthetics Pediatrics Spinal surgery	Journal of pediatric orthopedics. Part B	2020 Jul 17. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33269443/
Missed Lisfranc injuries-surgical vs conservative treatment	Amit Singh 1, Naveen Lokikere 2, Aakash Saraogi 3, P N Unnikrishnan 4, James Davenport 5 Affiliations 4 The Robert Jones and Agnes Hunt Hospital U.K, Gobowen, England	Trauma and Orthopaedics Arthroplasty	Irish journal of medical science	2020 Sep 14. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33292632/
Molecular Crosstalk Between Non-SMN-Related and SMN-Related Spinal Muscular Atrophy	Darija Šolčić 1 2, Heidi R Fuller 1 2 Affiliations 1 Wolfson Centre for Inherited Neuromuscular Disease, RJA Orthopaedic Hospital, Oswestry, UK. 2 The School of Pharmacy and Bioengineering, Keele University, Keele, UK.	Wolfson Centre for Inherited Neuromuscular Disease	Neurosci Insights	2020 Mar 30;15:2633105520914301.	Journal Article; Comment	https://pubmed.ncbi.nlm.nih.gov/33285042/
Muscle cell differentiation and development pathway defects in Emery-Dreifuss muscular dystrophy	Emily C Storey 1, Ian Holt 1, Glenn E Morris 1, Heidi R Fuller 2 Affiliations 1 Wolfson Centre for Inherited Neuromuscular Disease, RJA Orthopaedic Hospital, Oswestry, SY10 7AG, UK; The School of Pharmacy and Bioengineering, Keele University, ST5 5BG, UK. 2 Wolfson Centre for Inherited Neuromuscular Disease, RJA Orthopaedic Hospital, Oswestry, SY10 7AG, UK; The School of Pharmacy and Bioengineering, Keele University, ST5 5BG, UK. Electronic address: h.r.fuller@keele.ac.uk.	Wolfson Centre for Inherited Neuromuscular Disease	Neuromuscular Disorders	2020 Jun;30(6):443-456.	Journal Article; Review; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/33252500/

Muscle overexpression of KIF15 via an AAV8-Spc5-12 construct does not provide benefits in spinal muscular atrophy mice	Nina Ahlskog 1 2, Daniel Hayler 3, Anja Krueger 1, Sabrina Kubinski 4 5, Peter Claus 4 5, Suzan M Hammond 2 6, Matthew J A Wood 2 6, Rafael J Yáñez-Muñoz 3, Melissa Bowerman 7 8 9 Affiliations 7 Department of Physiology, Anatomy and Genetics, University of Oxford, Oxford, UK. m.bowerman@keele.ac.uk. 8 School of Medicine, Keele University , Staffordshire, UK. m.bowerman@keele.ac.uk. 9 Wolfson Centre for Inherited Neuromuscular Disease, RJA Orthopaedic Hospital , Oswestry, UK. m.bowerman@keele.ac.uk.	Wolfson Centre for Inherited Neuromuscular Disease	Gene Therapy	2019 Nov;27(10-11):505-515. Epub 2020 Apr 20.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32313099/
Nebulin nemaline myopathy recapitulated in a compound heterozygous mouse model with both a missense and a nonsense mutation in Neb	Jenni M Laitila 1 2 3, Elyshia L McNamara 4 5, Catherine D Wingate 6, Hayley Goulee 4 5, Jacob A Ross 7, Rhonda L Taylor 4 5, Robert van der Pijl 8, Lisa M Griffiths 9, Rachel Harries 4 5, Glanina Ravenscroft 4 5, Joshua S Clayton 4 5, Caroline Sewry 10 11, Michael W Lawlor 12, Coen A C Ottenheijm 8, Anthony J Bakker 6, Julien Ochala 7, Nigel G Laing 4 5, Carina Wallgren-Pettersson 13 14, Katarina Pelin 13 14 15, Kristen J Nowak 4 16 17 Affiliations 10 Dubowitz Neuromuscular Centre, Institute of Child Health and Great Ormond Street Hospital , Guilford Street, London, UK. 11 Wolfson Centre of Inherited Neuromuscular Diseases, RJA Orthopaedic Hospital , Oswestry, UK.	Wolfson Centre for Inherited Neuromuscular Disease	Acta Neuropathologica Communities	2020 Feb 17;8(1):18	Journal Article; Research Support, Non-U.S. Gov't	https://www.ncbi.nlm.nih.gov/pubmed/32066503
Neuromuscular diseases and advance care plans: traffic light system.	Tracey A Willis 1, Michael Macfarlane 2, Rishwa Vithani 1, Claire Bassie 1, Richa Kulshrestha 1, Derek Willis 3 Affiliations 1 Paediatrics, Robert Jones and Agnes Hunt Orthopaedic NHS Trust Hospital, Oswestry, Shropshire, UK.	Paediatric Neurology Neuromuscular Disorders	BMJ Support Palliative Care	2020 Jun 8;bmspcare-2020-002336. Online ahead of print.	Letter	https://pubmed.ncbi.nlm.nih.gov/32513680/
Patient-Reported Outcomes Following Lumbar Decompression Surgery: A Review of 2699 Cases	Geraint Sunderland 1, Mitchell Foster 1, Sujay Dheendra 2, Robin Pillay 1 Affiliations 2 The Robert Jones and Agnes Hunt Orthopaedic Hospital , Oswestry, UK.	Trauma and Orthopaedics Spinal Surgery	Global spine journal	2020 Jan 7;2192568219896541. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32875849/
Preoperative and Postoperative, Three-dimensional (3D) Gait Analysis in Surgically Treated Patients With High-grade Spondylolisthesis	Jayesh Trivedi 1, Shreya Srinivas 2, Rishi Trivedi 3, Neil Davidson 1, Sudarshan Munigalaiah 1, Colin Bruce 4, Alf Bass 4, David Wright 4 Affiliations 1 Robert Jones Agnes Hunt Hospital, Oswestry and Alderhey Children's Hospital, Liverpool . 2 Department of Spine Surgery, University Hospitals Sheffield, Sheffield. 3 University of Bristol, Bristol. 4 Alderhey Children's Hospital, Liverpool, UK.	Trauma and Orthopaedic Surgery Spinal Surgery	Journal of pediatric orthopedics	2020 Dec 8. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33298766/
Pro-inflammatory Priming of Umbilical Cord Mesenchymal Stromal Cells Alters the Protein Cargo of Their Extracellular Vesicles	Mairead Hyland 1, Claire Mennan 2, Emma Wilson 3, Aled Clayton 4, Oksana Kehoe 1 Affiliations 1 School of Medicine, Keele University at the RJA Orthopaedic Hospital , Oswestry SY10 7AG, UK. 2 School of Pharmacy and Bioengineering at the RJA Orthopaedic Hospital , Oswestry SY10 7AG, UK.	School of Pharmacy and Bioengineering	Cells	2020 Mar 16;9(3):E726	Journal Article; Research Support, Non-U.S. Gov't	https://www.ncbi.nlm.nih.gov/pubmed/32188006
Properties and Function of the Flexor Hallucis Capsularis Interphalangeus Tendon	R L Thomas 1, Jan H Kulper 2, Timothy P Knight 3 Affiliations 1 Plastic Surgery Department, Derriford Hospital, Plymouth, United Kingdom. 2 Institute for Science and Technology in Medicine, Keele University, Staffordshire, United Kingdom. 3 The Robert Jones and Agnes Hunt Orthopaedic Hospital, NHS Foundation Trust , Oswestry, United Kingdom.	Trauma and Orthopaedics	Clinical anatomy	2020 Jul;33(5):689-695	Journal Article	https://pubmed.ncbi.nlm.nih.gov/31581316/
Protecting the surgeon's hand: a technical tip when implanting a cemented acetabular component	D S Bhachu 1, P N Unnikrishnan 1 Affiliation 1 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, UK.	Trauma and Orthopaedics Arthroplasty	Annals of the Royal College of Surgeons of England	2020 Oct;102(8):634-635. Epub 2020 Jun 15.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32538108/
Quantitative proteomic profiling of the rat substantia nigra places glial fibrillary acidic protein at the hub of proteins dysregulated during aging: Implications for idiopathic Parkinson's disease	Yolanda Gómez-Gálvez 1 2, Heidi R Fuller 1 3, Silvia Synowsky 4, Sally L Shirran 4, Monte A Gates 1 2 Affiliations 1 School of Pharmacy and Bioengineering, Keele University , Keele, UK. 2 School of Medicine, Keele University , Keele, UK. 3 Wolfson Centre for Inherited Neuromuscular Disease, RJA Orthopaedic Hospital , Oswestry, UK.	Wolfson Centre for Inherited Neuromuscular Disease	Journal of neuroscience research	2020 Jul;98(7):1417-1432	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/32270889/
Radiological Features of Giant Cell Tumours of Bone	Emma L Howard 1, Jonathan Gregory 2, Naomi Winn 3, Adrienne Flanagan 4, Paul Cool 1 5 Affiliations 1 Orthopaedic Oncology, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, GBR. 2 Orthopaedic Oncology, The Royal Orthopaedic Hospital NHS Foundation Trust , Birmingham, GBR. 3 Radiology, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, GBR. 4 Pathology, Royal National Orthopaedic Hospital, London, GBR. 5 Medical Sciences, Keele University , Keele, GBR.	Trauma and Orthopaedics Tumour, Radiology	Cureus	2020 Jun 24;12(6):e8793.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32724742/
Recent Advances and Future Perspectives in the Development of Therapeutic Approaches for Neurodegenerative Diseases	Melissa Bowerman 1 2 Affiliations 1 School of Medicine, Keele University , Staffordshire ST5 5BG, UK. 2 Wolfson Centre for Inherited Neuromuscular Disease, RJA Orthopaedic Hospital , Oswestry SY10 7AG, UK.	Wolfson Centre for Inherited Neuromuscular Disease	Brain sciences	2020 Sep;10(9)	Editorial	https://pubmed.ncbi.nlm.nih.gov/32932920/
Rehabilitation following rotator cuff repair: A multi-centre pilot & feasibility randomised controlled trial (RaCeR)	Chris Littlewood 1 2, Marcus Bateman 3, Stephanie Butler-Walley 4, Sarah Bathers 4, Kieran Bromley 4, Martyn Lewis 4, Lennard Funk 5, Jean Denton 6, Maria Moffatt 5, Rachel Winstanley 7, Saurabh Mehta 7, Gareth Stephens 8, Lisa Dikomitis 9, Nadine E Foster 1 Affiliations 1 Primary Care Centre Versus Arthritis, School of Primary, Community and Social Care, Keele University , Staffordshire, UK. 2 Department of Health Professions, Faculty of Health, Psychology & Social Care, Manchester Metropolitan University, Manchester, Greater Manchester, UK. 3 Derby Shoulder Unit, University Hospitals Derby & Burton NHS Foundation Trust, Derby, UK. 4 Keele Clinical Trials Unit, School Medicine, Keele University , Staffordshire, UK. 5 Wrightington, Wigan and Leigh NHS Foundation Trust, Wigan, UK. 6 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust , Oswestry, Shropshire, UK. 7 Royal Stoke University Hospital, University Hospitals of North Midlands NHS Trust, Stoke, UK. 8 The Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham, UK. 9 School of Medicine, Keele University , Keele, Staffordshire, UK.	Physiotherapy	Clinical rehabilitation	2020 Dec 11;269215520978859. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33305619/

Remission vs low disease activity: function, quality of life and structural outcomes in the Early Rheumatoid Arthritis Study and Network	Elena Nikiforou 1, Sam J Norton 1, Lewis Carpenter 1, David A Walsh 2, Paul Creamer 3, Josh Dixey 4, Adam Young 5, Patrick D W Kiely 6 7, for ERAS and ERAN Affiliations 4 Rheumatology, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Shrewsbury	Rheumatology	Rheumatology	2020 Jun 1;59(6):1272-1280.	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/31580448/
Respiratory trajectories in type 2 and non-ambulant 3 Spinal muscular atrophy in the ISMAC cohort study	Federica Trucco 1 2, Deborah Ridout 3 4, Mariacristina Scoto 1, Giorgia Coratti 5 6, Marion L Main 1, Robert Muni Lofra 7, Anna G Mayhew 7, Jacqueline Montes 8 9, Marika Pane 5 6, Valeria Sansone 10, Emilio Albamonte 10, Adele D'Amico 11, Enrico Bertini 11, Sonia Messina 12, Claudio Bruno 13, Deepak Parasuraman 14, Anne-Marie Childs 15, Vasantha Gowda 16, Tracey Willis 17, Min Ong 18, Chiara Marini-Bettolo 7, Darryl C De Vivo 8, Basil T Darras 19, John Day 20, Elizabeth A Kichula 21, Oscar H Mayer 21, Aledie A Navas Nazario 22, Richard S Finkel 22, Eugenio Mercuri 5 6, Francesco Muntoni 23 2, international SMA consortium (ISMAC) Affiliations 17 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.	Paediatric Neurology Neuromuscular Disorders	Neurology	2020 Oct 16;10.1212/WNL.00000000000011051. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33067401/
Results of an open label feasibility study of sodium valproate in people with McArdle disease	Renata S Scalco 1, Mads Stemmerik 2, Nicoline Løkken 2, Christoffer R Vissing 2, Karen L Madsen 2, Zuzanna Michalak 3, Jatin Pattani 3, Richard Godfrey 4, George Samandouras 3, Paul Bassett 5, Janice L Holton 3, Thomas Krag 2, Ronald G Haller 6, C Sewry 7, Ralph Wigley 8, John Vissing 2, Ros Quinlivan 9 Affiliations 7 RJAH Orthopaedic Hospital NHS Foundation Trust Oswestry, United Kingdom. 8 Great Ormond Street Hospital, London, United Kingdom	Cellular Sciences Pathology	Neuromuscular disorders : NMD	2020 Sep;30(9):734-741	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/32811700/
Routinely Measured Hematological Markers Can Help to Predict American Spinal Injury Association Impairment Scale Scores after Spinal Cord Injury	Gabriel Mateus Bernardo Harrington 1, Paul Cool 1 2, Charlotte Hulme 1 2, Aheed Osman 2, Joy Roy Chowdhury 2, Naveen Kumar 2, Srinivasa Budithi 2, Karina Wright 1 2 Affiliations 1 Keele University, Staffordshire, United Kingdom. 2 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, United Kingdom.	Trauma and Orthopaedics Tumour, Spinal Studies, Spinal Injuries, Rehabilitation	Journal of neurotrauma	2020 Aug 28. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32703074/
Scoliosis in paediatric onset spinal cord injuries	R Kulshrestha 1, J H Kuiper 2, W El Masri 3, J R Chowdhury 2, S Kaur 2, N Kumar 2, R Lalam 2, A E Osman 2 Affiliations 1 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK. richakulshrestha@nhs.net. 2 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK. 3 Keele University, Oswestry, UK.	Paediatric Neurology Neuromuscular Disorders, Radiology, Spinal Injuries, Rehabilitation	Spinal Cord	2020 Jun;58(6):711-715	Journal Article	https://pubmed.ncbi.nlm.nih.gov/31959874/
Selective dorsal rhizotomy; evidence on cost-effectiveness from England	Mark Pennington 1 2, Jennifer Summers 2 3, Bola Coker 2 3, Saskia Eddy 2 3, Muralikrishnan R Kartha 1 2, Karen Edwards 4, Robert Freeman 4, John Goodden 5, Helen Powell 6, Christopher Verity 7, Janet L Peacock 2 3 Affiliations 4 The Robert Jones & Agnes Hunt Hospital, Oswestry, United Kingdom.	ORLAU Paediatrics	PloS one	2020;15(8):e0236783	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/32776949/
Soft Tissue Radiological Knee (SToRK) Index: An observational cohort study to produce an index that quantifies the magnitude of soft tissue around the knee using standard radiographs	Soha Sajid 1, Jan Herman Kuiper 1, Rohit Dhawan 1, Robin Banerjee 1, Simon Lewthwaite 1 Affiliation 1 Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, SY10 7AG, UK.	Trauma and Orthopaedics Upper limb, Arthroplasty	Journal of clinical orthopaedics and trauma	2020 Oct;11(Suppl 5):S909-S915. Epub 2020 Aug 18.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/3299579/
Soft Tissue Sarcoma Follow-up Imaging: Strategies to Distinguish Post-treatment Changes from Recurrence	Iris-M Noebauer-Huhmann 1, Snehash R Chaudhary 2, Olympia Papakonstantinou 3, Ioannis Pantopoulos 4, Marc-André Weber 5, Radhesh K Lalam 6, Omar M Albtoush 7, Barbara J Fueger 8, Pavol Szomolanyi 9, Thomas Grieser 10, Johan L Bloem 11 Affiliations 6 Department of Radiology, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, United Kingdom.	Radiology	Seminars in musculoskeletal radiology	2020 Dec;24(6):627-644. Epub 2020 Dec 11.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33307581/
Stress Injuries of the Spine in Sports	Jenn Shiunn Wong 1, Radhesh Lalam 2, Victor N Cassar-Pullinco 2, Prudencia N M Tyrrell , Jaspreet Singh 2 Affiliations 2 Department of Radiology, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, United Kingdom.	Radiology	Seminars in musculoskeletal radiology	2020 Jun;24(3):262-276. Epub 2020 Sep 28.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32987425/
Syndecan-3 regulates MSC adhesion, ERK and AKT signalling in vitro and its deletion enhances MSC efficacy in a model of inflammatory arthritis in vivo	Fiona K Jones 1, Andrei Stefan 2, Alasdair G Kay 3, Mairead Hyland 2, Rebecca Morgan 2, Nicholas R Forsyth 4, Addolorata Pisconti 1, Oksana Kehoe 5 Affiliations 2 School of Medicine, Keele University at the Robert Jones and Agnes Hunt (RJA) Orthopaedic Hospital, Oswestry, UK. 4 School of Pharmacy and Bioengineering, Keele University, The Guy Hilton Research Laboratories, Hartshill, Stoke on Trent, UK. 5 School of Medicine, Keele University at the Robert Jones and Agnes Hunt (RJA) Orthopaedic Hospital, Oswestry, UK. o.kehoe@keele.ac.uk.	Rheumatology	Scientific reports	2020 Nov 24;10(1):20487.	Journal Article; Research Support, Non-U.S. Gov't	https://pubmed.ncbi.nlm.nih.gov/33295244/
Ten Commandments for the Diagnosis of Bone Tumors	Mark Davies 1, Radhesh Lalam 2, Klaus Woertler 3, Johan L Bloem 4, Gunnar Åström 5 Affiliations 2 Department of Imaging, Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, United Kingdom.	Radiology	Seminars in musculoskeletal radiology	2020 Jun;24(3):203-213. Epub 2020 Sep 28.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32987420/
Ten years on: increased metal ion levels in a cohort of patients who underwent uncemented metal-on-polyethylene total hip arthroplasty	Caroline Dover 1 2, Jan Herman Kuiper 1 3, Peter Craig 4, Phillip Shaylor 2 Affiliations 1 The Robert Jones and Agnes Hunt Orthopaedic Hospital, UK. 2 University Hospitals of North Midlands NHS Trust, Stoke-on-Trent, Oswestry, UK. 3 School of Pharmacy and Bioengineering, Keele University, Keele, UK.	Trauma and Orthopaedics Spines	The bone & joint journal	2020 Jul;7(7):832-837	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32600130/
The Avocado Hand - the UK Experience of the Management of Avocado Hand Injuries	Soha Sajid 1, James Gill 2, Adrian Chojnowski 2, Rohit Singh 1 Affiliations 1 Department of Upper Limb Surgery, Robert Jones Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, UK. 2 Department of Trauma and Orthopaedics, Norfolk and Norwich University Hospital, Norwich, UK.	Trauma and Orthopaedics Upper limb	The journal of hand surgery Asian-Pacific volume	2020 Dec;25(4):402-406.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33115349/
The challenging narrow proximal femur: a technical tip for use with the Exeter stem	P N Unnikrishnan 1, D S Bhachu 1, R S Ahluwalia 2 Affiliations 1 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, UK.	Trauma and Orthopaedics Arthroplasty	Annals of the Royal College of Surgeons of England	2020 Nov;102(9):748-749. Epub 2020 Jun 15.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32538110/
The impact of SARS-CoV-2 on the mental health of healthcare workers in a hospital setting-A Systematic Review	Jaspinder Sanghera 1, Nikhil Pattani 1, Yousuf Hashmi 1, Kate F Varley 2, Manikandar Srinivas Cheruvu 3, Alex Bradley 4, Joshua R Burke 2 5 Affiliations 3 Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Trauma and Orthopaedics Upper limb	Journal of occupational health	2020 Jan;62(1):e12175.	Journal Article; Meta-Analysis; Systematic Review	https://pubmed.ncbi.nlm.nih.gov/33131192/

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The Lisbon Agreement on Femoroacetabular Impingement Imaging-part 1: overview	Vasco V Mascarenhas 1, Miguel O Castro 2, Paulo A Rego 3, Reto Sutter 4, Luca Maria Sconfienza 5 6, Ara Kassarian 7, Florian Schmaranzer 8, Olufemi R Ayeni 9, Tobias Johannes Dietrich 10, Philip Robinson 11 12 13, Marc-André Weber 14, Paul E Beaulé 15, Michael Dienst 16, Lennart Jans 17, Radhesh Lalani 18 , Apostolos H Karantanas 19 20, Iwona Sudol-Sozpitka 21, Suzanne Anderson 22 23, Iris Noebauer-Huhmann 24, Filip M Vanhoenacker 17 25 26, Pedro Dantas 27, Oliver Marin-Peña 28, Diego Collado 29, Marc Tey-Pons 30, Ehenfried Schmaranzer 31, Eva Llopis 32, Mario Padron 33, Josef Kramer 34, Patrick O Zingg 35, Michel De Maeseneer 36, P Diana Afonso 37 Affiliations 18 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Gobowen, Oswestry, UK.	Radiology	European Radiology	2020 Oct;30(10):5281-5297. Epub 2020 Jul 17.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/324095754/
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The Role of Ultrasound in the Diagnosis of Soft Tissue Tumors	Maria Pilar Aparisi Gómez 1 2, Costantino Errani 3, Radhesh Lalani 4 , Violeta Vasilevska Nikodinovska 5, Stefano Fanti 6, Alberto Stefano Tagliafico 7 8, Luca Maria Sconfienza 9 10, Alberto Bazzocchi 11 Affiliations 4 Department of Radiology, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, United Kingdom.	Radiology	Seminars in Musculoskeletal Radiology	2020 Apr;24(2):135-155	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32438440/
Tocilizumab-induced pulmonary fibrosis in a patient with rheumatoid arthritis	Sanjeeva Silva 1, Roshan Amaraseena 1, Jim Moorcroft 2, Tharshini Rajakulenthiran 1, Ruchir Singh 1 Affiliations 1 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK.	Rheumatology	Clinical Medicine	2020 Mar;20(Suppl 2):s57.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32409376/
Total Hip Arthroplasty in the Obese Patient: Tips and Tricks and Review of the Literature	John-Henry Rhind 1, Camilla Baker 2, Philip John Roberts 3 Affiliations 1 Robert Jones Agnes Hunt hospital, Gobowen, UK.	Trauma and Orthopaedics	Indian journal of orthopaedics	2020 Nov; vol. 54 (no. 6); p. 776-783	Journal Article; Review	https://pubmed.ncbi.nlm.nih.gov/33133400/
Ultrasound scanning helped surgeons to locate the buried metal work: A case series	Soha Sajid 1, Samena Chaudhry 1, Steven Golding 1, Robert Freeman 1 Affiliations 1 Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, SY10 7AG, UK.	Trauma and Orthopaedics Upper limb, Anaesthetics, Pediatrics	Journal of Clinical Orthopaedics and Trauma	2020 Feb;11(Suppl 1):S184-S186.	Journal Article	https://www.ncbi.nlm.nih.gov/pubmed/31992943
Validity of direct magnetic resonance arthrogram in patients with femoroacetabular impingement and their outcome post hip arthroscopy	Rahul Mohan 1, P Nithin Unnikrishnan 2 , Ravindra Gudena 1 Affiliations 1 Department of Trauma and Orthopaedics, St Helens and Knowsley NHS Trust, Whiston Hospital, Warrington Road, L35 5DR, United Kingdom. 2 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry, SY10 7AG, United Kingdom.	Trauma and Orthopaedic Surgery Arthroplasty	Journal of orthopaedics	2020; vol. 18 ; p. 204-208	Journal Article	https://pubmed.ncbi.nlm.nih.gov/32055144/
Venous thromboembolism in orthopaedic oncology	Johnathan R Lex 1 2, Scott Evans 2, Paul Cool 3 4 , Jonathan Gregory 2, Robert U Ashford 5 6, Kenneth S Rankin 7 8, Tom Cosker 9, Amit Kumar 10, Craig Gerrard 11, Jonathan Stevenson 2 12, British Orthopaedic Oncology Society VTE Committee Affiliations 3 Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, UK. 4 Medical School, Keele University, Keele, UK.	Trauma and Orthopaedics Tumour	The bone & joint journal	2020 Dec;102-B(12):1743-1751.	Journal Article; Systematic Review	https://pubmed.ncbi.nlm.nih.gov/33249908/
What Proportion of Patients with Bone and Soft-Tissue Tumors Contracted Coronavirus-19 and Died From Surgical Procedures During the Initial Period of the COVID-19 Pandemic? Results From the Multicenter British Orthopaedic Oncology Society Observational Study	Raja Bhaskara Rajasekaran, Robert U Ashford, Thomas D A Cosker, Jonathan D Stevenson, Lee Jeys, Rob Pollock, Kenneth S Rankin, Paul Cool , James T Patton, Duncan Whitwell, Christopher L M H Gibbons, Andrew Carr, and the British Orthopaedic Oncology Society Collaborative Group Affiliation The Greater Manchester and Oswestry Sarcoma Service, The Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry, UK	Trauma and Orthopaedics Tumour	Clinical orthopaedics and related research	2020 Nov 13. Online ahead of print.	Journal Article	https://pubmed.ncbi.nlm.nih.gov/33196585/