

Council of Governors 25.11.24

MEETING
25 November 2024 10:00 GMT

PUBLISHED
22 November 2024

Agenda

Location
Meeting room 1, RJAH

Date
25 Nov 2024

Time
10:00 GMT

	Item	Owner	Time	Page
1	Introduction	Sarfraz Nawaz	10:00	-
1.1	Apologies			-
1.2	Minutes from the previous meeting - 10.07.24			5
1.3	Action Log			14
1.4	Matters Arising			-
1.5	Declaration of Interests			-
2	Welcome from the Chairman (verbal)	Sarfraz Nawaz	10:05	-
3	Work Experience Presentation	Allen Edwards	10:10	15
4	Lead Governor Update (verbal)	Victoria Sugden	10:20	-
5	Chief Executive Trust Overview	Stacey Keegan	10:25	23
6	CQC Adult In-patient Survey	Paul Kavanagh-Fields	10:40	34
7	Governance			-
7.1	Questions from the Governors	Dylan Murphy	10:45	39
7.2	Membership Report	Dylan Murphy	10:50	41
7.3	Patient Safety Visit Feedback	Paul Kavanagh-Fields	10:55	45
8	Committee Chairs Updates			-
8.1	Quality and Safety Committee	Lindsey Webb	11:00	52
8.2	People and Culture Committee	Paul Maubach	11:05	57
8.3	Finance and Performance Committee	Sarfraz Nawaz	11:10	62
8.4	Audit and Risk Committee	Martin Newsholme	11:15	66
8.5	Digital, Education, Research, Innovation and Commercialisation Committee	Martin Evans	11:20	69
9	To Note:			-
9.1	Appointment / Reappointment of Non-Executive Director	Dylan Murphy		73
9.2	Council Of Governors Annual Review Report 2023/24	Dylan Murphy		77
9.3	Review of Work Plan	Dylan Murphy		85
9.4	CoG Attendance Matrix	Dylan Murphy		86
9.5	Sub Committee Attendance Matrix	Dylan Murphy		87
10	Any Other Business	Sarfraz Nawaz		-

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10	Any Other Business	-
10.1	Next Meeting: 12th March 2025 at 1.00pm	-

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

COUNCIL OF GOVERNORS
WEDNESDAY 10TH JULY 2024

MINUTES OF THE MEETING

PRESENT:

Harry Turner	Chair	HT
Victoria Sugden	Lead Governor/Public Governor – Shropshire	VS
Colin Chapman	Public Governor – Shropshire	CC
Sheila Hughes	Public Governor – North Wales	SH
Neil Turner	Public Governor – Cheshire and Merseyside	NT
Tony Wright	Public Governor – West Midlands	TW
Simon Jones	Stakeholder Governor – Shropshire Council	SJ
Kate Betts	Staff Governor	KB

IN ATTENDANCE:

Dylan Murphy	Trust Secretary	DM
Stacey Keegan (items 1 – 5.6)	Chief Executive Officer	SK
Paul Kavanagh-Fields	Chief Nurse and Patient Safety Officer	PKF
Sarfraz Nawaz	Non-Executive Director	SN
Martin Newsholme	Non-Executive Director	MN
Martin Evans	Non-Executive Director	ME
Lindsay Webb	Non-Executive Director	LW
John Pepper	Associate Non-Executive Director	JP

MINUTE SECRETARY:

Gayle Murphy	Trust Office EA	GM
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MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	<p>WELCOME & APOLOGIES</p> <p>Apologies were received from Karina Wright, Peter David, Allen Edwards, Penny Venables, Paul Maubach and Atif Ishaq.</p> <p>The Chair welcomed NT, the new Governor for Cheshire and Merseyside, to his first Council of Governors Committee meeting. He noted that Martin Bennett, Public Governor for Shropshire has resigned from his position due to health issues. The Trust and Council of Governors thanked Martin for his service.</p> <p>The Chair highlighted that VS had been elected as Public Governor for Shropshire, with the then vacant Stakeholder Governor for the Voluntary Services post being filled by Peter David.</p> <p>The Chair offered his thanks and farewells to the outgoing Governors - Katrina Morphet, Colette Gribble, Phil White and William Greenwood.</p>	
1.2	<p>MINUTES FROM THE PREVIOUS MEETING</p> <p>The minutes from the previous meetings were approved as a true and accurate record.</p>	
1.3	<p>ACTIONS FOLLOWING THE PREVIOUS MEETING</p> <p>All actions from the previous meeting were recorded as complete. The action log would be updated accordingly.</p>	
1.4	<p>MATTERS ARISING</p> <p>Nothing to note.</p>	

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MINUTE No	TITLE	ACTION
1.5	DECLARATIONS OF INTEREST The Chair reminded attendees of the need to declare any potential conflicts of interest in the business to be discussed. No potential conflicts of interest were identified.	
2.0	WELCOME FROM THE CHAIRMAN HT welcomed Council members to the July meeting of the Council of Governors. He noted: <ul style="list-style-type: none"> The Trust remains an effective and well-regarded partner in a challenged System. Key engagement is ongoing within the System. The Trust will ensure the Governors are kept informed on communications from the new government. Lt Col. Carl Meyer has been awarded an OBE in the recent King's honours list in recognition of his service to the British Army and to the veteran community. Both the Board and Governors offered their congratulations. KB recently featured on the TV show Loose Women; she was featured for instigating her idea of the Path of Positivity. A video clip was shown at the meeting. The Council of Governors noted the welcome.	
3.0	LEAD GOVERNOR UPDATE VS gave a verbal update to the Council. The following points were highlighted: <ul style="list-style-type: none"> The Governors welcomed NT to the Council of Governors. Governors are continuing to attend Sub-Committee meetings and noted they are impressed with the level of scrutiny within the meetings. There are quoracy concerns due to the number of current vacancies. The Governor surgeries have been stood down; the team are keen to communicate with the public in a more engaging way. The team are keen to work with the Communications department to add video content to the website and re-energise the membership application form to make it more appealing. Several Governors have joined recent Patient Safety Visits. Several Governors have recently attended an NHS Providers national training session. The Governors have expressed an interest in holding one to one meetings with the executive team. HT suggested the Governors could meet with the Non-Executive Directors following a committee meeting or executive directors could be invited to take part in future Council of Governors meetings. Action: GM to add an executive update to future agendas. The Council of Governors noted the Lead Governor Update.	
4.0	CHIEF EXECUTIVE TRUST OVERVIEW SK presented the submitted Trust Overview and drew Council members' attention to the following updates in particular: <ul style="list-style-type: none"> Quality and Safety. People. 	

MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> • Performance. • Finance. • Communications. • Apollo EPR Programme Update. • Theatre Expansion Update. <p>SK responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • Members of the RJAH implementation team were in attendance to observe the Shrewsbury and Telford Hospital Electronic Patient Records (EPR) go live to gain learning in anticipation of the RJAH EPR (Apollo) release date. • The hydrotherapy pool has been refurbished; there are ongoing conversations on commercial and staff usage. • Some agency staffing has been utilised in certain areas of the Trust and work was underway to further reduce agency usage. Where possible the Trust uses internal bank staff to fill any gaps. • The Trust engages with the National Orthopaedic Alliance (NOA) and the Federation of Specialist Hospitals (FSH); informative updates will be provided at future meetings. <p>Action: GM to add NOA and FSH updates to future agendas.</p> <p>The Chair noted the recent focus on activity and interactions with the regional and national NHS England teams, which places a huge burden on the executive team but has not taken away their focus on quality, safety and delivering the plan. He offered his thanks to the executive team.</p> <p>The Council of Governors noted the Trust Overview.</p>	
5.0	GOVERNANCE	
5.1	<p>Council of Governor Elections and Appointments</p> <p>DM introduced the submitted update on the recent elections, noting the following in particular:</p> <ul style="list-style-type: none"> • During May / June 2024, Civica ran an election / re-election process on behalf of the Trust to fill several positions on the Council of Governors. The outcome of that process was: <ul style="list-style-type: none"> ○ Staff Governors x 2: <ul style="list-style-type: none"> ▪ Allen Edwards was re-elected to the end of June 2025*; and ▪ One vacancy was not filled. ○ Shropshire Public Governors x 3: <ul style="list-style-type: none"> ▪ Colin Chapman was re-elected to the end of June 2026*; ▪ Victoria Sugden was elected to the end of June 2027; and ▪ One vacancy was not filled. ○ North Wales Public Governor x 1: <ul style="list-style-type: none"> ▪ Vacancy was not filled. ○ Powys Public Governor: <ul style="list-style-type: none"> ▪ Vacancy was not filled. ○ Cheshire and Merseyside Public Governor: <ul style="list-style-type: none"> ▪ Neil Turner was elected to the end of June 2027. ○ Rest of England and Wales Public Governor: <ul style="list-style-type: none"> ▪ Vacancy was not filled. • Due to the limitation of the number of years a Governor may serve consecutively, it was not possible to re-appoint all current Governors for a full three-year term. • As Victoria Sugden was elected a Public Governor, she resigned her League of Friends Partnership Governor role. The following appointment was made to fill that vacancy: 	

MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> ▪ Peter David was appointed to the end of June 2027. • As a result, from 1 July 2024: <ul style="list-style-type: none"> ○ 3/3 stakeholder positions are filled; ○ 2/3 staff positions are filled; and ○ 6/9 public positions are filled. • The following appointments come to an end on 5 October 2024: <ul style="list-style-type: none"> ○ West Midlands Public Governor – currently held by Tony Wright. ○ Shropshire Council Stakeholder Governor – currently held by Simon Jones. • As previously noted, the resignation of Martin Bennet had subsequently created an additional vacancy among the public Governors. • A nomination process will therefore need to open to fill the West Midlands Public Governor role from 6 October 2024. The minimum period to run a nomination / election process is around ten weeks So that process would need to start soon. The Trust will also contact Shropshire County Council to confirm their appointee from October onwards. • According to Annex 5 of the Trust's constitution, Council of Governors: Additional Provisions, there were a number of options available when there are vacancies on the Council of Governors: <ol style="list-style-type: none"> 1. Call an election within three months to fill the seat; or 2. Invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat for the unexpired period of the term of office; or 3. Leave the vacancy outstanding until the next scheduled general election of Governors, provided that the vacancy shall not be for more than nine months. <p>DM responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • The Trust has engaged with the Communications team to raise awareness of the vacancies within their networks. • A TV screen, advertising membership and elections was suggested for the outpatients waiting areas. <p>Action: VS to liaise with the Communications team regarding advertising screens in the main Outpatient waiting areas.</p> <p>The Governors were asked to consider the options for appointing to the current vacancies.</p> <p>The Council of Governors noted the Governor Elections update and agreed that the Trust commence a process to appoint to the current vacancies before the November meeting of the Council of Governors.</p>	
5.2	<p>Composition of the Council of Governors</p> <p>DM introduced the submitted update, noting the following in particular:</p> <ul style="list-style-type: none"> • Annex 3 of the Trust's constitution, Composition of the Council of Governors, states that the Council should: "from time to time, and not less than every three years, review the policy for the composition of the Council of Governors". • In doing so, the Council should ensure that: <ul style="list-style-type: none"> ○ "the interests of the community served by the Trust are appropriately representative of the areas in which the Trust operates and the people using the services; and" ○ "the level of representation of the Public and Staff Constituencies and Partnership Organisations provides an appropriate balance having regard to their respective interests in the Trust's affairs." • The Council currently has fifteen Members: <ul style="list-style-type: none"> ○ Nine elected Public Governors, comprising; 	

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MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> ▪ Shropshire (excluding Telford and Wrekin) x 3 ▪ North Wales x 2 ▪ Cheshire and Merseyside x 1 ▪ West Midlands x 1 ▪ Powys x 1 ▪ Rest of England & Wales x 1 ○ Three elected Staff Governors. ○ Three appointed Partnership Governors:: <ul style="list-style-type: none"> ▪ One appointed by Shropshire Council ▪ One appointed by Keele University ▪ One appointed by the League of Friends • Public Governors must make up at least half of the total membership of the Council. • The Council may propose changes to the composition of the Council if they feel that is necessary to ensure appropriate representation of those with an “interest in the Trust’s affairs”. <p>The Council of Governors was asked to consider whether the current composition of the Council continues to provide appropriate representation. If the Council identifies any gaps in current representation (notwithstanding any vacancies in existing roles) on the Council, options will be developed to address those gaps. Those options will be presented back to the Council for formal consideration.</p> <p>DM responded to queries from the Council which included:</p> <ul style="list-style-type: none"> • Suggested areas not currently represented are: <ul style="list-style-type: none"> ○ Medics ○ Administrators ○ Allied Health Professionals ○ Theatres ○ Veterans ○ Volunteers ○ Primary Care • Meeting quoracy will be reviewed after the upcoming elections. <p>The Council of Governors noted the update and agreed to bring back a proposal to the November meeting.</p>	
5.3	<p>Questions from the Governors</p> <p>DM introduced the submitted paper and highlighted that no questions had been asked prior to the meeting.</p> <p>The Council noted the Questions and Answers paper.</p>	
5.4	<p>Membership Report</p> <p>DM introduced the submitted update on the membership of the Trust, noting the following in particular:</p> <ul style="list-style-type: none"> • The current membership total was 6851. This represented a 3.3% increase over the last twelve months. • Since the low point in September 2022, the membership had risen by 7%. • The male/female split has remained constant over the last year, female members are currently two thirds of the total and one third are male. • Consistently, the 60–74-year-olds category provided the largest proportion of the membership. <p>The Council of Governors noted the Membership Report.</p>	

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MINUTE No	TITLE	ACTION
5.5	<p>Council Of Governors Annual Report 2023/24 and Self-Assessment</p> <p>DM provided a verbal update, noting the following in particular:</p> <ul style="list-style-type: none"> The Annual Report will contain the usual reflection on the past year. The report is currently being compiled and will be distributed for review soon. Due to the number of current vacancies, it will be difficult to conduct a comparison with previous years' surveys. There are only eight Governors who were in the role last year. <p>The Governors agreed to defer the survey and would reconsider the options at the November meeting.</p> <p>The Council of Governors noted the update and agreed to deferring the self assessment.</p>	
5.6	<p>Patient Safety Visit Feedback</p> <p>PKF presented the submitted feedback, noting the following in particular:</p> <ul style="list-style-type: none"> Areas visited in quarter four 2023/24. Positives taken from the visits. Actions and areas of improvement raised. <p>PKF responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Governors are extremely pleased with the regular feedback from the visits. It would be beneficial for a slide to be added in the pack that reflects the Governors and non-executive feedback. The visits are always positively received by the departments. <p>The Council of Governors noted the Patient Safety Visit Feedback.</p>	
6.0	QUALITY	
6.1	<p>2024/25 Priorities</p> <p>PKF presented the submitted report, noting the following in particular:</p> <ul style="list-style-type: none"> The paper presents the priorities as agreed within the Quality and Safety Committee meeting. Each year the Trust sets out several quality priorities that focus on improvements relating to patient safety, patient experience and clinical effectiveness. With the launch of the Patient Safety Incident Response Framework in October 2023, as part of this process the Trust identified several local priorities to focus learning to inform improvement and these priorities will be reflected in the quality priorities for 2024/25. The priorities will be monitored via the Quality and Safety Committee and its sub-Committees. The Priorities are: <ul style="list-style-type: none"> Patient Safety Priorities: <ul style="list-style-type: none"> Learning from Infection Prevention and Control patient safety events, including Surgical Site Infections and nosocomial outbreaks. Learning from deteriorating patient, patient safety events. Learning from incidents of VTE. Learning from Medication safety events. Learning from Inpatient falls. Clinical Effectiveness Priority: <ul style="list-style-type: none"> Implementation of the GIRFT Pre-op Improvement Plan. Patient Experience Priority: 	

MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services. <p>PKF responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Nursing Strategy is available on the Trust website. <p>The Council of Governors noted the 2024/25 Quality Priorities.</p>	
7.0	COMMITTEE CHAIR UPDATES	
7.1	<p>Audit and Risk Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> The Annual Report and Accounts 2023/24 were submitted on time The Trust received the external audit report with no adjustments or significant updates proposed. The Trust gained an overall grading of substantial assurance in the Head of Internal Audit Opinion. <p>MN responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Governors formally approve the procurement of the external auditors when required. Of the six Trusts who are also audited by the same internal auditors, RJAH was the only one to submit the accounts on time. The report is formally presented at the Annual General Meeting (AGM) which is scheduled for the 26th September 2024. The recent change in the Government may affect the scheduled date of the AGM. Any updates will be communicated to the Governors as soon as possible. <p>The Council of Governors noted the Chair Report.</p>	
7.2	<p>Quality and Safety Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> The new Food and Drink strategy, which is a new NHS requirement, covers patients, staff and visitors. The leadership commitment and ambition to produce a quality document within RJAH has been immense resulting in an important piece of work being embraced by the Trust. The Quality accounts were introduced in the NHS 15 years ago to encourage organisations to have sufficient focus on quality. They were approved by the Board of Directors in June; they are published on the Trust's website and have been submitted to NHSE for oversight. <p>The Council of Governors noted the Chair Report.</p>	
7.3	<p>Finance and Planning Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> Key focuses of the Committee are: <ul style="list-style-type: none"> Trust Finances. Risks and mitigations of the OO LLP Contract. The NHS financial challenges. <p>SN responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Trust are aware of the challenges and what needs to be done to mitigate them. 	

MINUTE No	TITLE	ACTION
	The Council of Governors noted the Chair Report.	
7.4	<p>People and Culture Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> The Committee effectiveness review and annual report was positively received. The Committee's focus is moving from recruitment to engagement and retention. Assurance was gained on short term sickness levels. Flexible working was discussed. Assurance was gained on the use of agency staffing. Feedback from the establishment reviews was received by the Committee. There is a requirement to develop an anti-racism strategy. <p>ME responded to queries from the Council which included:</p> <ul style="list-style-type: none"> Allen Edwards gave a fantastic Work Experience presentation to the People and Culture Committee. Issuing staff with first level warning letters could result in colleagues attending work when unwell. Wearing masks could help in these instances to reduce the spread of germs. PKF responded that sickness monitoring needs to be adhered to, in line with the Trust policy but staff should be advised to refrain from attending work if unwell. <p>Action: GM to add the Work Experience presentation to the agenda of a future Committee meeting.</p> <p>The Council of Governors noted the Chair Report.</p>	
7.5	<p>Digital, Education, Research, Innovation and Commercialisation Committee</p> <p>The submitted update was provided in the pack for noting. Highlights included:</p> <ul style="list-style-type: none"> Digital key areas of focus are: <ul style="list-style-type: none"> EPR sub-Committee. Cyber security. Mitigating risks. Advancing strategies. Research key areas of focus are: <ul style="list-style-type: none"> Recruiting a new research manager. Developing commercial opportunities and commercial support. Innovation key areas of focus are: <ul style="list-style-type: none"> Developing strategies. <p>The Council of Governors noted the Chair Report.</p>	
8.0	TO NOTE	
8.1	<p>Safeguarding Annual Report</p> <p>The Council of Governors noted the Safeguarding Annual Report.</p>	
8.2	<p>Was Not Brought Update</p> <p>The Council of Governors noted the Was Not Brought update.</p>	
8.3	<p>Review of the Workplan</p> <p>HT presented the submitted current work plan for 2024/25 and noted the information is shared within the Council for information, to ensure there is oversight of agenda items being tabled for discussion at future meetings.</p>	

The Robert Jones and Agnes Hunt Orthopaedic Hospital

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MINUTE No	TITLE	ACTION
	The Council of Governors noted the Work Plan.	
8.4	Council of Governors Attendance Matrix The Council of Governors noted the submitted Attendance Matrix.	
8.5	Sub-Committee Attendance Matrix The Council of Governors noted the submitted Sub-Committee Attendance Matrix.	
9.0	ANY OTHER BUSINESS	
	<p>HT thanked the members of Council for their attendance and contribution.</p> <p>HT responded to queries from the Council which included:</p> <ul style="list-style-type: none"> The Hospital transport contract can be reviewed at any time, the Chief Operating Officer is currently doing so. The Governors noted their assurance gained at recent Quality and Safety and People and Culture Committees. The recent appointment of the Named Nurse for Safeguarding Children and Young People is very reassuring. <p>HT brought the meeting to a close.</p>	

NEXT COUNCIL OF GOVERNORS MEETING: 13 NOVEMBER 2024 AT 1PM

Council Of Governors Committee

Updated: 10.07.2024

Action Log No.	Original Meeting Date	Minute reference	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
18	08-Nov-2023	5	GM to schedule a Living Well App demonstration for the Governors at the March meeting. <i>Update: due to a heavy July agenda this has been deferred to the March meeting</i>	GM	13-Mar-2024		ONGOING

WIDENING PARTICIPATION

The Widening Participation Team Leads



Allen Edwards

allen.edwards1@nhs.net

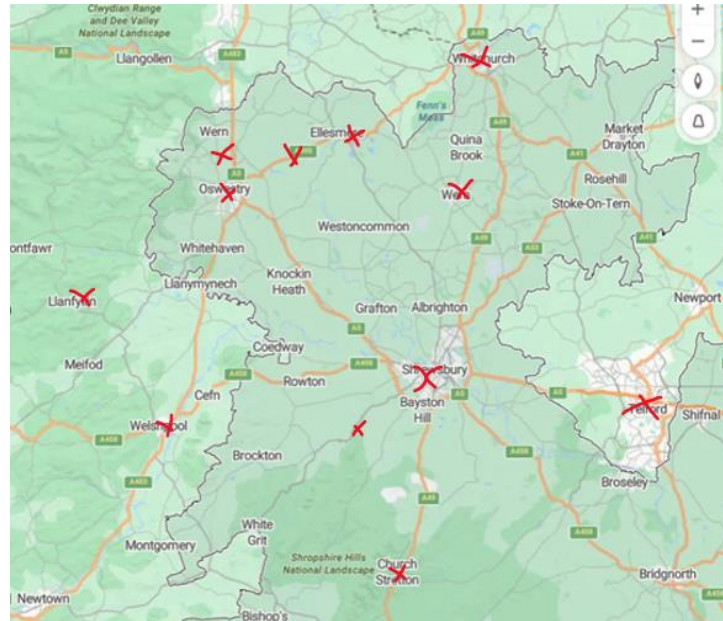
Julia Lay

julia.lay2@nhs.net

WIDENING PARTICIPATION

Realise Your Potential

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

- Jan 24 to present - 71 candidates attended placements
- Jan 24 to Dec 24 - 151 placements arranged
- Taster of Work weeks - 8 weeks planned (all fully booked)



WIDENING PARTICIPATION
Realise Your Potential

- Success Stories – we have many cases of staff who have attended Work Experience at the Trust and progressed to senior positions.



Chloe Ellis – Communications Manager



Steve Bishton - Orthotics Technical Lead



Millie Gregory - Theatre Scheduling Utilisation Manager

Work Experience

Dear Allen

Over 6 years on please find attached the photo of our work experience group from 2018.

Four of us kept in touch and this where we are all at now:

Jack Stacey - 5th Year Medical Student, University of Birmingham with intercalated BSc (Hons) in Emergency Care

James Blenkinsop - 5th Year Medical Student, University of Birmingham with intercalated BSc (Hons) in Sports Medicine

Verity Buglass - Final Year Medical Student, University of Manchester

Eliza Kiel - Final Year Medical Student, Kings College London

Best wishes

Jack



Step in to Work



Step in to Work programme ran in January, September and November 2024 – candidates have successfully gained employment at the Trust

“If these two represent the standard of people in your Step in to Work programme then I believe that I will be asking for more of them. I think that these two gentlemen have made my first impression of the programme successful.”

*Martine
Facilities Manager*

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Community Projects

Strong working relationships with local schools and community Beavers working on Montgomery patient garden earlier this year.



RJAH Careers Event

RJAH careers events for local school and colleges

WIDER PARTICIPATION The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

CAREERS EVENT 3RD DECEMBER

10am-11am | 11.30am-12.30pm | 1.30pm-2.30pm

An opportunity for local school/colleges with students interested in health careers, to visit department specific stations for information and talk to staff.

Departments in attendance:

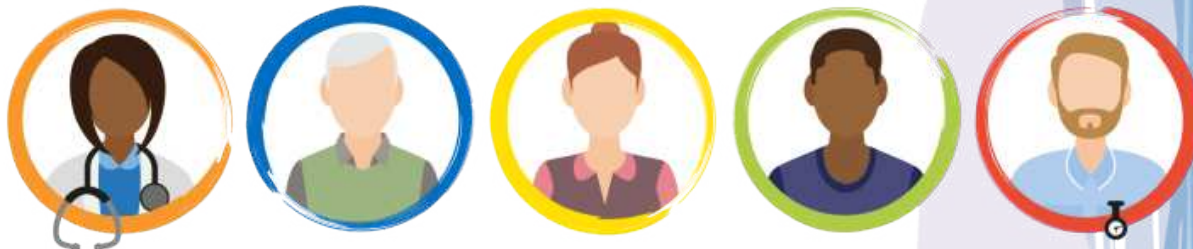
- + Pharmacy
- + Physiotherapy
- + Occupational Therapy
- + Nursing
- + SimLab
- + Resuscitation
- + Dietitian
- + Research Department/laboratory
- + Radiography
- + Theatres
- + Medicine
- + Orthotics
- + League of Friends
- + Wrexham & Chester Universities

For further information please contact julia.lay2@nhs.net



Overview of the Trust – November 2024

Stacey Keegan, Chief Executive



Aspiring to deliver world class patient care

Quality and Safety – Patient Safety Quarter 3 Report 24/25



QI Projects

There are several QI projects ongoing which have a direct link to patient safety including:

- To improve care and **management of patients with diabetes**.
- Patient education of **self-administration of medications** on MCSI to support them during their stay on discharge.
- Refresher training videos accessible by QR codes on medical devices on the wards and theatres.
- Improve engagement with **non-Doctor led clinical audits**.
- Create additional resource for **persistent pain service** for paediatrics.
- Efficient **utilisation of nursing staff using SafeCare** Deployment Tool to improve productivity and main patient safety.
- **Reduce falls in bathrooms** on Powys and Clwyd ward.

Policy of the Month:

A group of Ward Managers have been working to improve early identification and **management of hyponatraemia**. Recognising there was a clear gap in dissemination of newly implemented policies, they have started "Policy of the Month" which has increased viewing of the policy by 500%!



NHS IMPACT recommends Trusts need to ensure we are working with people with lived experience in close partnership on improvement activity, to ensure we are working on what will make the greatest difference.

This month the Improvement Hub has spoken to a previous spines patient who had undergone traction for 8 weeks followed by surgery. They had a lot of praise for the Trust however, the previous patient had some ideas to improve care, including:

- Ensure traction is completed by trained nurses.
- Differing information between consultant and registrar in relation to discharge.
- Therapy options following discharge – little offered and had to ask for certain therapy such as hydrotherapy.

Most of these relate to patient experience will be picked up through that workstream.

There are several innovations which are ongoing which will have a direct link to patient safety including:

- Addition of patient education videos in Main Outpatients. Bought to Innovation Club by Carrie Jenkins, Deputy Pharmacist.
- Improve handover for Outreach and Medical / Anaesthetic Team. Bought to Innovation Club by Wayne, Outreach Team.



Quality and Safety - Martha's Rule: RJAH - Phase 1 of the national implementation pilot



Martha's rule includes **three key elements** designed to improve patient safety and care.

1. 24/7 Access to Rapid Review: All staff in NHS trusts must have around the clock access to a Critical Care Outreach Team for rapid review if they have concerns about a patient's condition.

2. Patient, Family and Loved Ones Access to Rapid Review: Patient's families, carers, and advocates must also have 24/7 access to a Critical Care Outreach Team, through clearly advertised mechanisms.

3. Daily Wellness Information Gathering: The NHS must adopt a structured approach to gather information about the patient's condition directly from the patient and their family at least once a day. (NHS England, 2024)

September – October 2025

- Planning and development phase.

November 2024

- Evaluation and audit processes established.
- Reporting commenced for national measurement plan.
- Launch of communication plan for staff and patients.

December 2024

- Launch of 'Call for Concern' Service This will give staff, patients and their loved ones 24/7 access to the Critical Care Outreach Team, who can be contacted if there are any concerns about a patient and their condition.
- Daily Wellness Information Gathering -Launch of pilot of 'Well Being Checks' with teams on Powys and Alice Wards.
- Testing of a structured approach to check in on patient's wellness daily. Developed through work with the Managing Deterioration and Martha's Rule programme and West Midlands Critical Care Network .
- Education programme for staff.

Jan 2025 – March 2025

- Evaluation and Feedback period.

March 2025

- 'Well-Being Checks' to be established for all wards.
- Compliance Auditing.

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People

Education and Training Strategy – 2024 - 2029



- The Trust launched its first Education and Training Strategy in October, which was co-produced in partnership with key clinical and non clinical stakeholders. The governance of the strategy will be overseen by the Digital Education Research Innovation Commercial Committee (DERIC) and through the Education Working Group.
- In terms of the NHS long term workforce plan our strategy is aligned to the three priority areas: Train; Retain; Reform

“Our Education Strategy is committed to empowering our people to meet the expectations of a future workforce to deliver high quality services for our patients”

People

Sexual Safety Charter and Training



- The Trust signed up to the NHS Sexual Safety Charter in 2023 and has achieved a commitment to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this.
- All staff had a letter in September 2024 confirming the Trust taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace and commitment to the Sexual Safety Charter to help achieve this.
- From 26th October 2024, compliance with the Worker Protection (Amendment of Equality Act 2010) Act 2023 - The Act introduces a new, positive obligation on employers to take 'reasonable steps' to prevent sexual harassment of their workers in the course of their employment, and in addition;
- There is Board and Staff training scheduled from December through to 2025 with an external trainer funded by the League of Friends. The training will include Sexual harassment awareness sessions and more in depth training for dealing with sexual harassment at work.

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Performance

- Activity levels deteriorated in Q2, this has been driven by a shortfall in theatre 'backfill' sessions, anaesthetic staff sickness and theatre staffing gaps.
- As a result of the reduction in activity, waiting lists have grown and the Trust has not seen the desired reduction in the volume of longest waiting patients (65+ weeks).
- There is a comprehensive, immediate to long term plan to mitigate the current circumstances and build a more resilient delivery model for the future, this is focused on substantive recruitment, productivity gains and pathway redesign.
- The current issues have resulted in increased scrutiny from NHSE and we are working closely with them to provide assurance on the sustainability of the services. Recent weeks have seen an improvement in performance.

Finance



- YTD surplus of £0.1m - £1.5m adrift of plan.
- Income driving variance – LLP lost capacity and issues with theatre staffing availability having a material impact on activity.
- Full year impact of LLP £4.2m which is main driver of forecast variance to plan of £3.7m.
- Focus on implementing a revised operating model to replace lost LLP capacity – no quick fix.
- Implemented a number of Improvements and Interventions to reduce operating costs:
 - Flexing capacity to align with activity.
 - Enhanced controls for bank, agency and overtime usage.
 - Alignment of internal bank rates with Agency price caps.
 - Vacancy controls including a temporary freeze on non frontline posts.
 - Triple lock approval process on non pay orders over £10k.
- Continue to seek further mitigations as required to achieve plan.

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Communications



Excellent results in Adult Inpatient Survey – RJAHS singled out by the CQC as one of just nine providers producing results “much better than expected”. Highlights include its food being rated the best in the NHS and its wards the cleanest.



Enhanced Recovery Programme treats 3,000th patient - Beryl O’Neil, from Malpas, became the 3,000th patient to go through the enhanced recovery pathway. Beryl, who is 82 years old, had a total hip replacement by Mr Geraint Thomas, Consultant Orthopaedic Surgeon.



Work on Garden for Alice under way - The newly designed garden is set to create a stunning, therapeutic sensory space for paediatric patients and their families at Shropshire’s specialist orthopaedic hospital, designed to support their emotional and physical wellbeing throughout treatment and rehabilitation.



New pledges agreed as RJAHS reaffirms forces commitment – the Trust signalled its continued support for staff and patients who serve in military roles – by re-signing the Armed Forces Covenant.



Annual Review 23/24 published - The Annual Review serves as a more accessible summary of our Annual Report for 2023/24. Within, you will find details on some of our key achievements from the financial year, as well as details of how we hope to progress over the coming year and beyond.

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Communications - National engagement for the 10 year plan



Staff engagement

- Focus on getting the staff to think through two lenses – as a member of staff, but also as an NHS user
 - Joined-up approach with system partners
 - Staff workshop(s)
 - Regular messaging via email, intranet and staff-facing social media

Public and patient engagement

- Patient workshop(s) or Main Entrance stand
- Social media posts to signpost the national feedback portal
- Further signposting via Trust website, with dedicated page set up
- Governor involvement welcome

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Apollo (EPR) – Go Live and Next Steps



- Readiness assessments from the programme perspective were met on the 4th November.
- System safety case approved.
- Due to meeting patient activity demand it was agreed at the Trust Board on the 6th November to postpone Apollo.

Next Steps

- Work is underway to reschedule and implement in the New Year.
- Re-planning meetings have commenced with the Supplier.
- Regular updates are taking place with staff groups to ensure that good staff engagement continues.
- Trust reviewing additional opportunity that the delay may offer, such as upgrading of functionality including the implementation of the patient portal.
- Revised and updated training programme to be implemented.

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New Theatre Development



- New 2 storey extension now complete and open.
- Given us an additional operating Theatre with space for up to three more in future.
- Future Theatre requirements to be confirmed taking into account future of Menzies and Barns ahead of a broader Estates Strategy refresh.
- Potential scope for movement of services into downstairs space.

Adult Inpatient Survey 2023

Committee / Group / Meeting, Date

Council of Governors, 25 November 2024

Author:

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

Contributors:

Report sign-off:

Name: Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer
Quality and Safety Committee, 19 September 2024
Board of Directors Meeting, 06 November 2024

Is the report suitable for publication?:

Yes

Key issues and considerations:

This report provides an overview of the CQC's Adult Inpatient Survey results for 2023. A total of 131 Trusts took part in the 2023 survey, which was taken (as usual) in November last year. During that month, 1,250 of our patients were invited to complete the survey and 856 did so – a response rate of 69% which was the best in the country.

RJAH have been categorised as one of nine Trusts, achieving “much better than expected”. Overall, RJAH were ranked number 3.

For all questions answered as part of the survey, all responses were banded as better than other Trust's, with 9 responses on par with other Trusts and no responses were banded as worse than other Trusts.

Key Highlights

Notable practice

- Q50. Asked to give views on quality of care during stay – significant improvement in comparison to previous years results.
- Participants feedback regarding the quality and provision of food and drink scored far better in comparison to other Trusts.
- Participants feedback relating to questions about Doctors and Nurses was significantly positive.
- Participants feedback about their care and treatment in hospital was significantly positive.
- 100% of the patients who completed the survey were treated with kindness, compassion, respect and dignity.
- 97% of patients who completed the survey rated their overall experience as 7/10 or more.

Areas for Improvement

- Q2. Did not mind waiting as long as did for admission
- Q37. Staff discussed need for additional equipment or home adaptation after discharge

Both results for these questions demonstrate a declining position.

- As a Trust it would be helpful to understand how we can improve the diversity of our patient feedback, ensuring there is equal representation from all our patients.

Strategic objectives and associated risks:

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

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

Adult Inpatient Survey 2023

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

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

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

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

Recommendations:

Actions to be established in relation to the areas identified for improvement through the Patient Experience Working Group and will be included as part of the revised Patient Experience Strategy.

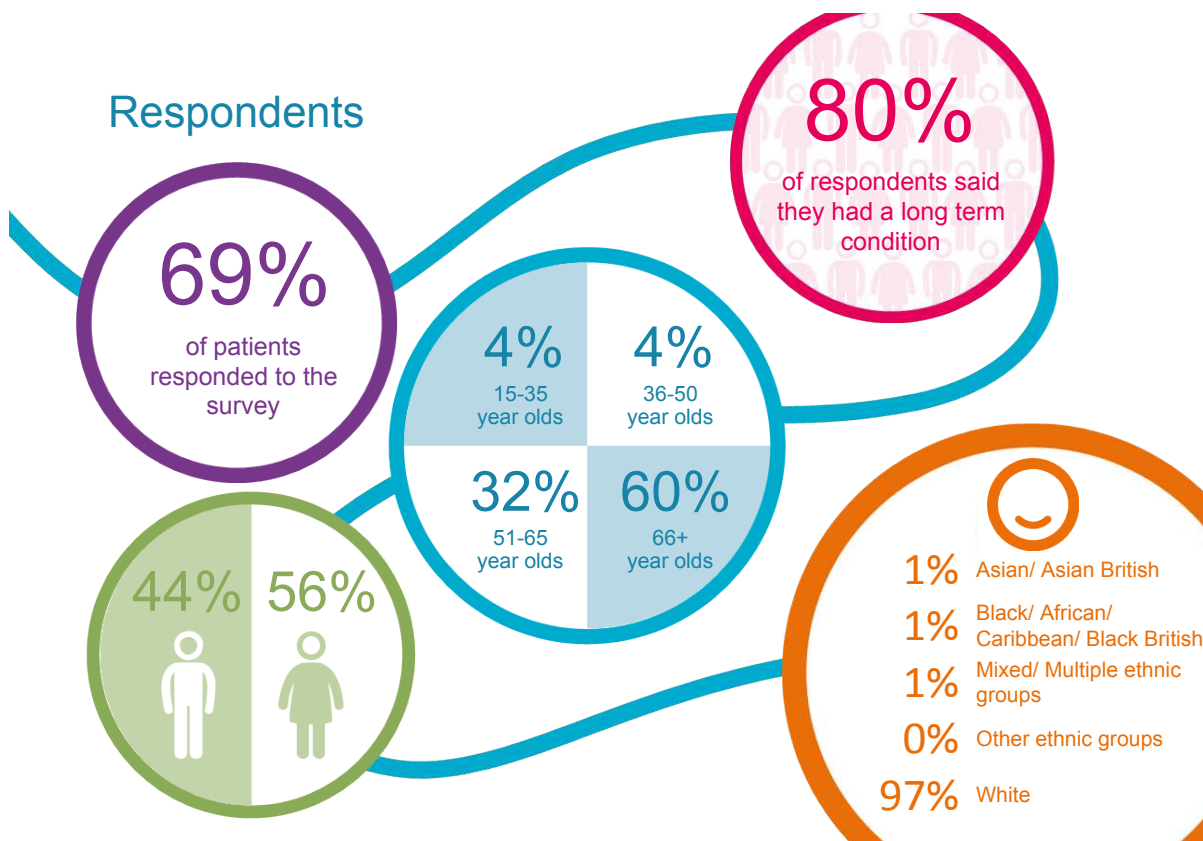
Adult Inpatient Survey 2023

1. Main Report

This report provides an overview of the CQC's Adult Inpatient Survey results for 2023. A total of 131 Trusts took part in the 2023 survey, which was taken (as usual) in November last year. During that month, 1,250 of our patients were invited to complete the survey and 856 did so – a response rate of 69% which was the best in the country.

RJAH have been categorised as one of nine Trusts, achieving “much better than expected”. Overall, RJAH were ranked number 3.

Response Rate & Demographic



1250 Invited to complete the survey	1235 Eligible at the end of survey	69% Completed the survey (856)	43% Average response rate for similar organisations	66% Your previous response rate
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Overall Feedback

<p>97% Q49. Rated overall experience as 7/10 or more</p> <p>100% Q48. Treated with respect and dignity overall</p> <p>100% Q18. Had confidence and trust in the doctors</p>	<p>Historical comparison*</p> <p> ■ Significantly better ■ Significantly worse ■ No significant difference </p>	<p>Comparison with average*</p> <p> ■ Significantly better ■ Significantly worse ■ No significant difference </p>
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Adult Inpatient Survey 2023

Notable Feedback

Top 5 scores vs the Picker Average

-  95% Q5. Did not have to wait too long to get to a bed on a ward
-  90% Q13. Hospital food was very or fairly good
-  94% Q43. Staff told patient who to contact if worried after discharge
-  83% Q24. Staff did not contradict each other about care and treatment
-  53% Q50. Asked to give views on quality of care during stay

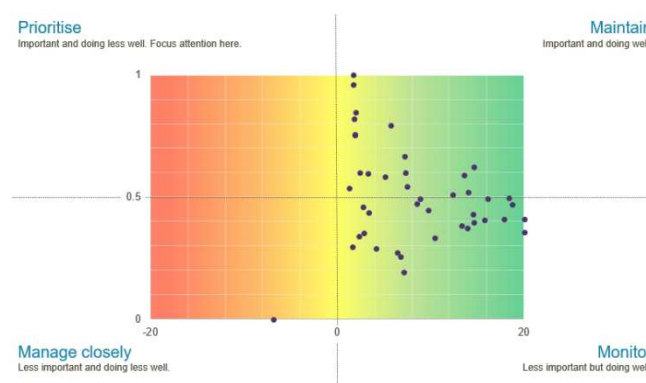
Most improved scores since 2022

-  53% Q50. Asked to give views on quality of care during stay
-  90% Q15. Able to get food outside of meal times
-  98% Q23. Always or sometimes enough nurses on duty
-  97% Q14. Got enough help from staff to eat meals
-  82% Q46. Got enough support from health or social care professionals after discharge

Areas for improvement

There were no areas identified that needed to be prioritised for improvement. However, waiting times were identified below average in comparison to other Trusts and this needs to be managed closely.

Overall Improvement Map™



Adult Inpatient Survey 2023

Bottom 5 scores vs the Picker Average



51% Q2. Did not mind waiting as long as did for admission

In comparison to previous years the following response rates had declined the most.

	Historical					External	
	2019	2020	2021	2022	2023	Average	Organisation
Q2. Did not mind waiting as long as did for admission	86%	59%	57%	55%	51%	58%	51%
Q35. Felt involved in decisions about discharge from hospital	-	93%	91%	91%	89%	73%	89%
Q37. Staff discussed need for additional equipment or home adaptation after discharge	94%	95%	95%	94%	90%	81%	90%
Q42. Before leaving hospital knew what would happen next with care	93%	96%	96%	96%	94%	84%	94%
Q43. Staff told patient who to contact if worried after discharge	93%	95%	96%	95%	94%	75%	94%

Conclusion

The Council of Governors are asked to note the contents of the report and identified areas for improvement. Actions to be established in relation to the areas identified for improvement through the Patient Experience Working Group and will be included as part of the revised Patient Experience Strategy.

Questions and Answers

Committee / Group / Meeting, Date

Council of Governors, 25 November 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Gayle Murphy

Report sign-off:

Stacey Keegan
Chief Executive Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

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

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

- No items were requested for the agenda.
- One question was raised.

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

Date Raised	Raised By	Question
28/10/2024	Colin Chapman, Public Governor - SHropshire	<p>With the current unhealthy financial position the Trust finds itself in due in part losing the LLP contracts, what assurance can the Trust provide to resolve this issue and get us back on track to increase activity?</p> <p>Response Provided by Craig Macbeth, Chief Finance and Planning Officer:</p> <p>The Trust is currently delivering around 80% of planned activity since the loss of the LLP as a source of capacity.</p> <p>Development of a new operating model that seeks to maximise clinical capacity in core hours is underway but will take many months to fully implement. In the meantime we are seeking to offset some of the financial impact through increased private patient work (which continues to be offered flexibly) and through flexing down our bed base.</p> <p>In addition to the above we are seeking an insource provider who can offer us capacity to reduce waiting times for patients outside of core hours. A procurement exercise is ongoing in this respect.</p>

Questions and Answers

Strategic objectives and associated risks:

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

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

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

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

Recommendations:

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

Report development and engagement history:

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

Next steps:

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

Committee / Group / Meeting, Date

Council of Governors, 25 November 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

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

Report sign-off:

N/A

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

Membership Total

The current membership total (on 01 November 2024) was 6851:

Staff	1341
Public	5179
Volunteers	413
Total	6933

The Trust membership target is to achieve a year-on-year increase. In November 2023, membership stood at 6748. As such, there has been around a 2.7% increase over the last twelve months.

The low point in membership was September 2022, when the figure was 6396. Since that low point, the membership has risen by around 8%.

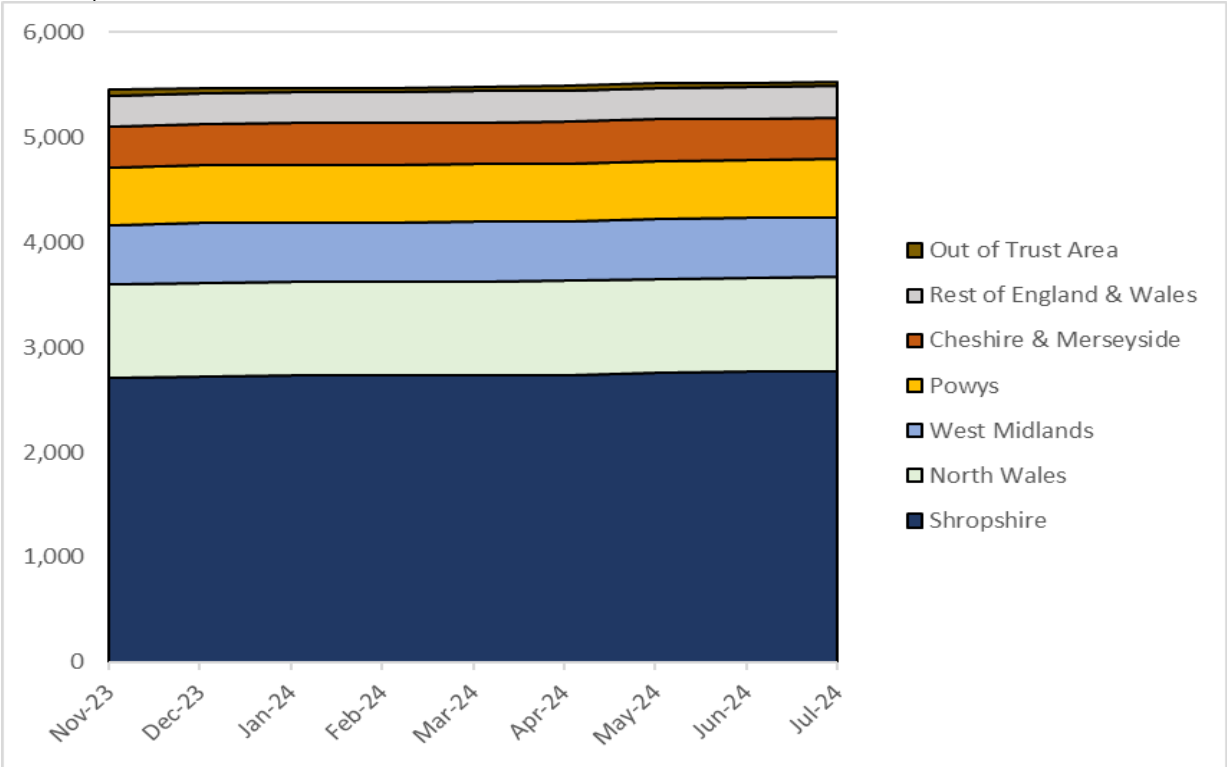
Public Constituencies

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

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	July-24	Aug-24	Sep-24	Oct-24	Nov-24
Cheshire & Merseyside	393	395	396	396	396	397	396	395	395	396	399	402	402
North Wales	888	891	894	894	897	899	901	902	905	906	908	909	910
Powys	546	550	551	552	553	554	556	556	558	559	563	563	565
Shropshire	2,713	2,725	2,728	2,729	2,732	2,734	2,751	2,763	2,763	2,777	2,787	2,794	2,799
West Midlands	562	567	564	563	563	563	564	563	564	565	565	569	569
Rest of England & Wales	290	294	298	299	299	301	302	301	302	301	300	304	306
Out of Trust Area	57	39	39	39	39	40	40	40	40	40	40	40	41
Total	5,449	5,461	5,470	5,472	5,479	5,488	5,510	5,520	5,527	5,544	5,562	5,581	5,592

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

Figure 1 – public membership since November 2023 (building up from the category with the largest number):

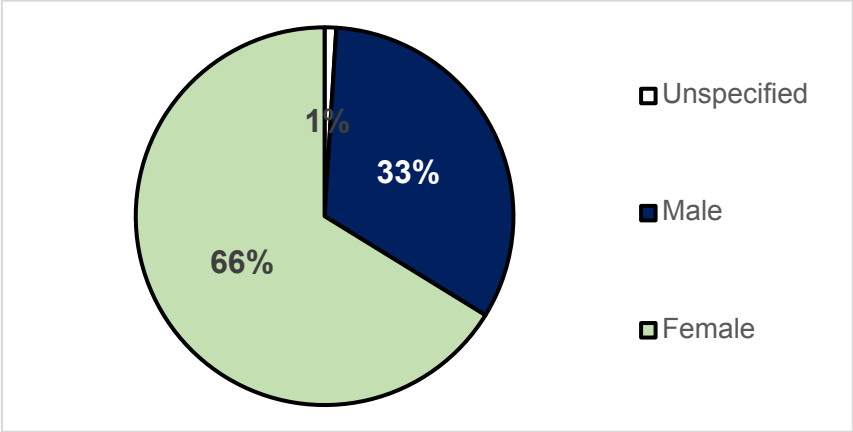


Gender

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

	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Total	5,449	5,461	5,470	5,472	5,479	5,488	5,510	5,520	5,527	5,544	5,562	5,581	5,592
Unspec.	44	44	46	47	48	48	55	55	55	58	59	58	59
Male	1,798	1,804	1,807	1,807	1,810	1,813	1,810	1,811	1,812	1,820	1,829	1,839	1,845
Female	3,607	3,613	3,617	3,618	3,621	3,627	3,645	3,654	3,660	3,666	3,674	3,684	3,688

The figures for November 2024 in the table above are presented in an alternative format in the chart below:



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

Ethnicity

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

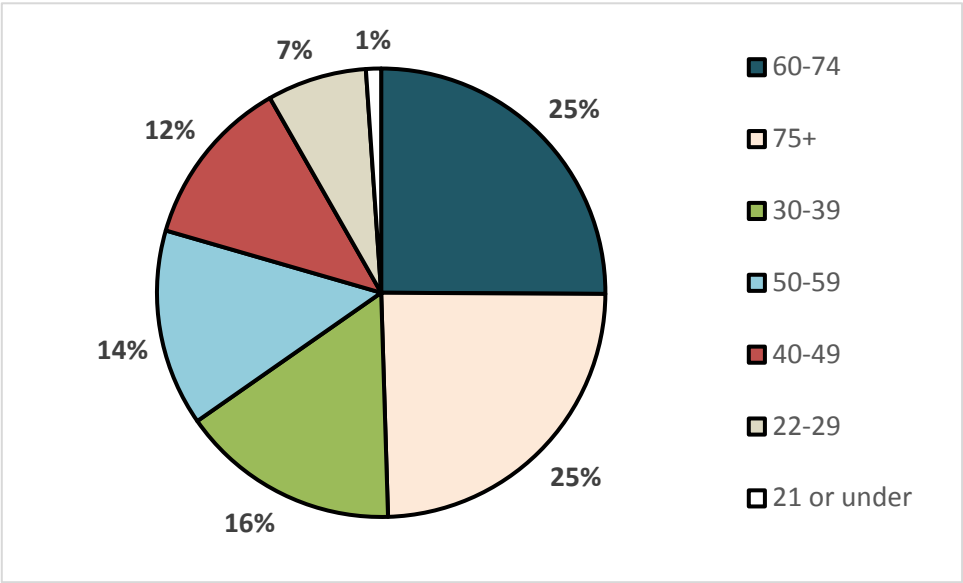
	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Ethnicity	5,448	5,460	5,469	5,471	5,478	5,487	5,509	5,519	5,526	5,543	5,561	5,580	5,591
White	3,198	3,198	3,201	3,203	3,204	3,203	3,211	3,211	3,208	3,219	3,223	3,227	3,228
BME	122	122	122	122	122	122	126	127	128	128	130	132	133
Not stated	2,128	2,140	2,146	2,146	2,152	2,162	2,172	2,181	2,190	2,196	2,208	2,221	2,230

Age

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

	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Age	5,123	5,137	5,145	5,148	5,157	5,170	5,186	5,196	5,203	5,543	5,561	5,580	5,591
14-21	59	57	58	57	55	51	57	58	58	63	61	60	58
22-29	416	410	408	403	400	400	397	394	394	391	389	385	382
30-39	793	805	806	809	810	815	817	820	822	819	823	832	841
40-49	621	623	625	623	627	629	631	631	635	639	640	650	653
50-59	748	745	746	746	748	745	747	748	749	751	762	757	755
60-74	1,301	1,304	1,306	1,309	1,313	1,317	1,325	1,326	1,318	1,324	1,328	1,333	1,336
75+	1,244	1,250	1,254	1,258	1,259	1,264	1,269	1,277	1,285	1,291	1,292	1,298	1,301

The figures for November 2024 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):



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

Ranking	November 2023	November 2024
1	60-74 year-olds at 25%	60-74 year-olds at 25%
2	75 years-old or over at 24%	75 years-old or over at 25%
3	30-39 year-olds at 15%	30-39 year-olds at 16%
4	50-59 year-olds at 15%	50-59 year-olds at 14%

Strategic objectives and associated risks:

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

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

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

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

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

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

Report development and engagement history:

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

Next steps:

Membership numbers will continue to be monitored and reported.

Patient Safety Visits

Quality and Safety Committee | October 2024



Aspiring to deliver world class patient care

Purpose

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

Areas Visited in Q1 (July – September 2024)

- 10th July | Wrekin Ward
- 16th July | Physio
- 22nd August | Orthotics

Positives

- Staff adhering to the uniform policy (inc. bare below the elbows).
- Clutter free environments and equipment safely stored.
- Observed staff attending to patients promptly.
- Patient privacy and dignity respected.
- Aware of the department/wards top 3 risk areas.
- Notice boards clear and up to date.
- Staff proud of their teams working effectively and their resilience.
- Good communications between ward and the members of the Board and the visits from the Board are noted to be constructive.

Positives

- Wards and departments appear well led.
- MDT care being provided.
- Resilience on agency staff noted however, staff have been offered apprenticeships and further training to support individuals in developing for future roles.
- Noted increase in e-coli infections - an improvement plan has been devised to improve patient care and staff awareness. This has been reported through the Quality and Safety Committee.
- Increase in challenging behaviour from patients with underlying medical health conditions, the department has been well supported by the senior teams.

Actions/areas of improvement raised...

Actions	Committee/Meeting Oversight
Psychosocial Services - a review of the service is being completed.	Executive Team Meeting
Training – due to the specialist nature of some of the roles, it has been suggested that increased training is offered to new starters. A review of Statutory and Mandatory training being completed via the People and Culture Committee.	People and Culture Committee
Neuro Physio Patients clinical space – a request for further clinical space has been submitted to the space utilisation group	Space Utilisation group
Offices can become hot in summer months - request submitted via the estates department to support with air conditioning units	Estates team

Timetable for Q3 (October – December 2024)

- 25th October | HDU
- 12th November | ORLAU
- 21st November | Radiology
- 21st November | Powys

Chair's Assurance Report Quality and Safety Committee

Committee / Group / Meeting, Date

Council of Governors Meeting, 25 November 2024

Author:

Name: Sophie Donnelly
Role/Title: Executive Assistant

Contributors:

N/A

Report sign-off:

Ruth Longfellow, Chief Medical Officer
Lindsey Webb, Non-Executive Director, Committee Chair
Board of Directors Meeting, 06 November 2024

Is the report suitable for publication:

Yes

1. Key issues and considerations:

This report provides a summary of the items considered at the Quality and Safety Committee on 19 September 2024 and 24 October 2024. It highlights the key areas the Quality and Safety Committee brought to the attention of the Board at the recent Public Meeting (06 November 2024). The report is shared with the Council of Governors for information and oversight.

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

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

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

2. Strategic objectives and associated risks:

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

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

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

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

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

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

3. Assurance Report from Quality and Safety Committee

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

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

Corporate Risk Register (October Meeting)

The Committee reviewed and endorsed the register ahead of presentation to the Board. The Committee gained an update on detail and movement of each risk. It was noted that in relation to risk 2892, the Trust remains not meeting the guidelines for SALT provision. The SLA with SaTH is awaiting signature which will be escalated to the CEO. The Committee asked that risks be reviewed and updated, making names of risks clearer and ensuring the narrative reflects the current position and any relevant guidance.

PSII: Never Event (October Meeting)

The report has been compiled following the use of an incorrect implant during a total knee replacement on 1st June 2024. After discharge, the patient was readmitted and underwent corrective surgery and has recovered well. An improvement plan has been developed, and the Committee has requested an update on progress in 3 months' time to ensure that necessary changes are implemented.

Two further never events in theatre were reported to the Committee and a plan to review the safety culture within theatres has been requested for the next meeting

Response to Board Story (MSST) (October Meeting)

An update on the response to the patient story received at a previous Board meeting was received providing assurance that the necessary learning and actions have taken place, and that the patient has now been given a surgery date of 7th December 2024.

Chief Nurse/DIPC and Chief Medical Officer Update – MHRA Visit (October Meeting)

An MHRA inspection was held of the ACI lab noting major concerns. The report has been received and the Trust have submitted an action plan. Activity in the lab has been paused and no further patients will be treated until this is resolved. External expert advice is being provided to address the issues raised. The Committee have asked for additional written assurance at the next meeting to review all relevant reports, action plans and potential regulatory impact.

Apollo/Clinical Safety Case Update (September Meeting)

The Committee was updated on the delay in the clinical safety case. The document is partially complete however requires additional information about workarounds from the Information Team. The confirmed go-live date which will allow more time to finalise the report and discuss risks. While workarounds are

in place, further evidence is required for full assurance. At October's Committee, it was confirmed a joint DERIC/EPR/QS Committee will go ahead to discuss this on 4th November.

3.2 Areas of on-going monitoring with new developments

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

PSIRF Report (September and October Meeting)

There are 4 actions behind plan which have been escalated. The Committee found it beneficial to review the outstanding action plan along with the associated timescales. Further assurance was provided on 1 action which is 4 weeks overdue, emphasising that discussions are ongoing to expedite progress.

MAPS Self-Assessment/Action Plan (September Meeting)

The Committee received an update on MAPS, highlighting the Trust currently employs 3 Physician Associates and 4 AA students. It was noted that there is work to be undertaken around a policy and further updates should be provided to People and Culture Committee, linking to the 5-year workforce strategy.

Bone Tumour Action Plan (October Meeting)

The Committee received an update on the action plan and progress following the peer review feedback letter received in June 2024. The Committee noted:

- A locum has been appointed which is positive however there remains a concern this person may not take up post, and the need for alternative solutions to be explored in light of this potential risk.
- A review can be undertaken 3 – 6 months after the locum's appointment to assess effectiveness of arrangements.

The Committee felt an update in 3 months' time on progress would be beneficial.

Progress update on the day cancellations (October Meeting)

The Committee reviewed the pre-operative improvement plan and acknowledged its complexity. However, there were concerns around the pace of delivery and requested a detailed plan with specific milestones and timescales. This update will be provided quarterly, highlighting progress in each area.

Integrated Performance Report (September and October Meeting)

The Committee discussed the following metrics:

- Falls – a reduction was seen in month.
- Spinal injury patients fit for admission to RJAH – the Committee discussed whether there are timeframes for these patients. It was agreed this will be discussed further at Trust Performance and Operational Improvement Group.
- Safe staffing – the Committee noted the reduction safe staffing levels due to a metric change, and improvements should be seen next month.
- Medication errors – it was noted there was 33 errors in month with 1 low harm.

Premises Assurance Model Report 2024 (September Meeting)

The Committee received a presentation on PAM – an annual mandatory self-assessment tool noting the additional domains, including a section on helipads. The Committee was asked to consider the military use of the helipad due to the inadequate ratings. The Committee agreed they were not the correct forum to make this decision which will be considered at the Executive Team Meeting.

Legal Claims Report (Q2) (October Meeting)

- 3 new CNST claims have been received in Q2.
- 1CNST claim closed in Q2 without damages.
- 1 ELPL claim closed in Q2 without damages.

The Committee noted there is a need to continue focus on opportunities to reduce/prevent litigation, particularly in relation to cases which have not led to any awards of damages.

3.3 Areas of assurance

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

Improvement Presentation (September Meeting)

The Committee was assured with the presentation focusing on the journey of improvement and quality standards. Suggestions were made to monitor the post-operative complication rate for comparison in 12 months, tracking the length of stay for patients taken on HDU, and considering patient satisfaction measures.

Inpatient Survey Results (September Meeting)

The Committee was assured from the overview of the CQC Adult Inpatient Survey results for 2023, categorising the Trust as one of 9 achieving “much better than expected”, and ranking number 3. Areas for improvement included:

- Q2: Did not mind waiting as long as did for admission.
- Q37: Staff discussed need for additional equipment or home adaptation after discharge.

The Committee felt it would be helpful to understand how the Trust can improve the diversity of patient feedback, ensuring equal representation from all patients.

Rheumatology Service/Outlier Action Plan (September and October Meeting)

An update was brought to the Committee on the outlier status for quality statement 3 – patients starting DMARDs within 6 weeks of referral. The Committee noted:

- Improvements made to the referral process.
- New pathways implemented to streamline patient care.
- Concerns regarding GPs refusing to undertake shared care agreements for certain modifications which could affect capacity.

Patient Safety Visits (Q2) (October Meeting)

The Committee was assured with the presentation. 3 visits have been completed with actions being overseen at the relevant meetings. There were themes of positive findings which included adherence to uniform policy, bare below the elbow, and clutter free environments.

Learning from Deaths Q2

The Trust recorded 5 expected deaths in Q2. It was noted that earlier discussions about end-of-life care with patients/families could have been considered given patient history, although this did not impact clinical care or outcomes. Positive feedback has been received regarding MDT collaboration at the Trust.

Quality Priorities Update Q2 (October Meeting)

The Committee was provided an update on progress to date and focus areas for the teams. The Committee discussed:

- The GIRFT pre-op improvement plan focused on the agenda as a specific item and was therefore not included in the report.
- A quality dashboard is under development to demonstrate improvements taking place on the priorities.

Quality Accreditation (Q2) (October Meeting)

An overview of the programme was provided to the Committee, noting the first round of assessments have been completed. Question sets have been reviewed and amended where appropriate. The plan is to develop themes from areas to form improvements for the 2025 quality priorities.

Health, Safety and Welfare Policy (October Meeting)

The Committee ratified the policy.

Chair Assurance Reports:

- **Chair Report from Patient Safety Meeting (September and October Meeting)**

Chair's Assurance Report Quality and Safety Committee

There were no concerns to escalate to the Committee. It was noted that 3 documents have been approved by the Meeting: Pre-operative use of the fragility scale SOP, on-demand blood fridge failure SOP, and safe administration of blood policy.

- **Chair Report from Regulatory Oversight Group (September and October Meeting)**

The Committee has asked for a written report on the MHRA Inspection as a specific agenda item at the next meeting for greater assurance. An effectiveness review of this group will be undertaken. A gap analysis audit has been undertaken on homecare services emphasising the need to improve scrutiny of providers and development of a patient charter.

Chair Report from Health Inequalities and Population Health Working Group (September and October Meeting)

There were no concerns to escalate to the Committee. The ongoing disparity between English and Welsh patients remains a topic of discussion, highlighting the importance of addressing this issue.

- **Chair Report from IPCC Meeting (September and October Meeting)**

There were no concerns to escalate to the Committee. It was noted 2 documents have been approved by the Meeting: CDI Policy and Sterilisation and Decontamination Procedure. A visit from NHSE is scheduled, during which discussions will focus on the possibility of exit criteria and transitioning to annual visits.

- **Chair Report from Patient Experience Meeting (October Meeting)**

There were no concerns to escalate to the Committee.

- **Chair Report from Drugs and Therapeutics Meeting (October Meeting)**

The Meeting held discussions surrounding medical engagement and the level of seniority required. Going forwards, there will be attendance from the Deputy Medical Director who will chair the meeting

- **Chair Report from Health and Safety Meeting (October Meeting)**

A number of concerns were raised including the following: occupational health provision, fire training, compliance with NHS clinical waste strategy. The Committee was provided a verbal update on ligatures and asked that this is included in the report going forwards.

Recommendation

The Board is asked to:

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

Committee / Group / Meeting, Date	
Council of Governors Meeting, 25 November 2024	
Author:	Contributors:
Name: Leah Tunnah Role/Title: Executive Assistant	N/A
Report sign-off:	
Denise Harnin, Chief People and Culture Officer Paul Maubach, Associate Non-Executive Director, Committee Chair Board of Directors Meeting, 06 November 2024	
Is the report suitable for publication:	
Yes	

1. Key issues and considerations:

This report provides a summary of the items considered at the People and Culture Committee on 19th September 2024 and 24th October 2024. It highlights the key areas the People and Culture Committee brought to the attention of the Board at its recent Public Meeting (06 November 2024). The report is shared for information and oversight.

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

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

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

2. Strategic objectives and associated risks:

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

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

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

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

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

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

3. Assurance Report from People and Culture Committee

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

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

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

Require the approval of the Board for work to progress.

Corporate Risk Register (October Meeting)

The Committee considered the report, focusing on the scoring and controls for the below risks. The following key points were highlighted:

- Risk 3238- Occupational health surveillance- The Committee agreed to modify the risk to better address the mitigations of reviewing the Occupational Health contracts.
- Risk 3191- Hand and Arm Vibration Unit Impact - There was a general agreement that it is no longer considered a risk because the risk has actually happened, so it is now a reality rather than a risk.
- Risk 3249- HCSW band 2 to 3 job description review potential for back pay leading to financial deterioration- The Committee agreed that this risk should be revised to better capture the people element and the potential for harming relationships with employees. Should this not be a concern, it does not qualify as a risk for the Committee.
- Risk 3150- Inadequate general paediatric cover- There was a request for the owner of the risk to specifically advise on the control measures that are in place. It was noted this risk sits more with the Quality and Safety Committee, although there is a people element to the risk.

3.2 Areas of on-going monitoring with new developments

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

International Nurses Survey (September Meeting)

The Committee considered the circulated report which highlighted where the Trust stands in relation to the national averages for nursing and the following areas of concern were highlighted:

- Statistics are low for opportunities for family members to join nurses arriving in the UK and this was thought to be linked to feelings of an unsafe living environment. The Trust will explore options of potentially setting up a cultural centre to introduce the capacity for socialisation, as well as reviewing a long-term plan for accommodation.
- The Committee agreed that the Trust plays a key role in educating staff about the experiences of others, and it is essential to increase awareness of this.

Establishment Reviews (September Meeting)

The operational plan for 24/25 requires a 25.4 WTE reduction to maintain a flat workforce across the year as required by NHSE. The establishment reviews have identified a reduction of 3.7 WTE in 24/25 and a 9 WTE in 25/26. A £0.5m reduction from a financial perspective was set to align with this which is not delivering and is showing as an adverse pressure in the financial forecast.

The Committee were not assured in terms of a plan going forward to rectify the position in this year's plan and requested further assurance through developing a bridging map and plan to help justify the income generating posts, including the core objectives and being clear on the strategic choices.

Work Performance Report (September and October Meeting)

The Committee received the performance report, discussion was held specifically in relation to:

- Staff turnover remains a key area for improvement. The Committee were advised that the MCSI Department is struggling with patients who have complex physical and psychological issues. The Trust recognises the lack of support for these patients, and this will be a focus going forward, with the hope that better psychological support will improve patient behaviour and reduce staff turnover.
- Time to hire is reported at 85 days for the starters in September, consistently above the target of 55 days since May. The team are reviewing how they can improve on any delays

Medical Engagement (September)

The Committee were advised that surveys around baseline medical engagement have been shared with managers and leads to provide an opinion around medical engagement in the organisation and an update will be given in November after the information is collated.

EDI Update (September Meeting)

- The Committee received an update on the early adopters of the launch of the Improvewell app and requested a presentation to gain clarification on the findings and evaluation.
- The Committee were updated on the WRES/WDES which will be brought to the Board for approval once complete.
- The Committee highlighted how the Trust have promoted and engaged with staff to develop the added value of Staff Networks and were keen to receive a presentation from each network of the first year of achievements.

Freedom to Speak Up Report (October Meeting)

Following presentation of the report, the Committee requested further assurance on the wider impact of Freedom to Speak Up as a way of working and a suggestion was made to conduct an anonymous survey to gauge individuals' perceptions of the process.

Personal Development Deep Dive (October Meeting)

The current PDR process is under review including a refresh of the paperwork for both appraisers and appraisee to provide both parties with clear guidance around how to complete a successful appraisal. The current Trust KPI for appraisals is set at 93% which will be reviewed and benchmarked against comparable Trusts. Feedback was provided by the Committee, and it was agreed to circulate the draft form for wider comments and for a more in-depth discussion at the next meeting.

Draft Anti-Racism Strategy (October Meeting)

The Committee received a draft copy of the Anti-Racism Strategy and due to time restrictions within the meeting it was agreed to bring this back as a key focus discussion to next month's Committee.

Subsistence Working Policy (October Meeting)

The Committee requested to delay the review of this policy and asked for inclusion of a front sheet to emphasise the key changes made going forward.

Flexible Working Policy (October Meeting)

The Committee requested to delay the review of this policy and asked for inclusion of a front sheet to emphasise the key changes made going forward.

Any Other Business (October Meeting)

The Committee were informed that the Trust have been approached by NHSE as a case study around improvements in the staff survey 2023. The initial draft is being developed and will be disseminated more broadly once finalised.

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3.3 Areas of assurance

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

Workforce Performance Report (September and October Meeting)

The Committee received the performance report, discussion was held specifically in relation to:

- The Committee were assured that there has been good progress with the long-term agency staff, and the Trust have stopped using off-framework agencies, leading to better compliance with the price cap.
- Statutory and Mandatory Training still reported above target

Guardian of Safe Working Hours Report (September and October Meeting)

The Committee took assurance from the collaborative efforts made to address the issues raised by cross-border trainees around administrative processes and disparity of pay between Welsh and English trainees and noted the need for clearer information dissemination.

Chief People and Culture Update (September and October Meeting)

The Committee took assurance from the following updates:

- A national review will take place of statutory and mandatory training which will help alleviate pressure to release staff for training.
- The BMA have put a recommendation pay award to ballot for Junior Doctors pay with 66% voting in favour and there will be an end to the strike action.
- The Employment Bill has been published, and efforts are currently being made to integrate any appropriate information into existing policies, which are set to take effect in April 2025. The implementation of these changes will occur in phases, and the Committee will review all minor adjustments.

Staff Survey (September Meeting)

The Committee were assured with the update on the staff survey. A suggestion was made to present the outcome of the 'You said, we did' to ensure staff are aware the Trust are acting on these measures.

Agency Report (October Meeting)

The Committee were assured that the Trust are performing well against the national requirements and are under the external limit on agency spend in September. Attention has now shifted to the price cap overrides which remains a more challenging area. The Committee requested further clarification on the baseline figure concerning staffing WTE and an update will be provided at the next meeting.

Core Training Compliance Report (October Meeting)

The Committee were assured that the Trust compliance for all subjects is above the target at 92.1%. Different options for delivering training are being explored to ensure accessibility for all staff and an understanding of the underlying issues related to non-compliance is being explored.

Global Majority Staff Engagement (October Meeting)

An update on positive experiences and developments was provided following themes which emerged from a recent staff Listening Event and the Committee were assured that the Trust remains committed to listening to staff experiences and acting on issues raised.

Educational Training Strategy (October Meeting)

The first RJAH Education and Training Strategy was presented to the Committee and full assurance was received that the framework aligns with the current objectives and the Trust's future aspirations. The Committee advised the strategy should be conveyed to staff and system wide to echo the importance of education. A suggestion was made that the Trust need to assess the level of aspirations and identify the necessary resources to achieve those goals.

Chair Report Non- Medical Staffing Sub-Group (October Meeting)

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

Chair Report for LNM Meeting (October Meeting)

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

Chair's Assurance Report

People and Culture Committee

Chair Report for JCG (October Meeting)

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

Chair Report for EDI (October Meeting)

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

Chair Report for Trust Performance and Operational Improvement Group (October Meeting)

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

Safe Nursing and ODP Staffing Escalation Policy (October Meeting)

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

ICS People Committee Update (October Meeting)

The Committee noted the update, recognising the opportunity to influence system wide from a people perspective.

Risk Reflection (September and October Meeting)

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

Recommendation

The Board is asked to:

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

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Chair's Assurance Report Finance and Performance Committee

Committee / Group / Meeting, Date

Council of Governors, 25 November 2024

Author:

Name: Larissa McElroy
Role/Title: Executive Assistant

Contributors:

N/A

Report sign-off:

Craig Macbeth, Director of Finance and Planning
Sarfraz Nawaz, Chair of the Finance and Performance Committee
Board of Directors, Wednesday 06 November 2024

Is the report suitable for publication?:

Yes

1. Key issues and considerations:

This report provides a summary of the items considered at the Finance and Performance Committee on 23rd September 2024 and 25th October 2024. It highlights the key areas the Finance and Performance Committee brought to the Boards attention at the recent Public Meeting (06 November 2024). The report is shared with the CoG for oversight and information.

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

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

2. Strategic objectives and associated risks:

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

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

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

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

Chair's Assurance Report Finance and Performance Committee

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

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

3. Assurance Report from Finance and Performance Committee

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

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

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

Long Waiters Update (September & October Meeting)

The Trust continue to remain at tier 1 (highest level of escalation) and are required to provide updates on a weekly basis around the 65-week cohort of breach patients. Mutual aid conversations with other providers are ongoing and an agreement to transfer patients to local private hospitals has been implemented,

The Trust now have an English 104-week breach patient due to circumstances out of their control; the patient was a Welsh patient that has now moved to an English GP practice. Conversations are ongoing to ensure this patient is treated without further delay.

The Committee sought further assurance on the long waiting patients, noting that the agenda item has been added to the workplan monthly.

Financial Performance Report and Forecast (September & October Meeting)

There has been a further deterioration against financial plan and the Trust is now £1.5m adrift at month 6.

The loss of the LLP capacity continues to impact but this was further compounded with theatre staffing availability in month with increased sickness and reduced uptake of bank shifts.

This led to 282 fewer operations than planned with an income hit of £1.6m making September by far the worst performing month of the year.

This was partly mitigated by increased recognition of LVA income owed from earlier periods and additional ERF income following a reconciliation of 23/24 performance. The cost run rate was also reduced aligned to the lower activity and a reduction in premium workforce usage and rates

The latest forecast shows a £3.9m adverse variance to plan and whilst further pipeline mitigations are in development these will be insufficient to cover the scale of the gap as it stands. Consideration of further improvement and intervention actions is ongoing.

Activity Forecast and Mitigations (September & October Meeting)

Chair's Assurance Report Finance and Performance Committee

The latest mitigated theatre activity forecast predicts a shortfall of almost 1,000 operations by the end of the financial year.

There was a small net reduction from last month as a result of the September performance being 53 cases lower than previously forecast.

There was some positive movement to the mitigations with the appointment of a fellow and locum. It was noted that the insourcing mitigation included in the forecast is due to start in Quarter 4 but this is dependent upon an appropriate provider being identified. The risks to this have increased following the evaluation of the tenders received and appropriate next steps are under consideration.

Performance Report

September was a challenging month due to theatre activity significantly being impacted; 773 cases were delivered against a plan of 1065.

- In September the Trust had a significant unavailability of anaesthetists due to sickness and reduced duties which meant cases were being lost. Changes have since been implemented around the bank rates for theatre staff due to their being a reduced uptake in bank shifts. The Committee felt that the correlation of this data should also be discussed at People and Culture Committee, requesting that the correct conversations are being had in the right forums.
- Positive recruitment plans are in place for between now and January and the anaesthetist sickness levels are an improving picture.
- Theatre staffing levels have been reviewed and currently there are no vacant theatre shifts between now and the first week of November. October is currently looking like there will be 922 cases in total.
- In month, there were 105 theatre cancellations, 67 of these relating to staffing.

The Trust also have seen an increase in spinal disorder referrals received. The short-term resolution to support the long waiting spinal disorder patients is to utilise mutual aid support however, the committee had conversation as to whether a decision needs to be made around possibly closing off spinal disorder referrals coming in until the backlog is significantly reduced.

The spinal disorders future operating model will be discussed at Private Board and a further update will come back to the committee next month with clinical leadership support.

Specialist Unit Efficiency Report (October Meeting)

The Specialist Unit provided an update on the delivery of their efficiency programme.

It was noted that they are currently forecasting to be £445k short of plan due to a number of schemes failing to deliver. The reasons for the shortfall were presented to the Committee and it was noted that mitigating schemes were in development.

The Committee sought further assurance and requested a further update from the Managing Director for the unit next month.

3.2 Areas of on-going monitoring with new developments

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

Productivity Report (October Meeting)

The implied productivity report was received by the Committee, and it was noted that this is the principle measure used by NHSE as it considers both inputs and outputs. The report for month 4 showed a 7.8% year on year improvement but still a shortfall of 6.9% from 2019/20.

It was noted that further analysis was underway to fully explain the deterioration from 2019/20 as part of a system wide productivity oversight group.

Corporate Risk Register (October Meeting)

Chair's Assurance Report Finance and Performance Committee

Risks continue to be reported upward to the relevant assurance committees. The risks aligned to this committee were updated with a summary sheet to provide further detail on the movements of each risk.

The committee asked if risks could be reviewed and consolidated, whilst making titles and names of risks much clearer. The committee was conscious that some risks that have been sent to this committee had not been sent to Trust Performance and Operational Improvement Group beforehand and asked if the right paths could be followed before discussion at Finance and Performance.

ICS Finance Strategy (October Meeting)

A draft of the ICS finance strategy was received that outlines the approach between system organisations in delivering financial requirements.

Due to time constraints members were asked to review and feedback any specific comments.

Medium Term Financial Plan (September Meeting)

A draft of the ICB medium term financial plan was considered by the Committee which highlighted the assumptions and requirements for the system to return to financial balance within a 2-3 year period which is a NOF 4 exit criteria.

Members fed back that there was no reference to performance within the plan and that the 6.5% additional efficiency (above a core assumption of 2.2%) required to achieve breakeven would need to be distributed to transformational opportunity not pro-rata to each organisation.

It was noted that further detail was required regarding the financial impact of the transformational opportunities.

3.3 Areas of assurance

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

Paediatric Performance Report (October Meeting)

Paediatric long waiting patients continue to be on the Trust's radar. The plan is to have no paediatric patients waiting over 52 weeks by the end of the financial year.

The committee felt assured by the positive ongoing work around the paediatric long waiting patients.

Pay Review Q2 Report (October Meeting)

A quarter 2 deep dive of pay costs was received by the Committee who were pleased to note an improvement in the pay run rate following actions taken.

PwC Action Plan (September & October Meeting)

Actions are completing on time with oversight at the weekly Financial Improvement Group and have had a positive impact on the position.

Recommendation

The Board is asked to:

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

Chair's Assurance Report Audit and Risk Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	25 November 2024
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	Paper written on:	22 November 2024
Paper Reviewed by:	Martin Newsholme, Committee Chair	Paper Category:	Governance
Forum submitted to:	Council of Governors - Public	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the Audit and Risk Committee to the Board of Directors. The report is shared with the Council of Governors for information.

2. Context

2.1 Context

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

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

The report is shared with the Council of Governors for information.

3. Assurance Report from Audit and Risk Committee

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

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

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

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

Matters Reserved for the Board Policy

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

Chair's Assurance Report Audit and Risk Committee

Constitution Update

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

Managing Conflicts of Interest Policy

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

Committee Effectiveness and Annual Report

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

3.2 Areas of on-going monitoring with new developments

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

Chair Report from the Information Governance Meeting

There were no specific risks to escalate in relation to information governance. The Committee sought further assurance on:

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

Finance Governance Pack

The Committee were assured with the detail of the paper provided; however, further assurance was sought on the operational procedure aligned to approving patients' procedures following the miscommunication with BUPA where only a portion of the procedures received approval. Concerns were raised in relation to the Trust forecast cash position, and it was agreed that the internal oversight forecast should reflect the current forecast position.

Counter Fraud Annual Plan 2023/24

There have been 3 referrals received during this reporting period, 2 of which have been closed. The remaining one referral is being investigated.

There are some outstanding actions being reported in relation to the OJP recommendations however, plans are in place to have those actions implemented in time for the next meeting.

Internal Audit Update

The Committee received three reports for consideration:

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

External Audit Update

The Deloitte audit lead presented the draft audit plan for the year. A discussion was held about the fixed asset revaluation, and it was decided to conduct a full evaluation of the Theatres and to provide a more detailed audit trail and information on investments made during the year for the valuers to conduct a desktop review.

In relation to the external audit contract with the Trust, a conversation was requested to clarify the fee proposal for the next 2 years which is significantly higher than expected and will impact the option to extend the current audit contract into a 4th year.

Chair's Assurance Report Audit and Risk Committee

3.3 Areas of assurance

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

Register of Interest and Hospitality Register

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

Management of Policies and Other Corporate Documents

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

Risk Management Report

The Committee were assured with the work completed to support risk management across the organisation and noted the positive impact the establishment of the Risk Management Group has had on the overall reporting and understanding of risk.

The Committee sought clarity on the definition of a 'closed' risk and a query was raised about whether closed risks have actually been resolved or if they have evolved into ongoing issues.

4.0 Conclusion / Recommendation

The Council of Governors is asked to NOTE the contents of this report.

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

Committee / Group / Meeting, Date

Council of Governors Meeting, 25 November 2024

Author:

Name: Rebecca Hudson
Role/Title: Executive Assistant

Contributors:

N/A

Report sign-off:

Ruth Longfellow, Chief Medical Officer
Martin Evans, Non-Executive Director, Committee Chair
Board of Directors Meeting, 06 November 2024

Is the report suitable for publication:

Yes

1. Key issues and considerations:

This report provides a summary of the items considered at the DERIC Committee on 19 September 2024 and 24 October 2024. It highlights the key areas the Quality and Safety Committee brought to the attention of the Board at the recent Public Meeting (06 November 2024). The report is shared with the Council of Governors for information and oversight.

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

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

2. Strategic objectives and associated risks:

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

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

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

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

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

The table also identifies BAF themes which are primarily overseen by other Committees but are also relevant to the work of the Committee. Those assurance ratings relate only to those themes as they

Chair's Assurance Report

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

apply to the remit of the Committee, e.g. assurance on the Trust's ability to create a "sustainable workforce" that can deliver the DERIC agenda.

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

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

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

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

Corporate Risk Register (October meeting)

The Committee received the relevant sections of the corporate risk register, and the following key points were noted:

- Risk 2281 regarding the frailty of the digital Orthotics system is ongoing and it was noted that Orthotics would be a continued area of focus for Q&S
- Risk 3096 regarding lack of replacement for PACS systems reaching end of life retains a high score of 20 and the Committee were assured that substantial efforts are currently underway to find a solution.

The Committee agreed that PACS will be an agenda item at a future DERIC meeting to enable a more detailed review.

No additions or changes to the risks were recommended.

3.2 Areas of on-going monitoring with new developments

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

Delivery of Innovation (October meeting)

The committee received an overview of the proposed way forward to progress innovation within the Trust. It was acknowledged that innovation was taking place with the requirement of continuous improvement with a Plan, Do, Study, Act test of change approach. A review of potential gaps carried out has highlighted a dedicated data scientist role, commercial/intellectual property right expertise and readiness for Artificial Intelligence. The Committee received assurance regarding the strategy designed to ensure that 80% of staff will be trained in Quality Improvement within a three-year period.

The Committee noted that a gap analysis could offer a thorough understanding of the requirement and strategic alignment, integrating innovation and research within overarching Trust strategies, emphasising the need to embed in the culture of RJAH.

The Committee reached a consensus that the executive team leads will further evaluate whether innovation should be treated as an independent strategy or integrated within a broader Research and Innovation strategy.

Chair's Assurance Report

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

Cyber Security Report (September and October)

The Committee received the Cyber Security Report, with the following key points:

- 95% of patching completed.
- All flagged alerts have been addressed.
- An update is in progress for NHS Wi-Fi login procedures.
- The wireless network survey has been completed with an additional 18 access points being deployed to help with low signal areas.
- 60% enrolment for MFA with an aim for all users to be enrolled by the end of November.
- The software to manage user passwords using "3 words" has now been deployed successfully.
- It was noted the digital service desk reported 97 devices are currently unaccounted for which is potentially a security risk and it was confirmed devices that remain unpatched for 60 days are automatically detached from the network.

The Committee requested further assurance on the following:

- Verbal update on cyber security mitigations for the November DERIC meeting
- Provide a report on cyber security mitigations for the January DERIC meeting
- Identify date of oldest unpatched device

EPR Implementation Assurance

The Committee received the updates from the EPR committee and assurance was provided that, although there was still much work to do and further assurances to be obtained, the Go live date is on track for the 8th November. A final joint assurance meeting with the Q & S Committee is scheduled for the 4th November. It was noted that there was still further work to do on some of the issues to prevent the need for a further postponement of the go-live date. The patient portal will be developed post go-live.

Commercialisation Opportunities Update (October meeting)

The Committee noted that the Trust continue to scope commercialisation opportunities and conversations are ongoing with external organisations. It was noted that both the Trust Management Group and the Trust Performance & Operation Improvement Group are being used to identify specific commercialisation opportunities.

3.3 Areas of assurance

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

Innovation Story: Medical Device QR videos (October meeting)

Nicholas Beet (Medical Device trainer) shared his story and the challenge with infrequently used medical devices with training information only accessible on a computer.

The Committee were advised the resolution involved affixing QR code stickers directly onto the medical device, allowing clinicians to access training videos through their phones while at the patient's bedside. The committee discussed current boundary issues that are currently being faced around the use of phones on the ward and a meeting has been facilitated with Estates to discuss these further. It was noted that the digital team has been identified as a resource that can facilitate the establishment of a storage space for the training videos.

Nursing and AHP Research working group Chair Report (October meeting)

There were no concerns to escalate to the Committee. It was noted two self-assessments have been undertaken, and the findings will guide the development of an action plan. The outcomes of current innovation initiatives are beginning to manifest, as a company that specialises in dressings has shown interest in partnering with the Trust for product development. The Committee agreed that this working group should report into the Research Meeting.

Research Meeting Chair's Report (September & October)

The Committee received the chair assurance report noting the following points:

- Quarterly Safety Reporting has not found any Serious Adverse Events related to any of the Trust studies.

Chair's Assurance Report

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

- Research income is currently £37k adverse whilst behind is £11k giving a £26K adverse position YTD. The Research Office is actively working to attract further commercial trials which bring full cost support.
- A range of commercial studies are anticipated in the near future, bringing promising opportunities and potential benefits.
- It was noted the rebalancing of commercial activities should not undermine non-commercial efforts. The Trust needs to grow both areas; however, where commercial opportunities arise, they are especially valuable given the current financial situation.
- No additional risks have been identified.
- A research pharmacist has been recruited and is due to commence the role in January 2025.

Education and Training Strategy (September meeting)

The Committee received the Education and Training Strategy which was a 5-year plan including a realistic focus for the next two years. The Committee were assured that constructive input and engagement has been received from medical departments and it was agreed that a separate appendix on Medical Education within the strategy would be beneficial. The Committee expressed their support for the strategy, which will also be shared with the People and Culture Committee. The committee will oversee progress against the strategy.

MDT Education Strategy Working Group Chair's Report (October meeting)

At a previous meeting, the Committee asked for further assurance on the establishment of the MDT Education Strategy Working Group and were advised the first meeting took place on the 16th October.

- The first meeting of the MDT Education Strategy Working Group was well attended.
- Action plans have been put together which will be fed back to the next meeting.
- Efforts towards gaining university status are ongoing, a working group has been established.
- There has also been a group set up focusing on funding for a purpose-built Education Centre, which is part of the 5-year Education Strategy.

Recommendation

The Board is asked to:

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

Committee / Group / Meeting, Date

Council of Governors, 25 November 2024.

Author:**Contributors:**

Name: Dylan Murphy

Role/Title: Trust Secretary

Report sign-off:

n/a

Is the report suitable for publication?:

YES.

Key issues and considerations:

Sarfraz Nawaz (SN) was appointed Non-Executive Director (NED) for a three year term from 1st February 2022. That term expires on 31st January 2025.

In accordance with the Trust's Constitution, and as agreed by the Council of Governors by correspondence, a Nomination Committee was established to consider the process for the appointment / re-appointment of SN and make a recommendation to the Council of Governors. That Nomination Committee met on 15th October.

The membership of the Committee was:

- The Chair – Harry Turner;
- Two Public Governors – Colin Chapman and Victoria Sugden;
- One Staff governor – Kate Betts; and
- One appointed governor – Simon Jones.

The meeting was also attended by Karina Wright (appointed governor) and the Trust Secretary.

The Committee considered the following:

1. Whether, following formal performance evaluation, the performance of SN continued to be effective and demonstrated commitment to the role; and
2. Whether the re-appointment of SN would be in the continuing best interests of the Trust, having regard to the qualifications, skills and experience required for the position.

The Committee concluded that the answer to both questions was YES, and therefore recommended that SN be re-appointed.

The Committee then considered the term of the re-appointment. In doing so, it took account of both the Trust Constitution and the Code of Governance for NHS Provider Trusts. The Committee recommended that the Council of Governors re-appoints SN for a further three-year term, to 31st January 2028.

The Committee's recommendation was circulated to the Council of Governors, with a request that Governors respond to indicate their support (or otherwise). Eight Governors responded via email by the requested response date. All of the responses received were positive. The Council of Governors therefore agreed the recommendation of the Nomination Committee and approved the reappointment.

This paper is formally reporting that outcome to be recorded at a meeting of the Council of Governors.

Strategic objectives and associated risks:

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

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

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

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

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

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

Recommendations:

That the Council of Governors NOTE the appointment of Sarfraz Nawaz as Non-Executive Director for a further three-year term, to 31st January 2028.

Report development and engagement history:

The content reflects the Trust's Constitution and the NHSE publication: "*Code of governance for NHS provider trusts*".

The paper reflects the discussion held at the Nomination Committee meeting held on 15th October 2024 and the subsequent approval, by correspondence, of the Council of Governors.

Next steps:

SN will commence his additional term on 1 February 2025. As with all Non-Executive Directors, SN will undergo an annual appraisal and assessment under the Fit and Proper Person framework, the outcome of which will be reported to the Council of Governors.

Attachment 1

Relevant Extracts from the Trust's Constitution and The Code of Governance for NHS Provider Trusts

Annex 5A to the Trust's Constitution: **Appointment, Re-Appointment and Removal of Non-Executive Directors (Including Chairman)** states that:

- "2.1 The Council of Governors shall appoint an ad hoc Nomination Committee for the purpose of making recommendations to it on each exercise of its powers to appoint and re-appoint the Chairman and other Non-Executive Directors and to remove a Non-Executive Director (including the Chairman).
- 2.2 The members of a Nomination Committee appointed by the Council of Governors shall comprise:
- 2.2.1 two Public Governors;
- 2.2.2 one Staff governor;
- 2.2.3 one appointed governor; and
- 2.2.4 a chairman who shall be:
- 2.2.4.1 the Chairman of the Trust; or
- 2.2.4.2 (where the Nomination Committee has been appointed to make recommendations to the Council of Governors on the exercise of its powers to appoint, re-appoint or remove the Chairman) the Senior Independent Director; or
- 2.2.4.3 (where the Senior Independent Director has expressed an interest in applying for the post of Chairman in the event of a vacancy) a Non-Executive Director who has declared that he or she does not intend to apply for appointment as Chairman.
- 2.3. Each of the members of a Nomination Committee appointed by the Council of Governors shall have one vote.
- 2.4. The quorum required for the transaction of business at any meeting of a Nomination Committee appointed by the Council of Governors shall be three Members, of whom two must be elected Governors.
- 2.5. A Nomination Committee appointed by the Council of Governors may:
- 2.5.1. call upon the advice and support of the Chief Executive, the Secretary and any other Director or officer of the Trust as it sees fit;
- 2.5.2. invite the Chairman of another NHS Foundation Trust to act as an independent assessor to advise the Committee as required; and
- 2.5.3. appoint external search consultants to assist it in identifying suitable candidates for appointment, subject to the advance agreement of the Board of Directors. Any conflict arising between the Council of Governors and the Board of Directors under this provision shall be determined in accordance with the dispute resolution procedure set out in paragraph 7 of Appendix 8."
- "3.2 The responsibilities of the Nomination Committee appointed by the Council of Governors shall be to:
- 3.2.1 seek assurance on behalf of the Council of Governors that, following formal performance evaluation, the performance of the non-Executive Director proposed for re-appointment continues to be effective and to demonstrate commitment to the role;
- 3.2.2 consider whether the re-appointment of the Non-Executive Director concerned would be in the continuing best interests of the Trust having regard to the qualifications, skills and experience required for the position and to the membership qualification set out in paragraph 24 of the Core Constitution;"
- 3.2.3. report to the Council of Governors on its proceedings in formulating its recommendations; and
- 3.2.4. make recommendations to the Council of Governors as to whether:
- 3.2.4.1. the Non-Executive Director concerned should be re-appointed for a further term of office; or
- 3.2.4.2. a process of open competition should be initiated for the appointment of a new Non-Executive Director (including a new Chairman)."

Attachment 1: Extracts from Trust Constitution and NHSE Code of Governance for NHS Provider Trusts

The Trust's **Constitution** states that:

- "28.1 A Non-Executive Director (including the Chairman) may be appointed for a maximum period of up to three years.*
- 28.2 A Non-Executive Director (including the Chairman) may be eligible for re-appointment at the end of his or her term, but shall not normally hold office for longer than six consecutive years or two consecutive terms each of three years.*
- 28.3 In accordance with FT Code Provision B.7.1, any term beyond six years (i.e. two consecutive terms each of three years) for a Non-Executive Director should be subject to rigorous review, which should take into account the need for progressive refreshing of the Board of Directors. A Non-Executive Director may, in exceptional circumstances, serve for longer than six years (i.e. two consecutive terms each of three-years), but this must be subject to annual re-appointment by the Council of Governors.*

NOTES:

The reference at 28.3 above is now out of date and the revised **Code of Governance for NHS Provider Trusts** which came into effect in April 2023 says that:

- "4.3 Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair."*

The Constitution will be updated to reflect the revised Code but the broad requirement is consistent with the existing content, i.e two terms of three years being the expected maximum, with any further time subject to rigorous review.

The revised Code makes a distinction between time served as a NED and subsequent periods served as Chair but introduces a nine year expected maximum *"from the date of their first appointment to the board of directors"*. That suggests an aggregate total of all time served, in any capacity, on the Board. That nine years maximum is not absolute and can be extended *"for a limited time"* if *"clearly explained"* and *"agreed with NHS England"*.

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Committee / Group / Meeting, Date

Council of Governors, 25 November 2024

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

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

Report sign-off:

N/A.

Is the report suitable for publication?:

YES

Key issues and considerations:

This Annual Review describes the main activities undertaken by the Council of Governors over the past year on the behalf of the members who elected them or the partner organisations who appointed them. It demonstrates how the Governors have fulfilled their general and statutory duties.

The results of a survey undertaken by the Governors is attached at the appendix.

Meetings and Membership

Between 1st April 2023 and 31st March 2024, the Council met on 8 occasions:

- 2 May 2023
- 25 May 2023 (Extraordinary meeting)
- 7 June 2023 (Extraordinary meeting)
- 10 July 2023 (Extraordinary meeting)
- 24 July 2023 (Extraordinary meeting)
- 21 September 2023 (Extraordinary meeting)
- 28 September 2023 (Annual General Meeting)
- 8 November 2023

The membership and attendance at meetings of the Council during 2023/24 are set out at Attachment A.

Elections and Appointments

The following Governor's appointment came to an end during the year:

- Nikki Kuiper

The following Governor was re-appointed for a further term during the year:

- Karina Wright

There have been a number of changes on the Council of Governors in recent months but they will feature in the 2024/5 Report.

Role and responsibilities

The general duties of the Council of Governors are:

- To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
- To represent the interests of the members of the Trust as a whole and the interests of the public (Health & Social Care Act 2012)

The Council of Governors is responsible for representing the views of Foundation Trust members and partner organisations in the governance of the Trust. They have no role in the day to day management of the Trust, but advise on strategic issues.

The Council of Governors also have a number of statutory duties, including the appointment of Non-Executive Directors, approval of the Trust's Constitution (jointly with the Board of Directors) and the approval of large "significant transactions".

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The Governors do not receive any payment for the time that they spend supporting the Trust or attending the Council of Governors. They are able to have their travel costs reimbursed.

The core, statutory responsibilities of the governors, set out in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022) are:

1. Holding the non-executive directors individually and collectively to account for the performance of the board of directors.
2. Representing the interests of the members of the NHS foundation trust and “the public at large”.
3. Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions.

Other, specific responsibilities of Governors include:

- Approving amendments to the constitution
- Approving the appointment of the chief executive
- Appointing and removing the chair and other non-executive directors
- Appointing and removing the external auditor
- Receiving the annual accounts and annual report
- Reviewing the forward plan
- Taking decisions on “significant transactions”
- Taking decisions on increasing non-NHS income

Items considered during the year

The items considered by the Council of Governors during 2023/4 are set out in the Decision Log included at Attachment B.

Strategic objectives and associated risks:

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

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

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

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

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

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

Recommendations:

That the Council of Governors:

1. NOTE the report.

Report development and engagement history:

This report has been produced from existing documentation – meeting minutes, attendance lists etc.

As there had been a relatively high turn-over of Governors during the year, it was agreed that the Governors’ survey would not be undertaken during the summer.

Next steps:

At the end of 2024/5, a survey will be sent to Governors to seek their views on the operation of the Council of Governors during the year. That survey will be included as part of the 2024/5 report and will be presented to CoG at the first scheduled meeting of 2025/6.

Attachments:

- Attachment A: Membership and Attendance
- Attachment B: Items considered during 2023/4

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Attachment A: Membership and Attendance

Name	Title	02.05.23	25.05.23	07.06.23	10.07.23	24.07.23	21.09.23	28.09.23	08.11.23
			EXO	EXO	EXO		EXO	AGM	
Harry Turner	Chair	✓	✓	✓	✓	✓	✓	✓	✓
Victoria Sugden	Stakeholder Governor - Vol Services/Lead Governor	✓	✓	✓	✓	X	✓	✓	✓
Simon Jones	Stakeholder Governor - Shropshire Council	X	✓	✓	✓	✓	✓	✓	✓
Karina Wright	Stakeholder Governor - Keele University	✓	✓	✓	✓	X	✓	X	✓
Martin Bennett	Public Governor - Shropshire	X	X	✓	✓	✓	X	X	X
Colin Chapman	Public Governor - Shropshire	X	X	✓	✓	✓	X	✓	✓
Nicki Kuiper	Public Governor - Shropshire	X	X	✓	X	X	X		
Colette Gribble	Public Governor - North Wales	X	X	✓	X	X	X	X	X
Sheila Hughes	Public Governor - North Wales	X	✓	✓	✓	X	X	X	✓
William Greenwood	Public Governor - Powys	✓	✓	✓	✓	✓	✓	✓	X
Tony Wright	Public Governor - West Midlands	X	✓	✓	X	✓	✓	X	✓
Katrina Morphet	Public Governor - Cheshire & Merseyside	✓	✓	✓	X	✓	✓	✓	✓
Phil White	Public Governor - Rest of England	X	X	✓	X	X	X	X	X
Kate Betts	Staff Governor	✓	✓	✓	✓	X	✓	✓	✓
Kate Chaffey	Staff Governor	X	X	✓	X				
Allen Edwards	Staff Governor	✓	✓	✓	X	✓	✓	✓	X
In Attendance									
Stacey Keegan	Chief Executive Officer	✓		✓		✓		✓	✓
Sarfraz Nawaz	Non Executive Director	✓		✓		✓		X	X
Penny Venables	Non Executive Director	✓	✓	✓		X		X	✓
Martin Newsholme	Non Executive Director	✓		✓		✓		✓	✓
Chris Beacock	Non Executive Director	X		✓					
Lindsey Webb	Non Executive Director					X		✓	✓
Paul Kingston	Non Executive Director	X		✓		✓		X	
John Pepper	Associate Non Executive Director	✓		✓		✓		X	X
Paul Maubach	Associate Non Executive Director	X		✓		X		✓	✓
Atif Ishaq	Associate Non Executive Director					X		X	✓
Martin Evans	Non Executive Director	✓		✓		✓		✓	✓

Attachment A: Membership and Attendance

Name	Title	02.05.23	25.05.23	07.06.23	10.07.23	24.07.23	21.09.23	28.09.23	08.11.23
			EXO	EXO	EXO		EXO	AGM	
Dylan Murphy	Trust Secretary	✓	✓	✓	✓	✓	✓	✓	✓
Mary Bardsley	Assistant Trust Secretary							✓	

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

Attachment B: Items considered

Meeting Date	Topic/Agenda item	Conclusion / Decision
02 May 2023	1.1 WELCOME & APOLOGIES	Noted
02 May 2023	1.2 MINUTES FROM THE PREVIOUS MEETING	Approved
02 May 2023	1.3 MATTERS ARISING and ACTIONS FOLLOWING THE PREVIOUS MEETING	Noted
02 May 2023	1.4 DECLARATIONS OF INTEREST	Noted
02 May 2023	2 LEAD GOVERNOR UPDATE	Noted
02 May 2023	3 TRUST OVERVIEW	Noted
02 May 2023	4.1 Questions from the Governors	Noted
02 May 2023	4.2 Membership Report	Noted
02 May 2023	5.1 Audit and Risk Committee	Noted
02 May 2023	5.2 Finance, Planning and Digital Committee	Noted
02 May 2023	5.3 Quality and Safety Committee	Noted
02 May 2023	5.4 People Committee	Noted
02 May 2023	6.1 Review of the Workplan	Noted
02 May 2023	6.2 Attendance Matrix	Noted
25 May 2023	2 DECLARATIONS OF INTEREST	Noted
25 May 2023	3 NON-EXECUTIVE DIRECTOR RECRUITMENT	Approved the appointment of Lindsey Webb as a Non-Executive Director.
25 May 2023	4 PROVIDER COLLABORATIVE PROPOSAL	Considered and commented on the joint chair proposal
07 June 2023	2 DECLARATIONS OF INTEREST	Noted
07 June 2023	3 PROVIDER COLLABORATIVE PROPOSAL	Considered and commented on the joint chair proposal
10 July 2023	2 DECLARATIONS OF INTEREST	Noted
10 July 2023	3 PROVIDER COLLABORATIVE PROPOSAL	Noted
10 July 2023	4 NON EXECUTIVE DIRECTOR ROLES	Agreed that: <ul style="list-style-type: none"> • Paul Kingston become an Associate Non-Executive Director for the remainder of his term of appointment. • Martin Evans become a Non-Executive Director for the remainder of his term of appointment.

Attachment B: Items considered

Meeting Date	Topic/Agenda item	Conclusion / Decision
		<ul style="list-style-type: none"> Sarfraz Nawaz be appointed the Senior Independent Director for the remainder of his term of appointment
24 July 2023	1.2 MINUTES FROM THE PREVIOUS MEETING	Approved
24 July 2023	1.3 MATTERS ARISING and ACTIONS FOLLOWING THE PREVIOUS MEETING	Noted
24 July 2023	1.4 DECLARATIONS OF INTEREST	Noted
24 July 2023	2 WELCOME FROM THE CHAIRMAN	Noted
24 July 2023	3 LEAD GOVERNOR UPDATE	Noted
24 July 2023	4 CHIEF EXECUTIVE TRUST OVERVIEW	Noted
24 July 2023	5.1 Questions from the Governors	Noted
24 July 2023	5.2 Foundation Trust Public Membership Development and Engagement Strategy	Noted
24 July 2023	5.3 Membership Report	Noted
24 July 2023	5.4 Council Of Governors Annual Report 2022/23 and Self-Assessment	Noted
24 July 2023	5.5 Patient Safety Walkabout Feedback	Noted
24 July 2023	6.1 2023/24 Priorities	Noted
24 July 2023	7.1 Safeguarding Annual Report	Noted
24 July 2023	8.1 Audit and Risk Committee	Noted
24 July 2023	8.2 Quality and Safety Committee	Noted
24 July 2023	8.3 Finance, Planning and Digital Committee	Noted
24 July 2023	8.4 People and Culture Committee	Noted
24 July 2023	9.1 Review of the Workplan	Noted
24 July 2023	9.2 Attendance Matrix	Noted
21 Sept 2023	2.0 Declarations of Interest	Noted
21 Sept 2023	3.0 COUNCIL OF GOVERNORS SELF-ASSESSMENT SURVEY FOLLOW UP	<p>Noted and agreed the proposed actions around:</p> <ul style="list-style-type: none"> Induction, training and “buddying”; Communication and engagement; and Meeting arrangements

Attachment B: Items considered

Meeting Date	Topic/Agenda item	Conclusion / Decision
21 Sept 2023	4.0 Governor Elections	Agreed to hold the staff governor and Shropshire public governor vacancies until the next scheduled election; and run the Powys public governor election process at the earliest opportunity
08 Nov 2023	1.1 WELCOME & APOLOGIES	Noted
08 Nov 2023	1.2 MINUTES FROM THE PREVIOUS MEETING	Approved
08 Nov 2023	1.3 MATTERS ARISING and ACTIONS FOLLOWING THE PREVIOUS MEETING	Noted
08 Nov 2023	1.4 DECLARATIONS OF INTEREST	Noted
08 Nov 2023	2 Welcome from the Chairman	Noted
08 Nov 2023	3 SIM Lab Presentation	Noted
08 Nov 2023	4 LEAD GOVERNOR UPDATE	Noted
08 Nov 2023	5 TRUST OVERVIEW	Noted
08 Nov 2023	6.1 Questions from the Governors	Noted
08 Nov 2023	6.2 Revised Fit and Proper Persons Framework	Noted
08 Nov 2023	6.3 Membership Report	Noted
08 Nov 2023	6.4 Governors Survey Action Plan Update	Noted
08 Nov 2023	7.1 Audit and Risk Committee	Noted
08 Nov 2023	7.2 Finance, Planning and Digital Committee	Noted
08 Nov 2023	7.3 Quality and Safety Committee	Noted
08 Nov 2023	7.4 People Committee	Noted
08 Nov 2023	7.5 Digital, Education, Research and Innovation Committee (DERIC)	Noted
08 Nov 2023	8.1 Review of the Workplan	Noted
08 Nov 2023	8.2 Attendance Matrix	Noted
08 Nov 2023	8.3 Corporate Objectives	Noted
08 Nov 2023	9.0 AOB	Noted

Work Programme Review 2024/25

	10.04. 2024	10.07. 2024	26.09 2024 AGM	25.11. 2024	12.03. 2025
Standing items					
Questions from the Governors	X	X		X	X
Non-Executive Director Committee Updates	X	X		X	X
CEO Trust Overview, including key developments (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update (inc. Governor Activity and Feedback)	X	X		X	X
Patient Safety Walkabout Feedback	X	X		X	X
Trust Strategy					X
Guest Speaker					
As agreed	X	X		X	X
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Annual Reports					
Safeguarding Annual Report (for information)		X			
Strategic Plan					
Consider strategic issues/priorities for Board to consider in the 2024/25 planning process					X
Quality					
2023/24 priorities		X			
Quality accounts draft presented			X		
COG Strategy					
Foundation Trust Public Membership Development and Engagement Strategy Update		X			
COG Governance					
COG Annual Report and Self-Assessment		X			
Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)					
Appointment, reappointment or removal of Chair					
Appointment, reappointment or removal of the non-executive Directors					
Remuneration of Chair and Non-executive Directors					
Appointment or removal of Auditors					
Amendments to the Constitution					
Approval of "significant transactions"; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income "attributable to activities other than the provision of goods and services for the purposes of health service in England".					

Quorum: Four Public Governors and two from the other constituencies

Name	Title	10.04.24	10.07.24	01.08.24	15.08.24	26.09.24	15.10.24	24.11.24	12.03.25	%
				Nomination	EXO	AGM	Nomination			
Harry Turner	Chair	✓	✓			✓	✓			100
Stacey Keegan	Chief Executive Officer	✓	✓	✓		✓				100
Sarfraz Nawaz	Non Executive Director	✓	✓	✓	✓	X				80
Penny Venables	Non Executive Director	✓	X			✓				67
Martin Newsholme	Non Executive Director	✓	✓			X				67
Lindsey Webb	Non Executive Director	✓	✓			X				67
Martin Evans	Non Executive Director	X	✓			✓				67
John Pepper	Associate Non Executive Director	✓	✓			✓				100
Paul Maubach	Associate Non Executive Director	✓	X			X				33
Atif Ishaq	Associate Non Executive Director	✓	X			X				33
Peter David	Stakeholder Governor - Voluntary Services					X				0
Simon Jones	Stakeholder Governor - Shropshire Council	✓	✓	✓	✓	X	✓			83
Karina Wright	Stakeholder Governor - Keele University	✓	X		X	X	✓			40
Colin Chapman	Public Governor - Shropshire	✓	✓	✓	✓	✓	✓			100
Victoria Sugden	Public Governor - Shropshire/Lead Governor	X	✓	✓	✓	✓	✓			83
Sheila Hughes	Public Governor - North Wales	X	✓		✓	X				50
Tony Wright	Public Governor - West Midlands	X	✓		X	X				25
Neil Turner	Public Governor - Cheshire & Merseyside		✓		X	✓				67
Kate Betts	Staff Governor	✓	✓	✓	X	X	✓			67
Allen Edwards	Staff Governor	X	X		X	X				0

In Attendance

Dylan Murphy	Trust Secretary	✓	✓	✓	✓	✓	✓			N/A
Paul Kavanagh-Fields	Chief Nurse and Patient Safety Officer	✓	✓			✓				N/A
Mike Carr	Chief Operating officer	✓								N/A
Nia Jones	Strategy and Planning Managing Director	✓								N/A
Denise Harnin	Chief People and Culture Officer			✓		✓				N/A

Key:

EXO - extraordinary committee meeting schduled

✓ - Attended

X - Apologies

Not Expected

Council of Governors Board and Sub Committee Attendance Matrix

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

Key:

Board - Public Board of Directors Meeting

A&R - Audit and Risk Committee

F&P - Finance and Planning Committee

Q&S - Quality and Safety Committee

P&C - People and Culture Committee

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

No attendees

Not Expected