

Board of Directors (Public) 27.01.2022

MEETING
27 January 2022 09:30

PUBLISHED
27 January 2022

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams	27/01/22		09:30
1. Part One - Public Meeting			09:30
1.1. Declarations of Interest		Chair	
1.2. Minutes of the Previous Meeting (Nov. 2021)		Chair	
1.3. Matters Arising		Chair	
2. Chief Executive Update (verbal)		Chief Executive	09:35
3. Quality & Safety			
3.1. Chair Report: Quality and Safety Committee		Non Executive Director	09:45
3.2. Learning from Deaths Quaterly Report		Chief Medical Officer	09:50
4. People			
4.1. Chair Report: People Committee		Non Executive Director	09:55

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams	27/01/22		09:30
5. Performance and Governance			
5.1. Chair Report: Finance, Planning and Digital Committee (verbal)		Non Executive Director	10:00
5.2. Performance Report (M8)		Chief Performance, Improvement and OD Officer	10:05
5.3. Planning Guidance and Timetable		Chief Performance, Improvement and OD Officer	10:15
5.4. Chair Report: Audit and Risk Committee		Non Executive Director	10:25
5.5. Review of Standing Financial Instructions & Scheme of Delegation		Chief Finance and Planning Officer	10:30
5.6. Annual Accounts & Annual Report Timetable		Trust Secretary	10:35
5.7. Questions from the Governors		Trust Secretary	10:40
6. Any Other Business			
6.1. Questions from the Public			
7. Next meeting: 24 February 2022			

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BOARD OF DIRECTOR – PUBLIC MEETING

25 NOVEMBER 2021

MINUTES OF MEETING

Present:

Frank Collins	Chairman	FC
David Gilbert	Non-Executive Director	DG
Harry Turner	Non-Executive Director	HT
Alison Tumilty	Non-Executive Director	AT
Paul Kingston	Non-Executive Director	PK
Stacey Keegan	Interim Chief Executive Officer	SK
Craig Macbeth	Chief Finance and Planning Officer	CM
Sara Ellis Anderson	Interim Chief Nurse and Patient Safety Officer	SEA
Kerry Robinson	Chief Performance, Improvement and OD Officer	KR
Ruth Longfellow	Chief Medical Officer	RL

In Attendance:

Sarfraz Nawaz	Associate Non-Executive Director	SN
Hilary Pepler	Trust Board Advisor	HP
Sophie Shapter	Consultant Anaesthetist (part)	SSh
Lisa Newton	Assistant Chief of Professions (part)	LN
Alyson Jordan	Manging Director for Support Services Unit	AJ
Jo Banks	Manging Director for MSK Unit	JB
Shelley Ramtuhul	Trust Secretary/Director of Governance	SR

Governors:

Peter David	Trust Governor	PD
Colette Gribble	Trust Governor	CG
Victoria Sugden	Trust Governor and Presenter	CS
Simon Jones	Trust Governor	SJ
William Greenwood	Trust Governor	WG
Colin Chapman	Trust Governor	CC
Kate Betts	Trust Governor and Presenter	KB
Karina Wright	Trust Governor	KW

FC welcomed all to the meeting and in particular the guest presenters at today's meeting.

MINUTE NO	TITLE
23/09/1.0	DECLARATION OF INTERESTS None to note.
23/09/2.0	MINUTES FROM THE PREVIOUS MEETING – SEPTEMBER 2021 The minutes from the previous meeting were accepted as an accurate reflection of the meeting and therefore approved by the Board.
23/09/2.0	MATTERS ARISING FC was delighted to inform the members of the Board and the public, that following formal ratification at the Council of Governors meeting this morning, Harry Turner has been appointed Chairman of the Trust as of 1 st February 2022. The Board congratulated HT on his appointment.
	PRESENTATION
23/09/2.0	PATH OF POSITIVITY PRESENTATION KR welcomed KS and VS to the Board meeting who presented the Path of Positivity which has been funded through Charitable endeavours.

	<p>The presentation included the following highlights:</p> <ul style="list-style-type: none"> • Shared a short video of the path which was filmed by a young patient • The idea was submitted through the Trusts idea portal • It was noted as under used area with potential to be used by staff and patients • The path was approved in June 2019 and therefore delayed due to Covid-19 • Further funding applications were submitted to NHSCT and the Captain Tom Moore Funds – which was successful • October 2020 the staff voted for the monies from the charity to be spent on the path • April 2021 the ground was broken, the same day as at Captain Tom Moores 101th birthday • KB shared a patient story – the path gave him the opportunity to play and walk with his children and family when they visited • KB shared some comments from staff and patients who have also used the path highlighted the benefits gained. The path is used for: mask free time, walk at lunch, remove them from the indoor environment, mindfulness, festivals, and the onsite nurse for a sponsored walk • The Trust would like to enhance the path, ideas include appropriate signs, acknowledgment to Captain Tom Moore, distances to be placed to support rehabilitations, timelines, and historical facts to be share • The Trust has received a donation of 100 saplings which will be incorporated into the path walk • Working with local companies and artists for artwork and sculptures • Requirement for practicality – shelter, seating, and waste bin to become available <p>FC thanked KB and VS for their time and added the simplicity of the path which allows staff and patients time to reflect. He continued to thank them for sharing the patient's story and look forward to seeing the improvements which have been suggested.</p> <p>AT thanked KB for taking forward the idea and ensuring it happened. The importance of being outside was highlighted along with having an area for rehabilitation for patients. FC reminded the member of the meeting of the benefits which the veterans centre will gain from the path.</p> <p>FC thanked KB and VS for their dedication and time invested into the project.</p>
23/09/2.0	<p>NATIONAL PATIENT SAFETY STRATEGY PRESENTATION</p> <p>RL welcomed SSh and LN who are the Trusts newly appointment patient safety specialist.</p> <p>The presentation included the following highlights:</p> <ul style="list-style-type: none"> • The role of a patient safety specialist – key leaders for the system • Identified the patient safety specialist within the Trust which include Sara Ellis Anderson, Lisa Newton, Kirsty Foskett and Sophie Shapter • Implementation following the patient safety strategy which was published in 2019 • Lead patient safety for the Trust and are required to escalate any issues to the Executive team • Provide dynamic senior leadership, visibility, and expert support • Support the development of patient strategy culture and safety systems • Lead and support local implementation of the NHS patient safety strategy • Priorities include: <ul style="list-style-type: none"> ○ Just culture support and advice ○ Improving quality of incident report ○ National patient safety alerts advice ○ Supporting with implementation of framework, training, and frameworks • Board Member involvement:

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	<ul style="list-style-type: none"> ○ Implementing the Patient Safety Specialist ○ Chief Nurse and Chair of QS has been nominated as the Board leads ○ Board members are to be supportive and aware of the role <ul style="list-style-type: none"> ● An action plan has been developed following the NHSE/I framework ● There is a requirement to raise the profile of the role, communications to be shared and attendance at internal meetings to raise awareness ● Would like to identify patient safety champion both clinical and non-clinical to support the launch of the patient safety syllabus. <p>FC thanked SSh and LN for their time and acknowledged the depth of innovative, resource and band width that has been identified to the Board today. FC encouraged the all to share the information provided with colleagues outside of the meeting.</p> <p>HT thanked SSh and LN or the presentation and the education of the role. HT asked for further clarity on the link to the CQC domain safety and queried how does it fit into the governance within the Trust, reflecting on the just culture topic and how that can be embedding into the Trust. SEA highlighted the extremely important role for the Trust which has been aligned to the CQC, going forward information will be presented via the Patient Safety Committee before Quality and Safety Committee. AT commended the support which has been received from CB. CB congratulated SSh and LN on commencing the role and looked forward to supporting.</p> <p>ACTION: SSh and LN to be invited to attend a future Board Meeting to present the embedded process, the Trust response to the role and promotion within the organisation.</p> <p>PK suggested whether is would it be appropriate for a patient safety specialist to attend the Quality and Safety Committee in the future, to which the Trust agreed to consider.</p> <p>FC commented that the Board look forward to receiving and update future or via the Quality and Safety Committee.</p>
CHIEF EXECUTIVE UPDATE	
23/09/2.0	<p>CEO Update SK highlighted the following:</p> <p>Remembrance Day – the hospital held a service outside our Headley Court Veterans’ Orthopaedic Centre build. SK thanked Rebecca Warren, Clinical Lead for the RJAH Vaccination Centre and Staff Reservist; Lieutenant Colonel Carl Meyer, Consultant Orthopaedic Surgeon and Serving Officer in the British Army; and Rev Simon Airey, Lead Hospital Chaplain; for organising and being involved in the service.</p> <p>Adult Inpatient Survey – The Trust received the results of the Adult Inpatient Survey – almost 73,000 people completed the questionnaire who were a hospital inpatient during 2020. The highlights included:</p> <ul style="list-style-type: none"> ● RJAH was named as the hospital with the best overall patient experience with an average score of 9.54 out of 10. ● Doctors were rated as the best in the country. Nurses also came out on top for inspiring confidence and trust ● Wards and side rooms were ranked as the cleanest in the country for the second year in a row ● Patients rated food as the best as well, for the 15th time in the last 16 years. <p>Recruitment – the Trust welcomed 12 international nurses as well as 4 apprentice health care assistants.</p> <p>External Awards - Housekeeping Manager Lisa Soden was shortlisted in the Individual Excellence Award by the Association of Healthcare Cleaning Professionals and Gillian</p>

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	<p>Cribb, Consultant Orthopaedic Surgeon, was shortlisted in the Dedication Award at the Bone Idol Awards.</p> <p>Celebration of Achievement Awards – In November, the Trust held a virtual Celebration of Achievement Awards. The Trust worked with Yarrington, a local events company to hold a virtual ceremony which was well received and inclusive. A total of 17 awards were given to individuals and teams across the hospital. Congratulations to all the winners!</p> <p>Health Hero Award – October winner was Children’s Recovery Nurse Andrea Bowers, who was nominated by several of her colleagues for her contribution to patient experience and safety, after going above and beyond for a scoliosis patient. November winner, is Occupational Therapist Sally Wilson. Sally was nominated by Physiotherapist Claire George after she went to great lengths to ensure a patient was able to get the physio equipment they needed to be discharged safely and recover at home, which was made difficult due to the national shortages of equipment across the country.</p>
23/09/2.0	<p>VIRTUAL VISITS</p> <p>SK informed the Board of the third virtual visit session which took place in September 2021. The virtual visits replace the back to the floor initiative and was implemented due to the pandemic. The letters following the visits have been shared with the members of the meeting for information.</p> <p>FC commented on how the honesty of the staff comes through now and more noted the increasing benefits as time goes on due to the sense of Trust. It is a good environment for staff to raise challenges and issues.</p> <p>AT added that as a new employee of the Trust, the experience was invaluable. AT commented that it was interesting to gain open and honest view from staff. SN added that he is looking forward to participating in the conversations in the future</p> <p>The Board noted the paper.</p>
	QUALITY AND SAFETY
23/09/2.0	<p>CHAIR REPORT QUALITY AND SAFETY COMMITTEE</p> <p>CB presented the assurance report to the Board, highlighting the following:</p> <ul style="list-style-type: none"> • Well attended and great contributions from all • Harms review – increasing levels of assurance have been gained. The Committee commended the Trust in the improvement. • Patient Safety Walkabout proposal was approved by the Committee • There are no risks to be escalated <p>The Board noted the Chairs report.</p>
23/09/2.0	<p>PATIENT EXPERIENCE STRATEGY</p> <p>The Strategy was presented to the Quality and Safety Committee earlier in the month for consideration before presentation at the Board. SEA explained the strategy outlines the Trusts ambition for next three years. The five commitments include:</p> <ol style="list-style-type: none"> 1. work in partnership with our patients and actively involve them in decisions about their care. 2. communicate to our patients in a manner that is accessible and appropriate to their own individual needs whilst listening to our patients about their priority of care and what matters most to them. 3. involve our patients and services users and the public generally in decisions regarding the way we deliver services and any future developments. 4. engage with our patients to facilitate patients to manage their own health conditions and get the best out of their wellbeing.

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	<p>5. further develop the role of volunteers to ensure we maximise their input to enhance patient experience</p> <p>SEA explained the Trust Quality Priorities and EDS2 will be aligned to the commitments. An action plan will be created and monitored via the Patient Safety Committee prior to the Quality and Safety Committee.</p> <p>The Board suggested ensuring the 5 commitments also reference the relatives of the service users as the services also influences those lives.</p> <p>FC thanked SEA for the update and FC thank you SEA the Board approved the Strategy.</p>
23/09/2.0	<p>LEARNING FROM DEATHS QUARTERLY REPORT</p> <p>RL provided an update to the Board thanking James Neil for producing the paper which highlighted the deaths between June and September 2021.</p> <p>RL informed the members of the meeting that there has been 1 death. A full review has been completed with no concerns raised. The Trusts received feedback from the patient's family an no issues were highlighted.</p> <p>The Trust continue to strength links with the system to improve way of working with the and sharing learning for development.</p> <p>The Board noted the report and asked that in future acronyms definition were included in the paper for awareness.</p>
23/09/2.0	<p>INFECTION CONTROL QUARTERLY REPORT</p> <p>SEA presented the report for Q2 which was presented to the Quality and Safety Committee earlier in the month. The Board is asked to note the report.</p> <ul style="list-style-type: none"> • 2 blood system infections reported • No cases of C-difficile or MRSA • MRSA outbreak and Covid outbreak within therapies • MRSA outbreak has been reported as a serious incident which the Trust continues to monitor and will share learning Trust wide • The Infection Prevention Control audit has been improved • 8 surgical sites infections - a noted increase compared to the previous quarter which reported 0 • Mandatory training compliance is high <p>HT queried the mask wearing procedure at the Trust and whether people are challenged when not following PPE guidance. SEA explained there have been low numbers of people resisting to wear a mask who are spoken to appropriately and sensitively.</p> <p>AT thanked SEA for sharing the national benchmarking data against the surgical site infections and asked for further assurance relating to the undergoing investigation. SEA reassured the Board by explaining individual root cause analysis framework is being complete on each case which will highlight lessons learnt. The Trust have also completed a tabletop exercise reviewing practices and processes.</p> <p>CB highlighted that although the figures have increased, the Trust are within the national tolerance level over a 12month period to which the Board acknowledged.</p> <p>The Board noted the report.</p>
	PEOPLE UPDATE
23/09/2.0	<p>CHAIR REPORT PEOPLE COMMITTEE</p> <p>PK presented the assurance report to the Board, highlighting the following:</p> <ul style="list-style-type: none"> • Meeting was quorate and well attended • Noted the People Plan deep dive

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	<ul style="list-style-type: none"> Requested for the out of job plan and consultant annual leave report to be presented monthly to provide further assurance Presentation from the Trusts Freedom to Speak Up Lead. Discussions were held on how to improve the service <p>FC endorsed the appointment of HP to continue her role as Trust Board Advisor which supports the People Committee and Freedom to Speak Up. It was noted that this was subject to review of the newly appointed Chair.</p> <p>The Board noted the Chairs report.</p>
23/09/2.0	<p>EQUALITY AND DIVERSITY ANNUAL REPORT AND WORKFORCE REPORT</p> <p>SS presented the report explaining that it is a statutory required for the Trust to report the Workforce Race Equality Standard (WRES)WRES and Workforce Disability Equality Standard (WDES). The paper also included and annual report.</p> <p>It was noted that the Trust have further work to complete to be fully compliant with the EDI guidance's. The Trust will set out the 5-year Strategy in 2022 and therefore discussions will be tabled at the Board Strategy session to ensure oversight and support with the development of the strategy. SS reminded the Board members of the actions plan which will be monitored by the People Committee as a standard agenda item</p> <p>EDI continues to be an essential part in the NHS People Plan and further guidance has recently been circulated regarding Humans Recourses and OD within the NHS.</p> <p>SS highlighted a amendment is required to page 8 of the paper – the People Committee is to be included as a factor for governance oversight.</p> <p>FC highlighted the shortlisted nomination relating to BAME which is a noted decreased in applications, and therefore appointments. The Trust need to ensure the organisation is attractive and that recruitment is inclusive and supportive.</p> <p>AT thanked SS for detailed paper which demonstrated the areas and gaps and commented that it is s encouraging to read that the Trust is aware of the issues and have a outlined plan. AT asked for further focus and consideration to be given to hidden disabilities which often more difficult to support and recognise the implications within the workplace. The Board welcomed the suggestion of receiving an inequalities presentation in the future.</p> <p>SN commended the Trust for having the detail which will enable progression within the organisation and welcomes the strategy session scheduled for next year. There is further work to be completed on working with which is complex and including recruitment practices which will enhance how recruitment can become more inclusive.</p> <p>DG noted the good report and detailed data provided. He continued to comment on the figure of over a third of the staff members have reported that they have reported harassment, bullying or abuse in the past 12months and queried the challenged and oversight of the People Committee. FC highlighted that the indicator has improved slowly overtime. PK add that the People Committee are fully aware and is being discussed along with a review of the freedom to speak up policy. KR offered to circulate a report on deprivation and waiting lists.</p> <p>FC thanked the Board for the discussion and encouraged SS, SEA and SK to reflect on today's comments ahead of the Strategy Session next year.</p>
	PERFORMANCE AND GOVERNANCE
23/09/2.0	<p>CHAIR REPORT FINANCE, PLANNING AND DIGITAL COMMITTEE</p> <p>DG presented the Chairs report on behalf of RH.</p> <ul style="list-style-type: none"> The meeting was well attended

	<ul style="list-style-type: none"> • The standard agenda items and assurance reports were presented with no concerns raised • Approval for 2 policies • A presentation regarding the EPR system was given which included an insight into the funding preparation which are in place. Due to the complex nature of the system and the overarching sections it was agreed the Board will give final approval on the system and not only the Audit Committee. <p>FC thanked DG for the update and suggested for the Board to receive a contractual presentation as part of the approval process.</p>
23/09/2.0	<p>H2 PLAN (VERBAL)</p> <p>Due to the financial plan being reported on 2 separate accounts, the Trust were to submit a plan for H2 at the end of November. It was noted that the submission dates did not coincide with the Board meeting and therefore the submission was completed following consideration at the Finance, Planning and Digital Committee and Strategy Board. It is presented today to ensure the information is in the public domain.</p> <p>The key priorities for the Trust relating to the H2 included:</p> <ul style="list-style-type: none"> • Health and wellbeing for staff with action on recruitment and retention • Delivery of the vaccination programme and meet the needs of Covid-19 patients • Transformation of services and acceleration of the restoration of elective care • Working collaboratively across the system <p>In terms of requirements for the H2 plan, there will be performance reporting by:</p> <ul style="list-style-type: none"> • deprivation and ethnicity • Eliminate all 104 week waiters by end of March. The Trust has explained that this will be unlikely with a predication of 167 patients waiting over 104 weeks • Requirement to hold and reduce 52 weeks • Stabilize the waiting list • A regular cycle of validations and prioritisation • Patient initiated follow up to be reported at 1.5% of total outpatients by December – the Trust if on track • Virtual Outpatients at 25% - continue to work hard to meet the target as there have been some difficulties with meeting the target due to being a specialist organisation • Completed RTT activity has to be over the 2019/20 plan • Cancer 62 days need to return to February 2020 levels by March 22 <p>KR highlighted that there have been no set restoration level against the 2019 baseline. The Trust have restored the theatre activity to 82% along with outpatients' activity being 85%, both metrics are due to increase throughout the year.</p> <p>CM continued the update by informing the Board the Trust continue to operate on the Covid-19 financial framework H2, therefore the funding will be received via blocks of income instead of activity. The Trust have access to non-recurrent funding to support Covid insufficiency and restoration of services. The plan for H2 currently is estimated at £3.2m non recurrent funding – subject to delivery. The Trust are anticipating surplus of £1.4m during H2 period that is in context of the system position which has a £6m deficit. The balance will not be as strong as H1 due to the normalised balance between NHS and Private sessions</p> <p>FC questioned what is the degree of risk regarding the ERF income to which CM explained from a delivery perspective, the risk is minimal.</p>

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	<p>AT commended CM and the team for providing information which has given the members of the Board assurance in an uncertain time.</p> <p>Following PK query, CM confirmed that one of the complexities relating to the ERF is the Trust will not receive the funding if the system do not meet the target and highlighted the importance of the under write pledge.</p> <p>FC thanked KR and CM for the update.</p>
23/09/2.0	<p>PERFORMANCE REPORT (MONTH 7)</p> <p>Improvements have been made to the reporting of the WHO process. This has previously been reported in the IPR that goes to the Quality and Safety Committee. It is recommended that oversight should also be reported to eh Board of Directors. Therefore, the following two measures are added this month:</p> <ul style="list-style-type: none"> • WHO Quality Audit - % Compliance <ul style="list-style-type: none"> ○ <i>% Of audited sessions where whole/part WHO process was implemented as part of patient care</i> • WHO Documentation Audit - % Compliance <ul style="list-style-type: none"> ○ <i>% Of sticker compliance for steps one to five of WHO documentation</i> <p>Caring for Staff</p> <ul style="list-style-type: none"> • Sickness Absence <ul style="list-style-type: none"> ○ Metric showing normal variation but now exceeded target for five consecutive months ○ Short term sickness showing special cause variation of concern and been above target for three consecutive months ○ Long term sickness above target for four consecutive months <p>Caring for Patients</p> <ul style="list-style-type: none"> • Cancer 62 Days Standard <ul style="list-style-type: none"> ○ Performance reported below 85% target at 33.33% • 18 Weeks RTT Open Pathways <ul style="list-style-type: none"> ○ Metric is showing special cause variation of an improving nature; although consistently failing the target as expected from covid impact which will continue for a significant time. ○ Whilst this metric remains affected from the covid impact, and will not be met NHSEI H2 planning guidance has set out the expectation that Trusts should stabilise waiting list numbers at the level seen at the end of September 2021 as the assurance around process rather than target. • Patients Waiting Over 52 Weeks <ul style="list-style-type: none"> ○ Presentation includes combined number of patients, together with breakdown of English, Welsh & BCU Transfers. ○ Both English and Welsh showing special cause variation with increases reported this month. ○ BCU Transfers shows continuous improvement with reductions since November 20, with now 10 patients remaining. ○ NHSEI H2 planning guidance documents that as a Trust we should hold or where possible reduce the number of patients waiting over 52 weeks. For month 7 our English patients waiting over 52 weeks is 104 patients above our planned trajectory and Welsh patients 22 above our planned trajectory. • 6 and 8 Week Wait for Diagnostics <ul style="list-style-type: none"> ○ Both metrics indicate common cause variation with variable achievement of Welsh target and consistently failing English ○ MRI capacity remains a constraint given the Trust is operating above its previous capacity levels. ○ CT mutual aid has been provided in this period to system partners impacting available capacity. <p>Caring for Finances</p> <ul style="list-style-type: none"> • Bed Occupancy – All Wards – 2pm <ul style="list-style-type: none"> ○ Metric is consistently failing target

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	<ul style="list-style-type: none"> • Expenditure <ul style="list-style-type: none"> ○ Adverse in month <p>Following a query from FC, the Trust confirmed a deep dive into bed occupancy is being completed and will be reported to the Finance, Planning and Digital Committee. It is believed there is a pattern relating to activity, but further information will be presented.</p> <p>FC thanked KR and the team for the update and the Board note the report.</p>
23/09/2.0	<p>BOARD ASSURANCE FRAMEWORK</p> <p>SR presented the framework to the Board highlighted the following:</p> <ul style="list-style-type: none"> • Approval has been granted from the Finance, Planning and Digital Committee and the Quality and Safety Committee to close one risk aligned to their remit. • Once a full IPC review is complete, further risks may be added to the register. <p>The Board noted the framework.</p>
23/09/2.0	<p>BOARD PROGRAMME 2022/23</p> <p>The Board Programme was shared with the Board for information. It was noted that August will be an informal meeting only.</p>
23/09/2.0	<p>QUESTIONS FROM THE GOVERNORS</p> <p>None to note.</p>
POLICIES	
23/09/2.0	<p>MATTERS RESERVED FOR THE BOARD</p> <p>SR informed the Board there have been no material changes to the policy, only amendments to job titles. It was noted that consideration of the policy was given at the Audit and Risk Committee.</p> <p>The Board approved the policy.</p>
23/09/2.0	<p>POLICY FRAMEWORK</p> <p>SR informed the Board there have been no material changes to the policy, only amendments to job titles. It was noted that consideration of the policy was given at the Senior Leaders Group meeting earlier in the month.</p> <p>The Board approved the policy.</p>
ITEMS FROM OCTOBER:	
23/09/2.0	<p>PERFORMANCE REPORT (MONTH 6)</p> <p>The Board noted the Performance Report in the public domain. The report was discussed in detail at the Strategy Board meeting last month.</p>
23/09/2.0	<p>CHAIR REPORT QUALITY AND SAFETY COMMITTEE</p> <p>The Board noted the Chairs assurance report from the previous meeting.</p>
23/09/2.0	<p>PATIENT EXPERIENCE AND COMPLAINT ANNUAL REPORT</p> <p>The Board note the annual report which was recently considered by the Quality and Safety Committee. There were no issues or concerns raised.</p>
23/09/2.0	<p>HEALTH AND SAFETY ANNUAL REPORT</p> <p>The Board note the Health and Safety annual report which was recently considered by the Quality and Safety Committee. There were no issues or concerns raised.</p>
23/09/2.0	<p>CHAIR REPORT PEOPLE COMMITTEE</p> <p>The Board noted the Chairs assurance report from the previous month.</p>
ANY OTHER BUSINESS:	
23/09/2.0	<p>QUESTIONS FROM THE PUBLIC</p> <p>None to note.</p>
23/09/2.0	<p>ANY OTHER BUSINESS</p> <p>On behalf of the Trust FC thanked DG for his contribution to the Trust throughout his time as Non-Executive Directors. DG has an eye for detail and a firm belief of doing the right</p>

	thing. DG is a true supporter and a true professional and the Trust wish him well for the future - will be missed.
	CLOSING REMARKS: For FC thanked everyone for attending the meeting and for their contribution in the discussions.
	NEXT MEETING: 27TH JANUARY 2021

**BOARD OF DIRECTOR – PUBLIC MEETING
25 NOVEMBER 2021
ACTIONS**

REFERENCE/TITLE	LEAD	STATUS
Actions from the Previous Meeting – September 2021		
None outstanding.		
Actions from the Meeting – November 2021		
PATIENT SAFETY SPECIALIST SSh and LN to be invited to attend a future Board Meeting to present the embedded process, the Trust response to the role and promotion within the organisation.	Chief Nurse and Patient Safety Officer	Complete – added to the Board Programme for 2022

Chair Assurance Report
Quality and Safety Committee – 20 January 2022

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	27 January 2022
Director Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper provides an outline of the Quality and Safety Committee Agenda for the meeting of 20 January 2022. This will support the verbal report provided by the Non-Executive Chair of the Committee.

2. Executive Summary

2.1 Context

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

2.2 Summary

Due to the timing of the Committee, it is not possible for a written Chair's Report to be presented. The Non-Executive Director Chair of the Committee will provide a verbal report covering the discussion held at the meeting. A copy of the Committee agenda is shared for information.

2.3. Conclusion

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

1. Part One - Public
2. Chief Executive
3. Quality &
4. People
5. Performance and
6. Any Other
7. Next meeting: 24

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams Meeting	20/01/22		14:00
1. Introduction			14:00
1.1. Apologies		All	
1.2. Minutes from the previous meeting (Nov. 2021)		Chris Beacock	
1.3. Action Log / Matters Arising		Chris Beacock	
1.4. Declaration of Interests		All	
2. Caring for Patients			
2.1. Serious Incidents and Never Events		Shelley Ramtuhul	14:05
2.2. Legal Claims Q3		Shelley Ramtuhul	14:10
2.3. Learning from Deaths Report Q3		Ruth Longfellow	14:15
2.4. Safer Sharps Report Q3		Ian Gingall	14:20
2.5. Harms Review Presentation		Dawn Forrest	14:25
3. Governance			
3.1. MSK Unit Quality Report		Ian MacLennan	14:30
3.2. Performance Report		Sara Ellis Anderson	14:40
3.3. CIP Quality Impact Assessment Q3		Victoria Brownrigg	14:50
3.4. Quality Priorities		Sara Ellis Anderson	14:55
4. Policy			
4.1. Nutrition Support Policy		Sara Ellis Anderson	15:05
4.2. Health and Safety Policy		Ian Gingall	15:10
4.3. Policy Tracker		Shelley Ramtuhul	15:15

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams Meeting	20/01/22		14:00
5. Items to Note:			
5.1. Performance Report (November)		Sara Ellis Anderson	15:20
5.2. Chair Report			15:25
5.2.1. Patient Safety Committee		Sara Ellis Anderson	
5.2.2. Infection Control Committee (verbal)		Sara Ellis Anderson	
5.2.3. Health and Safety Committee		Ian Gingall	
5.2.4. Trust Performance and Improvement Board		Stacey Keegan	
5.3. Review of the Work Plan		Shelley Ramuthul	15:35
5.3.1. Attendance Matrix			
6. Any Other Business			
6.1. Next Meeting: 17th February 2022			

Learning From Deaths

0. Reference Information

Author:	Dr James Neil, Trust Lead	Paper date:	27 January 2022
Executive Sponsor:	Dr Ruth Longfellow, Chief Medical Officer	Paper Category:	Governance and Quality
Paper Reviewed by:	Quality and Safety Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

Learning from Deaths summary report to Trust Board following presentation at the Quality and Safety Committee on 20 January 2022.

After deaths are reported on Datix, a decision is made as to whether it is a serious incident 'SI' or not.

A structured judgement review is carried out in timely manner using the SJR Plus methodology developed by NHSE/I.

Deaths are reported through the Board of Directors.

They are also reported and discussed at the Multi-disciplinary Clinical Audit Meeting.

A detailed discussion occurs in the Mortality Steering Group at four monthly intervals and the Governance team will continue the bereavement process with the family.

MSG report discussed at Patient Safety committee.

2. Executive Summary

2.1. Context

To report the current numbers and trends in last quarter for In-patient Learning from Deaths (LFD).

2.2. Summary

See Numbers Below.

2.3. Conclusion

No Concerns or specific learning identified.

Learning From Deaths

3. The Main Report

3.1. Introduction

NHSI asks that we have an update for the board on the current state of LFD investigations/numbers/actions and themes identified.

3.2. Learning From Deaths Summary.

Date	Total In-patient Deaths	Number for case record (SJR) review	SI	Death likely due to problems with care	Themes/Family feedback.	Actions
September 2021	0	0	0	0	No theme/Feedback	None required
October 2021	2	2	0	0	No theme/Feedback	None required
November 2021	0	0	0	0	No theme/Feedback	None required
December 2021	1	0	0	0	No theme/Feedback	None required

3.3. Associated Risks

None

3.4. Next Steps

Discussions in progress with SATH concerning a link with their Medical Examiner and Bereavement system. DPIA done by SATH but still awaited here for IG review.

LFD lead at RJAH now attends Mortality steering group at SATH.

Also attends Shropshire LFD group and West Midlands LFD forum.

Incorporate family feedback into report.

(Requires setting up of a co-ordination office as part of the process to join with SATH bereavement).

3.5. Conclusion

No concerns identified.

SJR awaited on December death due to inquest (Fast-track, Certificate issued 6/1/2022 by coroner with no concerns).

Excellent documentation of stages of care in one October death.

Learning From Deaths

Appendix 1: Acronyms

LFD	Learning From Deaths
SJR	Structured Judgment Review
MSG	Mortality Steering Group

Chair's Assurance Report
People Committee – 6 January 2022

0. Reference Information

Author:	Mary Bardsley Assistant Trust Secretary	Paper date:	27 January 2022
Executive Sponsor:	Paul Kingston, Non-Executive Director	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the People Committee on 6 January 2022 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control to the People Committee. This Committee is responsible for seeking assurance that the Trust's workforce strategies and policies are aligned with the Trust's strategic aims and support a patient-focused, performance culture where staff engagement, development and innovation are supported. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.

2.2 Summary

- The meeting was well attended and noted as quorate
- The Committee received a presentation from system partners regarding TRiM Strategy
- The members of the meeting considered and noted the usual standard agenda items, which include the performance report, committee terms of reference and work plan
- The Committee received an update on Consultant Recruitment and Consultant Annual Leave
- Discussion were held regarding the Covid-19 vaccination condition of employment and workforce
- Policies considered included Statutory & Mandatory Training Policy and Employment Check Policy
- Assurance Chair Reports were provided from reporting meetings

2.3. Conclusion

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

Chair's Assurance Report People Committee – 6 January 2022

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the People Committee which met on 6 January 2022. The meeting was quorate with 3 Non-Executive Director and 5 Senior Leaders in attendance. The full list of attendees is listed below:

Attendance:	
Present:	
Paul Kingston	Non-Executive Director (Chair)
Harry Turner	Non-Executive Director
Chris Beacock	Non-Executive Director
Stacey-Lea Keegan	Interim Chief Executive Officer
Sarah Sheppard	Chief People Officer
Kerry Robinson	Chief Performance, Improvement and OD Officer
Ruth Longfellow	Chief Medical Officer
Sara Ellis-Anderson	Interim Chief Nurse and Patient Safety Officer
In Attendance:	
Sue Pryce	Head of People
Liz Hammond	Branch Secretary Unison / Staff Side Chair
Jo Banks	Managing Director for MSK Unit (Part)
Nichola Bradford	ICS - People Team Programme Lead (Part)
Clive Ireland	ICS - TRiM Hub Strategic Lead (Part)
Amber Scott	Executive Personal Assistant
Shelley Ramtuhul	Trust Secretary/Director of Clinical Governance (Part)
Hilary Pepler	Trust Board Advisor
Apologies:	
All formal members of the meeting were in attendance.	

3.2 Actions from the Previous Meeting

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

A further action was agreed regarding the triangulation of data through unit reporting relating to Freedom to Speak Up contacts.

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
Declarations of Interest		
A reminder of CB declarations was noted	N/A	
ICS TRiM Strategy		
The Committee received a presentation regarding the ICS TRiM strategy explaining that TRiM is centred around supporting the wellbeing of our people, particularly when they've been exposed to potentially traumatic events. The	N/A	

Chair's Assurance Report
People Committee – 6 January 2022

<p>ICS representative explained the process and the positive outcomes which have been noted in organisations. The Committee supported the implementation of the TRiM Strategy withing the Trust which will support staff. The requirement of triangulation between other support services including freedom to speak up were noted.</p>		
<p>Performance Report (month 6)</p>		
<p>The Committee received the key highlighted. Further assurance was provided on:</p> <ul style="list-style-type: none"> the current Nursing Vacancy rate at 7.55%, adding that the Trust is running at 86% of 19/20 activity levels. A deep dive has been commissioned to gain a better understanding of the situation. HCSW vacancy rates and linked this to the performance on timelines from vacancy authorisation to booked start date, currently at 72 days. The Trust have raised questions on the processes which is to be reviewed. <p>Following a query, the Trust confirmed that Covid-19 sickness is reported to members of the Senior Leaders team daily.</p>	<p>Yes</p>	<p>Recruitment process and proposal paper to be presented at the next meeting.</p>
<p>Consultant Annual Leave (verbal)</p>		
<p>The Committee were informed a report would be presented to the next meeting which would include; in job plan, out of job plan and annual leave.</p>	<p>Partial</p>	<p>Further information to be reported at the next meeting. To be added to the committee workplan (quarterly)</p>
<p>Consultant Recruitment Update</p>		
<p>Assurance was provided regarding progression within the project board relating to Consultant Capacity. There is ongoing work i as part of the recruitment plan to revise the demand and capacity model regularly and align it to operational transformation, the strategic direction of the Trust, and also the new operational planning guidance for 22/23. The Committee discussed the risks raised in unavailability of Theatre sessions. It was confirmed that longer theatre sessions have been trialled – an innovation week has been planned for theatres. Further questions were raised regarding the long term plan and system working. The Trust confirmed a model in place whereby the Trust have staff consultants coming in, with the variable looking to be joined into the overall consultant planning. The Trust are considering a joint role with SaTH. The Trust reassured the Committee that triangulation in terms of the demand and capacity against the new plans have commenced.</p>	<p>Yes</p>	
<p>Covid-19 Workforce Update</p>		
<p>The Committee were informed of the current workforce sickness absence relating to Covid-19, comparing the data to previous years. The Trust will provide an update at the next meeting following a review on the past 12 months including the impacts of vaccinations, family commitments, isolations period and additional cover due to sickness absence.</p>	<p>Yes</p>	
<p>Covid-1 Vaccination - Condition of Employment</p>		

Chair's Assurance Report
People Committee – 6 January 2022

A regulatory provision that all staff must be fully vaccinated, with two recognised vaccines, as a condition of employment is to be implemented - subject to Parliament. The Committee were informed there are currently 74 staff members which haven't received the vaccination. The Trust continues to monitor the position and have been in contact with those staff members. A series of conversations have been scheduled to provide an understanding to staff.	Partial	Assurance the Trust have processes in place to decrease the numbers. An up-to-date briefing note is to be provided to the Board of Directors following the publications of the NICE Guidance.
Flexible Working		
The Committee were informed of the working being completed to promote and embed flexible working across the Trust.	Yes	
Nursing/AHP Recruitment Update		
The Trust continue to focus on HCSW recruitment with a deep dive commissioned into the Registered Nursing Workforce and availability at the moment and how this aligns to the Trust' activity. Confirmation of figures is required regarding the vacancy rate.	Partial	Assurance provided on the processes in place relating to recruitment but confirmation on vacancies is required due to miscalculation.
Future of NSH Workforce and OD		
The Committee deferred the paper to the next meeting.	N/A	Item not discussed
Statutory and Mandatory Training Compliance		
The Committee received the training compliance report for consideration. A discussion regarding the 11 statutory and mandatory training points and linked all points to performance report is to be scheduled outside of the committee meeting. The Trust agreed to review the document further and present at the next meeting.	Yes	
Statutory and Mandatory Training Policy		
Following the discussion regarding the training compliance, the Committee agreed to defer the policy.	N/A	Item not discussed
Employment Check Policy		
The Committee were informed of the local element change with the policy. Members of the meeting raised concerns regarding the Trust no repeated DBS checks on a 3yearly basis. The Committee requested for the amendment to be implemented and the costings to be highlighted to the Chief Finance Officer for information.	Partial	Staffing DBS checks have not been reviewed. Agreed for DBS checks are to be completed every 3 years - to be implemented into the policy.
Chair Report Staff Experience Committee		
The Committee noted the report, and no concerns were raised.	Yes	
RJAH People Plan Update and Actions		
The Committee noted the plan, and no concerns were raised.	Yes	
Committee Terms of Reference		
The Committee reviewed the Terms of Reference and approved the amendments to job titles and membership.	Yes	
Committee Work Plan		
The Committee considered the workplan and no amendments were required (subject to those which had previously been agreed through out the meeting)	Yes	
Performance Report (Month 7)		
The Committee noted the performance report which was shared for information only following the verbal presentation in November.	Yes	

Chair's Assurance Report
People Committee – 6 January 2022

3.4 Approvals

Approval Sought	Outcome
None to note.	

3.5 Risks to be Escalated

In the course of its business the Committee identified no risks to be escalated but requested for the Covid-19 Condition of Employment status to be reported to the Board of Directors at the end of the month.

3.6 Conclusion

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

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	27 January 2022
Director Sponsor:	Rachel Hopwood, Non-Executive Director	Paper Category:	Governance
Paper Reviewed by:	Finance, Performance and Digital	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

A scaled down Finance Planning and Investment Committee was held on 27 January 2022. A verbal update will be provided by the Non-Executive Chair of the Committee.

2. Executive Summary

2.1. Context

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

2.2. Summary

Due to the timing of the Committee it is not possible to provide a paper Chair's Report. The Non-Executive Director Chair of the Committee will provide a verbal update.

2.3. Conclusion

The Board is asked to note the verbal report which will be provided during the meeting.

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Microsoft Teams Meeting	25/01/22		14:00

1. Introduction

1.1. Apologies

Rachel Hopwood

1.2. Minutes from the previous meeting/actions

1.3. Matters Arising

All

1.4. Declaration of Interests

All

2. Performance

2.1. MSK Unit Efficiency Delivery Update

Jo Banks

2.2. Performance and Restoration Report (to follow 20/01)

Kerry Robinson

2.3. Clinical Priority Report

Kerry Robinson

2.4. RJAH and Midlands Comparisons

Kerry Robinson

2.5. RJAH Financial Performance Report

Mark Salisbury

2.6. System Financial Performance Report

Craig Macbeth

2.7. Procurement Update

Helen Lewis

3. Planning

3.1. Tariff and Contracting Changes 2022/23

Mark Salisbury

4. Digital

4.1. EPR Update (verbal)

Simon Adams

5. Policy/Strategy

5.1. Budgetary Control Policy

Alison Reynolds

5.2. Business Case and Investment Policy

Mark Salisbury

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Microsoft Teams Meeting	25/01/22		14:00

6. Governance

6.1. Chair's Assurance Reports:

6.1.1. ICS Sustainability Committee

Craig Macbeth

6.1.2. Veterans Project Board

Craig Macbeth

6.1.3. Digital Steering Group (to follow 20/01)

Simon Adams

6.1.4. Capital Management Group

Craig Macbeth

6.2. Performance Report (M8)

Kerry Robinson

6.3. For noting:

6.3.1. Review of the Work Plan

Shelley
Ramtuhul

6.3.1.1. Attendance Matrix

Shelley
Ramtuhul

7. Any Other Business

All

7.1. Next meeting: 25 January 2022

Month 9 Integrated Performance Report

0. Reference Information

Author:	Claire Jones	Paper date:	27/01/2022
Executive Sponsor:	Kerry Robinson	Paper Category:	Performance
Paper Reviewed by:	Executive Team	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

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

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

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

The Board is asked to note the assurances provided on overall performance as presented in the month 9 (December) Integrated Performance Report, against all areas and actions being taken to meet targets providing assurance on process to meet the target.

2. Executive Summary

2.1. Context

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

The format of the IPR utilises Statistical Process Control (SPC) graphs and NHS EI recommended variation and assurance icons.

The reading guide within the IPR gives a full explanation on the interpretation of SPC graphs and the icons to support understanding.

2.2. Visual Changes to IPR

There has been some development work to the IPR production that has enabled some visual improvements to bring the SPC graphs in line with NHS EI recommendations.

Although explained on the page 2 reading guide within the IPR, just to summarise the changes:

- Actual performance was shown with a blue line, this has now been updated to grey
- Common cause variation was shown with a blue unfilled marker, this has now been updated to filled grey
- As can be seen in the examples below, there is now also a grey unfilled marker; this is to show data points that have been excluded from the control range calculation, e.g., for Covid impact

Month 9 Integrated Performance Report

- Trajectory/Plan visually improved so actual displayed as grey line/markers and trajectory in blue dashed line/markers
- Pictures below highlight the changes, on the left was previous versions of IPR, on the right the improvements that have been made



2.3. Overview

The Board through this IPR should note the following;

The impacts of covid continue to be seen in the delivery of our statutory targets and will continue not to be met due to pausing of elective services last year. Therefore, assurance cannot be given for meeting the targets, hence assurance should be through the processes in place to manage such impact as described in the action section of all exceptions.

Patients continue to be booked in line with guidance regarding clinical priority as a primacy rather than date order, illustrated in the long wait patients impact.

Caring for Staff;

- Sickness Absence
 - Metric showing special cause variation of a concerning nature; above control range in December
 - Short term sickness showing special cause variation of concern and been above target for five consecutive months
 - Long term sickness above target for seven consecutive months

Caring for Patients;

- RJAH Acquired C.Difficile
 - Low number of incidents have taken place
- RJAH Acquired E. Coli Bacteraemia
 - Low number of incidents have taken place
- Unexpected Deaths
 - Low number of incidents have taken place
- Cancer Plan 62 Days Standard
 - Failure to meet standard in November (reported in arrears)
- 18 Weeks RTT Open Pathways
 - Metric is showing special cause variation of concerning nature and continues to fail the 92% target. As expected from covid impact, this will continue for a significant time.
 - Whilst this metric remains affected from the covid impact, and will not be met, NHSEI H2 planning guidance has set out the expectation that Trusts should stabilise waiting

Month 9 Integrated Performance Report

list numbers at the level seen at the end of September 2021 as the assurance around process rather than target.

- Patients Waiting Over 52 Weeks
 - Presentation includes combined number of patients, together with breakdown of English, Welsh & BCU Transfers.
 - Both English and Welsh showing special cause variation with increases reported this month.
 - BCU Transfers shows sustained improvement
 - NHSEI H2 planning guidance documents that as a Trust we should hold or where possible reduce the number of patients waiting over 52 weeks. For month 9 our English patients waiting over 52 weeks is 192 patients below our planned trajectory and Welsh patients 112 below our planned trajectory.
- 6 and 8 Week Wait for Diagnostics
 - Both metrics remain behind target and show as special cause variation of a concerning nature

Caring for Finances;

- Total Elective Activity
 - 93.70% of plan achieved in December
 - 79.30% of 19/20 baseline
- Total Outpatient Activity
 - 93.25% of plan achieved in December
 - 84.19% of 19/20 baseline
- Bed Occupancy – All Wards – 2pm
 - Metric shown as special cause variation of an improving nature, although consistently failing target
- Expenditure
 - Adverse in month

2.4. Conclusion

The Board is asked to **note** the assurances provided on overall performance as presented in the month 9 (December) Integrated Performance Report, against all areas and actions being taken to meet targets providing assurance on process to meet the target and where insufficient assurance is received seek additional assurance.

Integrated Performance Report December 2021 – Month 9



Aspiring to deliver world class patient care



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

SPC Reading Guide

SPC Charts

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





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

SPC Chart Rules

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

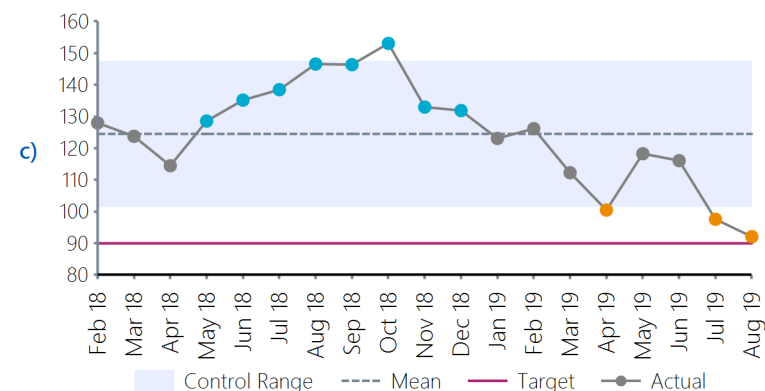
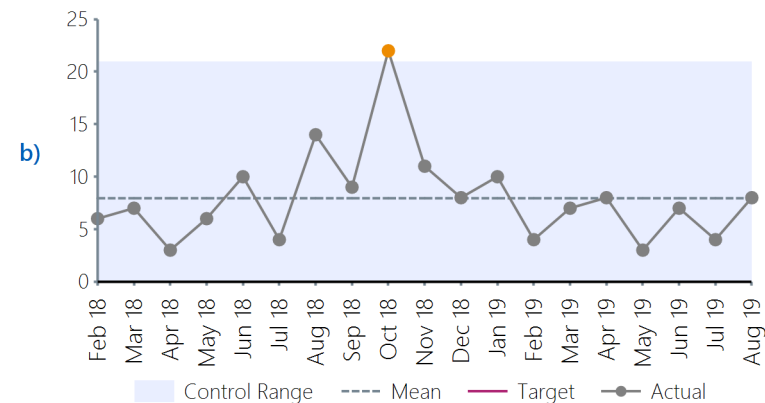
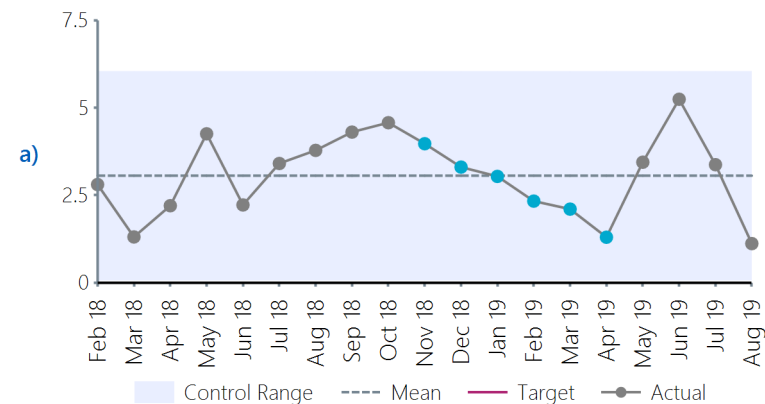
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of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

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

-  Blue Points highlight areas of improvement
-  Orange Points highlight areas of concern
-  Grey Points indicate data points within normal variation
-  White Points are used to highlight data points which have been excluded from SPC calculations

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

- a)** shows a run of improvement with 6 consecutive descending months.
- b)** shows a point of concern sitting above the control range.
- c)** shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.



Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



A grey graph icon tells us the variation is common cause, and there has been no significant change. For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

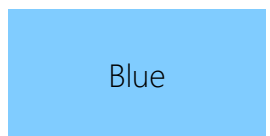
1. Part One - Public Meeting
2. Chief Executive Update (verbal)
3. Quality & Safety
4. People
5. Performance and
6. Any Other Business
7. Next meeting: 24 February 2022

Data Quality Rating Reading Guide

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

Colours

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



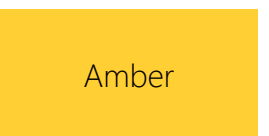
Blue

No improvement required to comply with the dimensions of data quality



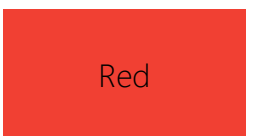
Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

Dates

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

1. Part One - Public Meeting
2. Chief Executive Update (verbal)
3. Quality & Safety
4. People
5. Performance and
6. Any Other Business
7. Next meeting: 24 February 2022



Summary - Caring for Staff

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	5.41%				+	27/02/2022
Voluntary Staff Turnover - Headcount	8.00%	8.20%					24/06/2022

- 1. Part One - Public Meeting
- 2. Chief Executive Update (verbal)
- 3. Quality & Safety
- 4. People
- 5. Performance and
- 6. Any Other Business
- 7. Next meeting: 24 February 2022



Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0					
Never Events	0	0					16/04/18
Number of Complaints	8	6					
RJAH Acquired C.Difficile	0	1				+	24/06/21
RJAH Acquired E. Coli Bacteraemia	0	1				+	24/06/21
RJAH Acquired MRSA Bacteraemia	0	0					24/06/21
RJAH Acquired Klebsiella spp	0	0					
RJAH Acquired Pseudomonas	0	0					
Unexpected Deaths	0	1				+	16/04/18
WHO Quality Audit - % Compliance	100%	100%					

- 1. Part One - Public Meeting
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- 5. Performance and
- 6. Any Other Business
- 7. Next meeting: 24 February 2022



Summary - Caring for Patients

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
WHO Documentation Audit - % Compliance	100%	100%					
31 Days First Treatment (Tumour)*	96%	100%					24/06/21
Cancer Plan 62 Days Standard (Tumour)*	85.00%	66.67%				+	24/06/21
18 Weeks RTT Open Pathways	92.00%	55.33%				+	24/06/21
Patients Waiting Over 52 Weeks – English	0	1,578	1,770			+	24/06/21
Patients Waiting Over 52 Weeks – Welsh	0	731	843			+	24/06/21
6 Week Wait for Diagnostics - English Patients	99.00%	68.16%				+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	67.51%				+	

- 1. Part One - Public Meeting
- 2. Chief Executive Update (verbal)
- 3. Quality & Safety
- 4. People
- 5. Performance and
- 6. Any Other Business
- 7. Next meeting: 24 February 2022



Summary - Caring for Finances

KPI (*Reported in Arrears)	Latest Target/Baseline	Latest Value	Trajectory/Plan (H1&H2)	Variation	Assurance	Exception	DQ Rating
Total Elective Activity	991	786	839			+	24/06/21
Bed Occupancy – All Wards – 2pm	87.00%	84.60%				+	05/09/19
Total Outpatient Activity	13,807	11,624	12,466			+	24/06/21
H1 & H2 Plan Performance	331	725					
Income	10,250	10,780					
Expenditure	9,965	10,103				+	
Efficiency Delivered	217.00	248.30					
Cash Balance	22,213	25,241					
Capital Expenditure	1,134	455					
Recurrent Financial Performance (Sustainability Plan)	-225	-226					

1. Part One - Public Meeting
2. Chief Executive Update (verbal)
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7. Next meeting: 24 February 2022

Sickness Absence

FTE days lost as a percentage of FTE days available in month 211161

Latest Target/Baseline

3.60%

Latest Value

5.41%

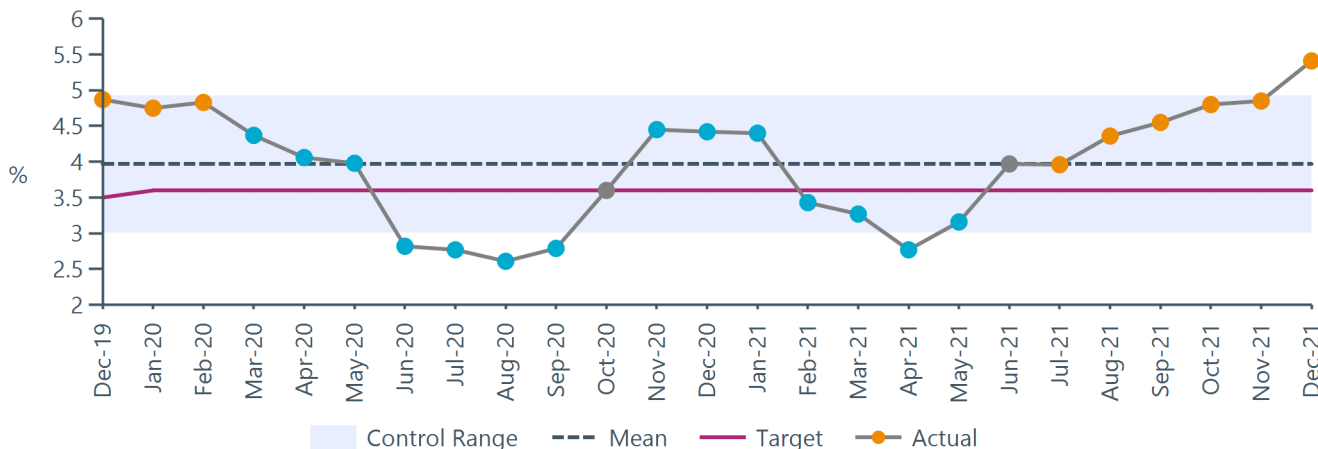
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

Narrative

The sickness rate is reported at 5.41% for December and has been above target for seven consecutive months.

Unit level detail below for those areas that are above target:

* MSK Unit - overall sickness was 7.07% in December and has been above target for seven consecutive months with 'Other Known Causes' as the highest reason for absence.

* Specialist Unit - overall sickness was 6.25% in December and has been above target for seven consecutive months with 'Anxiety/Stress/Depression' as the highest reason for absence.

* CSU - overall sickness was 5.78% in December and has been above target for eight consecutive months with 'Infectious Diseases' as the highest reason for absence.

Actions

In light of increased covid-related pressures, the Trust instigated silver tactical meetings in December to discuss daily operational issues, of which sickness levels are included. Internal reporting has been adapted in January to support these meetings with analysis by staff groups.

The Trust has rolled out information on the Staff psychological wellbeing assessment and support hub and is focussing on this at Unit meetings. Wellbeing conversations are also being rolled out and have a key role in addressing stress and anxiety issues. The People Services Business Partners are working with managers to signpost to Remploy's services for psychological support. Information has been circulated to managers on the additional services available to staff. All Units are actively monitoring and encouraging staff to take their leave entitlement. The Trust is reviewing and developing plans that will enable staff to utilise flexible and agile working practices with the Flexible Working Policy now approved in January.

Utilisation of the sickness absence policy continues with pro-active milestone management. The Specialist Unit have held a training session with Senior Nursing staff in supporting staff through sickness absence. A similar session is now planned within the MSK Unit and both units plan to role this out to areas other than nursing.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
4.42%	4.40%	3.43%	3.27%	2.77%	3.16%	3.97%	3.96%	4.36%	4.55%	4.80%	4.85%	5.41%

- Staff - Patients - Finances -

Exec Lead:
Chief People Officer

1. Part One - Public Meeting
2. Chief Executive Update (verbal)
3. Quality & Safety
4. People
5. Performance and
6. Any Other Business
7. Next meeting: 24 February 2022

RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month 211149

Latest Target/Baseline

0

Latest Value

1

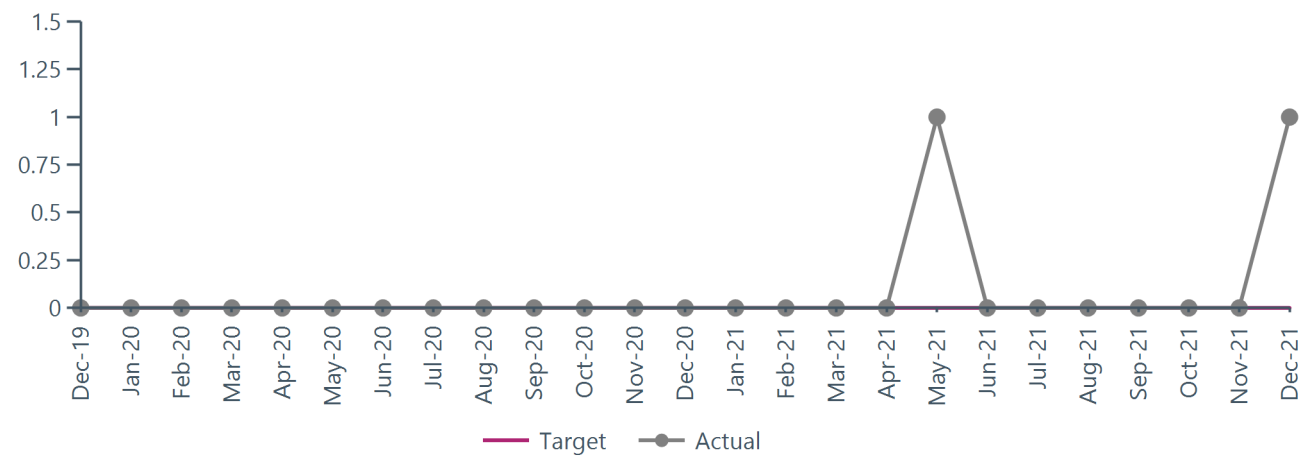
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

There was one case of C.Difficile reported in December. The patient was treated and responded to antibiotic therapy. This was a relapse of the incident reported in November, however, please note the data for November has been revised as that is attributable to another Trust.

Actions

A post infection review was held with no actions identified.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
0	0	0	0	0	1	0	0	0	0	0	0	1

- Staff - **Patients** - Finances -

- 1. Part One - Public Meeting
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- 4. People
- 5. Performance and
- 6. Any Other Business
- 7. Next meeting: 24 February 2022

RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month. 211150

Latest Target/Baseline

0

Latest Value

1

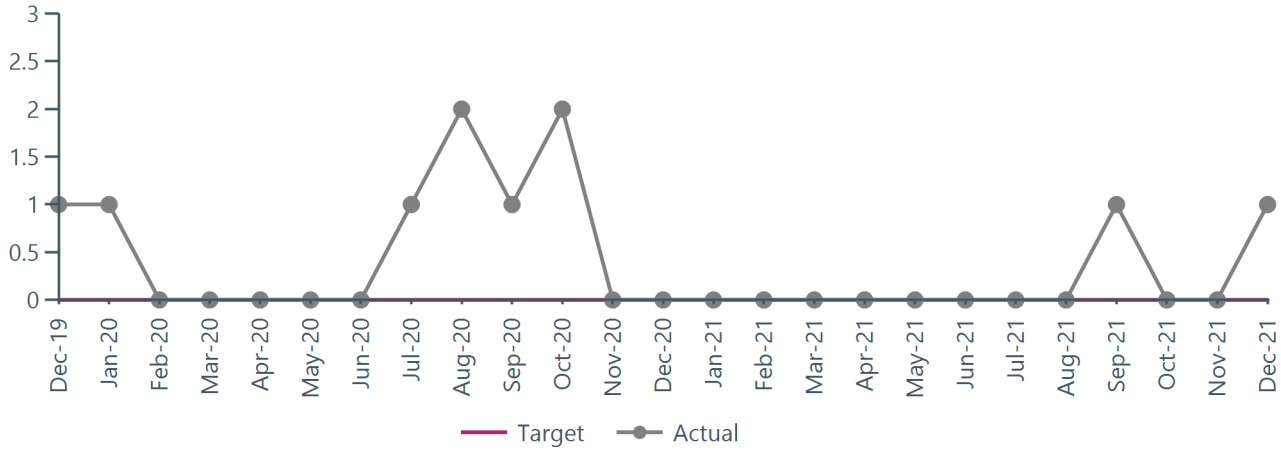
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

There was one case of E. Coli Bacteraemia reported in December.

Actions

The IPC team will be scheduling a post infection review of this incident.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
0	0	0	0	0	0	0	0	0	1	0	0	1

- Staff - Patients - Finances -

1. Part One - Public Meeting
2. Chief Executive Update (verbally)
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7. Next meeting: 24 February 2022

Unexpected Deaths

Number of Unexpected Deaths in Month 211182

Latest Target/Baseline

0

Latest Value

1

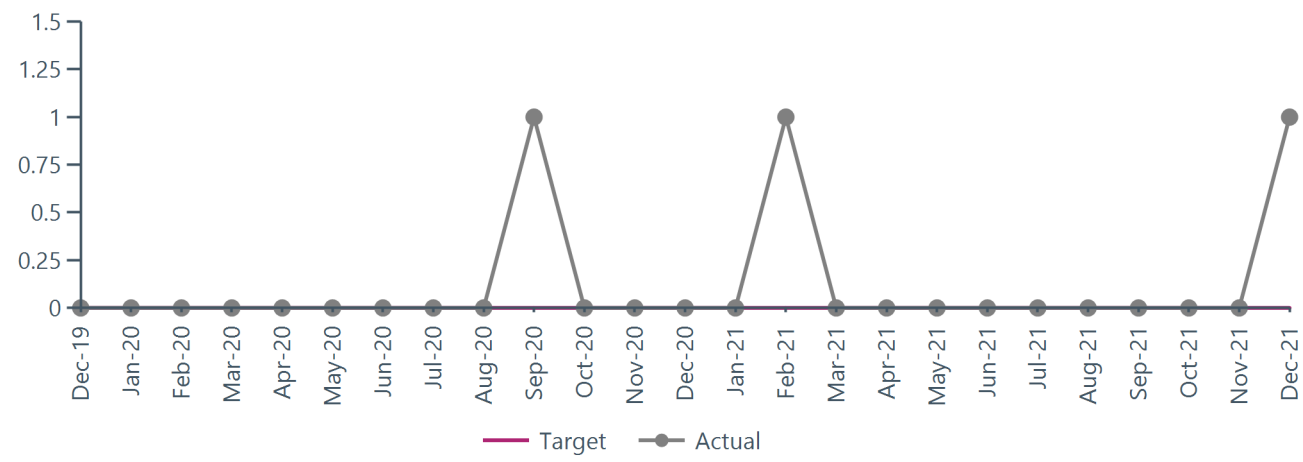
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Narrative

There was one unexpected death within the Trust in December.

Actions

This will follow the Trust's Learning from Deaths process.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
0	0	1	0	0	0	0	0	0	0	0	0	1

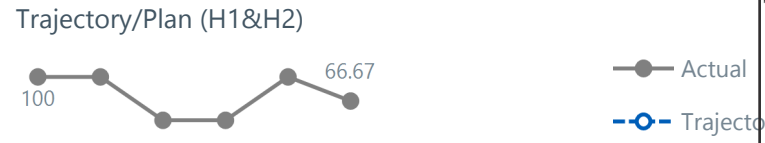
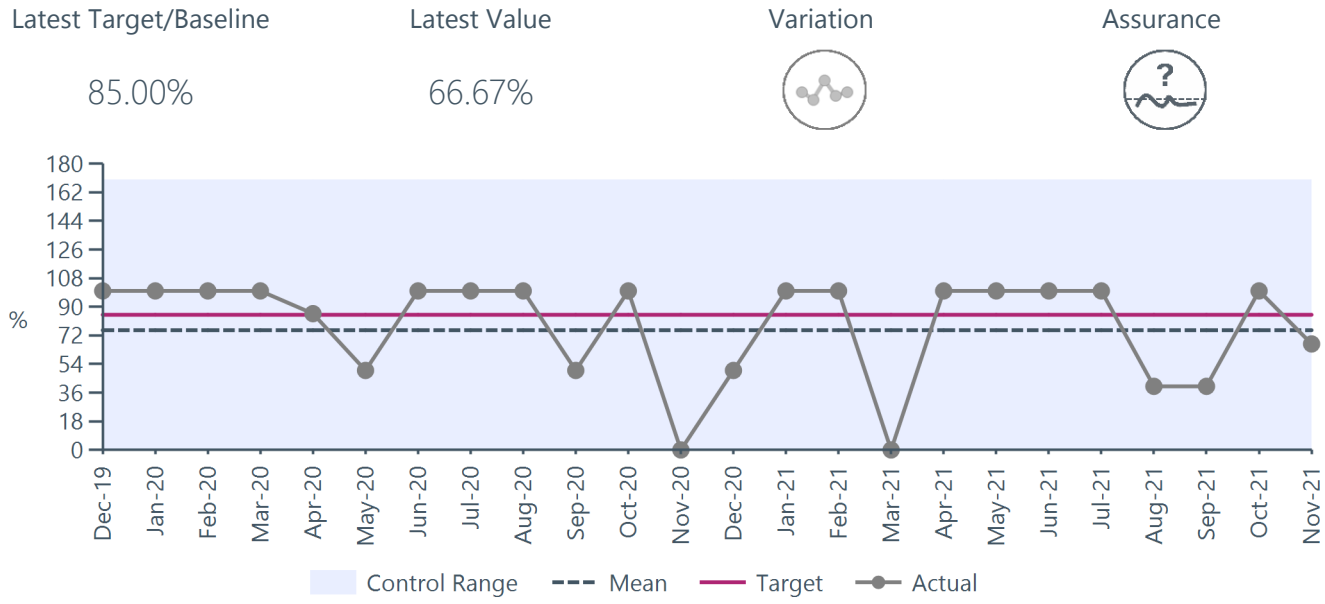
- Staff - **Patients** - Finances -

- 1. Part One - Public Meeting
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- 7. Next meeting: 24 February 2022

Exec Lead:
Chief Medical Officer

Cancer Plan 62 Days Standard (Tumour)*

% of cancer patients treated within 62 days of referral (*Reported one month in arrears) 211045



What these graphs are telling us
Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

Narrative

The Cancer 62 Day Standard is reported at 66.67% for November. There were three shared pathways reported where two were treated in target and one was a breach. A review of the pathway that breached has been carried out where process issues have been identified as reasons for the breach.

Indicative data provided by the Cancer Patient Pathway Co-Ordinator shows that the standard will be met for December.

Actions

A process mapping exercise has taken place to identify the pathway process for tumour patients. Ownership, accountability and tracking mechanisms are now documented in this and will be adhered to.

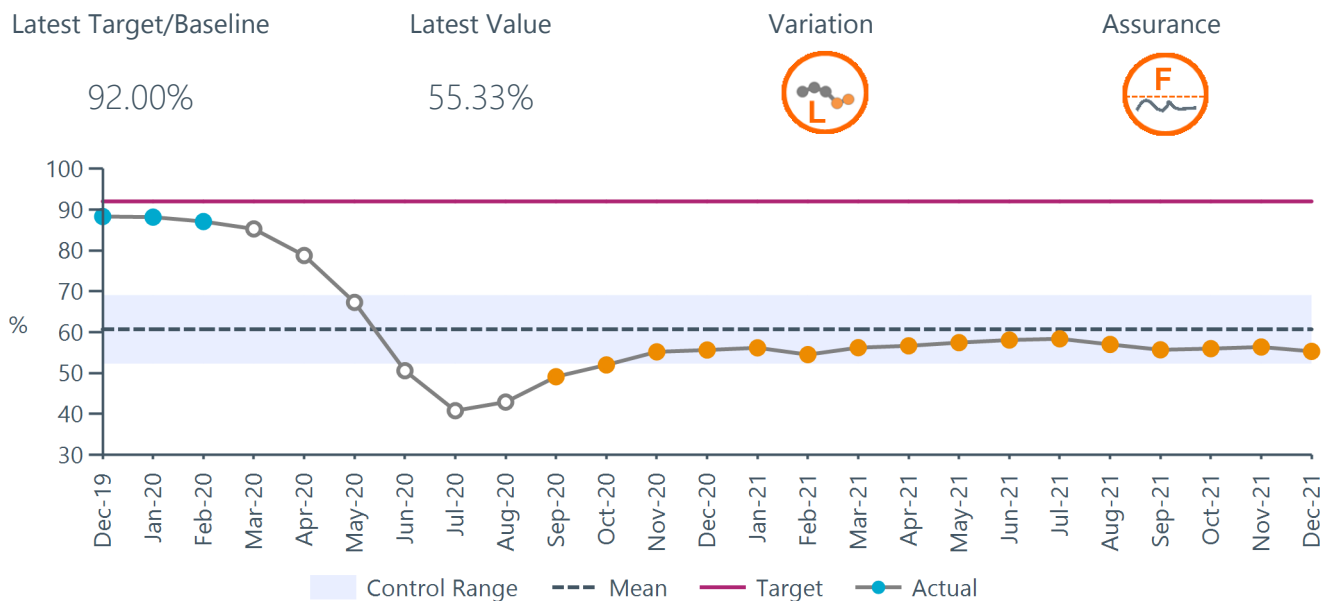
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
50%	100%	100%	0%	100%	100%	100%	100%	40%	40%	100%	66%	

- Staff - **Patients** - Finances -

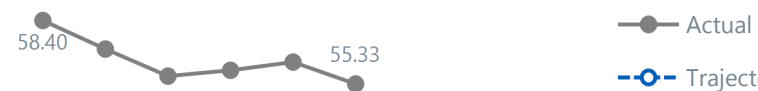
- 1. Part One - Public Meeting
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18 Weeks RTT Open Pathways

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



Trajectory/Plan (H1&H2)



What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

Narrative

Our December performance was 55.33% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows: MS1 - 7286 patients waiting of which 1941 are breaches, MS2 - 1188 patients waiting of which 790 are breaches, MS3 - 4482 patients waiting of which 3056 are breaches.

Actions

H2 planning guidance documents that as a Trust we should stabilise waiting lists around the level seen at the end of September 2021. We continue with the Trust's plans and actions to manage demand. These are inclusive of:

- Increasing available Theatre sessions
- Exploring options to increase Cases per Session (CPS): - CPS when compared with 2019/20 is being impacted by complexity of patients presenting as high priority
- More clock stops in non-admitted pathways - Capacity in delivery area (i.e. Radiology or MOPD) is continually assessed

Despite this, we anticipate an impact on RTT performance as a result of reductions in planned activity due to current pandemic pressures.

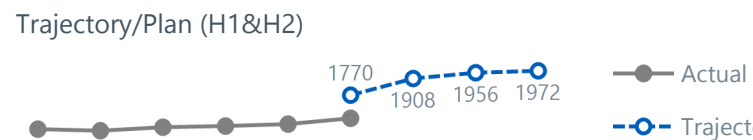
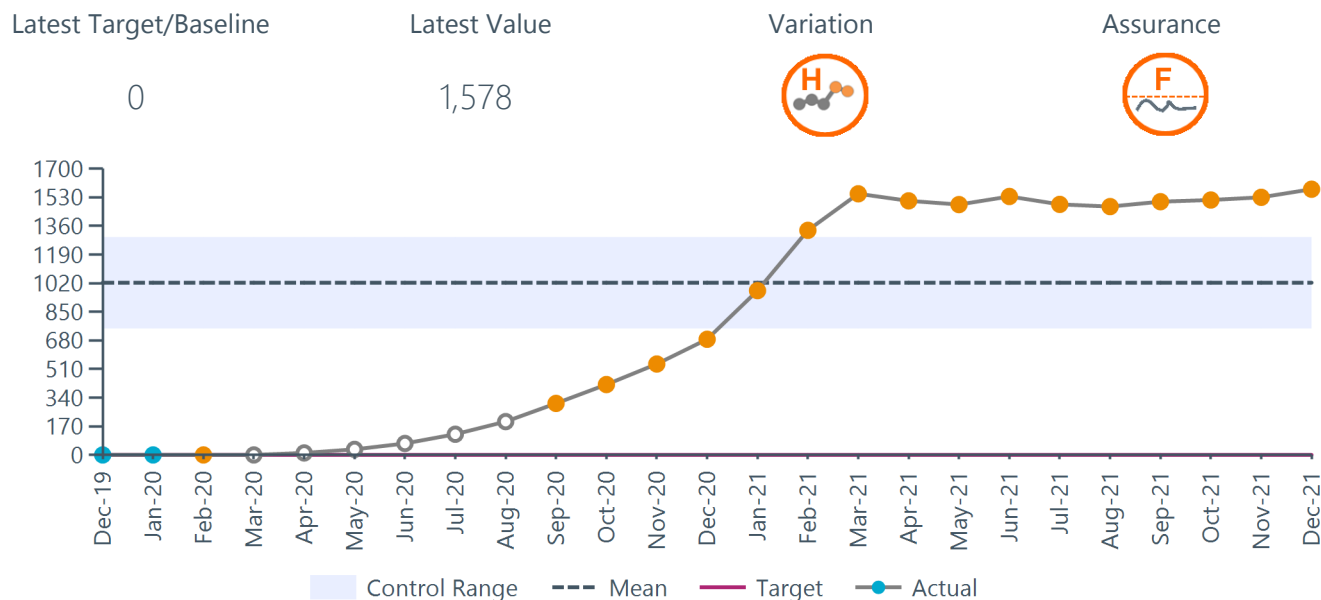
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
55.66%	56.19%	54.53%	56.23%	56.68%	57.46%	58.10%	58.40%	57.02%	55.71%	55.99%	56.39%	55.33%

- Staff - **Patients** - Finances -

- 1. Part One - Public Meeting
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- 7. Next meeting: 24 February 2022

Patients Waiting Over 52 Weeks – English

Number of English RTT patients waiting 52 weeks or more at month end 211139



What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

Narrative

At the end of December there were 1578 English patients waiting over 52 weeks; below our trajectory figure of 1770 by 192.

The patients are under the care of the following sub-specialities; Spinal Disorders (764), Knee & Sports Injuries (307), Arthroplasty (214), Upper Limb (132), Spinal Injuries (69), Foot & Ankle (56), Metabolic Medicine (16), Tumour (8), Paediatric Orthopaedics (6), Neurology (4), Physiotherapy (1) and Orthotics (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 1152 patients
- >78 to <=95 weeks - 237 patients
- >95 to <=104 weeks - 96 patients
- >104 weeks - 93 patients

Actions

H2 planning guidance documents that as a Trust we should hold, or where possible, reduce the number of patients waiting over 52 weeks. The submitted plans are reflected in the trajectory line above for future months.

The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services. At present, we do anticipate an impact on the number of patients currently waiting whilst the Trust has to reduce planned activity due to pandemic pressures.

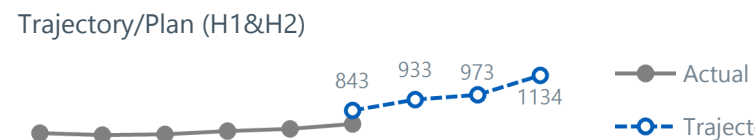
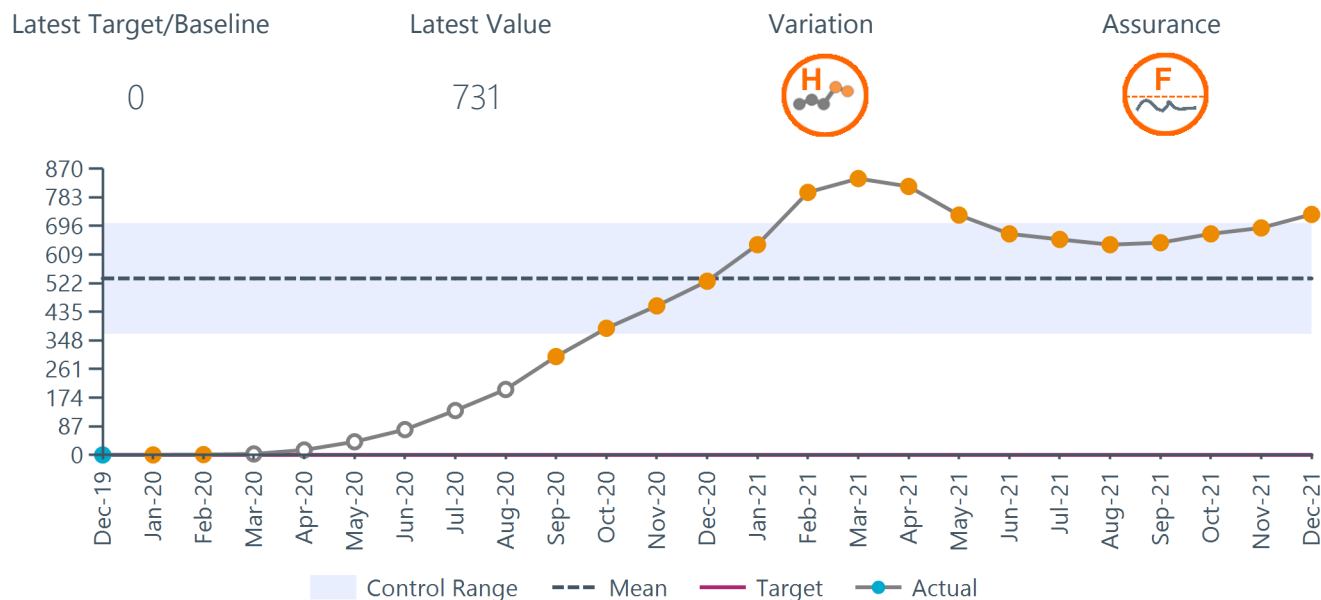
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
687	976	1334	1551	1509	1487	1535	1488	1475	1504	1514	1530	1578

- Staff - **Patients** - Finances -

1. Part One - Public Meeting
2. Chief Executive Update (verbal)
3. Quality & Safety
4. People
5. Performance and
6. Any Other Business
7. Next meeting: 24 February 2022

Patients Waiting Over 52 Weeks – Welsh

Number of RJAH Welsh RTT patients waiting 52 weeks or more at month end 211140



What these graphs are telling us

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

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

Narrative

At the end of December there were 731 Welsh patients waiting over 52 weeks; below our trajectory figure of 843 by 112. The patients are under the care of the following sub specialties; Spinal Disorders (450), Knee & Sports Injuries (107), Arthroplasty (75), Upper Limb (41), Foot & Ankle (20), Spinal Injuries (16), Metabolic Medicine (11), Tumour (5), Paediatric Orthopaedics (3) and Neurology (3).

The patients are under the care of the following commissioners; BCU (400), Powys (314), Hywel Dda (13), Aneurin Bevan (3) and Cardiff & Vale (1).

The number of patients waiting, by weeks brackets is:

- >52 to <=78 weeks - 508 patients
- >78 to <=95 weeks - 87 patients
- >95 to <=104 weeks - 53 patients
- >104 weeks - 83 patients

Actions

H2 planning guidance documents that as a Trust we should hold, or where possible, reduce the number of patients waiting over 52 weeks. The submitted plans are reflected in the trajectory line above for future months.

The Trust is constantly monitoring waiting list movements alongside capacity available for our clinically urgent patients. The Trust continues to follow clinical prioritisation national guidance to book patients and has a noted risk for its Spinal Disorders services. At present, we do anticipate an impact on the number of patients currently waiting whilst the Trust has to reduce planned activity due to pandemic pressures.

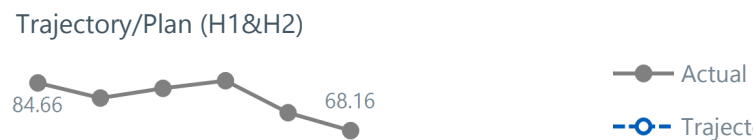
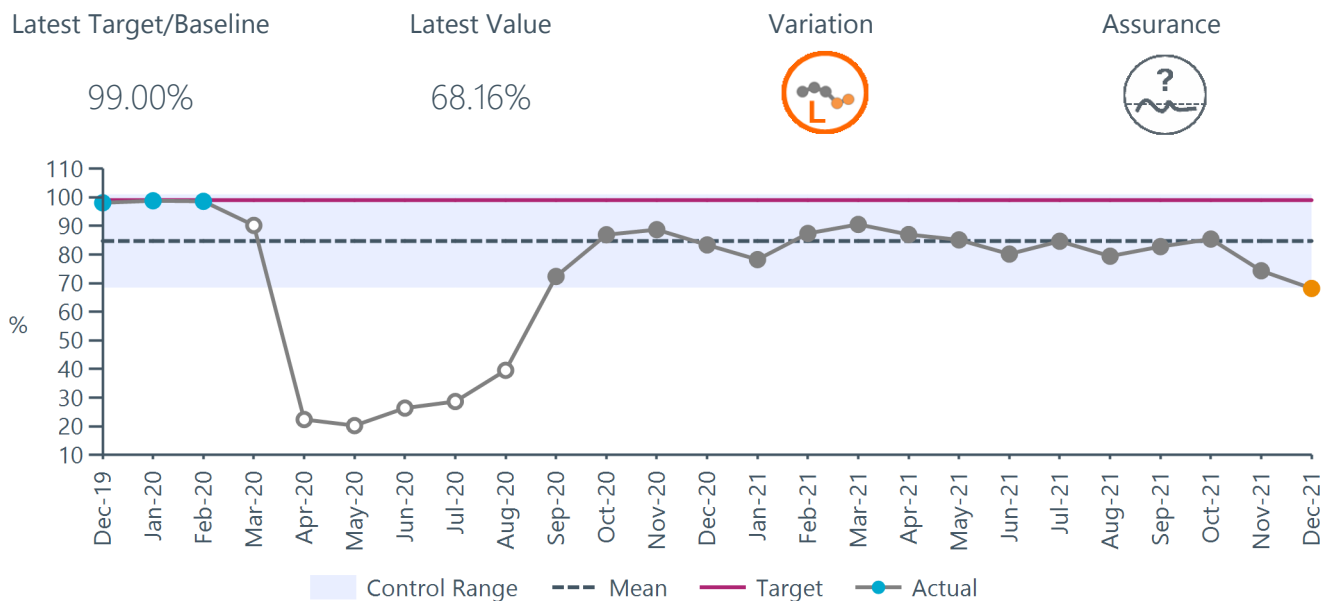
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
528	639	798	840	816	729	672	655	639	645	672	690	731

- Staff - Patients - Finances -

1. Part One - Public Meeting
2. Chief Executive Update (verbal)
3. Quality & Safety
4. People
5. Performance and
6. Any Other Business
7. Next meeting: 24 February 2022

6 Week Wait for Diagnostics - English Patients

% of English patients currently waiting less than 6 weeks for diagnostics 211026



What these graphs are telling us
Metric is experiencing special cause variation of a concerning nature. The assurance is indicating variable achievement (will achieve target some months and fail others).

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 68.16%. This equates to 404 patients who waited beyond 6 weeks. The breaches occurred in the following modalities:
 - MRI (D2 (Urgent - 2 weeks) - 2 dated, D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine - 6-12 weeks) - 369 with 255 dated, D6 (postponed non COVID 19) - 1 dated)
 - CT (D4 (Routine - 6-12 weeks) - 26 with 18 dated)
 - Ultrasound (D4 (Routine - 6-12weeks) - 5 dated)

The trust is treating by clinical priority. The D2 (Urgent - 2 weeks) breaches in MRI were due to a change in priority of initial referral from D4 to D2 (1) and patient choice (1); both patients have now been seen.

The number of patients waiting over 6 weeks for a CT scan has improved significantly since mutual aid for the system within CT finished at the end of November. MRI appointments were lost in December due to servicing the MRI scanner, staff isolating and decrease in uptake of additional hours; servicing of the MRI scanner equated to 17 1/2 hours operating time (approx. 42 examinations). Additionally, the increased demand to MRIs continues.

Actions

The new MRI scanner is due to be installed in March so once the new scanner is installed this will reduce the number of breakdowns we are currently seeing. Radiology are planning to hire an unstaffed mobile whilst the new installation takes place that will be operational 12 hours per day and help avoid disruption whilst installation is underway.

Continue to monitor the MRI waiting list and MRI activity as well as increase the amount of overtime offered.

Additionally, discussions are underway with Finance to explore options to extend working hours within Radiology.

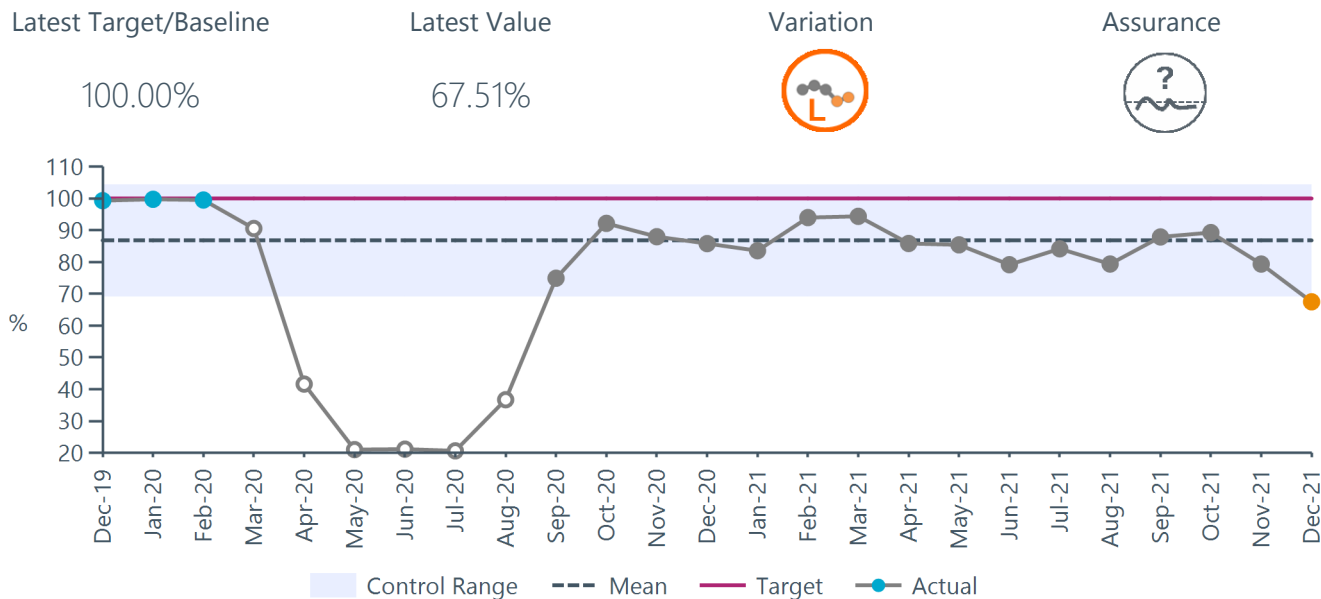
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
83.37%	78.24%	87.38%	90.53%	86.99%	85.13%	80.17%	84.66%	79.43%	82.78%	85.42%	74.35%	68.16%

- Staff - **Patients** - Finances -

- 1. Part One - Public Meeting
- 2. Chief Executive Update (verbal)
- 3. Quality & Safety
- 4. People
- 5. Performance and
- 6. Any Other Business
- 7. Next meeting: 24 February 2022

8 Week Wait for Diagnostics - Welsh Patients

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



Trajectory/Plan (H1&H2)



What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. The assurance is indicating variable achievement (will achieve target some months and fail others).

Following guidance from NHS EI we have updated the SPC graph to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. At present we are displaying our latest control range based on performance from September-20. We will continue to monitor the control range as we include further data points.

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 67.51%. This equates to 217 patients who waited beyond 8 weeks. The breaches occurred in the following modalities:
 - MRI (D3 (Routine - 4-6 weeks) - 1 dated, D4 (Routine 6-12 weeks) -206 with 142 dated)
 - CT (D4 (Routine - 6-12 weeks) - 9 with 5 dated)
 - Ultrasound (D4 (Routine - 6-12 weeks) - 1 undated)

The number of patients waiting over 6 weeks for a CT scan has improved significantly since mutual aid for the system within CT finished at the end of November. MRI appointments were lost in December due to servicing the MRI scanner, staff isolating and decrease in uptake of additional hours; servicing of the MRI scanner equated to 17 1/2 hours operating time (approx. 42 examinations). Additionally, the increased demand to MRIs continues.

It must be noted that both Ultrasound and CT activity was over 100% of the H2 plans.

Actions

The new MRI scanner is due to be installed in March so once the new scanner is installed this will reduce the number of breakdowns we are currently seeing. Radiology are planning to hire an unstaffed mobile whilst the new installation takes place that will be operational 12 hours per day and help avoid disruption whilst installation is underway.

Continue to monitor the MRI waiting list and MRI activity as well as increase the amount of overtime offered.

Additionally, discussions are underway with Finance to explore options to extend working hours within Radiology.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
85%	83%	94%	94%	85%	85%	79%	84%	79%	87%	89%	79%	67%

- Staff - Patients - Finances -

- 1. Part One - Public Meeting
- 2. Chief Executive Update (verbal)
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- 7. Next meeting: 24 February 2022

Total Elective Activity

All elective activity in month rated against 19/20 baseline activity adjusted for working days and the impact of Covid-19 217556

Latest Target/Baseline

991

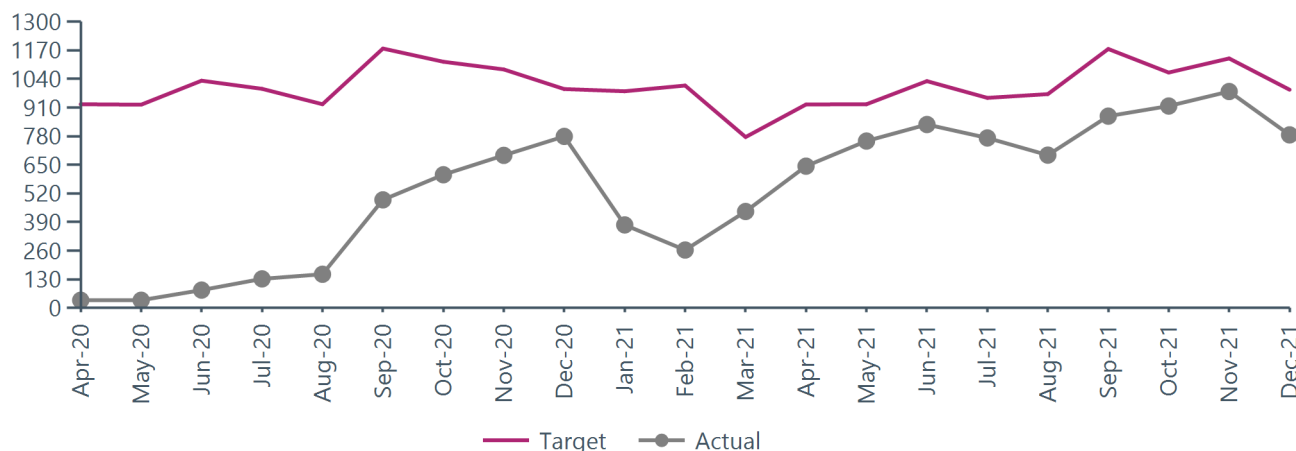
Latest Value

786

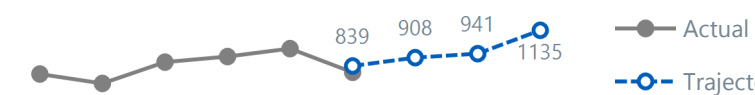
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

This measure has a moving target.

Following guidance from NHS EI we have updated the SPC graphs throughout the IPR to make allowance for the months impacted by covid. The data points from March-20 to August-20 have now been excluded in the control limits calculation and a step change has been introduced from September-20 after trauma was repatriated and services resumed. To recognise all elective work following the impact of COVID-19, this new committee measure was added in 21/22. With the impacted months now excluded from the control range calculations on relevant KPIs throughout the IPR, this now leaves this measure without enough data points for robust reporting in SPC, so this measure is now displayed as a line graph.

Narrative

Total elective activity undertaken in December was 786, behind the H2 plan for December of 839 as represented in the trajectory line above. December activity represents 79.3% of the 19/20 baseline figure of 991, the December target, as set by NHS EI, was to meet 85% of baseline 19/20 activity. The aim of the Trust is to return to - or exceed - pre-pandemic levels of activity across the second half of the year; to reduce long waits and prevent further lengthening of waiting lists. As of 7th December 2021, 5th working day, elective bookings were reported at 862 against the H2 plan of 839 - 102.7%. Extreme pressures felt from COVID-19 impacts have resulted in a higher rate of cancellations in December due to multiple factors, and we are expecting Omicron impacts to continue into January 2022.

The Trust has a known shortfall in Theatre staffing that is currently impacted by vacancies and maternity leave. The Trust has a recruitment plan in place to address this. Mitigations currently include flexibility of current workforce and agency staff on a short-term basis. For December, the Trust achieved 91.5% of its IIP capacity and all core staffed Theatre sessions were utilised. Plans were to further deliver 236 cases via OJP of which the Trust achieved 170 (72.0%) due to current constraints of staffing and mitigations. As of 10th January 2022, 5th working day, elective activity is reported at 713 against a plan of 908 equating to 78.5%.

Actions

- In December there were multiple factors relating to the Omicron variant which led to lost activity:
- * Staffing absence in critical professions
 - * Outbreaks resulting in ward closures
 - * Patient initiated cancellations related to COVID-19

The Trust is closely monitoring the COVID-19 situation daily whilst ensuring elective activity continues. In December a tactical operational meeting was created to review all cancellations and staffing levels going forward. Prior to cancelling elective operations control mechanisms are in place where patients are assessed by priority and longest waiters according to clinical need. We are expecting Omicron impacts to continue into January 2022 performance.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
779	377	263	438	644	758	833	772	694	871	917	983	786

- Staff - Patients - Finances -

1. Part One - Public Meeting
2. Chief Executive Update (verbal)
3. Quality & Safety
4. People
5. Performance and
6. Any Other Business
7. Next meeting: 24 February 2022

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm 211039

Latest Target/Baseline

87.00%

Latest Value

84.60%

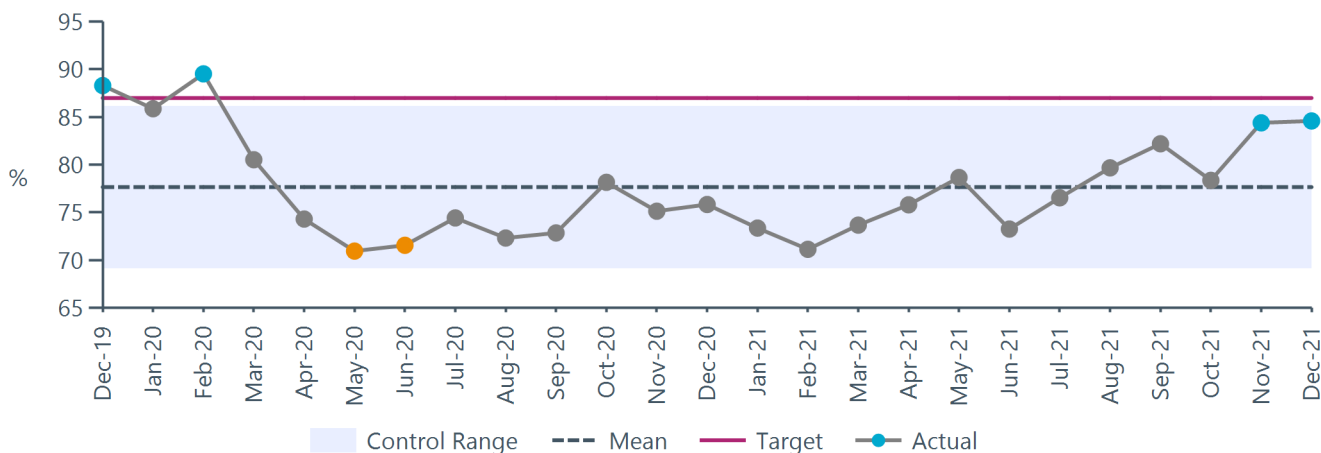
Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

Narrative

The occupancy rate for all wards is reported at 84.60% for December; now special cause variation of an improving nature with the highest occupancy seen since February-20. Breakdown provided below:

- MSK Unit:
- Clwyd - 95.14% - compliment of 22 beds; bed closures following infection outbreak/ward closure over Christmas period
 - Powys - 89.14% - compliment of 22 beds with ward closure from 23rd December
 - Kenyon - 67.34% - ward open to 12 beds mostly 4 days per week/ward closure from 25th December
 - Ludlow - 83.51% - compliment of 16 beds open throughout month
- Specialist Unit:
- Alice - 46.81% - compliment of 16 beds; open to 4-12 beds dependant on weekday/weekend
 - Oswald - 78.69% - compliment of 10 beds with ward closure from 25th December
 - Gladstone - 90.89% - compliment of 29 beds open throughout month; 5 beds closed in last 4 days of December
 - Wrekin - 97.40% - compliment of 15 beds open throughout month; 1 bed closed for last 3 days of December
 - Sheldon - 86.08% - compliment of 20 beds open throughout month

Actions

With regular review, we continue to flex our bed base whenever possible to have sufficient beds open for the anticipated activity numbers based on the existing bed model. This includes assessing the variability of occupancy by weekday. Flexing has included ward and bed closures and redeployment of staff to other areas of the Trust. New IPC guidance has been reviewed but will not impact on our beds. Consideration and assessment of length of stay and delayed transfers of care are considered when monitoring our occupancy.

Increased occupancy was anticipated in December due to the result of planned activity levels, in line with bank holidays and covid outbreaks that resulted in bed closures.

A deep dive into bed occupancy is underway and will be presented to FPD in January.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
75.84%	73.37%	71.15%	73.68%	75.81%	78.67%	73.27%	76.54%	79.68%	82.21%	78.37%	84.40%	84.60%

- Staff - Patients - Finances -

1. Part One - Public Meeting
2. Chief Executive Update (verbally)
3. Quality & Safety
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7. Next meeting: 24 February 2022

Total Outpatient Activity

Total Outpatient Activity (Against Unadjusted External Plan (H2), Catchment Based) 217580

Latest Target/Baseline

13,807

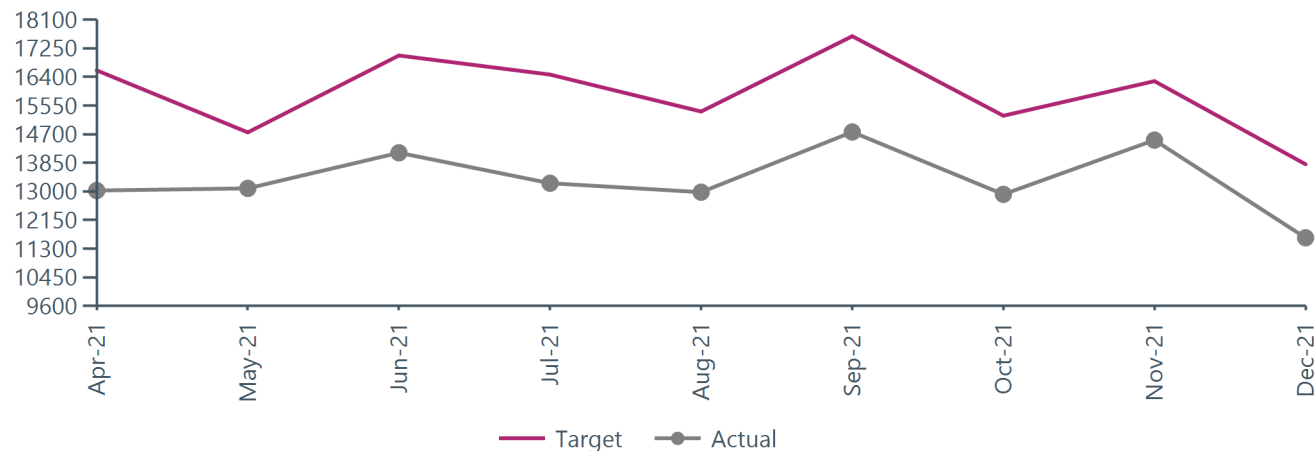
Latest Value

11,624

Variation



Assurance



Trajectory/Plan (H1&H2)



What these graphs are telling us

Currently this measure is not appropriate to display as SPC. Analysis will improve as more data points are added. It is recommended that 15+ data points are required for robust analysis. This measure has a moving target.

Narrative

This measure aligns with the NHS E/I inclusions and exclusions for restoration monitoring, effectively monitoring consultant-led activity and non consultant-led activity. The target for this measure is the 2019/20 baseline activity that was delivered, with the H2 plan included as a trajectory in the trajectory graph.

In December the total Outpatient activity undertaken in the Trust was 11624; 842 cases below our H2 plan. This is broken down as follows:

- Consultant led - 92.26% (8958 against target of 9709)
- Non consultant-led - 96.63% (2666 against target of 2759)

Outpatient activity was lost in December due to higher number of DNAs and cancellations, impact of Covid within bookings and increase of re-work for booking cancellations. Access staff were also undertaking duties in other areas of the hospital to help support patient care so an increase in missing outcomes was seen in December. As at 10th January (5th working day) there were 468 missing outcomes so once administrative actions are taken with these data entries, the December position will alter. Taking into account the missing outcomes, this would mean that the Outpatient activity for December was 12092, 374 below our H2 plan of 12466. It must be acknowledged that within that missing outcomes figure, some of those appointments may be recorded later as DNAs.

Actions

The Outpatient Improvement Plan' has been reviewed and has identified clear objectives. The PMO team are now going to work with relevant Service Managers to identify actions and timescales.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
				13027	13091	14148	13244	12978	14765	12914	14524	11624

- Staff - Patients - Finances -

1. Part One - Public Meeting
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7. Next meeting: 24 February 2022

Expenditure

All Trust expenditure including Finance Costs 216334

Latest Target/Baseline

9,965

Latest Value

10,103

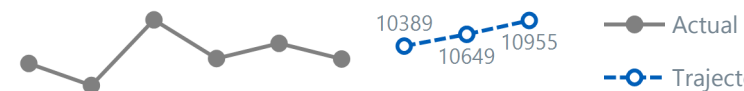
Variation



Assurance

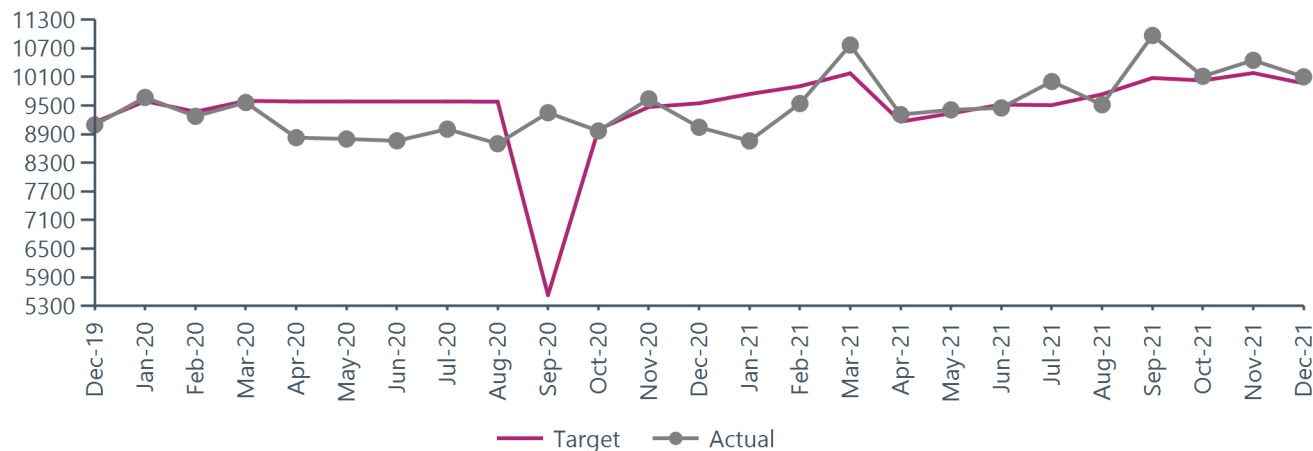


Trajectory/Plan (H1&H2)



What these graphs are telling us

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



Narrative

Overall £138k adverse in month:

Pay £181k favourable

- Bank and agency pressures offset by vacancies

Non Pay £319k adverse

- Pass through costs adverse (offset by income)

- Private patient implants - volume driven

- Covid costs linked to agile working investment

Note: Vaccination hub/workforce services £104k of costs recharged to SCHAT in month (excluded from the above figures).

Actions

Adverse performance driven by pass through costs and favourable income performance, no specific action required.

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
9045	8760	9542	10769	9311	9409	9451	10004	9517	10969	10113	10449	10103

- Staff - Patients - **Finances** -

1. Part One - Public Meeting
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Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 31st December 2021

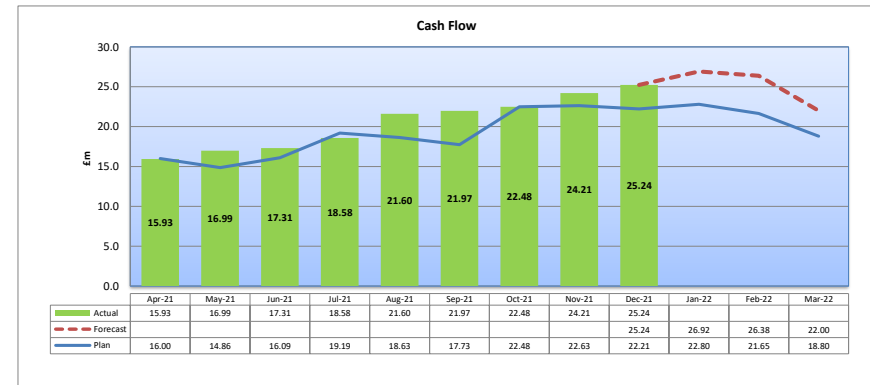
Performance Against Plan £'000s							
Category	Annual Plan	In Month Position			21/22 YTD Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	101,699	8,728	8,950	223	74,786	76,816	2,030
System Top Up Funding	4,842	373	373	(0)	3,716	3,724	8
Non NHS income support	1,537	110	110	0	1,207	1,207	0
Covid-19 Funding	2,822	228	228	0	2,137	2,137	0
Private Patient income	4,101	261	509	248	3,038	5,401	2,363
Other income	6,365	550	610	60	4,694	4,475	(219)
Pay	(71,105)	(6,126)	(5,936)	189	(52,635)	(53,108)	(473)
Non-pay	(40,952)	(3,290)	(3,618)	(328)	(29,906)	(31,278)	(1,371)
EBITDA	9,308	834	1,226	391	7,037	9,375	2,337
Finance Costs	(6,616)	(549)	(548)	1	(4,972)	(4,942)	30
Capital Donations	4,750	616	182	(434)	2,850	1,893	(957)
Operational Surplus	7,443	902	860	(41)	4,916	6,326	1,411
Remove Capital Donations	(4,750)	(616)	(182)	434	(2,850)	(1,893)	957
Add Back Donated Dep'n	540	45	47	2	404	420	16
Control Total	3,232	331	725	394	2,470	4,853	2,384
EBITDA margin	8.0%	8.4%	11.7%	3.3%	8.2%	10.4%	2.2%

Statement of Financial Position £'000s				
Category	Nov-21	Dec-21	Movement	Drivers
Fixed Assets	79,404	79,461	57	
Non current receivables	1,147	1,081	(66)	
Total Non Current Assets	80,551	80,542	(9)	
Inventories (Stocks)	1,340	1,489	149	
Receivables (Debtors)	6,689	6,832	143	
Cash at Bank and in hand	24,205	25,241	1,036	Donation received from Headley Court for Veterans Centre
Total Current Assets	32,234	33,562	1,328	
Payables (Creditors)	(16,925)	(17,444)	(519)	Donation received on account from Headley Court for Veterans Centre offset by reduction in deferred income
Borrowings	(1,337)	(1,344)	(7)	
Current Provisions	(605)	(538)	67	
Total Current Liabilities (< 1 year)	(18,867)	(19,326)	(459)	
Total Assets less Current Liabilities	93,918	94,778	860	
Non Current Borrowings	(4,053)	(4,053)	0	
Non Current Provisions	(957)	(957)	0	
Non Current Liabilities (> 1 year)	(5,010)	(5,010)	0	
Total Assets Employed	88,908	89,768	860	
Public Dividend Capital	(36,108)	(36,108)	0	
Retained Earnings	(22,396)	(22,396)	0	
Revenue Position	(5,466)	(6,326)	(860)	Current period surplus
Revaluation Reserve	(24,938)	(24,938)	0	
Total Taxpayers Equity	(88,908)	(89,768)	(860)	

Sustainability (Recurrent) Plan 2021/22						
Category	In Month Position (£'000)			Year To Date Position		
	Recurrent Plan	Recurrent Actual	Variance	Recurrent Plan	Recurrent Actual	Variance
Clinical Income	8,764	8,765	1	78,875	78,875	0
System Top Up Funding	0	0	0	0	0	0
Non NHS income Support	0	0	0	0	0	0
Covid-19 Funding	0	0	0	0	0	0
Private Patient income	263	263	0	4,069	4,069	(0)
Other income	553	551	(2)	4,978	4,978	0
Pay	(5,985)	(5,985)	0	(53,946)	(53,946)	0
Non-pay	(3,304)	(3,318)	(14)	(31,340)	(31,354)	(14)
EBITDA	291	276	(15)	2,637	2,623	(14)
Finance Costs	(562)	(548)	13.50	(5,055)	(5,060)	(5)
Capital Donations	616	182	(434)	3,067	1,892	(1,175)
Operational Surplus	346	(90)	(436)	649	(545)	(1,194)
Remove Capital Donations	(616)	(182)	434	(3,067)	(1,892)	1,175
Add Back Donated Dep'n	45	47	2	404	421	17
Control Total	(225)	(226)	(0)	(2,014)	(2,016)	(2)

Draft Finance Metrics (New Single Oversight Framework)

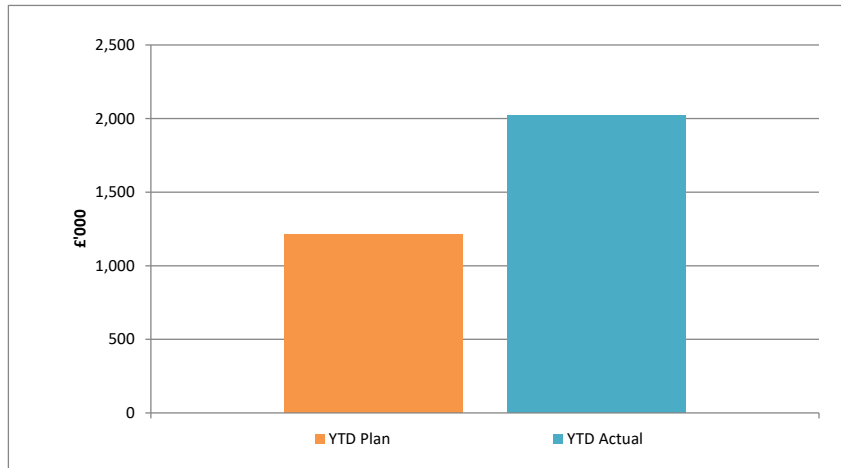
Performance against Financial Plan	■	Underlying financial plan	■	Debtor Days	YTD 20
Expenditure run rate	■	Overall trend in reported financial position	■	Creditor Days	51



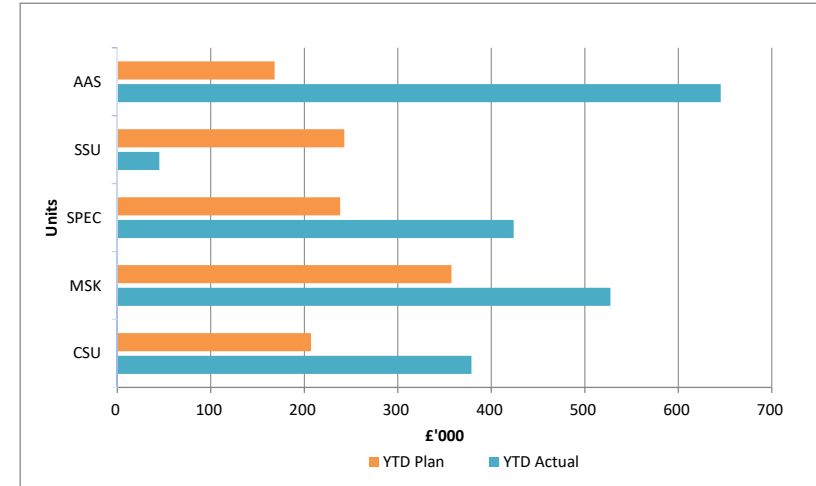
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Finance Dashboard 31st December 2021

Trust YTD Achievement Against YTD Plan £000's



YTD Efficiencies Achievement £000's



Efficiencies Total

YTD Efficiencies

Capital

Forecast

Position as at	Capital Programme 2021-22							
Project	Annual Plan £000s	In Month Plan £000s	In Month Complete £000s	In Month Variance £000s	YTD Plan £000s	YTD Complete £000s	YTD Variance £000s	Forecast Outturn
Backlog maintenance	600	35	36	-1	523	391	132	750
I/T investment & replacement	300	80	10	71	220	12	208	300
Capital project management	100	9	10	-1	75	91	-16	120
Equipment replacement	500	50	102	-52	350	395	-45	524
Diagnostic equipment replacement	1,701	200	86	114	800	187	613	2,184
Diagnostic equipment replacement (PDC)	99	0	0	0	0	0	0	116
Diagnostic digital capability (PDC)	0	0	0	0	0	0	0	130
Contingency	500	50	29	21	250	112	138	1,184
EPR planning & implementation	2,000	200	0	200	400	0	400	0
EPR planning & implementation (PDC)	0	0	0	0	0	0	0	600
Invest to save	200	0	0	0	100	25	75	62
Donated medical equipment	200	25	0	25	175	235	-60	250
Veterans' centre	4,500	485	182	303	3,045	1,658	1,387	3,600
Total Capital Funding	10,700	1,134	455	679	5,938	3,105	2,833	9,820
Donated medical equipment	-200	-25	0	-25	-175	-235	60	-250
Veteran's facility	-4,500	-485	-182	-303	-3,045	-1,658	-1,387	-3,600
Capital Funding (NHS only)	6,000	624	273	351	2,718	1,212	1,506	5,970

Category	Forecast			Notes
	Plan	Actual	Variance	
Clinical Income	101,699	104,365	2,666	Overperformance driven by pass through drugs, elective recovery fund and impact of pay award;
CCG Growth Funding	4,841	4,842	1	
System Top up Funding	1,536	1,536	0	
Covid-19 Funding	2,822	2,822	0	
Private Patient income	4,101	6,464	2,363	Overperformance and volume gains
Other income	6,365	6,413	48	Non recurrent HEE / Workforce income offsetting in spend.
Pay	(71,103)	(71,767)	(664)	Impact of pay award offset by covid underspends and vacancies
Non-pay	(40,952)	(42,969)	(2,017)	Pass through (drugs, devices, workforce) and PP volume.
EBITDA	9,309	11,706	2,397	
Finance Costs	(6,616)	(6,586)	30	
Capital Donations	4,750	3,793	(957)	
Operational Surplus	7,443	8,913	1,470	
Remove Capital Donations	(4,750)	(3,793)	957	
Add Back Donated Dep'n	539	555	16	
Control Total	3,232	5,675	2,443	

0. Reference Information

Author:	Nia Jones, Head of Planning	Paper date:	27 January 2022
Executive Sponsor:	Kerry Robinson Chief Performance, Improvement and OD Officer	Paper Category:	Performance
Paper Reviewed by:	Finance, Planning and Digital Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board is asked to note the key requirements as set out in the 2022/23 priorities and operational planning guidance for their respective portfolios.

2. Executive Summary

2.1. Context

The 2022/23 priorities and operational planning guidance sets out the requirements for 2022/23 and direction of travel for 2023/24 and 2024/25.

2.2. Summary

This paper set out the specific requirements in the guidance against the priorities outlined, pulling out those required by/or impact RJAH.

For ease of reference, the key deliverables required in the following areas:

- **Workforce:**
 - workforce plan requirements
 - recruitment
 - retention
 - well-being
 - equality
 - new models of care; different roles
 - system bank
 - agency reduction
 - training provision
 - job planning – highest attainment levels
 - e-rostering – highest attainment levels.
- **Elective recovery:**
 - activity (110% 2022/23 to 130% 2024/25 against pre covid baseline)
 - diagnostics (120% 2022/23 against pre covid baseline)
 - waiting times standards (104 weeks, 78 weeks, 52 weeks)
 - cancer standards (Feb 2020 performance for 62 days, improvement in all cancer standards)

2022/23 Priorities and Operational Planning Guidance

- PIFU
- advice and guidance
- bed capacity (pre-covid minimum level)
- delayed discharges (to be sustained)

- **Digital:**
 - deliver pathology and imaging digital road map (10% productivity improvement output in 2024/25)
 - access to the Local Care Shared Record across NHS and LA providers
 - technical capability required for population health management
 - first year's priorities for achieving a core level of digitisation by march 2022;
 - Costed three-year digital investment plans by June 2022
 - skilling up workforce to maximise the opportunities of digital solutions
 - NHS e-referral service (e-RS) to become an any-to-any health sector triage, referral and booking system by 2025.

- **Finance:**
 - 1 year revenue allocation to be issued and 3-year capital allocation.
 - Significant additional efficiencies expected, on top of the NHS Long Term Plan requirements, moving back to and beyond pre-pandemic levels of productivity
 - financial objective to deliver a financially balanced system (duty on breakeven),
 - written contracts between commissioners and all providers (NHS and non-NHS) will be needed to cover the whole of the 2022/23 financial year.
 - System allocation or specific identified funding stream expectations are noted in further detail in the paper where identified.

- **Additional Board level requirements:**
 - Trust performance packs are expected to be disaggregated by deprivation and ethnicity
 - board level Net Zero lead and a Green Plan, and are asked to deliver carbon reductions against this throughout 2022/23.

2.3. Conclusion

The Board is asked to note the key requirements as set out in the 2023/24 priorities and operational planning guidance for their respective portfolios.

The Head of Planning will create the RJAH planning framework in the context of this guidance and the requirements of the forming ICS, setting out accountabilities and requirements aligned to Senior Leaders portfolios, together with time frames and governance.

3. The Main Report

3.1. Introduction

The 2022/23 priorities and operational planning guidance sets out the requirements for 2022/23. The paper set out the specific requirements in the guidance against the priorities outlined.

System allocation or specific identified funding stream expectations are noted where identified.

For ease of reference, the areas most relevant to RJAH are underlined in the paper.

3.2. 2022/23 priorities and operational planning guidance overview

The 2022/23 priorities and operational planning guidance sets out the following priorities for 2022/23:

- A Invest in our workforce
- B Respond to COVID-19 ever more effectively
- C Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- D. Improve responsiveness of Urgent and emergency care and build community care capacity
- E. Improve timely access to primary care
- F. Improve Mental Health services and services for people with a learning disability and/or autistic people
- G. Continue to develop our approach to population health management, prevent ill health and address health inequalities
- H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- I. Make the most effective use of our resources
- J. Establish ICBs and collaborative system working
- **Additional Board level requirements:** Trust performance packs are expected to be disaggregated by deprivation and ethnicity, board level Net Zero lead and a Green Plan, and are asked to deliver carbon reductions against this throughout 2022/23.

3.2.1. Invest in our workforce

- Look after our people:
 - Improve retention: Delivery of the NHS People Promise objectives (flexible working, career conversations, pension education)
 - Support health and well-being: Health and well-being conversations, mental health hubs (continued funding of mental health hubs to enable staff access to enhanced occupational health and wellbeing and psychological support)
 - Sickness absences: address root cause of sickness absence, support staff to return to work
- Improve Belonging in the NHS
 - Improve the Black, Asian and minority ethnic disparity ratio

2022/23 Priorities and Operational Planning Guidance

- Deliver the six high impact actions to overhaul recruitment and promotion practices. (Ensuring Board leaders own the agenda; promoting explanation and accountability to ensure fairness during selection processes; Talent identification; enhance inclusive recruitment and promotion practice support; overhaul candidate selection processes; adopt resources, guides and tools to have productive conversations on core inclusion topics such as race and disability)
- Implement plans to promote equality across all protected characteristics
- Work differently
 - Introduction of new roles: anaesthetic associates, first contact practitioners and advanced clinical practitioners
 - MDT care closer to home workforce: virtual wards, discharge to assess models
 - Highest level of attainment for e-job planning (16 standards)
 - Highest level of attainment for e-rostering (17 standards)
 - Establish or become part of volunteer services (NHS cadets & NHS reservists)
- Grow for the future
 - Expand international recruitment (investment available to expand the national international recruitment programme and support to recruit more allied health professionals)
 - National healthcare support worker (HCSW) recruitment and retention programme
 - Leverage role of NHS organisations as anchor institutions/networks to widen participation and create training opportunities
 - Expanding apprenticeships
 - Expanding collaborative system banks
 - Reducing reliance on high-cost agency staff
 - Adequate time in job plans of supervisors to ensure training of postgraduate doctors
 - Ensure sufficient clinical placement capacity to enable students to qualify and register as close to their initial expected date as possible

3.2.2. Respond to COVID-19 ever more effectively

- Vaccinations: systems asked to plan to maintain the infrastructure that underpins our ability to respond as needed

3.2.3. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

- Develop an elective recovery plan for 2022/23, setting out how the first full year of longer-term recovery plans will be achieved
 - Continue to separate services and to maintain maximum possible levels of inpatient, daycase, outpatient and diagnostic activity, recognising the requirement to release staff to support the vaccination programme and respond to the potential increase in COVID-19 cases
 - Elective care, UEC, social care and mental health will be managed in a way that ensures elective recovery can be protected and any disruptions minimised
 - Implementation of updated UK Health Security Agency (UKHSA) guidance, ensuring safety concerns appropriately balanced)
 - Deliver 30% more elective activity by 2024/25, after accounting for the impact of improved care offer through system transformation, and specialist advice, including advice and guidance
 - Deliver 10% more elective activity in 2022/23

2022/23 Priorities and Operational Planning Guidance

- Treatment should continue to be prioritised based on clinical urgency
- Steps should be taken to ensure inclusive recovery and reduce health inequalities where they are identified
- Systems should make use of alternative providers if people have been waiting a long time for treatment
- Eliminate waits over 104 weeks as a priority and maintain this position through 2022/23 (except where patients choose to wait longer)
- Reduce waits over 78 weeks
- Develop plans for overall reduction in 52 weeks waits where possible
- 3 monthly reviews for patients over 78 weeks, with 3 monthly reviews of patients over 52 weeks from 1st July 2022.
- Reduce outpatient follow ups by a minimum of 25% against 19/20 activity levels by March 2023 (specific targets to be agreed with systems)
 - PIFU: expanding uptake to all major specialties, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023.
 - Effective discharge were clinical intervention exhausted
 - Streamlined diagnostics
 - Delivering ratio of 16 to 100 (specialist advise/A&G to new attendances) by March 2023
 - Released capacity impact to be planned proactively into patient pathway/staff impact (increased clock stops/reducing clock starts)
- Elective recovery and Capital funding
 - £2.3 billion allocated to systems to support recovery of elective services
 - £1.5 billion capital available to NHS over 3 years to support:
 - New surgical hubs
 - Increased bed capacity
 - Equipment
- Complete recovery and improve performance against cancer waiting times standards
 - Return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020)
 - Meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments.
 - Ensuring there is sufficient diagnostic and treatment capacity to meet recovering levels of demand
 - Work with cancer alliances to develop and implement a plan to improve performance against all cancer standards, (Plans will form basis of cancer Alliance Funding agreements) with focus on;
 - 62 day urgent referral to first treatment standard
 - 28 day faster diagnosis standard
 - 31-day decision to treat to first treatment standard
 - Make progress against the ambition in the NHS Long terms Plan to diagnose more people with cancer at an earlier stage, with particular focus on disadvantaged areas where rates of early diagnosis are lower.
 - Ensure Trusts have fully operational and sustainable patient stratified follow up (PSFU) pathways for breast, prostate, colorectal and one other cancer by the end of the first quarter of 2022/23; and for two further cancers (one of which should be endometrial cancer by March 2023).
 - Increase the recruitment and retention of clinical nurse specialists, cancer support workers and pathway navigators, and promote take up of clinical training opportunities for the cancer workforce.
- Diagnostics
 - Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23

2022/23 Priorities and Operational Planning Guidance

- Develop investment plans that lay the foundations for further expansion of capacity through community diagnostic centres in 2023/24 and 2024/25.
- Three year capital funding allocations will be included in system envelopes for this purpose
- National investment through HEE is planned to facilitate training and supply of workforce
- Systems will be able to access dedicated revenue funding to support set up and running of CDCs subject to business case approvals
- Utilise capital allocations to:
 - Develop additional digitally connected imaging capacity
 - Ensure acute sites have minimum of 2 CT scanners
- Operational capital resources to be used to reduce the backlog of diagnostic equipment replacement over 10 years old.
- Pathology and imaging networks are asked to complete the delivery of their diagnostic digital roadmaps as part of their digital investment plans
- Refreshed roadmaps need to include specific plans setting out how pathology and imaging networks and CDCs will with their systems support artificial intelligence (AI) research and innovation, and the scalable and sustainable integration of AI-driven diagnostics.
- Implementation of digital diagnostic investment is expected to deliver at least a 10% improvement in productivity by 2024/25 in line with the best early adopters.
- Pathology networks should meet a minimum ‘maturing’ status on the pathology network maturity framework by 2024/25
- Systems should meet the requirements of all national data collections for diagnostic services and support the work to scope creation of endoscopy and clinical physiology networks.

3.2.4. Improve the responsiveness of urgent and emergency care and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting

- An essential requirement is to increase the capacity of the NHS by the equivalent of at least 5000 G&A beds and return, as a minimum, to pre-pandemic levels of bed availability through a combination of:
 - System capital plans to increase physical bed capacity as part of elective recovery plans
 - Re-establishing bed capacity consistent with the latest UKHSA IPC guidance
- Urgent and emergency care
 - Ensure stability of services and have planned contingency in advance of next winter
 - Systems are asked to put in place integrated health and care plans for children and young people’s services that include a focus on urgent care; building on learning from pilots placing paediatric staff within NHS 111 services; better connections between paediatric health services; joining up children’s services across the NHS and local authorities; improving transitions to adult services; and supporting young people with physical and mental health needs within acute and urgent care settings.
- Transform and build community services capacity to deliver more care at home and improve hospital discharge
 - Systems need to develop a plan for reduction of community service waiting lists and ensure compliance with national sitrep reporting.

2022/23 Priorities and Operational Planning Guidance

- Systems should seek to sustain the improvement in delayed discharges in 2022/23 working with local authority partners and supported by Better Care Fund and the investment in virtual wards.
- Identify digital priorities to support the delivery of out-of-hospital models of care through the development of system digital investment plans, ensuring community health service providers are supported to develop robust digital strategies to support improvements in care delivery
- Deliver radical improvements in quality and availability against national data requirements and clinical standards, including the priority areas of urgent care response and MSK.

3.2.5. Continue to develop our approach to population health management, prevent ill-health and address health inequalities

- Population health
 - ICSs will drive the shift to population health, targeting interventions at those groups most at risk, supporting health prevention as well as treatment, building on the Core20PLUS5 approach introduced in 2021/22.
 - Systems are asked to develop plans by June 2022 to put in place systems, skills and data safeguards that will act as the foundation for safe and effective use of patient data.
 - By April 2023 every system should have in place the technical capability required for population health management, with longitudinal linked data available to enable population segmentation and risk stratification, using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities. Systems are encouraged to work together to share data and analytic capabilities.
- Robust plans for the prevention of ill-health
 - Robust plans for the prevention of ill-health reflecting the primary and secondary prevention deliverables as outlines in the NHS Long Term Plan
 - Led by a nominated senior responsible officer (SRO)
 - Plans should set out how system allocations will be deployed to
 - Support the rollout of tobacco dependence treatment services in all inpatient and maternity settings (£42 million SDF funding)
 - Improve uptake of lifestyle services, the Diabetes Prevention Programme, Low Calories Diets, the new Digital Weight Management Programme and digitally supported self-management services.
 - Reduce antibiotic use in primary and secondary care – early identification and treatment of bacterial infections, intravenous antibiotics only used for as long as clinically necessary, with a switch to oral antibiotics as soon as appropriate
 - Reducing inequalities in access to and outcomes from NHS public health screening and immunisation services.
 - Adopt culturally competent approaches to increasing vaccination uptake
 - Deliver personalised care commitments – social prescribing referrals, personal health budgets, personalised care and support plans

3.2.6. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes

2022/23 Priorities and Operational Planning Guidance

- Acute, community, mental health and ambulance providers are required to meet a core level of digitisation by March 2025
- By March 2022, systems should develop plans that set out their first year's priorities for achieving a core level of digitisation across all these settings (as set out by the Frontline Digitisation minimum viable product, which will be published by 31st December 2021)
- Costed three-year digital investment plans should be finalised by June 2022 in line with What Good Looks Like (WGLL)
- Funding will be available to establish dedicated system teams to support the development and delivery of the system plans, which should:
 - Include provision for robust cyber security across the system
 - Consolidate purchasing and deployment of digital capabilities, such as electronic patient records and workforce management systems, at system level where possible
 - Set out steps taken locally to support digital inclusion
 - Consider how digital services can support the NHS Net Zero Agenda
- Capital will be available to systems for three years from 2022/23, to support digitisation of acute, ambulance and community services.
 - £250 million will initially be allocated to systems for 2022/23 while they develop their digital investment plans. This funding will be directed to services and settings that are the least digitally mature.
- By March 2023, all systems with a Shared Care Record Collaborative can exchange information across the whole collaborative, with a view to national exchange by March 2024. (standards to follow)
- Local authorities with social service responsibilities connected to their local Shared Care Record solution by March 2023, other social care providers within 6 months of them having an operational digital social care record.
- Suppliers comply with interoperability standards (to be issued by April 2022)
- 60% adult registration to NHS App and NHS.UK by March 2023
- Plans developed to support skilling up workforce to maximise the opportunities of digital solutions
- NHS e-referral service (e-RS) to become an any-to-any health sector triage, referral and booking system by 2025.(central support available)

3.2.7. Make the most effective use of our resources

- £8 billion to support tackling the elective backlog over the next 3 year, from 2022/23 to 2024/25
 - £2.3 billion in 2022/23 to support elective recovery
- £23.8 billion capital resources over the next 3 years
 - £4.2 billion of funding to support building of 40 new hospitals and upgrade of more than 70 hospitals
 - £2,3 billion to transform diagnostic services
 - £2.1 billion for innovative use of digital technology
 - £1.5 billion to support elective recovery
- Once year revenue allocations to 2022/23 and three-year capital allocations to 2024/25 to be issued shortly.
- Remaining 2-year revenue allocations to 2024/25 to be published in the first half of 2022/23.
- Use of resources
 - NHS is expected to fully restore core services and make significant inroads into the elective backlog and NHS Long Term Commitments

2022/23 Priorities and Operational Planning Guidance

- Assumes the NHS takes out cost and delivers significant additional efficiencies, on top of the NHS Long Term Plan requirements, moving back to and beyond pre-pandemic levels of productivity when the context allows this.
- Scale of efficiency requirement to be sustained throughout the 3 year period and system should ensure they develop plans that deliver the necessary exit run-rate position to support the delivery of future requirements. (additional guidance to follow with support programmes available)
- Financial Framework
 - Focus on financial discipline and management of NHS resources within system financial balance
 - Partner organisations should work together to deliver the new duties on ICBs and trusts
 - ICBs and the boards of their constituent partners must be clear on the lines of financial accountability in managing NHS resources. This includes managing public money, statutory responsibilities and other national expectations.
 - A glidepath from current system revenue envelopes to fair share allocations.
 - In addition to the general efficiency requirement, will apply a convergence adjustment to bring systems gradually towards their fair share of NHS resources.
 - Multi-year operational capital allocations set at ICB level
 - Provisions designed to ensure that ICBs and trusts are collectively held responsible for their use of revenue and capital resources
 - Each ICB and its partner trusts will have a financial objective to deliver a financially balanced system, namely a duty on breakeven.
 - A return to signed contracts and local ownership for payment flows under simplified rules
 - Written contracts between commissioners and all providers (NHS and non-NHS) will be needed to cover the whole of the 2022/23 financial year. (separately publishing an updated draft of the NHS Standard Contract for 2022/23 for consultation, the final version to be published in February 2022)
 - Additional revenue and capital funding will be provided to systems to support elective recovery, with access to additional revenue where systems exceed target levels. Payment will be linked to the actual level of activity delivered
 - ICBs will continue to be required to deliver the MHIS, as well as to meet other national investment expectations. (additional guidance to follow)
 - For those services that continue to be commissioned by NHS England in 2022/23, mechanisms to strengthen joint working with ICBs will be established.

3.2.8. Establish ICBs and collaborative system working

- This section is subject to the passage of the Health and Care Bill through parliament with a new target date of 1st July 2022 agreed for the new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established.
- National and local plans for ICS implementation will be adjusted to reflect this timescale with an extended preparatory phase from 1st April 2022 up to the point of commencement of the new statutory arrangements. During this period:
 - CCGs will remain in place as a statutory organisations
 - CCG leaders will work closely with ICB leaders in key decisions that will affect the future ICB, notably contracting and commissioning
 - NHS England and NHS Improvement will retain all direct commissioning not already delegated to CCGs.
- CCG leaders and designate ICB leaders should continue with preparations for the closure of CCGs and the establishment of ICBs, working to the new target date

2022/23 Priorities and Operational Planning Guidance

- ICB designate chairs and chief executives should continue to progress recruitment to their designate leadership teams, adjusting timelines as necessary while managing immediate operational demands.
- Designate ICB leaders, CCG accountable officers and NHS England and NHS Improvement regional teams will be asked to agree ways of working for 2022/23 before the end of March 2022 (including the Q1 period).
- ICB's refreshed five year system plans expected to be required in March 2023
 - This plan will be published and must take account of the strategy produced by the ICP, and the joint strategic needs assessments and joint health and wellbeing strategies produced by the relevant health and wellbeing board(s).
 - Delivering specific objectives under the 4 purposes to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Support broader social and economic development
 - Reflect the national priorities and ambitions for the NHS
 - Take account of the responsibilities for commissioning services currently directly commissioned by NHS England.

3.3. Conclusion

The Board is asked to note the key requirements as set out in the 2023/24 priorities and operational planning guidance for their respective portfolios.

The Head of Planning will create the RJAH planning framework in the context of this guidance and the requirements of the forming ICS, setting out accountabilities and requirements aligned to Senior Leaders portfolios, together with time frames and governance.

0. Reference Information

Author:	Nia Jones, Head of Planning	Paper date:	27 January 2022
Executive Sponsor:	Kerry Robinson Chief Performance, Improvement & OD Officer	Paper Category:	Performance
Paper Reviewed by:	Finance, Planning and Digital Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper sets out the RJAH proposed timetable for planning sign-off and submissions subject to further guidance nationally or from the system on the system level sign-off timelines.

Following further guidance from the ICS on the 24th January have been incorporated into the plan.

The paper has been shared with both the Senior leaders Group and Finance, Planning and Digital Committee.

2. Executive Summary

2.1. Context

The 2022/23 priorities and operational planning guidance issued on the 24th December 2021 advises that the planning timetable has been extended to the end of April 2022 for the date for submission with draft plans due in mid-March.

We are advised that will be kept under review and further guidance will be published setting out the requirements for plan submission.

2.2. Summary

There are currently no further set timelines other than those identified above within the guidance and therefore the timeline identified and attached are RJAH indicative guidelines based on previous year's submissions.

The RJAH internal sign off process will be reviewed in line with further guidance received at a National or system level as it is received.

Following further guidance from the ICS on the 24th January have been incorporated into the plan.

The timetable has also been updated to reflect the changes to the RJAH Trust Board meeting scheduled for 2022/23.

2.3. Conclusion

The Committee are asked to note the RJAH proposed timetable for planning sign-off and submissions subject to further guidance nationally or from the system on the system level sign-off timelines.

Proposed Operational Plan Timetable	
Draft submissions for all narrative sections of financial and commissioning implications	18 th February 2022
Draft Plan to Trust FPD prior to submission to Trust Board	22nd February 2022
Draft Plan to Trust Strategy Board prior to submission to CCG	24th February 2022
Submission of draft plan to CCG for collation and consolidation	24 th February 2022
Draft plan reviewed at System Planning and Performance Group	4 th March 2022
	-
Final amendments to draft plans to be made and reviewed at System Planning and Performance Group	11 th March 2022
System CEO sign off of draft submissions of Narrative; Activity and performance; Workforce; Finance	16th March 2022
NHSE submission (draft plan)	17 th March 2022
Submission to Trust FPD prior to submission to Trust Board	22nd March 2022
Submission to Trust Board (private?) prior to submission to CCG	6th April 2022
Draft to be reviewed at System Planning and Performance Group <ul style="list-style-type: none"> • Final narrative • Activity and Finance • Workforce • Financial Plan 	15 th April 2022
Final amendments to plans to be made and reviewed at System Planning and Performance Group	15 th April 2022
System Planning and Performance Group sign-off of final submission of: <ul style="list-style-type: none"> • Narrative • Activity and performance • Workforce • Finance 	22 nd April 2022
System Planning Group sign off of first draft of: Mental health workforce submission	

2022/23 Priorities and Operational Plannin

Sustainability Committee to sign off final draft of Narrative; Activity and Performance; Workforce; Finance	25 th April 2022
ICS Board sign off of final draft of Narrative; Activity and performance; Workforce; Finance	27 th April 2022
ICS Board sign off of first draft of Mental health workforce submission	
Submission date for: <ul style="list-style-type: none"> • Final narrative • Activity and Finance • Workforce • Financial Plan 	28 th April 2022

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	27 January 2022
Executive Sponsor:	Alison Tumilty Non-Executive Director	Paper Category:	Governance
Paper Reviewed by:	Chair of the Audit and Risk Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the Audit and Risk Committee Meeting held on 10 January 2022 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control 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 is responsible for seeking assurance regarding the Trust's internal and external audit programme, the local counter fraud service and compliance with the law and regulations governing the Trust's activities. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.

2.2 Summary

Key points to highlight from the meeting

- The meeting was well attended and noted as quorate
- Progress reports were received from internal and external audit
- The Committee received the Security Annual Report and the Quality and Safety Annual Report
- The Committee approved the review of accounting policy and SFI/SoD
- There were no risks to escalate to the Board
- The Committee asked for the assurance from the People Committee regarding Consultant Annual Leave – reported via the Planned Care Internal Audit.

2.3. Conclusion

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

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Extra Ordinary Audit Committee which met on 10 January 2022. The meeting was quorate with 3 Non-Executive Directors present. A full list of the attendance is outlined below:

Attendance:
Alison Tumilty, Non Executive Director Harry Turner, Non Executive Director Paul Kingston, Non Executive Director Craig Macbeth, Chief Finance and Planning Officer Kerry Robinson, Chief Performance, Improvement and OD Officer Stacey Keegan, Chief Executive Officer Sara Ellis Anderson, Chief Nurse and Patient Safety Officer Ruth Longfellow, Chief Medical Office Simon Adams, Director of Digital Makr Salisbury, Operational Director of Finance Lisa Newton, Assistant Chief Nurse for Specialist Services Jo Banks, Managing Director for MSK Unit Diana Owen, Head of Financial Accounting Greg Rubins, BDO Representative James Shortall, Counter Fraud Representative Mo Ramzan, Deloitte Representative Yasmin Ahmed, BDO Representative Mary Bardsley, Assistant Trust Secretary Ash Donohoe-Harrison, Governance Lead
Apologies: Shelley Ramtuhul and Sarfraz Nawaz

3.2 Actions from the Previous Meeting

The Committee reviewed the update provided for each action. The Committee asked for the Medical Devices Policy to be circulated following presentation at the Quality and Safety Committee for oversight.

3.3 Key Agenda

The Committee received all items required which were requested, an outline of each item is provided below :

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
Declaration of Interest		
None to note	N/A	
Risk Management Report		
The Committee received the report which details the current risks within the Trust and their status. The Non-Executive Directors asked for further assurance on the following: <ul style="list-style-type: none"> • Support and reporting process for overdue risks and incidents • Encouraged the Trust to look to improving and aligning the incidents with quality improvement • Standardise the reporting inline to the Board reports 	Partial	Verbal assurance sought following discussions but further information to be reporting to align incidents to quality improvement work, this is to be reflected in to the report along with the

Chair's Assurance Report
Audit and Risk Committee – 10 January 2022

The Committee noted there has been a change In Managing Directors leading the units and therefore took assurance that the risks were being reviewed in full		reporting and support process of overdue risks.
Security Annual Report		
The Committee noted the annual report for 2020/21. The report highlighted the processes that are in place for measuring incidents, reviewing them, learning from them and any preventative actions. Further improvements are to be completed on increasing DATIX reporting and reduction in physical assault. The Committee asked for further consideration on the following: <ul style="list-style-type: none"> • Timely reporting of the annual report to ensure assurance/issues are highlighted asap • Cross reference the effects of physical assaults to the People Committee to support staff with health and wellbeing The Committee noted the paper and took assurance from the detail included.	Yes	
MSK Unit Deep Dive		
Following the presentation of the report, it was noted that further work is to be completed to ensure the units are cross sharing and thematic reviews of the data. The Committee agreed for the Managing Directors to create a focus piece of work to bring further assurances to the Committee on the improvements that being progressed. The Committee noted the report, taking assurance from this that risks are being managed and that the team are aware of the risks in place through the sharing in the MSK unit.	Yes	
Finance Governance Pack		
The Committee thanked the Trust for the fully comprehensive report, noting the data provided and taking assurance from this. There were no issues or concerns raised.	Yes	
Register of Interests and Hospitality		
The Committee asked for further information on the following to be incorporated into the next report: <ul style="list-style-type: none"> • A summary of the numbers declared and outstanding are included in the report to offer assurance on whether these align to the Trust policy • Separate the two registers • Information regarding the approval process in place relating to hospitality • consideration is taken to reporting hospitality offers whether they were accepted or received or not The Committee noted the report, although requested further information to offer higher assurance on the hospitality and register of interests to ensure the Trusts policy is being adhered to.	Partial	Sought further assurance on the process in place to ensure the Trusts policy is being adhered too.
Quality and Safety Committee Annual Report		
The Committee were assured the QS Committee is completing its duties and responsibilities for the Trust. The Chair of the meeting will be asked to present the report in the future to provide feedback, assurance and support cross cover throughout the Board.	Yes	
Policy Tracker		
There are currently 28 policies that are currently overdue: <ul style="list-style-type: none"> • 7 of those are scheduled to be presented at a forthcoming meeting 	Yes	

Chair's Assurance Report
Audit and Risk Committee – 10 January 2022

<ul style="list-style-type: none"> 21 being chased again with emails and copied the Senior Leaders for awareness <p>Concerns were raised regarding the overdue dates of some of the policies. The Committee were informed that risk assessments have been completed against all overdue documents. It was noted that the Trust is in a much better position than previously reported. The Trust agreed to align the current overdue policies to the relevant meeting workplans.</p>		
Standing Financial Instructions (SFI) and Scheme of Delegation		
<p>The annual review was presented noting no changes to the Standing Financial Instructions is proposed and 2 changes to the Scheme of Delegation are suggested relating to approval limits for requisitions and payments and tendering limits above which European legislation has to be complied with.</p> <p>The Committee discussed the approval suggestion to increase the Chief Finance Officer's limit from £75k to £99k keeping the requirement for anything above £100k to be approved by both the Chief Executive and the Chief Finance Officer. The Trust explained the difference between internal and system controls.</p> <p>The Committee noted the document and approved recommending this is taken to Board for final sign off, pending further information being added to explain funding approval.</p>	Yes	
Accounts Timetable		
<p>The paper provides information on the key dates and deadlines for the production of the annual accounts and annual report for this year. The paper will be shared with the Board of Directors later in the month along with a request for formal delegation for approving the annual report and accounts on behalf of the Board.</p> <p>The Committee sought assurance from external audit regarding the timeframe which they agreed is achievable.</p>	Yes	
Review of Accounting Policies		
<p>The Committee were informed of the changes to the policies. There were no issues raised regarding the policy and process. The Committee approved the policy.</p>	Yes	
Counter Fraud Progress Report		
<p>The Committee were informed of the recently agreed terms of reference for a local, proactive exercise that will be completed relating to Controls and Management of Private patient income. The exercise has been postponed in the past due to the pandemic although offered assurance over the controls of this area.</p> <p>The Trusts Communications Team supported International Fraud Awareness week by raising awareness.</p> <p>It was noted that there are currently no ongoing on new allegations within the Trust.</p> <p>The Committee were assured from the progress report, with the plan in progress and several green RAG rated actions.</p>	Yes	
Internal Audit Progress Report		
<p>The Committee received the following for consideration:</p> <ul style="list-style-type: none"> Progress Report Main Financial Systems – provided substantial assurance 	Partial	Assurance sought from BDO – information to be sought from the People Committee on consultant annual leave and policy

Chair's Assurance Report
Audit and Risk Committee – 10 January 2022

<ul style="list-style-type: none"> Planned Care – concerns raised regarding consultant annual leave which is to be discussed at the People Committee. Delayed Discharges – moderate assurance provided. The Committee were informed the policy has since been approved/embedded which includes a number of appendices, a checklist and a letter template Follow Up Report – concerns were raised over the risk of final reports not being completed for year end. <p>The Committee noted the reports, taking assurance from the information provided.</p>		to be shared at the next meeting.
External Audit Progress Report		
The Committee received an update from external audit, the progress was noted the progress and were assured that everything is in line with where it needs to be at this moment in time.	Yes	
Annual Review of External Audit Effectiveness		
Following a review, the Committee were fully assured the service provided by External Audit was effective and noted the good response and positive Committee submitted about the good relationship between External Auditors and the Trust and how they're always available to discuss any issues, based on their experience.	Yes	
Chair Report: Information Governance Committee		
<p>It was noted that no risks were escalated following the meeting. The areas were partial or no assurance were highlighted, which the Trust we continue to monitor:</p> <ul style="list-style-type: none"> IT Security - New vulnerability identified National Cyber Security Centre's (NCSC) - IG Incident Summary Report - Further confirmation to be sought in regard to the legalities within the policy of patients taking photos on personal devices of their surgical sites whilst in the Trust and conformance with policy Data Quality Assurance Update - MD to be debriefed on the lack of progress of Data Quality within the Cancer PTL. HCR – Due to lack of representation at the meeting, assurance was not gained on the confirmation of records destroyed. <p>The meeting was not quorate due to the Trust responding to ongoing Covid issues, although subsequent meetings have taken place with individuals, to ensure clarity on actions from the meeting, with no disagreements to the actions taken. The Committee noted the document and felt assured by the information presented, although requested further detail to the assurance gained in future Chair reports.</p>	Yes	
Committee Terms of Reference		
The Chair of the meeting requested a meeting with the Trust Secretary to review the Terms of Reference to streamline and improve the effectiveness of the Committee.	Yes	
Committee Work Plan		
The committee considered the work plan and requested the Data Quality Report and Account Fraud Risk Register is incorporated into the plan.	Yes	

Chair's Assurance Report
Audit and Risk Committee – 10 January 2022

3.4 Approvals

Approval Sought	Outcome
Review of Accounting Policies	Approved
Standing Financial Instructions (SFI) and Scheme of Delegation	Approved (ahead of formal approval by the Board)

3.5 Risks to be discussed

During its business the Committee there were no risks to be escalated by the Committee.

3.6 Committee Cross Reference

During the course of its business the Audit and Risk Committee asked for the People Committee to further investigate concerns raised regarding Consultant Annual Leave. It was noted that the policy is yet to be approved

3.7 Conclusion

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

Review of Standing Financial Instructions & Scheme of Delegation

0. Reference Information

Author:	Diana Owen, Head of Financial Accounting	Paper date:	27 January 2022
Executive Sponsor:	Craig Macbeth, Chief Finance Officer	Paper Category:	Governance / Performance
Paper Reviewed by:	Audit & Risk Committee	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors is asked to **review** the proposed amendments to the Trust's Standing Financial Instructions (SFIs) and Scheme of Delegation and **approve** those documents.

2. Executive Summary

2.1. Context

The SFIs and Scheme of Delegation set out the framework for how the Trust manages its financial affairs. They are required to be reviewed annually by the Board of Directors.

2.2. Summary

Both documents have been reviewed. No changes to the SFIs are proposed. There are two changes proposed to the Scheme of Delegation, one relating to the approval limits for requisitions/payments, and the other relating to the tendering limit above which European legislation must be complied with.

The proposed amendments were reviewed by the Audit & Risk Committee at its meeting on 10 January 2022 and recommended for approval.

Approval limits for requisitions/payments (section 3.1)

The limits are currently:

Limit	Authority
£499	Budget Administrator
£2,499	Budget Holder
£9,999	Operational Delivery Lead / Service Lead
£19,999	Non-Board Director
£49,999	Board Director / Managing Director / Operational Director of Finance
£74,999	Chief Finance Officer
£99,999	Chief Executive or Chief Finance Officer and 1 other Executive Director
£100,000+	Chief Executive and Chief Finance Officer

Review of Standing Financial Instructions & Scheme of Delegation

It is proposed that tier 8 (Chief Executive or Chief Finance Officer and 1 other Executive Director) is removed as it is impractical to administer within the Oracle system hierarchy. In its place the Chief Finance Officer limit will increase to £99,999. The requirement for all requisitions/payments of £100,000 or more to be approved by both the Chief Executive and Chief Finance Officer will remain. So the approval limits will be:

Limit	Authority
£499	Budget Administrator
£2,499	Budget Holder
£9,999	Operational Delivery Lead / Service Lead
£19,999	Non-Board Director
£49,999	Board Director / Managing Director / Operational Director of Finance
£99,999	Chief Finance Officer
£100,000+	Chief Executive and Chief Finance Officer

For clarity, the Scheme of Delegation covers approval of expenditure within the budgetary envelope agreed with the Shropshire Telford & Wrekin ICB. Expenditure within this limit is managed and governed by the Trust's internal processes at the levels highlighted. New expenditure (cost pressures, investments, service changes, etc.) are covered by the Business Case & Investment Policy and, where this cannot be mitigated through internal efficiency or separate funding, the investment request must be taken through the system Triple Lock Process. This requires scrutiny of the investment request by the system panel, and prioritisation against partner organisation investment requests, which can only be approved once the required level of efficiency offset has been delivered system wide.

Tendering limits above which European legislation must be complied with (section 5.1)

The limit above which tenders are subject to the Public Contracts Regulations 2015 (set by the Official Journal of the European Union, now known as the FTS – UK Govt Find a Tender Service) has just been lowered from £122,976 plus VAT to £115,633.33 plus VAT. So the limit in our Scheme of Delegation requires amendment to reflect this.

2.3. Conclusion

The Board of Directors is asked to consider and **approve** the proposed amended SFIs and Scheme of Delegation.

Annual Accounts Timetable

0. Reference Information

Author:	Diana Owen, Head of Financial Accounting	Paper date:	27 January 2022
Executive Sponsor:	Craig Macbeth, Chief Finance Officer	Paper Category:	Governance / Performance
Paper Reviewed by:	Audit & Risk Committee	Paper Ref:	
Forum submitted to:	Trust Board	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Audit & Risk Committee is asked to note the key dates and deadlines for the production of the 2021/22 annual accounts and annual report.

2. Key Dates & Deadlines

Date	Details	Responsibility
Not yet known	Month 12 Key Data return to be submitted to NHSI	Diana Owen
Tue 26 April	Draft accounts and NHSI returns to be submitted to NHSI and auditors	Diana Owen
Tue 26 April	Draft annual report to be made available to auditors	Shelley Ramtuhul
Wed 27 April	Audit & Risk Committee to review draft accounts	Audit & Risk Committee
Mon 13 June	Audit & Risk Committee to approve audited annual accounts and annual report	Audit & Risk Committee
Wed 22 June	Audited annual accounts, NHSI returns and annual report to be submitted to NHSI	Diana Owen
Not yet known	Full annual report (including annual accounts) to be submitted to DH Parliamentary Office to be laid before Parliament	Shelley Ramtuhul

Note – dates for the external audit have not yet been agreed.

3. Conclusion

The Board of Directors is asked to note the above key dates for the production of the annual reports and annual accounts.

The Board of Directors is asked to formally delegate the approval of the documents to the Audit and Risk Committee.