Board of Directors (Public) 26.11.20

MEETING
26 November 2020 11:00

PUBLISHED
25 November 2020

Agenda

Location	*Date*	*Owner*	*Time*
Teams	26/11/20		11:00

Item	Owner	Time
1. Part One - Public Meeting		
1.1. Minutes of the Previous Meeting (24 September 2020)	Chair	11:00
1.2. Matters Arising	Chair	
1.3. Declarations of Interest	Chair	
2. Chief Executive Update (verbal)	Chief Executive	11:05
2.1. Virtual Visits Feedback	Chief Executive	
3. Quality & Safety		
3.1. Chair Report: Quality and Safety Committee	Non Executive Director	11:15
3.2. Nosocomial Outbreak Update (verbal)	Chief Nurse	11:20
3.3. Flu Preparedness	Chief Nurse	11:25
3.4. Learning From Deaths	Chief Medical Officer	11:30
3.5. Infection Control Report	Chief Nurse	11:35
4. People Update		11:40
4.1. Chair Report: People Committee	Non Executive Director	
4.2. People Plan	Chief of People	
4.3. NExT Director scheme	Chief of People	
4.4. Guardian of Safe Working	Chief People Officer	11:50

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Agenda

Location	Date	Owner	Time
Teams	26/11/20		11:00

Item	Owner	Time
5. Performance & Governance		
5.1. Strategy Board Update	Chief Performance, Improvement and OD Officer	11:55
5.2. KPI Assurance Committee Alignment	Chief Performance, Improvement and OD Officer	12:00
5.3. Chair Report Audit Committee	Non Executive Director	12:05
5.4. Chair Report: Risk Management Committee	Non Executive Director	12:10
5.5. Board Assurance Framework and Corporate Objectives (to follow after Risk Committee on 24.11.20)	Trust Secretary	12:15
5.5.1. Risk Appetite and Tolerance	Trust Secretary	12:20
5.6. EPRR Update (verbal)	Chief Nurse	12:25
5.7. Chair Report: Finance, Planning and Digital Committee	Non Executive Director	12:30
5.8. Performance Report M7	Chief Performance, Improvement and OD Officer	12:35
6. Chair's Update: Policy Committee (verbal)	Non Executive Director	12:45
7. Governors Update (verbal)	Trust Secretary	12:50
8. Board Meeting Dates 2021/22	Trust Secretary	12:55

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Agenda

Location	*Date*	*Owner*	*Time*
Teams	26/11/20		11:00

9. To Note:		
9.1. On-line appointments during Covid-19	MD Support Services Unit	
9.2. Health and Safety Annual Report	Chief Nurse	
10. Any Other Business	All	13:00
10.1. Questions from the Public		
11. Next meeting: 28th January 2021		

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10. Any Other Business

10.1. Questions from the Public

11. Next meeting: 28th January 2021

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Frank Collins ☎ 4358
Chairman

Board of Directors – Public Board
24 September 2020
Minutes of Meeting

Present:

Frank Collins	Chairman	FC
Stacey-Lea Keegan	Interim Chief Executive	SLK
Harry Turner	Non-Executive Director	HT
David Gilburt	Non-Executive Director	DG
Steve White	Chief Medical Officer	SW
Craig Macbeth	Chief of Finance	CM
Rachel Hopwood	Non-Executive Director	RH
Paul Kingston	Non-Executive Director	PK
Chris Beacock	Non-Executive Director	CB
Chris Morris	Interim Chief Nurse	CMo

In Attendance:

Shelley Ramtuhul	Trust Secretary	SR
Sarah Sheppard	Chief of People	SS
Hilary Pepler	Board Adviser	HP
Nia Jones	Managing Director for MSK	NJ

FC welcomed everyone to the meeting

Minute No	Title
24/09/1.0	**Apologies** Mark Brandreth, Chief Executive, Kerry Robinson, Chief of Performance, Improvement and OD
24/09/2.0	**Minutes of Previous Meeting** The minutes of the meeting held in July were approved as an accurate record of the meeting.
24/09/3.0	**Matters Arising** The actions were noted to be completed with updates provided as follows: With regard to the patient story SW confirmed the patient information leaflet and verbal information provided regarding anaesthetic is due to be reviewed at the next Anaesthetics Meeting in October. CMo added that, with the patient's permission, she had shared the story with the senior nurses and taken it to the ward meetings with a number of patient centred communication actions identified. The plan was to write back to the patient with the outcome of her story.
24/09/4.0	**Declarations of Interest** None
24/09/5.0	**Chief Executive Update** SLK provided an update on the following: • The Trust has been undertaking more planned surgery following the return of Trauma to SaTH and it has also re-instated further routine diagnostic services

	• The Trust's infection prevention and control measures have been praised by the CQC • The Trust has launched the 'RJAH Stars 2020 Awards' and staff are receiving their nomination letters with shortlisting and announcements due out in November • Congratulations to Bobby Claxton who was named the Trust's Health Hero for the month • Dan Hodgetts, Catering Manager has been shortlisted in the Catering Awards • Professor Sally Roberts has been awarded the Presidential Award by the Institute of Orthopaedic Research The Board ***noted*** the update.
24/09/6.0	**CHAIR'S REPORT FOR QUALITY AND SAFETY COMMITTEE** CB presented the report and highlighted the following: • The meeting was not quorate and therefore the policy decisions were deferred to the upcoming Policy Committee • The Committee received an update on the progress with the Histopathology action plan • The Committee received the inpatient survey results and congratulated the Trust on these • An update was received on compliance with IRMER The Board ***noted*** the report.
24/09/7.0	**CONSULTANT APPRAISALS REPORT** SW presented the report and highlighted that the Trust's continuous improvement is in part down its appraisal process. During the Covid pandemic the GMC recommended suspension of the appraisal process from 22 March to 30 September and during this period there were 24 appraisals were due and only one was carried out, which was at the specific request of the doctor. SW confirmed that the usual appraisal process is being resumed next month and he recorded his thanks to Dr Ruth Longfellow, Mr Nilesh Makwana and Jo Bayliss for their continued support with the appraisal process and reporting. The Board ***noted*** the report.
24/09/8.0	**PERFORMANCE REPORT MONTH 5** NJ introduced the report and highlighted that the impact of Covid-19 on performance given that from the 16th March onwards the Trust had been undertaken urgent elective cases only. There was a small amount of restoration in July prior to repatriation of Trauma at the end of August and targets have been revised as a result. NJ confirmed that the Trust is now in Phase 3 of the response which is running from August to March 2021 and new trajectories will be introduced to the Performance Report. *Caring for Staff* SS highlighted the following: • Sickness absence is below target and has been consistently below 3% for the last three months • Support is in place for all groups of staff • Small number of staff are self-isolating and the team is working hard with the system to enable access to testing. 80% of results are coming back within 48 hours with significant numbers within 24 hours • A close eye is being kept on staff turnover

<table>
<tr><td></td><td>Caring for Patients
CMo highlighted the following:
No serious incident were reported although it is important to be mindful that the harms review process the Trust has in place may trigger a serious incident
Falls are back within target
No hospital acquired grade 3 or 4 pressure ulcers for some time and there is an action plan in place for addressing grade 2 pressure ulcers
Friends and family score is within target
Delayed discharges are back in the red due to a couple of delays on Sheldon Ward due to delays with social care. Learning from the measures put in place for Covid is being looked at.
There were two E.coli infections and the post infection review process has been completed with no significant learning identified. Both cases related to patients that were transferred in.
RH commented on the reduction in falls and pressure ulcers and the fact this needed to be triangulated with reduced bed occupancy. She asked whether the target has been revised to reflect this and CMo confirmed it has not been because the bed occupancy is set to increase.

SW highlighted the following:
There was one death which was expected
VTE compliance stood at 99.7%
NJ highlighted the following:
Four out of the five cancer targets were achieved
The pathway for the 62 day cancer breach was being reviewed to look at opportunities for improvement. The breach related to a complex pathway with multiple biopsies and the patient was transferred at day 49
RTT and waiting lists have been impacted by limitations to elective work and the Trust is continuing to see an increase in the number of patients waiting over 52 weeks as predicted.
Clinical prioritisation of patients continues to ensure those that are most urgent are treated first
Diagnostic performance is starting to improve in line with the plan
DG asked about the tumour patient waiting over 52 weeks for surgery and NJ confirmed this patient is waiting in the tumour service but is not on the tumour pathway. A harms assessment has been completed with no harm identified and the patient has been assessed as low clinical priority.

Caring for Finances
CM highlighted the following:
The interim financial framework requires a break even position and a retrospective top up is applied at the end of the month. For August this equated to £285k which is at a similar level to the top up received in July. The main drivers for the shortfall were loss of income from non-NHS sources and work is underway to reintroduce this.</td></tr>
<tr><td>24/09/9.0</td><td>CHAIR'S REPORT FOR PEOPLE COMMITTEE
PK presented the report and highlighted the following:
The meeting was well attended
There was good progress with actions
The work plans reviewed and is going to be aligned to the new frequency of meetings</td></tr>
</table>

	• The Committee received the People Plan • The Committee updates on recruitment, audit, the people pulse and freedom to speak up • The Guardian of Safe Working attended the meeting and no concerns were raised PK highlighted that there is a significant amount of work to complete for the people agenda and in light of this the Committee agreed to move to monthly meetings for the next six months. The Board ***noted*** the report
24/09/10.0	**CHAIR'S REPORT FOR JOINT AUDIT AND RISK COMMITTEE** DG advised that the purpose of the meetings was to ensure sharing of the risks and challenges that the two committees have oversight of. This meeting would have taken place earlier in the year however; it was deferred due to Covid. The meeting took place on 14th September and there was good discussion around objectives and the Board Assurance Framework. It was felt that a further refresh was needed to align with the restoration objectives and therefore there is more work to be done before finalisation and presentation to the Board. The Board ***noted*** the report.
24/09/11.0	**CHAIR'S REPORT FOR POLICY COMMITTEE** DG advised that the committee met on 21 September and approved a number of policies. The policy presented to Quality and Safety Committee was received and approved. DG confirmed that there remained a number of policies overdue for review and that these were being followed up with a view to presentation at the next committee. The Board ***noted*** the report.
24/09/12.0	**ANY OTHER BUSINESS** No items of other business were raised.
	DATE OF NEXT MEETING IN PUBLIC: Thursday 26 November 2020 11.00 via Teams
	CHAIRMAN'S CLOSING REMARKS FC thanked everyone for their contribution and closed the meeting.

Board of Directors Meeting

24 September 2020

Summary of Key Actions

Outstanding Actions from Previous Meetings	Lead Responsibility	Progress
Actions from Last Meeting	**Lead Responsibility**	**Progress**

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Virtual Visits
November 2020

0. Reference Information

Author:	Gayle Murphy Trust Office PA	Paper date:	26 November 2020
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Strategy
Paper Reviewed by:		Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors is to receive a report on the recent Virtual Visit event for information only.

2. Executive Summary

2.1. Context

A Virtual Visit event was held on 3rd November 2020, where Trust Board members were invited to 'visit' areas across the organisation using virtual technology.

2.2. Summary

The report highlights the findings from the event and includes a copy of the Thank You letters which attendees sent to those areas they visited.

2.3. Conclusion

The Board of Directors is asked to note the Virtual Visit report.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

3. The Main Report

3.1. Introduction

The Trust held the first Virtual Visit event on 3rd November 2020, where members of the Trust Board were invited to 'visit' departments within the Trust. The exercise is designed to improve the 'Ward to Board' relationship and offers a platform for the senior leaders to have a better understanding of issues which staff have faced during recent times.

3.2. Thank You Letters

Following the visits, those involved in the event were asked to write a thank you letter (appendix 1) to their areas about their discussions.

3.3. Next Steps

The Board of Directors is asked to:

- Note the Virtual Visit event report

3.4. Conclusion

Overall the Virtual Visit event is a positive experience for the Trust. The organisation continues to investigate ways to enhance the 'ward to board' relationship and improve the culture as a whole...

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Frank Collins
Chairman
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Amanda Peet
Theatres Services Manager
RJAH

5 November 2020

Dear Amanda

Firstly, may I thank you and your team for contributing to the virtual “Back to the Floor” session.

Despite the limitations of a virtual format, the meeting proved to be extremely informative in giving an insight into the way in which your team responded to the challenges of dealing with Covid-19 and in particular the treatment of trauma cases to our site, as well as sharing interesting observations into some of the challenges associated with the restoration of services and working practices.

My over-riding view is that the department worked as a united and committed team in order to help us respond to the demands of the last few months. Your colleagues spoke of the brilliant team work, the rapid decision making, the lack of demarcation lines. All of this is to be commended and on behalf of the Board I take this opportunity to thank you all.

We were particularly taken by the honesty of the conversation and in particular the feelings of anxiety you have all felt on occasions in the last few months. Whilst this is fully understandable and I suspect widespread, we should not be complacent about it and I know that Sarah Sheppard is doing good work to help staff acknowledge their feelings and emotions.

In terms of areas for improvement, I think it was Richard who said that identifying just one point of contact within the consultant body who would be asked to disseminate information across the consultants would have helped significantly in a rapidly shifting scenario.

Steve White responded by reminding us of the proposal he has recently put forward which would establish communication leads in the consultant group, working with senior nurses and managers. This sounds like a good initiative and one the Board will follow with interest.

Perhaps not surprisingly, although a little disappointingly, we discussed the fact that since the return of trauma to SaTH, some less than collaborative behaviours have started to re-emerge within Theatres. Whilst all of your colleagues acknowledged the importance of returning to higher levels of clinical activity, it would seem that this can, on occasions, lead to variations in clinical (consultant) preferences and hence add pressure on the working practices of other staff. You highlighted the particular issue of taking lunch breaks in full day lists.

You used the phrase “RJAH cannot be special for all the wrong reasons” and this resonated with Steve, Debbie and myself and we shall take your comments away to reflect upon how we might make things more cohesive and balanced.

Thank you once again for your time. Please pass on our thanks to those involved yesterday and to all the Theatre team, whatever discipline they work in. Your collective efforts are always appreciated but never more so than during the last few months.

Regards

Frank Collins
Chairman

cc: Steve White, Chief Medical Officer
Debbie Kadum, Managing Director MSK Unit

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Ian Roberts
Head of Information
RJAH

5 November 2020

Dear Ian

Firstly, may I thank you and your team for contributing to the virtual “Back to the Floor” session.

Despite the limitations of a virtual format, the meeting proved to be extremely informative in giving an insight into the way in which your team responded to the challenges of dealing with Covid-19 and are continuing to do so in an ever more demanding environment for the provision of information.

Our over-riding view is that the department worked as a united and committed team in order to help us respond to the demands of the last few months. Your colleagues spoke of the multi-disciplinary team work, speedy decision making and the lack of demarcation lines. All of this is to be commended and on behalf of the Board we take this opportunity to thank you all.

It was also clear that you have collectively taken on significantly more responsibilities when compared to “normal” working conditions. I think it was Clare who spoke of the 7 day working on Silver Command with sometimes up to 12 information submissions per day being requested.

These demands have been compounded by the varied and not always ‘joined up’ requests for information - with requests coming from local, regional and national levels and not always in a co-ordinated manner.

Steve White asked whether you felt empowered to sometimes say “no” and you very clearly said that you would do this if required. You used the words “what people ask for and what people need are not always the same thing”, which resonated with Steve, Debbie and myself.

You developed this theme to explain how apparent minor discrepancies in the technical definitions of an information request can lead to irregularities in the reported data. Consistency is the key. Examples given included the distinction between "Catchment Area" and “England” activity which clearly impacts RJAH more than almost anywhere else as well as the impact of “ghost” out-patient attendees.

We asked about how the Board and senior team might be able to help your department going forward. Collectively, you raised a few points.

Andrew spoke of how the consequences of a new information request should be fully assessed and understood. It takes significant time to process engineer the system to make a new data collection request as accurate and efficient as possible and such time is not always available given the demands on the department, meaning that the department becomes more inefficient…and then another new request arrives. A frustrating spiral downwards.

In terms of working practices, Kerry talked about the increasing frustrations of being consigned to working from home and compared it to the team based approach of Silver Command. We absolutely acknowledge and recognise this point and do truly believe that whilst “wfh” will become an accepted practice as we move forward, it cannot be at the total expense of office-based interaction and activity.

We also spent some time talking about the impact of holding vacancies within the Information department, the hidden cost of using agency staff and Tina raised the anomalies at RJAH over comparative salary bandings which makes recruitment and retention difficult.

These are all important issues and Debbie, Steve and I shall ensure that the correct senior team members are aware of them.

So, thank you once again for contributing to the virtual “back to the floor’ event. It was informative and enjoyable and allowed the three of us the opportunity to thank you and all in your department for your work and contributions during the last few challenging months. We know that the demands are not easing and we fully recognise the important although often overlooked role the Information Department play in our response to the demands placed upon us.

On behalf of the Board, thank you.

Regards

Frank Collins
Chairman

cc: Steve White, Chief Medical Officer
Debbie Kadum, Managing Director MSK Unit

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Friday 6th November 2020

Dear Lee and Digital team,

Just a quick note to thank you for hosting our virtual visit earlier this week.

It was great to hear from the team about their experiences of how working patterns had been adapted in response to the pandemic whilst concurrently providing increased levels of support to the organisation as it grappled with the need to work differently. We are now well set up to stay connected with staff and patients using digital platforms and the team should be applauded for the tremendous efforts in getting us into this position.

The resilience and mutual support to one another from within the team was clear to see although in common with other areas we did note the challenges faced from those working from home and the need to ensure team members take sufficient breaks and blocks of annual leave to recharge and protect their well-being.

It was clear that the digital agenda remains full and high priority to enable the organisation to function most effectively but we have every confidence in the fantastic digital team at RJAH to continue moving us forward. We look forward to continuing the conversation in the future but in the meantime, be proud of your achievements and remember to find time to look after yourselves.

Yours sincerely,

C Macbeth

Craig Macbeth
Director of Finance

Aspiring to deliver world class patient care

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Jane Dewsbury
Principal Orthotist
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

18 November 2020

Dear Jane

It was a privilege and a pleasure to pay a further visit to the orthotic department recently.

Although in many ways far from ideal the virtual nature of the visit did allow contributions from your outposts at both Telford and Shrewsbury Hospitals which were most welcome.

I was impressed to hear how you had managed to maintain an effective service whilst keeping patients and staff safe. Whilst it was good to hear that the problematic accommodation issue at Shrewsbury had been solved and the new facility was enabling social distancing it was clear that the long-standing accommodation issues on the RJAH site persisted.

I was grateful for the presence of our CEO on the visit and I think you can be sure that these issues have reached the highest level. Let's hope for a permanent solution once the Covid crisis has passed.

May I thank you for hosting us and providing an informative and enjoyable update on your work.

Yours sincerely

Mr Beacock

Mr C Beacock
Non-Executive Director

Copy to: Mark Brandreth, Chief Executive Officer
Nia Jones, Managing Director Specialist Unit

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Sian Langford
Deputy Facilities Manager
The Robert Jones and Agnes Hunt Orthopaedic
Hospital NHS Foundation Trust

18 November 2020

Dear Sian

It was a privilege and a pleasure to pay a virtual visit to the catering department recently.

You told us how at the start of the Covid pandemic when the need for hands in catering declined as less meals were required for inpatients many staff volunteered for alternative roles within the Trust including important patient/relative facing roles at the front door of the hospital. Other staff used the unexpected lull in 'catering activity' to update training requirements and undertake additional educational activities and courses. A most commendable response to the crisis but not entirely unexpected from our excellent staff!

The nationally recognised excellence of the food you produce cannot go unmentioned. I note that you rapidly altered the menus to reflect the new circumstances at the start of the pandemic and I am sure the quality was not compromised.

My only regret is that unlike some of my colleagues previously I was unable to get 'hands on' and mix a pudding or serve up in the restaurant!

May I thank you for an informative and enjoyable visit.

Yours sincerely

Mr Beacock

Mr C Beacock
Non-Executive Director

Copy to: Mark Brandreth, Chief Executive Officer
Nia Jones, Managing Director Specialist Unit

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Stacey Keegan
Chief Nurse and Patient Safety Officer
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4th November 2020

Dear MCSI team,

Thank you so much for taking the time to meet us as part of the first round of ‘Virtual Visits’ at the Trust. We really enjoyed it and hope you found it beneficial too.

Your team spirit shone through and the support you give to each other as a team has clearly been invaluable and has got you through some challenging and unprecedented times.

It was great to reflect on some of your key achievements over recent months including zero Covid-19 cases with the exception of cases transferred into the unit, adopting new ways of working at pace and the team continuing to go above and beyond to do positive things for our patients.

You also explained your anxieties, both personal and work related, and how energy levels are running low for some members of staff. Horatio’s Garden has been invaluable for the wellbeing of both staff and patients (including Stacey!) Some staff members redeployed to your team have now returned to their substantive roles and we discussed any learning that we could take from these decisions to ensure resources are directed to services that need them the most.

Colleagues have fed back that they often don’t have time to use facilities such as the Rainbow Room and you asked us to consider whether the Occupational Therapy flat could be reinstated in this area; we’ll ensure this request is considered at the next site planning meeting along with your request for more office space. Stacey also offered to support you with looking at options for potentially increasing bathroom facilities as part of your buddying arrangements. Issues around equipment such as shower chairs and wheelchairs/powerchairs were raised and we advised that these should be covered through the existing equipment renewal protocols. You also provided positive feedback on the support provided by the digital team, including enabling some staff to work from home, and mentioned some issues are currently outstanding, we will ensure these are resolved rapidly.

On behalf of the Board, thank you for everything you continue to do to look after our staff and patients.

Yours sincerely

Stacey-Lea Keegan
Chief Nurse

And on behalf of…
Harry Turner
Non-Executive Director

Laura Peill
Managing Director - Support Services Unit

Delivering Outstanding Patient Care

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

People Services
RJAH

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Stacey Keegan
Chief Nurse and Patient Safety Officer
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4th November 2020

Dear People Services Team;

Thank you so much for taking the time to meet us as part of the first round of 'Virtual Visits' at the Trust. We really enjoyed it and hope you found it beneficial too.

It was evident that the support you give to each other as a team has clearly been invaluable and has got you through some challenging and unprecedented times.

It was great to reflect on some of your key achievements over recent months including moving from paper based systems to more digitally enabled, to aid the flow of information and support colleagues working from home. A change that you felt this unprecedented time had forced, but for the better.

You also explained your anxieties, both personal and work related, and how energy levels are running low for some members of staff.

It was apparent that workload and prioritising was contributing to challenges but as a team you were working this through and ensuring good communication forums despite your colleague's workplace locations; your team predominately working from home.

We spoke of and shared some 'hints and tips' and coping strategies whilst working from home and the importance of separation of work and home life.

We relayed to you the importance that your team had within the Trust; more specifically that patient facing staff needed your services to enable them to fulfil their roles.

On behalf of the Board, thank you for everything you continue to do to look after our staff and patients.

Yours sincerely

Stacey-Lea Keegan
Chief Nurse

And on behalf of…
Harry Turner
Non-Executive Director

Laura Peill
Managing Director - Support Services Unit

The Robert Jones and Agnes Hunt Orthopaedic Hospital
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Director of Performance, Improvement & OD
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Friday 6th November 2020

Dear David, Anne, Laura, Caroline, Angela & the Powys & Clwyd Ward teams

RE: Virtual Visits November 2020

To everyone on Powys & Clwyd we just wanted to say thank you for the care you give our patients, how hard you've all worked over the last period and the insight you gave us last Tuesday, it left all three of us with many thoughts and learning that we wanted to take a little time to digest before writing to you.

The time we spent with you all was greatly appreciated. We were particularly impressed how you cared for each other on the ward, recognising each other's pressures and working together to ensure everyone felt supported. Hearing you describe the journey of stopping elective, moving to trauma and then the return of elective patient care of the changing expectations with initially policies and procedures changing driving up anxieties. How the experience had left you all so positively through the learning acquired through caring for patients with different co-morbidities and how rightly proud you are to have improved length of stay for the trauma patient you cared for.

We heard how you were currently dealing with your team getting tested following positive test results of a patient who had been transferred out form the ward this week and the anxiousness this was creating. But also a sense of support through the testing to provide certainty to eliminate the anxiety.

We heard questions in the session which we answered in regards to future patient care activity and trauma. We recognised from this that not all information is being passed on to you as a team and therefore are looking into how we can ensure we improve our communication of such information to you.

You highlighted two areas for us to look into, senior nurse visibility on the ward in changing circumstances and also the practicality of the rainbow room.

Lastly, we wanted to say thank you to David for co-ordinating the visit on Tuesday with great skill

Thanks again to all the team, the care that you provide to our patients is heart- warming and you should be so proud of what you do each and every day, the strength of your team and how hard you work comes across.

Yours sincerely

Kerry Robinson
Director of Performance

And on behalf of
Dr Paul Kingston, Non-Executive Director
Hilary Pepler, Board Advisor

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

**The Robert Jones and Agnes Hunt
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SY10 7AG

Kerry Robinson
Director of Performance, Improvement & OD
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Friday 6th November 2020

Dear Alyson, Harriet, Louise, Joanne, Karl & the Booking teams

RE: Virtual Visits November 2020

To everyone in Bookings we just wanted to say thank you for the care and service you provide our patients and also our staff, how hard you've all worked over the last period and the insight you gave us last Tuesday, it left all three of us with many thoughts and learning that we wanted to take a little time to digest before writing to you.

The time we spent with you all was greatly appreciated. We were particularly impressed how you cared for each other in the team, recognising each other's pressures and working together to ensure everyone felt supported and all the work got completed.

How you structured our time together had such impact, talking through the different periods of work from cancellations in March, holding patients so they didn't get lost and working closely with pre-op for those patients who may have stopped their medications to ensure no harm.
The commencement of fracture clinics and unpicking the issues as patients landed with us from another Trust. To the period in the Summer when patients where contacting expecting their surgery to be reinstated and the upset they felt which you dealt with so professionally. To the restarting of elective work, changing our processes to keep our patients in a covid safe manner, dealing with resistance to change and ensuring patients are getting booked in for their care as swiftly as possible.

It was so apparent how bookings are the co-ordinator of care within our hospital, linking lots of different departments together, unblocking bottlenecks to ensure patients flow through our services to receive the best possible care.

You are such a capable and proactive team unblocking many barriers along your way, it was impressive whilst balancing different working conditions whether that be different working hours, different places of work or locations within the organisation.

We heard there are some areas that are still in progress such as room availability for your team to work out of and the supporting infrastructure to enable them to do this. If this continues to impact you please do get back in touch for us to assist in unblocking.

We will work with you to hold an improvement event, to give your team time and space to reflect on all that you have achieved, capturing and celebrating the changes that have been made that you wish to sustain.

As promised I've already linked Alyson to the team that are delivering the civility work, so that we can ensure your team are involved given some of the experiences you shared with us, we hope this is a supportive move to change some of the behaviours you described.

We will be recommending that you share your story at our Board in the future, as we believe a wider audience should hear your experiences and what you have achieved.

Thanks again to all the team, the care that you provide to our patients is heart- warming and you should be so proud of what you do each and every day, the strength of your team and how hard you work comes across.

Yours sincerely

Kerry Robinson
Director of Performance

And on behalf of
Dr Paul Kingston, Non-Executive Director
Hilary Pepler, Board Advisor

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

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Sarah Sheppard
Director of People
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Email: sarah.sheppard3@nhs.net
www.rjah.nhs.uk

Dear Phil and Team,

Just a quick note to thank-you for hosting our virtual visit earlier this month. Whilst it is of course disappointing not to have been able to meet face to face, we were glad of the opportunity of hearing from a number of you with your different experiences. David Gilburt was disappointed not to have been able to attend but we have briefed him on our discussions, and he was also interested in receiving your feedback.

Both Simon and I enjoyed chatting to you and your team and certainly learnt a lot about how challenging but how responsive you have been able to be over the past 8 months. It is fascinating how adept we have all become with the use of TEAMS technology but we heard your frustration about the lack of IT equipment. The list has now been supplied to Simon who will now be working with you to remedy some of the issues your team face.

We heard how you have had to adapt to different work carried out at the hospital in particular with the Trauma Service and were pleased to hear that this also gave your staff to develop their skills in different areas. As we restore our services, we also talked about how the workload is fluctuating but all recognised that this will increase over the coming weeks.

It was interesting to hear from your staff based within the MCSI and hear how difficult it has been at times particularly when some parts of the hospital were quieter than usual. We heard from you about how difficult it has been to move therapy staff around to support the busier areas due to the need to maintain the 'bubbles' of staff and we acknowledged there were different perceptions about people's workload and flexibility to work from home.

We were pleased to hear how you have worked with your team to support each other, both those in the workplace and those having to work at home – both of which we recognise have their challenges. We are grateful for your attention to their wellbeing and would ask you to maintain this focus as the next phase as the pandemic continues.

We also noted your concerns about the MSK Pathway and the potential impact on your team but also the hospital itself. Since the meeting there has been considerable discussion around this area

and know that you have been involved in meetings yourself. We do hope you will continue to raise any concerns you have with your Managing Director and those involved directly with the MSK Board.

There is no doubt that the next few months will continue to bring its challenges to us all but am confident that you and your team will do everything to support the excellent patient care at RJAH. Can we take this opportunity of thanking you once more for all that you have been doing here and wish you all the very best over the coming months.

Kind Regards

Sarah Sheppard
Chief of People

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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Sarah Sheppard
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Thursday 19th November 2020

Dear Martine and Team,

Just a quick note to thank-you for hosting our virtual visit earlier this month. Whilst it is of course disappointing not to have been able to meet face to face, we were all glad of the opportunity of hearing from a number of you with your different experiences.

Both Simon and I enjoyed chatting to you and your team and certainly learnt a lot about how challenging but how responsive you have been able to be over the past 8 months. It is fascinating how adept we have all become with the use of technology in our lives but we heard your frustration about the lack of IT equipment within your department. Simon is now working with you to resolve some of your issues to enable your staff to have access to digital forums. This will also support the completion of online staff surveys which I hope you have been able to facilitate as it provides such important feedback for us.

The standards that your team are well known and respected for have not slipped at all during the past 8 months and your ability to be creative and responsive to the changing circumstances has been amazing. In particular the critical role you have played to ensure that our hospital is so clean and safe has been recognised throughout and we know how hard everyone has worked to deliver this increased focus on infection control.

The shared sense of humour within the team and clear camaraderie was infectious and was a really enjoyable session in our busy days and certainly did a lot to reassure us about how you are supporting your staff to do their very best during these difficult times.

It was interesting to hear about the impact on individuals who had to shield in the early stages and just how hard this has been for individual staff when they desperately wanted to be on site. So many staff continued to deliver their work from a distance, and we are really grateful for what they did during an extremely challenging time for them personally. As we are now in a period with some staff once more shielding, we are doing everything we can to ensure that these staff are supported. This time some vulnerable staff have chosen to continue to be in the workplace and we must ensure that this is kept under review to make sure this continues to be the right decision for them.

We were pleased to hear how you have worked with your teams to support each other, both those in the workplace and those having to work at home – both of which we recognise have their

challenges. We are grateful for your attention to their wellbeing and would ask you to maintain this focus as the next phase as the pandemic continues.

There is no doubt that the next few months will continue to bring its challenges to us all but am confident that you and your team will do everything to support the excellent patient care at RJAH. Can we take this opportunity of thanking you once more for all that you have been doing here and wish you all the very best over the coming months.

Kind regards

Sarah Sheppard
Chief of People

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Chair's Assurance Report
Quality and Safety Committee

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	26th November 2020
Executive Sponsor:	Chris Beacock, Non-Executive Director	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper provides an outline of the Quality and Safety Committee Agenda for the meeting of 19th November 2020. 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 to provide a paper Chair's Report. The Non-Executive Director Chair of the committee will provide a verbal report covering the attached agenda from the committee.

2.3. Conclusion

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

Agenda

Location	*Date*	*Owner*	*Time*
Teams Meeting	19/11/20		14:00

Item	Owner	Time
1. Introduction		14:00
1.1. Apologies	All	14:01
1.2. Minutes from the previous meeting	Chris Beacock	14:02
1.3. Action Log / Matters Arising	Chris Beacock	14:04
1.4. Declaration of Interests	All	14:09
2. Caring for Patients		
2.1. Serious Incidents and Never Events	Shelley Ramuthul	14:10
2.2. Infection Control Report Quarter 2	Sue Sayles & Sian Langford	14:15
2.3. Legal Claims Update Quarter 2	Shelley Ramtuhul	14:20
2.4. Harms Review	Steve White	14:25
2.5. Covid Outbreaks (Verbal)	Stacey Keegan	14:32
3. Committee Management		
3.1. Integrated Performance Report	Stacey Keegan	14:39
3.2. Specialist Unit Quality Report	Nia Jones	14:44
4. Items to Note:		
4.1. Chair Report from Infection Control Committee	Stacey Keegan	14:49
4.2. Chair Report from Research Committee	Jo Banks	14:50
4.3. Performance Improvement Minutes and Action Log	Stacey Keegan	14:51
4.4. Review of the Workplan	Chris Beacock	14:52
4.5. Attendance Matrix	Chris Beacock	14:53
4.6. Top Risks	Shelley Ramtuhul	14:54

Continued on the next page...

Agenda

Location	*Date*	*Owner*	*Time*
Teams Meeting	19/11/20		14:00

Item	Owner	Time
5. Any Other Business		
5.1. Terms of Reference	Shelley Ramtuhul	14:55
5.2. Next Meeting: Thursday 21st January 2021 at 2pm		

0. Reference Information

Author:	Stacey-Lea Keegan; Chief Nurse and Patient Safety Officer	Paper date:	26th November 2020
Executive Sponsor:	Stacey-Lea Keegan; Chief Nurse and Patient Safety Officer	Paper Category:	Governance and Quality
Paper Reviewed by:		Paper Ref:	
Forum submitted to:		Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board is asked to note the information contained within the self-assessment and the progress achieved to date for the 2020/21 flu programme.

2. Executive Summary

2.1. Context

NHSE/I have requested that every provider organisation complete a self-assessment against best practice in co-ordinating and delivering a flu vaccination programme, sharing through Board governance so that every Board member is sighted and recognises the role of Board leadership in this important campaign.

2.2. Summary

The vaccination of NHS staff against seasonal flu is a key action to help protect patients, staff and their families.

The paper outlines our actions taken against the NHSE/I best practice self-assessment and our current progress to date.

2.3. Conclusion

The Board is asked to note the information contained within the self-assessment and the progress achieved to date for the 2020/21 flu programme.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

3. The Main Report

3.1. Introduction

This paper is to provide assurance to the Board on our annual Flu vaccination programme 2020/21, by the completion of the NHSE/I self-assessment against agreed best practice.

3.2. Background

All NHS workers should receive a vaccination this season; this differs from previous years where the focus has been on frontline (patient facing) staff. This expansion has been brought about by the current Covid-19 pandemic. The vaccine should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

NHSE/I have requested that every provider organisation complete a self-assessment against best practice in co-ordinating and delivering a flu vaccination programme, sharing through Board governance so that every Board member is sighted and recognises the role of Board leadership in this important campaign.

It is well known that Healthcare workers with direct patient contact need to be vaccinated because;

- Flu contributes to unnecessary morbidity and mortality in vulnerable patients.
- Up to 50% of confirmed influenza infections are asymptomatic.
  Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues.
- Flu related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence.

3.2.1. Evaluation of 2019/20

An evaluation of last year's flu campaign showed the development of a multicomponent approach achieved a higher uptake; however this wholly relied on a small number of individuals to deliver the campaign with only roaming vaccination as a means of delivery. Data available to managers was only in its entirety and didn't drill down to individual level. The Trust developed incentives and the Communication team worked to reinforce positive messages.

Total staff vaccinated in 2019/20 was 74% with 68% of these being frontline (patient facing) staff. This was the Trusts best year to date.

3.2.2. NHSE/I Self-Assessment for 2020/21

NHSE/I wrote to all NHS Trusts providing support to deliver the flu vaccination programme. The support included detailed learning and requested that each Trust consider a best practice management checklist and to publish a self-assessment against the measures included in the tool.

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NHS Foundation Trust

3.2.3. Flu Self-Assessment

A	Committed Leadership	Trust Self-Assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Confirmed; evidenced in Board/Quality and Safety Committee minutes.
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	Confirmed; Arrangements in place where lead pharmacist places our order and a process is in place to monitor stock levels to ensure timely re-order.
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	Received as part of Flu preparedness. Board to receive an evaluation of 2020/21 programme in March 2021.
A4	Agree on a board champion for flu campaign	Confirmed; Stacey-Lea Keegan; Chief Nurse and Patient Safety Officer.
A5	All board members receive flu vaccination and publicise this	Commitment given; social media and communication channels to be utilised.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Confirmed; Flu team formed including representation from Clinical bodies, Pharmacy, Occupational Health, People Services, Information and Staff side. This includes clinical Flu Champions.
A7	Flu team to meet regularly from September 2020	Confirmed; Flu working group established and weekly meetings set for the foreseeable, to monitor/action requirements to achieve the ambition.
B	**Communications Plan**	**Trust Self-Assessment**
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Confirmed; Flu communications plan agreed at Flu working group.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Confirmed; both roaming vaccinators and booked clinics set up (booked due to Covid considerations); access to vaccinations communicated via posters and Trust communication channels including social media.
B3	Board and senior managers having their vaccinations to be publicised	Confirmed; Communications team will publicise via social media.
B4	Flu vaccination programme and access	Confirmed; access to vaccination included

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

	to vaccination on induction programmes	within induction programme, however due to induction being held virtually (due to Covid), the actual vaccination is not possible.
B5	Programme to be publicised on screensavers, posters and social media	Confirmed; programme also offered via an individual letter to all staff including information on how to obtain the vaccine.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Confirmed; weekly reports to managers on uptake and those booked into clinics. Individual level data captured this year to enable full oversight and individual conversations to encourage uptake of the vaccine.
C	**Flexible Accessibility**	**Trust Self-Assessment**
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Confirmed; exceptional uptake and focus on expanding the peer vaccinators for this year's programme. A total of 47 (last year, 9) peer vaccinators trained, released and empowered. Regular meetings with the Chief Nurse and Patient Safety Officer to monitor and celebrate progress.
C2	Schedule for easy access drop in clinics agreed	Confirmed; clinics set up with easy booking process (booked due to Covid restrictions). Roaming vaccinations administered by our peer vaccinators for their individual departments.
C3	Schedule for 24 hour mobile vaccinations to be agreed	Confirmed; Peer vaccinators to enable access during evening, nights and weekends.
D	**Incentives**	**Trust Self-Assessment**
D1	Board to agree on incentives and how to publicise this	Confirmed; incentives in place, sandwich and fruit voucher for all staff that have received the vaccine. Monthly draw supported by the League of Friends.
D2	Success to be celebrated weekly	Confirmed; through communication channels including social media.

3.2.4. Flu Programme 2020/21

The Covid Phase 3 planning guidance requires all trusts to:

'Deliver a very significantly expanded seasonal flu vaccination programme for Department of Health and Social Care (DHCS) determined priority groups, including providing easy access for **all NHS staff** promoting universal uptake'.

The CQUIN for 2020/21 sets out;

- Achieving a 90% uptake of flu vaccinations by **frontline staff** with patient contact.

3.2.5. Current Progress

The 2020/21 flu programme commenced in the Trust on the 15th October 2020. As of the 18th November 2020, **73%** of our staff have received their flu vaccination.

3.3. Conclusion

The Board is asked to note the information contained within the self-assessment and the progress achieved to date for the 2020/21 flu programme.

Appendix 1: Acronyms

CQUIN	Commissioning for Quality and Innovation
NHSE/I	NHS England/Improvement

Learning From Deaths

0. Reference Information

Author:	Dr James Neil	Paper date:	26th November 2020
Executive Sponsor:	Mr Steve White	Paper Category:	Governance and Quality
Paper Reviewed by:	Quality and Safety	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

Learning from Deaths summary report to the Board of Directors.

After a death is 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 and a report is submitted to The Royal College of Physicians.

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.

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 identified.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

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	Actions
May 2020	1	1	0	0	#Femur/Covid	None required
June 2020	1	1	0	0	#Femur	None required
July 2020	1	1	0	0	#Femur	None required
August 2020	1	1	0	0	#Femur	None required

3.3. Associated Risks

Trauma has now repatriated since end of August.

3.4. Next Steps

Discussions on progress with SATH concerning a link with their Medical Examiner system.

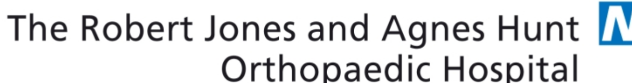
3.5. Conclusion

No concerns identified.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Appendix 1: Acronyms

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


NHS Foundation Trust

Infection Prevention & Control & Cleanliness Quarter 2 Report 2020/21

0. Reference Information

Author:	Sue Sayles Sian Langford	Paper date:	26/11/2020
Executive Sponsor:	Stacey- Lea Keegan	Paper Category:	Governance and Quality
Paper Reviewed by:	Quality& Safety/Infection Control Committee	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board are asked to note the progress report against the annual plan for Infection Prevention and Control and Cleanliness Report.

2. Executive Summary

2.1. Context

Through the monthly Board performance report, the Board are briefed on the mandatory bacteraemia and any key issues emerging from those results. Over and above the mandatory reporting, the Board receive a report at least four times per year from the Director of Infection Prevention and Control (Chief Nurse). This report includes a high level summary of the key issues in Infection Prevention and Control as well as cleanliness.

2.2. Summary

	MRSA Bacteraemia RJAH Acquired	**MSSA Bacteraemia RJAH Acquired**	**E .*coli* Bacteraemia RJAH Acquired**	**C. *difficile***
Month	**No. of Cases**	**No. of Cases**	**No. of Cases**	**No. of Cases**
July	0	0	1	0
Aug	0	0	2	0
Sept	0	0	1	0
Quarter total	0	0	4	**0**

2.3 Conclusion

The Board of Directors will have seen through the Board performance papers that there have been no cases of reportable MRSA bacteraemia since 2006.
Summary in the main report shows current performance in cleanliness and infection control against the work plan.

3. The Main Report

3.1.1 Introduction

This report provides an update on progress made within quarter 2, 2020/21 to the Board of Directors, to ensure that the Board are briefed at a high level on any trends or issues that identify best practice or any gaps in assurance from which further work or actions are required.

Infection Prevention & Control & Cleanliness Quarter 2 Report 2020/21

3.1.2 Infection Control Committee

The IPC Programme of Work 2018 – 21, which has been developed in line with the Shropshire and Telford Health and Social Care Strategy, has been agreed at the Infection Control Committee in July 2018 and progress is reported quarterly.

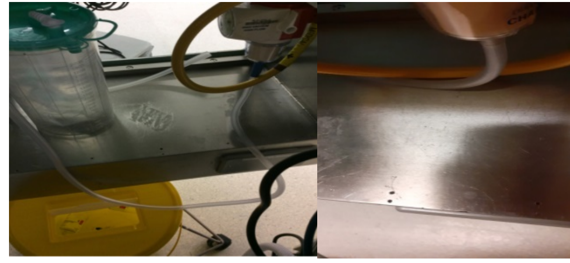
3.2. Cleanliness

Measured cleanliness has been maintained above the National calculated target (85.0%) and Trust target (94.0%) over the most recent quarter, achieving an overall average for the quarter of 99.13% which is consistent with recent reporting periods.

3.2.1. Cleanliness – Detail

By average, all functional areas have achieved their national specification for cleanliness target audit score across the quarter.

Over the quarter, there were 6 instances where and individual area didn't meet its risk based target for an individual audit, reported in HDU, Theatres and TSSU B. Individual actions identified through this process continue to be raised via action sheets to the relevant team – before and after photos such as those shown below, are not only useful to demonstrate action completion, but are also an important learning tool for the wider team.



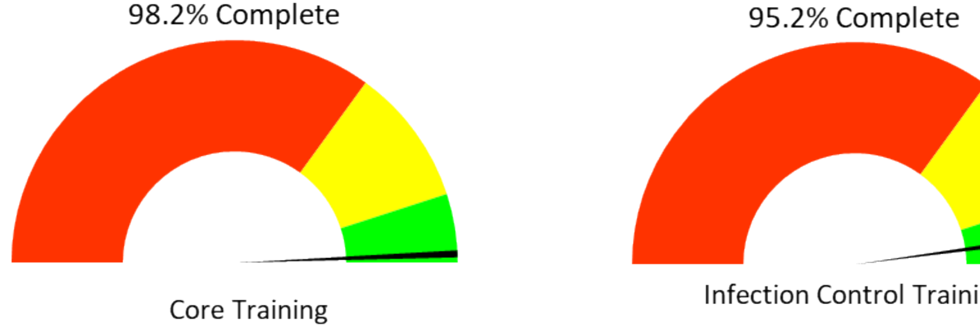
Following a decline in standards in very high risk areas, Facilities Management met with the team to discuss areas of poor practice and potential improvements – additional monitoring was implemented for a short period and standards have significantly improved in the latter part of the quarter.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Additional touch point cleaning, in line with COVID19 IPC guidance, continues in communal areas. Clinical staff have been supported to ensure they conform to the correct standard of cleaning for frequently used items, utilising appropriate detergent & disinfectant consistent with COVID19 standard operating procedures published by NHS England.

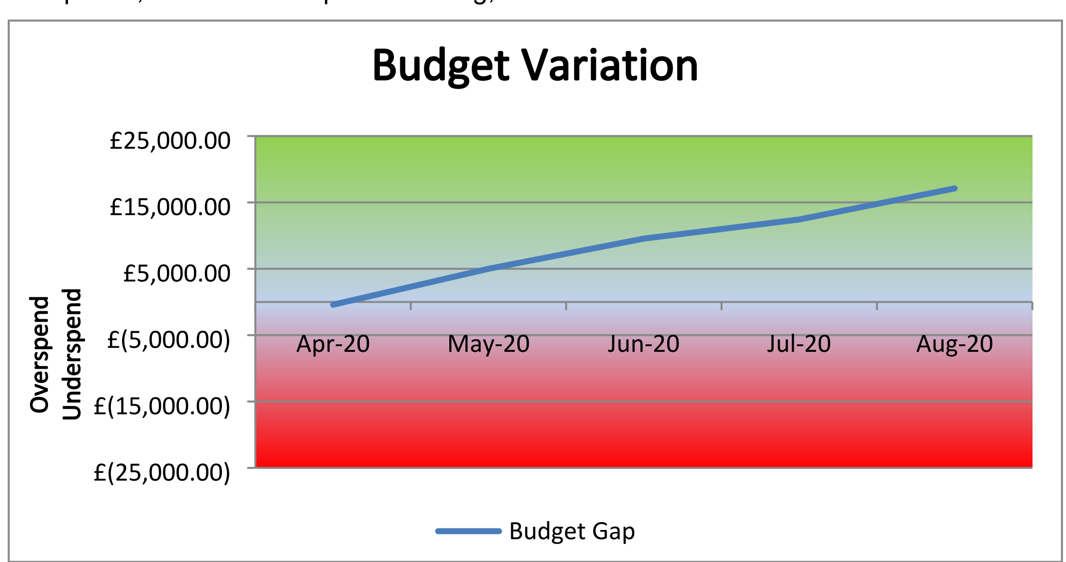
3.2.2. Cleanliness – Staff Competency

Training has a very high compliance for the rolling 12 month period, demonstrating our commitment to the highest level of staff competency. The rolling year position at end of September 2020 is shown. Improvements have been made following the return of some staff from shielding to ensure compliance is maintained within target level.



3.2.3. Cleanliness – Spend on Cleanliness

The below chart demonstrates the position at end of August 2020. This data has been skewed by the National push model for delivery of many stock items, including general purpose detergent and Tristel, during the pandemic. The National push model involves stock being “pushed” to the Trust, without being ordered, based on a daily data upload; these items are not charged to the Trust, where they would previously have been purchased by the department. Costs directly attributed to the Trusts COVID response, such as touch point cleaning, are not reflected here.



3.2.4. Cleanliness – Patient Satisfaction

Collection of patient feedback data has been suspended for the period of COVID19.

3.2.5. Specific Cleaning

HPV Decontamination

The facilities team continues to provide HPV fogging decontamination in response to the Trusts needs via Dewpoint solutions. A summary of usage over the quarter is shown below. Following the update of the infection control isolation policy, room cleaning requirements are designated as:

- Green – Standard daily clean using detergent
- Amber – Terminal clean using 1000 ppm Chlorine Based Agent
- Red – Terminal clean using 1000 ppm Chlorine Based Agent followed by HPV fogging

This protocol has ensured that there are no delays in the provision of enhanced cleaning whilst clinical sign off is sought.

Date	Location	Requirement	Rationale
01/07/2020	Wrekin Ward	1 Side Room	RED clean required
11/08/2020	Gladstone Ward	2 Side Room	RED clean required
14/08/2020	Gladstone Ward	1 Bay	RED clean required
25/09/2020	Wrekin Ward	1 Side Room	RED clean required

The Trust requirements for HPV fogging form part of the Infection Control Working Group agenda; as usage of the equipment increases a case will have to be considered in relation to purchasing a unit as opposed to the current hire agreement that's in place.

3.2.6. Compliance Update - Facilities

National Standards of Healthcare Cleanliness

A review of the national standards has been underway since July 2017; the final version is being launched October 2020, following delays due to COVID19 response.

A summary of the standards was presented at the AHCP virtual conference in September, which confirmed:

- Star rating system for patient areas will be required – a phased implementation is being suggested to ensure Trust boards are sighted on any implications.
- Risk categories and audit sections have been updated following feedback gathering sessions, providing clarity on which risk categories will be required for each type of healthcare setting.
- The document itself will be 'live' with alerts sent through the NHS Futures Portal when sections are reviewed or updated. Trusts are being encouraged to use the live system rather than relying on paper based manuals.
- NHS Improvement plan to undertake site visits to Trusts to ensure compliance with the mandatory standards is maintained.

PLACE

NHS E & I have now confirmed that the National PLACE collection will not take place in 2020, following a review of risk to patient and staff assessors of undertaking such an assessment.

Trusts are being encouraged to undertake internal assessments, as an example of good practice and continuous improvement, which are supported by the appropriate PLACE-lite audit tool. The delivery of such audits at RJAH will be led by the infection control working group.

Linen

In August 2020, the Trust, alongside the wider Shropshire consortium, moved to a new linen supplier. The change in contractor was supported by the infection control team, who reviewed and approved the supporting documentation. In line with Trust procedure, a site visit will be scheduled, once COVID restrictions allow, auditing the laundry process in full. This audit and subsequent annual reviews will be reported through the infection control working group.

COVID-19 Documentation & Response

National Standard Operating Procedures (SOP)

As previously reported, the National SOP's for cleaning during COVID were used across the Trust to bolster assurance of essential cleaning standards. As restoration plans progressed, and in line with

the relevant infection control guidance, use of these specific records has been stepped down – standard cleaning sign off sheets continue, including those specific to touch point cleaning. Where departments are undertaking their own additional touch point cleans, such as outpatients, records are collated on a monthly basis to ensure a comprehensive set of evidence is maintained.

Waste Management

As per the guidance released on 29th June 2020, the Trust reverted to waste segregation in line with HTM 07 01, complemented by additional designated PPE bins across site. Compliance with this standard is measured through internal waste audits.

Daily submission to NHS England confirming waste management status on site continues.

Operational Response

The Estates & Facilities teams continue to provide support across the Trust during the pandemic, including:

- Continued enhanced cleaning, including more regular cleaning in communal and high risk areas such as theatres. Touch points across site are cleaned using 1000ppm Chlorine Based agent, as required by the IPC board assurance framework.
    - This has included a dedicated team Mon – Fri undertaking this cleaning, with bank staff being employed in readiness for needing to escalate this at weekends as required.
    - A case of need to secure funding for these hours has been submitted, to ensure the department can consistently provide this service.
- Ongoing management of PPE, including daily stock take and delivery to wards and departments, as well as considering mutual aid requests from across region. PPE stations have been installed at key points around site, which include mask guidance and mirrors to ensure these are worn correctly.
- Specific support of clinical and non-clinical teams in response to guidance changes, escalation and pathway management. This has included the roll out of risk managed (Red/Amber/Green) pathways; additional PPE requirements and Track and Trace App QR codes – the team focuses on ensuring any guidance is easily understood and offers a clear message.
- In order to support restoration, services are being brought back with consideration to all infection control guidance via the Estates Plan meeting – with representation from the Senior Leadership Team and Estates & Facilities. Challenges arising here are focused on keeping staff and patients safe.
- Management of access to site through increased door control (SALTO), and symptom screening at the Trusts front desk.

3.2.7. Compliance Update – Estates

Decontamination and Ventilation Equipment Updates

Estates support the business continuity of the Trust sterile services by maintaining the on-site decontamination equipment on a scheduled periodic basis. These periodic tests challenge the processes carried out by the decontamination equipment in ‘worst case scenarios’ in order to validate the machines for safe use. All periodic testing due this quarter has been carried out; 104 weekly tests, 9 quarterly tests and 4 yearly tests. As is standard practice all out of parameter results are followed up and resolved.

All periodic testing is audited by the AE (Decon).

Settle plate testing is carried out in some areas for further assurance, or as mitigation for those systems installed prior to HTM 03-01. This gives Decontamination Group a good grasp of the air-contaminate levels in these areas, providing further assurance. For Q2, 52 settle plate tests were carried out; there were no results found to breach the limits set be decontamination group.

Reverification of the Critical Air Plant across site is a requirement of HTM 03-01 and is completed annually for each piece of equipment. Where remedial works cannot be completed, this is escalated through Decontamination Group. Theatres 7-10 were revalidated this quarter.

All reverifications are audited by the AE(Vent).

Water Hygiene

In line with HTM 04-01 and HSE Legionella Approved Code of Practice document, L8, the Trust conducts routine maintenance on the domestic water infrastructure across site on a planned and reactive basis. This quarter, the following water quality samples were taken:

Type	02/06/2020 ➔08/09/2020
Legionella	138
Legionella	107
Hydropool water quality	15

As is standard practice all out of parameter results are followed up and resolved.

All other planned maintenance has been carried out in line with the schedule providing assurance that the Trust is managing the safety of water hygiene across site.

The two-yearly water risk assessments have been scheduled for 16/11/2020 and the annual AE (Water) audit has been scheduled for 04/11/2020; both of these audits provide independent assurance of the levels of safety and compliance delivered by Water Safety Group.

Water Projects

The water tank replacement scheme is now underway and is expected to be completed early December 2020.

Training

Legionella awareness training has been rolled out across the department in the form of e-learning, which will be complete by the next quarter. During Water Safety Group, IPC expressed an interest in rolling this out to Link Nurses; the details have been passed on.

Investigation

PHE contacted the Trust in July to inform them of a patient who had attended DAART presenting to SaTH with Legionellosis. A thorough investigation has taken place throughout July and August to ascertain if it was possible that the patient may have contracted at RJAH, but the conclusion was that this would be improbable. A full report has been drafted and submitted to Water Safety Group.

Innovation

The mechanical team replace shower heads and hoses on a quarterly basis, and to assist in the quick identification of compliance, Dupal L8 colour-coded shower heads have been procured (see below).

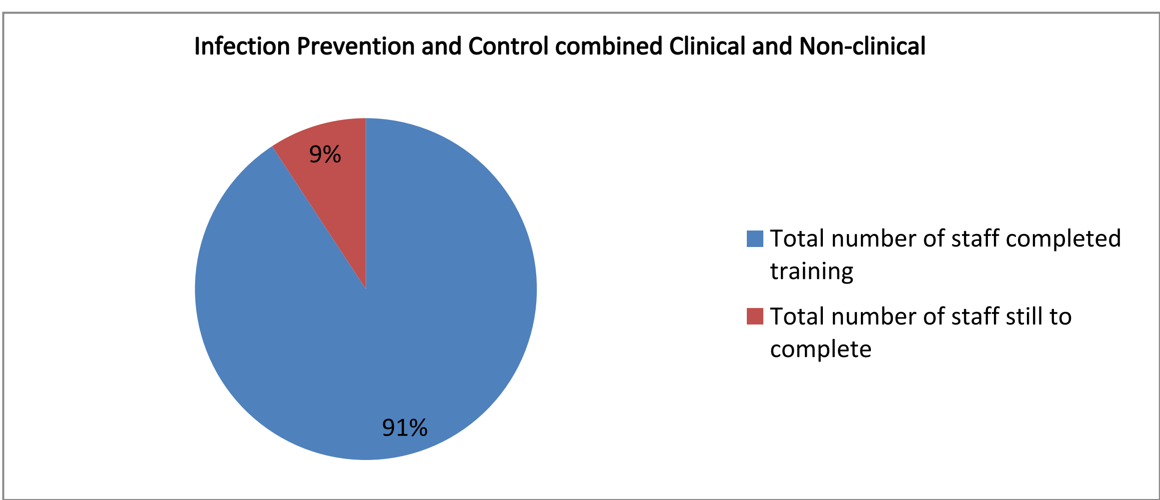
This colour –coding allows both clinical staff and maintenance teams quickly identify if a head and hose has been replaced in the quarter and is compatible with point of use filters. These shower heads have been designed in such a way that the Estates Mechanical team can effectively clean and de-

scale each fitting, ensuring there is no build-up or harbouring of micro-organisms. These will then be put back into use.

3.3. Infection Prevention & Control

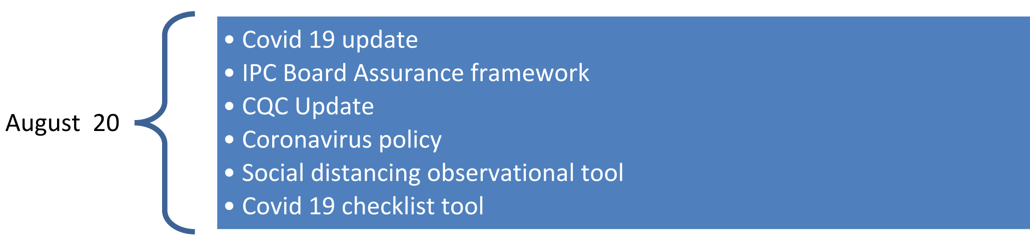
3.3.1. Training

Core Training Compliance - Infection Prevention & Control - 30/06/2020		**Including Bank Staff**			
Annual	Infection Prevention & Control (Clinical Staff)	1011	892	119	88.23%
3 Yearly	Infection Prevention & Control (Non-clinical Staff)	639	604	35	94.52%
Annual/3 Yearly	Infection Prevention & Control combined Clinical and Non-clinical	1650	1496	154	90.67%



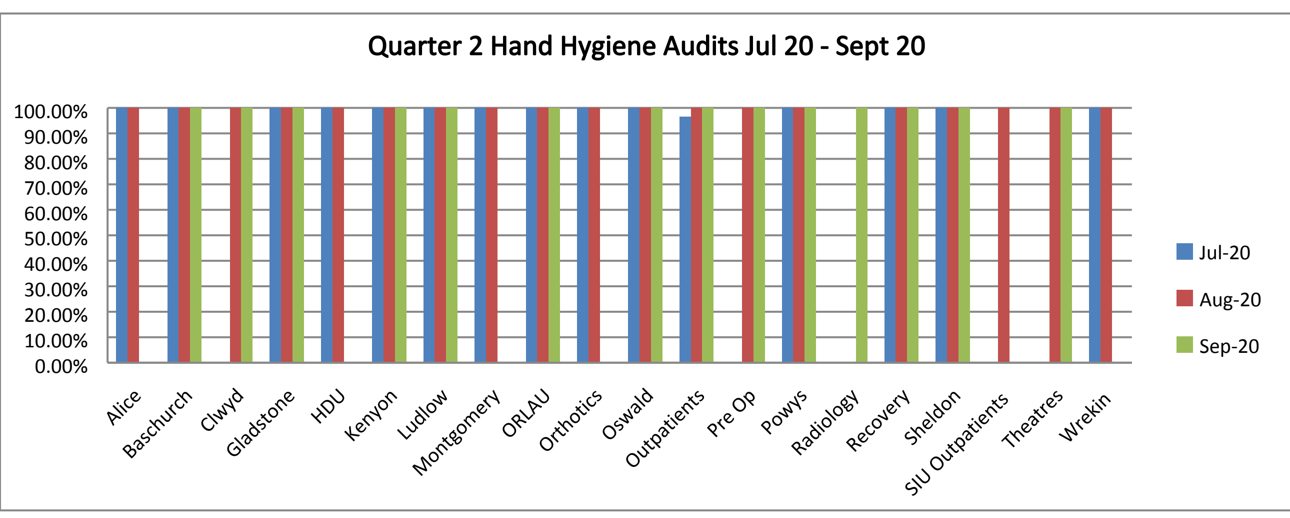
3.3.2. Infection Control Link Meetings

Link meetings are held bi-monthly. Link nurses are required to disseminate infection prevention and control updates /information to their work colleagues. Agenda items for the meeting held in August included:-

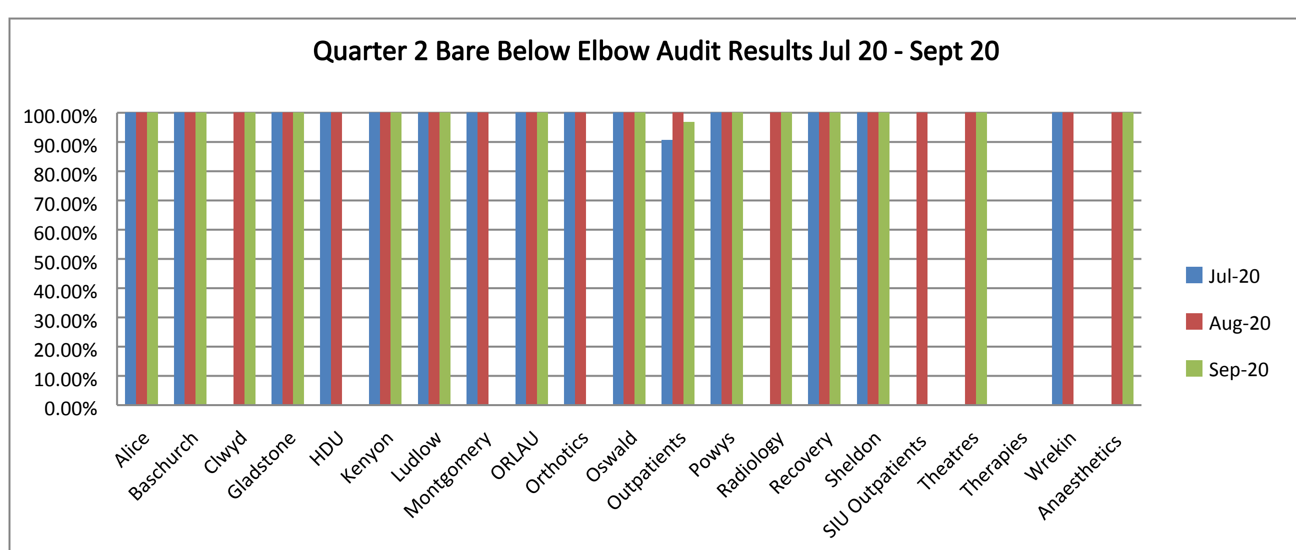


3.3.3. Audit

3.3.3.1. Hand Hygiene



3.3.3.2. Bare Below



The above graphs demonstrate 100% compliance in Hand Hygiene and 99.78% compliance in Bare Below the Elbow

A Personal Protective Equipment (PPE) element has been added to the hand hygiene audit tool during May. This was to assess the level of compliance of wearing PPE during COVID-19.

3.3.3.3. Personal Protective Equipment Audits (PPE)

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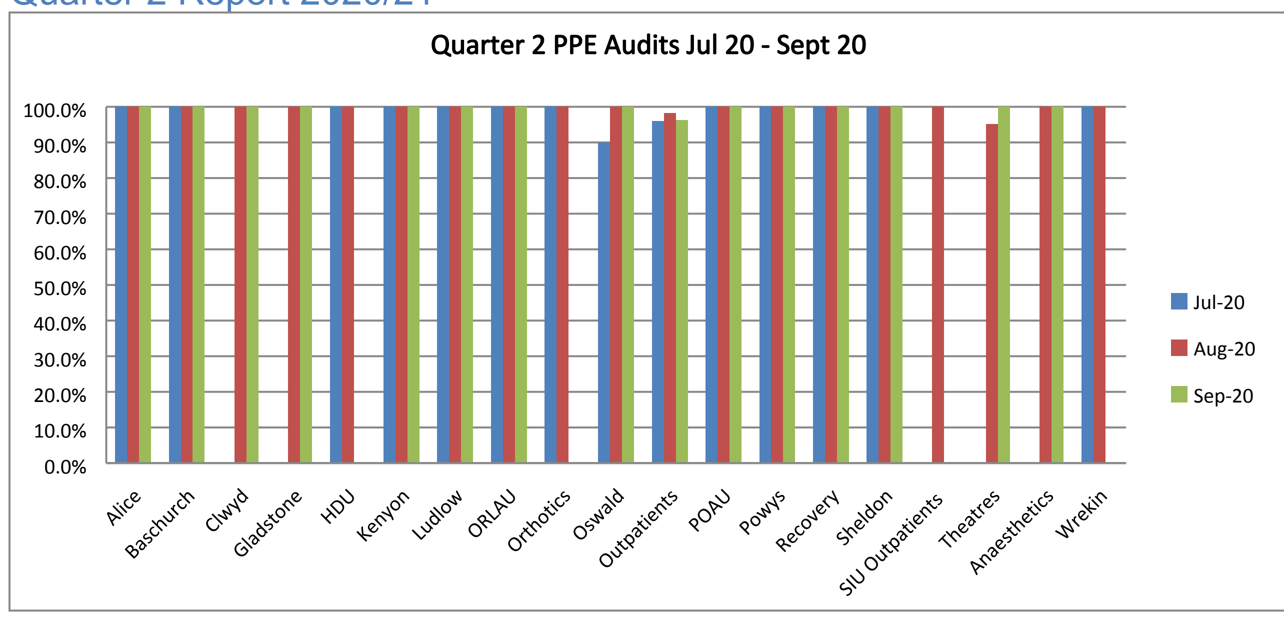
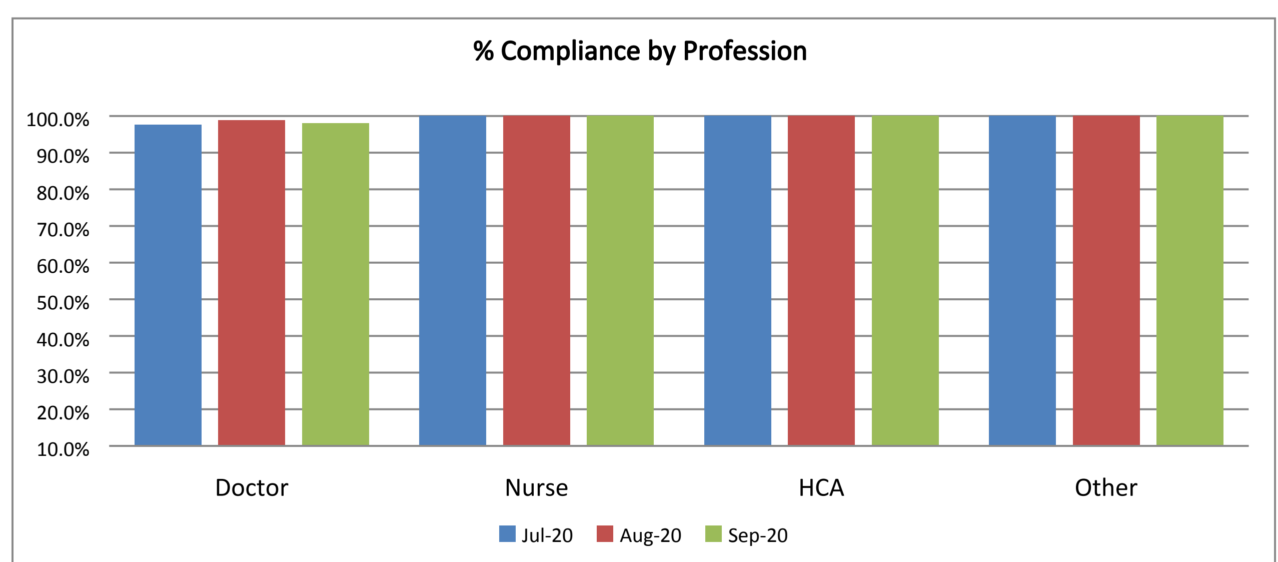
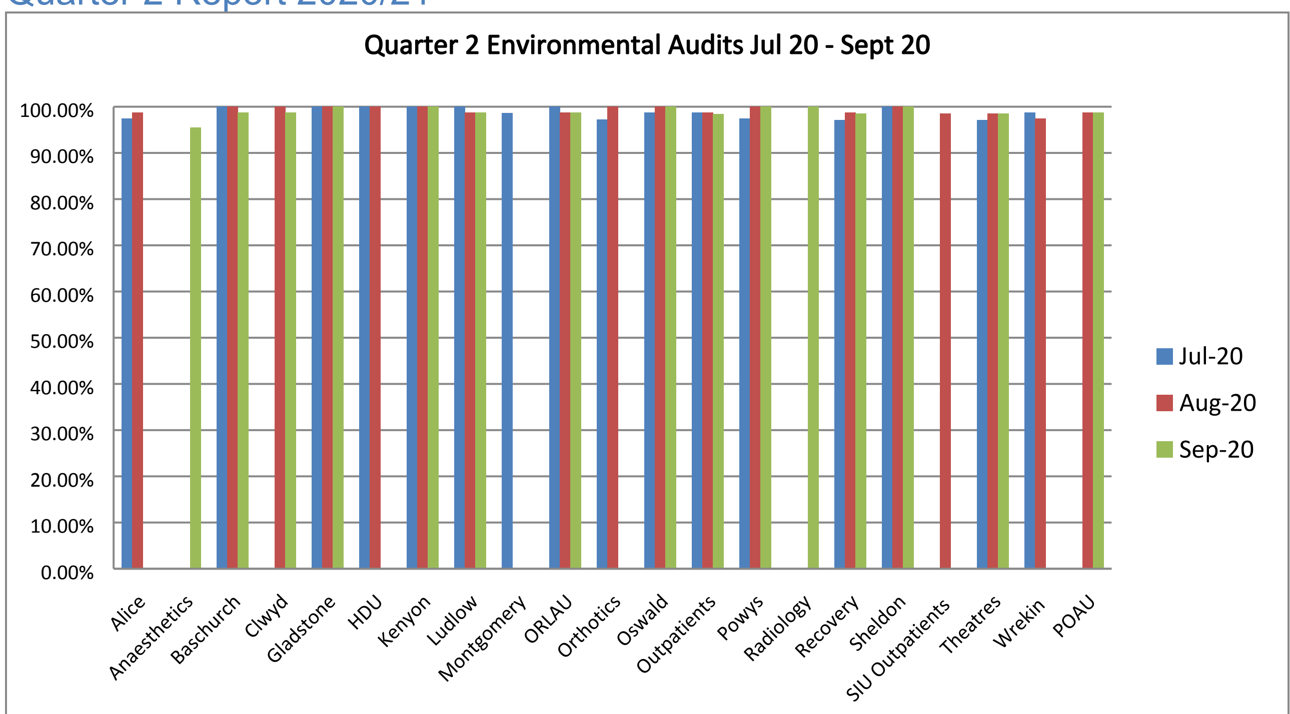




The above graphs demonstrate the PPE compliance for wards and departments and the compliance by individual staff groups. Staff have been encouraged to address any non-compliance at the time of the audit.

3.3.3.4. Environmental Audits



There has been an increase in Environmental audits received for quarter 2. Main themes for noncompliance are as follows:

- Safer Sharps devices are in use, or if not a risk assessment has been completed.
- Floors clean & in good state of repair
- All waste segregated appropriately

3.3.3.5 COVID-19 Personal Protective Equipment Checklist Observational Tool

New observational tool introduced in June to assess and address issues relating to PPE during COVID-19. A full quarter of results have now been collected and analysed with the following themes identified:

- Staff unaware of information regarding skin damage beneath PPE

Actions Taken:

Staff were referred to the document received from NHS England: Helping To Preventing skin Damage Beneath PPE. This document is also kept in the COVID-19 files within each area and can also be found in the Coronavirus Policy.

- Social distance is hard to maintain during personal care

Actions Taken:

A separate Social Distancing Observational tool has now been introduced to all clinical areas. Wards will undertake these audits two weekly and IPC Team will perform regular Social Distancing ‘spot checks’

Social Distancing champions have been identified for all wards and social distancing posters have been disseminated. Posters have also been emailed to ward managers for them to display in their areas.

Computers on Wheels have been introduced on Powys and Clwyd Ward to eliminate huddling in Nurses stations and to ensure Social Distancing can be maintained on ward rounds.

Infection Prevention & Control & Cleanliness Quarter 2 Report 2020/21

COVID-19 Checklist Audits

100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%

Alice, Anaesthetics, Baschurch, Clwyd, Gladstone, HDU, Kenyon, Ludlow, Menzies, Montgomery, ORLAU, Orthotics, Oswald, Outpatients, POAU, Powys, Radiology, Recovery, Sheldon, SIU Outpatients, Theatres, Therapies, Wrekin

Jul-20
Aug-20
Sep-20

Hand Hygiene – Patient Feedback

As a result of COVID-19 the decision was made at executive level in March to pause all patient feedback received by comment card and IPad in order to help reduce the spread and risk of cross infection. Collection of surveys through the Friends & Family Test have been suspended, therefore we have no data from Meridian to share.

Welcome staff situated in the main entrance have been asked to raise the profile of the importance of handwashing to all patients and visitors whilst within the Trust.

3.3.4. Surgical Site Surveillance

Providing data to the national SSI process enables the Trust to benchmark on a national basis with other Trusts and promote the low infection rates within the Trust. The process uses nationally agreed criteria from which the definition of a Surgical Site Infection is formed. Understanding surgical site infection rates enables the Trust to estimate the size of SSI risk in patients undergoing specific operations.

The Trust submits the maximum of all data, which is above the national requirement for one quarter of surveillance in one category of surgery per year. Year round surveillance is performed in total hip, total knee and spinal surgeries.

The Trust submits surgical site infection data to the PHE database on a quarterly basis; these reports are always one quarter in arrears to allow a window of time for any infections to present.

Due to the cessation of elective surgery and the commencement of trauma services in April there has been no surgical site surveillance performed . The Trust resumed the elective service in September therefore the quarter 4 report will update on surgical site infection rates.

3.3.5. MRSA Swabbing & New Isolates

MRSA swabbing for all admissions continues and is monitored internally to ensure that the Trust remains compliant to the national requirement for reducing preventable Hospital Acquired Infections.

	July20	Aug 20	Sept 20
Eligible patients	391	299	519
Screened for MRSA	390	299	519
% achieved	99.74%	100%	100%
Target	100%	100%	100%

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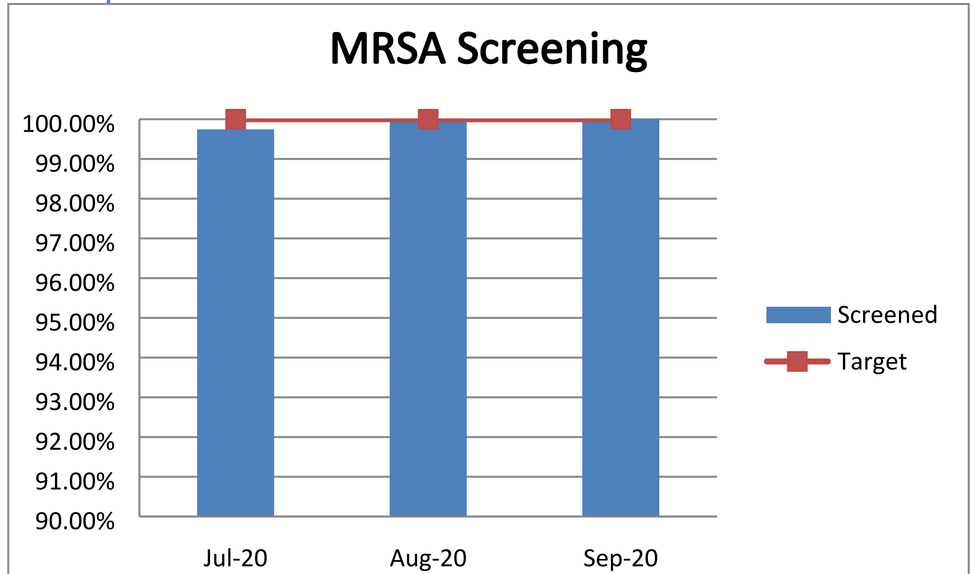


MRSA screening compliance remains well above the target of 95% set by our commissioners.

3.3.6. Alert Organisms

3.3.6.1. C.*difficle*

There have been 0 cases of C.difficle to date against an annual target of no more than 3.

3.3.6.2. MSSA bacteraemia

There have been no MSSA blood stream infections during Quarter 2.

3.3.6.3. E.*coli* /Gram negative bacteraemia.

There have been 4 cases of E.coli blood stream infections during Quarter 2. Three of the cases were associated with urinary catheters and one was likely to be from the biliary tract.
A post infection review meeting was undertaken for each case to discuss the most likely source of the blood stream infections and identify if there were any lapses in care or changes in process/practice required.
A new PIR capture form has been introduced and utilised to enable a more in depth review of each case.

Key themes identified following post infection review meetings:-

- Poor documentation around insertion of urinary catheters
- Inconsistent follow up of results of microbiology samples
- Lack of VIP scoring documentation for invasive devices

Action plans have been developed to address these issues.

3.3.6.4 COVID-19 Coronavirus

During quarter 2 the Trust continued to react and implement changes in response to COVID-19

In September trauma returned to Shrewsbury and Wrexham and elective surgery recommenced alongside the release of the COVID 19 Guidance for the remobilisation of services within health and

care settings in conjunction with updated NICE guidance detailing the patient/individuals treatment, care and support being managed in three Covid- 19 pathways.

Infection and Prevention and Control measures included:

- Identifying patient pathways red, amber and green
- Early assessment/triaging of suspected cases
- Maintaining separation in space and/or time between suspected and confirmed COVID-19 patients
- Educating staff and patients about standard infection control precautions
- Prompt implementation of Transmission Based Precautions (TBPs) including the appropriate use of Personal Protective equipment (PPE) to limit transmission
- Restricting access of visitors to the trust
- Participation in the planning and implementation of strategies for surge capacity

To date there have been 13 positive cases of COVID-19 within the trust. There have been no cases since May 31st.

3.3.6.5 CQC Assessment/ Board Assurance Framework

A meeting took place with the trusts multi-disciplinary team leading the infection control response to COVID 19 on the 22nd July 2020. During the meeting different areas of the IPC Board Assurance Framework (BAF) were discussed. At the time of the meeting the BAF had already been to the trusts Quality and Safety Committee and plans were in place to present to Board

The Trust had provided evidence of:

- Appropriate systems are in place and include prompt identification of people within the organisation who have or are at risk of developing an infection.
- Appropriate isolation facilities and cohorting areas have also been established for patients across the trust.
- The trust has identified infection control champions who have visited the wards to provide training and workshops to staff.
- A specific Covid-19 policy has been introduced, toolkits utilised, and adaptations made to systems to incorporate Covid 19.
- Staff have received and continue to receive the necessary training in line with national guidance and this is updated accordingly.
- The trust continues to provide information on its internal intranet, via Covid-19 files, internal communications and on the trust website.
- The trust has developed a video that shows what measures the trust have put in place from the front door onwards to keep people safe.
- Following consultation with staff members it is hoped the recording will be published on the trust web site with an aim to provide reassurance for patients and visitors of the trust.
- The trust continues to ensure the needs of staff are met and is completing relevant risk assessments for staff.
- All staff are given sufficient information to ensure they are aware of and discharge their responsibilities in preventing and controlling infection.
- There are systems of escalation in place should there be any difficulties in relation to PPE.

On the 30th July 2020 the RJAH Board met and their assurance in relation to the information/ evidence presented in the IPC BAF was confirmed. All services have been assessed to come to the conclusions in the framework. The trust has undertaken a thorough assessment of infection prevention control across all services, since the pandemic of Covid-19 was declared.

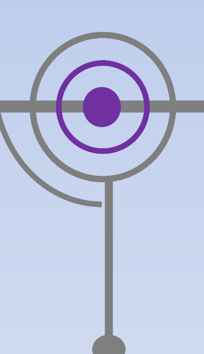
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

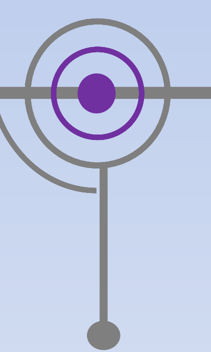
COVID-19 Pandemic Timeline

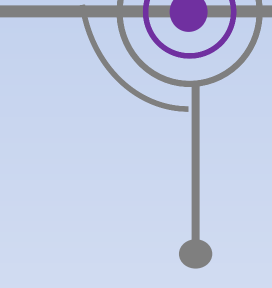
July 20

- Train the Trainer Fit Testing
- CQC Assessment/ IPC Board Assurance Framework
- Introduction of Social Distancing Observational Tool
- Update of the Coronavirus Policy
- Introduction of the Covid 19 rapid guideline: arranging planned care in hospitals and diagnostic services (NICE)

August 20

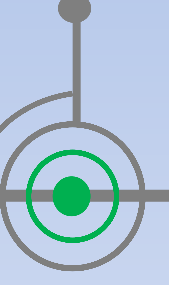




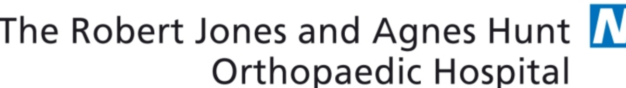


- Revised IPC Guidance from PHE.
- COVID-19: Guidance for the remobilisation of services within health and care settings
- Patients/Individuals treatment, care and support to be managed in 3 COVID-19 pathways:- High Risk (Red pathway)/ Medium risk (amber pathway)/ Low risk (green pathway)

Sept 20



- IPC Highlights Quick Reference Guide released from PHE highlighting the updated infection and prevention and control (IPC) advice for health and care organisations as the UK moves to remobilise health and care services
- External company delivered Quantative FIT testing performed for staff members who had failed previous FIT testing



3.4 Outbreaks

There have been no reported outbreaks during Quarter 2

3.5 Serious Incidents

There was a request from the commissioners for the Covid-19 outbreak in April 2020 to be reported as a serious incident; therefore the requisite investigation took place in accordance with policy. Early learning has been shared system wide with Directors of Nursing and it was confirmed that the SI report was completed as a matter of priority and included details and outcomes of the investigations. The SI was closed by the CCG on 9th July 2020

3.6 Conclusion

The Trust reports positive outcomes against national set targets for HCAI:

- No cases of MRSA bacteraemia.
- No cases of C.difficille against a target set at no more than 3 for 2020/21.

All orthopaedic surgery is being monitored closely and cases of suspected/confirmed infections are discussed at the Consultant led weekly Infection MDT meetings.

A business case was agreed to increase the Infection Control Team with an additional band 6 Infection Control Nurse, band 5 Surgical Site Surveillance Nurse and a Modern Apprentice

Appendix 1: Acronyms

MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
MDT	Multi-Disciplinary Team
E.coli	Escherichia. Coli
C.diff	Clostridium difficile
PHE	Public Health England
SSI	Surgical Site Infection
SCHT	Shropshire Community Health Trust
SATH	Shrewsbury and Telford Hospitals
TKR	Total Knee Replacement
THR	Total Hip Replacement
HCAI	Healthcare Associated Infection
UTI	Urinary Tract Infection
HTM	Health Technical Memorandum
TSSU	Theatre Sterile Services Unit
HPV	Hydrogen Peroxide Vapour
AHCP	Association of Healthcare Cleaning Professionals
PLACE	Patient Led Assessments of the Care Environment

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Glossary

Bacteraemia: The presence of bacteria in the blood without clinical signs or symptoms of infection

C. difficile: or C. diff is short for Clostridium difficile. It is a type of bacteria (germ) which less than 5% of the population carry in their gut without becoming ill. It is normally kept under control by the 'good' bacteria in the gut. However, when the good bacteria are reduced, e.g. by taking antibiotics, C. difficile can multiply and produce toxins (poisons) which can cause diarrhoea. The C. difficile bacteria form spores (germs that have a protective coating). These spores are shed in the diarrhoea of an infected person and can survive for a long time in the environment. C. difficile is highly infectious and can be spread from patient to patient unless strict hygiene measures are followed.

E coli: is an organism we all carry in our gut, and most of the time it is completely harmless. It is part of the coliform group of bacteria – often known as Gram Negative bacteria. Most strains do not cause any symptoms while being carried in the gut. Instead E coli forms part of our "friendly" colonising gut bacteria. However when it escapes the gut it can be dangerous. E coli is the commonest cause of blood stream infections (bacteraemia) in the community. The most frequent problem it causes is a urinary tract infection, but it can also cause infections in the abdomen such as gallbladder infections or following perforations of the bowel.

HCAI: Health Care Associated Infection. An infection acquired as a result of receiving treatment in a health care setting.

MRSA: or Methicillin Resistant Staph aureus, is a highly resistant strain of the common bacteria,Staph aureus. Bloodstream infections (bacteraemia) cases are the most serious form of infection where bacteria, in this case MRSA, escape from the local site of infection, such as an abscess or wound infection, and spread throughout the body via the bloodstream. All cases of MRSA detected in the blood are reported by the trust.

MSSA: or Methicillin Sensitive Staph aureus, is the more common sensitive strain of Staph aureus. Up to 25% of us are colonised with this organism. Mostly it causes us no problem but it is a frequent cause of skin, soft tissue and bone infections. As with its more resistant cousin, MRSA, sometimes the infection can escape into the bloodstream producing a "bacteraemia" i.e. bacteria in the blood. Unlike MRSA, the majority of the infections will be acquired in the community, and are not associated with health care. However, some may arise as a consequence of health care, and like MRSA, it can arise from infected peripheral and central intravenous lines and other health care interventions. We were asked by the Department of Health in 2011 to report all MSSA bacteraemia cases, whether acquired in the community or in hospital, so that we can review the sources and identify potentially avoidable cases. So far no targets have been set. However, we can compare ourselves with other trusts and put in interventions to further reduce infections.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Chair's Assurance Report
People Committee – DATE 09/09/2020

0. Reference Information

Author:	Sarah Sheppard	Paper date:	26/11/2020
Executive Sponsor:	N/A	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the People Committee Meeting held on 9th September 2020 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

Key points to highlight from the meeting:

- The meeting was well attended
- There was good progress of actions from the previous meeting with all actions completed or updated
- The work plan was reviewed and will be aligned to new frequency of committee offering a focused work plan
- The Committee received updates on Covid-19 workforce information, People Plan, Recruitment (TRAC), People Pulse
- The Guardian of Safe Working attended to provide an update
- The Committee received a report in lessons learnt from a Freedom to Speak Up Case.

2.3. Conclusion

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

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the People Committee which met on 9th September 2020. The meeting was quorate with two Non-Executive Directors present. A full list of the attendance is outlined below:

Attendance:		
Attendance:		
Paul Kingston	Non-Executive Director (Chair)	PK
Chris Beacock	Non-Executive Director	CB
Kerry Robinson	Director of Performance, Improvement and OD	KR
Stacey Keegan	Acting CEO	SK
Craig Macbeth	Chief of Finance and Planning	CM
Sarah Sheppard	Chief of People	SS
Shelley Ramtuhul	Trust Secretary	SR
Rob Freeman	Clinical Representation	RF
Ruth Longfellow	Associate Medical Director	RL
Simon Adams	Director of Digital	SA
Hilary Pepler	Board Advisor	HP
Chris Marquis	Clinical Representation	CMs
Alexander Yashchik	Consultant Anaesthetist / Well Being Guardian	AY
Apologies:		
Steve White	Medical Director	SW
Harry Turner	Non-Executive Director	HT
Elizabeth Hammond	Freedom to Speak Up Lead	EH

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. The following action points require further updates at the next committee:

- Occupational Health Tender Specification
- Statutory and Mandatory Training 2020/21
- Internal Audit Job Planning Report

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Covid-19 Workforce Information		
The Committee received Covid-19 workforce information and noted the following: • The Trust has had no employees testing positive for Covid-19 in September • There has been a reduction in self isolation and special leave. • Risk assessments completed for all staff members enabled a higher number of staff to work from home, or be re-deployed into secure environments within the work place. • The ability to test all staff had also supported the reduction in the figures, and highlighted that testing is still easily accessible within the Trust. The Committee noted the importance of reflection and learning from the past 6 months and that the Trust has developed quickly and now has a sophisticated system in place. Notwithstanding this, concerns were noted with regard to winter pressures approaching, and one main factor to support this is ensuring all staff were social distancing and for all teams to be reminded of the importance of this. The Committee noted the report and was assured regarding the measures in place.	Y	
2. People Pulse		
People Pulse The Committee was informed that going forward the People Pulse will be monthly rather than fortnightly, to offer a temperature check over the organisation. It was noted that from the last questionnaire received a response from 116 members of staff and in general it demonstrates that staff have felt supported and motivated, there was also an increase in the use of the Well-being App. It was possible to identify some themes within certain staff groups and the Committee specifically noted HCA's may benefit from some additional support. The Committee noted there were still low numbers who have used the resources available and it was suggested that further communications are distributed to highlight the resources available. After discussions between the committee group, it was agreed that a Good Practice Guidance for team huddles would be produced, with this being a main issue from the results as a whole. The expectation would be that managers will follow the good practice guidance as a minimum to ensure staff groups are fully supported and informed of any changes on a regular basis.	Y	

3. We are the NHS: The People Plan 2021		
The Chief People Officer presented a summary of the People Plan for the Committee, noting that this is the plan leading up to the end of the financial year, so further changes may be made. It was noted that the Trust is working as part of the Integrated system with a local action plan sitting within the system action plan. The key messages for 2021 were noted to be about really looking after people, focusing on wellbeing, weight, health and fitness and recruitment. Due to the growing numbers of Doctors and Nurses in training nationally, the aim within recruitment is to develop new roles to ensure there is a higher rate of employment once training has been completed. The Committee considered the action plan and the responsibility of the Trust for these actions to be completed, noting that key points will be monitored through outcomes. An area of focus was the requirement for all jobs to be open for flexible working and it was recognised that a cultural change is required for this to be successful. The People Team will work closely managers on this. The Committee noted that the action plan will be brought back to the next Committee with further detailing within the local plan. The Committee queried the lack of GMC reference within the plan and questioned this fits in the plan. It was explained that the local action plan was a minimum requirement of actions and that this can be added to, and work will be carried out on incorporating the GMC in to the Trust Local action plan. The Committee noted that the action plan will be brought back to the next Committee with further detailing within the local plan. The Committee discussed the extensive volume of actions required to complete within a short timeframe, and suggested increasing the frequency of meetings to enable actions to be moved forward and to also offer assurance to the board. It was agreed that a monthly committee meeting would be beneficial, with a focused agenda, bringing certain items quarterly.	Y	
4. FTSU case – Lessons Learnt		
The Committee reflected on a recent case that had prompted an investigation. This reflection was focussed on the lessons learnt rather than the mechanics of the investigation. The Committee noted the following improvements that had been made: • The newly introduced HRBP's will have a much bigger part in the recruitment process of People Managers ensuring that new managers are placed on a new manager induction programme, and that management training (formal and coaching) is		

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provided. • HRBP's have been allocated to each Unit and work closely with the Managing Directors to be pro-active in managing turnover, creating KPI's to highlight issues and concerns and to conduct exit interviews. Feedback from this close working relationship has been positive with the MD's feeling more actively supported. • A review of appraisals has been undertaken to ensure that where issues were raised this is subject to follow-up. • The implementation of separate well-being meetings to enable staff to have confidence within their workplace. The Committee concluded that a clear message needs to be given that inappropriate behaviour is not tolerated within the Trust and for Senior Managers to be reminded of the tools and support available to assist in handling any issues. It was agreed that further communications needed to be distributed regarding the importance of raising issues so that they can be resolved rather than escalating. It was suggested that Interim Chief Executive highlight this within the next virtual round up. The Committee noted the report.	Y	
5. Job Planning Update		
The Committee received an update on the Allocate Job Planning software, noting that the Project Team are currently setting the software up with an estimated end date of 31/12/2020 for all Job Plans to be on the system. It was noted that there are a number of employees who have been trained on how to use the software and once this is in place, further training can be offered to all managers needing to use the system.	Y	
6. Guardian of Safe Working Hours		
The Guardian of Safe Working Hours thanked the committee for the time to update on the clinical side of the Trust he also expressed his thanks and gratitude to all of the Junior Dr's within the Trust, who over the past 6 months have adapted to change and been flexible in their working hours to ensure a smooth running of the Trauma Service taken from SaTH. The Committee was informed that this work ethic has carried on and they are still working hard during a difficult and challenging time, now working with the repatriation and restoration. The Guardian of Safe Working Hours requested that the Committee ensure the re-instatement of training for the Junior Dr's, as this is paramount to their learning and also to restoration. The Guardian of Safe Working Hours was encouraged to escalate any issues to the senior leadership team and this was acknowledged. The Guardian advised that the Junior Dr Forum has been reinstated virtually for any concerns to	Y	

be passed on through this and escalated if required. The Committee noted that Junior Dr's would form part of the people plan for their wellbeing, and requested any comments from CMs the Guardian on how a thank you could be passed on to them for their continued hard work and flexibility. It was suggested a formal letter of thanks would be appreciated along with ensuring this message is passed on to Board. The Committee noted the update.		
7. Recruitment – TRAC Update		
The Committee received confirmation that the TRAC system is now in place with over 60 jobs being advertised. The project has gone well and a high number of managers have now completed the training. It was recognised that this was the first time the Trust has used an external system for recruitment and it has been introduced virtually, but has had good outcomes to date. The Committee noted the update.	Y	
8. Board Assurance Framework (BAF)		
The Committee was reminded that the BAF had been paused during Covid-19, with a focus on operations and the risks linked with this. A monthly Risk meeting was established to escalate any concerns and risks and to give assurance to the Board that those issues had mitigations in place. The Committee as advised that the Corporate Objectives have been re-worked given the recent events and are beginning to align with the BAF, with the papers being presented to Joint Audit and Risk on Monday 14th September 2020, where if agreed on review the BAF will be presented at Board at the end of the month and will then become a standard agenda point again for the Committee.	Y	
9. Audit Update		
The Committee was advised that actions have been completed and closed, with TRAC being introduced. Along with this, as part of the People Audit, induction systems are in place to take competencies from previous employers. The Committee noted the update.	Y	

3.4 Approvals

Approval Sought	Outcome
People IPR July 2020	Approved
Staff Survey 2020	Approved
CPD Funding	Approved
Managing Conflicts of Interest Policy	Noted as approved by Audit Committee

The Robert Jones and Agnes Hunt Orthopaedic Hospital
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3.6 Risks to be Escalated

No risks were identified to be escalated to the Board.

3.5 Conclusion

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Board of Directors

Author:	Sarah Sheppard	Paper date:	November 26th 2020
Executive Sponsor:	Sarah Sheppard	Paper Category:	Strategy / Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

The purpose of this paper is to provide an update on the implementation of the local action plan developed in response to the National People Plan which was presented to the Board in September.

2. Executive Summary

Good progress has been made across the activities identified in the Action Plan which is attached to this paper at Appendix 1.

The Action Plan outlines a challenging agenda for the next 5 months which will require focus and significant activity to deliver on all requirements. The action plan sets out the minimum requirements for RJAH and we look forward to ensuring that the focus on the Trust's corporate objective to 'make the RJAH an excellent place to work' drives forward positive and lasting change.

There remains significant work to do to achieve the actions on target. All managers are focussed on our response to the Pandemic but there is great synergy between this action plan with our focus on supporting our staff and the challenging times in which we find ourselves.

3. Recommendation

The Board is asked to note the progress to date and agree to be updated on a regular basis.

4. Context

The publication of the People Plan for 2020/21 is a significant milestone for the NHS as it makes a national pledge to support its people and their experience working within the service including the launch of a new 'promise' to outline what staff can expect.

The plan focusses on 2020/21 but recognises that transformation is an ongoing process and therefore action will continue long after this year with new iterations of the plan to be launched later in the year.

The RJAH has developed this action plan which has been considered by the People Committee in detail. We have already taken significant steps and actions to ensure RJAH is a great place to work and have taken pride in demonstrating our continued focus on the experience of its people. The national people plan provides us with a focus to ensure our People agenda is focussed on the national targets and aspirations.

As an organisation we have long recognised that our people are our single most important asset and through their collective talents, passion and expertise have helped us to create a vibrant and organisation delivering outstanding patient experience.

The experience of the Covid Pandemic has given significant impetus to the development of a system first approach to our workforce and we have made major strides in how we work together as workforce teams across the 5 NHS organisations in Shropshire. This has been focussed on wellbeing support, management of risk to staff, vaccinations and testing and the development of new roles. We have also broken-down barriers by establishing a process to support the easy redeployment of staff where they are needed most with minimal delay.

Many of the programmes we had planned and the actions we intended to take were fast-tracked as a direct response to COVID-19 and we have seen a focus on wellbeing and supportive management of staff and improved system working across the People Agenda.

5. **Areas of focus**

Wellbeing of all our staff continues to be the primary consideration ensuring that our staff are properly supported during this period.

This month we are working hard to ensure that the wellbeing conversations are introduced in a supportive way to add value to the individuals and the organisation itself. The Head of People Services is working with the People Business Partners to roll this out with support from the communications team. These conversations are vital to ensure that individuals can get the support they need at the right time in the right way and will range from a simple conversation to accessing specific interventions in response to need.

We are also focussing on the facilities for our staff to take rest periods in a safe environment and access exercise opportunities whilst in the working environment. This is of particular significant during the pandemic, but it is also these covid restrictions which are adding to the challenge of ensuring staff have the right access to safe and appropriate facilities.

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6.Action Plan

The action plan is attached in Appendix 1 and sets out the detail of the progress to date.

Significant progress has been made to ensuring that all health and well-being initiatives are in place or in progress as per the plan. In particular it should be noted that all staff have the correct PPE, individual risk assessments have been completed and the support for staff working away from the hospital is being assessed to ensure that they are being properly supported.

The two areas marked in amber relate to staff rest facilities and access to exercise opportunities which require further action to ensure that the necessary arrangements are put in place.

7.Recommendations

It is recommended that the Board of Directors notes the contents of this report and agrees to be updated on the Action Plan and progress at future meetings.

People Plan - RJAH Action Plan:

There are a list of detailed asks of employers and systems within each of the four categories outlined in the NHS People Plan. These 'asks', which are to be delivered during 2020-21, have been organised under the following headings:

1) 2) Health and Wellbeing

Action	Who	Timeline / Target Date	RAG Status	Lead	Comments| Update
Put in place effective infection prevention and control procedures	Employer	completed	Blue	S.Sayles	Regular reviews
Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Employer	completed	Blue	S.Sayles	Regular Reviews
All frontline healthcare workers should have a vaccine provided by their employer	Employer	As available	Green	Chief Nurse	Participate in system planning using the flu vaccine approach
Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed	Employer	System in place	Green	Chief of People	Monthly reporting (performance reporting)
Ensure people working from home can do safely and have support to do so, including having the equipment	Employer	30/11/20	Green	MD-SSU	Issue Risk assessment template for completion and action by all staff WFH

they need.					
Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Employer	Immediate	Yellow	All MDs	Annual Leave guidance issued Rest rooms/areas are being reviewed in context of Covid Secure Areas
Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect	Employer	31/1/21	Green	Head of People	Information gathering underway. Meeting taken place with Director of OD and a further meeting/small working group to be arranged with Sophie Shapter to tie in with Human Factors Behaviour work
Prevent and control violence in the workplace – in line with existing legislation	Employer	Immediate	Blue	Chief Nurse	Zero tolerance
Appoint a wellbeing guardian	Employer	NED Wellbeing guardian	Green	Chairman	31/10/20 National Role Profile delayed but individual NED identified
Continue to give staff free car parking at their place of work	Employer	Immediate	Blue	Chief Finance Office	Keep under review in line with national policy
Support staff to use other modes of transport and identify a cycle-to-work	Employer	31/12/20	Green	MD- SSU	Explore options using system resource. Cycle to work scheme is in

lead					place
Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Employer	31/10/20	Green	MD-SSU	All areas required to prioritise rest areas for staff
Ensure that all staff have access to psychological support.	Employer	31/10/20	Green	Head of People	Access and promote system solution
Identify and proactively support staff when they go off sick and support their return to work	Employer	Immediate	Green	People Business Partners	Daily absence report Absence Policy and training in place Key KPI
Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Employer	30/11/20	Yellow	People Business Partner-SSU	To explore variety of options – Captain Tom pathway in planning. Exploring on-site gym
Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout	Employer	Immediate	Green	All MDs	Wellbeing conversations must be in place Wellbeing strategy on a page
Every member of NHS staff should have a health and wellbeing conversation.	Employer	31/12/20	Green	Head of People / All MDs	Launch information developed. Progress guides for line manager and staff completed by 30/11/12 following meeting with staff side. Recording system to be agreed - pending

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					Performance framework to be agreed
All new starters should have a health and wellbeing induction	Employer	31/10/20 – initial piece on induction programme 31/12/20 – wellbeing approach for new starters	Green	Head of People	Options have been explored with Occupational Health. Contact made across the system to gage interested in a system approach. Potential collaborate with occupational health provider to instigate a mini health MOT for all new starters with signposting to sources of support available. Review current induction programme

2)	Flexible Working				
Action	Who	**Timeline / Target Date**	**RAG Status**	**Lead**	**Comments | Update**
Be open to all clinical and non-clinical permanent roles being flexible	Employers	1/10/20 statement for all adverts	Green	People BP-SSU for advert statement All BPs for education re: flexibility	Cultural approach on all recruitment
Cover flexible working in standard induction conversations for new starters and in annual wellbeing conversations	Employers	31/12/20	Green	People BPs	Include in wellbeing guidance
Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of	Employers	31/12/20	Green	People BPs	Refresh flexible working policy Include in performance framework

role, team, organisation, or grade					
Board members must give flexible working their focus and support	Employers	Immediate sign up to principles	Blue	Chief People Officer	Discussion and Board and people Committee

3) Equality and Diversity

Action	Who	Timeline / Target Date	RAG Status	Lead	Comments
Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets	Employers	By October 2020	Blue	Chief People Office	Refer to WRES plan Recruitment policy is in line with good practice and inclusion of diverse staff groups in recruitment activities
Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table	Employers	From September 2020 with implementation of process by 12/20	Green		Include in wellbeing conversation guidance

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce	Employers		Blue	Chief of People	Part of performance management metrics for reporting purposes
51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes	Employers	By the end of 2020 Reporting on ethnicity for formal processes available from October 1st.	Green		Case conference process in place. Part of performance reporting at RJAH

4) New ways of delivering care

Action	Who	Timeline / Target Date	RAG Status	Lead	Comments | Update
Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing	Employers	31/3/21	Green	Head of People / System lead	RJAH established as Lead Employer for returning staff, including vaccination hub. Induction arrangements

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

tool to support a structured approach to ongoing workforce transformation					put in place for Telford surgical team deployed to RJAH as part of restoration.
Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression	Employers	31/3/21	Green	DoN	Career workshops/conversations Nursing Strategy on staffing
Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19	Employers and Organisations	31/3/21	Green	Head of Learning Hub	

5) Growing the workforce					
Action	**Who**	**Timeline / Target Date**	**RAG Status**	**Lead**	**Comments**
Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Employers	2020 / 2021	Green		Working closely with our placement coordinators to ensure student experience will be appropriate
For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialities	Employers	2020 / 2021	Green		Deanery and local leads are working to ensure that trainees are supported and have access to required training
Ensure people have access to continuing professional development, supportive	Employers	2020 / 2021	Green		

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

supervision, and protected time for training					

6) Recruitment

Action	Who	Timeline / Target Date	RAG Status	Lead	Comments
Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles	Employers	4/21	Green	Chief Nurse/Chief People Officer	System approach with additional roles and funding identified
Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and clinical roles	Employers	4/21	Green	Chief Nurse/Chief People Officer	System approach – signed up to apprenticeship cohort for March 21
Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response	Employers and Systems	2020 / 2021	Green	Chief Nurse/Chief People Office	System approach RJAH as lead employer for BBS staff

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

7) Retaining Staff

Action	Who	Timeline / Target Date	RAG Status	Lead	Comments
Design roles which make the greatest use of each person's skill and experiences and fit with their needs and preferences	Employers	31/3/21 (suite of roles in place)	Green	Head of People/People BPs	Utilisation of wellbeing/career conversations to continuall Will be included in nursing workforce strategy no progress to date. y improve role design
Ensure that staff who are mid-career have a conversation with their line manager, HR and occupational health.	Employers	31/3/21	Green	Associate Chief Nurse	Design of career conversations
Ensure staff are aware of the increase in the annual allowance pensions tax threshold	Employers	31/12/20	Green	Head of People Services	Communication of information available will be undertaken through December 2020
Make sure future potential returners, or those who plan to retire and return this financial year are aware of the ongoing pension flexibilities	Employers	31/12/20	Green	Head of People Services	Working with system collaboration to develop infographic. communication plan

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Blue – Closed/Completed

Green – on track/on time

Amber – off target date but plan in place to meet deadline (in the comments you may wish to say plan in place or what you have done to put things in place if they need that level of detail)

Red – off target date, no plan in place to meet deadline (in comments you may wish to highlight why gone off track and why not got a plan in place yet –again depends on the detail)

NS – Not started yet as start date not reached

The Robert Jones and Agnes Hunt Orthopaedic Hospital
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NExT Director Programme

Author:	Sarah Sheppard	Paper date:	November 26th 2020
Executive Sponsor:	Sarah Sheppard	Paper Category:	Strategy / Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

This paper sets out details for the NeXT Director scheme for consideration by the Board of Directors.

2. Executive Summary

There is an expectation for the Board of every NHS Provider to reflect the diversity of the people it serves and the RJAH Orthopaedic Hospital is keen to increase its diversity of its Board members.

The NExT Director scheme is designed to support senior people from groups which are currently under-represented to take the final step into the NHS Boardroom.

This paper provides the Board with the background to the scheme and asks for the Board to consider utilising the scheme to support the development of more diverse membership of its Board.

3. Recommendation

The Board is asked to consider the NExT scheme and agree to the commencement of a recruitment exercise to take place in January 2021.

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4. Background

The NExT Director Scheme is a positive action development programme created and designed to help find and support the next generation of talented people from groups who are currently under-represented on our NHS boards into these important non-executive roles. It focuses particularly on

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

NExT Director Programme
supporting people from local BAME communities
and disabled people into board level roles in the NHS. People with other protected characteristics will also be considered for placements.

The 12-month programme gives successful candidates a unique insight into the role and responsibilities of being an NHS non-executive director by supporting senior people in bridging knowledge gaps, for example by helping them with:

- Operating at board level
- Transitioning from executive to non-executive roles
- Board level exposure in an organisation of huge size and complexity
- Understanding NHS structures and accountability, how the money flows, who the key partners are, where all the regulators fit and the board's role in quality and safety

Individual NExT Directors are offered a placement with a provider trust in their area for up to 12 months, depending on each individual's rate of progression. This will provide the opportunity to learn first-hand about the challenges and opportunities associated with being a non-executive director in the NHS today.

Mentorship from an experienced NED and a development programme is provided.

5.0 Rationale

Being an NHS NED is a challenging job and given the risk and investment, trusts are understandably often keen to appoint NEDs who have done it before. Recycling NEDs is not sustainable and given the lack of diversity in the current pool it is a real hurdle to improving board diversity in the sector. This deprives the sector of fresh insight and the very independent perspective NEDs should bring to our boards. The NExT director scheme is designed to give individuals from under-represented groups exposure to, and experience of, working with an NHS board, to understand the structures, priorities and language of the NHS that will help them compete confidently for NED roles in future.

There is no expectation that participation will lead to a role with the trust in future - although they may develop into a NED role as and when vacancies arise. The idea

of the scheme is not to equip your placement to be a NED on your board but for any NHS board and so increase the diversity of the NED talent pool for all providers in the future. To this end placements on the scheme are encouraged to support each other within the NExT network and get additional development opportunities from NHSEI on relevant topics.

6.0 Principles and Process

- The role is paid with the aim of increasing the number of younger people and those from diverse backgrounds who will consider applying.
- The recruitment process is consistent with senior appointments including assessment and interview.
- A diverse interview panel should be formed who understand the role and the ambition to support under-represented groups into these roles – the Seacole group are able to provide support and access to panel members
- Consider taking on more than one placement to provide an immediate support network.
- Consideration of offering an Associate role if applicants are "ready now" to be a NED.

7.0 Next Steps

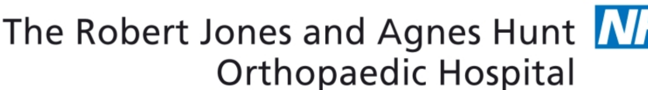
NHSEI will provide support and guidance to the recruitment process to ensure that learning is taken from other organisations who have introduced these roles.

NExT Director Programme
Recruitment Process to start in early 2021 with due regard to the current pandemic restrictions.

Identification of a NED champion for the scheme to work with the Chief People Officer to introduce the scheme.

8.0 Recommendation

The Board is asked to support the programme and agree to proceed to the recruitment stage.



Safe Working Hours: Doctors in Training Q4 2016-17

0. Reference Information

Author:	Chris Marquis, Guardian of Safe Working	Paper date:	26/11/2020
Executive Sponsor:	Chief Medical Officer – Mr White	Paper Category:	Governance and Quality
Paper Reviewed by:	People Committee	Paper Ref:	
Forum submitted to:	The Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board of Directors is asked to ***consider*** and ***note*** the Trust's position in relation to safe working hours for doctors in training.

2. Executive Summary

2.1. Context

As part of the 2016 Terms and Conditions for Junior Doctors it was agreed that additional safeguards would be put in place to protect the working hours of doctors in training. This included a Guarding of Safe Working to champion safe working hours and provide assurance to the Board in this regard.

2.2 Summary

The Trust has in place a Guardian of Safe Working and this paper presents the September 2020 report from the Guardian. It outlines the work that has been undertaken to date and highlights some of the issues being faced as the new system of monitoring and exception reporting embeds. The report provides the data currently available in relation to rota vacancies and agency and locum usage.

2.3. Conclusion

The Board is asked to ***consider*** and ***note*** this report from the Guardian of Safe Working.

3. The Main Report

3.1. Introduction

This paper sets outs the background and context around the introduction of the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors and implementation of that role in the Trust.

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. During negotiations on the junior doctor contract, agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.

The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The work of the guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

The Guardian will:

- Champion safe working hours.
- Oversee safety related exception reports and monitor compliance.
- Escalate issues for action where not addressed locally.
- Require work schedule reviews to be undertaken where necessary
- Intervene to mitigate safety risks.
- Intervene where issues are not being resolved satisfactorily.
- Distribute monies received as a result of fines for safety breaches.
- Give assurance to the board that doctors are rostered and working safe hours.
- Identify to the board any areas where there are current difficulties maintaining safe working hours.
- Outline to the board any plans already in place to address these
- Highlight to the board any areas of persistent concern which may require a wider, system solution.

The Board will receive a quarterly report from the Guardian, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade.
- Details of fines levied against departments with safety issues.
- Data on Rota gaps / staff vacancies/locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

Other new features of the 2016 contract include:

Work scheduling – junior doctors and employers will be required to complete work schedules for the doctors in training. This will begin as a generic schedule setting out the hours of work,

the working pattern, the service commitments and the training opportunities available during the post or placement.

Exception reporting – enabling doctors to raise exception reports where their work schedules do not reflect their work, and to ensure that a work schedule remains fit for purpose, This is beneficial to employers as it will give real-time information and be able to identify key issues as they arise. It also benefits doctors, as issues over safe working or missed educational opportunities can be raised and addressed early on in a placement, resulting in safer working and a better educational experience.

Requirement for junior .doctor forums to be set up - principally these forums will advise the Guardian of Safe Working who will oversee the processes in the new contract designed to protect junior doctors from being overworked. The Guardian and Director of Medical Education in each Trust and relevant organisation shall jointly enable a nomination/election process to establish a Junior Doctors Forum (or fora) to advise them and make appropriate arrangements to enable the elected representatives time off for their activities & duties in connection with their role. Election onto the forum will be for the period of rotation and replacements must be sought for any vacancies.

3.2 Guardian of Safe Working Report

3.2.1 High level data

***For the period Aug 2020** – International training fellows not included*

Orthopaedics	Training posts	16
	Of which Doctors in training on 2016 contract	9
Rehabilitation/ Spinal Injuries	Training posts	1
	Of which Doctors in training on 2016 contract	1

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

3.2.2 Exception reports (with regard to working hours)

The exception reporting system is designed to allow employers to address issues and concerns as they arise, in real time, and to keep doctors' working hours, both rostered and actual, within safe working limits. If the system of work scheduling and exception reporting is working correctly, in anything other than truly exceptional circumstances, the levying of a fine indicates that the system has failed or that someone – the supervisor, Guardian or the individual doctor concerned – has failed to discharge his or her responsibilities appropriately.

Any levying of a fine should therefore be followed by an investigation in to why it was necessary and remedial action to ensure that it does not happen again. The most important thing to remember is that fines should rarely, if ever be applied at all.

Currently there have been no exceptions reported to the Trust.

The demands of the COVID pandemic have been significant throughout the NHS and our Trust is no exception. It is necessary to highlight and applaud the Junior Doctors role during this ongoing crisis. They have taken on roles and responsibilities outside their normal job plan and performed exemplarily, despite the impact on their training and future careers.

The trust continues to engage with the junior doctors regarding rotas and via the Junior Doctor Forum. At all stages care is taken to ensure hour's compliance is achieved without compromise to patient safety and our training responsibilities.

As it stands the Trust can be reassured we are compliant with the demands placed upon us.

3.2.3 Work schedule reviews

None – please see above. Work schedule reviews are triggered by repeat exception reporting highlighting an issue with a position or rota. With no exception reports, no work schedule reviews should be expected.

3.2.4 Junior Doctor Agency and Locum usage and Rota Vacancy Report

Please see Appendix 1

Trauma and Orthopaedics

Number of Vacancies

Jan – 0

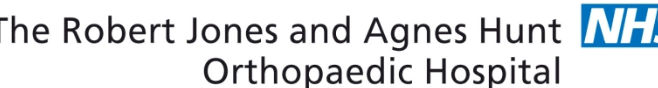
Feb – 0

Mar – 2

Apr – 2

May – 2

June – 2



NHS Foundation Trust

Vacant shifts

Jan - 5

Feb - 1

Mar - 13

Apr - 45

May - 33

June – 46

Total cost - £95130

Medicine

Number of Vacancies

Jan – 1

Feb – 1

Mar – 1

Apr – 1

May – 1

Jun – 1

Vacant shifts

Jan – 2

Feb – 9

Mar – 3

Apr – 6

May – 6

Jun – 0

Total cost - £13500

MCSI

Number of Vacancies

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Jan - 3

Further information not supplied

Vacant Shifts

Jan - 11

Further information not supplied

Total spend pending – £

Long Term Vacant Shifts

Information not supplied

3.2.5 Fines

None – please see exceptions report section 3.2.2

3.3 Challenges

3.3.1 Engagement

Trust induction was attended in August. During the pandemic Junior Doctor Forum has not occurred. As we are moving forward, and baring a second wave, this will be reinstated.

3.3.2 Software System

Engagement with Allocate is still awaited.

Associated Risk

Whilst outside the specific remit of the Guardian role, the impact of COVID on the Trusts responsibilities to training needs to be highlighted. As we move to our current position and the restart of routine work, the requirement to provide adequate training for the Junior workforce needs to be appreciated. We cannot be distracted from this, despite a reduced work flow and the pressures of the waiting list generated by the COVID pandemic. The Trust has benefited from the quality training provided to the Junior Doctors and the high levels of job satisfaction associated with this. A change in this position will likely be reflected ultimately in a change in the exception report levels. Ultimately, it may also jeopardise the allocation of trainees to the Trust.

Next Steps

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

NHS Foundation Trust

Safe Working Hours: Doctors in Training
Q4 2016-17

The Board is asked to ***consider*** and ***note*** this report from the Guardian of Safe Working.

3.4. Conclusion

The Trust continues to see no exception reports or fines.

The Trust recognised the significant role the Junior Doctor work force has had during the COVID pandemic and extends its thanks.

The trust continues to work hard to fulfil its responsibilities under the terms of the new junior doctors' contract and based on available information and assessments appear to be compliant.

Christopher Marquis

Guardian of Safe Working

Appendix 1: Junior Doctor Agency and Locum usage and Rota Vacancy Report

Redacted for information governance purposes

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

Strategic Development Summary

Author:	Kerry Robinson	Paper date:	26th November 2020
Executive Sponsor:	Kerry Robinson	Paper Category:	Strategy
Paper Reviewed by:	Senior Leaders Group	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper is to summarise the output of the Board of Directors strategy session that took place in October 2020 to ensure open and transparency of next steps and actions in public session.

2. Executive Summary

2.1. Context

This paper summarises the outputs from the Board of Directors strategy session that took place in October 2020. This was the first virtual strategy session the Board has held with a wide range of discussions debating the strategic direction of the Trust given the current changed external environment.

2.2. Summary

In summary the following overarching strategic actions were concluded from the discussions;

- Restoration to pre-covid patient care activity levels to be in place by Christmas.
- Focus on balancing both operationally sustainable processes and strategic development in the next period.
- Requirement to reduce our cost base, this will fund strategic development costs imminently and to provide a sustainable organisation (move from income focus to cost focus).
- Contribute to the national development of future funding models.
- Prerequisite to ensure clinical body aligned with the need for change to ensure a sustainable future for the Trust.
- Need to develop clinical partnerships for services that have potential clinical vulnerabilities, supported with robust due diligence for partnership selection.
- Recognition of the importance of research to our sustainability.
- Progress options for strategic development, funding business case as required.
- Refresh organisational strategy

2.3. Conclusion

The summarised actions have each been assigned to a lead from the senior leadership team (as per table below), who will develop their plan to progress to be monitored through Board of Directors.

Strategic Programme of Work	Senior Lead
Restoration to pre-covid patient care activity levels by Christmas	Clinical Chairs
Balance operationally sustainable processes and strategic development	Chief Executive Officer
Reduce our cost base & provide source of funding for strategic development costs (move from income focus to cost focus)	Chief Finance Officer
Contribute to the national development of future funding models	Chief Finance Officer
Clinical body aligned with the need for change	Chief Medical Officer
Develop clinical partnerships	Chief Nursing Officer
Enhance research development	SSU Clinical Chair
Options for strategic development (business case as required)	Chief Performance Officer
Refresh organisational strategy	Chief Performance Officer

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

KPI Assurance Committee Alignment

Author:	Kerry Robinson	Paper date:	26th November 2020
Executive Sponsor:	Kerry Robinson	Paper Category:	Performance
Paper Reviewed by:	Senior Leaders Group	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to Senior Leadership Group (SLG) and what input is required?

This paper is going to the Board of Directors to inform of the proposed changes being made to the IPR in response to actions from both Board of Directors and Finance, Planning & Digital committee to reduce duplication and ensure aligned performance and assurance governance.

2. Executive Summary

2.1. Context

This paper provides oversight of the changing assurance forum for the Trust key performance indicators.

The changes have been made to align with the reporting requirements highlighted through a differing regulatory interaction and to minimize duplication through our reporting structures.

It has been assumed that oversight from a committee of the Board is adequate Board oversight for regulatory purposes as clear governance line of sight is received at Board through clear and concise Chair reporting.

The proposed reporting is designed to enable clear priority and oversight.

2.2. Summary

In summary the following changes have been made;

- Board of Directors KPI's reduced by 16 due to oversight at committee level
- Q&S additional 6 KPI's transferred from another committee to align with ToR
- People removal of 33 KPI's now overseen by Units, additional 7 KPI's (4 transferred from another committee, 3 new)
- Finance, Planning & Digital removal of 19 KPI's transferred to another committee to align with ToR and 1 new KPI
- The time limited Restoration & Financial Stability sub-committee has 11 KPI's transferred to it and 14 new additions aligned to restoration.

Assurance Forum	Number of Key Performance Indicators
Board of Directors	26
Quality & Safety Committee	37
People Committee	15
Finance, Planning & Digital Committee	18
Restoration & Financial Stability Sub-Committee	25

2.3. Conclusion

It is recognised that continuous review is required of our integrated performance reporting to ensure continued alignment to the changing regulatory frameworks and to ensure continued focus for specific assurance forums.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Key:

- To be moved to different committee *(see individual notes for new committee)*
- Existing measure moved from another committee.
- New Addition / New Measure
- To be removed - picked up through unit performance

Board of Directors
26 Total Key Performance Indicators to monitor

- Serious Incidents
- Never Events
- Number of Complaints
- RJAH Acquired C.Difficile
- RJAH Acquired E. Coli Bacteraemia
- RJAH Acquired MRSA Bacteraemia
- Unexpected Deaths
- 31 Days First Treatment (Tumour)
- Cancer Plan 62 Days Standard (Tumour)
- 18 Weeks RTT Open Pathways
- Patients Waiting Over 52 Weeks – English
- Patients Waiting Over 52 Weeks – Welsh
- 6 Week Wait for Diagnostics - English Patients
- 8 Week Wait for Diagnostics - Welsh Patients
- Total Theatre Activity
- Bed Occupancy – All Wards – 2pm
- Outpatients Activity Attendances
- Sickness Absence
- Voluntary Staff Turnover - Headcount
- Financial control target
- income
- expenditure
- efficiencies delivered
- cash balance
- capital expenditure
- use of resources

Proposed Committee - 16 KPI's moved

- Total Patient Falls (already assured through Q&S)
- RJAH Acquired Pressure Ulcers - Grades 3 or 4 (already assured through Q&S)
- Patient Friends & Family - % Would Recommend (Inpatients & Outpatients) (already assured through Q&S)
- Mixed Sex Accommodation (already assured through Q&S)
- % Delayed Discharge Rate (already assured through Q&S)
- VTE Assessments Undertaken (already assured through Q&S)
- Cancer Two Week Wait (moved to Q&S, previously assured through FPD)
- 31 Days Subsequent Treatment (Tumour) (moved to Q&S, previously assured through FPD)
- Cancer 62 Days Consultant Upgrade (moved to Q&S, previously assured through FPD)
- 28 Day Faster Diagnosis Standard (moved to Q&S, previously assured through FPD)
- Patients Waiting Over 52 Weeks – Welsh (BCU Transfers) (moved to Restoration previously assured through FPD)
- Staff Friends & Family – % of staff who would recommend Trust to friends & family if they needed care or treatment (moved to People)
- Staff Friends & Family – % of staff who would recommend Trust to friends & family as a place to work (moved to People)
- Staff Friends & Family – % of staff who responded (moved to People)
- agency core (moved to People previously assured through FPD)
- agency non-core *(moved to People previously assured through FPD)*

Quality & Safety Committee
37 Total Key Performance Indicators to monitor

- Serious Incidents
- Never Events
- Total Patient Falls
- Patient Falls (With Moderate or Severe Harm)
- Inpatient Ward Falls per 1,000 Bed Days
- RJAH Acquired Pressure Ulcers - Grade 2
- RJAH Acquired Pressure Ulcers - Grades 3 or 4
- Pressure Ulcer Assessments
- Patient Friends & Family - % Would Recommend (Inpatients & Outpatients)
- Patient Friends & Family - % Would Recommend (Inpatients)
- Number of Complaints
- Complaints Rate Per 1000 WTE
- Complaints Response Rate within 25 Days
- Safe Staffing
- Mixed Sex Accommodation
- % Delayed Discharge Rate
- RJAH Acquired C.Difficile
- C Diff Infection Rates Per 100,000 Bed Days
- RJAH Acquired E. Coli Bacteraemia
- E Coli Infection Rates Per 100,000 Bed Days
- RJAH Acquired MRSA Bacteraemia
- Patient Safety Alerts Not Completed by Deadline
- Medication Errors with Harm
- Unexpected Deaths
- RJAH Acquired VTE (DVT or PE)
- VTE Assessments Undertaken
- 28 days Emergency Readmissions
- WHO Compliance
- % Cancellations
- Cancellations Not Rebooked Within 28 Days
- Overdue Follow Up Backlog

Additional to Committee - 6 KPI's

- Cancer Two Week Wait - *moved from FPD*
- 31 Days First Treatment (Tumour) - *moved from FPD*
- 31 Days Subsequent Treatment (Tumour) - *moved from FPD*
- Cancer Plan 62 Days Standard (Tumour) - *moved from FPD*
- Cancer 62 Days Consultant Upgrade - *moved from FPD*
- 28 Day Faster Diagnosis Standard - *moved from FPD*

People Committee
15 Total Key Performance Indicators to monitor

- Sickness Absence
- Sickness Absence - Short Term
- Sickness Absence - Long Term
- Voluntary Staff Turnover - Headcount
- Vacancy Rate
- Nursing Vacancy Rate (Trust)
- Radiographer Vacancy Rate (Clinical Services Unit)
- Staff Appraisal

New Addition - 3 KPI's

- Voluntary Staff Turnover - Internal Transfer
- Voluntary Staff Turnover - Job elsewhere
- Voluntary Staff Turnover - Retired

Additional to Committee - 4 KPI's

- Staff Friends & Family – % of staff who responded (moved from BoD)
- agency core (moved from FPD)
- agency non-core *(moved from FPD)*
- proportion of temporary staffing *(moved from FPD)*

Removed KPI's (unit performance) - 33 KPI's

- Sickness Absence (MSK Unit)
- Sickness Absence - Short Term (MSK Unit)
- Sickness Absence - Long Term (MSK Unit)
- Sickness Absence (Specialist Unit)
- Sickness Absence - Short Term (Specialist Unit)
- Sickness Absence - Long Term (Specialist Unit)
- Sickness Absence (Clinical Services Unit)
- Sickness Absence - Short Term (Clinical Services Unit)
- Sickness Absence - Long Term (Clinical Services Unit)
- Sickness Absence (Support Services Unit)
- Sickness Absence - Short Term (Support Services Unit)
- Sickness Absence - Long Term (Support Services Unit)
- Sickness Absence (Assurance & Standards Team)
- Sickness Absence - Short Term (Assurance & Standards Team)
- Sickness Absence - Long Term (Assurance & Standards Team)
- Voluntary Staff Turnover - Headcount (MSK Unit)
- Voluntary Staff Turnover - Headcount (Specialist Unit)
- Voluntary Staff Turnover - Headcount (Clinical Services Unit)
- Voluntary Staff Turnover - Headcount (Support Services Unit)
- Voluntary Staff Turnover - Headcount (Assurance & Standards Team)
- Vacancy Rate (MSK Unit)
- Vacancy Rate (Specialist Unit)
- Vacancy Rate (Clinical Services Unit)
- Vacancy Rate (Support Services Unit)
- Vacancy Rate (Assurance & Standards Team)
- Nursing Vacancy Rate (MSK Unit)
- Nursing Vacancy Rate (Specialist Unit)
- Nursing Vacancy Rate (Clinical Services Unit)
- Staff Appraisal (MSK Unit)
- Staff Appraisal (Specialist Unit)
- Staff Appraisal (Clinical Services Unit)
- Staff Appraisal (Support Services Unit)
- Staff Appraisal (Assurance & Standards Team)

Finance, Planning & Digital Committee
18 Total Key Performance Indicators to monitor

- 18 Weeks RTT Open Pathways
- English List Size
- 6 Week Wait for Diagnostics - English Patients
- 8 Week Wait for Diagnostics - Welsh Patients
- % Sessions Used Against Plan
- Touchtime Utilisation
- Total Theatre Activity
- Outpatients Activity Attendances
- Data Quality Maturity Index Score
- Financial control target
- income
- expenditure
- efficiencies delivered
- cash balance
- capital expenditure
- use of resources
- % invoices paid within 30 days

New Addition - 1 KPI

- Patients Waiting Over 52 Weeks - Combined

Proposed Committee - 19 KPI's

- Cancer Two Week Wait - *to move to Q&S*
- 31 Days First Treatment (Tumour) - *to move to Q&S*
- 31 Days Subsequent Treatment (Tumour) - *to move to Q&S*
- Cancer Plan 62 Days Standard (Tumour) - *to move to Q&S*
- Cancer 62 Days Consultant Upgrade - *to move to Q&S*
- 28 Day Faster Diagnosis Standard - *to move to Q&S*
- Patients Waiting Over 52 Weeks – English - *to move to restoration*
- Patients Waiting Over 52 Weeks – Welsh - *to move to restoration*
- Patients Waiting Over 52 Weeks – Welsh (BCU Transfers) - *to move to restoration*
- Patients Waiting Over 26 Weeks – English - *to move to restoration*
- New to Follow Up Ratio (Consultant Led Activity) - *to move to restoration*
- Overall Daycase Rate - *to move to restoration*
- Theatre Cases per Session - *to move to restoration*
- Average Length of Stay - *to move to restoration*
- Bed Occupancy – All Wards – 2pm - *to move to restoration*
- Outpatient DNA Rate (Consultant Led Activity) - *to move to restoration*
- agency core - *moved to people*
- agency non-core - *moved to people*
- proportion of temporary staffing - *moved to people*

Restoration & Financial Stability Sub-Committee
25 Total Key Performance Indicators to monitor
New Addition - 14 KPI's

- Phase 3 Plan - Total Outpatients against 2019/20
- Phase 3 Plan - Total Outpatients against Plan
- Phase 3 Plan - Total Elective against 2019/20
- Phase 3 Plan - Total Elective against Plan
- Phase 3 Plan - Total MRI against 2019/20
- Phase 3 Plan - Total MRI against Plan
- Phase 3 Plan - Total U/S against 2019/20
- Phase 3 Plan - Total U/S against Plan
- Phase 3 Plan - Total CT against 2019/20
- Phase 3 Plan - Total CT against Plan
- Innovation - Total Virtual Attendances against Plan
- Volume of PIFU delivered *(go live once implemented)*
- Outpatients - Short Notice Cancellations
- Pre-op Pool Size

Additional to Committee - 11 KPI's

- Patients Waiting Over 52 Weeks – English - *moved from FPD*
- Patients Waiting Over 52 Weeks – Welsh - *moved from FPD*
- Transfers) - *moved from FPD*
- *from FPD*
- Overdue Follow Up Backlog
- New to Follow Up Ratio (Consultant Led Activity) - *moved from FPD*
- Theatre Cases per Session - *moved from FPD*
- Overall Daycase Rate - *moved from FPD*
- Average Length of Stay - *moved from FPD*
- Bed Occupancy – All Wards – 2pm - *moved from FPD*
- Outpatient DNA Rate (Consultant Led Activity) - *moved from FPD*

Appendix 3

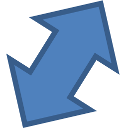
Board of Directors (BoD)

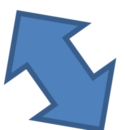
The BoD holds the Chief Officers to account for delivery of plan targets and objectives.

The BoD receives progress/performance reports.

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

The BoD receives 'independent' assurance from Board Committees





The Chief Officers manage performance delivery by delegating responsibility through line management structure and to a number of responsible teams / units

Board Committees

Principles underpinning the Performance Management Framework;

- Ensuring all operational, financial and project targets, objectives and kpi's are fully understood and have been assigned to an appropriate unit owner.
- Sourcing high quality, accurate information in a timely fashion to measure performance against each objective and target.
- Driving consistency and alignment of performance information and reports at all levels – exception based reporting were possible.
- Constructively challenge performance delivery against agreed targets, confirming escalation criteria and recommending timely actions where appropriate.

Board Committees;
Audit Committee
Quality and Safety Committee
Finance, Planning and Digital Committee
Risk Committee
People Committee
Charitable Funds Committee

Additional Time-Limited Committees;
Policy Committee

Other Board Committees;
Remuneration Committee

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Chair’s Assurance Report
Audit Committee Monday 12th October 2020

0. Reference Information

Author:	Shelley Ramtuhul – Trust Secretary	Paper date:	26/11/2020
Executive Sponsor:	Craig Macbeth – Chief of Finance	Paper Category:	Governance
Paper Reviewed by:	Audit Committee	Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the Audit Committee held on Monday 12th October 2020 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 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

- The meeting was well attended
- There was good progress of actions from the previous meeting with all actions completed or updated
- The Committee received and scrutinised the financial governance pack
- The Committee received updates from both the internal and external auditors and the Local Counter Fraud Specialist
- The work plan was reviewed and agreed

2.3. Conclusion

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

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Audit Committee which met on 12th October 2020. The meeting was quorate with two Non-Executive Directors present. A full list of the attendance is outlined below:

Attendance:		
Attendance:		
David Gilburt	Non-Executive Director (Chair)	DG
Paul Kingston	Non-Executive Director	PK
Craig Macbeth	Chief Finance & Planning Officer	CM
Shelley Ramtuhul	Trust Secretary	SR
Diana Owen	Head of Financial Accounting	DO
James Shortall	Counter Fraud Specialist	JS
Greg Rubins	Internal Audit Representative	GR
Yasmin Ahmed	Internal Audit Representative	YA
Mo Ramzan	External Audit Representative	MR
Simon Adams	Director of Digital	SA
Stacey Keegan	Acting Chief Executive Officer	SK
Harry Turner	Non-Executive Director	HT
Amber Scott	Trust Office PA	AS

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. All actions which were due to be completed before the meeting were confirmed as accomplished.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Chair Report – Information Governance Meeting		
The Committee received and noted the Chair's Report received from the Information Governance Committee.	Y	
2. Finance Governance Pack		
The Committee received the Finance Governance Pack and noted the following highlights: • Significant movements from May to August, with an increase of cash of £1.7million due to block payment received • Payables increased - £1.4m • Biggest annual leave accrual of £400k • Borrowings reduced by £2.2m • Received £400k of Salix interest free loan to fund energy improvement schemes No plan yet as break even • Aged debt reducing • Losses and special payments noted • Cash flow above plan due to advanced payments and new plan to be submitted to NHSI on 21st October. The Committee was assured regarding the first part of the year given the breakeven financial performance however there was less certainty for the second half of the year and concerns the Board would be unable to review the plan before submission due to timings. This led to a wider discussion regarding the governance of submissions. It was agreed that this could be addressed through a virtual meet to sign off submissions and provide assurance to the Board. The Committee noted the report.	Partial	Virtual sign off of Financial Plan to be arranged before submitting to the system, for the Board to have clear understanding of the Trust' position.
3. Register of Interests & Hospitality Register		

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

The Committee received a report detailing the Register of Interests and Hospitality Register. Compliance was noted to be higher than last year with in year fluctuations but overall a good level of compliance. It was highlighted that two consultants have never submitted declarations and these have been escalated to the Clinical Chairs. It was noted that mitigations were in place in terms of procurement being aware of this. The Committee discussed the retention period for interests to be held on the register and it was confirmed that 2-3years would be in line with other organisations. The Committee noted the report.	Y	
4. Board Assurance Framework		
The Committee was reminded that the BAF had been paused during Covid-19, with a focus on operations and the risks linked with this. A monthly Risk meeting was established to escalate any concerns and risks and to give assurance to the Board that those issues had mitigations in place. The Committee as advised that the Corporate Objectives were re-worked and the aligned BAF was presented to Joint Audit and Risk on Monday 14th September 2020 and it was felt that further work was required first on the objectives. Since this the objectives have been further revised will be presented to the Board at the end of the month, once approved the BAF will be re-aligned and would then become a standard agenda point again for the Committee. The Committee noted the update.	Y	
5. LCFS Progress Report		
The Trust's LCFS presented the above report and noted the work now being undertaken by Sian Langford, Estates and Facilities. The report outlined risks associated with procurements across the NHS and it was noted that these would be looked into further with an update at the next committee for assurance.	Y	

It was noted that there were NHS specific warnings coming out on Fraud which the Trust were taking appropriate actions on. The Committee noted the update.		
6. Review of Internal Audit Progress Reports		
The Committee received an update on the progress with internal audits and noted the following: • The two audits on non-RT on data quality and financial were close to finalisation • Employee Life cycle has been removed from the plan whilst the people strategy is updated • The STP audit has been delayed to next year due to complexity of the audit and linking with other trusts. • The E&D audit has also been delayed to next year • The released days can be used for finalising current audits but there is opportunity to undertake at least one further audit • Follow up actions have been followed up and completed • Recruitment and retention and Risk Maturity audit actions have been completed The Committee raised concerns that with audits deferred there may be a back log next year but was assured that this have been spread out through the year to avoid this. The Committee noted the update.	Y	
7. External Audit Progress Report and Audit Plan		
The Committee noted the progress report and plan and the risks linked to Covid	Y	
8. National PTL Diagnostic Programme		
The Committee received a report outlining the programme which expands across the whole of the NHS which is looking at incomplete RTT patients. The two key points were the daily upload of data and the offer of external support for validation.	Y	

There is clarification required on including Welsh patients due to this being 40% of our patients – although validations are on length of time for England. The report outlined the action plan to show the progress being taken. The Committee was advised that checks are currently in progress and once the actions have been completed a further review and report will be completed. From this an evaluation can be taken of the best parts of the programme to continue to use. The Committee noted that the piece of work is a developmental programme in which the information governance team are embedded and the action plan will develop over time. The Committee noted the update.		

3.5 Risks to be Escalated

The Committee considered the following as risks that required consideration and escalation:

- Impact of Covid on the internal audit plan with a number of audits delayed to the following year.
- Low income linked to Covid
- Risks regarding the delivery of the Restoration Plan and the Financial Plan as these continue to change in response to circumstances.
- Timing of ICS governance impacting on the Trust's internal governance and controls.

3.6 Conclusion

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Chair's Assurance Report
Risk Management Committee –27th October 2020

0. Reference Information

Author:	Shelley Ramtuhul	Paper date:	26 November 2020
Executive Sponsor:	Harry Turner	Paper Category:	Governance and Quality
Paper Reviewed by:		Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an overview of the Risk Management Committee Meeting held on 27th October 2020 and is provided for assurance purposes.

2. Executive Summary

2.1 Context

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

2.2 Summary

Key points to highlight from the meeting

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

2.3. Conclusion

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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Risk Management Committee which met on 27 October 2020. The meeting was quorate with two Non-Executive Directors present. A full list of the attendance is outlined below:

Attendance:
Membership: Harry Turner - Chair Chris Beacock – Non Executive Director Stacey Keegan - Chief Nurse Craig Macbeth – Chief of Finance **In Attendance:** Shelley Ramtuhul – Trust Secretary / Director of Governance Nicki Bellinger - Assistant Chief Nurse for Specialist Services Sara Ellis Anderson – Assistant Chief of Professions for Clinical Support Services Rob Freeman - Consultant Ian Gingell - Health and Safety Officer Laura Peill - Managing Director, Support Services Unit Jo Banks - Managing Director, Clinical Support Unit Amanda Roberts - Governance Assistant Simon Adams - Digital Director Nick Huband - Associate Director of Estates and Facilities **Apologies:** Sarah Sheppard – Chief of People Mark Brandreth – Chief Executive Kerry Robinson - Executive Director

3.2 Actions from the Previous Meeting

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

3.3 Key Agenda

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

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Risk Appetite and Tolerance Report		
The Committee received a report on Risk Appetite and Tolerance and noted the following: • The Board considers its risk appetite and tolerance on an annual basis to ensure it remains up to date	Y	

<table>
<tr><td>and aligned to the Trust's requirements
• The only change being proposed is in relation to the tolerance for compliance and regulation.

The Committee considered the current Covid crisis and the fact that a number of operational factors were having to be considered in the context of maintaining patient safety. The Trust would always have a low tolerance for non-compliance however if there are quality and safety risks that would justify the non-compliance then the Trust would accept a moderate risk for non-compliance. To address this it was recommend at this aspect of the Trust's statement on tolerance is split into low/moderate risk. The footnote should state 'A moderate tolerance can only be accepted where the non-compliance arises from a clinical safety risk and the non-compliance is approved by the Trusts governance routes'. The Committee noted this would be a conscious non- compliance.

The Committee agreed the recommendation and the remainder of the statements in relation to tolerance and appetite and it would be presented to the Board for final approval.

The Committee asked that examples of non-compliance be included in the report and also that the approval route for sanctioning a non-compliance should be made clear.

The Committee considered the Trust's alignment with the System and it's approach to risk and was informed that at present the System does not have a defined risk appetite and this was seen as an area for future work and collaboration.

The Committee considered and approved the Risk Appetite and Tolerance report with the recommended inclusions.</td><td></td><td></td></tr>
<tr><td colspan="3">2. Risk Management Report</td></tr>
<tr><td>The Committee received the Risk Management Report and noted the following points:

• The number of incidents overdue for investigation or approval has increased from 24 to 64
• 55 risks are overdue for review including 28 treated risks.
• 12 risks were closed in Quarter 2 and 62 new risks were registered.
• Two Serious Incidents were reported via the 'Strategic Executive Information System' (STEIS) in Quarter 1, with one of the investigations completed and the full report going to the next Quality and</td><td>Partial</td><td>Further scrutiny of the MSK risk register to ensure risks are being identified.</td></tr>
</table>

Safety Committee meeting. The Committee was assured that the Quality and Safety Committee had been sighted on the serious incidents. The Committee noted the increased reporting for deteriorating patient incidents and accepted that this was likely to be due to the change in patient during the Covid pandemic, this will go to the new Patient Harms Group for more detailed review and assurance. The MSK risk data was considered and it was felt that further assurance was needed regarding the number of new risks identified, whilst there was evidence that the risk registers were being reviewed due to the number of closed risks, the number of new risks was felt to be low and needed further scrutiny. The Committee ***noted*** the Risk Management Report.		
3. Business Continuity Plan and EPRR Update		
The Committee received the plan and noted the paper focused on the major incident (level 4) response to the Covid 19 pandemic. A further Trust exercise will be scheduled to test the Trusts ability to respond to the changing nature of the pandemic arrangements as we move into winter planning and EU exit. The Committee noted that there was reference to the EU Exit as well as the pandemic and was advised that during the second half of 2020 there will be a significant focus on the second surge and the EU exit. The emergency planning focus is on the EU exit and the functionality of the NHS, i.e. PPE, Medical devices and winter pressures. The Committee was advised that the System is involved in this work. The Committee ***noted*** the Business Continuity Plan and EPRR Update.	Y	
4. Senior Manager on Call Responsibilities during COVID-19 Procedure		
The Committee received the procedure and noted that further amendments will be required once the CCG communicated its requirements for On Call reporting. The Committee enquired if the procedure supplemented other policies and was advised the details regarding Covid 19 are covered in this document only. The Committee requested that the title is changed to Incident Management On Call Requirements and noted that the document would be kept under review as there would be changes on a regular basis due to the nature of Covid 19 guidelines.	Y	

The Committee ***approved*** the Senior Manager on Call Responsibilities during COVID-19 Procedure.		
5. Patient Moving and Handling Report		
The Committee received the report but withdrew it from the agenda as it was felt this was an operational matter for the Senior Leadership team to pick up. The Committee ***removed*** the Patient Moving and Handling Report from the agenda	N/A	
6. Support Services Unit Exception Report		
The Committee received the Exception Report and noted the following: • 29 New Risks • 4 risks have increased in their residual risk rating • 9 risks have decreased in their residual risk rating • 0 treated risks overdue for review • 2 tolerated risks are overdue • 6 Closed Risks The Committee noted the health and safety risks and sought assurance regarding where these are picked up. It was noted that Executive responsibility sits with the Chief Nurse and that there was a review of this area underway. The Committee ***noted*** the report.	Y	
7. Clinical Support Unit Exception Report		
The Committee received the Exception Report and noted the following: • 199 finally approved risks on register, (22 are COVID-19 risks) • 21 new risks • 13 closed risks • 18 risks has increased the risk rating and 15 risks have reduced their rating • 1 Risk is overdue for review (1 to treat). • At the time of the report there are 9 high risks • 22 Covid Risks • There are no overdue tolerated risks for review The Committee commented on the format of the risk tracker which was helpful but noted it did not give the previous risk or the trust tolerance level, it was agreed this would be amended and the report recirculated for assurance. The Committee commented on the need to standardise the reports between the Units for ease of reading. The Committee noted the risk regarding Speech and Language Therapy provision and was advised that additional resource had been requested in order to mitigate this.	Y	

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The Committee noted that the Unit was having a focus on workforce implications going forward. The Committee ***noted*** the report.		
8. Review of the Work plan 2020/21		
The Committee received the Work plan and noted there are no changes or updates. It was noted that the Trust Secretary is currently meeting with each Non-executive director regarding streamlining the plans for each Committee. The Committee noted the way the Trust had managed the Covid 19 risks with interim meetings rather than increasing the frequency of the full Committee meetings and felt this was well-handled. It was highlighted that the Units are bedding in their meeting structures which should help with communication and oversight moving forwards. It was noted that the Audit Committee regional Chairs meet after each Committee for discussions and this was a good practice, it was felt that for this to work efficiently each Trust in the System would need to align their Committee governance with all meetings on one date to allow the Chairs to meet afterwards, otherwise it would be too difficult to co-ordinate. This would need to also include the Board of Directors meeting. It was noted this is what has been requested for the System People Committee meetings. The Committee ***noted*** the Work Plan.	N/A	
9. Safer Sharps Update		
The Committee received the Safer Sharps and the following points were noted: • The Trust is aware of areas of non-compliance with the Health and Safety (Sharp Instruments in Healthcare Regulations) 2013 with some sharp instruments in use around the Trust where safer alternative devices may be more appropriate. • The Safer Sharps Working Group will merge with the Health and Safety Working Group which will take on responsibility for re-establishing compliance with the regulations. • Good progress has been made in improving compliance in Theatres. • Needlestick incidents are on a downward trend with only one incident in July and no incidents in August. • Good progress has been made with the return to full compliance and the next meeting of the Health and Safety Working Group in October will continue to progress the reintroduction of safer-sharps in	Partial	Further outline of scale of non-compliance with trajectory for return to non-compliance by the end of the financial year.

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conjunction with the New Equipment and Procedures Group, the Medical Devices Group and the Health and Safety Committee. The Committee noted the progress but felt that the scale of non-compliance needed to be quantified with a trajectory for compliance by the end of the financial year. It was agreed this would be brought back to the next meeting. The Committee ***noted*** the Safer Sharps Update.		
10. Health and Safety Committee Chair Report		
The Committee received the Health and Safety Committee chair report following the meeting in September and noted the following: • The meeting was quorate and attended by representatives from Staffside • There was good progress of actions from the previous meeting • A number of policies and procedures were approved • Revised Terms of Reference were discussed • Stress referrals were taking approximately 70 days from first absence, SaTH is 30 days. People Services are working with Occupational Health to investigate the delays • There is a back log of Manual Handling training, work is underway to reduce this • The Trust's processes are under review to ensure its compliance with Nice Guidelines NG10 • Progress reports are presented to the Committee until the Trust returns to full compliance with the needle-stick incident regulations • There were 2 RIDDOR incidents • A full review of the Safety Alert process is planned The Committee noted the delays with stress referrals and asked for this to be flagged to the People Committee for further assurance. The Safety Alert compliance was noted and it was recommended that the Safety Alert Procedure be updated to ensure compliance is maintained. The backlog of Manual Handling Training was also noted with escalation to the People Committee The Committee ***noted*** the Health and Safety Chair Report.	Partial	Further assurance required around Manual Handling Training and stress referrals – for People Committee to consider
11. Medical Devices Committee Report		
The Committee received the Medical Devices Committee Report and noted the following: • The meeting was quorate.	Y	

• Progress on previously recorded actions was good, with all but one action closed. • Training on Medical Devices is noted as above KPI. • The Trust's contracted EBME team, Althea, presented feedback in a newly agreed structured format, which concisely updated the Committee on equipment maintenance and repairs. • Capital allocation was noted • There were no infection control issues to note. • TOR to be reviewed to ensure there are no assurance gaps between The Committee • and NEP. The Committee ***noted*** the Medical Devices Committee Report.		
12. Annual Reports		
The Committee received the Health and Safety Annual Report and the Security Annual Report	Y	

3.4 Approvals

Approval Sought	Outcome

3.6 Risks to be Escalated

In the course of its business the Committee identified the following to be escalated:

Manual Handling and Stress Risk Referrals to be escalated to the People Committee.

3.5 Conclusion

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

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Risk Appetite and Tolerance

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	26 November 2020
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

The Board is asked to ***approve*** the following:

- Risk appetite and tolerance

2. Executive Summary

2.1. Context

The Board considers its risk appetite and tolerance on an annual basis to ensure it remains up to date and aligned to the Trust's requirements.

2.2 Summary

This paper presents the risk appetite and tolerance as agreed by the Board last year and recommends one change to reflect the increased need for clinical prioritisation during these challenging times.

The paper has previously been presented to the Risk Management Committee with suggested amendments discussed and incorporated for Board approval.

2.3. Conclusion

The Board is asked to:

- Approve the risk appetite and tolerance statements.

3. Main Report

3.1. Risk Appetite

Risk appetite is defined by the Institute of Risk Management as 'the amount and type of risk that an organisation is willing to take in order to meet its strategic objectives'.

It is recognised best practice for organisations to clearly define their risk appetite to ensure there is an appropriate balance between uncontrolled innovation and excessive caution. It can serve as a guide to staff on the level of risk permitted and encourage consistency of approach.

The appetite agreed in June 2019 is set out at Appendix One. This is a nationally recognised risk appetite matrix published by the Good Governance Institute and adopted across a large number of NHS organisations.

The recommendation is for the appetite to remain unchanged at this time.

3.2 Risk Tolerance

Risk tolerance is the level of risk that is acceptable to the Trust once a risk has been identified. It is equally important that this is clearly defined for staff as it then prevents resources from being spent on further reducing risks that are already an acceptable level to the organisation

The table below outlines the risk tolerance agreed in June 2019. It should be noted that the types of risk cited align to those outlined in the risk appetite matrix with the exception of the innovation and quality risks. In 2018 it was decided that these should be separated out as the tolerance for innovation risk was higher than that for risks to quality and this remains in place.

It is proposed that all tolerances remain unchanged save for the tolerance compliance / regulation risk for which the unusual step has been taken to recommend a split tolerance. This is in recognition that the Trust should have a low tolerance for non-compliance but that instances could arise in the current restoration climate where clinical safety and prioritisation may result in a ‘conscious non-compliance’. In such circumstances a moderate tolerance could be adopted provided the Trust’s usual governance has been followed in accepting the non-compliance. This is covered in the proposed footnote to the tolerance table.

By way of example of when a ‘conscious non-compliance’ may occur the Board is asked to consider its waiting times and the expected regulatory standards in relation to these. During recent months the NHS as a whole has had to move its focus to clinical prioritisation in order to ensure that patients requiring urgent treatment are still able to access this during times when services are restricted due to Covid. This will mean that the Trust will have to tolerate non-compliance with waiting time standards in order to ensure patient safety is maintained.

Type of Risk	Risk Score	Rationale
Financial Risk / VfM	Low	Achieving the financial balance of the Trust is both a strategic priority and a statutory duty. Therefore the Trust will rarely accept any risk that (if realised) will threaten this.
Value for Money	Low	The Trust has a statutory duty to ensure that public resources are safeguarded and its expenditure is in accordance with due process. The Trust can therefore only accept low risk in

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Risk Appetite and Tolerance

		relation to this.
Compliance / Regulation	~~Low~~ Low/Moderate	The Trust will comply with all applicable legislation and will rarely accept any risk which (if realised) would result in non-compliance*.
Innovation	Moderate	The Trust encourages a culture of innovation and is willing to accept risks associated with this approach where they do not threaten areas that the Trust is not prepared to accept (as defined in this table).
Quality / Outcomes	Very Low	We hold patient and staff safety in the highest regard and will not accept any risks that threaten this. The Trust will provide high quality services for our patients. We will not accept risks which threaten that goal.
Reputation	Low	The Trust will maintain high standards of conduct and will rarely accept risks that may cause reputational harm because it could undermine public and stakeholder confidence.

*A moderate tolerance can only be accepted where the non-compliance arises from a clinical safety risk and the non-compliance is approved through the Trust's governance routes this will mean approval at executive level.

3.2. Conclusion

The Board is asked to:

- Approve the risk appetite and tolerance statements

Risk Appetite and Tolerance

Appendix One: Assessment of Trust's Risk Appetite Against the 'Risk Appetite for NHS Organisations Matrix

Key Elements ↓	**Risk Levels**					
	0	1	2	3	4	5
	Avoid Avoidance of risk and uncertainty is a key organisational objective	**Minimal** As little risk as possible. Preference for ultra-safe delivery options with low degree of risk and only for limited reward potential	**Cautious** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward	**Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward	**Seek** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	**Mature** Confident in setting high levels of risk appetite because controls, forward scanning and response systems are robust
Financial / Value for Money (VfM)	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of limited financial loss. VfM still the primary concern but will consider other benefits of constraints. Resources generally restricted to existing commitments.	**Recommended** Prepared to invest for return and minimise the possibility of financial loss by managing risks to a tolerable level. Value and benefits considered. Resources allocated to capitalise opportunities.	Investing in best possible return and accept the possibility of financial loss (with controls in place). Resources allocated without guarantee of return – 'investment capital' type approach	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself
Compliance / Regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances	**Recommended** Limited tolerance for sticking neck out. Want to be reasonably sure we would win any challenge	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup	Consistently pushing back on regulatory burden. Front foot approach informs better regulation
Innovation / Quality / Outcomes	Defensive approach to objectives – aim to maintain/protect, rather than create or innovate. Tight management controls and oversight / limited devolved decision taking authority. General avoidance of systems / technology developments	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority is held by senior management. Only essential systems / technology developments to protect current operations	Tendency to stick to the status quo, innovations in practice avoided unless necessary. Decision making authority held by senior management. Systems / technology developments limited to protection of current operations.	**Recommended** Innovation supported, with demonstration of commensurate management control improvements. Systems / technology developments used to enable operational delivery. Responsibility for non-critical decisions may be devolved	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control	Innovation the priority – consistently 'breaking the mould' / challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust not tight control is standard.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation is viewed as a concern	Tolerance for risk taking limited to events where there is no chance of significant repercussions. Senior management distant from chance of exposure to attention	Tolerance for risk taking limited to events where there is no chance of significant repercussions. Should there be failure. Mitigations in place for undue interest	**Recommended** Appetite to take decisions with potential to expose the Trust to additional scrutiny/interest. Prospective management of organisations reputation	Willingness to take decisions likely to bring scrutiny but where potential benefits outweigh risks. New ideas seen as potentially enhancing reputation	Track record / investment in communications has built public, press and politician confidence that difficult decisions will be taken following benefits / risk analysis

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Chairs Assurance Report
Finance Planning and Digital Committee 24th November 2020

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	26 November 2020
Executive Sponsor:	Rachel Hopwood, Non-Executive Director	Paper Category:	Performance
Paper Reviewed by:	Finance, Performance and Digital	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

A scaled down Finance Planning and Investment Committee was held on 24 November 2020. A verbal update will be provided by the Non-Executive Chair of the committee.

2. Executive Summary

2.1. Context

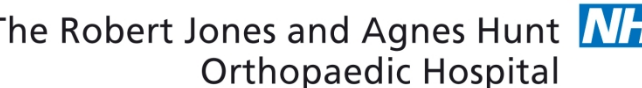
The Board of Directors has delegated responsibility for the oversight of the Trust's financial performance to the Finance Planning and Digital Committee. This Committee is responsible for seeking assurance that the Trust is operating within its financial constraints and that the delivery of its services 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.



Month 7 Integrated Performance Report

0. Reference Information

Author:	Claire Jones	Paper date:	26/11/2020
Executive Sponsor:	Kerry Robinson	Paper Category:	Performance
Paper Reviewed by:	Executive Team	Paper Ref:	N/A
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

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

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

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

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

The committee is asked to note the overall performance as presented in the month 7 (October) Integrated Performance Report, against all areas and actions being taken to meet targets.

2. Executive Summary

2.1. Context

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

Changes have been made to the Trust Board IPR to reduce duplication and ensure aligned performance and assurance governance, in line with the committees terms of reference, particularly with the addition of the time limited Restoration and Financial Stability sub-committee. It is hoped the change now provide greater clarity and alignment with reporting requirements highlighted through differing regulatory interaction.

It has been presumed that oversight from a committee of the Board is adequate Board oversight for regulatory purposes as clear line of sight is received in Board through clear and concise Chair reporting.

For the Board the following changes have been made;

The following key performance indicators (KPI's) are already assured through Quality & Safety committee and therefore removed from the Board IPR;

- Total patient falls
- RJAH acquired pressure ulcers – grades 3 or 4
- Patient friends and family - % would recommend (inpatients & outpatients)
- Mixed sex accommodation
- % delayed discharge rate
- VTE assessments undertaken

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The following key performance indicators (KPI's) were previously already assured through Finance, Planning & Digital committee and have subsequently moved to Quality & Safety committee therefore removed from the Board IPR;

- Cancer two week wait
- 31 days first treatment (tumour)
- 31 days subsequent treatment (tumour)
- Cancer 62 days consultant upgrade
- 28 days faster diagnosis standard

The following key performance indicators (KPI's) were previously already assured through Finance, Planning & Digital committee and have subsequently moved to the time limited sub-committee of Restoration and Financial Stability therefore removed from the Board IPR;

- Patients waiting over 52 weeks – Welsh (BCU transfers)

The following key performance indicators (KPI's) have been moved to People committee therefore removed from the Board IPR;

- Staff friends & family test

This ensures that the Board now has 26 KPI's to oversee, a reduction of 16.

2.2. Summary

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

Areas of performance to highlight this month are as follows;

Caring for Staff;
- Sickness absence remains green albeit as anticipated the rate has started to increase between months, largely driven by short term absence which is red rated this month after a seven month period of remaining steadily green.
- Voluntary staff turnover remains above target.

Caring for Patients;
- No serious incidents reported in October.
- Complaints remain within below threshold.
- Two RJAH acquired infection reported this month, now red rated for four consecutive months against a plan of zero.
- Five cancer waits standards met in September (reported in arrears), cancer plan 62 days standard was missed two patients affected.
- 18 weeks RTT continues to improve between months by c. 3% but will remain red for a significant period of restoration, given the list size continues to grow which is slowing now at an increase between months of 321 patients.
- The number of patients waiting 52 weeks and over continues to grow now at 999.
- Continued significant improvement in meeting diagnostic targets can be seen, in English an improvement of c. 15% between months and 17% for Welsh.

Caring for Finances;
- Total theatre activity phase 3 plan submission was 837 theatre cases. The variance to plan was 264 cases, made up as follows;
    - 35 sessions of OJP included in plan at 2.1 cases per session equating to 74 cases.
    - IJP sessions planned on basis of 2 cases per sessions, actual has been 1.72, equating to 112 cases.
    - 38 sessions were lost due to a mixture of underutilised emergency lists, annual leave, on call, sick, staffing rotas not aligning

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- Outpatient activity attendances overachieved against the phase 3 submitted plan but not against our original plan with increasing activity month on month.
- Income as expected from above activity remain below plan, with cost base aligned.

2.3. Conclusion

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

Integrated Performance Report
October 2020 – Month 7

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Aspiring to deliver world class patient care

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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Thirteen-month heatmap view

Caring for Staff

Caring for Staff	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Latest target	COVID response target	YTD plan	YTD actual	Year-end forecast	DQ rating
Sickness Absence	5.19%	5.12%	4.87%	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	3.6%		3.6%	3.23%	R	Feb-20
Voluntary Staff Turnover - Headcount	7.17%	7.38%	6.73%	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8%		8%	8.07%	G	Sep-19

Caring for Patients

Measure	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Latest target	COVID response target	YTD plan	YTD actual	Year-end forecast	DQ rating
Serious Incidents	1	0	0	1	0	0	0	1	0	2	0	0	0	0		0	3	R	Apr-18
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	G	Apr-18
Number of Complaints	19	11	5	7	13	7	2	7	5	3	2	4	8	8		56	31	G	May-18
RJAH Acquired C.Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0		1	0	G	Apr-18
RJAH Acquired E. Coli Bacteraemia	1	1	1	1	0	0	0	0	0	1	2	1	2	0		0	6	R	Jun-19
RJAH Acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	G	Apr-18
Unexpected Deaths	0	0	0	0	0	0	0	0	0	0	0	1	0	0		0	1	R	Apr-18
31 Days First Treatment (Tumour)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				96%	100%	G	Nov-19
Cancer Plan 62 Days Standard (Tumour)*	100%	0%	100%	100%	100%	100%	85.71%	50%	100%	100%	100%	50%				85%	84.21%	G	
18 Weeks RTT Open Pathways	88.01%	88.1%	88.3%	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	92%		92%	53.67%	R	
Patients Waiting Over 52 Weeks – English	0	0	0	0	0	0	12	33	68	123	198	306	418	0				R	Nov-19
Patients Waiting Over 52 Weeks – Welsh	0	0	0	0	1	3	15	40	77	135	199	301	385	0				R	Nov-19
6 Week Wait for Diagnostics - English Patients	99.87%	99.87%	98.09%	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	99%		99%	41.24%	R	
8 Week Wait for Diagnostics - Welsh Patients	100%	99.78%	99.32%	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	100%		100%	39.53%	R	

Caring for Finances

	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Latest target	COVID response target	YTD plan	YTD actual	Year-end forecast	DQ rating
Total Theatre Activity	1,078	1,064	827	1,042	940	639	134	194	255	351	293	503	573	1,078		6,685	2,303	R	Sep-19
Bed Occupancy – All Wards – 2pm	85.06%	86.26%	88.31%	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	87%		87%	73.58%	R	Sep-19
Outpatients Activity Attendances	13,062	12,129	10,253	13,249	11,850	9,576	5,340	4,696	6,475	7,432	6,558	9,212	10,441	15,836		104,986	50,154	R	Sep-19
Financial Control Total	611	379	-457	794	560	1,107	0	0	0	0	0	0	462	-210		-210	462	G	
Income	10,256	10,064	8,595	10,415	9,792	10,633	8,783	8,756	8,776	8,962	8,656	9,361	9,387	9,476		62,655	62,563	G	
Expenditure	9,688	9,731	9,095	9,670	9,275	9,564	8,783	8,756	8,776	8,962	8,656	9,361	8,967	9,729		59,887	59,133	G	
Efficiencies Delivery	270	321	301	230	356	303	46	57	61	155	152	200	88	89		89	88	G	
Cash Balance	5,450	5,708	5,822	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	17,720		17,720	18,740	G	
Capital Expenditure	179	546	158	836	234	2,451	72	167	267	308	183	770	693	623		3,544	2,460	G	
Use of Resources (UOR)	3	3	2	2	2	1	1	1	1	1	1	1	1	1		1	1	G	

Sickness Absence

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

3.6% against 3.6% target

On target green rated

Exec Lead:
Director of People

Integrated Performance Report

Narrative

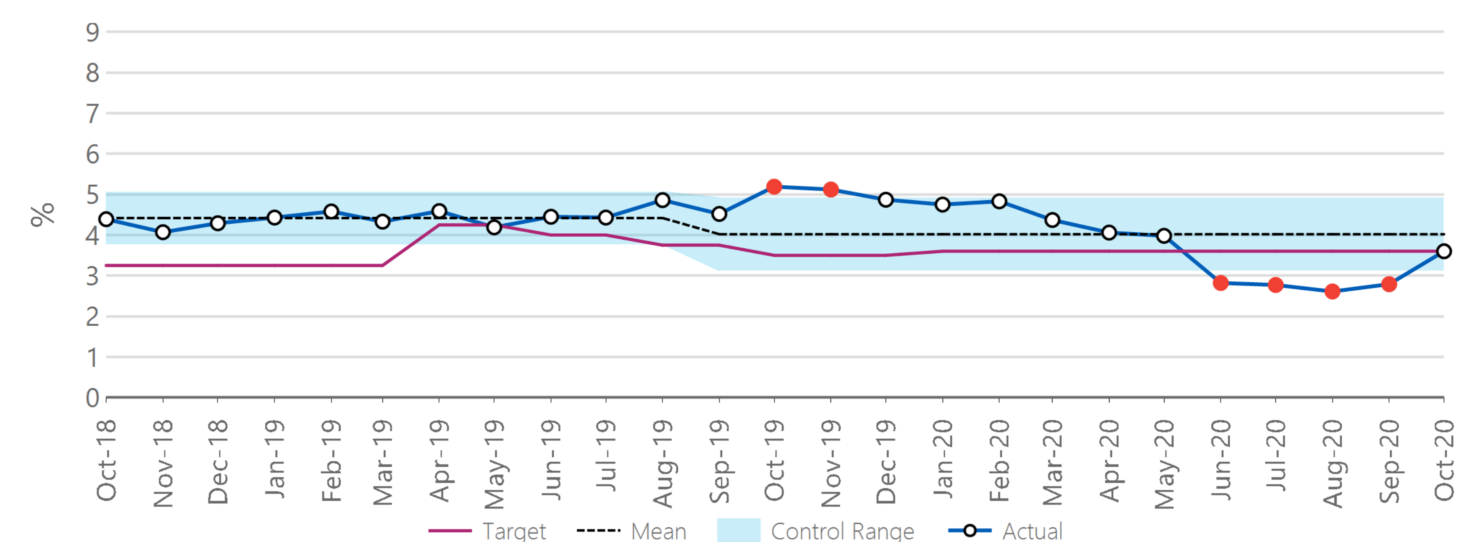
Sickness absence rate is reported at 3.6%. Rate increased by 0.81% compared to previous month, with a similar level of increases across both long and short term absences, and has now reached the threshold. At unit level MSK and CS Delivery units above threshold.

Stress/anxiety/depression and other psychiatric illnesses continue to be the highest individual reason for sickness absence, accounting for a quarter of all absences and in October with an absence rate of 0.95% (of which 0.45% within MSK delivery unit).

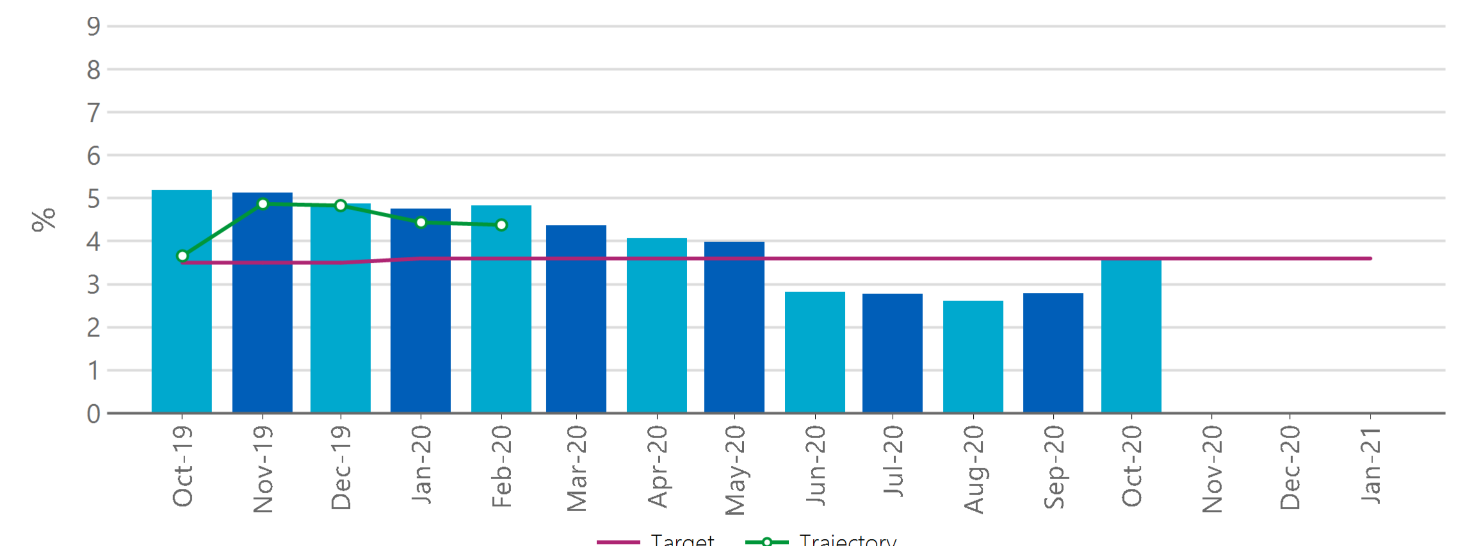
Absence within our additional clinical services staff group (the grouping that includes our healthcare assistants and clinical support staff), has increased further this month to 1.15% .

Performance over 24 months – SPC

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



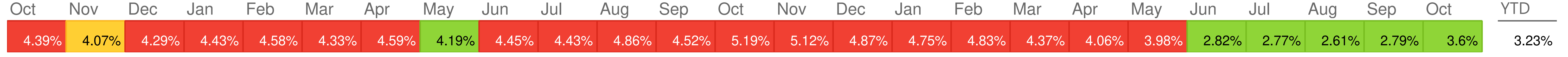
Trajectory



Actions

Action to Improve: Campaign commencing in November to promote the psychological support offers currently available to all staff. Every member of staff to have had a wellbeing conversation by 31/3/21

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
4.39%	4.07%	4.29%	4.43%	4.58%	4.33%	4.59%	4.19%	4.45%	4.43%	4.86%	4.52%	5.19%	5.12%	4.87%	4.75%	4.83%	4.37%	4.06%	3.98%	2.82%	2.77%	2.61%	2.79%	3.6%	3.23%

Voluntary Staff Turnover - Headcount

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

8.07% against 8% target

Breaching target red rated

Exec Lead:
Director of People

Integrated Performance Report

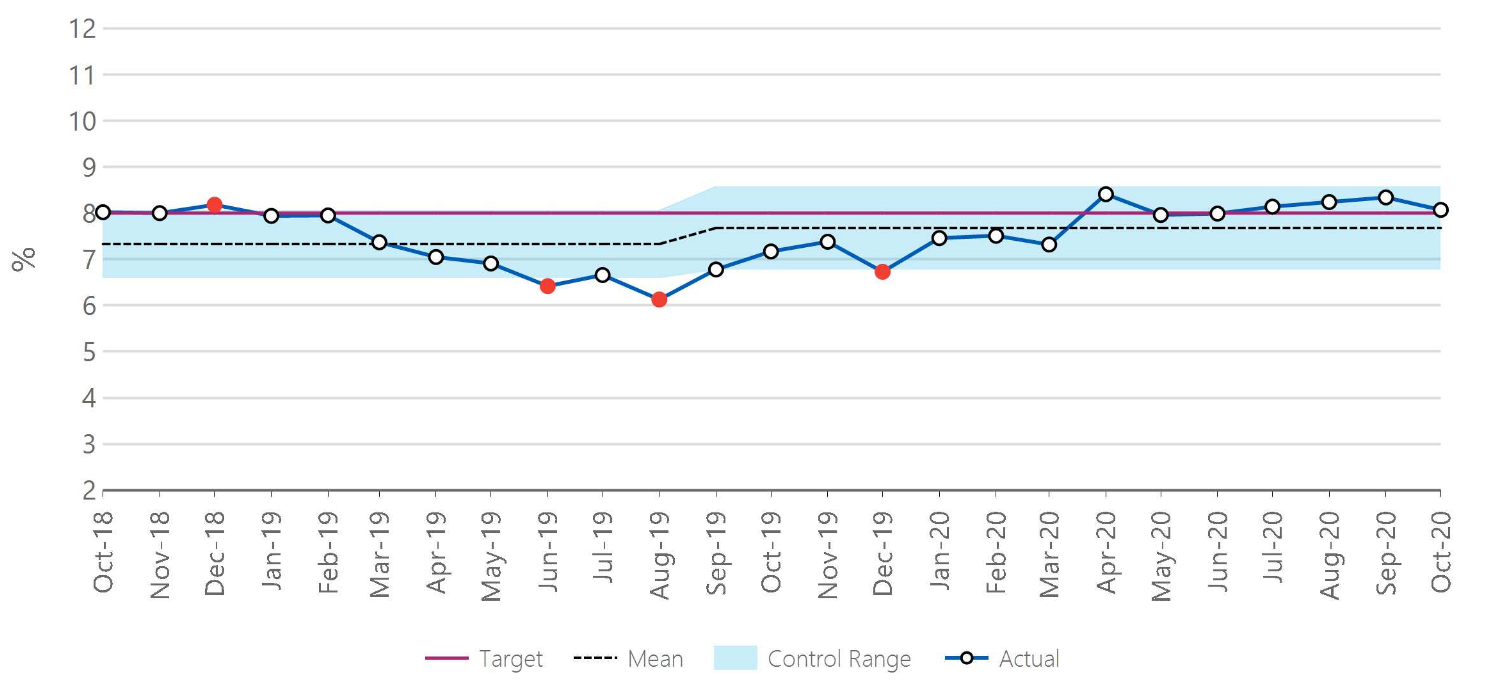
Narrative

The voluntary staff turnover rate is reported above tolerance at 8.07%, which is a reduction from last month and represents the number of voluntary leavers in the last 12 months reducing from 131 to 127. Reasons for leaving within this 12 month period were reported as 32.3% retirement related, 13.4% leaving due to work-life balance, 10% for promotion and 43.3% other voluntary resignations.

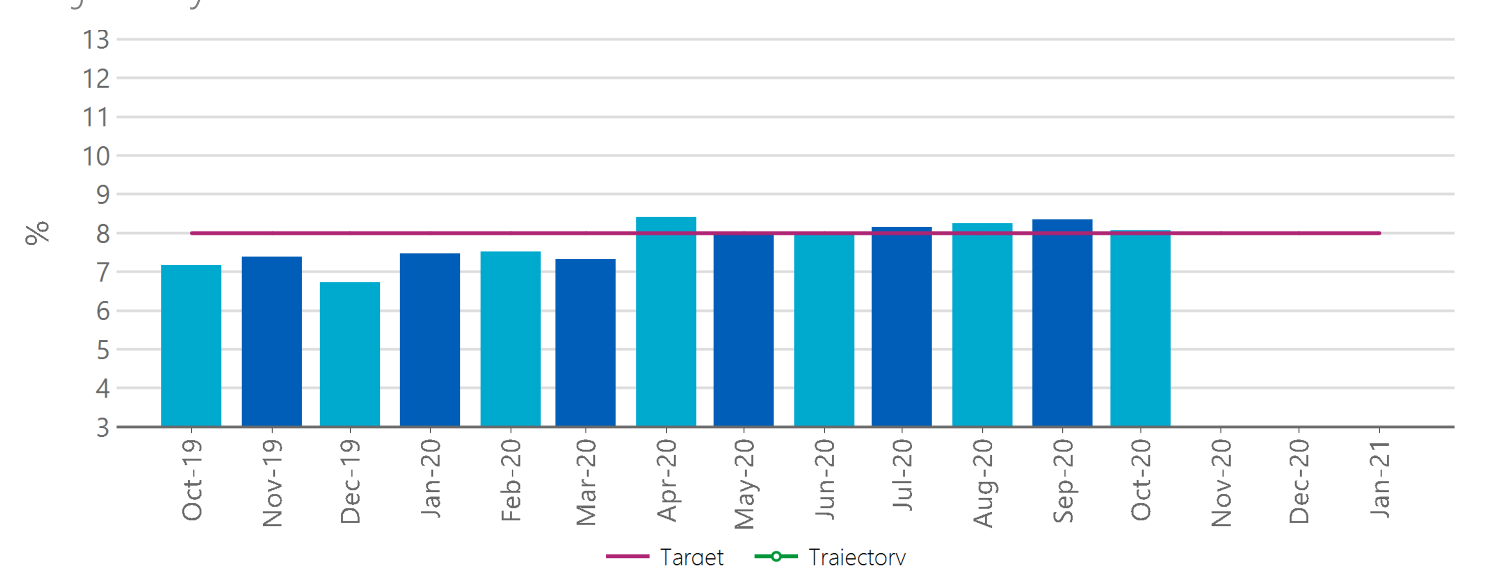
The highest rates of turnover are within the MSK delivery unit.

Performance over 24 months – SPC

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



Trajectory

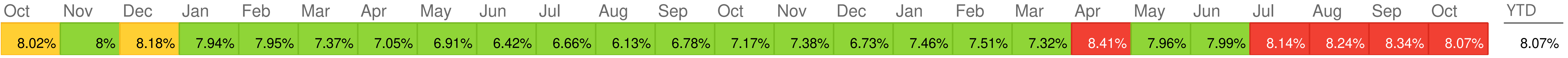


Actions

Action to Improve: Operationalising local actions in accordance with our "We are the NHS" People Plan:
- Design roles which make the greatest use of each person's skill and experience and fits with their needs and preferences
- Ensure that staff who are mid-career have a conversation with their line manager, HR, OH

Active focus on learning and actions from exit process for nursing and AHPs

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
8.02%	8%	8.18%	7.94%	7.95%	7.37%	7.05%	6.91%	6.42%	6.66%	6.13%	6.78%	7.17%	7.38%	6.73%	7.46%	7.51%	7.32%	8.41%	7.96%	7.99%	8.14%	8.24%	8.34%	8.07%	8.07%

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Serious Incidents

Number of Serious Incidents reported in month

0 against 0 target

On target green rated

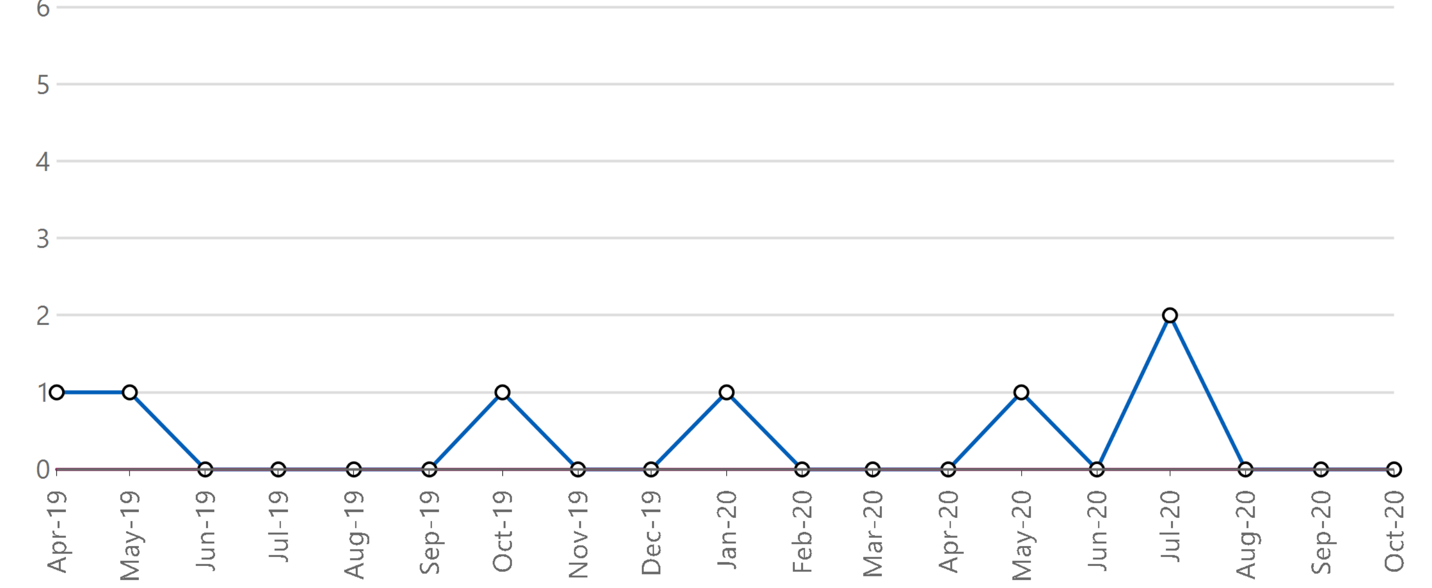
Exec Lead:
Director of Nursing

Integrated Performance Report

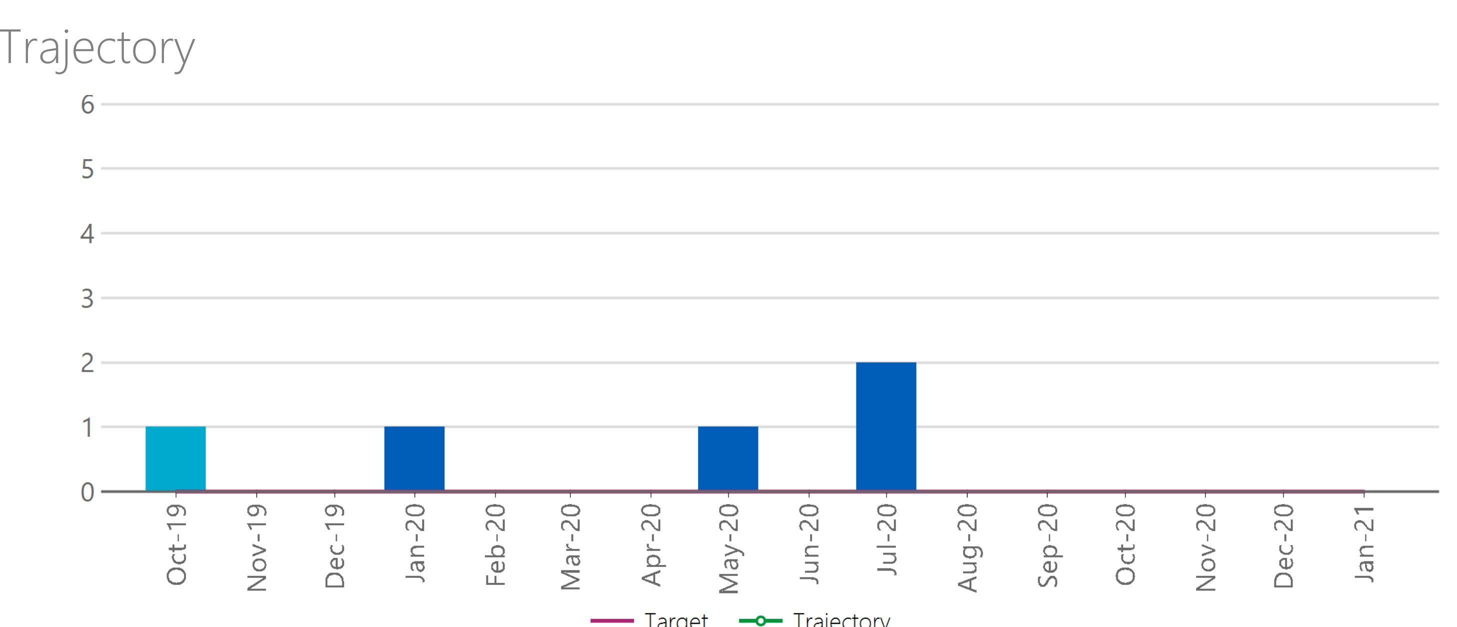
Narrative

There were no serious incidents reported in October.

Performance over 24 months –

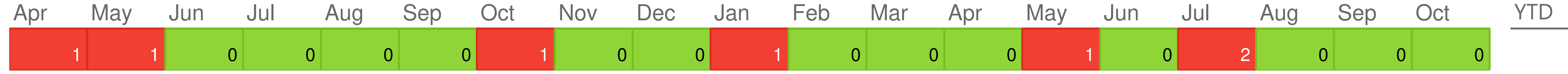


Trajectory



Actions

Heatmap performance over 24 months



Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
1	1	0	0	0	0	1	0	0	1	0	0	0	1	0	2	0	0	0	3

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Never Events

Number of Never Events Reported in Month

0 against 0 target

On target green rated

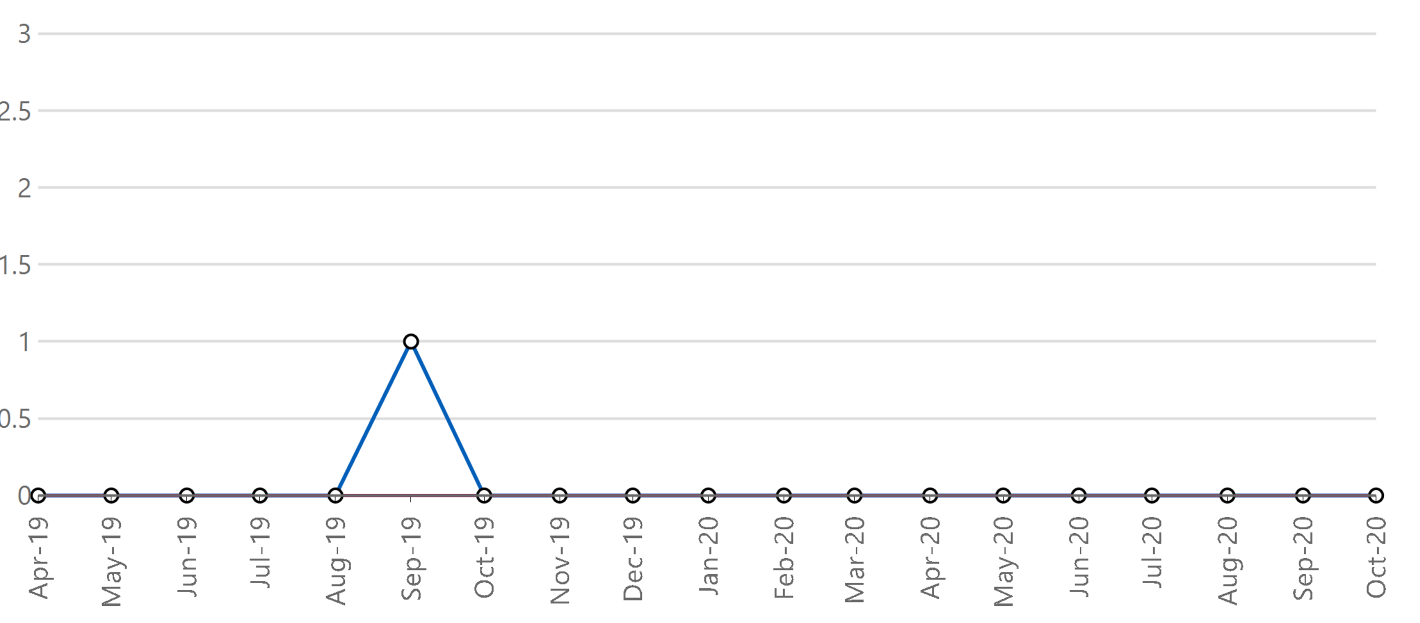
Exec Lead:
Director of Nursing

Integrated Performance Report

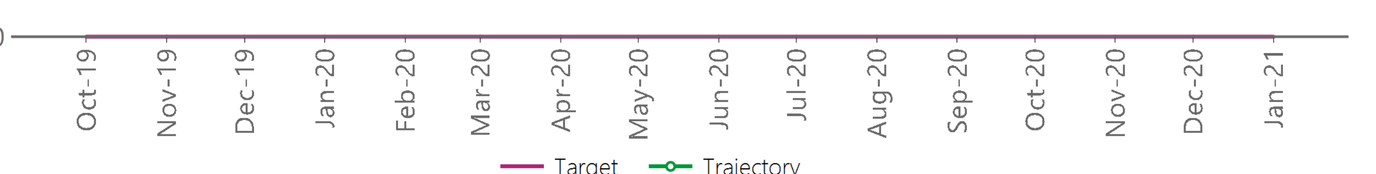
Narrative

There were no never events reported in October.

Performance over 24 months –

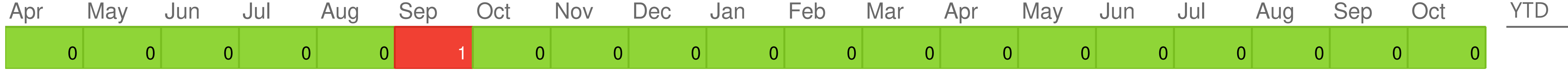


Trajectory



Actions

Heatmap performance over 24 months



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

Number of Complaints

Number of complaints received in month

8 against 8 target

On target green rated

Exec Lead:
Director of Nursing

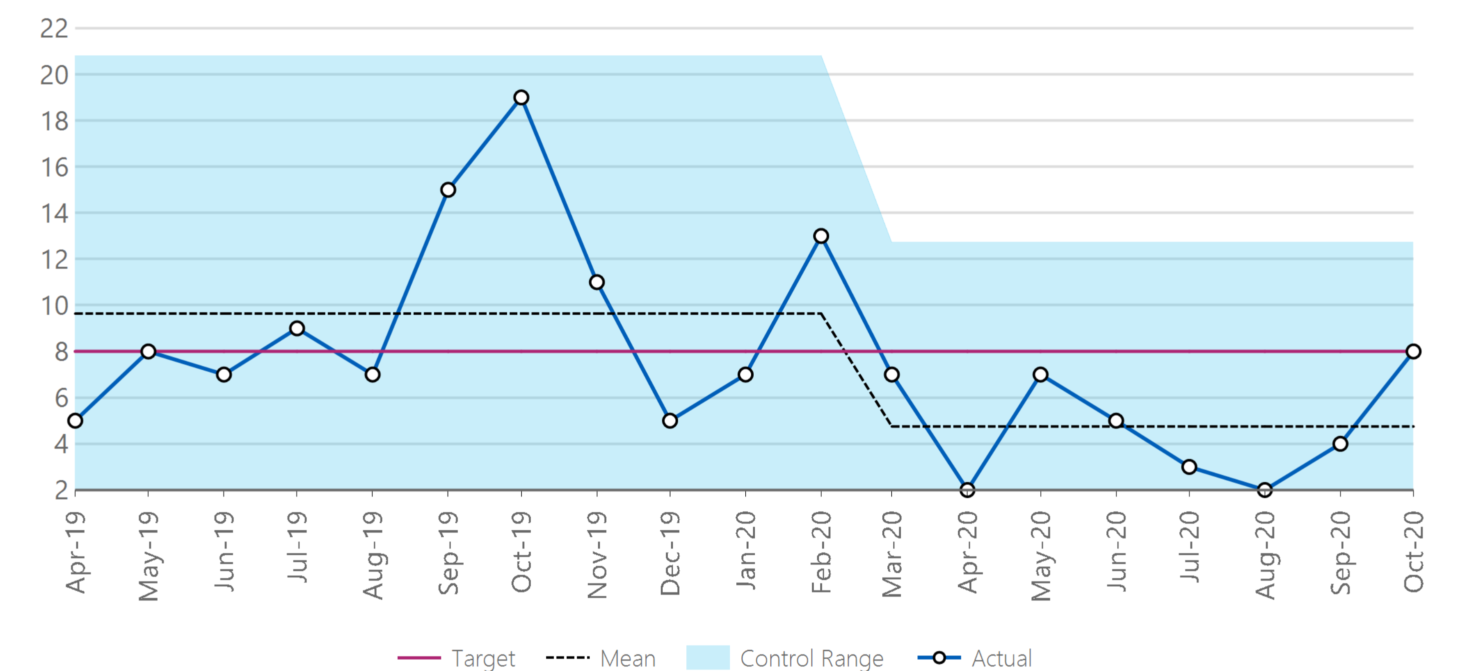
Integrated Performance Report

Narrative

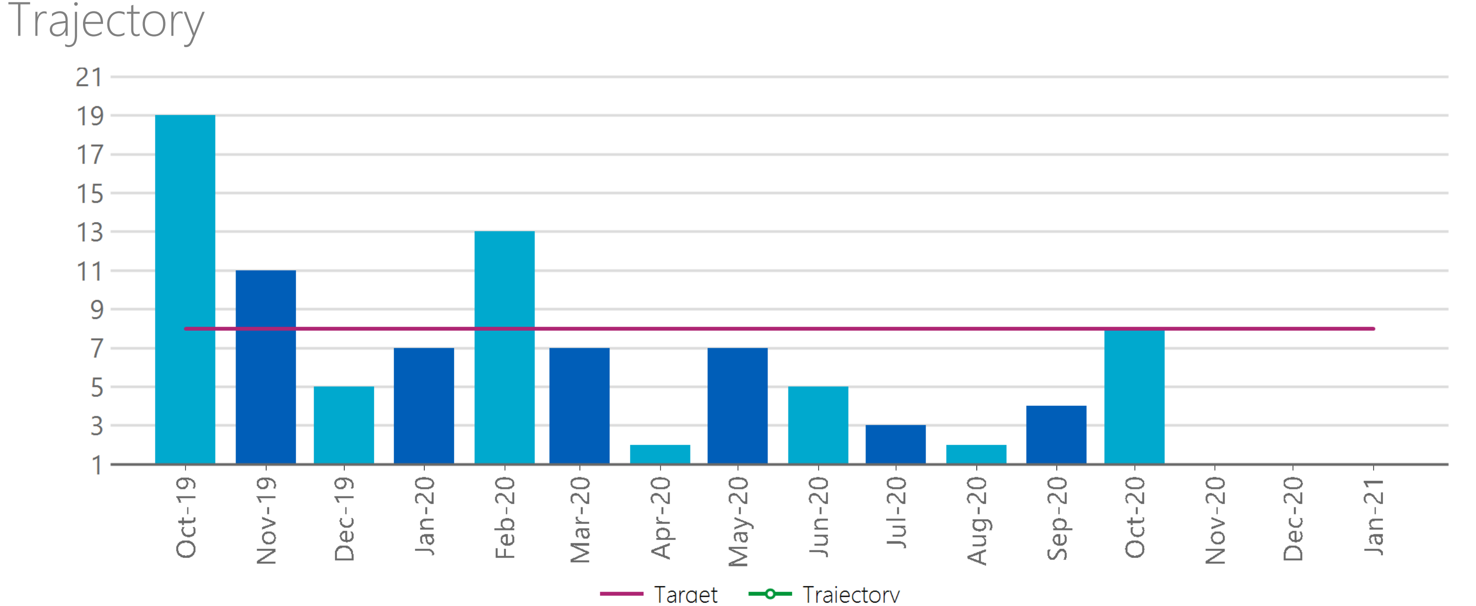
There were eight complaints received in October. Seven complaints related to quality of care issues with reasons related to delays with treatment (1), patient discharged without seeing physio (1), patient transferred to another trust without tests being carried out (1), advice and treatment (1), care and treatment (2) and administration of appointment (1). There was one complaint relating to operational issues with reason related to patient waiting for surgery.

Performance over 24 months – SPC

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

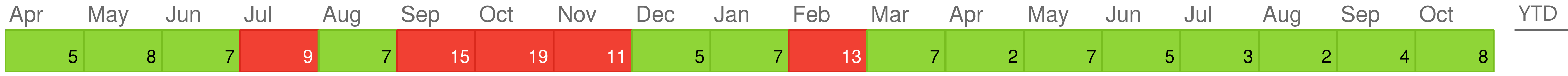


Trajectory



Actions

Heatmap performance over 24 months



Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
5	8	7	9	7	15	19	11	5	7	13	7	2	7	5	3	2	4	8	31

The Robert Jones and Agnes Hunt Orthopaedic Hospital
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RJAH Acquired C.Difficile

Number of cases of C.Difficile in Month

0 against 0 target
On target green rated

Exec Lead:
Director of Nursing

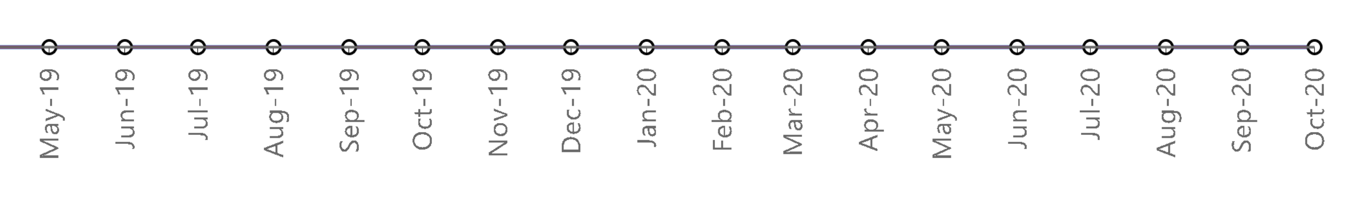
Integrated Performance Report

Narrative

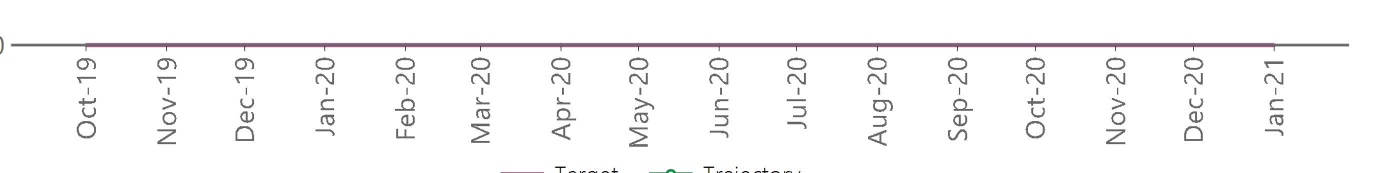
There were no incidents reported in October.

Performance over 24 months –

1

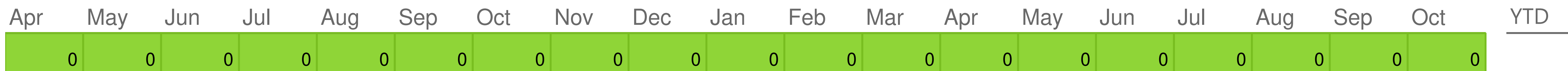


Trajectory



Actions

Heatmap performance over 24 months



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

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

RJAH Acquired E. Coli Bacteraemia

Number of cases of E. Coli Bacteraemia in Month.

2 against 0 target

Breaching target red rated

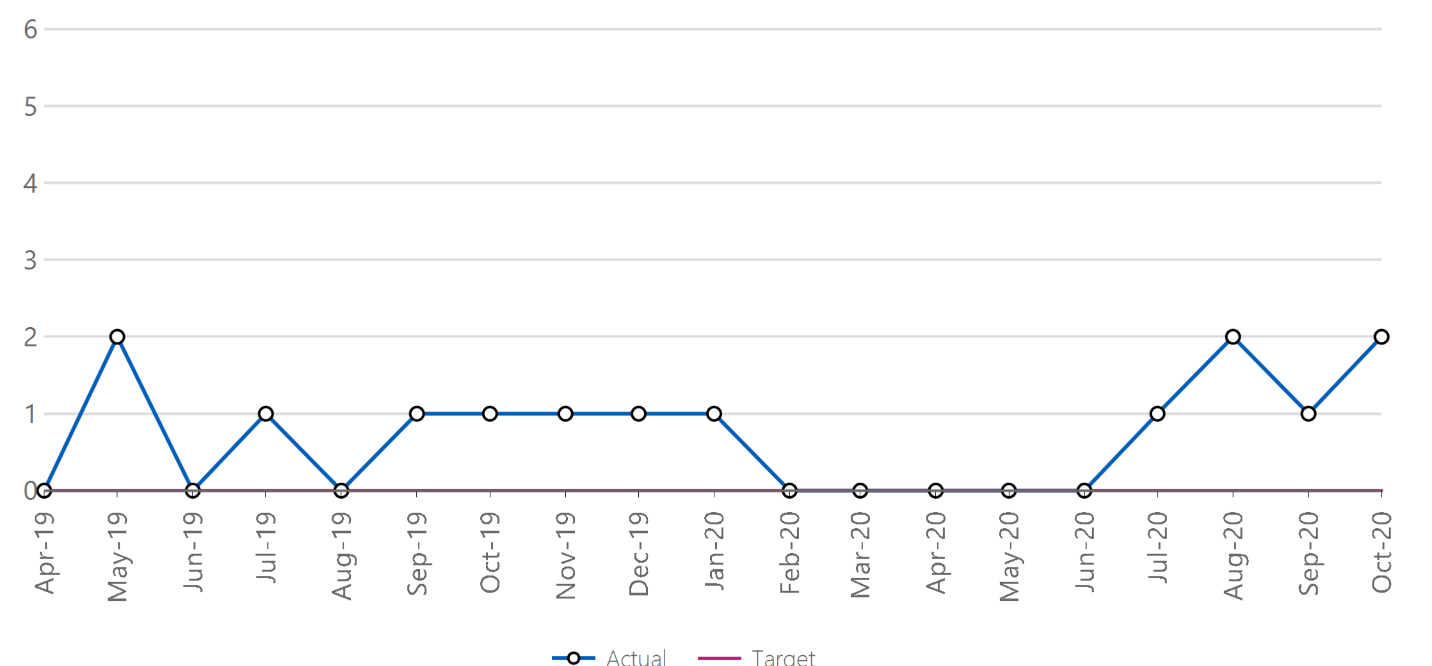
Exec Lead:
Director of Nursing

Integrated Performance Report

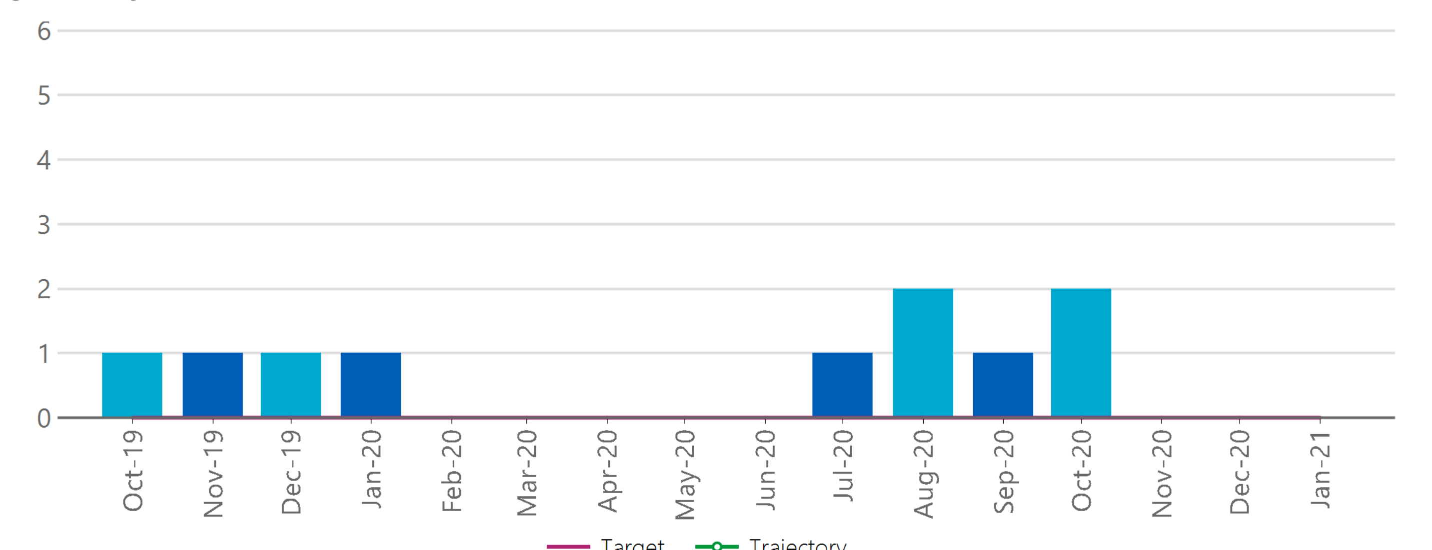
Narrative

There were two incidents of E.Coli Bacteraemia reported in October where both patients responded to the treatment provided.

Performance over 24 months –



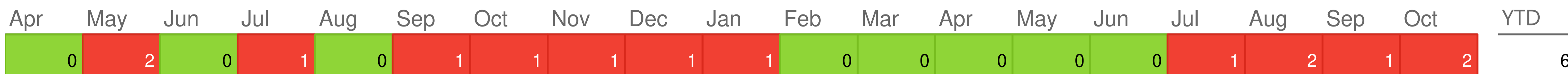
Trajectory



Actions

Action to Improve: A post infection review meeting has taken place for these incidents where issues found relate to documentation and lack of VIP scoring. As a result, the updated blood culture policy has been uploaded to the document centre.

Heatmap performance over 24 months



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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

RJAH Acquired MRSA Bacteraemia

Number of cases of MRSA bacteraemia in month

0 against 0 target
On target green rated

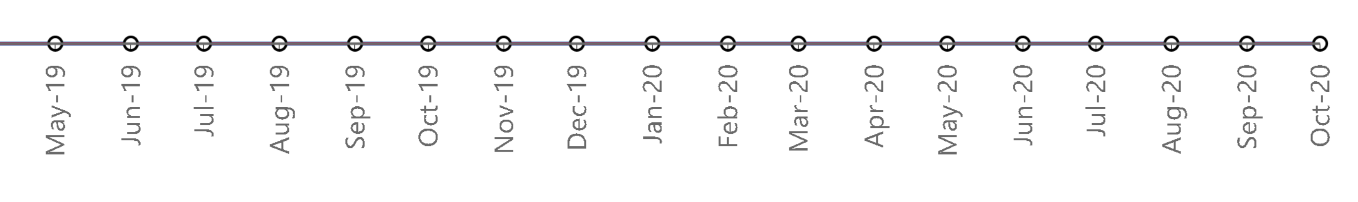
Exec Lead:
Director of Nursing

Integrated Performance Report

Narrative

There were no incidents reported in October.

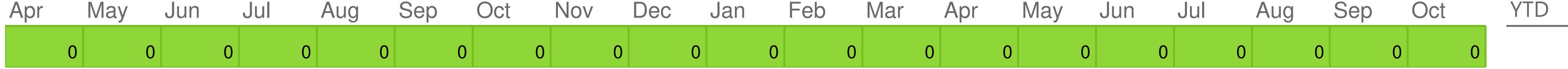
Performance over 24 months –



Trajectory

Actions

Heatmap performance over 24 months



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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Unexpected Deaths

Number of Unexpected Deaths in Month

0 against 0 target
On target green rated

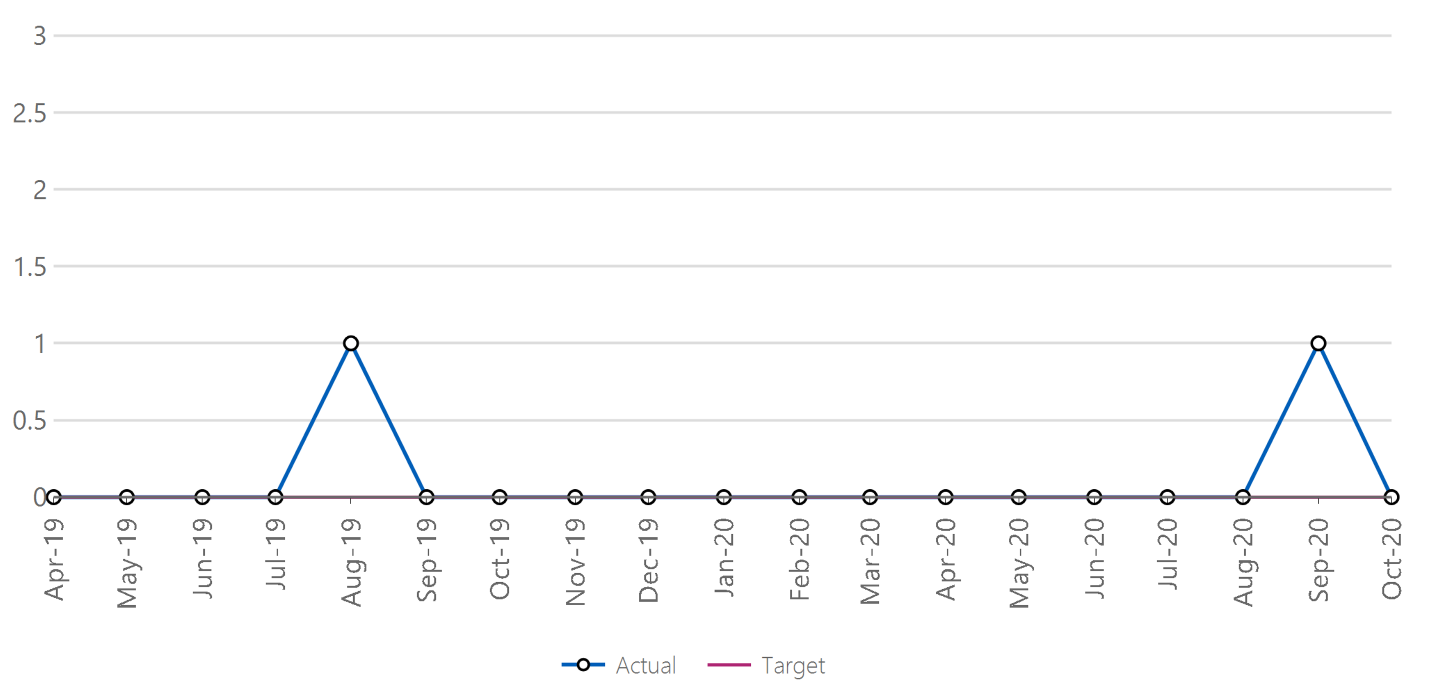
Exec Lead:
Medical Director

Integrated Performance Report

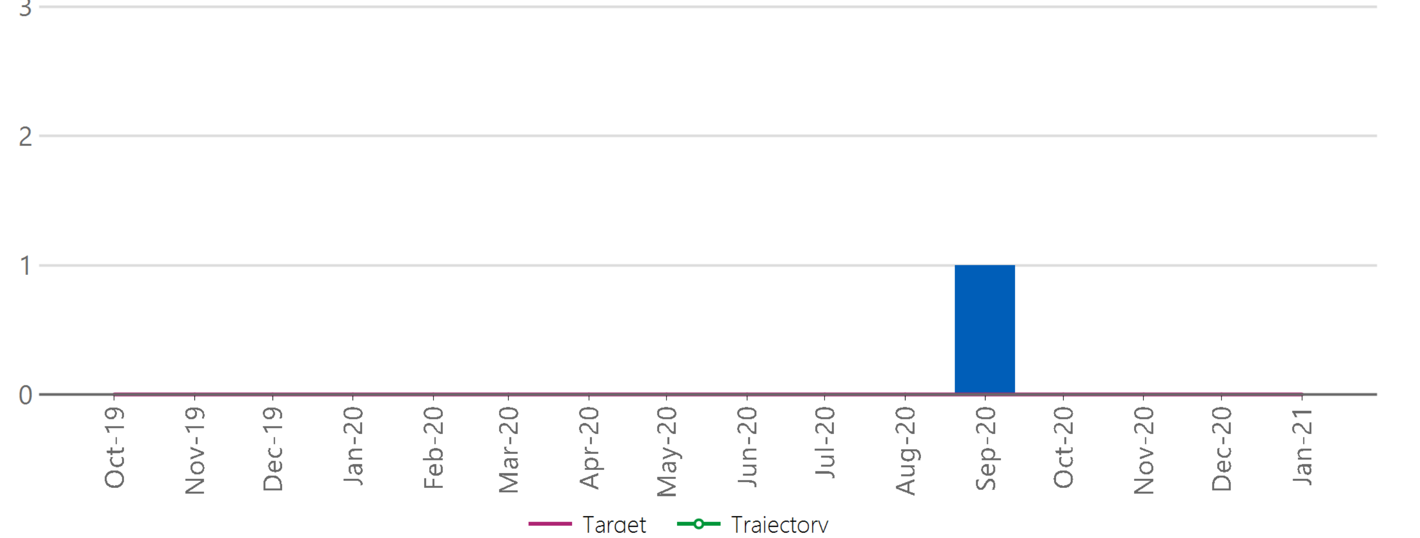
Narrative

There were no patient deaths throughout the Trust in October.

Performance over 24 months –



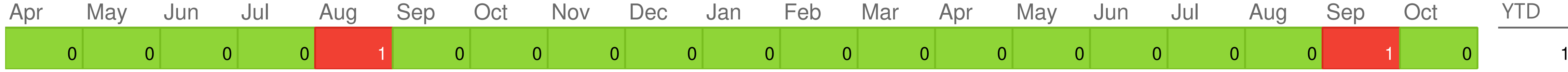
Trajectory



Actions

Action to Sustain: During this month the learning from deaths lead, the CMO and the medical examiner improvement team have met to provide a system medical examiner role in the STP.

Heatmap performance over 24 months



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

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

31 Days First Treatment (Tumour)*

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

100% against 96% target
green rated

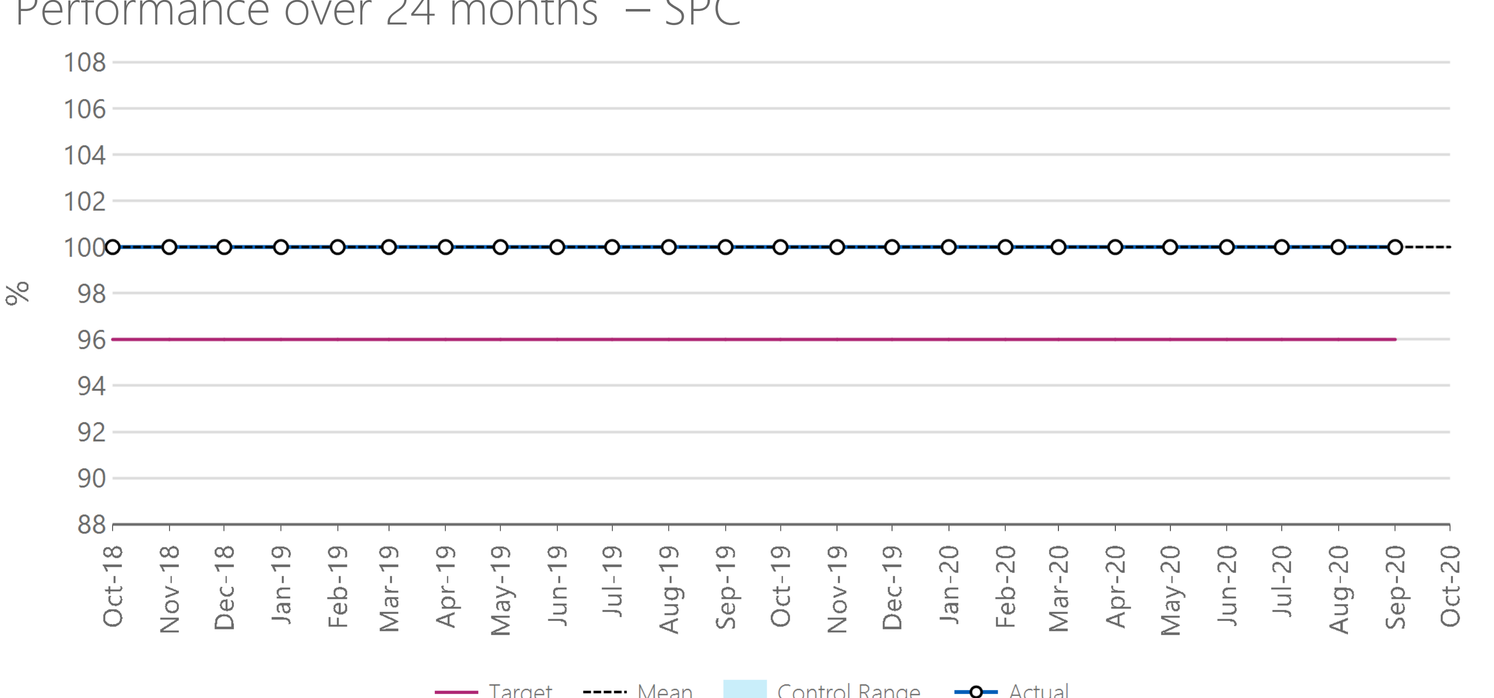
Exec Lead:
Clinical Services Unit

Integrated Performance Report

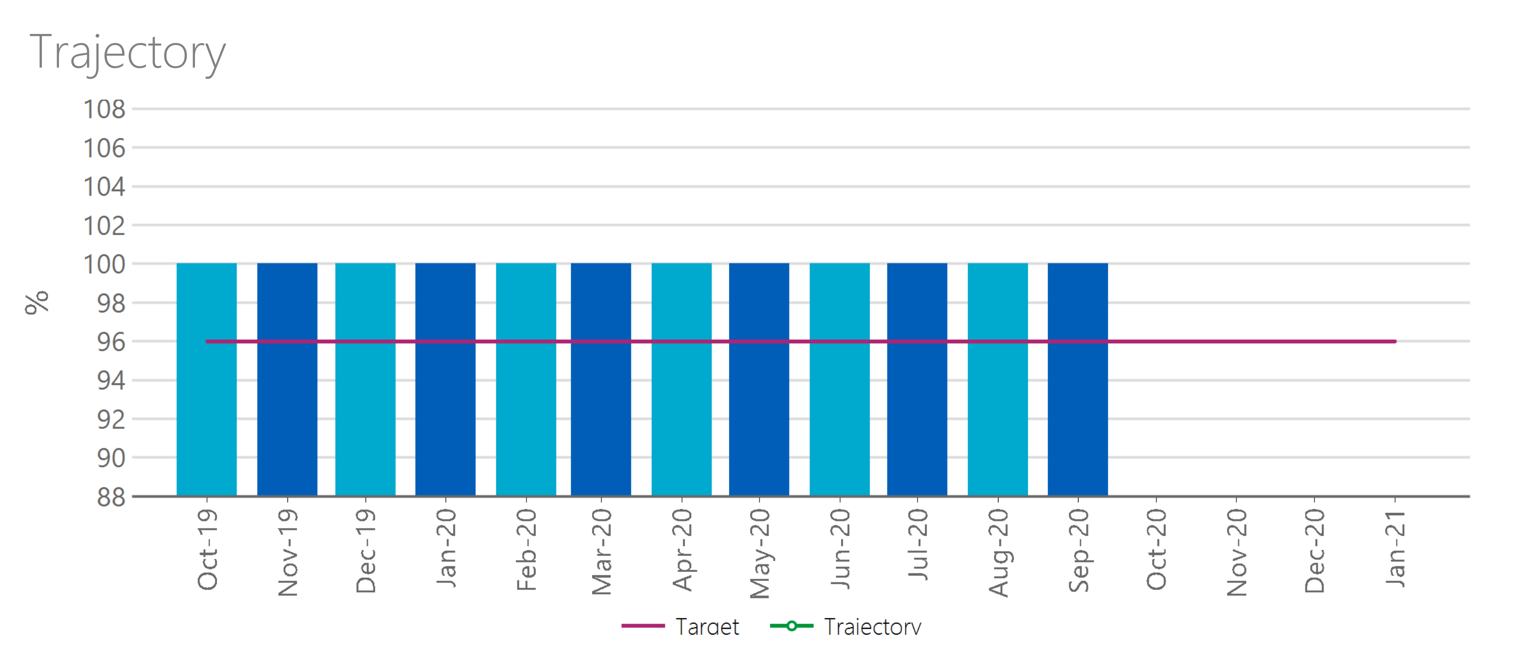
Narrative

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

Performance over 24 months – SPC

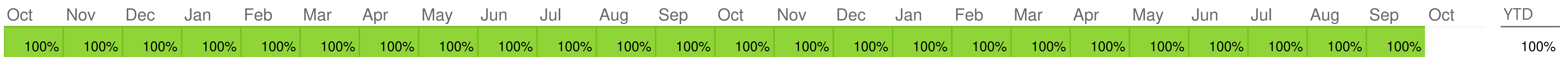


Trajectory



Actions

Heatmap performance over 24 months



1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Cancer Plan 62 Days Standard (Tumour)*

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

50% against 85% target

red rated

Exec Lead:
Clinical Services Unit

Integrated Performance Report

Narrative

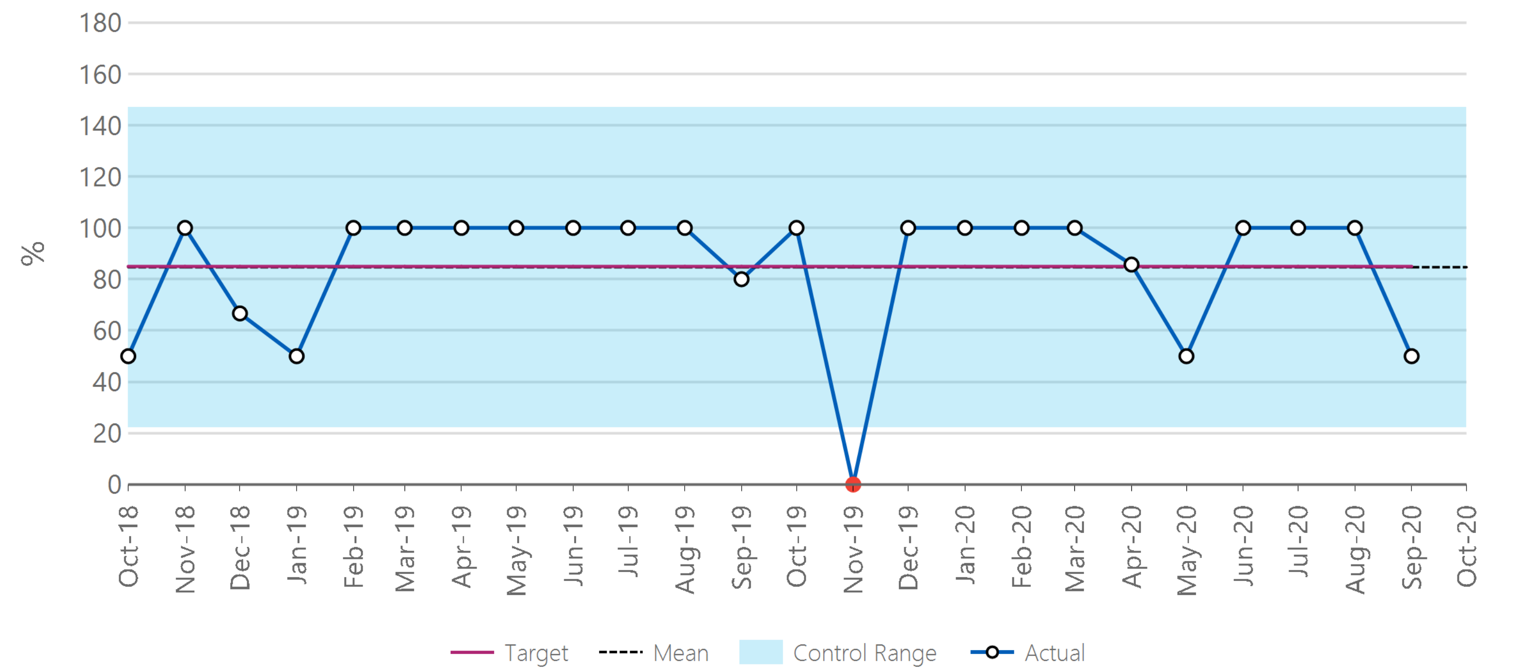
The Cancer 62 day standard was not met in September and is reported at 50.00%. There were two patients included in this standard for September as follows:

- Patient 1 - whole pathway at RJAH and treated within 62 days
- Patient 2 - shared pathway with SaTH but breach accountable to RJAH

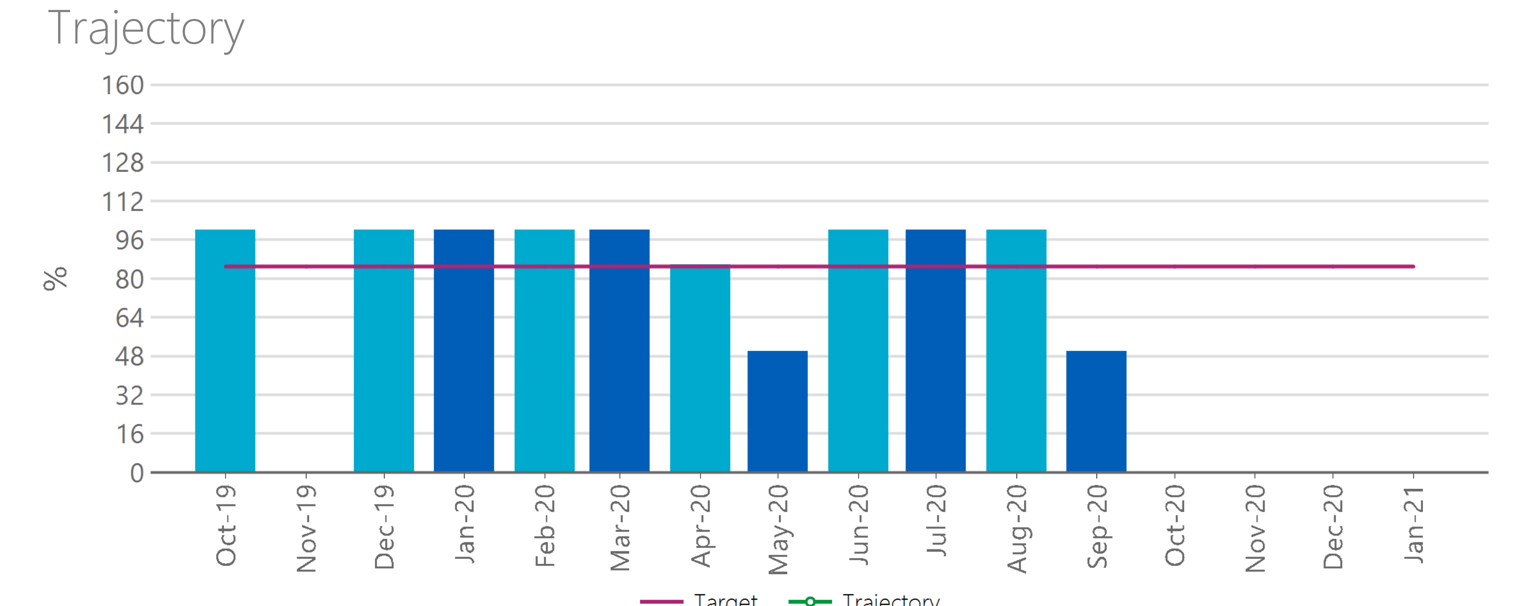
There are no specific performance issues noted in this patients pathway in that first appointment was scheduled on Day Eight, diagnostic tests requested to completed timelines were within expected parameters, administrative processes have been followed as expected in relation to tracking, appointment management, as well as the referral and IPT, were also handled in a timely fashion. It is notable that this patient required multiple diagnostic tests and imaging to facilitate a diagnosis including two CT guided Biopsies which includes also the timescales for Histology to be returned. This patient was also presented both at RJAH MDT meetings as well as GMOSS MDT Prior to onward Referral. The impact upon the pathway was that the referral could not be made until diagnostics and treatment centre planning where complete.

We anticipate further breaches reported in October and November for patients currently on active pathways.

Performance over 24 months – SPC



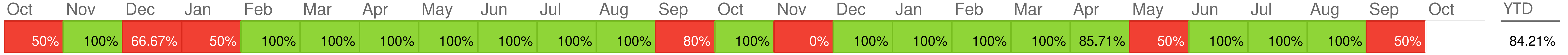
Trajectory



Actions

Action to Improve: No actions in relation to this breach.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
50%	100%	66.67%	50%	100%	100%	100%	100%	100%	100%	100%	80%	100%	0%	100%	100%	100%	100%	85.71%	50%	100%	100%	100%	50%		84.21%

18 Weeks RTT Open Pathways

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

52.01% against **92%** target

Below target red rated

Exec Lead:
MSK Unit

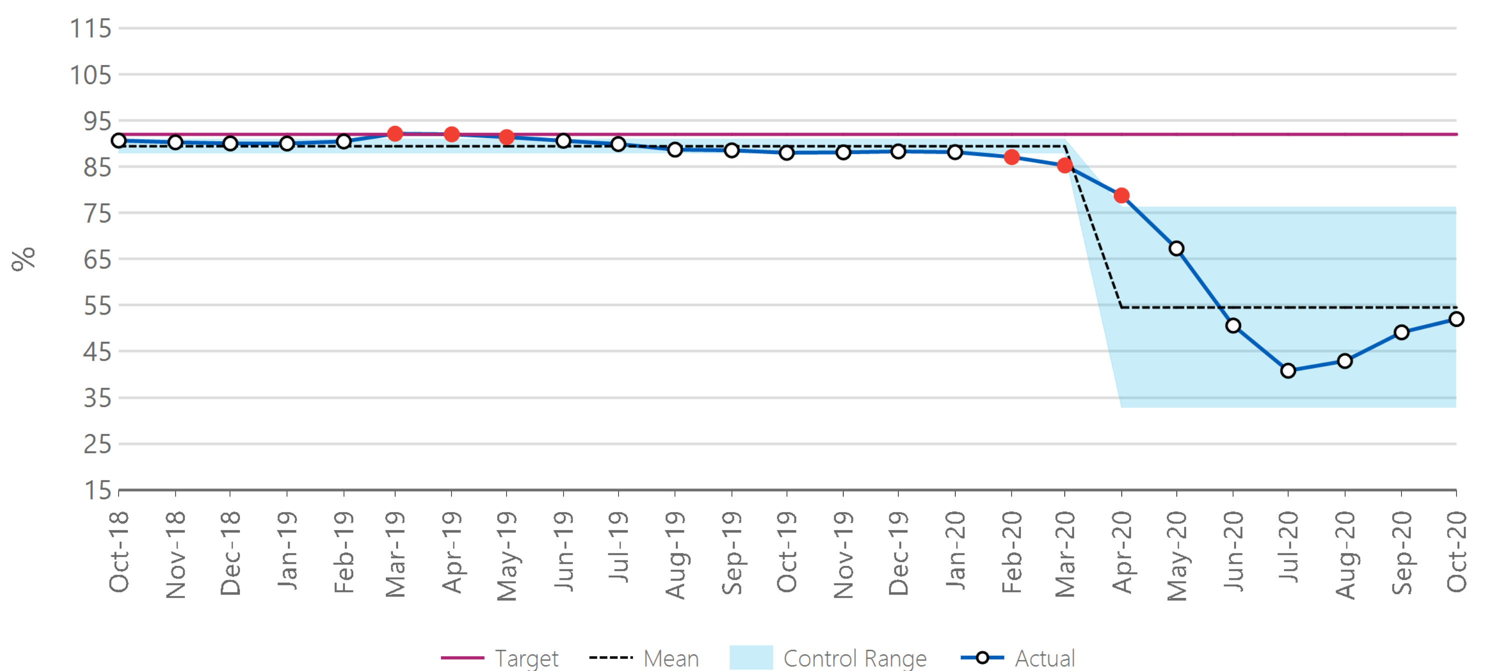
Integrated Performance Report

Narrative

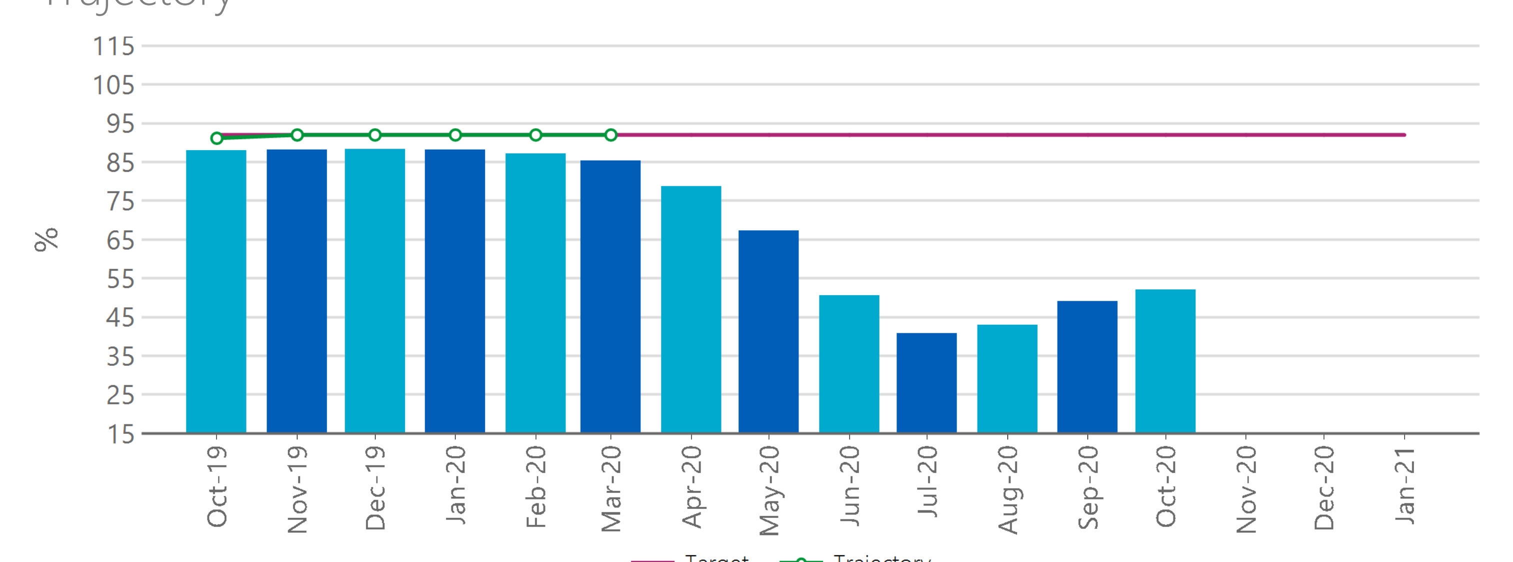
Our October performance was 52.01% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The total number of breaches has reduced by 150, reducing from 5375 at the end of September to 5225 at the end of October. The performance breakdown by milestone is as follows: MS1 - 7074 patients waiting of which 2538 are breaches, MS2 - 973 patients are waiting of which 646 are breaches, MS3 - 2841 patients are waiting of which 2041 are breaches.

Performance over 24 months – SPC

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



Trajectory



Actions

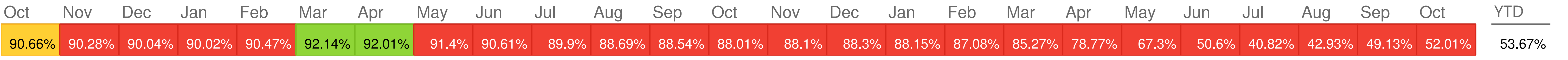
Action to Improve: In line with national guidance our restoration and recovery will need to take into consideration the balance of clinical prioritisation as well as the waiting times for our patients. Work is continuing to clinically assess the volume of patients needing treatment alongside available capacity. A working group has been set up to look at harms and use of PROMS data to assist with the prioritisation of patients.

The phase three plans we recently submitted required plans for English 52+ weeks and English list size that indicates this is where the national focus will be as opposed to open pathway performance.

We are now part of the National E-Review Programme with emphasis on a clinically validated waiting list.

We continue to work within the system to understand population demand across providers.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
90.66%	90.28%	90.04%	90.02%	90.47%	92.14%	92.01%	91.4%	90.61%	89.9%	88.69%	88.54%	88.01%	88.1%	88.3%	88.15%	87.08%	85.27%	78.77%	67.3%	50.6%	40.82%	42.93%	49.13%	52.01%	53.67%

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NHS Foundation Trust

Patients Waiting Over 52 Weeks – English

Number of English RTT patients currently waiting 52 weeks or more

418 against 0 target

Breaching target red rated

Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

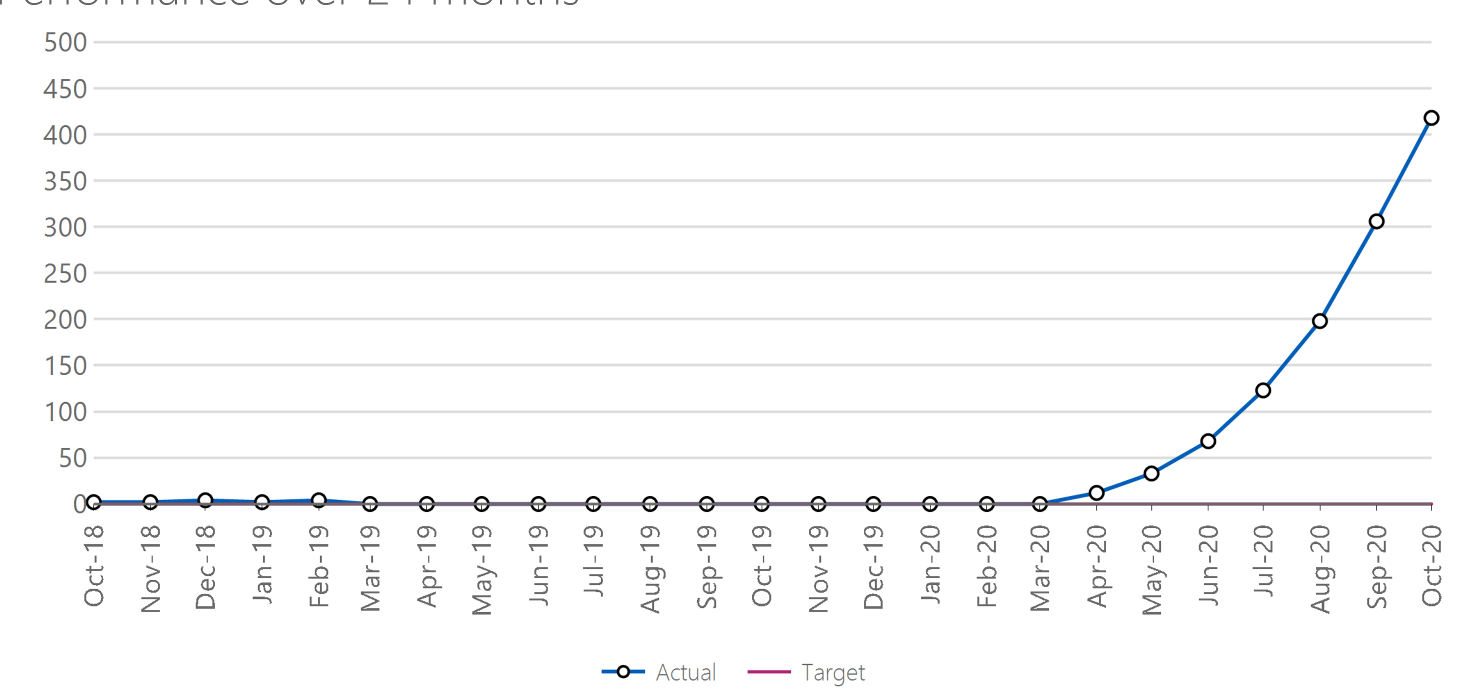
At the end of October there were 418 English patients waiting over 52 weeks. This is above our trajectory figure of 406.

The patients are under the care of the following sub-specialities; Arthroplasty (139), Spinal Disorders (134), Knee & Sports Injuries (57), Upper Limb (42), Foot & Ankle (29), Paediatric Orthopaedics (11), Neurology (2), Orthotics (2), Rheumatology (1) and Tumour (1).

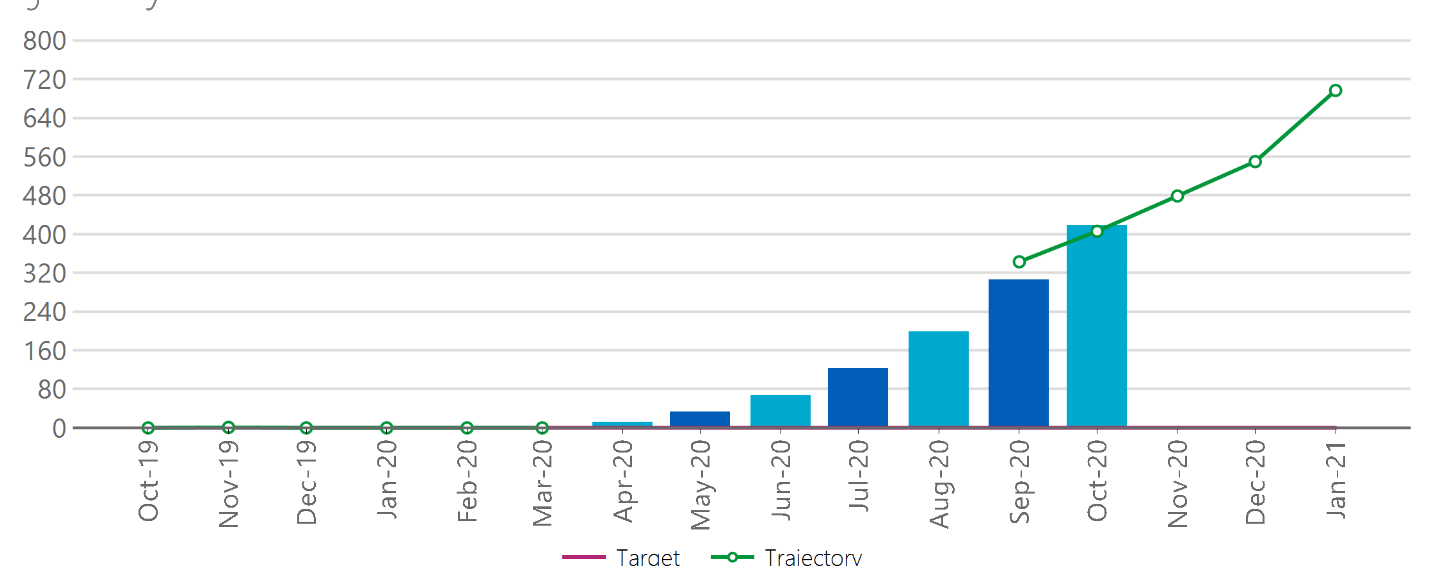
The number of patients waiting, by weeks brackets is:

- 52 to 60 weeks - 255 patients
- 61 to 70 weeks - 120 patients
- 71 weeks to 80 weeks - 37 patients
- 80+ weeks - 6 patients

Performance over 24 months –



Trajectory

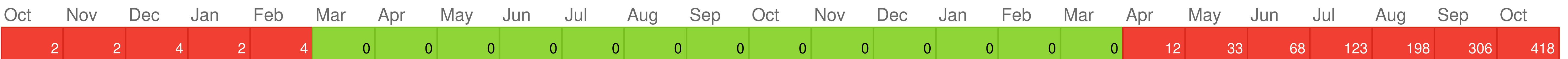


Actions

Action to Improve: As our restoration develops our capacity increases to treat these patients. We continue to book in accordance with clinical priority and responding to any patients identified with potential harm. Beyond that, patients are booked according to chronological order. We continue to review this position as we bring on line additional capacity through OJP, although we expect low impact.

Our submitted phase three plans show an increasing position for this measure and this can be viewed on the trajectory graph. The phase three planning only required a plan for English 52+ weeks but it must be acknowledged that we must treat Welsh patients as well.

Heatmap performance over 24 months



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The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Patients Waiting Over 52 Weeks – Welsh

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

385 against 0 target

Breaching target red rated

Exec Lead:
Specialist Services Unit

Integrated Performance Report

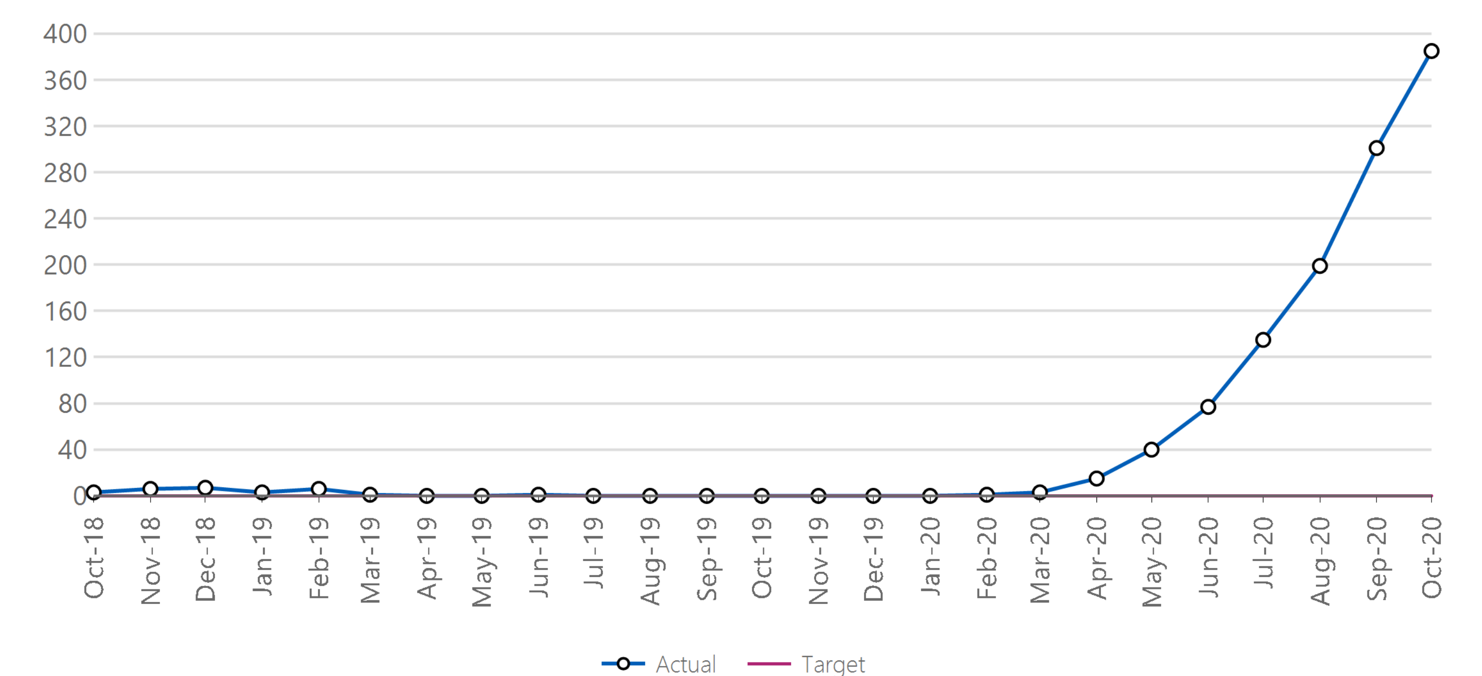
Narrative

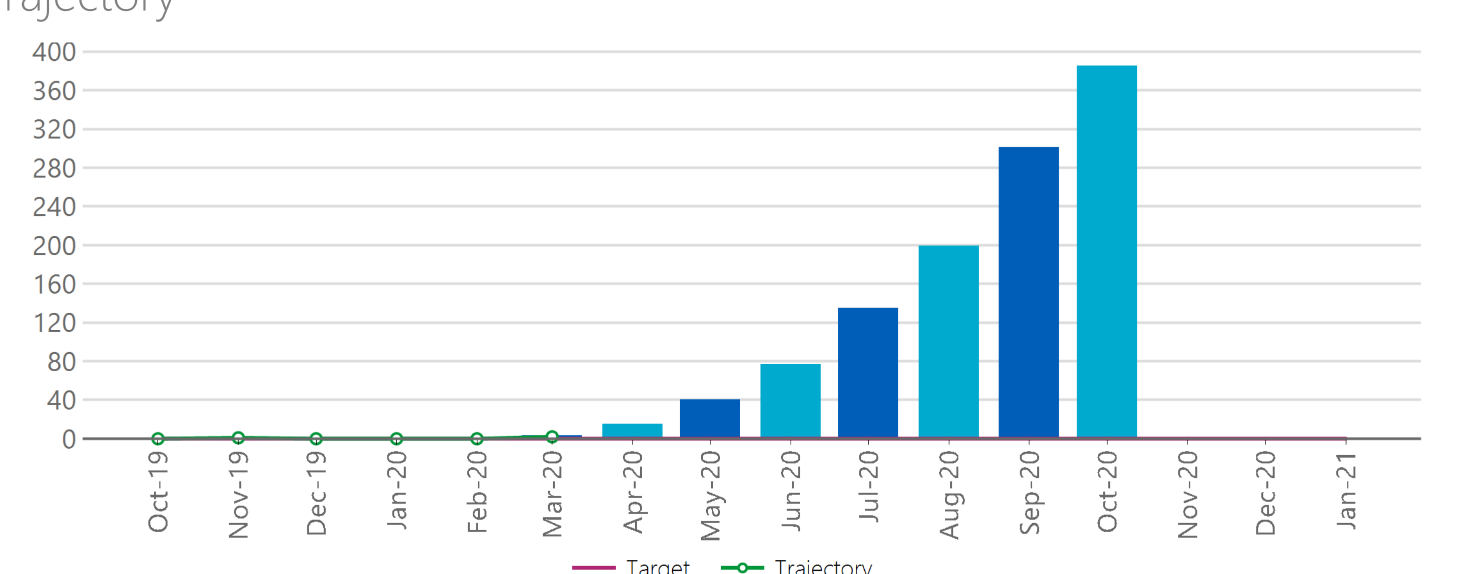
At the end of October there were 385 Welsh patients waiting over 52 weeks.

The patients are under the care of the following sub specialties; Spinal Disorders (147), Arthroplasty (112), Knee & Sports Injuries (56), Foot & Ankle (37), Upper Limb (17), Paediatric Orthopaedics (11), Neurology (2), Tumour (2) and Rheumatology (1). The patients are under the care of the following commissioners; BCU (207), Powys (171) and Hywel Dda (7).

The number of patients waiting, by weeks brackets is:
- 52 to 60 weeks - 216 patients
- 61 to 70 weeks - 115 patients
- 71 to 80 weeks - 47 patients
- 80+ weeks - 7 patients

Performance over 24 months –





Actions

Action to Improve: As our restoration develops our capacity increases to treat these patients. We continue to book in accordance with clinical priority and responding to any patients identified with potential harm. Beyond that, patients are booked according to chronological order. We continue to review this position as we bring on line additional capacity through OJP, although we expect low impact.

Our submitted phase three plans show an increasing position for this measure and this can be viewed on the trajectory graph. The phase three planning only required a plan for English 52+ weeks but it must be acknowledged that we must treat Welsh patients as well.

Heatmap performance over 24 months

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
3	6	7	3	6	1	0	0	1	0	0	0	0	0	0	0	1	3	15	40	77	135	199	301	385

6 Week Wait for Diagnostics - English Patients

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

86.92% against 99% target

Below target red rated

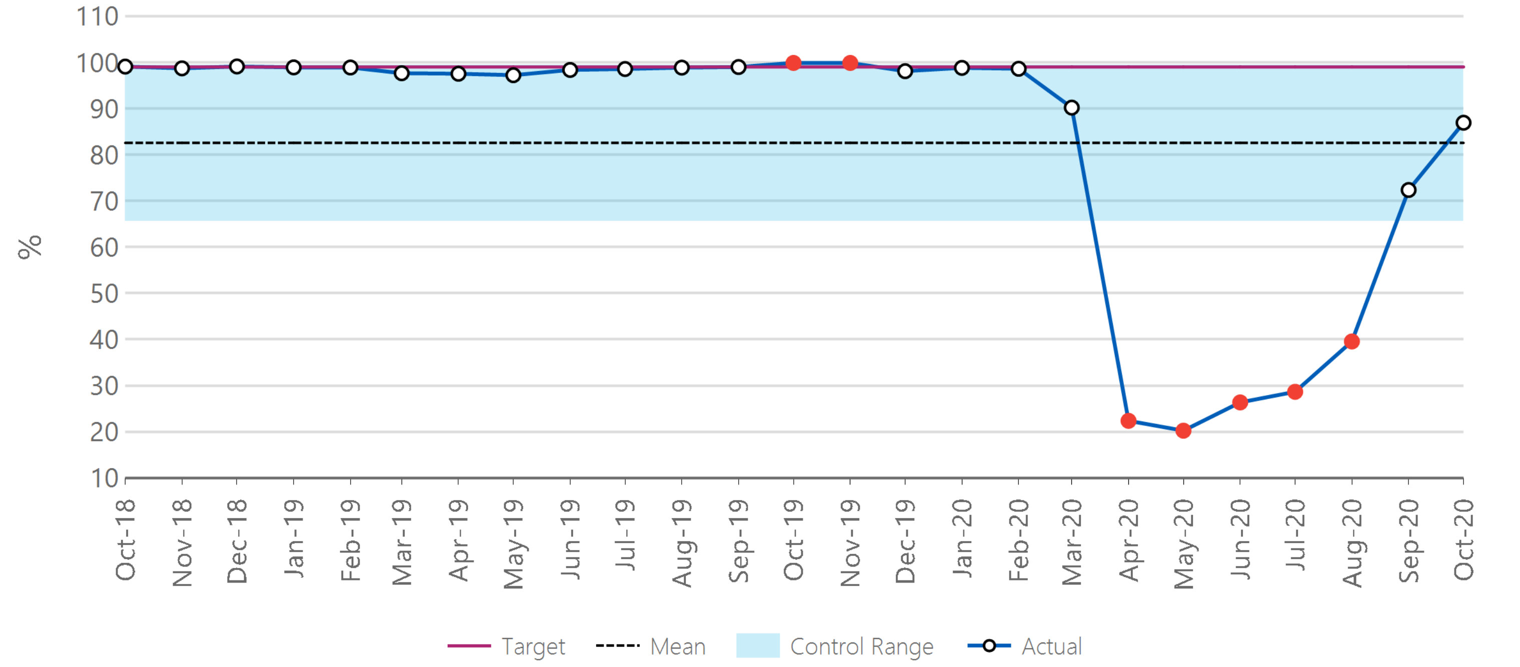
Exec Lead:
Clinical Services Unit

Integrated Performance Report

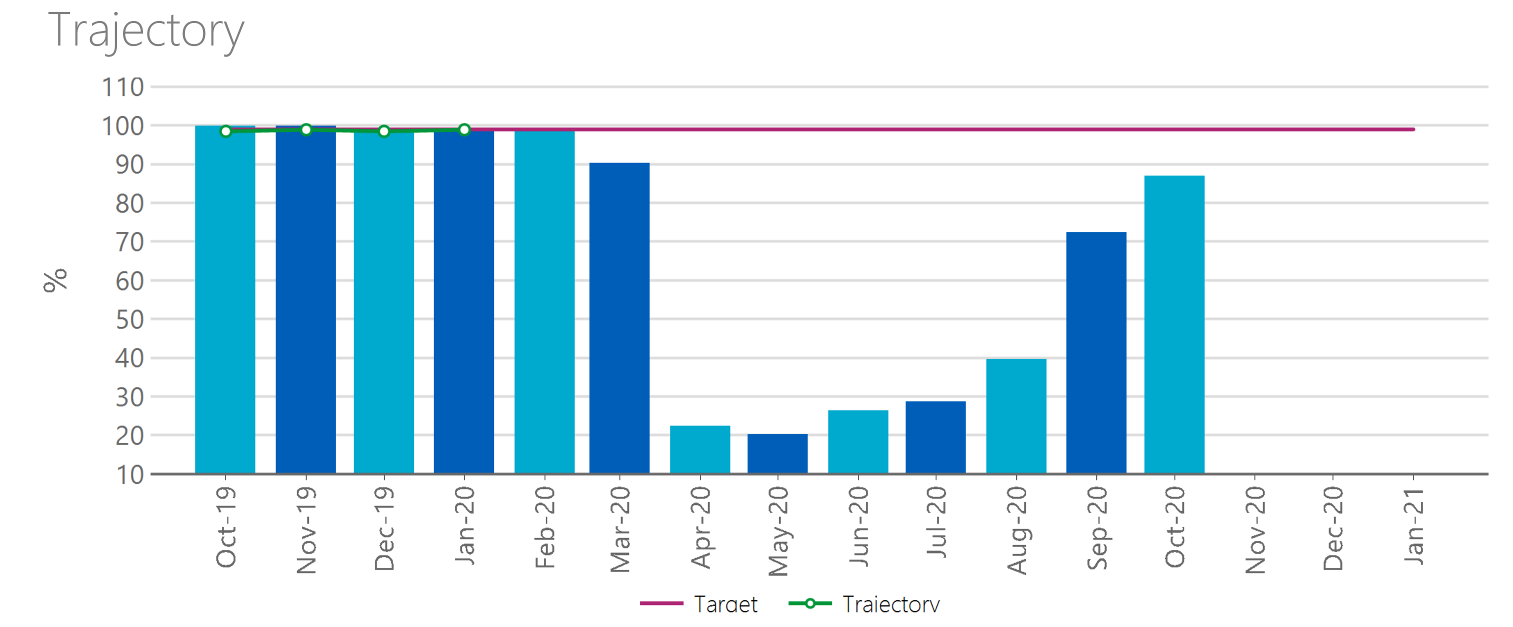
Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 86.92%. This equates to 116 patients who waited beyond 6 weeks, a 106 reduction on the figure reported at the end of September.
The breaches occurred in the following modalities;
- MRI (76 - with 19 dated)
- Ultrasound (7 - with 6 dated)
- CT (9 - with 4 dated)
- DEXA (24 - with 9 dated)

Performance over 24 months – SPC



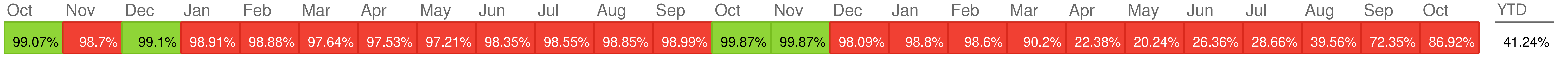
Trajectory



Actions

Action to Improve: • Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
• Within MRI we have recently strengthened the leadership through recruitment to the vacancy of MRI Superintendent. It is anticipated that we will see efficiencies from this.
• Recruitment of additional radiographers, to include agency radiographers. The international recruitment process contract has now been signed and commenced.
• Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
• Ultrasound capacity was lost due to IPC requirements but estates working Menzies has now commenced, with a six-week lead time, that will provide additional capacity.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
99.07%	98.7%	99.1%	98.91%	98.88%	97.64%	97.53%	97.21%	98.35%	98.55%	98.85%	98.99%	99.87%	99.87%	98.09%	98.8%	98.6%	90.2%	22.38%	20.24%	26.36%	28.66%	39.56%	72.35%	86.92%	41.24%

8 Week Wait for Diagnostics - Welsh Patients

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

92.18% against 100% target

Below target red rated

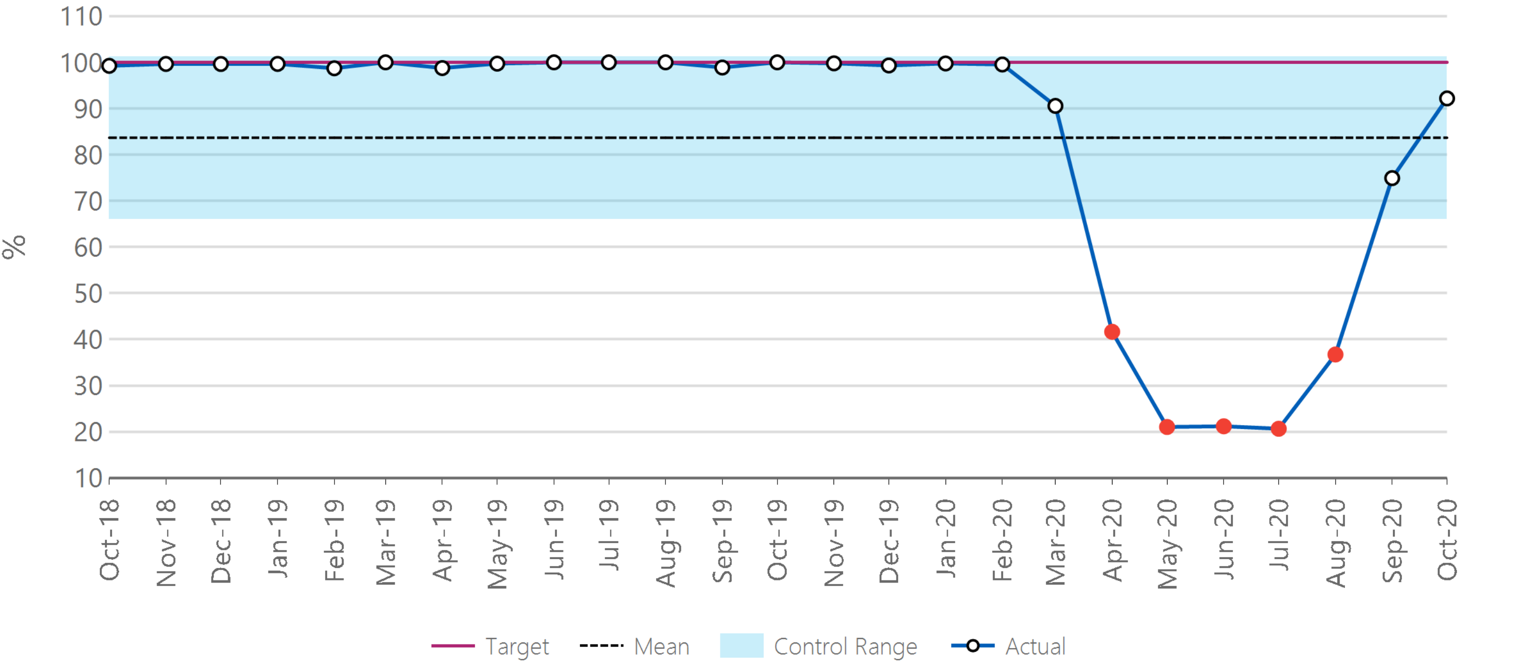
Exec Lead:
Clinical Services Unit

Integrated Performance Report

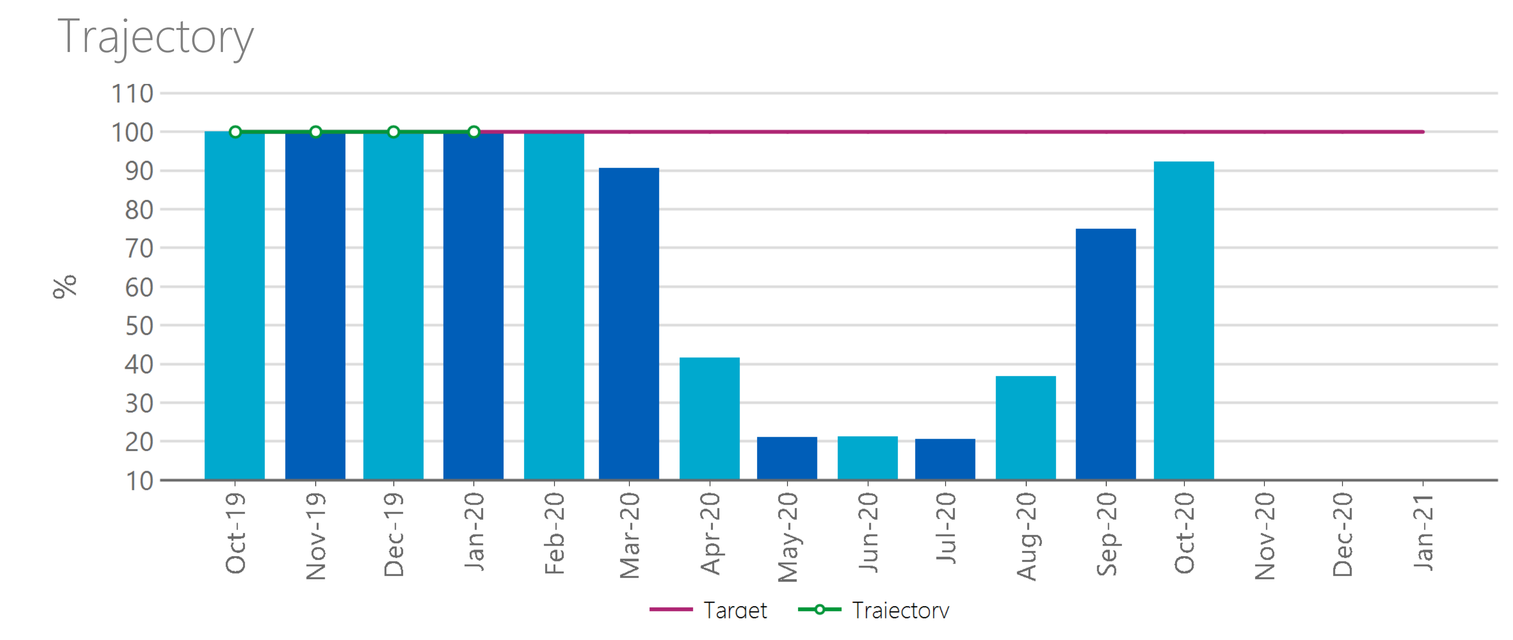
Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 92.18%. This equates to 29 patients who waited beyond 8 weeks; a reduction of 61 from volume reported at the end of September. The breaches occurred in the following modalities;
- MRI (24 - with 8 dated)
- CT (3 - with 3 undated)
- DEXA (2 - with 2 undated)

Performance over 24 months – SPC



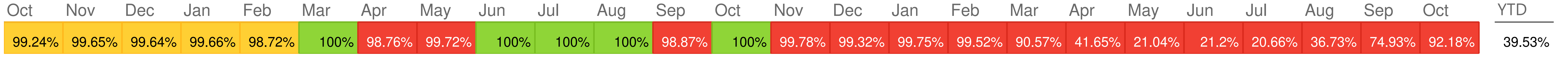
Trajectory



Actions

Action to Improve: • Following a deep dive into the efficiency of CT, extended working hours and weekend working remain in place.
• Within MRI we have recently strengthened the leadership through recruitment to the vacancy of MRI Superintendent. It is anticipated that we will see efficiencies from this.
• Recruitment of additional radiographers, to include agency radiographers. The international recruitment process contract has now been signed and commenced.
• Ongoing review of workforce/skill mix, recruitment of support positions to release radiographer capacity that will improve activity levels delivered.
• Ultrasound capacity was lost due to IPC requirements but estates working Menzies has now commenced, with a six-week lead time, that will provide additional capacity.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
99.24%	99.65%	99.64%	99.66%	98.72%	100%	98.76%	99.72%	100%	100%	100%	98.87%	100%

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
99.78%	99.32%	99.75%	99.52%	90.57%	41.65%	21.04%	21.2%	20.66%	36.73%	74.93%	92.18%	39.53%

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

Total Theatre Activity

Activity in theatres in month

573 against 1,078 target

Below target red rated

Exec Lead:
MSK Unit

Integrated Performance Report

Narrative

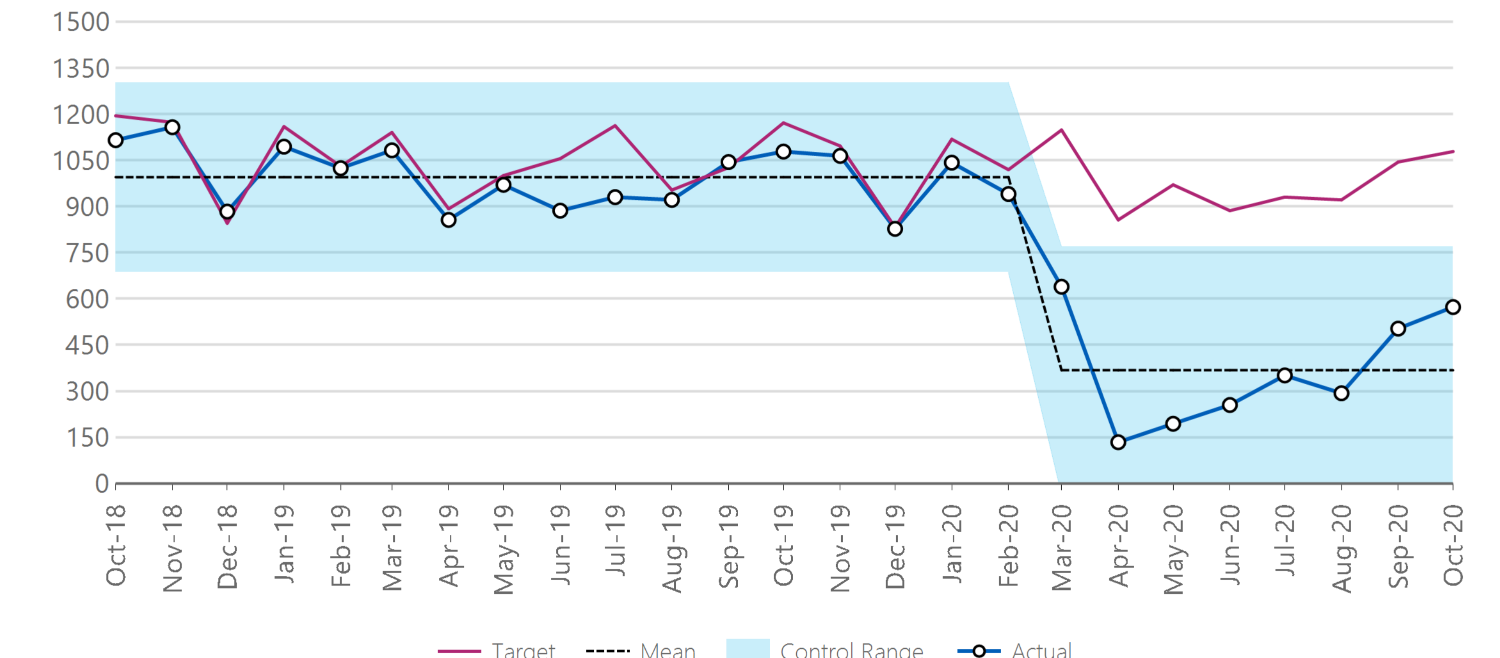
Nationally, Trusts are being monitored against activity levels delivered in 19/20, therefore the 20/21 plans have been updated to monitor against these figures. The Trust has recently submitted phase 3 planning figures that included the volume of cases that would be delivered by month throughout the remainder of the financial year. These figures are represented as a trajectory in the trajectory graph. COVID-19 continued to impact the delivered activity throughout October 2020 with a slow and steady restore to elective activity. For all areas the Trust delivered 573 (53.15%) of the 19/20 actual, broken down as follows:

- T&O - 478
- Hand Trauma - 30
- Tumour - 18
- MCSI - 22
- Private - 25

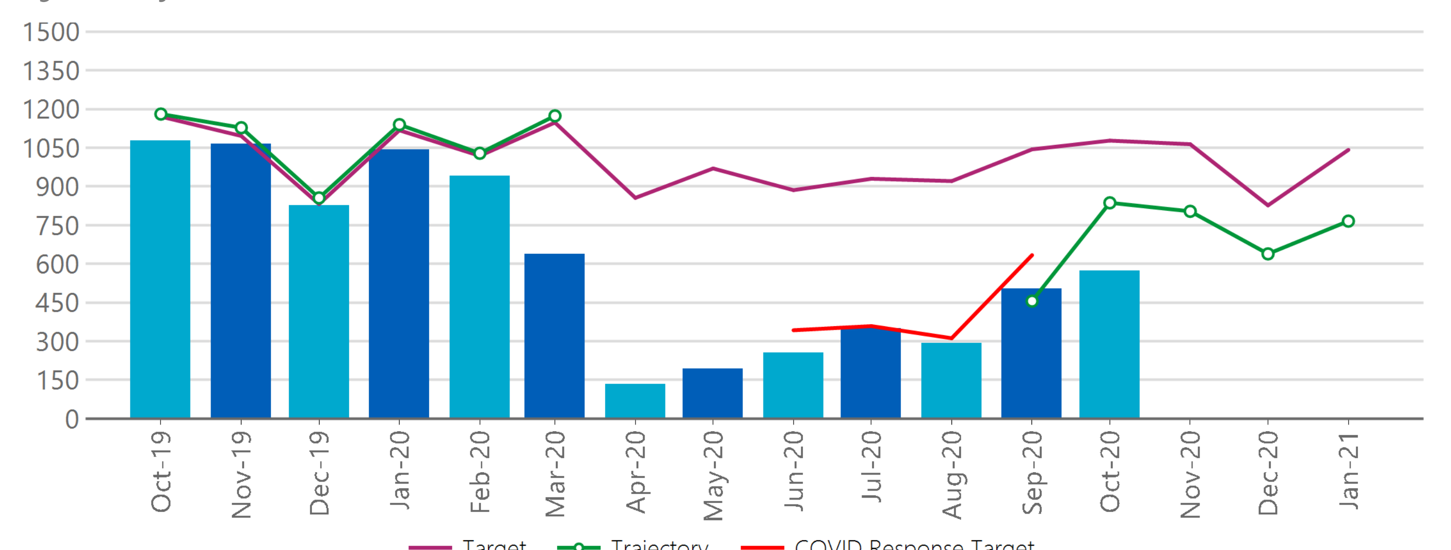
October was 264 cases behind the trajectory of 837; the plan for the month assumed 35 out of job plan sessions however the Trust was still working to core capacity. Against a cases per session plan of 2, this equates to -70 cases reduction against plan, so a contributory factor for fewer cases delivered throughout the month. The plan for cases per session was 2 however continued reduced activity levels on lists and clinical prioritisation of patients lowered the actual cases per session to 1.7 equating to -102 cases. Monitoring is built in for this measurement to ensure learning is embedded to get better performance in future.

Performance over 24 months – SPC

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



Trajectory



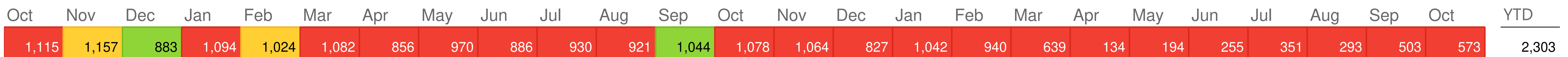
Actions

Action to Improve: In November The Trust will review the submitted phase three plans for the remainder of the financial year with the aim of restoring to 90% of the pre-covid patient activity levels. There is now also agreement to the use of OJP. A forecasting and scheduling team has been set up in response to this to ensure capacity is well utilised. They will be working with the re-established 6-4-2 process.

Taking into account the latest PPE guidance the Trust plans to work to 2.0 cases per session in October and for the remainder of the financial year.

Other available capacity is being assessed to understand how the Trust can support the system in providing an equitable orthopaedic service for the local population.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
1,115	1,157	883	1,094	1,024	1,082	856	970	886	930	921	1,044	1,078	1,064	827	1,042	940	639	134	194	255	351	293	503	573	2,303

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm

78.17% against 87% target

Within target red rated

Exec Lead:
Specialist Services Unit

Integrated Performance Report

Narrative

The occupancy rate for all wards is red rated this month at 74.07%. The breakdown below gives the October occupancy per ward along with details on bed base and it's current use. Beds have been reduced in line with social distancing guidance:

MSK Unit:

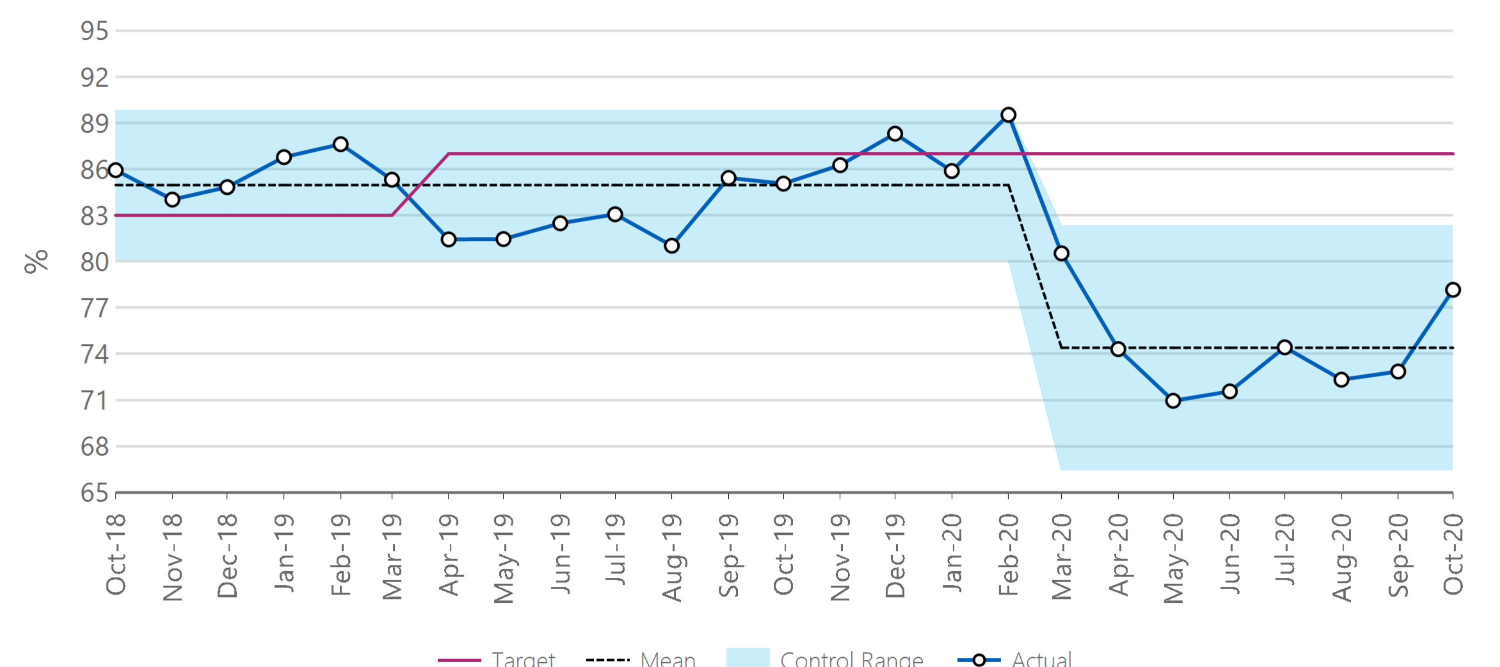
- Clwyd - 83.87% - usually 28 beds; open to 18/20 beds for majority of the month
- Powys - 69.81% - closed for parts of the month, when open 18/20 beds
- Kenyon - 74.90% - open to usual 16 beds but closed later in the month
- Ludlow - 66.90% - usually 16 beds; when open varied between 12-14 beds - used for suspected/confirmed covid patients

Specialist Unit:

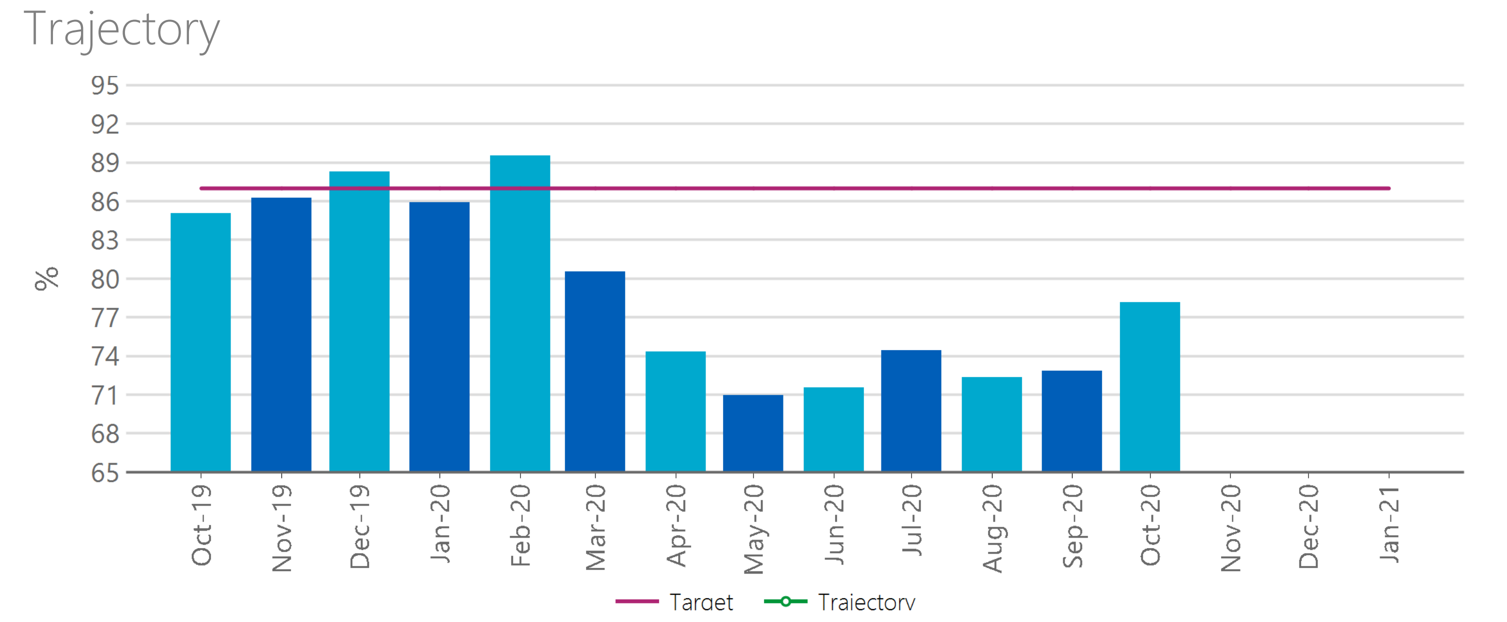
- Alice - 45.77% - usually 16 beds; open to 10 beds for majority of the month
- Oswald - 71.57% - open to usual 10 beds for majority of the month
- Gladstone - 95.69% - open to usual 29 beds for majority of the month
- Wrekin - 95.70% - open to usual 15 beds
- Sheldon - 61.83% - usually 23 beds; open to 15 beds for majority of the month

Performance over 24 months – SPC

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



Trajectory

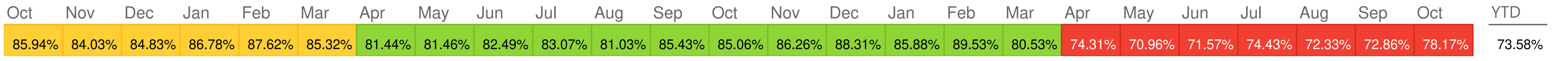


Actions

Action to Improve: As our restoration continues, occupancy is being reported at anticipated levels and we expect this to align with our planned activity in future months but also taking into account casemix. We will look to develop a trajectory in the coming months.

The Trust continues to review any updates to guidance but at the moment we are still working to same target.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
85.94%	84.03%	84.83%	86.78%	87.62%	85.32%	81.44%	81.46%	82.49%	83.07%	81.03%	85.43%	85.06%	86.26%	88.31%	85.88%	89.53%	80.53%	74.31%	70.96%	71.57%	74.43%	72.33%	72.86%	78.17%	73.58%

Outpatients Activity Attendances

Number of attendances seen in Outpatients clinic – excludes SOOS, MCSI and NCG as they are block contracts

10,441 against **15,836** target

Below target red rated

Exec Lead:
Support Services Unit

Integrated Performance Report

Narrative

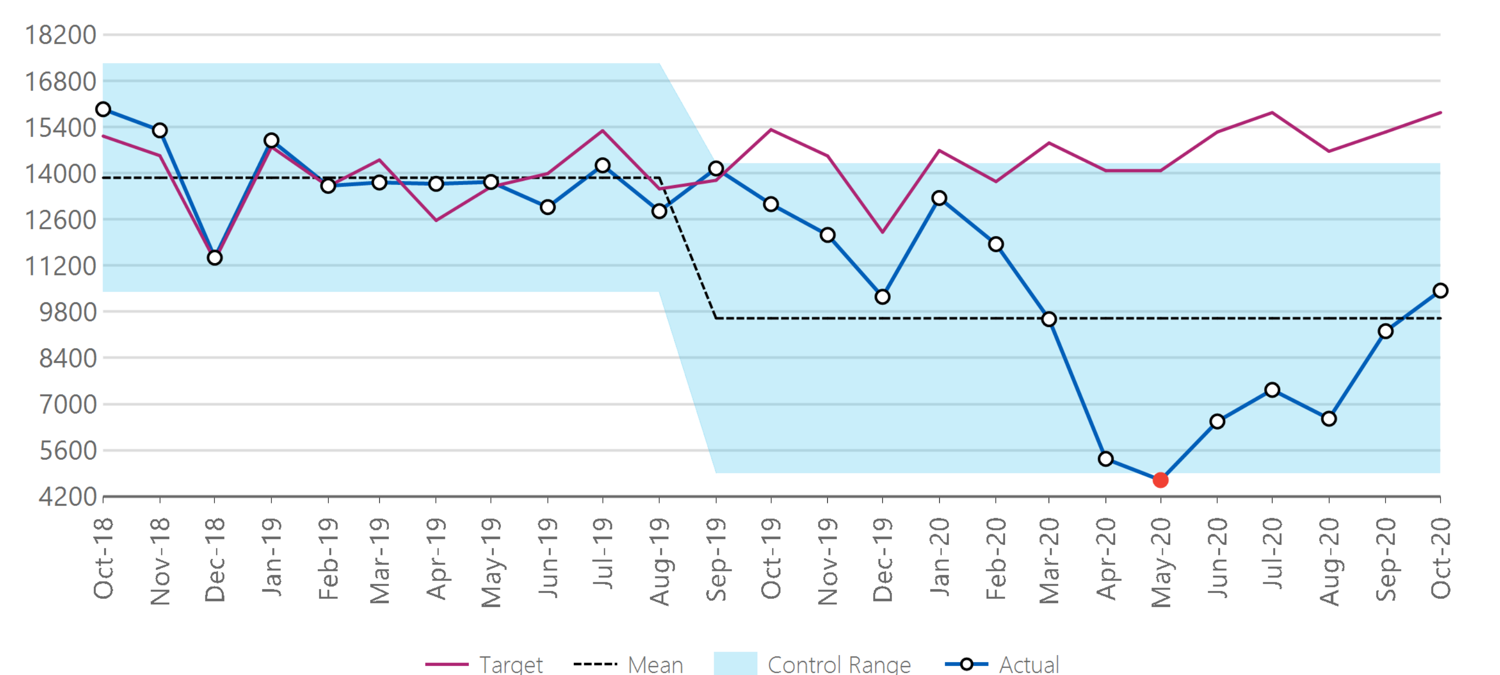
The number of attendances was behind plan in month 7 with 10441 attendances seen against a plan of 15836. Face to face appointments amount to 73%, with the remaining 27% delivered by telephone/virtual clinics.

A breakdown by Unit is:
- Specialist Unit - 1882 against a plan of 3010 (10964 YTD against YTD plan of 19954)
- MSK Unit - 5826 against a plan of 7859 (22094 YTD against a YTD plan of 52104)
- Clinical Support Unit - 2733 against a plan of 4967 (13958 YTD against a YTD plan of 32928)

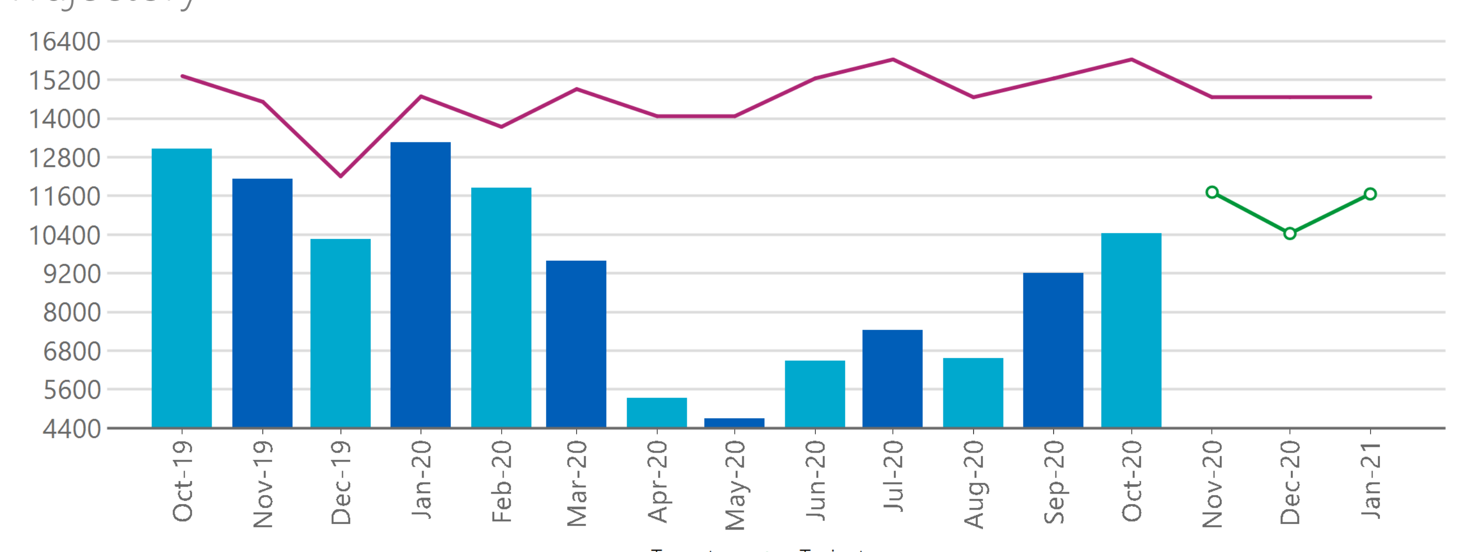
The Trust has recently submitted phase 3 planning figures that included the volume of outpatient attendances that would be delivered by month throughout the remainder of the financial year. The corresponding figures to this measure are represented as a trajectory in the trajectory graph.

Performance over 24 months – SPC

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



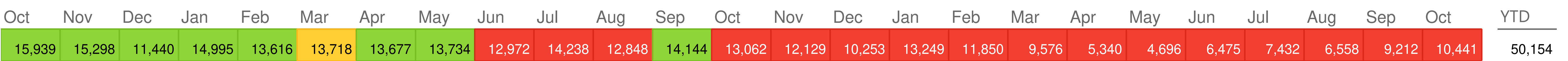
Trajectory



Actions

Action to Improve: There is an Outpatient Department Improvement Plan with projects as follows:
- Booking & Scheduling -to streamline process that maximises capacity and review patient calling system option
- Maximise estate to meet demand and reduce waiting
- Job plan flexibility
- Standardise and review clinical protocols
- Review and standardise digital enabler to reduce face to face
- Patient Initiated Follow up
- Staffing review

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
15,939	15,298	11,440	14,995	13,616	13,718	13,677	13,734	12,972	14,238	12,848	14,144	13,062	12,129	10,253	13,249	11,850	9,576	5,340	4,696	6,475	7,432	6,558	9,212	10,441	50,154

Financial Control Total

Surplus/deficit adjusted for donations and excluding STF funding

462 against -210 target

Above target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

Financial plan has now been rebased as per revised plan submission and latest guidance, this removes ytd variances for M1-6 in line with the Trust's breakeven position.

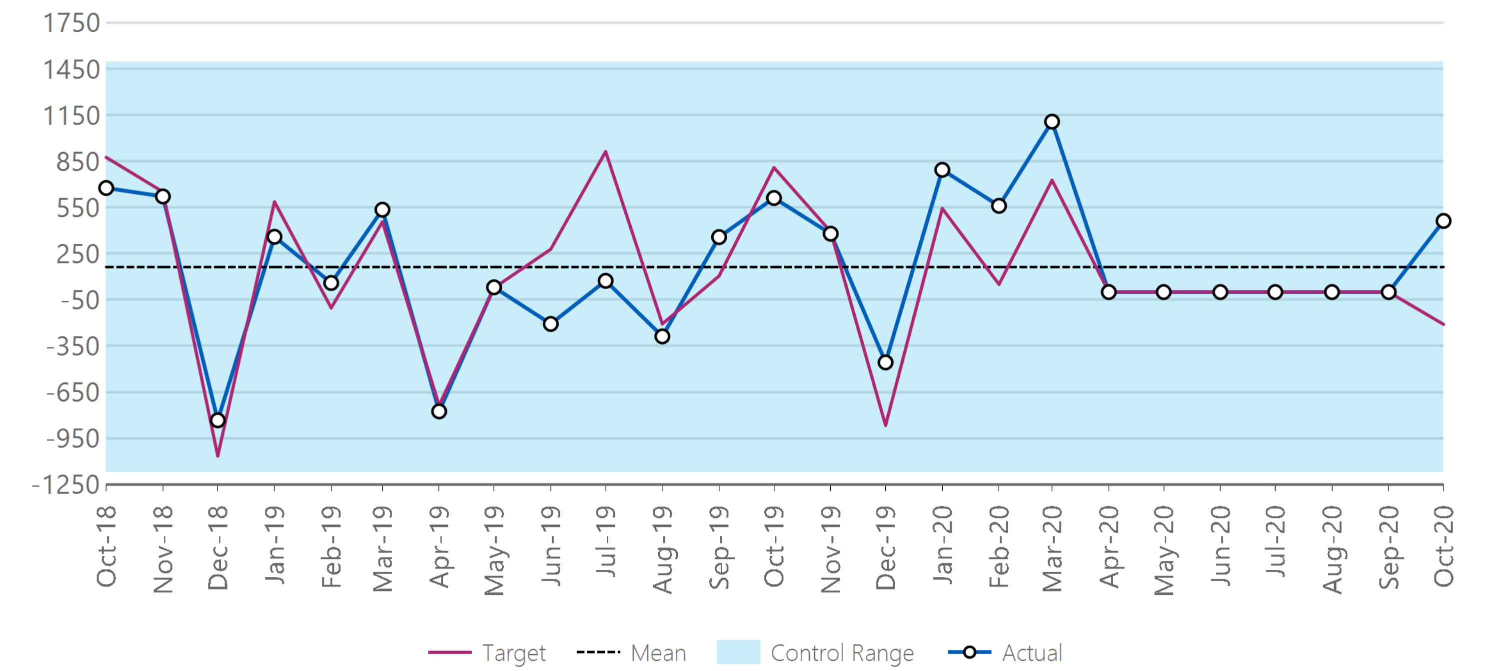
Overall £462k surplus in month, £672k favourable to plan due to shortfall of activity.

Notional underlying position after flexing expenditure budgets to actual activity delivered is £131k favourable to plan.

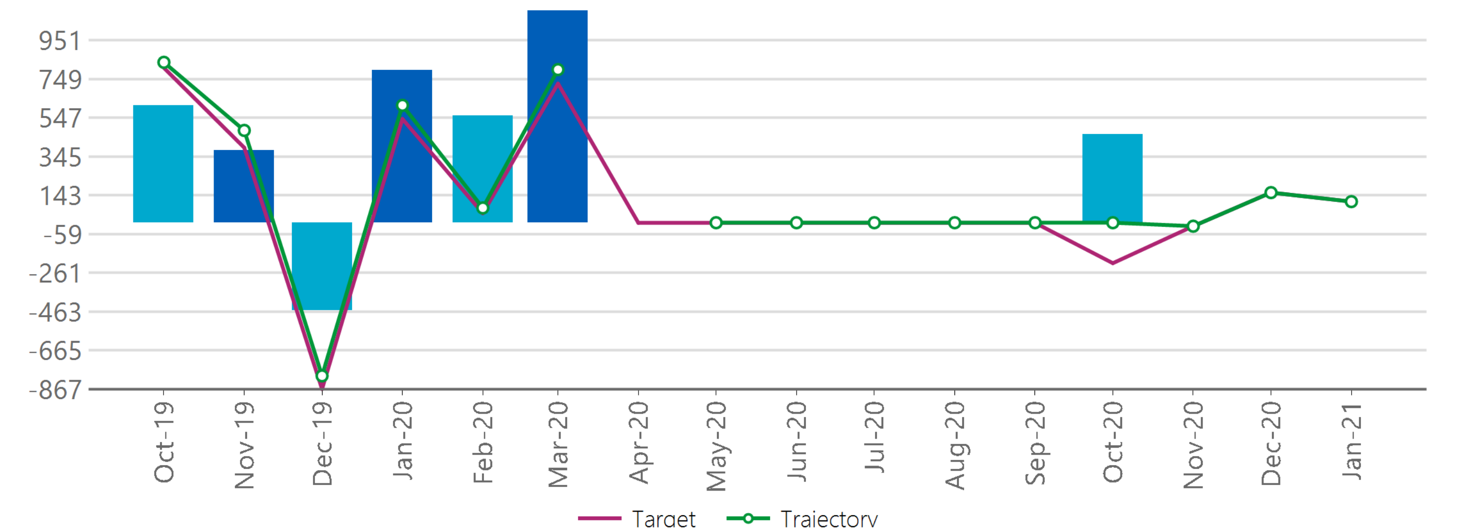
Elective Incentive Scheme (EIS) risk not provided for as per national guidance. £340k risk in month, £724k risk YTD.

Action to review of Phase 4 activity plans and assess financial impact

Performance over 24 months – SPC

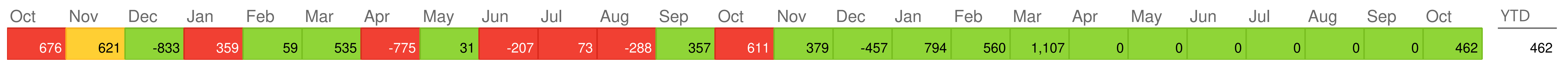


Trajectory



Actions

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
676	621	-833	359	59	535	-775	31	-207	73	-288	357	611	379	-457	794	560	1,107	0	0	0	0	0	0	462	462

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

Income

All Trust Income, Clinical and non clinical

9,387 against **9,476** target

Below target red rated

Exec Lead:
Director of Finance

Integrated Performance Report

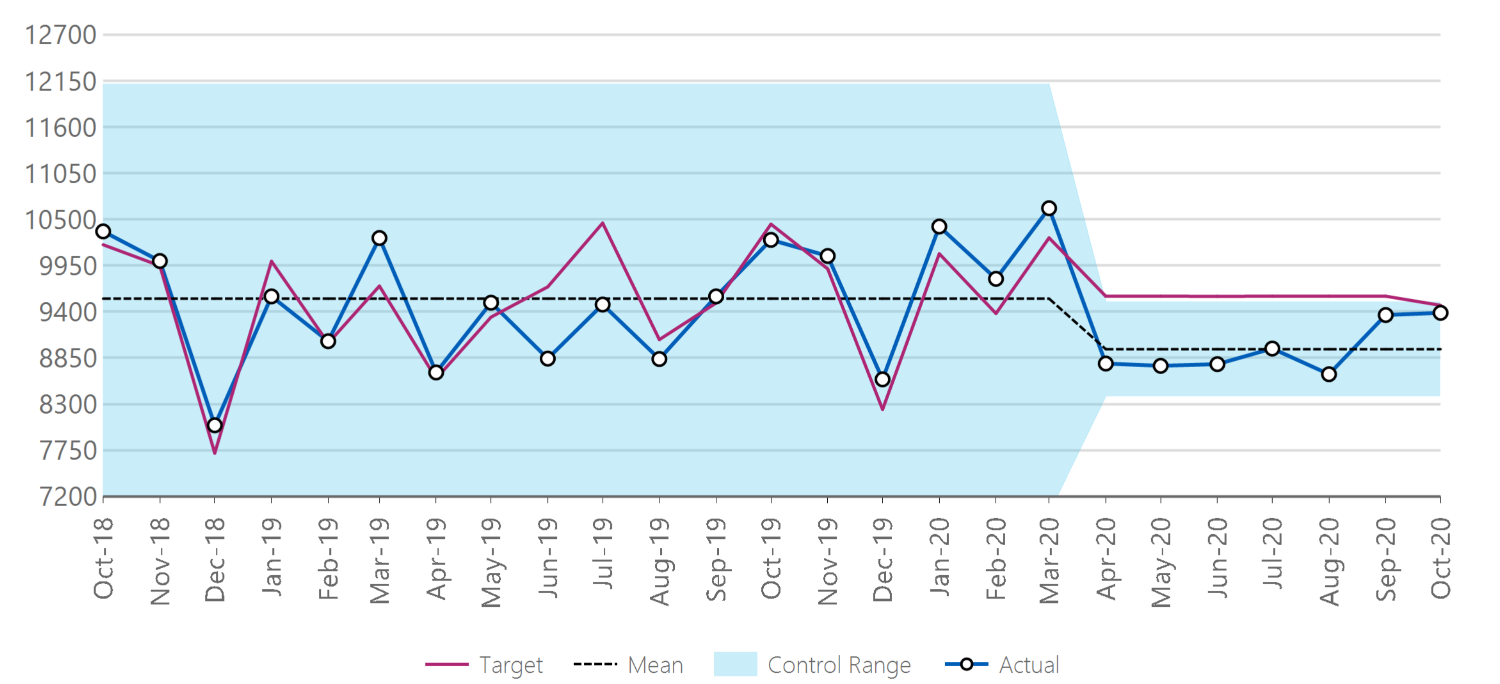
Narrative

Income £90k adverse:

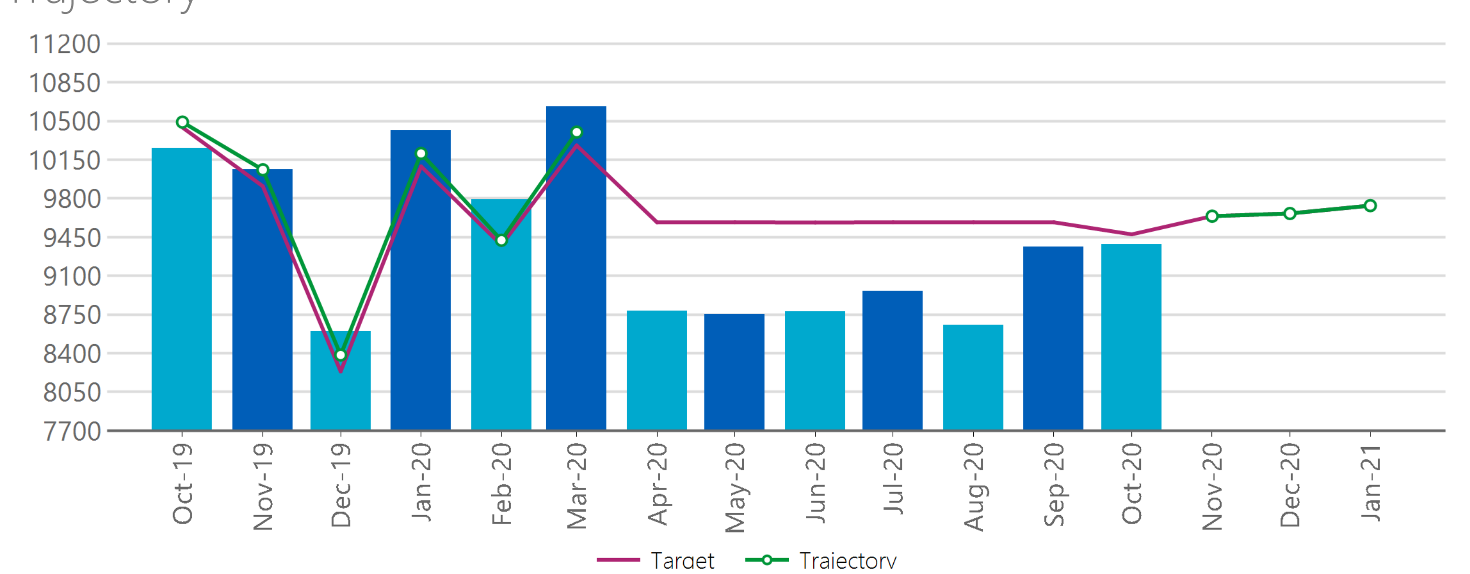
- Retrospective top up adverse adjustment from M6 linked to re-forecast PDC dividend
- Covid funding adverse (deferred to match expenditure)
- Private patients favourable as plan assumed restoration from November.

Performance over 24 months – SPC

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



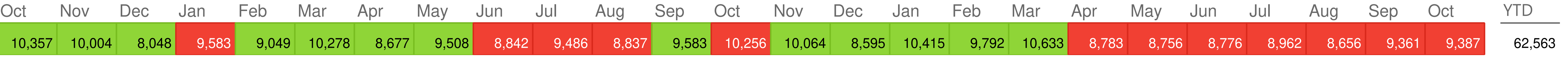
Trajectory



Actions

Action to Improve: Assess forecast penalty regime impact on financial performance (awaiting confirmation from Wales). Identify mitigating actions as required aligned to phase 4 recovery

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
10,357	10,004	8,048	9,583	9,049	10,278	8,677	9,508	8,842	9,486	8,837	9,583	10,256	10,064	8,595	10,415	9,792	10,633	8,783	8,756	8,776	8,962	8,656	9,361	9,387	62,563

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Expenditure

All Trust expenditure including Finance Costs

8,967 against 9,729 target

Within target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

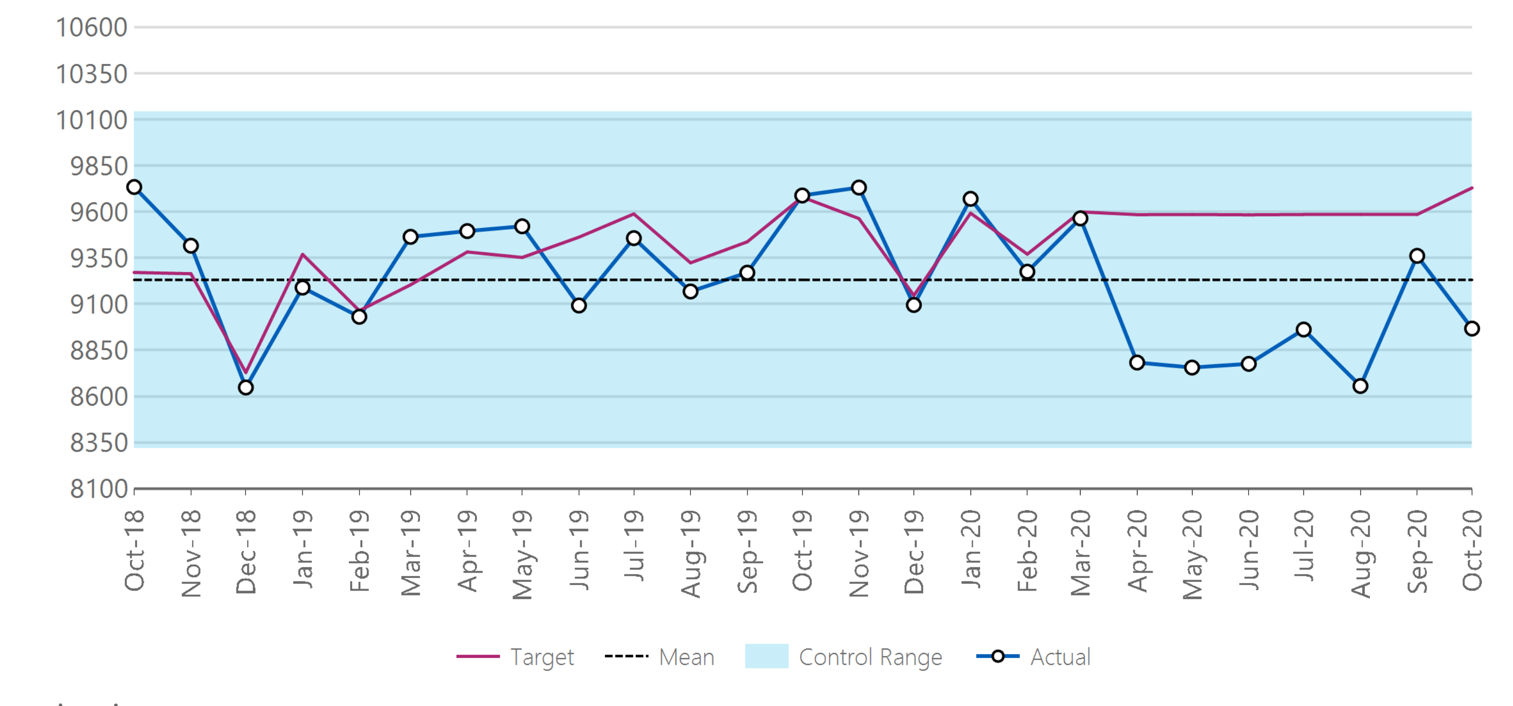
Narrative

Overall expenditure £762k favourable, notional underlying position £221k favourable.

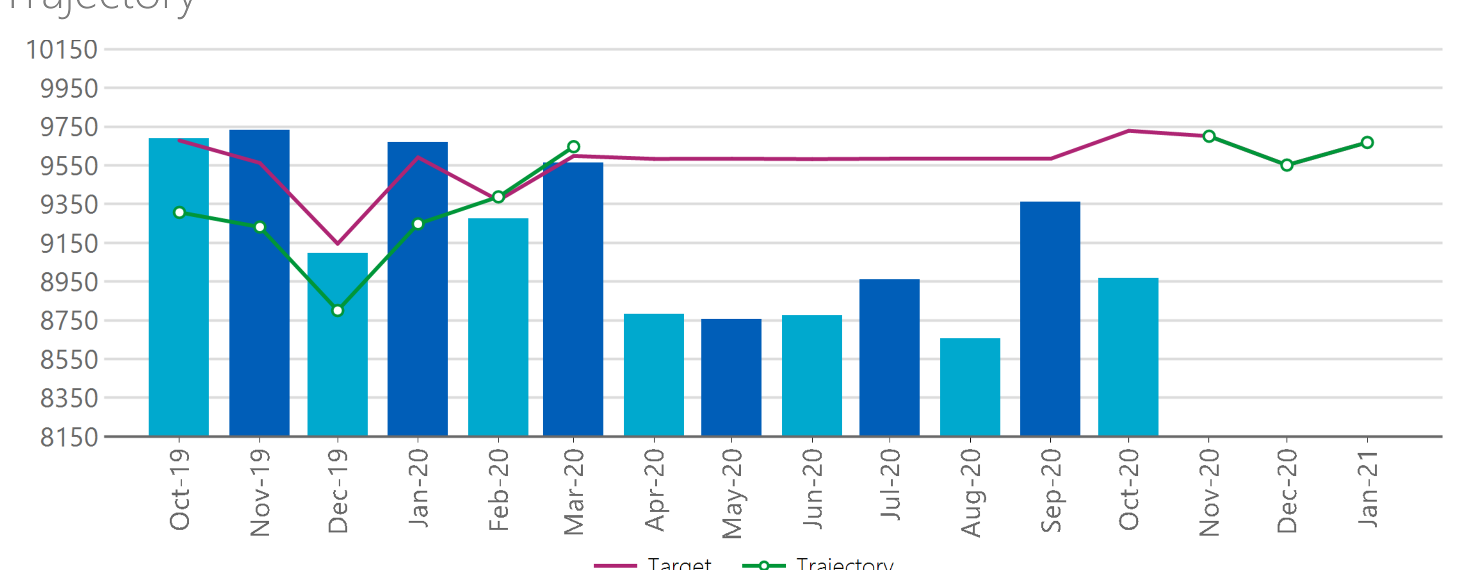
Overall Pay £279k favourable, notional underlying position £119k favourable.

Overall Non pay £493k favourable, notional underlying position £102k favourable.

Performance over 24 months – SPC

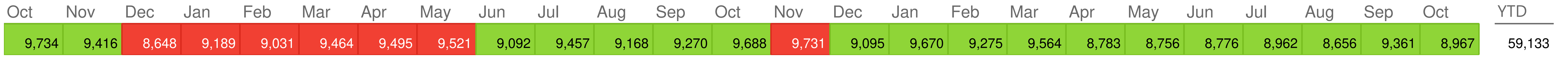


Trajectory



Actions

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
9,734	9,416	8,648	9,189	9,031	9,464	9,495	9,521	9,092	9,457	9,168	9,270	9,688	9,731	9,095	9,670	9,275	9,564	8,783	8,756	8,776	8,962	8,656	9,361	8,967	59,133

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Efficiencies Delivery

Cost Improvement Programme requirement

88 against 89 target

Below target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

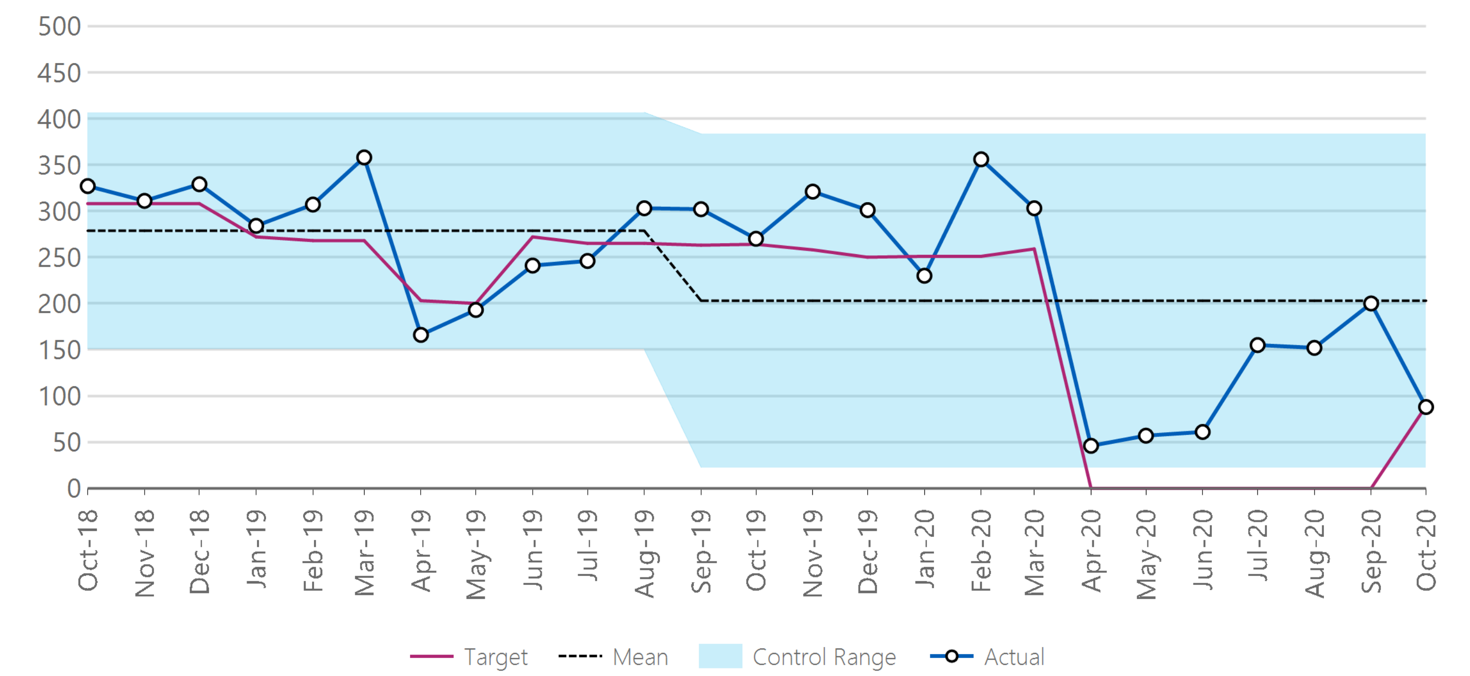
Narrative

Planning requirements include a 1% efficiency expectation, the plan has been developed for M7-12 on this basis.

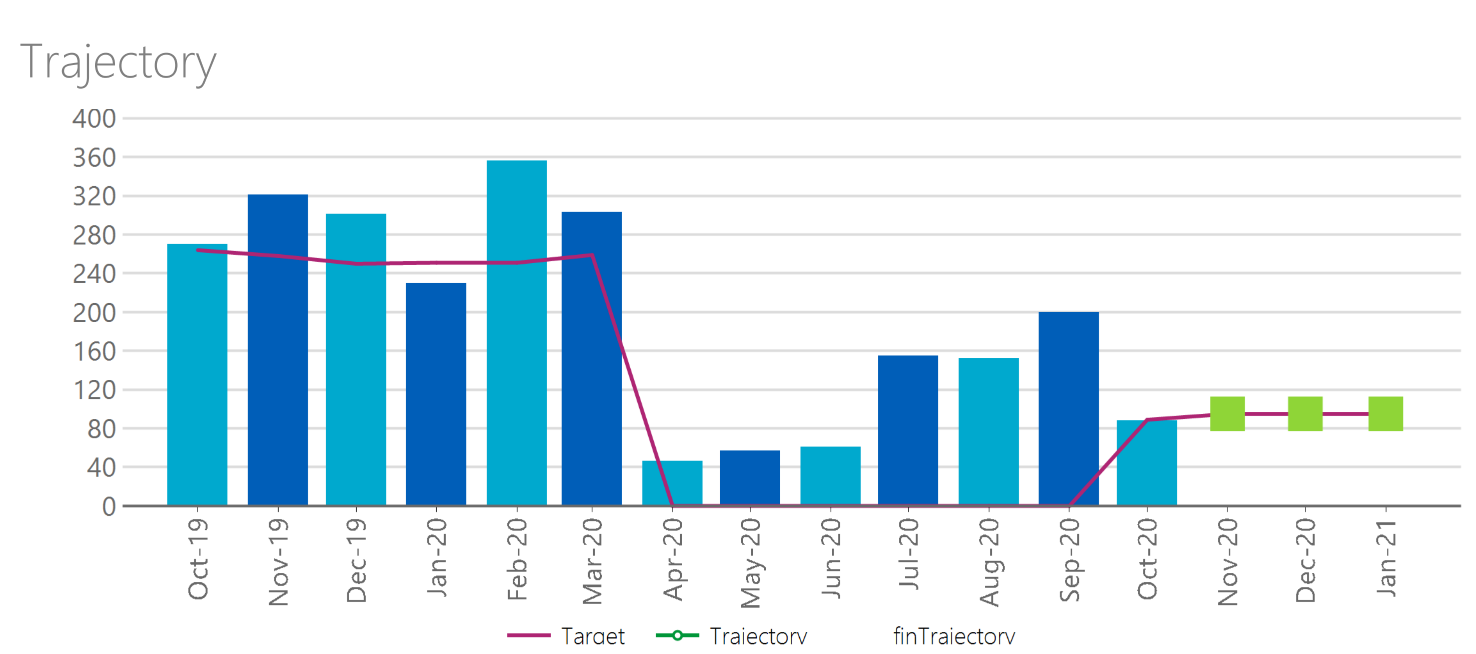
£1k adverse to new target in month.

Performance over 24 months – SPC

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



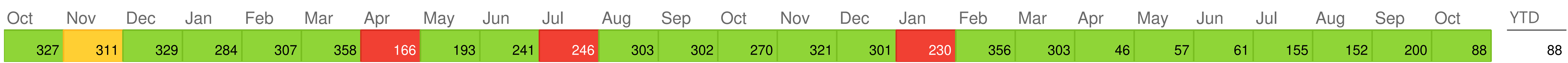
Trajectory



Actions

Action to Improve: Mitigations currently being reviewed and quality impact assessment being undertaken for new schemes.

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
327	311	329	284	307	358	166	193	241	246	303	302	270	321	301	230	356	303	46	57	61	155	152	200	88	88

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Cash Balance

Cash in bank

18,740 against 17,720 target

Above target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

Narrative

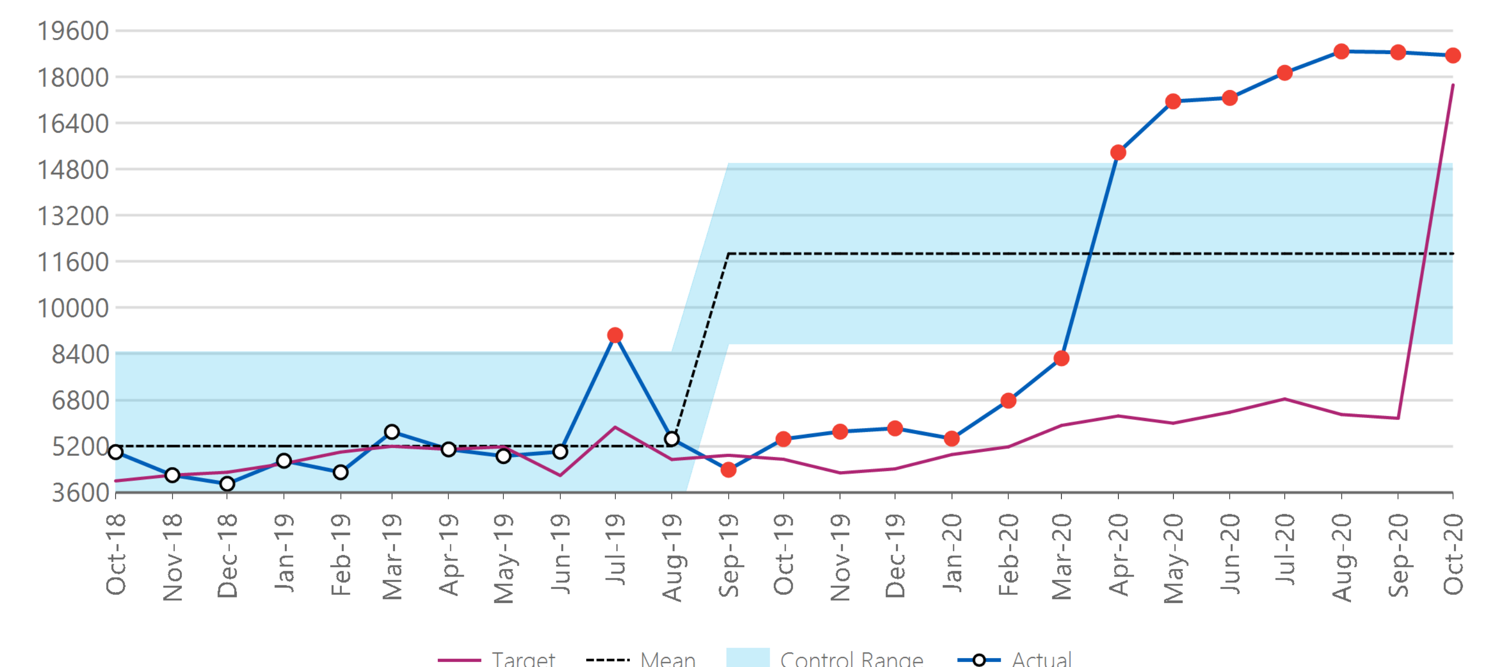
Cash balance of £18.7m, which includes the following payments in advance:

- £6.6m English block income
- £1.6m of Covid top up funding

Underlying cash balance £10.5m

Performance over 24 months – SPC

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



Trajectory

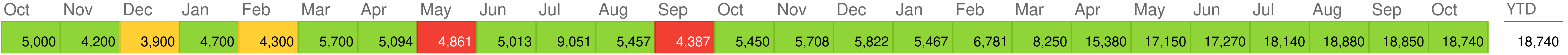
19800
18200
16600
15000
13400
11800
10200
8600
7000
5400
3800

Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21

Target Trajectory finTrajectory

Actions

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
5,000	4,200	3,900	4,700	4,300	5,700	5,094	4,861	5,013	9,051	5,457	4,387	5,450	5,708	5,822	5,467	6,781	8,250	15,380	17,150	17,270	18,140	18,880	18,850	18,740	18,740

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Capital Expenditure

Expenditure against Trust capital programme

693 against 623 target

Breaching target green rated

Exec Lead:
Director of Finance

Integrated Performance Report

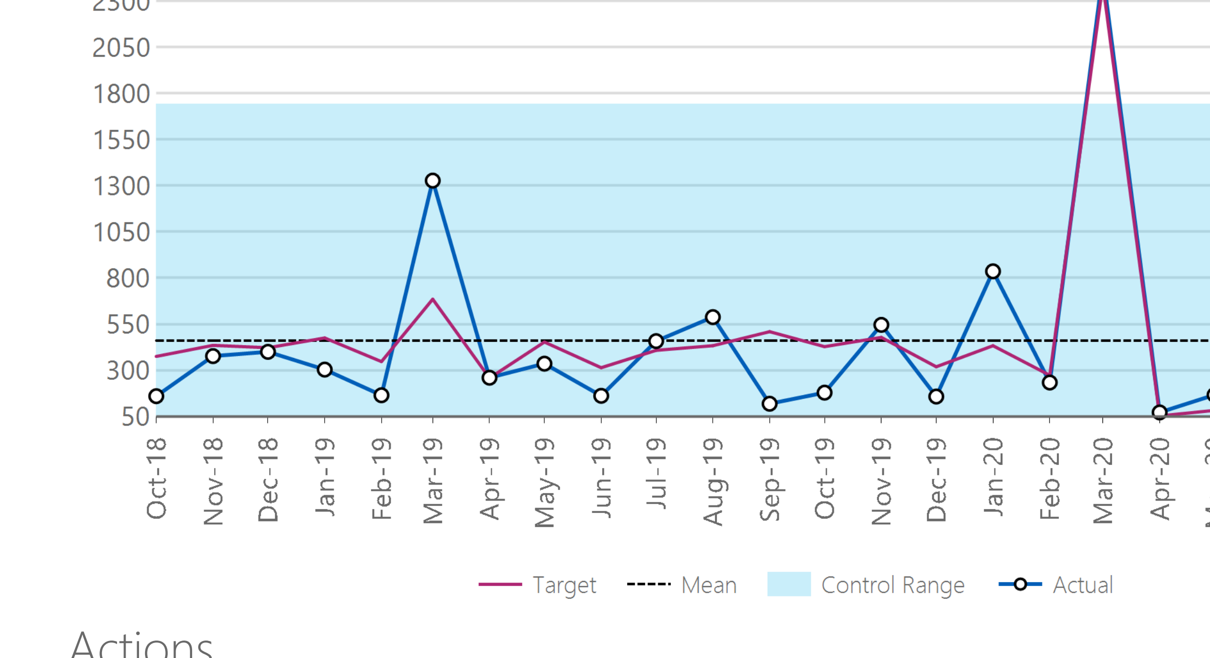
Narrative

In month £70k adverse to plan, ytd £1,084k favourable to plan.

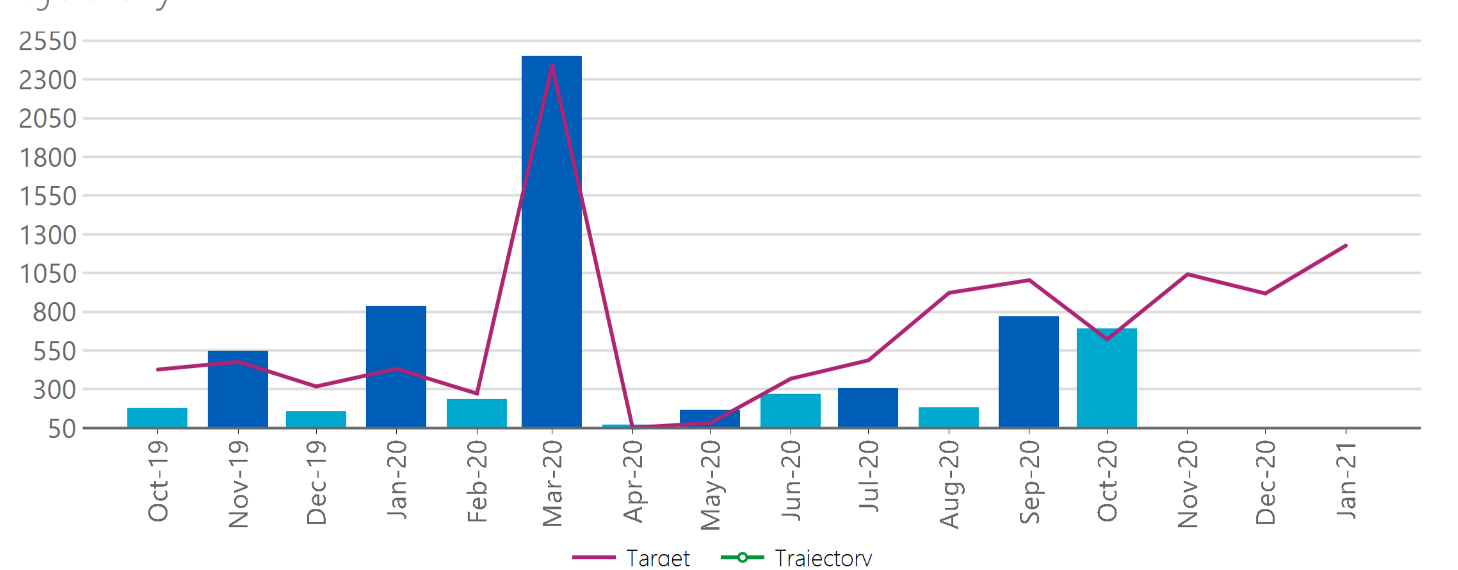
Slippage on schemes linked to phasing, expected to be recovered by 31st March 2021.

Revised forecast includes investment to support restoration plans c.£1.8m

Performance over 24 months – SPC

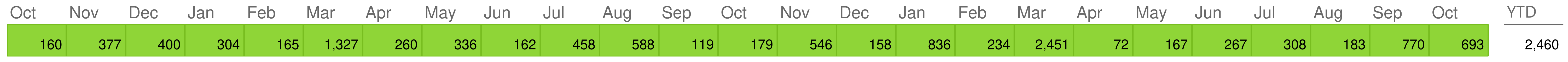


Trajectory



Actions

Heatmap performance over 24 months



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
160	377	400	304	165	1,327	260	336	162	458	588	119	179	546	158	836	234	2,451	72	167	267	308	183	770	693	2,460

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Use of Resources (UOR)

Overall Use of Resources indicator

1 against 1 target

On target green rated

Exec Lead:
Director of Finance

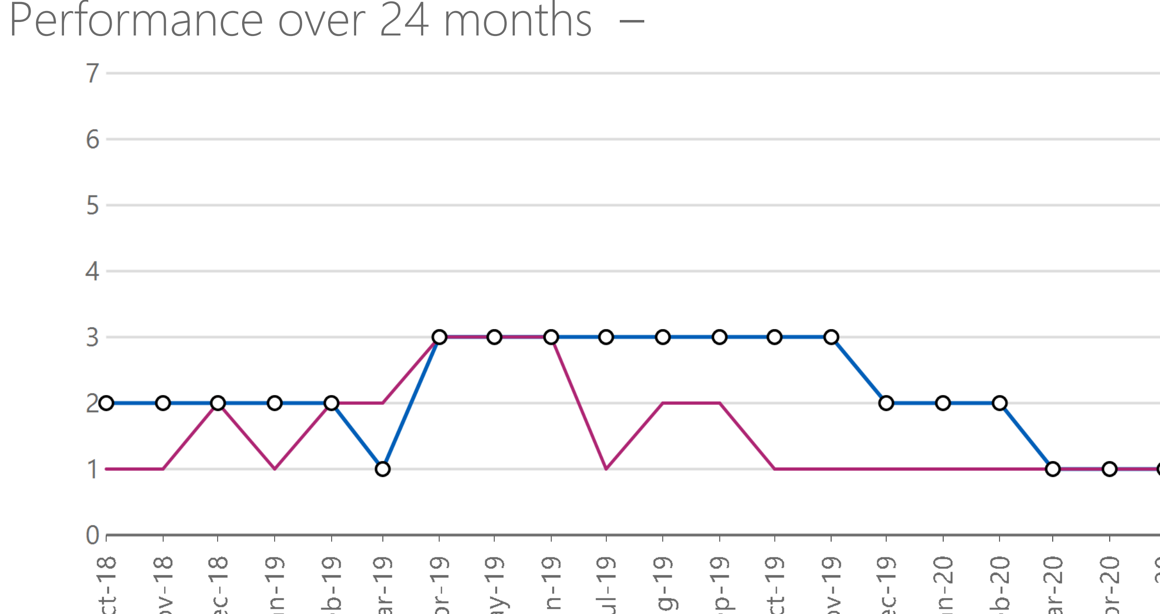
Integrated Performance Report

Narrative

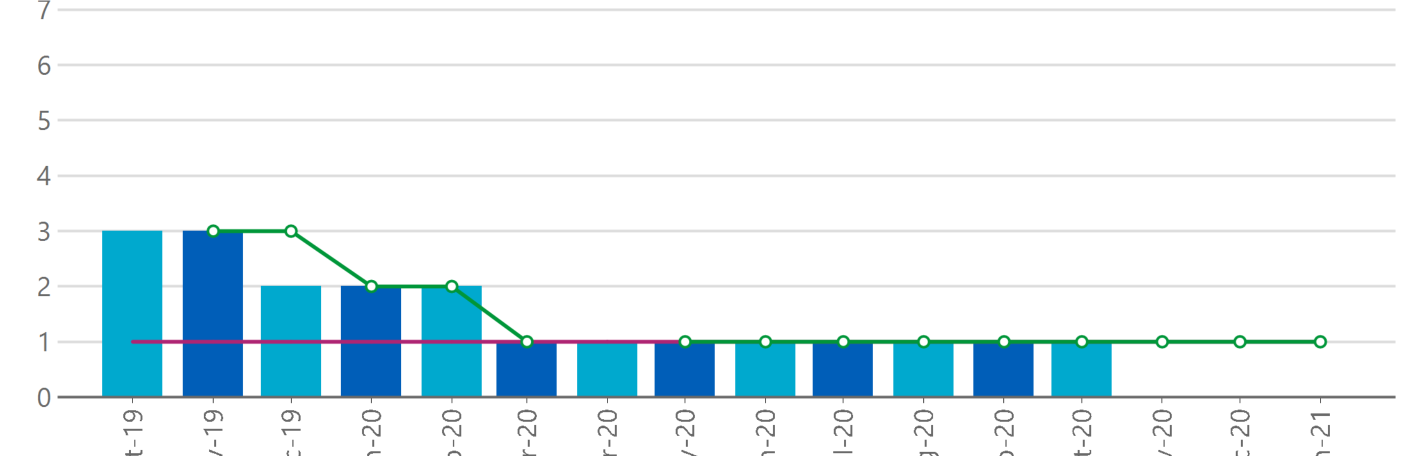
UOR 1 (Best)

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

Performance over 24 months –

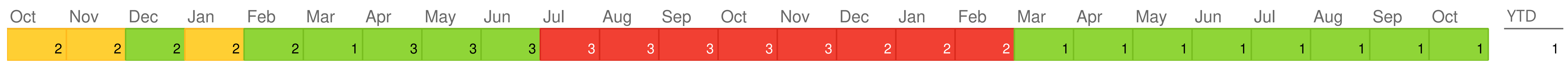


Trajectory



Actions

Heatmap performance over 24 months



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

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Reading guide

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

Heatmaps

In month, year-to-date and forecast performance against target for each KPI and rolling 13-month performance information. A data quality indicator for each KPI is also included where available.

Narrative

Supporting narrative and trend graphs (with statistical process control where appropriate) are provided for each KPI including mitigating actions for red rated indicators.

Key

Key Performance Indicator RAG Ratings

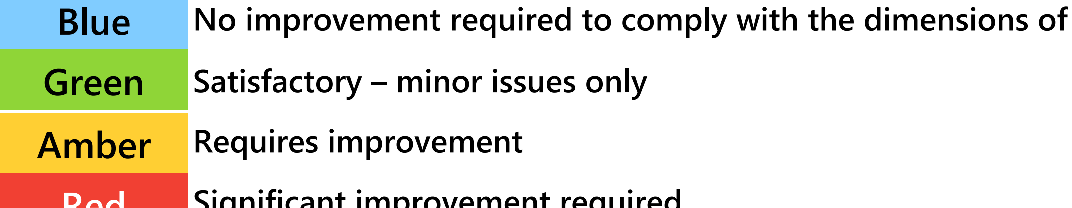
Rating	Description
Green	**YTD: Performance meets or exceeds target** **Forecast: Little risk of missing target at year end**
Red	**YTD: Performance behind target and outside tolerance** **Forecast: High risk of missing target at year end**

KPIs reported in arrears

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

Data Quality Indicator

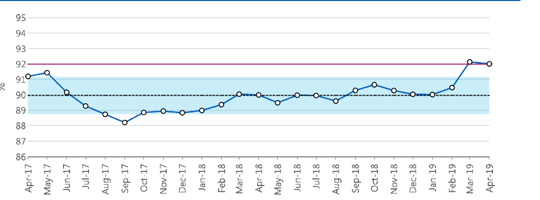
The data quality rating for each KPI is included within the 'heatmap' section of this report. The indicator score is based on audits undertaken by the Data Quality Team and will be further validated as part of the audit assurance programme.



Rating	Description
Blue	**No improvement required to comply with the dimensions of data quality**
Green	**Satisfactory – minor issues only**
Amber	**Requires improvement**
Red	**Significant improvement required**

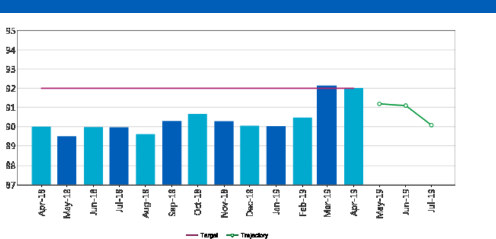
Trend graphs

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



Trajectories

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



Bullet graphs

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

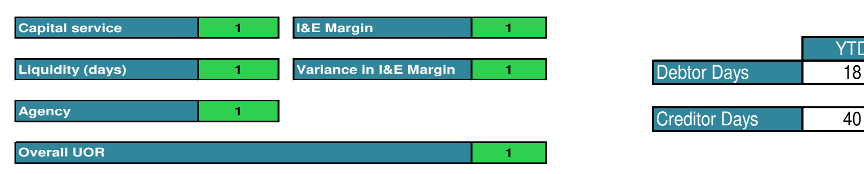
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 31st October 2020

Income and Expenditure £'000s

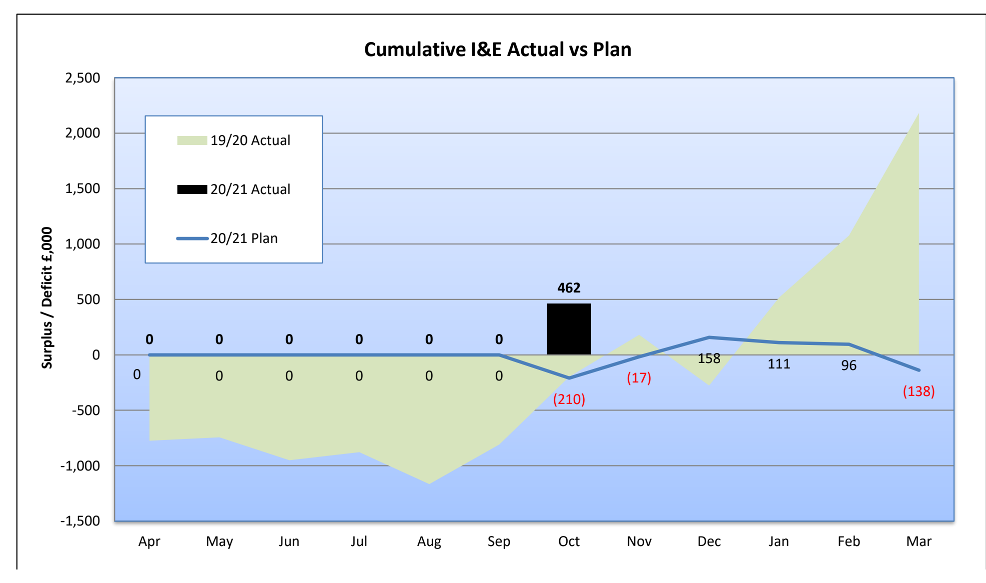
Category	Annual Plan	In Month Position			Year To Date Position		
		Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income	97,326	8,013	7,851	(162)	57,261	57,099	(162)
System Discretionary Funding	2,060	343	343	0	343	343	0
System Top Up Funding	2,560	427	427	0	427	427	0
Covid-19 Funding	1,452	242	211	(31)	242	211	(31)
Private Patient income	1,302	23	217	194	189	382	194
Other income	6,342	428	337	(91)	4,193	4,102	(91)
Pay	(68,051)	(5,750)	(5,471)	279	(39,303)	(39,024)	279
Non-pay	(38,001)	(3,535)	(3,070)	465	(20,574)	(20,109)	465
EBITDA	4,989	191	844	653	2,778	3,431	653
Finance Costs	(5,520)	(444)	(426)	18	(3,297)	(3,280)	18
Capital Donations	1,170	100	8	(92)	215	123	(92)
Operational Surplus	639	(153)	426	579	(304)	275	579
Remove Capital Donations	(1,170)	(100)	(8)	92	(215)	(123)	92
Add Back Donated Dep'n	531	43	44	1	309	311	1
Control Total*	0	(210)	462	672	(210)	462	672
EBITDA margin	4.7%	2.2%	9.6%	7.5%	4.5%	5.5%	1.1%

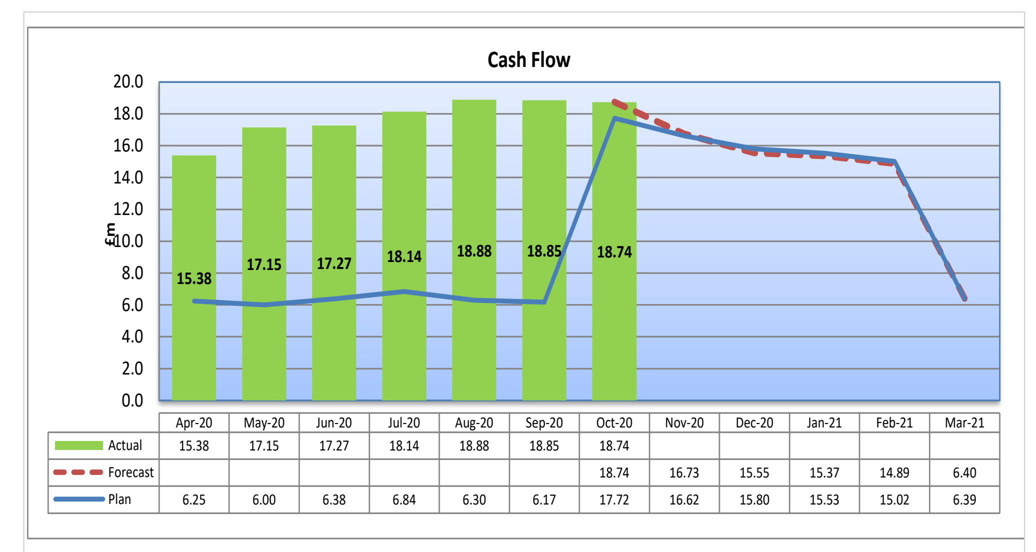
Statement of Financial Position £'000s

Category	Sep-20	Oct-20	Movement	Drivers
Fixed Assets	75,942	76,318	376	Additions less depreciation
Non current receivables	998	990	(8)	
Total Non Current Assets	76,940	77,308	368	
Inventories (Stocks)	1,302	1,285	(17)	
Receivables (Debtors)	4,609	5,538	929	Top-up/system support M7 accrued, Menzies lease prepayment
Cash at Bank and in hand	18,851	18,743	(108)	
Total Current Assets	24,762	25,566	804	
Payables (Creditors)	(18,954)	(19,701)	(747)	Increase in deferred income linked to LDA allocation and top up/system support for M8 paid in advance. Increase to payables due to activity & capital creditors.
Borrowings	(1,310)	(1,318)	(8)	
Current Provisions	(204)	(207)	(3)	
Total Current Liabilities (< 1 year)	(20,468)	(21,226)	(758)	
Total Assets less Current Liabilities	81,234	81,648	414	
Non Current Borrowings	(5,058)	(5,058)	0	
Non Current Provisions	(975)	(963)	12	
Non Current Liabilities (> 1 year)	(6,033)	(6,021)	12	
Total Assets Employed	75,201	75,627	426	
Public Dividend Capital	(35,486)	(35,486)	0	
Revenue Position	(17,703)	(17,703)	0	
Retained Earnings	151	(275)	(426)	Current period surplus
Revaluation Reserve	(22,163)	(22,163)	0	
Total Taxpayers Equity	(75,201)	(75,627)	(426)	



	YTD
Debtor Days	18
Creditor Days	40



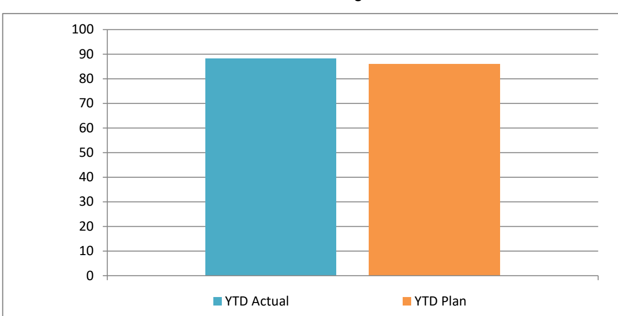


Note: Assumes April 2021 blocks will not be prepaid in March 2021 c£6.6m.

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Finance Dashboard 31st October 2020

Efficiencies Total

Trust YTD Achievement Against YTD Plan £000's

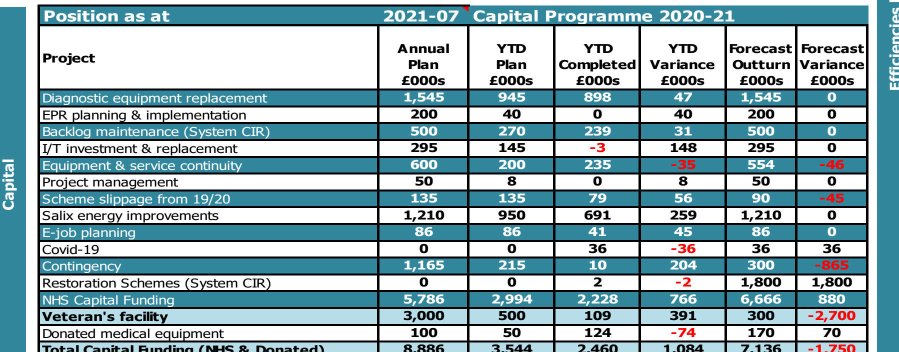


Efficiencies by Theme

In Month Efficiencies Achievement £000's

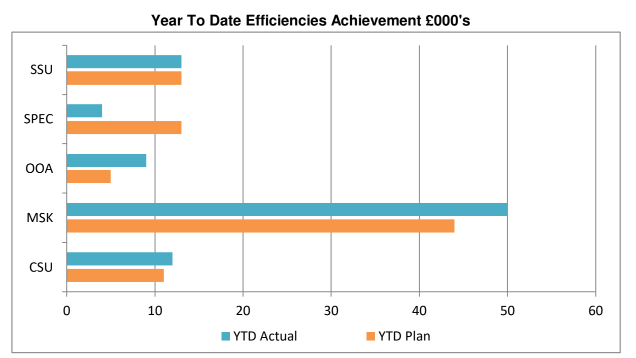
SSU
SPEC
OOA
MSK
CSU
0 10 20 30 40 50 60
Oct Actual
Oct Plan

Capital



Position as at 2021-07 Capital Programme 2020-21						
Project	Annual Plan £000s	YTD Plan £000s	YTD Completed £000s	YTD Variance £000s	Forecast Outturn £000s	Forecast Variance £000s
Diagnostic equipment replacement	1,545	945	898	47	1,545	0
EPR planning & implementation	200	40	0	40	200	0
Backlog maintenance (System CIR)	500	270	239	31	500	0
I/T investment & replacement	295	145	-3	148	295	0
Equipment & service continuity	600	200	235	-35	554	-46
Project management	50	8	0	8	50	0
Scheme slippage from 19/20	135	135	79	56	90	-45
Salix energy improvements	1,210	950	691	259	1,210	0
E-job planning	86	86	41	45	86	0
Covid-19	0	0	36	-36	36	36
Contingency	1,165	215	10	204	300	-865
Restoration Schemes (System CIR)	0	0	2	-2	1,800	1,800
NHS Capital Funding	5,786	2,994	2,228	766	6,666	880
Veteran's facility	3,000	500	109	391	300	-2,700
Donated medical equipment	100	50	124	-74	170	70
Total Capital Funding (NHS & Donated)	8,886	3,544	2,460	1,084	7,136	-1,750

Year To Date Efficiencies Achievement £000's



Forecast

Income and Expenditure £'000s			
Category	Forecast		
	Plan	Actual	Variance
Clinical Income	97,326	97,326	0
System Discretionary Fundi	2,060	2,060	0
System Top Up Funding	2,560	2,560	0
Covid-19 Funding	1,452	1,452	0
Private Patient income	1,302	1,496	194
Other income	6,342	6,271	(71)
Pay	(68,051)	(68,051)	0
Non-pay	(38,001)	(38,125)	(123)
EBITDA	4,989	4,989	0
Finance Costs	(5,520)	(5,520)	0
Capital Donations	1,170	1,170	0
Operational Surplus	639	639	0
Remove Capital Donations	(1,170)	(1,170)	(0)
Add Back Donated Dep'n	531	531	(0)
Control Total	0	(0)	(0)

Risks to Delivery.

Activity delivered in excess of the 80% funded in plan – units currently scoping

Elective incentive Scheme – for England value is calculated monthly but not provided for in plan or actuals as per national guidance.

Welsh Funding – plan assumes full income recovery from Wales but likely to be some reductions should activity fall short.

Non NHS income restoration – The impact of a second wave of the pandemic could jeopardise achievement of improved targets included in the plan

Workforce – The plan assumes recruitment to vacancies. Should this not be achieved then there is a risk of increased bank and agency costs or further exposure from the Elective Incentive Scheme.

COVID costs – COVID funding is now fixed at a level 20% lower than the average run rate from the first half of the year. It is important that costs are contained within this fixed budget and this may be challenging as the costs of increasing capacity back to pre COVID levels unravel.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Board/Committee Dates 2021/22

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	26 November 2020
Executive Sponsor:	Shelley Ramtuhul, Trust Secretary	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 Trust Board and what input is required?

The Board of Directors is asked to consider and approve the suggested times and dates for the meetings scheduled for 2021/22.

2. Executive Summary

2.1. Context

The paper presents the suggested dates for the Board of Directors and the Trust's sub board committee meetings throughout 2021/22.

2.2. Summary

The papers outlines the:

- proposed times and dates for the meetings
- explanation behind the changes implemented

2.3. Conclusion

The Board of Directors is asked to ***consider*** and ***approve*** the dates.

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

3. The Main Report

3.1. Introduction

The paper presents the proposed meeting dates which will be scheduled between April 2021 and March 2022 to ensure timely and well organised diary management.

The meetings which will be scheduled are as follows:

- Board of Directors,
- Quality and Safety Committee,
- Risk Management Committee,
- People Committee,
- Audit Committee,
- Finance Planning and Digital Committee,
- Council of Governors,
- Annual General Meeting,
- Charitable Funds Committee,
- Joint Audit and Quality and Safety Committee,
- Joint Audit and Risk Management Committee

3.2. Proposed Dates

The suggested dates are tabled below:

Board of Directors (monthly including Strategy Board highlighted in blue)	
Thursday 29th April 2021	9.30am – 2.00pm
Thursday 27th May 2021	9.30am – 2.00pm
Thursday 24th June 2021	9.30am – 2.00pm
Thursday 29th July 2021	9.30am – 2.00pm
Thursday 23rd September 2021	9.30am – 2.00pm
Thursday 28th October 2021	9.30am – 2.00pm
Thursday 25th November 2021	9.30am – 2.00pm
Thursday 27th January 2022	9.30am – 2.00pm
Thursday 24th February 2022	9.30am – 2.00pm
Thursday 24th March 2022	9.30am – 2.00pm

Quality and Safety Committee (monthly)	
Thursday 15th April 2021	2.00pm – 4.00pm
Thursday 20th May 2021	2.00pm – 4.00pm
Thursday 17th June 2021	2.00pm – 4.00pm
Thursday 15th July 2020	2.00pm – 4.00pm
Thursday 16th September 2021	2.00pm – 4.00pm

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Board/Committee Dates 2021/22

Thursday 14th October 2021	2.00pm – 4.00pm
Thursday 18th November 2021	2.00pm – 4.00pm
Thursday 20th January 2022	2.00pm – 4.00pm
Thursday 17th February 2022	2.00pm – 4.00pm
Thursday 17th March 2022	2.00pm – 4.00pm

Risk Management Committee (quarterly)	
Wednesday 7th April 2021	10.00am – 12.00md
Wednesday 7th July 2021	10.00am – 12.00md
Wednesday 13th October 2021	10.00am – 12.00md
Wednesday 12th January 2022	10.00am – 12.00md

People Committee (monthly)
To Follow: Dates to be decided to allow the Committee to be held monthly

Audit Committee (Quarterly)	
Monday 10th May 2021	10.00am – 12.00md
Monday 12th July 2021	10.00am – 12.00md
Monday 11th October 2021	10.00am – 12.00md
Monday 10th January 2022	10.00am – 12.00md

Finance Planning and Digital Committee (monthly)	
Tuesday 27th April 2021	2.00pm – 4.00pm
Tuesday 25th May 2021	2.00pm – 4.00pm
Tuesday 22nd June 2021	2.00pm – 4.00pm
Tuesday 27th July 2021	2.00pm – 4.00pm
Tuesday 21st September 2021	2.00pm – 4.00pm
Tuesday 26th October 2021	2.00pm – 4.00pm
Tuesday 23rd November 2021	2.00pm – 4.00pm
Tuesday 25th January 2022	2.00pm – 4.00pm

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Board/Committee Dates 2021/22

Tuesday 22nd February 2022	2.00pm – 4.00pm
Tuesday 22nd March 2022	2.00pm – 4.00pm

Council of Governors (Quarterly)	
Thursday 27th May 2021	1.30pm – 2.30pm
Thursday 29th July 2021	1.30pm – 2.30pm
Thursday 25th November 2021	1.30pm – 2.30pm
Thursday 24th March 2022	1.30pm – 2.30pm

Annual General Meeting (Annually)	
Thursday 30h September 2021	2.00pm – 3.00pm

Charitable Funds Committee (Quarterly)	
Thursday 24th June 2021	2.00pm – 3.00pm
Thursday 28th October 2021	2.00pm – 3.00pm
Thursday 27th January 2022	2.00pm – 3.00pm
Thursday 24th March 2022	2.30pm – 3.30pm

Joint Audit and Quality and Safety Committee (Annually)	
Thursday 20th May 2021	2.00pm – 4.00pm

Joint Audit and Risk Management Committee (Annually)	
Wednesday 7th April 2021	12.00md – 1.00pm

3.2 Identified Changes

The Board meeting in May has not been brought forward for the receipt of the Annual Report and Accounts. The rationale for this is that these documents are reviewed thoroughly by the Audit Committee, Risk Management Committee and Quality and Safety Committee as well as the external auditors. By the time they are presented to the Board it is effectively a rubber stamp exercise. The required Board approval can be sought via either email or a short conference call enabling greater flexibility to finalise the reports and preventing the issues an earlier meeting creates with the preparing the M1 Performance Report.

Similar to the Joint Audit and Quality and Safety Committee the Trust will schedule a Joint Audit and Risk Management Committee for the discussion on the Board Assurance Framework and Corporate Objectives this is due for April 2022.

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3.3. Next Steps

Once the Trust Board has approved the dates, the Board of Directors Programme will be created along with the sub board committee work plans.

The meeting invitations will be sent to those individuals who attend the meetings.

3.4. Conclusion

The Board is asked to ***consider*** and ***approve*** the proposed outline for 2021/22.

Healthwatch Shropshire

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

0. Reference Information

Author:	Simon Adams Digital Director	Paper date:	26th November 2020
Executive Sponsor:	Simon Adams Digital Director Laura Peill Managing Director SSU	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	
Forum submitted to:	Board of Directors	Paper FOIA Status:	Full Disclosure

1. Purpose of Paper

The Board are asked to note content of the paper.

2. Executive Summary

2.1. Context

Healthwatch Shropshire has issued a press release in relation to changes to patient appointments with NHS organisations following COVID.

A summary of how RJAH operates and manages it virtual appointment and the governance arrangements are summarised below.

2.2. Summary

Technology

- RJAH delivered the first of its video appointments via the Attend Anywhere platform in May of this year.
- Reference is made to this on the front page of the Trust website with instructions on how to access a video appointment including a method to test connection.
- RJAH showcased its method to other organisations across the West Midlands demonstrating how the technology had been adopted for cancer patients during Covid.
- Training for clinicians was provided online.
- Improvements in how patients can interact with the Trust are under review to allow the patient to view appointments digitally should they wish in line with the accessible information standards.

Routine Reporting & Monitoring

- Video / Telephone consultations will only be used where appropriate.
- Data reports on the number of telephone / video appointments are part of the dashboards which are monitored at the Outpatient Transformation Group, chaired by the Managing Director for Clinical Support Services Unit.
- User feedback is gathered via an electronic survey tool in relation to how the patient found the interaction with the Trust.
- A clinical reference group reviews processes to ensure take up of virtual clinic appointments is maintained and enhanced where appropriate.

Governance

- Quarterly reports are via the Financial Planning and Digital Committee.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

2.3. Conclusion

The Board are asked to note the report.

Press Release

For immediate release: 29 Oct. 20

People tell Healthwatch what they think about phone, video and on-line appointments during Covid-19

Healthwatch Shropshire, the local health and care consumer champion, asked patients and their families across Shropshire about their experiences of the new ways of attending health and social care appointments. Based on what they were told Healthwatch Shropshire is calling on local health services to:

- Inform the public that phone, video and on-line appointments are being used to triage patients and make sure people receive a face-to-face appointment if it is necessary and with the most appropriate professional, e.g. doctor, nurse, social worker.
- Fully implement the NHS Accessible Information Standard to make sure the communication needs and preferences of all people and their carers are known, recorded, shared across services and acted upon.
- Provide the public with clear information and instructions about how to set up and use the software needed to access video appointments and electronic consultations (e.g. e-Consult, the NHS App).
- Provide training for professionals about how to manage a phone or video consultation/meeting to make sure people have the opportunity to share any concerns and ask questions.
- Share the Healthwatch England guidance on 'Getting the most out of the virtual health and care experience' which gives tips for the public and professionals. The guidance is available at https://www.healthwatchshropshire.co.uk/advice-and-information/2020-08-03/getting-most-out-virtual-health-and-care-experience

Lynn Cawley, Chief Officer of Healthwatch Shropshire, told us, 'The changes that we have seen in the way patients attend some of their appointments because of Covid-19 are likely to be here to stay. We know that the NHS Long Term Plan commits to reducing face-to-face outpatient appointments by up to a third over the next five years.

We are really grateful to all those who took the time to get in touch with us. It is our role to ensure that the patient voice is heard as the new systems are extended across health care. If anybody else has experiences, good or not so good, that they would like to share with us about this or indeed about any other of the new ways of working we are still very keen to hear from people. We are currently running surveys about the new hospital

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discharge service and also the out of hours palliative care people receive. People can contact us by phone on 01743 237884, message us via social media, WhatsApp or via our website www.healthwatchshropshire.co.uk. '

The full report can be found here https://www.healthwatchshropshire.co.uk/report/2020-10-20/phone-video-and-on-line-appointments-during-covid-19-pandemic

Healthwatch Shropshire is the independent consumer champion for health and social care in Shropshire. It gathers the views and experiences of patients, service users, carers, and the general public about services including hospitals, GPs, mental health services, community health services, pharmacists, opticians, residential care and children's services. It also has statutory powers that it can use to influence service provision by encouraging improvements.

Ends

Notes for Editors:

Healthwatch Shropshire is one of a network of 148 Local Healthwatch in England. It is supported by a national organisation, Healthwatch England.

It has a team working in community engagement, plus a volunteer programme, a visit programme to health and social care premises and an associate membership scheme to involve the public in its work. It also has a signposting service to help people access health and social care services and support.

Healthwatch Shropshire also provides the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire. The IHCAS service provides information, advice and, if necessary, can support people through the NHS complaints process.

Contact

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NHS Foundation Trust

Health and Safety Annual Report

0. Reference Information

Author:	Ian Gingell, Health and Safety Advisor	Paper date:	26th November 2020
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Forum submitted to:	Board of Directors	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. This paper presents the Trust's position on health and safety and is for information purposes. The Board of Directors are asked to note the Trust's position and consider any additional actions it requires.

2. Executive Summary

2.1. Context

- This paper highlights the health and safety aspects of risk management undertaken within the Trust during the period April 1st 2019 to 31st March 2020.
- The report covers DATIX incident data on health and safety related incidents during 2019/20.
- The report is not an audit of all the Trusts health and safety systems and it does not seek to provide assurance on all health and safety duties that relate to the work activities of the Trust.

The Trust aims to comply with its statutory duties in relation to health and safety at work and to minimise its losses due to risks encountered during operational activities

2.2. Summary

- Increase in reporting of H&S incidents
- Five RIDDOR reportable incidents to HSE during financial year

2.3. Conclusion

The Board of Directors are asked to note the Trust's Annual Health and Safety Report

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3. Health and Safety Annual Report

3.1. Introduction

The Health & Safety Executive (HSE) has memoranda of understanding with other regulatory bodies including the Care Quality Commission, General Medical Council and the Nursing and Midwifery Council, which set out roles and responsibilities and clarifies which regulator is likely to act in the event of a patient or member of staff suffering serious harm/death.

The HSE focus their investigations on systemic failure of management systems, which may include:

- Systemic failures to comply with statutory health and safety duties.
- The absence of or wholly inadequate arrangements for assessing risks to health and safety
- Lack of suitable controls and inadequate monitoring and maintenance of the procedures or equipment needed to control the risks, resulting in serious harm or death.

The HSE may, dependant on the circumstances, investigate RIDDOR reportable incidents which include some needlestick injuries, work related injuries and serious injuries or ill-health caused by hazardous substances.

3.2 Fee for Intervention (FFI)

A fee for intervention is charged if the HSE identify a material breach of health and safety law. A material breach is something which an inspector considers serious enough that they need to formally write to the Trust requiring action to be taken to rectify the breach. The fee is currently £157 an hour and charges can total many thousands of pounds.

The Trust did not incur any fee for intervention costs in 2019/20

3.3 Health and Safety Management Systems

Organisations have a legal duty to put in place suitable arrangements to manage for health and safety.

The Health and Safety Executive provide a framework in the form of the document 'Managing for Health and Safety' (HSG65). This framework outlines the management arrangements and systems that organisations should have in place to manage their health and safety risks in a proactive manner. It also treats health and safety management as an integral part of good management generally, rather than as a stand-alone system.

The HSE moved away from using the POPMAR (Policy, Organising, Planning, Measuring performance, Auditing and Review) model of managing health and safety to a 'Plan, Do, Check, Act' approach. The move towards Plan, Do, Check, Act achieves a balance between the systems and behavioural aspects of management. It also treats health and safety management as an integral part of good management generally, rather than as a stand-alone system.

A summary of the Trust's actions in delivering effective arrangements are given below under the headings of Plan, Do, Check, Act.

PLAN

A comprehensive RJAH Health and Safety Policy was approved and held on the Trust document centre which was accessible by all Trust employees.

The Trust employed a 0.4WTE Health and Safety Advisor to undertake the role of Competent Person as required by the Management of Health and Safety Regulations 1999.

The Health and Safety Advisor also carried out the roles of Central Alerting System Liaison Officer and Medical Devices Safety Officer.

The Health and Safety Advisor was a member of the Health and Safety Committee and attended committees and working groups across the Trust to advise on all health and safety matters.

DO

Studies by the HSE have shown that active employee participation in health and safety is vital to ensuring operational health and safety management systems are implemented and maintained.

The Health and Safety Committee met bi-monthly during 2019/20 and has monitored health and safety incidents, RIDDOR reported incidents, safety alerts and legislation changes.

The Health and Safety policy sets out the organisational duties of Trust employees and details the arrangements required to assist in the implementation of the health and safety policy.

Health and safety risk assessments are recorded in DATIX Risk module and monitored in accordance with the Trust's Risk Management Strategy.

Staffside health and safety inspections are carried out according to an annual plan and results of compliance are reported to the Health and Safety Committee.

CHECK

The Trust has a comprehensive incident reporting system in operation. The DATIX database is utilised to record all staff, patient and visitor health and safety related incidents. Fire, security and violence and aggression incidents are reported to the health and safety committee via regular Estates reports.

The charts below show the number of DATIX health and safety incidents reported by sub category during 2019/20.

The number of incidents within the DATIX Health and Safety category totalled 165. The highest incident sub category was 'manual handling' and these totalled 21 incidents. This is a positive shift in proactive reporting for the Trust. Near miss reporting identifies opportunities to implement safety control measures prior to incidents occurring with harmful outcomes.

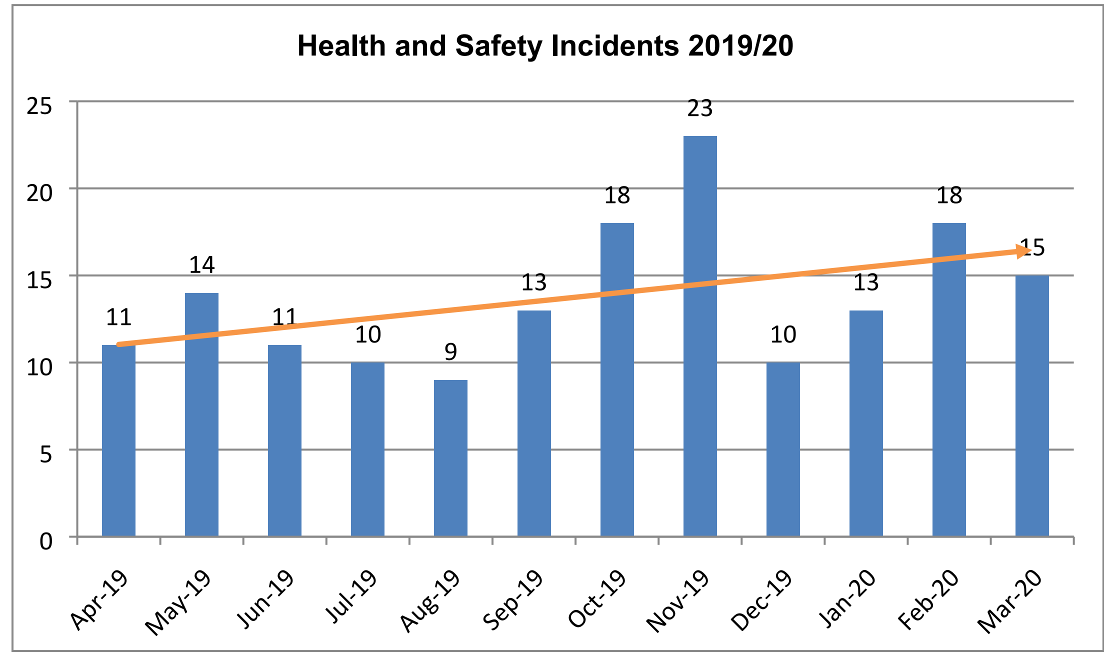
ACT

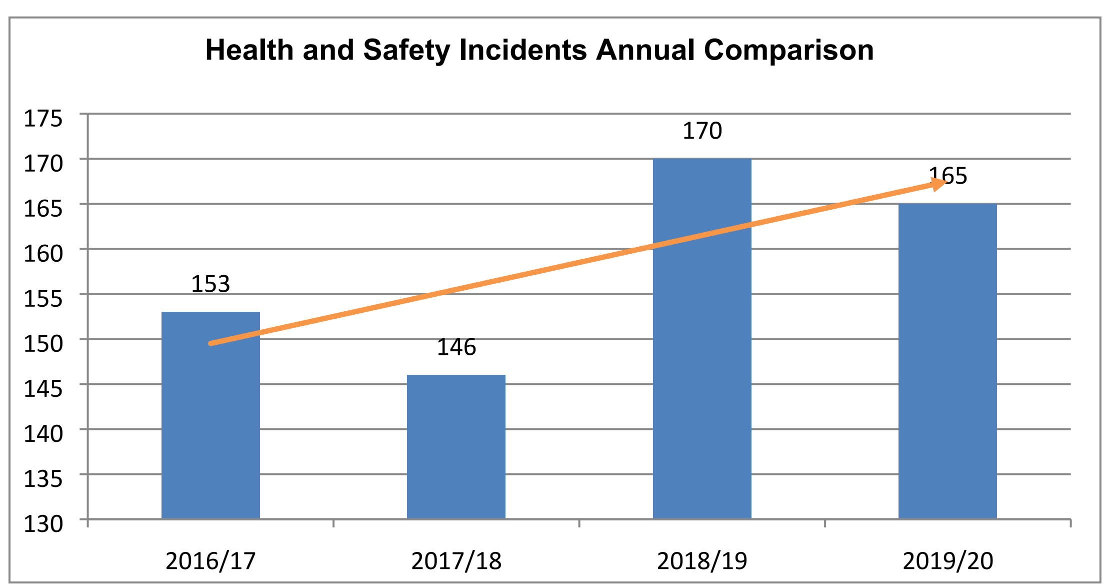
DATIX reported incidents are monitored by the Governance department and trends identified on an ongoing basis. Satisfactory completion of health and safety incident investigation is monitored by the Governance department Governance Leads.

Incidents reported to the Health and Safety Executive as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) are jointly investigated by the Health and Safety Advisor and Staffside Union Safety Representatives.

3.2. DATIX Incident Reporting (Trends and Analysis)

A total of 165 health and safety incidents were reported during the 2019-20 financial year.

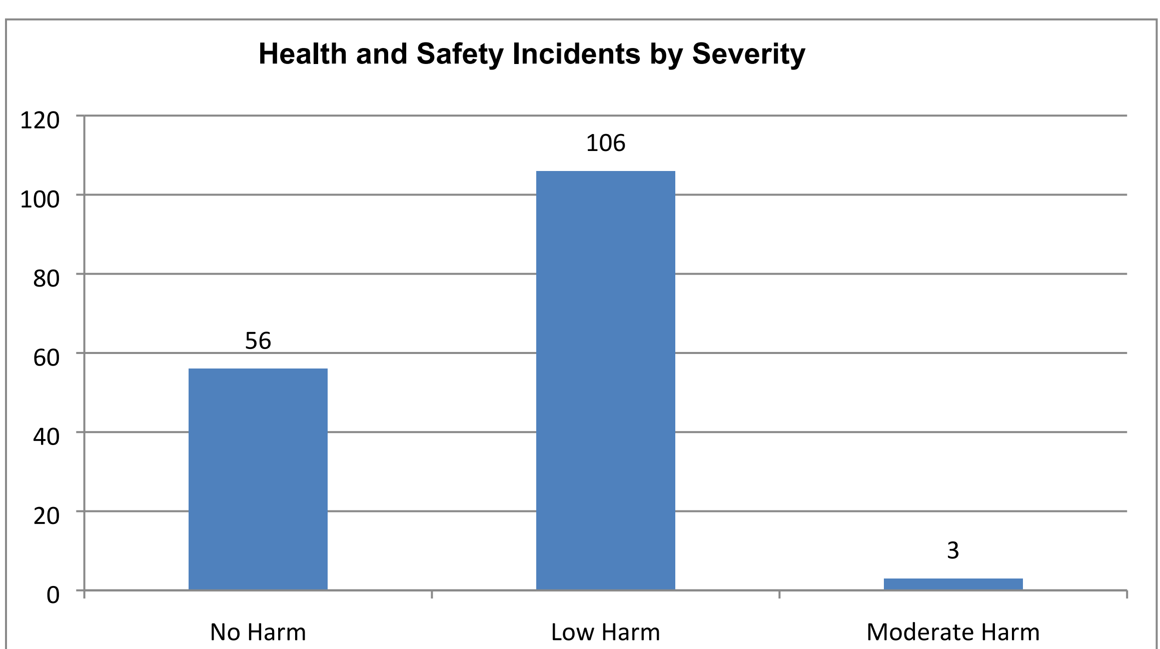




The top 5 sub categories are shown in the table below:

Category	Number of Incidents
Manual Handling	21
Contact with a sharp surface/object	20
Near Miss - Safety	18
Staff slips or trips	15
Contact with hot liquid	10

Severity of incidents



3.3 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The Health and Safety Advisor ensures that any incident meeting the criteria of the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2015 (RIDDOR) is appropriately reported to the Health and Safety Executive (HSE).

There were five incidents reported to the HSE during the financial year 2019/20. Whilst this is a relatively low number of incidents it is disappointing to note that it represents a 60% increase on last year.

One incident breached the reporting deadline to the HSE. This was due to a lack of understanding of the potential for a needlestick injury to be reportable as a RIDDOR incident. The Health and Safety Advisor worked with the Governance team to improve awareness of the need for timely reporting of relevant incidents to the HSE.

All of the incidents were jointly investigated by the Health and Safety Advisor and staffside union safety representatives. No enforcement action was taken as a result of the incidents.

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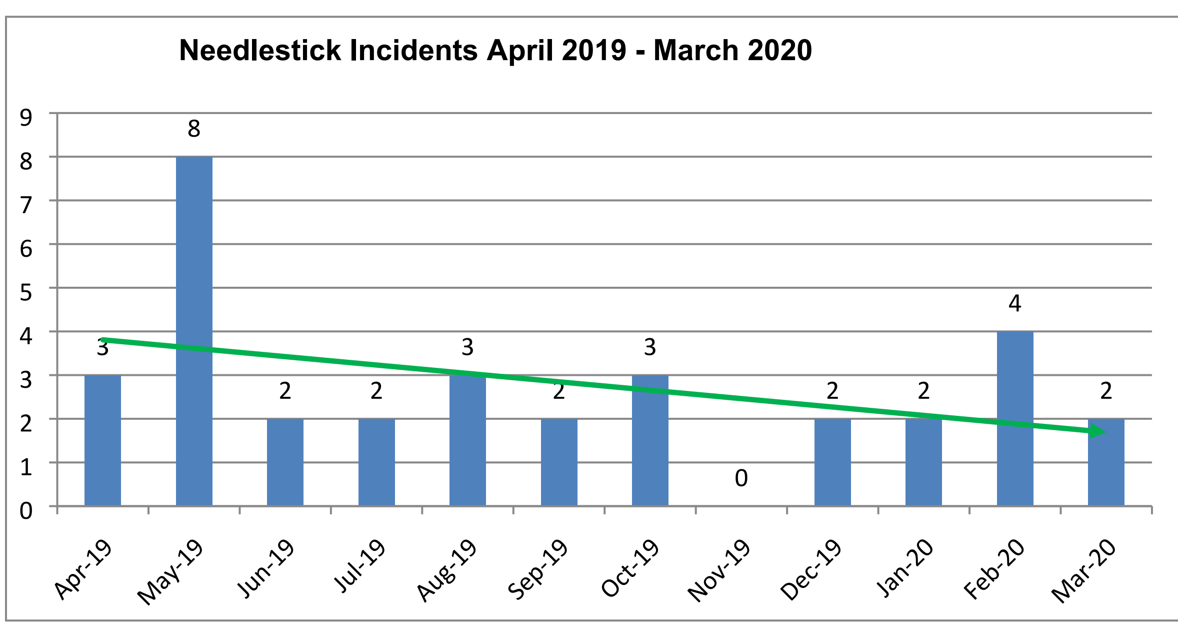
3.4 Needlestick Injuries



A deep dive into DATIX reported injuries identified that the human behaviour element was a major factor in injuries occurring. The majority of injuries are due to needles not being handled correctly, whether that is not being disposed of at source of use or placed outside of a 'safe sharps' zone leading to injuries to another.

An audit of the Trust's compliance with the The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 identified areas of non-compliance. A Safer Sharps Working Group was established with a remit to return the Trust to full compliance with the regulations. Progress towards compliance is monitored by the Health and Safety Committee and the Risk Management Committee.

3.5 Health and Safety Committee

The Trust's Health and Safety Committee met on a bi-monthly basis to consult with staff on health and safety issues within the Trust. Core health and safety risks and concerns are escalated to the Committee. The Committee was chaired by the Chief Nurse or Deputy Chief Nurse and attended by Staffside Safety Representatives.

The Committee was non-quorate on one occasion.

Health and Safety Committee Attendance 2019/20						
	May 2019	July 2019	Sep 2019	Nov 2019	Jan 2020	Mar 2020
Chief Nurse (Chair)	X	X	X	X	✓	Meeting postponed due to COVID-19 restrictions
Deputy Director of Nursing (Deputy Chair)	✓	✓	X	✓	✓	
Health and Safety Advisor	✓	✓	✓	✓	✓	
Governance Lead	✓	✓	X	✓	✓	
Facilities Manager	✓	✓	✓	✓	✓	
Matron	✓	✓	✓	✓	✓	
Hr/Training Business Partner	X	X	✓	✓	✓	
Staffside Representative	✓	✓	✓	✓	✓	
Estates Manager	✓	✓	✓	✓	✓	
Manual Handling Coordinator	X	✓	✓	✓	✓	
Quorate	✓	✓	X	✓	✓	

3.6 Central Alerting System Safety Alerts

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. Alerts that are distributed include Estates Safety Alerts, Chief Medical Officer Messages, MHRA Drug Alerts, and Medical Device Alerts.

The Health and Safety Advisor undertakes the role of CAS Liaison Officer and Medical Devices Safety Officer within the 0.4 WTE provision and is responsible for overall management of the CAS process.

Progress towards completion of alert actions is monitored by relevant Committees and overall progress is monitored by the Health and Safety Committee. A formal process has been developed and Executive approval is sought before the Health and Safety Advisor formally signs the alert off via the web portal.

The Trust received a total of 138 safety alerts through CAS in 2019/20.

72 alerts required no response, in most instances they were Chief Medical Officer Messages and MHRA Drug Alerts. The MHRA Drug Alerts are also sent to the Chief Pharmacist and Medicines Safety Officer directly, who action any relevant alerts.

45 alerts required no action as they either did not apply to our specialities or the Trust did not stock the medical device concerned.

The remaining 20 alerts with actions relevant to the Trust were completed within their respective deadlines. One alert remains in progress and is forecast to be completed by its deadline of February 2021

3.7 Estates Premises Assurance Model (PAM)

The Estates department undertook a self-assessment of their safety management systems using the Department of Health PAM toolkit. The resulting assessment was independently audited to ensure accuracy. The PAM audit report and associated action plan was presented to the Health and Safety Committee and Risk Management Committee.

The self-assessment will be repeated annually. It was agreed that the PAM process has led to significant improvements in health and safety in the Estates department and all services that they provide to the Trust.

3.8 COVID-19

The Health and Safety Advisor worked closely with colleagues in Infection Prevention & Control to advise on the response to the rapidly developing pandemic.

A large scale face-fit testing programme was rapidly introduced to ensure that all at-risk staff were correctly fitted for close-fitting FFP3 protective facemasks. Over 500 staff were fit-tested by the end of March with an ongoing process in place to ensure that all relevant staff would be tested.

4.0 Conclusion

The Committee is asked to note the content of the annual report.

Appendix 1: Acronyms

CAS	Central Alerting System
HSE	Health and Safety Executive
PAM	Premises Assurance Model
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations