

Council of Governors 24.07.23

MEETING
24 July 2023 13:00

PUBLISHED
24 July 2023

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
The Boardroom, RJAH	24/07/23		13:00
1. Introduction		Harry Turner	13:00
1.1. Apologies			
1.2. Minutes from the previous meeting - 02.05.23			
1.3. Action and Decision Log			
1.4. Matters Arising			
1.5. Declaration of Interests			
2. Welcome from the Chairman		Harry Turner	13:05
3. Lead Governor Update		Governor	13:10
4. Chief Executive Trust Overview		Stacey Keegan	13:15
5. Governance			
5.1. Questions from the Governors		Dylan Murphy	13:30
5.2. Foundation Trust Public Membership Development and Engagement Strategy		Dylan Murphy	13:35
5.3. Membership Report		Dylan Murphy	13:40
5.4. Council Of Governors Annual Report 2022/23 and Self Assessment		Dylan Murphy	13:45
5.5. Patient Safety Walkabout Feedback		Sara Ellis Anderson	13:50
6. Quality			
6.1. 2023/24 Priorities		Sara Ellis Anderson	13:55
7. Annual Reports			
7.1. Safeguarding Annual Report		Sara Ellis Anderson	14:00

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2. Welcome
3. Lead
4. Chief
5. Governance
6. Quality
7. Annual
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<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
The Boardroom, RJAH	24/07/23		13:00

8. Committee Chairs Updates

8.1. Audit and Risk Committee (verbal)	Martin Newsholme	14:05
8.2. Quality and Safety Committee (verbal)	Martin Newsholme	14:10
8.3. Finance, Performance and Digital Committee (verbal)	Sarfraz Nawaz	14:15
8.4. People and Culture Committee (verbal)	Martin Evans	14:20

9. To Note:

9.1. Review of Work Plan	Dylan Murphy
9.2. Attendance Matrix	Dylan Murphy

10. Any Other Business

10.1. Next Meeting: 8th November 2023 1pm

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10.1. Next Meeting: 8th November 2023 1pm	

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

COUNCIL OF GOVERNORS

TUESDAY 2ND MAY 2023

MINUTES OF THE MEETING

PRESENT:

Harry Turner
Katrina Morphet
William Greenwood
Kate Betts
Allen Edwards
Karina Wright
Victoria Sugden

Chair
Public Governor – Cheshire and Merseyside
Public Governor – Powys
Staff Governor
Staff Governor
Stakeholder Governor – Keele University
Stakeholder Governor – Voluntary Services/Lead Governor

HT
KM
WG
KB
AE
KW
VS

IN ATTENDANCE:

Dylan Murphy
Stacey Keegan
John Pepper
Martin Newsholme
Sarfraz Nawaz
Martin Evans
Penny Venables

Trust Secretary
Chief Executive Officer
Associate Non-Executive Director
Non-Executive Director
Non-Executive Director
Associate Non-Executive Director
Non-Executive Director

DM
SK
JP
MN
SN
ME
PV

SECRETARY:

Gayle Murphy

Trust Office EA

GM

MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	<p>WELCOME & APOLOGIES</p> <p>Apologies were received from Colin Chapman, Nikki Kuiper, Martin Bennett, Sheila Hughes, Colette Gribble, Phil White, Tony Wright, Simon Jones, Kate Chaffey, Chris Beacock, Paul Maubach and Paul Kingston.</p> <p>HT welcomed the Committee members to the May meeting of the Council of Governors.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> HT confirmed that Paul Maubach is the Trust's new Associate Non-Executive Director. The Council of Governors Vice Chair/Senior Independent Director, Paul Kingston, has taken a leave of absence due to personal reasons, SN has he has agreed to step in as an interim replacement. The Trust has an ambition to gain an Associate Non-Executive Director with digital skills. Conversations are currently underway with a potential candidate, which the Lead Governor will be part of. An update will be provided at the meeting in July. DM will review the quoracy for the Council of Governor meetings and will confirm this at the meeting in July. The Trust is currently in a stage of recruitment for a Non-Executive Director with a clinical background as CB's term will come to an end at the beginning of July. There was a weak response to the advertisement previously therefore the process was paused and re-energised. The 	

MINUTE No	TITLE	ACTION
	<p>response was much stronger. The Council will be updated on the process with a meeting to ratify the appointment in late May.</p> <p>KM asked what the increase in numbers was and what was done differently for the second phase. HM responded the numbers had increased from 5 applicants to 17, the first phase relied on the advertisement on NHS Jobs, the second phase included a social media campaign which seemed to have generated more interest.</p> <p>Action: DM to review the quoracy for the Council of Governor meetings and confirm this at the July meeting.</p> <p>The Council of Governors <i>noted</i> the Update.</p>	
1.2	<p>MINUTES FROM THE PREVIOUS MEETING</p> <p>The minutes from the previous meetings were approved as a true and accurate record.</p>	
1.3	<p>MATTERS ARISING</p> <p>There were none raised.</p> <p>ACTIONS FOLLOWING THE PREVIOUS MEETING</p> <p>All actions from the previous meeting were recorded as complete or ongoing.</p>	
1.4	<p>DECLARATIONS OF INTEREST</p> <p>There were none recorded.</p>	
2.0	LEAD GOVERNOR UPDATE	
	<p>VS presented the update to the Committee. She highlighted the following points:</p> <ul style="list-style-type: none"> • She has had useful meetings with the Trust Secretary regarding streamlining the workplan; this has been fed back to the Governors. • The Governors thanked KM and AE for their support and input with the Governor Connect newsletter. • Governors continue to support the invitations to attend the Sub-Board Committees. • NK and AE will be supporting the upcoming Non-Executive Director recruitment. • NK was pleased to attend the recent Research Day and met some former students from Keele University who are now working at the Trust. • The official opening of the Hedley Court Veterans Centre, opened by Her Royal Highness the Duchess of Edinburgh went as planned and was thoroughly enjoyed by all. <p>HT thanked VS for her involvement and hard work in organising the royal visit. This was echoed by SK.</p> <p>The Council of Governors <i>noted</i> the Governor Update.</p>	
3.0	TRUST OVERVIEW	
	<p>SK provided a Trust Overview to the Committee.</p> <p>KB asked whether the costs from the mobile MRI scanner were accrued by the Trust. SK responded the funding comes from the elective recovery fund, there may be additional costs incurred but the monies for this are available.</p>	

MINUTE No	TITLE	ACTION
	<p>KB queried if there is staffing in place for the new theatre build, as historically there have been issues recruiting extra staff and anaesthetists. SK noted the additional staff requirements have been built into the recruitment plan. KB noted the positive outcomes of the recent recruitment events.</p> <p>KB asked if the staffing for the Veterans Orthopaedic Centre came from within or if any external people had been recruited into these posts. SK responded the recruitment was for the Outpatients department area which also included the Veterans Orthopaedic Centre. There has been some internal movement of staff plus external recruitment.</p> <p>KB asked how the new ideas app for staff will differ from past systems. SK responded the app will differ as it will allow triangulation of ideas and how staff are feeling. It is more than an ideas portal.</p> <p>WG commented the Governors are pleased with the Trust's continuation of trying to involve staff and make the best use of staff input.</p> <p>WG asked on an update of the System deficit. SN responded the figures are continually moving; the deficit is no worse than this time last year. It is the main topic of debate and there are many conversations being held.</p> <p>KM asked whether all staff had been involved in the 'My Recovery App', and whether all staff had been involved in the role out and are aware of how it works. SK noted the app has been rolled out across the organisation but is predominantly used by consultants and the therapies services. There has been a patient training day which can also be offered to staff and volunteers.</p> <p>The Council of Governors noted the Trust Overview.</p>	
4.0	GOVERNANCE	
4.1	<p>Questions from the Governors</p> <p>The Council were aware that 5 questions had been asked prior to the meeting.</p> <p>HT thanked WG who raised the questions. Responses to those questions have been provided within the paper. No supplementary questions were asked during the meeting.</p> <p>The Council noted the Questions and Answers paper.</p>	
4.2	<p>Membership Report</p> <p>DM provided an update on the membership for the Trust. The report provides an update on the foundation trust membership status. The current membership total is at 6528 and therefore reports a 1.7% decrease over the last twelve months.</p> <p>Though the membership total has fallen year-on-year, the low point was September 2022, when the figure was 6377. Since September 2022, the membership has risen by 2.4%.</p> <p>KM asked if the gender split is similar to other FT Hospitals. DM noted he would investigate this and report back at the next meeting.</p> <p>Action: DM to investigate FT membership at other Trusts, in particularly the gender split in membership and feedback at the July meeting.</p> <p>PV suggested the Governors could compare the current Membership with patient profiles within each constituency, to aid recruitment of characteristics that aren't</p>	

MINUTE No	TITLE	ACTION
	currently represented in the membership. HT also suggested the Governors link in with the EDI strategy to target areas not represented. The Council of Governors noted the Membership Report.	
5.0	COMMITTEE CHAIRS UPDATES	
5.1	<p>Audit and Risk Committee MN note there hasn't been a formal meeting of the Audit and Risk Committee since the Governors last met and so provided a verbal update on the work undertaken since the last meeting held on 11 January 2023.</p> <ul style="list-style-type: none"> There has been no formal meeting, but 2 extra ordinary meetings have been held. <ul style="list-style-type: none"> March Meeting <ul style="list-style-type: none"> Updates were received on the development of risk management processes and the refinement of risk registers. Received many internal audit reports; at the end of the year, internal audit reports are received in systems and processes, a large number landed at the same time, so the Trust decided to focus on the higher risk items by end of March, actions were taken, embedded and progress noted. April Meeting <ul style="list-style-type: none"> The accounts team talked the Committee through the draft statutory accounts which had to be submitted to NHSE on 27 April and provided to the external audit team to start their process which is due to end by June. <p>HT asked if new auditors will be appointed this year; MN confirmed they were appointed last year.</p> <p>KB asked why the large number of audits landed at the same time and whether the planning could be better. MN confirmed the internal auditors were appointed in June 2022, by the time they started their work there was a backlog of audits to undertake. There is an agreed plan in place for this year that spreads out the reports more evenly, with a specific instruction that the reports are not all received at the end of the year.</p> <p>The Council of Governors noted the Chair Report.</p>	
5.2	<p>Finance, Planning and Digital Committee SN provided a verbal update on the Finance, Planning and Digital Committee; held on 25 April 2023. The following highlights were noted:</p> <ul style="list-style-type: none"> There is a better picture for this year's financial and operation plan, with the focus on 104 week waits and restoration. An area of focus for the Committee moving forward is payment by results, uptake in workforce and the 104 week wait position. £0.1m surplus for RJA position in isolation. Thanks to everyone at the Trust for financial outturn for 2022/23. <p>The Council of Governors noted the Chair Report.</p>	
5.3	<p>Quality and Safety Committee PV provided a verbal update on the Quality and Safety Committee; held on 20 April 2023. The following highlights were noted:</p>	

MINUTE No	TITLE	ACTION
	<ul style="list-style-type: none"> Discussions were held regarding the risk register and risks that don't reduce in score after review. There were no new risks highlighted by the Committee to add to the register. The IPR was reviewed. It was noted the delayed discharges are at the lowest levels for some time. There was a cancellation discussion. It was noted there was one serious incident in March with an investigation underway. The complexity report from the Chief Medical Officer would like to be seen by the Committee twice per year. It was noted that all bar 1 targets (flu vaccination) were met in the CQUIN report. <p>VS asked if there is a financial penalty for not meeting all CQUINS. PV noted she is assured there is no penalty incurred</p> <p>KM asked if the tariff reflects the complex cases undertaken. SN responded that assurance can be taken from the value rated activity scheme.</p> <p>The Council of Governors noted the Chair Report.</p>	
5.4	<p>People Committee</p> <p>ME provided a verbal update on the People Committee; held on 20 April 2023. The following highlights were noted:</p> <ul style="list-style-type: none"> The key focus for the Committee is recruitment, retention and delivery against trajectories in the operational plan for 2023/24. Challenging targets set by the Committee will be reviewed monthly. Vacancy rates are reducing. There is a positivity within the organisation around recruitment. There is a focus on learning and development for all staff. Assurance was gained on safe staffing levels, supported by agency and bank staff. Assurance was gained regarding junior doctors safe working hours with no issues to report. The Committee received the Freedom to Speak Up quarterly report. <p>KB asked whether a reduction in agency staff had been seen following staff recruitment. ME responded there was no notable reduction as yet.</p> <p>HT highlighted the new Education, Research and Innovation Committee had been formed which JP will Chair. The Council of Governors will receive updates as part of the normal course of business.</p> <p>The Council of Governors noted the Chair Report.</p>	
6.0	TO NOTE	
6.1	<p>Review of the Workplan</p> <p>DM presented the draft work plan for 2023/224 and noted the information is shared within the Council for information only and to ensure there is oversight of agenda items being tabled for discussion at future meetings.</p> <p>A survey will be shared with the Governors to gain their views in the near future.</p> <p>The Council of Governors noted the Work Plan Review.</p>	

MINUTE No	TITLE	ACTION
6.2	<p>Attendance Matrix</p> <p>HT asked DM and VS to review the matrix and requirements of Governors at the Committees.</p> <p>Action: DM and VS to review the attendance matrix and the requirements of the Governors at the Committee meetings.</p> <p>The Council of Governors <i>noted</i> the Attendance Matrix.</p>	
7.0	ANY OTHER BUSINESS	
	<p>VS commented that the Governors have gained assurance from the Board members during the recent Council meetings. The Board should be congratulated on the amount of work recently undertaken and the positive progress that is being made. She noted the good news that Denise Harnin will be staying with the Trust as Chief People Officer.</p> <p>WG thanked DM for his enthusiasm since joining the Trust and the positive changes already implemented.</p> <p>HT thanked the members of Council for their attendance and contribution and noted there will be a virtual meeting to approve the Non-Executive Director appointment in early June. He brought the meeting to a close.</p>	

NEXT COUNCIL OF GOVERNORS MEETING: 24 JULY 2023

Council Of Governors Committee

Updated: **25.05.2023**

Action Log No.	Original Meeting Date	Minute reference	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
4	08-Mar-2023	5	DM to carry out a formal review of the Committee. Feedback to be shared at the May meeting.	DM	02-May-2023		ONGOING
5	08-Mar-2023	8.2	DM to liaise with the Communication and Medical Illustration teams regarding the membership poster and advertising/promoting of the Trust membership.	DM	02-May-2023		ONGOING
8	02-May-2023	1.1	DM to review the quoracy for the Council of Governor meetings and confirm this at the July meeting	DM	24-Jul-2023		ONGOING
9	02-May-2023	4.2	DM to investigate FT membership at other Trusts, in particularly the gender split in membership and feedback at the July meeting.	DM	24-Jul-2023		ONGOING
10	02-May-2023	6.2	DM and VS to review the attendance matrix and the requirements of the Governors at the Committee meetings.	VS/DM	24-Jul-2023		ONGOING
11	25-May-2023	4	DM to draft a letter on behalf of HT to Sir Neil McKay, Chair of the ICS. To include the discussion held at this meeting and subsequently, the Governors views. The letter will be shared with VS.	DM	07-Jun-2023		ONGOING
12	25-May-2023	4	DM to draft a letter to be shared with the Consultant body and for Governors to share with their constituents.	DM	07-Jun-2023		ONGOING

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Note: “Actions” are actions for individuals which will enable the committee to do its work. They may include inviting people to the committee; requesting additional information; adding an item to a future agenda etc.

Notes on use of the "Status" dropdown:

In the "Status" column there are four options. The status needs to be entered in CAPITAL LETTERS:

"CLOSED" denotes an action that the committee has agreed is completed and can be considered closed.

"COMPLETED" denotes an action that the action owner is reporting as completed (which the Committee has not yet agreed and therefore cannot yet be considered "CLOSED")

"ONGOING" denotes an action that is partly completed or is not yet due for completion.

No text denotes an outstanding action. The box will remain Red until a Status update is added.

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Council of Governors Committee - ACTIVITY / DECISION LOG

Updated: 25.05.2023

Decision Ref No.	Meeting Date	Topic/Agenda item	Conflicts of interest considered and agreed treatment of the conflict	Conclusion/Decision (e.g. Approved, Noted, Recommended ... etc. SEE "Decision" Types tab for guidance)	If applicable - results of vote and/or dissenting views	If Recommendation - destination for onward submission?	If a recommendation - date of subsequent consideration at approval body
1	08-Mar-2023	1.2		Approved			
2	08-Mar-2023	1.3		Complete			
3	08-Mar-2023	1.4	Yes - none raised				
4	08-Mar-2023	2		Noted			
5	08-Mar-2023	3		Noted			
6	08-Mar-2023	4		Noted			
7	08-Mar-2023	5		Noted			
8	08-Mar-2023	6		Noted			
9	08-Mar-2023	7.1		Noted			
10	08-Mar-2023	7.2		Noted			
11	08-Mar-2023	7.3		Noted			
12	08-Mar-2023	7.4		Noted			
13	08-Mar-2023	7.5		Noted			
14	08-Mar-2023	8.1		Noted			
15	08-Mar-2023	8.2		Noted			
16	08-Mar-2023	8.3		Noted			
17	08-Mar-2023	8.4		Noted			
18	02-May-2023	1.1		Noted			
19	02-May-2023	1.2		Approved			
20	02-May-2023	1.3		Complete			
21	02-May-2023	1.4	Yes - none raised				
22	02-May-2023	2		Noted			
23	02-May-2023	3		Noted			
24	02-May-2023	4.1		Noted			
25	02-May-2023	4.2		Noted			
26	02-May-2023	5.1		Noted			
27	02-May-2023	5.2		Noted			
28	02-May-2023	5.3		Noted			
29	02-May-2023	5.4		Noted			
30	02-May-2023	6.1		Noted			
31	02-May-2023	6.2		Noted			
32	25-May-2023	2	Yes				
33	25-May-2023	3		Approved			
34	25-May-2023	4		Considered			
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Note: “Decisions” are decisions made by the Board or committee on behalf of the organisation. They may include referring an issue or making a particular recommendation to the Board; approving or making a recommendation on the approval of a policy; strategy; appointment; contract etc.

For completeness, anything that is formally NOTED should be included in the Log (reflecting the accepted recommendation of any presentation / paper presented or any revision to that recommendation agreed at the meeting).

"Decision" type	Description	Example / Notes
APPROVE	to officially sanction a course of action. In order to APPROVE something, it must fall within the authority of the committee or Board to do so. The committee or Board may be asked to consider a number of options and select which to APPROVE	<i>e.g. The Board APPROVED an award of a contract of £x; The Board APPROVED the publication of x; The Board APPROVED the Trust's x Strategy; .</i>
RATIFY	to record support for a document or course of action, the detail of which has been agreed by Trust executives or subordinate groups that report to the ratifying body	<i>Supplementary notes: • This may include ratifying a policy, the detail of which has been developed and agreed by individuals / groups with the required technical knowledge. • In exceptional circumstances, it may also be used to record retrospective approval for a decision taken outside the usual decision-making process.</i>
ENDORSE	to indicated support for a course of action (which is outside the authority of the committee or Board to APPROVE directly).	<i>e.g. The Board ENDORSED x Council's y Strategy. Note: This is likely to apply to partnership strategies that are not led by the Trust (as statutory responsibility lies with another body).</i>
RECOMMEND	to indicate support for a course of action to the body that has the authority to APPROVE it.	<i>e.g. The Committee RECOMMENDED that the Board APPROVE the publication of y; The Committee RECOMMENDED that the Board APPROVE the Trust's y Strategy;</i>
NOTE	to record that an issue or action has been presented to the committee or Board.	<i>Supplementary note: items are regularly reported to provide ASSURANCE to the Board or committee. The purpose of the item would be to provide assurance, the recommendation / action would be to NOTE the item. The type of item that would be presented to the Board to NOTE may include: • Assurance that the Trust's statutory duties are being delivered and risks / issues are being addressed • Assurance that the Trust's strategic objectives are being delivered and risks / issues are being addressed • Assurance that the Trust's plans or strategies are being delivered and risks / issues are being addressed • Updates on requests / requirements communicated from NHSE/I</i>
SUPPORT	to indicate support: • for a particular course of action so work to deliver previously APPROVED actions can continue; or • for a particular direction of travel so work to develop proposals can proceed (which will need to be APPROVED by the appropriate body or individual as necessary).	<i>e.g. The Committee SUPPORTED the development of options to progress y; The Committee SUPPORTED the proposed approach to delivering y; etc.</i>
ESCALATE	to bring an issue to the attention of a committee or Board as it falls within their remit.	<i>Note: This is likely to include significant risks and issues relating to the particular committee remit or the Board's remit and responsibilities.</i>

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0. Reference Information

Author:	Victoria Sugden, Stakeholder/Lead Governor	Paper date:	24 th July 2023
Senior Leader Sponsor:		Paper written on:	
Paper Reviewed by:	Dylan Murphy, Trust Secretary	Paper Type:	Governance
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

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

This paper presents an update of recent activity of the Council and is presented to the Council of Governors for noting.

2. Executive Summary

2.1. Context

The Council of Governors has statutory and general duties with regard to holding the Non-Executive Directors to account and further representing the interests of the Trust's members and the wider public.

2.2. Summary

This report sets out the activities which have been undertaken by the Council of Governors in recent months. It demonstrates how they meet their statutory and general duties.

2.3. Conclusion

The Council of Governors Committee is asked to note the recent activity of the Governors.

3. The Main Report

3.1. Introduction

I am pleased to present the Lead Governors Report, summarising the key activities and achievements of the Governors of our Trust since the last Council of Governors regular meeting in May.

The dedicated team of Governors has been actively involved in various initiatives, demonstrating their commitment to the Trust's success and the well-being of our patients.

3.2.1 Governors Surgeries:

The Governors Surgeries have proven to be a successful avenue for engagement and recruitment. I am delighted to inform you that Sheila has achieved remarkable success in recruiting new members. Her efforts have not only expanded the membership but have also brought in fresh perspectives and expertise, thank you Sheila!

3.2.2 Extraordinary Meetings:

The Board of Governors has convened several extraordinary meetings to address critical matters affecting the Trust. One of the significant discussions centred around the Integrated Care System (ICS) and its implications for our organisation. These meetings have provided an opportunity for Governors to share their insights, concerns, and suggestions, contributing to well-informed decision-making.

All Governors were united in their views on this topic, lending their upmost support to the Trust's leadership.

3.2.3 Non-Executive Director (NED) Recruitment and Approvals:

Governors have actively participated in the recruitment process for Non-Executive Directors. Their invaluable input and expertise have ensured a robust selection process and the appointment of highly qualified individuals who bring diverse skills and experience to the Trust's Board.

Following an illness, we have welcomed Paul Kingston back to work. The CoG agreed that Paul would step down as Non-Executive Director with immediate effect and resume a role as Associate Non-Executive Director.

This created a vacancy within the Non-Executive Director team. Martin Evans, current Associate Non-Executive Director/Chair of the People and Culture Committee was offered the position as Non-Executive Director. The CoG felt this was an excellent appointment having been impressed with the work he has done to date.

Further, Sarfraz Nawaz was appointed Senior Independent Director a role he had been fulfilling in Paul's absence on a temporary basis. Again, the CoG was delighted with this appointment and the continuity as well expertise Sarfraz brings.

Lead Governor Update

3.2.4 Walkabouts:

Governors have continued to engage in walkabouts, allowing them to observe and interact with staff and patients across various departments and facilities. These visits have facilitated a deeper understanding of the challenges and achievements within the Trust, fostering meaningful connections and improving the overall patient experience.

Thanks to the Trust Offices for making these arrangements for the Governors which are scheduled for the rest of the year and into 2024.

3.2.5 Board Meetings:

Governors have been actively engaged in Board meetings, providing valuable insights, and representing the interests of our stakeholders with a very supportive presence at the most recent public board in July. In time allowed questions from the Governors were taken and responded to.

An action point was for Colin Chapman to meet with the Director of People, Denise Harnin, to discuss Theatre recruitment and retention, Colin has particular insight here. The meeting is in train, date to be agreed.

3.2.6 Committee Attendance:

The Governors welcome and appreciate the open invitation to observe all Committees, many Governors are taking advantage of this opportunity and are getting great assurance from these meetings.

This openness has allowed the governance framework of the Trust to work to its greatest advantage, ensuring accountability and transparency.

3.2.6 Lead Governor

As the Lead Governor I have continued to meet regularly with the Trust Secretary and very much appreciate these catchups. Most recently we have discussed and worked towards improving governance around:

- CoG membership, attendance, and meetings
- Annual Reviews and Self-Assessment
- Membership of the wider Foundation Trust
- System working

I have also participated in meetings with the CEO, Chair, NEDs, and the Chair of the Medical Advisory Committee to gather information.

3.2.1. Looking Ahead

As we move forward, it is essential to build upon the successes of the Governors and further strengthen their engagement. The Governors will continue to play a pivotal role

Lead Governor Update
in monitoring the Trust's performance,
challenging where necessary, and providing strategic oversight to support our vision
of excellence in patient care.

3.3. Conclusion

In the coming months, we will focus on enhancing communication and collaboration between the Governors, the Board, and the Trust's leadership team. This will enable us to address emerging challenges, explore innovative opportunities, and ensure effective governance in a rapidly evolving healthcare landscape.

On behalf of the Governors, I would like to place on record our thanks to the Board and all the staff of the RJAH for their hard work and assistance to us.

I would like to express my gratitude to all Governors for their dedication, commitment, and valuable contributions to The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust. Together, we will continue to navigate the future with resilience, passion, and a patient-centred focus.

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The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust



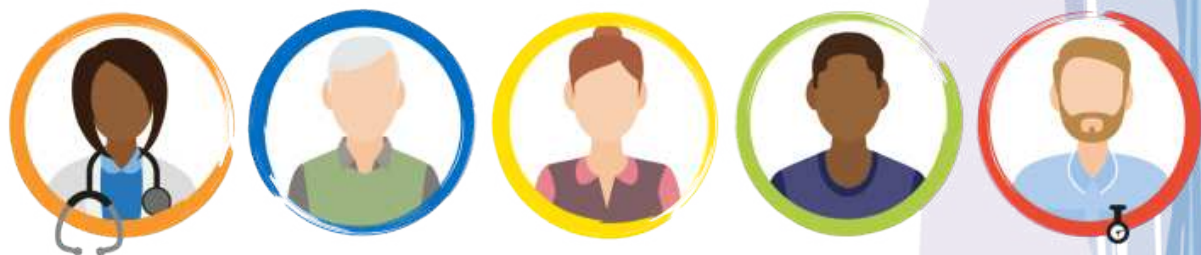
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The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Overview of the Trust – July 2023

Stacey Keegan, Chief Executive



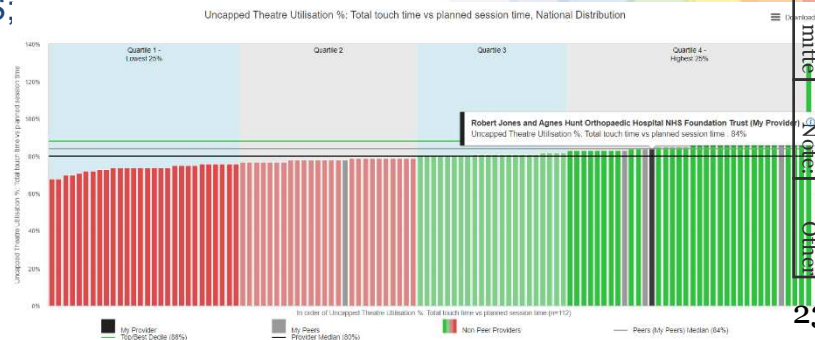
Aspiring to deliver world class patient care

Quality and Safety

- Trust has been commended by NHS England for its work in relation to the recovery and improvement of the Infection, Prevention and Control agenda. Targeted support and monitoring has now been stepped down.
- Quality Accounts for 2022/23 have been presented at Quality and Safety Committee and approved at Trust Board.
- Quality Priorities for 2023/24 have been agreed with a focus on EOLC, Falls, Medicines Management, Pressure Ulcers, Delayed Discharges and enhancing the experience of patients with LD & Autism.
- Development of a 5 Year Nursing & AHP Strategy underway.
- New Quality Strategy is being developed for the Trust alongside a Quality Accreditation Programme.
- Inaugural Annual RJAH Nursing & AHP Celebration day takes place later this month with the awarding of the Agnes Hunt Medals for Nursing, AHP and HCSW achievement.
- Senior Clinical staff have had training on PSIRF, the new Patient Safety Incident Response Framework, prior to its rollout at the end of the year. The priorities are 'System Based Analysis' of complex healthcare incidents, avoiding individual blame, and giving patients a voice.
- The Trust has collaborated with SATH for the introduction of the new Medical Examiner System, to provide independent scrutiny of deaths and give bereaved people a voice

Performance

- In-line with NHSE expectations, the trust has virtually eliminated waits of over 78 weeks for NHSE patients.
- There has been inequity for Welsh patients due to the lack of 'mutual aid' options, this now appears to have resolved with commissioners and will lead to a reduction in long waiting spinal disorders patients.
- Activity is now significantly off track (23/24 plan) due to Industrial Action and workforce concerns, mitigation is available in the form of the positive recruitment pipeline, weekend working and efficiency schemes.
- Our theatre lists remain some of the best utilised in the NHS;



Finance

- RJAH Finances are £0.3m behind plan as of Month 2
- Main driver for adverse position is reduced income (Industrial Action has impeded activity delivery)
- Risks to delivering annual financial plan identified as £2.4m linked to Industrial Action, funding pressures from increasing Veterans activity, Agency requirements, Efficiency stretch and high inflationary environment
- System is £4m off plan and nationally most organisations are in similar position with a reported £340m gap to plan after just 2 months (historically plans tend to drift in the second half of the year)
- In response to this NHSE have published enhanced agency and financial control requirements with a series of requirements which are currently being assessed
- We are also expecting updated income guidance given the impact that Industrial Action is having on performance

People



Staff Feedback App: Improvewell

- More reliable source of feedback
- Reaches all staff
- Direct feedback on the general mood/morale of staff *and* subject specific issues
- Supports the 'Improvement' agenda with staff ideas

EDI

- Listening Events held/planned to help inform the strategy/plan for the year's activities and direction

Recruitment

- Open Day went ahead on Saturday 15th July
- Next date: Sunday 8th October

New Theatre Development

- £5m funding secured from NHSE Targeted Investment Fund to build a new Theatre to support waiting list clearance for Spinal
- Construction underway at a cost of £10.4m (balance funded by RJAH) and expected to be operational by April 2024
- New Theatre block is being extended and design is looking to accommodate the build of 4 new Theatres as part of a multi year broader theatre replacement strategy (Business case in development)
- This will be a major investment and will require access to national capital to complete
- Once in place this will enable an upgrade of the 4 open 'barn' theatres ahead of the decommissioning of the Menzies leased Theatres

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Slido question table of contents

- What do you want RJAH to have achieved in 2028?
- Thinking about today, is there anything that has been missed?
- What action will you take to move the conversation forward? Give 2 words to describe
- how you are feeling on your way home today.

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Key Milestones and Next steps

- June 2023
 - Updates to Board & Trust Management Group
 - met with Value Circle to discuss supporting with the following:
 - Enabling workstreams facilitation support
 - Behaviours and values refresh
- July 2023-September 2023 – Strategy development
 - Strategic and Enabler groups to develop their 5 year plan
 - Monthly combined Strategic lead and Enabler lead check in meetings
 - Regular staff engagement initiatives
 - Patient Panel engagement sessions
 - Governor engagement sessions
- October 2023 Trust Strategy Board review
- October 2023 HIPS 2 Strategy Launch



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Questions and Answers

Committee / Group / Meeting, Date

Council of Governors, 24 July 2023

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Gayle Murphy

Report sign-off:

Stacey Keegan
Chief Executive Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

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

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

- The Council members requested no items for the agenda
- The Council members raised 1 question

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

Date Raised	Raised By	Question
21.06.23	Kate Betts, Staff Governor	<p>With the recent weather conditions and extreme heat within departments, can assurance be gained that all working/treatment environments are able to be maintained at a comfortable temperature? The issues around the increase in temperature is not going to go away. High/uncomfortable temperatures can happen throughout the year, with temperatures in some offices hitting 30c last week (week beginning June 12th). Could air conditioning, suitable for all areas, be fitted to all departments/offices?</p> <p>Response Provided by Nick Huband, Director of Estates and Facilities:</p> <p>Hot ambient temperatures are leading to local clinical areas exceeding the 26 degree threshold whereby mitigations need to be actioned. Portable air conditioning units are provided where possible and clinical leads advised to escalate the mitigations advised by NHSE.</p> <p>All clinical leads are asked to report incidents on Datix to assist Estates in establishing investment plans for cooling with future monies.</p>

Questions and Answers

		<p>See below link for further support</p> <p><u>Supporting vulnerable people before and during hot weather: healthcare professionals - GOV.UK (www.gov.uk)</u></p> <p>It has been identified as part of the EPRR workstream, that now falls under the remit of Estates, that there was not an internal Heatwave plan. A draft Plan was presented to the EPRR Group, it was recommended that further input/support was required from clinical Leads. This ongoing piece of work will be monitored by the group.</p> <p>The estates team are reacting to requests for additional portable cooling systems, prioritising clinical areas.</p> <p>A further question was asked by Kate:</p> <p>Unfortunately I know of four areas where staff were having to work in extreme temperatures last week, two of these were offices without windows which means they can not have air conditioning. What other options are available? Surely there must be a brand of air conditioning which do not need a window to vent.</p> <p>Nick asked Kate to link in with Jason Kear, Operational Estates Manager, in the first instance, so the team can identify the areas of concern and offer up potential solutions going forward.</p>
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Strategic objectives and associated risks:

The Council of Governors support delivery of all the Trust's objectives.

Recommendations:

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

Report development and engagement history:

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

Next steps:

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

Public Membership Development and Engagement Strategy Update

Committee / Group / Meeting, Date

Council of Governors, 24 July 2023

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Name: Chris Hudson
Role/Title: Head of Communications

Report sign-off:

N/A

Is the report suitable for publication?:

YES

Key issues and considerations:

In July 2022 the Council of Governors agreed the **Foundation Trust Public Membership Development and Engagement Strategy 2022-25**. As described in the document:

“This Membership Development and Engagement Strategy 2022 sets out a series of objectives for the Trust to continue to maintain, grow and engage its membership, including the actions that it will take to meet these objectives.

It also describes how the Trust will evaluate the delivery of the strategy. It should be noted that whilst this strategy is aimed at patients and public, the action plan will include staff engagement and involvement.

The strategy will be delivered within the wider framework of Trust strategies, which address the issues of equality and diversity, public, patient and carer involvement, user engagement, and communications.

This strategy builds on the success of membership management to date and outlines the Trust's vision for membership over the period 2022-2025.

It sets out the methods that will be used to identify and build an effective, responsive and representative membership body that will assist in ensuring that our Trust is fit for its future in the changing NHS environment.”

The Strategy outlined two overarching objectives:

- Objective 1: To build and maintain our membership numbers by actively recruiting and retaining members
- Objective 2: To effectively engage and communicate with members

A summary of activity undertaken to deliver these objectives is included at the appendix.

It also outlined a number of measures, through which it would evaluate success. These were:

- Proportion of membership participating in on line questionnaires
- The level of engagement of members
- Numbers of members attending events
- Increase in the number of members year on year
- Retention of members to fulfil a representative and fully engaged membership base with increases seen in the identified areas

The Membership update and Annual Review reports also included on the agenda relate to these measures.

Public Membership Development and Engagement Strategy Update

Strategic objectives and associated risks:

The Council of Governors support delivery of all the Trust's objectives. Maintenance of an effective Membership supports the following objective in particular:

5. Maintaining statutory and regulatory compliance

Recommendations:

The Council of Governors is asked to:

NOTE the information contained within this paper and the proposed next steps;

CONSIDER any additional activity required to deliver the Strategy.

Report development and engagement history:

The Strategy was considered and approved by the Council of Governors at its meeting on 19 July 2022. This report has not been considered at any other meeting within the Trust.

Next steps:

The Strategy is due to run until 2025.

The appendix outlines a number of planned next steps to deliver the Strategy.

The membership totals and membership profile will continue to be kept under review.

Appendices:

Appendix A Trust Public Membership Development and Engagement Strategy

Trust Public Membership Development and Engagement Strategy

In the summer of 2022, the Council of Governors developed a Public Membership Strategy, designed to support the recruitment and retention of Trust members.

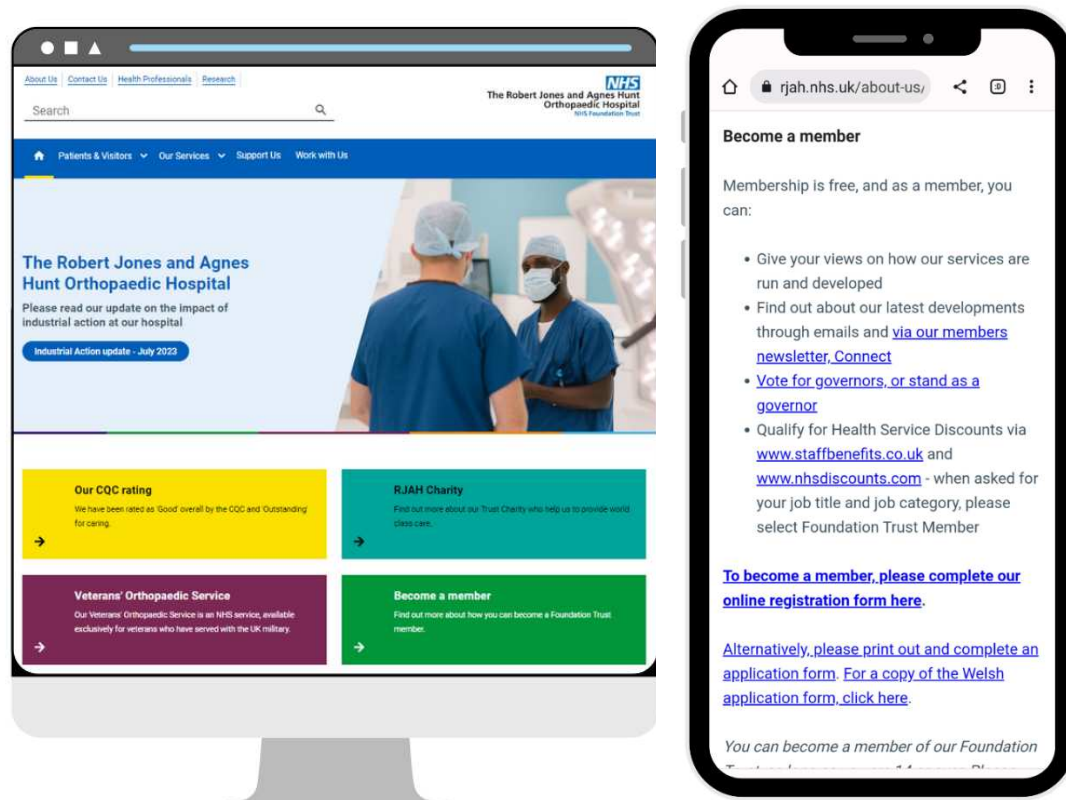
This paper sets out activity taken against that strategy, and next steps to be taken to develop it further in the coming months. It is set out against the two core objectives articulated within the strategy.

Objective 1: To build and maintain our membership numbers by actively recruiting and retaining members

What we've done so far

The Trust has always taken steps to actively recruit to its membership. Activity includes:

- **Opt-out scheme for Trust staff** – all Trust staff are automatically enrolled as members when they join the Trust, unless they actively choose to opt out.
- **Prominent presence on our new Trust website** – in 2022/23, the Trust launched a new-look external website. As part of the design, we made sure to include a prominent button on home page, signposting visitors to information about becoming a member. It is one of four main buttons signposting to key sections, with this one being a vivid green.



The site is fully mobile responsive, so that the information is easily accessible – whether viewed via a desktop computer or via a mobile phone.

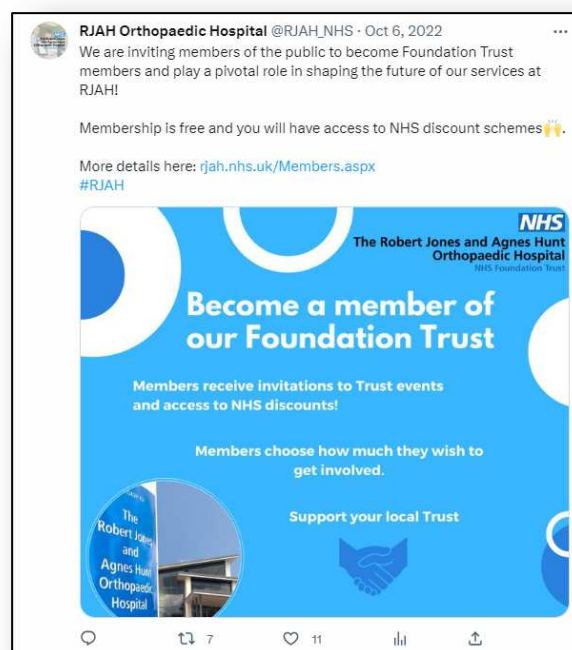
The information page is packed with useful links.

- **Promotion on social media** – we place regular posts on our social media channels to highlight the opportunity to join up as a Trust member, and to promote the benefits of joining.

We have more than 12,000 followers on Facebook, and more than 5,200 on Twitter, so these posts can reach a large audience.

Posts are designed to have eye-catching graphics and include links to our membership web page as set out above, giving someone interested as a result of the post the opportunity to immediately take action on that interest by signing up.

The image to the right is an example post from our Twitter channel.



- **Promotion of Members Surgeries** – Trust Governors have traditionally arranged drop-in information stands in the Main Entrance, designed to allow visitors to talk to them about any particular issues or concerns they may have, and to find more about signing up as a member.

These are promoted via social media to the general public, and via our various communication channels to Trust staff.

Next steps

We will look to develop materials to raise visibility of our membership offer in a more high profile way that captures patients and visitors to the hospital – who are, after all, the people most likely to be enticed to sign up as members.

To do this, we will take the following steps:

1. Creation of an engaging **poster** to be positioned prominently near the Main Entrance to highlight membership opportunities. The poster will include a QR code linking to the relevant section of our website, so that interested parties have the opportunity to take immediate action.
2. Linked to the poster, we will create simple **flyers** in a similar style. These could be positioned in the Main Entrance coffee shop, the Veterans' Centre coffee shop, and in outpatient areas.

This would allow people to take information away and sign up at their leisure.

3. We will highlight membership opportunities at key **Trust events** – particularly our current rolling programme of **recruitment events**, which brings a captive audience into the organisation. We will work with Governors to arrange for a presence at these events, so that they can talk to prospective staff members about our membership offer.

Objective 2: To effectively engage and communicate with members

What we've done so far

- **Connect Newsletter** - One of our key channels for communicating and engaging with our members, is our quarterly Connect newsletter. This newsletter is compiled by the Communications Team, but has oversight from an assigned Trust Governor (currently Katrina Morphet), who is the named editor of the publication. This ensures it is truly a Governor owned publication.

Connect is shared via email to all members on our database. We recognise that many of our members, mostly in the older demographics, have not got a registered email address and so do not receive the publication. Historically, we produced a once-a-year printed edition which was posted to all members who have not shared digital communications details with us. This has stopped in recent times due to cost reasons, but is something that could be revisited in the future.



Within Connect, we share messages from our Chair, key news updates, details of forthcoming Members Surgeries, and much more.

[All copies of Connect are also available to download and read on our website.](#)

- **Membership Surgeries** – these Our Members Surgery provides our members with a great opportunity to let the Governors know about what they would like to learn more about at the hospital, feedback their experiences and suggestions, or what news stories they would like to receive in our members newsletters and correspondence.

Next steps

- **Better use of email engagement** – the Trust has access to a Membership Engagement Services (MES) database, which allows us to send mail shots to all members at any time, outside of the quarterly newsletter.

We have not routinely done this in recent months, but will look to make better use of it to

ensure our members get timely information and updates from the Trust.

- **Partnership working with our Lead Governor** – the Trust Senior Management Team and the Trust Communications Team have strong relationships with the Lead Governor Victoria Sugden. We will look to set up regular catch-ups with Victoria to discuss progress with this strategy and new ideas for better engaging our members.
- **System working** – RJAH is of course a member of the Shropshire, Telford and Wrekin Integrated Care System. We will aim to develop digital communications to share with ICS colleagues for dissemination – both to encourage new members to join and to keep existing members updated on system progress and our work as part of the system.

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9. To Note:
10. Any Other

Committee / Group / Meeting, Date

Council of Governors, 24 July 2023

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

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

Report sign-off:

N/A

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

Membership Total

The current membership total (on 01 July 2023) was 6649:

Staff	1272
Public	5377
Total	6649

The Trust membership target for 2022/23 was amended during a previous meeting to achieve a year-on-year increase. In July 2022 membership stood at 6694. As such, there has been around a 0.7% decrease over the last twelve months.

Though the membership total has fallen year-on-year, the low point was September 2022, when the figure was 6396. Since September 2022, the membership has risen by around 4%.

Public Constituencies

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

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Cheshire & Merseyside	355	355	353	352	368	370	370	370	369	370	374	374	379
North Wales	925	904	863	867	885	884	879	884	884	883	884	884	889
Powys	540	524	523	522	533	533	533	531	531	532	533	535	540
Shropshire	2,755	2,703	2,544	2,542	2,623	2,632	2,634	2,639	2,639	2,642	2,649	2,647	2,692
West Midlands	530	531	530	530	545	547	545	546	547	548	549	549	556
Rest of England & Wales	249	249	249	248	261	262	262	263	264	265	267	268	279
Out of Trust Area	139	150	160	181	49	57	63	75	82	87	94	102	42
Total	5,493	5,416	5,222	5,242	5,264	5,285	5,286	5,308	5,316	5,327	5,350	5,359	5,377

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

Figure 1 – public membership since July 2022 (building up from the category with the largest number):

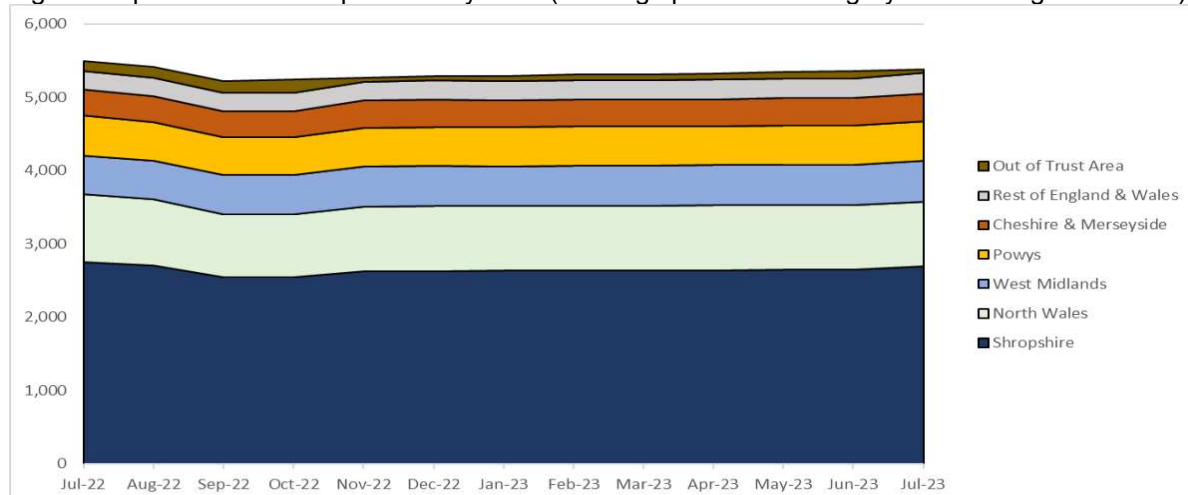
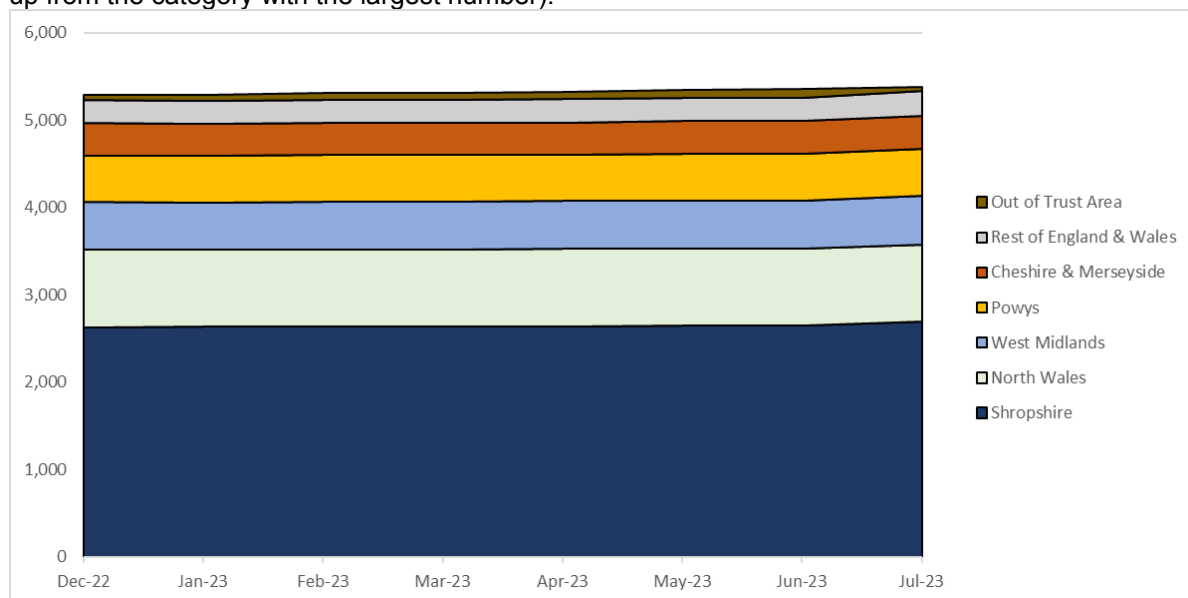


Figure 2 – public membership since December 2022, when “recruitment activity” resumed (building up from the category with the largest number):



Membership total

To provide some context for the Trust’s membership figures, some comparative figures are included at the Appendix. These figures were drawn from Foundation Trust Annual Reports for 2021/22 (as that is the most recently published information that enables comparison). The appendix covers a range of organisations, chosen at random – from large, acute FTs to smaller, specialist FTs. It shows the number of staff members and public members for each FT at the end of 2021/22.

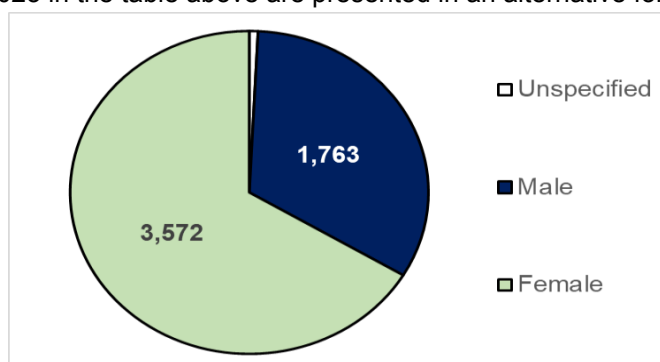
Generally speaking, the bigger the organisation, the smaller the public membership, relative to its staff membership. Even if you take that into account (and consider the smaller FTs), RJAHH had the highest ratio of public members to staff members.

Gender

The table below presents the number of male and female members. The proportion of male and female members has remained fairly constant, with around a third of the membership being male and two thirds female.

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Gender	5,493	5,416	5,222	5,242	5,264	5,285	5,286	5,308	5,316	5,327	5,350	5,359	5,377
Unspec.	43	43	43	43	43	43	43	43	43	43	43	42	42
Male	1,783	1,763	1,705	1,717	1,723	1,731	1,731	1,737	1,739	1,744	1,753	1,758	1,763
Female	3,667	3,610	3,474	3,482	3,498	3,511	3,512	3,528	3,534	3,540	3,554	3,559	3,572

The figures for July 2023 in the table above are presented in an alternative format in the chart below:



Ethnicity

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

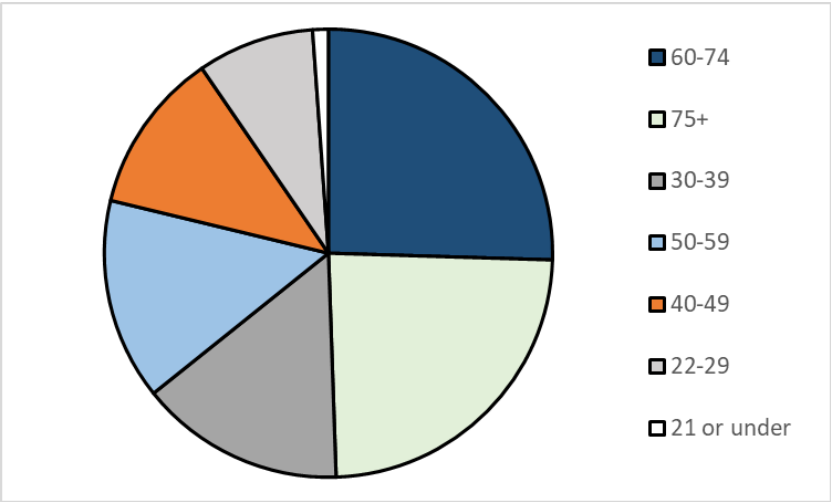
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Ethnicity	5,492	5,415	5,221	5,241	5,263	5,284	5,285	5,307	5,315	5,326	5,349	5,358	5,376
White	3,356	3,301	3,184	3,180	3,182	3,188	3,182	3,181	3,180	3,184	3,192	3,193	3,195
BME	119	118	111	113	114	114	114	116	116	116	119	118	118
Not stated	2,017	1,996	1,926	1,948	1,967	1,982	1,989	2,010	2,019	2,026	2,038	2,047	2,063

Age

The profile of public membership by age looks to have remained largely the same over the year when looking at the number of members for each category with a slight decline in those aged 17-21 and an increase in the 30-39 age category.

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Age	5,137	5,069	4,883	4,906	4,929	4,951	4,953	4,977	4,987	5,002	5,027	5,037	5,052
22-29	453	447	420	422	425	424	425	435	434	428	431	431	430
30-39	731	727	692	706	711	718	721	723	730	738	744	747	756
40-49	613	597	574	574	577	581	580	583	586	587	590	591	596
50-59	763	763	734	738	743	746	741	746	748	750	751	747	743
60-74	1,347	1,331	1,283	1,285	1,286	1,289	1,292	1,287	1,284	1,287	1,292	1,295	1,302
75+	1,230	1,204	1,180	1,181	1,187	1,193	1,194	1,203	1,205	1,212	1,219	1,226	1,225

The figures for July 2023 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):



Strategic objectives and associated risks:

The Council of Governors support delivery of all the Trust’s objectives. Maintenance of an effective Membership supports the following objective in particular:
5. Maintaining statutory and regulatory compliance

Recommendations:

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

Report development and engagement history:

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

Next steps:

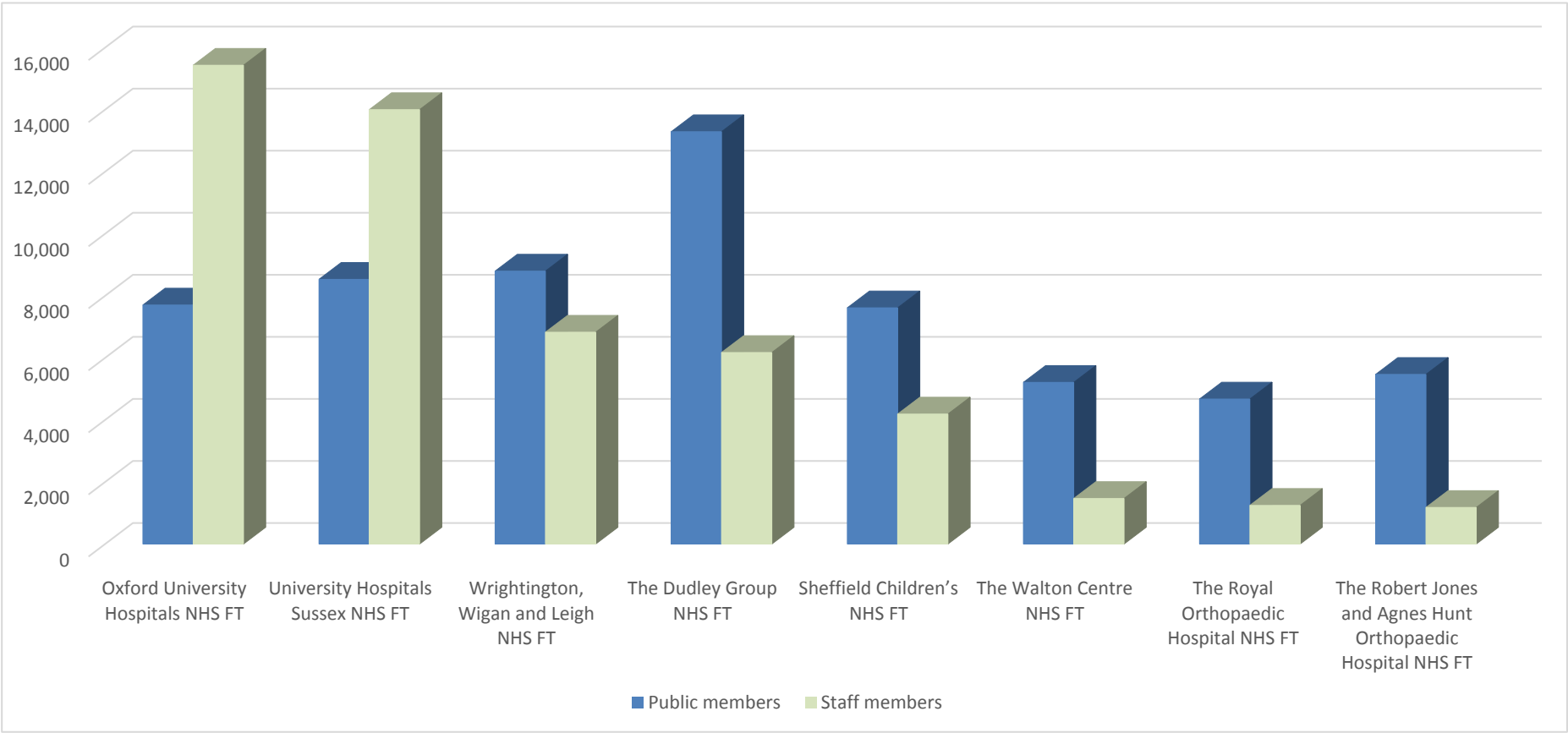
Membership numbers will continue to be monitored and reported.

Appendices:

Appendix A Membership figures reported in 2021/22 Foundation Trust Annual Reports

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Appendix: Membership figures reported in 2021/22 Foundation Trust Annual Reports



*Staff membership not reported but staff numbers exceed 14,000

1. Introduction
2. Welcome from the
3. Lead Governor
4. Chief Executive
5. Governance
6. Quality
7. Annual Reports
8. Committee Chairs
9. To Note:
10. Any Other Business

Committee / Group / Meeting, Date

Council of Governors, 24 July 2023

Author:
Name: Dylan Murphy
Role/Title: Trust Secretary
Contributors:
Name: Mary Bardsley
Role/Title: Assistant Trust Secretary
Report sign-off:

N/A.

Is the report suitable for publication?:

YES

Key issues and considerations:

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

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

Meetings and Membership

Between 1st April 2022 and 31st March 2023, the Council met on 7 occasions:

- 21 April 2022 (Extraordinary meeting)
- 24 May 2022
- 19 July 2022
- 28 September 2022 (Annual General Meeting)
- 9 November 2022
- 15 December 2022 (Extraordinary meeting)
- 8 March 2023

The membership and attendance at meetings of the Council during 2022/23 is shown in the table below:

Name	Title	APR	MAY	JUL	SEPT	NOV	DEC	MAR
Council of Governors		EXO			AGM		EXO	
Harry Turner	Chair	X	X	X	X	X	X	X
William Greenwood	Public Governor – Powys*	X	X	X	X		X	
Victoria Sugden	Stakeholder Governor - Voluntary Services*	X		X	X	X	X	X
Martin Bennett	Public Governor - Shropshire				X	X	X	
Sue Nassar	Public Governor - Shropshire							
Nicki Kuiper	Public Governor - Shropshire					X	X	X
Colin Chapman	Public Governor - Shropshire	X		X		X	X	X
Jan Greasley	Public Governor - North Wales							
Sheila Hughes	Public Governor - North Wales				X	X		X
Colette Gribble	Public Governor - North Wales					X		
Tony Wright	Public Governor - West Midlands		X			X		X

Name	Title	APR	MAY	JUL	SEPT	NOV	DEC	MAR
Council of Governors		EXO			AGM		EXO	
Katrina Morphet	Public Governor - Cheshire & Merseyside	X	X		X		X	X
Phil White	Public Governor - Rest of England	X		X			X	
Kate Betts	Staff Governor	X	X	X		X	X	X
Kate Chaffey	Staff Governor							
Allen Edwards	Staff Governor	X	X				X	X
Simon Jones	Stakeholder Governor - Shropshire Council	X		X	X			
Peter David	Stakeholder Governor - Voluntary Services	X		X				
Karina Wright	Stakeholder Governor - Keele University					X		X
Non Executive Directors in attendance								
Sarfraz Nawaz	Non Executive Director		X			X		X
Penny Venables	Non Executive Director		X	X				
Martin Newsholme	Non Executive Director		X	X	X	X		X
Chris Beacock	Non Executive Director				X			X
Paul Kingston	Non Executive Director		X			X		
David Gilburt	Associate Non Executive Director		X	X		X		
John Pepper	Associate Non Executive Director			X	X	X		X
Martin Evans	Associate Non Executive Director				X	X		X
Others in attendance								
Stacey Keegan	Interim Chief Executive Officer / Chief Executive Officer			X	X	X		X
Denise Harnin	Interim Chief People Officer						X	
Shelley Ramtuhul	Trust Secretary		X	X	X			
Mary Bardsley	Acting Trust Secretary					X	X	
Dylan Murphy	Trust Secretary							X

* William Greenwood, Lead Governor to January 2023
Victoria Sugden, Lead Governor from 20 January 2023.

Elections and appointments

The following Governors were elected during the year:

- Sheila Hughes
- Nikki Kuiper
- Martin Bennett

The following Governors were re-elected during the year;

- Kate Betts
- William Greenwood

The following Governors' appointments came to an end during the year:

- Peter David
- Jan Greasley
- Sue Nassar

Role and responsibilities

The general duties of the Council of Governors are:

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

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

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

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

The key responsibilities of the Council of Governors, are set out in detail at Annex 5 to the Trust's Constitution. That Annex also outlines the specific role and function of the Governors, to be exercised through the Council:

- reviewing annually the extent to which the Trust is meeting its objective of delivering high-quality services;
- working with the Board of Directors on such other matters for the benefit of the Trust as may be agreed between them;
- developing membership in accordance with the Trust's membership strategy;
- representing the interests of the Members of the Trust as a whole and the interests of the public;
- holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and
- take steps to be appropriately equipped with the skills and knowledge to perform the duties required.

Items considered during the year

During 2022/23, the Council of Governors considered the following agenda items:

Standing items	APR EXO	MAY	JULY	SEPT AGM	NOV	DEC EXO	MAR
Non Executive Director Committee Updates		X	X		X		X
Trust Overview (presentation)		X	X		X		X
Membership Report		X	X		X		X
Review of Work Programme		X	X		X		X
Lead Governor Update		X	X		X		X
Governor Activity and Feedback		X	X		X		X
Patient Safety Walkabout Feedback		X	X		X		X
Questions from the Governors		X	X		X		X
Guest Speaker		X	X		X		X
Statutory / Annual Reports							
Receive Annual Report and Accounts				X			
Receive Auditor's Reports				X			
Safeguarding Annual Report (for information)			X				
Strategy / Planning							
Corporate Objectives / strategic planning		X					X
ICS arrangements			X				
Quality							
2022/23 Priorities and Quality Indicators		X					
Quality Accounts draft presented				X			
Appointments							
NED appointment	X					X	
Chief Executive Appointment					X	X	
COG Strategy							
Membership & Engagement Strategy		X					
COG Governance							
COG Self-Assessment (inc review of outcomes from training)			X				
COG Annual report (for approval)			X				
COG Annual report presentation				X			

Annual Review

Strategic objectives and associated risks:

The work of the Council has supported delivery of all the Trust objectives:

1. Developing and Maintaining Safe Services
2. Develop our Veterans Service to ensure it is established as a centre of excellence
3. Support MSK integration across the system
4. Optimise the potential of digital technologies to transform the care of patients and their outcomes
5. Maintaining statutory and regulatory compliance

Recommendations:

That the Council of Governors:

1. NOTE the report;
2. NOTE the results of the survey and CONSIDER any actions required to address them.

Report development and engagement history:

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

The survey results are based on responses received from Governors.

Next steps:

The results of the survey will be considered in detail by the Chair, Lead Governor and Trust Secretary. Thought will be given to the results and Governors' comments and actions will be considered to identify actions to address any apparent issues or make any suggested improvements.

This detailed review has not yet taken place, but induction / training is an area that needs attention.

In accordance with the "Corporate Standards Manual", the Council will maintain a formal decision log during 2023/24. This will supplement the formal minutes and record any "decisions" made by the Council. This will record the conclusion of all substantive agenda items and record anything that was Approved, Recommended for Approval, Ratified, endorsed etc. For completeness, this will include anything that is formally Noted. This "Decision Log" will form part of the Council of Governor's annual report in 2023/24.

Appendices

Appendix A Governors' survey results

Appendix A – Survey results

Governors were asked to respond to 30 statements / questions in total during the survey exercise. Responses were received from 13 of 16 members of the Council of Governors. That is a response rate of 81% and compares favourably with the 60% response rate in 2021/22 and 62% response rate in 2019/20.

There were two elements to the survey:

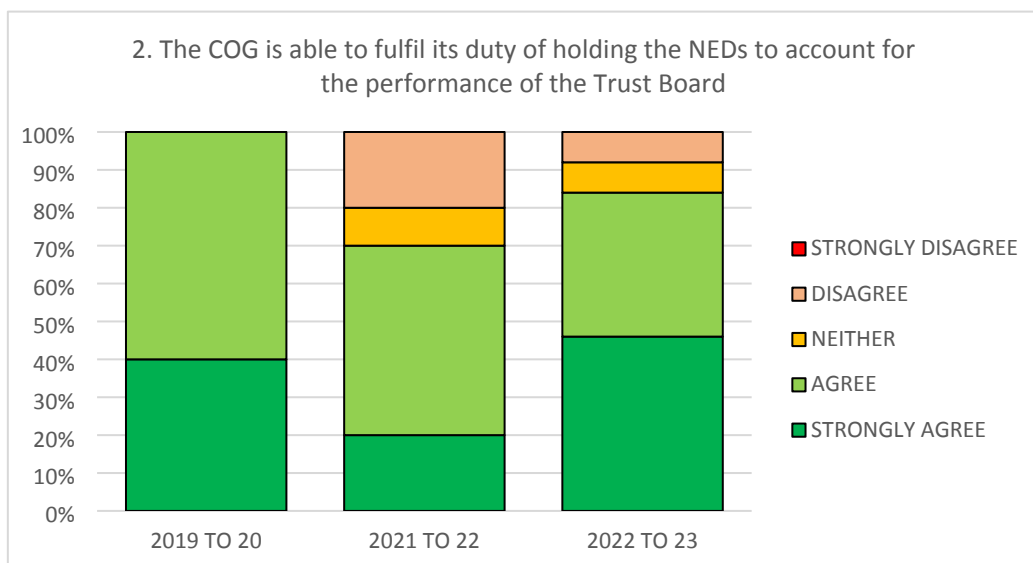
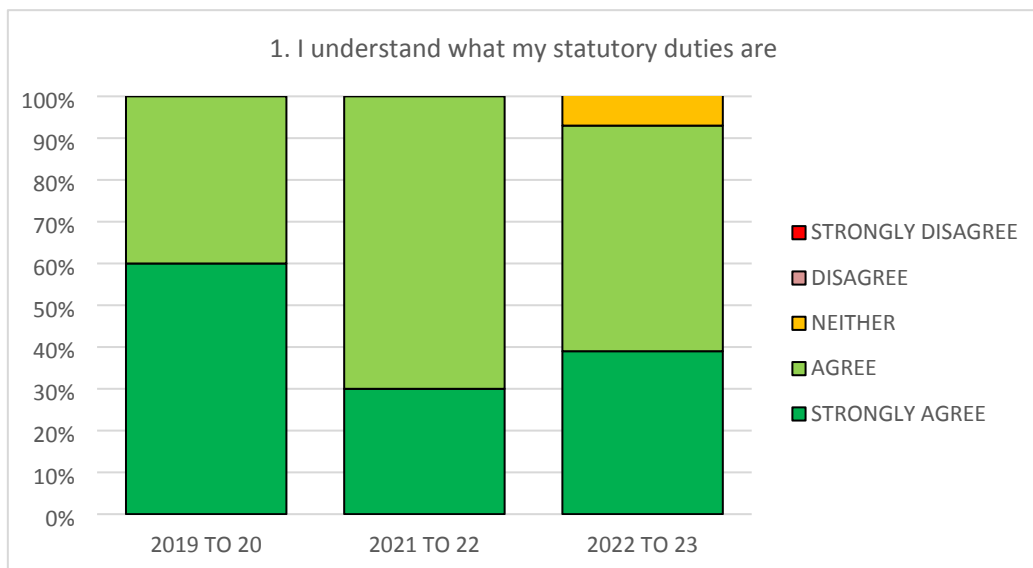
- 18 statements that have been asked consistently over a number of years. The responses, on a five-point scale, are shown alongside the previous two sets of results in the charts below.
- 12 additional statements / questions that asked for a narrative response.

Set questions - Statutory Role:

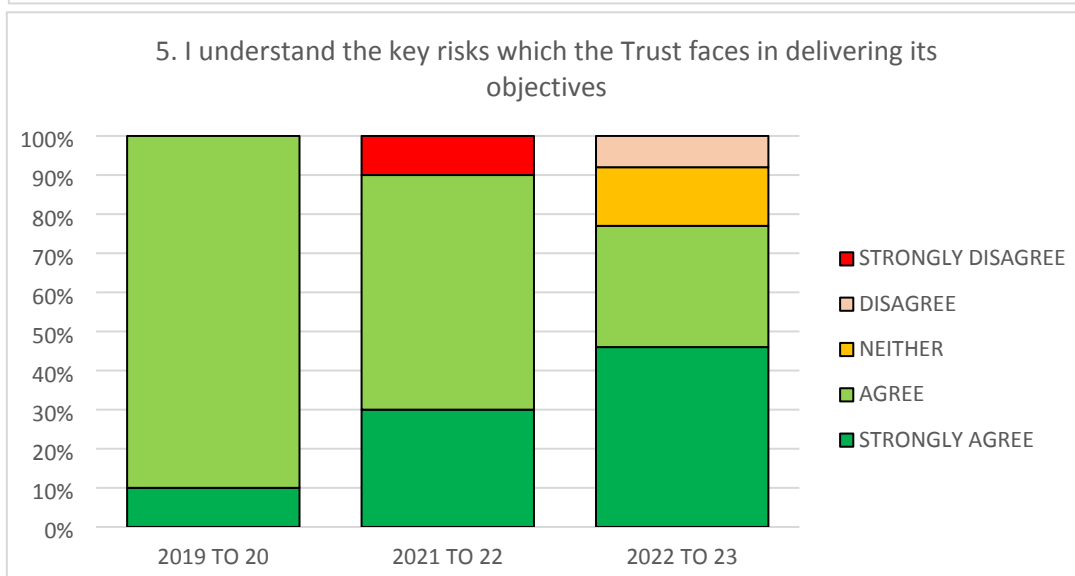
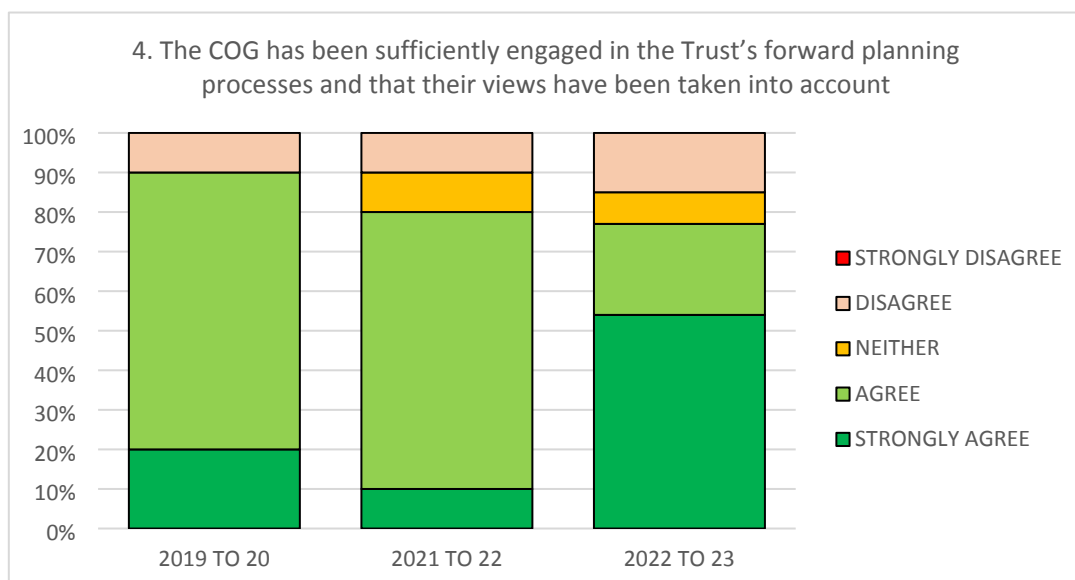
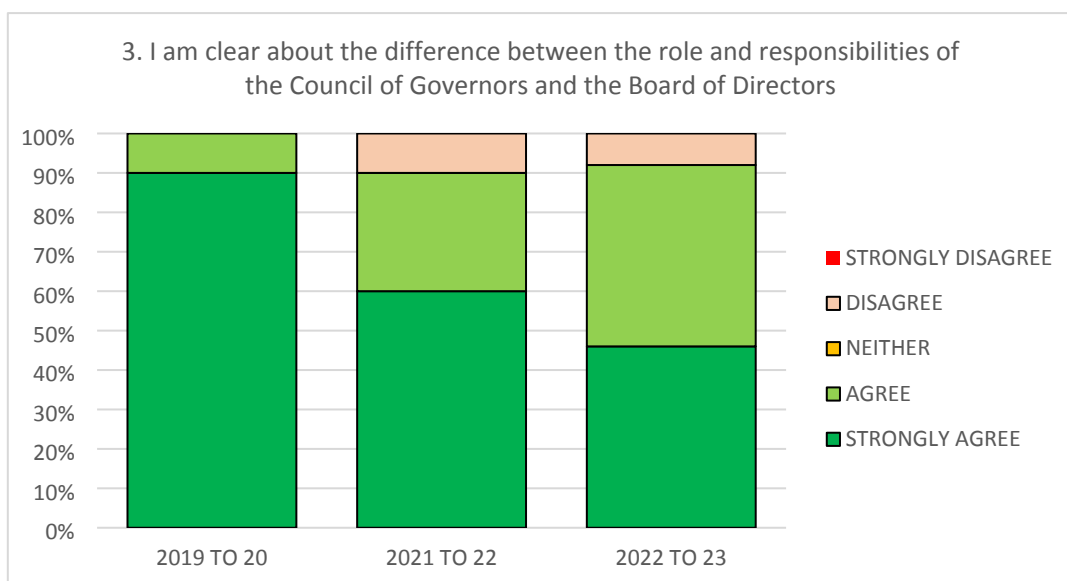
To enable comparison across years, the breakdown of responses to the following statements is shown as a percentage of the responses received that year.

For example, the 2022 TO 23 responses to statement 1 “I understand what my duties are” were: 5 “strongly agreed”; 7 “agreed”; 1 “Neither agreed not disagreed”.

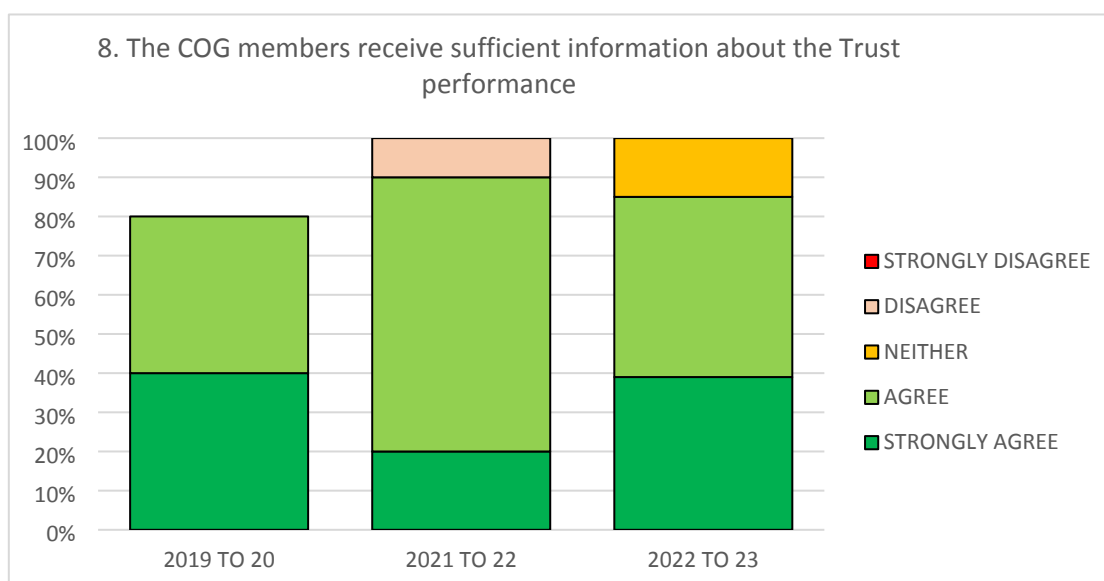
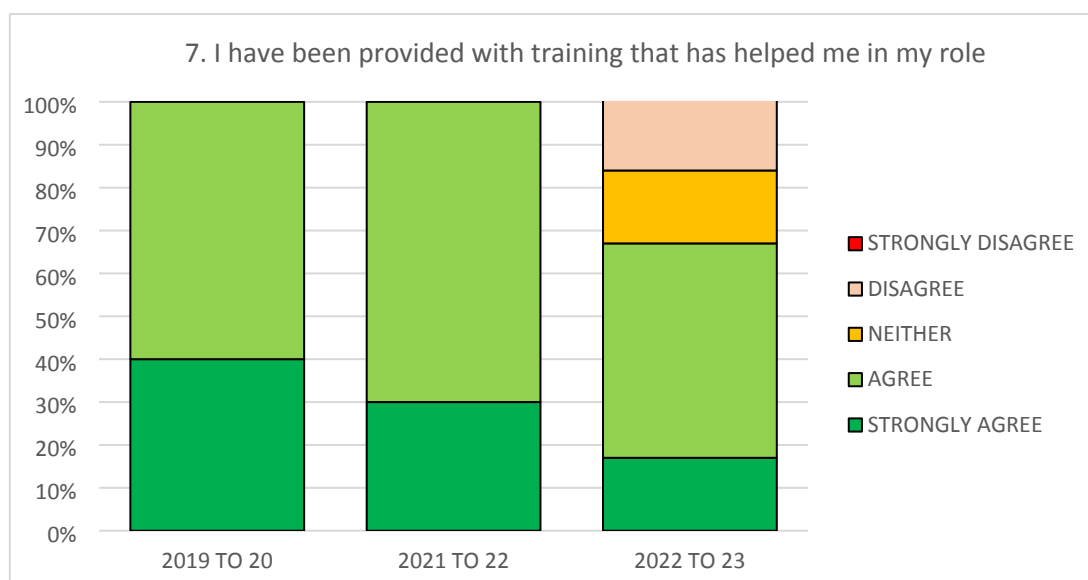
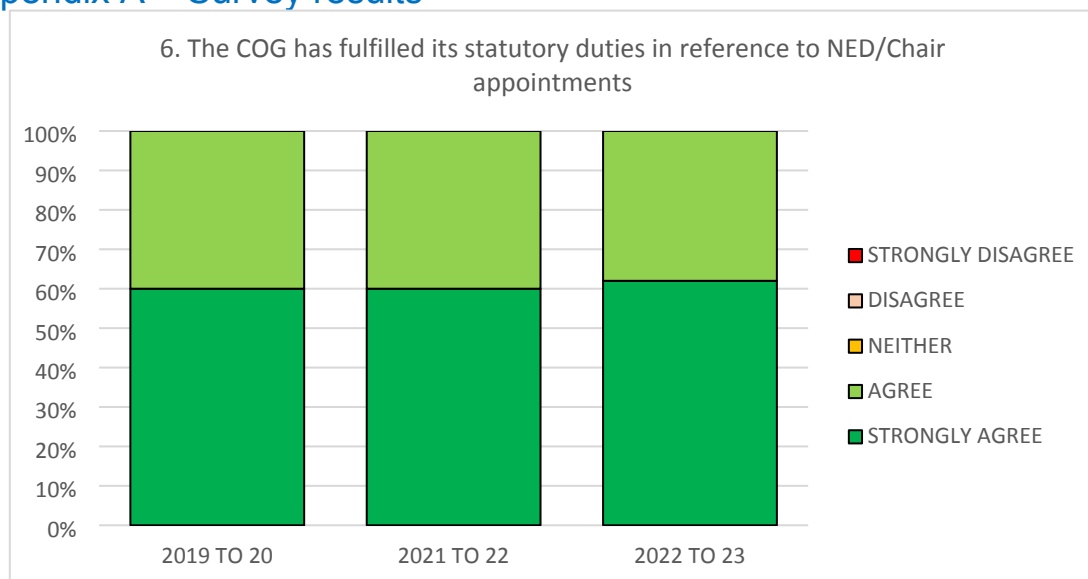
When expressed as rounded-up percentages of the total responses, this becomes: 39% “strongly agree”; 54% “agree” and 8% “Neither agree nor disagree”.



Appendix A – Survey results

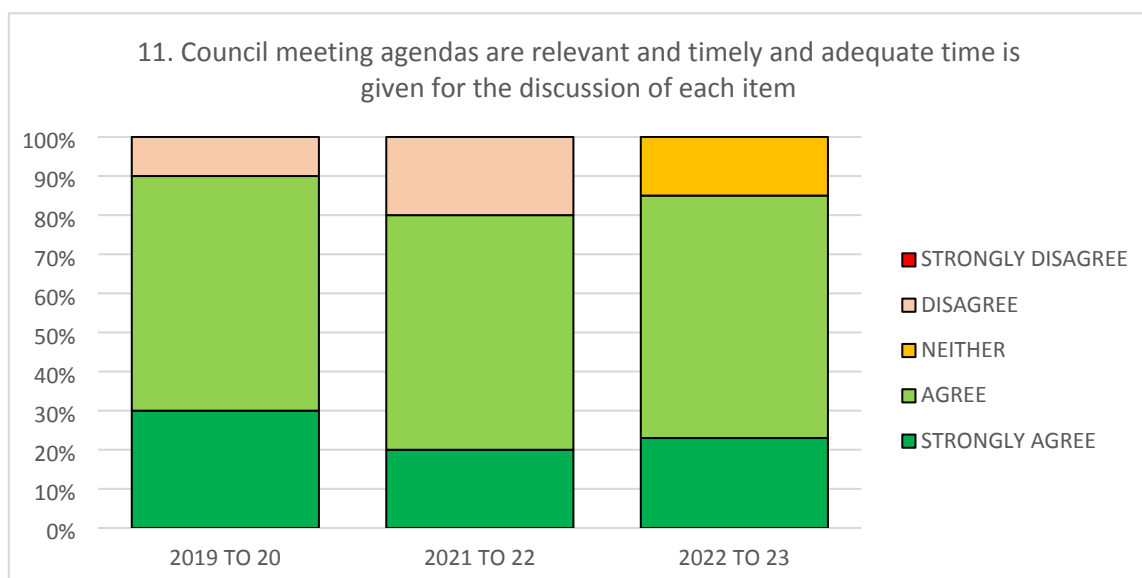
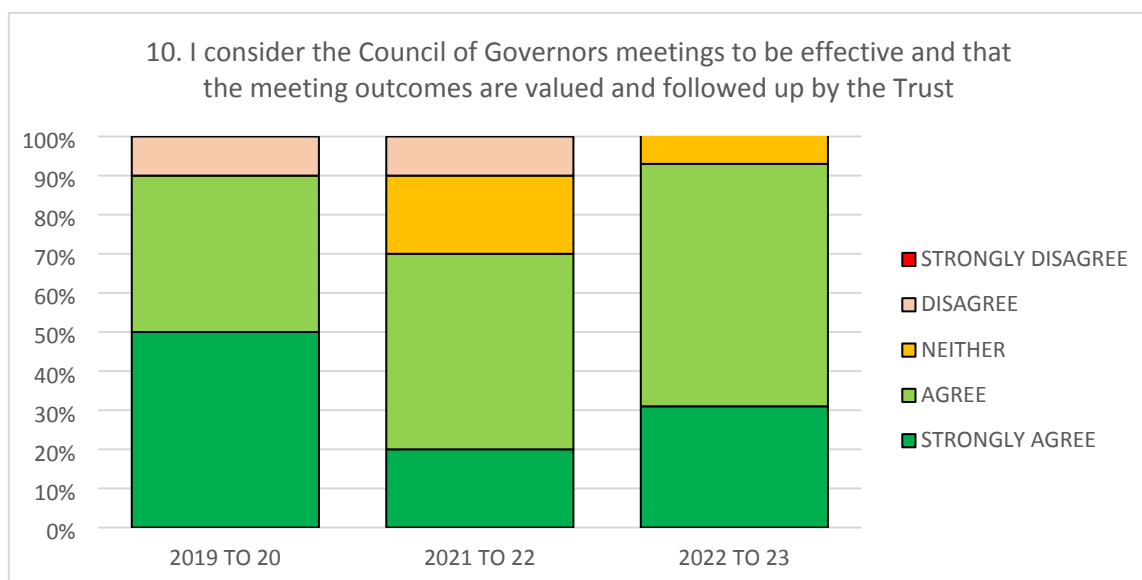
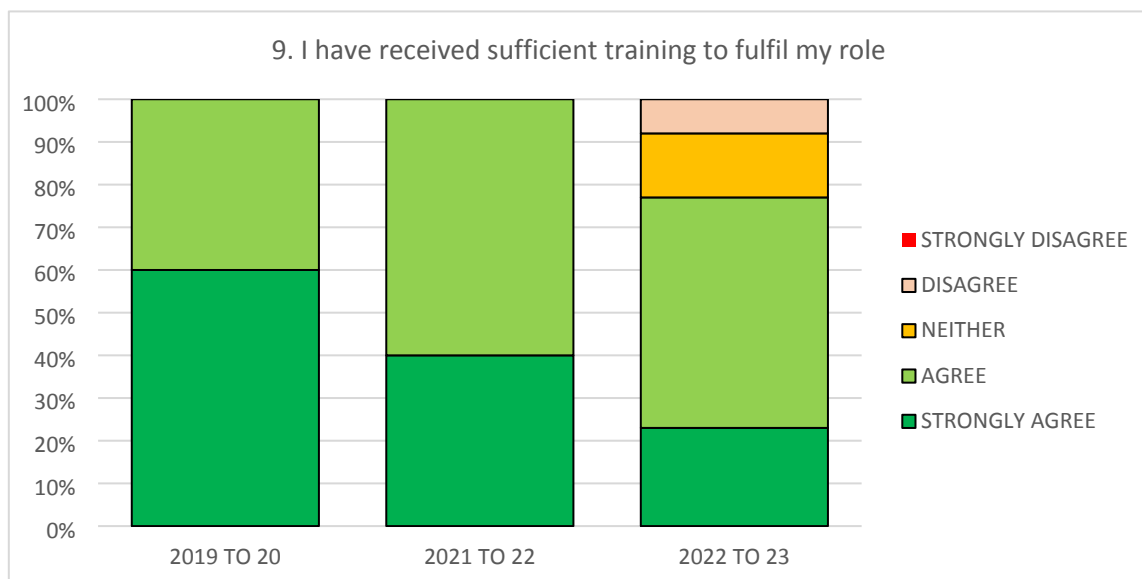


Appendix A – Survey results

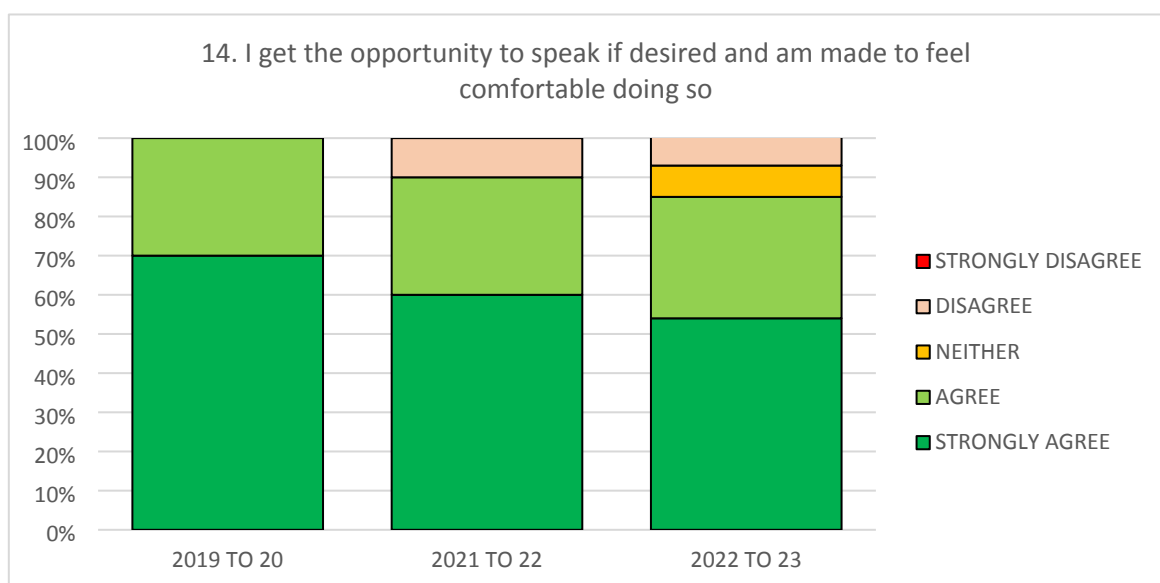
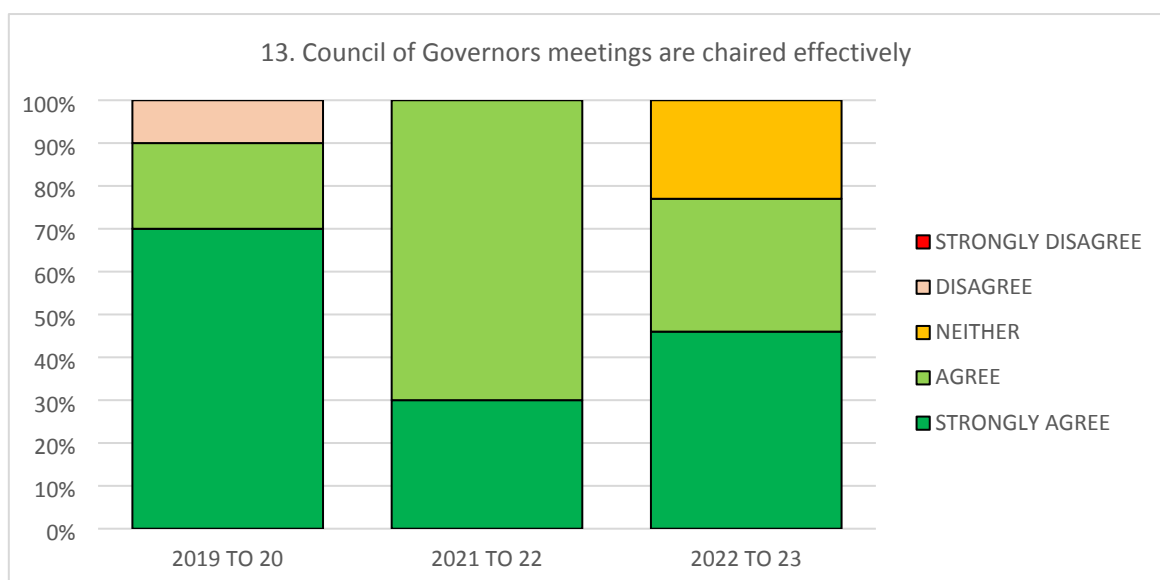


Appendix A – Survey results

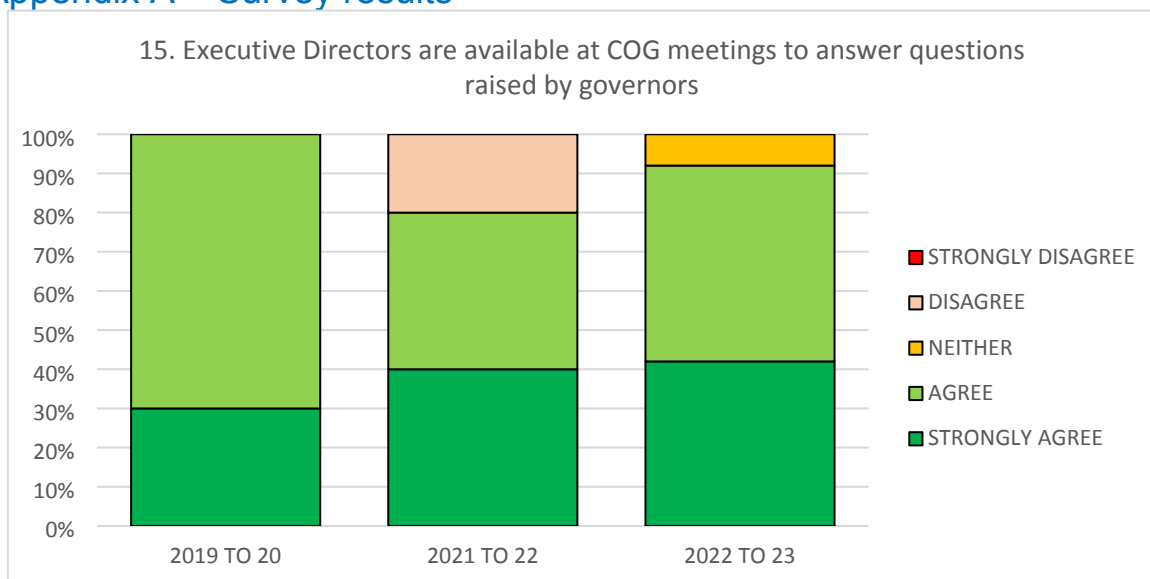
Set questions - Council of Governors Meetings:



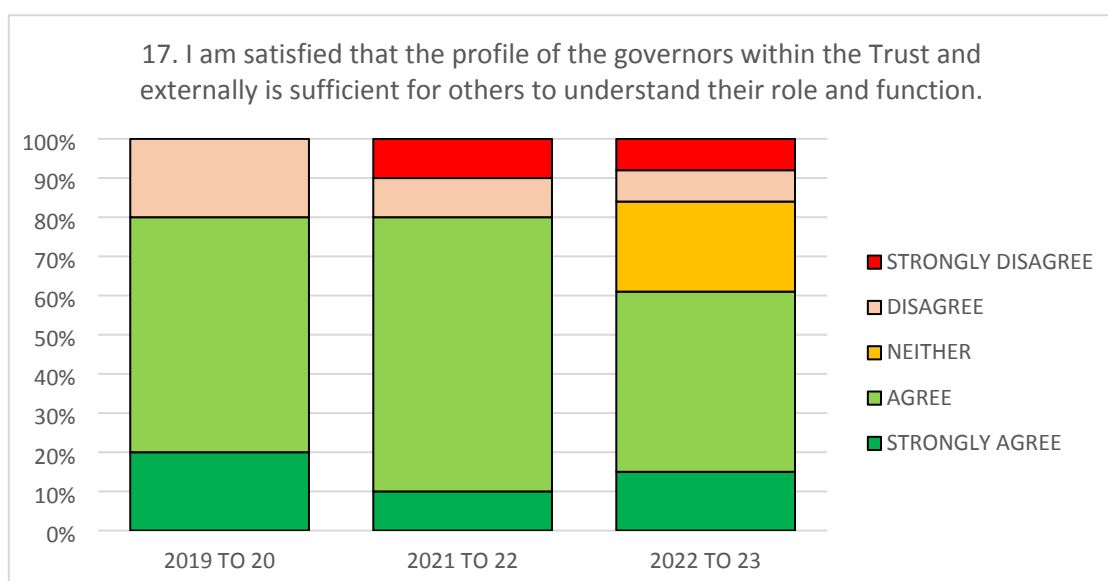
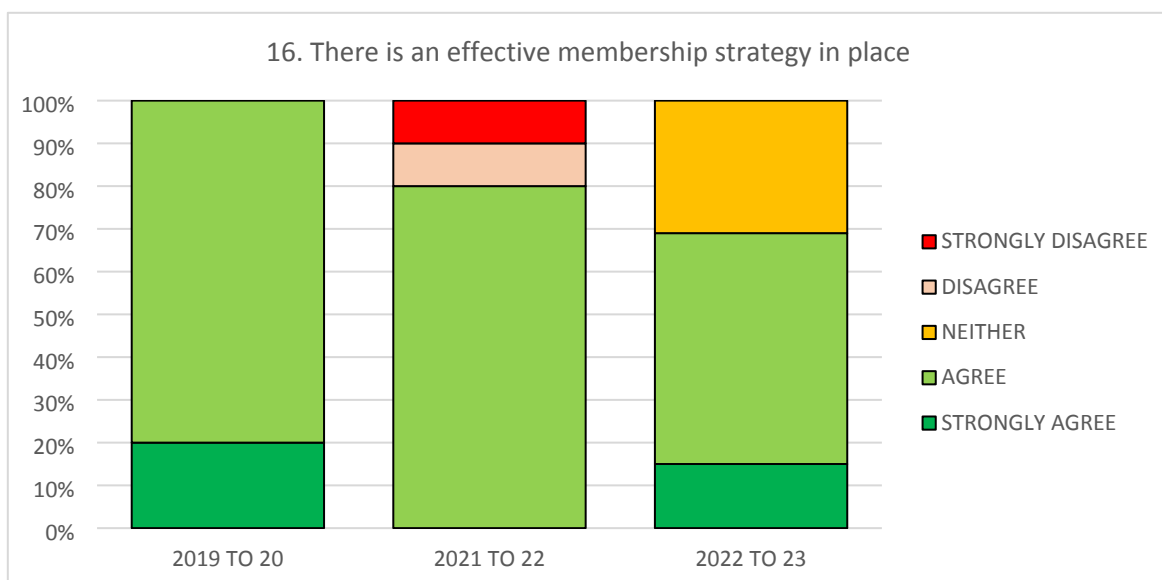
Appendix A – Survey results



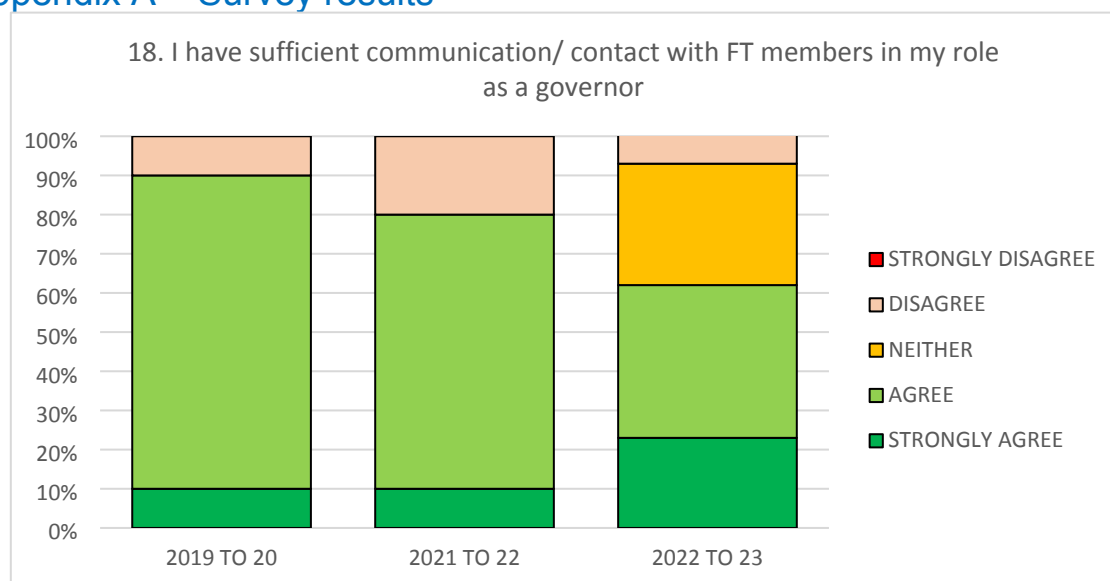
Appendix A – Survey results



Set questions - Membership Matters:



Appendix A – Survey results



The following content represents direct extracts from Governors' responses (minus any "N/A" responses, which have not been included).

Q.19 Where do you feel that you have made an impact as a governor?

- In Governors surgery
- have not made any notable impact as a governor.
- By being able to challenge a recent operational matter that considered detrimental to the safety of our patients.
- Gaining reassurance from NEDS Asking questions Giving the view of the FT members I represent
- Listening to views from the shop floor
- I have not been as proactive in meetings of late but read all documentation and comment when necessary.
- Communications with FT members through editing Members newsletter Connect
- Formerly acted as Lead Governor - set up regular internal Governor briefings; clarified 'big' picture issues; introduced a deputy role to the Lead Governor; took part in Chair/ CEO and NED selections.
- Participating in the recruitment process for NEDs. Stakeholder engagement.
- Attending Board & Committee meetings as observer

Q.20 Are there any areas where you would like to have more involvement?

- I am just starting the time so not sure yet
- Non specific
- I would like a longer pre COG meeting, to give Governors time to discuss issues. Half an hour is not long enough.
- Not at the moment
- Not presently but I hope to be more proactive in the future
- Strategy development
- None I can think of.
- Feel very involved.

Appendix A – Survey results

Q.21 Where do you feel that the Council of Governors has made an impact?

- Not sure
- By being involved in the selection process of key senior appointments.
- Gaining reassurance from NEDS Supporting the Board in recent issues
- There is effective impact in every aspect of the Trust due to the excellence of leadership and management. The strong partnership between governors and leaders strongly reinforces the overall effectiveness throughout R.J.A.H.
- Raising issues of concern from members, especially with the new system
- Appointment of Chair/ CEO/ NEDS and patient safety visits.
- In the community, supporting and advocating for the Trust.

Q.22 Are there any areas which you consider that the Council of Governors should become involved in?

- No I don't know of any
- Non specific
- Possibly in the research field?
- Developing a clearer membership plan and supporting role out (time permitting).
- No

Q.23 Are there any further areas of training which you feel that you need?

- More about the role
- To get a better understanding of the role, new governors need to shadow a more experienced governor. I find it frustrating that I have raised this at a number of points in the last year but no one has taken it forward. By not allowing or encouraging this to take place means that every new governor takes 12+ months to work out what they are supposed to be doing! It's always going to be an issue for those incoming governors who do not possess direct experience of working in the NHS.
- Sufficient training is currently offered.
- I have been fortunate to have had some 'Govern Well' training but I am always eager to learn and update my knowledge and understanding.
- In my case no.
- No

Q.24 Have you had any difficulty attending the scheduled Council of Governors meetings?

- YES = 54% (7 responses)
- NO = 46% (6 responses)

Appendix A – Survey results

Q.25 If you answered YES to Q24, what would make it easier for you to attend / get involved?

- I am retiring from my employment at end of Oct so will be free to attend all meetings
- There are far too many meetings for a voluntary role. As this is a voluntary role, I am not a fan of the extraordinary meetings, insistence that attendance for any meeting to be in person nor the rescheduling of meetings. There should be one meeting a month, on a set day/time and everything should be discussed at that meeting.
- By changing my part time employment (non NHS) to a day which doesn't clash with scheduled meetings.
- Always having a TEAMS option to join
- just workload
- Teams is obviously helpful as I have a long journey but I have also had a disruptive year so far for other reasons. But I have had continual contact via the excellence of the office team and Chair (s)
- A combined Teams option at F2F meetings might help. I am still employed (part-time role) and the combination of establishing links with the new ICB plus it being a contract year for GPs has eaten into my availability. My wife has also had a health issue.
- As much advanced notice as possible however inevitable clashes with LA responsibility will happen

Q.26 Do you have any suggestions for how Council of Governors meetings could work differently?

- No
- I think CoG meetings are fine as they are.
- Non specific
- longer pre meet set agenda of pre meet , so everyone has a chance to speak
- None at present
- None of note.
- Greatly appreciate the presentations, for example on innovation and improvement, but always important to leave time for sufficient discussion of questions and issues.

Q.27 Have you attended any meetings of the Trust Board, or its committees?

- YES = 92% (12 responses)
- NO = 8% (1 response)

Q.28 If you answered YES to Q27, how useful did you find this?

Note: the results for this question did not pull through into the report so more investigation is being done to see if the results can be accessed.

Appendix A – Survey results

Q.29 Do you have any comments / suggestions on how the Trust engages with you, as a Governor?

- I have been communicated with via E mail and find it satisfactory
- We are invited to ask questions, but I have never felt comfortable following up my original question. By this I mean, I have never felt as though I could delve more deeply if a vague answer is provided to my question.
- Already engage regularly with Trust Chairman, however, a meeting with the NED's occasionally would be useful.
- Board papers to come out earlier. any changes made to paper, to have a pg number attached so changes can be easier to find. Communication with the Trust secretary is much improved with Dylan in place. Gayle does an amazing job of keeping us all up to date and informed. She also responds promptly to email queries. Victoria has stepped in to Lead Governor at short notice, seamlessly with great effect. New Governors have also proved to be a great assets to the COG.
- Very good
- Gayle has been extremely diligent
- It was already quite good. In my view the Trust has significantly improved engagement in the last 2 years.

Q.30 Do you have any comments / suggestions on how Governors might better engage Trust members or the wider public?

- None
- No.
- Perhaps an open evening with local public to introduce ourselves and how we engage with the Trusts on their behalf.
- Public Governors to have regular comms in local papers, social media
- Have more regular drop-in sessions
- None at present
- Asking inpatients to join as members
- The Trust newsletter for members is a good option. Because of the widespread nature of our population/ patient base this is an issue which is difficult to fully address. Governor surgeries might need a re-think. Time permitting we could do more 'outreach' to say colleagues and community groups.
- Would like to see a better purpose built stand for Governors to host surgeries in the main entrance and that this could be taken to other events.

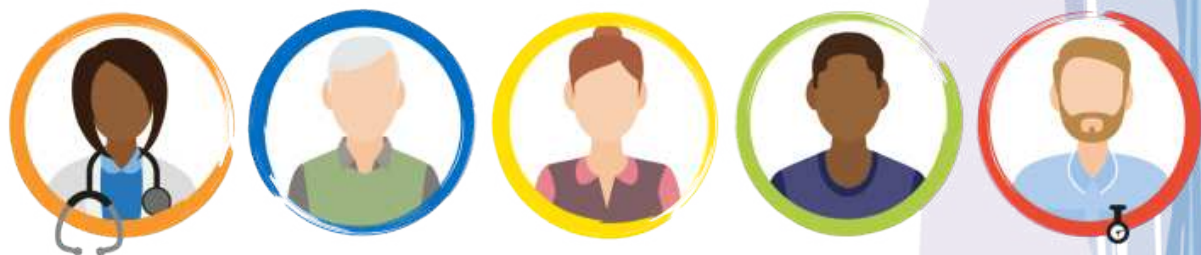
1. Intro
2. Welcome
3. Lead
4. Chief
5. Governance
6. Quality
7. Annual
8. Committee
9. To Note:
10. Any Other



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Patient Safety Walkabout Review

Quality and Safety Committee | 22 June 2023



Aspiring to deliver world class patient care

Purpose

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

Areas' Visited January – May 2023

- HDU
- Recovery
- Powys
- Orthotics
- Montgomery

Is it Safe?

Going well:

- Uniform policy adhered too
- Staff bare below the elbow
- Demonstrated learning from serious incidents through ward dashboard
- Clean, tidy and unclutter free environment
- New store space for the department (Orthotics) has been welcomed and support staff in completing daily tasks more effectively

Areas for consideration/improvement:

- Concerns raised regarding the out of hours blood service
- Storage constraints
- Staff shortages
- Number of cleaning staff attending the ward
- Member of staff commented on number of additional tasks they're required to complete – requested a review of the job description
- Sharp bins are black; staff find it difficult to see how full they are

Aspiring to deliver world class patient care

1. Intro ducti	2. Welc ome	3. Lead Gove	4. Chief Exec	5. Gove man	6. Quali ty	7. Annu al	8. Com mitte	9. To Note:	10. Any Other
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Is it Effective?

Going well:

- Regular MDT meetings scheduled to discuss patient needs
- Environment well maintained with notice board up to date and current – clutter free
- Content with the training and development options available for the team

Areas for consideration/improvement:

- More attendance from Housekeepers due to sizes of bins within the area
- Skill mix of agency and substantive staff members of the ward
- Complexity different site (RJA/SaTH) – different systems and admin roles
- Patient reception desk would benefit from being larger
- Garden is overgrown and requires attention
- Quiet room external door broken
- Quiet rooms entrance matt was dirty (vacuum cleaners not allowed in clinical areas)

Is it Caring?

Going well:

- Happy and motivated staff
- Good screening noted between beds/patients
- Team spirit
- Patients privacy and dignity respected
- New unit and partnership working following the implementation of the MDT team working
- Patient centred care was viewed as a priority

Areas for consideration/improvement:

- Overall, not many opportunities to review the call bell response at the time of visits
- Privacy curtain required in the toilet

Is it Responsive?

Going well:

- Management support training and development – considering rotation programme with other providers
- PALS information on display
- Staff were supporting patients who seemed disorientated

Areas for consideration/improvement:

- Staff movement to other wards can be distributive and causes anxiety and effects morale
- Recruitment and retention remains a challenge

Is it Well Led?

Going well:

- Clinical lead is visible on the ward and Chief Medical Officer recently undertook a shift on the ward
- Escalation routes known and understood
- Manager attends the Manager's briefing and cascades information to the team
- Strong leadership demonstrated
- Team huddles established

Areas for consideration/improvement:

- Staff members being asked to move to another department to support (at short notice)
- Ensure all staff know the efforts and plans in place to support recruitment and retention

Staff Feedback



10 of 15 areas visited between June 22 and December 22 provided feedback

Going well:

- Overall Wards/departments find the patient safety walkabouts useful
- Areas of support have been identified as part of a walkabout
- Welcome senior colleagues to visit

Areas for consideration/improvement:

- Some areas were unsure if actions had been actioned following a visit
- Ensure unit triumvirate are consistently included in the patient safety walkabout feedback
- Consider how this can be incorporated in to the wider Quality Accreditation programme in the future

Aspiring to deliver world class patient care

1. Intro ducti	2. Welc ome	3. Lead Gove	4. Chief Exec	5. Gove man	6. Quali ty	7. Annu al	8. Com mitte	9. To Note:	10. Any Other
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Actions...

Actions	Committee Oversight
Staffing shortages – recruitment and retention remains a priority for the Trust, some of the actions implemented include; recruitment days, recruitment working group established, training and development opportunities reviewed, safe staffing reviews.	People and Culture Committee
Out of hours blood service - mitigations implemented following the change of service from SaTH. Explained the importance of continuing to record issues via DATIX to ensure the Trust can measure the effectiveness of the service	Quality and Safety Committee
Sharp bins – Montgomery Unit to be put on stores top up to ensure standardisation of sharps bins.	Quality and Safety Committee
Cleaning/housekeeping attendance – the Trust have recruited in to the housekeeping roles. Mat in the quiet room has been cleaned. Increased the visits to the recovery unit regarding the emptying of bins.	Quality and Safety Committee
Staffing rotation (between wards) and Skill Mix - safety huddles established on the wards and daily safe staffing meeting which are led by the clinical site manager and senior nursing team to complete a review. Agency reduction task and finish group established with aim of increasing number of substantive staff with bank contract. Recruitment and retention of the nursing workforce remains a priority.	Quality and Safety Committee / People and Culture Committee

Actions...



Actions	Committee Oversight
Estates/Facilities – <ul style="list-style-type: none"> • Mat in the quiet room has been cleaned. • Increased the visits to the recovery unit regarding the bins. • Garden tidy up/furniture is being considered by charitable funds • Quiet room external door and toilet curtain recorded on to the Trusts 'QUBE' system 	Quality and Safety Committee
Patient Safety Walkabouts – summary guidance is shared with the Non Executive, Manager and Governors who joins the Senior Leader on the walkabouts however; improvements to the governance process to be implements including a flow chart of the process and action log tracker.	Quality and Safety Committee
Storage – new theatre build will support with storing the mobile x-ray equipment and other storage constraints across the organisation	Finance, Performance and Digital Committee
Different IT systems on RJAH/SaTH – this is being reviewed as part of the Apollo roll out	Finance, Performance and Digital Committee

Quality Improvement Priorities 2023/24

Committee / Group / Meeting, Date

Council of Governors Meeting, 24th of July 2023.

Author:

Name: Sara Ellis-Anderson
Role/Title: Assistant Chief Nurse

Contributors:

Report sign-off:

Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

This paper presents an update against the Quality priorities for 2022/23 and proposed Quality Improvement priorities for 2023/34.

- Please see detailed update on progress for Quality Priorities progress for 2022/23 outlined in Appendix A.
- The new Quality Improvement Priorities for 2023/24 have been agreed at Quality and Safety Committee as:
 - **Patient Safety:** Reduction in inpatient falls (New Priority)
 - **Patient Safety:** Reduction in RJAH acquired pressure ulcers (New Priority)
 - **Patient Safety:** Reduction in number of medication incidents (New Priority)
 - **Clinical Effectiveness:** Reduction in delayed discharges (Continued Priority)
 - **Patient Experience:** End of Life Care and ReSPECT documentation (Continued Priority)
 - **Patient Experience:** Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services (New Priority)

It is important to note two of the Quality Improvement Priorities have also been identified as our Patient Safety Incident Response Framework (PSIRF) priorities; Medication incidents and Falls. Themed reports for both incidents related to falls and medication incidents will be used to create safety improvement actions aiming for a reduction in reported incidents overall and importantly shared learning and improvement actions that can be extrapolated across the organisation.

Strategic objectives and associated risks:

1. Maintaining Safe Services
5. Maintaining Statutory and Regulatory compliance

BAF 10 - Compliance with Strategic Oversight Framework

Recommendations:

The Committee are asked to NOTE the progress made against the 2022/23 priorities and NOTE the priorities for 2023/24.

Report development and engagement history:

The priorities for 2023/24 have been developed with engagement with the senior nursing teams and a review of our performance in the previous year and the areas of performance that did not meet the quality standard to which we aspire. We also took account of the national landscape at the time and shaped our priorities to align with emerging national quality priorities.

Two Quality priorities have been extended from 2022/23 and continue in to 2023/24.

Quality Improvement Priorities 2023/24

Next steps:

The Quality Improvement Priorities will be monitored quarterly at the Quality and Safety Committee.

Acronyms

CLD	Criteria Led Discharge
CQUIN	Commissioning for Quality and Innovation
IHOT	Intensive Health Outreach Teams
KPI	Key Performance Indicator
LD	Learning Disability
MADE	Multi Agency Discharge Event
MCSI	Midlands Centre for Spinal Cord Injury
MPFT	Midland Partnership Foundation Trust
NICE	National Institute for Health and Care Excellence
PEoLC	Palliative and End of Life Care
PLACE	Patient Led Assessment of the Care Environment
PSIRF	Patient Safety Incident Response Framework
RCA	Route Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RJAH	Robert Jones and Agnes Hunt Orthopaedic Hospital
SWAN	Signs Words Actions Needs
VTE	Venous Thromboembolism

Quality Improvement Priorities 2023/24

Our Quality Improvement Priorities for 2023-24

The quality priorities have been derived from a range of information sources. We have also been guided by our performance in the previous year and the areas of performance that did not meet the quality standard to which we aspire. We also took account of the national landscape at the time and shaped our priorities to align with emerging national quality priorities.

Each of the quality priorities outlined below were monitored throughout the year via existing governance structures which will be described in more detail below.

Patient Safety

1. Reduction in inpatient falls

Objective: Reduce number of inpatient falls per 1000 bed days

Rationale: There were a total of 148 falls reported in 2022-23 and the Trust was above the target of 2.5 falls per 1000 bed days. Falls and fall-related injuries are a common and serious problem for older people. The human cost of falling includes distress, pain, injury, loss of confidence and loss of independence. Some falls in hospital can result in serious injuries, such as hip fracture and head injuries. There are no single or easily defined interventions which are shown to reduce falls. However, it is estimated that multiple interventions performed by the multidisciplinary team working collaboratively and tailored to the individual patient can reduce falls by as much as 25-30%.

Measures:

- Falls per 1000 bed days.
- Reduction in the number of falls resulting in harm.

Board Sponsors: Paul Kavanagh-Fields

Oversight Committee: Patient Safety Meeting with upward reporting to Quality and Safety Committee. Falls have also been identified as one of the organisation's Patient Safety Incident Response Framework (PSIRF) priorities.

2. Reduction in RJAH acquired pressure ulcers.

Objective: Reduce number of RJAH acquired pressure ulcers

Rationale: There were a total of 8 RJAH acquired pressure ulcers during 2022-23, one of which resulted in moderate harm and a serious incident investigation being completed. Pressure ulcers can result in longer lengths of stay in hospitals.

Measures:

Quality Improvement Priorities 2023/24

- Improved compliance with pressure ulcer training and education
- Improved risk assessment documentation
- Implementation of standardised patient care round documentation

Board Sponsor: Paul Kavanagh-Fields

Oversight Committee: Patient Safety Meeting with upward reporting to Quality and Safety Committee.

3. Reduction in number of medication incidents resulting in harm.

Objective: Reduce the number of medication incidents resulting in harm

Rationale: There were a total of 239 medication incidents reported during 2022-23 of which 7 resulted in patient harm. Medication-related incidents remain one of the most frequently reported categories of patient safety incidents, accounting for about 10% of reported incidents nationally. The organisation has identified medication incidents as one of the priorities for PSIRF.

Measures:

- Reduction in number of medication incidents with harm
- Evidence of learning from incidents to identify areas for improvement.

Board Sponsor: Paul Kavanagh-Fields

Oversight Committee: Patient Safety Meeting and Quality and Safety Committee

Clinical Effectiveness

4. Reduction in delayed discharges.

This quality priority has been rolled over from 2022-23 to continue to embed and sustain the improvements seen.

Objective: Achieve the Trust KPI of less than 5.24% of all patients delayed

Rationale: Discharges from hospital are complex and can be a source of anxiety for patients if they are not being discharged to their homes and therefore improved communication around the discharge process will hopefully alleviate concerns and improve their overall experience. The work commenced in 2022-23 has seen improvements to the number of patients delayed within the organisation. The discharge rate peaked at 11.58% in December 2022 and has reduced in Quarter 4 ending at 4.31% in March 2023.

Measures:

Quality Improvement Priorities 2023/24

- Achieve % improvements towards trust target of 5.24% delayed discharges.
- Reduced length of stay.
- Successful implementation of criteria led discharge.

Board Sponsor: Paul Kavanagh-Fields

Oversight Committee: Patient Safety Meeting and Quality and Safety Committee.

Patient Experience

5. End of Life Care and ReSPECT documentation

This quality priority has been rolled over from 2022-23 to continue to progress the work across the organisation.

Objective: Ensure patients receive high quality and safe care at the end of their life by ensuring staff have the correct skills and training.

Rationale: People with advanced life-threatening illnesses and their families should expect high quality, effective palliative and end of life care (PEoLC).

Measures:

- Increased % compliance levels of training.
- Increased quality of documentation on ReSPECT forms

Board Sponsor: Paul Kavanagh-Fields

Oversight Committee: Patient Experience Meeting with upward reporting to Quality and Safety Committee.

6. Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services.

This quality priority has been rolled over from 2022-23 and extended to include Dementia care.

Objective: Improve patient experience with patients with learning disabilities and autism and patients with dementia who access our services.

Rationale: Through stakeholder engagement the Trust recognised more could be done to improve the experience of our services for those with Learning Disabilities (LD) and Autism. Although awareness training and resources available for Learning Disabilities and Autism have improved in 2022-23 there are still improvements required in promoting the need for reasonable adjustments for our patients, the use of hospital passports and access to specialist LD nurses for advice and

Quality Improvement Priorities 2023/24

guidance. The 2022 PLACE inspection also highlighted areas for improvement within the environment in the domains disability and dementia.

Measures:

- Improved % with training compliance for dementia awareness.
- Improved scores in the disability and dementia domains on the PLACE audit for 2023
- Continued compliance with tier 1 LD and Autism awareness training and review of staff groups to undertake Oliver McGowan training.
- Increased feedback from patients with LD, Autism and Dementia
- Increased access to specialist advice for LD and Autism

Board Sponsor: Paul Kavanagh-Fields

Oversight Committee: Patient Experience Meeting with upward reports to Quality and Safety Committee, this will ensure sure both Executive and Non-Executive oversight of progress against the measures outlined.

Priority	Objective	Measure of Success	Actions completed/taken	Achieved
PATIENT SAFETY				
1. End of Life Care and the ReSPECT Process	Ensure patients receive good quality and safe care at the end of their life by ensuring staff have the correct skills and training	<ul style="list-style-type: none"> Increased levels of training Increased quality of documentation on ReSPECT forms Organisational lead in place Increased availability of resources. 	<ul style="list-style-type: none"> Organisational Lead for End of Life care identified. Working group established with clear objectives. Training needs analysis completed and links established with local hospice to deliver bespoke training in 23/24. Gap analysis completed against NICE guidance. SWAN scheme resources for end of life packs agreed for use and implementation at RJAH. Feedback on end of life care incorporated in to mortality review by Learning from Death Lead. 	<p>Partially achieved.</p> <p>Working group to continue to meet and ongoing monitoring through patient experience meeting.</p>
2. VTE – Prevention and management	Ensure compliance against Trust VTE policy to reduce risk of VTE incidence	<ul style="list-style-type: none"> Improved compliance with VTE policy Evidence of shared learning Establish multi-disciplinary VTE group to monitor themes and trends. 	<ul style="list-style-type: none"> VTE multi-disciplinary working group established, and Trust clinical lead appointed. Engagement with clinical specialties to understand reason for deviation from policy. RCA toolkit reviewed and updated to ensure all contributory factors are being explored. RCAs completed for each incident to monitor for themes and trends. VTE masterclass being arranged for 23/24 VTE incidents agreed to form part of PSIRF priorities for 23/24. Policy format being updated to include quick reference guides. 	<p>Partially achieved.</p> <p>RJAH acquired VTE incidents peaked at 18 for Q3 reducing to 11 for Q4.</p> <p>VTE incidents will continue to be monitored at the working group reporting to Patient Safety meeting and has been identified as one of the Trust PSIRF priorities for ongoing monitoring.</p>

Quality Improvement Priorities 2023/24

Priority	Objective	Measure of Success	Actions completed/taken	Achieved
CLINICAL EFFECTIVENESS				
3. Enhanced Recovery – supporting patients to eat drink and mobilise after surgery	Decrease length of stay in primary arthroplasty surgery.	<ul style="list-style-type: none"> Reduced Length of Stay Increased positive patient experience scores. Implementation of Enhanced Recovery team. 	<ul style="list-style-type: none"> Enhanced recovery business case approved. Enhanced recovery roles recruited to, and new pathways implemented from April 23. CQUIN target achieved – quarterly audits demonstrated at least 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending. 	<p>Partially achieved.</p> <p>Average inpatient surgical length of stay has remained > 3 days.</p> <p>Ongoing monitoring through Trust Performance Group.</p>
4. Reduction in delayed discharges	Achieve the Trust KPI of less than 5.24% of all patients delayed	<ul style="list-style-type: none"> Achieve % improvements towards trust target of 5.24% delayed discharges. Increased positive patient experience scores. Development of new roles within the MDT to support discharge processes. 	<ul style="list-style-type: none"> Mini MADE (Multi Agency Discharge Event) on Sheldon ward May 2022 Criteria Led discharge (CLD) point prevalence audit conducted in June and October 2022. Working group established across MSK and Specialist units. Introduction of all delays being captured on Datix to review any level of harm associated with delay. Standardised discharge checklist including CLD piloted in Q4. New roles developed and implemented: <ul style="list-style-type: none"> Discharge co-ordinator role on Sheldon Resettlement team (MCSI) service review and introduction of discharge co-ordinator role to support wider team 100 day discharge challenge – 10 best practice initiatives reviewed. Business case in draft for seven-day therapy services on MCSI. 	<p>Fully achieved.</p> <p>Delayed discharge rate peaked at 11.58% in December 22 and has reduced in Q4 ending at 4.31% in March.</p> <p>Working group will continue to meet and IPR metric monitored at Quality and Safety Committee.</p>

Quality Improvement Priorities 2023/24

Priority	Objective	Measure of Success	Actions completed/taken	Achieved
PATIENT EXPERIENCE				
5. Waiting well initiative	Ensure patients are communicated with effectively whilst on the waiting list	<ul style="list-style-type: none"> Reduced patient contact/complaints relating to waiting times. Increased communication with patients using My Recovery app Ensuring robust clinical prioritisation and harms review process is in place. 	<ul style="list-style-type: none"> Harms review and clinical prioritisation process in place for MSK and Specialist Units. My Recovery app completed automated testing period in Q3. My Recovery app soft launch September 22. Phased approach to add specialties to My Recovery. Patient Access Manager is exploring the use of a 'Acknowledgement of Referral Letter' to send to a patient on receipt of a referral and to advise of our waiting times. 	<p>Fully achieved.</p> <p>My Recovery app will continue roll out across all specialties.</p>
6. Progress against NHS Learning Disability standards	Improve patient experience with patients with learning disabilities and autism who access our services	<ul style="list-style-type: none"> Improved % with training compliance. Increased patient satisfaction Increased access to resources for staff caring for patients with LD and autism. Increased access to resources for patients accessing RJA services. 	<ul style="list-style-type: none"> LD and Autism tier 1 awareness training rolled out and now achieving >90% compliance trust wide. NHS Benchmarking audit completed for 22/23 Patient video 'What to expect when visiting the hospital' filmed and available to patients accessing RJA services on Trust Internet. Links established with the Intensive Health Outreach Team (IHOT) from MPFT for additional support – service details and how to contact the team available on Percy intranet page. 	<p>Fully achieved.</p> <p>LD working group to be re-established in 23/24 for implementation of Oliver McGowan training.</p> <p>Ongoing monitoring through Patient Experience Meeting.</p>

Committee / Group / Meeting, Date

Quality and Safety Committee 20th of July 2023

Author:

Name: Sara Ellis-Anderson
Role/Title: Assistant Chief Nurse and Named
Nurse for Adult Safeguarding

Contributors:

Suzanne Marsden, Named Nurse for Childrens
Safeguarding.

Report sign-off:

Virtual sign off by Safeguarding Committee members.
Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Is the report suitable for publication?

YES

Key issues and considerations:

The annual safeguarding report provides a summary of the work which has been undertaken and Trust performance during 2022/23 in relation to children and young people and adult safeguarding and outlines key priorities for 2023/24. This report should be read in conjunction with the Shropshire Safeguarding Community Partnership (SSCP) annual reports. A link to these documents will be available on the safeguarding web page.

- Summary of children safeguarding incidents and referrals noting an increase in LADO referrals and subsequent learning from these cases
- Summary of adult safeguarding referrals to local authority has increased from 18 in 2021/22 to 25 in 2022/23 noting increases in neglect (including self-neglect) and domestic abuse cases.
- Notable increase in inpatients with complex mental health needs and increased contact from outpatients resulting in 28 incidents reported during 2022/23.
- Increase in DoLS referrals from 45 in 2021/22 to 54 in year following increased prevalence and a change in complexity of patients received on Sheldon Ward.
- Significant improvement in Adult Safeguarding level 3 training from 37% to 67%
- Summary of children's and adults safeguarding training with compliance at level 1,2, and 4 with level 3 safeguarding, MCA and DoLS remaining an area of focus for the year ahead
- Summarises the objectives that have been fully and partially achieved for 2022/23
- Outlines key priorities for 2023/24 which include, training with focus on Domestic Abuse, Mental Health, Learning Disabilities, improved communication across the patient pathway and development of a digital safeguarding dashboard to triangulate data.

Strategic objectives and associated risks:

1. Developing and Maintaining Safe Services
2. Maintaining Statutory and Regulatory compliance

BAF 10 - Compliance with Strategic Oversight Framework

Recommendations:

That the Committee:

1. CONSIDER the content of the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust's Annual Safeguarding Report for 2022/23;
2. APPROVE the Safeguarding Annual Report on behalf of the Trust, including any minor revisions required prior to Trust Board and publication on RJAH internet.

Report development and engagement history:

- The Annual Safeguarding priorities for 2023/24 were agreed at Quality and Safety meeting on 22nd of June 2023.
- The Annual Safeguarding report has been circulated to all members of the Trust Safeguarding Committee including ICS Safeguarding professionals.

Next steps:

- Annual Safeguarding Report to be submitted to Trust Board following approval at Quality and Safety Committee.
- Progress against the safeguarding priorities identified will be monitored through Adult and Childrens Safeguarding quarterly meeting.
- The Trust will continue to provide assurance on training compliance and themes and trends to the SSCP on a quarterly basis.

Acronyms

CAMHS	Child and Adolescent Mental Health Services
CQC	Care Quality Commission
DA	Domestic Abuse
DHR	Domestic Homicide Review
DNA	Did Not Attend
DoLS	Deprivation of liberty safeguards
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FGM	Female Genital Mutilation
ICD	Intercollegiate Document
ICS	Integrated Care System
LADO	Local Area Designated Officer
LD	Learning Disabilities
LPS	Liberty Protection of Safeguards
MCA	Mental Capacity Act
MCSI	Midlands Centre for Spinal Cord Injury
MDT	Multi-Disciplinary Team
MPFT	Midlands Partnership Foundation Trust
MRI	Magnetic resonance imaging
NHSE	NHS England
NSSO	Nominated Safeguarding Senior Officer
PLACE	Patient Led Assessment of the Clinical environment
RJAH	Robert Jones and Agnes Hunt Orthopaedic Hospital Foundation Trust
SAR's	Safeguarding Adult Review
SLA	Service Level Agreement
SGC	Safeguarding Committee
SSCP	Shropshire Safeguarding Community Partnership
STING	Shropshire and Telford Implementation Network Group
WNB	Was Not Brought

Appendices

Appendix A - Annual Training Report for Child Safeguarding & Adults at 31st of March 2023

1. Introducti
2. Welcome
3. Lead
4. Chief
5. Governanc
6. Quality
7. Annual
8. Committee
9. To Note:
10. Any Other

1. The Main Report

1.1 Introduction

The Robert Jones & Agnes Hunt Orthopaedic Hospital (RJAH) NHS Foundation Trust is an organisation which has an ethos that prioritises quality of care having robust leadership and focus, and effective partnership working to endorse the well-being, security and safety of children and young people and adults (adults with care and support needs) who are under our care. For the purpose of this document, we define children and young people as those who have not yet reached their 18th birthday.

Part of the organisation's commitment is to work alongside both the Shropshire Safeguarding Community Partnership (SSCP) and other partner agencies, to ensure there are effective systems in place to safeguard children and young people and adults with care and support needs.

RJAH is committed to meeting the [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework](#) (July 22) and provides evidence on how the trust meets the requirements. An action plan to demonstrate compliance against the standards has been developed. This is monitored by the safeguarding team reporting on the actions and continual improvements.

The Trust is required to meet the Care Quality Commission (CQC) fundamental standards which is the independent regulator to ensure health and social care services are safe, effective, compassionate and of high-quality care. CQC Regulation 13: Safeguarding service users from abuse and improper treatment is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act (MCA) 2005.

1.2 Our Vision

Children and young people

The welfare of the child is paramount (children Act 1989 & 2004) and it is imperative that staff are able to recognise a child in need and support and signpost them effectively. Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, we must ensure our staff put the needs of children first. Working in partnership with the child, their family and community teams to get the most appropriate support and intervention as soon as practicable.

Adults with care and support needs

Adults with care and support needs have the right to live in safety, free from abuse and neglect (Care Act, 2014)

All practitioners need to work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action ensuring we are making safeguarding personal.

1. Introducti
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8. Committee
9. To Note:
10. Any Other

Safeguarding as core business

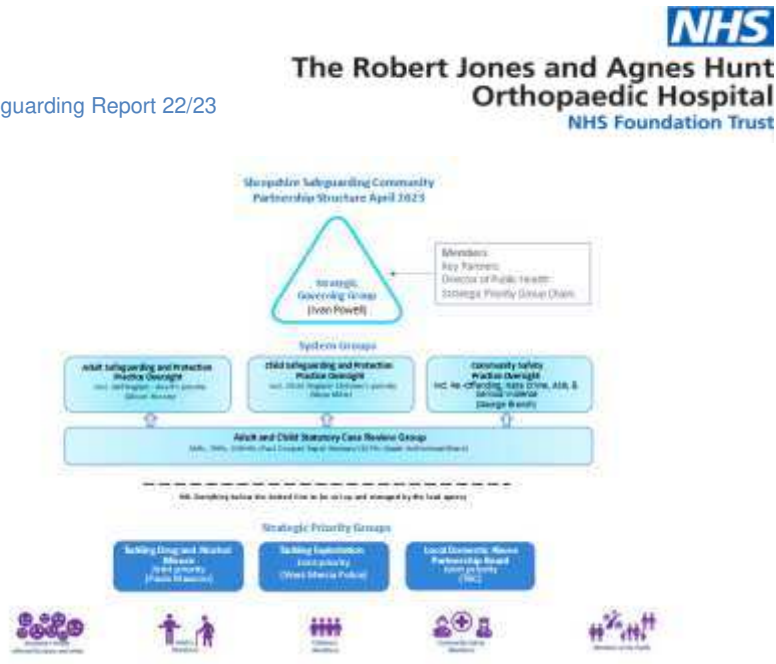
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is committed to safeguarding children and young people and adults with care and support needs, to ensure their welfare needs remain paramount whilst in our care, making safeguarding everybody's responsibility. We achieve this by;

- Ensuring the Trust is compliant with statutory responsibilities, national and local guidance, CQC registration and standards. Evidence of compliance is reported quarterly and annually to the Integrated Care System (ICS)
- Ensuring the Trust provides evidence on how the organisation meets the requirements of the Safeguarding Accountability and Assurance Framework (Aug 2019).
- Having clear lines of accountability in place, which are accessible and promoted to all staff.
- To have a commitment to ensure all staff are compliant with their safeguarding training depending on their role and responsibilities.
- Having safeguarding children and young people and adult policies and procedures in place that are aligned with national and local guidance including safe recruitment policies and procedures.
- Ensuring there are processes in place for the management of allegations against staff.
- Encouraging staff to raise concerns.
- Reviewing and monitoring incidents and complaints to identify trends or patterns.
- Ensuring that we are aligned to and committed to delivering the SSCP annual objectives and contributing to the SSCP annual report.

2. Shropshire Safeguarding Community Partnership (SSCP) Priorities 2020-2023

On the 3rd February 2023 the SSCP held a strategic planning and priority meeting – the purpose of this meeting was to review achievements over the last three years and agree structures and priorities going forward from April 2023. Following this meeting there has been a significant restructure of the partnership with an aim to improve outcomes for children and young people.

The New Shropshire Safeguarding Community Partnership Structure – from April 2023



Strategic Governing Group will meet monthly and will include the current Key Partners, the Director of Public Health and the chairs of groups, apart from the Child and Adult Statutory Case Review Group. This group will be directly linked into and informing the work of the Practice Oversight Groups.

The Practice Oversight Groups include:

- **Adult Safeguarding and Protection Practice Oversight Group (including Self-Neglect)** – Chaired by Alison Bussey
- **Children’s Safeguarding and Protection Practice Oversight Group (including Child Neglect)** – Chaired by Tanya Miles
- **Community Safety Practice Oversight Group (with a focus on reducing re-offending, hate crime, anti-social behaviour and serious Violence)** – Chaired by George Branch

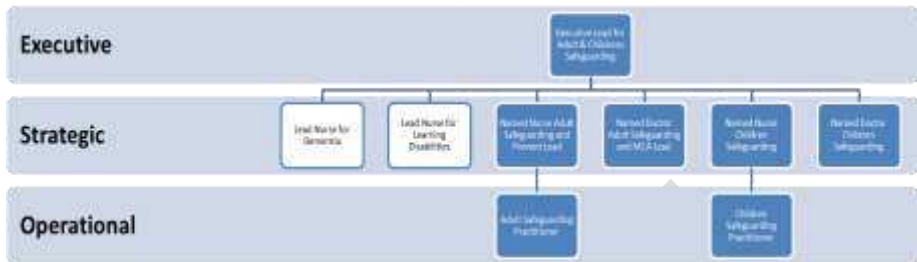
Child and Adult Statutory Case Review Group – Although it’s described as one group, it will be split and we would like to try holding the meetings on the same day. This group is to be chaired by Paul Cooper (Adults) and Sarah Hollinshead-Bland (Children)

This year’s Strategic priorities are:

- **Tackling Drug and Alcohol Group** – chaired by Paula Mawson
- **Local Domestic Abuse Partnership Board** - TBA
- **Tackling Exploitation Group** – West Mercia Police

It’s important to emphasise that all work associated with the Strategic Priority Groups will need to be supported and managed by the lead agencies and the partners involved in those groups.

3. Safeguarding accountability structure across the RJAH



Trust safeguarding Team April 2022-March 2023

Executive Lead for Safeguarding Children and Adults	Sara Ellis Anderson (Interim Chief Nurse and Patient Safety Officer)
Non-Executive lead for Safeguarding Children and Adults	Paul Kingston
Named Doctor for safeguarding children and young people	Dr Richa Kulshrestha, Consultant Paediatrician allocated 1PA per week protected time, to undertake this role.
Named Nurse for safeguarding children and young people	Suzanne Marsden - The Children's Unit Manager works one day a week (7.5 hrs Band 8a) As the Named Nurse for Safeguarding Children and young people. Supported and supervised quarterly by the /Designated Nurse for Safeguarding Children Telford ICS
Children's Safeguarding Practitioner	Vicki Jones Alice Ward Sister left this role in Aug 2022 and this position has since been vacant. There is no funding attached to this post. Plan for 2023 to incorporate this role into the new Transition nurse post for young people moving into adult care. This post will cover young people aged 0-25yrs.
Named Doctor for adults	Mr Srinivasa Budithi has 1 PA per week allocated and works alongside the lead nurse for adult safeguarding monitoring of referrals/cases and providing support and expert advice to staff.
Named Nurse for adults	Sara Ellis-Anderson, supported and supervised quarterly by Sarah Dempsy, Deputy Designated Safeguarding Lead Nurse at NHS Redditch and Bromsgrove CCG.
Adult Safeguarding Practitioners – Safeguarding practitioners are responsible for delivering safeguarding training; monitoring of	1.2 FTE Band 7 Job share by Anne Worrall and initially Katie Harris followed by Rebecca Wright-Powell in Aug 2022

referrals/cases and advice/support to staff. Promotion of good professional practice within the organisation and a culture that all staff are aware of their personal responsibility to report concerns.	
Lead Nurse for Dementia	Ward Manager Lorna Edwards leads on Dementia care alongside her ward manager role supported by the Named Nurse for Adult Safeguarding and Assistant Chief Nurse Nicki Bellinger
Lead Nurse for Learning Disabilities	Assistant Chief Nurse Nicki Bellinger
Lead Nurse for Mental health (new for 2022/23)	The Trust has seen an increase in patients contacting the hospital with significant mental health concerns and these have been managed by the Adult safeguarding practitioners. The plan was to recruit a senior manager to lead on this role in 2022/23, however this remains outstanding. This will be a key focus for 2023/24.

4. Meetings

Interagency children's meetings attendance:

- Bi-monthly Trust Adult and Child Safeguarding Committee. This meeting is chaired by the Chief Nurse. The Named and County Designated Professionals, Matrons Adult Safeguarding Practitioners and Learning and Development Manager attend this meeting.
- Regional Named Nurse meeting children – this is held twice a year and normally has level 4 training incorporated into the afternoon session of the meeting. This meeting has now been opened up to adult colleagues.
- SSCP Training pool Meetings attended by the Named Nurse children; however these meeting were stopped for several months due to illness and attendance from Trust has been minimal this year due to other work pressures.
- SSCP Learning and Development systems Group – Unfortunately limited attendance this year due to clinical priorities and this group is ceasing as part of the new strategic plan.

Information from the county meetings is cascaded through the Paediatric Forum, Children's unit meetings as well as the Trust Safeguarding committee.

Interagency adult's meetings attendance:

- Bi-monthly Trust Adult and Child Safeguarding Committee. This meeting is chaired by the Chief Nursing Officer. The Named and County Designated Professionals, Matrons Adult Safeguarding Practitioners and Learning and Development manager attend this meeting.
- SSCP learning and development sub-group – limited attendance this year due to availability of safeguarding team.
- SSCP MCA and DoLS sub-group attended by Adults Named Nurse or Adult Safeguarding practitioner.
- SSCP Assurance and Improvement System group attended by Named Nurse or Adult Safeguarding practitioner.
- STING - Shropshire and Telford Implementation Network Group "STING" for Mental Capacity Amendment Act including - Liberty Protection Safeguards attended by Adult Safeguarding Practitioner
- Responsible Bodies group for LPS attended by Adult Safeguarding Practitioner

The STING and Responsible Bodies Group meetings were meetings to prepare organisations for Liberty Protection Safeguards (LPS). In view of the announcement in April 23 to delay the implementation of the Liberty Protection Safeguards beyond the life of the current Parliament the meetings have been stood down with proposals for the MCA/DoLS operational group to be reinstated for 2023/24.

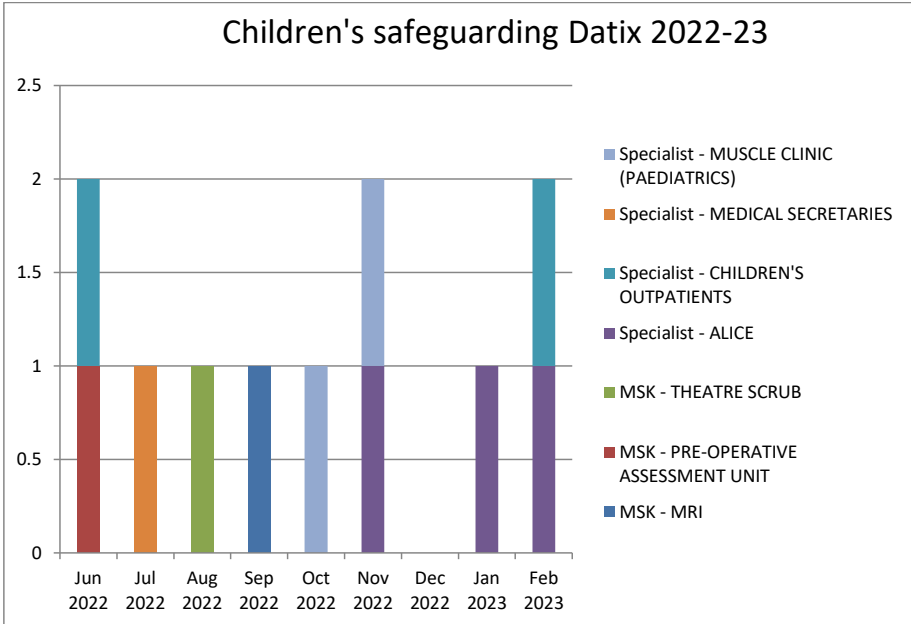
Information from the interagency meetings is cascaded through Link meetings chaired quarterly by Adult Safeguarding Practitioners as well as the bimonthly Trust Safeguarding Committee.

The Trust intranet safeguarding pages are regularly updated and have links to the SSCP website and national safeguarding applications. The Safeguarding team also produces a bi-monthly Safeguarding bulletin to disseminate key messages and information.



5. Referrals and incidents

5.1 Children’s Safeguarding Activity (2022/23) Summary:



There have been a total of 11 Children and Young People safeguarding incidents reported in 2022/23.

Early help

2 incidents resulted in referral to the patient's local authority for child in need / early help. One was a joint adult and child referral (South Stafford & Shropshire).

Managing Allegations - Local area designated Officer – LADO referrals

1 LADO investigation relating to a member of staff – Case led by Shropshire LADO & West Mercia police. Case closed with learning from incident instigated.
1 LADO referral that did not meet threshold.

4 Datix completed in relation to attendance to safeguarding professionals meeting & section 47 conferences – these are recorded to aid completion of the Safeguarding quarterly dashboard.

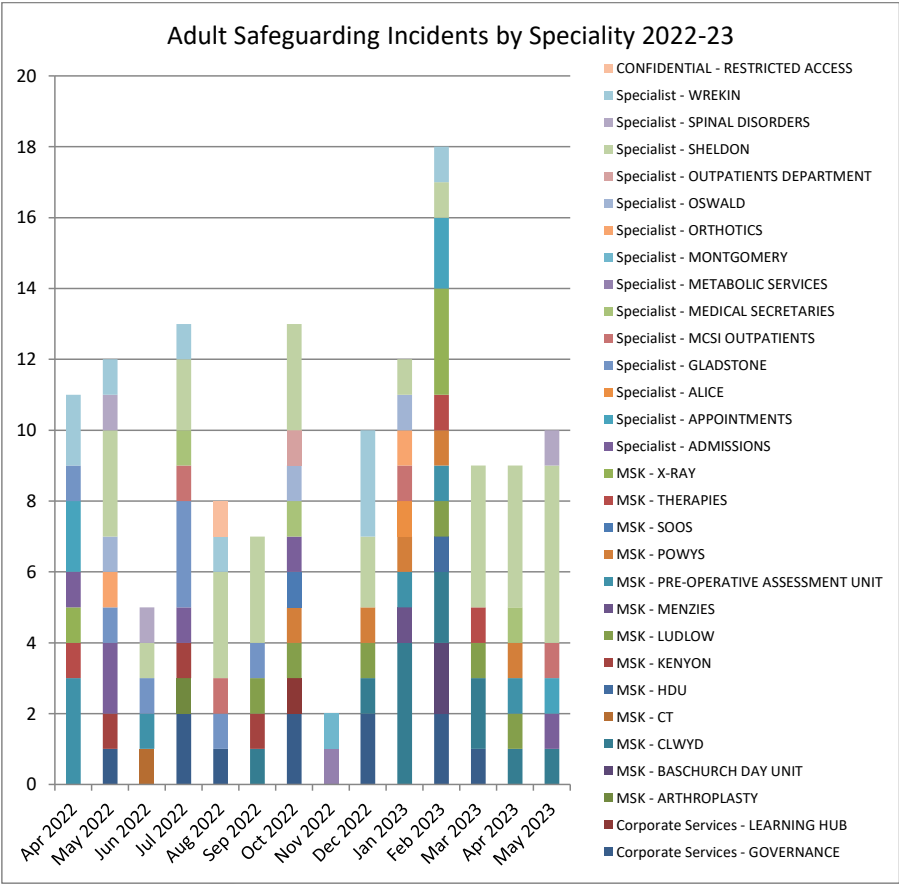
3 children with mental health concerns

- One concerned raised in MRI, intervention arranged from Play Team and School. Positive outcome.
- one concern raised on the ward, young person had recent suicidal thoughts, had previously been referred to CAMHS, but awaiting appointment. MDT discussion prior to discharge. CAMHS appointment brought forward and mum received a call from the team post discharge to discuss emergency plan if required. Family very grateful for intervention.
- One concern raised by medical secretary, mum reported daughter was self-harming due to knee pain. Young person contacted by paediatric charge nurse. Patient previously referred to CAMHS, not currently self-harming, offered further support in pre op assessment appointment.

There were no clear themes; however mental health and anxiety issues remain a concern and sadly some young people have a long wait to see a CAMHS practitioner post referral.

One managing allegation Datix highlighted a learning opportunity, and a learning review was completed and shared with the Team.

5.2 Adult Safeguarding Activity (2022/23)

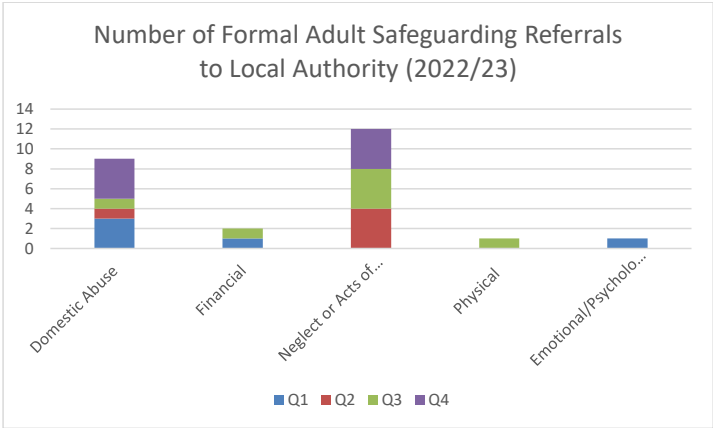


Summary:

There has been a total of 139 Adult Safeguarding Datix incidents including a subcategory of Deprivation of Liberty safeguards (DoLs) and adult safeguarding near miss and mental health issues reported in 2022/23. Out of the 139 Datix there has been a total of 54 Deprivation of Liberty safeguards (DoLs). The incidents are being reported across the organisation demonstrating a good prevalence of Safeguarding.

Out of the remaining 85 Datix the two highest categories reported were 28 incidents related to Mental Health concerns and 25 Adult Safeguarding incidents resulting in referral to local authority. There was one patient detained under the Mental Health Act in August 2022.

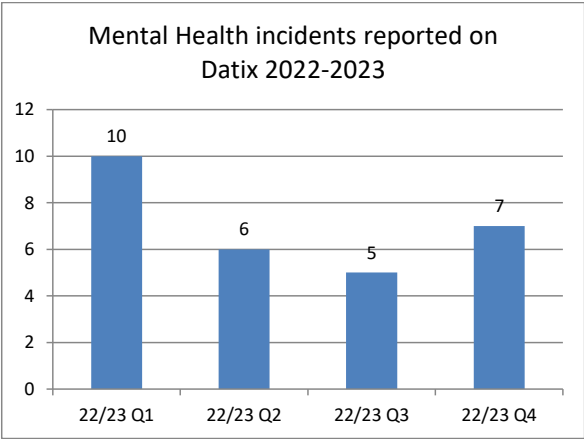
5.2.1 Adult Safeguarding referrals to local authority



The category/types for abuse for safeguarding referrals have varied throughout the year. However, the highest number has been the category of neglect and acts of omission (including self-neglect) and domestic abuse where many of the signs of abuse has been a combination of verbal abuse, physical and control and coercion. One referral made added to an open section 42 enquiry.

The Safeguarding team respond to initial scoping reports in response to Safeguarding Adult Review (SARs) and Domestic Homicide Reviews (DHR) requests from the SSCP. Information and learning from the SAR and DHR are disseminated at Safeguarding link meetings and available on the Trust intranet pages. The Safeguarding team may then be invited to the Safeguarding Adult Review Decision Making mutli-agency meeting where the team are asked to summarise analysis of practice and the learning that has been identified for the individual case.

5.2.2 Mental Health



The Trust has also seen a significant increase in the number of patients being admitted with complex mental health needs. This is something which as an organisation we have not been well equipped to comprehensively manage, and previously many staff have not been regularly exposed to patients with mental health diagnoses working within an elective orthopaedic hospital.

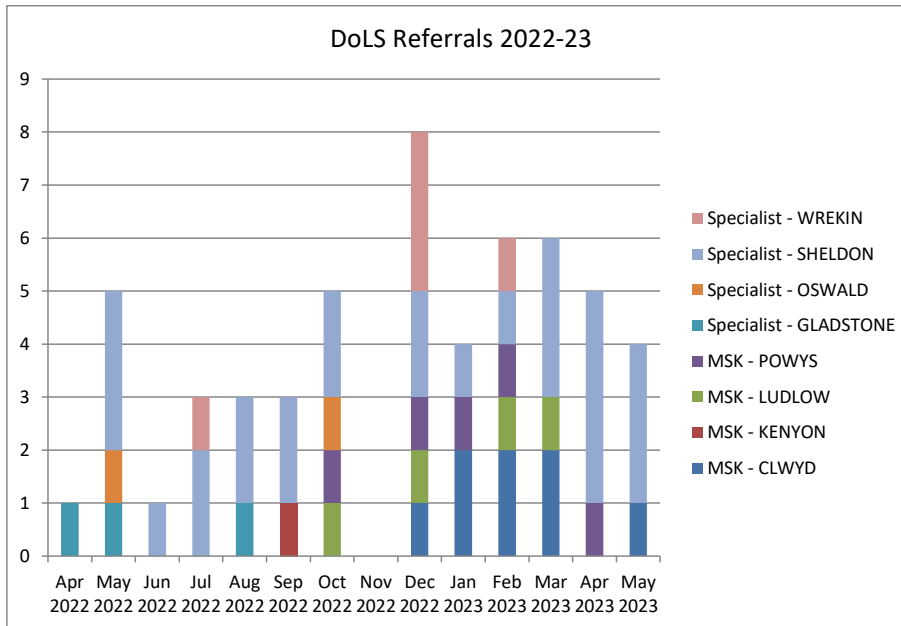
Having identified a gap, and recognising the impact of this, a number of actions were taken to increase staff awareness and education, including;

- Tier 1 eLearning training package has been designed and developed by members of the task and finish group. This is now a requirement for all staff to complete every three years.
- Tier 2 face to face bespoke mental health training programme has been set up for clinical staff to attend. This programme is being delivered by the Liaison Mental Health Team based at Shrewsbury Hospital.
- A review of the Service Level Agreement between the Robert Jones and Agnes Hunt Orthopaedic Hospital and Midland Partnership NHS Foundation Trust (MPFT) has been undertaken. This is to ensure there is ongoing support and a service from the relevant specialist professionals offered to patients which includes staff training.

This important work will continue to develop in 2023/24 with a focus on:

- Review of policies and procedures in relation to Mental Health.
- Review of Mental Health First aider's role and consider mental health champions across the organisation. Ensuring their role promotes the 'Think Family' approach in relation to parent/carers with mental health challenges, which may affect there ability to care for their children

6. Deprivation of Liberty Safeguards (DoLS) Referrals (2022/23)



Summary:

There have been a total of 54 Deprivation of Liberty (DoLs) applications made in 2022/23. There has been a continuing increase in staff awareness of what constitutes a DoLs through education and training throughout the year resulting in a steady increase in Q3 and Q4.

A number of improvement actions were taken to increase awareness:

- Staff safeguarding webpage has a section on DoLS and LPS
- Staff safeguarding bulletin focussed on the MCA
- All DoLS applications have MCA documented
- Patients subject to DoLS are discussed daily in the site safety meeting
- Safeguarding practitioners visible on wards daily to give advice and support

The Liberty Protection Safeguards (LPS) was introduced by the Mental Capacity (Amendment) Act 2019 to replace the DoLS as the system that authorises arrangements amounting to a deprivation of liberty to provide care or treatment to an individual who lacks the relevant mental capacity, in England and Wales. The new system was designed to be more streamlined and will put the person at the centre of the decision-making process. The Trust was notified in April 2023 that the government had taken the decision to delay the implementation of the Liberty Protection Safeguards beyond the life of this Parliament.

In 2022/23 in readiness for the implementation of LPS the trust was a member of the STING Shropshire and Telford Implementation Group. The Trust participated as a member of the group working with key

stakeholders and is in the process of reviewing the new updated version of the code of practice and contributed to the consultation.

7. Prevent Referrals (2022/23)

There have been zero prevent referrals for 2022/23. The annual Prevent self-assessment was completed and the Prevent policy was updated. Quarterly returns are sent to NHSE to monitor training levels and incidents reported. The Trust has consistently shown high levels of compliance with Prevent training.

8. Safeguarding complaints (2022/23)

There have been no complaints recorded in 2022/23 that have resulted in a safeguarding referral being made.

9. Managing allegations / Local Authority Designated Officer (LADO)

There have been 3 LADO queries this year. However non met the threshold for referral. There have been no referrals to the Nominated Safeguarding Senior Officer (NSSO).

10. Training

10.1 Child safeguarding training

Training compliance continues to be monitored against the Trusts targets of 92%. Training figures for March 2023 were:

Level 1	95%
Level 2	92.5%
Level 3	90.1%
Level 4	100%

Please see appendix one for further detail

The Named Nurse coordinates and delivers level-one training for staff working in the Trust and provides all staff groups across the Trust with expert advice and support regarding safeguarding children issues. Clinical staff, undertake level-two training as an e-learning module and the vast majority of level three training is accessed via the Shropshire Safeguarding Children Partnership (SSCP) training pool and is delivered as multi agency training, this continues to be delivered as virtual training following COVID. This type of approach to training has proved to be more accessible and time efficient, and staff have found it easier to complete the necessary hours of training.

Whilst level 3 training figures appears red this relates to 4 staff. One incorrectly recorded by department, 2 that have completed and one who has not returned post maternity leave.

Both Named Professionals have completed level 4 training this Year, and Trust board training was completed in March 2022 by Named nurse for Safeguarding children and the adult safeguarding practitioner.

10.2 Adult safeguarding training

Training compliance continues to be monitored against the Trust target of 92%. Training figures for March 2023 were:

Level 1	94%
Level 2	92%
Level 3	67%
Level 4	100%
DoLS	85%
MCA	81%
Prevent	92%
Dementia	95%
Learning Disabilities tier 1	92%
Mental Health tier 1	91%

The Intercollegiate Document (ICD) Adult Safeguarding: Roles and Competencies for Health Care Staff states that one of the most important principles of safeguarding is that it is everyone's responsibility. Each professional and organisation must do everything they can to ensure that adults at risk are protected from abuse, harm, and neglect.

Level 1 & 2 Adult Safeguarding training – there has been a consistent level of staff compliance. The percentage throughout 2022/23 has been above 92% target.

Level 3 Adult Safeguarding Training is for all registered health care staff who engages in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role). The requirement for Level 3 is a minimum of 8 hours of safeguarding learning over a 3-year period with a mixture of e-learning and face to face training expected.

The Adult level 3 Safeguarding training has been a continual focus during 2022/23 to improve the overall staff training percentage. There has been significant improvement from 36% in April 22 to 67% in March 2023.

The Adult safeguarding training passport is now in use across the trust and bespoke training sessions have already commenced across the trust to support improving staff competencies, knowledge, skills, attitudes & values in Adult Safeguarding Level 3. These are recorded in the training passports and on ESR.

Level 4 Adult training is for named professionals and is now at 100% compliance.

MCA/DoLS Training

DoLS training has increased to 85% at the end of March 2023 and MCA has increased slightly sitting at 81%. Although this has continued to be below target for 2022/23 there have been improvements made. The improvement is likely to be due to the implementation of the eLearning modules being available for clinical staff to complete. Application of knowledge is being tested via audit to understand areas for improvement.

A key focus will be continuing to improve compliance with combining MCA/DoLS training with level 3 for 2023/24.

Prevent training

Prevent training remains complaint with the 92% target for the end of 2022/23.

11. Quality assurance and audits

11.1 Audit

Assuring the quality of both professional practice and organisational processes and structures, depends on robust internal and cross-agency audit systems. The Trust's safeguarding web page is a great resource for staff and provides access to policies, procedures, contact numbers and up to date safeguarding information.

The following audits have been undertaken during 2022/23:

We continue to take part in the Monthly Female Genital Mutilation (FGM) Information Standard (1610 FGM prevalence data set collection) prevalence is checked monthly and should be uploaded onto their website. This Standard commenced in April 2014. However, to date no data has been uploaded from this Trust.

Monthly Paediatric documentation Audit - The aim of the audit is to provide assurance that we are highlighting on admission those children who may be high risk. Some aspects of the audit includes ensuring that we know if the child is on a protection plan; who the child's legal guardian is; that we are liaising with their social care workers and consent is gained to share information.

An DoLS documentation audit was completed in partnership with the ICS in 2022/23 across the Trust. The purpose of the audit was:

- To understand the extent to which the MCA/DoLS Policy has embedded in the organisation.
- To be able to provide assurance to the ICS and CQC that we are following the correct procedures.

The result from the DoLS documentation audit showed a wide variety on how well staff documented the steps needed to ensure the functional assessment of capacity is undertaken.

Since the audit further measures have been implemented to support staff. This has been through formal training and the safeguarding team feeding back to Ward Managers/Ward Sisters and attending ward meetings. In addition, the safeguarding team reviews the DoLS paperwork when an application has been submitted and is followed up with individual wards and practitioners. The quality of Mental capacity assessments has varied, and it is proposed a separate audit on MCA forms is completed in 2023/24. The DoLS process is being followed but it was noted that some applications were not always being sent to the correct local authority. To provide more clarity for staff a DoLS application process sheet has been devised for staff to follow. By having a continual focus through audit there has been a significant improvement noted.

2022/23 saw the introduction of 6 monthly audits on Tendable (an electronic audit tool):

Tenable is an app based smart inspection tool for use in a variety of clinical settings, which allows users to complete quality inspections digitally and receive instantaneous reporting based on inspection results. The tool provides live automated reporting which enables users to immediately understand and report on the quality and safety of patient care, what is being done well and where improvements need to be made.

Under the heading of Safeguarding there are five audits

- General safeguarding audits - completed by the adult safeguarding practitioners to assess staff knowledge on how to make a referral and where to find relevant information.
- MCA/DoLS - completed by the adult safeguarding practitioners to assess staff knowledge on how to conduct a capacity assessment and when DoLS would be applied.
- Dementia Care – to assess staff knowledge of carer's passports and the butterfly scheme.
- Learning Disabilities – to assess staff knowledge of reasonable adjustments and awareness of the hospital passport.
- Paediatric Safeguarding completed monthly by nursing staff on paediatric ward to assess staff knowledge, completion of check list regarding any concerns, and whether there are involvement of services.

Tendable allows staff review and measure quality and safety standards through questioning and observations; it assists staff to continually monitor practice, create action plans to address gaps and identify themes and trends so that further improvements are undertaken, and shares best practice.

11.2 Assurance and Performance monitoring:

Quarterly safeguarding children and adult dashboard – the dashboards are populated quarterly and are shared with the ICS for them to monitor the Trust's safeguarding compliance.

Themes and trends analysis for safeguarding referrals and incidents recorded at RJAH are discussed quarterly with Shropshire ICS Adult Safeguarding lead.

An action plan has been developed to meet the requirements of the Safeguarding, Accountability & Assurance Framework (2022). This is reviewed by the Trust Safeguarding Committee quarterly.

12. Associated Risks

There are a total of eight related safeguarding risks on the Trust risk register a reduction of 2 from the previous year. All related risks are monitored through the Trust Safeguarding Committee on a quarterly basis.

13. Associated policies

Name of Policy	Owner/Author	Policy Review Date
Recruitment & selection	SP	01/06/2025
Employment checks policy	SP	01/03/2026
Wellbeing policy	SP	01/03/2026
Missing child & adult policy	SM/AW	01/01/2024
When a child dies	SM	30/04/2026
Managing Allegations	HR/SM/NB	16/09/2024
Guidelines for children who were not brought to appointments	SM	01/12/2024
Prevent Policy	SM/RK	01/04/2026
Restrictive intervention and clinical holding of children and young people	SM	18/11/2024
Protection and Safeguarding of Vulnerable Adults (Adults with care and support needs) Policy	KH/AW	01/01/2024
Shropshire multi Agency guidance and procedure (DOLS)	System	
Guidelines for Deprivation of liberty Safeguards (DOLS)	AW/KH	01/01/2025
Assessing Patient's Mental Capacity Policy	AW/KH	01/01/2025
Management of serious incident policy	D	31/10/2023
Chaperone Policy	LR	01/07/2024
Care of Adults with a Learning Disability on admission to RJAH	AW	01/03/2024
Safeguarding Supervision Policy (new)	AW	18/03/2024
Restrictive Practices Policy		01/07/2024

All associated policies are within date and available on the Trust Intranet.

14. Progress with the Key priorities for 2022/23

Update on Joint Adult & Children's Safeguarding Priorities for 2022/23		
Priority	Objectives	Achieved
Continue to Improve compliance with Level 3 Adult safeguarding training	<ul style="list-style-type: none"> Update the safeguarding training directory to make it user friendly for staff to meet level 3 safeguarding training compliance. Continue to monitor training levels monthly and develop an updated trajectory for achieving compliance target Develop an administration role to assist in the coordination and recording of training 	Improved compliance seen in monthly safeguarding training report from 36% Apr 2022 to 67% Mar 2023. Further increase expected with decision to include MCA/DoLS.
Continue to Improve Pre-operative pathway communication to identify Safeguarding and related concerns	<ul style="list-style-type: none"> Increased training and education for pre-op MDT Audit of pre-operative alert system and communication to wider organisation Engage with implementation of new EPR system 	Partially achieved. Bespoke training provided. Pre-op alerts are now sent to Safeguarding team. Audit to be completed and further engagement with alert system on Apollo required.
Monitoring our WNB and DNA policy	<ul style="list-style-type: none"> Review administration process for sending out appointments Conduct a repeat audit of processes followed when children are not brought to clinic Continue to monitor figures in the paediatric forum and report to ICS in the safeguarding Dashboard 	Improved WNB % Monitored through safeguarding dashboard.
Implementation of LPS	<ul style="list-style-type: none"> Establish implementation group with upward reporting to Safeguarding Committee (SGC) Increase organisational awareness of LPS in Q1/Q2 Attend system wide multi-professional meetings to ensure collaborative approach Review key documents (Impact assessment, Code of Practice, Training and Workforce strategy) and submit response to consultation 	Implementation of LPS paused nationally.

Prioritise Domestic abuse training for this year's level 3 compliance for both adults and children	<ul style="list-style-type: none"> Embed updates from the domestic abuse bill 2021 Training should be accessed via Leap for Learning & Shropshire Joint training 	DA training to be included in Level 3 Safeguarding training.
Nominate lead professional for Mental Health:	<ul style="list-style-type: none"> Nominate a Lead practitioner for Mental Health Consider mental health champions 	SLA agreed with MPFT for mental health liaison services and specialist advice. Policies require updating and training for mental health champion roles.

14.1 Joint Adult and Children's Safeguarding Priorities for 2022/23

Two out of the six objectives were fully achieved for 2022/23. Three objectives were partially achieved. Implementation of LPS was delayed nationally.

- The Adult level 3 Safeguarding training has continued to be a challenge due to the number of staff requiring 8 hours training. Compliance has significantly increased from 36% in April 22 to 67% in March 23. A review of the Training Needs Analysis has agreed for MCA and DoLS training to count towards the Safeguarding L3 training hours for 2023/24 so further improvements are expected.
- Improve Pre-operative pathway communication to identify Safeguarding and related concerns has made some progress with safety questions being asked to patients and pre-op alerts include any safeguarding information and are now sent to the Safeguarding team. There is further education and training required for all members of MDT in pre-op to embed the changes in process. This is priority is being extended for 2023/24 to include early involvement of the Safeguarding team in MCS1 admissions.
- The monitoring our WNB / DNA policy priority has progressed well and we have seen improvement overall. Administration processes are improved for sending out appointments and text reminders as well as ensuring the safeguarding systems are robust and followed through. The Alice ward clerk is also calling 72 hours before appointments to ensure attendance. The aim is to repeat the WNB audit in 2023/24.
- Domestic Abuse (DA) training has not been mandatory for staff during 2022/23 however this is being built in to the full day Adult Safeguarding training. Bespoke DA training sessions have been delivered in 2022/23 by the safeguarding team at teams request.
- Mental Health priority has been partially achieved with SLA being agreed and implemented in 2022/23. It remains a priority for 2023/24 with a focus on reviewing policies and considering the roles of Mental Health First Aiders/Mental Health champions.

14.2 Key Safeguarding priorities for 2023/24

Joint Adult & Children's Safeguarding Priorities for 2023/24		
Priority	Objectives	Lead
Continue to improve compliance with safeguarding training and to include Domestic Abuse training across the organisation to meet the target. (rolled over from 2022/23 and extended)	<ul style="list-style-type: none"> Update the safeguarding training directory to make it user friendly for staff to meet level 3 safeguarding training compliance – MCA/DoLS training to be included in level 3 training from July 2023. DA training sessions to be delivered by Safeguarding team. New page on DA with updated resources for staff on intranet. Consider joining MPFT safeguarding training dashboard 	Sara Ellis-Anderson
Continue to improve communication to identify Safeguarding and related concerns across the patient pathway. Support enhanced communication using digital tools (rolled over from 2022/23 and extended)	<ul style="list-style-type: none"> Audit of pre-operative alert system and communication to wider organisation to capture safeguarding concerns. Safeguarding team involvement at MCSI safety meetings Engage with implementation of new EPR (Apollo) and requirement for flagging system 	Sara Ellis-Anderson
Ensure Mental Health policies are up to date and staff receive relevant training. (rolled over from 2022/23 and extended)	<ul style="list-style-type: none"> Nominate a Lead practitioner for Mental Health on MCSI Consider mental health champions across the organisation. Review training available for Mental Health Champions Ensure policies relating to Mental Health are up to date and disseminated 	Sara Ellis-Anderson supported by Anne Worrall
Compliance with NHSE Learning Disabilities standards	<ul style="list-style-type: none"> Improved scores in the disability and dementia domains on the PLACE audit for 2023 Continued compliance with tier 1 LD and Autism awareness training and review of staff groups to undertake Oliver McGowan training. Increased feedback from patients with LD, Autism Increased access to specialist advice for LD and Autism 	Sara Ellis-Anderson supported by Rebecca Wright-Powell
Increase awareness of Early help referrals	<ul style="list-style-type: none"> Increase awareness for all professional groups of importance of early help referrals and the 'Think Family' approach. Make every contact count. Tabletop review of the 5 cases presented at the children's safeguarding summit. 	Suzanne Marsden
Development of Safeguarding digital dashboard	<ul style="list-style-type: none"> Safeguarding training and audit compliance as well as incidents reported monitored in one dashboard. Support triangulation of safeguarding data 	Sara Ellis-Anderson

Commented [PC2]: Is the lead now Sara - can you let me know?

Commented [PC1]: Should the ambition be to meet the target?

1. Introducti
2. Welcome
3. Lead
4. Chief
5. Governanc
6. Quality
7. Annual
8. Committee
9. To Note:
10. Any Other

Conclusion

This annual report provides evidence of progress with regard to safeguarding priorities in 2022/23, although we recognise that there is always more work to be done. Whilst level 3 safeguarding adult training figures remain below target we have made significant improvements since last year. Increased availability of training and the addition of MCA/DoLS training hours will see further improvements in 2023/24.

The report demonstrates an increase in both adult and children safeguarding referrals in 2022/23 and an increase in contact with the organisation from distressed patients thought to be linked with increased waiting times for surgery as well as seeing an increase in complex mental health needs with our inpatients. Domestic abuse cases have seen an increase and therefore we have included domestic abuse training as one of our key priorities for 2023/24.

Leadership and governance arrangements continue to be strengthened with actions regularly monitored giving accountability within the Assurance Framework. We will continue to forge links with other local partnership agencies and contribute to cross board initiatives. The aim for 2023/24 is to have an integrated safeguarding digital dashboard where incidents, training and audits can be triangulated.

Our aspiration is to raise the profile of safeguarding within the organisation and work collectively towards becoming outstanding for 'Safe' within the CQC framework. This will ensure our staff are confident to access the right service at the right time, to ensure we play our part in keeping children and adults with care and support needs safe from harm.

Annual Safeguarding Report 2022/23

Appendix A: Annual Training Report for Child Safeguarding & Adults at 31st of March 2023

Safeguarding Children and Young People Training Compliance - 31 March 2023

Unit	Completed "in date" Child Protection Training Level 1			Completed "in date" Child Protection Training Level 2			Completed "in date" Child Protection Training Level 3			Completed "in date" Child Protection Training Level 4			Completed "in date" EPALS			Completed "in date" Prevent Training		
	3 yearly training			3 yearly training			3 yearly training			3 yearly training			4 yearly training			3 yearly training		
	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete
Finance and Planning Total	195	181	92.8%	0	0		0	0		0	0		0	0		199	178	89.4%
MSK Delivery Unit Total	641	616	96.1%	564	526	93.3%	27	25	92.6%	0	0		37	31	83.8%	659	608	92.3%
Nursing and Patient Safety Total	24	21	87.5%	9	6	66.7%	3	2	66.7%	0	0		0	0		24	23	95.8%
Office of the CEO Total	17	16	94.1%	2	2	100.0%	0	0		0	0		1	1	100.0%	17	16	94.1%
Office of the Medical Director Total	43	40	93.0%	6	6	100.0%	0	0		0	0		0	0		44	40	90.9%
Specialist Delivery Unit Total	439	421	95.9%	355	326	91.8%	49	44	89.8%	2	2	100.0%	19	16	84.2%	461	426	92.4%
Operations Total	153	144	94.1%	0	0		0	0		0	0		0	0		156	142	91.0%
People Total	42	40	95.2%	20	19	95.0%	2	2	100.0%	0	0		0	0		44	44	100.0%
Covid-19 Vaccination Centre	0	0		0	0		0	0		0	0		0	0		0	0	
TRUST WIDE TOTAL (Including Medical Staff)	1554	1479	95.2%	956	885	92.6%	81	73	90.1%	2	2	100.0%	57	48	84.2%	1604	1477	92.1%
Bank Staff	155	145	93.5%	116	107	92.2%	0	0		0	0		0	0		176	152	86.4%
TRUST WIDE TOTAL (including Medical and Bank Staff)	1709	1624	95.0%	1072	992	92.5%	81	73	90.1%	2	2	100.0%	57	48	84.2%	1780	1629	91.5%

Annual Safeguarding Report 2022/23

Unit	Completed "in date" Adults Safeguarding Awareness Training Level 1			Completed "in date" Adults Safeguarding Training Level 2			Completed "in date" Adults Safeguarding Training Level 3			Completed "in date" DOLS Training			Completed "in date" Mental Capacity Act Training			Completed "in date" Prevent Training		
	3 yearly training			3 yearly training			3 yearly training			3 yearly training			3 yearly training			3 yearly training		
	Number to complete	No's completed	% complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete
Finance and Planning Total	195	173	88.7%	0	0		0	0		0	0		0	0		199	178	89.4%
MSK Delivery Unit Total	641	614	95.8%	564	525	93.1%	285	183	64.2%	243	202	83.1%	349	274	78.5%	659	608	92.3%
Nursing and Patient Safety Total	24	20	83.3%	9	6	66.7%	4	4	100.0%	8	8	100.0%	8	8	100.0%	24	23	95.8%
Office of the CEO Total	17	16	94.1%	2	2	100.0%	1	1	100.0%	1	1	100.0%	2	2	100.0%	17	16	94.1%
Office of the Medical Director Total	43	36	83.7%	6	6	100.0%	0	0		16	15	93.8%	16	16	100.0%	44	40	90.9%
Specialist Delivery Unit Total	439	427	97.3%	355	330	93.0%	172	130	75.6%	164	138	84.1%	207	171	82.6%	461	426	92.4%
Operations Total	153	142	92.8%	0	0		0	0		0	0		0	0		156	142	91.0%
People Total	42	40	95.2%	20	20	100.0%	0	0		10	10	100.0%	10	9	90.0%	44	44	100.0%
Covid-19 Vaccination Centre	0	0		0	0		0	0		0	0		0	0		0	0	
TRUST WIDE TOTAL (Including Medical Staff)	1554	1468	94.5%	956	889	93.0%	462	318	68.8%	442	374	84.6%	592	480	81.1%	1604	1477	92.1%
Bank Staff	155	138	89.0%	116	100	86.2%	25	11	44.0%	0	0		4	3	75.0%	176	152	86.4%
TRUST WIDE TOTAL (Including Medical and Bank Staff)	1709	1606	94.0%	1072	989	92.3%	487	329	67.6%	442	374	84.6%	596	483	81.0%	1780	1629	92.0%

Annual Safeguarding Report 2022/23

Unit	Completed "in date" Learning Disability and Autism Awareness			Completed "in date" Mental Health Tier 1			Completed "in date" Dementia Workshop		
	One Off training			3 Yearly			3 Yearly		
	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete	Number to complete	No's completed	% Complete
Finance and Planning Total	199	183	92.0%	0	0		0	0	
MSK Delivery Unit Total	659	624	94.7%	570	532	93.3%	521	497	95.4%
Nursing and Patient Safety Total	24	23	95.8%	10	10	100.0%	9	9	100.0%
Office of the CEO Total	17	15	88.2%	2	2	100.0%	1	1	100.0%
Office of the Medical Director Total	44	41	93.2%	7	7	100.0%	5	5	100.0%
Specialist Delivery Unit Total	461	439	95.2%	361	337	93.4%	301	285	94.7%
Operations Total	156	148	94.9%	0	0		0	0	
People Total	44	41	93.2%	20	17	85.0%	20	19	95.0%
Covid-19 Vaccination Centre	0	0		0	0		0	0	
TRUST WIDE TOTAL (Including Medical Staff)	1595	1497	93.9%	963	893	92.7%	857	816	95.2%
Bank Staff	176	148	84.1%	114	98	86.0%	107	95	88.8%
TRUST WIDE TOTAL (including Medical and Bank Staff)	1779	1643	92.4%	1084	991	91.4%	964	911	94.5%

Work Programme Review 2023/24

	2 nd May 2023	24 th July 2023	TBC Sept 2023 AGM	8 th Nov 2023	13 th March 2024
Standing items					
Questions from the Governors	X	X		X	X
Non-Executive Director Committee Updates	X	X		X	X
Trust Overview, including key developments (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update (inc. Governor Activity and Feedback)	X	X		X	X
Patient Safety Walkabout Feedback	X	X		X	X
Guest Speaker					
As agreed	X	X		X	X
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Annual Reports					
Safeguarding Annual Report (for information)				X	
Strategic Plan					
Consider strategic issues/priorities for Board to consider in the 2024/25 planning process					X
Quality					
2023/24 priorities		X			
Quality accounts draft presented			X		
COG Strategy					
Foundation Trust Public Membership Development and Engagement Strategy Update		X			
COG Governance					
COG Review and Self-Assessment		X			
COG Annual report (for approval)		X			
COG Annual report presentation			X		
Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)					
Appointment, reappointment or removal of Chair					
Appointment, reappointment or removal of the non-executive Directors					
Remuneration of Chair and Non-executive Directors					
Appointment or removal of Auditors					
Amendments to the Constitution					
Approval of “significant transactions”; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income “attributable to activities other than the provision of goods and services for the purposes of health service in England”.					

Council of Governors Committee

Attendance Matrix

Quorum: Four Public Governors and two from the other constituencies

Name	Title	02.05.23	25.05.23	07.06.23	10.07.23	24.07.23	28.09.23	08.11.23	13.03.23	%
			EXO	EXO	EXO		AGM			
Harry Turner	Chair	✓	✓	✓	✓					100
Stacey Keegan	Chief Executive Officer	✓		✓						100
Sarfraz Nawaz	Non Executive Director	✓		✓						100
Penny Venables	Non Executive Director	✓	✓	✓						100
Martin Newsholme	Non Executive Director	✓		✓						100
Chris Beacock	Non Executive Director	X		✓						50
Paul Kingston	Non Executive Director	X		✓						50
John Pepper	Associate Non Executive Director	✓		✓						100
Paul Maubach	Associate Non Executive Director	X		✓						50
Martin Evans	Associate Non Executive Director	✓		✓						100
William Greenwood	Public Governor - Powys	✓	✓	✓	✓					100
Victoria Sugden	Stakeholder Governor - Voluntary Services/Lead Governor	✓	✓	✓	✓					100
Martin Bennett	Public Governor - Shropshire	X	X	✓	✓					50
Nicki Kuiper	Public Governor - Shropshire	X	X	✓	X					25
Colin Chapman	Public Governor - Shropshire	X	X	✓	✓					50
Sheila Hughes	Public Governor - North Wales	X	✓	✓	✓					75
Colette Gribble	Public Governor - North Wales	X	X	✓	X					25
Tony Wright	Public Governor - West Midlands	X	✓	✓	X					50
Katrina Morphet	Public Governor - Cheshire & Merseyside	✓	✓	✓	X					75
Phil White	Public Governor - Rest of England	X	X	✓	X					25
Kate Betts	Staff Governor	✓	✓	✓	✓					100
Kate Chaffey	Staff Governor	X	X	✓	X					25
Allen Edwards	Staff Governor	✓	✓	✓	X					75
Simon Jones	Stakeholder Governor - Shropshire Council	X	✓	✓	✓					75
Karina Wright	Stakeholder Governor - Keele University	✓	✓	✓	✓					100
In Attendance										
Dylan Murphy	Trust Secretary	✓	✓	✓	✓					100
Mary Bardsley	Assistant Trust Secretary									n/a

Key:

EXO - extraordinary committee meeting scheduled

✓ - Attended

X - Apologies

Not Expected