Council of Governors 10.04.2024

MEETING
10 April 2024 09:30 BST

PUBLISHED
10 April 2024

Agenda

Location	Date	Time
Meeting Room 1, RJAH	10 Apr 2024	09:30 BST

Contents

COUNCIL OF GOVERNORS
WEDNESDAY 8TH NOVEMBER 2023

MINUTES OF THE MEETING

PRESENT:

Harry Turner	Chair	HT
Katrina Morphet	Public Governor – Cheshire and Merseyside	KM
Tony Wright	Public Governor – West Midlands	TW
Colin Chapman	Public Governor – Shropshire	CC
Victoria Sugden	Stakeholder Governor – Voluntary Services	VS
Simon Jones	Stakeholder Governor – Shropshire Council	SJ
Karina Wright	Stakeholder Governor – Keele University	KW
Sheila Hughes	Public Governor – North Wales	SH
Kate Betts	Staff Governor	KB

IN ATTENDANCE:

Dylan Murphy	Trust Secretary	DM
Stacey Keegan	Chief Executive Officer	SK
Denise Harnin	Chief People and Culture Officer	DH
Sam Young	Deputy Chief Nurse	SY
Martin Newsholme	Non-Executive Director	MN
Penny Venables	Non-Executive Director	PV
Martin Evans	Non-Executive Director	ME
Lindsay Webb	Non-Executive Director	LW
Paul Maubach (part)	Associate Non-Executive Director	PM
Atif Ishaq	Associate Non-Executive Director	AI
Donna St John	Simulation Lead	DSJ
Alice Aymes	Simulation Technician	AA
Sophie Shapter	Consultant Anaesthetist	SS

MINUTE SECRETARY:

Gayle Murphy	Trust Office EA	GM

MINUTE NO	TITLE	ACTION
	COMMITTEE MANAGEMENT	
1.1	**WELCOME & APOLOGIES** Apologies were received from John Pepper, Sarfraz Nawaz, Colette Gribble, Martin Bennett, Phil White, Allen Edwards and William Greenwood.	
1.2	**MINUTES FROM THE PREVIOUS MEETING** The minutes from the previous meetings were approved as a true and accurate record. The Chair noted the minutes from the Extra Ordinary Private meeting, held on 21 September 2023, needed to be circulated to the Governors for approval. It was agreed they will be added to the next meeting agenda on 13 March 2024. **Action: GM to schedule the March agenda to include the minutes of the meeting held on 21 September 2024.**	
1.3	**MATTERS ARISING** There were none raised. **ACTIONS FOLLOWING THE PREVIOUS MEETING** All actions from the previous meeting were recorded as complete. The action log would be updated accordingly.	

MINUTE No	TITLE	ACTION
1.4	**DECLARATIONS OF INTEREST** The Chair reminded attendees of the need to declare any potential conflicts of interest in the business to be discussed. No potential conflicts of interest were identified.	
2.0	**WELCOME FROM THE CHAIRMAN**	
	HT welcomed Council members to the November meeting of the Council of Governors. He noted: • There is a current challenge within the NHS, regarding finances; in addressing this challenge, the Trust will not compromise quality, safety or workforce. • The Committee in Common work within the STW System is ongoing, with the providers working together to deal with challenges. The main focus for RJAH is on MSK collaboration. The Council of Governors *noted* the welcome.	
3.0	**SIM LAB PRESENTATION**	

	Donna St John, Simulation Lead and Alice Aymes, Simulation Technician, presented the submitted slides to the meeting. The presentation can be made available if required.
	
	Alice drew the Council members' attention to the following highlights in particular:
	• What the SIM Lab can do:
	   o Interactive education sessions.
	   o Selection of skills trainers and manikins.
	   o Visual and audio recording.
	   o Remote simulations.
	   o Self-study sessions.
	• What the SIM Lab has done:
	   o Developing a Simulation Framework.
	   o Supporting with interviews.
	   o Supporting the development of student doctors and international nurses.
	   o Escape rooms for staff teambuilding.
	   o Networking with partner organisations, developing mutually beneficial plans.
	• The Lab is currently working on more than 16 new projects.
	
	DSJ and AA responded to queries from the Council which included:
	• PV, Chair of the Digital, Education, Research and Innovation Committee confirmed she would like to include representation from the SIM Lab at the Committee.
	• What is OSCE? It was confirmed this is a test process regarding language and skills.
	• Is the usage as high as projected? The Lab is not just used as a clinical setting for the Trust, local schools and community groups have also used the Lab. It is evolving but staff need to acknowledge the benefits of learning in a safe and valued environment.
	• Will any learning be recorded on the Electronic Staff Record (ESR)? DH confirmed she will connect with the SIM Lab team to discuss this further.	

MINUTE No	TITLE	ACTION
	• Do other organisations within the NHS have similar software to share learning? AA confirmed Shrewsbury hospital has similar software, but it is not as extensive, RJAH has formed close links within the ICS and local universities such as Wrexham, Chester, Staffordshire and Keele. HT thanked the team for their energetic and informative presentation. The Council of Governors *noted* the presentation.	
4.0	**LEAD GOVERNOR UPDATE**	
	VS presented the submitted update to the Council. The following points were highlighted: • Governors have continued to engage in and enjoy the walkabouts, allowing them to observe and interact with staff and patients across various departments and facilities. • Various members of the Council have observed the sub-committee meetings and are grateful for the continued invitations. A discussion is required whether the Governors will receive the papers prior to the meeting and whether they are recorded as attendees in the minutes. The Council of Governors *noted* the Lead Governor Update.	
5.0	**CHIEF EXECUTIVE TRUST OVERVIEW**	
	SK presented the submitted Trust Overview and drew Council members' attention to the following updates in particular: • Quality and Safety. • Performance. • Finance. • People. • GIRFT Elective Surgical Hub Accreditation Programme. • Corporate Objectives. • Adult Inpatient Survey. • Flu and Covid vaccination. SK responded to queries from the Council which included: • How do the staff Covid vaccinations compare in number to last year. SK confirmed the Covid vaccination uptake is significantly lower than last year but there has been a higher uptake on the flu vaccinations this year. The campaign is ongoing until January 2024. • Are the staff survey comments anonymous. DH responded that a third-party organisation administers the survey on behalf of the Trust. They use an automated system which generates a follow up email if a staff member has not responded. Names are not used; each employee is allocated a number which is used for following up emails. The Trust do not see the whole survey response; it is provided with commentary which is non attributable. Any free text which may be identifiable is redacted. • Would it be possible for the Governors to have a demonstration of the Living Well app in the future. DH confirmed this is a great idea. **Action: GM to schedule a Living Well App demonstration for the Governors at the March meeting.**	

MINUTE No	TITLE	ACTION
	The Council of Governors *noted* the Trust Overview.	
6.0	**GOVERNANCE**	
6.1	**Questions from the Governors** DM introduced the submitted paper and highlighted that three questions had been asked prior to the meeting. The questions and responses were provided within the submitted paper. The following queries and responses were considered: • CC noted that the People Service team are helping him with his question for a response looking further back in history. This will be shared with the Governors in due course. • Does the SIM Lab play a part in IPC education and learning? SY confirmed it does and is used for multiple learning packages including hand hygiene and safer sharps training. HT noted his thanks to SY and the IPC team for all their hard work. The Council *noted* the Questions and Answers paper.	
6.2	**Revised Fit and Proper Persons Framework** DM introduced the submitted update on the revised framework, noting the following in particular: • This has been included in the pack for the Governors' information only. • The framework applies to anyone on the Board of an NHS body. • There are a series of annual checks which reflect checks previously only undertaken during the recruitment process. • There is a new requirement to carry out an annual social media check. • A report will be compiled and considered as part of the appraisal process. • There is a requirement to provide an annual return to NHSE; this will be confirmed to the Board and Council of Governors once actioned. DM responded to queries from the Council which included: • Are the Disclosure and Barring Service (DBS) reviews carried out internally or externally? DH confirmed a third-party provider manage the process on the Trust's behalf. The Council of Governors *noted* the Revised Fit and Proper Persons Framework.	
6.3	**Membership Report** DM introduced the submitted update on the membership of the Trust, noting the following in particular: • The current membership total was 6748.This represented a 5% increase over the last twelve months. • Though the membership total had fallen year-on-year, the low point was September 2022, when the figure was 6396. Since that point, the membership had gradually risen by 5.5%. • The male/female split has remained constant over the last year, female members are currently two thirds of the total and one third are male. • Consistently, the 60-74 year-olds category provided the largest proportion of the membership. The Council of Governors *noted* the Membership Report.	

MINUTE No	TITLE	ACTION
6.4	**Governors Survey Action Plan Update** DM presented the submitted the plan, noting the following in particular: • The Trust carried out a survey in the summer of 2023. • Results were received in July, with work undertaken to analyse the results during September. • The action plan had been drawn up by DM and VS and was included in the pack for information and comment. The Governors thanked DM and VS for their hard work on the action plan. The Council of Governors *noted* the Governors Survey Action Plan Update.	
7.0	**COMMITTEE CHAIRS UPDATES**	
7.1	**Audit and Risk Committee** MN provided a verbal update from the last meeting, held on 10 October 2023; • The Committee received a paper on theatre waste. • The Committee received an assurance paper regarding conflicts of interests. • The internal audit reports received in February and March had generated actions which had been signed off by the executive team. Some were overdue and some were noted as partially completed. Work was being done to address all outstanding actions and report back to the Committee in January. • Work is being undertaken to streamline risk management processes; it is moving ahead at pace with a focus on completing actions. • The Trust has a new audit partner from external auditors Deloitte. The partners are rotated annually. The Council of Governors *noted* the Chair Report.	
7.2	**Finance and Planning Committee** MN provided a verbal update on the Finance and Planning Committee meeting held on 23 October 2023. The following highlights were noted: • The Committee is assured on the progress of long waits. • There are concerns on the overall level of activity which will affect long waits and finances. The Chief Operating Officer is leading a piece of work to better understand this so an action plan can be formulated to address the issue. HT committed to keeping the Governors updated prior to the next meeting scheduled for 13 March 2024. The Council of Governors *noted* the Chair Report.	
7.3	**Quality and Safety Committee** LW provided a verbal update on the Quality and Safety Committee meeting held on 20 October 2023. The following highlights were noted: • The IPC risks have been downgraded in recognition of work undertaken. • The Trust has breached the IPC target (2 per annum) for C difficile. This reflected a national increase in cases. • Since the Lucy Letby case, there have been discussions at Board and Quality and Safety with extra pieces of work initiated on how the Trust deals with deaths and freedom to speak up cases.	

MINUTE No	TITLE	ACTION
	The Council of Governors *noted* the Chair Report.	
7.4	**People and Culture Committee** ME provided a verbal update on the People and Culture Committee meeting held on 26 October 2023. The following highlights were noted: • The Committee is always pleased to have Governors in attendance. • There has been a positive increase in the performance KPI's for recruitment and retention and sickness levels. • It has been requested that the recruitment risks can be downgraded. • Sickness deep dives have been requested for certain areas of the Trust. • The Committee is fully assured that there are appropriate levels of Safe Staffing. • The Committee received a staff story of an employee's experience and learning on a leadership course and heard from international nurses on their experience on joining the Trust. There were lots of positives but also areas to improve on and offer support. ME responded to queries from the Council which included: • The current counselling service contract within the Trust is coming to an end in early 2024. Will any alternative support be offered for staff in replacement? It was confirmed that the Trust needs to develop their own provision to replace the current offer, this could be internally increasing awareness and support but could also require external support for in depth cases depending on the needs of the person. This is on the agenda for the next People and Culture Committee as a concern. • Is the Committee assured that the Trust is doing all it can to support the International recruits. ME confirmed they are assured, there is an action plan to address any areas of concern. SK confirmed she had met with Shropshire Council to discuss options for the long term provision of accommodation. The Council of Governors *noted* the Chair Report.	
7.5	**Digital, Education, Research and Innovation Committee (DERIC)** PV provided a verbal update on the Digital, Education, Research and Innovation Committee meeting held on 30 October 2023. The following highlights were noted: • The Committee terms of reference were discussed prior to Board sign off next month. • The Committee discussed the draft workplan and governance of meetings feeding into the Committee. • Discussed the overlap of work within other Committees. • Established a draft board assurance framework and risk register for the Committee. • Identified a significant workplan. • Begun to look at partnerships. The Council of Governors *noted* the Chair Report.	
8.0	**TO NOTE**	
8.1	**Review of the Workplan** HT presented the submitted current 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.	

MINUTE No	TITLE	ACTION
	The Council of Governors *noted* the Work Plan.	
8.2	**Attendance Matrix** The Council of Governors *noted* the submitted Attendance Matrix.	
8.3	**Corporate Objectives** The Corporate Objectives are shared within the pack for information only. The Council of Governors *noted* the Corporate Objectives.	
9.0	**ANY OTHER BUSINESS**	
	HT thanked the members of Council for their attendance and contribution. A discussion took place regarding the Governors' access to Committee papers and acknowledgement of their attendance at Committee meetings. The following points were agreed: • Governors' attendance at Committee meeting is recorded in the minutes, therefore a record of attendance can be created. • HT, SK and DM will have a further discussion regarding access to papers. It was noted that it is not common practice for the papers to be shared with non-members and as Governors are there to observe and scrutinise the Non-Executive Directors they would not need the papers. It was requested that one or two printed packs are available for Governors' use to enable them to understand the discussions. It was noted that if packs were made available, certain papers could be redacted or removed from the pack. **Action: GM to produce a record of attendance and include on the agenda for the next meeting.** **Action: HT, SK and DM to hold a further discussion on developing a protocol around Governor attendance at committee meetings and the provision of papers for those meetings.** CC noted he had visited the SIM Lab and was concerned with the lack of engagement from medical staff. PV confirmed this will be picked up via discussions at the DERI Committee. SH informed the Governors that she had recently attended a Governwell training session on Accountability and Questioning; she found it very useful and noted to other Governors that it was worth attending. She thanked the Trust for the opportunity to attend. HT brought the meeting to a close.	

NEXT COUNCIL OF GOVERNORS MEETING: 13 MARCH 2024

Overview of the Trust – April 2024

Stacey Keegan, Chief Executive

Aspiring to deliver world class patient care

Quality and Safety

- The Trust continues to successfully use the Patient Safety Incident Response Framework (PSIRF), for responding to patient safety incidents (PSI's), for the purpose of learning, improving patient safety and identifying learning responses for each event.

- The Trust recently launched it's Quality Strategy and will be testing the new Quality Accreditation Programme for wards and services with a view to a formal launch in Q2 2024.

- Work continues on a Clinical Strategy with a view to going live later this year.

- The Trust recognises more can be done in relation to robust clinical effectiveness and clinical audit. Both these agendas will be monitored regularly through Q&S Committee.

- Through the establishment of DERIC Committee, the Trust is committed to growth in both research and innovation that will improve the quality and safety of care and services we deliver to our patients.

Aspiring to deliver world class patient care

RJAH Quality Strategy for 2024-2027

NHS

- Ensure the trust takes a system-based approach to learning from patient safety events, promoting a just and learning culture.
- Continue to improve on patient and carer experience through delivery of the patient experience strategy.
- Implement a Quality Accreditation Programme that enables effective and sustainable change in the most important areas.
- Work collaboratively with patients, system partners and third sector organisations to ensure our services meet the national priorities for tackling health inequalities.
- Provide our workforce with the opportunities to ensure our services are clinically led and patients are at the heart of what we do (Nursing and AHP strategy)
- Through delivery of our quality strategy, patient experience and Nursing AHP strategy, this will prepare RJAH for the pathway to excellence accreditation.

https://www.rjah.nhs.uk/media/nzgf1grw/quality-strategy-2024-2027.pdf

Aspiring to deliver world class patient care

Performance

NHS

- Our volume of theatre activity has increased significantly across 2023/24, with 981 theatre cases undertake in February compared to 707 in April, an increase of 38.7%.

- Our 'capped theatre touch time utilisation' in Februarys Model Hospital Data was 87.0%, making it the highest in England.

- The DNA rate for outpatient appointments in February was 4.2%, significantly better than the national average.

- Focus remains on reducing the overall size of the waiting list which is supported by increased volumes of activity. Following months of continuous growth we have now seen sustained reductions since November 2023.

- The longest waiting patients remain a priority and whilst we have seen continued delivery against the NHSE performance standards, we must attempt to restore parity of access for our Welsh patients.

Aspiring to deliver world class patient care

Finance

- On track to deliver formally agreed revised financial position - £1.9m deficit

- Been a difficult year financially with a number of factors impeding delivery of the original planned surplus
    - Productivity – Activity plans not achieved and still falling short of pre COVID levels which impacts income
    - Workforce – Temporary staffing pressures from bank/agency as new recruits settle in
    - Casemix – Not fully funded for out of area work and increased costs
    - Inflation – Cost increases in excess of planned levels
    - Industrial Action – impact only partially mitigated

- System finances remain high on the national agenda as the biggest proportional deficit of allocation (13.5%) leading to intensive escalation/oversight:
    - All new investments continue to be subject to triple lock
    - All vacancies and expenditure over £10k now also subject to triple lock approval

Aspiring to deliver world class patient care

People

- Vacancy rate at end of February is 3.16% compared to last year, at 9.42%.

- Rolling programme of the review of HR policies in line with the cycle, and in line with legislation changes

- People Promise Manager appointed on 11th March from NHSE funding

- Focus on retention Home - NHSE Midlands (waystostay.co.uk) and review of reasons for leaving

- Deep dive into slight increase of sickness absence

- Balancing system financial constraints with a vacancy review process

Aspiring to deliver world class patient care

EDI

- 'This is me Event' held on 29th February 2024 for all staff, from the successful bid for innovation funding from NHSE. Speakers shared lived disability experiences and staff encouraged to declare disabilities

- Staff EDI newsletter, third edition published

- Gender Pay Gap report published

- Public Sector Equality Duty report published

- Staff Network Groups meet monthly, with a Chair and Executive sponsor

- EDI objectives set for Board

NHS

Aspiring to deliver world class patient care

17

Staff Survey Results

52% response rate for National Staff Survey 2023

- <u>Improvements</u>

A 10% increase on the score from 2022 for 'staff would recommend RJAH as a place to work' to more than 75%

60% of staff responded (up 8%) said they are achieving a good balance between work and home life.

- <u>Areas for attention</u>

Of 900 staff completing the survey, 37 said they had experienced physical violence at work.

Just over 69% of staff would feel secure raising concerns about unsafe practice. That is around 10% lower than the very top scoring Trusts

- <u>Action Plans</u>

Staff Survey Focus Group set up for March with reps from each area, to meet monthly

Bespoke action plans to be developed where needed

Staff Side and Freedom to Speak Up Guardian reps on group

Aspiring to deliver world class patient care

NHS

Apollo Update - What is the "Apollo" EPR?

Apollo includes the following Admin/Clinical solutions

Careflow (PAS) Careflow (BI) Orders & Results Workspace

Bluespier Theatres Medication Management Connect Patient Flow

Bluespier Pre-Op Vitals Clinical Narrative Patient Portal
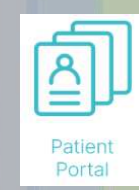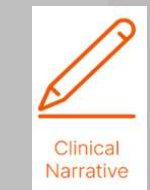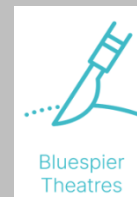
Apollo is the Trust's name for **System C's CareFlow EPR**. Apollo will reduce Trust paper-based processes, replacing the following internal RJAH systems with better integrated solutions:

- Lorenzo PAS (Patient Admin System)
- GraphNet EPR
- Synopsis Pre-Op

It will improve digital maturity and continue to evolve after Go Live. It will work with our existing Vitals, Reporting and Radiology systems, receive results from the SATH Pathology system and send electronic discharges to GPs. It will also send data to the regional Shared Care Record.

The Apollo Programme is a significant transformation for the Trust, not just a digital Programme.

19

Apollo Update - EPR Programme Plan
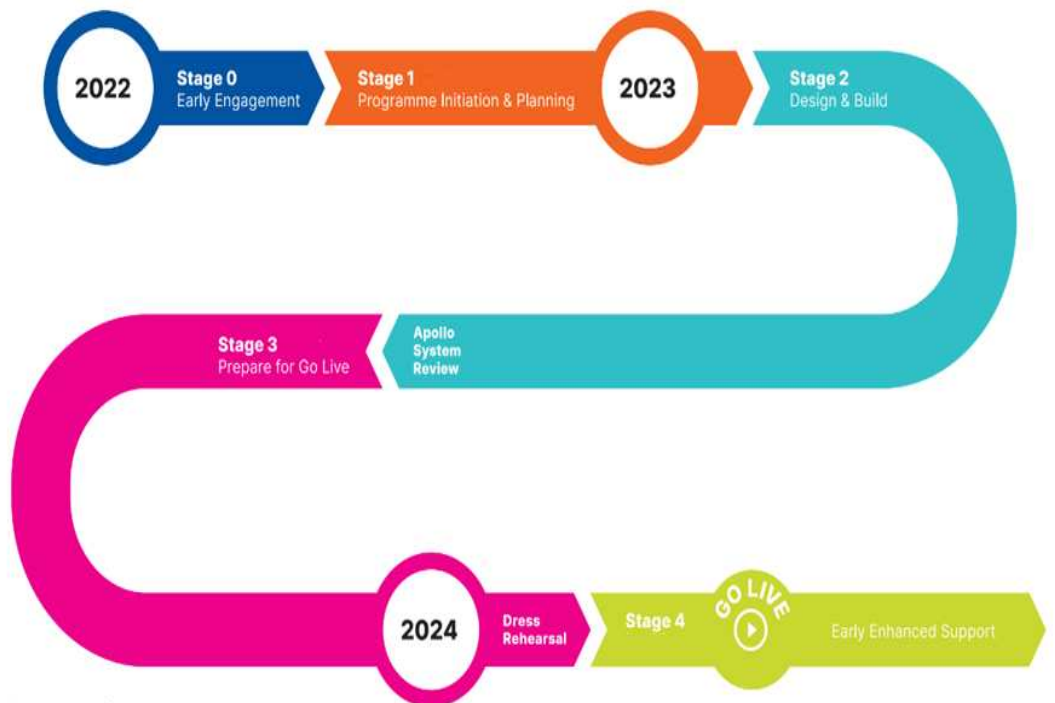
Stage 0 Early Engagement
Prepare for the Programme.

Stage 1 Project Initiation
Strategies, Approaches, Planning

Stage 2 Design and Build
Engage, Design, configure, review.

Stage 3 Prepare for Go Live
System and User Testing, Training, Operational Readiness, Rehearse.

Stage 4 Go Live
Final prep. Switch over to new system. Provide initial support.

Aspiring to deliver world class patient care

Apollo Update – where are we now?

NHS

We have
- Completed four cycles of Data Migration Core Testing – ensuring we can move data from old to new systems safely and accurately.
- Documented our current and the majority of our future ways of working.
- Improved Trust **digital literacy** ahead of the start of Apollo EPR Training.
- Completed an **Apollo System Review** in January 2024 with staff from across the Trust to demonstrate patient journeys using the system and get feedback on design and build.
- Completed some application testing in February and March.
- Engaged with Trust staff to identify the **training** needed to use the new system effectively and confidently.

What's next
- **Planning and agreeing extension to our Go Live date** to allow more time for staff engagement on clinical tools and workflows and more time for testing and preparation of user training so that we have the right level of assurance that our EPR solutions and our staff are all ready for Go Live.
- **Fully testing our system -** ensuring it works as intended and will support future ways of working.
- **Operational Readiness -** Prepare the Trust for Go Live and associated changes to ways of working.
- **Training -** Classroom based, online, demos. Completed in the 10-12 weeks before Go Live.
- **Dress Rehearsal -** Practice of Go Live, Early Live Support, Business Continuity.
- **And then…**

- **GO LIVE – New 2024 date to be confirmed.** Followed by 2-3 weeks of intensive Early Live User and Trust Support including Super User and Floorwalker "at the elbow" support for staff.

24/25 Planning

Specific areas of focus for RJAH:
- Financial balance
- Eliminate 65 week waits
- Improve productivity
- Reduce Workforce costs

- Progress to date (draft plan submitted March 2024):
  - Surplus of £1.6m
  - 65 week waits eliminated by Q2
  - Activity increased to 111% of 19/20 supported by new Theatre from October 2024 and productivity initiatives
  - Workforce establishment increase of 17 (driven by new Theatre)
  - Overall workforce reduction of 20 (Staff in post, bank, agency)

- Final Plan to be agreed by 2nd May

Aspiring to deliver world class patient care

Our Trust Strategic Objectives

Our Measures of Success

1 Deliver high quality clinical services
→ **Recognised as outstanding for quality of care**

2 Develop our Veterans Service as a nationally recognised centre of excellence
→ **Centre of Excellence for Veterans rehabilitation**

3 Integrate the MSK pathways across STW
→ **Single seamless local MSK service**

4 Grow our services and workforce sustainably
→ **Outreach of our specialist expertise**

5 Innovation, education & research at the heart of what we do
→ **Hospital University level education, research and innovation**

Strategy Update

- Strategy Approved by the board in November 2023

- Trust Strategy Launch event in December 2023, with 3 staff strategy session events

- Shared with STW ICB in January 2023

- Patient Experience group session on the strategy in January 2023

- Further communication during Quarter 4 via existing Trust groups including Managers Briefing, Trust Management Board, Unit Board meetings, Buddy visits.

Aspiring to deliver world class patient care

Key Developments aligned to our Trust Strategy – Quarter 3 and 4

NHS

1 — Deliver high quality clinical services

The Trust has approved its Quality Strategy for the next 5 years in March 2024, with 6 objectives to embed the Trust's appetite for continuous improvement and change to ensure that we maintain our excellent standards for quality. The Trust has successfully been recognised as an accredited Elective Surgical hub following the site visit held by the GIRFT team on the 24th November 2023. This recognised our clinical and operational excellence for both paediatrics and adult elective pathways.

2 — Develop our Veterans Service as a nationally recognised centre of excellence

As part of its commitment to improving Veterans rehabilitation, the Trust is one of 5 sites nationally participating in a 6 month data collection pilot to inform pathways and accreditation processes for Veterans rehabilitation following the GIRFT recommendations in their published report on Improving Veterans MSK Rehabilitation in 2023.The Trust also attended the Ministry of Defence Stakeholder Engagement session in January 2004 to scope the opportunity to bid in June 2024 to be a supplier of active military MSK surgical rehabilitation

3 — Integrate the MSK pathways across STW

The Trust continues to demonstrate improved system working through delivery of the agreed approach to provider collaboration and demonstrable progress on the MSK programme of work. During March 2024, the Trust has become the lead provider for rheumatology for Shrewsbury, Telford and Wrekin, transferring care of patients from Telford that was previously delivered by Shropshire Community Health Service to provide a seamless service for rheumatology.

Aspiring to deliver world class patient care

Key Developments aligned to our Trust Strategy – Quarter 3 and 4

NHS

4 — **Grow our services and workforce sustainably**

The Trust has been developing its work in collaboration with Powys Health Board to enhance the level of outreach and joint working. A workshop was held in December with executives, clinicians and senior managers from both organisations with key opportunities identified in terms of improving equity of services, delivering services locally in the Powys area and engagement in the outline business case for a North Powys capital development for a new daycase, diagnostic and outpatient facility.

5 — **Innovation, education & research at the heart of what we do**

The Trust has co-produced a Nursing & Allied Health Professionals Strategy for the next 5 years, with key objectives centred around enhancing our Innovation, education and research opportunities.

The Trust currently reviewing and updating its Strategy for Innovation and Research, and Education Strategy.

Aspiring to deliver world class patient care

NHS Leadership Competency Framework

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Committee / Group / Meeting, Date

Council of Governors, 10 April 2024

Author:	**Contributors:**
Name: Dylan Murphy Role/Title: Trust Secretary	Name: Role/Title:

Report sign-off:

Name:
Role/Title:

Is the report suitable for publication?:

YES

Key issues and considerations:

On 28 February 2024, NHS England (NHSE) published:
- a new NHS leadership competency framework for board members, known as the LCF; and
- a revised framework for conducting annual appraisals of NHS chairs, known as the CAF.

Leadership Competency Framework (LCF)

The LCF applies to all Board members and sets out six leadership competency domains:
1. Driving high-quality and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting equality and inclusion, and reducing health and workforce inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities.

From April 2024 onwards, these domains should:
- be included in all new NHS Board members' job/role descriptions and recruitment processes; and
- form a core part of all board member appraisals and the ongoing development of individuals and boards collectively.

Each domain of the LCF has a series of associated competencies, expressed as 'I' statements. This is to indicate personal actions and behaviours that board members will demonstrate in undertaking their roles. It is recognised that high performance and delivery against objectives is also achieved through effective team working and collaboration. It is also recognised that *"even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies in this framework all of the time."*

Chairs' Appraisal Framework (CAF)

This framework establishes a more standardised approach to the annual appraisal of chairs, including ICB, NHS trust and foundation trust chairs. The framework is aligned with the Leadership Competency Framework and involves:
1. A self-assessment;
2. Feedback from multiple stakeholders. For foundation trusts, the lead governor (on the council of governors' behalf) should always be included. For all provider chairs the chair of the ICB should also be included. Other stakeholders might include non-executive directors, the chief executive, executive directors, commissioners and other system partners, patient and public representative leads and a peer(s) from another system or trust(s);
3. Collective evaluation of the stakeholder assessments and self-assessment in a discussion between the Chair and "the appraisal facilitator"; and
4. Submission of the key points arising from the appraisal discussion to NHSE's senior appointments and assessment team (SAAT) for review by the regional director. Once approved by the regional director, SAAT will send it to NHS England's Chief Operating Officer for review.

1

Strategic objectives and associated risks:

The following strategic objectives are all supported by having an effective Board of Directors:

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

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. Delivery of these objectives is supported by having an effective Board of Directors:

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

Application of the CAF is not mandatory but NHS organisations will be expected to have robust processes in place which are *"consistent with the framework's broad principles and include mechanisms for adequate multi-source assessment against the components of the Leadership Competency Framework."*

Recommendations:

The Council of Governors is asked to note the implementation of the new NHS Leadership Competency Framework (LCF) and revised framework for conducting annual appraisals of NHS chairs (CAP).

Report development and engagement history:

The development of a Leadership Competency Framework has been reported previously in updates to the Board and Council of Governors on the revised Fit and Proper Persons Test Framework. An update was provided to the People and Culture Committee in March 2024.

The LCF responds to the recommendation made by Sir Tom Kark in his 2019 review of the fit and proper person test (FPPT), which included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'

The CAF is informed by the provisions of NHS England's code of governance for provider trusts, the seven principles of public life (Nolan Principles) and the Financial Reporting Council's publications (UK corporate governance code) and guidance on board effectiveness. These provisions emphasise the pivotal nature of the chair's role in creating the conditions for the board's effectiveness in maintaining a focus on strategy, performance, culture and values, stakeholders and accountability.

Next steps:

1. The LCF came into effect **from 1 April 2024.** From that date, the 6 competency domains should be incorporated into:
   - all NHS board member role descriptions and recruitment processes; and
   - should also form a core part of board member appraisals and the ongoing development of individuals and the board as a whole.
2. The CAF came into effect **from 1 April 2024.** As outlined in the framework, the "timetable should ensure all associated stages of the process are completed by the end of quarter 1 in any given year".
3. A board member appraisal framework is being developed by NHSE and is to be published "this autumn". The letter from NHSE that accompanied the framework said that: *"In the meantime, all board members should self-assess against the LCF and discuss findings with their chair or chief executive as part of their 2023/24 annual appraisal."*

2

4. Plans are already underway to hold appraisals for board members covering 2023/4. Those arrangements will be reviewed to ensure that:
   - the Chair's appraisal process reflects the requirements of the CAF;
   - other board members' appraisals reflect the requirements of the LCF; and
   - the process is completed by the end of quarter 1, 2024/5 (i.e. by the end of June 2024).

Acronyms:

LCF	NHS leadership competency framework for board members
CAF	Framework for conducting annual appraisals of NHS chairs
FPPT	Fit and Proper Persons Test
SAAT	Senior appointments and assessment team

Attachments:

Attachment 1	LCF domain competencies
Attachment 2	Outline appraisal process for Board members (other than Chair)
Attachment 3	Outline appraisal process for Chair
Attachment 4 (via link)	NHS England » NHS leadership competency framework for board members
Attachment 5 (via link)	NHS England » Framework for conducting annual appraisals of NHS chairs (CAF)

3

Attachment 1: LCF domain competencies

Domain 1: Driving high quality, sustainable outcomes	
1	**I contribute as a leader:**
1a	to ensure that my organisation delivers the best possible care for patients
1b	to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation
2	**I assess and understand:**
2a	the performance of my organisation and ensure that, where required, actions are taken to improve

2b	the importance of efficient use of limited resources and seek to maximise:
	    i. productivity and value for money
	   ii. delivery of high quality and safe services at population level

2c	the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements
3	**I recognise and champion the importance of:**
3a	attracting, developing and retaining an excellent and motivated workforce
3b	building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles
3c	retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate
4	**I personally:**
4a	seek out and act on performance feedback and review, and continually build my own skills and capability
4b	model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training
Domain 2: Setting strategy and delivering long term transformation	
1	**I contribute as a leader to:**
1a	the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
1b	ensure there is a long-term strategic focus while delivering short-term objectives
1c	ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
1d	ensure effective prioritisation within the resources available when setting strategy and help others to do the same
2	**I assess and understand:**
2a	the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
2b	the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy
2c	clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans
3	**I recognise and champion the importance of long-term transformation that:**
3a	benefits the whole system
3b	promotes workforce reform
3c	incorporates the adoption of proven improvement and safety approaches
3d	takes data and digital innovation and other technology developments into account
4	**I personally:**
4a	listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
4b	seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

4

Attachment 1: LCF domain competencies

Domain 3: Promoting equality and inclusion, and reducing health inequalities	
1	**I contribute as a leader to:**
1a	improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
1b	ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
1c	reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups
2	**I assess and understand:**
2a	the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)
3	**I recognise and champion:**
3a	the need for the board to consider population health risks as well as organisational and system risks
4	**I personally:**
4a	demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds
4b	encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities
Domain 4: Providing robust governance and assurance	
1	**I contribute as a leader by:**
1a	working collaboratively on the implementation of agreed strategies
1b	participating in robust and respectful debate and constructive challenge to other board members
1c	being bound by collective decisions based on objective evaluation of research, evidence, risks and options
1d	contributing to effective governance and risk management arrangements
1e	contributing to evaluation and development of board effectiveness
2	**I understand board member responsibilities and my individual contribution in relation to:**
2a	financial performance
2b	establishing and maintaining arrangements to meet statutory duties, national and local system priorities
2c	delivery of high quality and safe care
2d	continuous, measurable improvement
3	**I assess and understand:**
3a	the level and quality of assurance from the board's committees and other sources
3b	where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
3c	how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
3d	the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks
4	**I recognise and champion:**
4a	the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders
4b	working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement
5	**I personally:**
5a	understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

5

Attachment 1: LCF domain competencies

Domain 5: Creating a compassionate, just and positive culture	
1	**I contribute as a leader:**
1a	to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
1b	to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
1c	to improve staff engagement, experience and wellbeing in line with our NHS People Promise
1d	to ensure there is a safe culture of speaking up for our workforce
2	**I assess and understand:**
2a	my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture
3	**I recognise and champion:**
3a	being respectful and I promote diversity and inclusion in my work
3b	the ability to respond effectively in times of crisis or uncertainty
4	**I personally:**
4a	demonstrate visible, compassionate and inclusive leadership
4b	speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice
4c	challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly
4d	promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention
Domain 6: Building trusted relationships with partners and communities	
1	**I contribute as a leader by:**
1a	fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners
1b	identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest
2	**I assess and understand:**
2a	the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
2b	the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners
3	**I recognise and champion:**
3a	management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues
3b	open and constructive communication with all system partners to share a common purpose, vision and strategy

6

Attachment 2: Outline appraisal process for Board members (other than Chair)

The competency domains should form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. The framework should be applied as follows – a new Board Member Appraisal Framework incorporating the competencies will be published to support this:

Board members should:
- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles
- Review the self-assessment with their line manager and obtain feedback

Chief executives should:
- Carry out individual appraisals for the executive directors based on the framework and other objectives
- Ensure the findings feed into the personal development plans of the executive directors

Chairs should:
- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills, knowledge and behaviours to undertake their roles
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board, and ensure that appropriate development takes place where this is not the case
- Ensure the findings feed into the personal development plans of non-executive directors
- As and when required, include relevant information in the Board Member Reference when a board member leaves

The senior independent director (or deputy chair) should:
- Carry out the appraisal for the chair based on the framework and other objectives
- Ensure the findings feed into the personal development plan of the chair

All board members will have more detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against objectives.

7

Attachment 3: Outline appraisal process for Chair

Stage 1: Appraisal preparation
Who: Chair; appraisal facilitator

What: Review of assessment template and determination of additional areas of focus; consideration of multi-source assessment contributors; agree timetable for multi-rater assessment and feedback.

Sources of reference: chair's previous appraisal outcomes, personal development plan and in-year objectives; key aspects of the trust's board development plan; the Leadership Competency Framework domains; current overall trust performance.

Stage 2: Multi-source assessment
Who: Identified stakeholders; chair

What: Assessments of chair's effectiveness sought from a range of stakeholders identified at Stage 1; completion of self-assessment by chair.
Source of reference: chair multi-source assessment template (**Appendix 2**)

Stage 3: Evaluation
Who: Appraisal facilitator

What: Evaluation, by appraisal facilitator, of all collated stakeholder assessments; if necessary, further information sought from assessors; evaluation of stakeholders' views considered alongside chair's self-assessment.

Stage 4: Appraisal output
Who: Chair; appraisal facilitator; regional director; NHS England Chief Operating Officer

What: Appraisal discussion framed around collective evaluation of multi-source assessment; consideration given to in-year performance, identification of development or support needs, and consideration of current year's key objectives.

Key points from appraisal discussion formally recorded by appraisal facilitator and agreed by the chair. Completed appraisal reporting template sent to the Senior Appointments and Assessment team (SAAT) at england.chairsappraisal@nhs.net to facilitate regional director review.
Once approved by the regional director, SAAT will send it to NHS England's Chief Operating Officer for review (and for NHS trusts and ICBs, endorsement). NHS England's Chief Operating Officer will exercise discretion in seeking further information and/or moderating the appraisal outcomes if such action is deemed necessary.

8

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Questions and Answers

Committee / Group / Meeting, Date

Council of Governors, 10 April 2024

Author:	**Contributors:**
Name: Dylan Murphy Role/Title: Trust Secretary	Gayle Murphy

Report sign-off:

Stacey Keegan
Chief Executive Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

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

It was agreed that any questions and answers raised by Council members in between meetings would be collated into a paper to the Council in order that all members could benefit from the information and also to ensure there was opportunity for discussion as required.
In addition it was agreed that the Council of Governors would be proactively asked if there were any items they wished the Chairman to consider for the agenda.

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

- No items were requested for the agenda.
- No questions were raised.

Strategic objectives and associated risks:

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

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

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

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

1

Report Template V1.0

Questions and Answers

2

Recommendations:

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

Report development and engagement history:

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

Next steps:

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

2

Governor elections / appointments

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Committee / Group / Meeting, Date

Council of Governors, 10 April 2024

Author:	Contributors:
Name: Dylan Murphy Role/Title: Trust Secretary	Name: Gayle Murphy Role/Title: Executive Assistant to the Chief Executive and Chair

Report sign-off:

Name:
Role/Title:

Is the report suitable for publication?:

YES

Key issues and considerations:

A number of positions on the Council of Governors are due for appointment/re-appointment, or election / re-election, during 2024.

The following positions will need to be appointed to from July 2024:

- Staff Governors – 2 of the three positions; one of which is vacant, the other is currently held by Allan Edwards.
- Shropshire Public Governors – 2 of the 3 positions; one of which is vacant, the other is currently held by Colin Chapman.
- North Wales Public Governor – 1 of the 2 positions; currently held by Colete Gribble.
- Powys Public Governor – currently held by William Greenwood.
- Cheshire and Merseyside Public Governor – currently held by Katria Morphet.
- Rest of England and Wales Public Governor – currently held by Phil White.

The following appointments come to an end on 5 October 2024:

- West Midlands Public Governor – currently held by Tony Wright.
- Shropshire Council Stakeholder Governor – currently held by Simon Jones.

According to section 13 of the Foundation Trust Constitution, both elected and appointed Governors:

- "*may hold office for a period of up to three years*"; and
- "*shall be eligible for re-election at the end of his or her term, but shall not hold office for longer than nine consecutive years or three consecutive terms each of three years.*"

Due to the limitation of the number of years a Governor may serve consecutively, it would not be possible for all current Governors, should they be re-elected, to serve a full three year term.   The full details of current appointment histories are included at the attachment.

The election / re-election process is run by Civica on behalf of the Trust. The Trust will now engage Civica to begin the process for the appointments that are due to commence in July 2024.

Strategic objectives and associated risks:

The work of the Council of Governors supports delivery of each of the Trust's strategic objectives:

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

1

Report Template V2.1

The work of the Council of Governors supports delivery of each of the strategic objectives of the system partners in Shropshire, Telford and Wrekin:

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

Recommendations:

That the Council of Governors note the position around Governors' appointments and the need to undertake an election / appointment process.

Report development and engagement history:

n/a

Next steps:

The election / re-election process is run by Civica on behalf of the Trust.

The Trust will engage Civica to begin the process for the appointments that are due to commence in July 2024.

The Trust will also plan the process for the appointments that are due to commence in October 2024.

Appendices

Appendix A   *Council of Governors Appointment histories*

2

Report Template V2.1

Council of Governors Terms of Office and Elections - JUNE 2024

Name	Constituency	Date of initial appointment / election (prior to current appointment / election)	Date of subsequent re-appointment / re-election	Years served in previous terms (including initial term and subsequent re-appointments / re-elections)	Date of current appointment / election	Length of current appointment / election term	End date of current term	Cumulative total of years served at end of current term (up to a maximum of 9)	Cumulative total of terms served at end of current term (up to a maximum of 3)
Stakeholder Governors (Appointed)									
Simon Jones	Shropshire Council	-	-	-	06 Oct 2021	3	05 Oct 2024	3	1
Karina Wright	Keele University	01 Jan 2018	01 Jan 2021	6	01 Jan 2024	3	31 Dec 2026	9	3
Victoria Sugden	Voluntary Services Committee	08 Aug 2019 (public Governor)	01 Aug 2022	3	01 Aug 2022	3	31 July 2025	6	2
Staff Governors (Elected)									
Vacancy	Staff	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Allen Edwards	Staff	01 Jul 2016	30 Jun 2021	5	30 Jun 2021	3	29 Jun 2024	8	2
Kate Betts	Staff	01 Jun 2019	05 Aug 2022	3	05 Aug 2022	3	04 Aug 2025	6	2
Public Governors (Elected)									
Colin Chapman	Shropshire	01 Jul 2017	30 Jun 2021	4	30 Jun 2021	3	29 Jun 2024	7	2
Vacancy	Shropshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Martin Bennett	Shropshire	N/A	N/A	N/A	05 Aug 2022	3	04 Aug 2025	3	1
Sheila Hughes	North Wales	N/A	N/A	N/A	05 Aug 2022	3	04 Aug 2025	3	1
Colette Gribble	North Wales	N/A	N/A	N/A	30 Jun 2021	3	29 Jun 2024	3	1
Vacancy (from 29 June)	Powys	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Katrina Morphet	Cheshire and Merseyside	01 Jul 2017	30 Jun 2021	4	30 Jun 2021	3	29 Jun 2024	7	2
Tony Wright	West Midlands	N/A	N/A	N/A	06 Oct 2021	3	05 Oct 2024	3	1
Phil White	Rest of England and Wales	N/A	N/A	N/A	30 Jun 2021	3	29 Jun 2024	3	1

Membership Update

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Committee / Group / Meeting, Date

Council of Governors, 10 April 2024

Author:	**Contributors:**
Name: Dylan Murphy Role/Title: Trust Secretary	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 April 2024) was 6803:

Staff	1315
Public	5072
Volunteers	416
Total	**6803**

The Trust membership target is to achieve a year-on-year increase. In April 2023, membership stood at 6528. As such, there has been around a 4.2% increase over the last twelve months.

The low point in membership was September 2022, when the figure was 6396. Since that low point, the membership has risen by around 6.4%.

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

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Cheshire & Merseyside	370	374	374	379	385	392	392	393	395	396	396	396	397
North Wales	883	884	884	889	887	887	885	888	891	894	894	897	899
Powys	532	533	535	540	543	546	544	546	550	551	552	553	554
Shropshire	2,642	2,649	2,647	2,692	2,706	2,716	2,710	2,713	2,725	2,728	2,729	2,732	2,734
West Midlands	548	549	549	556	564	563	562	562	567	564	563	563	563
Rest of England & Wales	265	267	268	279	283	288	289	290	294	298	299	299	301
Out of Trust Area	87	94	102	42	36	39	44	57	39	39	39	39	40
Total	**5,327**	**5,350**	**5,359**	**5,377**	**5,404**	**5,431**	**5,426**	**5,449**	**5,461**	**5,470**	**5,472**	**5,479**	**5,488**

1

Membership Update

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

Figure 1 – public membership since April 2023 (building up from the category with the largest number):
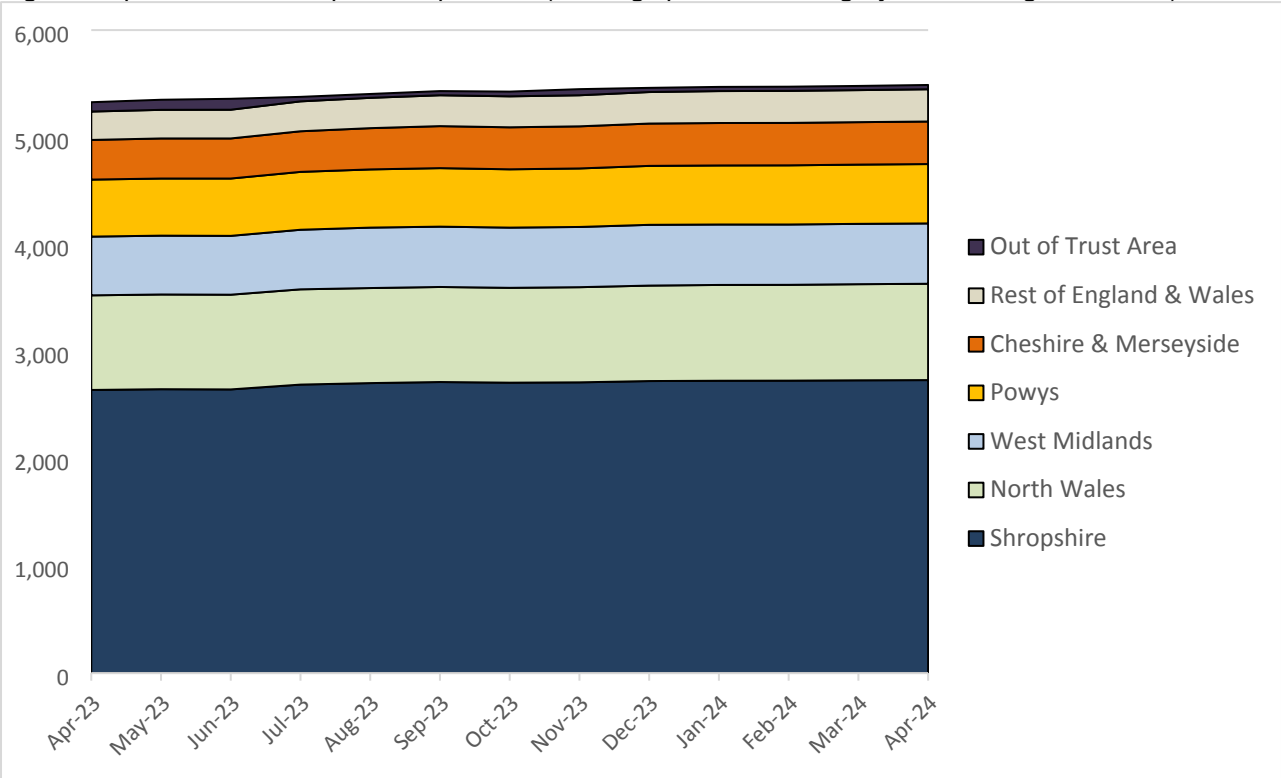
Gender
The table below presents the number of male and female members (from the public constituency).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24
Total	**5,327**	**5,350**	**5,359**	**5,377**	**5,404**	**5,431**	**5,426**	**5,449**	**5,461**	**5,470**	**5,472**	**5,479**	**5,488**
Unspec.	43	43	42	42	42	42	44	44	44	46	47	48	48
Male	1,744	1,753	1,758	1,763	1,776	1,796	1,792	1,798	1,804	1,807	1,807	1,810	1,813
Female	3,540	3,554	3,559	3,572	3,586	3,593	3,590	3,607	3,613	3,617	3,618	3,621	3,627

The figures for April 2024 in the table above are presented in an alternative format in the chart below:
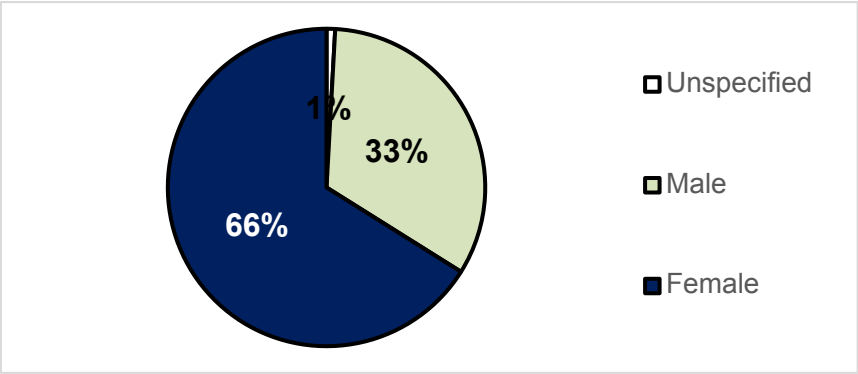
The proportion of male and female public members has remained constant through the year, with around a third of the membership being male and two thirds female.

2

Membership Update

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.

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24
Ethnicity	5,326	5,349	5,358	5,376	5,403	5,430	5,425	5,448	5,460	5,469	5,471	5,478	5,487
White	3,184	3,192	3,193	3,195	3,203	3,202	3,199	3,198	3,198	3,201	3,203	3,204	3,203
BME	116	119	118	118	121	122	121	122	122	122	122	122	122
Not stated	2,026	2,038	2,047	2,063	2,079	2,106	2,105	2,128	2,140	2,146	2,146	2,152	2,162

Age

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

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-24	Jan-24	Feb-24	Mar-24	Apr-24
Age	5,002	5,027	5,037	5,052	5,078	5,104	5,100	5,123	5,137	5,145	5,148	5,157	5,170
14-21	58	56	55	58	59	60	59	59	57	58	57	55	51
22-29	428	431	431	430	425	419	409	416	410	408	403	400	400
30-39	738	744	747	756	767	786	786	793	805	806	809	810	815
40-49	587	590	591	596	602	610	615	621	623	625	623	627	629
50-59	750	751	747	743	747	746	745	748	745	746	746	748	745
60-74	1,287	1,292	1,295	1,302	1,307	1,307	1,301	1,301	1,304	1,306	1,309	1,313	1,317
75+	1,212	1,219	1,226	1,225	1,230	1,236	1,244	1,244	1,250	1,254	1,258	1,259	1,264

The figures for April 2024 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):
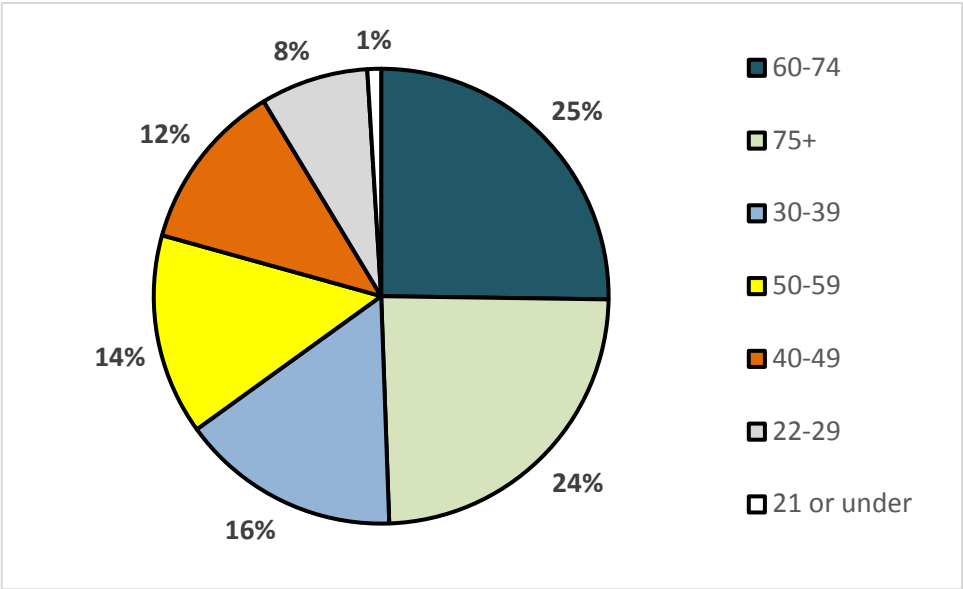
Report Template V2.1

Membership Update

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

Ranking	April 2024	April 2023
1	60-74 year-olds at 25%	60-74 year-olds at 26%
2	75 years-old or over at 24%	75 years-old or over at 24%
3	30-39 year-olds at 16%	50-59 year-olds at 15%
4	50-59 year-olds at 14%	30-39 year-olds at 14%

Strategic objectives and associated risks:

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

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

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

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

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.

4

Patient Safety Visits

Quality and Safety Committee | February 2024

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

Actions implemented throughout 2023

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.	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

Aspiring to deliver world class patient care

Actions implemented throughout 2023

Actions	Committee Oversight
Estates/Facilities – • 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 implemented 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

Aspiring to deliver world class patient care

Timetable for 2024

- 25th January – Oswald Ward (completed)

- 29th January – Gladstone Ward (completed)

- 26th February – Ludlow Ward (post-poned)

- 21st March – Main Outpatient Department (completed)

- 25th March – Wrekin Ward (completed)

Aspiring to deliver world class patient care

Chair's Assurance Report
Audit and Risk Committee

The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	06 March 2024
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	**Paper written on:**	01 March 2024
Paper Reviewed by:	Martin Newsholme, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Board of Directors - Public	**Paper FOIA Status:**	Full

1. Purpose of Paper

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

This is an assurance report from the Audit and Risk Committee to the Board of Directors. The Board is asked to consider the recommendations of the Audit and Risk Committee.

2. Context

2.1 Context

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

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

3. Assurance Report from Audit and Risk Committee

This report provides a summary of the items considered at the Audit and Risk Committee on 06 February 2024. It highlights the key areas the Audit and Risk Committee wishes to bring to the attention of the Board.

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

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

Standing Financial Instructions (SFI) and Scheme of Delegation
The Committee considered and endorsed the policy. The policy is presented to the Board of Directors for approval.

1

3.2 Areas of on-going monitoring with new developments

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

Declaration of Interest and Hospitality Register
Concerns were raised that staff may return documents without noting all conflicts of interest. The Committee were reassured that the Trust are taking steps to address and review the conflict-of-interest process including a review of the policy and relaunching the information available via creating a dedicated space on the Trust's intranet page. The Committee suggested:

- For each meeting to support in strengthening the awareness by discussing declarations at the start of the meeting.
- Declaration of interest forms to be aligned to Executive Directors for oversight.

Code of Governance
The Committee noted the report and asked for further assurance on the following:

- Remuneration Committee - terms of reference in relation to the senior managers/VSM
- Governors – the fit and proper persons testing is not aligned to the Governors however this will be considered if it is deemed appropriate.
- Non-compliance – an action plan will be development and to support with implementing actions to ensure the Trust are compliant.

Internal Audit Progress Report
The Committee congratulated the Trust on gaining substantial assurance from the Internal audit reports on; committee effectiveness review, key financial controls review, safe staffing review, data quality IPR review.

Internal Audit Workplan 2024/25
The Committee received the workplan for approval following consideration at the Executive Team Meeting on 16 January. A full plan will be presented to the Committee in April however, the Committee were content with the suggestions and approved in draft.

Internal Audit Q3 Recommendations Report
A total of 23 recommendations were reported as outstanding in October and therefore, the Trust developed a plan to ensure those actions have been embedded and evidence is provided to Internal Audit. It was confirmed 15 of the actions have been closed. The majority of the remaining actions are aligned to one review in relation to IT which will be signed off following a meeting between MIAA and the Trust's Digital Director. The Committee noted the progress and were assured with the revised process in place to address the implementation of recommendations.

Risk Management Report (including Board Assurance Framework and Corporate Risk Register)
Work is underway to review the Board Assurance Framework which will be tabled for discussion at the assurance committees throughout February to gain input into the current strategic risks for the organisation.
There are currently 17 corporate risk recorded on the risk register. It was noted that there are 10 risks aligned to the MSST service and will be discussed via the relevant reporting routes.
Concerns were raised in relation to the following risks:

- EPR implementation – the committee were reminded that all Apollo risks are recorded on the Apollo risk register and reported through the digital board and the EPR assurance meeting before DERIC Committee.
- BAF/CRR – the Trust confirmed that the link between the two registers will be strengthened as part of the creation of the new board assurance framework.
- Risk management training – the training compliance data to be presented via speciality/role to provide assurance that all cohorts of staff are completing the training.

2

Chair's Assurance Report
Audit and Risk Committee

3.3 Areas of assurance

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

Chair Report Information Governance Meeting
The Committee noted the report which had no issues to escalate. Assurance was sought in relation to potential system breaches, the Trust confirmed an external company complete periodic checks on the systems including the NHS firewall. The details of this are presented through the DERIC committee via the security report.

Finance Governance Pack
The Committee were assured with the process and reporting in place for the finance governance paper.

GGI Action Plan
The Committee were assured with the action plan which reports the majority of the actions closed. The 2 outstanding actions are aligned to the clinical audit recommendations which have been aligned to the Quality and Safety Committee. The QS Committee will continue to gain oversight of the actions through business-as-usual items. It was agreed the GGI action plan could be closed and removed from the workplan.

Counter Fraud Progress Report
The Committee were informed that following a fraud protection check, counter fraud will continue to liaise with the IT security to support in blocking fraudulent correspondence. The Committee asked for the Trust to explore processes in relation to dismissed staff rejoining the Trust via agency.One new referral was reported since the last meeting which is currently under review. Overall, the Committee were assured with the progress report provided by Counter Fraud.

Counter Fraud Workplan
The Committee received and noted the workplan for 2024/25.

External Audit Progress Report
The deadline for completion of the accounts has been noted as 28 June. No issues were identified in relation to audit progress.

Annual Accounts
The paper presented outlined the annual report and annual accounts timetable for information.

Review of the Accounting Policies
The Committee considered and approved the updated accounting policies.

Risk Management Terms of Reference
The Committee considered and approved the term of reference for the Risk Management Group.

4.0 Conclusion / Recommendation

The Council of Governors is asked to:
1. NOTE the content of section 3.1.
2. NOTE the content of section 3.2, (none to note)
3. NOTE the content of section 3.3. (note to note)

3

Chair's Assurance Report
Finance and Performance Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	06 March 2024
Executive Sponsor:	Craig Macbeth, Chief Finance and Planning Officer	**Paper written on:**	01 March 2024
Paper Reviewed by:	Martin Newholme, Deputy Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Board of Directors – Public	**Paper FOIA Status:**	Full

1.   Purpose of Paper

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

This is an assurance report from the Finance and Performance Committee. The Board is asked to consider the recommendations of the Finance and Performance Committee.

2. Context

2.1 Context

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

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

3.   Assurance Report from Finance and Performance Committee

This report provides a summary of the items considered at the Finance and Performance Committee on 26 February 2024. It highlights the key areas the Finance and Performance Committee wishes to bring to the attention of the Board.

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

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

Performance Report
- The shortfall in theatre activity includes the impact of the delay in the new theatre which had been planned to be operational from January.
- The theatre activity delivered was in line with the revised forecast trajectory.
- In Job Plan continues to show a shortfall but the percentage of OJP used in month reduced.
- Safety measures relating to increased weekend working are under review.

The Committee asked for additional areas to be reported in the OPOD ahead of the next meeting:
- In Job Plan
- Value weighted activity performance recognising this is how the Trust is measured externally.

1

- Focus on pinch points with theatre staff and looking forward what is the impact on activity if not addressed.

Long Waiters Presentation
The Committee were informed:
- That due to industrial action and underperformance the Trust will not reach the 65 weeks waits target (0 by end of March) until the end of August.
- The Trust is working towards validating pathways over 12 weeks as part of a data cleanse.
- Children and young people performance was brought to Committee attention highlighting this is stronger than the overall waiting list in terms of the number of patients waiting over 65/78 weeks.
- There remains an ongoing issue with Spinal Disorders capacity which the Trust continue to explore.
- The Committee acknowledged the continued hard work which the Trust undertake to support patients and were reassured that patients do not lose their place on the waiting list if they decline the mutual aid offer however, patients are then excluded from the national counting and are monitored through the Trust's internal processes.

Financial Performance Report
The Committee were assured by the in-month position and noted a £1.8m surplus which included backdated Industrial Action support of £1m and support from the balance sheet of £0.5m. The revised forecast agreed with NHSE was on target for delivery but would require further mitigation support from the list identified and support from NHSE for the impact of Industrial Action since November. In the interim the Industrial Action costs are being reported as a tolerated variance.

3.2 Areas of on-going monitoring with new developments

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

Corporate Risk Register
The Committee considered the register which reported 3 risks high risks aligned to the meeting. The Committee asked for the wording of risk 3027- variable income performance linked to elective activity performance to be reviewed.

Contracts/Investment Register
The Trust reported 53 contracts are out of date and a task and finish group is to be established to resolve. It was noted that there is minimal financial risk and operational risks are being mitigated. Progress will be tracked by the Trust Performance Group as a standing agenda item.

Draft Financial and Draft Operational Plan – 2024/25
The Committee acknowledged the plans are still at an early phase and as the official NHSE planning guidance is still awaited details of a flash submission to NHSE were shared and the following was noted.
- New Theatre capacity assumed to be live from October 2024.
- No service disruption from LLP or Industrial Action but an allowance for reduced activity during EPR implementation.
- Productivity measures amounting to 5% theatre activity improvement.
- Weighted Value activity of 111% against ERF threshold of 103% but noting that TIF 2 business case requires 110%.
- No increase in PP activity.
- The Trust is anticipating compliance in 104 and 78 week waits and for a 65 weeks expect to achieve target by end of August.

Following discussion, the Committee requested further consideration on the following areas:
- To provide clarity on the impact of the key enablers for the 20% more weighted value activity in next year's plan compared to this year's position with clarity on the key actions needed to ensure all deliverable

2

> • To review the income presented on the financial bridge so that it was clearer what contribution the additional activity was making and what the associated incremental costs are (eg new theatre).

3.3 Areas of assurance

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

MSK Unit Efficiency Report

The Trust reported a £104k adverse variance to plan in the year end forecast for the unit. Areas of ongoing focus include:

- Enhanced Recovery - flex down of beds pending increase in activity.
- ACI

Chair Reports from the sub-meetings which report into the Committee:

- MSK Transformation Board – there were no concerns to escalate to the Committee.
- Trust Performance and Operation Improvement Group – there were no concerns to escalate to the Committee.
- Sustainability Working Group – there were no concerns to escalate to the Committee.
- Procurement Working Group – there were no concerns to escalate to the Committee.
- Financial Recovery Group – there were no concerns to escalate to the Committee that had not already been discussed.
- Capital Management Group – the Committee were informed the theatre business case has been paused and the go live date for the new theatre had been delayed further.

The following papers were circulated to the Committee for information only:

- STW Productivity Opportunities

4.0 Conclusion / Recommendation

The Board is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps.
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
3. NOTE the content of section 3.3.

3

Chair's Assurance Report
Quality and Safety Committee

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	**Paper date:**	06 March 2024
Executive Sponsor:	Ruth Longfellow, Chief Medical Officer	**Paper written on:**	01 March 2024
Paper Reviewed by:	Lindsey Webb, Committee Chair	**Paper Category:**	Governance
Forum submitted to:	Board of Directors - Public	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?
This is an assurance report from the Quality and Safety Committee. The Board is asked to consider the recommendations of the Quality and Safety Committee.

2. Context

2.1 Context
The Trust Board has established a Quality and Safety Committee. According to its terms of reference:
"The purpose of the Quality and Safety Committee is to assist the Board obtaining assurance that high standards of care are provided and any risks to quality identified and robustly addressed at an early stage. The Committee will work with the Audit and Risk Management Committee to ensure that there are adequate and appropriate quality governance structures, processes, and controls in place throughout the Trust to:
- *Promote safety and excellence in patient care.*
- *Identify, prioritise, and manage risk arising from clinical care.*
- *Ensure efficient and effective use of resources through evidence based clinical practice."*

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

3. Assurance Report from Quality and Safety Committee

This report provides a summary of the items considered at the Quality and Safety Committee on 25 January 2024 and 22 February 2024. It highlights the key areas the Quality and Safety Committee wishes to bring to the attention of the Board.

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

ALERT – The Quality and Safety Committee wishes to bring the following issues to the Board's attention as they: • Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR • Require the approval of the Board for work to progress.
EPRR Annual Report The Committee endorsed the EPRR annual report which was presented to the private Board Meeting in February for approval. The report is circulated within the papers for oversight. **Quality Strategy** The Committee endorsed the revised Quality Strategy and recommended the Board approves the document.

1

3.2 Areas of on-going monitoring with new developments

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

Chief Nurse and Patient Safety Officer and Chief Medical Officer Update
The Committee were informed of the following:
- Concern relating to blood provision due to the increased activity following the implementation of Sunday working. The Trust confirmed that mitigations have been embedded in relation to patient selection and a blood fridge has also been introduced. The Committee were reassured that other clinical support has been reviewed to support the process, including pharmacy provision and same day discharges.
- Concerns raised with Sunday working and the requirement to ensure all stakeholders are included within the process with ensure each service requirements are met.
- An open day for My Recovery was held in February and well received.
- Governance processes in relation to the 1 acquired pressure ulcer on Sheldon ward is being reviewed.

Board Assurance Framework (BAF)
The Committee held a discussion in relation to the current strategic risks which should be reflected within the revised BAF going forwards. The following was suggested:
- A holistic approach at capturing the organisational focus on patient safety and quality.
- Effectively bringing all strands of information together systematically to identify learning and continued improvement.

Corporate Risk Register
The Committee reviewed and endorsed the register. Concerns were raised with the lack of support from the System in relation to the FFP3 fit mask testing which was raised with the quality and safety ICB representative at the meeting.

Learning from Deaths Q3 Report and Policy
The Committee were assured with the processes in place in relation to reporting, reviewing and supporting deaths however requested further information to be incorporated into the report in relation to the lessons learnt following the completion of the reviews. The Committee endorsed the learning from deaths policy. The Q3 report is included within the Board papers for oversight.

IPC Q3 Report
There has been an increase in E-Coli and Klebsiella within the Trust and therefore the organisation has reported a breach of the national tolerance level. A deep dive into gram-negative bloodstream infections is being undertaken. The Trust have confirmed there is a link between the reported infections and urinary catheters. The MSCI were commended in recongnising the infections and supporting patients effectively.
The Committee also held a discussion in relation to the following issues which have arisen:
- Lack of engagement from the therapies team in relation to the action plan – this has since improved.
- The required for standardised hospital transfer documentation to support comprehensive transfers – this has been shared with the IPC system meeting.
- How to capture the SSI trends for previous years and complete a comparison review – this is to be considered by the Trust.

MSCI Gram Negative Bacteria Thematic Review
The Committee requested further assurance on how the continence lead gap is being addressed.

MSCI Peer Review
The review was completed in September however the Trust is awaiting the final report.

Health Inequalities Deep Dive

2

A deep dive has been completed with a focus to improve services alongside local authority colleagues. The data is currently being correlated and will be demonstrated via the performance report going forward. The Committee were informed of decisions that are ongoing regarding what support is required from the System.

Safeguarding Priorities
The dashboard is being developed and it was noted that the majority of actions are complete or on target for completion. Training compliance data is to be included within the chair report to the next meeting to provide further assurance.

3.3 Areas of assurance

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

Paediatrics Governance Structure
The Committee were assured with the review which has been undertaken in relation to the paediatrics governance structure and the revised terms of reference. The Trust were asked to consider the reporting line for the paediatric meeting with a suggestion this should be reported through the Unit governance meeting in future.

Legal Claims Q3 Report
The Committee were assured following presentation of the paper – there were no concerns to raise in relation to the open claims.
The Committee were informed on the process of capturing and analysing learning from claims as well as any existing themes. The Trust is supplied with an annual review of trends which was noted to be reassuring.

Quality Accreditation
The Trust will commence their own quality accreditation and have implemented aspects of the international ward accreditation and pathway of excellence together which will support the CQC compliance toolkit. It was noted that the quality accreditation supported the Trusts Quality Strategy.

Performance Report
The Committee were assured with the report, the following performance indicators were acknowledged:
- 2 complaints have been reopened and under review.
- Harms reviews to be undertaken on delayed discharges.
- Improvements noted to the spinal patient waiting list.
- 3 incident relating to e-coli – a summary report has been requested.
- 3 SSIs in December and 2 in January reported.
- Improved positions in relation to medication incidents was noted.
- 1 expected death reporting – no concerns to raise.
- 1 case of Klebsiella which was unavoidable.
- 62-day cancer target has been breached however this is not due to the RJAH process.

The Committee discussed the following to sough further assurance:
- Theatre cancellations – mitigation opportunities are being considered and a review is being completed in Theatre.
- Complexity and co-morbidities of patients increased – comparison has been completed between RJAH and ROH.
- Reopening complaints – the Governance team continue to monitor the complaints and complete thematic review however this is difficult due to the nature of the complaint being reported.
- Overdue follow up – narrative to be amended to provide greater clarity on the actions being addressed.
- HCA positions – no external agency is currently covering the HCA shifts. The process of back filling roles is currently under review and there has been a noted decrease in the vacancy percentage since September.

- Medicine incidents – a report will be presented through the patient safety meeting.

PSRIF and Patient Safety Improvement Plan
The Committee were assured with the processes in place in relation to PSIRF and improvement plan. It was noted that there have been no PSIs in December or January and actions are being monitored. The Trust agreed to discuss the opportunity to include the reporting of patient safety incidents within the key performance indicators.

Metal on Metal Assurance Report
The Committee was assured on the appropriate and robust processes for the patients. The Trust is awaiting guidance following a national review.

Patient Harm Review Update
The Committee were assured with the process in place to review long waiting patient by priority. A total of 8 patients have been recorded as experience harm to date which related to a spinal surgery patient who has since been expedited following a deterioration of their clinical condition. The long waiters continue to be monitored via the Finance and Performance Committee

CIP Quality Impact Assessment Q3 Report
Overall, the Committee were assured with the paper which presented a £152k favourable position at year end and are due to be completed timely. Discussions were held relating to the rheumatology drugs changes and were assured with the safety measure in place to support patients.

CQUIN Q3 Report
The Committee considered and noted the report – no issues were to be escalated to the Committee.

IPC Quality Improvement Plan and HCSA/IPC Board Assurance Framework
The Committee received assurance on the good progress which continues to be made with no actions reported as behind plan. The remaining open actions predominantly in relation to digital and are due to be completed as part of the Apollo implementation.
The Committee gained reassured on the progress relation to the microbiology SLA where the Trust confirmed arrangements are in place with Sheffield in the interim.

IPC Visit Feedback Letter
It was noted that the majority of the recommendations within the letter have been addressed and a further visit is planned for May. The Committee discussed the current process of the IPC visits and suggested these should be scheduled for the following areas to provide assurance at the next meeting, Hydro pool, wheelchair store, ORLAU and Pharmacy. The Committee were content with the process in place to address issues and embed improvements.

Cleanliness and Estates IPC Q3 Report
The Committee were assured with the processes in place across the Trust to ensure high standards of cleanliness. An external audit has been completed where full assurance was reported. Following a query relating to legionella and water safety, the Committee were assured that the relevant plans are in place to review.

Barns Compliance Report
Assurance was provided to the Committee that there is an annual independent verification of safe ventilation system following the internal assessment. There are no foreseeable issues in terms of business continuity for theatres. The Trust will continue to monitor maintenance and there are no issues for the theatres to maintain the legacy standards.

Policy Tracker
In order to provide further assurance and oversight to the Committee, the members of the meeting requested for the tracker to be presented at each meeting which was presented at the February meeting. It was noted that concerns were raised in relation to some policies being overdue for a long period of time. The policies continue to be aligned to the workplan and monitored.

4

Chair's Assurance Report
Quality and Safety Committee

The Committee approved the following policies:
- Infection Control in the Built Environment Policy
- High Consequence Infectious Diseases (HCID) Policy
- Spinal Level Policy – subject to additional following an MDT discussion.
- Cancer Access and Escalation Policy

The Committee received the following **Chair Reports**:
- **Health Inequalities Meeting** – no concerns to escalate to the Committee.
- **Drugs and Therapeutics Meeting** – no concerns to escalate to the Committee. The meeting is undergoing a review following the appointment of the Chief Pharmacist and therefore an update will be reporting in due course.
- **Health and Safety Meeting** – no concerns to escalate to the Committee. It was noted the FFP3 face masks risk have been resolved with an external provider completing the testing.
- **Patient Experience Meeting** – no concerns to escalate to the Committee.
- **Patient Safety Meeting** – assurance was sought in relation to SWAN end of life pathway name. It was noted as a typing error on the report and is the SWAN end of life plan.
- **ICS Committee** – received a verbal update, there were no concerns to share with the Committee.
- **Clinical Effectiveness Meeting** - no concerns to escalate to the Committee.
- **IPC Meeting** – following the approval of the HCID policy, the Committee requested further information on the reporting links to public health.
- **Medical Device** – the Committee approved the recommendation for the group to e aligned to the patient safety meeting going forwards and will receive an update via the meeting chair report. The Committee asked for further assurance on the lack of awareness in relation to the yellow card reporting.

Internal Audit Assurance Report
1 recommendation is outstanding relating to the medical job planning policy – the Committee suggested the report is realigned to the People and Culture Committee going forwards.

Patient Safety Visits
The Committee welcomed the presentation which outlines the improvements embedded over 2023 and the plans for the visits through 2024.

4.0 Conclusion / Recommendation

The Board is asked to:
1. CONSIDER the content of section 3.1 and agree the next steps.
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
3. NOTE the content of section 3.3.

5

Chair's Assurance Report
People and Culture Committee

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

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	06 March 2024
Executive Sponsor:	Denise Harnin, Chief People Officer	Paper written on:	01 March 2024
Paper Reviewed by:	Martin Evans, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors - Public	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?
This is an assurance report from the People and Culture Committee. The Board is asked to consider the recommendations of the People and Culture Committee.

2. Context

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

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

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

3. Assurance Report from People and Culture Committee

This report provides a summary of the items considered at the People and Culture Committee on 25 January 2024 and 28 February 2024. It highlights the key areas the People and Culture Committee wishes to bring to the attention of the Board.

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

ALERT - The People and Culture Committee wishes to bring the following issues to the Board's attention as they:
- Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR

- Require the approval of the Board for work to progress.

Responsible Officer and Revalidation Annual Report
The Committee endorsed the annual report which was presented to the private board meeting on 06 February to align with submission timeframes. The Committee were assured that the Trust remains compliant with the standards and requirements for medical appraisals and revalidation.

Gender Pay Gap Report 2024
The Committee were assured with the report presented to the meeting and is circulated to the

1

Board for oversight. The Trust will commence embedding actions which have been identified.

Public Sector Equality Duty Report
The Committee noted the high quality and content of the report which highlights the significant progress which the Trust has made over the last 6 to 12 months. The report was endorsed by the Committee, and it is recommended for Board approval. Further considerations to be given on how the EPR system can support the Trust in identifying and understanding valuable patient equality and diversity information.

Freedom to Speak Up Q3 Report
The Committee were assured with the processes in place to support staff in raising concerns. It was noted there have been no common theme or trends identified and no concerns to be raised to the Committee. The report was supported for oversight by the Board.

Guardian of Safe Working Hours
The Committee were assured with the processes in place to support junior doctors within their role. It was noted there have been no exception reports within the quarter however the Trust continue to liaise with North Wales Trusts to support in ensuring staff are complaint. It was noted an electronic reporting system to support in capturing the data would be beneficial. The report is circulated to the Board for oversight.

Governors Comments
The Committee received positive feedback from the Governors in attendance – the scrutiny and progress made was noted along with the support which is offered to staff and patients across the Trust.

3.2 Areas of on-going monitoring with new developments

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

Board Assurance Framework (BAF)
The Committee held discussions at both meetings relating to current strategic risks that should be considered within the revised framework. These were noted as:
- Retention of intentional recruit and cultural aspects to be considered.
- Recruitment pipeline, with the need for accurate predicted planned delivery aligned to actual recruitment levels.

The Committee also discussed the revised workforce tolerance score of 12, this was following a discussion at the Board of Directors meeting in January and acknowledged the importance of using this as an opportunity to do some things differently moving forward.

Corporate Risk Register
The Committee reviewed and approved the risk register and there were no material changes or emerging risks to escalate to the Board.

Agency Update
The Committee were assured with the actions implemented to support the reduction in agency usage. It was noted that off-framework agency continues a downward trend and continue to be on track to be under the annual core agency spend. The committee were provided an overview of the focused work taking place around the longest serving agency workers. The Committee commended the work of the agency improvement group for driving the noticeable improvements.

Time to Recruit Deep Dive
The Committee received a report on a deep dive that had been undertaken around the recruitment timeline and processes. They noted improvements that have been implemented to support the time to hire process which include a welcome call, a dedicated onsite recruitment team, face to face identify checking and a weekly sit-rep meeting that has been established between RJAH and MLCSU. Although the committee acknowledged that there were further improvements to be made it noted and acknowledged the quarterly benchmarking from the Trac provider that placed the Trust

2

Chair's Assurance Report
People and Culture Committee

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

19th out of 182 organisations, with an average processing time for employment checks of 20 weekdays. It was agreed that this quarterly benchmarking data will be incorporated into the Committees KPIs.

DBS Compliance Report
The Committee took assurance from the revised report which highlighted a completion target for the outstanding DBS checks as March 2024. The Trust will be engaging with staff and communications will be shared to highlight the reasons for the request. A progress report has been requested for April 2024.

3.3 Areas of assurance

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

Workforce Dashboard
The Committee welcomed a live demonstration on the workforce dashboard which has been developed to include additional information which now provides a richer picture of resourcing information across the Trust. It brings together key sets of data such as establishment and actual resourcing numbers, a brake down of reasons for absence, numbers of agency and Bank resources which can all be drilled down to team, shift, past, current & future. The committee commended the information that has been developed and recognised its value in supporting the Trust to deliver on recruitment and performance delivery moving forward.

Workforce Performance Report
The committee reviewed the December and January Workforce Performance reports. There were no areas of concern to raise. The Trust continues to report a positive position in relation to the following:
- KPI's continued to be maintained.
- Vacancy rates are reported below target at 3.13%, this being the lowest reported position in that last 2 years. Statutory and mandatory training compliance have improved and continuously reached the target since March 2023.

Personal development reviews remain below target at 90.6% with 133 staff outstanding and the committee were assured on the work ongoing to address this.

Sickness Performance Deep Dive
The Committee were provided with an overview of the deep dive that has been undertaken into sickness levels across the organisation. The report identified lessons learnt and further areas for improvement which are planned for implementation. The Committee took assurance from the work that has been carried out which had identified opportunities for improvement but also acknowledged that the Trust is already delivering relatively low levels of sickness. The committee agreed to receive quarterly updates on progress against the action plan.

Powys Ward Action Plan
The Committee members received an update on the work that had been carried out, the follow up meeting that had taken place with staff and noted that the action plan was now complete. The committee highlighted the significant work which had been undertaken and improvements that have been made and agreed that the Ward is now functioning as 'business as usual'.

WRES/WDES Q4 Report
The Committee reviewed the report and were pleased to hear that all staff networks have been established all of which are led by a member of the Executive team. The Committee was assured with the contents of the report.

Safe Staffing
The committee received an overview of safe staffing for December and January. Following a request from the January meeting, the Committee received an update on international recruitment in February. It was noted that long term accommodation remains a risk for staff however the short-term accommodation risk is now removed, as there is enough accommodation available for 3 months as included as part of the recruitment package. The committee were pleased to hear that a

3

Chair's Assurance Report
People and Culture Committee

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

'rent a room' request that had gone out to staff has generated a good level of interest.

The Committee noted that the Trust will not succeed in recruiting the full cohort of 18 international nurses by April 24, as 4 individuals have withdrawn their applications. 3 of these vacancies have been filled at short notice but unfortunately 1 of the vacancies has remained unfilled.

The Committee took assurance from both months' reports that the organisation has fulfilled its obligations in relation to Nurse safer staffing.

Nursing Associates Report
At the request of the committee, an overview was provided on the role of the nursing associate and how the role compared to that of a registered nurse. The committee acknowledged the value of this role and how it could support and encourage individuals to progress within their chosen career.

Theatre Workforce Approach
The Committee were provided an update on the work that is ongoing to review the intricacies of roles across the theatre workforce to see what opportunities there could be improve potential and activity. The report on findings will be received at the March committee.

Core Training Compliance Report
The Committee noted the compliance rates and took assurance from the data provided which highlighted the ongoing actions implemented to improve the compliance position. The Committee agreed to reduce the report frequency to quarterly.

e-Rostering and e-Planning Report
The Committee were assured with the report – commending in the Trust for achieving the level 4 targets as planned by the end of December 2023.

EDI Update
The Committee were assured by the work ongoing as highlighted and contained in the reports that are presented to Board.

Chair Report from sub-meetings:
- EDI Meeting (January and February) - the Committee noted the assurance report – no concerns were raised in either January of February meeting.
- Non-Medical Staff Group (January and February) - the Committee noted the assurance report – no concerns were raised in either January of February meeting.
- Chair Report Nursing Staff Safety Group (February) - the Committee noted the assurance report – no concerns were raised.
- Chair Report Joint Consultancy Group (February) - the Committee noted the assurance report – no concerns were raised.

ICS People Committee
Ongoing discussions are taking place in relation to the additional support requested for System meetings and how they link with the Trusts people and workforce agenda. For oversight, the Trust agreed to share a governance reporting structure of meetings with the committee to highlight the current workstream which the teams are supporting. This will be reported to the March committee.

Policy Tracker
The policies for the Committee continue to be tracked and plans are in place for all overdue polices to be presented to the relevant meeting.

Work Experience Policy
The Committee approved subject to the following amendments being incorporated:
- Robust statement on the use of social media
- Strengthened statement in relation to encouraging applicants from underrepresented groups.

The Committee felt the work experience was another opportunity for the Trust to support workforce growth and welcomed an update on the current work experience initiatives in place.

4

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

NHS

Study Leave Policy
The Committee approved the policy.

4.0 Conclusion / Recommendation

The Board is asked to:

1. CONSIDER the content of section 3.1 and agree the next steps,
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required,
3. NOTE the content of section 3.3.

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

0. Reference Information

Author:	Mary Bardsley, Assistant Trust Secretary	Paper date:	06 March 2024
Executive Sponsor:	Ruth Longfellow, Chief Medical Officer	Paper written on:	01 March 2024
Paper Reviewed by:	Penny Venables, Committee Chair	Paper Category:	Governance
Forum submitted to:	Board of Directors – Public	Paper FOIA Status:	Full

1. Purpose of Paper

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

This is an assurance report from the Digital, Education, Research and Innovation Committee. The Board is asked to consider the recommendations of the Digital, Education, Research and Innovation Committee.

2. Context

2.1 Context

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

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

3. Assurance Report from Finance and Performance Committee

This report provides a summary of the items considered at the Digital, Education, Research, Innovation and Commercialisation Committee (DERIC) on 25 January 2024 and 22 February 2024. It highlights the key areas DERIC wishes to bring to the attention of the Board.

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

ALERT - The Digital, Education, Research and Innovation Committee wishes to bring the following issues to the Board's attention as they: • Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR • Require the approval of the Board for work to progress.
EPR Implementation Assurance Meeting The Committee have approved the functioning of the EPR Implementation Assurance meeting at the January Committee meeting. The terms of reference for the meeting were endorsed by the Committee and the first meeting is scheduled for 08 February. The meetings will solely concentrate on the EPR agenda for the Trust and gain assurance on the implementation of the system. The remaining digital items will continue to be reported through DERIC.

1

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

3.2 Areas of on-going monitoring with new developments

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

Board Assurance Framework
The Committee held a discussion on the current strategic risks which should be reflected into the revised framework – the following was noted:
- Cyber security and events
- EPR, innovation and research business
- System pressures and management
- Comparation to similar providers

Corporate Risk Register
The Committee received an extract of risks from the Trust DATIX system which were recorded as 15 of above. The Trust secretary confirmed the risks are currently under reviews through the risk management process.

Chair Report for the EPR Implementation Assurance
The Committee received the first chair assurance report from the newly establishment meeting
- Assurance was received that relationships have improved with System C.
- Achievement comparison piece to original business case plan is ongoing.
- NHSE are conducting an external review.
- Finance work currently in development will return to the EPR Implementation Assurance meeting and Finance and Performance Committee as necessary.
- System testing sessions have now started with wider staff groups and have been well received.
- Dates of meeting may need to be altered to ensure equal gaps between EPR meeting and Digital Transformation Programme Board.

Chair Report – Digital Transformation Programme Board
The Committee received an update on the following key points:
- Stage 2 criteria
- Concerns noted in relation to the number to amber rated actions.
- Financial Forecast will continue to be presented at the Finance and Performance Committee.
- Training schedule has been completed and due to commence.
- Newly appointed System C programme manager is working well with the Trust.
- CCN go live date has been confirmed and communicated.

It was noted that the chair report will be discussed in further detail at the first EPR Implementation Assurance Meeting where assurance will be sought on EPMA, exit gateway requirements, implementation and testing.

Internal Audit – IT Threat and Vulnerability Review
The Committee were informed all recommendations following the review have been completed however, MIAA (internal audit) have the majority of actions recorded as outstanding on the follow up report which is presented to the Audit and Risk Committee for assurance. The Trust confirmed the Director of Digital is consulting with MIAA directly to provide the assurance required. An update will be tabled for the next DERIC meeting.

Research and Innovation Strategy
It was noted that the paper presented was a business case for the development of the Innovation Team rather than the Research Strategy which is a separate document. The Case continues to be a work in progress. Further work is to be completed in relation to the innovation team and aligning all improvement aspects across the Trust, this would include (but not limited to) audit, outcomes, research, PROMS and improvement. It was noted that this would go through an executive committee in the first instance and then be presented at the DERIC meeting in April.

2

The Committee is to strengthen the links between education and research which would ultimately raise the profile for research. A detailed discussion was held in relation to this, and the Chair of the meeting agreed to liaise with relevant staff across the organisation outside the meeting to explore ways in which this can be developed.

Education Strategy Update
The Committee welcomed the work being done on the education strategy and the update position presented which outlined educational aims and objectives. Further work is being undertaken by the team in relation to the long-term plan for the Trust and the scoping of all areas of education across the organisation including post graduate medical education. The Committee requested an update at the DERIC meeting in June.
The Trust demonstrated collaborative working with the System with confirmed attendance at the preceptorship programme. The Committee requested information to be included in future reports regarding collaborative working.

3.3 Areas of assurance

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

Digital Security Report
The Committee were assured with the processes in place in relation to data security and patching programme which reported to have progressed. A focus area for the team includes the roll out of multifactorial authentication which is on track for completion and cyber security alerts which are reported to be completed timely. The Committee acknowledged the main associated risk RSK-1511 – Compromise to patient data due to cyberattack. This will remain a longstanding highly rated risk, as although the likelihood can be reduced, attacks are received daily, and if an attack did breach security it could cause a largescale issue.

Chair Report – Research Meeting
The Committee were assured with the process embedded to support the patients who have been informed of the recall on the total knee replacement prothesis – polyethylene. All patients have been reviewed at a face-to-face appointment and the appropriate follow up process in place. The detail of the recall has previously been reported via the Quality and Safety Committee.
The Committee discussed adding human tissue viability to the workplan along with realigning the regulatory oversight group to report to the Committee – this is to be considered with the Quality and Safety Committee Chair.

Innovation Club
The Committee received a report from the Innovation club which outlined the purpose of the meetings. The members of the meeting commended the Trust for having an open forum for staff to share ideas for improvement.

4.0 Conclusion / Recommendation

The Board is asked to:
1. CONSIDER the content of section 3.1 and agree the next steps.
2. NOTE the content of section 3.2 and CONSIDER whether any further action is required; and
3. NOTE the content of section 3.3.

3

Work Programme Review 2024/25

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

	10.04.2024	10.07.2024	TBC.09 2024 AGM	24.11.2024	12.03.2025
Standing items					
Questions from the Governors	X	X		X	X
Non-Executive Director Committee Updates	X	X		X	X
CEO Trust Overview, including key developments (presentation)	X	X		X	X
Membership Report	X	X		X	X
Review of Work Programme	X	X		X	X
Lead Governor Update (inc. Governor Activity and Feedback)	X	X		X	X
Patient Safety Walkabout Feedback	X	X			X
Trust Strategy					X
Guest Speaker					
As agreed	X̶	X̶		X	X
Statutory Reports					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
Annual Reports					
Safeguarding Annual Report (for information)		X			
Strategic Plan					
Consider strategic issues/priorities for Board to consider in the 2024/25 planning process					X
Quality					
2023/24 priorities		X			
Quality accounts draft presented			X		
COG Strategy					
Foundation Trust Public Membership Development and Engagement Strategy Update		X			
COG Governance					
COG Annual Report and Self-Assessment		X			
Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)					
Appointment, reappointment or removal of Chair					
Appointment, reappointment or removal of the non-executive Directors					
Remuneration of Chair and Non-executive Directors					
Appointment or removal of Auditors					
Amendments to the Constitution					
Approval of "significant transactions"; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income "attributable to activities other than the provision of goods and services for the purposes of health service in England".					

Council of Governors Committee
Attendance Matrix

Quorum: *Four Public Governors and two from the other constituencies*

Name	Title	02.05.23	25.05.23 EXO	07.06.23 EXO	10.07.23 EXO	24.07.23	21.09.23 EXO	28.09.23 AGM	08.11.23	%
Harry Turner	Chair	✔	✔	✔	✔	✔	✔	✔	✔	100
Stacey Keegan	Chief Executive Officer	✔		✔		✔		✔	✔	100
Sarfraz Nawaz	Non Executive Director	✔		✔		✔		X	X	60
Penny Venables	Non Executive Director	✔	✔	✔		X		X	✔	67
Martin Newsholme	Non Executive Director	✔		✔		✔		✔	✔	100
Chris Beacock	Non Executive Director	X		✔						50
Lindsey Webb	Non Executive Director					X		✔	✔	67
Paul Kingston	Non Executive Director	X		✔		✔		X		50
John Pepper	Associate Non Executive Director	✔		✔		✔		X	X	60
Paul Maubach	Associate Non Executive Director	X		✔		X		✔	✔	60
Atif Ishaq	Associate Non Executive Director					X		X	✔	33
Martin Evans	Non Executive Director	✔		✔		✔		✔	✔	100
William Greenwood	Public Governor - Powys	✔	✔	✔	✔	✔	✔	✔	X	88
Victoria Sugden	Stakeholder Governor - Voluntary Services/Lead Governor	✔	✔	✔	✔	X	✔	✔	✔	88
Martin Bennett	Public Governor - Shropshire	X	X	✔	✔	✔	X	X	X	38
Nicki Kuiper	Public Governor - Shropshire	X	X	✔	X	X	X			17
Colin Chapman	Public Governor - Shropshire	X	X	✔	✔	✔	X	✔	✔	63
Sheila Hughes	Public Governor - North Wales	X	✔	✔	✔	X	X	X	✔	50
Colette Gribble	Public Governor - North Wales	X	X	✔	X	X	X	X	X	13
Tony Wright	Public Governor - West Midlands	X	✔	✔	X	✔	✔	X	✔	63
Katrina Morphet	Public Governor - Cheshire & Merseyside	✔	✔	✔	X	✔	✔	✔	✔	88
Phil White	Public Governor - Rest of England	X	X	✔	X	X	X	X	X	13
Kate Betts	Staff Governor	✔	✔	✔	✔	X	✔	✔	✔	88
Kate Chaffey	Staff Governor	X	X	✔	X					25
Allen Edwards	Staff Governor	✔	✔	✔	X	✔	✔	✔	X	75
Simon Jones	Stakeholder Governor - Shropshire Council	X	✔	✔	✔	✔	✔	✔	✔	88
Karina Wright	Stakeholder Governor - Keele University	✔	✔	✔	✔	X	✔	X	✔	75
In Attendance										
Dylan Murphy	Trust Secretary	✔	✔	✔	✔	✔	✔	✔	✔	100
Mary Bardsley	Assistant Trust Secretary							✔		100

Key:

EXO - extraordinary committee meeting schduled

✔ - Attended

X - Apologies

Not Expected

Council of Governors Board and Sub Committee Attendance Matrix

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Name	Title	April	May	June	July	August	September	October	November	December	January	February	March
William Greenwood	Public Governor - Powys												
Victoria Sugden	Stakeholder Governor - Voluntary Services/Lead Governor		Board	P&C	Board				Board	P&C	Board		Board
Martin Bennett	Public Governor - Shropshire												
Colin Chapman	Public Governor - Shropshire		Board	Q&S	Q&S P&C Board		Q&S P&C Board	Q&S P&C	Q&S P&C Board	Q&S P&C	Q&S P&C Board	Q&S P&C	Q&S P&C Board
Sheila Hughes	Public Governor - North Wales				P&C Board				P&C Board		Q&S P&C Board	Q&S P&C	Board
Colette Gribble	Public Governor - North Wales			P&C									
Tony Wright	Public Governor - West Midlands												
Katrina Morphet	Public Governor - Cheshire & Merseyside		Q&S				F&P		Q&S				Board
Phil White	Public Governor - Rest of England												
Kate Betts	Staff Governor			P&C	Board		Board		P&C Board		Board		
Allen Edwards	Staff Governor										Board		
Simon Jones	Stakeholder Governor - Shropshire Council		F&P P&C	Q&S P&C	F&P							DERI	Board
Karina Wright	Stakeholder Governor - Keele University							DERI	DERI				Board

Key:

Board - Public Board of Directors Meeting

A&R - Audit and Risk Committee

F&P - Finance and Planning Committtee

Q&S - Quality and Safety Committee

P&C - People and Culture Committee

DERI - Digital, Education, Research and Innovation Committee