The Royal Orthopaedic Hospital NHS Foundation Trust

Trust Board (Public)

1st May 2024 - 09:00h - 12:20h

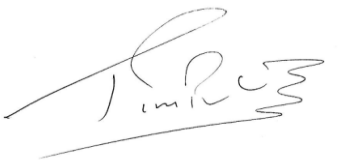
Boardroom, Trust Headquarters

Notice of Trust Board Meeting in Public on Wednesday, 1 May 2024

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 1st May 2024, in the Boardroom, Trust HQ commencing at **09:00.**

Members of the public and press are welcome to attend. The agenda for the public part of the meeting is available on the website.

Questions for the Board should be received by the Corporate Services Manager no later than 24hrs prior to the meeting, by post or e-mail, to Tammy Ferris, at the Management Offices or via email to: tammy.ferris@nhs.net



Tim Pile
Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

AGENDA
TRUST BOARD

Venue Boardroom, Trust Headquarters **Date** 1 May 2024: 09:00h – 12:20h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Vice Chair & Senior Independent Director	(SJ)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Les Williams	Non Executive Director	(LW)
Dr Ian Reckless	Non Executive Director	(IR)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Simon Page	Non Executive Director	(SP)
Mrs Jenny Belza	Non Executive Director	(JB)
Ms Jan Teo	Non Executive Director	(JT)
Mrs Jo Williams	Chief Executive	(JW)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mr Mathew Revell	Executive Medical Director	(MD)
Mrs Sharon Malhi	Executive Chief People Officer	(SM)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

In attendance

Miss Samantha Scone	Clinical Educator	(SS)	[Item 1]
Mrs Michelle Raftery	Associate Director of Operations Div 1	(MR)	[Item 8]
Mr Nas Uddin	Associate Director of Operations Div 1	(NU)	[Item 8]
Mrs Coralie Duff	Associate Director of Operations Transformation	(CD)	[Item 8]
Mr Adam Roberts	Assistant Director of Governance & Risk	(AR)	[Item 13]
Mrs Amanda Gaston	Deputy Director of Finance	(AG)	
Mrs Michelle Hubbard	Acting Executive Chief Operating Officer	(MH)	
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mrs Tammy Ferris	Corporate Services Manager	(TF)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
09:00	1	Staff story	Presentation	SS
09:20	2	Apologies: Marie Peplow, Steve Washbourne	Verbal	Chair
	3	Declarations of Interest	ROHTB (5/24) 001	Chair
	4	Minutes of Board Meeting held in Public on 10 April 2024: *for approval*	ROHTB (4/24) 027	Chair
	5	Actions from previous meetings in public: *for assurance*	ROHTB (4/24) 027 (a)	SGL
09:25	6	Questions from members of the public	Verbal	Chair

09:26	7	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (5/24) 002 ROHTB (5/24) 002 (a)	TP/JW
09:45	7.1	Council of Governors Update:*for assurance*	Verbal	SGL
09:55	8	Divisional Lookback 2023/24 and Forward Plan 2024/25: *for assurance*	ROHTB (5/24) 004 ROHTB (5/24) 004 (a) ROHTB (5/24) 004 (b) ROHTB (5/24) 004 (c)	MR/NU/ CD
10:55	**BREAK**			
11:10	9	Wellbeing Action Plan Summary: *for assurance*	ROHTB (5/24) 005 ROHTB (5/24) 005 (a)	SM
11:15	10	Quality Priorities Update: *for assurance*	ROHTB (5/24) 006 ROHTB (5/24) 006 (a)	NB
11:30	11	MSK Transformation: *for assurance*	ROHTB (5/24) 007 ROHTB (5/24) 007 (a)	RL/MR
	GOVERNANCE AND COMPLIANCE			
11:45	12	Board Forward Plan: *for assurance*	ROHTB (5/24) 008 ROHTB (5/24) 008 (a)	SGL
11:55	13	Refreshed Board Assurance Framework: *for assurance*	ROHTB (5/24) 009 ROHTB (5/24) 009 (a-g)	AR
	UPWARD REPORTS FROM THE BOARD COMMITTEES			
12:05	14	Upward reports from the Board Committees: • Finance & Performance Committee • Charitable Funds Committee	Verbal ROHTB (5/24) 011	LW AA
12:15	**MATTERS TO BE TAKEN BY EXCEPTION ONLY**			
	15	Performance Reports: *for assurance* a) Finance & Performance b) Quality c) Workforce	ROHTB (5/24) 012 ROHTB (5/24) 013/ 013 (a)/ 013 (b) ROHTB (5/24) 014/ 014 (a)	
12:20	**CLOSE: Date of next meeting: Wednesday, 5 June 2024 @ 09:00**			

Notes

Quorum:

i. No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

ii. An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

iii. If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that

matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – FY 2024/25 UPDATED TO MAY 2024

MEMBER	ATTENDANCE										TOTAL
	10/04/2023	01/05/2023	05/06/2023	03/07/2023	04/09/2023	02/10/2023	06/11/2023	04/12/2023	05/02/2024	05/03/2024	
Tim Pile (Ch)	✓										
Ian Reckless	✓										
Simone Jordan	A										
Gianjeet Hunjan	✓										
Ayodele Ajose	✓										
Les Williams	✓										
Simon Page	✓										
Jenny Belza	✓										
Jan Teo	✓										
Jo Williams	✓										
Matthew Revell	✓										
Nikki Brockie	✓										
Marie Peplow	A										
Stephen Washbourne	✓										
Sharon Malhi	✓										
Simon Grainger-Lloyd	✓										

KEY:

✓	Attended	**A**	Apologies tendered
	Not in post or not required to attend		

* Apologies tendered as attending a national event on behalf of the ROH, mandated for all NHS trusts

TRUST BOARD DECLARATIONS OF INTEREST

Name	Interest	Voting Member
Tim Pile **Chair**	• Council Member, Aston University	Yes
Jo Williams **Chief Executive**	• Trustee, Versus Arthritis	Yes
Simon Grainger-Lloyd **Director of Governance**	• None declared	Yes
Steve Washbourne **Chief Finance Officer**	• Governor at University of Birmingham School • Independent Member of the Audit Committee at Aston University	Yes
Marie Peplow **Chief Operating Officer**	• None declared	Yes
Matthew Revell **Medical Director**	• Fellow of the Royal College of Surgeons • Member British Orthopaedic Association and British Hip Society • Founding Fellow of the Faculty of Medical Leadership and Management	Yes
Nikki Brockie **Chief Nurse**	• None declared	Yes
Sharon Malhi **Chief People Officer**	• Trustee, Victoria Academies Trust	Yes
Michelle Hubbard **Acting Executive Chief Operating Officer**	• None Declared	Yes
Simone Jordan **Non Executive Director & Vice Chair**	• Managing Director, Simone Jordan & Associates Limited • Non Executive Director, George Eliot Hospital NHS Trust • Member of the Chartered Institute of Personnel and Development • Acting Chair of Leicester, Leicestershire & Rutland Integrated Care Board (LLR ICB). Substantive role as Vice Chair of LLR ICB.	Yes

Name	Interest	Voting Member
Les Williams **Non Executive Director**	• None declared	Yes
Gianjeet Hunjan **Non Executive Director**	• Non Executive Director, Black Country ICB • Lay Member, National Clinical Impact Awards - National Main Committee and West Midlands Committee • Governor, Oldbury Academy • Governor, Ferndale Primary School • Member of IHSCM • Member of HFMA • Fellow of Chartered Institute of Public Finance and Accountancy (CIPFA) • Member of Nishkam Healthcare Trust at local Gurdwara	Yes
Ayodele Ajose **Non Executive Director**	• None declared	Yes
Ian Reckless **Non Executive Director**	• Executive Director (Medical Director and Deputy Chief Executive), Milton Keynes University Hospital NHS Foundation Trust • Director, ADMK Limited (wholly owned subsidiary of Milton Keynes University Hospital NHS Foundation Trust) • Director, JTER Trading Limited (company involved in property services and antiques trading) • Fellow, Royal College of Physicians • Fellow, Faculty of Medical Leadership and Management • Member of Congregation, University of Oxford • Appointed as Chief Medical Officer at Bedfordshire, Luton and Milton Keynes Integrated Care Board. This role is carried out alongside substantive post at Milton Keynes University Hospital (0.4 WTE secondment) as of 15 April 2024 for six months.	Yes

Name	Interest	Voting Member
Simon Page **Non Executive Director**	• Deputy Chair, South Warwickshire NHS Foundation Trust (SWFT) • Owner, Weathervane Consultancy	Yes
Jenny Belza **Non Executive Director**	• Vice Chair and Non Executive Director, Birmingham Community Healthcare Trust • Governor, University College Birmingham	Yes
Jan Teo **Non Executive Director**	• TBC	Yes

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board - DRAFT Version 0.1

Venue Boardroom, Trust Headquarters **Date** 10 April 2024: 0900h - 1415h

Members attending:

Mr Tim Pile	Chair	(TP)
Mr Les Williams	Non Executive Director	(LW)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Dr Ian Reckless	Non Executive Director	(IR)
Mrs Jenny Belza	Non Executive Director	(JB)
Mr Simon Page	Non Executive Director	(SP)
Ms Ayodele Ajose	Non Executive Director	(AA)
Ms Jan Teo	Non Executive Director	(JT)
Mrs Jo Williams	Chief Executive	(JW)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mr Matthew Revell	Executive Medical Director	(MR)
Mrs Sharon Malhi	Executive Chief People Officer	(SM)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

In attendance:

Mrs Chris Terry	Patient	(CT) [Item 1]
Ms Sharon Latham	Head of Patient Experience	(SL) [Item 1]
Mr James McKenzie	Guardian of Safeworking	(JM) [Item 8]
Mr Chidi Ukaegbu	Quality Improvement Nurse	(CU) [Item 10]
Mrs Emma Steele	Deputy Chief Nurse	(ES) [Item 10]
Mrs Michelle Hubbard	Acting Executive Chief Operating Officer	(MH)
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)
Mrs Tammy Ferris	Corporate Services Manager	(TF) [Secretariat]

1 Patient story (CT/SL))	**ROHTB (4/24) 026**
TP welcomed Christine Terry (CT), Patient, and Sharon Latham (SL), Head of Patient Experience. CT introduced herself as a patient of the ROH and has also worked at the ROH as a Bank Nurse. CT explained she has undergone a number of procedures including a total ankle replacement in November 2022 and a knee replacement that took place in November 2023. CT highlighted a number of issues during the total ankle replacement procedure and was pleased to report that following the issues	

that took place during the total ankle replacement these had been resolved when it came to the knee replacement. CT praised the discharge lounge and emphasised how the process runs like clockwork. CT welcomed questions from the Board.

NB thanked CT for attending today and explained how CT has worked with the team to share her story so we can improve. CT takes on the role of a 'mystery shopper' and NB thanked CT for her support in this.

TP enquired about the side room issue. CT explained that they were so small that you were unable to move around. NB explained that following the feedback, and as part of the refurbishment programme, this room now acts as a storeroom as it was agreed that this was not fit for purpose for clinical work. CT shared how unpleasant it felt in there, but this has been rectified.

CT raised the biggest issue is the puddings arriving at the same time as your meal, and this remained an issue but is being resolved.

SGL thanked CT for highlighting the role of the volunteers and the porters as it shows how important that relationship is in our patients' journey.

CT highlighted how she appreciated how both her and her partner were, and continue to be treated equally, which she does not take for granted.

JW enquired what response CT got when she asked for a doctor to see her. For the knee no issues at all, but with the ankle CT was told to stop asking, and CT explained her partner also asked and she was also told a doctor will come but they didn't. JW asked if a phone number would have been helpful to call. CT agreed it would.

JB enquired how the issues were raised and shared, is there other ways you could have raised them rather than the patient participation group. CT explained she would have felt like a 'troublemaker' raising through PALS. NB explained we do advertise through the hospital and do give out our friends and family questionnaires. NB explained that as part of the quality walkabouts patients are talked to, and Ward Managers are expected to communicate with patients to ensure their patients voices are heard.

TP raised the MRI issues reported. NB provided assurance that these issues have all been addressed by the team.

CT explained the aftercare for the knee replacement and has encountered many people who have had the same treatment. This was not the same experience for ankle replacement and thought this would be something that could be offered to patients who are going to experience this treatment. CT is willing to speak with the patients to be able to share living experience of the success of the treatment. MR explained there are not as many patients that have this treatment, but numbers have increased since CT had hers. TP thanked CT for this offer.

TP thanked CT for all the feedback and presenting her story today as it is only by

hearing these stories can we improve on the service we provide.	
1.1 Patient/Staff Story Annual Report (NB)	**ROHTB (4/24) 001** **ROHTB (4/24) 001 (a)**
NB presented to the Board the update on the patient stories that have taken place over the past 6 months. NB explained the variety of stories have been shared in differing formats. All of these stories have allowed the Trust to show the action that has been taken and demonstrates the complexity of care our colleagues deal with. Sharing these stories has showed how we have taken our patient feedback on board and have devised a plan for the following year to continue to share in the same way. RL enquired if there is a possibility of getting these stories to the media studio and publish as a talking head film. NB would be happy to pick up with the Head of Patient Experience.	
2 Guardian of Safeworking Update (JM)	**ROHTB (4/24) 002** **ROHTB (4/24) 002 (a)**
TP welcomed James McKenzie (JM), Guardian of Safe Working and thanked him for attending today. TP thanked JM for the report that was produced and circulated prior to the Board. JM shared how Postgraduate Doctors can feel if they have a bad experience and how the recovery from this can affect them. JM emphasises we need to ensure all colleagues look after, and are considerate, to each other. JM praised the Executive Team for the positive, encouraging attitude but there is a slight disconnect across the Trust that this positive energy is not felt everywhere. JM asked for the Board to keep filtering down to management and colleagues the importance and feelings of our Postgraduate Doctors. JM highlighted one issue was the on-call rooms and explained this new arrangement was not implemented as well as it could have done, notwithstanding that it had great intent. TP enquired what other experiences could be affecting this 'ripple'. JM explained in general there needs to be consideration when any implementation plan is produced for change to ensure the engagement is handled correctly. The theatre changing rooms is another example as Postgraduate Doctors do not have lockers. MH explained there is temporary work taking place in the theatre male changing rooms. There is a longer-term plan for this area which will be a much bigger environment and we welcome for input from anyone. JB asked the Executive Directors to explain how we ensure we communicate the changes. JW explained that the accommodation move was in good intent but	

confirmed it could have been handled differently. JM explained many of these communications could take place through the Postgraduate Doctors Forum, and through Clinical Service Leads. JM raised we should be considering how any change impacts all different staff members. IR enquired about the GP training, highlighted in the report. JM raised that the aim is to ensure those we do have get a great experience and we want to encourage them to come. MR explained that the reason we are not getting candidates is because of the lack of understanding of the experience they could get from here. Work is being undertaken with the Deanery to resolve this. JM explained that there have been a number of changes too which means we have three cohorts per year now too. SM thanked JM for providing this report and praised JM for the partnership work that is undertaken to ensure our Postgraduate Doctors have a great experience. MR enquired what feedback do we have on 'Women in Orthopaedics' focus work that has been taking place. JM explained work has taken place to ensure that we get the experience right for them. JM explained that those that look after trainees here at ROH are really dedicated and the doctors feel they are supported to fulfil their trainings and we need to adapt our training to suit those who need to work more flexible. IR enquired as to whether we are able to look at positive discrimination and only offer places to women. MR explained that this has been discussed in the 'Women in Orthopaedics' forum. JT highlighted that what has been described is not only happening in this sector and work needs to take place to find out more widely how we can encourage more women to take this career path. TP agreed and as a Trust we need a clear plan. JW explained that Joanna Thomas, Associate Medical Director, would be able to share the plan and would be able to come to a Trust Board to present this. **ACTION: Women in Orthopaedic Update. Invite Joanne Thomas to present to Trust Board October/November. JW/MR**	
3 Apologies (chair)	**verbal**
Apologies were received and noted from Marie Peplow and Simone Jordan. The apologies were **accepted** by the Board. Welcome to Jan Teo who joins the Board as a new Non Executive Director.	
4 Declarations of Interest (chair)	**ROHTB (4/24) 003**
The declarations of interest that have been published include a number of updates,	

notably from GH, SJ and IR and were **accepted** by the board.	
5 Minutes of Board Meeting held in Public on 6 March 2024: ***for approval*** **(chair)**	**ROHTB (3/24) 019**
The minutes of the meeting held in public on 6th March 2024 were **approved** by the board subject to one amendment highlighted by GH.	
6 Actions from previous meetings in public: *for assurance* (SGL)	**ROHTB (3/24) 019 (a)**
SGL provided an update on the following amber actions: • ROHTBACT221, ROHTBACT222 and ROHTBACT235 have all been deferred to the June meeting of the Staff Experience & OD Committee due to the March meeting focusing on the Staff Survey • ROHTBACT233 is currently being reviewed and will be available for the May Board meeting. • ROHTBACT238 - BAF is currently being reviewed and will be included in the May Board meeting. • ROHTBACT225 is included as part of the CEO update. TP enquired are there any concerns with the number of outstanding actions. SGL provided assurance that there are no concerns to raise. TP highlighted the staff survey is scheduled to come back, and enquired when this is planned for. SM explained that this will be back to Trust Board in July. GH queried that the delay in the BAF action and asked for assurance that this will not cause a delay to the audit work. SGL explained that the reason for the delay is actually due to the auditor work that is being undertaken currently and it was felt an update after this work has concluded would be more beneficial.	
7 Questions from members of the public (chair)	**verbal**
No questions were received in advance of the meeting.	
8 Chair's and Chief Executive's update: *for information and assurance* (TP/JW)	**ROHTB (4/24) 004** **ROHTB (4/24) 004 (a)**
<u>Chief Executive Update</u> Following the circulation of the report, JW highlighted the following points: • Kath's Story – JW encouraged all Board members to listen to Kath's story and thanked the Communications Team for producing this, and to Kath for sharing her story. • Cost Improvement Plans (CIPs) – Our efficiency programme is ahead of plan year to date at £4,636m against a target of £4,607m. It was an ambitious	

target and JW emphasised how grateful we are to colleagues across the Trust for the engagement and delivery of these plans. Thanks to the team for performance and delivery on this.

- 'Seamless Surgery' week – This will take place across the Trust week commencing 29th April, supporting the Getting it Right First Time (GIRFT) good practice and learning from other sites. The initiative is to support our continuous improvement programme, improving and refining our patient pathways. JW gave thanks to MH and NB for the work on this.
- Leadership Day – On 21 March we held our scheduled development day for our 'Leaders Who Care' programme which includes all our Executives and senior leaders across the organisation. It was a great opportunity to recap on the learning to date with the main session concentrated around our financial sustainability. There was a high level of engagement and lots of ideas suggested which will form part of a wider Board discussion. Thank you to TP for joining part of the session and all colleagues for their active participation - it was a great day. This programme is now being evaluated as to the next steps.
- Jaguar Land Rover (JLR) Visit – The Executive Directors visited the Gaydon site of JLR on 9th April. The team met the Medical Director and Service Improvement Director, and the purpose of the visit was to continue to build our learning god practice from others. There were many similarities, and these is forming start of the great relationship.
- Planning guidance has now been published and the CEO update circulated provides an overview of the key focus points for 2024/25.
- Integrated Care Systems main activity is around the financial plan.

AA enquired about the wellbeing observed at JLR and could we adopt at ROH. JW explained Occupational Health referrals was a keen difference, it can be weeks/months for us whereas at JLR it is within 5 days. JW explained there are opportunities with our own colleagues to carve out support. SW explained their view was referral was proactive and not reactive like the NHS has tended to be. JLR used interactive tools to help screen people to identify support people might need.

SP raised that we should look to reach out to them for support with our transformation projects we have planned. JW agreed that these conversations have taken place as they do have the tools that we can learn from them. JT agreed that we even if we don't know what we want yet, JLR can help identify what we might want to consider from their own experience.

SM highlighted how JLR used behavioural psychology to get the most out of their colleagues and how we could use this at ROH.

Chair Update

• Senior Leadership Workshop was very inspiring and thanked the team for the invite. • Bryan Jackson visited the Trust recently. In 2013 he was Chair of ROH. Bryan Jackson was impressed with the change in culture that had taken place. • TP recently visited ADCU and Medical Secretaries, but they still use a lot of paper. TP was surprised at the level of abuse from patients' medical secretaries receive and this needs to be addressed.	
9 Service Accreditation: *for assurance* (NB)	**ROHTB (4/24) 006** **ROHTB (4/24) 006 (a)**
TP welcomed Chidi Ukaegbu (CU), Quality Improvement Nurse and Emma Steele (ES), Deputy Chief Nurse, to the meeting. The presentation was taken as read by the Board members. ES raised there has been a slight change to the original presentation following a recent programme meeting. CU presented an overview to the background of the project. CU explained that the Trust is adopting service accreditation and not just ward accreditation due to the nature of service we provide, as we have a number of services that are not just ward based. CU explained the phased approach that is being taken to implementation. CU explained how this work will link into continuous improvement and a rating/award system structure has been created that will form the basis of all areas working towards achieving service accreditation. ES explained that there has been engagement from all areas/services, and they are all excited to get started. SGL enquired whether it was possible to include a patient representative in the steering group. CU agreed that this has been discussed. SP enquired how this helped us to ensure we become the outstanding organisation we aspire to be. ES explained that all the areas that this covers meets the standards and by achieving the gold standard means that this would be delivering at an outstanding level. JW explained that CU is in a fairly new role as Quality Improvement Nurse and asked him to explain what his role is. CU explained that he is clinically trained as a nurse by background but has undertaken a master's degree in quality improvement. CU also has experience of quality improvement at other trusts and comes to us with a vast amount of experience of implementing change and improvement.	

AA raised there are a number of risks to this project and enquired how much could these risks impact delivery. ES explained that these are things we could come up against, but we were already working on these standards, and this project just now formalises it whilst keeping the focus. LW enquired in terms of the role of Quality Improvement Nurse how we replicate this across the Trust if we are looking to roll out continuous improvement. RL explained that we have over 100 colleagues in the Trust who have undertaken Quality, Service Improvement and Redesign (QSIR) training who will be used now to share their knowledge and skill across the Trust. NB explained that CU will also work across the organisation and not just in nursing. NB explained that CU brings skills from previous organisations and has previous experience of undertaking this kind of improvement work. NB explained that we have undertaken benchmarking on this also with our peers and we are all rolling this out at the same time. We are taking an orthopaedic approach on this. NB also highlighted that every piece of work undertaken is evidence-based to help deliver this programme of work. JB queried why has this choice of accreditation been chosen, how is this linked to the quality framework and from a risk point of view she noted that we were working to a very tight timeline. ES explained that the timeline has been reviewed, the time resource is our biggest risk. We know this is a priority we are all committed to. Work will need to take place on training trainers/assessor. ES explained that a number of other accreditation frameworks have been considered but this was felt to be the right fit for ROH and was adaptable to our services as we are keen to get into theatres, and this will be quite bespoke. She also provided reassurance that there was a close link with the implementation of the Patient Safety Incident Response Framework (PSIRF) that was currently in progress. TP enquired when this would come back to Board for an update. ES explained when the pilot is underway in September. TP asked that measures are included in that update to show the journey and success in the programme. IR requested that this is included in Quality & Safety Committee at the next meeting in May. **ACTION: Provide update at September Board and May Q&S Committee meeting. NB**	
BREAK	
10 Flu Vaccination Update: *for assurance* (NB)	**ROHTB (4/24) 007** **ROHTB (4/24) 007 (a)**
NB presented to the Board the 'flu vaccination annual update. NB explained this year was not as successful with only 52.50% uptake. We are better than our peers, and the System, but will continue to work on the plan for next year.	

JB reinforced that ROH have done better than other organisations, but we need to look at how we approach this as a BSol system. SM raised that it may be necessary to take a tier approach. Therefore, focus on those colleagues who have patient contact to emphasise why it is needed. NB explained that a roving model was undertaken but there seems to be a barrier to those colleagues not telling us whether they have had it elsewhere or the reason why they do not want it. IR raised we need to undertake an educational approach now to understand how we can improve uptake at the time. **ACTION: Communication Campaign to commence now for the next flu campaign and provide an update to Quality & Safety Committee. NB/RL**	
GOVERNANCE AND COMPLIANCE	
11 **Fire Safety Annual Report*: for approval*** **(SGL)**	**ROHTB (4/24) 008** **ROHTB (4/24) 008 (a)**
SGL provided an update to the Board on the fire safety annual report to provide assurance that we are compliant when it comes to fire safety regulations. There are a couple of small issues highlighted in the report which include: • Keeping fire doors propped open. SGL provided assurance that these are addressed at the time and a reminder given. • Fire safety mandatory training. There are a number outstanding with current performance sitting at 76% vs a target of 93%. Work has commenced to promote the need for staff to complete their mandatory training. SGL explained this is at the Board for approval to publish. The Board approved publication of this report.	
12 Board Topics Plan 2024/25*: for approval* **(SGL)**	**ROHTB (4/24) 009**
TP explained that this is an extension to the paper produced last month and requested a detailed forward plan is produced so that appropriate time can be carved out in the agenda for these items. MR raised the Research & Development Plan needs to be moved to June from May. SGL confirmed this can be reviewed. **ACTION: Detailed forward plan to be shared with the Board from May Board. SGL**	
13 Freedom to Speak Up Assurance Report*: for assurance* **(GH)**	**ROHTB (4/24) 010** **ROHTB (4/24) 010 (a)**
GH presented to the Board as the Non Executive Champion for Freedom to Speak Up (FTSU) an assurance report and would take the paper as read.	

The key highlights from the report include: • Accommodation for colleagues to have a safe space to have conversations now established. • Administration support is now in place and is making a significant difference. • As a team there has been the opportunity to meet altogether, including the October Focus Month, where the team got out and about. • There is a robust process in place; we have a Guardian (the statutory role), and we have champions in place. • The plan for next year is looking at the staff survey and how can we help embed a process so that everyone feels they are being heard. We need to strengthen our process of 'You said, We did'. The impact on the ROH needs to be reviewed and an update provided to the Board of the changes needed. • Progression and development are the next steps for the group. TP enquired what was the staff survey figure. SM explained that the result for feeling able to speak up was quite high, the issue is the action taken after so sharing the differences/changes made because someone has spoken up is what needs to be improved. TP enquired when is Claudette Jones, Freedom to Speak Up Guardian next due to present. SGL explained there is a further FTSU National Update due to be published in May so would be prevalent for Claudette Jones to join us in September. **ACTION: Invite FTSU Guardian to September Trust Board to provide an update on the national changes. SGL**	
UPWARD REPORTS FROM THE BOARD COMMITTEES	
14 Upward reports from the Board Committees: (cttee chairs) **a) Finance & Performance Committee** **b) Staff Experience & OD Committee** **c) Quality & Safety Committee** ○ **Quality & Safety Annual Report** ○ **Quality & Safety Terms of Reference**	**ROHTB (4/24) 011** **ROHTB (4/24) 012** **ROHTB (4/24) 013** **ROHTB (4/24) 013 (a) & (b)** **ROHTB (4/24) 013 (c) & (d)**
F&P Upward Report – LW Update provided by LW and included the following highlights: • The meeting opportunity for detail scrutiny of the projected end of year	

position for 2023/24 and the continually changing plans for 2024/25.

- Operational performance remains on target and the committee recognised the work undertaken to deliver this, frequently beyond targets, in those areas in which we have control.
- Finance position for 23/24 shows a slightly improved performance with additional income for impact of industrial action.
- Excellent performance on CIP as noted in the Chief Executive update.
- Good performance on Private Patient income.
- Review of the 2024/25 financial plan which will be discussed in more detail under the private agenda.
- Committee would review the Capital Plan in more detail at the April meeting.

TP queried the 'phishing' email and the numbers attached to that. SW explained that approximately 10% of colleagues clicked on the email and there has been an increase in communications in how to avoid being caught out by these emails.

Staff Experience & OD Committee – SM

In the absence of Simone Jordan, SM presented an update.

Two items were on the agenda that required approval. The Gender Pay Gap, which is included on the agenda today, and the Equality and Diversity report as part of the annual update.

The main item of the Staff Experience & OD committee was the Staff Survey. Following this session, it was agreed that the focus had to be on management training.

TP enquired what is the focus group timing. SM confirmed these dates have been circulated and the purpose is to look at the pockets of the organisations that have not contributed to ensure everyone feels they have shared their opinions.

Quality & Safety Committee – IR

IR highlighted the following discussions took place at the Quality & Safety Committee held in March:

- Complaints and the volume that is handled by our PALs team was discussed in detail.
- National Joint Registry and how the trust handles that data was reviewed.
- Endoscopic Spinal Surgery (that has been paused) and the intention is

to get external support from the Royal College to be able to recommence. • Specific date requested for when the go live for Patient Safety Incident Response Framework (PSIRF) is an ask of the committee. Quality & Safety Annual Report – IR recommended following discussion at the Committee this document is taken as read. Quality & Safety Terms of Reference - the Board is recommended to approve the changes to the terms of reference. The Board **approved** the changes recommended.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
15 Gender Pay Gap Report: *for assurance*	**ROHTB (4/24) 014** **ROHTB (4/24) 014 (a)**
IR requested that it is clear in the report that it is the roles that drive the gender pay gap.	
16 RACE Code Adoption Plan: *for information*	**ROHTB (4/24) 015**
TP confirmed the RACE Code adoption was approved in February and this report was for information only. There were no further comments, and the paper was taken as read.	
17 Performance Reports: *for assurance* • **Finance & Performance** • **Quality & Safety**	**ROHTB (4/24) 016** **ROHTB (4/24) 017**
Performance reports were taken as read and no queries raised.	
CLOSE: Date of next meeting: Wednesday, 1 May @ 0900h	

PUBLIC SESSION

Next Meeting: 1 May 2024, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 25 April 2024

Reference	Agenda item	Paper Ref	Date raised	Action	Owner	Completion Date	Response submitted/Progress update	Status
ROHTBACT.221	Wellbeing Plan	ROHTB (10/23) 005 ROHTB (10/23) 005 (a)	10/4/2023	Present the revised leadership framework to Staff Experience & OD Committee in October 2023	SM	~~25/10/2023~~ ~~27/03/2024~~ 26/06/2024	Deferred to the ~~January March~~ June 2024 meeting	
ROHTBACT.222	Equality & Diversity Improvement Plan	ROHTB (10/23) 008 ROHTB (10/23) 008 (a)	10/4/2023	Ensure the disciplinary process appears on the SE&OD and Trust Board agenda with regular update and progress reports	SM	~~07/02/2024~~ ~~27/03/2024~~ 26/06/2024	Deferred to the ~~March~~ June 2024 meeting	
ROHTBACT.233	National Food Standards update	ROHTB (12/23) 005 ROHTB (12/23) 005 (a) ROHTB (12/23) 005 (b)	12/6/2023	Provide benchmark report on food standards and themes from patient and staff on a regular basis to relevant committees and report back to Trust Board	NB	5-Jun-24	ACTION NOT YET DUE	
ROHTBACT.238	EPRR Position Statement	ROHTB (2/24) 010 ROHTB (2/24) 010 (a)	2/6/2024	Provide an update on the EPRR Position Statement following the next assessment	SW	4-Sep-24	ACTION NOT YET DUE	
ROHTBACT.235	Chief Executives Update	ROHTB (3/24) 002 ROHTB (3/24) 002 (a)	3/7/2024	Provide an update on themes/feedback from 'Check and Chat' sessions to Board twice a year.	JW	3-Jul-24	ACTION NOT YET DUE	
ROHTBACT.232	Chief Executives Update	ROHTB (3/24) 002 ROHTB (3/24) 002 (a)	3/7/2024	Provide a preceptorship update via a staff story in approx 8 months.	NB	4-Dec-24	ACTION NOT YET DUE	

ROHTBACT.239	Health Inequalities	ROHTB (3/24) 005 ROHTB (3/24) 005 (a)	3/7/2024	Provide an update on the Health Inequalities action plan, detailting how it will be delivered.	NB	5-Jun-24	ACTION NOT YET DUE	
ROHTBACT.241	Guardian of Safe Working Update	ROHTB (4/24) 002 ROHTB (4/24) 002 (a)	4/10/2024	Invite Joanne Thomes, Associate Medical Director to give an update on Women in Orthopaedics.	MR	2-Oct-24	ACTION NOT YET DUE	
ROHTBACT.242	Service Accreditation	ROHTB (4/24) 006 ROHTB (4/24) 006 (a)	4/10/2024	Provide an update on progress at the May Quality & Safety Committee and September Board Meeting.	NB	4-Sep-24	ACTION NOT YET DUE	
ROHTBACT.243	Flu Vaccination Update	ROHTB (4/24) 007 ROHTB (4/24) 007 (a)	4/10/2024	Prepare a communication campaign and provide an update to the Quality and Safety Committee in May	NB	5-Jun-24	ACTION NOT YET DUE	
ROHTBACT.244	Board Topics Plan	ROHTB (4/24) 009	4/10/2024	Provide a detailed forward plan on the Board Topics to the May Board meeting	SGL	1-May-24	**On May Board Agenda.**	
ROHTBACT.245	Freedom to Speak Up Assurance Report	ROHTB (4/24) 010 ROHTB (4/24) 010 (a)	4/10/2024	Invite FTSU Guardian to the September Trust Board to provide an update on the national changes.	SGL	4-Sep-24	ACTION NOT YET DUE	
ROHTBACT.246	National Food Standards update	ROHTB (12/23) 005 ROHTB (12/23) 005 (a) ROHTB (12/23) 005 (b)	12/6/2023	Use benchmarking information as part of reports being prepared for the Trust Board and relevant committees	All Execs	~~10/04/2024~~ 01/05/2024	To be built into the cover sheet of papers and new report templates. **Cover sheet updated and being rolled out throughout May. PROPOSE FOR CLOSURE**	

ROHTBACT.247	Board Assurance Framework	ROHTB (2/24) 009 ROHTB (2/24) 009 (a - i)	2/6/2024	Cleansed version of the BAF to be return to the Board in April	AR	~~10/04/2024~~ 01/05/2024	Deferred to May meeting. **Included on agenda. PROPOSE FOR CLOSURE**	
ROHTBACT.248	Wellbeing Update	ROHTB (2/24) 027 ROHTB (2/24) 027 (a)	2/6/2024	Provide a one page summary of the wellbeing action plan.	SM	~~10/04/2024~~ 01/05/2024	Deferred to May meeting. Included on agenda. PROPOSE FOR CLOSURE	
ROHTBACT.249	Wellbeing Update	ROHTB (3/24) 003 ROHTB (3/24) 003 (a)	3/7/2024	Review options available to colleagues to donate through salary sacrifice.	SM/RC	1-May-24	**Update included on May agenda as part of Wellbeing Action Plan Summary. PROPOSE FOR CLOSURE**	
ROHTBACT.225	Retention & Recruitment update	ROHTB (11/23) 006 ROHTB (11/23) 006 (a)	11/1/2023	Add update on visit to Jaguar Land Rover to a future agenda	TF	~~06/03/2024~~ 10/04/2024	Verbal update to be provided at March Board meeting under Private Board. Deferred to April**. Updated provided at April Board. Propose closure.**	
ROHTBACT.217	Stories for the Board	ROHTB (10/23) 001 ROHTB (10/23) 001 (a)	10/4/2023	Liaise with NB with regard to how we bring together the learning from the stories on an annual basis	ES	10-Apr-24	Annual report on patient and staff stories to be presented in April 2024. Included on April Agenda. **Propose Closure**	
ROHTBACT.234	Guardian of Safe Working update	ROHTB (12/23) 008 ROHTB (12/23) 008 (a)	12/6/2023	Invite Mr Jamie McKenzie to attend the Board to present his independent view	TF	10-Apr-24	Invited and agreed to attend the April 2024 meeting. Included on April agenda**. Propose Closure**	
ROHTBACT.236	Race Code Adoption	ROHTB (2/24) 003 ROHTB (2/24) 003 (a)	2/6/2024	Prepare a board development workshop proposal for RACE Code adoption.	JW/SM	10-Apr-24	Included on April agenda**. Propose Closure**	

ROHTBACT.245	CQC Readiness Plan	ROHTB (3/24) 007 ROHTB (3/24) 007 (a) ROHTB (3/24) 007 (b)	3/7/2024	Send follow up email to all Non Executive Directors requesting suggestions of focus topics to be included.	SGL	10-Apr-24	Revised Board topics included on the April Board agenda**. Propose closure**	

KEY:

	Verbal update at meeting needed
	Major delay with completion of action or significant issues likely to prevent completion to time
	Some delay with completion of action or likelihood of issues that may prevent completion to time
C-19	**Delayed completion principally due to impact of Covid-19 response**
	Action that is not yet due for completion and there are no foreseen issues that may prevent delivery to time
	Action proposed for closure

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**1 May 2024**

EXECUTIVE SUMMARY:

This report provides an update to members on the national context and key local activities not covered elsewhere on the agenda.

The report has been refreshed to frame it within the context of the Trust's new strategy.

REPORT RECOMMENDATION:

The Board is asked to note the contents of this report.

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x

Comments: [*elaborate on the impact suggested above*]

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

The contents discuss a number of developments which have the potential to impact on the delivery of a number of the Trust's strategic ambitions

PREVIOUS CONSIDERATION:

None

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Trust Board (in Public)

1 May 2024

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 10 April 2024 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 Our Care

Over the next few weeks, we will take the opportunity to briefly review the previous financial year. Whilst we know that this has been against a backdrop of industrial action, waiting list reduction and financial challenges, this has been another year of sustained improvement. The Trust has continued to support colleagues across the System with mutual aid and I am very grateful for the contributions of all colleagues across the ROH. As a Trust, we have achieved an incredible amount for our patients but as an Executive and leadership team, we recognise we have a much more to do. Last year we launched our new strategy and it encouraging to see many of those areas developing with commitment and enthusiasm.

I am extremely proud to see how our patients speak with high regard for the care we deliver at the ROH and this is evident in the number of compliments which the Trust receive. Thank you to our patients for taking the time to contact the Trust; it is valued and appreciated.

2.2 Our Services

Our year end position is being finalised. Our year-end deficit at the end of March 2024 is at £3,352m. Our efficiency programme performance remained strong, achieving £5,089m against a target of £5,076m. It was an ambitious target and the delivery of this has seen Trust wide engagement and I am grateful to colleagues across the Trust for their achievement of the target.

As we enter 2024/25 financial year, we will continue to have a greater focus on productivity, efficiency and expenditure control to deliver our ambitious plan of breakeven. As previously reported, our Board workshop in January 2024 has been a catalyst to this work and progress will be reported monthly direct to the Trust Board across the range of initiatives.

Activity in March 2024 was strong, delivering 14,475 cases year to date against a target of 14,316. Considering industrial action across the year, it is good to see that the team has continued to deliver against this critical metric treating more patients. Theatre session utilisation was 89.42% against a target of 85%.

50 private patients were treated throughout the month, which takes the Trust above the year-to-date income target. Our newly refreshed strategic private patient plan which was approved by the Board in March 2024 is making good progress with Executive oversight.

Operational performance targets performed well in February 2024 with a reduction in the number of patients waiting over 65 weeks now being at 39, (January 68), the majority of those outstanding being in Spinal Services.

The Trust has no patients waiting over 78 or 104 weeks. Our focus is on clearing the number of patients waiting over 65 weeks ahead of the national target of September 2024. Working with all specialities, trajectories are in place to treat patients waiting over 52 weeks. Some teams are close to this target and it is great to see the energy and ambition to continue to reduce waiting times for our patients.

The diagnostic standard of 99% was achieved in month (99.8%), which again is testament to the fantastic team we have in our Imaging Services across all areas.

Seamless surgery week commenced on Monday 29 April 2024, supporting GIRFT good practice and learning from other sites. The initiative is to support our continuous improvement programme, improving and refining our patient pathways.

2.3 **Our People**

On Tuesday 30 April 2024, the ROH is hosting its inaugural Orthopaedic Nursing and Allied Health Professionals Conference 2024, Innovation and Quality Improvement. Thank you to colleagues across the organisation who have contributed to the programme and all those attended and supporting the day.

3. BSol ICS (Integrated Care System) Updates

3.1 The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and next public meeting is being held on 13 May 2024.

3.2 The fourth joint BSol CEOs/Executives 'Time Out' session was held on Friday, 26 April 2024 and a verbal update on the key points of discussion will provided to the Board when it meets.

4 POLICY APPROVAL

4.1 Since the Trust Board last sat, no corporate policies have been approved by the Chief Executive on the advice of the Executive Team.

5 RECOMMENDATION(S)

5.1 The Board is asked to discuss and note the contents of the report

Jo Williams
Chief Executive

24 April 2024

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Divisional Lookback 2023/24 and Forward Plan**
SPONSOR (EXECUTIVE DIRECTOR):	**Michelle Hubbard, Acting Executive Chief Operating Officer**
AUTHOR:	**Nas Uddin, Coralie Duff, Marie Raftery** **Associate Directors of Operations**
DATE OF MEETING:	**1st May 2024**

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE		**FOR INFORMATION ONLY**	**x**	**TO CREATE DISCUSSION**		**TO SEEK APPROVAL**	

EXECUTIVE SUMMARY:

To recognise and celebrate key successes in 2023/24, both Divisions 1, 2 and Outpatient Transformation have produced a combined presentation that will show the achievements made by various services throughout the last year. The presentation includes a forward look for this financial year.

It is an opportunity to acknowledge the hard work and support of all staff in delivering the goal to continually improve services and pathways for patients across both Divisions.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
Teams continually reviewing processes and pathways to increase productivity and efficiencies.	None

REPORT RECOMMENDATION:

The Board is asked to note the contents of the presentations.

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial		Environmental		Communications & Media	
Business and market share	**x**	Legal & Policy		Patient Experience	**x**
Clinical	**x**	Equality and Diversity		Workforce	x
Inequalities		Integrated Care		Continuous Improvement	x
Comments:					

ALIGNMENT TO TRUST STRATEGY ***(Indicate with 'x' all those that apply):***

Care	**x**	**Community**	**x**
Expertise	**x**	**Services**	**x**
People	**x**	**Collaboration**	**x**

ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Aligns to National Performance KPIs

ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:
To continue to provide support to systems partners in the sharing of resources. Forward look aligns to the 6 key projects agreed by the Trust Board
BENCHMARKING SOURCE *(Indicate data sources included in report IF APPLICABLE)*:
N/A
PREVIOUS CONSIDERATION *(Indicate board/committee/group & date)*:
None

2023/24 Our Achievements and Success

Division 1

Care	Expertise	People	Community	Services	Collaboration
Deliver outstanding care that is safe, seamless, and patient centred	Innovate, improve, research, and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

Achievements & Successful delivery against 2023-24 business plans | Division 1

- ✓ Exceeded activity and income target for elective activity
- ✓ Day case hip, knee & shoulder pathways developed, and patients now being listed
- ✓ 1000th patient attended Coffee Catch Up (as part of our JointCare pathway)
- ✓ Significant mutual aid delivered through partnership working in large and small joints
- ✓ Theatre footprint re-established for large and small joints
- ✓ Reduction of Agency nurse usage
- ✓ Recruitment to key nursing roles and vacancies
- ✓ 12-month pilot scheme for a new upper limb complex spasticity service
- ✓ Exceeded activity and income target for Private Patients
- ✓ Private patient ward move to new facility (Ward 4)
- ✓ Patient initiated follow-up (PIFU) launched and working towards 5% target
- ✓ Substantive consultant appointments in Arthroscopy
- ✓ New MDT Coordinator role for Major Revision Centre
- ✓ Nurse-led clinics launched in spinal service
- ✓ Completed review of Directory of Services
- ✓ Temporary Leadership restructure and redesign in Outpatients Services
- ✓ Redesign of Outpatient services 6 4 2 to match the Theatres 6-4-2 to help improved productivity and utilisation

Division 1 – Business plans and deliverables 2024/25

Care:

- Deliver high quality and high-volume elective surgery
- Cancer Performance Compliance
- Streamline Hip and Knee Referrals into ROH
- Increase Day case Hips and Knees
- Expand Day-case ACL service
- Develop Out-of-hours assessment service for Large Joints Service

Expertise

- Expand Market share for Orthopaedics in Midlands
- Continued development of Robotic surgery
- Set-up generic YAH pathway that matched the NAHR pathway that all new patients will default into
- Developing block area for hands surgery
- Implement and market a private Osseo integration pathway for private patients
- Development of MRC role to support our network

People:

- Succession planning for established consultants
- Plans to replace vacant positions in place
- Enhance clinical Fellow & SpR training
- Develop ESP led triage pathway
- Further development of mid-level provider workforce
- Developing competencies for Junior clinical staff - C-arm, GCP
- Scope the feasibility and legal implications of supporting non substantive surgeons to use the facilities.
- 1 year on boarding course for new and existing consultants to support them.

Continued…

Community

- Outreach clinics for services
- Service review of nurse led hand dressing and available support in the community
- Explore suitability of Foot and Ankle patients for dressing/wound reviews by the ROCS team
- Explore options to use PP income to support local communities and demonstrate the positive impact that private healthcare can have to reduce health inequalities.

Service

- Improve theatre in-session utilisation with continued focus on theatre first approach
- Improve Oncology and Spinal paediatric service pathways and clinical continuity amongst surgical team
- Metastatic bone disease service expansion
- Expand Knee and Shoulder triage with MSK service
- Membership with Independent Sector Complaints Adjudication Service (ISCAS)
- Regularly published data relating to our private service

2023/24 Our Achievements and Success

Division 2

Care	Expertise	People	Community	Services	Collaboration
Deliver outstanding care that is safe, seamless, and patient centred	Innovate, improve, research, and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

Division 2 Achievements 2023/24

Imaging

- DM01 target consistently achieving above 99%.
- MRI scanner upgrade: The installation of accelerator software has resulted in scans being performed faster, increasing productivity.
- Successful recruitment of Radiographers across all modalities
- DNA rates were over c20% now c3% mainly due to the introduction of DrDr text messaging – Possible NOA nomination
- Supporting the wider system with MRI capacity – 3 sessions per week (BWCH)
- Redevelopment of X Ray rooms and Imaging department (1st floor)

Therapies

- Improvements to waiting list performance
  - MSK was 45 weeks now 24 weeks. Back Pain was 47 weeks now 21 weeks - but still work to do to achieve 18 weeks
- Successful relocation of Outpatient Physiotherapy to College Green
- The introduction of a Managed Service Contract for Orthotics which was awarded to OpCare which achieved a substantial cost saving.

Division 2 Achievements 2023/24

Pharmacy

- Consistently achieving low turnaround times for all prescriptions 99% within 2 hours, 94% within 1 hour
- Successful rollout of Omnicell Drug Cabinets and Abloy Cliq locking systems which manage access rights to controlled drug cupboards.

Theatres

- Consistently reporting performance in the highest quartile for Model Health metrics
- Continued drive to improve utilisation

Pre-Operative Assessment Clinic (POAC)

- Successful implementation of Synopsis – pre-operative patient health questionnaire, improving efficiency and patient experience

Anaesthetics

- Successful Anaesthetic Associate recruitment and training, recognised regionally

Admissions and Daycase Unit (ADCU)

- Appointment of a ADCU Coordinator – improved communications between Theatres and ADCU

Division 2 – Business plans and deliverables 2024/23

Care

- Expand the acute pain service with specialist pharmacist input to improve pain management within the Trust and at discharge
- Explore use of acupuncture in pain service
- Review of POAC clinical pathways

Expertise

- QSI accreditation for Imaging
- Pilot and introduce a pharmacist undertaking Medicines Reconciliation in pre- op assessment to prevent delays on day of admission and missed doses of key medicines.
- Pharmacy - expand the undergraduate placement program – currently work with Aston university
- Increase Audit / Research activity within the Therapy department.

People

- Introducing radiographer apprenticeships to ‘grown our own’
- Recruit into vacant Consultant Radiologist posts
- Devise career structure and development plan for foundation to senior pharmacist and technician posts using the RPS framework
- Critical Care trained staff offered support to complete the Level 3 Critical course with Wolverhampton University

Division 2 – Business plans and deliverables 2024/23

Community

- Improve community clinic provision and health support by expanding prevention and self-management at Community Health hub
- Therapies - set up Community Appointment Days for ROH and potentially BSol patients
- Involvement in BSOL MSK transformation project
- Pre optimising patients' health prior to surgery through effective health promotion, guidance and sign posting

Service

- To maintain diagnostic waiting times to 42 days for all scans
- To reduce patient waiting times and improve attendance rates for patients using digital systems
- Develop an ADCU pharmacist and technician role to improve prescribing and medicines reconciliation to speed up discharges in a new 23 hour /ambulatory care ward

Collaboration

- To continue to support BSoL MRI capacity
- Explore Band 5 Occupational Therapists rotation across BSol ICS to support recruitment challenges across BSol
- Care trained staff offered support to complete the Level 3 Critical course with Wolverhampton University

LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

2023/24 Our Achievements and Success

System Integration and Outpatient Transformation

Care	Expertise	People	Community	Services	Collaboration
Deliver outstanding care that is safe, seamless, and patient centred	Innovate, improve, research, and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

Outpatient Transformation – Priority Workstreams 2023-24

Personalised Follow Up (PIFU) – 5%

- Patients are added to a specific PIFU waiting list with an end or target date. During this time patients can request a review appointment before discharge at the end of the period. Specific GIRFT recommendations for Orthopaedics in 2023.

- **Outcomes:**
- Provides a safety net for patients who can be discharged at the end of the period without another appointment.
- Patients with long-term conditions who are stable.

Virtual Outpatients – 19%

- Patients are contacted on the telephone or by video call instead of attending face to face.

- **Outcomes:**
- Patient choice and flexibility.
- Physical space management in clinic.
- DNA patients can be contacted by telephone in clinic to maintain contact.
- Improved flexible working for staff.
- “Green” benefits.
- Improved accessibility.

Missed Appointments (Formerly DNA) – 6%

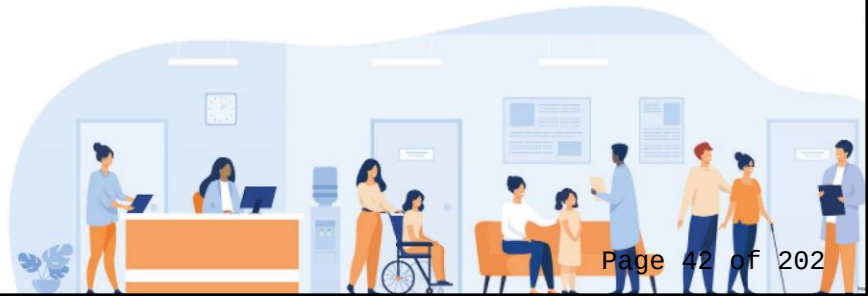
- Improving resource management through reducing the number of patients who miss appointments.

- **Outcomes:**
- Managing wasted capacity
- Improving access for patients who want and need to attend
- Effective outpatient physical and staffing management for attendances on the day

Birmingham and Solihull Integrated Care System

GIRFT GETTING IT RIGHT FIRST TIME

Action on Outpatients
Improving access to care



Digitalisation (Paper-light Outpatients)

- Modernising our services through implementing digital solutions for staff and patients.
- Includes digital systems such as DrDoctor, Digital Dictation, Clinical Portal, EPR, Digital Outcome Forms, Digital Patient Listing Forms

Outcomes:

- Audit and record keeping
- Reduces risk of error or misunderstanding
- Improves patient communication
- Gives new opportunities for different ways to manage our patients

Clinical Pathways

- Improving the information available to Primary Care when making referrals and advising patients.
- Advice & refer management: improving communication with referrers and reducing unnecessary referrals.

Outcomes:

- Receiving relevant and helpful referrals for triage.
- Reducing unnecessary referrals / improving access to those who need to be seen in a specialist setting.
- Education in Primary Care.

Productivity (inc reduction in follow ups – 75%)

- Ensuring that we manage our specialist clinical capacity effectively.

Outcomes

- Making sure that our processes are lean and support effective clinical management of patients.
- Supporting access and waiting times.

Outpatient Procedures (New):

- Increase the proportion of outpatient attendances for first or follow up appointments attracting a procedure tariff to 46% across 2024/25

Achievements & Successful delivery against 2023-24 plans

- Establishment of Outpatient Transformation Programme and formal group from September 2023.
- Active participation in all ICB Outpatient Transformation Groups.
- Achievement of 8% against a PIFU standard of 5%.
- DrDoctor text reminders in place for Imaging, reducing missed appointments from 7.4% to 3%. A case study is underway with DrDoctor.
- Waiting list validation in place through DrDoctor.
- Developments such as clinic letters, PIFU management and Missed Appointment prediction planned for DrDoctor.
- Reduction in follow ups by 8% in 2023-24.
- Benchmarking and improvements identified through the GIRFT further faster programme from March 2023.
- Progression against Digital programme, including integrated work between IT and Operations.
- Collaborative work with ICB partners for elective recovery, IT developments and long-term estates planning.

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	Wellbeing plan on a page
SPONSOR (NON EXECUTIVE DIRECTOR):	Sharon Malhi, Chief People Officer
AUTHOR:	Clare Mair, Head of OD and Inclusion Laura Tilley-Hood, Engagement and Wellbeing Officer
DATE OF MEETING:	1st May 2024

EXECUTIVE SUMMARY:

Background:
Work on the ROH Wellbeing plan continues and four key areas have been identified to focus on for 2024/2025. Following an evaluation of existing wellbeing initiatives and analysis of key data (including staff survey data and HR metrics) the four areas of focus are:

- Upskilling Managers to support team wellbeing
- Access to Musculoskeletal (MSK) support
- Managing Stress and Anxiety
- Cost of Living support

The attached 'Wellbeing plan on a page' gives an overview of key initiatives being undertaken in the four identified areas with information on metrics and impact. This work will be aligned to the following areas:

- People Plan with five year progress targets
- Work being undertaken by the People Promise Manager
- Inclusion plan priorities with support from the staff networks
- NHS Health and Wellbeing Diagnostic tool – mid year review to commence in June 2024
- Thrive at Work Silver accreditation
- BSol and National NHS initiatives
- Initiatives as part of the People Promise Manager projects

Positive assurance

- Work has started in all four keys areas
- Colleagues from across the Trust are supporting this work and key to successful delivery

Current issues

- Continuing to ensure the work is focussed in the correct areas needed by staff
- Resource available to support the delivery of the focus areas
- Uncertainty on continuing funding available on current initiatives

Next steps

- Recommendations for future EAP provision
- Confirmation of funding available for future initiatives
- Review of NHS Health and Wellbeing Framework to update on the gap analysis completed in 2023

REPORT RECOMMENDATION

To review and accept the information in the report for assurance

The Royal Orthopaedic Hospital NHS Foundation Trust

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*: The receiving body is asked to receive, consider and:		
Accept	**Approve the recommendation**	**Discuss**
X		

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial	X	Environmental		Communications & Media	X
Business and market share		Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
People Element of the ROH Trust Strategy ROH People Plan and metrics ROH Inclusion strategy ROH Wellbeing plan
PREVIOUS CONSIDERATION:
Staff Experience and OD Committee March 2024 Trust Board – March 2024

Wellbeing Plan on a page – 2024/2025

Priority	What	Measure and Impact	Completion
Confident and competent managers to support teams and colleague for wellbeing	1. **Embedding wellbeing conversations** 2. **Support Managers awareness of policies (HR)** 3. **Manager upskilling**	- 75% managers trained and logged on ESR by March 2025 - Reduction in sickness rates to 4% - Positive improvement in NSS q24e 'I am able to access the right development when I need to' - Positive improvement on WDES and WRES learning indicators	Ongoing to March 2025
Access to MSK support for all colleagues	1. **Enhanced process for accessing MSK support** 2. **Review feasibility of Get U Better app rollout** 3. **Review MSK requirements as part of future EAP provision**	- Reduction of MSK related sickness cases in line with sickness rate (shown above) - Positive improvement in NSS q11 - 'experience MSK problems as a result of work ' - Colleague friendly app launched as part of new EAP provision -	December 2024 March 2025 December 2024
Managing Stress and Anxiety	1. **Stress policy and awareness** 2. **Mental Health Focus Group with clear outcomes** 3. **Review counselling services (to align to Occupational Health review)**	- Reduction in sickness rates for work related stress (in line with over figure of 4%) - Positive improvement in NSS q11 - 'have you felt unwell as result of work related stress?' - Counselling service integrating into EAP provision – number of referrals	June 2024 Review October 2024 March 2025
Cost of Living support	1. **Review of EAP programme** 2. **Review of current Cost of Living provision**	- Metrics for EAP usage - Positive improvement on NSS q9h - 'my manager cares for my concerns'	December 2024 Ongoing

Work on the four priorities will be aligned to:

- People Plan with five year progress targets
- Work being undertaken by the People Promise Manager
- Inclusion plan priorities with support from the staff networks
- NHS Health and Wellbeing Diagnostic tool – mid year review to commence in June 2024
- Thrive at Work Silver accreditation
- BSol and National NHS initiatives
- Work currently being undertaken by the People Promise Manager

REPORT REF: ROHTB (5/24) 006

TRUST BOARD

DOCUMENT TITLE:	**Quality Priority Year-end report**
SPONSOR (EXECUTIVE DIRECTOR):	**Nicola Brockie, Executive Chief Nurse**
AUTHOR:	**Nicola Brockie, Executive Chief Nurse & Emma Steele Deputy Chief Nurse**
PRESENTED BY:	**Nicola Brockie, Executive Chief Nurse**
DATE OF MEETING:	**1 May 2024**

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	**x**	**FOR INFORMATION ONLY**		**TO CREATE DISCUSSION**		**TO SEEK APPROVAL**	

EXECUTIVE SUMMARY:

The purpose of this paper is to provide an end-of-year report against the 2023 / 2024 quality priorities as agreed by Board in June 2023.

Over the last twelve months good progress has been made against all five priorities. Three have been achieved and will continue to progress at business as usual. Two are recommended to be carried into Year 2; allowing time for the continuous improvement approach, to be reviewed, adapted if required and impact evaluated.

The end of year report was presented at the Council of Governors on 24 April 24 at which time they agreed to continue to sponsor QP 4. It was noted that good progress had occurred with the launch of 'waiting well for surgery' however additional focus in year 2 was generally viewed to be required to ensure impact.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	**GAPS IN ASSURANCE/RISKS TO ESCALATE**
• QP 1,3 & 5 achieved.	• QP 2 & 4 continue to require focus and attention in Year 2.

NOT APPLICABLE – For Information	X

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board/Committee/Group is asked to: note and accept.

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial		Environmental/Net Zero		Communications & Media	
Business and market share		Legal, Policy & Governance		Patient Experience	**x**
Clinical	**x**	Equality and Diversity	**x**	Workforce	**x**
Inequalities	**x**	Integrated care		Continuous Improvement	**x**
Comments:					

ALIGNMENT TO TRUST STRATEGY, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Trust Strategy 2023-2024, Quality Account 2023/24
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:
Health inequalities strategy (BSOL), Operational plan.
PREVIOUS CONSIDERATION:
Quality Priorities update Nov 24

FOR ASSURANCE

The Royal Orthopaedic Hospital NHS Foundation Trust

Quality Account 2023/24: Year-end report on the Quality Priorities

Report to Trust Board in April 2024

1 EXECUTIVE SUMMARY

1.1 The purpose of this paper is to provide an end-of-year report against the 2023 / 2024 quality priorities as agreed by Board in June 2023.

1.2 Following appraisal of previous Quality Account report priorities from the financial year (FY) 2022 / 2023, rationalised quality improvement priorities for FY 2023 / 2024 were agreed by the Trust Executive team and Clinical Quality Group in April 2024. This process followed a robust review of patient complaints, PALS themes, incident reports and the Trust's quality performance data.

1.2 In May 2023 the Trust's Governors added their sponsorship to quality priority four. These key priorities for FY 2023 / 2024 were then shared with the wider Trust via team brief later the same month. Leads for each priority were identified and supported with an Executive Sponsor as outlined below:

	Quality Priority	Lead	Executive lead
Safe	Continue to embed a Safety Culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) in the Trust. While continuing to embed safety initiative into the Trust.	Patient Safety Specialist: Rebecca Hipwood, Adam Roberts, Assistant Director of Governance	Nikki Brockie Chief Nurse
Caring	Improve the quality of communication to our patients.	Karen Hughes, Head of Nursing Division 1, Nasir Uddin, Associate Director of Operations Division 1	Nikki Brockie Chief Nurse
Effectiveness	Improve awareness of good 'Antimicrobial Stewardship'.	Sulthana Begum, Chief Pharmacist	Nikki Brockie Chief Nurse
Responsive	Optimisation of patient's health prior to surgery.	Jennifer Pearson, Head of Nursing Division 2.	Nikki Brockie Chief Nurse
Well-led	Ensuring clinical knowledge gaps are identified and addressed to ensure our workforce are culturally responsive to the needs of the people we serve using a continuous improvement methodology.	Emma Steele Deputy Chief Nurse & Nikki Brockie Chief Nurse	Jo Williams CEO

2 QUALITY PRIORITIES 2023 / 2024 END-YEAR REPORT

2.1 All NHS providers are required by the Health Act 2009 to publish an annual Quality Account report in line with the National Health Service (Quality Accounts) Regulations 2010.

2.2 The Board is asked to review the end-year report and approve.

2.3 QP 2 & 4 are recommended to carried over to into FY 2024 / 2025 to allow time for improvement to be observed in practice allowing time for adaptions / embedment to occur.

3 QUALITY PRIORITIES 2023 / 2024

Priority 1 Safe	**Continue to embed a Safety Culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) in the Trust. While continuing to embed safety initiative into the Trust.**
Status of priority / Recommendation	**Achieved.** (However, as PSIRF will be on-going, so aspects of the next stages will now become business as usual)
Background	Patient safety is everyone's business and as the Trust works with system partners to implement the new framework, we have and will continue to ensure that the foundation work already embedded is built on.
Initiatives planned	• Implementation and embedding of the Royal Orthopaedic Hospital NHS Foundation Trust (ROH) PSIRF Policy and Response Plan into Trust Governance processes. • Transfer from the Serious Incident Response Framework to PSIRF. • Engage with 'check and challenge' system meetings as a BSOL partners. Ensuring progress is in line with the Patient Safety Strategy and NHS England PSIRF Implementation Plan and Guidance. • Continuing to develop a safety culture through engagement and roll out of Human Factors Training. • Continuing to develop a safety culture through sharing improvement methodology (Quality Service Improvement and Redesign – QSIR) Training. • Develop continuous quality improvement Huddles to engage all staff in improvement methodologies and activities. • Introduction of 'Quality and Safety walk arounds' in all clinical areas. With target action plan for improvement to be owned locally.
How we aimed to evaluate success?	• Successful implementation and adoption of PSIRF. • Monitoring the impact on Human Factors training, via our staff survey results, near missed incident reporting and incident reports, complaints and patient feedback form engagement sessions. • Improvements at ward/ department level as a direct response to the Safety and Quality walkabouts. • Improved awareness of themes and triangulation of data to drive learning and improvement.
Actions carried out	• PSIRF policy was approved at Board in August 23. Work continues in FY 24/25, with full implementation. • Draft ROH Patient Safety Plan shared at the Trust strategy day for comments (300 staff members attended). Following updates aim to launch in May 2024. • Quality & Safety walkabouts have now been embedded into practice, with action plans shared. Improvement project underway to adapt the Quality and Safety Walkabout into a recognised and celebrated Service Accreditation project. • PSIRF investigation training for staff is being procured to support patient safety incident investigations.

	• Review of Duty of Candour procedure to ensure Trust practice fully adopts and adheres to PSIRF principle of compassionate engagement of patients involved in patient safety incidents. • Revised PSIRF focused Quality Report for monthly review at Clinical Quality Group, Quality & Safety Committee, Trust Board and BSOL ICB Performance meetings. • Benchmarking against other National Orthopaedic Alliance member Trust. • Quality Improvement huddles boards have been developed and are being embedded.
Outcome	As this is a cultural change it can be difficult to measure success in the short term, evidence shows that cultural transformation can take 3-5 years to implement and embed. However, the following metrics have been used with promising results: • We benchmarked progress against the NHSE PSIRF preparation phase guidance. • We collaborated with BSOL providers to ensure consistent approach. • We took part in the 'Check and Challenge' BSOL meetings. • We noted an increased number of incidents reported, particularly near miss incidents. • We have seen a positive increase in the numbers of quality improvement projects throughout the clinical teams. • We noted a positive response in the staff survey results. • We noted improvements in recruitment and retention. • We continued to focus on human factors thinking and system approach to incidents.

Priority 2 **Caring**	**Improve the quality of communication to our patients**
Status of priority / Recommendation	**Partially completed.** Progress has been made against this QP; however, the benefits and impact have not been realised, therefore it will continue into a second year.
Background	Medical and healthcare information can be complex, if people don't get clear and understandable information, they may make decisions that aren't right for them or not be able to access services at all. Our Patient Advice & Liaison (PALS) contacts data highlighted that in 2022/23 two of our two themes for patients to contact us was related to 'Appointment' and 'Communication' issues.
Initiatives planned	• Review all current patient information against the Good Communication with Patient: Core principle (2021). (Include leaflets, letters, and all communications) • Review the Trust current interpretation / translation service against accessible information standards. • Review complaints and cancellation on the day related to communication and translation services, to identify themes and trends that can be improved. • Above was the initial focus please see action plan for additional and on-going actions.
How we aimed to evaluate success?	• Decrease in complaint related to patient communication by 10% over the year. • Reduction in cancelation on the day related to translation services by 5%.

Actions carried out	• Working group set up to standardise and improve letters. • Close link with OPD transformation work-particularly on easy read letters and improved text messaging to avoid duplication of time and effort. • Continued monitoring of PALS/Complaints and incidents relating to communication for themes/trends. • Tendering process being undertaken to ensure the Trust is commissioning the best quality service for the best value for money.
Outcome	**Decrease in complaint related to patient communication by 10% over the year.** Significant progress has been made over the last 12 months. However, there is still more work to do both to make improvements but also embed fully those improvements already made. Whilst incidents, have reduced particularly in relation to appointments, communication does remain a theme within PALS and Communication. This is monitored via Divisional Governance meetings. **Reduction in cancelation on the day related to translation services by 5%** In 2022 /2023 only one complaint was raised formally regarding translation services. However, local information highlighted that the policy may not have been fully implemented into practice. Reminders and awareness regarding use of interpreters and policy completed within year. Became apparent previously that relatives and telephone interpreters were being used at times inappropriately. It is believed that the increase in reported incidents in year reflects in most cases a better understanding of the Interpreter policy and requirements. Contractual meetings with Word360 pick up any issues regarding interpreter service delivery. As a result of this work, it is believed that the incident increased in 2023/2024 as more staff followed the policy with 5 incidents reported over the year.

Priority 3 Effectiveness	**Improve awareness of good 'Antimicrobial Stewardship'.**
Status of priority / Recommendation	**Achieved**
Background	NICE recommendations: Antimicrobial resistance (AMR) in the loss of antimicrobial effectiveness and although it evolves naturally this process is accelerated by the incorrect use of antimicrobials, such as prolonged use. Direct consequences of infection with resistant microorganisms can be severe and affect all areas of health, including increased illness and hospital stays, increased costs, mortality, and reduced protection for patients undergoing operations or procedures.
Initiatives planned	• Snapshot audit to be undertaken by junior medical staff using 'Start smart then focus toolkit'. Establishing a baseline.

	• The trust will be taking part in the SAPPHIRE which is a research trial designed to explore: *Safe Antimicrobial ProPhylaxis for surgery study.* However, the finding of this may not be available in the year, however the trust will support. • Deliver consultant education at clinical audit by Consultant Microbiologist. • Develop bite size (for safety huddles) education tools for nursing/ODP's teams. • Create a webpage on the Trust internet focused on raising awareness for patients around AMS supported with leaflets. • Promoting switch of IV to oral antibiotics as soon as patient is eligible
How have we evaluated success?	• Increase use of the 'AWARE' category of antibiotics to above 50% of total antimicrobial use (Excluding Bone Infection patients). • Antibiotic awareness will be increased thought the Trust. • Antibiotic use decrease.
Actions carried out	• National point prevalence survey has been completed. Data to be analysed by IPC lead, pharmacist, and microbiologist. • Antimicrobial prescribing guidelines updated as a result of surgical prophylaxis audit findings. Awaiting approval by drugs and therapeutics committee. • National CQUIN audit on IV to oral switch for 2023/24 completed and shows Trust is compliant to CQUIN. • Trainee pharmacists delivered quick education sessions to nursing staff on the recent MHRA alert on fluroquinolones to ward teams. • Surgical prophylaxis report presented at Clinical Audit Day. Antimicrobial guidelines updated. • CQUIN audit results submitted to UKHSA and presented at Antimicrobial Stewardship Steering Group.
Outcome	• We continue to monitor antibiotic usage in the Trust and report a positive reduction and conversion to oral antibiotics.

Priority 4 Responsive	**Optimisation of patient's health prior to surgery**
Status of priority / Recommendation	Partially achieved. Section 1. Development of 'waiting well for surgery' established and implemented. Section 2. Pre-surgery (72 hours) call with specific focus on skin damage. Remains outstanding.
Background	To reduce health inequalities amongst the community we serve. In a post pandemic world, cancellations on the day of surgery linked to potential gaps in pre optimisation of patients preoperatively is on the rise. Patients who are not fully ready for treatment are at a greater risk of significant complications after surgery, which can result in extended hospital admissions, leading to longer term health issues and reduced mortality.
Initiatives planned	• Develop a '*waiting well for surgery*' pre-optimisation approach for ROH. With key focus on weight management, stopping smoking, eating well, exercising etc. • Build on the 72 hours pre-surgery checks, by developing digital solution to identify potential risk to surgery (such as skin tear detection).

How we aimed to evaluate success?	• Improved patient outcomes though education (Weight loss, stop smoking etc.). • Reduction of patient cancellations on the day of surgery. • Reduction in delayed discharges.
Actions carried out	• A Task and finish group was established and met monthly focusing on this QP (reps from operations and digital lead). Data reviewed for last 12 months of cancellations reviewed. • The Pre-Operative Assessment Clinic (POAC) lead the 'waiting well' work, with a launch in Jan 2023 outside café Royal to inform the staff of what was available. They developed booklets, business cards, posters, and a web page with information. This was followed with a patient launch in Out-patients Department (OPD) in Feb 2024. This included a patient survey to understand what information patients need and require. • The POAC nursing team have also achieved 90% training compliance with smoking cessation training. • In addition, the Task & Finish group focused on a digital approach to support the 72-hour pre-operative checks, specifically skin (damage that might prevent surgery). The first approach was unsuccessful due to challenge; however, the team have continued to explore, and the work will continue. (ACCRUX are due to present to the team on a free and widely digital approach that is used by NHS GP's already).
Outcome / Actions to carry into Year 2	• Reduction in Cancellations on the day • We received initial positive patient feedback about the campaign. We will continue to monitor effectiveness and understand digital challenges in Year 2. • We will monitor theatre utilisation as a metric on impact. • Measure health promotion data shared with patients and survey to see if data provided was effective/useful.

Priority 5 **Well-led**	Ensuring clinical knowledge gaps are identified and addressed to ensure our workforce are culturally responsive to the needs of the people we serve using a continuous improvement methodology.
Status of priority / Recommendation	Partially achieved.
Background	To reduce health inequalities amongst the community we serve. To ensure safety of all patients we serve, whilst recognising differing needs due to ethnicity and diversity. We must have the ability to recognise risk factors amongst specific groups and be able to take actions to improve their healthcare outcomes.
Initiatives planned	• Recruited a Quality Improvement Nurse within the nursing structure. • Using Quality Improvement (QI) methodology identify gaps in knowledge among the clinical staff and develop 'fast tutorials' that can be used to educate staff when at risk patients are admitted. • Introduce 'shared governance' empowering the teams to identify and continue improving initiatives and identify gaps in knowledge.
How we aimed to evaluate success?	• Introduction of QSIR methodology across the clinical teams, supported by a QI nurse. • Commence QI projects, focusing on gaps in knowledge.

	• Start to embed a share governance approach to addressing challenges.
Actions carried out	• Quality Improvement Nurse recruited to post. • All ward / department managers encourage to attend QSIR training. • QI projects developed and carried out: Sickle cell awareness tutorial introduced by Ward 1 manager supported later in the year by sickle cell education. • Introducing new Tissue Viability assessment incorporating skin tone and education shared. • Transgender awareness training package developed and rolled out using a cascade training approach, form the CNO to all staff. • Review and update current Resuscitation training equipment to include specialist mannequins that are representative of the wider community. • Quality Improvement huddles are being rolled out and will be supported by a shared governance approach.
Outcome / Actions to carry into Year 2	• Improved engagement in QSIR training and QI projects at all levels. • QI approach is being used to support incident outcomes. • QI nurse is implementing QI huddles and shared governance councils will follow. • Health inequalities plan – will be taken back to Board for approval in Q3/4 of FY 24/25

4 Proposed Quality Priorities for FY 24 / 25

4.1 This report recognises the work carried out by the teams over the last twelve months, to develop and implement these Quality priorities aimed at improving the outcome of our patients. Two priorities are planned to continue into a second year QP 2 & QP 4. This is to allow time for them to be evaluated, monitored and further improvements made if required.

4.2 Table 2. Outlines the proposed quality priorities for 2024 / 2025:

Safe	Reduction in surgical site infection.
Caring	Year 2 – improve the quality of communication to our patients.
Effectiveness	Implement of the Health inequalities plan.
Responsive	Year 2- Continued focus and monitoring of 'Optimisation of patient's health prior to surgery'.
Well-led	Introduction of Service accreditation.

4.3 The final report was presented to the Council of Governors on 24 April 2024, at which time they accepted the report and agreed to continue to sponsor quality priority 4 in the coming year.

5. Conclusion:

5.1 Although this year has been challenging to meet the current Quality Priorities, good progress has been made with some very positive improvements. However, in order to truly ensure these important priorities are embedded it is proposed that two of the priorities continue into 2024 / 2025.

5.2 Work will continue with all quality priorities being monitored through the appropriate governance upward reporting cycle, ensuring a culture of continuous improvement.

Nicola Brockie
Chief Nurse
April 2024

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**MSK Transformation Programme Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive Officer**
AUTHOR:	**Mr Matt Revell, Medical Director** **Rebecca Lloyd, Deputy Director of Strategy**
DATE OF MEETING:	**1 May 2024**

EXECUTIVE SUMMARY:

This paper provides the Board with an update on the Birmingham and Solihull Transformation Programme; a collaborative partnership across the Integrated Care System, led by the ROH.

REPORT RECOMMENDATION:

The Board is asked to note the summary.

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial	X	Environmental		Communications & Media	x
Business and market share		Legal & Policy		Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x

Comments: [*elaborate on the impact suggested above*]

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Aligned to new Trust Strategy and Clinical Plan

PREVIOUS CONSIDERATION:

- Trust Board update given in May 2022

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

BSOL MSK Transformation Programme

Mr Matt Revell & Rebecca Lloyd

1 May 2024 | Update to ROH Trust Board

Introduction to the Programme

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Background

- The Birmingham and Solihull MSK Transformation Programme was launched in June 2021, with Jo Williams and Dr Sunando Ghosh as CEO leads, and Marie Peplow as SRO
- This is fully collaborative system programme, with representation across ROH, UHB, BCHC and the ICB, as well as key partnerships with the voluntary sector, charitable organisations, public health and industry
- The aim of the programme is to provide MSK services that support people to stay well through prevention and self-management, equitable pathways, accessible support, digital tools, and person-centred services

Progress made over the last 12 months

- Standardised referral pathways signed off for all sub-specialties within Orthopaedics (aligned to GIRFT)
- Randomised Control Trial underway to pilot and evaluate the use of OrthoPathway within primary care
- Health Tech Adoption and Acceleration Funding (HTAAF) for getUBetter secured until March 2024
- Over 4000 users of getUBetter (primary and secondary care)
- Route2Wellbeing online platform launched, signposting patients to wider support for MSK/physical/mental health
- Outline Business Case developed for investment in supported self-management and clinical decision-making support tools

System collaboration

Birmingham and Solihull Integrated Care System
Caring about healthier lives

MSK Transformation Programme Board

- The Programme Board continues to meet monthly, with strong engagement from all ICS partners
- There has been input from all partners into the draft Outline Business Case for investment in digital tools for MSK health
- The Board have been instrumental in scrutinising the financial and economic case within the draft OBC, and advising on how best to collate and analyse data from pilot schemes to inform future investment requirements

Partnership working

- Fortnightly Orthopaedic sub-speciality pathway meetings continue, with input from primary, community and secondary care. These groups continue to refine the pathways within OrthoPathway (clinical-decision making support tool). Significant work has gone into development of these pathways and clinical engagement should be commended.

- An example of positive partnership working is **summarised on the next two pages**. This was a workshop held with colleagues from the following organisations: ROH, UHB, BCHC, Solihull Metropolitan Borough Council, Active Wellbeing Society, Versus Arthritis, Gateway Social Prescribing, Nuffield Health, West Heath Medical Centre and The Wand Medical Centre

Birmingham and Solihull Integrated Care System
Caring about healthier lives

MSK Acceleration Workshop Summary report

Birmingham and Solihull Integrated Care System
Caring about healthier lives

About this event

On 23 November 2023 we held an MSK Accelerator workshop. It enabled Third, Voluntary, Charity and Community Sector organisations to connect with NHS service providers and discuss the MSK (musculoskeletal) Transformation Programme. It was an opportunity to build partnerships and discuss how we enable the NHS to promote self-management and support people in Birmingham and Solihull to access all of the services and resources available to them to support their MSK health.

Key themes of discussion

- There are some incredible support services and resources available to patients and clinicians, but we don't know about them
- We have a lot of skilled staff who want to provide holistic care, and find themselves struggling with lack of time / knowledge of the breadth of services available
- GetUBetter is a really valuable digital tool, but we need to make sure that we do not presume that digital literacy exists across our entire population
- Taking a personalised care approach is key; understanding the heart of the issue that the person is facing, and signposting appropriately

Commitments made of the day

- Our approach needs to be wellness driven and not illness driven
- We need to continue to meet as a network of healthcare, voluntary and community colleagues
- Our training needs to be joined up, and we need to work collaboratively, unconstrained by organisational boundaries
- We need to educate healthcare professionals about the community & voluntary services that exist across BSol
- We need to improve our understanding of individual communities across BSOL
- We need to continue to share resources (and have a look at them ourselves) and improve how we communicate with each other
- All services should consider population health needs and multi-language resources

System collaboration

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Actions going forward

- We will continue to meet in the future and strengthen this as a network. Attendee details will be shared
- We will plan a Community Appointment Day (as per Sussex Healthcare) which will be open to patients across BSOL in March 2024
- We will develop a clear landing point for all resources which is quick and easy to access
- We will share a single point of access QR code that takes you to a list of all the organisations listed in the printed guide we already have.
- We will update the existing patient information leaflet and getUBetter content
- We will engage with community, primary and secondary care teams on the use of getUBetter and how to support patients to access this
- We will work together to develop an interactive in-service training programme that will consolidate all of our skills and expertise, rooted in personalised care and motivational interviewing
- Through our network, we will explore how we provide people with improved access to mental health support, given the strong link between MSK health and mental health
- We will also explore opportunities to shadow each other, and consider peer learning groups and inviting each other to training/events
- We will work together to develop a plan for NHS teams to deliver talks and become more integrated in the community
- We will develop a mechanism for collecting data and evaluating the impact and effectiveness of support services
- We will encourage GPs to attend future events and engage in this network
- We will make more training available to patients and clinicians to support self management and access

Programme priorities for 2024-25

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Aim	Our aim is to provide MSK services that support people to stay well through prevention and self management, equitable pathways, accessible support, digital tools and coordinated, high quality, person-centred services			
Priorities	**Quarter 1 (Apr-June 24)**	**Quarter 2 (Jul-Sept 24)**	**Quarter 3 (Oct-Dec 24)**	**Quarter 4 (Jan-Mar 25)**
Fully implement a system – wide MSK self-management tool	• Implement across 50% primary care	• Implement across 60% primary care • Gather system level metrics	• Implement across 70% primary care • Analyse system level metrics	• Deliver business case for ICB for MSK self-management tool
Launch and embed programme of Community Appointment Days	• Solihull Community Appointment Day (CAD) May 2024	• ROH/UHB Community Appointment Day Sept 2024	• BCHC/Heartlands CAD	• Confirm quarterly programme of CAD going forward • Identify recurrent funding to deliver • Evaluate impact of CAD to date (including waiting list reduction)
Standardise MSK patient information	• Use pathway groups to identify suitable written patient information	• Agree and prepare content to distribute across touchpoints within ICS	• Iterate, evaluate and amend content as needed	• Ensure robust process in place to ensure sustainability of content for future
Deliver patient engagement programme	• Form patient groups and TOR to allow co-production opportunities to flourish	• Meet with patient groups to provide opportunities to co-design patient information	• Use patient experience learning from CAD to inform future events	• Provide opportunities for patient groups to debrief on progress and plan future inputs
Design and launch an MSK WorkWell Hub	• Agree vision for WorkWell Hub amongst stakeholders	• Arrange a needs analysis across a sample of SME's within BSoL	• Develop a framework for MSK WorkWell Hub including resources required	• Utilise combined expertise across hospital Charity teams to access funds for MSK WorkWell Hub
Fully implement a system-wide clinical decision making support tool	• Complete Randomised Control Trial for CrossCover OrthoPathway	• Analyse findings from RCT to inform ICB of the value that support tool provides	• If supported by ICB enable system wide rollout of support tool and engage all stakeholders	• Deliver business case for ICB for Clinical Decision Support Tool
Build a model for a Single Point of Access for MSK	• Agree vision for SPA amongst providers and consider workforce implications	• Identify and address obstacles to enabling SPA across ICS, focusing on touchpoints	• Confirm workforce and process changes required across ICS to allow SPA to form	• Deliver business case for ICB for SPA

Spotlight on: Self-management tool for MSK

Birmingham and Solihull Integrated Care System
Caring about healthier lives

- As a system, we are rolling out getUBetter; a digital tool to support self-management of musculoskeletal injuries and conditions
- The programme has secured funding for this rollout until March 2025 via the Health Tech Adoption and Acceleration Fund
- Our priorities for the next 6-12 months are:
  - By the end of June 2024 to ensure 50% of Primary Care Networks have installed and recorded at least 50 patient contacts with getUBetter
  - By the end of June 2024 to ensure all primary care localities have recorded at least 500 patient contacts with getUBetter
  - By the end of June 2024 to gather 90% of eligible community and secondary care patients on a physiotherapy waiting list have access to getUBetter
  - By the end of June 2024 to gather 10 qualitative patient stories from across the localities, demonstrating the patient experience of getUBetter
  - By the end of June 2024 to gather system level quantitative data demonstrating the financial and economic case for getUBetter
  - By the end of November 2024 to ensure public health partners, pharmacy and ED have access to providing getUBetter within their population

Spotlight on: Community Appointment Days

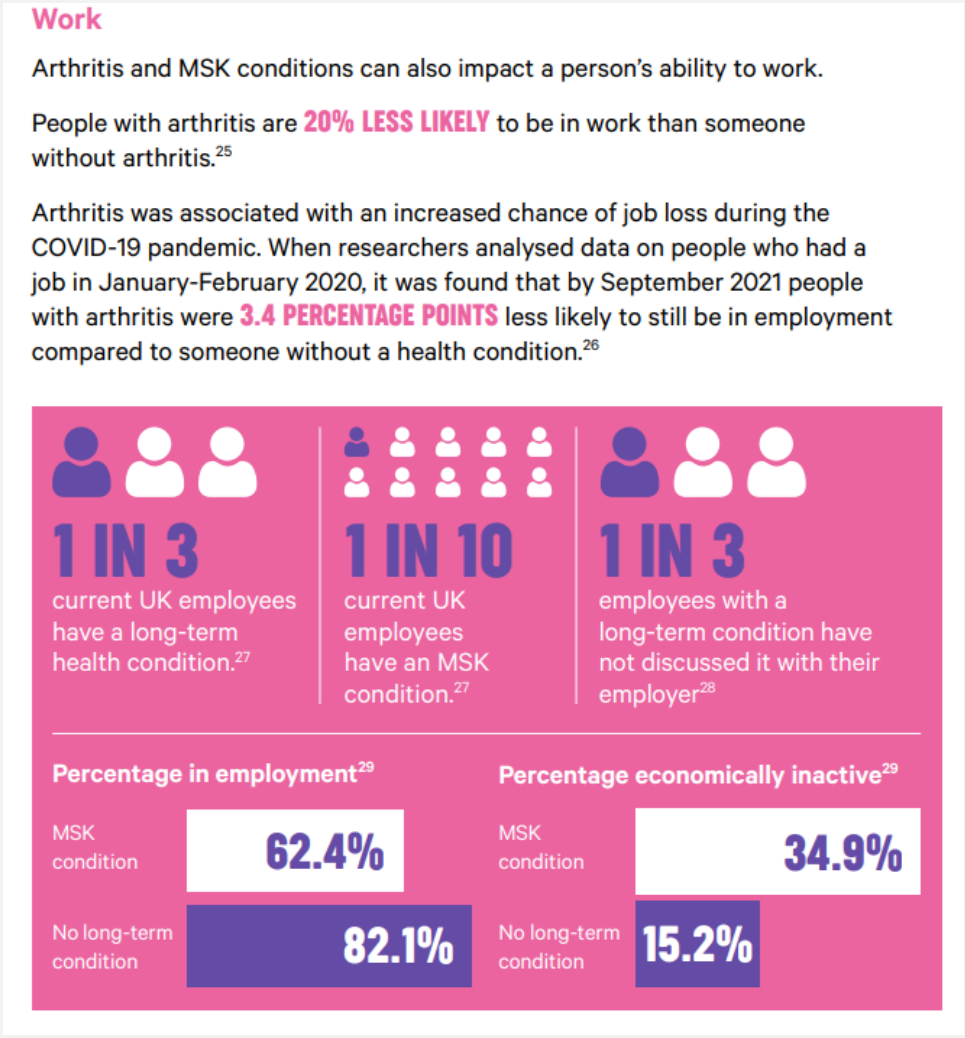
Birmingham and Solihull Integrated Care System
Caring about healthier lives

- Launched in Sussex, a Musculoskeletal (MSK) Community Appointment Day (CAD) is an innovative approach to providing support to patients on waiting lists for physiotherapy and other MSK services
- It involves inviting patients on the waiting lists to a central location in the community for an opportunity to connect with a variety of clinical and voluntary sector support services
- Whilst this is not specifically a waiting list initiative, the end outcome is expected to have a positive impact on waiting list size and waiting times for patients who remain on the list
- As part of this programme, Solihull will run the first BSOL CAD on 23rd May. ROH & QE will jointly run a CAD in September 2024, followed by BCHC and Heartlands by the end of the calendar year
- A full evaluation will take place to assess the impact of CAD on patients, and their access, experience and outcomes

Expected Benefits:	
Benefit	**Measure**
Patients get a chance to discuss their concerns with a clinician and receive same-day advice or treatment.	• Reduction in existing waiting lists, or transfer to PIFU waiting lists.
Patients have opportunities to connect with local support groups and services that can help with managing MSK and other conditions/issues, which they may not have done otherwise.	• Improved MSK and general health of local population and reduced future referral rates. • Increased percentage of people accessing community services
Provides earlier contact points for patients and shared decision making.	• Improved patient satisfaction
Create opportunities for return to work conversations	• Reduction across BSOL patients in working days lost due to MSK conditions • Reduction in bank/agency/locum expenditure
Upskilling the workforce and introducing new approaches to management.	• Increased staff morale & knowledge
Collaboration with system partners to foster new working relationships	• Shared knowledge ensuring successful CADs across BSOL
Improving accessibility in areas of health inequality	• Increased uptake of appointments in areas with health inequalities • Reduction in waiting times for people living in deprived areas

Spotlight on: MSK WorkWell Hub

Birmingham and Solihull Integrated Care System
Caring about healthier lives



Ref: The State of MSK Health (Versus Arthritis, 2023)

- MSK related absence is a significant issue for employers and the economy. The ambition behind a BSOL MSK WorkWell Hub is to develop an online platform designed to empower both employers and employees in creating musculoskeletal-friendly work environments
- Packed with educational resources, employer guidelines, and interactive tools, the hub will aim to enhance employee well-being by preventing workplace-related musculoskeletal issues.
- By fostering a culture of health and providing practical solutions, the WorkWell Hub can improve employee satisfaction, reduce absenteeism, and contribute to a more productive and health community

Educational resources	**Apps and tools**	**Partnerships**
Employer guidelines	**Support networks**	**Accessibility**
Employee engagement	**Prevention**	**Case studies**

Spotlight on: System-wide clinical decision-making tool

Birmingham and Solihull Integrated Care System
Caring about healthier lives

- OrthoPathway is a decision support tool for primary care initially – the technology can support the whole pathway and has the capability to be used across multiple specialties
- The pilot rollout of OrthoPathway in primary care is ongoing
- An update has been provided to System Elective Hub (26.04.24), seeking an extension to current pilot phase to allow for further data collection

Tangible benefits

- Pilot consistently demonstrating a time saving in primary care consultation – estimated at 150/200 hours of clinical time per calendar month
- Should be able to impact 14% of onward referrals to “triage” and at least supports directing patients consistently to local hubs
- Compliance / alignment on early pilot 94% (i.e. only 6% patients not catered for in pilot model) – reduced variability and “churn” from inaccurate placement

Non-tangible benefits

- Integrates with self-management
- Compliance auditable
- Pathways amenable to real time adjustment and direction
- Agnostic with reference to first contact practitioner – supports current complex delivery and supports evolution of service provision

Spotlight on: Workforce and emerging structure

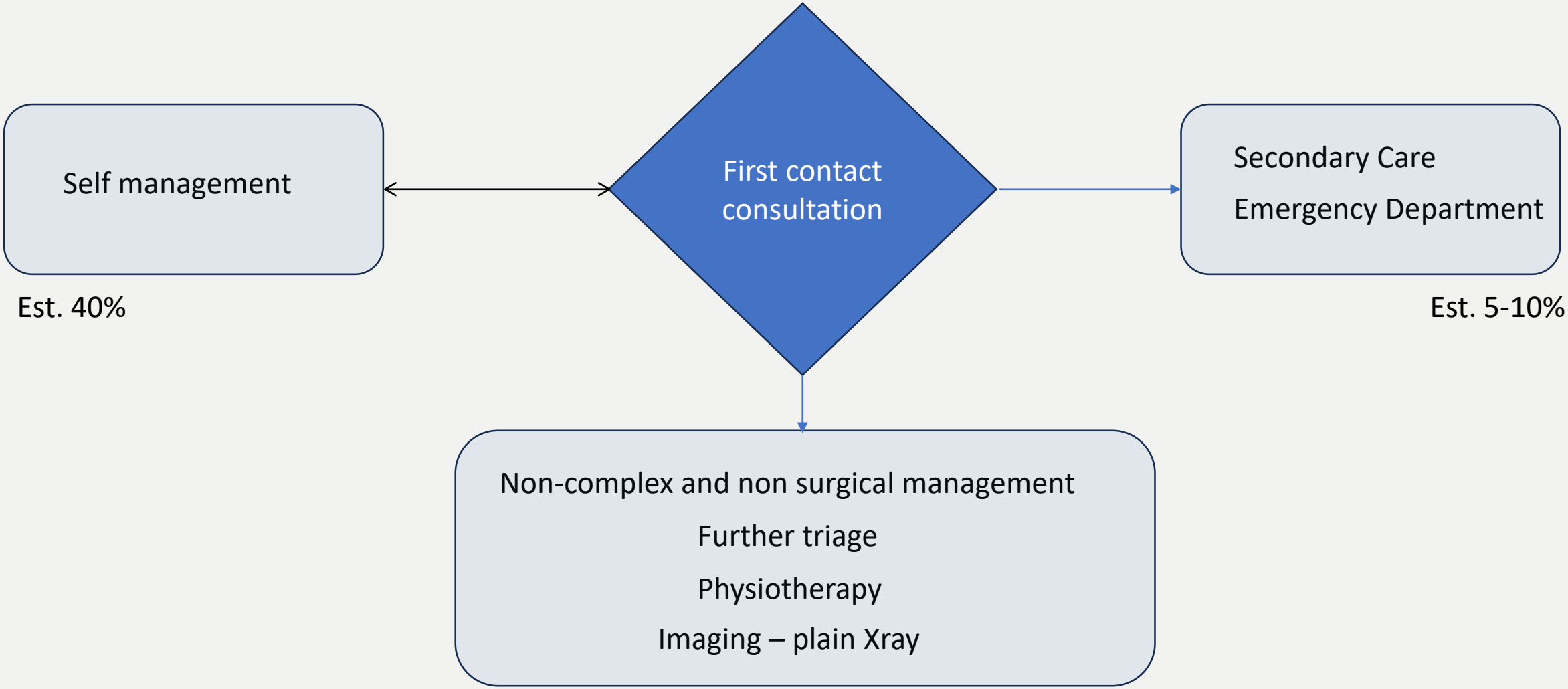
Birmingham and Solihull Integrated Care System
Caring about healthier lives

- We will focus on which baseline services should be available to patients within each locality, promoting the focus of local community-based services for patients with MSK pain.
- Within this piece of work we therefore need to identify what is available and where currently, identify the gaps, to inform where our service provision and workforce for the future
- We have proposed a mapping exercise for each common MSK pain site, and what services are provided where in BSOL by all partners

Supported self management	One to one physiotherapy (rehab)	Group exercise classes	Self management education groups	Hydrotherapy	Womens health physiotherapy	Falls prevention service
Psychologically informed physiotherapy	Tier 2 pain management (CPPP)	Tier 3 pain management (Clinical psychology)	One to one clinical psychology	Pharmacological management	Social prescriber	Health and Well-being coaches
Podiatry	Orthotics	MSK prevention services	Productive health ageing service	Injections	Orthopaedic surgery	Weight management services
	MSK vocational advice service	Rheumatology	Rheumatology Rehabiliation	Osteoporosis / bone health service	De-prescribing support service	

Spotlight on: Workforce and emerging structure

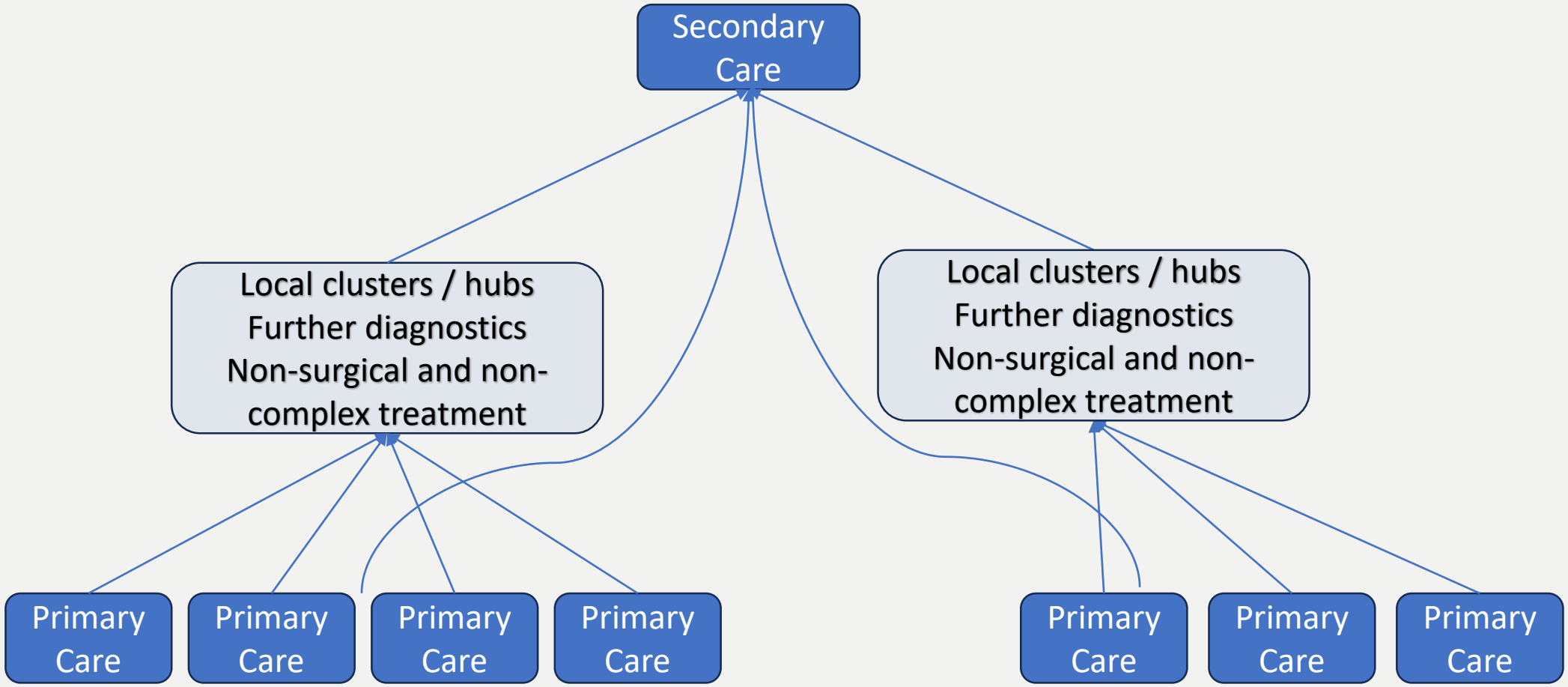
Birmingham and Solihull Integrated Care System
Caring about healthier lives



Est > 50% amenable to local investigation or management

Spotlight on: Workforce and emerging structure

Birmingham and Solihull Integrated Care System
Caring about healthier lives



Summary

Birmingham and Solihull Integrated Care System
Caring about healthier lives

- Partnership working is fundamental to the success of this programme, and strong relationships have been built to date
- Collaboration with colleagues in the voluntary and third sector will be crucial to developing an equitable MSK pathway across Birmingham and Solihull
- The pilot rollout of a digital supported self-management tool, and a clinical decision-making tool, has been the core ‘transformation’ within this programme, and the programme team are committed to collating credible data to demonstrate each tool’s impact on patient access, experience and outcomes
- New initiatives are planned for 2024-25 and beyond, which will give patients access to a wide-range of support services whilst waiting for routine physiotherapy as well as support employers with MSK-related absence

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board workplan**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Chair**
AUTHOR:	**Simon Grainger-Lloyd, Executive Director of Governance**
DATE OF MEETING:	**1 May 2024**

EXECUTIVE SUMMARY:

The attached is the suggested Board workplan for the coming year.

It contains the standard and statutory requirements, in addition to the Board topics discussed over the last couple of months.

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the schedule of Board topics for the coming year

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x

Comments: [*elaborate on the impact suggested above*]

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:

Trust Board - 10 April 2024

BOARD REPORTING CYCLE

	Q1	Q2	Q3	Q4
Standing Reports (each meeting)				
Chair and Chief Executive's Update	✓	✓	✓	✓
Patient/Staff Story	✓	✓	✓	✓
Wellbeing update	✓	✓	✓	✓
Finance and Performance Overview	✓	✓	✓	✓
Quality & Patient Safety Report	✓	✓	✓	✓
Workforce Overview	✓	✓	✓	✓
Meeting Effectiveness	✓	✓	✓	✓
Organisational Sustainability update	✓	✓	✓	✓
Committee updates	✓	✓	✓	✓
Quarterly Reports				
Progress with the delivery of the Strategy	✓	✓	✓	✓
Board Assurance Framework Update	✓	✓	✓	✓
Update from Council of Governor meetings	✓	✓	✓	✓
Learning from Deaths	✓	✓	✓	✓
CQC action plan/preparedness plan	✓	✓	✓	✓
Diversity, Equality, Respect & Inclusion	✓	✓	✓	✓
Guardian of Safe Working Hours update	✓	✓	✓	✓
Annual and Cyclical Reports				
Quality & Safety				
National Inpatient Survey Results and action plan			✓	
Complaints Annual Report	✓			
Infection Control Annual Report				✓
Health and Safety Annual Report	✓			
Safeguarding & Vulnerabilities Annual Report		✓		
Safe Staffing Report	✓		✓	
Health Inequalities Plan update		✓		✓
Patient Safety Incident Response Framework update		✓		✓
Workforce				
Gender Pay Gap analysis	✓			
Freedom to Speak Up presentation		✓		✓
Annual Statement of Compliance – medical staff revalidation & Appraisal		✓		
Finance, Strategy and Operations				
Operational Plan & budget sign off	✓			
Approval of Annual Report & Accounts 2022/23	✓			
Sign off annual external audit plan	✓			
Self-assessment against the NHS England Core Standards for Emergency Preparedness, Resilience & Response (EPRR)				✓
Estates Plan	✓		✓	
Fire safety annual report	✓			
Corporate Governance & Compliance				
NHSE Annual Declarations	✓			
2024/25 Board Workplan				✓
ToR and membership of Board Committees	✓			
Approve changes to SOs/SFIs			✓	
Well Led Assessment update	✓			
Net Zero update	✓		✓	
Non Executive Champions' reports				
Security				✓
Wellbeing Guardian				✓
Freedom to Speak Up	✓			
Drs. Disciplinary	✓			

Other matters specific for 2024/25:

- Service accreditation – September 2024
- Research & Development overview – June 2024
- Race Code adoption check and challenge – June 2024
- Divisional lookback and forward plan – May 2024
- Charity update – July 2024

REPORT REF: ROHTB (5/24) 009

TRUST BOARD

DOCUMENT TITLE:	**Revised Board Assurance Framework (BAF) Report – April 2024**
SPONSOR (EXECUTIVE DIRECTOR):	**Simon Grainger-Lloyd, Executive Director of Governance**
AUTHOR:	**Adam Roberts, Assistant Director of Governance & Risk**
PRESENTED BY:	**Adam Roberts, Assistant Director of Governance**
DATE OF MEETING:	**1 May 2024**

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	x	**FOR INFORMATION ONLY**		**TO CREATE DISCUSSION**		**TO SEEK APPROVAL**	

EXECUTIVE SUMMARY:

Please see enclosed revised Board Assurance Framework (BAF) risks that are aligned to the Trust's six Strategic Objectives.

Since the last presentation of the BAF to the Board, work has been undertaken to review and cleanse the aligned high-level operational risks that currently populate the Trust's Corporate Risk Register (CRR). The revised CRR is due to be reviewed by the Executive Team at a forthcoming Exec Team meeting.

Moving forward the Board will be asked to review the six BAF risks and discuss and approve the level of assurance offered by the current mitigations and future actions in line with principles of risk appetite and risk tolerance as proposed by the relevant Board Committee.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	**GAPS IN ASSURANCE/RISKS TO ESCALATE**
• Alignment of BAF to strategic objectives is in line with true purpose of BAF and follows relevant risk management guidance and best practice. • New strategic BAF risks have risk appetite statements • Action plans are aligned to the wider Trust Strategy and workplans • Revised BAF incorporates comments and feedback from KPMG external audit lead	• Risk Assurance Rating for each of the six BAF risks needs to be discussed and assigned a grade/rating by the relevant sub-board committees and then be presented to Trust Board for review and approval.

NOT APPLICABLE	

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Trust Board is asked to consider and discuss the proposed changes to the Board Assurance Framework and support the approach to monitoring and assurance described.

KEY AREAS OF IMPACT *(Indicate with 'x' all those that apply):*					
Financial	x	Environmental/Net Zero		Communications & Media	
Business and market share		Legal, Policy & Governance	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Inequalities	x	Integrated care	x	Continuous Improvement	x
Comments:					

ALIGNMENT TO TRUST STRATEGY, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Direct alignment to Trust Board Assurance Framework

ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:

A number of the BAF risks comment on implications for the BSol System.

PREVIOUS CONSIDERATION:

Previously considered at Trust Board in February 2024

BOARD ASSURANCE FRAMEWORK SUMMARY

REF	STRATEGIC RISK	DATE OF ENTRY	LAST UPDATE	LEAD EXEC	LEAD COMMITTEE	TARGET RISK SCORE	CURRENT RISK SCORE
SR1	**OUR CARE - risk that the Trust will fail to meet its objective of being rated as 'outstanding' by the CQC by 2028.**	Sept 23	April 24	Chief Nurse	Q&SC	4 (1LX4C)	12 (3Lx4C)
SR2	**OUR EXPERTISE - risk that the Trust will fail to innovate, improve, research and teach to the level required to achieve its ambition for patients to deliver less pain, more independence and life changing care**	Sept 23	April 24	Medical Director	Q&SC SE&OD	6 (2Lx3C)	9 (3Lx3C)
SR3	**OUR PEOPLE - risk that the Trust will fail to meet its objective of being rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey.**	Sept 23	April 24	Chief People Officer	SE&OD	10 (4Lx5C)	20 (4Lx5C)
SR4	**OUR COMMUNITY- risk that the Trust will fail to meet its objective of reducing health inequality by improving access for people in the most deprived 20% of our communities**	Sept 23	April 24	Chief Executive Officer	Trust Board	8 (2Lx4C)	12 (3Lx4C)
SR5	**OUR SERVICES - risk that the Trust will fail to meet its objective to increase the number of people we treat by 20% within our current resources (this figure will be adjusted as resources increase)**	Sept 23	April 24	Chief Operations Officer	FPC	5 (1Lx5C)	15 (3Lx5C)
SR6	**OUR COLLABORATION - There is a risk that the Trust will fail to meet its objective of delivering a standardised pathway for elective orthopaedics in Birmingham and Solihull**	Sept 23	April 24	Chief Executive Officer	Trust Board	8 (2Lx4C)	12 (3Lx4C)

QUARTERLY RISK SCORE MOVEMENT

	January 2024	April 2024	July 2024	October 2024	January 2025	`April 2025	July 2025	October 2025
SR1	12 (3Lx4C)	12 (3Lx4C)						
SR2	9 (3Lx3C)	9 (3Lx3C)						
SR3	20 (4Lx5C)	20 (4Lx5C)						
SR4	12 (3Lx4C)	12 (3Lx4C)						
SR5	15 (3Lx5C)	15 (3Lx5C)						
SR6	12 (3Lx4C)	12 (3Lx4C)						

Board Assurance Framework (BAF): SR1 - OUR CARE - APRIL 2024

Risk Reference: SR1 - Our Care	Strategic Risk: There is a risk that the Trust will fail to meet its objective of being rated as 'outstanding' by the CQC by 2028.	**Causes**	As a result of the Trust:- Not being able to maintain current standards of service and patient care; Not being able to optimise pathways to ensure they are seamless and patient centred; Not being enabling patient-led booking via implementation of innovative digital technologies; Not having enough staff and resources Not having a suitable physical estate or environment	**Consequence**	With the consequence of detriment to:- Patient safety, The quality of service we provide; and Our reputation and rating as a Trust.	**Priorities**	Workforce Estates Digital Transformation Operational performance	**Strategic objective:**	**CARE - By 2028, we will be rated as 'outstanding overall' by our regulators, the Care Quality Commission. This will indicate that we are achieving the highest levels of care and quality.**
Lead Committees	Quality & Safety Committee, SE & OD Committee, Finance & Performance Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	4		4			**January 2024**	12 (3IX4c)
Executive Lead:	Chief Nurse & Chief Operations Officer	**Likelihood**	3		1			**April 2024**	12 (3IX4c)
Initial Date of Assessment	January 2024	**Risk Rating**	12		4	TBC		**July 2024**	
Risk appetite Statement	The Trust has a low/no tolerance to risks that have the potential to negatively impact the quality of care we provide and the safety of our patients							**October 2024**	
								January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
Good oversight of current clinical and operational performance at sub-board committees	Delivery of our Patient Safety Plan
Maintenance schedule	Delivery of our Patient Experience Plan
Quality & Safety walkabouts	Implementation of PSIRF
GIRFT accreditation	Implementation of actions in our Good to Outstanding Plan
People Plan	
Nursing Plan	
Estates Plan	
Clinical Plan	
Digital Plan	

Board Assurance Framework (BAF): SR2 - OUR EXPERTISE - APRIL 2024

Risk Reference: SR2 - Our Expertise	Strategic Risk: OUR EXPERTISE - There is a risk that the Trust will fail to innovate, improve, research and teach to the level requied to achieve its ambition for patients to deliver less pain, more independence and life changing care	**Causes**	Shortfalls in the ability to: Research and innovate, teach and train, continuously improve May have underlying cause in Insufficient capital and/or resource, insufficient infrastructure or resillience, insufficient agility and dynamic capability to adapt to rapid change rapidly enough to keep up with changes in the Trust's external environment	**Consequence**	Consequences include: Failure to keep pace or ahead of technological gains which would benefit patients Failure to teach and train our staff Failure to continuously improve the quality of our work or maintain and monitor standards	**Priorities**	Infrastructrure: Workforce, Estates, Digital Transformation Research Growing the quality and quantitity of new knowledge evidenced in publications, resarch funding and patient recruitment	**Strategic objective:**	**OUR EXPERTISE - Innovate, improve, research and teach - By 2028, we will be kitemarked as a Major Revision Centre and Surgical Elective Hub and will publish 30% more research publications. This will indicate our expertise**
Lead Committees	SE & OD Committee, Finance & Performance Committee, Quality & Safety Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	3		3			**January 2024**	9 (3Lx3C)
Executive Lead:	Medical Director	**Likelihood**	3		2			**April 2024**	9 (3Lx3C)
Initial Date of Assessment	Jan-24	**Risk Rating**	9		6	TBC		**July 2024**	
Risk appetite Statement	The Trust has a higher level of tolerance to risks that involve innovation and service improvement which would enable us to grow and expand our expertise and our reputation as a specialist provider of orthopaedic care. The Trust needs to be brave and at the forefront of change. This has to be balanced with a no/low tolerance of risk to patient harm.							**October 2024**	
								January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
Estates Plan	Develop MSK Academy
People Plan	Provider Alliance Development
Digital Plan	MSK Transformation Programme
Nursing Plan	Expansion of Day Case Service
Clinical Plan	Re-introduction of JointCare pathway
Knowledge Plan	Become a Major Revision Centre
	Establish an Osseointegration service
	Become a centre for robotic assisted surgery

Board Assurance Framework (BAF): SR3 - OUR PEOPLE - APRIL 2024

Risk Reference: SR3 - Our People	Strategic Risk: OUR PEOPLE - There is a risk that the Trust will fail to meet its objective of being rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey.	**Causes**	As a result of the Trust:- Having difficulties in recruiting and retaining staff at both a trust/local level and is also impacted upon by the difficulties the NHS is experiencing with recruitment and retention at a national level.	**Consequence**	With the consequence of detriment of:- The culture within the Trust and also potential impact on our abilty to deliver large aspects of the Trust's Strategy (for example our ability to provide outstanding care, our ability to continue to provide our current level of service, our abilty to expand and innovate, our inability to addres health inequalities within our region and our ability to collaborate and contribute to wider system work.	**Priorities**	Workforce, Operational performance	**Strategic objective:**	**OUR PEOPLE - Rated as among the best NHS hospitals to work for by our team - By 2028, we will rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey. This will indicate that we are supporting our most valuable asset; people**
Lead Committees	SE & OD Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	5		5			**January 2024**	20 (4Lx5C)
Executive Lead:	Chief People Officer	**Likelihood**	4		2			**April 2024**	20 (4Lx5C)
Initial Date of Assessment	Jan-24	**Risk Rating**	20		10	TBC		**July 2024**	
Risk appetite Statement	The Trust has a low tolerance for risks relating to our people and the recruitment and retention of staff, as being able to attract and retain staff is absolutely essential to not only our abilty to achieve our stategic objectives but also to our continued day to day delivery of services and care.							**October 2024**	
								January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	

Board Assurance Framework (BAF): SR4 - OUR COMMUNITY - APRIL 2024

Risk Reference: SR4 - Our Community	Strategic Risk: There is a risk that the Trust will fail to meet its objective of reducing health inequality by improving access for people in the most deprived 20% of our communities	**Causes**	This could potentially be caused by:- a lack of quality data to help identify this cohort of patients; a lack of a framework for the necessary outreach and engagement work; and a lack of resource to fund the work required to achieve this objective, especially in the current financial situation the Trust and the wider NHS are operating within and an inabilty to work collaboratviely within the BSOL ICB to ensure there is a jointed up system based arrpoach to talking regional health inequalities,.	**Consequence**	This could potentially have the consequence of:- No change or improvement in obtaining access or earlier access to health care for those within our community who would benefit from earlier access to health services, which in turn would help reduce the long term burden and cost to the NHS if treated earlier.	**Priorities**	Workforce Finance Operational performances	**Strategic objective:**	**OUR COMMUNITY - Work with our community to reduce health inequality and support prevention - By 2028, we will be reducing health inequality by improving access for people in the most deprived 20% of our communities. This will indicate that we are reducing health inequality**
Lead Committees	Finance & Performance Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	4		4			**January 2024**	12 (3Lx4C)
Executive Lead:	Chief Executive Officer	**Likelihood**	3		2			**April 2024**	12 (3Lx4C)
Initial Date of Assessment	Jan-24	**Risk Rating**	12		8	TBC		**July 2024**	
Risk appetite Statement	The Trust has a higher tolerance for risk in regards to tackling regional health inequalities. Earlier access to treatment for this cohort of patients is important in terms of reducing health inequalities within the region and thus in turn also helping reduce the long term cost and burden on the NHS. However, it is key to balance this with the reality of the current ecomnomic situation we as a Trust and the wider NHS are operating in and the pressure to prioritise the need to mainatian current levels and standards of service with the same/or less levels of resource and income.							**October 2024**	
								January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	Expand community health offering
Estates Plan	Reduce health inequalities
Digital Plan	

Board Assurance Framework (BAF): SR5 - OUR SERVICES - APRIL 2024

Risk Reference: SR5 - Our Services	Strategic Risk: There is a risk that the Trust will fail to meet its objective to increase the number of people we treat by 20% within our current resources (this figure will be adjusted as resources increase)	**Causes**	As a result of the Trust:- breakdown of aged theatre plant/estates; increased costs associated with staffing and retention levels; mutual aid and collaborative work within the BSOL system to ease waiting list pressure; increased demand for services via health inequality work plans; the risk of breaches of our cyber security defences; further financial controls imposed by BSOL ICB due to current system financial position	**Consequence**	With the consequence of detriment to:- an increase in patient safety incidents as well as financial and reputational loss and poor compliance with national targets.	**Priorities**	Workforce Operational performance Financial Estates	**Strategic objective:**	**OUR SERVICES - Efficient, effective and sustainable- By 2028, we will have increased the number of people we treat by 20% within our current resources (this figure will be adjusted as resources increase) . This will indicate excellent productivity and support more people to access treatment.**
Lead Committees	Finance & Performance Committee, Quality & Safety Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	5		5			**January 2024**	15 (5Lx3C)
Executive Lead:	Chief Operating Officer	**Likelihood**	3		1			**April 2024**	15 (5Lx3C)
Initial Date of Assessment	Jan-24	**Risk Rating**	15		5	TBC		**July 2024**	
Risk appetite Statement	The Trust has a low tolernance for this risk due to the potential negative impact on our activity levels, the quality of our patient care and the financial implications for the Trust both as a standalone legal entity and as part of the wider BSOL ICB system							**October 2024**	
								January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	Future of Care: Outstanding Pathways
Digital Plan	Expansion of community health offering
Estates Plan	Reduce health inequalities
Nursing Plan	Expansion of day case service
Clinical Plan	

Board Assurance Framework (BAF): SR6 - OUR COLLABORATION - APRIL 2024

Risk Reference: SR6 - Our Collaboration	Strategic Risk: There is a risk that the Trust will fail to meet its objective of delivering a standardised pathway for elective orthopaedics in Birmingham and Solihull	**Causes**	As a result of the Trust:- Not having the neccesary capital and/or resource to enable growth, expansion and innovation in terms of our ability to establish the Trust as a Major Revision Centre (MRC) and also the logistical and/or policitcal and operational difficulties of trying to embed new pathways and processes across the system	**Consequence**	With the consequence of detriment to:-financial impact as well as a reputational impact in terms of our allignment, position and standing within BSOL ICB	**Priorities**	Workforce Operational performance	**Strategic objective:**	**OUR COLLABORATION - Collaborate to support improvement, locally, regionally and nationally - In the next five years, we will help to deliver a standardised pathway for elective orthopaedics in Birmingham and Solihull. This will indicate that our system is transforming for the benefit of patients.**
Lead Committees	Finance & Performance Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	4		4			**January 2024**	12 (3L x 4C)
Executive Lead:	Chief Operating Officer	**Likelihood**	3		2			**April 2024**	12 (3L x 4C)
Initial Date of Assessment	January 2024	**Risk Rating**	12		8	TBC		**July 2024**	
Risk appetite Statement	The Trust has a higher tolerance for risk in regards to our ability to engineer improvement to system wide pathways and services and our abilty to influence and have a strong voice within the BSOL ICB system							**October 2024**	
								January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	MSK Transformation Plan
Estates Plan	Provider alliance development
	Become a major revision centre
	Private income generation

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Group or Board met: 11 April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Whilst it was acknowledged that market conditions had been challenging, it was noted that there had been a disappointing increase in funds over the last two years (circa 2% / £20k) and the need to generate more income for patients and staff was highlighted. This is being addressed directly with Cazenove.	• The Charity Team sent best wishes to Elaine Bunn on her maternity leave and welcomed Wiam Jafar who will be covering the role during this period. • Royal Orthopaedic Charity (ROC) celebrated its 27th Anniversary on the 18 March 2024 and the Charity Team had a great time raising awareness of all things Charity which raised over £170.00. • A detailed summary of the upcoming fundraising dates and events were shared. • Work is taking place to actively secure sponsorship for the Blue Heart Awards. • The CEO relayed her thanks to the Charity Team regarding the work carried out for the Hardship Fund and to the Charitable Funds Committee for supporting this.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Hardship Fund remains available and positive quotes and appreciation were shared from those people who benefited from this fund. • Funds have been received to upskill the Trust's Mental Health First Aid Trainers. • The Cazenove presentation raised much discussion and many questions. A separate session on investments funds was considered. Training sessions led by Cazenove were highlighted as being available for Trustees of the Committee. • The Bid Report detailing initiatives the Charity have supported over the past 6 months was received as being extremely valuable and helpful to see a summary of proposals. • A freelance Grants and Trust Consultant will be joining the Royal Orthopaedic Charity (ROC), 6 days a month and will be securing	• The Committee agreed to the removal of the contactless payment units and to the termination of the contract with the CEO's agreement and support in this decision. • The following three bids were approved by the Committee: #263 Art for Health #259 Dome Accessibility #262 Chondrosarcoma 2.0 #268 Fundraising Manager Role #270 Charitable Funds Administrative Fee 2023/24

external funding over the next 12 months. It was recognised this will be a huge opportunity for the Charity in helping fund larger scale projects and will also help in upskilling the team in respect of bid writing. • Members of the Committee received for information feedback from the ROC Charity on Investment in Learning and the Dubrowsky Legacy. • Along with the above, members also received for information feedback on bids #224 Infographic and #239 BritSpine.	

Chair's comments on the effectiveness of the meeting: The chair thoroughly enjoyed the meeting which was both effective and productive and the positive discussion with Cazenove was noted.

Finance and Performance Report

Month 12

Introduction

The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues that are being highlighted.

Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

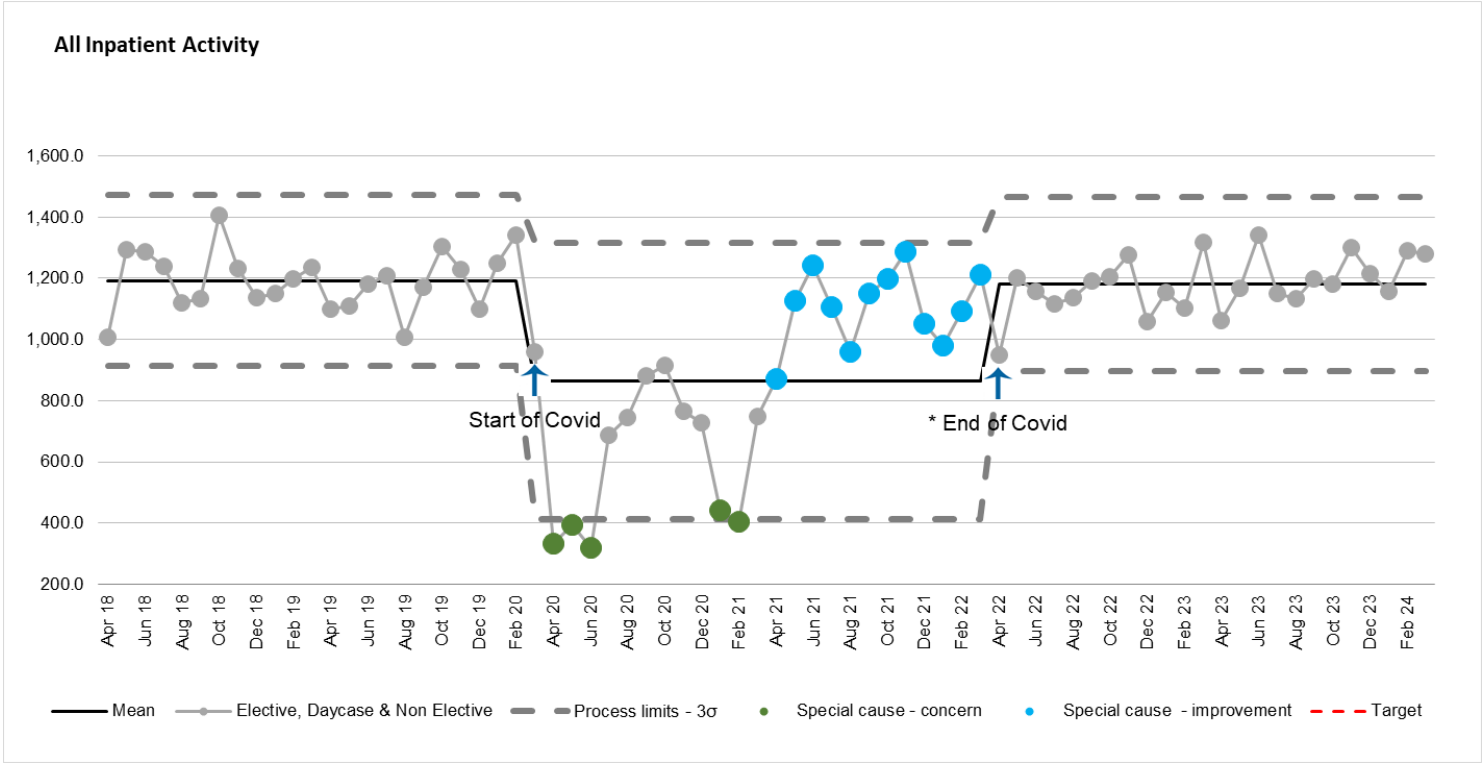
Operational Performance Summary

Performance to end March 24	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	49.58%	49.77%	92%		F
104 week waits	0	0	0	L	P
78+ week waits	0	0	0	L	P
65 Week waits (65-77 weeks)	39	68	0	L	F
52 week waits (52 – 64 Weeks)	517	414	0	H	F
All activity YTD (compared to plan)	14,475	13,196	14,316		P
Outpatient activity YTD (compared to plan)	66,066 99.8% Cumulative	60,831 101.2% Cumulative	66,174 YTD Target		F
Outpatient Did Not Attend (YTD)	8.4%	7.0%	8%		F
PIFU (trajectory to 5% target)	416 8.3%	447 8.8%	211 5%	H	P
Virtual Consultations (target is plan, operational planning guidance is 25%)	8.5%	10.7%	19%		F
FUP attendances(compared to 19/20)	92.6%	90.6%	75%		P
Diagnostics volume YTD (compared to 19/20) – All Modalities	110.1%	110.0%	120%		F
Diagnostics volume YTD (compared to plan)	25,498 Cumulative	23,114 Cumulative	18,985 YTD Target		P
Diagnostics 6 week target	99.8%	99.9%	99%		P

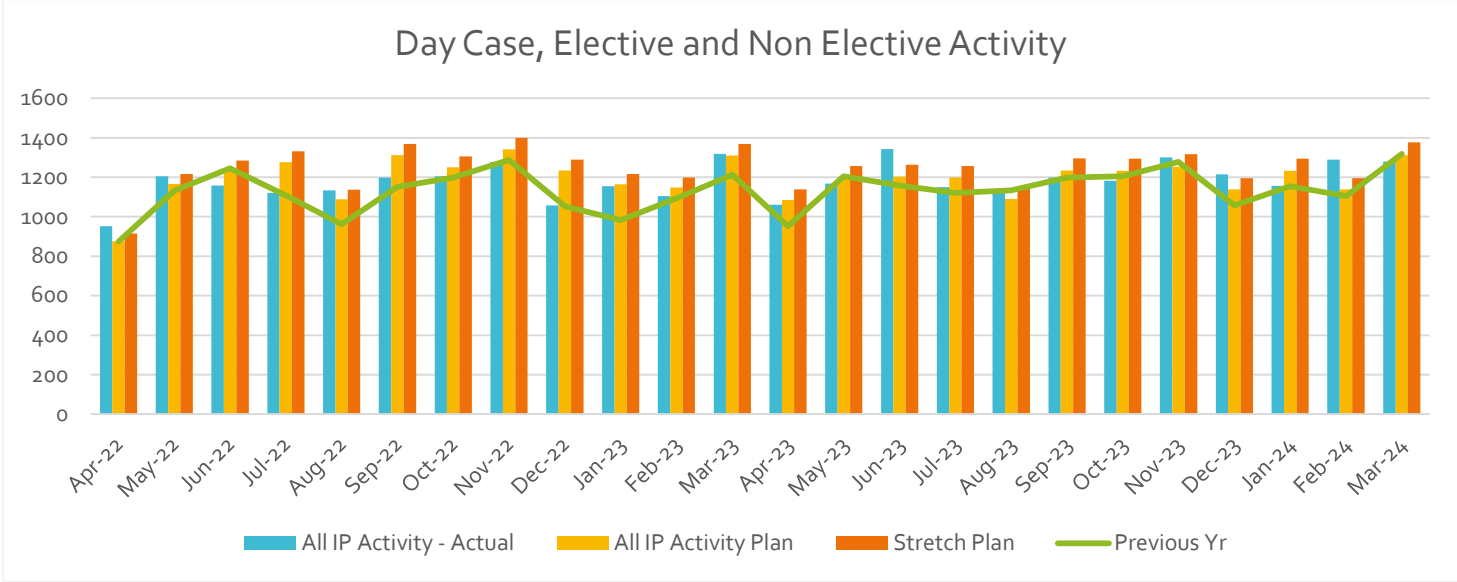
Operational Performance Summary

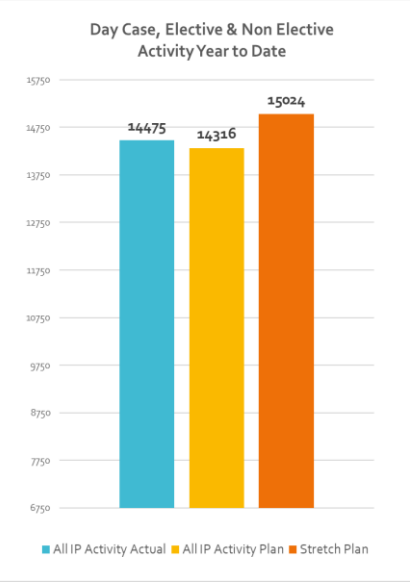
Performance to end March 24	In month	Previous month	Target	Variation	Assurance
Theatre Session Utilisation	89.42%	92.5%	85%		
Theatre In Session Utilisation (Uncapped)	82.58%	84.86%	85%		
Cancer - 31 day first treatment	100%	93.7%	96%		
Cancer - 62 day (traditional)	59.1%	85.7%	85%		
28 day FDS	82.8%	87.9%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD)	25,552 Cumulative	23,415 Cumulative	23,322 Cumulative		
Bed Occupancy (excluding CYP and HDU)	69.7%	73.7%	82-85%		
LOS - excluding Oncology, Paeds,YAH, Spinal	3.66	3.37	n/a		
LOS - elective primary hip	2.90	3.10	2.7		
LOS - elective primary knee	2.90	3.10	2.7		
BADS Daycase rate (Note: due to time lag in month is Dec'23)	72.90%	74.0%	85%		

1. Activity Summary



1. Activity Summary



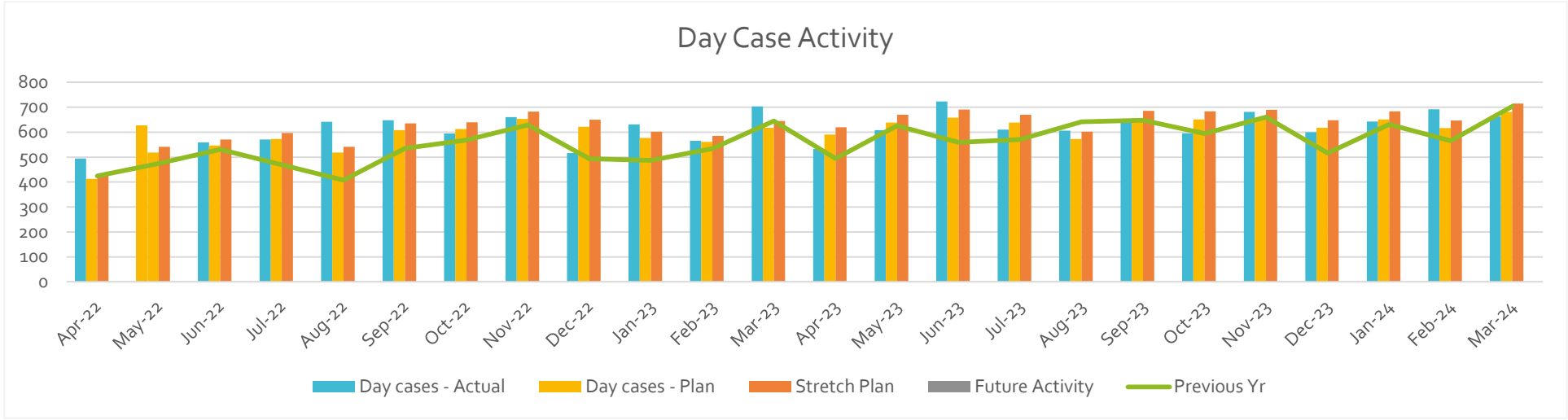


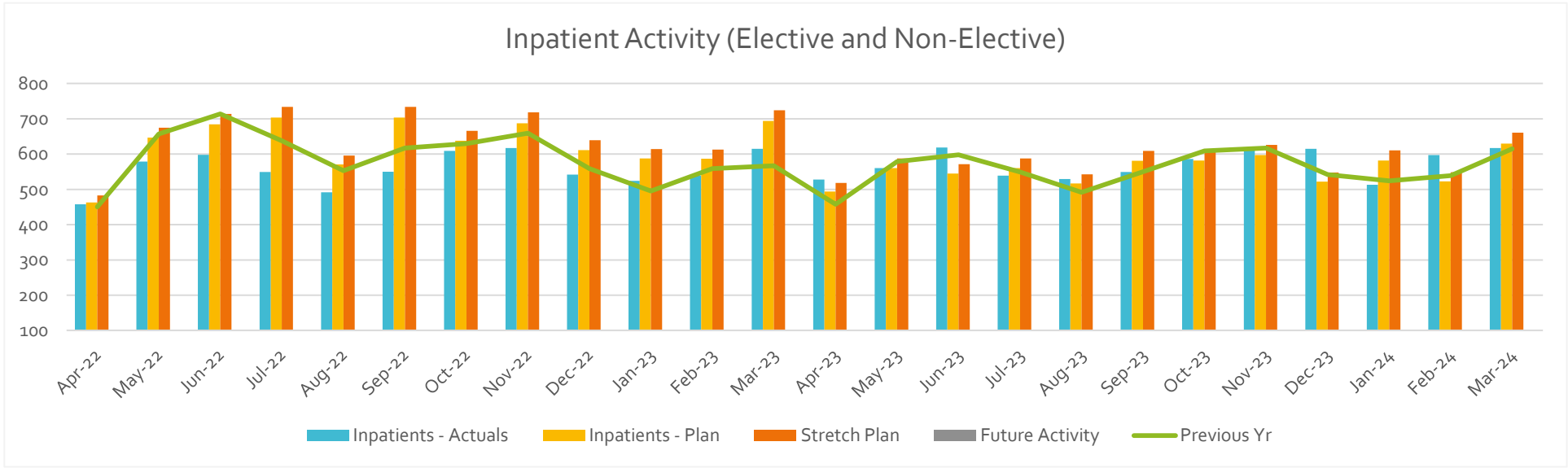
		Plan												Plan	Actual	% Achieved	Variance
	Activity Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year to Date	Year to Date	against plan	Year to Date
Trust Plan	Inpatient	483	547	533	547	505	568	569	584	510	569	511	616	6542	6581	101%	39
	Daycase	590	638	658	638	573	653	651	657	617	651	616	681	7623	7604	100%	-19
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	151	290	192%	139
	All Activity	**1084**	**1198**	**1203**	**1198**	**1090**	**1234**	**1233**	**1254**	**1139**	**1233**	**1139**	**1311**	**14316**	**14475**	**101%**	**159**
Stretch Plan	Inpatient	507	574	560	574	530	596	597	613	536	597	537	647	6869	6581	96%	-288
	Daycase	620	670	691	670	602	686	684	690	648	684	647	715	8004	7604	95%	-400
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	151	290	192%	139
	All Activity	**1138**	**1257**	**1263**	**1257**	**1144**	**1295**	**1294**	**1316**	**1195**	**1294**	**1195**	**1376**	**15024**	**14475**	**96%**	**-549**

March 2024

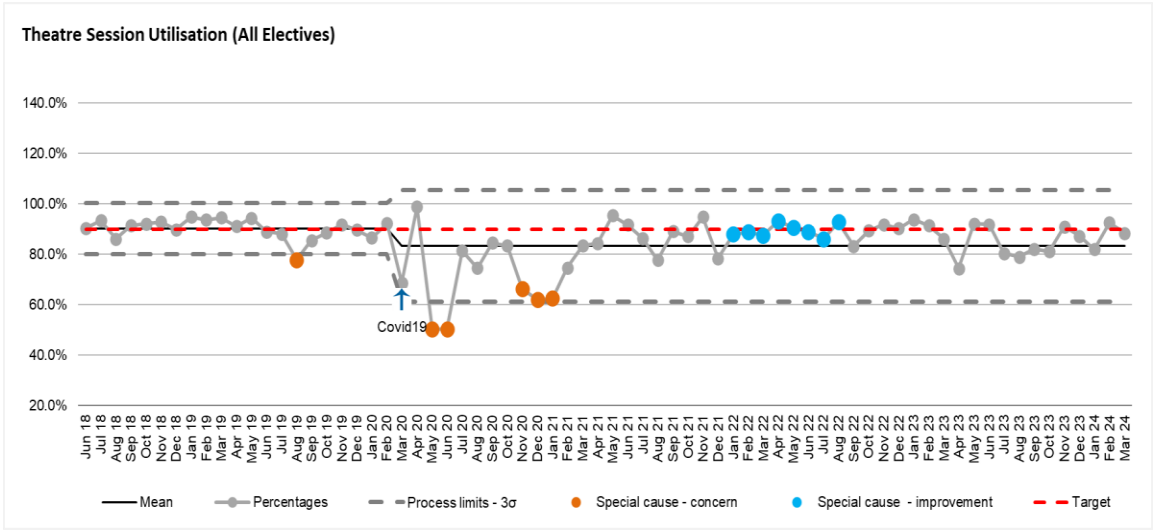
Actual Monthly 1279 vs 1311 System Monthly Plan (Variance -32)
YTD position against Actual vs System plan is 101% (Variance +159)

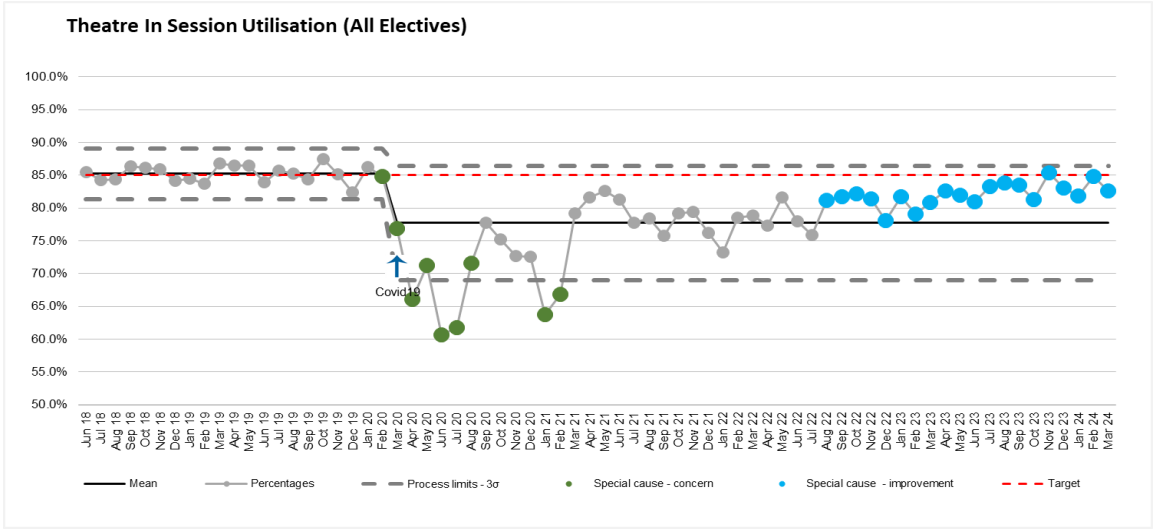
1. Activity Summary





2. Theatre Utilisation





Elective Session Utilisation (March 2024)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	457	402	55	87.96%
UHB	69	63	6	91.30%
Totals	**526**	**465**	**61**	**88.40%**

Elective In Session Utilisation (March 2024)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1727	1436	290	83.20%
UHB	272	213	58	78.61%
Totals	**1998**	**1650**	**348**	**82.58%**

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for March was **89.42%** which was above the Trust target of **85%.**

The overall in-session utilisation for March 24 was **82.58%**. This declined due to the Easter holiday period.

AREAS FOR IMPROVEMENT

Theatres will be running a Seamless Surgery Event w/c 29th April 24, with a focus on the process of listing patients as well as theatre utilisation but to also identify gaps within the processes so that remedial action can be taken to improve them.

A review of POAC processes/pathways has been undertaken, supported by the GIRFT Pre-operative Lead who attended site on 19/03/24, action plan and next steps to be consolidated. Working groups to be implemented to support reviewing pathways.

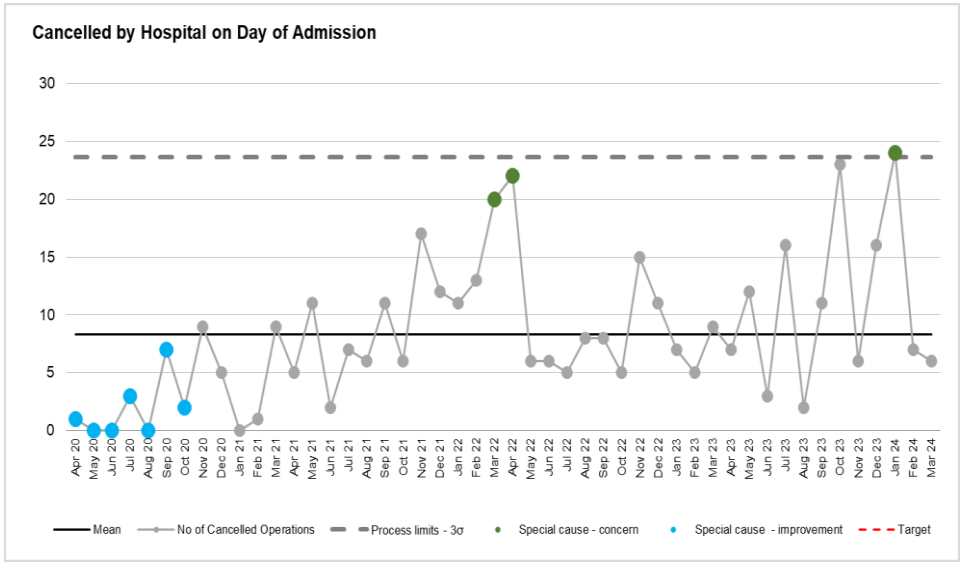
Ongoing close monitoring of UHB theatre utilisation continues with Interim COO oversight.

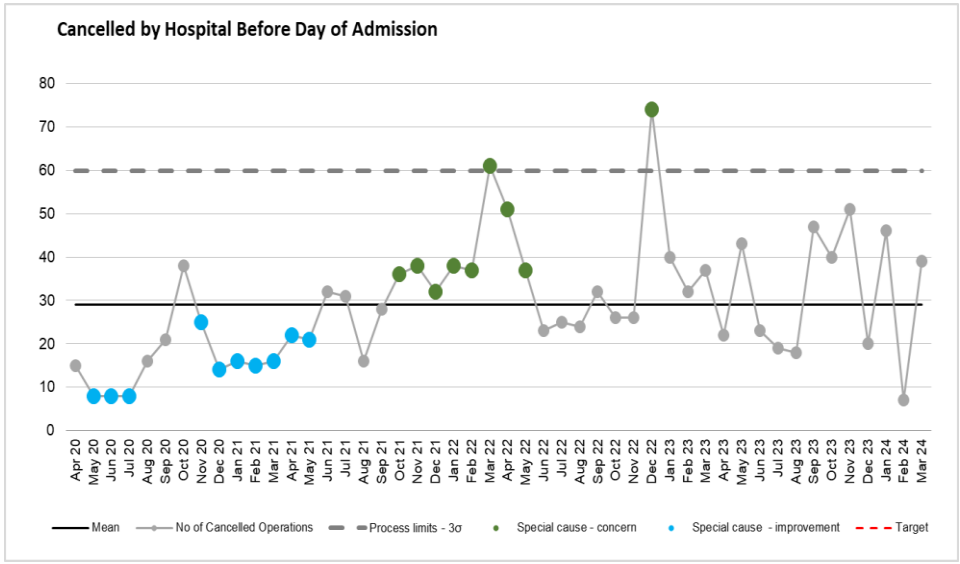
RISKS / ISSUES

UHB have confirmed intentions to retain up to 1 theatres. The team are working with UHB to confirm the surgeons remaining and to agree the process going forward. Martin Richardson Exec lead has been informed that lists that remain need to be owned and managed by ROH. This will require admin and Ops resource to oversee. This has been provided by UHB to date. The other theatres will be covered by consultants that lost capacity due to UHB's arrival and recruitment to vacant posts scheduled to fall in line with UHB's exit.

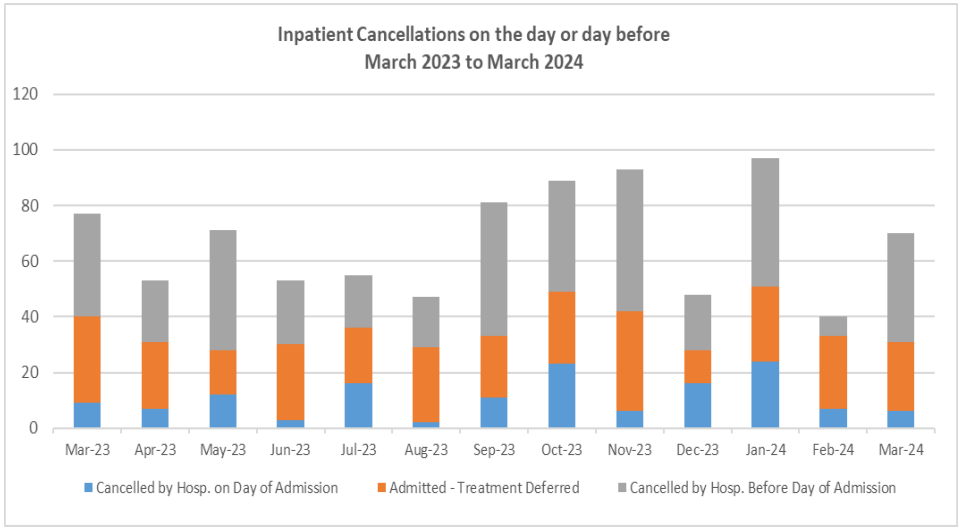
Reviewing demand and capacity data to ensure that consultant recruitment delivers 50 weeks in line with specialty backlogs.

2. Theatre Utilisation/ Hospital Led Cancellations





Year - Month	Cancelled by Hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by Hosp. Before Day of Admission	Grand Total	Cancelled Ops Not Seen Within 28 Days
Mar-23	9	31	37	77	0
Apr-23	7	24	22	53	0
May-23	12	16	43	71	0
Jun-23	3	27	23	53	0
Jul-23	16	20	19	55	0
Aug-23	2	27	18	47	0
Sep-23	11	22	48	81	0
Oct-23	23	26	40	89	0
Nov-23	6	36	51	93	0
Dec-23	16	12	20	48	0
Jan-24	24	27	46	97	0
Feb-24	7	26	7	40	0
Mar-24	6	25	39	70	0
Total	**143**	**323**	**407**	**873**	**0**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed on the previous slide do not include patients who were either emergency or urgent cases. These cases are more difficult to avoid due to very short notice bookings. The table below provides details of the cancellations for March 24:

Patients cancelled on the day x 6	Patients admitted and had treatment deferred x 25	Patients cancelled by the hospital the day before the date of admission x 39
3 x Lack of theatre time due to complex cases overrunning. 1 x replaced by emergency case 1 x patient had forgotten tci time 1 x Medically unfit /change in clinical condition / further tests required	18 x Medically unfit /change in clinical condition / not stopped meds 3 x Change in plan / pt no longer wanted the procedure 2 x Lack of theatre time – due to complex cases 1 x Safeguarding issues 1 x Equipment unavailable – kit needed for an emergency case	14 x Surgeon unavailable 10 x Medically unfit / Covid/Flu related/change in clinical condition / not stopped meds 5 x TCI date not convenient 4 x Patient no longer wishes to proceed/procedure no longer required 2 x Patient did not attend Pre-op appointment 2 x Replaced by more urgent case 1 x No HDU bed 1 x Admitted on the day of surgery

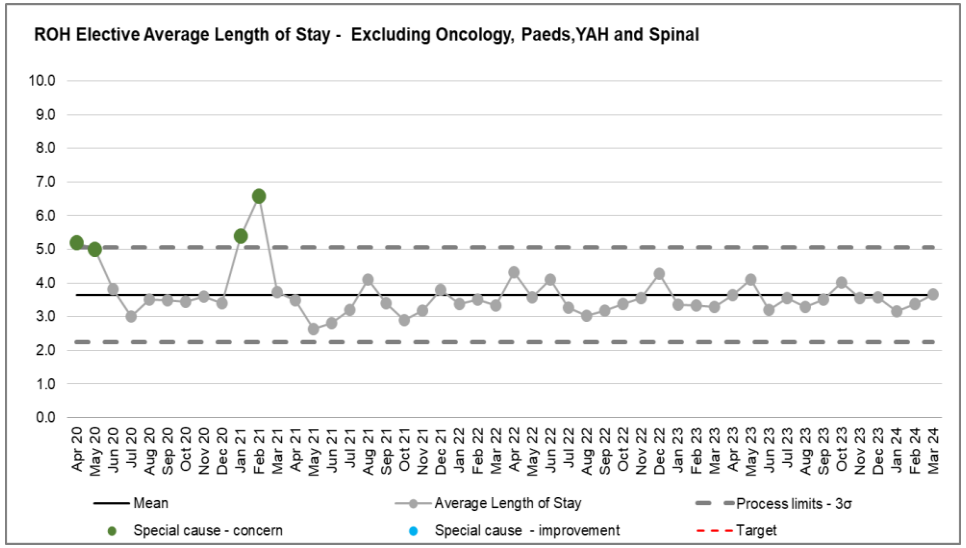
AREAS FOR IMPROVEMENT/ RISKS/ISSUES

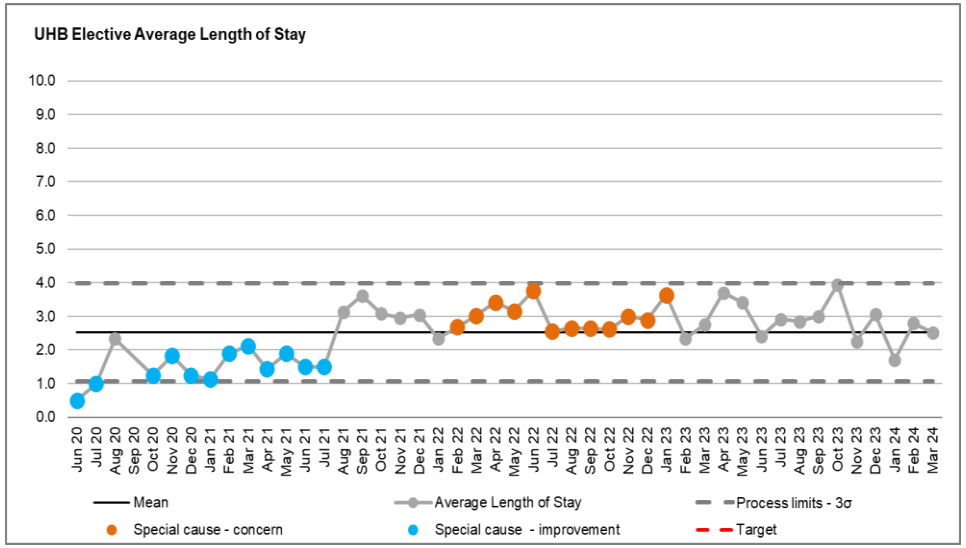
Daily monitoring of cancellations for non-clinical reasons that must be approved by Deputy COO, COO or Exec on call. Cancellations increased due to some surgeon sickness / emergency leave.

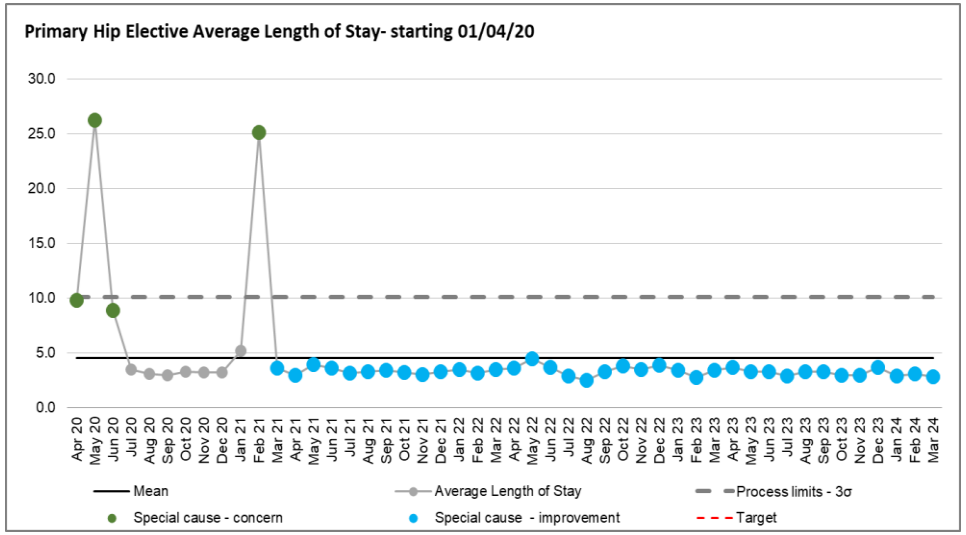
Theatre lookback meeting continues to review short notice cancellations with a view to identify opportunities to improve.

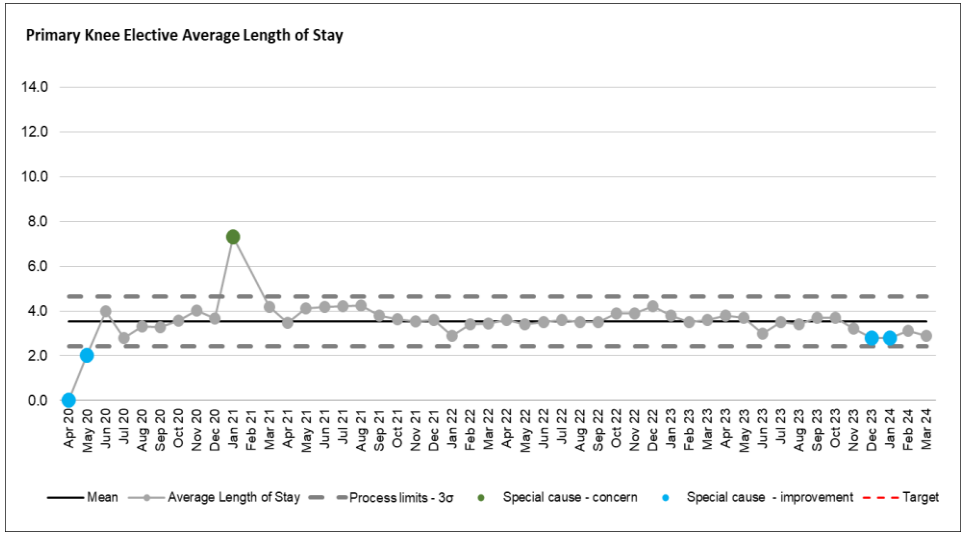
Seamless Surgery week has been scheduled for W/C 29th April 24.
GIRFT are supporting with the standby patient process and will share evidence of good practice from other Trusts.
SOPs from other organisations have been sourced and are being reviewed by the teams.
The Seamless Surgery week will be used as an opportunity to consider how a standby process can be implemented across all theatres. In addition, a review of admission times and the impact of staggered admissions on operating lists.

3. Length of Stay









3. Length of Stay

SUMMARY

The average length of stay for ROH primary Hips decreased slightly to 2.9 days (3.1 days February 24) and primary Knees has decreased to 2.9 days (3.1 days February 24).

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and Spinal has increased to **3.66 days** (3.37 February).

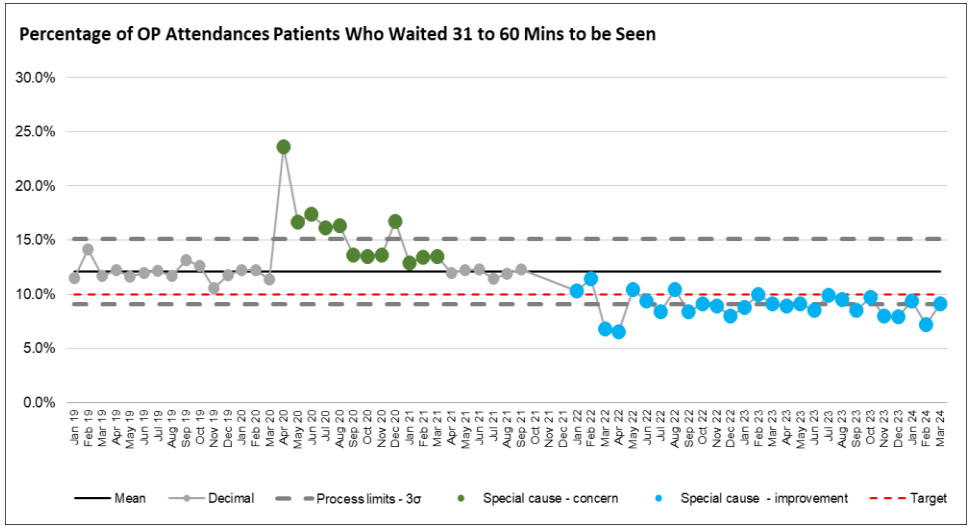
A review of the ROH data for arthroplasty and oncology arthroplasty primary hips and knees identifies the number of patients with LOS >/= to 8 days as 2 (10 February), both arthroplasty. 1 had an ASA score of 2 (mild systemic disease) 1 ASA score of 1 (A normal healthy patient). The longest length of stay was patient with ASA1. On review of clinical noting they had co-morbidities which did impact their length of stay.

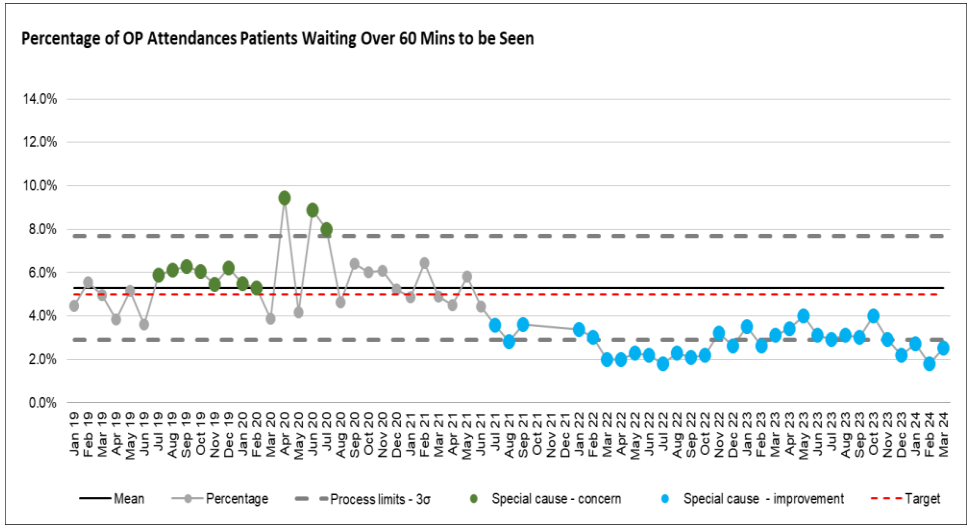
A review of **al**l arthroplasty and oncology arthroplasty patients, identifies the number of patients with LOS >/= to 8 days as 24 patients stayed >/= to 8 days 12 were Oncology Arthroplasty, and the other 12 were Arthroplasty.
Review of these long stay patients: 1 x 66 days-complex oncology arthroplasty, Infection status impacting complex discharge planning; 2 x 45 days complex oncology arthroplasty- bone infection service. All were either complex primary arthroplasty patients due to nature of surgery or co-morbidities and/or there were clinical or complex discharge planning needs.

AREAS FOR IMPROVEMENT / ACTION PLAN

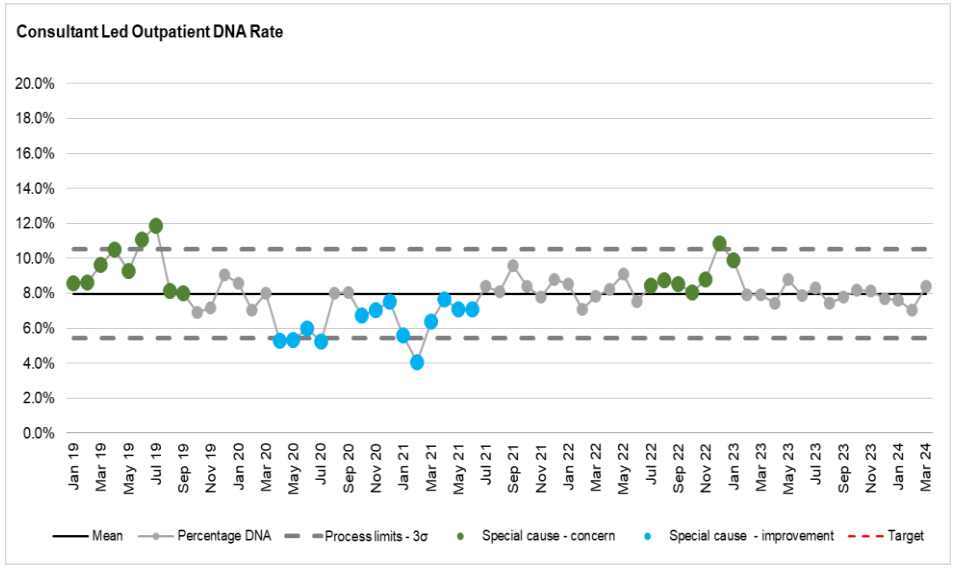
- Social care capacity-delays, particularly out of area. Monitoring and escalation process in place
- Repatriation- need agreed policies and process regarding repatriation back to local acute Trust when no longer require specialist ROH care i.e. for on-going general nursing, therapy or medical care. Consider for BIS, MRC and spinal particularly.
- Review and develop documented process/pathway for default to day case primary hip/knee procedure and how information is captured.
- MDT discussion involving medical, nursing and therapy colleagues to identify barriers to day case procedures and reducing length of stay for primary hips and knees.
- Consultant Physician and Discharge Liaison nurse ward rounds have recommenced which will assist in identifying any potential delays.
- Undertaking a review of themes regarding why patients convert from day case to overnight.
- Consolidate the learning from GIRFT visits of other sites.
- Head of Nursing Div 1 and Deputy COO to attend Day Case meeting to progress actions to reduce length of stay.
- Review repatriation agreements with Trusts referring to ROH

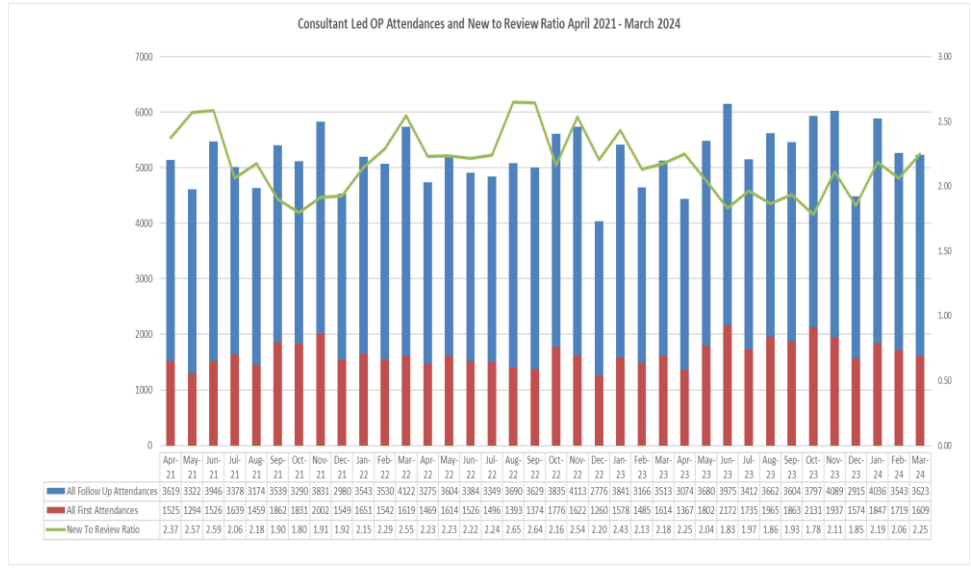
4. Outpatient efficiency



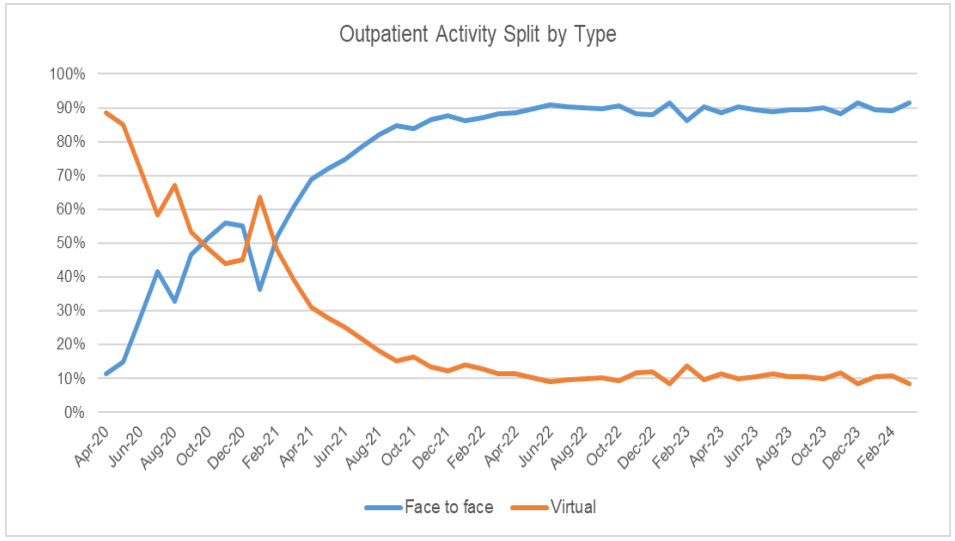


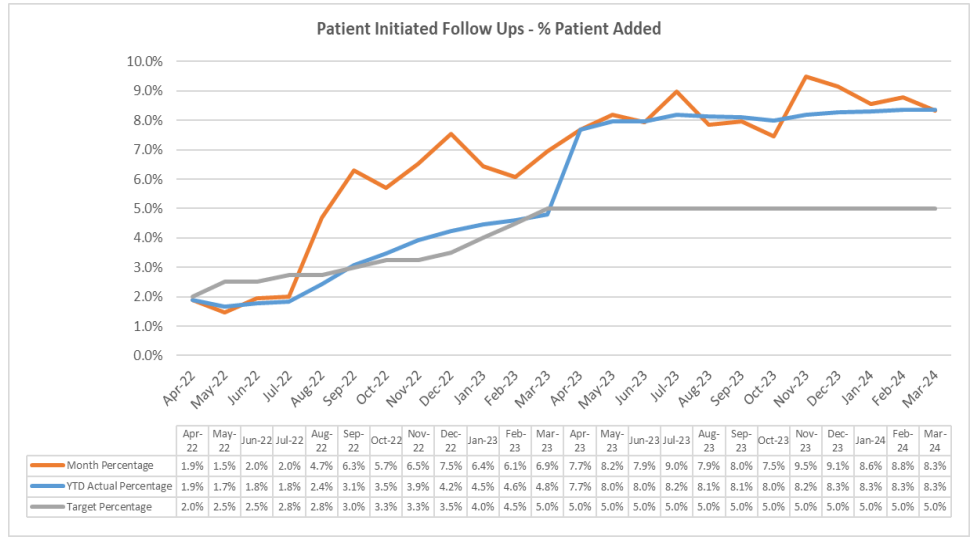
4. Outpatient efficiency





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All Follow Up Attendances	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122	3275	3604	3384	3349	3690	3629	3835	4113	2776	3841	3166	3513	3074	3680	3975	3412	3662	3604	3797	4089	2915	4036	3543	3623
All First Attendances	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619	1469	1614	1526	1496	1393	1374	1776	1622	1260	1578	1485	1614	1367	1802	2172	1735	1965	1863	2131	1937	1574	1847	1719	1609
New To Review Ratio	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55	2.23	2.23	2.22	2.24	2.65	2.64	2.16	2.54	2.20	2.43	2.13	2.18	2.25	2.04	1.83	1.97	1.86	1.93	1.78	2.11	1.85	2.19	2.06	2.25





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Month Percentage	1.9%	1.5%	2.0%	2.0%	4.7%	6.3%	5.7%	6.5%	7.5%	6.4%	6.1%	6.9%	7.7%	8.2%	7.9%	9.0%	7.9%	8.0%	7.5%	9.5%	9.1%	8.6%	8.8%	8.3%
YTD Actual Percentage	1.9%	1.7%	1.8%	1.8%	2.4%	3.1%	3.5%	3.9%	4.2%	4.5%	4.6%	4.8%	7.7%	8.0%	8.0%	8.2%	8.1%	8.1%	8.0%	8.2%	8.3%	8.3%	8.3%	8.3%
Target Percentage	2.0%	2.5%	2.5%	2.8%	2.8%	3.0%	3.3%	3.3%	3.5%	4.0%	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

4. Outpatient efficiency

SUMMARY

March 2024 performance is as follows:

Overall Outpatient activity was –5% variance against the Trust trajectory with February delivering 5,280 (New and Review) episodes. The deficit was within the non-face to face activity.

- 4,785 face to face and 447 virtual appointments
- 8.5% virtual in total.
- 8.3% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is 8.3%.
- 8.42% Missed Appointment (DNA) rate – higher than the Trust target of 8% and higher than the national standard of 6%
- Imaging DNA rates have improved significantly, reporting an average of 3.92% in March

- **Clinic Waiting Times**
- 30-minute delays **– within trust target at 9.1% (Target 10%)**
- 60-minute delays – **within trust target at 2.5% (Target 5%)**

AREAS OF IMPROVEMENT

Outpatient utilisation
There will be continued focus to improve the utilisation of our outpatient (OPD) clinics in 2024/25, with key focus to improve clinic booking process, clinic and room utilisation through the redesign of the Outpatient 6 4 2 meeting to match the Theatre 6-4-2 meeting to help improve overall productivity. We continue to monitor OPD KPI on daily basis to ensure key performance metrics are achieved and any escalation are addressed in real time. The service will trial directly bookable slots via ERS (Choose & Book) for Arthroplasty and Arthroscopy service to help improve booking of clinics and improve referral rates into the Trust to help with the wider productivity agenda.

Missed Appointments
The Outpatients CSM is now chairing a Missed Appointments Group which is held monthly and feeds into the Outpatient Transformation Project Group. Where the group are focusing on DNA's by specialty, Dr Doctor text messaging instruction video and DNA prediction tool

Appointments
Outpatient and Appointment KPIs are monitored with weekly oversight to the Acting Chief Operating Officer. KPI's are also fed back to each specialty in our weekly scheduling meetings, where we update on our current booking status and focus areas. Discussion takes place around any empty slots to be filled within the following 2 weeks with an action plan around who is responsible for booking with a plan to have a telephone conversation with the patient and a reminder text/letter sent.

Outpatient Review Waiting List
Patients have received a Dr Doctor communication via text messaging to validate that patients still require their review consultation. This will help reduce the missed appointment rate by having a targeted approach to ensure that all patients on a review waiting list are appointed accordingly. Work is currently being undertaken with each specialty to review those patients who wish to be removed from follow up

4. Outpatient Transformation

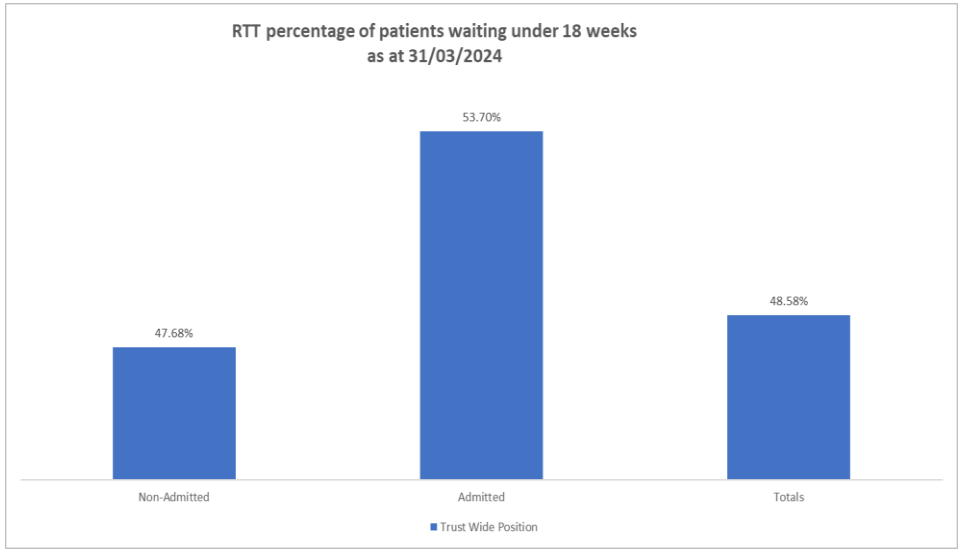
Specialty Priority Updates / Highlights

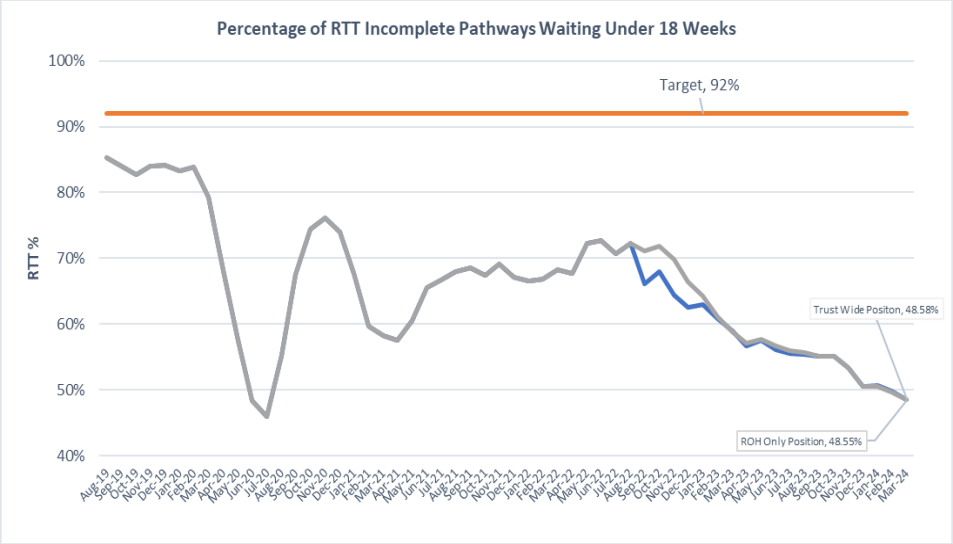
PIFU	Reduction in Missed Appointments (MA)	Reduction in Follow Ups	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
Dr Doctor PIFU module delayed until TIARA configuration complete. Communications are being prepared for April 2024 for PIFU. GIRFT Further Faster handbooks have been disseminated to specialties including a PIFU checklist and recommendations for standardisation.	Following significant improvements in Imaging MAs due to Dr Doctor text reminders going live, a case study is being worked on to highlight Imaging as an area of good practice. Outstanding clinics are being reviewed to go live with reminders and TIARA coding has commenced to send reminder texts to patients due to attend Therapy appointments. Following the successful funding bid for missed appointment management, additional functionality in Dr Doctor is being confirmed.	Supported by other workstreams. Some challenges in areas with overdue follow ups. GIRFT recommendations have been circulated to the teams.	Clinical Pathways ICB programme is underway with engagement from YAH and Arthroplasty. Contact has also been made in respect to optimising Spinal referrals. Advice & refer is under review in parallel with referral mapping exercise with Appointments. System Wide Access Policy is progressing with the ICB.	Outpatients CSM has replicated 6-4-3, check and challenge and lookback process to closely monitor utilisation in outpatients. The first GIRFT Further Faster meeting has taken place.

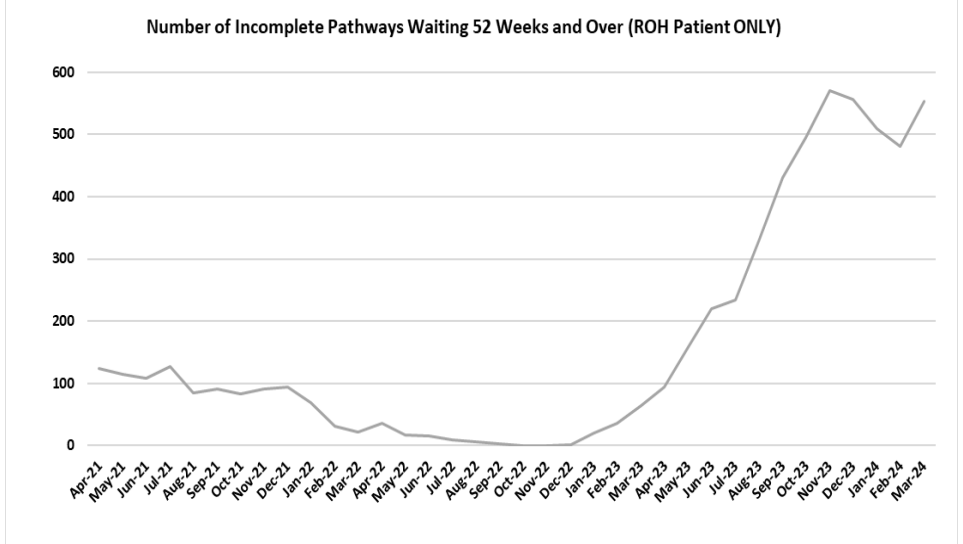
5. Referral to Treatment

	Trust Wide Position		
Weeks Waiting	Non-Admitted	Admitted	Totals
0-6	3,019	623	3,642
7-13	2,207	428	2,635
14-17	1,226	220	1,446
18-26	2,576	401	2,977
27-39	2,746	398	3,144
40-47	1,059	134	1,193
48-51	268	38	306
52 weeks and over	431	125	556
Total	13,532	2,367	15,899

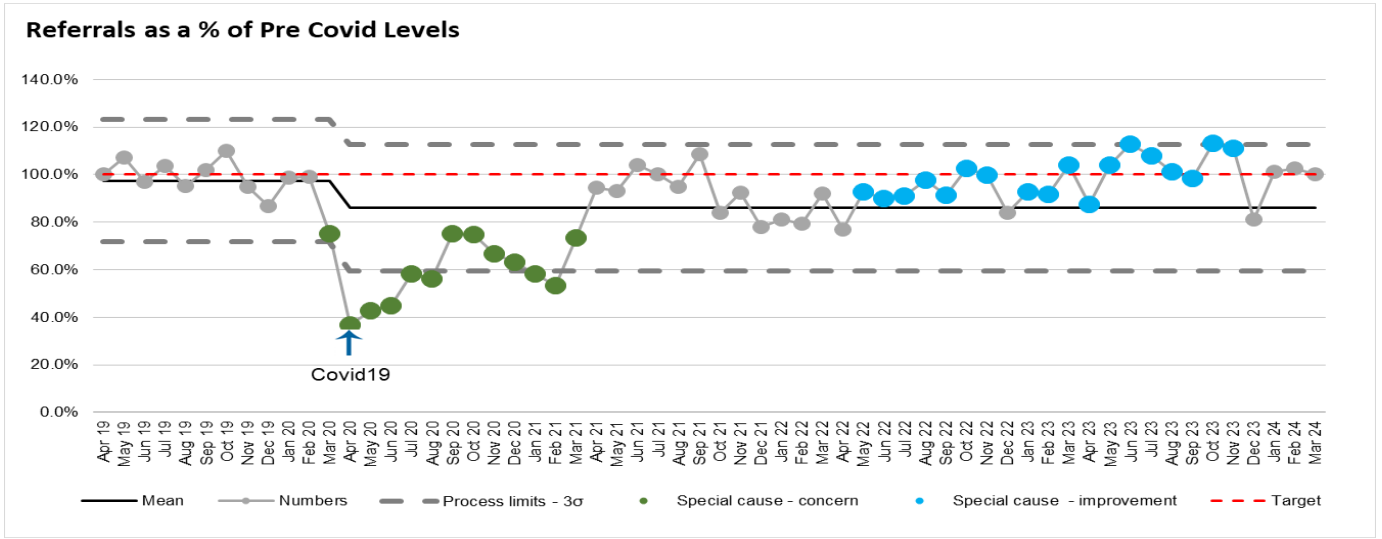
Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	6,452	1,271	7,723
18 and over	7,080	1,096	8,176
Month End RTT %	**47.68%**	**53.70%**	**48.58%**







5. Referral to Treatment



Pre Covid Level	2704

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2895	2626	2801	2574	2752	2976	2561	2351	2667	2683	2030	996	1154	1213	1578	1522	2034	2019	1803	1704	1574	1437	1983
Referrals as a % of Pre Covid Levels	100.07%	107.06%	97.12%	103.59%	95.19%	101.78%	110.06%	94.71%	86.95%	98.63%	99.22%	75.07%	36.83%	42.68%	44.86%	58.36%	56.29%	75.22%	74.67%	66.68%	63.02%	58.21%	53.14%	73.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2557	2521	2815	2704	2567	2941	2273	2495	2113	2193	2148	2492	2076	2508	2431	2461	2639	2467	2777	2696	2267	2510	2480	2812
Referrals as a % of Pre Covid Levels	94.56%	93.23%	104.11%	100.00%	94.93%	108.76%	84.06%	92.27%	78.14%	81.10%	79.44%	92.16%	76.78%	92.75%	89.90%	91.01%	97.60%	91.24%	102.70%	99.70%	83.84%	92.83%	91.72%	103.99%

Month	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	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of Referrals	2361	2811	3053	2920	2736	2664	3065	3002	2194	2741	2772	2709												
Referrals as a % of Pre Covid Levels	87.32%	103.96%	112.91%	107.99%	101.18%	98.52%	113.35%	111.02%	81.14%	101.37%	102.51%	100.18%												

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for March was **48.58%** against the National Constitutional Target of 92%. This represents a 1.20% decrease compared to the February reported position of **49.77%** that includes patients transferred from other providers**.** The LUNA report for data quality validation is consistently above 98%.

There were **556** patients waiting over 52 weeks in March, an increase from the trust wide position in February which was **482** patients. Most patients waiting over 52 weeks are Spinal Adults. The Team continue to work in partnership with regional providers to support orthopaedic recovery. Long waiters added to the PTL have been prioritised leading to the number of shorter waits growing impacting on the overall RTT position, as well as the reduction in capacity due to industrial action. Extra capacity is based on the specialty backlog clearance required to support the national delivery of zero 65-week waiters by March 2024.

During March 24, ROH received 2,709 referrals (100.18%) compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid.

AREAS FOR IMPROVEMENT

The trust validation team plays a pivotal primary role to ensure the trust have accurate reported numbers of patients who are waiting over 18 weeks for treatment. By Dec-2023, the trust had 7,914 patients waiting over 18 weeks for treatment; representing a 466% increase since 2019/20. Thus, a business case is in progress to request an expansion of the validation team to allow for greater resource to be in place to address the expansion of Trust waitlist. For April 2024, the service will continue to focus on initiatives already in place to mitigate the risk of increasing volumes of RTT validation include, Validating up to 10 working days after month end, reducing duplicate validations on pathways who have been previously validated in last 60 days and staff working additional hours to address the increase.

Weekly specialty meetings chaired by the Performance lead focus on our longest waiting patients and achieving the 0 x 65 weeks national target. NHSE is extending the deadline to 30.09.24, however, the system is still pushing for achievement by 31.05.24. Excluding Spinal, all other specialities met the requirement to eradicate 65 weeks by the 31.03.24.. The team are confident that this will be delivered by 31.05.24. All other specialities will meet the target and most specialities are working on 0 x 52 week waits.

All Patient waiting over 12 weeks on an RTT pathway have been sent a text message to determine whether they wish to remain on the waiting list in line with national guidance.

RISKS / ISSUES

Spinal backlog continues to be a concern with the team focussing on managing all patients currently over 65 weeks and preventing tip ins. A restriction in LLP will reduce the opportunities to get ahead and appoint patients further down the waiting lists. Spinal is to be prioritised with the roll out of GIRFT follow up recommendations. The Validation team continue to provide extra support to Spinal services to help manage patients through their pathway.

5. Referral to Treatment

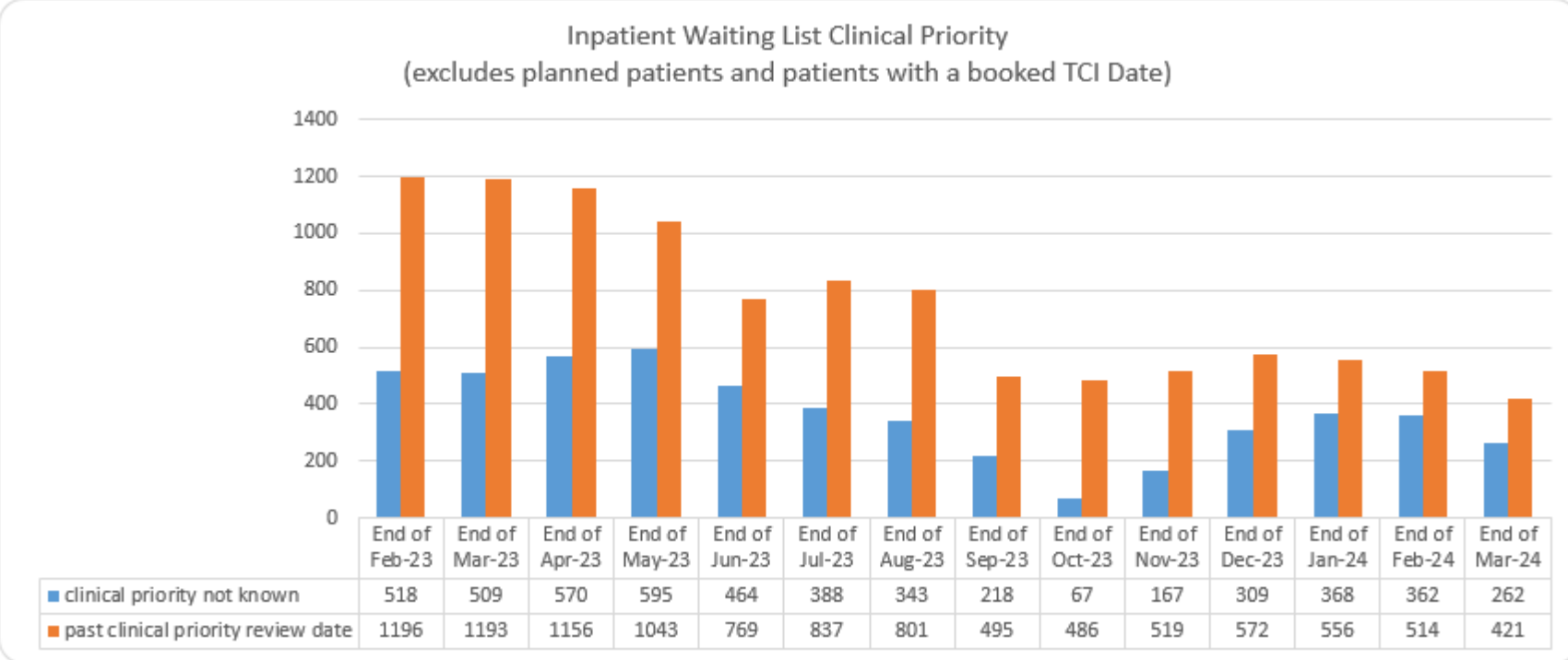
Specialty Breakdown

The national RTT target is for 92% of patients to be treated within 18 weeks. The table below highlights the current performance against this target by specialty. It also includes the number of patients currently waiting over 52 weeks prior to any tip ins. This will be used to support focussed intervention going forward:

Specialty	Number of patients over 52 weeks with an incomplete RTT pathway	RTT % as of 16.04.24
Arthroplasty	5	70.5%
Arthroscopy	44	43.0%
Clinical Support	9	51.8%
Foot and Ankle	3	40.0%
Hands	40	35.4%
Oncology	0	76.8%
Oncology Arthroplasty	2	47.4%
Paediatrics	0	60.0%
Spinal	329	26.1%
Spinal Deformity	166	29.8%
Young Adult Hips	4	64.2%

5. Referral to Treatment

Overdue Clinical Priority:

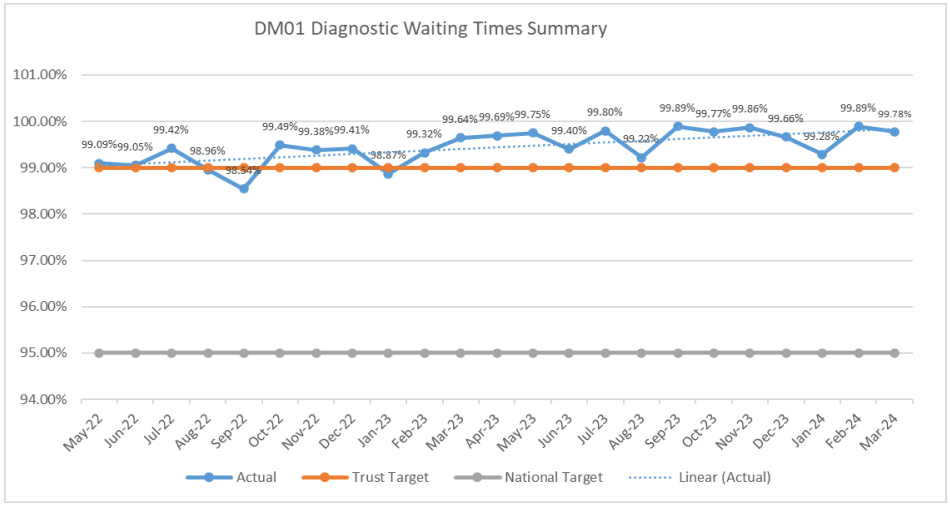


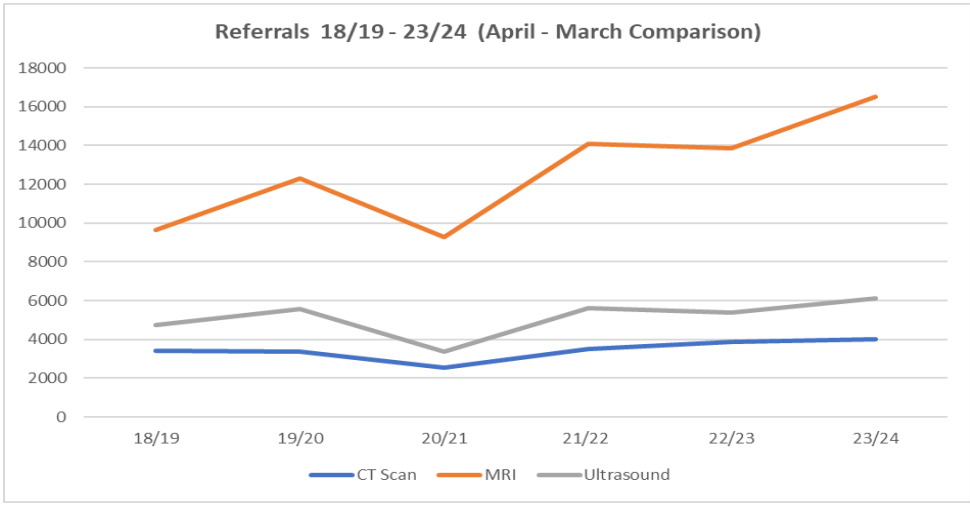
	End of Feb-23	End of Mar-23	End of Apr-23	End of May-23	End of Jun-23	End of Jul-23	End of Aug-23	End of Sep-23	End of Oct-23	End of Nov-23	End of Dec-23	End of Jan-24	End of Feb-24	End of Mar-24
clinical priority not known	518	509	570	595	464	388	343	218	67	167	309	368	362	262
past clinical priority review date	1196	1193	1156	1043	769	837	801	495	486	519	572	556	514	421

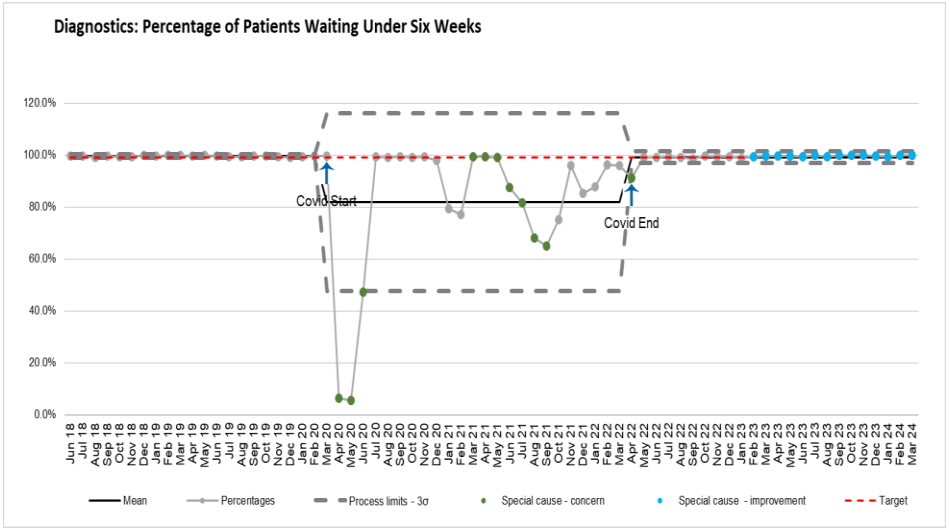
The numbers have reduced during March 24 and have been shared with all CSLs to review and make improvements.

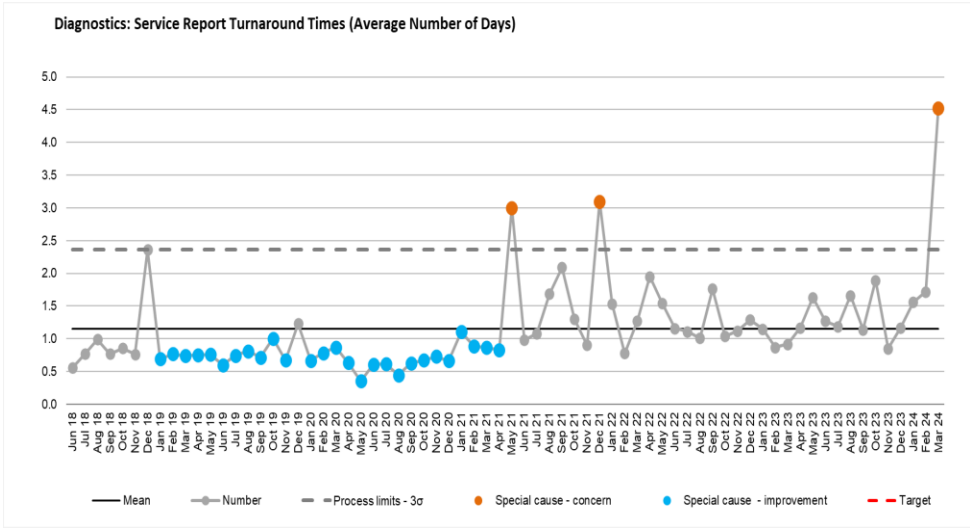
6. Diagnostic Performance

% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%









7. Diagnostic Performance

SUMMARY

The Imaging Department achieved the 99% DM01 target in March 2024 closing the month at 99.78%.

The National 24/25 operational target remains at 95% which ROH continues to achieve consistently.

AREAS FOR IMPROVEMENT

Ensuring that all capacity is fully utilised and minimise missed appointments supported using Dr Doctor text messaging at 1 week and 48 hours prior to appointments; improvements in MRI missed appointments have already been seen.

The CRIS upgrade was successfully completed on 5th March 2024, this will allow for Voice Recognition to be trialled.

RISKS / ISSUES

Following a Consultant Radiologist relocating abroad, there is a backlog in MRI reporting which is partially due to increase in capacity from acceleration software on the 2 MRI scanners, PACS workstations failing, and Consultant planned leave. This has significantly increased report turnaround times and some outsourcing of MRI reports is underway. There is a plan to reduce the typing back log by support form clinical managers in Imaging.

Referral rates are increasing for all modalities and the reduction in missed appointment rates is helping to mitigate this risk.

8. Cancer Performance

Summary Performance Figures – February 24 (April 2024 Submission)

Target Name	National Standard	February 24 (complete) %	In target	Breach	Total
31 DTTD to Treatment	96%	100%	20.0	0.0	20.0
62 day RTT to treatment	85%	59.09%	6.5	4.5	11.0
28 day FDS REPORTED	75%	82.8%	82.0	17.0	99
Patients over 104 days (62 day standard)					

Target Name	National Standard	February 2024 (Old Standards) %	In target	Breach	Total
2 WW	93%	97.8%	90.0	2.0	92.0
31 First	96%	100%	14.0	0.0	14.0
31 day subsequent	94%	100%	6.0	0.0	6.0
62 day Standard	85%	12.5%	0.5	3.5	4.0
62 day (Cons Upgrade)	n/a	85.7%	6.0	1.0	7.0
28 day FDS REPORTED	75%	82.8%	82.0	17.0	99.0
Patients over 104 days (62 day standard)					

Performance

The trust was compliant against the 31-day target and faster diagnosis standards for February 24. The trust was compliant with the 28 days FDS standard achieving 82.8% against a target of 75% and 100% compliance against the 31-day metric.
Unfortunately, the 62-day metric was not achieved at 59.09%. A total of 11 treatments were applicable to the trust, 6.5 of those were compliant and the remaining 4.5 patients breached this target due to multiple biopsies required and complex diagnostic pathways.

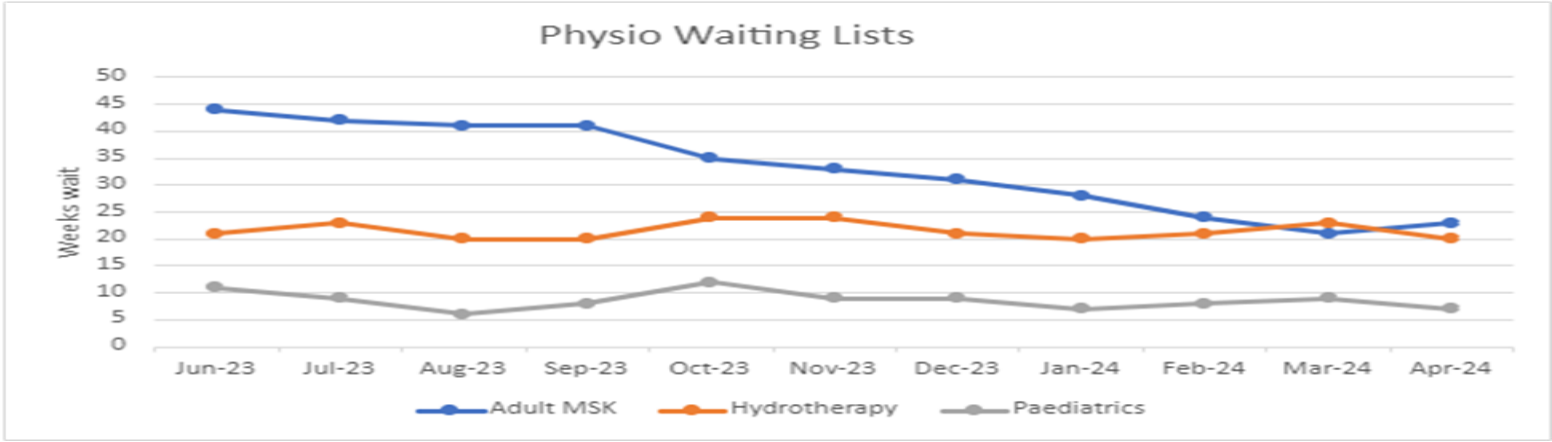
The root cause of the delays for the 62-day breaches were due to patients who were tertiaries in requiring full diagnostic work up.
- 1 Full breach, IPT received day 24. Required full diagnostics, pathology took 15 days to be reported then the pathway was delayed due to bank holidays over Christmas period.
- 1 Full breach, IPT received day 36, soft tissue pathology took 26 days due to additional test diagnosed day 75 and patient initially delayed diagnostics.
- 1 Full breach, ROH middle trust, IPT received day 8 sent back day 44 treating trust treated within 24 days so full breach allocated to ROH, Root cause of delays biopsy booked at day 13 due to capacity then histology took 14 days for reporting then MDT discussion was delayed for a week due to bank holidays.
- 1 Full breach, Direct 2ww into ROH complex diagnosis patient had 3 repeat biopsies due to differential between Sarcoma and Myeloma nothing could have been done differently to achieve 62 days. Full breach
- 0.5 breach Patient Referred out day 63 for oncological treatment, due to complex diagnostics, patient required 2 repeat biopsies and initially delayed investigations.

Risks /actions ongoing

ROH continues to monitor performance twice weekly at the cancer PTL meetings, actively participating and engaging with the weekly System Oversight Group for cancer recovery and receives positive feedback against overall performance standards. Ongoing concerns regarding histological reporting resulting in delays in patient pathways which are under current analysis/review. Pathology delays have been raised at the System Oversight Group, as an area of concern. Histology delays continue to be escalated to UHB DOP for an expedited resolution. Positive service development 5th pelvic surgeon now being trained to address one of the key challenge areas for elective capacity.

9. MSK Waits

Physio Wait Comparison April 22 vs April 24 (as at 15th)



Summary – data as per 15/04/24

Paediatric Physio waits continue to be maintained below 12 weeks with the April position currently at 7 weeks.
Hydrotherapy waits are at 20 weeks.
Adult physio waiting times have reduced from 44 weeks in June/July to 23 weeks as of 15th April 24.
Back Pain waiting times reduced from 39 weeks in Sept 23 to 22 weeks as of 15th April 24.
Plans are being developed to support the hydrotherapy waiting times with resources from the adult MSK team
The Community Appointment Day planning meeting took place at the beginning of April 24. Several workstreams will commence to manage the project, aiming to run a day in September to allow for learning from a Solihull based day taking place in May 24.

Risks /actions ongoing

- A comprehensive action plan had been produced to address the long waits associated with Adult MSK Routine appointments and as a result the Trust has seen a positive reduction in the waiting list.
- New starters have also helped with the improved position

10. Private Patients

SUMMARY

- There were 50 inpatients treated privately in March 24
- The service has exceeded its inpatient activity plan in month by 6 patients and in year by 225 patients (70% over plan)
- There is no outpatient target, however there were 122 private outpatient appointments, and the service has booked 1,349 outpatient appointments in year.
- The service fell short of its income target in March by £5k but exceeded its year plan by £329k .

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
Income Plan £000	306	306	306	306	255	253	325	361	209	289	346	361	3623
Activity Plan	9	24	35	24	37	28	29	36	11	29	12	44	318
Income to be collected £000	353	229	254	397	255	314	347	354	308	388	397	356	3952
Activity actual	47	37	41	55	38	39	46	48	39	50	53	50	543

AREAS FOR IMPROVEMENT

To support additional income and activity generation to support the Trust position in 24/25 and assure the committee that key actions from the strategic plan are being delivered, the following actions are being undertaken:

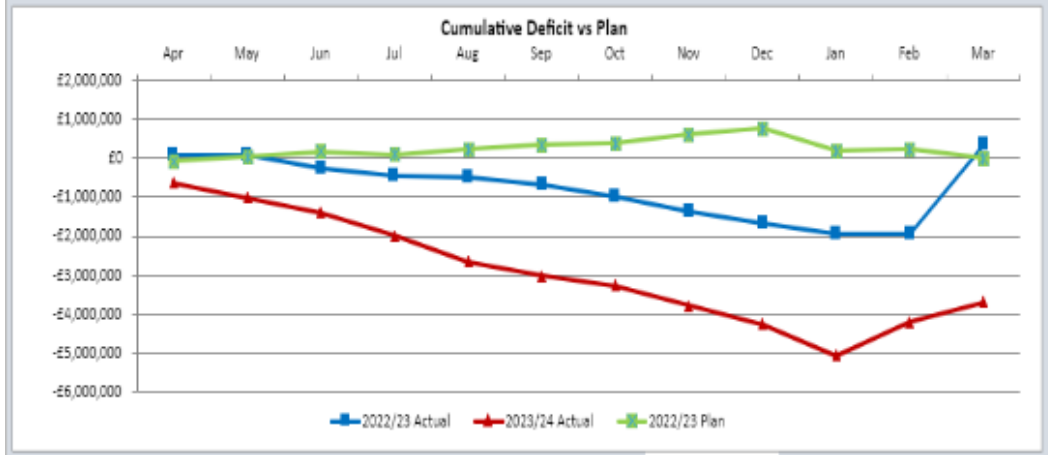
A) Addendum to 3-year strategic plan is being developed for Trust Board June 2024
B) Negotiations remain ongoing with AXA
C) Uplift on self-funding package pricing – completed from1st April with a 6-month review planned
D) Patient experience report supporting changes in patient experience
E) Business case for dedicated finance roles to support the management of invoices to be presented at OMB 17.4.24
F) SLT team being established to support the improvements and efficiencies needed to support growth in private practice. Risks and threats include the newly opened Harborne Hospital and the takeover of the Edgbaston site by Practice Plus Group who will be our closest competitors on pricing structures.

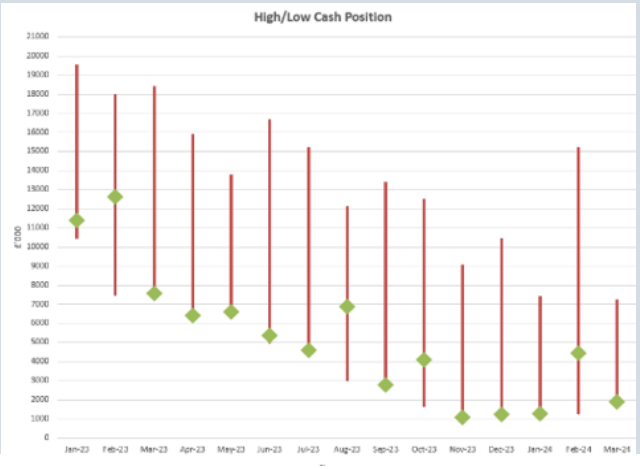
8. Finance on a Page

Month 12

FINANCIAL PERFORMANCE

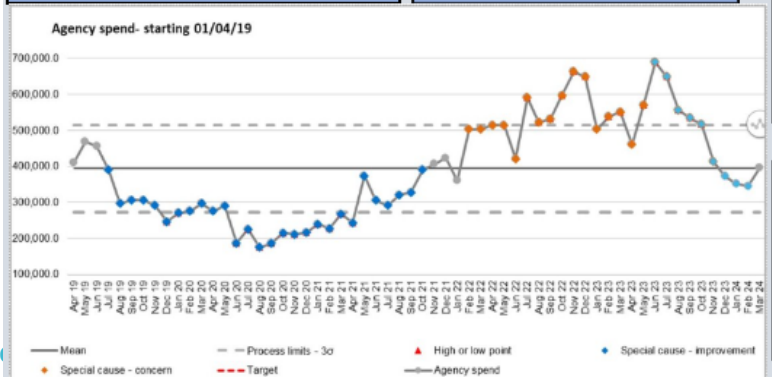
Income and Expenditure category	£'000s								
	In Month			Year to date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Pay	-£6,234	-£9,648	-£3,414	-£74,748	-£78,883	-£4,135			
Non Pay	-£4,499	-£5,680	-£1,181	-£51,756	-£59,048	-£7,292			
Income from patient care activities	£10,199	£15,705	£5,506	£122,811	£129,534	£6,723			
Other income	£422	£432	£10	£5,064	£6,090	£1,026			
Non operating costs	-£124	-£296	-£172	-£1,455	-£1,464	-£9			
Remove capital donations	£5	£7	£2	£82	£91	£9			
TOTAL	£231	£505	£274	£0	-£3,695	-£3,695			





Agency as a % of paybill = 7.4% YTD and 4.1% M12

Recurrent efficiency % of forecast = 100%



Efficiencies	YTD	Forecast
Plan	£5,076	
Actual	£5,089	
Variance	£13	

Capital	YTD	Forecast
Plan	£3,909	
Actual	£3,192	
IFRS 16	£575	
Variance	-£39	

Better Payment practice code	YTD	% move't prev month
Non-NHS		
By number	88.8%	0.0%
By Value	90.8%	0.0%
NHS		
By number	47.1%	0.9%
By number	10.2%	0.2%
Total		
By number	87.8%	0.0%
By Value	81.2%	0.8%

9. Overall Financial Performance

SUMMARY

The Trust delivered a surplus in month of £505k against a planned deficit of £231k, generating a £736k positive variance. This resulted in a year-to-date deficit of £3,695k against an adjusted trajectory deficit of £170k, generating an adverse variance of £3,526k.

Income year to date over performed by £7,749k.
There was an overperformance in income of £5,515k in month inclusive of:-

- Pension funding of £2,919k
- ICB funding for mutual aid and system working £1.8k
- Less ERF underperformance of £1,086k in total with £601k relating to BSOL ICB and £485k (net) with other commissioners
- NHS England bespoke devices overperformance of £459k
- Private Patient overperformance of £254k
- Convergence and Growth funding of £810k has been included

Pay expenditure is overspent by £3,414k caused by an increase in pension costs offset by the income received above.

Non pay expenditure overspent against plan with an adverse variance of £1,181k. This includes provisions made against bad debt of c£810k

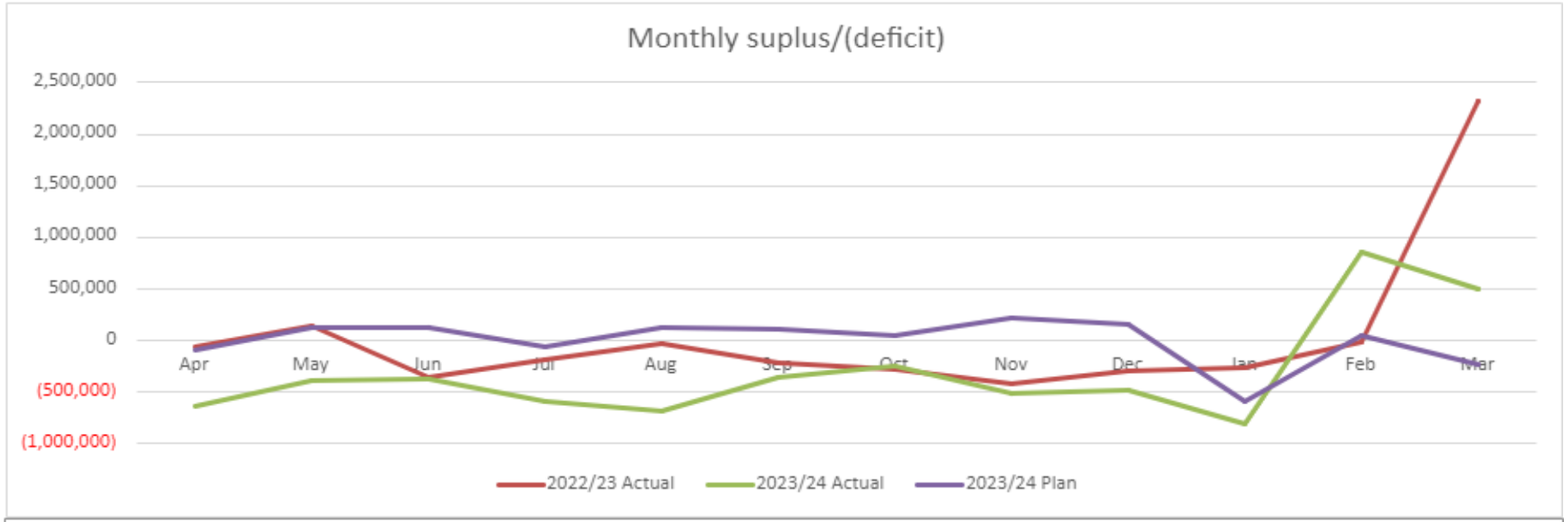
Agency spend reduced as a percentage of pay bill to 4.1% due to the impact of pensions, although spend in month increased slightly from £346k to £396k, relating to medics and ODPs

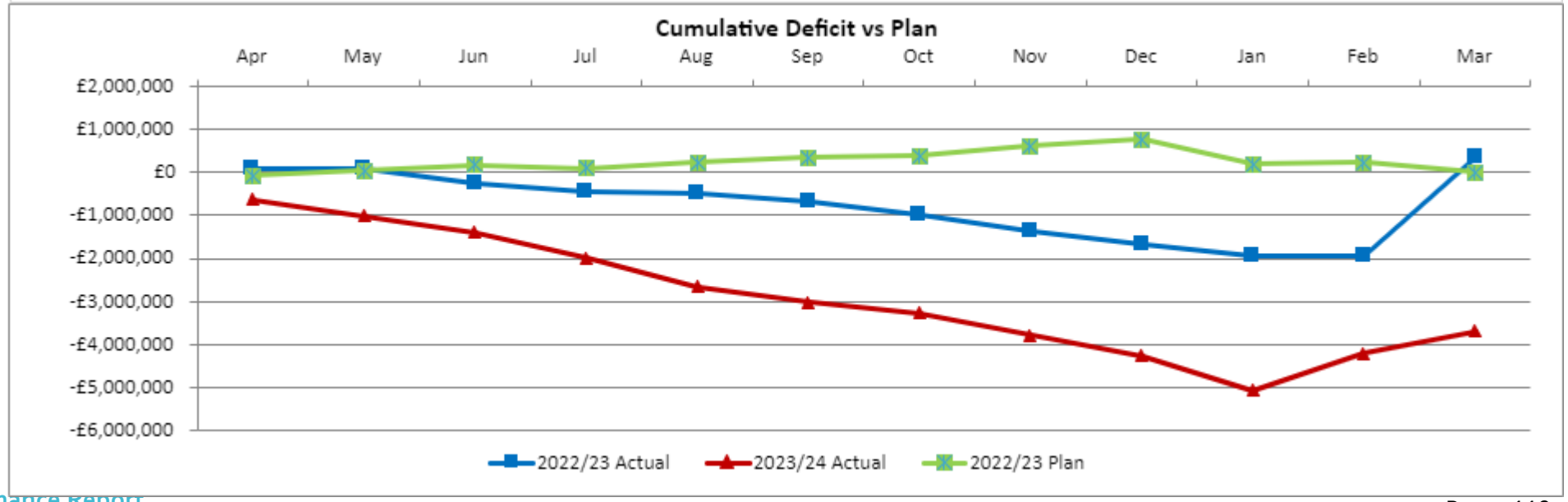
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	7,749	(4,136)	(7,292)	(9)	(3,680)
Year to date plan	127,875	74,746	51,756	1,455	0
Year to date actual	135,624	78,882	59,048	1,464	(3,695)
Variance compared previous month	5,516	(3,413)	(1,181)	161	1,083
Adjusted Trajectory					(170)
Variance against Trajectory					(3,526)

9. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	122,811	129,534	6,723
Other Operating Income (Excluding top up)	5,064	6,090	1,026
Employee Expenses (inc. Agency)	(74,746)	(78,883)	(4,137)
Other operating expenses	(51,756)	(59,048)	(7,293)
Operating Surplus	**1,373**	**(2,307)**	**(3,681)**
Net Finance Costs	(1,455)	(1,464)	(9)
Net surplus/(deficit)	**(82)**	**(3,771)**	**(3,690)**
Remove donated asset I&E impact	82	75	9
Adjusted financial performance	**0**	**(3,696)**	**(3,696)**

9. Overall Financial Performance





Financial Recovery Plan

	Base Case	Delivery Risk	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Month 5 YTD Deficit	**(2,664)**								
Month 6-12 at Month 5 run rate	(3,730)		(533)	(533)	(533)	(533)	(533)	(533)	(533)
Bad debt release - associate	2,400								2,400
Pay award reserve release	500		71	71	71	71	71	71	71
Gen Med adjustment	460		66	66	66	66	66	66	66
Bespoke device income recovery	600		43	43	43	43	43	43	343
Grip and Control - agency	1,050		150	150	150	150	150	150	150
Grip and control - non pay	148			25	25	25	25	25	25
Grip and Control - income	125				25	25	25	25	25
Grip Control- Other	116				23	23	23	23	23
Non Recurrent Annual leave accrual release	150								150
Productivity - Theatres	840				168	168	168	168	168
Job planned sessions owed repaid	116				23	23	23	23	23
2023/24 Revised FOT	**111**		**(203)**	**(178)**	**61**	**61**	**61**	**61**	**2,911**
Updated recovery trajectory	**132**		**(362)**	**(246)**	**(439)**	**49**	**178**	**178**	**3,438**
Updated trajectory cumulative including M1-5 actual)			**(3026)**	**(3272)**	**(3711)**	**(3662)**	**(3484)**	**(3306)**	**132**
Actual performance			**(326)**	**(246)**	**(507)**	**(478)**	**(801)**	**857**	**505**
Monthly Variance to revised trajectory			**36**	**0**	**(68)**	**(527)**	**(979)**	**679**	**(3,438)**
Cumulative Variance to revised trajectory			**(2,628)**	**(2,628)**	**(2,696)**	**(3,223)**	**(4,202)**	**(3,523)**	**(2,933)**

10. Income

SUMMARY

ıncome year to date over performed by £7,749k.
There was an overperformance in income of £5,515k in month inclusive of:-

- Pension funding of £2,919k
- ICB funding for mutual aid and system working £1.8k
- Less ERF underperformance of £1,086k in total with £601k relating to BSOL ICB and £485k (net) with other commissioners
- NHS England bespoke devices overperformance of £459k
- Private Patient overperformance of £254k
- Convergence and Growth funding of £810k which is being disputed hence an increase in provision

AREAS FOR IMPROVEMENT

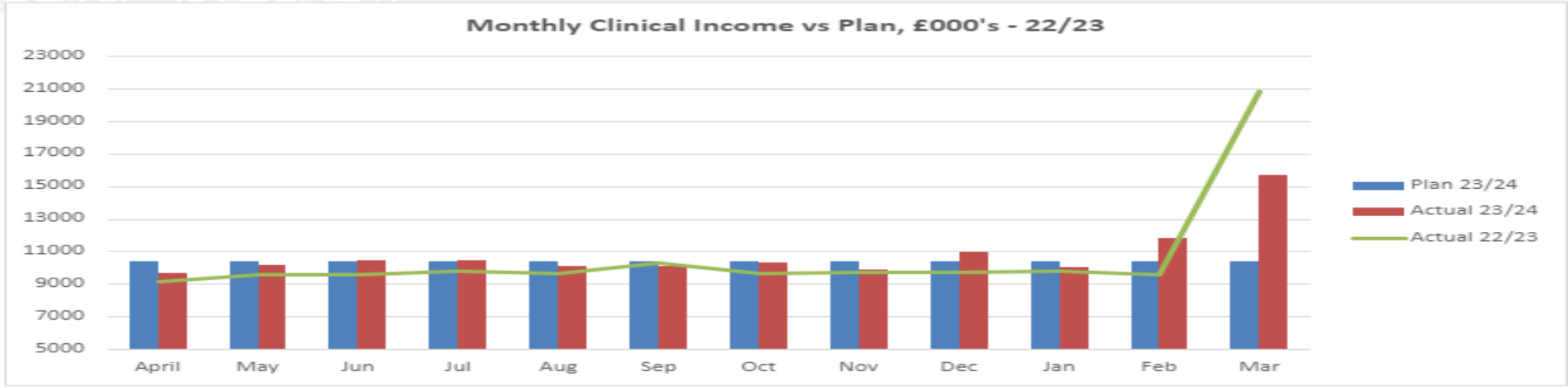
Elective recovery target delivery during the year to maximise income generation.

RISKS / ISSUES

Elective recovery target delivery during the year remains a risk. Discrepancies between NHS England published ERF performance and application of the ERF rules by commissioner has been varied.

Non recurrent funding has been included within plans for 2023/24, generating an underlying financial risk for 2024/25 and beyond.

10. Income

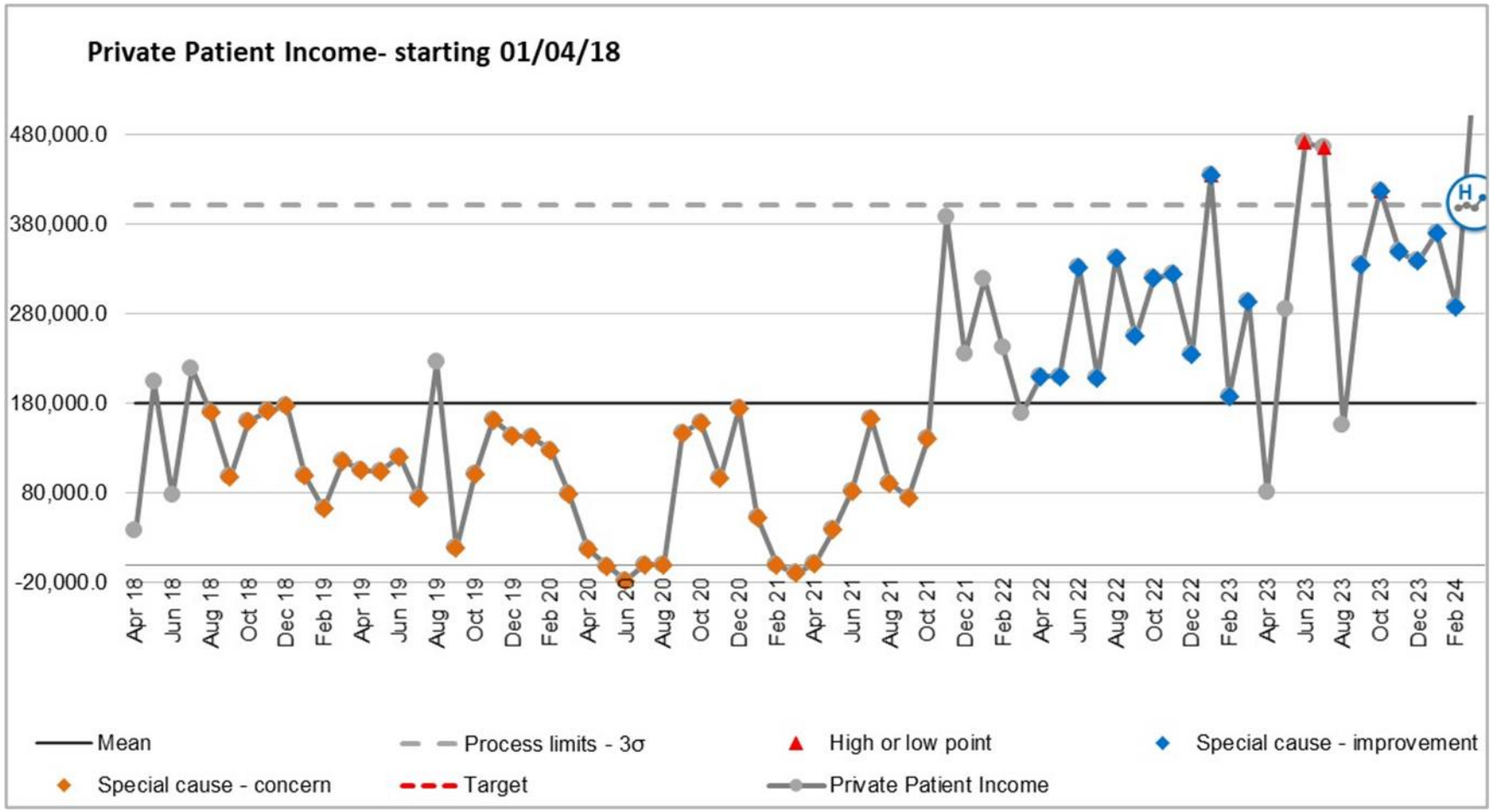


Confirmed performance by NHE England for Months 1-9 is an underperformance against revised target, with the largest variance against specialised commissioning.
Year end arrangements for finalisation of ERF performance have been applied in various ways by commissioners;

System Name	Performance basis	M12 adjustment
NHS Herefordshire and Worcestershire ICB	NHSE performance file M1-9	£423,972
NHS Birmingham and Solihull ICB	An estimate of Month 11 and 12 applied to calculate an underperformance of £601,303. NHSE M1-9 performance file over performance of £328,041.	(601,303)
NHS Staffordshire and Stoke-on-Trent ICB	Month 1-11 actual + estimate for month 12.	(219,239)
NHS Black Country ICB	Offer of underperformance of £794,962 but no backing received . NHSE M1-9 performance of £408,204.	(408,204)
NHS Coventry and Warwickshire ICB	Offer of underperformance of £259,192 which is slightly better than NHSE M1-9 underperformance of £287,949	(259,192)
NHSE – Spec Comm	NHSE performance file M1-9	(568,291)
NHSE - Other		
NHSE W052 adjustment		£366,000
TOTAL ADJUSTMENT		-£1,086,421

10. Income

Private patient income



11. Expenditure

SUMMARY

Pay expenditure is overspent by £3,414k caused by an increase in pension costs offset by income received. Non pay expenditure overspent against plan with an adverse variance of £1,181k. This includes provisions made against bad debt of c£800k

Agency spend continues to improve, although the year to date spend as a percentage of paybill at 7.9% year to date and 4.1% in month, which remains above the target of 3.7%.

Non pay spend has also remained high in month, with key drivers for this including higher than expected use of LLPs to provide surgeon sessions, continued high consumable spend in theatres, and above inflationary pressures particularly with regards to estates spend

AREAS FOR IMPROVEMENT

Agency spend is above agency cap as a % of pay bill against a cap of 3.7%.

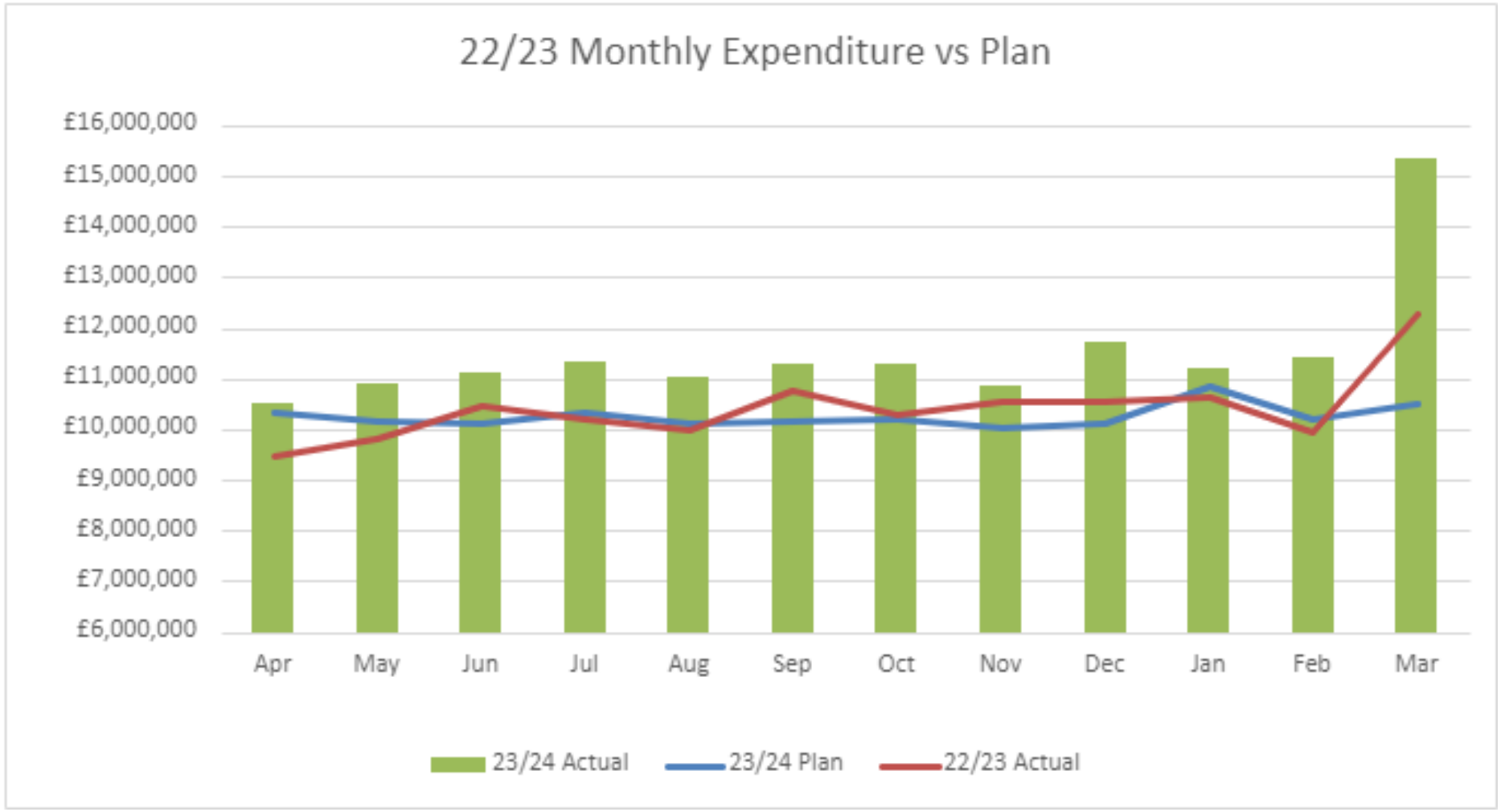
Theatre consumable spend reducing to planned levels.

LLP expenditure reduction.

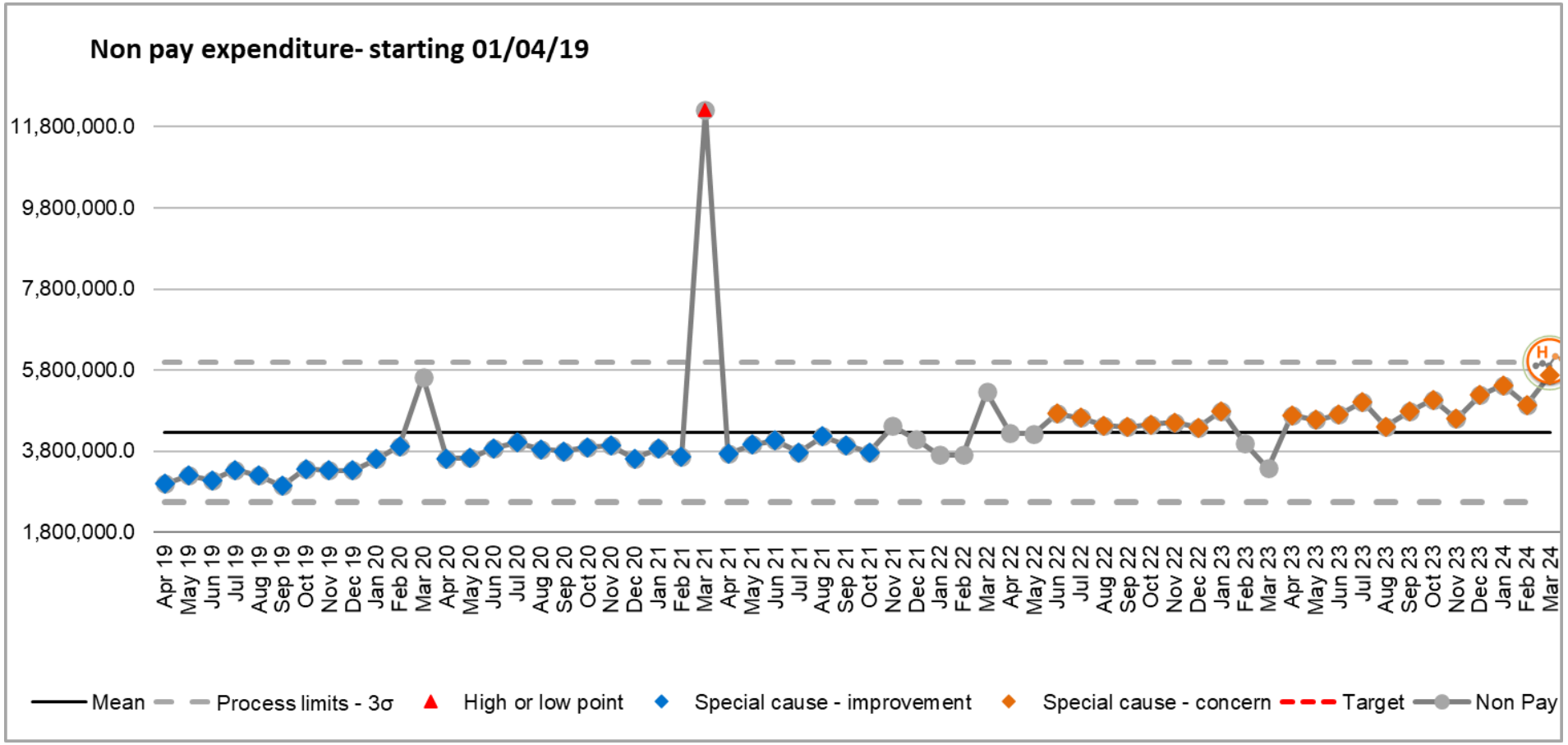
RISKS / ISSUES

Agency spend remains high causing a cost pressure during the year.

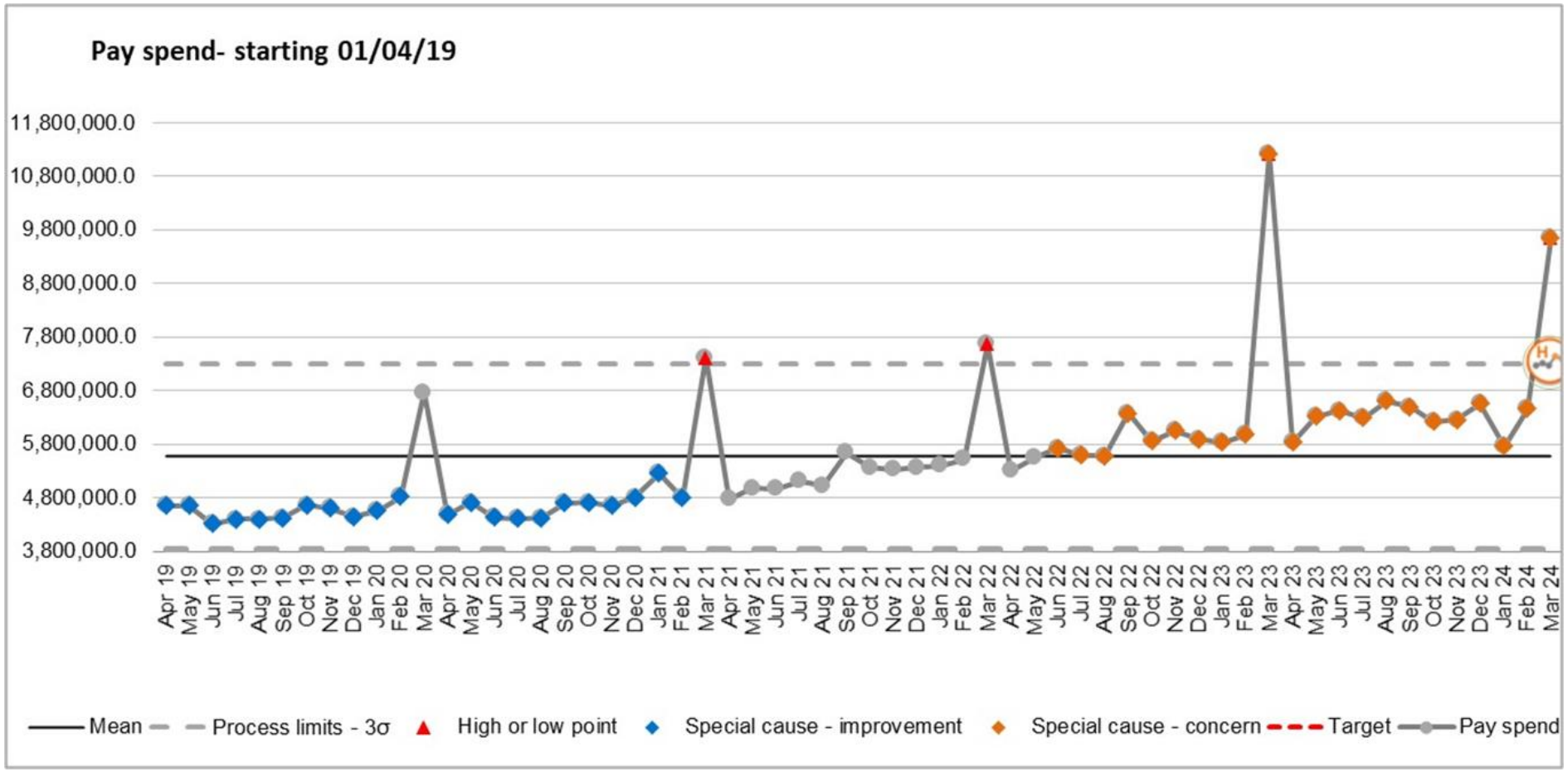
11. Expenditure



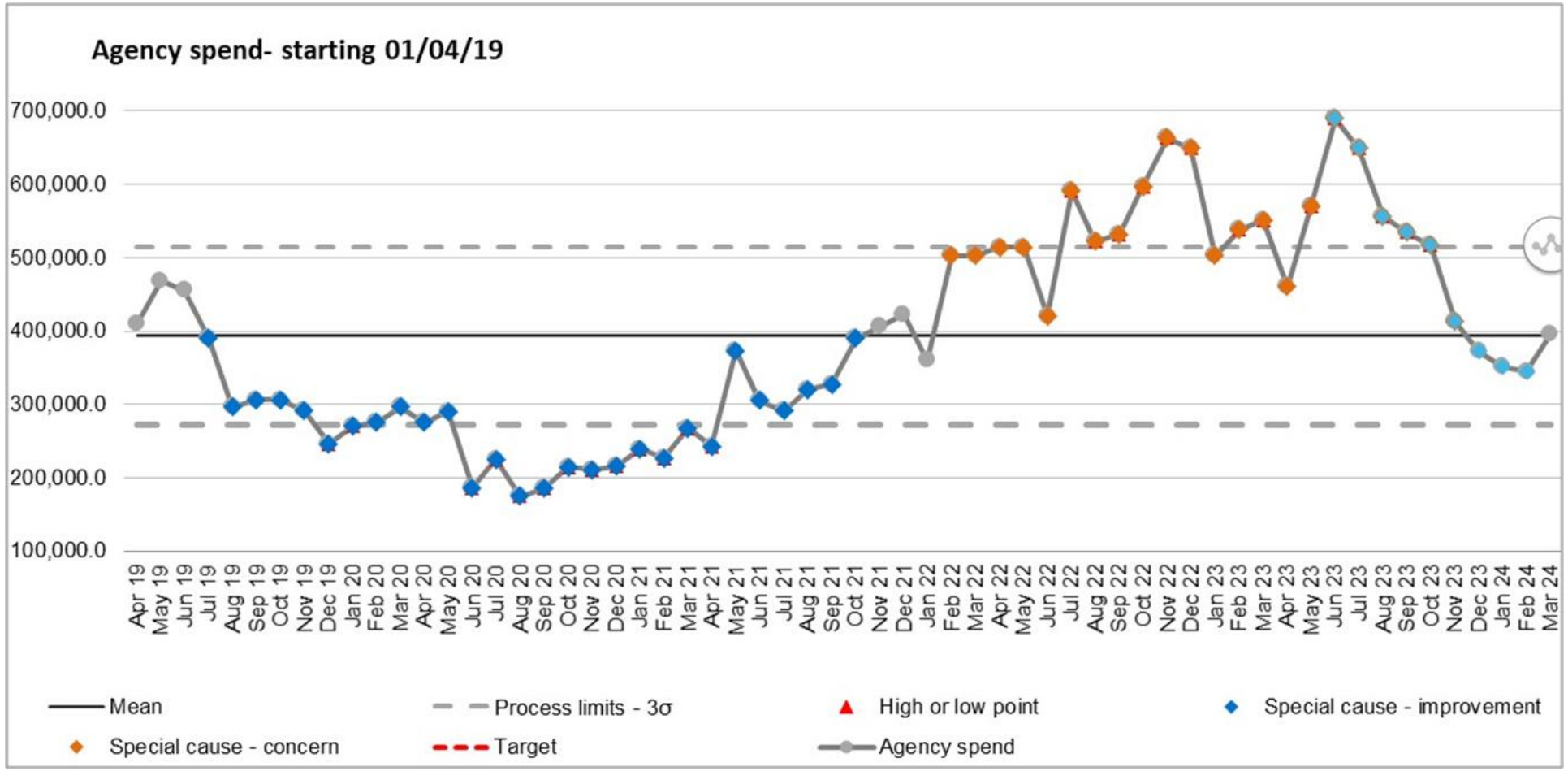
12. Non Pay Expenditure



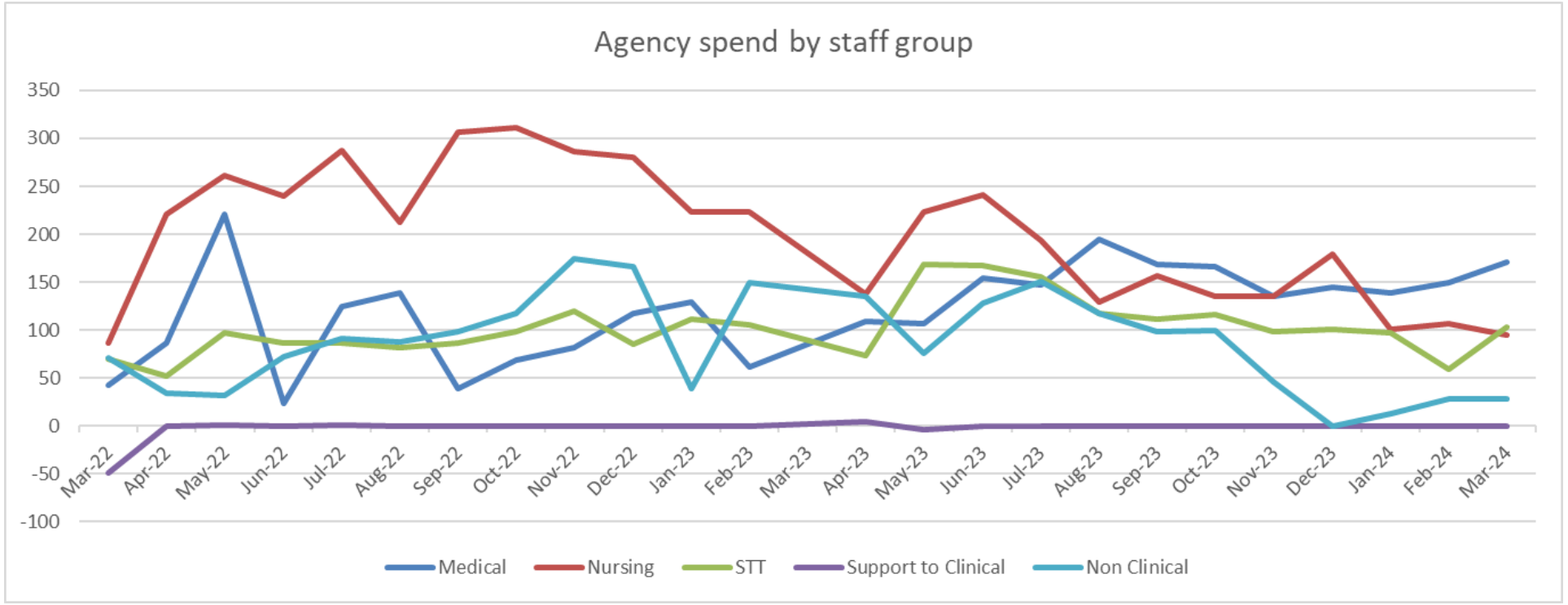
13. Pay Expenditure



14. Agency Expenditure



14. Agency Expenditure



14. Agency Expenditure

Agency Rephasing Reconciliation

Reported	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12	Total
Nursing	138	223	241	194	129	157	135	135	179	101	107	95	1,834
STT	75	150	138	140	91	202	116	98	101	97	59	74	1,078
Medical	60	70	123	133	138	361	166	135	145	139	150	171	1,790
Non-Clinical	135	76	128	151	117	99	100	46	-53	13	29	28	866
	408	**518**	**630**	**618**	**475**	**818**	**517**	**413**	**372**	**350**	**345**	**396**	**5,858**

Actual	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12	Total
Nursing	138	223	241	194	129	157	135	135	179	101	107	95	1,834
STT	79	165	167	157	117	111	116	98	101	97	59	74	1,078
Medical	110	109	155	148	194	169	166	135	145	139	150	171	1,790
Non-Clinical	135	76	128	151	117	99	100	46	-53	13	29	28	866
	462	**572**	**691**	**650**	**557**	**535**	**517**	**413**	**372**	**350**	**345**	**396**	**5,858**

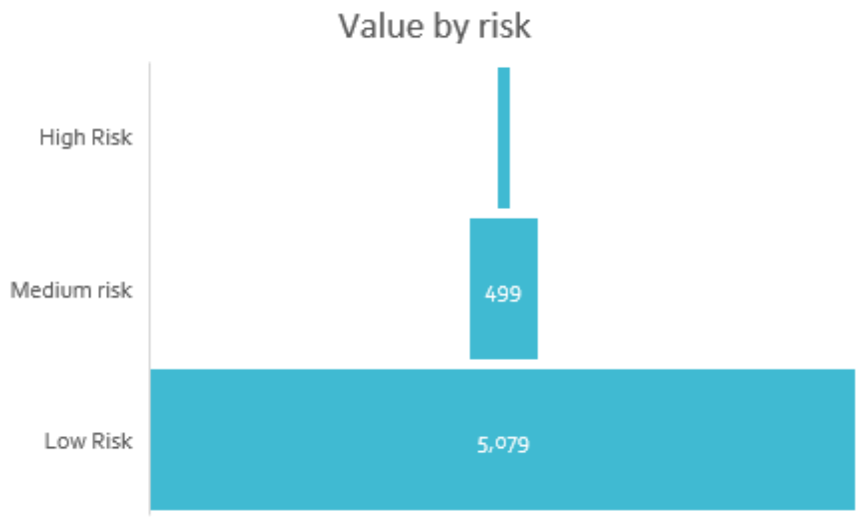
Variance	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11		Total
Nursing	-	-	-	-	-	-	-	-	-	-	-		-
STT	-4	-15	-29	-17	-26	91	-	-	-	-	-		-
Medical	-50	-39	-32	-15	-56	192	-	-	-	-	-		-
Non-Clinical	-	-	-	-	-	-	-	-	-	-	-		-
	-54	**-54**	**-61**	**-32**	**-82**	**283**	**-**	**-**	**-**	**-**	**-**		**-**

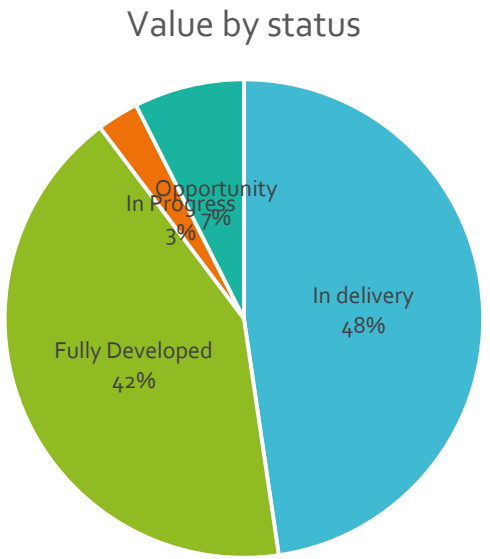
15. Cost Improvement Programme Summary

SUMMARY

Year to date savings totalling £5,089k have been delivered, against a plan of £5,076k, delivering a positive variance of £13k.
The Financial Sustainability and Improvement Group continued this month, with good engagement across the organisation. Work is ongoing to identify recurrent plans for 2024/25 with a 4% target set, of which c.80% has been identified.

£000s				
CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£679	£25	(654)	25
Non pay	£3,897	£4,941	1,044	4,928
Income	£500	£123	(377)	123
Grand Total	**£5,076**	**£5,089**	**13**	**5,076**





16. Statement of Financial Position

SUMMARY

The main movements in the balance sheet have been in relation to the reduction in cash and an increase in deferred income (within other liabilities) due to some of the Trust's funding for the full year being received at the start of the year and utilised throughout 23/24.

The cash position remains challenging to manage within the in-month peaks and troughs, with BSOL ICS supporting the trust in the short term. Continued focus is being places on ensuring that cash is being managed robustly, whilst also trying to maximise Better Payment Practice Performance. Cash support from NHS England was requested during March and received during April, improving cash available during April by £3.05m

	2022/23 M12	2023/24 M12	Movement
	(£'000)		
Intangible Assets	1,339	981	(358)
Tangible Assets	69,123	66,219	(2,904)
Total Non Current Assets	**70,462**	**76,200**	**(3,262)**
Inventories	19	1	(18)
Trade and other current assets	12,839	8,299	(4,540)
Cash	7,591	1,698	(5,893)
Total Current Assets	**20,449**	**9,998**	**(10,451)**
Trade and other payables	(20,229)	(12,999)	7,230
Borrowings	(18,339)	(15,639)	2,700
Provisions	(1,329)	(1,187)	142
Other Liabilities	(273)	(250)	23
Total Liabilities	**(40,170)**	**(31,564)**	**8,606**
Total Net Assets Employed	**50,741**	**45,634**	**(5,107)**
Total Taxpayers' and Others' Equity	**50,741**	**45,634**	**(5,107)**

17. Cash

- The cash position remains challenging to manage within the in-month peaks and troughs, with BSOL ICS supporting the trust in the short term.
- Continued focus is being places on ensuring that cash is being managed robustly, whilst also trying to maximise Better Payment Practice Performance.
- Cash support from NHS England was requested during March and received during April, improving cash available during April by £3.05m

18. Capital

Stream	Scheme Name	Plan	Spent to Date	Variance to Plan	24/25 Pre-commitment
Strategic Estates	Oncology office refurbishment/relocation	1,200,000	845,324	597,652	*944,468*
Strategic Estates	Appointments team office space *	100,000	0	100,000	0
Strategic Estates	Relocation of Facilites to the Old Pharmacy building	310,000	256,727	53,273	7,899
Strategic Estates	Porters Lodge**	50,000	104,723	(170,671)	5,113
Strategic Estates	ROH Creative Design Studio	55,000	51,246	3,754	0
Strategic Estates	Omnicell installation	70,000	58,471	11,529	0
Strategic Estates	Replacement for room 3 from a fluoroscopy room to a digital x-ray room	30,000	26,362	3,638	1,727
Strategic Estates	Café Royale Refurbishment	210,000	184,712	25,288	2,000
Strategic Estates	Other small schemes	0	41,847		14,983
Green estate	Pool	100,000	125,373	(25,373)	0
Green estate	Solar panels - PDC backed for £61k	0	66,932	(35,509)	0
Estates Maintenance	Pool	375,000	191,937	188,773	0
Equipment	Anaesthetic machines x 6	477,004	419,206	57,798	0
Equipment	Replacement of 3T MRI scanner	275,000	451,629	(176,629)	7,288
Equipment	Pool	200,000	342,425	(201,732)	0
Information Technology		0	180,276	(125,793)	0
Reserve		46,996	0	46,996	0
SCIF		410,000	0	410,000	0
TOTAL		**3,909,000**	**3,347,192**	**762,994**	**983,478**

0

Strategic Estates	2,025,000	1,569,413	624,463	961,207
Green estate	100,000	192,306	(25,373)	0
Estates Maintenance	375,000	191,937	188,773	0
Equipment	952,004	1,213,260	(320,563)	7,288
Information Technology	0	180,276	(125,793)	0
Reserve / SCIF	456,996	0	456,996	0
	3,909,000	**3,347,192**	**798,503**	**968,495**

19. System

SUMMARY

The draft Month 12 numbers, as submitted in the IFR submission, was a £14.3m surplus for the system.

This included, within the ICB position following the protracted audit, an opening balance adjustment of £23.354m.

The in-year position was a deficit of £9,025k. Which can be broken down into the deficit relating to the late technical adjustment to clawback the PDC benefit from all systems, which gave BSOL a pressure of £9.11m and a small surplus of £85k on the pre-adjusted breakeven plan

Draft revenue position per IFR	Total	Of which		Adjusted In-year Trajectory			In year variance
		Opening balance	In year	Trajectory*	PDC adjustment	Total	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Birmingham and Solihull ICB	42,004	23,354	18,650	16,834		16,834	1,816
Birmingham and Solihull MH	2,670		2,670	4,001	-1,494	2,507	163
Birmingham Community	669		669	663	-300	363	306
Birmingham Women's and Children's	4,198		4,198	3,984		3,984	214
The Royal Orthopaedic Hospital	-3,696		-3,696	-170		-170	-3,526
University Hospitals Birmingham	-31,517		-31,517	-25,312	-7,316	-32,628	1,111
Total	14,329	23,354	-9,025	0	-9,110	-9,110	85
Technical adj re PDC benefit clawback			-9,110			-9,110	0
Surplus delivered excluding PDC clawback			85			0	85

*Adjusted trajectory includes allocation of industrial action funding and redistribution of cap to rev transfer assumption in H2 trajectory on fair shares basis

20. Workforce

Summary / Highlights

- Adjusted turnover remains low and continues to decrease.
- Attendance improved, which was expected given December to February tend to be higher months of illness
- Appraisals made no progress however we are just now entering the April – July window for appraisals

Risks / Issues

- Progress with filling vacancies stalled this month, although progress before this month was consistent.

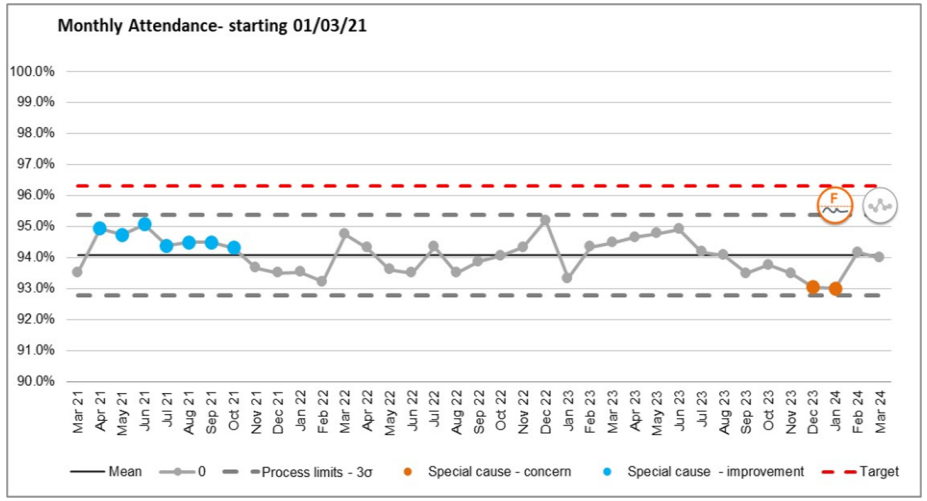
Actions

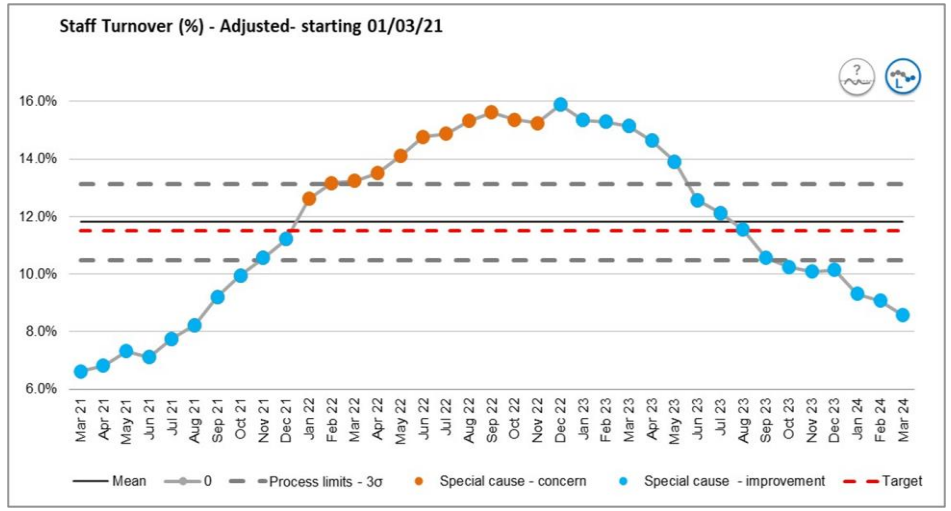
- We are now in the April – July window for appraisals and will anticipate an increase.
- Further confirm and challenge meetings around vacancies to take place to support filling vacancies
- Continued work with sickness absence management and support to managers who require HR support and guidance.

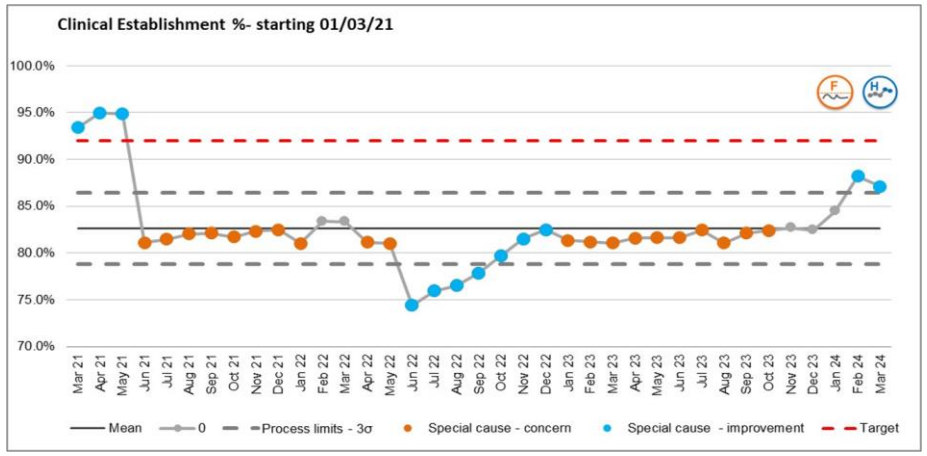
20. Workforce

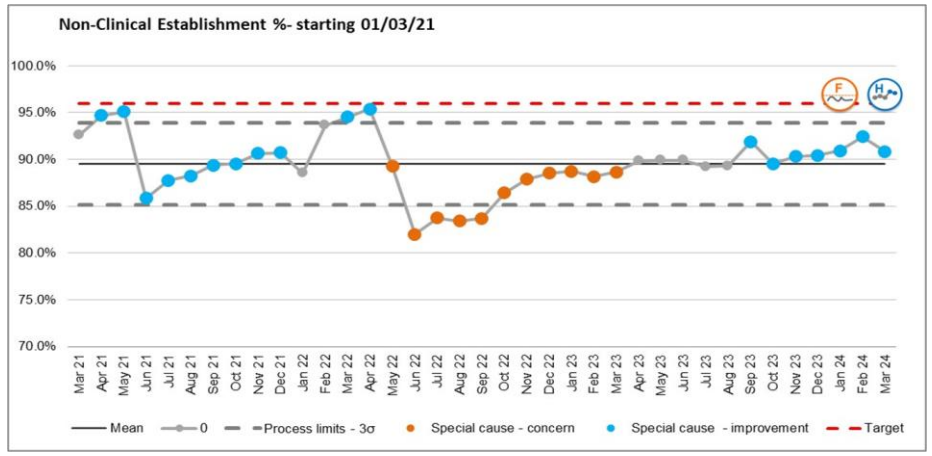
Trust Workforce Metrics	Feb-24	Mar-24	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1417	1428	11	-	-
Staff In Post - Full Time Equivalent	1253.30	1264.65	11.35027	-	-
Staf Turnover % - Unadjusted	10.59%	13.36%	2.77%	↓	<=11.5%
Staf Turnover % - Adjusted	9.07%	8.57%	-0.50%	↓	<=11.5%
Total WTE Employed as % of Establishment	89.74%	88.45%	-1.29%	↓	>=93%
Total WTE Employed as % of Establishment - Clinical	88.21%	87.11%	-1.10%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	92.43%	90.82%	-1.61%	↓	>=96%
% Of Attendance	94.16%	95.55%	1.39%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.85%	93.98%	0.13%	↑	>=96.3%
% Staff received mandatory training last 12 months	87.69%	86.41%	-1.28%	↓	>=93%
% Staff received formal PDR/appraisal last 12 months	68.90%	68.24%	-0.66%	↓	>=95%
% of Sickness - Trust wide Long-term	3.48%	4.03%	0.55%	↓	-
% of Sickness - Trust wide Short-term	2.81%	1.99%	-0.82%	↓	-
Return To Work Completion %	63.21%	57.14%	-6.07%	↓	>=80%

20. Workforce

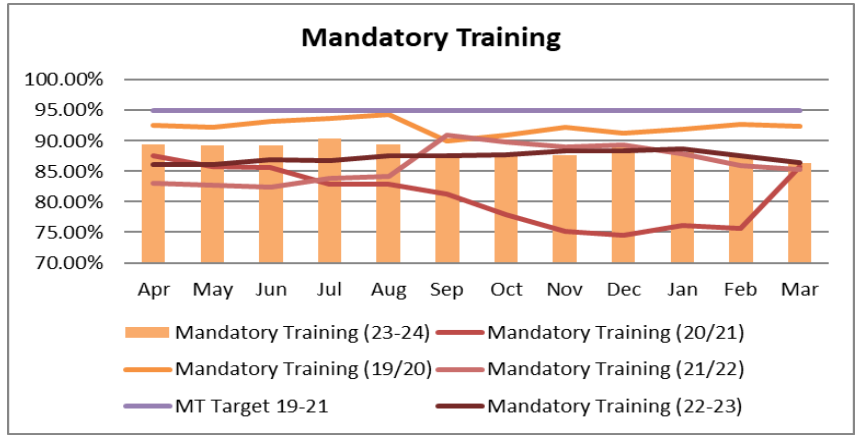


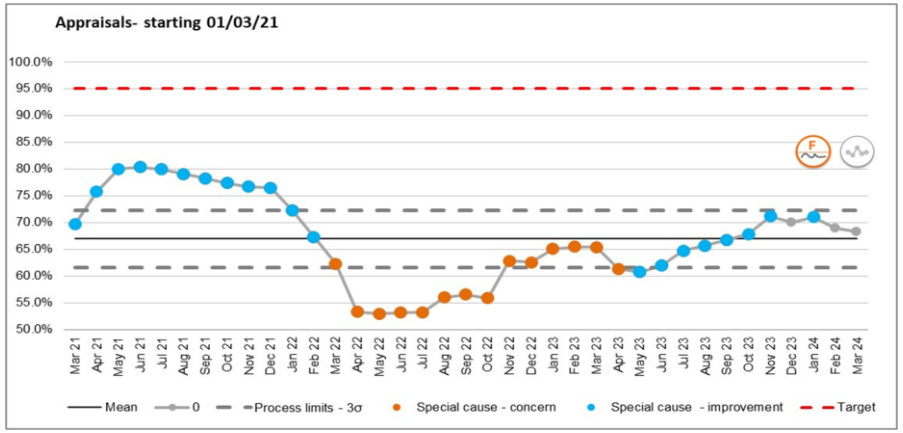


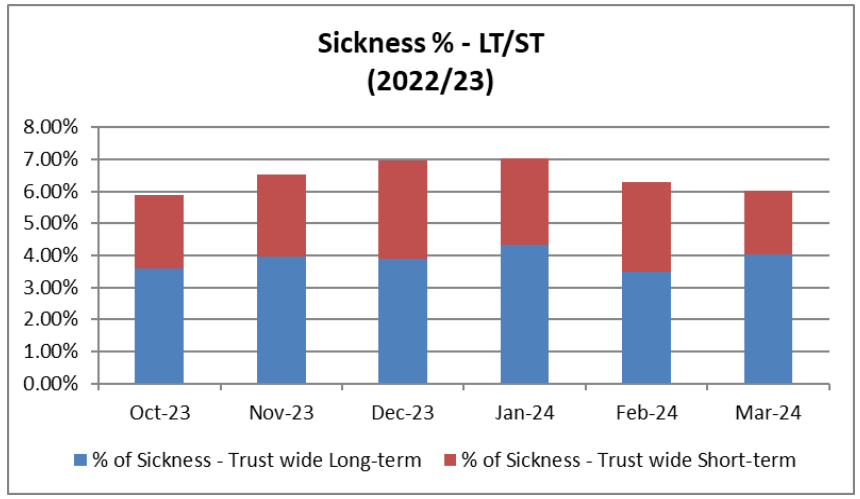


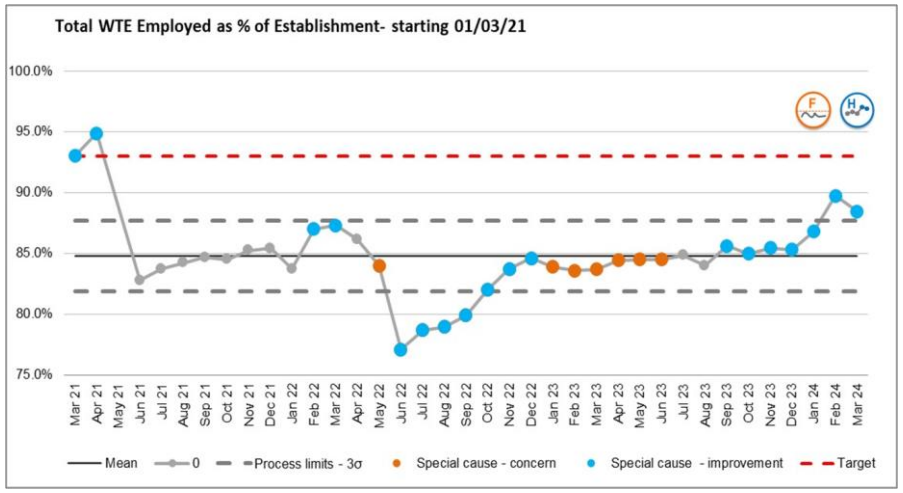


20. Workforce









REPORT REF: ROHTB (05/24) 013

TRUST BOARD

DOCUMENT TITLE:	**Quality Report April 2024 (March 2024 Data)**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Chief Nurse & Simon Grainger-Lloyd, Executive Director of Governance**
AUTHOR:	**Adam Roberts, Assistant Director of Governance & Risk**
PRESENTED BY:	**Nikki Brockie, Chief Nurse & Simon Grainger-Lloyd, Executive Director of Governance**
DATE OF MEETING:	**1st May 2024**

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	**x**	**FOR INFORMATION ONLY**		**TO CREATE DISCUSSION**		**TO SEEK APPROVAL**	

EXECUTIVE SUMMARY:

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Integrated Care System and the CQC for routine engagement and assurance meetings. The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Summary

- 0 PSII incidents reported
- 0 inpatient deaths
- 0 deaths within 30 days of discharge
- 1 x VTE incidents reported
- 9 x falls incidents reported – all being managed locally - no cause for concern or clear themes identified.
- 0 x category 2 PU reported
- 2 x category 3 PU reported – thematic review being undertaken in accordance with PSIRF Response Plan
- 0 x infections reported.
- 2 x Deteriorating patient AAR investigations
- 0 x claims.
- 0 x Coroner's Inquest.
- 6 x complaints reported.

PSIRF Response Plan Investigation Methodology Guidance

To aid with understanding of new PSIRF Response Plan investigation methodologies a guidance document detailing the rationale and strengths and weaknesses of each method of investigation has been enclosed alongside this report.

Planned Future Updates to the Report

Benchmarking against other National Orthopaedic Alliance member Trusts – initial contact with several Trusts has been made and benchmarking data should be available and presented in the next report.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
• No PSII incidents reported. • No avoidable VTE incidents reported. • No Infection incidents reported	• Remain below compliance/KPI targets in regard to some safeguarding training compliance categories

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board/Committee/Group is asked to: note and accept as assurance.

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial		Environmental/Net Zero		Communications & Media	
Business and market share		Legal, Policy & Governance	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	
Inequalities		Integrated care	x	Continuous Improvement	x

Comments:

ALIGNMENT TO TRUST STRATEGY, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Contractual targets for quality and safety

ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:

Considered by BSOL ICB Monthly at ICB Quality & Safety Meeting/Contracting Meeting; Monthly at Trust Board and Bi-monthly at Quality & Safety Committee

PREVIOUS CONSIDERATION:

Q&S Committee February 2024 & Trust Board –March 2024

Quality Report

April 2024 (March 2024 Data)

Introduction

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Integrated Care System and the CQC for routine engagement and assurance meetings.

The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

A grey graph icon tells us the variation is common cause, and there has been no significant change.

For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

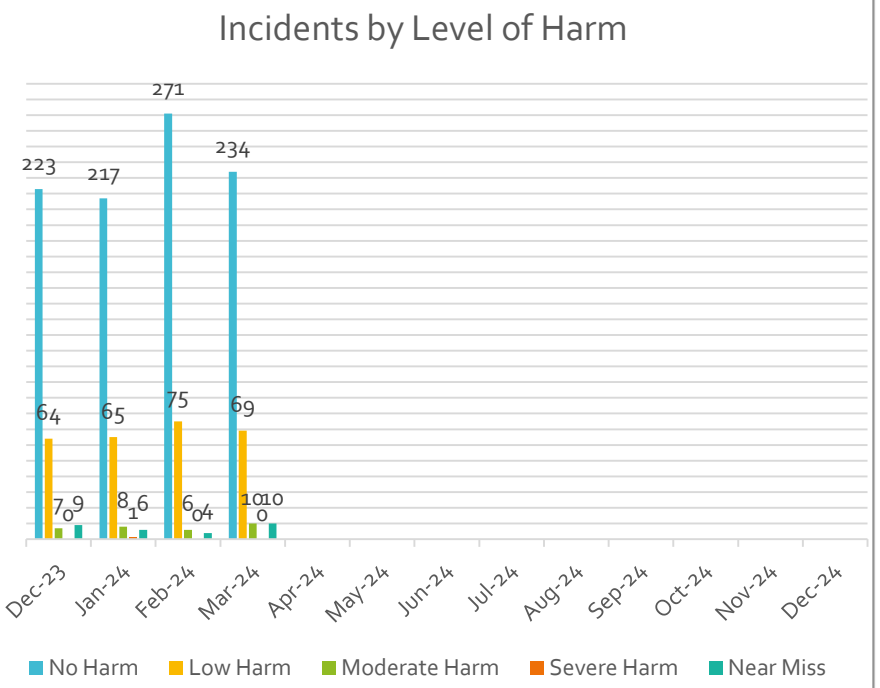
Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

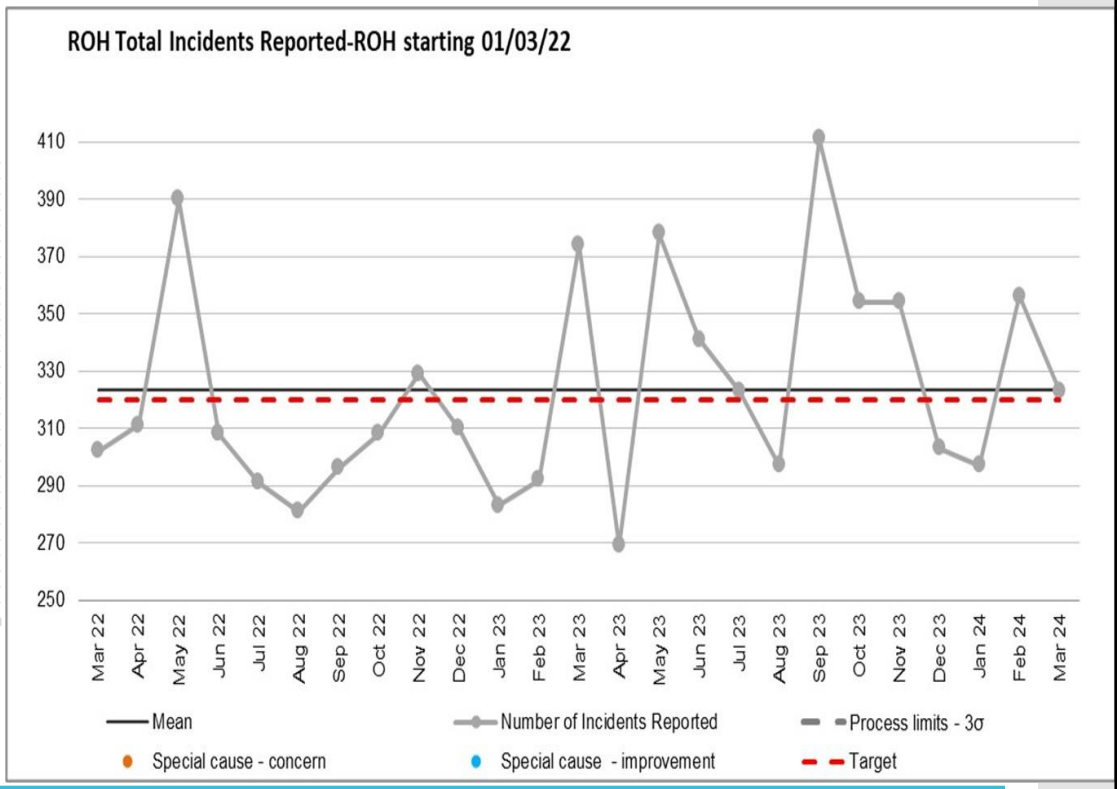
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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

Governance Performance Summary Dashboard

Performance to end March 2024	In month	Previous month	Variation	Assurance
Total No of Incidents Reported	323	356		
Inpatient Deaths	0	0		
PSII's (Patient Safety Incident Investigations)	0	0		
Never Events	0	0		
VTE Incidents (Avoidable)	0	0		
Category 2 Pressure Ulcer Incidents (Avoidable)	0	0		
Category 3 Pressure Ulcer Incidents (Avoidable)	0	0		
Falls (Total No of Inpatient Falls)	9	10	L	
Infection Incidents (Reportable)	0	0	L	
Complaints	6	7	L	
Claims	0	0		
Inquests	0	0		

Incidents Reported





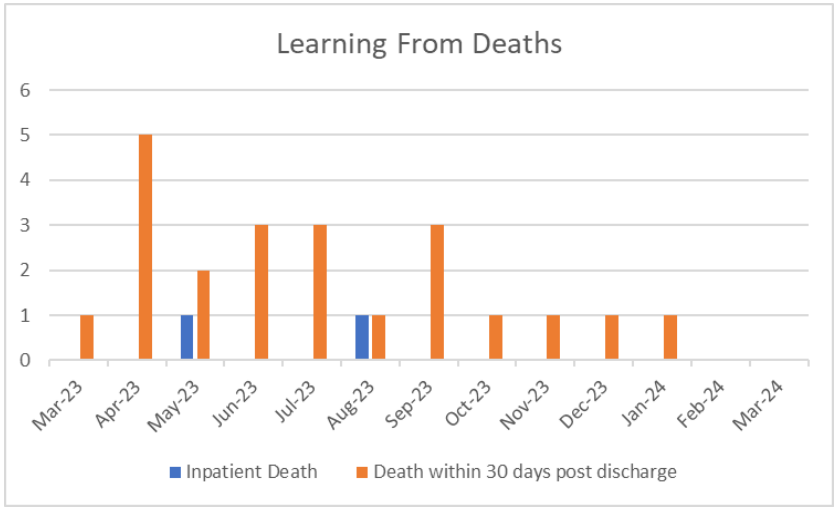
Quality Improvement & Learning

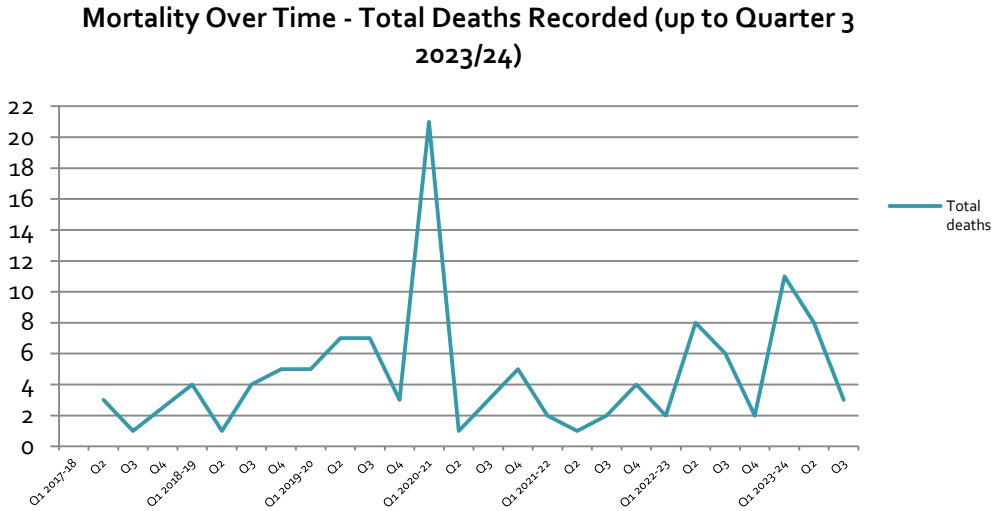
A plan is currently being devised to improve the sharing of the outcome of patient safety incidents, whether the incident is managed locally or whether the incident is taken through the Trusts governance process and managed in accordance with our PSIRF Response Plan.

With locally managed incidents the proposed plan is to provide regular reports to local managers on closed incidents that can then be used to feedback to incident reporters on a 1 to 1 basis and also be used to share outcomes wider at local team/department meetings.

With incidents that are managed and investigated via divisional governance process, we are currently working with the Comms team to devise a format for the wider sharing of patient safety incidents and moreover the sharing of the learning from patient safety incidents that will be disseminated across the whole trust on a periodic basis.

Learning from Deaths

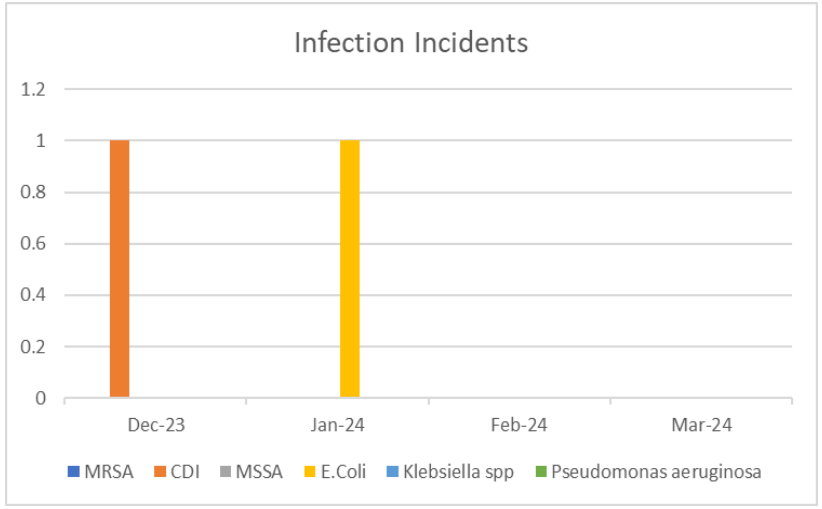




Quality Improvement & Learning

N/A at present
Narrative & learning identified from AAR into death following transfer out in Jan 24 to be included once final version signed off by Div 2 (AAR also to be submitted as part of Inquest evidence) Awaiting SMART Action Plan to be completed before bringing back to Governance for final discussion and sign off.

Infection Prevention & Control

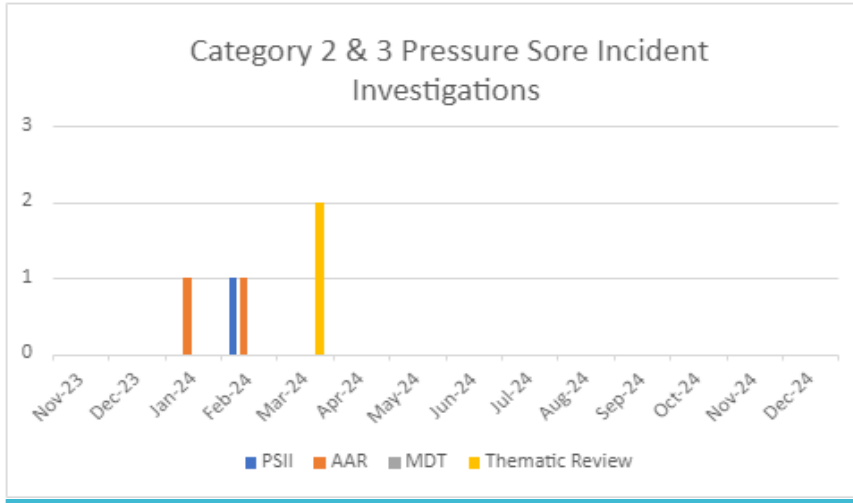


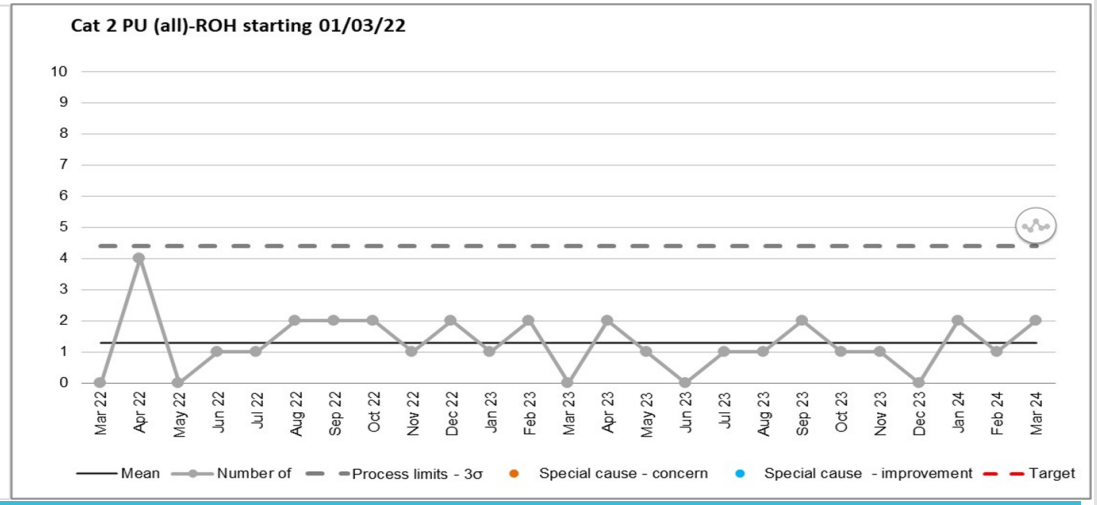
Quality Improvement & Learning

Theatre focus group has changed into Surgical Site Prevention Group – focusing on the 'one together' approach to reducing SSI's and infections.

IPC lead has been leading improvement work around high impact audits and refreshing local education. Documentation was flagged as an area for improvement. Specific work in recovery to address gaps.

Tissue Viability





Quality Improvement & Learning

Thematic Review underway in to 2 x Hospital Acquired Category 3 Pressure Sores – feedback on learning to be provided in a future report along with learning from remaining open 2 x AAR and 1 x PSII investigations. The reports are still pending final divisional governance sign off at time of report.

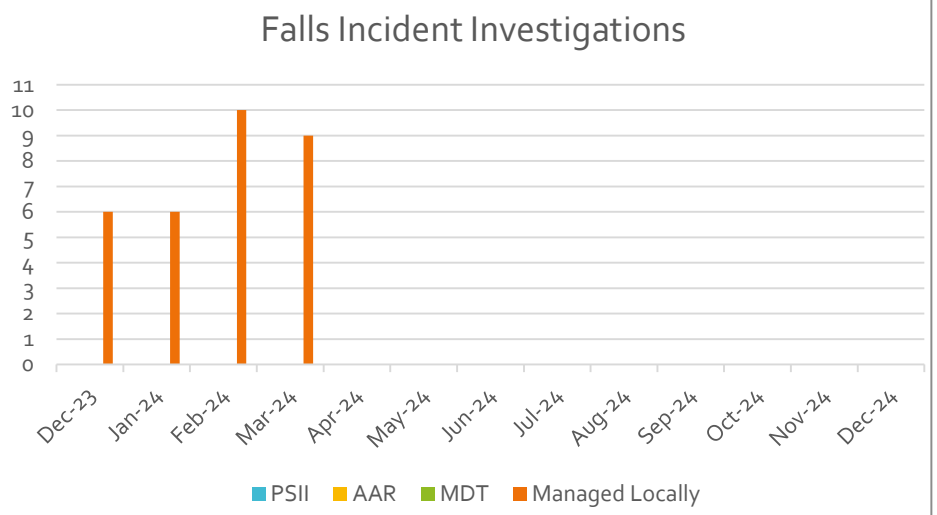
Rationale for Thematic Review as opposed to separate AAR or PSII investigations was that both incidents occurred on the same ward and it was felt that a joined-up approach to identifying common themes and learning was a more proportionate and systems-based approach than 2 separate investigations.

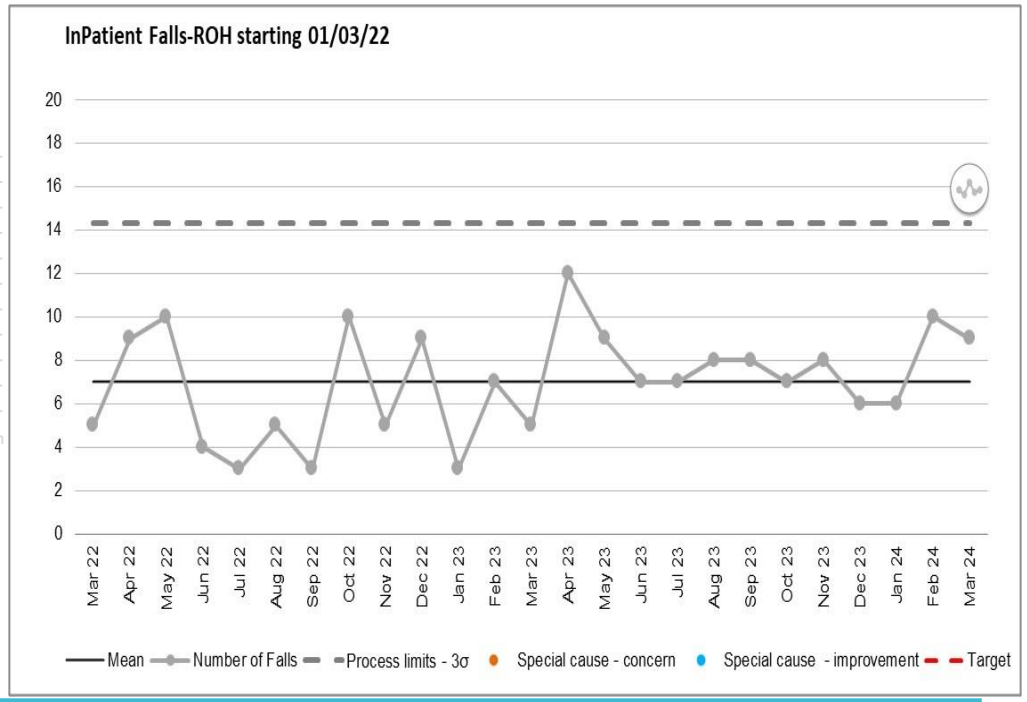
New NWCSP “Pressure Ulcer Recommendations and Clinical Pathway” guidance has been released. Changes will need to be made to the PU categorisation and reporting process. TVN Lead undertook a gap analysis and sent summary report to Clinical Quality Group on 05/02/24. Task and finish group to be arranged to discuss the new NWCSP “Pressure Ulcer Recommendations and Clinical Pathway” and propose a new pressure ulcer risk assessment tool.

In addition, work undertaken by teams in the Trust regarding switching from Aquacel Surgical dressing to Mepilex Border Post-op – an abstract has been accepted as an E poster at a National wound care conference in March 2024.

Post-op dressing collaborative (TV and ROCS) work discussed at Board on 6/3/24 and well received

Falls



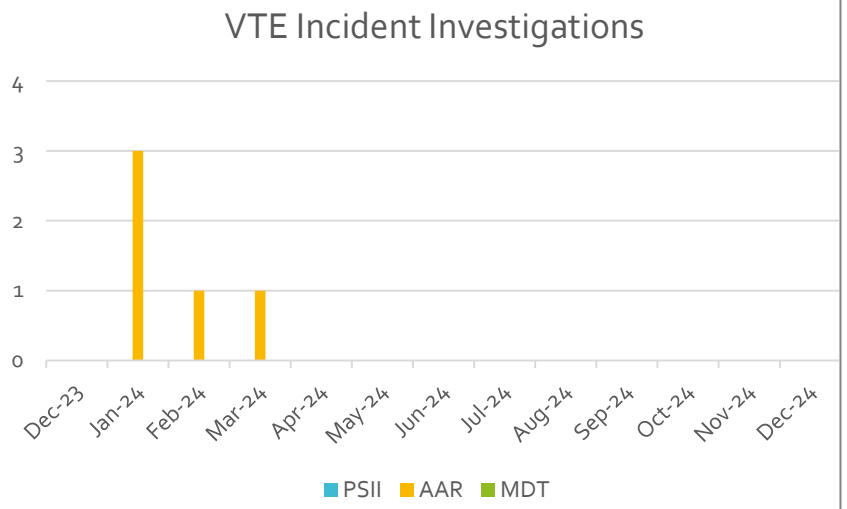


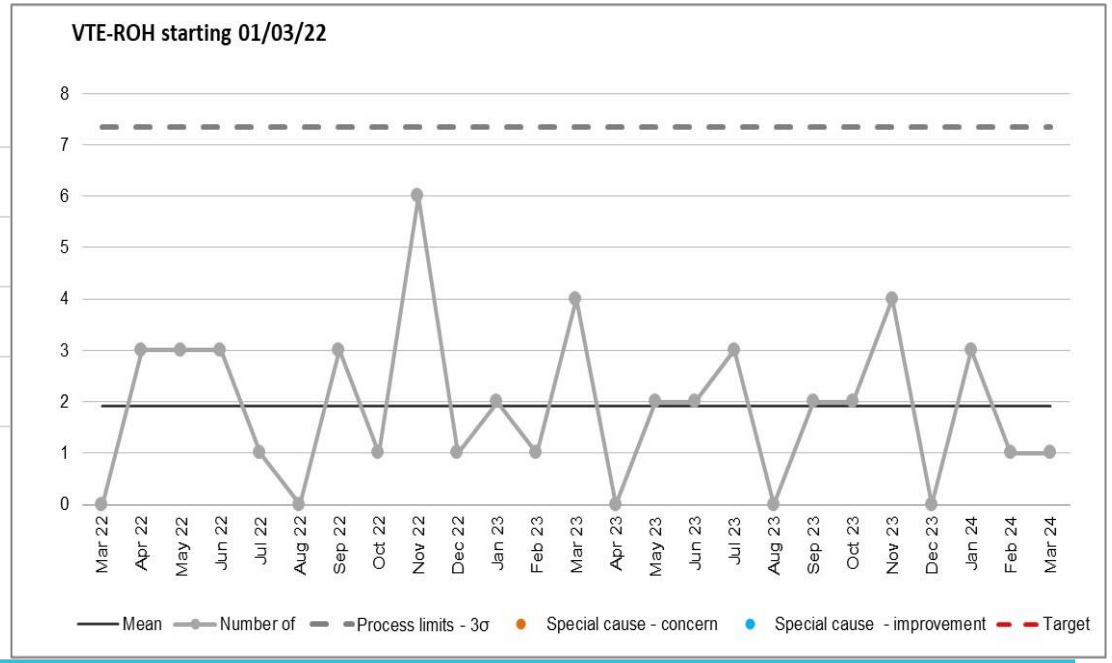
Quality Improvement & Learning

Review of bed rails risk assessment in conjunction with Patient Safety Specialist.

Planned walk round with Estates team to identify outstanding work needed in relation to falls & dementia

VTEs





Quality Improvement & Learning

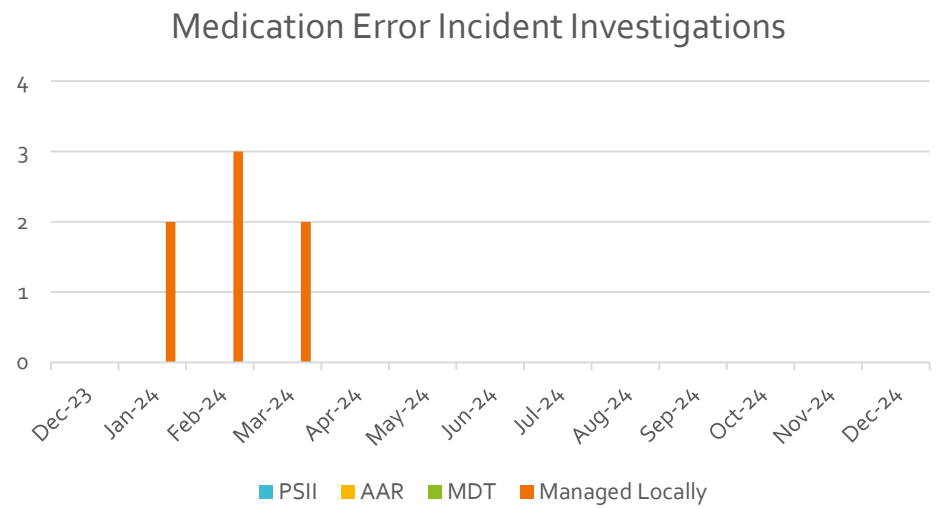
VTE On Admission Assessment Compliance

Compliance figure for March 2024 = **98.05%**

Quality Improvement work underway

Latest NICE Guidance relating to VTE management has been reviewed and discussed at VTE Committee – Trust deemed compliant with Guidance – minor amendment to VTE Policy needed to reflect changes for patients with Covid 19 – this work is underway.

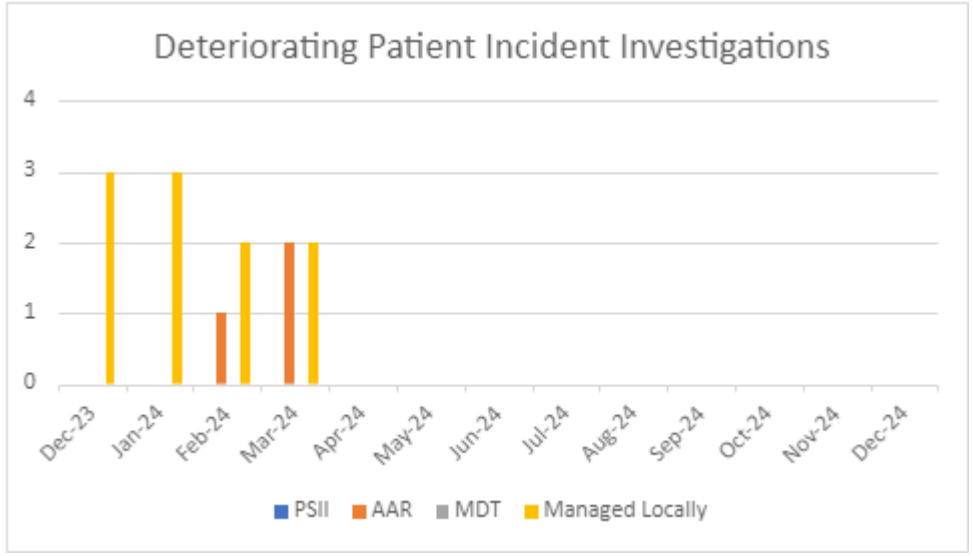
Medication Errors



Quality Improvement & Learning

No AAR's, MDT or PSII investigations have been undertaken – all incidents being managed locally.

Deteriorating Patients

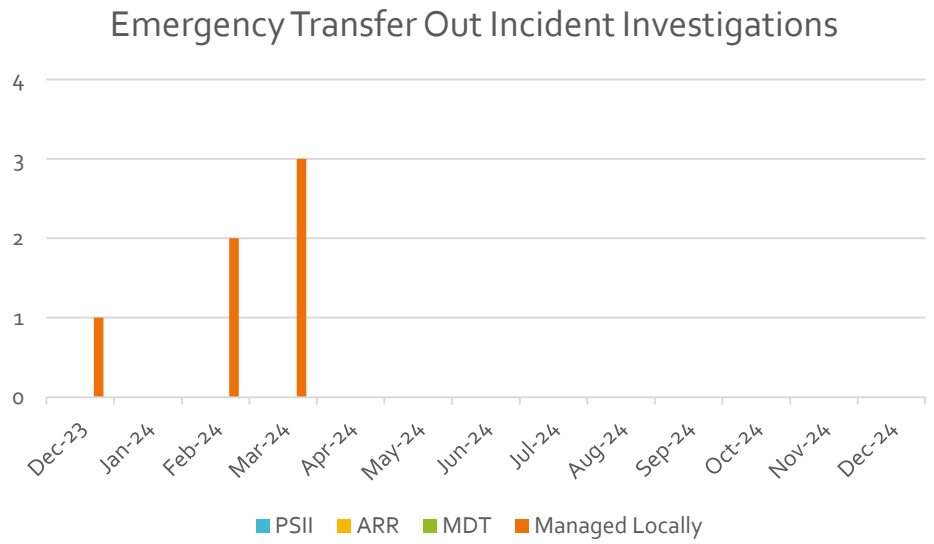


Quality Improvement & Learning

2 x AAR investigations opened in March 2024

These, along with AAR investigation from February AAR, remain underway – outcomes and learning to be included once reports have been finalised via divisional governance processes.

Emergency Transfers Out



Quality Improvement & Learning

No PSII, AAR or MDT investigations currently being carried out – all incidents being managed locally

Complaints

Complaint Information

The Trust received **6** complaints in March 2024

Below are the departments that received complaints in March 2024

- Large Joints
- Spinal Services
- MSK
- Physiotherapy
- Oncology
- Appointments / Safeguarding / Spinal

In March 2024, the complaints team closed **0** formal complaints
At the time of producing this report we currently have **11** open formal complaints. 1 complaint is a resolution meeting request and 1 is a Private Suite Complaint.
4 formal complaints have breached their timeframe and are still open. (1 PP Complaint, 2 for Spinal and for Spasticity)

Below are the departments that have complaints currently open at the time of writing this report

- Spasticity
- Spinal x3
- Inpatient Services
- Private Suite
- Oncology
- Safeguarding and IG
- Imaging
- POAC
- MSK

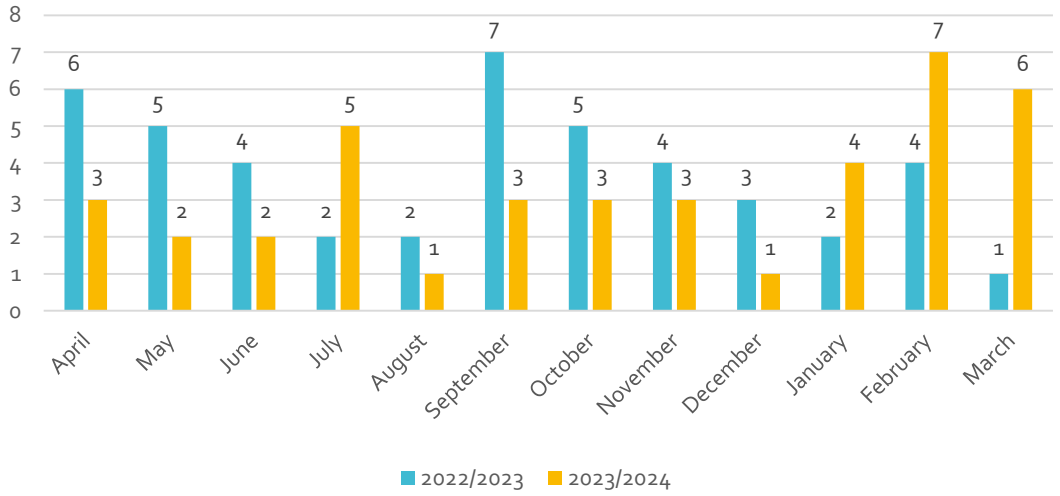
No complaints were received where the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

Complaint Resolution Meetings and Reopened Complaints

The Trust offers meetings to the complainant in both the verbal and written acknowledgement letter and also within the response letter. Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.

In March 24, the Trust received **0 reopened complaints** and **0 requests for a resolution meeting.**

Complaints recieved 2022/2023 Vs 2023/2024



The above table shows that this financial year, we have received fewer formal complaints compared to the last financial year (2022/2023).

On reviewing the data 8 complaints were found to have been incorrectly withdrawn in 2022-2023. Adding 8 to the overall total for that year making the total 53

Complaints KPI's

KPI	Complaints %
April 2023	100%
May 2023	67%
June 2023	75%
July 2023	100%
August 2023	0%
September 2023	100%
October 2023	77%
November 2023	100%
December 2023	0%
January 2024	0%
February 2024	100%
March 2024	100%

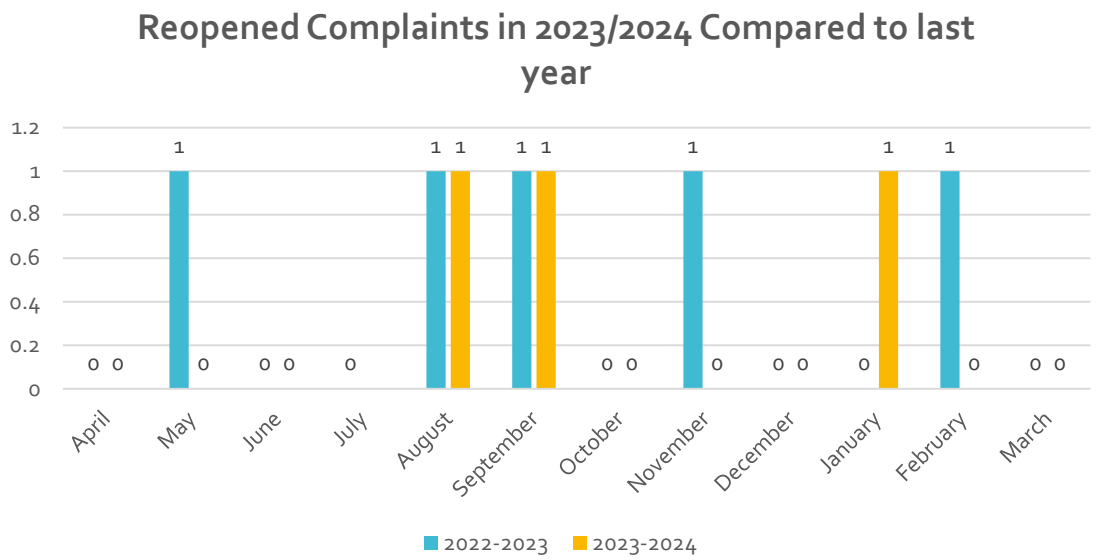
0%-79%
80%-90%
91%-100%

Complaint Year Totals	
April 2022- March 2023	45 (53)
April 2023 – March 2024	40

Actions from Complaints

In March 2024 6 actions were identified. 2 for PALS and 4 for complaints. All of which are still open 2 are for large joints, 3 for Therapy Services and 1 for Spinal Services.
These are reviewed and discussed in the bi-weekly governance meetings.

Complaint Themes



Reopened complaints

The Trust received no requests to reopen complaints in March 2024. This can be attributed to the complaints previously resolved being managed to the complainant's satisfaction.

PHSO Cases

The Trust currently has no PHSO complaints cases open.
The previously open case was closed in March 2024 following the PHSO advising The Trust that they will not be taking any further action.

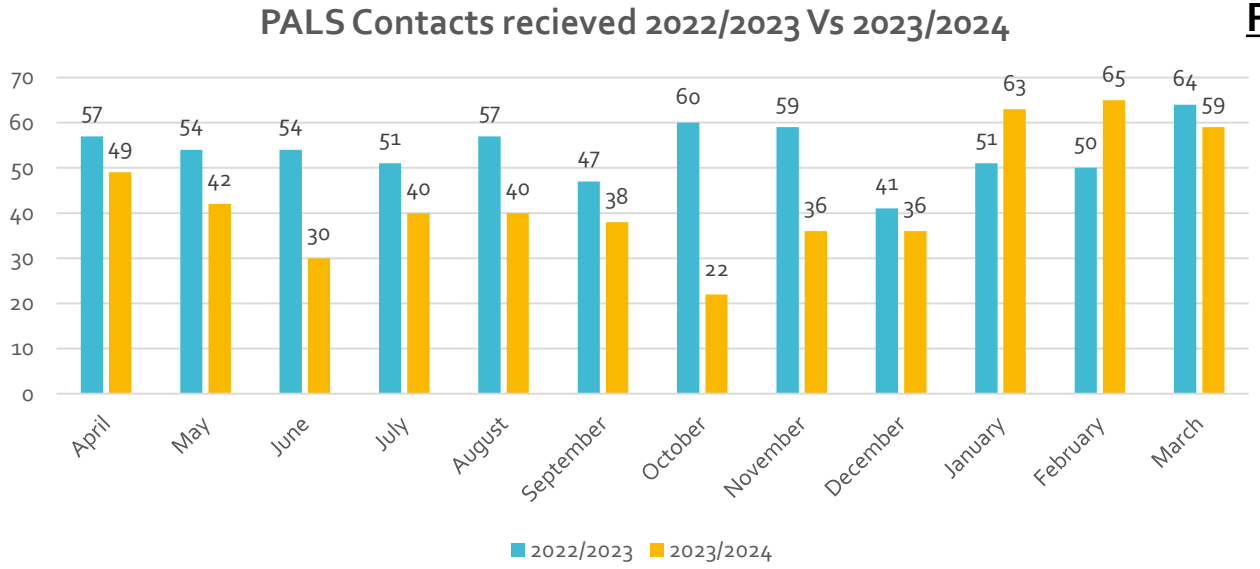
Themes

1. Disagreement with discharge
2. Unhappy with service provided

What We Did / Are doing

1. Raised in divisional governance meeting to track themes.
2. Tracked in Executive Governance Meeting
3. Ensuring actions are created
4. Ensuring relevant departments are aware of concerns
5. Requesting updates on outstanding actions in bi-weekly governance meetings
6. HoPE sending out weekly reminders to triumvirate

Patient Advice and Liaison Service – PALS



PALS KPI's

KPI	PALS Contacts %
April 2023	85%
May 2023	93%
June 2023	90%
July 2023	88%
August 2023	50%
September 2023	36%
October 2023	50%
November 2023	56%
December 2023	82%
January 2024	68%
February 2024	64%
March 2024	66%

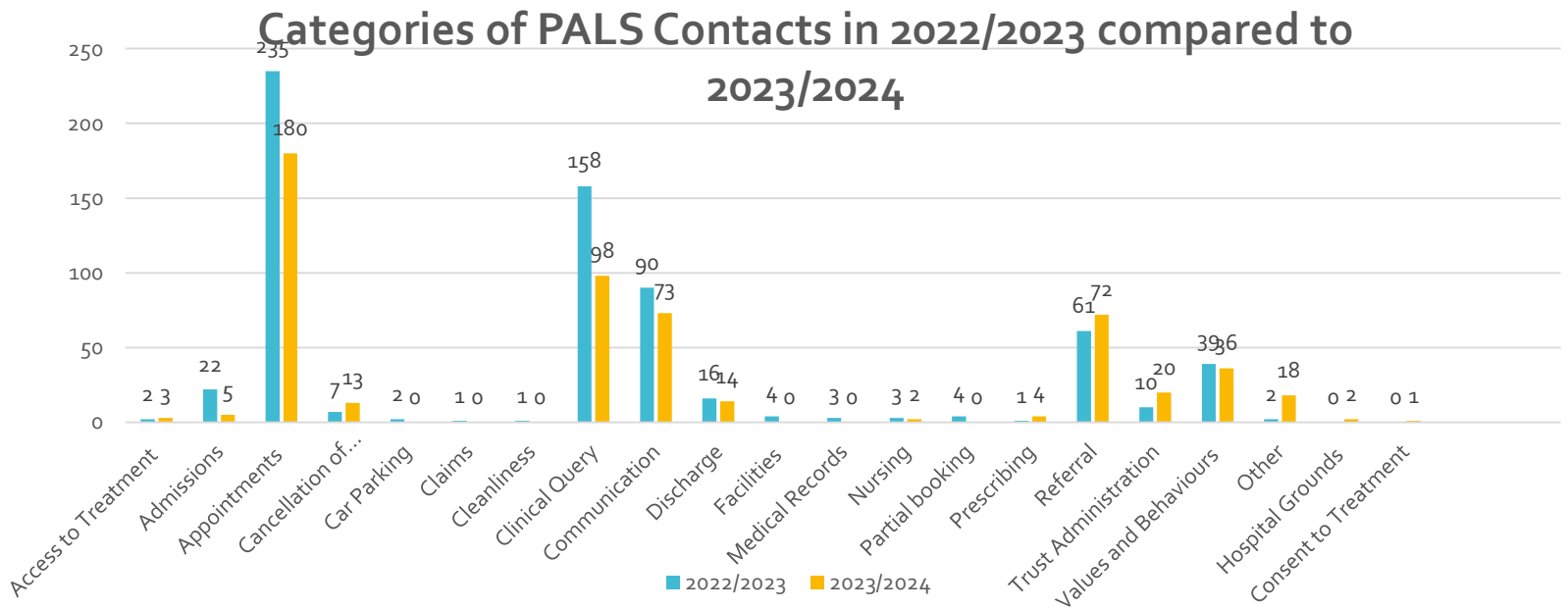
0%-79%
80%-90%
91%-100%

The above graph shows that this financial year The Trust has received less PALS contacts overall in comparison to last year, despite the increase in contacts received in January and February 2024. This is due to the PALS department practicing early resolution where possible and dealing with concerns within the PALS Department before escalating to the specialities. PALS Team are now formally documenting cases dealt with within the department on Ulysses to enable them to be reported on to the Divisions they originate from.

The KPI for PALS Contacts have not been met (90%) since May 2023.
This is primarily due to the lack of, or delayed responses from the specialities.

No PALS Cases were received where the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

PALS Themes



What we have done

Tracked in Executive Governance Meetings
Raised in Governance meetings and with departmental managers.
Escalation to ensure PALS cases are responded too.
Head of Patient Experience sending out individual reminders on outstanding PALS

Themes

Communication – 11 out of 59 received
Specifically: Request for second opinion

Appointments – 26 out of 59 received
Specifically: Appointment cancelled

WHO Audits

Theatre Audit

	Scores	Percentages
Team Brief	849/849	100%
Sign In	849/849	100%
Time Out	849/849	100%
Sign Out	849/849	100%
Team Debrief	848/849	99%
Total		**99%**

CT Area Audit

	Scores	Percentages
Team Brief	95/95	**100%**
Sign In	95/95	**100%**
Time Out	95/95	**100%**
Sign Out	95/95	**100%**
Team Debrief	95/95	**100%**
Total		**100%**

Visual Audit

	Scores	Percentages
Team Brief	26/26	**100%**
Sign In	24/26	**92%**
Time Out	26/26	**100%**
Sign Out	26/26	**100%**
Team Debrief	21/26	**80%**
Total		**94%**

Quality Improvement & Learning

As of 1st April 2024 WHO Audits will be completed via AMAT and it is intended that more visual WHO audits will be completed per theatre.

CAS Alerts

No New CAS Alerts Received in March

CAS Alerts – Open alerts from previous months

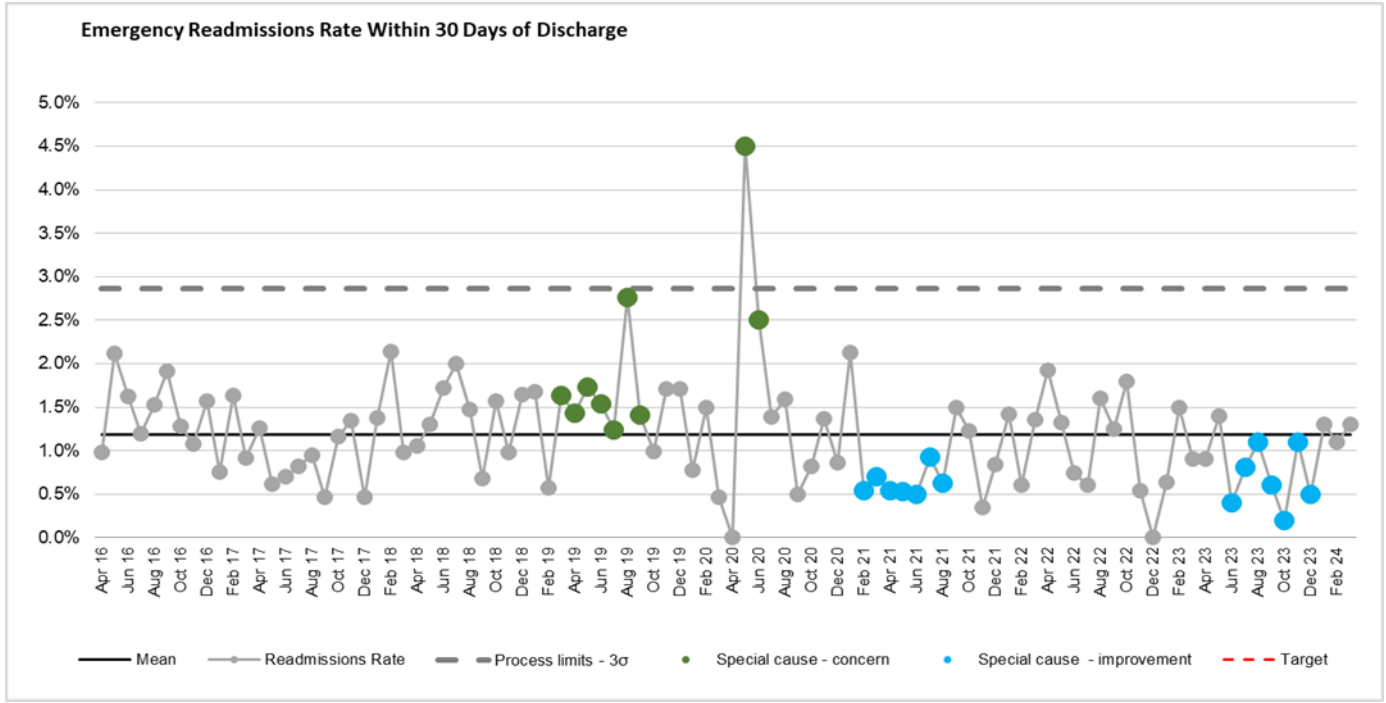
Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/002/NHSPS	Transition to NRFit connectors for intrathecal and epidural procedures, and delivery of regional blocks. This National Patient Safety Alert, issued by the NHS England National Patient Safety Team, and co-badged by the Association of Anaesthetists, Royal College of Anaesthetists and the Safe Anaesthesia Liaison Group, instructs all relevant NHS funded providers to complete the transition to NRFit connectors for all intrathecal and epidural procedures, and delivery of regional blocks by 31 January 2025.	National Patient Safety Alert - NHS England Patient Safety	31-Jan-24	Assessing relevance. **16 Apr 24:** Awaiting response from Bill Rea/ Tony Sutherland/ Benjamin Smith. In-going…	31 Jan 25 On-going…

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls. The MHRA continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks). Chest or neck entrapment in bed rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS. This National Patient Safety Alert provides further background and clinical information and actions for providers.	MHRA	31 Aug 23	**11 April 2024:** **Email from MDSO:** National issues are preventing closure of this alert. Working with BSol and Birmingham Citywide to address issues. Alert on risk register and discussed at divisional governance. **Estates:** Beds tagged to aid compilation of Estates inventory. Beds & bedrails now to be serviced by our in-house engineers jaw Arjo's service schedule. On-going…	1 Mar 2024. On-going…

Safeguarding Training Compliance

KPI	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Safeguarding Adult Notifications	17	43	21	44	43	47	37	47	58	65		72	56
Safeguarding Children Notifications	23	37	29	55	51	42	25	35	40	45		45	40
Adult Level 2 - 85%	80.19% (↓)	82.27% (↑)	83.12% (↑)	84.68% (↑)	86.22% (↑)	86.22%	85.48% (↓)	86.86% (↑)	88.7% (↑)	88.97% (↑)		89.03% (↑)	88.55%
Adult Level 3 - 85%	76.37% (↓)	77.84% (↑)	80.15% (↑)	83.02% (↑)	83.11% (↑)	82.06% (↓)	83.15% (↑)	83.83% (↑)	86.03% (↑)	84.11% (↓)		83.99% (↓)	82.68% (↓)
Level 4 - 90%	80.0% (↑)	80.00%	80.00%	80.00%	100% (↑)	100% (↑)	100.00%	80% (↓)	80.00%	80.00%		60% (↓)	75% (↑)
Child Level 2 - 85%	79.85% (↓)	82.18% (↑)	82.86% (↑)	84.68% (↑)	86.14% (↑)	86.12% (↓)	85.23% (↓)	86.7% (↑)	88.46%(↑)	88.89% (↑)		88.89%	88.4% (↓)
Child Level 3 - 85%	76.37% (↑)	78.03% (↑)	80.15% (↑)	82.82% (↑)	83.11% (↑)	81.68 (↓)	82.8% (↑)	83.46% (↑)	85.84% (↑)	83.96% (↓)		83.99% (↑)	82.68% (↓)
Mental Capacity Act MCA - 85%	80.36% (↑)	82.44% (↑)	83.21% (↑)	84.85% (↑)	86.39% (↑)	86.35% (↓)	85.88% (↓)	87.11% (↑)	88.62% (↑)	88.97% (↑)		89.19% (↑)	88.55% (↓)
Deprivation of Liberty Safeguards DoLs - 85%	79.93%	82.09% (↑)	82.95% (↑)	84.68% (↑)	86.22% (↑)	86.27% (↑)	85.63% (↓)	86.95% (↑)	88.54%	88.89% (↑)		89.12% (↑)	88.48% (↓)
Prevent Awareness - 90%	88.96%	90.14%	89.86%	90.49%	91.24% (↑)	91.32% (↑)	89.98% (↓)	94.48% (↑)	91.38%	90.33% (↓)		89.35% (↓)	87.70% (↓)
WRAP (prevent level 3) - 85%	80.2% (↑)	82.19% (↑)	83.89% (↑)	85.68% (↑)	87.89% (↑)	87.41% (↓)	86.15% (↓)	85.51% (↓)	86.25% (↑)	85.22% (↓)		81.21% (↓)	82.71% (↑)
FGM	1	3	0	1	0	5	2	3	1	1		2	1
DOLS	0	7	0	6	4	4	2	5	3	6		5	4
MCA	1	3	4	1	4	2	7	5	6	7		13	6
PIPOT cases	0	0	0	0	1	0	0	0	0	1		0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0		0	0

Readmissions



	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
No of Readmissions	4	7	2	4	5	3	1	6	3	6	6	7
Denominator	465	494	554	482	469	492	543	553	559	462	546	548
% Readmissions	0.9%	1.4%	0.4%	0.8%	1.1%	0.6%	0.2%	1.1%	0.5%	1.3%	1.1%	1.3%

Freedom to Speak Up

There were 4 concerns raised for March 2024 in relation to the following themes

- Patient safety
- Worker's safety and wellbeing
- Attitude and behaviour
- Poor support from manager

Quality Improvements & Learning

Attitude and behaviour issues escalated to relevant managers, issues resolved through discussion, clarification, and apologies. 1 case is currently under HR investigation and in another case the member off staff has been supported with raising their concerns to their line manager.

Wider on-going collaborative work with HR to review how Conflict Resolution Training could be tailored to improve attitude and behaviour in the organisation. Waiting for this to be rolled out.

Operational Performance Summary

Performance to end March 24	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	49.58%	49.77%	92%		F
104 week waits	0	0	0	L	P
78+ week waits	0	0	0	L	P
65 Week waits (65-77 weeks)	39	68	0	L	F
52 week waits (52 – 64 Weeks)	517	414	0	H	F
All activity YTD (compared to plan)	14,475	13,196	14,316		P
Outpatient activity YTD (compared to plan)	66,066 99.8% Cumulative	60,831 101.2% Cumulative	66,174 YTD Target		F
Outpatient Did Not Attend (YTD)	8.4%	7.0%	8%		F
PIFU (trajectory to 5% target)	416 8.3%	447 8.8%	211 5%	H	P
Virtual Consultations (target is plan, operational planning guidance is 25%)	8.5%	10.7%	19%		F
FUP attendances(compared to 19/20)	92.6%	90.6%	75%		P
Diagnostics volume YTD (compared to 19/20) – All Modalities	110.1%	110.0%	120%		F
Diagnostics volume YTD (compared to plan)	25,498 Cumulative	23,114 Cumulative	18,985 YTD Target		P
Diagnostics 6 week target	99.8%	99.9%	99%		P

Operational Performance Summary

Performance to end March 24	In month	Previous month	Target	Variation	Assurance
Theatre Session Utilisation	89.42%	92.5%	85%		P
Theatre In Session utilisation (Uncapped)	82.58%	84.86%	85%		P
Cancer - 31 day first treatment	100%	93.7%	96%		P
Cancer - 62 day (traditional)	59.1%	85.7%	85%		F
28 day FDS	82.8%	87.9%	75%		P
Patients over 104 days (62 day standard)	0	0	0		No Target
POAC activity volume (YTD)	25,552 Cumulative	23,415 Cumulative	23,322 Cumulative		P
Bed Occupancy (excluding CYP and HDU)	69.7%	73.7%	82-85%		F
LOS - excluding Oncology, Paeds,YAH, Spinal	3.66	3.37	n/a		No Target
LOS - elective primary hip	2.90	3.10	2.7		F
LOS - elective primary knee	2.90	3.10	2.7		F
BADS Daycase rate (Note: due to time lag in month is Dec'23)	72.90%	74.0%	85%		F

Appendix B – PSIRF INVESTIGATION METHODS

Patient Safety Incident Investigation (PSII)

What is it?	When would you use it?	Time required to complete.	Who leads it?	Who is involved?
An in-depth review of a single patient safety incident or cluster of events to understand what happened and how.	When there has been serious harm to a patient or patients.	20 – 80 hours over several weeks.	Undertaken by a trained patient safety investigator who collates data, conducts interviews, undertakes analysis and writes the recommendations report.	People directly involved in the incident and senior clinicians.

Strengths	Weaknesses
•It is a well-established approach which is widely recognised and valued by patients and their families. •PSIIs provide a thorough analysis of an event where harm happened and ensure specific causes are identified •Responsibility for the investigation and the completion of the actions arising is clearly articulated in the governance arrangements in each provider.	•Investigations take a long time to complete and actions arising in the PSII report can take many more months to be completed. •Outcomes are less system focused than other tools. •The quality of PSIIs varied before PSIRF mandated training for investigators. • Staff are only involved when they are interviewed, and this can feel very stressful.

After Action Review (AAR)

What is it?	When would you use it?	Time required to complete?	Who leads it?	Who is involved?
A structured, facilitated discussion of an event, the outcome of which gives the individuals involved in the event understanding of why the outcome differed from that expected and the learning to assist improvement. AAR generates insight from the various perspectives of the MDT	After any event, where patient care or service was not as effective or safe as expected, or when events turned out better than expected	Likely to take 45 minutes to 90 mins depending on complexity of the issue and the numbers participating	Led by a trained AAR Conductor -this could be anyone from within the MDT, local or remote to the participants	Those directly involved in the event and others connected to them or the patient pathway. Patients and family members may be included

Strengths	Weaknesses
The individuals learn for themselves what was happening and identify similarities and differences between themselves and others. Learning during the AAR is the main focus, not the report, with those participating positioned as the agents of change and improvement. It's a group learning process, so the interactions between members of the team are available to learn from and improve. This has a strong effect on team performance and patient safety. It is highly adaptable, suitable for a wide range of events. Psychological safety is actively created and maintained throughout. Provides a safe reflective environment which staff experience as supportive, reducing isolation and rumination after events.	Whilst lessons learned and actions arising are shared outwards and upwards, primary responsibility for change rests with those involved reducing central authority. There are limited ways to track if individuals have changed their behaviour or completed actions as a result of the AAR. Governance processes for tracking AAR activity and outputs are not established in many providers. This means the value of collated learning may not be available.

Multidisciplinary Team Review (MDT)

What is it?	When would you use it?	Time required to complete?	Who leads it?	Who is involved?
An in-depth process of review, with input from different disciplines, to identify learning from patient safety incidents, and to explore a safety theme, pathway, or process. To understand how care is delivered in the real world i.e. work as done	After several similar events have occurred, when it's more difficult to collate staff recollections of events, either because of the passage of time or staff availability	No defined time allocated. Likely to include a workshop lasting 2 to 3 hours	Likely to be led by a patient safety facilitator who will use the MDT review as one source of data for learning about a series of events or a theme	Those directly involved in these events from the MDT, plus patient safety experts, other senior clinicians

Strengths	Weaknesses
The participation of many members of the MDT without the spotlight on a single adverse event enables a broad and deep discussion to take place and a system view to be gathered. Can be adapted to incorporate the systems engineering initiative for patient safety (SEIPS) framework to structure the review.	Responsibility for learning and acting on the learning primarily rests with the person/s who set up the MDT review reducing the sphere of influence. Whilst participants will contribute and learn, it is not the specific purpose of the activity. It is a planned event, and it may take many weeks to set up and ensure full MDT representation is available. Resource intensive to undertake.

Thematic Review

What is it?	When would you use it?	Time required to complete?	Who leads it?	Who is involved?
A way of identifying patterns in data to help answer questions, show links or identify issues	Developing or revising an improvement plan; aggregating information from many sources of data; gathering insights into gaps/safety issues to direct further analysis; aggregating findings from multiple incidents to identify interlinked contributory factors; presenting summary data to show the impact of improvement work	Dependent on complexity and data sets to be reviewed - can be lengthy.	Led by an individual who understands how to conduct the review.	Those directly involved in the events and others connected to the patient pathway.

Strengths	Weaknesses
As there is no single measure of safety – insights might come different forms - qualitative or quantitative; What is seen, heard and perceived is as important as hard data. Allows for exploration and triangulation of insights from different type of data and gives structure to this. Allows for curiosity and a willingness to explore and being open to what the data is saying. Allows for scoping of the questions(s) you want the review to answer, for example what factors contributed to this incident or safety theme? Allows for collation and triangulation of data from different sources and transparency of evidence. Allows the opportunity to seek out and include multiple perspectives that may bring out innovative ideas to find something you didn't know.	Need to choose an approach to the analysis that best suits the question /theme – deductive or inductive. Thematic analysis may be time consuming – requires immersion and resources. Making assumptions too early can bias findings, be wary of drawing conclusions to soon and be open to the data. Need to plan how the analysis will be written up to bring the findings to life – summarising is key, Need to think about the analysis can lead to safety actions can lead to improvements

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	Workforce Performance Report – March 24
SPONSOR (EXECUTIVE DIRECTOR):	Sharon Malhi, Chief People Officer
AUTHOR:	Matt Dingle, Head of Human Resources Clare Mair, Head of OD and Inclusion Claire Felkin, Training and Development Manager
DATE OF MEETING:	1st May 2024

EXECUTIVE SUMMARY:

- The Trust reported positive progress in many workforce performance areas in February 2024, including consistent improvements to the Occupied Establishment, Turnover, Mandatory Training and Attendance.
- Appraisal performance declined although the new approach of completing appraisals between April and July is likely to be a contributor.

REPORT RECOMMENDATION:

The Board is asked to review for information

ACTION REQUIRED *(Indicate with 'x' the purpose that applies)*:

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***

Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	
Clinical		Equality and Diversity		Workforce	X

Comments: [*elaborate on the impact suggested above*]

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Various Trust objectives and workforce performance metrics, as included in the document

PREVIOUS CONSIDERATION:

Staff Experience and OD Committee – January 2024

Workforce Performance Report

Prepared by:
Matt Dingle, Head of HR;
Clare Mair, Head of OD & Inclusion
Claire, Training and Development Manager
Ref: March 2024 / HR&OPS

Scorecard

Topic	KPI	Feb-2024	TREND
Occupied Establishment	93%	89.74%	↑
Turnover (adjusted)	10.5%	9.07%	↓
Staff in post - FTE	N/A	1253.2	↑
Attendance	96%	94.16%	↑
Performance & Development Reviews	95%	68.9%	↓
Disability declaration rate	7.5%	6.4%	↓
Workforce Wellbeing – A/Leave	N/A	84.36%	N/A
Mandatory Training	93%	88.12%	↑

Section One:

HR Operations Team

Prepared by: Matt Dingle, Head of HR

Presented by: Matt Dingle, Head of HR

Ref: December 2023/HR&OPS

HR Operations

Summary:

There were plenty of positives to report in February 2024:

- We are retaining staff well with only 10 leavers in February 2024 (excluding rotation) and the majority appeared to be due to
- The establishment has made significant improvements in the last two months.
- Complex and higher severity cases are drawing to a close

Areas for Improvement:

- Whilst attendance rates are improving, they remain below Trust target. This is natural for the time of year given a spike in colds, coughs and flu's.
- It would be positive to gain more managerial assurance of return to works being completed by logging via ESR although the HR team are starting to support sickness more proactively and will coach where improvements can be made by line managers.

Risks / Issues:

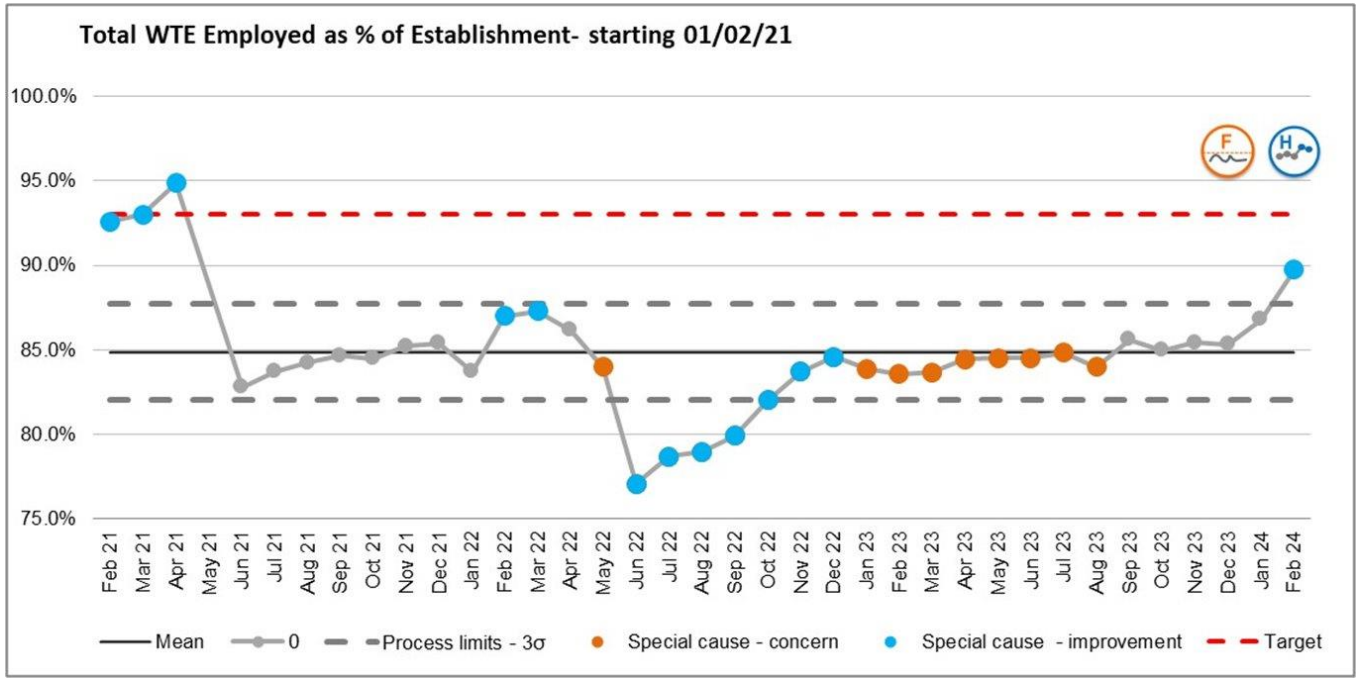
- In the most recent available benchmarking data for sickness absence in the system, we were the highest in January. Given February improved performance, it is hoped this was an outlier month.

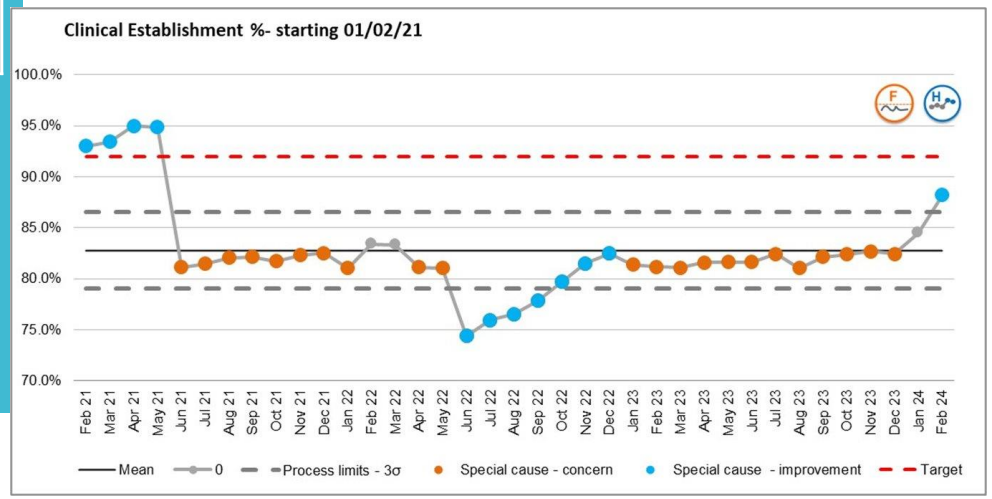
Action Plan:

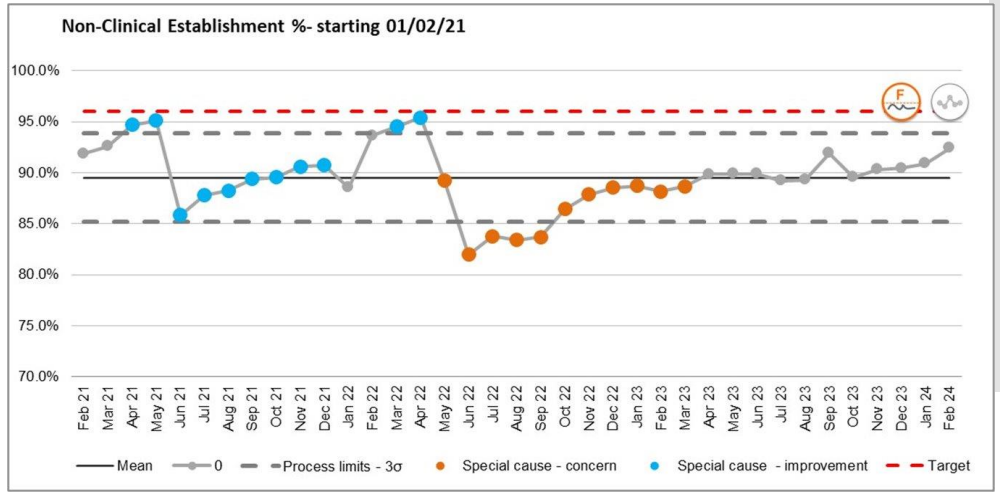
- Meetings with occupational health are fortnightly and assurances have been provided around improving their turnaround times which will support both time to hire figures and support staff with their health.
- New Medical Staffing Advisor will support the recruitment process for medical staff.

Occupied Establishment

KPI	93%
Feb-2024	89.74%
Trend	↑







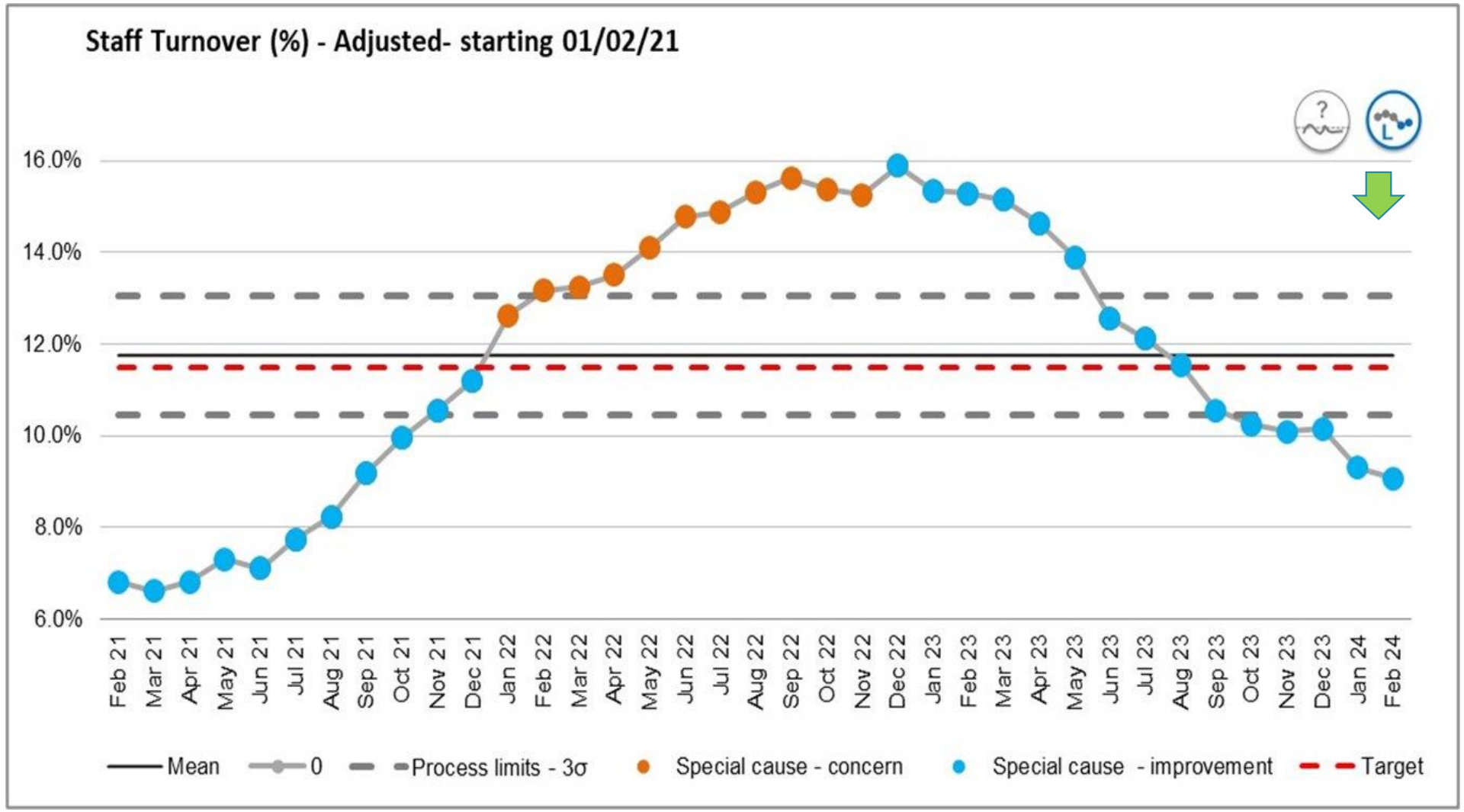
Turnover (adjusted)

KPI	10.5%
Feb-2024	9.07%
Trend	↓

Adjusted turnover *is all turnover minus:*

- *Junior doctor rotation*
- *Flexible retirement*
- *End of FTC*

Adjusting turnover provides more meaningful data around Trust performance



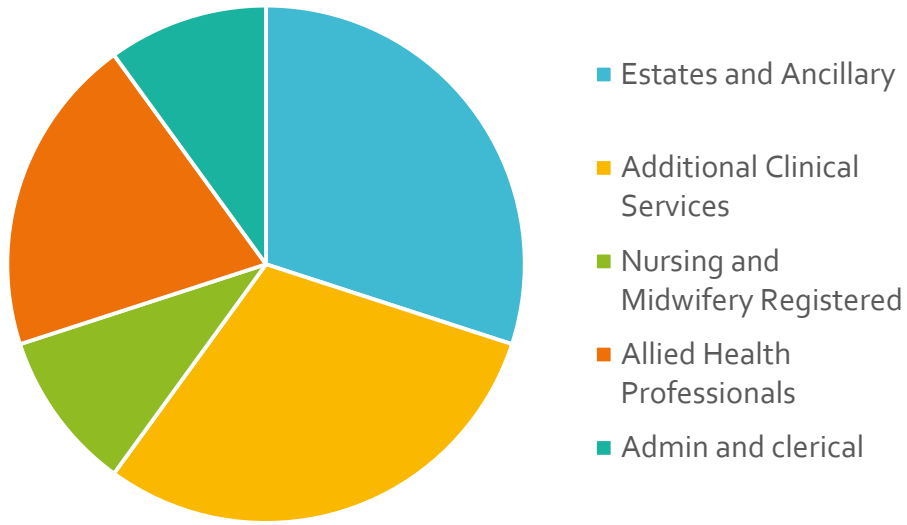
February leavers

Data has been captured from ESR, extracted on 13/03/2024

Reason for leaving	Headcount
Retirement Age	4
End of Fixed Term Contract	1
Voluntary Resignation - Relocation	1
Voluntary Resignation – lack of opportunities	1
Voluntary Resignation - Work Life Balance	1
Voluntary Resignation - Better Reward Package	1
Voluntary Resignation - Health	1
Grand Total	**10**

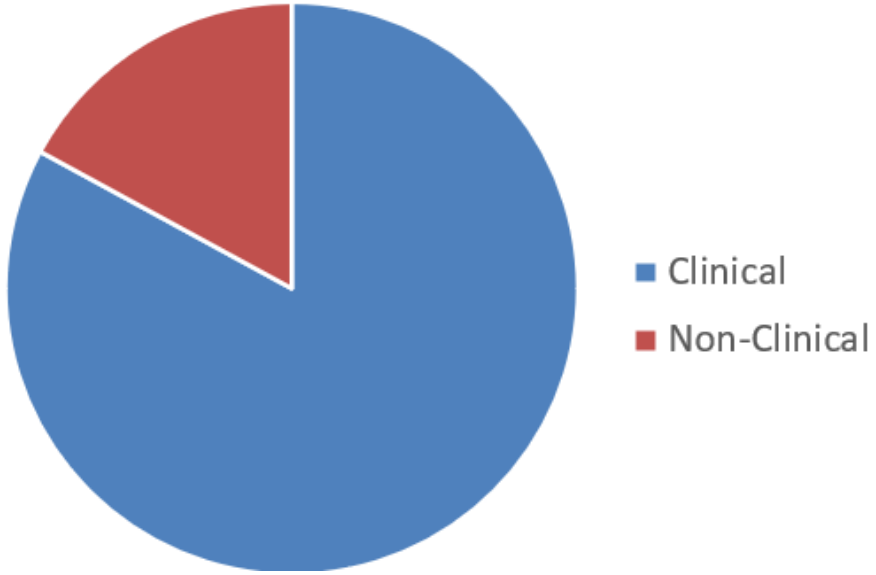
Status	Headcount	Comments
Unpreventable	7	Retirement, health, end of ftc, relocation
Possibly preventable	3	Better reward package, work-life balance, lack of opportunities

Of the 4 staff who retired in December,
2 have returned



Starters – Feb 24

Staff Group	Headcount
Admin and clerical	6
Additional Clinical Services	8
Allied Health Professionals	3
Estates and Ancillary	1
Medical and Dental	5
Nursing and Midwifery	10
Bank	14
Total	**47**



Time to Hire		KPI
Vacancy creation to conditional offer	35.8 days	Not currently set
Vacancy creation to starting letter	64 days	Not currently set
Time to clear performance	28.2 days	30 days

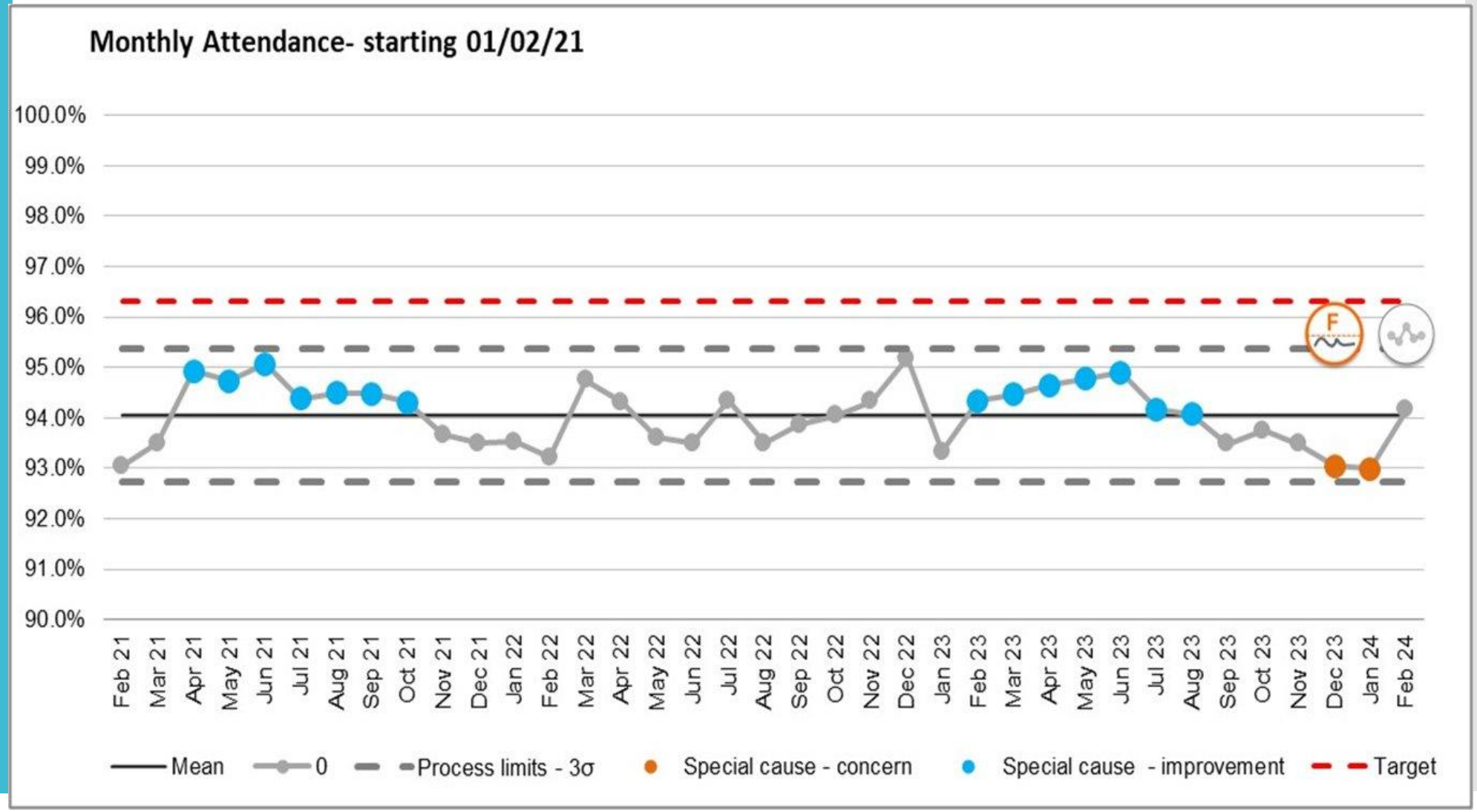
Employee Relations

Case Type	Cases open	Suspended/ Excluded	Cases Closed / Concluded in Jan/Feb
Discipline	4	3	1
Grievance	3	0	1
Formal Capability	0	0	0
MHPS	1	1	1

Key Themes:

- Longer term cases are drawing to a conclusion
- Disciplinary cases involving suspension have included a police investigation
- Current cases appear to be of higher complexity and/or severity
- Just and restorative culture principles in place and has resulted in a learning approach taken for more minor elements of misconduct.
- Work is ongoing to adopt an improved approach to resolution rather than a 'win/lose' grievance process.

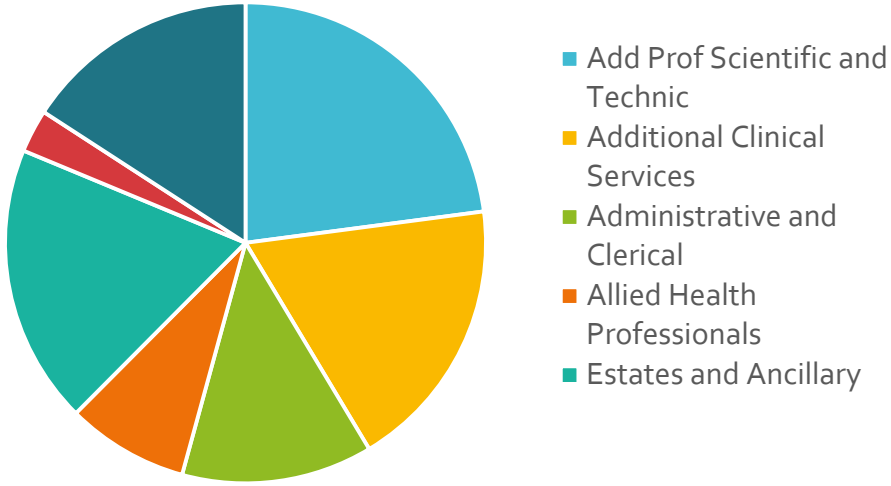
Attendance	
KPI	96%
Feb-23	94.16%
Trend	↑



Attendance continued

Return to work compliance (logged on ESR)

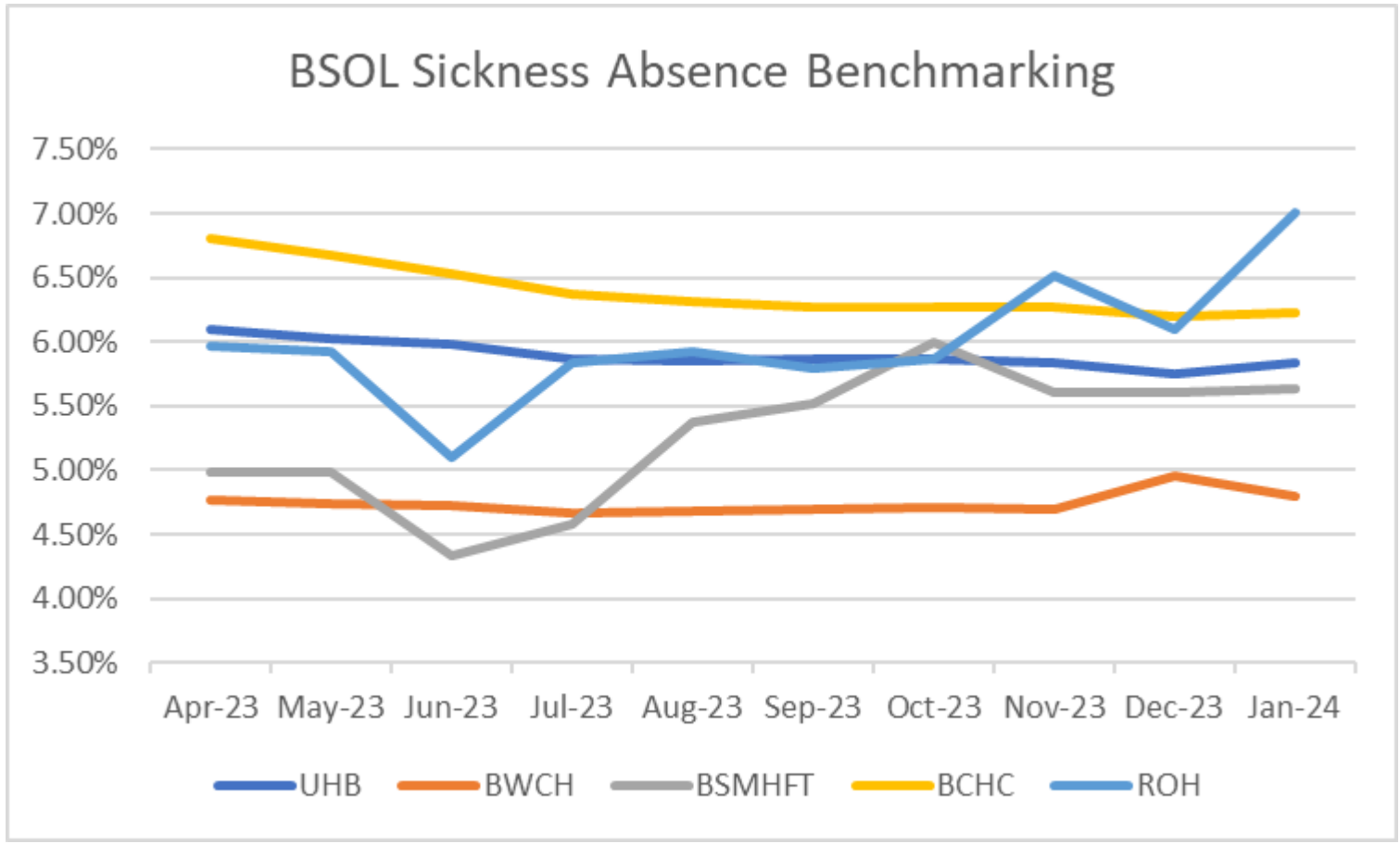
Absence FTE %



Absence Reason	% of days lost
S10 Anxiety/stress/depression/other psychiatric illnesses	28.57%
S13 Cold, Cough, Flu - Influenza	15.33%
S12 Other musculoskeletal problems	13.59%

Attendance – Benchmark

Note: data is collected by ICS at a different point in time to when we report, so figures may not match ours but that will be a consistent theme for all Trusts



Section Two:

Education and Training

Prepared by: Claire Felkin, Training & Development Manager

Presented by: Claire Felkin, Training & Development Manager

Ref: March 2024/HR&OPS

Education and Training

Summary:

Apprenticeships: On track to achieve 28 apprenticeship starts (annual target of 29 based on 2.3% of workforce). Some delayed starts in Estates and Radiography due to training providers not being able to start before the end of the financial year. Good levels of interest in apprenticeships shown during National Apprenticeship Week and Café Royale stands.
Mandatory Training: The annual renewal modules, Fire and Information Governance with Cyber Security, are tracking at a lower compliance figure than the 3 yearly renewal modules. This reduces the overall average compliance. In July and August 2023, the new Information Governance and Cyber Security compliance modules were introduced which reduced average down from 90.23% to 86.96%. IG & Cyber data is being recorded again in ESR with modules still on metacompliance. Working on the training plan for the new Oliver McGowan Mandatoy Training tier 1 and tier 2 sessions.

Areas for Improvement:

- Fire training annual renewal
- Compliance amongst non medical/administration needs improvement
- Resus training and Consistency for Bank Mandatory training

Risks / Issues:

- Maintaining increases in resuscitation training compliance
- Release of staff to attend training due high vacancy, turnover rates and messaging about non essential training.
- Not achieving mandatory training compliance and challenge from commissioners .

Action Plan:

- Bimonthly assurance review at Training and Development group, with Risks monitored around mandatory training compliance and utilisation of new apprenticeship roles and the levy.
- Strong engagement with SMEs in relation to managing specific training compliance
- Engagement with Clinical Workforce and Development group, and Resus committee
- Apprenticeship Stakeholder Group to be created in early 2024, to develop strategy and plans relating to apprenticeships, and workforce models following outcomes of the NHS LTWP, and the ROH People and Workforce Plan.

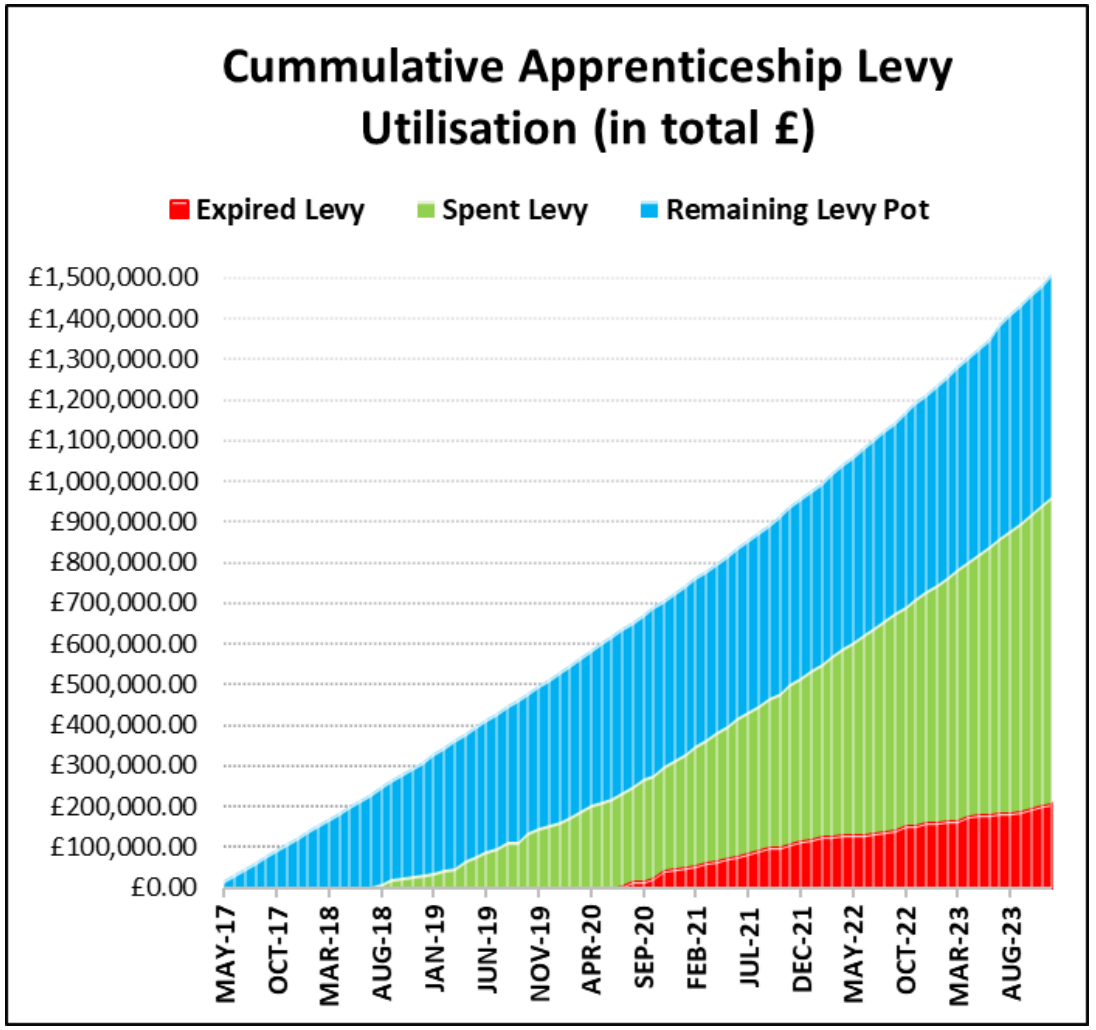
Apprenticeship Activity

KPI	2.3%
Current YTD	1.50%
2022/23	1.94%
2021/22	2.16%

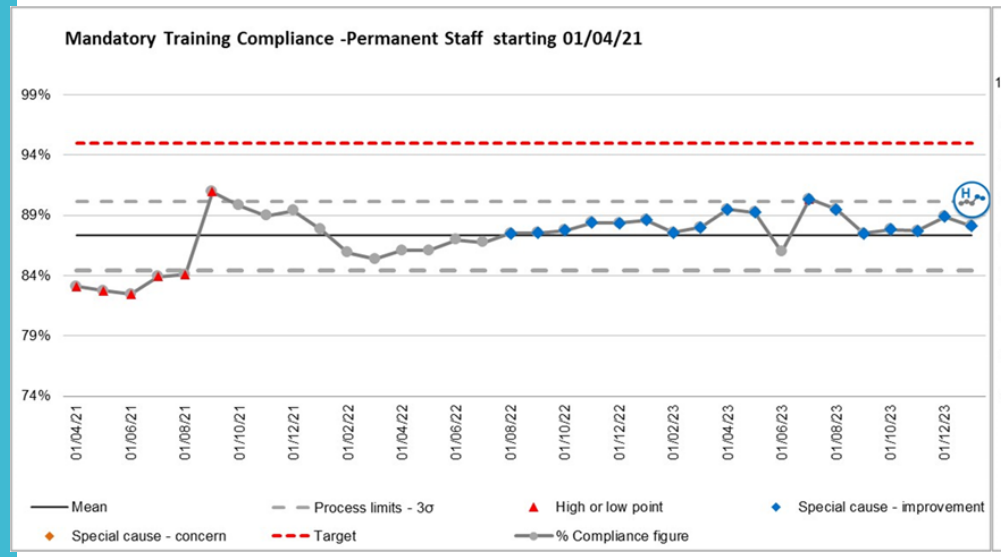
Apprenticeship Qualifications At 31st December 2023	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Number apprenticeships on pause	0	0	0	0	1	0	1	2
number staff left during qualification	1	1	3	1	4	2	0	12
Number stopped qualification	0	6	7	7	5	5	0	30
Number on maternity leave / long term absence	0	0	0	0	0	2	0	2
Number currently completing their qualification	0	0	0	2	5	14	18	39
Number completed their qualification	6	17	17	7	11	0	0	58
Number who failed qualification	0	1	0	0	0	1	0	2
Company dissolved !	0	0	1	0	0	0	0	1
Number of GIFTED qualifications						2	0	
Number external apprenticeships in recruitment							1	
Number external apprenticeship in pre-employment							6	
Number internal apprenticeships in sign up stage							5	
Number internal apprenticeships in discussion phase							20	
Number new apprenticeship qualifications commenced during the year	**7**	**25**	**28**	**17**	**26**	**24**	**19**	146
potential apprenticeships in progress	*7*	*25*	*28*	*17*	*26*	*24*	*51*	178
Applications that didn't progress following initial interest	*0*	*7*	*9*	*11*	*6*	*11*	*7*	51
recruited substantive instead				*1*				1
Annual Target: 2.3% of workforce	24	23	25	26	28	28	29	183
Percentage of qualifications to national annual target	29.66%	107.51%	113.77%	64.27%	93.73%	84.22%	65.05%	79.63%
Trust headcount	1026	1011	1070	1150	1206	1239	1270	7972
Apprenticeships as a percentage of workforce headcount (2.3% target)	0.68%	2.47%	2.62%	1.48%	2.16%	1.94%	1.50%	1.83%

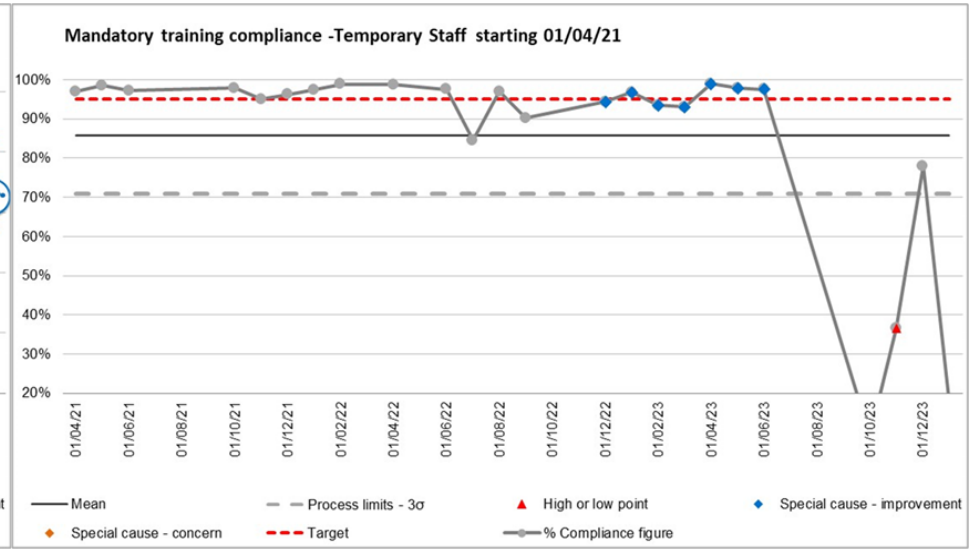
Apprenticeship Levy Funding	
KPI	2.3%
Current YTD	1.50%
2022/23	1.94%
2021/22	2.16%

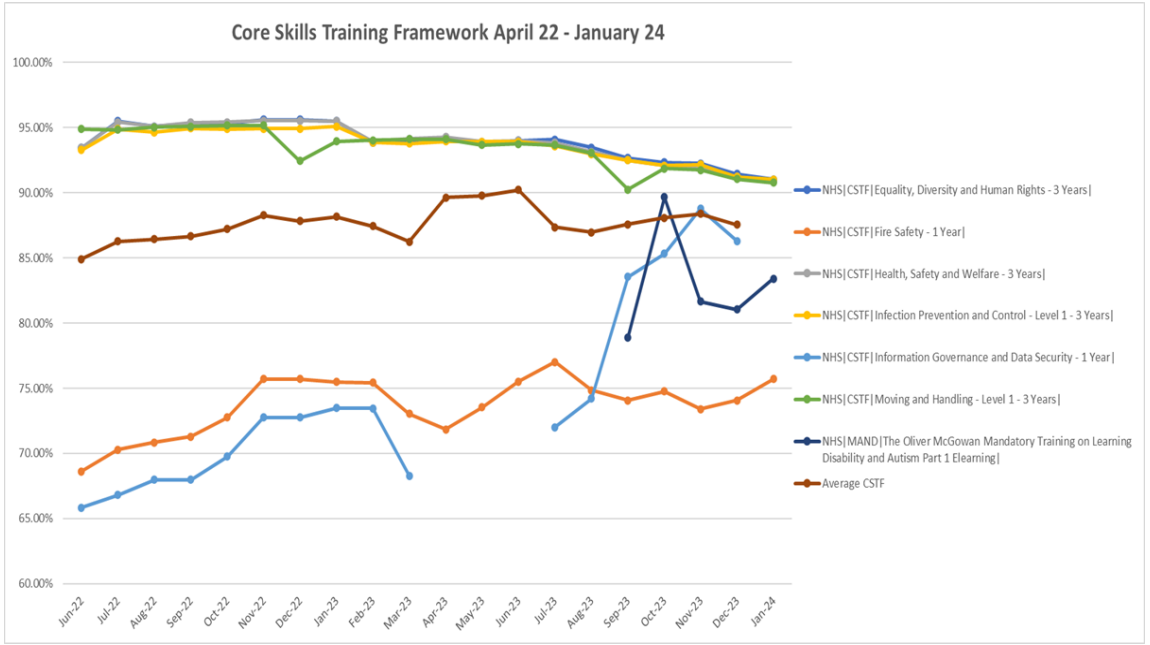
Apprenticeship Levy funding at 31st December 2023		
Total Apprenticeship Levy payments from 1st April 2017	£1,508,879.19	
Apprenticeship Levy drawn down by training providers	£755,392.98	50.06%
Expired Levy Charges since August 2020	£205,034.89	13.59%
Remaining Levy funding available	£548,451.32	36.35%
Planned Allocated Levy spend to date	£1,507,659.00	99.92%
Planned Unallocated Levy spend to date	£1,220.19	0.08%
Actual Allocated Levy spend to date	£1,271,673.00	84.28%
Actual Unallocated Levy spend to date	£237,206.19	15.72%



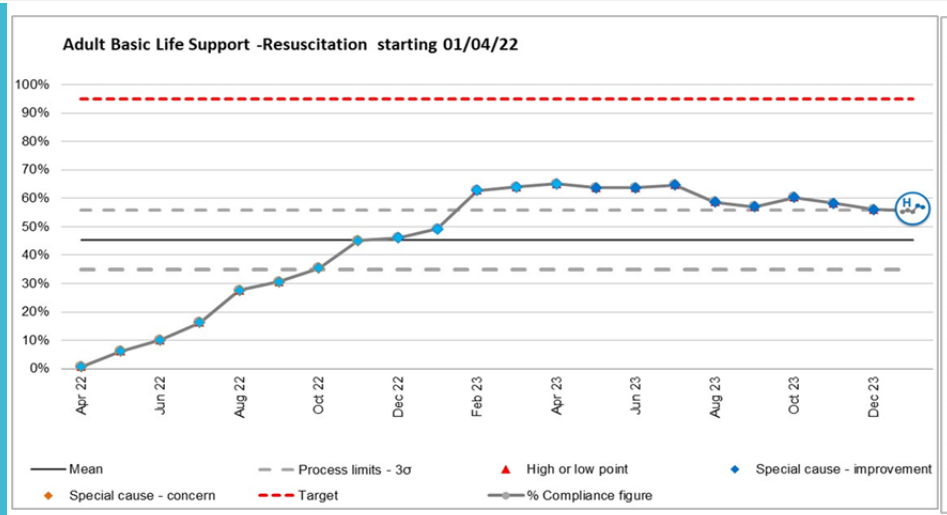
Core Mandatory Training: Permanent and Temporary Staff

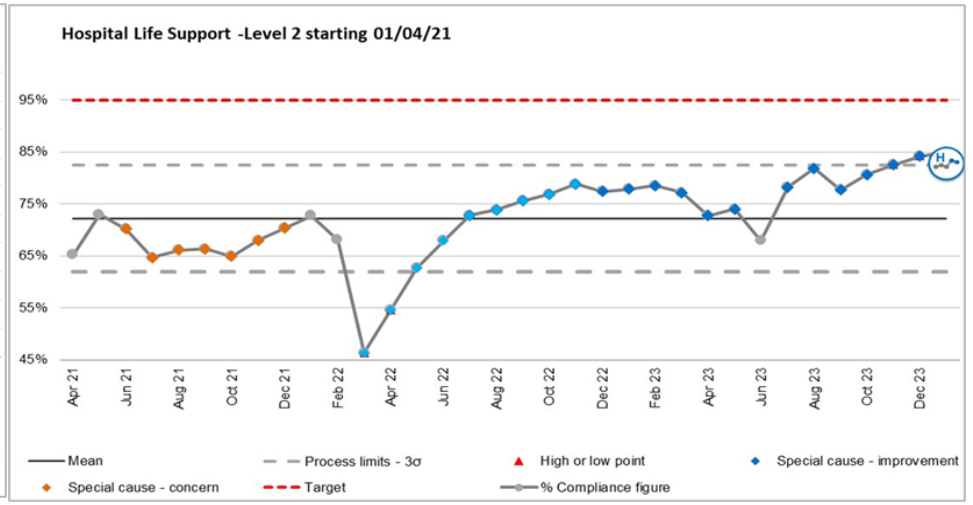


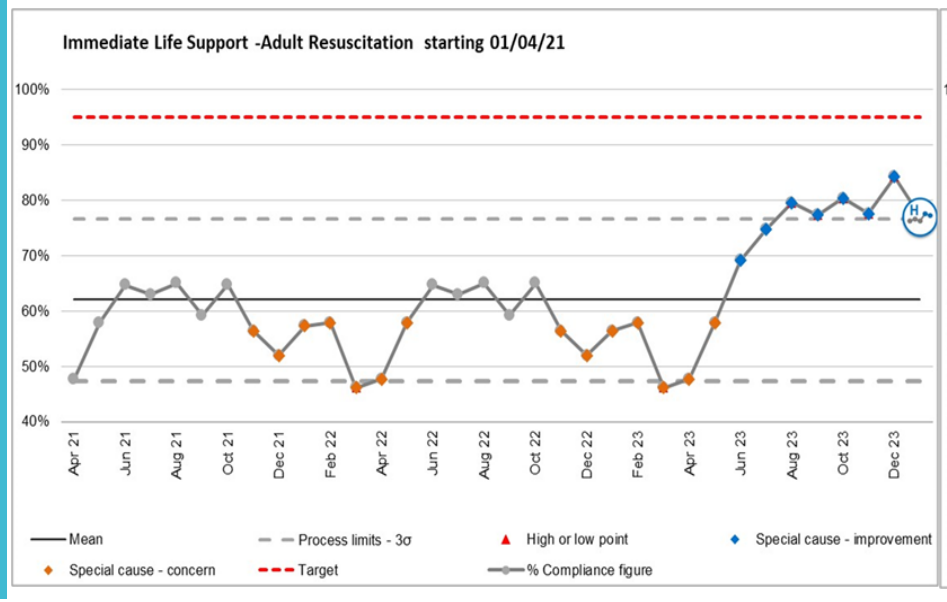


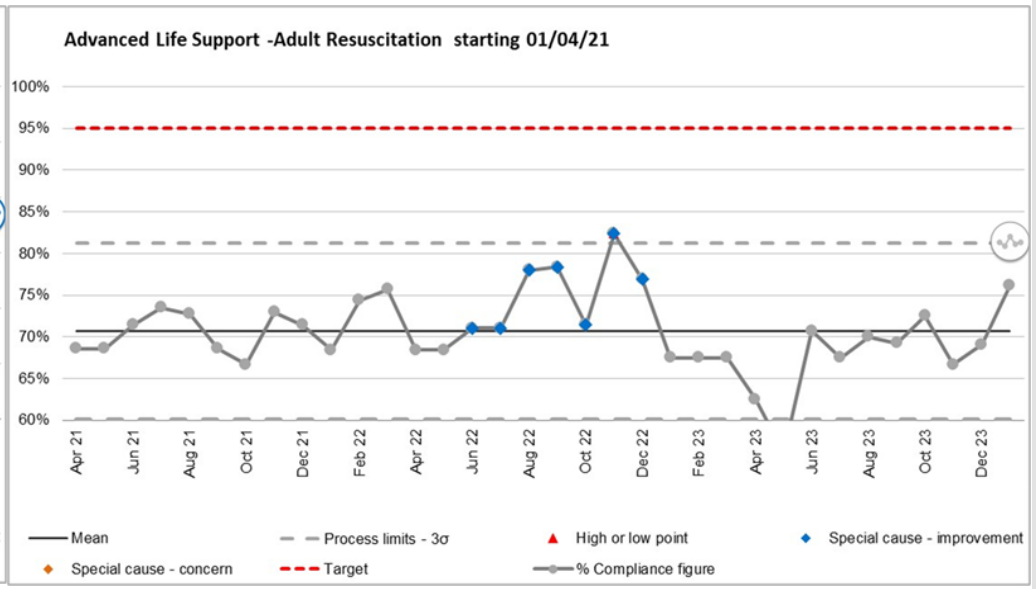


Resuscitation Training: Adult







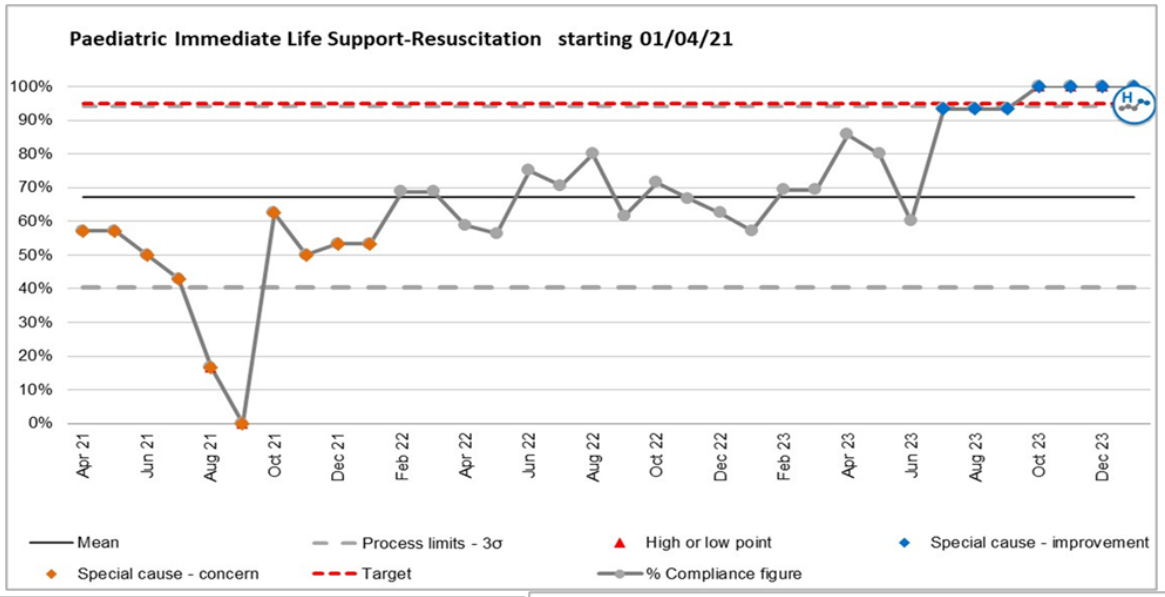


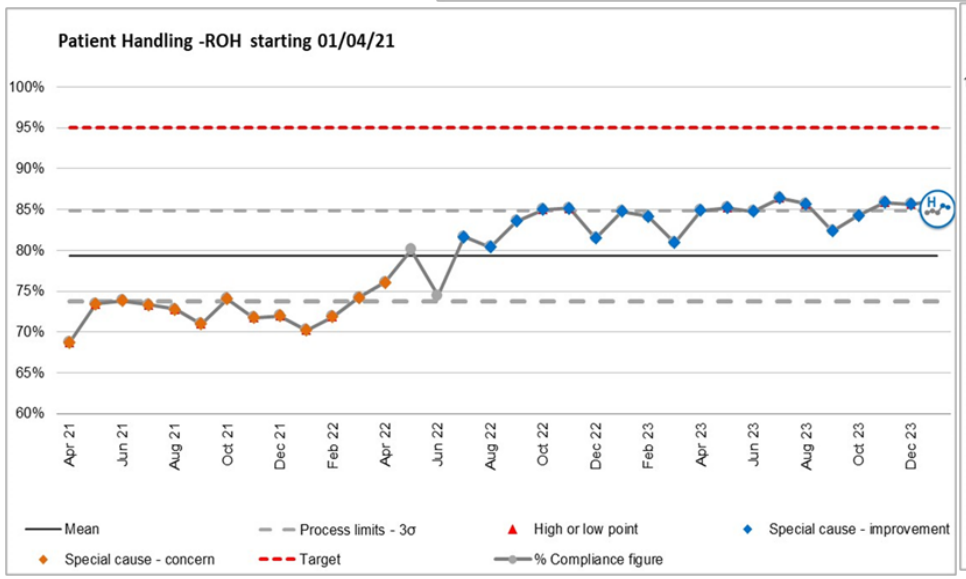
Mandatory Training	
KPI	93%
Jan - 2024	88.12%
TREND	

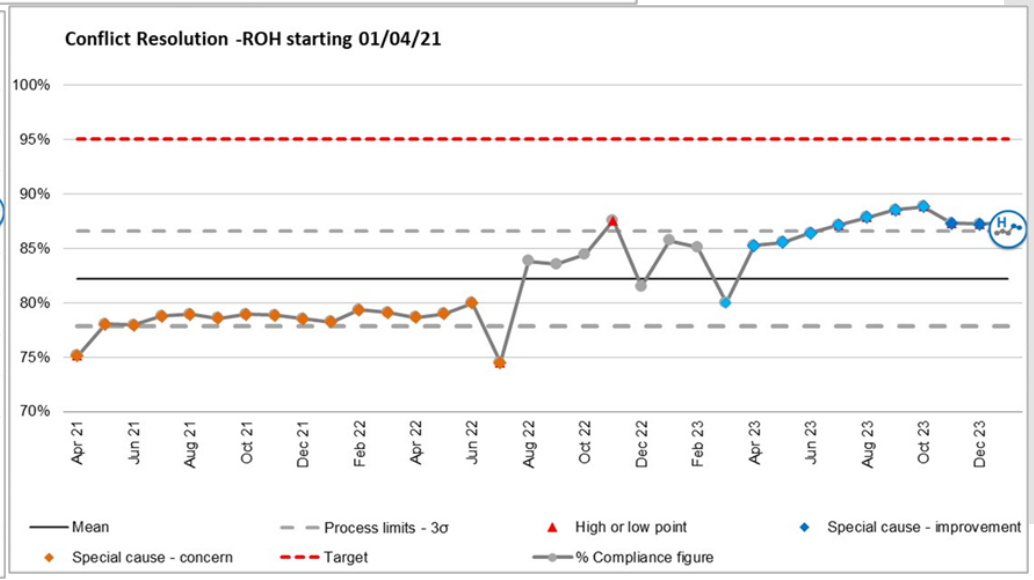
Training compliance summary – 31st January 2024

Pg.	COURSE	Compliance %age	COMMENTS	TREND
3	Core Mandatory Training – Permanent Staff	88.12%	Compliance is improving. If we break this down per compliance module it increases further for some elements of the Core Skills Training Framework (CSTF).	
3	Core Mandatory Training – Temporary Staff	17.05%	Based on staff working on the Bank who are **non-compliant** with training	
6	Performance and Development Reviews	71.00%	Decrease on previous month, low percentage compliance. Me as a Manager will support with signposting process and training support.	
7	Basic Life Support – Level 1	56.03%	Despite several target chasers this is our lowest level of compliance overall. Target audience – non clinical.	
7	Hospital Life Support – Level 2	84.18%	New module including Paediatric BLS requirements provided to Clinical Staff since April 2022; snapshot reporting now aligned.	
8	Immediate Life Support	80.95%	Still seeing some non-attendance due to not completing the pre-work via elearning, wasting valuable spaces.	
8	Advanced Life Support	69.05%	Anaesthetics staff non-compliant continue to be chased for evidence of completion; as provided externally	
9	Paediatric Immediate Life Support	100%	Target achieved.	
10	Patient Handling	85.65%	Good progress overall this year but less stable during the last few months; need to sustain improvement.	
10	Conflict Resolution	87.24%	Slight decrease this month/continues as elearning only.	
11	NEWS2	98.04%	Consistently achieved over 95% compliance since June 2022.	
11	Safe use of Insulin	89.59%	Staying the same over the last few months.	
11	VTE	92.23%	Stayed the same over the last few months.	
12	CONSENT	85.71%	Slight increase on last months.	
12	IPC2	83.84%	Continual increase during the last few months.	
12	Food Hygiene	90.71%	Slight increase on last month	
5	Cyber	92.64%	Based on staff with nhs email address as not monitored via ESR	
5	IG	85.50%	Based on staff with nhs email address as not monitored via ESR	

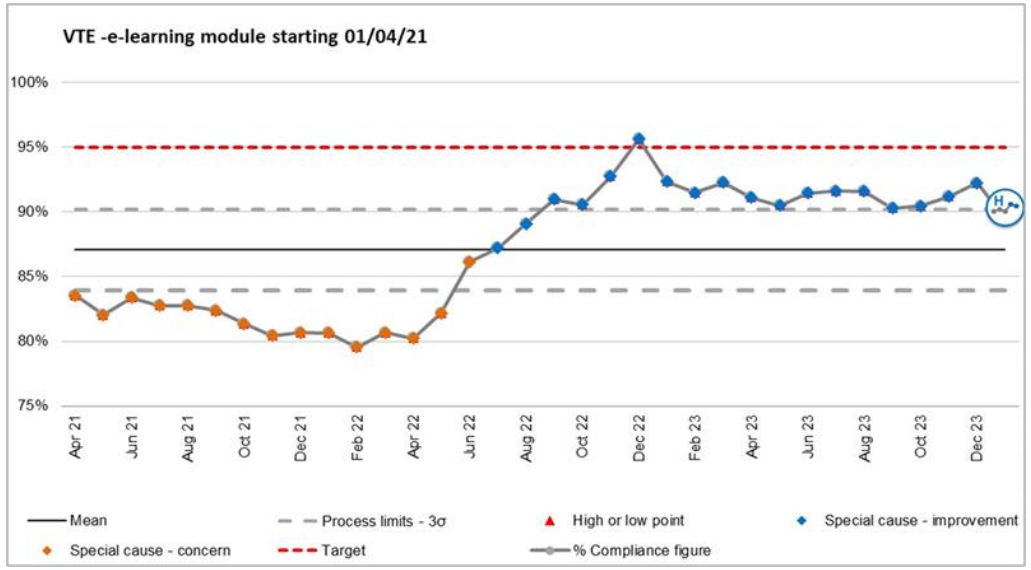
PILS, Conflict Resolution Patient Handling

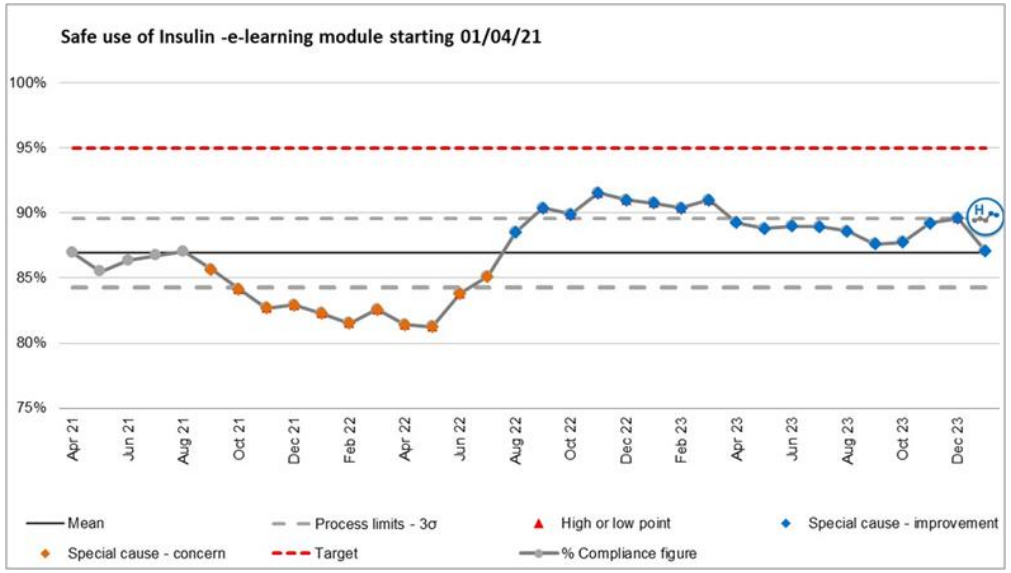


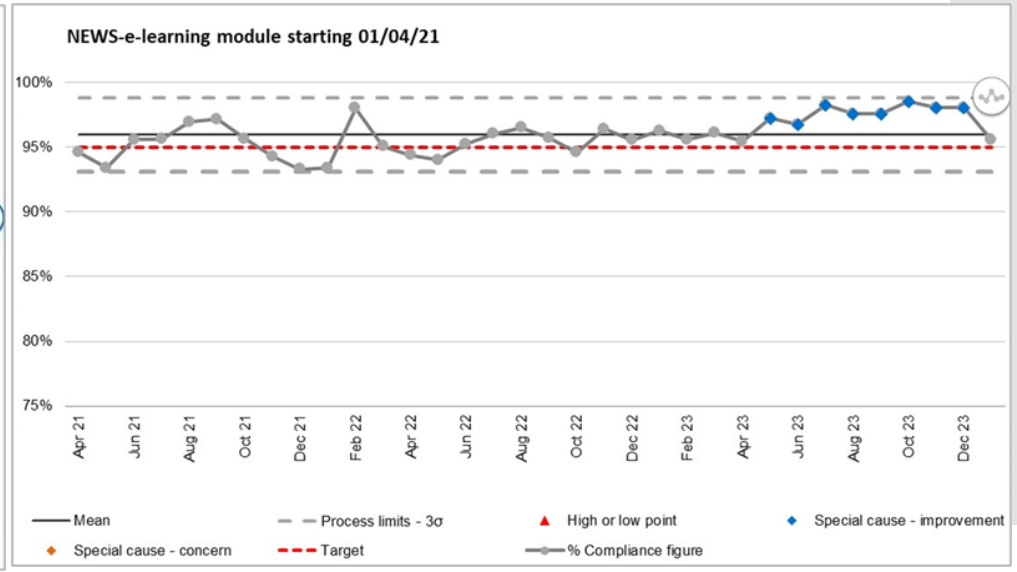




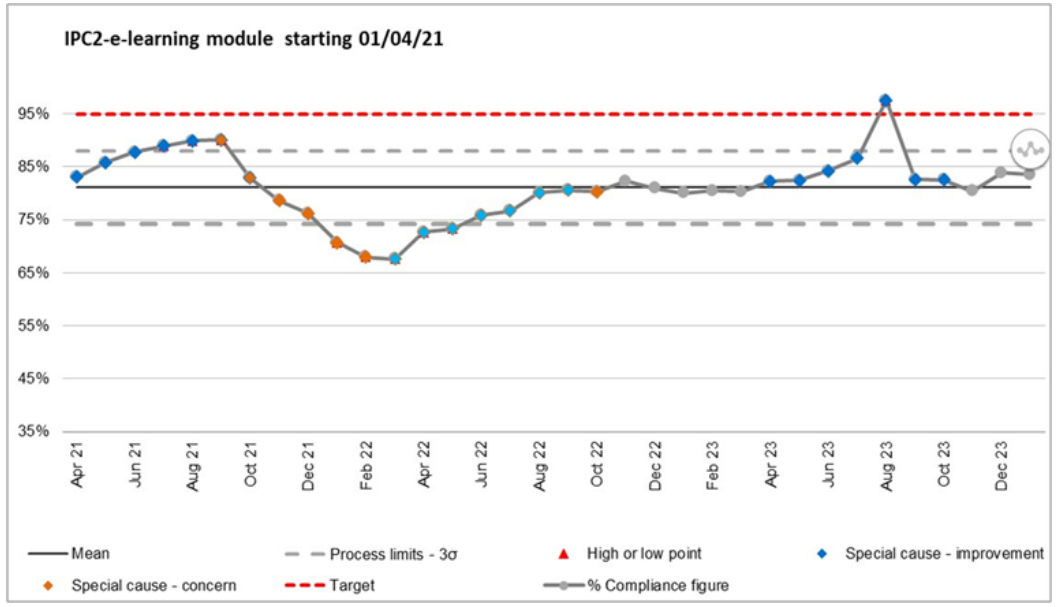
VTE, Safe use of Insulin, NEWS2

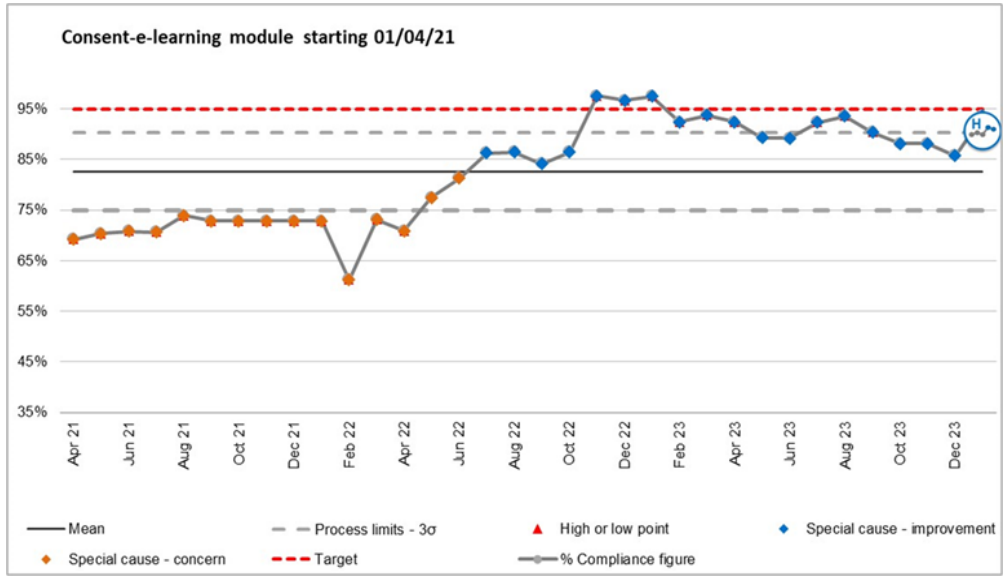


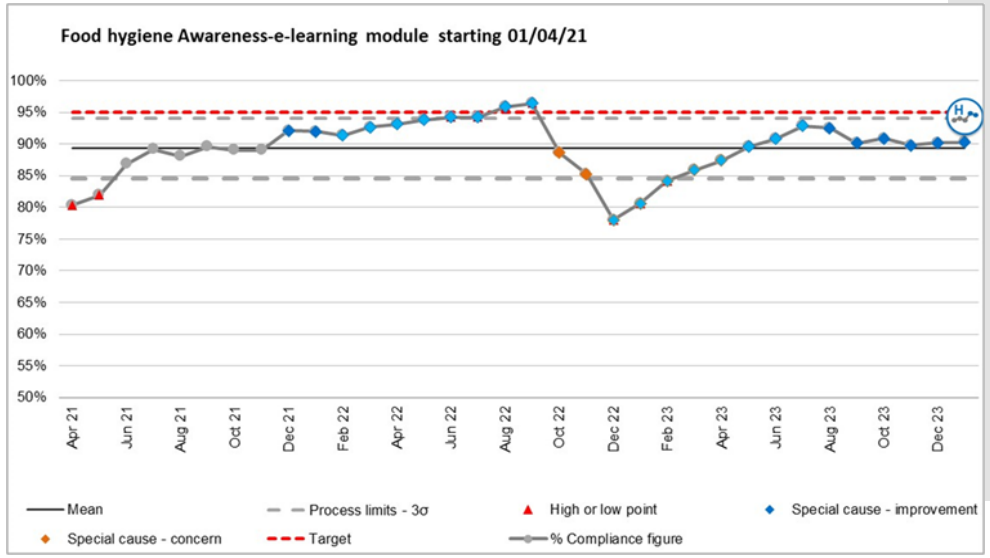




IPC Level 2, Food Hygiene, Consent







Section Three:

Organisational Development Team

Prepared by: Clare Mair, Head of OD & Inclusion

Presented by: Clare Mair, Head of OD & Inclusion

Ref: March 2024/HR&OPS

Organisational Development

Summary:

- The official Staff survey results has been received from the National NHS Team and these have been shared with the Exec team and senior leaders
- Key information through an infographic has been shared with colleagues across the Trust
- A representative from IQVIA has presented the results to senior leaders to show the highlights and suggest focus areas
- January Pulse survey is completed

Areas for Improvement:

- There has been a positive increase in the staff survey completion rate from 52% to 60%
- Attendance by colleagues at OD workshops have increased
- The Chair and Deputy chair for the Women's network has been recruited
- Equality Delivery System (EDS) document has been completed and submitted to Trust Board and the NHSE. The document is also on the ROH website

Action Plan:

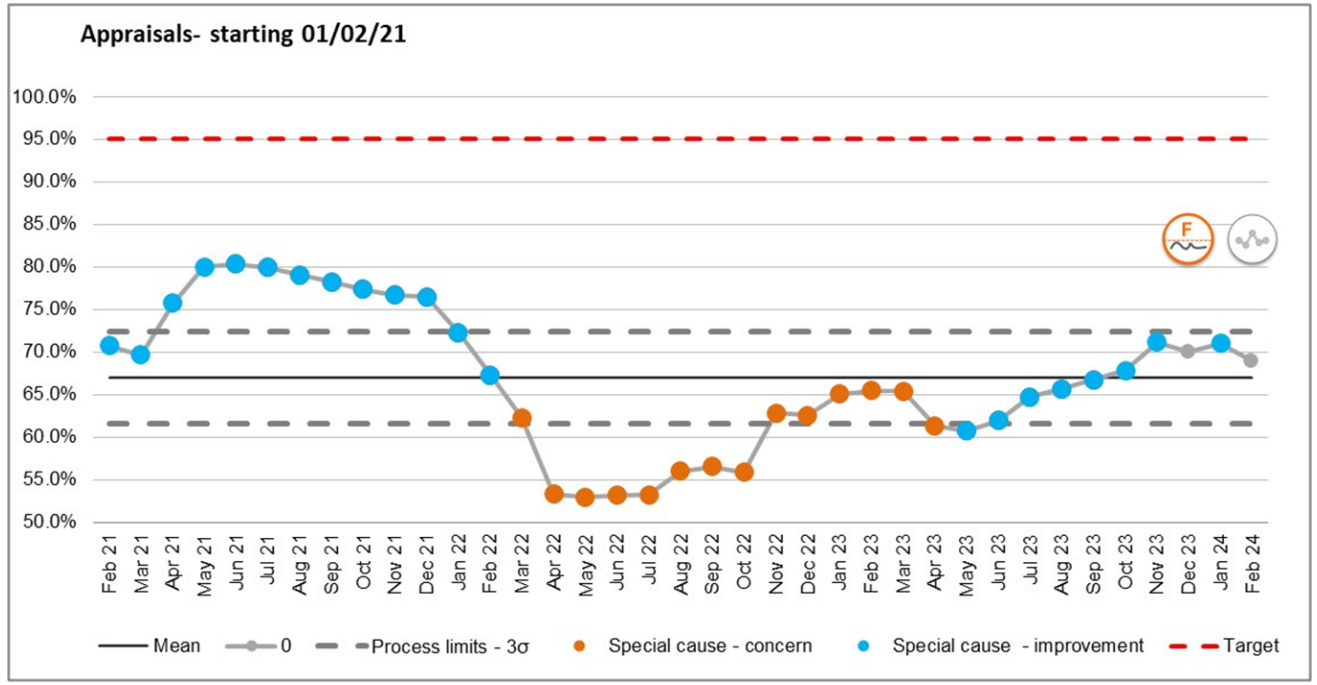
- Work is being completed on an action plan to support the confirmed Wellbeing plan
- Work on the new appraisal approach continues and training has started for managers and colleagues in preparation for the launch in April 2024. The online form in ESR is in the final stages of development
- Work continues to review the Employee assistance programme (EAP)

Risks / Issues:

- Annual leave taken by AfC staff is currently at 45%which is lower that the % target needed to be achieved to ensure staff are taking breaks regularly to support their wellbeing. Actions are being taken to improve this percentage in this last quarter of the year
- Releasing staff to attend initiatives with current workload pressures

Performance & Development Reviews

KPI	95%
Jan 2024	68.9%
Trend	↓



This data chart shows the Annual Performance and Development Review compliance figure for all Trust staff. This figure is taken from the ESR system, so only relates to information recorded in ESR.

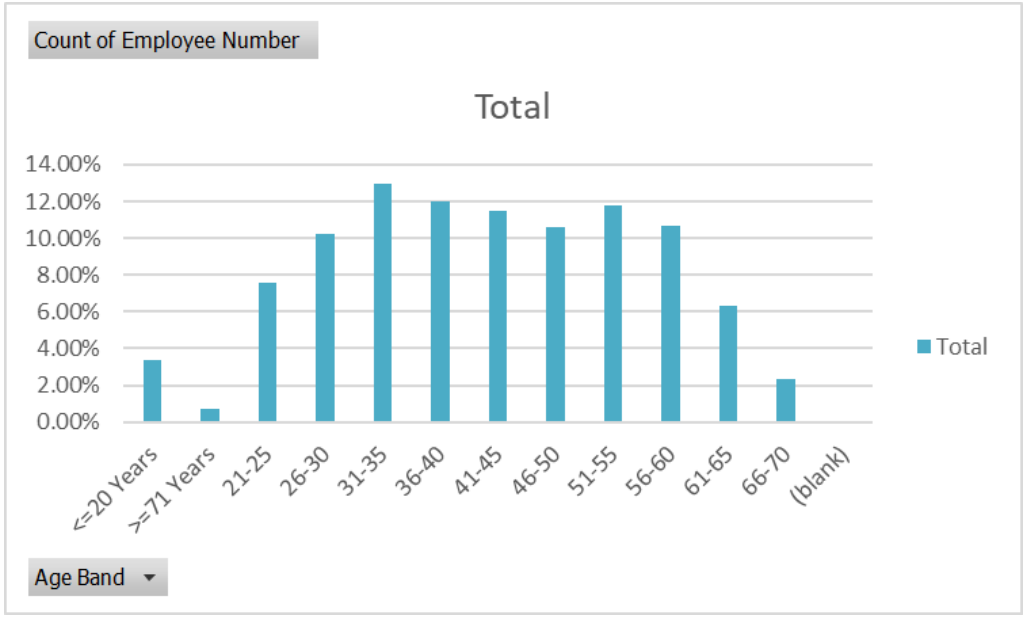
Local figures may be higher dependant on efficiency of ESR maintenance.

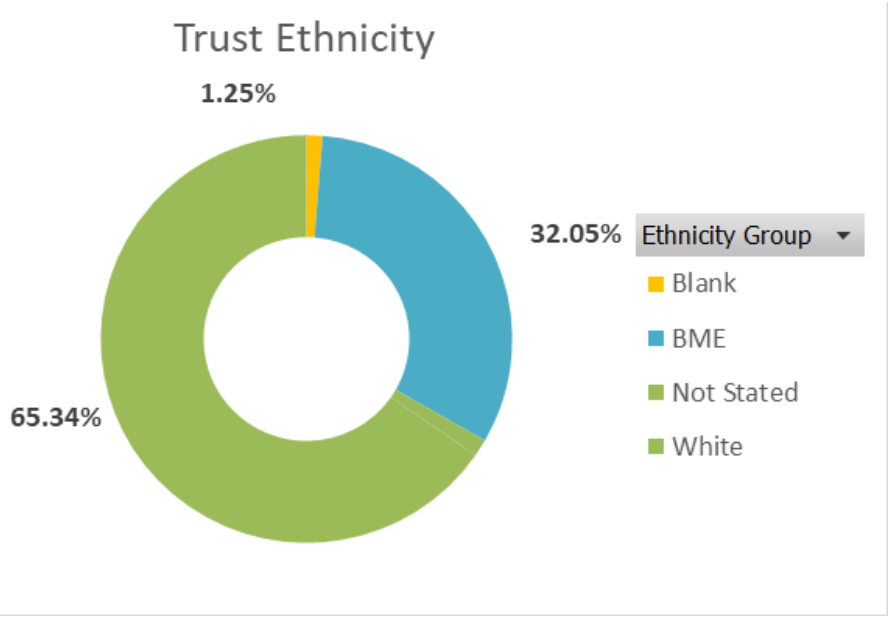
Data Observations:

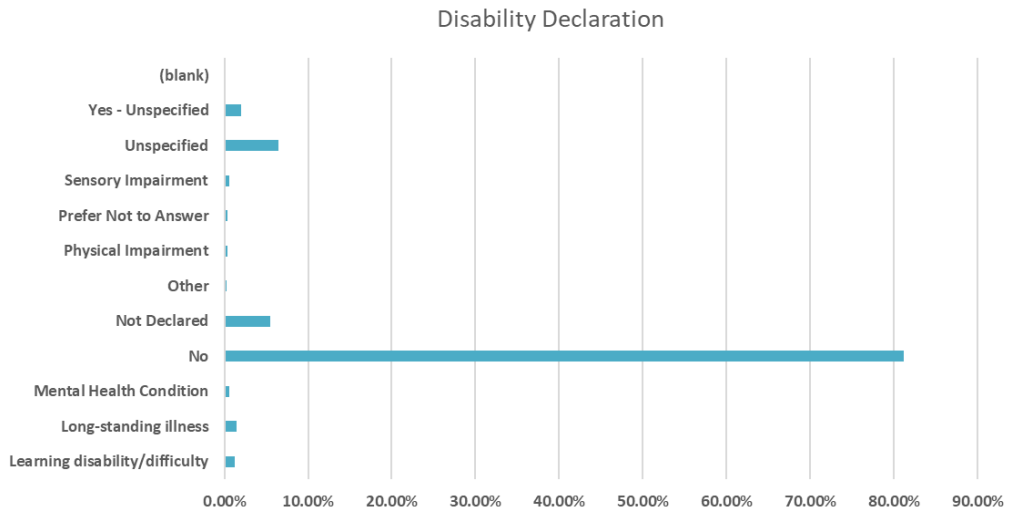
We have moved above the mean - this evidence shows consistent improvement since May 2023, a positive improvement.

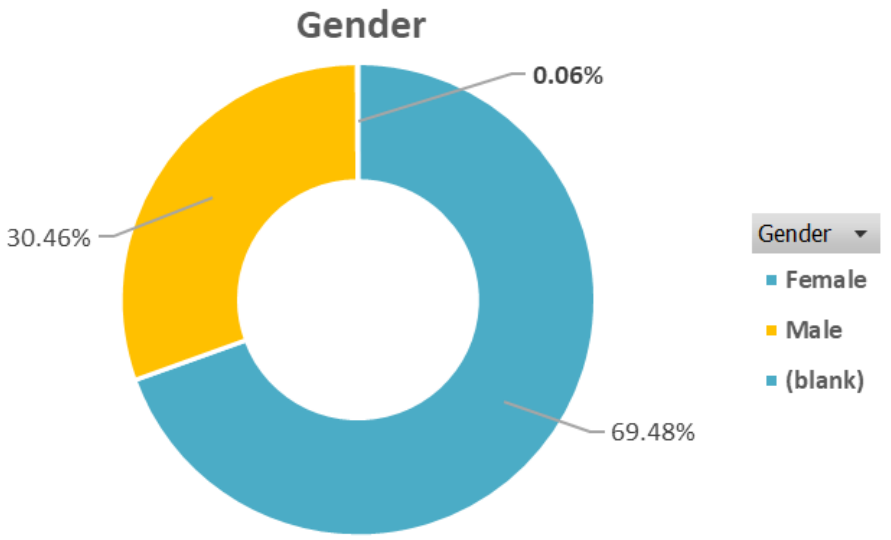
The Trust is currently revising its Performance Management and appraisal process, with the aim of improving these outcomes.

Workforce Demographics

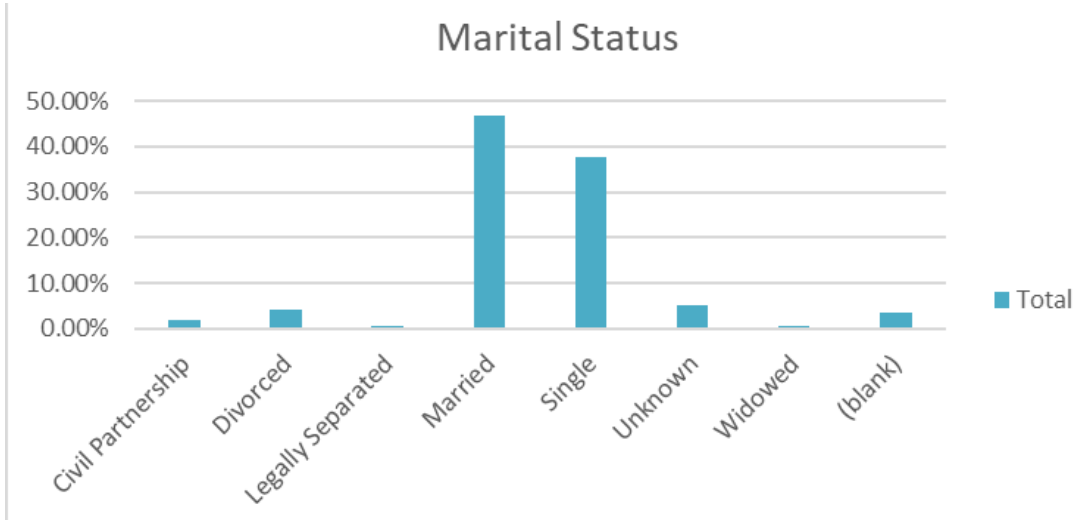


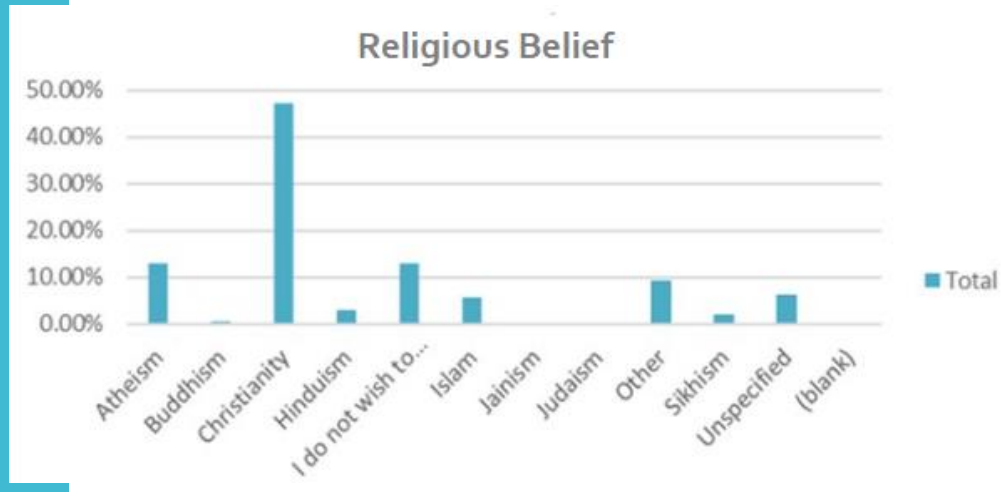


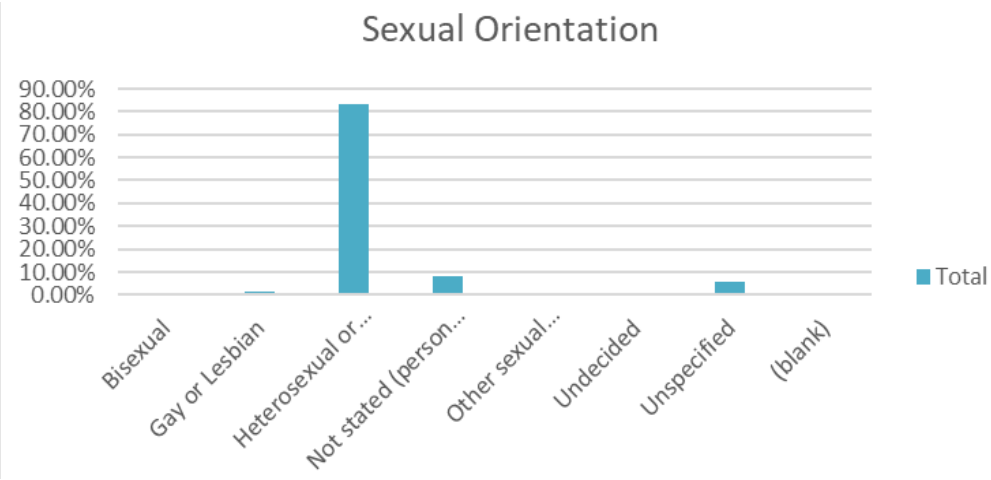




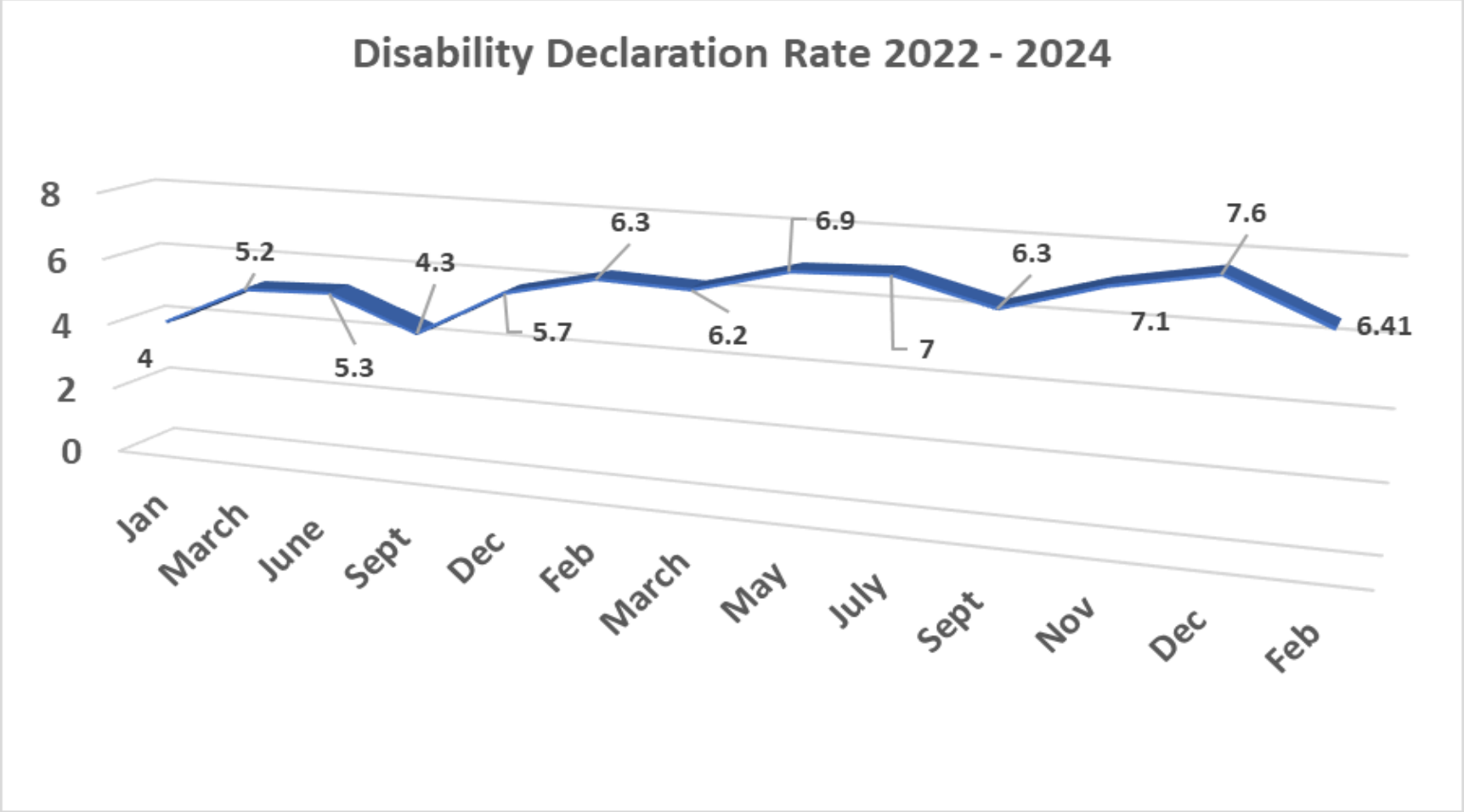
Workforce Demographics





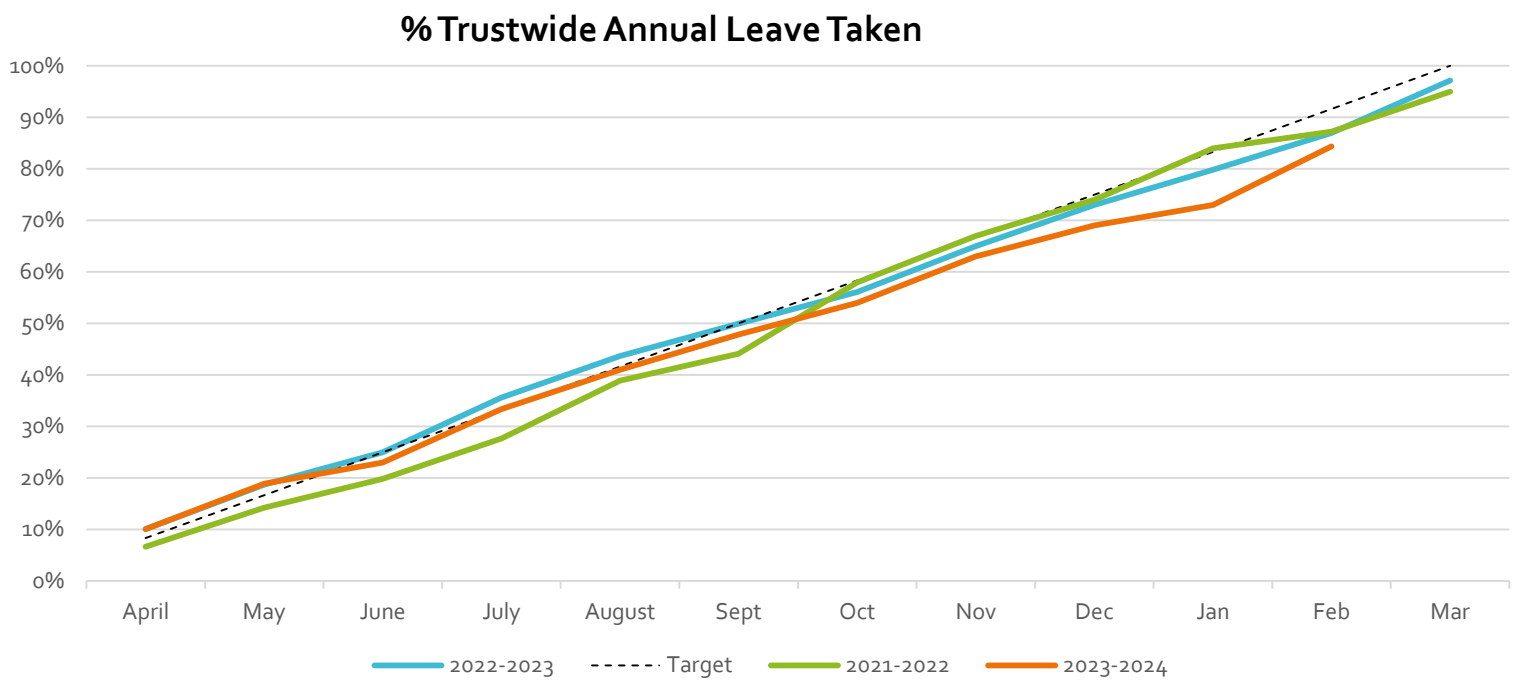


Workforce Experience	
KPI	7.5%
Feb-2024	6.4%
Trend	↓



There has been a positive increase for December 23 reporting. With support from the ABLE network work continues to ensure that KPI for the annual WDES reporting in March 2024 is achieved

Workforce Wellbeing: Annual Leave



In this reporting period, AfC staff have taken 84.4% of their annual leave entitlement. At this point in the year staff are expected to have taken 90% of annual leave to support their wellbeing.
A communication was sent to all staff regarding annual leave which has positively impacted this percentage in line with the target

Division	% Annual Leave Taken
303 Corporate Directorate	84.36%
303 Division 1 – Patient Services	86.73%
303 Division 2 – Patient Support	82.14%
303 Division 4 – Estates and Facilities	85.79%
Trust total	**84.36%**

Staff Group	% Annual Leave Taken
Add Prof scientific and technic	71.82%
Additional Clinical Services	85.28%
Administrative and Clerical	85.71%
Allied Health Professionals	86.32%
Estates and Ancillary	86.03%
Nursing and Midwifery Registered	87.42%

Workforce Experience

Initiative	July	September	November	December	February
Number of members of staff network meetings – (All members of all staff networks – from June)	305	303	307	296	301
Number of attendees at staff network meetings	33	29	42	25	21
Number of hits on Staff Networks intranet site – (**Viewers** – how many individual staff members have viewed site/ **Views** – number of people visiting site more than once from July)	40 Viewers 58 Views	77 Viewers 11 Views	90 Viewers 143 Views	21 Viewers 174 Views	40 Viewers 48 Views
Number of hits on Health & wellbeing intranet site/ Wellbeing new link (**Viewers** – how many individual staff members have viewed site/ **Views** – number of people visiting site more than once from July)	59 Viewers 602 Views / 149 Viewers 483 Views	52 Viewers 98 Views / 120 Viewers 145 Views	84 Viewers 186 Views	54 Viewers 108 Views	51 Viewers 85 Views
Workshop attendance OD	158	66	76	121	9
Workshop attendance Health & Wellbeing	52	39	144	83	107
Entrance swipe to Wellbeing room / Dome (from July)	Not Available	266/216	Not Available	351/ 82	122 / 45