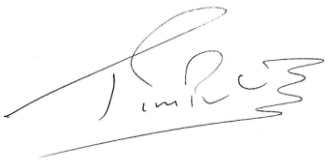
NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday, 5th April 2023

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 5th April 2023, 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 Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile
Chair

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

31st March 2023

Notice of a meeting of the Board of Directors

Notice is hereby given to all the members of the Board of the Royal Orthopaedic Hospital NHS Foundation Trust that the following meetings of the Trust Board will be held in the Boardroom, Trust HQ on Wednesday, 5th April 2023:

Meeting	**Timing**
Non-Executives pre-meet – Director of Finance's Office	08:00 – 08:45
Public Board meeting – Boardroom, Trust HQ	09:00 – 10:40
BREAK	
Public Board meeting – Boardroom, Trust HQ	10:50 – 12:05
LUNCH	12:05 – 12:20
Private Board meeting – Boardroom, Trust HQ	12:20 – 13:50
Trust Strategy	14:00 – 16:00

The business to be transacted is provided on the private and public agendas enclosed or attached with this letter.

Tim Pile
Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

AGENDA
TRUST BOARD

Venue **Boardroom, Trust Headquarters** **Date** **5 April 2023: 0900h – 1300h**

Members attending

Mr Tim Pile	Chair	(TPi)
Ms Simone Jordan	Vice Chair & Senior Independent Director	(SJo)
Mr Richard Phillips	Non Executive Director	(RPh)
Mrs Gianjeet Hunjan	Non Executive Director	(GHu)
Mr Les Williams	Non Executive Director	(LWi)
Ms Ayodele Ajose	Non Executive Director	(AAj)
Mrs Christine Fearns	Non Executive Director	(CFe)
Mrs Jo Williams	Chief Executive	(JWi)
Mr Matthew Revell	Executive Medical Director	(MRe)
Mrs Nikki Brockie	Executive Chief Nurse	(NBr)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Sharon Malhi	Executive Chief People Officer	(SMa)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

In attendance

Mr Jamie McKenzie	Guardian of Safe Working Hours	(JMc) [Item 1]
Mrs Amanda Gaston	Deputy Director of Finance	(AGa) [Items 20 & 21]
Mr Gavin Newman	Digital Programme Manager	(GNe) [Item 20]
Mr Amos Mallard	Acting Deputy Director of Strategy	(AMa) [Item 26]
Miss Jane Dominese	Corporate Services Manager	(JDo) [Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Guardian of Safe Working Hours	ROHTB (4/23) 001	JMc
0915h	2	Apologies – Dr Ian Reckless	Verbal	Chair
	3	Declarations of Interest *Register available on request from the Director of Governance*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 1 March 2023: *for approval*	ROHTB (3/23) 024	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (3/23) 024 (a)	SGL
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (4/23) 002 ROHTB (4/23) 002 (a) ROHTB (4/23) 002 (b) ROHTB (4/23) 002 (c) ROHTB (4/23) 002 (d)	TPi/JWi

0940h	7	National Staff Survey Results next steps: *for assurance*	Verbal update	SMa
1000h	8	Wellbeing Update & Childcare Provision Plans: *for assurance*	Presentation	SMa
1020h	9	Liberty Protections Safeguarding Update	ROHTB (4/23) 003 ROHTB (4/23) 003 (a) ROHTB (4/23) 003 (b) ROHTB (4/23) 003 (c)	NBr
1030h	10	Update on Safeguarding – the System Approach: *for assurance*	ROHTB (4/23) 004 ROHTB (4/23) 004 (a)	NBr
1040h	**BREAK**			
1050h	11	Retention & Recruitment – Mitigating the Risk: *for assurance*	ROHTB (4/23) 005 ROHTB (4/23) 005 (a)	SMa
1110h	12	Workforce Programme & Plans: *for assurance*	ROHTB (4/23) 006	SMa
1130h	13	Approval to use the Trust Seal	ROHTB (4/23) 007	SGL
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1135h	14	Upward assurance report from the Finance & Performance Committee	ROHTB (4/23) 008	
1145h	15	Performance Reports: *for assurance* • Finance & Performance • Quality & Safety	ROHTB (4/23) 009 ROHTB (4/23) 010	
1205h	**LUNCH BREAK**			
CONFIDENTIAL SESSION				
1220h	16	Exclusion of the press and public	Verbal	Chair
1350h	25	Meeting effectiveness	Verbal	All
	BREAK			
	Date of next meeting: Wednesday, 3rd May 2023 @ 0900h			

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 – UPDATED TO MARCH 2023

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2023	1/3/2023	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Kathryn Sallah	✓	✓	✓	✓	✓						5/5
Christine Fearns					✓	✓	✓	✓	✓	✓	6/6
Ian Reckless						✓	✓	✓	✓	✓	5/5
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
David Gourevitch	**A**	✓	✓	**A**	✓	**A**	✓	✓			5/8
Simone Jordan	✓	✓	✓	✓	✓	✓	**A**	✓	✓	✓	9/10
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Ayodele Ajose	✓	✓	**A**	✓	✓	✓	✓	✓	✓	✓	9/10
Les Williams	✓	✓	✓	✓	**A**	✓	✓	✓	✓	✓	9/10
Jo Williams	✓	✓	✓	✓	✓	✓	✓	**A**	✓	**A**	8/10
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Garry Marsh	✓	✓	✓								3/3
Nikki Brockie			✓	**A**	✓	✓	**A**	✓	✓	✓	6/8
Phil Begg	**A**	✓	✓	✓	**A**	✓	✓	✓	✓	✓	8/10
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Sharon Malhi	✓	**A**	✓	✓	✓	✓	✓	✓	✓	✓	9/10
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	**Update from the Guardian of Safe Working – Report for April 2023**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive Officer**
AUTHORS:	**Jamie McKenzie, Guardian for Safe Working**
DATE OF MEETING:	**5th April 2023**

EXECUTIVE SUMMARY:

The Guardian for Safe working has confirmed no concerns for the last quarter with respect to the safety of post-graduate (PG) doctors.

The document describes the team overseeing PG doctors working and the current work in progress to improve both patient and employee experience.

REPORT RECOMMENDATION:

The Trust Board is asked to:
RECEIVE and ACCEPT the assurances provided by the report
SUPPORT the following intentions:

- To provide continued support for the key individuals working to support post-graduate (PG) doctors working conditions.
- Encourage further engagement with the PG doctors' forum
- Improve working conditions for Postgraduate Doctors

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

Accept	Approve the report	Discuss
X	**x**	

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

Financial	**x**	Environmental		Communications & Media	
Business and market share	**x**	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:

Aligned to Trust Objectives

BAF Risk WF21 – Failure to attract and retain the skills and number of staff to secure financial sustainability

PREVIOUS CONSIDERATION:

The Royal Orthopaedic Hospital NHS Foundation Trust

FOR ASSURANCE

UPDATE FROM THE GUARDIAN OF SAFE WORKING

REPORT TO THE TRUST BOARD – 5th April 2023

1.0 Situation

1.0.1 The Guardian for Safe Working is required to raise concerns about Safe Working for Junior (now known as Post-Graduate or PG) Doctors by exception. Exception reports are the mechanism by which Post-Graduate doctors record unscheduled episodes of work outside their normal working pattern. As of 30th March 2023, there have been no exception reports raised in the last quarter.

2.0 Background

2.1 Leadership Team

The current team looking after middle grade doctors has input from the clinical service managers.

2.1.1 Clinical rotas are prepared by the Administrative Specialist Registrar (SpR) (nominated 6-monthly by the Regional Training Programme Director, currently Ms Green). Mr Newton Ede and Mr Politis support the Administrative SpR balancing the educational and training opportunities with the service requirement of the organisation. Through regular contact and meetings with trainees and management, the leadership team ensure safe, effective and rewarding postgraduate training. This is monitored by the leadership team and a rapid and effective response is ensured when concerns, challenges and opportunities are identified. Formal feedback via the GMC trainee-satisfaction survey and the Job Evaluation Survey Tool (JEST) (now NETS – National Education and Training Survey) is similarly monitored and responded to.

2.1.2 The current consultant staff post holders are:

Mr Matthew Newton-Ede	Post Graduate Clinical Tutor	All postgraduate medical and surgical trainees (ST1+) at the Royal Orthopaedic Hospital
Dr James Brunning	Tutor	Anaesthetics
Mr Angelos Politis	Clinical Lead for Mid-Level Care Providers	Locum doctors & Fellows
Mr Jamie McKenzie	Guardian for Safe Working	Safe working conditions of trainee doctors
Mr Khalid Baloch	Training Programme Director	SpRs in Trauma & Orthopaedics

2.1.3 There are regular medical workforce meetings arranged as part of normal operations. In addition, there is a regular Post Graduate doctors' forum attended by the leadership team and all Post Graduate doctors are invited.

2.1.4 The Post Graduate Clinical Tutor, Medical Director and Safeguarding lead provide input to the doctors' induction meetings. The Medical Director and Post Graduate Clinical Tutor each have 2-monthly meetings with the GP trainees and contribute to the training programme as speakers and medical educators.

2.1.5 All clinical supervisors and allocated educational supervisors are accredited as per the GMC and Academy of Medical Educators directive. Maintenance of accreditation is appraisee-led and recorded via the annual appraisal process. Consultants are supported in providing evidence of accreditation to their appraisers by Mr Newton-Ede.

2.1.5 A new post of ROH Director of Medical Education has been established and the post holder due to be announced shortly.

2.1.6 Human factors training in January, for all staff, organised by Ms MacGregor, was well attended, and appreciated by doctors.

2.1.7 It is noteworthy that David Richardson (Head of Education and Training) and Brett Ellis (Medical Education Manager) seem to work tirelessly to support and assist the medical workforce both routinely and when there are problems. They are often mentioned by doctors as being key factors in the supportive atmosphere of the ROH.

3.0 Junior Doctor Establishment

3.1 *Specialist Registrars (SpRs) and Fellows Training in Orthopaedic Surgery*

3.1.1 There is presently a combination of Specialist Registrars and Fellows on the Royal Orthopaedic Hospital roster. All contribute significantly to the safe working of the Trust on a day-to-day basis, being timetabled for ward-round cover, theatres and outpatient clinics. Fellows do not normally take part in the on-call rota.

3.1.2 12 new T&O SpR trainees started in February 2023. Face to face teaching is on-going.

3.1.3 There were difficulties with pay last year which caused much anxiety among the SpRs. For two months in a row pay was miscalculated due to a combination of errors. There was notable and helpful input from Jake Culloty in HR, from some of the finance team and from the UHB payroll staff, to resolve the situation. Jake has since left the trust.

3.2 *GP Trainees*

3.2.1 There are a variable number of GP trainees at the ROH (2-10). There were only two allocated in the December cohort (they rotate every 4 months). I understand that 50% of GP training posts remain unfilled in West Midlands. There is on-going work with the GP dean to ensure GP trainees are encouraged to choose the ROH and it is acknowledged that they receive excellent education when here. Mr Newton-Ede has negotiated 4 GP trainees to start in April. Real attempts are continuing to support their wellbeing.

3.2.2 Remaining posts at Senior House Officer level are filled with locums or, more preferably, substantive mid-level care providers (MLCPs) where possible. The aim is to reduce the reliance on locum cover by appointing doctors into 2-year fixed appointments when possible. A new policy on Mid Level Providers has been proposed and circulated for comment by Mr Revell.

4.0 Postgraduate Doctor's Forum (formerly *Junior* Doctors' Forum)

4.1 The Post Graduate doctor's forum meetings provide an opportunity for the leadership team, including management, to discuss and plan improvements. Encouraging trainees and other medics to attend is a priority.

4.2 Wellbeing has been raised as an import issue. This is being addressed in several fora, including at induction for all medical staff, with Angelos Politis as lead. There is a suggestion box in the junior doctor's lounge and requests have been acted on.

4.3 The induction process is constantly being improved, often due to direct input at the PG doctors' forum

4.4 Other issues that are being addressed include allocation patterns and handover systems which have often led to dissatisfaction for ward-based medical staff.

4.5 'Junior doctor' strikes last month caused some disruption to clinics and theatre lists but no harm was reported. Further strikes are planned for the week after Easter. Informal discussions with trainees have not brought up issues related to the ROH except those concerns raised last year with tax miscalculations etc. There is a feeling that there is a variable focus on staff wellbeing, but that the ROH is generally more supportive of their medical workforce than other hospitals.

5.0 About the Guardian for Safe Working Role

5.1 During negotiations on the junior (now PG) doctor contract, agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior/postgraduate (PG) doctors.

5.2 The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the PG doctors employed by it. It should report

into different management structures, including the local negotiating committee (LNC) and the trust board, but will also have a regular input into PG doctor forums.

5.3 The guardian is responsible for overseeing compliance with the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors and dentists in training. The post holder is to identify and either resolve or escalate problems, and act as a champion of safe working hours for PG doctors.

5.4 The guardian provides assurance to the employer or host organisation, that issues of compliance with safe working hours will be addressed, as they arise.

5.5 The guardian is accountable to the board and should not hold any other role within the management structure of the employer. The line management arrangements for the guardian should be independent of the medical director and other medical managers to ensure appropriate independence.

5.6 The post holder should have regular meetings with doctors in training, the champion of flexible training, the Director of Medical Education (DME) and any associate DMEs, educational, clinical and academic supervisors, the postgraduate dean, other senior staff within the HEE area office/deanery, the LNC, the PG doctors' forum, and both executive and non-executive Board members.

5.7 The guardian has a page on the ROH external website with contact details and a description of the role. The role is explained at PG doctors' induction and leaflets are distributed with further details. The guardian attends the PG doctors' forum meetings and is easily accessible.

6.0 Recommendations and Ongoing Work

The Trust Board is asked to:
RECEIVE and ACCEPT the assurances provided by the report
SUPPORT the following intentions:

- To provide continued support for the key individuals working to support Post Graduate doctors' working conditions, especially those involved directly in health and wellbeing.
- Improving working conditions and wellbeing for postgraduate doctors

Jamie McKenzie, Guardian for Safe Working
(Matthew Revell, Executive Medical Director)
30th March 2023

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

DRAFT PART ONE - Trust Board Meeting Minutes
1st March 2023, 09:00 – 13:00
Boardroom Trust Headquarters

Members attending:

Mr Tim Pile	Chair	(TPi)
Ms Simone Jordan	Non-Executive Director	(SJo)
Mr Richard Phillips	Non-Executive Director	(RPh)
Mrs Gianjeet Hunjan	Non-Executive Director	(GHh)
Ms Ayodele Ajose	Non-Executive Director	(AAj)
Mr Les Williams	Non-Executive Director	(LWi)
Mrs Christine Fearns	Non-Executive Director	(CFe)
Dr Ian Reckless	Non-Executive Director Designate	(IRe)
Mrs Jo Williams	Chief Executive	(JWi)
Mr Matthew Revell	Executive Medical Director	(MRe)
Mr Steve Washbourne	Executive Director of Finance	(SWa)
Mrs Marie Peplow	Executive Chief Operating Officer	(MPe)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PBe)
Mrs Nikki Brockie	Acting Executive Chief Nurse	(NBr)

In attendance:

Mrs Sharon Malhi	Chief People Officer	(SMa)
Mr Simon Grainger-Lloyd	Director of Governance	(SGL)
Mr Roko Skocic	Head of Patient Experience	(RSk) [item1]
Mr Simon Hughes	Spinal Oncology Consultant	(Shu) [item 1]
Ms Kirstie Owens	Clinical Services Manager – Theatres	(KOw) [item 11]
Mrs Tracey Littlehales	Interim Theatres Improvement Manager	(TLi) [item 11]
Dr Ben Smith	Associate Medical Director (Division 2)	(BSm) [item 11]
Miss Jane Dominese	Corporate Services Manager	(JDo) [Secretariat]

1 Patient story – Oncology (EH)	**Presentation**

Mr Matthew Revell introduced Simon Hughes, Spinal Oncology Consultant, and invited him to present the patient story.

The patient, referred from University Hospital Wales, had presented with paraplegia subsequent to an emergency procedure that had been carried out to decompress a tumour in his neck. The patient also had a history of head injury and required more time to process and ask questions. The ROH team collaborated with regional teams in London and Manchester, to facilitate the spinal cord surgery which was successfully completed without spilling the tumour. Due to the additional needs of the patient, the family were supported with overnight accommodation which lessened the family's and the patient's anxiety.

It **was NOTED** that the advantage that the Trust provided was that it was small and specialist. It was also **NOTED** that the ROH had was in a unique position to be able to communicate with specialist units around the country.

The Team was commended for its work and care offered to the patient. Questions were invited and the Team was asked how the patient was at present; the Board was advised that he was functionally well, for his age, and neurologically intact.

CFe enquired if there was more opportunity for collaboration with the local hospitals in the ROH's catchment and she was advised that the ROH operated on at least 150 patients per annum, of which, most were direct referrals from other hospitals and that a referral had been received from London the previous day. As a result of the Covid pandemic, a lot of late referrals were being still received.

IRe noted that spinal oncology was a specialist field and queried how collaboratively the ROH was able to work with other hospitals. He was advised that great effort was applied to maintain oversight of patient care and to ensure that patients did not have to be moved to another hospital. The Board **NOTED** that, unfortunately, at that moment in time, there was not the opportunity to operate at other hospitals where they may be access to more advanced equipment and facilities, but it was something that the ROH surgeons would be open to considering.

The Chair commented that he was deeply passionate of an NHS model that required specialist units to play their role rather than a single, generalist, hospital.

SHu and RSk were thanked for their presentation and their time. ***They then left the meeting at 09:16***
MRe shared that it was hoped that there would be opportunity to work more collaboratively with former surgical staff that had moved to UHB and it was also hoped to recruit two additional surgeons into the ROH team.

2 Apologies (Chair)	**Verbal**

Jo Williams had given her apologies and they were accepted.

The Chair welcomed Jane Dominese, Corporate Services Manager to the meeting.

He thanked colleagues for their personal contribution and generosity of their birthday gift to him.

3 Declarations of Interest (chair)	**Verbal**

There were no declarations of interest on the agenda. The Register was available, on request, from the Director of Governance.

4 Minutes of Board Meeting held in Public on 1 February 2023: *for approval* (chair)	**ROHTB (2/23) 024**

The Board was asked to comment on the accuracy of the minutes from 1st February 2023 meeting in public and it **WAS RESOLVED** they were a true and accurate record of discussions held.

4.1 Actions from previous meetings in public: *for assurance* (SGL)	**ROHTB (2/23) 024 (a)**

SGL ran through the actions log. The Board **NOTED** the updates and were asked to hold the full day in their diaries for the April meeting. **ACTION ALL**

CFe suggested that there was some slippage on a few actions and enquired on the progress of a Balanced Score Card. SWa shared that he was carrying out some work on what the success criteria would be in terms of delivery of the Trust's strategy, and how they would be measured, so the Board could determine if the team was on track to achieve targets. CFe acknowledged that the populated Scorecard would not be ready for the April Meeting but that a blank one, indicating key items the Board would want to measure, would be useful to see. **ACTION SWa ACTION SGL/JDo to update the actions log**

5 Questions from members of the public (Chair)	**Verbal**

The Chair explained that this was a standing item on the agenda and that questions from members of the public had been invited through the Trust's internet and social media channels. No questions had been received.

6 Chair's and Chief Executive's update: *for information and assurance* (TP/JW)	**ROHTB (3/23) 001** **ROHTB (3/23) 001 (a)**

In JWi's absence, SGL ran through the key highlights of the report.

Mutual aid for the System was still being provided and progress had been good over the last month, with a real focus on the National imperative to treat all patients who had waited for treatment in excess of 78 weeks.

The National staff survey results had been received but were embargoed until 9th March. They would be shared thereafter.

A farewell event had taken place for Mr Andrew Pearson, Consultant Arthroplasty Surgeon.

The second Human Factors Conference had been very successful, and the Board would be invited to attend the next one.

Gavin Newman, Digital Transformation Manager had been appointed as Chair of the new staff network, ManKind.

The ROH Blue Hearts Awards had been launched that day. Invites to the July event would be issued imminently.

The strike had been suspended and SMa would discuss this in more detail later in the agenda.

The WRES data would be shared via the Staff Experience and Organisation Development Committee in the first instance and then brought to Trust Board.

Questions were invited and SJo noted that a number of issues identified in the Human Factors Conference were linked to the Balanced Score Card. She suggested it would be useful to understand the outcomes of the initiatives because they were related to patient safety and staff experience. She also noted that the CEO usually gave a System update and it was suggested that it would be useful to receive a report on decisions taken. **ACTION JWi to circulate a System update report**

The Chair shared that the ROH's mutual working and System working was uniquely appreciated and often discussed by the other hospitals and lauded. He offered his congratulations and appreciation to the team and added that he would run through his report later in the meeting.

7	**Update on supporting staff with financial wellbeing: *for assurance* (SM)**	**ROHTB (3/23) 002**

SMa ran through her report and shared that the Barclays van, a service that had been offering financial advice and basics in budget management to staff, had received very positive feedback.

There had been good uptake on the Mental Health support offered by Mind.

There had been over 800 £1 meals purchased in two months and it was intended to increase the offer to include fruit. A paper, evaluating the impact of the offer, would be brought back to the May meeting. ACTION Feedback had been positive and staff were grateful for the support.

SWa had emailed proposed policy changes to the Hardship Fund and asked if the one relating to the inclusion of patients could be approved. He explained that HMRC's stance on the matter was that, if it were offered to staff only, it could be considered a taxable benefit scheme. It was suggested that if it were offered to patients too, the risk could be mitigated.

The Chair suggested that the charitable objectives of the Trust be revisited. Charitable access was already being offered to patients, with families being able to access accommodation, to support patients in Oncology surgery. He added that the Board had a duty of care to its staff and his guidance would be to keep the enhancement to colleagues only if possible. **IT WAS AGREED** that the matter be discussed in more detail outside of the meeting. **ACTION SWa to share advice with AAy and SJo, gather views and bring it back to the meeting.**

MPe add that tangible items such as a free meal once a month received a very favorable reaction. The offer was being extended and data was being gathered. She hoped to see a greater focus on Mental Health as it was one of the biggest causes of absence.

The Chair asked if the learning was being shared throughout the System and if ideas were being taken on board from other hospitals. He was advised that, from a nursing point of view, it had been widely supported.

Two professional Nurse Associates were now in post and would be working on supporting staff. The next steps were being discussed.

The Chair stated that it was paramount that everything that could be done to support colleagues should be put in place. SMa shared that the Wellbeing Framework would highlight areas where more could be done.

8	**National reviews actions update: Ockendon & Baby Arthur and Star Hobson: *for assurance* (SGL/NB)**	**ROHTB (3/23) 003** **ROHTB (3/23) 003 (a)**

The report had been considered by the Quality & Safety Committee and highlighted good progress in addressing the actions from both the Ockenden Review and the Baby Arthur/Star Hobson Inquiry. SGL shared the outstanding item from the gap analysis in connection with the Ockenden Review recommendations was the Human Factors Training that had now commenced. Further training sessions were planned throughout the year.

CFe opened that there had been a previous discussion about weaknesses in information sharing and lack of challenge and queried if this had improved and, if so, how it was measured. She was advised that NBr was the Deputy Chair for Safeguarding at System level. There were some challenges in systems, whereby they did not all 'talk' to each other, but work was taking place to address the issue. The lack of inter-agency communication remained a problem however. A safeguarding update would be provided for the next meeting. **Action NBr**

SMa suggested that training and development of staff should be focused on developing networks outside of the organisation.

The Staff Survey data had highlighted there was a problem in the freedom to speak-up culture and CFe enquired as to how the ROH measured against the data and how it was triangulated.

IRe added that it was difficult to respond to National enquiries by scrutinising paperwork and he enquired as to whether the document provided was a gap analysis or an action plan. More clarity on action and recommendation was requested for the next update. **ACTION NBr**

It was suggested that more detail on how the ROH worked with partners was required as significant challenges has been identified, in particular from ROH, in relation to understaffing and resources. The need to show value in operating as a system was necessary.

9	**Quality Priorities 2022/23 delivery – end of year forecast: *for assurance* (NB)**	**ROHTB (3/23) 004** **ROHTB (3/23) 004 (a)**

The Board received the report **AND NOTED** that the Quality Priorities were set out in accordance with the five key domains of the CQC framework. All outstanding actions had plans in place to ensure delivery.

A new Transition Nurse, recruited from one of the specialist schools would be starting soon. There had been some delays due to the impact of strike action, but the Trust was now back on target.

LWi enquired what pain management medication patients were being discharged with and was advised that the team was working on what could be done differently and was aware that it was an area for improvement. IRe questioned what the internal process was to identify priorities and what controls the Trust had over them. He was advised that the team were identifying key themes and engaging with the wider teams and executives. National priorities, such as Learning Disabilities and Autism were also being worked on. The current area of focus was on optimising patient wellbeing prior admission and this would form part of the next year's priorities.
It was reported that it was practice for Governors to select one of the priorities for oversight and sponsorship. Discussions would take place in May following Trust Board recommendation.
Board members were reminded that the end of year status would be reported formally in the Quality Account 2022/23, which would be reviewed by the Q&S Committee, by Governors and by the Trust Board at the June meeting.
There were no other questions.

10 Controlled Drugs Accountable Officer annual report: *for approval* (NB)	**ROHTB (3/23) 005** **ROHTB (3/23) 005 (a)**

NBr, the Trust's Accountable Officer for Controlled Drugs, ran through the report and assured the Board that the ROH was compliant with legislation.

She highlighted two instances of diversion of drugs. All drugs were trackable, and the problem had been identified as relating to housekeeping. A campaign to support staff had been implemented.

Questions were invited and it was observed that Ward 12 would not have an Omnicell installed until October, which, it was felt, was a long delay. NBr explained that the system could not be installed in an open ward and that a rolling approach was being taken, with one being installed in April in one ward and the second one being installed in October in Ward 12. There were IT implications to the installations that would also need to be considered.

RPh enquired if questions relating to drug dispensing could be added to the Theatreman checklist and was advised that the list was currently being reviewed by anesthetists and ODPs in this respect. Expectations were being emphasised and a lot of work was taking place in the background.

CFe commented on the quality of the report and that it provided assurance of the quality of work done and **THE REPORT WAS FORMALLY APPROVED FOR PUBLICATION**

11 Theatre productivity*: for assurance* (KOw/TLi/BSm)	**Presentation**

KOw, TLi and BSm *joined the meeting at 10:20*

The Board welcomed colleagues from the theatre team and invited them to present an overview of the work that was being undertaken to create a more productive environment in theatres. MPe commented on the strong triangulation that was utilised in the process.

It was noted that the Seamless Surgery work was a continuous improvement process and that income for the following year was dependent on maintaining the momentum. The team was asked if they had any targets in mind and they shared that they were considering introducing utilisation targets. Short notice patients could be used to back fill cases that needed to be cancelled. The team acknowledged it would be challenging but not impossible to achieve a higher utilisation rate and that it involved engaging staff and ensuring they were on board.

The Chair enquired on how the work would be made 'Business as Usual' and he was advised that it had been incorporated into the daily huddles at 09:00 and 15:00. There was also a clear action log with documented improvement levels and daily reporting.

The team was asked about staffing capacity and the Board was advised that lessons learned from GPs' practices during Covid had been implemented, such as utilising photographs of soft tissue injuries to determine if surgery would require cancellation and, if so, to back-fill the theatre list. Linking other specialties, such as dermatology colleagues was also being considered. Health inequalities would also need to be linked into the programme.

A query on the number and types of incidents being reported was raised and the team shared that there had been no serious incidents noted. The problems had been around process, equipment, and behavioral issues.

The team explained that the Golden Patient meant that, if the first patient could be taken to the theatre for surgery to start on time, without any changes, the day would flow and would ensure there was a seamless surgery day. Learning was shared through a newsletter.

SJo asked what confidence level there was that, if the team present was not there to provide leadership, the ways of working were embedded and would be Business as Usual. She was advised that the wider team knew the expectations and would be able to continue the work.
The team shared that a theatre Capacity figure was utilised to determine the Planned versus Actual. All theatres were allocated Monday to Friday, and all had theatre lists. It was suggested that dropped sessions and usage could be incorporated. An optimal plan in terms of usage time and productivity and asset utilisation were also suggested.

The Board queried if the ROH was fully engaging with UHB colleagues, as productivity had been lower in those theatres. They were advised that weekly scheduling meetings were taking place however further work was required. The Chair expressed the wish for an update on the matter and was advised that, from April, eight surgeons would be utilising the theatres and the schedule would be more planned. Total capacity and the reduced sessions had been shown, but it was hoped this would be resolved from April.

KOw, TLi and BSm were thanked for their presentation and work on Seamless Surgery and ***left the meeting at 11:00***

12 **Learning from deaths and mortality review*: for assurance* (MR)**	**ROHTB (3/23) 006** **ROHTB (3/23) 006 (a)**

The report had been presented at Q&S Committee and the Chair asked if there were any comments to add to the report.

IT WAS NOTED that the graph on page 9 did not identify which deaths were ROH's, and the Board was assured that the ROH's mortality rate was the lowest. Any peaks in historical data were due to Covid. A query as to whether ethnicity was higher than in other trusts was posed and Board members were advised that it was. Work was being undertaken to improve the figures. MPe would circulate some information outside of the meeting. **ACTION MPe**

13 Race Equality Code – key themes from discussions and next steps*: for assurance* (SMa)	**ROHTB (3/23) 007** **ROHTB (3/23) 007 (a)**

SMa apologised for the late paper and shared it had been circulated by email in advance of the meeting. GHu commented that she had not received an invitation to participate in the work and her email address was to be checked for accuracy. **ACTION SMa**

Feedback from the focus groups was given and was generally positive; however, it was acknowledged that more work could be done to expand the Board's knowledge and awareness of equality & diversity.

Discussions about staff networks and how they could be utilised to foster change in the organisation and to change the culture had taken place.

There had also been a lot of discussion about the role of line managers and how they could be supported in having challenging conversations.

The first review of the staff survey results indicated there was some work to complete.

The Chair suggested a one-to-one meeting between SMa and GHu take place. **ACTION SMa/GHu**

CFe expressed the wish for the Board to have a more considered discussion, on how they would commit to the outcomes of the report, and how it would inform strategy going forwards. **IT WAS AGREED** that it be discussed later in the year at the May meeting. **ACTION SGL/JDo to add to the May agenda**

SMa shared that an ethnic minority member of staff that had recently joined the organisation and had offered some views on how reverse mentoring could work; they would be engaging with HR to discuss this.
It was acknowledged that staff experience of working in the ROH would impact patient experience. The HR team was currently working with a provider with the hope of commissioning a piece of work at System level similar to the scheme in place in the Black Country.

MPe added that one of the forums that was important to the work was the staff MMEG Group. She suggested that an extraordinary session was most likely required, as a variety of experiences and issues had been brought to the last meeting. SMa would take the proposal back to the SE&OD Committee **ACTION SMa**

The report was **NOTED.**

14 Board Assurance Framework update*: for assurance* (SGL)	**ROHTB (3/23) 008** **ROHTB (3/23) 008 (a)**

SGL shared that a new, more detailed, template for the BAF had been provided by the Auditors and this had been populated with the current risks. A more substantive piece of work would be brought to Trust Board in June which assessed the risks to the delivery of the new Trust strategy.

The Risk Management Framework was being reviewed by Internal Audit and any relevant recommendations would be built into the BAF. The Board Committees would receive specific sections of the BAF as per the Risk Register.

CFe shared that, whilst she was in favour of the new template, the description of risks would need to be really clear. If they were too high level it would be difficult to understand if the mitigations were improving or reducing the risk. The Board's Risk Appetite would also need to be very clear and should be revisited at least twice a year. It was suggested that a facilitator such as from the Good Governance Institute be contacted to run a session. **ACTION GHu to share the contact details with SGL**.

It was suggested that a better discussion around risk appetite could take place if the risk categories were very clear. **ACTION SGL to ensure there was clarity of categories of risk appetite when the Board session was held**

SMa offered to share a presentation that gave examples of segmental risk appetite. **ACTION SMa**

SGL added that the Risk Management Policy defined how risk was articulated would also need to be considered. He would work with Executives on this to ensure that risks were appropriately framed in future. **ACTION SGL**

15 Revised Standing Financial Instructions, Scheme of Reservation & Delegation*: for approval* (SW)	**ROHTB (3/23) 009**

There had been only minor changes since the last Audit Committee meeting and the Board **FORMALLY APPROVED** the Revised Standing Financial Instructions, Scheme of Reservation & Delegation.

16 Upward assurance reports:	**ROHTB (3/23) 010** **ROHTB (3/23) 011**

Finance & Performance Committee:
RPh shared that the activity figures had been reviewed, and performance was sound despite the impact of industrial action. The Cancer target had been achieved and there were plans to achieve the 78 week target as described earlier.

There had been a comprehensive review of Operations Planning, which showed some risk, as the plan did not necessarily translate directly into consequential revenue. There was also a risk with the new funding arrangements for the following year.

Targets were very challenging and the continuous improvement model, with the ability to utilise the theatres for longer, would be an important financial factor. Back-office work, such as capacity in Business Intelligence, added risk.

The Board was asked to note the financial position; further details would be discussed later in the agenda. **NOTED**

Quality & Safety Committee:
There had been a review of SLAs and the Committee had welcomed the robust review and oversight. It was noted that the ROH remained dependant on other providers and there was a need for greater assurance of how Partnerships would work at System level.

The Committee had received a report on Legionella cases, and the remedial work completed, and it was content with the current position.

An update had been received on Surgical Site Infection; the Committee had been assured of the process of the thematic review and the quality of the report and that there was no clear pattern emerging. Further work would be required in the areas set out in the report and they awaited the final review.

The ROH was in the process of moving the contract register to a new system. A Head of Contracts had been appointed, for a May start, and would provide professional advice. CFe had asked for any risks inherent to contracts to be identified appropriately and entered in the corporate risk register.

All contracts, including the non-clinical ones, would need to be captured in the register.

Staff Experience & OD Committee:
The ongoing risks of industrial action had been discussed. Resuscitation training take-up required improvement. The main issue to report had been staff turnover and sickness absence. The Board was asked to note the matter and that it had already been entered into the BAF. **NOTED**

The Committee had welcomed a member of staff to the meeting for the staff story item. They had noted that the colleague had left the private sector for the public sector due to the opportunity for him to work flexibility. **IT WAS NOTED** that the narrative on the benefits of working for the NHS required change. Work was still required on how specific members of staff could be recruited and retained.

The member of staff had been able to recognise the link between the impact his job had with patient care.

The Committee had agreed that, for a six-month trial basis, they would now meet on alternate months, in order to allow the Executives more time to complete the work as well as providing assurance to Committees The Chair stated that no matter what role, every member of staff was one step away from patient care. The message needed to be reinforced and be included in the workforce plan. It was suggested that the ROH, as a small organisation and being a Foundation Trust, had the power to make changes for the benefit of its staff and it should take the opportunity to do so. NBr shared that a deep dive on resuscitation had been conducted and a circuit breaker was planned for May. An assurance paper would be provided to the Committee. **ACTION NBr**	
17 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	**ROHTB (3/23) 012** **ROHTB (3/23) 013** **ROHTB (3/23) 014**
The reports **WERE NOTED** ***The meeting paused at 11:45 for 10 minutes***	
18 Exclusion of the press and public (Chair)	**Verbal**
The matters recorded at minutes 19 to 27 were agreed to be treated as confidential and excluded from the minutes to be made available for public inspection. They were minuted in Part 2 of these minutes.	

Royal Orthopaedic Hospital NHS foundation Trust – Trust Board Actions

Updated 31.03.2023

Paper Reference: ROHTB (3/23)

The Royal Orthopaedic Hospital NHS Foundation Trust

Date	Reference	Agenda Item	Paper Ref	Action Description	Owner	Completion Date	Response Submitted / Progress Update	Status
06/07/2022	(P)ROHTBACT.141	Estates strategy and plan	Presentation	Arrange for a further update on the estates strategy and plan to be presented at a future meeting	~~PB~~ SW	07/12/2022 01/02/2023 01/03/2023 03/05/2023	Deferred to February 2023 to allow further consideration of capital requirements. Now deferred to March/May 2023 to encompass discussions around The Beeches facility	PROPOSE CLOSOURE: Added to the Board workplan for consideration in May
06/07/2022	(P)ROHTBACT.140	Robotics strategy	Presentation	Arrange for a further update on the robotics strategy to be presented at a future meeting	SGL	~~01/02/2023~~ ~~01/03/2023~~ 5/04/2023	Agreed that would schedule for the end of the financial year.	PROPOSE CLOSOURE: Added to the Board workplan for consideration in May
07/12/2022	(P)ROHTBACT.144	Birmingham Health Partners – 'Driving Efficiencies in Clinical	ROHTB (12/22) 018 (P) ROHTB (12/22) 018 (a) (P)	Organise for a quarterly update on Birmingham Health Partners – 'Driving Efficiencies in Clinical Trials' to be presented	~~PB~~ MR	~~01/03/2023~~ 5/04/2023	ACTION NOT YET DUE	PROPOSE CLOSURE: to be considered at QSC In April
07/12/2022	(P)ROHTBACT.143	Osseointegration update	Presentation	Organise for a further update on Osseointegration to be presented at a future meeting	MPe	06-Sep-23	ACTION NOT YET DUE	
01/03/2023	ROHTBACT.170	Actions from previous meeting in public	ROHTB (2/23) 024 (a)	The Board were asked to hold the full day in their diaries for the April meeting.	All		PROPOSE CLOSURE: Strategy discussion on the 05/04/23 agenda	COMPLETE: PROPOSE CLOSURE
01/03/2023	ROHTBACT.171	Actions from previous meeting in public	ROHTB (2/23) 024 (a)	CFe suggested that there was some slippage on a few actions and enquired on the progress of a	SWa		High level performance metrics to be discussed as part of strategy development session on 5th April	PROPOSE CLOSURE

				Balanced Score Card. TPi shared that he was carrying out some work on what the success criteria would be, and how they would be measured, so the Board could determine if the team were on track to achieve targets. CFe was advised that it wouldn't be ready for the April Meeting but that a blank one, indicating key items the Board would want to measure, would be provided. **ACTION SWa**				
01/03/2023	ROHTBACT.172	Chair's and Chief Executive's update:	ROHTB (3/23) 001 ROHTB (3/23) 001 (a)	Questions were invited and SJo noted that a number of issues identified in the Human Factors Conference were linked to the Balanced Score Card. She suggested it would be useful to understand the outcomes of the initiatives because they were related to patient safety and staff experience. She also noted that the CEO usually gave a System update and it was suggested that it would be useful to receive a	Jwi		**PROPOSE CLOSURE**: included in the CEO Update in Private	**PROPOSE CLOSURE**

				report on what decisions had been made. **ACTION JWi to circulate a System update report**				
01/03/2023	ROHTBACT.173	Update on supporting staff with financial wellbeing:	ROHTB (3/23) 002	The Chair suggested that the charitable objectives of the Trust be revisited. Charitable access was already being offered to patients, with families being able to access accommodation, to support patients in oncology surgery. He added that the Board had a duty of care to its staff and his guidance would be to keep the enhancement to colleagues only if possible. **IT WAS GREED** that the matter be discussed in more detail outside of the meeting. **ACTION SWa to share advice with AAy and SJo, gather views and bring it back to the meeting**	SWa		Advice circulated to all Board members post meeting on the 1st March 2023	PROPOSE CLOSURE
01/03/2023	ROHTBACT.174	National reviews actions update: Ockendon & Baby Arthur and Star Hobson	ROHTB (3/23) 003 ROHTB (3/23) 003 (a)	CFe opened that there had been a previous discussion about weaknesses in information sharing and lack of challenge and queried if this had improved and, if so,	NBr		This will be an ICS safeguarding update report presented at the May Board Meeting	PROPOSE CLOSURE

				how it was measured. She was advised that NBr was the Deputy Chair for Safeguarding at System level. There were some challenges in systems, whereby they did not all 'talk' to each other, but work was taking place to address the issue. The lack of inter-agency communication remained a problem however. A safeguarding update would be provided for the next meeting. **Action NBr**			Orth	
01/03/2023	ROHTBACT.175	National reviews actions update: Ockendon & Baby Arthur and Star Hobson	ROHTB (3/23) 003 ROHTB (3/23) 003 (a)	IRe added that it was difficult to respond to National enquiries by scrutinizing paperwork and he enquired as to whether the document provided was a gap analysis or an action plan. More clarity on action and recommendation was requested. **ACTION NBr**	NBr		An action plan is being drafted from the Gap Analysis	In hand
01/03/2023	ROHTBACT.176	Learning from deaths and mortality review	ROHTB (3/23) 006 ROHTB (3/23) 006 (a)	A comment on the fact that the graph on page 9 did not identify which deaths were ROH's was noted, and the Board were assured that the ROH's mortality rate was the	MPe		Included as part of Safeguarding update at the April meeting	VERBAL UPDATE ON HARDSHIP FUND AT MEETING

				lowest. Any peaks in historical data were due to Covid. A query as to whether ethnicity was higher than in other trusts was posed and Trustees were advised that it was. Work was being undertaken to improve the figures. MPe would circulate some information outside of the meeting. **ACTION MPe**				
01/03/2023	ROHTBACT.177	Race Equality Code – key themes from discussions and next steps	ROHTB (3/23) 007 ROHTB (3/23) 007 (a)	SMa apologized for the late paper and shared it had been circulated by email in advance of the meeting. GHu had not received the report and her email address was to be checked for accuracy. **ACTION SMa**	SMa		Email sent to both email adresses.	PROPOSE CLOSURE
01/03/2023	ROHTBACT.178	Race Equality Code – key themes from discussions and next steps	ROHTB (3/23) 007 ROHTB (3/23) 007 (a)	The Chair suggested a one to one meeting between SMa and GHu take place. **ACTION SMa/GHu**	SMa/GHu			
01/03/2023	ROHTBACT.179	Race Equality Code – key themes from discussions and next steps	ROHTB (3/23) 007 ROHTB (3/23) 007 (a)	CFe expressed the wish for the Board to have a more considered discussion, on how they would commit to the outcomes of the report, and how it would inform strategy going forwards. **IT WAS**	SGL/JDo		Due at the May meeting	In hand. Will be added to the May agenda

				AGREED that it be discussed later in the year at the May meeting. **ACTION SGL/JDo to add to the May agenda**				
01/03/2023	ROHTBACT.180	Race Equality Code – key themes from discussions and next steps	ROHTB (3/23) 007 ROHTB (3/23) 007 (a)	MPe added that one of the forums was the staff MMEG Group. She suggested that an extraordinary session was most likely required, as a variety of experiences and issues had been brought to the last meeting. SMa would take the proposal back to the SE&OD Committee **ACTION SMa**	SMa			In hand. Being arranged if needed. PROPOSE CLOSURE
01/03/2023	ROHTBACT.181	Board Assurance Framework update	ROHTB (3/23) 008 ROHTB (3/23) 008 (a)	CFe shared that, whilst she was in favour of the new template, the description of risks would need to be really clear. If they were too high level it would be difficult to understand if the mitigations were improving or reducing the risk. The Board's Risk Appetite would need to be very clear and should be revisited at least twice a year. It was suggested that a CGI facilitator be contacted to run a session. **ACTION**	SGL		Details shared.	COMPLETE PROPOSE CLOSURE

				GHu to share the contact details with SGL			Orth	
01/03/2023	ROHTBACT.182	Board Assurance Framework update	ROHTB (3/23) 008 ROHTB (3/23) 008 (a)	It was suggested that a better discussion around risk appetite could take place if the risk categories were very clear. **ACTION SGL to ensure there was clarity of risk categories**.	SGL		Completion by August 2023, based on the timinghs in the work plan.	In hand
01/03/2023	ROHTBACT.183	Board Assurance Framework update	ROHTB (3/23) 008 ROHTB (3/23) 008 (a)	SGL added that the Risk Management Policy and how risk was articulated would also need to be considered. He would work with Managers on the subject. **ACTION SGL**	SGL		This will be part of the BAF refresh to be considered by the Board in June.	In hand
01/03/2023	ROHTBACT.185	Upward Assurance report: Staff Experience & OD Committee	ROHTB (3/23) 011	NBr shared that a deep dive on resuscitation had been conducted and a circuit breaker was planned for May. An assurance paper would be provided to the Committee. **ACTION NBr**	NBr		A paper has been written and will be presented at the SE & OD on 26/04/23	In hand
01/03/2023	(P)ROHTBACT. 186	Actions from previous meetings in private	ROHTB (2/23) 024 (a) (P)	SGL ran through the list and explained that the actions remained the same as per the last meeting. Cloud migration was planned for the following month and the other amber items would be included in a work plan	SGL/JDo		Workplan to be considered at the May meeting. Cloud migration update to be presented at the private session of the Trust Board in April.	COMPLETE PROPOSE CLOSURE

				for the Board and would then be deleted from the actions log. **ACTION SGL/JDo**				
01/03/2023	(P)ROHTBACT. 187	Chair's and Chief Executive's update on any confidential matters to include Birmingham & Solihull ICB update	Verbal	No form of report had been produced since the last ICB meeting and communication flow was to be addressed. **ACTION SGL**	SGL		Further discussions with Director of Governance at the ICB held to suggest ways of improving communication between ICB and constituent bodies.	COMPLETE PROPOSE CLOSURE
01/03/2023	(P)ROHTBACT. 188	Chair's and Chief Executive's update on any confidential matters to include Birmingham & Solihull ICB update	Verbal	The presentation that had been given to the Interim Chair of BSol ICS to be circulated to the Board for information. **ACTION MPe**.	MPe		Presentation circulated after the meeting.	COMPLETE PROPOSE CLOSURE
01/03/2023	(P)ROHTBACT. 189	Industrial Action update	ROHTB (3/23) 015 (P)	The Board were not supportive in an acting down policy that reduced staff pay. **ACTION SMa to note the Board's position**.	SMa		Position noted.	COMPLETE PROPOSE CLOSURE
01/03/2023	(P)ROHTBACT. 190	Industrial Action update	ROHTB (3/23) 015 (P)	The workflow would go via UHB and they would commission the ROH to undertake the work. In relation to diplomacy and sensitivities, the Board were assured that the document presented as a Provider Alliance	TPi			**PROPOSE CLOSURE:** included as part of the CEO/Chair's brief in April

			would be set out differently to the one shared with them. The Chair shared that there was appetite for clinical leadership on this and thus the clinical community should commission it. Updates would be given. **ACTION TPi**				
01/03/2023 (P)ROHTBACT. 191	Industrial Action update	ROHTB (3/23) 015 (P)	A printed copy of the document to be made available on request. **ACTION MPe**	MPe		The document is available on request	PROPOSE 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:	**5 April 2023**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss 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 Public Trust Board on 5th April 2023

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 1st March 2023 from the Chief Executive's position. This includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to provide mutual aid for the system and the team is currently treating and reviewing a further cohort of patients who will be transferred for treatment. Despite challenges with Industrial action, the team has met the significant milestone in the Elective Recovery plan, that being to treat all patients who had waited over 78weeks by the end of March 2023. This is an incredible achievement, and I would like to thank all the teams involved across the patient pathway to deliver this important milestone for our patients.

2.3 As part of a mutual aid request, we are currently working with Robert Jones Agnes Hunt (RJAH) to review what support we can put in place to help deliver additional Spinal activity to reduce long waits.

2.4 On Thursday 30th March, Hannah England officially opened our new Physiotherapy facility based at College Green, Bournville. Hannah was a middle-distance running athlete who specialised in the 800, 1500 and mile run. She is the 2011 World Championship silver medallist and finished fourth at the 2013 World Championships. Hannah also competed at the 2012 Olympic Games in London. I would like to thank Hannah for taking the time to support the Trust.

The facilities at College Green look fantastic and I would like to thank everyone who has put so much time, work, and dedication into delivering this much needed investment into our services. I hope our teams enjoying working in the new accommodation and patients find College Green a welcomed addition to the ROH infrastructure.

2.5 On Monday 3rd March 2023 we welcomed Coral Peczek, Relationship Manager, Care Quality Commission (CQC), for our first on site engagement meeting. It was great opportunity for Coral to walk round the Trust, meet our team and review our ongoing progress. The programme for her visit is attached as Appendix A.

2.6 On 7 March, I together with more than thirty other staff in leadership roles, participated in the first of a series of sessions of the 'High Performing Leaders that Care' programme. The intention is over the coming months to upskill our senior leaders with the skills and qualities they need to undertake the challenging leadership roles in the NHS and to execute these in

the compassionate way that represents the ROH's values. In the next year, the Board will be kept updated about the highlights of this programme. I would like to thank the staff that have committed to join this course and wish them well with their journeys.

2.7 On 30 March we wished Professor Phil Begg farewell and good luck as he leaves the ROH to start his retirement. Phil, who has been our Executive Director of Strategy & Delivery has worked for the ROH since 2014. He will be missed as a member of the Trust Board, the Executive Team and as an integral part of the ROH family. Among many pieces of work, Phil's legacy includes the transformation of the ROH estate over his tenure and the work to progress the Trust's strategy.

2.8 On 28th March 2023, the Trust was notified that NHSE Midlands has recommended to the National Accreditation Team that the ROH be one of the regions two elective hub sites for cohort 1 of the hub accreditation process. We received notification on 28 March that the Trust had been accepted onto this programme. The attached presentation (Appendix B) provides some additional information, and timescales, as to what will be expected of the ROH as part of the accreditation process. We are excited to have been chosen and look forward to being part of the process.

3. BSol ICS (Integrated Care System) Updates

3.1 On Monday 13th March 2023 the Integrated Care Board (ICB) held its Board meeting. The Board pack for the public session can be accessed via this link NHS_Birmingham_and_Solihull_ICB_meeting_pack_-_March_2023.pdf.pdf. As requested at the last meeting, attached is the summary of the System performance (Appendix C).

4 NHS England/National updates

4.1 Three months since the Royal College of Nursing's (RCN) first ever day of strike action, the Government has made a new offer on NHS pay to bring industrial action to an end. The offer consists of a one-off payment for the current financial year 2022/23 worth between £1,655 and £3,789 for Agenda for Change staff in England and a 5% consolidated pay increase for 2023/24. It is understood that in an additional commitment to the RCN, the Government has agreed to consider a new pay spine exclusively for all nursing staff, as part of work to tackle challenges faced by nurses and nursing – with the intention that resulting changes can be delivered within the 2024-25 pay year.

The Government has also committed to a national evidence-based policy framework on safe staffing, focusing on registered nurses, that will draw on legislation in the rest of the UK and internationally. The RCN has recommended that members vote to accept the offer in a forthcoming consultation which is due to close soon. If members do accept the offer, the dispute with government and the NHS over pay will formally end.

5 POLICY APPROVAL

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

6 RECOMMENDATION(S)

6.1 The Board is asked to discuss the contents of the report, and

6.2 Note the contents of the report.

Jo Williams
Chief Executive

22nd March 2023

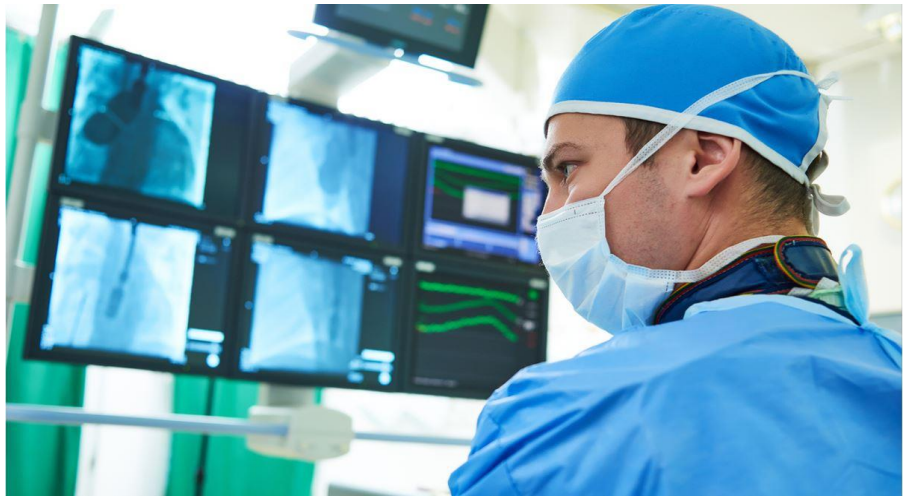
CQC Engagement Visit to the Royal Orthopaedic Hospital NHSFT - Monday 3 April 2023

Coral Peczec, Inspector – Care Quality Commission

TIME	ACTIVITY	LOCATION	STAFF INVOLVED
1030h	Arrival and welcome at Trust Headquarters	Chief Executive's Office	Jo Williams, Chief Executive Nikki Brockie, Chief Nurse Simon Grainger-Lloyd, Director of Governance
1050h	Tour of site	Site	Jo Williams Nikki Brockie
1145h	Engagement meeting	Chief Executive's Office	Jo Williams Nikki Brockie Simon Grainger-Lloyd
1230h	LUNCH	Boardroom, Trust HQ	All Executives available
1300h	Tour of offsite facilities	College Green	Nikki Mason, Head of Therapies Marie Peplow, Chief Operating Officer
1400h	Meeting with network leads	Boardroom, Trust HQ	Fallon Paris-Caines, Chair of Multi Minority Ethnic Group Gavin Newman, Chair of Mankind Claudette Jones, Chair of Equality & Diversity Group & FTSUG Victoria Scott, Chair of Be Myself (LGBTQ+) Laura Tilly-Hood, Chair of Menopause Support Group
1430h	JointCare update	Boardroom, Trust HQ	Alicia Stanton, Clinical Transformation Manager
1450h	ROCS update	Boardroom, Trust HQ	Vicky Butler, Matron
1510h	Seamless Surgery update	Boardroom, Trust HQ	Kirstie Owens, Clinical Service Manager, Theatres Jennifer Pearson, Head of Nursing Ben Smith, Associate Medical Director
1530h	Wash up and departure	Chief Executive's Office	Jo Williams Nikki Brockie Simon Grainger-Lloyd

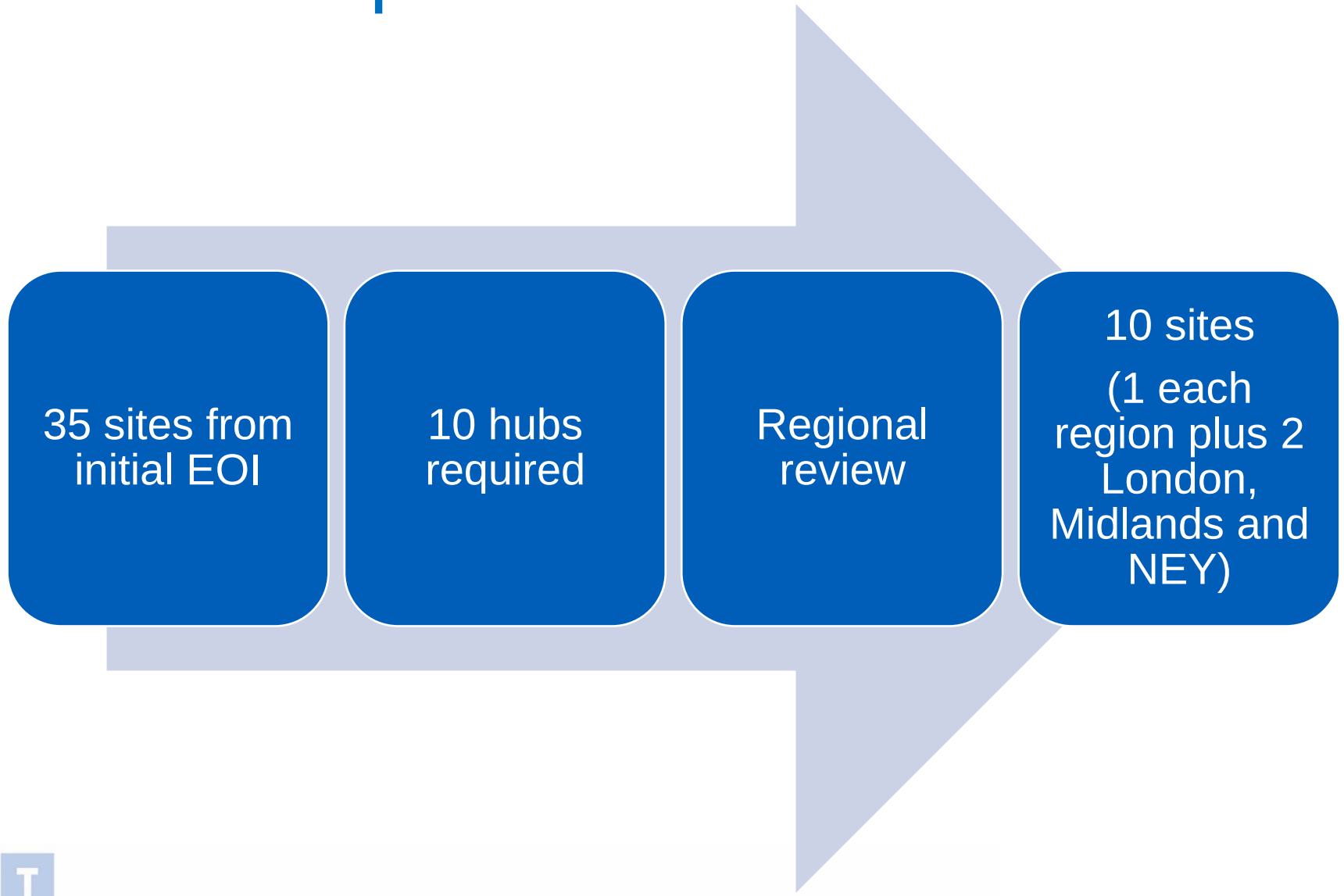
GETTING IT RIGHT FIRST TIME

Elective Hub Accreditation Update For Cohort 1



GIRFT is part of an aligned set of programmes within NHS England

Pilot site selection process



GETTING IT RIGHT FIRST TIME

Next Steps

- Email today **Tuesday March 14th** to all **regional representatives** detailing the list of eligible hubs

Transformation and recovery leads
Ian Ellis
Edmund King
Sarah Seaholme
Iain Wallen
Sheena Nixon
John Holden
Caroline Wood

- Hubs should be selected in the first instance from those which expressed an interest in the pilot process
- Response to email with regional hub/s selected and **contact name** to be received by **Monday March 20th**
- On **Tuesday March 21st** Hub contact will be sent the MOU/s for signature and the invite to Onboarding Webinar
- MOU/s to be returned by **Friday March 24th**
- **Tuesday March 28th** Confirmation of place on Accreditation Programme
- **Thursday March 30th** 09.00-10.00hrs Onboarding Webinar for all Cohort 1 hubs (mandatory attendance)
- **Thursday April 6th** 09.00-10.00 Uploader Call for Cohort 1

GETTING IT RIGHT FIRST TIME

Criteria for inclusion of hub sites

- Able to meet the requirements of the MOU (see next two slides)
- Hub is offering a suitable efficient and effective service enabling successful accreditation
- There is local, system and regional level support for the process

Memorandum of Understanding (1)

What the Hub will agree to provide

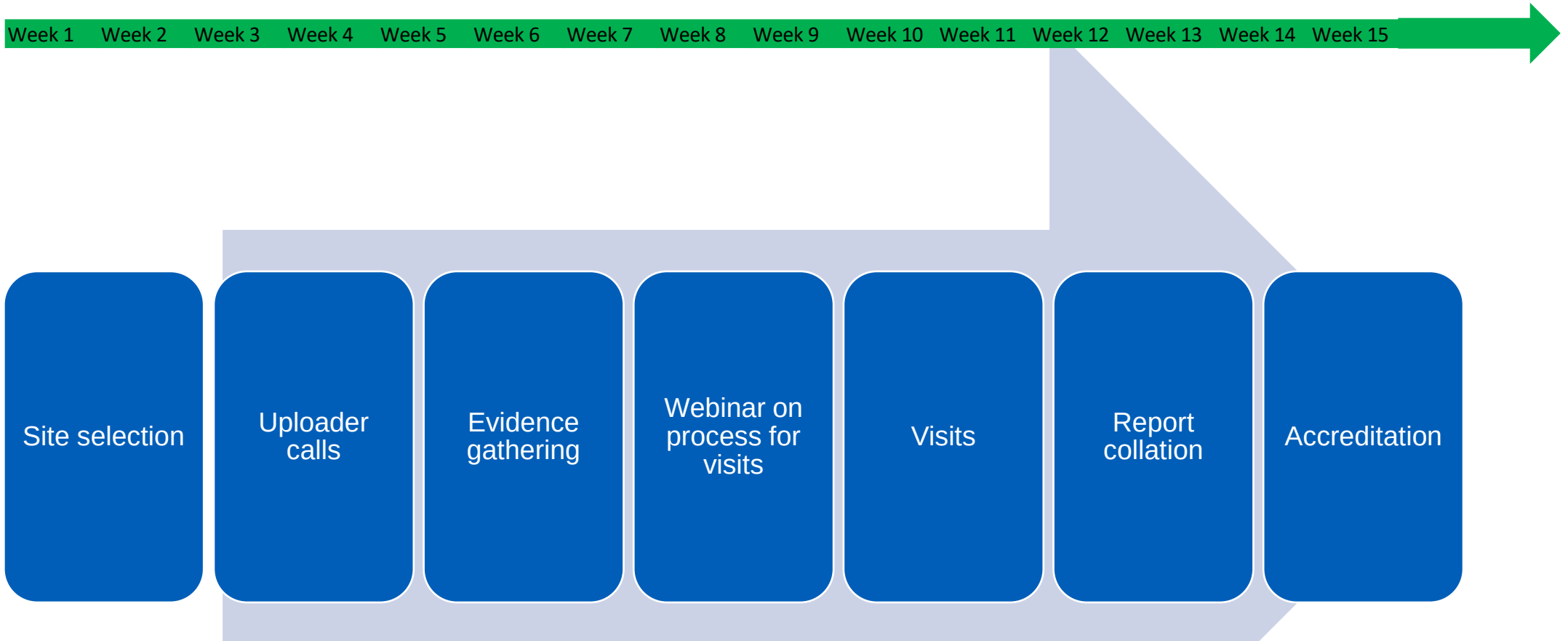
- A named contact(s) for day-to-day correspondence and communication
- An accountable SRO for the programme who retains the accountability for accreditation
- Agreement to support further accreditation visits at other hubs by freeing up and funding one staff member for the equivalent of one day per year to be part of an accreditation visiting team. This could be a surgeon, anaesthetist, AHP, nurse or other clinical or operational staff member with significant experience of working in, or with, the Elective Hub. Travel Expenses will be covered by NHS England
- Agreement to the sharing of evidence and documentation (excepting that which is deemed sensitive) with other hub sites through an electronic portal for the purpose of shared learning
- The provision of a plan to address opportunities and issues identified during the accreditation visit
- Assurance that the areas within the Hub Optimisation Plans will be addressed within the agreed timescales
- To submit site level data centrally on a monthly basis

Memorandum of Understanding (2)

What the Accreditation Team will agree to provide:

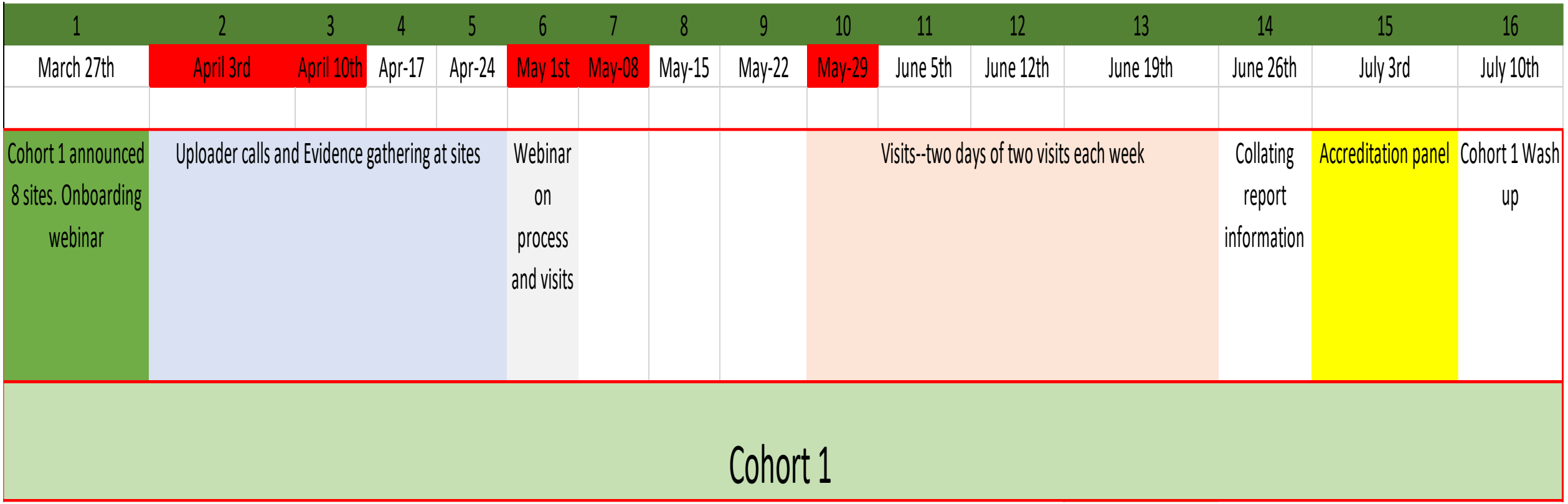
- Timely responses to queries from the hub site
- Regular update and communication sessions to hub sites in the programme
- Standard communication materials to be shared with the hub site
- Feedback following the site visit and support for any Hub Optimisation Plans required by the accreditation panel
- Information on future changes to criteria or the release of exemplar criteria
- Support to address key elements of the Hub Optimisation Plan as required, either directly from the national team or in collaboration with Regions, Systems or other teams across NHSE

Roll out process



GIRFT
GETTING IT RIGHT FIRST TIME

Roll out process in detail



GETTING IT RIGHT FIRST TIME

Accreditation ‘badge’

Birmingham and Solihull Integrated Care System
Caring about healthier lives

At a Glance Status Report March 2023

RED: Urgent, additional actions required, significant risks AMBER: Further actions required to manage identified risks, work in progress GREEN: on track, all required actions in place at the current time or plans in place

Agenda item: 8

Managing today

UEC

- A&E 4 hour performance continues to hover, in the main, between 55% and 60%
- The system has set a trajectory for 23/24 to increase A%E performance to above 76% by March 2024
- Ambulance handovers have seen a slight rise from the significant reductions in January. The forecast February position is for there to be 929 60 minute breaches – this is still a 55% reduction from the peak in 22/23
- IPC challenges have been considerable in Feb 23 with norovirus a particular issue
- Ambulance hours lost – risen slightly in recent weeks with the increase in ambulance breaches. BSol system is still one of the fastest reducing systems looking at December and January data

Elective

- System working to deliver zero 78+ week wait breaches by the end of March 2023 with high level of confidence in delivery
- System agreed to have zero 65+ week waiters by March 2024 with trajectories due to be submitted in the operational plan
- Cancer progress remains positive and on track against plan. The proportion of the system cancer PTL in the 62 day backlog continues to reduce but we still constitute a high volume of midlands breaches
- The system is compliant with the operational planning ask for the 62 day backlog to further reduce during 2023/24

People

- Planned RCN strikes paused, junior doctors due to strike from 13 March, no indication at the time of writing that this will be paused
- NHS staff survey results due for publication 9th March 2023
- ICS Turnover rate has reduced for the 3rd consecutive month from a high of 13.45% in November 2022
- A reduction in vacancies from 10.04% to 9.54% from December 2022 to January 2023
- Nursing and Midwifery, an increase of 207 WTE from September 22 (9494 WTE) to January 23 (9701 WTE)
- Productivity remains an issue – this is clear as part of the initial planning round submission for the system

Vaccine Programme

- COVID phase 5 concluded 12/02/23 – 304,701 vaccs given; Evergreen offer continues
- COVID (phase 5) 49.9%, flu (22/23) 41.8%.
- Financial & operational planning underway for 2023/24 COVID and flu vaccs programmes; COVID spring phase anticipated to start early-to-mid April 2023
- Development underway for alternative provision models to boost child immunisation & vaccination uptake
- Joint public health and ICB immunisation & vaccination presentation to BCC HOSC 21/02/23; return to HOSC Apr-23

£

- ICS continues to be on track to deliver financial balance in 22/23.
- 23/24 draft financial plan shows a significant deficit of £120m. Further work is required to challenge cost pressures, rationalise investment proposals and develop further efficiency schemes in order to close the gap
- Further work is also required to reduce agency expenditure to below the levels of the agency cap

Quality

- Quality Framework approved 15/2/23 by the Quality Committee for implementation
- UHB independent external review underway
- Maternity UHB - CQC visit February immediate actions identified. Highly likely CQC rating will be downgraded
- Maternity Roundtable - Maternity Improvement Advisor agreed as a result
- CQC reports awaited for BSMHFT and FTB (3rd March 2023).
- 11/1/23 Birmingham SEND Health Summit with the ICB, NHSE and Department for Education (DfE) SEND Health Strategy will be developed
- January Solihull SEND DfE/NHSE led Peer Review
- Current inspection of Birmingham Children's Trust by Ofsted is ongoing

Making tomorrow better

Population Health

- Chief Analyst commenced Feb 23 and working closely with Medical Director on initial analysis priorities to facilitate population health management and meet needs of Health Inequalities Strategy
- Work is ongoing with Birmingham Observatory on adding meaningful NHS information onto the open data platform: Birmingham City Observatory
- National work on prevention remains a focus of the national CMO. Editorial in the BMJ (https://www.bmj.com/content/380/bmj.p201) provides a key challenge for systems.

Inequalities

- Core20PLUS5 Connectors wave three bid awarded from NHSE - perinatal journey for BME women/families in West and East Birmingham
- Community Diabetes Prevention Programme is due to close in March. A business case is being proposed for extension of services
- BLACHIR – The ICB is agreeing joint delivery resource with Public Health.
- Ongoing conversations with Birmingham Observatory, CSU Strategic Unit, Local Authorities and NHS/ICS leads to explore data collection and data sharing
- Work continuing with SROs for each of the health inequalities strategy priority areas. Data, metrics, and deliverables are being identified for delivery in the next five years

Developing the ICS

Place Based Partnerships

- Local Government Association peer reviewers appointed to commence work during the next period
- Solihull Together has been amalgamated with Place committee. this will lead to revision of membership, which will picked up via terms of reference
- The development and distribution of the Fairer Futures Fund remains an ongoing priority, arrangements are being finalised with CFO and place leads

Integrated Care Partnership

- Birmingham and Solihull Integrated Care Partnership 07.02.23 – link to video summary

https://www.youtube.com/watch?v=goklEfhO84w

Provider Collaborative Development

- Assurance meeting undertaken with NHSE regarding the MHPC delegation – awaiting formal feedback
- Work on POD delegation progressing. A range of formal delegation documents require approval during March 2023
- Detailed work ongoing to agree NHSE staff transfer into Office of the West Midlands

Integrated Care Board

- Agreement to host both specialised commissioning services (from April 2024) and pharmacy, ophthalmology and dental services through the ICB on behalf of Midlands and West Midlands ICBs respectively.
- As part of new model for NHS England ICB Running Cost Allowances expected to reduce.

TRUST BOARD	
DOCUMENT TITLE:	Health and Wellbeing and Cost of Living Update Childcare Provision – Initial information
SPONSOR (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:	5th April 2023

EXECUTIVE SUMMARY:

The presentation gives an overview of key progress for the Health and Wellbeing agenda. It also contains up to date information on Cost of Living initiatives.

There is also information on the initial scoping work completed on childcare provision options.

Positive assurance - Three key areas to highlight

1. Work is continuing with 5 ways to wellbeing and cost of living to fit the changing needs of staff
2. Awareness sessions have taken place during the month including a stand for International Women's Day
3. The outdoor Dome space is now fully installed
4. Work is continuing on the NHS Health and Wellbeing Framework

Current issues

Ensuring all staff can access signposting information and support in all departments. The additional pressures experienced by individuals linked to financial pressures in the UK.

Next steps

Continue to work with regional and national colleagues around the cost of living projects.
Continue to signpost and support staff via weekly wellbeing email, wellbeing intranet pages, posters, comms emails and attendance at department meetings.
To distribute printed copies of financial wellbeing support collated from Cost of Loving Focus Groups
Ensure patients, visitors and volunteers have an opportunity to also benefit from this work.

Further work to review for childcare provision

REPORT RECOMMENDATION:

The Committee is asked review and discuss where required

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		Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X
Comments:					

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

ALIGNMENT TO PEOPLE & OD STRATEGY *(Indicate with 'x' all those that apply and comment to illustrate):*

Focus on engagement and wellbeing	X	
Developing our workforce	X	
Diverse and Inclusive place to work	X	

Managing Performance	X	
New ways of working	X	
PREVIOUS CONSIDERATION:		
Previous updates at this committee – Trust Board		

REPORT REF: ROHTB (4/23) 003

TRUST BOARD

DOCUMENT TITLE:	**Liberty Protection Safeguards (LPS)**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Chief Nurse**
AUTHOR:	**Evelyn 'O'Kane, Safeguarding Lead Nurse**
PRESENTED BY:	**Nikki Brockie, Chief Nurse**
DATE OF MEETING:	**5 April 2023**

PURPOSE OF THE REPORT:

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

EXECUTIVE SUMMARY:

The Trust Board requested an update on the Liberty Protection Safeguards (LPS) implementation and action in preparation taken to date. It is important for the Trust to be aware of the changes and impact on the organisation and patient safety also our registration. LPS will be about safeguarding the rights of people who are under high level of care and supervision but lack the mental capacity to consent to those arrangements for their care.

The LPS regulations were introduced by Mental Capacity (Amendment) Act 2019 LPS was due to come into force initially in April 2022, this was postponed by the government. There is currently no new implementation date.

Key message:

- LPS (formerly DoLS) is rooted within the Mental Capacity Act 205 (MCA) and all the key principles of the MCA apply. To ensure the Mental Capacity Act works for people consistently. If there is a proper reason to doubt that the person has capacity, there should be an assessment that is a Mental Capacity Assessment (MCA).
- LPS will now apply to everyone from the age of 16 (previously DoLS was 18 and over)
- LPS will apply to people in care homes, hospitals, supported accommodation and their own homes. The current DoLS only applies to hospitals and care homes.
- LPS will apply to arrangements of the person's care, so can be considered in wider range of settings, so transferable. This will include manner of conveyance. DoLS applies to a specific institution and cannot be transferred
- 3The Act intends to enable and support people aged 16 and over who may lack capacity, to maximise their ability to make decisions. It aims to protect the rights and interests of people who lack capacity to make particular decisions, and enable them to participate in decision-making, as far as they are able to do so.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
○ The Midlands MCA LPS Forum – this is	Data set ready: Trust is engaged with the Midland

lead and chaired by Adrian Spanswick Safeguarding Professional Lead (NHS England and Improvement – Midlands) Meetings held monthly via MST. ○ ICB SWING meetings being attended by Safeguarding lead next meeting, planned to discuss about provider gap analysis for LPS implementation. In March 2023 to complete maturity matrix from a provider point of view, this has been developed on the back of ICB having to complete matrix to NHS improvement quarterly on LPS maturity. ○ Safeguarding Adults National Network (SANN) – SG Lead Nurse attends to network with other acute care providers and to share good practice and ideas to help with LPS implementation when released.	data set group in readiness.

NOT APPLICABLE	

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board is asked to: note and accept this update.

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

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

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

Development of the Safeguarding strategy.

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

Safeguarding ICB Board

PREVIOUS CONSIDERATION:

Clinical Quality Group

FOR INFORMATION

ROHTB (4/23) 003 (a)

The Royal Orthopaedic Hospital NHS Foundation Trust

LIBERTY PROTECTION SAFEGUARDS (LPS)

IMPLEMENTATION UPDATE

Report to Trust Board in April 2023

1 EXECUTIVE SUMMARY

1.1 The Executive Team requested an update on the Liberty Protection Safeguards (LPS) implementation and action in preparation taken to date. It is important for the Trust to be aware of the changes and impact on the organisation and patient safety also our registration. LPS will be about safeguarding the rights of people who are under high level of care and supervision but lack the mental capacity to consent to those arrangements for their care.

1.2 The Board has previously been given information of the changes that are due to impact on the Trust; as we become responsible for authorising LPS as a Responsible Body, as it will no longer sit with the local authority LA, this was provided by the previous Chief Nurse- Safeguarding Executive Lead.

1.3 (***Appendix 1***) provides a simplified summary overview of the differences in LPS from Deprivation of Liberty Safeguards (DoLS).

1.4 The LPS regulations were introduced by Mental Capacity (Amendment) Act 2019 LPS was due to come into force initially in April 2022, this was postponed by the government. There is currently no new implementation date.

1.5 The paper explains the key changes with LPS, which includes: - (sections 4-8)

- Assessments of patients
- Preauthorisation process
- The Approved Mental Capacity Professionals (AMCP's)
- Training Framework (England) ***(Appendix 2 TNA)***
- National Minimum Data Set (NMDS) - Reporting requirements

1.6 The paper provides update on the preparation work undertaken (Section 9); and further work required (Section 10).

1.7 The board will be provided with a further update report following the release by the DHSC on the Code of Practice. DHSC currently working on the feedback from the public

consultation that closed July 2022. This update report will then include a detailed action plan for the delivery implementation.

2 BACKGROUND

2.1 Deprivation of Liberty Safeguards (DoLS) was introduced in 2009 to provide legal authority to care for people in care homes and hospitals who lacked the mental capacity to consent to their arrangements and were under high levels of care and supervision. DoLS has been heavily criticised for being overly complicated and bureaucratic.

2.2 The LPS is the new scheme for authorising health and social care arrangements that give rise to a deprivation of liberty, replacing the Deprivation of Liberty Safeguards (DoLS) and Court of Protection authorisations of arrangements not covered by DoLS.

2.3- It should be noted that when LPS implementation date is agreed there will be a 12-month period where DoLS and LPS will be introduced.

3. THE KEY MESSAGES

3.1 LPS (formerly DoLS) is rooted within the Mental Capacity Act 2025 (MCA) and all the key principles of the MCA apply. To ensure the Mental Capacity Act works for people consistently. If there is a proper reason to doubt that the person has capacity, there should be an assessment that is a Mental Capacity Assessment (MCA).

3.2 LPS will now apply to everyone from the age of 16 (previously DoLS was 18 and over)

3.3 LPS will apply to people in care homes, hospitals, supported accommodation and their own homes. The current DoLS only applies to hospitals and care homes.

3.4 LPS will apply to arrangements of the person's care, so can be considered in wider range of settings, so transferable. This will include manner of conveyance. DoLS applies to a specific institution and cannot be transferred

3.5 The Act intends to enable and support people aged 16 and over who may lack capacity, to maximise their ability to make decisions. It aims to protect the rights and interests of people who lack capacity to make particular decisions, and enable them to participate in decision-making, as far as they are able to do so.

4 THE THREE LPS ASSESSMENTS

4.1 The LPS provide that a responsible body may authorise arrangements giving rise to a deprivation of liberty if:

- the person lacks capacity to consent to the arrangements.

- the person has a mental disorder within the meaning of section 1(2) of the Mental Health Act 1983; and
- the arrangements are necessary to prevent harm to the person and proportionate in relation to the likelihood and seriousness of harm to the person.

4.2 The draft regulations specify who may carry out the relevant assessments for determining whether these authorisation conditions are met. They say that the capacity assessment and the necessary and proportionate assessment must be carried out by a social worker, doctor, nurse, occupational therapist, psychologist or speech and language therapist. The medical assessment must be carried out by a doctor or clinical psychologist.

4.3 The draft code sets out that the assessment process (from referral to a decision about authorisation) should not exceed 21 days There should be no fewer than two professionals involved in carrying out the three assessments.

5.0 PREAUTHORISATION PROCESS

5.1 Under the LPS, the responsible body must in all cases arrange for a "pre-authorisation review" to be carried out to provide an independent check on whether the three authorisation conditions have been met.

5.2 In these circumstances, this review must be carried out by an approved mental capacity professional (AMCP), a new role created under LPS. These are:

- If it is reasonable to believe that person does not wish to reside in, or receive care or treatment at, a particular place.
- The arrangements provide for the person to receive care or treatment mainly in an independent hospital.
- The responsible body refers the case to an AMCP and the AMCP accepts the referral.

5.3 The draft code said that the individual carrying out the pre-authorisation review in non-AMCP cases does not need to be a health or social care professional. However, they should have an applied understanding of the MCA and the LPS process.

5.4 Pre-authorisation reviewer cannot be involved in person's day-to-day care or providing any treatment

6.0 APPROVED MENTAL CAPACITY PROFESSIONAL (AMCP'S)

6.1 Best Interest Assessors (BIAs) is a position which exist under the Deprivation of Liberty Safeguards (DoLS). There is no such position under the Liberty Protection Safeguards

(LPS) and as such where responsibilities lie for what could broadly be seen as the equivalent role under the LPS (the Approved Mental Capacity Professional (AMCP) will undertake this role.

6.2 AMCPs will be independent, trained, and registered professionals. It is intended that local authorities will be required to ensure that there are enough persons as AMCPs for its geographical area. It is anticipated that AMCPs will normally be employed by a local authority, NHS Trust, or Integrated Care Board (ICB).

6.3 The AMCP must also have two years' post-registration experience and have undertaken specialist training, as is the case with the current best interest's assessor role under DoLS.

6.4 The local authority will be responsible for arrangements for approving AMCPs before they can practice, as set out in the draft Mental Capacity (Deprivation of Liberty: Training and Approval as an AMCP) (England) Regulations, which also contains provisions for BIAs to convert to an AMCP qualification.

6.5 Responsible body must refer to AMCP when the person is objecting to the arrangements.

6.6 AMCPs also carry out reviews of the authorisation in cases where the person did not originally object to the arrangements but is now objecting. In some cases, AMCPs can grant the authorisation on behalf of the responsible body.

7.0 TRAINING – LIBERTY PROTECTION SAFEGUARDS TRAINING FRAMEWORK (ENGLAND) - DHSC

7.1 The aim of the framework is to support the development and delivery of appropriate and consistent education and training to support the implementation and operation of the LPS. The draft framework was released in March 2022 and was part of the public consultation process.

7.2 This framework is for individuals who will provide care and treatment for people from the age of 16 years upwards. The framework describes the core skills and knowledge relevant to the LPS workforce which are common and transferable across different types of relevant organisations.

7.3 The core skills and knowledge described in the framework are defined for six competency groups, labelled A to F. Attached is a summary of the training TNA for the Trust using the February 2023 L+D data ***(Appendix 2)***

8.0 LPS NATIONAL MINIMUM DATA SET (ENGLAND) (LPS NMDS)– IT TRUST BEING READY TO MEET REQUIREMENTS

8.1 The recommended data set covers operational aspects of the LPS process (such as how many, how long, decisions made), demographics and equalities, and outcomes for the person who has been deprived of their liberty. Further guidance will be produced for Responsible Bodies who will be required to input the data, ahead of LPS implementation.

8.2 There are 30 questions in total. Each question has a number of corresponding data items that Responsible Bodies (The Trust) will have to collect in this national min data set.

8.3 We have been engaging with the Midlands data set meeting, Gavin Newman has attended the meetings. Information has been shared when received with Janette Carveth and IMT manager. In terms of the challenges and requirements.

9.0 HOW ARE WE/HAVE WE BEEN PREPARING FOR LPS IMPLEMENTATION?

9.1 MCA Assessment training – Monthly training session offered by Safeguarding Lead Nurse on Enhanced MCA and DoLS training delivered to staff. Practical session using scenarios and reviewing examples of completed MCA assessment for learning and improvement and professional challenge. The key areas is that the MCA has to fully applied by staff and evidenced. Total number of staff who have attended in last year – March 2022-March 23 to date has been 32.

9.2 That assessors should firstly consider whether the person is able to make the decision, and if not, whether there is an impairment or disturbance in the functioning of the mind or brain causing their inability to make the decision. MCA assessments being completed in full.

9.3 Training packages updated to inform staff of the coming changes and the possible impact and requirements as individual practitioners in the Trust, this is on Level 3

9.4 Current compliance with MCA training (Feb 2023) training data is 80.19% with 227 staff requiring training to be completed. (Current target is 85.0%) *Data source ESR Internal Training Report from Learning and Development Dept – Monthly reporting*

9.5 Working Groups and Forums -The Safeguarding Lead Nurse attends with updates provided back to the Trust via Safeguarding committee and 1-1's with Executive SG Lead. These include: -

- The Midlands MCA LPS Forum – this is lead and chaired by Adrian Spanswick Safeguarding Professional Lead (NHS England and Improvement – Midlands) Meetings held monthly via MST.
- ICB SWING meetings being attended by Safeguarding lead next meeting, planned to discuss about provider gap analysis for LPS implementation. In March 2023 to

complete maturity matrix from a provider point of view, this has been developed on the back of ICB having to complete matrix to NHS improvement quarterly on LPS maturity.

- Safeguarding Adults National Network (SANN) – SG Lead Nurse attends to network with other acute care providers and to share good practice and ideas to help with LPS implementation when released.

9.6 Mental Capacity Tool – This has been produced by Bournemouth University and recognised as good practice. This is highlighted in training and updates to staff and also through supervision sessions. To raise awareness and understanding of applying the MCA.

9.7 Communication with Staff – drip feeding information and awareness being raised: - Updates and reminders of the forthcoming changes in quarterly Safeguarding Newsletter – The purple paper. Reminding staff are what is required when assessing patients' capacity and decision being made in the patients' best interests.

9.8 Staff in the Children and Young People OPD department, have attended training on MCA and LPS for 16–17-year-olds. As this now applies to everyone over 16 years old. Previously was only 18 and over.

9.9 Audit of current practice undertaken - MCA and DoLS audit undertaken and presented to Jan 2023 Safeguarding Committee. This audit will be undertaken again in 23/24 as part of the Safeguarding Team internal audit schedule.

10.0 WHAT FURTHER WORK IS REQUIRED FOR LPS FULL IMPLEMENTATION

10.1 **Trusts MCA Policy** -update of, once the Code of Practice is released by the DHSC

10.2 **Mental Capacity Assessments**- Good quality mental capacity assessments and legally robust recording will reduce the time needed to review the documentation.

10.3 **AMCP Provision & Cost Funding** - will this be from ICB or local authority BIA's that have completed conversion course to AMCP's. Costing for this service that will be incurred. Also, legal cost if dispute cannot be resolved and there is a need to go to court.

10.4 Business case for LPS related costs once a final LPS Code of Practice (COP)and Impact Assessment have been published. Forward planning on the potential cost implications to be discussed with ICB and local and national leads and Trust Chief Nurse. This includes Band 7 practitioner with a clear lead role on MCA and LPS for the Trust being supported. To work in the Safeguarding Team. As per business case proposal last year 22/23.

10.5 **Under 18-year-olds- How assured are we**? The need to plan & prepare to ensure that all staff working with this age group are aware of LPS and how to implement in practice?

10.6 **Prevalence survey** needs to be undertaken on the possible number of children that would require an application under LPS- IM&T?

10.7 **Communication Strategy / briefings for staff** to be designed and delivered working with Comms Team and the national groups LPS and Comms.

10.8 **Documentation**- legal team for the Trust to provide overview. Awaiting publication of the DHSC documentation. This will incur costs in printing and stationary Trust wide.

10.9 **Audit of staff knowledge and understanding** - to ensue MCA and LPS become Business as Usual (BAU)

10.10 **Electronic Patient Care Record** -? could this help with data requirement needs, aid improvement in legal documentation required in terms of Liberty Safeguards.

10.11 **Training requirements** – The framework being applied for the Trust to ensure compliance at the required levels and content in line with national competencies and skills ***(see Appendix 2 for TNA for LPS).***

Nicola Brockie
Chief Nurse
28/03/2023

Evelyn O'Kane
Safeguarding Matron

Appendix 1

Typical simplified DoLS Vs LPS

DoLS

1. Assessment of care needs by multi-disciplinary team.
2. Placement.
3. Is this a Deprivation of Liberty?
4. Application to Supervisory Body.
5. 6 assessments by DoLS professionals.
6. Supervisory Body authorises - up to 1 year.
7. 1 year later = the whole process must start again from scratch.
8. Or person moves = the whole process must start again from scratch.

LPS

1. Assessment of care needs by multi-disciplinary team.
2. Is this a Deprivation of Liberty?
3. Placement.
4. Responsible Body obtains 3 assessments, 2 of which can potentially rely on existing assessments.
5. Responsible Body authorises (potentially) 1 year, then renewal for 1 year, then renewal 3 years.
6. Or, person moves, so long as the move was predicted and included in the original care plan, the authorisation goes with them.

Competency Group	Description of roles within competency[1]	Intercollegiate Guidance	Possible CCG staff groups	Numbers of Staff
Level A – Awareness Raising	All stakeholders, including staff in health, care, education, or other services, who may in the course of their work encounter a person who might lack the capacity to consent to arrangements that may give rise to a deprivation of their liberty, and who require general awareness of the LPS within the context of the wider MCA. This competency group may include non-operational roles that would benefit from a general understanding of the LPS and other roles, including carers, family, friends, or advocates of a person who is subject to the LPS process and may wish to learn more about it.	**Intercollegiate level 1 children's:** All Staff **Intercollegiate level 1 Adults:** All Staff	All staff	Sub staff = 1146 and bank staff = 258 and volunteer = 68 Total =1472 as of 17.03 2023 Feb 2023 data ESR Training Report
Level B – Identification and Referral	Clinical staff and supervisors or managers of staff or volunteers in Competency Group A, who may need to identify when a person may be deprived of their liberty, and when authorisation may be required to protect their rights under the LPS. Whilst the LPS process may be triggered as part of care or treatment planning, some individuals may need to know how to make a referral to the Responsible Body, so that it can arrange for the relevant assessments to be carried out. This might include managers of care homes or other adult social care services, children's residential care home managers or clinical staff in health services.	**Intercollegiate level 2 children's:** Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults. **Intercollegiate level 2 Adults:** All practitioners that have regular contact with patients, their families or carers, or the public	All staff that have regular contact with Service users or public.	Level 2 staffing =1146 substantive Then Bank =258 Then volunteers =68 Total =1472

Level C – Assessment, determination and consultation	All professionals that under the regulations might undertake assessments, determinations, and consultation on behalf of a Responsible Body, within the LPS process (for details of who may fall into this competency group, see the Assessment and Determination, and Pre-Authorisation Review (England) regulations and the Code of Practice). This includes certain registered clinicians who may confirm a diagnosis of a mental disorder.	**Intercollegiate level 3 children's:** All clinical staff working with children, young people and/or their parents/carers and/or any adult. *and* who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not) **Intercollegiate level 3 Adults:** Registered health care staff who engage in assessing, planning, intervening, and evaluating the needs of adults	All CCG Clinical and non-clinical staff that are involved in planning, intervening, and evaluating the needs of those aged 16 or above.	Level 3 staff sub=504 Bank staff = 47 Volunteers = 0 Total = 551 *(44% of sub staff and 18.2% of Bank staff)*
Level D – Pre-Authorisation & Authorisation	Designated staff in Responsible Bodies who might undertake Pre-authorisation Reviews or make the decision whether or not to authorise a deprivation of liberty under the LPS on behalf of the Responsible Body.	**Intercollegiate level 3 children's:** Specialist roles – named professionals for safeguarding children and young people **Intercollegiate level 3 Adults:** Specialist roles – named professionals	All staff who perform management responsibility for other staff involved in planning, intervening, and evaluating the needs of those aged 16 or above. All Named/designated/deputy	Named Nurse and Senior Named Nurse SG Lead Nurse Dementia & MH Practitioner Named Doctor Sub=6 +

			designated safeguarding professionals. All those that will undertake Pre-authorisation Reviews or make the decision whether to authorise a deprivation of liberty under the LPS on behalf of the Responsible Body or not. All staff involved in monitoring the quality of the LPS process.	*Band 7 Practitioner- tba post*
Level E – IMCA's	Existing and new Independent Mental Capacity Advocates (IMCAs)		Not applicable to the ROH?	Nonapplicable
Level F – Approved Mental Capacity professionals (conversion and new)	People who meet the requirements set out in regulations, to undertake full AMCP training, or BIA to AMCP conversion training and to be approved as an AMCP by the relevant local authority (regardless of who employs them) in line with the relevant regulations.		To be confirmed when models of AMCP provision are finalised.	

REPORT REF: ROHTB (4/23) 004

TRUST BOARD

DOCUMENT TITLE:	**Update on Birmingham and Solihull Integrated Care System Health Safeguarding Board (HSB)**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie- Chief Nurse**
AUTHOR:	**Nikki Brockie- Chief Nurse**
PRESENTED BY:	**Nikki Brockie- Chief Nurse**
DATE OF MEETING:	**5 April 2023**

PURPOSE OF THE REPORT:

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

EXECUTIVE SUMMARY:

The Trust Board requested an update on the work underway by the Health Safeguarding Board (HSB) for Birmingham and Solihull (BSOL) Integrated Care System (ICS).

Following the sad death of Arthur Labinjo-Hughes in 2020, the case review identified missed opportunities to prevent his tragic death. The then Chief Nurse of the CCG commissioned an independent review of the BSOL safeguarding health practices by SEW consultancy. The review was shared in March 2022.

The Birmingham and Solihull Integrated Care System Health Safeguarding Board held its inaugural meeting in July 2022 chaired by the ICB Chief Nurse Lisa Stanley-Green. The membership of this group is Executive Chief Nurses responsible for safeguarding, alongside Heads of Safeguarding and Designated Doctors. Terms of reference highlighted the following aims:

- Establish the strategic direction and provide leadership to ensure the effective coordination health across both the Adult and Children Safeguarding agendas.

Monitor and report on health safeguarding priorities, holding the system to account for the effectiveness of their arrangements and practice and the outcome for adults, children, and young people.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	**GAPS IN ASSURANCE/RISKS TO ESCALATE**
Key workstream are underway to address the following areas, with action plans in place. • Workforce • Shared Care Records • Safeguarding training • Multi-Agency Safeguarding Hub Action plan's are overseen by CNO form the five providers and report into HSB.	• Workforce is on-going to strength and stabilise. • Shared care records continue to place us all with risk. • Risk registers

NOT APPLICABLE	

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board 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	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:

Linked to ROH Safeguarding risk register.

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

BSOL's ICS Health Safeguarding Board (HSB). Mental Capacity Act 205 (MCA), System Quality Group (SQG),

PREVIOUS CONSIDERATION:

Previous paper brought to Board in 2022 related to tragic death of Arthur Labinjo-Hughes and the system response.

FOR INFORMATION

The Royal Orthopaedic Hospital NHS Foundation Trust

Update on Birmingham and Solihull Integrated Care System Health Safeguarding Board (HSB)

Report to Trust Board in April 2023

1 EXECUTIVE SUMMARY

1.1 This paper provides an update of work being led and overseen to strengthen and improve adult and child Safeguarding in Health within the Birmingham and Solihull (BSOL) Integrated Care System (ICS).

1.2 BSOL's ICS Health Safeguarding Board (HSB) was established as a subgroup of the System Quality Group (SQG) to provide strategic oversight for all aspects of adult and child safeguarding work across the ICS. It is anticipated that children in care, child death review, and the Mental Capacity Act will be included in this work.

2 BACKGROUND

2.1 Following the tragic death of Arthur Labinjo-Hughes in 2020, the case review identified missed opportunities which could have prevented this from occurring. The Chief Nurse of the Clinical Commissioning Group (CCG) at the time commissioned SEW Consultancy to conduct an independent review of BSOL's safeguarding health practices. This review was shared in March 2022.

The review recommended that a Health Safeguarding Board should be set up and chaired by the Integrated Care Board (ICB) Chief Nurse with the formation of the ICS in July 2022.

2.2 Furthermore, the report identified some immediate issues that needed to be addressed in relation to child protection and safeguarding services in Birmingham and Solihull:

- Gaps in health strategic leadership made it difficult to resolve many of the fundamental challenges around safeguarding and child protection in Birmingham and Solihull.

- Workforce capacity issues in the Solihull Multi-Agency Safeguarding Hub (MASH) that needed an urgent resolution.

The commission was to provide expert advice and to support the clinical teams to improve service, until the arrival of the ICB Chief Nursing Officer (CNO) which occurred in July 2022 with the formation of the ICS. It was also to ensure that any work was completed in collaboration with partners, and that partner agencies were aware of how committed the local NHS was to improvement.

2.3 The main findings of the review were:

• Issues with the CCG/ ICB safeguarding governance and leadership. It was recommended that a more robust plan for strategic oversight and governance was created and implemented across the system, and to provide clear and timely feedback to the health sector.

• The need to build a resilient safeguarding system was identified, to include reviewing the operating model and workforce resilience.

• To use data to make better decisions around resource allocation and managing risk.

2.4 **National Position**: The formation of the ICB has provided the opportunity for change within health systems. It formally documents the roles and responsibilities of ICB Executives and brings clarity for the 42 ICBs and health economies across England around roles. It specifically identifies responsibilities for safeguarding, SEND and children and young people (CYP); and 'champions' co-production with children, young people, and families.

There is also a mandate with the Integrated Care Partnerships (ICP) to set out what ICPs need to do to improve outcomes for their population, guidance to consider child health and wellbeing outcomes, and the integration of children's services. With Birmingham's significant numbers of children living in poverty, the high number of children who are reported as being obese, and the high rates of infant mortality the role of the ICP is crucial in improving children's services.

The stories of Arthur Labinjo-Hughes and Star Hobson shocked the nation and as a result all systems need to consider the safeguarding services, they provide through the lens of the lessons learnt from these tragic cases. The week after the Arthur and Star review was published, the Independent Review of Children's Social Care was published (McAlister Review, 2022).

The National Recommendations are:

- A new, expert led multi-agency model for child protection investigation, planning, intervention, and review.
- Establishing national multi-agency practice standards for child protection.
- Strengthening local Safeguarding Partners to ensure proper coordination and involvement of all agencies.

- Changes to multi-agency inspection to better understand local performance and drive improvement.
- A new role for the Child Safeguarding Practice Review Panel in driving practice improvement in safeguarding partners.
- A sharper performance focus and better coordination of child protection policy in central government.
- Using the potential of data to help professionals protect children.
- Specific practice improvements in relation to domestic abuse.

2.5 The system approach:

To take this learning forward, systems have been asked to consider the following:

- Multi-Agency Safeguarding Hubs and how we are working together – are we confident that the multi-agency approach to safeguarding connectivity at the front door to seeking assessment / signposting to safeguarding or early help works in our system for our population needs? Is it sustainable, and what would a strengthened performance focus look like?
- Local Child Protection Unit – how would this work locally, how would it connect to existing arrangements and what does our system data tell us we need, how would a strengthened performance approach look?
- How are reports of concerns about children's well-being dealt with locally?
- Information sharing of concerns around cases, how is consideration given to the multiplicity of factors such as drug misuse, domestic violence, wider vulnerabilities, e.g., housing?
- Vulnerabilities, how holistic / broad are assessments that are undertaken, are the multiplicity of factors considered, not just what is presented? Is there professional curiosity and the view of 'so what does this mean for this child?'
- How do we hear the true voice of the child?

3 ACTIONS TAKEN

3.1 The system is committed to improving safeguarding services. Therefore, the ICB hosted two workshops during the month of June 2022. The first was for NHS executive safeguarding leads and their deputies from across Birmingham, Solihull and West Birmingham. The second workshop was for health leads and all partner agencies, including social care, public health, police and safeguarding boards / partnerships covering Birmingham and Solihull. Part of the structure of both workshops was 'getting to know each other better' and breaking down barriers, but also in the health workshop, identifying immediate priorities and producing the first draft of a performance dashboard. The partners workshop focused on what was needed to develop an effective safeguarding system, and they were asked to prioritise their top three priorities.

3.2 Health Partners Workshop Outcomes

Priorities:

- Work with wider partners for better outcomes for CYP and adults at risk.
- Review governance arrangements to ensure that assurance is gained on the safeguarding arrangements across the ICB.
- Develop a clear vision that includes the voice of the child and the adult at risk.
- Draft a Safeguarding Strategy and Improvement Plan which will support the strategic direction of safeguarding in the ICB.
- Improve data including performance, assurance, data sharing and systems access.
- Briefing our leaders and having honest conversations regarding responsibilities and accountability.

3.3 **Partners Workshop Outcomes**

Priorities:

- Workforce. To include:
    - o Training and education.
    - o Understanding roles and responsibilities.
    - o Making Birmingham and Solihull the best place to work.
- Working with and valuing other organisations.
- Partnership working.

3.4 The BSOL ICS held its inaugural HSB meeting in July 2022, chaired by the ICB Chief Nurse Lisa Stalley-Green. The membership of this group is Executive Chief Nurses responsible for safeguarding, alongside Heads of Safeguarding and Designated Doctors. Terms of reference highlighted the following aims:

- Establish strategic direction and provide leadership to ensure the effective coordination of health across both the adult and child safeguarding agendas.
- Monitor and report on health safeguarding priorities, holding the system to account for the effectiveness of their arrangements and practice, and the outcome for adults, children, and young people.

3.5 During this meeting and in conjunction with the learning from the two stakeholder events, the following key priorities were identified, and the Improvement Plan was developed (Appendix A). System Chief Nurses were assigned as leads for each priority:

- Improvement report.
- Report on Health workshop.
- Workforce (R&R).

- Maternity workforce.
- Operational meetings.

3.6 Work is underway, led by each of the Chief Nurses, which informs the HSB through monthly updates.

4 UPDATE ON PRIORITIES

4.1 **Workforce**: The Heads of Safeguarding teams undertook a review of job descriptions and job structures across the system. At the same time, a questionnaire was sent to safeguarding practitioners for feedback, with high response rate received. The group met to review the feedback and agreed the next steps. They recognised these key issues:

- Needed consistency in teams?
- What do CNOs think it should be?
- Understand 'capacity'.
- Maintain and improve safeguarding supervision.
- Look at further education opportunities for safeguarding practitioners.
- Opportunity to 'grow your own' staff.

Look at rotational opportunities.

Work is underway to standardise roles and responsibilities lead by the Senior Safeguarding Leads. Furthermore, working with the University of Birmingham Safeguarding module has been developed, focussed on ensuring an agreed baseline of academic achievement for the role. Two safeguarding practitioners from The Royal Orthopaedic Hospital will be undertaking this.

4.2 **Shared Care Records**: The ICB has distributed a Shared Care Record protocol to work through from an organisational point of view. Each CNO has been asked to gain assurance that mechanisms for sharing information with other professionals are in place, ensuring that this process is enshrined in organisation policies. A testing and audit process will be developed as the programme of work matures. *All ROH safeguarding policies are in date and will be reviewed to ensure that the Shared Care Record is iteratively incorporated in our organisational policy as this work continues to mature.*

4.3 **Safeguarding training records**: Each organisation's training records are to be scrutinised and assurance sought around Improvement Plans. *ROH is currently reviewing and working on a plan to recover our position.*

4.4 **Multi-agency safeguarding hub***:* Improvements have been made to the MASH, with internal audits demonstrating that all strategy meetings are being attended in a timely manner by all three partners. Appropriate referrals are noted to be coming in, with an

increase noted thought to be due to increased awareness around safeguarding and thresholds for referral into MASH. Next steps were identified - 'how do we use the intelligence and knowledge to refine systems and processes, and engage probation, education, and housing as key partners?' Priority for next year is focused on domestic abuse and domestic violence in the culture of improving partnership working, as it impacts all elements of statutory provision.

5 Risk register (System):

5.1 All providers shared their safeguarding risk register to support the ICB in forming an overarching risk register.

- Staffing was identified as a risk on all risk registers. (In ICB and BCHC, this is predominantly around MASH staffing.)
- The ICB has a large risk register which captures both the system-wide concerns (such as non-accidental injury) alongside the ICB risks (such as training and staffing). This is currently being reviewed to enable separate risk registers for the ICB and the system.
- Heads of Safeguarding will come together as a group to finalise a system-wide health risk register, which will be monitored via the HSB.

6. Conclusion:

6.1 Work continues to progress well. This paper is designed to provide an overview and assurance of the system work which is currently under way. Further updates will be provided as the work crystallises.

Nikki Brockie
Chief Nurse

March 2023

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
			GOVERNANCE			
1.	Develop an integrated dashboard for health safeguarding.	• Live system document • Shared document • Investment of data analyst owned by the system • Agreement across health organisations – all agencies/providers in health • Supportive to any organisations who are not performing so well to support improvement • Share a dashboard from an other local system to ensure consistency • Review data requests from both Adult Boards and Children Partnerships	• Qualitative and quantitative data important • Use ability – what do we with it • Presentation at various boards/forums • The 'so what' • How would organisations use it to improve/support staff to ensure good outcomes	LSG	• JC to share Black Country dashboard with DR to review	•
2.	Standardised governance approach across all the organisations: - Processes - Reporting	• Standard approach across boarders which best supports adults and children using our	• Staff feedback that process is clearer • Simplify process • Peer review – across health and partners	LSG	•	•

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
	- Recruitment – DBS checking - Safeguarding policies	services and improves safety • Joint safeguarding of adults and children capturing transition, smoother process which is aligned and effective • Including SEND • Improves experience of adults and children using services • Skilled practitioners who can work across both adult and children skilfully and with expertise	• Consistent approach to assurance – live audit • Improved patient journey and outcome • Coproduction/patient voice of the child and adult • Training • Succession planning			
INVESTMENT / WORKFORCE STRATEGY						
3.	Development of a safeguarding workforce strategy across the ICS/ICB	• Joined up workforce strategy across the ICB • Capitalise on the skill and expertise that is in the system to support each other • Create career pathways across safeguarding (shadowing, gaining skills and knowledge)	• Resilient system • Less vacancies • Career succession • Fully staffed in line with intercollegiate document (Des Nurse) • Positive workforce • Less sickness • Better retention	NB / JP	•	•

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
		• Investment into one workforce – HV, SN, adult SG routes • Career route in for oversees practitioners • Reflective of communities • Consistency in training and development • Consistency in role descriptors across the system • Working with universities on succession planning and bespoke learning • Supervision • Secondment opportunities •	• Improved confidence across the system - more joined up			
4.	Medical Safeguarding provision - professional medical structure to the CMO	• Reporting structure to CMO clear • Supervision • Succession planning	• Diagram with clear structure for medical safeguarding reporting	DR	•	•
5.	Primary Care - Skill set and assurance	• Completion on safeguarding assurance document identifying assurance	• Report on SAT tool	DR	•	•

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
		• Attendance at key safeguarding meetings for CYP and Adults at risk, including writing of reports and analysis of key medical data • Training and development • Contracts • Regulation processes – CQC requirements • University training • Simplify the ask of practices	• BCT and SCSC information to support attendance and provision of reports •			
FUTURE STRATEGY / OPERATING MODEL						
6	Development of a system approach to capturing the voice of the child / adult at risk (MSP) and listening/implementing change process across the system.	• Massive culture shift to really listen and take on board what adults and children say • Improve services in relation to this • Lived experience • Using third parties • Non verbal signs • Trauma informed system	• Recognise this as a real challenge due to the nature of the trauma/sensitivity/PTSD/lived experience of child and adult • Services are responsive and designed to support adults and children 'trauma informed care' •	LSG / ALL	•	•

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
7	Listening to the voice of the extended family (linked to 6 above)	• Understanding of lived experience of children and adults at risk • Listening to concerns of the people who know the CYP and Adult best	• Evaluations • Compliments • Complaints	LSG / ALL	•	•
8	Co-Production	• Working with our communities to inform our vision and values as a system	• Vision and values that are sensitive to the multi-cultural society of Birmingham and Solihull	DA / CU	•	•
9	Professional Curiosity	• Asking the question • Understanding non verbal clues • Always having safeguarding in mind	• Learning reviews • Early help referrals	LG	•	•
10	Family Friendly child protection medical - CP medicals requiring three separate appointments in three places for examination, photography and bloods	• One stop' appointment for all safeguarding medicals – professionals come to the child	• Audit of CP medicals	DR	•	•
11	Safeguarding supervision process (consistent model)	• Resource • Strategy and agreement across systems • Trained experienced staff • Adult supervision – consistent minimum	• KPI's • QA • Document evidence • Outcome focused •	LSG / ALL	•	•

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
		requirement across the system • Adaptive models to ensure the correct supervision model for the supervisee				
12	Early Help	• Health can articulate the early help offer • MA partners understand the health offer and how to access • Use of primary care in early help services • Working with 3rd sector partnerships	• Audit • Increase in access to local services	JP	•	•
		LEADERSHIP				
13	Accountability of leaders	• Accountable • Competency • Style • Culture / values / behaviours • Health inequalities • Setting the tone and permission to challenge and be challenged	• Working relationships	LG	•	•
14	Advocacy in system	• Speaking on behalf of citizens		LG	•	•

No	Key Deliverables/Actions	What Does Good Look Like?	How Do We Measure This?	Lead	Update	Rag / Timeframe
		• Speaking on behalf of our partners • Statutory duty				
15	Defining the safeguarding Governance	• Consistent governance and leadership from board to floor • Streamline health attendance at meetings • Health Safeguarding Board – joint decision making • Safeguarding operational group as experts informing strategic Health Safeguarding Board • Health Safeguarding Board risk regiter	• Governance chart • Health attendance at meetings • Health safeguarding Board completed actions • Risks reducing	DR	•	•
PARTNERSHIP						
16	Health to function as a united voice	• Pre-meets • Clear definition operational and strategic • Key functions • Good relationships between health partners and wider partners	• Peer reviews • Multi-agency working actions completed • Multi-agency training outcomes •	LSG / SB	•	•

ROHTB (4/23) 005 (a)

Turnover & Retention Report

March 2023

CONTENTS

Executive Summary

Executive Summary

- Turnover has decreased by 0.92% in January 2023 since December 2022 (18.74%).
- 48% of those taking retirement have done so before they reach the statutory age of retirement indicating that it may be possible to explore whether some of those could be persuaded to remain on a part-time basis.

Positive Assurances

- The resourcing team continue to work on vacancy levels, and increasing the headcount of the organisation, 1,265 in January 2023 (1,259 in December 2022) over the past twelve months.
- Voluntary Resignation – Unknown is decreasing, from reported number of 60 (October 2022) to 46 in this months' report. The Workforce Information and Employee Relations teams have proactively been requesting more detailed reasons for leaving from line managers, and have been having / offering exit interviews & 'stay' conversations. This is resulting in more accurate reporting on the actual reasons for people leaving the ROH. For the first month of reporting, Voluntary Resignation – Unknown is now the 2nd highest recorded reason for leaving as a result of this work.

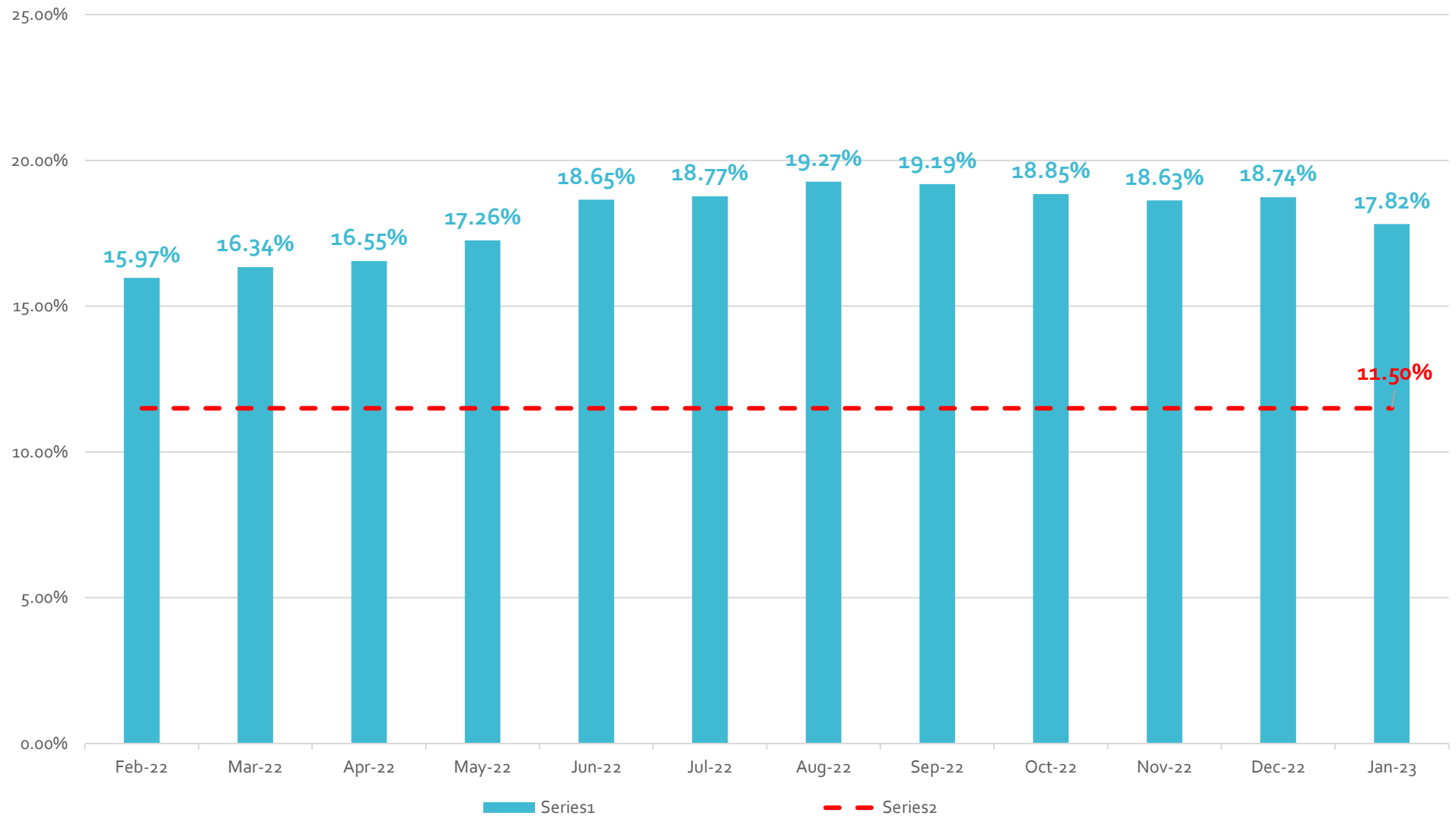
Key Risks

- If turnover continues to rise, there may be significant risks to the ability of ROH to deliver core clinical services due to a lack of appropriately qualified and experienced staff in the wider candidate pool.
- Reputation damage to the ROH if it is perceived that we are 'leaking' staff who cannot be replaced.
- Detrimental effect on morale of staff from both increased workload and their perception that staff are leaving the ROH to seek alternative posts.

1. Monthly Turnover vs Target

↓ +0.92% since last report (18.74% in December '22)

Comments:
Staff turnover declined slightly in October and November 2022, and it is worth noting that this is an annual rolling turnover figure, rather than in-month. January's data bucks the trend that turnover will decline around the end of the calendar year, and is likely to increase further in January or February of the following year.

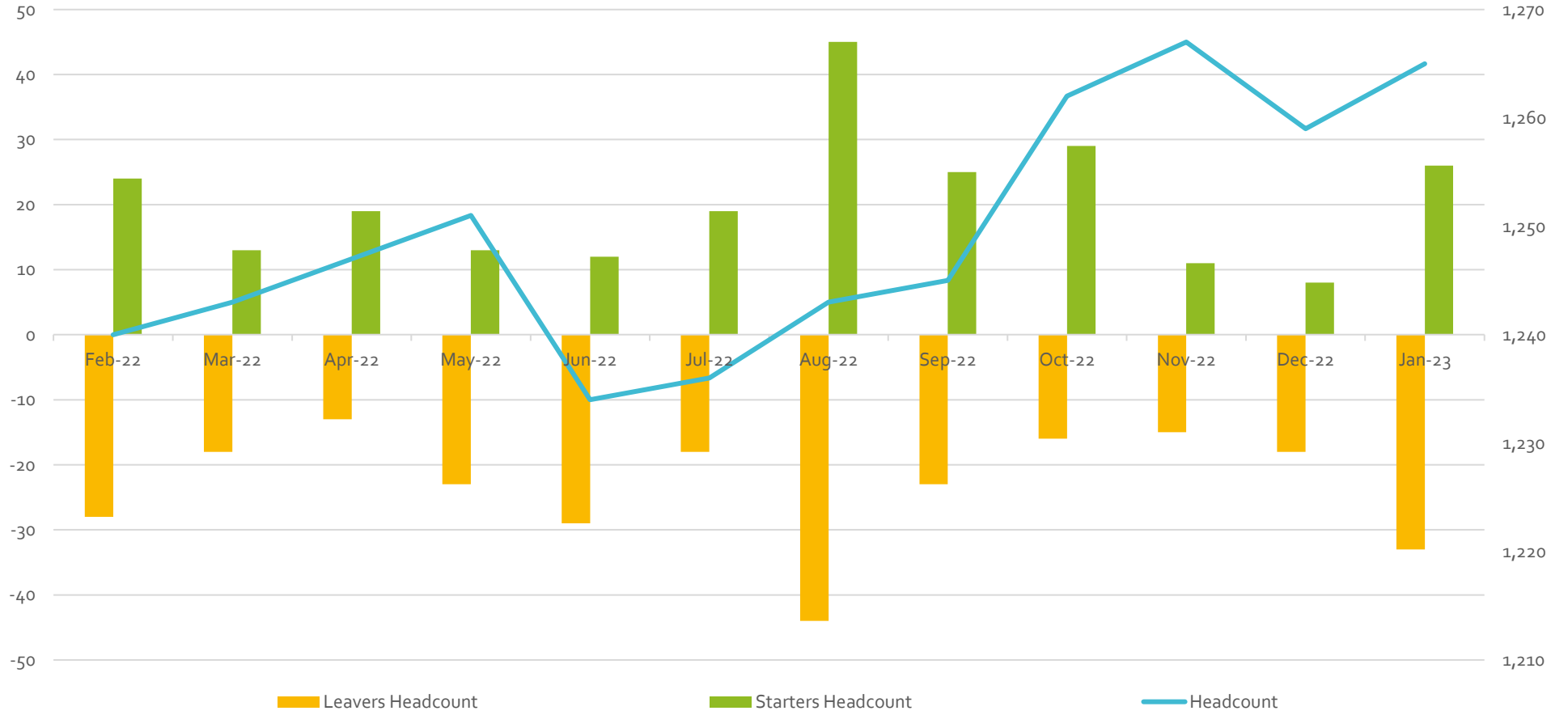


2. Starters and Leavers (WTE)

Comments:
This chart shows a break down of starters and leavers for each month. With a few exceptions, leavers have consistently exceeded new starters each month.

Substantive Starters: 244
Substantive Leavers: 232

There are currently 158 candidates being cleared, of which 3 candidates are awaiting start dates on TRAC, and a further 40 have start dates booked.

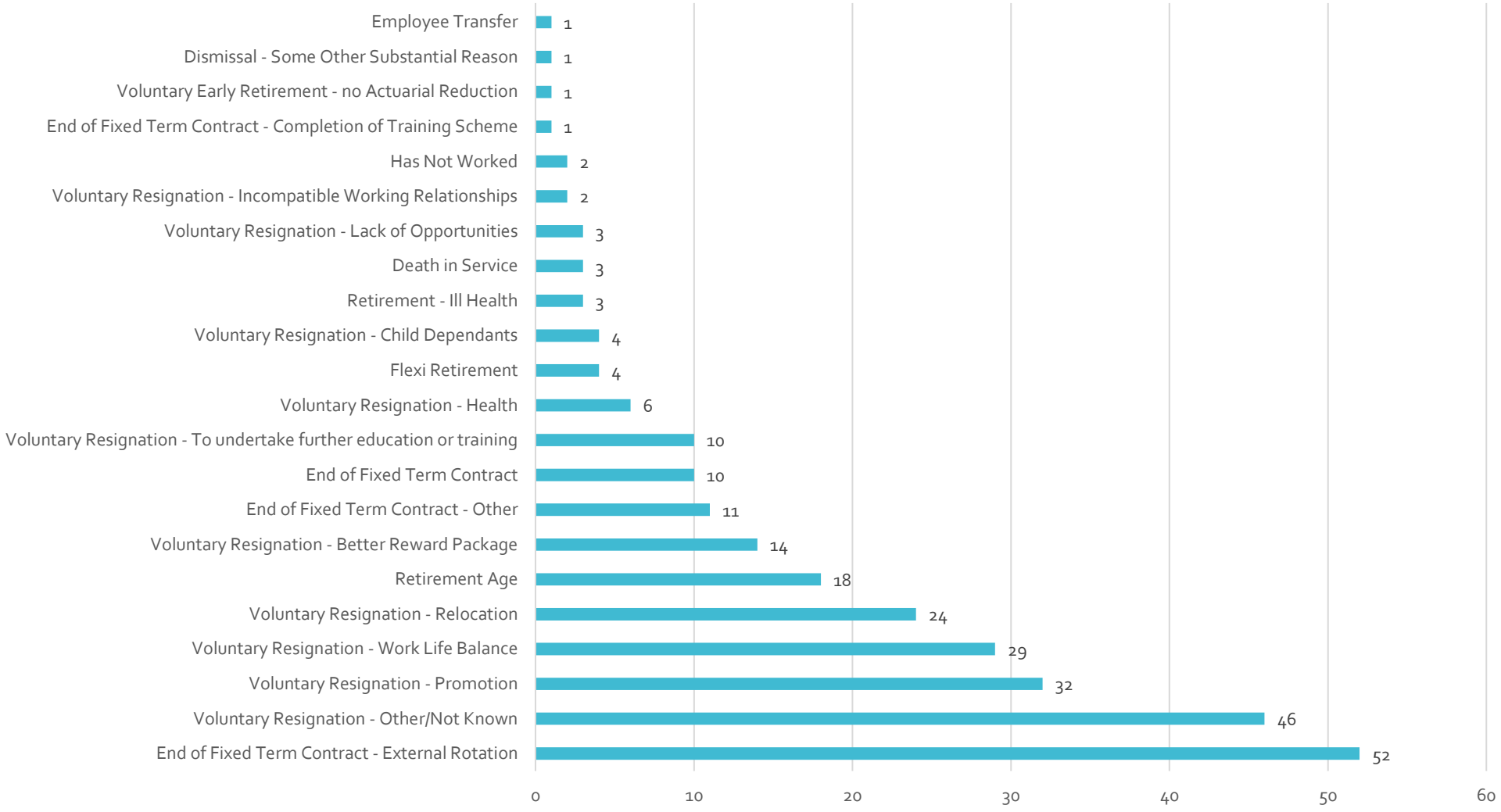


	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Headcount	1,240	1,243	1,247	1,251	1,234	1,236	1,243	1,245	1,262	1,267	1,259	1,265
Leavers Headcount	-28	-18	-13	-23	-29	-18	-44	-23	-16	-15	-18	-33
Starters Headcount	24	13	19	13	12	19	45	25	29	11	8	26

3. Reasons for Leaving

Comments:

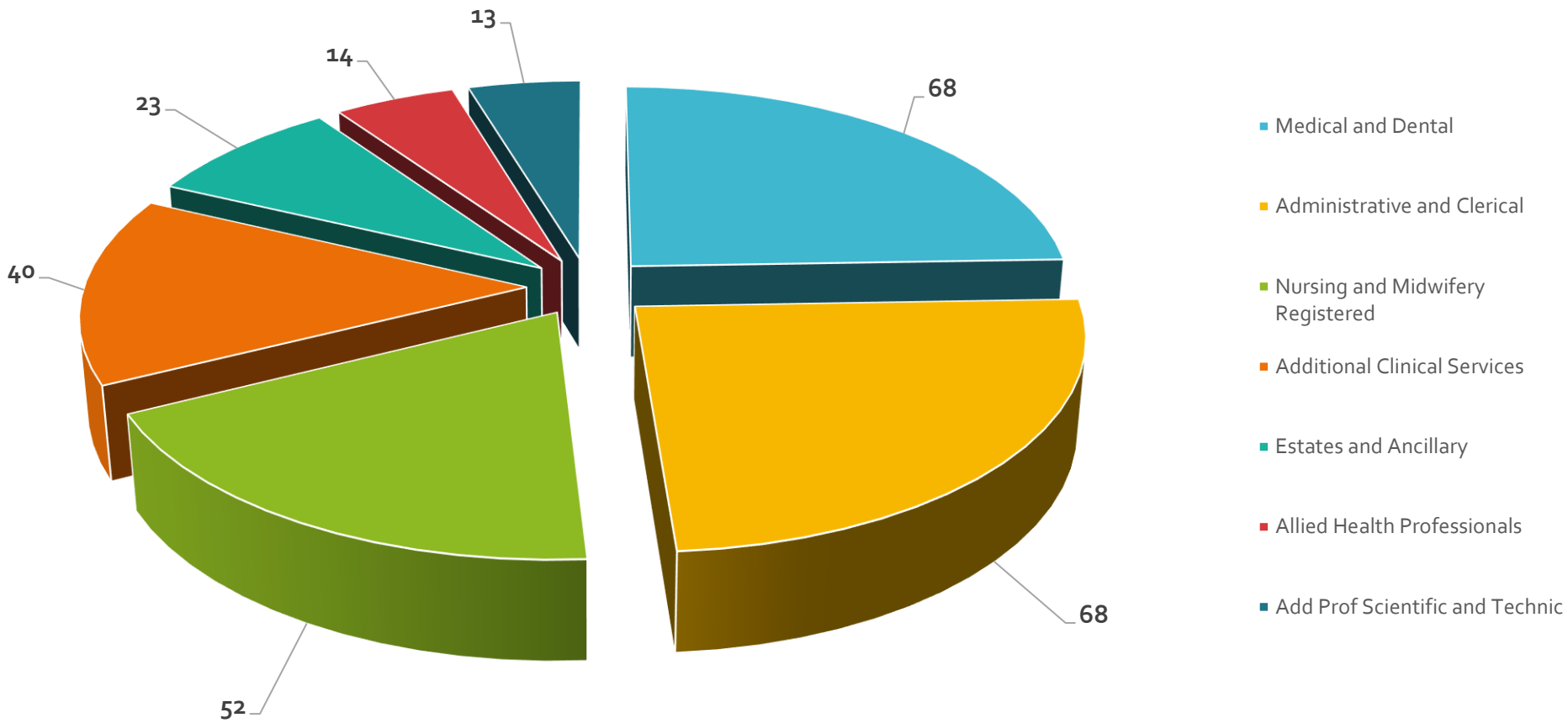
This chart shows reason for leaving as recorded on ESR by line managers. Management colleagues are encouraged to be more accurate in recording reasons for leaving, as well as encouraging leavers to complete an exit questionnaire in order to capture quality data about reasons for leaving. It is unclear whether figures relating to those leaving for relocation or promotion are reflective of levels of pay as it is recognised that some posts at ROH are benchmarked lower than in other neighbouring Trusts.



4. Leavers by Staff Group

Comments:
The majority of leavers are from:

- Medical & Dental
- Admin & Clerical
- Nursing & Midwifery Registered
- Additional Clinical Services
- Estates & Ancillary



5. What Has Been Done to Address Recruitment Concerns?

- Recruitment Events / Fairs to raise profile & attract candidates
- Restructure of new Recruitment team
- Implementation of TRAC to enhance candidate experience
- Engagement of a medical staffing interim to review policies, procedures and processes
- Service Improvement Plan to improve recruitment practices
- Working with Universities to offer students jobs once qualified
- Working with Aston Uni specifically to develop and implement their new Registered Nursing Course
- Allocation availability to ensure students have opportunity to have quality placements here
- International recruitment ongoing
- Advertising using social media etc

6. What Has Been Done to Address Retention?

- Instigation of Retention Steering Group
  - Listening Events
  - Leavers Process Review
  - Survey of past leavers
  - Survey of Bank Workers
  - Identification of vacancy gaps vs budgeted establishment
- On going listening events specific to retention
- CNO attending clinical areas and away days to hear directly from staff
- Working alongside HWBO to ensure support in place
- Engagement events to hear staff concerns
- Investment of CPD funding
- Implementing and encouraging use of flexible working policy where possible
- Development of Nursing Strategy to echo the voice of Nursing Staff across the organisation
- Development of strategies to ensure equity of career development opportunities
- Challenging of line management colleagues when recording Reason for Leaving as 'Voluntary Resignation, Other / Unknown' to ensure more accurate reasons for leaving are recorded
- Move to real living wage
- Focus on health and wellbeing and cost of living
- Offering a broader range of apprenticeships
- Improvement of Flexible Working opportunities
- 100 days induction
- The work to look at bank staff and whether they would fill vacant posts
- Staff Survey & Pulse Surveys to support interventions

7. What Next?

- Using of staff feedback tool to further gather staff voice around retention
- Look at whether some of the estates-related improvement suggestions can be implemented
- Introduction of new software platforms to improve and enhance the employment experience
- New “Maximising Performance” strategy for the policy framework that governs the employment relationship
- Replace exit questionnaires with ‘Stay’ Conversations
- Regular analysis of turnover statistics and reporting at various committees for assurance

REPORT REF: ROHTB (4/23) 006

TRUST BOARD

DOCUMENT TITLE:	**Update on Key Workforce Programmes and Plans**
SPONSOR (EXECUTIVE DIRECTOR):	**Sharon Malhi, Chief People Officer**
AUTHOR:	**Sharon Malhi, Chief People Officer**
PRESENTED BY:	**Sharon Malhi, Chief People Officer**
DATE OF MEETING:	**5 April 2023**

PURPOSE OF THE REPORT:

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

EXECUTIVE SUMMARY:

This paper provides the Trust Board with a high-level summary of the significant workforce programmes and plans and an update in relation to each.

People Plan

As part of the Trust Strategy, the ROH People Plan is critical to the delivery of our strategic vision. This is a 5-year plan setting out the Trust ambition in terms of our People and the key areas of focus which are aligned to the national people plan.

Each year as part of the business planning process, the HR & OD team will develop an annual plan which aligns to the key deliverables set out in the People Plan. Progress is monitored quarterly within the team.

To support the delivery of the People Plan, a detailed delivery plan for the next 5 years is currently being developed. This will set out the key actions and accountable leads for the key pieces of work for the next 5 years. Progress against the plan will be monitored through the People and OD Group and the Staff Experience and OD Committee.

One of the key areas within the People Plan is 'Growing for the Future' which specifically focuses on ensuring that we have plans to support recruitment and retention of the workforce. The Board will note that the we have recently audited our current workforce planning approach and the outcomes and recommendations of this have been previously considered.

Workforce Plan

Feedback from Trust Board and SE&OD Committee was that the timescales for some of the actions from the KPMG audit report needed to be reviewed and where reasonable, revised.

Work is currently underway to review the actions from the audit report and to propose a suitable way forward to take forward the actions which includes the development of a medium/long term workforce plan for the Trust. We have expressed our interest in receiving a small amount of funding from the ICB to support our workforce planning work and it is envisaged that this money would support the deployment of additional capacity to take forward the revised KPMG actions.

A proposal outlining how we take forward the strategic workforce planning work will be presented

at the April SE&OD Committee for comment and approval before a further update being provided at Trust Board.

ASSURANCE PROVIDED BY THE REPORT:	
POSITIVE	**GAPS IN ASSURANCE/RISKS TO ESCALATE**

NOT APPLICABLE	X

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board is asked to note and accept this update

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

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

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

Trust Strategy and People Plan

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

BSOL People Delivery Plan

PREVIOUS CONSIDERATION:

None

ROHTB (4/23) 007

TRUST BOARD	
DOCUMENT TITLE:	Application of the Trust Seal
SPONSOR (EXECUTIVE DIRECTOR):	Simon Grainger-Lloyd, Director of Governance
AUTHOR:	Simon Grainger-Lloyd, Director of Governance
DATE OF MEETING:	5 April 2023

EXECUTIVE SUMMARY:

According to the Trust's Scheme of Reservation & Delegation, the agreement to use the Trust Seal is a matter reserved to the Trust Board. The Trust's constitution requires that the Chief Executive or another Executive (Voting) Director to attest the application of the seal.

This paper is to seek retrospective support for the Chair's action to affix the seal to the following documents:

- Deed of Warranty for College Green (1 seal) – 21/3/23.
- Lease for College Green (1 seal) – 21/3/23.

REPORT RECOMMENDATION:

Trust Board is asked to:

- APPROVE in retrospect the application of the Trust's common seal

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	
Business and market share		Legal & Policy	X	Patient Experience	
Clinical		Equality and Diversity		Workforce	

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

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

None specifically – point of policy.

PREVIOUS CONSIDERATION:

None.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Group or Board met: 28th March 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• It was noted that overall feedback on the National and Regional Financial Plans raised concerns around unaffordability and sustainability. There would be an expectation that organisations moved to a break-even position. • Specific directives around workforce and activity had also been given by NHSE as part of the operational and financial planning guidance. • A quarterly performance review of the System had taken place and a break-even position was expected. There were concerns raised in connection with the ambitions around efficiencies to be achieved This would significantly impact the ability to risk manage the current Financial Plan. • It was agreed that the risks created by the operational and financial planning guidance on the Trust and the System would need to be reflected within the BAF refresh.	• CIP scrutiny would be undertaken once the schemes were developed. • The value of the Trust's activity as well as the volume would be scrutinised in the next financial year as a result of the Elective recovery target rules. • A workforce review and benchmarking were taking place but decisions on the National pay awards was impeding the process at present.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was guided through the operational performance for the month and there was good assurance that many of the national imperatives were being met. It was noted that despite the ongoing mutual aid arrangement with UHB, there was a steady improvement in the overall performance against the Referral to Treatment Time target. • It was reported that all patients who had been waiting for treatment in excess of 78 weeks had now been seen. This was agreed to have been a significant achievement. • The Committee was assured that due process was being followed for the implementation of an Electronic Patient Records systems.	• There were none taken.
Chair's comments on the effectiveness of the meeting: It was agreed to have been a productive meeting with a good balance of discussions. An effectiveness review of the Committee would be undertaken shortly.	

Paper Reference: ROHTB (4/23) 009

Finance and Performance Report

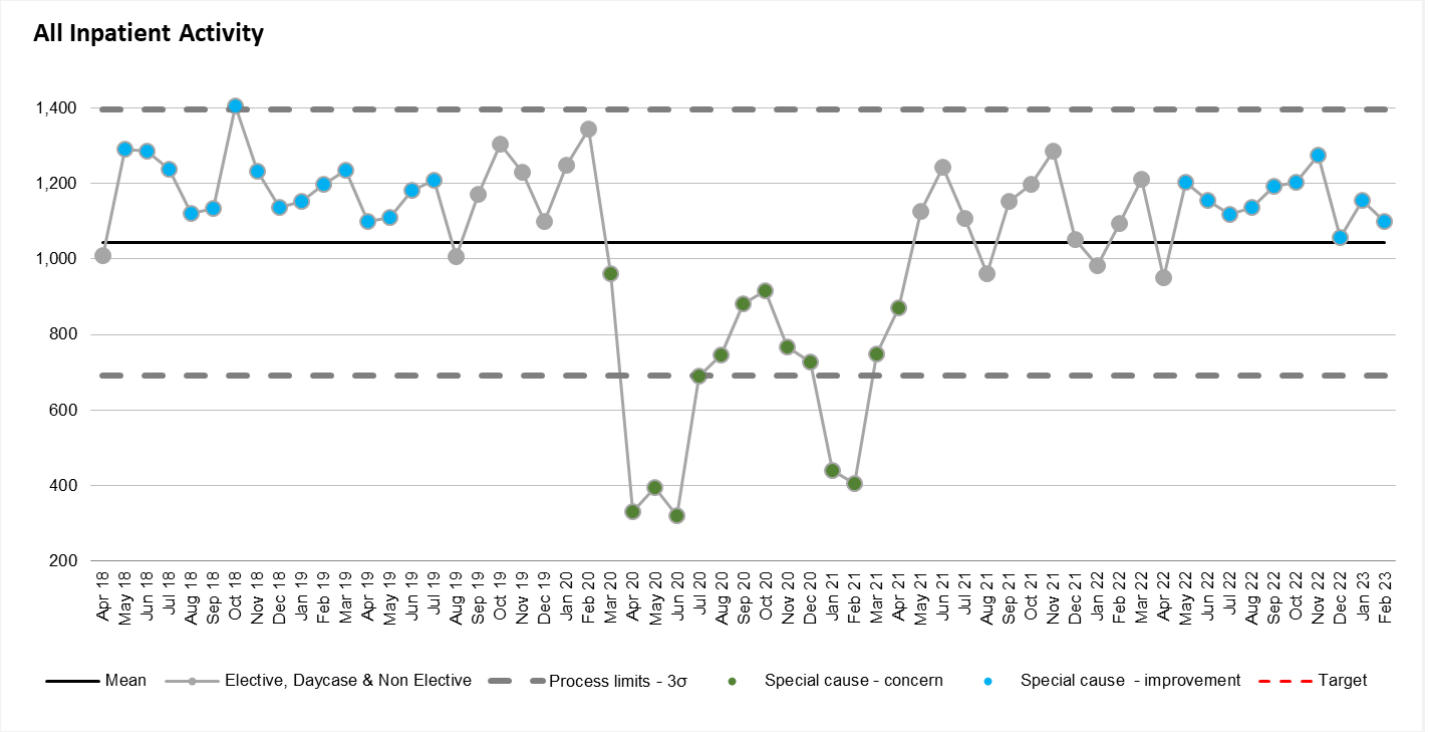
February 2023

Introduction

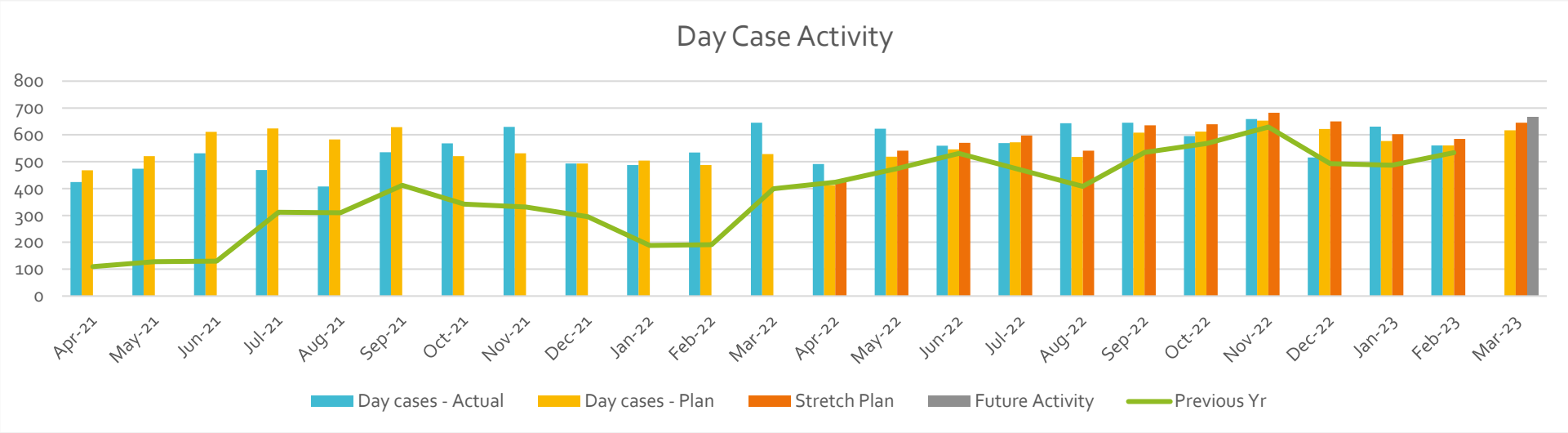
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

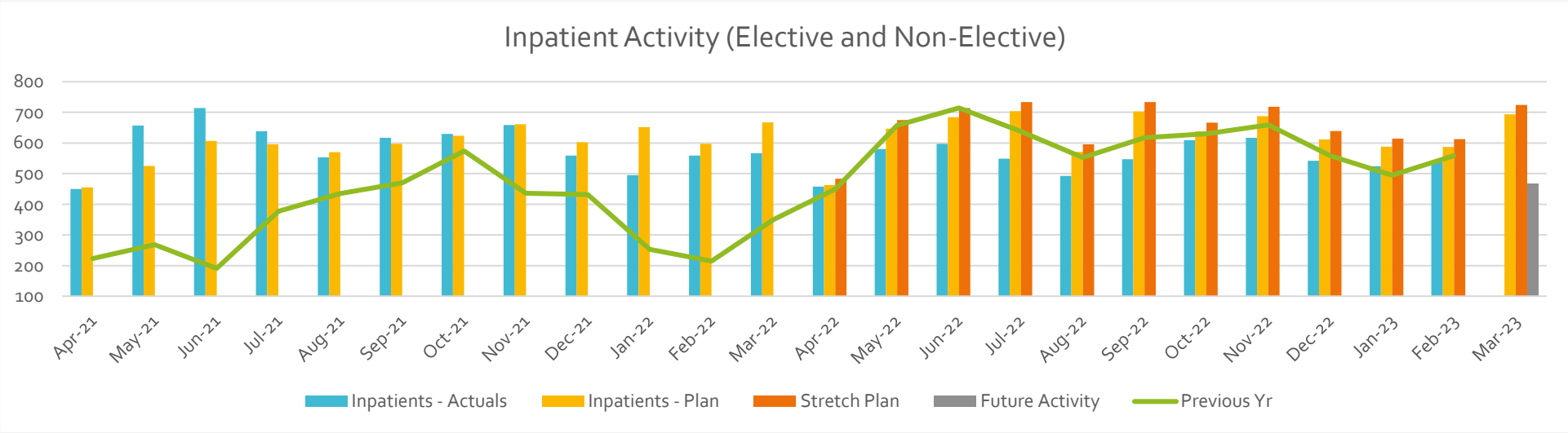
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

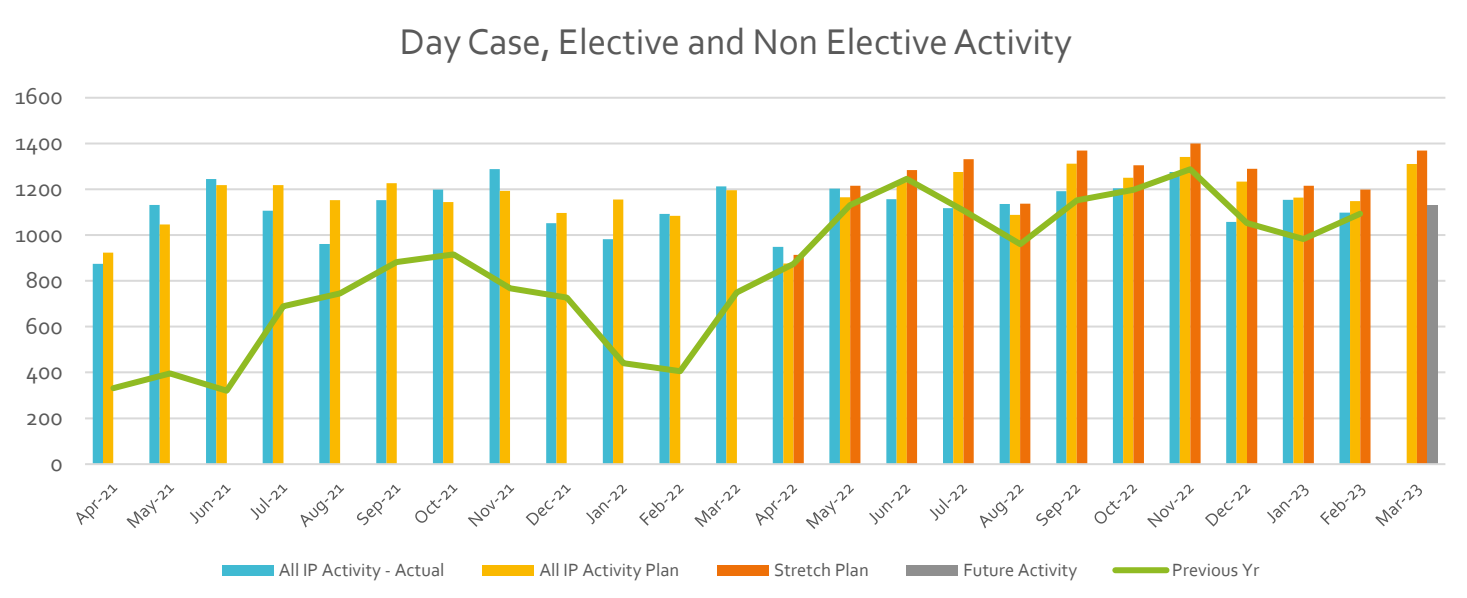


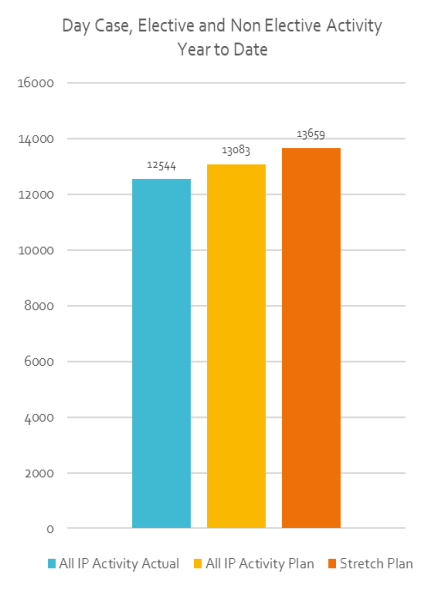
1. Activity Summary





1. Activity Summary





		Plan												Plan	Actual	% Achieved	Variance
	Activity Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year to Date	Year to Date	against plan	Year to Date
Trust Plan	Inpatient	439	623	660	679	547	679	614	664	588	564	563	670	6619	5760	87%	-859
	Daycase	413	519	546	572	518	608	612	653	622	577	561	617	6200	6490	105%	290
	NEL	24	24	24	24	24	24	24	24	24	24	24	24	264	294	111%	30
	All Activity	**876**	**1165**	**1230**	**1276**	**1089**	**1312**	**1250**	**1340**	**1234**	**1164**	**1148**	**1311**	**13083**	**12544**	**95.9%**	**-539**
Stretch Plan	Inpatient	459	651	690	710	572	710	642	694	615	590	589	700	6922	5760	83%	-1162
	Daycase	431	541	570	597	541	635	639	682	650	602	585	645	6473	6490	100%	17
	NEL	24	24	24	24	24	24	24	24	24	24	24	24	264	294	111%	30
	All Activity	**914**	**1216**	**1284**	**1331**	**1137**	**1369**	**1305**	**1400**	**1289**	**1216**	**1198**	**1369**	**13659**	**12544**	**92%**	**-1115**

February 2023

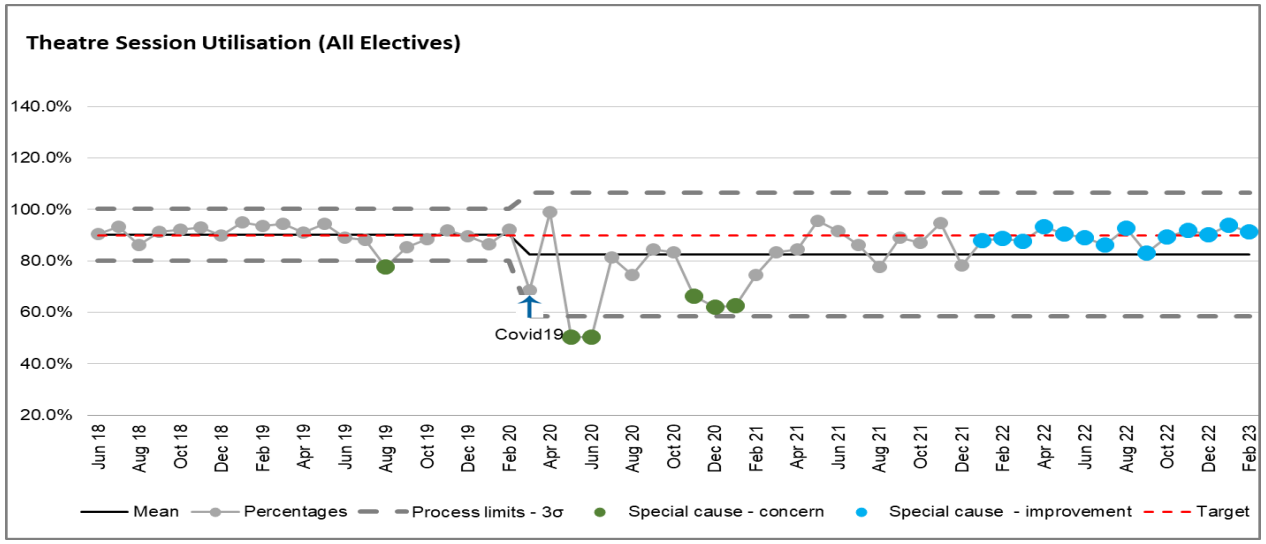
System plan – Actual 1098 v Plan 1148

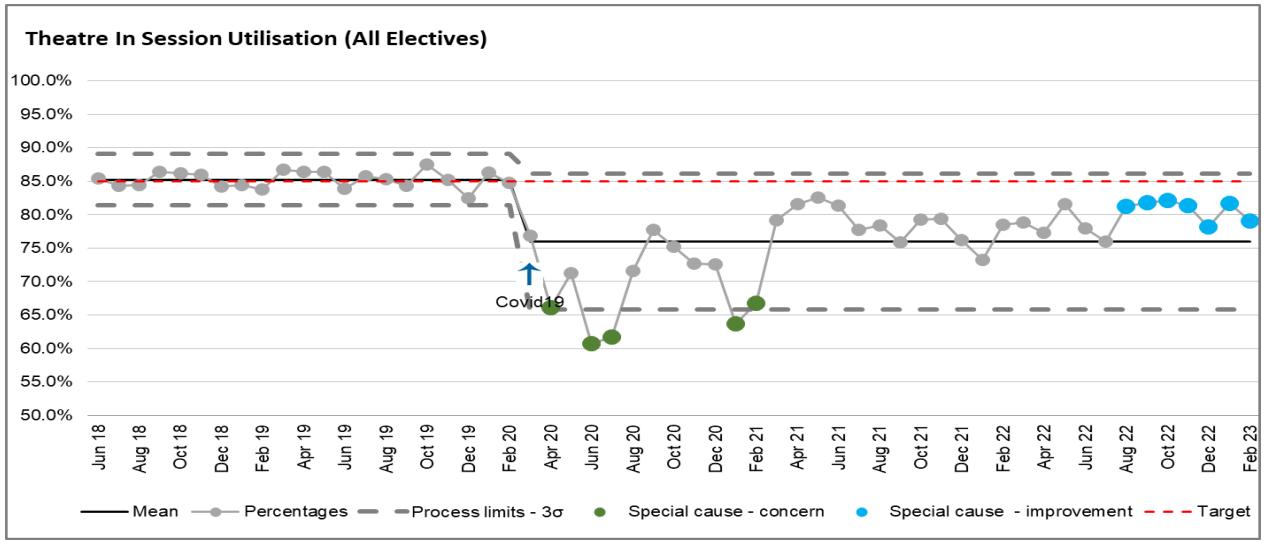
Stretch Plan – Actual 1098 v Plan 1198

NB : The Trust plan was not achieved (-50 – 4.17%)

YTD position against system plan is 96%

2. Theatre Utilisation





Elective Session Utilisation (February 2023)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	399	371	28	92.98%
UHB	89	75	14	84.27%
Totals	488	446	42	**91.39%**

Elective In Session Utilisation (February 2023)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1641	1307	334	79.67%
UHB	338	257	81	76.10%
Totals	1979	1565	414	**79.06%**

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for February was 91.39% which was above the Trust target of 85% and an increase from last month.

However, the total in-session utilisation was 79.06%; this was due to the lost opportunities as a result of the industrial actions (IA) on the 6 & 7th February 2023. The IA resulted in reduced theatre capacity, losing a total of 18 theatres (36 sessions). The reduced capacity equated to a total of 51 patients being cancelled on 6th and 7th February 2023 and a further lost opportunity on booking a further 24 patients (This does not include our injections sessions in OPD).

Furthermore, in-session utilisation was further impacted due to the number of short notice sickness amongst the consultant surgeon groups which resulted in short notice cancellation of 4 theatre lists (8 sessions).

AREAS FOR IMPROVEMENT

Surgical 'Stand-by' patients to be trialled to improve theatre in-session utilisation. A task and finish group commenced 3rd March with support from NHSI, and shared learning from BWCH to develop an ROH stand-by patient SOP. The Hands service have agreed to be the first service to trial this process, expected to commence in April 2023. This will be shortly followed and introduced within the Arthroplasty service.

Next month there will be a deep dive into early finishes supported by the clinical teams. The aim is to help reduce the number of early finishes. The team will feed back in May on the progress.

A theatre efficiency dashboard is in development and due to be launched by end of March 2023. The aim will be to provide access and tool kits to our head of services to help identify bottlenecks within individual services to drive improved efficiency.

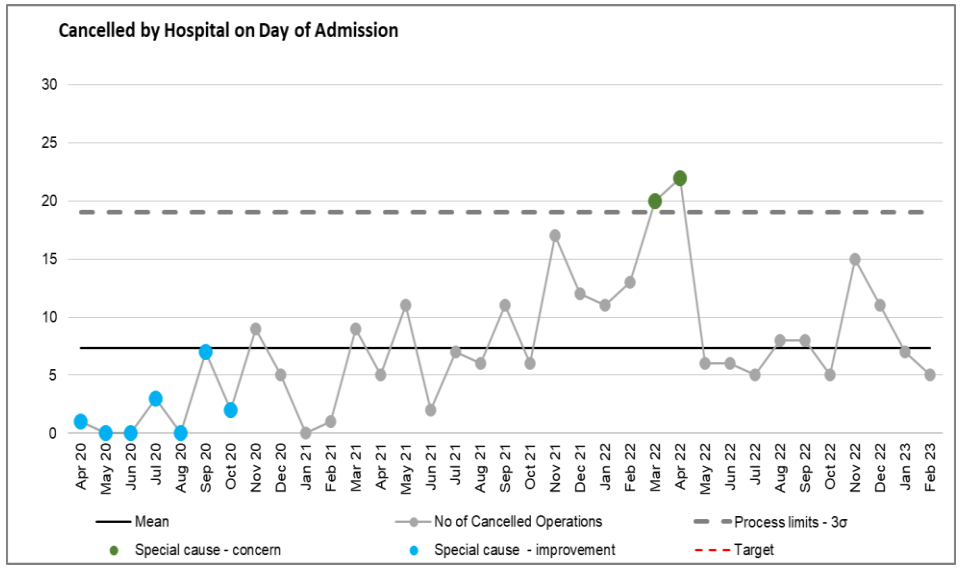
On-going engagement with operational teams is taking place to agree and introduce speciality level utilisation targets that will feed into the theatre dashboard to help streamline service level improvements and support.

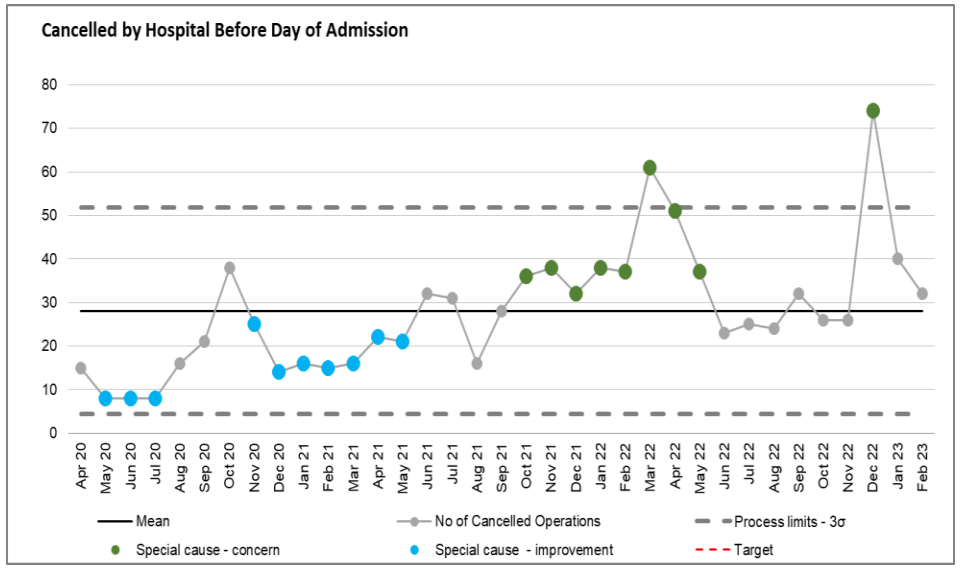
RISKS / ISSUES

Impact of the continuation in Covid rates impacting on both patients and staff.
Additionally, the current gap of 33.5 WTE of theatre staffing is impacting our ability to deliver additional lists and move towards a 6-day working in theatre. However, following an extensive recruitment exercise during the early part of the 2023; the team have managed to fill 20 WTE posts that are scheduled to commence during April and May 2023. The structure will add stability within the workforce and help plan towards the proposed 6-day working within theatres.

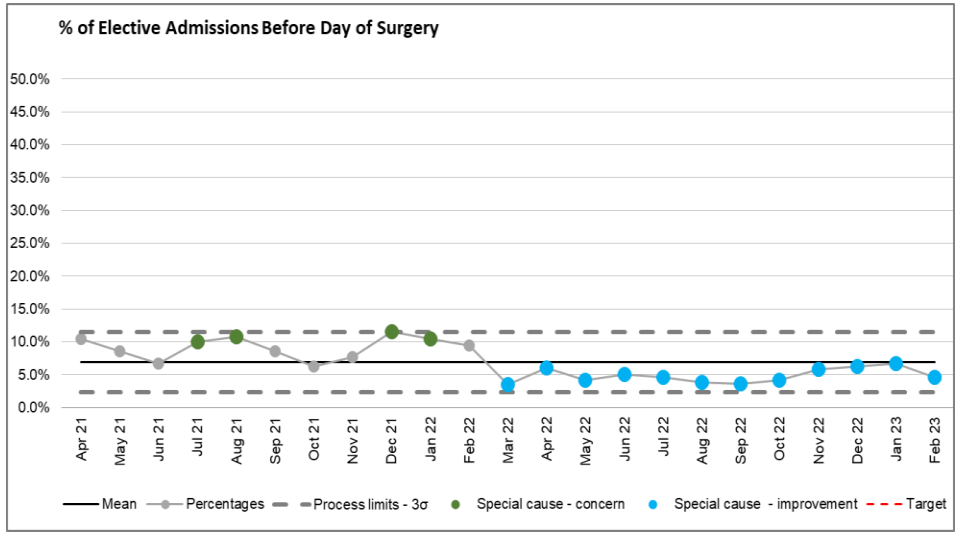
There is a wider review of pay structure and benchmarking to ensure that ROH remains a competitive and attractive choice of work for our theatre nurses and staff.

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-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Oct-22	5	35	26	66	0
Nov-22	15	18	26	59	0
Dec-22	11	24	74	109	0
Jan-23	7	25	40	72	0
Feb-23	5	33	32	70	0
Total	**143**	**394**	**525**	**1062**	**4**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed on the previous slide does not include patients who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice booking:

There were 5 patients cancelled on the day in February 2023 with reasons detailed as follows:
3x Staffing related sickness
2x Theatre equipment / kit related issues

There were 33 patients admitted and treatment was deferred, with the reasons detailed as follows:
30x Medically unfit / Clinical change in condition / covid/flu related
3 x Patient choice

There were 32 patients cancelled by the hospital the day before the date of admission.
9 x Medically unfit / Covid/Flu related
9 x Staffing related sickness
7 x Industrial Action
4 x Replaced by medically urgent cases
2 x Consultant decision
1 x Patient choice / Surgical choice

The IA resulted in reduced theatre capacity, losing a total of 18 theatres (36 sessions). The reduced capacity equated to a total of 51 patients being cancelled on 6th and 7th February 2023 and a further lost opportunity of booking a further 24 patients. The majority of these patients will not feature in the above figures because the patients were cancelled ahead of the planned surgery dates.

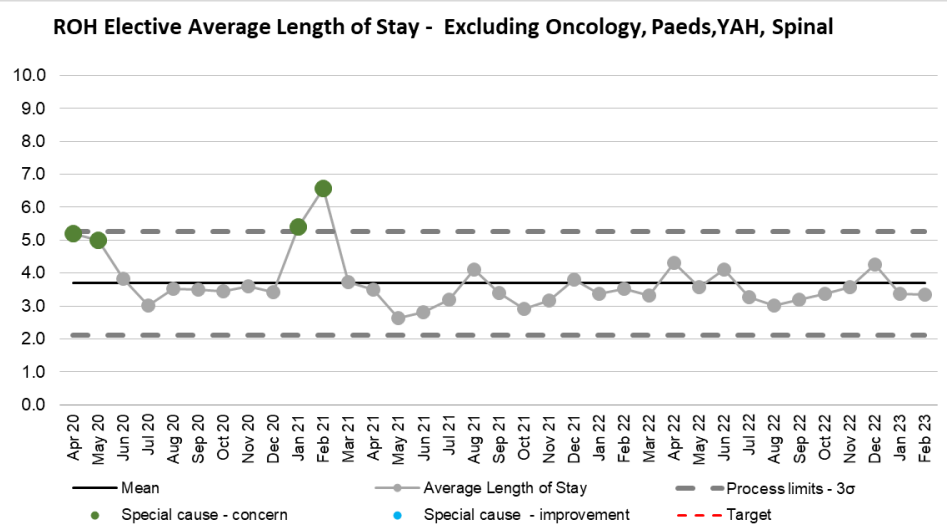
AREAS FOR IMPROVEMENT

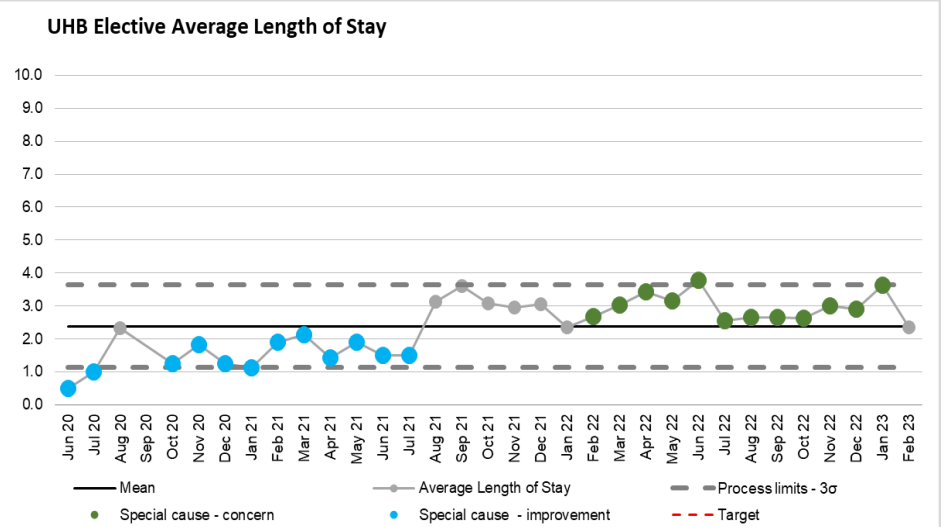
- As detailed on the previous slide and in line with the Recover and deliver programme monitored at the Service Improvement board.
- In addition, the team undertook a visit to the Exeter Elective Hub site to support progress of the day case agenda supported by a team from the ROH.

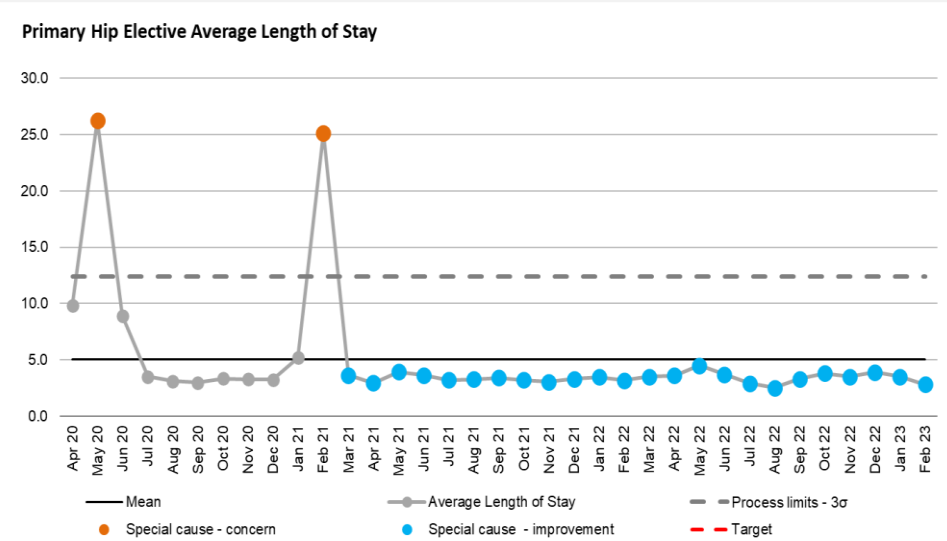
RISKS / ISSUES

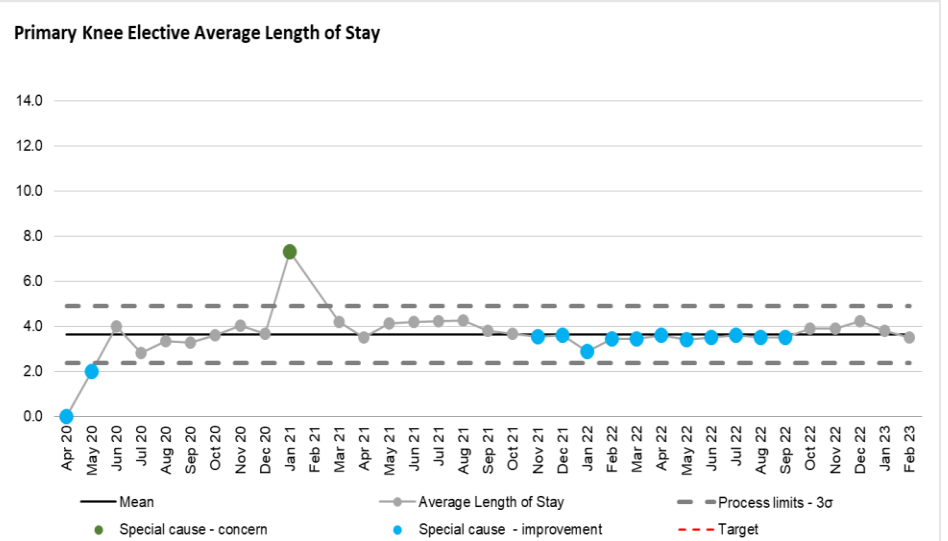
Covid is continuing to have an impact on both patients and staff.
The deficit in theatre workforce and improvement plan outlined on the previous slide.

3. Length of Stay









3. Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.34** (3.36 January).

The average length of stay for ROH primary Hips is at 2.8 days (3.4 days January 23) and primary Knees 3.5 days (3.8 January 23).

February 2023 length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

- 8 (10 Jan) UHB arthroplasty patients with LOS greater than 3 days. 5 (6 Jan) with a length of stay greater than 5 days and 4 (1 Jan) with a stay greater than 7 days. (excludes Rehab). It should be noted that UHB had a total of 13 patients within the data.
- 65 (57 Jan) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 17 (36 Jan) with a length of stay greater than 5 days, 10 (22 Jan) with a length of stay greater than 7 days.

In summary 10 ROH arthroplasty and oncology arthroplasty and 4 UHB arthroplasty patient had a length of stay greater than 7 days.
0 of the 10 ROH patients with a length of stay > than 7 days were Oncology arthroplasty patients. On review of the 10 ROH patients all had complexities e.g. Infection, revision, social care.

In January 170 patients went home via the discharge lounge (156 Dec). Number of patients discharged home before lunch 35% in January,**35%** in December, (February data not yet available).

AREAS FOR IMPROVEMENT

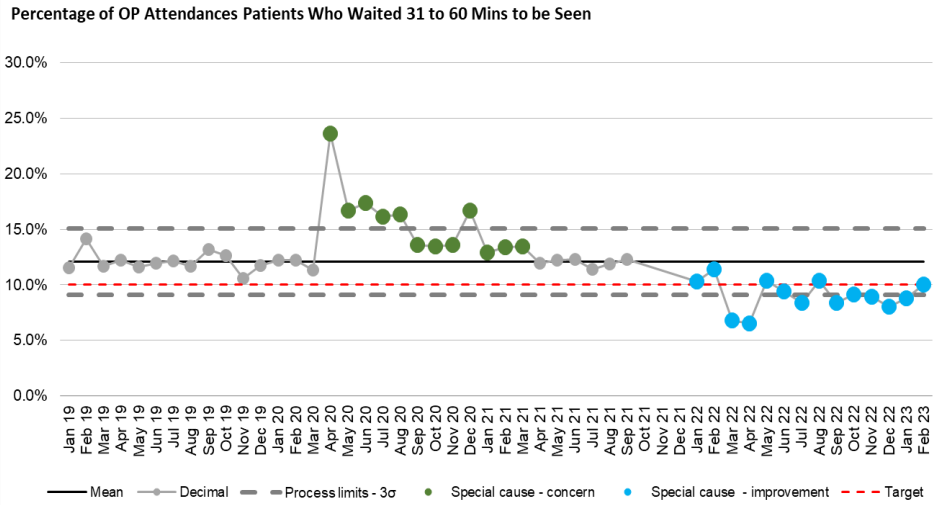
Updates against previous actions:

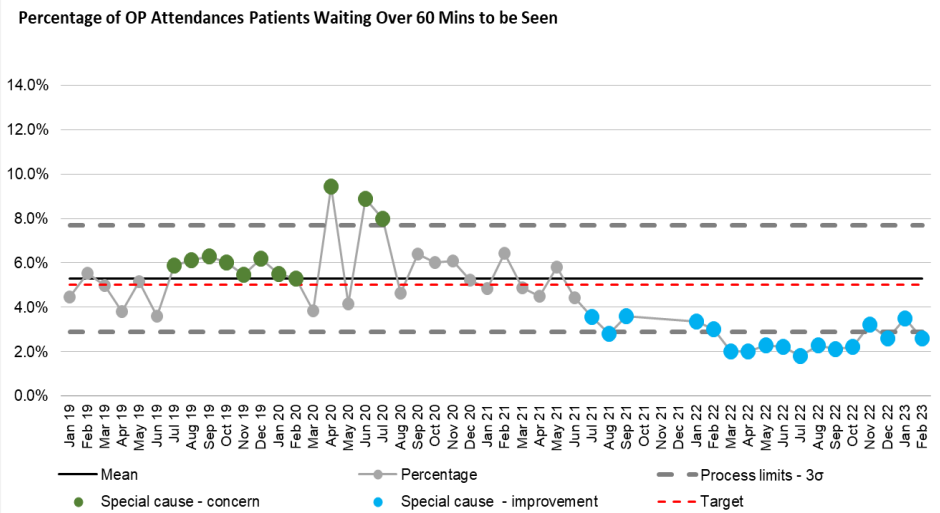
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days. This is in place for uni-knees and planning is being undertaken for TKR and shoulder cases

RISKS/ISSUES

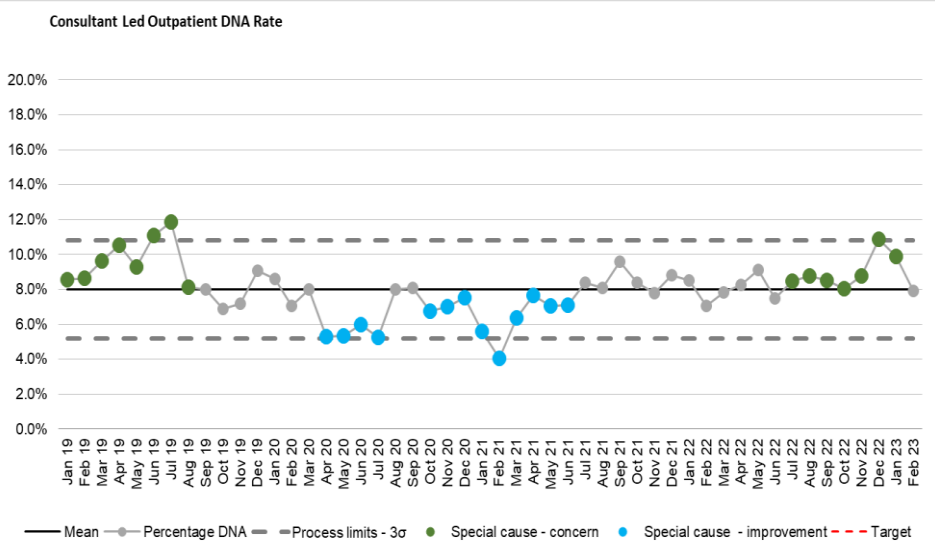
Major Revision Centre/BIS work . A service framework currently in development in association with the clinical teams and the national programme.
Ongoing impact from Industrial Action

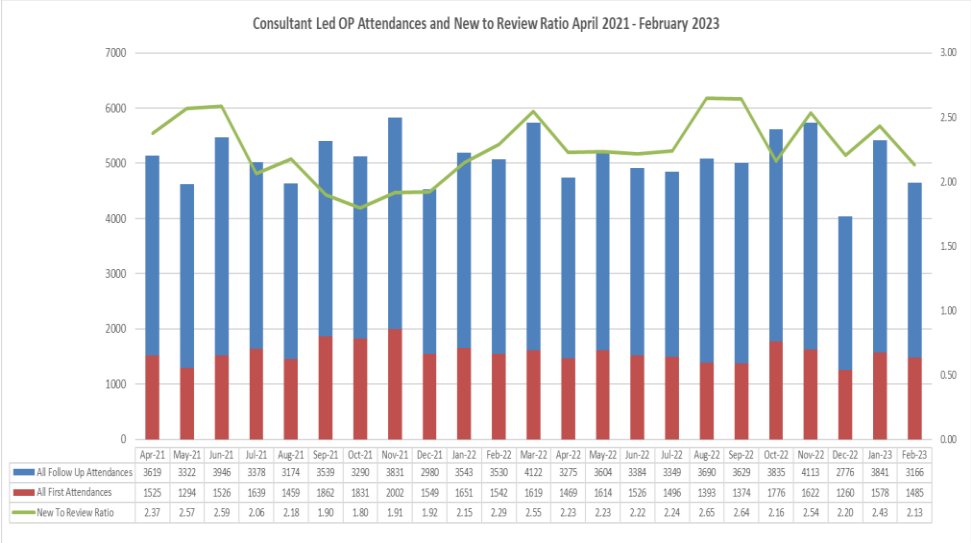
4. Outpatient efficiency



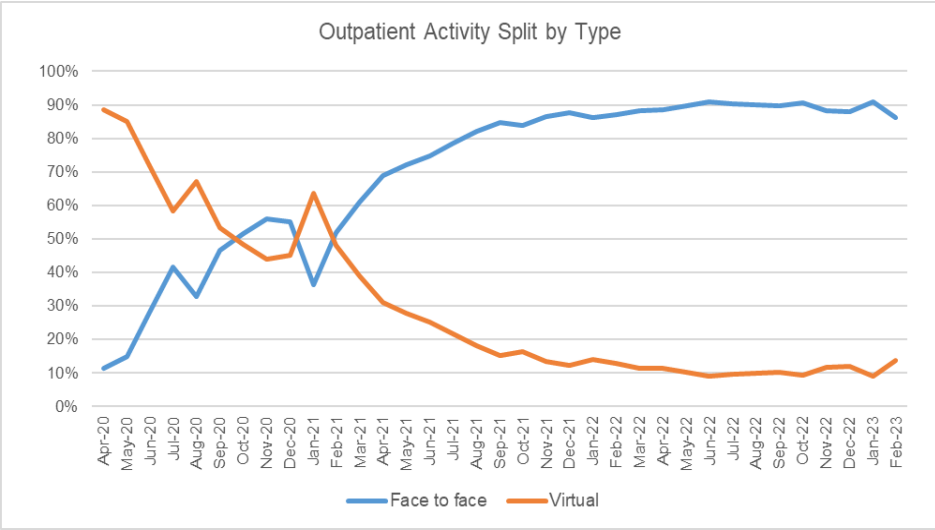


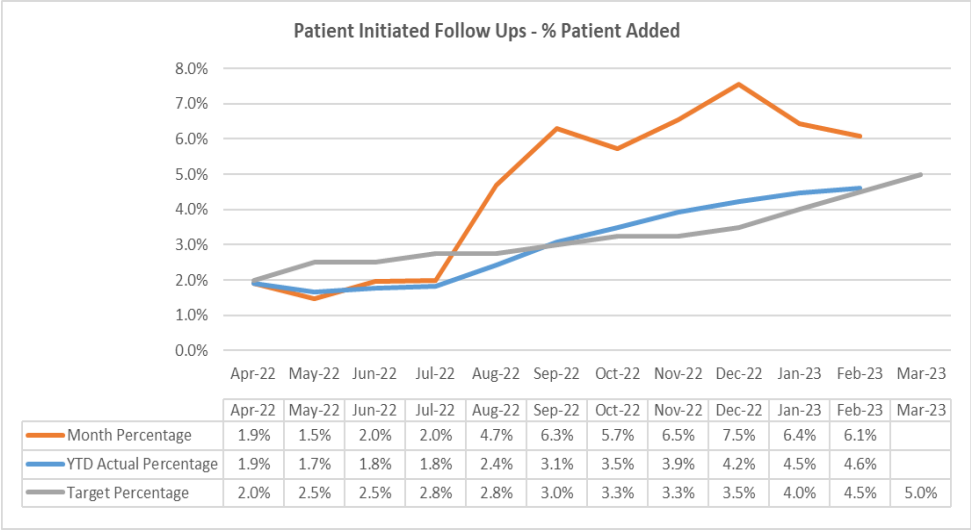
4. Outpatient efficiency





	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
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
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
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





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Month Percentage	1.9%	1.5%	2.0%	2.0%	4.7%	6.3%	5.7%	6.5%	7.5%	6.4%	6.1%	
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%	
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%

4. Outpatient efficiency

SUMMARY

There were 3,982 face to face and 630 virtual appointments carried out in February 23 (**14 % virtual** an improvement on Jan 23).

The electronic referral management system (RMS) has gone live in all adult services. Paediatrics will go live shortly.

This month **6.1%** of outpatient attendances moved to the PIFU waiting list. The YTD position is 4.6%. The Trust is on track to meet the national target of **5%** per month by March 2023. In total there are 3,064 patients on a PIFU waiting list. Validation is taking place in Large Joints to ensure that patients who have reached the end of their PIFU pathway are discharged.

AREAS OF IMPROVEMENT

Clinic Delays:

30 minute delays **– within trust target at 10% (Target 10%) – deterioration of 1.2% compared to January 2023**
60 minute delays – **within trust target at 2.6% (Target 5%) - improvement of 0.9% compared to January 2023**

The DNA rate for February has improved at **7.92** % compared to the January position of 9.89% and is within the Trust target of 8%. The aspirational Operational target is 6%. A reduction of DNAs is confirmed as one of the key Divisional quality improvement schemes for 2023/24 with a plan to extend the use of the DrDoctor system, and carry out an audit via the patient experience team to ascertain the reasons behind patient DNAs and patient not brought outcomes.

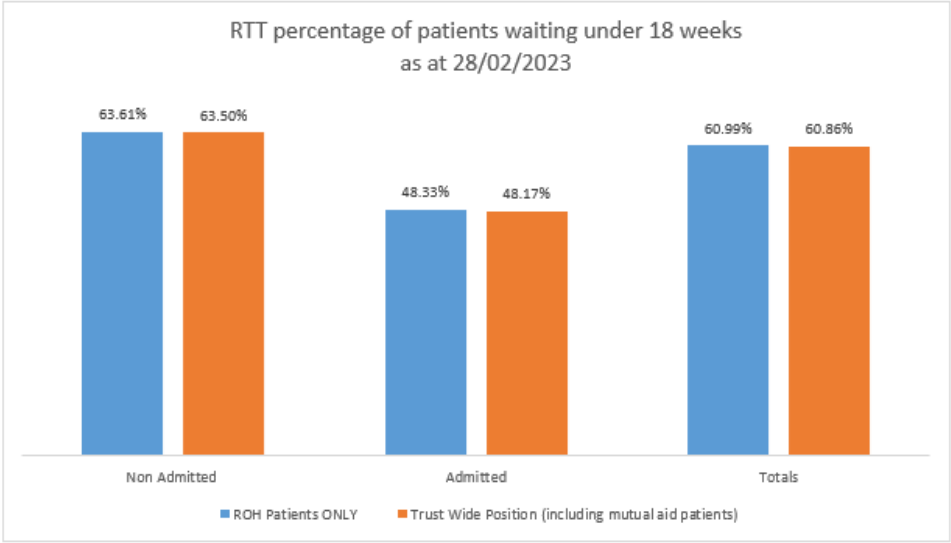
RISKS / ISSUES

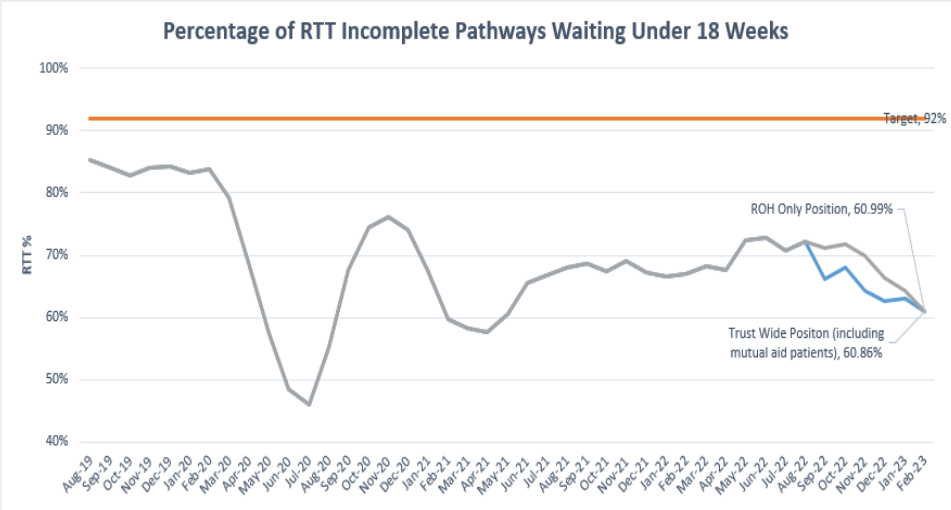
- The team have reviewed the Medical Records processes and the estate holding Medical Records following a number of issues raised around storage and availability of notes across the Trust. The team are in the process of outsourcing higher numbers of notes off site to create an adequate receiving area. Space has been created in the main library for live notes.
- The team continue to work to improve Appointments KPI performance following a period of recruitment and retention challenges. KPIs are monitored daily with Divisional oversight and the team have made substantial progress against registrations and reductions in open referrals.
- Clinic templates are being reviewed again to ensure accuracy against job plans as we enter the new financial year.
- An extensive work programme has been agreed with Dr Doctor supporting OP modernisation. This will be tabled at a future meeting.

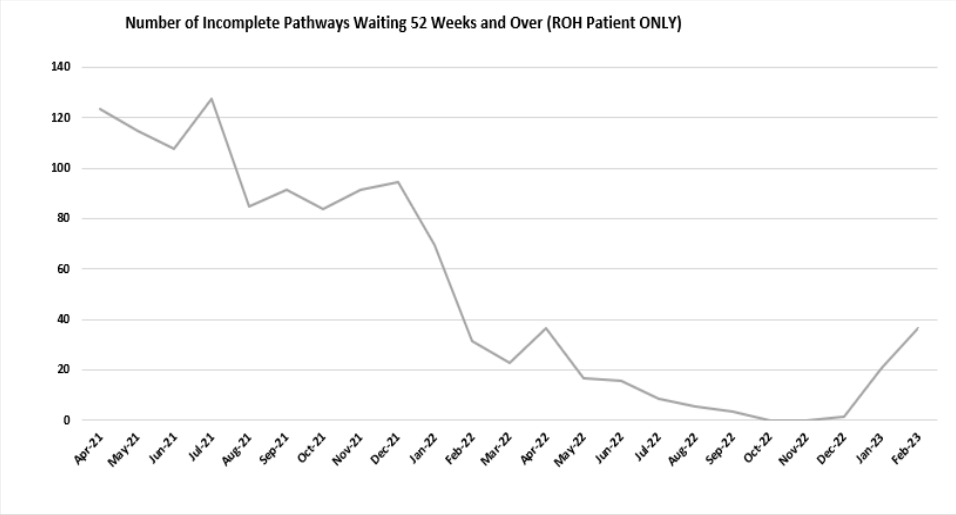
5. Referral to Treatment

	ROH Patients ONLY			Trust Wide Position (including mutual aid patients)		
Weeks Waiting	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
0-6	3,545	541	4,086	3,576	551	4,127
7-13	2,462	403	2,865	2,473	404	2,877
14-17	1,534	242	1,776	1,542	242	1,784
18-26	2,401	498	2,899	2,402	498	2,900
27-39	1,538	528	2,066	1,538	528	2,066
40-47	299	181	480	299	181	480
48-51	60	40	100	60	40	100
52 weeks and over	16	21	37	64	41	105
Total	11,855	2,454	14,309	11,954	2,485	14,439

Weeks Waiting	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
Under 18	7,541	1,186	8,727	7,591	1,197	8,788
18 and over	4,314	1,268	5,582	4,363	1,288	5,651
Month End RTT %	**63.61%**	**48.33%**	**60.99%**	**63.50%**	**48.17%**	**60.86%**

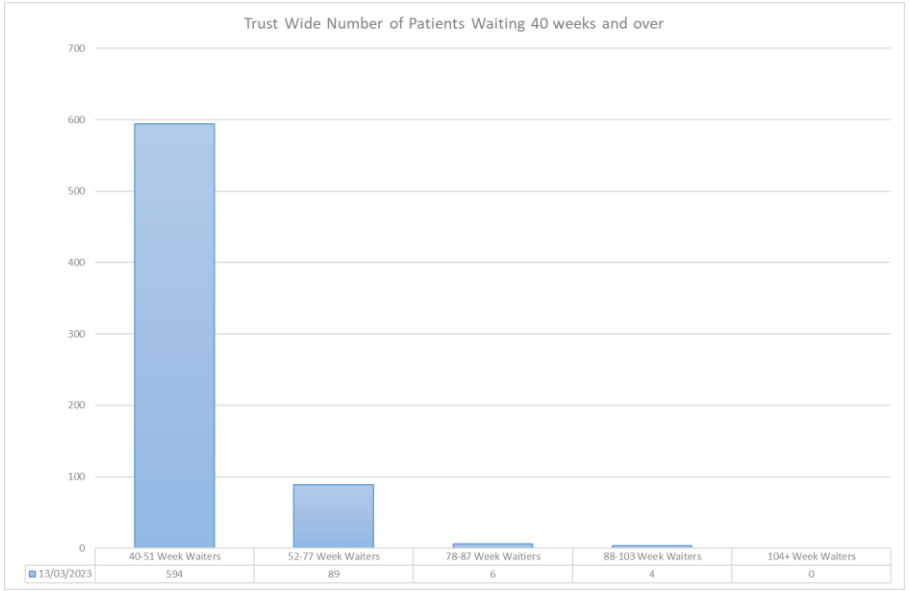


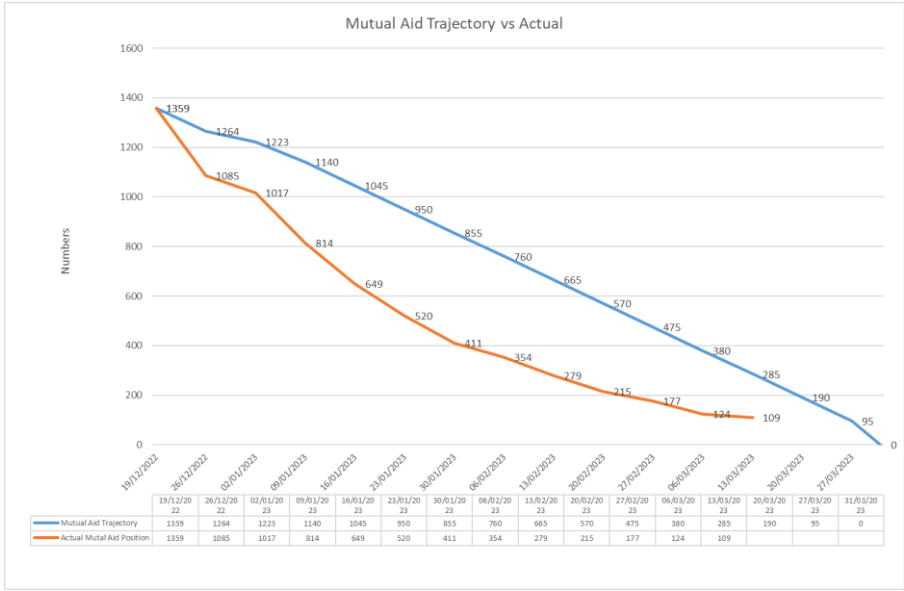




5. Referral to Treatment

Mutual Aid Assurance





Category	Status
78 week at risk cohort (66+ weeks)	20
78 week at risk admitted	8
78 week at risk non-admitted	12
78 week actual	6

- The team have made a significant improvement and reduction in the patients within the 78 week at risk cohort (66 weeks+). Patients will continue to be monitored closely on a daily basis with oversight from the Deputy COO. This is to support maintenance of performance as we enter into the new financial year.
- Trajectories are being confirmed to further reduce waiting times of the patient groups waiting between 52 & 65 weeks.
- Risks continue to include patient choice and fitness
- The team continue to work in partnership with UHB and the system on shared PTL oversight

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for February was **60.86%** against the National Constitutional Target of 92%. This represents a 2.18% decrease compared to January reported position at **63.04%.** The ROH only position is **60.99%** (excluding mutual aid patients).

There were **105** patients waiting over 52 weeks in February, a decrease from the trust wide position in January which was **317.** The ROH only position for February was **37** patients waiting 52 weeks.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on any of these patients to date. The team have **580** ROH patients who are currently waiting over 40-51 weeks. All patients in this category are being regularly reviewed by the relevant clinical teams on a monthly basis and the services meet weekly for an in-depth review of the PTL.

ROH have received an additional 865 Cohort 2 Mutual Aid Patients from UHB and a new trajectory has been mapped out to treat these patients by the end of March 2023. Weekly tracking and performance reporting has been developed and is now in place. Currently 109 patients remain to be treated by March 2023, 176 ahead of the mutual aid trajectory which set out 285 would be waiting as at 13/03/2023. There are currently 6 patients over 78 weeks all with plans in place to be treated by the end of March.

During Feb 23, ROH received 2,328 referrals (86.09%) when compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid. The team continues to work closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure the team keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

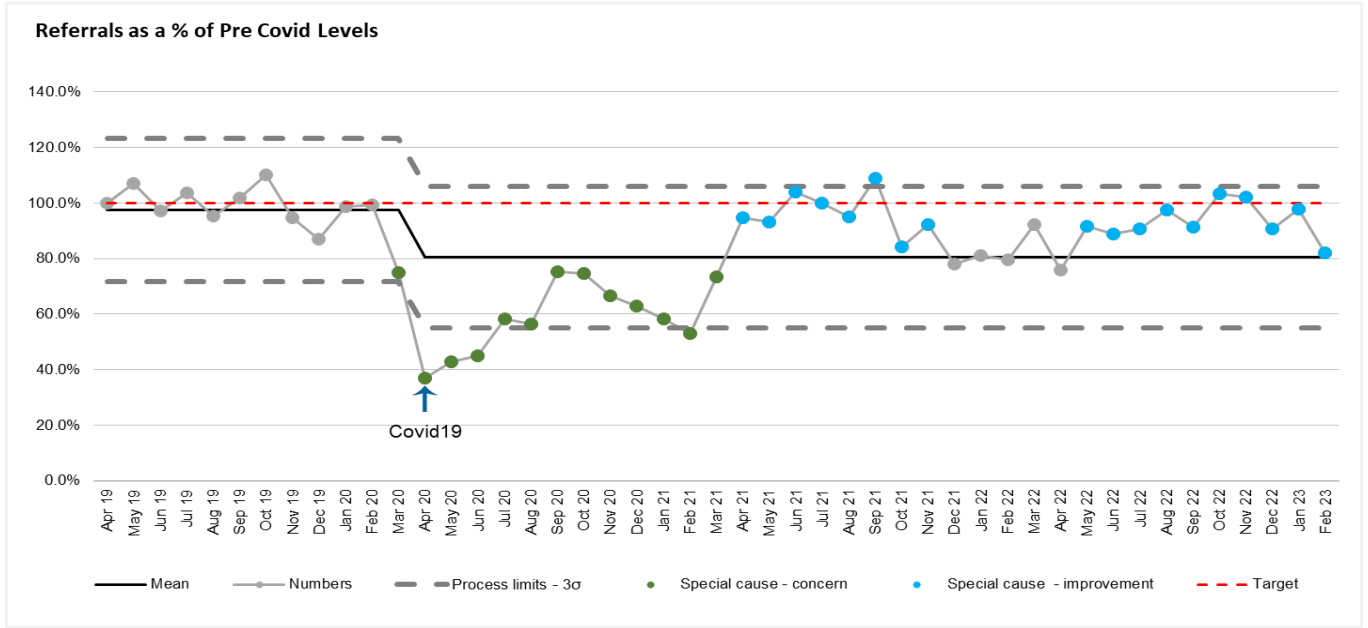
AREAS FOR IMPROVEMENT

The Deputy Coo is chairing a Daily PTL meeting for patients over 66 weeks to support the delivery of zero 78 week waiters by 31st March 2023.

RISKS / ISSUES

Due to a combination of the Mutual aid and industrial action there are risks around Internal 52 weeks for ROH. This is being monitored closely by the Operational/ performance teams.

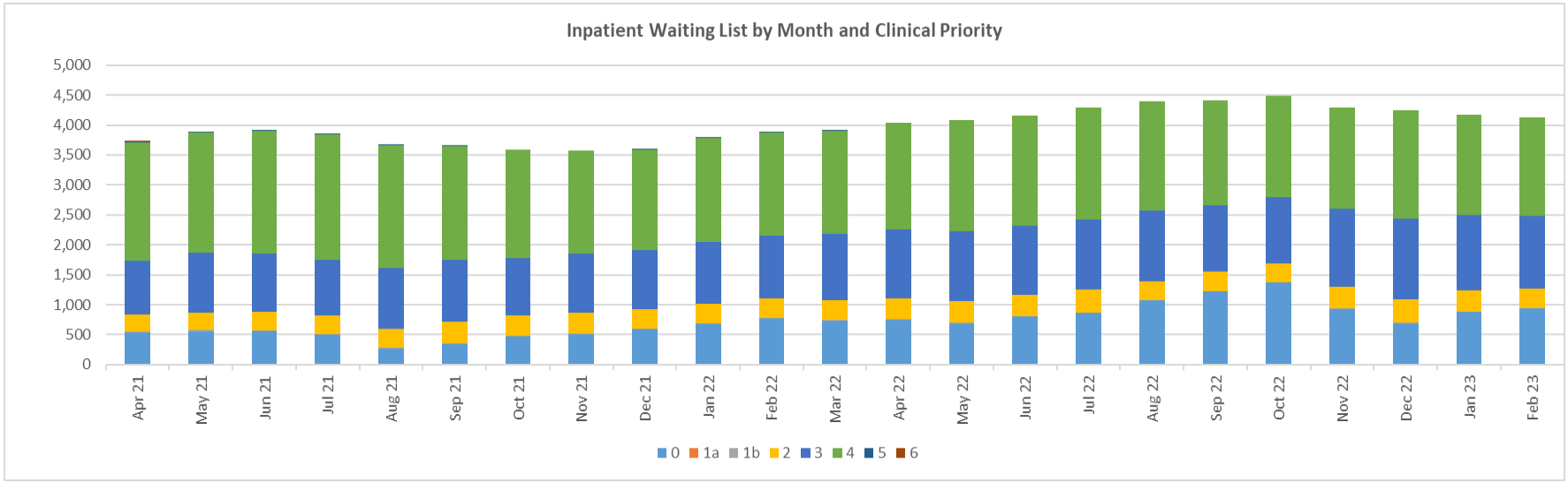
5. Referral to Treatment



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	2057	2476	2400	2451	2632	2463	2781	2711	2338	2738	2328	
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%	76.07%	91.57%	88.76%	90.64%	97.34%	91.09%	102.85%	100.26%	86.46%	101.26%	86.09%	0.00%

5. Referral to Treatment



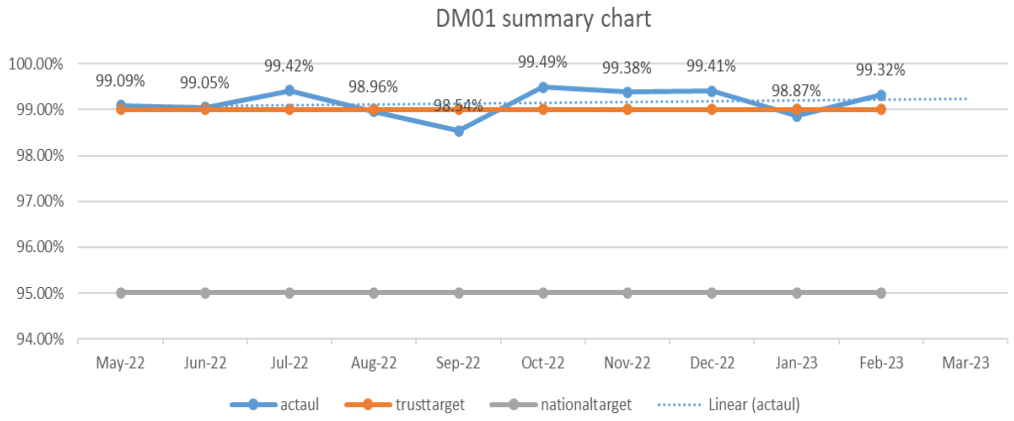
	Number of IP waiting as at	% of IP waiting as at
Priority	28/02/23	28/02/23
0	938	23%
1a	1	0%
1b	3	0%
2	328	8%
3	1215	29%
4	1644	40%
5		0%
6		0%
Total	4129	100%

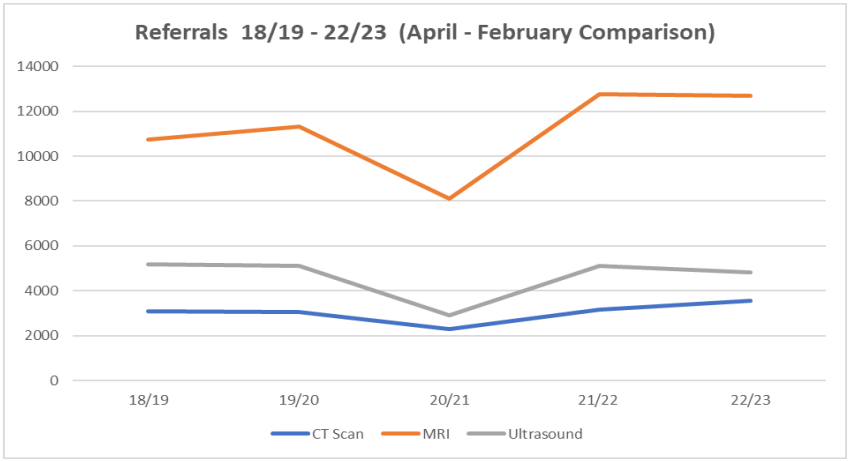
All specialities review and update admitted patients without a priority status. Regular review meetings are held to ensure that all patients are given a priority before being added to an Inpatient waiting list. In addition, a clinical audit is underway, reviewing all patients who have breach their priority score.

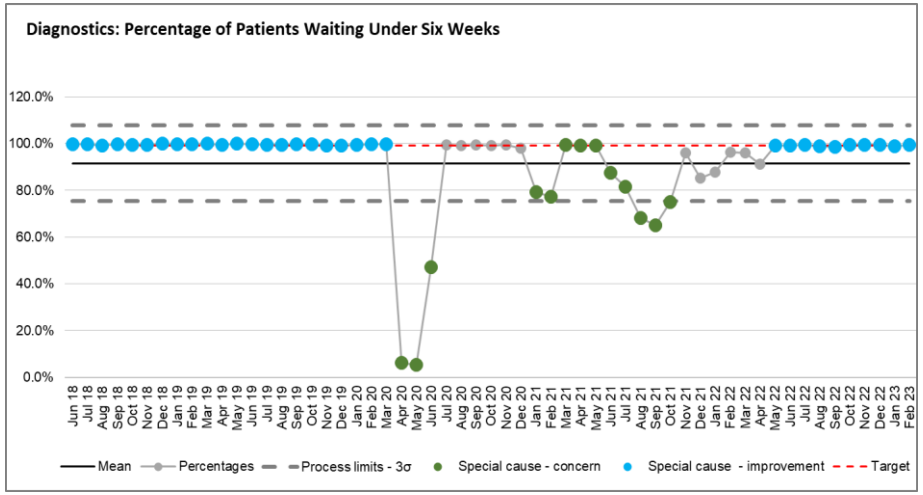
Figures show total inpatient waiting list including planned patients and patients with a TCI date.

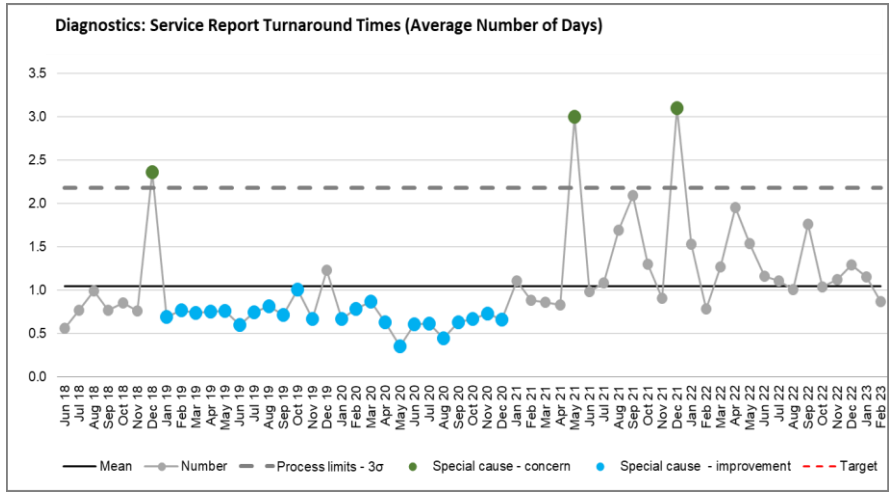
6. Diagnostic Performance

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









6. Diagnostic Performance

SUMMARY

The Imaging service achieved the 99% DM01 target in February 2023 closing the month at 99.32%. The main area of challenge remains with paper based referrals being received late into the Imaging Department resulting in breaches. Order Comms (e-requesting) will be with the Trust soon and will help eliminate any delays.

The National 22/23 operational target remains at 95% which ROH are achieving; however, we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

March 23 reporting times remain on target.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's.

Maximising the utilisation of diagnostics capacity and minimising DNA's will be improved with the introduction of DrDoctor within the imaging service. DrDoctor will be an added form of patient engagement platform to support patient communication and Appointment management. The initiative will allow patients to receive text messages to inform them of their appointments to allow patients to access the patient portal remotely.

Order Comms is due to be implemented in April 2023 to help streamline imaging referrals.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having a significant impact on performance. In addition, there is an increased risk of paper referral forms potentially being lost/delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service. Ongoing discussions are underway with system partners around the implementation of e-referrals in Imaging to help mitigate this risk.

7. Cancer Performance

Summary Performance Figures – January 2022 (March Submission)

	Patients	Compliant	Breach	Total Accountable	%	Target
2WW	67	64	3	64	95.5%	93%
31 day 1st	15	14	1	15	93.3%	96%
31 day sub	10	10	0	10	100%	94%
62 days	7	5	1.5	6.5	70%	85%
Upgrade	7	5	0.5	4.5	90%	90%
28 day FDS	70	61	9	70	87.1%	75%
104 days treated at ROH	0	0	0			

Performance

Most Cancer compliance standards were met in January 2023. The Trust had one full breach against the 31 day 1st standard – this was due to the patient being on holiday (11 days) and the patient had an ear infection that required a course of antibiotics prior to TCI.

2 breaches were uploaded against the 62 day standard – however, one of these will be corrected at quarter adjustment because the responsibility for this breach sits with the referring trust. Incorrect information was sent to the ROH when the referral was received.

The second breach against the 62 day standard was missed by two days. The treating consultant had annual leave over the Christmas period followed by on-call consultant of the week duties. The patient received treatment on the consultants first list in January.

The 3x two week wait breaches were all due to patient choice – 1x work commitments, 1x patient went to incorrect hospital, 1x patient assumed cancellation due to nursing strike (despite receiving phone call to advise all oncology appointments were going ahead).

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery and receive positive feedback against overall performance standards.

8. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £13k against a planned surplus of £83k. This is contributing towards a year to date deficit of £2,031k, £1,973k behind plan. A forecast breakeven position remains as per previous months.

Income year to date is £4,168k better than plan, as a result of recognising additional inflationary income allocation and higher than planned private patient income. The year to date position now also excludes income provision for ERF clawback for underperformance against target

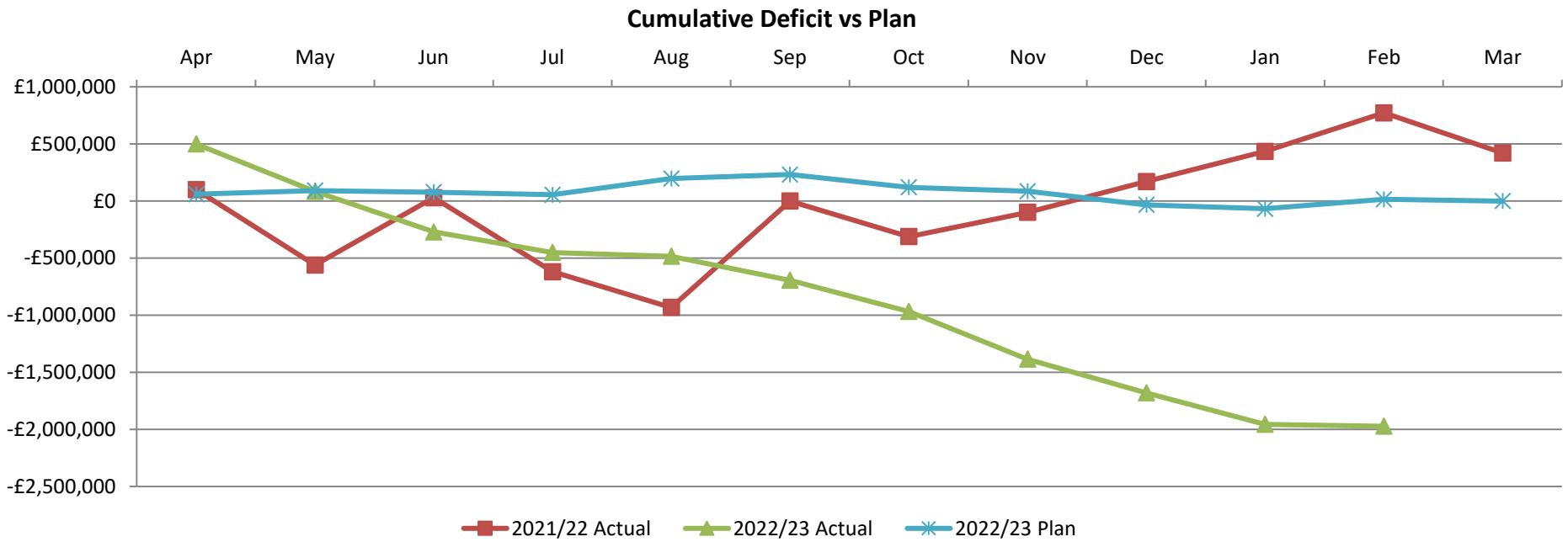
Pay and non pay expenditure remain overspent year to date by £2,718k and £3,649k respectively.

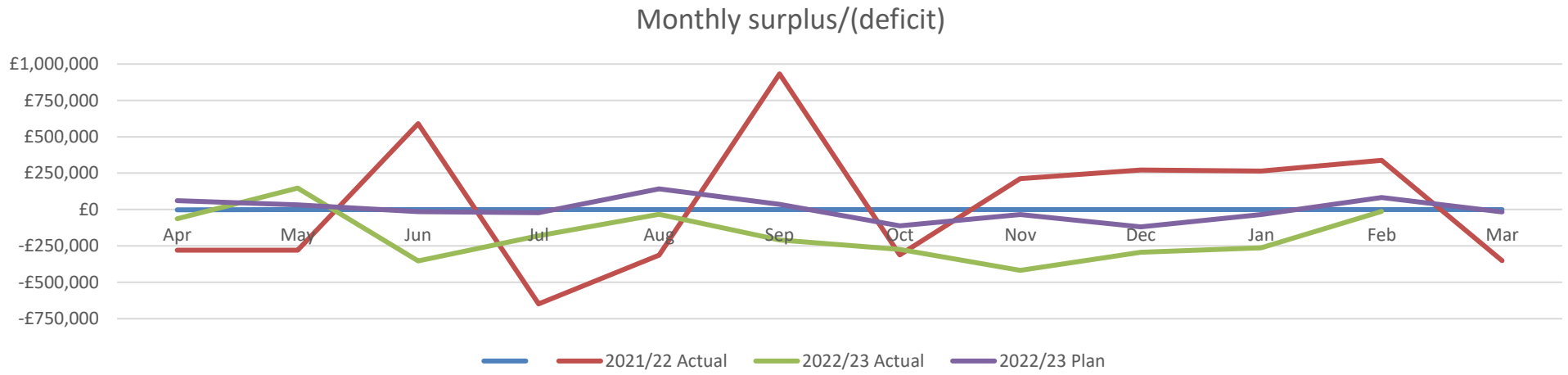
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	4,168	(2,718)	(3,649)	226	(1,973)
Year to date plan	107,463	(61,100)	(45,349)	(1,072)	(58)
Year to date actual	111,631	(63,818)	(48,998)	(846)	(2,031)
Variance compared previous month	260	(507)	125	26	(96)
Forecast Variance	4,691	(2,823)	(2,290)	420	(2)

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	103,422	106,671	3,249
Other Operating Income (Excluding top up)	4,041	4,960	919
Employee Expenses (inc. Agency)	(61,100)	(63,818)	(2,718)
Other operating expenses	(45,349)	(48,998)	(3,649)
Operating Surplus	**1,014**	**(1,185)**	**(2,199)**
Net Finance Costs	(1,072)	(846)	225
Net surplus/(deficit)	**(58)**	**(2,031)**	**(1,973)**
Remove donated asset I&E impact	74	75	1
Adjusted financial performance	**16**	**(1,956)**	**(1,972)**
Non recurrent funding	14,812	14,812	0
Underlying surplus/(deficit)	**(14,796)**	**(16,768)**	**(1,972)**

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is £4,168k better than plan, as a result of recognising additional inflationary income allocation during Mth1-11.

The year to date position now excludes income provision for ERF clawback for underperformance against target following guidance from NHS England. The assumption that no clawback will be enacted during Months 1 – 4.

Private patient income continues to overperform and is now at £3.1m for Mths 1-11, almost £1.3m better than plan.

AREAS FOR IMPROVEMENT

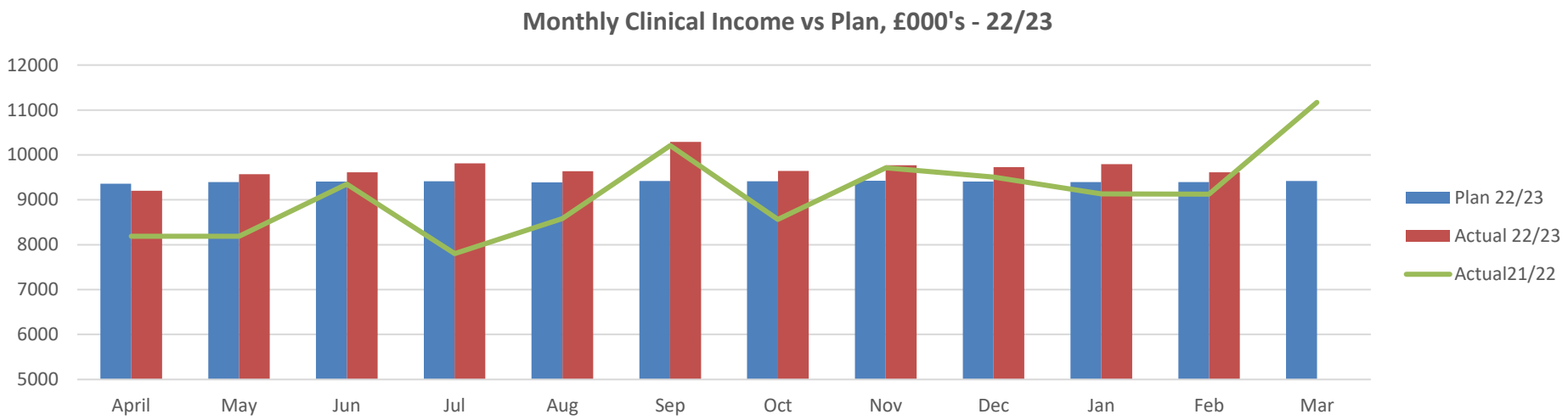
Other income is above plan by £919k year to date, and £220k above 19/20 level at Mth 11. This category of income includes car parking, catering and accommodation.

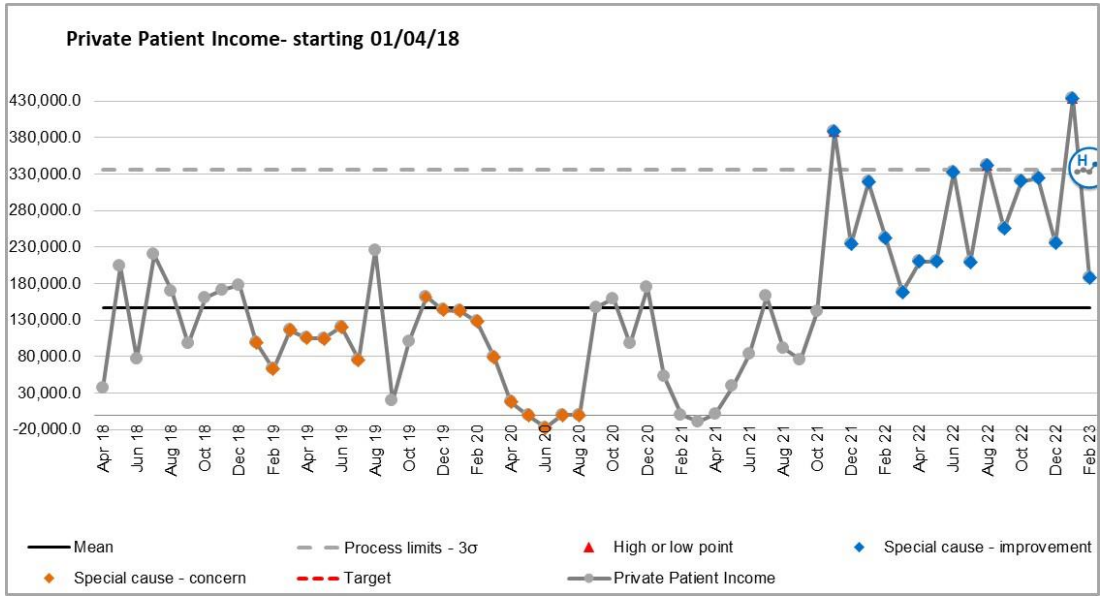
RISKS / ISSUES

Uncertainty remains around the implementation of the elective recovery funding (ESRF) clawback mechanism. The system are performing significantly below target against ESRF. The system have not yet agreed how internal performance against ERF will be managed, and how overperformance against a provider target could be incentivised, within a system break-even or underperformance position.

Non recurrent funding will continue to be received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

9. Income


Monthly Clinical Income vs Plan, £000's - 22/23
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 22/23
Actual 22/23
Actual21/22


Private Patient Income- starting 01/04/18
430,000.0
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
Jun 18
Aug 18
Oct 18
Dec 18
Feb 19
Apr 19
Jun 19
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Jun 20
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Oct 20
Dec 20
Feb 21
Apr 21
Jun 21
Aug 21
Oct 21
Dec 21
Feb 22
Apr 22
Jun 22
Aug 22
Oct 22
Dec 22
Feb 23
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure remain overspent year to date by £2,718k and £3,649k respectively.

Agency spend remains high in month at £538k (£2.8m overspent year to date). Key drivers remain continued high sickness, and high vacancy levels. This equates to 9.0% in month and 9.5% of pay year to date. The Agency Cap for 23/24 will be 3.7%.

Bank expenditure for the year is £5.3m against a plan of £4.9m causing an adverse variance of £425k.

Non pay spend has also remained high in month at £3,989k and is now £3.6m overspent YTD (a slight improvement from prior month). Key drivers for this include inflationary pressure in the year, particularly with regards to estates spend.

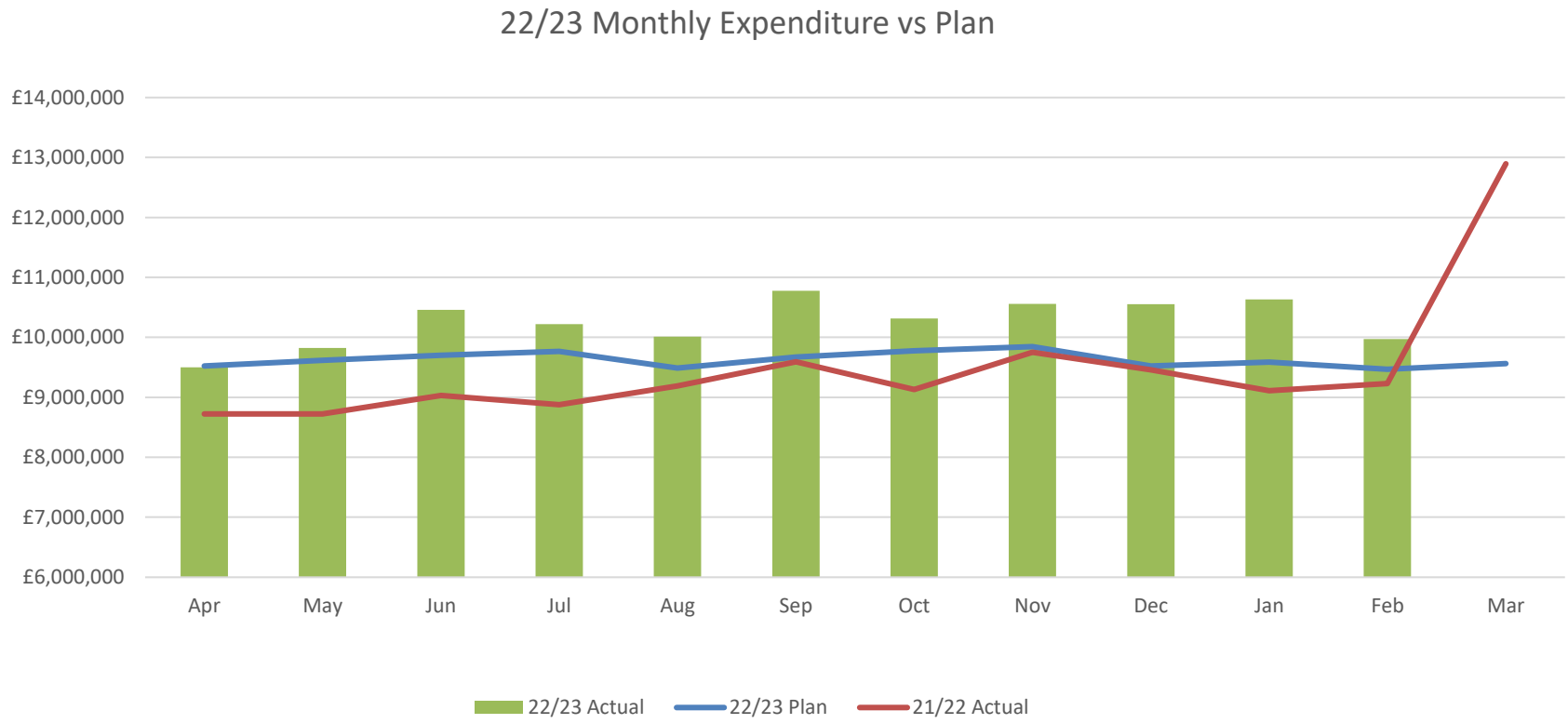
AREAS FOR IMPROVEMENT

Agency spend is above plan year to date by £2.8m. A greater focus by NHS England on agency controls is leading to greater scrutiny in this area of expenditure. The Agency Cap for 23/24 will be 3.7%.

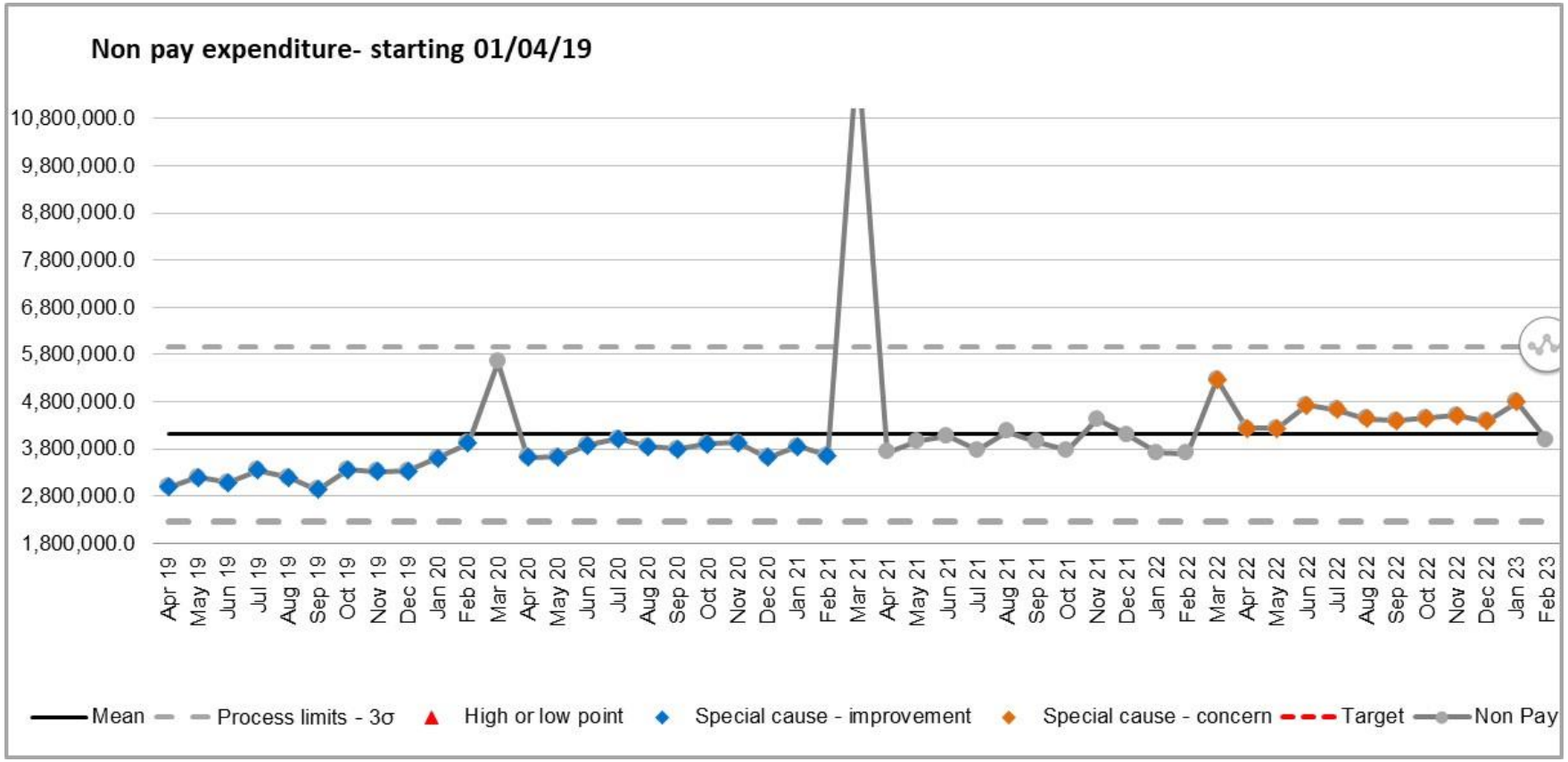
RISKS / ISSUES

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

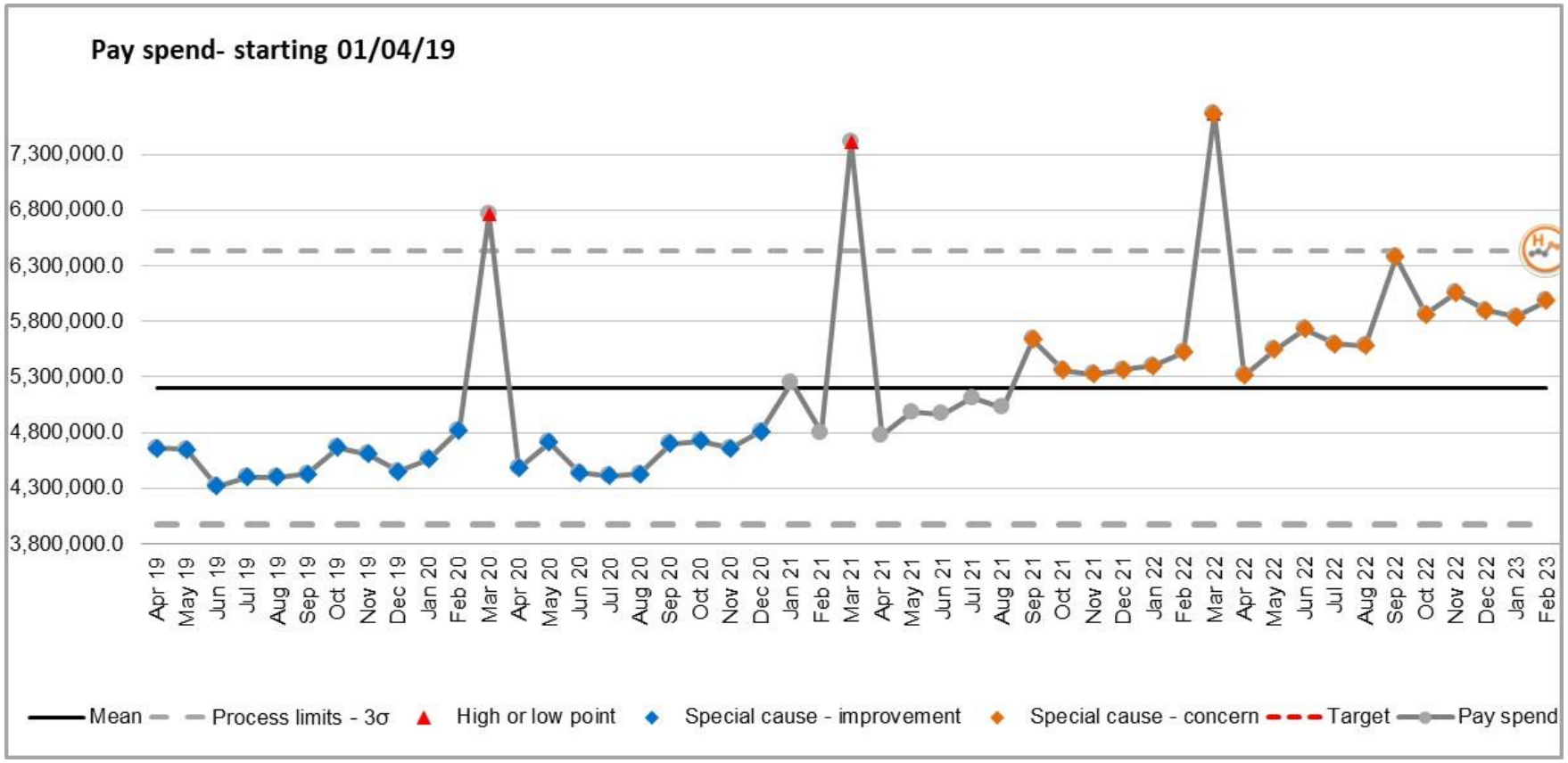
9. Expenditure



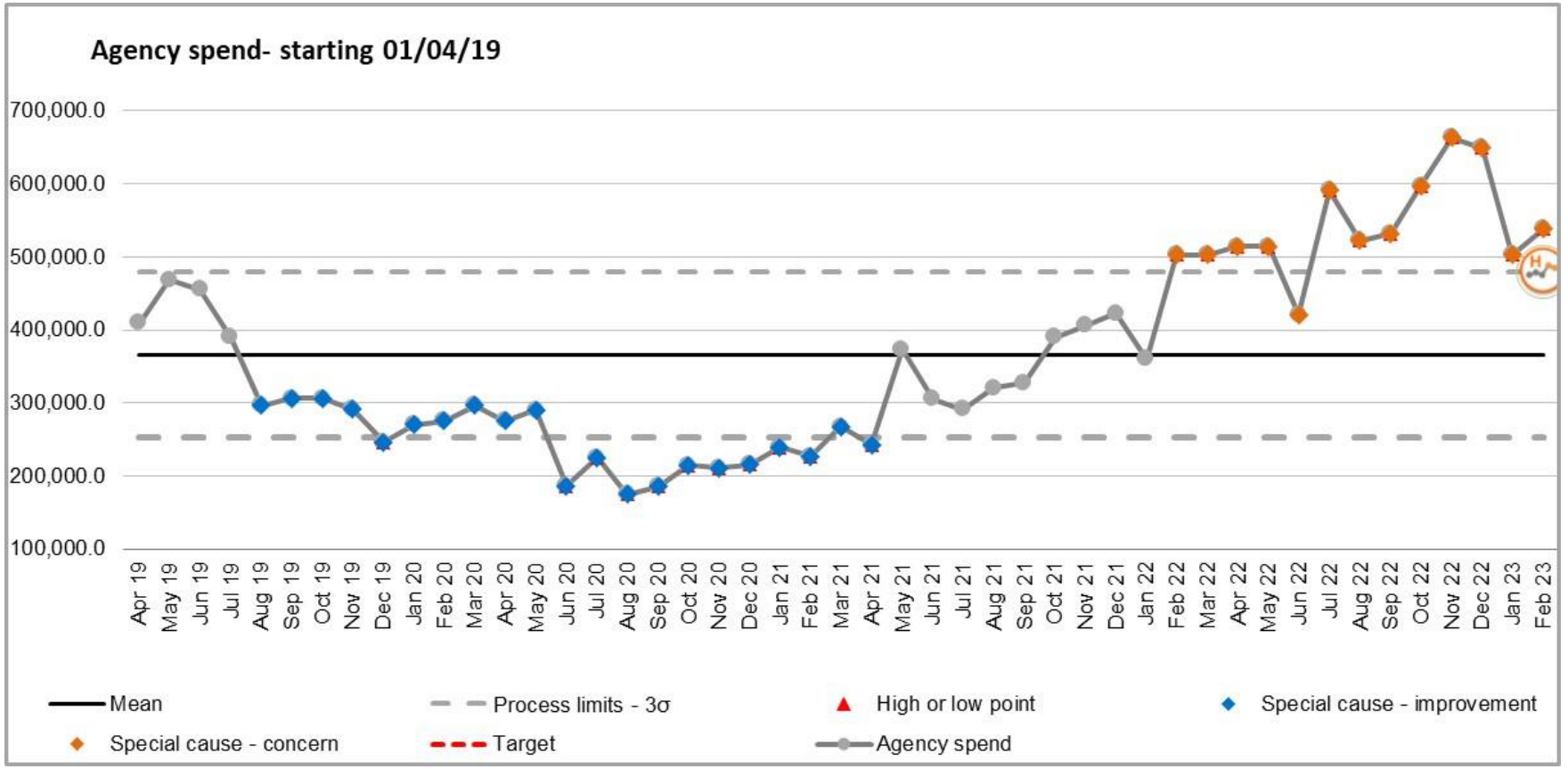
9. Non Pay Expenditure



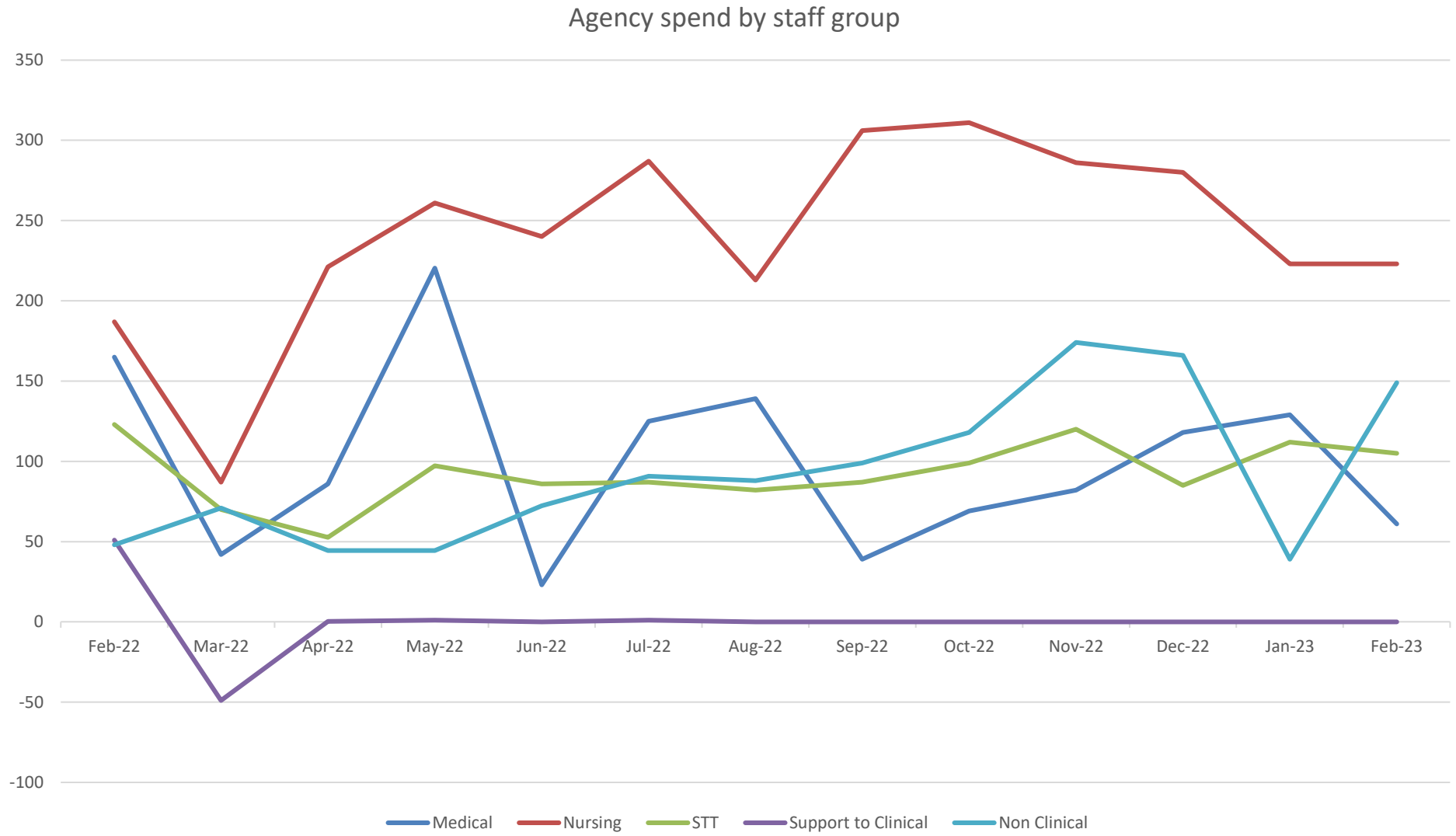
9. Pay Expenditure



11. Agency Expenditure



11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Year to date savings of £2m have been delivered, slightly behind plan with an adverse variance of £12k. CIP schemes for 2023/24 have identified schemes c.£2m, with over 100 schemes already identified at varying stages of the planning process.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£372	£78	-£294	£130
Non pay	£1,437	£1,226	-£211	£1,559
Income	£604	£1,033	£429	£1,078
Grand Total	**£2,413**	**£2,337**	**-£76**	**£2,767**

Scheme	Confidence	YTD Plan	Variance	Forecast
Scheme	Confidence level of delivery	YTD Variance	YTD Actual	Forecast Outturn
Private patient service expansion	High	£875	£985	£995
Procurement - Birmingham Hospital Alliance Collaborative	High	-£606	£519	£599
Hips & Knees Implant Rationalisation / contract negotiation	High	£64	£345	£371
Medical Engineering contract reduction	High	£158	£158	£172
Spinal Implant Rationalisation & Modernisation	High	£66	£119	£126
Medical Agency Reduction - Direct Engagement	High	-£113	£55	£77
Additional interest earned on cash balances - 0.5% increase	High	£32	£32	£38
Northfield Shopping Centre - 50 car parking spaces handed back	High	£21	£21	£24
Diagnostics and Therapies - DrDoctor DNA reductions	High	-£8	£17	£25
Pharmacy	High	£11	£11	£12
Energy efficiency schemes	High	£6	£6	£7
Microsoft 365 Licence review	High	-£10	£6	£8
Managed Patient Communications via Synertec	High	-£10	£1	£2
Daycase Joint Replacement	High	-£75	£0	£15
Substantive Nursing recruitment	High	-£95	£0	£14
Robotic Process Automation (RPA) - Review manual process to automate	High	-£40	£0	£10
Enhanced Voice Recognition - Digital Dictation	Med	-£55	£0	£5
In-house printing for patient communications	High	-£25	£0	£5
DNA Rate Reduction - Outpatients	High	-£46	£0	£4
Diagnostics and Therapies - Synertec paperless	Med	-£10	£0	£2
Interpreting via telephone	Low	-£12	£0	£2
Minimisation of medical agency spend - Agency commission rates	High	-£11	£0	£1

13. Statement of Financial Position

SUMMARY

The most significant movement on the balance sheet is the implementation of IFRS 16 which has resulted in a substantial uplift in tangible assets and an offsetting increase in borrowings, having an overall limited impact on net assets employed.

The cash balance has increased due to the transactional payment of monies earned through ERF and also inflationary allocations, which also explains the increase in the debtors balance.

	2021/22 M12	2022/23 M11	Movement
	(£'000)		
Intangible Assets	1,536	1,369	-167
Tangible Assets	45,448	62,861	17,413
Total Non Current Assets	**46,984**	**64,230**	**17,246**
Inventories	359	366	7
Trade and other current assets	9,946	12,812	2,866
Cash	11,147	12,627	1,480
Total Current Assets	**21,452**	**25,805**	**4,353**
Trade and other payables	-13,323	-15,257	-1,934
Borrowings	-1,057	-17,907	-16,850
Provisions	-7,818	-10,700	-2,882
Other Liabilities	-744	-2,708	- 1,964
Total Liabilities	**-22,942**	**-46,572**	**-23,630**
Total Net Assets Employed	**45,494**	**43,463**	**-2,031**
Total Taxpayers' and Others' Equity	**45,494**	**43,463**	**-2,031**

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY AND SAFETY REPORT

March 2023 (February 2023 Data)

EXECUTIVE DIRECTOR:	Simon Grainger Lloyd	Director of Governance
	Nikki Brockie	Chief Nurse
	Marie Peplow	Chief Operating Officer
AUTHOR:	Adam Roberts	Acting Head of Governance and Assurance

Quality Report – March 2023 (February 2023 Data) – Summary Dashboard

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	2021/2022	2022/2023	
Incidents	308	387	304	289	280	296	308	329	310 (↓)	283 (↓)	292 (↑)			
Serious Incidents	1	0	1	2	0	1	0	0	1	0 (↓)	2 (↑)	13 (Total)	8	
Internal RCA investigations	3	4	6	2	1	6	2	6	2 (↓)	4(↑)	4			
VTEs (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	2 (Avoidable)	0	
Falls	9	10	4	3	5	3	10	5	9 (↑)	3 (↓)	7 (↑)	91 (Total)	74	
Pressure Ulcers: Cat 2 (Avoidable)	0	3	0	0	0	0	0	2 (↑)	0	0	0	3 (Avoidable)	5	
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0 (Avoidable)	0	
Complaints	6	5	4	1	2	6	4	4	3	2	4 (↑)	51 (Total)	34	
PALS	57	54	42	51	57	62	42	59	41(↓)	51 (↑)	50 (↓)			
Compliments	3	1	4	4	3	2	3	4	TBC	TBC	TBC			
FFT Score %	99.39	98.88	98.68	97.82	97.93	98.34	98.50	99.61	100 (↑)	99.8 (↓)	100 (↑)			
FFT Response %	48	30	38	51	42	45	55	47	46(↓)	41 (↓)	37 (↓)			
Duty of Candour	12	10	16	16	12	10	10	12 (↑)	12	16(↑)	14 (↓)			
Litigation (New)	0	0	0	1	2	0	0	3	0	0	2 (↑)			
Coroners	0	0	0	0	0	0	0	0	0	0	0			
WHO %	99	99	100	100	100	100	99	99	99	100 (↑)	99 (↓)			
Infections	1	1	2	0	0	1	1	1	1	0	1 (↑)	7 (Total)	9	

CONTENTS

1. 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.

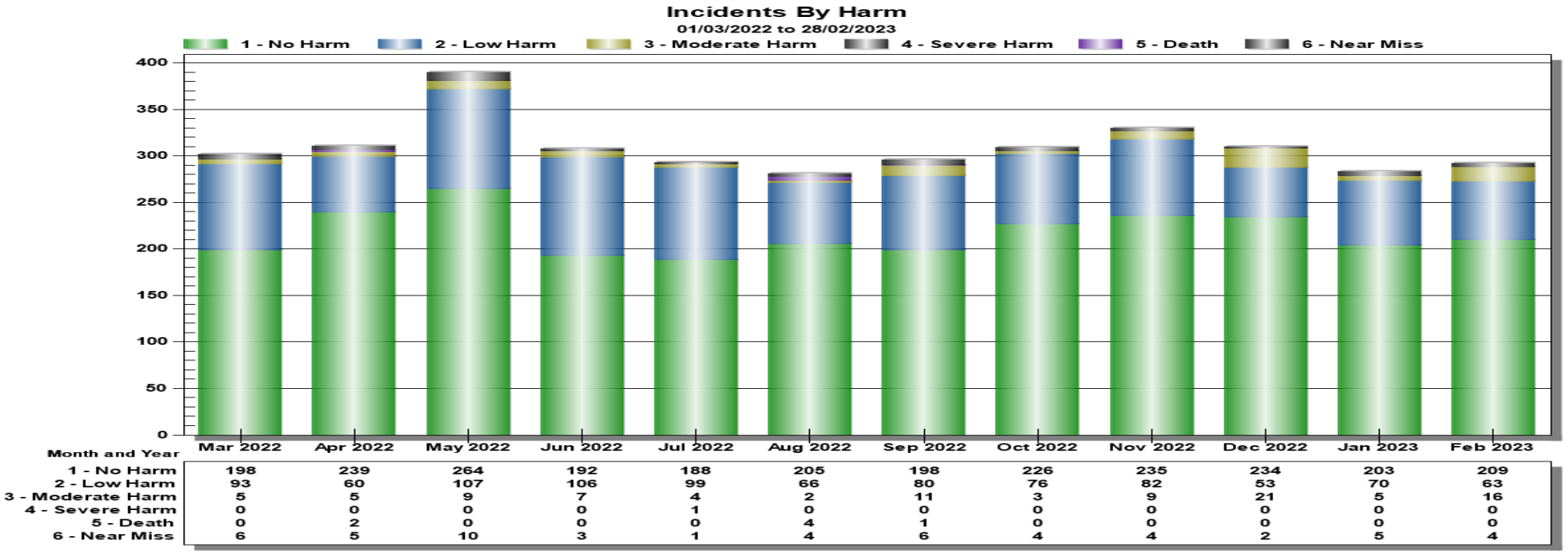
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.



Month and Year	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
1 - No Harm	198	239	264	192	188	205	198	226	235	234	203	209
2 - Low Harm	93	60	107	106	99	66	80	76	82	53	70	63
3 - Moderate Harm	5	5	9	7	4	2	11	3	9	21	5	16
4 - Severe Harm	0	0	0	0	1	0	0	0	0	0	0	0
5 - Death	0	2	0	0	0	4	1	0	0	0	0	0
6 - Near Miss	6	5	10	3	1	4	6	4	4	2	5	4

In the month of February 2023, there were a total of 292 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

209 – No Harm
63 - Low Harm
16 - Moderate Harms
0 - Severe Harm
4 - Near Miss
0 – Death

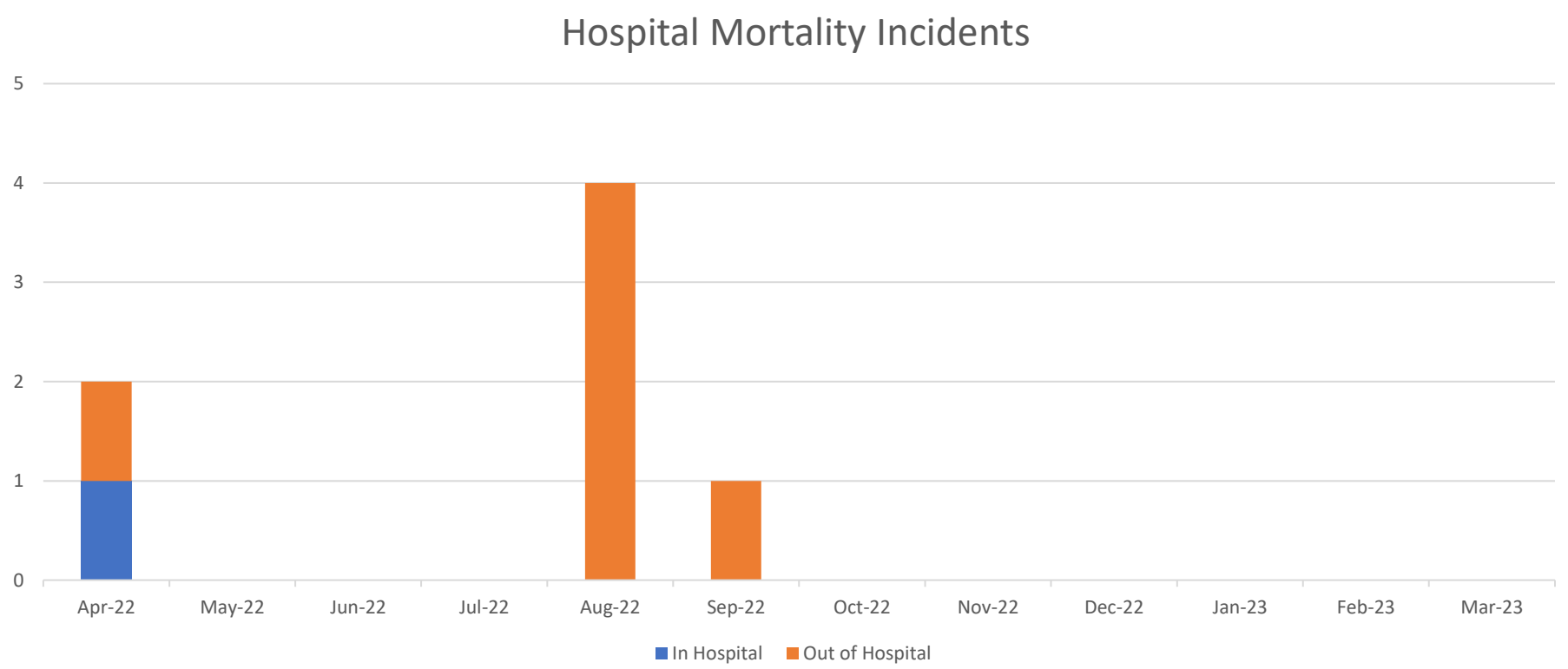
There were 16 moderate harm incidents reported in February 2023.

All are currently going through the governance process to confirm actual level of harm

- 8 x Appointments Department – Delayed appointments/referrals
- 1 x Ward 12 – Emergency Transfer out of Trust
- 1 x Theatres (Recovery) – Emergency Transfer out of Trust
- 1 x Ward 3 – Emergency Transfer out of Trust
- 2 x Infection
- 1 x Physio Gym – Injury during physio
- 1 x VTE
- 1 x Anaesthetics dept – patient deterioration during surgery

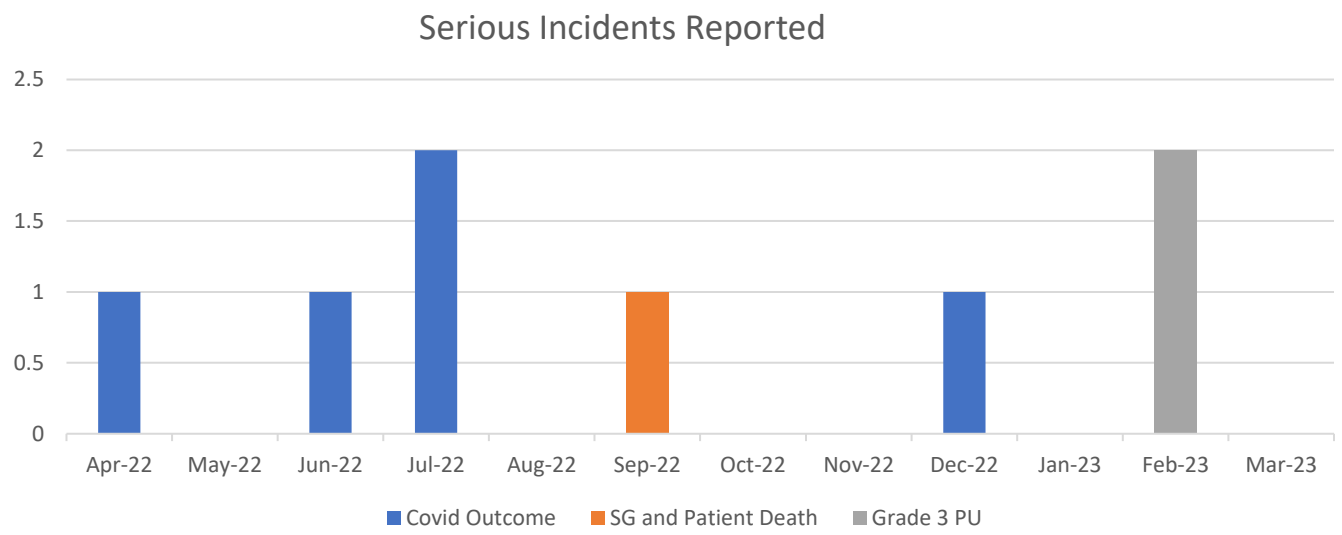
0 of the 6 potential moderate harms reported within the January 2023 Quality Report were downgraded in February 2023 – all remain under investigation.

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No deaths were reported in February 2023
ACTIONS FOR IMPROVEMENT AND LEARNING
The learning from deaths tracker is a standing agenda item on the Executive Governance oversight meeting both divisional governance meetings and forms part of the routine mortality update
RISK AND ISSUES
None

3. Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.

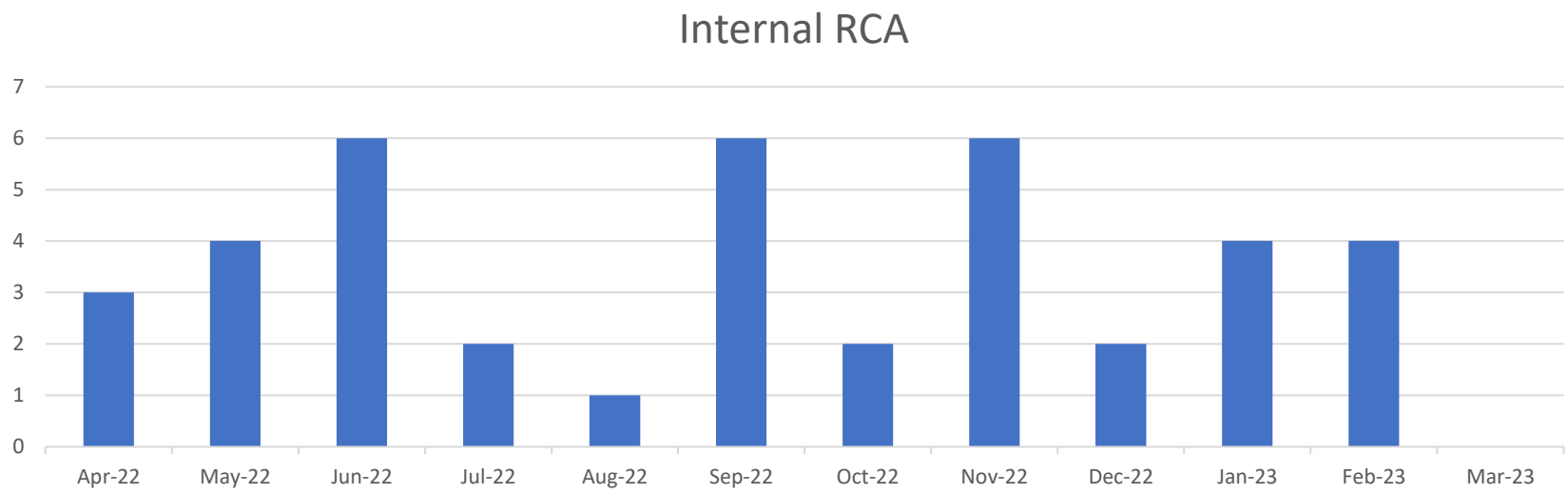


Year Totals	
20/21	11
21/22	13
22/23	8

Data Source – STEIS

INFORMATION
2 Serious Incidents were reported in February 2023 Both SI's relate to Grade 3 pressure sores. RCA investigations are currently on-going and both incidents have been reported on STEIS
ACTIONS FOR IMPROVEMENT AND LEARNING
N/A – pending outcome of RCA investigations into the 2 x grade 3 pressure sores
RISK AND ISSUES
None

4. Internal Root Cause Analyses (RCAs) - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCAs incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the ICS retrospectively.

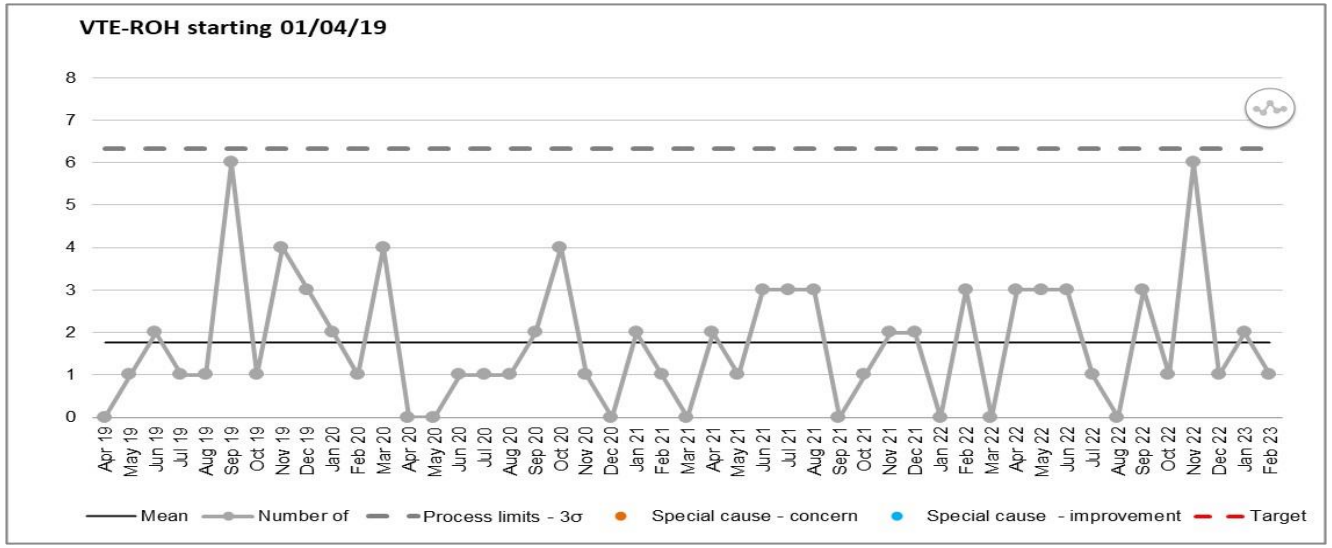


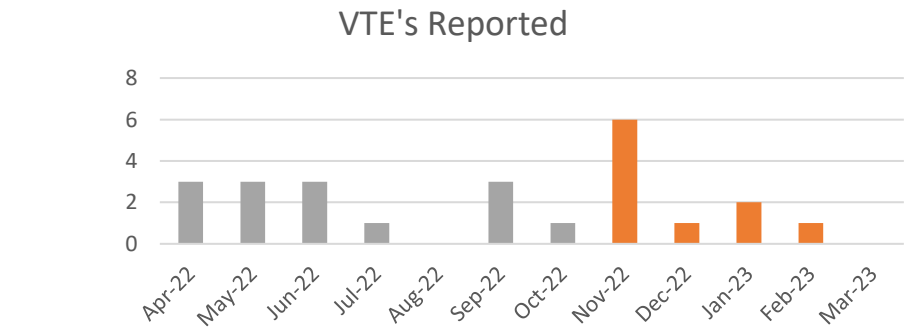
Data Source – Internal RCA tracker

4 RCA's were commenced in February 2023

Department	Reported Date	Incident Number	Cause Group	Actual Impact	Update
Ward 10	13.01.2023	42420	Cat 2 PU	3 - Moderate Harm	RCA and Duty of Candour underway
Ward 1	19.02.2023	42784	Cat 3 PU	3 - Moderate Harm	SI - reported to ICB via STEIS - RCA and Duty of Candour underway
Theatres	02.02.2023	42617	Emergency Transfer out	3 - Moderate Harm	RCA and Duty of Candour underway
Ward 3	14.02.2023	42739	VTE	3 - Moderate Harm	RCA and Duty of Candour underway

5. A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTEs (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Unavoidable	3	3	3	1	0	3	1	0	0	0	0	
TBC	0	0	0	0	0	0	0	6	1	2	1	
Avoidable	0	0	0	0	0	0	0	0	0	0	0	

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	24

INFORMATION

1 x ROH associated VTE incidents were reported in February 2023. RCA currently underway

On admission assessment

Total possible	**1052**
Total assessed	1012
%	96.20%

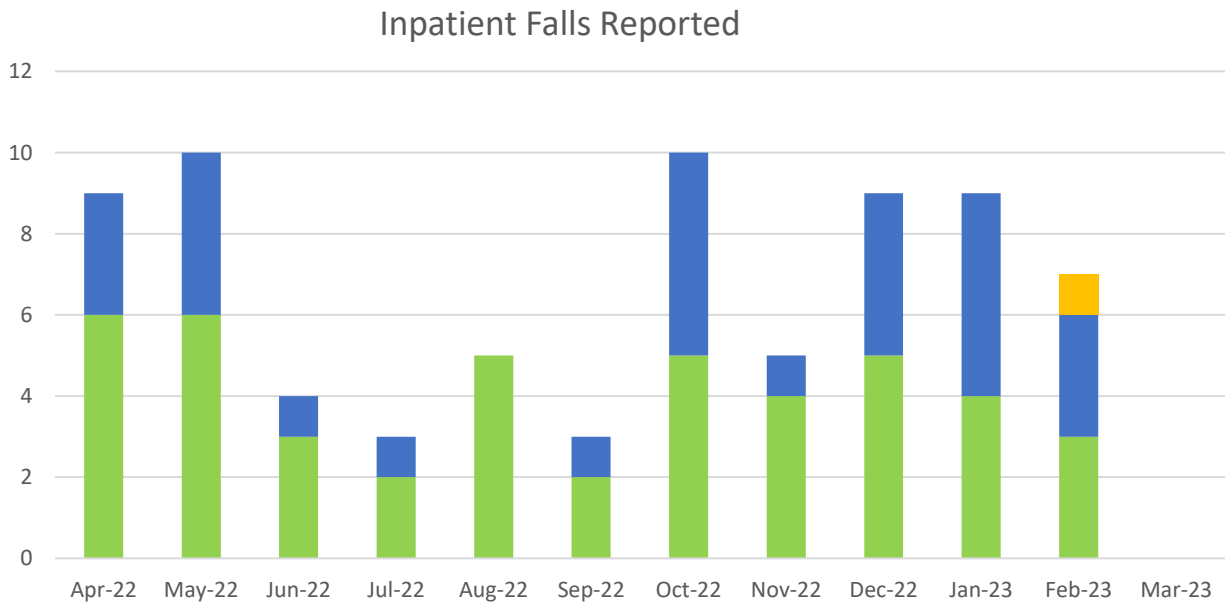
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

- VTE RCA template reviewed and updated
- Re-assessment re-audit to be undertaken by Medical VTE lead – paper due for Q&S
- Exemplar site submission to be completed by end of March 2023

RISK AND ISSUES

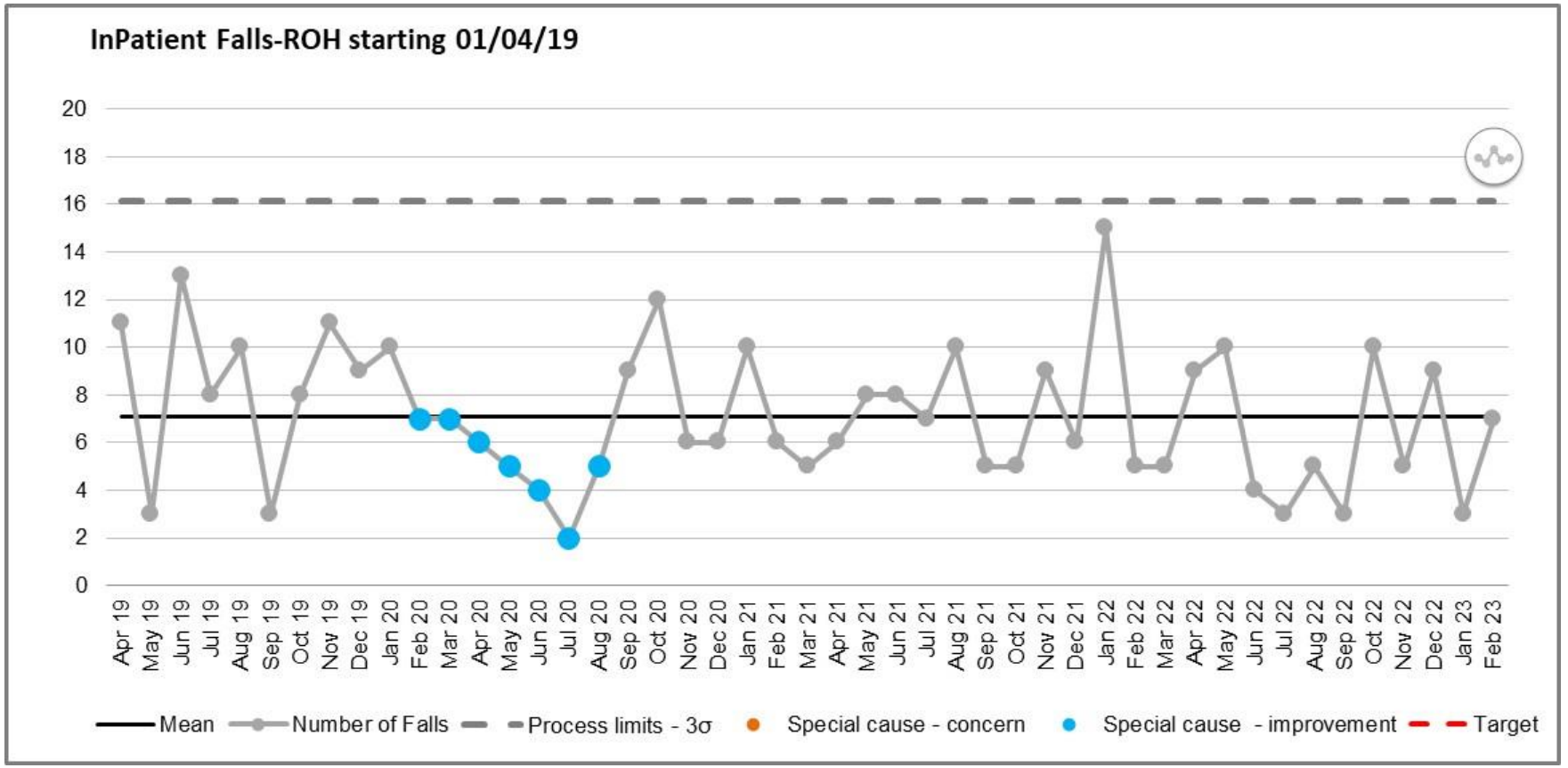
None

6. Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	
Moderate Harm	0	0	0	0	0	0	0	0	0	0	1	
Low Harm	3	4	1	1	0	1	5	1	4	5	3	
No Harm	6	6	3	2	5	2	5	4	5	4	3	

Year Totals	
20/21	76
21/22	91
22/23	74


InPatient Falls-ROH starting 01/04/19
20
18
16
14
12
10
8
6
4
2
0
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
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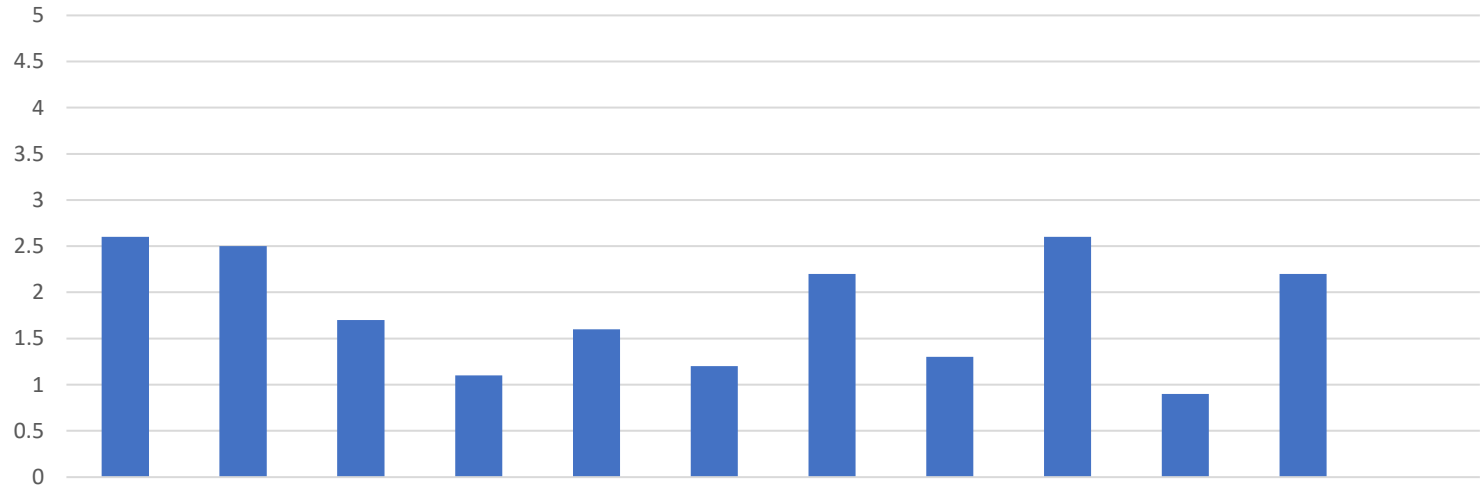
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mean
Number of Falls
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

Falls per 1000 Bed Days



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Falls per 1000 BD	2.6	2.5	1.7	1.1	1.6	1.2	2.2	1.3	2.6	0.9	2.2	

INFORMATION

There were 11 incidents reported across the Trust in February 2023 relating to Falls:

7 x In-Patient Incidents

2 x Lowered to Floor Incidents

2 x Staff/Visitor Incidents

There is a consistent number of in-patient falls this month, with no identifiable themes. One incident resulted in moderate harm, whereby a patient fell whilst trying to close the curtain.

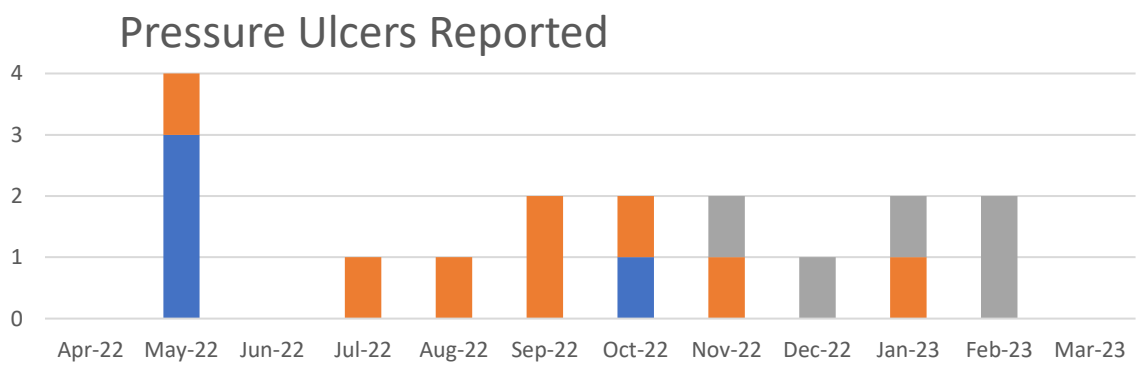
ACTIONS FOR IMPROVEMENT AND LEARNING

- Looking to relaunch falling leaves campaign to highlight in-patient's at higher risk of falls.
- New falls/dementia information boards for out-patient areas designed, waiting on communications team for production.

RISK AND ISSUES

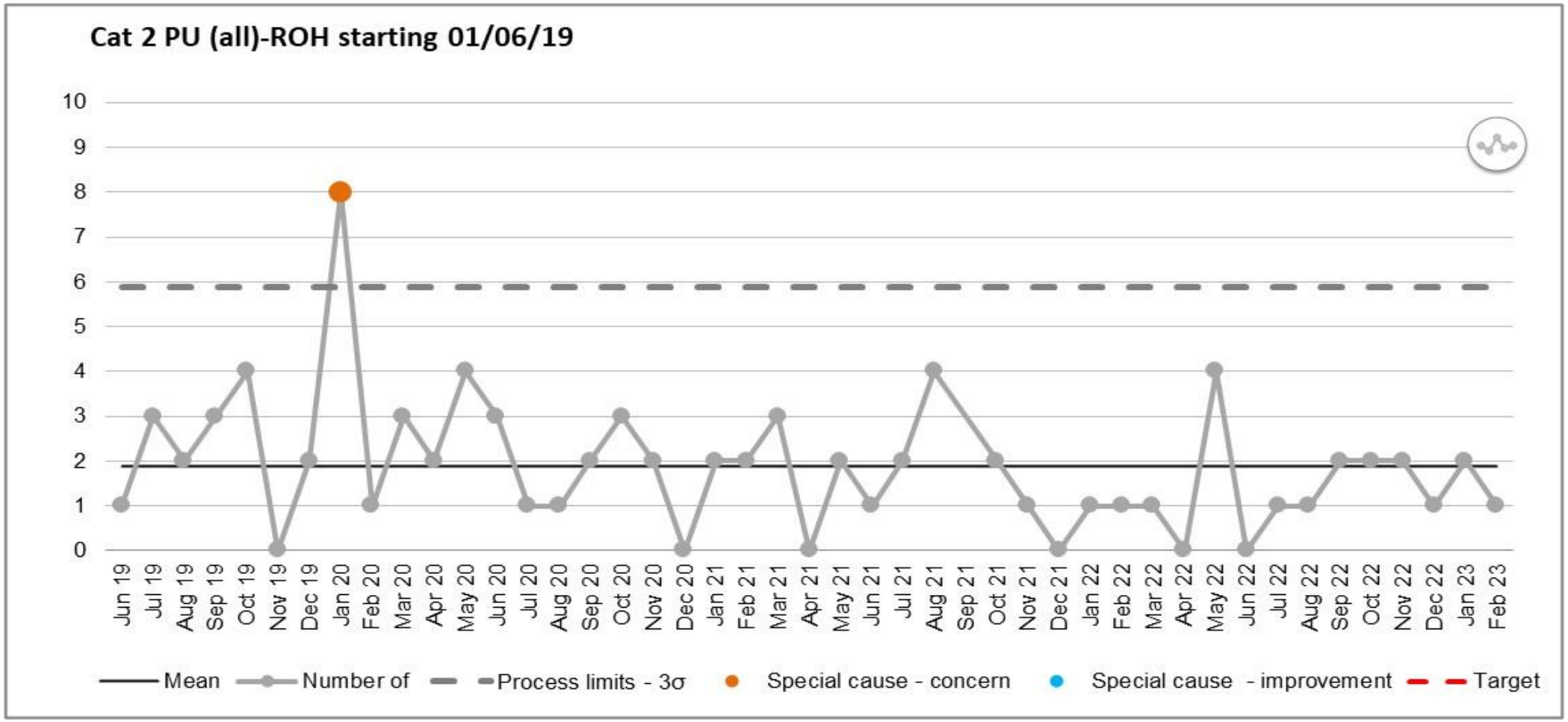
Three out of the four Hoverjacks in the Trust are currently broken/punctured. Only 1 Hoverjack is available for both lifting patients that have fallen and for training purposes.

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Sum of TBC	0	0	0	0	0	0	0	1	1	1	2	
Sum of Unavoidable	0	1	0	1	1	2	1	1	0	1	0	
Sum of Avoidable	0	3	0	0	0	0	1	0	0	0	0	

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	15	2


Cat 2 PU (all)-ROH starting 01/06/19
10
9
8
7
6
5
4
3
2
1
0
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
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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
Mean
Number of
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

INFORMATION

January 2023 Incidents

Category – 4	**0**
Category – 3	1
Category – 2 (Non-Device)	1
Category – 2 (Device)	0
Category – 1	1
Suspected Deep Tissue Injury	1
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD ROH Periwound - 0 MASD admitted with Incontinence 0 MASD admitted with Intertriginous dermatitis x 0 MASD periwound -1 pt had lymphoedema and leaky legs 0

INFORMATION

Patients admitted with PUs	**PU admitted with Cat 1 – Nil** **PU admitted with Cat 2 x 1 pts home** **PU admitted with Cat 3 – Nil** **PU admitted with SDTI – Nil** **PU admitted with DTI – 0**

Avoidable only Pressure Ulcer CCG Contracts KPI2021/2022 – Contract to be confirmed.	
2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0
2022/2023	
Avoidable Grade 2 pressure Ulcers limit of 12	4
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

ACTIONS FOR IMPROVEMENT AND LEARNING

Plan refresh Risk assessment aSSKINg

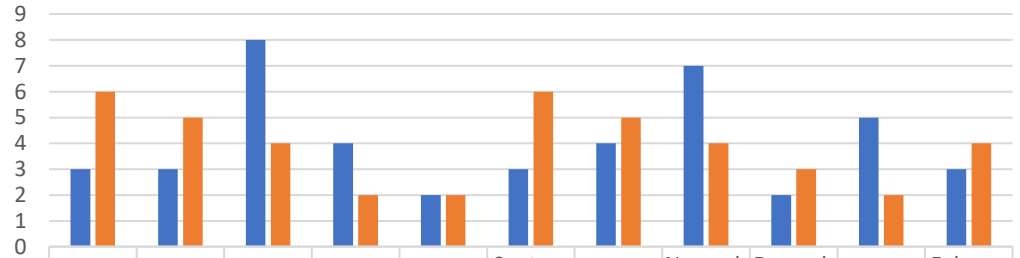
Link Nurses will be asked to complete the TVN – NWCSP eLH mandatory modules and refresh PU boards

RISK AND ISSUES

None

Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.

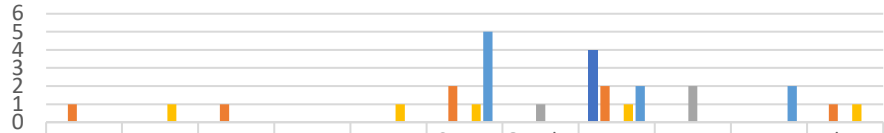
Formal Complaints received 2021/2022 Vs 2022/2023



	April	May	June	July	August	September	October	November	December	January	February
2021/2022	3	3	8	4	2	3	4	7	2	5	3
2022/2023	6	5	4	2	2	6	5	4	3	2	4

2021/2022 2022/2023

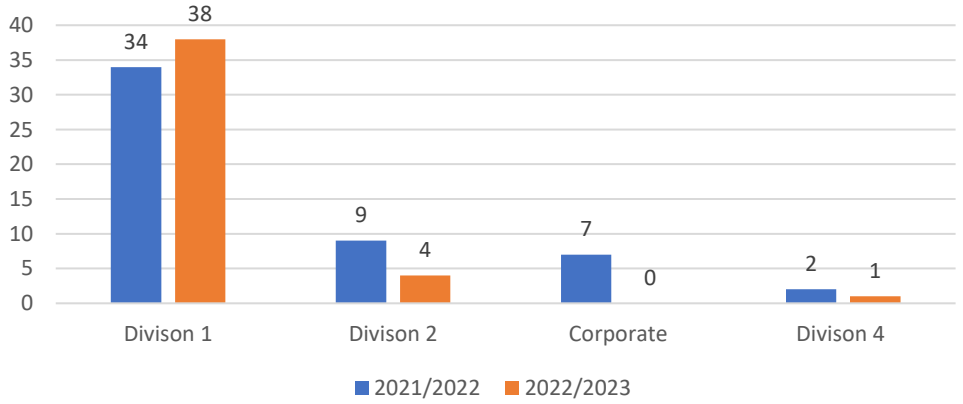
Reopended Complaints 2022/2023 Compared to the Last 3 years



	April	May	June	July	August	September	October	November	December	January	February
2019-2020	0	0	0	0	0	0	0	4	0	0	0
2020-2021	1	0	1	0	0	2	0	2	0	0	1
2021-2022	0	0	0	0	0	0	1	0	2	0	0
2022-2023	0	1	0	0	1	1	0	1	0	0	1
Meetings Request 2022-2023	0	0	0	0	0	5	0	2	0	2	0

2019-2020 2020-2021 2021-2022 2022-2023 Meetings Request 2022-2023

Formal Complaints Receved per Division 2022/2023 Compared to 2021/2022



Complaint Year Totals	
April 2021 – March 2022	47
April 2022 – March 2023	45

Data Source – Patient Experience team

INFORMATION

The Trust received 4 formal complaints in February 2023
Below are the categories for formal complaints received.

1. **Clinical Treatment**
2. **Care Needs Not Adequately Met**
3. **Operation Outcome Not as Expected**
4. **Attitude of Staff**

In February 2023 the Trust closed 1 formal complaint which breached the agreed timeframe with the complainant.

At the time of producing this report (7th March 2023) we currently have 7 open formal complaints and 1 reopened formal complaint. All of which are currently running on time.

1

The Trust offers meetings to the complainant in the verbal and written acknowledgement and in the response letter. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint. 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.
During a period of four years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and a better quality of response letter

In February 2023 the Trust has received 1 reopened complaints.

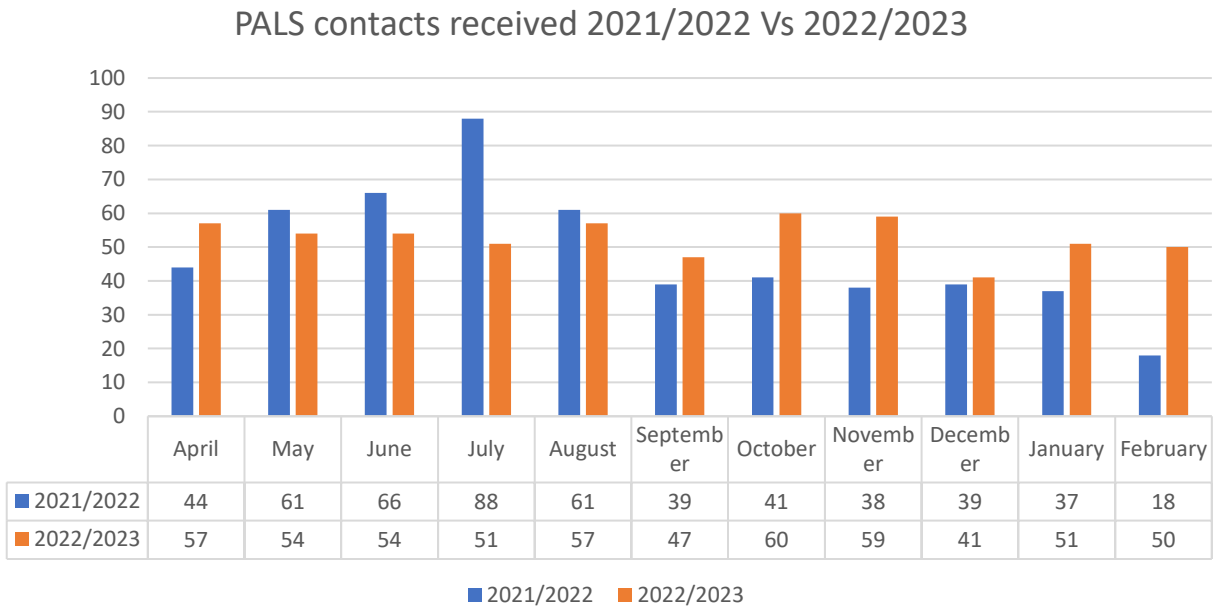
In January 2023 we received 1 meeting request, which is still in the process of being arranged (waiting for complainant to agree with times offered)

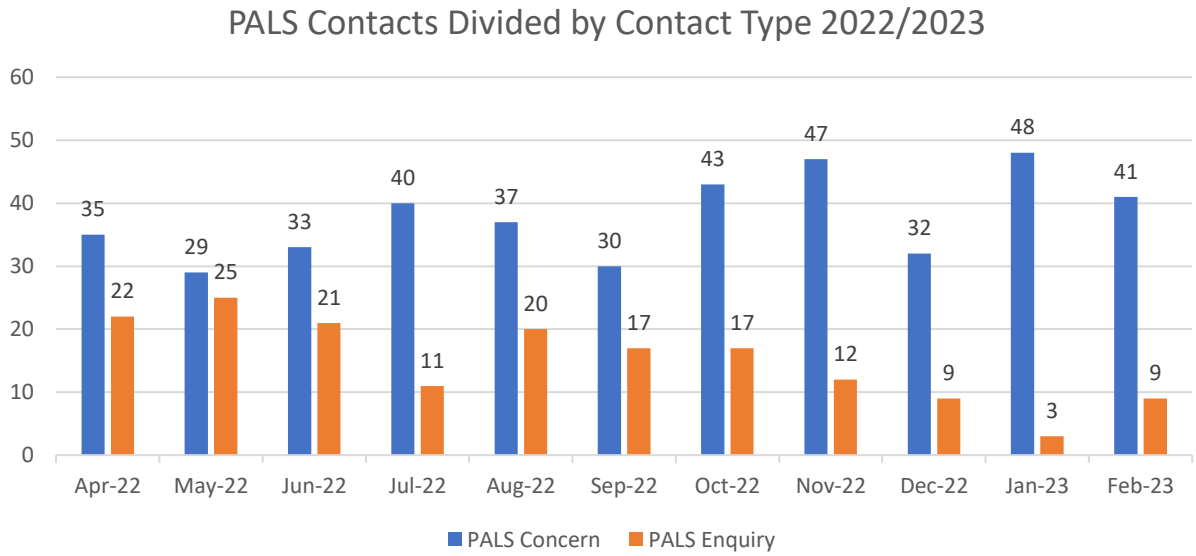
RISK AND ISSUES

1 Formal complaint breached in February 2023

Patient Advice and Liaison Service – PALS

Below is the comparison of PALS contacts received in 2021/2022 and 2022/2023





INFORMATION

The main themes in the PALS data related to Appointments (25), Clinical Query (6) and Communication (6)
The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases.
In February 2023, 90% of enquiries and concerns were met, meaning 5 PALS cases breached in February, meaning the KPI's were met for this month

Appointments	**25**
Appointment Cancelled	7
Appointment Request	3
Appointment Rescheduled	1
Availability	3
Booked Incorrectly	1
Delay	1
Delay To Be Seen In Hospital	3
Failure To Provide Follow Up	3
Letter Not Issued	1
Virtual Clinic - Call Not Received	1
Virtual Clinic - Call Received	1
Clinical Query	**6**
Delay In Obtaining Results	1
Delay Or Failure To Diagnose	1
Delays With Treatment	2
Dispute Over Diagnosis/Treatme	1
Request For A Second Opinion	1
Communication	**6**
Communication/Info To Patients	5
Incorrect Diagnosis	1

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

RISK AND ISSUES

5 case breached in February 2022

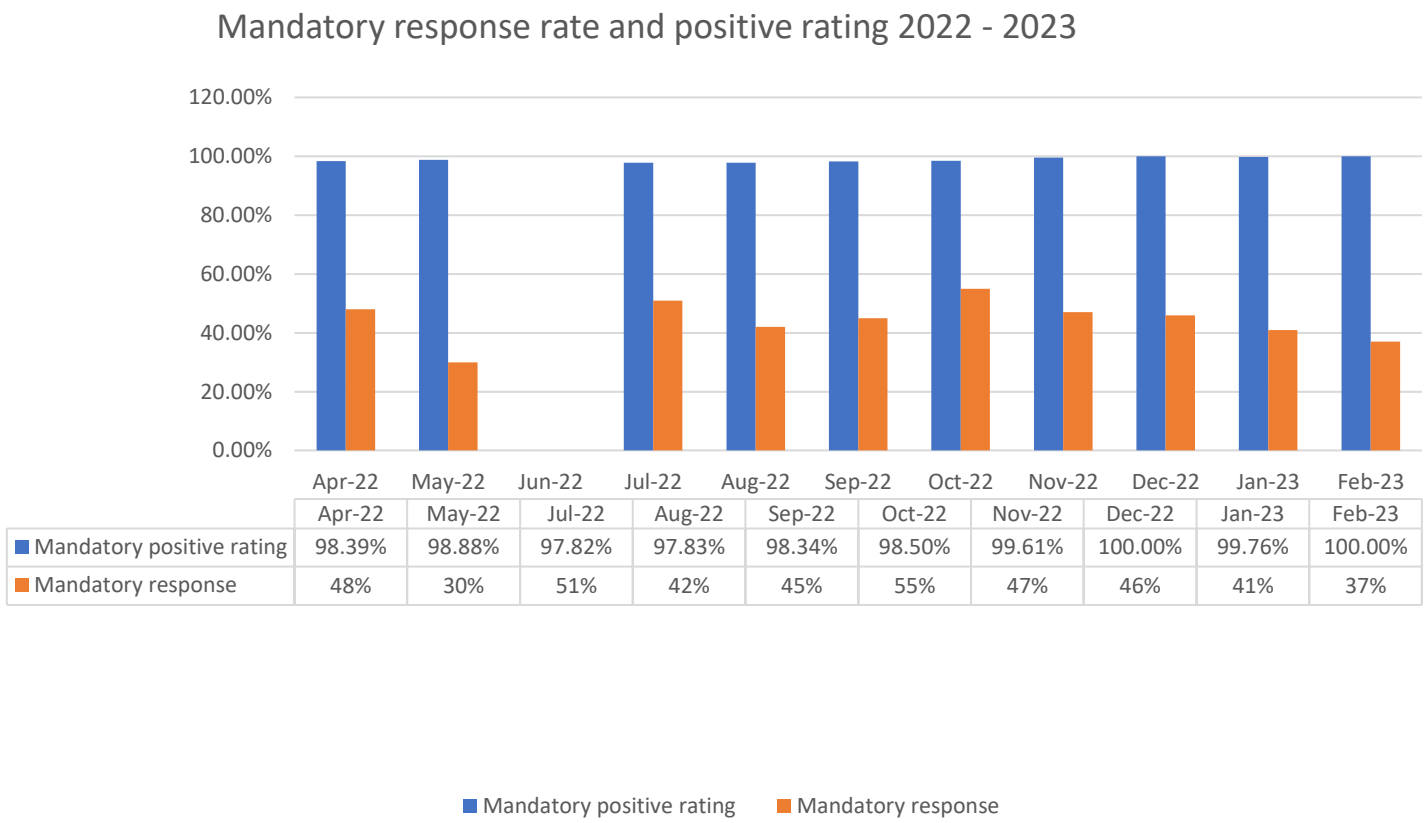
Patient Experience KPI's from April 2022 – February 2023

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

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
April -22	100	95	89
May - 22	100	94	85
June - 22	100	94	100
July – 22	100	87	100
August -22	100	86	100
Sept – 22	100	88	95
Oct - 22	75	93	100
Nov-22	100	96	100
Dec-22	100	90	88
Jan- 23	100	72	100
Feb- 23	50	90	100

2 formal complaints were closed in February 2023, 1 complaint breached the agreed timeframe with the complainant due to lead not working within the Trust.

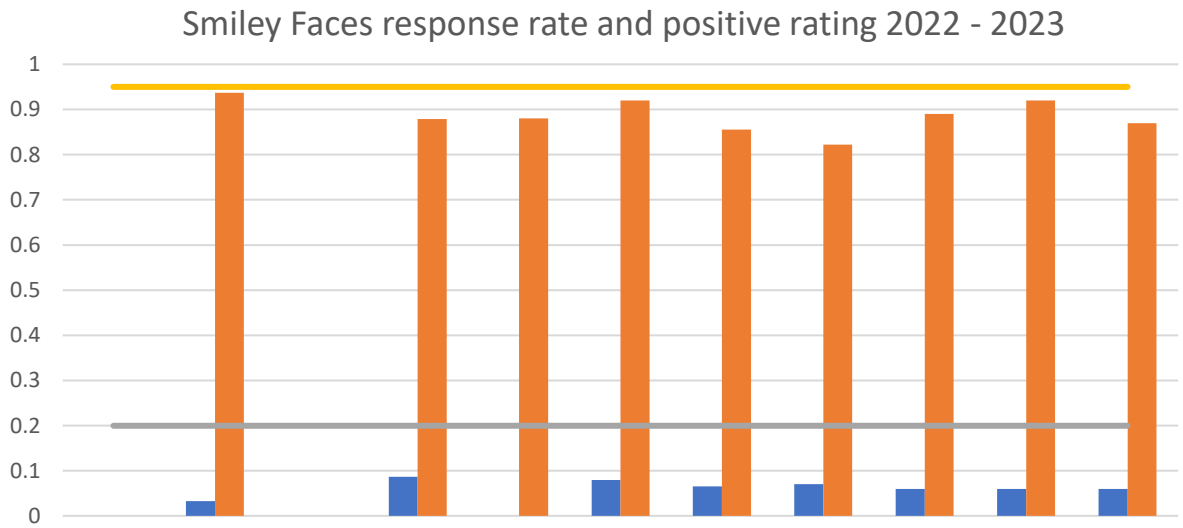
Friends and Family Test Results. FFT Mandatory Reporting FFT Mandatory (inpatient areas) Reporting



	Apr-22	May-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Mandatory positive rating	98.39%	98.88%	97.82%	97.83%	98.34%	98.50%	99.61%	100.00%	99.76%	100.00%
Mandatory response	48%	30%	51%	42%	45%	55%	47%	46%	41%	37%

Smiley Faces Report

The Trust has 10 smiley faces devices in all outpatient areas. Below are the results collected through May 2022 – February 2023. The devices were rolled out in May 2022



	Apr-22	May-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Response Rate	0	3%	9%	0%	8%	7%	7%	6%	6%	6%
Positive Experience	0	94%	88%	88%	92%	86%	82%	89%	92%	87%
Positive Experience Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Response Rate Target	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

10. Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.

There are currently 14 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. Litigation and Coroners

New claims

2 new claims against the Trust were received in February 2023.

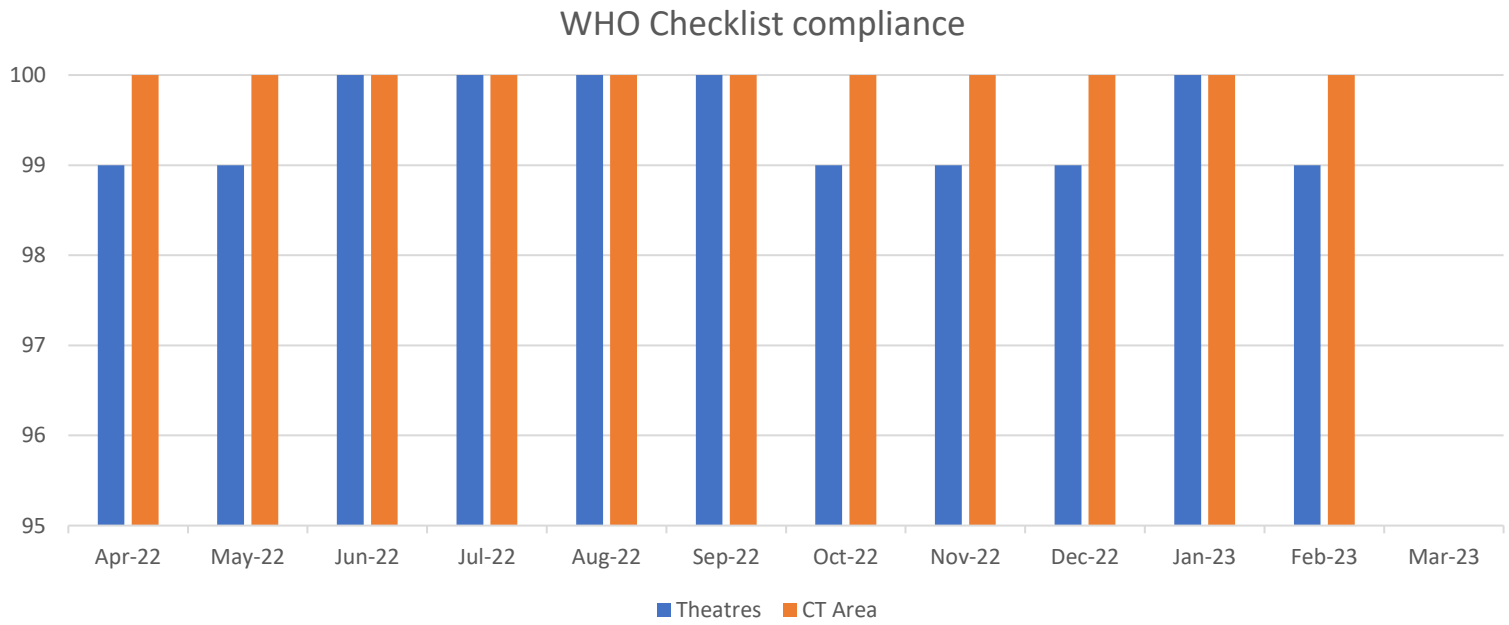
Pre-Application Disclosure

5 new requests for Pre-Application Disclosure of medical records were received in February 2023

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in February 2023

12. WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

Form evident in notes
Sign in Section
Timeout section
Sign out section

Theatres

Total Number of Patients = 739

Notes accessed = Yes

Non-compliance = 1

Compliance = 99%

CT area

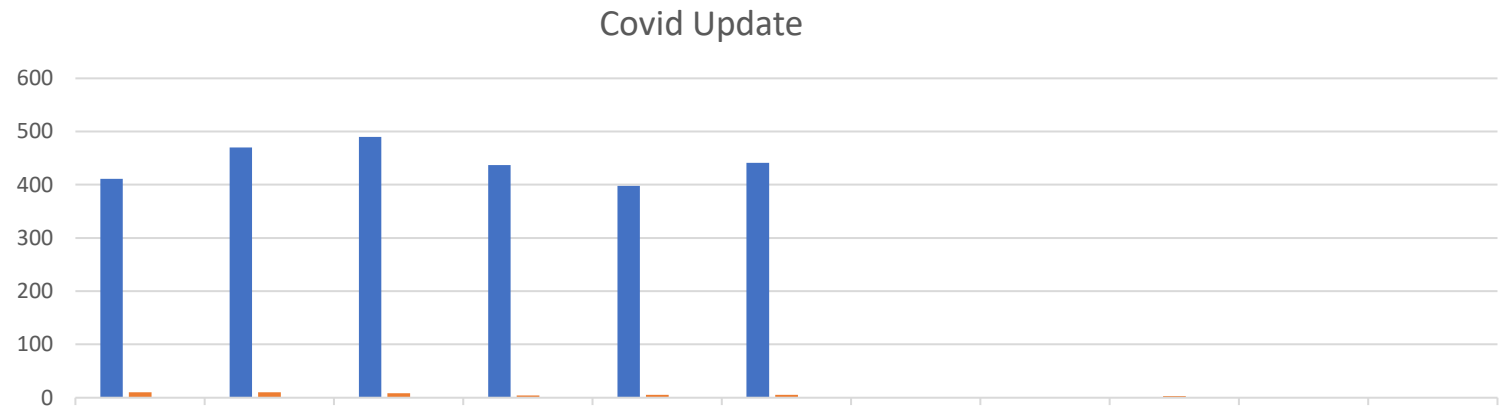
Total cases = 115
WHO Compliance for CT area = **100%**

13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

Infections Recorded in month and Year to Date (YTD)	February 2023 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	8
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

INFORMATION

The graph below details the reportable infections reported in month and year to date.
The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Covid Tests	411	470	490	437	398	441	0	0	0	0	0
Covid Positive	10	10	8	4	5	5	0	0	3	0	0
Covid Deaths	0	0	0	0	0	0	0	0	0	0	0

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

The Trust are no longer reporting and routinely testing for Covid-19 as per the national guidance. The Trust will continue to monitor positive cases and any deaths or outbreaks in relation to Covid-19

RISK AND ISSUES

None

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
CHT/2023/001	NHS England Estates and Facilities alerts and safety messages. From week commencing 20 February 2023, all communications of estates issues by NHSE Estates and Facilities that carry a significant patient safety risk and meet the National Patient Safety Alert criteria will be issued as National Patient Safety Alerts. These alerts follow the criteria and template agreed by the National Patient Safety Alerting Committee (NaPSAC). All known estates issues that meet the National Patient Safety Alert criteria will now be issued as National Patient Safety Alerts (NatPSA) which replace the Estates and Facilities Alerts (EFA). Responses will continue to be collected via the Central Alerting System (CAS) website. Estates issues that do not meet the NatPSA criteria will continue to be issued via the estates and facilities hub. If you have an NHS email address, please email england.efmportalsubmissions@nhs.net to request access to the site. If you do not, please email england.estatesandfacilities@nhs.net to gain access to a separate Team where estates notifications that do not meet the criteria for a National Patient Safety Alert are issued. In extreme situations notification may be via the NHS England EPRR process, but this would not be a common occurrence. CAS Liaison Officers: there is no response required via the CAS website to this message.	CAS Helpdesk Team	20-Feb-23	Nil response required. Estates Officer (W.F) has access to the Estates and Facilities Hub.	n/a

NatPSA/2023/003/MHRA	NIDEK EyeCee preloaded, and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased intraocular pressure. The MHRA is aware of cases of increased intraocular pressure in patients recently implanted with EyeCee One preloaded and EyeCee One Crystal preloaded intraocular lenses (IOLs), which are manufactured by NIDEK and distributed by Bausch + Lomb U.K. Ltd. Increased intraocular pressure can lead to optic nerve damage and vision loss if left untreated. A Device Safety Information notification (DSI/2023/001) was issued on 26 January 2023 stating that users should stop using these products immediately and quarantine all preloaded EyeCee One and EyeCee One Crystal IOLs, pending the results of further investigations.	**National Patient Safety Alert - MHRA**	**01-Feb-23**	**Assessed - not relevant to ROH.** **Alert closed.**	**16 Feb 2023**

15. Safeguarding – Below details the Key performance indicators and metrics in relation to Safeguarding compliance within the Trust.

KPI	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept 2022	Oct-22	Nov-22	Dec-22	Jan-22	Feb-23
Safeguarding Adult Notifications	26	44	29	33	44	36	27	51	31	31	35
Safeguarding Children Notifications	49	40	43	44	57	43	44	42	26	26	76
Adult Level 2	91.90%	91.06%	89.98%	87.99%	87.26%	86.01%	84.53%	85.14%	81.83%	81.83%	80.28% (↓)
Adult Level 3	88.63%	88.84%	88.71%	87.97%	88.41%	86.52%	83.30%	80.31%	75.68%	75.68%	75.2% (↓)
Level 4	80%	80%	75%	75%	75%	66.67%	66.67%	75.00%	75.00%	75.00%	60% (↓)
Child Level 2	91.64%	90.81%	89.65%	87.66%	87.02%	85.87%	84.12%	84.54%	81.16%	81.16%	79.93% (↓)
Child Level 3	88.57%	88.84%	88.21%	87.97%	88.41%	84.52%	83.10%	80.12%	75.29%	75.29%	75.2% (↓)
Mental Capacity Act MCA	91.47%	90.27%	88.97%	87.58%	88.84%	85.78%	84.48%	84.97%	81.67%	81.67%	80.19% (↓)
Deprivation of Liberty Safeguards DoLs	91.39%	90.27%	88.97%	87.58%	86.84%	85.87%	84.48%	85.05%	81.58%	81.58%	79.93% (↓)
Prevent Awareness	93.22	93.71	93.34%	98.92%	92.44%	91.70%	90.04%	91.01%	89.88%	89.88%	89.40%
WRAP (prevent level 3)	83.98	84.71	85.36%	83.84%	82.51	82.86%	80.15%	81.80%	81.06%	81.06%	78.55% (↓)
FGM	0	0	1	0	1	0	3	1	1	1	2
DOLS	1	6	2	5	3	11	5	7	6	6	4
MCA	2	4	3	6	7	4	7	4	4	4	0
PIPOT cases	0	0	0	0	2	1	1	0	0	0	1
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0

INFORMATION

Trust Safeguarding Quality report is discussed in detail at each meeting, which are held bimonthly with good attendance.
The statutory KPI's above are discussed in detail at the Safeguarding Committee via the Safeguarding Quality Report

Transition to Adult Services

The new Band 7 Transition to Adult Services CNS Katy Rees started in the post on 20/02/23 who will take over from Clare Hinwood who retires March 2023. A full report of Transition Service provided for Children and Young People Board Feb 2023 .

Section 11 Audit: update

BSCP –The new Regional Audit Tool which covers both the Section 11 Audit and Care Act Compliance requirements launched at the same time across 10 local areas within the Wider West Midlands. Tool released 27th February 2023 called PHEW. Deadline for completion of the audit tool by providers is May 2023. Update to be provided to May committee and sign off by the Chief Nurse prior to deadline for submission

The Safeguarding Nurse completed the Quarter 4 edition of the internal trust purple paper which has been shared trust wide with support from the communications team.

Mental Health First Aid England – Youth

Training booked for 23rd and 24th March 2023 (2-day course), currently 14 delegates booked from a range of areas including Wards, ROCs, CYP, OPD and Patient Experience Co-Deliverer now sourced from MHFA. Delay in confirming with staff and managers the date due to timeframe of securing a co-deliverer. Going forward 2 further dates to be planned for this year, currently scoping possibly June & October 2023.

Mental Health First Aiders Adults (MHFA)

No further update from previous report, Trust does not currently have any trainers for this course – Risk number 1758, remains static . Practitioner scoping other training and current staff MHFA

Home Office – "Martyn's Law" – This is a Protect Duty in tribute to Martyn Hett, who was killed alongside 21 others in Manchester Areas terrorist attack in 2017. The law will keep people safe, enhancing national security and reducing the risk to the public from terrorism by the protection of public venues. It will place a requirement on those responsible for certain locations to consider the threat from terrorism and implement appropriate and proportionate mitigation measures.

Learning Disabilities

Improvement seen in the use and knowledge of Hospital Passport for patients has been reported. All those who didn't have a passport had a reason to justify such as patient declined or has requested one when they come to a face-to-face appointment. All staff are reminded to utilise the hospital passport and refer to it to know important information regarding an individual. A photocopy of the passport should be in the patient's notes, and they should regularly be offered the opportunity to update it. Fully accessible toilet – The learning disability and autism CNS has had several contacts recently with patients or families who are concerned about attending appointments as they thought there wasn't access to a 'Changing places' type toilet. The fully accessible toilet is available in main outpatients and all staff should be aware to direct patients to if required. Conversation had been had previously with estates regarding increasing signage and the communications department will be requested to share information regarding the location of the toilet again.

The Learning Disability Improvement Standards - The annual benchmarking project for NHS England and NHS Improvement against the Learning Disability Improvement Standards. A total of 52 staff from the Royal Orthopaedic Hospital completed a survey, with the majority being answered by nursing staff or allied health professionals (70%). Full analysis of the data will be completed following publication of the benchmarking report.

Work experience programme - The learning disability and autism CNS developed a short information package on learning disability nursing which was delivered to a group of 14 young adults who attended the Trust for work experience. This presentation included key information on learning disabilities and autism which would be applicable in any job role as well as specifics on the branch of learning disability nursing.

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

- Work continues with Comms team on the production of mental leaflet for staff to use with patients
- Scoping training and education resources for staff other than MHFA to help staff in care and support of patients.
- Training session capacity has now been increased due to a long waiting list for delegates to attend and meeting national compliance targets for safeguarding training.
- The safeguarding team have recorded an increased DNA rate for Level 3 safeguarding training, this has been shared with the ward and departmental managers and divisional matrons, to ensure staff attend or cancel their bookings to allow other delegates to be allocated a place.

RISK AND ISSUES

Safeguarding team office accommodation /environment – Chief Nurse continues to scope accommodation with estates team and actions required. The current staff in the team remain working over three areas due to lack of office accommodation. Risk number -*1863* the risk remains static. No accommodation for new starters due to start in March 2023.

Safeguarding database (internal) – Work due to start on this in March
Risk number- 1817 (score 12) not providing the necessary information for the safeguarding team to complete audits or reports effectively.
Lack of robust database to record and store safeguarding, learning disability / autism, transition and mental health data – this remains a concern and remains on the risk register.

Training compliance Safeguarding- This month again we are below the contractual target and national target required as noted above in red. Training continues to be delivered off site due to lack of room availability at ROH

Mental Health SLA with Birmingham Community Mental Health Trust risk register number -*1758*- Psychiatric Liaison Support. Trust continues to have no agreed support from BSMHFT, this is being scoped further by the Trusts Medical Director and Chief Nurse.

16. Patients Readmitted to a Hospital Within 30 Days of Being Discharged

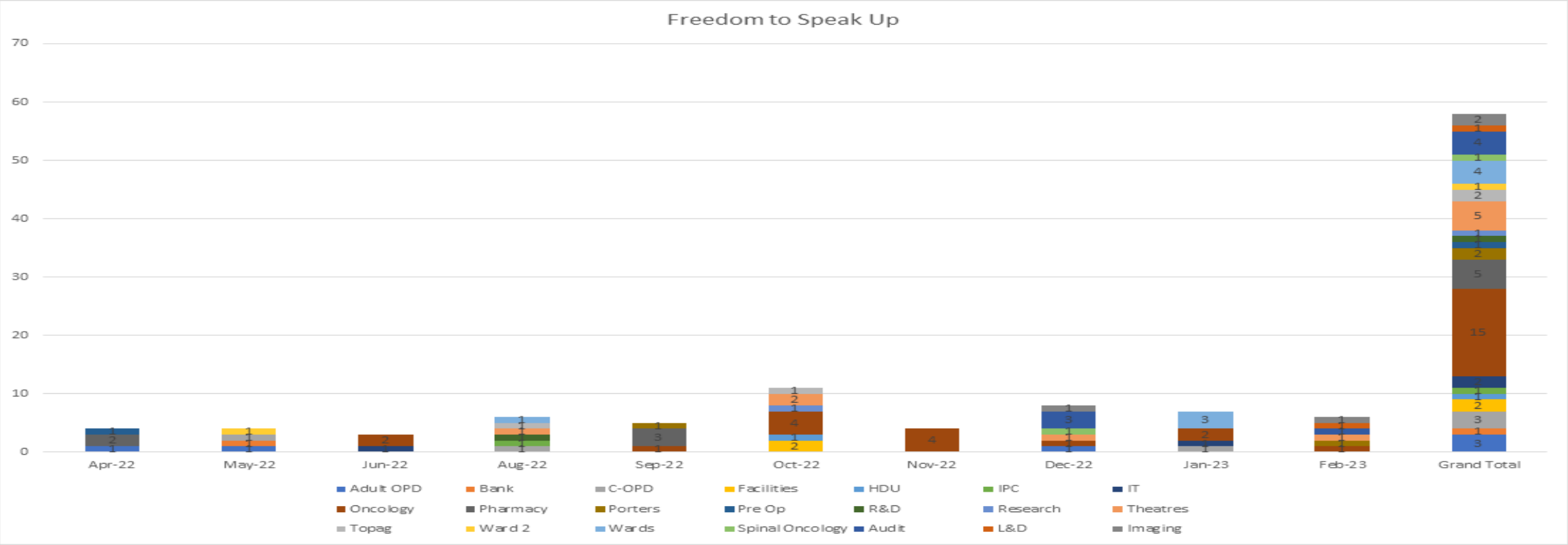
The 30 day readmissions as defined by Monitor for the Quality Accounts

The percentage of patients aged who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
No of Readmissions	7	8	7	4	3	7	6	9	3	0	3	6
Denominator	514	415	531	544	495	437	484	557	556	486	468	466
% Readmissions	1.4%	1.9%	1.3%	0.7%	0.6%	1.6%	1.2%	1.6%	0.5%	0.0%	0.6%	1.3%

17. Freedom to Speak Up Update

The safety of patients/service and colleagues are a top priority for the Trust. Our endeavour is to ensure that they feel able to speak up about anything which prevent them from doing a good job or improve our service.



INFORMATION
6 concerns raised in February 2023; these were in relation to the following: 1) Lack of staff development 2) Theft in Department 3) Poor attitude and behaviour – This remains a common theme 4) Inappropriate use of language 5) Patient Safety - patients been informed to attend department for admission that are not open.
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)
• Ensuring breaks are taken • Well-being support at all levels • Protected time to complete mandatory training • Delivery of Management Skills Programme and scoping of leadership training • Delivery of civility and respect training • Embedding of Freedom to Speak Up champions to signpost to routes to raise concerns • Retention of staff & staffing levels • Team building sessions • Equality and Inclusion awareness at all levels
RISK AND ISSUES
• Retention of staff & staffing levels

Operational Performance

February 2023

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 Feb 23	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	60.86%	63.04%	92%		
104 week waits	0	0	0		
78+ week waits	19	138	0		
52 week waits (52 – 77 Weeks)	86	179	0		
All activity YTD (compared to 19/20)	96.5%	98.2%	110%		
All activity YTD (compared to plan)	12,544	11,446	13,083		
Outpatient activity YTD (compared to plan)	90.8%	91.4%	62,449		
Outpatient Did Not Attend (YTD)	7.92%	9.89%	8%		
PIFU (trajectory to 5% target)	6.10%	6.40%	4.5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	13.7%	8.6%	19%		
FUP attendances(compared to 19/20)	90.2%	91.4%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	93.8%	94.2%	120%		
Diagnostics volume YTD (compared to plan)	16,179	14,840	19,935		
Diagnostics 6 week target	99.3%	98.9%	99%		
Theatre utilisation (Uncapped)	91.4%	93.8%	85%		

Operational Performance Summary

	In month	Previous month	Target	Variation	Assurance
Cancer - 2 week wait (Oct – Sep)	95.5%	97.5%	93%		
Cancer – 31 day first treatment	93.3%	100%	96%		
Cancer – 31 day subsequent (surgery)	100%	100%	94%		
Cancer – 62 day (traditional)	70%	90.9%	85%		
Cancer – 62 day (Cons upgrade)	90%	100%	n/a		No Target
28 day FDS	87.1%	80.7%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD) (target set is average monthly 19/20 activity)	17,708	15,933	12,562		
Bed Occupancy (excluding CYP and HDU)	61.3%	63.9%	82-85%		
LOS - Excluding Oncology, Paeds, YAH, Spinal	3.34	3.36	n/a		No Target
LOS – elective primary hip	2.80	3.40	2.7		
LOS – elective primary knee	3.50	3.80	2.7		
BADS Day Case rate (Note: due to time lag in month is Nov'22)	79%	79%	85%		

Glossary of terms

VTE	Venous thromboembolism (VTE)
UHB	University Hospitals Birmingham
PIR	Post Infection Review
ADCU	Admissions and Daycase Unit
BBRAUN	Medical manufacturer B. Braun Medical Ltd
CQC	Care Quality Commission
DAIR	The DAIR (debridement, antibiotics and implant retention) procedure for infected total knee replacement
STEIS	STEIS
RCA	Root Cause Analyses
OPD	Outpatient Department
CAS	Central Alerting System (CAS)