



## **Notice of Trust Board Meeting in Public on Wednesday, 3<sup>rd</sup> May 2023**

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 3<sup>rd</sup> May 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 Corporate Services Manager no later than 24hrs prior to the meeting, by post or e-mail, to: the Corporate Services Manager, Jane Dominese, at the Management Offices or via email to: [jane.dominese@nhs.net](mailto:jane.dominese@nhs.net)

**Tim Pile**  
**Chair**



28<sup>th</sup> April 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, 3<sup>rd</sup> May 2023:

<b>Meeting</b>	<b>Timing</b>
Non-Executives pre-meet – Director of Finance's Office	08:00 – 08:45
Public Board meeting – Boardroom, Trust HQ	09:00 – 11:10
BREAK	
Private Board meeting – Boardroom, Trust HQ	11:20 – 13:00

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

**Tim Pile**  
**Chair**



# **TRUST BOARD MEETING**

**3<sup>rd</sup> May 2023**  
**09:00 – 13:00**

Boardroom, Trust Headquarters

Pack 1 (Public Meeting)



# AGENDA TRUST BOARD

**Venue** Boardroom, Trust Headquarters

**Date** 3 May 2023: 09:00 – 13:00

## 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)
Dr Ian Reckless	Non Executive Director	(IR)
Mrs Christine Fearn	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

Ms Candy Brown	Staff Nurse - Safeguarding	(CBr)	[Item 1]
Mr Adam Roberts	Acting Head of Governance & Assurance	(AR)	[Item 12]
Ms Rebecca Hipwood	Patient Safety Lead	(RH)	[Item 12]
Miss Jane Dominese	Corporate Services Manager	(JDo)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
09:00	1	Patient Story: Safeguarding	Verbal	NBr
09:20	2	Apologies	Verbal	Chair
	3	Declarations of Interest. <i>Register available on request from the Executive Director of Governance</i>	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 5 April 2023: <i>for approval</i>	ROHTB (4/23) 004	Chair
	5	Actions from previous meetings in public: <i>for assurance</i>	ROHTB (4/23) 005	SGL
09:35	6	Questions from members of the public	Verbal	Chair
09:37	7	Chair's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (5/23) 007 ROHTB (5/23) 007 (a) ROHTB (5/23) 007 (b)	TPi/JWi
09:47	8	Wellbeing Update: <i>for assurance</i>	ROHTB (5/23) 008	SMa
10:00	9	Turnover and retention update: <i>for assurance</i>	ROHTB (5/23) 009	SMa





10:10	10	Summary of patient stories and lessons learned – 2022/23: <i>for assurance</i>	ROHTB (5/23) 010	NBr
10:20	11	Patient Experience and engagement update: <i>for assurance</i>	ROHTB (5/23) 011	NBr
10:30	12	Progress with the implementation of the Patient Safety Incident Response Framework: <i>for assurance</i>	Presentation	AR/RH
10:40	13	Strategic Board & Development workplan: <i>for approval</i>	ROHTB (5/23) 013	SGL
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
10:50	14	Upward assurance reports: a) Finance & Performance Committee b) Quality & Safety Committee c) Staff Experience & OD Committee d) Audit Committee	ROHTB (5/23) 014 (a) ROHTB (5/23) 014 (b) ROHTB (5/23) 014 (c) Verbal	
11:00	15	Performance Reports: <i>for assurance</i> a) Finance & Performance b) Quality & Safety c) Workforce overview	ROHTB (5/23) 015 (a) ROHTB (5/23) 015 (b) ROHTB (5/23) 015 (c)	
11:10	BREAK			
CONFIDENTIAL SESSION				
11:20	16	Exclusion of the press and public	Verbal	Chair
13:00	CLOSE: Date of next meeting: Wednesday, 7 <sup>th</sup> June 2023 @ 09:00			

## Notes

### Quorum:

- 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.
- An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.



## ATTENDANCE REGISTER – FY 2023/24 UPDATED TO APRIL 2023

ATTENDANCE											
MEMBER	05/04/2023	03/05/2023	07/06/2023	05/07/2023	06/09/2023	04/10/2023	06/11/2023	06/12/2023	07/02/2024	06/03/2024	TOTAL
Tim Pile (Ch)	✓										
Christine Fearn	✓										
Ian Reckless	A										
Richard Phillips	✓										
Simone Jordan	✓										
Gianjeet Hunjan	A										
Ayodele Ajoye	✓										
Les Williams	✓										
Jo Williams	✓										
Matthew Revell	✓										
Nikki Brockie	✓										
Marie Peplow	✓										
Stephen Washbourne	✓										
Sharon Malhi	✓										
Simon Grainger-Lloyd	✓										

**KEY:**

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

**DRAFT PART ONE MINUTES - Trust Board Meeting in Public****5<sup>th</sup> April 2023, 09:00 – 13:00****Boardroom, Trust Headquarters****Members Present:**

Mr Tim Pile	Chair	(TPi)
Ms Simone Jordan	Non-Executive Director	(SJo)
Mr Richard Phillips	Non-Executive Director	(RPh)
Ms Ayodele Ajoye	Non-Executive Director	(AAj)
Mr Les Williams	Non-Executive Director	(LWi)
Mrs Christine Fearn	Non-Executive Director	(CFe)
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)
Mrs Nikki Brockie	Executive Chief Nurse	(NBr)
Mrs Sharon Malhi	Executive Chief People Officer	(SMa)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

**Apologies:**

Mrs Gianjeet Hunjan	Non-Executive Director	(GHh)
Dr Ian Reckless	Non-Executive Director	(IRe)

**In attendance:**

Mr Jamie McKenzie	Guardian of Safe Working Hours	(JMc) [Item1]
Miss Jane Dominese	Corporate Services Manager	(JDo) [Secretariat]

Minutes		Paper Reference
<b>1</b>	<b>Guardian of Safe Working Hours (JMc)</b>	<b>ROHTB (4/23) 001</b>
1.1	The Chair called the meeting to order, welcomed JMc to the meeting and invited him to present his report.	
1.2	<p>The report had highlighted the work being undertaken by the team overseeing the Post Graduate Doctors, the role of the Guardian of Safe Working Hours and gave the Board assurance that there had been no safety concerns during the last quarter.</p> <p>JMc shared that the emotional and financial challenges being faced at an International, National and local level were also reflected in patients and staff. He suggested that staff and patient wellbeing were to remain at the forefront of the Board's work if the Trust was to continue to achieve its objectives. JMc thanked and commended the Board for its valuable work and the impact it had already had, sharing that, in his experience, the ROH was an outlier in its commitment to staff welfare. In concluding, he recommended that this should remain a key area of focus for the Board.</p>	
1.3	The Chair thanked JMc for attending, assured him that the Board continued to focus on People and recognised that there was more work to be done.	
1.4	JWi enquired if there was anything more that could be done to support colleagues that would be taking industrial action the following week and she was advised that, whilst staff felt supported by the Trust, the issue was at national level.	



1.5	LWi enquired if the two posts referred to in paragraph 3.2.2 of the report were part of a normal career progression and was advised that there were two tiers of graduate consultants. A structure would be shared with the SE & OD Committee. <b>ACTION MRe</b>	
	<b>JMc left the meeting at 09:19</b>	
1.6	The Board had taken assurance from the report that staff felt looked after; however, considerations as to how this would continue, alongside increased efficiency and productivity plans and drive for improvement. Empowering and enabling staff at all levels of the organisation would be key. The size of the Trust was a strength and an advantage to be utilised.	
	<b>The Trust Board meeting in Public was declared open at 09:27</b>	
2	<b>Apologies (Chair)</b>	<b>Verbal</b>
2.1	Apologies had been received from Ian Reckless and Gianjeet Hunjan and they were accepted.	
3	<b>Declarations of Interest (Chair)</b>	<b>Verbal</b>
3.1	There were no declarations of interest in relation to the agenda. The Register was available, on request, from the Executive Director of Governance.	
4	<b>Minutes of Board Meeting held in Public on 1 March 2023: (Chair)</b>	<b>ROHTB (3/23) 024</b>
4.1	The Board was asked to comment on the accuracy of the minutes from 1 <sup>st</sup> March 2023 meeting in public.	
4.2	It was requested that the second sentence in Minute 10 be amended. <b>ACTION JDo to discuss the correct wording with NBr outside of the meeting</b>	
4.3	CFe asked for her comment in Minute 8 to be amended to: <i>CFe opened stating that many inquiry reports over many years flagged weaknesses in information sharing and lack of challenge. She queried if the Trust felt things were improving in BSol 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.</i> <b>ACTION JDo to amend the minute</b>	
4.4	It <b>WAS RESOLVED</b> that, subject to the above changes the minutes were a true and accurate record of discussions held.	
5	<b>Actions From Previous Meetings in Public: for assurance (SGL)</b>	<b>ROHTB (3/23) 024 (a)</b>
5.1	SGL ran through the actions log and explained that a work plan would be presented at the May meeting which would allow the closure of a number of actions. Alongside this, further work to refine the Public and Private actions logs would take place.	
5.2	SWa gave an update to the proposed changes to the hardship fund that had been raised at the March meeting. He shared that legal advice had been sought and circulated outside of the meeting alongside a revised policy. Positive feedback had been received and it was hoped for the fund to go live at the end of the month.	



6	Questions From Members of The Public (Chair)	Verbal
6.1	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.	
7	<b>Chair's and Chief Executive's update: for information and assurance</b>	<b>ROHTB (4/23) 002 ROHTB (4/23) 002 (a)</b>
7.1	JWi ran through her report and highlighted the key activities that had taken place since the last Board meeting.	
7.2	Mutual aid for the System continued and the ROH team had met the target to clear the waiting list of patients that had waited 78 weeks to receive treatment. Other mutual aid requests were being reviewed.	
7.3	An end of financial year message would be circulated to staff alongside a £5 gift voucher for the newly refurbished Café Royale. Structural issues had delayed the renovation work and it was hoped that it would now be completed by the end of April.  Most equipment had been delivered and receipted by the end of the financial year.	
7.4	The opening of the College Green Physiotherapy facility had been very successful, and it was observed that staff took great pride in the new facilities.  It was suggested that the facility offered an important advertising opportunity to showcase everything that was being done within the main hospital and that the list of services should be marketed. <b>ACTION JW</b>	
7.5	A CQC relationship manager visit had taken place on 3 <sup>rd</sup> April and favourable comments had been received.	
7.6	Professor Phil Begg had retired at the end of March and stepped down from the Trust Board and the Executive Leadership Team. Colleagues had wished him farewell at a well-attended event.	
7.7	Notification had been received that the ROH had been accepted onto the National Elective Hub Accreditation Programme.  A question was raised as to what the impact or benefits of the elective hub would be, and the Board was advised that a lot of the work was already being completed, such as the work being carried out in Theatres. It would be a Nationally recognised accreditation, badging the ROH as a centre of excellence. It would provide the opportunity to join multiple staff networks and for the hospital work alongside Warwick.	
7.8	RPh had facilitated a meeting with the Ministry of Defence Deputy Lieutenant of the West Midlands, around osseointegration. It had been suggested that the ROH may wish to work with the Ukrainian team when the time was right.  It was proposed that other, similar, engagement meetings would be a worthwhile undertaking.	
7.9	The Board were asked to note that the System performance update was now included in the report. <b>IT WAS NOTED.</b>	
7.10	Further updates would be given later in the agenda.	
8	<b>National Staff Survey Results next steps (SMA)</b>	<b>Verbal</b>



8.1	SMA shared that she and her team were working through the results and that she would be sharing them with the Executive Team.	
8.1.1	<p>A launch event, to share results with all line managers, would be held at the end of April. It was intended for the information sharing activity to build ownership of staff feedback with the wider leadership team. A close analysis of the data would be undertaken thereafter. Listening events would then be offered to discuss the challenges and the reason behind the results.</p> <p>The Staff Survey provider was working closely with SMA on a format which would provide comparative data against National and afford assurance. A data cleanse was also being completed.</p> <p>Key emerging themes were: effective line management and leadership, psychological safety of staff, raising concerns and improvement, development and PDR.</p> <p>A written report would be submitted to the next SE &amp; OD Committee meeting and would be followed by an engagement plan.</p>	
9	<b>Wellbeing Update &amp; Childcare Provision Plans: for assurance (SMA)</b>	<b>Presentation</b>
9.1	A progress update on the development of a Health and Wellbeing offer was given, including an initial proposal to offer Child Care facilities. Further detail would be presented at the SE&OD Committee later in the month.	
9.2	The team were trying to establish if funding for a Mental Health Hub would be forthcoming.	
9.3	The Birmingham Citizens Advice work was ongoing.	
8.4	It was hoped that continued funding would be received to support the Period Dignity, blue bag, initiative.	
8.5	The food pantry had been well received and donations from staff and outside organisations were being sought. Some large household names had been approached but were not permitted to make donations because of potential legal repercussions.	
8.5.1	It was suggested that an additional collaborative relationship with the Co-Op could be achieved. Salary sacrifice schemes for charitable giving to be explored. <b>ACTION SWa/SMA</b>	
8.6	It was requested that evaluation questions be placed in the Wellbeing room. <b>ACTION SMA</b>	
8.7	<p>Over 800 Winter Warmer, £1 meals, had been sold thus far. The HR and Catering teams were continuing to work together on a low-cost meal provision.</p> <p>A gap analysis of the wellbeing framework would be brought to the June Board meeting. <b>ACTION SMA</b></p>	
8.6	SMA shared that NHS employers recognised that the ROH was an outlier in its staff welfare provision	
8.7	<p>A very positive, initial, meeting had taken place with the Co-op Nurseries. The values of the two organisations and the ambitions for staff aligned. They also recognised the requirement for agility and meeting the ROH's needs.</p> <p>A number of delivery options were being reviewed and the financial implications were being assessed.</p>	
8.7.1	It <b>WAS NOTED</b> that a formal procurement exercise, to also consider other providers, would be required. The procurement process would take circa 3 months.	





8.7.2	The Board was also advised that there were limits as to the sums that could be claimed against tax in relation to salary sacrifice contributions.	
8.7.3	Staff engagement, to determine specific requirements would also be needed. <b>ACTION SMa</b>	
8.7.4	The Chair reiterated the Board's position that it was very keen to proceed with a child Care offer for staff. It would be transformational for stakeholders but also for the ROH and how it compared to other hospitals in its employment offer.	
8.8	It was suggested that wider Child Care arrangements, such as provision for school age children and pre and after school clubs also be considered. <b>ACTION SMa</b>	
	It was also recommended that other trusts, with a childcare offer already in place, be approached to determine how they had rolled out the offer. It was paramount for staff to be engaged, to determine the demand, and for them to be onboard with the proposal. <b>ACTION SMa</b>	
	It was requested that shift patterns and distance from the childcare provider to home addresses also be considered.	
8.9	SGL shared that he had attended the first ManKind Network meeting. Discussions had centred around prostate cancer awareness, domestic abuse, the suggestion of an onsite gym and counselling facilities. He suggested that some work, to highlight these issues to managers, would be required.	
8.9	The work on substance abuse, was highlighted and it was recognised that some staff may be struggling due to the increased financial pressures.	
9	<b>Liberty Protections Safeguarding Update (NBr)</b>	<b>ROHTB (4/23) 003</b> <b>ROHTB (4/23) 003 (a)</b> <b>ROHTB (4/23) 003 (b)</b> <b>ROHTB (4/23) 003 (c)</b>
9.1	NBr ran through the report and highlighted that, whilst the regulations that were due to come into force in April 2022 had been delayed by Government, work had continued to take place in preparation for the regulation to come into effect.	
9.2	The Safeguarding team's work had increased, and they had been engaged in examining datasets.	
9.3	The Trust's mental health practitioner, who formerly had been a social worker, had maintained a role within the community to ensure her skills were relevant and up to date.	
9.4	NBr shared that training had already commenced but that it would be included in the Safeguarding training. People Champions would be kept in the areas that supported the scheme.	
10	<b>Update on Safeguarding – the System Approach: <i>for assurance</i> (NBr)</b>	<b>ROHTB (4/23) 004</b> <b>ROHTB (4/23) 004 (a)</b>
10.1	The report gave an overview of the work taking place within the BSol Integrated Care System. It also provided a history of the formation of the Board, the review commissioned by it and actions taken. An update on priorities was also highlighted.	
10.2	The Board requested that the Trust's safeguarding lead be invited to the Board meeting at an appropriate time. <b>ACTION NBr</b>	
10.3	It was suggested that the legal requirement to report Safeguarding issues would bring challenges to the ROH. It was requested that the item be discussed in more detail at the QSC Committee meeting. <b>ACTION JDo to add to the QSC agenda</b>	
10.4	NBr shared that there was now a standardised approach and collaborative working at the Safeguarding Forum.	
10.5	Clarification on the relationship between the Health Safeguarding board in the system and the ICB multi-agency was sought.	



10.6	CFe suggested that it would be important for the Board to discuss the shared cross-organisational risks, if they should be included in the ROH Risk Register and how they could be managed. NBr advised that the exercise was being conducted at System level and a report would be brought back to the Board once concluded. <b>ACTION NBr</b>	
11	<b>Retention &amp; Recruitment – Mitigating the Risk: <i>for assurance</i> (SMa)</b>	<b>ROHTB (4/23) 005 ROHTB (4/23) 005 (a)</b>
11.1	The Chair shared the Trust and System positions in relation to nurse recruitment and retention, highlighting the work that had been undertaken, the number of people leaving and the consequent financial implications.	
11.2	<p>SMa outlined the key activities that were being undertaken for recruitment and retention and explained that the recruitment function had been resourced, in order to help address the challenge, and to free up the HR teams.</p> <p>Recruitment Fairs had proved successful and, at a recent event, 500 people had expressed an interest in working at the ROH; the team were working on maintaining that level of interest. The importance of the Line Manager's role in recruitment and retention was emphasised.</p>	
11.3	Flexible working was also a key area of focus for all posts; it would be particularly challenging for some clinical areas, however; the perceived lack of flexibility was a key issue for bank staff.	
11.4	A more strategic approach to recruitment and retention was being implemented at System level, with job evaluations, parity of job design and pay also being discussed. All organisations in the system were reporting data differently and it was hoped to move to a single method of reporting so as to allow for comparative data.	
11.5	SMa shared that the ROH was the only organisation in BSol that had committed to pay the Real Living Wage. There had been a slight decline in turnover at the Trust. Some of the reasons for leaving that couldn't be influenced, such as death in service and rotation, were to be removed from the data.	
11.6	<p>The team was working on scrutinising the data and producing themes. The lists of leavers and the reasons for leaving would be discussed at the Executive Leadership Team Meetings so that key interventions could be implemented in those specific areas.</p> <p>MPa shared that the Admin leaver information had been sent to her and she would be examining how the data was classified, to ensure that the categories were correct and, for example, an internal promotion was not classified as a leaver. The Board was assured that all of the data was being examined for improvement opportunities and the reasons given for each of the leavers would be considered for improvement.</p> <p>CFe suggested that the Medical category was the highest figure and that it was important to understand the specific reasons for the departures in that staff group and what learning was being taken from them. MRe responded that the full narrative around each leaver was known.</p>	
11.7	NBr was asked if the same could be said for Nursing and she advised that that information was also known. She added that promotion would need to be re-classified and removed as a reason for leaving.	
11.8	The Chair stressed the essential requirement for the Board to have confidence in the data and expressed the wish for the data to be scrutinised, the incorrect entries removed and for the focus to be on avoidable, rather than the unavoidable retention issues. Other detail, such as the length of stay (eg: 1 or 15 years), also to be identified in order for the appropriate recruitment strategies to be designed and implemented. A coherent retention strategy, with an appropriate set of actions, to be produced speedily. <b>ACTION SMa</b>	





	<p>SMa added that she had asked the team to work to define the avoidable and unavoidable turnover rate so that a set of key strategies could be quickly available. The data was, as yet, unvalidated.</p>
11.9	<p>The Chair stated that it was imperative for the Board to understand the System perspective and how the ROH could influence it so as to achieve the best for the Trust.</p>
11.10	<p>SMa shared that the ROH had expressed an interest in signing-up to the pilot of the Digital Staff Passport scheme; however, the guidance from the National team had been that another employer within the local area or System would be required to partner with the ROH in order to pilot the scheme. No interest had been received in the pilot from the other Trusts. JWi advised she would contact the System in relation to the key People themes.</p>
11.11	<p>Category collation would be undertaken at an Executive Meeting and the outcome would be conveyed to the Board. The focus would be on retention, specific issues and what actions would be taken.</p>
11.12	<p>SJo proposed that there should be two areas of focus and prioritisation: patient and staff experience. Each staff 121 meeting should start with a People conversation and all line management meetings should be focused on staff's wellbeing, development, career aspirations, intention to stay. She suggested that an unplanned leaver should be treated in a manner analogous to a patient safety incident, so that staff owned the data and that they would be requesting the information and not for it to be just the HR Team owning it.</p>
11.13	<p>The Chair emphasised the importance of staff retention to the Trust and added that the Trust was in the privileged position of being small and more agile than bigger organisations and that it was imperative to act before a national plan was put in place.</p>
11.14	<p>A clear and coherent plan was required, and it was requested that every Board meeting receive a Retention Strategy report. <b>ACTION SGL/JDo</b></p>
11.15	<p>JWi shared that it would require a mind-set change and critical posts would need to be identified and measures put in place to retain them. This may mean that pay, training, flexible working or other benefits may need to be considered further. The cost of recruitment was significantly higher than that of retention. The benefits of working for the ROH to be illustrated as part of the retention strategy. Clarity of what the Trust is trying to achieve, individual contributions and roles to be emphasised <b>ACTION SMa</b></p>
11.16	<p>AAy suggested that coaching or re-skilling could be offered to line managers in order to help retain staff. She was advised that a Leadership Programme, called Me as a Manager, covering the expectations of what being a manager at the ROH entailed was offered, it covered soft skills and other essential People elements. It would be expected that all managers attend the course. The focus had to be on values and behaviours and a shift in mindset was required.</p> <p>The Trust's focus for managers had to be on values, relationships, and behaviours.</p> <p>Leadership skills and self-awareness training was being discussed with the Head of Learning and Development and would be added to the CPD offer.</p> <p>Triangulation of data, to determine unacceptable behaviours, would be taking place. Positive data, where low turnover was achieved, also to be scrutinised so as to determine what was being done well and shared across the Trust.</p> <p>NBr shared that the ROCS team had only lost two members of staff in 20 years and that one had been due to promotion. It was suggested that a deep dive be undertaken into these teams in order to try and replicate their methods.</p> <p>This was a key risk for the Trust and is a key point of challenge by regulators and the ICB around why staff are leaving if the wellbeing offering is so good at the ROH.</p>



	It was suggested further detailed discussion take place at SE&ODC but retain as a key metric of focus for the Board over the coming months through a standing agenda item.	
<b>12</b>	<b>Workforce Programme &amp; Plans (SMa)</b>	<b>ROHTB (4/23) 006</b> <b>ROHTB (4/23) 006 (a)</b>
12.1	<p>A short paper to highlight the different workforce programmes and their delivery timescales was presented.</p> <p>A meeting had been scheduled to take place with the Deputy Director of Finance to discuss revised time scales but, due to leave, had been re-scheduled for the following week.</p> <p>£31K of funding had been received from ICS to support workforce planning work.</p> <p>The proposal, which would be taken to the next SE&amp;OD meeting, would most likely, include the assistance of an external partner to help set the foundations for Workforce Planning.</p> <p>The report would set out the Trust's approach to workforce planning, the resource required to implement it and detailing preliminary work that had already taken place.</p>	
<b>13</b>	<b>Approval to use the Trust Seal</b>	<b>ROHTB (4/23) 007</b>
13.1	The Board was requested to retrospectively approve the use of the Trust's seal. <b>APPROVED</b>	
<b>14</b>	<b>Upward assurance report from the Finance &amp; Performance Committee</b>	<b>ROHTB (4/23) 008</b>
14.1	RPh shared that Month 11 figures had been analysed.	
14.2	A considerable amount of time had been spent on scrutinising planning for next year and the Board were assured that the team were undertaking valuable diagnostics work.	
14.3	The national projected deficit had been discussed and would be discussed further in the private meeting.	
14.4	The Committee was continuing to meet monthly for the time being.	
14.5	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.	
14.6	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.	
14.7	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.	
14.8	The Board was asked to note the financial position; further details would be discussed later in the agenda. <b>NOTED</b>	
14.9	MPe raised a point of accuracy and stated that the RTT trajectory remained the same, it was the waiting times that had declined.	



14.10	MPe added that shared Orthopaedic numbers were being monitored across the System and that patients would be taken equitably. The ROH had agreed to take 177 from the joint waiting lists the previous day.	
14.11	SWa added a footnote to the financial report and performance at Month 11. It was stable in Month 10 and so the improvement from the impact of the managed service decision could not be seen due to timings but would be seen in month 12.	
14.12	In Month 12, it had been agreed that the System would submit a break-even position and any surplus that the ROH would be likely to have would be balanced off by a return of allocation contributions to the ICS so Month 12 would be a break-even position and a surplus position would not be reported. There were no questions to the on the report.	
15.	<b>Performance Reports: <i>for assurance</i></b> <ul style="list-style-type: none"><li>• Finance &amp; Performance</li><li>• Quality &amp; Safety</li></ul>	ROHTB (4/23) 009 ROHTB (4/23) 010
15.1	There were no questions on the reports and they <b>WERE NOTED</b> .	
<b><i>The meeting paused at 11:15 for 20 minutes</i></b>		
16	<b>Exclusion of the press and public (Chair)</b>	<b>Verbal</b>
16.1	The matters recorded at minutes 19 to 27 <b>WERE AGREED</b> 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.	



## Trust Board Committees Actions Log

Last Updated: 28/04/2023

Date	Meeting	Reference	Agenda Item	Paper Ref	Action Description	Owner	Completion Date	Response Submitted / Progress Update	Status
06/07/2022	Trust Board	(P)ROHTBACT.140	Robotics strategy	Presentation	Organise for a further update on Osseointegration to be presented at a future meeting	MPe	06/09/2023	ACTION NOT YET DUE	
07/12/2022	Trust Board	(P)ROHTBACT.143	Osseointegration update	ROHTB (3/23) 008 ROHTB (3/23) 009	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. <b>ACTION SGL</b>	SGL	07/06/2023	This will be part of the BAF refresh to be considered by the Board in June.	
01/03/2023	Trust Board	ROHTBACT.175	National reviews actions update: Ockendon & Baby Arthur and Star Hobson	ROHTB (4/23) 001	LWl enquired if the two posts referred to in paragraph 3.2.2 of the report were part of a normal career progression and was advised that there were two tiers of graduate consultants. A structure would be shared with the SE & OD Committee. <b>ACTION MRe</b>	Mre	30/06/2023	ACTION NOT YET DUE	
01/03/2023	Trust Board	ROHTBACT.178	Race Equality Code – key themes from the review	Presentation	It was suggested that an additional collaborative relationship with the Co-Op could be achieved. Salary sacrifice schemes for charitable giving to be explored. <b>ACTION SWa/SMa</b>	SMa	30/06/2023	ACTION NOT YET DUE	
01/03/2023	Trust Board	ROHTBACT.179	Race Equality Code – key themes from the review	Presentation	A gap analysis of the wellbeing framework would be brought to the June Board meeting. <b>ACTION SMa</b>	SMa	07/06/2023	ACTION NOT YET DUE	
01/03/2023	Trust Board	ROHTBACT.180	Race Equality Code – key themes from the review	Presentation	Staff engagement, to determine specific requirements would also be needed. <b>ACTION SMa</b>	SMa	07/06/2023	ACTION NOT YET DUE	
01/03/2023	Trust Board	ROHTBACT.182	Board Assurance Framework update	Presentation	It was suggested that wider Child Care arrangements, such as provision for school age children and pre and after school clubs also be considered. <b>ACTION SMa</b>	SMa	30/06/2023	ACTION NOT YET DUE	
01/03/2023	Trust Board	ROHTBACT.183	Board Assurance Framework update	Presentation	It was also recommended that other Trusts, with a childcare offer already in place, be approached to determine how they had rolled out the offer. It was paramount for staff to be engaged, to determine the demand, and for them to be onboard with the proposal. <b>ACTION SMa</b>	SMa	30/06/2023	ACTION NOT YET DUE	
01/03/2023	Trust Board	ROHTBACT.185	Upward Assurance report: Staff Experience & OD Committee	Presentation	It was requested that shift patterns and distance from the childcare provider to home addresses also be considered. <b>ACTION SMa</b>	SMa	30/06/2023	ACTION NOT YET DUE	
05/04/2023	Trust Board	ROHTBACT.191	1. Guardian of Safe Working House	ROHTB (4/23) 004	It was suggested that the legal requirement to report Safeguarding issues would bring challenges to the ROH. It was requested that the item be discussed in more detail at the QSC Committee meeting. <b>ACTION JDo to add to the QSC agenda</b>	JDo	28/06/2023	ACTION NOT YET DUE	
05/04/2023	Trust Board	ROHTBACT.192	4. Minutes of Board Meeting held in Public on 1 March 2023	ROHTB (4/23) 004	CFE suggested that it would be important for the Board to discuss the shared cross-organisational risks, if they should be included in the ROH Risk Register and how they could be managed. NBr advised that the exercise was being conducted at System level and a report would be brought back to the Board once concluded. <b>ACTION NBr</b>	NBr	30/06/2023	ACTION NOT YET DUE	
05/04/2023	Trust Board	ROHTBACT.193	4. Minutes of Board Meeting held in Public on 1 March 2023	Presentation	Arrange for a further update on the robotics strategy to be presented at a future meeting	SGL	01/02/2023 04/03/2023 5/04/2023	Added to the <b>Board workplan</b> for May	
05/04/2023	Trust Board	ROHTBACT.194	7. Chair's and Chief Executive's update	ROHTB (3/23) 003 ROHTB (3/23) 004	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. <b>ACTION NBr</b>	NBr	05/04/2023	Covered as part of Safeguarding update considered in April	



## Trust Board Committees Actions Log

Last Updated: 28/04/2023

05/04/2023	Trust Board	ROHTBACT.195	9. Wellbeing Update & Childcare Provision Plans	ROHTB (3/23) 007 ROHTB (3/23) 007	The Chair suggested a one to one meeting between Sma and GHu take place. <b>ACTION Sma/GHu</b>	Sma/GHu	30/04/2023	Discussions held	
05/04/2023	Trust Board	ROHTBACT.197	9. Wellbeing Update & Childcare Provision Plans	ROHTB (3/23) 007 ROHTB (3/23) 007	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. <b>IT WAS AGREED</b> that it be discussed later in the year at the May meeting. <b>ACTION SGL/JDo to add to the May agenda</b>	SGL/JDo	05/07/2023	Added to the <b>Board workplan</b> for July	
05/04/2023	Trust Board	ROHTBACT.198	9. Wellbeing Update & Childcare Provision Plans	ROHTB (3/23) 007 ROHTB (3/23) 007	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 <b>ACTION Sma</b>	Sma	30/04/2023	In hand. Being arranged if needed.	
05/04/2023	Trust Board	ROHTBACT.199	9. Wellbeing Update & Childcare Provision Plans	ROHTB (3/23) 008 ROHTB (3/23) 008	It was suggested that a better discussion around risk appetite could take place if the risk categories were very clear. <b>ACTION SGL to ensure there was clarity of risk categories.</b>	SGL	06/09/2023	Included in <b>Board workplan</b> for September	
05/04/2023	Trust Board	ROHTBACT.200	9. Wellbeing Update & Childcare Provision Plans	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. <b>ACTION NBr</b>	NBr	30/04/2023	A paper has been written and was presented at SE & OD	
05/04/2023	Trust Board	ROHTBACT.201	9. Wellbeing Update & Childcare Provision Plans	ROHTB (3/23) 024	It was requested that the second sentence in Minute 10 be amended. <b>ACTION JDo to discuss the correct wording with NBr outside of the meeting</b>	JDo	06/04/2023	Action completed. Minutes amended.	
05/04/2023	Trust Board	ROHTBACT.202	10. Update on Safeguarding – the System Approach	ROHTB (3/23) 024	CFe asked for her comment in Minute 8 to be amended	JDo	06/04/2023	Action completed. Minutes amended.	
05/04/2023	Trust Board	ROHTBACT.203	10. Update on Safeguarding – the System Approach	ROHTB (4/23) 002	The opening of the College Green Physiotherapy facility had been very successful, and it was observed that staff took great pride in the new facilities. It was suggested that the facility offered an important advertising opportunity to showcase everything that was being done within the main hospital and that the list of services should be marketed. <b>ACTION JWi</b>	JWi	30/04/2023	Services offered promoted as part of facility launch	
05/04/2023	Trust Board	ROHTBACT.204	10. Update on Safeguarding – the System Approach	ROHTB (4/23) 004	The Board requested for the Trust lead for Safeguarding be invited to the Board meeting at an appropriate time. <b>ACTION NBr</b>	NBr	03/05/2023	To be covered as part of Safeguarding patient story at the May meeting	
05/04/2023	Trust Board	ROHTBACT.207	11. Retention & Recruitment – Mitigating the Risk	ROHTB (4/23) 005	The Chair stressed the essential requirement for the Board to have confidence in the data and expressed the wish for the data to be scrutinised, the incorrect entries removed and for the focus to be on avoidable, rather than the unavoidable retention issues. Other detail, such as the length of stay (eg: 1 or 15 years), also to be identified in order for the appropriate recruitment strategies to be designed and implemented. A coherent retention strategy, with an appropriate set of actions, to be produced speedily. <b>ACTION Sma</b>	Sma	03/05/2023	ACTION NOT YET DUE	
05/04/2023	Trust Board	ROHTBACT.208	11. Retention & Recruitment – Mitigating the Risk	ROHTB (4/23) 005	A clear and coherent plan was required, and it was requested that every Board meeting receive a Retention Strategy report. <b>ACTION SGL/JDo</b>	SGL/JDo	03/05/2023	Included on the agendas of meetings from May	

**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	Chief Executive's update
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Jo Williams, Chief Executive
<b>AUTHOR:</b>	Jo Williams, Chief Executive
<b>DATE OF MEETING:</b>	3 May 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 Foundation Trust



## Report to the Trust Board (in Public) on 3<sup>rd</sup> May 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 5<sup>th</sup> April 2023 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

### 2. OVERALL ROH UPDATE

- 2.1 As part of mutual aid request, we continue to support University Hospitals of Birmingham (UHB) and Robert Jones Agnes Hunt (RJAH), the latter being to treat additional Spinal patients to reduce long waits.
- 2.2 On 2<sup>nd</sup> May 2023 we will be meeting to shortlist our finalists for the Blue Heart Staff Award ceremony being held later this year at the Botanical Gardens in Birmingham. We have received 580 nominations and it was a privilege to read all the nominations. I wanted to take this opportunity to thank everyone who has taken the time to nominate a colleague but for us to also recognise the incredible, talented and caring workforce we have at the ROH. We know not everyone can be shortlisted but everyone's dedication and contribution is valued and appreciated.
- 2.3 Thank you to the team for decorating the Trust getting us ready to celebrate the Coronation of His Majesty, The King and Her Majesty, The Queen Consort which will take place at Westminster Abbey on Saturday 6th May 2023.
- 2.4 In April 2023, the Trust launched its revised Pregnancy, Maternity, Paternity and Adoption Leave Policy (including loss during or after pregnancy). This is one of our 'pinch with pride' policies – developed by Birmingham Women's and Children's Hospital and adapted by us.

Written into the policy are some key changes that everyone is entitled to: -

- Up to 10 days paid leave for the person who was pregnant and up to five days paid leave for the partner. This includes, but is not limited to, miscarriage, stillbirth, abortion, ectopic pregnancy, molar pregnancy, and neonatal loss. This is not dependent upon gestation of pregnancy or length of service.
- In addition, we will also offer paid time off for appointments linked to pregnancy loss, for example, medical examinations, scans and tests and mental health-related interventions, if this stretches beyond the time outlined above.

- Any requests to work flexibly following a bereavement will also be treated with understanding and sensitivity.

We are also delighted to share that we signed up to the 'Smallest Things' Employer Charter. This means we will be offering additional support to anyone whose baby is born prematurely.

- 2.5 On the 25th April 2023, we launched the staff survey results with our managers. The results of the staff survey will be shared with managers from across the Trust by Quality Health. It is the first time that we will be taking this approach within the Trust, and it is hoped that this will create greater engagement with the staff survey from our front-line managers. The event was supported by the Executive Team.

- 2.6 The RCN announced that their members have rejected the pay offer agreed between non-medical unions and the government. The NHS recognises a significant number of unions, and they reached a deal collectively with the government, via the NHS Staff Council, which they set out to their members. Other NHS Staff Council trade unions are still consulting with their members, and we need to see what the final view is across these trade unions as a whole.

The outcomes for the various unions will then be discussed at an extraordinary NHS Staff Council meeting which is scheduled for 2 May 2023. It is only after this meeting that we will know the final position. As yet, it is also unclear what this outcome means for the dispute between the government and the BMA Junior Doctor Council (JDC). The BMA will ballot NHS consultants in England for strike action from the 15th May if the Government does not meet its demands for restoring consultants' pay and reforming the pay review body.

We know that this is disruptive to our patients, for which we apologise for any distress at this difficult time as we have tried to minimise cancellations to patients' appointments and surgery. We recognise how stressful this is for our patients and all our staff involved direct or indirectly. I want to thank our all staff for their professionalism over the last few weeks and we are all keen to see this come to a resolution.

- 2.7 On Saturday 13<sup>th</sup> May 2023, along with other members of the Executive Team, I will be attending the annual Staff League reunion event. It is always a privilege to meet with the league and take the opportunity to share our progress over the last 12 months whilst sharing our plans for the future. Thank you to the team for giving up their time to support a very special annual event and Sarah Bazin, Chair of the ROH Staff League for the kind invitation.

### **3. BSol ICS (Integrated Care System) Updates**

- 3.1 The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and the next meeting is being held on 15<sup>th</sup> May 2023.

## **4 NHS England/National updates**

- 4.1 On the 4<sup>th</sup> April 2023, the Rt Hon Patricia Hewitt's review into integrated care systems (ICSs) was published. The review was commissioned by the chancellor, Rt Hon Jeremy Hunt, in November 2022, to look at the role and powers of ICSs. The review was conducted with engagement with leaders from across the health and care system.



The report makes recommendations to maximise the opportunities ICSs bring to population health and wellbeing and provides a helpful overview of the issues hindering progress and placing burden on system players.

Key recommendations include:

- Reducing the number of targets set at a national level.
- Developing “high accountability and responsibility partnerships” for more mature ICSs.
- More investment in prevention, including increasing the public health grant allocation.
- Reducing the use of short-term funding pots.
- Reviewing the entire NHS capital regime.

NHS Providers has provided a helpful summary of the report which is attached in **Appendix 1**.

- 4.2 On 20<sup>th</sup> April 2023, I joined Chief Executive Officers (CEO) across the country with colleagues from the NHSE leadership team on the day NHS England published the findings of its review of delivery and continuous improvement in the NHS, and launched its new approach to improvement, NHS Impact. The review was carried out by Anne Eden, NHS South East Regional Director, and was commissioned to consider how the NHS can continue to deliver against its immediate priorities while also continually improving services over the long-term.

The review’s findings were:

- NHS England’s structures do not currently enable a focus on a small number of shared priorities for improvement.
- NHS England needs to engage differently with clinicians and operational managers to enable improvement-led delivery.
- Improvement approaches are embedded in many NHS organisations, but some providers and systems need more support.
- Improvement methodologies are an important element of building improvement approaches but their deployment should be based on priorities for improvement.
- There is more scope for NHS England to provide tailored support to organisations and systems facing greater challenges.
- NHS England can do more to provide practice support to enable organisations to focus on improvement, including aligning regulatory incentives.

In response to the review NHS England has agreed three actions:

- To establish a national improvement board, which will agree national priorities for improvement-led delivery.
- To launch a single, shared ‘NHS improvement approach’ – which will be developed through NHS Impact.
- To co-design and establish a Leadership for Improvement programme.

Trusts are not being asked to take any specific action but as the review states, as NHS England develops an improvement approach through NHS Impact, trusts will soon be asked to introduce an organisational improvement approach aligned with NHS Impact. The five principles of NHS Impact are:

- Building a shared purpose and vision of improvement.
- Investing in people and culture.
- Developing leadership behaviours that support improvement.
- Building improvement capability and capacity.
- Embedding improvement into management systems and processes.

We will review the report and recommendations and ensure that the Trust is aligned to the approach. The full review is detailed in **Appendix 2**.

## **5 POLICY APPROVAL**

- 5.1 Since the Trust Board last sat, the following corporate policy has been approved by the Chief Executive on the advice of the Executive Team:

Positive patient identification

## **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

27<sup>th</sup> April 2023

# The Hewitt Review

## Introduction

In November, the Rt Hon Patricia Hewitt, chair of NHS Norfolk and Waveney integrated care board (ICB) and deputy chair of the integrated care partnership (ICP), was commissioned by the chancellor, the Rt Hon Jeremy Hunt, to lead a review into the role and powers of integrated care systems (ICSs).

The terms of reference of the review were:

- How to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending.
- The scope and options for a significantly smaller number of national targets for which ICBs should be both held accountable for and supported to improve by NHS England (NHSE) and other national bodies, alongside local priorities reflecting the particular needs of communities.
- How the role of the Care Quality Commission (CQC) can be enhanced in system oversight.

The review was conducted with significant engagement with leaders from across health and social care and we had a welcome and constructive relationship with the review team on behalf of our members. NHS Providers has contributed throughout the review including: a submission during the formal call for evidence, discussion sessions with workstream leads, several meetings with Patricia Hewitt, and written feedback on various drafts of the report. Members' views were sought throughout and we are grateful to all who contributed their perspectives either through NHS Providers or directly to the review team.

## Overview

- The Hewitt Review is an ambitious and extensive review which seeks to maximise the opportunities ICSs bring to improve population health and wellbeing.
- There is welcome recognition throughout of the issues hindering progress and placing unhelpful burdens on system players. The report recognises that without investment, workforce and leadership development, recurrent and multi-year funding, reduction of duplicative or unnecessary data requests, and effective planning (centrally and locally), systems will be unable to achieve their potential.

- The report makes the case for reducing the number of national targets to give local leaders the ‘time and space’ to lead. Hewitt suggests that there should be no more than ten national priorities, and that local priorities should be treated with equal weight.
- The report suggests high performing ICSs should have fewer national targets – it recommends establishing an initial cohort of 10 “high accountability and responsibility partnerships” (HARPs).
- The report clearly explains the fundamental need to join up health and social care in numerous ways, and the challenges of doing so. It also emphasises the need to shift the focus to prevention and health improvement, including through more joined up central government, an increase in prevention spending, and a focus on inequalities and discrimination.
- The review recognises the importance of collaboration and co-design as drivers of improvement. It emphasises the need for improvement support to be the focus of most intervention, espousing a ‘one team’ approach to system development and oversight.
- The report aims to set out clearly the responsibilities and accountabilities of the different players in systems locally, regionally and nationally. We are concerned that it falls short of providing the clarity we believe is necessary to enable more effective collaboration (see NHS Providers View below). We are also concerned that ICBs are positioned as system overseers, rather than equal partners of trusts.
- On finance and capital, Hewitt recommends reviewing the entire NHS capital regime, reducing the use of short-term funding pots, and learn from good practice (including internationally) around payment models.
- The political appetite for such significant change (and necessary investment over the longer term) has yet to be seen: the Department of Health and Social Care (DHSC) has so far only committed to “review [the report’s recommendations] in due course.”

The Hewitt Review report has four main chapters. This briefing sets out the main findings and recommendations for each, and gives NHS Providers’ view.

## From focusing on illness to promoting health

This chapter describes the main health challenges facing the nation. It highlights the impact of health inequalities and promotes the importance of addressing the wider determinants of health, including education and housing, to enable people to live longer and healthier lives.

It also discusses about the role of ICSs in delivering a more holistic approach to improving populations’ health, and the need for local leaders to be empowered to do this, while ensuring they

remain accountable for performance and spending. Data and digital is framed as a key enabler to driving this shift forward.

## Key recommendations

- An increase in the public health grant to local authorities.
- A framework on what constitutes spending on prevention, decided by a working group of local government, public health leaders, Office for Health Improvement and Disparities, NHSE and the Department of Health and Social Care, and a cross section of ICS leaders.
- The government, NHSE and ICS partners, through their ICP, should commit to increasing resources going to prevention. In particular, the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next five years.
- A “national mission for health improvement” led by the government.
- A health, wellbeing and care assembly should be established to complement the activity of the NHS assembly, reflecting the need to bring in other systems partners.
- Population health, prevention and health inequalities should be part of the training and continuing development for all professions and embedded in the national workforce plan to help develop the skills needed to improve health equity.
- ICSs should be supported to establish an integrated view of population and personal health and wellbeing.

## NHS Providers view

We welcome many of the proposals outlined in this chapter. It offers clear messages on the impact of inequality, racism and discrimination, and we welcome the focus on the wider determinants of health.

We agree that health improvement must be a key focus for central government, and welcome the recommendations around cross-departmental working to drive these ambitions forward. This mirrors the local collaboration that ICSs have been established to promote.

We welcome the focus on improved data and use of digital as enablers to addressing health inequalities. While recommendations around building on good practice and improving joined up working are important, we believe the report could go further in highlighting innovative, practical ways ICSs can progress this agenda.

We strongly support the call to increase the public health grant. NHS Providers has, over several years, called for this. Furthermore, we would argue that any increase in the allocation should reflect

and address the current inflationary pressures and years of underfunding that has effectively acted as a cut to the grant over the last decade.

While we welcome the proposed shift towards spending on prevention, we would welcome further clarity on the target to increase funding for prevention by 1%, including the evidence and baseline for this proposed increase. Upfront funding, including through an increase to the public health grant allocation, is key to delivering an increase in funding for prevention without diverting resources from elsewhere in the system.

## Delivering on the promise of systems

Here, Hewitt addresses the need for substantial culture and behavioural change from all involved in health and social care if ICSs are to achieve the ambitions set out for them in the Health and Care Act 2022.

This section considers the roles and responsibilities of government departments, NHSE, the CQC, and the partners in ICSs, including the approach to oversight, assessment and performance management across health and social care. Acknowledging the different regulatory, financial and accountability frameworks that various ICS partners sit within, the focus here is on the NHS's framework of regulation and accountability, which NHSE and the CQC are already taking steps to change in light of the Act.

Stressing the need for strong ICS accountabilities, given the public funds at their disposal, Hewitt's starting point is that ICBs must be 'great partners' within both their ICS and within the overarching NHS structure – although it also positions ICBs as the bodies "with and through" which most regulatory activity is carried out.

## Key recommendations

- The number of national targets should be significantly reduced, and total no more than 10.
- ICSs should set a limited number of locally co-developed targets which should be treated with equal weight to national targets and local outcomes.
- National Planning Guidance should be developed collaboratively with system leaders, and should focus on a small number of key priorities. This should be reflected in a streamlined Mandate for the NHS. To achieve this collaboration, NHSE and ICBs should agree a common approach to co-production, including working with organisations such as NHS Confederation and NHS Providers.

- Each ICS should define places and place-level leadership, transparently and accessibly for their communities.
- ICSs should be supported to become 'self-improving systems' and ministers, NHSE and ICSs should confirm the principles of subsidiarity, collaboration and flexibility to underpin this.
- Support and intervention in relation to providers should be exercised 'with and through' ICBs by default as per NHSE's Operating Framework. ICBs should lead in working with providers facing difficulties, supporting trusts to agree improvement plans, and calling on support from NHSE regions as required and depending on ICS maturity.
- An appropriate group of ICS leaders (including local government and other partners from outside the NHS) should work with DHSC, Department for Housing, Levelling Up and Communities (DHLUC) and NHSE to create new higher autonomy and responsibility partnerships (HARPs) - more mature ICSs able to take on advanced levels of autonomy and responsibility. Hewitt estimates around 10 systems will be able to work in this way from April 2024.
- 2023/24 should be a transitional year for the CQC as it works with NHSE and ICSs to co-design an effective long-term approach to their reviews of ICSs, and to develop the capabilities and skill sets to support the successful development of ICSs.
- The balance of resourcing between national, regional and system should be further considered in 2023/24, with a larger shift of resource towards systems.
- The required 10% cut in the ICB Running Cost Allowance for 2025-26, which will come on top of a 20% cut in 2024-25, should be reconsidered before the Budget 2024.
- NHSE should work with the Local Government Association (LGA), NHS Confederation and NHS Providers to develop a leadership support offer for systems, and a national peer review offer for systems should be developed, building on the LGA approach.
- NHSE regions should prioritise support for improvement over 'performance management'. Regional teams should support systems in translating national expectations to local circumstances, and ICBs should be involved in the work currently underway to design new regional teams.
- The role of data and its collection should be reviewed by DHSC and NHSE, working with ICS colleagues, to reset baselines, remove duplicative or unnecessary requests. This work should be completed within three months. In addition, data collection should be automated from the Federated Data Platform, replacing both SITREPS and additional data requests.

## NHS Providers view

This section sets out to tackle some of the thorny issues our members are raising with us as ICSs evolve, and seeks to resolve issues at the heart of the remit of the Review: clarifying the responsibilities and associated accountabilities of the partners in ICSs (including ICBs), NHSE regional

teams, NHSE centrally and the DHSC. This is no easy task, and there are welcome steps taken here to make real the ethos of partnership and collaboration.

The report strongly recognises the value of subsidiarity and effectiveness of co-design, and the counter-productive impact of numerous and unfocused national targets, ad hoc and duplicative data requests and invasive oversight. We agree with Hewitt's assessment of the burden created by excessive national targets, and support a shift towards more streamlined priority setting from the centre. We will be keen to ensure these fewer targets retain, and in some cases strengthen, a focus on community services and mental health.

Hewitt relies heavily on the existing NHSE Operating Framework and NHS Oversight Framework to describe the relationship between ICBs and providers. The review reinforces the role of ICBs in day to day oversight of providers, with NHSE working 'with and through' ICBs to support improvement and remedy issues. There is welcome recognition that not all ICBs will immediately have the capability to undertake this role and that support for their development from NHSE in these cases will be required.

However, the fundamental tension remains that ICBs are asked to be both system partners and overseers (in some cases performance managers) of trusts. This puts both ICBs and providers in a challenging position; one that may reinforce instead of moving away from a culture of command and control, and undermine the 'one team' approach that is well expressed elsewhere in the review. In this section, Hewitt also recommends that ICBs coordinate collaboratives' priorities and should be involved in appointing trust leaders. Increased autonomy of ICBs should not be achieved at the expense of the proper autonomy of trusts and collaboratives.

We fed back strongly during the review's development that clarity about accountabilities was required. The section on accountability relationships sometimes uses the term unhelpfully – for example without a statutory basis. The section ultimately does not add clarity who is accountable to whom within systems.

The inclusion of provider collaboratives as key drivers of improvements for the population is welcome, but the potential of provider collaboratives feels under-developed, and there is little recognition of the specific challenges for providers which straddle more than one ICS.

There is a logic to the evolution of health overview and scrutiny committees (HOSCs) to system oversight committees, but we are concerned that this (along with the proposed ICP Forum) adds



another layer of scrutiny and potentially bureaucracy in systems when the aim was the opposite. We also query whether the proposed Joint HOSCs might cut across the responsibilities of ICPs.

We would be pleased to work with the NHS Confederation and LGA on leadership support scoping and provision, and on developing co-design principles to improve National Planning Guidance.

Hewitt suggests “HARP” systems should be given greater financial freedoms and a radical reduction in the number of shared national priorities. We agree with these ambitions, which will afford more mature ICSs the bandwidth to drive forward local priorities. We will be interested to see whether and how these recommendations are taken forward by DHSC and NHSE.

We also share Hewitt’s concerns about the impact of cutting the ICB running cost allowance in the context of the shift of resources from national to local. Systems will need adequate resourcing to deliver on the core ambitions of system working – especially as more is being asked of them than their predecessor organisations in overseeing trusts, for example.

## Resetting our approach to finance to embed change

This chapter discusses the creation of value through the NHS, the need to focus on prevention and upstream funding to cut avoidable spending, and the importance of financial accountability.

It also calls for work to better understand ICS level prevention spending, greater financial alignment between the NHS and local authority partners, and greater flexibility for systems to determine allocations for different services.

### Key recommendations

- NHSE, DHSC and HM Treasury should work with ICSs collectively, and with other key partners including the office for local government and the Chartered Institute for Public Finance and Accountancy to develop a consistent method of financial reporting.
- As far as possible, ending use of small in-year funding pots with extensive reporting requirements.
- More flexibility for systems to determine allocations for services and appropriate payment mechanisms within system boundaries, and updated NHS payment scheme to reflect this.
- National guidance should be further developed providing a default position for payment mechanisms for inter-system allocations.

- DHSC, DLUHC and NHSE should align budget and grant allocations for local government (including social care and public health which are currently allocated at different points) and the NHS so systems can more cohesively plan their local priorities over a longer time period.
- Government should accelerate the work to widen the scope of section 75 transfers, to include previously excluded functions (such as the full range of primary care services) and review the regulations with a view to simplifying them.
- Review of legislation with a view to expanding the scope of the organisations that can be part of s.75 arrangements to include social care providers, VSCE providers and wider providers such as housing providers.
- NHSE should work with DHSC, HM Treasury and the most innovative and mature ICBs and ICSs, drawing upon international examples as well as local best practice, to identify most effective payment models to incentivise and enable better outcomes and significantly improve productivity.
- Government to commission a review of the entire NHS capital regime, working with systems, with a view to implementing its recommendations from 2024.

## NHS Providers view

We welcome the framing of this chapter, which clearly articulates the value the NHS creates in the wider economy. It also provides an important focus on lifting the financial barriers to prevention spending, and better understanding current spending by systems. These are important components in driving forward a successful prevention-based models. However, it is important to recognise that adding up, and effectively comparing, spending within and between systems, is a very complex task. This is particularly the case as much of this spending will be outside of the NHS, for example via local authority budgets.

We are pleased to see recommendations around the alignment of NHS and local government funding allocations and the removal of non-recurrent funding pots. These proposals will help to reduce burden on members and support a more effective approach to financial planning within system working.

We agree with the recommendation to remove hypothecation where possible, and afford systems greater flexibility to determine local allocations for services. However, the acknowledgement that we are not at the stage where we can remove all hypothecation is an important one and reflects the ongoing development of ICSs. We therefore strongly agree with the recommendation to retain the mental health investment standard, and to build on it to introduce a focus on delivering outcomes for populations within it. We also welcome the recommendation of a review of capital spending, which supports our ongoing **campaigning** on the importance of capital funding for providers.

## Unlocking the potential of primary and social care and their workforce

This chapter focuses on both primary care and social care. It refers to the 2022 Fuller stocktake of primary care, and builds on its vision for integrated working, making recommendations around the contracting and commissioning of primary care services.

The report draws out the vital role of the social care sector. It suggests that in the longer term there must be a conversation about the funding and value of social care. In the meantime, it says social care must be a priority for investment and workforce development, and that ICSs can play a key role in supporting a more sustainable sector.

### Key recommendations

- NHS England and DHSC should convene a national partnership group to develop a new framework for GP primary care contracts.
- Publication of a complementary strategy for the social care workforce as soon as possible.
- Investment in workforce development in social care should be longer term, as a minimum based on a three-year rolling planning cycle to support multi-year investment programmes.
- There should be a clear expectation that part of the training and development budgets within each NHS entity (i.e. primary care practices as well as trusts and foundation trusts) and within social care (at least commissioning and, ideally, provision) should be used for shared training and development of staff with other parts of the NHS and social care.

### NHS Providers view

The report offers a clear vision for social care, and we support the view that social care should be a strategic priority for government. Many of the proposals support our view that social care plays an essential role in addressing key challenges facing the health and care system.

In particular, we welcome recommendations around a complementary strategy for the social care workforce, and long-term investment in the social care workforce. These proposals reflect our concerns about workforce pressures in social care, and our view that, where possible, joined up training and recruitment of NHS and social care staff is beneficial.

The recommendation that NHSE co-develops a framework for GP contracting, and that the national partnership group should discuss how primary care can be better supported and incentivised to work at scale, is also welcome. This is particularly important given the increased emphasis on this kind of working, including through vertical **integration of primary and secondary care**.

# NHS delivery and continuous improvement review: recommendations

How can improvement-led delivery enhance the quality of outcomes for our patients, communities and our health and care workforce?

19 April 2023



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# Foreword

Our health and care systems have navigated the impact of an unprecedented global pandemic, which has taken its toll on our workforce, our communities and the services we deliver. Current challenges across the NHS in its immediate aftermath have posed the question of how we use learning to effectively and systematically deliver real-time improvements at scale and at pace on our shared priorities, while developing the capacity and capability of the service to improve over time.

As a result, I was asked to lead the delivery and continuous improvement review in April 2022, to consider how the NHS can develop a culture for continuous improvement while focusing on its most pressing priorities.

NHS England understands that its role is to support and champion providers and systems in delivering for people (both those who deliver and use our services) and cannot do this in isolation. To this end, while NHS England has co-ordinated this review, its content has been co-designed by engagement with more than 1,000 patients, health and care leaders including clinicians and frontline staff, managers, improvement leads, senior executives across local government, the VCSE sector, NHS providers, ICSs, regional and national teams, and the Care Quality Commission.

We felt these partnerships were crucial in ensuring that recommendations were driven by those who deliver and receive NHS services, and that this document was relevant and reflective of your experiences.

The outcome of this review is 10 recommendations that have been consolidated into three actions, which collectively have the potential to provide immediate practical support to meet the short- and medium-term challenges outlined. This document is not intended to be static. In fact, it will be refined and iterated as we receive feedback from its users on how it has been used, and where it can be improved.

Over the last year, I have been overwhelmed by the interest in this work which I believe has the capacity to give not only hope, but real benefit to every layer of our health and care system, every staff member and every patient.

Together we can learn and embed process improvement, building clinical leadership for results and in doing so address the unwarranted variation in care.

We look forward to taking the next steps with you on this continuous improvement journey.



**Anne Eden, Regional Director South East, NHS England**

# Review findings at a glance (1)

The delivery and continuous improvement (DCI) review considered how the NHS, working in partnership through integrated care systems (ICSs), delivers on its current priorities while continuously improving for the longer term. We know that focusing on improvement, as an essential component of quality, enables us to achieve more consistent, high-quality care. The review team explored how we 'improve with purpose', using all the assets at our disposal: data and evidence, digital transformation and the skills and experience of our health and care workforce.

Having assessed the current approach to delivery-led improvement both within NHS England and more widely, the review team made 10 recommendations which were endorsed by NHS England's Executive Group (outlined in this report). NHS England's Board has now consolidated these recommendations into three actions:



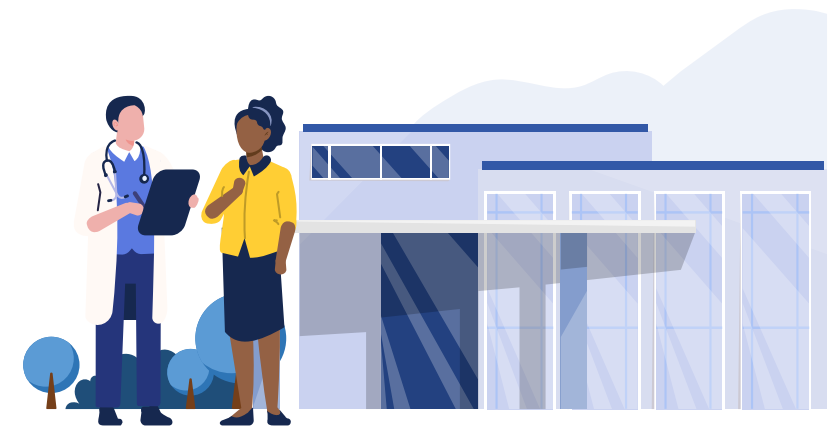
1. Describe a single, shared **NHS improvement approach**. NHS England will set an expectation that all NHS providers, working in partnership with their integrated care boards, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes. This will require a commitment from NHS England itself to work differently, in line with the improvement approach and the new Operating Framework.



2. Co-design with our health and care partners a **leadership for improvement programme**, commissioned and supported by NHS England, enrolling all providers and systems (including primary care) in it to support a whole-system focus on improving healthcare outcomes with our workforce, patients and communities.



3. Establish a **national improvement board**, to agree the small number of shared national priorities on which NHS England, with providers and systems, will focus our improvement-led delivery work, with national co-ordination and regional leadership. The new board will support more consistent, high-quality delivery of services to improve performance and reduce unwarranted variation.





# Review findings at a glance (2)

## NHS England's structures and governance



do not yet optimise our ability to focus on a small number of shared national priorities effectively. Creating the new NHS England gives us the opportunity to bring together specialist delivery and improvement resource in a centrally co-ordinated, regionally-led way, with delivery of improvements through systems

## Effective improvement-led delivery of shared national priorities

requires NHS England to invest in a new approach to engaging with clinicians and operational managers at the point of care. We now need to develop a new model for how we tackle improvement challenges system-wide, sharing our learning and good practice more effectively.



## A systematic approach to improvement

is embedded in many NHS organisations that deliver consistent, high-quality services with improved patient outcomes. All evidence-based quality improvement methodologies share common principles. We now need to support all leaders across providers and integrated care systems to embed those principles in practice.



## Improvement methodology is important



to support a focus on improved quality and better patient outcomes. But it isn't enough. Our quality improvement efforts need to be focused on our most pressing operational and strategic challenges, within an overall focus on quality across planning, improvement and assurance.

## There are further opportunities to support our most challenged organisations and systems

more consistently and effectively. During the DCI review, people told us that NHS England's recovery support programme works well and marks a positive shift from the previous special measures regime. We increasingly need to focus on earlier intervention for support and sustainable improvement.



## NHS England can do more to provide credible and practical support for improvement-led delivery.

NHS England has a key role to incentivise a universal focus on embedding and sustaining improvement practice across our providers and integrated care systems. This includes regulatory incentives alongside clearer and more timely offers of support.



# Background to the DCI review

In April 2022 Amanda Pritchard requested a review of the way in which the NHS, working in partnership, delivers effectively on its current priorities while developing the culture and capability for continuous improvement. Led by Anne Eden, NHS Regional Director South East, with a steering group chaired by Sir David Sloman, Chief Operating Officer, NHS England, the review team co-developed 10 recommendations with health and care leaders that have been consolidated into 3 actions.

**April 2022**

NHS England's Executive Group commissioned the review to make recommendations as to how the NHS, working in partnership, both delivers effectively on its current priorities and continuously improves for the longer term.

**June 2022**

The DCI review team ran a series of engagement events, containing core questions and key lines of enquiry, with a wide range of stakeholders including CEOs at ConfedExpo

**June 2022**

100-Day Discharge Challenge launched.  
A series of engagement events were held with stakeholders, including local government, provider and ICB leaders.

**July 2022**

Large co-designed collaborative event, co-delivered with experts by experience, held with provider and ICB leaders to further test and refine the review's interim findings.

Overall engagement with more than 1,000 health and care leaders.

Endorsement of the review's final lines of enquiry by NHS England Executive Group.

**September 2022**

100-Day Discharge Challenge concluded.  
Winter Collaborative launched.

**October 2022**

The review's findings were presented at the NHS England leadership event with ICB and provider chief executives. The review reported its findings and 10 recommendations to NHS England's Executive Group.

**February 2023**

NHS England's Board consolidated the 10 recommendations into three actions.

# The three NHS England actions

Three actions formed from the consolidation of the DCI review's initial recommendations



**What is it?**

Universal application of one shared high level 'NHS approach to improvement' to draw and build on the best approaches to organisational quality assurance, planning and improvement and to support increased productivity and enable improved health outcomes.

A leadership for improvement programme, commissioned and supported by NHS England, enrolling all providers and systems (including primary care) in it to support a whole-system focus on improving healthcare outcomes with our workforce, patients and communities.

A board that sets the direction for improvement-led delivery across the NHS, working with our partners. The scope and remit of the board will be informed by the new Operating Framework, with a focus on local delivery through system-working, with regional leadership and national co-ordination.

**What does it mean?**

All NHS providers, working in partnership with their integrated care systems, will embed an improvement method and culture aligned with the NHS improvement approach. This includes acute, community, mental health, primary care and ambulance providers.

It will create a more standardised approach to supporting providers and systems with shared priorities across England. It will help to support our most challenged organisations and systems more consistently and effectively by offering focused board level training.

It will agree a small number of shared national priorities and oversee the development and quality-assure the impact of the NHS improvement approach across all providers and systems.



# The NHS improvement approach



NHS England will set an expectation that all NHS providers, working in partnership through integrated care systems, will embed a quality improvement method aligned with the NHS improvement approach. This will inform our ways of working across services at every level of place: primary care networks, local care networks, provider collaboratives and integrated care systems. It will require a commitment from NHS England itself to work differently, in line with the new NHS operating framework.

## Drivers and enablers:

- Co-production with people and communities
- Clinical leadership
- Workforce, training and education
- Digital transformation (including federated data platform and model health system)
- Addressing health inequalities

### Building a shared purpose and vision

Our workforce, trainees and learners understand the direction and strategy of the organisation/system, enabling an ongoing focus on quality, responsiveness and continued learning



### Building improvement capability

All our people (workforce, trainees and learners) have access to improvement training and support, whether embedded within the organisation/system or via a partner collaboration



### Developing leadership behaviours for improvement

A focus on instilling behaviours that enable improvement throughout organisations and systems, role-modelled consistently by our Boards and Executives



### Investing in culture and people

Clear and supported ways of working, through which all staff are encouraged to lead improvements



### Embedding a quality management system

Embedding approaches to assurance, improvement and planning that co-ordinate activities to meet patient, policy and regulatory requirements through improved operational excellence



## Context: the evidence for improvement-led delivery



# What is improvement-led delivery?

Improvement-led delivery involves a whole-system (or whole-organisation) focus on quality, using evidence-based quality improvement methods to increase productivity and deliver better health outcomes for patients and communities. It is underpinned by the use of data and measurement to achieve these outcomes.



## Improvement-led delivery and people and communities

In organisations where improvement-led delivery has been embedded, the needs of people and communities have remained at the centre and resulted in the following:

- **Increased engagement:** People (patients and staff) have been involved in new improvement projects focused on organisational priorities, with outcomes informing the future of service provision. This has contributed to reduced health inequalities and PALS complaints and improved feedback.
- **Increased patient awareness:** Results of improvement initiatives are made visible to patients and in turn accelerates implementation.
- **Evaluation of improvement ideas:** Patients are able to support testing and evaluation of improvement ideas, before they are delivered more widely.



**University Hospitals Sussex**  
NHS Foundation Trust

University Hospitals Sussex NHS FT  
[fall reduction programme oversaw a 30% reduction in in-hospital falls.](#)



**East London**  
NHS Foundation Trust

Increase in accepted referrals for early intervention psychosis from 21% to 62% using improvement principles.



## Improvement-led delivery and our health and care workforce

Our health and care workforce are tired, having supported people and communities through one of the toughest periods in the NHS's history. Organisations where improvement-led delivery has been embedded have noted the following:

- **Empowerment:** The workforce, including clinical leaders, have been engaged and equipped with the tools, routines and autonomy to drive improvements.
- **Purpose and direction:** The workforce is aligned in how their work feeds into the organisation and / or system's strategy, contributing to improved staff survey scores.
- **Improved staff morale:** They are encouraged to work on a small number of priorities that align with national and regional priorities.



**Berkshire Healthcare**  
NHS Foundation Trust

Berkshire Healthcare NHS FT  
finished [in the top 5 and 3 nationally in the NHS Staff Survey for questions related to empowerment to make changes and improve.](#)



**Surrey and Sussex Healthcare**  
NHS Trust

SASH+ improvement work is embedded across the organisation with leaders ranging from AfC Band 4 to executives able to train and coach their own staff.

# What is the evidence?

Improvement-led delivery is a long term approach to delivery that facilitates stronger organisational governance, productivity and positive cultural change over time. Many parts of the NHS have a long tradition of embedding approaches focused on quality improvement:



- Jumped from a baseline patient experience score of 59% at the beginning of the approach in 2020 to 92% in August 2022.
- 20% reduction in administration and prescribing errors for 2021-2022.
- HR time-to-hire fell from 68 to 28 days.



- Consistently rated “Outstanding” by CQC since 2019.
- SASH+ improvement work is embedded across the organisation with leaders ranging from AfC Band 4 to executives able to train and coach their own staff.
- Collaborative quality improvement award in 2021 for their ICU clinic, increasing patient experience.



- Rated “Outstanding” by the CQC since March 2020. CQC commented that ‘staff across the trust felt valued and there was a real focus on doing what was best for staff, patients and carers’.
- NHS Staff Survey results were in the top 20 percent of scores.
- Reduced prone restraint use in adult acute and children settings by 61% in 15 months.



- Transitioned from “Quality / Financial Special Measures” to “Outstanding” on all sites in all domains in 2019.
- The CQC noted exceedingly high ‘buy in’ from staff.
- Fall reduction programme oversaw a 30% reduction.
- Reduced 24 hour delayed discharges by as much as 75%.



- Consistently rated “Outstanding” by CQC.
- A Total Quality Management System has been embedded. This applies across quality planning, assurance and improvement.
- Increase in accepted referrals for early intervention psychosis utilising improvement methods.



- Rated “Good” by the CQC, improved from “requires improvement”.
- Transitioned from a £100m deficit to a £19m surplus.
- 26% reduction in falls across the organisation - equating to approximately 65 falls per month and 780 falls per year.



# Appendices



**Create a more standardised approach to shared priorities across England**

- 1** NHS England's Executive Group will agree a small number of more consistently executed priority improvement initiatives, offering national co-ordination and regional leadership to support delivery.
- 2** NHS England will consolidate capability and expertise into a national priority improvement function, whose role is to co-ordinate action on a small number of pan-national improvement priorities on a rolling basis.
- 3** NHS England will test the model for the new priority improvement function through delivery of a winter collaborative. Action co-ordinated through the winter collaborative will be codified into more standardised approaches to delivery and improvement to support the spread and scale of learning.

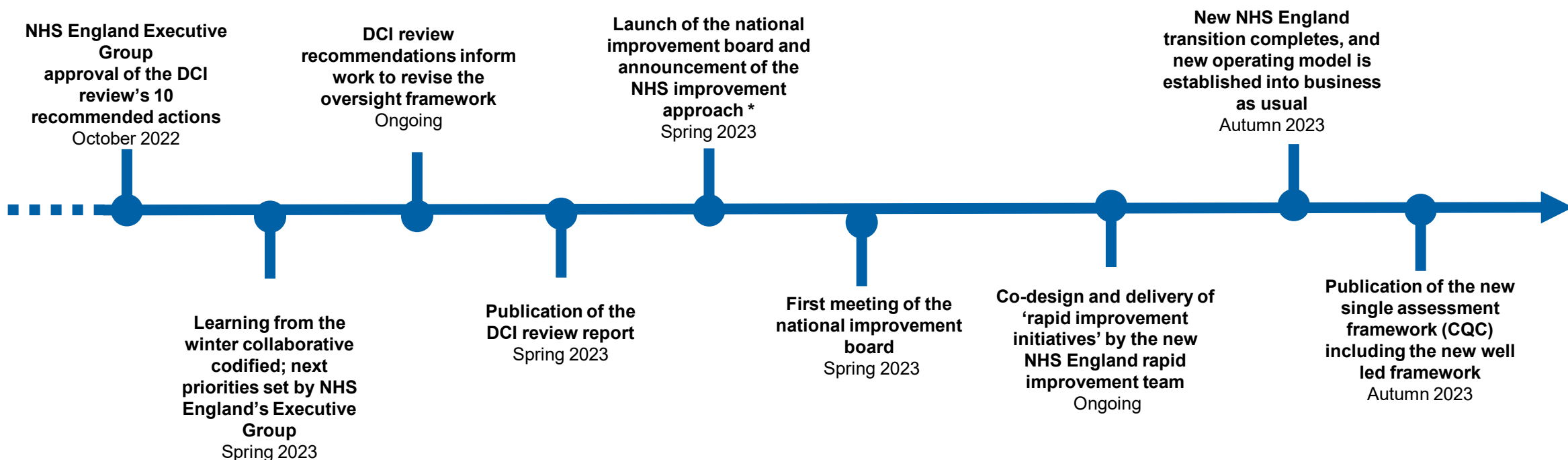
**Embed continuous improvement-led delivery across all providers and integrated care systems**

- 4** NHS England will set an expectation that all NHS providers, working in partnership with integrated care boards, will embed a quality improvement method aligned with the NHS improvement approach.
- 5** NHS England will collaborate with partners to co-develop leadership development products that support health and care boards, executives and the wider workforce to embed the NHS improvement approach in their organisations and systems.
- 6** NHS England will work with the CQC to align the revised CQC well-led with the improvement approach.
- 7** NHS England will critically review the NHS oversight framework, to incentivise providers and systems to embed improvement-led delivery.

**Support our most challenged organisations and systems more consistently and effectively**

- 8** NHS England's Support for Challenged Systems team will work with and through the regions to more consistently co-ordinate intensive support. This will include continued collaboration with other regulators and royal colleges to ensure consistent support and no duplication.
- 9** Further develop peer support between providers and systems, including through enhanced support for provider collaboratives programmes and pre-existing provider peer support networks.
- 10** NHS England will review the balance of national and regional resources between intensive support, pathway programmes and general capacity building. This will include an assessment of how national and regional teams more consistently support organisations in segment 3 and offer longer-term support to organisations exiting segment 4.

# Proposed timeline for implementing the three actions



\* 19 April 2023: Publication of this Delivery and Continuous Improvement Review at NHS England's NHS leadership event with ICB and trust CEOs

# DCI review method and engagement process

**The review team gathered evidence and insights directly from more than 1,000 people across the health and care system. Participants who have provided their insights and feedback include:**

- Lived experience partners through NHS England's experience of care team
- ICB chief executives and non-executive directors (NEDs)
- Provider chief executives and NEDs
- Clinical leaders and people working at the point of care, such as nurses, GPs, consultants, and pharmacists
- Strategic roles including operational, improvement and transformation specialists
- ALB partners and collaborators, such as AQUA, CSUs and Health Data Research UK
- Networks, think tanks and academics, such as Q community, The King's Fund, and The Health Foundation.
- National bodies, such as CQC, local government representatives, and NHS Confederation
- Regional groups, such as local health and social care partnerships, and Academic Health Science Networks
- NHS England national and regional teams

Emerging insights were reported to the review's fortnightly steering group chaired by Sir David Sloman and Anne Eden.

During the course of the review, we provided inputs into several concurrent work programmes, seeking to align our emergent findings where appropriate. These included:

- The operating framework programme
- The Creating the new NHS England change programme
- Finance and productivity board
- NHS England business planning and guidance

**The review team did not undertake original quantitative research or analysis. It focused on collating and considering existing research and evidence to inform our recommendations.**

While we have set out implementation plans to sit alongside these recommendations, we recognise that:

- our recommendations are closely interdependent with the ongoing NHS England change programme, which will shape how NHS England's operating framework is realised.
- full implementation of our recommendations across the NHS (and, in time, health and care systems) will require ongoing co-design between national and regional teams with leaders in systems and providers as well as wider partners, using a collaborative approach centred on learning.



TRUST BOARD					
DOCUMENT TITLE:		Cost of Living and Wellbeing update			
SPONSOR (EXECUTIVE DIRECTOR):		Sharon Malhi, Chief People Officer			
AUTHOR:		Laura Tilley-Hood, Wellbeing Officer			
DATE OF MEETING:		3 <sup>rd</sup> May 2023			
EXECUTIVE SUMMARY:					
<p>The presentation gives an update on the progress around work being completed on health and wellbeing and cost of living.</p> <p><b>Positive assurance</b> 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.</p> <p><b>Current issues</b> 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.</p> <p><b>Next steps</b> Health and Wellbeing Framework – completed by May 2023 Health and Wellbeing Strategy – completed by June 2023 Thrive at Work Silver accreditation – completed September 2023 Menopause Policy and training plan in place by September 2023 Health and Wellbeing week is currently being planned for May 2023</p>					
REPORT RECOMMENDATION:					
The update is presented for receipt and noting					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept		Approve the recommendation		Discuss	
X				X	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	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:					
People Element of the ROH Strategy, ROH Inclusion strategy					
PREVIOUS CONSIDERATION:					
Staff Experience & OD Committee on 26 <sup>th</sup> April 2023					



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# Wellbeing Update

Paper Reference: ROHTB (5/23) 008

Laura Tilley-Hood  
Engagement and Wellbeing Officer

Clare Mair  
Head of OD and Inclusion

May 2023



## Key initiatives in April and May

### **Women in Leadership in the NHS**

Wednesday 19<sup>th</sup> April, we had talks from Joanna Thomas and Sharon Malhi to support and inspire our colleagues. Everyone was welcome, the talks and conversations covered career development, challenges faced and solutions, what makes a positive leader, how to become one, the importance of networking and self care. 37 colleagues attended the event. We will also invite these people, if they don't already attend, to our women's network.

### **Period Dignity – The Blue Bag**

We continue to keep the bags re stocked for our colleagues, in 23 staff toilets. We are also meeting with a company to look at discounted products to keep the bags re stocked beyond the six months we have the grant money.

### **Wellbeing Days – [May 23<sup>rd</sup> – 25<sup>th</sup>](#) in the Knowledge Hub**

Stands will include – Wellbeing support, Citizen's Advice Birmingham, Art Therapy, Birmingham Mind, Recruitment, HR, L&D Team, ROH Networks, Aquarius, Relate, Zumba Class, National Express, The Waiting Room, ROH Charity and ROH Library. Information will also be taken down the different departments during the week to ensure all colleagues can be involved



CONNECT



BE MINDFUL



GIVE



KEEP LEARNING



BE ACTIVE





## Future plans



**Continued work linking in with national and regional** – Working with the ICS, part of the steering group to share best practise. Linking in with regional colleagues on Future NHS and Health and Wellbeing fortnightly calls.

**NHS Health and Wellbeing Framework** – is aligned to the work of the NHS People Promise and is split into seven elements of health and wellbeing. These elements are improving personal health and wellbeing, profession wellbeing support, data insights, environment, managers and leaders, fulfilment at work and relationships.

The ROH framework is being completed with support from key colleagues across the Trust including Health and Safety and the FTSU Guardian.

The framework and subsequent gap analysis work is in its final stages of completion. Any actions identified will be collated into an wellbeing action plan and shared with the different department leading on actions. This work will also align to other projects including the Thrive at Work accreditation and Inclusive Companies Top 50 ranking. The framework will be completed by the **end of May 2023**

**Health and Wellbeing Strategy** – This work will align to the NHS People Promise and the ROH People Plan and is being completed with support from the Trust Wellbeing Implementation Group (TWIG) and the network of Health and Wellbeing champion. The strategy will incorporate the Five Ways of Wellbeing already used to implement Health and Wellbeing initiatives across the Trust.

This work will be completed with support from Ayo Ajose, Health and Wellbeing Guardian by **June 2023**.

**Menopause accreditation** – The Trust is developing a menopause policy for colleagues which is needed for the ROH accreditation. This includes a training plan for managers and colleagues. To be completed **by September 2023**

**Thrive at Work (TaW) – Silver** – The Trust is working towards the silver accreditation at TaW. The Bronze accreditation achieved has been very beneficial in shaping the agenda for Health and Wellbeing at the Trust. The silver level is planned to be completed **by October 2023**







REPORT REF: ROHTB (5/23) 009

## TRUST BOARD

DOCUMENT TITLE:	Turnover and Retention Report – March 2023
SPONSOR (EXECUTIVE DIRECTOR):	Sharon Malhi, Chief People Officer
AUTHOR:	Terrie Hillier, Interim Head of HR
PRESENTED BY:	Sharon Malhi, Chief People Officer
DATE OF MEETING:	3rd May 2023

### PURPOSE OF THE REPORT:

TO PROVIDE  
ASSURANCE

x

FOR  
INFORMATION  
ONLY

TO CREATE  
DISCUSSION

x

TO SEEK  
APPROVAL

### EXECUTIVE SUMMARY:

This paper provides the Board with an update with regards to turnover rates and retention at the Trust between March 2022 and March 2023.

The standard definition for turnover has been used for the headline figure. In addition, the data has been cleansed and extrapolated to provide turnover figures with involuntary reasons for leaving extracted.

### ASSURANCE PROVIDED BY THE REPORT:

#### POSITIVE

- In month turnover for March 23 is circa 0.5% lower than March 22
- March 23 turnover rate (12 month) is the lowest it has been since May 22 and has reduced from 22.41% in January 23 to 20.59%
- The rolling 12 month turnover figure reduces to 14.97% for March 23 when we exclude involuntary turnover in the calculation
- 

#### GAPS IN ASSURANCE/RISKS TO ESCALATE

- Turnover remains above the KPI of 11.5%
- Further work is required to explore the use of fixed term contracts outside of the Medical and dental workforce
- Methods for calculating turnover are different in all Trusts – work currently underway at system level to address this and to agree a shared definition for calculation
- The trend with regards to turnover remains consistent with the system position – we have a net loss of staff over the last 12 months of 7 (headcount)
- Although more robust data regarding reasons for leaving is being recorded 'Other/not known' is still over utilised by managers who input the data into ESR

NOT APPLICABLE

### REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board is asked to: NOTE and DISCUSS the information provided

<b>KEY AREAS OF IMPACT</b> <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental/Net Zero		Communications & Media	x
Business and market share	x	Legal, Policy & Governance		Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Inequalities		Integrated care		Continuous Improvement	
Comments:					
<b>ALIGNMENT TO TRUST STRATEGY, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>					
BAF risk – retention Workforce KPIs – Turnover rate					
<b>ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:</b>					
<b>PREVIOUS CONSIDERATION:</b>					
SE&OD March 2023					

PAPER REFERENCE: ROHTB (5/23) 009

# Turnover & Retention Report

March 2023



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	Key Points
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# Introduction

## Introduction

Due to concerns about escalating levels of turnover data from ESR was extracted to cover the period between 1 April 2022 and 31 March 2023 in relation to starters, leavers and headcount over the relevant reporting period. This data was then extrapolated in detail to ensure any trends or patterns were identified.

The data that sits behind this report has been cleansed manually to remove Postgraduate Doctors in Training (on rotation), and others who have left at the end of a Fixed Term Contract in other areas of the Trust. Also removed are those who left by means of Flexible Retirement, and returned to work part-time. Further extrapolation has been carried out to reflect whether there is a difference between voluntary or involuntary reasons for leaving. A definition of these terms appears on slide 7 of the pack.

# Key Points

## Executive Summary

- The headline turnover figure (including Postgraduate Doctors in Training & Flexible Retirees) has decreased by 0.61% in March 2023 on February 2023 (21.20%).
- 52% of the retirees have left before they reach the statutory age of retirement, indicating the need for a plan to have a 'stay' or 'flexible retirement / return' conversation with retirees in an attempt to retain talent.

## Positive Assurances

- The resourcing team is now fully established and is working hard on improving recruitment processes, with a Service Improvement Plan in place.
- Voluntary Resignation – Other / Not Known remains the top reason for leaving recorded on ESR if you discount those that left at the End of Fixed Term Contract. Work will continue with line management colleagues to ensure more accurate reasons for leaving are recorded, albeit the numbers have reduced already from 54 in June 2022 to 45 in March 2023.
- The method used within ESR for calculating annual turnover has been ratified against best practice. However, it continues to include Postgraduate Doctors in Training and Flexible Retirees. For this reason, the data has been cleansed on this occasion to remove those factors and examine actual turnover levels, slide 8.

## 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.
- Work is being carried out within BSOL to identify why the five trusts are using different metrics / calculation methods as this results in inconsistencies in terms of reporting across the region. Greater consistency would enable more precise comparisons, and could lead to better planning in the establishment of a more stable workforce.
- 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.

## Next Steps

- Retention Steering Group – last meeting was 17 April 2023 and the agenda included an action plan to address the feedback from the Listening Events in December 2022 and January 2023, and this will be presented at the June SE&OD committee
- Some anomalies have been identified in the coding of posts under 'Staff Group' and these will be addressed within ESR
- Leavers process review is underway, and consideration to production of an electronic Leaver Toolkit.

# 1. Calculation Method

**Comments:**  
This image provides the widely accepted best-practice formula used to calculate rolling annual employee turnover rates over a twelve month period. This formula is applied throughout all sectors, not just in the public sector / NHS. This method has also been endorsed by the HR Professional body, CIPD ([Employee Turnover & Retention | Factsheets | CIPD](#))

This has been verified in relation to the data / method used within ESR for calculating rolling annual turnover.

$$\text{Employee turnover (\%)} = \frac{\text{Number of staff who left}}{\text{Average number of staff}} \times 100$$

# 1. Calculation Method

**Comments:**  
This image represents the data obtained from ESR for reporting purposes.

The red highlighted section is the unadjusted turnover we report on every month as calculated within ESR. The fields (gold) used for this calculation are:

$$\frac{\text{Leavers (12m)}}{\text{Avg Headcount (12m)}}$$

The green highlighted row represents in-month turnover, which has reduced in March 2023 vs March 2022 by in excess of 0.5%

	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
Headcount	1,243	1,247	1,251	1,234	1,236	1,243	1,245	1,262	1,267	1,259	1,268	1,266	1,278
Leavers Headcount	18	13	23	29	18	44	23	16	15	18	36	13	12
Starters Headcount	13	19	13	12	19	45	25	29	11	8	27	28	22
Turnover Rate (Headcount)	1.45%	1.05%	1.85%	2.34%	1.45%	3.55%	1.85%	1.29%	1.21%	1.45%	2.90%	1.05%	0.97%
Avg Headcount	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00	1,240.00
Leavers (12m)	229	233	243	259	263	276	276	274	271	273	281	266	260
Turnover Rate (12m)	18.71%	19.00%	19.67%	21.02%	21.31%	22.30%	22.16%	21.79%	21.59%	21.83%	22.41%	21.20%	20.59%
Avg Headcount (12m)	1,224.00	1,226.50	1,235.50	1,232.00	1,234.00	1,237.50	1,245.50	1,257.50	1,255.50	1,250.50	1,254.00	1,254.50	1,262.50



# 1. Calculation Method

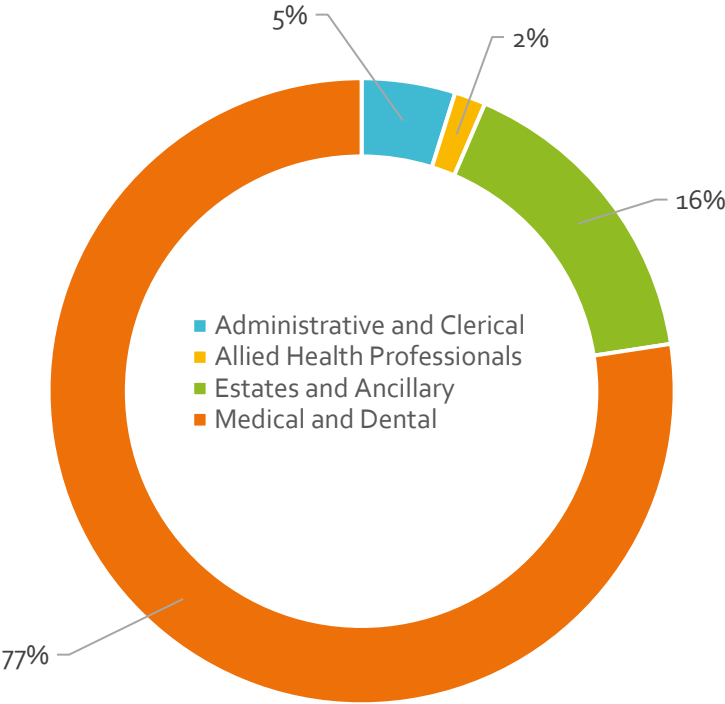
## Comments:

The pie chart represents the areas where end of FTC has been the reason for leaving during the reporting period. The high proportion attributed to medical & dental represents postgraduate doctors in rotation.

This data poses the question of whether FTC's are being used effectively, or if these posts need to be considered for conversion to substantive.

The data was further categorised by voluntary / involuntary reasons for leaving.

Leavers by End of Fixed Term Contract by Staff Group



Staff Group	Count of Leavers by End FTC
Administrative and Clerical	3
Allied Health Professionals	1
Estates and Ancillary	10
Medical and Dental	48
<b>Grand Total</b>	<b>62</b>

## Involuntary reasons for leaving:

- Retirement – Ill Health
- Death in Service
- Dismissal – Capability
- Dismissal – Some Other Substantial Reason

## Reasons Removed:

- End of Fixed Term Contract
- Flexible Retirement

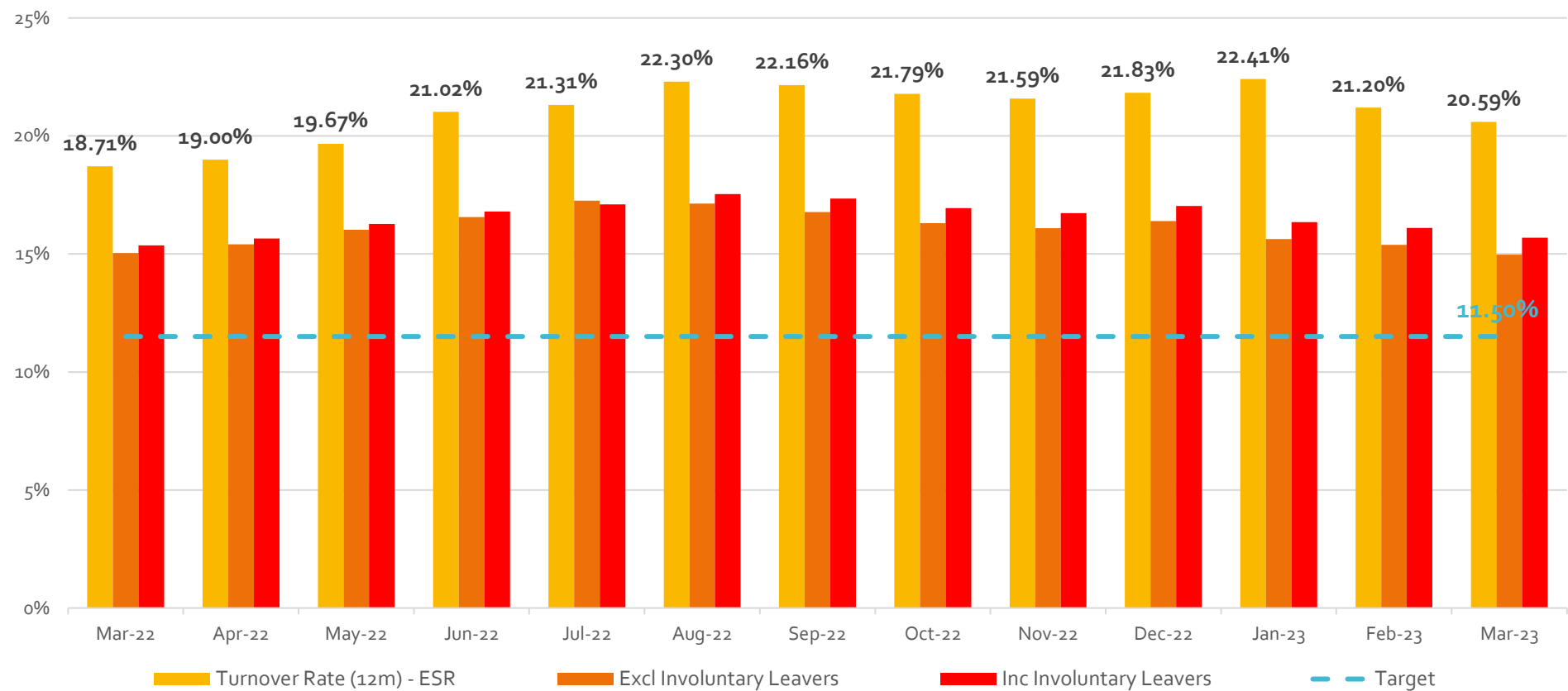
## Voluntary reasons for leaving:

- Retirement – Age
- Voluntary Early Retirement
- Better Reward Package
- Child Dependents
- Transfer
- Incompatible Working Relationships
- Lack of Opportunities
- Voluntary Resignation
  - Other / Not Known
  - Promotion
  - Relocation
  - Further Education
  - Work-Life Balance

## 2. Monthly Turnover vs Target

↓ -0.61% since last report  
(21.20% in Feb '23)

- Comments:
- These figures have been adjusted to demonstrate what effect various factors have on the turnover results:
- The headline turnover figure includes data related to postgraduate doctors in rotation, end of fixed term contracts and also those retiring and returning to the workforce; and
  - Reasons for leaving were coded to reflect whether the decision was voluntary or involuntary.



	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
Turnover Rate (12m) - ESR	18.71%	19.00%	19.67%	21.02%	21.31%	22.30%	22.16%	21.79%	21.59%	21.83%	22.41%	21.20%	20.59%
Excl Involuntary Leavers	15.03%	15.41%	16.03%	16.56%	17.26%	17.13%	16.78%	16.30%	16.09%	16.39%	15.63%	15.38%	14.97%
Incl Involuntary Leavers	15.36%	15.65%	16.27%	16.80%	17.10%	17.54%	17.34%	16.94%	16.73%	17.03%	16.35%	16.10%	15.68%

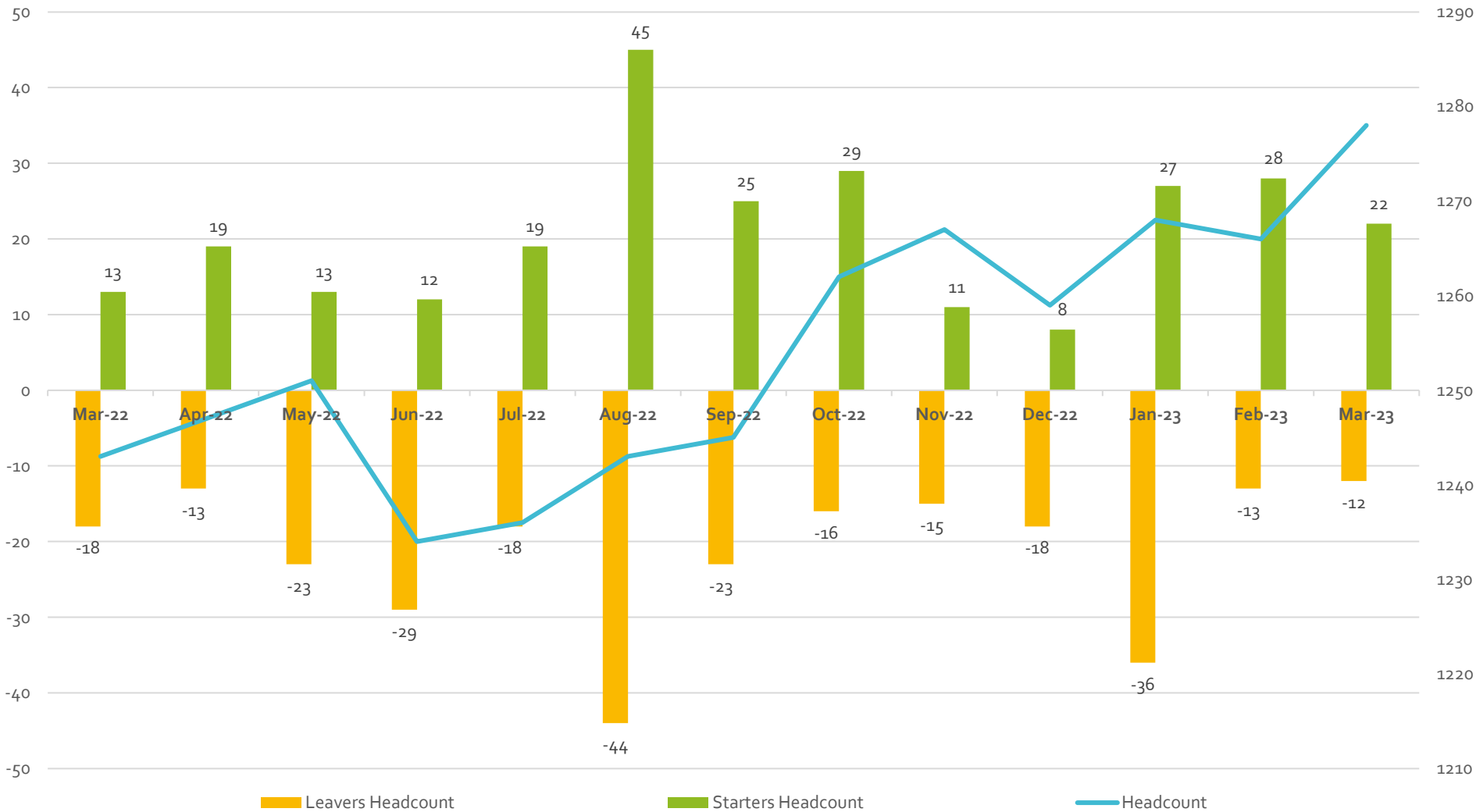
### 3. Starters and Leavers (WTE)

**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: 271  
Substantive Leavers: 278

There are currently 171 candidates being cleared, of which 4 candidates are awaiting start dates on TRAC, and a further 106 have start dates booked.

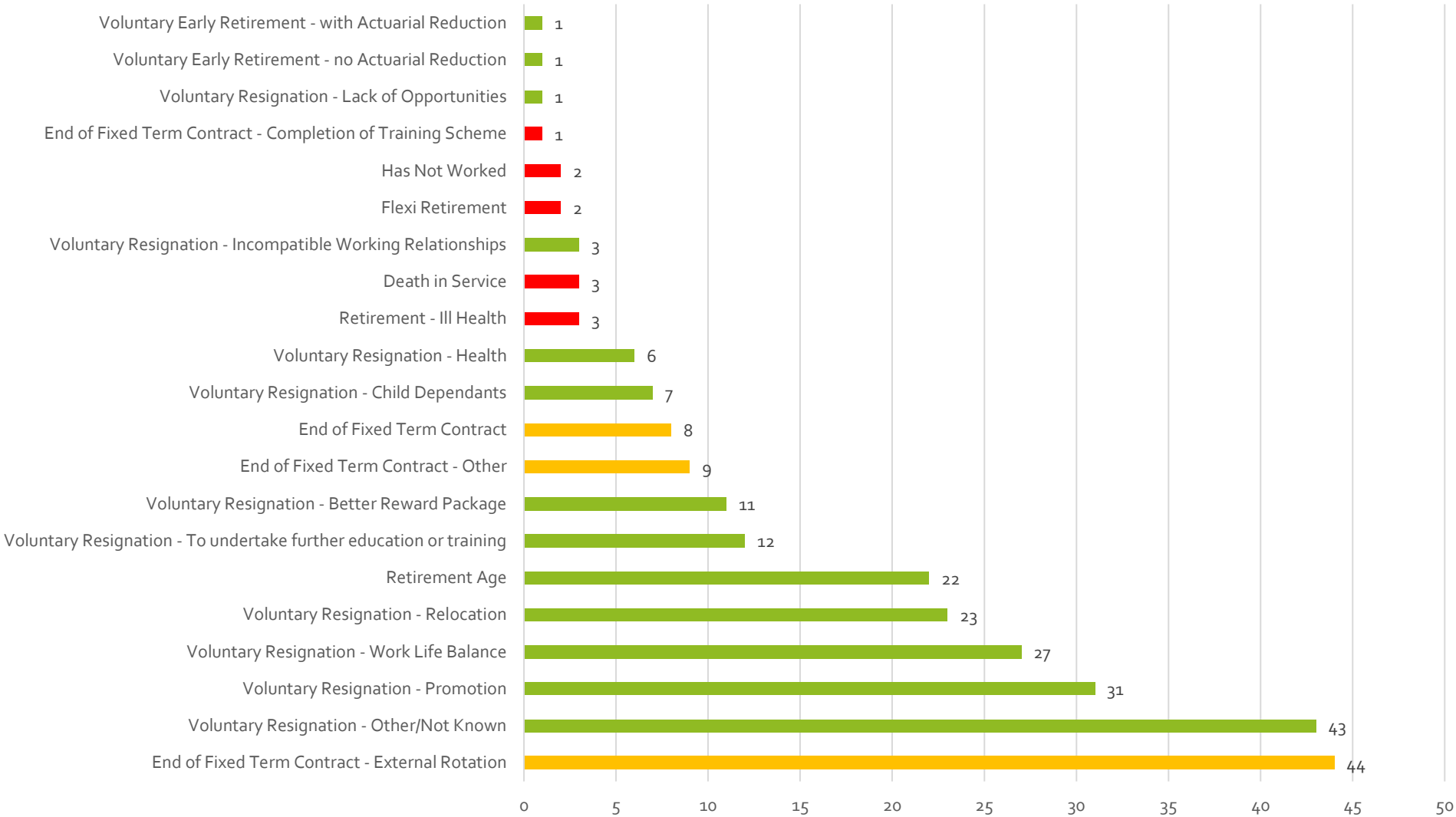


# 4. Reasons for Leaving

**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. The use of Voluntary Resignation – Other / Not Known has reduced from 54 (in June 2022) to 43 in March 2023 as a direct result of the work being done by the HR teams.

Reasons have been RAG rated in relation to the work carried out to clarify turnover levels as set out earlier in the report. The RAG ratings are:

- **Involuntary Reason**
- **Removed from cleansed data**
- **Voluntary Reason**

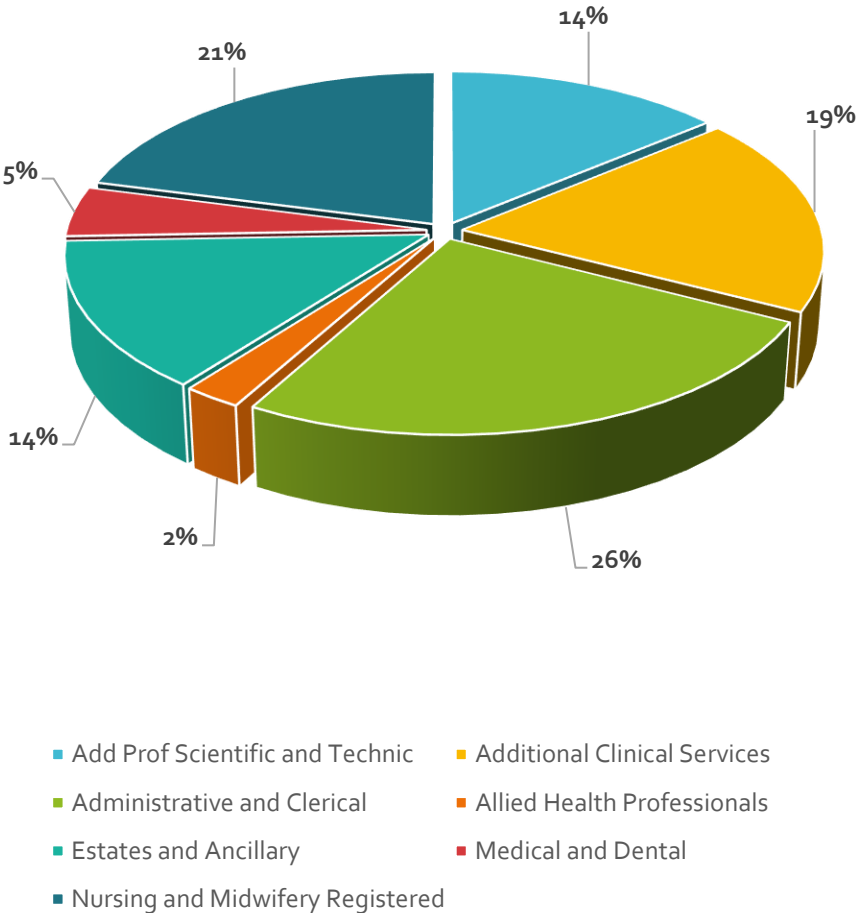


## 5. Voluntary Resignation – Other / Not Known

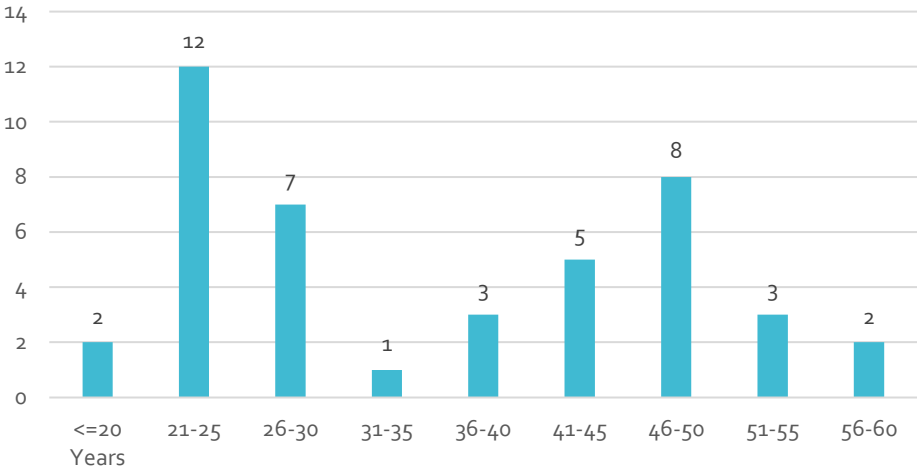
**Comments:**  
Of 260 leavers in the reporting period, 43 leavers (17%) were recorded as Voluntary Resignation – Other / Not Known on ESR. Whilst this is a reduction on the numbers reported in June 2022 (54), it remains too high.

These charts demonstrate the staff groups where this reason is being recorded, and the age bands of the staff leaving together with the destination people are leaving for. The destination 'unknown' indicates that line managers are not discussing the reasons for leaving in any significant detail with this cohort as insufficient data is being captured.

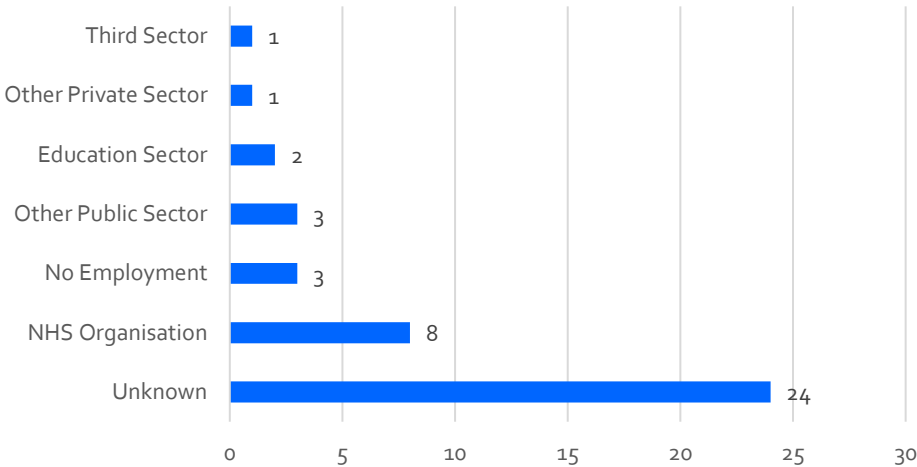
Voluntary Resignation - Other / Not Known



Voluntary Resignation - Other / Not Known



Destination on Leaving



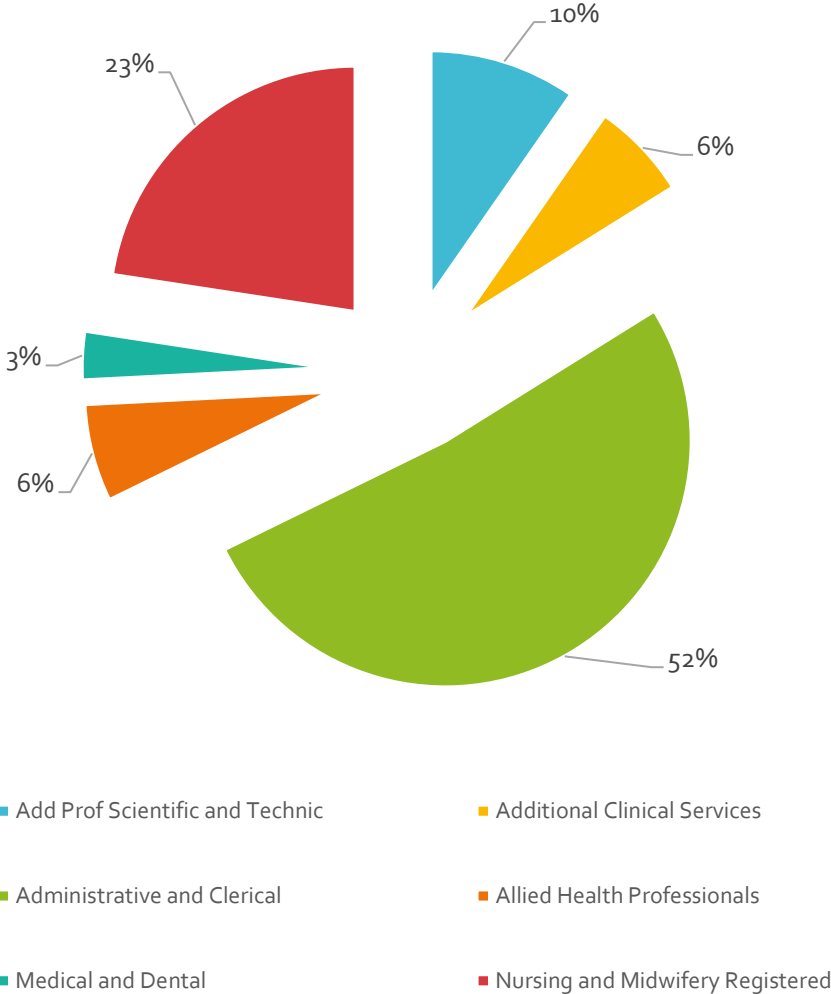
## 6. Top 3 Voluntary Reasons for Leaving

**Comments:**  
Of 260 leavers in the reporting period, 31 left to take up a promotion. The majority of those were in the Admin & Clerical staff group, indicating a potential lack of opportunities for progression.

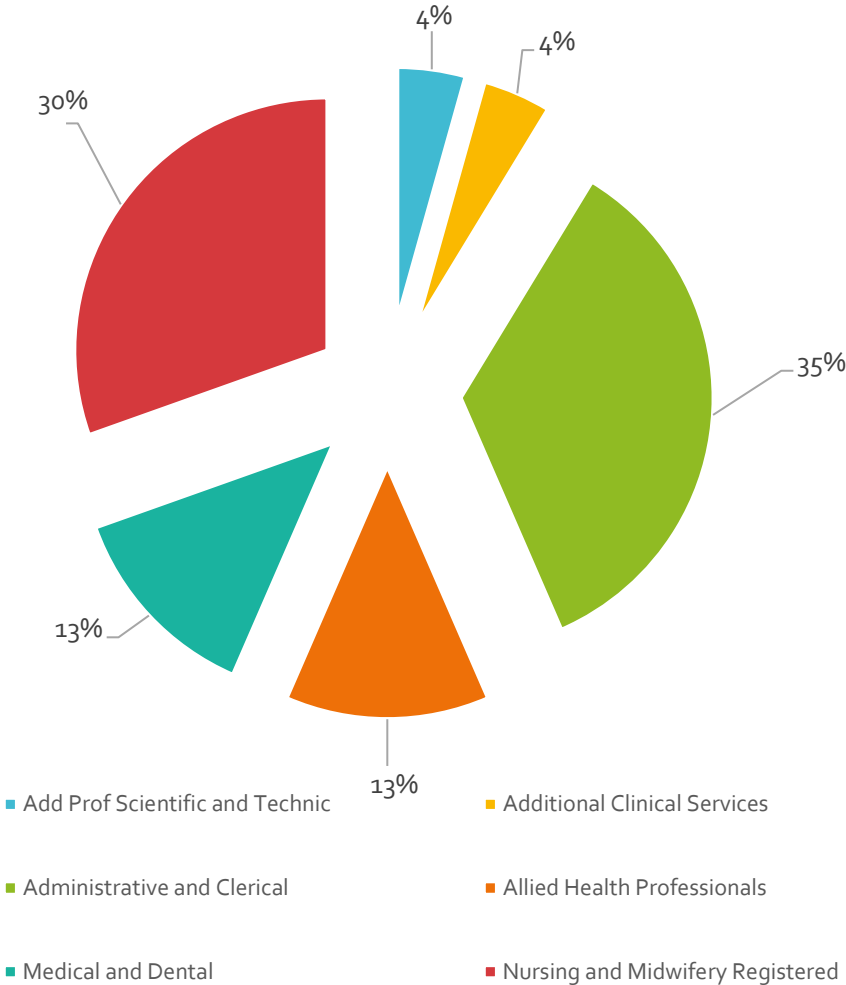
A total of 23 individuals left to relocate elsewhere, with a significant portion of these being in Nursing & Midwifery. It is unclear whether there is anything that can be done to address this topic.

The third highest reason for leaving was Retirement – Age, which is dealt with in slide 6.

Voluntary Resignation - Promotion



Voluntary Resignation - Relocation

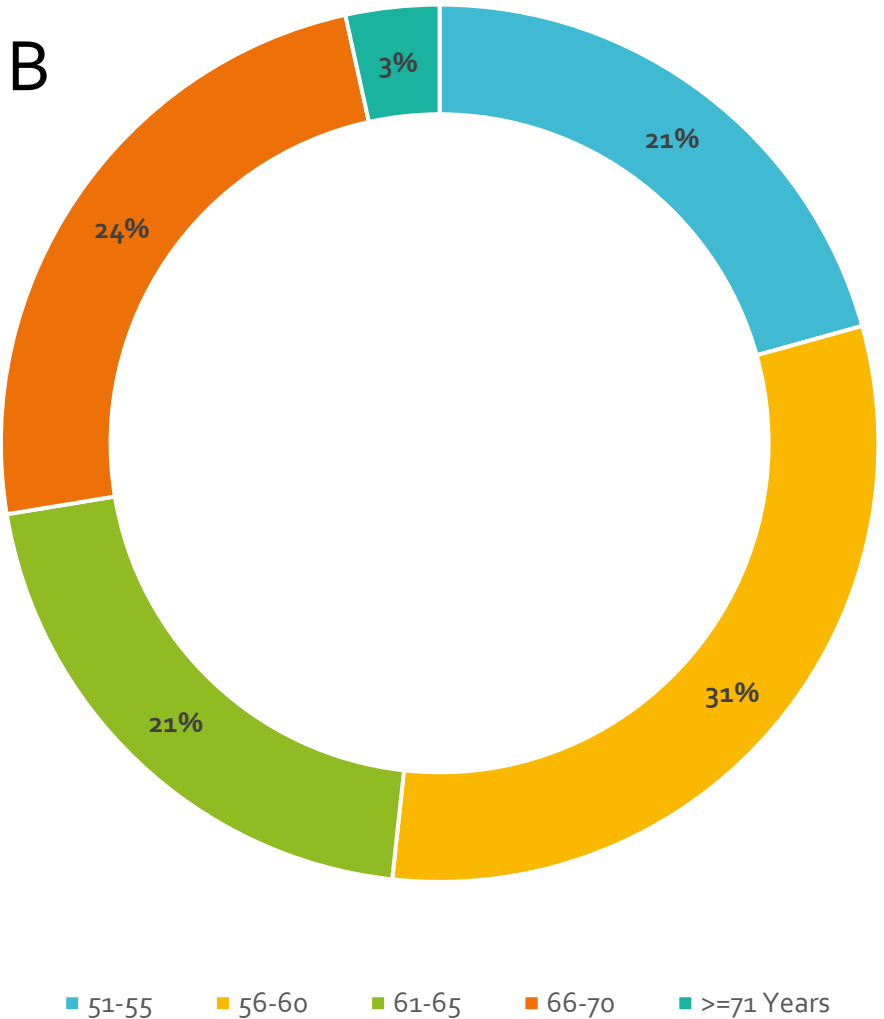
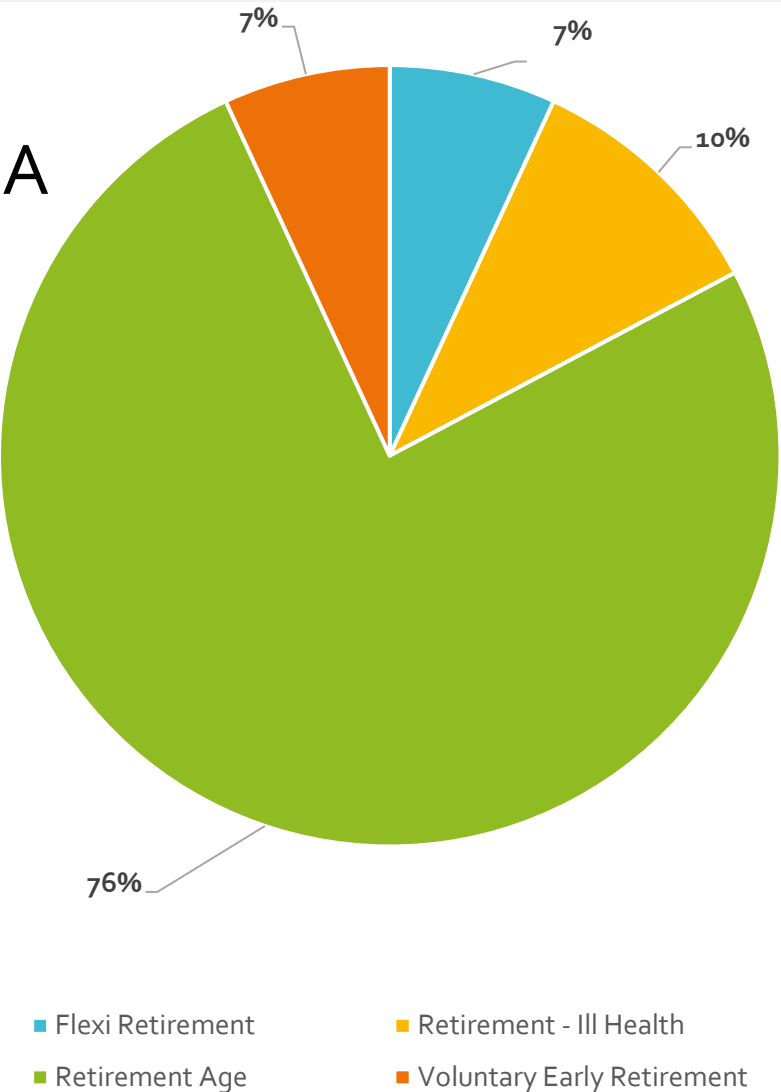


## 7. Retirement

**Comments:**  
Of 260 leavers in the reporting period, 29 chose to retire.

Chart A demonstrates the proportion of retirees choosing the type of retirement within the reporting period, with only 7% choosing flexible retirement.

Chart B demonstrates that of those retiring, 52% have chosen to retire before they reached the 'normal' age of retirement, and could possibly have returned to work flexibly within the organisation.

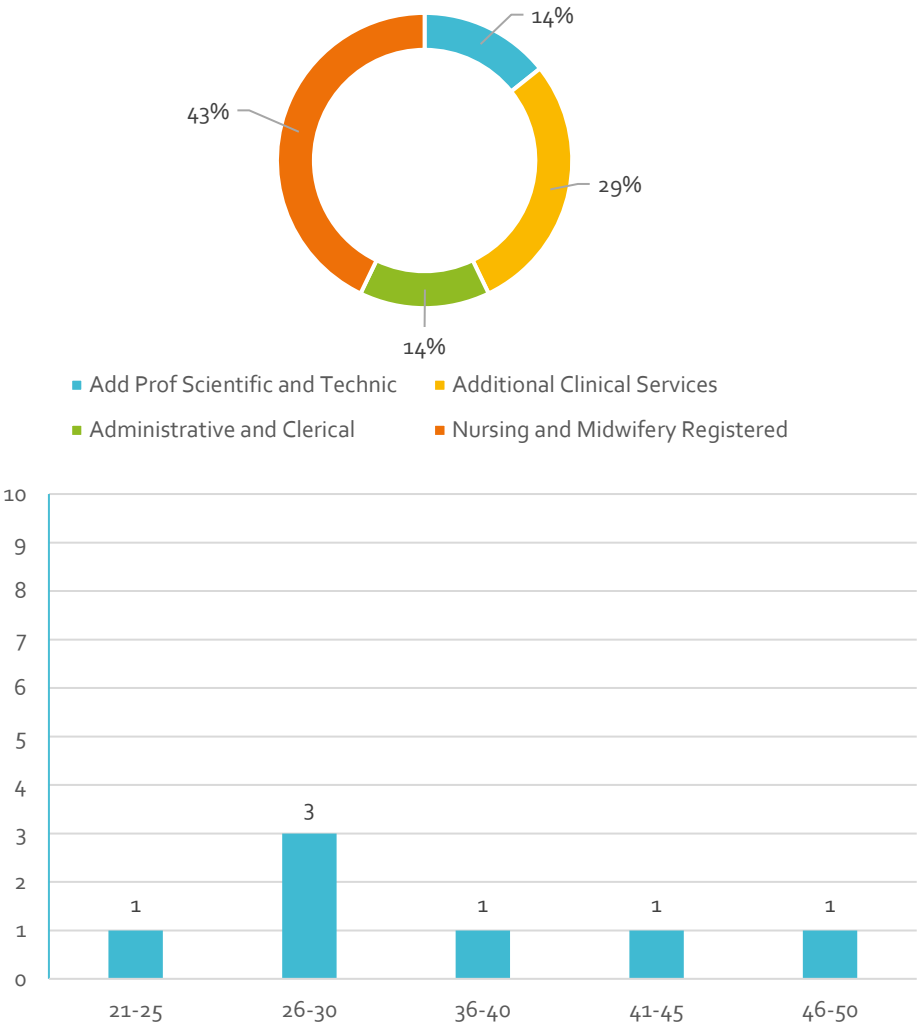


## 8. Leavers Requiring Greater Flexibility

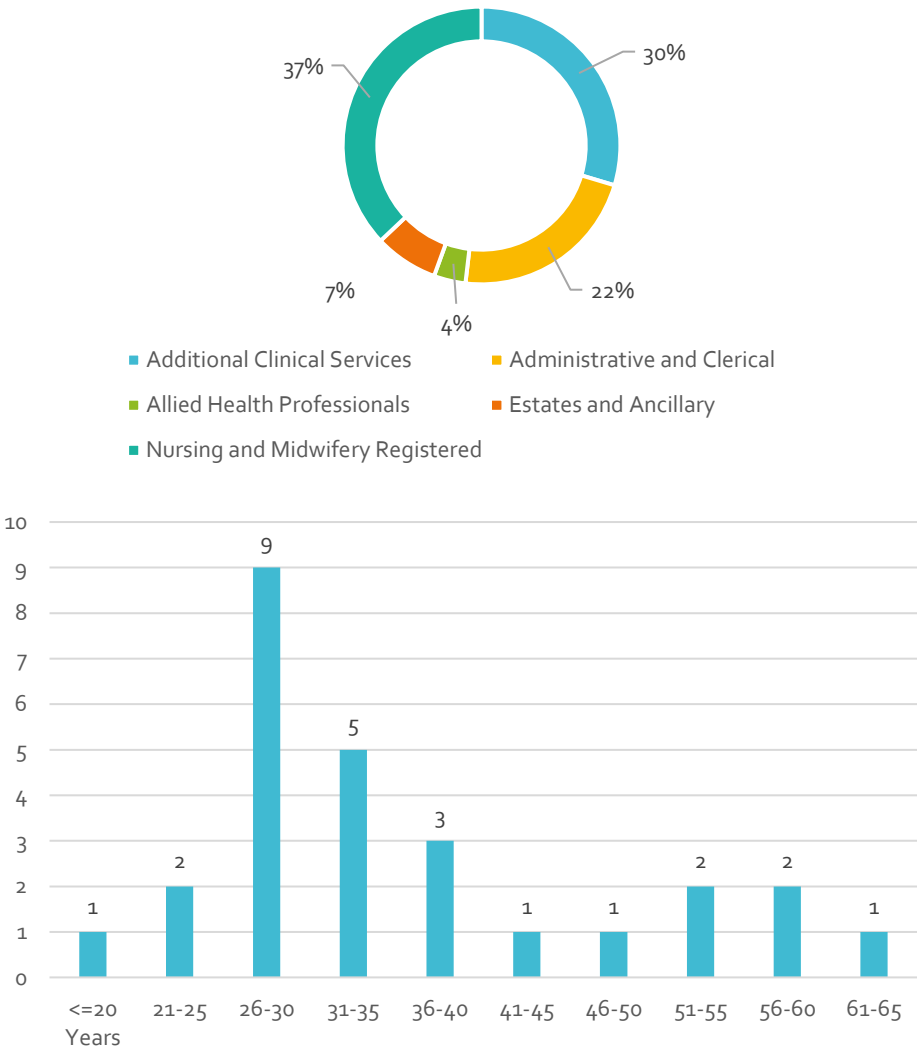
**Comments:**  
Of 260 leavers in the reporting period, slightly in excess of 13% left because they wanted greater flexibility in their working lives. Of these, by far the greater proportion (88%) were female.

The high proportion of clinical staff leaving for this reason is worthy of further investigation. No medical staff have left for this reason. The needs and delivery of clinical services will always be top priority, albeit it is worth exploring whether more flexible ways of working would be of benefit to the organisation, and patient requirements.

Voluntary Resignation - Child Dependents



Voluntary Resignation - Work Life Balance





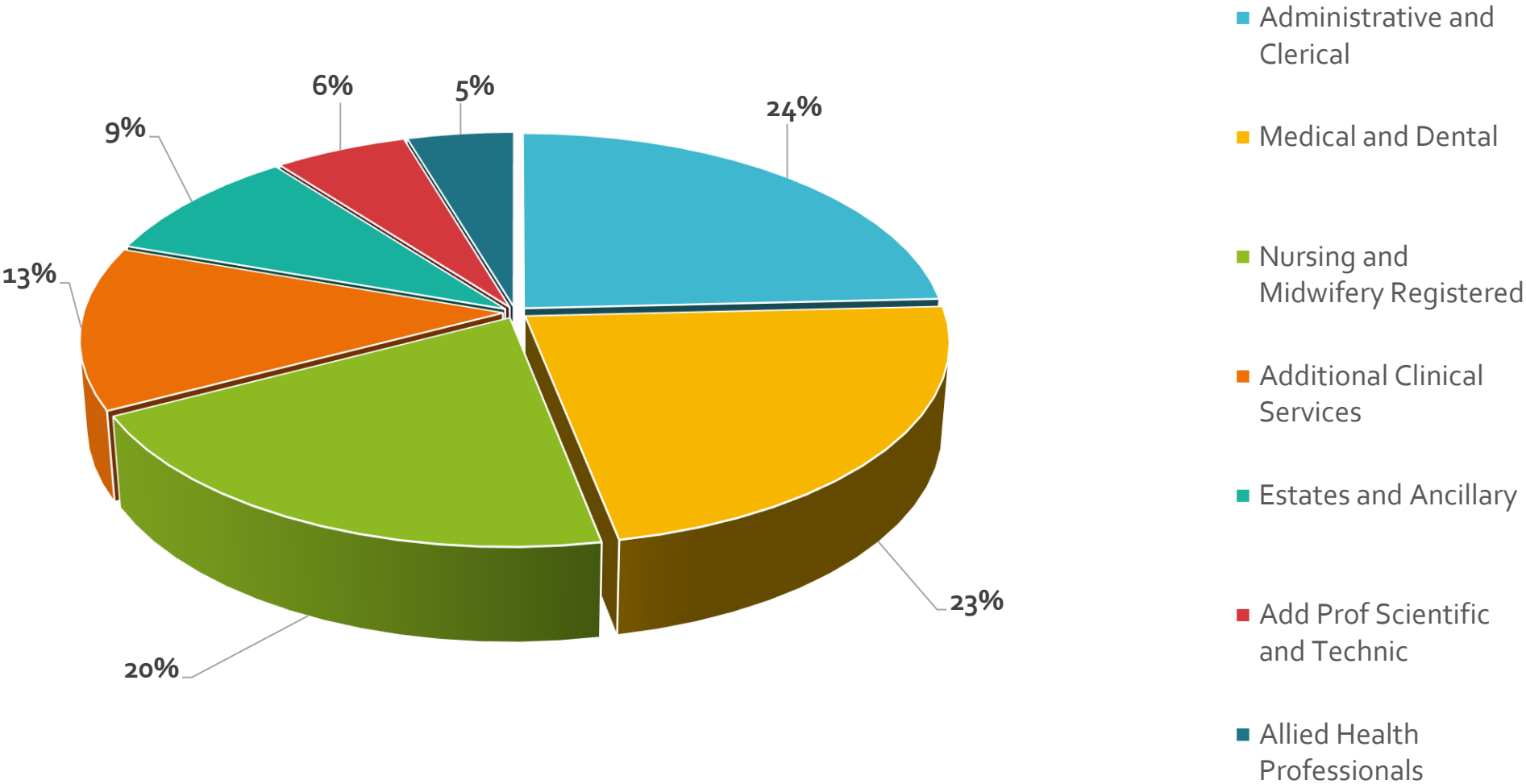
## 9. Leavers by Staff Group

### Comments:

The majority of leavers are from:

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

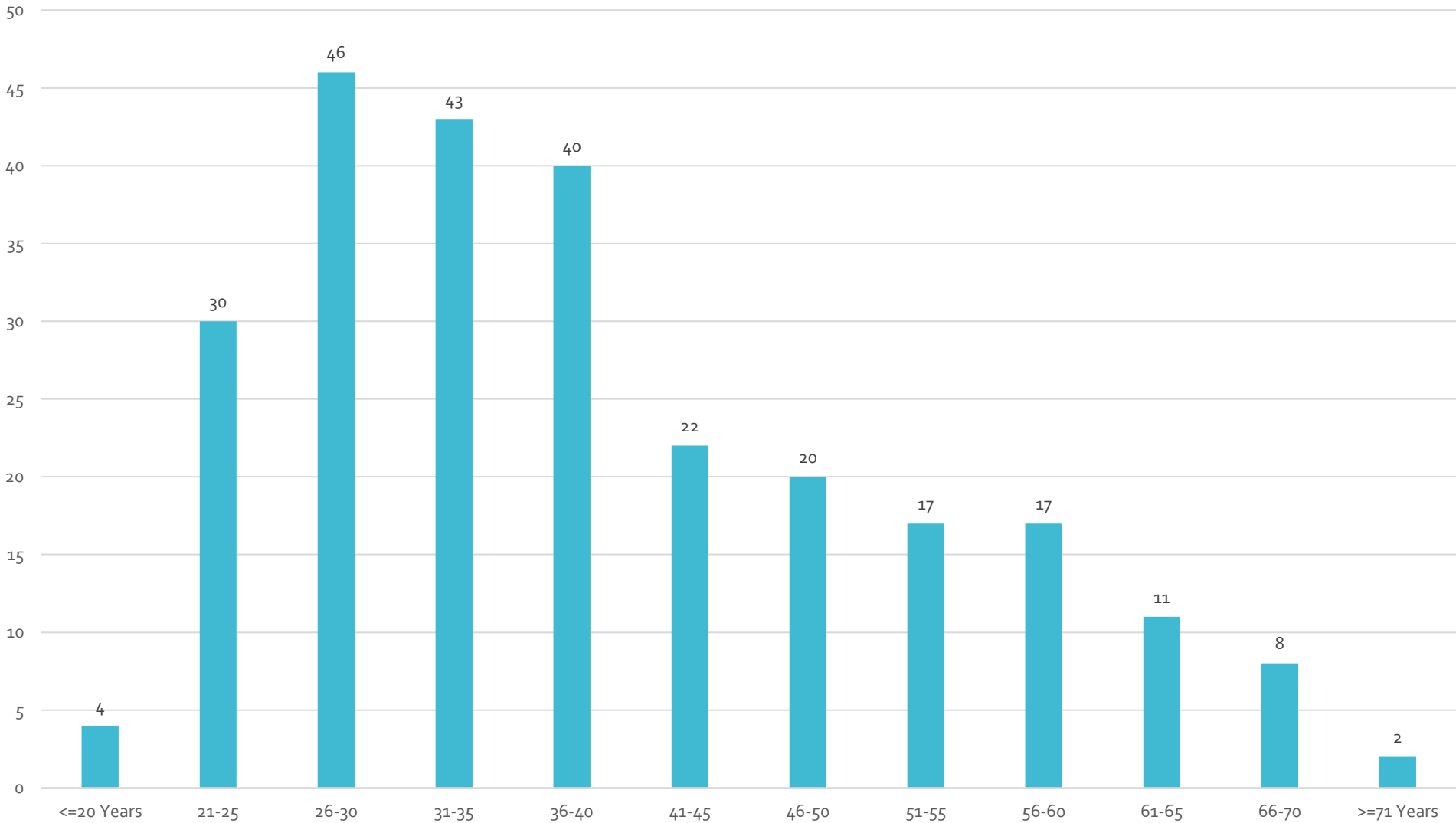
The Trust is exploring whether we can utilise Army Reservists to plug some of the gaps in Admin & Clerical vacancies, at least in the short term.





# 10. Leavers by Age Band

**Comments:**  
77% of leavers were aged between 21 and 50, a slight reduction on the previous reporting period (81%) . The question is whether this reflects a lack of progression opportunities as this would naturally appear to be a period of most people’s lives when career progression is desired, and presents a risk to the organisation in relation to succession planning.



# 10. Leavers by Age Band

**Comments:**  
This infographic provides background attitudinal information regarding the demographics of each generation and the views they hold toward life, work and earnings.

This infographic should be read in conjunction with the previous slide regarding the age of those leaving over the previous twelve months.

Characteristics	Maturists (pre-1945)	Baby Boomers (1945-1960)	Generation X (1961-1980)	Generation Y (1981-1995)	Generation Z (Born after 1995)
Formative experiences	Second World War Rationing Fixed-gender roles Rock 'n' Roll Nuclear families Defined gender roles — particularly for women	Cold War Post-War boom "Swinging Sixties" Apollo Moon landings Youth culture Woodstock Family-orientated Rise of the teenager	End of Cold War Fall of Berlin Wall Reagan / Corbachev Thatcherism Live Aid Introduction of first PC Early mobile technology Latch-key kids; rising levels of divorce	9/11 terrorist attacks PlayStation Social media Invasion of Iraq Reality TV Google Earth Glastonbury	Economic downturn Global warming Global focus Mobile devices Energy crisis Arab Spring Produce own media Cloud computing Wiki-leaks
Percentage in U.K. workforce*	3%	33%	35%	29%	Currently employed in either part-time jobs or new apprenticeships
Aspiration	Home ownership	Job security	Work-life balance	Freedom and flexibility	Security and stability
Attitude toward technology	Largely disengaged	Early information technology (IT) adaptors	Digital Immigrants	Digital Natives	"Technoholics" — entirely dependent on IT; limited grasp of alternatives
Attitude toward career	Jobs are for life	Organisational — careers are defined by employers	Early "portfolio" careers — loyal to profession, not necessarily to employer	Digital entrepreneurs — work "with" organisations not "for"	Career multitaskers — will move seamlessly between organisations and "pop-up" businesses
Signature product	Automobile	Television	Personal Computer	Tablet/Smart Phone	Google glass, graphene, nano-computing, 3-D printing, driverless cars
Communication media	Formal letter	Telephone	E-mail and text message	Text or social media	Hand-held (or integrated into clothing) communication devices
Communication preference	Face-to-face	Face-to-face ideally, but telephone or e-mail if required	Text messaging or e-mail	Online and mobile (text messaging)	Facetime
Preference when making financial decisions	Face-to-face meetings	Face-to-face ideally, but increasingly will go online	Online — would prefer face-to-face if time permitting	Face-to-face	Solutions will be digitally crowd-sourced



REPORT REF: ROHTB (5/23) 010

## TRUST BOARD

DOCUMENT TITLE:	Board Patient Experience Stories 2022/2023
SPONSOR (EXECUTIVE DIRECTOR):	Nikki Brockie, Chief Nurse
AUTHOR:	Roko Skocic, Head of Patient Experience.
PRESENTED BY:	Nikki Brockie, Chief Nurse
DATE OF MEETING:	3 May 2023

### PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE		FOR INFORMATION ONLY	x	TO CREATE DISCUSSION		TO SEEK APPROVAL	
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### EXECUTIVE SUMMARY:

The Royal Orthopaedic Hospital NHS Foundation Trust is committed to improving our services and learning from complaints, feedback, comments, and compliments raised by our patients, their carers, their family & friends, and members of public.

The Trust is dedicated to continuously improving our services by listening to our service users. Whilst ensuring we learn from patients lived experience, helping us to improve our care and services. Patient lived experience and stories add value and support the Board to focus.

### ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
•	•
NOT APPLICABLE	x

### REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

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

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

Comments:

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

NHS England Service improvement.

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

Shared learning from patient experiences

### PREVIOUS CONSIDERATION:

Annual update to Board in FY 21/22



## **Board Patient Experience Stories 2022/2023**

### **Report to Trust Board on May 2023**

#### **1 Purpose of the Report**

1.1 This paper provides a summary of the patient stories presented to the Royal Orthopaedic Hospital (ROH) Trust Board throughout 2022/23.

#### **2 Context and Background**

2.1 The Royal Orthopaedic Hospital NHS Foundation Trust is committed to improving our services and learning from complaints, feedback, comments, and compliments raised by our patients, their carers, their family & friends, and members of public.

2.2 The Trust is dedicated to continuously improving our services by listening to our service users. Whilst ensuring we learn from patients lived experience, helping us to improve our care and services. Patient lived experience and stories add value and support the Board to focus by doing the following:

- Connect with patients and relatives
- Learn from the lived experience/ stories and improve our services.
- Connect with front line staff. We should never underestimate the emotional impact that staff involved in incidents of patient harm can experience. It can be an opportunity for staff to talk in depth about an event and discuss with senior leaders their thoughts and opinions on why it happened and how it could be avoided in future.
- Improve understanding of human factors in harm and error. Boards are advised to concentrate on strategy, but an in-depth story can give useful detail that provides a window into the workings of the system. This can be particularly useful in building understanding of what it means to have a culture that is just; one that recognises why people make mistakes and exactly what they are asking of their staff when they put them to work in their organisation.
- Make patient safety personal. When stories of patient harm appear in the media it is not uncommon for healthcare leaders to feel such an event would not happen in their organisation. Hearing stories of their patients who have been harmed or had a near miss brings it into their own sphere of accountability – ‘this is here, we did this’

2.3 The Trust have a Board Patient Stories at each Board meeting. The stories are usually told by the member of staff members and patients. The Patient Experience Team and Executive colleagues support staff and patients to prepare for the Board meeting and to share their story. The Patient Experience Team actively look for the patient who is willing to present their story at the meeting with their support.

2.4 If the patient is happy to share their lived experience with Board, then the team prioritised these stories.

### **3 Preparation for Presenting**

3.1 Patient and staff in preparation for presenting at Board are asked to consider the following questions:

- **Summary of patient journey.**
- **Things that went well.**
- **Things that could be improved.**
- **What did we as a Trust do to improve your patient experience whilst in hospital (if applicable).**
- **Actions and any solution.**
- **How will we imbed learning from this patient experience around the Trust?**

3.2 At the end of each financial year, the Patient Experience team present to the Board members a summary of all stories and actions that Division took.

### **4 Board stories over 2022 / 23**

4.1 The following stories have been presented to the Board in the financial year 2022/2023.

#### **4.2 July 2022: Patient Journey through ADCU**

**Author: Christine Tedds, ADCU Manager**

**Presenter: Roko Skocic, Head of Patient Experience**

#### **Situation:**

- Generally, fit and well man with no past medical history who had a fall at home
- Following examination at his local hospital showed signs of a non-union?  
Pathological
- Patient was then referred to the Oncology department at the ROH
- Patient had biopsy 23 days after he was referred to us

#### **Experience:**

- Patient had overall positive experience at the ROH
- Patient said that the communication was great between hospitals
- Staff was very friendly
- Patient was 4 hours in ADCU before CT biopsy and he was Nil by mouth for 4 hours

#### **Learning and actions:**

- Patient was nil by mouth for 4-hour. The Trust have rolled out 'Sip till sent' policy, which mean that our patient can sip clear fluid right until they go to theatre.

### **4.3 September 2022: Patients Experience at the ROH**

**Author and presenter: Roko Skocic, Head of Patient Experience**

#### **Situation:**

- Patient referred by GP in February 2023
- Patient had surgery in June 2022 and spent 1 day as an inpatient
- Patient have chosen ROH after several of their friends had hip surgery at the ROH.
- Patient have sent a letter of compliment to the ROH

#### **Experience:**

- Patient written in his letter: *" the best way I can describe my experience at the ROH is like being taken under the wing of large family, who cared about me, and everyone else undergoing similar procedures"*
- The friendliness, courtesy, compassion and humour he received from first contact with secretary through to his physiotherapy assessment and to this day.

### **4.4 October 2022: Patient Experience at the ROH**

**Oncology Services Author and Presenter: Anita Killingworth, MacMillan Oncology Nurse Consultant**

#### **Situation:**

- Patient referred by GP to the ROH after some treatment for sciatica
- Patient had fall at home. MRI reported a diagnosis of head of femur in an area of tumour
- Referred at the end of April 2021 and seen at the ROH within 2 weeks
- Patient got diagnosis of osteosarcoma. Plan was to have chemotherapy at referral hospital
- The surgery took place in September 2021 at the ROH and patient spent 3 weeks in hospital

#### **Experience:**

- Patient felt well cared for by doctors, nurses and support staff
- Excellent help to mobilise compared to other hospitals
- Excellent communication between ROH and other services
- Very good support from our staff both by telephone and in person

#### **4.5 December 2022: Patient Journey through consultant care**

**Author: Stephen Murray, interim Clinical Service Manager**

**Presenter: Coralie Duff, Interim Deputy Chief Operating Officer**

##### **Situation:**

- Patient referred by GP on 24th May for knee pain and been seen by consultant within 3 weeks as a new patient
- Patient was admitted for surgery and had surgery within 5 weeks
- Patient seen within 6 weeks postop and scheduled for surgery of the other hip within 2 months

##### **Experience:**

- Patient treated within 18 weeks of referral
- Outpatient team was very approachable
- Consultant saw patient after surgery on the Ward
- Patient could not thank staff enough for kindness, nothing was too much trouble from surgeons, nursing staff, porters and domestics

#### **4.6 February 2023- Patients journey through Spinal Oncology**

**Author: Emily Harris, MacMillan Spinal Oncology CNS**

**Presenter: Mr Simon Hughes, Spinal Oncology Surgeon**

##### **Situation:**

- Patient was referred from the University Hospital Walsall
- Patient required emergency cervical decompression
- Patient case was discussed on the MDT, communication between family, our Trust and other Trust was very good
- Patient was known to 3 different teams across the system within three weeks a clear plan was in place. Surgery carried within 4 weeks of receipt of the referral

##### **Experience:**

- Good communication between patient, family and other services
- Constant communication between local teams and the ROH
- Patient wife stayed with him due to the head injury- being far away from home and new environment would be difficult for him

## **5 Learning**

5.1 The Patient Experience Team share all patient stories with the teams involved. Learning is identified and shared with the teams, any improvements recognised, and plans develop. In FY 22/23, the most notable improvement plan develop from patient feedback



was '*sip to send*', which was led by Dr Ben Smith in his capacity as an Anaesthetic Consultant and Associate Medical Director for Division 2.

Roko Skocic  
Head of Patient Experience  
May 2023



If it matters to you,  
It matters to us.  
**We're listening.**



PAPER REFERENCE: ROHTB (5/23) 011

# Patient Experience Department- Update 2022/2023



Author: Roko Skocic, Head of Patient Experience

Executive Sponsor: Nicola Brockie, Chief Nurse



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# What is Patient Experience

- Patient experience is what the process of receiving care feels like for the patients.
- Understanding patient experience can be achieved through a range of activities that capture direct feedback from patients, service users, carers and wider communities. These are used alongside information on clinical outcomes and other intelligence to inform quality improvements, the way local services are designed and reshaped, and contractual arrangements with providers.

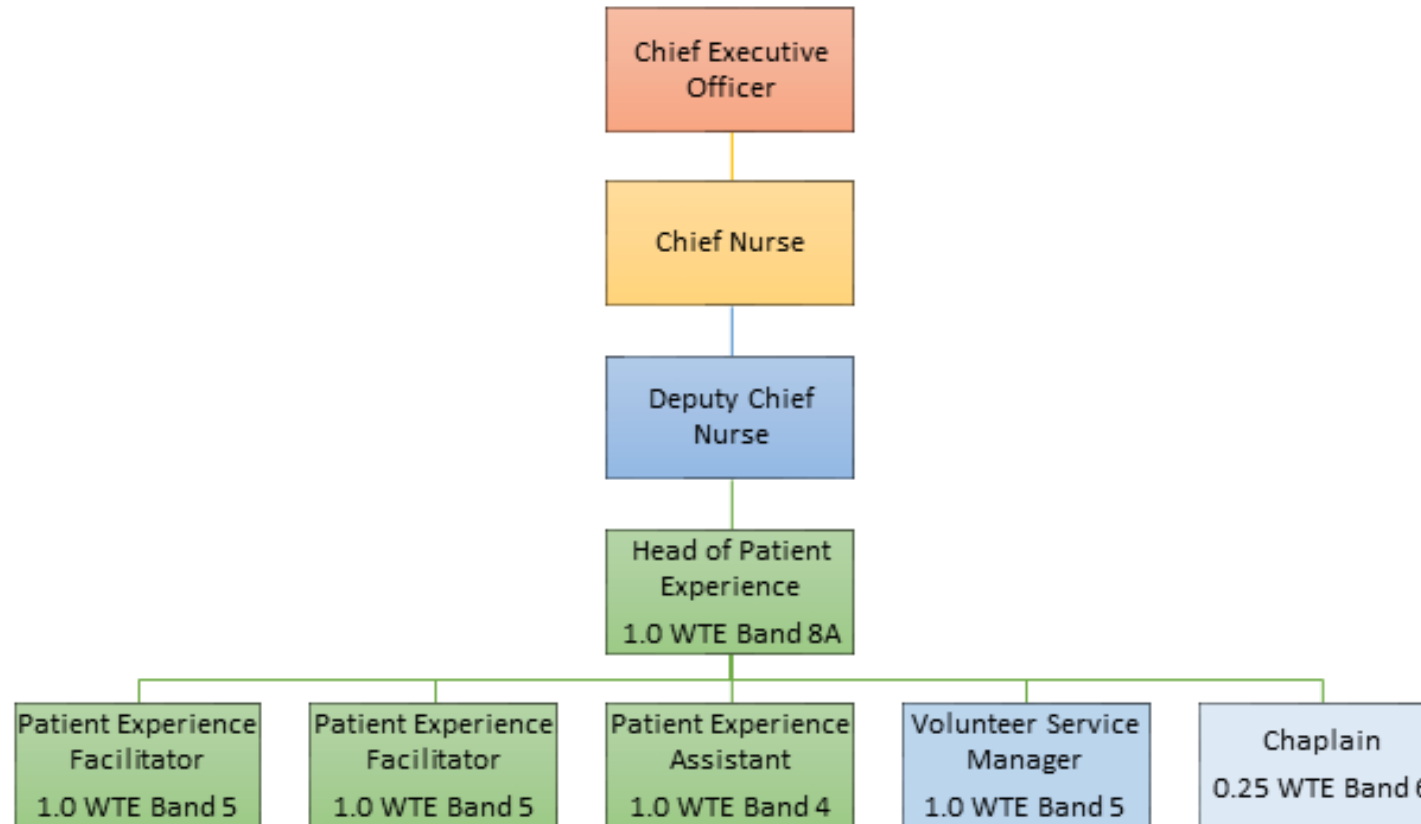




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It matters to us.  
**We're listening.**



# Hello, we are Patient Experience Team







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It matters to us.  
**We're listening.**

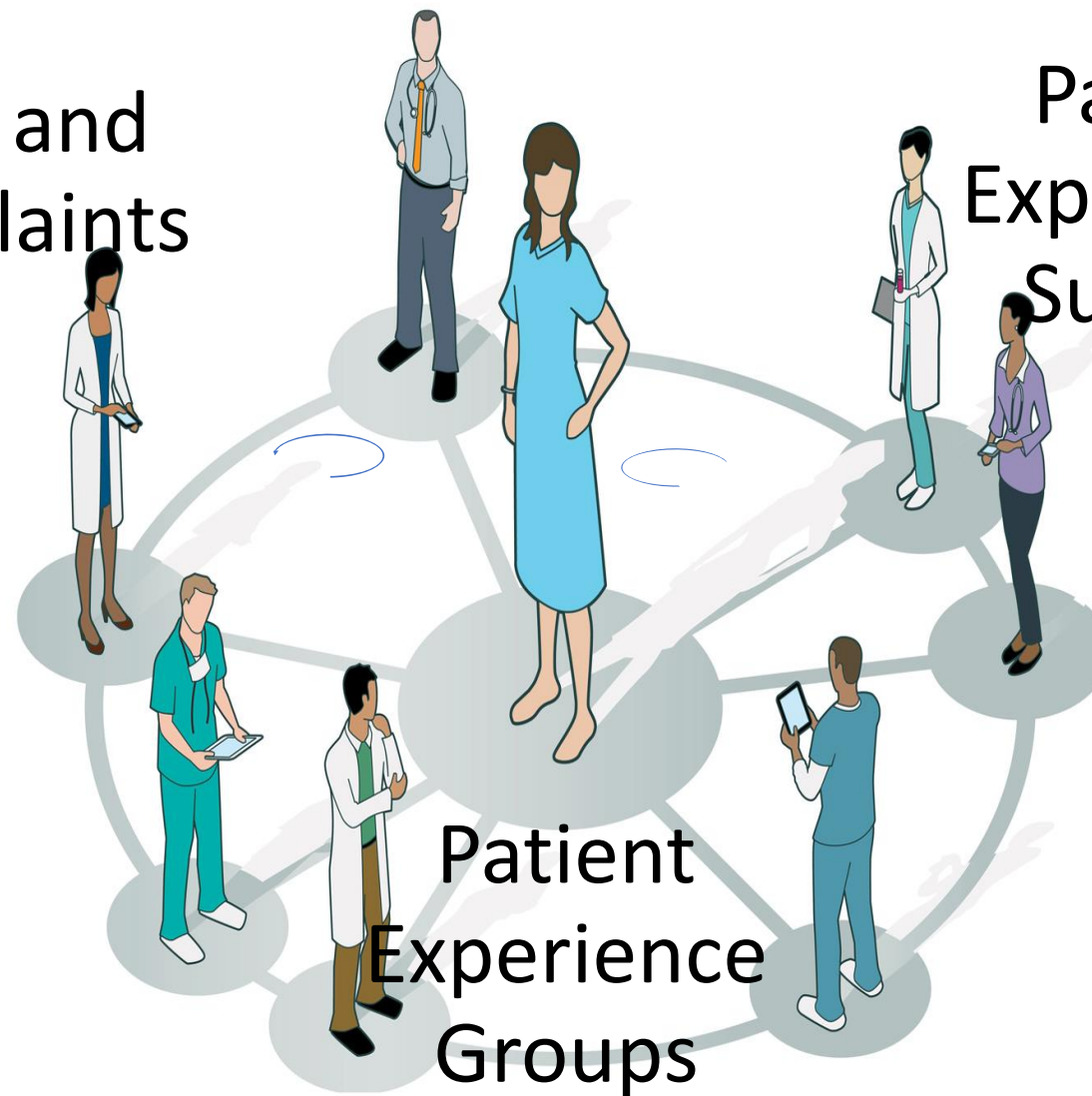


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How do we  
collect Patient  
Experience  
Feedback

PALS and  
Complaints

Patient  
Experience  
Surveys





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Welcoming



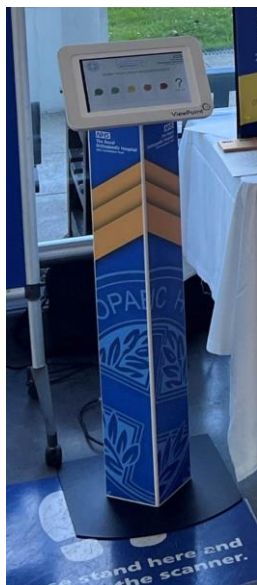
Safe



Caring and  
involving



Well organised  
and calm



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How was your experience?



Not sure

# Patient Experience Surveys

Friends and Family Test

Smiley Faces Feedback

In-depth outpatient surveys

CQC Adult Inpatient Survey

15 Step Challenge



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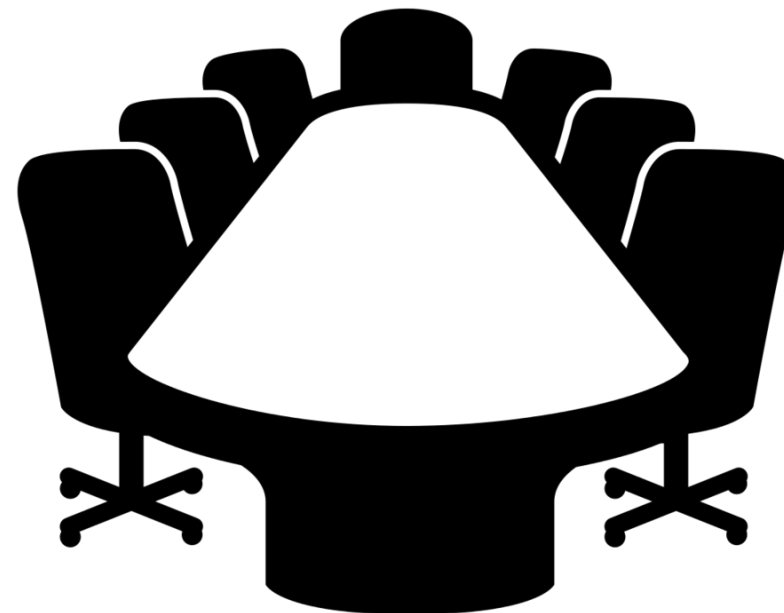
## Patient Experience Groups

Coffee Catch up- JointCare  
Spinal

Youth Forum

Patient Participation Group

Patient Experience and  
Engagement Group





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# PALS and Complaints

Feedback and comments from our patients

PALS Enquiries

PALS Concerns

Informal Complaints

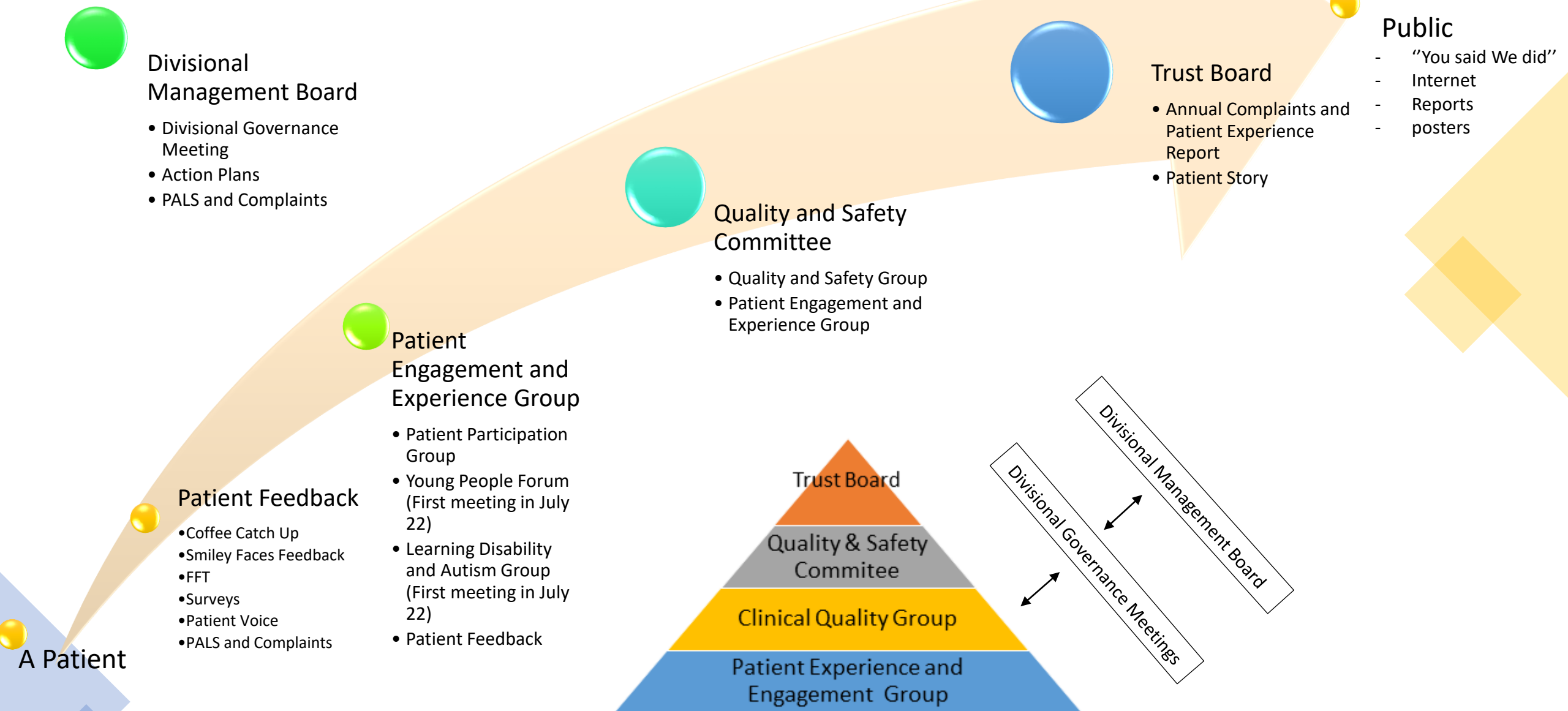
Formal complaints







If it matters to you,  
It matters to us.  
**We're listening.**





If it matters to you,  
It matters to us.  
**We're listening.**



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Thank you

REPORT REF: ROHTB (5/23) 012

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	<b>Update on Progress with Implementation of the Patient Safety Incident Response Framework (PSIRF)</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Chief Nurse and Director of Governance</b>
<b>AUTHOR:</b>	<b>Acting Head of Governance &amp; Assurance and Patient Safety Specialist Nurse</b>
<b>PRESENTED BY:</b>	<b>Acting Head of Governance &amp; Assurance and Patient Safety Specialist Nurse</b>
<b>DATE OF MEETING:</b>	<b>3<sup>rd</sup> May 2023</b>

### PURPOSE OF THE REPORT:

**TO PROVIDE  
ASSURANCE**

**x**

**FOR INFORMATION  
ONLY**

**TO CREATE  
DISCUSSION**

**TO SEEK  
APPROVAL**

### EXECUTIVE SUMMARY:

This report, alongside the enclosed presentation slides, is intended to provide an update and assurance with progress towards the Trust's implementation of PSIRF.

#### Summary

- Terms of Reference (TOR) amended and approved by the Senior Responsible Officers, BSOL ICB and project group
- Implementation plan, risk register and action plan has been drafted. Currently seeking input from strategy and comms teams to ensure compliance and adherence to QSIR model
- Currently working towards completion of 2<sup>nd</sup> & 4<sup>th</sup> phase of PSIRF implementation
  - Process mapping
  - Incident profiling and gap analysis
- Working alongside BSOL ICB in regards to phase 3

### ASSURANCE PROVIDED BY THE REPORT:

<b>POSITIVE</b>	<b>GAPS IN ASSURANCE/RISKS TO ESCALATE</b>
<ul style="list-style-type: none"> <li>• Project is on track</li> <li>• BSOL ICB regularly updated on progress</li> <li>• BSOL ICB consulted on and approved changes to TOR &amp; core membership of project group</li> <li>• Networking and engagement with partner Trusts within system</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>NOT APPLICABLE</b>	



**REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:**

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

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

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

Comments:

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

Contractual targets for quality and safety

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

Progress update and discussion with by BSOL ICB on a monthly basis

**PREVIOUS CONSIDERATION:**

Quality & Safety Committee on 26 April 2023



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PAPER REFERENCE: ROHTB (5/23) 012

# An Introduction to The Patient Safety Incident Response Framework (PSIRF)

Rebecca Hipwood – Patient Safety Specialist  
Adam Roberts – Acting Head of Governance



# What is PSIRF?

- The Patient Safety Incident Response Framework (PSIRF) fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. PSIRF is not an investigation framework that prescribes what to investigate, instead, PSIRF:
  - promotes a data-driven approach to patient safety incident
  - requires compassionate engagement with those affected
  - embeds patient safety incident response within a wider system of improvement
  - prompts a significant cultural shift towards systematic patient safety management.
- PSIRF replaces the current Serious Incident Framework (2015).
- Previous frameworks have focused on when and how to investigate a serious incident - PSIRF focuses on **learning and improving**.
- PSIRF is not a system upgrade or tweak. It is a whole system and cultural change to how we think about and respond to Patient Safety Incidents.



# What is PSIRF?....(Continued)

- Implementation of PSIRF will not be achieved by a change in policy alone, and it cannot be implemented in days or weeks as it requires work to design a new set of systems and processes.
- PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services under that contract, including the ROH.
- There are four key aims of PSIRF:
  - Compassionate engagement and involvement of those affected by patient safety incidents.
  - **Application of a range of system-based approaches to learning from patient safety incidents.**
  - **Considered and proportionate responses to patient safety incidents.**
  - Supportive oversight focused on strengthening response system functioning and improvement.



Person/Team	Role
Nikki Brockie & Simon Grainger-Lloyd	Senior Responsible Officers (SRO) for project
Adam Roberts	Project Lead
Rebecca Hipwood	Project Lead
Governance Team	To support the PSIRF implementation process.
Senior Medics, Senior Nurses, Pharmacy, Safeguarding, Admin (Med Secs, Medical Records etc)	To create healthy discussions regarding the new process. To bring expertise and experience to the group.
Patient Experience Team	To help us liaise with service users, to ensure we are keeping processes patient focused. To plan how to involve patients who have experiences patient safety incidents
Communication Team	To ensure all staff within the Trust are aware of PSIRF and what it means.
Education and Workforce	To ensure appropriate training is in place for investigators and those involves with PSE.
Human Resources	To ensure our existing Policies line up with PSIRF policies e.g. Disciplinary Policy.
Patient Safety Partners	To be the voice of the patient.





# How Do We Implement PSIRF?

Phase	Duration	Purpose
PSIRF Orientation	Months 1 – 3 (Oct – Dec 22)	To familiarise ourselves with the new framework.
Diagnostics and Discovery	Months 4 – 7 (Jan – May 23)	To understand how developed our current systems are in relation to learning and improvement. Strengths and weaknesses to be identified and PSIRF requirements are defined.
Governance and Quality Monitoring	Months 6 – 9 (April – Jun 23)	Organisations at all levels of the system (Trust, ICB, BSOL etc.) begin to design the oversight structures and ways of working once the transition begins.
Patient Safety Incident Response Planning	Months 7 – 10 (Apr – Jul 23)	Aim to understand our patient safety incident profile, improvement profile and available resources. Use this information to develop a Patient Safety Incident Response plan that forms part of our Patient Safety Incident Response Policy.
Curation and agreement of the policy and the plan	Months 9 – 12 (Jun – Sept 23)	To draft and agree a Patient Safety Incident Response Policy and Plan based on the findings from work undertaken in the preceding preparation phases.
Transition	Months 12+ (Oct 23 +)	Continue to adapt and learn as the designed systems and processes are put in place.



# Projects PSIRF ties in with...

- The NHS Patient Safety Strategy
- Human Factors Conferences and Workshops
- Just Culture
- Kindness and Civility
- Safer Cultures
- Safer Systems
- Improvement Work
- Patient Engagement



# Supporting Documents

- The Patient Safety Incident Response Framework.
- The preparation guide and associated templates (Policy and Plan).
- Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident, Introductory Guidance.
- Oversight roles and responsibilities specification.
- Guide to Responding proportionately to patient safety incidents.
- Learning Response tools, guides and templates.
- Patient Safety Incident Response Standards.



## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Board topics 2023/24				
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Tim Pile, Chair				
<b>AUTHOR:</b>	Simon Grainger-Lloyd, Executive Director of Governance				
<b>DATE OF MEETING:</b>	3 May 2023				
<b>EXECUTIVE SUMMARY:</b>					
<p>The attached presents a collection of suggested topics for the Board to discuss and debate over the coming months.</p> <p>This is in addition to the routine list of reports to be considered by the Board (Appendix B) and the intention is to build additional time into the agendas of forthcoming meetings to enable sufficient time for discussion of these topics.</p>					
<b>REPORT RECOMMENDATION:</b>					
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>RECEIVE the schedule of Board topics for the coming year</li> </ul>					
<b>ACTION REQUIRED</b> <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation	Discuss			
x					
<b>KEY AREAS OF IMPACT</b> <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
<b>ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>					
Aligns to all strategic objectives.					
<b>PREVIOUS CONSIDERATION:</b>					
Executive Team in April 2023					



## ROYAL ORTHOPAEDIC HOSPITAL - BOARD TOPICS – 2023/24

TOPIC	LEAD	INDICATIVE TIMING	COMMENTS
Patient Pathway	JW (All Execs)	July 2023	
Robotics strategy	MR	May 2023	Professor Davies to build on presentation delivered to the Board previously
(R)EDI action plan including the strategy to improve inclusivity and diversity at all levels	SM	September 2023	
Digital, data and technology strategy and action plan	SW	November 2023	
Estates strategy and plan	SW	October 2023	
<i>Staff engagement strategy and plan</i> (a) Timing and focus re planned events for year	SM	June 2023	Wider than events – this is about visibility and involving staff in change. Creating formal engagement processes where possible.
People strategy to include: <ul style="list-style-type: none"> <li>• Succession planning and talent management</li> <li>• 'War for talent' – recruiting and retaining staff</li> <li>• Workforce plan</li> </ul>	SM	May – September 2023	Includes innovative offerings to ensure that staff feel valued, rewarded and are retained
<i>Green Board/ climate change agenda</i> (a) Carbo strategy	SW	July 2023	Wider than the recent debate around the Green Plan. To pick up Environmental, Governance and Social aspects of the plan.
Integrated governance strategy	SGL	September 2023	
Strategic partnerships plan	AM	November 2023	

TOPIC	LEAD	INDICATIVE TIMING	COMMENTS
Charity governance, performance and plan	AM/SGL	July 2023	
<i>Addressing inequalities in population health</i>	TBC	TBC	
Private patients plan – 2024/25	MP	February 2024	
<i>Clinical plan update</i>	MR	February 2024	Annual updates to provide
Innovation, R&D	MR	May 2023	Clinical leads to attend the meeting
Well led refresh	SGL/SM	October 2023	
Legal framework for Safeguarding – new regulations and Board responsibilities	NB	December 2023	
Board effectiveness review and stocktake	SGL	March 2024	
Risk appetite	SGL	October 2023	

#### KEY:

JW	Jo Williams, Chief Executive
NB	Nikki Brockie, Chief Nurse
MR	Matthew Revell, Medical Director
SW	Steve Washbourne, Director of Finance & Performance
MP	Marie Peplow, Chief Operating Officer
SM	Sharon Malhi, Chief People Officer
SG-L	Simon Grainger-Lloyd, Director of Governance
AM	Amos Mallard, Acting Deputy Director of Strategy

## BOARD REPORTING CYCLE 2023/24

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



## UPWARD REPORT FROM THE FINANCE AND PERFORMANCE COMMITTEE

Date Group or Board met: 25<sup>th</sup> April 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"><li>• The Committee noted that there were 106 new starters that had completed the recruitment process and were awaiting start dates from line managers.</li><li>• Increasing Covid and seasonal illness rates, impacting patients and staff, and resulting in short notice cancellations, were noted.</li><li>• The Referral to treatment position was below the National Constitutional Target. All patients over 52 weeks were being reviewed by the relevant clinical teams on a monthly basis.</li><li>• The lack of an electronic referral system in Diagnostics and the potential risk of paper referral forms being lost/delayed and the consequent impact on performance was noted.</li><li>• Non recurrent funding had been received in 2022/23, generating an underlying financial risk for 2023/24 and beyond. Agency spend continued to remain above plan and causing a significant cost pressure during the year. Above inflationary pressures continued to be a concern.</li></ul>	<ul style="list-style-type: none"><li>• ESR and ledger work was being completed in order to reconcile data.</li></ul>
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"><li>• The Committee had received a presentation on the new Trust Data Quality Strategy. It was noted that Data quality, an action from the KPMG audit, had improved.</li><li>• It was also noted that despite industrial action, activity was at its highest with theatre utilisation above the Trust target.</li><li>• A number of clinics were being moved from in person to virtual to aid with industrial action.</li><li>• A Standby system for patients was being piloted for Hands at the end of April.</li><li>• Two years of patient files had been transported off site and incidents of missing notes had been significantly reduced as a consequence.</li><li>• A final surplus financial position was reported of £338K</li><li>• The Month 12 position was actual 1318 vs Plan 1311</li></ul>	<ul style="list-style-type: none"><li>• It had been agreed that a decision would be taken outside of the meeting as to whether to maintain the meeting frequency on a monthly basis.</li></ul>
<b>Chair's comments on the effectiveness of the meeting:</b> It was agreed to have been a productive meeting with a good balance of discussions.	





# UPWARD REPORT FROM THE QUALITY & SAFETY COMMITTEE

Date Group or Board met: 26<sup>th</sup> April 2023

## MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- There is no improvement in Safeguarding training rates and Committee requested assurance on the plan to secure compliance including interim solutions for electronic training other than ESR.
- A thematic review report of *C difficile* infections was received with 5 of 10 criteria fully assured.
- The Committee received an update on the in-depth work programme related to a previously reported cluster of reportable infections - with no reported patterns and no issues for urgent action. The Trust has resumed its participation in the UKHSS SSIS from Jan 2023. Committee noted the short-term theatre ventilation system failure in March. The risk is on the BAF and Committee requested early discussion at Board on the strategic resolution of this risk.
- There was an increase in moderate harm incidents reported with the majority linked to delays, all undergoing investigation. Committee discussed the reported increase in deaths within 30 days of discharge and requested improved reporting format.
- Committee noted the ongoing issue regarding suboptimal turnaround times for pathology via an SLA. It welcomed the executive oversight and escalation management.
- Committee received a verbal update on the CNO planned quality review of night shift staffing levels.

## MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The BAF IPC had been received and was noted. The Committee were advised that a new version of the BAF had been issued by NHSE and would be presented to the Committee when available.
- Risk Register. Committee requested improvements to the Risk Descriptors and to ensure that mitigations were clear and up to date at each meeting
- Committee requested the development of the Safer Staffing Report to include other staffing groups which were pertinent to the assurance of safe staffing.
- Quality Priorities 2023/2024. Committee requested consideration of Safety in the finalisation of priorities for circulation and agreement in principle prior to approval.
- Committee requested a report on outcomes, learning and recommendations for improvement in connection with the *C difficile* infections be reported to the next meeting
- Update on night shift staffing required for the next meeting

## POSITIVE ASSURANCES TO PROVIDE

- The Committee received a comprehensive presentation on the Trust's Research and Development planning detailing research portfolio, research capabilities, partnerships, and the emergent strategic

## DECISIONS MADE

- The Medicines Safety Officer Annual Report had been received and approved. A report on the timeline for Omnicell implementation in all outstanding areas was requested.



## UPWARD REPORT FROM THE QUALITY & SAFETY COMMITTEE

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direction of travel. Recommended further work on five year objectives and success metrics. Consideration to be given to reporting lines and wider review by Board.

- A water safety report was received, for assurance and closure, on the Legionella cases identified in the hospital and it was accepted.
- Committee received the Medicines Safety Officer Annual Report 2022. Positive improvement in CD incidents aligned to the Omnicell roll-out. Assurance on safety improvement, thematic analysis and learning. Examples of innovation and excellence.
- Committee received a presentation on the Patient Safety Incident Response Framework (PSIRF) providing assurance on the plan and processes underway in the organisation to ensure effective implementation, adoption, and ownership.

**Chair's comments on the effectiveness of the meeting:** Length of papers to be reduced and clear recommendations, and greater assurance focus to be considered further. Agenda setting to be reviewed. Effectiveness review action plan to be reported to the next meeting. Good engagement, open, constructive discussions.

**UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE**Date Group or Board met: 26<sup>th</sup> April 2023**MATTERS OF CONCERN OR KEY RISKS TO ESCALATE**

- Further industrial action was scheduled to take place between 30<sup>th</sup> April and 2<sup>nd</sup> May. The Committee had been advised that DHSC had asked for the second day of industrial action to be classed as unlawful. Guidance had been to plan for strike action and the team were working through the mitigations.
- The Committee received a workforce update and noted that there continued to be a high number of working days lost to MSK, stress and anxiety.
- The Committee noted that the timelines proposed for work on workforce planning seemed too lengthy, given its urgency.
- The number of paper personnel files retained in the organisation was of concern and a robust record management system was required. The work was being led by THi.
- The incidents of verbal abuse the HR and administration teams were subjected to would be added to the risk register. Resilience training would also be implemented as part of the mandatory training. Clear reporting of incidents was also required. The matter would be raised at Trust Board.
- A turnover and retention report, with cleansed data, had been received and key risks and next steps highlighted.

**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**

- The Committee were advised that a Pregnancy Loss Policy would be launched imminently.
- A second meeting with Managers would be taking place in May to discuss the action plan for the Staff Survey.
- An Annual Leave policy had been drafted and would be submitted to Executives in the coming weeks.
- It was noted that there continued to be a high level of spend on Bank and Agency staff. The committee requested that an agency reduction plan be developed and brought back to the Committee, showing plans for reducing usage, trajectories, and timelines.

**POSITIVE ASSURANCES TO PROVIDE**

- The Committee received the story of a member of staff who had taken part in the EPIC (Enabling a Productive & Inclusive Culture) Programme.

**DECISIONS MADE**

- The Committee had received and accepted the recommendations in the Workforce Planning Audit.



The member of staff, an advanced nurse practitioner, had previously worked at the Trust in 2006, left in 2009 and subsequently returned in 2016. She had taken part in the second cohort of the programme and, as an output, intended to establish a forum for international nurses.

She was also very active in the Trust's MME Group.

She explained that, whilst nursing was an international profession, some difficulties were experienced in the volume of paperwork, policies and procedures in the UK.

Her collaboration was requested on developing the service recruitment plan.

- The ROH had been commended for ranking 7<sup>th</sup> in the top 50 inclusive employers and encouraged to enter the Recruitment Industry Disability Initiative Awards the following year.

**Chair's comments on the effectiveness of the meeting:** The meeting frequency change was commented on and it was felt that the additional time between meetings was useful. It would continue to be monitored.



# **TRUST BOARD MEETING**

**3<sup>rd</sup> May 2023**  
**09:00 – 13:00**

Boardroom, Trust Headquarters

Pack 2 (Public Meeting)



# AGENDA TRUST BOARD

**Venue** Boardroom, Trust Headquarters

**Date** 3 May 2023: 09:00 – 13:00

## 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)
Dr Ian Reckless	Non Executive Director	(IR)
Mrs Christine Fearn	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

Ms Candy Brown	Staff Nurse - Safeguarding	(CBr)	[Item 1]
Mr Adam Roberts	Acting Head of Governance & Assurance	(AR)	[Item 12]
Ms Rebecca Hipwood	Patient Safety Lead	(RH)	[Item 12]
Miss Jane Dominese	Corporate Services Manager	(JDo)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
09:00	1	Patient Story: Safeguarding	Verbal	NBr
09:20	2	Apologies	Verbal	Chair
	3	Declarations of Interest. <i>Register available on request from the Executive Director of Governance</i>	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 5 April 2023: <i>for approval</i>	ROHTB (4/23) 004	Chair
	5	Actions from previous meetings in public: <i>for assurance</i>	ROHTB (4/23) 005	SGL
09:35	6	Questions from members of the public	Verbal	Chair
09:37	7	Chair's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (5/23) 007 ROHTB (5/23) 007 (a) ROHTB (5/23) 007 (b)	TPi/JWi
09:47	8	Wellbeing Update: <i>for assurance</i>	ROHTB (5/23) 008	SMa
10:00	9	Turnover and retention update: <i>for assurance</i>	ROHTB (5/23) 009	SMa



10:10	10	Summary of patient stories and lessons learned – 2022/23: <i>for assurance</i>	ROHTB (5/23) 010	NBr
10:20	11	Patient Experience and engagement update: <i>for assurance</i>	ROHTB (5/23) 011	NBr
10:30	12	Progress with the implementation of the Patient Safety Incident Response Framework: <i>for assurance</i>	Presentation	AR/RH
10:40	13	Strategic Board & Development workplan: <i>for approval</i>	ROHTB (5/23) 013	SGL
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
10:50	14	Upward assurance reports: a) Finance & Performance Committee b) Quality & Safety Committee c) Staff Experience & OD Committee d) Audit Committee	ROHTB (5/23) 014 (a) ROHTB (5/23) 014 (b) ROHTB (5/23) 014 (c) Verbal	
11:00	15	Performance Reports: <i>for assurance</i> a) Finance & Performance b) Quality & Safety c) Workforce overview	ROHTB (5/23) 015 (a) ROHTB (5/23) 015 (b) ROHTB (5/23) 015 (c)	
11:10	BREAK			
CONFIDENTIAL SESSION				
11:20	16	Exclusion of the press and public	Verbal	Chair
13:00	CLOSE: Date of next meeting: Wednesday, 7 <sup>th</sup> June 2023 @ 09:00			

## Notes

### Quorum:

- 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.
- An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.



## ATTENDANCE REGISTER – FY 2023/24 UPDATED TO APRIL 2023

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

### KEY:

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



Paper Reference: ROHTB (5/23) 015 (a)

# Finance and Performance Report

Month 12

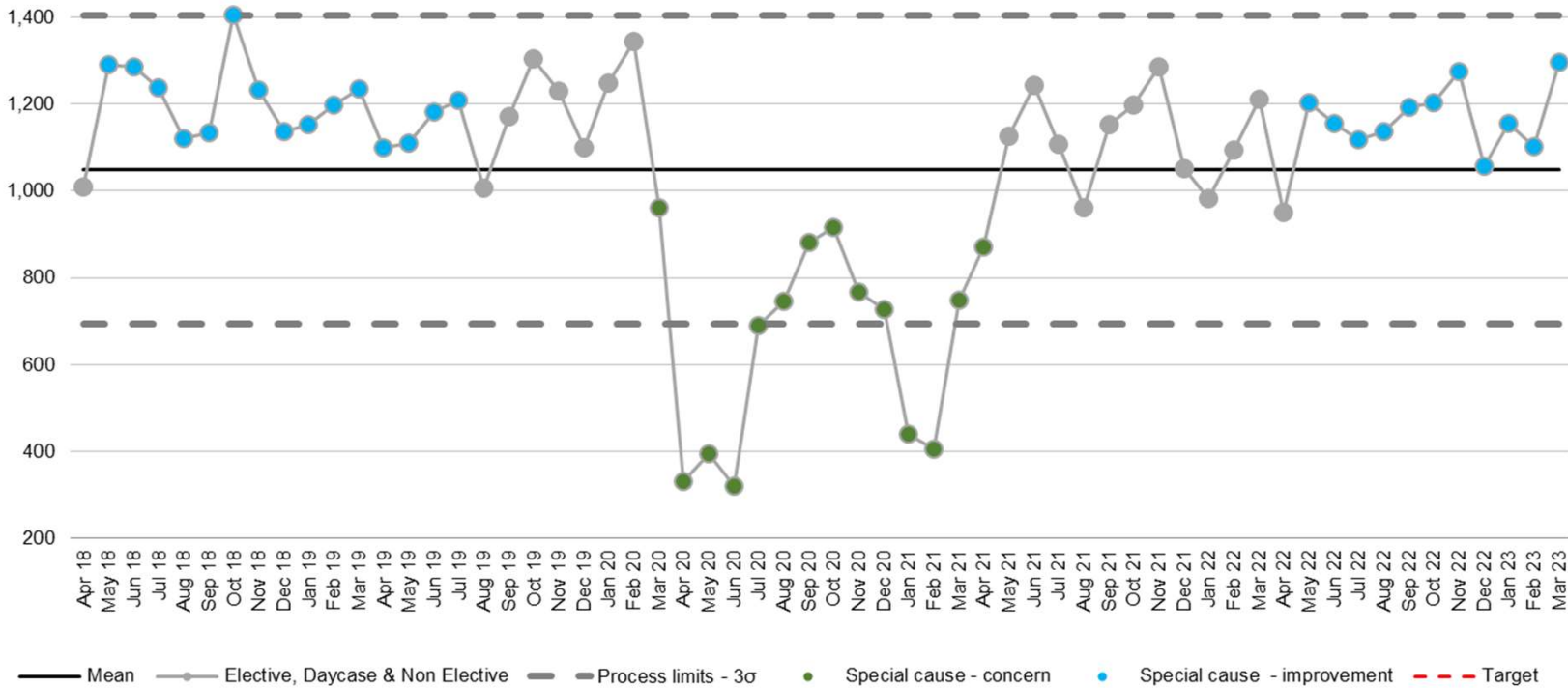
# Introduction

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

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

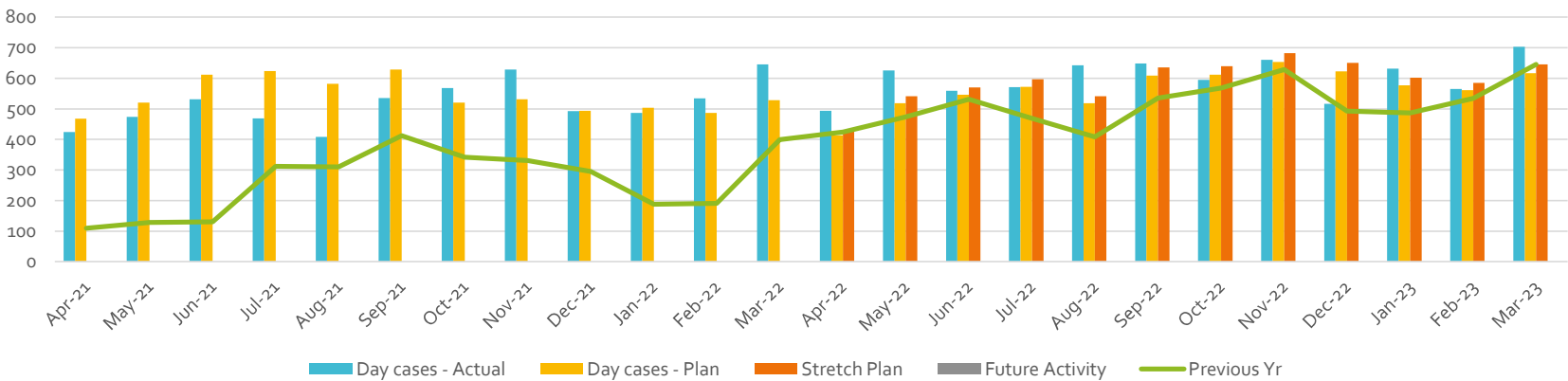
# 1. Activity Summary

All Inpatient Activity

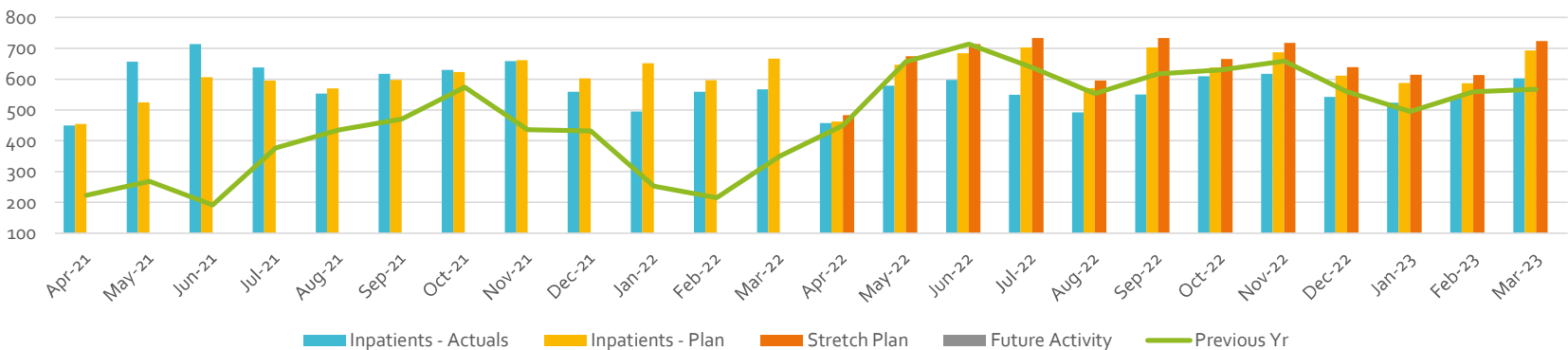


# 1. Activity Summary

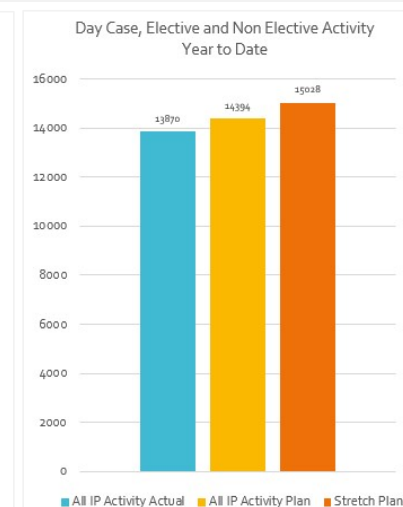
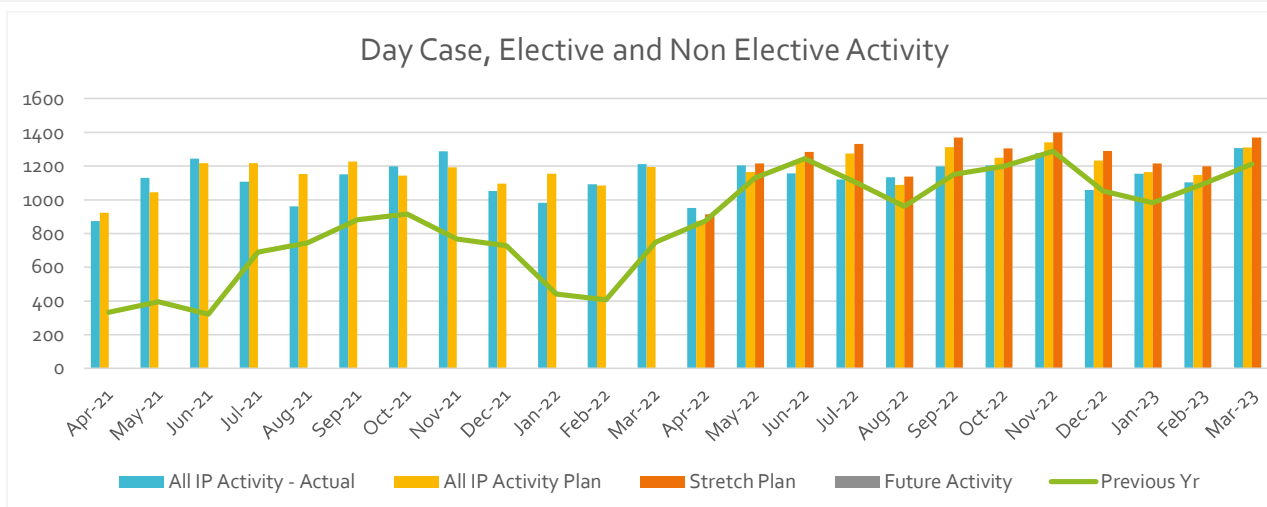
Day Case Activity



Inpatient Activity (Elective and Non-Elective)



# 1. Activity Summary



	Plan												
	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
Trust Plan	Inpatient	439	623	660	679	547	679	614	664	588	564	563	670
	Daycase	413	519	546	572	518	608	612	653	622	577	561	617
	NEL	24	24	24	24	24	24	24	24	24	24	24	24
	All Activity	876	1165	1230	1276	1089	1312	1250	1340	1234	1164	1148	1311
Stretch Plan	Inpatient	459	651	690	710	572	710	642	694	615	590	589	700
	Daycase	431	541	570	597	541	635	639	682	650	602	585	645
	NEL	24	24	24	24	24	24	24	24	24	24	24	24
	All Activity	914	1216	1284	1331	1137	1369	1305	1400	1289	1216	1198	1369

Plan	Actual	% Achieved	Variance
Year to Date	Year to Date	against plan	Year to Date
7289	6341	87%	-948
6817	7210	106%	393
288	319	111%	31
14394	13870	96.4%	-524
7622	6341	83%	-1281
7118	7210	101%	92
288	319	111%	31
15028	13870	92%	-1158

## March 2023

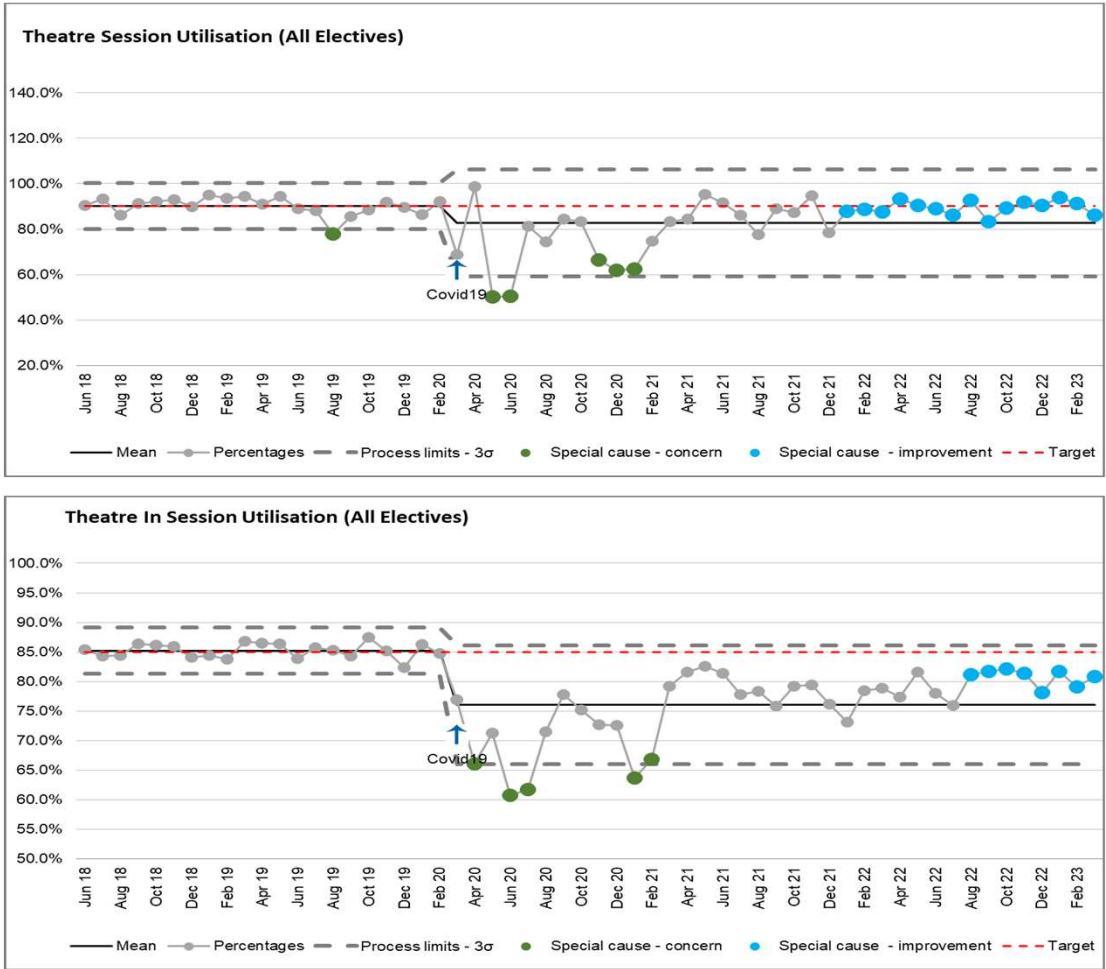
Trust / system plan – Actual 1318 v Plan 1311

Stretch Plan – Actual 1318 v Plan 1369

NB : plan against actual +7

YTD position against Trust/ system plan is 96.4%

# 2. Theatre Utilisation



Elective Session Utilisation (March 2023)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	499	443	56	88.78%
UHB	103	75	28	72.82%
Totals	602	518	84	86.05%

Elective In Session Utilisation (March 2023)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1960	1620	339	82.68%
UHB	339	238	101	70.22%
Totals	2298	1858	440	80.84%

## 2. Theatre Utilisation

### SUMMARY

Overall theatre session utilisation for March was **86.05% which was above the Trust target of 85%** .

However, the total in-session utilisation was **80.84%**; the main driver for this was the loss of capacity due to the industrial actions (IA) on the 13<sup>th</sup> – 15<sup>th</sup> March 2023. The Trust lost 12 theatre lists in March (24 sessions) due to IA.

### AREAS FOR IMPROVEMENT

At the end Apr 23, theatres are piloting a Surgical 'Stand-by' patient process in the Hands / Arthroplasty May service to improve theatre in-session utilisation.

May 2023 a deep dive into early finishes supported by the clinical teams is planned , supported by the power BI dashboard metrics with a focus on key specialties where early finishes are more prevalent. The aim is to help reduce the number of early finishes. The team will feed back on progress in May 23.

A soft launch of the theatre efficiency BI dashboard is underway. The aim will be to provide access and tool kits to our heads of services to help identify bottlenecks within individual services to drive improved efficiency. Training is being arranged for all staff including sharing with clinical colleagues via the specialty triumvirates , with the aim of sharing current position to drive productivity going forward .

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. Each specialty will have a monthly activity plan and stretch plan, which will be monitored at divisional board and Operational management Board .

6 day theatre working group established as part of Elective Hub accreditation programme

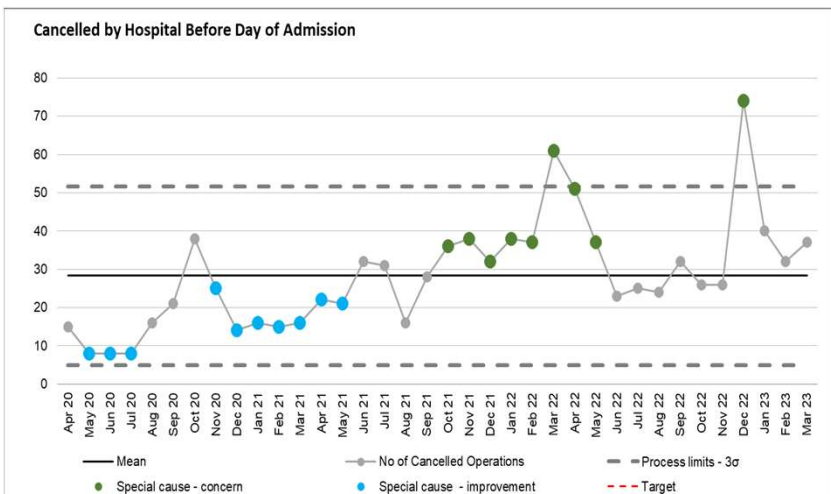
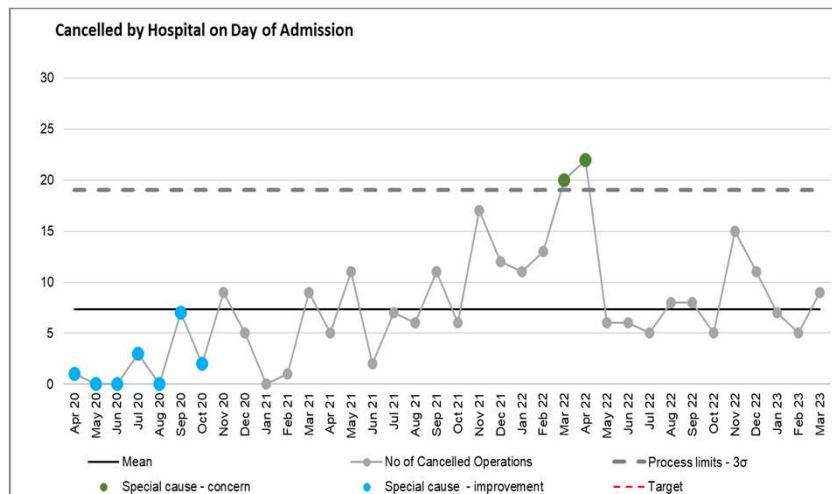
### RISKS / ISSUES

Risk of continued Impact of trends of increasing Covid rates impacting on both patients and staff.

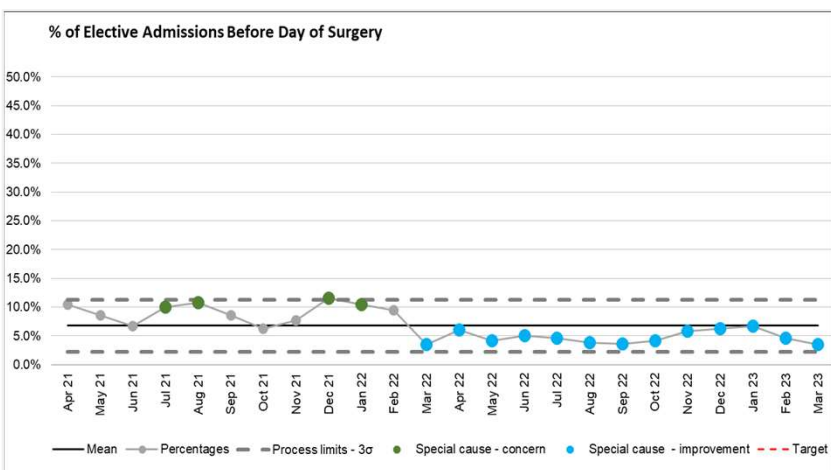
Theatre Recruitment is ongoing , current vacancies are 34.53 WTE, Recruitment drive is being supported by Communications team.

LLP 's being developed by sub specialties – currently being reviewed by DOF and COO to support additional activity out with job planned sessions.

## 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	7	29	33	69	0
Mar-23	9	31	37	77	0
<b>Total</b>	<b>130</b>	<b>368</b>	<b>488</b>	<b>986</b>	<b>4</b>





## 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 9 patients cancelled on the day in March 2023 with reasons detailed as follows:**

- 4 x Staffing related sickness
- 4 x Theatre equipment / kit related issues
- 1 x Patient not fit

**There were 31 patients admitted and treatment was deferred, with the reasons detailed as follows:**

- 25 x Medically unfit / Clinical change in condition / covid / flu related
- 1 x Patient choice
- 2 x Theatre plant failure
- 3 x Lack of theatre time

**There were 37 patients cancelled by the hospital the day before the date of admission.**

- 12 x Medically unfit / Covid/Flu related
- 7 x Staffing related sickness
- 2 x Industrial Action
- 3 x Replaced by medically urgent cases
- 4 x Consultant decision
- 9 x Patient choice / Surgical choice

### AREAS FOR IMPROVEMENT

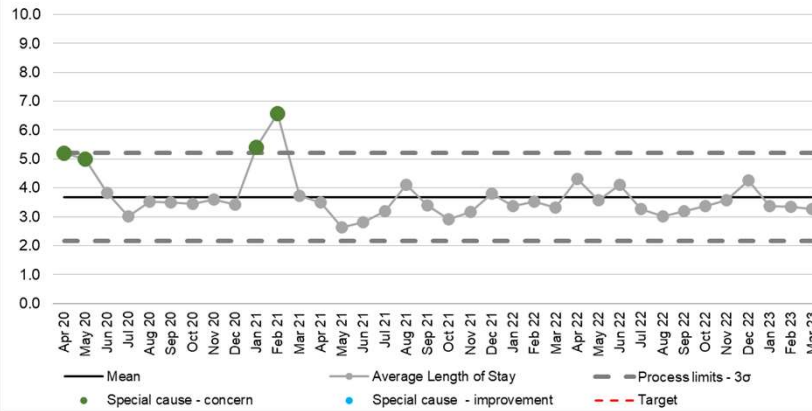
- As detailed on the previous slide and in line with the Recover and Deliver programme monitored at the Service Improvement board.
- Progress is being made on the introduction of stand by patients, pilot due to start for Hands by end April 23 and to then roll out to Arthroplasty .
- Deep dive into the patients cancelled due to no longer requiring surgery or patients changing their mind about surgery to take place, The deep dive is to establish if there is any learning / process changes required to prevent / reduce the risk of this continuing..

### RISKS / ISSUES

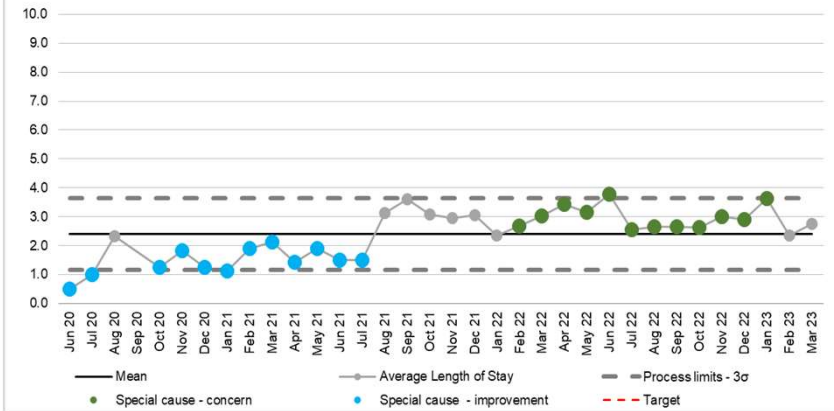
Covid is continuing to have an impact on both patients and staff.  
March 23 saw a rise in seasonal illnesses generating a high number of short notice cancellations due to patients and staff becoming unwell with flu, colds, COVID

# 3. Length of Stay

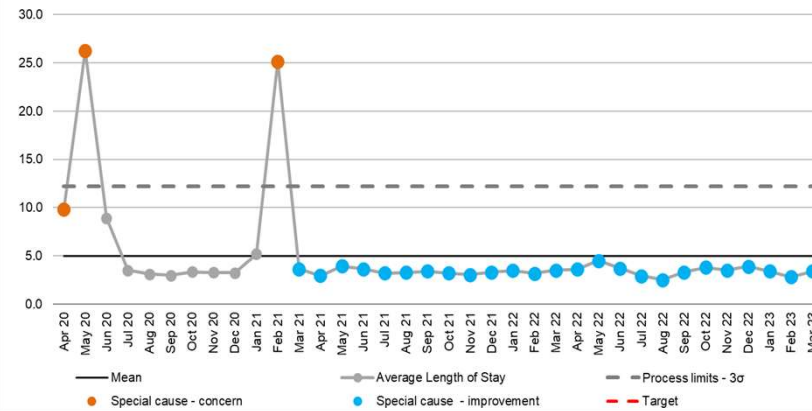
ROH Elective Average Length of Stay - Excluding Oncology, Paeds,YAH, Spinal



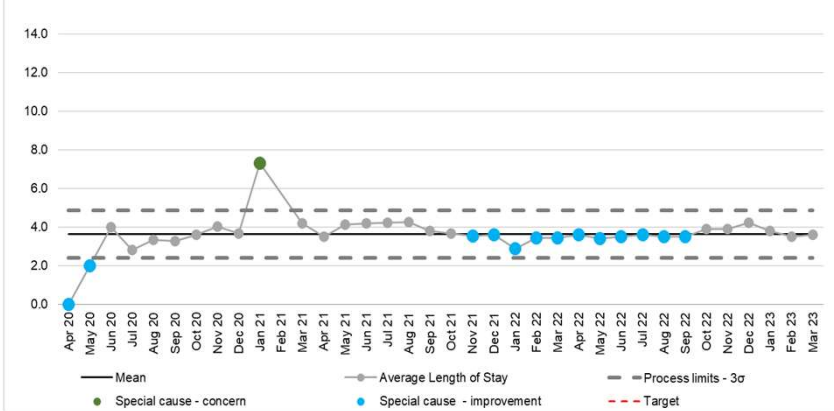
UHB Elective Average Length of Stay



Primary Hip Elective Average Length of Stay



Primary Knee Elective Average Length of Stay



## 3. Length of Stay

### SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.28** (3.34 February).

The average length of stay for ROH primary Hips is at 3.4 days (2.8 days February 23) and primary Knees 3.6 days (3.5 February 23).

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

- 6 (8 Feb) UHB arthroplasty patients with LOS greater than 3 days. 4 (5 Feb) with a length of stay greater than 5 days and 1 (4 Feb) with a stay greater than 7 days. (excludes Rehab). It should be noted that UHB had a total of 15 patients within the data.
- 59 (65 Feb) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 35 (17 Feb) with a length of stay greater than 5 days, 13 (10 Feb) with a length of stay greater than 7 days.

In summary 13 ROH arthroplasty and 1 UHB arthroplasty patient had a length of stay greater than 7 days.

On review of the 13 ROH patients: 8 were primary hip/knees, 5 were revisions or other complex arthroplasty procedures. All had medical or social care needs.

In February 169 patients went home via the discharge lounge (170 Jan). Number of patients discharged home before lunch 36% in February, **35%** January, (March data not yet available).

### AREAS FOR IMPROVEMENT

Updates against previous actions:

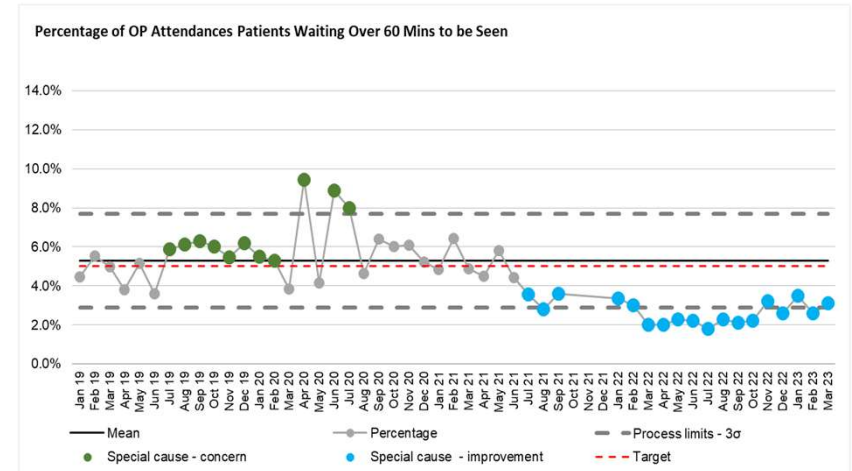
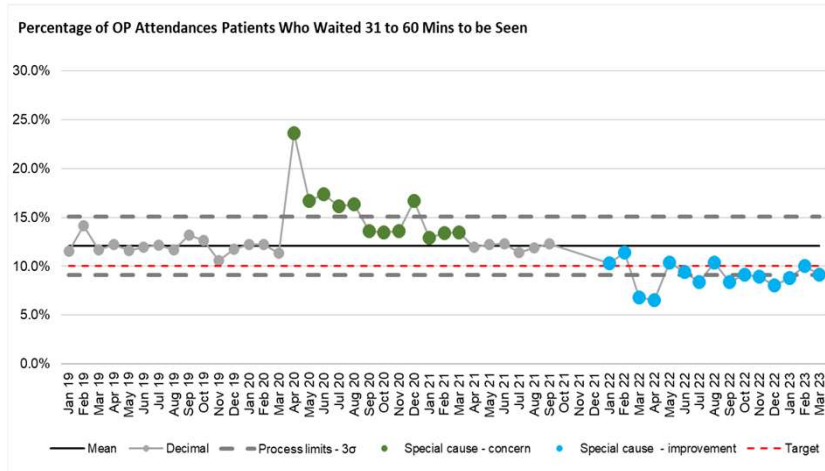
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days. This is in place for uni-knees and planning is being undertaken for TKR and shoulder cases

### RISKS/ISSUES

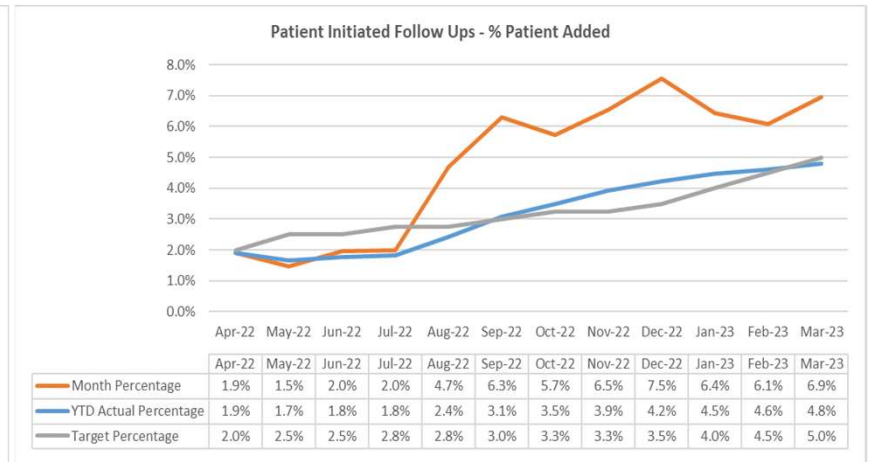
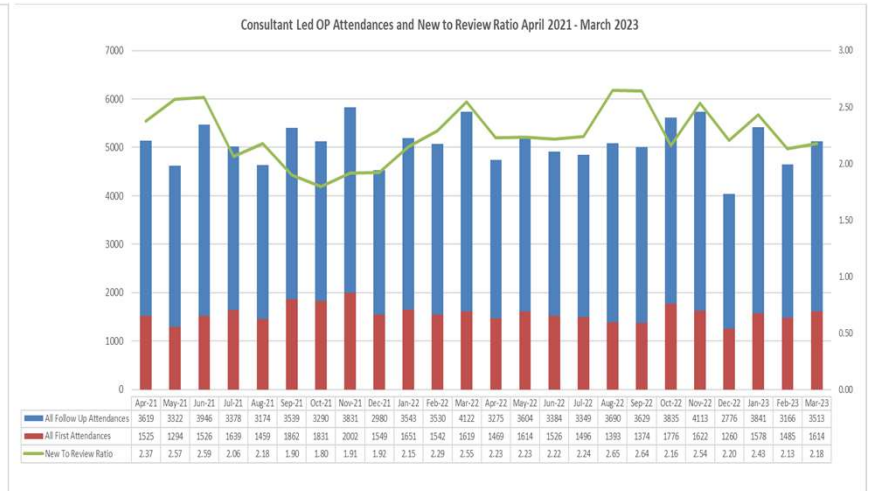
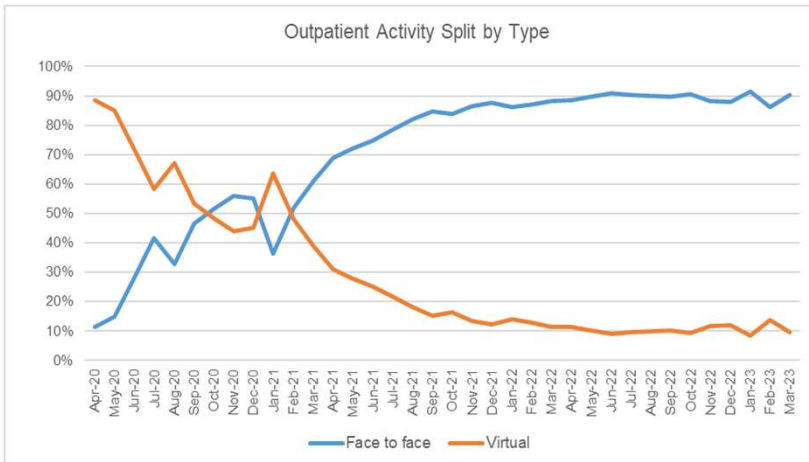
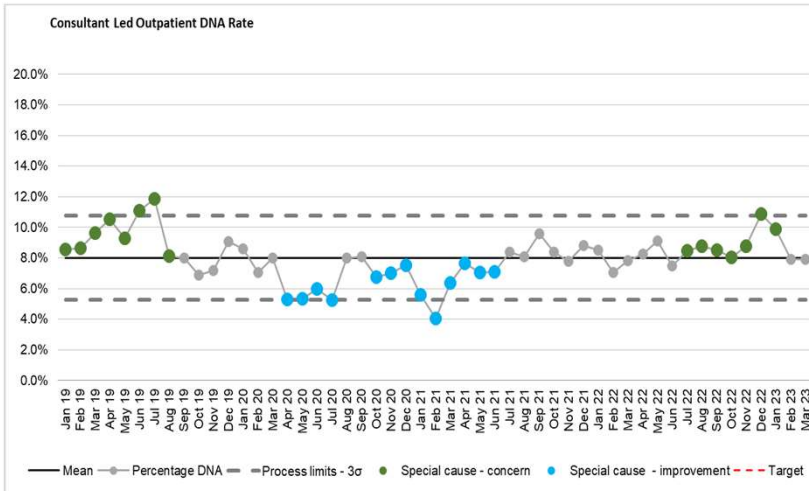
Major Revision Centre/BIS work . A service framework is currently in development, in association, with the clinical teams and the national programme.

Social care and other medical needs of primary arthroplasty patients will need to be taken into account when aspiring to 2 day LOS. Process for monitoring and escalating any delays in accessing POC or Rehab.

## 4. Outpatient efficiency



## 4. Outpatient efficiency



## 4. Outpatient efficiency

### SUMMARY

There were 4,639 face to face and 496 virtual appointments carried out in March 23 (**9.6 % virtual**).

The electronic referral management system (RMS) has now gone live in all adult services. Paediatrics will go live shortly and the system has significantly improved the tracking of referrals, however the visibility of referral progression when compared to the paper process is highlighting milestones where referrals progressing to the appointment stage can be delayed e.g. triage by specialty, awaiting images from external organisations etc, therefore refreshed KPIS are being agreed for the referral management process and a daily report to monitor performance is currently in development.

This month **6.9%** of outpatient attendances moved to the PIFU waiting list. The overall YTD position is **4.8%**. In total there are 3,447 patients on a PIFU waiting list. Work to validate the PIFU list is ongoing and digital solutions via Dr Doctor for PIFU management are being explored.

### AREAS OF IMPROVEMENT

#### Clinic Delays:

30 minute delays – **within trust target at 9.1% (Target 10%)**

60 minute delays – **within trust target at 3.1% (Target 5%)**

The DNA rate for March has remained stable at **7.92 %** and is within the Trust target of 8%. The aspirational Operational target for 23/24 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 Dr Doctor system, and continue to audit via the patient experience team to ascertain the reasons behind patient DNAs and patient not brought outcomes as part of the wider access and inequalities agenda.

DNA rates are monitored on a regular basis and the Dr Doctor system is due to be rolled out further across the Trust in Radiology and then Therapies as part of the 23/23 Operational productivity plan.

Clinic templates are being reviewed again to ensure accuracy against job plans as we enter the new financial year. This is a large project which is being overseen by the Clinical Service Manager for Performance. The revised templates will ensure that clinic capacity is optimised to make the best use of resource and further reduce clinic delays.

Electronic outcomes project is underway and this will be trialled in Young Adult Hips and Therapies (Podiatry).

### RISKS / ISSUES

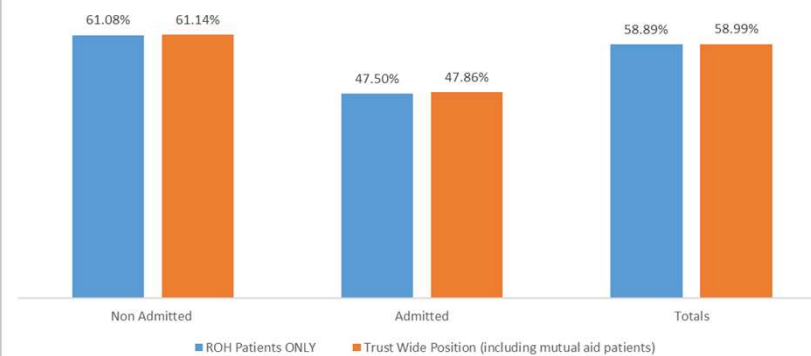
- 2 years of notes transported off site, freeing up space in the library. Incidents of missing notes have been significantly reduced and notes from offices around the Trust have been repatriated to the Medical Records department.
- The team continue to work to improve Appointments KPI performance following a period of recruitment and retention challenges. KPIs are monitored daily with Divisional oversight and the team have made substantial progress in this area. The appointments team are due to move to new office space in the old therapies area which will allow further planned expansion of the team to ensure KPIs continue to be met. (Date TBC)
- There is a regular task and finish group, which has cross divisional and clinical representation. Incident reports relating to the visibility of referrals enabled by the roll out of electronic referrals are being actively managed and investigated, ensuring feedback has been given to the reporters. A thematic review will be monitored at the executive governance meeting for assurance and included in the QSC upward report once finalised. (May 2023)

## 5. Referral to Treatment

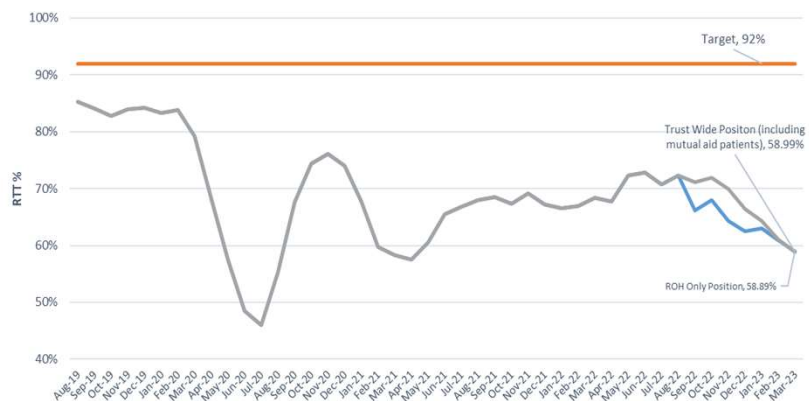
Weeks Waiting	ROH Patients ONLY			Trust Wide Position (including mutual aid patients)		
	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
0-6	3,503	498	4,001	3,520	512	4,032
7-13	2,497	410	2,907	2,512	415	2,927
14-17	1,413	205	1,618	1,419	205	1,624
18-26	2,490	482	2,972	2,498	482	2,980
27-39	1,742	524	2,266	1,742	524	2,266
40-47	381	153	534	381	153	534
48-51	70	47	117	70	47	117
52 weeks and over	40	24	64	44	27	71
<b>Total</b>	<b>12,136</b>	<b>2,343</b>	<b>14,479</b>	<b>12,186</b>	<b>2,365</b>	<b>14,551</b>

Weeks Waiting	Non Admitted	Admitted	Totals	Non-Admitted	Admitted	Totals
Under 18	7,413	1,113	8,526	7,451	1,132	8,583
18 and over	4,723	1,230	5,953	4,735	1,233	5,968
<b>Month End RTT %</b>	<b>61.08%</b>	<b>47.50%</b>	<b>58.89%</b>	<b>61.14%</b>	<b>47.86%</b>	<b>58.99%</b>

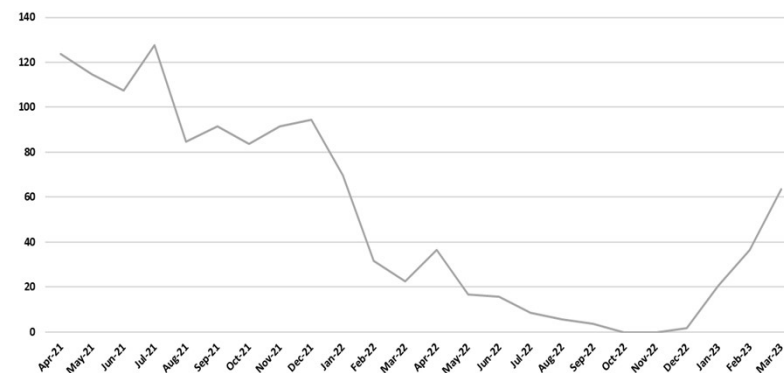
RTT percentage of patients waiting under 18 weeks  
as at 31/03/2023



Percentage of RTT Incomplete Pathways Waiting Under 18 Weeks



Number of Incomplete Pathways Waiting 52 Weeks and Over (ROH Patient ONLY)





## 5. Referral to Treatment

### SUMMARY

The Referral To Treatment (RTT) position for March was **58.99%** against the National Constitutional Target of 92%. This represents a 1.87% decrease compared to February reported position at **60.86%** which relates to inclusion of the mutual aid patents .

There were **71** patients waiting over 52 weeks in March, a decrease from the trust wide position in January which was **105**.

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 **651** 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.

The Team continue to work in partnership with UHB and RJAH to support with the Mutual aid.. There are 68 patients of the original 2000 cases transferred in Quarter 3 of 2022/23 and we have agreed to support an additional 170 cases at UHB.

During Mar 23, ROH received 2,731 referrals (101%) 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

Newly appointed Associate Director of Operations for system integration and oversight – will be overseeing all mutual aid to ensure compliance with targets and minimise impact on ROH performance. PTL meetings are in place with RJAH to review the PTL 3 times per week. Deputy COO has overall oversight of mutual aid plans and delivery.

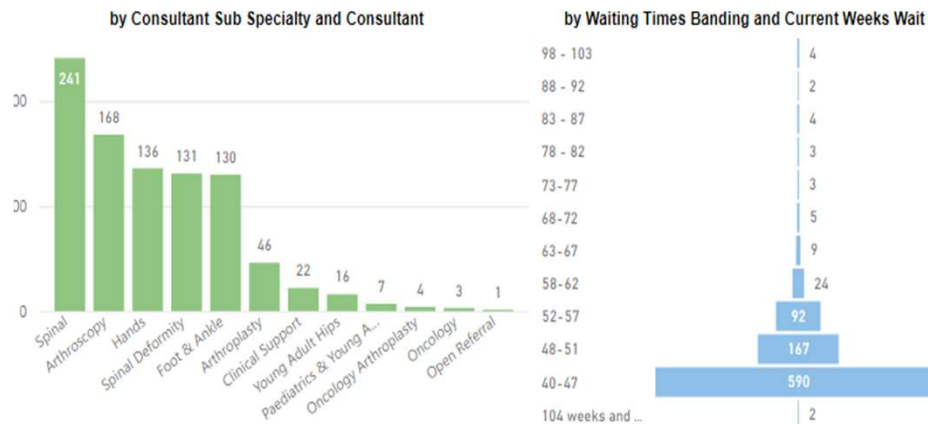
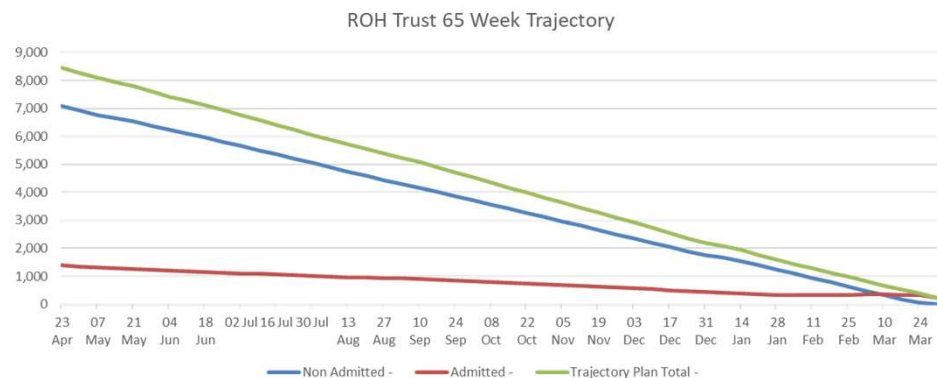
### RISKS / ISSUES

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



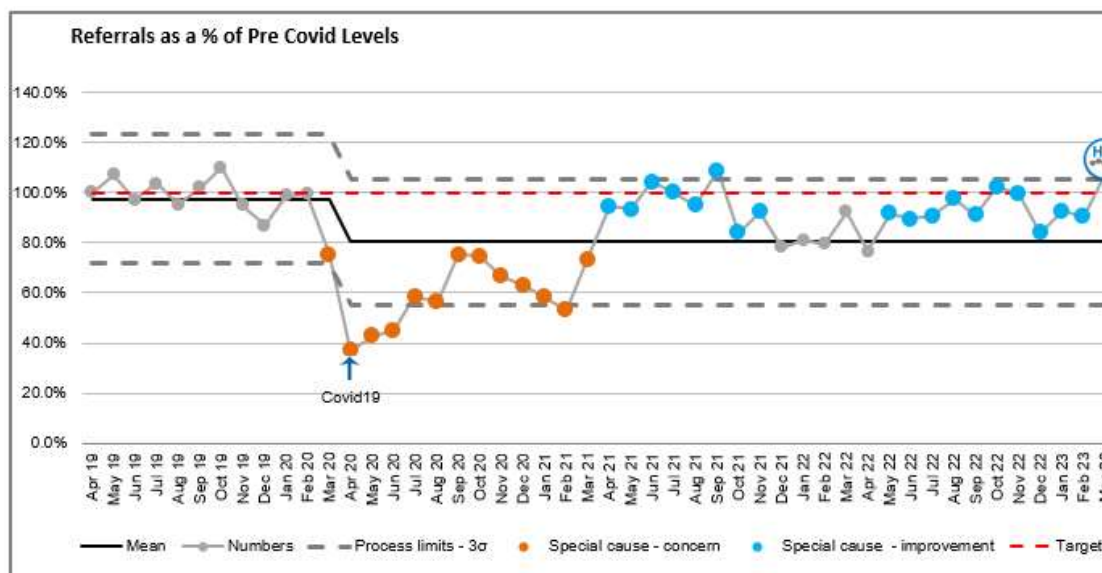
## 5. Referral to Treatment

### Elective Recovery: Trajectory to eliminate 65 week waits and Mutual Aid Assurance



- Delivered national mandate for zero 78 week wait patients by the end of March 2023.
- Trajectory produced for the delivery of elimination of patients waiting over 65 weeks by March 24
- We are providing mutual aid support for RJAH patients in Spinal Services. There are currently 48 patients on the ROH PTL who were transferred from RJAH, a proportion have already waited longer than 78 weeks.
- We continue to work with UHB and the system to support this year's 65 week wait focus as a system.
- The team continue to work in partnership with UHB and the system on shared PTL oversight. There are 68 patients of the original 2,000 cases transferred in Quarter 3 of 2022/23 and we have agreed to support an additional 170 cases with a waiting profile of between 59-71 weeks in Quarter 1 of 2023/24.

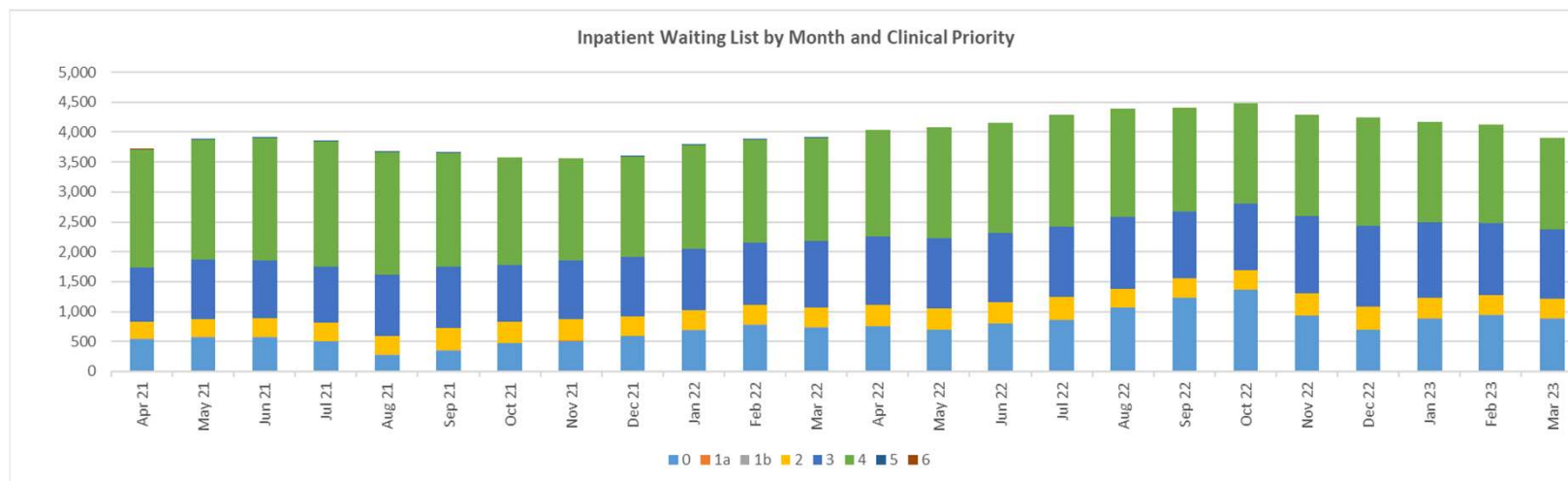
## 5. Referral to Treatment



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	2065	2480	2417	2450	2632	2462	2769	2686	2267	2501	2444	2896
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%	76.37%	91.72%	89.39%	90.61%	97.34%	91.05%	102.40%	99.33%	83.84%	92.49%	90.38%	107.10%

## 5. Referral to Treatment



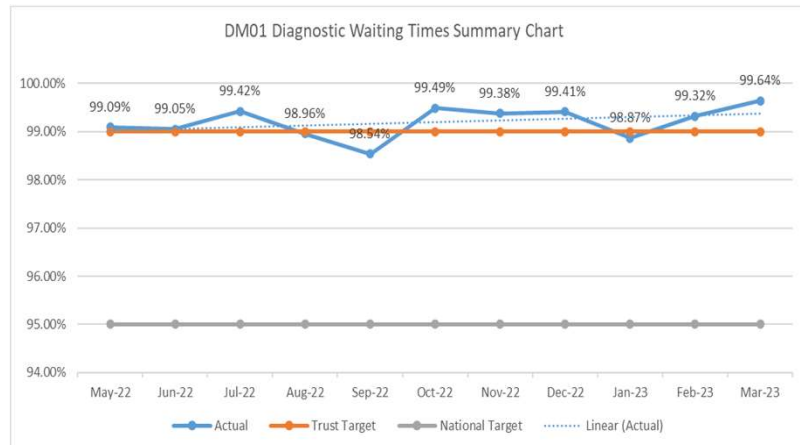
	Number of IP waiting as at	% of IP waiting as at
Priority	31/03/23	31/03/23
0	881	23%
1a		0%
1b	3	0%
2	327	8%
3	1161	30%
4	1526	39%
5		0%
6		0%
<b>Total</b>	<b>3898</b>	<b>100%</b>

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, an ongoing clinical audit is underway, reviewing all patients who have breached their priority score.

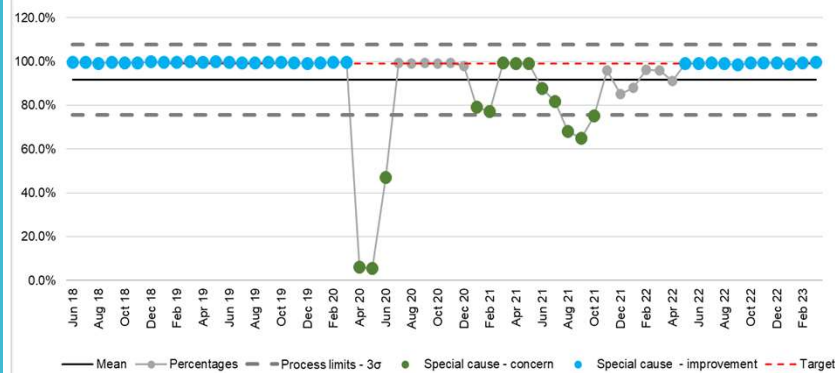
Figures show total inpatient waiting list including planned patients and patients with a TCI date.

## 6. Diagnostic Performance

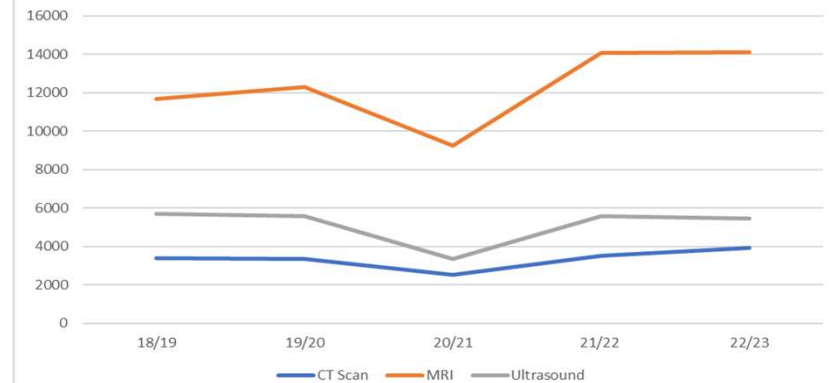
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



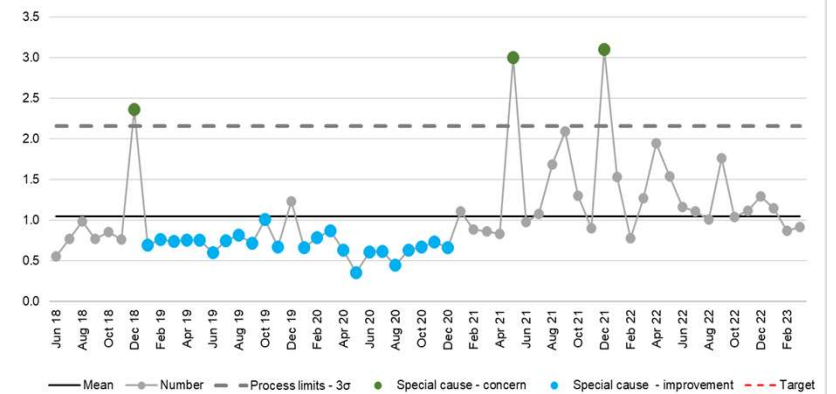
Diagnostics: Percentage of Patients Waiting Under Six Weeks



Referrals 18/19 - 22/23 (April - March Comparison)



Diagnostics: Service Report Turnaround Times (Average Number of Days)



## 6. Diagnostic Performance

### SUMMARY

The Imaging service achieved the 99% DM01 target in March 2023 closing the month at 99.64%. 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 and is within our constitution.

March 23 reporting times remain on target; however, typing is an issue with a vacancy out to advert – an external company has been used to support this service.

New DR room is being installed with a go live date of mid May 2023 – this will increase x-ray capacity and reduce patient waiting times in X-ray

### AREAS FOR IMPROVEMENT

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

Utilisation of diagnostics capacity will be maximised with the introduction of Dr Doctor within the imaging service that will also help reduce DNAs. Dr Doctor will be an added form of digital patient engagement 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) potential impact on performance. In addition, there is an increased risk of paper referral forms potentially being lost/delayed. 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 – Feb 2022 (March Submission)

Metric	Patients	Compliant	Breach	Total Accountable	%	Target
2WW	60	58	2*	60	95.5%	93%
31 day 1st	9	9	0	9	100%	96%
31 day sub	8	8	0	8	100%	94%
62 days	2	1	1	2	50%	85%
62 day upgrade	4	2.5	1	3.5	71.40%	90%
28 day FDS	57	49	8	57	86%	75%
104 days treated at ROH	0	0	0	0		

### Performance

All cancer performance standards were met in February 2023, excepting 62 days with x 1 patient breach .

There was 1 breach against the 62 day traditional standard. As there were only two patients treated in February against this standard it shows as 50% compliant. This breach was due to complex diagnostic requirements – CT chest and a CT guided biopsy under GA, with a 20 day wait for histology to come back (bone biopsies take longer so this was still within SLA).

There was also one breach against the upgrade target – which we are not held accountable to but has been shared at cancer board for assurance. The root causes were an initial delay due to patient infection, then some complications around safeguarding, patient capacity and a language barrier.

The other standards were all compliant. It has been noted and escalated that over 50% of the FDS breaches were a result of delays in pathology reporting – notably more than previous months.

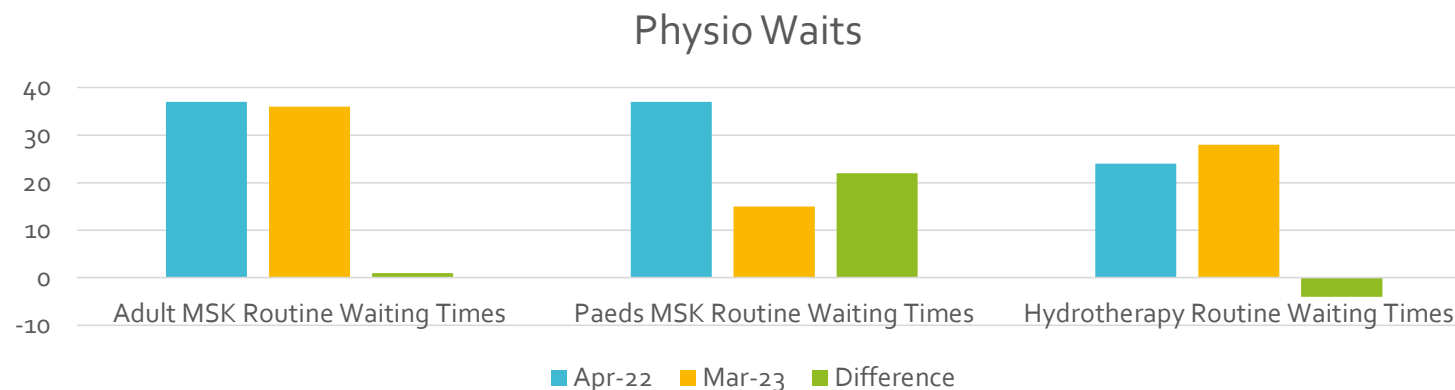
### Risks /actions ongoing

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

A meeting to discuss pathology reporting delays has been set up with the UHB senior team led by the COO and medical director at ROH in April to scope an action plan for reducing waiting times in pathology, however this is a national challenge . Feedback will be shared at FPC and QSC following this meeting.

## 8. Physio Waits

Physio Wait Comparison April 22 vs March 23



### Summary

Physio Adult MSK waits continue to be a challenge with waits of 37 weeks for a routine appointment. Workforce is the main contributory factor to the limited progress; however the team have successfully offered 6.5wte Band 6 posts that are working their way through the recruitment process. Paediatric waits have improved from 37 weeks to 15 weeks and the team are working towards the 12 week aspirational target. Hydrotherapy waits have increased by 4 weeks to 28 weeks; however, resource has been re-allocated and we expect this wait to reduce over the next couple of months.

For future FPCs a trajectory and waiting list profile will be provided. An update on progress against the agreed trajectory to reduce waits to 12 weeks in line with potential future national targets, will be included in the performance pack for assurance.

### Risks /actions ongoing

A comprehensive action plan has been produced to address the long waits associated with Adult MSK Routine appointments. A copy has been circulated with the Physio wait update paper.( April FPC meeting)



## 8. Overall Financial Performance

### SUMMARY

The Trust delivered a surplus in month of £2,340k against a planned deficit of £16k. This is contributing towards a year to date surplus of £368k, £368k better than plan.

Income year to date is £10,257k better than plan, as a result of recognising additional inflationary income allocation and higher than planned private patient income.

Pay and non pay expenditure remain overspent year to date by £8,459k and £671k respectively.

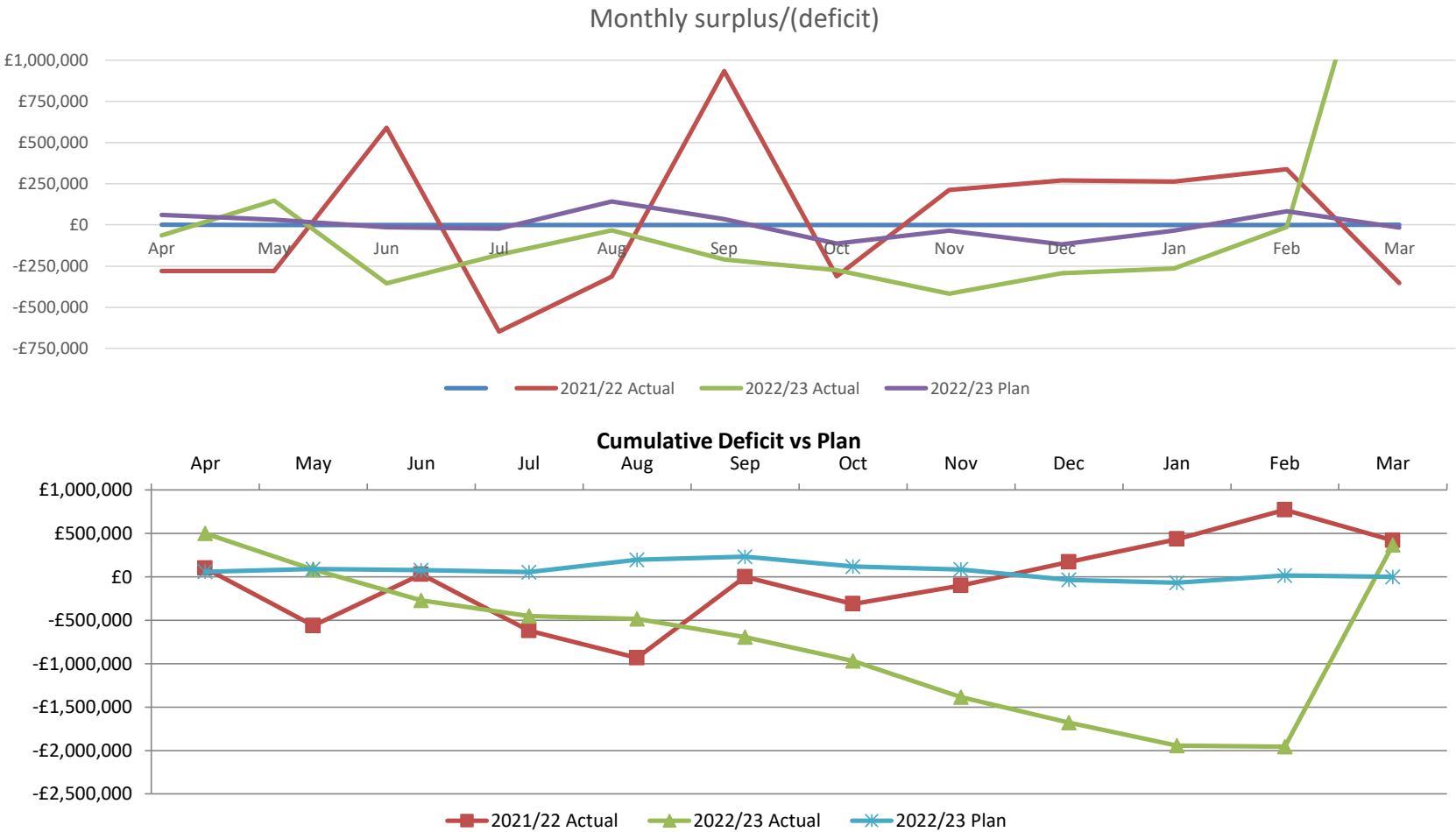
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	10,257	(8,459)	(671)	(759)	368
Year to date plan	117,253	(66,530)	(49,423)	(1,300)	0
Year to date actual	127,510	(74,989)	(50,094)	(2,059)	368
Variance compared previous month	↑ 6,089	↓ (5,741)	↑ 2,978	→ (985)	↑ 2,341
Forecast Variance					



## 8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	112,844	121,824	8,980
Other Operating Income (Excluding top up)	4,409	5,686	1,277
Employee Expenses (inc. Agency)	(66,530)	(74,989)	(8,459)
Other operating expenses	(48,561)	(50,094)	(1,533)
<b>Operating Surplus</b>	<b>1,220</b>	<b>2,427</b>	<b>1,207</b>
Net Finance Costs	(1,300)	(1,479)	(180)
<b>Net surplus/(deficit)</b>	<b>(80)</b>	<b>948</b>	<b>1,028</b>
Remove donated asset I&E impact	(80)	(580)	(500)
<b>Adjusted financial performance</b>	<b>0</b>	<b>368</b>	<b>368</b>
Non recurrent funding	16,159	16,159	0
<b>Underlying surplus/(deficit)</b>	<b>(16,159)</b>	<b>(15,791)</b>	<b>368</b>

# 8. Overall Financial Performance



## 9. Income

### SUMMARY

Income year to date is £10,257k better than plan, as a result of recognising additional inflationary income allocation during Mth1-11.

An adjustment in month has been included to accrue for a potential back dated pay award with funding of £2,189k funding anticipated to fund this. In addition there is a an adjustment for pension funding of £2,602k.

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 the year.

Private patient income continues to overperform and is now at £3.35m, almost £1.4m better than plan.

### AREAS FOR IMPROVEMENT

Other income is above plan by £391k year to date. This category of income includes car parking, catering and accommodation.

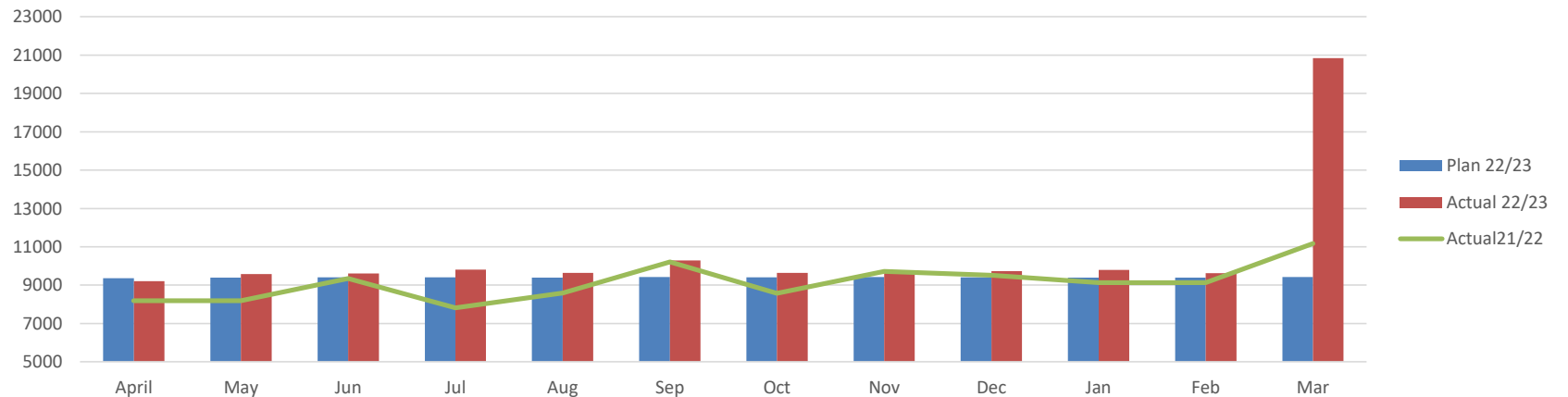
### RISKS / ISSUES

Uncertainty remains as we enter into 2023/24 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.

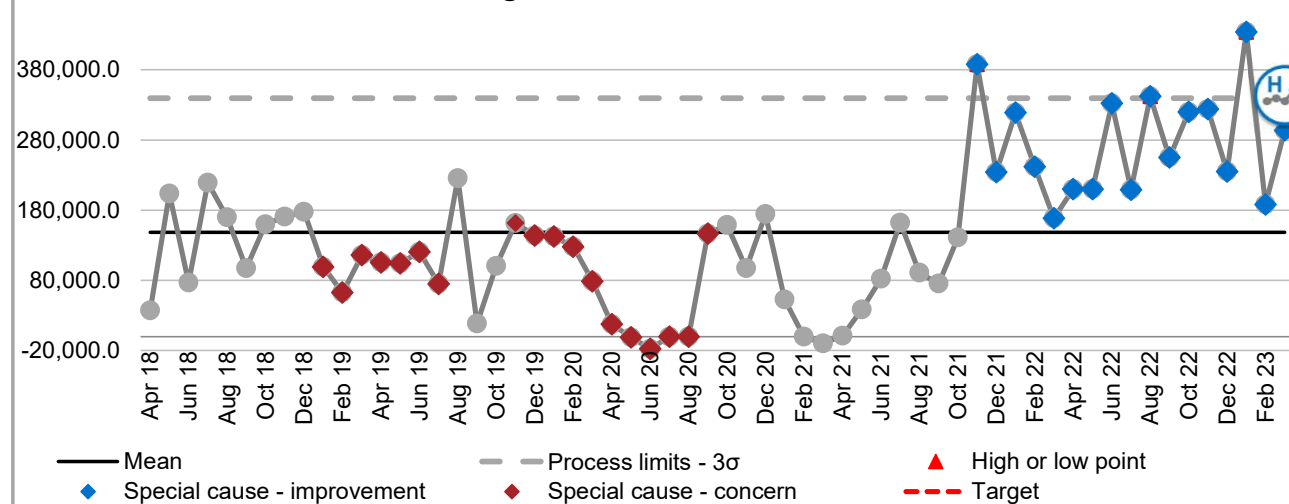
Non recurrent funding has been received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

## 9. Income

Monthly Clinical Income vs Plan, £000's - 22/23



Private Patient Income- starting 01/04/18



## 9. Expenditure

### SUMMARY

Pay and non pay expenditure remain overspent year to date by £8,459k and £671k respectively.

There are two adjustments within Month 12 that has inflated the pay costs. Firstly, an adjustment has taken place in month to accrue for a potential back dated pay award which totals £2,645k. An income accrual of £2,189k off sets the majority of this but there is an anticipated cost pressure of £456k. Secondly, pension costs totalling £2,602k which is also offset by an income adjustment.

Agency spend remains high in month totalling £3.1m 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 £6.03m against a plan of £5.2m causing an adverse variance of £837k.

### AREAS FOR IMPROVEMENT

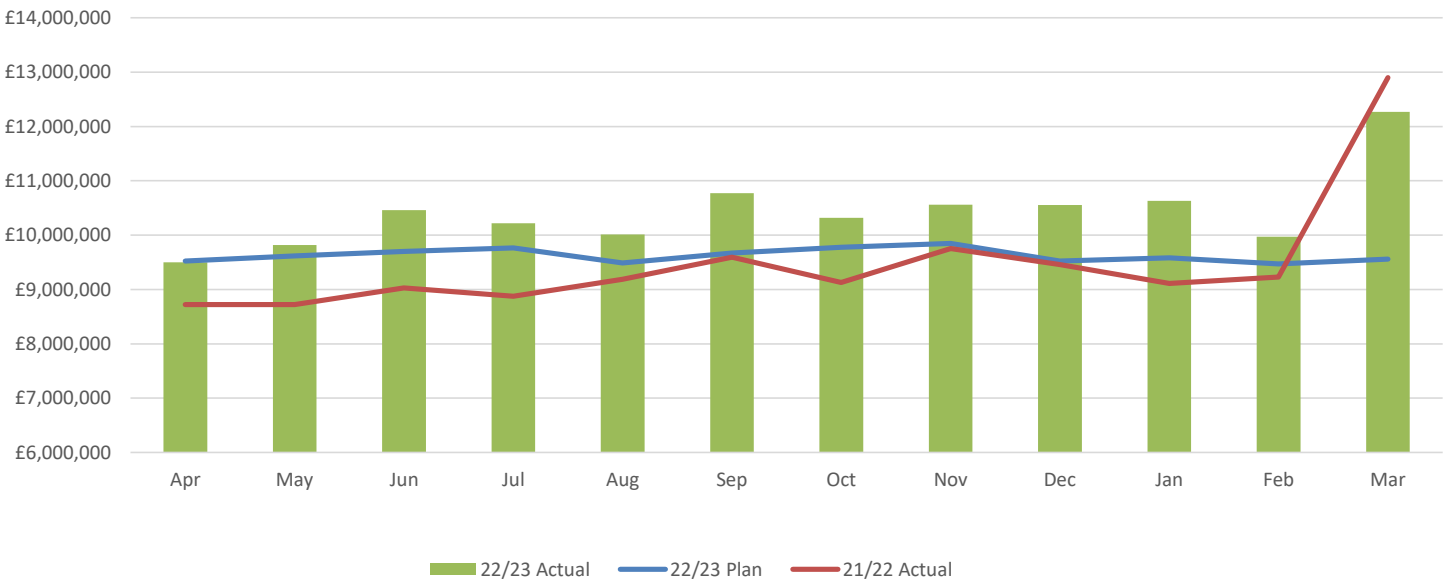
Agency spend is above plan year to date by £3.2m. A greater focus by NHS England on agency controls is leading to greater scrutiny in this area of expenditure. The Agency Cap for 23/24 will be 3.7%.

### RISKS / ISSUES

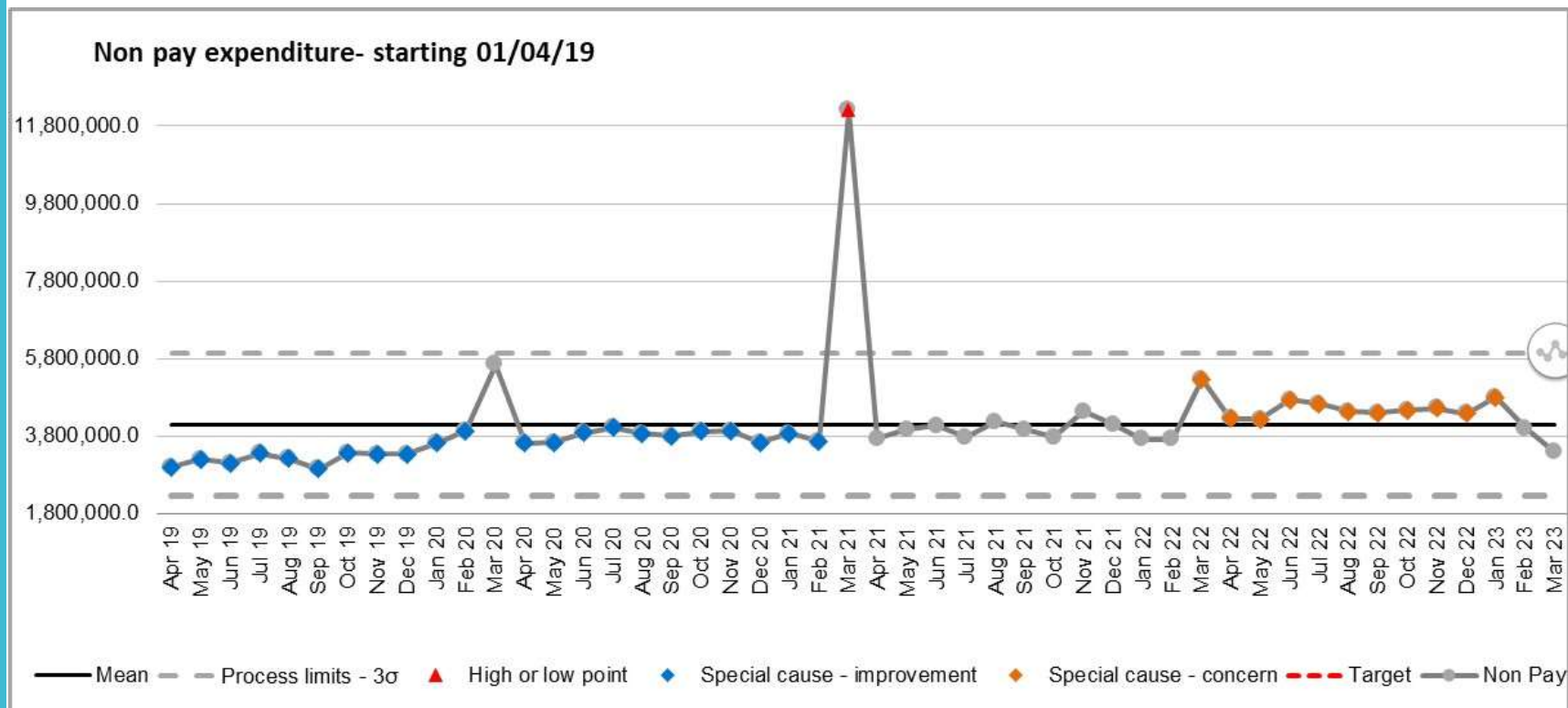
Agency spend remains high causing a significant cost pressure during the year.

# 9. Expenditure

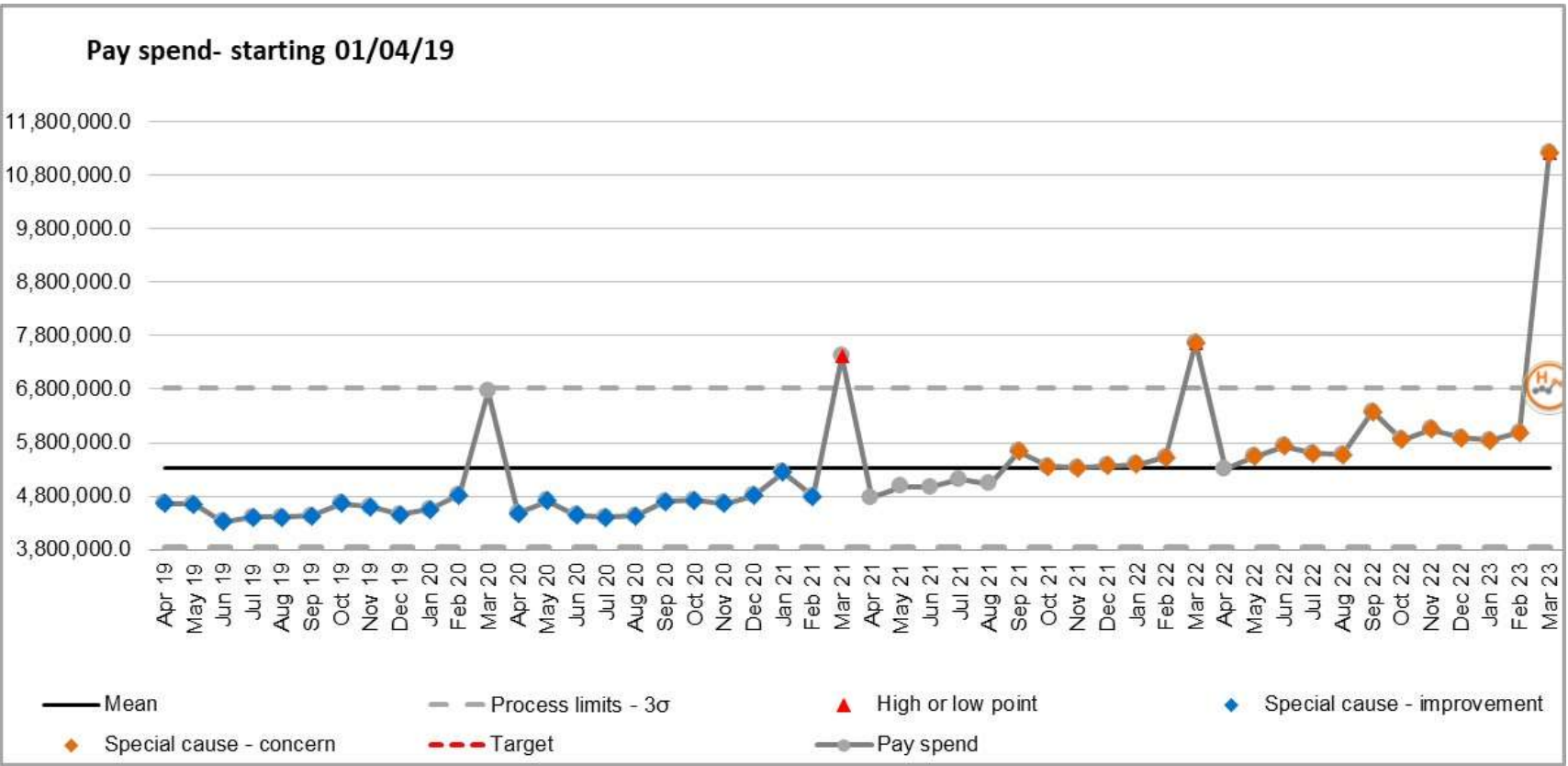
22/23 Monthly Expenditure vs Plan



## 9. Non Pay Expenditure

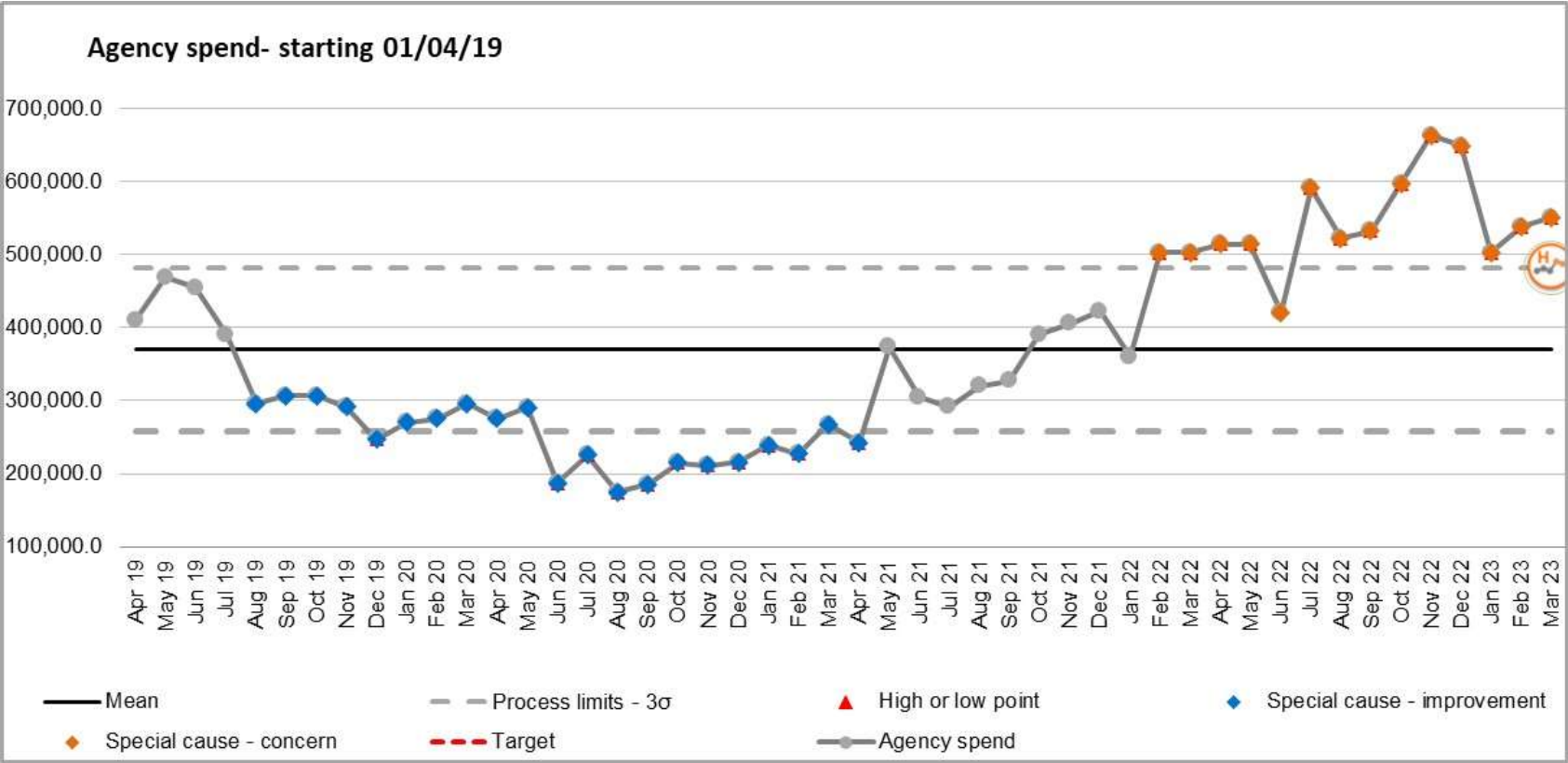


# 9. Pay Expenditure





# 11. Agency Expenditure



## 12. Cost Improvement Programme Summary

### SUMMARY

Year to date savings of £2.7m have been delivered, with only £84k delivered non recurrently. CIP schemes for 2023/24 have identified schemes c.£2.1m, 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	£508	£105	£403	
Non pay	£1,906	£1,463	£443	
Income	£353	£1,199	£846	
<b>Grand Total</b>	<b>£2,767</b>	<b>£2,767</b>	<b>£0</b>	

Scheme	Confidence	Plan	Actual	Forecast
Private patient service expansion	High	£120	£995	
Procurement - Birmingham Hospital Alliance Collaborative	High	£1,309	£683	
Hips & Knees Implant Rationalisation / contract negotiation	High	£306	£371	
Medical Agency Reduction - Direct Engagement	High	£190	£77	
Enhanced Voice Recognition - Digital Dictation	High	£60	£0	
DNA Rate Reduction - Outpatients	High	£50	£0	
Substantive Nursing recruitment	High	£109	£0	
Minimisation of medical agency spend - Agency commission rates	High	£12	£1	
Managed Patient Communications via Synertec	High	£12	£2	
Pharmacy drug savings	High	£11	£11	
Energy efficiency schemes	High	£6	£6	
Microsoft 365 Licence review	High	£10	£6	
Daycase Joint Replacement	High	£75	£0	
Substantive Nursing recruitment	High	£95	£0	
Robotic Process Automation (RPA) - Review manual process to automate	High	£40	£0	
Enhanced Voice Recognition - Digital Dictation	Med	£55	£0	
In-house printing for patient communications	High	£25	£0	
DNA Rate Reduction - Outpatients	High	£46	£0	
Diagnostics and Therapies - Synertec paperless	Med	£10	£0	
Interpreting via telephone	Low	£12	£0	
Minimisation of medical agency spend - Agency commission rates	High	£11	£0	

## 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 remaining movement in tangible assets is as a result of both the investment in the estate in the year, and a substantial uplift in the valuation of the estate as a result of the year end valuation process.

Inventories has reduced and prepayments have increased (included under trade and other current assets) as a result of the year end stock count and the continued expected transition of inventories to prepayments as the trust stock balance is utilised and replaced by the managed service provider.

Provisions has also reduced as a result of the release of the letter received from HMRC as previously described to members of the committee.

	2021/22 M12	2022/23 M12	Movement
	(£'000)		
Intangible Assets	1,536	1,340	(196)
Tangible Assets	45,448	72,232	26,784
<b>Total Non Current Assets</b>	<b>46,984</b>	<b>73,572</b>	<b>26,588</b>
Inventories	359	18	(341)
Trade and other current assets	9,946	10,816	870
Cash	11,147	7,591	(3,556)
<b>Total Current Assets</b>	<b>21,452</b>	<b>18,425</b>	<b>(3,027)</b>
Trade and other payables	(13,323)	(16,585)	(3,262)
Borrowings	(1,057)	(20,879)	(19,822)
Provisions	(7,818)	(1,328)	6,490
Other Liabilities	(744)	(2,471)	(1,727)
<b>Total Liabilities</b>	<b>(22,942)</b>	<b>(41,263)</b>	<b>(18,321)</b>
<b>Total Net Assets Employed</b>	<b>45,494</b>	<b>50,734</b>	<b>5,240</b>
<b>Total Taxpayers' and Others' Equity</b>	<b>45,494</b>	<b>50,734</b>	<b>5,240</b>

## 14. Workforce metrics

Trust Workforce Metrics	Feb-23	Mar-23	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1270	1282	12	-	-
Staff In Post - Full Time Equivalent	1122.80	1134.03	11.22879	-	-
Staff Turnover % - Unadjusted	17.34%	17.06%	-0.28%	↓	≤11.5%
Staff Turnover % - Adjusted	15.29%	15.14%	-0.15%	↓	≤11.5%
Total WTE Employed as % of Establishment	83.56%	83.68%	0.12%	↑	≥93%
Total WTE Employed as % of Establishment - Clinical	81.17%	81.06%	-0.10%	↓	≥92%
Total WTE Employed as % of Establishment - Non-Clinical	88.14%	88.64%	0.50%	↑	≥96%
% Of Attendance	94.34%	94.47%	0.13%	↑	≥96.3%
% Of 12 mth MAA Attendance	93.94%	93.96%	0.02%	↑	≥96.3%
% Staff received mandatory training last 12 months	87.59%	86.38%	-1.21%	↓	≥93%
% Staff received formal PDR/appraisal last 12 months	65.46%	65.41%	-0.04%	↓	≥95%
% of Sickness - Trust wide Long-term	3.07%	2.75%	-0.32%	↓	-
% of Sickness - Trust wide Short-term	2.59%	2.78%	0.18%	↑	-
Return To Work Completion %	52.98%	58.17%	5.19%	↑	≥80%

## 14. Workforce metrics

### Summary / Highlights

In March, 86.38% of staff had completed their mandatory training within the last 12 months which is a slight decrease on February. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting. Classroom sessions have now started back up.

Turnover (both Unadjusted and Adjusted) have been increasing over the last months but at the moment we have seen a slight decrease. Turnover unadjusted stands at 17.06% which is a decrease from February.

The percentage of staff attendance in the month has increased to 94.47%.

The Establishment of WTE is still below target and has increased to 83.68% from 83.56% in February.

Clinical staff are currently 81.06% established in terms of WTE.

Non-Clinical staff are currently 88.64% established in terms of WTE.

### Risks / Issues

Cost of living seems to be affecting the NHS as a whole, the Trust is doing it's utmost to alleviate the impact.

Other Trusts seem to be able to offer higher bands, this has seen some employees move on.

Staff with no PDR/Appraisal will have no way of been appraised and will have no personal goals.

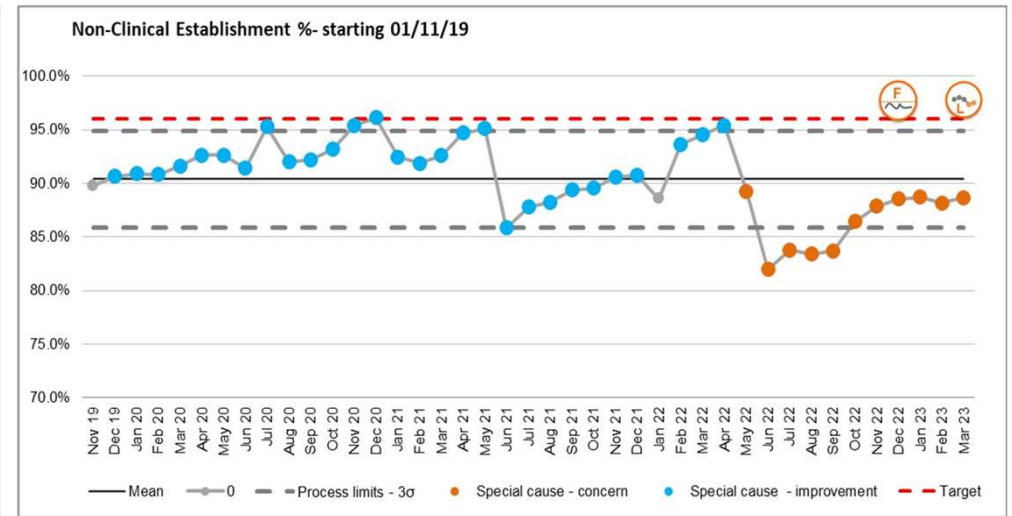
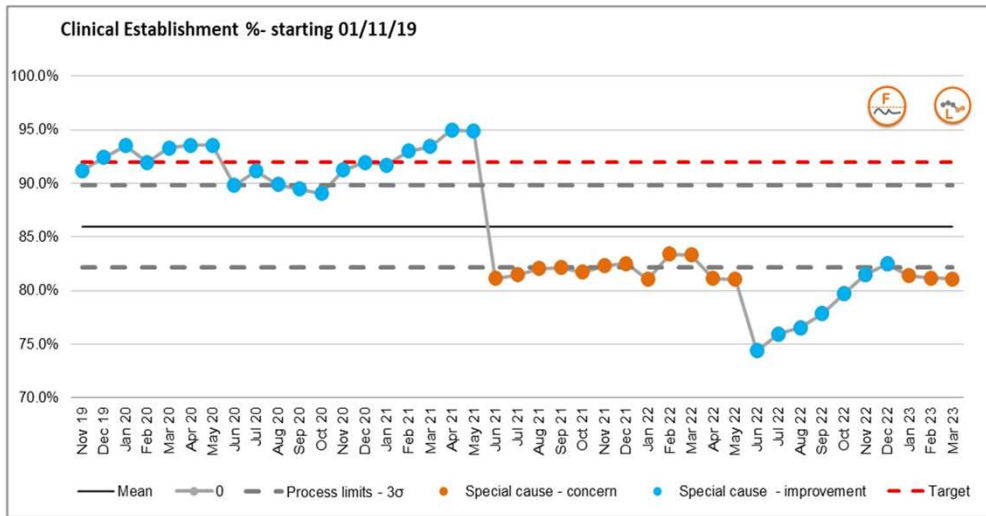
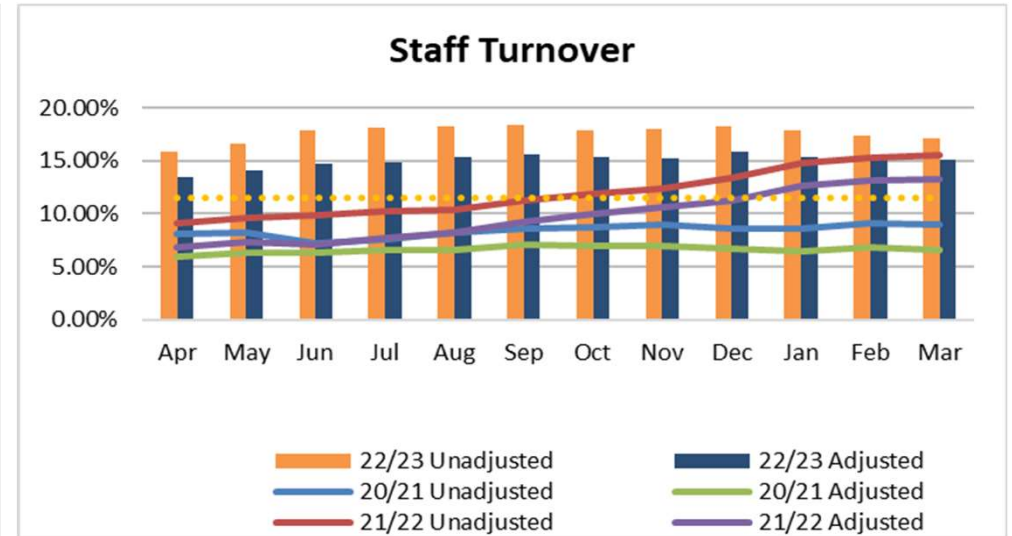
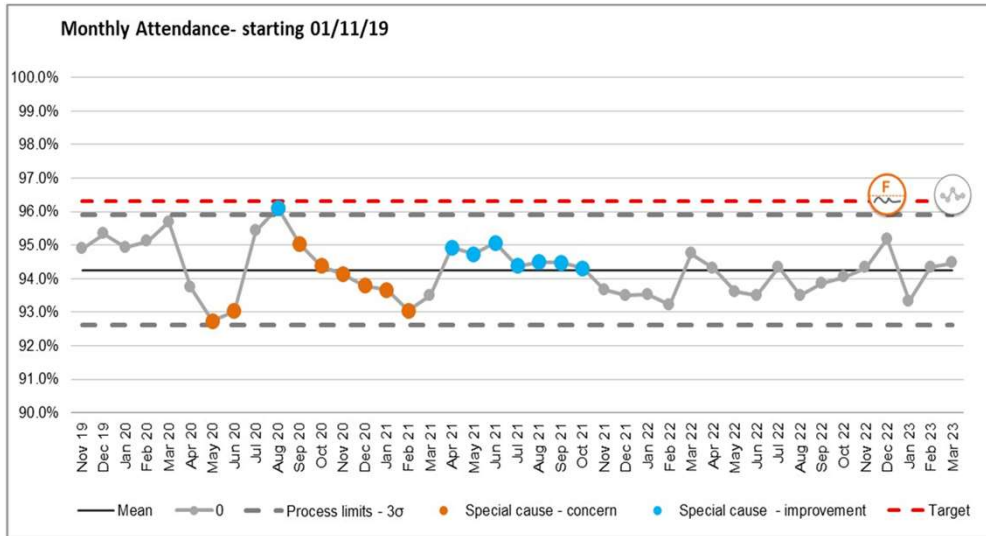
Return To Work meetings if these aren't carried out there is a potential for further sickness and opportunities to support employees will be missed.

We anticipate that over the next few months, attendance may drop as we come through the summer months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

### Actions

HR and E-Roster team to look into the issues around Return To Work meetings, Sophie Beavon, Paddy Coen and Jade Johnson are running drop in sessions for managers.

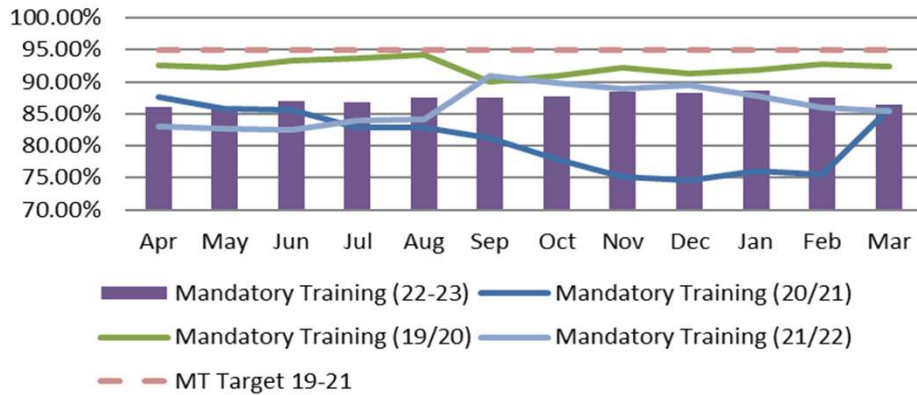
HR to review the Staff Turnover and look into the reasons and dig deeper into them, Terrie Hillier provides a deeper dive into the data and will be running a Leavers Process working group to tackle some of the themes.



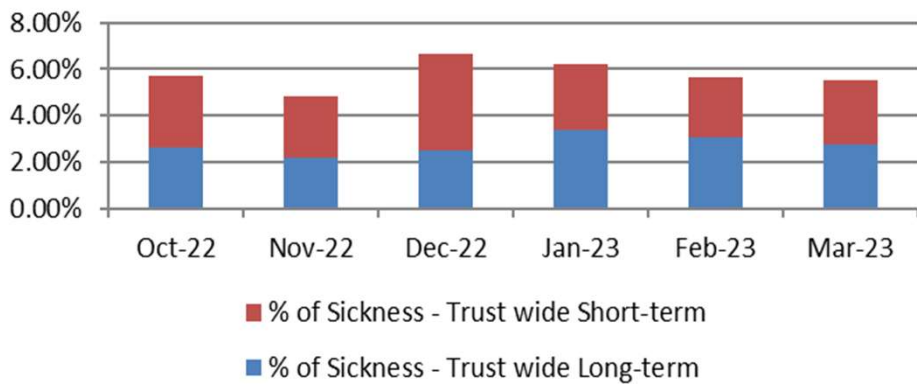




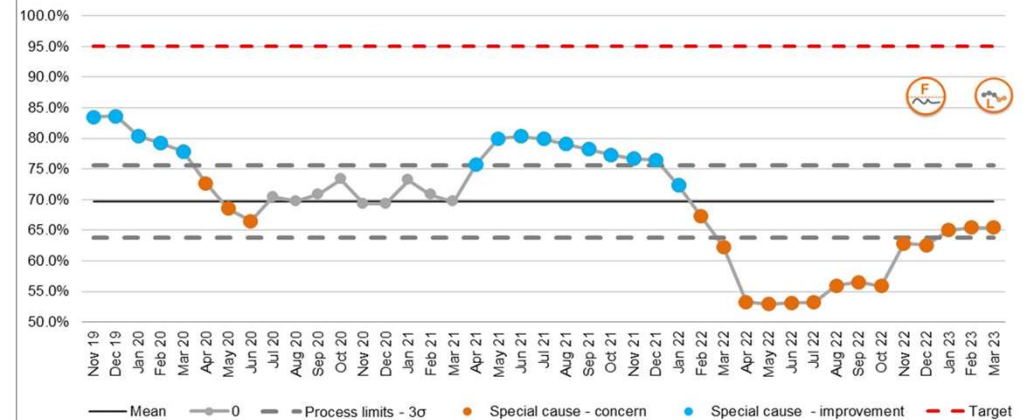
### Mandatory Training



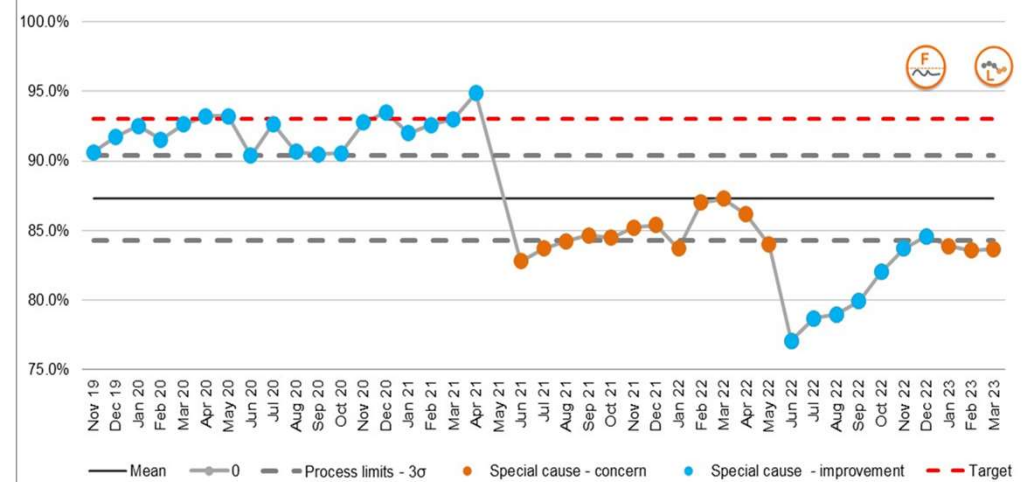
### Sickness % - LT/ST (2022/23)



### Appraisals- starting 01/11/19



### Total WTE Employed as % of Establishment- starting 01/11/19





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# The Royal Orthopaedic Hospital NHS Foundation Trust

## QUALITY AND SAFETY REPORT

### April 2023(March 2023 Data)

**EXECUTIVE DIRECTOR:** Simon Grainger Lloyd  
Nikki Brockie  
Marie Peplow

**AUTHOR:** Adam Roberts

Director of Governance  
Chief Nurse  
Chief Operating Officer  
Acting Head of Governance and Assurance





# Quality Report – April 2023 (March 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	Mar-23	2021/2022	2022/2023	
<b>Incidents</b>	308	387	304	289	280	296	308	329	310 (↓)	283 (↓)	292 (↑)	374 (↑)			
<b>Serious Incidents</b>	1	0	1	2	0	1	0	0	1	0 (↓)	2 (↑)	0 (↓)	13 (Total)	8	
<b>Internal RCA investigations</b>	3	4	6	2	1	6	2	6	2 (↓)	4(↑)	4	3 (↓)			
<b>VTEs (Avoidable)</b>	0	0	0	0	0	0	0	0	0	0	0	0 (0	2 (Avoidable)	0	
<b>Falls</b>	9	10	4	3	5	3	10	5	9 (↑)	3 (↓)	7 (↑)	5 (↓)	91 (Total)	79	
<b>Pressure Ulcers: Cat 2 (Avoidable)</b>	0	3	0	0	0	0	0	2 (↑)	0	0	0	0 (0	3 (Avoidable)	5	
<b>Pressure Ulcers: Cat 3 (Avoidable)</b>	0	0	0	0	0	0	0	0	0	0	0	0 (0	0 (Avoidable)	0	
<b>Complaints</b>	6	5	4	1	2	6	4	4	3	2	4 (↑)	1 (↓)	52 (Total)	35	
<b>PALS</b>	57	54	42	51	57	62	42	59	41(↓)	51 (↑)	50 (↓)	57 (↑)	64 (↑)		
<b>Compliments</b>	3	1	4	4	3	2	3	4	TBC	TBC	TBC	TBC	TBC		
<b>FFT Score %</b>	99.39	98.88	98.68	97.82	97.93	98.34	98.50	99.61	100 (↑)	99.8 (↓)	100 (↑)	99.6 (↓)			
<b>FFT Response %</b>	48	30	38	51	42	45	55	47	46(↓)	41 (↓)	37 (↓)	49 (↑)			
<b>Duty of Candour</b>	12	10	16	16	12	10	10	12 (↑)	12	16(↑)	14 (↓)	10 (↓)			
<b>Litigation (New)</b>	0	0	0	1	2	0	0	3	0	0	2 (↑)	2			
<b>Coroners</b>	0	0	0	0	0	0	0	0	0	0	0	0			
<b>WHO %</b>	99	99	100	100	100	100	99	99	99	100 (↑)	99 (↓)	99 (↓)			
<b>Infections</b>	1	1	2	0	0	1	1	1	1	0	1 (↑)	0 (↓)	7 (Total)	9	



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## 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.

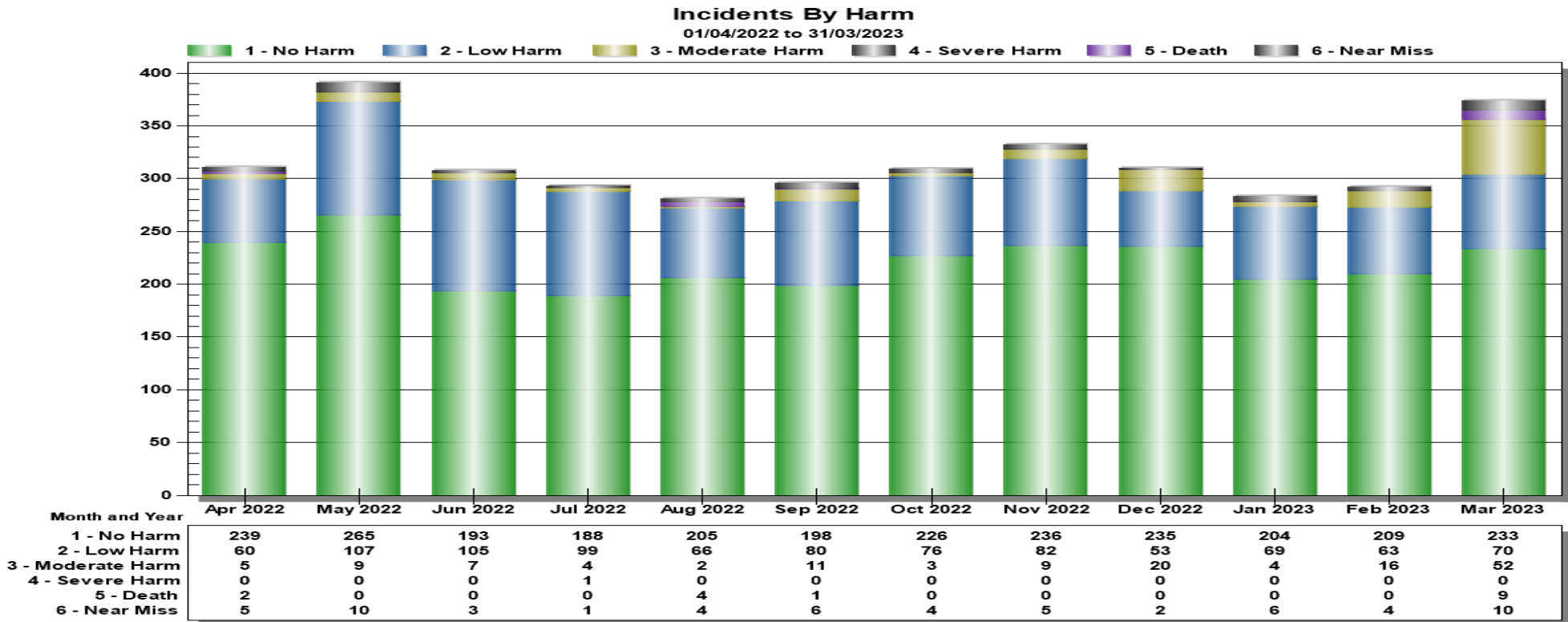
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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.



In the month of March 2023, there were a total of 374 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

233 – No Harm  
70 - Low Harm  
52 - Moderate Harms  
0 - Severe Harm  
10 - Near Miss  
9 – Death



First choice for orthopaedic care  
**roh.nhs.uk**

There were 52 potential moderate harm incidents reported in March 2023.

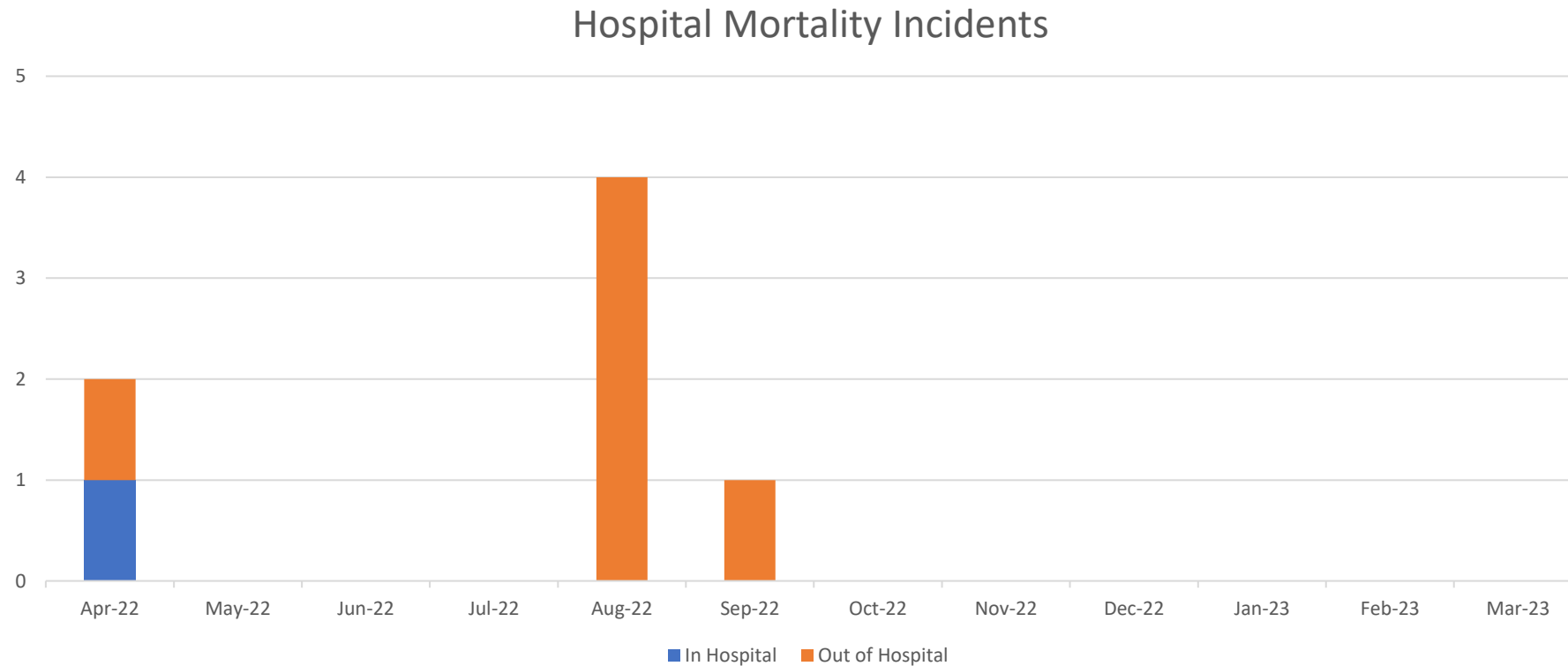
All are currently going through the governance process to confirm actual level of harm



0 of the 16 potential moderate harms reported within the March 2023 Quality Report were downgraded – all remain under investigation.



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





INFORMATION

No inpatient deaths were reported in March 2023.  
9 patient deaths, where we were notified of the death occurring within 30 days of discharge, were reported in March 2023. The date of death in regards to these incidents did not occur in March 2023. We were notified of the deaths in March 2023 via national data sources and they were incident reported in March 2023, hence the increase in number. These deaths are incident reported for the purposes of our learning from deaths review, under which we review all inpatient deaths and all deaths that occur within 30 days of discharge from ROH. Further amendment to the way deaths within 30 days of discharge are reported within the Quality Report will be undertaken to give a better indication of when the deaths actually occurred.

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

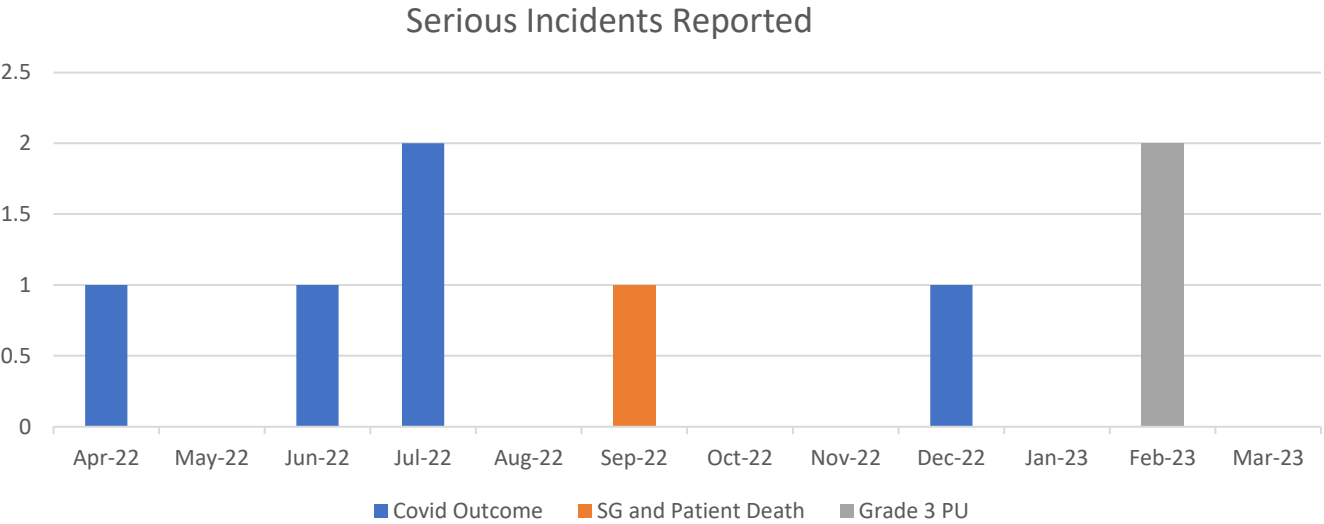
RISK AND ISSUES

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

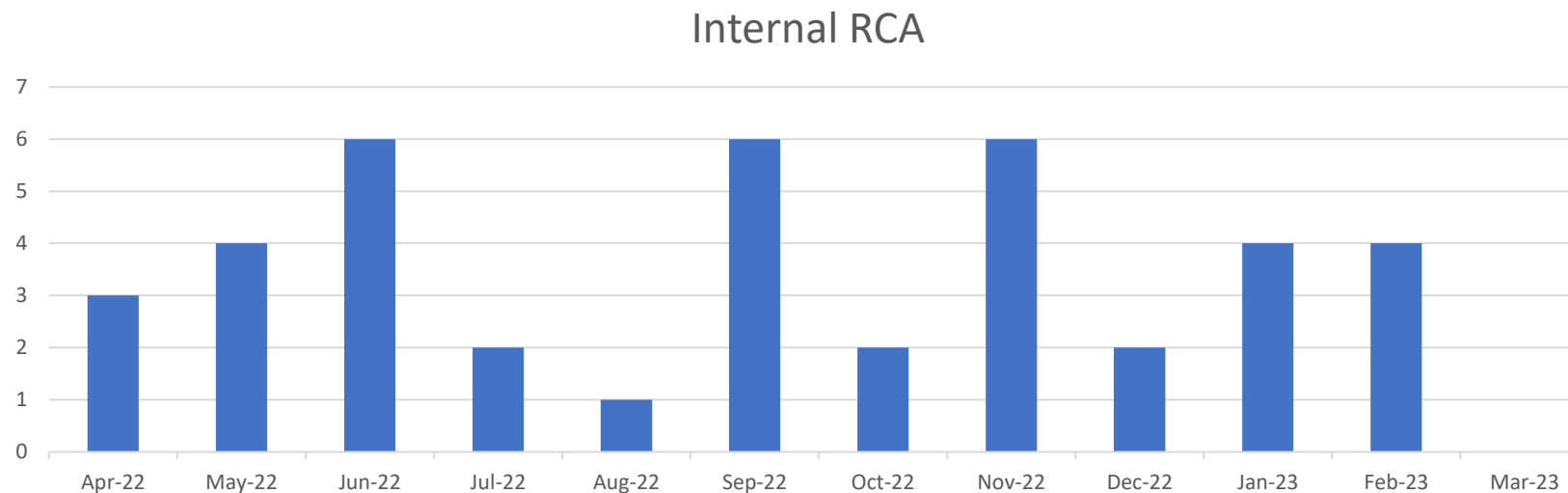
\*Data Source – STEiS\*



INFORMATION
0 Serious Incidents were reported in March 2023
ACTIONS FOR IMPROVEMENT AND LEARNING
N/A – Still pending outcome of RCA investigations into the 2 x grade 3 pressure sores reported in Feb 23
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.

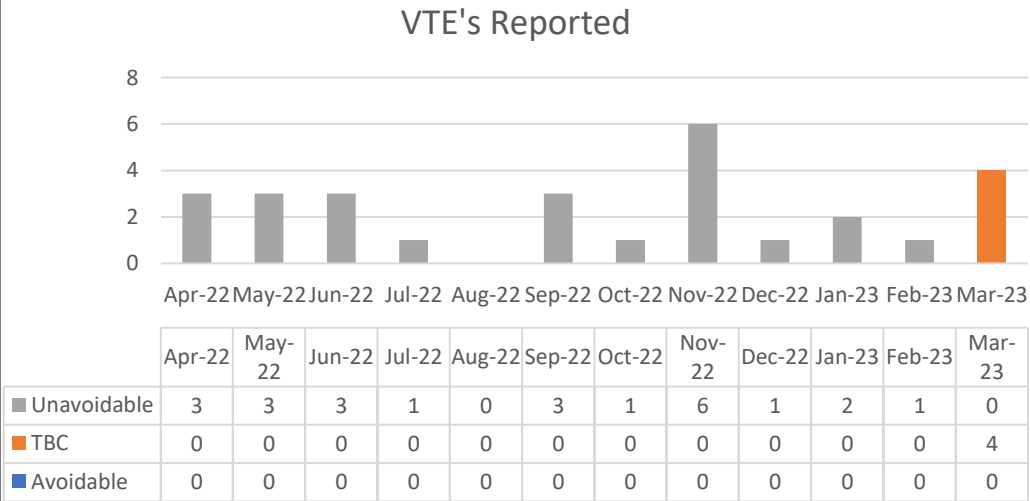
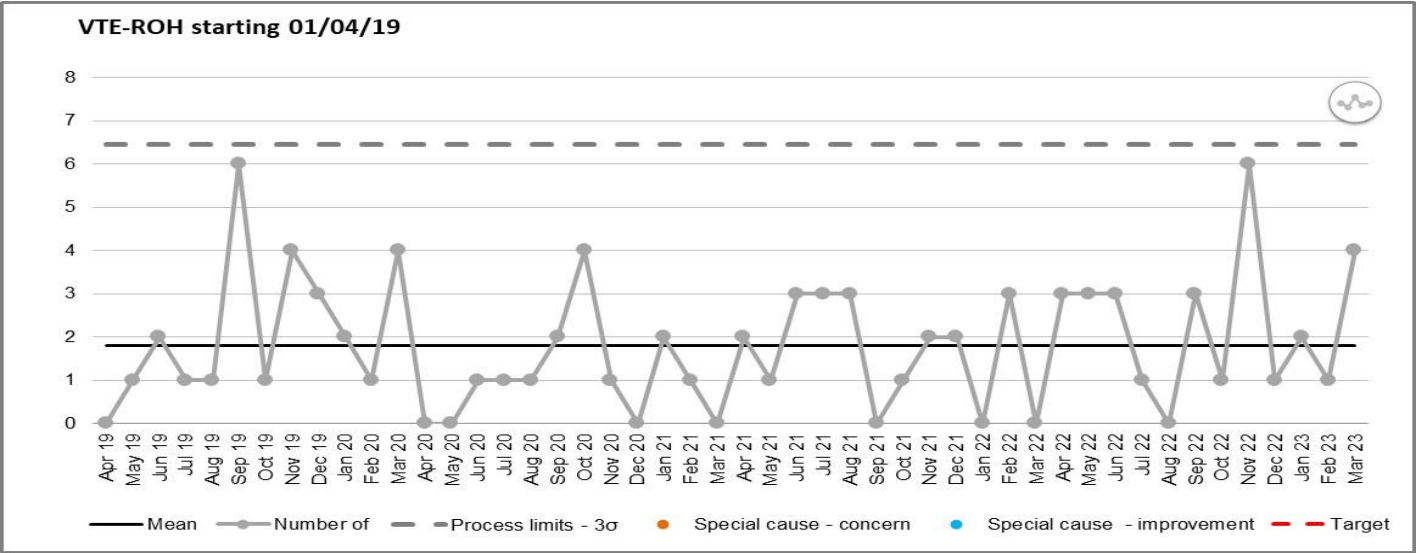


**\*Data Source – Internal RCA tracker\***



3 RCAs were commenced in March 2023

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)



\*Data Source – Ulysses and VTE leads\*

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	28



INFORMATION

4 x ROH associated VTE incidents were reported in March 2023. 3 were recorded as low harm and 1 as potential moderate harm – RCA’s currently underway to scope avoidability

Provisional figures for admission assessment	
Total possible	1248
Total assessed	1142
%	91.51%

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

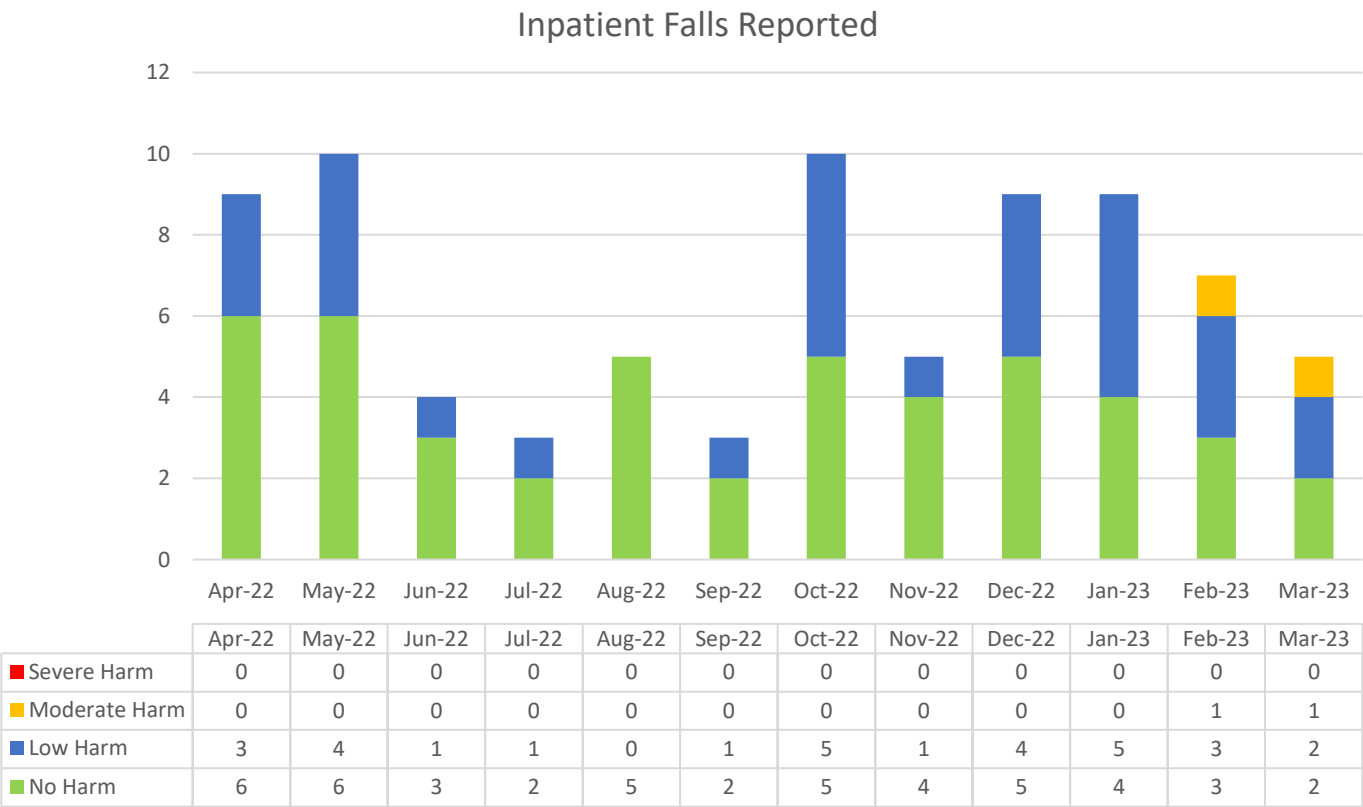
- VTE RCA template reviewed and updated
- Re-assessment re-audit to be undertaken by Medical VTE lead – paper due for Q&S
- Exemplar site submission was completed by end of March 2023 deadline – awaiting outcome

RISK AND ISSUES

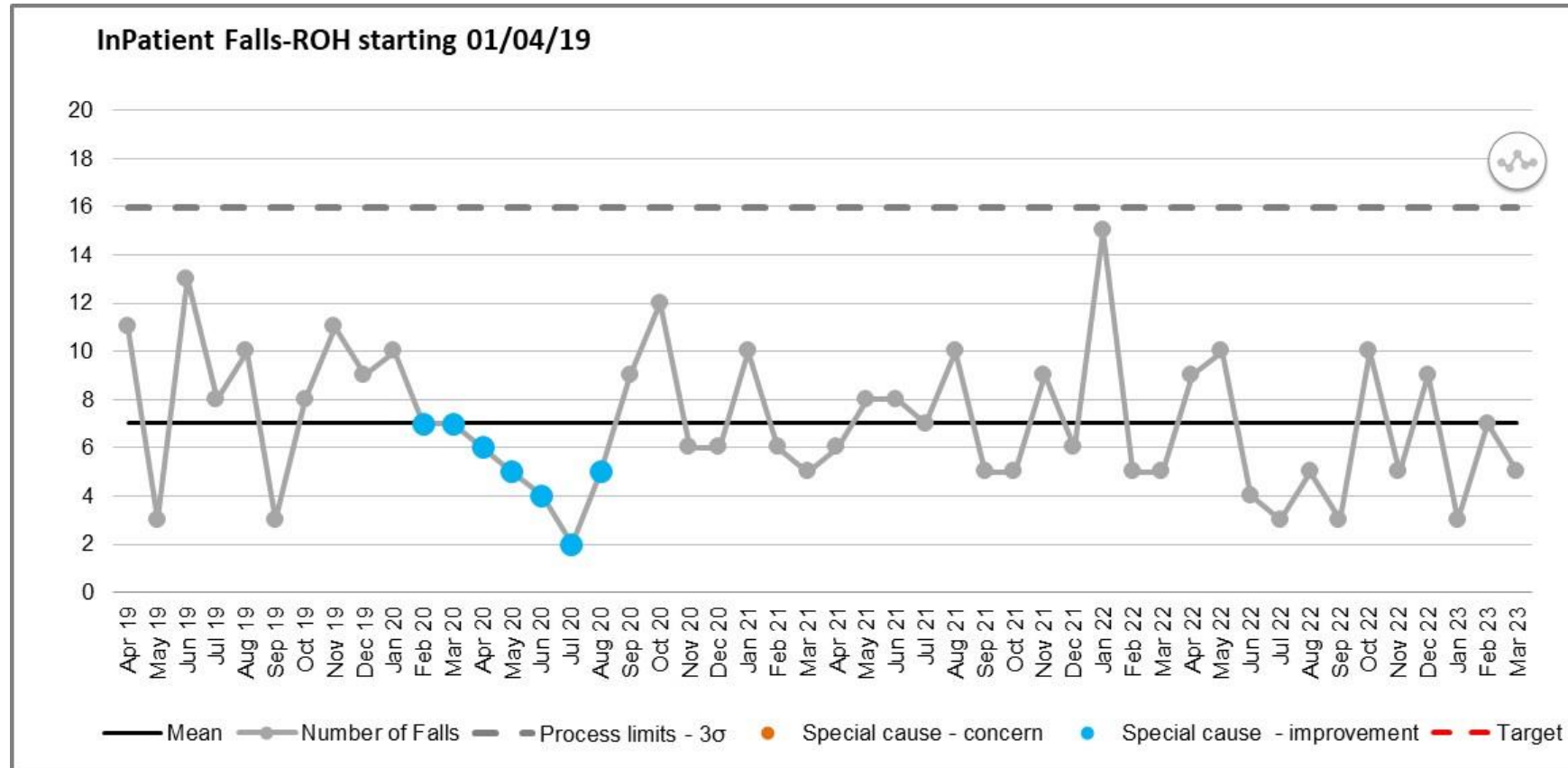
None



**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.



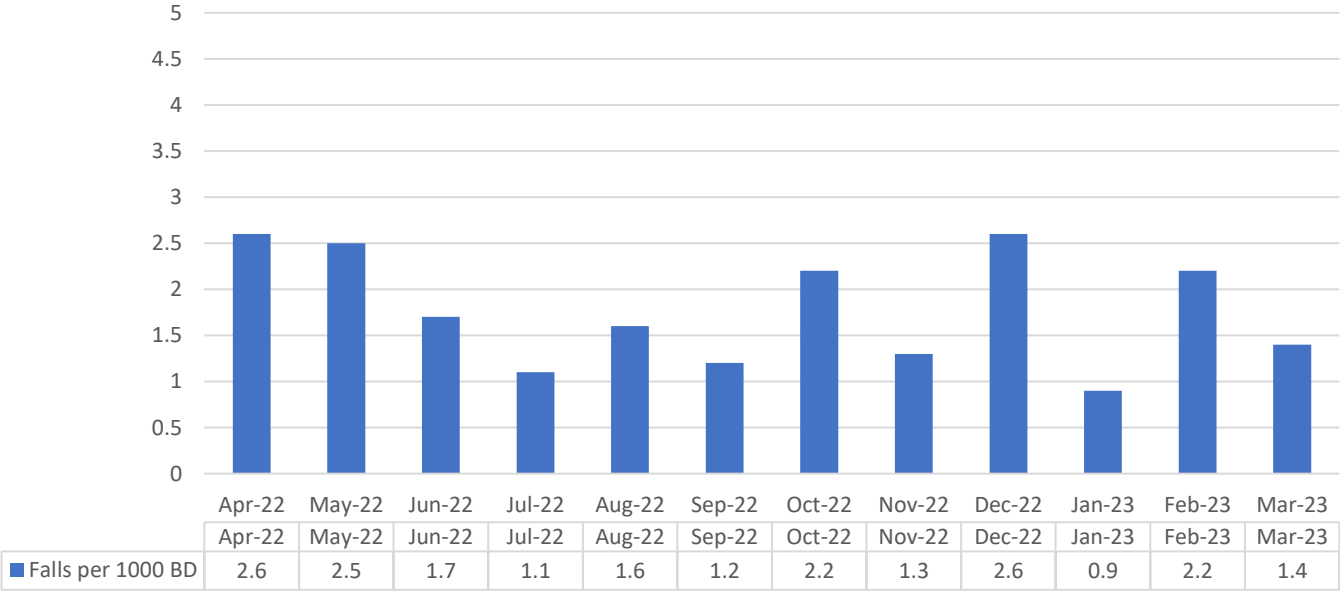
Year Totals	
20/21	76
21/22	91
22/23	79







Falls per 1000 Bed Days





INFORMATION

There were 7 incidents reported across the Trust in March 2023 relating to Falls, note 1 incident was not actually a fall:

**5 x In-Patient Incidents**

**1 x ROCS Incidents**

**1 x Staff Incident (non-fall)**

There is a consistently low number of in-patient falls this month, with no identifiable themes. One incident resulted in moderate harm, whereby a patient was found in the bathroom, this is subject to an ongoing review.

ACTIONS FOR IMPROVEMENT AND LEARNING

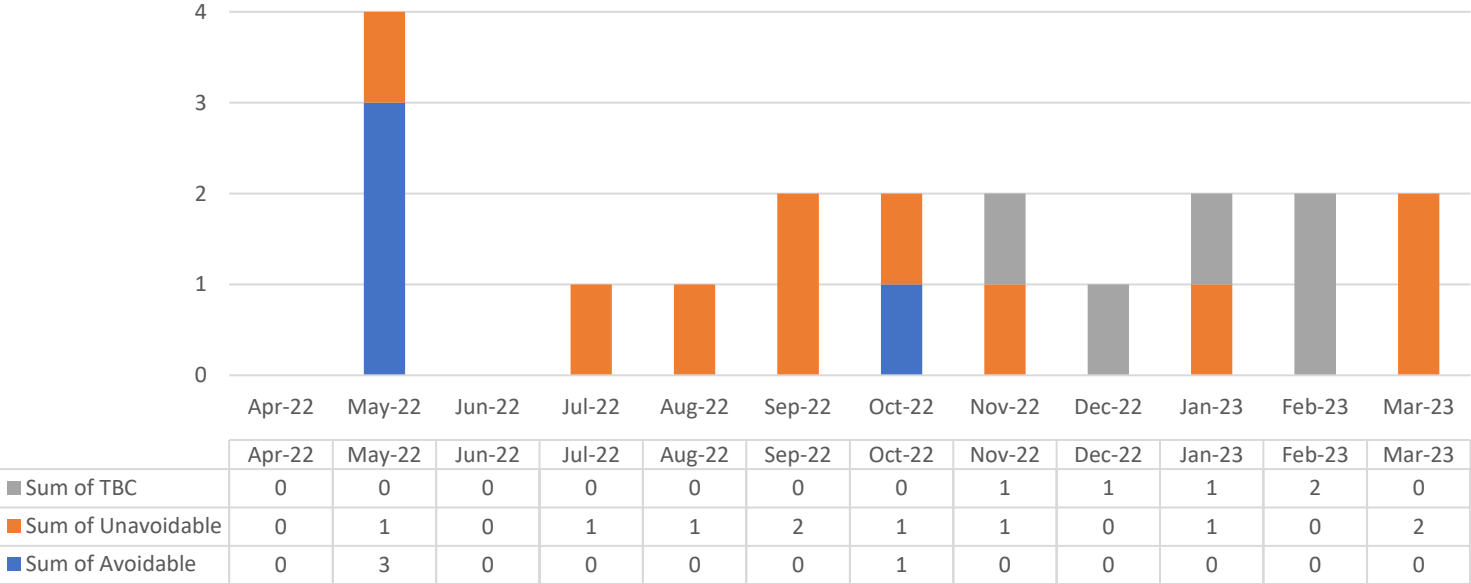
- Drafted new criteria for falling leaves campaign to highlight in-patient’s at higher risk of falls, to be submitted to falls/dementia working group for review.
- New falls/dementia information boards for out-patient areas designed, still waiting on communications team for production

RISK AND ISSUES

Resolved issue from last month, now only have one Hoverjack in the Trust that is broken, the remaining three Hoverjacks are now all available for use

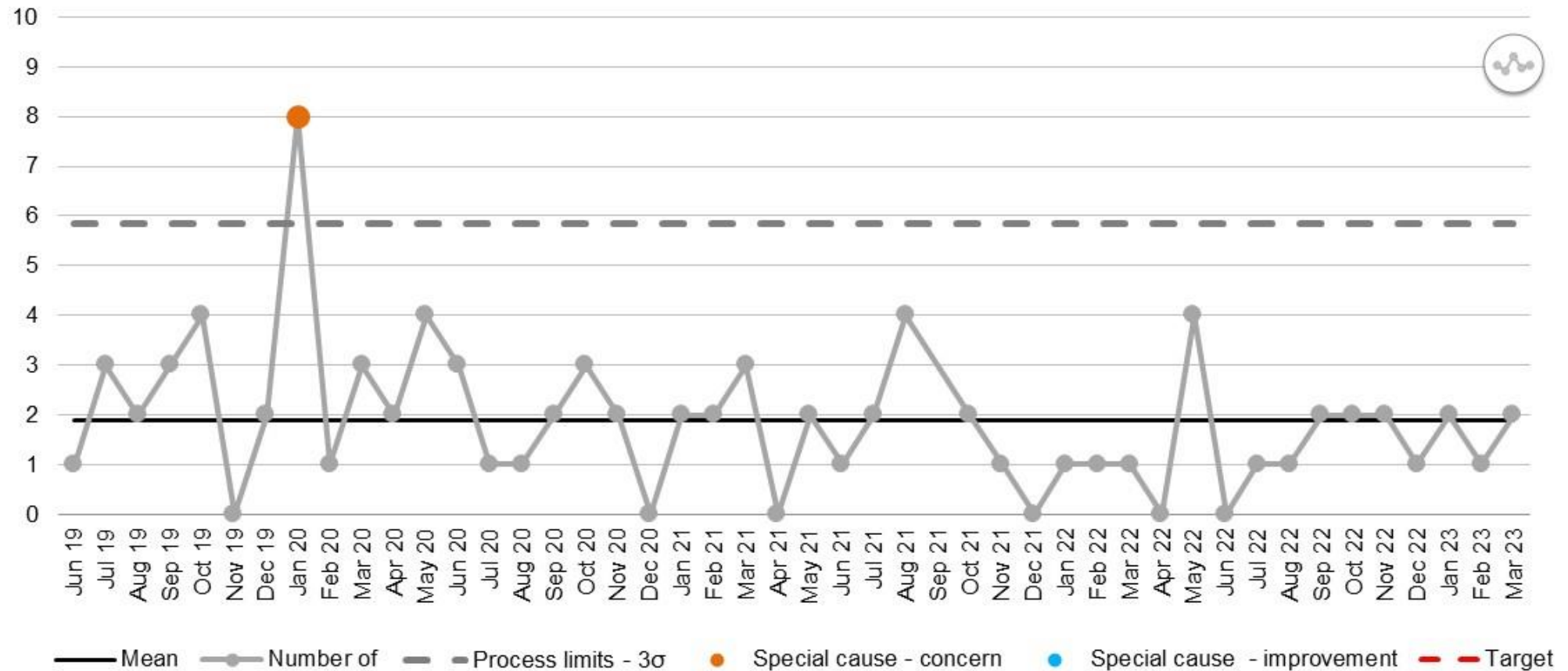
**7. Pressure Ulcers** - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an 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.

Pressure Ulcers Reported



Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	17	2

Cat 2 PU (all)-ROH starting 01/06/19





**INFORMATION**

March 2023 Incidents

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	2
Category – 2 (Device)	0
Category – 1	1
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 1 MASD ROH Intertriginous dermatitis – 0 MASD ROH Periwound - 1 MASD admitted with Incontinence - 1 MASD admitted with Intertriginous dermatitis - 1



## INFORMATION

### Patients admitted with PUs

PU admitted with Cat 1 – Nil  
PU admitted with Cat 2 x 1 pts home 1 Royal Preston Hospital  
PU admitted with Cat 3 – Nil  
PU admitted with SDTI – Nil  
PU admitted with DTI – 1 (at least a Cat 3) pt's own home

### 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

2

Avoidable Grade 4 pressure Ulcers limit of 0

0

## ACTIONS FOR IMPROVEMENT AND LEARNING

The National Wound Care Strategy Programme – have issued a Consultation document re :-Pressure Ulcer Clinical Recommendations and Pathway

Section 2:10 Categorise - “Deep tissue injuries (DTI’s) should not be recorded as pressure ulcers unless they result in broken skin at which point, they should immediately be categorised and reported.

TV Lead Nurse has responded on behalf of the Trust. Consultation period has been extended to Mid April 2023

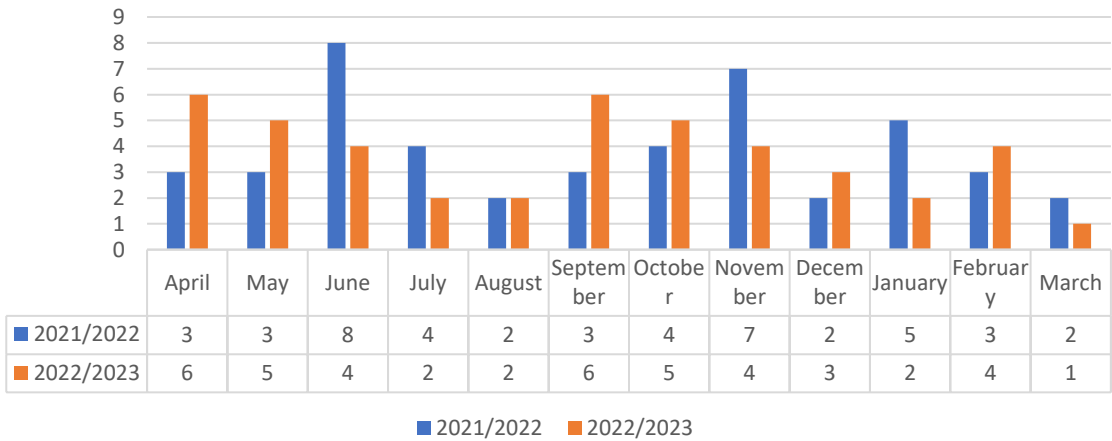
## RISK AND ISSUES

None

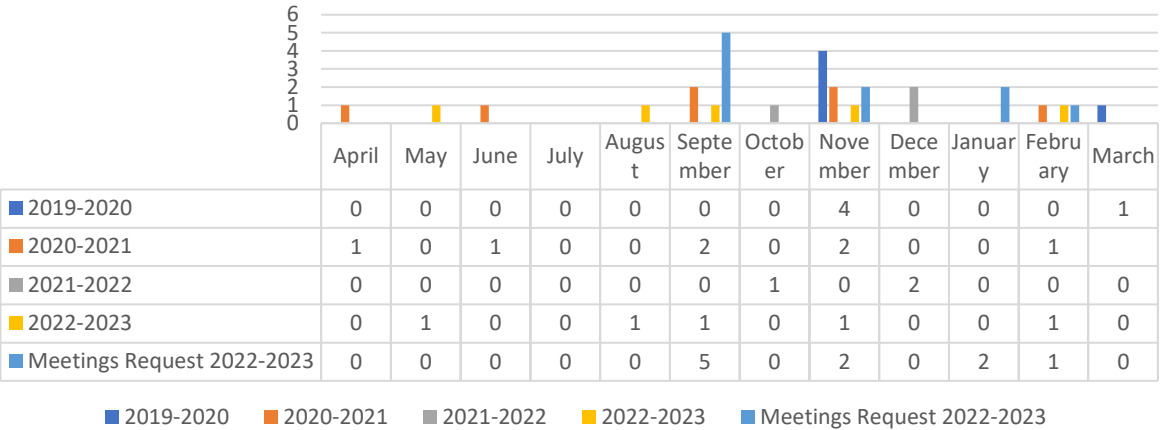


**Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.**

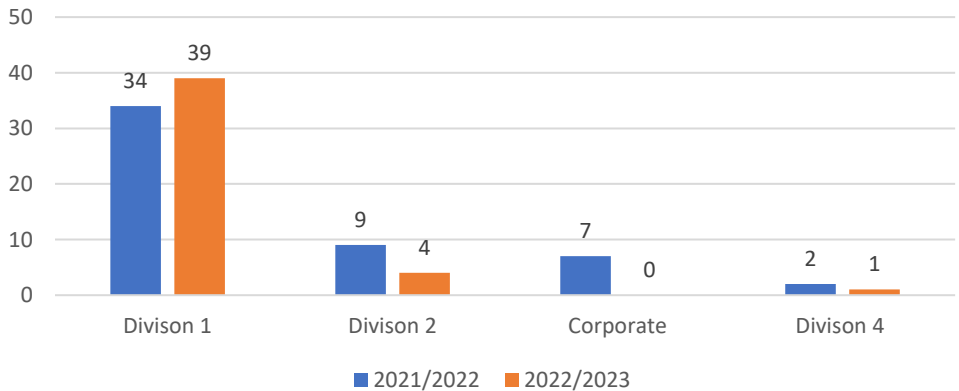
Formal Complaints received 2021/2022 Vs 2022/2023



Reopened Complaints 2022/2023 Compared to the Last 3 years



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



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

**\*Data Source – Patient Experience team\***



## INFORMATION

The Trust received 1 formal complaint in March 2023  
Below is the category for the formal complaint received.

### 1. Clinical Query – Dispute over Diagnosis / Treatment

In March 2023 the Trust closed 2 formal complaints within the agreed timeframe with the complainant. Meaning KPI's for complaints have been met this month.

At the time of producing this report (04<sup>th</sup> April 2023) we currently have 5 open formal complaints. 2 for Division 2 and 3 for Division 1.

## 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 March 2023 the Trust received 0 reopened complaints.

In March 2023 we received 0 meeting requests

## RISK AND ISSUES

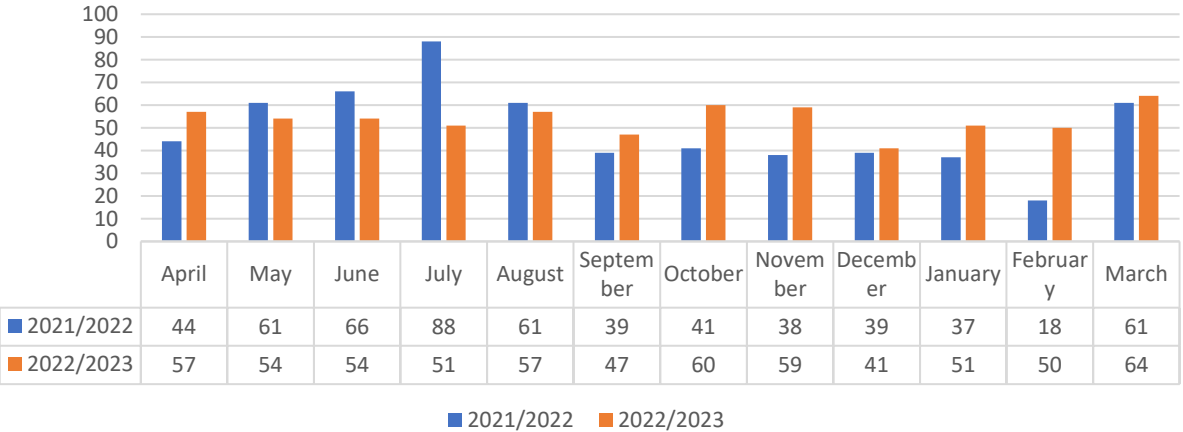




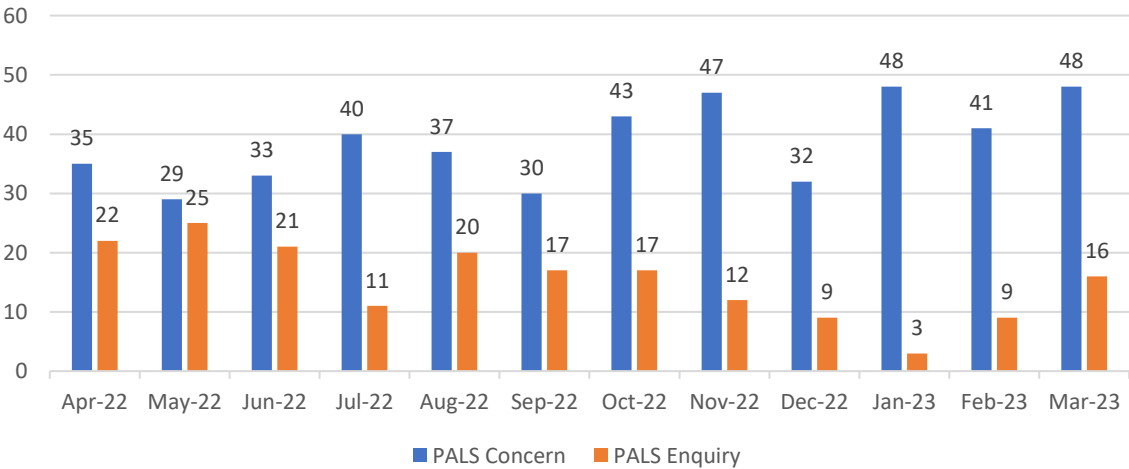
## Patient Advice and Liaison Service – PALS

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

PALS contacts received 2021/2022 Vs 2022/2023



PALS Contacts Divided by Contact Type 2022/2023





## INFORMATION

The main themes in the PALS data related to Appointments (27), Clinical Query (15) and Communication (8)

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 March 2023, 83% of enquiries and concerns were met, meaning 9 PALS cases breached in March, meaning the KPI's were met for this month

<b>Appointments</b>	<b>27</b>
Appointment Cancelled	6
Appointment Request	3
Appointment Rescheduled	2
Availability	2
Confirmation Of Appointment	1
Delay	1
Delay To Be Seen In Hospital	5
Failure To Provide Follow Up	2
Letter Not Issued	4
Virtual Clinic - Call Received	1
<b>Clinical Query</b>	<b>15</b>
Appointment Not Satisfactory	2
Appointment Request	1
Delay Or Failure To Diagnose	2
Delays With Treatment	9
Operation - Outcome Not As Exp	1
<b>Communication</b>	<b>8</b>
Communication/Info To Patients	8

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

## RISK AND ISSUES

9 PALS Cases breached in March 2023



## Patient Experience KPI's from April 2022 – February 2023

0%-79%

80%-90%

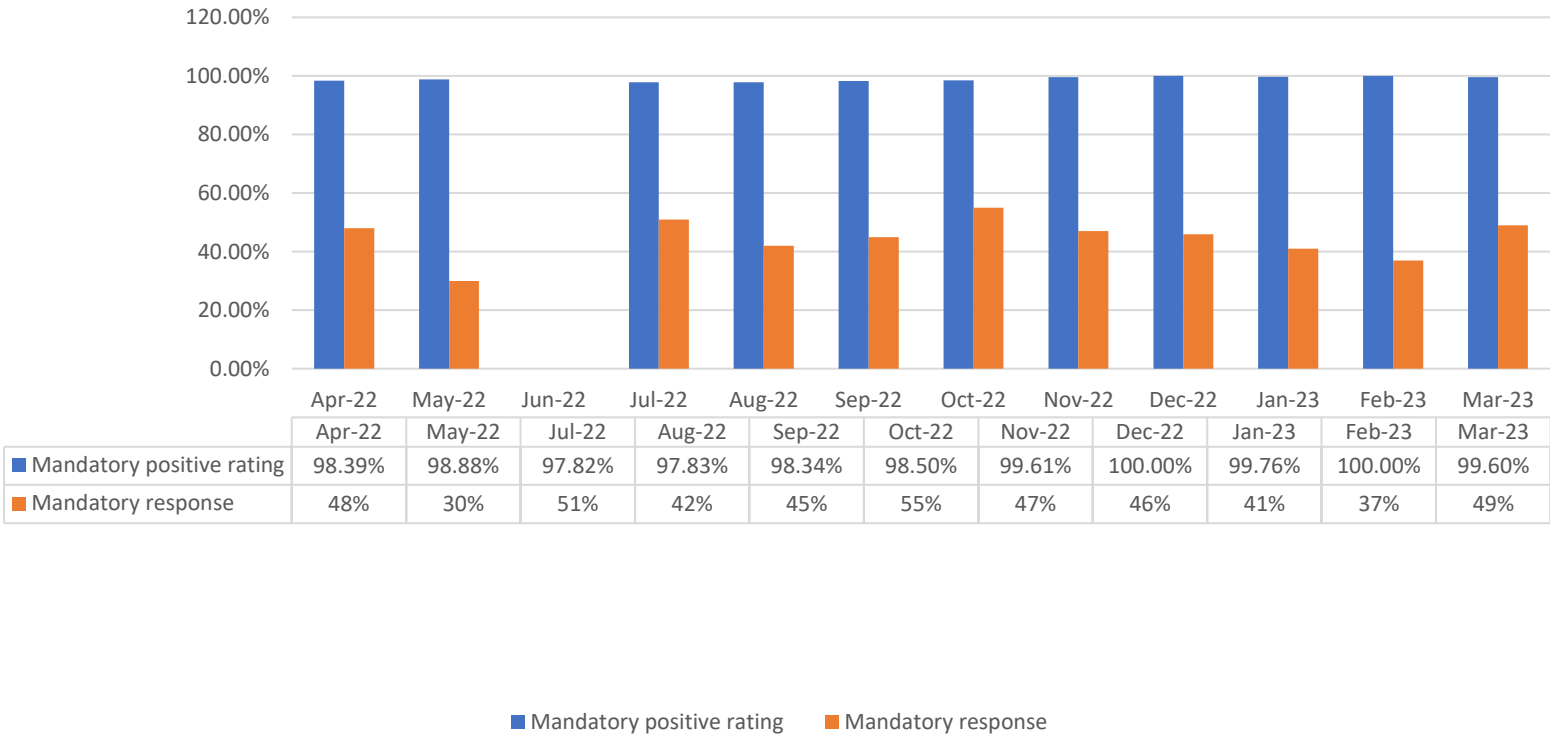
91%-100%

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
Mar-23	100	82	90



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

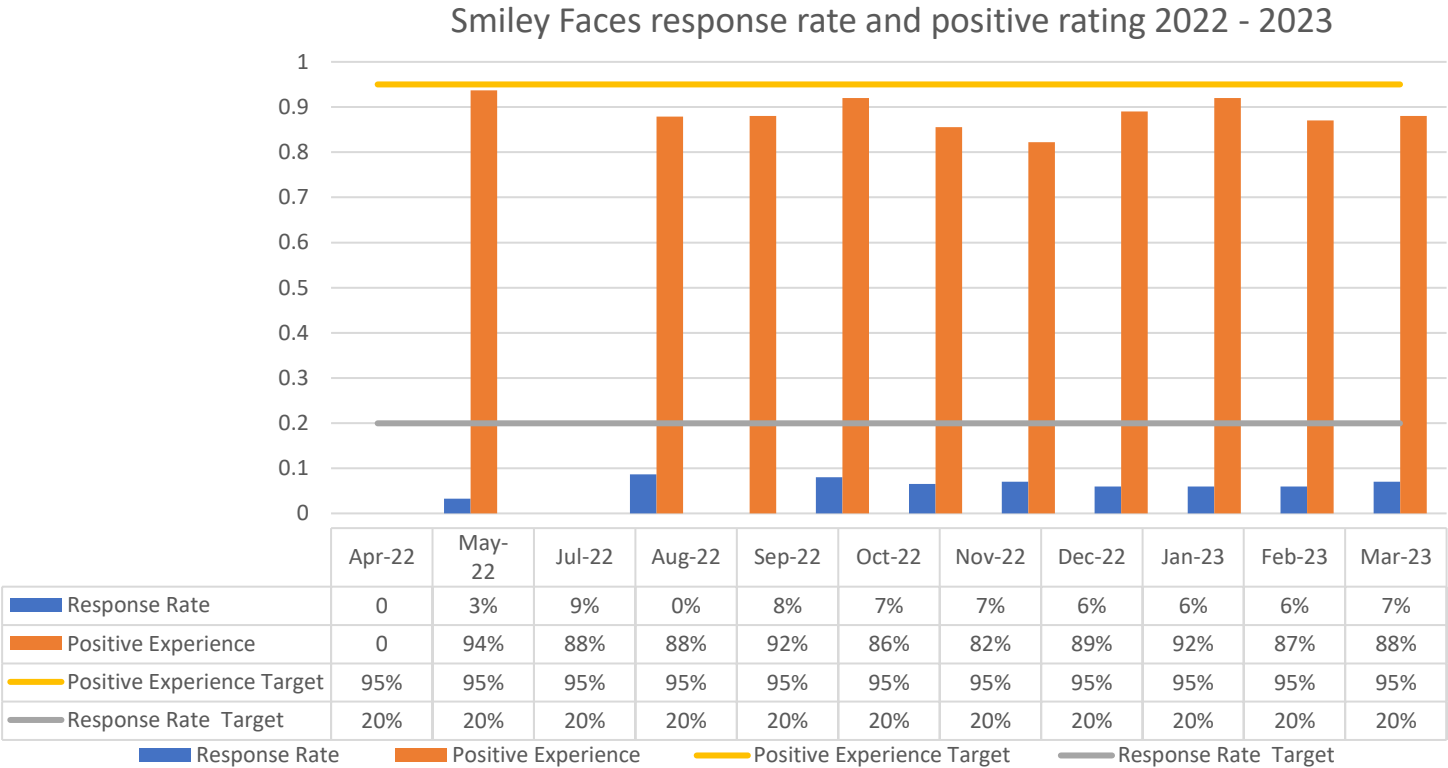
Mandatory response rate and positive rating 2022 - 2023





**Smiley Faces Report**

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





**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 10 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 March 2023.

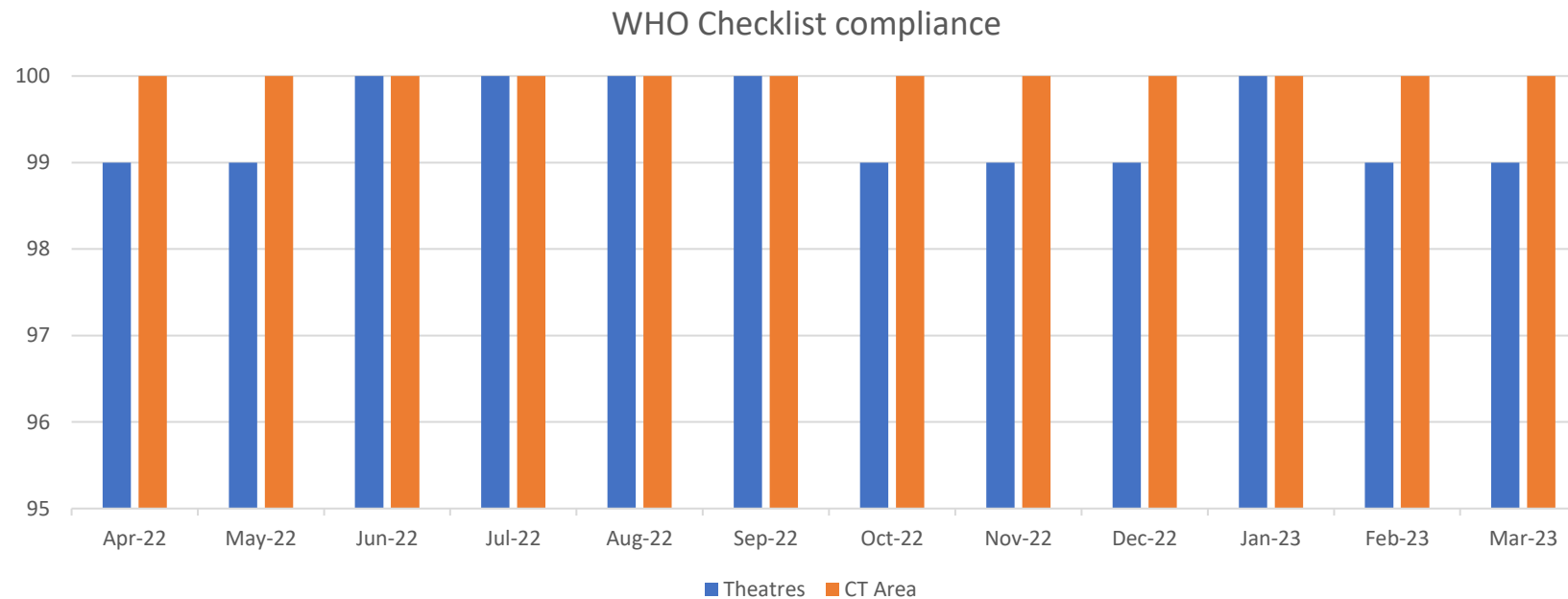
### Pre-Application Disclosure

3 new requests for Pre-Application Disclosure of medical records were received in March 2023

### Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in March 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 incompleteness. The following areas examined;

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

**Theatres**

Total Number of Patients = 871

Notes accessed = Yes

Non-compliance = 1

Compliance = 99%

**CT area**

Total cases = 94

WHO Compliance for CT area = **100%**





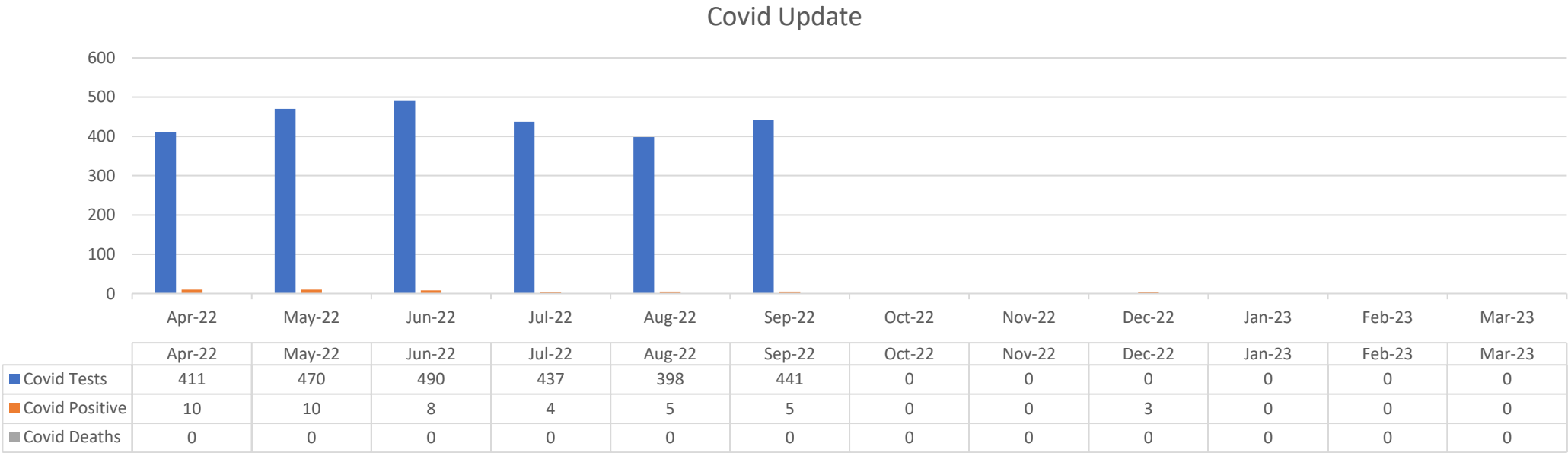
**13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.**

Infections Recorded in month and Year to Date (YTD)	March 2023 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	0	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.



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

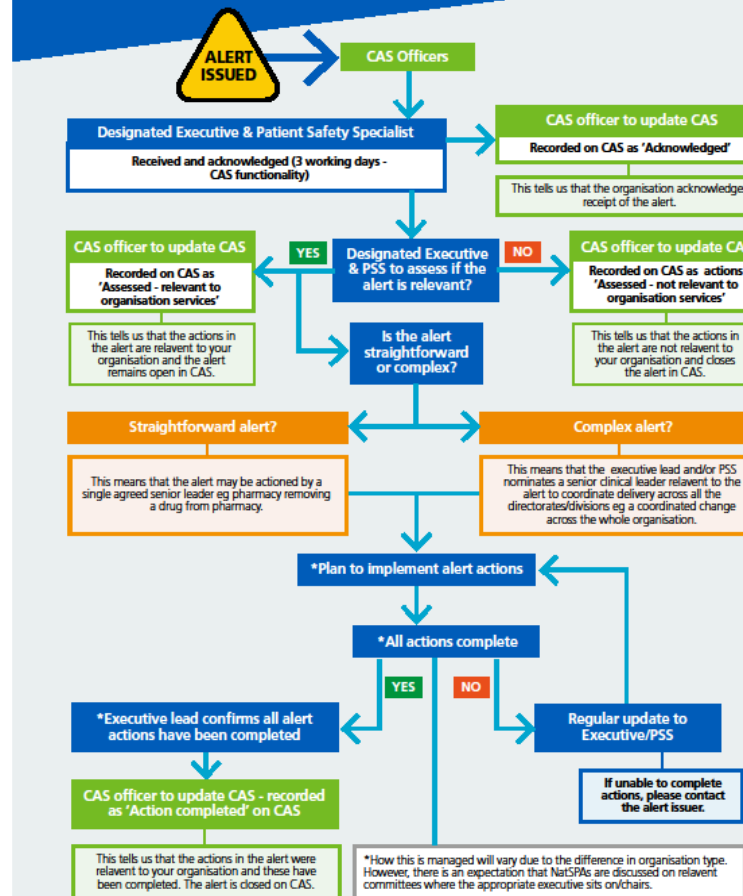
None



**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/2023/002	<p>Management of National Patient Safety Alerts.</p> <p>Describes the process for the management of National Patient Safety Alerts. This has been designed in conjunction with Patient Safety Specialists, Patient Safety Partners, and Alert Originators.</p> <p>Please ensure that the Designated Safety Executive/Board Member, Patient Safety Specialist, and those involved in the governance of the National Patient Safety Alerts in your organisation are aware of and support the implementation of this process.</p>	CAS Helpdesk Team	22-Mar-23	<p>Trust adheres to process.</p> <p>Action Completed.</p>	11 Apr 23

## Provider process flow for National Patient Safety Alerts





## 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	March 2023
Safeguarding Adult Notifications	26	44	29	33	44	36	27	51	31	31	35	17
Safeguarding Children Notifications	49	40	43	44	57	43	44	42	26	26	76	23
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%	80.19% (↓)
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%	76.37% (↓)
Level 4	80%	80%	75%	75%	75%	66.67%	66.67%	75.00%	75.00%	75.00%	60%	80.0% (↑)
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%	79.85% (↓)
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%	76.37% (↑)
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%	80.36% (↑)
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%	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%	88.96% (↓)
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%	80.20% (↑)
FGM	0	0	1	0	1	0	3	1	1	1	2	1
DOLS	1	6	2	5	3	11	5	7	6	6	4	
MCA	2	4	3	6	7	4	7	4	4	4	0	1
PIPOT cases	0	0	0	0	2	1	1	0	0	0	1	0
PREVENT Notifications	0	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

The Safeguarding Team continue to see an increase in staff referring safeguarding concerns via their individual emails or over the phone. Staff have been reminded to follow internal safeguarding procedures using the safeguarding notification system and team email generic not the alerts email, to ensure all concerns are reported and monitored appropriately.

#### SG Quality Report

The team are revising the format of the committee quality report. The Senior Named Nurse is updating the content format.

Going forward we will have a SG report and a Vulnerabilities report which will include LD and Autism, Mental Health and Dementia and Transition to Adult Services. Data will include age and gender graphs. The intention to help in providing more robust internal and external data reporting for both Safeguarding and Vulnerability. These will be presented at next Safeguarding committee.

#### Transition to Adult Services

National Transition Network-The expected Transition Framework documents are still awaited. There has been a delay with NHSE publishing the documents. The Framework will be a National deliverable policy and the Trust will need to acknowledge Statutory requirements.

Transition CNS had a meeting with Regional Transition Nurse Advisor and ROH Chief Nurse to discuss the possible implications of the Framework for the Trust. This will impact on training and education for all staff. The framework will be used by inspectors such as CQC to monitor services.

The Burdett National Transition Network announced that the Network in its current form will come to an end in May 2023 due to lack of funding support for the Regional Nurse Advisors from NHSE. The Midlands is currently the only region that has secured funding for continuation of the Regional Nurse Advisor.

Champions meeting – next due to held 18.05.2023- Being led by the Clinical Nurse Specialist, agenda and workplan for the group being formulated.

#### Section 11 Audit and Care Act Compliance tool

Regional self assessment audit tool work has commenced by the SG Lead and Senior Named Nurse for the Trust. This is a new regional audit within the West Midlands. Deadline for submission is the 11<sup>th</sup> May 2023. The areas for improvement identified for children and adults safeguarding will be presented to the Trust Committee and upwardly to Quality and Safety Committee.



#### Mental Health

Mental Health & Dementia Practitioner work currently underway :-

- Updating the current dementia package
- Will also be updating the mental health package
- Providing supervision as necessary to staff
- Contributing to the vulnerabilities folder that once approved will be placed on the wards outlining the pathway re referrals for MH & Dementia.
- Scoping Tier 2 training and costing which will meet the 13 defined Tier 2 outcomes.

#### Mental Health First Aid England – Youth

Training was held on 23<sup>rd</sup> and 24<sup>th</sup> March 2023 (2-day course), 14 delegates attended from a range of areas including Wards, ROCs, CYP, OPD and Patient Experience. Two further dates to be planned for this year, scoping possibly June & October 2023.

#### Mental Health First Aiders Adults (MHFA)

Trust does not currently have any trainers for this course – Risk number 1758, remains static. Practitioner scoping other training and current staff MHFA , and Chief Nurse scoping a peer review for mental health with external provider.

#### Learning Disabilities

A part-time band 6 learning disability liaison nurse will be starting on 3rd April 2023.

Training:-Oliver McGowan Training This will replace the current e-learning available for ROH staff on ESR from 1st April 2023. Consists of two Tiers 1 and Tier 2.

- Tier 1- is a combination of e-learning (90 minutes) part a; plus a follow up online discussion with experts by experience part b. This is all staff who will have minimal support contact. For example, admin staff. Only part a is currently nationally available.
- Tier 2- is a full day's training co delivered by people with a learning disability and autistic people plus the e-learning section. For all staff who support or have contact with patients with learning disabilities and or autism. For example, all ward staff, clinical staff.

The Trust is awaiting confirmation on how the remaining parts of the rollout will take place.

#### Child Exploitation Awareness

Child exploitation is a form of abuse that involves the manipulation and/or coercion of young people under the age of 18. The Named Nurse for Safeguarding Children and Adults put together a display stand in the CYP department. Rapid Read 7 min briefing – produced by new Named Nurse on Exploitation aimed to help everyone to think, spot and speak out against child exploitation, all year round. [7-minute briefing](#)



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

- Bank staff - SG and Prevent training that is outstanding, further work is required to ensure that the data is accurate and plan to improve current compliance by the Bank Team and
- Training session capacity has now been increased for Level 3; due to a long waiting list for delegates to attend. All SG training dates have been uploaded onto training calendar and are on ESR to book onto. Managers and staff have been updated via comms and the safeguarding committee.
- The next Youth Forum is planned for 9th May 18:00 – 20:00 hrs aimed at 13-25 year olds
- Interviews for the part time Band 6 Transition Nurse was undertaken 16th March 2023, successfully appointed to staff member due to commence in post mid May 2023.
- Well Infant in adult ward guidance for the Trust is being further developed by the Senior Named Nurse, following a previous incident, this was one of the agreed actions.
- At the March Committee findings of the annual internal audit of children and adults safeguarding documentation were presented with recommendations and learning and required actions. These included
  - All staff to ensure they follow record keeping and documentation principles which include signing and printing name, using stamp and date and time within documentation on purple records.
  - Follow internal safeguarding processes by reporting safeguarding concerns via internal safeguarding notifications, staff must update purple records with outcomes and actions taken, review alerts on PAS and other electronic systems.
  - Departments that use electronic systems only are not creating a set of paper records as per safeguarding policies to document all actions on purple paper to ensure all department within the Trust are aware of the safeguarding concerns.

#### RISKS AND ISSUES

Safeguarding database (internal) - Risk number- 1817 (score 12) Lack of robust database to record and store safeguarding, learning disability / autism, transition, and mental health data. Work has commenced on this in March This will be in two phases, phase one – SG database which will be cloud based. Phase 2 will be the Learning Disability & Autism and Mental Health & Dementia and Transition to Adult Services. Initial meetings held mapping the pathway, and requirements document being produced.

Training compliance Safeguarding- Again this month the Trust is below the contractual target and national target required, as noted above in red. Training for Level 3 continues to be delivered off site due to lack of room availability at ROH. The ICS have requested trajectory for delivery of required training compliance and escalation. All managers are requested to take action and ensure staff are booked onto and attend and complete the required outstanding training.

Trust Prevent Quarter 4 return to DOH -This has been submitted in March as required, Unify return. Both awareness and WRAP training were below the required level of compliance. Prevent training compliance is on risk register , risk number 1816 remains static.

Both awareness and WRAP can be done on line eLearning ESR or attend face to face WRAP training.\_ SG Lead Nurse has sent out reminders to all CSM and Division regarding outstanding staff members and the action required.

Please note compliance targets:-

National Target is 95%- Local is 85% for Awareness Training

National Target 90%, Local is 85% for WRAP L3 Training

Safeguarding team office accommodation /environment –Risk number -1863 the risk remains static. No accommodation for new starters who started with us in March 2023. The team are working a roster around available desk rotation. Team members remain working /based over 3 areas in the Trust. Chief Nurse working with Facilities and Estates to address this. This impacts on team effectiveness and resilience.

Mental Health - Risk register number -1758- Psychiatric Liaison Support. Trust continues to have no agreed support from BSMHFT, this continues to be 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

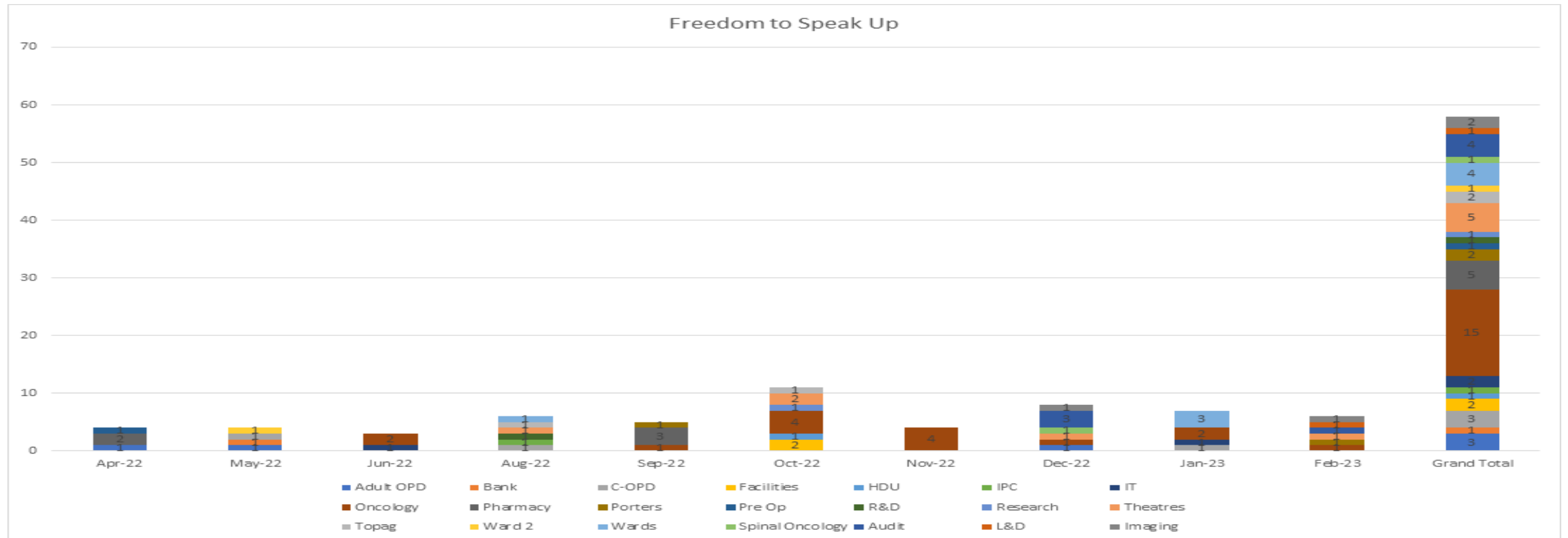
The percentage of patients aged who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
No of Readmissions	8	7	4	3	7	6	9	3	0	3	7	5
Denominator	415	531	544	495	437	484	557	556	486	468	468	534
% Readmissions	1.9%	1.3%	0.7%	0.6%	1.6%	1.2%	1.6%	0.5%	0.0%	0.6%	1.5%	0.9%



## 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
4 concerns raised in March 2023; these were all in relation to the following theme
Poor attitude and behaviour – This remains a common theme
ACTIONS FOR IMPROVEMENT AND LEARNING
<ul style="list-style-type: none"><li>• Ensuring breaks are taken</li><li>• Well-being support at all levels</li><li>• Protected time to complete mandatory training</li><li>• Delivery of Management Skills Programme and scoping of leadership training</li><li>• Delivery of civility and respect training</li><li>• Embedding of Freedom to Speak Up champions to signpost to routes to raise concerns</li><li>• Retention of staff &amp; staffing levels</li><li>• Team building sessions</li><li>• Equality and Inclusion awareness at all levels</li></ul>
RISK AND ISSUES
<ul style="list-style-type: none"><li>• Retention of staff &amp; staffing levels</li></ul>

# Operational Performance

March 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 exception 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 or falling short.



# Operational Performance Summary

Performance to end Mar 23	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	58.99%	60.86%	92%		
104 week waits	0	0	0		
78+ week waits	0	19	0		
52 week waits (52 – 77 Weeks)	71	86	0		
All activity YTD (compared to 19/20)	99.2%	96.5%	110%		
All activity YTD (compared to plan)	13,844	12,549	14,394		
Outpatient activity YTD (compared to plan)	89.9%	90.8%	69,024		
Outpatient Did Not Attend (YTD)	7.92%	7.92%	8%		
PIFU (trajectory to 5% target)	6.90%	6.10%	5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	9.7%	13.7%	19%		
FUP attendances(compared to 19/20)	92.5%	90.2%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	98.5%	98.4%	120%		
Diagnostics volume YTD (compared to plan)	18,088	16,179	21,760		
Diagnostics 6 week target	99.6%	99.3%	99%		
Theatre utilisation (Uncapped)	86.1%	91.4%	85%		

# Operational Performance Summary

	In month	Previous month	Target	Variation	Assurance
Cancer - 2 week wait (Feb – Jan)	95.5%	95.5%	93%		
Cancer – 31 day first treatment	100%	93.3%	96%		
Cancer – 31 day subsequent (surgery)	100%	100%	94%		
Cancer – 62 day (traditional)	50%	70%	85%		
Cancer – 62 day (Cons upgrade)	71.4%	90%	n/a		
28 day FDS	86.0%	87.1%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD) (target set is average monthly 19/20 activity)	19,600	17,717	13,704		
Bed Occupancy (excluding CYP and HDU)	64.3%	61.3%	82-85%		
LOS - Excluding Oncology, Paeds,YAH, Spinal	3.28	3.34	n/a		
LOS – elective primary hip	3.40	2.80	2.7		
LOS – elective primary knee	3.60	3.50	2.7		
BADS Day case rate (Note: due to time lag in month is Nov'22)	79%	79%	85%		



## Glossary of terms

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



PAPER REFERENCE: ROHSE (4/23) 008

# Monthly Workforce & OD Report

March 2023



# CONTENTS

	Introduction
1	Workforce Overview
2	Establishment
3	Turnover & Retention
4	Starters and Leavers Data
5	Attendance & Sickness Absence
6	Workforce Demographics
7	Workforce Wellbeing – Annual Leave
8	Training & Education
9	Workforce Experience & Engagement

# Introduction

This report shows the Workforce and OD information for the months of March 2023 compared with the previous month(s).

This information is at the point of when the reports are taken in ESRBI and relies on the updates from managers and members of staff to keep the data up to date.

# Key Points

## Executive Summary

- Overall 83.68% of WTE employed against the Establishment
- Staff Turnover remains high at 17.1%
- PDR/Appraisals are still well below what we should be doing as a Trust currently at 65.41%
- Return To Work meetings are still not being recorded fully currently 58.17%

## Positive Assurances

- Work to tackle the Return To Work meetings recording is currently being planned
- Work to understand the reasons for employees leaving is being undertaken
- With Trac implemented we hope this will help with recruitment
- There has been an increase in membership for staff networks and work continues to encourage attendance at meeting
- Wellbeing spaces continued to be well used by staff members and attendance at events has increased

## Key Risks

- Cost of living seems to be affecting the NHS as a whole, the Trust is doing it's upmost to alleviate the impact.
- Other Trusts seem to be able to offer higher bands, this has seen some employees move on.
- Staff with no PDR/Appraisal will have no way of been appraised and will have no personal goals.
- Return To Work meetings if these aren't carried out there is a potential for further sickness and opportunities to support employees will be missed.

## Next Steps

- HR and E-Roster team to look into the issues around Return To Work meetings, Sophie Beavon, Paddy Coen and Jade Johnson are running drop in sessions for managers.
- HR to review the Staff Turnover and look into the reasons and dig deeper into them, Terrie Hillier provides a deeper dive into the data and will be running a Leavers Process working group to tackle some of the themes.

1.

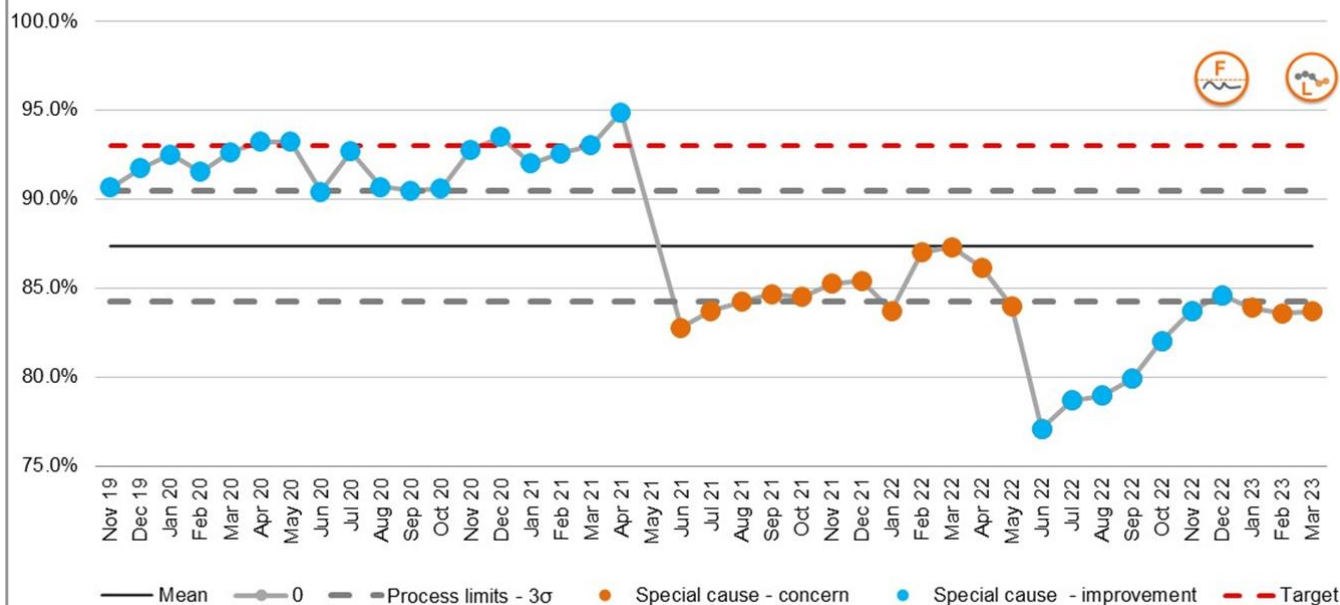
Workforce Overview

Trust Workforce Metrics	Feb-23	Mar-23	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1270	1282	12	-	-
Staff In Post - Full Time Equivalent	1122.80	1134.03	11.22879	-	-
Staf Turnover % - Unadjusted	17.34%	17.06%	-0.28%	↓	<=11.5%
Staf Turnover % - Adjusted	15.29%	15.14%	-0.15%	↓	<=11.5%
Total WTE Employed as % of Establishment	83.56%	83.68%	0.12%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	81.17%	81.06%	-0.10%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	88.14%	88.64%	0.50%	↑	>=96%
% Of Attendance	94.34%	94.47%	0.13%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.94%	93.96%	0.02%	↑	>=96.3%
% Staff received mandatory training last 12 months	87.59%	86.38%	-1.21%	↓	>=93%
% Staff received formal PDR/appraisal last 12 months	65.46%	65.41%	-0.04%	↓	>=95%
% of Sickness - Trust wide Long-term	3.07%	2.75%	-0.32%	↓	-
% of Sickness - Trust wide Short-term	2.59%	2.78%	0.18%	↑	-
Return To Work Completion %	52.98%	58.17%	5.19%	↑	>=80%

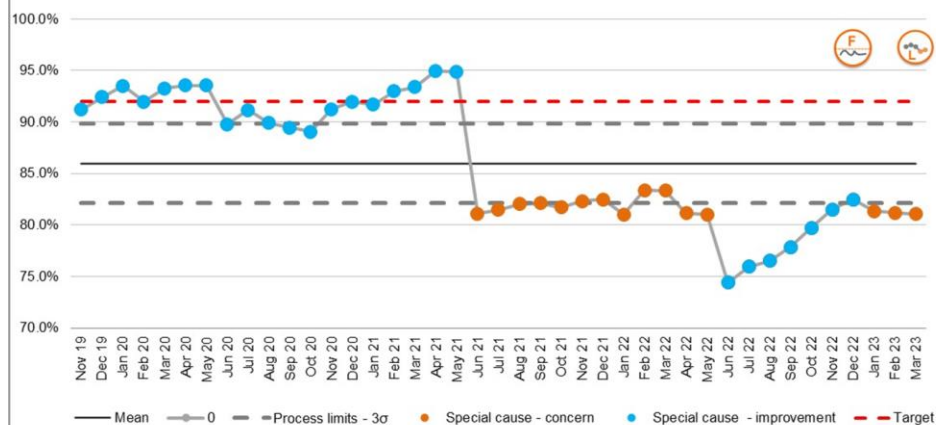
## 2. Establishment

At the end of March, the number of staff on payroll stood at 1282 (WTE 1134.03) which is a increase of 11.22 WTE from February. The Total WTE Employed as a % of the Establishment this month was 83.68% which rests well below the Trust Target 93%.

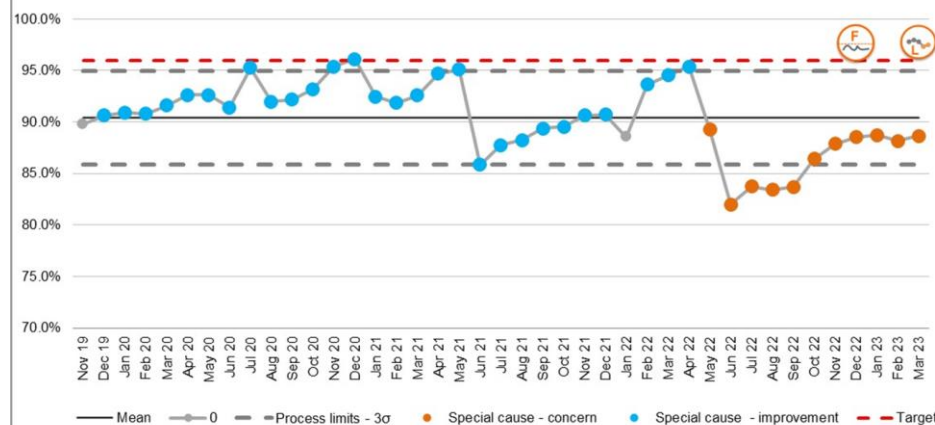
Total WTE Employed as % of Establishment- starting 01/11/19



Clinical Establishment %- starting 01/11/19



Non-Clinical Establishment %- starting 01/11/19

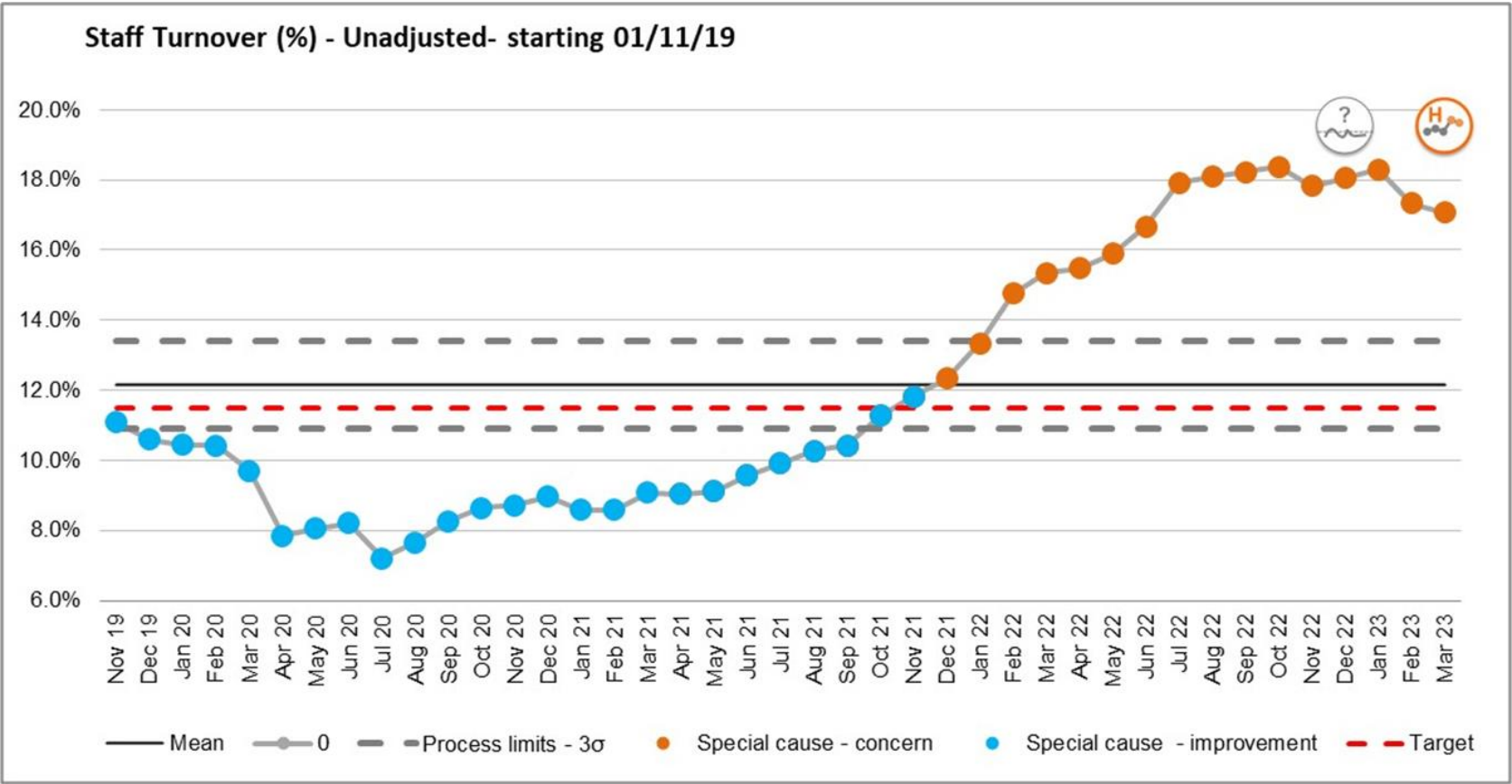


### 3. Turnover & Retention

Unadjusted turnover for this month was 17.06% which is well above the Trust target of 11.5%.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Add Prof Scientific and Tech, closely followed by Admin & Clerical and Nursing & Midwifery which are all in the red category against the Trust target.

Work continues to look into the Recruitment & Retention of staff within the Trust. HR continue to work with Managers to review reasons why employees are leaving.



Staff Group	FTE
Medical and Dental	11.94%
Allied Health Professionals	14.02%
Additional Clinical Services	15.24%
Estates and Ancillary	17.62%
Nursing and Midwifery Registered	17.82%
Administrative and Clerical	18.33%
Add Prof Scientific and Technic	23.97%

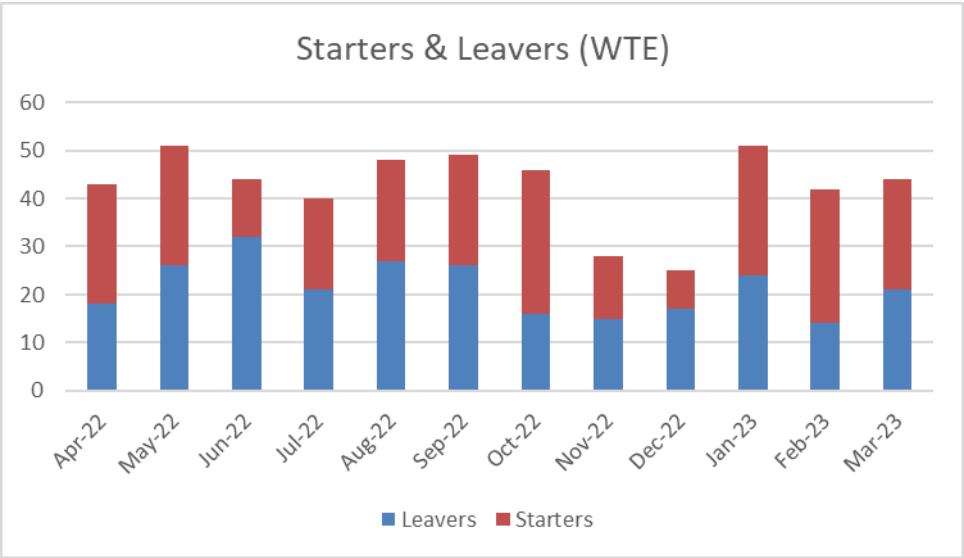
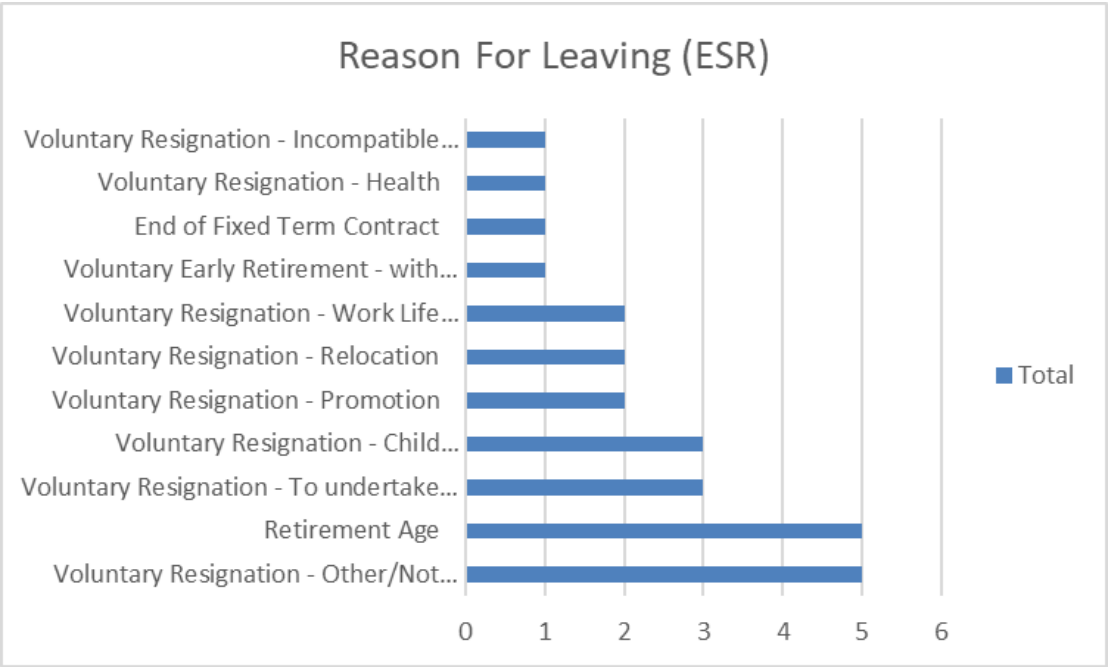
Org L4	FTE
303 Division 4 - Estates and Facilities	8.30%
303 Division 2 - Patient Support	14.43%
303 Division 1 - Patient Services	18.02%
303 Corporate Directorate	23.74%

## 4. Starters & Leavers

Over the last 2 months, the main reasons for staff leaving (according to ESR data) were other not known, Retirement and To undertake further education or Training, which is different to previous months.

Managers need to gauge the reason why employees are leaving, Other/Not known should not be used.

As a Trust we need to find out why people are leaving for To undertake further education or Training and not securing them with our education offering.

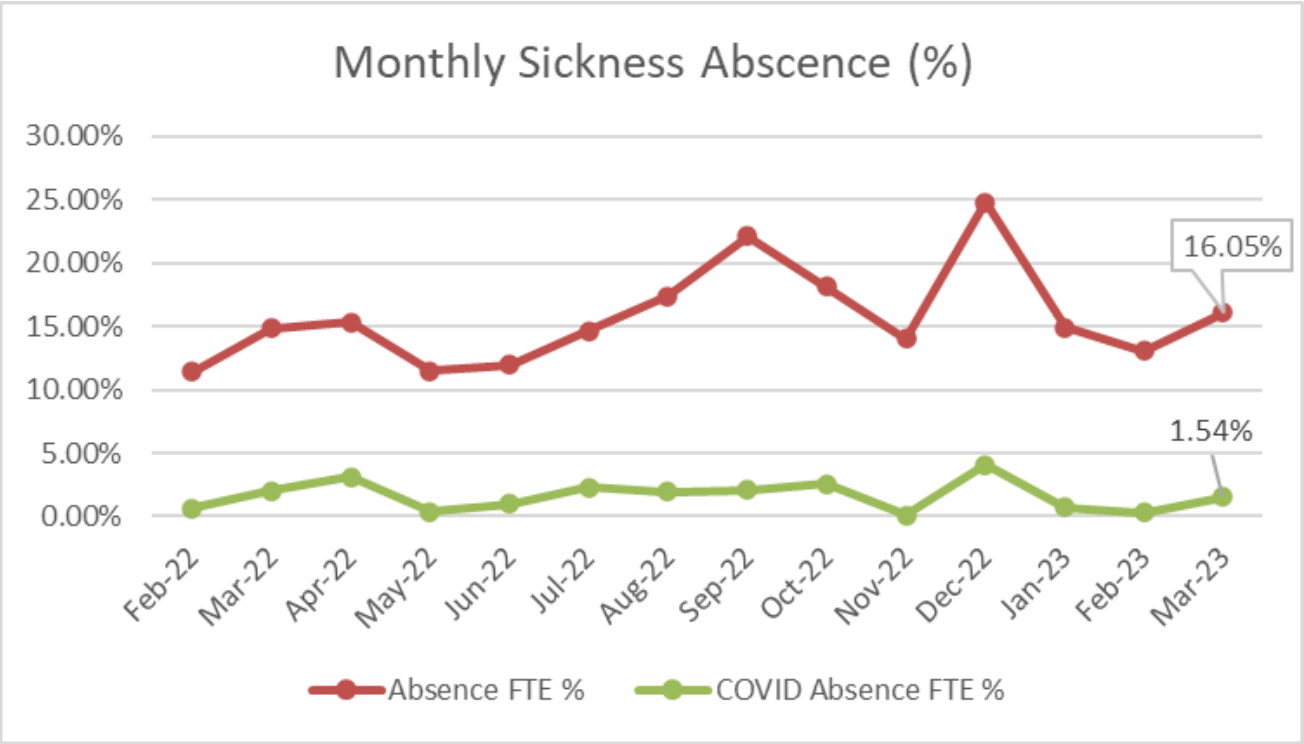




## 5. Attendance & Sickness

Attendance for this month was 94.47% (sickness absence % = 5.53) and Attendance for the rolling past 12 months was 93.96%. This currently sits below the Trust target of 96.3% and has remained fairly consistent over the past few months.

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems. This month sees Chest & respiratory stay in the top 5 reasons.



This chart shows that 16% of the WTE were off with sickness which started in March 2023 (not inc Long Term Sickness) and of that sickness 1.54% is attributed to Covid, this against the WTE figure of 1134.032

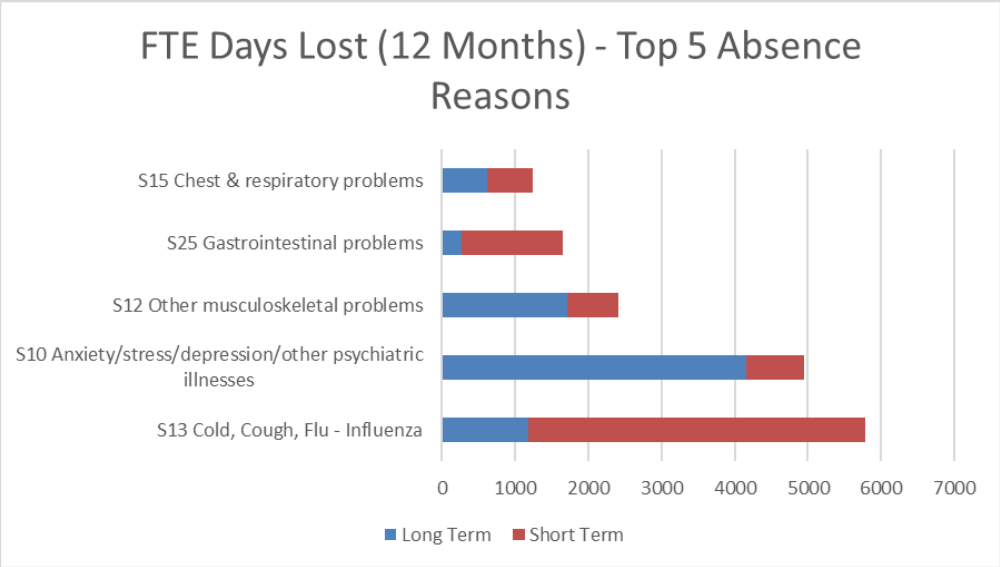
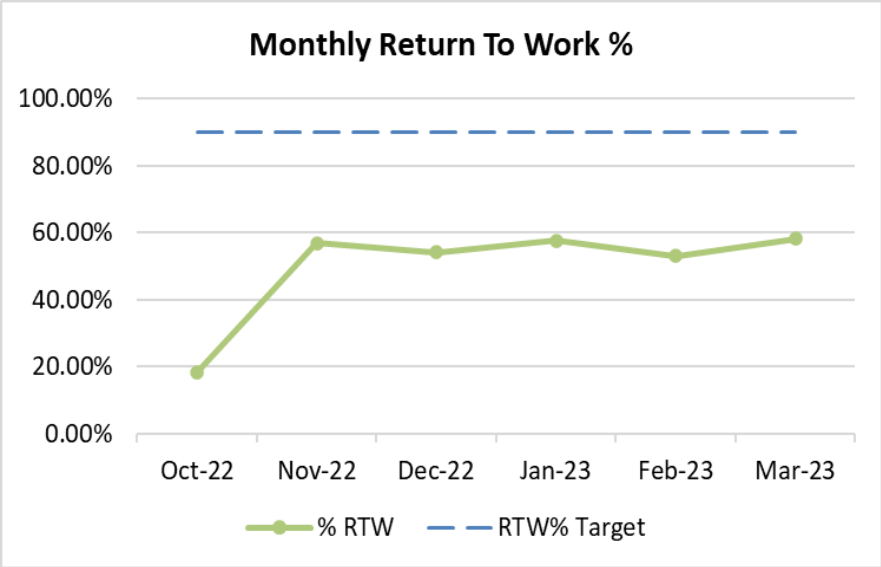
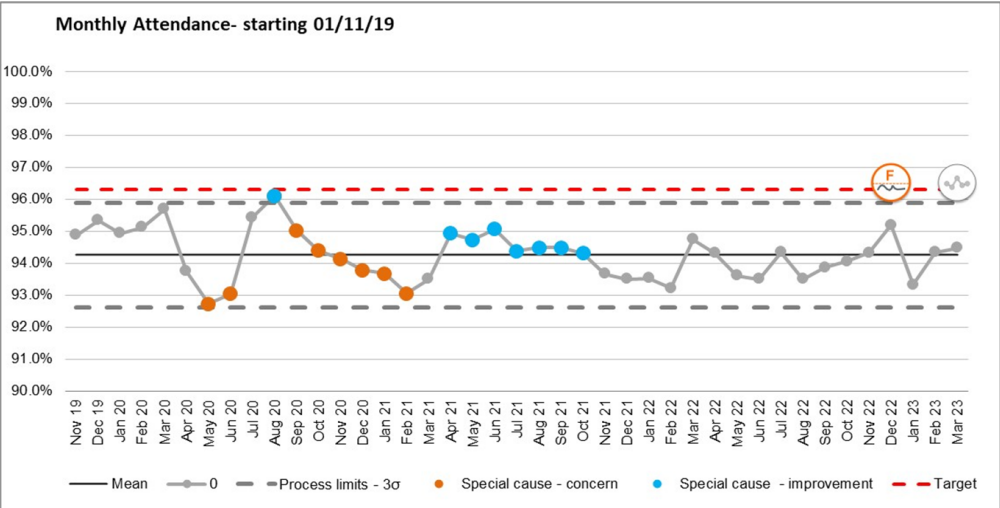
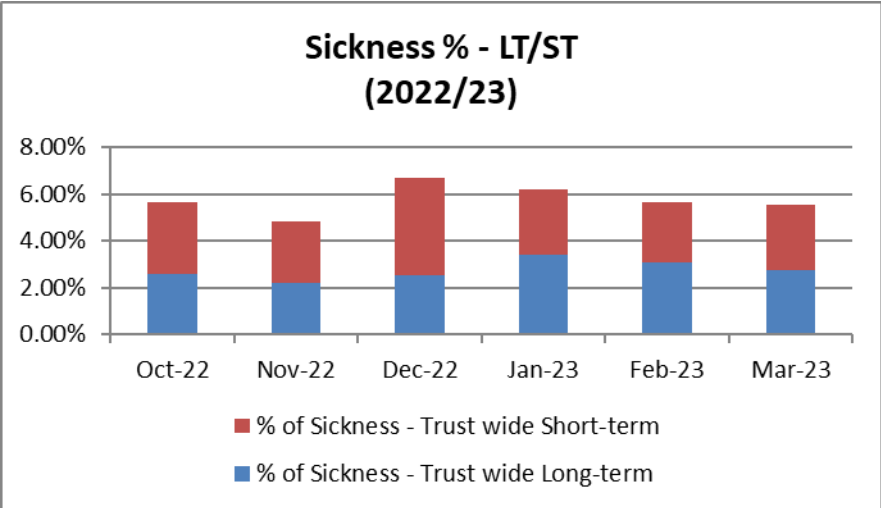
Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Cold, Cough, Flu - Influenza	952	5784.87297	£ 587,517.93
Anxiety/stress/depression	212	4950.05386	£ 486,465.78
Musculoskeletal problems	145	2403.69341	£ 250,797.48
Gastrointestinal problems	482	1642.30339	£ 149,895.19
Chest & respiratory problems	114	1245.45415	£ 138,370.29

# 5. Attendance & Sickness

Return To Work  
Discussion Meetings  
Following Sickness  
Absence



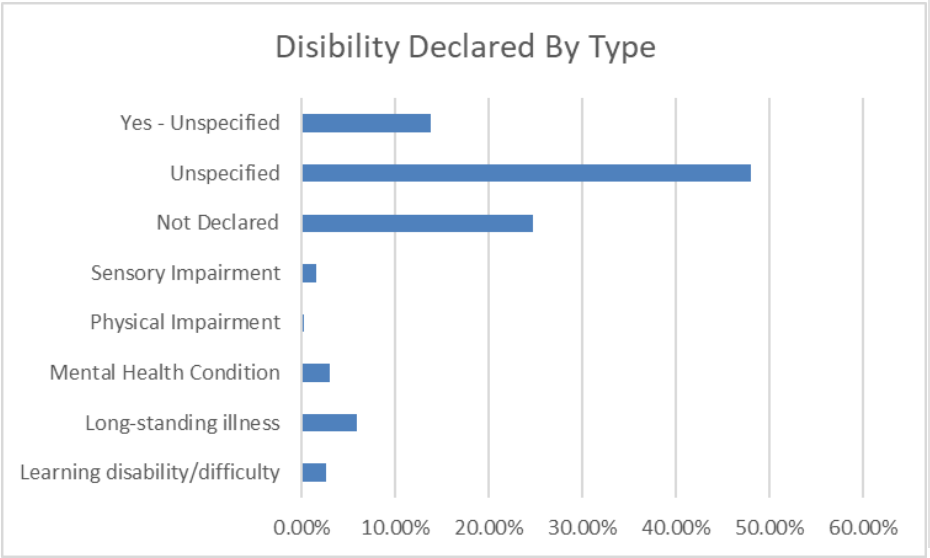
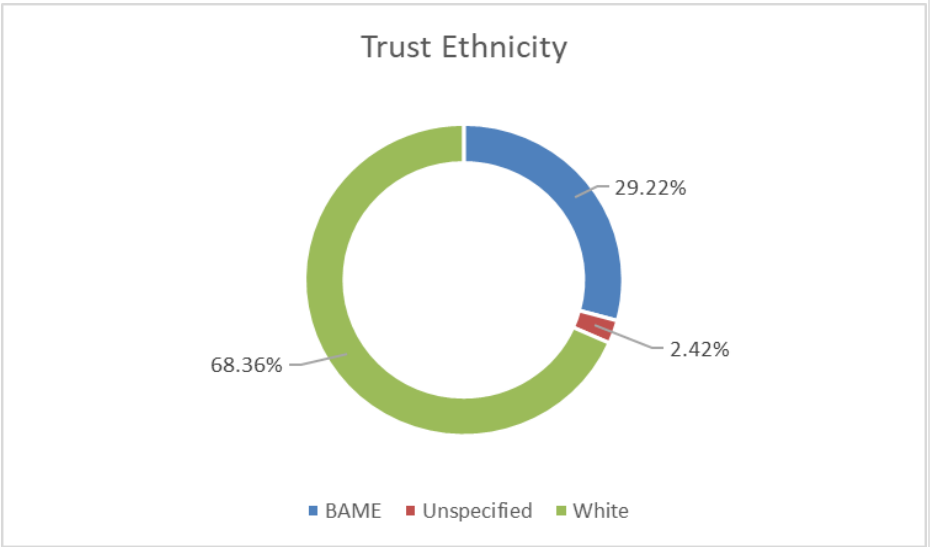
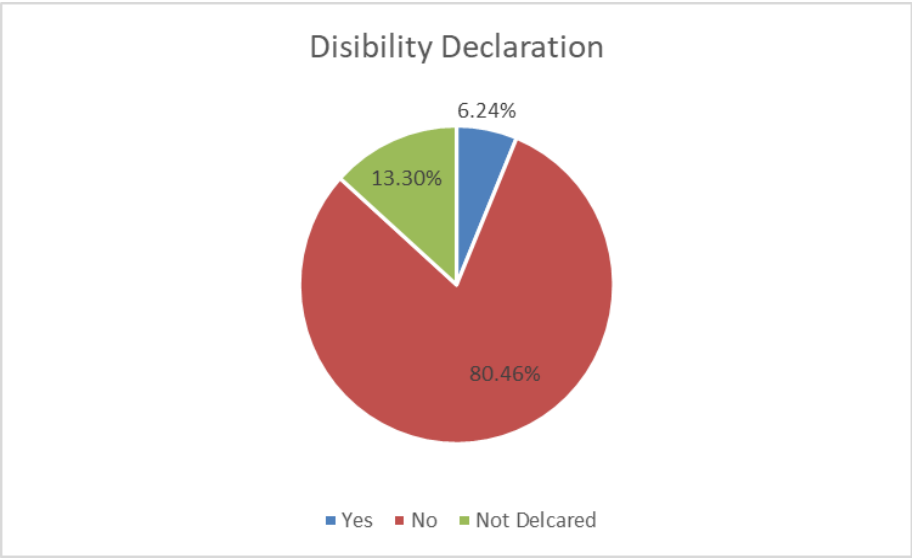
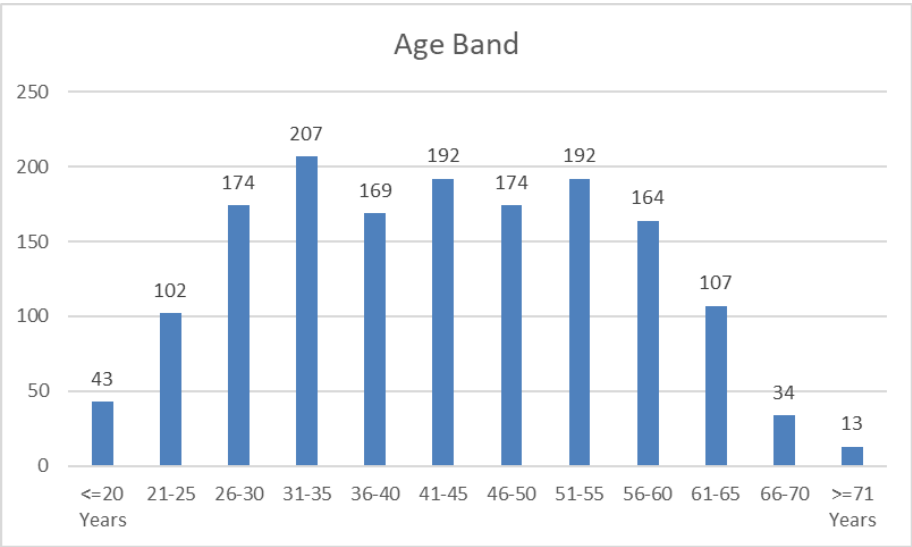
Trust wide Return To Work (RTW) interviews increased to 58.17% in March, compared to 52.98% in February. This still remains below the Trust Target of 80%.





## 6. Workforce Demographics

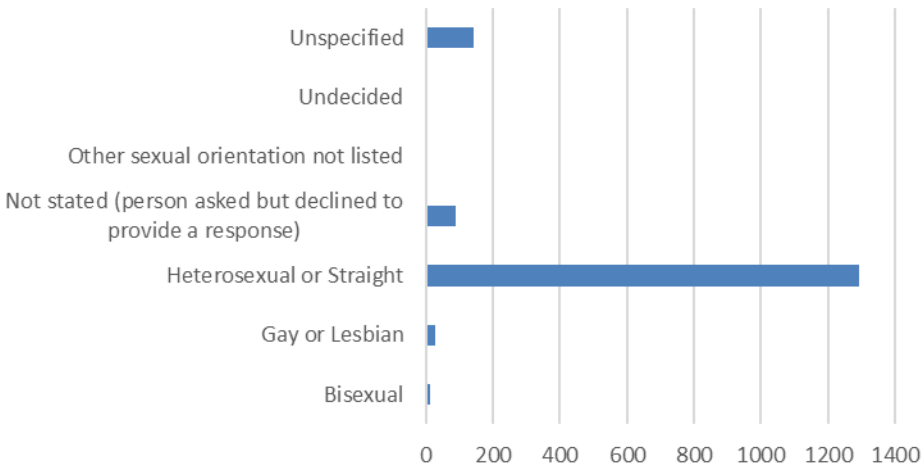
The Trust is made up of 71.61% female and 28.39% male staff. Our current status of staff with a disability is 6.24% with 13.3% of staff still to declare their disability status; this has decreased slightly due to a new members of staff joining without declaring. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record.



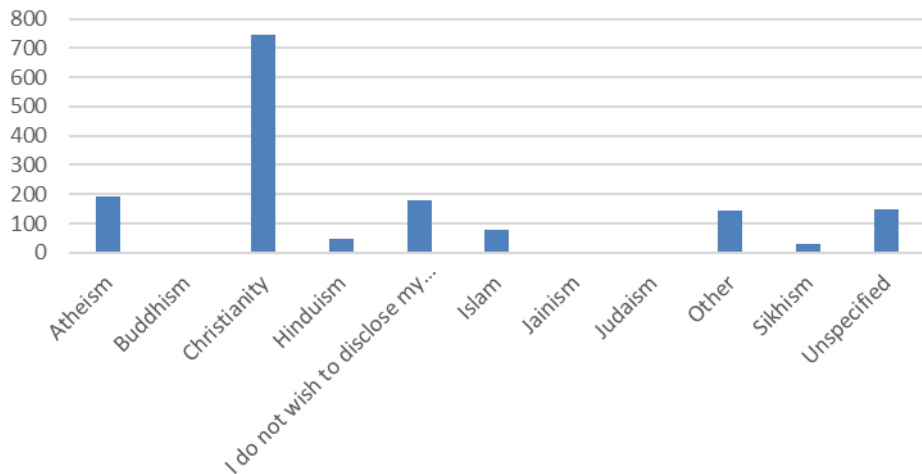
## 6. Workforce Demographics cont.

Currently in the  
Trust we have 26  
staff members on  
Maternity or  
Adoption Leave

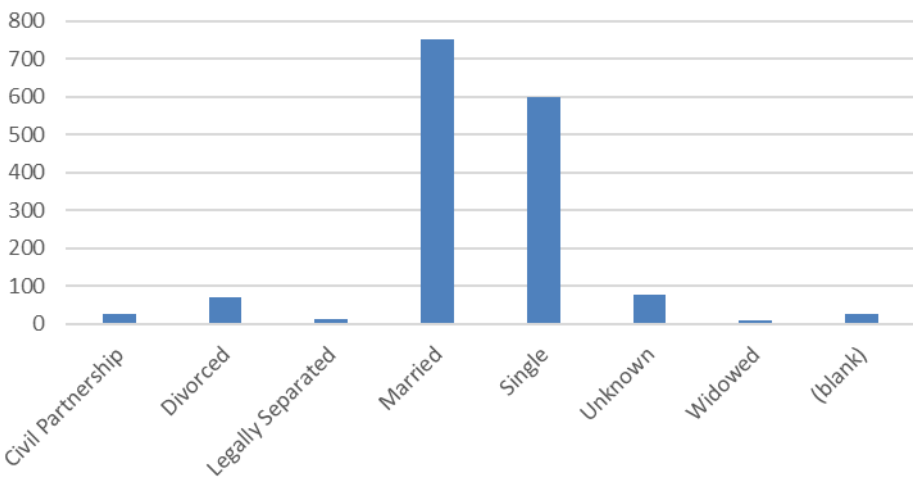
### Sexual Orientation



### Religion



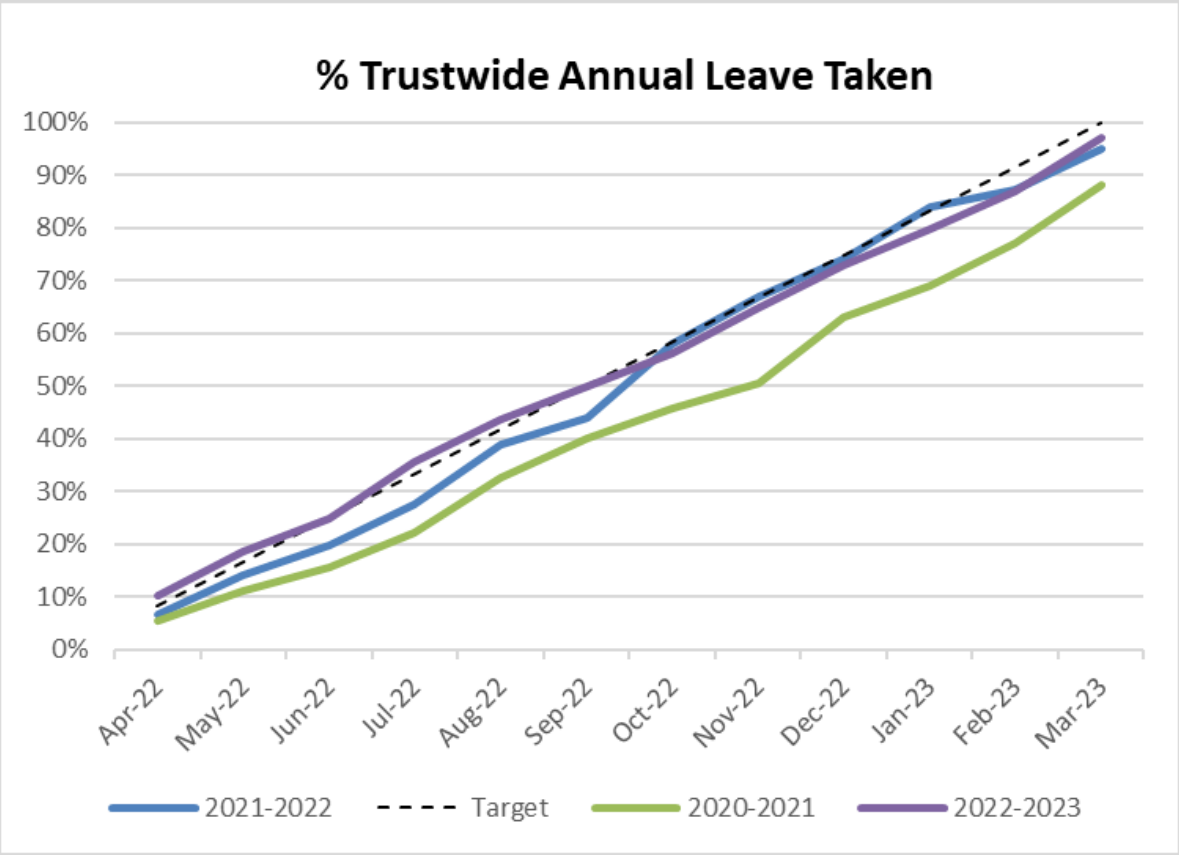
### Marital Status



## 7. Workforce Wellbeing – Annual Leave

### Annual Leave

At the end of Q4 (Mar 23) for the financial year, AfC staff have taken 97.19% of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 100% of their annual leave entitlement, to support staff in having regular rest breaks. This is better than the previous year when only 95% was taken.

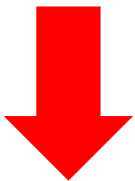
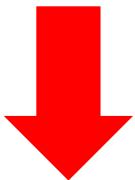


Division	% Annual Leave Taken	Staff Group	% Annual Leave Taken
303 Corporate Directorate	91.97%	Add Prof Scientific and Technic	90.32%
303 Division 1 - Patient Services	96.07%	Additional Clinical Services	101.05%
303 Division 2 - Patient Support	98.88%	Administrative and Clerical	95.15%
303 Division 4 - Estates and Facilities	101.56%	Allied Health Professionals	98.10%
		Estates and Ancillary	101.22%
<b>Trust Total</b>	<b>97.19%</b>	Nursing and Midwifery Registered	101.44%

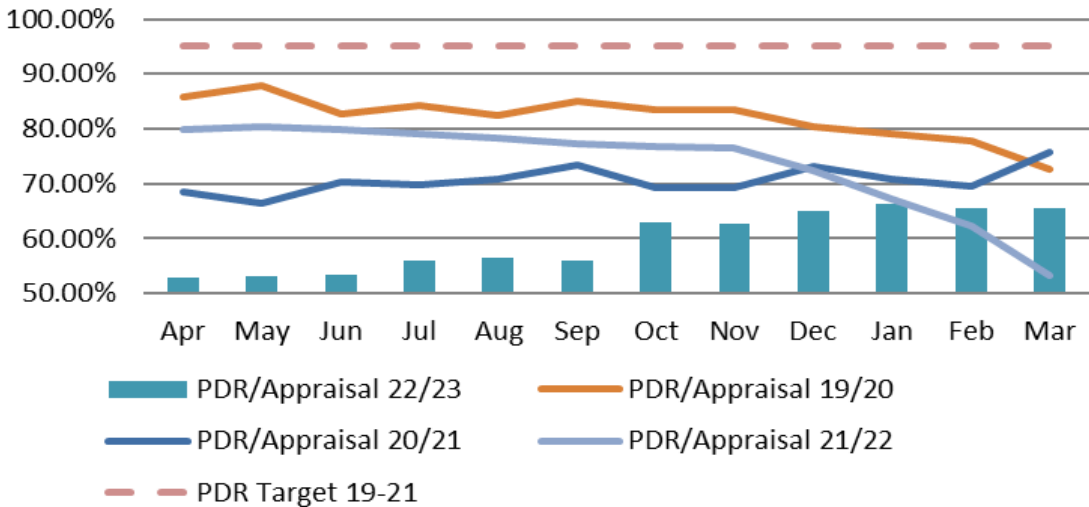
## 8. Training & Education

Appraisals completions decreased by 0.04% to 65.41% in March and retains it's red status against the Trust target of 95%

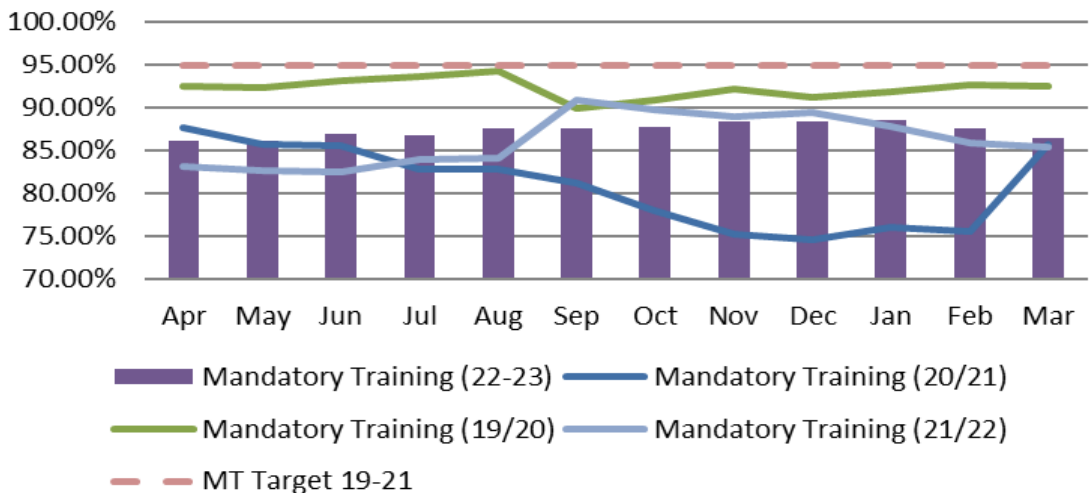
Mandatory training decreased by 1.21% to 86.38% in March, staying in the amber status against the Trust's target of 95%. This has stayed steady since January 2022 that staff have been more than 85% compliant in this.



### PDR/Appraisal



### Mandatory Training





# Workforce Experience and Engagement

## Disability Declaration rate

DDR 2022						
Jan	Mar	June	Sept	Dec	Feb	March
4.0	5.2	5.3	4.3	5.7	6.39	6.2

## Activity metrics

Initiative	Jan	Feb	March
Number of members of staff network meetings	177	189	244
Number of attendees at staff network meetings	26	42	29
Number of hits on Staff Networks intranet site	85	90	86
Number of hits on Health & wellbeing intranet site	N/A	N/A	262
Workshop attendance Health & wellbeing	54	126	116
Entrance swipe to Wellbeing room	409	302	361

# Staff engagement (Respondents 630)

Positive improvement  
in 8 out of 9 areas

Over staff engagement  
maintained at 7.1

Results							
	People Pulse Quarter 4 2022/2023	People Pulse Quarter 2, 2022/2023	People Pulse Quarter 1, 2022/2023	People Pulse Quarter 4, 2021/2022	ROH National Survey (NSS) October – November 2021	NSS National Results October- November 2021	NSS National Results October- November 2022
Overall Staff Engagement	<b>7.03</b>	<b>7.04</b>	<b>7.00</b>	<b>6.94</b>	<b>7.40</b>	<b>6.8</b>	<b>6.8</b>
Q1. I often/always look forward to going to work.	52%	55%	54%	52%	58%	53%	54%
Q2. I am often/always enthusiastic about my job.	66%	<b>68%</b>	67%	65%	73%	67%	70%
Q3. Time often/always passes quickly when I am working.	69%	<b>68%</b>	68%	66%	70%	73%	71%
Q4. There are frequent opportunities for me to show initiative in my role.	66%	63%	66%	69%	76%	72%	74%
Q5. I am able to make suggestions to improve the work team/department.	69%	<b>67%</b>	66%	65%	75%	70%	73%
Q6. I am able to make improvements happen in my area of work.	62%	<b>59%</b>	59%	57%	58%	53%	57%
Q7. Care of patients/service users is my organisations top priority.	80%	<b>81%</b>	78%	79%	84%	76%	83%
Q8. I would recommend my organisation as a place to work.	70%	<b>68%</b>	66%	71%	74%	59%	72%
Q9. If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.	86%	<b>87%</b>	86%	87%	90%	68%	85%