The Royal Orthopaedic Hospital NHS Foundation Trust

Trust Board (Public)

6th December 2023

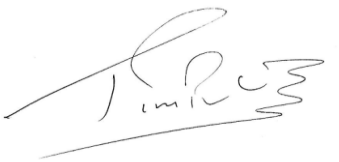
Boardroom, Trust Headquarters

Notice of Trust Board Meeting in Public on Wednesday, 6 December 2023

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 6th December 2023, in the Boardroom, Trust HQ commencing at **08:30.**

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

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



Tim Pile
Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

AGENDA
TRUST BOARD (PUBLIC)

Venue Boardroom, Trust Headquarters **Date** 6 December 2023: 08:30h – 12:00h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Vice Chair & Senior Independent Director	(SJ)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Les Williams	Non Executive Director	(LW)
Dr Ian Reckless	Non Executive Director	(IR)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Jo Williams	Chief Executive	(JW)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mr Mathew Revell	Executive Medical Director	(MD)
Mr Steve Washbourne	Executive Chief Finance Officer	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Sharon Malhi	Executive Chief People Officer	(SM)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

In attendance

Ms Gayle Kwindini	Senior Nurse	(GK)	[Item 1]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mrs Tammy Ferris	Corporate Services Manager	(TF)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
08:30	1	Patient story – Gayle Kwindini	Presentation	GK
08:50	2	Apologies:	Verbal	Chair
	3	Declarations of Interest	ROHTB (12/23) 001	Chair
	4	Minutes of Board Meeting held in Public on 1 November 2023: *for approval*	ROHTB (11/23) 027	Chair
	5	Actions from previous meetings in public: *for assurance*	ROHTB (11/23) 027 (a)	SGL
08:55	6	Questions from members of the public	Verbal	Chair
08:56	7	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (12/23) 002 ROHTB (12/23) 002 (a)	TP/JW
09:10	7.1	Update from Council of Governors	Verbal	SGL

09:15	8	Update from CQC Engagement Meeting: *for assurance*	ROHTB (12/23) 003 ROHTB (12/23) 003 (a)	SGL
09:25	9	Wellbeing update: *for assurance*	ROHTB (12/23) 004 ROHTB (12/23) 004 (a) ROHTB (12/23) 004 (b)	SM
09:35	10	National Food Standards Update: *for assurance*	ROHTB (12/23) 005 ROHTB (12/23) 005 (a) ROHTB (12/23) 005 (b)	NB
09:45	11	Learning Disability and Improvement Standards: for assurance	ROHTB (12/23) 006 ROHTB (12/23) 006 (a) ROHTB (12/23) 006 (b) ROHTB (12/23) 006 (c)	NB
09:55	12	Net Zero Update*: for assurance*	ROHTB (12/23) 007 ROHTB (12/23) 007 (a)	SW
10:05	13	Guardian of Safe Working Update*: for assurance*	ROHTB (12/23) 008 ROHTB (12/23) 008 (a)	JW
	UPWARD REPORTS FROM THE BOARD COMMITTEES			
10:15	14	Upward reports from the Board Committees: Finance & Performance Committee	ROHTB (12/23) 009	LW
10:25	**MATTERS TO BE TAKEN BY EXCEPTION ONLY**			
	15	Performance Reports: *for assurance* a) Finance & Performance b) Quality	ROHTB (12/23) 010 ROHTB (12/23) 011	
10:45	**CONFIDENTIAL SESSION**			
	16	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 7 February 2024 @ 09:00			

Notes

Quorum:

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

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

iii. If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – FY 2023/24 UPDATED TO SEPTEMBER 2023

MEMBER	ATTENDANCE										TOTAL
	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	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓				
Christine Fearns	✓	✓	**A**	**A**	**A**						
Ian Reckless	**A**	✓	✓	✓	✓	✓	✓				
Richard Phillips	✓	✓	✓	✓	✓	✓	✓				
Simone Jordan	✓	✓	✓	✓	**A***	**A**	✓				
Gianjeet Hunjan	**A**	✓	✓	✓	✓	✓	✓				
Ayodele Ajose	✓	✓	✓	✓	✓	✓	✓				
Les Williams	✓	✓	✓	**A**	✓	✓	✓				
Jo Williams	✓	✓	✓	✓	✓	✓	✓				
Matthew Revell	✓	✓	✓	✓	**A***	✓	✓				
Nikki Brockie	✓	✓	✓	✓	✓	**A**	✓				
Marie Peplow	✓	✓	✓	✓	✓	✓	✓				
Stephen Washbourne	✓	✓	✓	✓	✓	**A**	✓				
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓				
Simon Grainger-Lloyd	✓	**A**	✓	✓	✓	✓	✓				

KEY:

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

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

TRUST BOARD DECLARATIONS OF INTEREST

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

Name	Interest	Voting Member
Gianjeet Hunjan **Non Executive Director**	• Non Executive Director, Black Country ICB • Lay Member, National Clinical Impact Awards - National Main Committee and West Midlands Committee • Governor, Oldbury Academy • Governor, Ferndale Primary School • Member of CIPFA • Member of IHSCM • Member of HFMA	Yes
Ayodele Ajose **Non Executive Director**	• None declared	Yes
Richard Phillips **Non Executive Director**	• Member, Longstanding member of the Institute of Healthcare Management • Director, Association of British Healthcare Industries Ltd	Yes
Ian Reckless **Non Executive Director**	• Executive Director (Medical Director and Deputy Chief Executive), Milton Keynes University Hospital NHS Foundation Trust • Director, ADMK Limited (wholly owned subsidiary of Milton Keynes University Hospital NHS Foundation Trust) • Director, JTER Trading Limited (company involved in property services and antiques trading) • Fellow, Royal College of Physicians • Fellow, Faculty of Medical Leadership and Management • Member of Congregation, University of Oxford	Yes

MINUTES

Trust Board (PUBLIC) - DRAFT Version 0.1

Venue Boardroom, Trust Headquarters **Date** 1 November 2023: 0900h - 1500h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Vice Chair & Senior Independent Director	(SJ)
Mr Les Williams	Non Executive Director	(LW)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Dr Ian Reckless	Non Executive Director	(IR)
Mrs Jo Williams	Chief Executive	(JW)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Sharon Malhi	Executive Chief People Officer	(SM)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

In attendance:

Mr Luke Stanford	Housekeeper	(LS)	[item 1]
Mrs Clare Mair	Head of OD & Inclusion	(CM)	[item 10]
Mr Adam Roberts	Assistant Director of Governance & Risk	(AM)	[items 11 & 12]
Mrs Mandy Wilson	PA to the Chief Operating Officer	(MW)	[Secretariat]

1 Staff story – my career pathway at the ROH (LS)	Presentation
LS began his item by providing some background about his previous employment which was in a charity. He had worked there for eight years but during this time he was often made to feel as though he was not valued. It was during this employment that he made the decision to opt for a career change and wished to work in the NHS and his career began by undertaking Bank work which he enjoyed. During his time as a Bank worker he secured a permanent role at the ROH and for him personally, this offered a lot more job security as well as the opportunity for career progression and training. LS also outlined that he was pleased to observe that as a Trust it was important to	

address the needs of staff, in particular in relation to their mental health and well being and the level of support and guidance on offer for mental health issues, including counselling which was good but he felt was not commonly known.

LS continued by saying that if it was possible, there would be one or two things he would like to change about the Trust. This would include the signage around the hospital and he went on to explain that by this, he meant in particular the signs to Orthotics as it was not very clear as to where patients and visitors should be going. The other thing that he would greatly like to change is the attitude that some staff have towards the Housekeeping team as they are often looked down upon and the fact that some staff do not even take the time to learn the housekeeper's name and would rather just call them "Housekeeper" which to him seemed derogatory.

Another aspect that LS is passionate about is the amount of waste he sees on a daily basis, in and around the hospital and by this he outlined that he does not just mean food but also furniture and recycling.

He suggested that one option to help staff reduce the amount of food and furniture waste was that these could be offered to staff at discounted prices. As for recycling, LS was of the opinion that this could and should be increased around the hospital and it was felt it would be good to have some statistics on how much the Trust spends on rubbish disposal per year.

LS went on to say that there was a need for a Transgender Policy to be created, which would be able to provide help and guidance, for example in relation to recording sickness of ESR, as Transgender-related issues was not an option listed in one of the categories on ESR.

LS concluded this item by stating that personally for his future in the Trust that he was keen to work in Waste Management or something similar and maybe undertake an Apprenticeship in Facilities but that was for the future as he was happy where is currently.

Following LS's presentation an open discussion was undertaken and SM agreed to take forward the point about counselling to be more commonly publicised and LS was asked if he would work with Laura Tilley-Hood, the Engagement and Wellbeing Officer, to become an expert by experience for the Transgender Community.

NB continued by saying that as an organisation the Trust was actively looking at ways to reduce food waste.

LS was thanked not only for attending today and about being open and honest about him and his role but also for being his authentic self on a day to day basis

as he is always friendly and has a very helpful attitude.	
2 Apologies (chair)	**Verbal**
Apologies were noted from Richard Phillips (RP), Ayodele Ajose (AA) and Tammy Ferris (TF). TP then took the opportunity to welcome everyone to the meeting and also thanked MW for undertaking the role at today's meeting as the Secretariat. TP then informed members that Andy Street, Mayor for the West Midlands Combined Authority, would be visiting the site today and would be welcomed to the hospital by himself and JW and offered a tour of the facilities.	
3 Declarations of Interest (chair)	**ROHTB (11/23) 001**
The only change to the current Declaration of Interests was that TP was no longer a Director of Marshalls PLC. TF will be asked to update the document to reflect this change. **Action:- TF to be asked to update the Declarations of Interest register to reflect this change.**	
4 Minutes of Board Meeting held in Public on 4 October 2023: *for approval* (chair)	**ROHTB (10/23) 022**
The minutes were taken as an accurate record.	
5 Actions from previous meetings in public: *for assurance* (SGL)	**ROHTB (10/23) 022 (a)**
These were taken as read and clarification was given in respect of Item ROHTBACT.220 in that the 'Progress to Date' column should read that Claire Kettle was usually approached if and when needed to identify administration support for the Freedom to Speak Up Guardian.	
5.1 Board portal update (SGL)	**ROHTB (11/23) 002** **ROHTB (11/23) 002(a)**
SGL reported that there was nothing specific to escalate but that an update would be given at the next meeting. It was acknowledged that there will likely be a number of issues as the portal was introduced, but training will be provided to all staff who will be required to use the portal.	
6 Questions from members of the public (chair)	**Verbal**
No questions had been received.	
7 Chair's and Chief Executive's update: *for information and assurance* (TP/JW)	**ROHTB (11/23) 003** **ROHTB (11/23) 003 (a)**
JW began this item by reporting that the Trust was currently in the middle of completing the Staff Survey and outlined that issues had been experienced in relation to staff completing the survey, some of which were around the time required to undertake the task plus concerns over anonymity. She reported Line Managers are being asked to encourage staff to complete the survey as a priority.	

JW continued by reporting that congratulations had been extended to Jennifer Pearson, Head of Nursing (Division 2), who had been ranked in the HSJ 'Most influential Black, Asian and Minority Ethnic People in Health' – 'Bubbling Under' category. The Board was informed that on 2 November 2023 there was to be a launch of the new Strategy, an event to which staff were being invited to provide their thoughts and ideas. Also on 18 October 2023 Jonathan Pearson, the new Chair of Birmingham Health Partners, had visited the Trust and a further site visit was to be scheduled for January 2024. The Board was also informed that outside Outpatients the exhibition was being changed to reflect the "Many Cultures" working in the Trust and this would officially open in the next few weeks. In respect of the Birmingham and Solihull Integrated Care Board's CQC inspection, it was outlined that JW and TP would be interviewed in the next few weeks. This item was continued by thanks being extended to colleagues who had participated in the NOA conference at which the Trust had won two awards. It was also reported that during Freedom to Speak Up Month – October 2023- there had been no specific issues raised although a large amount of learning had been shared which will be taken forward. From the Chair's perspective, TP reported that he had had the opportunity to visit two newly refurbished locations in the hospital recently including Facilities and was very impressed with the new layouts and design.	
8 Wellbeing	
8.1 Wellbeing & Cost of Living Update: *for assurance* (SM)	**ROHTB (11/23) 004** **ROHTB (11/23) 004 (a)**
It was reported that good progress had been made to deliver the wellbeing offer to the organisation and that the intention was that during Wellbeing week, information on how staff could look after themselves would be rolled out and this would also include information about the Hardship Fund which will be continued. In terms of the liaison with HSBC, this appeared to be going very well and the feedback from sessions held had been very well received.	
8.2 Childcare Provision: *for information* (SM)	**ROHTB (11/23) 005** **ROHTB (11/23) 005 (a)** **ROHTB (11/23) 005 (b)**

It was reported that RSM had been engaged to undertake an assessment of the implications of taking on the childcare scheme from a financial perspective and to understand any tax liability. Discussions had been undertaken by the Executive Team subsequently, who was in agreement that due to the current financial situation that at present, the scheme should not be taken forward. The Team remained of the view that Child Care provision for staff was important but if it was to be taken forward then clarification on the uptake would need to be sought before approval was given. It was noted that there was a possibility of identifying where discounted Child Care services were available elsewhere. It was outlined that only a small portion of staff reported Child Care as a reason for leaving. It was also clarified that Child Care vouchers were no longer available to staff following the introduction of the new Government benefit which provides free Child Care of thirty hours for children aged over nine months. Following a discussion, it was agreed that no further action on this item would be undertaken for the time being as it was agreed there is a need to understand the demand for the Scheme. It was agreed that as this paper formed part of the documents for public viewing that the report would be amended to reflect the discussions at today's meeting and those decisions recommended by the Executive Team. **Action:- SM to update the report based on discussions at today's meeting and those undertaken at Executive Team meeting.**	
9 Retention & Recruitment update: *for assurance* (SM)	**ROHTB (11/23) 006** **ROHTB (11/23) 006 (a)**
The Board was presented with a summary of work undertaken in relation to recruitment which showed an increase in the establishment. It was also reported that there had been some changes in relation to the recruitment process and the introduction of Digital Passports. A question was then asked in relation to staff turnover and it was reported that it was encouraging to see that this had reduced, although it was still higher than desired but overall there was optimism that this was going in right direction. SM continued that visits to Jaguar Land Rover were being organised to look at how they managed recruitment and retention as well as staff Health and Wellbeing and it was agreed an update on this visit would be provided at a future meeting. **Action:- Agenda item – Add SM's visit to Jaguar Land Rover**	

In respect of the level of staff turnover, it was noted that the numbers show a high percentage of nurses leaving and it was felt it would be good to understand more fully why this was. It was noted that this may be concerned with the hospital being so specialist and therefore there was a view that there may not be significant scope for promotion or staff may prefer a change in their speciality at some point. From a nursing perspective, NB outlined that the aim was to ensure any member of the nursing team who left was retained with the Birmingham and Solihull ICB footprint to maintain continuity.	
10 Equality & Diversity annual report: *for approval* (CM)	**ROHTB (11/23) 007** **ROHTB (11/23) 007 (a)**
The Board was informed that the report had been published on the Trust's website and that it covered what the Trust was doing to progress the equality and diversity agenda and that it was also underpinned by the Trust's Inclusion Strategy. It was summarised that progress had been made in relation to Staff Networks including the convening of the Women's Network. It was noted that the chairs from these groups met regularly to share areas of good practice and to offer support and guidance. It was also reported that as a Trust, there is a need to raise awareness of Equality, Diversity and Inclusion and to have an open approach to the nine protected characteristics and to ensure that staff do not feel pressurised or victimised because of any of these characteristics. There is a need for staff to be encouraged and open to declare if they have one of the nine characteristics and for these to be recorded on ESR.	
11 **Patient Safety Incident Response Framework (PSIRF) policy and plan*: for approval*** **(AR)**	**ROHTB (11/23) 008** **ROHTB (11/23) 008 (a)** **ROHTB (11/23) 008 (b)**
The Board was joined by Adam Roberts, Assistant Director of Governance & Risk. It was reported that the Executive Team had seen the report and a recap was given to the those present which outlined that there was a new approach to incident management and the overarching documentation setting the framework for this was captured in a policy and plan which was being presented for approval. AR reported that he, along with a number of other ROH colleagues, had recently attended a Birmingham and Solihull ICB meeting to look at the PSIRF plans being produced \ used by other organistions and it appeared that this Trust was slightly ahead of others in the area with settling on an agreed approach.	

He continued by saying that the aim was for this new framework to be introduced from 6 November 2023, although it was acknowledged that training would be needed which at the moment would need to be undertaken internally. Therefore, there would not be an immediate 'switch over' to the new approach and implementation would be incremental over the next few months. It was also reported that work is being undertaken with the Communications team to have a dedicated area on the Intranet to provide a resource library for PSIRF and this would then be followed up with attendance at team meetings to explain how the new system works. A question was then asked in relation to non-patient incidents and whether information should be included in the report and to this it was felt that existing policies could be amended to include information for staff on this subject. It was also felt that as part of the report there was a need to include information on what support was available to staff following an incident and what the benefits were to them to assist with reducing the number of incidents.	
12 **Risk Appetite*: for discussion*** **(AR)**	**ROHTB (11/23) 009** **ROHTB (11/23) 009 (a)**
AR introduced this item as a new concept and a tool for managing risks going forward and that was a need to look at each risk on the Board Assurance Framework as a separate entity to take a view on risk appetite. Following a discussion on the concepts of risk tolerance and appetite and the differences between them, it was agreed that this specific item needed to be taken forward at a future Board meeting in relation to the Board Assurance Framework and that the proposed approach could be implemented in February 2024. **Action:- AR to attend future Board meeting for more discussion on this item to take place.**	
13 Board Assurance Framework (BAF)*: for approval* **(SGL)**	**ROHTB (11/23) 010** **ROHTB (11/23) 010 (a)** **ROHTB (11/23) 010 (b)** **ROHTB (11/23) 010 (c)**
It was reported that the key changes to the BAF included suggested amendments from the Internal Auditors which outlined the cause and consequence. The intention was for the initial risk rating to be removed and to focus on the target instead. It was noted that the operational risks that were included on the Corporate Risk Register were included as an appendix to the BAF. The Board approved the revised version of the BAF, noting that further iterations would be considered in future.	

14 Vaccination Programme update*: for assurance* (NB)	**verbal**
NB reported that uptake of the vaccinations had been much slower than in previous years, with only 43% of staff being vaccinated against the 'flu and 24% for COVID-19 to date. It was reported that 'flu vaccinations would be available until end of November 2023. Information to understand whether staff have been vaccinated elsewhere is proactively being sought via an anonymous online declaration form. It was felt it might be useful if information on whether staff have or have not been vaccinated be shared with Line Managers so they can encourage those who have not to receive one. TP made the point that the online form needed to be as simple as possible to encourage as many staff to complete it as possible.	
UPWARD REPORTS FROM THE BOARD COMMITTEES	
15 Upward reports from the Board Committees: (cttee chairs)	**Verbal**
a) Finance & Performance Committee Due to the timing of the last meeting of this Committee a verbal report was given. LW reported that the Trust was still awaiting the ICS report confirming the Trust's rating under the National Oversight Framework. It was noted that the Patient Initiated Digital Mutal Aid Scheme (PIDMAS) commenced on 31 October 2023. Work is being commenced in relation to supported discharge. There was also work to look at further Mutual Aid plans and how these can be improved nationally to build on the success already achieved.	
b) Quality & Safety Committee IR reported that the endoscopic spinal service was currently paused and a recommendation to the Committee around the timing of recommencement would be received at the next meeting.	**ROHTB (11/23) 012**
c) Staff Experience & OD Committee It was reported that the impact of ROH staff leading System workforce workstreams was being kept under review. There had been reported to have been an increase in sickness absence with Mental Health issues being reported although when compared to other partner organisations the statistics were similar.	**ROHTB (11/23) 013**
d) Audit Committee It was outlined that an Action Plan to remedy the poor	**ROHTB (11/23) 014**

performance against the Better Payments Practice Code had been considered, which had also been presented to the Finance and Performance Committee.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
16 Performance Reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce** These items were taken for information.	**ROHTB (11/23) 015** **ROHTB (11/23) 016** **ROHTB (11/23) 017**

PUBLIC SESSION

Next Meeting: 7 February 2024, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 1 December 2023

Reference	Agenda item	Paper Ref	Date raised	Action	Owner	Completion Date	Response submitted/Progress update	Status
ROHTBACT.216	Net Zero progress update	ROHTB (9/23) 022 ROHTB (9/23) 022 (a)	9/6/2023	Present the Green Board update to FPC and a summary of any barriers to the achievement of the intentions to the Board at a later date	SW	~~1/11/2023~~ 6/12/2023	Green Board update presented to FPC in September and further update to Board in ~~November~~ December. **INCLUDED ON THE AGENDA OF THE DECEMBER BOARD MEETING.**	
ROHTBACT.221	Wellbeing Plan	ROHTB (10/23) 005 ROHTB (10/23) 005 (a)	10/4/2023	Present the revised leadership framework to Staff Experience & OD Committee in October 2023	SM	25-Oct-23	Deferred to the January 2024 meeting	
ROHTBACT.217	Stories for the Board	ROHTB (10/23) 001 ROHTB (10/23) 001 (a)	10/4/2023	Liaise with NB with regard to how we bring together the learning from the stories on an annual basis	ES	3-Apr-24	Annual report on patient and staff stories to be presented in April 2024	
ROHTBACT.218	Freedom to Speak Up update	ROHTB (10/23) 004 ROHTB (10/23) 004 (a) – (d)	10/4/2023	Lead on finding a designated area for the FTSU Guardian	SGL	31-Dec-23	Will be part of the changes to the governance area in the nursing residency	
ROHTBACT.219	Freedom to Speak Up update	ROHTB (10/23) 004 ROHTB (10/23) 004 (a) – (d)	10/4/2023	Provide exact numbers relating to inappropriate attitude and behaviour concerns in the next update	CJ	7-Feb-24	ACTION NOT YET DUE	
ROHTBACT.222	Equality & Diversity Improvement Plan	ROHTB (10/23) 008 ROHTB (10/23) 008 (a)	10/4/2023	Ensure the disciplinary process appears on the SE&OD and Trust Board agenda with regular update and progress reports	SM	7-Feb-24	ACTION NOT YET DUE	

ROHTBACT.225	Retention & Recruitment update	ROHTB (11/23) 006 ROHTB (11/23) 006 (a)	11/1/2023	Add update on visit to Jaguar Land Rover to a future agenda	TF	7-Feb-24	ACTION NOT YET DUE	
ROHTBACT.226	Risk Appetite	ROHTB (11/23) 009 ROHTB (11/23) 009 (a)	11/1/2023	Arrange for AR to attend future Board meeting to discuss the BAF risk appetite	TF	7-Feb-24	ACTION NOT YET DUE	
ROHTBACT.223	Declarations of interest	ROHTB (11/23) 001	11/1/2023	Amend the DoI to remove Tim Pile's directorship for Marshalls Plc	TF	6-Dec-23	Amended as requested	
ROHTBACT.224	Child care provision	ROHTB (11/23) 005 ROHTB (11/23) 005 (a) ROHTB (11/23) 005 (b)	11/1/2023	Update the report based on discussions at today's meeting and those undertaken at Executive Team meeting	SM	6-Dec-23	Report updated and public record corrected	

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**6 December 2023**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board are asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

CHIEF EXECUTIVE'S UPDATE

Report to the Trust Board (in Public) on 6 December 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 1 November from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 The Trust has received confirmation that it has retained its single oversight framework (SOF) rating of 2. The rating is testament to the sustained improvement across the Trust and reflects the collective contribution of all colleagues.

2.2 On Tuesday 5 December, we are expected to hear from Inclusive Companies which will confirm where the Trust will feature in the Top 50 Inclusive Companies awards. Thank you to all the team who have developed a great submission for the judging panel.

2.3 On Tuesday 28 November we held our annual Christmas market. Thank you to the ROC team for all the planning, the market stall holders and everyone who supported the market on the day, it was a great success.

2.4 Our refreshed preceptorship programme has been launched. We welcomed 22 nurses, ODPs, Radiographers and Physiotherapists from across the Trust. This is a great achievement by the Clinical Education team who will run the programme over the next 12 months to support all our new staff (newly qualified and international trained to embed in practice). We continue to wait to hear if they have achieved the quality mark for the programme.

2.5 A small nursing team led by Jennifer Pearson (Head of Nursing) launched the Professional Nurse Advocate (PNA) programme for all nursing staff this month. The purpose of the programme is to support nurses with access to restorative

supervision. It is designed to support professional development and is part of our retention work.

2.6 On Monday 27 November, we appointed 3 x WTE Anaesthetic Consultants to the Trust. It was a real privilege to be part of the process and we look forward to welcoming them all over the next few months.

2.7 Thank you to the ROH Infection Prevention & Control team who hosted a study day on site. This was a great day, with key speakers from around the system sharing IPC updates and education. This was open to the BSol system and we welcomed nursing colleagues from our partners.

2.8 Congratulations to the Radiology Team who won an international award for Best NHS Trust for delivering Radiology Services and Dr Rajesh Botchu who won the Radiology Fellowship of the Year award.

2.9 On 22 November 2023, the Chair and I welcomed Professor David Sallah to the Trust. David is the Chair at Birmingham Community NHS Trust. We were delighted to show him around the Trust meeting colleagues. In the discharge lounge we spoke to a patient who was going home following a knee replacement who described the excellent care he had received. The gentleman had received care all over the world said that it was the best care he had received but what made it special here was that everyone smiled. We got a chance to see the Pharmacy robot, a visit to theatres, ADCU and Ward 4.

Thank you to everyone who helped and took the time to showcase the ROH. David had a fantastic visit and he truly enjoyed meeting and talking to so many staff. He has since formally thanked us for the day and said "I am so impressed with the high quality of your work and the dedication of the team". It was a great opportunity to share with him the great work that the team does each day but what made it special was seeing David's joy at watching people work together with care, compassion, and humour – a true team effort.

3. BSol ICS (Integrated Care System) Updates

3.1 The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and next public meeting is being held on 8 January 2024.

3.2 The system has launched "Our Open Conversations" which is an opportunity for all staff working in health and care in Birmingham and Solihull to be part of an online discussion about our culture. In this anonymous and safe space, people are encouraged to share:

- How they feel about working in our ICS.
- The behaviours they expect and are no longer willing to tolerate.
- What we should start, stop or do differently to make Birmingham and Solihull the best place to work in health and care.

This is a unique opportunity for all colleagues to tell us about their frustrations; where we are getting things wrong; what's stopping them from doing their job in the way they want and need to, and what does our system need to do to make things better. We have committed to listen to what people say and collectively to create an action plan to make our health and care system the best place to work. The first Open Conversation is open from 30 November until 11.59pm on 14 December 2023.

4 NHS England/National updates

4.1 NHSE has issued guidance to support the NHS People Promise and are asking for expressions of interest to become a People Promise pathfinder site. Established in April 2020, NHS England's People Directorate leads the programme and work to improve staff experience and the retention of our NHS people. The programme works nationally as well as across all seven regions to support and help organisations and systems achieve real tangible improvements in staff retention. The People Promise exemplars are 23 organisations – a mix of acute, community and mental health providers. Pathfinders help to test assumptions about what can best empower the whole workforce to feel valued, safe, productive, and supported and therefore keep more of our valued staff in roles they love.

The Trust is intending to submit an expression of interest; the work would run in parallel with its existing work streams aimed at retaining, supporting and developing our workforce.

5 POLICY APPROVAL

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

- Job evaluation policy
- Complaints policy
- Asset management policy
- Learning disability & autism policy

- Transitional care policy

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

1 December 2023

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**CQC engagement update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Simon Grainger-Lloyd, Director of Governance**
DATE OF MEETING:	**6 December 2023**

EXECUTIVE SUMMARY:

The Trust meets with the nominated CQC engagement manager on a quarterly basis, the last meeting having been held on Tuesday, 21 November 2023.

The structure of the meeting is organised around a prescribed template that includes discussions around insights that the CQC has gained based on information available in the public or externally; key risks; complaints; performance against quality metrics; Freedom to Speak Up themes; and staff engagement. Recently, the meeting agenda has also included a focus on a core service – the meeting in June provided an overview of the Children and Young People's service and the last meeting considered an overview of the Imaging service.

The last meeting with the CQC was attended by the Chief Nurse and Director of Governance, as the the regular Executive members. The Chief Operating Officer and Head of Imaging attended to lead the overview of the Imaging service. The slide deck discussed under this item is attached as Appendix A.

A summary of the key points of discussion of the last meeting are below:

- Positive feedback on the Trust's performance against the diagnostics target and the reporting turnaround ;
- CQC suggested that given the clear examples of excellence and innovation, that the work of the Imaging service be published to help other organisations understand how good performance and best practice is achieved;
- Discussion around the Trust's approach to embedding PSIRF, with the CQC taking an interest in changes already taking place, such as the Infection Prevention & Control 'swarms';
- The CQC sought detail on the improvements being made to strengthen the Health & Safety framework in the Trust and was pleased at progress to date;
- The detail of the small number of complaints that had been received by the CQC about the ROH were discussed, with only one outstanding; the Trust agreed to keep the CQC abreast of the plans to resolve this;
- An overview of the recent compliment received by the ROH from a patient who had received 'life changing treatment' in the form of a hip replacement was provided. The CQC suggested that they would wish to have visibility of any notable compliments in future;
- The presentation around the work that the ROH was undertaking on domestic abuse was shared with the CQC which was also being used as a learning tool for a number of other NHS organisations;
- The CQC gave an overview of the changes to the CQC inspection framework which highlighted a more proportionate approach to inspection and a move away from Key Lines of Enquiry to a set of Quality statements. The evidence used to inform the rating system will also shift to focussing more significantly around patient views. There is also to be more opportunity for providers to

present a dossier of evidence to justify where services or areas are regarded as needing to be rated more highly;
- The next meeting with the CQC is scheduled for March 2024

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and ACCEPT the overview of the recent CQC engagement meeting;
- AGREE to receive a further update after the March 2024 meeting

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

- Element of the Trust strategy related to the regulatory ratings for the Trust

PREVIOUS CONSIDERATION:

Executive Team on 21 November 2023

November 2023

Imaging Department

Sandra Milward
Head Of Imaging

Dr Vinay Ketkar
Clinical Service Lead

Marie Raftery
Associate Director of Operations, Division 2

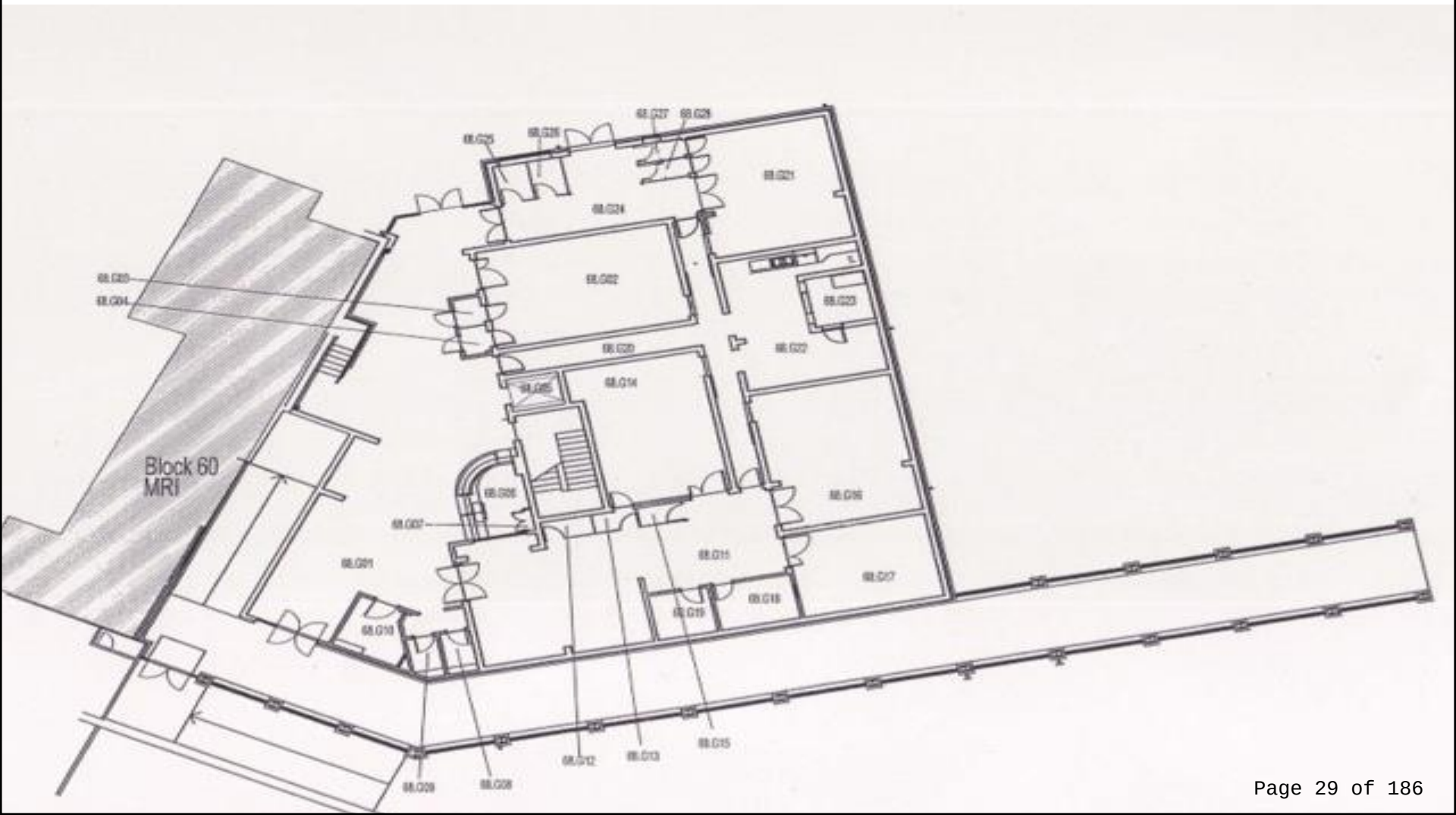
Introduction

The Imaging Department has;

- 1 x CT room
- 2 x Ultrasound rooms
- 4 x X-ray rooms
- 2 x MRI scanners
- 6 x image intensifiers
- 1 specialist 3D image intensifier
- 2 x mini ‘C’ arms

Imaging Department Ground Floor Plan

The floor plan below helps to demonstrate the compact size of the department



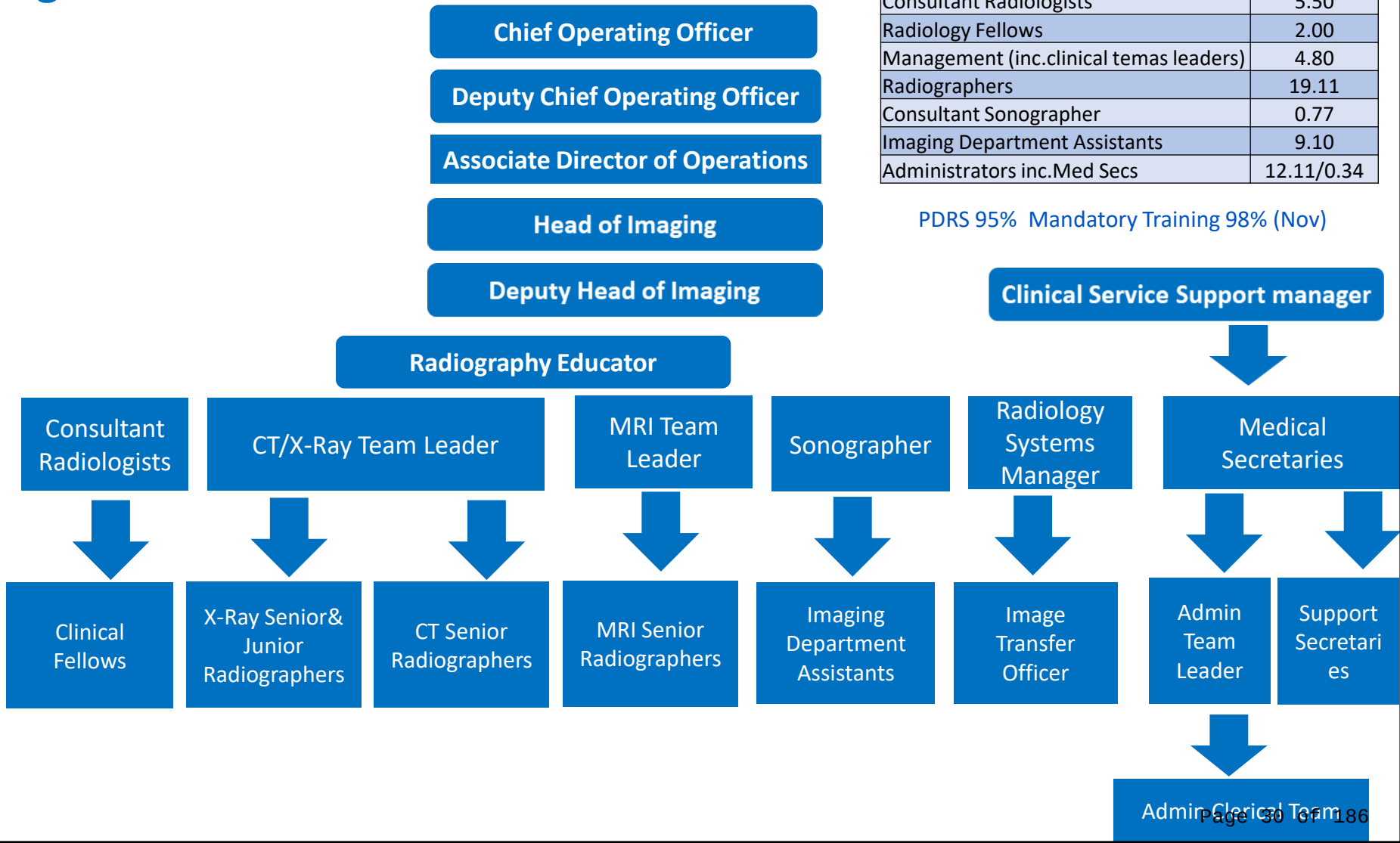
Imaging Department

Organisational Structure

The workforce is made up of 60 staff, 52.39 WTEs

Staff Group	Actual WTE's
Consultant Radiologists	5.50
Radiology Fellows	2.00
Management (inc.clinical temas leaders)	4.80
Radiographers	19.11
Consultant Sonographer	0.77
Imaging Department Assistants	9.10
Administrators inc.Med Secs	12.11/0.34

PDRS 95% Mandatory Training 98% (Nov)



Diagnostic performance

% of patients waiting <6weeks for Diagnostic test (national standard is 99%)

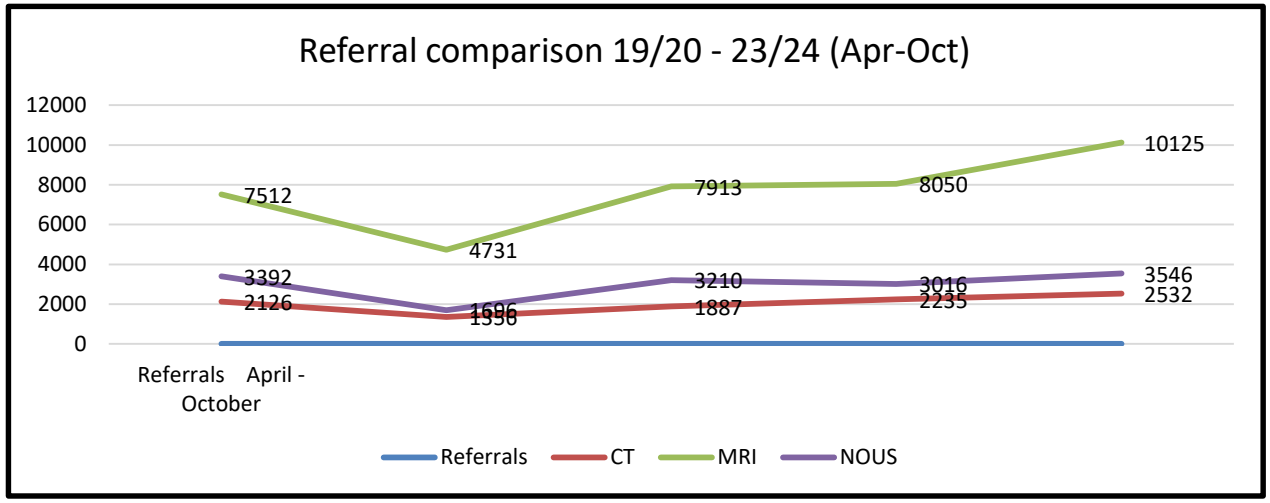
	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Oct-22	718	131	132	981	5	976	99.49%	695	211	262	1168
Nov-22	716	93	159	968	6	962	99.38%	813	333	341	1487
Dec-22	771	86	158	1015	6	1009	99.41%	990	295	433	1718
Jan-23	816	98	145	1059	12	1047	98.87%	764	269	378	1411
Feb-23	728	64	95	887	6	881	99.32%	702	264	373	1339
Mar-23	875	105	143	1123	4	1119	99.64%	1055	310	544	1909
Apr-23	711	110	146	967	3	964	99.69%	523	127	287	937
May-23	880	138	164	1182	3	1179	99.75%	1248	306	458	2012
Jun-23	1053	143	147	1343	8	1335	99.40%	1177	324	516	2017
Jul-23	1175	159	135	1469	3	1466	99.80%	1124	249	269	1642
Aug-23	989	103	185	1277	10	1267	99.22%	1287	393	399	2079
Sep-23	1343	148	267	1758	2	1756	99.89%	1253	343	455	2051
Oct-23	1331	169	256	1756	4	1752	99.77%	1456	354	459	2269

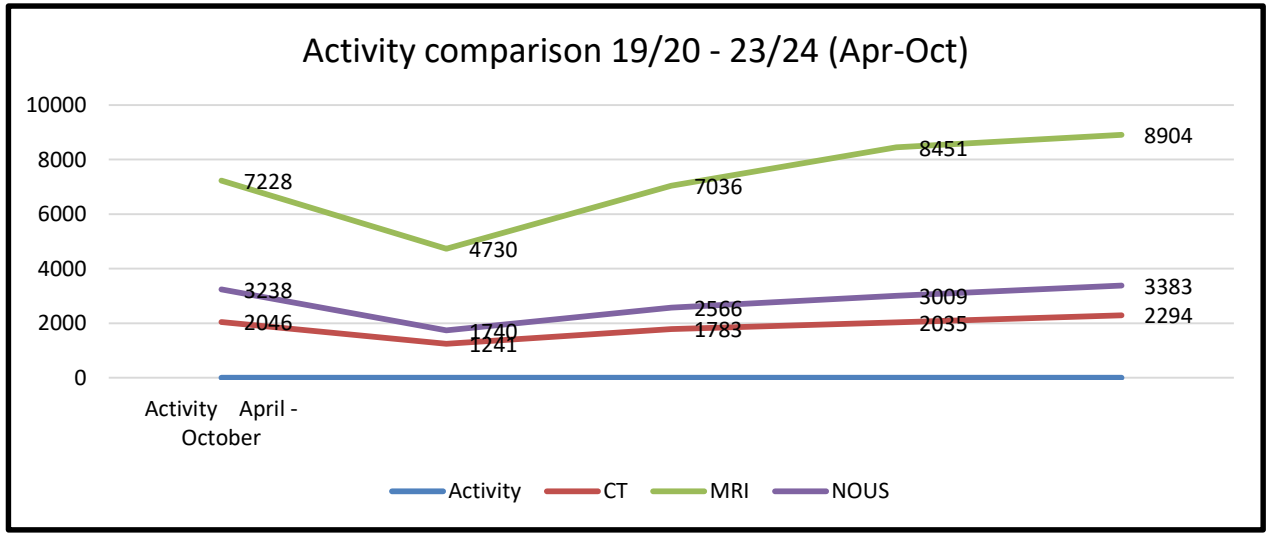
The tables below show the number of referrals and activity 2022/23 v's 2023/24

Combined all modalities Referrals	April	May	June	July	August	September	October
2022/23	4514	5354	5321	4963	4976	5077	5473
2023/24	4504	6105	5872	5703	6388	6315	6837
Percentage 2023/24 of 2022/23	100%	114%	110%	115%	128%	124%	125%
April to Month Total 2022/23	4514	9868	15189	20152	25128	30205	35678
April to Month Total 2023/24	4504	10609	16481	22184	28572	34887	41724
Cummulative % 2023/24 of 2022/23	100%	108%	109%	110%	114%	116%	117%

Combined all modalities Activity	April	May	June	July	August	September	October
2022/23	4565	5188	5008	4733	4898	4980	4971
2023/24	4366	5412	5642	5281	5526	5316	6053
Percentage 2023/24 of 2022/23	96%	104%	113%	112%	113%	107%	122%
April to Month Total 2022/23	4565	9753	14761	19494	24392	29372	34343
April to Month Total 2023/24	4366	9778	15420	20701	26227	31543	37596
Cummulative % 2023/24 of 2022/23	96%	100%	104%	106%	108%	107%	109%

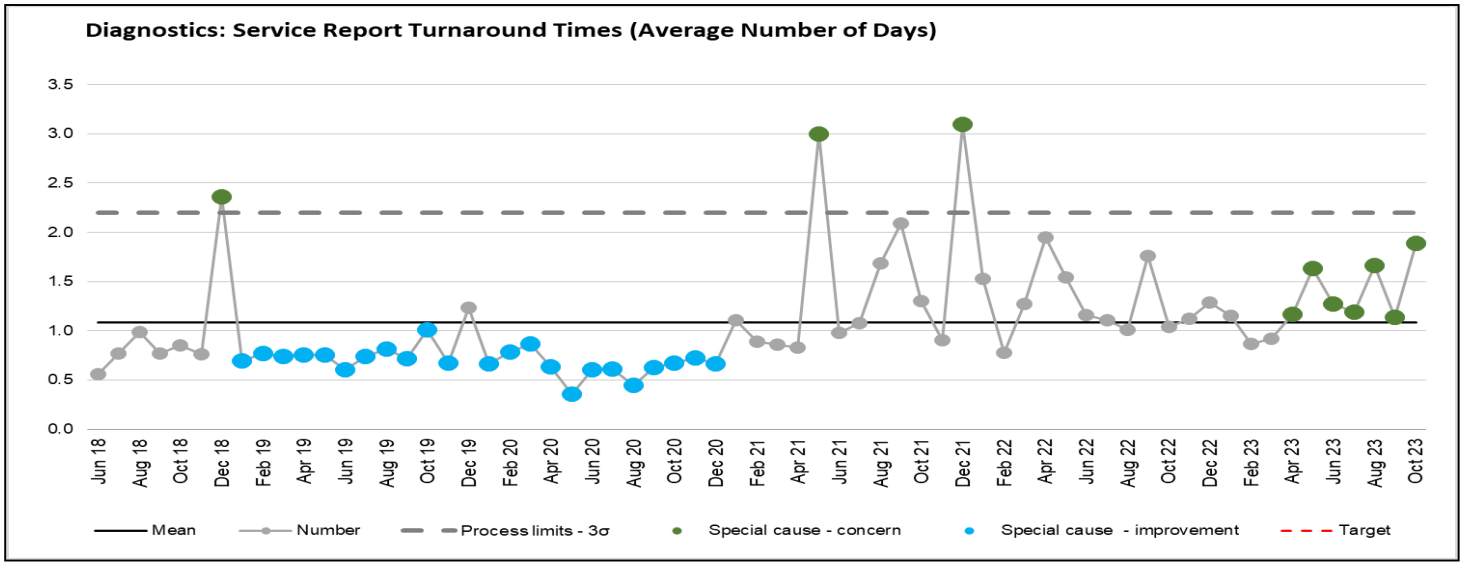
Referral and Activity Comparison 19/20 - 23/24 (Apr-Oct)





ROH DWTL v's National Performance and Reporting Turnaround Performance

DM01	Pending				Activity								
MONTH	MRI	CT	US	TOTAL	MRI	CT	US	TOTAL	OVER 6 WEEKS	UNDER SIX WEEKS	TOTAL	% UNDER 6 WEEKS	NATIONAL POSITION UNDER 6 WEEKS EXCLUDING NONCS
Nov-22	716	93	159	968	813	333	341	1487	6	962	968	99.38	99.5
Dec-22	771	86	158	1015	990	295	433	1718	6	1009	1015	99.41	99.4
Jan-23	816	98	145	1059	764	269	378	1411	12	1047	1059	98.87	98.9
Feb-23	728	64	95	887	702	264	373	1339	4	883	887	99.55	99.3
Mar-23	875	105	143	1123	1055	310	544	1909	4	1119	1123	99.64	99.6
Apr-23	711	110	146	967	1152	208	593	1953	3	964	967	99.69	99.7
May-23	880	138	164	1182	1248	306	458	2012	3	1179	1182	99.75	99.7
Jun-23	1053	143	147	1343	1177	324	516	2017	2	1341	1343	99.85	99.4
Jul-23	1175	159	135	1469	1124	249	269	1642	3	1466	1469	99.80	99.8
Aug-23	989	103	185	1277	1287	393	399	2079	10	1267	1277	99.22	99.2
Sep-23	1343	148	267	1758	1253	343	455	2051	2	1756	1758	99.89	99.9
Oct-23	1331	169	256	1756	1456	354	459	2269	4	1752	1756	99.77	not published

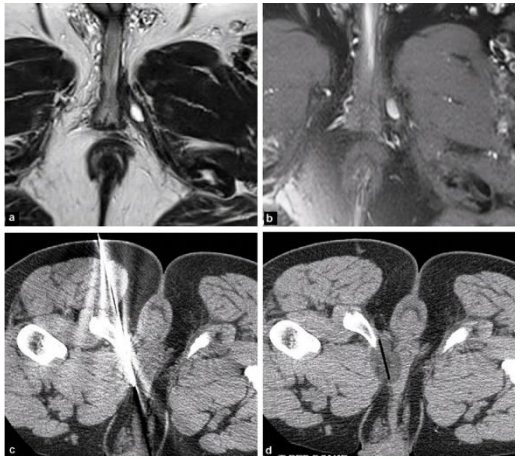


Current risks and challenges for the service and include how you propose to address/mitigate them.

Current Risks / Challenges	Proposed mitigation
Continued national shortage of radiographers, risk to recruitment	Introduction of radiography apprentices, Radiography Educator in post to support – salary funding required
National shortage of Consultant Radiologist	6 month locum in place whilst 7th Consultant is recruited.
Aging Imaging equipment – CT scanner, 3 x X-ray rooms , 5 x image intensifiers and 2 mobile machines all coming up to 10 years old and require replacement. This will need significant financial investment (circa £3m +)	All equipment is maintained under contract and checked by RRPPS to ensure safety, funding needed and is in Business Planning 24/25
Increase in referrals, initially though as result of Order Comms but continued demand	Review of demand to understand referral growth. Considering the use of Community Diagnostic Centres to support community work.
High DNA rates leading to inefficiencies in service delivery	Dr Doctor text message reminders are now issued to patients. This started 11/11/23 and will be reviewed continuously to ensure any health inequalities can be addressed.

Examples of innovative practice for the service.

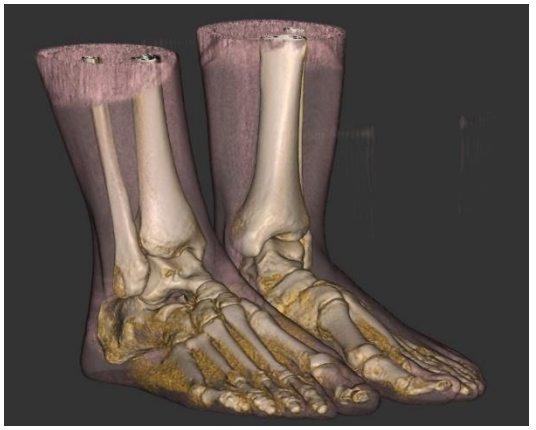
Daily Diagnostic MDT



Cryotherapy service

Introduced in March 2021 and is used in conjunction with CT for the treatment of bone and soft tissue tumours reducing the need for surgery. It enables the lesion to be treated on one visit rather than multiple, and has a quicker recovery time than conventional surgery. It is used with metastatic lesions and fibromatosis, alternatives to cryotherapy are surgery, radiotherapy or chemotherapy.

Standing CT service



This was introduced as a trial in December 2020 to improve surgical planning as the anatomy of the foot and ankle differ greatly when under weight bearing conditions compared to conventional CT, which is performed non weight bearing due to equipment limitations. Feed back has been very positive from the surgeons and the trial is being extended due to the various lockdowns.

Examples of innovative practice for the service : continued…

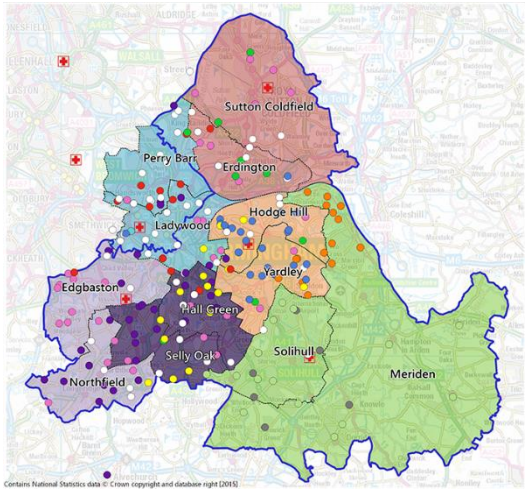
3-Dimensional imaging in Theatres

A new Siemens Cios Spin 3D image intensifier was trialled in late Spring 2021 enabling a 3D image to be produced for spinal surgery for use with robotics. It was only the 2nd intensifier of this type to be used in the UK and the enhanced imaging for Spinal surgery greatly improve the range of surgery performed with better visibility enhancing safety. Confirmation has recently been received that this equipment will be in full use at the ROH in the coming months

Birmingham and Solihul (BSol): System working with BSol Trusts

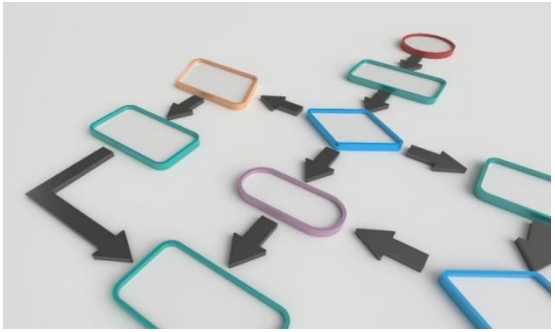
System working was implemented as a response to dealing with Covid-19 by sharing resources, expertise and capacity. To that end the Imaging Department will be scoping out the following initiatives;

- Additional MRI capacity to be allocated to wider system
- Staff preceptorship programme
- Community Diagnostic Hubs



Examples of innovative practice for the service : continued…

Improving Imaging and Outpatient flows



- Electronic 'waiting list' of patients that need to come to X-ray which is visible to all service users
- Daily spreadsheets aligning future appointments in OPD with x-ray requests to enable pre booking of x-ray appointments

Order Comms (electronic requesting) & text messaging

- Introduction of electronic requesting via PICS means requests are visible and vetted contemporaneously.
- The use of iPads with 'mobile CRIS' means patient details can be checked with the patient and removes the need to print requests.
- The uploading of safety questionnaires and LMP forms onto mobile CRIS allows a permanent and instant record for this information.
- The development and introduction of an 'Imaging Tracker' which allows all clinicians to review where their patient is on their imaging journey and also shows when reports are available to review (can be filtered to referrer or multiple referrers if required).
- The recent introduction of Dr Doctor to send out text messages both 7 days and 2 days prior to appointments with both phone numbers and email address as contacts to improve attendance and patient experience.

Examples of innovative practice for the service : continued…

Quality Standard for Imaging (QSI)

The Imaging Department is committed to obtaining the Quality Standard for Imaging as it was identified that the QSI is the standard which can be used to review all aspects of the service including Leadership & Management, Clinical, Facilities, Patient Experience and Safety. The list below identifies a number of improvements which have been made during the QSI journey, and already the review of service has delivered improvements to the benefit of all, with patient safety at the forefront.

- Review of SOPS/Protocols and Guidelines – 100+ documents to date have been reviewed and updated.
- Regular team meeting to discuss QSI and the improvements needed for the department.
- Working with the West Midlands Imaging Network to achieve standards across network – ROH are significantly further ahead in the journey than others.
- Empowering staff to bring forward ideas and improvements i.e. the new process of Cannulation removal by IDAs which was suggested by a Radiographer.

Conclusion

The Imaging Department at the ROH is small but is mighty!

Trust values

Focus on patients

Empathy and compassion

Innovation

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	**Wellbeing Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Sharon Malhi, Chief People Officer**
AUTHOR:	**Laura Tilley-Hood, Engagement and Wellbeing Officer**
DATE OF MEETING:	**6th December 2023**

EXECUTIVE SUMMARY:

This report gives an update on Wellbeing work across the Trust and the continued Cost of Living support.

Positive assurance

- Wellbeing Week is taking place in the week commencing 27th November and all departments will be visited to share information and initiatives
- Wellbeing week will be supported by senior leaders including Ayodele Ajose - Wellbeing Guardian and Executive Team members
- Colleagues are able to access the hardship fund and there is a quick turnaround for them to receive the funds
- Continuing to provide financial support for colleagues as we move into the winter months and school holidays, using support from Finance, Salary Finance, Barclays and HSBC
-

Current issues

Ensuring staff have access to wellbeing support particularly linked to mental health support
Ensuring everyone has access to the Wellbeing Week.
Ensuring all managers attend the Wellbeing Conversation Training
Continued work to ensure that impact of wellbeing work is measured

Next steps

Continue to work with colleagues around Cost of Living, sharing support via Weekly Wellbeing email, Managers Calls, posters and any other ways to signpost.

To review information

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

Accept	Approve the recommendation	Discuss
X		

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

Financial	X	Environmental	X	Communications & Media	
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:

Cost of Living and Wellbeing update Trust Board – November 2023

FOR ASSURANCE

ROHTB (12/23) 004 (a)

Trust Board – December 2023

Monthly Update on Cost of Living and Wellbeing

1. Cost of Living

1.1 Royal Orthopaedic Charity Initiative: The ROC Hardship Fund

As of 14th November, the Trust has received a total of 32 Royal Orthopaedic Charity (ROC) hardship applications. Out of these, 25 have received approval, benefiting 16 staff members and 9 patients, resulting in a total grant allocation of £12,267.

On average, per application, patients receive £304.89 in financial support, while staff members are awarded an average of £494.44.
Examples of the types of requests we have received include assistance with essentials such as food, bills, and rent, as well as accommodation and travel expenses for appointments.

ROH has been selected as one of the winners at this year's NOA Excellence in Orthopaedics Awards 2023. The Trust received an award for the Workforce Retention Initiative category for 'Financial wellbeing initiatives'. This was a joint application written by both the Health and Wellbeing and Finance teams.

1.2 HSBC Financial Support

The Trust have partnered with HSBC and have three different ways they will be supporting our colleagues at ROH.

1) **Always on**,
2) **Bitesize Webinars for ROH**
3) **1:1 Financial Health Check**

HSBC will be joining the Trust for Wellbeing Days to offer support, this is via 1:1's, general support on a stand and a webinar. Colleagues can also book a free financial health check via a QR code or be emailing directly. This has been shared in the Wellbeing Weekly email and posters will also be distributed.

1.3 Other Cost of Living initiatives include:

Winter Grant – The Trust has secured further funding via the **Winter Grant** until March 2024 to support our COL work at the trust. The funding secured is approximately £800 per month

Free Porridge – The Trust launched **free porridge** at the start of Wellbeing Week, we hope to continue this throughout the winter months after gaining feedback from the catering team after the launch week.

ROH Pantry – continuing to keep the **pantry** restocked over the winter months, using the Winter Grant. This pantry was re stoked before half term (30th October) and needed re stocking again after this.

Out of hours food – continue to re stock the **freezer** with the Winter Grant.

Blue Bag Project – These bags are kept fully stocked across ROH using the Winter Grant, we have also added a bag to the Griffins Brook site and a second bag and supplies to College Green, they can now restock themselves.

Toiletry Packs – more supplies have been ordered and given out to students using the Winter Grant.

Salary Finance – The Trust continues to share information on the support available

Stands at Wellbeing Week – the Finance team will be holding a stand during the week to help with the Cost of Living.

2. Wellbeing Update

2.1 Wellbeing Conversation Training – Continuing to train managers and asking for feedback on sessions. 18 managers have been trained over the last month with more sessions booked in December and into the new year.

2.2 Screen – Wellbeing Room – the screen has been fitted and the team will look at information and apps to be displayed.

2.3 Wellbeing Days – please find attach plan for the Wellbeing Week. Wednesday is TBALD and there will be a special emphasis on Theatres and the wards. There has been lots of support from different colleagues across the Trust to ensure the Wellbeing Week reaches all departments. The Trust will be asking for feedback on the week. How it has helped individuals' wellbeing and the impact for individuals and team members.

2.4 West Midlands Combined Authority (WMCA) – West Midlands Combined Authority and Andy Street visited the trust at the beginning of November. Andy visited different areas around the Trust and meet with the Executive team. The Wellbeing team will be working with WMCA to showcase the work done for the Thrive at Work accreditations.

2.5 Menopause Champions – All three of our Menopause Champions have received their Menopause Champion Training through partners Talking Menopause. They have already helped to support with the Menopause work around the trust, with engagement sessions including the Preceptorship Programme and the Menopause awareness session

2.6 Menopause Training – The Trust is looking to hold some awareness sessions for colleagues and specifically for managers in the New Year.

2.7 Health Kiosk – this has been installed as part of Wellbeing Week, this is situated outside Café Royale. Colleagues can check their BMI by measuring their height and weight and can also check their blood pressure and body fat mass. There is also a survey on stress.

There is help and support available at the end of the process. We will be able to gain feedback from colleagues as the machine has a survey inbuilt into the questions.

2.8 Birmingham City Partnership – Cost of Living Conference – Laura attended the event at Millennium Point which talked through support available for Cost of Living across the city.

2.9 Nurse Induction – 15 newly qualified nurse – wellbeing induction and signposting and support given.

2.10 Graduates – two graduates spent a few hours learning about the Wellbeing support we have an offer and visited our Wellbeing areas at ROH.

2.11 Preceptorship Programme – The team talked through what wellbeing support is on offer. 20 colleagues completed the Stress Bucket and spoke about it as a group. They also spoke about pledges around their own wellbeing.

2.12 HSBC webinars – four webinars offering help, support and signposting for colleagues. The Trust is working with HSBC to look at different ways to offer support for colleagues that can't attend the webinars.

2.13 Reverse Advent Calendar boxes – these have been distributed across the trust to encourage teams to collect items within their departments. The trust will be packing hampers for NCP – Northfield Community Partnership on 19th December.

Laura Tilley-Hood

Engagement and Wellbeing Officer

December 2023

Wellbeing week

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Monday 27 November **Free porridge from Café Royale 8am – 10:30am with your reusable caddy!**	Tuesday 28 November	Wednesday 29 November	Thursday 30 November	Friday 1 December
Sleep Workshop 11:30-12pm on MS Teams Click here to join the meeting A 30-minute workshop to talk through the importance of sleep and give you hints and tips on how to get a better night's sleep.	**Learning and Development** Call the team on 55840 Find out about the Continuous Professional Development opportunities that are available for all colleagues.	**Birmingham Mind Stand** 11-2pm outside Café Royale Birmingham Mind can offer lots of support and have Café's locally which offer mental health support across the week. They can also help with support you may need for family members.	**Menopause Stand** 11:30-12:30pm outside Café Royale Speak to members of the Menopause Support Group and Champions to find out about the support available. You can also join the group and get involved in the support network!	**Barclays Bank** 10-2pm outside Café Royale Banking information including managing debt, savings, and budgeting. You can also book a 1:1 session and do not have to be an existing customer.
HSBC Webinar 1:30pm -12:30pm on MS Teams Click here to join the meeting Would you like to find our more on managing debt to help you be financially fit? Join the webinar to hear some ideas on how to manage your financial wellbeing.	**Mindfulness Session** 10:30am on MS Teams Click here to join the meeting The BSol Staff Mental Health Hub will be leading a guided mindfulness session. You can join individually or with your team.	**Citizens Advice Birmingham** 12pm – 2pm outside Café Royale Providing impartial, confidential & anonymous advice on Financial Support, Child Benefits, Disability Benefits, Housing costs and more. 1:1 sessions are also available.	**Aquarius Stand** 10-2pm outside Café Royale Alcohol, drugs, and gambling support. There will be lots of educational information to learn about units, common signs, and issues along with interventions and 1:1 support for family members.	**Health Check Kiosk** Outside Café Royale The SiSU health station provides you with an overall holistic view of your physical, emotional and social health. Find out more here.
Tea Trolley 2pm-4pm A visit to departments with tea, coffee, fruit, and snacks!	**Tea Trolley** 11am-1pm and 2pm – 4pm A visit to departments with tea, coffee, fruit, and snacks!	**Charity Hardship Fund** 10am-2pm outside Café Royale Find out about the support you can get from the Royal Orthopaedic Charity and talk to the team about The Hardship Fund.	**HSBC Stand - 1:1 Support** 10-2pm outside Café Royale Banking information including managing debt, savings, and budgeting. You can also book a 1:1 session and do not have to be an existing customer.	**Knit and Natter** Outside Café Royale -10-2pm
E&D and FTSU Stand outside Café Royale 10am-2pm Learn more about the Equality and Diversity Network and how to join. Claudette will also be there to talk about her role as Freedom to Speak up Officer.	**BSol Staff Mental Health Hub** 10am-12pm outside Café Royale We will be joined by Louise and Satpreet from the BSol Staff Mental Health Hub. Find out what 1:1 support is available and find some tips to look after your mental health.	**Managing Low Mood Workshop** 11:30am-12pm on MS Teams Click here to join the meeting Tips on how to manage low mood and support available via the BSol Staff Mental Health Hub.	**Managing Anxiety Workshop** 11:30am-12pm on MS Teams Click here to join the meeting Coping mechanisms on how to manage anxiety and further support from Staff Mental Health Hub	**MMEG and Staff Network Walkabout** 10am-11am An opportunity to find out about the staff networks, ask any questions or gain support.
Wellbeing Stand 10-1pm outside Café Royale Find out about wellbeing offers available at ROH and the support available.	**Financial Wellbeing Stand** Outside Café Royal 10-2pm		**Tea Trolley** 10am-12pm A visit to departments with tea, coffee, fruit, and snacks!	

Take part in the Health and Wellbeing quiz: Health and Wellbeing Quiz 2023 (office.com)

You could win a Starbucks hamper worth £25!

REPORT REF: ROHTB (12/23) 005

TRUST BOARD

DOCUMENT TITLE:	**National Food Standards Assurance Summary Report**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Chief Nurse**
AUTHOR:	**Steve Harnett, Facilities Manager**
PRESENTED BY:	**Nikki Brockie, Chief Nurse**
DATE OF MEETING:	**6th December 2023**

PURPOSE OF THE REPORT:

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

EXECUTIVE SUMMARY:

In November 2022, the NHS England publish refreshed '*National standards for healthcare food and drink*' which build on the previous hospital food standards and the independent review of NHS hospital food.

The standards cover four areas as outlined below. All organisations must meet sections 1 and 4 of the standards. However, section 2 and 3 also applies to The Royal Orthopaedic Hospital as the Trust provides patient food and drink as well as retail facilities to staff and visitors.

The standards cover:

- Section 1: All healthcare food and drink
- Section 2: Patient food and drink
- Section 3: Retail, staff and visitor food and drink
- Section 4: Sustainable procurement and food waste

There are 8 key standards which a gap analysis has been carried out against the eight standards as outlined above. The analysis highlighted good practice and standards in place in five standards, with improvements planned in two standards. One standard require work within the senior catering team, with plans in place.

This paper is designed to provide the Trust Board with assurance against the standard and to highlight areas that require improvement.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
• Good standards & practice on 5 standards. • Board level support. • New retail facilities (Café Royal). • Food sourced locally and 'Only British', to a high quality. • Chef training programme with apprenticeship introduce.	• Improvements planned in 2 standards & one standard requires work with senior catering team. • Creating an area for patients to have meals is included, but unachievable due to restriction infrastructure. • Access to 24/7 hot meals for patients and

• Work underway to ensure food waste reduction and to improve sustainability.	staff is being worked up. • Dietetic support in place to support menus has been challenging, currently explore an independent model for the catering team.

NOT APPLICABLE	x

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Board are asked to note and discuss the contents of this report.

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

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

Comments:

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

Trust objectives to be the best in Orthopaedic Care.

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

ICS

PREVIOUS CONSIDERATION:

Initial Submission

The Royal Orthopaedic Hospital NHS Foundation Trust

National Food Standards Assurance Summary Report

Report to Trust Board in December 2023

1 EXECUTIVE SUMMARY

1.1 In November 2022, the NHS England publish refreshed '*National standards for healthcare food and drink'* which build on the previous hospital food standards and the independent review of NHS hospital food.

1.2 The standards cover four areas as outlined below. All organisations must meet sections 1 and 4 of the standards. However, section 2 and 3 also applies to The Royal Orthopaedic Hospital as the Trust provides patient food and drink as well as retail facilities to staff and visitors.

1.3 The standards cover:

- Section 1: All healthcare food and drink
- Section 2: Patient food and drink
- Section 3: Retail, staff and visitor food and drink
- Section 4: Sustainable procurement and food waste

1.4 Every healthcare organisation has a responsibility to provide the highest level of care possible for their patients, staff, and visitors. This includes the quality, nutritional value and the sustainable aspects of the food and drink that is served, as well as the overall experience and environment in which it is eaten.

1.5 Our Trust provides high quality food and drink to our patients, staff, and visitors evidenced through patient and staff food questionnaires. We offer an array of healthier and meat free options which are consistently available and have made excellent progress on the sustainability of the food we procure, ensuring we buy British and in season wherever possible.

1.6 We are actively looking at ways to reduce "food waste" and have already reduced our reliance on plastic and other catering retail single use items.

1.7 We have invested in food leadership, by introducing additional catering management, that continually monitors our assurance to the standards and seeks ways of improving the services we provide.

1.8 We have invested in creating a new and relaxing catering retail outlet, that promotes healthy eating with access to freshly prepared food out of hours and 24/7.

1.9 The purpose of this summary report is to give assurance the trust is adhering to the national standards and provides an overview of areas requiring further improvement.

2 National Food safety Standards

2.1 There are eight standards that all NHS organisations are required to meet:

1. ***Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food, and drink standards at board level as a standing agenda item.***
2. ***Organisations must have a food and drink strategy.***
3. ***Organisations must consider the level of input from a named food service dietitian to ensure choices are appropriate.***
4. ***Organisations must nominate a food safety specialist.***
5. ***Organisations must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.***
6. ***Organisations must be able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.***
7. ***Organisations must monitor, manage, and actively reduce their food waste from production waste, plate waste and unserved meals.***
8. ***NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic.***

3 Section 1: All healthcare food and drink

3.1 A gap analysis has been carried out against the eight standards as outlined above. The analysis highlighted good practice and standards in place in five standards, with improvements planned in two standards. One standard require work within the senior catering team, with plans in place.

	National Food Standards	Assurance
Standard 1		
	Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food, and drink standards at board level as a standing agenda item.	Chief Nurse

	Organisations must monitor, manage, and actively reduce their food waste from production waste, plate waste and unserved meals	Evidenced reductions in food waste, within café royale. Inpatient meal ordering processes currently under review, monitoring via the "Nutritional steering group".
	The same food served to patients should be regularly offered in staff/visitor restaurants (with any divergence justified by needs)	Menus are identical both for patients & catering retail. Except for daily specials (café royale)
	Patient food should be adaptable, and patient focused with consideration of dietary need and patient preference	An array of diets are readily available. Allergy free, Gluten free, Vegetarian, Vegan and cultural menu`s
	Organisations must consider the level of input from a named food service dietitian to ensure choices are appropriate	All our menus have been approved by our dieticians
	Ensuring hydration through access to water 24/7 as well as suitable beverages such as tea, coffee (including decaffeinated) or fruit infusions for all patients, staff, and visitors	Water jugs replenished regularly throughout the day, supplemented by hot drinks offering a choice
	Understand and achieve a buying solution that endorses buying British where possible and where it provides demonstrable local social and economic value and environmental benefits	We buy British where we can. Evidenced by our Farm to fork credentials. (Food providence)
	Accountability for the entire food service operation from 'farm to fork' in food services should sit within catering teams	Catering leads are involved within the procurement process. Meat & Poultry, Bread, Milk and Dairy, Dry and Chilled Goods. Food providence evidenced. ROH attend BSol Catering consortium share best practices.
	Organisations must assess their food and drink services against the GBS (Government Buying Standards) for food and catering services.	All tenders adhere to NHS procurement standards
	Caterers must aim to reduce their carbon footprint	Current tenders include elements of the "balanced scorecard" - We as a trust "buy British" where we can and opt for seasonal ingredients within our patient and catering retail choices
	Every hospital must have an active membership of helpful professional associations, for example BDA (the Food Services Specialist Group) and HCA	Active membership - 3 core members -facilities manager & 2 x catering leads - Require update in relation to Dietitian input.
	Catering staff must be well treated to ensure they enjoy their jobs	Management structure in place, with regular feedback in place, acknowledgement by exec, senior leader, patients and visitors is all fed back to the team.
	Consideration should be given to adapting mealtimes to prevent long gaps between services	Mealtimes are within recommended timeframes "A good practice guide to ward level food services".
	All hospitals should aspire to achieve 5 stars under the Food Standards Agency Food Hygiene Rating Scheme and maintain a minimum of 4 stars	Our current star rating is "5"
	Poor-quality products should not be in use in hospital settings, for example whiskand-serve style non-nutritious soups	We do not use poor quality ingredients
Standard 2		
	Organisations must have a food and drink strategy	Work is currently underway to draft the trusts 1st combined Food and nutritional policy. Draft anticipated to be completed January 2024
Standard 3		
	Organisations must ensure they have access to appropriate catering dietetic advice and support.	While the trust has access to a dedicated dietitian through a service level agreement with the Queen Elisabeth Hospital Birmingham for its patients. It is envisaged this needs to be expanded to enable greater flexibility in relation to new patient and staff feeding menu development.
Standard 4		
	Organisations must nominate a food safety specialist	Catering leads to attend training - Act up not successful - no aspirations to re-sit - Head chef

		scheduled in October 2023- due to LTS this will need to be rescheduled (Facilities manager does hold advanced Food Hygiene certification).
Standard 5		
	Organisations must invest in a high calibre work force and improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.	Professional qualifications are offered to all members of the catering team via their annual PDR. i.e., catering assistants wanting to undertake Formal catering production qualification NVQ Food preparation and cooking levels 1 or 2.
Standard 6		
	Organisations must be able to show they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services	Catering Leads - Level 4 Food safety training & City & Guilds 706 level 1& 2 (or equivalent) Chefs-Level 2 Food safety training & City/Guilds 706 1 & 2 Catering assistants -Level 2 Food safety Training - All catering team members undertake Bi-Annual Allergy awareness training.
Standard 7		
	Organisations must monitor, manage, and actively reduce their food waste from production waste, plate waste and unserved meals.	Patient entertainment system includes a software package that enables patients to order meals electronically-however this requires further investigation to ascertain if the system offers the array of key information required, such has- ability to include full nutritional data, capture food waste, pictorial menu`s -Speciality diets etc.
Standard 8		
	Organisations must have suitable food and drink solutions for all staff over a 24/7 service period	Frozen ready meals are currently available and accessed via the "wellbeing room" staff are requested to donate to cover costs - Introduced a new 24/7 staff feeding vending machine offering an array of plated fresh meals for re-heating, plated salads, and sandwich snack box`s. Ward Food handlers undertake Level 1 food safety and Allergy awareness training

4 Areas of good practice

- **Organisations must implement the government buying standards for food and catering services (GBSF) for food and catering services**. - Assurance is given in relation to "no added salt, sugar or fats" to foods cooked on site. We provide Kcal information on dishes within café royale, along with full allergy information. Fresh salad bar supplemented by fresh fruit choices are widely available.
- **Organisations must review their food and drink menus and look for opportunities to make the choices healthier and more sustainable, for example building on the government's Eatwell Guide and the BDA's One Blue Dot campaign.** – all our dishes have gone through dietician approval, dishes are produced in line with strict ingredient and methods cards, that evidence low sugar, salt and fat content within food preparation and produced. Both patients and staff have access to the following daily choices.

4.1 Government Buying standards (GBS):

- **Produce foods that are lower in fat, sugar, and salt.** - Evidenced by our menus that have been approved by qualified dietician.

4.2 Sustainability

- **Organisations must assess their level of food waste, set food waste reduction targets and minimisation plans using the WRAP approach – 'target, measure, act'**. - Current figures show on average we have 600 kg of food waste per month - that's less than 100kg per ward per month. Continue to monitor and seek ways to reduce further.
- **Organisations must commit to stop procuring single use plastic items for their catering service. Organisations must commit to sustainable alternatives to plastic. -** We have removed plastic cutlery, cups, take out containers and prepared sandwich plastic packaging from catering retail outlets.

5 Gaps in assurance

5.1 Below highlights areas that require work or improvement.

- **Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced. –** Seek agreement with Finance CIP initiatives are kept to a minimum.
- **Hospitals should engage with other organisations, such as local catering colleges or their local Sustainable Food City to share best practice and amplify their impact. –** Work is planned in the coming year.
- **Good and inspiring training at all levels (from in-service nutrition for doctors, to food safety essentials for all involved in food provision including ward staff and volunteers) should be normal practice. –** Requires further exploration.
- **Communal dining, away from a patient's bed, should be encouraged whenever possible. -** Unable to action - Due to space constraints. This will not be achievable.

5.2 Improving patients' food and drink

- **Organisations to implement digital meal ordering that uses patient names and aligns to their dietary information and care plans: e.g., type of therapeutic diet required or food allergy information. -** Meeting planned with IT project lead -patient meal ordering system November.
- **Organisations must have a ward assurance programme that reviews nutrition and hydration in relation to quality, safety, patient experience and clinical effectiveness. -** monitor nutrition through the steering group which meet bi-monthly - this now includes food safety.
- **Organisations must have a nutrition and hydration quality improvement programme. -** This supports ongoing efforts and proves the organisation's dedication to continuous improvement in providing best quality, safe and nutritious patient food and drink services as well as patient experience. Implementation of quality

improvement methodologies across all wards/departments must be included in the board report and can be accessed by the public.

- **Impatient 24/7 food provision NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic. –** Exploring ways on how staff can access chilled freshly prepared meals for re-heating for patients out of hours.
- **Organisations must consider the level of input from a named food service dietitian to ensure choices are appropriate. -** All our menus have been approved by our dieticians. While the trust has access to a dedicated dietitian through a service level agreement with the Queen Elisabeth Hospital Birmingham for its patients. It is envisaged this needs to be expanded to enable greater flexibility in relation to new patient and staff feeding menu development.

5.3 Section 4: Sustainable procurement and food waste

- Incorporate greater season produce into patients' menus **-New Seasonal Patient menu has been drafted, needs to be evaluated by dietician and costed out.**
- Reduce food waste. **- Digital patient meal ordering system will help reduce food waste -in relation to capture real life data on quantities ordered by wards based on bed status.**
- Organisations must ensure suppliers are aware of and complying with the Net Zero Supplier Roadmap – **Requires further exploration.**

6 Next steps

The gap analysis has demonstrated good practice across the inpatient food and drink provision as well as staff provision. However, areas of improvement have been highlighted with an action plan developed to address gaps and to continue to improve.

Steve Harnett
Facilities Manager
December 2023

National Standards for Healthcare Food & Drink Action Plan 2023-2 (Assurance)

Monitoring body (Internal and/or External):	**Clinical Quaility Group & Nutritional Steering Group**		**Non-Compliant**
Reason for action plan:	**To Provide Assurance -the Trust is compliant**		**Partial**
Date of action plan approval	**TBC**		**Actioned -Closed**
Executive Sponsor:	**Chief Nurse**		
Operational Lead:	**Facilities Manager & Head of Nursing Division 1.**		
Frequency of review	**Quarterly**		
Expected completion of Action plan	**Mar-24**		

The standards for all healthcare food and drink

Ref:	Summary	What is Best Practice	Priorty	Assurance	Executive Lead	Owner	Operational Lead	Timesacle	Update	Status
1	Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the Healthcare Food and Drink Standards at board level as a standing agenda item.	Appropriate person nominated at board level to champion food, including safety and nutrition	High	TBC	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Nikki Brockie -Chief Nurse	1-3 Months	Nikki has agreed to be the board lead	CLOSED
		Food must be a standing item on board agendas and trusts should each have an up to-date food and drink strategy and action plan.	High	TBC	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Nikki Brockie -Chief Nurse	1-3 Months	Nikki has agreed to be the board lead	CLOSED
		The same food served to patients should be regularly offered in staff/visitor restaurants (with any divergence justified by needs).	High	Menu is identical both for patients & catering retail.With the exception of daily specials(café royale).	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Menu is identical both for patients & catering retail.With the exception of daily specials(café royale).	CLOSED
		Accountability for the entire food service operation from 'farm to fork' in food services should sit within catering teams	High	Catering leads are invloved within the Procurement of food provider contracts	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Catering leads are involved within the procurement process.Meat & Poultry,Bread,Milk and Dairy,Dry and Chilled Goods. Food provendence evidenced.	CLOSED
		Patient food should be adaptable and patient focused with consideration of dietary need and patient preference.	High	We offer a full variety of special diet meals	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	Compliant	An array of diets are readily available. Allergy free, Gluten free,Vegetairian,Vegan and cultutal menu`s -new propsed in patinet menus will be shared @ PEEG for review and comment	CLOSED
		All hospital catering services to phase in the use of attractive ceramic crockery	High	We only use good quaility white ceramic crockery	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Evidenced within all wards	CLOSED
		Communal dining, away from a patient's bed, should be encouraged whenever possible.	**Low**	**Unable to action - Due to space constaints**	**Nikki Brockie -Chief Nurse**	**Karen Hughes-Head of Nursing Div 1.**	**Ward Managers**	**None compliant**		
		Ensuring hydration through access to water 24/7 as well as suitable beverages such as tea, coffee (including decaffeinated) or fruit infusions for all patients, staff and visitors.	High	Patients and staff have access to free water, patients have access to a good variety of hot beverages	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	Compliant	Water jugs replenished regularly throughout the day, supplimented by hot drinks offering a choice	CLOSED
		Understand and achieve a buying solution that endorses buying British where possible and where it provides demonstrable local	High	We buy British where we can	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Bsol Procurement	Compliant	Fresh Meat & Poultry/Milk,Dairy and eggs , Seasonal fruit and vegetables	CLOSED
		Caterers must aim to reduce their carbon footprint	High	Current Tenders include elements of the "balanced scorecard" - We as a trust "buy british" where we can and opt for seasonal ingredients within our patinet and catering retail choices - this is evidenced within the "food for life" award in which we are working towards	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Bsol Procurement	6-12 Months	Tenders include the follwing in line with the balanced scorecard-describes an evaluation approach where more straightforward criteria, such as cost, are 'balanced' against more complex criteria, such as health and wellbeing, resource efficiency and quality of service (see figure 1). By using a balanced scorecard, priority themes such as farm assurance, food waste management,	CLOSED
		Caterers must measure food waste and strive to reduce it.	High	We capure all food waste, metrics are shared with the Trusts Green Board	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef	Compliant	Evidenced reductions in food waste, within café royale.Inpatient meal ordering processes currently under review,monitoring via the "Nutritional steering group"	CLOSED
		Hospitals and caterers should foster closer links with the community, recognising the hospital's role as an anchor institution in the community, looking for ways in which to donate or repurpose surplus food safely, for example via food banks or working with homeless charities.	Medium	We now use surplus hot food to service our staff 24/7 vending machine - which has reduced food waste	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Comms Lead	6 Months	Surplus meals are now used within the staff 24/7 staff feeding vending machine at a reduced cost	CLOSED
		Hospitals should engage with other organisations, such as local catering colleges or their local Sustainable Food City to share best practice and amplify their impact.	Medium	Needs more work	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	ROH Learning & Development Team	6 Months	Reached out to L&D to explore possible oppertunitites to offer placement with Birmingham College University (Production chefs)	
		Every hospital must have an active membership of helpful professional associations, for example BDA (in particular the Food Services Specialist Group) and HCA	High	Full membershipo to the HCA - Need to check BDA	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Steve Harnett-Facilities Manager	1-3 Months	Active membership - 3 core members -facilities manager & 2 x catering leads - Require update in relation to Dietitian imput	Partial

		Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced	High	Request to remove annual CIP incentives - to allow greater choice on menus	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Amanda Gaston Finance Lead	1-3 Months		
		Constant effort will be devoted to engaging all catering staff in a common mission to do a good job.	High	Catering teams are acknowledged on a regular basis- further assurance - team submission for a "Blue Heart Award".	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Regular acknowledgment via facilities and catering team leaders. Senior executives have on numerous occations noted and communicated high level of priase	CLOSED
		Catering staff must be well treated to ensure they enjoy their jobs.	High	Catering teams are acknowledged on a regular basis- further assurance - team submission for a "Blue Heart Award".	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Catering teams are acknowledged on a regular basis- further assurance - team submission for a "Blue Heart Award".	CLOSED
		Good and inspiring training at all levels (from in-service nutrition for doctors, to food safety essentials for all involved in food provision including ward staff and volunteers) should be normal practice	High	Needs more work	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Division 1	Karen Hughes-Head of Nursing Division 1	1-6 Months		
		Consideration should be given to adapting mealtimes to prevent long gaps between services.	High	Breakfast 08:00-09:00 (Lunch 12:00-13:00) Supper 17:00-18:00	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	Compliant	Meal times are within recommended timeframes "A good practice guide to ward level food services"	CLOSED
		Out of hours menu 24/7 that includes hot meal and cold snack provision for patients, staff and visitors including special diets and children's options.	High	Exploring - looking to introduce Winter 2023	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell-Cooke	1-3 Months	Ideas will be presented at the Septmeber nutritional steering group meeting- proposal to be discuss will be the use of fresh meals -blast chilled and presented to wards for re-heating if and when a patient request a hot meal out of hours- plated salads and sandwiches will also be made avialable	
		All hospitals should aspire to achieve 5 stars under the Food Standards Agency Food Hygiene Rating Scheme and maintain a minimum of 4 stars.	High	Our current star rating is "5"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Evienced	CLOSED
		Soup and sandwiches must not be served as the only meal choice in inpatient settings due to the inability of this option to meet the requirements of nutritionally vulnerable hospital patients. An alternative hot option must always be available.	High	Requires Dieticians input - I beileve we are within tollerance - with the current menu	Nikki Brockie -Chief Nurse	Himadri Ghosh-Head chef	Nominated Dietician	1-6 Months	Our menu`s have been deveopled to ensure the minium of 1,500 calories are avilable daily	
		Minimum of two high-quality snacks offered to patients between meals (one in the evening) to support additional nutritional requirements; and must include those for healthier eating, higher energy, vegetarian, easy to chew, vegan, cultural, special and modified texture diets. Healthier snack options for different diets	High	late supper snack menus have been developed, cake & Sandwiches that offers vegetarian & ,vegan choices	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell-Cooke	1-6 Months	Needs to be costed and requires Dietitian input	
		Poor-quality products should not be in use in hospital settings, for example whisk and-serve style non-nutritious soups.	High	We do not use poor quaility ingredients	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant		CLOSED
2	Organisations must have a food and drink strategy	Each trust must develop its own 'live' strategy for improving nutrition and hydration for patients, staff and visitors.	High	In draft form - Requires more work	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Steve Harnett-Facilities Manager	1-9 Months		
3	Organisations must ensure they have access to appropriate catering dietetic advice and support.	Each trust must assess how many posts, or what proportion of time spent on food and beverage services, are appropriate in its hospital. These posts should be responsible for overseeing patient, staff and visitor food and drink.	High	TBC	Nikki Brockie -Chief Nurse	Karen Hughes -Head Nurse Division 1.	Nominated Dietician	1-3 Months		
4	Organisations must have a nominated food safety specialist.	Trusts must recognise their legal obligations as food business operators and ensure effective compliance with robust food safety procedures at all levels. Trusts are responsible for assuring themselves their supply chain is safe. Our expectations are that trusts have a named Responsible Person, Competent Person, Authorised Person with the CEO being notified for assurance.	High	Catering leads have been booked on Level 4- Food safety training (May & Sept 2023)	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-9 Months	Catering leads to attend training - Act up not successful - no aspirations to re-sit - Head chef scheduled in October 2023- due to LTS this will need to be resceduled	
5	Organisations must invest in a high calibre work force and improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.	Trusts must recognise the complexity of delivering healthcare food and drink services and ensure correct levels of staff (back of house, front of house, housekeeping, and support staff) as well as remunerating staff accordingly. This standard supports food safety, nutritional safety, and overall patient safety, as well as a better working environment contributing to staff wellbeing, morale and retention.	High	Catering workforce business case	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Formal professional qualifcation is offered to all members of the catering team via their annual PDR. i.E catering assistants wanting to undertake Formal catering production qualifcation NVQ Food preperation and cookming levels 1 or 2	CLOSED

6	Organisations must be able to show they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services	This standard gives assurance that all staff are practising safely and trained appropriately for their role. This includes 'non-catering' staff who handle food, such as nurses or porters, who require food safety training as well as everyone requiring a level of nutrition training	High	Food handlers undertake Level 1 food safety and Allergey awareness training	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Catering Leads - Level 4 Food safety training & City & Guilds 706 level 1& 2 (or equivalent) Chefs-Level 2 Food safety training & City/Guilds 706 1 & 2 Catering assistants -Level 2 Food safety Training - All catering team members undertake Bi-Annual Allergy awarness training	
7	Organisations must monitor food waste, manage any waste produced and take action to reduce the food waste produce in their plate waste, production waste and unserved food.	Trusts must recognise that reduction in food waste will support funding for better food services for patients, staff and visitors. They should ensure they understand where and why food waste is produced in their organisation to take steps to significantly reduce this. Organisations will be required to report figures centrally for each type of food waste, and these will be published.	High	Actioned- Working with wards to order correct quantities of meals - to eliminate food waste	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	1-6 Months	Patient entertainment system includes a software package that enables patients to order meals electronically-however this requires further investiagtion to acertain if the system offers the array of key information required,such has- Ability to include full nutrictional data, Pictotial menu`s -Speciality diets etc.	
8	Organisations must have suitable food and drink solutions for all staff over a 24/7 service period.	NHS organisations must be able to show they have suitable 24/7 service provision appropriate for their demographic. This may include, but not limited to, the following options: Retail solution Auto cafés Staff break areas Hydration stations Delivery solution Smart fridges	High	New chilled food rotary vending machine has been incorporated within the café royale refurbishment scheme -Plus extended opening hours for Grab & Go	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Steve Harnett-Facilities Manager	1-3 Months	Frozen ready meals are currently avilable, and accessed via the "well being room" staff are requested to make a donation to cover costs - Introduced a new 24/7 staff feding vending machine offering an array of plated fresh meals for re-heating, plated salads and sandwich snack box`s	CLOSED

National Standards for Healthcare Food & Drink Action Plan 2023-2 (Assurance)

Monitoring body (Internal and/or External):	**Clinical Quaility Group & Nutritional Steering Group**		**Non-Compliant**
Reason for action plan:	**To Provide Assurance -the Trust is compliant**		**Partial**
Date of action plan approval	**TBC**		**Actioned -Closed**
Executive Sponsor:	**chief Nurse**		
Operational Lead:	**Facilities Manager & Head of Nursing Division 1.**		
Frequency of review	**Monthly**		
Expected completion of Action plan	**Mar-24**		

The standards for all healthcare food and drink

Ref:	Summary	What is Best Practice	Priorty	Assurance	Executive Lead	Owner	Operational Lead	Timesacle	Update	Status
1	Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the Healthcare Food and Drink Standards at board level as a standing agenda item.	Appropriate person nominated at board level to champion food, including safety and nutrition	High	TBC	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Nikki Brockie -Chief Nurse	1-3 Months	Nikki has agreed to be the board lead	CLOSED
		Food must be a standing item on board agendas and trusts should each have an up to-date food and drink strategy and action plan.	High	TBC	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Nikki Brockie -Chief Nurse	1-3 Months	Nikki has agreed to be the board lead	CLOSED
		The same food served to patients should be regularly offered in staff/visitor restaurants (with any divergence justified by needs).	High	Menu is identical both for patients & catering retail.With the exception of daily specials(café royale).	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Menu is identical both for patients & catering retail.With the exception of daily specials(café royale).	CLOSED
		Accountability for the entire food service operation from 'farm to fork' in food services should sit within catering teams	High	Catering leads are invloved within the Procurement of food provider contracts	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Catering leads are involved within the procurement process.Meat & Poultry,Bread,Milk and Dairy,Dry and Chilled Goods	CLOSED
		Patient food should be adaptable and patient focused with consideration of dietary need and patient preference.	High	We offer a full variety of special diet meals	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	Compliant	An array of diets are readily available. Allergy free, Gluten free,Vegetairian,Vegan and cultutal menu`s -new propsed in patinet menus will be shared @ PEEG for review and comment	CLOSED
		All hospital catering services to phase in the use of attractive ceramic crockery	High	We only use good quaility white ceramic crockery	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Evidenced within all wards	CLOSED
		Communal dining, away from a patient's bed, should be encouraged whenever possible.	**Low**	**Unable to action - Due to space constaints**	**Nikki Brockie -Chief Nurse**	**Karen Hughes-Head of Nursing Div 1.**	**Ward Managers**	**None compliant**		
		Ensuring hydration through access to water 24/7 as well as suitable beverages such as tea, coffee (including decaffeinated) or fruit infusions for all patients, staff and visitors.	High	Patients and staff have access to free water, patients have access to a good variety of hot beverages	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	Compliant	Water jugs replenished regularly throughout the day, supplimented by hot drinks offering a choice	CLOSED
		Understand and achieve a buying solution that endorses buying British where possible and where it provides demonstrable local social and economic value and environmental benefits.	High	We buy British where we can	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Bsol Procurement	Compliant	Fresh Meat & Poultry/Milk,Dairy and eggs , Seasonal fruit and vegetables	CLOSED
		Caterers must aim to reduce their carbon footprint	High	Current Tenders include elements of the "balanced scorecard" - We as a trust "buy british" where we can and opt for seasonal ingredients within our patinet and catering retail choices - this is evidenced within the "food for life" award in which we are working towards	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Bsol Procurement	6-12 Months	Tenders include the follwing in line with the balanced scorecard-describes an evaluation approach where more straightforward criteria, such as cost, are 'balanced' against more complex criteria, such as health and wellbeing, resource efficiency and quality of service (see figure 1). By using a balanced scorecard, priority themes such as farm assurance, food waste management, and engagement with SMEs can be built into procurement decisions, alongside well established criteria, such as animal welfare, nutrition, and energy management.	CLOSED
		Caterers must measure food waste and strive to reduce it.	High	We capure all food waste, metrics are shared with the Trusts Green Board	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef	Compliant	Evidenced reductions in food waste, within café royale.Inpatient meal ordering processes currently under review,monitoring via the "Nutritional steering group"	CLOSED
		Hospitals and caterers should foster closer links with the community, recognising the hospital's role as an anchor institution in the community, looking for ways in which to donate or repurpose surplus food safely, for example via food banks or working with homeless charities.	Medium	Needs more work- We have however donated surplus frozen ready meals to a local charity.	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Comms Lead	6 Months	Surplus meals are now used within the staff 24/7 staff feeding vending machine at a reduced cost	CLOSED
		Hospitals should engage with other organisations, such as local catering colleges or their local Sustainable Food City to share best practice and amplify their impact.	Medium	Needs more work	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	ROH Learning & Development Team	6 Months		

		Every hospital must have an active membership of helpful professional associations, for example BDA (in particular the Food Services Specialist Group) and HCA	High	Full membershipo to the HCA - Need to check BDA	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Steve Harnett-Facilities Manager	1-3 Months	Active membership - 3 core members facilities manager 2 x catering leads - Require update in relation to Dietitian imput	Partial
		Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced	High	Request to remove annual CIP incentives - to allow greater choice on menus	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Amanda Gaston Finance Lead	1-3 Months		
		Constant effort will be devoted to engaging all catering staff in a common mission to do a good job.	High	Catering are acknowledged on a regular basis- I have submitted the team for a "Blue Heart Award"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Regular acknowledgment via facilities and catering team leaders. Senior executives have on numerous occations noted and communicated high level of priase	CLOSED
		Catering staff must be well treated to ensure they enjoy their jobs.	High	Catering are acknowledgement on a regular basis- I have submitted the team for a "Blue Heart Award"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke /Kinjal Patel(waste manager)	Compliant		CLOSED
		Good and inspiring training at all levels (from in-service nutrition for doctors, to food safety essentials for all involved in food provision including ward staff and volunteers) should be normal practice	High	Needs more work	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Division 1	Karen Hughes-Head of Nursing Division 1	1-6 Months		
		Consideration should be given to adapting mealtimes to prevent long gaps between services.	High	Breakfast 08:00-09:00 (Lunch 12:00-13:00) Supper 17:00-18:00	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	Compliant	Meal times are within recommended timeframes "A good practice guide to ward level food services"	CLOSED
		Out of hours menu 24/7 that includes hot meal and cold snack provision for patients, staff and visitors including special diets and children's options.	High	Exploring - looking to introduce Winter 2023	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell-Cooke	1-3 Months		
		All hospitals should aspire to achieve 5 stars under the Food Standards Agency Food Hygiene Rating Scheme and maintain a minimum of 4 stars.	High	Our current star rating is "5"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant	Evienced	CLOSED
		Soup and sandwiches must not be served as the only meal choice in inpatient settings due to the inability of this option to meet the requirements of nutritionally vulnerable hospital patients. An alternative hot option must always be available.	High	Requires Dieticians input - I beileve we are within tollerance - with the current menu	Nikki Brockie -Chief Nurse	Himadri Ghosh-Head chef	Nominated Dietician	1-6 Months	Our menu`s have been deveopled to ensure the minium of 1,500 calories are avilable daily	
		Minimum of two high-quality snacks offered to patients between meals (one in the evening) to support additional nutritional requirements; and must include those for healthier eating, higher energy, vegetarian, easy to chew, vegan, cultural, special and modified texture diets. Healthier snack options for different diets must also be available for staff and visitors	High	late supper snack menus have been developed, that offer a variety of healthy Gluten free,vegan choices	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell-Cooke	1-6 Months	Needs to be costed and requires Dietitian input	
		Poor-quality products should not be in use in hospital settings, for example whisk and-serve style non-nutritious soups.	High	We do not use poor quaility ingredients	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell -cooke	Compliant		CLOSED
2	Organisations must have a food and drink strategy	Each trust must develop its own 'live' strategy for improving nutrition and hydration for patients, staff and visitors.	High	In draft form - Requires more work	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Steve Harnett-Facilities Manager	1-6 Months		
3	Organisations must ensure they have access to appropriate catering dietetic advice and support.	Each trust must assess how many posts, or what proportion of time spent on food and beverage services, are appropriate in its hospital. These posts should be responsible for overseeing patient, staff and visitor food and drink.	High	TBC	Nikki Brockie -Chief Nurse	Karen Hughes -Head Nurse Division 1.	Nominated Dietician	1-3 Months		
4	Organisations must have a nominated food safety specialist.	Trusts must recognise their legal obligations as food business operators and ensure effective compliance with robust food safety procedures at all levels. Trusts are responsible for assuring themselves their supply chain is safe. Our expectations are that trusts have a named Responsible Person, Competent Person, Authorised Person with the CEO being notified for assurance.	High	Catering leads have been booked on Level 4- Food safety training (May & Sept 2023)	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-9 Months	Due to LTS - training will need to be resceduled	
5	Organisations must invest in a high calibre work force and improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.	Trusts must recognise the complexity of delivering healthcare food and drink services and ensure correct levels of staff (back of house, front of house, housekeeping, and support staff) as well as remunerating staff accordingly. This standard supports food safety, nutritional safety, and overall patient safety, as well as a better working environment contributing to staff wellbeing, morale and retention.	High	Catering workforce business case	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Formal professional qualifcation is offered to all members of the catering team via their annual PDR. i.E catering assistants wanting to undertake catering production qualifcation NVQ Food preperation and cookming levels 1 or 2	

6	Organisations must be able to show they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services	This standard gives assurance that all staff are practising safely and trained appropriately for their role. This includes 'non-catering' staff who handle food, such as nurses or porters, who require food safety training as well as everyone requiring a level of nutrition training	High	Food handlers undertake both Basic food hygiene and Allergey awareness training	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Catering Leads - Level 4 Food safety training & City & Guilds 706 level 1& 2 (or equivalent) Chefs-Level 2 Food safety training & City/Guilds 706 1 & 2 Catering assistants -Level 2 Food safety Training - All catering team members undertake Bi-Annual Allergy awarness training	
7	Organisations must monitor food waste, manage any waste produced and take action to reduce the food waste produce in their plate waste, production waste and unserved food.	Trusts must recognise that reduction in food waste will support funding for better food services for patients, staff and visitors. They should ensure they understand where and why food waste is produced in their organisation to take steps to significantly reduce this. Organisations will be required to report figures centrally for each type of food waste, and these will be published.	High	Actioned- Working with wards to order correct quantities of meals - to eliminate food waste	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	1-6 Months	Patient entertainment system includes a software package that enables patients to order meals electronically-however this requires further investiagtion to acertain if the system offers the array of key information required,such has- Ability to include full nutrictional data, Pictotial menu`s -Speciality diets etc.	
8	Organisations must have suitable food and drink solutions for all staff over a 24/7 service period.	NHS organisations must be able to show they have suitable 24/7 service provision appropriate for their demographic. This may include, but not limited to, the following options: Retail solution Auto cafés Staff break areas Hydration stations Delivery solution Smart fridges	High	New chilled food rotary vending machine has been incorporated within the café royale refurbishment scheme -Plus extended opening hours for Grab & Go	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Steve Harnett-Facilities Manager	1-3 Months	Frozen ready meals are currently avilable, and accessed via the "well being room" staff are requested to make a donation to cover costs - Introduced a new 24/7 staff feding vending machine offering an array of plated fresh meals for re-heating, plated salads and sandwich snack box`s	CLOSED

National Standards For Healthcare Food & Drink Action Plan 2023-24

Improving patients' food and drink

Ref:	Summary	What is Best Practice	Priorty	Assurance	Executive Lead	Owner	Operational Lead	Timescale	Update	Status
1	Organisations must assess their compliance with the 10 key characteristics of good nutrition and hydration care.	These provide a framework by which organisations can assess the quality of their food and drink service, identify improvements and enhance patient experience. An assessment checklist and details of RAG rating and actions to be taken must be included in the board report		I believe we do - need assurance from Karen Hughes & Dietitian	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Karen Hughes-Head of Nursing Div 1.	1-3 Months	??	
2	Organisations must show they comply with the BDA's Nutrition and Hydration Digest	This supports quality and safety in patients' food and drink. Inclusion of an assessment checklist and details of RAG rating and actions to be taken must be included in the board report. Please note: some elements also reflect evidence in relation to other standards in this document.		I believe we do - need assurance from Karen Hughes & Dietitian	Nikki Brockie -Chief Nurse	Himadri Ghosh-Head chef	Nominated Dietician	1-3 Months	??	
3	Organisations to implement digital meal ordering that uses patient names and aligns to their dietary information and care plans: eg type of therapeutic diet required or food allergy information.	Organisations may need time to fund this development and link with IT infrastructures, but it should be seen as an essential element of patient care		Meeting planned with IT lead on PES - patient meal ordering system April 2023	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	IT Lead	1-6 Months	Other systems are avilable https://www.synbiotix.com/catering	
4	Organisations must have a ward assurance programme that reviews nutrition and hydration in relation to quality, safety, patient experience and clinical effectiveness.	The programme should provide evidence that the whole ward team knows what they are doing about nutrition and hydration and if there is a gap the organisation knows what it is doing about it. There should be evidence of measures relating to nutrition and hydration, such as those based on 10 key characteristics of good nutrition and hydration care compliance assessment. At least annually, all wards and relevant departments must achieve the organisation's agreed baseline standard, with data included in the board report using the RAG rating.		I believe we do - we monitor nutrition through the steering group which meet bi-mointhly - this should be now changed to include food safey	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Karen Hughes-Head of Nursing Div 1.	1-6 Months	Request that the Nutritional steering group to include food safety as a standing agenda item and be renamed to " Nutrition,Hydration & food safey group"- Sept 23	
5	Organisations must have a nutrition and hydration quality improvement programme.	This supports ongoing efforts and proves the organisation's dedication to continuous improvement in providing best quality, safe and nutritious patient food and drink services as well as patient experience. Implementation of quality improvement methodologies across all wards/departments must be included in the board report. Quality improvement programmes should be publicly available via the organisation's website.		Needs more work - The Nutrition & Hydration Digest Compliance Checklist	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Karen Hughes-Head of Nursing Div 1.	1-6 Months	??	

The updated 10 key characteristics are:	
1	Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2	Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
3	Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4	People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5	Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
6	All health care professionals and volunteers receive regular raining to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
7	Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
8	All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance managed in line with local governance, national standards and regulatory frameworks.
9	Food, drinks and other nutritional care are delivered safely.
10	Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

National Standards For Healthcare Food & Drink Action Plan 2023-24

Improving catering Retail

Ref:	Summary	What is Best Practice	Priorty	Assurance	Executive Lead	Owner	Opertional Lead	Timescale	Update	Status
1	Organisations must review their food and drink menus and look for opportunities to make the choices healthier and more sustainable, for example building on the government's Eatwell Guide and the BDA's One Blue Dot campaign.	This standard provides a framework for developing healthy and environmentally sustainable retail food and drink offer.		Working towards "food for life creditation" we offer the following Breakfast Wholegrain cerals, low fat yoghurts and milk fresh fruit low fat scrambled egg meat free sausges.Lunch Healthier choices,all made with reduced salt and fats	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Benchmarking exercise complete. Evidence gathering underway- Due to LTS this has been delayed.	
2	Organisations must implement the GBSF nutrition standards: GBS for food and catering services	This standard provides a framework by which organisations can ensure healthier options are available to help staff and visitors meet dietary recommendations. The document covers both mandatory and best practice standards.		Assurance is given in relation to "no added salt, sugar or fats" are added to foods cooked on site. We provide Kcal information on dishes within café royale, along with full allergy information.-Fresh salad bar supplimented by fresh fruit choices are widley avilable	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook			CLOSED
	Government Buying standrads (GBS)	Vegetables and boiled starchy foods such as rice, pasta and potatoes shall be cooked without salt		We do not add salt when cooked food items -we have removed salt cellar from tables,Salt sachets are only used	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Recipe cards are avilable on request - detailing ingredients used	CLOSED
		Half of desserts available should contain at least 50% of their weight as fruit – which may be fresh, canned in fruit juice, dried or frozen. This excludes whole fresh fruit as a dessert option. Whole fresh fruit can be a dessert option but should not be included when calculating whether half of dessert options contain at least 50% of their weight as fruit.		Our Fruit pies and crumbles are generoulsy loaded with fruit- Fresh fruit is also available within catering reatil outlets	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Recipe cards are avilable on request - detailing ingredients used	CLOSED
		A portion of fruit shall be sold at a lower price than a portion of hot or cold dessert.		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Yes - currently evidenced - however has seen some slippage over the last few months - improvements required	CLOSED
		If caterers serve lunch and an evening meal, fish is provided twice per week (2 X 140g portion), one of which is oily. If caterers only serve lunch or an evening meal, oily fish (140g portion) is available at least once every 3 weeks.		Fish is served twice a week within café royale	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	This will increase upon ratification of new seasonal in-patient menu is actioned (7 days per week - daily choice offered)	CLOSED
		To ensure main meals containing beans and/or pulses as a main source of protein are made available at least once a week.		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Recipe cards are avilable on request - detailing ingredients used	CLOSED
		Main meals within a meal deal should include a starchy carbohydrate which is not prepared with fats or oils, and the meal deal options should include at least 1 portion of vegetables and 1 portion of fruit		Yes - Fresh Fruit & vegetables are always available	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within catering retail outlets	CLOSED
		Any foods and drinks within a meal deal must also meet the relevant GBSF standards for the healthier options (e.g. healthier sandwiches).Any meal deals should not include any sugar sweetened beverages		Yes - and only baked crips,low sugar drinks are offered within Grab & Go	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within catering retail outlets	CLOSED
		Mandatory: No more than 10% beverages provided can be sugar sweetened beverages (SSB).		Yes - the only range of standard carbonated drink is coca-cola all other ranges are low calorie	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within catering retail outlets	CLOSED
		Mandatory: All SSB (Sugar Sweetened Beverages)to be no more than 330ml pack size.		Yes - Compliant	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within catering retail outlets	CLOSED

		Mandatory: Any SSB that are hot or cold milk-based drinks including milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice need to meet 300kcal cap.		Requires improvement	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Ensure milk free alternatives are offered and customers are made aware	
		At least 90% of beverages provided must be low calorie/no added sugar beverages		Yes - 99%	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within catering retail outlets	CLOSED
		At least 75% fruit juice, vegetable juice and smoothies to be provided in single serve packs.		Yes 100%	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within catering retail outlets	CLOSED
		Biscuits provided be lower in saturated fat, where available At least 75% of biscuits provided are to not exceed 100kcal		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Compliant	CLOSED
		At least 75% of breads (procured by volume) meet current core salt targets2 and any subsequent revisions to this target. 1 Mandatory: At least 50% of bread provided contains at least 3g fibre per 100g (i.e. is a source of fibre), excluding pre-packed sandwiches		Yes 100%	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Yes Kingsmill white thick loaf- 0.98g salt & 2.7g Fibre - Kingsmill wholemeal 0.95g salt & 6.3g fibre	CLOSED
		Cakes provided be lower in saturated fat, where available. Mandatory: At least 75% of cakes provided are to not exceed 220kcal.		cakes are set below 220 Kcal per portion	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	cakes are set below 220 Kcal per portion	CLOSED
		At least 50% of hard yellow cheese procured by volume shall have a maximum total fat content of 25g/100g.		Explore - Himadri/Tracey to provide assurance	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Catering leads to provide update	
		At least 75% of confectionery and packet sweet snacks provided are in the smallest standard single serve portion size available within the market and do not exceed 200 kcal (maximum) for chocolate and 125 kcal (maximum) for sugar confectionery.		Explore - Himadri/Tracey to provide assurance	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Our chocolate tends to be set around the 250 Kcal - other confectionary is below 125 Kcal	
		At least 75% of cooking sauces (procured by volume) meet current core salt targets and any subsequent revisions to this target		Explore - Himadri/Tracey to provide assurance	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	compliant - we only use no added salt or reduced salt bought in sauces Only in emergencies - as we prepare our own fresh.	CLOSED
		At least 75% of ice cream provided to not exceed 220 kcals.		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Ice creams are low fat options	CLOSED
		At least 75% of meat products (procured by volume) meet current core salt		We use very limted processed meat products 10% processed(ham,turkey,corned beef) 90% fresh meats	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	We use very limted processed meat products 10% processed(ham,turkey,corned beef) 90% fresh meats	CLOSED
		At least 75% of milk procured by volume is lower fat (semi-skimmed, 1% or skimmed milk).		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Semi-skimmed milk is the standard offering -in patient meals	CLOSED
		At least 75% of morning goods provided are to not exceed 220 kcals.		Explore - Ensure Cooked breakfast items are not fried (baked) - Lower calorie cerals are evidenced	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Compliant	CLOSED
		At least 75% of oils and 75% of spreads procured by volume are based on unsaturated fats.		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Vegetable & Sunflower oil used.	CLOSED

		At least 50% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) provided contain 400kcal (1680kJ) or less per serving and do not exceed 5.0g saturated fat per 100g for an implementation period of 18 months and will increase the standard to 75% thereafter with a further implementation period of 18 months.		Over 75% of our pre-packed sandwiches,wraps,salads and pasta pots are below 400 Kcal and less than 5.0g of saturated fat.	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Full nutritional breakdown available	CLOSED
		At least 75% of pre-packed sandwiches provided meet current core salt targets2 and any		Over 75% of pre-packed sandwiches are below 3g od salt per 100ml serving	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Full nutritional breakdown available	CLOSED
		At least 75% of pre-packed sandwiches provided contains bread with at 3g fibre per 100g		Current ration of split is 80% Wholemeal & 20% white	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Full nutritional breakdown available	CLOSED
		Pastries provided be lower in saturated fat, where available		Explore - Himadri/Tracey to provide assurance	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Very limited choices offered.	CLOSED
		At least 75% of puddings provided to not exceed 220 kcals.		Explore - Current analysis shows we are slightly below as the average is 210 kcal	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within Nutritional breakdown data	CLOSED
		At least 75% of ready meals (procured by volume) meet current core salt targets2 and any subsequent revisions to this target1 . Mandatory: At least 75% of ready meals (procured by volume) shall contain less than 6g saturated fat per portion.		Yes - Full Nutritional Analysis avilable	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Evidenced within Nutritional breakdown data	CLOSED
		Savoury snacks are only provided in packet sizes of 35g or less.			Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Crisps are packaged & 32g	CLOSED
		At least 75% of soups procured by volume meet current core salt targets2 and any subsequent revisions to this target1 .		Yes - our soups are made fresh	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Our soups are freshly prepared	CLOSED
		All stock preparations shall be lower salt varieties (i.e. below 0.6g/100mls reconstituted)		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	We only used reduced salt stock bases	CLOSED
		At least 75% of yogurts provided to not exceed 120 kcals.		Yes -	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	All out yoghurts are low fat	CLOSED
		Menus (for food and beverages) to include calorie and allergen labelling where not stated in law		Allergens -Yes (Calorie No)	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook		Menus now display Kcal	CLOSED
3	Organisations must continue to meet the CQUIN related standards.	This standard ensures continued compliance around advertising, promotions, and placement of high fat and sugary foods availability of and access to healthier options.		Adherence to 2016-2020 - Indicator 1b "Healthy food for NHS staff, visitors and patients"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	Meal deals offer Baked crips and low sugar drinks or fresh fruit as a choice of snack.	CLOSED
4	Organisations must provide access to suitable food and drink out of hours (based on the above nutrition standards).	This standard ensures all staff and visitors are given equal opportunity to access food and drink that supports their nutrition and hydration needs 24/7 including drinking water.		New chilled food rotary vending machine has been incorporated within the café royale refurbishment scheme	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	New chilled food rotary vending machine now in situ and well stocked with fresh chilled meals, freshly prepared salads and sandwich lunch boxes.	CLOSED

National Standards For Healthcare Food & Drink Action Plan 2023-24

Improving sustainable procurement and food waste

Ref:	Summary	What is Best Practice	Priorty	Assurance	Executive Lead	Owner	Operational Lead	Timesacle	Update	Status
1	Organisations must assess their food and drink services against the GBS (Government Buying Standards) for food and catering services.	The GBS provides a framework for organisations to ensure they procure their food and catering services against a set of minimum mandatory standards.		Yes	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Steve Harnett-Facilities Manager	Compliant	All tenders adhere to NHS procurement standards	CLOSED
1A	Organisations must assess their food and drink services against the balanced scorecard.	Independent accreditation		Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Benchmarking complete , collation of evidence underway-requires update via catering leads	
1B		Seasonal Menu		Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Seasonal menu in draft , and shared with catering leads for comment-requires update via catering leads.	
1C		Buy British		Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	Compliant	We currently buy british - Fresh meat & poulrty,milk,dairy,bread fresh fruit and vegetables (when in season)	CLOSED
1D		Social Value scoring within new tenders		Yes - included within tenders	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Bsol Procurement	Compliant	Social value scoring included with tenders	CLOSED
1E		Reduce Food waste		Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	1-6 Months	Digital patient meal ordering system will help reduce food waste -in relation to capure real life data on quantities ordered by wards based on bed status -	
2	Organisations must assess their level of food waste, set food waste reduction targets and minimisation plans using the WRAP approach – 'target, measure, act'.	This standard, while encapsulated by standards 1 and 2 above, has been highlighted as its own individual standard. If organisations prioritise reducing food waste this will allow for financial savings to progress other elements of these standards as well as highlighting the importance of food waste improvements as a whole.		We capure all food waste, metrics are shared with the Trusts Green Board	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	Compliant	Current figures show on average we have 600 kg of food waste per month - that's less than 100kg per ward per month	CLOSED
3	Organisations must commit to stop procuring single use plastic items for their catering service. Organisations must commit to sustainable alternatives to plastic	This standard supports the reduction of single use plastics in the catering environment such as stirrers, cutlery, plates, and cups.		We have removed plastic cutlery,cups and take out containers from catering retail outlets - Introducing NEW RE-USEABLE TAKE OUT CONTAINERS AT THE CAFÉ ROYALE RE-LAUNCH	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	Compliant	We have removed plastic cutlery,cups and take out containers from catering retail outlets - Introduced NEW RE-USEABLE TAKE OUT CONTAINERS AT THE CAFÉ ROYALE RE-LAUNCH	CLOSED
4	Organisations must ensure suppliers are aware of and complying with the Net Zero Supplier Roadmap	Suppliers must demonstrate compliance with milestones to be awarded new NHS contracts		Needs more work	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Bsol Procurement	1-6 Months		

REPORT REF: ROHTB (12/23) 005

TRUST BOARD

DOCUMENT TITLE:	**Benchmarking Network – Learning Disability Improvement Standards. Findings from year 5 of the national benchmarking exercise (2021/22)**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Chief Nurse**
AUTHOR:	**Florence Dowling – Learning Disability and Autism Clinical Nurse Specialist**
PRESENTED BY:	**Nikki Brockie, Chief Nurse**
DATE OF MEETING:	**6 December 23**

PURPOSE OF THE REPORT:

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

EXECUTIVE SUMMARY:

The Trust takes part in the annual benchmarking project with NHS England and NHS Improvement against the Learning Disability Improvement Standards. The Learning Disability and Autism CNS (LD CNS) submitted the required data return in March 2023 which covered the period 1st April 2021 to 31st March 2022.

The benchmarking exercise focus on four improvement standards:

1) **Respecting and protecting rights**
2) **Inclusion and engagement**
3) **Workforce**
4) **Specialist learning disability services (only applicable to specialist Trusts)**

Findings:

1. **Respecting and protecting rights: Inclusion and engagement:** 15% strongly agree and 56% of staff agreed with the statement 'I feel able to identify… reasonable adjustment..'. Which is higher than the national average. 62% (strongly and agree) felt that people with learning disabilities and autistic people always received the reasonable adjustments they need comparing to 51% as the national average. 100% of patients surveyed felt they were treated with respect comparing to 90% nationally.

2. **Inclusion and engagement:** 87% of patients surveyed felt that staff listened to their family which is higher than the national average, and a positive result. The ROH falls into the 98% of Trusts who provide flexible appointments as a reasonable adjustment to support patient attendance. 83% of patients agreeing that it was easy for their family to visit. 85% of patients felt that they were given choices as to how they were cared for. This compares with 61% of the national response.

3. **Workforce:** 52% of staff felt they had the necessary resources to meet patient need with 96% of staff who responded confirming they had undertaken mandatory learning disability training. This compared with the 65% of national response. 83% of staff agreed or strongly agreed that they are always able to deliver safe care, comparing to 63% of the national response.

4. **Specialist learning disability services:** Staff are aware of specialist learning disability support that is available with 79% identifying this. 64% of the national response agreed that they had access to this support.

   Next steps: Start to monitor DNACPR and develop easy read information on how to raise a complaint.

ASSURANCE PROVIDED BY THE REPORT:	
POSITIVE	**GAPS IN ASSURANCE/RISKS TO ESCALATE**
• In 2022, a total of 50 staff surveys were collected which was 100% of the allocated number	• Lack of Easy read materials in the Trust. • DNACPR monitoring.
NOT APPLICABLE	x

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

To accept and note. Action plan attached to provide assurance of work underway to address the gaps.

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

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

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

NHS England Service improvement.

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

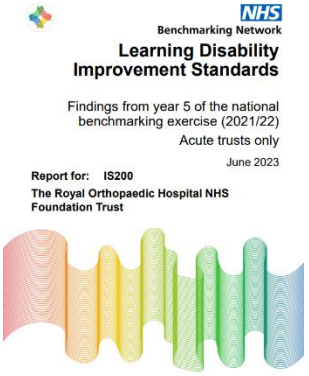
Health inequalities strategy.

PREVIOUS CONSIDERATION:

LD & Autism strategy 22- 25, Annual Benchmarking report.

Benchmarking Network – Learning Disability Improvement Standards
Findings from year 5 of the national benchmarking exercise (2021/22)

1.0 Introduction



1.1 The Trust takes part in the annual benchmarking project with NHS England and NHS Improvement against the Learning Disability Improvement Standards. The Learning Disability and Autism CNS (LD CNS) submitted the required data return in March 2023 which covered the period 1st April 2021 to 31st March 2022.

1.2 The report 'Findings from year 5 of the national benchmarking exercise (2021/22)' was published in June 2023. For the first time this report is trust specific and enable clear comparison between the Royal Orthopaedic Hospital (ROH) results and other Trusts across the nation.

2.0 Methodology

2.1 The four improvement standards that Trusts are measured against are:

1) **Respecting and protecting rights**
2) **Inclusion and engagement**
3) **Workforce**
4) Specialist learning disability services

2.2 The first three of these standards apply to all NHS Trusts with the fourth being for specialist Trusts which are commissioned exclusively for patients with learning disabilities and/ or autistic patients.

2.3 The project is made up of three streams of data collection:

1) Organisational level data collection – this consists of a number of questions that require both qualitative and quantitative responses from appropriate service leads
2) Patient level data collection – this consists of an easy read survey. 100 hard copies were sent to the trust with approximately 80 of these being posted out to patients who had a learning disability notification submitted during the time period. The remaining copies of surveys were handed out at patient appointments.
3) Staff survey – this is an anonymous survey collecting staff experience and opinion. The survey link and QR code was shared trust wide with support from the communications team.

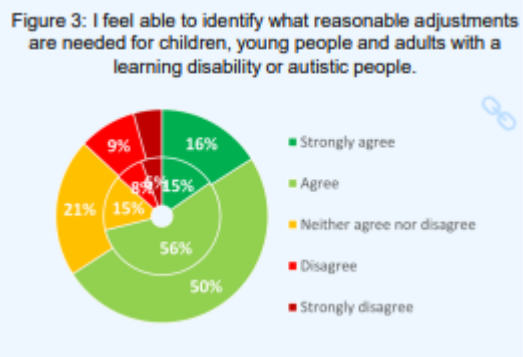
2.4 In 2022, a total of 50 staff surveys were collected which was 100% of the allocated number. For the 2023 submission the number was increased to 100, however only 52 were completed. There was an increase of patient feedback for the 2023 submission with 32 patients responding to the survey compared to 14 in 2022.

2.5 The report provided from the NHS Benchmarking Network combines results from the organisational data collection as well as the staff survey and the patient survey.
All images of graphs and charts have been taken from the report.

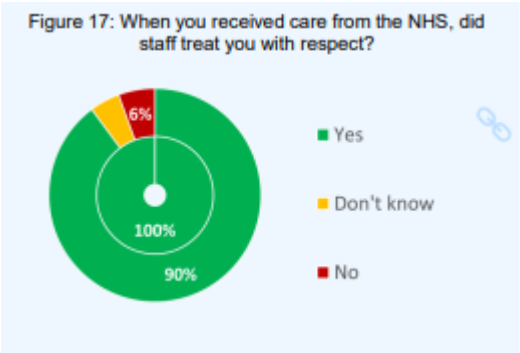
3.0 Key Findings

1. Respecting and protecting rights

Figure 3 shows that out of the ROH staff who responded to the staff survey, 15% strongly agree and 56% of staff agree with the statement "I feel able to identify… reasonable adjustments…", which is higher than the national average shown in the outer ring of the chart.
In addition to this, 62% (strongly and agree) felt that people with learning disabilities and autistic people always received the reasonable adjustments they need comparing to 51% as the national average.



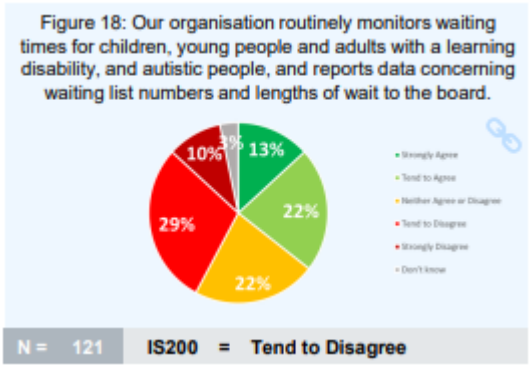
85% of ROH staff surveyed were able to identify that there is an electronic system in place for identifying and recording learning disabilities or autism. This falls into the national statistic of 72% of Trusts having a process in place.



The ROH fell into the majority of 90% of Trusts being represented on the local LeDeR steering group but fell into the minority of Trusts who do not monitor rates of DNACPR for patients with a learning disability. It is important to note however that this data covered April 2021 to March 2022, since this time the policy has started to be updated.

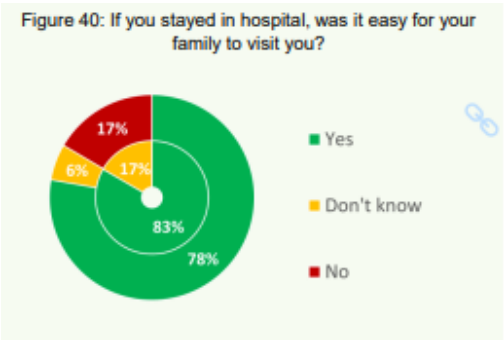
77% of staff surveyed agreed or strongly agreed that patients with a learning disability receive the same quality care as any other person.
100% of patients surveyed felt they were treated with respect comparing to 90% nationally. This is extremely positive and reflects the excellent care that the ROH provides.

In regards to monitoring waiting times for patients with a learning disability and autistic patients, the ROH falls into the category of tending to disagree that this is completed. 35% of Trusts answered that they strongly agreed or agreed that this was in place, highlighting that this could be an area the Trust explores to improve on.



2. *Inclusion and engagement*

87% of patients surveyed felt that staff listened to their family which is higher than the national average, and a positive result.
100% of patients responded that they weren't provided with easy read information regarding complaints process. This lack of availability of easy read resources is something that the learning disability team is aware of. 64% of patients in other Trust's responded that they weren't given easy read, with only 19% saying they were.
Figure 26 highlights the lack of easy read information provided. This is a gap the learning disability team is aware of and is looking for solutions.



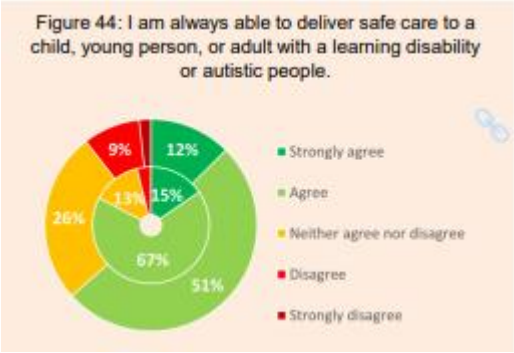
The ROH falls into the 98% of Trusts who provide flexible appointments as a reasonable adjustment to support patient attendance. Figure 40 also highlights a reasonable adjustments which is regularly offered to patients with learning disabilities and autistic patients with 83% of patients agreeing that it was easy for their family to visit. These are extremely positive results and illustrate the adjustments that staff make on a daily basis to support patients and reduce health inequalities.

85% of patients felt that they were given choices as to how they were cared for. This compares with 61% of the national response.

The areas that the ROH could improve on are involving of patients and families in the planning of services and implementing 'Ask Listen Do' into the feedback process.

3. Workforce

52% of staff felt they had the necessary resources to meet patient need with 96% of staff who responded confirming they had undertaken mandatory learning disability training. This compared with the 65% of national response is an excellent result.



83% of staff agreed or strongly agreed that they are always able to deliver safe care, comparing to 63% of the national response.

Staff are aware of specialist learning disability support that is available with 79% identifying this. 64% of the national response agreed that they had access to this support.

Areas the Trust could improve on are involvement of people with learning disabilities or autistic people in delivering training and involving with checking quality of services.

4.0 Conclusion

Whilst in numerous areas the ROH has scored higher than the national average demonstrating the excellent care and service that the ROH provides for patients with a learning disability and autistic patients, it must be acknowledged that there are areas which require improvement.

5.0 Next Steps

The action plan against the Learning Disability Improvement Standards will be updated to reflect the results published within the year 5 report. This action plan will highlight the outstanding actions required to fully implement the standards into practice.

Florence Dowling
Learning Disability and Autism Clinical Nurse Specialist
Dec 24

Learning Disability and Autism Action Plan

This action plan combines the results from the annual benchmarking project with NHS England/ NHS Improvement against the Learning Disability Improvement Standards and the actions as highlighted in the Trust's learning disability and autism strategy.

Standard: Respecting and protecting rights			November 2023 Update
Improvement measure	**Action**	**Who and by when**	
Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes. *This typically includes things like using modified communication, flexible appointment systems and modified triage assessments, and ensuring due regard to the content of hospital passports.*	Staff to gain confidence in identifying and applying reasonable adjustments and encouraging us of hospital passport through training sessions, provision of information and staff supervision sessions	Ongoing – Learning Disability Team	Regular supervision is embedded across children's outpatient department and main outpatient department. Adhoc supervision sessions take place with therapies (on site and off site). Learning Disability Liaison Nurse is completing supervision training in November 2023 so both members of the team will be trained and able to deliver supervision. Training sessions are delivered as part of mandatory training. Oliver McGowan e-learning has gone live, the Trust is working with the rollout team to ensure the remaining sections are rolled out as they become available. The LD CNS is completing facilitator training November 2023. Staff have access to vulnerability folders which contain prompt sheets, guides and 'how to' flow charts. Learning Disability and Autism Policy to go to Safeguarding Committee for approval November 2023.
	Information to be disseminated across ward and department areas through use of the 'green vulnerabilities folder'	August 2023 – Vulnerabilities Team	Completed – vulnerability folders are in all ward and department areas.

	Patient information leaflet to be developed regarding the learning disability service	December 2023 – Learning Disability Team	Delayed due to workload, aiming for all information to be sent to communications team by February 2023.
	Paperwork and tools used for patients with learning disabilities and autistic patients to be reviewed and amended as necessary	Ongoing – Learning Disability Team	Completed – all reviewed as part of the writing of the learning disability and autism policy (November 2023). Launch of new 'handover form' between departments (October 2023) Relaunch of admission plan (approved by HRAG November 2023)
	Implementation of green paper to record reasonable adjustments in patient notes	June 2023 – Learning Disability Team	Complete – June 2023
	Adjustments for appointments to be referred to (previous notifications, information on patient systems, photocopies of passports)	Ongoing – Outpatient teams	This is an ongoing action - Work ongoing with the main outpatient department to forward look and plan with the learning disability and autism team reviewing patient lists and sharing reasonable adjustments to support the implementation of these within clinics - Work ongoing with the children's department – they are implementing nurse led clinics to support in gathering in depth information about reasonable adjustments and health plan Audit 2023 highlighted that all areas could improve with recording of reasonable adjustments in patient notes (paper and electronic).
	Trust to demonstrate they are implementing the Accessible Information Standard across all services	Ongoing - Accessible Information Standard Group	No update – I have reached out to ops/appointments for update regarding Accessible Information Standards, however have not had responses as of yet. Group last met March 2023.
	Development of a communication box to be available on all wards and department areas	December 2023 – Learning Disability Team	On hold due to workload and team availability. Plan is for a survey to be shared with patients and staff to gather what would be useful as a resource. Aim for this to be sent out and answers gathered by March 2024. Meeting

			had with charitable funds team who confirmed they could support and process confirmed. Once a list of items is agreed these will be requested and ordered, then launched Trust wide.
Trusts must have mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services. *This might be done using electronic flags in patient administration systems and ensuring the necessary reasonable adjustments are recorded in a person's summary care record.* *Trusts should have the technical capacity to compare your performance and outcomes for people with a learning disability, against the general population. This includes waiting times, mortality rates and readmission rates.* *Waiting times should be routinely monitored for children, young people and adults with a learning*	Digital team to continue to work with the ICB digital team on the development and rollout of the NHS Reasonable adjustment flag	Ongoing – Digital team	Ongoing – the NHS Digital team have reworked this proposal to now focus on the flag attached to NCRS (national care record service). LD CNS meeting with head of digital transformation (November 2023) to explore how as a Trust we can embed this and utilise the tool.
	Development of a new online portal for reporting and recording learning disability patients and autistic patients (to replace current notification system)	Ongoing – External developer	This is ongoing, latest update is the safeguarding part of the portal will be launched in November 2023. The learning disability and autism part will begin development in January 2024 with launch expected March 2024.
	Monitoring of waiting times – reasonable adjustments to be taken into consideration when reviewing waiting times. LD and autism CNS to liaise with operations to ensure awareness	Ongoing – operations team September 2023 - LD & autism CNS	Ongoing – there are no specific projects looking at this, however it is highlighted within annual benchmarking report.

disability, and autistic people, and data reported to the board.			
Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations. *Both local investigations and full engagement with the national LeDeR programme. Also, acting to address findings of investigations.*	The ROH's learning from deaths policy to contain up to date, correct information on LeDeR	July 2023 – Associate Medical Director	Complete
	Information on LeDeR to be added to the ROH Hub for staff awareness	August 2023 – Learning Disability Team	Complete
Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both. *Trusts have effective safeguarding arrangements to ensure that diagnostic overshadowing and value judgements about a person's quality of life do not detract from their care.* *Trusts compare outcomes and experiences of people with learning disabilities, autism or*	If a patient is on a DNACPR order this information is to be added onto PICS by the admitting doctor or consultant	Ongoing – Medical team	New DNACPR policy being written, LD CNS has requested that this information and information regarding appropriate DNACPR is included. There is information on this included in the learning disability and autism policy.
	DNA CPR policy to be updated to contain information regarding appropriate reasoning and the process of challenging	Date tbc - Patient Safety Specialist	As above
	ROH staff to keep up to date with safeguarding training and engage professional curiosity	Ongoing – All staff	Ongoing action – staff do engage with training but this will be an ongoing action as competencies renew every three years. Safeguarding lead, senior named nurse and named nurse regularly review policy and processes to ensure up to date and in line with local and national guidance.

both with those of non-disabled peers.			
Standard: Inclusion and engagement			
Improvement measure	**Action**	**Who and by when**	
Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution. *Trusts involve people, families and carers in all aspects of planning and evaluating care and treatment, and use their feedback and experiences to improve services. Trusts tell people if their care has raised safety concerns and what will be done to prevent recurrences.*	Easy read information to be more readily available by LD CNS scoping options with the communications team	August 2023 – LD & Autism CNS/ Communication team	Links to easy read websites and leaflets are available on the ROH Hub. Work still needs to be done regarding availability and staff awareness, however is limited due to funding (to either buy leaflet rights or develop our own with support from an easy read company). This will be opened as a new action in the next action plan (to be written following 2023 benchmarking submission).
	Process to be available via PAS where patients can have appointment letters in an easy read format	Date tbc – CSM outpatient/ appointments	LD CNS has created a flow chart to show staff how to add 'easy read' as an option on PAS. Discussion had been had previously regarding using synertech (company who produce ROH letters) to automatically produce these if a patient has easy read recorded, however data is limited. Project on hold while staff member is absent.
	A learning disability and autism forum to be relaunched	November 2023 – Learning Disability Team	Updated plan in place to replace forums. Taken to chief nurse September 2023. Rather than one on site forum, several 'lived experience groups' are being set up. First one was held in October 2023 with local advocacy group. The learning disability and autism team are going out to local community groups to engage with service improvement and development whilst also developing rapport with patient's and asking them to be involved in walk rounds/ service evaluation etc. This will be ongoing.
	Annual audit to review the ROH services to ensure they are adhering to strategy and	June 2023 – Learning Disability Team	Complete. Re audit will be done December/ January (depending on staff availability) and then again in June 2024.

	guidance and are demonstrating a value-led approach		
Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers. *This includes involvement of people, families and carers in reviewing services/pathways that affect them and planning improvements. Some organisations ensure that people with learning disabilities, autism or both are fully involved in strategic decision making and designing approaches to continuous learning.*	Consideration to be given to involvement of people with learning disabilities or autistic people in the recruitment and interview process	Date tbc – HR Team	No update. New request sent as part of benchmarking data request November 2023.
	The Trust to take onboard feedback from patients and implement the relevant changes	Ongoing – Learning Disability Team	Complete – this is done regularly with feedback being documented and recorded as part of the safeguarding committee vulnerability quality report. Following meeting with head of patient experience this feedback will now be shared with her also.
Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and that they engage with and involve people, families and carers throughout these processes. *This might include, for example, adopting NHS England's initiative 'Ask Listen Do'. In line with the LeDeR reviews, trusts should invite the input of people and*	ROH staff to gain confidence in following the 'Ask, Listen, Do' process and understand how this can improve a patient's experience. LD team to liaise with the patient engagement team once new head is in position	Date tbc – Learning Disability Team	LD CNS met with head of patient experience who confirmed the staff are aware of this. Refresher session offered if required.
	An improved way of recording incidents through Ulysses to be implemented to enable data to be categorised under learning disabilities/ autism so it can be collated and reviewed more	September 2023 – Governance/ LD team	Awaiting update.

families affected, to maximise learning from untoward events. Patients and experts by experience should be involved in the process of learning from events.	easily allowing trends to be explored and addressed		
Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights. *This might include commissioning people with learning disabilities, autism or both to independently review services, and paying them for any work they do. Trusts actively inform people of their rights, in a manner that is meaningful to them.*	Information to be provided to transition age patients (12-19) regarding the changes with decision making and rights once you become a legal adult at 18	?transition	Together for short lives given out by the transition to adult services team and children outpatient department as part of transition paperwork.
Workforce			
Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to	Regular review and update of the ROH Hub	Ongoing – Learning Disability Team	Complete – regularly reviewed and updated. Latest update September 2023.
	The ROH is to implement the Oliver McGowan mandatory training in learning disabilities and autism trust wide	Ongoing – Learning Disability Team / Learning and Development Team	As a Trust we have done everything we can so far – we have rolled out the e-learning and promote this across the Trust. The new plan will include actions regarding the second sections of tier 1 and 2, and the plans moving forward.

how services are delivered are tailored to each person's individual needs. *This is likely to include ensuring staff have been trained in: learning disabilities and autism awareness; health issues associated with learning disabilities; supporting people with challenging needs; safeguarding; human rights and mental capacity and best interests.*	A leaflet to be developed by the learning disability and autism team to address trust specific processes to be in place to complement the Oliver McGowan mandatory training	October 2023 – Learning Disability Team	Outstanding action.
	Staff to become more confident in alternative pain scales such as FLACC or DisDat through training and bespoke sessions and in addressing signs of deterioration in patients with learning disabilities and autistic patients through bespoke sessions with the Learning Disability Team	Tbc – Learning Disability Team	Ongoing. This is covered in training, supervision and bespoke sessions but is an ongoing piece of work. Will also be complimented by launch of communication resources.

Learning Disability Improvement Standards Gap Analysis 2023

The Royal Orthopaedic Hospital takes part in the annual benchmarking project with NHS England/ NHS Improvement against the Learning Disability Improvement Standards. The data collection consists of three components; organisational level data (covering the time period 1st April 2021 to 31st March 2022), a patient survey and a staff survey. The full report containing the participating Trusts data is expected by the autumn, so in the meantime this gap analysis will focus on the organisational level data which was collected through 129 prompt questions asked to the relevant professional or department. Each question addressed an improvement measure which make up each of the four standards. The fourth standard 'specialist services' is omitted as this focusses on specific learning disability services such as community teams or inpatient hospitals.

This gap analysis will also include previous years benchmarking information to ensure any outstanding actions are carried over. The document will run alongside the Trusts learning disability strategy and will be regularly reviewed and updated to ensure the standards are being implemented Trust wide.

Standard: Respecting and protecting rights		
Improvement Measure	**Current State**	**Recommendations for ROH to achieve by March 2024**
Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes. *This typically includes things like using modified communication, flexible appointment systems and modified triage assessments, and ensuring due regard to the content of hospital passports.*	• The Trust routinely offers adjustments such as appropriate appointment times, double length appointments, low-stimulus waiting area (a reflection room is available in each outpatient area), first on list, preparing patients with photographs • Mandatory training covers reasonable adjustments, what they are and the importance of them • Learning disability notification form in place to record adjustments and support required • Hospital passport should be offered and explained to all patients with learning disabilities or autism • Hospital passport letter template developed • Outpatient staff post a passport to patients if the opportunity to give one is missed in clinic	• ROH staff to gain confidence in identifying and implementing reasonable adjustments • Information for staff to be disseminated across ward and department areas. Scoping exercise to explore whether information folder or poster more useful / appropriate • Use of hospital passport requires improvement with staff being encouraged to refer to on each patient contact • Staff to ensure the patient's voice is being evidenced through documentation and care planning • Recording of adjustments requires improvement (outcome of notes audit 2022) • Easier access to easy read information • Communication boxes to be relaunched across the Trust

	• Bespoke plans written for patients with learning disabilities and autistic patients detailing specific support required • Bespoke staff sessions delivered around specific patients if required • Internet and intranet pages kept up to date to ensure both staff and patients are aware of the service offered and who to contact for support • Location of internet page moved to ensure patients could more easily locate learning disability and autism support information • Awareness days raise the profile of the service and highlight the importance of reasonable adjustments • Use of first contact forms for all children to capture service involvement • Patients are asked about their communication needs when they attend appointments as per the access policy • The Trust has a fully accessible toilet in the main outpatient area (similar to a Changing Places facility)	• Paperwork and tools used for patients with learning disabilities and autistic patients to be reviewed and amended as necessary • Scoping to be done regarding sharing appointment requirement information with the appointments team. Consideration to be given as to whether this warrants an alert • Departments audit the use of first contact forms within their areas/ department six monthly with findings discussed at Safeguarding Committee • The learning disability and autism CNS is to continue to regularly review and update both the intranet for staff and the external internet page • The Trust to demonstrate that they are implemented the Accessible Information Standard across all services • The Trust to offer accessible appointment letters if required
Trusts must have mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.	• Data can be disaggregated through admission coding (separate codes for learning disability and for autism) and via PAS (however patient need is only categorised as 'specific learning disability' or 'other difficulty or disability' for autism) • LD & autism CNS in contact with the lead within the ICB who is working on the development of the national reasonable	• The current 'flagging' system is manual, open to human error and only added following initial contact with the hospital • A safeguarding alert is sometimes put in place rather than a patient need • The Trust is keeping up to date with the national reasonable adjustment flag project which would solve the above issues

This might be done using electronic flags in patient administration systems and ensuring the necessary reasonable adjustments are recorded in a person's summary care record. *Trusts should have the technical capacity to compare your performance and outcomes for people with a learning disability, against the general population. This includes waiting times, mortality rates and readmission rates.* *Waiting times should be routinely monitored for children, young people and adults with a learning disability, and autistic people, and data reported to the board.*	adjustment flag as proposed in the NHS Long Term Plan 2019 • Information regarding adjustments and support required should be clearly documented on a learning disability notification, in a patient's notes and shared with other departments and across services • LD & autism CNS regularly has contact with BCH LD team to share information • Current mandatory training package encourages staff to share information as required	• The Trust has different systems in place for different departments. The systems don't talk to each other so if a patient has a need on PAS this won't automatically be shared to ONKOS for example. Not all systems have the option to add patient information such as reasonable adjustments • A new database system is being developed which will combine safeguarding and vulnerabilities. This will make it easier to identify and share information as required • Scoping to be completed by the appointments team and LD and autism CNS into monitoring of waiting times and how this would be meaningfully implemented into practice
Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations. *Both local investigations and full engagement with the national LeDeR programme. Also, acting to address findings of investigations.*	• The Trust has a learning from deaths policy to follow • LD and autism CNS sits on the local LeDeR review oversight panel as vice chair • Continued work on the implementation and use of hospital passports, work with the pre-op department on the importance of getting plans right ready for admission. Increased use of MDT's and collaborative working, sharing of information cross services. Learning from LeDeR reviews shared at safeguarding committee and implemented into practice. • Key recommendations from the annual LeDeR report are shared across the Trust, included in	• The Trusts learning from deaths policy to contain up to date, correct information on LeDeR • Information on LeDeR to be added to the intranet for staff awareness

	training and presented to the Safeguarding Committee	
Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with learning disabilities, autism or both. *Trusts have arrangements to ensure any restrictions and deprivations of liberty are correctly and lawfully authorised, with checks that these are always necessary and proportionate. Trusts are transparent about what they do and why, and are open to challenge*	• Clinical holding policy in place, due for review 2024 • Increased and therapeutic observation of adults policy in place (November 2022) • MCA audit completed by external professional 2022 • Incident form and safeguarding notification completed for all deprivation of liberty requests by ROH staff	• Due to systems and recording of data it currently isn't possible to pull exact data regarding numbers of patients who have had their liberty restricted who are diagnosed with a learning disability or are autistic
Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both. *Trusts have effective safeguarding arrangements to ensure that diagnostic overshadowing and value judgements about a person's quality of life do not detract from their care. Trusts compare outcomes and experiences of people with learning disabilities, autism or both with those of non-disabled peers.*	• Diagnostic overshadowing is covered within the current mandatory training package • Diagnostic overshadowing is covered within the Trust's learning disability and autism strategy • If a patient is on a DNA CPR order this information is now added onto PICS by the clerking doctor on admission • The learning disability and autism CNS has updated the learning disability notification log to include capturing information on safeguarding alerts	• Trusts to compare outcomes and experiences of people with learning disabilities, autism or both with those of non-disabled peers • There is currently no clear information on DNA CPR order and the process of challenging if a staff member considers the order to be inappropriate e.g. reason given: learning disabilities • ROH staff to stay up to date with safeguarding training and engage their professional curiosity in particular when working with vulnerable groups such as those diagnosed with a learning disability

		• Safeguarding alerts to be reviewed annually as part of the benchmarking project allowing trends to be identified
Standard: Inclusion and engagement		
Improvement measure	**Current state**	**Recommendation**
Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution. *Trusts involve people, families and carers in all aspects of planning and evaluating care and treatment, and use their feedback and experiences to improve services. Trusts tell people if their care has raised safety concerns and what will be done to prevent recurrences.*	• Patient surveys used to gather information to inform the Trusts learning disability and autism strategy • 100 patient surveys were sent out as part of the annual benchmarking project (2022) • Attempts have been made to set up a learning disability and autism forum • Links are being made with external services and providers • Patient stories are shared within the bi-monthly Safeguarding Committee and at relevant forums such as ward and departmental managers • LD & autism CNS sits on the Birmingham and Solihull LeDeR Oversight review panel disseminating findings from reviews into the Trust's Safeguarding Committee • The Trust's governance policies follow the duty of candour • The Trust is signed up for the rollout of the Oliver McGowan Mandatory training in Learning Disabilities and Autism. This training was developed and is co-delivered by people with learning disabilities, autism and experts by experience	• People with learning disabilities or autistic people, their families and carers should be involved in all aspects of planning and evaluating care and treatment, with feedback and experiences being used to improve services • A learning disability and autism forum or a formalised processed of collecting feedback will be implemented • Patient voice and experience to be more formally sought and recorded, such as by bi-monthly walk arounds • Patient surveys will continue to make up part of the annual learning disability audit (June 2023) • Following publication of the patient survey response to the benchmarking project (expected winter 2023/4) the LD and autism CNS will undertake analysis of the data and update the gap analysis/ action plan with further actions to achieve

Trusts must demonstrate that their services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment. *Trusts make clear the attitudes, behaviours and communication they expect from their staff. Trusts support people whose complaints and concerns are being looked into. Trusts should involve people with learning disabilities in staff recruitment.*	• The Learning Disability and Autism Strategy lies out the aims of the Trust and how these will be achieved: we will provide outstanding care, we will always listen, we will have the skills and we will build positive partnerships • Mandatory training covers attitude, behaviour and communication • Bespoke sessions or supervision can be provided to specific areas if required from the LD & autism CNS • The PALS department work closely with the learning disability nurse to make appropriate adjustments to support a patient or parent/ carer to make a complaint or raise a concern	• LD and autism CNS to carry out scoping with HR team to explore the opportunities for involving people with learning disabilities in staff recruitment • Formal launch of the strategy delayed. An event is to be planned to formally launch the strategy and raise awareness of learning disabilities and autism • Annual audits to ensure services are appropriate and demonstrating a values-led approach
Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers. *This includes involvement of people, families and carers in reviewing services/pathways that affect them and planning improvements. Some organisations ensure that people with learning disabilities, autism or both are fully involved in strategic decision making and designing approaches to continuous learning.*	• Patient surveys were sent out as part of the development of the Learning Disability and Autism Strategy • Patient feedback included as part of the strategy publication • Patient stories are shared at the relevant forums to ensure any concerns are addressed • Patient surveys sent out as part of the benchmarking project • The ROH Able network invites staff who have a diagnosis of learning disability or autism to get involved with Trust activities and share experiences	• People with learning disabilities and autistic people to be involved in designing and evaluating services through forum engagement • Regular walkabouts and collation of experiences to be implemented • The ROH to improve engagement of patients with learning disabilities and autistic patients ensuring that services are developed and influenced by those that use them • ROH networks to use staff experience to shape services • The learning disability and autism CNS to explore with patients changes that they would like to see across the ROH, for example one suggestion that has been made is that inpatients would like a photo board of staff

Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and that they engage with and involve people, families and carers throughout these processes. *This might include, for example, adopting NHS England's initiative 'Ask Listen Do'. In line with the LeDeR reviews, trusts should invite the input of people and families affected, to maximise learning from untoward events.* *Patients and experts by experience should be involved in the process of learning from events.*	• 'Ask, Listen, Do' approach used for gathering feedback and supporting with concerns/ complaints • LD & autism CNS works closely with the PALS department to ensure they are aware of the 'Ask, Listen, Do' process • LD & autism CNS disseminates learning from LeDeR reviews into practice across the Trust	• ROH staff to gain confidence in following the 'Ask, Listen, Do' process and understand how this can improve a patient's experience • ROH staff to gain confidence in engaging people, families and carers without reliance on the LD & autism CNS • An improved way of recording incidents through Ulysses to be implemented to enable data to be categorised under learning disabilities/ autism so it can be collated and reviewed more easily allowing trends to be explored and addressed
Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights. *This might include commissioning people with learning disabilities, autism or both to independently review services, and paying them for any work they do. Trusts actively inform people of their rights, in a manner that is meaningful to them.*	• Patient voice should be recorded within patient notes, in the learning disability notification and within their hospital passport • Clinicians are provided with mental capacity act training which highlights how when making a decision a patient must be provided with all the relevant information in a suitable format (for example easy read) • Mental Capacity Act training is a three-yearly competency	• Information to be provided to transition age patients (12-19) regarding the changes with decision making and rights once you become a legal adult at 18 • Opportunities to involve people with learning disabilities and autism with reviewing of services to be implemented
Workforce		
Improvement Measure	**Current State**	**Recommendation**

Based on analysis of the needs of the local population, trusts must ensure staff have the specialist knowledge and skills to meet the unique needs of people with learning disabilities, autism or both who access and use their services, as well as those who support them. *Trusts understand patterns of local need among people with learning disabilities, autism or both, and use this knowledge to determine what skills are required and then recruit the right staff in the right numbers.*	• Key themes from LeDeR reviews, BSol strategy and annual reports shared at safeguarding committee with relevant changes implemented into practice • A business case was successful in obtaining a 0.5 wte learning disability liaison nurse to support the growth of the service (will be in post from April 2023) • Learning disability and autism CNS works closely with the transition to adult service CNS to ensure young adult patients are transitioned successfully into the adult orthopaedic service	• Work and understanding the local population is required • Learning disability and autism CNS to work alongside the newly appointed learning disability liaison nurse to ensure the service addresses the need of the population accessing the hospital • The learning disability and autism CNS to review the service in the annual report and identify any outstanding improvements or gaps in service
Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person's individual needs. *This is likely to include ensuring staff have been trained in: learning disabilities and autism awareness; health issues associated with learning disabilities; supporting people with challenging needs;*	• All staff receive mandatory training in learning disability and autism awareness developed and delivered by the LD & autism CNS (three-yearly competency) • The training is regularly updated to cover latest guidance, policy and findings from reports • Bespoke training is delivered as necessary • All staff receive safeguarding training, with specific staff groups receiving level 3 • Mental capacity training is delivered as a three-yearly competency • Staff have access to a variety of different pain scales	• The ROH is to implement the Oliver McGowan mandatory training in learning disabilities and autism trust wide • The ROH will first rollout the e-learning as per ICB guidance. Once the remaining parts of tier 1 and tier 2 are launched these will be added onto competencies • All ROH staff to liaise with their manager if they feel bespoke training sessions are required • All staff to identify and request supervision as required • All staff to stay up to date with relevant training (safeguarding, mental capacity, learning disability) • Staff working with those age 12 and above to have a greater awareness and understanding of

safeguarding; human rights and mental capacity and best interests.		transitions and the complexities that may be faced during this time • A leaflet to be developed by the learning disability and autism CNS to address trust specific processes to be in place to complement the Oliver McGowan mandatory training • Staff to become more confident in alternative pain scales such as FLACC or DisDat through training and bespoke sessions • Staff to be confident in addressing signs of deterioration in patients with learning disabilities and autistic patients • A learning disability policy is to be written
Trusts must have workforce plans that manage and mitigate the impact of the growing, cross-system shortage of qualified practitioners with a professional specialism in learning disabilities. *This might include supporting new, emerging roles such as advanced practitioners, apprenticeships, consultant allied health professionals and nurses, clinical academic roles and non-medical prescribers, and employing experts by experience/peer workers.*	• The learning disability and autism team is growing under the branch of vulnerabilities within the safeguarding team • The learning disability and autism CNS delivered a talk on the professional specialism of learning disability nursing to young adults who attended a work experience programme at the ROH • The learning disability and autism CNS regularly delivers a session on the care certificate training programme • There is cross-service working with the learning disability team based at Birmingham Children's Hospital	• The learning disability and autism CNS to continue to liaise with the HR department and support with workforce plans as appropriate
Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with learning disabilities,	• For the time period of data submission the Trust employed one learning disability nurse, however from April 2023 there is a learning disability and autism clinical nurse specialist (1	• The learning disability and autism CNS to continue to lead the service and work with staff across the ROH to explore how patients with learning disability or autistic patients are

autism or both, within local strategies to ensure safe and sustainable staffing. *This includes trusts having a designated lead for learning disabilities, as well as providing induction, mentorship, supervision and appraisal that explore how people with learning disabilities, autism or both are being supported.*	x WTE) and a learning disability liaison nurse (0.5 x WTE) • Learning disability and autism CNS leads the learning disability and autism service, supporting staff and departments where required with tailored supervision sessions • Bespoke training sessions can be delivered, for example to students or health care assistants • The Trust demonstrates a strong commitment in improving outcomes for patients with learning disabilities and autism by making the implementation of the Learning Disability Improvement Standards a quality priority for the year 2022/2023 • The learning disability and autism CNS regularly reviews departmental SOPs, guidance or policies to ensure that the needs of patients with learning disabilities and autistic patients are reflected	support and whether any changes need to be made

ROHTB (12/23) 007

TRUST BOARD

DOCUMENT TITLE:	**Net Zero Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Steve Washbourne, Executive Director of Finance & Performance**
AUTHOR:	**Stuart Lovack, Deputy Director of Delivery**
DATE OF MEETING:	**6th December 2023**

EXECUTIVE SUMMARY:

Following the discussion at Board in September, the attached presentation identifies some of the constraints and challenges faced by the Trust as we move toward the Net Zero targets of 2040 and 2045, and also some of the opportunities and drivers for change.

REPORT RECOMMENDATION:

The BOARD is asked to:

- Note this Update

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

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

BAF / Corporate Risk Register

PREVIOUS CONSIDERATION:

Last discussed at Trust Board on 6th September 2023

The Royal Orthopaedic Hospital NHS

Moving Towards Net Zero

2022- 2032

December 2023

Introduction

The NHS has set out an ambitious plan for the NHS family with each organisation contributing to its core aim; to be the world's first net zero National Health Service.

Within this aim are two key strategic targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

The ROH Estate

The Royal Orthopaedic Hospital occupies an area of 4.44 hectares and consists of several buildings, they create a combined gross internal floor area of 25,447 metres squared.

The buildings date from pre-1948 to present day, the age profile of the estate is as follows:

- Pre-1948 30.7%
- 1948 to 1984 15.5%
- 1985 to 2004 32.8%
- 2005 to Present 21.0%

The older parts of the Estate, which includes the ‘grade 2 listed’ Cadbury’s House and surrounding courtyard buildings comes with their own challenges, the buildings use old construction methods and are less thermally efficient.

Majority of the primary heating and hot water generation on site is from gas fired boiler installations. The Trust have 42 boilers on site, out of these 35 are more than 10 years old with an average efficiency rating of 80 %. The cost of like-for-like replacement is estimated to be £3.2 million.

Specialist department such as Theatres, X-ray, MRI, Hydrotherapy, etc. are all service by mechanical ventilation plants, all these ventilation plants are more than 10 years old.

Estates Drivers for Change

The Trust has recently invested in Solar Photo Voltaic (PV) panels on the roofs of Blocks 37 and 76, this is generating electricity with the annual savings being estimated at £17,500. We are currently looking to expand the solar panel provision in 2023/24.

The Trust through the ward upgrade programme have installed energy efficient LED lighting, 65% of the estate has energy efficient lighting.

To achieve 'Net Zero' requires significant investment, other NHS organisations through the support of external funding streams are investing in ground and air source heat pumps together with bore holes. The shift in primary heat and hot water generation saves carbon however it does not significantly save money, it moves the Trust over to electrical generation. For the ROH it will require increases in electrical supplies and an enhanced electrical network infrastructure.

The Trust have applied for external 'Salix Funding' to support the move towards net zero, we await the outcome of the application process.

The Trust continue to promote its Net Zero Strategy and works with its ICB partners to drive change. Human factors play a part in our energy consumption, promoting a greener environment will help minimise these effects.

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

REPORT REF: ROHTB (12/23) 008/008(a)

TRUST BOARD	
DOCUMENT TITLE:	**Update from the Guardian of Safe Working – Report for December 2023**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive Officer**
AUTHORS:	**Jamie McKenzie, Guardian for Safe Working**
DATE OF MEETING:	**6th December 2023**

EXECUTIVE SUMMARY:

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

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

REPORT RECOMMENDATION:

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

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

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

Accept	Approve the report	Discuss
X	**x**	

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

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

Comments:

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

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

PREVIOUS CONSIDERATION:

April 2023

FOR ASSURANCE

The Royal Orthopaedic Hospital NHS Foundation Trust

UPDATE FROM THE GUARDIAN OF SAFE WORKING

REPORT TO THE TRUST BOARD – 6th December 2023

1.0 Situation

1.1 The Guardian for Safe Working is required to raise concerns about Safe Working for Post-Graduate Doctors by exception. Exception reports are the mechanism by which post-graduate doctors record unscheduled episodes of work outside their normal working pattern. As of 26th November 2023, there have been no exception reports raised in the last quarter.

2.0 Background

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

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

2.1.2 The current consultant staff post holders are:

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

2.1.3 There are regular medical workforce meetings arranged as part of normal operations.

In addition, there is a regular Post Graduate doctors' forum attended by the leadership team and all Post Graduate doctors are invited.

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

2.1.5 All clinical supervisors and allocated educational supervisors are accredited as per the GMC and Academy of Medical Educators directive. Maintenance of accreditation is appraisee-led and recorded via the annual appraisal process. Consultants are currently supported in providing evidence of accreditation to their appraisers by Mr Newton-Ede. This process will undergo change under the guidance of the new director of medical education.

2.1.5 A new post of ROH Director of Medical Education has been established. Khalid Baloch has taken on the role with his usual zest. Mr Baloch's role as Training Programme Director has been taken over by a consultant from Wolverhampton Hospital, Mr Shree Deshpande.

3.0 Junior Doctor Establishment

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

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

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

3.1.3 Payroll errors have been avoided in the most part, much to the relief of the rotating trainees. Thanks passed on to those HR staff involved.

3.1.4 The national training survey results have been circulated recently by Mr Baloch. There were three domains where the ROH were placed in the lowest quartiles. Out of hours support with consent was one area where on-call doctors felt that they were not well trained. This has been addressed and consultants are now asked to directly assess the competence of the trainee with regards to consent. Registrars are still, post-COVID, finding that they are not undertaking as many operations as pre-COVID, leading to a persistent fall in logbook numbers and experience. Trainers are being encouraged to address this directly. Lastly, our trainees felt that they were not getting enough feedback. Trainers have been asked to provide constructive feedback outside the formal assessment process, as often as weekly.

3.2 GP Trainees

3.2.1 There are a variable number of GP trainees at the ROH (2-10). There is on-going work with the GP dean to ensure GP trainees are encouraged to choose the ROH and it is acknowledged that they receive excellent education when here. Real attempts are continuing to support their wellbeing using several channels including the postgraduate doctor's forum. Their attendance at the forum meetings has improved and their issues addressed as urgently as possible.

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

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

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

4.2 Wellbeing has been raised as an import issue. This is being addressed in several fora, including at every induction for all medical staff, with Angelos Politis as lead. There is a suggestion box in the junior doctor's lounge and requests continue to be acted on. Additionally, wellbeing packs are available in the postgraduate doctor's lounge and there is a freezer providing ready meals.

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

4.4 Those postgraduate doctors that work regularly in theatres have brought up time and again that there is little or no space to store their clothes in the locker rooms. There are not enough lockers, even for consultants. Visiting surgeons often comment on the state of the theatre changing rooms as shocking in an otherwise exemplary hospital. The board is asked to specifically consider the needs of postgraduate doctors when further changes are made to theatres or further expansion is planned.

5.0 About the Guardian for Safe Working Role

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

5.2 The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the post graduate doctors employed by it. It should report into different management structures, including the local negotiating committee (LNC) and the trust board, but will also have a regular input into PG doctor forums.

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

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

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

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

5.7 The guardian had a page on the ROH external website with contact details and a description of the role. The information has been removed recently but this has been raised with the ROH Comms team, and it is expected to be restored. There must be easy access to information about the guardian role, for instance, by entering relevant terms into any search engine. Postgraduate doctors must not be impeded in understanding the role and being able to contact the guardian if they have concerns. The role is explained at post graduate doctors' induction and leaflets are distributed with further details. The guardian attends the PG doctors' forum meetings and is easily accessible.

6.0 Recommendations and Ongoing Work

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

- To provide continued support for the key individuals working to support post graduate doctors' working conditions, especially those involved directly in health and wellbeing.
- Improving working conditions and wellbeing for postgraduate doctors
- Ensure postgraduate doctors have access to information about the guardian's role

Jamie McKenzie, Guardian for Safe Working
(Matthew Revell, Executive Medical Director)
26th November 2023

PAPER REFERENCE: ROHTB (12/23) 009

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 28 November 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Committee were updated on the revised financial recovery plan submission that had been made in M8. This was a resubmission as part of a wider BSOL system submission that was required following correspondence from NHSE. The year end position now requires us to deliver a break even position rather than £112k adverse as previously planned in M6. • The Trust underperformed in M7 by £68k the majority of which related to agency spend. • The income in respect of the Elective Recovery Fund adjustment for the industrial action will not be reimbursed at the published 2%. This has been proportioned across the system so the ROH will only receive 0.875% benefit due to the Commissioner cap. • The Committee noted that we need to show and plan for transformational change in the new financial year as we need to work differently. • Sickness absence was noted to be high in some areas, particularly for long term conditions, including mental health reasons. • Although it remains a risk, there is work underway to improve theatre utilisation of the ROH theatre sessions currently utilised by System partners.	• Update on MSK waits and the wider system working to be provided at the meeting in January. • Update on the Workforce Delivery Group to be provided at the next meeting. • Information Governance Group upward report to be provided at the meeting in January. • The 'Finance on a Page' summary continues to evolve and will be iterative over the next few months
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Trust performance was reported to be very good across a number of operational measures, including RTT LUNA data and elective activity. • Despite the introduction of Patient Initiated Digital Mutual Aid Scheme (PIDMAS) in October, no patients on the ROH waiting list have transferred to other providers. • The Cost Improvement Plan continues to be progressing ahead of plan by £150k. The Trust is on forecast to deliver by the end of the year.	• None specifically

• Private patient income continues to perform ahead of target • There has been a slight decrease in turnover and lower spend on agency staffing • The Better Payment Practice Code results in month showed improvement overall, although there remains further work to do to improve the NHS payment position. • National funding to support the recruitment of a manager to lead some of the work outlined in the People Promise may be awarded, which will allow greater focus on matters such as retention and recruitment.	

Chair's comments on the effectiveness of the meeting: It was agreed that the time of the meeting be extended on a permanent basis until 10.15am to allow sufficient room for important discussions.

Finance and Performance Report

Month 07

Introduction

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

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

Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

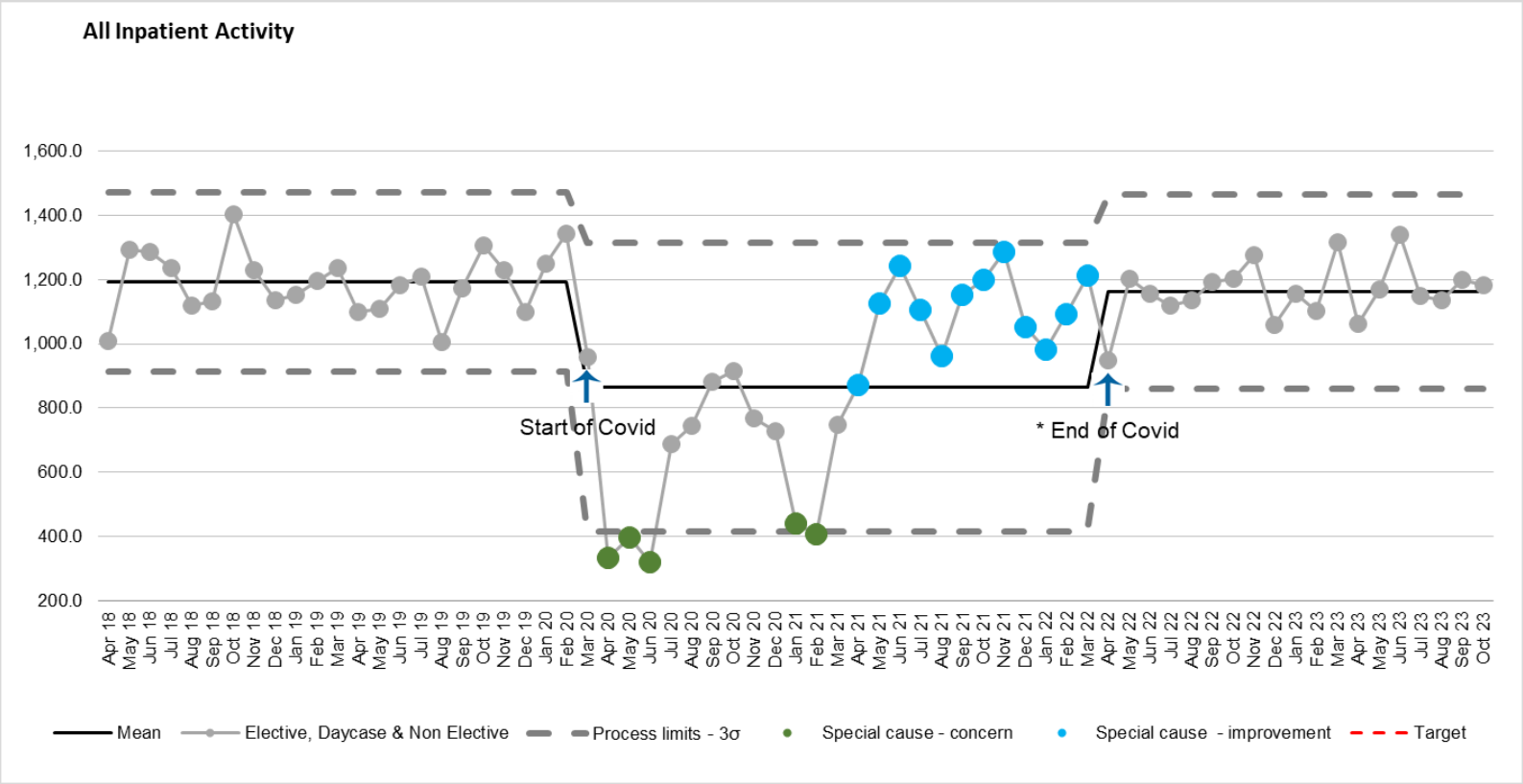
Operational Performance Summary

Performance to end October 23	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	55.15%	55.10%	92%		F
104 week waits	0	0	0	L	P
78+ week waits	0	0	0	L	F
65 Week waits (65-77 weeks)	50	37	0	L	F
52 week waits (52 – 64 Weeks)	456	421	0	H	F
All activity YTD (compared to plan)	8,235	7,053	8,240		F
Outpatient activity YTD (compared to plan)	38,720	32,791	38,127 YTD Target		P
Outpatient Did Not Attend (YTD)	8.2%	7.8%	8%		F
PIFU (trajectory to 5% target)	423 7.5%	412 8.0%	193 5%	H	P
Virtual Consultations (target is plan, operational planning guidance is 25%)	10.1%	10.6%	19%		F
FUP attendances(compared to 19/20)	90.0%	90.7%	75%		P
Diagnostics volume YTD (compared to plan)	14,023 Cumulative	11,754 Cumulative	10,863 YTD Target		P
Diagnostics 6 week target	99.8%	99.9%	99%		P

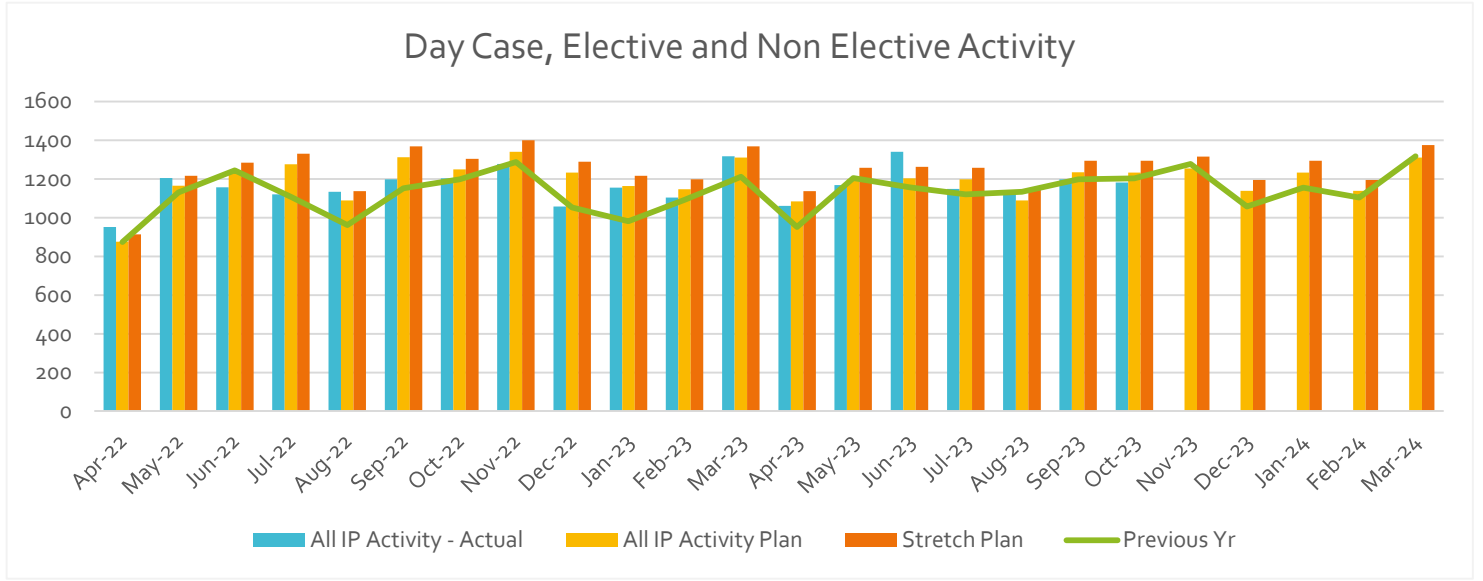
Operational Performance Summary

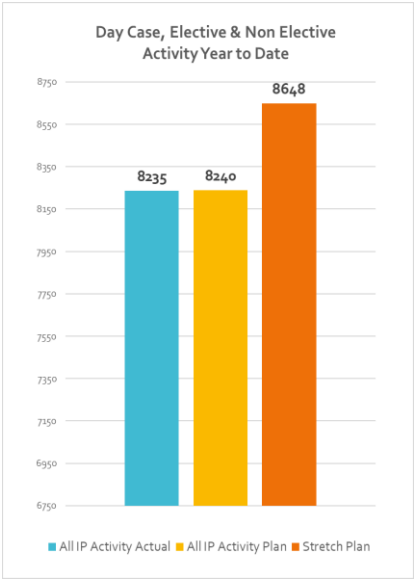
	In month	Previous month	Target	Variation	Assurance
Theatre utilisation	81.3 %	82.1%	85%		
Cancer - 2 week wait (May – Apr)	93.4%	97.3%	93%		
Cancer - 31 day first treatment	92.3%	100%	96%		
Cancer - 31 day subsequent (surgery)	100%	100%	94%		
Cancer - 62 day (traditional)	25%	80%	85%		
Cancer - 62 day (Cons upgrade)	87.5%	74.1%	n/a		No Target
28 day FDS	75.8%	79.8%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD)	14,653 Cumulative	12,391 Cumulative	13,379 Cumulative		
Bed Occupancy (excluding CYP and HDU)	72.1%	69.8%	82-85%		
LOS - excluding Oncology, Paeds,YAH, Spinal	4.02	3.51	n/a		No Target
LOS - elective primary hip	3.00	3.30	2.7		
LOS - elective primary knee	3.70	3.70	2.7		
BADS Day case rate (Note: due to time lag in month is July'23)	75%	74%	85%		

1. Activity Summary



1. Activity Summary



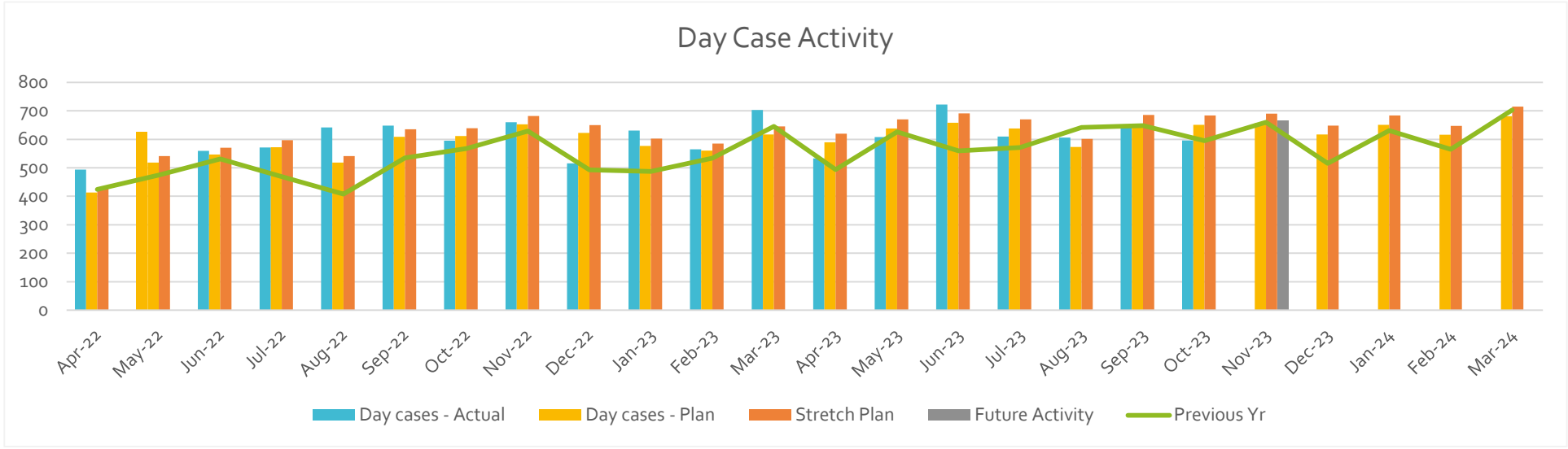


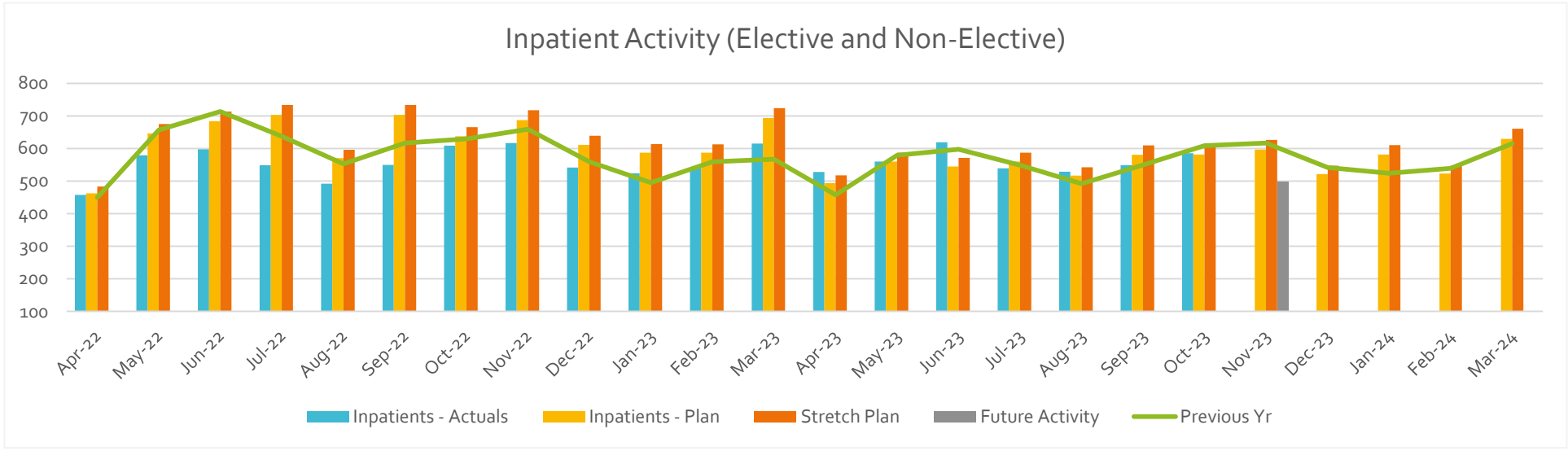
		Plan												Plan	Actual	% Achieved	Variance
	Activity Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year to Date	Year to Date	against plan	Year to Date
Trust Plan	Inpatient	483	547	533	547	505	568	569	584	510	569	511	616	3752	3739	100%	-13
	Daycase	590	638	658	638	573	653	651	657	617	651	616	681	4401	4325	98%	-76
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	87	171	197%	84
	All Activity	**1084**	**1198**	**1203**	**1198**	**1090**	**1234**	**1233**	**1254**	**1139**	**1233**	**1139**	**1311**	**8240**	**8235**	**99.9%**	**-5**
Stretch Plan	Inpatient	507	574	560	574	530	596	597	613	536	597	537	647	3940	3739	95%	-201
	Daycase	620	670	691	670	602	686	684	690	648	684	647	715	4621	4325	94%	-296
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	87	171	197%	84
	All Activity	**1138**	**1257**	**1263**	**1257**	**1144**	**1295**	**1294**	**1316**	**1195**	**1294**	**1195**	**1376**	**8648**	**8235**	**95%**	**-413**

October 2023

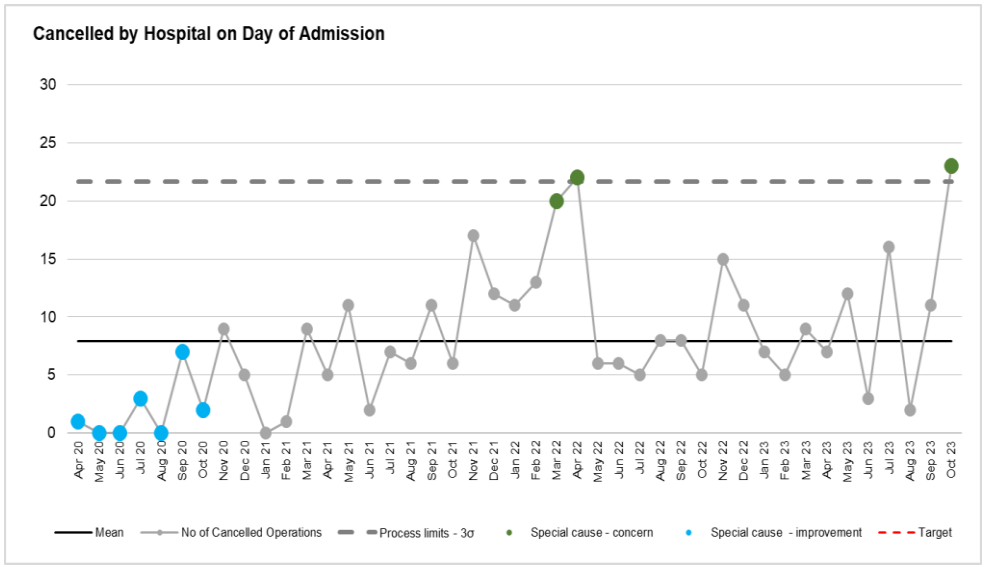
Actual in month 1182 vs 1233 System Plan (Variance -51)
YTD position against Actual vs System plan is 99.9% (Variance -5)
The activity deficit is due to the opportunity lost due to Industrial action.
The activity opportunity loss is circa 108 cases.

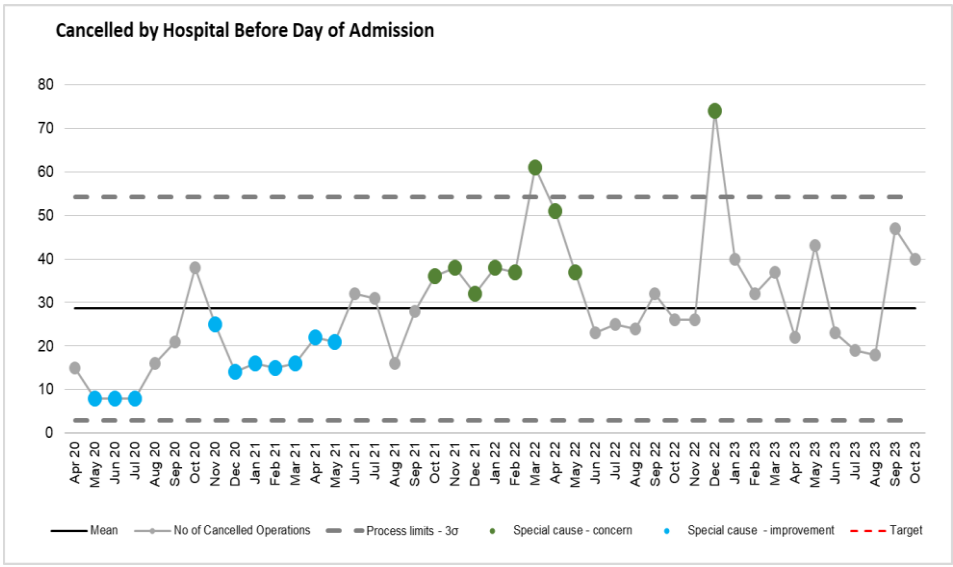
1. Activity Summary



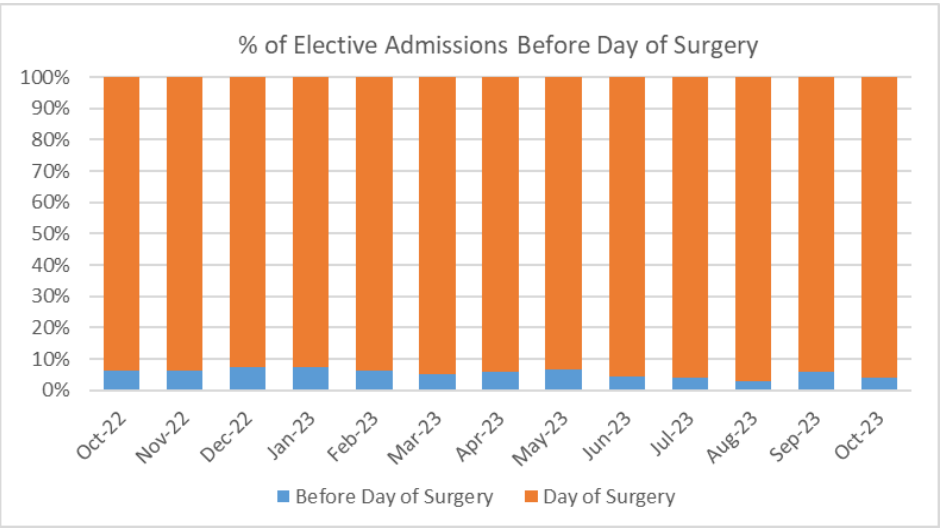


2. Theatre Utilisation/ Hospital Led Cancellations

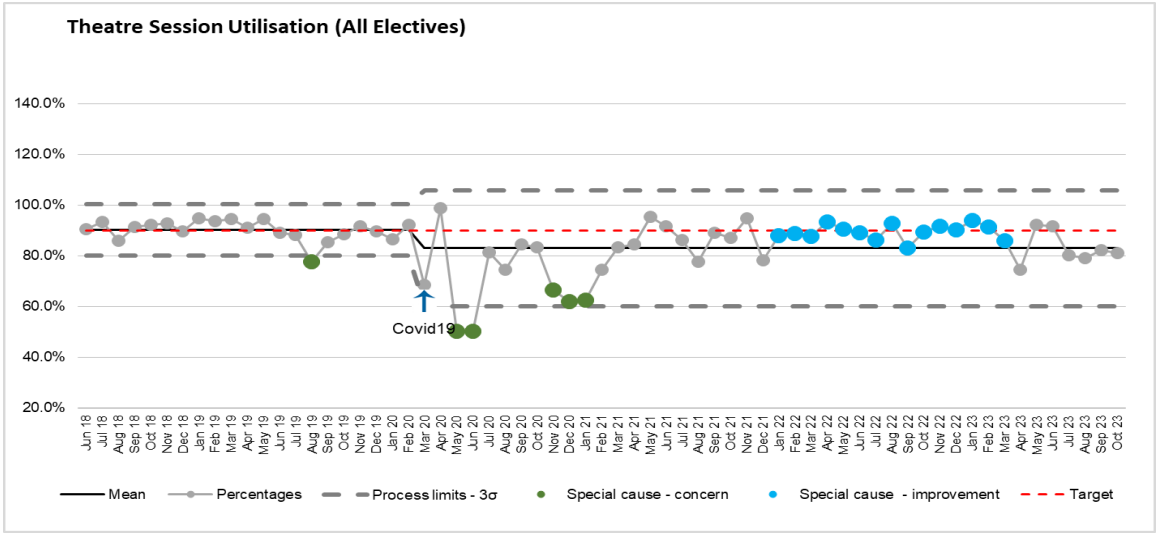


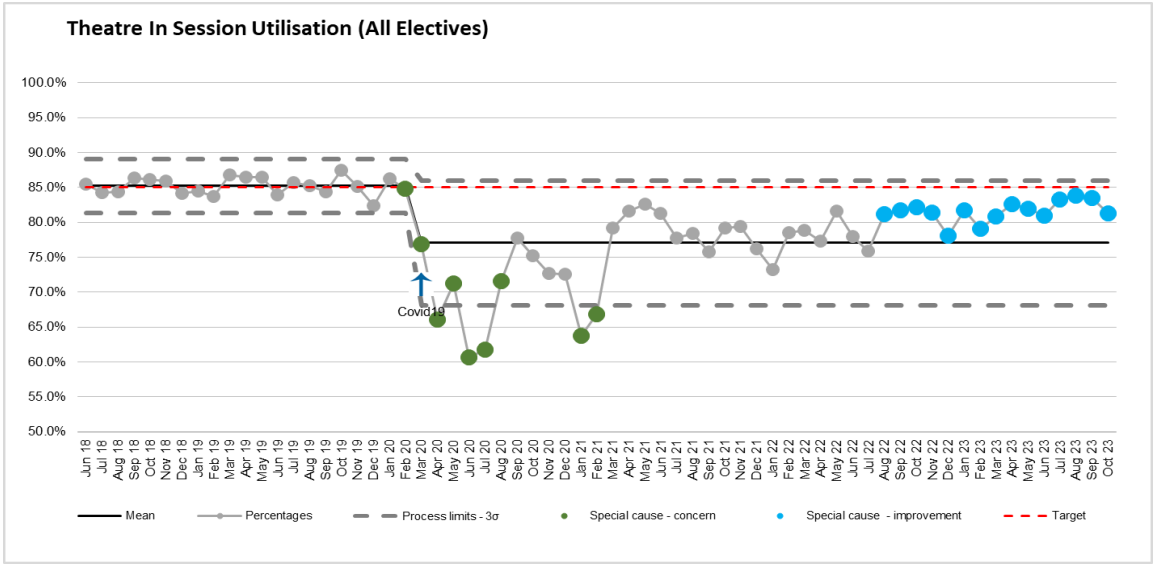


Year - Month	Cancelled by Hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by Hosp. Before Day of Admission	Grand Total	Cancelled Ops Not Seen Within 28 Days
Oct-22	5	35	26	66	0
Nov-22	15	18	26	59	0
Dec-22	11	24	74	109	0
Jan-23	7	25	40	72	0
Feb-23	7	29	33	69	0
Mar-23	9	31	37	77	0
Apr-23	7	24	22	53	0
May-23	12	16	43	71	0
Jun-23	3	27	23	53	0
Jul-23	16	20	19	55	0
Aug-23	2	27	18	47	0
Sep-23	11	22	48	81	0
Oct-23	23	26	40	89	0
Total	**128**	**324**	**449**	**901**	**0**



2. Theatre Utilisation





Elective Session Utilisation (October 2023)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	482	393	89	81.54%
UHB	79	62	17	78.48%
Totals	**561**	**455**	**106**	**81.11%**

Elective In Session Utilisation (October 2023)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1727	1424	303	82.47%
UHB	277	205	72	74.00%
Totals	**2004**	**1629**	**375**	**81.30%**

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for October was **81.11%** which was slightly below the Trust target of **85%,**

The in-session utilisation of the ROH lists decreased in month at **82.47%** and the utilisation of UHB lists was **74.00%** resulting in an overall **t**otal in-session utilisation of **81.30**%.

The consultant and junior doctor industrial action resulted in all elective theatres being cancelled with cover in place for emergency patients and CT guided biopsies only. There were 3 days of industrial action resulting in a loss of 36 theatre sessions that equates to an opportunity loss of around circa108 patients.

It is estimated that the session utilisation without industrial action would have exceeded the Trust target at **92.48%**. It is not possible to estimate the in-session utilisation.

AREAS FOR IMPROVEMENT

In conjunction with GenMed a cost improvement workplan has been developed that details schemes to generate cost savings. The workplan has identified up to £74k of savings so far. A 'stock take' of surgical trays is underway to establish current tray levels to support the reduction in loan sets thus reducing costs. This is part of a wider project, revisiting the 'approved' list of surgical trays, current SOP's and current demand and capacity increases.

Theatre lookback meetings implemented because of seamless surgery are continuing with a specific focus on short notice cancellations and the number of cases planned vs the number of cases performed. In addition, speciality specific productivity packs have been shared for initial review by Div 1 specialty triumvirates. The Theatre triumvirate will then meet with each specialty triumvirate to understand opportunities to improve and how theatres can support with this. These meetings are being scheduled for January 2024.

Activity is also monitored daily by the Div 1 Associate Director of Operations to maximise existing capacity.

RISKS / ISSUES

There is currently no B Braun decontamination service on a Sunday, this will be added to the service specification for the new BSOL system led contract.to support 6 day working as business as usual from April 2024. The LLP lists are being carefully managed on a Sunday to ensure that decontamination delays don't have an impact on the weekday lists.

Utilisation for UHB continues to be below 85% and activity for UHB continues to be behind plan. A rectification plan has been requested from UHB to improve fill rate of lists and to ensure utilisation exceeds 85%. This has been raised at System level due to the risk to system financial plan delivery. An escalated Exec meeting has been scheduled with the new operational leads for Friday 24.11.23 to agree the proposed rectification plan. It has been agreed that 1 list will be reduced from a weekly to a monthly list and the redundant sessions will be re-allocated to PP activity from January 24.

2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

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

23 patients were cancelled on the day with reasons detailed as follows:
11 x Lack of theatre time
4 x lack of beds – escalation policy has been reviewed and reiterated to mitigate this going forward.
3 x replaced by emergency cases
2 x equipment related
2 x clinician unavailable/unwell
1 x Medically unfit / Clinical change in condition

26 patients admitted and had treatment deferred, with the reasons detailed as follows:
23 x Medically unfit / Clinical change in condition / Covid / Flu related / Patient Medication Issue / Further test needed
2 x lack of theatre time
1 x patient choice

40 patients cancelled by the hospital the day before the date of admission
14 x Medically unfit / Covid/Flu related/change in clinical condition / not stopped meds
1 x pt choice
3 x change in TCI date
7 x replaced by more urgent case
9 x Consultant not available/unwell
5 x lack of staffing – OPD nursing cover for injection list.
1 x lack of beds

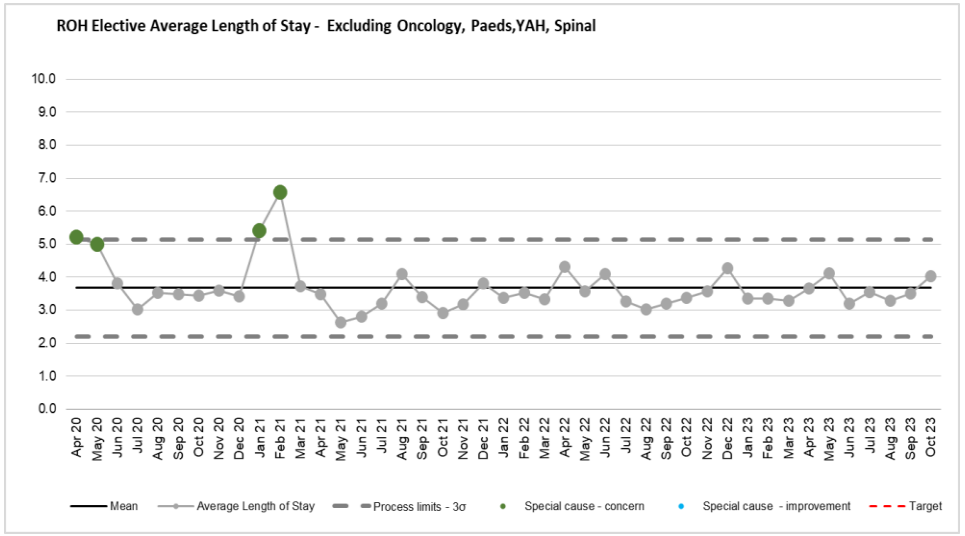
AREAS FOR IMPROVEMENT

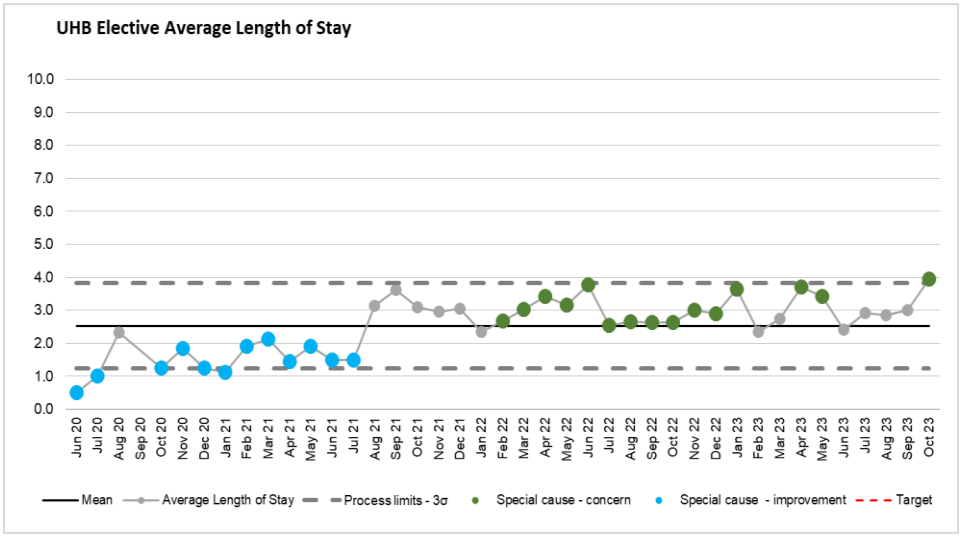
A review of the medical processes within POAC is to be undertaken supported by the Associate Medical Director Div 2 and a newly appointed Consultant Physician/Geriatrician to identify areas of improvement within the patient's pathway.

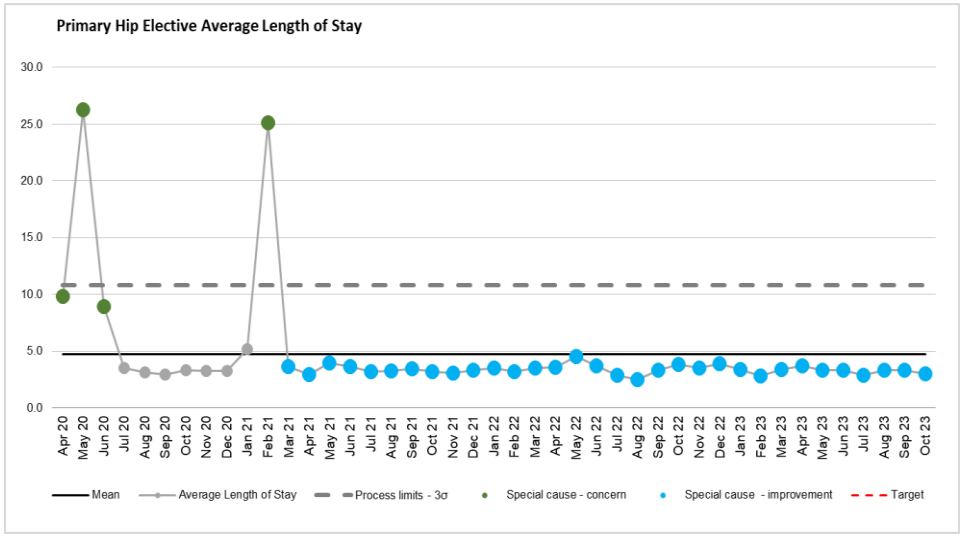
RISKS / ISSUES

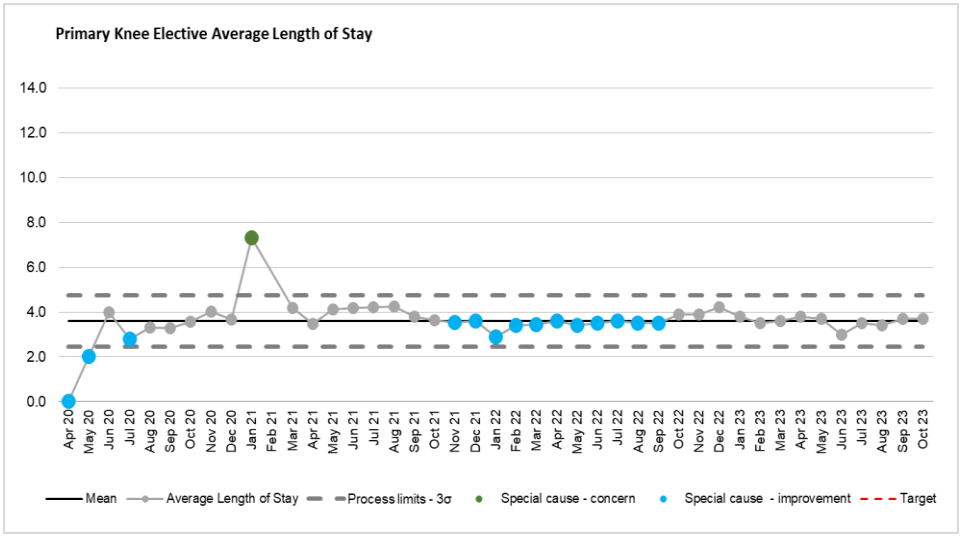
Increasing number of patients being assessed as medically unfit and the risk of this increasing further due to covid and usual winter medical conditions. To mitigate this a pool of short notice cancellation patients is being generated. Daily monitoring of cancellations for non-clinical reasons that must be approved by Deputy COO, COO or Exec on call.

3. Length of Stay









3. Length of Stay

SUMMARY

The average length of stay for ROH primary Hips is at 3.0 days (3.3 days September 23) and primary Knees 3.7 days (3.7 September 23).

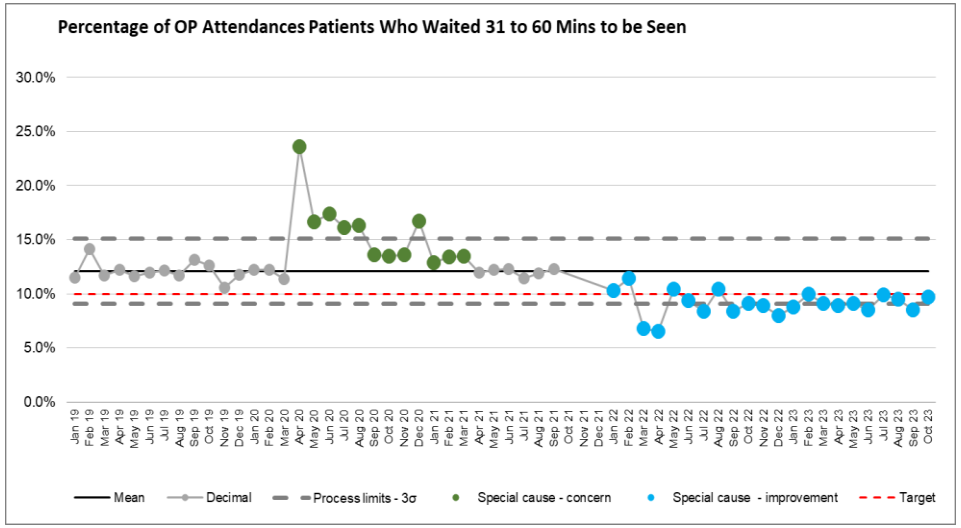
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **4.02 days** (3.53 September).

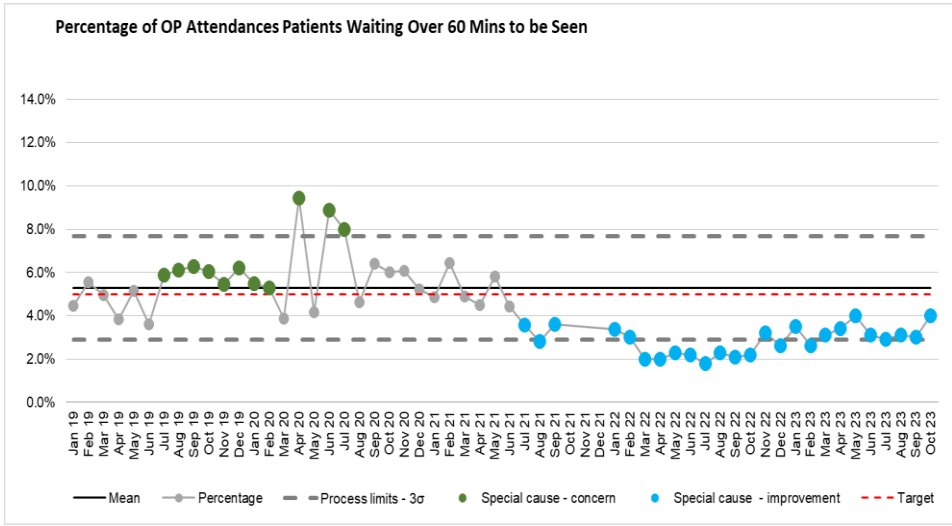
Review of the ROH patients with LOS >/= to 8 days demonstrates that 4 were Oncology arthroplasty and 8 had a minimum ASA score 2. Review of records identifies that the long stayers all had medical, therapy or complex social care planning reasons to remain in hospital.

AREAS FOR IMPROVEMENT / ACTION PLAN

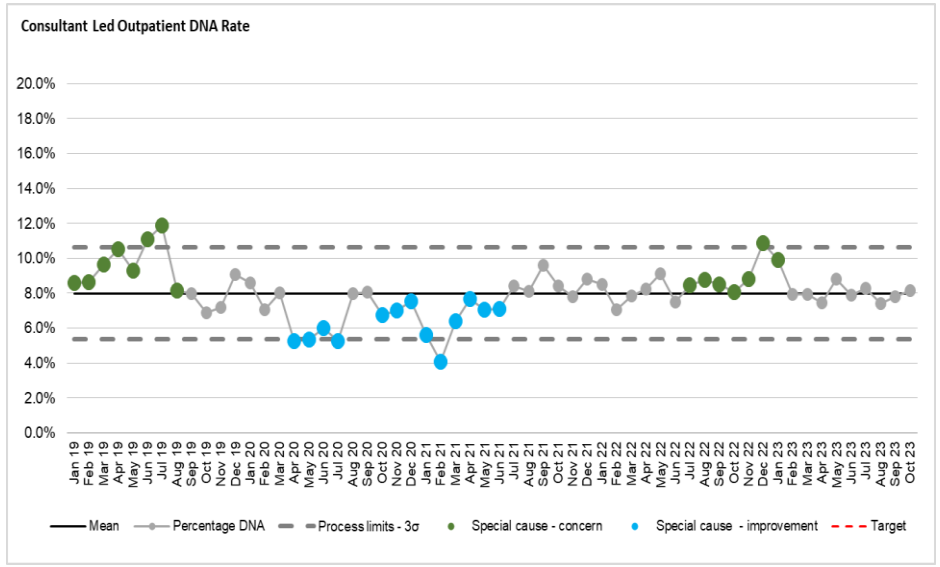
- Review and develop documented process/pathway for default to day case primary hip/knee procedure and how information is captured.
- MDT discussion involving medical, nursing and therapy colleagues to identify barriers to day case procedures and reducing length of stay for primary hips and knees.
- Consider whether primary hip/knee patients not ready for discharge at 2 days post op should trigger a Physician review to enable support where needed, if medical issues.
- Undertaking a review of themes regarding why patients convert from day case to overnight.
- Consolidate the learning from GIRFT visits of other sites.
- Head of Nursing Div 1 and Deputy COO to attend Day Case meeting to progress actions to reduce length of stay.
- Deputy COO meeting with colleagues at UHB on 29.11.23 to review UHB proposal on a Virtual Arthroplasty Ward.
- Day Case protocol for Spinal has been signed off for procedures such as, lumbar decompressions and discectomies.
- A Spinal surgeon has been identified to pilot the day case pathway in December 23.

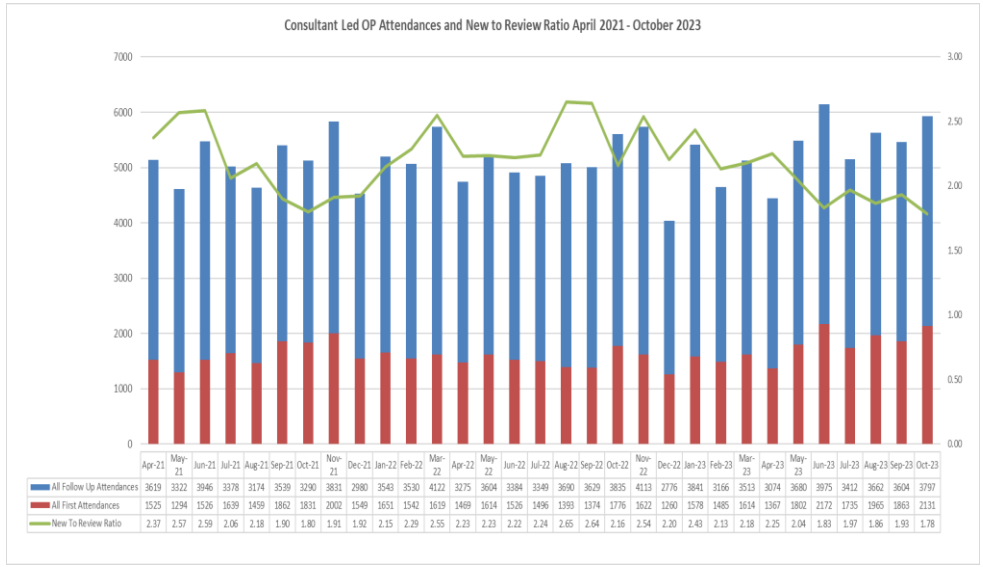
4. Outpatient efficiency

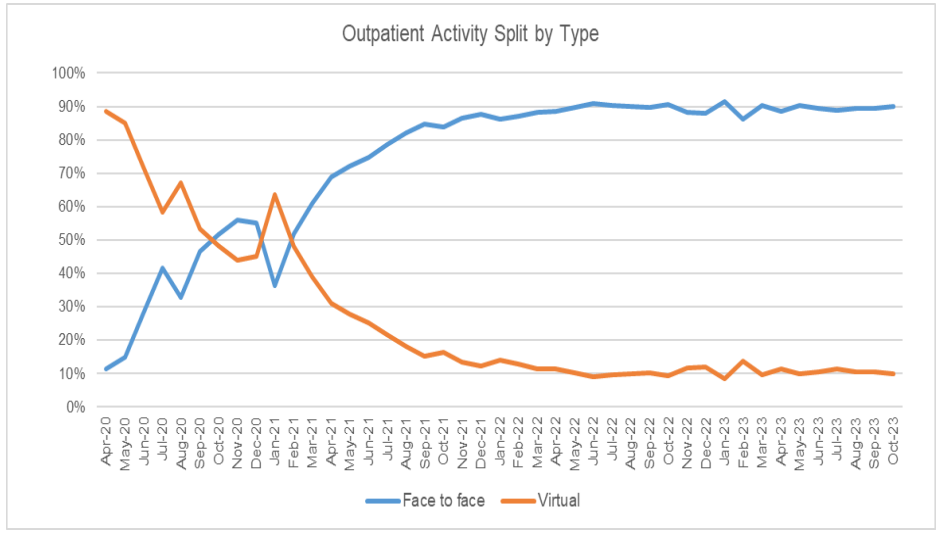


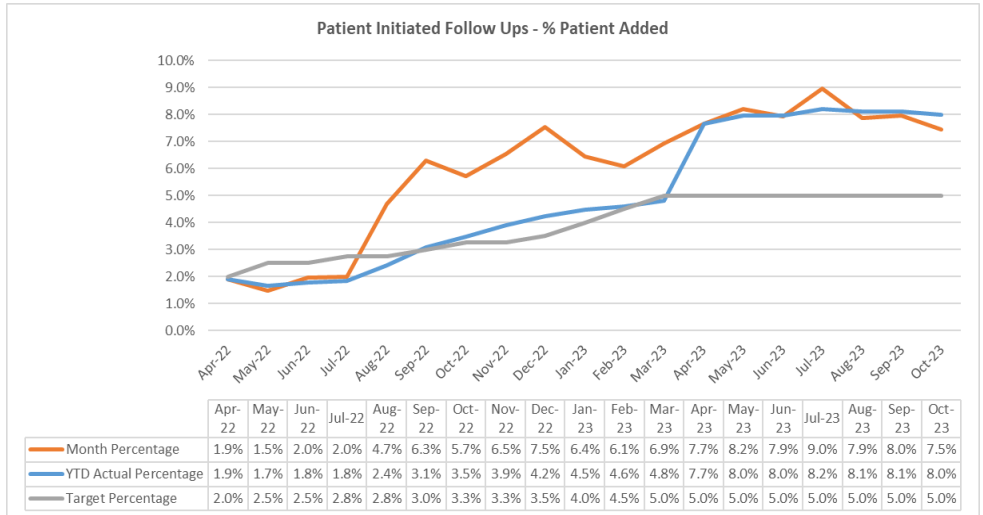


4. Outpatient efficiency









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

4. Outpatient efficiency

SUMMARY

October 2023 performance is as follows:
Overall Outpatient activity was +2% variance against the Trust trajectory for October 2023 delivering 5,911 (New and Review) episodes.

- 5,332 face to face and 597 virtual appointments
- 10.07% virtual in total.
- 7.5% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is 8.0%.
- 8.16% DNA rate – slightly higher than Trust target of 8% DNA rate
- **Clinic Waiting Times**
- 30-minute delays **– within trust target at 9.7% (Target 10%)**
- 60-minute delays – **within trust target at 4.0% (Target 5%)**

AREAS OF IMPROVEMENT

DNAs
The Trust has an aspirational 6% target that will be facilitated utilising Dr Doctor text messaging for appointments and reminders being extended to other areas.

November 2023 will focus on a deep-dive audit on the DNAs from October 2023 to identify root causes and themes. It is likely that the increase relates to rescheduling of appointments at short notice due to Industrial Action. Dr Doctor is now in place in Imaging and early signs are encouraging. The next steps are to roll out to Therapies and POAC.

Appointments
Daily Outpatient KPIs have now been agreed and are monitored by the Division 1 triumvirate with escalation to the Deputy COO, as required.
The Division are having a specific focus on referral processes to maximise the use of outpatients.

Outpatient Review Waiting List
November and December 2023 will focus on ensuring that all patients overdue for their review appointments waiting > 3 months will receive a trust communication using Dr Doctor text messaging to validate that patients still require their review consultation. This will help reduce the DNA rate and ensure a targeted approach to ensuring that all patients on a review waiting list are appointed accordingly.

ROH is represented clinically and operationally at the ICB Outpatient Transformation Group and Task & Finish groups.
The focus for December is on remote consultations, PIFU, and development of Clinical Pathways for ‘Advice and Refer’.

4. Outpatient Transformation

Transformation Priorities	Target	August 2023	September 2023	October 2023
PIFU	5%	7.9%	8%	7.5%
DNA reduction	6%	7.5% (461 lost appointments)	7.8% (463 lost appointments)	8.1% (526 lost appointments)
Remote Consultations	19%	8.5%	11.14%	10.65%
New - Follow Up Ratio	Reduction of 1:2 to 1:1.8	1:1.79	1:1.8	1:1.7
Reduction in follow ups (2019-23)	75%	91.0%	90.2%	89.7%

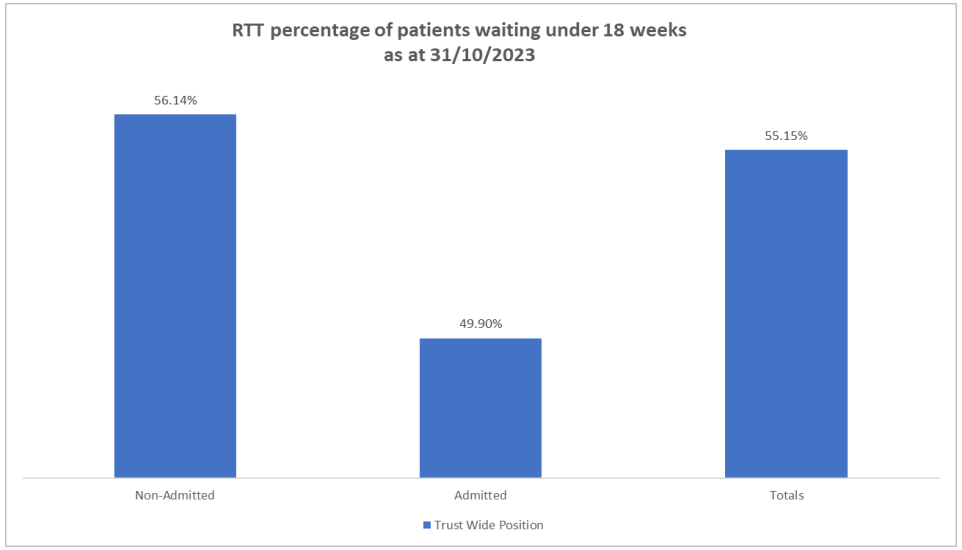
Specialty Priority Updates / Highlights

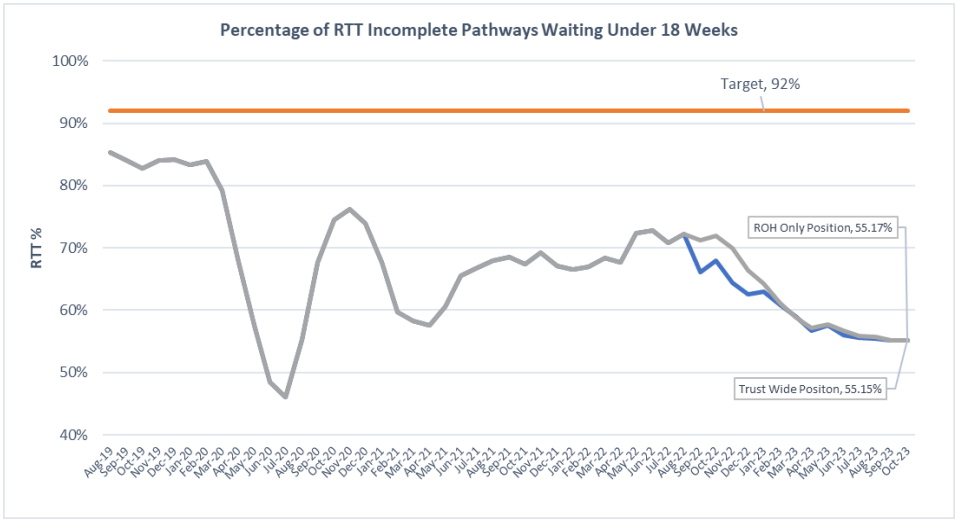
PIFU	Reduction in DNAs	Reduction in Follow Ups	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
PIFU relaunch planned for end November 2023 including: • Communications plan for patients and staff (confirmed). • Toolkit to be made available on intranet. • Specialty input: GIRFT recommendation to be targeted within specialties. • Dr Doctor PIFU module coding agreed 30th November 23. • Waiting list cleanse.	• DNA audit confirmed and being supported by University Placement Student and Volunteer. • Dr Doctor text reminders live in Oncology and Imaging. Therapies to be confirmed.	• Waiting list validation for follow ups to be implemented in Q4 via Dr Doctor Quick Question. • Further supported by PIFU relaunch.	• Orthopathways trial is live. • A review of A&G/A&R/SA actuals is taking place with process mapping to be carried out to confirm the current position to model future benefits. • Clinical engagement will be supported by Deputy Medical Director to further progress and improve the pathways coming into the Trust.	• Clinic template reviews are underway (in line with GIRFT standards) with support to the Appointments team being provided. • Digital Dictation Project is on track to deliver go live in December 2023.

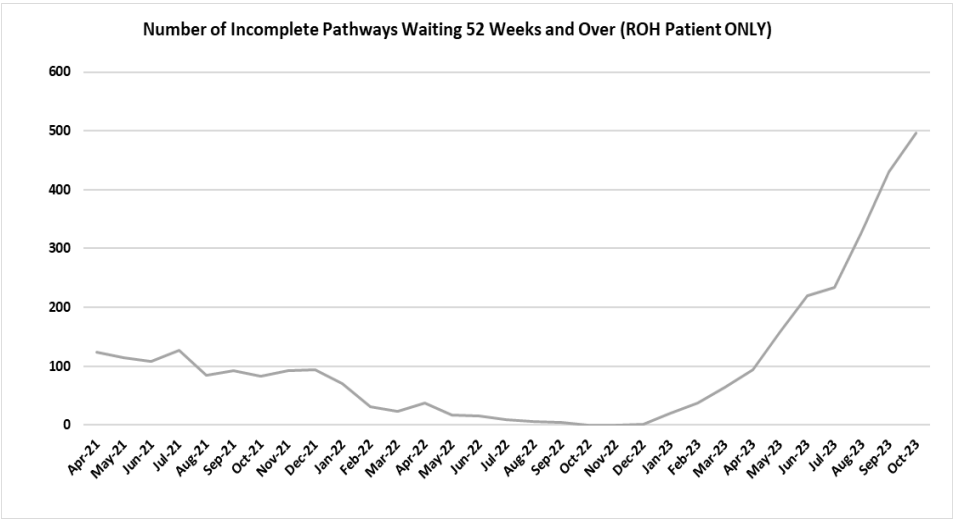
5. Referral to Treatment

	Trust Wide Position		
Weeks Waiting	Non-Admitted	Admitted	Totals
0-6	3,502	606	4,108
7-13	2,750	458	3,208
14-17	1,479	232	1,711
18-26	2,399	477	2,876
27-39	2,295	466	2,761
40-47	698	174	872
48-51	258	66	324
52 weeks and over	389	118	507
Total	13,770	2,597	16,367

Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	7,731	1,296	9,027
18 and over	6,039	1,301	7,340
Month End RTT %	**56.14%**	**49.90%**	**55.15%**



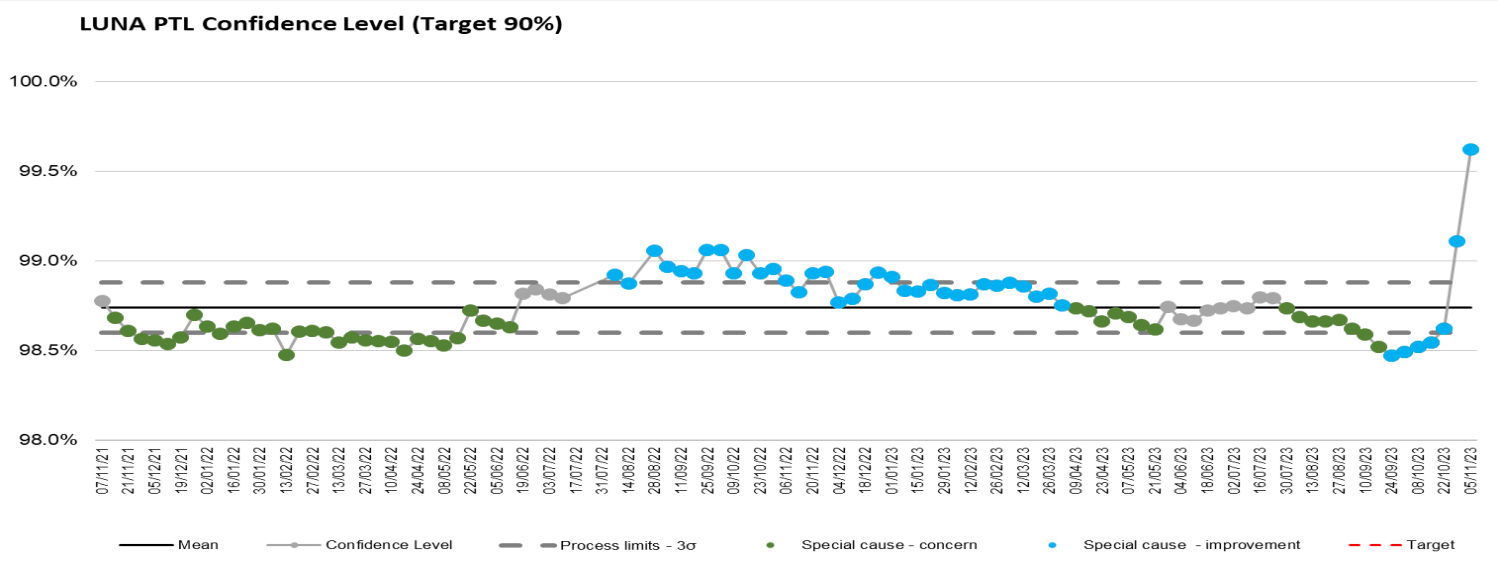




5. Referral to Treatment

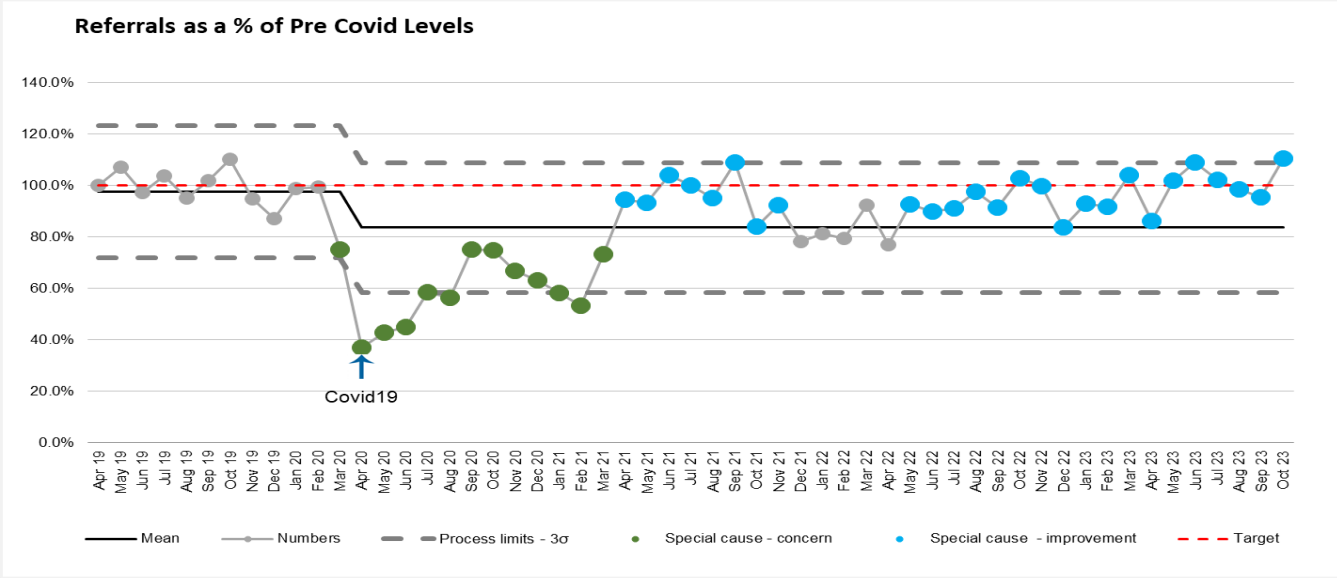
Luna Data

The chart below shows LUNA National Data Quality report data for the Trust, and our average confidence levels for our RTT data has consistently remained above 98% against a target of 90%. Over the last 24 months, the average confidence levels in our weekly data submissions have remained above 98%, with no areas of concern highlighted. In the last 2 weeks we have had a focus on the technical pathway inconstancies, which has demonstrated a further improvement of our waiting list data quality.



It is important to note the significant improvement from the data quality team utilising the LUNA data to continue to drive improvements. The latest chart suggests that the Trust has minimal errors identified by LUNA with a confidence rate in excess of 99.5%.

5. Referral to Treatment



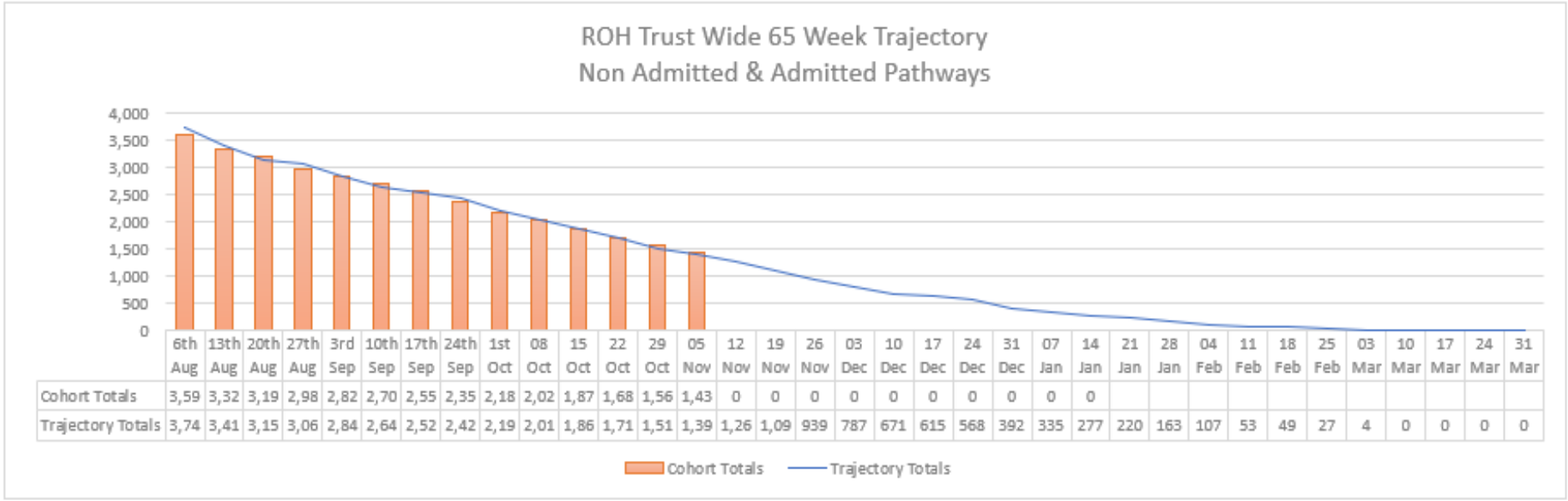
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2895	2626	2801	2574	2752	2976	2561	2351	2667	2683	2030	996	1154	1213	1578	1522	2034	2019	1803	1704	1574	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	2076	2508	2431	2461	2639	2467	2777	2696	2267	2510	2480	2812
Referrals as a % of Pre Covid Levels	94.56%	93.23%	104.11%	100.00%	94.93%	108.76%	84.06%	92.27%	78.14%	81.10%	79.44%	92.16%	76.78%	92.75%	89.90%	91.01%	97.60%	91.24%	102.70%	99.70%	83.84%	92.83%	91.72%	103.99%

Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of Referrals	2331	2752	2946	2760	2662	2580	2984																	
Referrals as a % of Pre Covid Levels	86.21%	101.78%	108.95%	102.07%	98.45%	95.41%	110.36%																	

5. Referral to Treatment

Below is the current Trust trajectory for the delivery of 0 x 65 week waits in line with the NHSE and system targets:



	6th Aug	13th Aug	20th Aug	27th Aug	3rd Sep	10th Sep	17th Sep	24th Sep	1st Oct	08 Oct	15 Oct	22 Oct	29 Oct	05 Nov	12 Nov	19 Nov	26 Nov	03 Dec	10 Dec	17 Dec	24 Dec	31 Dec	07 Jan	14 Jan	21 Jan	28 Jan	04 Feb	11 Feb	18 Feb	25 Feb	03 Mar	10 Mar	17 Mar	24 Mar	31 Mar
Cohort Totals	3,59	3,32	3,19	2,98	2,82	2,70	2,55	2,35	2,18	2,02	1,87	1,68	1,56	1,43	0	0	0	0	0	0	0	0	0	0											
Trajectory Totals	3,74	3,41	3,15	3,06	2,84	2,64	2,52	2,42	2,19	2,01	1,86	1,71	1,51	1,39	1,26	1,09	939	787	671	615	568	392	335	277	220	163	107	53	49	27	4	0	0	0	0

The Trust is currently ahead of trajectory to deliver the NHSE requirement to have 0 patients waiting over 65 weeks by 31.03.2024.

The system stretch target is 0 patients waiting over 65 weeks as of 31.12.2023. We are on target to deliver this for Orthopaedics; however, Spinal is on plan for the national target.

No uptake of choice of alternative provider using the PIDMAS system.

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for October was **55.15%** against the National Constitutional Target of 92%. This represents a 0.05% increase compared to the September reported position of **55.10%** that includes patients transferred from other providers**.** The LUNA report for data quality validation is consistently above 98%.

There were **507** patients waiting over 52 weeks in October, an increase from the trust wide position in September which was **458** patients.

The Team continue to work in partnership with regional providers to support orthopaedic recovery. Long waiters added to the PTL have been prioritised leading to the number of shorter waits growing impacting on the overall RTT position, as well as the reduction in capacity due to industrial action.

During October 23, ROH received 2,984 referrals (110.36%) compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid.

AREAS FOR IMPROVEMENT

We are now scoping the RTT training need's that will be role specific to all admin areas and will commence early January 2024. This will support the ongoing PAS data quality issues that arise.

Weekly meetings chaired by the DCOO to focus on our longest waiting patients and achieving the 0 x 65 weeks target for Orthopaedics by 31.12.23 and Spinal by 28.02.24.

The Validation team are providing extra support to spinal services to help manage patients through the pathway and all patients down to 12 weeks have been sent a text message to determine whether they wish to remain on the waiting list in line with national guidance.

RISKS / ISSUES

Due to the continued success of the ROH's management of long waiters from other providers, further requests have been received from NHSE, GIRFT and the system for help with long waiting patients across England. These requests will need to be considered and monitored closely to ensure ROH continues to meet its own trajectory.
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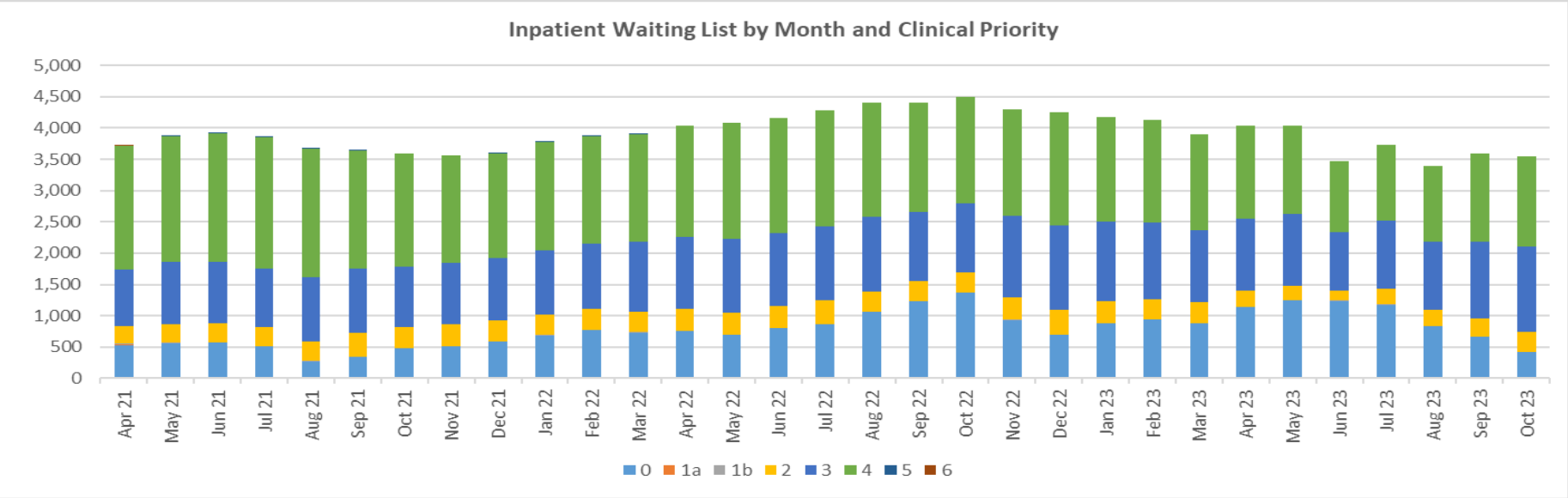
5. Referral to Treatment



	Number of IP waiting as at	% of IP waiting as at
Priority	30/10/23	30/10/23
0	422	11.9%
1a		0.0%
1b	5	0.1%
2	318	9.0%
3	1368	38.5%
4	1437	40.5%
5		0.0%
6		0.0%
Total	3550	100.0%

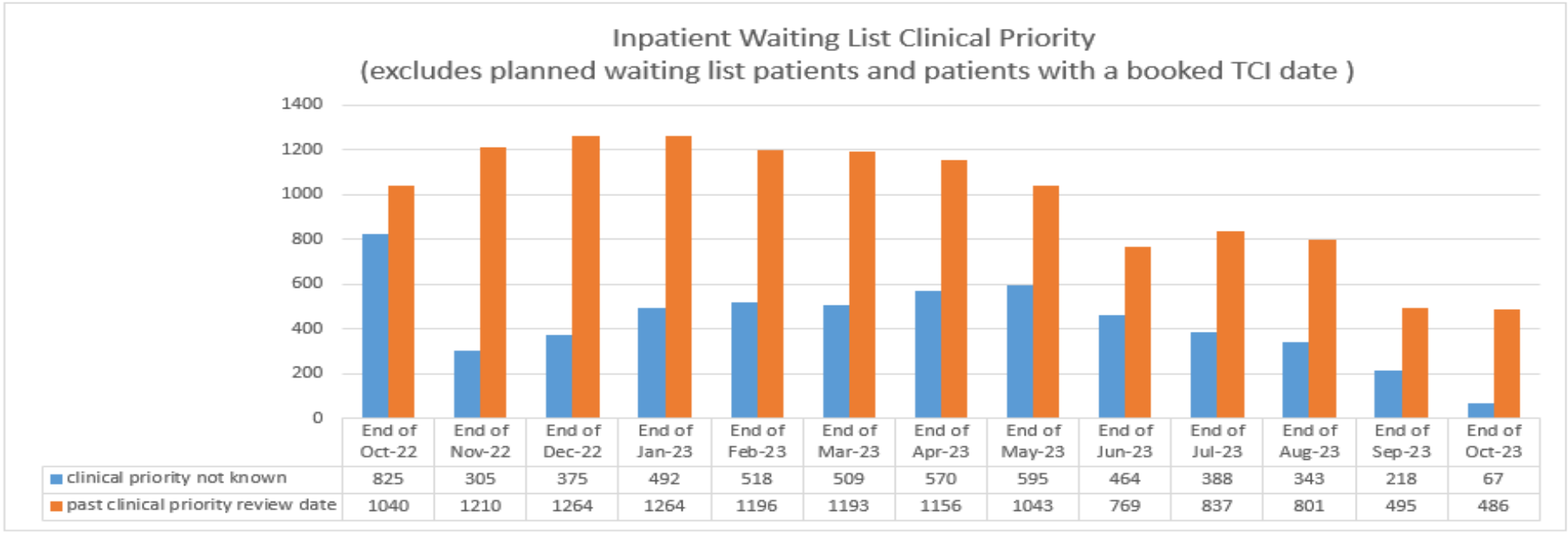
The number of patients without a P score has significantly reduced from over 1,000 to 422. The data includes patients on all waiting lists. This is the lowest since August 2021.

Processes are being reviewed and refined to further standardise approaches for the capturing of P scores. The ROH/UHB joint operational group will focus on the UHB patients being captured without a P score and the outcome will be reported at the Strategic Oversight Group.

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

5. Referral to Treatment

Overdue Clinical Priority:



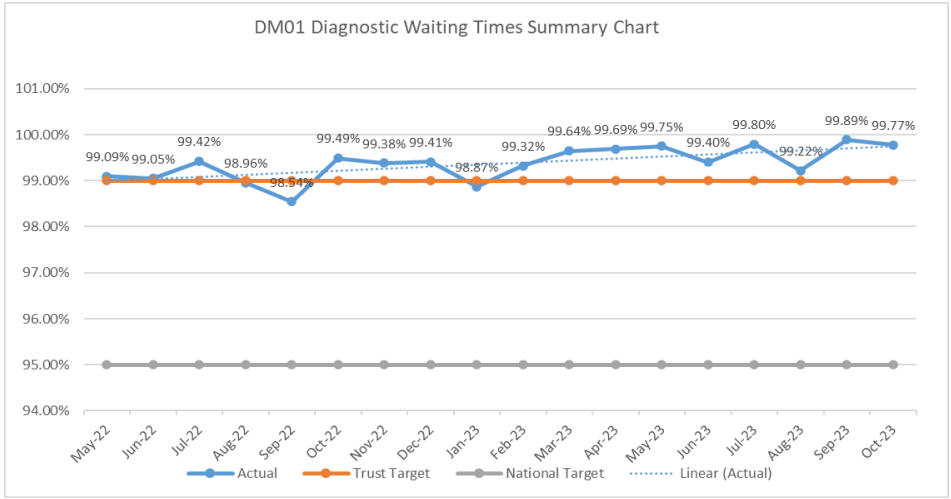
	End of Oct-22	End of Nov-22	End of Dec-22	End of Jan-23	End of Feb-23	End of Mar-23	End of Apr-23	End of May-23	End of Jun-23	End of Jul-23	End of Aug-23	End of Sep-23	End of Oct-23
clinical priority not known	825	305	375	492	518	509	570	595	464	388	343	218	67
past clinical priority review date	1040	1210	1264	1264	1196	1193	1156	1043	769	837	801	495	486

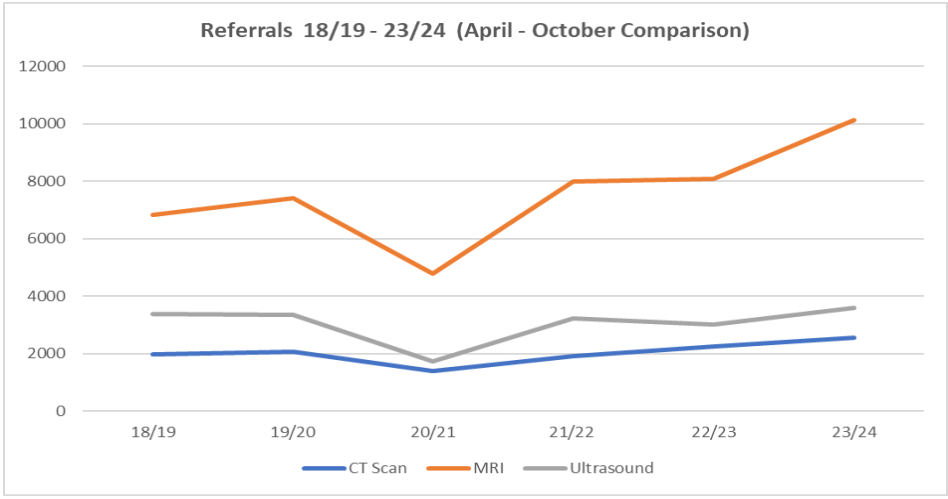
The Division with the support of our clinical and BI team focused on the review of October 2023 Inpatient waiting list clinical priority scores. The specialty teams have worked collaboratively with BI to reduce the number of patients with an overdue priority score.

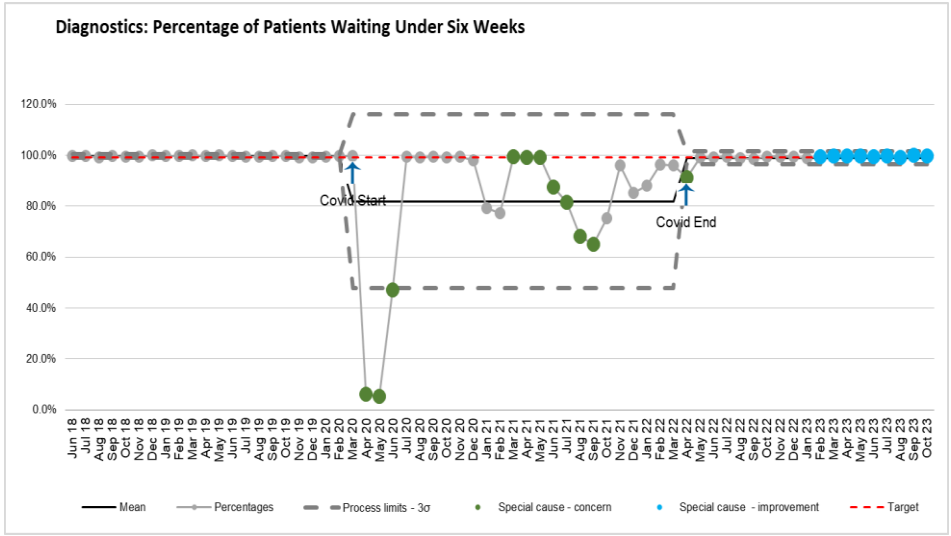
Clinical oversight takes place monthly at the Clinical Service Leads meeting.

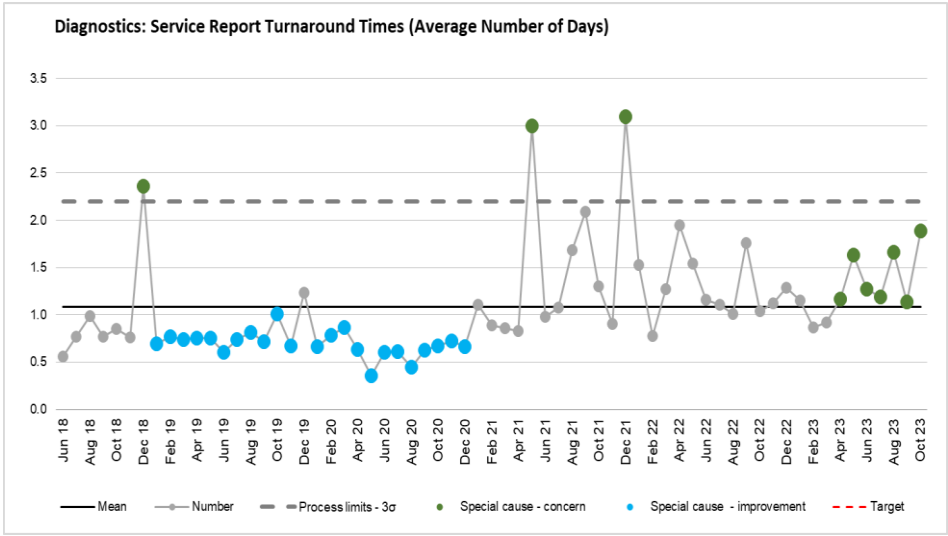
6. Diagnostic Performance

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









7. Diagnostic Performance

SUMMARY

The Imaging Department achieved the 99% DM01 target in October 2023 closing the month at 99.77%. Order comms (electronic requesting) via PICS went live on 26/7/23 and has been well received. Mobile CRIS has been implemented to support electronic referrals.

The National 23/24 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 within our constitution.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNAs with the rollout of Dr Doctor that has now gone live in Imaging.

Speech recognition implementation is being discussed with the CRIS (Radiology Information System) team with a plan to commence a pilot in Imaging in early January 2024

RISKS / ISSUES

The works to the upgrade of the 3T MRI scanner have commenced (16/10/23) and the scanner will be out of action until January 2023 – the service is being re-provided on a mobile van.

Increasing referral rates for all modalities is a concern with imaging services being maximised to ensure efficiency.

The Medical Secretary vacancy has been recruited to and will start 6/12/2023, typing turnaround has exceeded the 2 weeks KPI. Mitigation is in place using outsourcing to reduce turnaround typing time, whilst the current vacancy is being filled. This is being monitored closely by the Associate Director of Operations. Oncology work is continued to be prioritised along with all MRI & CT scan reporting.

Summary Performance Figures – August 2023 (September 2023 Submission)

8. Cancer Performance

Target Name	National Standard	September 23 (Complete) %	In target	Breach	Total
2 WW	93%	93.40%	85	6	91
31 First	96%	92.30%	12	1	13
31 day subsequent	94%	100%	9	0	9
62 day Standard	85%	25%	1	3	4
62 day (Cons Upgrade)	n/a	87.50%	7	1	8
28 day FDS REPORTED	75%	75.80%	75	24	99
Patients over 104 days (62 day standard)	0				

Performance

The trust was compliant with 2WW and Faster Diagnosis Standards for September 2023. We had a total of x3 patients breaches of the 62-standard target, 1 breach of the 31-day subsequent and 1 breach for 62 days upgrade. The number of treatments for September 23 was 4 of which 3 breached leading to a deterioration of performance to 25%.

The root causes of delay for the 62 days standard were;
- 0.5 breach, Late Tertiary Referral received day 43 - Histology took 19 days for formal reporting due to additional testing required.
- 0.5 breach, referral received day 18 required full diagnostic work up including CT Guided Biopsy, ROH sent out on day 47 resulting in a 0.5 breach.
- 1 breach, complex medical history that delayed multiple diagnostics due to fitness and cardiac issues, diagnosis not reached until day 56.
- 1 breach, referral received day 28, required full diagnostic work up with complex histology taking 24 days for formal reporting due to the need for a special test.

The 31-day 1st treatment breach was due to a complex pathway requiring 2 spinal surgeons

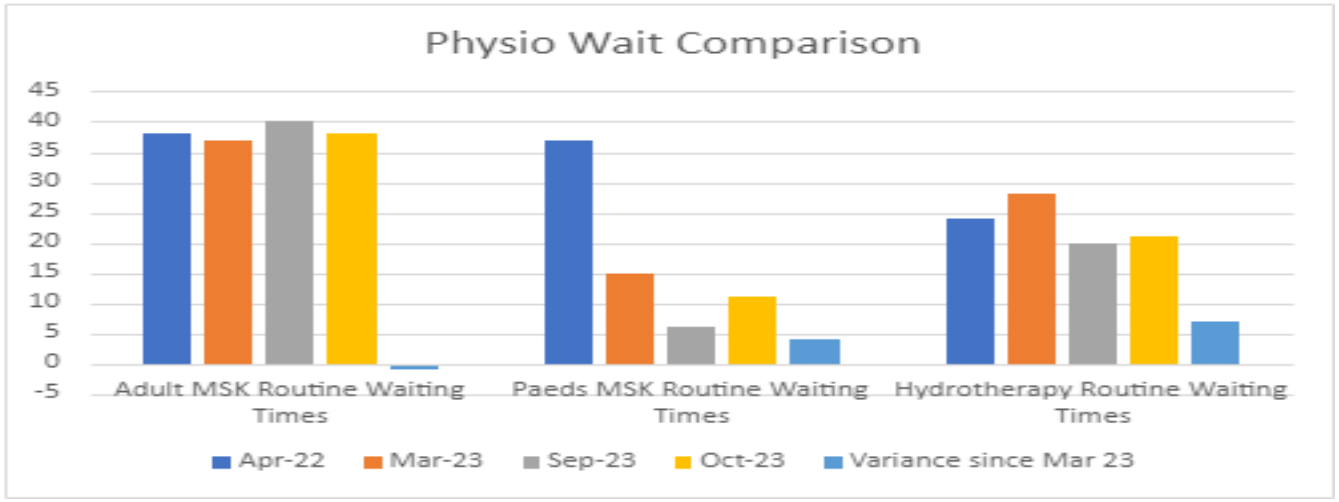
We were compliant with the 28 days FDS standard. 75.8% against a target of 75%.

Risks /actions ongoing

ROH continues to monitor performance twice weekly at the cancer PTL meetings, actively participating and engaging with the weekly System Oversight Group for cancer recovery and receives positive feedback against overall performance standards. Deputy COO has reviewed the Cancer PTL meeting and has made changes to Agenda and escalations. Pathology delays have been raised at the System Oversight Group, as an area of concern.

9. MSK Waits

Physio Wait Comparison April 22 vs March and Oct (as at 16th)



Summary

Paediatric Physio waits continue to be maintained below 12 weeks.
Hydrotherapy waits are 21 weeks
Adult physio waiting times reducing from 44 weeks in June/July to 38 weeks as of 16th October 23 with a trajectory to continue reducing waits.
Back Pain waiting times reduced from 39 weeks to 36 weeks

Risks /actions ongoing

- A comprehensive action plan has been produced to address the long waits associated with Adult MSK Routine appointments.
- Sussex model has been shared with the team; however, they have been inundated with requests and we are waiting for a date to meet.
- The Sussex model has been researched, and the team are attending a workshop in November 23 with 3rd sector groups such as Age Concern, Versus Arthritis and Arthritis UK to consider BSOL community appointment days. These days will help educate and signpost patients to appropriate resources, as part of the MSK transformation project.
- BSOL system partners have started working together to share ideas to improve waiting times for MSK.

10. Private Patients

SUMMARY

There were 46 inpatients treated privately.
There were 131 private outpatient consultations.

The service has exceeded its inpatient activity plan in October by 17 patients and YTD by 117
The service has exceeded its income target in October by £22k and YTD by £92k

	M1	M2	M3	M4	M5	M6	M7	YTD
Income Plan	306	306	306	306	255	253	325	2057
Activity Plan	9	24	35	24	37	28	29	186
Income to be collected	353	229	254	397	255	314	347	2149
Activity actual	47	37	41	55	38	39	46	303

The above figures are based on activity and income through the service which may not have been invoiced yet. Finance figures are based on what has been invoiced.

AREAS FOR IMPROVEMENT

To support additional income generation over the next 6 months, the following key priorities have been identified:

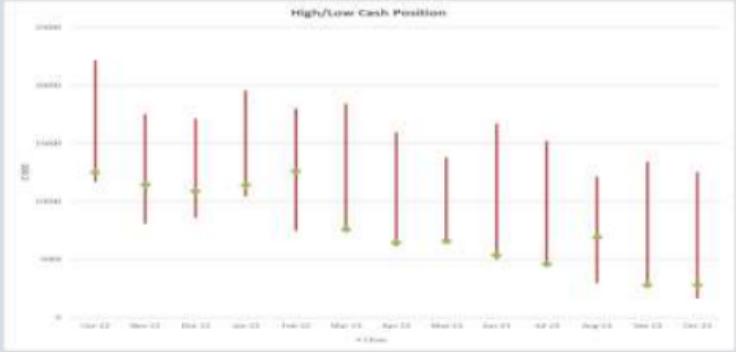
A) Implementation of additional in week theatre capacity (as agreed by the Board).
B) Continue engagement model with surgeons to encourage their commitment to the service.
C) Work with specialty specific surgeons i.e. foot and ankle to develop bespoke package pricing and pathways to support expansion of service portfolio.
D) Establish a patient led focus group to consider the opportunities to enhance patient experience from first appointment to discharge and beyond.
E) Scope opportunities for dedicated outpatient space within the ambulatory care business case.
F) Scope opportunity to redefine and develop injection suite activity to support the ambulatory care business case.

8. Finance on a Page

Month 7

FINANCIAL PERFORMANCE

Income and Expenditure category	£'000s								
	In Month			Year to date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Pay	-£6,173	-£6,224	-£51	-£43,633	-£44,189	-£556	-£74,746	-£74,310	£436
Non Pay	-£4,286	-£5,067	-£781	-£29,955	-£33,234	-£3,279	-£51,756	-£53,207	-£1,451
Income from patient care activities	£10,199	£10,295	£96	£71,816	£71,157	-£659	£122,811	£122,701	-£110
Other income	£422	£848	£426	£2,954	£3,645	£691	£5,064	£5,957	£893
Non operating costs	-£121	-£106	£15	-£847	-£705	£142	-£1,455	-£1,233	£222
Remove capital donations	£7	£8	£1	£48	£54	£6	£82	£92	£10
TOTAL	£48	-£246	-£294	£383	-£3,272	-£3,655	£0	£0	£0



Agency as a % of paybill 9.0%

Recurrent efficiency % of forecast 100%

Efficiencies	YTD	Forecast
Plan	£2,732	£5,076
Actual	£2,885	£5,076
Variance	£153	£0

Capital	YTD	Forecast
Plan	£2,112	£3,909
Actual	£1,685	£3,909
IFRS 16	£0	£1,250
Variance	£427	-£1,250

Better Payment practice code	YTD	% movement previous month
Non-NHS		
By number	88.9%	0.2%
By Value	89.7%	0.9%
NHS		
By number	45.4%	1.1%
By number	4.2%	0.7%
Total		
By number	88.0%	0.3%
By Value	77.7%	2.1%

9. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £246k against a planned surplus of £48k, generating a £294k adverse variance, resulting in a year to date deficit of £3,272k against a surplus plan of £383k, generating an adverse variance of £3,655k.

Income year to date is £33k above plan.

Pay expenditure is overspent by £556k. Non pay expenditure is overspent against plan with an adverse variance of £3,279k.

Agency spend remains a concern – although a reduction in agency spend has improved the percentage of pay bill to 8.3% in month and 9% year to date.

The key drivers for the non pay overspend is indicating above inflationary pressures across clinical supplies, utilities and other supplies.

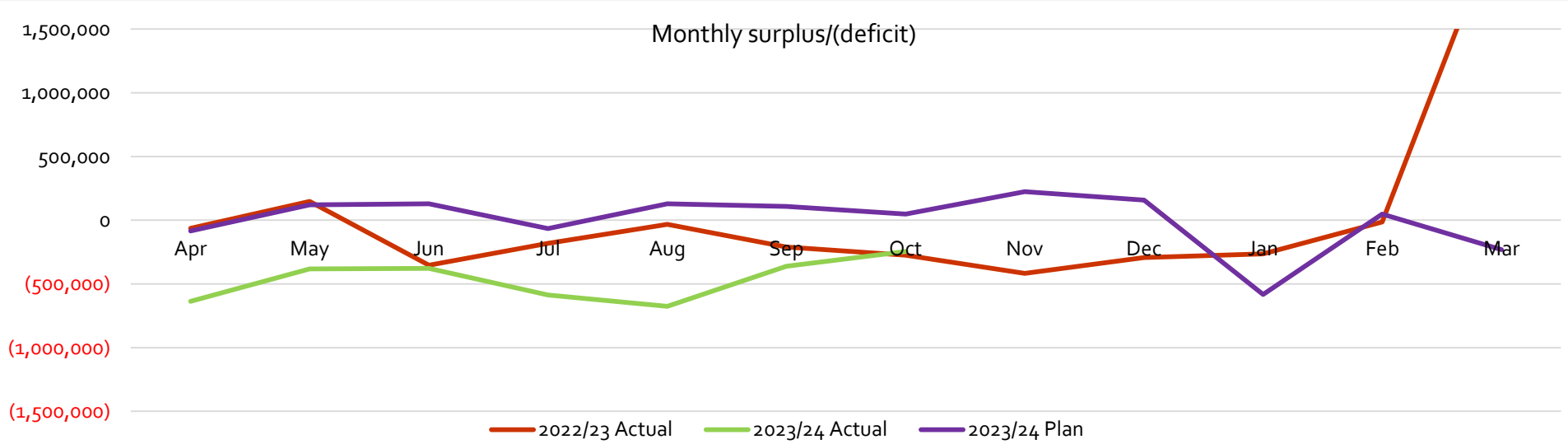
Forecast remains breakeven against plan.

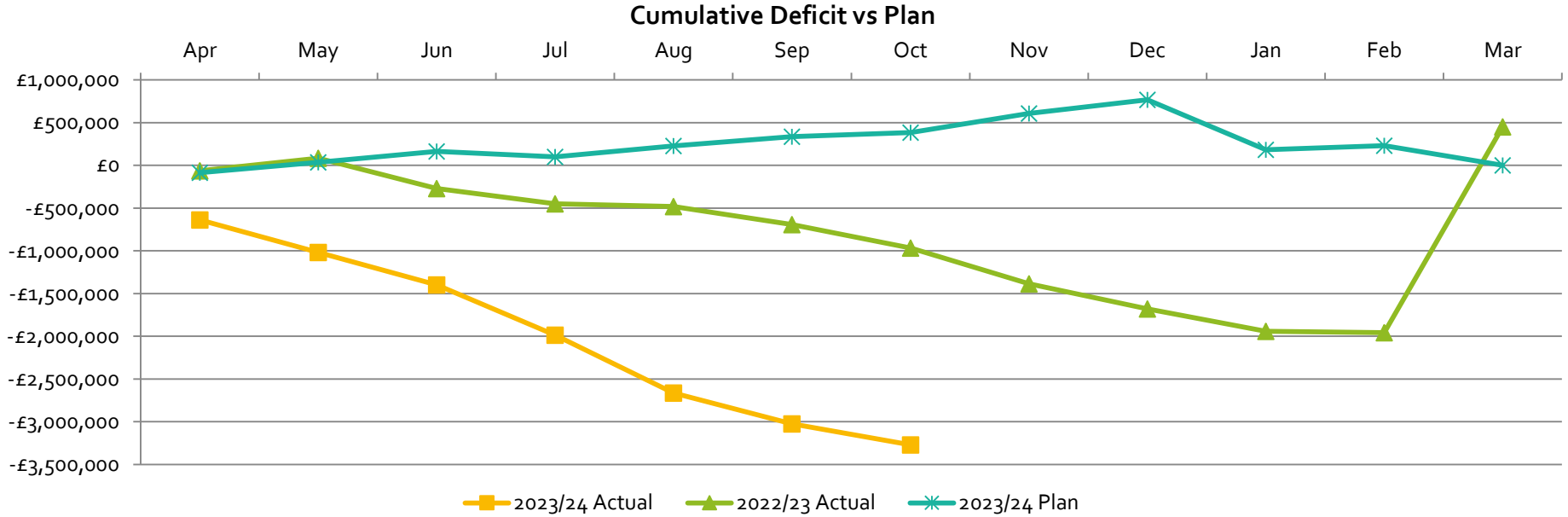
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	33	(556)	(3,279)	147	(3,655)
Year to date plan	74,803	43,633	29,955	798	383
Year to date actual	74,770	44,189	33,234	651	(3,272)
Variance compared previous month	522	(51)	(782)	21	(290)
Forecast Variance	(86)	989	(1,003)	100	0

9. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	71,816	71,157	(658)
Other Operating Income (Excluding top up)	2,954	3,645	691
Employee Expenses (inc. Agency)	(43,633)	(44,189)	(556)
Other operating expenses	(29,955)	(33,234)	(3,279)
Operating Surplus	**1,181**	**(2,620)**	**(3,802)**
Net Finance Costs	(847)	(705)	142
Net surplus/(deficit)	**334**	**(3,326)**	**(3,660)**
Remove donated asset I&E impact	49	54	5
Adjusted financial performance	**383**	**(3,272)**	**(3,655)**

9. Overall Financial Performance

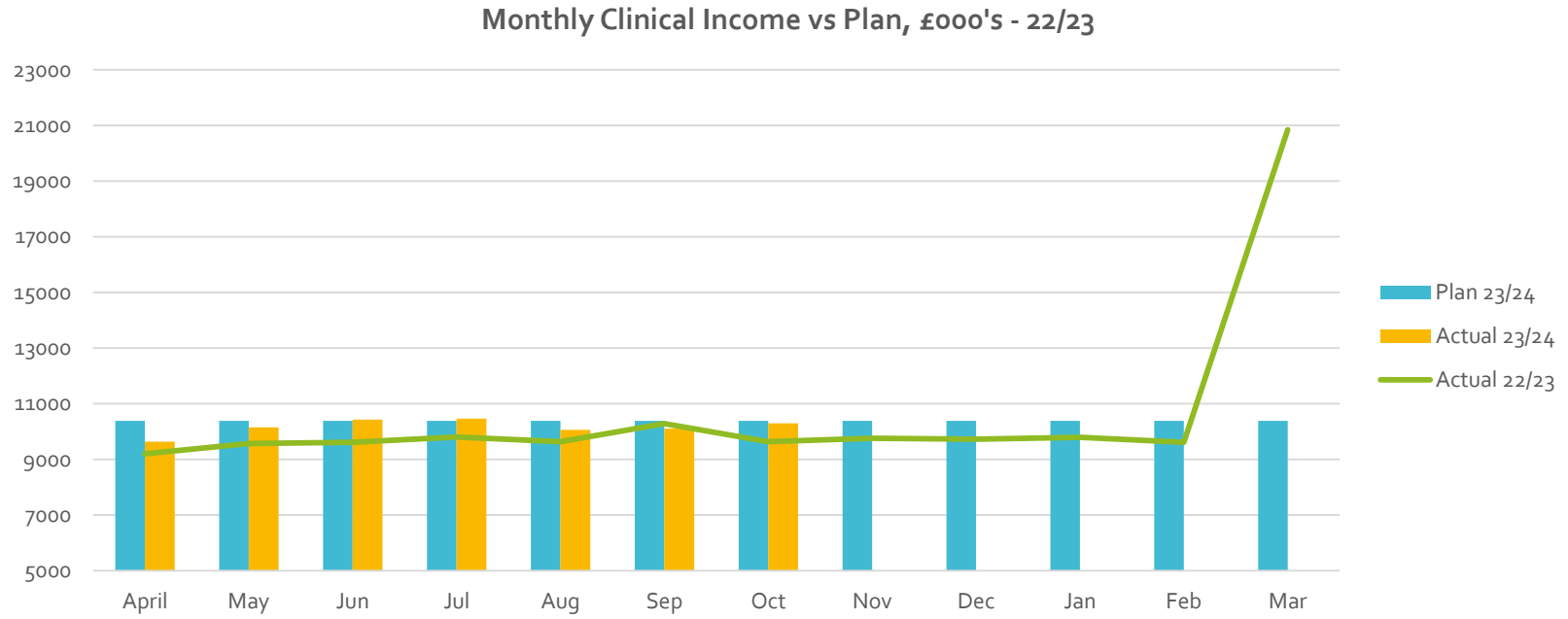




Financial Recovery Plan

	Base Case	Delivery Risk	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Month 5 YTD Deficit	**(2,664)**								
Month 6-12 at Month 5 run rate	(3,730)		(533)	(533)	(533)	(533)	(533)	(533)	(533)
Bad debt release - associate	2,400								2,400
Pay award reserve release	500		71	71	71	71	71	71	71
Gen Med adjustment	460		66	66	66	66	66	66	66
Bespoke device income recovery	600		43	43	43	43	43	43	343
Grip and Control - agency	1,050		150	150	150	150	150	150	150
Grip and control - non pay	148			25	25	25	25	25	25
Grip and Control - income	125				25	25	25	25	25
Grip Control- Other	116				23	23	23	23	23
Non Recurrent Annual leave accrual release	150								150
Productivity - Theatres	840				168	168	168	168	168
Job planned sessions owed repaid	116				23	23	23	23	23
2023/24 Revised FOT	**111**		**(203)**	**(178)**	**61**	**61**	**61**	**61**	**2,911**
2023/24 Cumulative YTD			**(2,867)**	**(3,045)**	**(2,984)**	**(2,923)**	**(2,862)**	**(2,801)**	**110**
Actual performance			**(326)**	**(246)**					
Variance			**-£123**	**-£68**					

10. Income



ERF target has been updated further nationally by 2% reduction to reflect industrial action. ROH ERF has seen only a 0.875% reduction on BSOL ICB due to a cap applied on commissioner target reductions. Year to date performance is a slight underperformance against revised target of £3,439, with the largest variance against specialised commissioning. Forecast trajectory based on activity plan is an expected overperformance against target which has been included within the recovery plan.

	1	2	3	4	5	6	7	Grand Total
Actual	£3,403,234	£4,217,846	£4,653,009	£4,075,174	£4,242,125	£4,180,075	£4,517,654	£29,289,117
Revised ERF Target	£3,678,829	£4,318,070	£4,801,359	£4,127,408	£3,926,261	£4,245,048	£4,528,433	£29,625,408
Variance revised ERF plan	**-£275,595**	**-£100,224**	**-£148,350**	**-£52,234**	**£315,864**	**-£64,973**	**-£10,779**	**-£336,291**

Adjustment to target (Specialised Commissioning)	£332,852
Year to date underperformance	**-£3,439**

10. Income

SUMMARY

Income achieved during Month 1 to 7 is performing above plan by £33k consisting of a underperformance of £700k on clinical income, and an overperformance of £700k on non-clinical income.

However, there is work ongoing to review revised baselines received 22/11/23, and to reconcile internal calculations to those received from NHS England, which may represent a risk to the current reported position. This work is expected to be completed by next month's F&P Committee.

Private patient income is performing well against plan with a slight overperformance to Month 7 of £66k.

AREAS FOR IMPROVEMENT

Elective recovery target delivery during the year

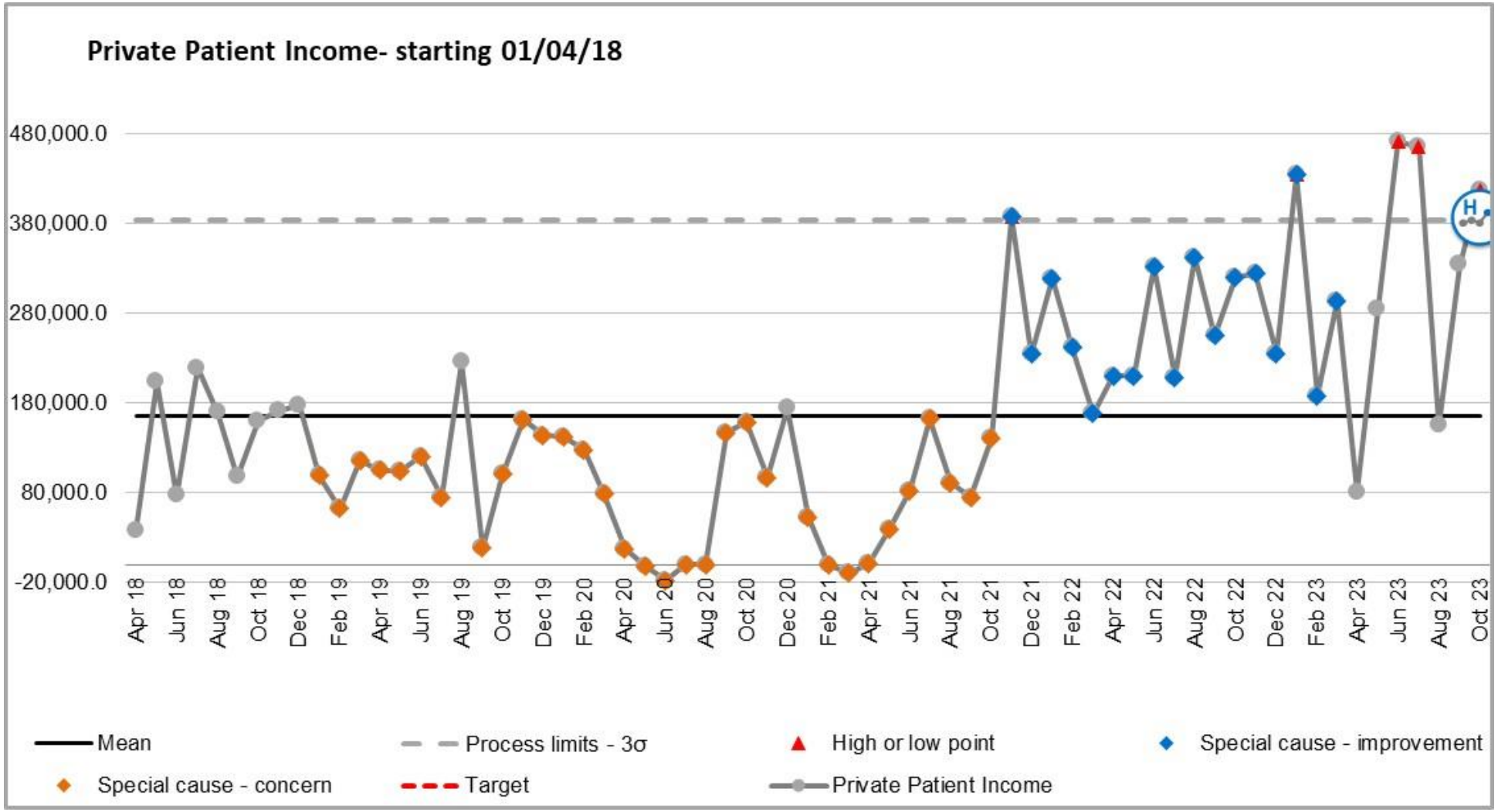
RISKS / ISSUES

Elective recovery target delivery during the year remains a risk.

Discrepancies between NHS England published ERF performance for Months 1 –5 compared with our internal dataset continue to be worked through.

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

10. Income


Private Patient Income- starting 01/04/18
480,000.0
380,000.0
280,000.0
180,000.0
80,000.0
-20,000.0
Apr 18
Jun 18
Aug 18
Oct 18
Dec 18
Feb 19
Apr 19
Jun 19
Aug 19
Oct 19
Dec 19
Feb 20
Apr 20
Jun 20
Aug 20
Oct 20
Dec 20
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Feb 22
Apr 22
Jun 22
Aug 22
Oct 22
Dec 22
Feb 23
Apr 23
Jun 23
Aug 23
Oct 23
H
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

11. Expenditure

SUMMARY

Pay spend is overspent by £556k year to date, and non pay expenditure by £3,279k.

Although Agency spend remains below plan year to date, it is above price cap with agency spend as a percentage of pay bill at 9.0% year to date against an agency cap of 3.7%, although the in month position was 8.3%, which is a reduction from last month.

Key drivers for high agency spend remain continued high sickness, high turnover rate and high vacancy levels.

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

AREAS FOR IMPROVEMENT

Agency spend is above agency cap with 9.0% of our pay bill year to date spent on agency against a cap of 3.7%.

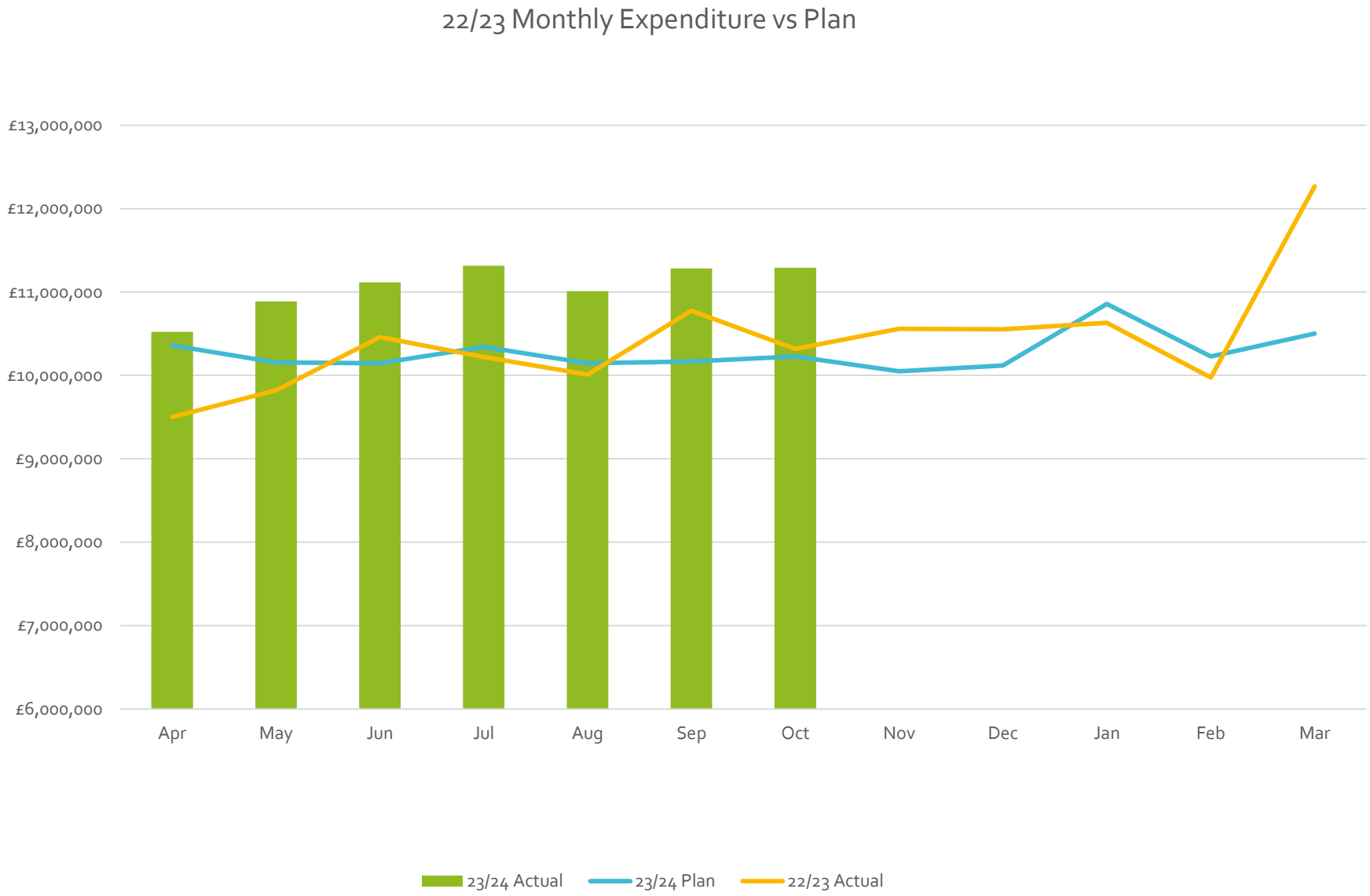
Theatre consumable spend reducing to planned levels.

LLP expenditure reduction.

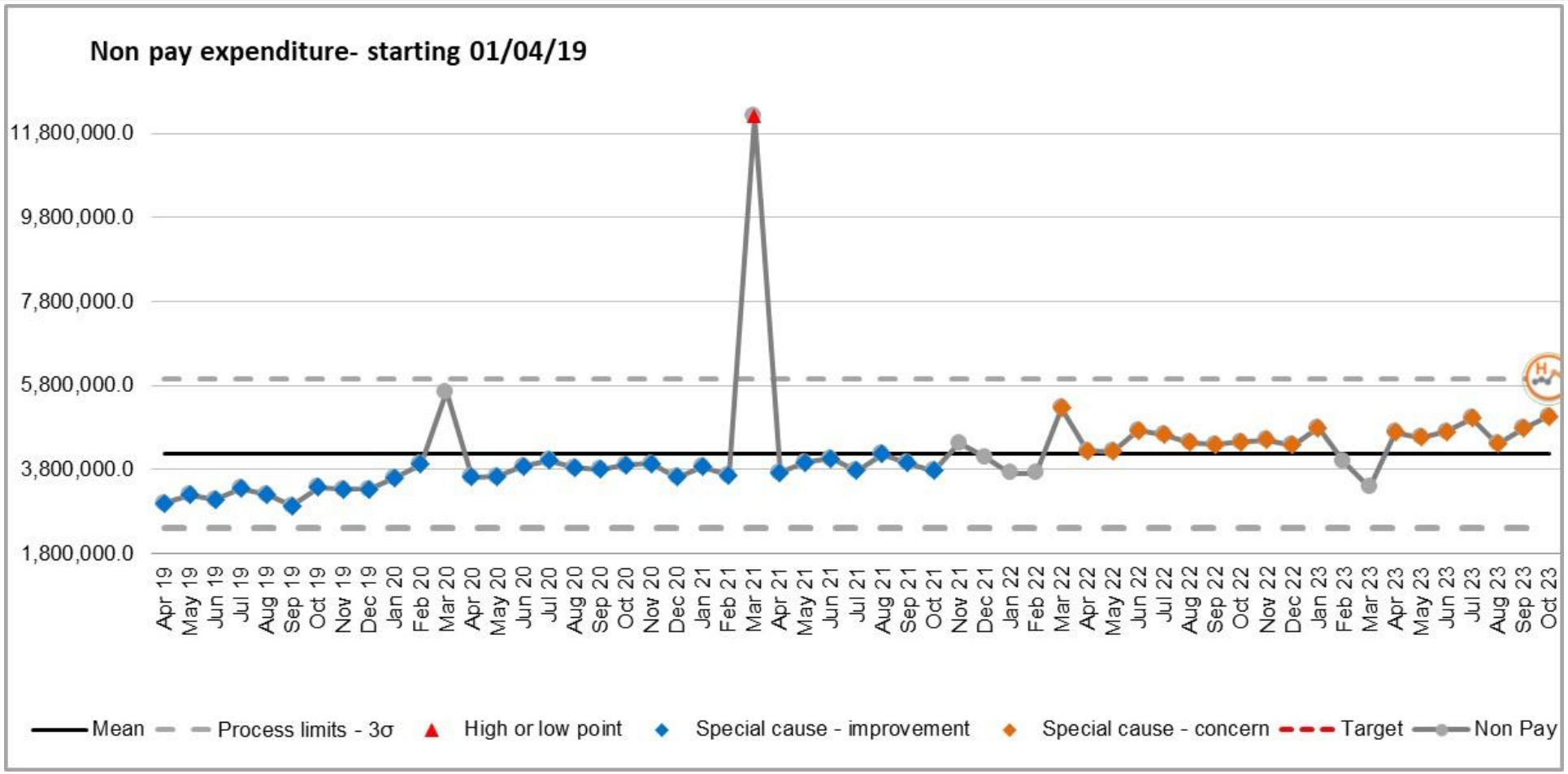
RISKS / ISSUES

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

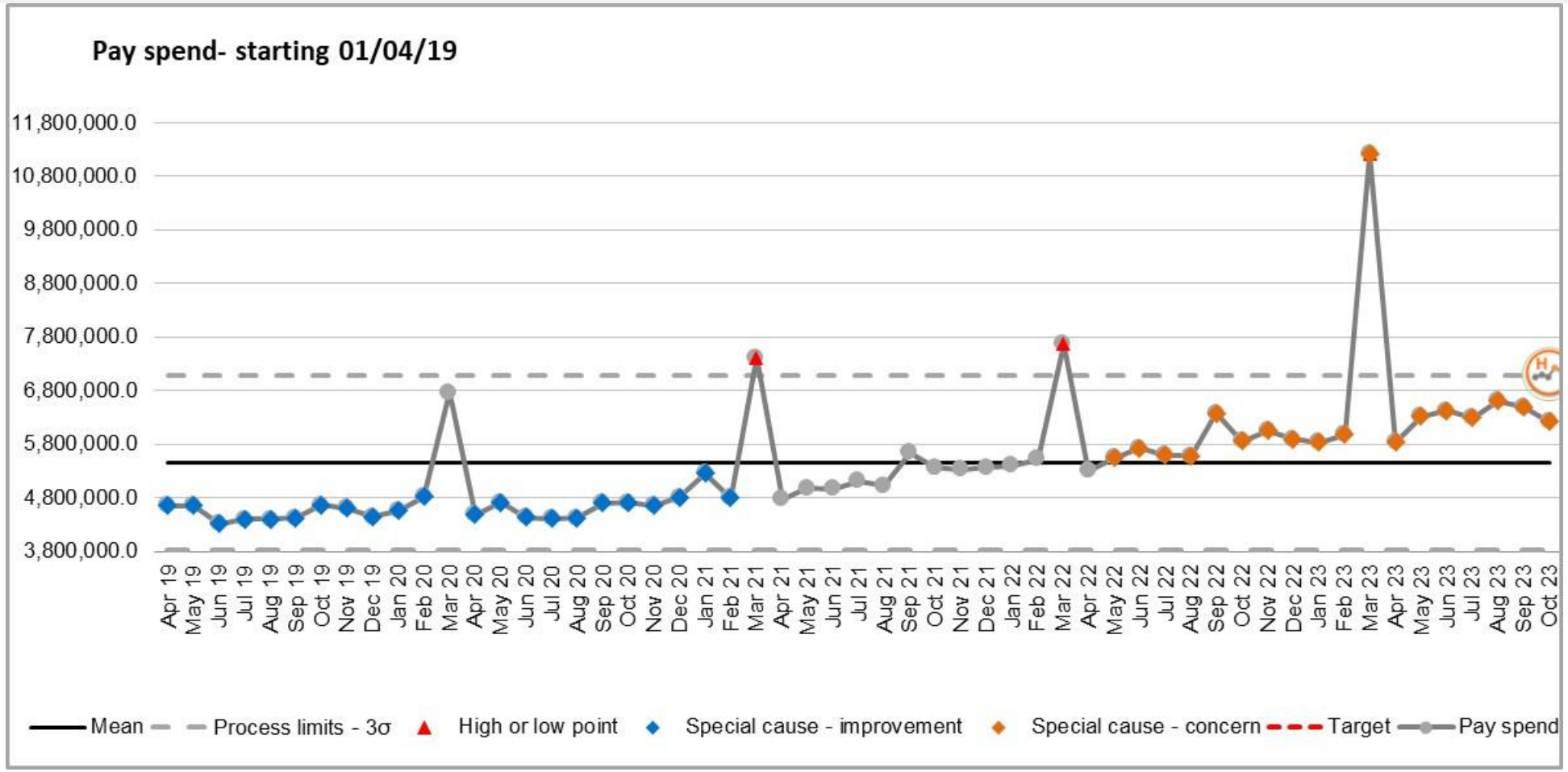
11. Expenditure



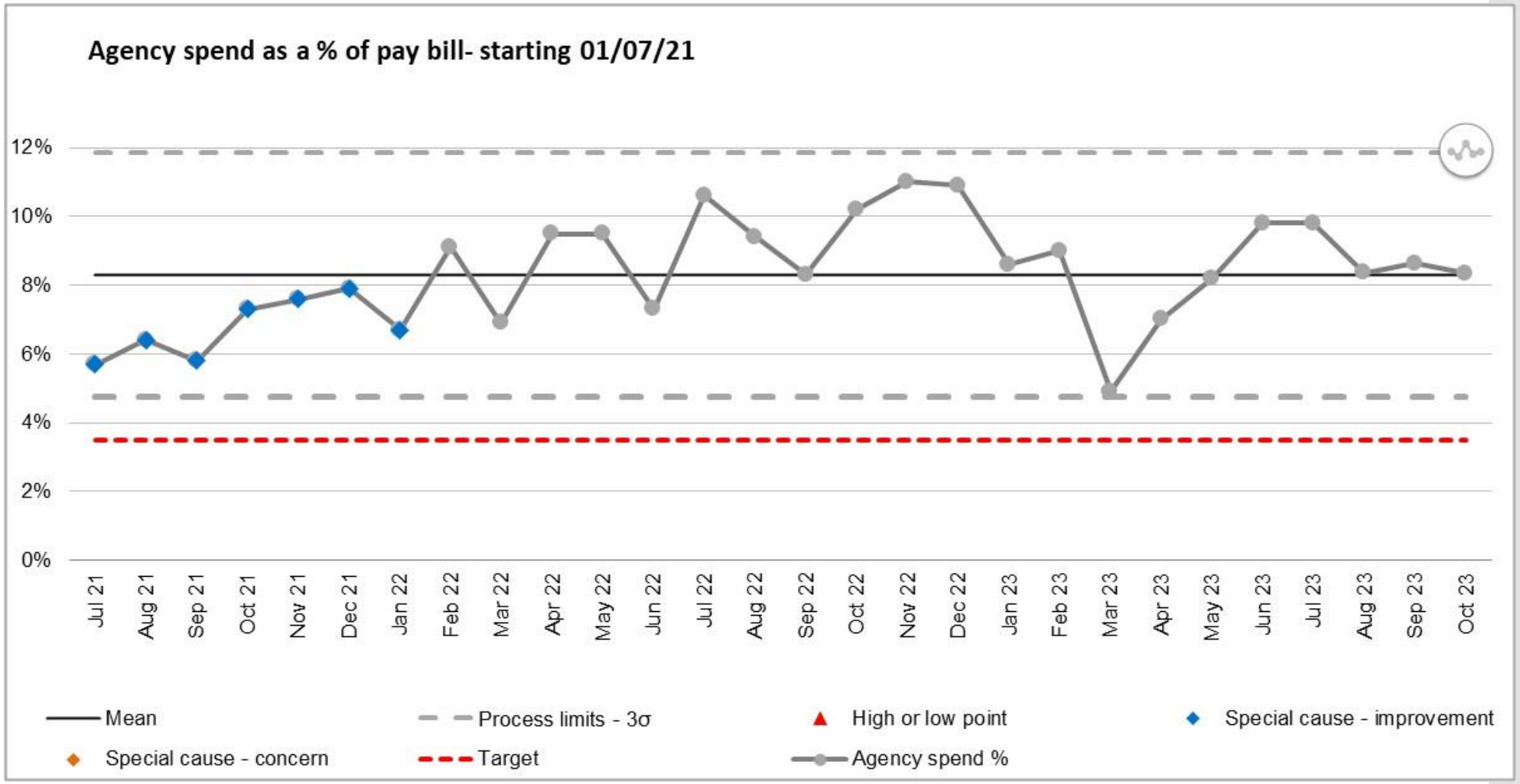
12. Non Pay Expenditure



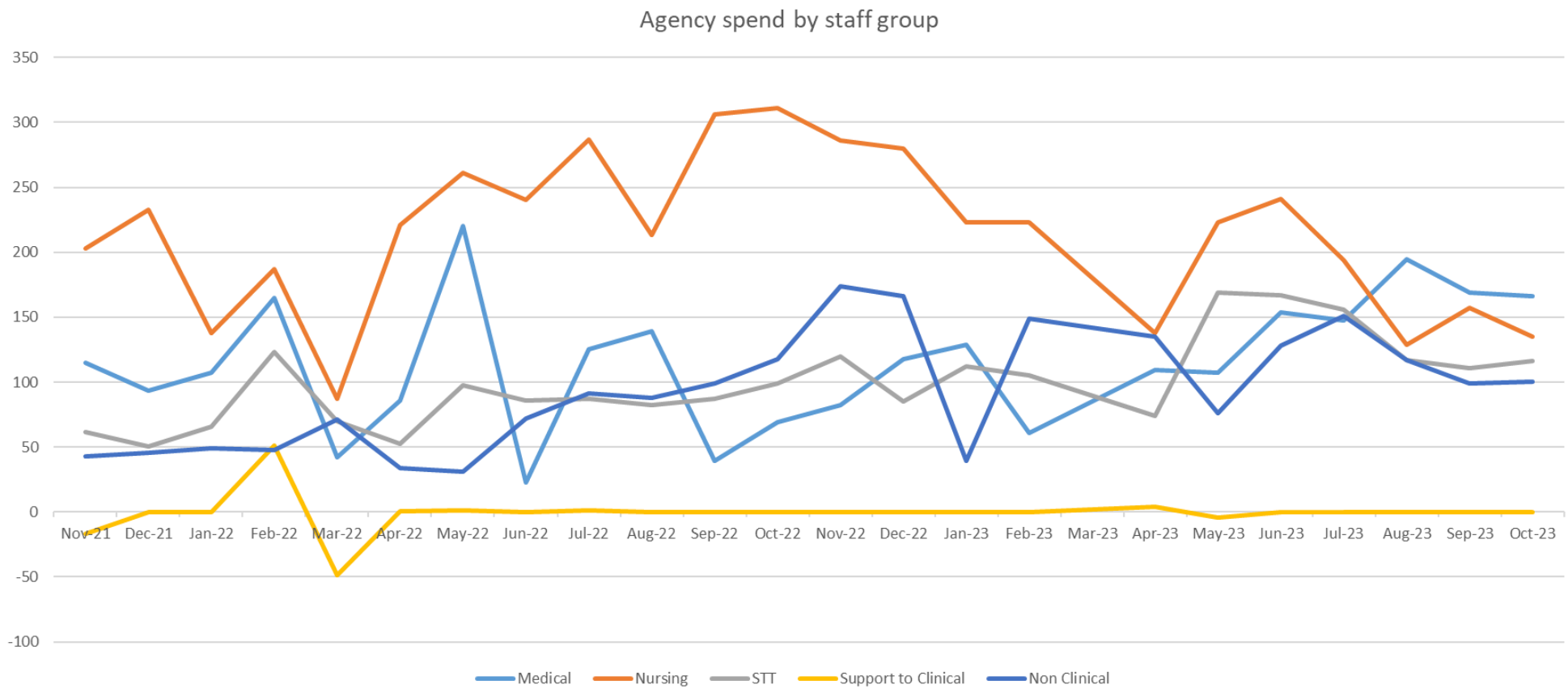
13. Pay Expenditure



14. Agency Expenditure



14. Agency Expenditure



14. Agency Expenditure

Agency Rephasing Reconciliation

Reported	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Total
Nursing	138	223	241	194	129	157	135	1,216
STT	75	150	138	140	91	202	116	912
Medical	60	70	123	133	138	361	166	1,050
Non-Clinical	135	76	128	151	117	99	100	805
	408	**518**	**630**	**618**	**475**	**818**	**517**	**3,984**

Actual	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Total
Nursing	138	223	241	194	129	157	135	1,216
STT	79	165	167	157	117	111	116	912
Medical	110	109	155	148	194	169	166	1,050
Non-Clinical	135	76	128	151	117	99	100	805
	462	**572**	**691**	**650**	**557**	**535**	**517**	**3,984**

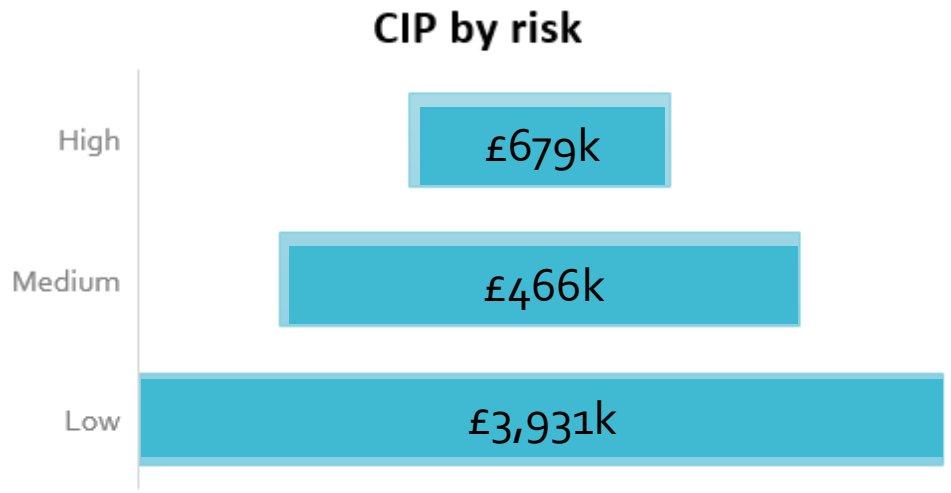
Variance	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Total
Nursing	-	-	-	-	-	-	-	-
STT	-4	-15	-29	-17	-26	91	-	-
Medical	-50	-39	-32	-15	-56	192	-	-
Non-Clinical	-	-	-	-	-	-	-	-
	-54	**-54**	**-61**	**-32**	**-82**	**283**	**-**	**-**

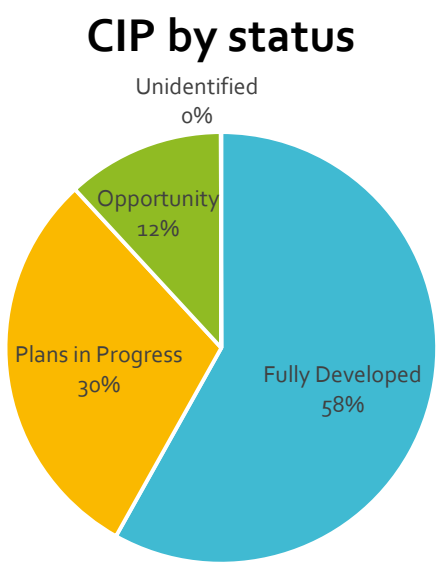
15. Cost Improvement Programme Summary

SUMMARY

Year to date savings totalling £2,885k have been delivered, against a plan of £2,732k, delivering a positive variance of £153k. The newly launched Financial Sustainability and Improvement Group commenced this month with an initial workshop held to discuss the terms of reference and identify areas of opportunity.

£000s				
CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	308	25	(283)	679
Non pay	2,132	2,794	662	3,897
Income	292	66	(226)	500
Grand Total	**2,732**	**2,885**	**153**	**5,076**





16. Statement of Financial Position

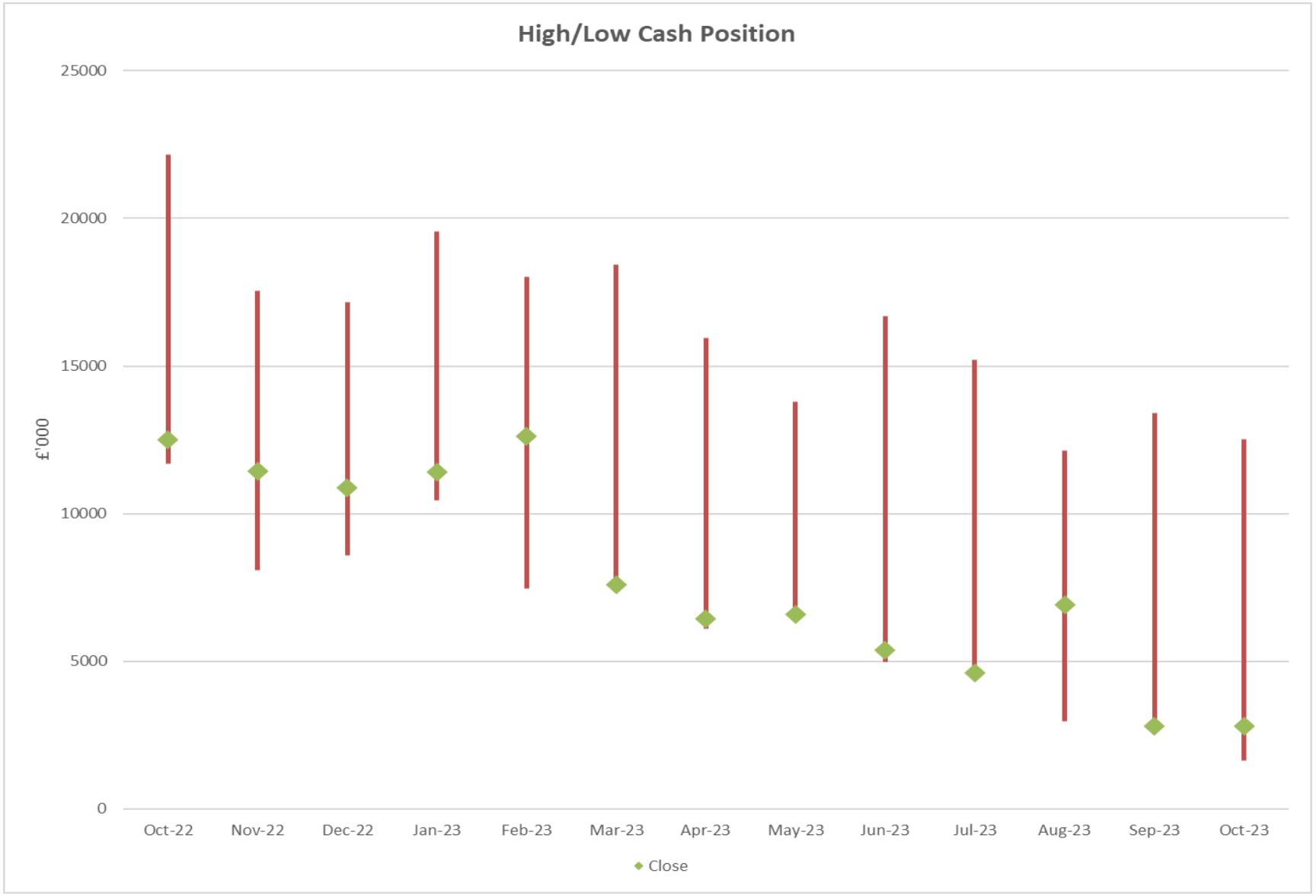
SUMMARY

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

Whilst the month end cash balance is higher than last month due to timing of receipts, the cash position remains challenging to manage within the in month peaks and troughs. Continued focus is being places on ensuring that cash is being managed robustly.

	2022/23 M12	2023/24 M7	Movement
		(£'000)	
Intangible Assets	1,339	1,193	(146)
Tangible Assets	69,123	67,561	(1,562)
Total Non Current Assets	**70,462**	**68,754**	**(1,708)**
Inventories	19	19	-
Trade and other current assets	12,839	11,721	(1,118)
Cash	7,591	3,957	(3,634)
Total Current Assets	**20,449**	**15,697**	**(4,752)**
Trade and other payables	(20,229)	(17,053)	3,176
Borrowings	(18,339)	(16,762)	1,577
Provisions	(1,329)	(1,328)	1
Other Liabilities	(273)	(2,590)	(2,317)
Total Liabilities	**(40,170)**	**(37,733)**	**2,437**
Total Net Assets Employed	**50,741**	**46,718**	**(4,023)**
Total Taxpayers' and Others' Equity	**50,741**	**46,718**	**(4,023)**

17. Cash


High/Low Cash Position
25000
20000
15000
10000
5000
0
£'000
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Close

18. Capital

Stream	Scheme Name	Board Approval	Spent to Date	23/24 Forecast	Variance to Plan	24/25 Pre-commitment
Strategic Estates	Oncology office refurbishment/relocation	1,200,000	2,543	696,927	503,073	549,889
Strategic Estates	Appointments team office space *	100,000	0	0	100,000	
Strategic Estates	Relocation of Facilites to the Old Pharmacy building	310,000	238,040	310,000	0	
Strategic Estates	Porters Lodge**	50,000	0	175,978	(125,978)	
Strategic Estates	ROH Creative Design Studio	55,000	51,246	55,000	0	
Strategic Estates	Omnicell installation	70,000	58,471	70,000	0	
Strategic Estates	Replacement for room 3 from a fluoroscopy room to a digital x-ray room	30,000	26,362	30,000	0	
Strategic Estates	Café Royale Refurbishment	210,000	197,613	225,000	(15,000)	
Green estate	Pool	100,000	125,373	125,373	(25,373)	
Estates Maintenance	Pool	375,000	197,229	375,000	0	
Equipment	Anaesthetic machines x 6	477,004	428,032	428,032	48,972	
Equipment	Replacement of 3T MRI scanner	275,000	187,880	554,608	(279,608)	
Equipment	Pool	200,000	65,481	200,000	0	
Information Technology		0	80,555	75,988	(75,988)	
Reserve		46,996	0	177,095	(130,099)	
SCIF		410,000	0	410,000	0	
		3,909,000	1,658,825	3,909,000	(0)	549,889
TOTAL						
	Strategic Estates	2,025,000	574,275	1,562,905	462,095	549,889
	Green estate	100,000	125,373	125,373	(25,373)	0
	Estates Maintenance	375,000	197,229	375,000	0	0
	Equipment	952,004	681,393	1,182,640	(230,636)	0
	Information Technology	0	80,555	75,988	(75,988)	
	Reserve / SCIF	456,996	0	587,095	(130,099)	0
		3,909,000	1,658,825	3,909,000	(0)	549,889

* 23/24 forecast included within oncology as phase 1

** not yet committed

19. System

SUMMARY

The ICB continues to experience significant pressure across most providers in month 7, although all providers, except for UHB, have submitted plans to deliver breakeven positions at the end of the year.

The year-to-date position is largely due to a mix of continuing industrial action, impact of inflation, and the significant level of CIP that needs to be delivered on a monthly basis

Organisation	Surplus / (Deficit) - Adjusted Financial Position						Prior Month		Movement		YTD per recovery plan				
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Plan Year Ending £000	Forecast Year Ending £000	Variance Year Ending £000	Actual YTD £000	Variance YTD £000	Actual YTD £000	Variance YTD £000	Plan YTD £000s	Actual YTD £000s	Variance YTD £000s	Diff YTD £000s	Actual FOT £000s
Birmingham And Solihull ICB	6,543	4,193	(2,351)				3,877	-2,462	316	111	6,543	4,642	(1,901)	-450	0
Birmingham And Solihull ICB	(4,167)	(2,118)	2,050	-	-	-	-842	381	(1,276)	1,669	(4,167)	(4,167)	-	2,050	0
Birmingham and Solihull ICB	2,376	2,075	(301)	-	-	-	3,035	-2,081	-960	1,780	2,376	475	(1,901)	1,600	-
Birmingham And Solihull Me	-	(423)	(423)	-	-	-	-495	-495	72	72	-	(381)	(381)	-42	0
Birmingham Community Hea	308	(523)	(831)	-	(0)	(0)	-443	-707	(80)	(124)	308	(364)	(672)	-160	62
Birmingham Women'S And C	0	(1,496)	(1,496)	0	0	0	-1,507	-1,507	11	11	0	(1,178)	(1,178)	-318	0
The Royal Orthopaedic Hosp	383	(3,272)	(3,655)	0	-	(0)	-3,026	-3,361	(246)	(294)	383	(3,044)	(3,428)	-228	112
University Hospitals Birmingl	(7,000)	(57,311)	(50,311)	0	0	0	-49,128	-40,428	(8,183)	(9,883)	(7,000)	(53,094)	(46,094)	-4,217	-66,900
ICS Total	(3,933)	(60,950)	(57,018)	0	1	0	(51,564)	(48,579)	(9,386)	(8,438)	(3,933)	(57,586)	(53,653)	-3,364	-66,726

20. Workforce

Trust Workforce Metrics	Sep-23	Oct-23	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1354	1368	14	-	-
Staff In Post - Full Time Equivalent	1197.69	1211.21	13.52	-	-
Staf Turnover % - Unadjusted	15.41%	15.44%	0.03%		<=11.5%
Staf Turnover % - Adjusted	10.56%	10.24%	-0.32%		<=11.5%
Total WTE Employed as % of Establishment	85.59%	84.97%	-0.62%		>=93%
Total WTE Employed as % of Establishment - Clinical	82.13%	82.40%	0.27%		>=92%
Total WTE Employed as % of Establishment - Non-Clinical	91.89%	89.55%	-2.34%		>=96%
% Of Attendance	93.48%	93.75%	0.27%		>=96.3%
% Of 12 mth MAA Attendance	94.20%	94.14%	-0.06%		>=96.3%
% Staff received mandatory training last 12 months	87.50%	87.84%	0.34%		>=93%
% Staff received formal PDR/appraisal last 12 months	66.76%	67.79%	1.03%		>=95%
% of Sickness - Trust wide Long-term	3.50%	3.59%	0.09%		-
% of Sickness - Trust wide Short-term	2.30%	2.28%	-0.02%		-
Return To Work Completion %	60.56%	59.38%	-1.18%		>=80%

20. Workforce

Summary / Highlights

- The establishment continues to increase on a month-by-month basis which is a consistent theme each month of the year.
- Adjusted turnover (turnover minus junior doctor rotation and fixed term contract expiry) is decreasing and within Trust target.
- Slight improvements have occurred for mandatory training compliance
- PDR compliance is making mild improvements month on month.

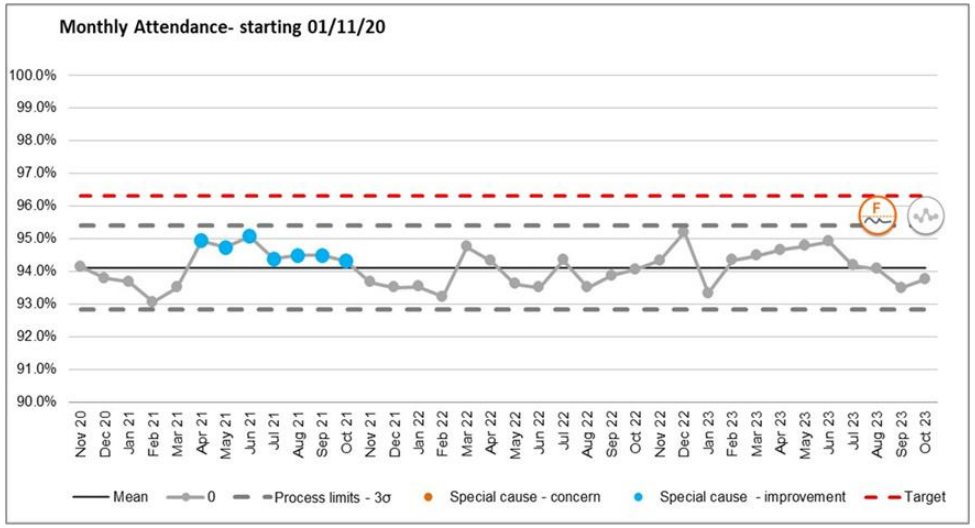
Risks / Issues

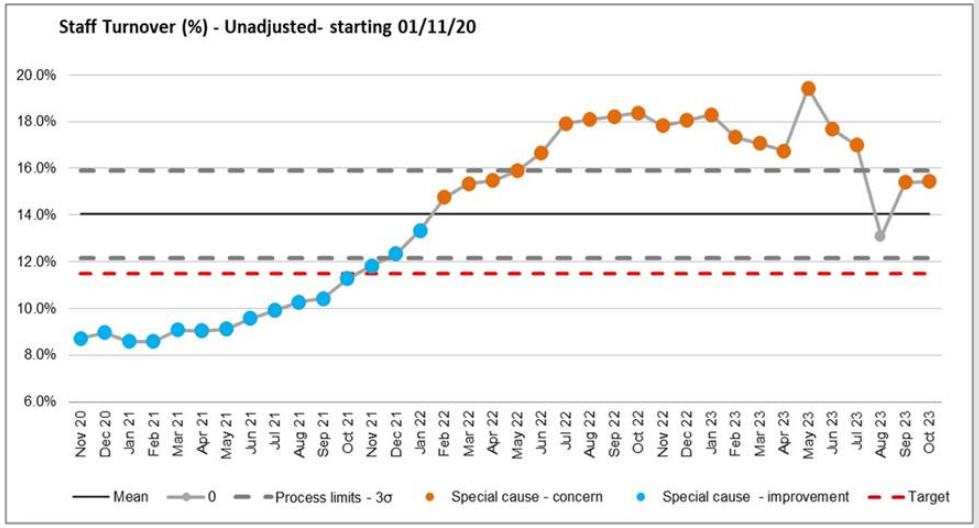
- Sickness absence remains high at 5.86%. Mental health related absence has increased in the previous two months.
- We continue to report low completion rates for return-to-work compliance.

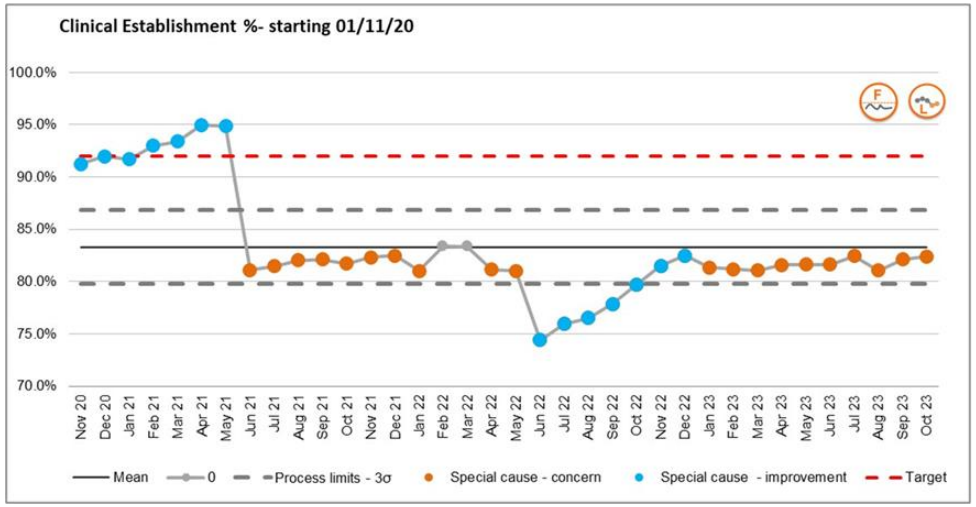
Actions

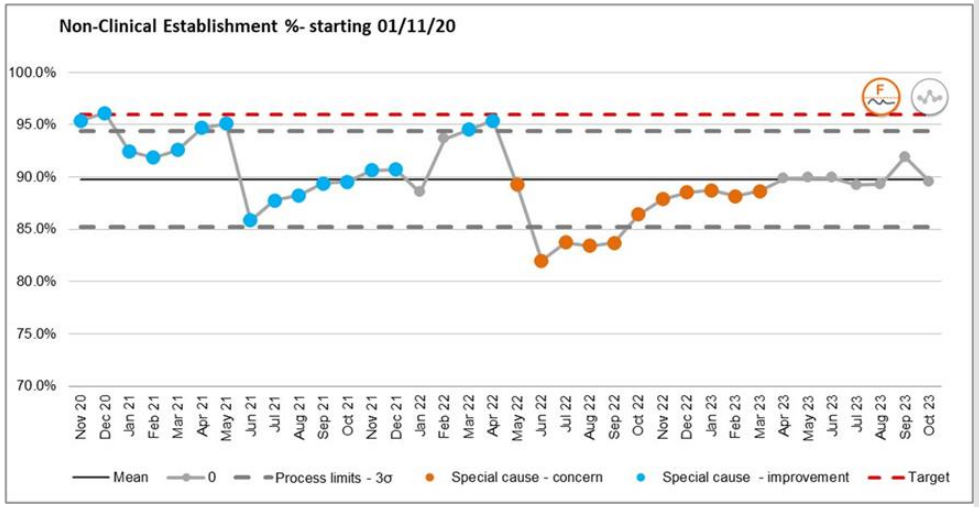
- The new sickness absence policy will be launched in the New Year and a full training package will follow.
- HR have conducted a full review of staff on long-term sickness absence with mental health related reasons and an action plan has been drawn up to provide targeted support.
- The new appraisal policy will be launched in the coming months and an appraisal window will aim to provide an improvement in compliance.

20. Workforce

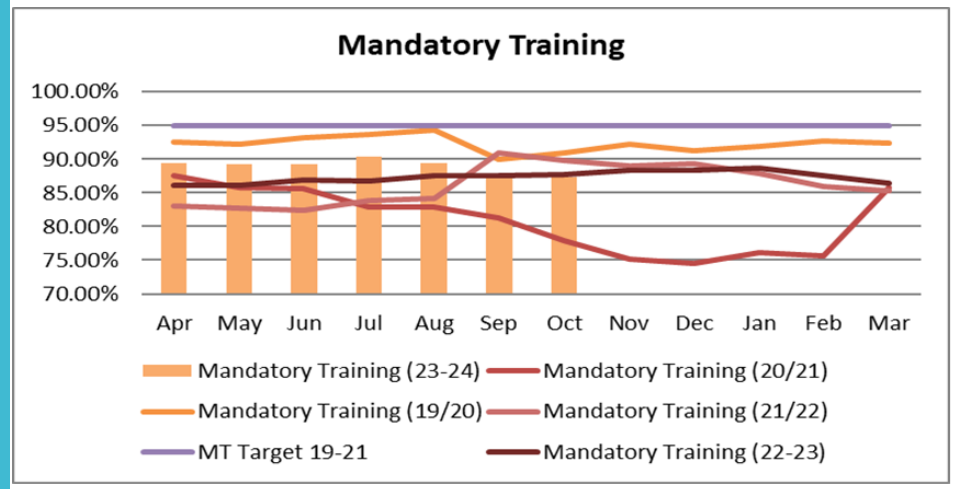


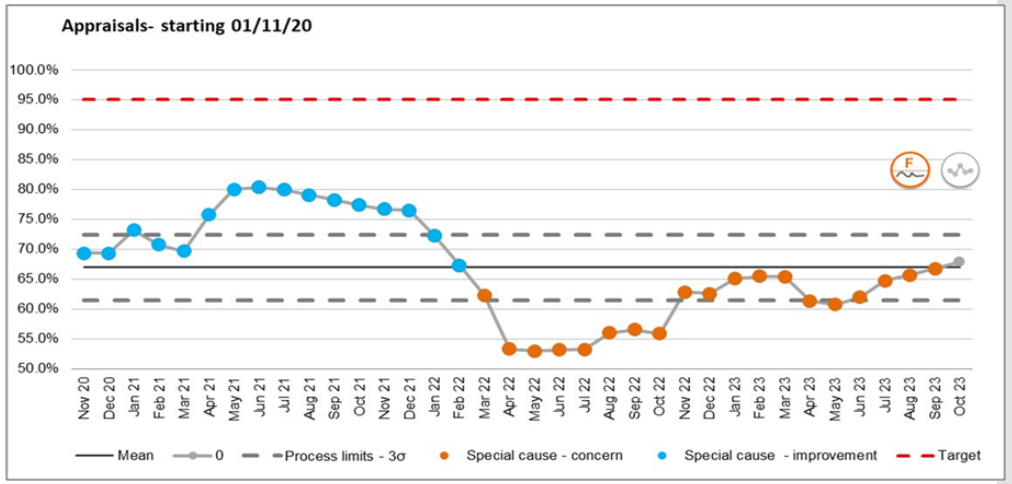


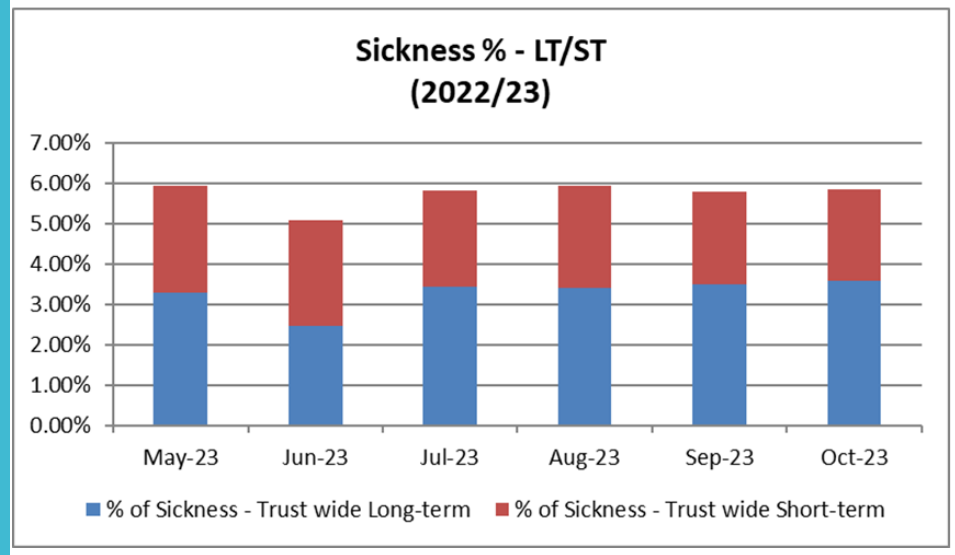


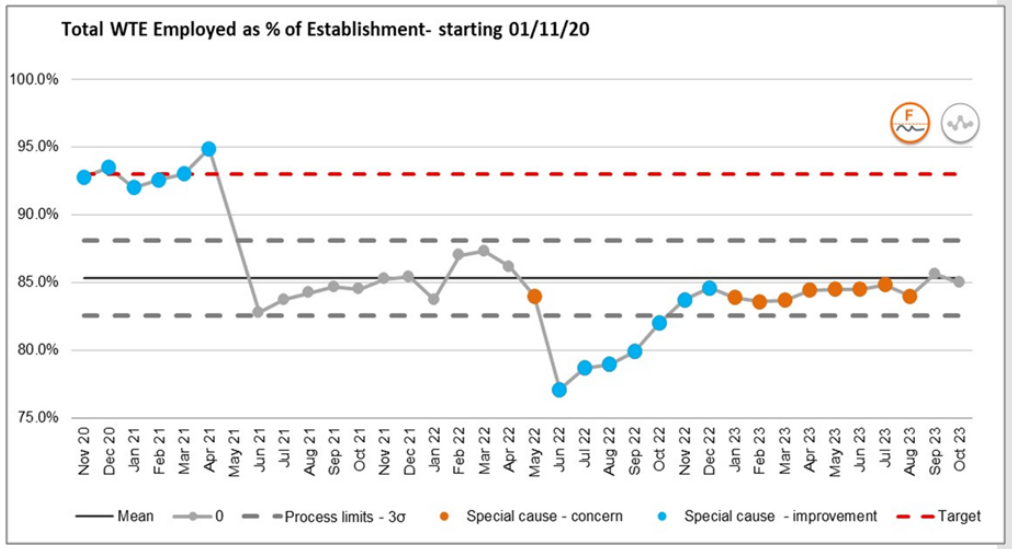


20. Workforce









The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY AND SAFETY REPORT

November 2023 (October 2023 Data)

EXECUTIVE DIRECTOR:	Simon Grainger Lloyd	Director of Governance
	Nikki Brockie	Chief Nurse
	Marie Peplow	Chief Operating Officer
AUTHOR:	Adam Roberts	Assistant Director of Governance & Risk

Quality Report – November 2023 (October 2023 Data) – Summary Dashboard

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	2022/2023	2023/24
Incidents	308	329	310 (↓)	283 (↓)	292 (↑)	374 (↑)	269(↓)	378 (↑)	341 (↓)	323 (↓)	297 (↓)	411 (↑)	354 (↓)		
Serious Incidents	0	0	1	0 (↓)	2 (↑)	0 (↓)	1(↑)	1	0 (↓)	0	0	0	0	8	2
Inpatient Deaths	0	0	0	0	0	0	0	1 (↑)	0 (↓)	1 (↑)	0	0	0	1	2
VTEs (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Falls	10	5	9 (↑)	3 (↓)	7 (↑)	5 (↓)	12(↑)	9 (↓)	7 (↓)	7	8 (↑)	8	7 (↓)	79	51
Pressure Ulcers: Cat 2 (Avoidable)	0	2 (↑)	0	0	0	0 (0	0	0	0	0	0	0	0	5	0
Pressure Ulcers: Cat 3 (Avoidable)	0	0	1	0	1	0 (0	0	0	0	0	0	0	0	2	0
Infections	1	1	1	0	1 (↑)	0 (↓)	0 (↓)	0	1 (↑)	1	2	1	0	9	5
Complaints	4	4	3	2	4 (↑)	1 (↓)	3(↑)	2 (↓)	2	5 (↑)	1	3		45	15
Litigation	0	3	0	0	2 (↑)	2	0(↓)	0	0	3 (↑)	0	0	1 (↑)	9	4
Coroners	0	0	0	0	0	0	0(↓)	1 (↑)	0 (↓)	1 (↑)	0	0	0	0	2

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

In the month of October 2023, there were a total of 354 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

No Harm = 237
Low Harm = 104
Moderate Harms = 10
Severe Harm = 0
Near Miss = 3

Moving forward, an SPC chart will be created to better visually illustrate the numbers and trends in relation to incident reporting and there will also be further change to this section, and the wider report, to reflect our PSIRF plan following implementation and go live with the new framework.

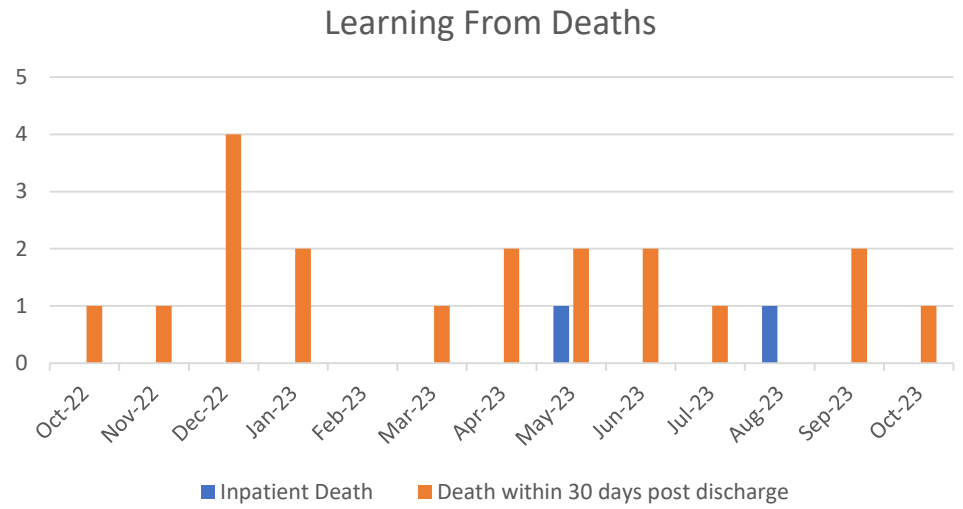
3. Patient Deaths

Inpatient Deaths

There were 0 inpatient deaths reported during October 2023

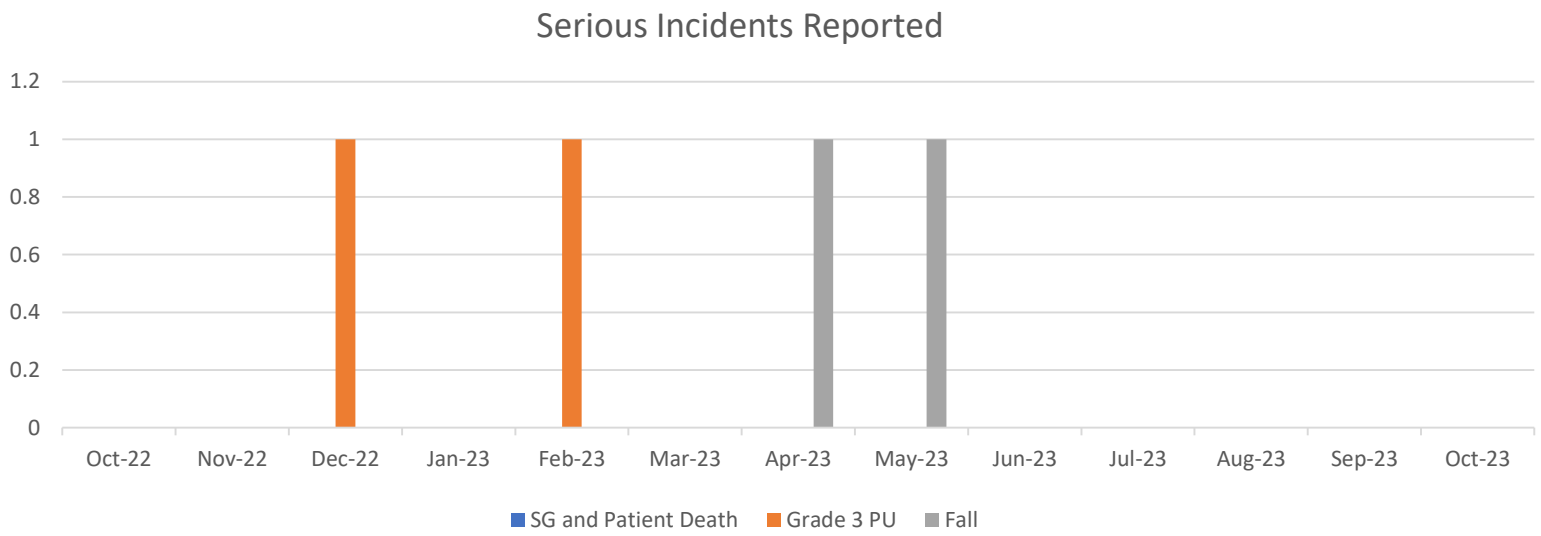
Deaths within 30 days post discharge

There was 1 death that occurred within 30 days post discharge reported during October 2023



4. Serious Incidents

There were 0 Serious Incidents reported in October 2023



5. Potential Moderate Harm & Severe Harm Incidents

There were 10 potential Moderate Harm incidents reported in October 2023

All incidents have been tabled at Divisional Governance Meetings and are currently being investigated via divisional governance processes.

Summary of Potential Moderate Harm Incidents

- **1x Ward 1** – SSI related Incident
- **1x Ward 12 –** SSI related Incident
- **1x Ward 3** - VTE
- **2x Ward 2** – SSI related Incidents
- **2x Ward 3** – SSI related incidents
- **1x Ward 3 –** Externally admitted with a Cat 4 PU
- **1x Appointments –** Treatment Delay
- **1x Ward 2 –** Found with Injury (Cause Unknown)

6. Update on Moderate Harm Incidents from September 2023

There were 7 potential Moderate Harm incidents reported in September which were then reported on within the October 2023 Quality Report. An update on each of these incidents can be found below:

- **Ward 1 – SSI related Incident**
  Post Infection Review (PIR) investigation is in progress. Progress and sign off is being monitored and managed via divisional governance process.

- **Ward 2 – SSI related Incident**
  PIR investigation complete.

- **Ward 3 – VTE**
  RCA complete. Unavoidable – no further action required.

- **Oncology – Wrong Diagnosis**
  - Shared information with UHB patient safety/Governance team requesting review. This incident has been shared in Divisional Governance and Cancer board meetings.

6. Update on Moderate Harm Incidents from September 2023 - Continued

- **Theatres – Skin Damage**
  SNR completed. Signed off with no further action required

- **HDU – VTE**
  RCA Complete. Unavoidable – no further action.

- **POAC– Found with Injury Cause Unknown**
  SNR completed. Signed off conversations to be held separately regarding cost/purchasing of additional chairs.

7. Near Miss Incidents

There were 3 Near Miss incidents reported in October 2023

All incidents have been tabled at Divisional Governance Meetings. Ward 2 and Oncology incidents have been managed locally and closed.

8. Learning from Serious Incidents (SI), Never Events (NE) and RCAs

There were 5 RCAs closed in October 2023

1. Ward 4 VTE RCA

Actions / Learning:

- To encourage mobility for all inpatients. Lessons shared at huddles and ward meeting.

2. Ward 3 VTE RCA

Actions / Learning:

- To document on the care plans of AES size, length and SCD application would provide more accurate information but there was lots of good practice with PICS noting, the radiographer identifying the PE and escalating to the ward doctors without waiting for the official report to be made, how quickly the anticoagulant medication was prescribed and the further follow ups and reviews the patient received whilst he remained an inpatient.

3. Ward 12 Infection Control RCA - Infection of cannula site staph aureus found in blood cultures.

Actions / Learning:

- Poor documentation around the removal and insertions sections of the cannula care plans. There is need for further staff education and provide means of shared learning.
- Care Plans coming from theatre being partially completed ward nurses to be more vigilant when picking up patients and inspect the cannula care plans on hand over.
- Medical Team not documenting their reviews of cannula indications.
- Educate the ward post graduate doctor so that they are aware of the expectations especially when new post graduate doctor start.
- Give feedback to theatres staff regarding the insertion audits. Escalate this to Matron and Head of Nursing to share findings with Division 2.
- Ward Manager to formulate action plans and share these with all ward staff including ward post graduate doctor and other departments.
- Imaging department high impact audits do not seem to be completed as they do not have any results on the dashboard.

8. Learning from Serious Incidents (SI), Never Events (NE) and RCAs - Continued

4. Ward 2 RCA - Cardiac Arrest – Unresponsive patient.

Actions / Learning:

- Need for escalation to senior Orthopaedic surgeon for post operative review and decision making, e.g. pausing anticoagulants when a patient has had a wound ooze.
- HDU co-ordinator to be included in arrest call as patient might be transferred to HDU post resuscitation.
- Learning from deaths review of notes highlighted that the patient was on three different antidepressants that has been discussed with the Chief pharmacist. The drugs all have side effects of delay in QT interval and sudden death. The preoperative ECG was reviewed by the anaesthetist and was normal. Stopping antidepressants is not in the remit of the preoperative assessment doctors.
- Resus team huddles to take place daily, morning and evening in High Dependency unit (HDU) for staff to allocate duties in the event of a cardiac arrest. (Commenced on 3/7/2023)

5. Imaging RCA - Excessive number of x-ray images taken.

Actions / Learning:

- All radiographers should seek help and support if they are not able to obtain the required images. They should not keep repeating views without considering why they did not work initially and then possibly suspend the examination until support is available.

9. Venous thromboembolism (VTE) Incidents

There were 2 VTE incidents reported in October 2023

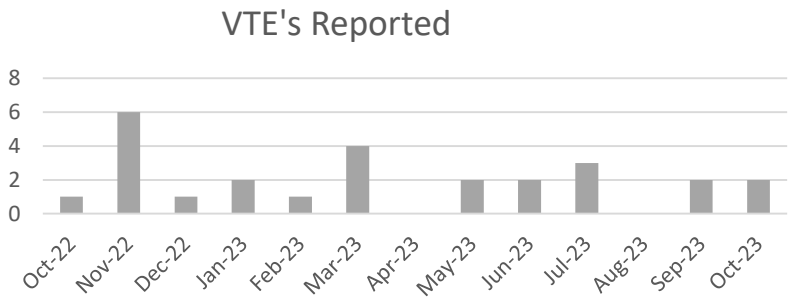
Both VTEs have been investigated and found to be unavoidable.

<u>VTE On Admission Assessment Compliance</u>

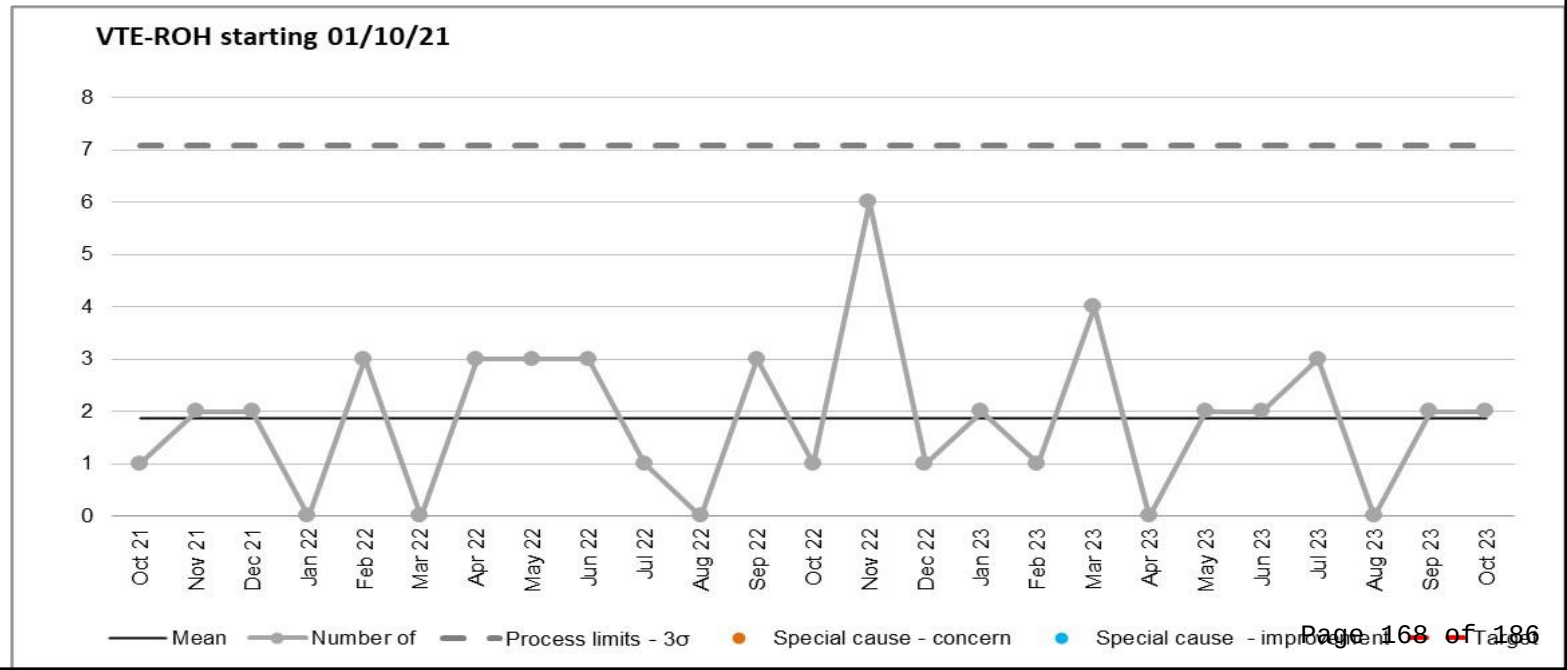
Pre-validation figure for October 2023 = **99.20%**

<u>Quality Improvement work underway</u>

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



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Unavoidable	1	6	1	2	1	4	0	2	2	3	0	2	2
TBC	0	0	0	0	0	0	0	0	0	0	0	0	0
Avoidable	0	0	0	0	0	0	0	0	0	0	0	0	0



10. Falls

7 Inpatient falls incidents reported in October 2023

No Harm = 3
Low Harm = 4

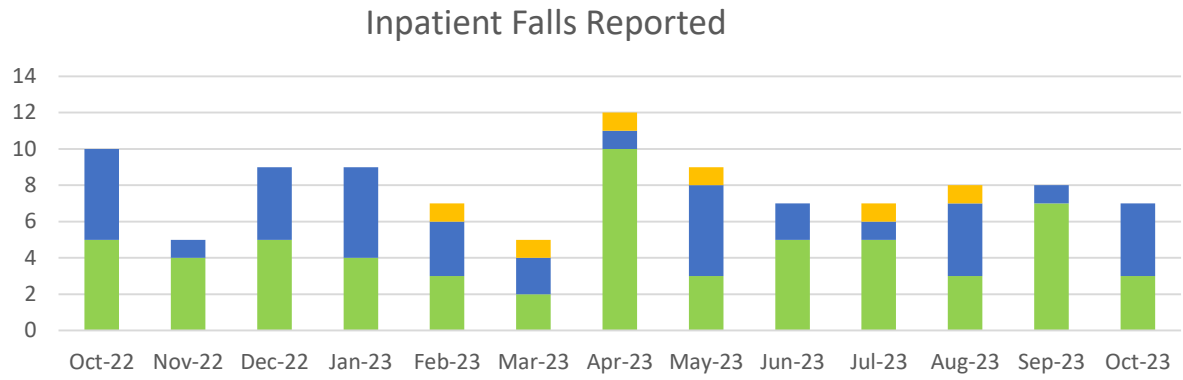
Trends

6 were unwitnessed falls and 1 patient insisted they could mobilise without support.

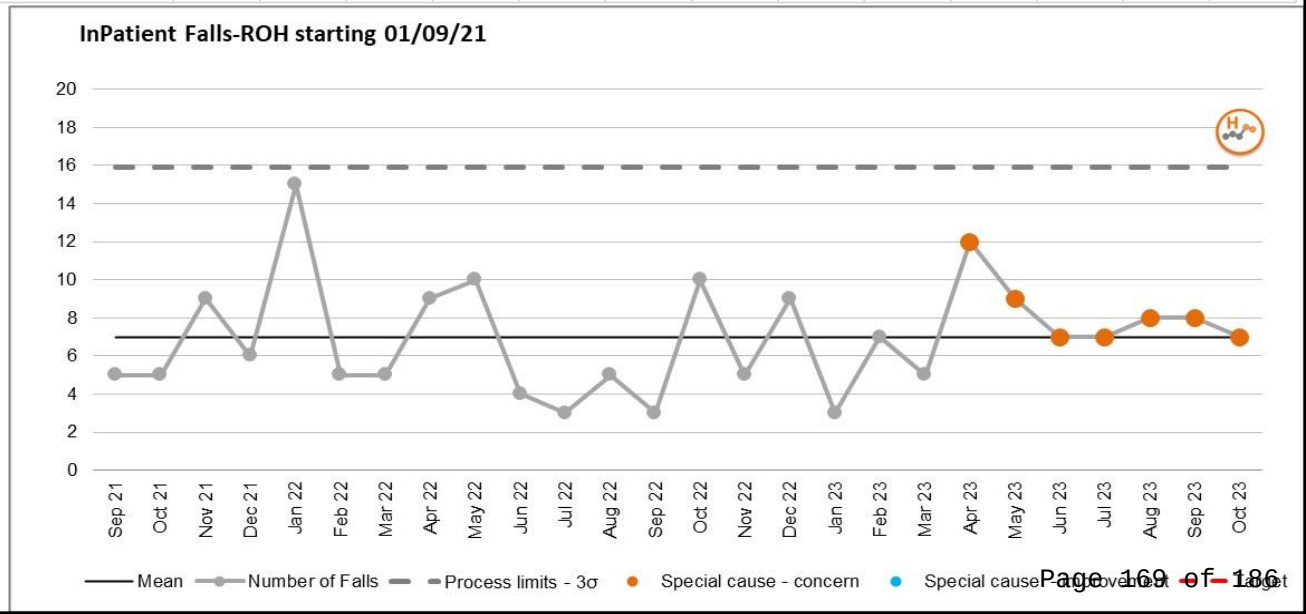
3 of the falls were bathroom related.
3 of the falls related to patients mobilising against advice.
1 of the falls related to a patient mobilising with frame and their knee gave way.

Quality Improvement Work Underway

- Communication and roll out of training to all in-patient areas around the new SOP for falling leaves planned.
- New falls / dementia boards now complete and on the wall in outpatients.



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	0	0
Moderate Harm	0	0	0	0	1	1	1	1	0	1	1	0	0
Low Harm	5	1	4	5	3	2	1	5	2	1	4	1	4
No Harm	5	4	5	4	3	2	10	3	5	5	3	7	3



11. Pressure Ulcers

0 Category 3 or 4 PU reported in October 2023

1 x Category 2 ROH acquired PU incident reported in October 2023 – Mini PU RCA completed and determined no lapses in care, managed locally by Ward 2 staff.

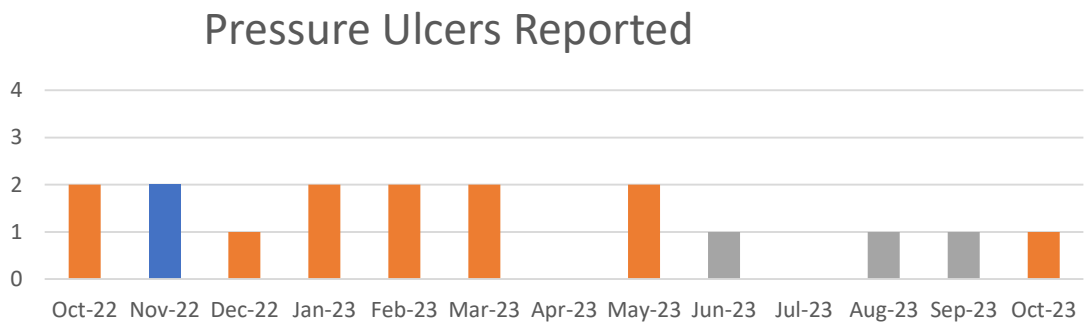
Update on 1 x Category 2 ROH acquired PU incident reported in September Quality Report 2023. (August 2023 data) - remains under investigation

<u>Quality Improvement work planned/underway</u>

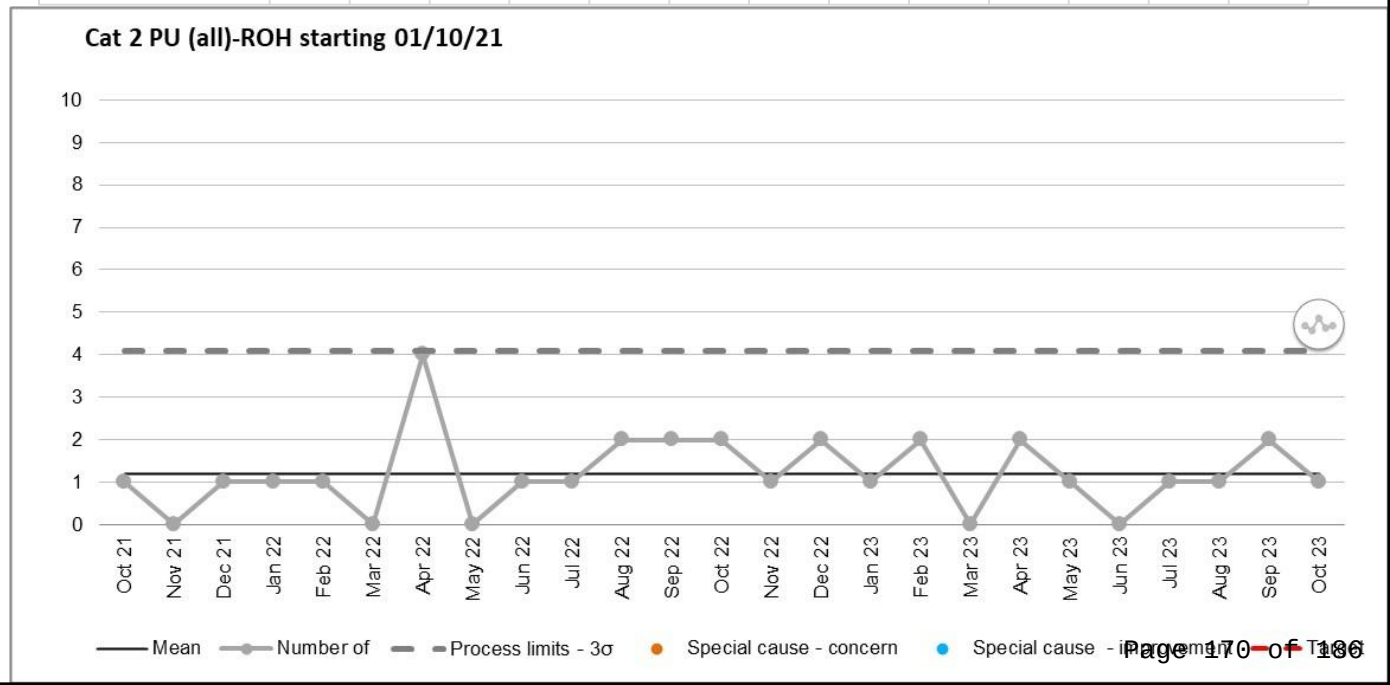
- What's under the dressing?' Campaign is being worked up to be rolled out in month.
- TV referrals have now gone to online to speed up process.
- Education continues to be rolled out at all forums. (example. HCA training)

<u>Risks/Issues</u>

- **Aqua cell dressing skin damage** – 9 patient affected reported by ROCS team, reported to MHRA and company (Some indication of other issues). Replacement dressing being trailed. One concern raised about new dressing; however, they continue to be used at present.



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



12. Sepsis

Summary of Q2 and Q3 sepsis audit outcomes to be included in the next report

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)	October2023	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	0	1
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	1
E.coli BSI	0	1
Klebsiella spp. BSI cases	0	0
Pseudomonas aeruginosa BSI cases	0	0

Complaint Information

The Trust received **3** complaints in November 2023
Below are the summaries for complaints received

1. Communication and appointment concerns
2. Lack of care received
3. Communication concerns

All complaints are for Division 1. 1 is for Appointments, 1 is for Spinal and 1 for Large Joints.
In November, the complaints team closed **2** formal complaints. Both complaints, met the timeframe agreed
At the time of producing this report we currently have **7** open formal complaints. All complaints are for Division 1.

Complaint Resolution Meetings

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

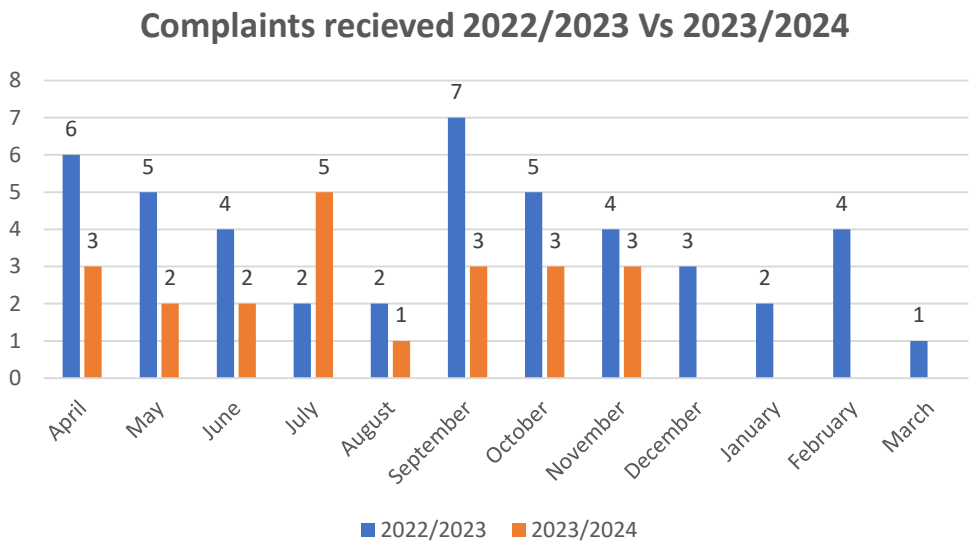
In November, the Trust received **0 reopened complaints.**

In November 2023, the Trust conducted **1 complaint resolution meeting**. Which the complainant was happy with the outcome.

RISK AND ISSUES WITHIN PATIENT EXPERIENCE

All complaints opened in November were for Division 1
The predominant theme in November was communication with 2 of the 3 Complaints referencing Concerns with Communication

Complaints



The above table shows that so far this year, we have received less formal complaints compared to 2022/2023.

Complaint Year Totals	
April 2022- March 2023	45
April 2023 - November 2023	21

Complaints KPI's

KPI	Complaints %
April 2023	100%
May 2023	67%
June 2023	75%
July 2023	100%
August 2023	0%
September 2023	100%
October 2023	77%
November 2023	100%

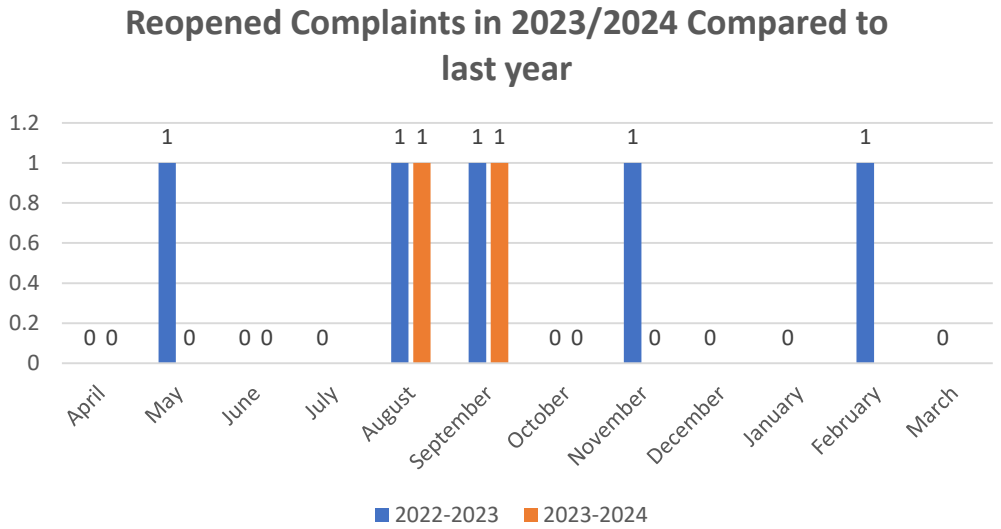
0%-79%
80%-90%
91%-100%

The KPI was not met in October due to 1 complaint breaching timescales out of the 3 received.
The KPI for November 2023 is currently 100% as all complaints received in November are still open and running on time.

Actions from Complaints

In November 2023 0 actions identified on the complaint received as November complaints are still open.
No Immediate action plans were completed by the triumvirate for any of the complaints received

Complaint Themes



Reopened complaints

The Trust received no reopened complaints in November 2023. This is due to the complaints previously resolved have all been managed to the complainant's satisfaction.

PHSO Cases

The Trust currently has 1 PHSO case open. 1 was closed in November as we received confirmation from the PHSO they will not be pursuing any further. We are still awaiting an update in terms of the other PHSO case.

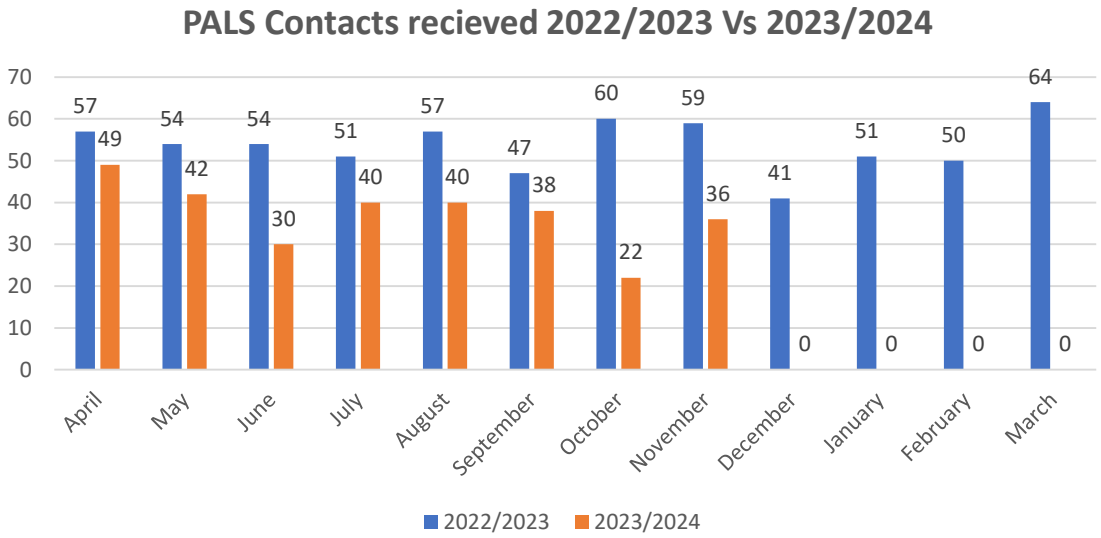
Themes

1. Communication and appointments
2. Communication concerns

What We Did / Are doing

1. Raised in divisional governance meeting to track themes.
2. Tracked in Executive Governance Meeting
3. Ensuring actions are created
4. Ensuring relevant departments are aware of concerns

Patient Advice and Liaison Service – PALS



The above graph shows that so far this year, we have received less PALS contacts compared to last year. This is considered to be due to the PALS department practicing early resolution where practicable.

PALS KPI's

KPI	PALS Contacts %
April 2023	85%
May 2023	93%
June 2023	90%
July 2023	88%
August 2023	50%
September 2023	36%
October 2023	50%
November 2023	56%

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

The KPI for PALS Contacts have not been met (90%) since May 2023.
This is due to the lack of response the department received from the handlers of PALS cases.

PALS Themes

Attitude of staff - (5 out of 36)
Appointments – (9 out of 36)

What we have done

Raised with the individual the feedback and apologised to patients. (No themes of staff members)
Raised in Governance meetings and with departmental managers.

15. Litigation and Coroners

New claims

1 new claim was received in October 2023

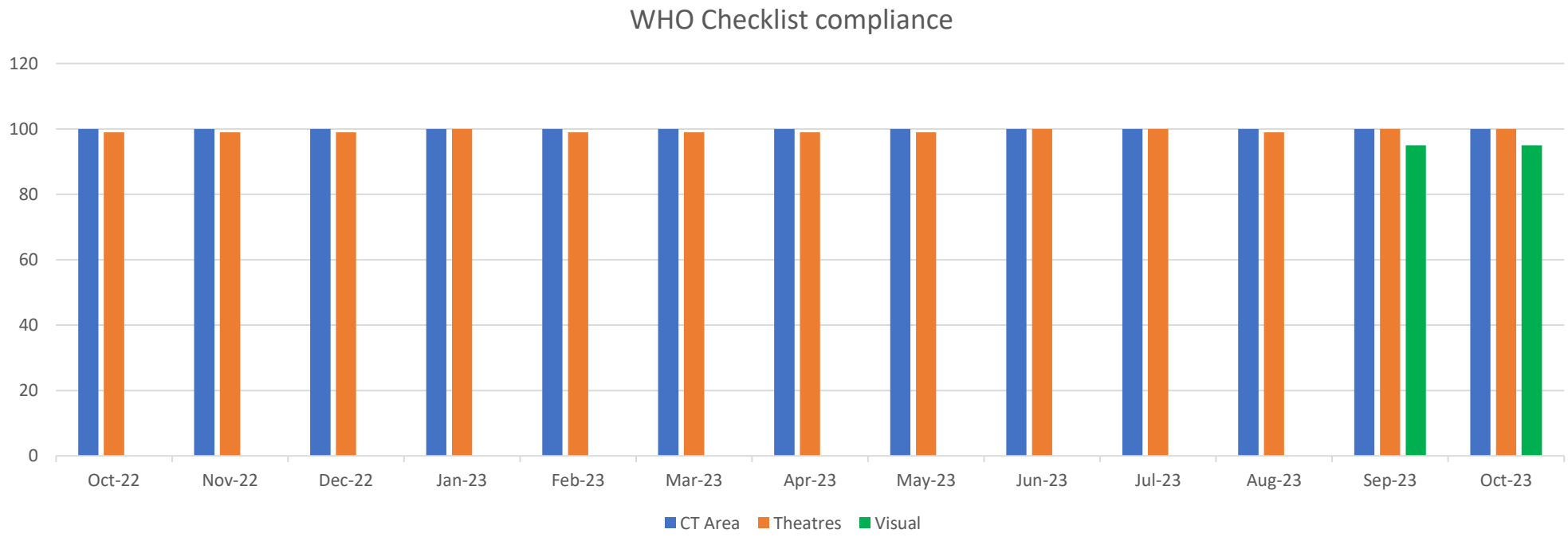
Pre-Application Disclosure

4 new requests for Pre-Application Disclosure of medical records were received in October 2023

Coroner's Inquests

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

16. WHO Surgical Safety Checklist



17. CAS Alerts

No new CAS alerts issued in October 2023

All CAS alerts issued and included in the previous report have been actioned and closed

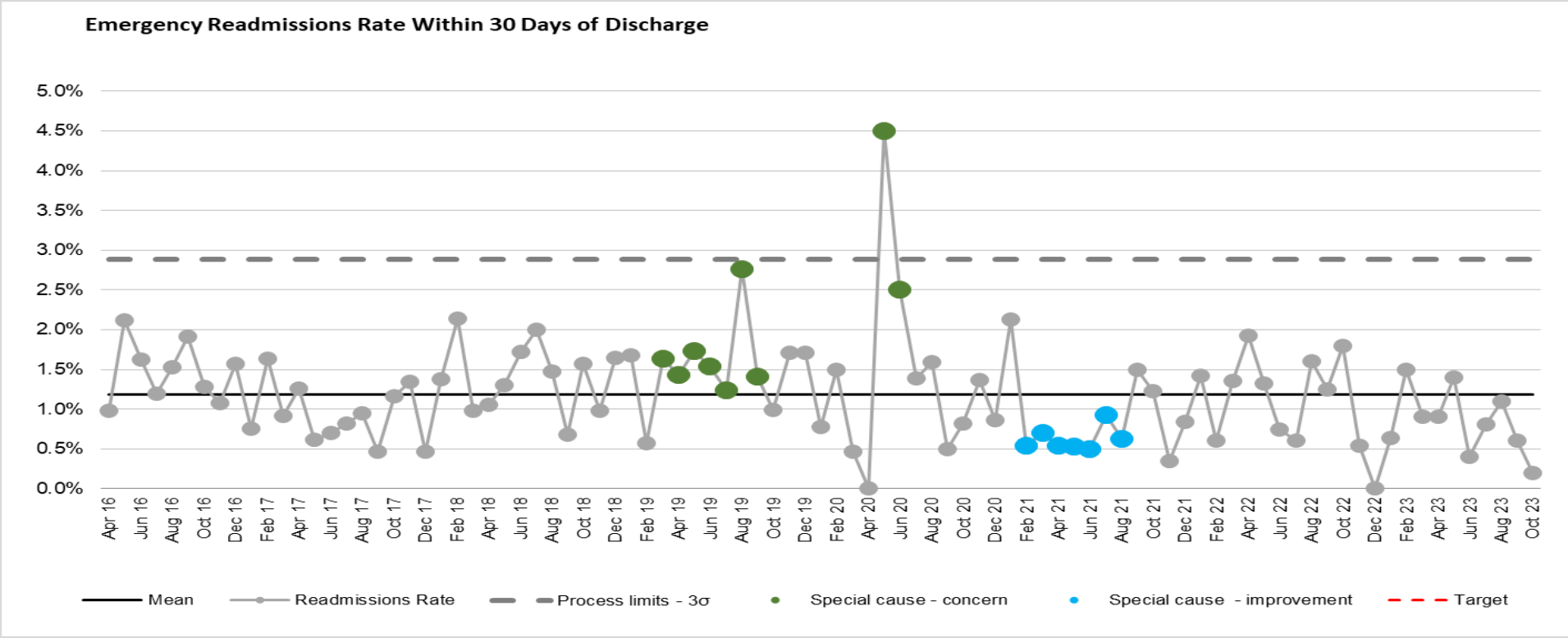
18. Safeguarding

KPI	Oct-22	Nov-22	Dec-22	Jan-22	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Safeguarding Adult Notifications	27	51	31	31	35	17	43	21	44	43	47	37	47
Safeguarding Children Notifications	44	42	26	26	76	23	37	29	55	51	42	25	35
Adult Level 2	84.53%	85.14%	81.83%	81.83%	80.28% (↓)	80.19% (↓)	82.27% (↑)	83.12% (↑)	84.68% (↑)	86.22% (↑)	86.22%	85.48% (↓)	86.86% (↑)
Adult Level 3	83.30%	80.31%	75.68%	75.68%	75.2% (↓)	76.37% (↓)	77.84% (↑)	80.15% (↑)	83.02% (↑)	83.11% (↑)	82.06% (↓)	83.15% (↑)	83.83% (↑)
Level 4	66.67%	75.00%	75.00%	75.00%	60% (↓)	80.0% (↑)	80.00%	80.00%	80.00%	100% (↑)	100% (↑)	100.00%	80% (↓)
Child Level 2	84.12%	84.54%	81.16%	81.16%	79.93% (↓)	79.85% (↓)	82.18% (↑)	82.86% (↑)	84.68% (↑)	86.14% (↑)	86.12% (↓)	85.23% (↓)	86.7% (↑)
Child Level 3	83.10%	80.12%	75.29%	75.29%	75.2% (↓)	76.37% (↑)	78.03% (↑)	80.15% (↑)	82.82% (↑)	83.11% (↑)	81.68 (↓)	82.8% (↑)	83.46% (↑)
Mental Capacity Act MCA	84.48%	84.97%	81.67%	81.67%	80.19% (↓)	80.36% (↑)	82.44% (↑)	83.21% (↑)	84.85% (↑)	86.39% (↑)	86.35% (↓)	85.88% (↓)	87.11% (↑)
Deprivation of Liberty Safeguards DoLs	84.48%	85.05%	81.58%	81.58%	79.93% (↓)	79.93%	82.09% (↑)	82.95% (↑)	84.68% (↑)	86.22% (↑)	86.27% (↑)	85.63% (↓)	86.95% (↑)
Prevent Awareness	90.04%	91.01%	89.88%	89.88%	89.40%	88.96%	90.14%	89.86%	90.49%	91.24% (↑)	91.32% (↑)	89.98% (↓)	94.48% (↑)
WRAP (prevent level 3)	80.15%	81.80%	81.06%	81.06%	78.55% (↓)	80.2% (↑)	82.19% (↑)	83.89% (↑)	85.68% (↑)	87.89% (↑)	87.41% (↓)	86.15% (↓)	85.51% (↓)
FGM	3	1	1	1	2	1	3	0	1	0	5	2	3
DOLS	5	7	6	6	4	0	7	0	6	4	4	2	5
MCA	7	4	4	4	0	1	3	4	1	4	2	7	5
PIPOT cases	1	0	0	0	1	0	0	0	0	1	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0	0	0

Actions underway to recover position:

- Training dates until April 2024 have been uploaded onto ESR and the Trusts Intranet. The Communications Team have sent a Trust wide bulletin including all the safeguarding training available and to signpost staff how to access training. Ongoing work to enable onsite training rooms to be booked for SG training up to at least 6 months in advance to enable wards and other clinical teams to better rota and schedule staff to attend.
- Executive and Divisional leads have been written to by the Executive for Safeguarding seeking support to recovery and compliance at training.
- All non-medical clinical staff seeking to access additional training outside of mandatory training will have to provide evidence 100% mandatory compliance prior to approval

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



	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
No of Readmissions	3	0	3	7	5	4	7	2	4	5	3	1
Denominator	556	486	468	468	546	465	494	554	482	469	492	543
% Readmissions	0.5%	0.0%	0.6%	1.5%	0.9%	0.9%	1.4%	0.4%	0.8%	1.1%	0.6%	0.2%

20. Freedom to Speak Up Update

Concerns Raised

There were 11 concerns raised in October 2023 in relation to the following themes:-

- Inappropriate attitude and behaviour
- Poor support from managers
- Staff wellbeing and safety

Employee safety and wellbeing

No direct issues raised relating to patient's safety and quality. However, some employee related issues raised could potentially affect patient safety, such as staff retention and the impact on staff wellbeing. Staff reported being treated in an inappropriate manner and with lack of respect and poor support from managers.

One case escalated to senior management to review. awaiting further info in regards to outcome, resolution and learning.

Learning and Improvement Work Underway

Remains the same, with a focus on:-

- Implementation of TED Tool across the organisation to improve team engagement and development
- Improvement of culture and inclusivity within the organisation, staff feel more empowered to speak up without fear of negative consequences with the support of the Freedom to Speak up Team
- Working with the HR department to support, empower and educate managers on how to use Trust policy to help make informed decisions
- Feedback received from workers regarding improvements within their local areas following speaking up
- Collaborative working with FTSU Guardian, Matron and Head of Nursing to ensure action taken to support staff and embed learning

Operational Performance

October 2023

Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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

Operational Performance Summary

Performance to end October 23	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	55.16	55.10%	92%		F
104 week waits	0	0	0	L	P
78+ week waits	0	0	0	L	F
65 Week waits (65-77 weeks)	50	37	0	L	F
52 week waits (52 – 64 Weeks)	456	421	0	H	F
All activity YTD (compared to plan)	8,235	7,053	8,240		F
Outpatient activity YTD (compared to plan)	38,720 101.6% Cumulative	32,791 110.2% Cumulative	38,127 YTD Target		P
Outpatient Did Not Attend (YTD)	8.2%	7.8%	8%		F
PIFU (trajectory to 5% target)	423 7.5%	412 8.0%	193 5%	H	P
Virtual Consultations (target is plan, operational planning guidance is 25%)	10.1%	10.6%	19%		F
FUP attendances(compared to 19/20)	90.0%	90.7%	75%		P
Diagnostics volume YTD (compared to 19/20) – All Modalities	107.6%	107.3%	120%		F
Diagnostics volume YTD (compared to plan)	14,023 Cumulative	11,754 Cumulative	10,863 YTD Target		P
Diagnostics 6 week target	99.8%	99.9%	99%		P

Operational Performance Summary

	In month	Previous month	Target	Variation	Assurance
Theatre utilisation (Uncapped)	81.1%	82.1%	85%		F
Cancer - 2 week wait (May – Apr)	93.4%	97.3%	93%		P
Cancer - 31 day first treatment	92.3%	100%	96%		F
Cancer - 31 day subsequent (surgery)	100%	100%	94%		P
Cancer - 62 day (traditional)	25%	80%	85%		F
Cancer - 62 day (Cons upgrade)	87.5%	74.1%	n/a		No Target
28 day FDS	75.8%	79.8%	75%		P
Patients over 104 days (62 day standard)	0	0	0		P
POAC activity volume (YTD)	14,653 Cumulative	12,391 Cumulative	13,379 Cumulative		P
Bed Occupancy (excluding CYP and HDU)	72.1%	69.8%	82-85%		F
LOS - excluding Oncology, Paeds,YAH, Spinal	4.02	3.51	n/a		No Target
LOS - elective primary hip	3.00	3.30	2.7		F
LOS - elective primary knee	3.70	3.70	2.7		F
BADS Daycase rate (Note: due to time lag in month is July'23)	75%	74%	85%		F