



MINUTES

ANNUAL GENERAL MEETING

Venue Max Harrison Lecture Theatre, ROH

Date 23 November 2023, 17:00hrs – 18:30hrs

Present:

Name	Membership Category	Job Title (if applicable)
Tim Pile	Staff	Chair
Jo Williams	Staff	Chief Executive
Steve Washbourne	Staff	Executive Director of Finance
Simon Grainger-Lloyd	Staff	Executive Director of Governance
Sharon Malhi	Staff	Executive Chief People Officer
Nicola Brockie	Staff	Executive Chief Nurse
Matthew Revell	Staff	Executive Medical Director
Marie Peplow	Staff	Executive Chief Operating Officer
Umais Asghar	Auditor (Deloitte LLP)	Manager – Audit & Assurance
Rebecca Lloyd	Staff	Deputy Director of Strategy
Brian Toner	Lead Governor	Governor
Gavin Newman	Governor (Staff)	Governor
David Robinson	Governor (Stakeholder)	Governor
Julia Liddle	Governor (Public)	Governor
Arthur Hughes	Governor (Public)	Governor
Robert Rowberry	Governor (Public)	Governor
Karen Hughes	Staff	Head of Nursing
Ruth Hughes	Staff	Fundraising Manager
Simone Jordan	Staff	Non Executive Director
Gianjeet Hunjan	Staff	Non Executive Director
Adrian Gardner	Staff	Consultant Orthopaedic Surgeon
Amos Mallard	Staff	Head of Communications
Stephanie Jenkins	Staff	Senior Communications Officer
Arshad Butt	Member	
Dick Rogers	Member	
John Churchman	Volunteer	

In attendance

Claire Kettle	Staff	Personal Assistant/Minute Taker
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Apologies

Richard Phillips	Staff	Non Executive Director
Ian Reckless	Staff	Non Executive Director
Hannah Abbott	Governor (Public)	Governor
Rheya Dole	Governor (Public)	Governor
Petros Mikalef	Governor (Public)	Governor



Minutes

1.0 Welcome and Introductions

The Chair, Tim Pile (TP), opened the AGM for the year 2022/23, with a very warm welcome to everyone in the room and to all those who are livestreaming via Facebook. The Chair thanked everyone for giving up their time to join the meeting both online and in person.

TP explained there will be a number of presentations being presented by the Executive Directors and also in attendance are Governors and other colleagues and people who are involved in the hospital. TP commented everyone's attendance is very much appreciated.

TP went through the structure of the session and explained there would be a summary of the key things that have happened in the hospital over the last 12/18 months and commented that a lot has been achieved, all of which have been incredibly productive and progressive. TP highlighted there are challenges on a local and national level, but much has been achieved.

TP shared that there will be time at the end of the meeting for any questions people may wish to ask, including answering the questions that have already been submitted, ensuring he would make enough time should anyone present wish to raise any particular points or questions.

2.0 Minutes of the previous meeting held on 21 November 2022

TP explained that the minutes of the previous meeting had been published on the Trust's website and would therefore take these as approved, subject to the receipt of any comments received this evening.

Resolved that the Minutes of the Annual Members' Meeting held on 21 November 2022 be approved as a true and accurate record of the discussions held.

3.0 Review of the Year in Summary 2022/2023

TP handed over to and introduced Jo Williams (JW), Chief Executive Officer (CEO), to talk through a Review of the Year in Summary. JW wished everyone a good evening and introduced herself.

JW commented that she was privileged to be the CEO at The Royal Orthopaedic Hospital NHS Foundation Trust.

JW explained that she would share her short reflection of the year as the team would be sharing the highlights of predominately the financial year for 2022/23.

JW shared that despite the various challenges, the Trust is very proud of the dedication seen from all staff and the significant achievements that have been delivered over the past year. JW explained that throughout the evening, it will be demonstrated that the Trust has continued to focus heavily on its vision and its ambition working in partnership to provide Orthopaedic and Musculoskeletal (MSK) care both regionally and nationally. JW commented that the Trust has seen various partnerships that have grown, including Birmingham Health Partners (BHP), a strategic alliance that sees the coming together of local NHS providers and academic partners. JW commented that the Trust is also proud to be part of the



Federation of Specialist Hospitals (FOSH) which is a body of people that come together to represent the views of specialist organisations across the UK. JW shared that the Trust continues to be an active member and proud to be part of the Birmingham & Solihull (BSOL) system. JW commented that over the year the Trust has worked closely with partners to respond on the back of the impact of the Pandemic.

JW commented that a real highlight for the Trust was the National Staff Survey and shared that the Trust continues to be positive in terms of terms of the element of the NHS People Promise and staff feel valued, feel safe and feel healthy, including the overall morale in the organisation.

JW commented that it was great to be able to celebrate the Diamond Jubilee and staff were invited as part of the Big Lunch to mark this occasion. The Trust was also privileged to be a Beacon Site for the Jubilee. JW commented that the Trust always looks forward to the Blue Hearts staff ceremony which took place at Birmingham Botanical Gardens and over 500 nominations were received and we celebrated this with over 250 staff.

JW commented there had been many accolades over the period and the Trust improved its position as part of the UK 50 Inclusive Companies and moved from 15th to 7th place and she looked forward to December to see where we finish. JW commented that this was incredible achievement. JW stated that all of these successes have been driven by the willingness, commitment and flexibility of our extraordinary staff and also effective system and partnership working.

JW commented that she shares with her Executive colleagues that the Trust looks forward to continuing to develop the relationship with system partners and our peers. JW commented that it is known that the NHS remains with significant challenges as we address the legacy of the pandemic and also going forward in terms of the backlog of patients through that now needs to be treated.

JW concluded by stating that as ever, she was confident that the ROH will continue to build on its solid foundation and great care and clinical practice both at a system and national level.

JW thanked the incredibly dedicated people who make the ROH a truly special place, which are our patients, our staff, our volunteers, our Governors, our partners and the public. JW thanked everyone for their contributions in helping to make the ROH a true place that it is which is greatly appreciated.

TP thanked JW for her presentation and commented that he very echoed those thoughts.

4.0 Financial Review and Annual Accounts Highlights

TP introduced Steve Washbourne (SW), Chief Finance Officer (CFO) to provide a brief summary of the Trust's financial performance for the year 2022/23.

SW explained there were two main statements he would like to share. The first one is statement of competitive income on the slides entitled 'Financial Summary' and explained is taken from the accounts within the Annual Report. SW commented the Trust produces its accounts based on a consolidated financial position of the Trust and the Charity. SW explained in the Accounts this is referred as 'The



Group'. SW reported in 2022/23 The Group delivered a surplus of £1.441 million. SW commented this compares to a slightly smaller amount of £383,000 surplus that was delivered in 2021/22.

SW explained that in previous years NHS England have set a control total to the Trust which adjusts this surplus or deficit recorded on the statement of competitive income based on what it considers to be a fair reflection of the performance of the Trust in any one year. SW explained those are show on the table presented and explained this adjusts the £1.441 million surplus and takes out the impact of impairments and explained that every year the Trust is subject to a revaluation of its land and buildings and explained that the Trust also had to reverse out the impact of the impairments for this year. SW explained this gave the Trust a deficit of £1.2 million which is taken out of that performance. SW referred to the Accounts being prepared on a Group basis and need to take out the impact of the Charity and donated assets received to reach a Trust performance figure. SW explained the accounts are therefore adjusted by £60,000 and £82,000 respectively. This means that the Trust delivered a small surplus of £368,000 in the year.

SW commented the second statement he would like to share is the statement of financial position, known as the balance sheet. SW explained this describes and narrates the assets and liabilities of the Trust. SW highlighted one important adjustment being the right of use assets and SW explains this goes back to induction of IFRS 16. SW explained that IFRS (International Financial Reporting Standards) and Standard 16 is a new standard which relates to many of the Trust's operating leases which only was really changed through the income and expenditure and now being classified as right of use assets. SW further explained that the Trust has to put an asset value onto the balance sheet which was presented at £18.2 million.

SW explained for the down valuation we have to show a corresponding liability which is in two parts; the first one a liability of £2.9 million included within any current liabilities as this is repayable within 12 months and a longer term liability of £15.2 million which is repayable over a longer term and this is shown in the noncurrent liabilities.

SW concluded by confirming that at the end of 2022/24 the Trust finished with a total cash holding £8.8 million which was a slight reduction overall to the position as it was in March 2022.

5.0 Auditors Report

SW handed over to our External Auditor, Umair Asghar (UA), Manager, from Deloitte.

UA introduced himself and explained that Deloitte provide external audit services to the Trust.

UA went through the Scope of Deloitte's work and the Overview of their audit. This included the Annual Report and Financial Statements and Value for Money.

UA confirmed that Deloitte have reviewed and audited the accounts a clean and unmodified opinion was issued.



UA confirmed that similarly with regard to Value for Money (VFM) arrangements, there were no concerns.

UA also shared that the Consistency Schedule that was reviewed and there were no significant issues to report or address, again issuing a clean opinion.

AU went through the slide entitled 'Financial Performance' highlighting a surplus of £1.4 million, over a cash position of £9 million, with a NHS Oversight Framework (NOF) rating of 2 and commented that this indicated a strong financial performance of the ROH. AU confirmed there was nothing significant to report from an accounts or opinion point of view and commented on the challenges in 2024.

UA addressed the slide entitled 'Audit Findings' and thanked SW and the Finance Team members for all of their help and support in Deloitte issuing an opinion in due time.

UA confirmed that Deloitte as part of their audit have reviewed performance policies, VFM and there was nothing significant to report. UA concluded by thanking everyone and stated with regard to control findings, there were only two or three minor recommendations which have been discussed with Management.

TP thanked UA for his great work, presentation and for the work of Deloitte which is very much appreciated. TP also relayed thanks to Gianjeet Hunjan for her diligent Chairing of the Audit Committee in ensuring everything is managed successfully.

6.0 Performance Highlights, Including GIRFT Update

TP welcomed and introduced Marie Peplow (MP) Chief Operating Officer to present the Performance Highlights of the Year.

MP wished everyone a good evening, introduced herself and commented she has the pleasure of being the Chief Operating Officer at the ROH.

MP presented the Operational Performance Standards which included the Constitutional Standards of:

- the 18 week pathway
- the 62 days for Cancer
- the 6 weeks for diagnostics.

MP highlighted the above position is slightly different to that seen in the previous year and explained when the operational priorities were published on 24 December, there were a few key objectives operationally. MP highlighted that the Trust was still heavily impacted by the Omicron variant in terms of the Trust's emergency planning. MP highlighted there was a real emphasis on service restoration in terms of meeting new patient demands, this being on a system based approach and focussing on how we could work collaboratively to manage the backlogs, focus on reducing health inequalities, increasing our activity by 2024/25 by 30% and eliminating 104 weeks of patients waiting across the system for 2 years.



MP stated that this was not at the ROH but we have patients across the system. It was anticipated that the work would eliminate 78 week waits by April and 52 week waits by March 2025. Other areas included reducing our follow-ups so that we can see more new patients and reducing the significant backlogs across the country for cancer. MP commented that ROH continued with cancer management, so we did not have any backlogs and continued to deliver the faster diagnostic standard.

MP went through the graph entitled 'Referral to Treatment (RTT) in 18 weeks. MP explained this target is 92% but with significant backlogs, 92% became less achievable and explained that on the graph in April 2022 the Trust was at 67.7% increasing very quickly to 72% in August. MP commented that the Trust worked very collaboratively with the system (as referred to above patients waiting over 2 years) and transferred over 2100 (now up to 2700) of the longest waiting patients from our colleagues across at University Hospitals Birmingham NHSFT (UHB) and treated those patients at the ROH. MP highlighted the significant impact on the Trust's RTT position.

MP commented in March 2023, the Trust also provided Mutual Aid for Robert Jones Agnes Hunt (RJA) for around 300 patients and these were long waiting spinal patients, again with some of these patients had been waiting over 2 years to be treated.

MP shared that the ROH also helped 50 patients from other regional units who again were struggling to deliver long waiting patients.

MP reported that she was proud to share that in October 2022, the Trust had zero 52 week waits. MP referred to the graph relating to 52 week waits and explained the deterioration from this which was reflective of our action to take patients from across the system..

MP went through the Cancer standards and commented as previously reported, the ROH did not have any backlogs at the ROH and continued cancer throughout COVID. MP explained the first quarter was challenging in terms of some of the longer waiting patients and it was noted that a lot of tertiary referrals are received. MP commented that in Quarters 2, 3 and 4 the ROH was 'green' across all targets. With regard to the 62 day standard, MP explained this is based on a percentage and the Trust treats approximately 4 patient treatments per month at the ROH. MP explained that the ROH is a Complex Regional Centre and patients could come into the ROH on day 42 and commented this target does remain challenging.

MP went through the slide entitled 'Exemplary Imaging Performance' and commented that the Trust had not only achieved the national standard that was submitted to us but have gone back to achieving the constitutional standard of 99% and noted the fantastic delivery of services for Imaging. MP highlighted the increase in referrals, noting that MRI cases have almost doubled in terms of referrals to the organisation but still delivering that great care within 6 weeks for patients.

MP concluded with a slide entitled 'Recover and Deliver 2022/23' and touched on the work that has taken place including following:



- Implemented partial booking;
- In April introduced 'My Planned Care';
- Big push on efficiency in Theatres – great few months where we had a National GIRFT team on site and provided a 'Seamless Surgery Week';
- Opened College Green physiotherapy hub;
- Introduced maximising digital platform to ensure patient flow through is quick and seamless with great outcome.

MP reported how proud she was that the Trust achieved Accreditation Status for Elective Surgical Hub Accreditation on Thursday 13 July 2023. She commented this was a huge effort across the whole of the Trust showing the high quality of care that we deliver. MP commented that the Trust had a fantastic visit by the GIRFT (Getting It Right First Time) team and were awarded accreditation status on the back of this. MP highlighted some of the quotes on the slide from the Chief Executive, a housekeeper, a porter and around shared decision making.

MP concluded that in summary, we are in a very good position at the ROH and commented that we are delivering on diagnostics, theatre productivity is good and will continue to try and improve this. MP further commented there will be a real focus next year on Outpatients delivering patient initiated follow-ups, interactive bookings for patients supported by the digital team. She also commented that the Trust had a good year and thanked everyone for their support in achieving this.

TP thanked MP for her presentation and commented what an incredible year it had been. TP noted that much is down to her leadership and the extraordinary progress made. TP commented that the accreditation was a result of GIRFT and relayed thanks to Marie and the Team.

7.0 Estates & Digital Update

TP commented that SW would give an update on the progress on Estates and a update on Digital. TP commented that if organisations are going to be driven forward and improve on productivity and other things, there is a need to invest in the capital, the infrastructure, technology otherwise we will not get the improvements we are going to achieve. TP commented this was down to SW and his team and invited him to present the above update.

SW explained that the first table demonstrated how the money is spent and second table identifies how this is funded. SW commented the biggest section was around the right of use assets (as defined by IFRS 16), with digital an IT expenditure totalling just over £2 million, estates just over £1 million and smaller amounts on theatres, diagnostics and backlog maintenance.

SW explained where the money had come from and commented that most capital is internally generated by a Trust through depreciating its current assets. The Trust also received £900,000 of national funding to support the development of a fully integrated electronic patient record, some smaller amounts for Cyber Security and also diagnostic digital capability programme.

The financial impact was noted under the lease liabilities under IFRS 16.

SW went through how the estate had been transformed including:



- The opening of College Green at the start of April 2023 which was a purpose built-Physiotherapy and Podiatry facility.
- Opening ROH Community 'MSK' Hub at Griffins Brook which was re-providing of an old GP facility into a Community Hub. First time of taken facilities off the ROH site and SW shared that both facilities have been well received from both patients and staff.
- Conversion of the existing Fluoroscopy room to a digital x-ray room
- Refurbishment of the Imaging Department Administration Area
- Relocation and Installation of a new Clinical Room on Wards 3 & 12
- Refurbishment of Theatres 3 & 8 and Maintenance programmes completed in Theatres 11,12 14 & 15
- Refurbishment of Ward 3 & 12 including a full new Kitchen and the installation of all new LED and Emergency lighting
- Installation of new patient entertainment systems across all wards helped and supported by our Charities.

SW went through the projects for 2023-24 including:

- Café Royale Redesign and Refurbishment
- New facilities Offices
- Refurbishment of the 3T MRI Unit
- Refurbishment of the Portering facilities
- Refurbishment and expansion of Oncology Services
- Relocation of the appointment and validation teams
- Expansion of PV Solar Panels
- Ongoing LED lighting Replacement
- Review of parking provision

SW touched on the car parking provision and recognised that we know parking is not where we want it to be at the ROH and commented that the parking contract expires at the end this year. SW shared that we were looking to transform this to an ANPR system and will review the provision of parking.

SW gave an update on 'Digital' and it was noted the largest project that took place was Cloud Migration. SW commented we were the first trust in the region to do this at scale and shared that this has been a fantastic success and has increased our resilience and site security capability significantly. SW



commented that we continue with PICS which is our electronic prescribing system. SW also highlighted the other initiatives, developments and schemes which were also delivered within 2022/23.

TP thanked SW for his presentation.

8.0 Strategy Update

TP introduced Amos Mallard (AM), Head of Communications to take members through the strategy of the hospital for the next 5 years.

AM commented that it had been a great privilege to help lead the Trust in developing a strategy over the last 12 months and commented it was the right time to do this coming out of COVID and the emergence of the ICS (Integrated Care System).

AM commented what was really important was that that the strategy was based on patient feedback. AM shared a slide entitled 'Patients' and commented that the ROH is very focused on patient experience and clinical outcomes and explained that as we developed a new purpose, our thinking was around this. AM explained the existing purpose which was *'to be the first choice for orthopaedic care'*. AM shared that the Trust had developed a new proposed purpose around what we do for our patients, this being *'less pain, more independence, lifechanging care'*. AM explained this is what constitutes our new purpose. AM explained this had been developed from patients who are excited in embedding this over the next 5 years.

A short animation was shown entitled *'Reducing pain and restoring independence'* to show the kind of care we want everyone to experience when visiting the hospital – outstanding and exceptional patient sense of care.

AM went through 'Our Strategy 2023-2028' for how we received the above. AM explained the 6 objectives being:

- Care
- Expertise
- People
- Community
- Services
- Collaboration

AM concluded that this will be the Trust's strategy and what will be different in the next 5 years as we deliver it. AM commented we are really excited about it and it is going to be fantastic for our team and most importantly for our patients, as we are driven by this purpose and notion of reducing pain and restoring independence and giving people lifechanging care.

TP thanked AM for his presentation and commented that the Trust is genuinely very excited and one of great things about developing strategy has been the engagement of so many people within the hospital as that is how it is going to be delivered over the next 5 years by everyone in the organisation. TP thanked all involved.

9.0 Quality Report Highlights



TP introduced Nikki Brockie (NB), Chief Nurse, to go through the summary of the Quality Report Highlights.

NB wished everyone a good evening and commented she had great pleasure in presenting the Trust's Quality Priorities for 2022/23.

NB explained that these were set based on having a look back over the year and exploring our complaints, our PALS, our CQC and patient survey data as well as staff engagement and feedback from various different areas to identify our priorities as below.

NB explained there were 5 priorities; 3 were achieved and 2 were not achieved at the time.

Priority 1 – Patient Safety Strategy (having come out of covid to move forward).

Continues to progress embedding this. NB explained that we also wanted to look at our safer surgery processes and it was noted this was a good opportunity to ensure we were doing everything we could and had real focus WHO checklists and strengthen them and continue to work forward. The purpose also was to roll out our Human Factors training workshops, which was then supported by a series of workshops and training packages to follow. Phase 1 had been achieved and NB commented that we have moved into Phase 2 and the work continues to be a Quality Priority for this year.

Priority 2 - Bereavement Services and Multi-Faith Provision

NB commented that having arrived in the organisation and listening to and hearing feedback from having cared for our patients during COVID, it was clear we needed to look at our provisions around our mortuary and strengthen our Bereavement Services. NB commented that we did not achieve this in the year due to complexities around moving our mortuary but have now achieved this. NB shared that the Multi Minority Ethnicity Group had developed a Multifaith booklet which has been launched across the organisation. A working group has also been set up to look at the multifaith room for our patients and our staff and this has now been fully achieved.

Priority 3 – Learning Disability Improvement Standards

NB commented that she was delighted the Learning Disability and Autism Strategy was launched in 2022/23 and work is under way. NB explained we also took part in the national benchmarking which identified key areas we would need to work on in the coming year. NB shared that we aspired to set up an LD & Autism Forum which has proved difficult and are now trying to work with specialist schools and partners across the system to find an alternative way of progressing this. NB explained that this priority was not fully achieved but a strategy is in place for this which is being worked on.

Priority 4 – Pain Management

NB commented that we set out to undertake gap analysis against the Core Standards and to identify any gaps within our service with a view to working forwards with a plan of how we would address them. NB shared that we currently have our Rapid Response Team committed to undertake additional training and are working with our Pharmacy Department to grow their knowledge base but there is still work to be done. NB commented that we did set out to the achieve gap analysis and consider we have achieved that with the work to do. NB explained Chief Pharmacist undertook some work to undertake an Opiate



review and has made some changes how we provide that pain management which has proved to be successful. It was noted that this was benchmarked against our peers and is going in the right direction.

Priority 5 – Implementing Shared Decision Making

NB commented that in 2021 NHS England introduced a new guidance around with a view that every patient should be able to be involved in their decision making around their treatment. The plan for this quality priority was to implement the Collaborate survey into our outpatient questionnaires, we had a target of 65% and the Medical Director led this piece of work and NB was delighted to report that by Quarter 4 this target had been increased to 75% following success.

NB reported that there was also a view to look at our training provision and was successful in securing funding for some development videos around training and be able to strengthen this.

Quality Priorities for 2023-24

NB shared the following 5 Quality Priorities for the year 2023-24 as follows:

- Safety - Continue to embed a Safety Culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) in the Trust. While continuing to embed safety initiative into the Trust
- Care - Improve the quality of communication to our patients.
- Effectiveness - Improve awareness of good 'Antimicrobial Stewardship'.
- Responsive - Optimisation of patient's health prior to surgery.
- Well-Led - Ensuring clinical knowledge gaps are identified and addressed to ensure our workforce are culturally responsive to the needs of the people we serve using a continuous improvement methodology.

TP thanked NB for a great summary and thanked her and the team for the hard work carried out around this.

10.0 Charity Update

TP introduced Ruth Hughes (RH) in the absence of the Head of Charity, to give an update on the Charity.

RH introduced herself as the recently appointed Fundraising Manager and commented that she had the wonderful job of looking after the Charity.

RH shared that it has been a successful year for the Charity and RH shared the main initiatives in the presentation which included:

- £3,000 distributed to oncology patients struggling with travel expenses due to their cancer diagnosis.
- £5,000 for a handheld scanner purchased to enable in-clinic small scale scans.
- Reintroduced patient care packs to help patients feel more supported during their stay with us.
- £27,000 of research expenditure was funded throughout 2022-23.
- Have funded all expenditure put through the Dubrowsky Regenerative Medicine Laboratory to enable more life-changing research.



- Hardship fund was launched. So far over £8,000 of funding has been distributed to staff and patients in short-term hardship.
- Funded £6,000 of staff training.

RH shared the Charity Key Milestones for 2023-24 which included:

1. Create and launch a comprehensive, Trust aligned 5-year charity strategy (2024-2029).
2. Grow the Charity team to support large grant funding applications.
3. Increase donation income by 40%
4. Continue to consolidate funds wherever possible.
5. Continue to raise the profile of ROC, so it is considered a well-recognised Charity within south Birmingham.
6. Increase corporate partners to support with ROC events and appeals.
7. Establish a ROC ambassador programme.
8. Grow community MSK prevention information and activities sponsored by ROC.

RH concluded her presentation by sharing a slide entitled '*how your support helps*'. RH commented there is various information and events displayed on the ROC website and further information can be obtained by contacting the Charity Team direct.

TP thanked RH for her concise presentation.

11.0 Robotics Presentation

TP introduced Mr Akash Sharman (AS), Consultant Orthopaedic Knee Surgeon, to provide an overview of robotics in Orthopaedics.

AS introduced himself, including his commencement at the ROH and gave an overview of robotic surgery, explaining what a robot is in surgery.

AS thanked Amos Mallard and his team for their help in producing some excellent videos for training purposes.

AS highlighted the quote on the slide entitled 'Why 3 Robots? Why Any Robot?' AS shared the quote "We are relying on centres like the Royal Orthopaedic Hospital to tell us whether or not Robotic surgery is the future for our patients, regionally, nationally and internationally". "We expect them to be early adopters and tell us what to do".

AS thanked everyone for giving him this opportunity to present an overview on robotic surgery and this concluded his presentation.

TP thanked AS for his presentation, noting the content was exceptional and we should be proud in how we continue to drive forward.

Following the above presentations, the Chair commented that the formal resolution was required to the agreement and approval of the Annual Accounts and the Auditor's Report. The Chair commented that unless he hears otherwise, he will take the below items as approved and ensure that there are no comments received online.



- The Annual Accounts
- The Report of the auditor on them
- The Annual Report

It was noted that accounts and auditors report was approved.

Resolved that the Annual Accounts, the Report of the Auditor on them and the Annual Report be approved.

TP commented that this concludes the formal part of the proceedings and thanked the presenters for everything they have contributed and thanked everyone both on-line and in person for attending the meeting and for being so diligent and hoped that everyone found the meeting interesting and useful to hear everything that is going on about the hospital.

12.0 Questions from Members and Public

TP asked those present if they had any questions from the presentations received this evening and explained that he would then address the questions that have been received to date.

Question 1

Rob Rowberry, Governor, asked does every patient for knee surgery receive treatment robotically.

Trust Response

TP responded this was not the case and explained that the Trust has limited capacity to undertake robotic surgery. Akash Sharma explained the reasons behind robotic surgery and eligibility.

Question 2

John Churchman (JC), Volunteer, made reference to the Quality Report, around the Multifaith Room, and stated this was a difficult place to find and seemed to be isolated and expressed concerned on the safety for everyone using the room.

Trust Response

The Chief Nurse commented that signage is being looked at and the Multifaith Room is located next to one of our wards. NB commented that she would take this on board to see if there is anything we need to think about in terms of its location.

TP reiterated the two points JC made being position the room is in and the ability to find it. TP commented he would very much welcome the Trust to improve the signage significantly and have a map either electronically or physically for everyone. TP stated this will be addressed.

Question 3

Dick Rogers, former Registrar at the ROH, referred to the 7.8 million people in the country waiting for an operation and asked how does the ROH fit into this, and does the hospital have thoughts on how this can be overcome? TP commented that this was an important question and responded this is not only a huge number and a huge challenge to the country, but actually both politically and socially when people talk about the backlog, the best way we can address that at the ROH is to continue doing what we are good



at which is orthopaedics and to treat as many patients as possible, safely, productively and efficiently. We will do our bit but the best we can do within the system both regionally and nationally is to continue to develop what we are good at and expand our capacity.

MP commented from an operational point of view it is around expanding our capacity and are currently working on our day case capacity. In terms of across the West Midlands, we should be leading orthopaedics across the Midlands and BSol. MP gave the example where the ROH took 3000 patients as mentioned earlier in the meeting to equalise waits across the system. MP commented that we are working on developing a single waiting list which would help. MP commented that the ROH is best place to lead it by continuing to expand it but also using all of the facilities across BSol. MP referred to the fantastic new centre being developed at Solihull and the Trust will work collaboratively but maximising efficiency using the accreditation in particular to maximise the numbers that we see.

Question 4

TP commented we have received two questions around parking.

- 1) The blue badge rules (free parking in any space) are difficult to see. People often pay who do not need to, so can you consider ways to improve this please?
- 2) Because of limited parking spaces at the ROH, people are often very stressed when they cannot find a space and their appointment time is approaching or has already passed. People can face the quandary of whether to leave a disabled patient unattended outside the main doors of outpatients while they try to park the car, or to continue to circle with them, hoping a space will appear somewhere. What are your thoughts on this please?

Trust Response (Chief Finance Officer)

- 1) SW referred to his presentation and commented that we are aware that parking is problematic at the ROH, and we are about to do a full review of both provision and how people pay for it and the mechanisms within that. SW commented that we will only ever have our finite spaces so it is difficult to put more parking in, however, we will best target the spaces we do have.

JC commented it was almost impossible to understand how use the car parking machine from the details on the actual machine. SW commented that this will be replaced via an ANPR system which will have number plate recognition.

- 2) TP recognised patients turn up at the ROH main site find their appointments are elsewhere and there are issues there. TP if we had in place the new car parking system in place it will allow patients and visitors free parking for 15 minutes, for example, so they would not have to pay all and this will address the issues raised. SW as part of that review it would be great to seek engagement across with patients and helpers.

Karen Hughes, Heading of Nursing, commented that patient communication is being improved, including standardising letters and would highlight the parking procedures at the hospital.

Question 5

The cost of living crisis has been severe and has affected many. Are there any plans to improve the offering to staff and patients next year?



Trust Response (Chief People Officer)

SM referred to the Charity presentation and the hardship fund in place to support staff. SM also shared that the Trust continues to improve via our Focus Groups and Patient Feedback Forums.

TP commented if there are any further questions submitted online the Trust will aim to answer these within 24 hours if possible.

13.0 Closing remarks

TP thanked everyone for attending and giving up their time and for all the people online for attending. Tim relayed his thanks to the Governors, Directors and to all the presenters, including our guests from Deloitte's and thanked internal colleagues for their presentation. TP commented it is much appreciated. Tim concluded the ROH is an extraordinary organisation delivering exceptional care and achieving great things and recognised the challenges ahead but also that we have maximum opportunity to address more of our patients with life changing care.