



MINUTES

ANNUAL GENERAL MEETING

Venue Max Harrison Lecture Theatre, ROH

Date 20 November 2024, 17:00hrs – 18:30hrs

Present:

Name	Membership Category	Job Title (if applicable)
Tim Pile	Staff	Chair
Matthew Hartland	Staff	Interim 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
Rebecca Lloyd	Staff	Director of Strategy
Alison Money	Staff	Deputy Chief People Officer
Mo Ramzan	Auditor (Deloitte LLP)	Director
Brian Toner	Governor	Lead Governor
Izzy Munford	Governor (Staff)	Clinical Governance Facilitator
Hannah Abbott	Governor	Stakeholder Governor
Arthur Hughes	Governor (Public)	Governor
Robert Rowberry	Governor (Public)	Governor
Gareth Yeomans	Governor (Public)	Governor
Karen Hughes	Staff	Head of Nursing
Jack Ellis	Staff	Staff Governor
Ruth Hughes	Staff	Fundraising Manager
Simone Jordan	Staff	Non Executive Director & Vice Chair
Gianjeet Hunjan	Staff	Non Executive Director
Jenny Belza	Staff	Non Executive Director
Simon Page	Staff	Non Executive Director
Pete Law	Governor (Staff)	Graphics & Media Manager
Christine Terry	Public Member	Retired Nurse
John Churchman	Volunteer	
Online Attendance		
Chris Langley	Governor	Stakeholder Governor
Amanda Gaston	Staff	Deputy Director of Finance
Alex Gilder	Staff	Deputy Director of Finance
Omana Thachil		
Christopher Roberts		
Kimara Sharpe		
Yash Almwar		
In attendance		
Claire Kettle	Staff	Personal Assistant/Minute Taker



Minutes

1.0 Welcome and Introductions

The Chair, Tim Pile (TP), opened the AGM for the year 2023/24 with a very warm welcome to everyone who has joined the meeting both in person and online via Teams and relayed his thanks to all for giving up their time.

TP explained the Annual General Meeting has been scheduled slightly later than usual due to the timing of the Trust's Annual Report being laid before Parliament and commented this was in line with the requirements of the Trust.

TP explained structure of the evening, including various presentations and shared there will be a question and answer session at the end of the meeting. TP commented on the great representation from our Governors, Volunteers, Staff and Non Executive Directors, as well as a number of people who have joined the meeting on-line, as well as members of the public and once again relayed his thanks to everyone for joining.

TP commented it has without doubt been a challenging year and continues to be challenging both in terms of the national perspective but also challenging locally as well. TP explained the NHS is going through quite a period of change in terms of the priorities, expectation and its contract with the public.

TP stated the Trust has responded extremely well to these changes for this period 2023/24 in terms of what is being achieved at the moment as the Trust goes through the financial year. The excellent response was noted.

TP highlighted there were still considerable areas to improve which is acceptable and commented the way the Trust has actually responded to this changing environment has been absolutely exemplary and congratulated all of the staff and everyone involved in achieving this.

2.0 Minutes of the previous meeting held on 23 November 2023

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 23 November 2023 be approved as a true and accurate record of the discussions held.

TP commented he would focus further on the National picture later in the meeting should there be any questions around this.

TP commented that Matthew Hartland, Interim Chief Executive, will provide a brief summary of where we are as a hospital, including some of the challenges ahead. TP explained that Jo Williams, CEO, has been seconded to Shrewsbury & Telford Hospital (SaTH) from the middle of September 2024 to March 2025 and commented that Matthew has quite brilliantly stepped into the breach and has been with us since the middle of October (2024). TP commented the Trust is extremely fortunate to have someone of Matthews' experience acting as interim CEO for The Royal Orthopaedic Hospital as the Trust goes



forward.

TP handed over to and introduced Matthew Hartland (MH), Interim Chief Executive Officer (CEO), to talk through a Review of the Year in Summary.

3.0 Review of the Year in Summary 2023/2024

MH thanked TP, wished everyone a good evening, welcomed all to the meeting and commented he has been working at the Trust for five weeks since Mid-October. MH explained Jo Williams' secondment to Shrewsbury and recognised the excellent work that has taken place under Jo's tenure, along with the support of the Executive Directors who have done a fantastic job and shared this will be presented in more detail throughout the evening.

MH explained the requirement of this meeting is share the Trust's Annual Report & Accounts for 2023/24 and stated the Annual Report is on-line and described within it, included the Trust's accounts, Auditors report, performance and a review of our Governance. MH encouraged all to read this document.

MH shared a few of his reflections during his short time at the Trust which included him saying and referring to the ROH being special place, not only because the Trust is a Specialist Hospital but his view of the ROH as an organisation. MH shared a number of reasons for this, as detailed in the Annual Report, including the best clinical outcomes in the Country (as evidence refers) and gave an example of this where the Trust was awarded Gold Level from the National Joint Registry. MH shared other examples around how well the Trust achieves, including performance targets in that the ROH was one of the few trusts both in the region and nationally, that has achieved the 65 week waiting list target which was an excellent achievement for the Hospital. Other areas MH reflected on was the brand: the Trust's international reputation being second to none, both for us as an organisation and also referred to the consultants that work for us as well and commented on the importance of the work that we allow them to do to flourish and also recognised the work that they are doing on our behalf.

MH referred to the Patient Experience and Inpatient Scores and commented the ROH was one of the highest performing trusts from a patient perspective and commented this should be celebrated and recognised. MH reflected on the great work the Trust does leading the system, including some work across Birmingham & Solihull system, be it the MSK Academy, MSK transformation and also the work that the Trust does in leading some of the new initiatives for the new staff offer, including the recruitment work taking place to be able to lead these new initiatives.

MH stated that most importantly, the work that colleagues and volunteers in the Trust have undertaken really does show the extra mile that everyone has gone to in achieving what the Trust has achieved, and on this basis, MH shared that he was really pleased with his appointment as Interim CEO within the Trust.

MH referred to the Annual Report and went through some of the key successes, which included the Trust becoming a GIRFT (Getting It Right First Time) Elective Hub and commented this was a really important status and recognition for the Trust, for the work that is done for both for our elective work and also how the Trust is recognised nationally to be able to perform in the way that we do.

MH also shared that the Trust became a Major Revision Centre and explained this was a clinical specialism around the work we undertake and this recognition has proved positive for the Trust.



MH commented on the challenging financial year the Trust has had but within it have still been able to achieve our outcomes, performance, quality measures and highlighted that the Quality Accounts are on the Trust's website for reading and noted the good work the Trust had achieved from a quality perspective.

MH shared that the Trust is proud to assign the Armed Forces covenant and become Veteran Aware and also from an environment perspective, the Trust reopened its Oncology Unit last year which benefits both our patients and our staff.

MH referred to the year ending in April as being an excellent year but recognised there was more to do and one of the things that we are unable to hide as an organisation, which is also an issue nationally, is the financial position and the financial challenges that the Trust faces, as does the rest of our region and the rest of the country. MH commented the Trust does need to be financially sustainable as an organisation and explained this allows us to be in control of our ourselves as an organisation, giving us the ability to invest in what we think is important for the Trust to be able to improve. MH commented it was imperative over the next few weeks and months that the Trust becomes more financially stable than we are at present.

MH reflected on Digital and shared the Trust has a programme underway at the moment for our Electronic Patient Record, as one example of our digital improvements which will transform the way that we operate and will benefit both our staff and our patients.

MH shared that the Trust is working with the National Orthopaedic Alliance (NOA) and the Federation of Specialists Hospitals (FOSH). MH commented this is important for us as an individual organisation but will also help support other members of these groups.

MH commented on the National issues being faced which the Chair referenced due to the new Government and stated that it is really important, that specialist hospitals are clear about their role within the systems and nationally to maintain the continued support currently received.

MH commented the Trust does need to continue with improving performance, noting that although the 65 weeks target had been achieved, 52 weeks is the next challenge. MH shared there were plans in place to be able to achieve this. MH commented what was important to him now is how the Trust positions itself as an organisation within the new system.

MH made reference to the 10 Year Plan arriving at the end of the year and into Spring and how the Trust makes sure as an organisation that we are ready for this both locally, individually within the system, as well as nationally. MH shared this is a key piece of work that will be commenced over the next few months to ensure that the Trust is ready for this challenge. MH commented he believed the Trust is in a position where it can achieve this and build upon the great success it currently has and commented that he was really pleased to be able to be part of this.

MH concluded the Review of the Year by thanking everyone.

TP thanked MH for his presentation and commented on the achievements of the Executive in this fantastic hospital.



4.0 Financial Review and Annual Accounts Highlights

TP introduced Steve Washbourne (SW), Chief Finance Officer, to present the Annual Accounts.

SW explained the Trust's financial position is based on a consolidated financial position of the Trust and its Charity (together 'the Group').

SW reported this consolidated financial position is referred to as the Group within the Annual Accounts and this commentary. The group delivered a £5 million deficit for 2023/24 and this compares to a £1.4 million surplus in 2022/23.

SW commented in previous years, the control total has been set for the Trust, which adjusts the retained deficit for the group by removing the impact of impairments, donated assets and the Trust's charity. SW explained the control total is used by NHS England to assess the Financial Performance of the Trust 2023/24 and this is £4.6 million deficit indicated in the 'Financial Summary' slide.

SW explained the SOCI (Statement of Consolidated Income) also reflects other comprehensive income and expenditure that is not classified as income expenditure. This includes further impairments of £2.8 million, which is partially offset by a revaluation gain of £0.957 million, both of which relate to the revaluation of buildings which are detailed in note 7.1 of the accounts, a small increase in value of non-current assets £55,000, which is detailed in note 19 of the accounts.

SW referred to the Statement of Financial Position slide and explained this sets out the total assets employed by the group.

SW explained in terms of net current assets, this shows a small reduction from previous years. SW explained the introduction of IFRS 16 resulted in many of the Trust's operating leases being reclassified as right of use assets and non-current assets reflect this, and explained right of use of assets was therefore created in 2022/23 at just over £18 million in non-current assets. SW commented this now had been reduced to £15.9 million, which is included note 18.1 to reflect the first year of use in the impact of any disposal.

SW reported that current assets relate to reduction in cash of around £6 million and this is reflected in the financial deficit of the Trust for the year.

SW explained that current liabilities also show reduction and this relates to reduction of value of accruals included at the end of the year and non-current liabilities also show reduction mainly due to the lease liabilities due beyond 12 months. These non-current lease liabilities will reduce annually in line with the reduction in non-current throughout the assets above. This means the total assets employed by the Trust has reduced slightly from 52.9 million in 2022/23 to 45.8 million in 2023/24.

SW commented that the next slides being shown demonstrate analysis of income, expenditure and capital expenditure employed by the Trust and stated in terms of the income being received by the Trust, there was actually a fairly significant increase in income from £127 million to just over £135 million. SW explained this reflects the additional allocations that were received through the Birmingham and Solihull system to support elective recovery during the year.

SW explained the majority of the income for the Trust comes from two main sources; firstly, Integrated



Care Boards, which has increased from £83.9 million to £88.6 million and the second from NHS England, which has increased from £32 million to £35 million.

SW commented that the operating expenditure has also increased, noting the main increase is our staff which is the biggest resource the trust employs and this has increased from £75.2 million to £79.1 million.

SW explained the slide relating to the purpose of healthcare services and commented these are service level agreements that the Trust uses from other NHS healthcare providers and also include the provision of NHS healthcare services from non NHS providers. It was noted within that is that our theatre managed service run by GenMed and also a smaller orthotics SLA run by Ortho Europe.

SW reported that capital expenditure had reduced from last year, which reflected a reduction in external funds that were available to the Trust and also the impact of the right of use asset. SW commented during this year, the Trust spent £4.1 million on capital and the biggest share of that being on our estate, followed by theatres equipment and remeasurement of leases.

SW commented that we continue to invest in our IT and also our diagnostic equipment with a smaller amount on backlog of maintenance.

SW thanked everyone and handed over to Mo Ramzan from Deloitte, the Trust's External Auditor, to present the Auditors Report.

TP thanked Mo for joining the meeting which was very much appreciated.

5.0 Auditors Report

Mo Ramzan (MR), Director, from Deloitte introduced himself and explained that Deloitte provided external audit services to the Trust and commented it was his pleasure to present the work undertaken on the 2023/24 financial statements of the Trust.

MR went through the scope of work undertaken which covered the financial statements, the Annual Report, the Annual Government Statement and shared within his presentation the procedures undertaken as part of their duties. MR explained the opinions that was provided for the Trust.

MR touched on the financial statements, value for money and also the national consolidation process, and reported that that all opinions provided were clean and unqualified opinion. The positive outcome from the external audit process was noted.

MR went through the slide entitled 'Overview of the Financial Performance' which SW touched on in his presentation. MR explained this overview shows that the Trust in terms of the framework ratings was rated in Segment 2 and achieved the efficiency targets set for the year and whilst reporting a deficit position impacted also on the cash position of the Trust.

MR highlighted the comments within the presentation slides reflecting some of the challenges that are faced by the Trust and the sector, recognising the challenging plans that have been set for 2024/25, noting these require close monitoring and action to deliver.

MR went through the Audit Findings and explained this slide sets out the views of the Auditors across a



number of areas. Firstly, in terms of accounting performance and MR commented he wanted to recognise Steve Washbourne and the Finance Team and thanked them for their assistance during a smooth year end audit process.

MR commented that the Trust's Annual Report and Annual Governance Statement have been reviewed and Auditors comments were provided, including feedback. MR confirmed that these were taken on board by the Finance Team and updated versions had been signed and improved.

MR commented that he was pleased to report that the work around Value for Money did not identify any significant weaknesses in arrangements at the Trust and in terms of other findings from the audit, there were three control findings that were recommend, detailed in the Auditors report, presented at the Audit Committee. It was noted that action plans were put forward by Management and approved by the Committee and will be followed up going forward.

MR commented that this concluded his presentation, thanked everyone and commented that he would be happy to take any questions or observations. No further questions or observations were raised.

TP thanked MR for his time and for joining the meeting and thanked SW for his presentation and relayed his thanks to the Audit Team.

6.0 Performance Highlights, Including GIRFT Update

TP introduced Marie Peplow (MP), Chief Operating Officer to present the Operational Highlights of the Year.

MP wished everyone a good evening and introduced herself, commenting it was a real pleasure and privilege to be here this evening to present the Operational Highlights for the last year.

MP explained it is a constitutional duty to present the operational performance indicators as an organisation and commented these are not just targets but are our patients. MP explained the statistics being shared are related to our patients where we have delivered more independence and life changing care in line with our strategy.

MP went through the operational performance indicators used in the NHS Improvement framework and explained the 18 weeks process; the maximum time of 18 weeks from point of referral to treatment (RTT) aggregate – patients on an incomplete pathway should be 92% monthly.

MP stated that all cancers, maximum 62 day wait for first treatment from Urgent GP referral for suspected cancer has nationally reduced to 70%. MP explained that this is still monitored locally at 85%, but as highlighted in the presentation, it will be 70% in line with the national target and then the maximum six weeks for diagnostics procedures; 99% monthly.

MP went through the operational priorities and explained we have to increase our elective activity by 4%. MP explained this is really important as we have a backlog of patients waiting post COVID. MP explained the more activity we can deliver the more patients' lives we can change. The system target for activity for 2023/24 was 14,316 and the Trust achieved 14,481.

MP shared that the target to eliminate all waits of 78 weeks or more had been achieved by April 2023 was achieved and the target to elimination waits of 65 weeks or more had been extended to September



2024 and this was also achieved.

MP commented that the outpatient transformation programme was used to improve performance indications such as patient initiated follow up (PIFU) where the national target was 5%, MP reported the Trust is now at 10% noting this has also been achieved.

MP reported that the Trust has achieved the GIRFT Elective Hub status and achieved this in July.

MP shared that work was taking place towards the delivery of seven day operating model to improve our productivity and access.

MP explained the Demand and Capacity Workforce Review was undertaken to understand how we make sure that every single theatre is utilised for 50 weeks of the year, five days a week and on Saturdays and Sundays for the seven day operating model, noting this was achieved.

MP commented that we continue to be a lead provider in Mutual Aid, and over the last two years have provided Mutual Aid to over 3,500 patients. MP explained this was provided to a number of patients in the system, around 3000 patients in our local system and then further afield for other centres.

MP touched on activity and commented that we stay at the top of this chart for October 2024 and thanked the Medical Director for providing this information. It was noted the Trust delivered the highest level of elective orthopaedic procedures in the country.

MP explained the Trust's Referral to Treatment (RTT) time and commented that nationally, not many trusts are achieving anywhere near 92% but the Trust has seen a slight decline around about the same as last year and explained this is because of the impact of all the Mutual Aid work that has taken place. MP further explained that the Trust has offered our capacity to the system, which has meant that we have created waits across the system which will be further explained within this presentation.

MP reported that our spinal referrals have increased. MP referred to the graph in her presentation which indicated patients waiting. MP stated there is more work to do in Spinal.

MP referred to the Cancer waiting times - 96% achieved; 70% for 62 days and 75% achieved for the faster diagnostic standards.

MP commented that the numbers of patients we see are quite small, but are quite complex patients and to deliver that in the 62 days is sometimes quite challenging for some of these patients.

MP shared the exemplary imaging performance target for 2024/2024 at 99% which she was really proud of.

MP concluded her presentation by detailed the '2023/24 Key Milestones for Improving Productivity' including:

- GIRFT Accreditation in July 2024.
- Presenting our Elective Hub Accreditation Journey to the Royal College of Surgeons.
- Winning Two National Orthopaedic Alliance Awards.



- During January 2024, MP took a paper to the system for Elective and Ambulatory Care Day Case Unit, detailing the concept of having a new unit at the ROH to provide day cases and a formal Business Case is scheduled to be taken to the system.
- March 2024 – fourth X-Ray Room with the help of the Estates Team to a Digital X-Ray Room where we can now see patients on the day and most patients here now go through the clinic and have their X-Ray appointment on same day – the great success story was noted.

MP commented on the delivery of excellence in care and commented on the 'Excellence in Operational Delivery Certificates' that the staff achieved which was heartwarming to see everybody coming along and being really proud of the organisation and receiving certificates that Jo Williams provided to every member of staff that came along.

MP highlighted she was proud of what has been achieved but recognised the need to focus next year on productivity which MH alluded to.

TP thanked MP for an excellent presentation and despite it being a brief summary, the enormous amount that has been achieved was noted, stating that everyone in the audience should be incredibly proud of what has been and is being delivered on a daily basis.

7.0 Quality Highlights

TP introduced Nikki Brockie, Chief Nurse, to provide an overview on the Quality Highlights.

NB introduced herself and commented she stands with pride in presenting the Quality Priorities for 2023/24.

Safe: *Continue to embed a Safety Culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) in the Trust. While continuing to embed safety initiative into the Trust.*

NB explained the year started by looking at where would the focus would be best placed and the information was used that came through PALS & Complaints feedback, incidents and also via intelligence about quality improvement initiatives that we would like to explore within the organisation.

NB explained last year's focus was on PSIRF (Patient Incident Response Framework) and this has nationally been rolled out and it was felt that it was really important to have it within our quality priorities to make sure that it reached every aspect of our organisation.

NB commented that the goals that was set out within the original quality priority was achieved and that involved working across everybody's portfolio, introducing a policy, rolling out education, making sure that our teams were equipped from a quality improvement point of view as the focus is very much on about learning and moving forward. The target was achieved and that has now moved to 'business as usual' and will continue to evolve as we work through that.

Safe: *Improve the quality of communication to our patients*

NB explained the second quality priority was led by the Head of Nursing which was around improving the quality of communication for our patients. There was a real focus on undertaking a deep dive to understand if we were meeting the correct level of communication with our patients and looking at the



Good Communication Guide and focus was given at looking at leaflets, letters, any form of communication going out through the organisation. NB commented that this worked well but it was felt it needed to move into the second year to focus more on our patients from a Learning Disability and Autism background who perhaps would like easy read materials and it was noted that this work is continuing

Effectiveness: *Improve awareness of good 'Antimicrobial Stewardship'*

NB shared this priority was around improving awareness of good 'Antimicrobial Stewardship'. NB commented we know that out there today that there are bugs that are resistant and that the concern in this space is that we may eventually run out of antibiotics and to be responsible is really important. NB explained that our pharmacy colleagues took on this priority and carried out the CQUIN that was set by the Integrated Care System (ICS) last year. Their focus was very much on raising awareness and making sure that we had good stewardship and this priority was achieved.

Responsive: *Optimisation of patient's health prior to surgery*

NB explained the fourth priority was around optimisation of patient's health prior to surgery and this was sponsored by our Council of Governors and NB thanked the Governors for their support. Much work was carried out in this space and just before the end of the year 'Waiting Well for your Operation' was rolled out. NB commented it was felt necessary to roll this into this year to allow time to actually understand its effectiveness.

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.*

NB referred to the final priority which was around ensuring clinical knowledge gaps were identified and addressed to ensure our workforce are culturally responsive to the needs of the people we serve. NB explained that using a continuous improvement methodology and a number of actions had been undertaken, including the appointment of Quality Improvement Nurse who has supported and worked across the organisation to embed medical improvement at all levels. NB commented there is a focus on shared governance which has been achieved and was delighted on the appointment of Chidi, who is working at all levels, including working on desired projects the Trust wanted to commence, including demonstrating how quality improvement can be used to make to make a difference.

NB shared that one of our Ward Managers led a piece of work around sickle cell awareness and we started to create a repository of information that can be shared across the organisation. NB shared also that a Group of senior nurses and senior leaders undertook a piece of work around supporting our patients from a transgender population to understand what is it like to be a patient in a hospital and how we meet their needs. It was noted that this quality priority had been implemented and shared as is included as a repository for support. It was noted this priority was achieved and that another piece of work came out of this around Health and Equalities.

NB shared the five Quality Priorities for 2024/25, noting these followed the CQC domains and explained the desire to match these back into the domains to ensure that effectiveness was being monitored.

NB introduced the quality priorities being focused on for 2024/25 as follows:

- **Safe:** *Patient Safety – Reducing surgical site infections.*

NB commented the Trust is aware that patients are at risk of developing surgical site infections in



any operation and there is a large piece of work that has been undertaken across the organisation from this point of view around ensuring that we reduce every risk that we possibly can. NB highlighted that does not mean the Trust is not going to have surgical site infections as unfortunately there are things that are outside our control.

- **Caring:** *Year 2 – Improve the quality of communication to our patients*
NB explained work is taking place around introducing and developing our own care package to coincide with continuous improvement. NB stated within the caring priority included improving the quality of communications, continuing to build on the work from last year to make sure that every part of the organisation's communications with our patients is the best it possibly can and follows those guidelines.
- **Effectiveness:** *Implementation of the Health inequalities plan*
NB explained this was around implementing a health inequalities plan which reports into Board. NB commented this is constantly evolving and it will continue to move forward over the next year.
- **Responsive:** *Year 2 – Optimisation of patient's health prior to surgery*
NB commented, as previously mentioned, this priority was rolled over with the focus now turning slightly more to the digital arena. NB commented we are aware that sometimes patients are cancelled on the day because of issues that are outside of their control and if we were able to have a digital way to communicate with them and to make those assessments, it gives us an opportunity to make them aware, probably 72 hours, if they cannot have their operation, allowing us to get another patient in. NB commented on how we are continuing to ensure that everyone has access to healthcare.
- **Well-led:** *Introduction of Service Accreditation*
NB explained this priority was around setting a set of standards that we can measure ourselves against. This has been led by the Nursing Team, with the support of everyone across the organisation and work and visits have been undertaken in 'self-assessing' ourselves. It was noted that a huge piece of work was undertaken, including agreeing what the metrics would be and then assessing ourselves against them in continuing to strive towards delivering outstanding care.

NB concluded her presentation by commenting how proud she was of the work that the teams have delivered, including the difference they make in contributing to the care of our patients on a daily basis.

TP thanked NB for an excellent presentation and commented it was wonderful to hear about the excellent work being delivered.

8.0 Charity Update

TP introduced Ruth Hughes, Fundraising Manager (RH) in Ali's absence, to provide an update on the Charity.

RH introduced herself and commented she was Fundraising Manager for the Royal Orthopaedic Charity (ROC).



RH thanked everyone for giving her the opportunity to provide an update on what the Charity has achieved in the financial year 2023/24.

RH shared details of the previous year's strategy, 2021 to 2024, and explained this consisted of four key priorities and the operational highlights for this included; establishing a compelling case of support, seeing a 51% increase in fundraising revenue, the most successful Christmas appeal to date, which raised over £7,624.00 and there was a 9.34% increase in grant revenue.

In terms of raising the profile of the Charity, RH commented there had been a significant increase in the Charity presence and awareness across the Trust. It was noted the team launched their charity mascot 'Rocy'. Rocy has been visible around the Trust and has visited local schools and thanks were relayed for their continued support. RH shared the schools often send Christmas cards and do drawings for the team.

RH shared the Art for Health programme was initiated to support patients with chronic pain in an alternative way and the Hardship fund initiative won the National Orthopaedic Alliance Excellence Awards 2023 for the workforce retention category.

In relation to implementation of effective and efficient processes, RH commented that ROC has launched a thank you campaign aimed at promoting appreciation and positivity within the Trust and have also standardised the National Celebration Day gift packs, as well as the Charity seeing a restructure.

RH explained in terms of identifying new projects and partnerships, the Charity partnered with Shipton Home Nursing for a Carol Concert and raised over £9,000 collectively and there was an 85% increase in the sponsorship of the Blue Heart Awards in 2023.

The significant achievements of the Charity Team against their objectives was noted.

RH went through the future plans of the ROC, including the launching of a new strategy for 2024 to 2027 with five priorities which included supporting patients, supporting staff, supporting communities, supporting sustainability and supporting partnerships. RH shared ROC's key milestone for this year is to secure a charity space to raise awareness, increase accessibility, promote collaboration, enable further community connections to ultimately drive income streams.

RH shared the team are looking to increase donations by 20%, fundraising by 40% and corporate sponsorship by 25%.

RH shared ROC have a focus on education and prevention and will deliver this through the Health Hacks Schools Programme, the MSK Community bus, and facilitating the MSK Academy.

RH took this opportunity to extend her heartfelt thanks to everybody who has chosen to support ROC in many ways through 2024/24 and commented the Charity simply could not function without its supporters. RH welcome all to follow the charity on socials and find out more about ROC @ <https://rohcharity.org>

TP thanked RH for her excellent presentation and for all the work the ROC does. TP commented it was incredibly important, demonstrably ambitious which was great to see, noting many of great outputs with the work being done with schools, really is to be commended.



TP commented that following the above, this concluded the main presentations and prior to the Question & Answer Session, the Chair asked Members and Governors, those online and all present if there were any challenges or comments in respect of the Annual Report & Accounts or to the Auditor's Report as formal resolution was required to the agreement and approval of these documents. No questions or challenges were raised. The Chair commented that unless he hears otherwise, he will take the below items as approved.

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

It was noted that the Annual Accounts, Auditors Report and Annual Report were approved.

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

9.0 Questions from Members and Public

TP asked if any questions had been received in advance of the meeting, during the meeting or via social media. No on-line questions were received and there were other questions that had been received in advance. TP then asked if there were any questions from those present in the Lecture Theatre.

The Questions & Answer session took place as follows.

Question 1

Rob Rowberry (RR), Governor, asked if the Trust still carries out Osseointegration?

Trust Response

Matthew Revell, Medical Director, responded by explaining the initial pilot was funded by the by Military of Defence which has now ended. Only a small circle of people are doing this and this would need to be commissioned nationally.

Question 2

John Churchman (JC), Volunteer, asked if the Trust had plans to improve the parking situation, which is sometimes stressful for patients and commented he sees a lot of this and noted the difficulty it creates for patients and visitors. JC also commented that some of the spaces were in the wrong place.

Trust Response

TP agreed that this is a real issue in that there is not enough spaces for patients and not enough spaces for staff and some of the spaces were in the wrong place which seemed illogical. TP commented there are all sorts of structure issues which are fairly obvious issues. TP asked SW if he had anything to offer in terms of John's question. SW commented that parking will always be a pressure point as there will always be greater demand for parking than the capacity that we have, therefore we do need to ensure that we are using that in the most effective way. He also explained that the Trust is looking at demolish Rabone Hall, and whilst there are plans to develop that part of the site in the medium term, it will offer up some additional public parking spaces in the shorter term.



SW also informed the meeting that the Trust is currently out to tender for a new parking service which will include more convenient ways to park and pay.

JC commented it is obvious that so many people have no idea whether it is pay on arrival or departure and people with blue badges have no idea until they have talked to somebody that they should not have car parking fees. SW commented that these are the things that we can change when we have gone through the tender process and part of the specification, includes pay on exit, number plate recognition and a facility to pay by phone rather than pay by machine and includes safer parking.

TP thanked JC for his question and commented the space is going to be a difficult thing to change but the use of the space is much easier to improve and further commented in what we are offering members is not good enough and completely understands the hassle this creates for patients.

TP commented to JC that he found it challenging that we have not managed to address this issue and will certainly do so as this was raised both last year and this year and stated this will be addressed.

Question 3

JC raised the question around improving signage within the Trust and commented that several months ago he believed that a Committee was being formed. JC commented that patients were unsure if they needed to be at the main ROH hospital site or at College Green for example.

Trust Response

TP commented that patients should have a map of the hospital for when they arrive.

Rebecca Lloyd, Director of Strategy, commented that unfortunately the project lead for the group left the team and a new project lead has been identified to take this forward. RL commented we are awaiting the output from an AccessAble assessment of the site and are also in the process at the moment of obtaining quotes in the hope that during February/March implementation will commence in respect of a solution for signage. RL commented that two pages of comments received from JC were shared with within a Board report and TP commented on the input within the Board Report as being very important as part of the implementation.

RR commented that he had been in touch with various suppliers in terms of obtaining raffle prizes for the Charity. TP thanked RR for everything was doing for the Charity and noted his hard work in this area and commented ROC needed all the help he can provided with raffle prizes and fundraising will never object to anyone helping to raise funds.

TP commented if there are any furthers questions that have been submitted online, the Trust will aim to answer these within 24 hours if possible.

13.0 Closing remarks

Prior to the closure of the meeting, TP mentioned the following:

1. If everyone could sign the attendance register as confirmation as being part of the AGM meeting event so this can be recorded on the minutes.
2. TP relayed personal thanks to Claire Kettle and the Communications Team for making the event



happen and thanked all others involved in organising this AGM in making it such a success.

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 and thanked internal colleagues for their presentations and to everyone who joined the meeting in the Lecture Theatre and relayed his thanks to the volunteers.

TP commented that everyone's attendance is very much appreciated.

TP concluded by stating the reality is that giving up your time is incredible, and everyone does this on a daily basis, a weekly basis, a yearly basis and that is what makes this hospital extraordinary and delivers quite exceptional care to a lot of people.

TP commented he recognised the Trust does need to improve and is improving as detailed within the presentations around some of the things we are exploring as a Trust. TP recognised the fantastic progress being made in terms of over the last year, over the last five years, over the last 10 years, and that progress is not just in what we do here on this site in terms of the care we offer and the way we do it with our colleagues and everything else, but also the contribution we make in terms of our leadership of the system and our leadership more nationally and commented that his ambition certainly is for the ROH to be recognised as the leader not merely in Birmingham/Solihull and not merely in the West Midlands, not merely in the United Kingdom, but he could not see no reason why this organisation, with everything it delivers, cannot be genuine leaders in our area of speciality and that is what we aspire to.

TP thanked everyone for everything they do and commented it is going to be an interesting year ahead, not just to the end of the financial year but the next 12 months after that. TP commented we are going through a period of great change, but commented he has huge confidence given that every time we set ourselves targets, we achieve them and stated that over the next year or so we will continue to achieve great things for this hospital, for our brand, for our colleagues, but above all for our patients and thanked everyone once again.