



12th January 2024

Notice of a meeting of the Council of Governors

Notice is hereby given to all members of the Council of Governors of the Royal Orthopaedic Hospital NHS Foundation Trust that a meeting of the Council of Governors will be held on Thursday, 18th January 2024, at 14:00, to transact the business detailed on the attached agenda.

The meeting will be held in the Boardroom, Trust Headquarters of The Royal Orthopaedic Hospital, Bristol Road, Birmingham, B31 2AP.

Members of the press and public are welcome to attend.

Questions for the Council of Governors should be received by the Corporate Services Manager no later than 24hrs prior to the meeting, by post to: Tammy Ferris, Corporate Services Manager, Trust Headquarters or via email to: tammy.ferris@nhs.net

Tim Pile
Chair

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Council of Governors reserves the right to exclude, by Resolution, the Press and Public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the Resolution.



AGENDA

COUNCIL OF GOVERNORS

Venue Boardroom, Trust HQ

Date 18 January 2024: 1400h – 1600h

TIME	ITEM	TITLE	PAPER REF	LEAD
1400h	1	Apologies and welcome	Verbal	Chair
1402h	2	Declarations of interest	Verbal	ALL
	3	Minutes of previous meetings on 23 November 2023	ROHGO (11/23) 013	Chair
	4	Update on actions arising from previous meetings	Verbal	SGL
	5	Appointment of New Non-Executive Directors	ROHGO (1/24) 001	TP
1410h	6	Chair and Chief Executive's update	ROHGO (1/24) 002 ROHGO (1/24) 002 (a)	TP/JW
1425h	7	Wellbeing & Cost of Living update	ROHGO (1/24) 003 ROHGO (1/24) 003 (a) ROHGO (1/24) 003 (b)	JW
1435h	8	ROH Strategy Update	Presentation	RL/AM
1455h	9	Service Presentations Update – Osseointegration & JointCare	Presentation	AS
1515h	10	Updates from the Board and Board Committees	ROHGO (1/24) 004 - ROHGO (1/24) 005	Chair & NEDs
1530h	11	Governor updates		
	11.1	Constitution changes: for approval	ROHGO (1/24) 006	SGL
1535h	11.2	Governance & regulatory changes update	ROHGO (1/24) 007 ROHGO (1/24) 007 (a) ROHGO (1/24) 007 (b) ROHGO (1/24) 007 (c)	SGL
1545h	11.3	Governor engagement and upskilling	ROHGO (1/24) 008 ROHGO (1/24) 008 (a)	TF

MATTERS FOR INFORMATION TO BE TAKEN BY EXCEPTION ONLY				
1555h	12	For information: <ul style="list-style-type: none">Finance & performance update	ROHGO (1/24) 009	Chair
	Date of next meeting: Thursday 16 May 2024 @ 1400h – 1600h in Trust Headquarters			



MINUTES

Council of Governors - Version 0.2 Redacted Copy

Venue Board Room, Trust Headquarters

Date 23 November 2023 @ 1400 - 1600h

Members present

Tim Pile	Chair	TP
Brian Toner	Lead Governor	BT
Petro Nicolaides	Public Governor	PN
Tony Thomas	Public Governor	TT
Lindsey Hughes	Public Governor	LH
Arthur Hughes	Public Governor	AH
Robert Rowberry	Public Governor	RR
Gavin Newman	Deputy Lead Governor & Staff Governor	GN
Pete Law	Staff Governor	PL
Hannah Abbott	Stakeholder Governor	HA

In attendance

Simone Jordan	Non Executive Director	SJ	
Gianjeet Hunjan	Non Executive Director	GH	
Ayodele Ajose	Non Executive Director	AO	
Les Williams	Non Executive Director	LW	
Jo Williams	Chief Executive	JW	
Simon Grainger-Lloyd	Director of Governance	SGL	
Amos Mallard	Head of Communications	AM	[Item 9]
Rebecca Hipwood	Patient Safety Lead	RH	[Item 10]
Emma Steele	Deputy Chief Nurse	ES	[Item 11]
Tammy Ferris	Corporate Services Manager	TF	[Secretariat]

Minutes	Paper Ref
1 Exclusion of Press and Public	Verbal
The Board resolved the representatives of the press and other member of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, which would be prejudicial to the public interest. The Chair was excluded from the meeting for section 2 to take place. SJ joined the meeting 14:07h	
	Verbal

[illegible]



<div>[REDACTED]</div>	
<div>[REDACTED]</div>	Verbal
<div>[REDACTED]</div>	



[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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4 Apologies and welcome	Verbal
<p>TP welcomed and thanked all those present for attending. Special welcome to Pete Law and Lindsey Hughes on their newly elected positions and congratulated Tony Thomas on his re-election. Welcome to Tammy Ferris in new role of Corporate Services Manager.</p> <p>Apologies were received and noted from Richard Phillips, Ian Reckless, Wilson Thomas, Petros Mikalef, Pat Clarke and Rob Talboys.</p>	
5 Declarations of interest	Verbal
<p>HA raised her connection with BCU and requested this was declared as an interest.</p>	
6 Minutes of previous meeting on 18 May 2023	ROHGO (05/23) 000
<p>The minutes of the meeting held on 18th May 2023 were acknowledged and approved.</p>	
7 Update on actions arising from previous meetings	Verbal
<p>Following the update at the last Governors meeting with regards to volunteers to undertake mandatory training it was confirmed the new Head of Patient Engagement is now in post and this will form part of their role.</p>	
8 Chair & Chief Executive's update	ROHGO (11/23) 001 ROHGO (11/23) 001 (a)
<p>Chief Executives Update</p> <p>JW highlighted the updates from the last few months:</p> <ul style="list-style-type: none">• Tomorrow is the last day of the Staff Survey, we are just off 60% completion which is fantastic engagement.• Inclusive company top 50 is announced on 5th December. SM and JW were asked to host a webinar to talk about the work done at ROH.• At the recent National Orthopaedic Alliance event, the ROH won two awards – partnership and workforce retention initiative. JW explained this was for the hardship fund that, thanks to the Charitable Funds Committee, we were able to support those in need.• Knit and Natter team have produced a wonderful poppy display and a wooden horse was produced by a patient for remembrance day.• Relaunched the ROH strategy, and will be sharing more of this at the AGM.• Mankind Network has been established and they are supporting 'Mov'emeber.• Elective hub accreditation has been followed up and following a visit from	



<p>Professor Tim Briggs the Trust received exceptional feedback from him.</p> <ul style="list-style-type: none">• Display outside outpatients, thanks to Pete Law for the photos and a great demonstration of how proud we are of our colleagues who work for us. <p>Chair Update</p> <p>TP raised that Governors can be reassured that the AGM will highlight just what we have achieved over the past 12 months.</p> <p>TP updated the Governors on a visit from the Chair of Birmingham Community Healthcare Trust that took place on 22nd November. TP explained that the benefits of partnership working, and working with the Community Trust, aids us to work on our MSK transformation. The feedback was it was 'the most inspirational morning'. The work across every part of the organisation gave a taste of what this organisation is and what an incredible place the ROH is. It showed the progress this trust has made over the past few years.</p> <p>TP expressed that our challenges are reality are unless people visit us they are not aware of the full extent of our offering. He advised that he was determined to get more people to visit to showcase what we are about; to get the support we need to be the specialist organisation that we are.</p>	
<p>9 Continuous Improvement</p>	<p>ROHGO (1/23) 002 ROHGO (1/23) 002 (a)</p>
<p>Amos Mallard (AM), Head of Communications, joined the Council of Governors to provide an update on Continuous Improvement programme of work.</p> <p>AM explained that as a Trust we want people to come to work and feel they can make a change. The journey of the ROH is characterised by making improvement and progress.</p> <p>AM explained that the basis was taken from the NHS National Plan and linked this to how this can be worked into ROH, and developed key milestones. The focus is on changing the culture and giving people the confidence to make the change. The message we are giving is you have permission to act.</p> <p>AM emphasised that we must remember we do work in a governance environment therefore if we want to make change on a clinical function there will be a triage function to help simplify the route to approval, this will generate ideas and give people the support they need to make the change.</p> <p>AM summarised the next steps. This will involve looking to harness best practice from other organisations and companies that do continuous improvement well. The Trust will then to look to launch in localised areas to start.</p> <p>TP explained the full pack was shared with Governors prior to the meeting.</p> <p>HA thanked AM for the presentation and was excited by the transformational</p>	



<p>change. HA queried how this will be disseminated. HA felt this has potential to share wider no matter how small the project might have felt. The examples given already could be shared more widely and are very powerful. AM agreed that as Trust we do need to capture the case studies and share them.</p> <p>AA enquired how will we ensure everyone knows about this, for example how would a bank nurse know about this. AM explained that will be clear guidelines on how to make improvements, it would also be part of PDR discussions.. AM explained how other industries tackle this and the big question is how do you make change and demonstrate the benefits of so doing.</p> <p>JW highlighted there are 150 colleagues that have been trained on QSIR. We have appointed a new Associate Medical Director who has obtained her QSIR.</p> <p>BT raised that from previous experience it requires staff ownership and need to celebrate the changes. Change tomorrow can be too long for some.</p> <p>LW highlighted the way this is described and set up will give us sustainability.</p> <p>TP requested regular updates to Governors and thanked AM for the work being done.</p>	
10 Patient Safety Incident Response Framework (PSIRF) policy and plan	ROHGO (11/23) 003 ROHGO (11/23) 003 (a) ROHGO (11/23) 003 (b)
<p>Rebecca Hipwood (RH), Patient Safety Lead, joined the Governors meeting to provide an update on the new Patient Safety Incident Response Framework (PSIRF) plan.</p> <p>RH explained that PSRIF is a brand new way we will deal with incidents. It is mandatory across the NHS. It is about maximising learning and making real improvements.</p> <p>Following a review of patient safety incidents over the years we are still having the same incidents occurring. As a Trust we need to ensure we are using our resources effectively and review how are we monitoring. It is the monitoring improvement that we are not so good at. We focus on the investigation and not necessarily the improvement. We will now investigate, create an action plan and go back and make sure we are making the improvements.</p> <p>RH explained with many of the investigations we find we are already trying to make the changes but we continue to investigate, the new way will ensure we focus on giving the time to the improvement. We will start to think differently and look at the bigger picture as to what cause the issue.</p> <p>RH explained the policy and plan has been circulated to the Governors and welcomed any questions.</p>	



<p>TP explained this will get us to focus to a more positive shift; instead of looking at what went wrong, looking at what could be done differently. RH agreed it is about supporting our staff and making them feel safe.</p> <p>JW highlighted this policy moves culture from blaming people and instead making feel people valued and supported.</p> <p>HA praised this again demonstrates efficiencies, and fits in with the wider agenda.</p> <p>LH asked how will learning get across the organisations, RH explained there are groups across the organisations of improvement workstreams and they will fall into one of the categories.</p> <p>LH asked how would another ward learn. RH explained that through sharing a brief report around ward managers, matrons. All wards have safety huddles and they will work out their way of sharing and communicating. SGL explained there are divisional governance meetings also and learnings are shared there too.</p>	
11 Quality Assurance Walkabouts	ROHGO (1/23) 004 ROHGO (1/23) 004 (a)
<p>Emma Steele (ES), Deputy Chief Nurse was welcomed to the meeting and explained the quality and safety reviews that are being undertaken across the Trust.</p> <p>ES explained they are set up as a multidisciplinary group, in line with CQC guidelines. The evidence is collated by talking to colleagues, patients, and the overall feel of the ward. ES explained that these are unannounced visits so that we get a true picture of how the ward is performing. The visiting group would be a from a wide background, and not just nursing. Once the visit is complete the group reconvene and give feedback. Urgent matters are dealt with straight away. An overall report is produced from the feedback and shared with the wards, using the CQC language, so wards get familiar with this. The wards then formulate an action plan and these are reviewed in their governance meetings.</p> <p>ES explained that visits to Theatres still needs to be undertaken and need to work out the best plan for completing this. The next round of area visits will take place in the new year once we know the new key lines of enquiry from the CQC.</p> <p>ES highlighted that Governors are welcome to undertake these visits and they would be welcome to join in the process. ES will circulate the next review dates and we would be looking to share the work across the Governors.</p> <p>AA enquired how many of these will take place each year. ES explained about 8 per year. Divisional colleagues do this as a peer review. Every area has been done once and then we will look to do twice a year. The hope is to give preparation for any future CQC visits.</p>	



<p>PN asked has this been made available to CQC inspectors, ES explained that we would share with them. SGL highlighted that in January we will bring to Governors the update to CQC guidance that is becoming more patient focused.</p> <p>Governors will be invited to join visits and TF/SGL will coordinate.</p>	
<p>12 Updates from the Board and Board Committees</p>	<p>ROHGO (1/23) 005 - ROHGO (1/23) 008</p>
<p>Trust Board Update – TP highlighted a number of the key items had been covered in the meeting but other items to note include:</p> <ul style="list-style-type: none"> • TP raised that the work taking place on cost of living crisis, and this is reviewed at every board. • Interesting discussion on risk appetite which will be discussed again at the February Board meeting. • Annual report from EDI and is now published on the website. • Received an update on Private Patient work, and there is a great focus on the NHS on how we do private patient work. • Andy Street, Mayor of the West Midlands, visited in November and we were able to show him how robotic surgery takes place. <p>Quality & Safety Committee – Update report provided in pack and in the absence of Dr Ian Reckless it would be taken as read.</p> <p>Staff Experience & OD Committee - SJ highlighted that the Committee will meet bi monthly now to allow for more focussed agendas and provided the following key updates:</p> <ul style="list-style-type: none"> • Good engagement and attendance. • Work around the data and the information that is received is taking place. Sharon Malhi, Chief People Officer, is working on driving this information down to divisions to get the focus on things like agency spend. • At every committee meeting there is a staff story. • Receive a regular reports that we are required to, work around apprenticeships that we do not show case enough and gender pay gap. • Work around cost of living support, ROH pantry is well used and well stocked. • A big piece of work on the workforce plan and looking at the challenges we will face in the future. • Networks are flourishing. • Staff survey results are now owned across the Trust. <p>BT raised we have talked about financial situation and staff ownership and asked if the workforce plan crossed match to the business plan. SJ agreed that the business plan must connect to the workforce plan.</p> <p>Audit Committee – GH highlighted the following key points:</p>	



<ul style="list-style-type: none"> We work with three auditors and all are working on their plans for this financial year. GH explained the different types of auditor and the work they are undertaking. GH highlighted the Better Payment Practice code and ensuring we pay our supplies within 30 days. We have struggled to make that payment in a timely way and therefore a deep dive has taken place and an action plan has been produced to ensure we comply. <p>PN asked whether the better practice code is a NHS code. GH explained it is NHS and the target is 95% and we are about 60% due to issues with invoices.</p> <p>Finance and Performance – LW provided a verbal update highlighting the following key points:</p> <ul style="list-style-type: none"> LW raised that the the finances are very tight, additional costs due to industrial action and a year on year deficit. The financial management is however very good here, we have seen a reduction in our deficit and improvement in the cost improvement savings. Performance on activity and waiting times is very good. We were planning to over perform but even with industrial action we are still delivering to target. As a Trust we have provided support through mutual aid but we are now needing to concentrate on our patients. LW paid tribute to the outgoing Chair of F&P committee who will be a hard act to follow. 	
13 Governor updates	
A brief was circulated prior to the meeting.	
13.1 Statutory Duties of Governors Action Plan Update	Verbal
<p>SGL provided verbal update and will provide a written update at January meeting, the key action is engagement.</p> <ul style="list-style-type: none"> Drop in session will change to a roving model and more of those sessions will be planned in. Education – the uptake of the online programme was small so alternative solutions are being devised to provide opportunity to all Governors. Opportunities for Governors to be involved – Quality Assurance Walkabouts will provide a fantastic opportunity for Governors to take part in ward visits. 	
<p>11 For information:</p> <ul style="list-style-type: none"> Finance and performance update Quality & Patient Safety update Workforce update Board Assurance Framework 	<p>ROHGO (11/23) 009 ROHGO (11/23) 010 ROHGO (11/23) 011 ROHGO (11/23) 012 ROHGO (11/23) 012 (a) ROHGO (11/23) 012 (b)</p>



	ROHGO (11/23) 012 (c)
These reports were noted to have been provided for information.	
12 Date of next meeting: The next meeting is planned for Thursday 18 January 2023, 1400h to 1600h in Trust Headquarters.	

**COUNCIL OF GOVERNORS**

DOCUMENT TITLE:	Appointment of new Non Executive Directors
SPONSOR (EXECUTIVE DIRECTOR):	Tim Pile, Trust Chair
AUTHOR:	Simon Grainger-Lloyd, Director of Governance
DATE OF MEETING:	18 January 2024

EXECUTIVE SUMMARY:

Governors will be aware that we have recently undertaken an interview process for new Non Executive Directors, to secure individuals with both a skill set & expertise in commercial/strategy matters and also with a nursing background. This is part of the succession planning for the Board, with Chris Fearn having left last year and Richard Phillips due to leave us at the end of January.

The interviews were held on Friday 8 December and comprised a panel of a number of governors, in addition to the Director of Governance & the Chair. Three individuals were interviewed with a clinical skillset and two with a commercial/strategic background. It was a very difficult decision, as all candidates were excellent, however the panel rested on the proposed appointments of Jenny Belza for the clinical (nursing) role and two candidates for the commercial/strategic role, Simon Page and Jan Teo.

As is required according to the Trust's Constitution, the final approval of the appointments lay with the Council of Governors and this was sought virtually and subsequently gained after the interviews had been held. All three candidates have accepted the appointments. Subject to clearance through other pre-employment checks, including the new Fit and Proper Persons requirements, Jenny and Simon will start with the ROH from 1 February and Jan from 1 April.

Appointment of two commercial candidates plus the clinical Non Executive, means that the number of NEDs exceeds that permitted according to the Constitution and therefore a separate paper is provided later on the agenda seeking approval to effect some changes that accommodate this and set out the rationale and benefits.

Induction programmes for the new NEDs are being worked up by the Director of Governance & team.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- RECEIVE and NOTE the appointment of three new Non Executives.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

Financial	x	Environmental		Communications & Media	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:**

Process as per Trust Constitution

PREVIOUS CONSIDERATION:

Governor approval sought in December 2023

**COUNCIL OF GOVERNORS**

DOCUMENT TITLE:	Chief Executive's update				
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive				
AUTHOR:	Jo Williams, Chief Executive				
DATE OF MEETING:	18 January 2024				
EXECUTIVE SUMMARY:					
This report provides an update to governors on the national context and key local activities not covered elsewhere on the agenda.					
REPORT RECOMMENDATION:					
The Council of Governors is asked to note and discuss the contents of this report					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Note and accept	Approve the recommendation	Discuss			
X		X			
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: <i>[elaborate on the impact suggested above]</i>					
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:					
Trust Board in December 2023					



CHIEF EXECUTIVE'S UPDATE

Report to the Council of Governors (in Public) on 18 January 2024

1 EXECUTIVE SUMMARY

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates 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 heard from Inclusive Companies which confirmed that the Trust had been ranked 26th in the Top 50 Inclusive Companies awards. Thanks were given to all the teams who 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 the last public meeting was 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 Open Conversation was 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 The following corporate policies have been recently 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 Council of Governors is asked to discuss the contents of the report, and

6.2 Note the contents of the report.

Jo Williams

Chief Executive

11 January 2024



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Wellbeing Update
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive
AUTHOR:	Sharon Malhi, Chief People Officer
DATE OF MEETING:	18 January 2024

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 and December 2023.

**COUNCIL OF GOVERNORS – January 2024****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 stocked 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



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 out 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 \(office.com\)](https://office.com/HealthandWellbeingQuiz2023)

You could win a Starbucks hamper worth £25!

Update from the Trust Board on 6 December 2023

- ✓ Staff story – ANP joined the Board to describe her experience in terms of ensuring that the voice of the patient is heard and the importance of the use of interpreting services when the patient's first language is not English
- ✓ Update from Council of Governors – meeting held on 23 November. Keenness to be involved in the work of the Trust and be re-engaged.
- ✓ Update on CQC engagement meeting – encouraged to celebrate success
- ✓ Position statement against the national healthcare food standards
- ✓ Update against the Learning Disability & Autism standards
- ✓ Barrier to achieving sustainability goals – funding is key
- ✓ Guardian of Safe Working update – no issues to escalate
- ✓ Financial recovery
- ✓ Work to engage primary care and promote the services of the ROH
- ✓ Osseointegration update



**UPWARD REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE**

Date Group or Board met: 28 November 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- 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.

POSITIVE ASSURANCES TO PROVIDE

- 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.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- 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

DECISIONS MADE

- 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.

**COUNCIL OF GOVERNORS**

DOCUMENT TITLE:	Changes to the Trust's Constitution
SPONSOR (EXECUTIVE DIRECTOR):	Tim Pile, Trust Chair
AUTHOR:	Simon Grainger-Lloyd, Director of Governance
DATE OF MEETING:	18 January 2024

EXECUTIVE SUMMARY:

The last changes to the Trust's Constitution were approved in August 2022. This principally, increased the number of public governors from the Rest of England & Wales constituency from 4 to 5, to reflect that the ambition and vision of the Trust has evolved to create a more national presence and service delivery model than just within the Birmingham & Solihull region but also to create parity with the 'Birmingham & Solihull' constituency.

Some further changes are now proposed for consideration:

- 1) Regarding provision 23.2.2 to **increase the Non Executive cadre of the Board from seven to eight**, plus the Chair. This is designed to create a greater level of independent (non-management) representation on the Board and this model is common in many other organisations. It is also designed to support effective succession planning and provide a greater range of experience to support the organisation's challenges in future years.
- 2) Regarding Annex 4 to **create an additional appointed governor place into which Aston University will be offered the opportunity to provide a representative**. This reflects the strengthened relationship with Aston University and the increased number of medical students from this establishment that the ROH now hosts each year.

To effect these changes, the Constitution requires approval by a third of each of the Council of Governors and the voting cadre of the Trust Board. Subject to the views of the Council of Governors, the Trust Board will be asked to support these changes at its meeting on 7 February 2024.

REPORT RECOMMENDATION:

The Council of Governors is asked to approve the proposed amendments the Trust's Constitution which will take effect from the date of Board ratification if received.

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

Comments:



ROHGO (1/24) 006

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

Process follows the requirements set out in the Trust's Constitution.

PREVIOUS CONSIDERATION:

August 2022



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Changes to National Regulatory Guidance
SPONSOR (EXECUTIVE DIRECTOR):	Tim Pile, Trust Chair and Jo Williams, Chief Executive
AUTHOR:	Simon Grainger-Lloyd, Director of Governance
DATE OF MEETING:	18 January 2024

EXECUTIVE SUMMARY:

Two significant changes to the national regulatory regime took effect from autumn 2023, the first concerning the requirements around the application of the Fit and Proper Test and secondly, the CQC inspection framework which will be launched during February – March 2024.

This briefing is designed, as promised at the last meeting, to make the Council of Governors aware of the changes and any steps being made at the ROH to accommodate them.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- RECEIVE and ACCEPT the update on the planned changes to the national regulatory frameworks
- NOTE the work planned or underway to prepare for their adoption and implementation

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		Equality and Diversity	x	Workforce	x

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

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

Requirement to adhere to the legal obligations under the terms of the Health and Social Care Act 2022.

PREVIOUS CONSIDERATION:

Trust Board – September 2023

**FOR INFORMATION****National Regulatory Changes****BRIEFING TO THE COUNCIL OF GOVERNORS – 18 JANUARY 2024****1.0 Introduction**

- 1.1 Two significant changes to the national regulatory regime took effect from autumn 2023, the first concerning the requirements around the application of the Fit and Proper Test and secondly, the CQC inspection framework. The latter remains a work in development, although the latest communications suggest a launch date of February – March 2024.
- 1.2 This briefing is designed to make the Council of Governors aware of the changes and any steps being made or undertaken at the ROH to accommodate them.

2.0 Fit and Proper Persons Test

- 2.1 On 2 August 2023, NHS England advised that it had published the revised Fit and Proper Person Test (“FPPT”) Framework. This was in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT. A summary of the recommendations from the Kark review are included in Appendix 1.
- 2.2 The key principles of the revised framework are:
- It has been designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a board member.
 - It has been designed to be fair and proportionate and has been developed with the intention to avoid unnecessary bureaucratic burden on NHS organisations.
 - Ensuring high standards of leadership in the NHS is crucial and the framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.
 - The FPPT applies to executive and non-executive directors of integrated care boards, NHS trusts and foundation trusts, NHS England and Care Quality Commission – interim as well as permanent appointments.
 - CQC Regulation 5: ‘to ensure that people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role’ remains unchanged and the framework is designed to support it.
 - Accountability for the implementation of the new framework rests with the Chair of the organisation.
 - A further review of the framework will be undertaken in c. 18 months when consideration will be given to expanding the scope of the FPPT to roles beyond Board members.



- 2.3 Adoption of the new framework was from 30 September 2023 and requires additional pre-employment checks and completion of new proforma to demonstrate compliance with the framework. The attached appendices include the new proforma for completion.
- 2.4 New data points are being added to ESR to record the testing of relevant information about board members' qualifications and career history.
- 2.5 From 30 September 2023, organisations were required to use the new board member reference template for references for all new board appointments and by 31 March 2024 the annual FPPT submission must be completed and submitted for and on behalf of the Chair to the NHS Regional Director.
- 2.6 From 30 September 2023, organisations were required to complete and retain locally the new board member references for any board member who leaves their position for whatever reason, and record whether or not a reference has been requested.
- 2.7 The changes to the FPPT do not have any implications on the role and duties of governors. The Council of Governors will still be expected to receive an annual update on the Board FPPT declaration made however as part of the annual appraisal update.
- 2.8 The Director of Governance attended a webinar hosted by NHS England on 30 August 2023 where the key elements of the changes to the FPPT were outlined. Clarity was requested by those on the webinar around some technical matters such as:
- Guidance on social media checks for those due to be appointed
 - Impact on DBS checks conducted
 - Disclosure of settlement agreements
 - GDPR implications

3.0 Care Quality Commission inspection framework

- 3.1 In July 2022, the CQC announced that it would be changing its assessment framework. Whilst the details of the changes are yet to be fully developed or communicated it is clear that the changes will involve a departure from the current 'Key Lines of Enquiry' (KLOE) methodology.
- 3.2 In terms of what we do know about the new assessment framework, it is clear that the CQC is not departing from the current rating system (Special Measures, Requires Improvement, Good and Outstanding). We also know that it intends to continue to use the five key questions (i.e., is the service safe, effective, caring, responsive and well-led) as a core part of the assessment framework.
- 3.3 In terms of the actual changes and differences with the new assessment framework we do know that the CQC will be moving to a system of assessment based on 'Quality Statements'. There will be 36 quality statements (or 'We' statements), focusing on specific topic areas under each of the five key questions and will set clear

expectations of providers based on people's experiences and the standards of care they expect. The statements will be the commitments that we, as a provider, should live up to and will show how we will plan and deliver high quality care. The statements are listed in Appendix 6.

- 3.4 Furthermore, we also know that the CQC is introducing six new evidence categories to organise and help quantify the information that is to be submitted as part of an assessment. These categories of evidence set out the types of evidence that will be used to understand the quality of care being provided and the performance against each quality statement. The categories are as follows:

1. People's experience of health and care services
2. Feedback from staff and leaders
3. Feedback from partners
4. Observation
5. Process
6. Outcomes

4 Next steps

- 4.1 Having reviewed the guidance, there are no immediate concerns around whether the Trust meets its obligations under the new FPPT framework or CQC inspection framework.
- 4.2 The recent Non Executive recruitment campaign has accommodated the new FPPT requirements.
- 4.3 As clarified on the recent webinar, there is no need to apply the new requirements in retrospect, so the pre-employment checks and FPPT self-declarations remain fit for purpose. The new self-attestation will be issued to all Board members towards the beginning of 2024 however, to ensure that the annual FPPT declaration can be made for and on behalf of the Chair by 31 March 2024.
- 4.4 Work continues at the ROH to prepare for the next CQC inspection. This includes:
- Quality Assurance walkabouts to clinical areas
 - Undertaking an assessment against the current Key Lines of Enquiry for the Well Led domain
 - Preparation of an engagement and communications plan to let the organisation what to expect from an inspection and how to prepare
 - Identification and collection of evidence that may be regarded as 'Outstanding'
 - Implementation of a new CQC assessment module as part of the new risk management technology due to be implemented in 2024



5 Recommendation

5.1 The Council of Governors is asked to:

- RECEIVE and ACCEPT the update on the planned changes to the national regulatory frameworks
- NOTE the work planned or undertaken to prepare for their adoption and implementation

Simon Grainger-Lloyd
Executive Director of Governance
11 January 2024

Appendix 1: Recommendations from the Kark Review (2019)

The table below summarises the recommendations in the Kark Review (2019), and the response from the Secretary of State (SofS) for Health and Social Care.

	Recommendations	SofS response
1	All directors should meet specified standards of competence to sit on the board of any health-providing organisation. Where necessary, training should be available.	Accepted
2	That a central database of directors should be created to hold relevant information about qualifications and history.	Accepted
3	A mandatory reference requirement for each director should be introduced.	Accepted
4	The FPPT should be extended to all commissioners and other appropriate arm's length bodies.	Accepted
5	The power to disbar for serious misconduct.	Not accepted
6	Remove the words 'privy to' from regulation.	Accepted
7	Examine how FPPT works in social care.	Not accepted

Appendix 2: The board member reference template

Board Member Reference

STANDARD REQUEST: To be used only AFTER a conditional offer of appointment has been made.

[Date]

Human resources officer/name of referee

Recruitment officer

External/NHS organisation receiving request

HR department initiating request

Dear [HR officer's/referee's name]

Re: [applicant's name] - [ref. number] – [Board Member position]

The above-named person has been offered the board member position of [post title] at the [name of the NHS organisation initiating request]. This is a high-profile and public facing role which carries a high level of responsibility. The purpose of NHS boards is to govern effectively, and in so doing build patient, staff, public and stakeholder confidence that the public's health and the provision of healthcare are in safe hands.

Taking this into account, I would be grateful if you could complete the attached confirmation of employment request as comprehensively as possible and return it to me as soon as practically possible to ensure timely recruitment.

Please note that under data protection laws and other access regimes, applicants may be entitled to information that is held on them.

Thank you in advance for your assistance in this matter.

Yours sincerely

[Recruitment officer's name]

Board Member Reference request for NHS Applicants:

To be used only AFTER a conditional offer of appointment has been made.

Information provided in this reference reflects the most up to date information available at the time the request was fulfilled.

1. Name of the applicant (1)**2. National Insurance number or date of birth****3. Please confirm employment start and termination dates in each previous role**

A: (if you are completing this reference for pre-employment request for someone currently employed outside the NHS, you may not have this information, please state if this is the case and provide relevant dates of all roles within your organisation)

B: (As part of exit reference and all relevant information held in ESR under Employment History to be entered)

Job Title:

From:

To:

Job Title

From:

To:

Job Title:

From:

To:

Job Title:

From:

To:

Job Title:

From:

To:

4. Please confirm the applicant's current/most recent job title and essential job functions (if possible, please attach the Job Description or Person Specification as Appendix A):

(This is for Executive Director board positions only, for a Non-Executive Director, please just confirm current job title)

5. Please confirm Applicant remuneration in current role <i>(this question only applies to Executive Director board positions applied for)</i>	<u>Starting:</u>	<u>Current:</u>
6. Please confirm all Learning and Development undertaken during employment: <i>(this question only applies to Executive Director board positions applied for)</i>		
7. How many days absence (other than annual leave) has the applicant had over the last two years of their employment, and in how many episodes? <i>(only applicable if being requested after a conditional offer of employment)</i>	<u>Days Absent:</u>	<u>Absence Episodes:</u>
8. Confirmation of reason for leaving:		

9. Please provide details of when you last completed a check with the Disclosure and Barring Service (DBS) (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)		
Date DBS check was last completed. Please indicate the level of DBS check undertaken (basic/standard/enhanced without barred list/or enhanced with barred list) If an enhanced with barred list check was undertaken, please indicate which barred list this applies to	Date Level Adults <input type="checkbox"/> Children <input type="checkbox"/> Both <input type="checkbox"/>	
10. Did the check return any information that required further investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a summary of any follow up actions that need to/are still being actioned: 		
11. Please confirm if all annual appraisals have been undertaken and completed (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide a summary of the outcome and actions to be undertaken for the last 3 appraisals:

12. Is there any relevant information regarding any outstanding, upheld or discontinued complaint(s) or other matters tantamount to gross misconduct or serious misconduct or mismanagement including grievances or complaint(s) under any of the Trust's policies and procedures (for example under the Trust's Equal Opportunities Policy)?

(For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)

Yes ☐

No ☐

If yes, please provide a summary of the position and **(where relevant)** any findings and any remedial actions and resolution of those actions:

13. Is there any outstanding, upheld or discontinued disciplinary action under the Trust's Disciplinary Procedures including the issue of a formal written warning, disciplinary suspension, or dismissal tantamount to gross or serious misconduct that can include but not be limited to:

- **Criminal convictions for offences leading to a sentence of imprisonment or incompatible with service in the NHS**

Yes ☐

No ☐

<ul style="list-style-type: none"> • Dishonesty • Bullying • Discrimination, harassment, or victimisation • Sexual harassment • Suppression of speaking up • Accumulative misconduct <p>(For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)</p>		
<p>If yes, please provide a summary of the position and (where relevant) any findings and any remedial actions and resolution of those actions:</p>		
<p>14. Please provide any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the Fit and Proper Person Test to fulfil the role as a director, be it executive or non-executive. Alternatively state Not Applicable. (Please visit links below for the CQC definition of good characteristics as a reference point) (7)(12)</p> <p><u>Regulation 5: Fit and proper persons: directors - Care Quality Commission</u> <u>(cqc.org.uk)</u></p> <p><u>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</u> <u>(legislation.gov.uk)</u></p>		

15. The facts and dates referred to in the answers above have been provided in good faith and are correct and true to the best of our knowledge and belief.

Referee name (please print): Signature:

Referee Position Held:

Email address:

Telephone number:

Date:

Data Protection:

This form contains personal data as defined by the Data Protection Act 2018 and UK implementation of the General Data Protection Regulation). This data has been requested by the Human Resources/ Workforce Department for the purpose of recruitment and compliance with the Fit and Proper Person requirements applicable to healthcare bodies. It must not be used for any incompatible purposes. The Human Resources/Workforce Department must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.

Appendix 3: New starter/annual NHS FPPT self-attestation

Every board member should complete the template (over the page) annually and this attestation should be submitted to [complete as applicable, eg the company secretary] on behalf of the chair.

Fit and Proper Person Test annual/new starter self-attestation**[NAME OF NHS ORGANISATION]**

I declare that I am a fit and proper person to carry out my role. I:

- am of good character
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties
- where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals
- am capable by reason of health of properly performing tasks which are intrinsic to the position
- am not prohibited from holding office (eg directors disqualification order)
- within the last five years:
 - I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more
 - been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged
 - nor is on any 'barred' list.
- have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, you must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker or other professional registered with a healthcare or social care regulator, you must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
Date of last appraisal, by whom:	
Signature of board member:	
Date of signature of board member:	
For chair to complete	

Signature of chair to confirm receipt:	
Date of signature of chair:	

Appendix 4: Letter of confirmation

The following wording is given as an example. It may not be applicable in every case and may consequently need addition or amendment. For example, a confirmation at the time of initial appointment may be different to the annual core testing.

[LEAD EMPLOYING ORGANISATION¹ LETTERHEAD]

[DATE]

Dear **[CHAIR NAME²]**,

Fit and Proper Person Test

This confirmation letter is provided in connection with **[name of board member, job title of board member, organisations that the joint board member post covers]** for **[year of test, eg 2023/24]** as at **[date of conclusion of annual³ FPPT for the individual]** for the purpose of the Fit and Proper Person Test.

As Chair of **[lead employer]**, I confirm that I have carried out the Fit and Proper Person Test for **[name of board member]**.

The process and the evidence used by me in carrying out the Fit and Proper Person Test and in being able to reach a conclusion as to whether **[name of board member]** is fit and proper, is appropriate to reach that conclusion in the context of the Fit and Proper Person Framework.

In accordance with the [Fit and Proper Person Test Framework](#) requirements and in reaching my conclusion that **[name of board member]** is fit and proper as at **[date of conclusion of test]**, I have assumed that you know no reason that this is not an appropriate conclusion to reach.

Please would you sign and return this letter as confirmation of receipt and that there are no further matters which should be taken into consideration.

Yours sincerely,

..... (signature)

..... (chair of lead employer organisation)

Date.....

¹ This is the organisation which holds the contract/employs the board member who works jointly across more than one organisation.

² This is the name of the chair of the other organisation that the joint board appointment is made with.

³ It should be noted that while there will be an annual assessment of being fit and proper, it is a pervasive and ongoing process at all times. Any relevant matter related to the board member being fit and proper should be reported as soon as it arises.

I confirm that I have received the outcome for the FPPT for **[name of board member]** and that I have provided any necessary information for you to reach this conclusion.

..... (signature)

..... (chair of lead employer organisation)

Date.....

The following wording is given as an example. It may not be applicable in every case and may consequently need addition or amendment. For example, a confirmation at the time of initial appointment may be different to the annual core testing

[LEAD EMPLOYING ORGANISATION¹ LETTER HEAD]

Date.....

Dear **[CHAIR NAME²]**

Fit and Proper Person Test

This confirmation letter is provided in connection with **[name of board member, job title of board member, organisations that the joint board member post covers]** for **[year of test, eg 2023/2024]** as at **[date of conclusion of annual³ FPPT for the individual]** for the purpose of the Fit and Proper Person Test.

As Chair of **[lead employer]** I confirm that I have carried out the Fit and Proper Person Test for **[name of board member]**.

The process and the evidence used by me in carrying out the FPPT and in being able to reach a conclusion as to whether **[name of board member]** is fit and proper, is appropriate to reach that conclusion in the context of the Fit and Proper Person Framework.

In accordance with the Fit and Proper Person Test Framework requirements and in reaching my conclusion that **[name of board member]** is fit and proper as at **[date of conclusion of test]**, I have assumed that you know no reason that this is not an appropriate conclusion to reach.

Please would you sign and return this letter as confirmation of receipt and that there are no further matters which should be taken into consideration.

Yours sincerely

.....(Signature)

.....(Chair of lead employer organisation)

Date.....

I confirm that I have received the outcome for the FPPT for **[name of board member]** and that I have provided any necessary information for you to reach this conclusion

.....(Signature)

.....(Chair of non-lead employer organisation)

Date.....

¹ This is the organisation which holds the contract/employs the board member who works jointly across more than one organisation

² This is the name of the Chair of the other organisation that the joint board appointment is made with

³ It should be noted that whilst there will be an annual assessment of being fit and proper, it is a pervasive and ongoing process at all times. Any relevant matter related to the board member being fit and proper should be reported as soon as it arises

Appendix 5: Annual NHS FPPT submission reporting template

NAME OF ORGANISATION	NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:

Part 1: FPPT outcome for board members including starters and leavers in period

Name	Date of appointment	Position	Confirmed as fit and proper?		Leavers only	
			Yes/No	Add 'Yes' only if issues have been identified and an action plan and timescale to complete it has been agreed	Date of leaving and reason	Board member reference completed and retained? Yes/No

Add additional lines as needed

Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	Date actions completed
CQC				
Other, eg internal audit, review board, etc.				

Add additional lines as needed

Part 3: Declarations

DECLARATION FOR [name of organisation] [year]				
For the SID/deputy chair to complete:				
FPPT for the chair (as board member)	Completed by (role)	Name	Date	Fit and proper? Yes/No
For the chair to complete:				
Have all board members been tested and concluded as being fit and proper?	Yes/No	If 'no', provide detail:		
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes/No	If 'yes', provide detail:		
As Chair of [organisation], I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.				
Chair signature:				
Date signed:				

For the regional director to complete:	
Name:	
Signature:	
Date:	



APPENDIX 6 – CQC QUALITY STATEMENTS

SAFE

- We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices
- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services
- We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately
- We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them
- We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care
- We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs
- We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly
- We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen

EFFECTIVE

- We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them
- We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards
- We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services
- We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support
- We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves
- We tell people about their rights around consent and respect these when we deliver person-centred care and treatment

CARING

- We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect
- We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics
- We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing
- We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress
- We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care

RESPONSIVE

- We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs
- We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity
- We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs
- We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result
- We make sure that everyone can access the care, support and treatment they need when they need it
- We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this
- We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life

WELL LED

- We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these
- We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty
- We foster a positive culture where people feel that they can speak up and that their voice will be heard
- We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us

- We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate
- We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement
- We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research
- We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same



COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Governor Engagement and Upskilling
SPONSOR (EXECUTIVE DIRECTOR):	Simon Grainger-Lloyd, Director of Governance
AUTHOR:	Tammy Ferris, Corporate Services Manager
DATE OF MEETING:	18 January 2023

EXECUTIVE SUMMARY:

At the Council of Governors meeting in January 2022, the plans for re-engagement of the governors with the work of the Trust were outlined in summary.

The attached paper sets out in more detail the updates to these plans and proposes a series of webinars to provide Governors with training and development in their roles.

It also details the opportunities available to Governors to become actively involved in the organisation.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- SUPPORT the plans for engagement and upskilling of Governors

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		Equality and Diversity	x	Workforce	x

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

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

Requirement to train governors is enshrined in the Code of Governance for FTs

PREVIOUS CONSIDERATION:

Council of Governors in November 2022 & January 2023.

**FOR APPROVAL**

Governor Engagement and Upskilling Plan

REPORT TO THE COUNCIL OF GOVERNORS – 18 JANUARY 2024

1.0 Introduction

- 1.1 Following the proposal presented last year, and the feedback given at the Council of Governors meeting held in November 2023, we have revised how we intend to provide appropriate training for all our Governors, and also how we can provide opportunity for our Governors to feel engaged and involved at the Royal Orthopaedic Hospital.
- 1.2 Meetings will continue in their current format with 4 meetings a year scheduled in. These will take place in January, May, July and November.
- 1.3 This paper briefly outlines the plan on how we intend to support our Governors to fulfil their role and ensure as a Trust it fulfils the mandatory requirements to train Governors appropriately to allow them to fulfil their statutory functions.

2.0 'Quality Assurance' sessions

- 2.1 At the November Council of Governors Meeting, Emma Steele, Deputy Chief Nurse, gave a presentation on the quality assurance audits that take place across the Trust on a cyclical basis. These are multidisciplinary in their nature, and would be a perfect opportunity for our Governors to be involved.
- 2.2 The plan for the quality assurance sessions is being devised by the Nursing Team and dates will be circulated to all Governors. There will be places for 2 Governors per each session. Governors can then 'sign up' to sessions they are available to attend.
- 2.3 Each session will provide the Governor an opportunity to visit an area of the Trust, and will have a number of key focuses linked to the CQC guidelines. Feedback from every individual that attends the session is then gathered at the end. This would provide the governor an opportunity to provide their view of what they have experienced that day.
- 2.4 There will be opportunity at the next Council of Governors meeting to provide an update to fellow Governors on the visit.

3.0 'Drop in' and 'Meet the Governor' sessions

- 3.1 The governor drop in sessions have historically worked well and have provided a rich source of views from patients, staff and members of the public. Previously, these were conducted using pairs of governors basing themselves in the Outpatients department



and introducing themselves to those that would pass by the governor's stand. Although this worked reasonably well, it was agreed that a 'roving' model may yield more benefit and provide greater contact with individuals in the organisation.

- 3.2 The plan is to reintroduce the 'Meet the Governor' sessions from the end of January 2024, starting with a staff governor session. It is anticipated that a formal programme of sessions will be devised alternating staff governor with public/appointed governor sessions.
- 3.3 Following each session, a feedback opportunity will be held with the Director of Governance and/or the Chief Executive to provide a view as to whether there were pieces of feedback needing urgent action or whether it needed to be directed to a member of the Board or Executive Team for awareness. The feedback will also be outlined by those hosting the session at the next available meeting of the Council of Governors.

4.0 Education and Awareness

- 4.1 The Code of Governance for Foundation Trusts requires every Trust to ensure they provide their Governors with the opportunity to further enhance and develop in their role with training and education opportunities. A number of attempts have been made to offer a variety of different sessions, in different formats, and it is felt that the best way forward would be to allow training to take place at a time that suits the individual rather than a set date and time, which can be hard for people to fit into their already very busy diaries.
- 4.2 The following webinars are proposed which will provide the Governors with an opportunity to upskill their knowledge in a number of areas. These will be accessed through a video which you can watch at your own leisure.
- Gathering and using patient feedback
 - Operational performance – rationale behind targets, what are they, how we achieve them and how they are monitored; to include mutual aid
 - Risk identification, management and reporting
 - NHS finances
 - Continuous Improvement
 - Incident identification, management and lessons learned
 - Integrated Care System governance
 - The ROH People Plan including statutory reporting and new oversight metrics for people and culture
 - Cyber security
- 4.3 In addition to the above, all of which can be delivered in house, there is still the opportunity for governors to attend some of the NHS Providers courses that offer formal development and educational content. Those seen to be of most benefit are likely to be:



- Effective questioning and challenge
- Accountability & holding to account
- Core skills (for all new governors as standard)

For the first two of these, it is proposed that two Governors attend each session and then share the key messages to the wider Council of Governors at either a formal meeting or as part of the development events outlined above.

5.0 Other opportunities

5.1 In addition to those measures outlined above governors will also be invited to join the following events to help ensure that they feel engaged with the organisation and equipped to undertake their statutory responsibilities:

- Trust Board meetings twice yearly (March and October)
- Quality Assurance walkabouts
- Celebratory events that are scheduled into the year, such as Trustwide lunches, staff awards and the Christmas functions

6.0 Recommendation

6.1 The Council of Governors is asked to:

- NOTE and SUPPORT the engagement plan
- Offer any further suggestions for enhancing engagement and education

Tammy Ferris
Corporate Services Manager

11 January 2024

Finance and Performance Report

Month 08

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 exception if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

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

Variation Icons

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



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



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



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

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

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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































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



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

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

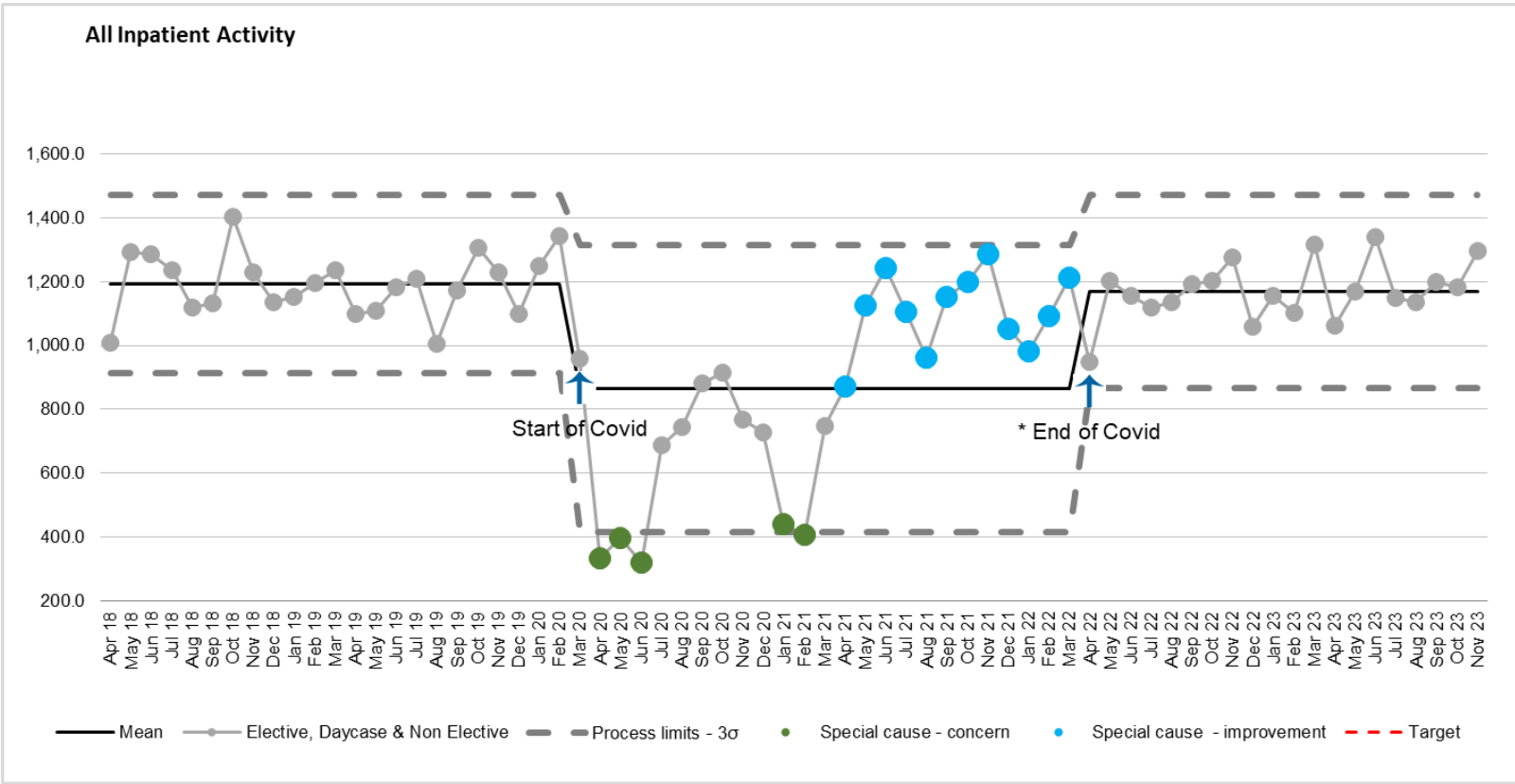
Operational Performance Summary

Performance to end November 23	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	53.47%	55.16%	92%		
104 week waits	0	0	0		
78+ week waits	0	0	0		
65 Week waits (65-77 weeks)	77	50	0		
52 week waits (52 – 64 Weeks)	502	456	0		
All activity YTD (compared to plan)	9,533	8,235	9,494		
Outpatient activity YTD (compared to plan)	44,774 101.9% Cumulative	38,751 101.6% Cumulative	43,927 YTD Target		
Outpatient Did Not Attend (YTD)	8.1%	8.2%	8%		
PIFU (trajectory to 5% target)	490 9.5%	423 7.5%	193 5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	11.8%	10.1%	19%		
FUP attendances(compared to 19/20)	91.5%	90.1%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	100.9%	107.6%	120%		
Diagnostics volume YTD (compared to plan)	16,428 Cumulative	14,023 Cumulative	12,548 YTD Target		
Diagnostics 6 weeks target	99.9%	99.8%	99%		

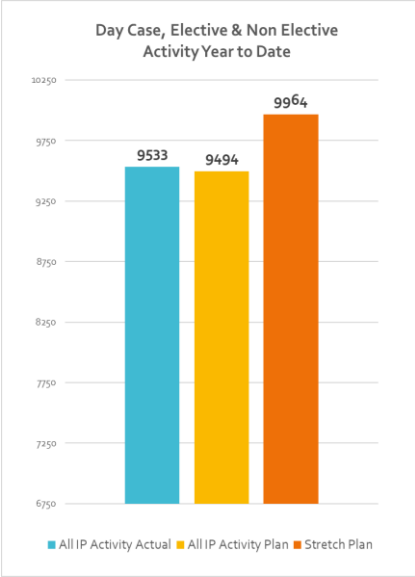
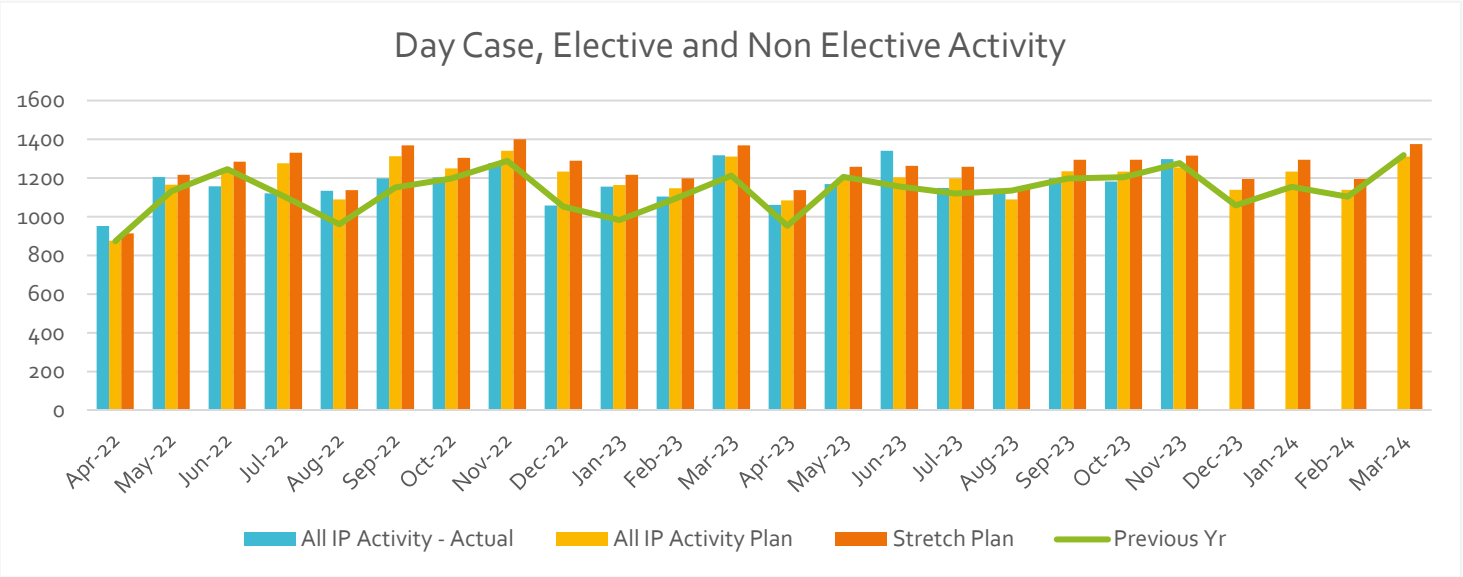
Operational Performance Summary

	In month	Previous month	Target	Variation	Assurance
Theatre in-session utilisation	85.35%	83.6%	85%		
Cancer – 31-day first treatment	100%	92.3%	96%		
Cancer – 62-day (traditional)	85%	25%	85%		
28-day FDS	75%	75.8%	75%		
Patients over 104 days (62-day standard)	1	0	0		
POAC activity volume (YTD)	16,862 Cumulative	14,653 Cumulative	15,517 Cumulative		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.55	4.02	n/a		
LOS - elective primary hip	3.00	3.00	2.7		
LOS - elective primary knee	3.20	3.70	2.7		
BADS Daycase rate (Note: due to time lag in month is Aug'23)	76.4%	75%	85%		

1. Activity Summary



1. Activity Summary



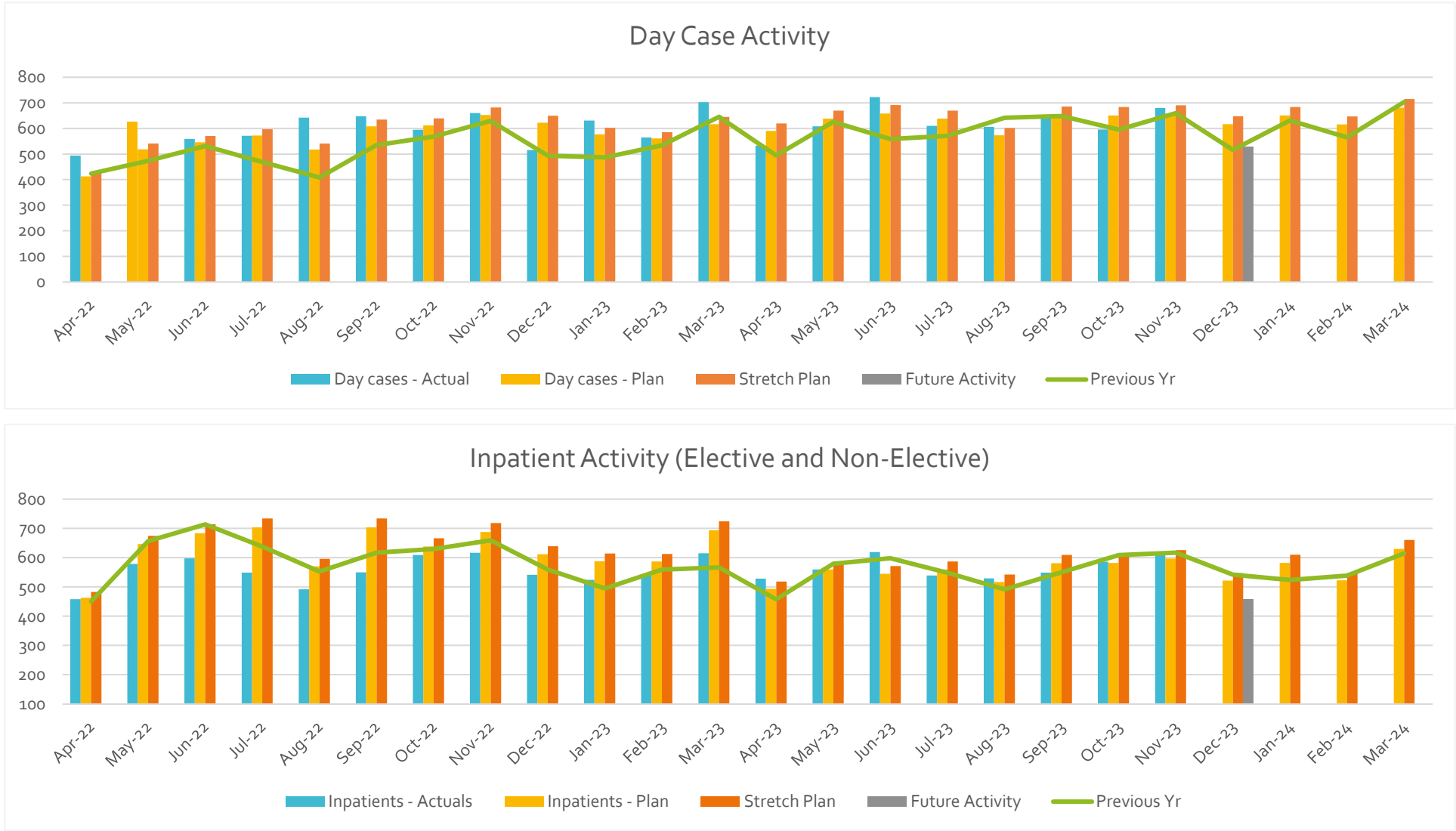
	Plan													
	Activity Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Trust Plan	Inpatient	483	547	533	547	505	568	569	584	510	569	511	616	
	Daycase	590	638	658	638	573	653	651	657	617	651	616	681	
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	
	All Activity	1084	1198	1203	1198	1090	1234	1233	1254	1139	1233	1139	1311	
Stretch Plan	Inpatient	507	574	560	574	530	596	597	613	536	597	537	647	
	Daycase	620	670	691	670	602	686	684	690	648	684	647	715	
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	
	All Activity	1138	1257	1263	1257	1144	1295	1294	1316	1195	1294	1195	1376	

Plan	Actual	% Achieved	Variance
Year to Date	Year to Date	against plan	Year to Date
4336	4334	100%	-2
5058	5005	99%	-53
100	194	194%	94
9494	9533	100.4%	39
4553	4334	95%	-219
5311	5005	94%	-306
100	194	194%	94
9964	9533	96%	-431

November 2023

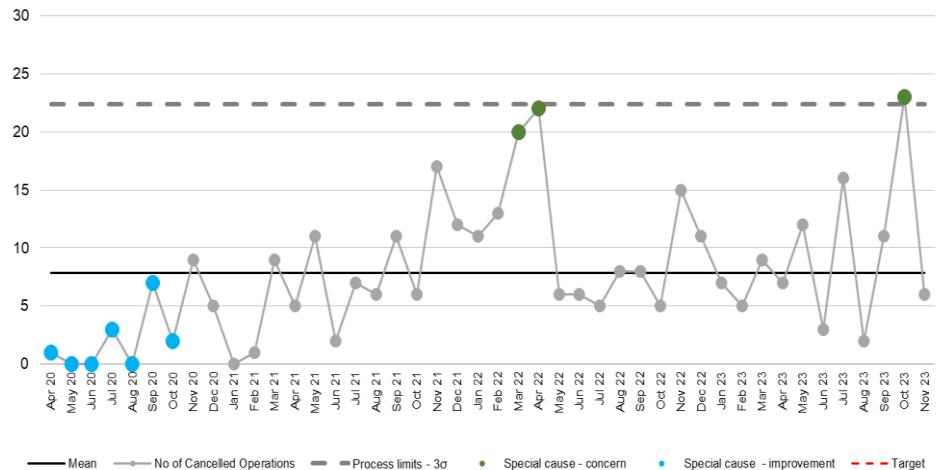
Actual in month 1298 vs 1254 System Plan (Variance +44)
YTD position against Actual vs System plan is 100.4% (Variance +39)

1. Activity Summary

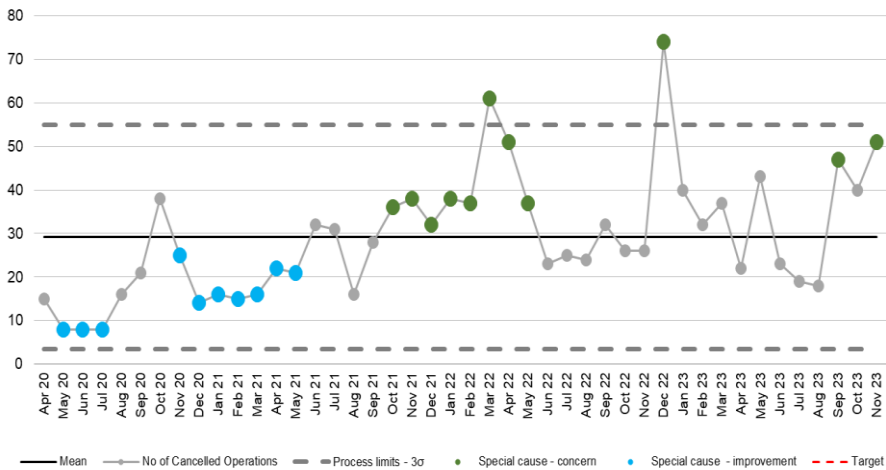


2. Theatre Utilisation/ Hospital Led Cancellations

Cancelled by Hospital on Day of Admission

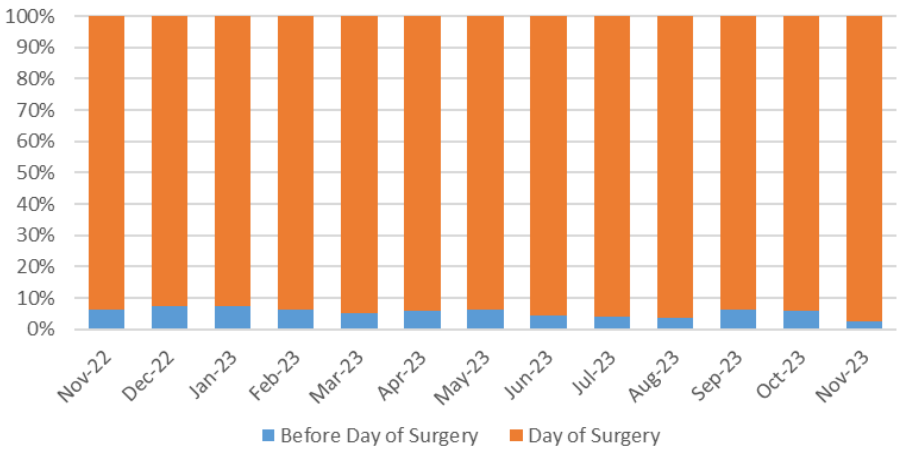


Cancelled by Hospital Before Day of Admission



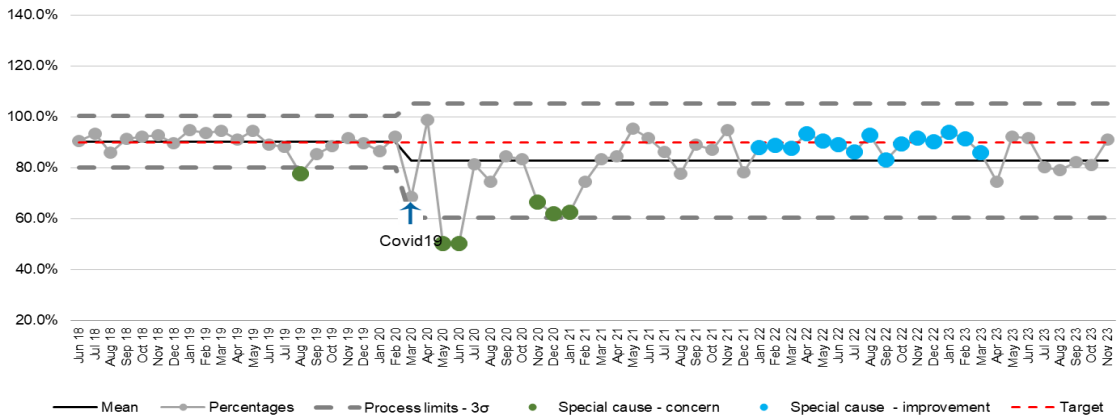
Year - Month	Cancelled by Hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by Hosp. Before Day of Admission	Grand Total	Cancelled Ops Not Seen Within 28 Days
Nov-22	15	18	26	59	0
Dec-22	11	24	74	109	0
Jan-23	7	25	40	72	0
Feb-23	7	29	33	69	0
Mar-23	9	31	37	77	0
Apr-23	7	24	22	53	0
May-23	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
Nov-23	6	36	51	93	0
Total	134	360	500	994	0

% of Elective Admissions Before Day of Surgery

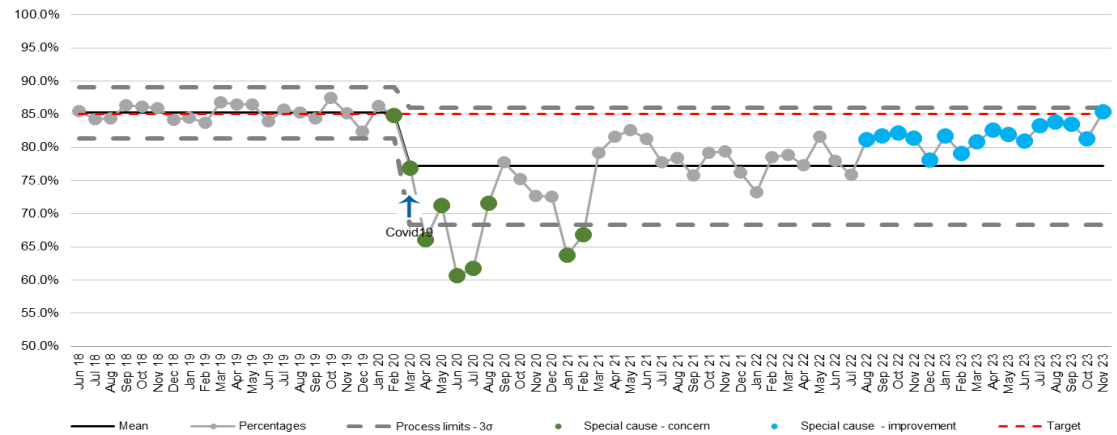


2. Theatre Utilisation

Theatre Session Utilisation (All Electives)



Theatre In Session Utilisation (All Electives)



Elective Session Utilisation (November 2023)

Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	480	435	45	90.63%
UHB	72	67	5	93.06%
Totals	552	502	50	90.94%

Elective In Session Utilisation (November 2023)

Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1893	1634	259	86.32%
UHB	296	234	62	79.17%
Totals	2189	1868	321	85.35%

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for November was **90.94%** which was above the Trust target of **85%**.

List utilisation improved because of no industrial action during November, with both ROH and UHB exceeding 90%

The in-session utilisation of the ROH lists increased in month at **86.32%** and the utilisation of UHB lists was **79.17%** resulting in an overall total in-session utilisation of 85.35%. UHB in session utilisation has been escalated at a senior level within UHB via the COO and Dep COO.

AREAS FOR IMPROVEMENT

A 'stock take' of surgical trays has been completed with data to be analysed during December 23. This is part of a wider project, revisiting the 'approved' list of surgical trays, current SOP's and increased demand at the weekends.

Theatre lookback meetings implemented due to 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 from 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.

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 was held with the new operational leads on 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 very short notice bookings:

6 patients were cancelled on the day with reasons detailed as follows:

- 3 x Clinician unavailable/unwell - UHB Surgeons
- 2 x Lack of theatre time – complex cases ran over allocated time
- 1 x Replaced by emergency cases – emergency case took priority – 1 theatre out of action due to IPC issue.

36 patients admitted and had treatment deferred, with the reasons detailed as follows:

- 12 x Medically unfit / Clinical change in condition / Patient Medication Issue / Loose tooth / Loose brace
- 6 x Procedure no longer required / change in clinical plan
- 6 x Lack of theatre time due to complex cases
- 5 x Patient choice
- 3 x Clinician unavailable/unwell - UHB surgeons
- 2 x Replaced by urgent case - emergency case took priority – 1 theatre out of action due to IPC issue.
- 1 x Lack of equipment – hole in loan instrument packaging
- 1 x Interpreter not booked – uncommon language and difficult to source on the day to gain consent.

The number of patients cancelled on the day for non-clinical reasons reduced in November.

51 patients cancelled by the hospital the day before the date of admission

- 8 x Medically unfit / Covid/Flu related/change in clinical condition / not stopped meds
- 5 x Referred back to clinic
- 4 x Change in TCI date
- 6 x Replaced by more urgent case
- 28 x Consultant not available/unwell - 1 x Botox Injection Clinic

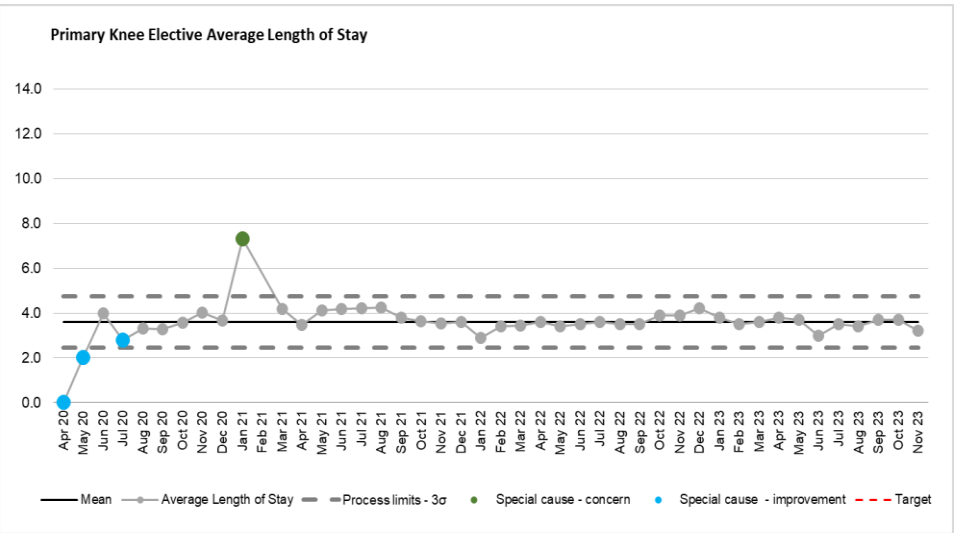
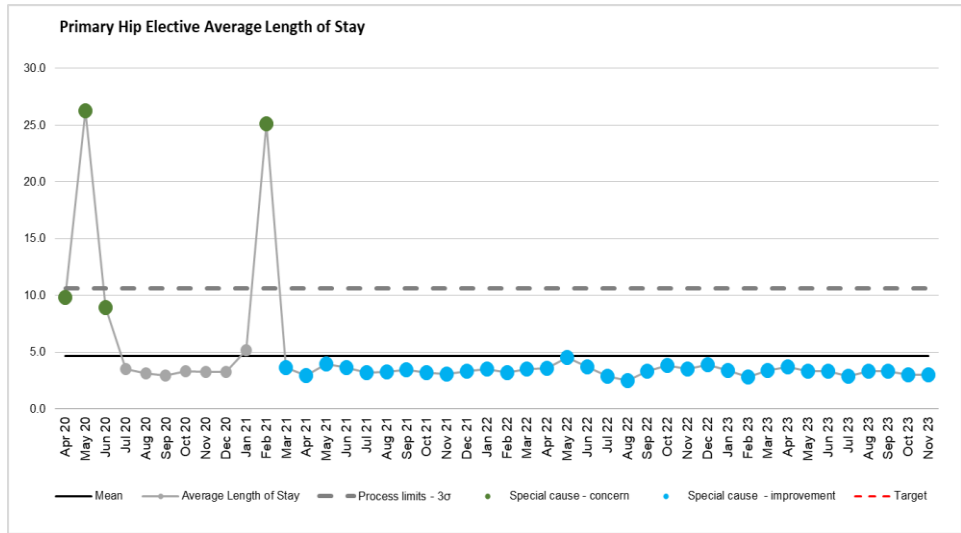
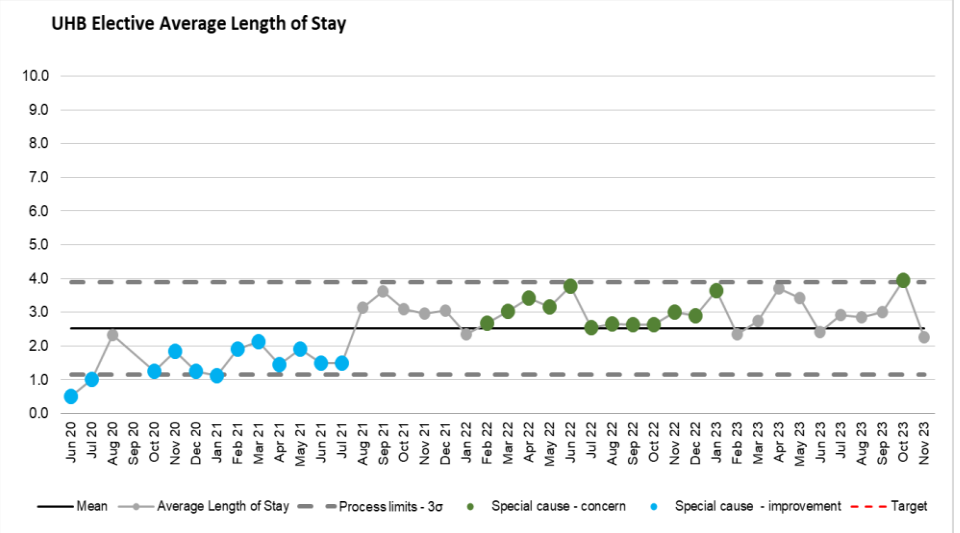
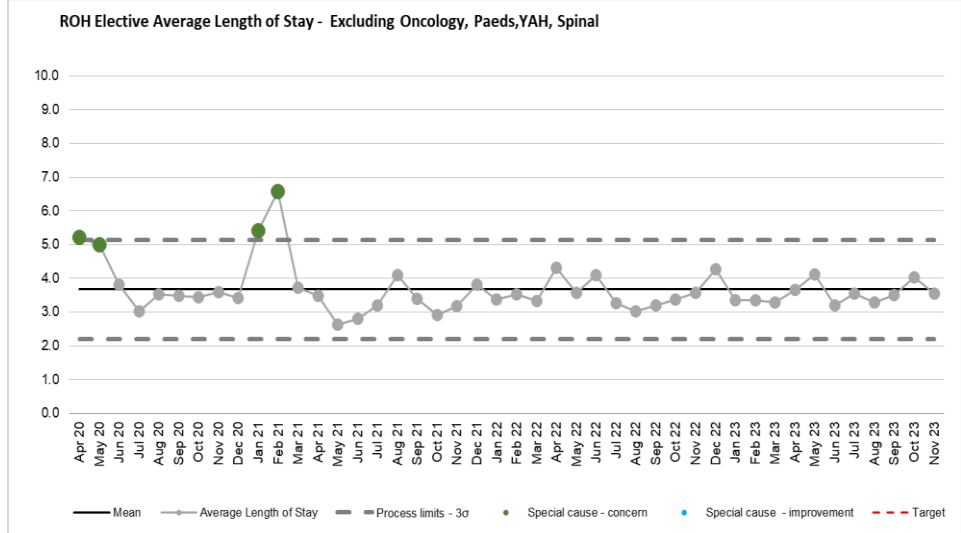
AREAS FOR IMPROVEMENT

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. Review to be undertaken in the new year

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. 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 remains at 3.0 days (3.0 days October 23) and primary Knees has reduced to 3.2 days (3.7 October 23).

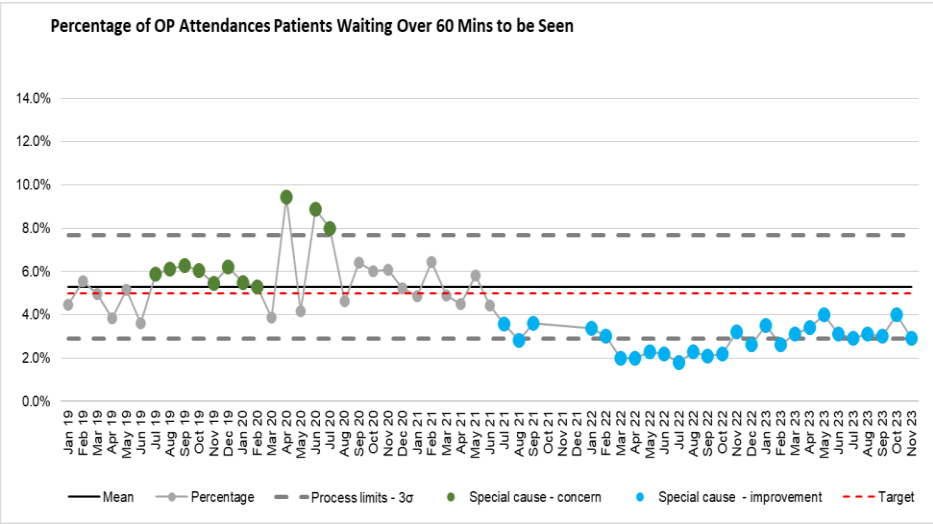
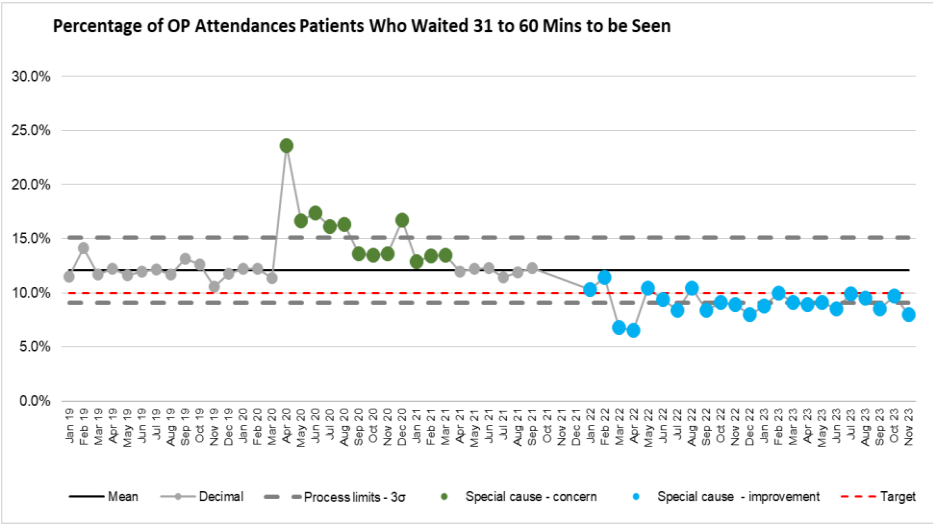
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal has reduced to **3.55 days** (4.02 October).

A review of the ROH arthroplasty and oncology arthroplasty patients, identifies a reduction in the number of patients with LOS \geq 8 days. 4 patients stayed \geq 8 days compared to 10 in October 23. 3 were Oncology arthroplasty and all 4 had a minimum ASA score 2. Review of records identifies that those with extended length of stay all had medical, therapy or complex social care planning reasons to remain in hospital.

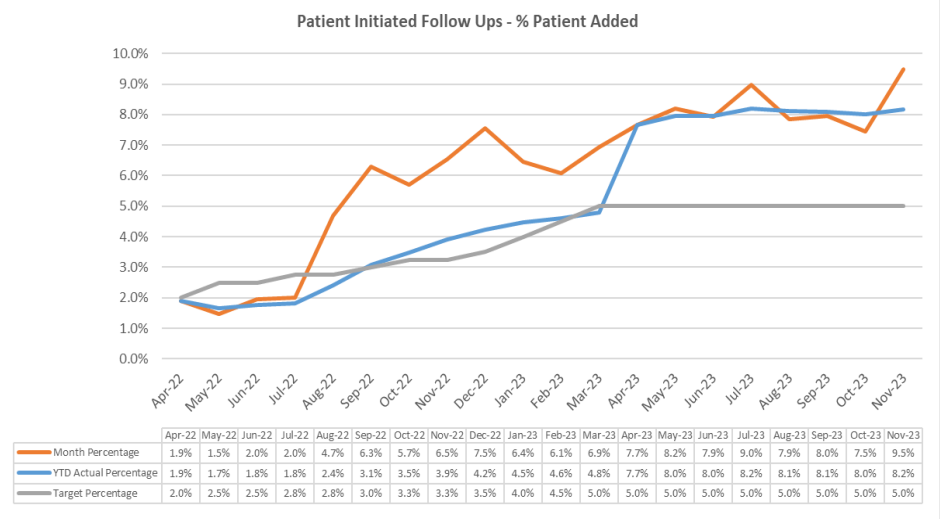
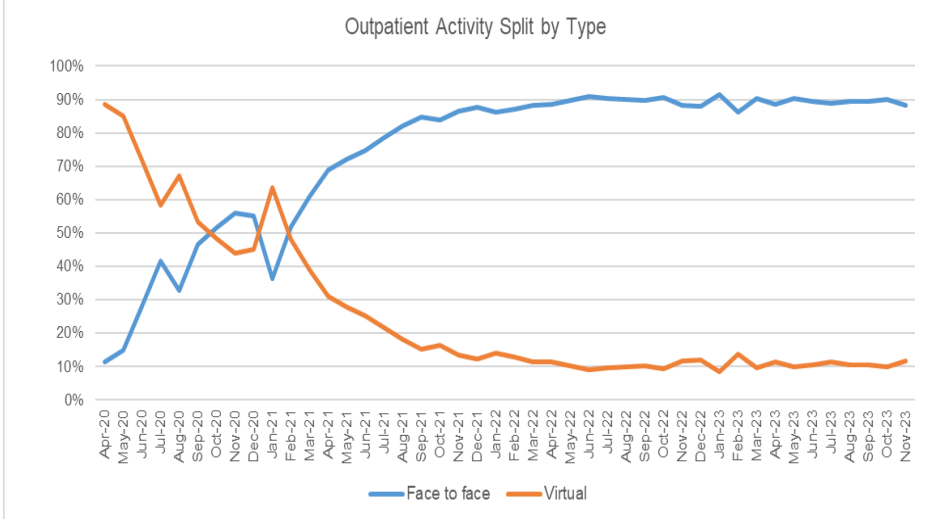
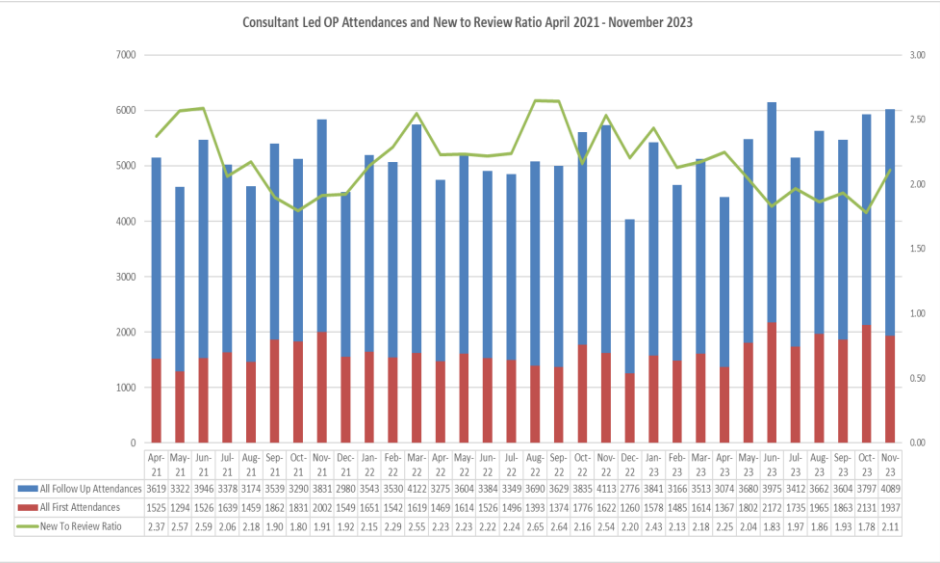
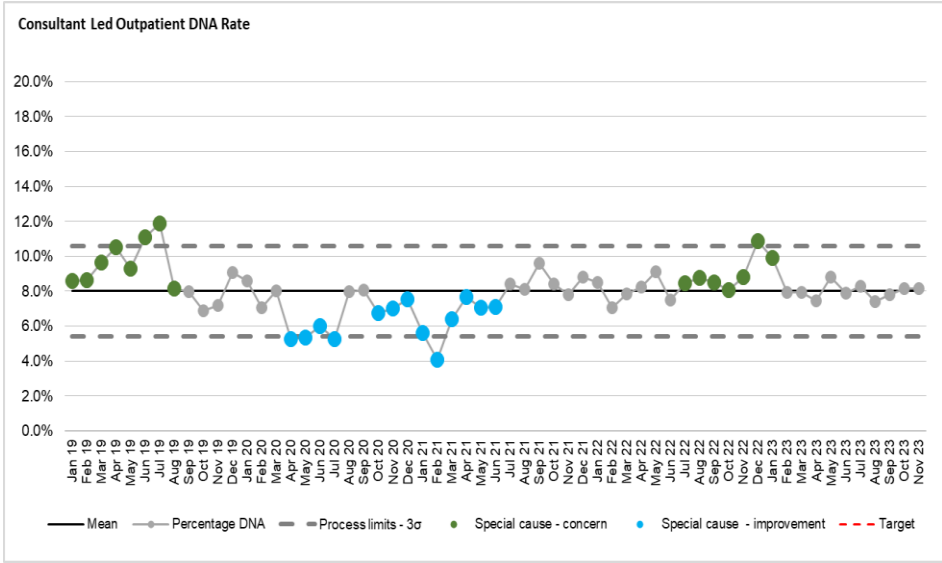
AREAS FOR IMPROVEMENT / ACTION PLAN

- 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.
- Consultant Physician and Discharge Liaison nurse ward rounds have recommenced which will assist in identifying any potential delays.
- 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.

4. Outpatient efficiency



4. Outpatient efficiency





4. Outpatient efficiency

SUMMARY

November 2023 performance is as follows:

Overall Outpatient activity was -1% variance against the Trust trajectory for November 2023 delivering 6,001 (New and Review) episodes. However, our delivery of outpatient episodes was +60 against October 2023 and +210 (4%) against the System trajectory for November 2023.

- 5,312 face to face and 711 virtual appointments
- 11.80% virtual in total.
- 9.5% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is **8.2%**.
- 8.13% DNA rate – slightly higher than Trust target of 8% DNA rate
- **Clinic Waiting Times**
- 30-minute delays – **within trust target at 8.0% (Target 10%)**
- 60-minute delays – **within trust target at 2.9% (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.

A deep-dive audit has taken place focusing on the DNAs from October 2023 to identify root causes and themes. A formal report is to be presented at the Outpatient Transformation and Improvement Group on 19th December 2023. The output of this audit will be shared in next month's pack.

Dr Doctor is now in place in Imaging which has positively reduced the DNA rates for imaging episodes from 9.37% to 3.4%
The next steps are to roll out to Therapies and POAC in the new year.

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

January 2024 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

Specialty Priority Updates / Highlights				
PIFU	Reduction in DNAs	Reduction in Follow Ups	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
<p>PIFU relaunch is underway with progress as follows:</p> <ul style="list-style-type: none"> - Collaborative working with ICB and UHB Outpatient Transformation - Development of patient information and landing page in internet. - Development of intranet page. - Re-education planned for clinical teams. - Key areas where PIFU could be clinically beneficial are being identified. 	<p>DNA audit has been completed with 200 patients contacted to get feedback. Output from the audit TBC January 2024.</p> <p>DrDoctor text reminders live in Oncology and Imaging. Imaging DNAs have reduced from 9.37% in October to 3.4% in November. Therapies to be confirmed.</p> <p>Patient portal and options for direct messaging to be confirmed.</p>	<p>Online forms is being piloted in the MSK Team. Validation of OPFU being planned via Quick Question. Virtual and remote monitoring interactions are being planned with patients. Supported by other workstreams.</p>	<p>Clinical Pathways landing page in ICB is in development (in parallel to Orthopathways. Advice & refer relaunch is being developed. First clinical meeting with the ICB is confirmed with Young Adult Hips. Positive engagement with the ICB programme of work.</p>	<p>Activity review is in place to analyse activity over the last 3 years and identify areas of improvement. Virtual opportunities are being scoped with all subspecialties.</p>

Other priorities:

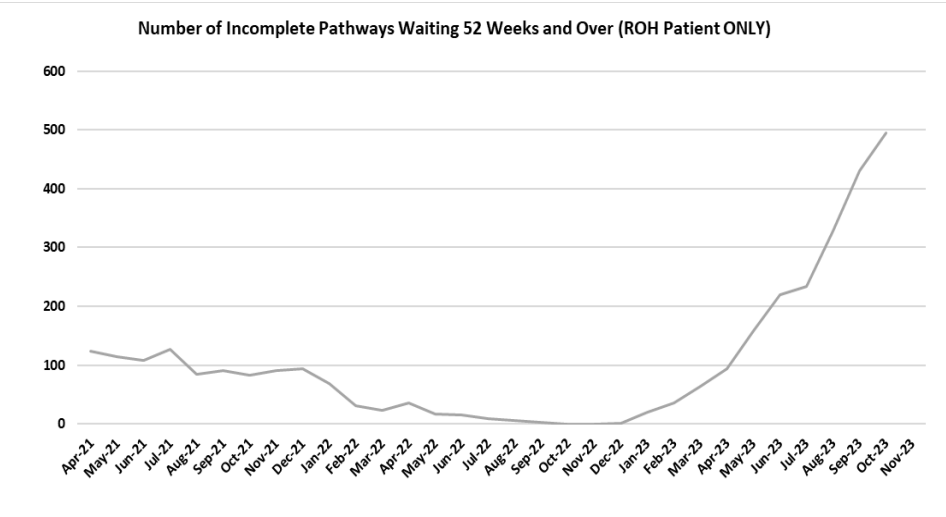
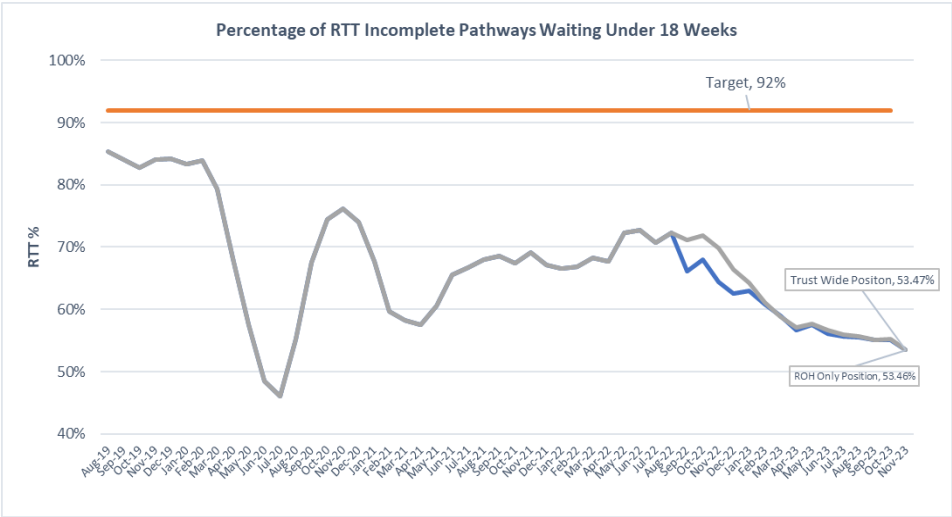
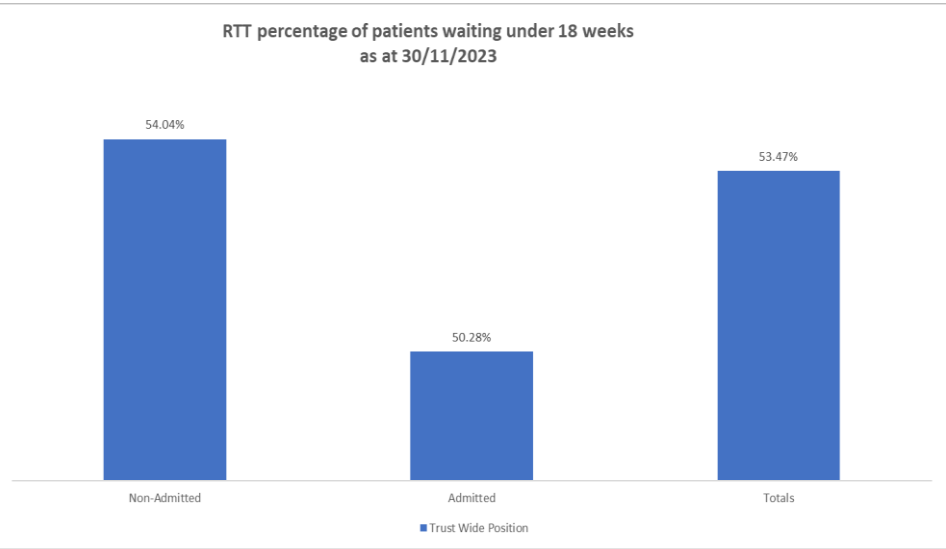
- Stage 1 of the new digital dictation system (TPro) went live in December. Evaluation and next steps to be completed in January 24.
- ROH Outpatient Transformation Group and the ICB Transformation Programme
- Review against GIRFT outpatient recommendations for clinic templates is underway.



5. Referral to Treatment

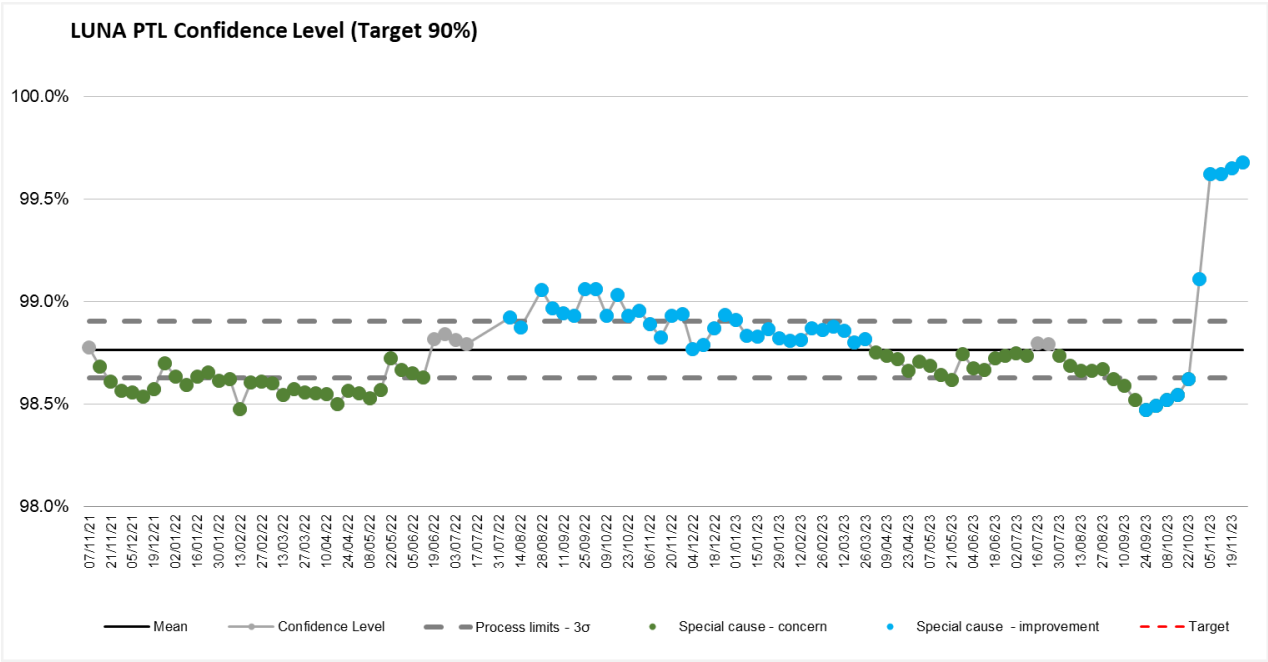
Trust Wide Position			
Weeks Waiting	Non-Admitted	Admitted	Totals
0-6	3,424	568	3,992
7-13	2,691	438	3,129
14-17	1,413	235	1,648
18-26	2,668	423	3,091
27-39	2,277	449	2,726
40-47	805	172	977
48-51	203	54	257
52 weeks and over	450	129	579
Total	13,931	2,468	16,399

Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	7,528	1,241	8,769
18 and over	6,403	1,227	7,630
Month End RTT %	54.04%	50.28%	53.47%



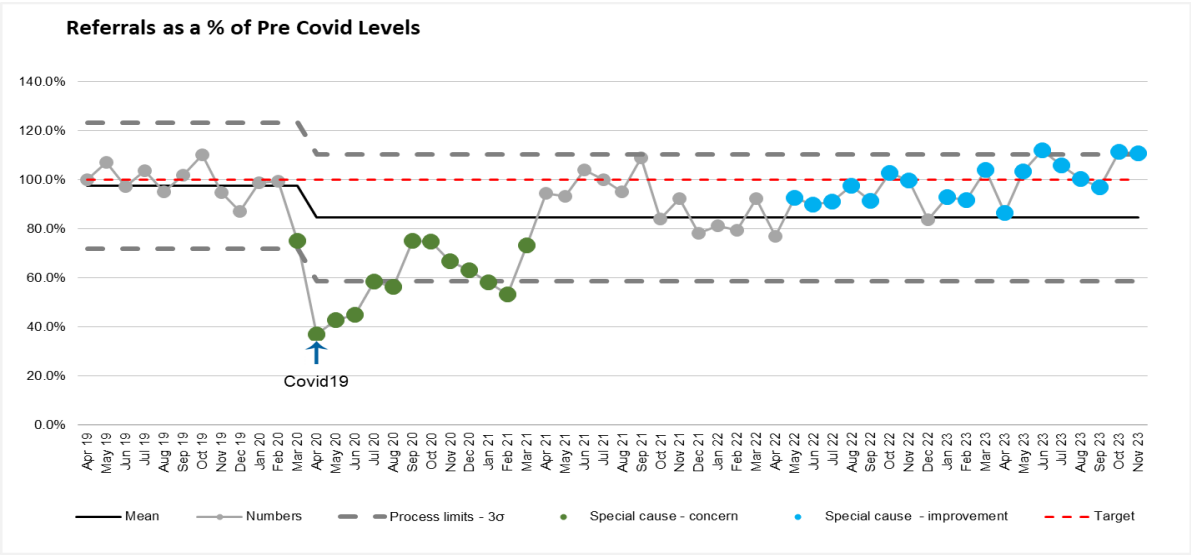
5. Referral to Treatment Luna Data

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 inconsistencies, 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



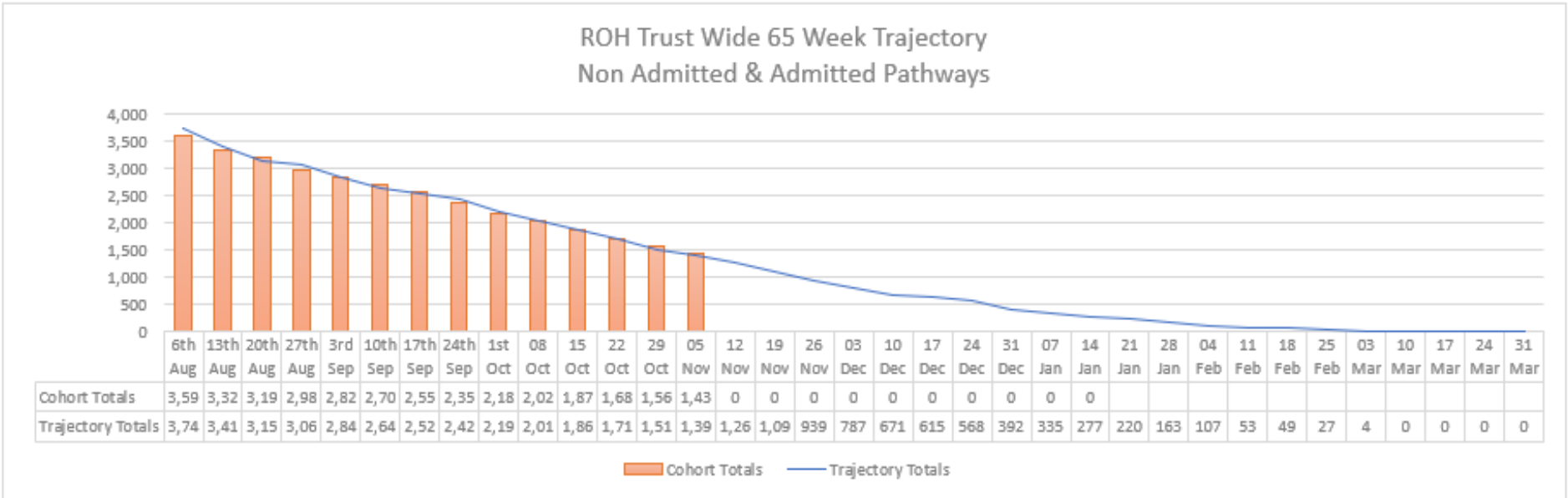
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2895	2626	2801	2574	2752	2976	2561	2351	2667	2683	2030	996	1154	1213	1578	1522	2034	2019	1803	1704	1574	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	2339	2792	3025	2862	2716	2623	3015	2999																
Referrals as a % of Pre Covid Levels	86.50%	103.25%	111.87%	105.84%	100.44%	97.00%	111.50%	110.91%																

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:



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 with the exception of patient choice over the Christmas period. We are on target to deliver this for Orthopaedics; however, Spinal is on plan for the national target.

We have had 1 patient opt to move to us via the national choice of alternative provider initiative.

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for November was **53.47%** against the National Constitutional Target of 92%. This represents a 1.68% decrease compared to the October reported position of **55.16%** that includes patients transferred from other providers. The LUNA report for data quality validation is consistently above 98%.

There were **579** patients waiting over 52 weeks in November, an increase from the trust wide position in October which was **506** 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. Extra clinics were provided in October and November in line with the patients in the 65 weeks cohort needing to be seen by 31.10.23.

During November 23, ROH received 2,999 referrals (110.91%) 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 needs 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. A review has commenced of Arthroscopy patients that are complex and allocated to 1 specialist clinician. Where clinically appropriate, patients are being re-allocated to an alternative clinic to reduce the waiting times.

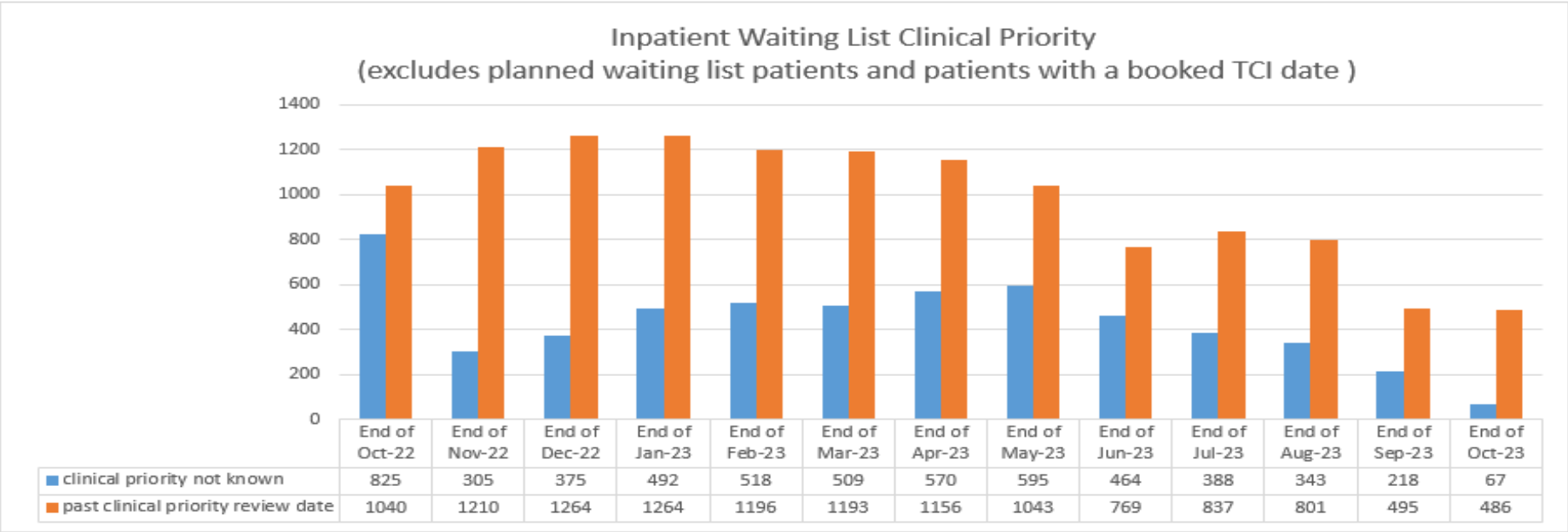
The Validation team are providing extra support to spinal services to help manage patients through the pathway and all patients down to 12 weeks have been sent a text message to determine whether they wish to remain on the waiting list in line with national guidance.

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

5. Referral to Treatment

Overdue Clinical Priority:



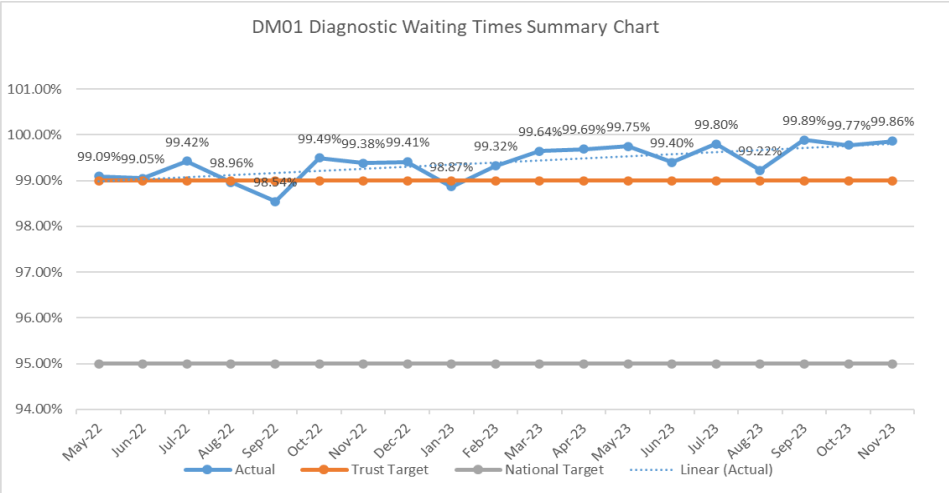
The Division with the support of our clinical and BI team focused on the review of October 2023 Inpatient waiting list clinical priority scores. The specialty teams have worked collaboratively with BI to reduce the number of patients with an overdue priority score.

The number of patients without a priority recorded has reduced from 218 to 67.

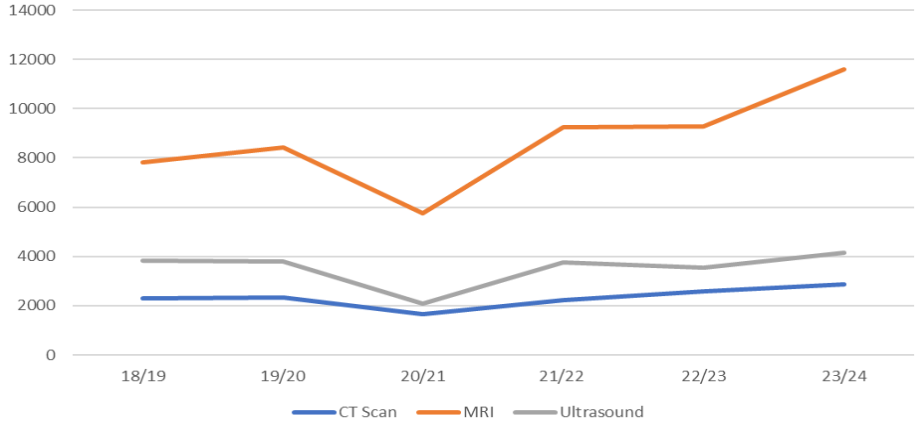
Clinical oversight takes place monthly at the Clinical Service Leads meeting.

6. Diagnostic Performance

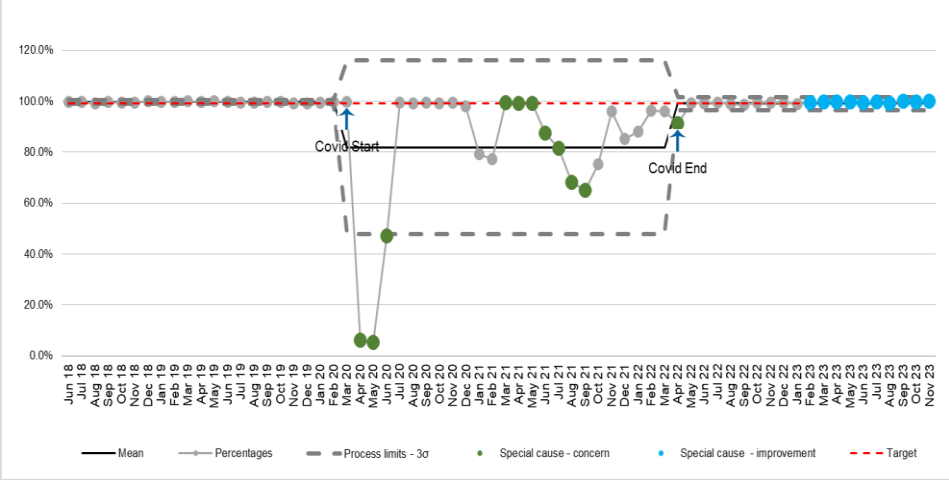
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



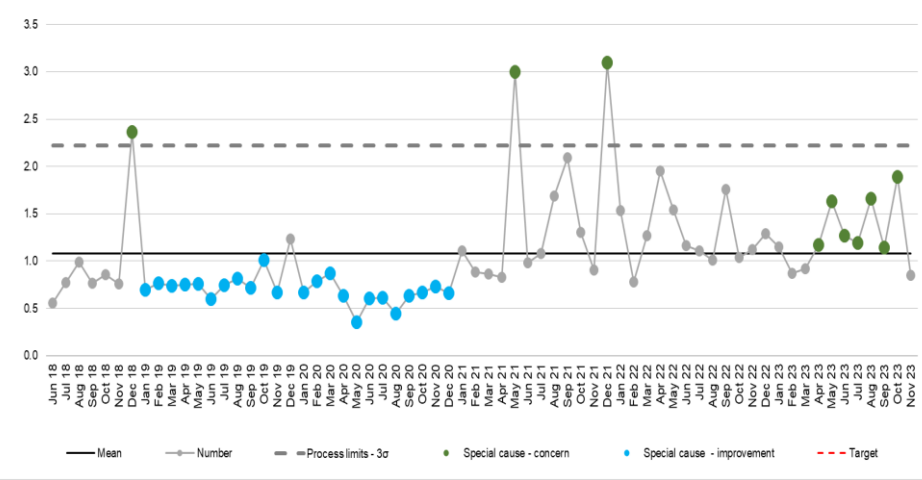
Referrals 18/19 - 23/24 (April - November Comparison)



Diagnostics: Percentage of Patients Waiting Under Six Weeks



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



7. Diagnostic Performance

SUMMARY

The Imaging Department achieved the 99% DM01 target in November 2023 closing the month at 99.86%. 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 use of Dr Doctor sending text messages at 1 week and 48 hours prior to appointments; improvement in MRI DNAs have already been seen.

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.

Referral rates are increasing for all modalities and the reduction in DNAs is helping to mitigate this risk.

Report transcription time is improving with the commencement of a new medical secretary within Imaging and subsequent cessation of Prescribe who have been supporting us with typing up reports. The team continue to prioritise Oncology, MRI & CT scan reporting.

8. Cancer Performance

Target Name	National Standard	October 2023 (complete)			
		%	In target	Breach	Total
31 DTTD to Treatment	96%	100%	22.0	0.0	22.0
62 day RTT to treatment	85%	85%	17.5	3.0	20.5
28 day FDS REPORTED	75%	75%	76.0	25.0	101.0
Patients over 104 days (62 day standard)					1

Performance

The trust was compliant against all three cancer standards for October 2023. The 62-day target was achieved with a compliance rate of 85.3%. We had a total of 3 patients breaching the 62-standard target. We were compliant with the 28 days FDS standard achieving 75.2% against a target of 75% and 100% compliant against the 31-day metric.

The root causes of delay for the 62 days standard were;

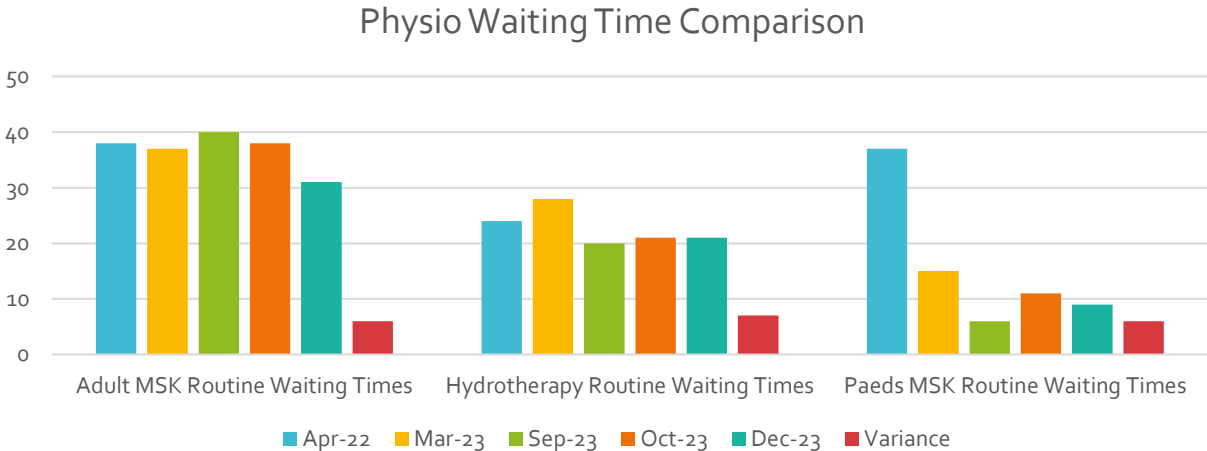
- 1 x Full breach - 2ww referral into the ROH, histology took 16 days to report due to additional testing. A diagnosis was made on day 48 and surgery required dual surgeon operating with plastics as a complex case.
- 1 x Full breach, 2ww referral into ROH diagnosed within 28 days. Patient did have a TCI date scheduled within breach date however on staging imaging a further lesion was revealed and required diagnostic biopsy, surgery then had to be rescheduled until metastatic disease was ruled out this then delayed surgery past day 62.
- 1 x Full breach, referral received day 35, required full diagnostic work up at ROH and was diagnosed day 50 of their pathway. Patient then requested additional thinking time before deciding on which procedure they wanted that delayed the patient past day 62. once consented patient was treated within 31 days

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. Histology delays are escalated to UHB DOP for an expedited resolution.

9. MSK Waits

Physio Wait Comparison April 22 vs March and Dec (as at 17th)



Summary

Paediatric Physio waits continue to be maintained below 12 weeks.
 Hydrotherapy waits remain at 21 weeks
 Adult physio waiting times have reduced from 44 weeks in June/July to 31 weeks as of 17th December 23 with a trajectory to continue reducing waits.
 Back Pain waiting times reduced from 39 weeks to 35 weeks

Risks /actions ongoing

- A comprehensive action plan has been produced to address the long waits associated with Adult MSK Routine appointments.
- Discussions on going with system partners in respect of the transfer of patients
- 2 further members of staff due to commence in Q4

10. Private Patients

SUMMARY

There were 48 inpatients treated privately in November and there were 122 private outpatient consultations. The service has exceeded its inpatient activity plan by 12 patients and YTD by 129. There is no outpatient target however the service has booked 862 outpatient attendances YTD. The service is under its income target by £7k but over its YTD position by £85k and expected to recoup this position in month 9

	M1	M2	M3	M4	M5	M6	M7	M8	YTD
Income Plan £000	306	306	306	306	255	253	325	361	2418
Activity Plan	9	24	35	24	37	28	29	36	222
Income to be collected £000	353	229	254	397	255	314	347	354	2503
Activity actual	47	37	41	55	38	39	46	48	351

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 and activity generation to support the Trust position to year end and to assure the committee that key actions from the strategic plan are being delivered, the following actions are being undertaken:

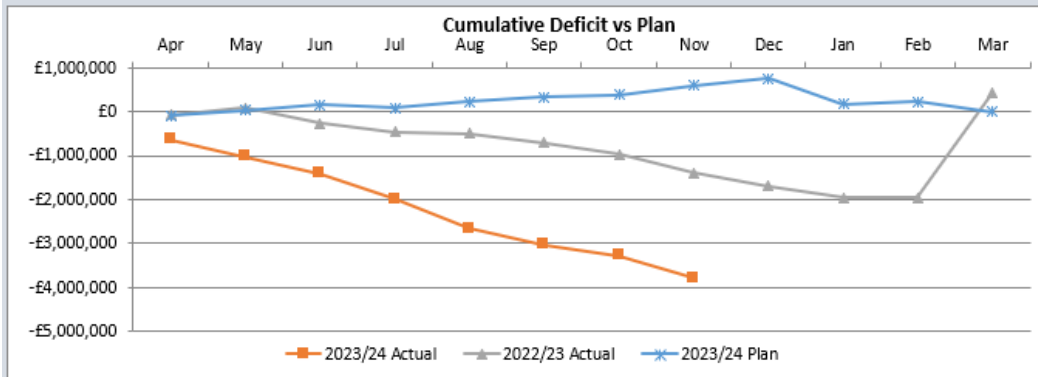
- A) Renegotiation with insurance companies to agree tariff pricing for the new financial year
- B) Implementation of additional in week theatre capacity (as agreed by the Board).
- C) Finalisation of foot and ankle bespoke package pricing
- D) Completion of the patient experience report led by Jackie Dobson
- E) Expansion of the administration team portfolio to include imaging invoicing
- F) Business case to be developed in conjunction with finance identifying the need for dedicated finance roles to support the growing and multifaceted invoicing process.

8. Finance on a Page

Month
8

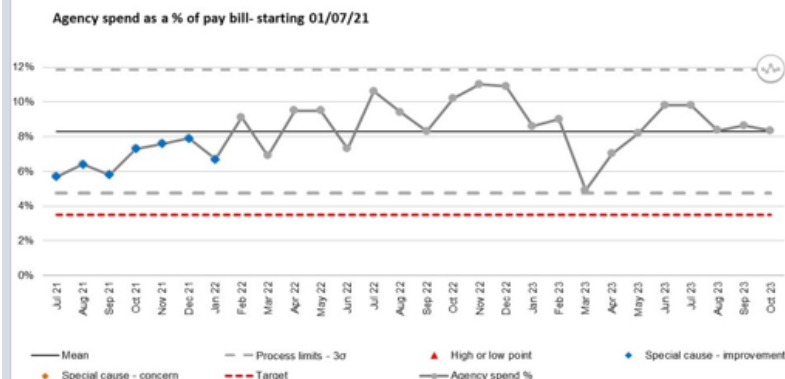
FINANCIAL PERFORMANCE

Income and Expenditure category	£'000s								
	In Month			Year to date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Pay	-£6,173	-£6,255	-£637	-£49,806	-£50,444	-£637	-£74,746	-£74,922	-£176
Non Pay	-£4,109	-£4,600	-£3,770	-£34,064	-£37,834	-£3,770	-£51,756	-£52,531	-£775
Income from patient care activities	£10,199	£9,873	-£984	£82,015	£81,031	-£984	£122,811	£122,729	-£82
Other income	£422	£575	£845	£3,376	£4,221	£845	£5,064	£5,878	£814
Non operating costs	-£121	-£109	£154	-£968	-£814	£154	-£1,455	-£1,248	£207
Remove capital donations	£7	£8	£6	£56	£62	£6	£82	£94	£12
TOTAL	£225	-£507	-£732	£609	-£3,779	-£4,387	£0	£0	-£0



Agency as a % of paybill
8.7%

Recurrent efficiency % of
forecast 100%



Efficiencies	YTD	Forecast
Plan	£3,201	£5,076
Actual	£3,255	£5,076
Variance	£54	£0

Capital	YTD	Forecast
Plan	£2,410	£3,909
Actual	£1,965	£3,614
IFRS 16	£0	£1,250
Variance	-£445	-£955

Better Payment practice code	YTD	% movement previous month
Non-NHS		
By number	88.9%	0.0%
By Value	90.5%	7.0%
NHS		
By number	45.7%	0.4%
By number	6.8%	2.6%
Total		
By number	87.9%	-0.1%
By Value	79.7%	2.1%



9. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £507k against a planned surplus of £225k, generating a £732k adverse variance, resulting in a year to date deficit of £3,779k against a surplus plan of £609k, generating an adverse variance of £4,387k.

Income year to date is £139k behind plan. An in month adjustment to account for Associate ICB contract value risk year to date has reduced in month income by £422k compared to month 7.

Pay expenditure is overspent by £637k. Non pay expenditure is overspent against plan with an adverse variance of £3,770k.

Agency spend remains a concern – although a reduction in agency spend in month has improved the percentage of pay bill to 6.6% in month and 8.7% 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.

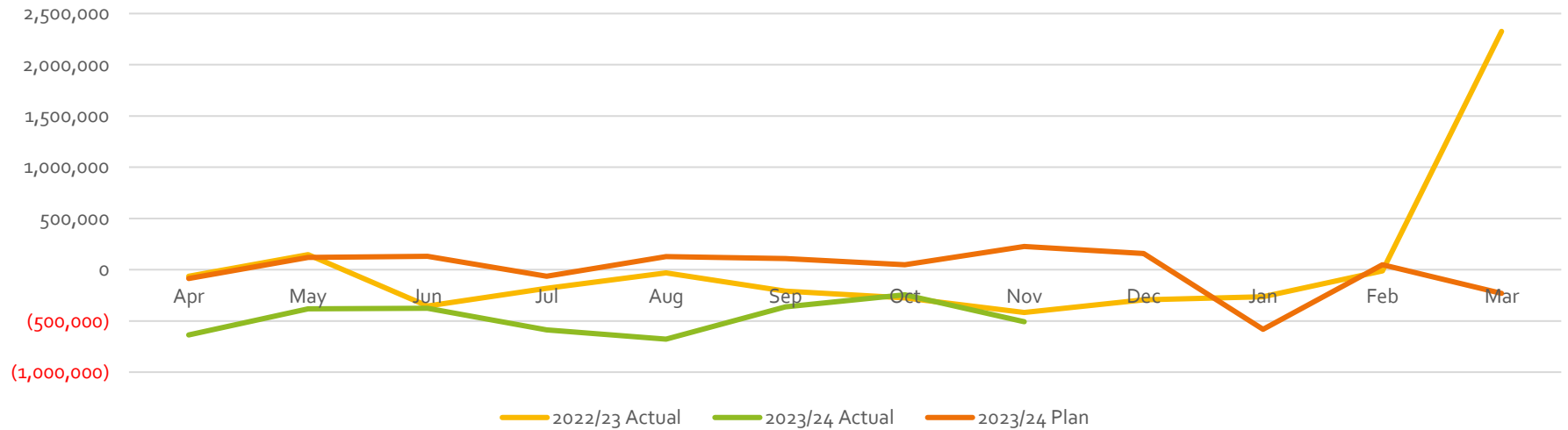
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	(139)	(638)	(3,770)	159	(4,387)
Year to date plan	85,391	(49,806)	(34,064)	(912)	609
Year to date actual	85,252	(50,444)	(37,834)	(753)	(3,779)
Variance compared previous month	350	(133)	(1,273)	33	(1,022)
Forecast Variance	732	(176)	(775)	219	0

9.
Overall
Financial
Performance

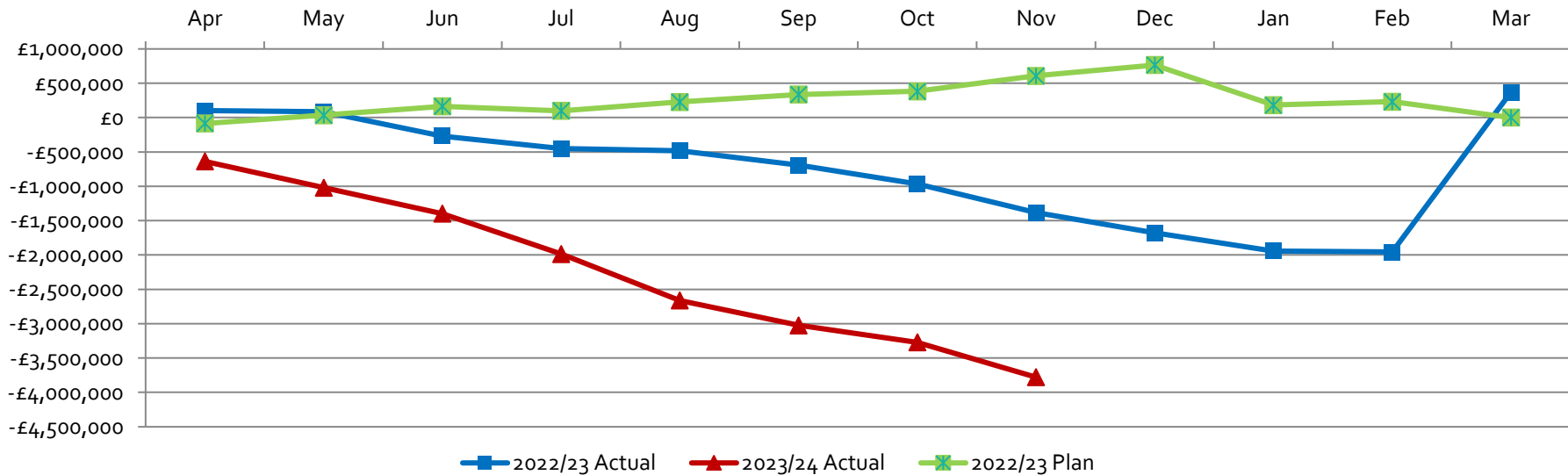
	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	82,015	81,031	(984)
Other Operating Income (Excluding top up)	3,376	4,221	845
Employee Expenses (inc. Agency)	(49,806)	(50,444)	(638)
Other operating expenses	(34,064)	(37,834)	(3,770)
Operating Surplus	1,521	(3,026)	(4,547)
Net Finance Costs	(968)	(814)	154
Net surplus/(deficit)	553	(3,840)	(4,393)
Remove donated asset I&E impact	56	62	6
Adjusted financial performance	609	(3,779)	(4,387)

9. Overall Financial Performance

Monthly surplus/(deficit)



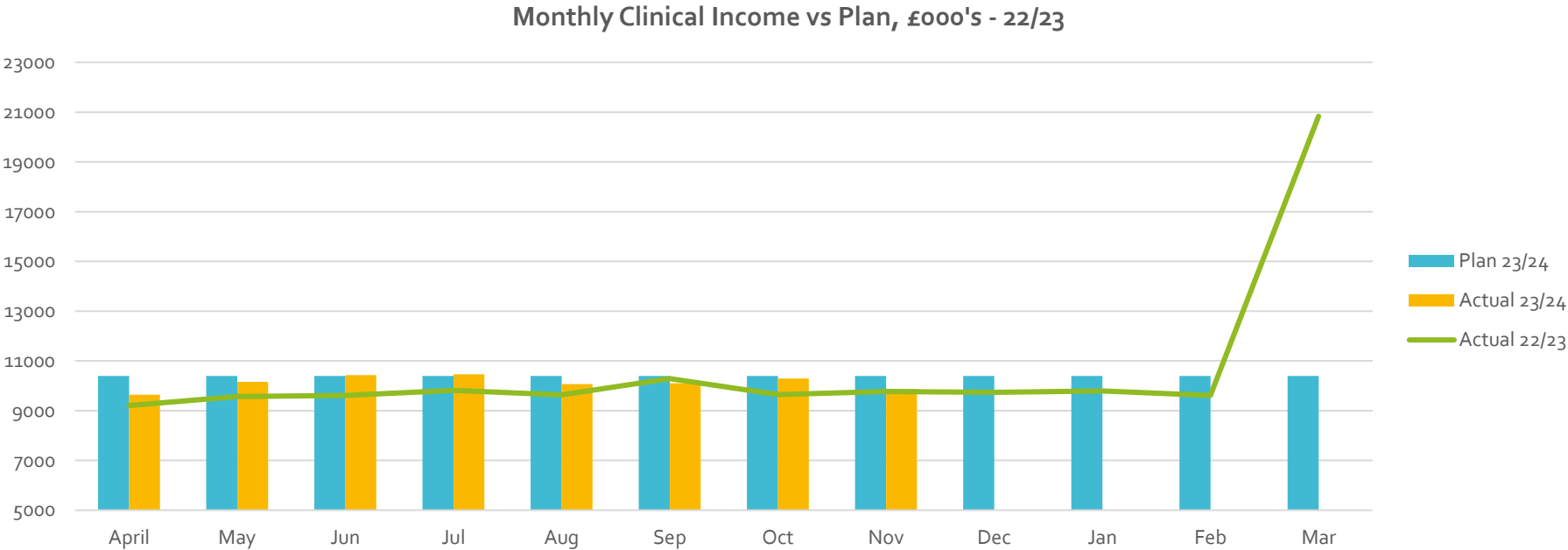
Cumulative Deficit vs Plan



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)	(507)				
Variance			-123	-68	-568				

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.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>Grand Total</u>
Actual	£3,403,234	£4,217,846	£4,653,009	£4,075,174	£4,242,125	£4,180,075	£4,517,654	£4,743,225	£34,071,904
Revised ERF Target	£3,678,829	£4,318,070	£4,801,359	£4,127,408	£3,926,261	£4,245,048	£4,528,433	£4,944,911	£34,570,319
Variance revised ERF plan	-£275,595	-£100,224	-£148,350	-£52,234	£315,864	-£64,973	-£10,779	-£201,686	-£498,415
Adjustment to target (Specialised Commissioning)									£332,852
Year to date underperformance									-£165,564



10. Income

SUMMARY

Income year to date is £139k behind plan. An in month adjustment to account for Associate ICB contract value risk year to date has reduced in month income by £422k compared to month 7.

Elective recovery performance is showing an underperformance year to date by £165k.

Private patient income is performing well against plan with a year to date overperformance of £110k.

AREAS FOR IMPROVEMENT

Elective recovery target delivery during the year to maximise income generation.

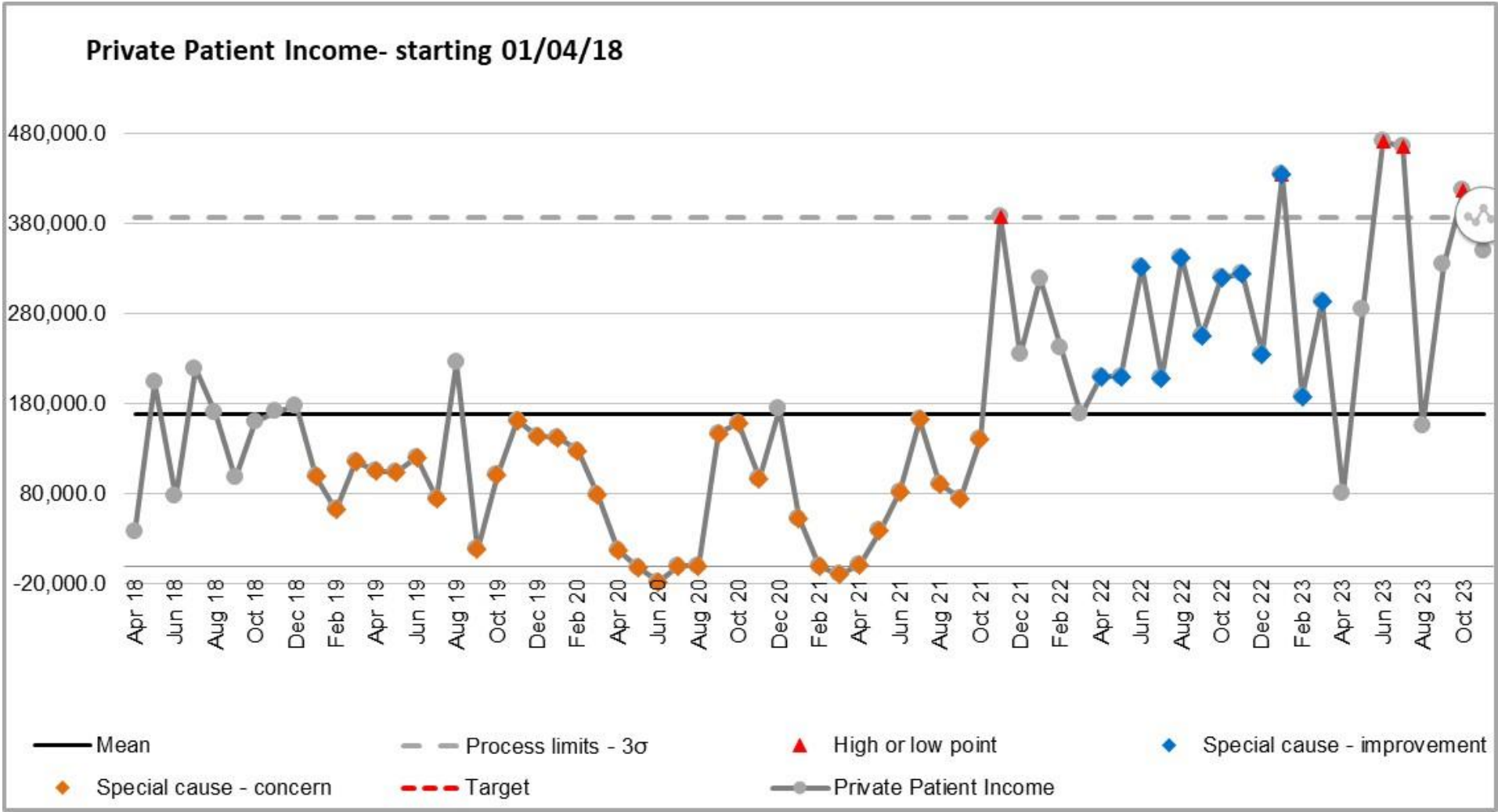
RISKS / ISSUES

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



11. Expenditure

SUMMARY

Pay expenditure is overspent by £637k. Non pay expenditure is overspent against plan with an adverse variance of £3,770k.

Agency spend has reduced in month with a significant reduction seen in non clinical agency spend which has nearly halved compared to previous months. This has delivered an improvement to the percentage of pay bill to 6.6% in month and 8.7% year to date.

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.

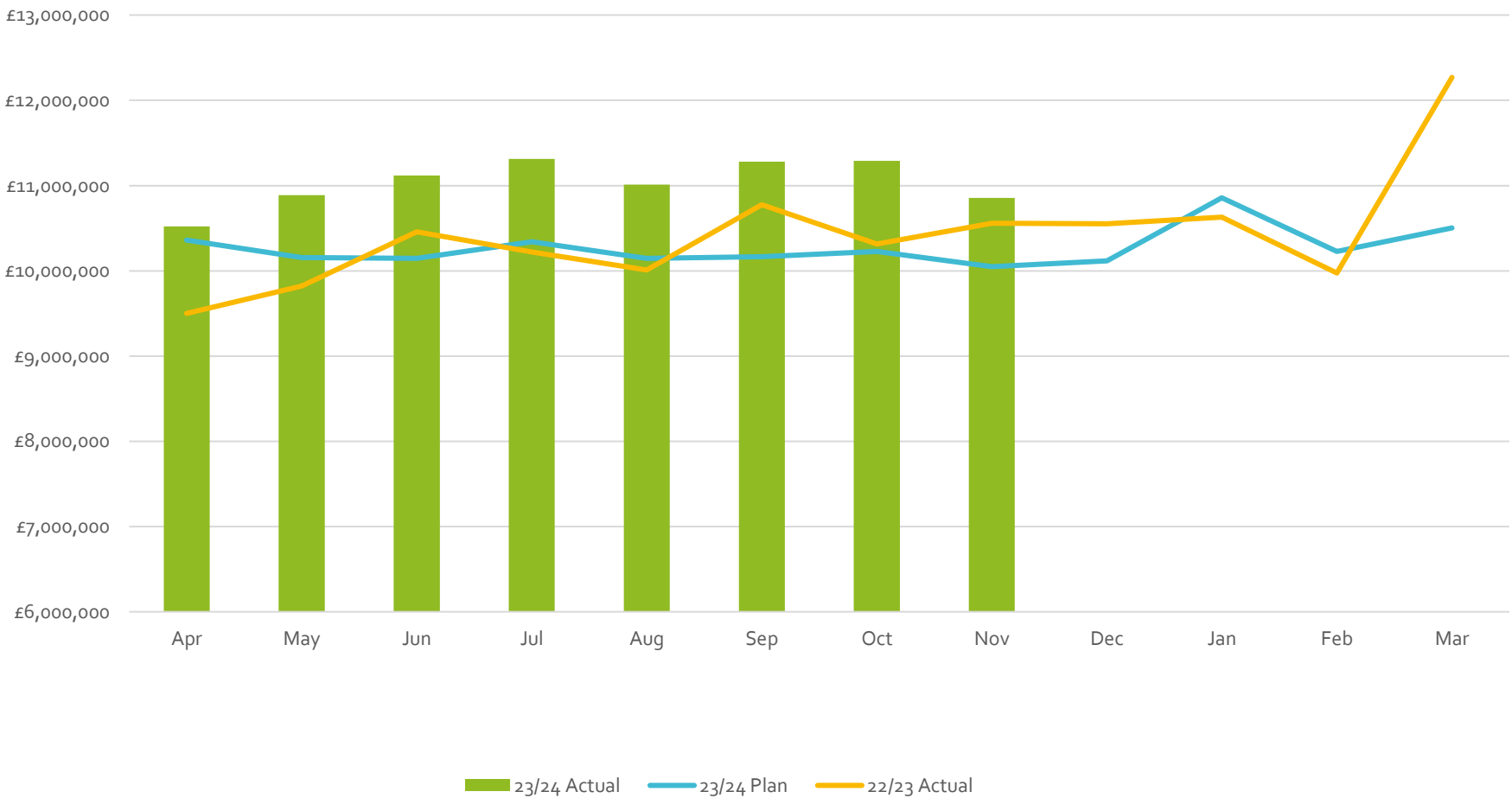
LLP expenditure reduction.

RISKS / ISSUES

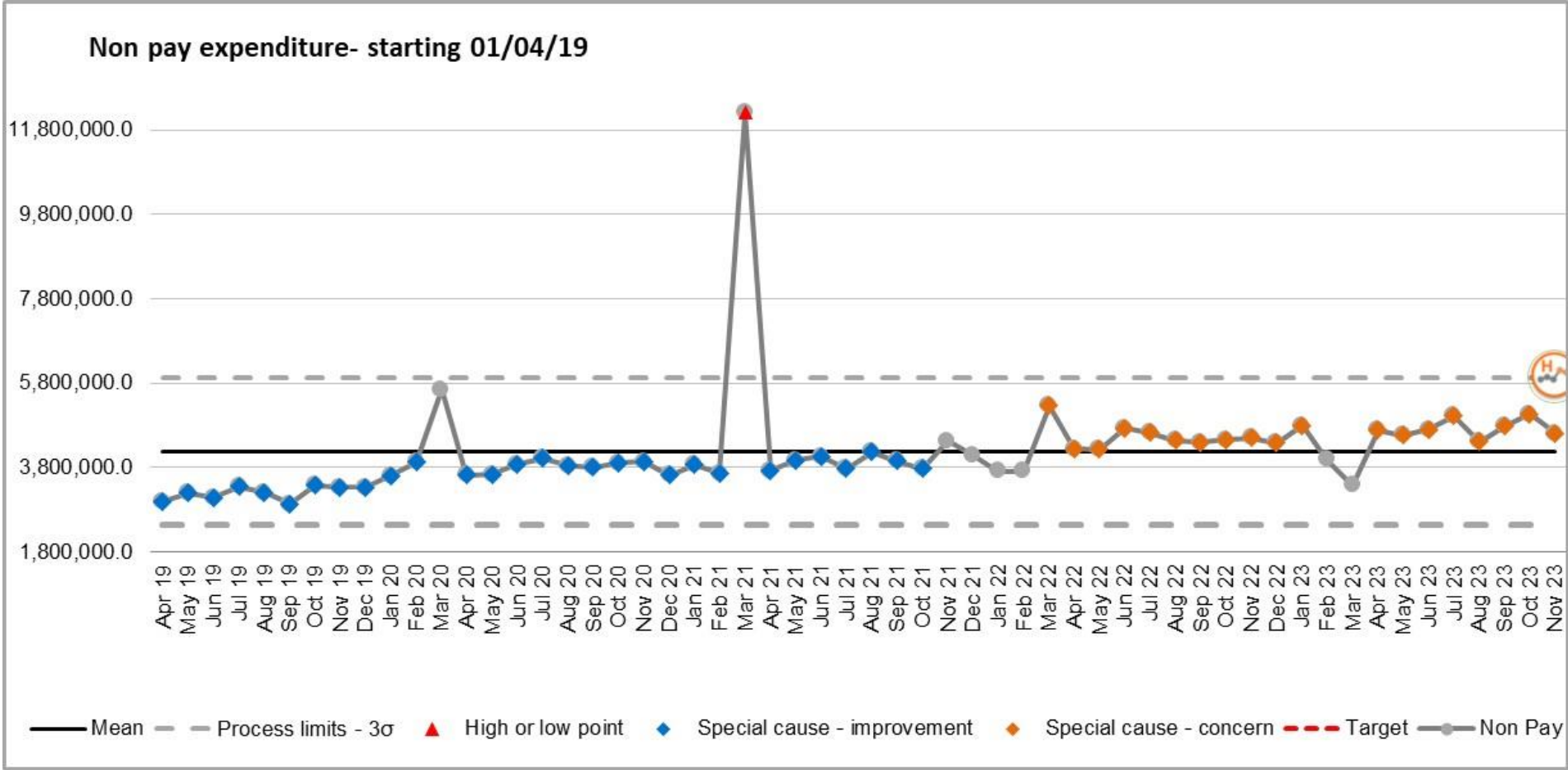
Agency spend remains high causing a cost pressure during the year.

11. Expenditure

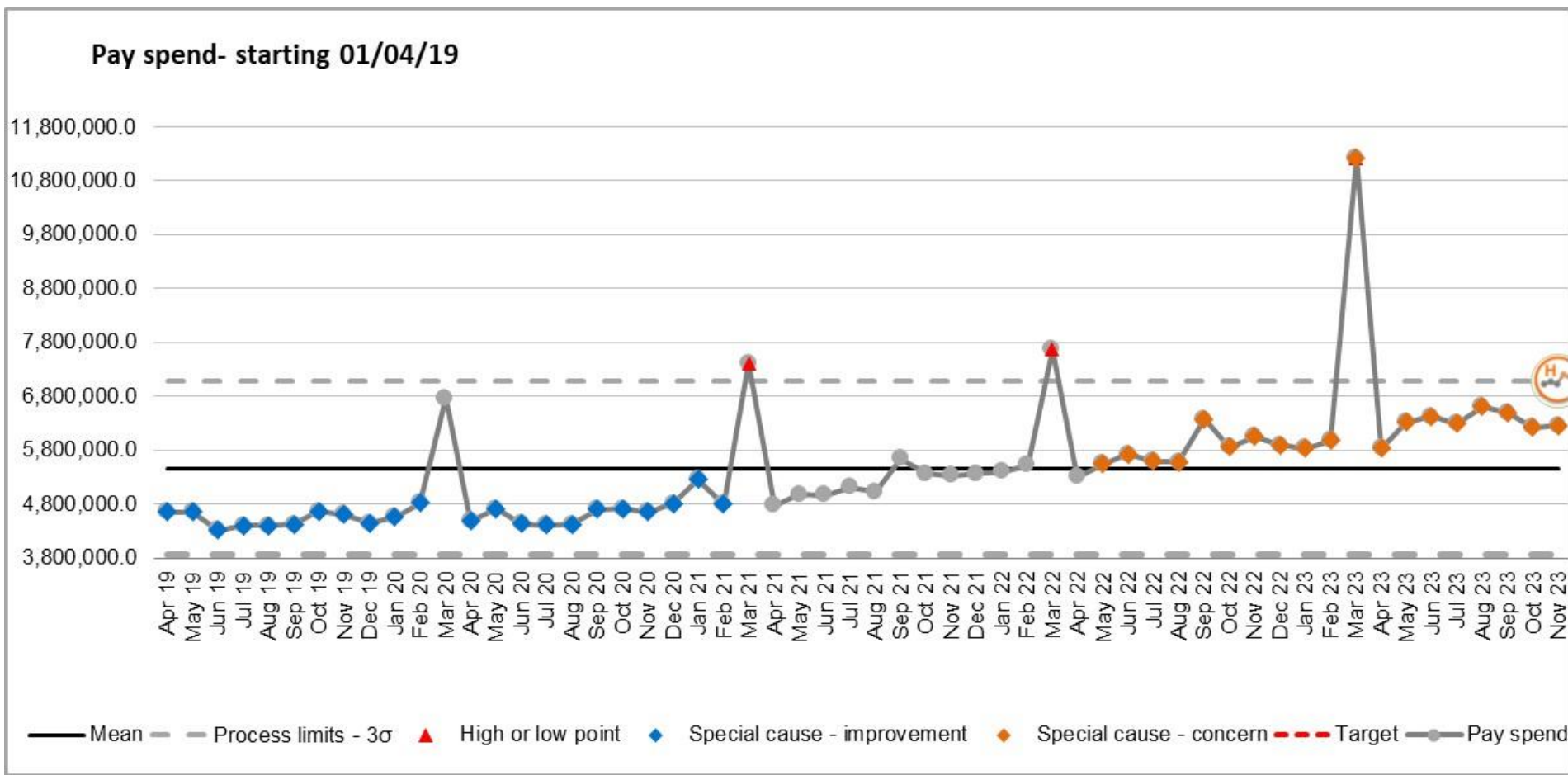
22/23 Monthly Expenditure vs Plan



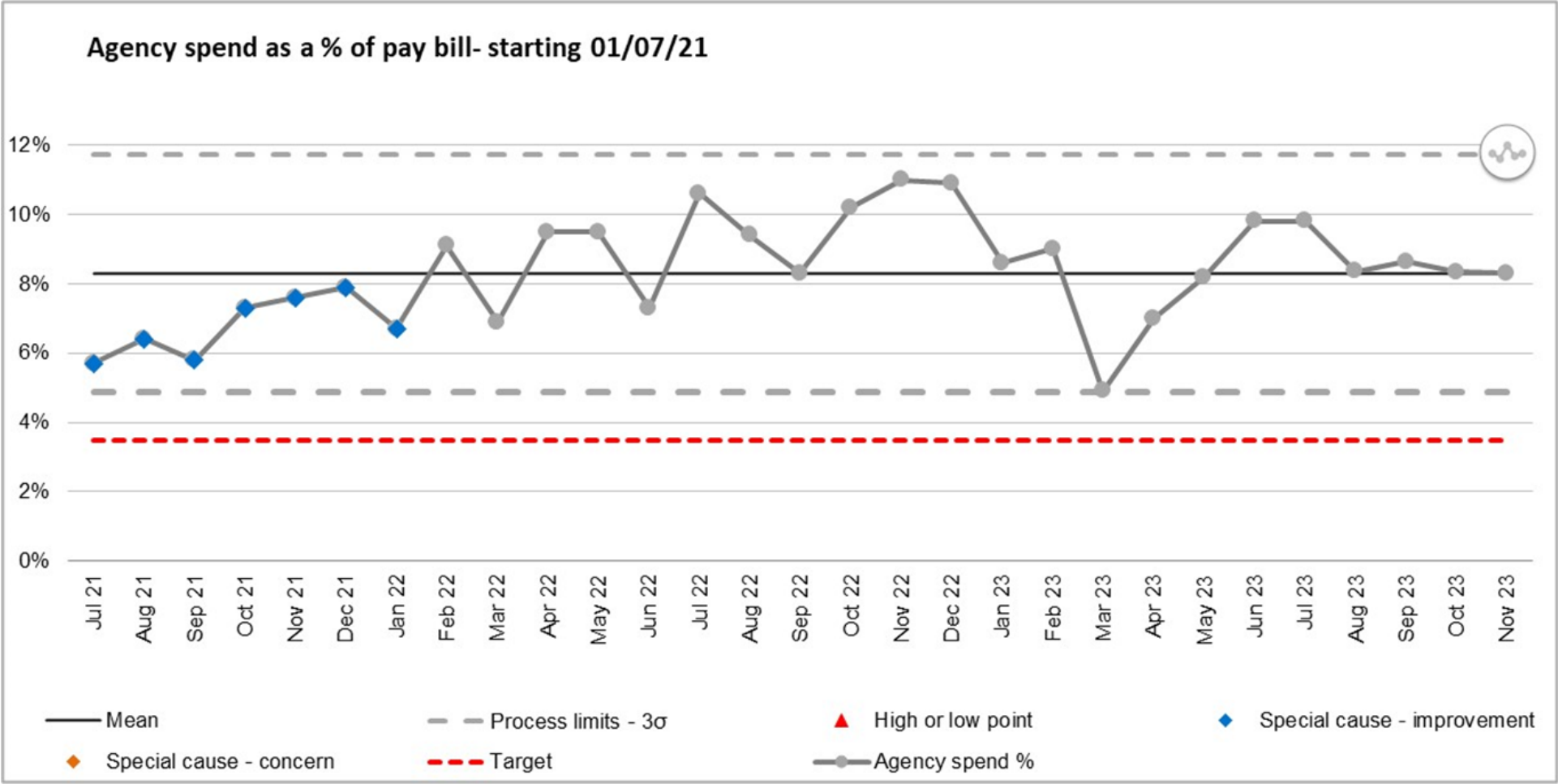
12. Non Pay Expenditure



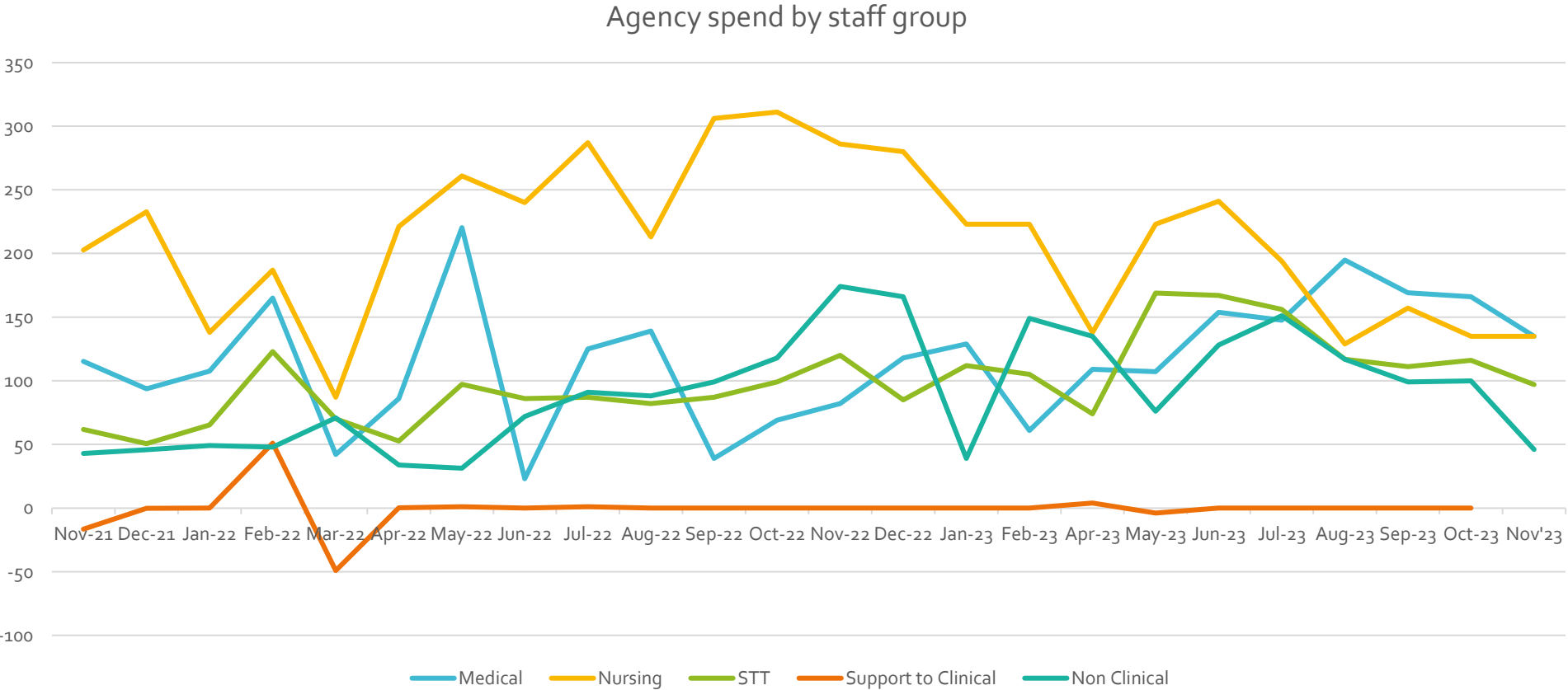
13. Pay Expenditure



14. Agency Expenditure



14. Agency Expenditure



Agency Rephasing Reconciliation

Reported	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Total
Nursing	138	223	241	194	129	157	135	135	1,351
STT	75	150	138	140	91	202	116	98	1,008
Medical	60	70	123	133	138	361	166	135	1,185
Non-Clinical	135	76	128	151	117	99	100	46	850
	408	518	630	618	475	818	517	413	4,395

Actual	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Total
Nursing	138	223	241	194	129	157	135	135	1,351
STT	79	165	167	157	117	111	116	98	1,008
Medical	110	109	155	148	194	169	166	135	1,185
Non-Clinical	135	76	128	151	117	99	100	46	850
	462	572	691	650	557	535	517	413	4,395

Variance	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Total
Nursing	-	-	-	-	-	-	-	-	-
STT	-4	-15	-29	-17	-26	91	-	-	-
Medical	-50	-39	-32	-15	-56	192	-	-	-
Non-Clinical	-	-	-	-	-	-	-	-	-
	-54	-54	-61	-32	-82	283	-	-	-

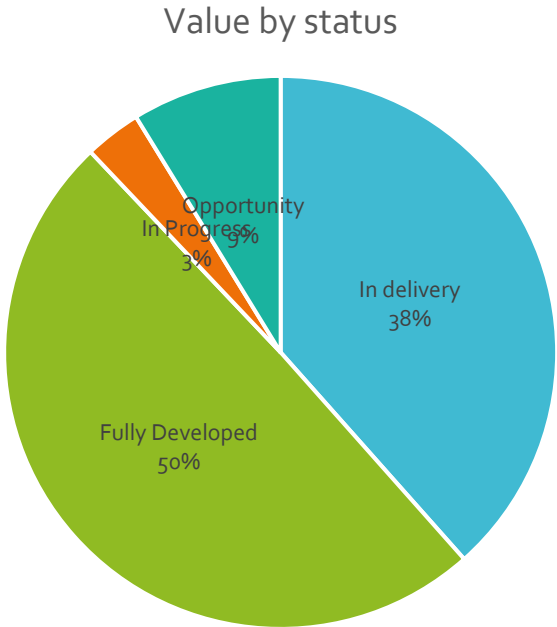
14.
Agency
Expenditure

15. Cost Improvement Programme Summary

SUMMARY

Year to date savings totalling £3,255k have been delivered, against a plan of £3,201k, delivering a positive variance of £54k. The newly launched Financial Sustainability and Improvement Group continued this month, with good engagement across the organisation.

£000s				
CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	382	25	(357)	679
Non pay	2,485	3,164	679	3,897
Income	333	66	(267)	500
Grand Total	3,201	3,255	54	5,076





16. Statement of Financial Position

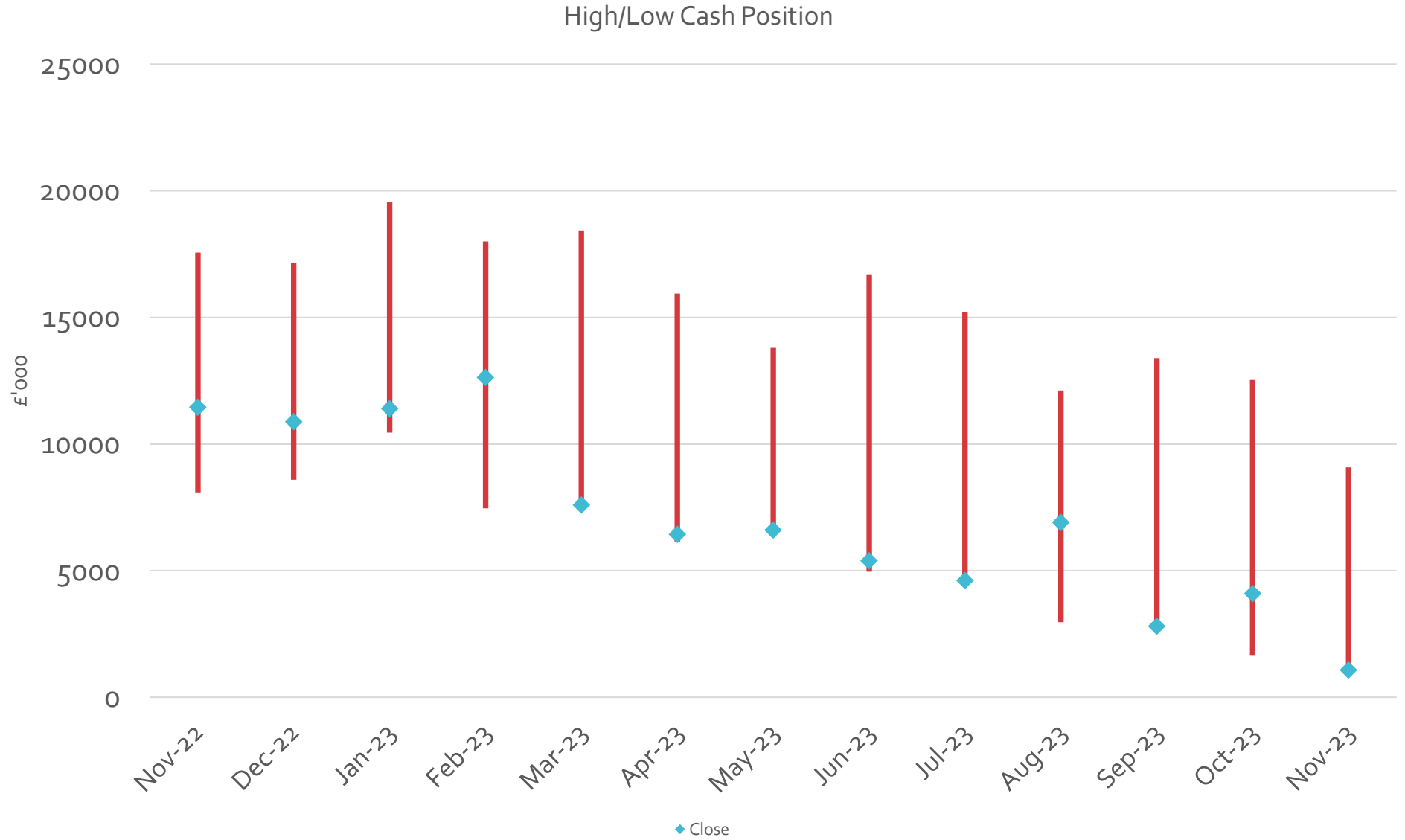
SUMMARY

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.

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, whilst also trying to maximise Better Payment Practice Performance.

	2022/23 M12	2023/24 M8	Movement
	(£'000)		
Intangible Assets	1,339	1,109	(230)
Tangible Assets	69,123	67,409	(1,714)
Total Non Current Assets	70,462	68,518	(1,944)
Inventories	19	20	1
Trade and other current assets	12,839	12,301	(538)
Cash	7,591	1,026	(6,565)
Total Current Assets	20,449	13,347	(7,102)
Trade and other payables	(20,229)	(15,184)	5,045
Borrowings	(18,339)	(16,552)	1,787
Provisions	(1,329)	(1,328)	1
Other Liabilities	(273)	(2,600)	(2,327)
Total Liabilities	(40,170)	(35,664)	4,506
Total Net Assets Employed	50,741	46,201	(4,540)
Total Taxpayers' and Others' Equity	50,741	46,201	(4,540)

17. Cash



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	10,943	696,927	503,073	549,889
Strategic Estates	Appointments team office space *	100,000	0	0	100,000	
Strategic Estates	Relocation of Facilities to the Old Pharmacy building	310,000	243,314	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	Omniceil 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	182,128	225,000	(15,000)	
Green estate	Pool	100,000	125,373	125,373	(25,373)	
Estates Maintenance	Pool	375,000	307,066	375,000	0	
Equipment	Anaesthetic machines x 6	477,004	428,032	428,032	48,972	
Equipment	Replacement of 3T MRI scanner	275,000	373,155	554,608	(279,608)	
Equipment	Pool	200,000	65,481	200,000	0	
Information Technology		0	93,583	75,988	(75,988)	
Reserve		46,996	0	177,095	(130,099)	
SCIF		410,000	0	115,000	295,000	
		3,909,000	1,965,154	3,614,000	295,000	549,889
TOTAL						
	Strategic Estates	2,025,000	572,464	1,562,905	462,095	549,889
	Green estate	100,000	125,373	125,373	(25,373)	0
	Estates Maintenance	375,000	307,066	375,000	0	0
	Equipment	952,004	866,668	1,182,640	(230,636)	0
	Information Technology	0	93,583	75,988	(75,988)	
	Reserve / SCIF	456,996	0	292,095	164,901	0
		3,909,000	1,965,154	3,614,000	295,000	549,889

* 23/24 forecast included within oncology as phase 1
 ** not yet committed

19. System

SUMMARY

The M8 system position and planned trajectory are shown below. With the adjustment for convergence included the ROH had a submitted trajectory of (£439k) in month compared to an actual of (£507k). All providers are now forecasting a break even position with the exception of BCHC who are still planning a surplus. The improvement in the UHB position is due to receipt of the £25m of central funding. This was assumed in M9 within the trajectory

Organisation	Surplus / (Deficit) - Adjusted Financial Position						Prior Month			Movement		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	YTD	YTD	YTD	Year Ending	Year Ending	Year Ending	YTD	YTD	YTD	YTD	YTD	YTD
	£000	£000	£000	£000	£000	£000	£001	£000	£000	£000	£000	£000
Birmingham and Solihull ICB	(234)	12,559	12,793	0	0	0	2,376	2,077	-299	-2,610	10,482	13,092
Birmingham And Solihull Mental Health NHS Foundation Trust	-	191	191	0	0	0	0	-423	-423	-	614	614
Birmingham Community Healthcare NHS Foundation Trust	352	(146)	(498)	0	1,030	1,030	308	-523	-831	44	377	333
Birmingham Women'S And Children'S NHS Foundation Trust	0	(984)	(984)	0	0	0	0	-1,496	-1,496	0	511	511
The Royal Orthopaedic Hospital NHS Foundation Trust	609	(3,779)	(4,387)	0	0	0	383	-3,272	-3,655	225	(507)	(732)
University Hospitals Birmingham NHS Foundation Trust	(5,500)	(37,792)	(32,292)	0	0	0	-7,000	-57,311	-50,311	1,500	19,519	18,019
ICS Total	(4,773)	(29,951)	(25,177)	0	1,031	1,030	(3,933)	(60,948)	(57,015)	(841)	30,997	31,838

System Surplus/(Deficit) by month by Organisation	M 1-7 YTD £000s	Average M1-7 £000s	M8	M9	M10	M11	M12 £000s	Average M8-12 £000s	Current trajectory £000s
BSMHT	-425	-61	571	590	593	603	2,121	896	4,053
BCHC	-523	-75	519	475	118	192	249	311	1,030
BWC	-1,496	-214	299	299	299	299	5,496	1,339	5,198
ROH	-3,272	-467	-439	49	178	178	3,438	681	131
UHB	-57,311	-8,187	-5,483	23,001	-2,195	-1,441	6,306	4,038	-37,123
Provider Total	-63,027	-9,004	-4,533	24,414	-1,007	-168	17,610	7,263	-26,711
ICB	2,077	297	4,927	4,927	4,927	4,927	4,924	4,927	26,711
System Total	-60,950	-8,707	395	29,341	3,921	4,759	22,534	12,190	0
IA Allocation									0
System Total incl IA Allocation	-60,950	-8,707	395	29,341	3,921	4,759	22,534	12,190	0

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.
- Vacancy rates have had an improvement and is getting closer to Trust target.
- 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

- Both long-term and short-term sickness rates have increased.
- We continue to report low completion rates for return-to-work compliance.

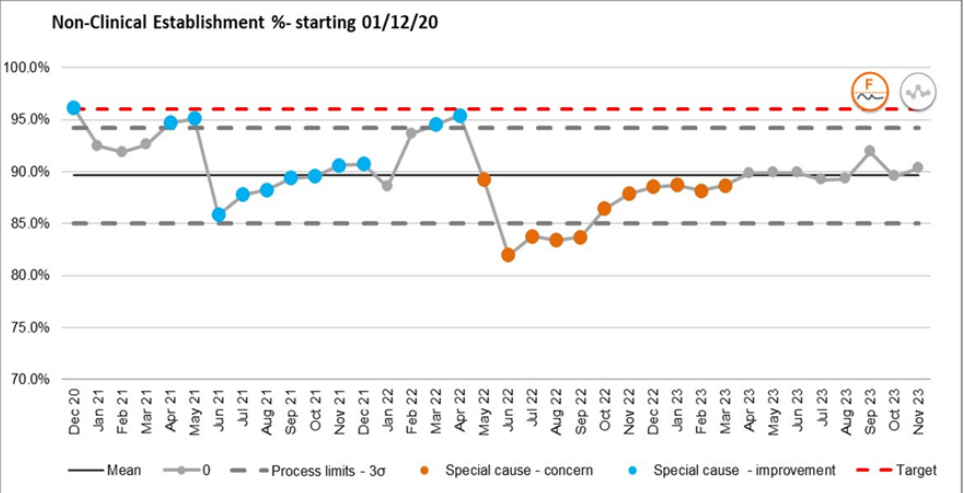
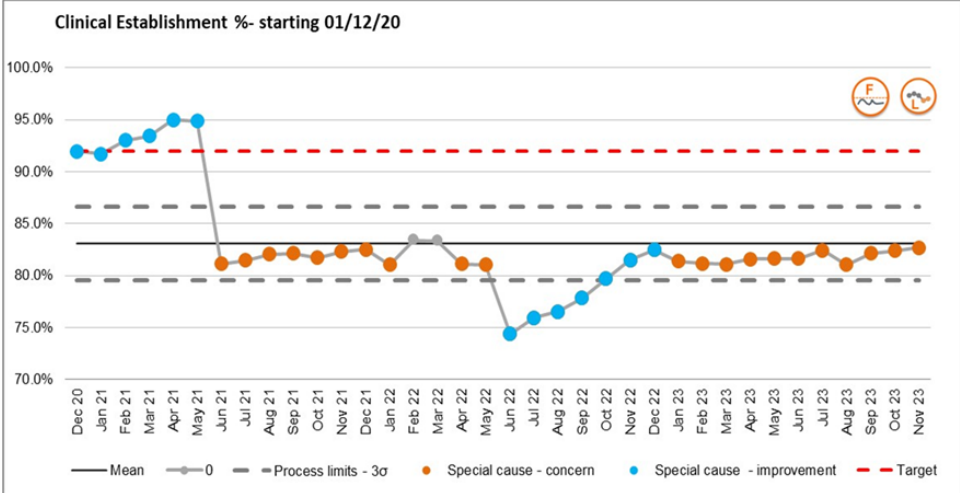
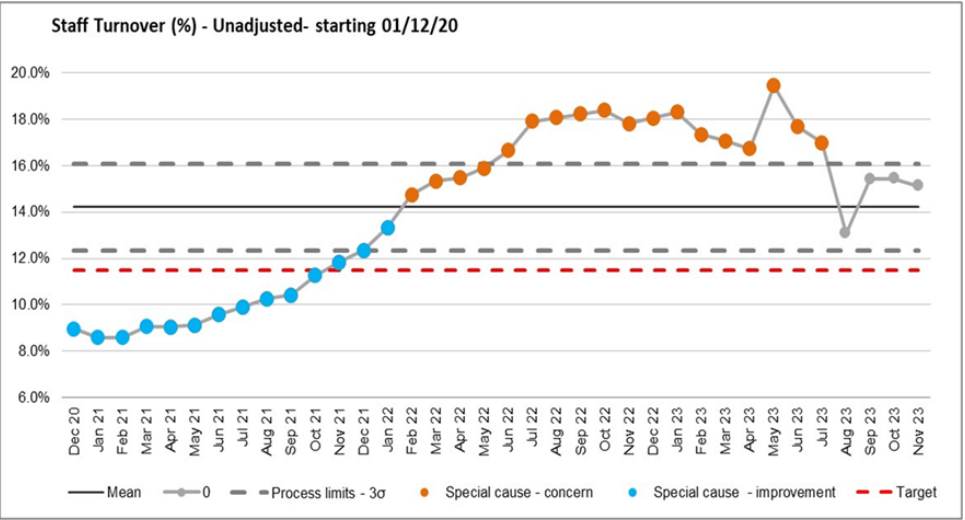
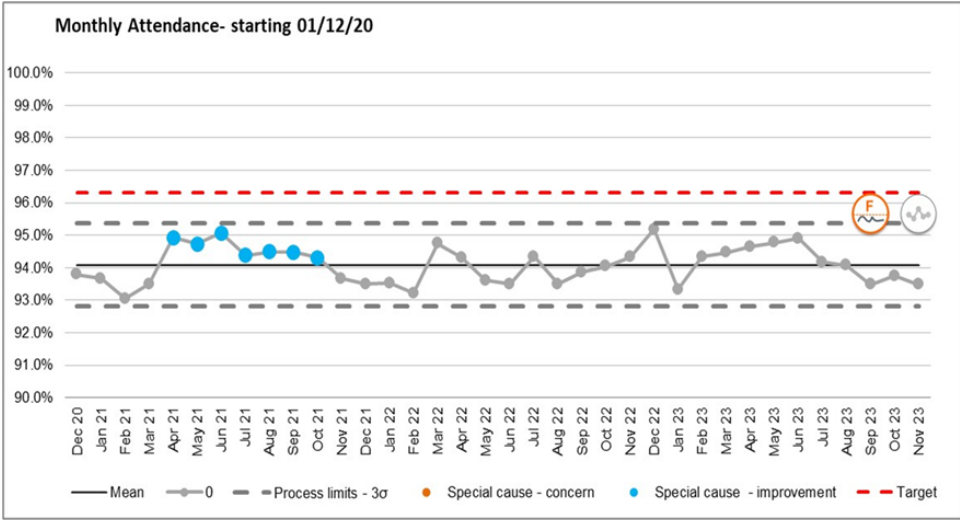
Actions

- The new sickness absence policy will be launched in the New Year and a full training package commences in the second week of January.
- A working group has been commissioned around mental health related absence and support for staff.
- 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

Trust Workforce Metrics	Oct-23	Nov-23	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1368	1373	5	-	-
Staff In Post - Full Time Equivalent	1211.21	1216.68	5.47	-	-
Staff Turnover % - Unadjusted	15.44%	15.12%	-0.32%	↓	≤11.5%
Staff Turnover % - Adjusted	10.24%	10.09%	-0.15%	↓	≤11.5%
Total WTE Employed as % of Establishment	84.97%	85.43%	0.46%	↑	≥93%
Total WTE Employed as % of Establishment - Clinical	82.40%	82.68%	0.28%	↑	≥92%
Total WTE Employed as % of Establishment - Non-Clinical	89.55%	90.32%	0.77%	↑	≥96%
% Of Attendance	93.75%	93.48%	-0.27%	↓	≥96.3%
% Of 12 mth MAA Attendance	94.14%	93.98%	-0.16%	↓	≥96.3%
% Staff received mandatory training last 12 months	87.84%	87.70%	-0.14%	↓	≥93%
% Staff received formal PDR/appraisal last 12 months	67.79%	71.15%	3.36%	↑	≥95%
% of Sickness - Trust wide Long-term	3.59%	3.95%	0.36%	↑	-
% of Sickness - Trust wide Short-term	2.28%	2.57%	0.29%	↑	-
Return To Work Completion %	59.38%	56.22%	-3.16%	↓	≥80%

20. Workforce



20. Workforce

