19th April 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, 24th April 2024, at 10:00, 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.

The Royal Orthopaedic Hospital **NHS**
NHS Foundation Trust

AGENDA

COUNCIL OF GOVERNORS

Venue Boardroom, Trust HQ   **Date** 24 April 2024: 1000h – 1200h

TIME	ITEM	TITLE	PAPER REF	LEAD
1000h	1	Apologies and welcome	Verbal	Chair
1002h	2	Declarations of interest	Verbal	ALL
	3	Minutes of previous meetings on 18 January 2024	ROHGO (1/24) 010	Chair
	4	Update on actions arising from previous meetings	Verbal	SGL
1010h	5	Chair and Chief Executive's update	ROHGO (4/24) 001 ROHGO (4/24) 001 (a)	TP/JW
1025h	6	Wellbeing & Cost of Living update	ROHGO (4/24) 002 ROHGO (4/24) 002 (a)	JW
1035h	7	Staff Survey	ROHGO (4/24) 003 ROHGO (4/24) 003 (a) ROHGO (4/24) 003 (b)	SM/CM
1050h	8	Quality Priorities: • Update on progress 2023/24 including Optimisation of Patient Health Prior to Surgery (governor priority) • Priorities 2024/25	Presentation	NB/ES
1105h	9	CQC Inspection Framework update	ROHGO (4/24) 005 ROHGO (4/24) 005 (a) ROHGO (4/24) 005 (b)	SGL
1115h	10	Updates from the Board and Board Committees	ROHGO (4/24) 006 - ROHGO (4/24) 010	Chair & NEDs
1130h	11	Governor updates		
	11.1	Governor Approval Updates	ROHGO (4/24) 011	SGL
1145h	11.2	Governor Engagement Plan	ROHGO (4/24) 012 ROHGO (4/24) 012 (a)	TF
1150h	11.3	Governor Recruitment Plan	ROHGO (4/24) 013 ROHGO (4/24) 013 (a)	SGL

		MATTERS FOR INFORMATION TO BE TAKEN BY EXCEPTION ONLY	
1155h	12	For information: • Finance & performance update • Quality Report • Board Assurance Framework • Workforce	ROHGO (4/24) 014 ROHGO (4/24) 015 ROHGO (4/24) 016/ 016 (a-f) ROHGO (4/24) 017
	Date of next meeting: Thursday 29 May 2024 @ 1500h – 1545h via MS Teams (annual report and accounts only)		

MINUTES

Council of Governors - Version

<u>Venue</u>   Board Room, Trust Headquarters   <u>Date</u> 18 January 2024 @ 1400 - 1600h

Members present

Tim Pile	Chair	TP
Brian Toner	Lead Governor	BT
Lindsey Hughes	Public Governor	LH
Arthur Hughes	Public Governor	AH
Robert Rowberry	Public Governor	RR
Pete Law	Staff Governor	PL
Petros Mikalef	Staff Governor	PM
David Robinson	Stakeholder Governor	PS
Hannah Abbott	Stakeholder Governor	HA

In attendance

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	Executive Director of Governance	SGL	
Tammy Ferris	Corporate Services Manager	TF	[Secretariat]
Amos Mallard	Head of Communications	AM	[Item 8]
Alicia Stanton	Clinical Service Improvement Lead	AS	[Item 9]

Minutes	Paper Ref
1 Apologies and welcome	**Verbal**
TP welcomed Petros Mikalef as a newly appointed Staff Governor to his first Council of Governors meeting. Apologies were received from Simone Jordan, Richard Phillips, Tony Thomas, Rob Talboys, Petro Nicolaides, Gavin Newman, Wilson Thomas and were accepted by the Governors.	
2 Declarations of interest	**Verbal**
No new declarations were made.	
3 Minutes of previous meeting on 23 November 2023	**ROHGO (11/23) 013**

The minutes of the meeting held on 23rd November 2023 were acknowledged and approved.	
4 Update on actions arising from previous meetings	**Verbal**
SGL updated on the previous actions as follows: • CQC assessment papers included in papers today. • Engagement plan provided and scheduled for discussion on the agenda.	
5 Appointment of New Non-Executive Directors	**ROHGO (1/24) 001**
TP confirmed that following a recruitment process, a decision was made to appoint three non-executive directors to fill vacancies and also create a succession plan. TP thanked those who were involved in the process. The required approval from the Council of Governors to recruit was granted outside of the meeting and TP thanked the governors for their support. It was confirmed two Non Executive Directors will start on 1st February 2024 and the third Non Executive Director will start on 1st April.	
6 Chair & Chief Executive's update	**ROHGO (1/24) 002** **ROHGO (1/24) 002 (a)**
<u>**Chief Executive Update**</u> JW provided the key highlights: • Single Oversight framework. 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. • Inclusive Company Awards. We remained in the Top 50 and have been ranked 26th. The top company was West Midlands Fire Brigade so intend to approach them to see what good looks like • Christmas Markets. JW gave thanks to all those that supported the market on the day. It was a great success. • Infection Control Day. 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. • Professor David Sallah visited on 22nd November, and we were delighted to show him around the Trust meeting colleagues and patients. JW thanked everyone involved. • Integrated Care System. This has been dominated by winter pressures and urgent care. Two key metrics that the public are keen to track are ambulance arrival and how long to wait in ED. This is the first year in seven years that we have not been asked to take medical patients and are now being recognised now as an elective hub. • Open Conversations. The system has launched "Our Open Conversations" which is an opportunity for all staff working in health and care in	

ROHGO (01/24) 010

Birmingham and Solihull to be part of an online discussion about our culture.
- Staff survey results are being published and will be released towards the end of February.

Chairs Update

TP provided the following update:

The visit from Professor David Sallah and many others allows the visitor to see and feel the culture. Far easier than just seeing updates on paper. TP explained there will now be a focus on identifying key stakeholders we want to visit our Trust. Suggestions from Governors as to who should be invited to visit us would be welcomed.

Inclusive Companies performance. TP recognised that being in the Top 50 in the country, is extraordinary position and the team should be congratulated.

Single Oversight Framework. TP explained to get to a rating of 1 we need the financial resilience, and this is our number one priority focus. A workshop will take place on Tuesday 30th January to build a business plan on how we will create financial resilience.

Radiology team have recently been rated top in the world after winning and international award for Best NHS Trust for delivering Radiology Services.

7	**Wellbeing & Cost of Living update**	**ROHGO (1/24) 003** **ROHGO (1/24) 003 (a)** **ROHGO (1/24) 003 (b)**

JW praised AA in her position as Wellbeing guardian and thanked her for the support given to the team.

JW highlighted:
- Hardship Fund. There have been 32 applications up to 14th November. Thanks is given to the Charity for their support. JW provided assurance that this remains anonymous. Thank you to the Board for supporting this also. The ROH pantry continues to be restocked and the local Council still donates money to it. Free porridge continues to be offered daily. The ROH won an award at NOA for the Financial Wellbeing Initiative (namely the hardship fund).
- Café Royal continues to ensure out of hours food provided in vending machines.
- Toiletry packs are available in all toilets.
- A health kiosk has been installed as part of the Wellbeing week. This allowed colleagues to check their BMI, check blood pressure and body mass index.
- Northfield Community Partnership. As part of supporting the local community hampers were produced at Christmas with donations from colleagues.

TP echoed the thanks to AA for the support in her role.

BT highlighted that work that has taken place to create a positive culture at ROH and well done to JW for the work undertaken.	
8 ROH Strategy Update	**Presentation**
AM provided the Governors with an update on the changes to the Trust Strategy and explained how this has evolved. AM explained that gathering feedback from patients as to what they want from us helped us devise our purpose. This is where the purpose statement has come from. As a Trust we want to change people's lives. Work is now taking place on embedding the strategy across the Trust. AM explained the six objectives that build the strategy. AM detailed how our aim is to be the expert in our field and be the one place people think of for orthopaedic care. AM explained the strategy was launched at the end of 2023, which was launched alongside a number of plans including wellbeing plan, clinical plan and the workforce plan. AM explained there are metrics within each plan and are aligned to the strategy. Work going forward is to continue to communicate the strategy and embed the process across the organisation. As part of the annual plan this will include the strategic objectives. AA enquired what is the timetable to embed and how do we measure success. AM explained it is an ongoing process and it should be visible across the Trust, including in the business plan and appraisal process, so this will ensure it is embedded. This is an ongoing cultural process. With each objective it has a key metric associated with it so we should get results through measuring these metrics. It is a 5-year strategy so results will not be instant. Each individual plans have metrics as well. TP raised communication is key and we need to be public about it. TP confirmed there is a strategy group that report back to the Finance and Performance committee. JW explained that from engagement sessions, the feedback resonates with our purpose. JW explained that the next step is to ensure all colleagues feel they contribute to this. DR enquired whether this will this be built into staff appraisal. AM confirmed that this will be part of the relaunch in April. DR asked if there is there a plan to produce a dashboard that can be shared with Governors. AM agreed to consider what reports could be provided. GH praised the animation as it is very engaging and credit to the production on this. PM queried whether we need to advertise our services and asked how can we make sure people know about the ROH. PM also asked what the timeframe for those is that have been here a long time to ensure they are captured and engaged. AM explained that there is a marketing plan in place and engagement with our Primary Care Network. Work is happening, and we do have a great reputation but need to understand who we are trying to capture. Patients' stories are what we need to capture and share. AM explained people choice is crucial to make sure people know that. With regards to engagement of long service colleagues AM explained a number of sessions have run and emphasised we can't change all	

behaviours instantly. PM challenged we need to focus on making sure the colleagues need to feel they have a place. AM explained that part of the continuous improvement work ensures we capture the good work, and we celebrate the success which will encourage others to want to do it.

AM explained there is a plan to roll out the cultural improvement plans, and this will be shared with Governors. The presentation from today will also be shared with Governors.

DR raised cultural changes comes with linking everything back to the strategy and that should include the way we work as governors. TP agreed and also emphasised the need to communicate the successes.

GH suggested we could have ambassadors in our communities that promotes the ROH.

9	Service Presentations Update – Osseointegration & JointCare	Presentation

AS joined the Governors meeting to present an update on two services the ROH provides.

Jointcare

AS provided the following highlights:

- JointCare is a patient pathway for hip and knee replacement. Launched in 2018.
- It is based around a wellness model. Encouraging earlier mobilisation in a less clinical environment.
- Puts responsibility on patients to take ownership for their care and recovery.
- Physiotherapy now works later so if patients are on later lists they are still mobilised on day of surgery.
- The aim is to discharge patients between zero to two days stay.
- Feedback is gained at the end of the patient journey to understand what we did well and what we could do better.
- Push now to day case procedures, average 12 hour stay, with all good clinical outcomes.
- Spreading good practice recently with four successful day case shoulder replacements.
- Rebrand to Jointcare2024. Key message is that patients go home as soon as they are safe. With the ambition of day case by default.
- Communication work being undertaken in patient waiting areas, in handbooks so expectation is clear.

PM asked what are the readmissions rates. AS confirmed no patients have been readmitted apart from one who had a wound ooze.

GH asked what is the latest time the procedure takes place. AS explained it would be second on list as the last person able to go same day, overnight would be early discharge.

HA asked at the Coffee Catch Up if there is a follow up after that for any further questions they have. AS explained that this is something considered when we receive the feedback and we direct patients.

Osseointegration AS presented to the Governors an explanation of what this procedure is. This came from help that was required by the Queen Elizabeth (QE) Hospital as they had a number of military patients that needed treatment but were delayed due to Covid. Mr Parry led from the ROH, working with the Ministry of Defence (MOD) and QE. It was our own theatre team used, and training was given with the help from QE. This gave the staff an opportunity to do something new and exciting, and they really wanted to support the patients. TP asked what is the anticipation for the MOD funding and where are we with getting more of those funded patients. AS explained this is highly likely and Amanda Gaston, Deputy Director of Finance is working on the finances.	
10 Updates from the Board and Board Committees	**ROHGO (1/24) 004 - ROHGO (1/24) 005**
Trust Board Update TP provided an update from the December Trust Board meeting. - Staff story shared that required the challenges for patients who need interpreter, but the family was involved and were acting as interpreter. It was the resilience of the team that ensured the patient got the care they needed rather than what the family member wanted. - Financial recovery has led us to putting in a business planning session ahead of when we usual do so that we can focus on building a financial business plan that builds resilience. Looking at ways to drive additional income. - Promoting to primary care what we offer as a specialist Trust and ensuring patients ensure they are aware of those choices. **Finance & Performance Committee Update** LW provided an update following the meeting held in November focussing on the key headlines at that meeting, including: - Activity performance remains good, even taking account of impact of industrial action - slightly above target. - Financial position remains very tight, now required to break even by end of financial year (March), compared to previous plan of small deficit (£112,000). - Active efforts to reduce level of agency expenditure, reducing month on month, although still at 6.6% of pay expenditure against target of 3.7%. - Finances made worse by national decisions on effect of industrial action, which means will receive smaller benefit than previously proposed. Target in Elective Recovery Fund reduced by 2% (£650k benefit), but cap on ICS position means will benefit only by 0.875% (£284k) so have to find difference in addition to £112k – very short timeframe to achieve that. - Also have £2.4m of bad debt from other commissioners, especially Hereford and Worcester, outstanding which is being pursued actively and early.	

- Issues that are outside of our control represent a considerable risk to achieving year end break even.
- Performance is good in issues within our control though:
  - National waiting times targets (0 waiting over 65 weeks by end of March) will be met, and met earlier for majority of specialties.
  - Cost Improvement Schemes delivering savings ahead of planned levels (+ £153k)
  - Private patient activity and income above target (+ £66k)
  - Physiotherapy waits reducing.
  - Support on long wait patients for other trusts continuing but very carefully managed to avoid disadvantage to our own patients.

LW explained the Board is very concerned at implications of financial position into 2024/25 so holding a development session next Tuesday (30th January) to plan way forward in detail.

AA enquired if theatre utilisation is an issue – JW explained we are above target at 89%.

BT raised that the next Governors is not until May and an update would be welcome. TP agreed a briefing will be produced and circulated end of February, beginning of March and Governors are invited to the March Trust Board meeting.

11	Governor updates	
11.1 Constitution changes: for approval		**ROHGO (1/24) 006**
The Governors were asked to approve an increase from 7 to 8 Non Executive Directors. The Governors accepted the recommendation and **approved** the increase to the Non -Executive Director headcount. The Governors were asked to offer an opportunity to Aston University to provide Governor representation. The Governors accepted the recommendation and **approved** offering an opportunity to Aston University.		
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 explained that the papers circulated show two regulatory changes that have come into place and are detailed in the papers provided. SGL provided assurance to the Governors that the fit and proper fitness test has been used for the new Non Executives that have been recruited. SGL provided an update on the CQC assessment framework has been launched and moves to quality statements and new assessment categories. SGL explained these come into place from next week. The paper provided to the Governors details the work that we will intend to do. SGL explained we are refreshing our assessments against the well led criteria and this will be shared with all Governors		

ROHGO (01/24) 010

at the next meeting.	
11.3 Governor engagement and upskilling	**ROHGO (1/24) 008** **ROHGO (1/24) 008 (a)**
The paper was considered and discussed by the Governors and **approved** with one addition of an additional meeting in at an offsite location.	
12 For information: • **Finance and performance update**	**ROHGO (1/24) 009**
AOB Marie Peplow will be going on planned leave and Michelle Hubbard, Deputy Chief Operating Officer, has been asked to act up in Marie's absence.	
12 Date of next meeting: The next meeting is planned for Thursday 16 May 2024, 1400h to 1600h in Trust Headquarters. **This has since been updated and will take place on 24th April 2024, 1000h-1200h.**	

ROHGO (01/24) 010

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Chief Executive's update
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive
AUTHOR:	Jo Williams, Chief Executive
DATE OF MEETING:	10 April 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 *(Indicate with 'x' the purpose that applies)*:

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

Trust Board in April 2024

CHIEF EXECUTIVE'S UPDATE

Report to the Council of Governors (in Public) on 24 April 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   Our Care

2.1.1 I wanted to start by sharing a patient story which is an incredible testament to the Trust and the team who treated Kath. The story demonstrates what is at the heart of our strategy, 'Less pain; More independence; Life changing care'. Kath's story is summarised below, but you can also listen to her in her own words. I would like to thank Kath for sharing her experience. Royal Orthopaedic Hospital - Life Beyond Arthritis - Kath's Story (roh.nhs.uk)

Kath had always been active – a PE teacher until retirement. She absolutely loves walking, going outdoors into the countryside with her dog, swimming and has a garden that she adores. But arthritis was getting in the way, *"Everything that made me a person was being steadily ripped away. It was a combination of two things really, severe pain and an inability to move. My quality of life had been steadily tumbling down a hole for probably many years, but the steepness of the curve of the troubles got that much more difficult. I just felt my life was being taken away from me and it's only in retrospect I can say that. All the things that were my life were just becoming more and more impossible. I just felt like I was at a dead end.*

"I chose the Royal Orthopaedic Hospital because when I spoke to a few of my friends, I've got a few fairly athletic friends, they all had very good outcomes at the Royal Orthopaedic. I'd also spoken to my partner who found that by actually making more of an intervention in the selection in this process you can feel more in control and that you're determining your own outcomes. I thought I really should put my perspective in right in the beginning and I'm so glad I did".

"Meeting my surgeon, Mr Yuvraj Agrawal, well it was an amazing experience. I mean he was so clear and so definite and so reassuring that this could all be resolved. So that took a bit of absorbing, I had to get on the phone to my partner and I was so pleased at the response I got, as I was told, you just can't live like this Kath, and it was so caring and so helpful and it gave me the confidence I needed at that time.

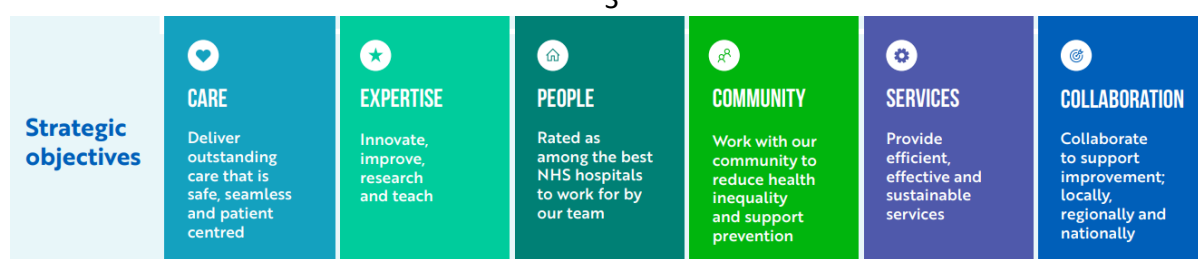| Strategic objectives	CARE	EXPERTISE	PEOPLE	COMMUNITY	SERVICES	COLLABORATION
	Deliver outstanding care that is safe, seamless and patient centred	Innovate, improve, research and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

"It took months to recover, but I got a life I never lived before, a life where I was free to garden, exercise and swim pain free. I had forgotten what that was like. And the joy of being able to do those things, that were my life. It was a treasured gift is all I can say".

2.1.2　As part of the organisation's CQC readiness work, it was agreed to undertake an initial self-assessment against the Well Led domain. This domain is given specific focus as part of the new inspection framework, given the assertion that if an organisation is well led, then it is likely to be caring, effective, responsive, and safe.

Our initial assessment formed part of the Board pack in April and provides an initial view of the organisation's compliance with the new quality statements under the Well Led domain. On reflection, it is encouraging to see that we have good compliance in several areas and there are examples proposed of where there is evidence of 'Outstanding' practice. The report also identifies areas where work is required, and this is being progressed.

2.2　**Our Services**

2.2.1　Our financial position remains a continuous focus in our activities, with our year-to-date deficit at the end of February 2024 at £4.2m against a surplus plan of £231k. Agency expenditure reduced again in month; this has been an area of real focus for the ROH and we can see a real improvement in driving down the use of bank and agency staff during the year. Agency spend has been reducing month on month since the peak seen in June 2023. Reducing agency spend as a percentage of pay bill has been improving but remains higher than the target of 3.7%, with a year-to-date performance of 8.4% and an in-month performance of 5.7%. We have reduced the run-rate by more than £300k per month since June.

Strategic objectives	CARE	EXPERTISE	PEOPLE	COMMUNITY	SERVICES	COLLABORATION
	Deliver outstanding care that is safe, seamless and patient centred	Innovate, improve, research and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

2.2.2   Our efficiency programme is ahead of plan year to date at £4,636m against a target of £4,607m. It was an ambitious target and I am grateful to colleagues across the Trust for the engagement and delivery of these plans.

2.2.3   As we move into 2024/25 it will be more important than ever to look at our productivity, spend, and to utilise every opportunity for delivering quality care more efficiently. Our Board workshop in January 2024 has been a catalyst to this work and we are currently working with the wider leadership team to prioritise and implement delivery plans for the key initiatives.

2.2.4   Activity in February 2024 was strong, delivering 1288 cases against a system plan of 1139. Despite the impact of industrial action, theatre session utilisation was 92.5% against a target of 85%.

2.2.5   53 private patients were treated throughout the month which takes the Trust above the year-to-date target, exceeding the plan by 219 cases. Work is ongoing to operationalise the strategic private patient plan which was approved at Board in March 2024.

2.2.6   Operational performance targets performed well in February 2024, with a reduction in the number of patients waiting over 65 weeks now at 68, (January 83), predominantly in Spinal Services.

The Trust has no patients waiting over 78 or 104 weeks. Our focus is on clearing the number of patients waiting over 65 weeks ahead of the national target of September 2024. Working with all specialities, trajectories are in place to treat patients waiting over 52 weeks. Some teams are close to this target and it is great to see the energy and ambition to continue to reduce waiting times for our patients. MSK waits across all areas continued to reduce in line with plans shared at Finance & Performance Committee.

Strategic objectives	CARE	EXPERTISE	PEOPLE	COMMUNITY	SERVICES	COLLABORATION
	Deliver outstanding care that is safe, seamless and patient centred	Innovate, improve, research and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

2.2.7   The diagnostic standard of 99% was achieved in month (99.9%) which is testament to the fantastic team we have in our Imaging Services across all areas. All cancer targets were achieved with the exception of the 31-day target which was one breach and the patient has been subsequently treated.
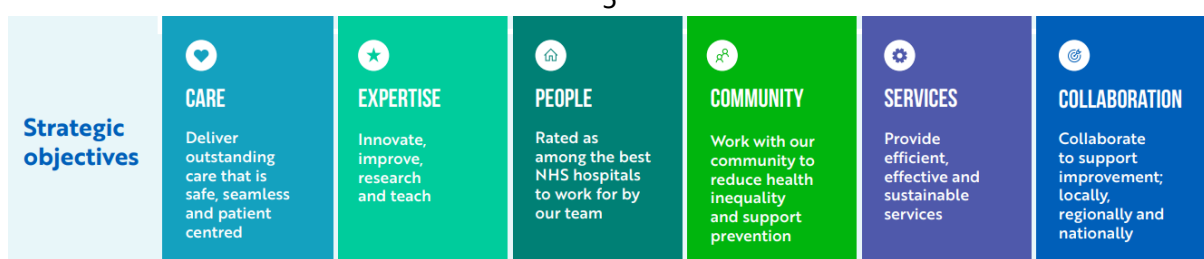
2.2.8   'Seamless Surgery' week will take place across the Trust week commencing 29 April 2024, supporting the Getting It Right First Time (GIRFT) good practice and learning from other sites. The initiative is to support our continuous improvement programme, improving and refining our patient pathways.

2.3   **Our People**

2.3.1   Following the national publication of the staff survey results in March 2024 and the big launch with managers at the ROH on 12 March, the Staff Experience and Organisation Development (SE&OD) Committee held a workshop to review the finding and agree some of the key areas of focus for this year. A series of staff workshop and briefings are planned across the Trust over the next few months. Some of the points of discussion arising from this workshop are captured within the upward report from the Staff Experience & OD Committee.

2.3.2   On 28 March 2024, the shortlisting panel had the very difficult task of having to select the finalists for the Staff Blue Heart Award ceremony. With over 600 nominations, it was a privilege to read all the citations from staff and patients. Good luck to all the finalists and congratulations to all if you have been nominated.

2.3.3   It is encouraging to see staff retention reduce again in month remaining under the KPI of 11.5% (10.59%). This continues to be a key focus for us, ensuring that the Trust remains an attractive employer for all to flourish and thrive. A reminder to all staff that mandatory training is a key priority for all, and we expect to see this improve throughout the next few months.
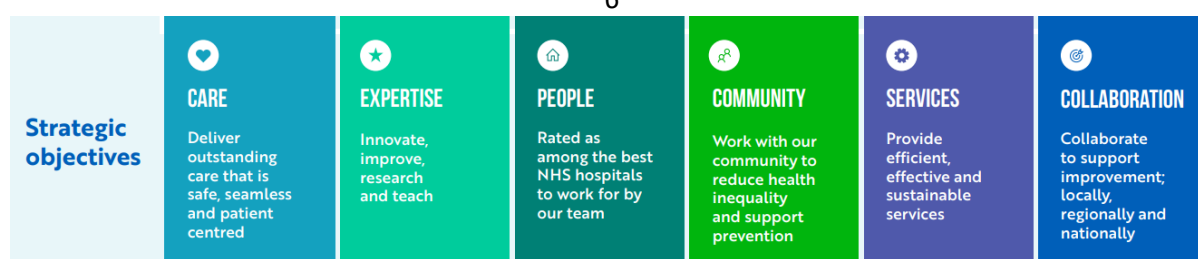
Strategic objectives	CARE	EXPERTISE	PEOPLE	COMMUNITY	SERVICES	COLLABORATION
	Deliver outstanding care that is safe, seamless and patient centred	Innovate, improve, research and teach	Rated as among the best NHS hospitals to work for by our team	Work with our community to reduce health inequality and support prevention	Provide efficient, effective and sustainable services	Collaborate to support improvement; locally, regionally and nationally

2.3.4 On 21 March we held our scheduled development day for our 'Leaders Who Care' programme which includes all our Executives and senior leaders across the organisation. It was a great opportunity to recap on the learning to date with the main session concentrated around our financial sustainability. There was a high level of engagement and lots of ideas suggested which will form part of a wider Board discussion. Thank you to Tim Pile, our Chair, for joining part of the session and all colleagues for their active participation - it was a great day.

2.4 Our Expertise

2.4.1 I wanted to take a moment to inform you that the Birmingham Sarcoma Service website has recently gone live, an exciting step in our work to enhance sarcoma care across our system. The website, funded by the West Midlands Cancer Alliance and developed in collaboration with clinicians from The Royal Orthopaedic Hospital (ROH), University Hospitals Birmingham (UHB) and Birmingham Women's and Children's Hospital (BWC), aims to streamline the referral process and provide resources for patients.

The development of this website has been a collaborative endeavour, initiated before the pandemic and recently resumed to fruition. The ROH has spearheaded the coordination of this website creation, aiming to create a unified platform that simplifies the referral process and offers information about sarcoma services across Birmingham. We are currently working with all stakeholders to ensure that it meets everyone needs and we envision a phased approach, softly launching the website initially, followed by a more robust promotional effort during the Sarcoma awareness month in July 2024. You can access the website at https://birminghamsarcomaservice.nhs.uk/

Strategic objectives	CARE	EXPERTISE	PEOPLE	COMMUNITY	SERVICES	COLLABORATION
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2.5   Our Collaboration

2.5.1   On Monday 18 March I had the opportunity to meet with Professor Aleks Subic, Vice-Chancellor & Chief Executive at Aston University. We discussed a range of areas for further collaboration whilst reviewing our work together to date. It is a very valued relationship and I look forward to seeing how this develops further over this year.

2.5.2   On Tuesday 9 April we are delighted to be meeting with colleagues on site at Jaguar Land Rover (JLR) to continuing our learning good practice from others. Thank you to the team for hosting us and I am looking forward to sharing further updates next month at Board.

2.5.3   We are pleased to welcome three new appointed governors to the Council of Governors:

- Cllr Jamie Tenant – Councillor for Weoley & Selly Oak Ward, Birmingham City Council
- Professor Chris Langley – Deputy Dean of the College of Health and Life Sciences, Aston University
- Dr Eliot Marsden - Deputy Director of Operations (Research & Development), University of Birmingham

We look forward to their valuable contributions to the discussions of the Council of Governors in the coming months.

2.6   Our Community

2.6.1   Thank you to the Communications Team for commencing a series of wellbeing messages which are being shared across social media signposting across a range of initiatives for patients and staff. This is very much a key strand in our strategy, and it is good to see prevention as a key feature in the planning guidance.

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3   BSol ICS (Integrated Care System) Updates

3.1   The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and next public meeting is being held on 13 May 2024.

3.2   The next meeting for Birmingham Health Partners will be held on 19 June 2024.

3.3   The next meeting of all BSol Chief Executives and Executive Directors is scheduled for Friday, 26 April 2024.

4   NHS England (NHSE) /National updates

4.1   On 27 March, NHS England (NHSE) published the 2024/25 priorities and operational planning guidance. In line with the 2023/24 guidance, the most immediate priority continues to be the recovery of core services and productivity following the pandemic, while making further improvements to access, quality and safety.

4.2   The 2024/25 planning guidance reiterates the overall priority remains to be the recovery of core services and productivity, following the disruption caused by the pandemic.

In summary the key priorities are:

- Maintaining the collective focus on the quality and safety of services, with specific reference to maternity and neonatal services.

- An improvement to ambulance response and accident and emergency (A&E) waiting times.

- A reduction in waits of over 65 weeks for elective care and an improvement in core cancer and diagnostic standards.

- Improving access to community and primary care services, including dentistry.

- Improving access to mental health services for patients across all age groups.

- Improving staff experience, retention and attendance
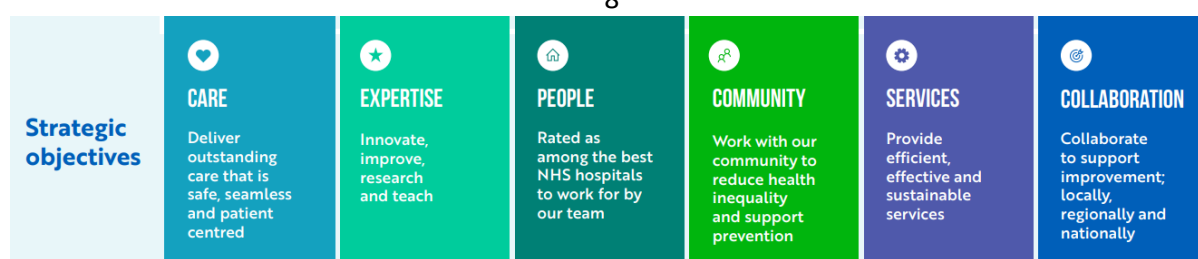
- Integrated care boards (ICBs), trusts and primary care providers to work together to plan and deliver a balanced net system financial position

4.3   The guidance also sets out several key areas where systems are asked to develop longer-term plans to meet the demands of the future:

- Improving health and joining up care – systems are asked to update their five-year joint forward plans (JFPs) by June 2024 and set out the steps they will take to better join up care and address the causes of morbidity and premature mortality.

- Growing the workforce – systems are asked to include workforce plans in their JFPs, outlining their staff and skill requirements to meet the needs of their populations.

- Modernising infrastructure – systems are asked to develop long term infrastructure strategies to underpin their JFPs, outlining a shared view of priorities for estates and capital investment. Guidance on developing a 10-year infrastructure strategy has also been published.

- Harnessing data, digital and technology – systems are asked to support improving provider digital maturity across all sectors, with a focus on deploying and upgrading electronic patient records and the use of the NHS App.

4.4   NHSE has published two-year revenue allocations for 2023/24 and 2024/25 in January 2023. The 2024/25 planning guidance confirms that NHS England has updated revenue allocations with a further 1% increase in baseline allocations to factor in additional pressures.

4.5   The guidance confirms that the 2024/25 payment system will continue with the activity-based payment model for planned elective activity. Activity targets will be agreed through the planning process, and it is expected that the revenue finance and contracting guidance for 2024/25 will set out further information.

Strategic objectives

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4.6   Integrated Care Boards (ICBs) and providers are expected to work together to meet the minimum 2.2% efficiency target and raise productivity levels. Systems are expected to:

- Improve operational and clinical productivity and make best use of the opportunities provided by Getting It Right First Time (GIRFT), the Model Health System and other benchmarking and best practice guidance.

- Improve workforce productivity and reduce agency spend as a percentage of the total pay bill.

- Release efficiency savings through reducing variation, optimising medicines value and complying with best value frameworks. Systems are also asked to develop action plans to improve workforce productivity, identifying the rationale for increases in staffing since 2019/20, based on outcomes, safety, quality, or new service models.

4.7   The guidance restates the need for trusts and systems to maintain a focus on the quality and safety of all services provided, with a requirement to apply the Patient Safety Incident Response Framework (PSIRF) to all patient safety incident response policies and plans.

Additionally, trusts and systems are expected to:

- Complete the NHS Impact self-assessment to create and embed a shared and measurable improvement approach to delivery.

- Ensure a robust governance and reporting framework is in place drawing on the forthcoming The Insightful Board guidance

- Embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision making.

- Improve the engagement of patients and families in incident responses.

- Use the Learn from Patient Safety Events (LFPSE) service to support learning.

- Support the uptake of training under the NHS Patient Safety Syllabus

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- Appoint at least two patient safety partners to safety-related governance committees.

4.8 The guidance says NHSE will begin implementing Martha's Rule over 2024/25. NHSE have invited expressions of interest to participate in the first phase of the programme, and participating provider sites will be supported with a standardised approach to all three elements of Martha's Rule.

4.9 Systems are asked to:

1. Maintain expanded capacity

a. Maintaining G&A beds at 2023/24 levels.

b. Ensure utilisation of virtual ward beds is consistently above 80%.

c. Expand intermediate care capacity.

d. Maintain ambulance service capacity and support reducing ambulance conveyance to acute hospitals.

2. Improve productivity, efficiency, and clinical outcomes to maintain or improve length of stay. Achieved through reducing admitted and non-admitted time in emergency departments, reducing the length of stay for patients medically fit to be discharged, reducing ambulance handover delays, and using more community beds to improve hospital flow.

3. Continue to develop services that shift activity from hospitals to more clinically appropriate settings. The guidance aims to increase referrals to urgent community response services (with an increase to their capacity). Type 1 providers have a same day emergency care service in place for 12 hours a day, 7 days a week, and an acute frailty service in place for 10 hours a day, 7 days a week.

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4.10   The guidance calls for increased use of community pharmacies for lower acuity and common conditions through the new Pharmacy First service, and on improving access to GP services using digital tools and cloud-based telephony.

4.11   Systems are asked to develop a full understanding of demand and capacity in primary care across their local populations.

They are also asked to:

- Develop plans to reduce waiting times for community services, including waits of over 52 weeks for children's community services, by June 2024.
- Support the adoption of faster data flows to help improve the understanding of care backlogs.
- Implement annual sight and dental checks for special day and residential schools during 2024/25.

Trusts should appoint a designated lead for the primary-secondary care interface, responsible for tackling the four key areas set out in the primary care recovery plan.

4.12   For elective care, NHSE recognises the impact that industrial action has had on the ability to deliver the elective recovery plan. The immediate priority is to eliminate 65-week waits by 30 September 2024, with systems also asked to reduce the overall size of the waiting list and improve productivity.

Key actions include:

- Increasing productivity by making improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT, and moving procedures to the most appropriate settings.
- Ensuring robust procedures are in place to avoid unnecessary referrals to secondary care.

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- Significantly expanding patient choice at the point of referral by actively encouraging access to non-local NHS providers or the independent sector where this can shorten waiting times.
- Continuing to reduce waits for first outpatient appointments, including through bringing in a metric, measuring the proportion of outpatient attendances that are first or follow up appointments against a nation ambition of 46%.
- Improving patient and list management including via a strong focus on validation – with an expectation that 90% of patients waiting over 12 weeks are validated.

4.13 The contract default for elective activity will continue to pay unit prices for actual activity delivered. NHS England will allocate £3.2bn of elective recovery funding to ICBs on a fair shares' basis.

4.14 The national objectives for 2024/25 focus on reducing cancer waiting times and supporting faster diagnosis, including:

1. Improving performance against the 62-day standard to 70% by March 2025.

2. Improving performance against the 28-day Faster Diagnosis Standard to 77% by March 2025.

3. Increasing the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028. 4. Increasing the percentage of patients receiving a diagnostic test within 6 weeks towards the target of 95% by March 2025

4.15 The guidance reiterates that systems' allocations include an adjustment to weight resources to areas with higher avoidable mortality, and that £200m allocated specifically to address health inequalities was made recurrent in 2023/24. Systems are asked to demonstrate how they are using this funding to target the areas of highest need in line with the CORE20PLUS5 approach (for both adults and children and young people).

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4.16 Systems are also asked to publish joined up action plans by the end of June 2024 to address health inequalities, outlining their delivery plans against the five strategic priorities for health inequalities and Core20PLUS5. The joined up plans should also consider NHSE's inclusion health framework, digital inclusion framework, and increasing understanding of health inequalities among the workforce.

4.17 As part of the plans, there should be 100% coverage of high intensity use services by December 2024. Systems are advised to update plans for the prevention of ill-health and incorporate these into their Joint Forward Plans. This should focus on:

- Providing a suite of lifestyle programmes and behavioural interventions to address inequalities in cardiovascular disease prevention; smoking and alcohol cessation; diabetes prevention and remission; and weight management.
- Supporting people to stop smoking through opt-out treatments for patients in hospital and as part of maternity pathways;
- Maximise vaccination uptake and increase uptake and coverage of NHS screening programmes.
- Collaborate with local authorities and family hubs to support the Healthy Child Programme framework and stronger parent-infant relationships

4.18 Systems are asked to improve retention and staff attendance by ensuring that plans embed a focus across all elements of the NHS People Promise, as well as implementing the actions set out in the retention hub and aligning with the latest Core Skills Training Framework by the end of June 2024.

4.19 Systems should implement actions focused on retention, including those in the Growing Occupational Health and Wellbeing Strategy. Systems must also embed the six high impact actions as stipulated in the NHS equality, diversity and inclusion improvement plan, and the 10 principles and actions from the sexual safety charter.

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4.20 NHSE also expects systems to support workforce growth in line with the Long Term Workforce Plan by: delivering their share of increased education places for new roles, and work with NHSE to plan for the necessary workforce expansion. Systems must also develop multi-professional education and training investment plans, aligned with JFPs.

4.21 The planning guidance explicitly asks for a "significant reduction in temporary staffing costs" and a "reconciliation of staff increases since 2019/20".

4.22 For digital, Providers should aim to have deployed their electronic health record system by March 2025. They are required to support and prioritise the implementation of the Federated Data Platform – this is due to be rolled out across 70 organisations in 2024/25 and continue to connect services to the NHS App.

4.23 Regarding system working, the planning guidance recognises the work systems have undertaken to consider the best model of delivery to implement their JFPs, including integrated neighbourhood teams, place partnerships, and provider collaboratives.

4.24 Systems are asked to develop their population health management capabilities via using joined up primary and secondary care data, to support proactive care.

4.25 The Trust is currently reviewing all the planning guidance and our 2024/2025 plan is required to be submitted by 2 May 2024. It is encouraging to see that the Trust is achieving many of the performance metrics required. I know that the team will continue to stretch our ambition and trajectories to further drive improvements for our patients and staff.

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4.26   The full planning guidance can be found [2024/25 priorities and operational planning guidance (england.nhs.uk)](https://www.england.nhs.uk)

5   RECOMMENDATION(S)

5.1   The Council of Governors is asked to discuss and note the contents of the report

Jo Williams

Chief Executive

3 April 2024

Strategic objectives	CARE	EXPERTISE	PEOPLE	COMMUNITY	SERVICES	COLLABORATION
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The Royal Orthopaedic Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Wellbeing Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Sharon Malhi, Chief People Officer**
DATE OF MEETING:	**24 April 2024**

EXECUTIVE SUMMARY:

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

Positive assurance
- A review of the hardship funding led by Charities team has highlighted key areas that may need additional support and also the themes of requests being received
- Continuing to provide financial support for colleagues during the winter months, using support from the winter funding, Finance, Salary Finance, Barclays, HSBC, regional and national support.
- Key initiatives to support colleagues through the cost of living crisis will continue for the next few months with different funding available

Current issues
- Continuing issue to ensuring all managers attend the Wellbeing Conversation Training and undertake wellbeing conversations with Team members. The new appraisal approach will support this work
- Securing funding for future initiatives with current financial constraints

Next steps
- Continue work on the Wellbeing action plan to include priorities and 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
- Next step following hardship fund review
- Review different funding options for future initiatives

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

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		X

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

Financial	X	Environmental		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 –January 2024
Wellbeing update - SE&OD committee – January 2024
People and OD Group February 2024
ROH Comms information

Council of Governors Board – March 2024

Update on Cost of Living and Wellbeing

1. Cost of Living

Royal Orthopaedic Charity Initiative: The ROC Hardship Fund

The information below gives an overview of the funding requests since June 2023, how the process works and the areas for focus that have been identified.

Hardship Fund

Month	Patient	Amount	Colleague	Amount
June 23	0	0	4	£475.00
July 23	2	£164.00	5	£500.00
August 23	2	£204.00	2	£500.00
October 23	2	£371.50	5	£500.00
November 23	5	£336.75	4	£400.00
December 23	0	0	15	£473.33
January 24	4	£118.25	4	£355.00
February 24	0	0	2	£214.14
Total		£238.08		£449.96

Count of Themes for reporting

Row Labels	June-23	July-23	August-23	October-23	November 2023	December 2023	January 2024	February 2024
Patient								
Appointment related travel & accommodation			2	1 2		5	2	
Patient side effects needs private support							1	
Increase of bills and food cost							1	
Staff								
Broken essential equipment				1		3	1	1
Outstanding bills	2	2		1	4	4		1
Reduced bank shifts resulting in reduced paye							1	
Sick leave resulting in reduced paye								
Carer needing support with food expenses	1							
Single parent with outstanding debt	1	1						
Unforeseen allergys resulting in increase costs		1						
Relocation resulting in increase of bills		1	1	1				
Family member with disability and increasing costs of childcare			1					
Abusive relationship resulting in debt				1				
Increase of bills and food cost				1		1	2	
Family member illness and lack of income						1		
Pregnant individual without statutory income						1		
Broken relationship resulting in court costs						1		
Medical diagnosis causing financial issues						3		
increase in bills						1		
Grand Total	4	7	3	7	9	15	8	2

Information on reasons for funds being given:

- Side effects to oncology treatment
- Further treatment needed
- Reduced bank shifts meaning reduction in pay
- Broken essential household items and outstanding bills

Hardship panel

The panel discusses at length any case put forward and recommends financial wellbeing support including using information from Citizen's Advice Birmingham.

Application analysis

- Financial wellbeing support has been targeted in the two areas identified as patterns of colleagues applying for funds. The trust has provided these areas with additional financial signposting and support. The Engagement and Wellbeing officer has followed up by attending team meetings for these areas. The Trust has also contacted Citizen's Advice Birmingham via the ICS link to see if they can attend on site to provide bespoke support.
- The Hardship Fund panel will continue to review the information to identify any areas to focus on and then provide specific support.
- The Trust also receives continued support from HSBC Financial Support who offer the following
    1) **Always on** - webinars on different financial subjects continue to shared with colleagues in the Trust.

    2) **1:1 Financial Health Check** - Colleagues can book a free financial health check via a QR code or by emailing directly. This has been shared in the Wellbeing Weekly email and posters have been distributed.

Key update information on Cost of Living Initiatives

Winter Grant – The Trust are looking at storage solutions to store items for the ROH Pantry and Sanitary Products for the Blue Bag project. The remaining Winter Grant money needs to be spent by March 24 and the intention is to stock pile goods for the next few months.

Free Porridge – The Trust launched **free porridge** at the start of Wellbeing Week in November and will continue throughout the winter months until the end of March. Positive feedback has been received through Wellbeing surveys and on 45 portions are served each day. Porridge Oats and milk has also been delivered to College Green to ensure they are also included

ROH Pantry – continuing to keep the **pantry** restocked over the winter months, using the Winter Grant. This pantry was re stocked on 5th February. Between 5th and 27th February, 31 counters were placed in the box by individuals to show they had accessed provisions.

Out of hours food, Blue Bag Project and Toiletry Packs have all been re stocked using the order received on 5th February.

Wellbeing plan

Work continues to review the metrics for each of the wellbeing priorities to ensure there are clear actions that can measure impact.
4 key areas of focus in the wellbeing plan are:

1. **MSK** – quicker referral, accessibility and support for colleagues and managers supporting colleagues with MSK
2. **Stress and Mental Health** – the trust have some funding which we are planning to use to take Wellbeing Trollies around the trust. This will be in April as part of Stress Awareness Month, the trust will also share signposting and support around stress.
3. **Cost of Living** – Winter Grant available until March 24, the Trust is looking at storage solutions as discussed above.
4. **Managers supporting Wellbeing** – continuing to promote the Wellbeing Conversation Training for managers. Wellbeing Information Pack has been put into PDF for managers, they can then share this with their colleagues.

This work programme will be a transferred into a Wellbeing action plan, for work to be completed over the next 12 months. It will be monitored and reported via the People and OD group on a regular basis. This will be completed by the end of March 2024

Additional wellbeing actions:

Wellbeing Dome– The Wellbeing Team and ROC have partnered together to apply for a charity grant to ensure there is disabled access to the Wellbeing Dome from the Knowledge Hub corridor. The Trust conducted a wellbeing survey and key comments were about access. Between January 1st and January 31st there were 68 door swipes from the Knowledge Hub corridor to the Wellbeing Dome.

Menopause Training – 22 Managers joined the Managers Session 7th February. The General Awareness Session 27th February will be recorded meaning we can share across the trust.

Health Kiosk – This was installed as part of Wellbeing Week; it was situated outside Café Royale. Colleagues could check their BMI by measuring their height and weight and could also check their blood pressure and body fat mass. There was also a survey on stress.

Post Graduate Doctors – Wellbeing support and signposting was offered at the Post Graduate Doctors event on 7th February.

Sharon Malhi, Chief People Officer will be presenting at the next national Health and Wellbeing at Work conference in Birmingham in March.

Laura Tilley-Hood

Engagement and Wellbeing Officer

March 2024

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS	
DOCUMENT TITLE:	National Staff Survey Update
SPONSOR (NON EXECUTIVE DIRECTOR):	Sharon Malhi - Chief People Officer
AUTHOR:	Clare Mair, Head of OD and Inclusion
DATE OF MEETING:	24 April 2024

EXECUTIVE SUMMARY:

This document outlines information for the National Staff survey (NSS) including:

- National data
- Specialist Acute Trust data information
- ROH People Promise results
- Comparison of National and People Pulse survey results
- Next steps

Positive assurance
- Overall the results are positive with good progress in number of areas
- Initial themes have been identified with further work to be completed in the following weeks to review the data further
- There is a clear engagement plan to ensure all colleagues are able to review the staff survey data and support with positive change

Current issues
- Ensure information is shared in a timely manner
-

Next steps
- Continue work to analysis of the data
- Communication initial information following the embargo lifting on March 7th
- Big Launch session by IQVIA (staff survey provider) to present key data and feedback analysis

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

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		X

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

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

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

People Element of the ROH Strategy, ROH Inclusion strategy

ROHGO (4/24) 003

A Reminder of Why

Why is staff engagement important?

One of the key parts of the NHS Long Term Plan is **"Supporting our current NHS staff".** The National Staff Survey can be used to assess Trust performance against this goal.

NHS England recognise that the "immediate collective challenge is to **improve staff retention** through a **systematic focus** on all elements of the **NHS People Promise**."

High turnover means you **lose talent and organisational memory** and **incur costs for recruitment and training**. For example, a large Acute Trust with 3,000 nurses and typical 10-12% turnover can spend £3.6m annually replacing fully trained nurses.

There is a body of evidence that engaged staff deliver better healthcare in terms of **patient experience, safety** and **outcomes.**

Engagement is linked to the health and wellbeing of the workforce: scores for the people promise **"We are safe and healthy"** and particularly questions about burnout, correlate with and impact all other people promises.

People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**

2023 response rate 60%
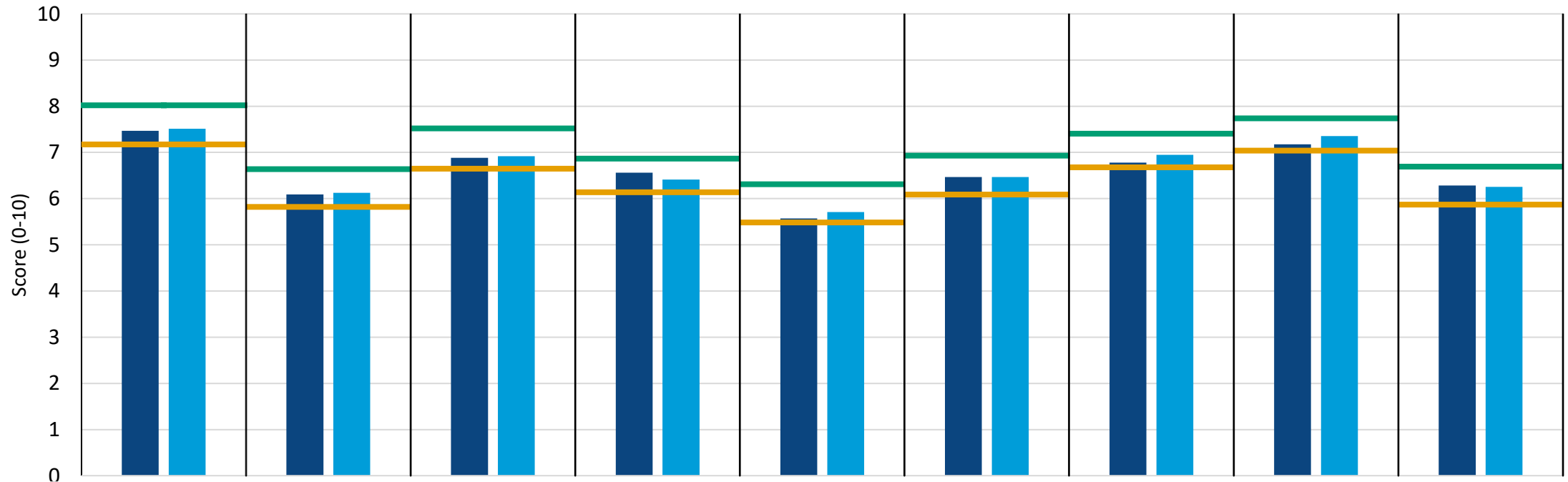
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.47	6.09	6.88	6.56	5.57	6.47	6.78	7.18	6.28
Best result	8.02	6.64	7.52	6.87	6.31	6.93	7.40	7.74	6.69
Average result	7.51	6.12	6.92	6.41	5.71	6.47	6.95	7.35	6.26
Worst result	7.17	5.82	6.65	6.14	5.48	6.09	6.68	7.04	5.87
Responses	787	789	779	780	734	782	787	789	790

Summary of Scores (Substantive) – IQVIA analysis

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Staff engagement	7.06	Not Significant	7.13	Not Significant	7.24
Theme - Morale	5.99	Not Significant	6.24	Not Significant	6.08
People Promise 1 - We are compassionate and inclusive	7.37	Not Significant	7.42	Not Significant	7.53
People Promise 2 - We are recognised and rewarded	5.87	Not Significant	6.05	Not Significant	6.08
People Promise 3 - We each have a voice that counts	6.86	Not Significant	6.83	Not Significant	6.90
People Promise 4 - We are safe and healthy	6.31	Not Significant	6.52	Not Significant	6.32
People Promise 5 - We are always learning	5.32	Not Significant	5.54	Not Significant	5.74
People Promise 6 - We work flexibly	6.30	Not Significant	6.43	Not Significant	6.29
People Promise 7 - We are a team	6.72	Not Significant	6.74	Not Significant	6.90

Summary of Scores Bank Staff - IQVIA analysis

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sub. Score
Theme - Staff engagement	6.90	Not Significant	7.33	Not Significant	7.13
Theme - Morale	6.21	Not Significant	6.44	Not Significant	6.24
People Promise 1 - We are compassionate and inclusive	7.26	Not Significant	7.65	Not Significant	7.42
People Promise 2 - We are recognised and rewarded	6.43	Not Significant	6.50	Not Significant	6.05
People Promise 3 - We each have a voice that counts	6.55	Not Significant	6.72	Not Significant	6.83
People Promise 4 - We are safe and healthy	6.95	Not Significant	7.34	Not Significant	6.52
People Promise 5 - We are always learning	5.84	Not Significant	6.04	Not Significant	5.54
People Promise 6 - We work flexibly	6.36	Not Significant	6.92	Not Significant	6.43
People Promise 7 - We are a team	6.61	Not Significant	7.04	Not Significant	6.74

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LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

Headline Findings – Question Benchmarking
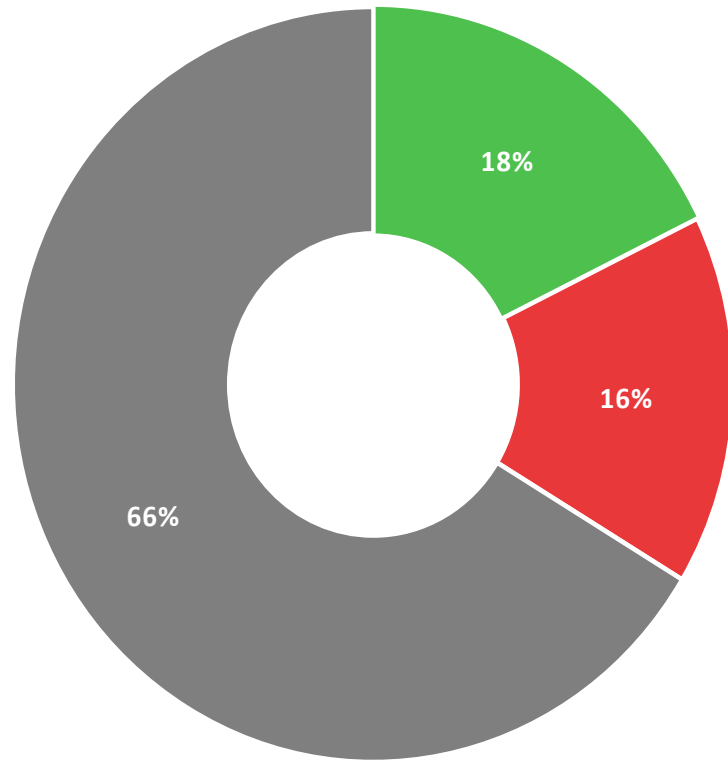
- 19 (18%) question(s) scored significantly better than the sector
- 17 (16%) question(s) scored significantly worse than the sector
- 71 (66%) question(s) showed no significance in relation to the sector average or comparisons could not be drawn

IQVIA

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Headline Findings – Question Local Changes
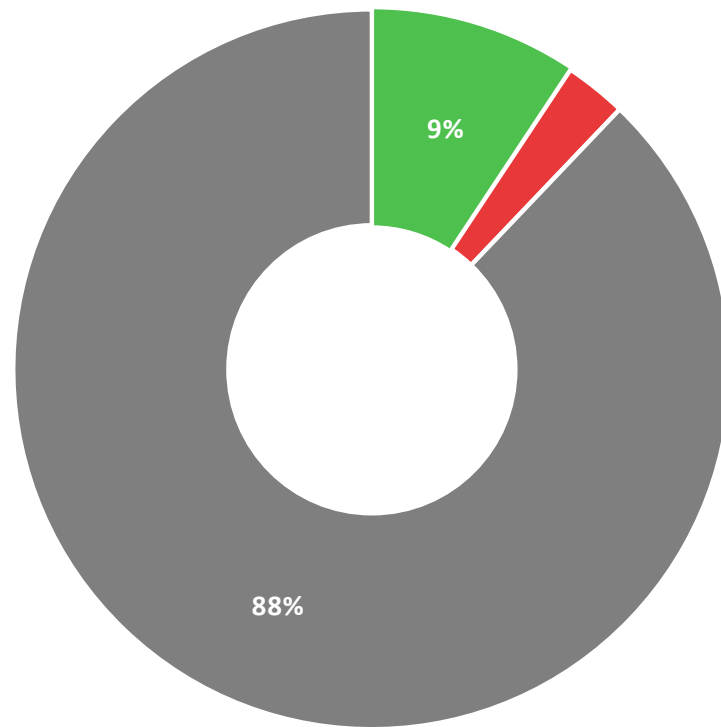
10 (9%) question(s) scored significantly better than in 2022

3 (3%) question(s) scored significantly worse than in 2022

94 (88%) question(s) showed no significance in relation to the 2022 score or comparisons could not be drawn

IQVIA

Breakdown for 2 key engagement questions

Protected characteristic (5/9)	Breakdown	Place to work (%)	Treatment for family and friends (%)
Organisation		74	86
Age	21-30	67	80
	31-40	70	88
	41-55	74	85
	55-65	76	86
	66+	100	100
Ethnicity	White	73	86
	Ethnic Minority	73	84
Long Term Health Condition (Disability)		64	83
Religion	Christian	79	89
	Hindu	62	85
	Muslim	55	69
Sexual orientation	Heterosexual	74	91
	LGBTQ+	86	100

Full analysis for Specialist Acute Trusts

Trust	Response rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Engagement	Morale
Moorfields Eye Hospital NHS Foundation Trust	**66**	7.17	5.82	6.65		5.60	6.09	6.68	7.10	6.01
Liverpool Women's NHS Foundation Trust	52	7.43	6.01	6.92		5.48	6.13	6.86	7.04	5.92
Great Ormond Street Hospital for Children NHS Foundation Trust	54	7.42	5.89	6.76		5.71	6.11	6.77	7.18	5.87
Royal National Orthopaedic Hospital NHS Trust	45	7.47	6.12	7.07		6.04	6.77	6.95	7.46	6.22
Royal Papworth Hospital NHS Foundation Trust	56	7.40	5.99	6.78		5.60	6.55	6.77	7.20	5.94
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	52	7.68	6.24	6.87		5.66	6.43	7.04	7.37	6.34
The Royal Marsden NHS Foundation Trust	48	7.51	6.07	6.90		5.78	6.24	6.91	7.25	6.07
The Walton Centre NHS Foundation Trust	38	7.59	6.21	7.05		5.67	6.45	6.98	7.36	6.30
The Christie NHS Foundation Trust	48	7.68	6.27	6.93		5.86	6.59	7.00	7.35	6.26
The Royal Orthopaedic Hospital NHS Foundation Trust	60	7.47	6.09	6.88		5.57	6.47	6.78	7.18	6.28
The Clatterbridge Cancer Centre NHS Foundation Trust	**66**	7.88	6.58	7.22		6.14	6.67	7.32	7.41	6.40
Queen Victoria Hospital NHS Foundation Trust	59	7.76	6.30	7.11		6.06	6.58	7.00	7.50	6.32
Liverpool Heart and Chest Hospital NHS Foundation Trust	64	**8.02**	**6.64**	**7.52**		**6.31**	**6.93**	**7.40**	**7.74**	**6.69**
Top Specialist Trust	66	8.02	6.64	7.52		6.31	6.93	7.40	7.74	6.69
Acute Specialist Average		7.55	6.13	6.93		5.79	6.40	6.93	7.29	6.14
National average		7.30	6.00	6.72		5.64	6.28	6.80	6.89	5.95

Recommend as a place to work - Model Hospital <mark>BSOL ICS</mark> Benchmark no = 1
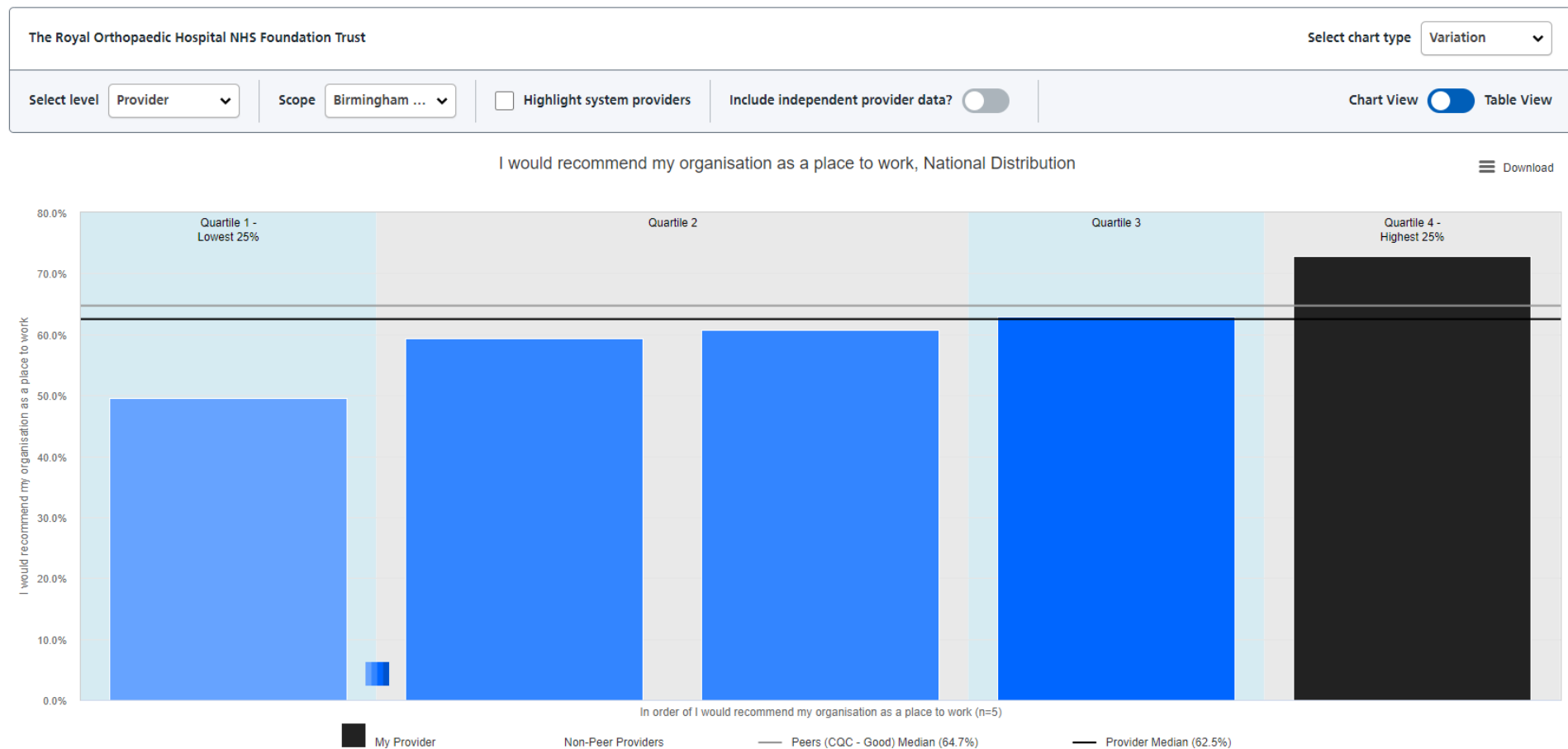
3 People Promise questions with a *Decrease* in scores (highlighted by IQVIA)

1. We work Flexibly
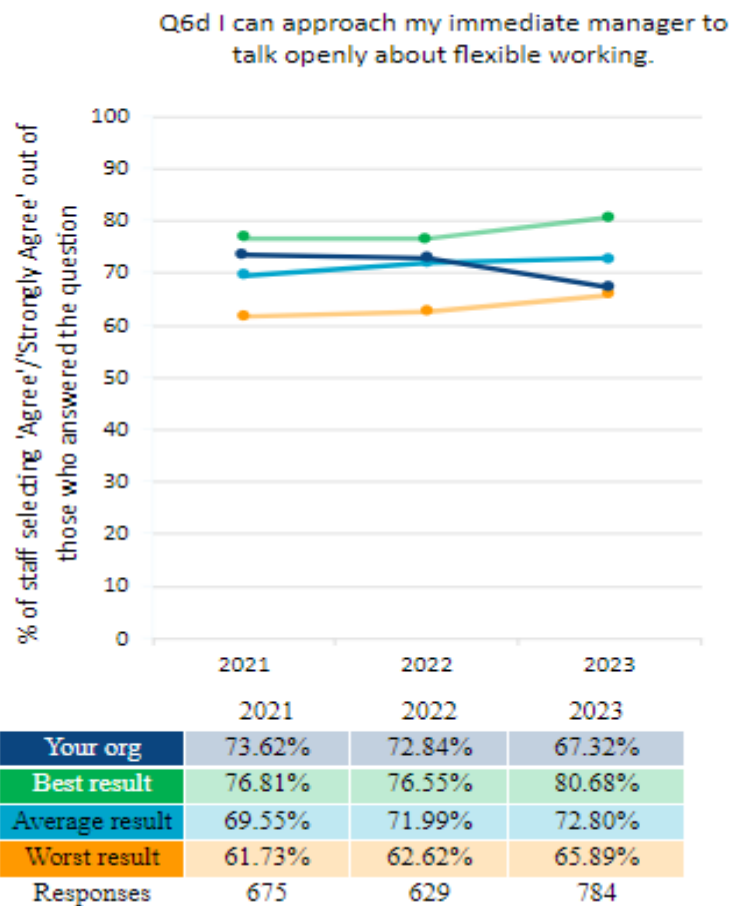
2. We are a team

3. We each have a voice that counts

Q6d I can approach my immediate manager to talk openly about flexible working.

	2021	2022	2023
Your org	73.62%	72.84%	67.32%
Best result	76.81%	76.55%	80.68%
Average result	69.55%	71.99%	72.80%
Worst result	61.73%	62.62%	65.89%
Responses	675	629	784

Q7e I enjoy working with the colleagues in my team.

	2021	2022	2023
Your org	84.73%	84.83%	78.59%
Best result	85.87%	87.19%	87.32%
Average result	81.79%	84.35%	82.78%
Worst result	76.12%	76.96%	76.46%
Responses	675	626	786

Q20a I would feel secure raising concerns about unsafe clinical practice.

	2019	2020	2021	2022	2023
Your org	77.78%	73.69%	79.52%	76.02%	71.01%
Best result	78.18%	79.95%	82.28%	78.79%	80.43%
Average result	73.90%	75.47%	78.63%	75.34%	72.31%
Worst result	71.32%	70.32%	73.49%	70.32%	69.21%
Responses	522	623	675	623	792

3 People Promises questions with an *Increase* in scores (highlighted by IQVIA)

4. Discrimination

Q16c.3 On what grounds have you experienced discrimination? – Religion.
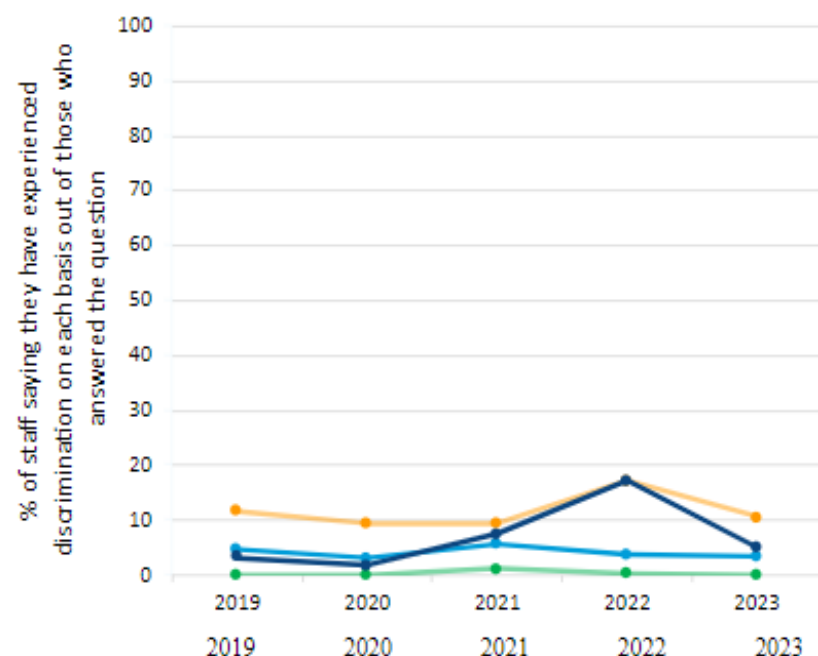
	2019	2020	2021	2022	2023
Your org	3.14%	1.79%	7.61%	17.32%	5.05%
Best result	0.00%	0.00%	1.18%	0.38%	0.00%
Average result	4.86%	3.09%	5.78%	3.86%	3.42%
Worst result	11.74%	9.40%	9.51%	17.32%	10.66%
Responses	58	58	62	73	93

5. Morale

Q3i There are enough staff at this organisation for me to do my job properly.
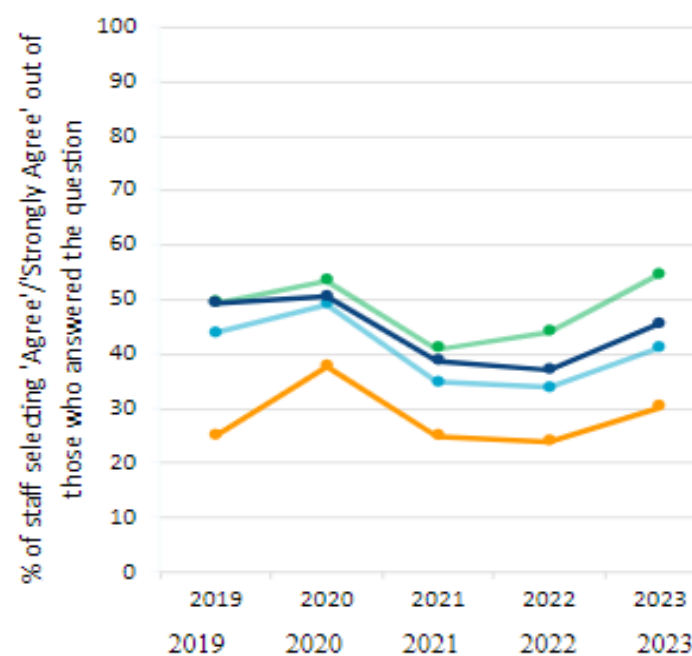
	2019	2020	2021	2022	2023
Your org	49.45%	50.72%	38.67%	37.07%	45.55%
Best result	49.45%	53.47%	41.03%	44.04%	54.58%
Average result	43.94%	49.17%	34.82%	33.92%	41.18%
Worst result	25.16%	37.85%	24.91%	23.89%	30.30%
Responses	519	626	676	627	786

6. Unpaid hours

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?
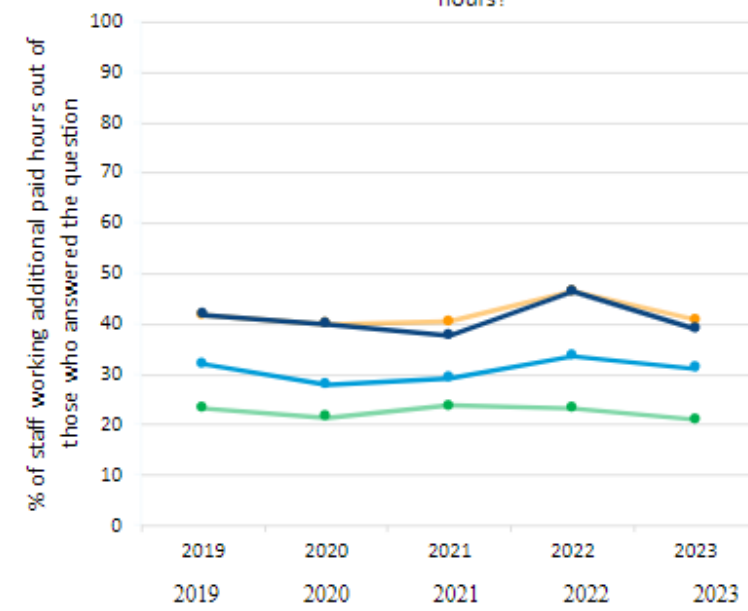
	2019	2020	2021	2022	2023
Your org	41.91%	40.00%	37.83%	46.40%	39.01%
Lowest	23.35%	21.55%	23.87%	23.33%	21.19%
Average	32.04%	27.96%	29.27%	33.63%	31.30%
Highest	41.91%	40.00%	40.42%	46.40%	40.83%
Responses	515	612	622	584	741

Key area of focus

We are flexible

We each have a voice that counts

We are a Team

Continuous Improvement/Engagement

Management Development

Communication methods – Two way

- Initial information has been shared across the Trust via emails, intranet and departmental posters

- Presentation by IQVIA to Leaders to give key information and highlights on the staff survey results

- Executive Director packs sent out to enable Leaders to share results in their Directorates

- Posters distributed in departments

- Information on Team brief, Managers brief and Wellbeing briefings

Next steps

- Focus groups set up for employees to attend and share their ideas

- Department run focus groups

- Focus groups set up with staff networks

- Share progress and ideas at local and Trust level via 'You Said We Did'

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The Royal Orthopaedic Hospital NHS Foundation Trust

NHS Staff Survey Benchmark report 2023

Contents

Introduction

About this report

This benchmark report for The Royal Orthopaedic Hospital NHS Foundation Trust contains results for the 2023 NHS Staff Survey, and historical results back to 2019 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations*.

Please note: Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from the Staff Survey website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

We are compassionate and inclusive

We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

We are always learning

We work flexibly

We are a team

In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

* The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor. Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d

Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes
Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q26d, Q31b

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.
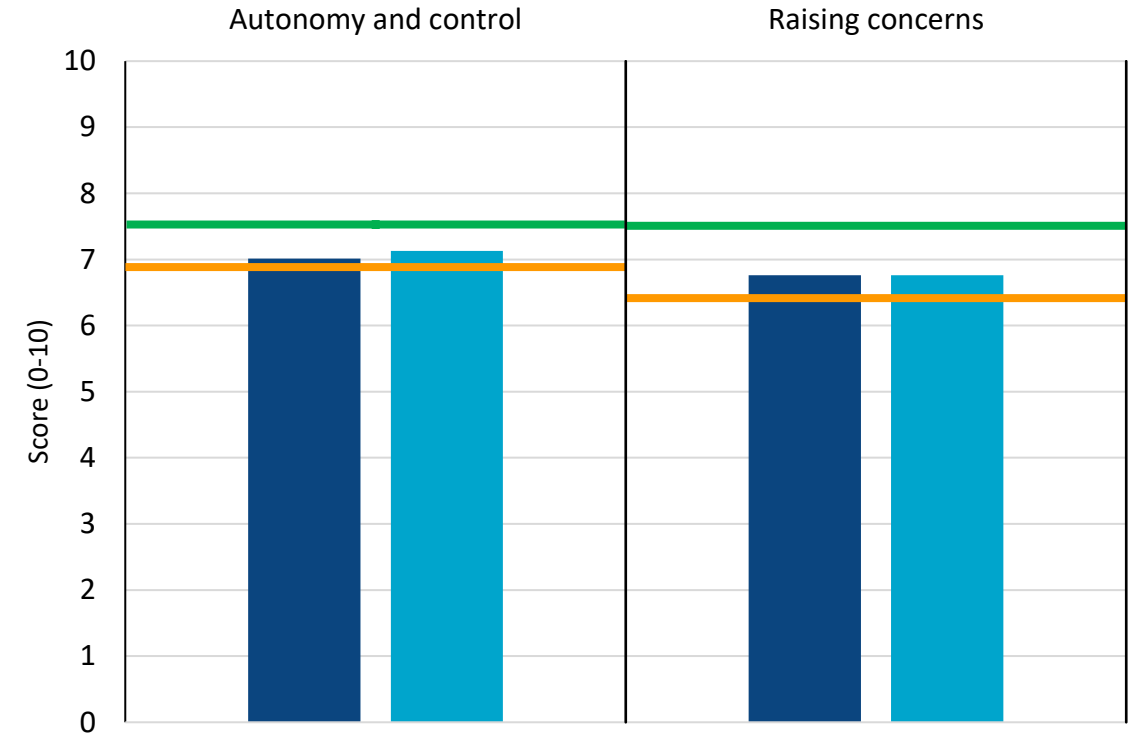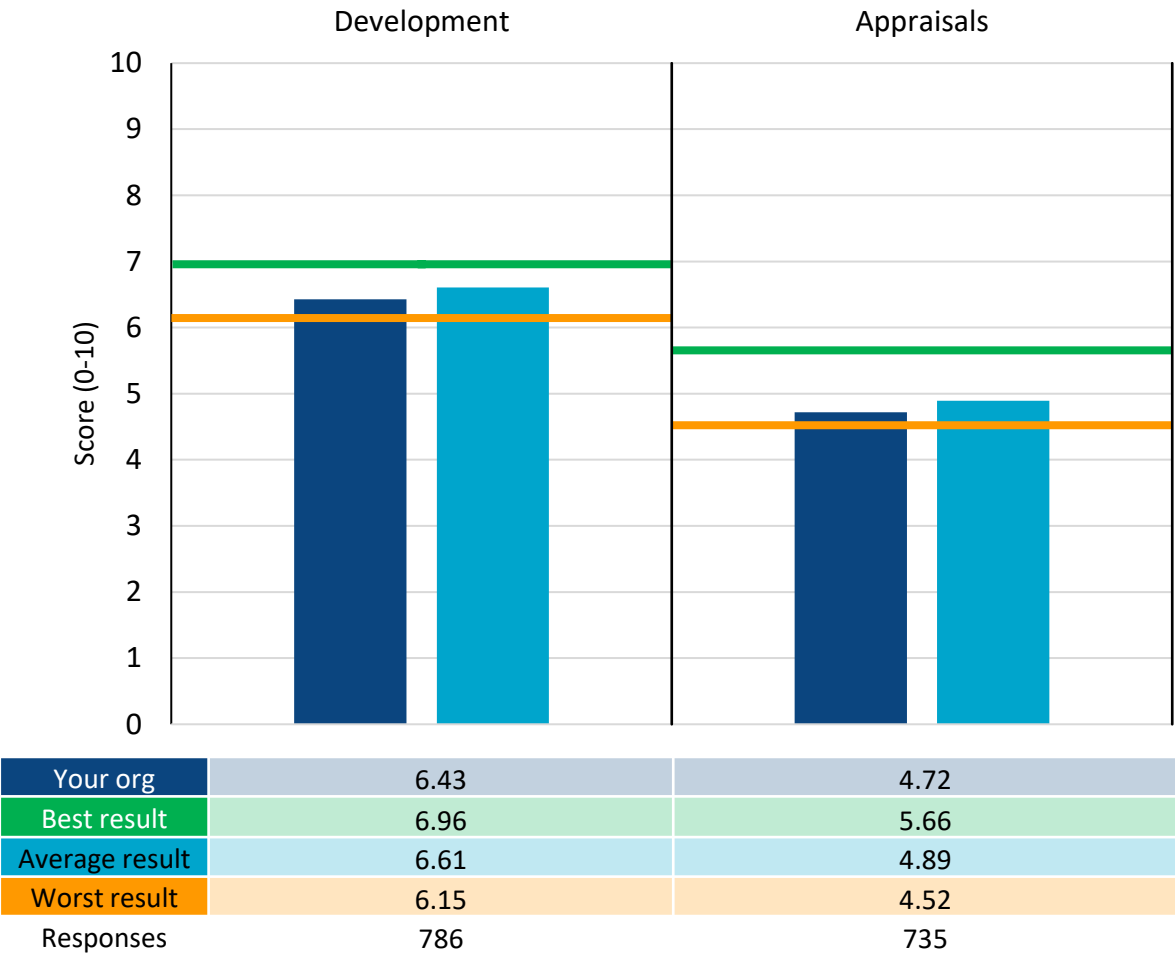**All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score**. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

(!) Note where there are fewer than 10 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.
Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES).**

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:
> Response rate.
> Significance testing of the People Promise element and theme results for 2022 vs 2023.
> Guidance on data in the benchmark reports.
> Additional reporting outputs.
> Tips on action planning and interpreting the results.
> Contact information.

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Note this is example data

Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Question number and text (or summary measure) specified at the top of each slide.

Q4b How satisfied are you with each of the following aspects of your job?

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst **results.**

	2021	2022	2023
Your org	32.6%	30.6%	30.0%
Best result	21.8%	21.7%	18.0%
Average result	30.2%	29.8%	28.1%
Worst result	37.6%	36.9%	38.5%
Responses	480	500	515

	2019	2020	2021	2022	2023
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	53.5%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

Number of responses for the organisation for the given question.

Tips on how to read, interpret and use the data are included in the Appendices

Note charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2021, 2022 and 2023 portions of the chart and table.

Organisation details

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The Royal Orthopaedic Hospital NHS Foundation Trust

2023 NHS Staff Survey

Organisation details

This organisation is benchmarked against:
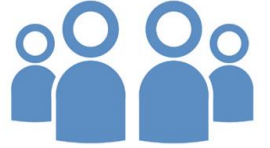
Acute Specialist Trusts

| Completed questionnaires | **793** |
| 2023 response rate | **60%** |

2023 benchmarking group details

Organisations in group: 13

Median response rate: 54%

No. of completed questionnaires: 16594

Survey details

| Survey mode | **Mixed** |

For more information on benchmarking group definitions please see the Technical document.

People Promise elements, themes and sub-score results

People Promise elements, themes and sub-scores: Overview

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.
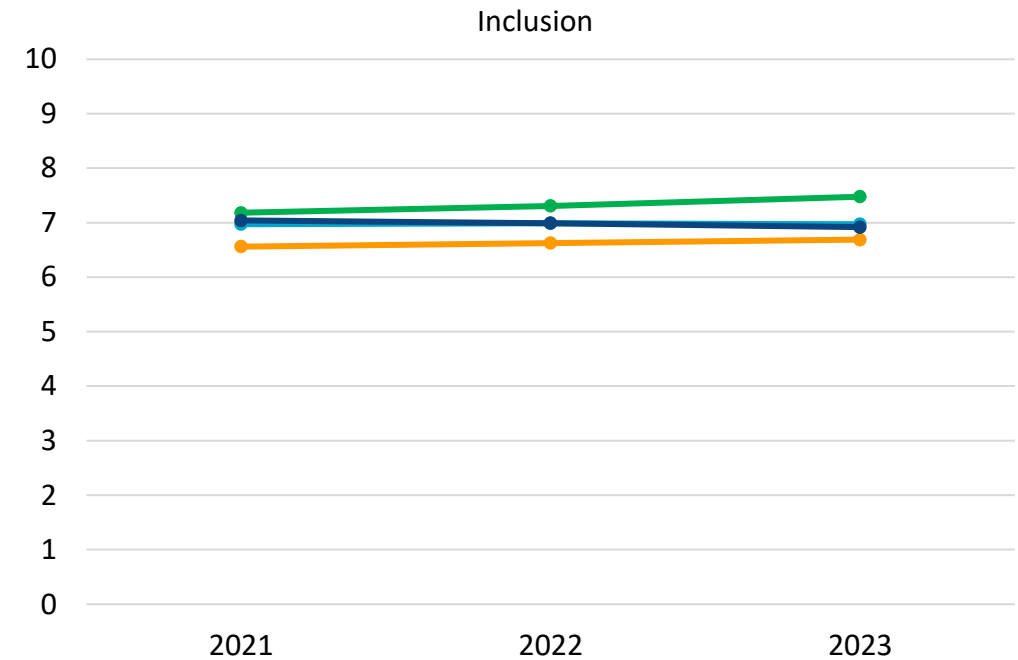
People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.47	6.09	6.88	6.56	5.57	6.47	6.78	7.18	6.28
Best result	8.02	6.64	7.52	6.87	6.31	6.93	7.40	7.74	6.69
Average result	7.51	6.12	6.92	6.41	5.71	6.47	6.95	7.35	6.26
Worst result	7.17	5.82	6.65	6.14	5.48	6.09	6.68	7.04	5.87
Responses	787	789	779	780	734	782	787	789	790

The Royal Orthopaedic Hospital NHS Foundation Trust Benchmark report

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People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive

	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.66	7.01	8.29	6.92
Best result	8.31	7.74	8.75	7.48
Average result	7.78	7.22	8.34	6.97
Worst result	7.35	6.86	7.57	6.69
Responses	784	790	789	783

Promise element 3: We each have a voice that counts

	Autonomy and control	Raising concerns
Your org	7.01	6.76
Best result	7.53	7.51
Average result	7.13	6.76
Worst result	6.88	6.42
Responses	789	782

Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.
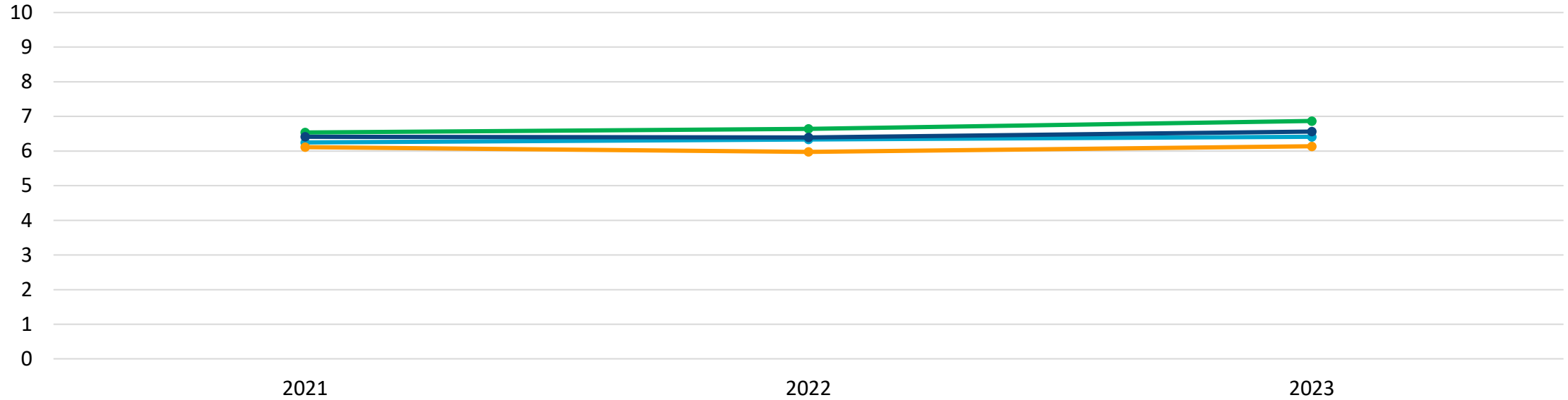
Survey Coordination Centre

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People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy

	Health and safety climate	Burnout	Negative experiences
Your org	6.01	5.44	8.23
Best result	6.46	5.72	8.57
Average result	5.78	5.32	8.16
Worst result	5.33	4.96	7.81
Responses	789	792	782

Promise element 5: We are always learning

|	Development	Appraisals
Your org	6.43	4.72
Best result	6.96	5.66
Average result	6.61	4.89
Worst result	6.15	4.52
Responses	786	735

People Promise elements, themes and sub-scores: Sub-score overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly

Promise element 7: We are a team
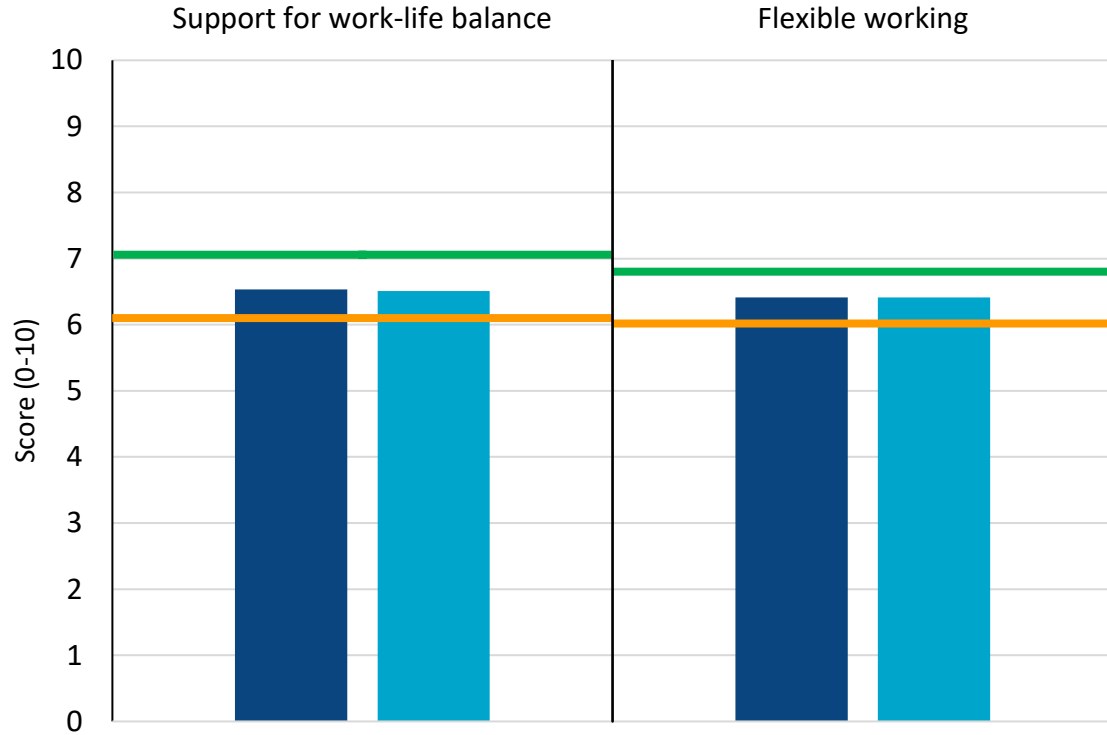
	Support for work-life balance	Flexible working
Your org	6.53	6.41
Best result	7.06	6.80
Average result	6.51	6.41
Worst result	6.10	6.02
Responses	786	786

	Team working	Line management
Your org	6.75	6.81
Best result	7.23	7.58
Average result	6.81	7.08
Worst result	6.58	6.75
Responses	787	790

People Promise elements, themes and sub-scores: Sub-score overview

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People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement

	Motivation	Involvement	Advocacy
Your org	7.03	6.88	7.63
Best result	7.39	7.47	8.35
Average result	7.13	7.04	7.73
Worst result	6.94	6.73	7.10
Responses	779	789	785

Theme: Morale
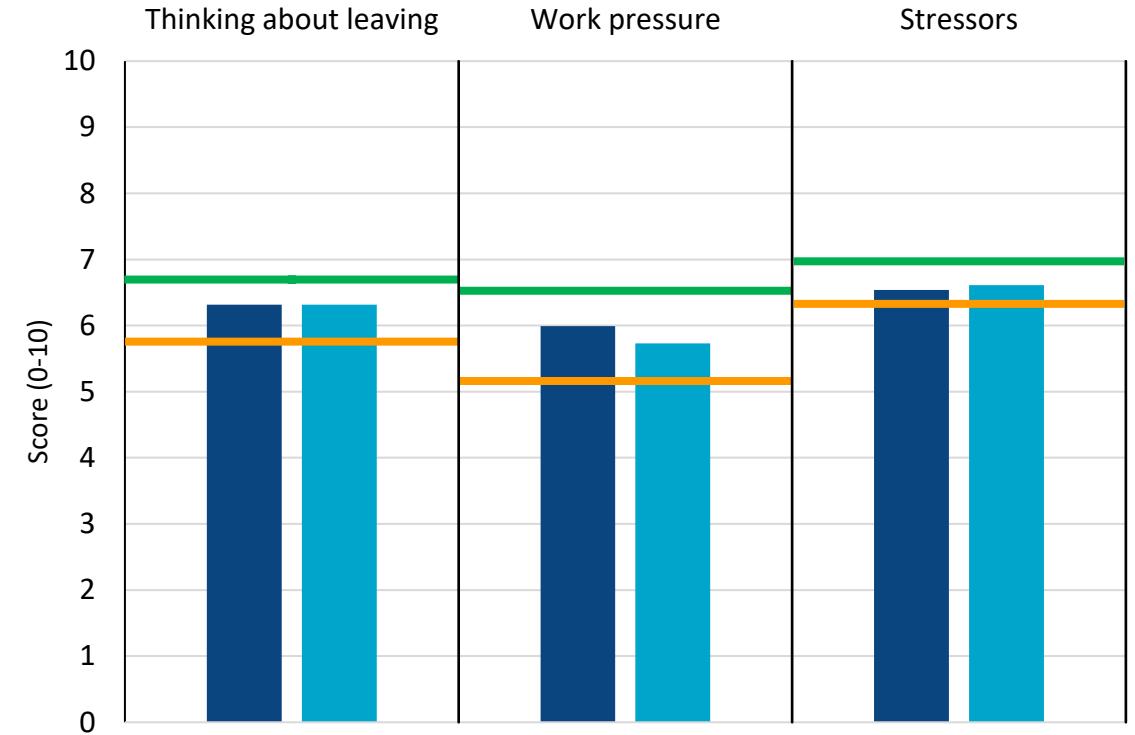
|	Thinking about leaving	Work pressure	Stressors
Your org	6.32	5.99	6.54
Best result	6.70	6.53	6.97
Average result	6.32	5.73	6.61
Worst result	5.76	5.16	6.33
Responses	785	789	788

People Promise elements, themes and sub-scores: Trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive

We are compassionate and inclusive
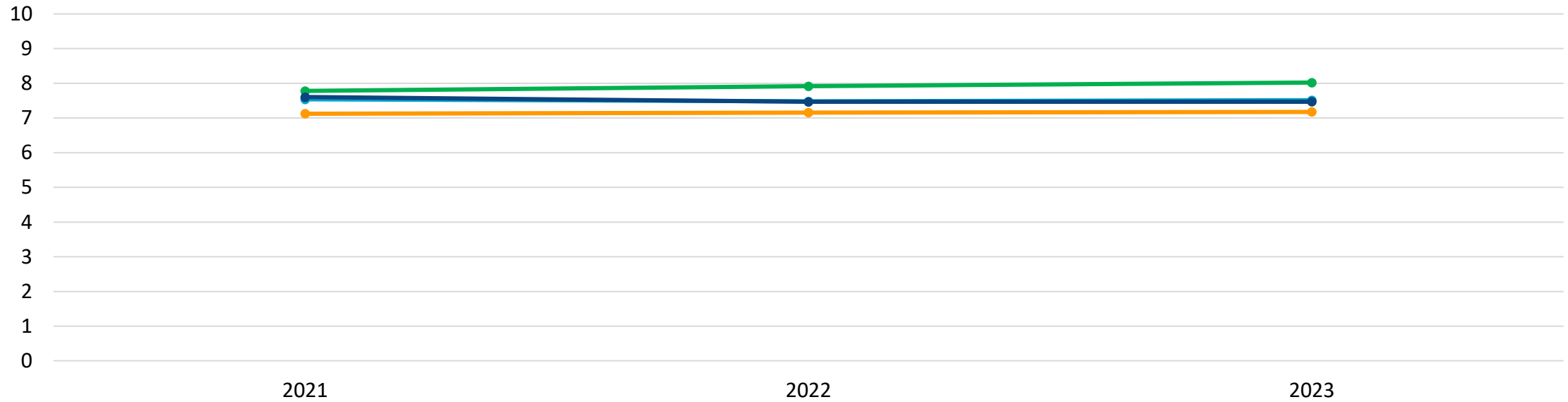
	2021	2022	2023
Your org	7.60	7.47	7.47
Best result	7.78	7.91	8.02
Average result	7.54	7.48	7.51
Worst result	7.12	7.16	7.17
Responses	681	629	787

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive (1)

Compassionate culture
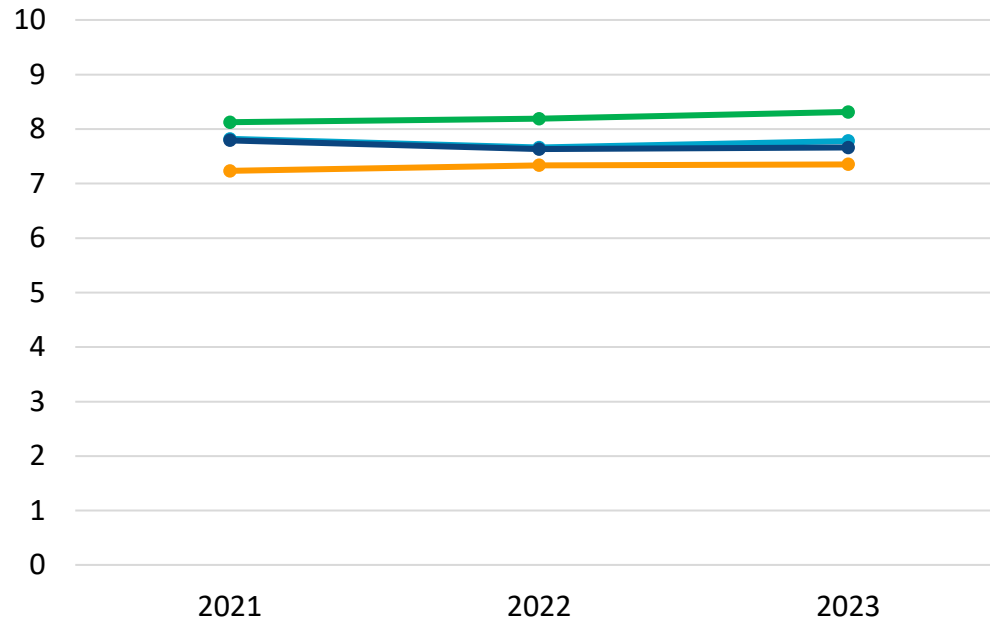
	2021	2022	2023
Your org	7.79	7.63	7.66
Best result	8.12	8.19	8.31
Average result	7.82	7.66	7.78
Worst result	7.23	7.34	7.35
Responses	677	624	784

Compassionate leadership
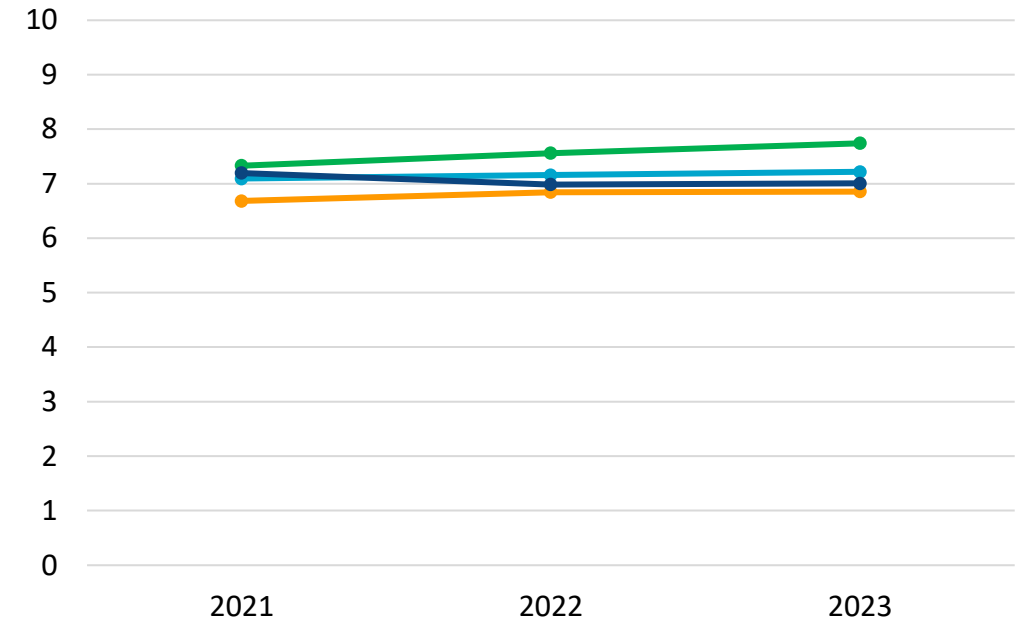
	2021	2022	2023
Your org	7.20	6.98	7.01
Best result	7.33	7.56	7.74
Average result	7.09	7.16	7.22
Worst result	6.68	6.84	6.86
Responses	676	629	790

Survey Coordination Centre — NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive (2)

Diversity and equality
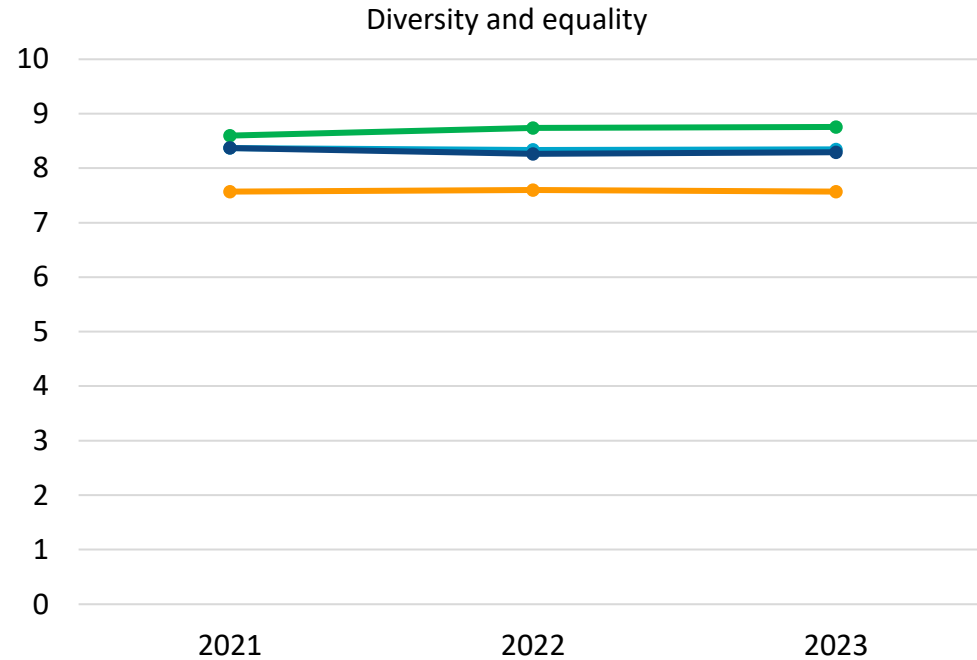
	2021	2022	2023
Your org	8.37	8.26	8.29
Best result	8.59	8.74	8.75
Average result	8.37	8.33	8.34
Worst result	7.57	7.60	7.57
Responses	680	627	789

Inclusion

	2021	2022	2023
Your org	7.04	6.99	6.92
Best result	7.18	7.31	7.48
Average result	6.97	6.99	6.97
Worst result	6.56	6.62	6.69
Responses	671	626	783

The Royal Orthopaedic Hospital NHS Foundation Trust Benchmark report

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Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

## Promise element 2: We are recognised and rewarded

We are recognised and rewarded
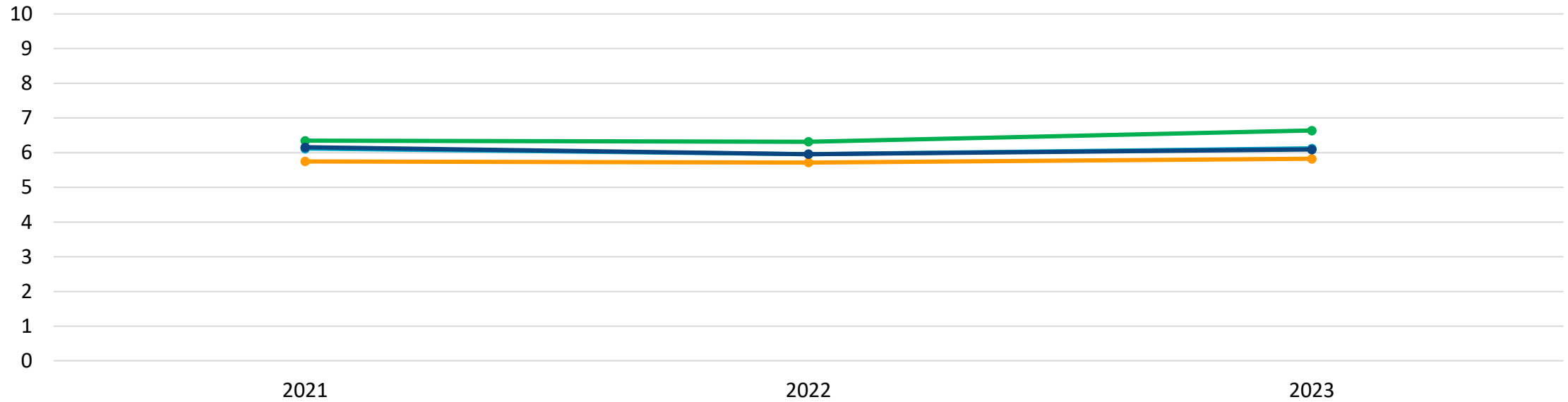
	2021	2022	2023
Your org	6.16	5.96	6.09
Best result	6.34	6.32	6.64
Average result	6.12	5.96	6.12
Worst result	5.75	5.71	5.82
Responses	675	628	789

The Royal Orthopaedic Hospital NHS Foundation Trust Benchmark report

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts

We each have a voice that counts
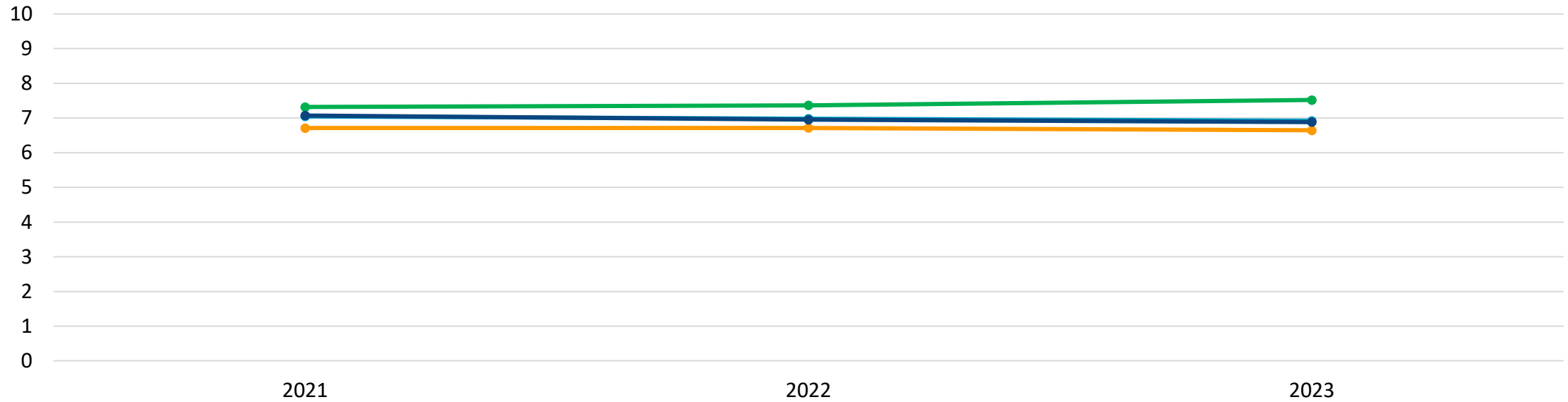
	2021	2022	2023
Your org	7.07	6.95	6.88
Best result	7.32	7.36	7.52
Average result	7.04	6.98	6.92
Worst result	6.71	6.71	6.65
Responses	665	616	779

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts

Autonomy and control
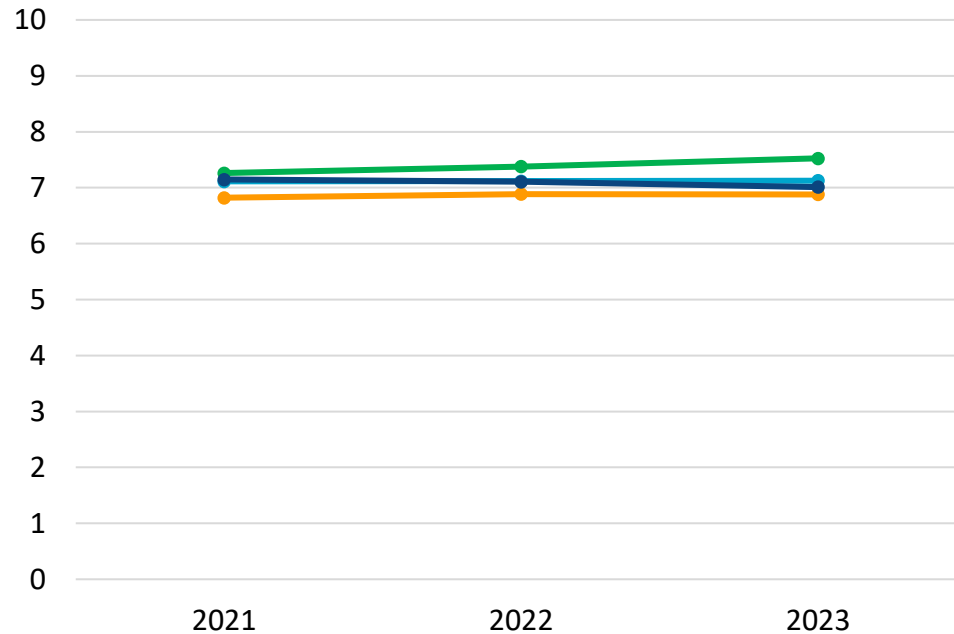
	2021	2022	2023
Your org	7.15	7.11	7.01
Best result	7.26	7.38	7.53
Average result	7.11	7.12	7.13
Worst result	6.82	6.89	6.88
Responses	679	628	789

Raising concerns
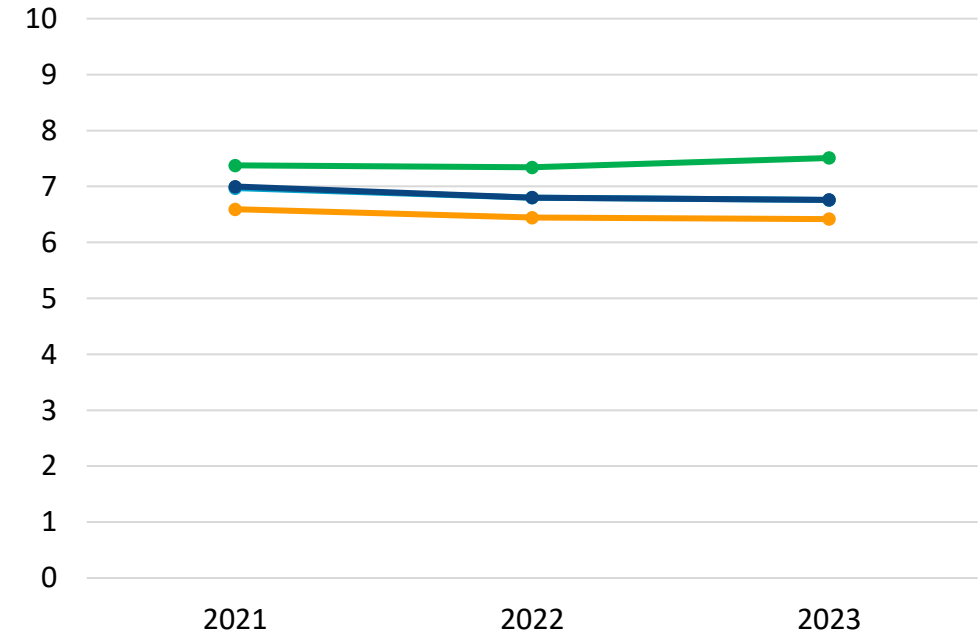
	2021	2022	2023
Your org	7.00	6.80	6.76
Best result	7.37	7.34	7.51
Average result	6.97	6.80	6.76
Worst result	6.59	6.44	6.42
Responses	669	618	782

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy

We are safe and healthy

	2021	2022	2023
Your org	6.41	6.39	6.56
Best result	6.54	6.64	6.87
Average result	6.25	6.33	6.41
Worst result	6.11	5.98	6.14
Responses	665	620	780

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy

Health and safety climate
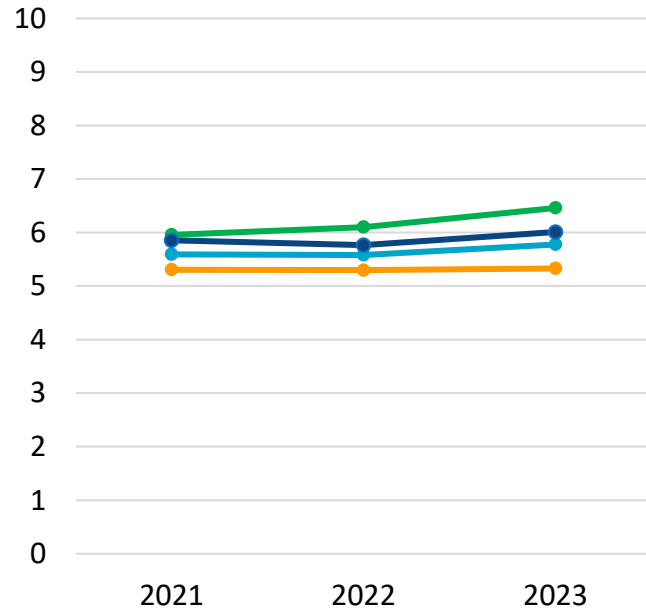
	2021	2022	2023
Your org	5.85	5.76	6.01
Best result	5.96	6.10	6.46
Average result	5.59	5.58	5.78
Worst result	5.31	5.30	5.33
Responses	679	628	789

Burnout
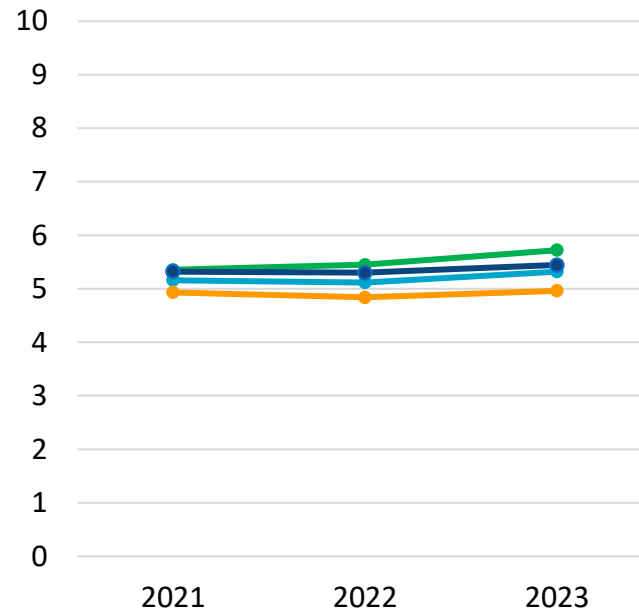
	2021	2022	2023
Your org	5.32	5.30	5.44
Best result	5.35	5.45	5.72
Average result	5.16	5.12	5.32
Worst result	4.93	4.84	4.96
Responses	680	628	792

Negative experiences
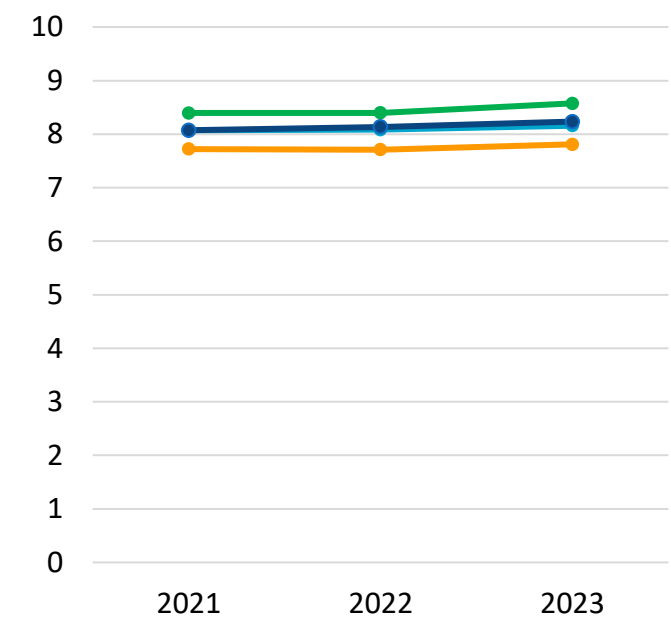
	2021	2022	2023
Your org	8.07	8.14	8.23
Best result	8.40	8.40	8.57
Average result	8.07	8.08	8.16
Worst result	7.72	7.71	7.81
Responses	672	622	782

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning

We are always learning
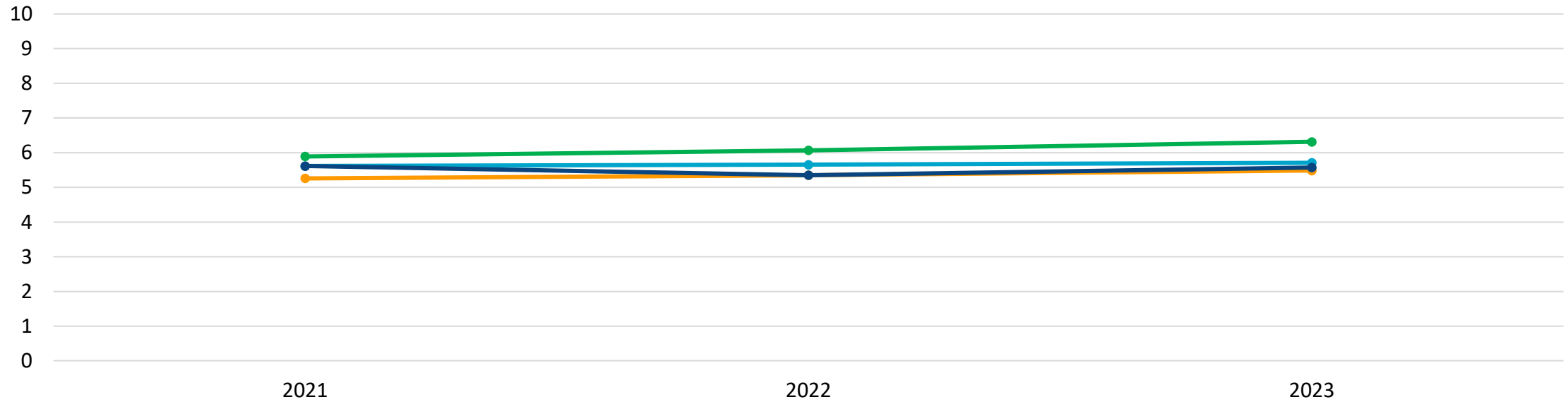
	2021	2022	2023
Your org	5.61	5.35	5.57
Best result	5.89	6.07	6.31
Average result	5.61	5.65	5.71
Worst result	5.26	5.35	5.48
Responses	604	584	734

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning

Development
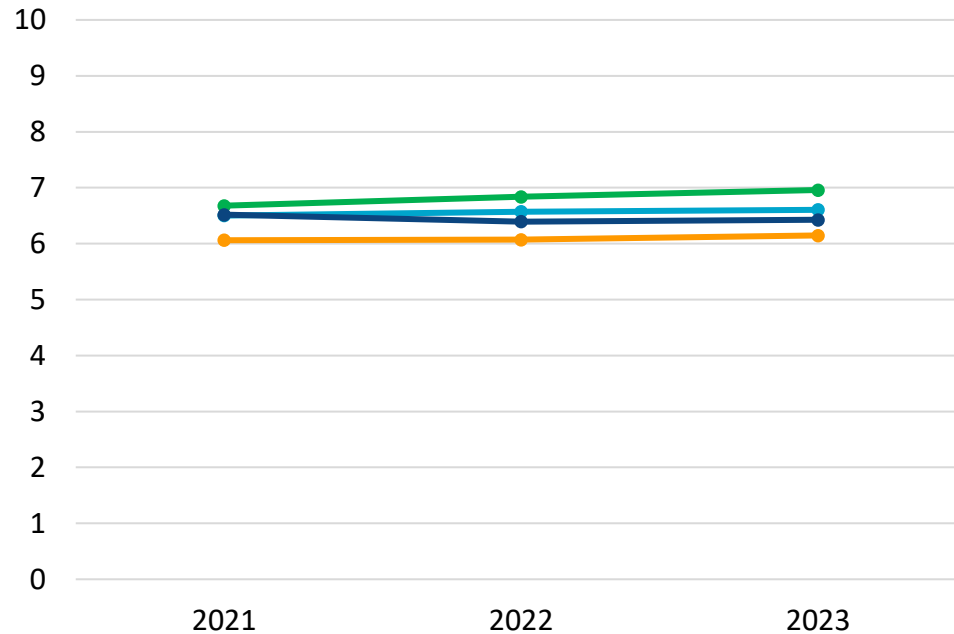
	2021	2022	2023
Your org	6.52	6.40	6.43
Best result	6.68	6.84	6.96
Average result	6.50	6.57	6.61
Worst result	6.06	6.07	6.15
Responses	673	626	786

Appraisals
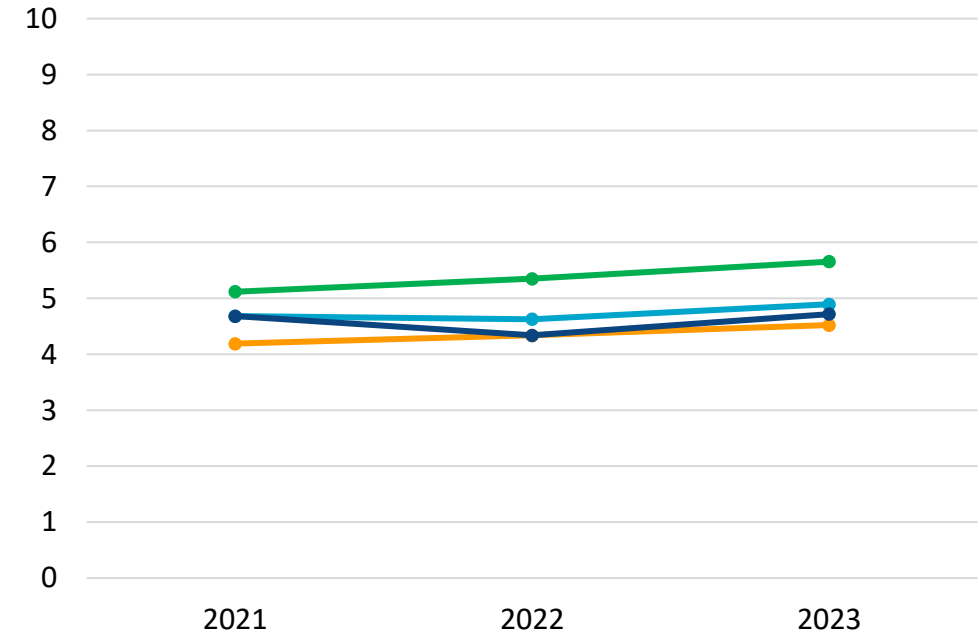
	2021	2022	2023
Your org	4.68	4.34	4.72
Best result	5.12	5.35	5.66
Average result	4.68	4.63	4.89
Worst result	4.19	4.34	4.52
Responses	608	587	735

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly

We work flexibly
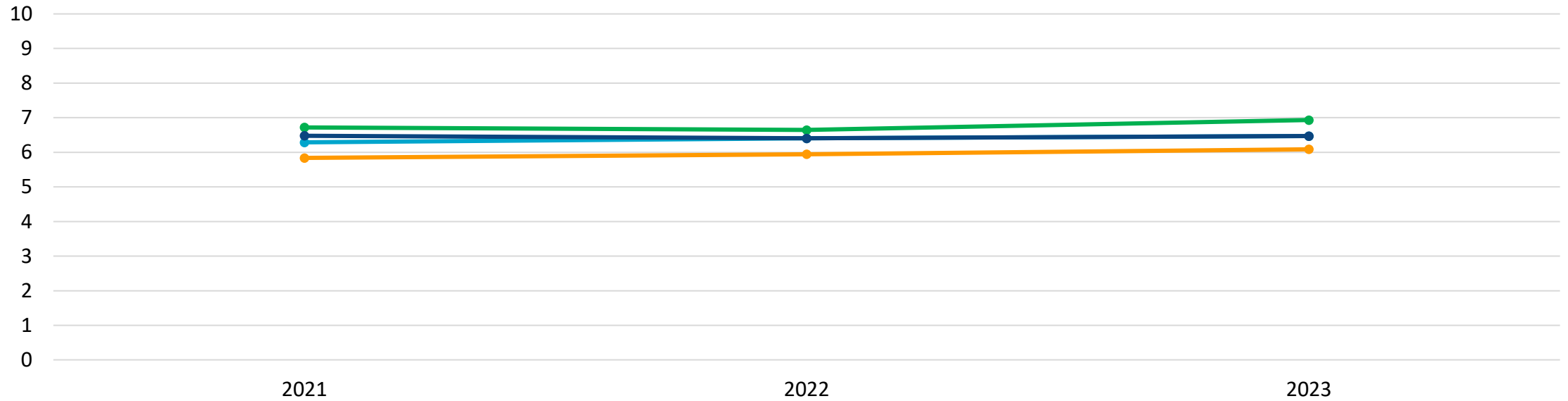
	2021	2022	2023
Your org	6.48	6.40	6.47
Best result	6.72	6.64	6.93
Average result	6.28	6.40	6.47
Worst result	5.84	5.94	6.09
Responses	668	626	782

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly

Support for work-life balance
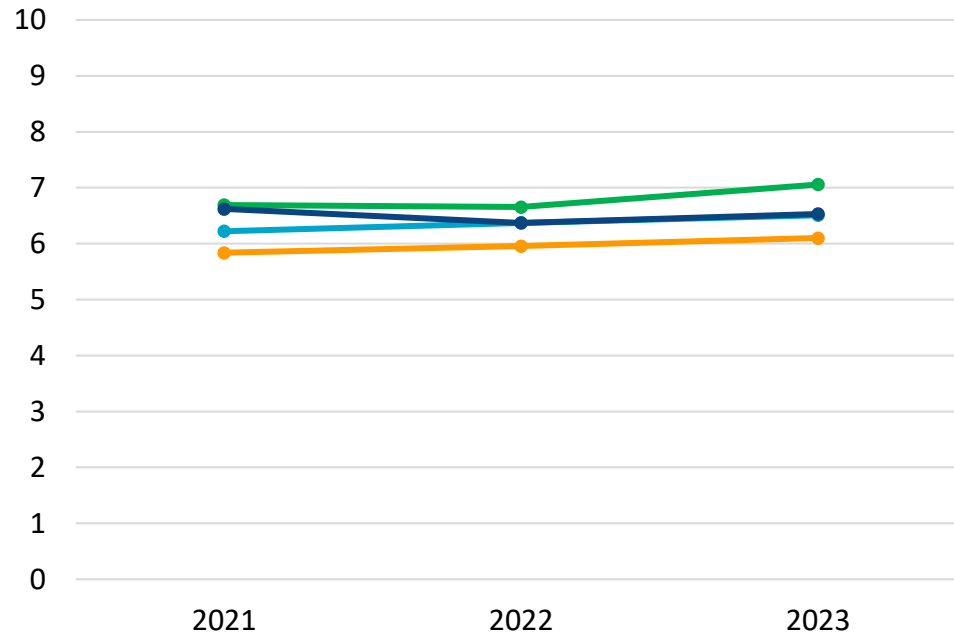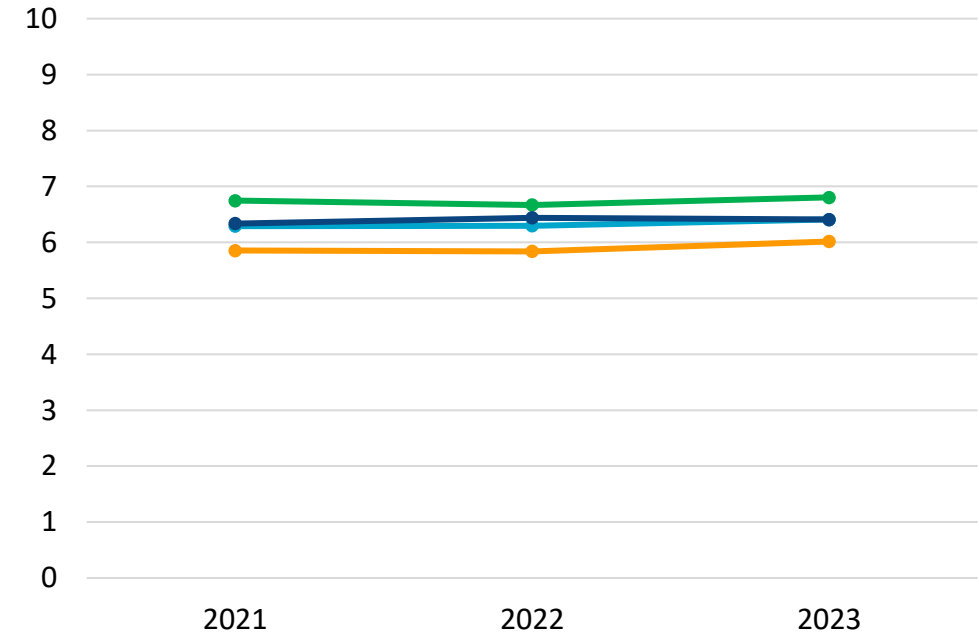
	2021	2022	2023
Your org	6.62	6.37	6.53
Best result	6.69	6.65	7.06
Average result	6.22	6.37	6.51
Worst result	5.84	5.96	6.10
Responses	678	630	786

Flexible working

	2021	2022	2023
Your org	6.34	6.44	6.41
Best result	6.75	6.67	6.80
Average result	6.29	6.30	6.41
Worst result	5.85	5.84	6.02
Responses	672	626	786

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 7: We are a team

We are a team
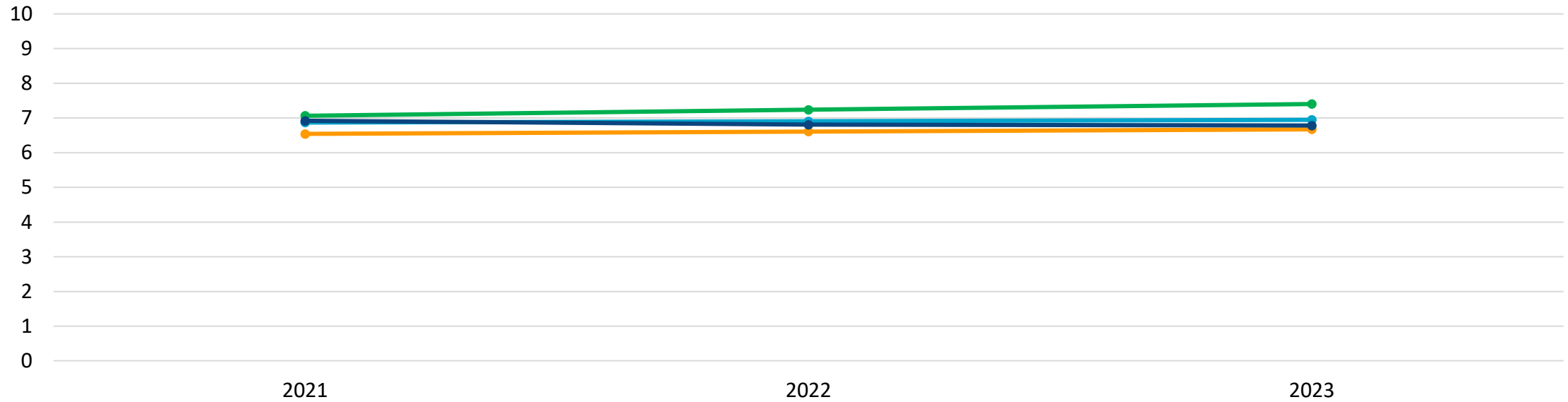
	2021	2022	2023
Your org	6.92	6.81	6.78
Best result	7.07	7.24	7.40
Average result	6.87	6.90	6.95
Worst result	6.54	6.61	6.68
Responses	674	628	787

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 7: We are a team

Team working
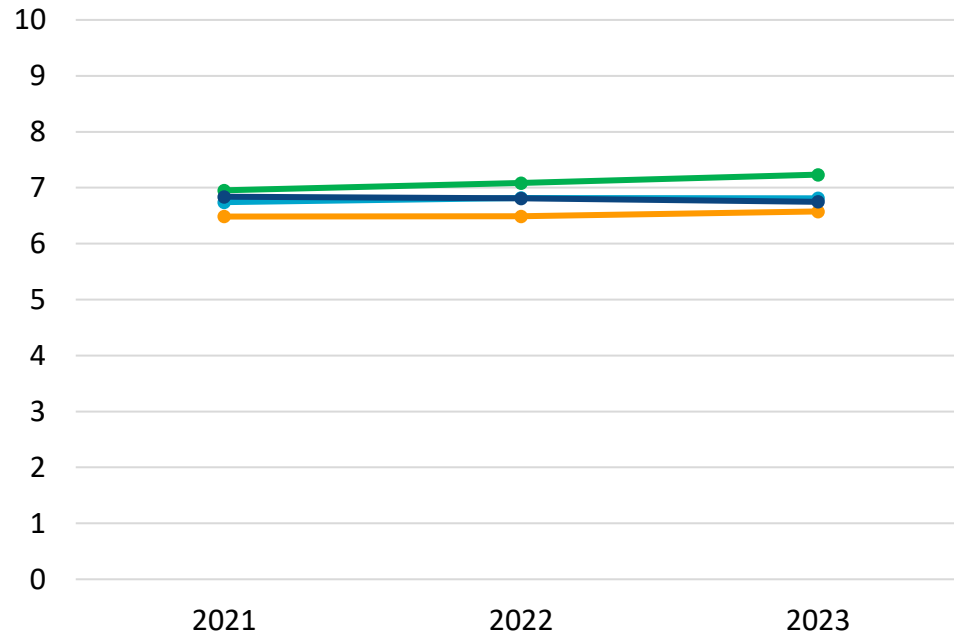
	2021	2022	2023
Your org	6.84	6.81	6.75
Best result	6.95	7.08	7.23
Average result	6.74	6.82	6.81
Worst result	6.49	6.49	6.58
Responses	678	629	787

Line management
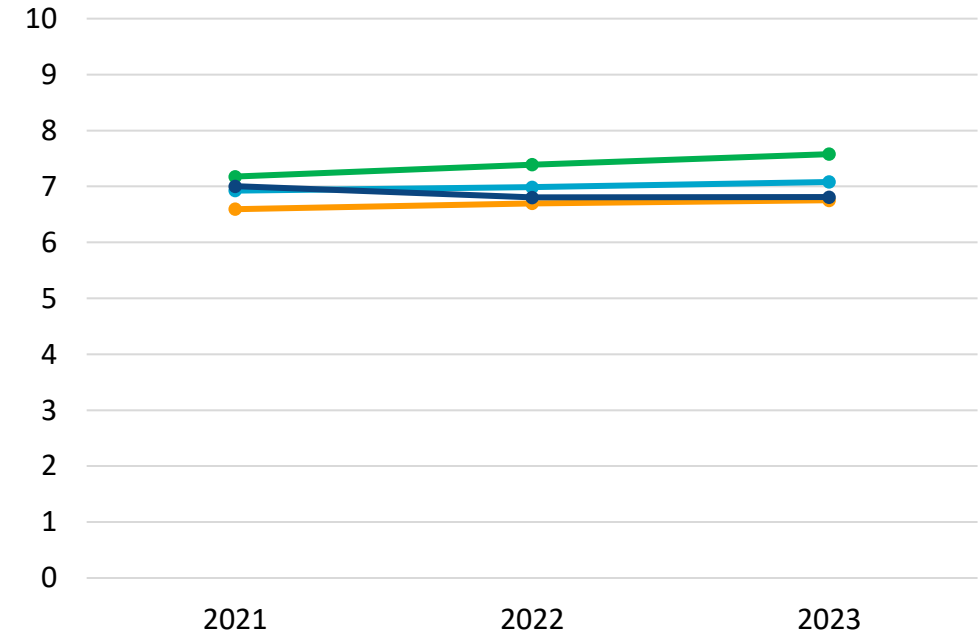
	2021	2022	2023
Your org	7.00	6.80	6.81
Best result	7.18	7.39	7.58
Average result	6.93	6.99	7.08
Worst result	6.59	6.70	6.75
Responses	678	629	790

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement

Staff Engagement

	2019	2020	2021	2022	2023
Your org	7.50	7.30	7.28	7.15	7.18
Best result	7.65	7.60	7.50	7.63	7.74
Average result	7.51	7.43	7.28	7.23	7.35
Worst result	7.10	7.13	6.89	7.06	7.04
Responses	522	630	681	628	789

Survey Coordination Centre

NHS
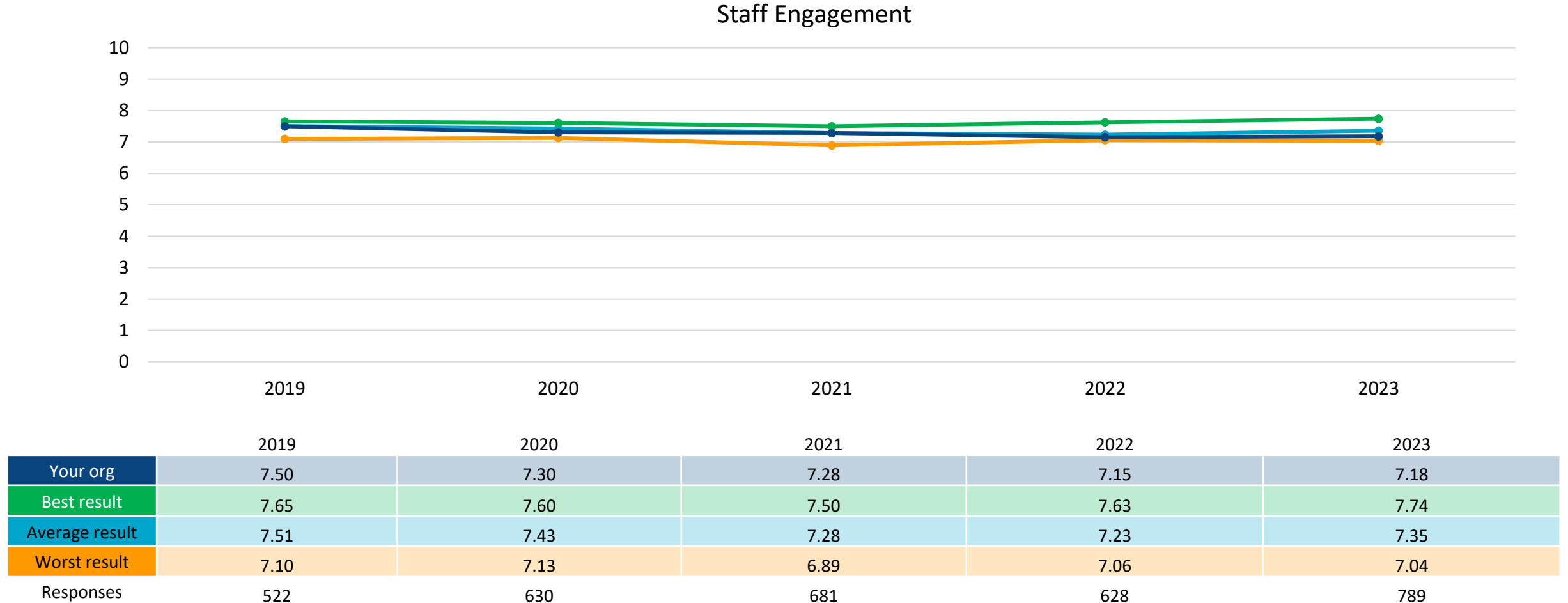
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement

Motivation
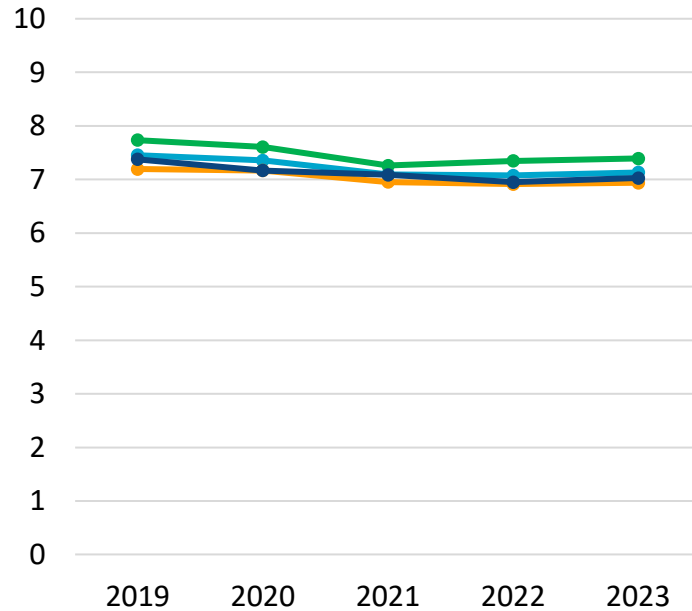
	2019	2020	2021	2022	2023
Your org	7.37	7.17	7.08	6.95	7.03
Best result	7.74	7.61	7.26	7.35	7.39
Average result	7.45	7.36	7.10	7.07	7.13
Worst result	7.19	7.17	6.95	6.91	6.94
Responses	511	621	672	621	779

Involvement
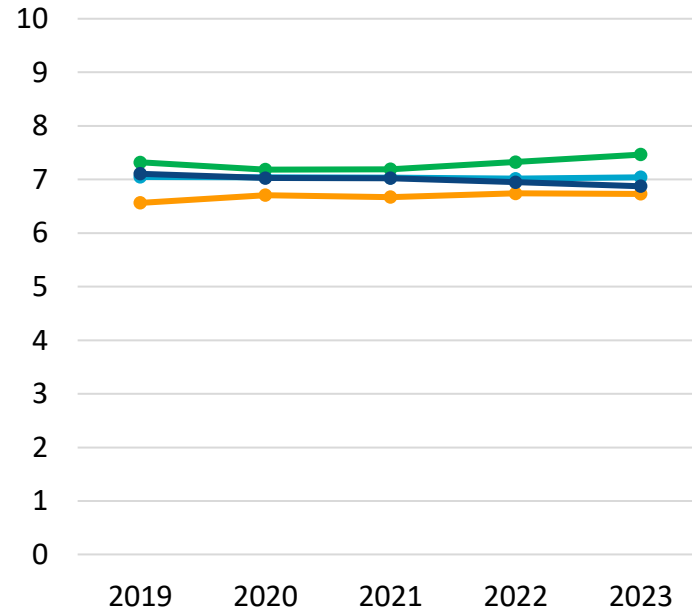
	2019	2020	2021	2022	2023
Your org	7.11	7.03	7.02	6.95	6.88
Best result	7.32	7.18	7.19	7.33	7.47
Average result	7.05	7.04	7.03	7.02	7.04
Worst result	6.56	6.71	6.67	6.74	6.73
Responses	521	630	680	627	789

Advocacy
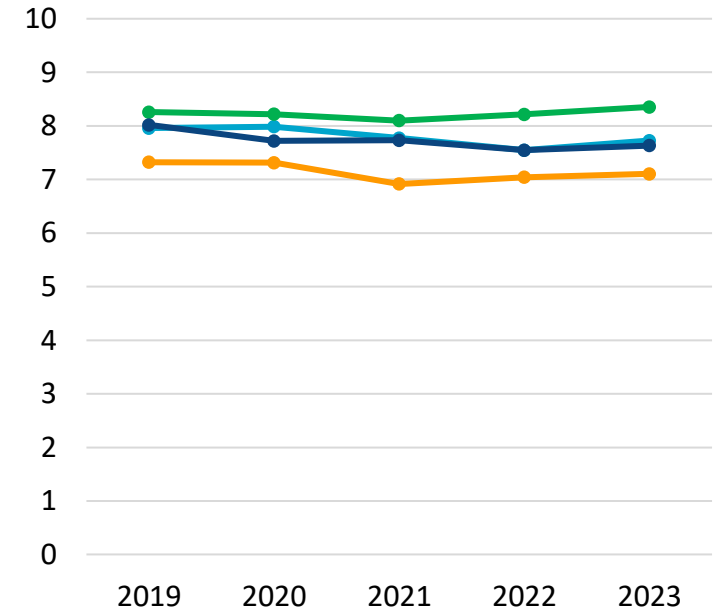
	2019	2020	2021	2022	2023
Your org	8.02	7.72	7.73	7.54	7.63
Best result	8.26	8.22	8.10	8.21	8.35
Average result	7.96	7.99	7.77	7.54	7.73
Worst result	7.32	7.31	6.92	7.04	7.10
Responses	522	626	677	624	785

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Morale

Morale

	2019	2020	2021	2022	2023
Your org	6.35	6.33	6.20	6.07	6.28
Best result	6.54	6.64	6.30	6.40	6.69
Average result	6.30	6.31	6.04	6.07	6.26
Worst result	5.61	6.10	5.83	5.67	5.87
Responses	521	630	680	629	790
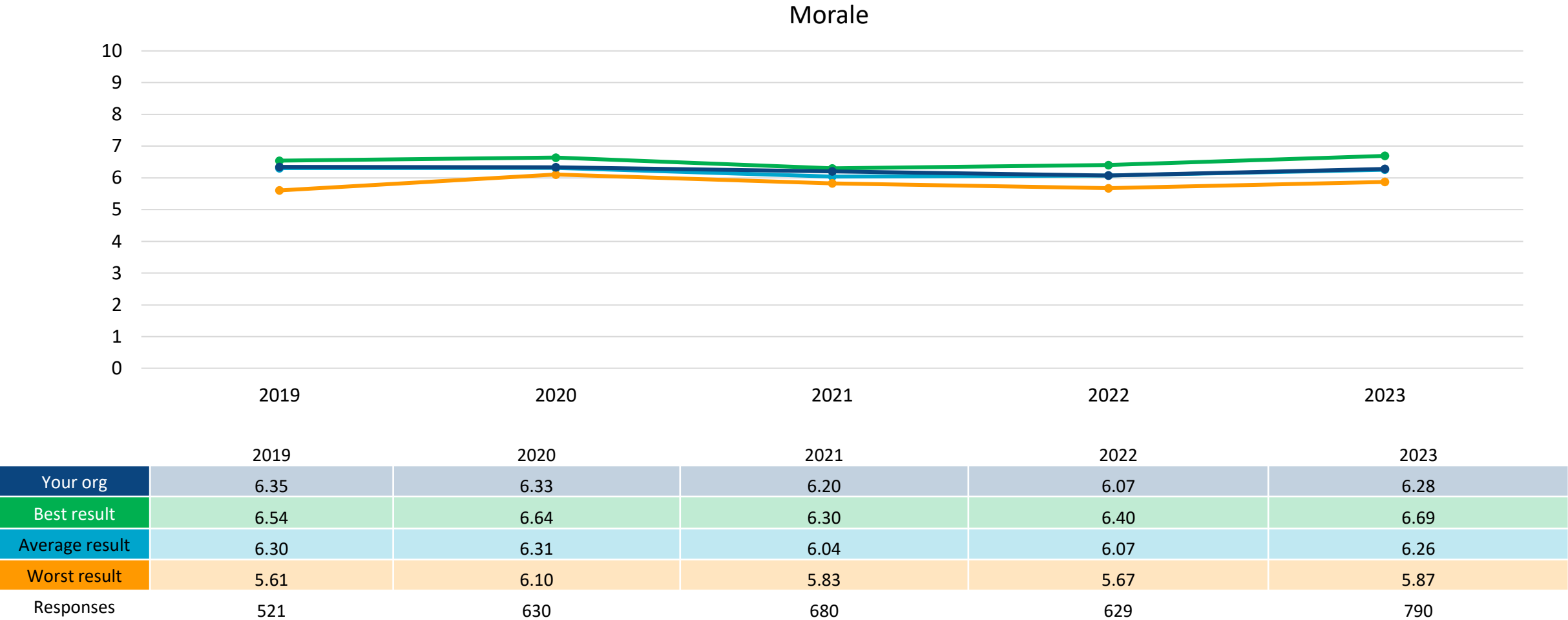
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Morale

Thinking about leaving
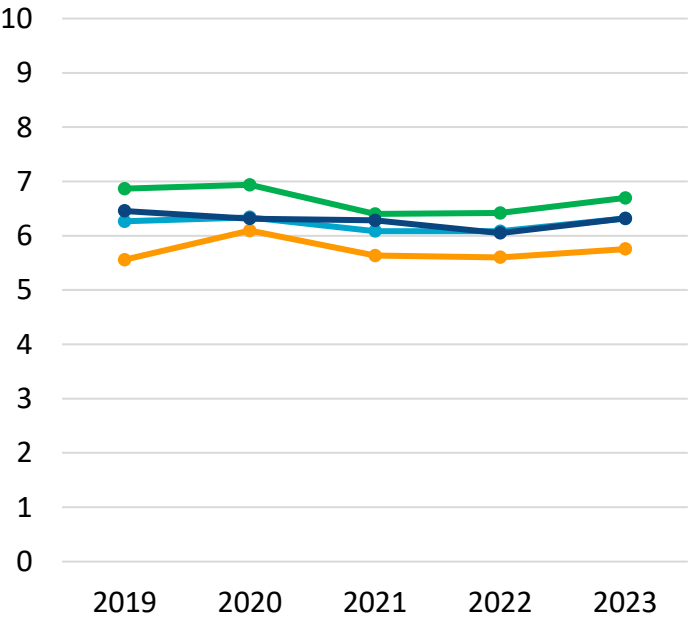
	2019	2020	2021	2022	2023
Your org	6.46	6.31	6.28	6.05	6.32
Best result	6.87	6.94	6.40	6.42	6.70
Average result	6.26	6.34	6.09	6.08	6.32
Worst result	5.56	6.09	5.64	5.60	5.76
Responses	523	626	681	626	785

Work pressure
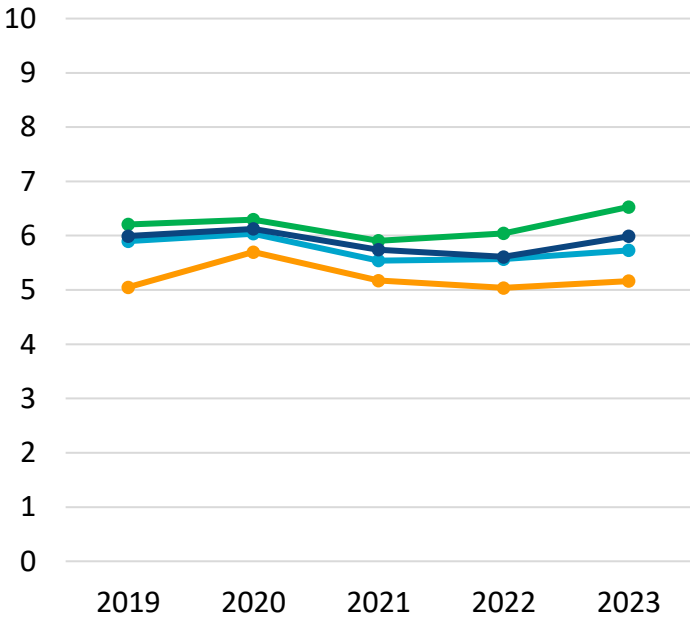
	2019	2020	2021	2022	2023
Your org	5.99	6.12	5.74	5.61	5.99
Best result	6.21	6.30	5.91	6.04	6.53
Average result	5.90	6.04	5.54	5.57	5.73
Worst result	5.05	5.70	5.17	5.04	5.16
Responses	521	629	678	627	789

Stressors
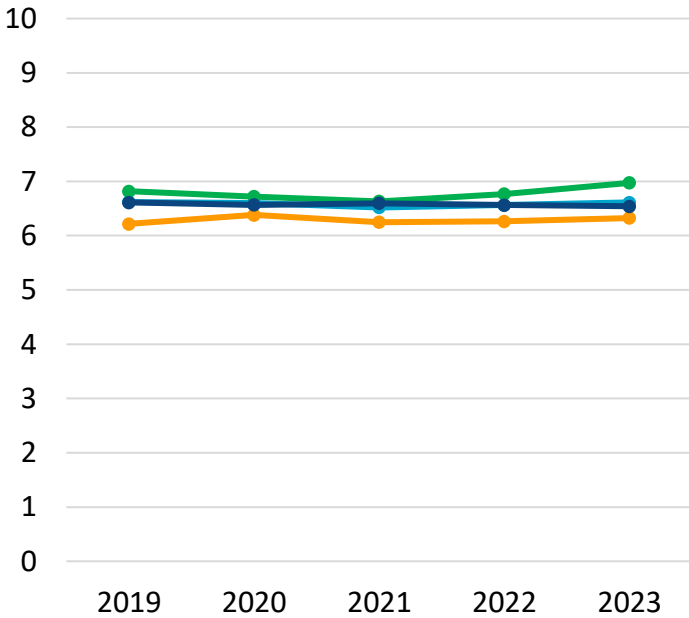
	2019	2020	2021	2022	2023
Your org	6.61	6.57	6.60	6.57	6.54
Best result	6.82	6.72	6.63	6.77	6.97
Average result	6.62	6.60	6.52	6.57	6.61
Worst result	6.22	6.38	6.25	6.26	6.33
Responses	519	627	673	627	788

People Promise element – We are compassionate and inclusive
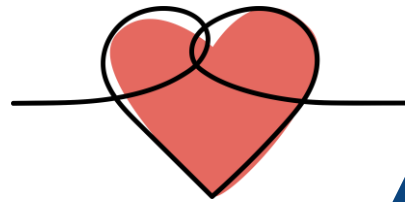
Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6a I feel that my role makes a difference to patients / service users.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question, but excluding those who selected 'Not applicable to me'
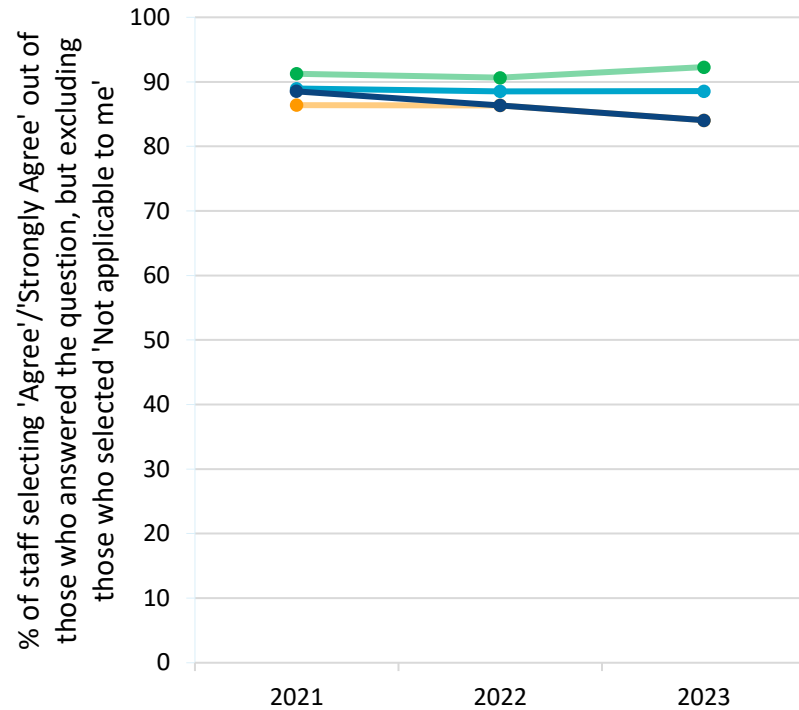
	2021	2022	2023
Your org	88.53%	86.35%	84.05%
Best result	91.27%	90.65%	92.27%
Average result	88.95%	88.53%	88.55%
Worst result	86.40%	86.35%	84.05%
Responses	660	610	754

Q25a Care of patients / service users is my organisation's top priority.
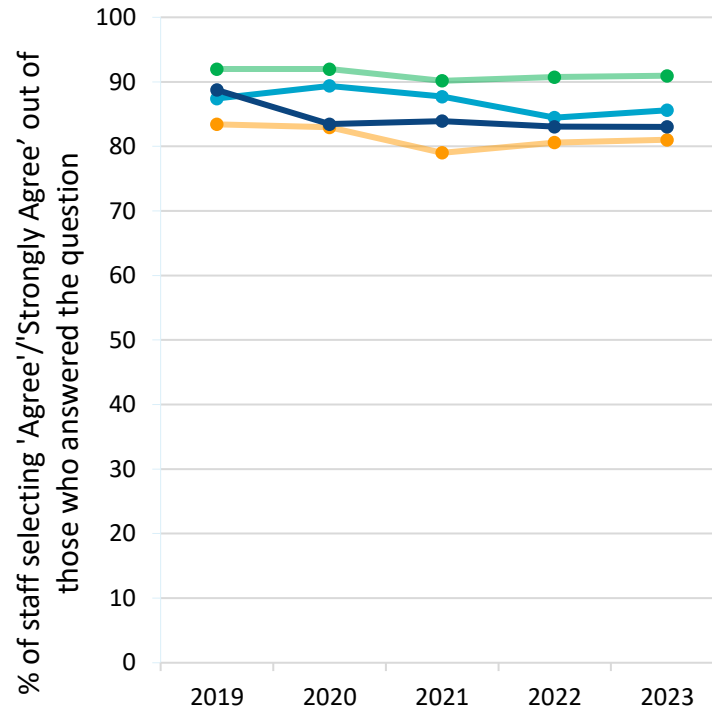
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

	2019	2020	2021	2022	2023
Your org	88.70%	83.44%	83.91%	83.06%	83.04%
Best result	91.97%	91.97%	90.18%	90.74%	90.94%
Average result	87.41%	89.37%	87.71%	84.48%	85.61%
Worst result	83.44%	82.95%	79.00%	80.60%	81.03%
Responses	520	627	675	623	785

Q25b My organisation acts on concerns raised by patients / service users.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
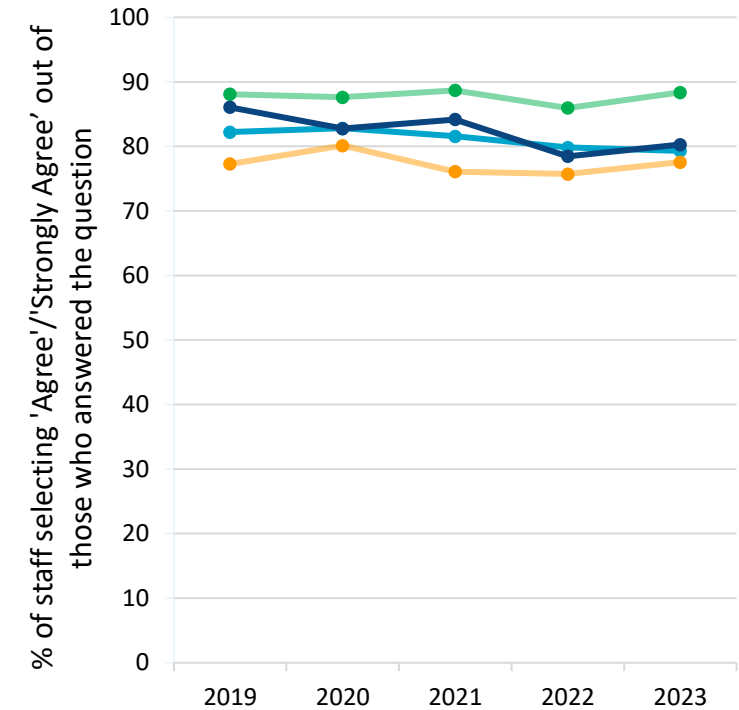
	2019	2020	2021	2022	2023
Your org	86.02%	82.76%	84.18%	78.47%	80.29%
Best result	88.10%	87.63%	88.69%	85.94%	88.36%
Average result	82.22%	82.80%	81.56%	79.83%	79.32%
Worst result	77.29%	80.14%	76.09%	75.72%	77.54%
Responses	521	627	674	620	781

Q25c I would recommend my organisation as a place to work.

	2019	2020	2021	2022	2023
Your org	76.89%	73.47%	73.60%	72.32%	72.86%
Best result	80.94%	79.44%	74.27%	78.15%	82.94%
Average result	73.82%	74.62%	70.65%	68.42%	71.12%
Worst result	62.65%	65.87%	56.45%	61.31%	62.46%
Responses	520	621	675	624	776

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
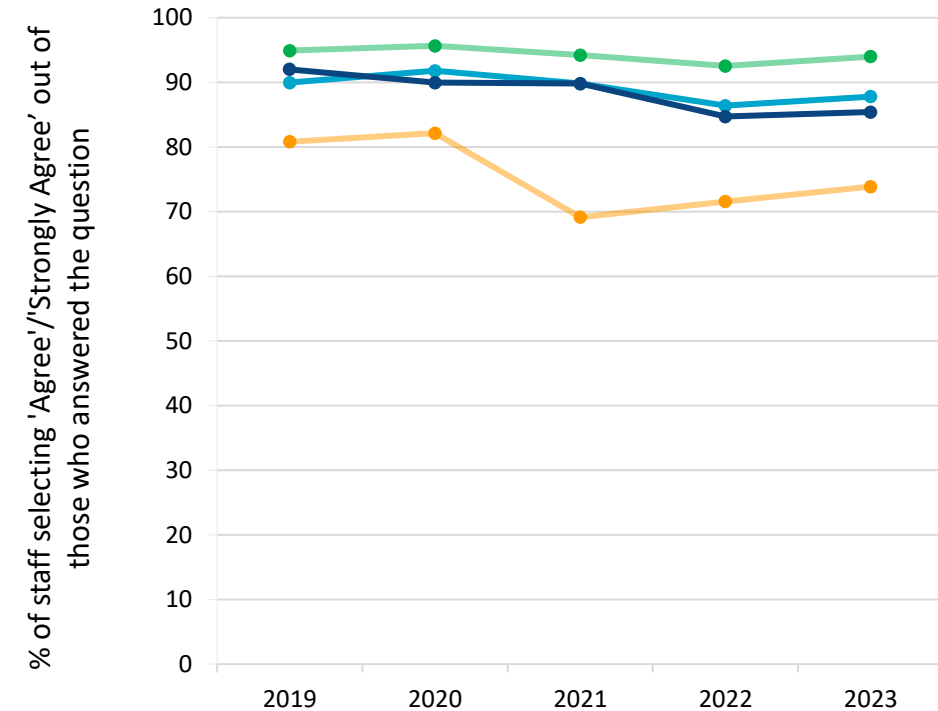
	2019	2020	2021	2022	2023
Your org	92.01%	89.99%	89.84%	84.72%	85.43%
Best result	94.95%	95.67%	94.25%	92.56%	94.02%
Average result	89.98%	91.82%	89.84%	86.42%	87.82%
Worst result	80.84%	82.15%	69.16%	71.58%	73.88%
Responses	521	623	673	622	782

Q9f My immediate manager works together with me to come to an understanding of problems.
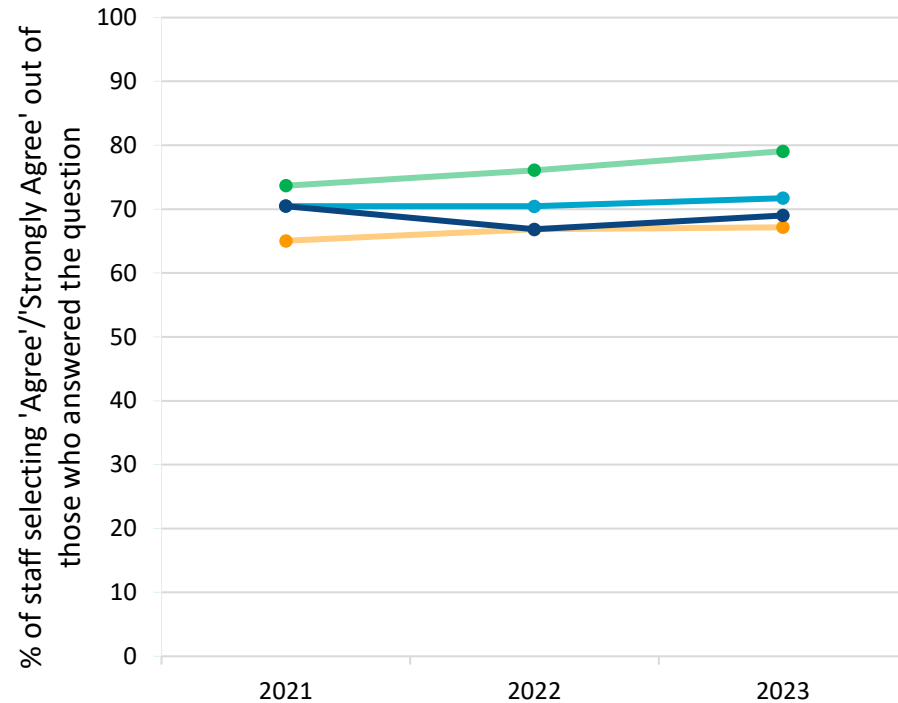
	2021	2022	2023
Your org	70.47%	66.84%	69.01%
Best result	73.67%	76.07%	79.05%
Average result	70.47%	70.43%	71.71%
Worst result	65.04%	66.84%	67.16%
Responses	674	628	789

Q9g My immediate manager is interested in listening to me when I describe challenges I face.
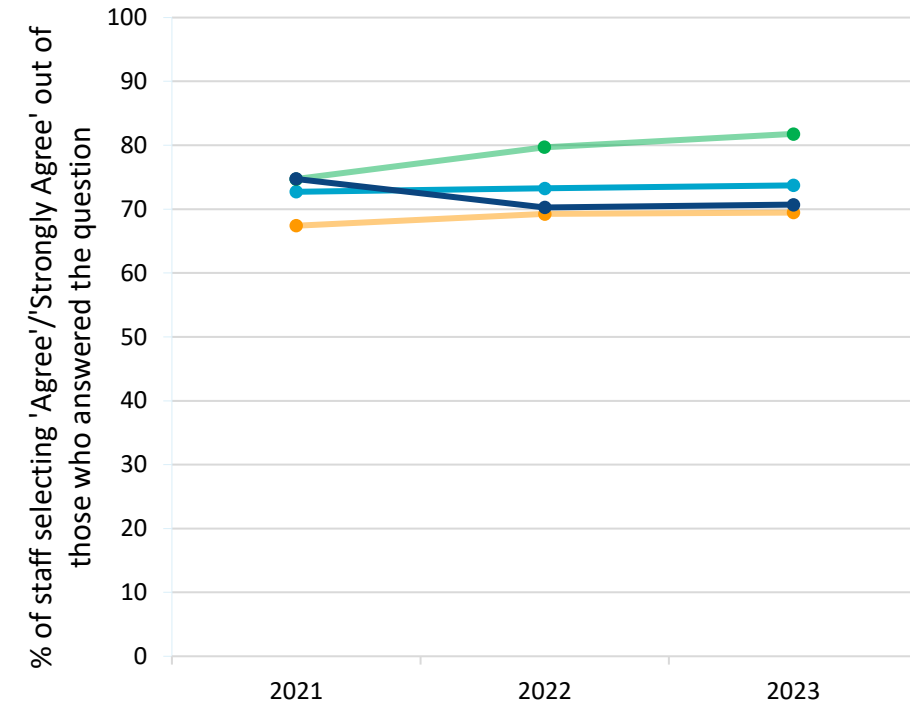
	2021	2022	2023
Your org	74.70%	70.27%	70.71%
Best result	74.70%	79.67%	81.77%
Average result	72.73%	73.24%	73.72%
Worst result	67.42%	69.23%	69.48%
Responses	676	629	789

Q9h My immediate manager cares about my concerns.
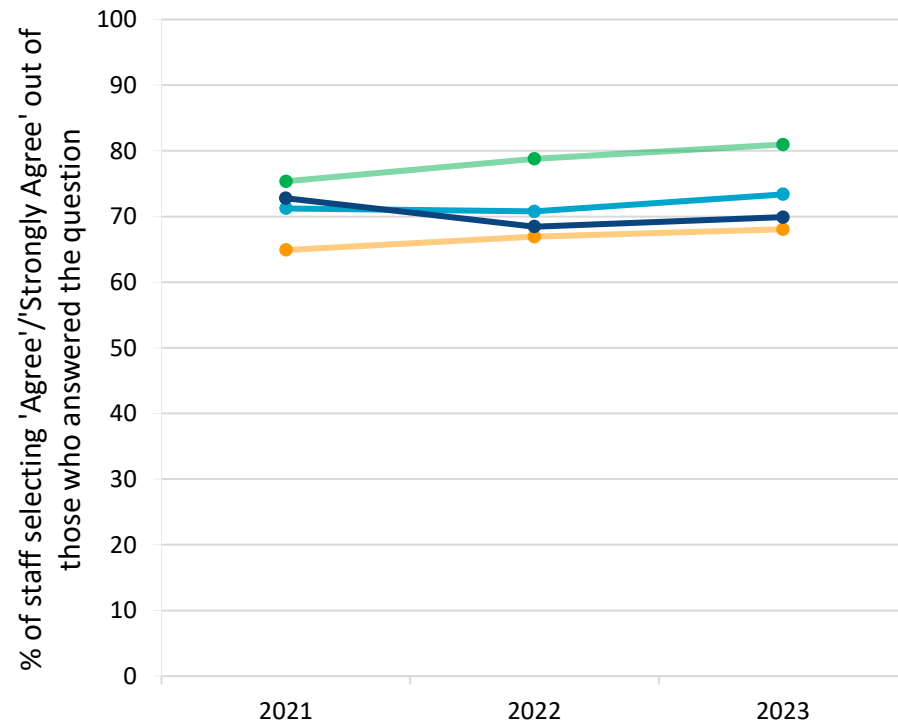
	2021	2022	2023
Your org	72.80%	68.46%	69.89%
Best result	75.35%	78.80%	80.95%
Average result	71.25%	70.78%	73.39%
Worst result	64.90%	66.93%	68.04%
Responses	676	624	785

Q9i My immediate manager takes effective action to help me with any problems I face.
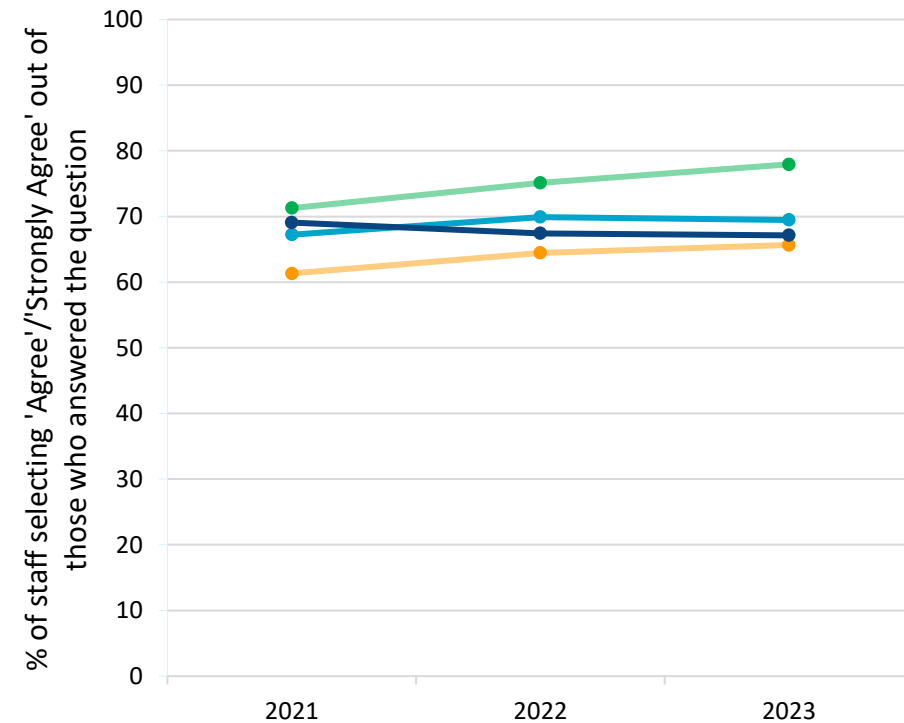
	2021	2022	2023
Your org	69.06%	67.45%	67.14%
Best result	71.28%	75.14%	77.94%
Average result	67.23%	69.93%	69.47%
Worst result	61.31%	64.45%	65.67%
Responses	672	627	789

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
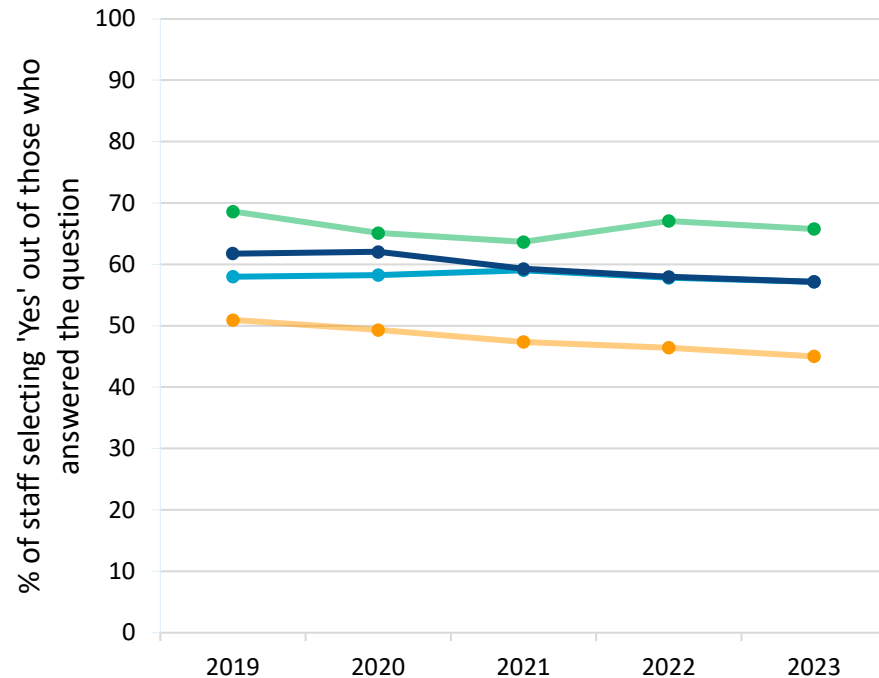
	2019	2020	2021	2022	2023
Your org	61.75%	62.04%	59.28%	57.97%	57.17%
Best result	68.60%	65.11%	63.65%	67.08%	65.77%
Average result	58.01%	58.25%	59.04%	57.81%	57.17%
Worst result	50.94%	49.32%	47.37%	46.42%	45.02%
Responses	505	621	666	613	773

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?
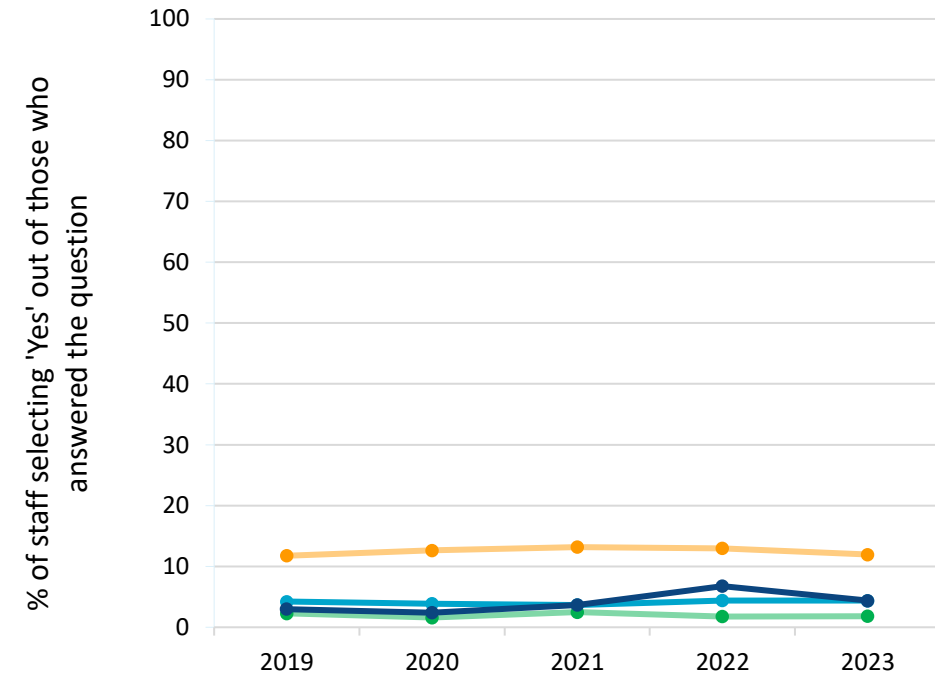
	2019	2020	2021	2022	2023
Your org	2.99%	2.41%	3.67%	6.78%	4.39%
Best result	2.27%	1.58%	2.47%	1.78%	1.83%
Average result	4.23%	3.88%	3.67%	4.42%	4.39%
Worst result	11.76%	12.63%	13.19%	12.97%	11.95%
Responses	521	620	677	627	785

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

% of staff selecting 'Yes' out of those who answered the question
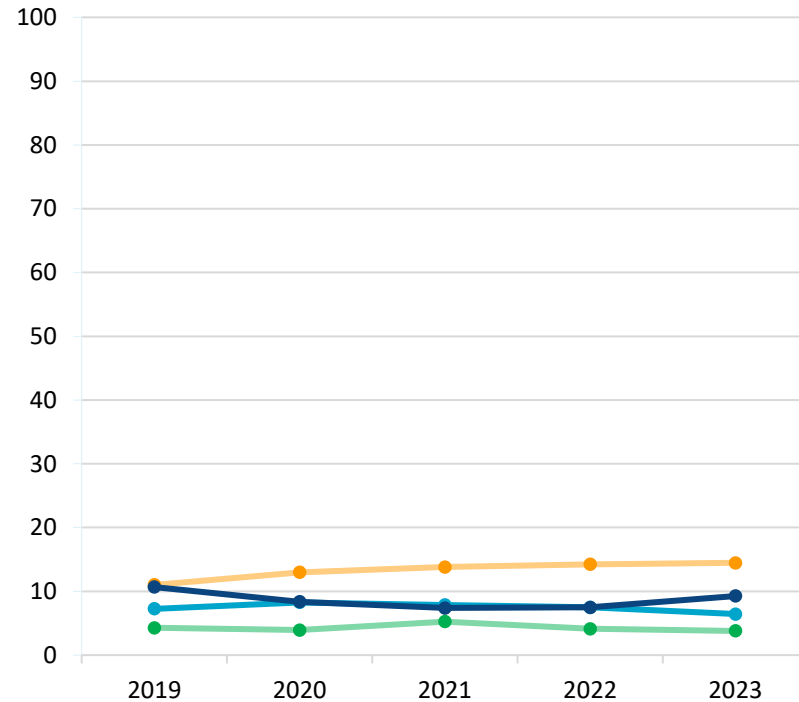
	2019	2020	2021	2022	2023
Your org	10.65%	8.37%	7.37%	7.48%	9.27%
Best result	4.28%	3.93%	5.26%	4.13%	3.80%
Average result	7.26%	8.26%	7.85%	7.48%	6.42%
Worst result	11.02%	12.99%	13.81%	14.24%	14.47%
Responses	519	621	675	624	781

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
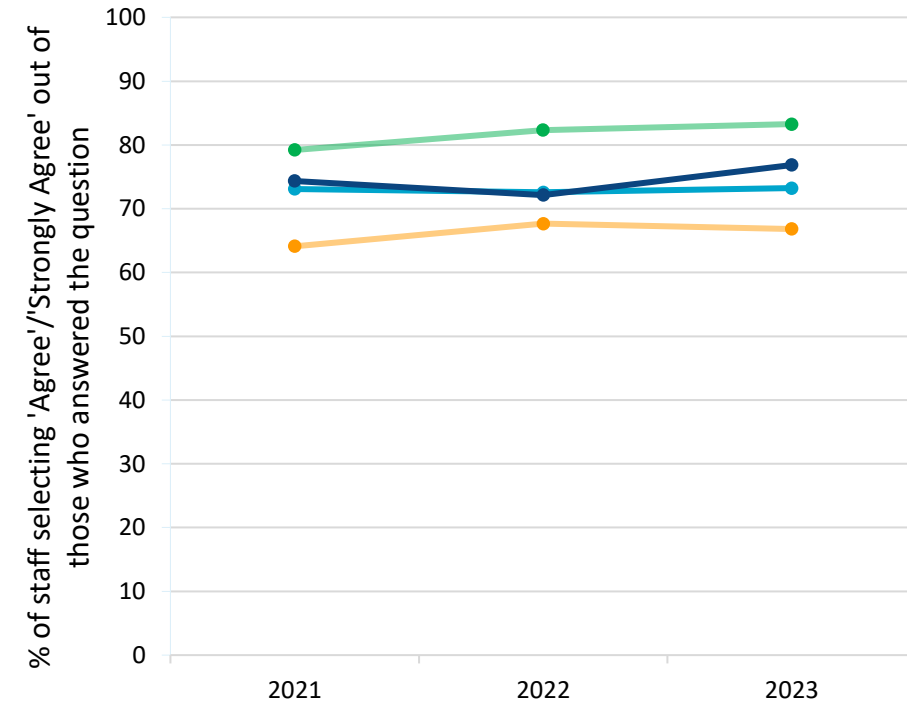
	2021	2022	2023
Your org	74.36%	72.14%	76.87%
Best result	79.23%	82.31%	83.28%
Average result	73.12%	72.57%	73.24%
Worst result	64.13%	67.67%	66.82%
Responses	674	626	785

Q7h I feel valued by my team.
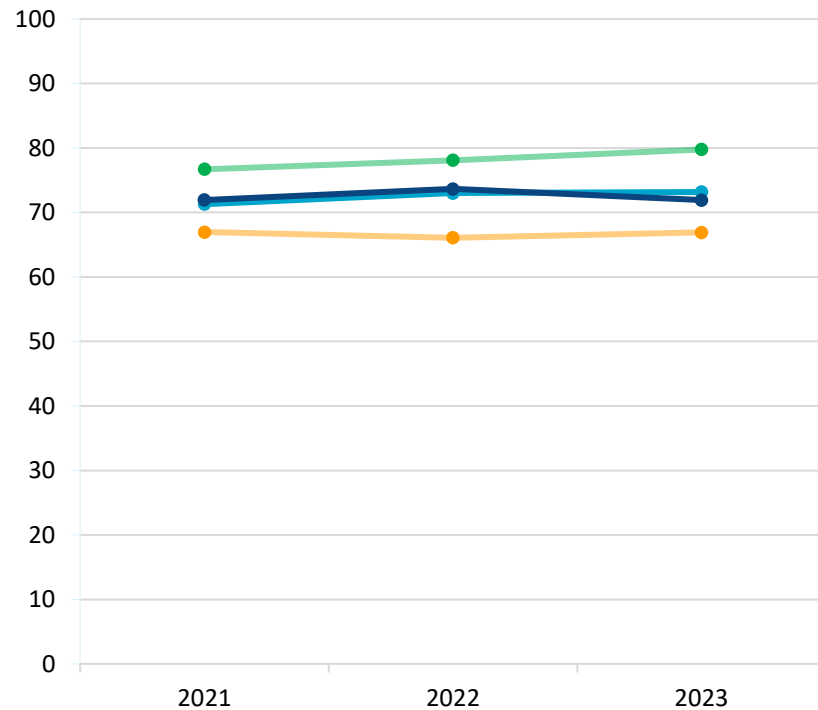
	2021	2022	2023
Your org	71.95%	73.64%	71.91%
Best result	76.71%	78.08%	79.78%
Average result	71.29%	73.01%	73.16%
Worst result	66.94%	66.09%	66.89%
Responses	675	627	784

Q7i I feel a strong personal attachment to my team.
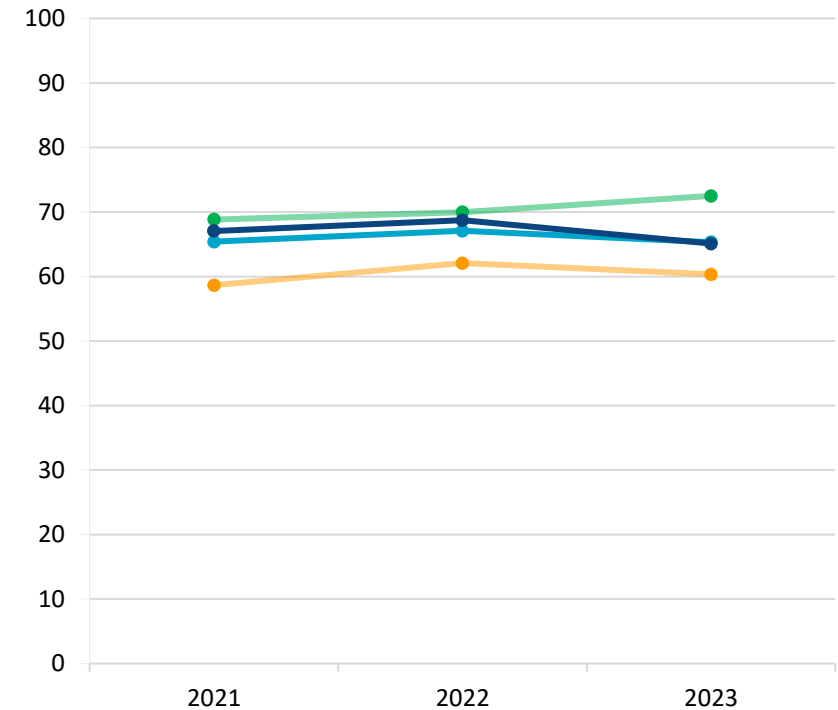
	2021	2022	2023
Your org	67.07%	68.71%	65.10%
Best result	68.84%	69.95%	72.50%
Average result	65.39%	67.08%	65.34%
Worst result	58.66%	62.07%	60.33%
Responses	674	628	783

Q8b The people I work with are understanding and kind to one another.
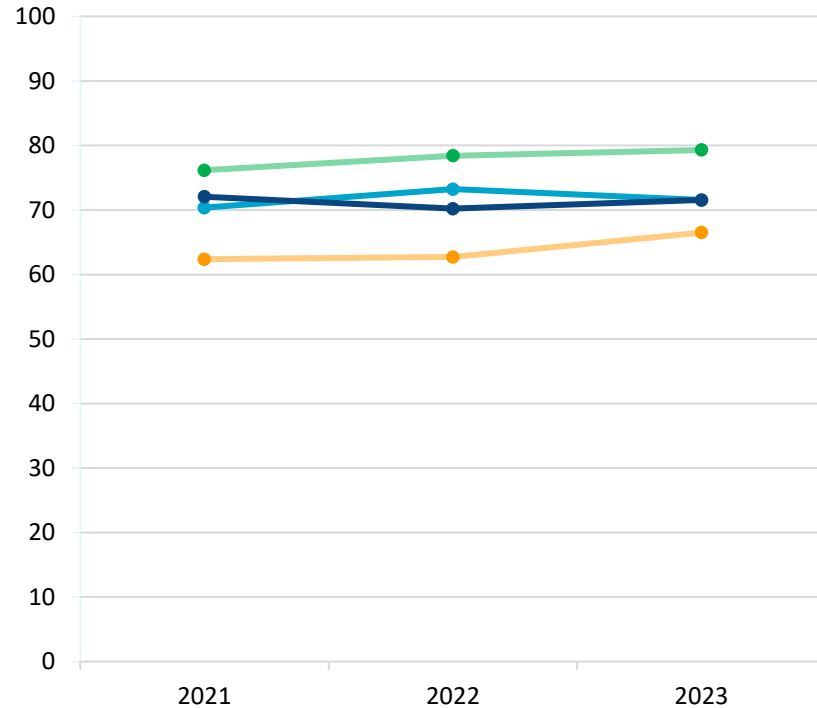
	2021	2022	2023
Your org	72.06%	70.22%	71.56%
Best result	76.16%	78.42%	79.30%
Average result	70.36%	73.24%	71.56%
Worst result	62.38%	62.73%	66.51%
Responses	670	627	785

Q8c The people I work with are polite and treat each other with respect.
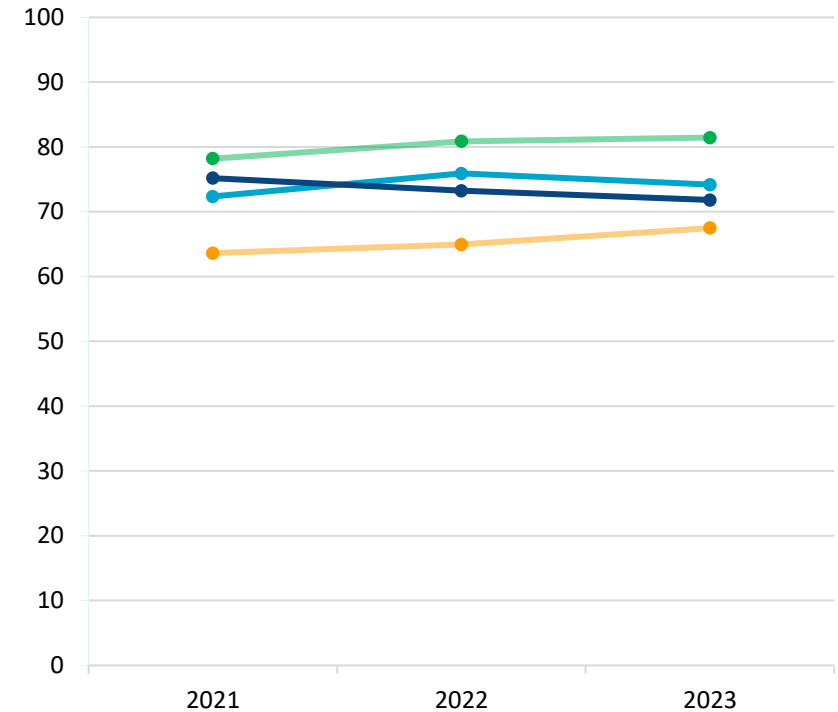
	2021	2022	2023
Your org	75.16%	73.23%	71.79%
Best result	78.19%	80.85%	81.44%
Average result	72.35%	75.91%	74.18%
Worst result	63.60%	64.93%	67.48%
Responses	672	627	783

People Promise element – We are recognised and rewarded
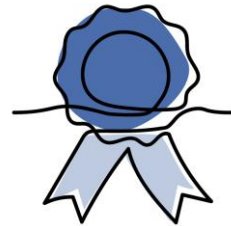
Questions included:

Q4a, Q4b, Q4c, Q8d, Q9e

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.

	2019	2020	2021	2022	2023
Your org	61.99%	63.67%	55.09%	53.37%	55.97%
Best result	64.20%	65.40%	60.38%	60.44%	64.39%
Average result	61.15%	61.05%	55.71%	56.96%	57.48%
Worst result	55.92%	56.48%	50.46%	51.41%	52.64%
Responses	523	630	674	628	788
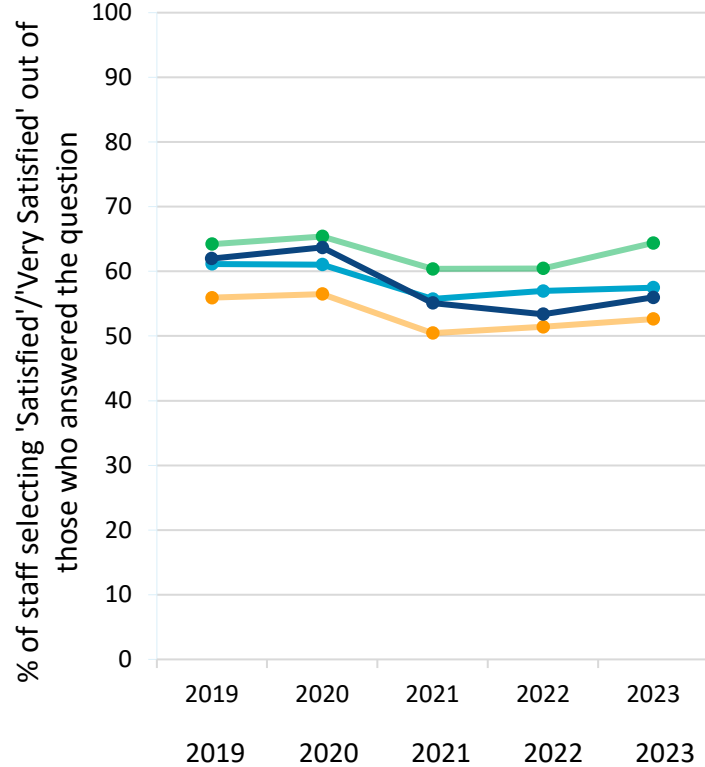
Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.

	2019	2020	2021	2022	2023
Your org	56.66%	50.71%	49.19%	45.71%	50.71%
Best result	59.62%	56.14%	52.57%	55.12%	60.38%
Average result	54.00%	53.87%	47.53%	46.95%	48.85%
Worst result	47.43%	46.54%	42.60%	42.52%	44.71%
Responses	521	624	672	626	787
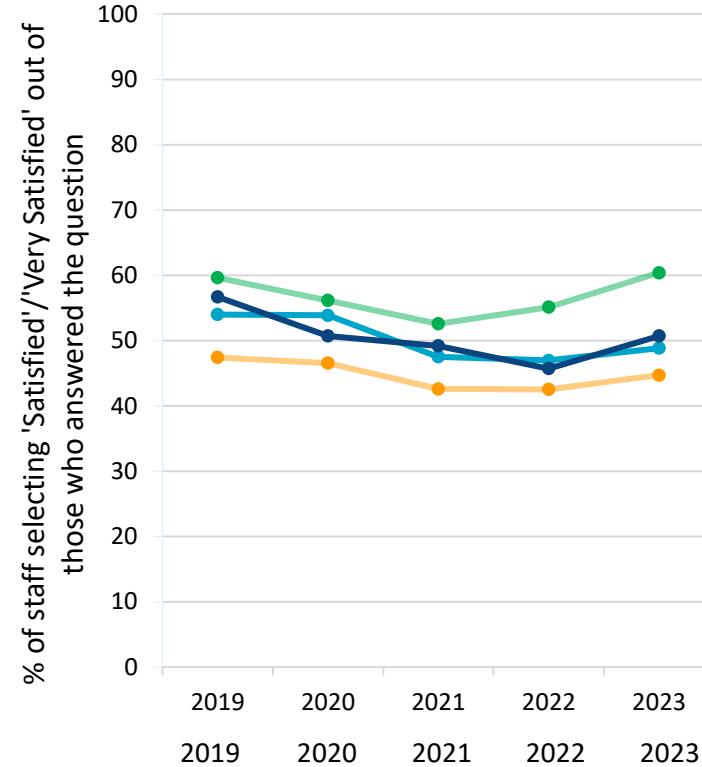
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.

	2019	2020	2021	2022	2023
Your org	47.10%	37.47%	35.53%	29.25%	33.25%
Best result	47.10%	44.97%	42.56%	32.42%	39.90%
Average result	40.45%	37.97%	36.22%	27.49%	32.24%
Worst result	32.31%	33.03%	29.07%	22.35%	27.54%
Responses	522	625	673	628	789
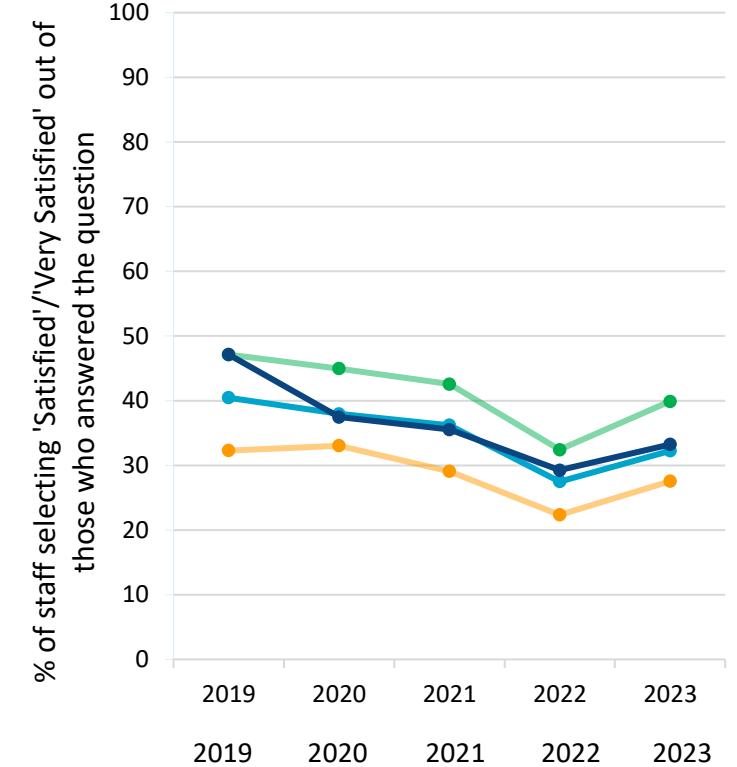
Q8d The people I work with show appreciation to one another.
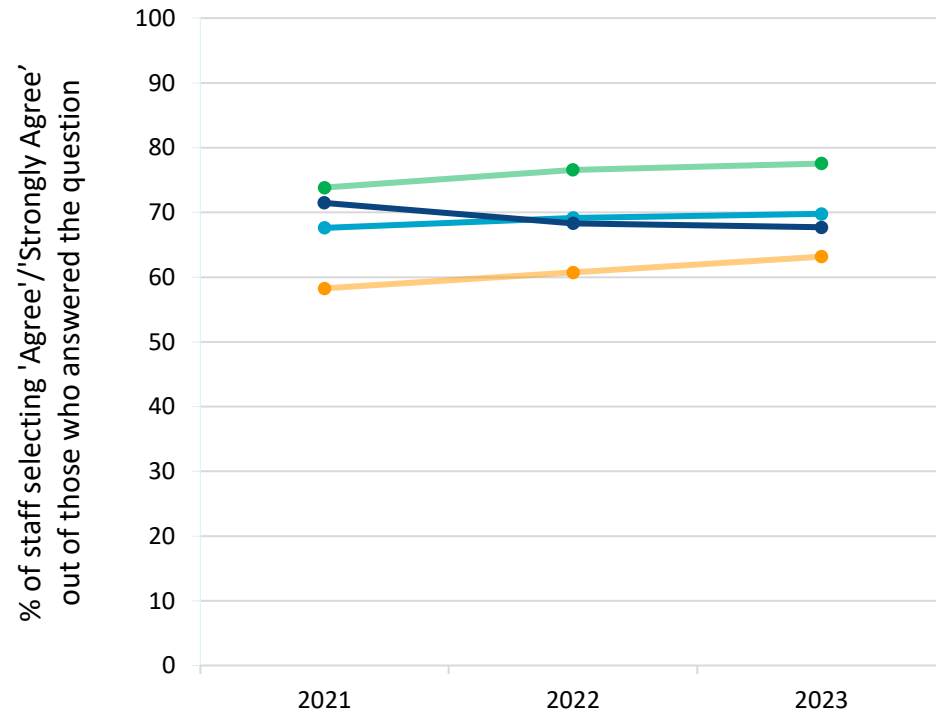
	2021	2022	2023
Your org	71.48%	68.31%	67.69%
Best result	73.83%	76.58%	77.55%
Average result	67.62%	69.16%	69.79%
Worst result	58.25%	60.73%	63.18%
Responses	667	626	784

Q9e My immediate manager values my work.
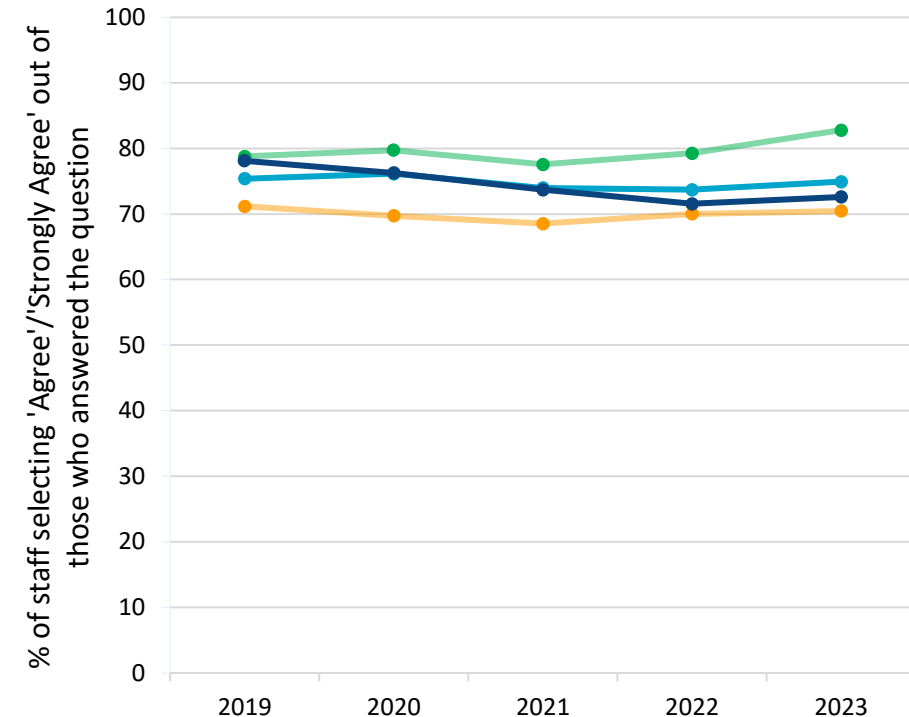
	2019	2020	2021	2022	2023
Your org	78.08%	76.27%	73.69%	71.56%	72.60%
Best result	78.78%	79.70%	77.57%	79.27%	82.77%
Average result	75.37%	76.14%	73.96%	73.69%	74.92%
Worst result	71.17%	69.71%	68.51%	70.02%	70.46%
Responses	522	627	675	628	789

People Promise element – We each have a voice that counts
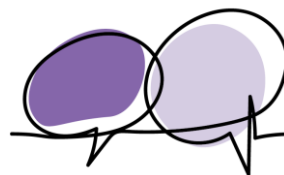
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.
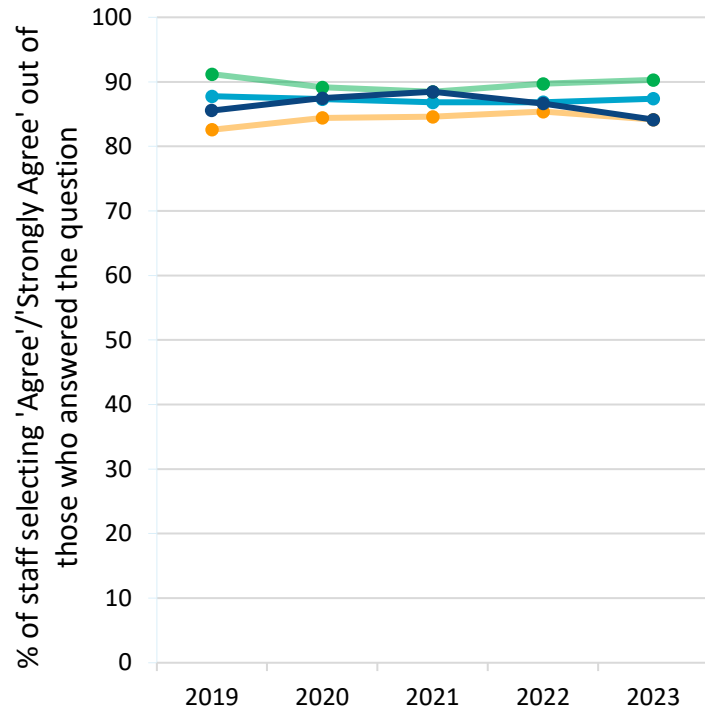
Q3b I am trusted to do my job.

Q3c There are frequent opportunities for me to show initiative in my role.

Q3a	2019	2020	2021	2022	2023
Your org	85.54%	87.48%	88.46%	86.64%	84.15%
Best result	91.19%	89.15%	88.46%	89.69%	90.29%
Average result	87.76%	87.32%	86.84%	86.84%	87.39%
Worst result	82.58%	84.42%	84.59%	85.40%	84.15%
Responses	524	629	679	628	788

Q3b	2019	2020	2021	2022	2023
Your org	90.34%	93.17%	92.46%	91.17%	89.17%
Best result	93.98%	93.17%	92.46%	93.30%	93.34%
Average result	92.04%	91.58%	90.84%	91.32%	90.03%
Worst result	89.35%	89.56%	89.00%	88.81%	88.52%
Responses	518	625	676	628	788

Q3c	2019	2020	2021	2022	2023
Your org	76.30%	75.15%	76.40%	73.59%	70.38%
Best result	78.62%	77.73%	78.43%	79.95%	79.27%
Average result	75.88%	74.99%	74.81%	74.71%	75.70%
Worst result	70.10%	70.80%	70.30%	71.20%	70.38%
Responses	521	628	677	625	784

Q3d I am able to make suggestions to improve the work of my team / department.

	2019	2020	2021	2022	2023
Your org	78.61%	78.41%	75.24%	72.71%	70.79%
Best result	81.35%	80.02%	76.77%	78.02%	80.73%
Average result	77.76%	76.79%	74.29%	75.06%	75.47%
Worst result	70.40%	71.22%	67.32%	69.97%	68.52%
Responses	521	630	679	626	787

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.
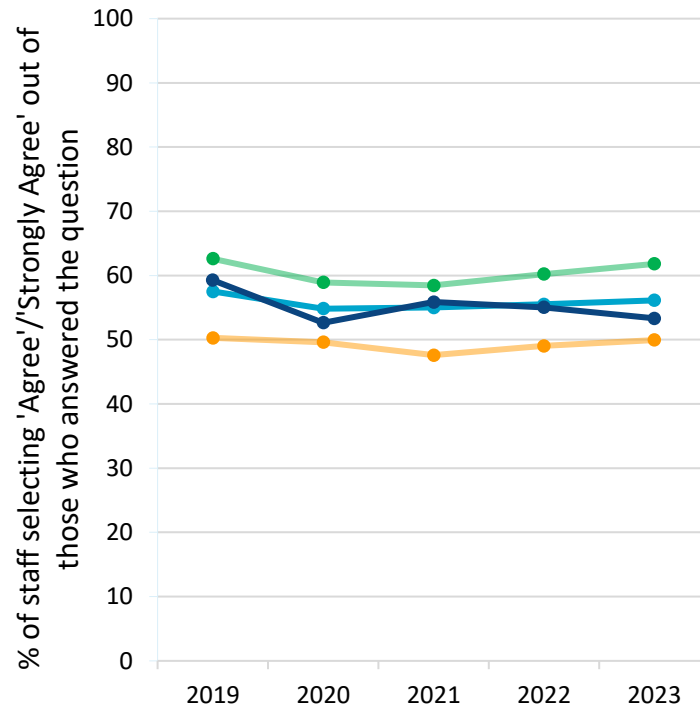
	2019	2020	2021	2022	2023
Your org	59.24%	52.64%	55.87%	55.04%	53.32%
Best result	62.62%	58.93%	58.46%	60.22%	61.81%
Average result	57.50%	54.83%	55.01%	55.51%	56.14%
Worst result	50.29%	49.60%	47.58%	49.04%	49.95%
Responses	520	629	674	625	788

Q3f I am able to make improvements happen in my area of work.
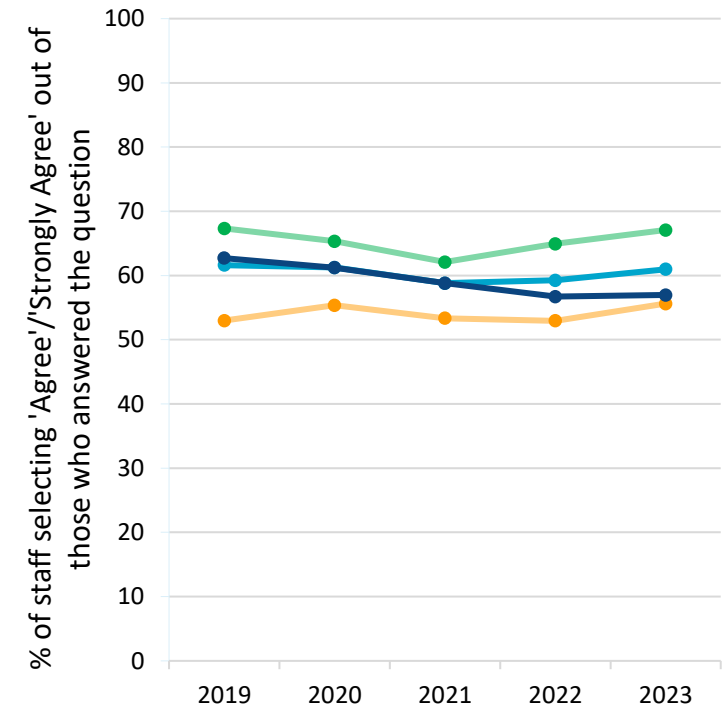
	2019	2020	2021	2022	2023
Your org	62.67%	61.22%	58.81%	56.71%	56.95%
Best result	67.33%	65.34%	62.09%	64.93%	67.07%
Average result	61.63%	61.24%	58.81%	59.26%	60.98%
Worst result	52.97%	55.37%	53.35%	52.95%	55.62%
Responses	521	626	675	627	785

Q5b I have a choice in deciding how to do my work.
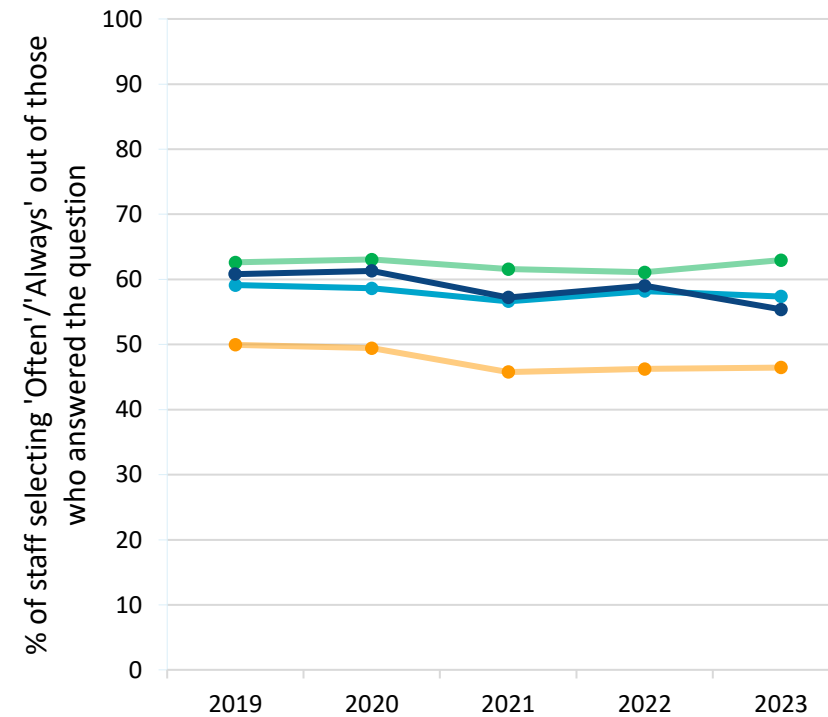
	2019	2020	2021	2022	2023
Your org	60.79%	61.31%	57.23%	59.03%	55.39%
Best result	62.60%	63.05%	61.58%	61.10%	62.96%
Average result	59.12%	58.63%	56.64%	58.21%	57.39%
Worst result	49.96%	49.45%	45.78%	46.24%	46.47%
Responses	519	623	670	625	784

Q20a I would feel secure raising concerns about unsafe clinical practice.
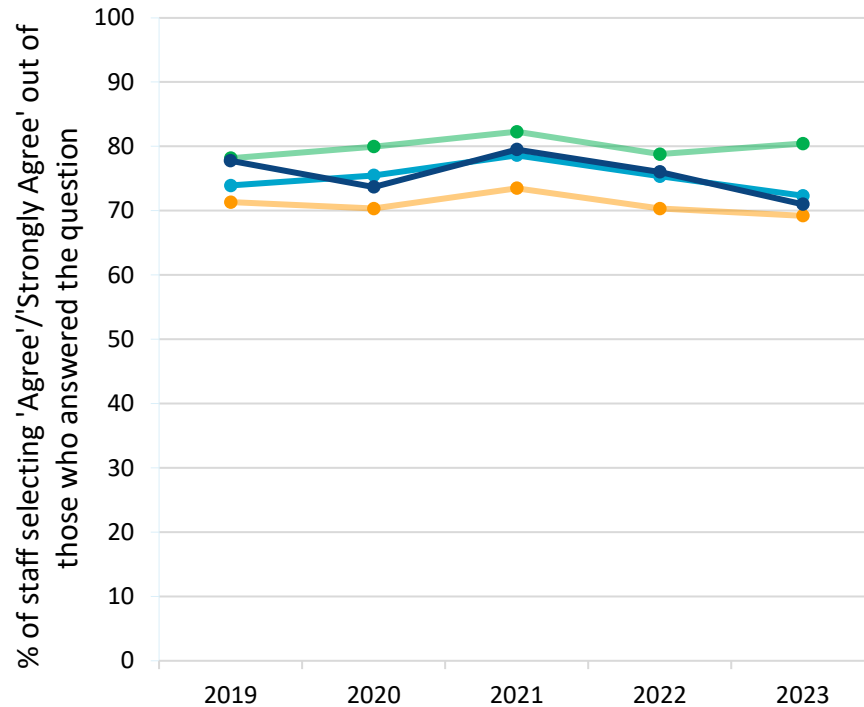
	2019	2020	2021	2022	2023
Your org	77.78%	73.69%	79.52%	76.02%	71.01%
Best result	78.18%	79.95%	82.28%	78.79%	80.43%
Average result	73.90%	75.47%	78.63%	75.34%	72.31%
Worst result	71.32%	70.32%	73.49%	70.32%	69.21%
Responses	522	623	675	623	792

Q20b I am confident that my organisation would address my concern.
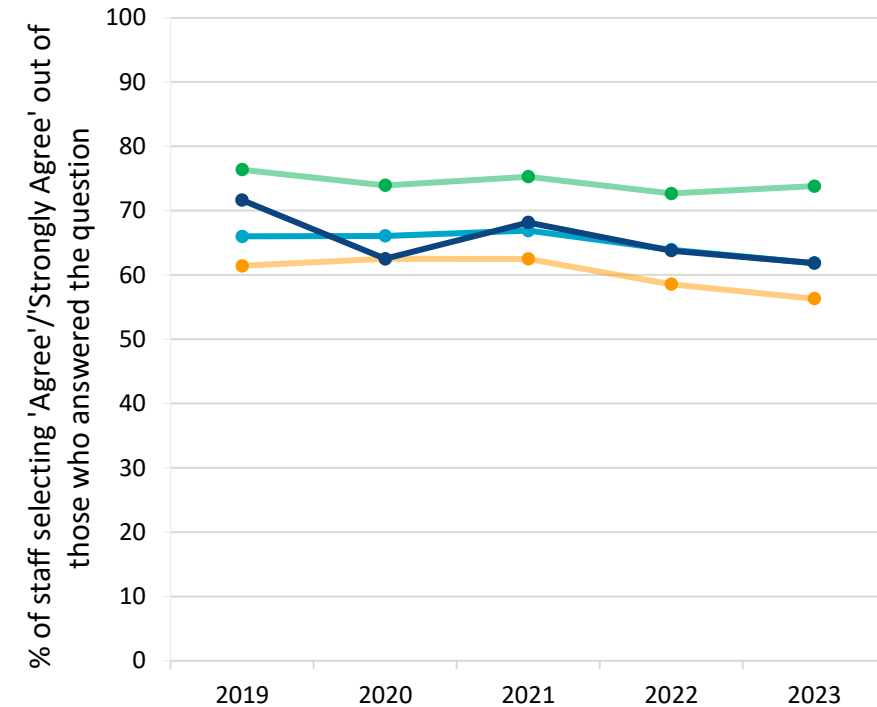
	2019	2020	2021	2022	2023
Your org	71.62%	62.50%	68.17%	63.77%	61.84%
Best result	76.37%	73.94%	75.28%	72.66%	73.82%
Average result	65.99%	66.06%	66.89%	63.93%	61.84%
Worst result	61.42%	62.50%	62.49%	58.56%	56.31%
Responses	517	624	672	622	789

Survey Coordination Centre

NHS

Q25e I feel safe to speak up about anything that concerns me in this organisation.
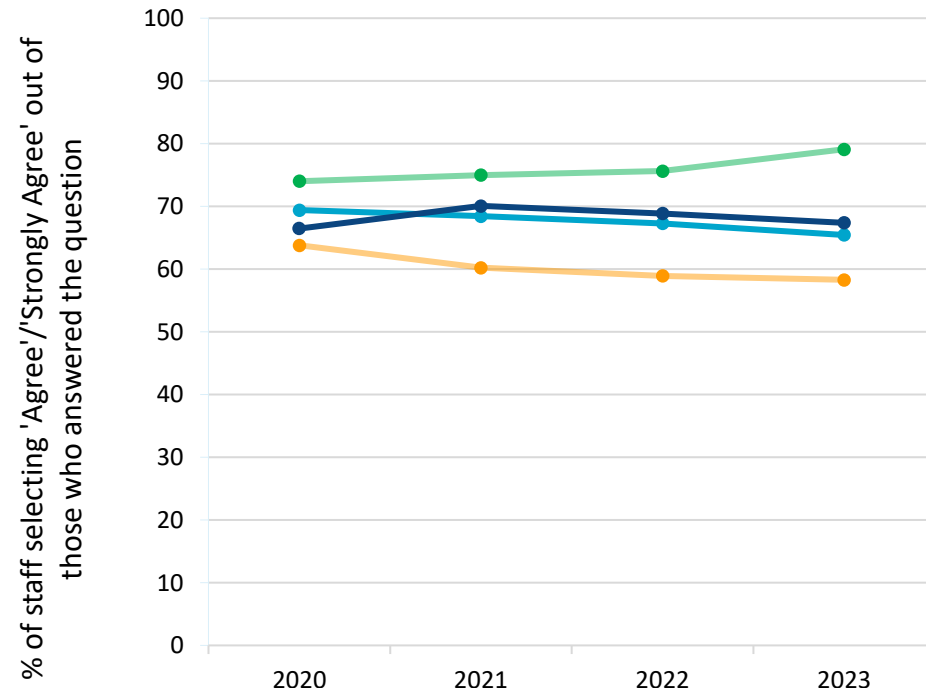
	2020	2021	2022	2023
Your org	66.47%	70.09%	68.89%	67.40%
Best result	74.04%	75.02%	75.63%	79.13%
Average result	69.41%	68.44%	67.30%	65.48%
Worst result	63.81%	60.23%	58.93%	58.29%
Responses	624	676	619	781

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.
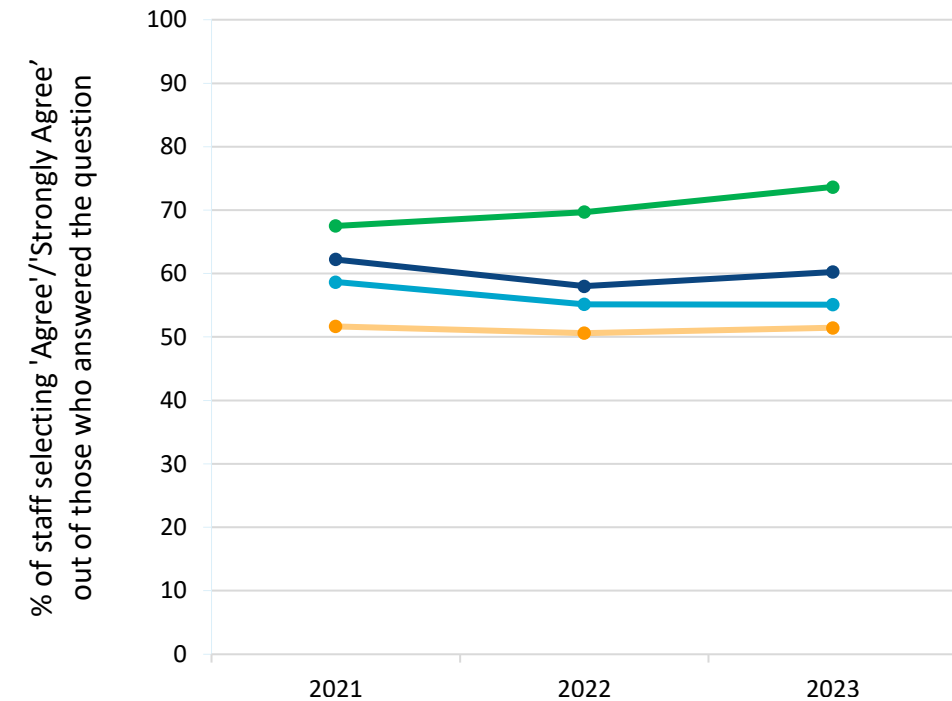
	2021	2022	2023
Your org	62.20%	58.01%	60.26%
Best result	67.52%	69.68%	73.64%
Average result	58.66%	55.15%	55.11%
Worst result	51.68%	50.61%	51.44%
Responses	673	623	779

People Promise element – We are safe and healthy

Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3g I am able to meet all the conflicting demands on my time at work.

	2019	2020	2021	2022	2023
Your org	52.11%	56.87%	51.64%	50.82%	57.26%
Best result	56.67%	57.41%	51.95%	53.63%	61.28%
Average result	51.66%	53.45%	46.59%	47.03%	48.59%
Worst result	40.98%	47.50%	40.28%	39.74%	43.34%
Responses	518	627	674	623	786

Q3h I have adequate materials, supplies and equipment to do my work.

	2019	2020	2021	2022	2023
Your org	64.55%	70.11%	64.91%	58.89%	66.64%
Best result	75.25%	73.35%	71.76%	68.82%	75.41%
Average result	64.82%	69.51%	64.68%	62.85%	65.10%
Worst result	55.58%	62.72%	62.72%	56.32%	51.53%
Responses	522	624	673	624	784

Q3i There are enough staff at this organisation for me to do my job properly.

	2019	2020	2021	2022	2023
Your org	49.45%	50.72%	38.67%	37.07%	45.55%
Best result	49.45%	53.47%	41.03%	44.04%	54.58%
Average result	43.94%	49.17%	34.82%	33.92%	41.18%
Worst result	25.16%	37.85%	24.91%	23.89%	30.30%
Responses	519	626	676	627	786

Survey Coordination Centre

NHS

Q5a I have unrealistic time pressures.

% of staff selecting 'Never'/'Rarely' out of those who answered the question

	2019	2020	2021	2022	2023
Your org	26.84%	28.54%	30.79%	30.54%	34.17%
Best result	32.15%	34.79%	31.74%	30.54%	35.96%
Average result	26.79%	27.86%	26.88%	25.60%	27.72%
Worst result	20.84%	23.85%	21.76%	23.48%	23.29%
Responses	519	626	672	621	787

Q11a My organisation takes positive action on health and well-being.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
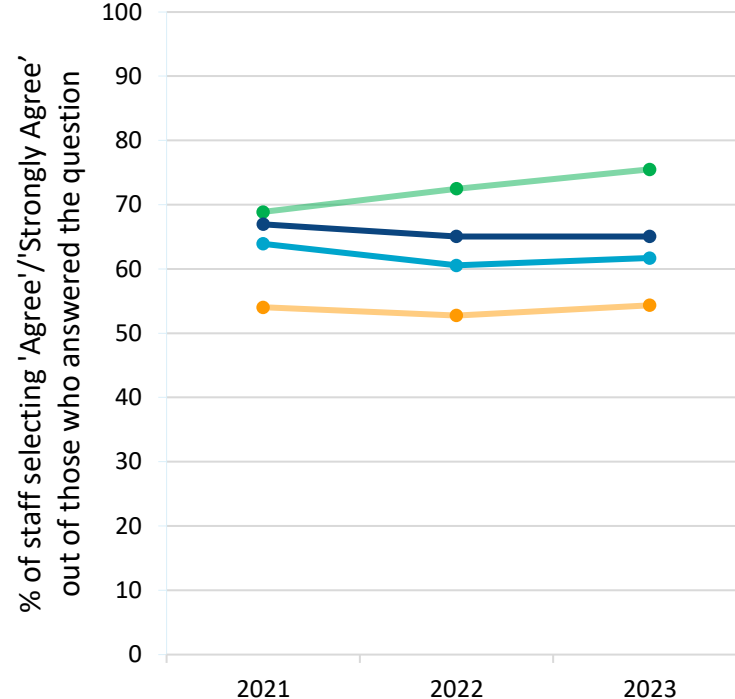
	2021	2022	2023
Your org	66.94%	65.04%	65.05%
Best result	68.87%	72.44%	75.49%
Average result	63.91%	60.54%	61.69%
Worst result	54.03%	52.77%	54.36%
Responses	672	617	783

Q13d The last time you experienced physical violence at work, did you or a colleague report it?

% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected 'DK' or 'NA'
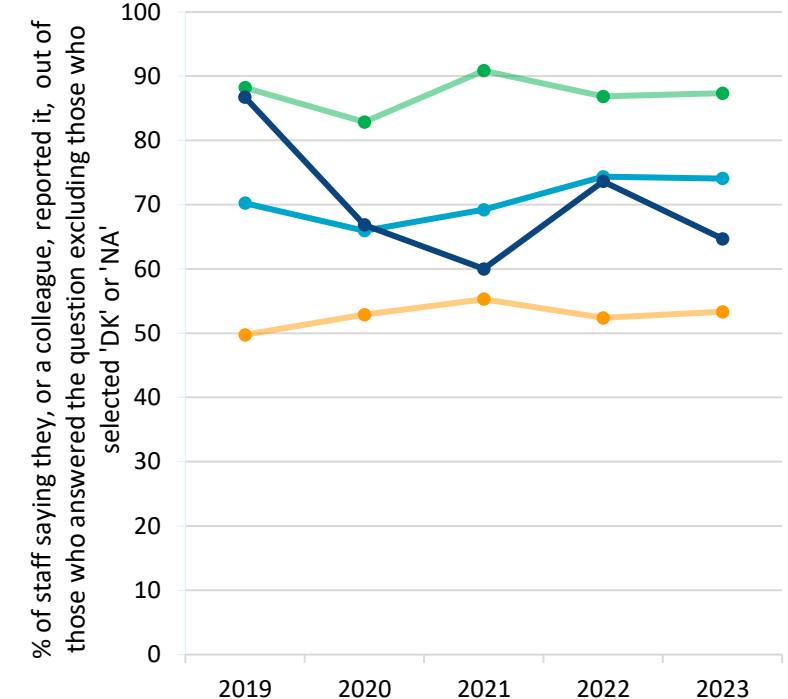
	2019	2020	2021	2022	2023
Your org	86.70%	66.86%	60.00%	73.62%	64.68%
Best result	88.22%	82.85%	90.85%	86.83%	87.33%
Average result	70.23%	65.95%	69.22%	74.34%	74.08%
Worst result	49.75%	52.89%	55.30%	52.37%	53.34%
Responses	14	14	32	41	28

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected 'DK' or 'NA'
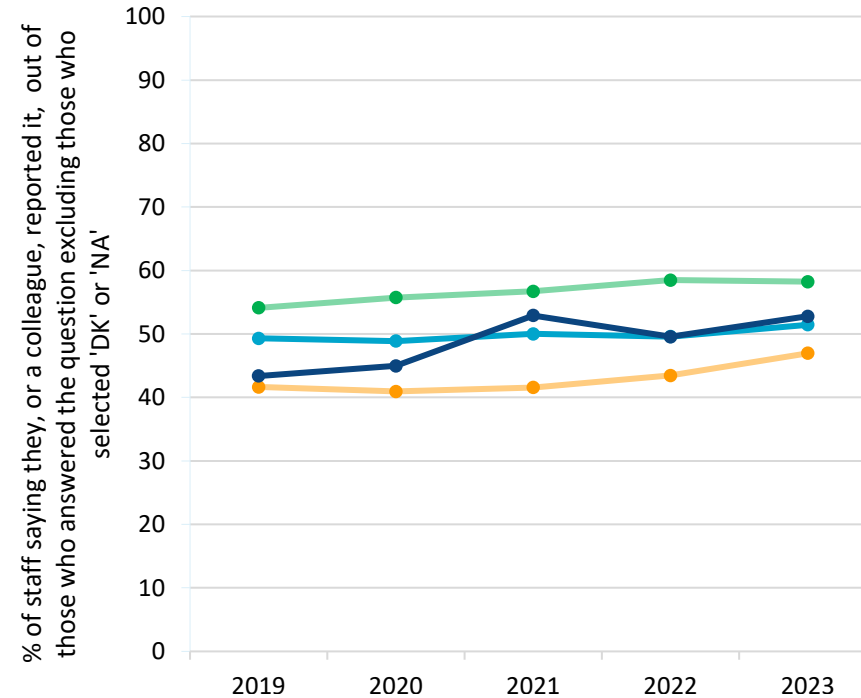
	2019	2020	2021	2022	2023
Your org	43.38%	44.98%	52.90%	49.56%	52.77%
Best result	54.12%	55.73%	56.71%	58.48%	58.22%
Average result	49.30%	48.88%	50.02%	49.58%	51.45%
Worst result	41.65%	40.95%	41.56%	43.45%	46.97%
Responses	159	167	184	174	221

Q12a How often, if at all, do you find your work emotionally exhausting?
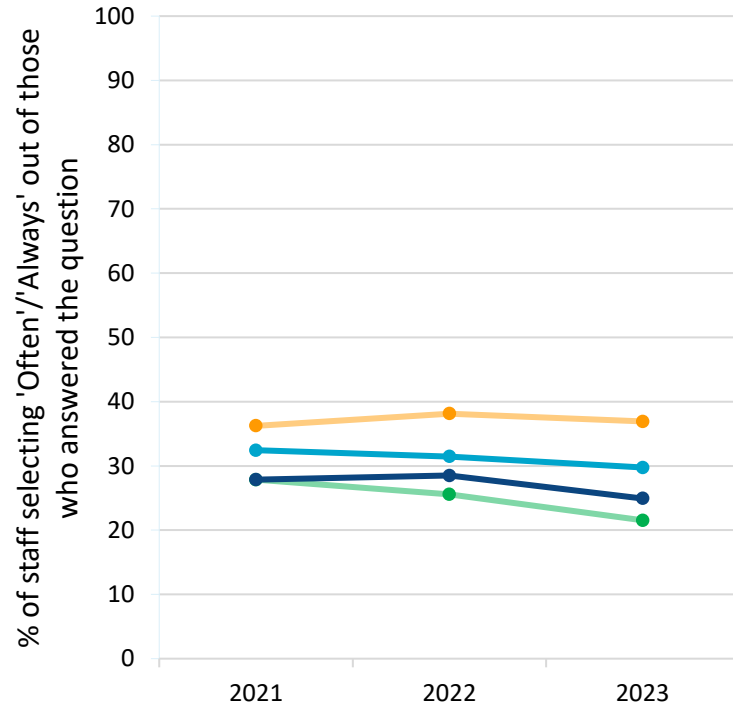
	2021	2022	2023
Your org	27.84%	28.50%	24.93%
Best result	27.84%	25.59%	21.53%
Average result	32.43%	31.48%	29.75%
Worst result	36.25%	38.14%	36.92%
Responses	680	628	792

Q12b How often, if at all, do you feel burnt out because of your work?
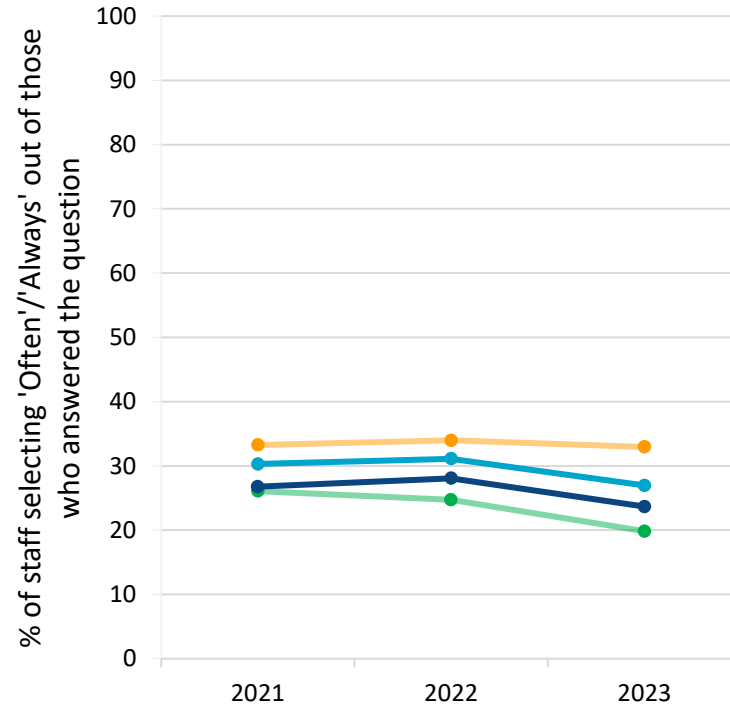
	2021	2022	2023
Your org	26.78%	28.07%	23.67%
Best result	26.08%	24.74%	19.83%
Average result	30.30%	31.11%	26.96%
Worst result	33.25%	33.97%	32.95%
Responses	680	627	792

Q12c How often, if at all, does your work frustrate you?
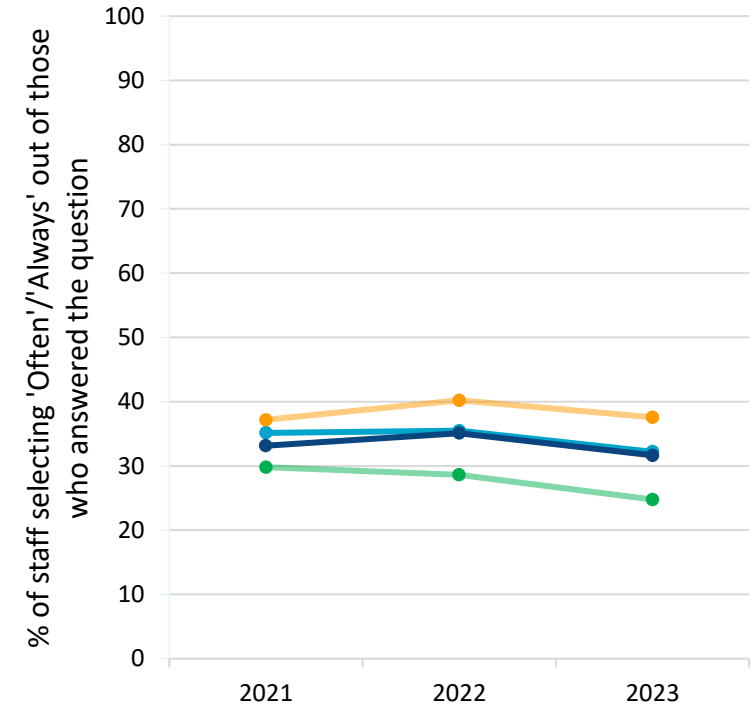
	2021	2022	2023
Your org	33.13%	35.09%	31.64%
Best result	29.80%	28.61%	24.78%
Average result	35.14%	35.47%	32.22%
Worst result	37.16%	40.22%	37.55%
Responses	681	625	791

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?
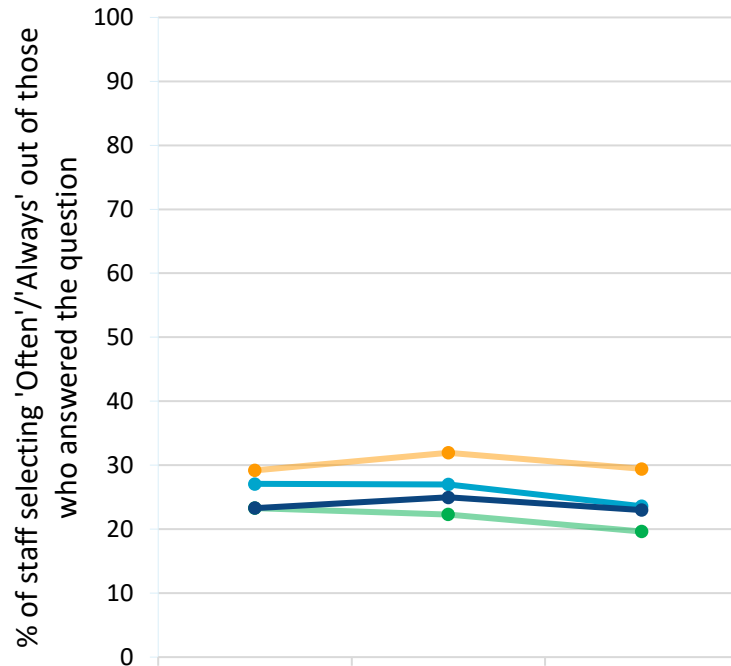
	2021	2022	2023
Your org	23.31%	24.98%	23.01%
Best result	23.31%	22.30%	19.66%
Average result	27.08%	27.01%	23.60%
Worst result	29.21%	31.95%	29.42%
Responses	677	627	789

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?
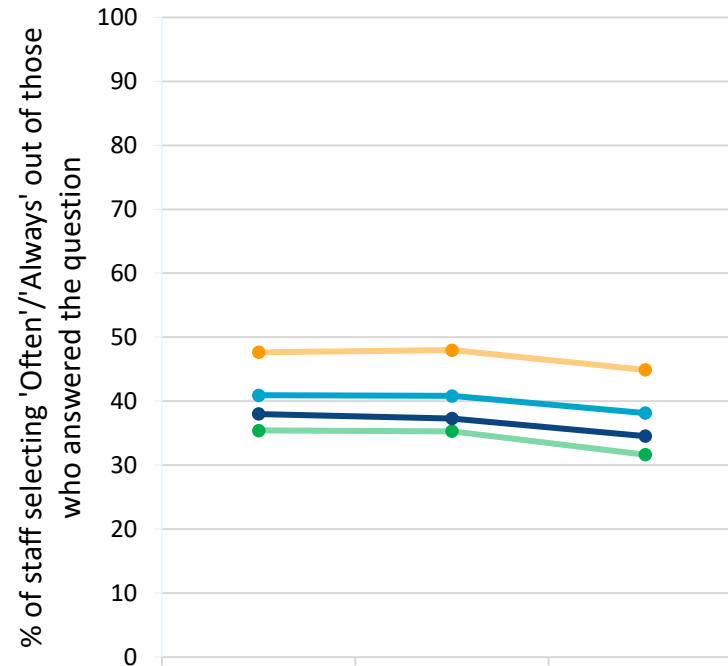
	2021	2022	2023
Your org	38.01%	37.32%	34.54%
Best result	35.43%	35.32%	31.65%
Average result	40.92%	40.84%	38.16%
Worst result	47.67%	47.98%	44.90%
Responses	675	623	789

Q12f How often, if at all, do you feel that every working hour is tiring for you?
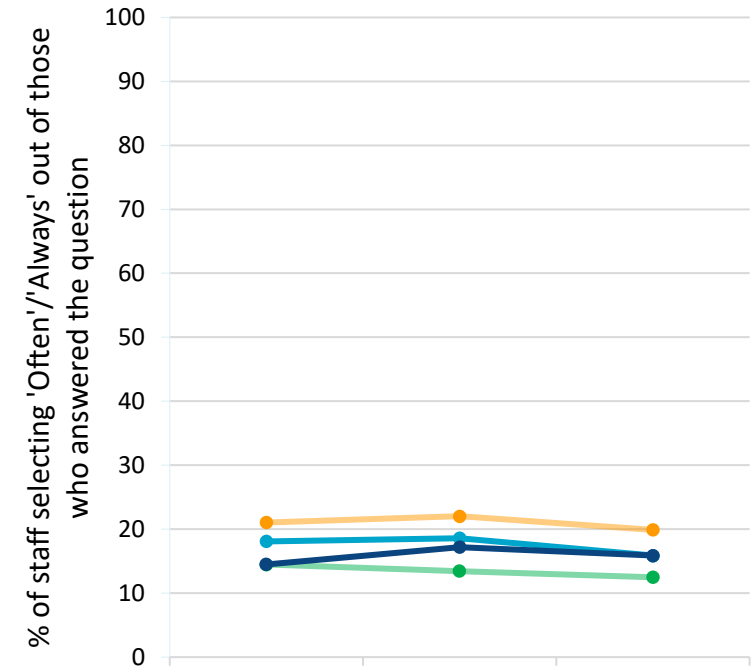
	2021	2022	2023
Your org	14.48%	17.20%	15.88%
Best result	14.48%	13.43%	12.51%
Average result	18.10%	18.60%	15.87%
Worst result	21.07%	22.04%	19.89%
Responses	671	627	789

Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?
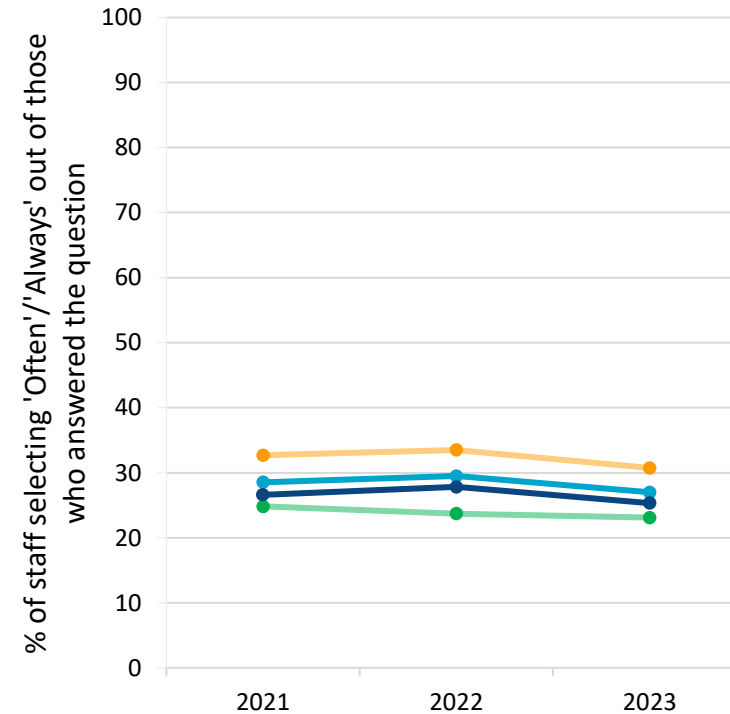
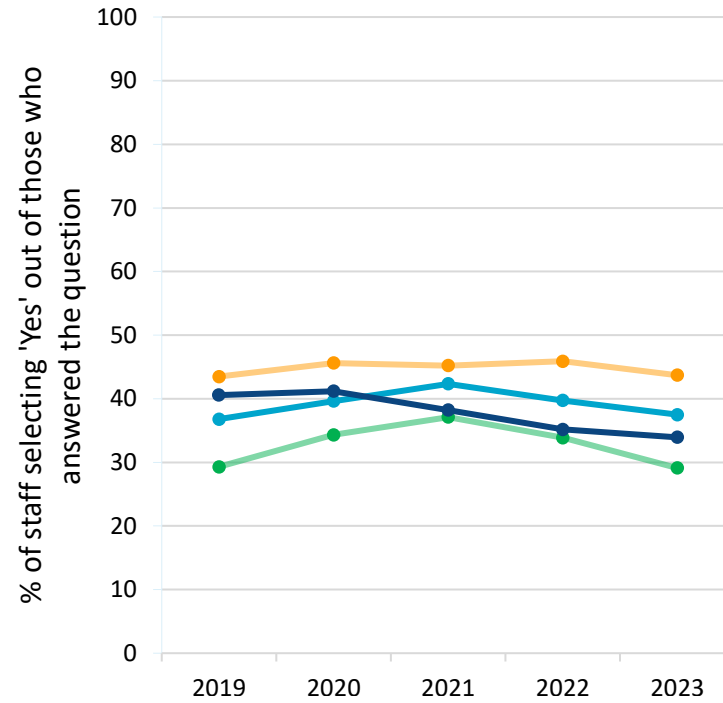|	2021	2022	2023
Your org	26.60%	27.84%	25.35%
Best result	24.83%	23.70%	23.10%
Average result	28.55%	29.49%	26.99%
Worst result	32.70%	33.51%	30.72%
Responses	678	624	791

## Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
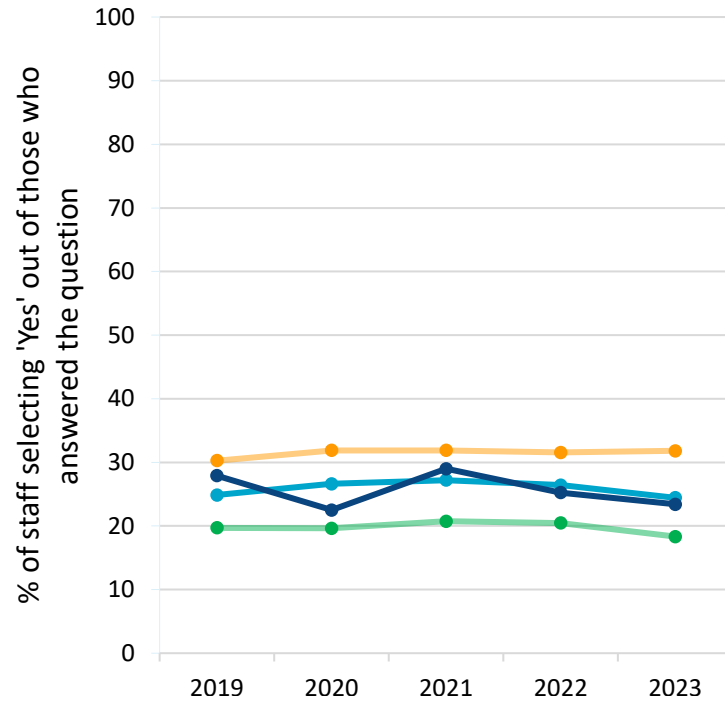
	2019	2020	2021	2022	2023
Your org	27.91%	22.50%	28.99%	25.24%	23.39%
Best result	19.69%	19.62%	20.73%	20.46%	18.31%
Average result	24.85%	26.61%	27.21%	26.43%	24.44%
Worst result	30.27%	31.87%	31.89%	31.54%	31.81%
Responses	521	627	666	621	786

Q11c During the last 12 months have you felt unwell as a result of work related stress?

	2019	2020	2021	2022	2023
Your org	40.58%	41.18%	38.23%	35.17%	33.93%
Best result	29.30%	34.33%	37.10%	33.87%	29.11%
Average result	36.79%	39.62%	42.34%	39.72%	37.50%
Worst result	43.47%	45.62%	45.21%	45.88%	43.70%
Responses	523	624	669	621	785

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?
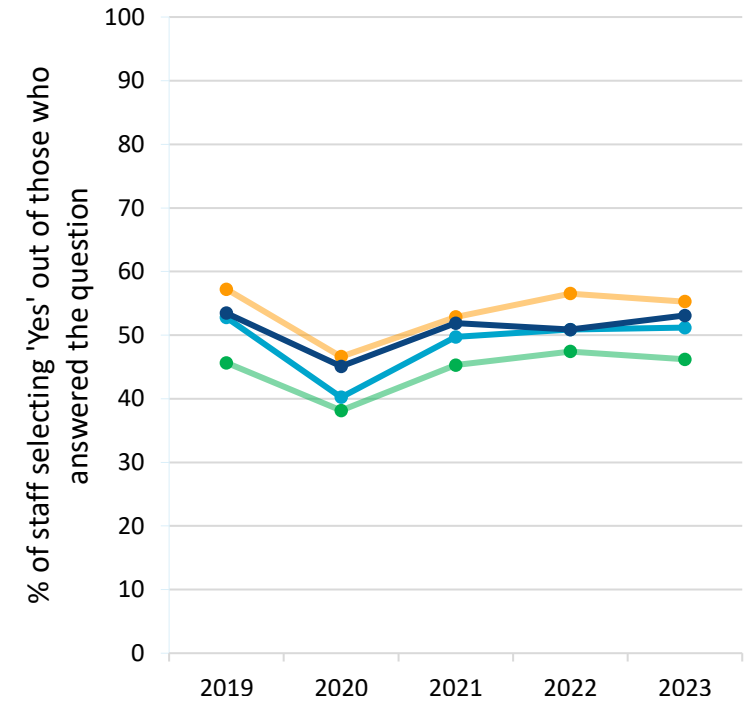
|	2019	2020	2021	2022	2023
Your org	53.46%	45.09%	51.87%	50.88%	53.07%
Best result	45.63%	38.14%	45.28%	47.42%	46.19%
Average result	52.77%	40.22%	49.70%	50.88%	51.16%
Worst result	57.22%	46.62%	52.87%	56.54%	55.28%
Responses	520	627	672	619	782

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.
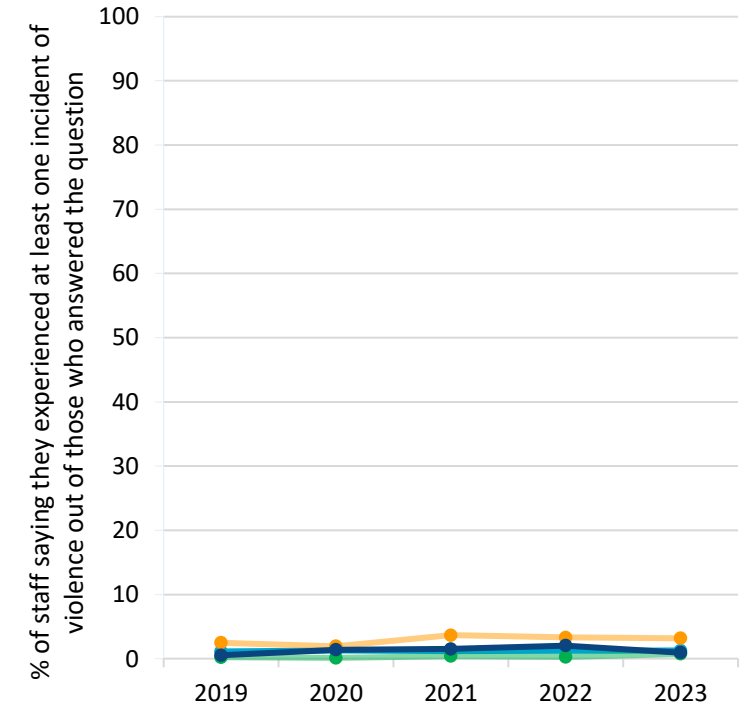
Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.
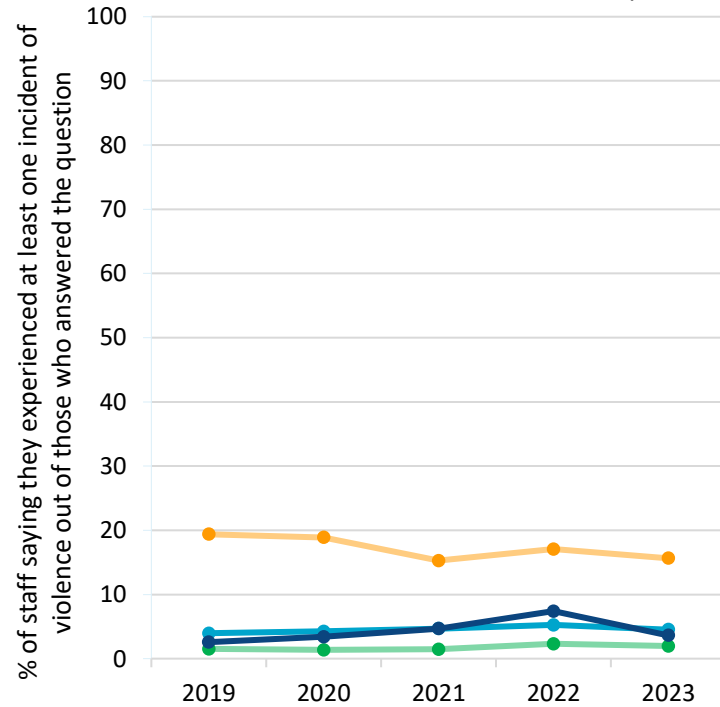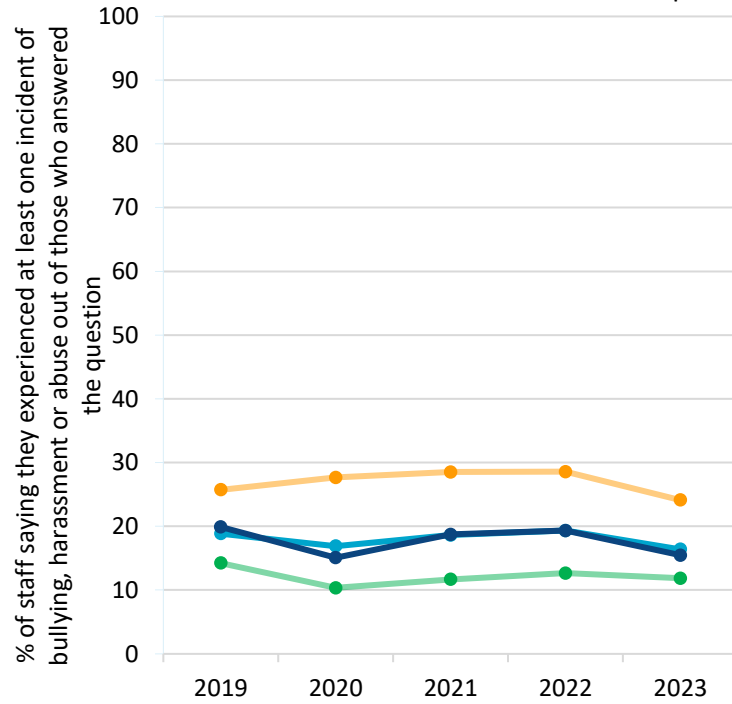

	2019	2020	2021	2022	2023
Your org	2.60%	3.43%	4.70%	7.39%	3.66%
Best result	1.53%	1.38%	1.49%	2.32%	1.98%
Average result	3.98%	4.26%	4.70%	5.28%	4.53%
Worst result	19.40%	18.89%	15.29%	17.08%	15.64%
Responses	519	628	680	625	781
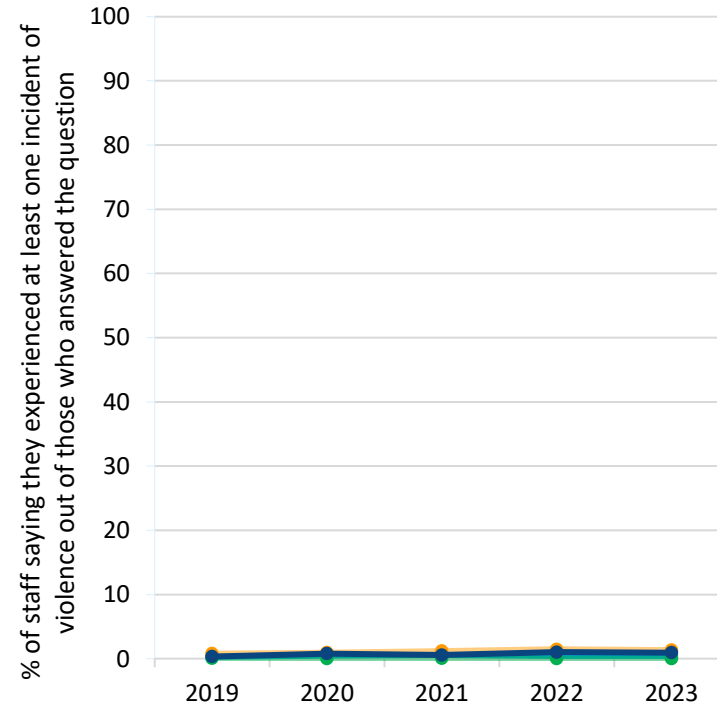
	2019	2020	2021	2022	2023
Your org	0.35%	0.81%	0.59%	1.04%	0.95%
Best result	0.08%	0.00%	0.09%	0.00%	0.00%
Average result	0.32%	0.50%	0.57%	0.46%	0.42%
Worst result	0.80%	0.96%	1.19%	1.48%	1.34%
Responses	518	624	670	617	778

	2019	2020	2021	2022	2023
Your org	0.54%	1.40%	1.52%	2.04%	0.95%
Best result	0.24%	0.12%	0.41%	0.27%	0.75%
Average result	1.12%	1.31%	1.19%	1.23%	1.27%
Worst result	2.50%	1.95%	3.66%	3.31%	3.20%
Responses	516	623	663	618	772

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.
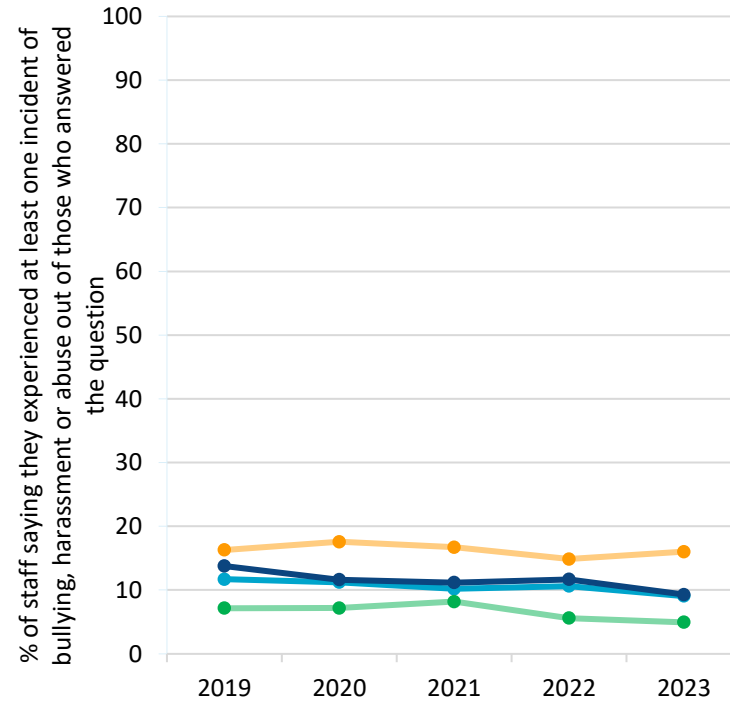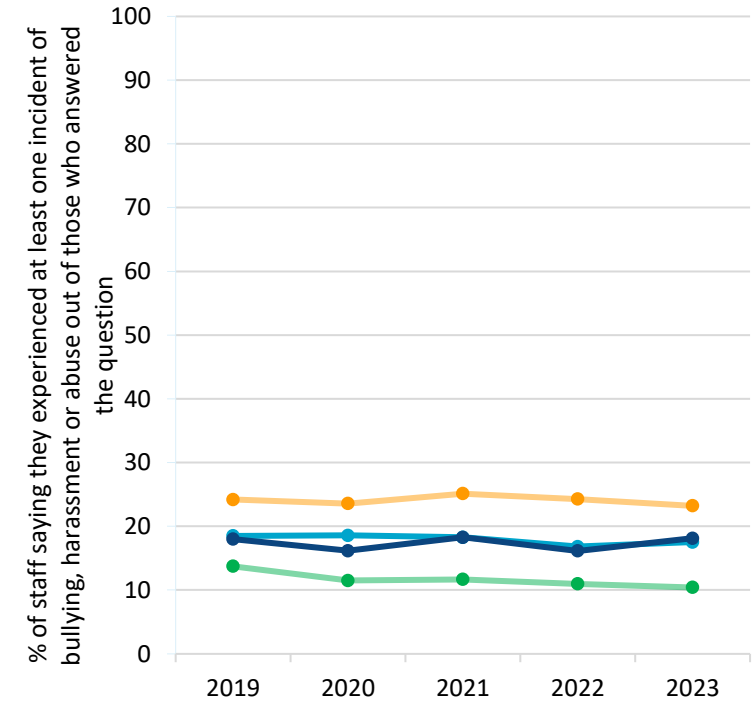
Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.
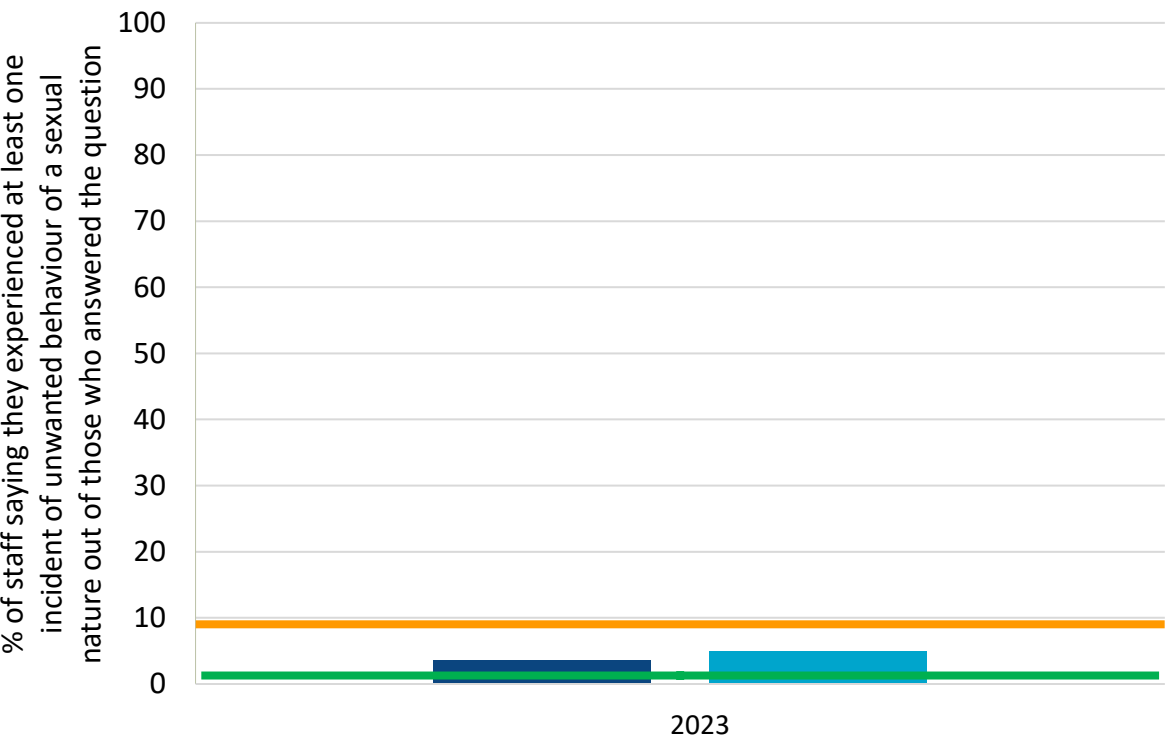

	2019	2020	2021	2022	2023
Your org	19.87%	15.07%	18.71%	19.32%	15.46%
Best result	14.22%	10.33%	11.66%	12.63%	11.84%
Average result	18.86%	16.87%	18.61%	19.32%	16.39%
Worst result	25.71%	27.66%	28.52%	28.57%	24.11%
Responses	520	631	679	624	780

	2019	2020	2021	2022	2023
Your org	13.76%	11.62%	11.17%	11.65%	9.28%
Best result	7.14%	7.17%	8.17%	5.59%	4.95%
Average result	11.70%	11.22%	10.17%	10.60%	9.06%
Worst result	16.28%	17.57%	16.70%	14.85%	16.00%
Responses	518	627	668	617	775

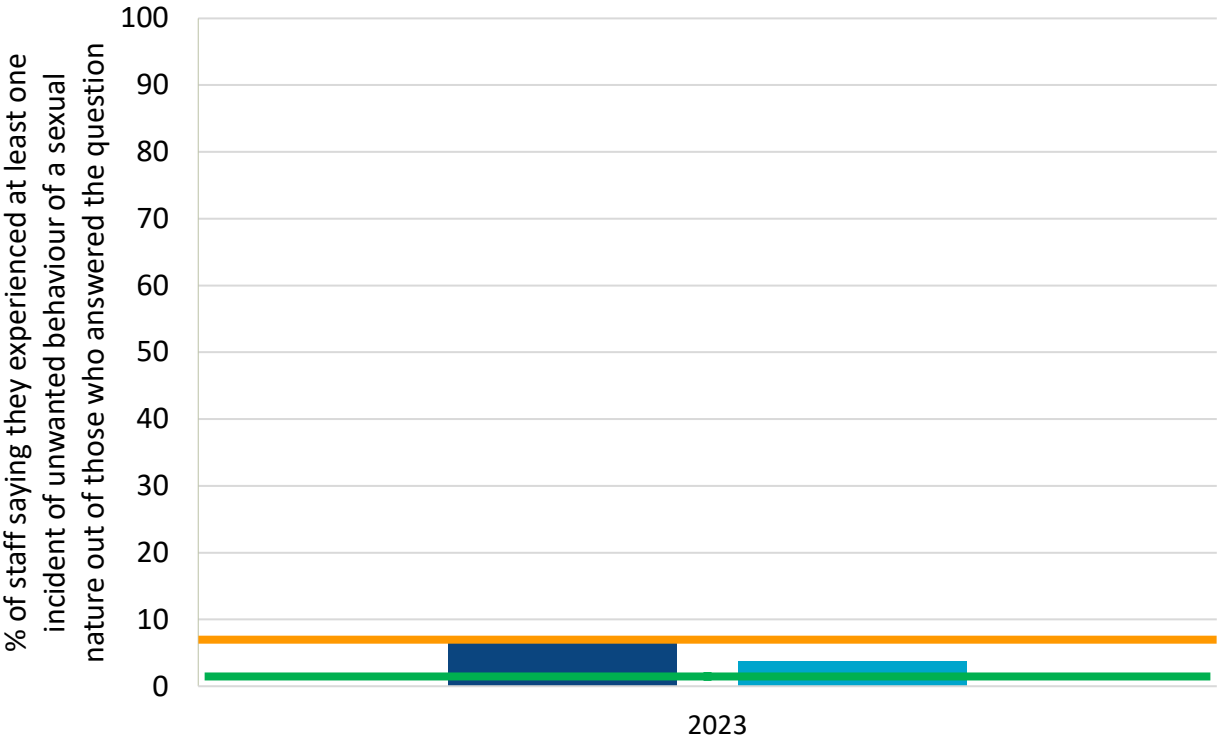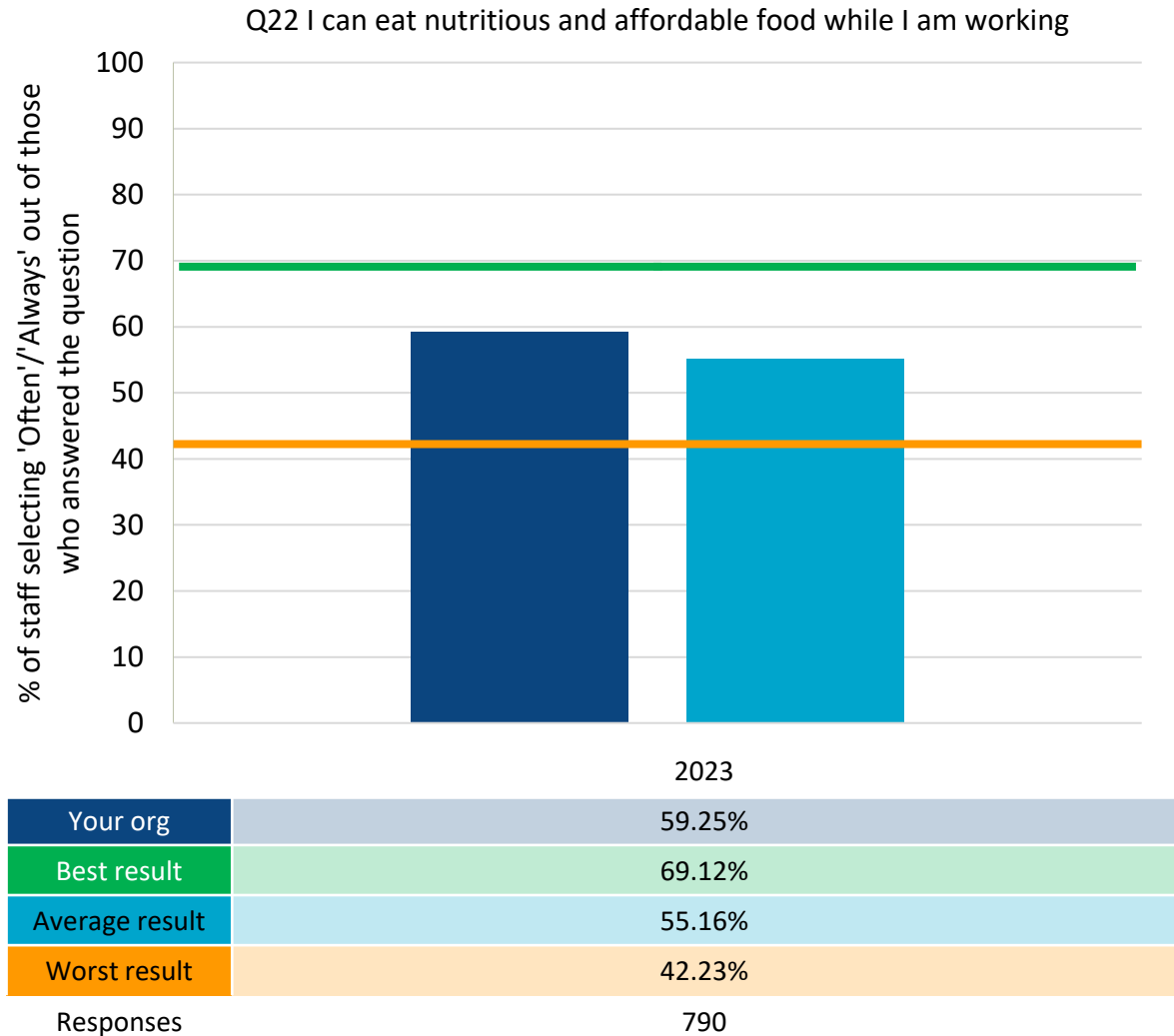|	2019	2020	2021	2022	2023
Your org	17.96%	16.15%	18.27%	16.13%	18.11%
Best result	13.72%	11.48%	11.65%	10.97%	10.41%
Average result	18.50%	18.58%	18.27%	16.81%	17.51%
Worst result	24.20%	23.56%	25.13%	24.27%	23.22%
Responses	520	622	665	618	781

Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public

% of staff saying they experienced at least one incident of unwanted behaviour of a sexual nature out of those who answered the question

2023

Your org	3.61%	
Best result	1.29%	
Average result	4.90%	
Worst result	9.04%	
Responses	788	

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues

% of staff saying they experienced at least one incident of unwanted behaviour of a sexual nature out of those who answered the question

2023

Your org	6.97%	
Best result	1.47%	
Average result	3.71%	
Worst result	6.97%	
Responses	782	

*These questions do not contribute towards any People Promise element score, theme score or sub-score

Q22 I can eat nutritious and affordable food while I am working

	2023
Your org	59.25%
Best result	69.12%
Average result	55.16%
Worst result	42.23%
Responses	790

Y-axis: % of staff selecting 'Often'/'Always' out of those who answered the question

*These questions do not contribute towards any People Promise element score, theme score or sub-score

People Promise element – We are always learning

Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.
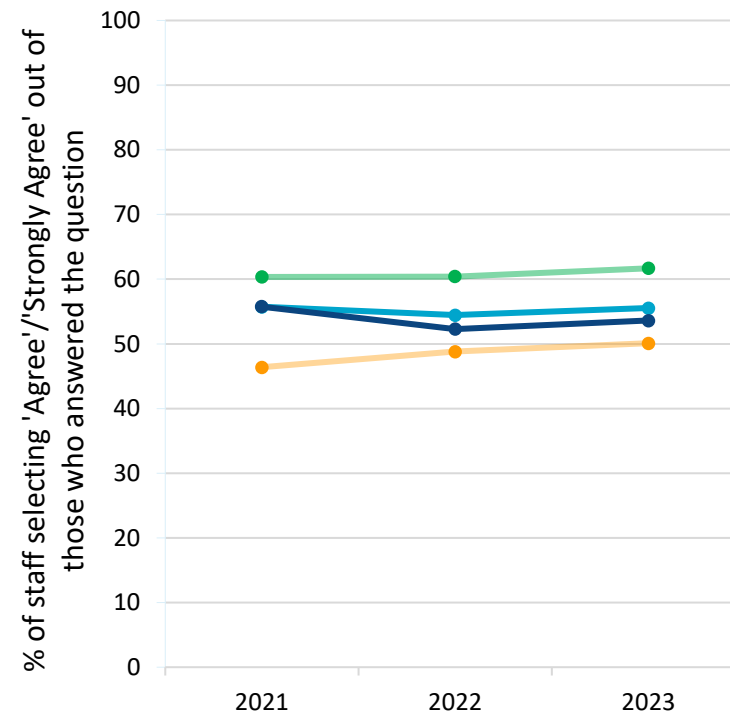
Q24a This organisation offers me challenging work.

Q24b There are opportunities for me to develop my career in this organisation.

Q24c I have opportunities to improve my knowledge and skills.
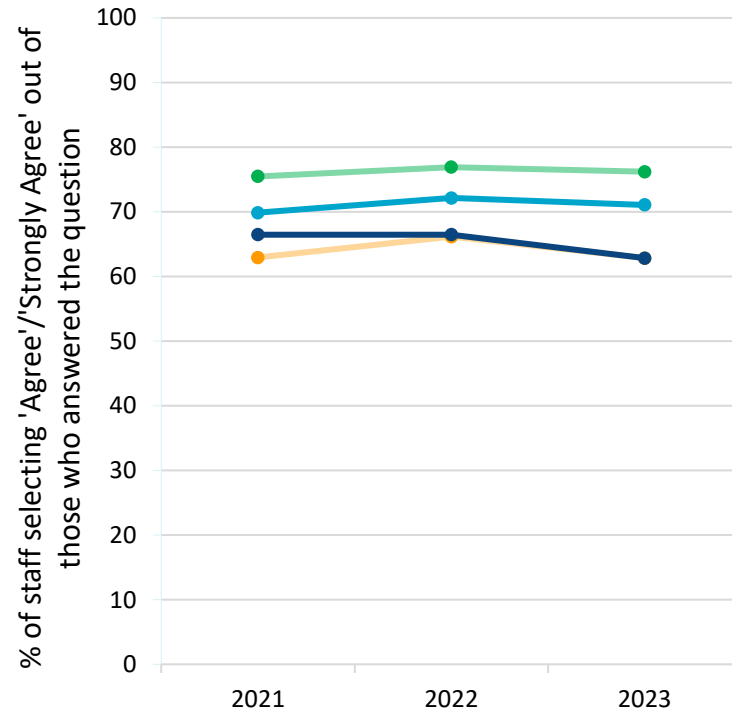
	2021	2022	2023
Your org	66.46%	66.46%	62.83%
Best result	75.47%	76.90%	76.18%
Average result	69.87%	72.13%	71.06%
Worst result	62.93%	66.15%	62.83%
Responses	672	625	787

	2021	2022	2023
Your org	55.72%	52.29%	53.59%
Best result	60.37%	60.42%	61.70%
Average result	55.72%	54.44%	55.54%
Worst result	46.37%	48.79%	50.10%
Responses	673	626	784
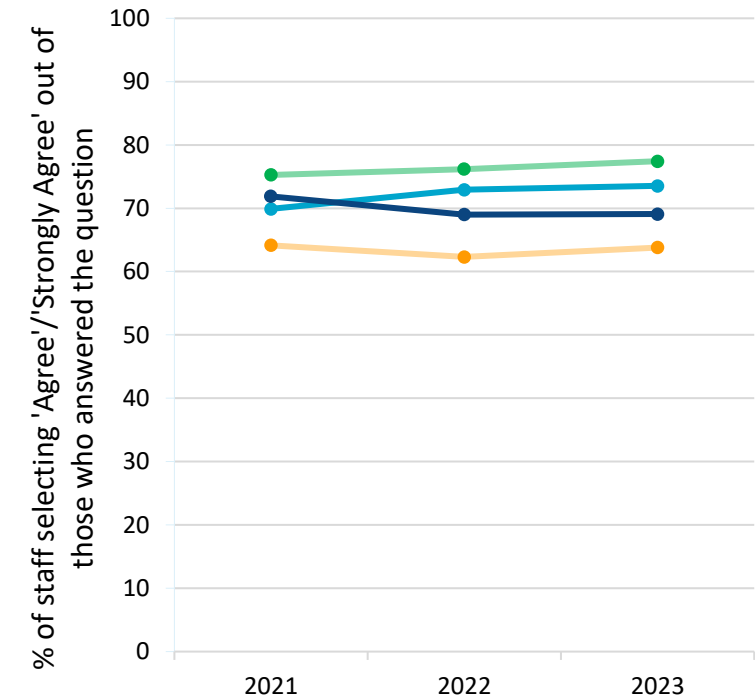
	2021	2022	2023
Your org	71.88%	69.01%	69.07%
Best result	75.26%	76.17%	77.41%
Average result	69.90%	72.93%	73.52%
Worst result	64.15%	62.31%	63.79%
Responses	672	626	783

Q24d I feel supported to develop my potential.

Q24e I am able to access the right learning and development opportunities when I need to.
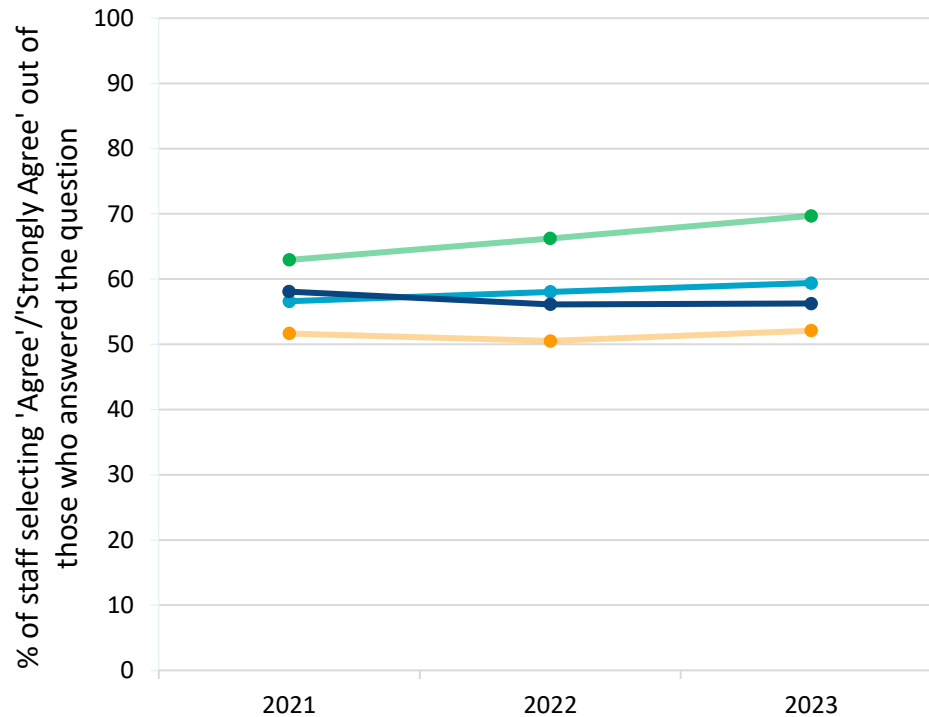
	2021	2022	2023
Your org	58.10%	56.14%	56.25%
Best result	62.95%	66.22%	69.69%
Average result	56.60%	58.03%	59.38%
Worst result	51.66%	50.52%	52.09%
Responses	672	624	783
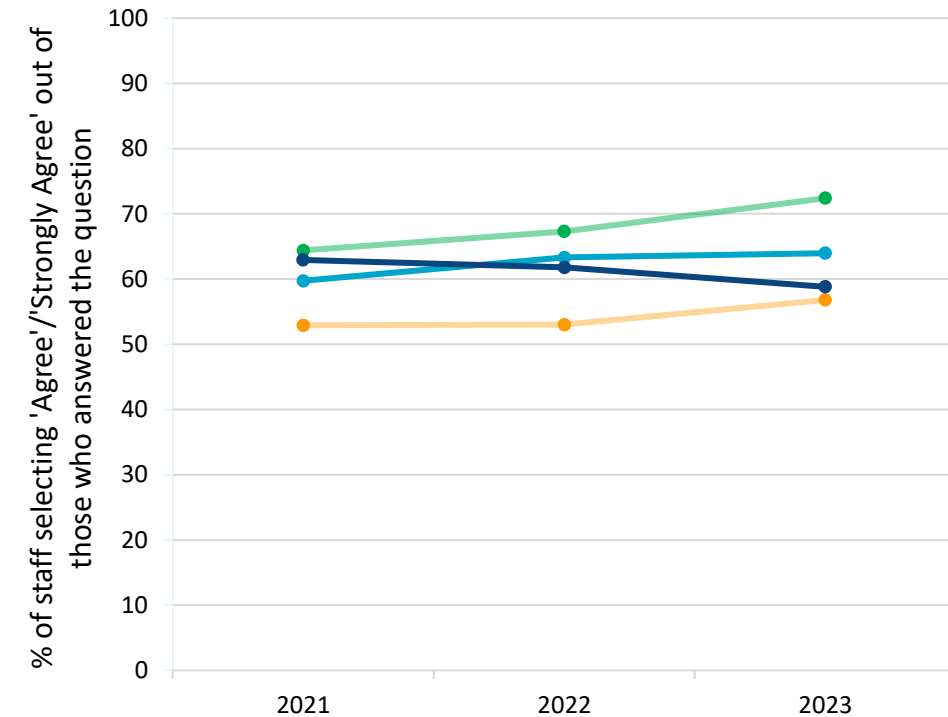
	2021	2022	2023
Your org	62.93%	61.79%	58.82%
Best result	64.39%	67.32%	72.42%
Average result	59.74%	63.31%	63.98%
Worst result	52.90%	53.01%	56.82%
Responses	670	618	785

Survey Coordination Centre

NHS

Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Q23b It helped me to improve how I do my job.

% of staff selecting 'Yes' out of those who answered the question
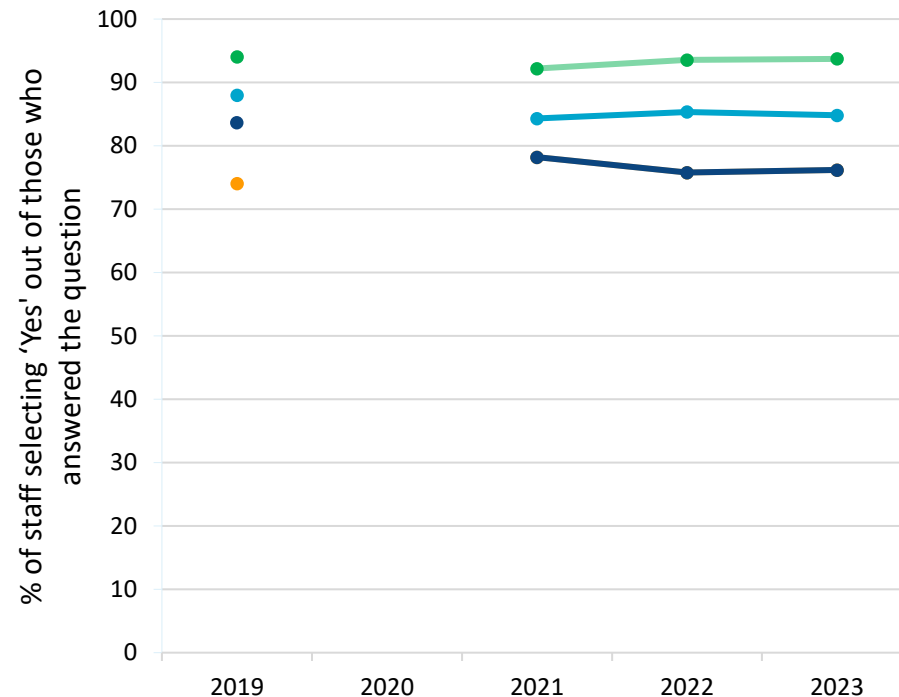
	2019	2020	2021	2022	2023
Your org	83.62%	-	78.19%	75.77%	76.17%
Best result	94.04%	-	92.17%	93.54%	93.72%
Average result	87.97%	-	84.29%	85.34%	84.80%
Worst result	74.01%	-	78.19%	75.77%	76.17%
Responses	520	-	664	614	777

% of staff selecting 'Yes, definitely' out of those who answered the question
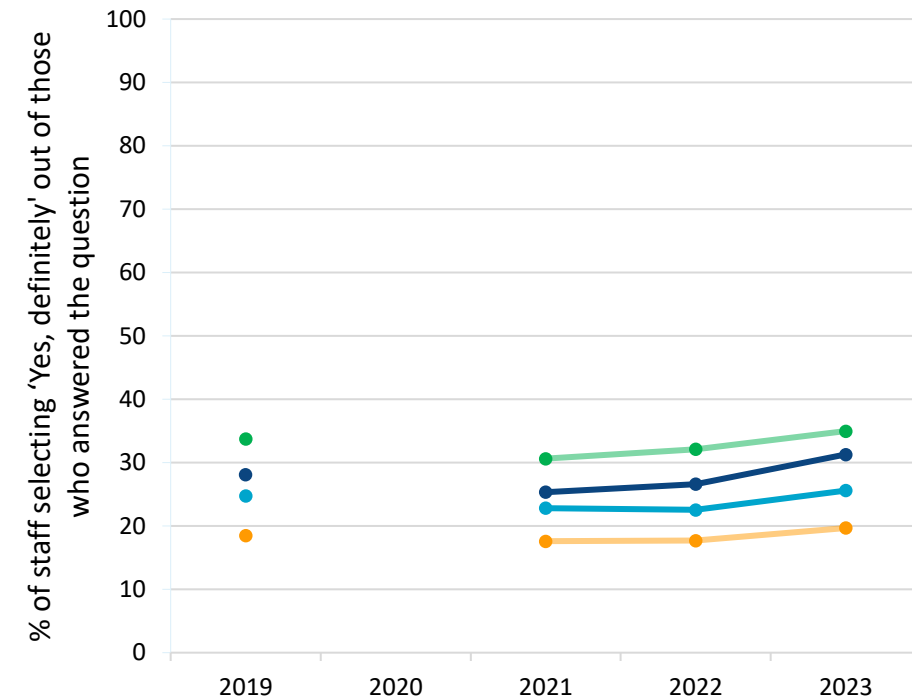
	2019	2020	2021	2022	2023
Your org	28.03%	-	25.34%	26.59%	31.27%
Best result	33.73%	-	30.60%	32.11%	34.97%
Average result	24.76%	-	22.81%	22.53%	25.58%
Worst result	18.48%	-	17.59%	17.67%	19.67%
Responses	434	-	494	458	585

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Survey Coordination Centre

NHS

Q23c It helped me agree clear objectives for my work.

Q23d It left me feeling that my work is valued by my organisation.

% of staff selecting 'Yes, definitely' out of those who answered the question
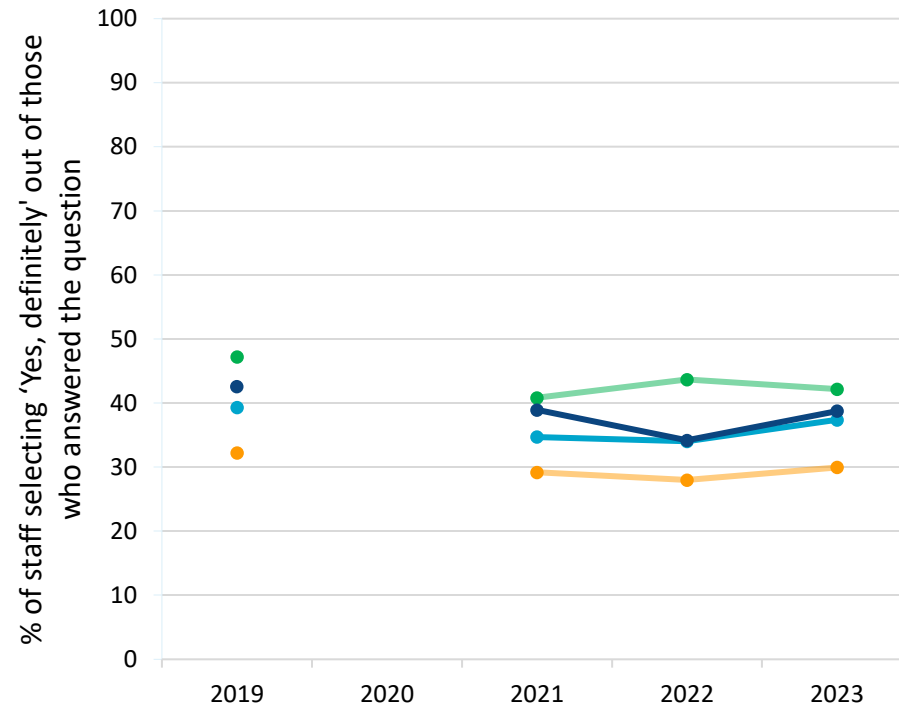
	2019	2020	2021	2022	2023
Your org	42.54%	-	38.92%	34.18%	38.74%
Best result	47.21%	-	40.82%	43.65%	42.17%
Average result	39.29%	-	34.70%	34.02%	37.37%
Worst result	32.23%	-	29.17%	27.97%	29.95%
Responses	434	-	490	458	584

% of staff selecting 'Yes, definitely' out of those who answered the question
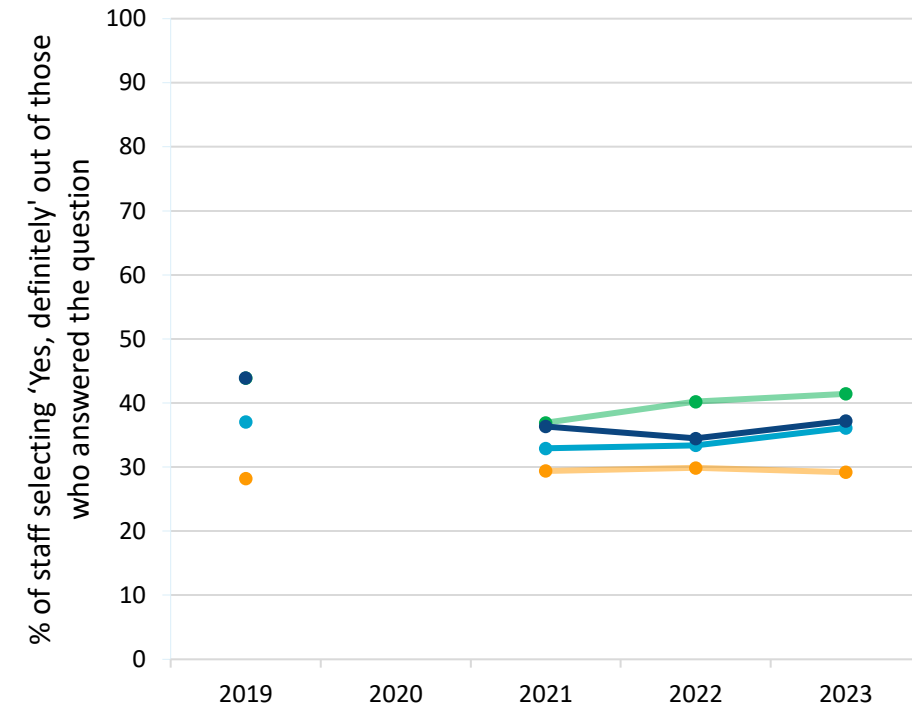
	2019	2020	2021	2022	2023
Your org	43.87%	-	36.34%	34.47%	37.22%
Best result	43.87%	-	36.91%	40.22%	41.43%
Average result	37.04%	-	32.92%	33.39%	36.11%
Worst result	28.22%	-	29.40%	29.87%	29.18%
Responses	434	-	490	459	584

People Promise element – We work flexibly
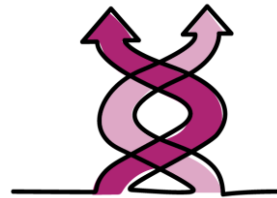
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

Survey Coordination Centre

NHS

Q6b My organisation is committed to helping me balance my work and home life.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
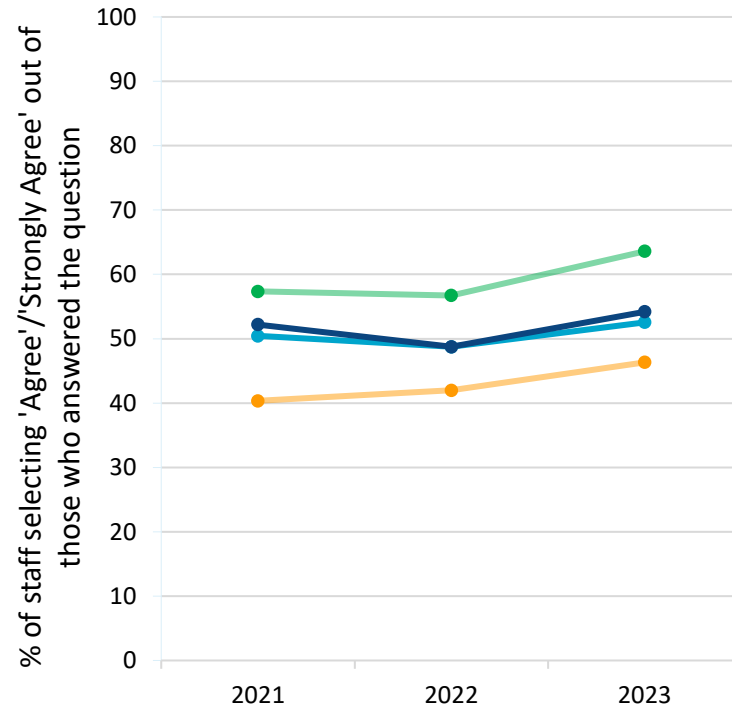
	2021	2022	2023
Your org	52.18%	48.74%	54.18%
Best result	57.34%	56.70%	63.58%
Average result	50.44%	48.74%	52.54%
Worst result	40.35%	41.98%	46.32%
Responses	677	630	783

Q6c I achieve a good balance between my work life and my home life.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
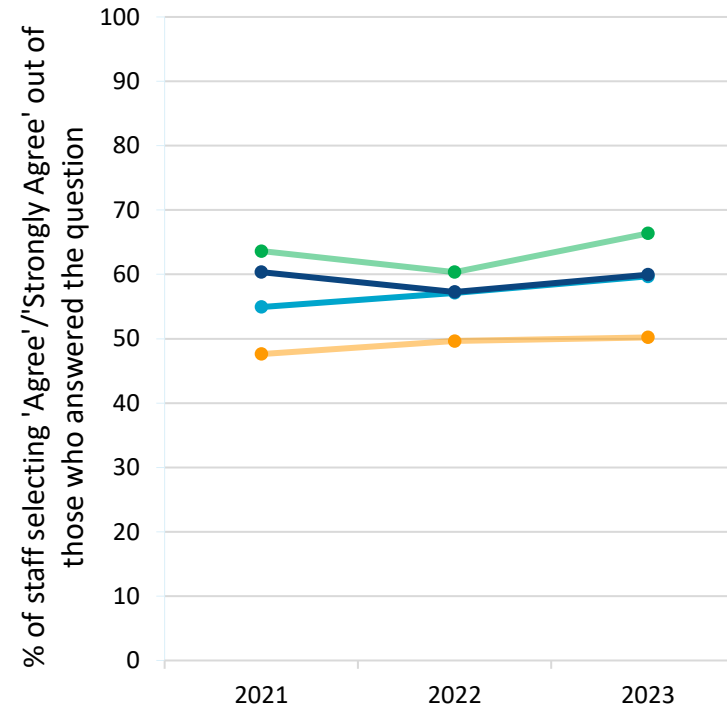
	2021	2022	2023
Your org	60.33%	57.28%	59.97%
Best result	63.62%	60.35%	66.37%
Average result	54.92%	57.13%	59.69%
Worst result	47.64%	49.65%	50.21%
Responses	673	626	785

Q6d I can approach my immediate manager to talk openly about flexible working.
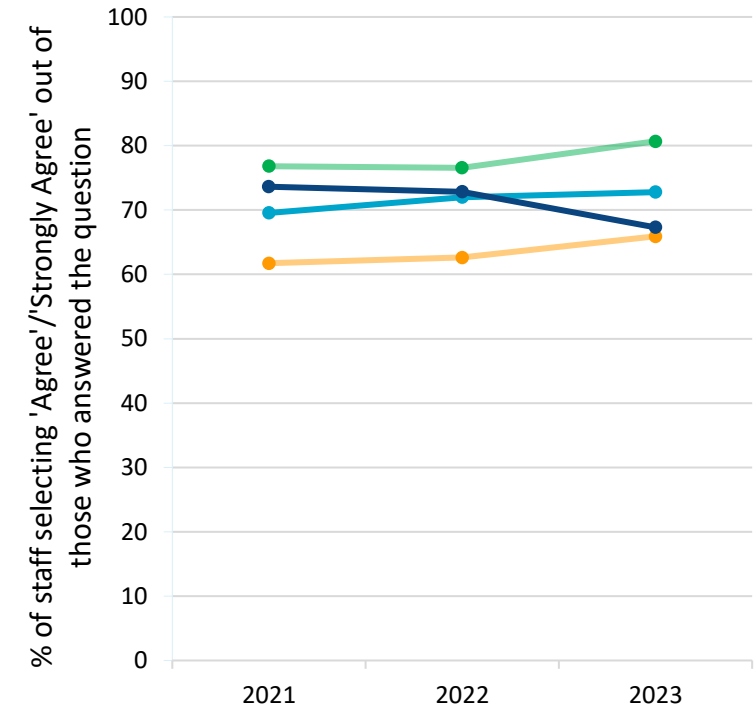
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

|	2021	2022	2023
Your org	73.62%	72.84%	67.32%
Best result	76.81%	76.55%	80.68%
Average result	69.55%	71.99%	72.80%
Worst result	61.73%	62.62%	65.89%
Responses	675	629	784

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question
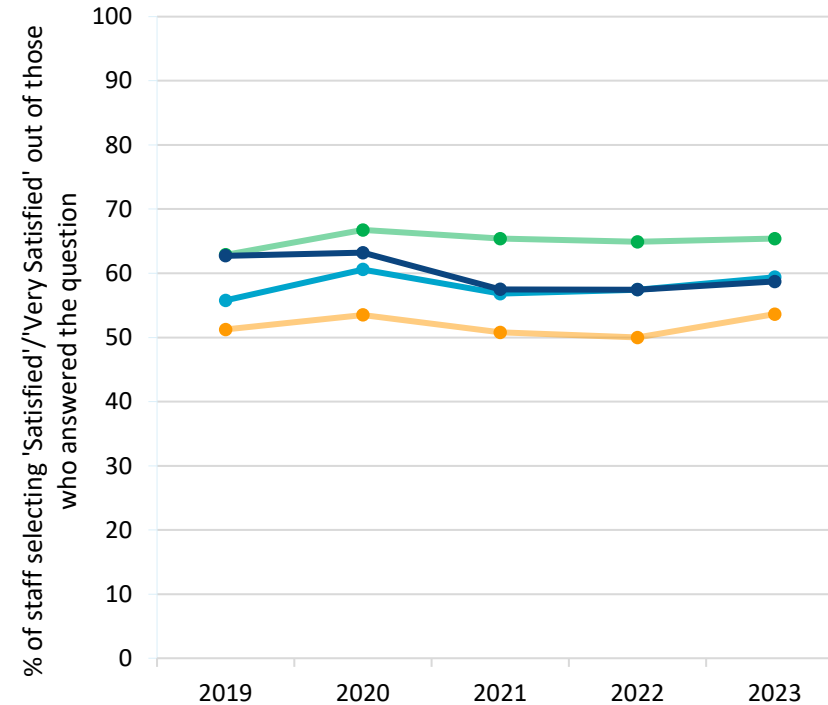
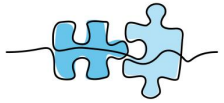|	2019	2020	2021	2022	2023
Your org	62.70%	63.20%	57.49%	57.45%	58.71%
Best result	62.88%	66.74%	65.40%	64.89%	65.39%
Average result	55.76%	60.59%	56.83%	57.45%	59.39%
Worst result	51.24%	53.52%	50.80%	50.00%	53.62%
Responses	523	626	672	626	786

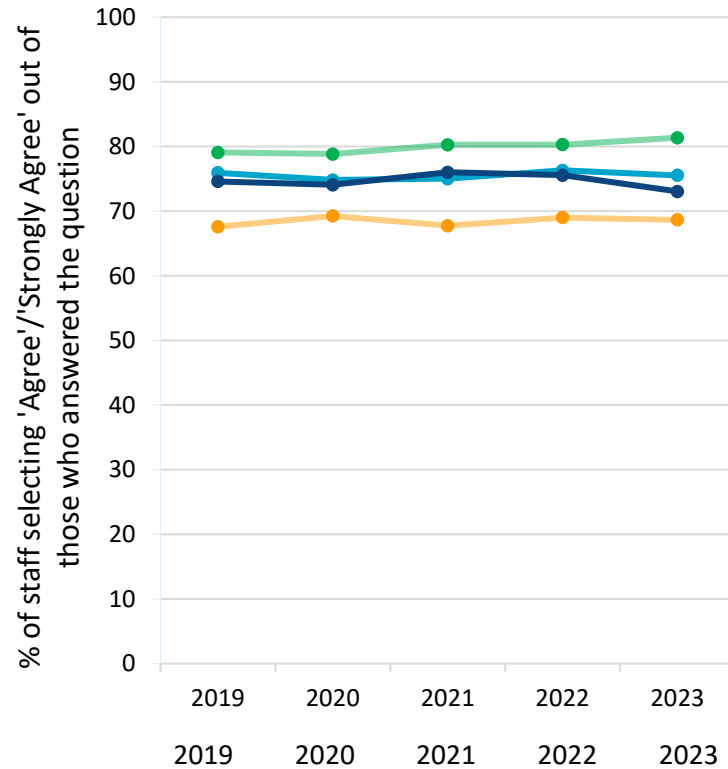# People Promise element – We are a team
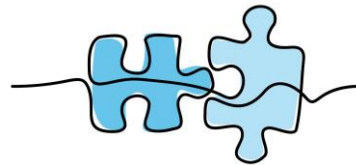
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

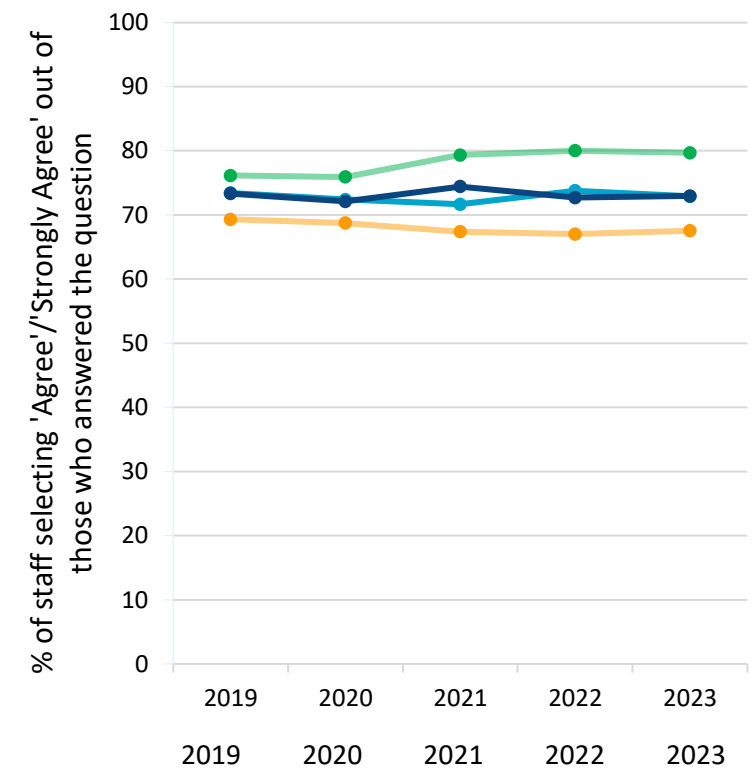## Q7a The team I work in has a set of shared objectives.

Y-axis: % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

	2019	2020	2021	2022	2023
Your org	74.59%	74.09%	76.03%	75.58%	73.04%
Best result	79.08%	78.83%	80.27%	80.29%	81.38%
Average result	75.95%	74.82%	75.03%	76.32%	75.55%
Worst result	67.61%	69.27%	67.76%	69.00%	68.67%
Responses	519	624	678	628	783

Q7b The team I work in often meets to discuss the team's effectiveness.

Y-axis: % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
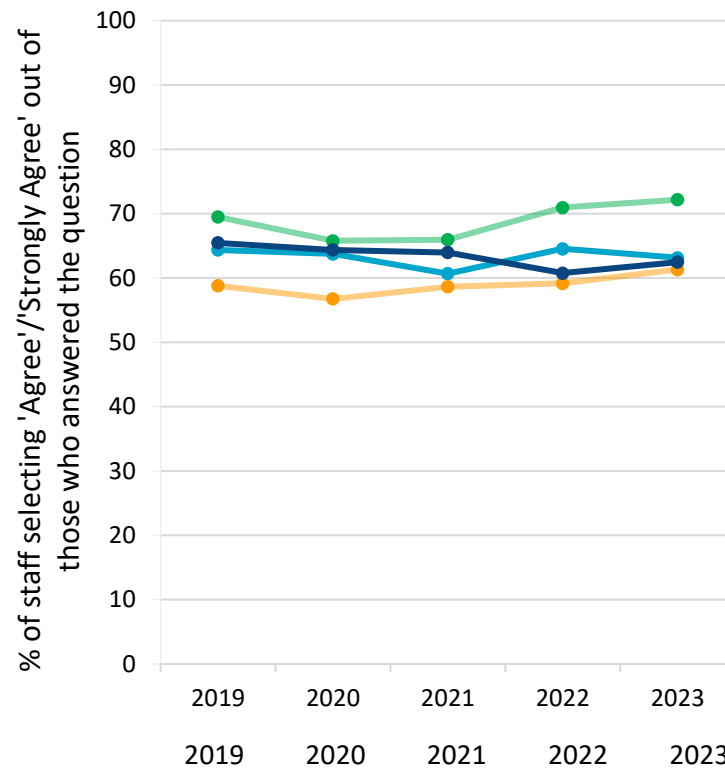
	2019	2020	2021	2022	2023
Your org	65.45%	64.36%	63.98%	60.75%	62.49%
Best result	69.50%	65.79%	65.96%	70.96%	72.19%
Average result	64.37%	63.74%	60.68%	64.54%	63.15%
Worst result	58.80%	56.77%	58.64%	59.17%	61.30%
Responses	520	625	677	629	785

Q7c I receive the respect I deserve from my colleagues at work.

Y-axis: % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

	2019	2020	2021	2022	2023
Your org	73.33%	72.10%	74.42%	72.71%	72.95%
Best result	76.15%	75.93%	79.35%	80.00%	79.68%
Average result	73.44%	72.41%	71.66%	73.76%	72.91%
Worst result	69.31%	68.72%	67.39%	67.00%	67.53%
Responses	520	629	675	629	784
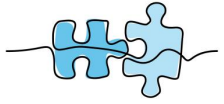
Q7d Team members understand each other's roles.
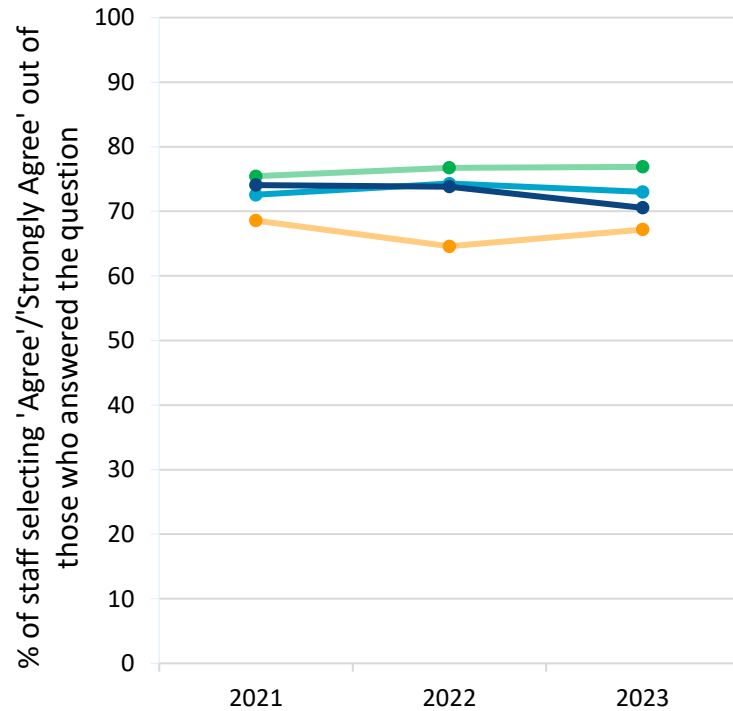
	2021	2022	2023
Your org	74.05%	73.81%	70.54%
Best result	75.42%	76.72%	76.90%
Average result	72.56%	74.28%	72.99%
Worst result	68.57%	64.59%	67.17%
Responses	675	627	783

Q7e I enjoy working with the colleagues in my team.
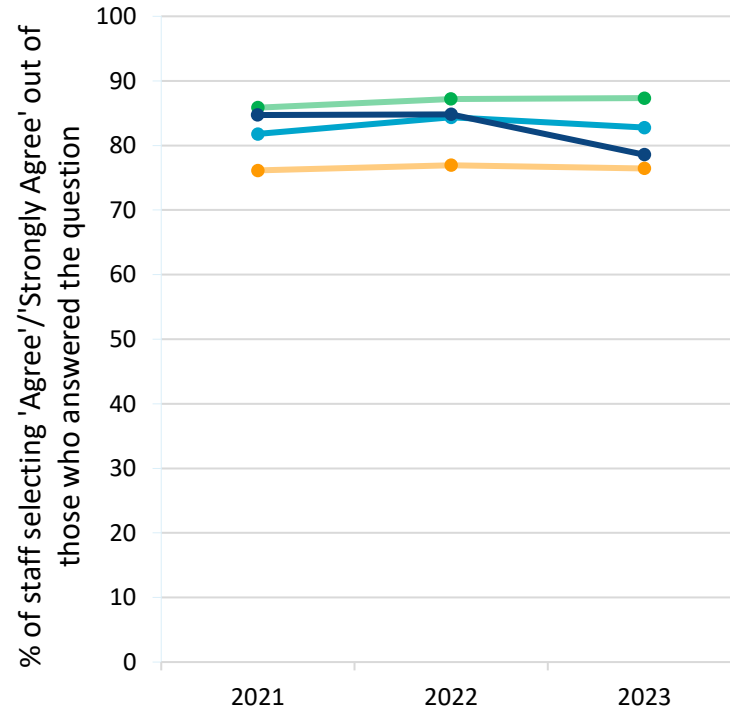
	2021	2022	2023
Your org	84.73%	84.83%	78.59%
Best result	85.87%	87.19%	87.32%
Average result	81.79%	84.35%	82.78%
Worst result	76.12%	76.96%	76.46%
Responses	675	626	786

Q7f My team has enough freedom in how to do its work.
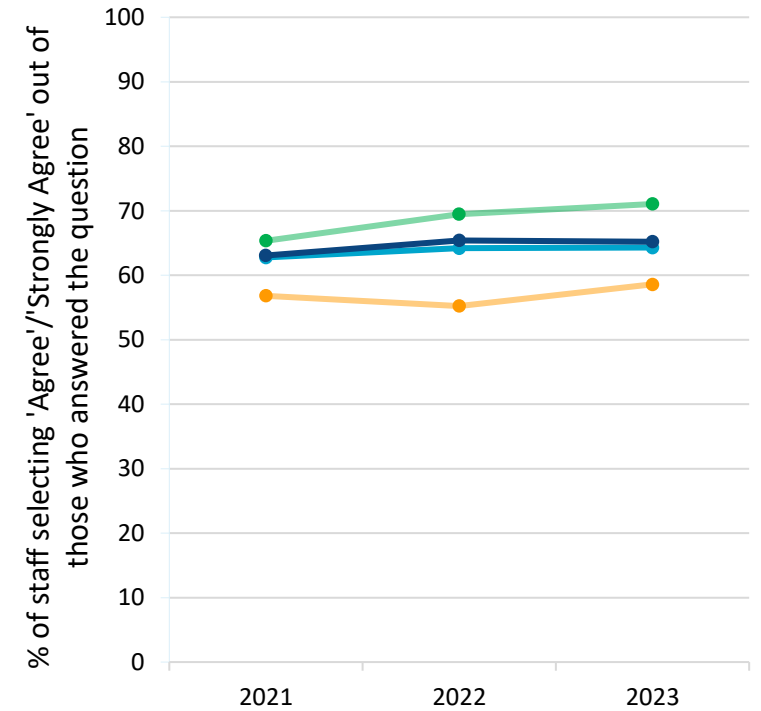
	2021	2022	2023
Your org	63.08%	65.41%	65.20%
Best result	65.35%	69.46%	71.08%
Average result	62.75%	64.20%	64.29%
Worst result	56.82%	55.22%	58.58%
Responses	674	626	785
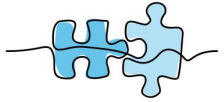
Q7g In my team disagreements are dealt with constructively.
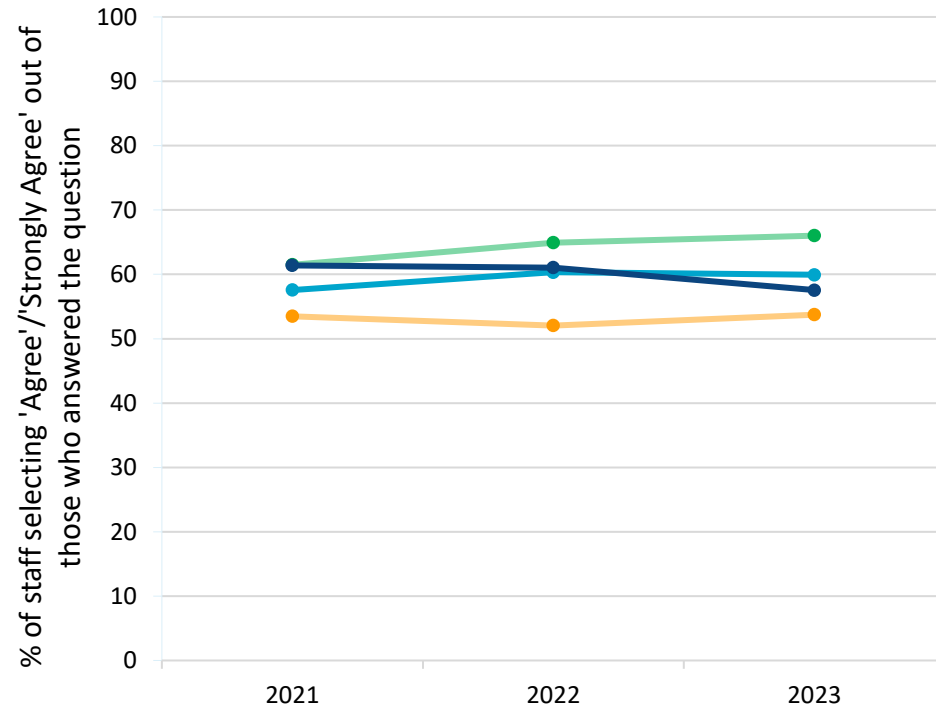
	2021	2022	2023
Your org	61.41%	61.06%	57.54%
Best result	61.51%	64.94%	66.03%
Average result	57.57%	60.34%	59.93%
Worst result	53.48%	52.06%	53.75%
Responses	677	628	782

Q8a Teams within this organisation work well together to achieve their objectives.
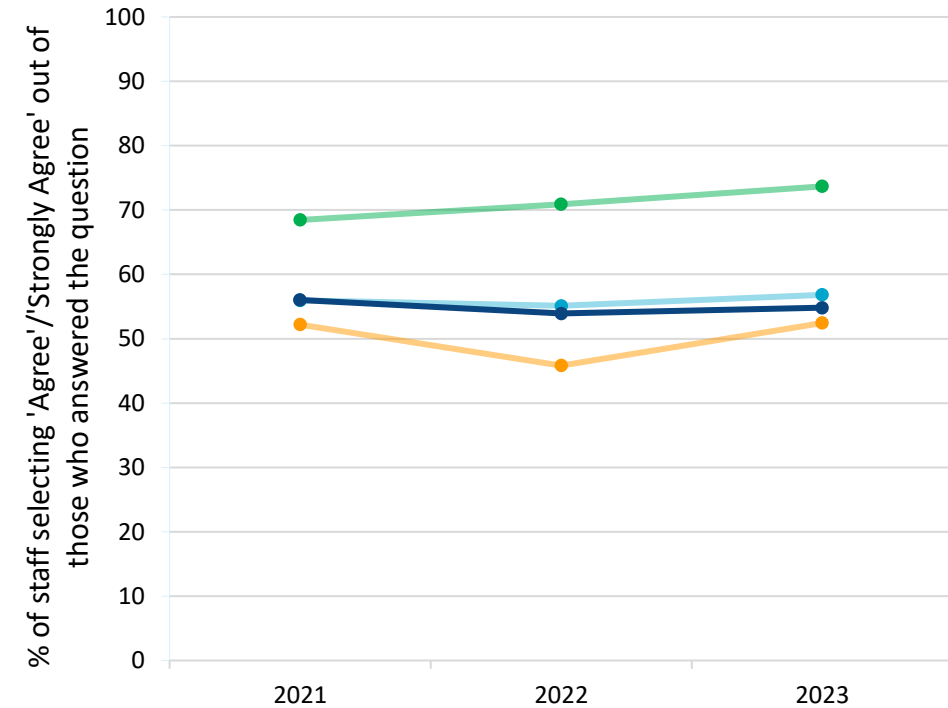
	2021	2022	2023
Your org	55.99%	53.91%	54.82%
Best result	68.47%	70.89%	73.68%
Average result	55.94%	55.12%	56.82%
Worst result	52.19%	45.84%	52.44%
Responses	670	628	787
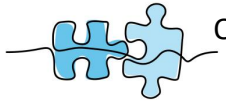
Q9a My immediate manager encourages me at work.
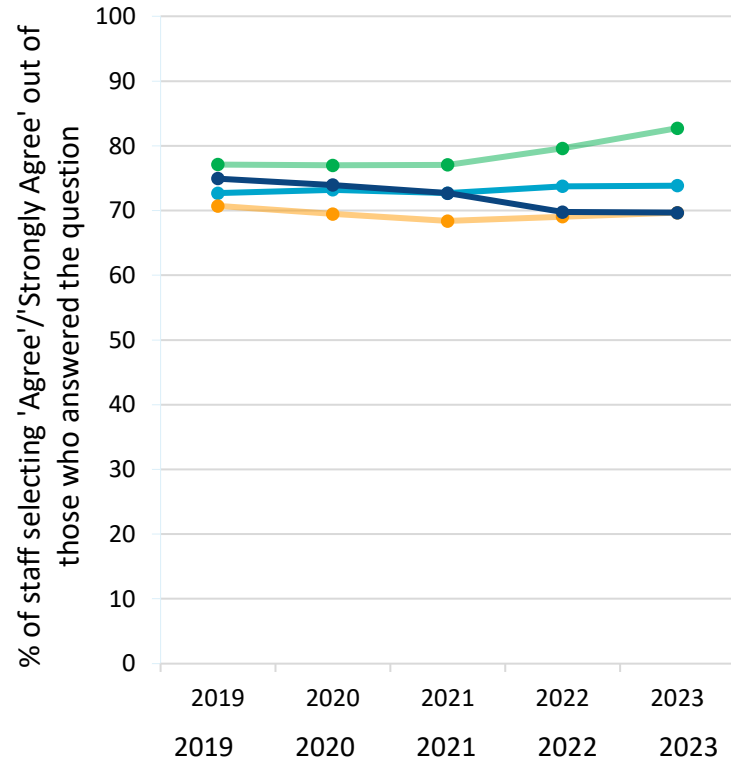
Q9b My immediate manager gives me clear feedback on my work.

Q9c My immediate manager asks for my opinion before making decisions that affect my work.

	2019	2020	2021	2022	2023
Your org	74.92%	73.93%	72.68%	69.76%	69.68%
Best result	77.12%	76.97%	77.05%	79.60%	82.73%
Average result	72.68%	73.20%	72.68%	73.75%	73.85%
Worst result	70.72%	69.47%	68.37%	69.05%	69.68%
Responses	524	626	678	627	790
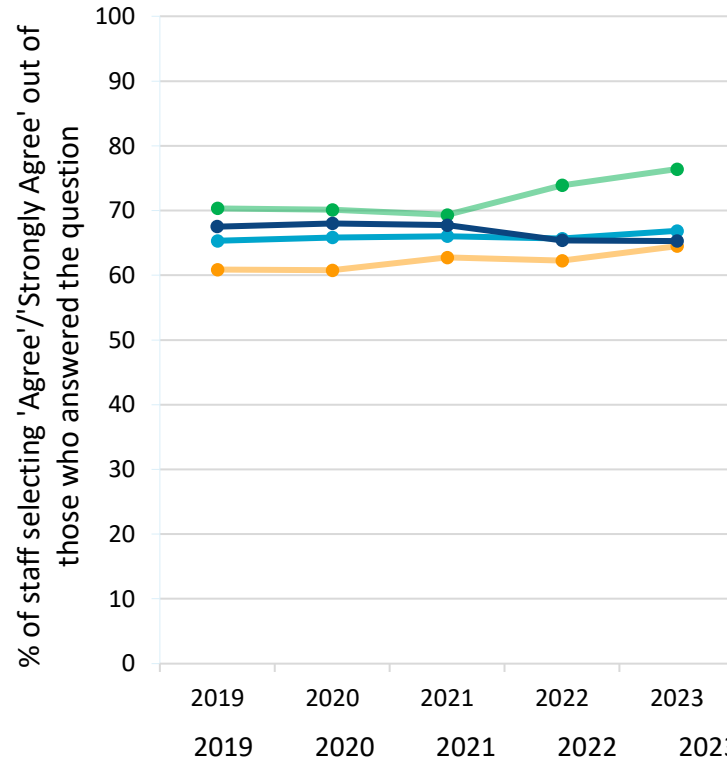
	2019	2020	2021	2022	2023
Your org	67.48%	68.02%	67.74%	65.38%	65.29%
Best result	70.33%	70.11%	69.33%	73.89%	76.39%
Average result	65.32%	65.83%	66.03%	65.67%	66.86%
Worst result	60.87%	60.76%	62.74%	62.26%	64.51%
Responses	521	625	677	629	787

	2019	2020	2021	2022	2023
Your org	62.90%	61.39%	61.72%	59.63%	58.59%
Best result	65.83%	63.36%	63.53%	67.69%	70.29%
Average result	60.24%	61.35%	61.76%	63.10%	63.29%
Worst result	55.32%	54.13%	57.24%	58.97%	58.59%
Responses	520	626	676	628	789
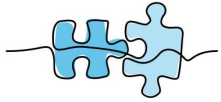
Q9d My immediate manager takes a positive interest in my health and well-being.
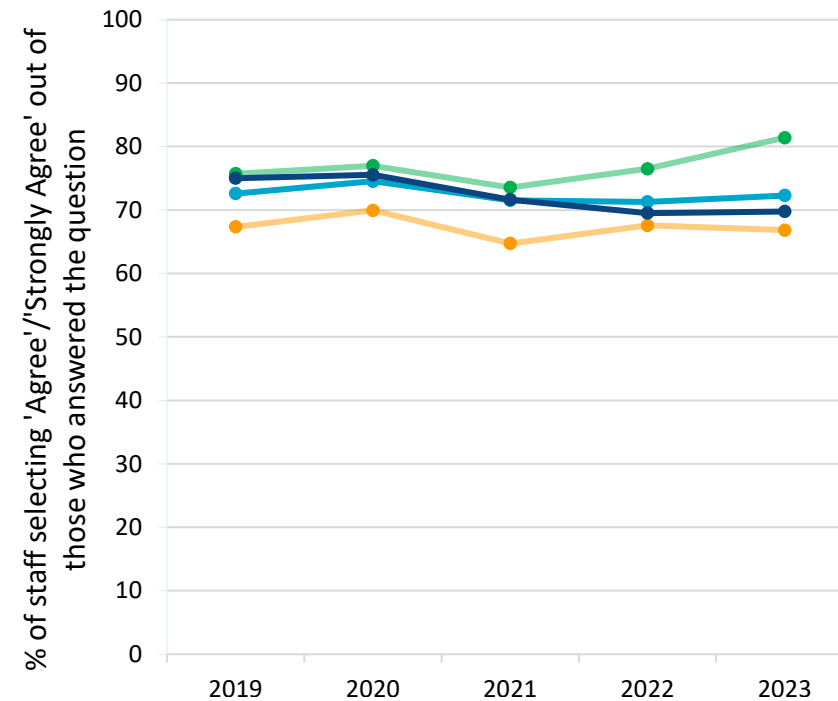
	2019	2020	2021	2022	2023
Your org	75.03%	75.56%	71.64%	69.53%	69.77%
Best result	75.72%	77.00%	73.56%	76.51%	81.39%
Average result	72.60%	74.54%	71.54%	71.30%	72.30%
Worst result	67.35%	69.94%	64.73%	67.59%	66.83%
Responses	522	625	675	627	789

Theme – Staff engagement

Questions included:

Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f
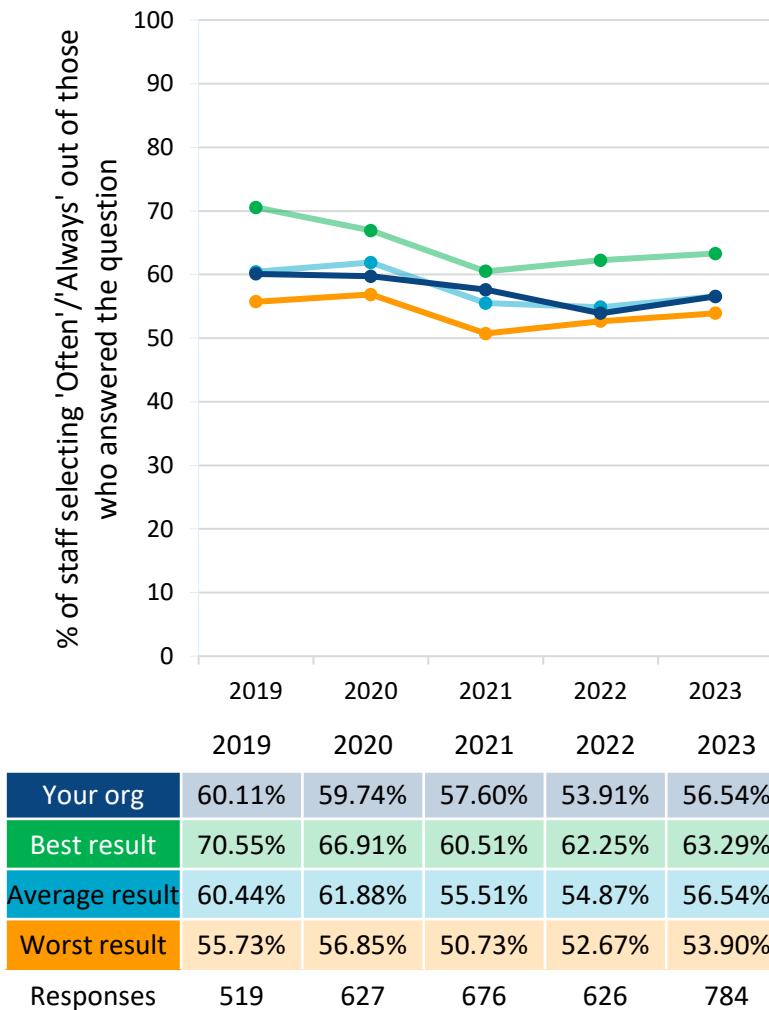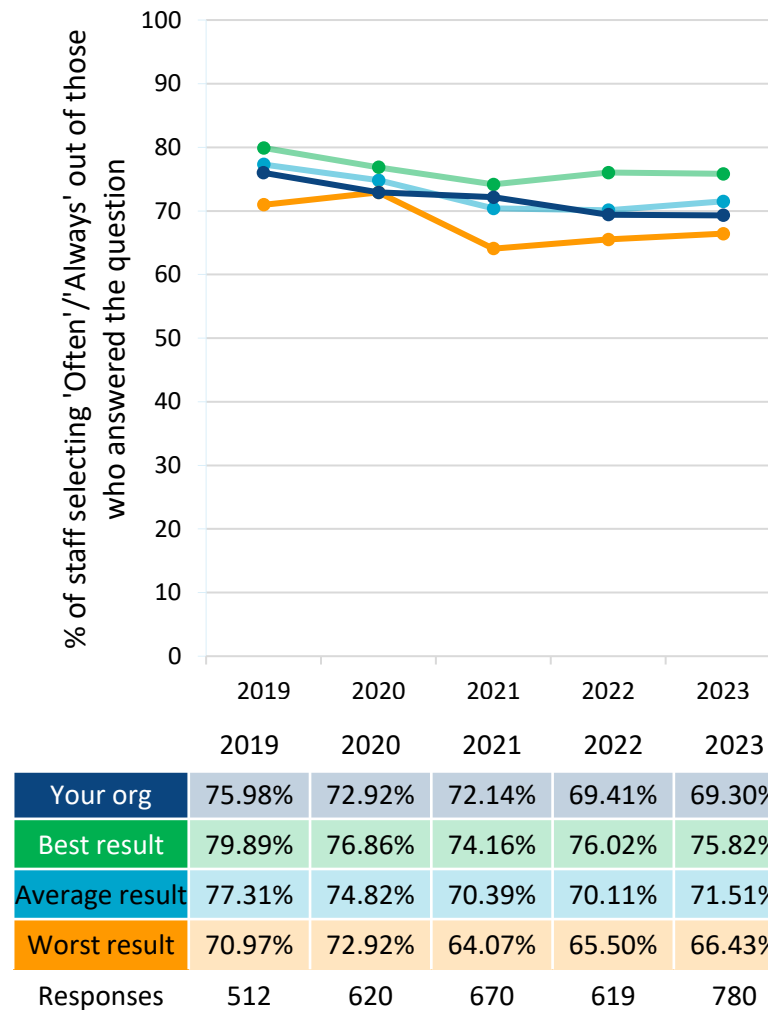
Advocacy – Q25a, Q25c, Q25d

Q2a I look forward to going to work.

	2019	2020	2021	2022	2023
Your org	60.11%	59.74%	57.60%	53.91%	56.54%
Best result	70.55%	66.91%	60.51%	62.25%	63.29%
Average result	60.44%	61.88%	55.51%	54.87%	56.54%
Worst result	55.73%	56.85%	50.73%	52.67%	53.90%
Responses	519	627	676	626	784

Q2b I am enthusiastic about my job.

	2019	2020	2021	2022	2023
Your org	75.98%	72.92%	72.14%	69.41%	69.30%
Best result	79.89%	76.86%	74.16%	76.02%	75.82%
Average result	77.31%	74.82%	70.39%	70.11%	71.51%
Worst result	70.97%	72.92%	64.07%	65.50%	66.43%
Responses	512	620	670	619	780

Q2c Time passes quickly when I am working.

	2019	2020	2021	2022	2023
Your org	75.77%	70.75%	69.91%	70.34%	68.71%
Best result	81.84%	81.65%	79.54%	77.92%	77.35%
Average result	79.50%	78.06%	75.15%	74.73%	74.81%
Worst result	75.77%	70.75%	69.91%	70.34%	68.71%
Responses	511	622	673	621	779

Q3c There are frequent opportunities for me to show initiative in my role.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

	2019	2020	2021	2022	2023
Your org	76.30%	75.15%	76.40%	73.59%	70.38%
Best result	78.62%	77.73%	78.43%	79.95%	79.27%
Average result	75.88%	74.99%	74.81%	74.71%	75.70%
Worst result	70.10%	70.80%	70.30%	71.20%	70.38%
Responses	521	628	677	625	784

Q3d I am able to make suggestions to improve the work of my team / department.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question
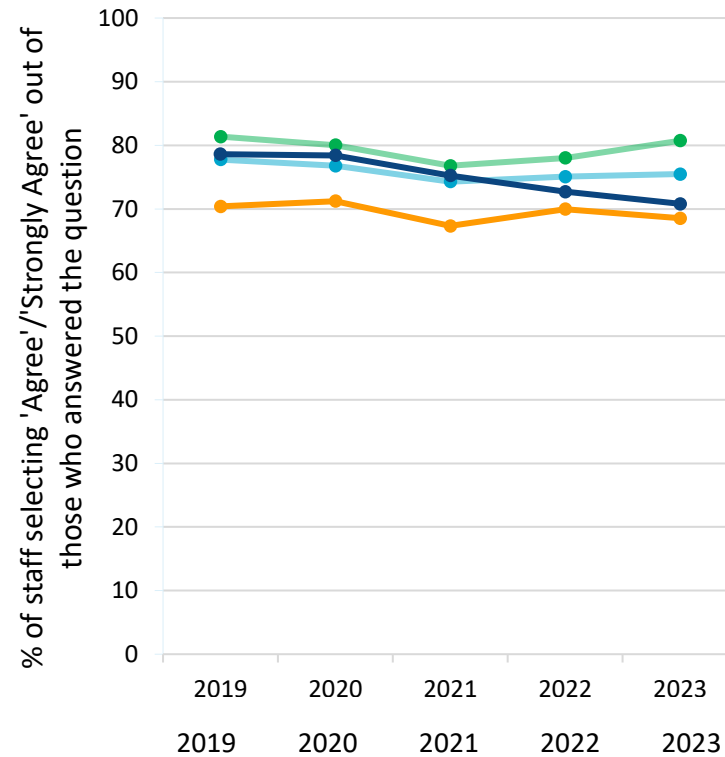
	2019	2020	2021	2022	2023
Your org	78.61%	78.41%	75.24%	72.71%	70.79%
Best result	81.35%	80.02%	76.77%	78.02%	80.73%
Average result	77.76%	76.79%	74.29%	75.06%	75.47%
Worst result	70.40%	71.22%	67.32%	69.97%	68.52%
Responses	521	630	679	626	787

Q3f I am able to make improvements happen in my area of work.
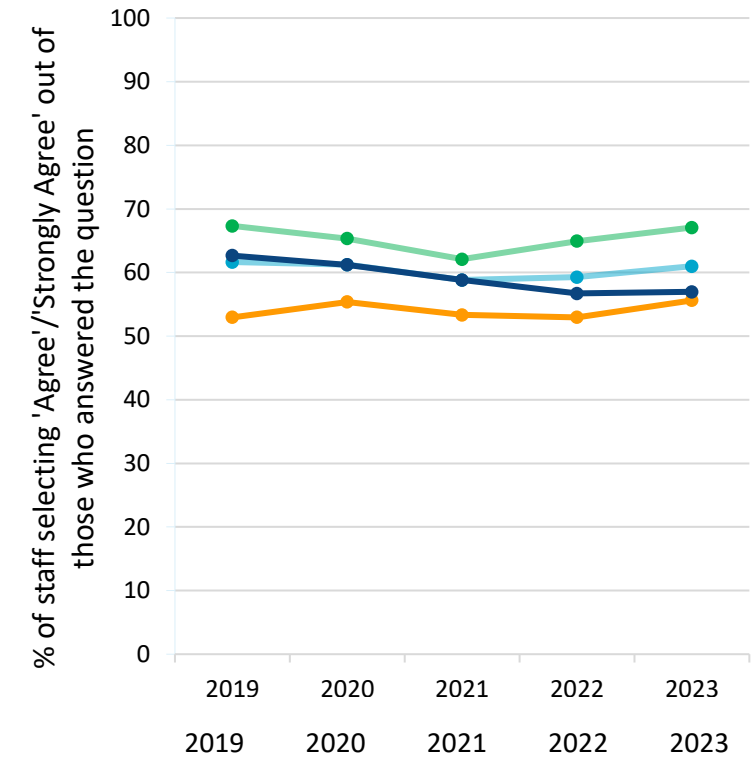
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

	2019	2020	2021	2022	2023
Your org	62.67%	61.22%	58.81%	56.71%	56.95%
Best result	67.33%	65.34%	62.09%	64.93%	67.07%
Average result	61.63%	61.24%	58.81%	59.26%	60.98%
Worst result	52.97%	55.37%	53.35%	52.95%	55.62%
Responses	521	626	675	627	785

Q25a Care of patients / service users is my organisation's top priority.
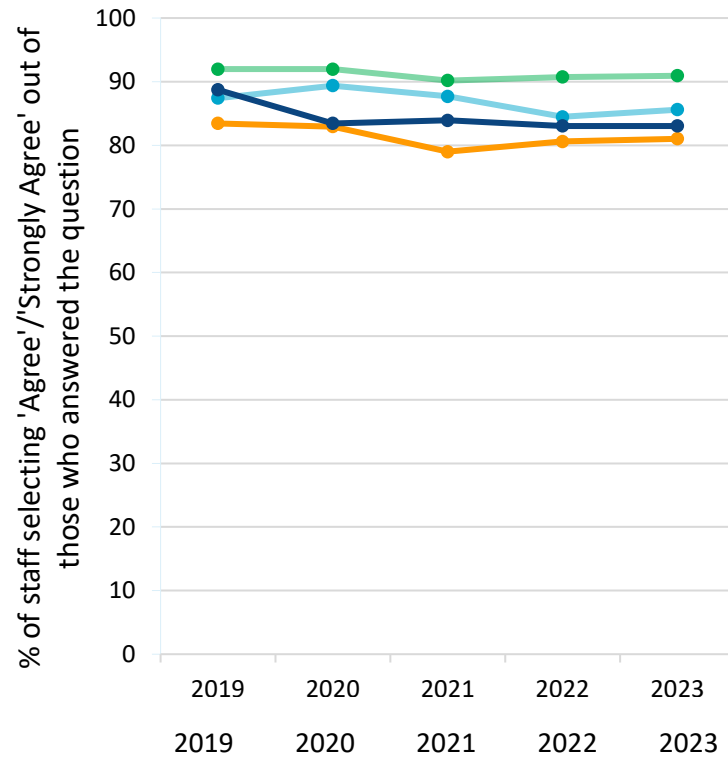
	2019	2020	2021	2022	2023
Your org	88.70%	83.44%	83.91%	83.06%	83.04%
Best result	91.97%	91.97%	90.18%	90.74%	90.94%
Average result	87.41%	89.37%	87.71%	84.48%	85.61%
Worst result	83.44%	82.95%	79.00%	80.60%	81.03%
Responses	520	627	675	623	785

Q25c I would recommend my organisation as a place to work.

	2019	2020	2021	2022	2023
Your org	76.89%	73.47%	73.60%	72.32%	72.86%
Best result	80.94%	79.44%	74.27%	78.15%	82.94%
Average result	73.82%	74.62%	70.65%	68.42%	71.12%
Worst result	62.65%	65.87%	56.45%	61.31%	62.46%
Responses	520	621	675	624	776

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
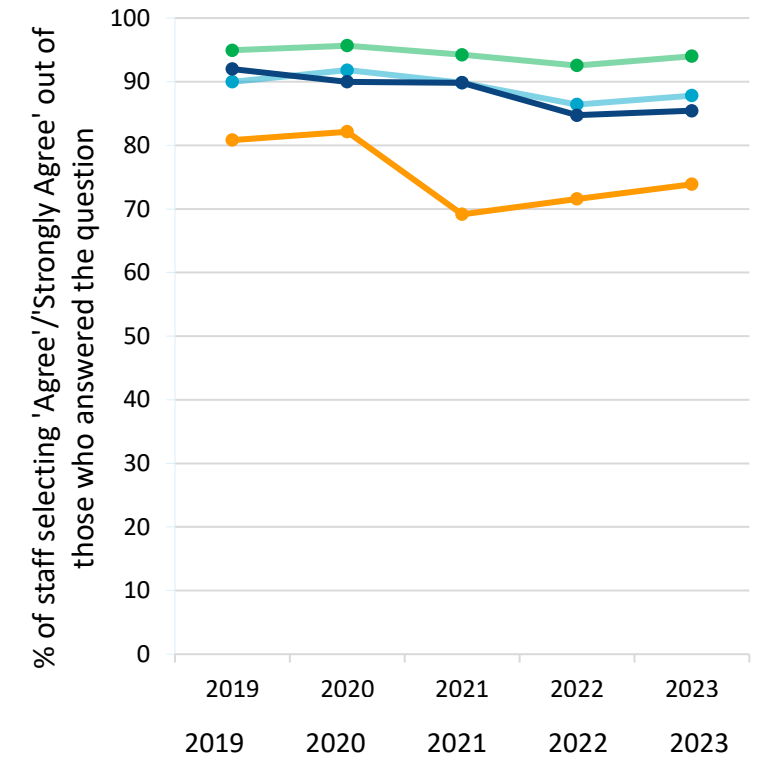
	2019	2020	2021	2022	2023
Your org	92.01%	89.99%	89.84%	84.72%	85.43%
Best result	94.95%	95.67%	94.25%	92.56%	94.02%
Average result	89.98%	91.82%	89.84%	86.42%	87.82%
Worst result	80.84%	82.15%	69.16%	71.58%	73.88%
Responses	521	623	673	622	782

Theme - Morale
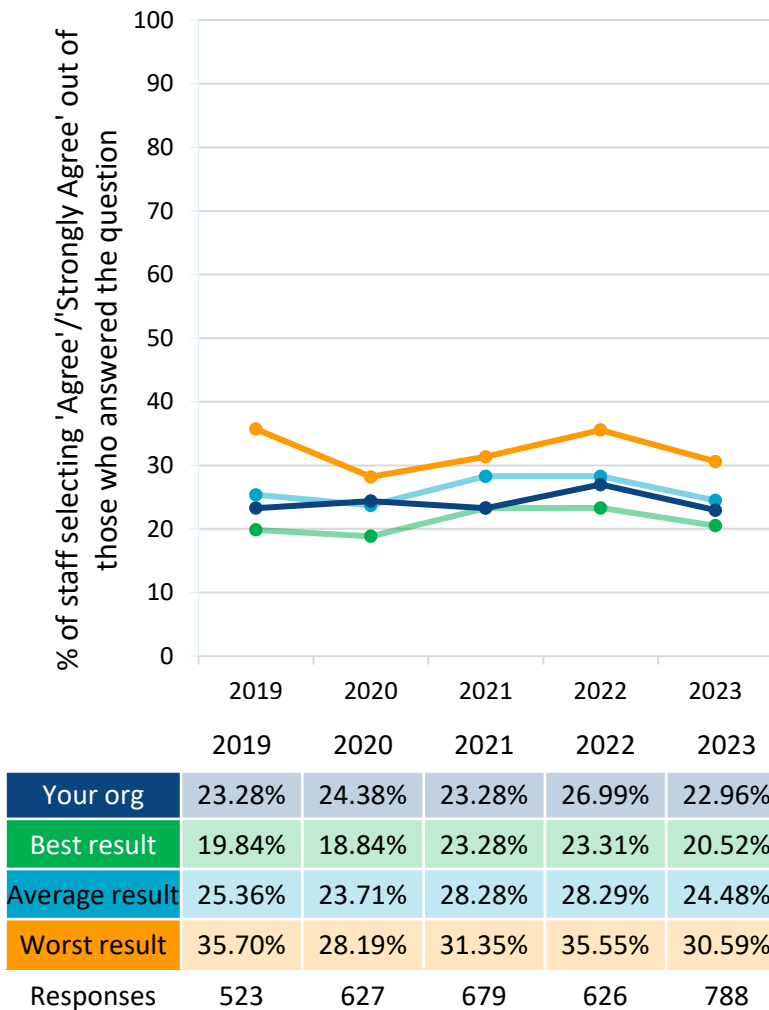
Questions included:

Thinking about leaving – Q26a, Q26b, Q26c
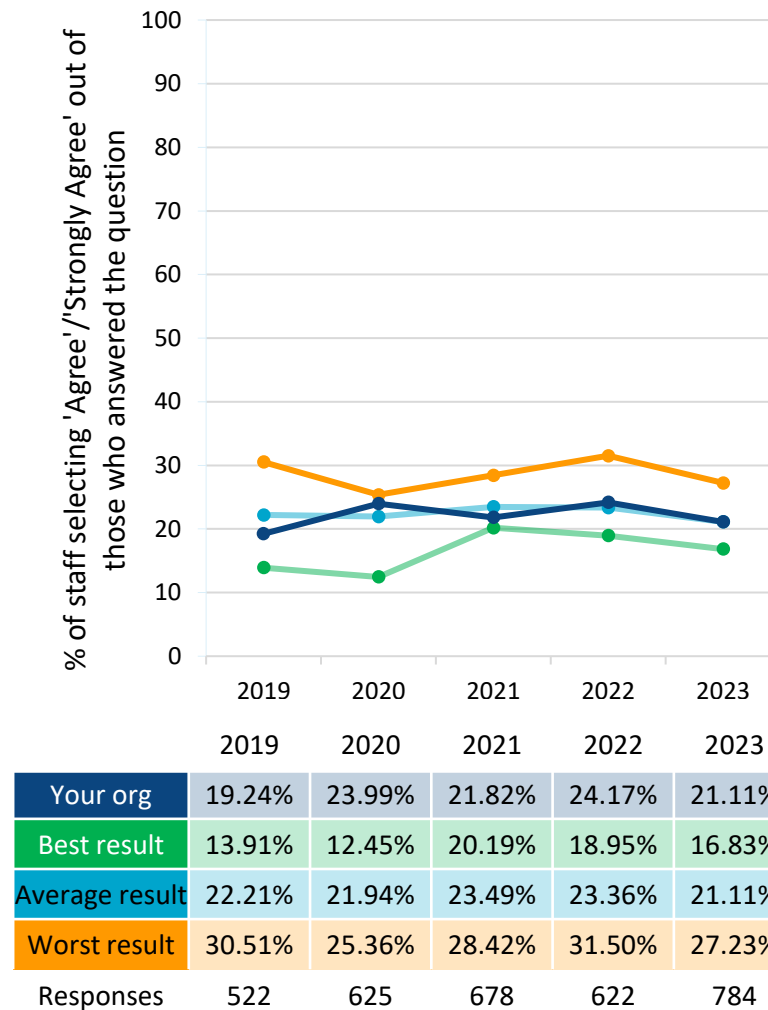
Work pressure – Q3g, Q3h, Q3i
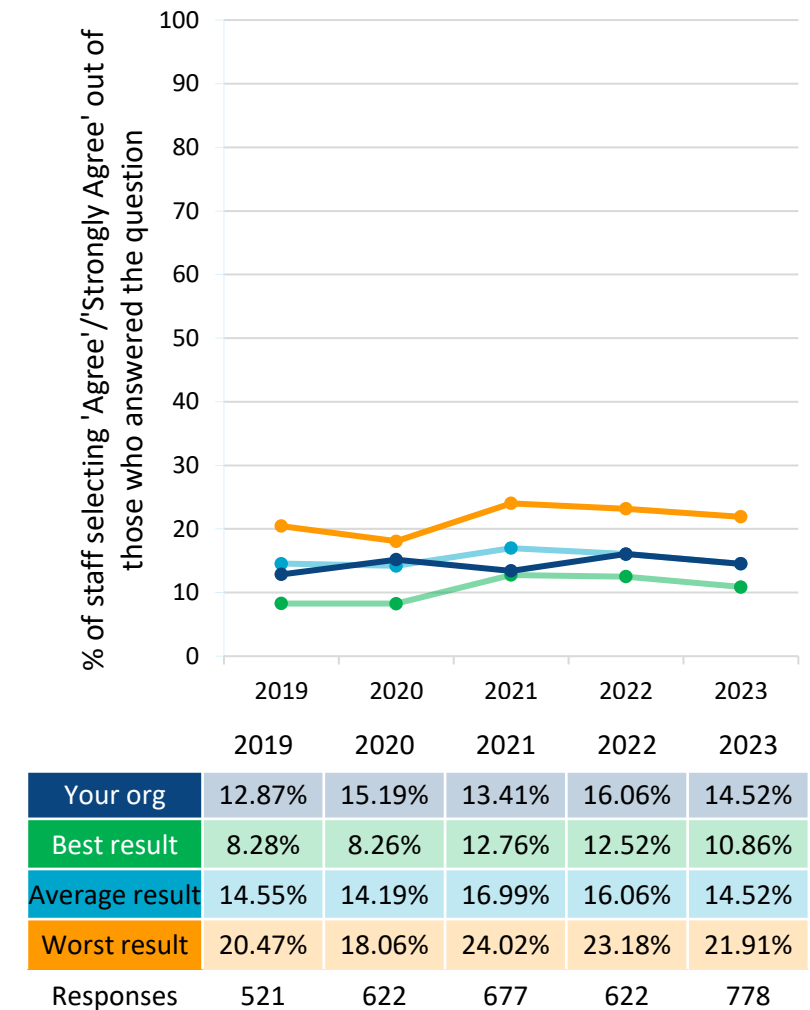
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.

	2019	2020	2021	2022	2023
Your org	23.28%	24.38%	23.28%	26.99%	22.96%
Best result	19.84%	18.84%	23.28%	23.31%	20.52%
Average result	25.36%	23.71%	28.28%	28.29%	24.48%
Worst result	35.70%	28.19%	31.35%	35.55%	30.59%
Responses	523	627	679	626	788

Q26b I will probably look for a job at a new organisation in the next 12 months.

	2019	2020	2021	2022	2023
Your org	19.24%	23.99%	21.82%	24.17%	21.11%
Best result	13.91%	12.45%	20.19%	18.95%	16.83%
Average result	22.21%	21.94%	23.49%	23.36%	21.11%
Worst result	30.51%	25.36%	28.42%	31.50%	27.23%
Responses	522	625	678	622	784

Q26c As soon as I can find another job, I will leave this organisation.

	2019	2020	2021	2022	2023
Your org	12.87%	15.19%	13.41%	16.06%	14.52%
Best result	8.28%	8.26%	12.76%	12.52%	10.86%
Average result	14.55%	14.19%	16.99%	16.06%	14.52%
Worst result	20.47%	18.06%	24.02%	23.18%	21.91%
Responses	521	622	677	622	778

Q3g I am able to meet all the conflicting demands on my time at work.

	2019	2020	2021	2022	2023
Your org	52.11%	56.87%	51.64%	50.82%	57.26%
Best result	56.67%	57.41%	51.95%	53.63%	61.28%
Average result	51.66%	53.45%	46.59%	47.03%	48.59%
Worst result	40.98%	47.50%	40.28%	39.74%	43.34%
Responses	518	627	674	623	786

Q3h I have adequate materials, supplies and equipment to do my work.

	2019	2020	2021	2022	2023
Your org	64.55%	70.11%	64.91%	58.89%	66.64%
Best result	75.25%	73.35%	71.76%	68.82%	75.41%
Average result	64.82%	69.51%	64.68%	62.85%	65.10%
Worst result	55.58%	62.72%	62.72%	56.32%	51.53%
Responses	522	624	673	624	784

Q3i There are enough staff at this organisation for me to do my job properly.

	2019	2020	2021	2022	2023
Your org	49.45%	50.72%	38.67%	37.07%	45.55%
Best result	49.45%	53.47%	41.03%	44.04%	54.58%
Average result	43.94%	49.17%	34.82%	33.92%	41.18%
Worst result	25.16%	37.85%	24.91%	23.89%	30.30%
Responses	519	626	676	627	786

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Q3a I always know what my work responsibilities are.

	2019	2020	2021	2022	2023
Your org	85.54%	87.48%	88.46%	86.64%	84.15%
Best result	91.19%	89.15%	88.46%	89.69%	90.29%
Average result	87.76%	87.32%	86.84%	86.84%	87.39%
Worst result	82.58%	84.42%	84.59%	85.40%	84.15%
Responses	524	629	679	628	788

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.
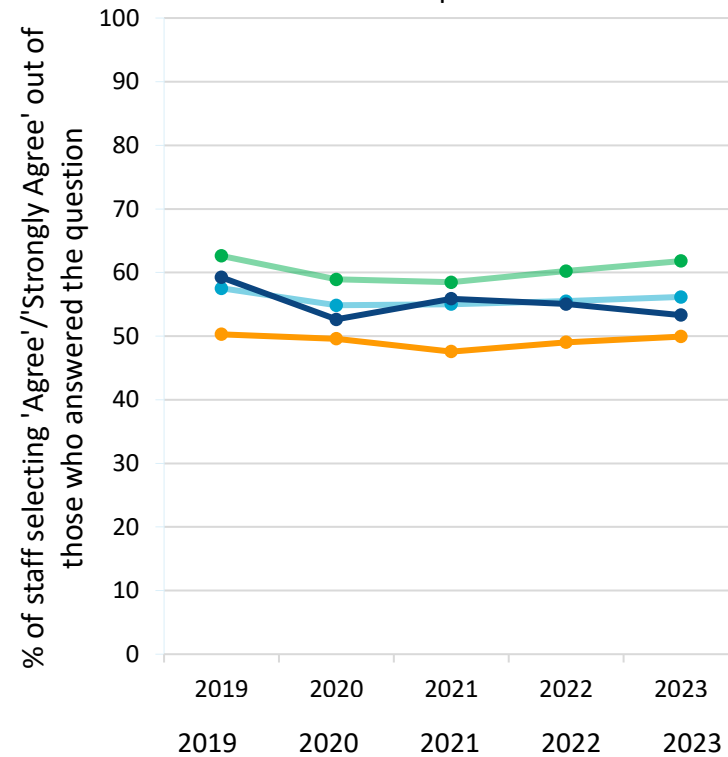
	2019	2020	2021	2022	2023
Your org	59.24%	52.64%	55.87%	55.04%	53.32%
Best result	62.62%	58.93%	58.46%	60.22%	61.81%
Average result	57.50%	54.83%	55.01%	55.51%	56.14%
Worst result	50.29%	49.60%	47.58%	49.04%	49.95%
Responses	520	629	674	625	788

Q5a I have unrealistic time pressures.
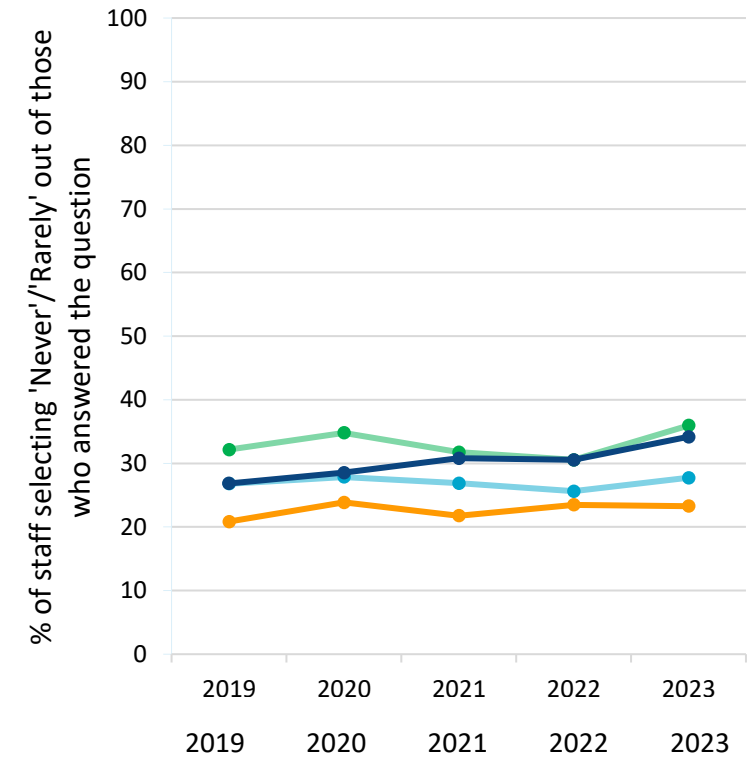
	2019	2020	2021	2022	2023
Your org	26.84%	28.54%	30.79%	30.54%	34.17%
Best result	32.15%	34.79%	31.74%	30.54%	35.96%
Average result	26.79%	27.86%	26.88%	25.60%	27.72%
Worst result	20.84%	23.85%	21.76%	23.48%	23.29%
Responses	519	626	672	621	787

Q5b I have a choice in deciding how to do my work.

	2019	2020	2021	2022	2023
Your org	60.79%	61.31%	57.23%	59.03%	55.39%
Best result	62.60%	63.05%	61.58%	61.10%	62.96%
Average result	59.12%	58.63%	56.64%	58.21%	57.39%
Worst result	49.96%	49.45%	45.78%	46.24%	46.47%
Responses	519	623	670	625	784
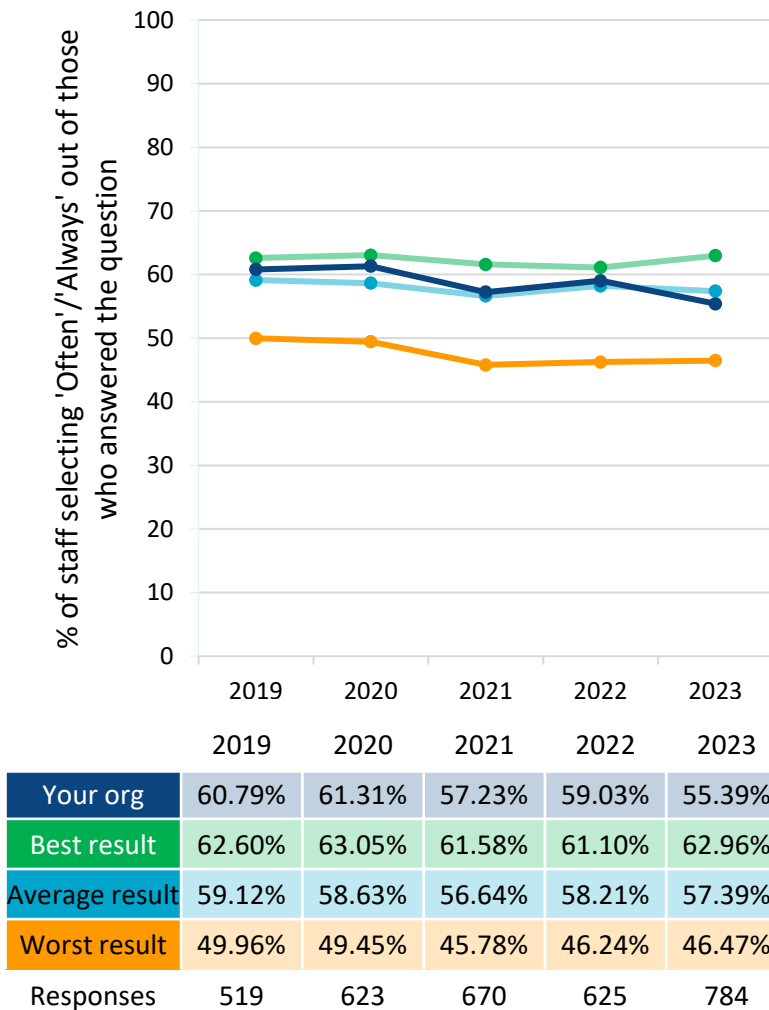
Q5c Relationships at work are strained.
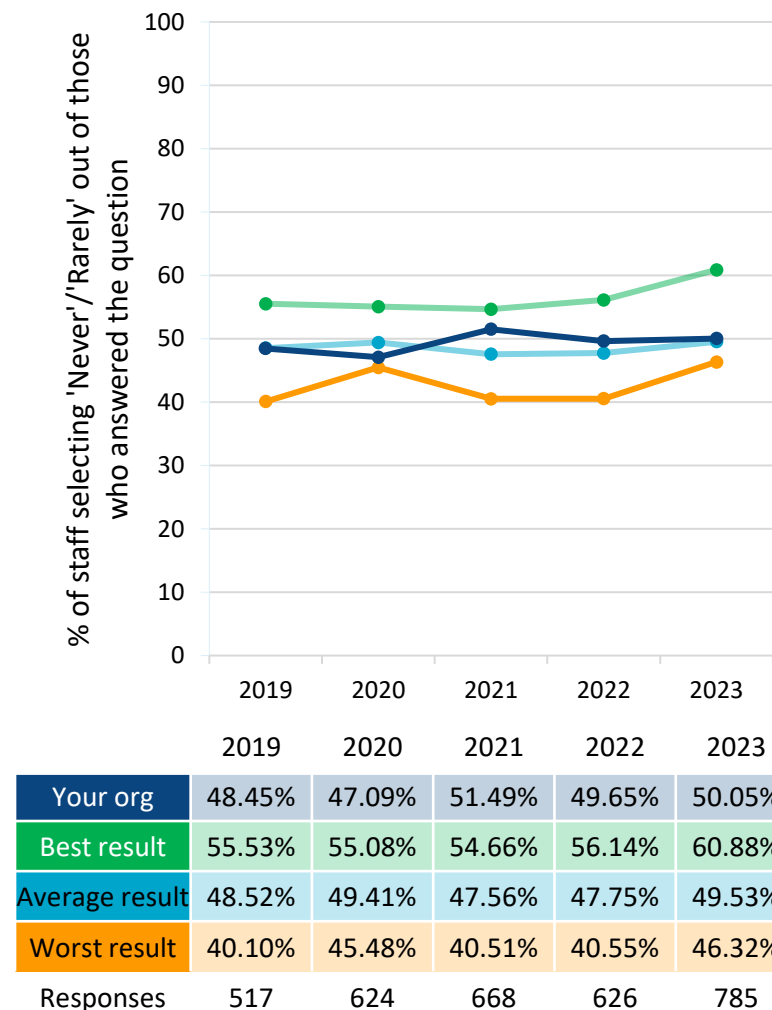
	2019	2020	2021	2022	2023
Your org	48.45%	47.09%	51.49%	49.65%	50.05%
Best result	55.53%	55.08%	54.66%	56.14%	60.88%
Average result	48.52%	49.41%	47.56%	47.75%	49.53%
Worst result	40.10%	45.48%	40.51%	40.55%	46.32%
Responses	517	624	668	626	785

Q7c I receive the respect I deserve from my colleagues at work.

	2019	2020	2021	2022	2023
Your org	73.33%	72.10%	74.42%	72.71%	72.95%
Best result	76.15%	75.93%	79.35%	80.00%	79.68%
Average result	73.44%	72.41%	71.66%	73.76%	72.91%
Worst result	69.31%	68.72%	67.39%	67.00%	67.53%
Responses	520	629	675	629	784
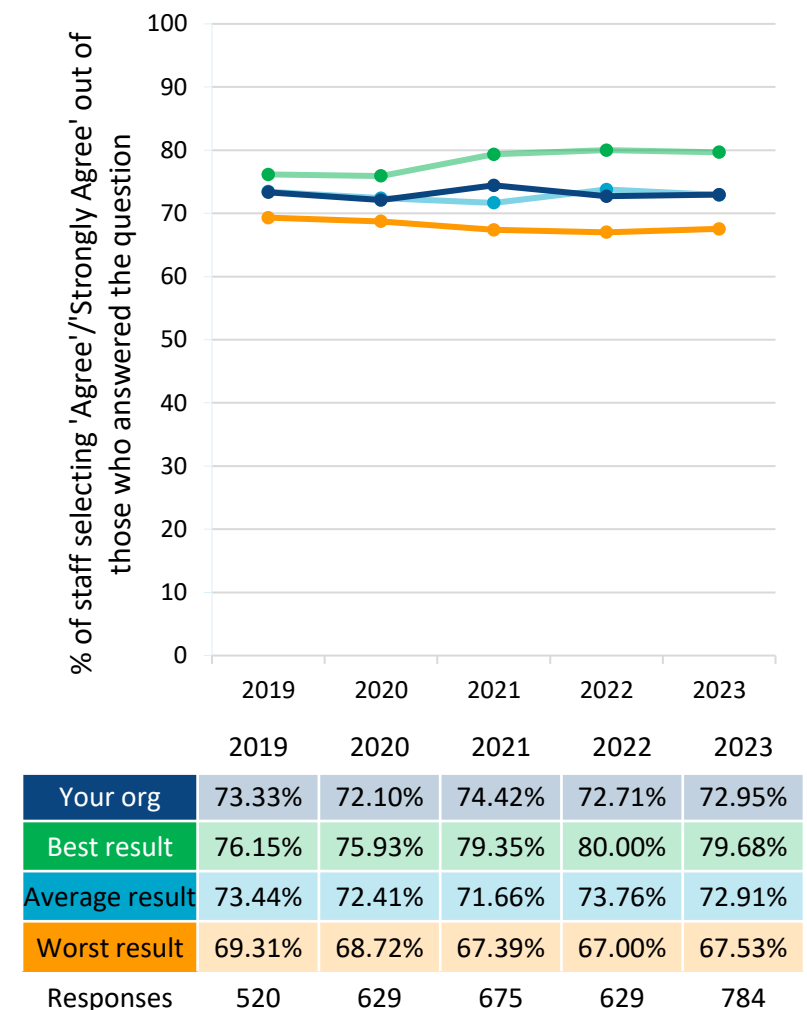
Q9a My immediate manager encourages me at work.
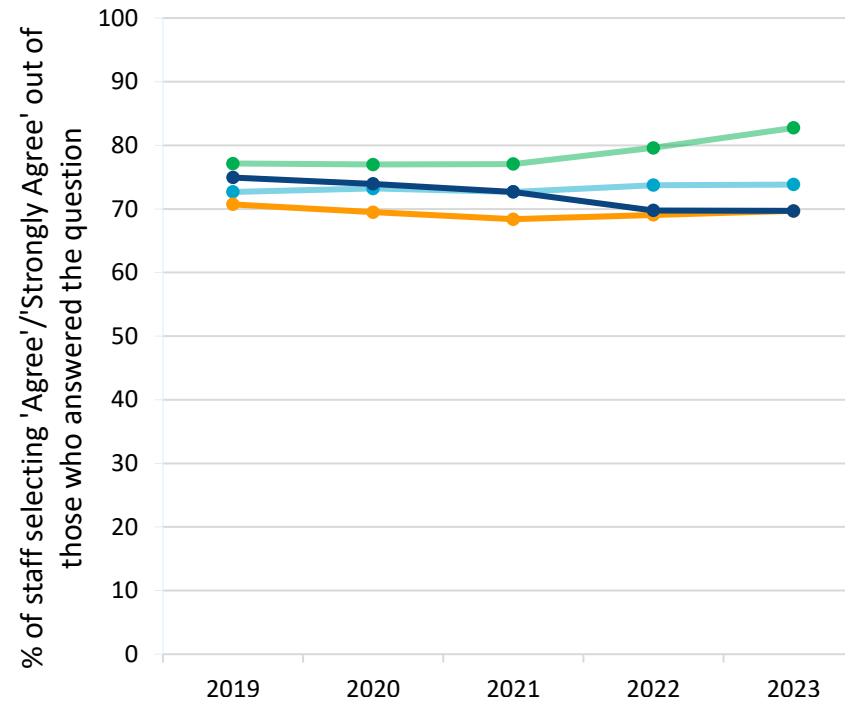
	2019	2020	2021	2022	2023
Your org	74.92%	73.93%	72.68%	69.76%	69.68%
Best result	77.12%	76.97%	77.05%	79.60%	82.73%
Average result	72.68%	73.20%	72.68%	73.75%	73.85%
Worst result	70.72%	69.47%	68.37%	69.05%	69.68%
Responses	524	626	678	627	790

Question not linked to People Promise elements or themes

Questions included:*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?
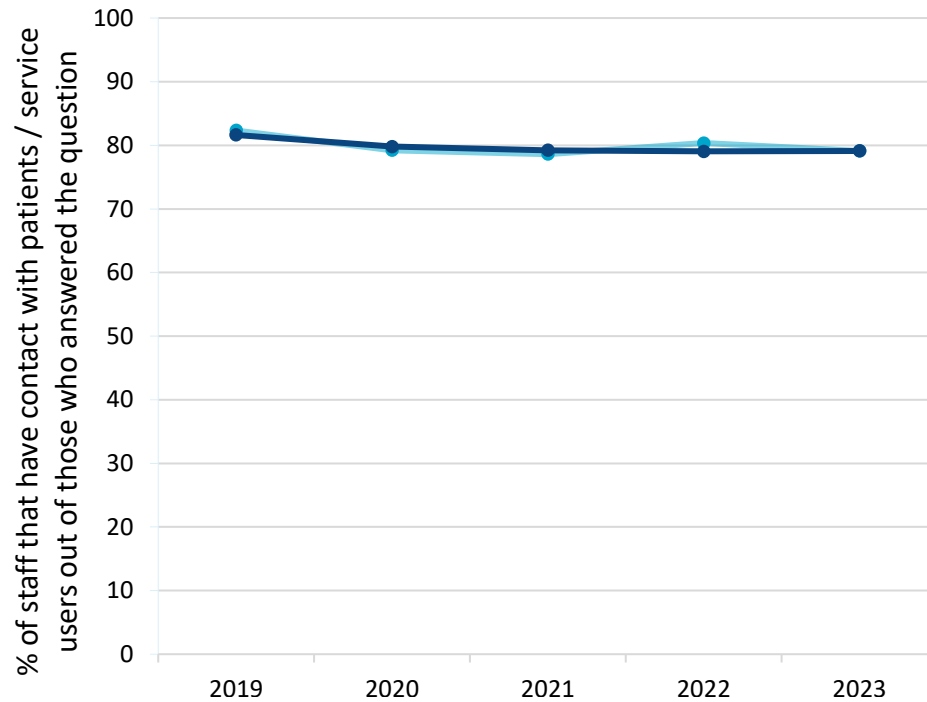
	2019	2020	2021	2022	2023
Your org	81.63%	79.80%	79.23%	79.03%	79.13%
Average	82.35%	79.23%	78.63%	80.36%	79.13%
Responses	490	609	674	620	781

Q10a How many hours a week are you contracted to work?
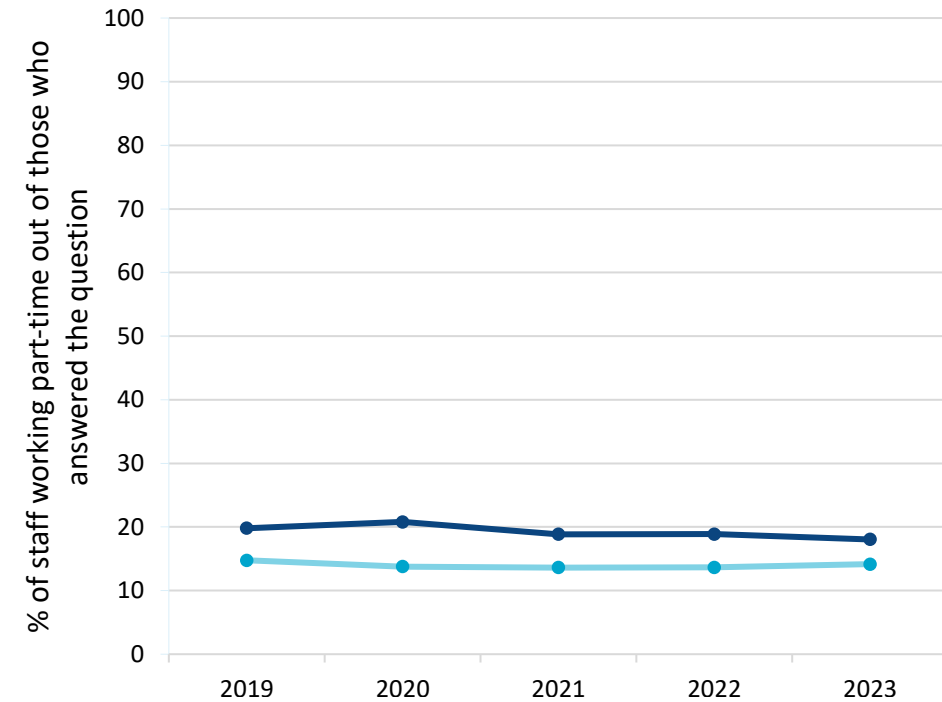
	2019	2020	2021	2022	2023
Your org	19.77%	20.77%	18.85%	18.88%	18.06%
Average	14.74%	13.77%	13.61%	13.64%	14.15%
Responses	440	568	642	588	720

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?
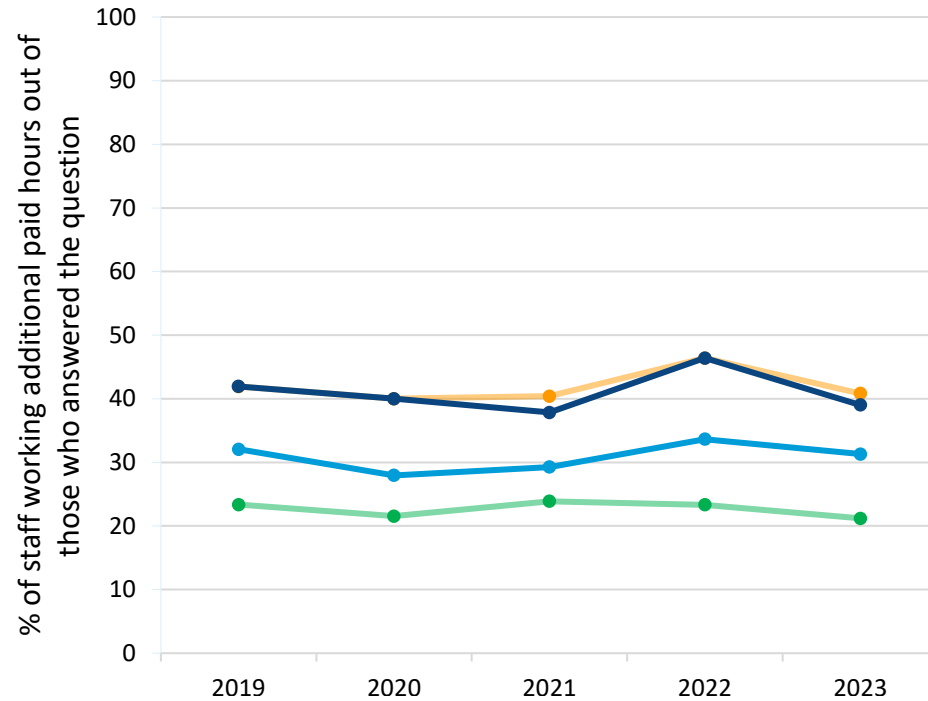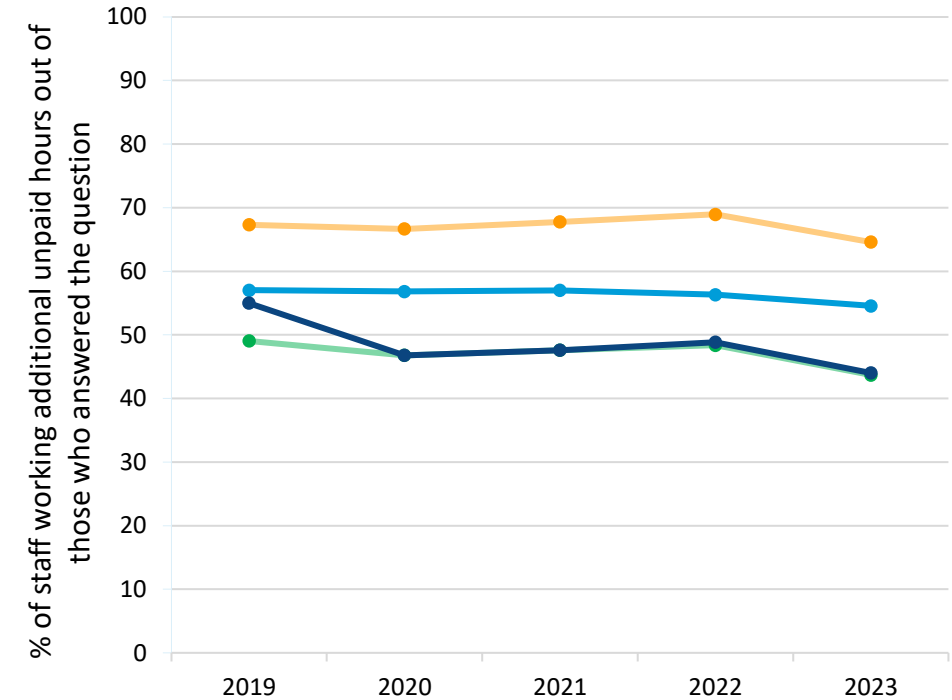
Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?
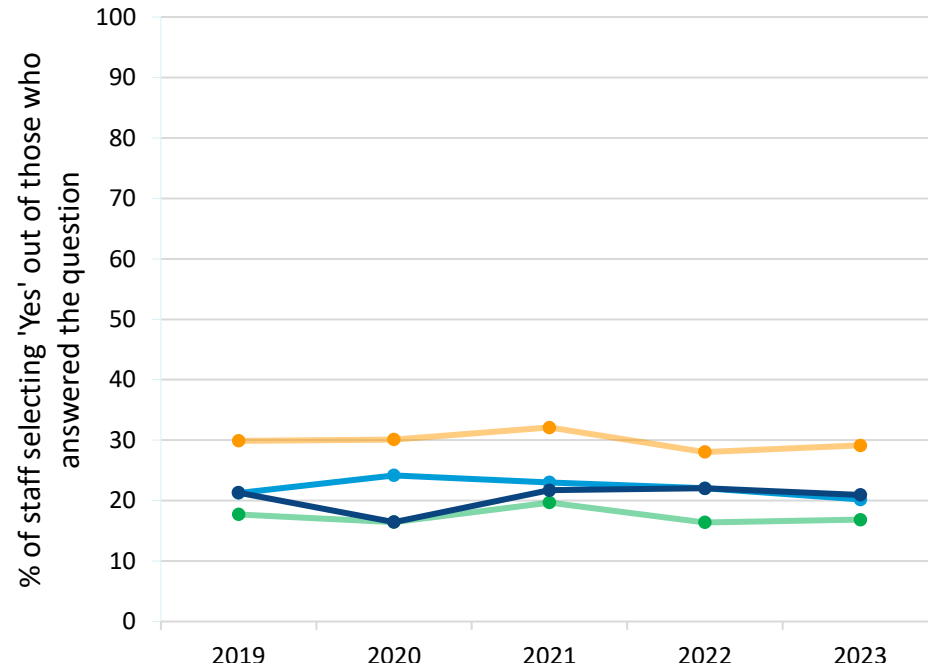

	2019	2020	2021	2022	2023
Your org	41.91%	40.00%	37.83%	46.40%	39.01%
Lowest	23.35%	21.55%	23.87%	23.33%	21.19%
Average	32.04%	27.96%	29.27%	33.63%	31.30%
Highest	41.91%	40.00%	40.42%	46.40%	40.83%
Responses	515	612	622	584	741

	2019	2020	2021	2022	2023
Your org	54.95%	46.79%	47.60%	48.85%	44.01%
Lowest	49.05%	46.79%	47.60%	48.37%	43.69%
Average	57.03%	56.82%	56.99%	56.32%	54.56%
Highest	67.32%	66.66%	67.76%	68.96%	64.60%
Responses	514	613	638	590	740

Q11e* Have you felt pressure from your manager to come to work?

	2019	2020	2021	2022	2023
Your org	21.33%	16.45%	21.72%	22.03%	20.96%
Best result	17.73%	16.45%	19.68%	16.39%	16.86%
Average result	21.27%	24.18%	23.03%	22.03%	20.18%
Worst result	29.91%	30.11%	32.09%	28.04%	29.13%
Responses	270	272	310	306	398

*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.
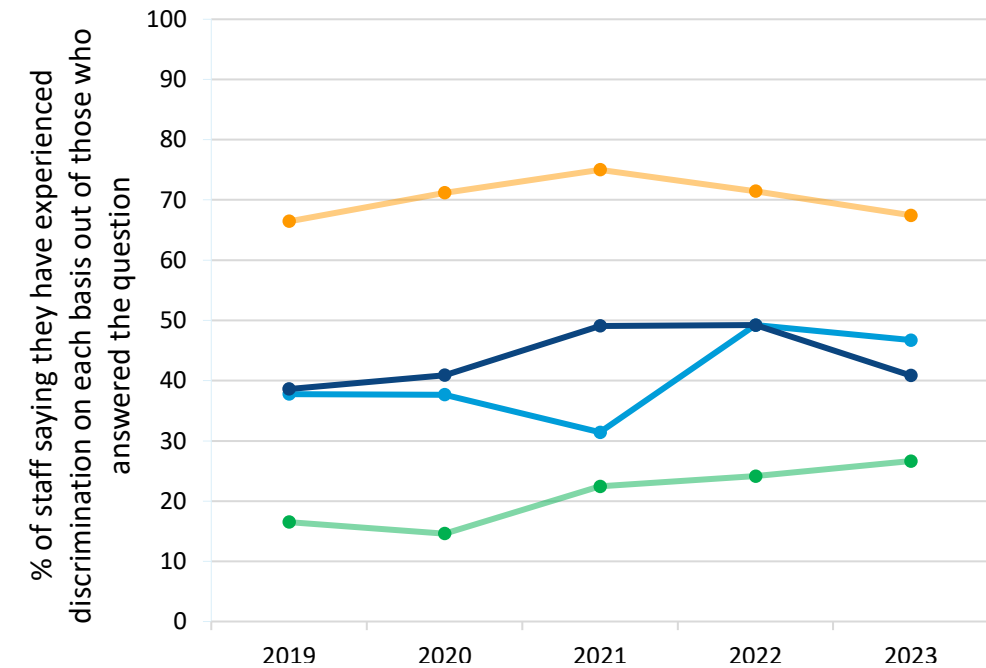
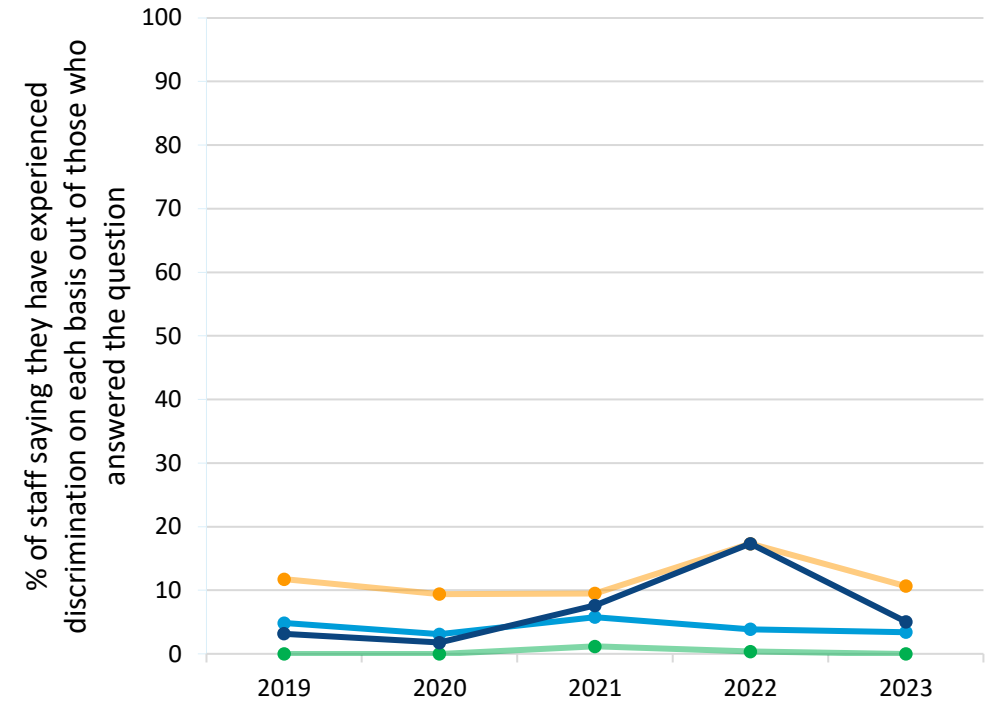|	2019	2020	2021	2022	2023
Your org	38.58%	40.89%	49.07%	49.21%	40.86%
Best result	16.54%	14.62%	22.44%	24.15%	26.64%
Average result	37.77%	37.67%	31.41%	49.21%	46.73%
Worst result	66.46%	71.18%	75.01%	71.43%	67.42%
Responses	58	58	62	73	93

Q16c.2 On what grounds have you experienced discrimination?
– Gender.

Q16c.3 On what grounds have you experienced discrimination?
– Religion.
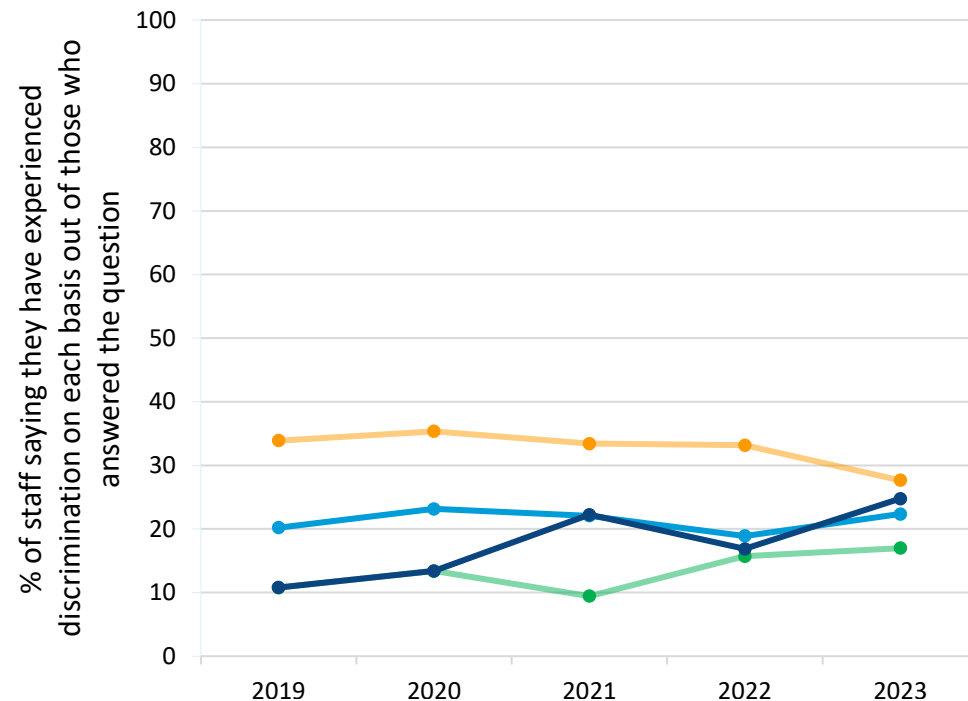
	2019	2020	2021	2022	2023
Your org	10.77%	13.39%	22.24%	16.86%	24.76%
Best result	10.77%	13.39%	9.43%	15.71%	16.98%
Average result	20.22%	23.14%	22.08%	18.89%	22.35%
Worst result	33.89%	35.36%	33.41%	33.16%	27.66%
Responses	58	58	62	73	93

	2019	2020	2021	2022	2023
Your org	3.14%	1.79%	7.61%	17.32%	5.05%
Best result	0.00%	0.00%	1.18%	0.38%	0.00%
Average result	4.86%	3.09%	5.78%	3.86%	3.42%
Worst result	11.74%	9.40%	9.51%	17.32%	10.66%
Responses	58	58	62	73	93

Q16c.4 On what grounds have you experienced discrimination?
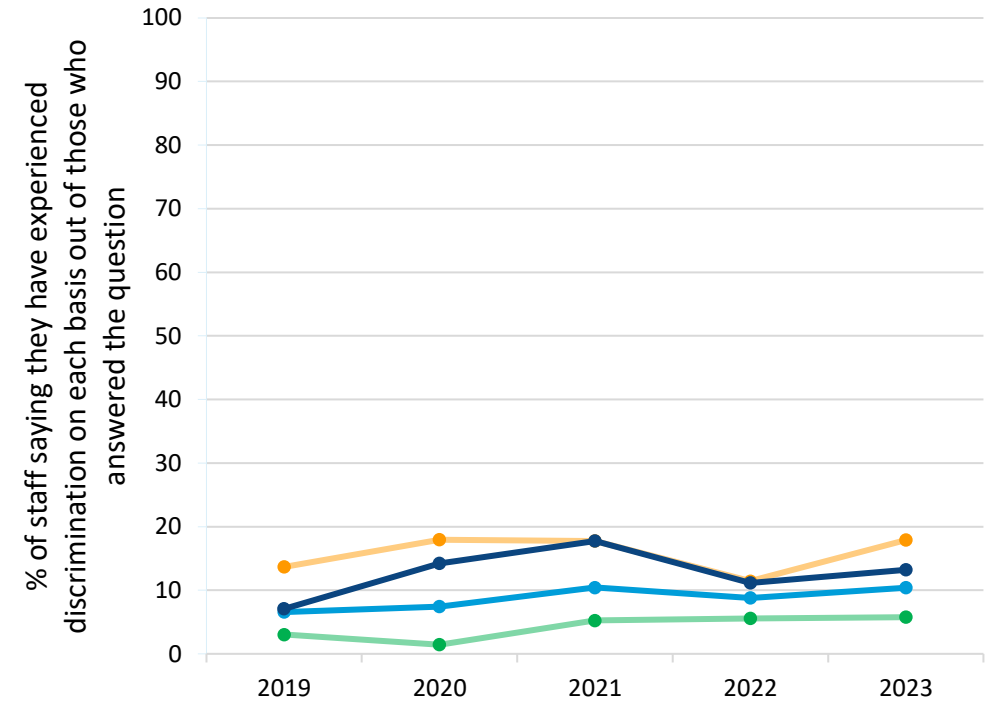– Sexual orientation.
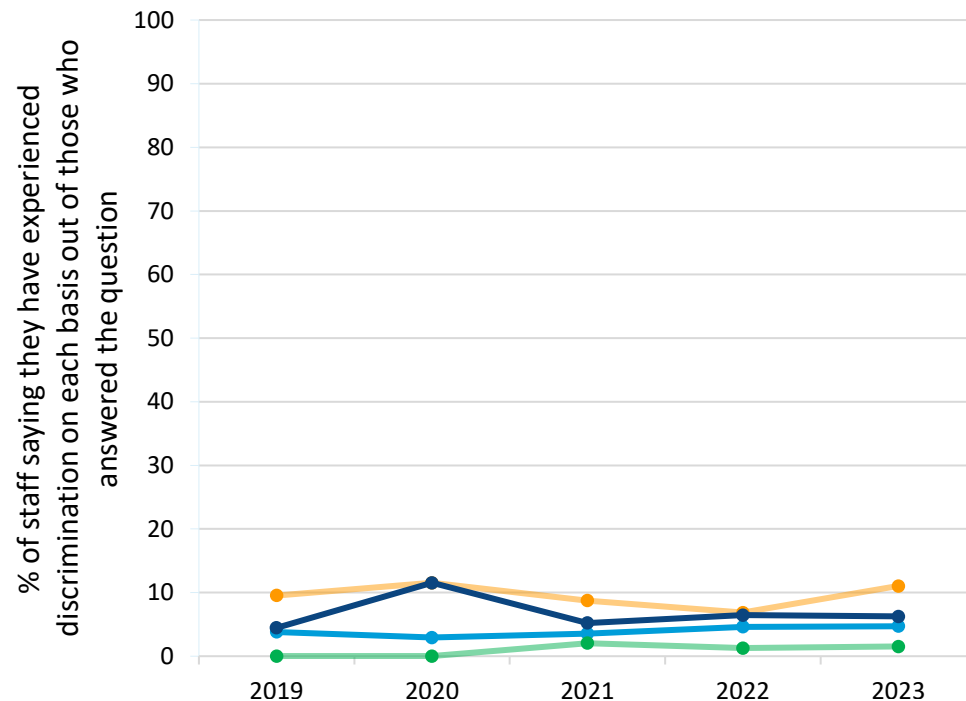
	2019	2020	2021	2022	2023
Your org	4.47%	11.53%	5.22%	6.44%	6.24%
Best result	0.00%	0.00%	2.05%	1.27%	1.53%
Average result	3.80%	2.94%	3.54%	4.62%	4.72%
Worst result	9.55%	11.53%	8.74%	6.86%	11.02%
Responses	58	58	62	73	93

Q16c.5 On what grounds have you experienced discrimination?
– Disability.

	2019	2020	2021	2022	2023
Your org	7.08%	14.23%	17.75%	11.16%	13.22%
Best result	3.05%	1.45%	5.25%	5.57%	5.80%
Average result	6.60%	7.45%	10.45%	8.79%	10.42%
Worst result	13.69%	17.96%	17.75%	11.46%	17.92%
Responses	58	58	62	73	93

Q16c.6 On what grounds have you experienced discrimination? – Age.
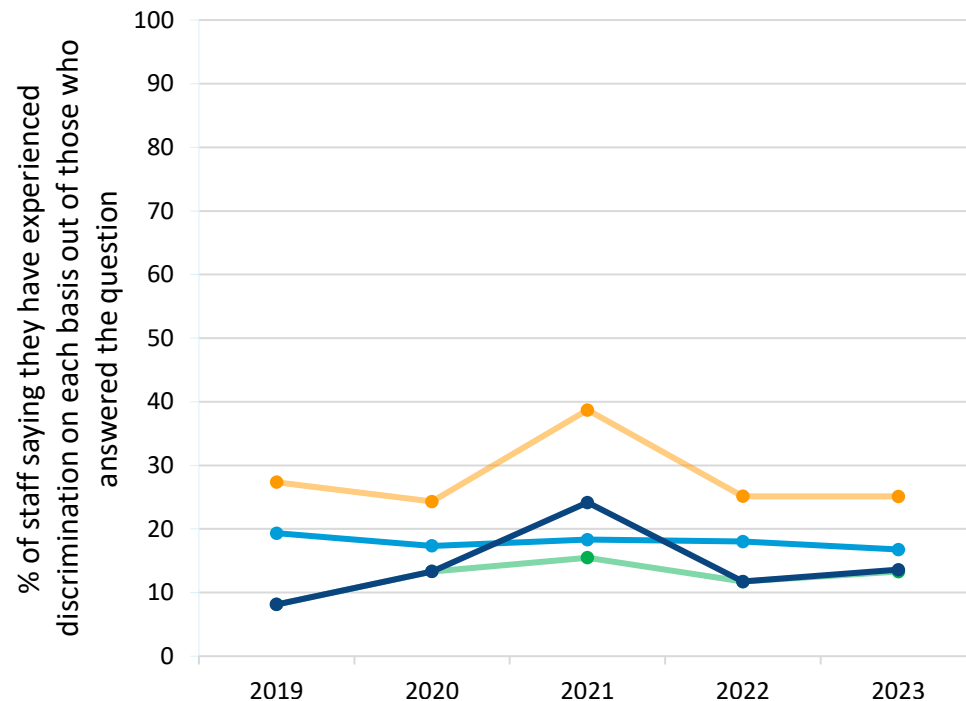
	2019	2020	2021	2022	2023
Your org	8.13%	13.31%	24.15%	11.73%	13.59%
Best result	8.13%	13.31%	15.47%	11.73%	13.29%
Average result	19.32%	17.34%	18.32%	18.03%	16.76%
Worst result	27.34%	24.29%	38.71%	25.15%	25.11%
Responses	58	58	62	73	93

Q16c.7 On what grounds have you experienced discrimination? – Other.
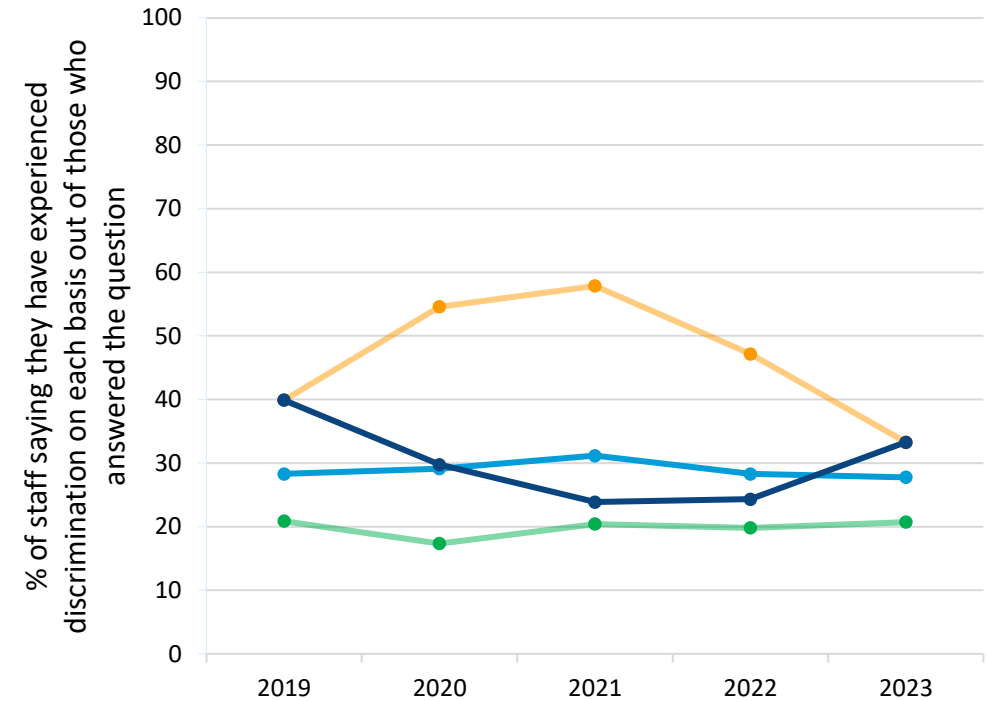
|	2019	2020	2021	2022	2023
Your org	39.89%	29.76%	23.87%	24.31%	33.28%
Best result	20.88%	17.36%	20.42%	19.83%	20.72%
Average result	28.30%	29.12%	31.16%	28.31%	27.76%
Worst result	39.89%	54.59%	57.84%	47.17%	33.28%
Responses	58	58	62	73	93

Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?
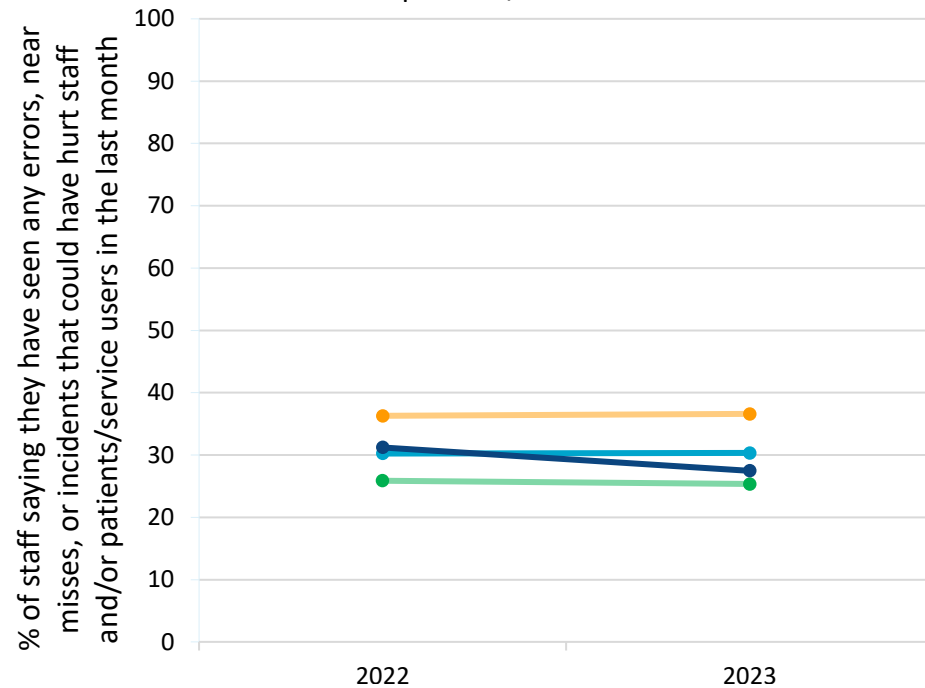
	2022	2023
Your org	31.21%	27.46%
Best result	25.88%	25.35%
Average result	30.24%	30.33%
Worst result	36.27%	36.59%
Responses	618	772

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.
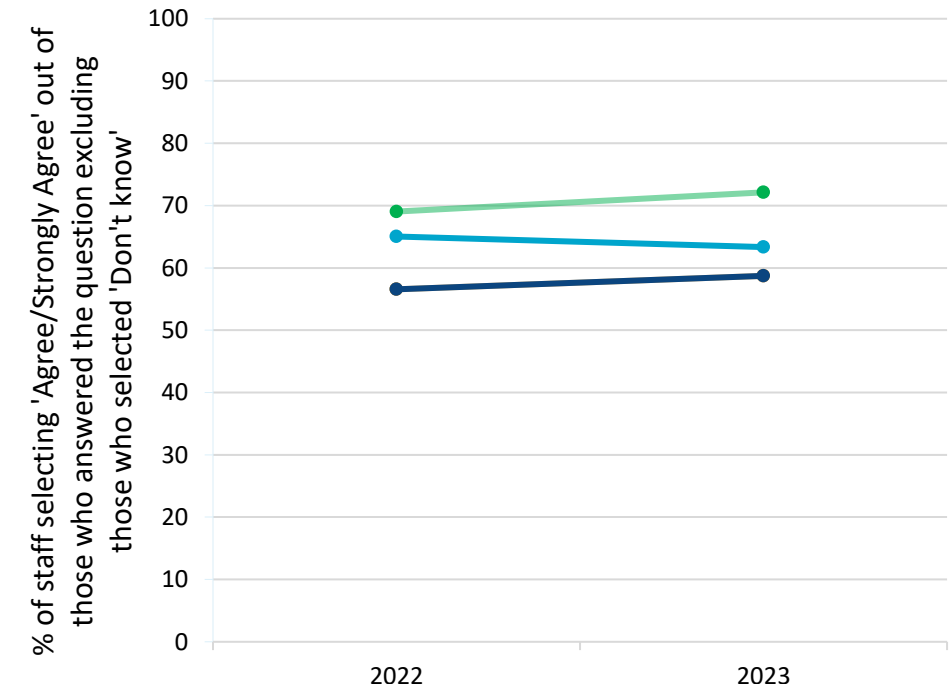
	2022	2023
Your org	56.57%	58.73%
Best result	69.05%	72.14%
Average result	65.04%	63.35%
Worst result	56.57%	58.73%
Responses	492	614

Q19b My organisation encourages us to report errors, near misses or incidents.
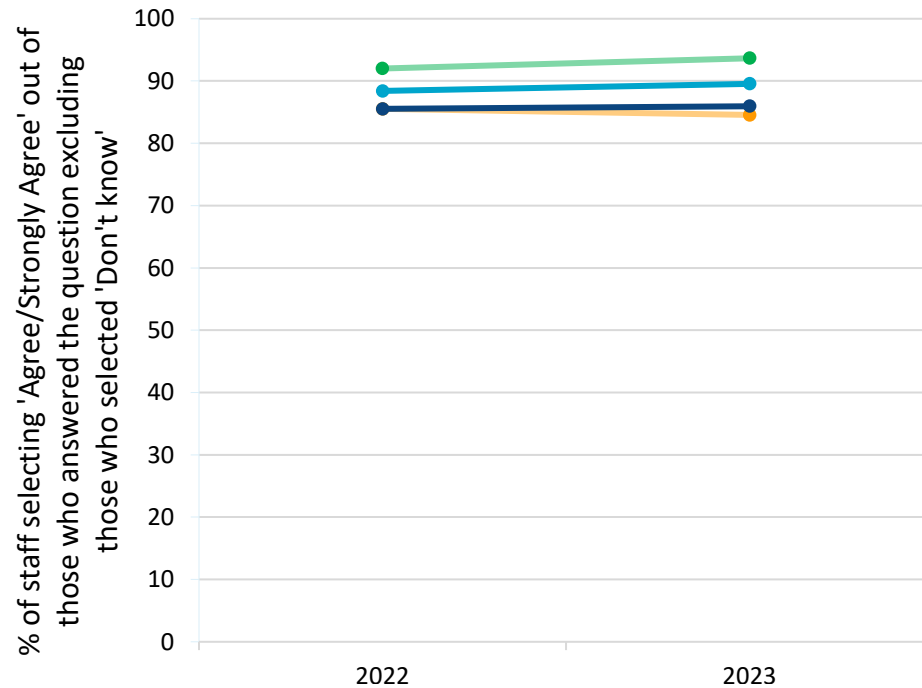
	2022	2023
Your org	85.50%	85.94%
Best result	92.00%	93.64%
Average result	88.38%	89.53%
Worst result	85.50%	84.53%
Responses	603	756

Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.
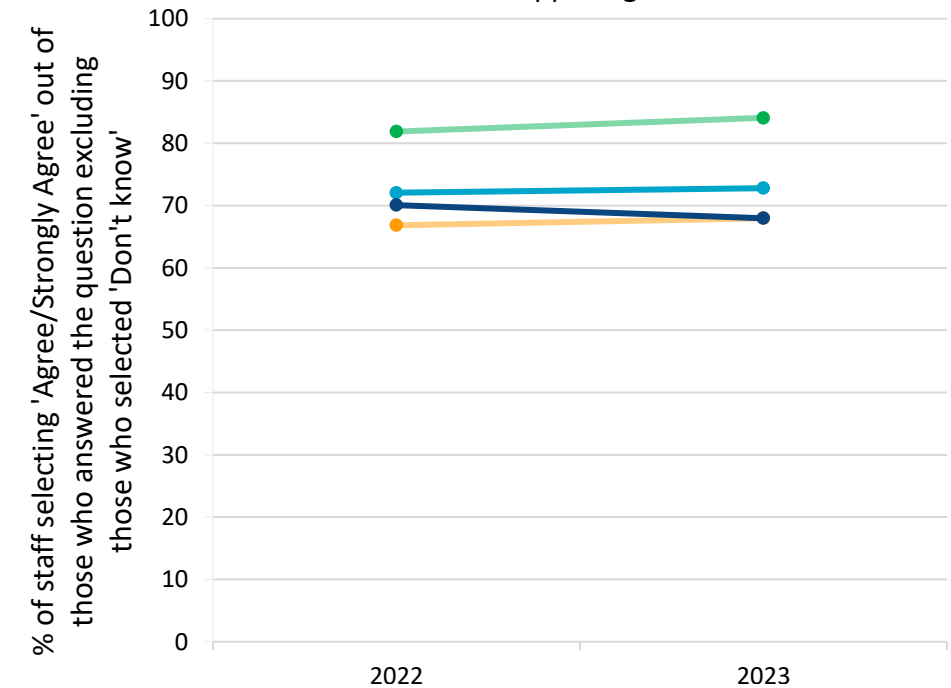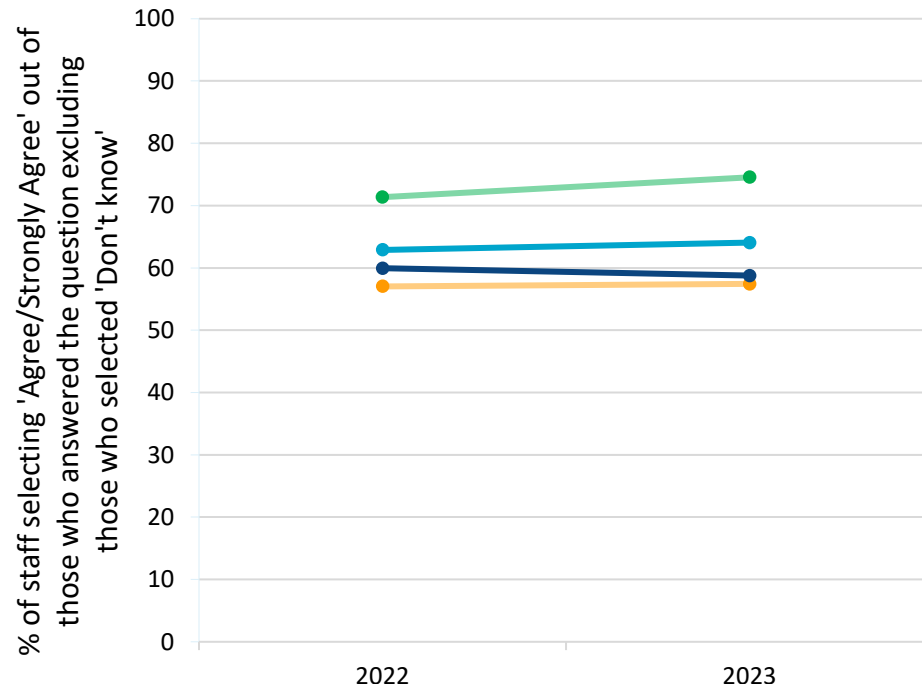

	2022	2023
Your org	70.08%	67.96%
Best result	81.88%	84.07%
Average result	72.06%	72.80%
Worst result	66.84%	67.96%
Responses	555	698

Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.

% of staff selecting 'Agree/Strongly Agree' out of those who answered the question excluding those who selected 'Don't know'

	2022	2023
Your org	59.94%	58.75%
Best result	71.34%	74.54%
Average result	62.89%	64.04%
Worst result	57.05%	57.42%
Responses	564	691

Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?

% of staff selecting 'Yes' out of those who answered the question excluding those who select 'No adjustment required'
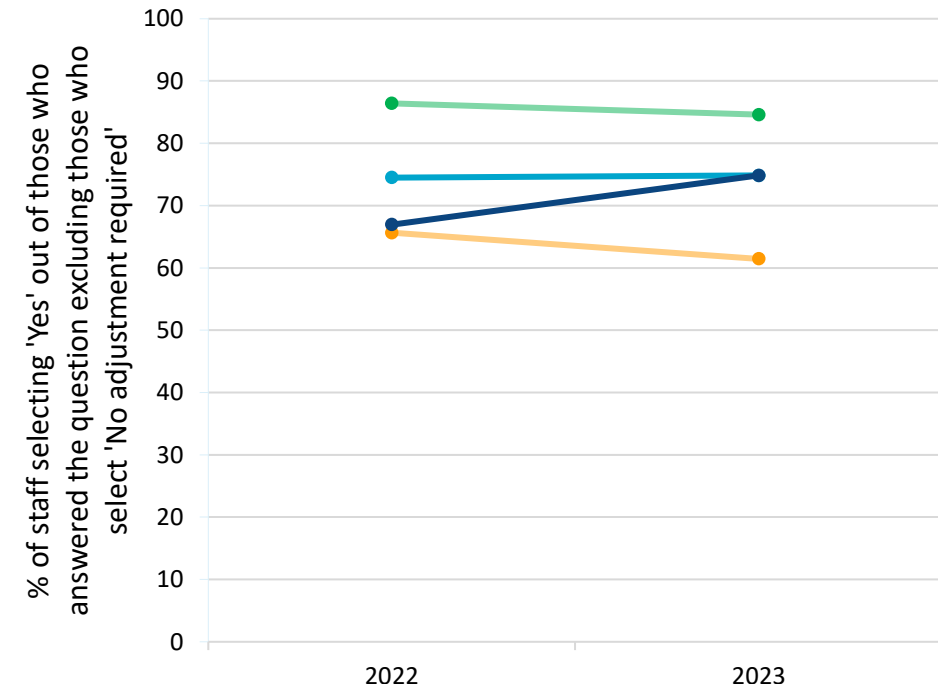
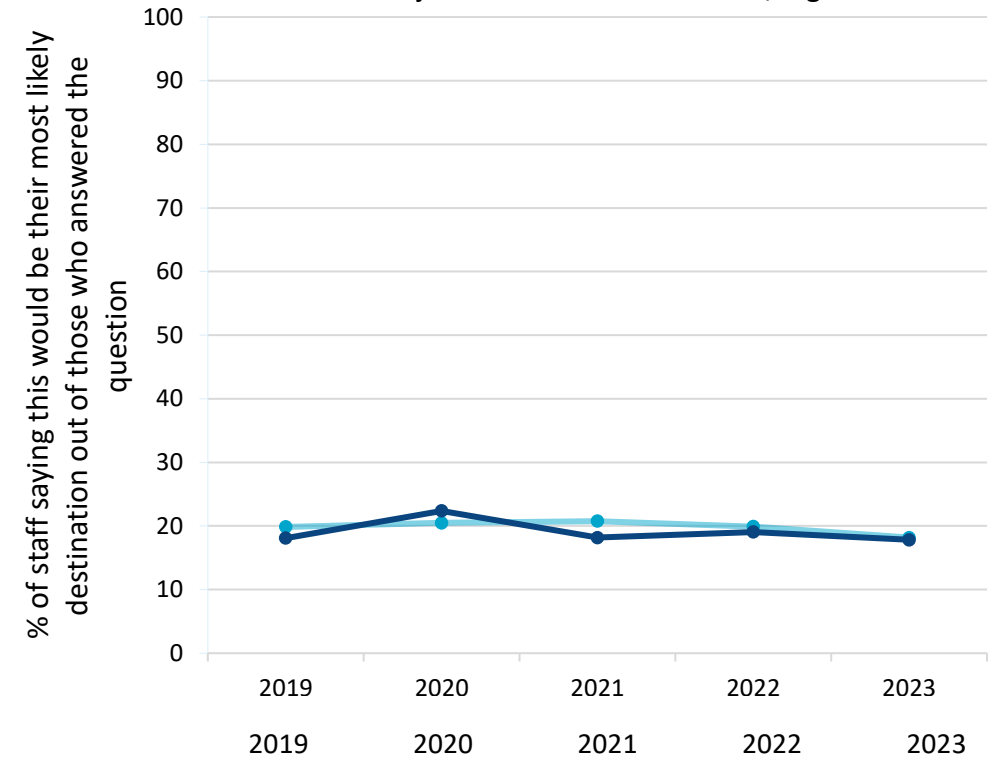|	2022	2023
Your org	66.96%	74.84%
Best result	86.38%	84.59%
Average result	74.49%	74.84%
Worst result	65.64%	61.45%
Responses	87	91

Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.
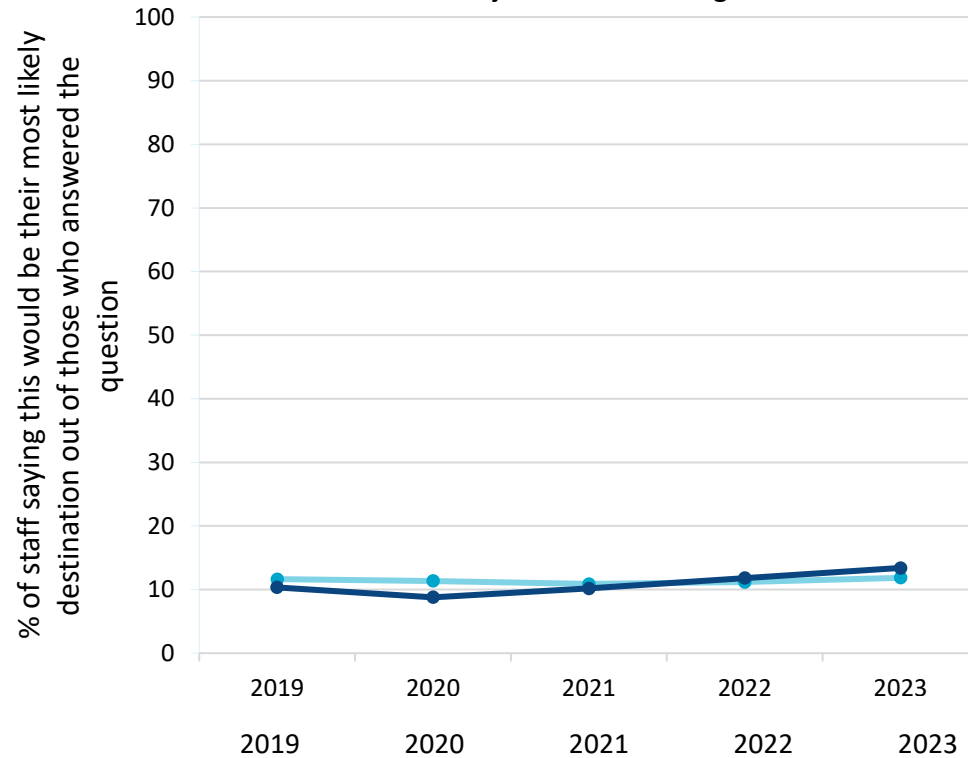
	2019	2020	2021	2022	2023
Your org	10.34%	8.80%	10.17%	11.80%	13.39%
Average	11.63%	11.34%	10.88%	11.17%	11.85%
Responses	464	523	600	551	702

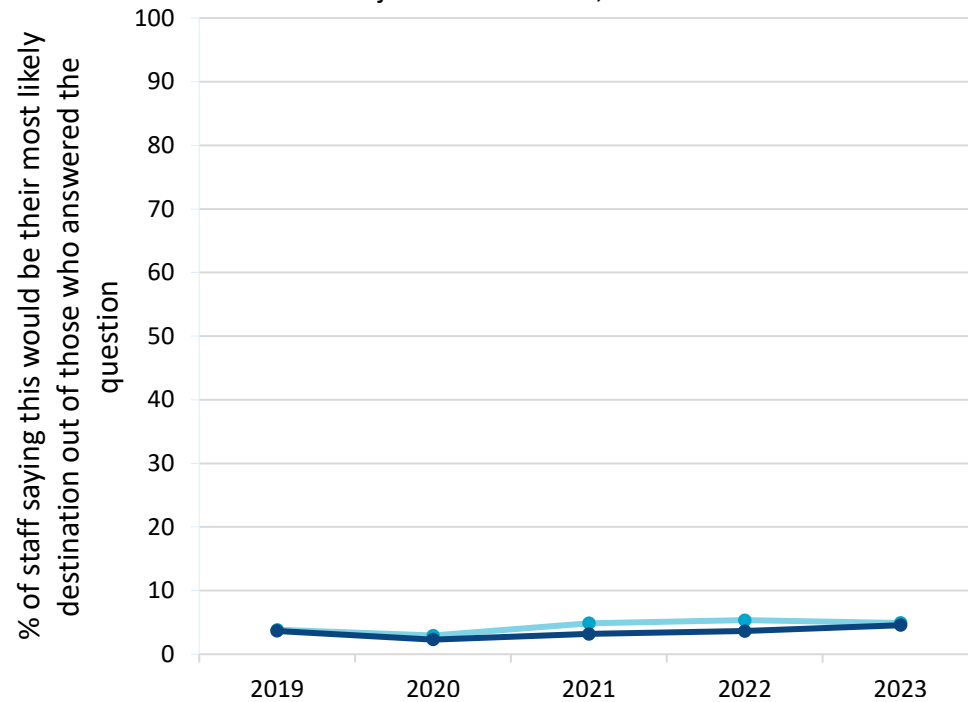## Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

	2019	2020	2021	2022	2023
Your org	18.10%	22.37%	18.17%	19.06%	17.81%
Average	19.85%	20.49%	20.77%	19.92%	18.16%
Responses	464	523	600	551	702

Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.

	2019	2020	2021	2022	2023
Your org	3.66%	2.29%	3.17%	3.63%	4.56%
Average	3.83%	2.93%	4.86%	5.35%	4.91%
Responses	464	523	600	551	702

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.
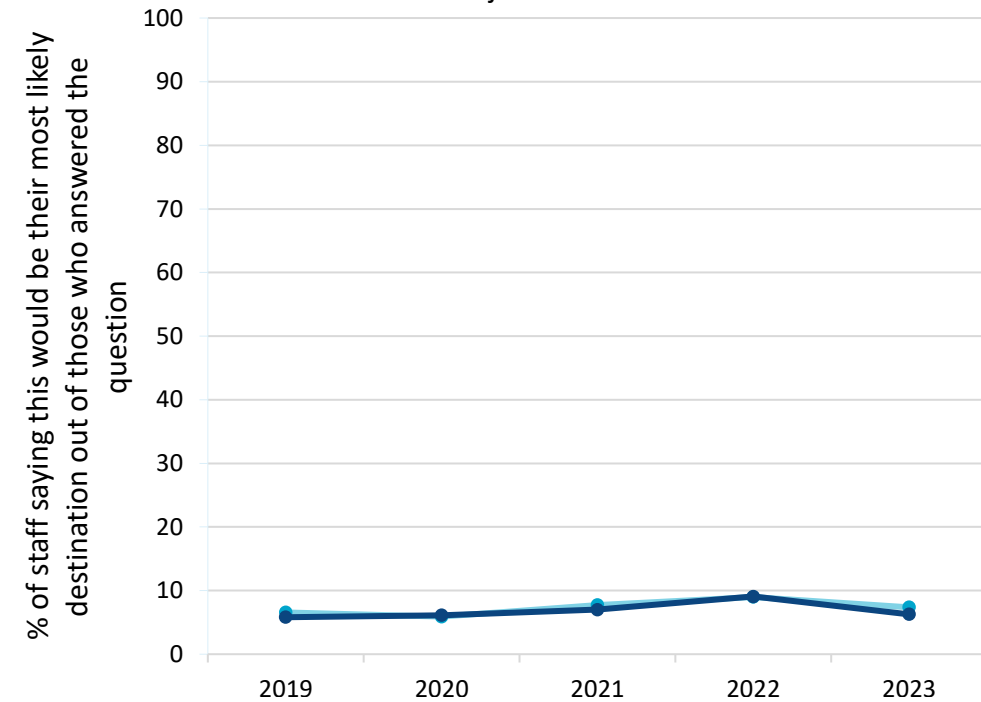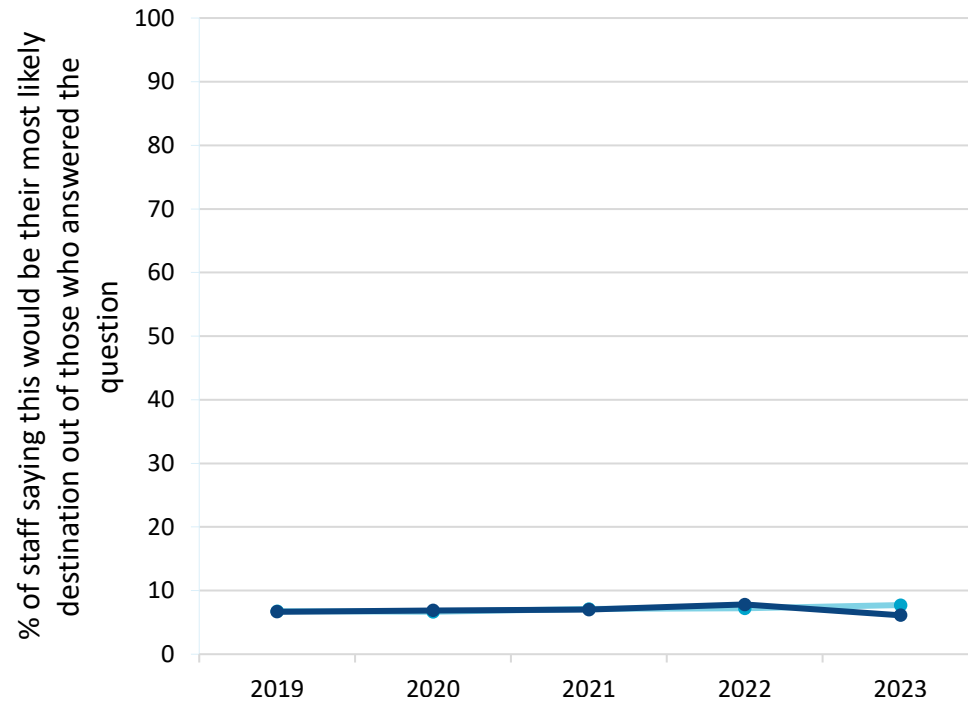

	2019	2020	2021	2022	2023
Your org	5.82%	6.12%	7.00%	9.07%	6.27%
Average	6.57%	5.89%	7.74%	8.98%	7.38%
Responses	464	523	600	551	702

Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.

	2019	2020	2021	2022	2023
Your org	6.68%	6.88%	7.00%	7.80%	6.13%
Average	6.76%	6.66%	7.11%	7.19%	7.70%
Responses	464	523	600	551	702

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.
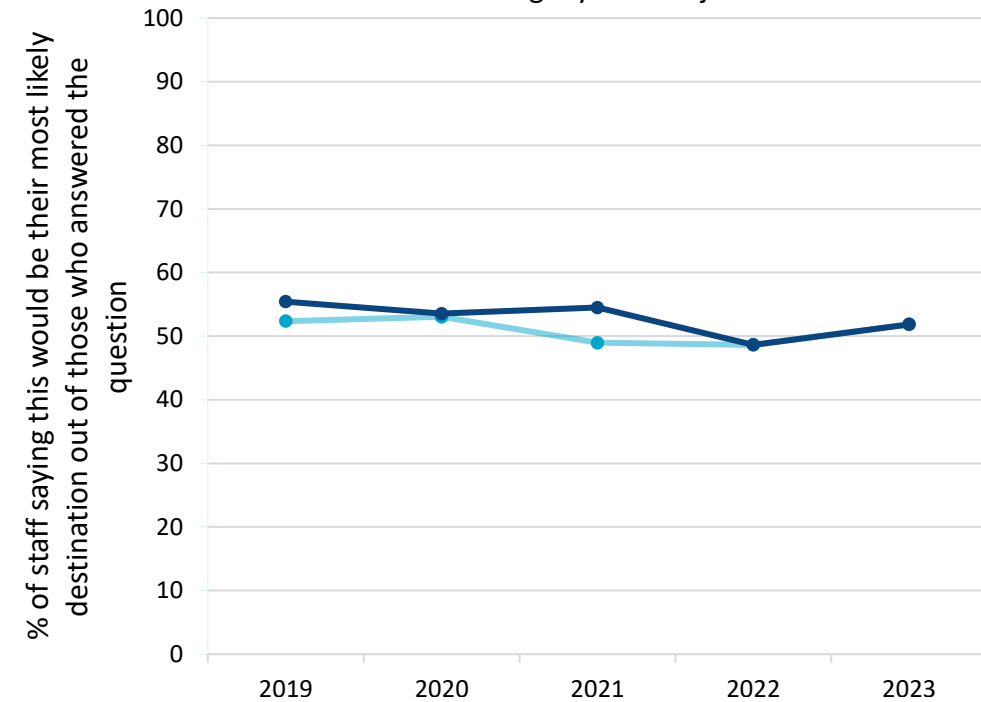
	2019	2020	2021	2022	2023
Your org	55.39%	53.54%	54.50%	48.64%	51.85%
Average	52.35%	53.02%	48.96%	48.64%	51.85%
Responses	464	523	600	551	702

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Equality Standards

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the median for the benchmark group.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
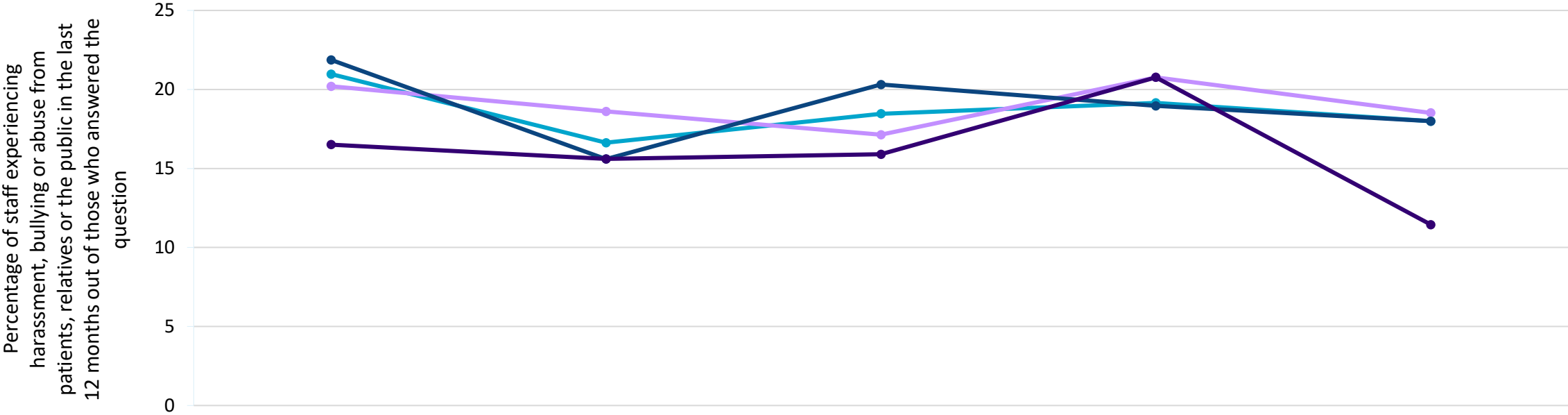
	2019	2020	2021	2022	2023
White staff: Your org	21.87%	15.59%	20.31%	18.96%	17.99%
All other ethnic groups*: Your org	16.50%	15.60%	15.89%	20.77%	11.44%
White staff: Average	20.97%	16.63%	18.46%	19.15%	17.99%
All other ethnic groups*: Average	20.20%	18.61%	17.13%	20.77%	18.52%
White staff: Responses	407	481	517	480	567
All other ethnic groups*: Responses	103	141	151	130	201

*Staff from all other ethnic groups combined

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
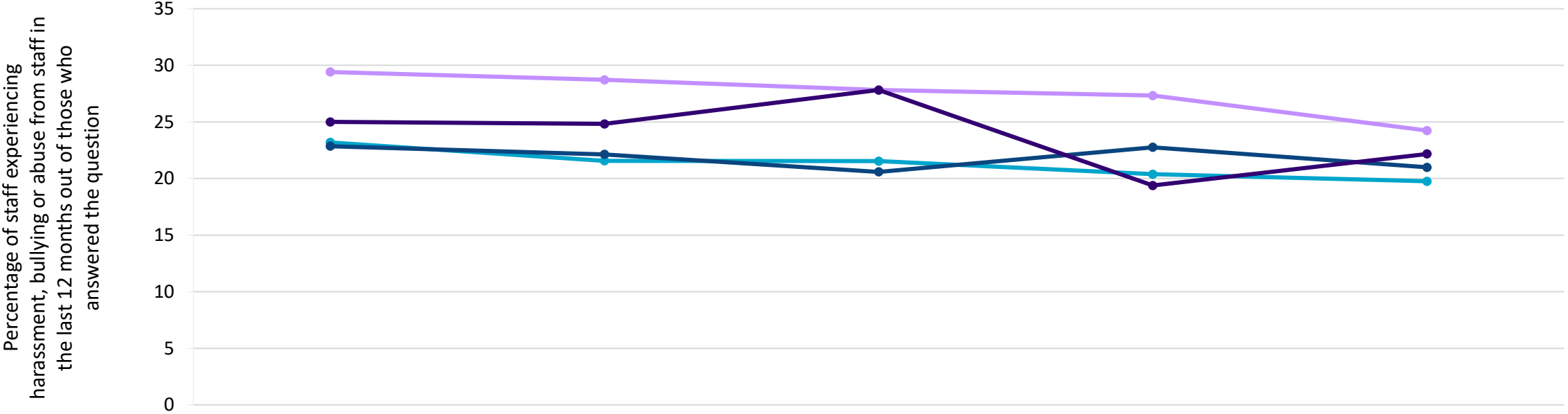
	2019	2020	2021	2022	2023
White staff: Your org	22.85%	22.13%	20.59%	22.76%	20.99%
All other ethnic groups*: Your org	25.00%	24.82%	27.81%	19.38%	22.17%
White staff: Average	23.18%	21.57%	21.54%	20.38%	19.75%
All other ethnic groups*: Average	29.41%	28.72%	27.81%	27.32%	24.23%
White staff: Responses	407	479	510	479	567
All other ethnic groups*: Responses	104	141	151	129	203

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
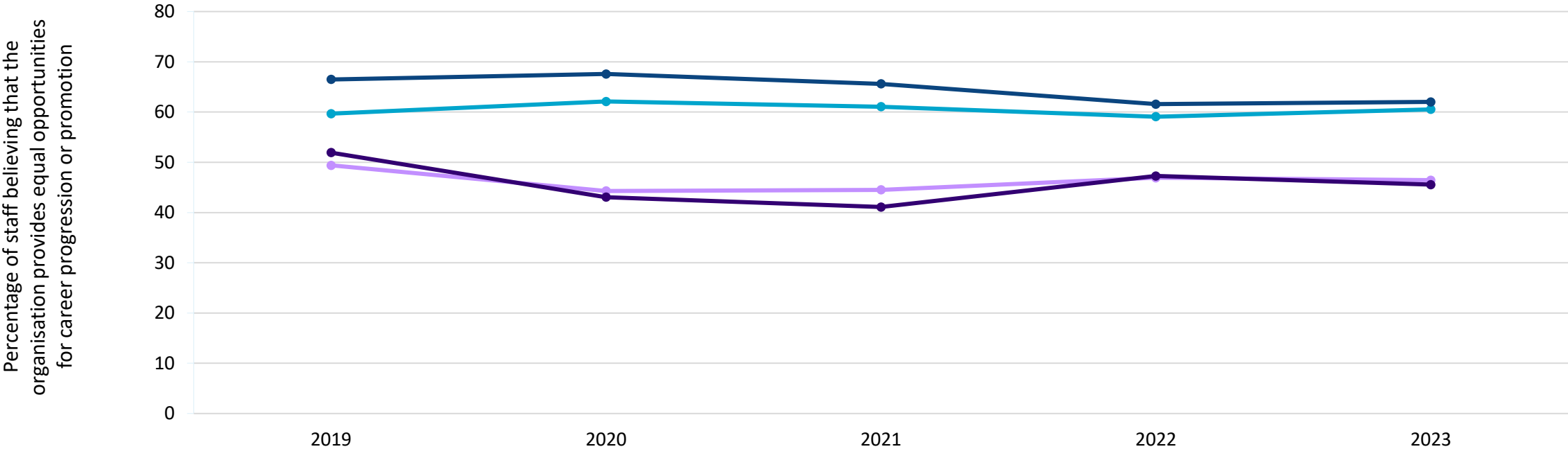
	2019	2020	2021	2022	2023
White staff: Your org	66.50%	67.58%	65.62%	61.57%	62.01%
All other ethnic groups*: Your org	51.92%	43.07%	41.10%	47.29%	45.54%
White staff: Average	59.69%	62.11%	61.07%	59.07%	60.55%
All other ethnic groups*: Average	49.39%	44.29%	44.52%	46.92%	46.44%
White staff: Responses	391	475	509	471	558
All other ethnic groups*: Responses	104	137	146	129	202

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.
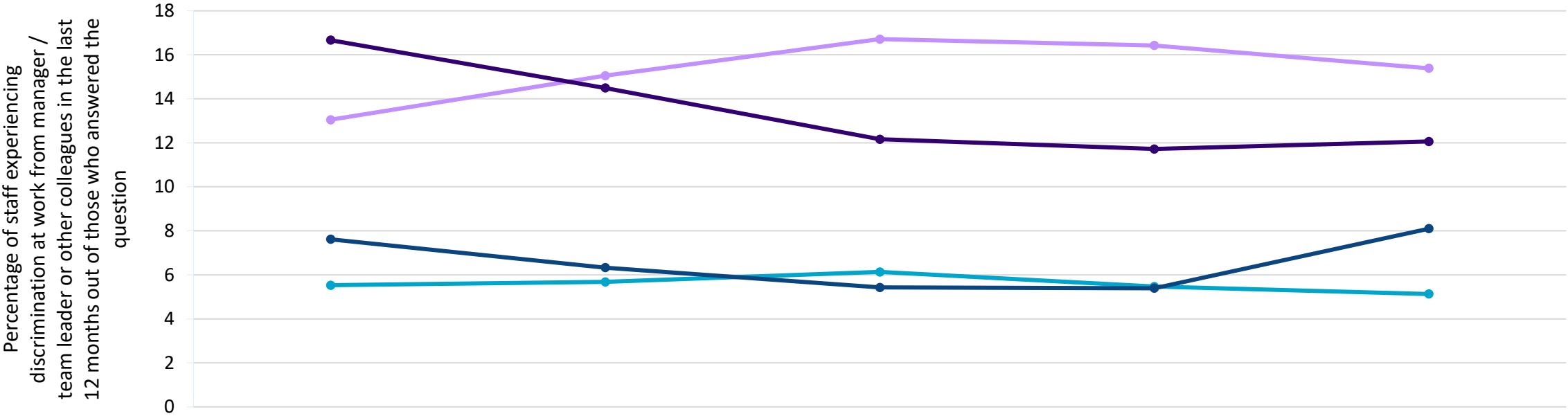
	2019	2020	2021	2022	2023
White staff: Your org	7.62%	6.33%	5.43%	5.39%	8.10%
All other ethnic groups*: Your org	16.67%	14.49%	12.16%	11.72%	12.06%
White staff: Average	5.53%	5.68%	6.13%	5.47%	5.13%
All other ethnic groups*: Average	13.05%	15.05%	16.71%	16.42%	15.38%
White staff: Responses	407	474	516	482	568
All other ethnic groups*: Responses	102	138	148	128	199

*Staff from all other ethnic groups combined

Workforce Disability Equality Standards (WDES)

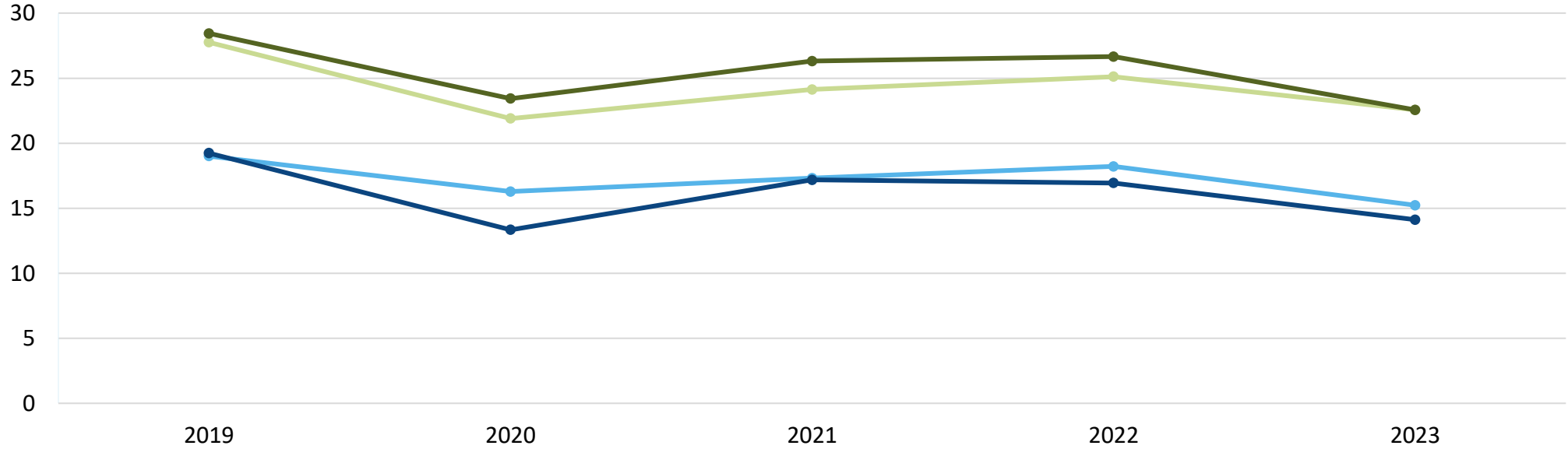Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

Survey Coordination Centre — NHS

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	28.44%	23.44%	26.32%	26.67%	22.56%
Staff without a LTC or illness: Your org	19.24%	13.35%	17.18%	16.94%	14.12%
Staff with a LTC or illness: Average	27.77%	21.90%	24.14%	25.13%	22.56%
Staff without a LTC or illness: Average	19.01%	16.28%	17.31%	18.22%	15.24%
Staff with a LTC or illness: Responses	109	128	152	135	164
Staff without a LTC or illness: Responses	395	472	518	484	595

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question
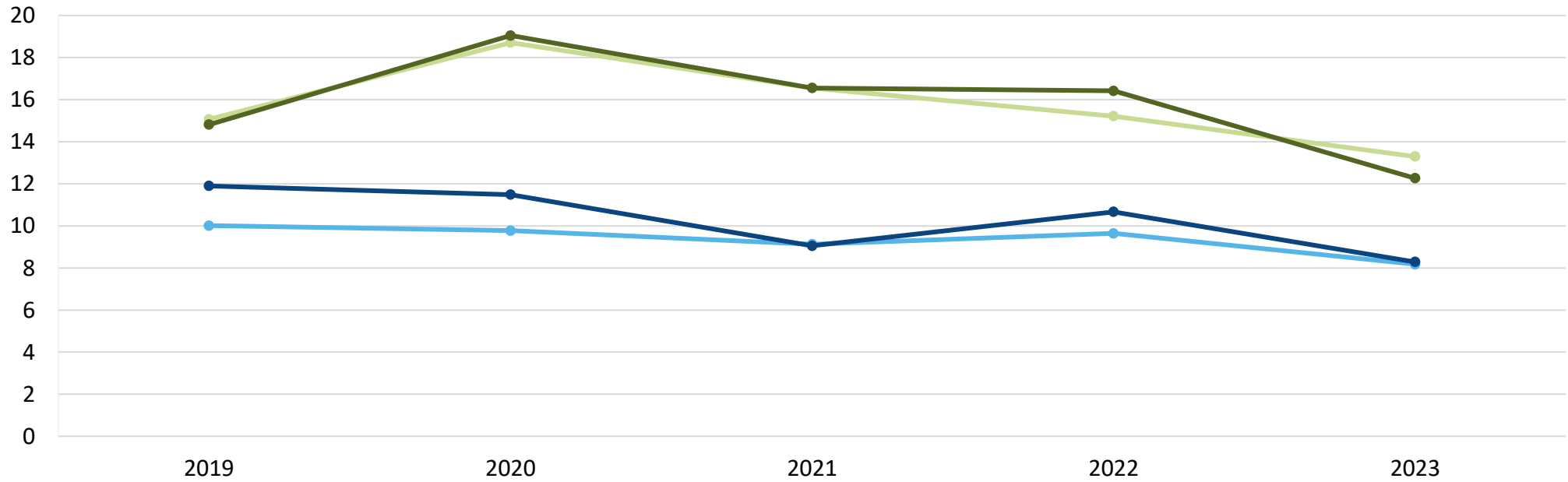
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	14.81%	19.05%	16.56%	16.42%	12.27%
Staff without a LTC or illness: Your org	11.90%	11.49%	9.06%	10.67%	8.29%
Staff with a LTC or illness: Average	15.07%	18.71%	16.56%	15.22%	13.30%
Staff without a LTC or illness: Average	10.01%	9.78%	9.13%	9.64%	8.18%
Staff with a LTC or illness: Responses	108	126	151	134	163
Staff without a LTC or illness: Responses	395	470	508	478	591

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.
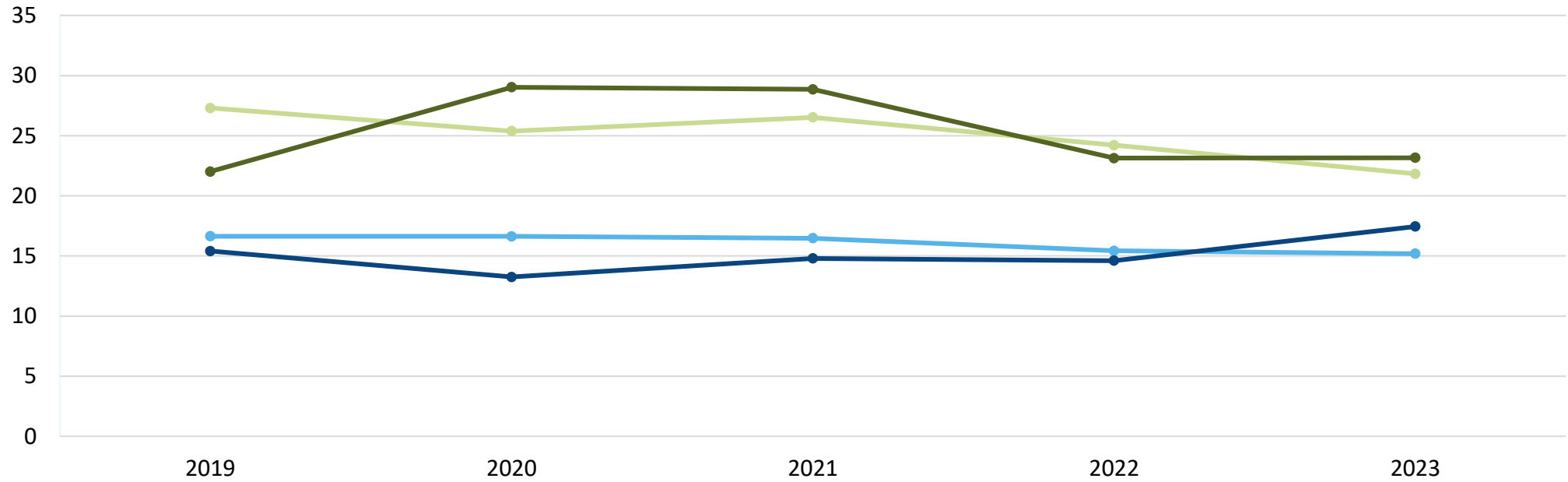
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	22.02%	29.03%	28.86%	23.13%	23.17%
Staff without a LTC or illness: Your org	15.40%	13.25%	14.79%	14.61%	17.45%
Staff with a LTC or illness: Average	27.30%	25.39%	26.53%	24.22%	21.83%
Staff without a LTC or illness: Average	16.64%	16.63%	16.48%	15.43%	15.19%
Staff with a LTC or illness: Responses	109	124	149	134	164
Staff without a LTC or illness: Responses	396	468	507	479	596

Workforce Disability Equality Standards

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
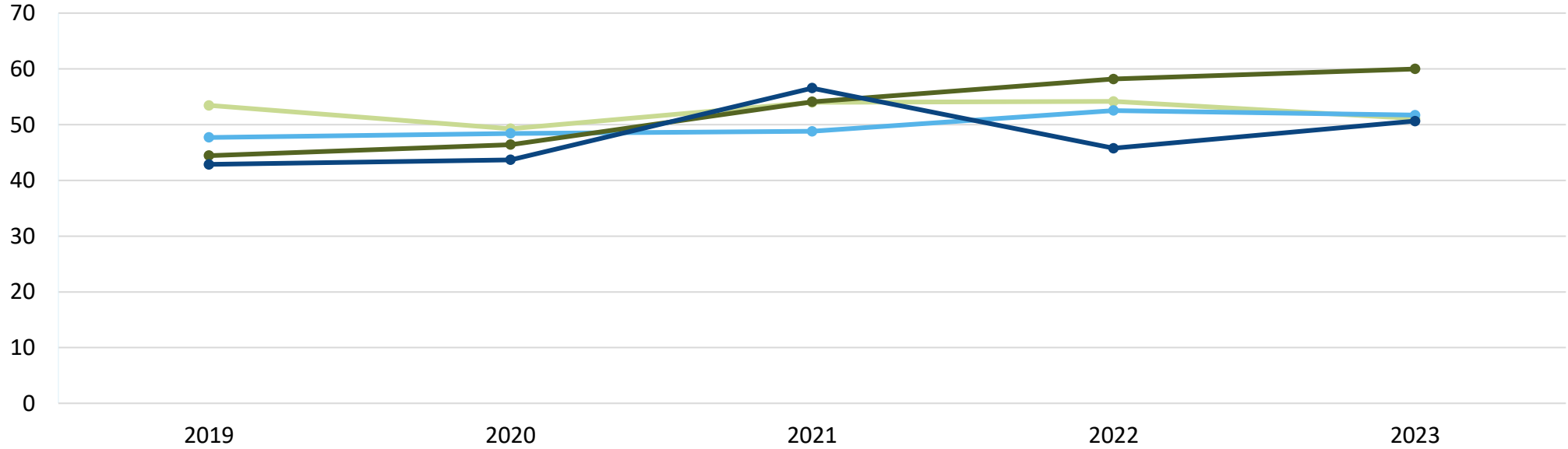
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	44.44%	46.43%	54.10%	58.18%	60.00%
Staff without a LTC or illness: Your org	42.86%	43.69%	56.56%	45.76%	50.65%
Staff with a LTC or illness: Average	53.45%	49.27%	54.00%	54.17%	51.09%
Staff without a LTC or illness: Average	47.71%	48.44%	48.81%	52.53%	51.72%
Staff with a LTC or illness: Responses	45	56	61	55	60
Staff without a LTC or illness: Responses	112	103	122	118	154

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.
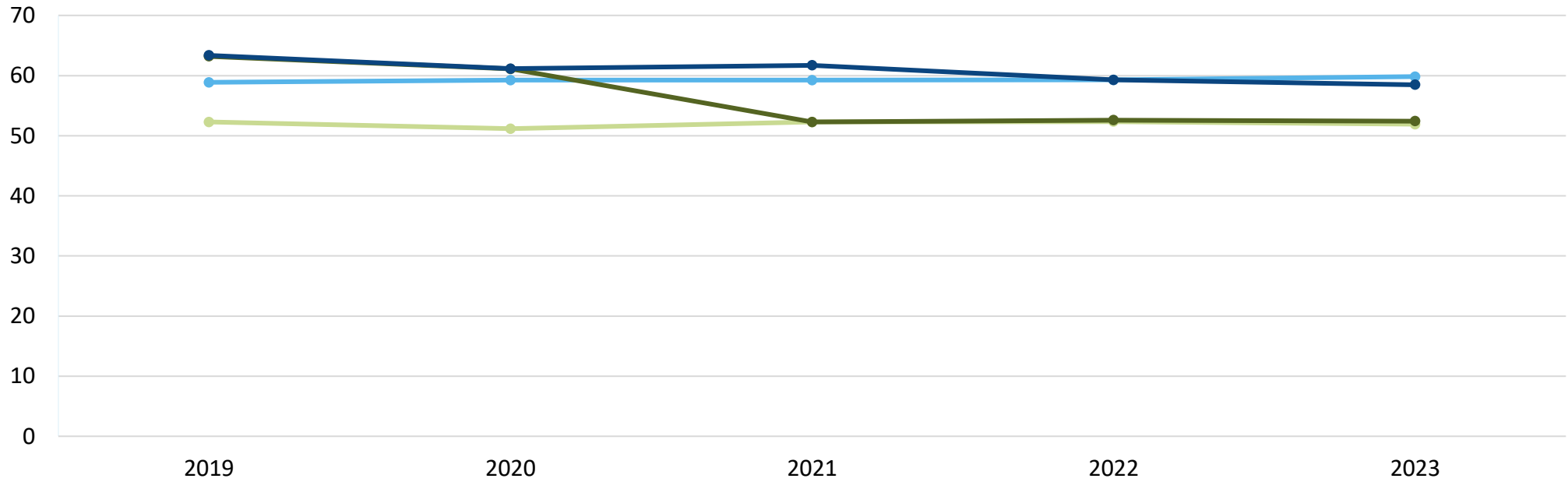
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	63.21%	61.11%	52.29%	52.59%	52.44%
Staff without a LTC or illness: Your org	63.38%	61.16%	61.71%	59.28%	58.47%
Staff with a LTC or illness: Average	52.29%	51.17%	52.29%	52.34%	51.90%
Staff without a LTC or illness: Average	58.87%	59.25%	59.25%	59.28%	59.82%
Staff with a LTC or illness: Responses	106	126	153	135	164
Staff without a LTC or illness: Responses	385	466	504	474	590

Workforce Disability Equality Standards

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
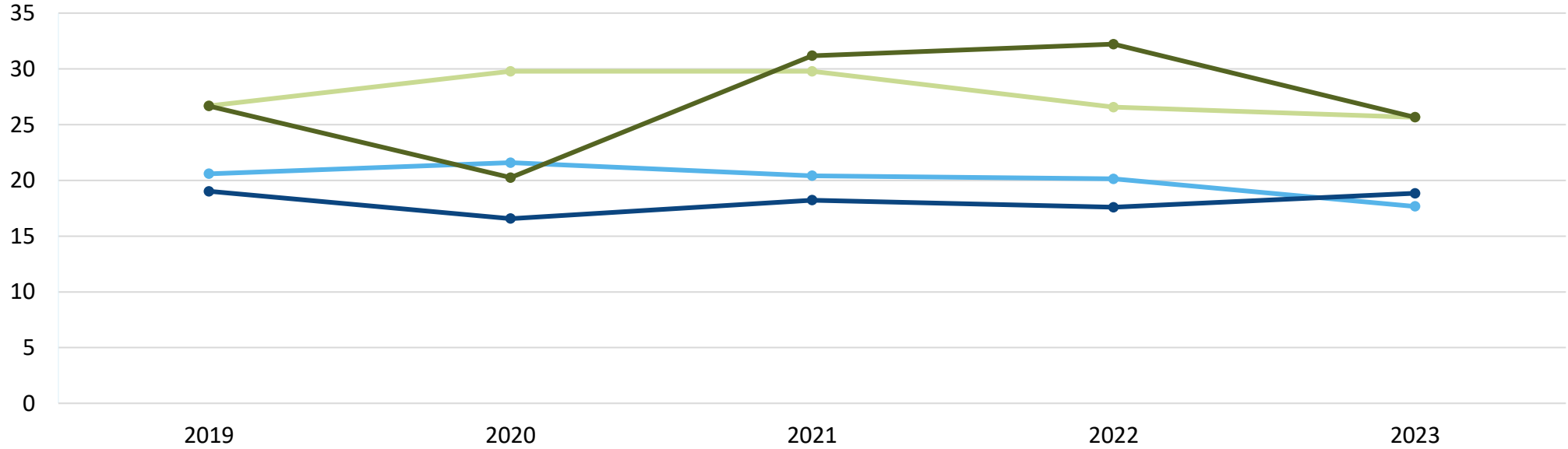
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	26.67%	20.25%	31.18%	32.22%	25.66%
Staff without a LTC or illness: Your org	19.02%	16.57%	18.22%	17.59%	18.84%
Staff with a LTC or illness: Average	26.70%	29.79%	29.79%	26.57%	25.66%
Staff without a LTC or illness: Average	20.60%	21.59%	20.42%	20.13%	17.67%
Staff with a LTC or illness: Responses	75	79	93	90	113
Staff without a LTC or illness: Responses	184	175	214	216	276

Workforce Disability Equality Standards

Percentage of staff satisfied with the extent to which their organisation values their work.
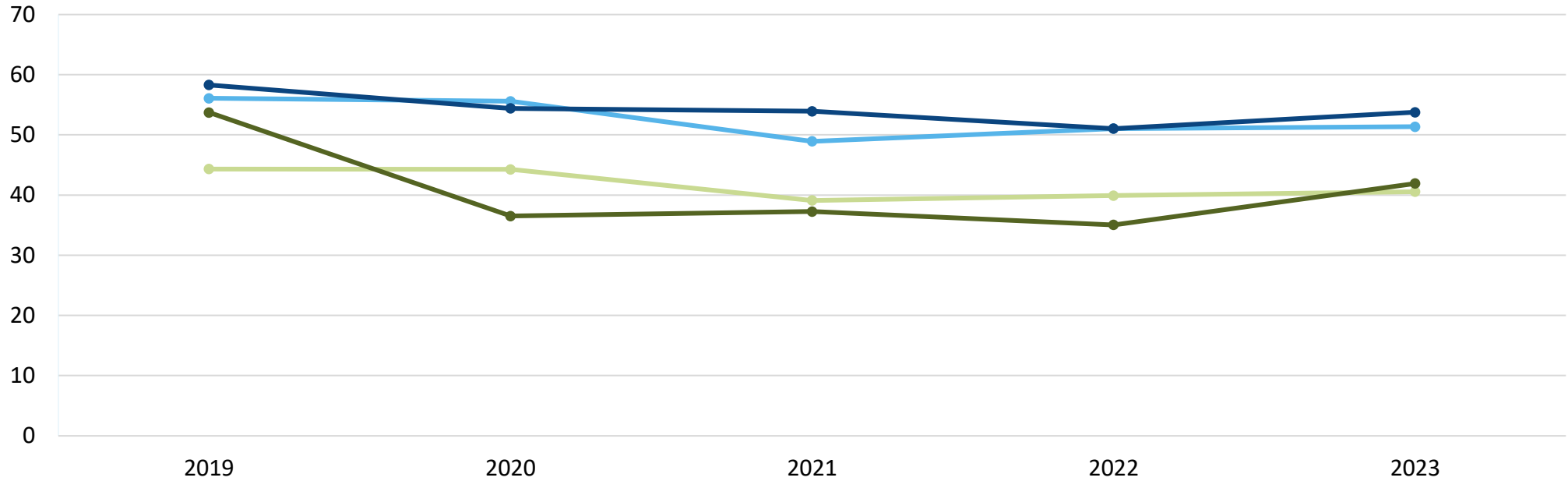
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	53.70%	36.51%	37.25%	35.04%	41.92%
Staff without a LTC or illness: Your org	58.29%	54.39%	53.92%	51.03%	53.76%
Staff with a LTC or illness: Average	44.33%	44.27%	39.09%	39.91%	40.56%
Staff without a LTC or illness: Average	56.07%	55.58%	48.92%	51.03%	51.34%
Staff with a LTC or illness: Responses	108	126	153	137	167
Staff without a LTC or illness: Responses	398	467	510	484	599

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.
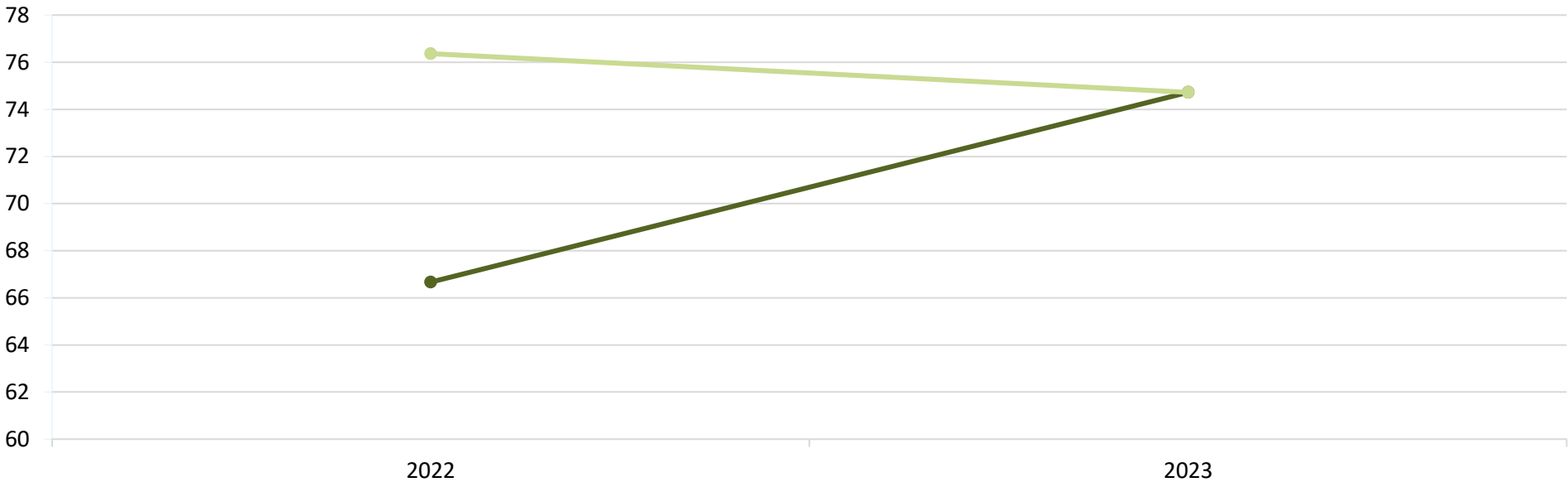
	2022	2023
Staff with a LTC or illness: Your org	66.67%	74.73%
Staff with a LTC or illness: Average	76.36%	74.73%
Staff with a LTC or illness: Responses	87	91

Workforce Disability Equality Standards

Staff engagement score (0-10)
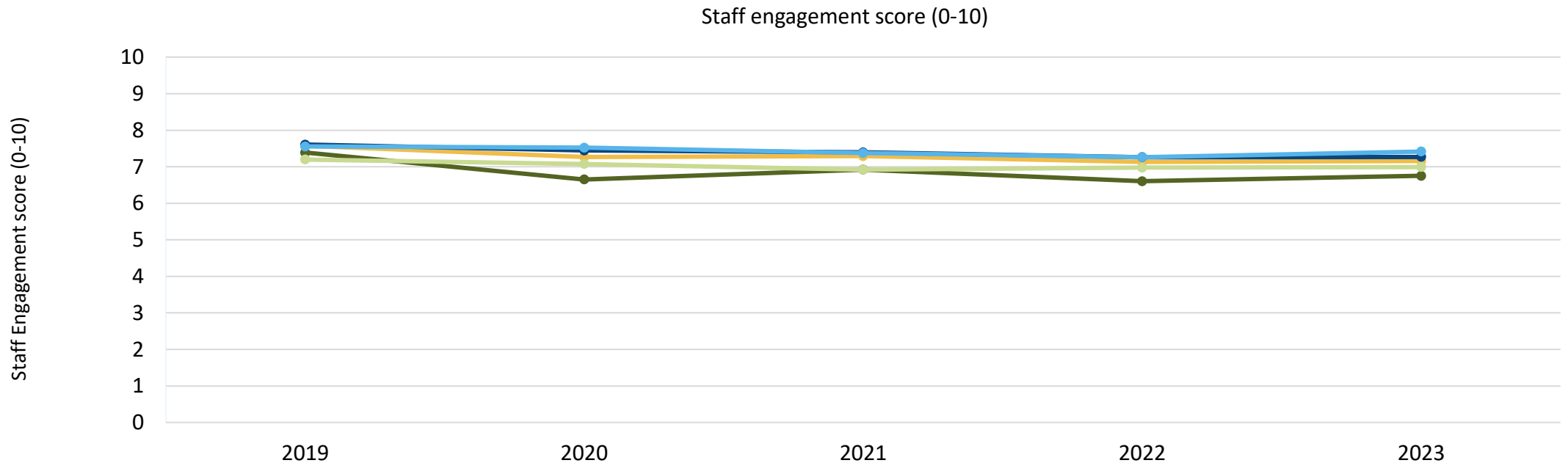
	2019	2020	2021	2022	2023
Organisation average	7.58	7.27	7.29	7.13	7.16
Staff with a LTC or illness: Your org	7.39	6.65	6.92	6.61	6.75
Staff without a LTC or illness: Your org	7.61	7.45	7.39	7.26	7.27
Staff with a LTC or illness: Average	7.20	7.08	6.92	6.98	6.99
Staff without a LTC or illness: Average	7.56	7.52	7.37	7.26	7.42
Staff with a LTC or illness: Responses	109	127	154	138	166
Staff without a LTC or illness: Responses	398	472	519	485	602

Note. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

About your respondents

This section shows demographic and other background information for 2023.

Survey Coordination Centre

NHS
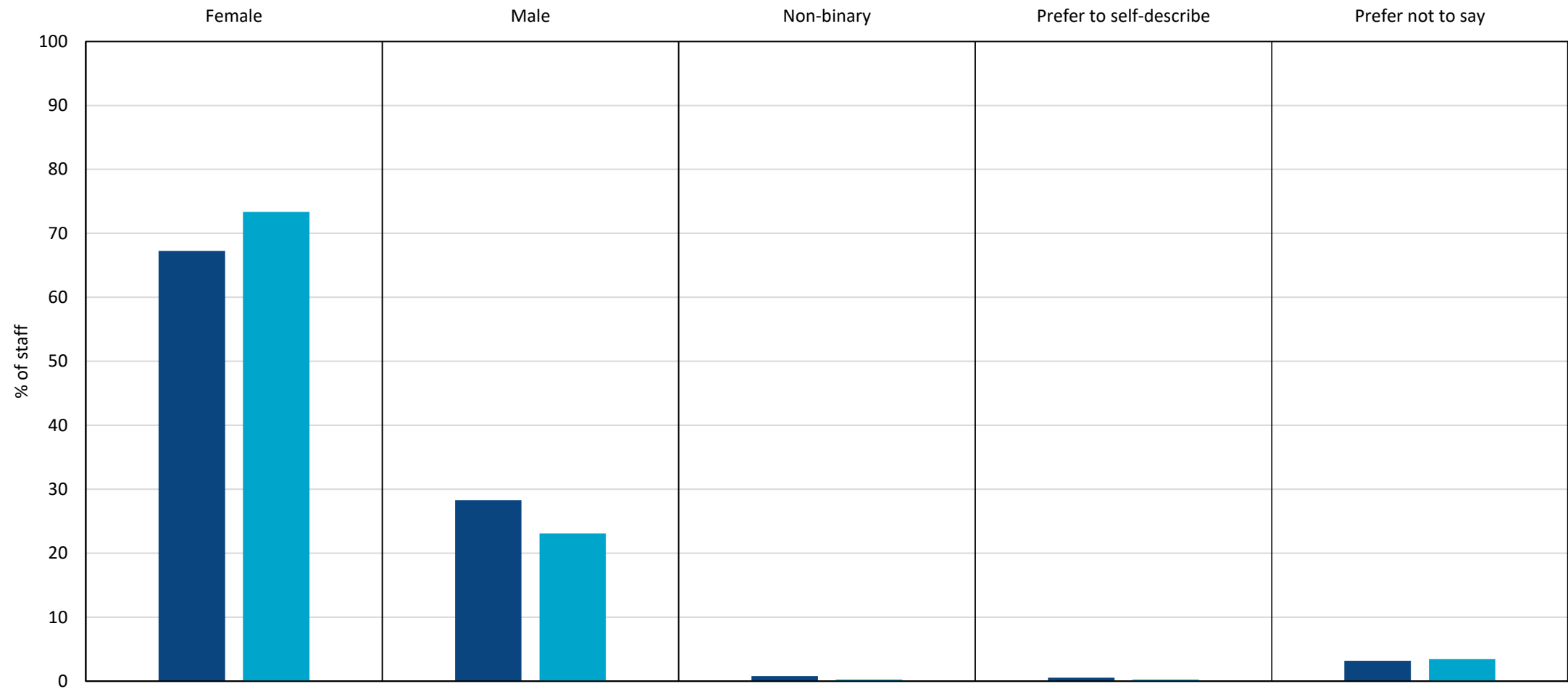
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	67.26%	28.28%	0.76%	0.51%	3.18%
Average	73.35%	23.07%	0.25%	0.25%	3.43%
Responses	785	785	785	785	785

The Royal Orthopaedic Hospital NHS Foundation Trust Benchmark report
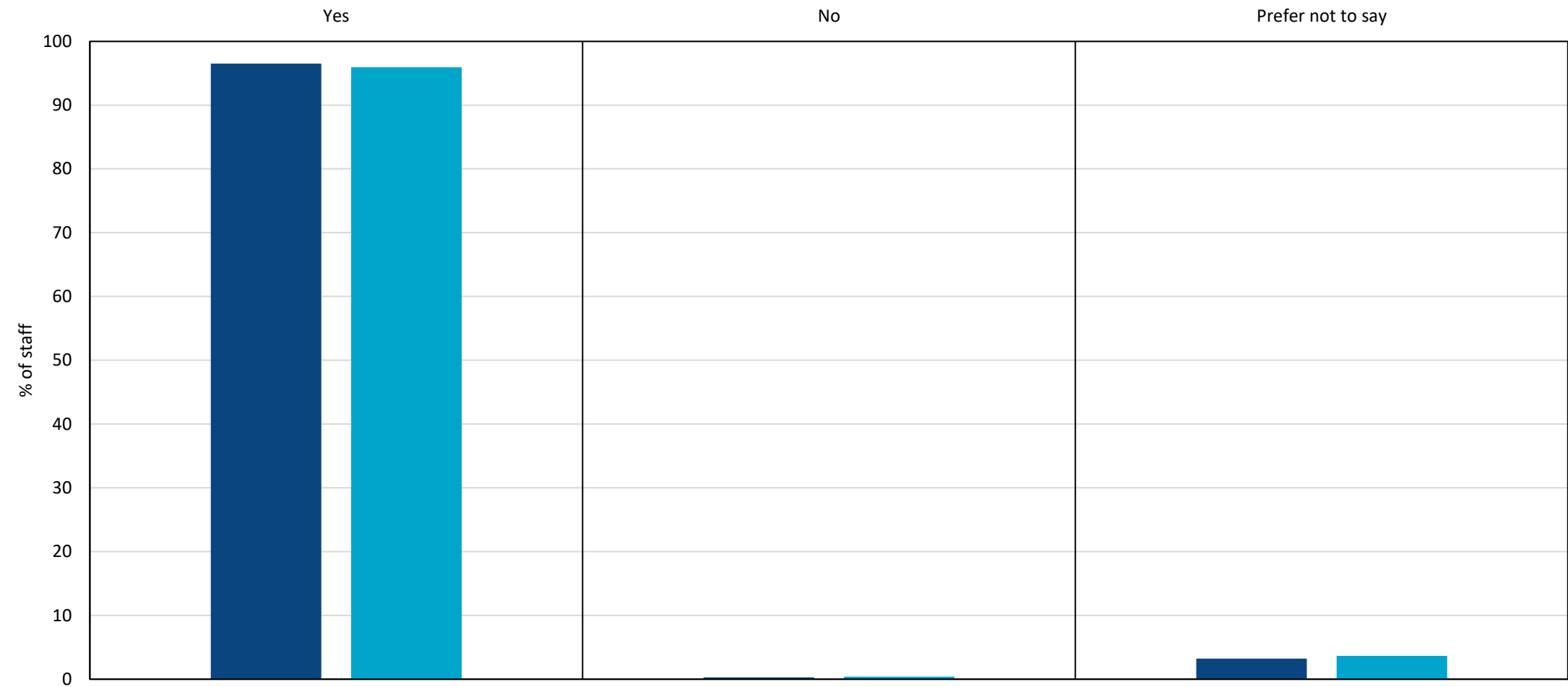
	Yes	No	Prefer not to say
Your org	96.51%	0.28%	3.21%
Average	95.92%	0.39%	3.64%
Responses	716	716	716

Background details - Age
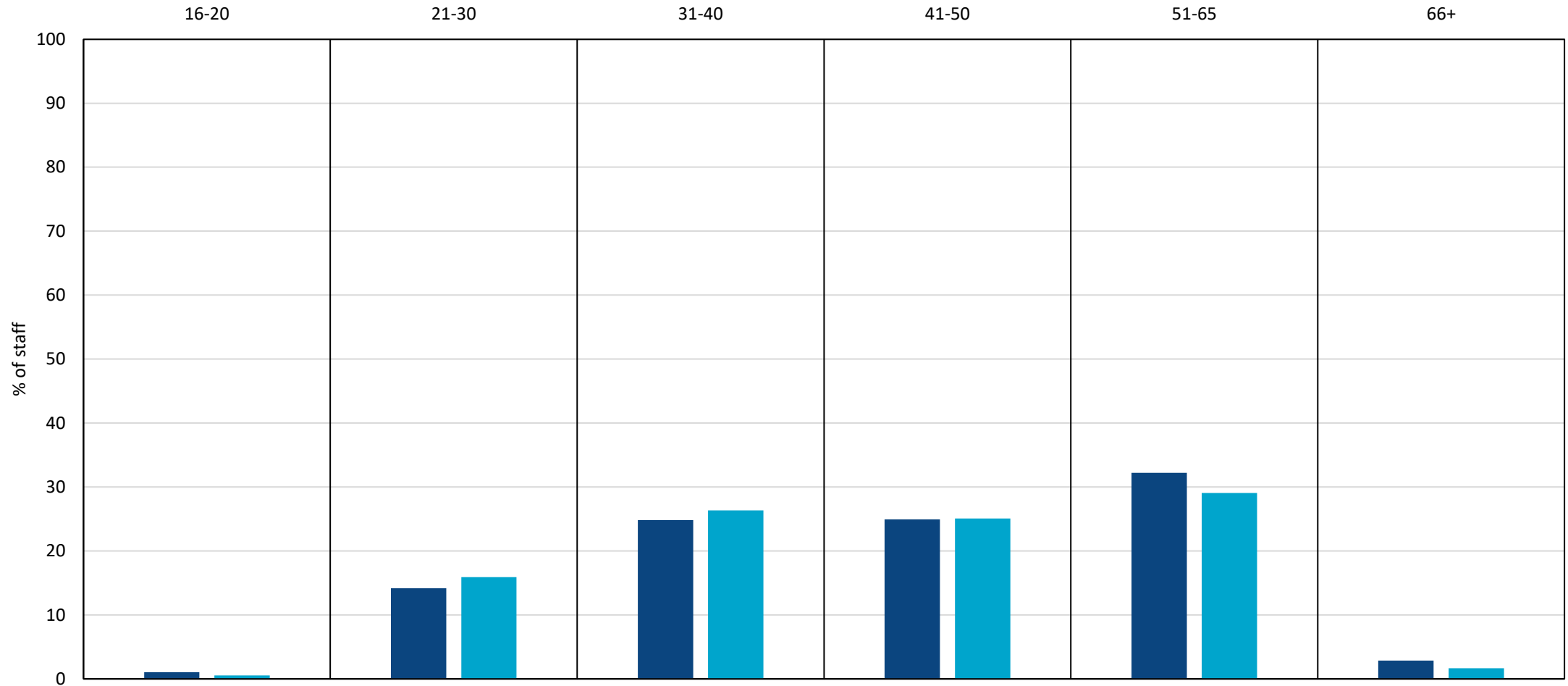
	16-20	21-30	31-40	41-50	51-65	66+
Your org	1.04%	14.16%	24.81%	24.94%	32.21%	2.86%
Average	0.52%	15.91%	26.35%	25.08%	29.04%	1.63%
Responses	770	770	770	770	770	770

The Royal Orthopaedic Hospital NHS Foundation Trust Benchmark report

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	White	Mixed / Multiple ethnic background	Black / African / Caribbean / Black British	Asian / Asian British	Arab	Other
Your org	73.91%	3.73%	14.78%	6.17%	0.77%	0.64%
Average	80.79%	2.64%	14.49%	2.84%	0.56%	0.67%
Responses	778	778	778	778	778	778

	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	92.46%	1.40%	0.89%	0.26%	4.98%
Average	88.65%	2.02%	1.95%	0.44%	6.98%
Responses	783	783	783	783	783
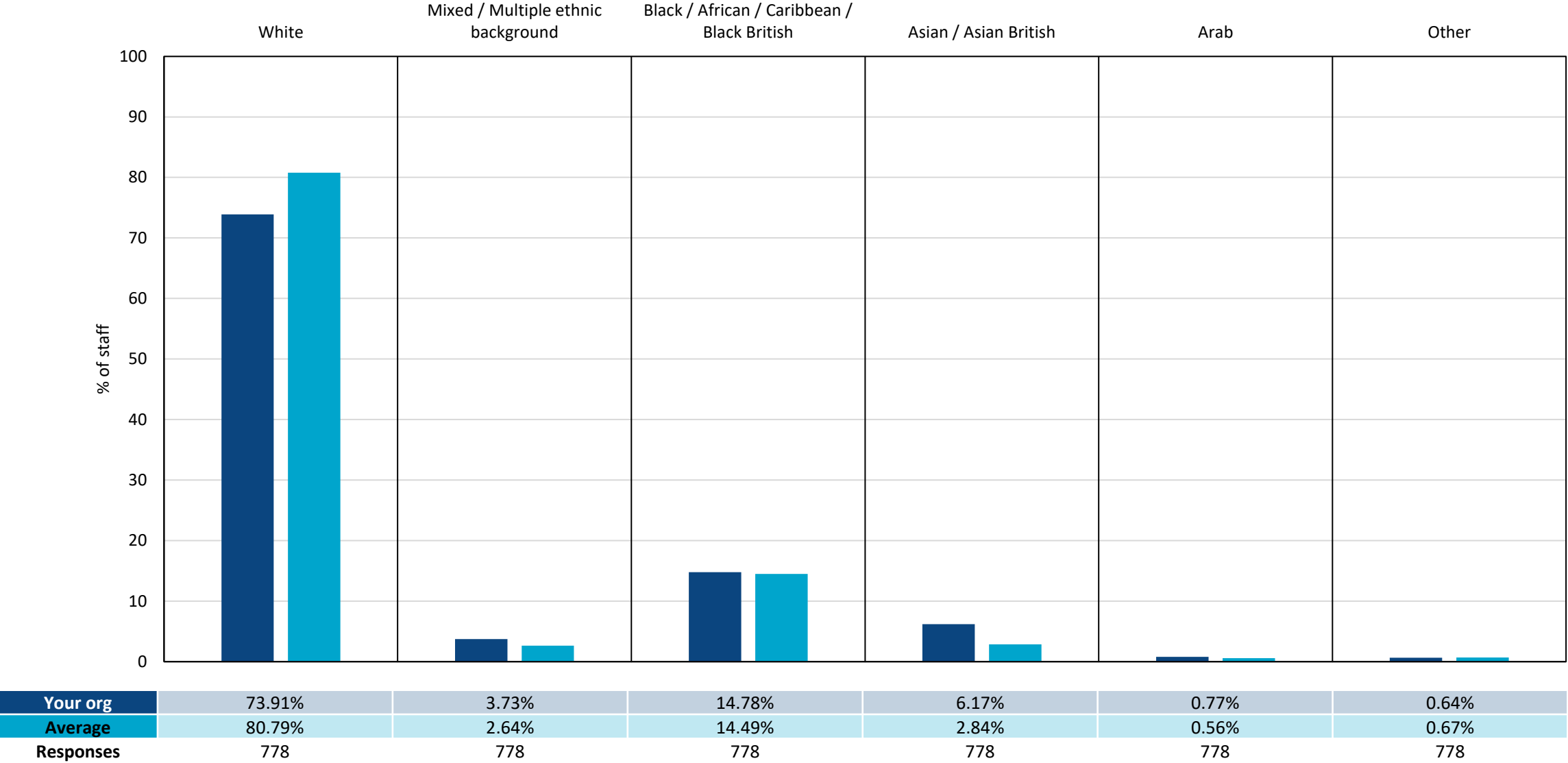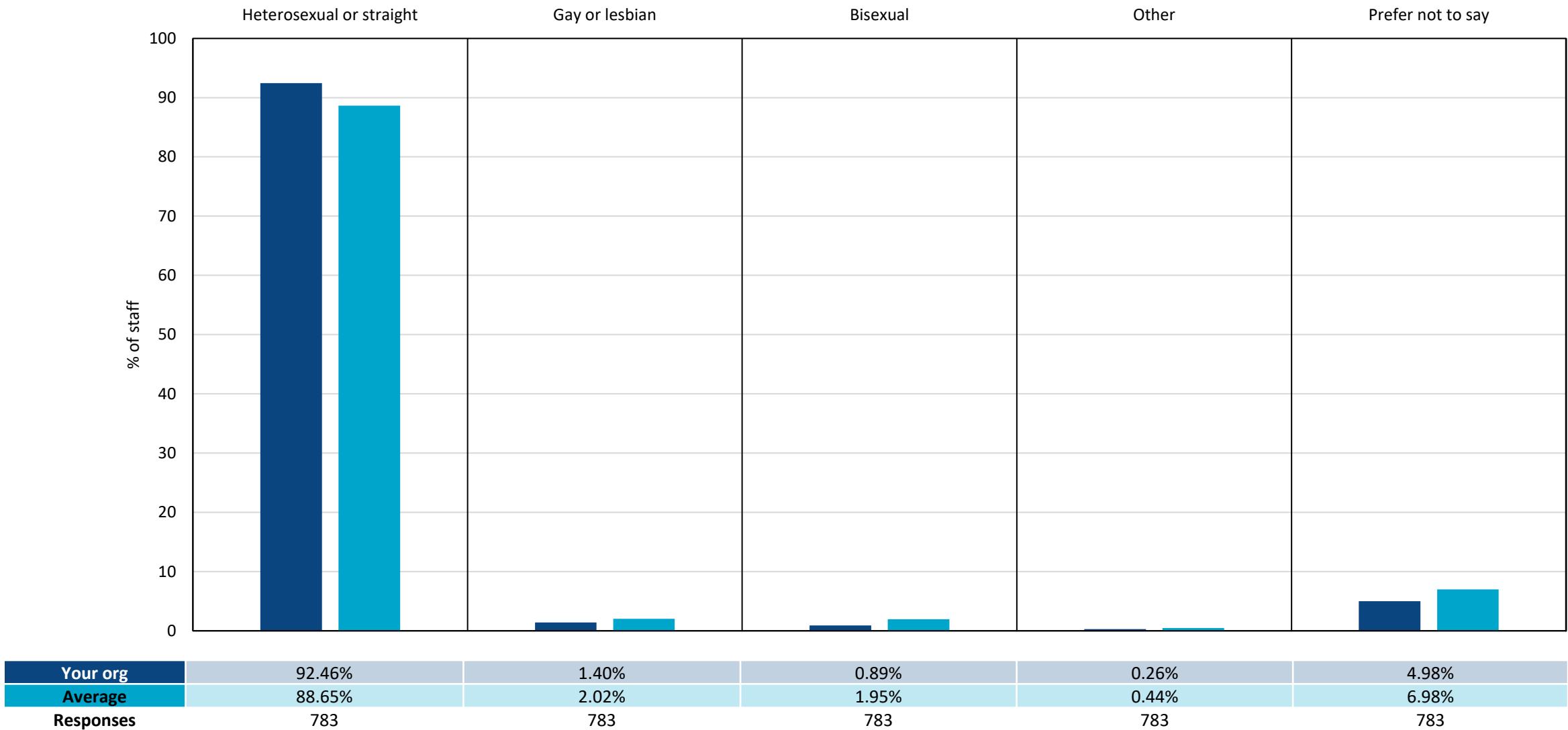
Background details - Religion
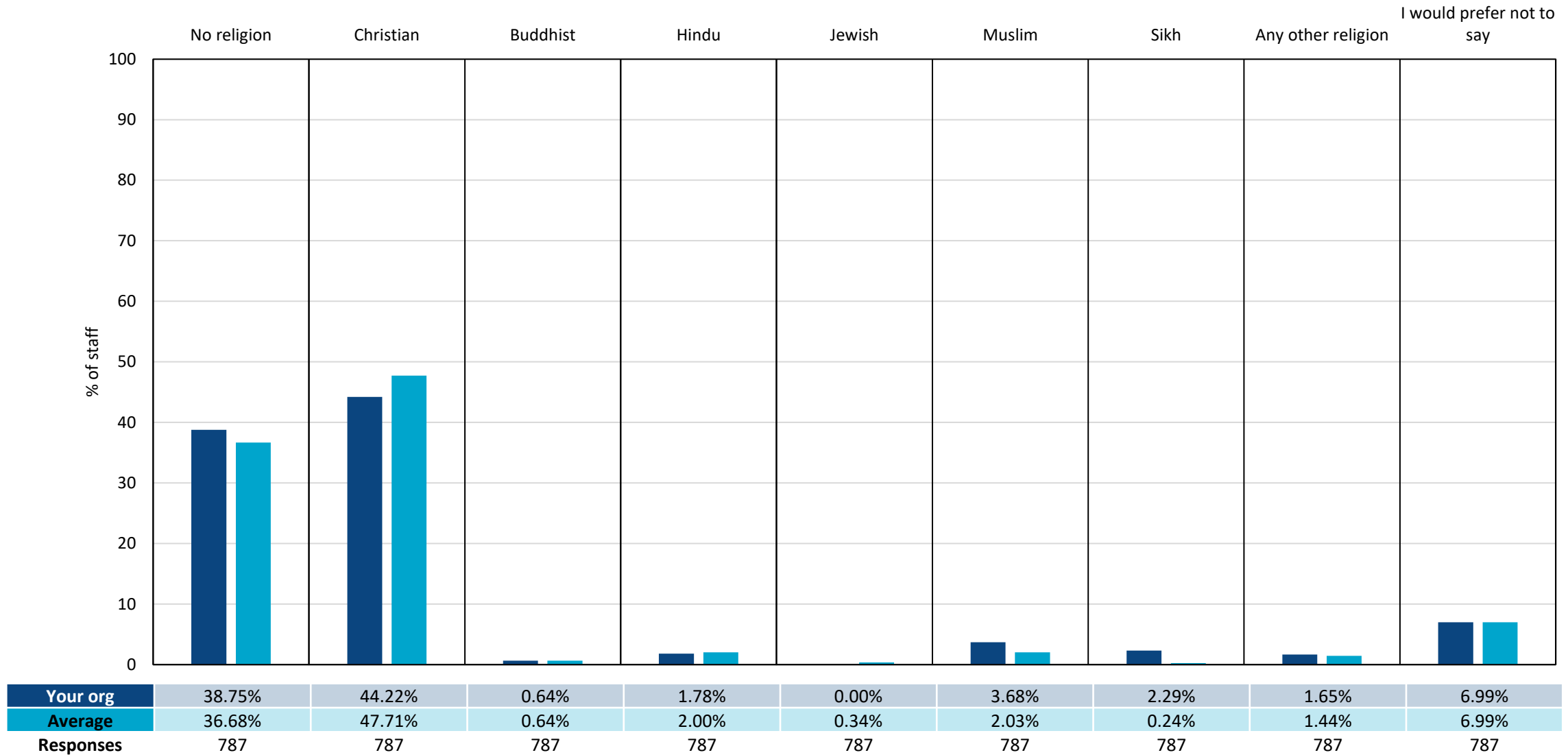
Survey Coordination Centre

NHS

	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	38.75%	44.22%	0.64%	1.78%	0.00%	3.68%	2.29%	1.65%	6.99%
Average	36.68%	47.71%	0.64%	2.00%	0.34%	2.03%	0.24%	1.44%	6.99%
Responses	787	787	787	787	787	787	787	787	787

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?
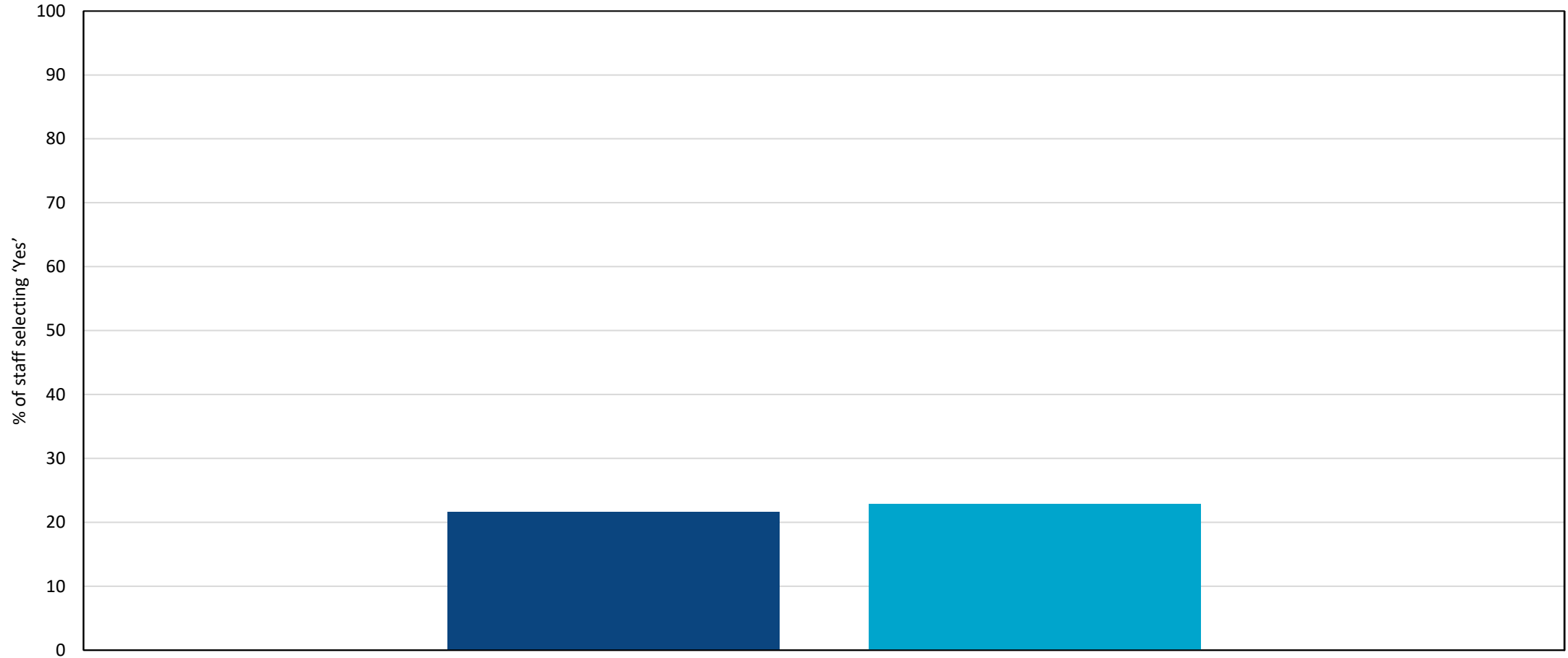
Your org	21.66%
Average	22.89%
Responses	771

Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.
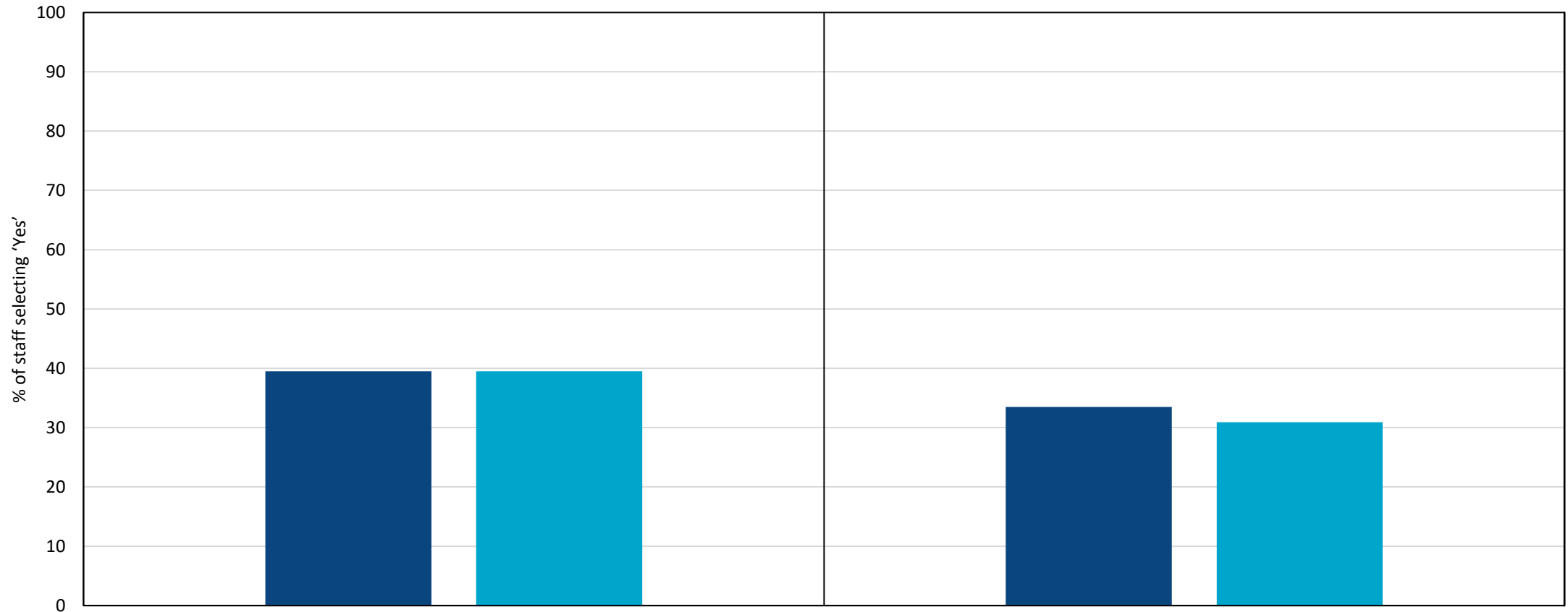
	Do you have any children...	Do you look after...
Your org	39.51%	33.46%
Average	39.51%	30.90%
Responses	777	771

Background details – Length of service
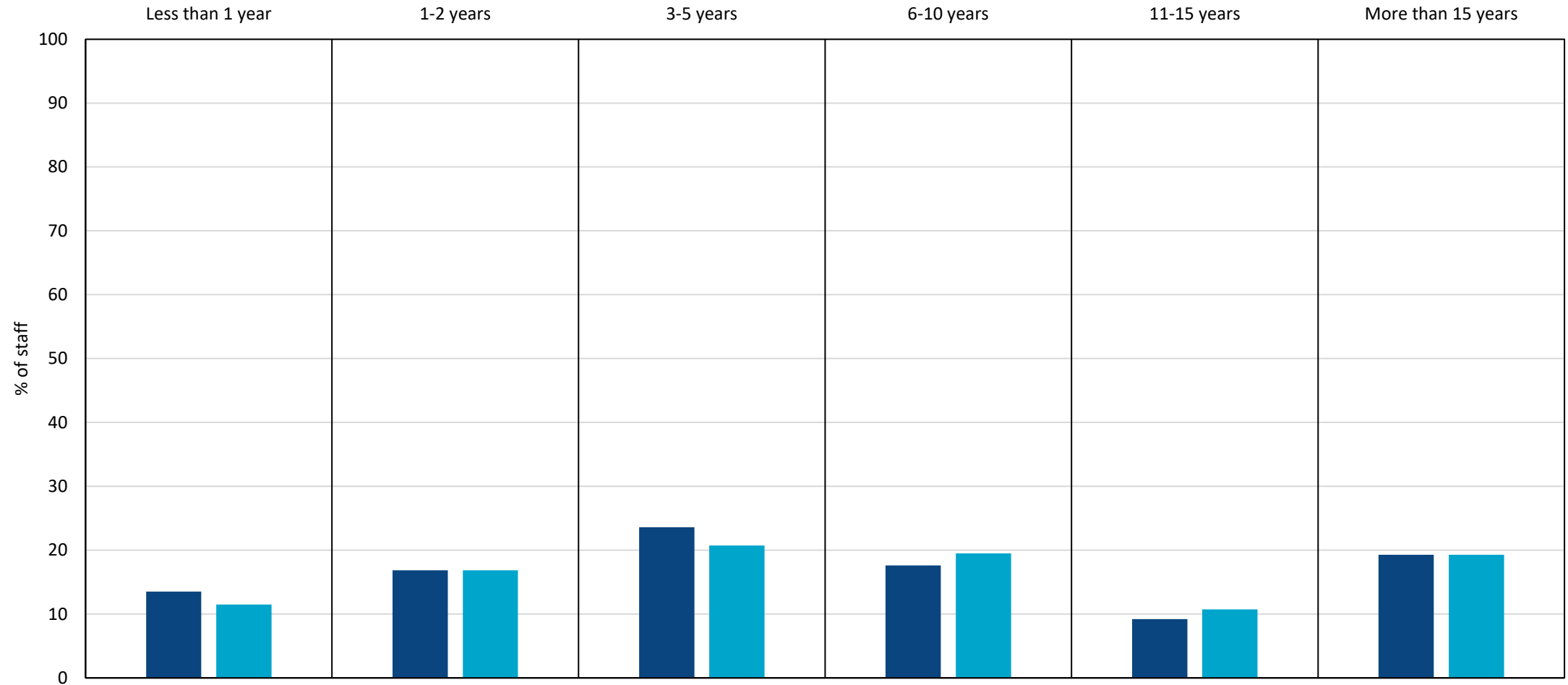
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	13.52%	16.84%	23.60%	17.60%	9.18%	19.26%
Average	11.48%	16.84%	20.70%	19.48%	10.72%	19.26%
Responses	784	784	784	784	784	784

The Royal Orthopaedic Hospital NHS Foundation Trust Benchmark report

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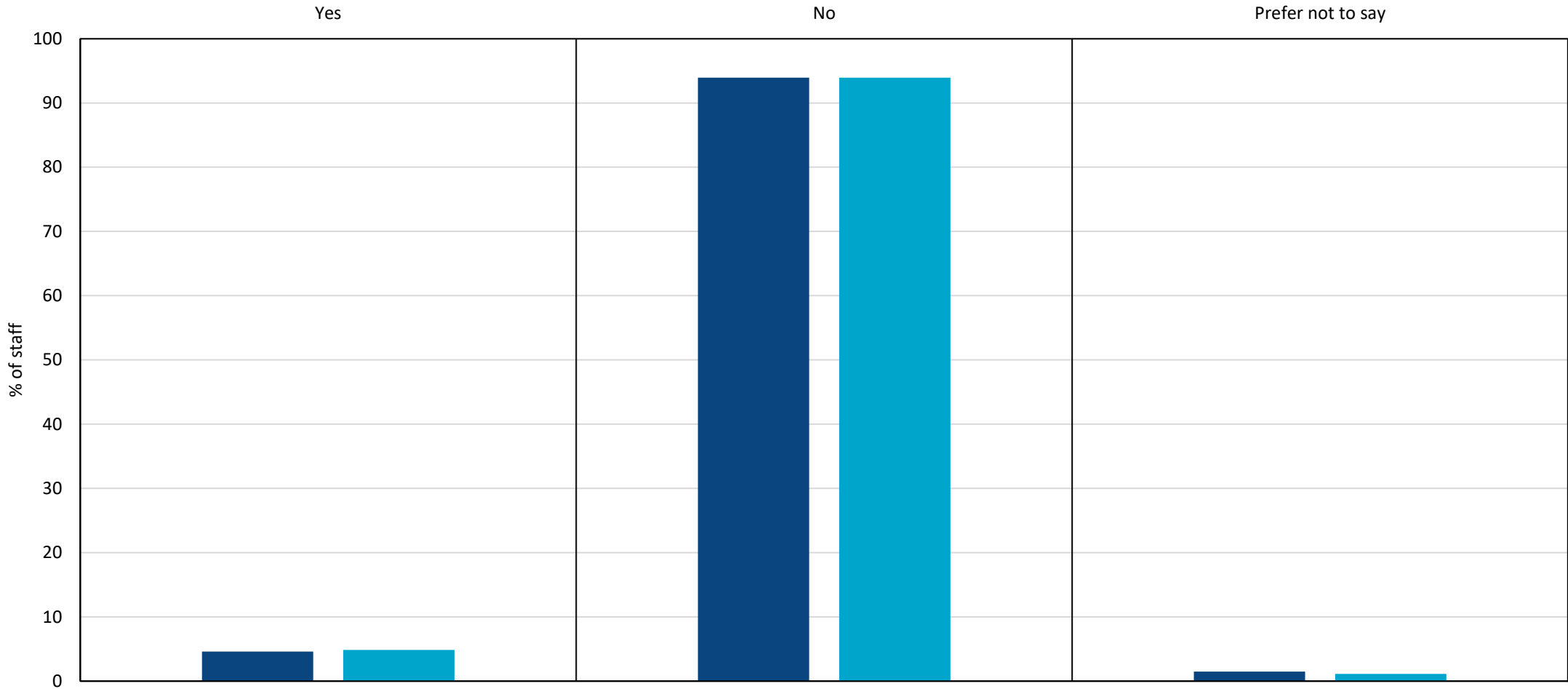
	Yes	No	Prefer not to say
Your org	4.57%	93.95%	1.48%
Average	4.85%	93.95%	1.11%
Responses	744	744	744

	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	23.52%	7.20%	7.07%	14.14%	4.24%	0.13%	0.13%	0.00%	18.77%	7.20%
Average	23.52%	5.90%	7.40%	13.27%	8.95%	0.13%	0.14%	0.06%	19.63%	8.26%
Responses	778	778	778	778	778	778	778	778	778	778

	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	10.41%	3.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.21%
Average	3.72%	3.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.95%
Responses	778	778	778	778	778	778	778	778	778

Appendices

Appendix A: Response rate

Response rate
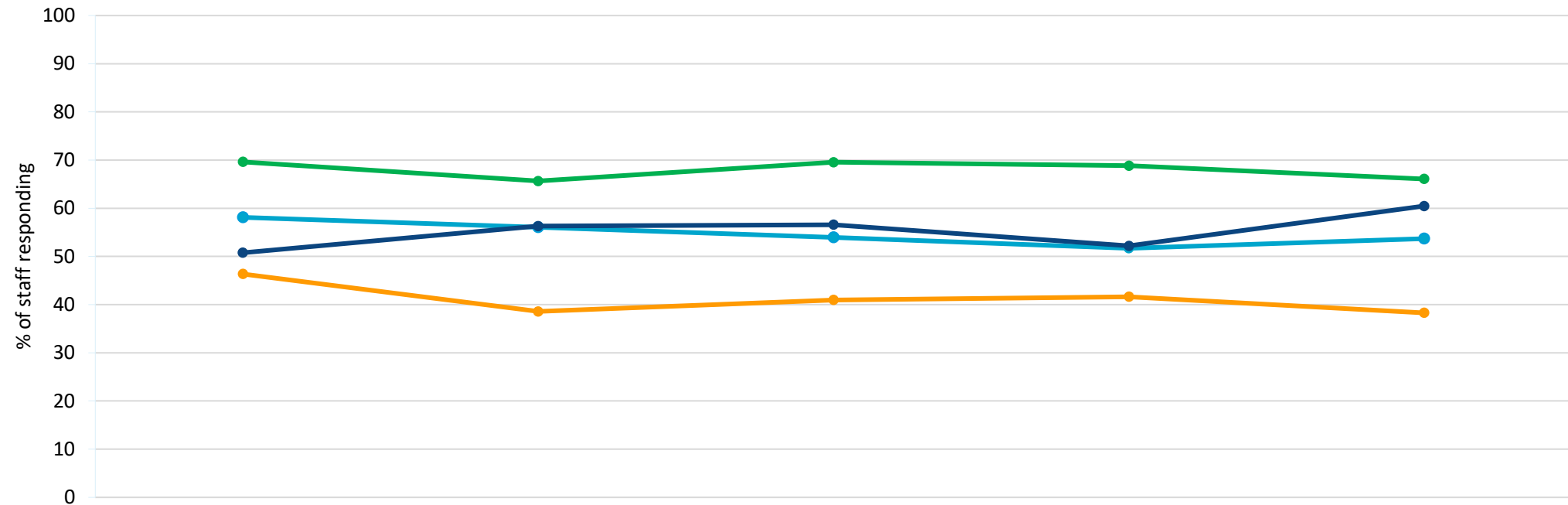
	2019	2020	2021	2022	2023
Your org	50.78%	56.29%	56.58%	52.20%	60.44%
Highest	69.61%	65.63%	69.56%	68.82%	66.07%
Average	58.13%	56.07%	53.96%	51.70%	53.69%
Lowest	46.35%	38.56%	40.96%	41.63%	38.30%
Responses	524	631	684	630	793

Appendix B: Significance testing
2022 vs 2023

Appendix B: Significance testing – 2022 vs 2023

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.47	629	7.47	787	Not significant
We are recognised and rewarded	5.96	628	6.09	789	Not significant
We each have a voice that counts	6.95	616	6.88	779	Not significant
We are safe and healthy	6.39	620	6.56	780	Significantly higher
We are always learning	5.35	584	5.57	734	Not significant
We work flexibly	6.40	626	6.47	782	Not significant
We are a team	6.81	628	6.78	787	Not significant
Themes					
Staff Engagement	7.15	628	7.18	789	Not significant
Morale	6.07	629	6.28	790	Significantly higher

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note

The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the Staff Survey website.

A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

Note. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2023.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	8284	8225	8175	8244	7877	8187	8264	8288	8294

Only one example is highlighted for each point

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

	2019	2020	2021	2022	2023
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	592
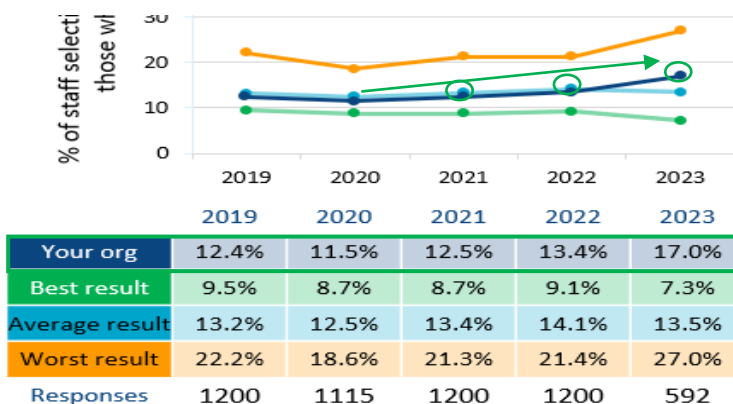
Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.

✕ = Negative driver, org result falls between average and worst benchmarking group result for question
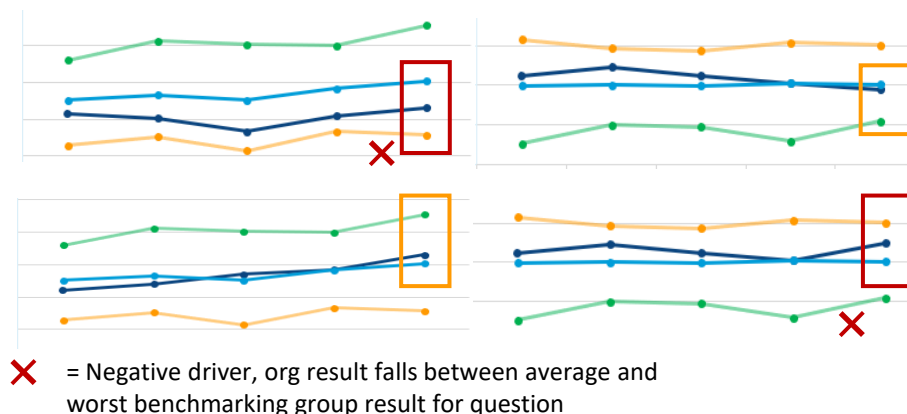
This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

Identifying questions of interest

➢ **Pre-defined questions of interest – key questions for your organisation**

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

➢ **Identifying questions of interest based on the results in this report**

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).
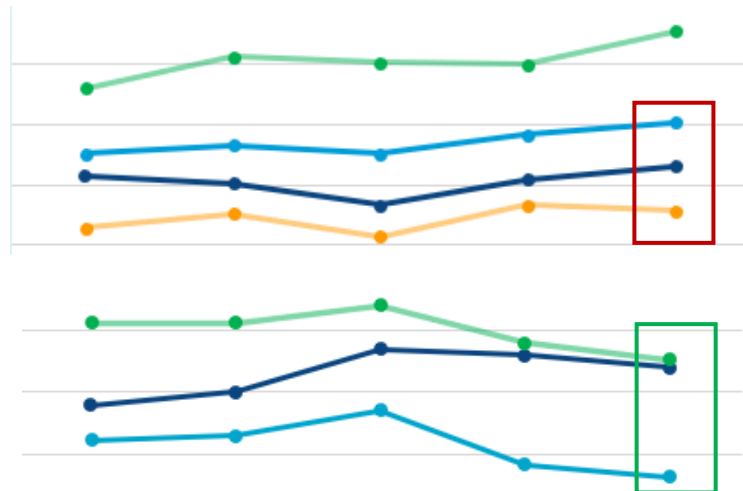
➢ **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➢ **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs

Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.

Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for The Royal Orthopaedic Hospital NHS Foundation Trust.

National Briefing Document: Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.

Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS	
DOCUMENT TITLE:	**CQC Readiness update**
SPONSOR (NON EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Simon Grainger-Lloyd, Director of Governance**
DATE OF MEETING:	**24 April 2024**

EXECUTIVE SUMMARY:

This paper provides a summary of the new CQC Single Assessment Framework (SAF) including additional detail published around the metrics and information that will be used to make a judgement against the new Quality Standards.

Also included is the plan to prepare for the next inspection, including self-assessment, engagement & education, walkabouts and evidence collection.

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Council of Governors is asked to:
REVIEW and SUPPORT the readiness plan

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	X
Business and market share	X	Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X

Comments:

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

Regulatory requirements associated with registration with the CQC

PREVIOUS CONSIDERATION:

Trust Board in March 2024 and the draft self-assessment in April 2024

CQC Readiness Update – April 2024

1. New CQC Assessment Framework

1.1 In July 2022, the Care Quality Commission (CQC) announced that it would be changing its assessment framework. Since the last updates to the Board and Council of Governors on this new and emerging approach, there has been additional clarity around the changes and the details related to the new Single Assessment Framework (SAF). The changes principally involve:

- a departure from the 'Key Lines of Enquiry' (KLOE) methodology and a move to assessment against a set of Quality Statements (We Statements) under which sit a set of 'I statements', which focus on individual care experiences;
- a move away from a physical, 'on site' inspection in all cases, to judgements which can be made remotely using evidence that is more current than may have been the case previously;
- no minimum inspection frequency and although detail on this is yet to be published, it is likely to be based, as it was previously, on risk and previous CQC ratings;
- more complex scoring mechanisms and algorithms to arrive at a rating;
- one overall rating to be applied at trust-level, this being based on a score out of 100;
- the assessment against the well-led domain will be given greater prominence on the assertion that if an organisation is well-led, then this translates into an environment which is safe, caring, responsive, and effective;
- New categories of evidence will be used to inform the assessment as follows:
- ✓ *People's experience of health and care services* – phone calls, emails and 'Give feedback on care' forms received by CQC; interviews with people and local organisations who represent them or act on their behalf; survey results; feedback from the public and people who use services obtained by: community and voluntary groups, health and care providers; local authorities; groups representing: people who are more likely to have a poorer experience of care and poorer outcomes, people with protected equality characteristics; unpaid carers;
- ✓ *Feedback from staff and leaders* – results from staff surveys and feedback from staff to their employer; individual interviews or focus groups with staff; interviews with leaders; feedback from people working in a service sent through our 'Give feedback on care' service; whistleblowing;
- ✓ *Feedback from partners* – commissioners; other local providers; professional regulators; accreditation bodies; royal colleges; multi-agency bodies;
- ✓ *Observation* – Most observation will be carried out on the premises by CQC inspectors and Specialist Professional Advisors (SpAs). External bodies may also carry out observations of care and provide evidence, for example, Local Healthwatch. Where the evidence from organisations such as Healthwatch is specifically about observation of the care environment, the CQC will include it in this category, and not in the people's experiences category. All observation is carried out on site.
- ✓ *Processes* – results from audits a provider has developed or from national programmes (for example, the National Clinical Audit and Patient Outcomes Programme); findings and learning from safety incidents; access times for treatment and care; case note reviews of people's care or clinical records
- ✓ *Outcomes* – mortality rates; emergency admissions and re-admission rates to hospital; infection control rates; vaccination and prescribing data. Information is sourced from: patient

level data sets, national clinical audits and initiatives such as the patient reported outcome measures (PROMs) programme

1.2   The new SAF has been introduced incrementally, starting with some pilot assessments in November 2023. The SAF being introduced into the Midlands and North was one of the final stages to full implementation, this being from 6 February 2024.

1.3   There has also been a move away from a single relationship manager with responsibility for a particular set of trusts or care providers, to a team-based approach. The ROH as expected, is within the remit of the Midlands region and the operational managers within this will lead the quarterly engagement process, the details of which are yet to be received.

2   Organisational preparation

2.1   Given the new approach, it is clear that the Trust needs to prepare now for an inspection by the CQC to ensure that the exceptional care and staff experience delivered is understood by the CQC and is recognised in its assessment of the ROH. A number of initiatives are already underway to understand how the Trust measures up against the new SAF:

2.1.2   *Quality Assurance Walkabouts*

The quality assurance walkabouts have been undertaken over the past year, lead by the senior nursing team and involving a cross section of managers and staff from a number of corporate and clinical teams. The walkabouts conduct an assessment of clinical areas based on the previous guidance around what 'Outstanding' looks like, however this is being amended to align the assessment to the new SAF Quality Statements.

Walkabouts to date, have not identified any clinical area as being below a 'Good' rating. Each clinical area is assessed twice yearly on an ongoing basis, with a check that any actions arising from the previous walkabouts having been completed.

In terms of assurance and follow up on the outcome of walkabouts, this is done periodically through Clinical Quality Group, Quality and Safety Executive and Quality and Safety Committee.

The governors have been invited to participate in these walkabouts and will be discussed as part of the later item on governor engagement.

2.1.3   Well-Led Self-Assessment

Given the prominence of the well-led assessment as part of the new framework, it places an imperative on understanding the Trust's position against the Quality Statements in this domain and identifying any potential gaps and actions to address these.

Attached is a self-assessment template (Appendix 1) that has been developed, which has been populated with an initial view as to how the Trust measures against the quality statements. Overall, there is good compliance, however there are several areas where improvements could be made or compliance could be strengthened, namely:
- Strengthening the processes by which staff are informed of the actions taken as a result of reporting a FTSU concern or incident
- Development and embedding a succession planning and talent management framework
- Systematising the reporting of delivery against the Trust's strategy
- Further embedding PSIRF

- Improve attendance and representation at the staff networks
- Strengthen the Board walkabouts process (non executive and executive)
- Development of a sexual safety policy
- Improve appraisal and mandatory training rates
- Retest business continuity plans
- Progress development of a GP liaison/stakeholder plan
- Improve engagement with the Green Board
- Refresh the Trust's Net Zero plan

The Board was presented with this self-assessment at its April meeting and actions to address those shortfalls identified above will be monitored by the Staff Experience & OD Committee.

2.1.4 Engagement and Education Plan

Clarifying expectations of Trust colleagues around the new SAF and the likely experience in terms of inspection and assessment will be critical. As such, an engagement and education plan will be established and developed.

It is proposed that we embark on an engagement process with staff that takes some of the myth and fear out of an inspection and empowers staff to see it as an opportunity to celebrate the excellent work that goes on right across the whole Trust.

A further briefing on the proposed engagement and education plan will be brought back to a future meeting, however the plan in overview will include:
- Updates to staff on the new CQC assessment process through existing and new routes, including Team Brief, 100-day induction, divisional governance, all staff briefings, daily communications, corporate meetings and Council of Governors events;
- Mock focus groups which aim to emulate some of the fora that the CQC will arrange to inform their assessment. These will span staff, governor, patient and stakeholders and the lines of discussion will be aligned to the key Quality Statements;
- Board and governor briefing packs, which intend to provide Board members and governors with a pack of information that summarises some of the key information relating to the Trust at a high level; this information is often tested as part of CQC assessments to understand whether Non Executive Directors, for instance, are engaged and aware of some of the processes and sources of information that they use as assurance that the organisation is running effectively and safely. Topics within these packs will include for instance:
  - ROH 'At a Glance', which summaries the key metrics and information related to the ROH, such as bed stock, staff numbers, financial position, performance against patient experience indicators and activity levels;
  - Summary of the organisation's top risks on the Corporate Risk Register and Board Assurance Framework;
  - Governance architecture of the ROH;
  - FTSU process in summary;
  - Continuous improvement framework;
  - Organisational chart showing portfolios and responsibilities under each Executive Director;

- Summary of patient stories heard;
- Trust strategy on a page;
- Board and Council of Governors composition;
- Summary of performance against the national Constitutional Standards.

2.1.5 Data Request library

Although the SAF will be less dependent on extensive on-site inspections, there is no suggestion that the burden imposed by the data requests will be reduced. On the contrary, if there is to be less on-site observation and challenge, then the opposite may be true. Collection of evidence requested needs to be systematic and include a quality assurance process before being released so that there is assurance that material being provided, on which the organisation will be assessed, is accurate and conveys a comprehensive picture.

An outline 'library' for collection and storage of evidence will be created in readiness for the assessment, so the organisation can respond swiftly to requests for information. As it has done before, it is proposed that this be co-ordinated by the Governance Team, who will hold the central repository of information and act as the hub for requests from the CQC.

2.1.6 Prior CQC action plans

Although it has been some time since the CQC last inspected, work is currently underway to revisit the previous CQC action plan to confirm that actions raised in 2019 have been closed and that where they have been noted to have completed previously, that changes made have been sustained.

2.1.7 Other work planned or underway

As the new and embellished **Fit and Proper Persons** requirements have recently been introduced, the CQC will be keen to see how organisations have implemented this. Work is underway to ensure that all personnel files of those individuals covered by the CQC regulations, are up to date and for those new Non Executive Directors, that there is clear evidence that the range of checks and assurance required is in place. Board members have been asked to undertake a self-attestation, a process which will be annual and will inform the end of year declaration from the Chair to NHS England that all Board members satisfy the requirements of the new FPPT. Given that it is three years since the last DBS checks for many Board members, this process will also be repeated in line with the Trust's policy.

Much work has been undertaken over the past year to ensure that the Trust's **corporate policies** are all within their agreed review date. This process will be given greater focus over the next three months to ensure that there is clear escalation where a policy is beyond its review date or is due for review imminently.

3   Next steps

3.1   The work articulated above will be developed into a plan, with Executive and Operational leads identified for each piece of work. This will be considered at every other meeting of the Executive Team, with any exceptions reported to the Trust Board or through the Board Committee structure.

4   **Recommendation**

4.1   The Council of Governors is asked to:

       RECEIVE and SUPPORT the plan to ensure that the organisation is ready for the next assessment by the CQC.

Simon Grainger-Lloyd
Director of Governance

18 April 2024

CQC Well led domain – self-assessment

Overall assessment of: whether there is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care

SHARED DIRECTION AND CULTURE

QUALITY STATEMENT: *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*

ASSESSMENT CRITERIA	EVIDENCE	GAPS
Leaders ensure there is a shared vision and strategy and that staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them		
Staff and leaders ensure that the vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and external partners		
Staff and leaders demonstrate a positive, compassionate, listening culture that promotes trust and understanding between them and people using the service and is focused on learning and improvement		
Staff at all levels have a well-developed understanding of equality, diversity and human rights, and they prioritise safe, high-quality, compassionate care		
Equality and diversity are actively promoted, and the causes of any workforce inequality are identified and action is taken to address these		
staff and leaders ensure any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address		

them. They monitor and review progress against delivery of the strategy and relevant local plans		
KEY ACTIONS REQUIRED TO ADDRESS GAPS		
PROPOSED 'OUTSTANDING' EVIDENCE		

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Strategy and vision

- Organisational culture

- Values

- Addressing social impact

CAPABLE, COMPASSIONATE AND INCLUSIVE LEADERS		
QUALITY STATEMENT: *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*		
ASSESSMENT CRITERIA	**EVIDENCE**	**GAPS**
Leaders have the experience, capacity, capability and integrity to ensure that the organisational vision can be delivered and risks are well managed		
Leaders at every level are visible and lead by example, modelling inclusive behaviours		
High-quality leadership is sustained through safe, effective and inclusive recruitment and succession planning		
Leaders are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role		
Leaders are alert to any examples of poor culture that may affect the quality of people's care and have a detrimental impact on staff. They address this quickly		
KEY ACTIONS REQUIRED TO ADDRESS GAPS		
PROPOSED 'OUTSTANDING' EVIDENCE		

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Leadership competency, support and development

- Safe recruitment of leaders/FPPR

- Compassionate and capable leaders

- Roles and accountability

- Succession planning/talent management

FREEDOM TO SPEAK UP

QUALITY STATEMENT:	*We foster a positive culture where people feel that they can speak up and that their voice will be heard*	
ASSESSMENT CRITERIA	**EVIDENCE**	**GAPS**
Staff and leaders act with openness, honesty and transparency		
Staff and leaders actively promote staff empowerment to drive improvement. They encourage staff to raise concerns and promote the value of doing so. All staff are confident that their voices will be heard		
There is a culture of speaking up where staff actively raise concerns and those who do (including external whistleblowers) are supported, without fear of detriment. When concerns are raised, leaders investigate sensitively and confidentially, and lessons are shared and acted on		
When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again		
KEY ACTIONS REQUIRED TO ADDRESS GAPS		
PROPOSED 'OUTSTANDING' EVIDENCE		

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Speaking up culture

- Freedom to speak up guardian

- Whistleblowing

- Closed cultures

WORKFORCE EQUALITY, DIVERSITY AND INCLUSION		
QUALITY STATEMENT: *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*		
ASSESSMENT CRITERIA	**EVIDENCE**	**GAPS**
Leaders take action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion		
Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact		
Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce within their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all		
Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups		
Leaders make reasonable adjustments to support disabled staff to carry out their roles well		

Leaders take active steps to ensure staff and leaders are representative of the population of people using the service		
Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service. Staff feel empowered and are confident that their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation		

KEY ACTIONS REQUIRED TO ADDRESS GAPS

PROPOSED 'OUTSTANDING' EVIDENCE

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Fair and equitable treatment of staff

- Staff human rights

- Well-being of workforce

- Gender pay gap

- Workforce diversity

- Flexible working arrangements

- WRES and WDES

GOVERNANCE, MANAGEMENT AND SUSTAINABILITY		
QUALITY STATEMENT: *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*		
ASSESSMENT CRITERIA	**EVIDENCE**	**GAPS**
There are clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities. Managers can account for the actions, behaviours and performance of staff		
The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service		
Data or notifications are consistently submitted to external organisations as required		
There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care		
Leaders implement relevant or mandatory quality frameworks, recognised standards, best practices or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities		

KEY ACTIONS REQUIRED TO ADDRESS GAPS
PROPOSED 'OUTSTANDING' EVIDENCE

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Roles, responsibilities and accountability

- Governance, quality assurance and management

- Cyber security and data security and protection toolkit (DSPT)

- Emergency preparedness, including climate events

- Sustainability, including financial and workforce

- Data security/data protection

- Statutory and regulatory requirements

- Workforce planning

- External recommendations, for example safety alerts

- Records/digital records

PARTNERSHIPS AND COMMUNITIES		
QUALITY STATEMENT: *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*		
ASSESSMENT CRITERIA	**EVIDENCE**	**GAPS**
Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies		
Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care		
Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service. They use these networks to identify new or innovative ideas that can lead to better outcomes for people		
KEY ACTIONS REQUIRED TO ADDRESS GAPS		
PROPOSED 'OUTSTANDING' EVIDENCE		

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Sharing good practice and learning

- Integration health and social care

- Partnership working and collaboration

LEARNING, IMPROVEMENT AND INNOVATION		
QUALITY STATEMENT: *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*		
ASSESSMENT CRITERIA	**EVIDENCE**	**GAPS**
Staff and leaders have a good understanding of how to make improvement happen. The approach is consistent and includes measuring outcomes and impact		
Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives		
There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving		
Staff are supported to prioritise time to develop their skills around improvement and innovation. There is a clear strategy for how to develop these capabilities and staff are consistently encouraged to contribute to improvement initiatives		
Leaders encourage staff to speak up with ideas for improvement and innovation and actively invest time to listen and engage. There is a strong sense of trust between leadership and staff		
The service has strong external relationships that support improvement and innovation.		

Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation		
KEY ACTIONS REQUIRED TO ADDRESS GAPS		
PROPOSED 'OUTSTANDING' EVIDENCE		

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Innovation

- Learning and improvement

- Research

- Learning from deaths

ENVIRONMENTAL SUSTAINABILITY – SUSTAINABLE DEVELOPMENT		
QUALITY STATEMENT: *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*		
ASSESSMENT CRITERIA	EVIDENCE	GAPS
Staff and leaders understand that climate change is a significant threat to the health of people who use services, their staff, and the wider population		
Staff and leaders empower their staff to understand sustainable healthcare and how to reduce the environmental impact of healthcare activity		
Staff and leaders encourage a shared goal of preventative, high quality, low carbon care which has health benefits for staff and the population the providers serve, for example, how a reduction in air pollution will lead to significant reductions in coronary heart disease, stroke, and lung cancer, among others		
Staff and leaders have Green Plans and take action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible		
Staff and leaders take active steps towards ensuring the principles of net zero care are embedded in planning and delivery of care. Low carbon care is resource efficient and supports care to be delivered in the right place at the right time		

KEY ACTIONS REQUIRED TO ADDRESS GAPS
PROPOSED 'OUTSTANDING' EVIDENCE

SUBTOPICS THIS QUALITY STATEMENT COVERS

- Staff awareness and education

- Carbon reduction. For example, within travel and transport, medicines, and supply chain

- Health promotion and prevention

- Estates and Facilities. For example, energy saving measures, lower carbon options and waste reduction including recycling

- Efficient service delivery with resource optimisation

The Royal Orthopaedic Hospital
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UPWARD REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 26 March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
- Performance against the national 18-week Referral to Treatment Time was reported to have deteriorated slightly, which reflected the current focus on seeing patients who had waited significantly for a follow up appointment. - There continues to be uncertainty over the future use of ROH theatre space by surgeons from other System partners. - There remains some funding currently outstanding from NHS England and other Integrated Care Systems for work delivered, a matter which is being pursued by the Chief Finance Officer of the BSol ICB. - There was noted to remain below par completion rates for appraisals and mandatory training. The new appraisal process was highlighted which would assist with systematising the annual reviews. - The Committee was provided with an overview of the ROH and System's operational and financial plan for 2024/25, although the national guidance had not yet been released. There remains significant risk and uncertainty attached to the assumption around the Elective Recovery Fund (ERF), contract values and the efficiency requirement. - It was reported that a 'phishing' test had been organised across the Trust and a high number of people had opened unsolicited e-mails and links therein. More training and awareness are planned. - Attendance was noted to be poor at the Green Board and therefore work was underway to engage staff across the organisation with the work.	- Update on resourcing issues in the private patient team to be considered at the April 2024 meeting. - The Seamless Surgery initiative is planned for April and will include work on continuous improvement and the results of the staff survey. - Work continues to improve the position against the Better Payment Practice Code. - The final operational and financial plan is to be submitted by 2 May 2024 and delivery plans are being worked up. - The Committee will look in detail at the capital plan in April, as part of the Estates Plan, and at digital issues and the potential for further productivity from this source at the May meeting. - The Committee wished to see the revised cycle of business that had been updated based on amends suggested at the last meeting.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• The majority of specialities were approaching having eliminated any waiting times of 52 weeks and over. There was a specific focus on the spinal surgery patients where waiting times were longest. • The activity target had been exceeded in February 2024 and performance was above the System plan. • There had been a reduction in 'Did Not Attend' cases • There had been an increase in the take up of the Patient Initiated Follow Up pathway. • Performance against the diagnostics targets continues to be excellent. • Theatre session utilisation has increased to 84.8%. • Cancellations have reduced to 24 in month. • Cancer targets continue to be met apart from the 31-day standard, due to a single breach related to a complex case and the availability of a surgeon. • Bed occupancy has increased. • MSK waiting times for physiotherapy and back pain services have reduced. • Greater than planned activity had been handled through the private patient pathway. • A financial surplus was reported to have been delivered in February, although this largely reflected the receipt of additional funding to ameliorate the impact of Industrial Action. • Agency spend was reported to have reduced, with a further reduction down to 3.2% planned for 2024/25. • Delivery of the Cost Improvement Plan was reported to be progressing well, most of which was achieving recurrent savings. • Turnover was reported to have declined. • The 'GetUBetter' app was reported to be rolled out across the BSol system to improve absence rates associated with MusculoSkeletal conditions.	• None specifically.

• An update from the temporary workforce group was received, which highlighted the focus on physiotherapy and pharmacy to ensure that there was substantive recruitment into vacancies. The Trust remains an outlier in terms of temporary staffing usage to cover vacancies, out of hours work and sickness absence. • The Committee noted good progress against the actions arising from the effectiveness review undertaken at the end of 2023.	

Chair's comments on the effectiveness of the meeting: The Committee's time was agreed to have been spent on the areas requiring most focus and discussion.

UPWARD REPORT FROM THE STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 27 March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Work continues to improve the gender pay gap, although there remain challenges with attracting female staff into senior medical roles. • It was noted that there was more work to do to improve staff declaration rates for disability and sexual orientation.	• Ensure that the clinical excellence awards process and outcome is presented to the Staff Experience & OD Committee. • Rigorous application of sexual safety principles to continue. • Work was reported to be underway through the data quality group to gather better ethnicity information for the Trust's patients.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
➢ A summary of the gender pay gap position was presented which showed an improvement in the median pay gap. An action plan is in place to address any inequalities identified, with the majority of work planned over 2024/25. ➢ The Committee considered an upward report into the protected characteristics of staff and patients which would form part of the annual equality and diversity update. ➢ The main section of the meeting was a workshop where the Committee considered the outcomes of the recent staff survey. The Committee discussed a number of questions: ➢ What do you see as our strengths? What should we be proud of? ➢ What could be better? What stands out as opportunities? ➢ In addition to the areas which IQVIA (survey provider) has highlighted for particular focus, what other high impact actions do you think we need to prioritise this year? ➢ What else should we be doing based on this feedback? ➢ Who will be responsible for owning the actions? The key themes for focus which emerged from the discussion, in addition to the three areas identified by IQVIA, were agreed by the Committee to be: ➢ Investment in line manager development which resonates and reflects our values	• None specifically.

> ➤ Engagement from across the Trust in a continuous improvement culture. Needing to be smart in aligning interventions from across the Trust with workforce at the heart of change and transformation so that people do not see staff engagement as separate from improving productivity, performance or sustainability – a single unifying narrative.

Next step is for the Senior Leadership Team to engage in the staff survey focus groups so we can better understand what may have the greatest impact for staff in relation to those areas in the staff survey where we have opportunity for improvement.

Chair's comments on the effectiveness of the meeting: The Committee enjoyed the workshop, as evidenced by the good engagement, as it allowed protected time to focus in detail on a single high priority issue. It was suggested that this could be a regular feature of the Committee's workplan going forward.

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UPWARD REPORT FROM THE QUALITY & SAFETY COMMITTEE

Date Group or Board met: 27 March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The extract of the Corporate Risk Register that detailed clinical risks was considered, which included concerns over the continued robustness of the provision of Speech & Language and Histopathology services. It was noted that these concerns had been raised through established escalation routes in the Birmingham and Solihull Integrated Care System and would continue to be highlighted given the potential for delivery of adverse quality of care. The national shortage of pathologists was noted to be a key factor comprising resilience in the histology service. • The was reported to have been a slight increase in falls – these would be reviewed thematically and work was underway to continuously improve the patient environment to prevent risks of falling. • There has been an increase in complaints and PALS enquiries. There was some delay in responding to PALS in a timely way therefore additional Executive oversight was now in place through the Executive Governance forum. Some of the outstanding enquiries related to spinal services, an area that was currently focussing on the challenges with handling long waiting times for surgery. • It was noted that a Patient Safety (CAS) alert concerning bedrails was overdue for closure, specifically due the need to develop a training plan for staff. An action plan was in place and there was confidence that the action plan would ensure this was addressed by the end of April 2024. • The 'flu uptake target had not been met and measles vaccination uptake was also low across the Birmingham and Solihull System. • It was noted that fire safety training uptake needed to be improved across the Trust. • The Endoscopic Spinal surgery service remained suspended. Some external support was being sourced to undertake an assessment of the cases which would inform the timing of resuming the service.	• Refine the overarching risk concerning equity of patient access to better highlight the ROH's contribution to the mitigations to this. • Provide local benchmarking data for readmissions in the next Quality Report. • Within the new PSIRF Quality Report include the rationale for when different methods of investigation were used – Patient Safety Incident Investigation (PSII), After Action Review (AAR), Structured Judgement Review (SJR) and Hot Debriefs. The report should also provide benchmarked data and detail about how lessons learned from the investigations is embedded. • A final 'go live' date for full implementation of PSIRF was requested. • It was suggested that the WHO checklist process could be considered as part of the Internal Audit into pre-operative assessment that is planned.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• It was highlighted that the nursing recruitment gap had reduced and agency usage was also reducing as a consequence. • It was noted that in nearly every speciality, all 52-week waiting times had been addressed. • An update on the National Joint Registry was provided. It was noted that there had been two outliers reported previously, both of which had been investigated and addressed. The good return rates were noted to be particularly positive. • The Committee received a detailed report on clinical audit which provided good assurance that there was additional rigour in terms of registering and structuring audits. Credit was offered for this to the new Head of Clinical Audit & Outcomes. • The Committee received a suggested Annual Report to the Board to provide an overview of its work over the last year and to signal where it would direct its focus for next year. • The Fire Safety annual report was presented which offered good assurance that the Trust was compliant with relevant legislation. • The Research and Development annual report was received which showcased the breadth of the work and innovation covered by the Trust. • Work was reported to be underway to comply with the requirements set out in relation to Martha's Rule. This includes the expansion of the Critical Care Outreach Team. A 'Call4Concern' model was also being explored. • An update on the compliance with the Human Tissue Authority requirements was received. It was noted that the Trust was preparing for an inspection by the HTA shorty.	• The Committee approved revisions to the terms of reference for the Safeguarding Group • The Committee approved the Fire Safety annual report for presentation to the Trust Board. • The Committee supported the proposed revision to its Terms of Reference.

Chair's comments on the effectiveness of the meeting: It was agreed that there had been an appropriate focus on key risks and assurances to offer the Board.

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UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Group or Board met: 14 December 2023

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Disappointing net return of just 0.53% recorded on the Cazenove asset statement as at 1 June 2023 was discussed. SW is carrying out a piece of work to consider the Trust's risk appetite relating to the investment of the funds and reporting back to members of the committee on this and other potential options at the next meeting in April 2024.	• The slight restructure of the Charity Team due to Ali being on maternity leave was shared and Ruth's new appointment as Funding Raising Manager and Charlotte's new role as Community Fundraiser was highlighted, along with Elaine Bunn's return from maternity leave. • With regard to recruitment, the Band 6 Grants, Trusts, and Major Donor Officer position is closed and interviews took place on 12 December 2023. £30,000 had been awarded from NHSCT to support this post following a successful development grant application submitted by the Charity. • Charity Football Match & Family Fun Day on Saturday 15 July 2024 was a remarkable success raising over £2,335.33 with more donations expected. • The Digital Patient Information System (DPIS) was installed in June 2023 and work was taking place with IT and the Communications Team to ensure feedback is received from patients on the impact of this system. The Charity Team will be regularly attending the Trust's feedback sessions including Coffee Catch up sessions to collate live feedback from patients. A full review of the expenditure will be reported at the next committee. The Communications Team will be releasing an article in the New Year to promote this. • The Christmas Appeal was a great success raising just under £8,500.00.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• Members agreed with the content contained within the Mental Health Training Report. • The funding in respect of the Development and Optimism of Multi-Functional Bioactive Materials for Bone Cancer Therapy was noted to have been invaluable along with the impact this has had on patients. The funding has also allowed the team to improve and move on with their investigations. • A summarised update on the Dubrowsky Laboratory Report was received and excellent progress was noted, including the lab now being in operation, expansion of the capacity, the use of equipment is being explored, three new people are starting full time in the lab, including a new Research Assistant and a placement student from Aston, all of whom are progressing extremely well. This has all been funded from the Dubrowsky legacy which includes the funding of salaries. Bids are being received through R&D and there was much to celebrate with the work continuing in the lab and keen support from Aston University was noted. Clinical Trials are also taking place in the Trust along with other many projects that are happening, including bioactive glasses for use with bone cancer.	• Members of the Committee agreed to an additional £10,000 for the Hardship fund, with delegated authority to AA if another £10,000 was needed before the next Charitable Funds Committee. • Members of the Committee approved the Charitable Fund Annual Report as a charity going concern and delegated authority to tidy up the final small amendments outside of the Committee. • The following three bids were approved by the Committee: #250 Charity Audit Fee 2021-22 #255 Charity Audit Fee 2022-23: #235 National Celebration Days • Members agreed to a New Fund Opening Request for Oncology.

Chair's comments on the effectiveness of the meeting: The meeting was both effective and productive and the enthusiasm of the Chair was noted.

The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM THE AUDIT COMMITTEE

Date Group or Board met: 19 January 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There remain a number of instances of breaches to or waivers of SFIs, which the Committee noted was disappointing and encouraged further work to make it clear that where appropriate, these were unacceptable. It was noted that in a number of cases however, the instances reflected an extension to current contracts which using the new contracting management solution, would be addressed more robustly in future. • There remain a number of key contracts with other NHS organisations that remain unsigned. Although this does not impact on service delivery, for reasons of good governance, the Committee agreed that these needed to be formalised as soon as possible and urged the Chief Finance Officer to escalate using appropriate routes at this stage. • The Committee was concerned at the elevated number of overpayments made to staff through payroll. It was highlighted that in most circumstances these were detected quickly and mechanisms are in place to recover the overpayments. Greater education for managers was agreed to be needed around the work required to ensure overpayments are not made in error.	• Work continues to develop the Atamis database to ensure that all contracts are logged and actioned robustly. A dashboard of contracts held on Atamis will be provided at the April 2024 meeting. • Update on open audit actions to be presented to the Executive Team. • Draft internal audit plan for 2024/25 to be presented to the Executive Team for final thoughts before sign off at the April meeting of the Audit Committee. • It was highlighted that a core audit for internal audit in the next three years is to be compliance against the new Fit and Proper Persons Test. • It was agreed that an update to the Committee on progress with the recommendations arising from the Workforce Planning audit should be presented at the next meeting. • Work was reported to be underway to finalise the contract for counterfraud services. This would be completed in February 2024.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• The Committee was advised that preparation for the new national Procurement regulations (Provider Selector Regime) was complete and the procurement processes used by the ROH were compliant with these. • The Committee received a comprehensive update on the work to understand and improve health inequalities, which provided good assurance that recommendations from the last internal audit were being addressed. • Although still below the required level against the Better Payment Practice Code, the Committee was pleased to see good progress being made.	• The Committee approved its revised workplan. • The Committee agreed on an approach for contracting with internal and external audit functions.

• Good progress was being made to address open internal audit recommendations. • It was highlighted that there had been good attendance at the fraud webinars. • Good progress was noted to being made to refresh and redesign the Board Assurance Framework and realign it to the new Trust strategy. • It was highlighted that the initial comments arising from the Audit Committee and auditor effectiveness exercise were positive and demonstrated that the Committee and audit functions were operating well and delivering good value.	

Chair's comments on the effectiveness of the meeting: It was agreed that, despite some technical issues, the agenda included enough space for discussion to seek assurance from colleagues on key pieces of work and the attendance of the Chief Nurse had been very useful.

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Governor approvals
SPONSOR (EXECUTIVE DIRECTOR):	Simon Grainger-Lloyd, Director of Governance
AUTHOR:	Simon Grainger-Lloyd, Director of Governance
DATE OF MEETING:	24 April 2024

EXECUTIVE SUMMARY:

Given that the Council of Governors meets only quarterly, from time to time and to ensure that there is no delay to the work of the Council, there is a need to seek approval on matters of routine business in between meetings.

To ensure that there is a record of the decisions taken between meetings, it has been agreed that a short paper is offered as part of the public record.

Since the last meeting in January, the Council has been asked to approve two proposals:
- The reappointment of Ayodele Ajose and Les Williams as Non Executive Directors for a further term of three years
- The extension of the external contract with Deloitte for a further year

In both cases, confirmation of approval was received from a quorum of the Council of Governors.

REPORT RECOMMENDATION:

The Council of Governors is asked to receive and note the paper and the approvals gained.

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	
Clinical		Equality and Diversity		Workforce	

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

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

None specifically – good governance.

PREVIOUS CONSIDERATION:

Both decisions were taken in February 2024.

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	Governor Engagement Plan
SPONSOR (EXECUTIVE DIRECTOR):	Simon Grainger-Lloyd, Director of Governance
AUTHOR:	Tammy Ferris, Corporate Services Manager
DATE OF MEETING:	24 April 2024

EXECUTIVE SUMMARY:

Following the last Council of Governors meeting it was agreed that a number of opportunities would be provided for Governors to engage with colleagues and patients across the Trust.

The document presented today, has been circulated prior to the meeting, and provides a one page summary of dates and 'events' where Governors can visit the Trust with a purpose.

A summary is provided to show the dates people have already committed to for reference.

REPORT RECOMMENDATION:

The Council of Governors is asked to receive and note the update and to consider any further availability that they may have to engage with the Trust.

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	
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:

None specifically – good governance.

PREVIOUS CONSIDERATION:

Council of Governors – January 2024

The Royal Orthopaedic Hospital — NHS Foundation Trust

GOVERNOR SCHEDULE - MARCH 2024 – MARCH 2025

2024/2025	Mar 24	April 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Quality Walkabouts – Monthly 1 X1 Governors	21st 2-4pm	3rd 2-4pm	1st 2-4pm	12th 2-4pm	10th 2-4pm	7th 2-4pm	6th 2-4pm	2nd 2-4pm	13th 2-4pm	11th 2-4pm	TBC	TBC	TBC
Governor Attending				Brian Toner	Lindsey Hughes								
Quality Walkabouts – Monthly 2 X1 Governors		16th 2-4pm	15th 2-4pm	26th 2-4pm	26th 2-4pm	21st 2-4pm	18th 2-4pm	16th 2-4pm	27th 2-4pm		TBC	TBC	TBC
Governor Attending							Brian Toner						
Meet the Governors – Roving Visits X2 Governors		24th 2.30pm		11th 10.30am			25th 2.30pm			11th 11am			21st 1pm
Governors Attending		Pete Law & Rob Talboys					Lindsey Hughes						Brian Toner

Governor Visit Dates Supplied

	Quality Walkabout Dates	Meet the Governor – Roving Visit Dates
Mr Brian Toner	12/06//2024 & 18/09/2024	21/03/2025
Mrs Pat Clarke		
Mr Arthur Hughes		
Mr Rob Talboys		24/04/2024
Mr Rob Rowberry		
Mrs Lindsey Hughes	10/07/2024	25/09/2024
Miss Rheya Dole		
Mr Petro Nicolaides		
Mr Pete Law		24/04/2024
Mr Wilson Thomas		
Mr Petros Mikalef		
Mrs Hannah Abbott		
Mr David Robinson		
Ms Maxine Shanahan		
Prof Chris Langley		
Dr Eliot Marston		
Mr Jamie Tennant		

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Governor recruitment plans**
SPONSOR (EXECUTIVE DIRECTOR):	**Simon Grainger-Lloyd, Director of Governance**
AUTHOR:	**Simon Grainger-Lloyd, Director of Governance**
DATE OF MEETING:	**24 April 2024**

EXECUTIVE SUMMARY:

For a period of time, the composition of the Council of Governors has been steady, however recently there has been some flux as a result of some resignations and the change in the Constitution to allow an additional appointed governor to join.

For those elected roles (public and staff) there is a plan to run a recruitment process in June using our current election provider, CIVICA, which it is anticipated with fill the vacancies.

In terms of appointed governor roles, we have been joined by three new individuals from Birmingham City Council, Aston University and University of Birmingham. The posts for Bournville Village Trust and Northfield Community Partnership are currently under discussion and a verbal update will be provided at the meeting on these.

Attached for completeness, is the list of governors and their terms of office, highlighting where current vacancies exist.

REPORT RECOMMENDATION:

The Council of Governors is asked to receive and note the update.

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

Note and accept	Approve the recommendation	Discuss
X		

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

Financial		Environmental		Communications & Media	X
Business and market share		Legal & Policy	X	Patient Experience	
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:

None specifically – good governance.

PREVIOUS CONSIDERATION:

None.

Governor Terms of Office Details

Title	First Name	Last Name	Public / Staff / Partner	Constituency	Term of Office ends	Term of Office Status	Comments
Mr	Brian	Toner	Public & Lead Governor	Rest of England & Wales	31/07/2025	2nd Term	Brian became Lead Governor on 5 October 2017 New term of office expires on 31 July 2025.
Mrs	Pat	Clarke	Public	Rest of England & Wales	31/08/2024	1st Term	**Due to Expire**
Mr	Arthur	Hughes	Public	Rest of England & Wales	31/08/2024	2nd Term	**Due to Expire**
Mr	Rob	Talboys	Public	Rest of England & Wales	31/07/2025	1st Term	
Mr	Rob	Rowberry	Public	Rest of England & Wales	31/07/2025	1st Term	
Mrs	Lindsey	Hughes	Public	Birmingham & Sollihull	31/10/2026	1st Term	
Mrs	Julia	Liddle	Public	Birmingham & Sollihull	31/08/2024	1st Term	**Resigned - Vacancy**
Miss	Rheya	Dole	Public	Birmingham & Sollihull	31/07/2025	1st Term	
Mr	Petro	Nicolaides	Public	Birmingham & Sollihull	31/08/2024	3rd Term	**Due to Expire**
Mr	Tony	Thomas	Public	Birmingham & Sollihull	31/10/2026	2nd Term	**Resigned - Vacancy**
Mr	Gavin	Newman	Staff	Non-Clinical	31/08/2024	2nd Term	**Resigned - Vacancy**
Mr	Pete	Law	Staff	Non-Clinical	31/10/2026	1st Term	
Mr	Wilson	Thomas	Staff	Clinical	31/08/2024	1st Term	**Due to Expire**
Mr	Petros	Mikalef	Staff	Clinical	31/10/2026	1st Term	
Mrs	Hannah	Abbott	Stakeholder Governor	Birmingham City University	31/08/2020 - Extended to 30/08/23 - Extended to 31/08/2026	3rd Term	
Ms	Kirsten	Kurt-Elli	Stakeholder Governor	Birmingham City Council	27/06/2025 **(Appointed 28 June 2022)**	1st Term	**Resigned - Replaced by Cllr Jamie Tennant**
Mr	David	Robinson	Stakeholder Governor	Bournville Village Trust	30/04/21 **(Appointed on 01/05/18)** - Extended to 29/04/24	2nd Term	**Due to Expire**
Ms	Maxine	Shanahan	Stakeholder Governor	Northfield Community (Operations Manager)	31/12/24 **(Appointed 01/01/21)**	1st Term	
Prof	Chris	Langley	Stakeholder Governor	Aston University (Deputy Dean of the College of Health & Life Sciences)	31/03/27 **(Appointed 01/04/24)**	1st Term	
Dr	Eliot	Marston	Stakeholder Governor	University of Birmingham (Deputy Director of Operations - Research & Development)	31/03/27 **(Appointed 01/04/24)**	1st Term	
Cllr	Jamie	Tennant	Stakeholder Governor	Birmingham City Council	31/03/27 **(Appointed 01/04/24)**	1st Term	

Finance and Performance Report

Month 11

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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.

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Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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

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

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

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

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

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

Assurance Icons

Can we expect to reliably hit the target?

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

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

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

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

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

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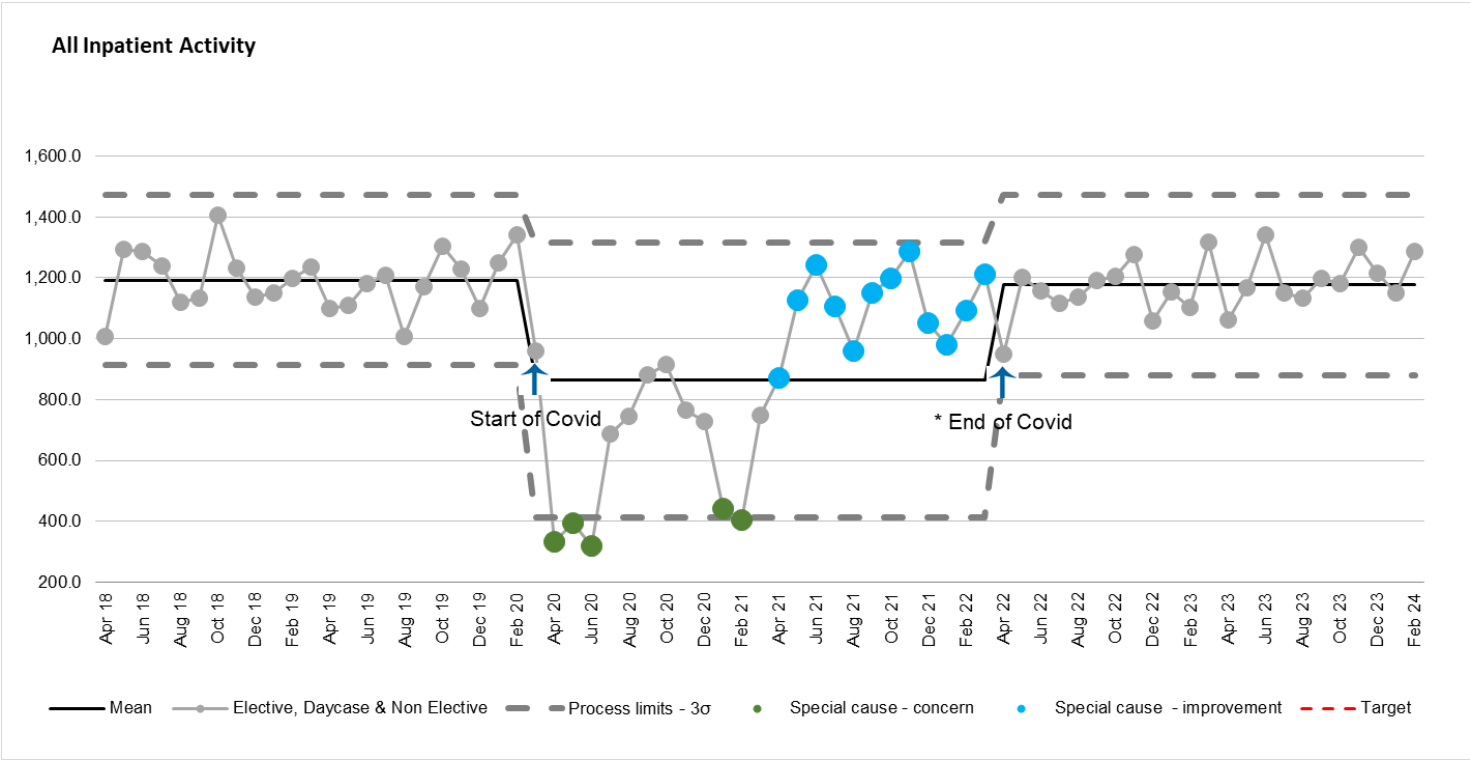
Operational Performance Summary

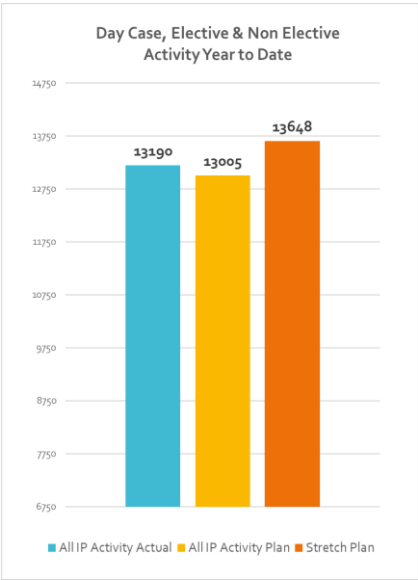| Performance to end February 24	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	49.77%	50.65%	92%		
104 week waits	0	0	0		
78+ week waits	0	0	0		
65 Week waits (65-77 weeks)	68	83	0		
52 week waits (52 – 64 Weeks)	414	428	0		
All activity YTD (compared to plan)	13,190	11,902	13,005		
Outpatient activity YTD (compared to plan)	60,545 100.7% Cumulative	55,304 100.9% Cumulative	60,111 YTD Target		
Outpatient Did Not Attend (YTD)	7.0%	7.6%	8%		
PIFU (trajectory to 5% target)	447 8.8%	490 8.6%	184 5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	10.7%	10.5%	19%		
FUP attendances(compared to 19/20)	90.4%	90.5%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	110.0%	109.5%	120%		
Diagnostics volume YTD (compared to plan)	23,144 Cumulative	20,660 Cumulative	17,222 YTD Target		
Diagnostics 6 week target	99.9%	99.3%	99%		

Operational Performance Summary

Performance to end February 24	In month	Previous month	Target	Variation	Assurance
Theatre utilisation (Uncapped)	92.5%	82.0%	85%		
Cancer - 31 day first treatment	93.7%	100%	96%		
Cancer - 62 day (traditional)	85.7%	85.7%	85%		
28 day FDS	87.9%	75.3%	75%		
Patients over 104 days (62 day standard)	0	0	0		No Target
POAC activity volume (YTD)	23,415 Cumulative	21,257 Cumulative	21,184 Cumulative		
Bed Occupancy (excluding CYP and HDU)	73.7%	62.6%	82-85%		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.37	3.16	n/a		No Target
LOS - elective primary hip	3.10	2.90	2.7		
LOS - elective primary knee	3.10	2.80	2.7		
BADS Daycase rate (Note: due to time lag in month is Nov'23)	74.0%	77.0%	85%		

5

1. Activity Summary

All Inpatient Activity

Start of Covid

* End of Covid

Legend: Mean — Elective, Daycase & Non Elective — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

1. Activity Summary

Day Case, Elective and Non Elective Activity

Legend: All IP Activity - Actual | All IP Activity Plan | Stretch Plan | Previous Yr

Day Case, Elective & Non Elective Activity Year to Date

13190 — 13005 — 13648

Legend: All IP Activity Actual | All IP Activity Plan | Stretch Plan

	Activity Type	Plan												Plan	Actual	% Achieved	Variance
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year to Date	Year to Date	against plan	Year to Date
Trust Plan	Inpatient	483	547	533	547	505	568	569	584	510	569	511	616	5926	5992	101%	66
	Daycase	590	638	658	638	573	653	651	657	617	651	616	681	6942	6936	100%	-6
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	137	262	191%	125
	All Activity	1084	1198	1203	1198	1090	1234	1233	1254	1139	1233	1139	1311	13005	13190	101.4%	185
Stretch Plan	Inpatient	507	574	560	574	530	596	597	613	536	597	537	647	6222	5992	96%	-230
	Daycase	620	670	691	670	602	686	684	690	648	684	647	715	7289	6936	95%	-353
	NEL	11	13	12	13	12	13	13	13	12	13	12	14	137	262	191%	125
	All Activity	1138	1257	1263	1257	1144	1295	1294	1316	1195	1294	1195	1376	13648	13190	97%	-458

February 2024

Actual Monthly 1288 vs 1139 System Monthly Plan (Variance +149)
YTD position against Actual vs System plan is 101.4% (Variance +185)

1. Activity Summary

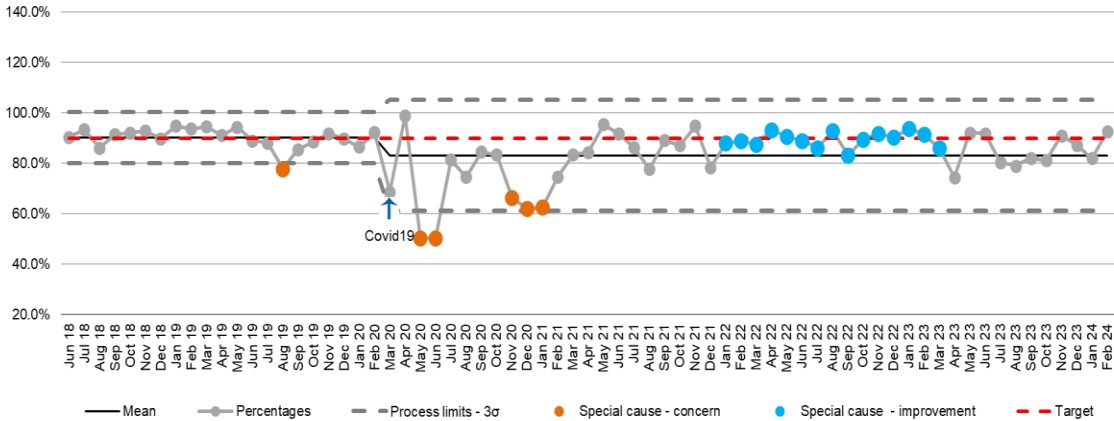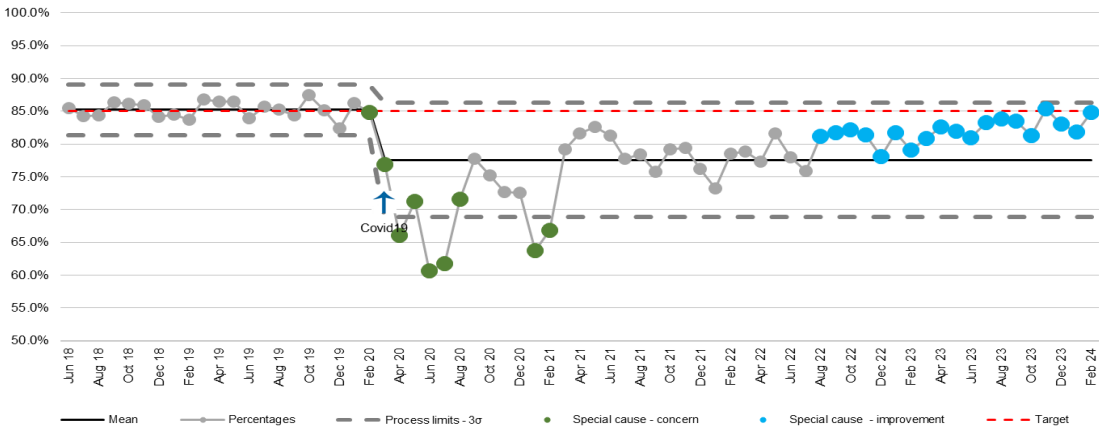## Day Case Activity

Legend: Day cases - Actual, Day cases - Plan, Stretch Plan, Future Activity, Previous Yr

Inpatient Activity (Elective and Non-Elective)

Legend: Inpatients - Actuals, Inpatients - Plan, Stretch Plan, Future Activity, Previous Yr

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2. Theatre Utilisation

Theatre Session Utilisation (All Electives)

Legend: Mean — Percentages — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Theatre In Session Utilisation (All Electives)

Legend: Mean — Percentages — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Elective Session Utilisation (February 2024)

Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	466	427	39	91.63%
UHB	81	79	2	97.53%
Totals	**547**	**506**	**41**	**92.50%**

Elective In Session Utilisation (February 2024)

Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1834	1562	272	85.16%
UHB	346	288	58	83.29%
Totals	**2180**	**1850**	**330**	**84.86%**

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for February was **92.50%** which was above the Trust target of **85%.**

The overall in-session utilisation for February 24 was **84.86%**.

Further industrial action took place in February, however, the team managed to support UHB lists with first assistants to avoid a loss of activity.

AREAS FOR IMPROVEMENT

A 'theatre first' approach continues with a positive improvement on theatre utilisation and an over achievement on the activity target for February.

A review of POAC processes/pathways is to be undertaken, supported by the GIRFT Pre-operative Lead who attended site W/C 18.03.24.

Plans are being developed to deliver another 'seamless surgery week' that is scheduled to take place w/c 29th April. This will include a perfect week from Monday through to Saturday.

Ongoing close monitoring of UHB theatre utilisation continues with Acting COO oversight.
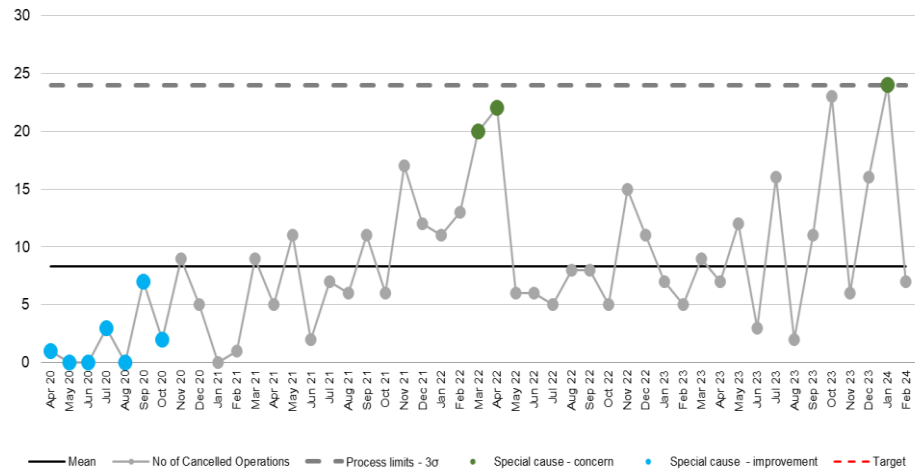
RISKS / ISSUES

Ongoing uncertainty regarding the capacity required by UHB surgeons. Options being progressed on the assumption that UHB will vacate in July 24, for instance, increase private patient operating in week, implementation of regional block area, allocation of lists to displaced surgeons and recruiting to vacancies.

Reviewing demand and capacity data to ensure that consultant recruitment delivers 50 weeks in line with specialty backlogs.
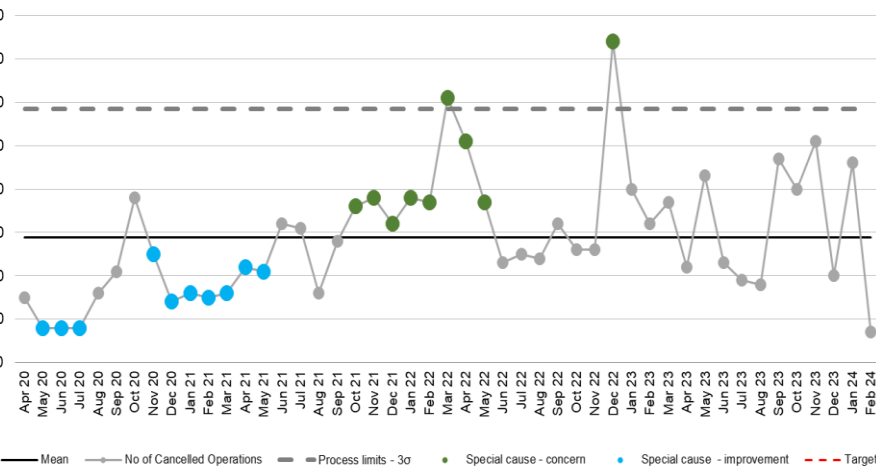
Agreeing a cap by specialty on LLP Lists.

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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
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
Dec-23	16	12	20	48	0
Jan-24	24	27	46	97	0
Feb-24	7	26	7	40	0
Total	143	323	407	873	0

% of Elective Admissions Before Day of Surgery
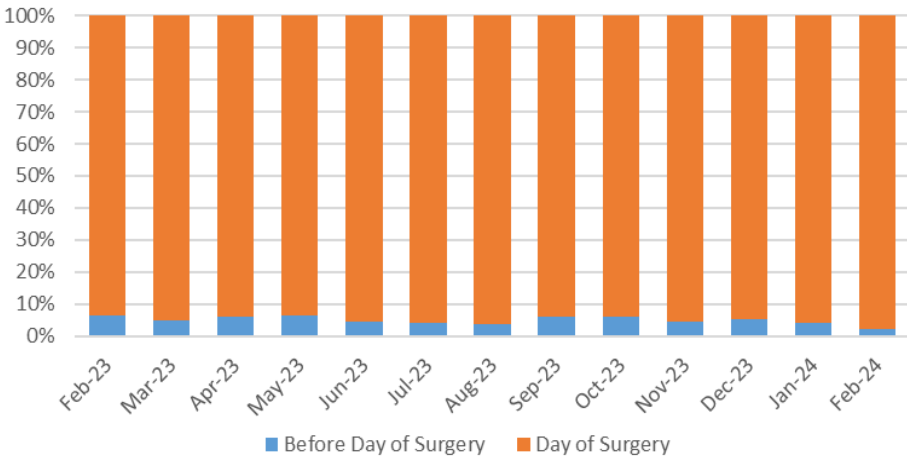
2. Theatre Utilisation/ Hospital Led Cancellations

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. The table below provides details of the cancellations for February 24:

Patients cancelled on the day x 7	Patients admitted and had treatment deferred x 26	Patients cancelled by the hospital the day before the date of admission x 7
3 x Medically unfit /change in clinical condition / further tests required 2 x Lack of theatre time due to complex cases overrunning. 1 x IT/PACS unavailable 1 x patient notes unavailable	15 x Medically unfit / Covid/Flu related/change in clinical condition / not stopped meds 2 x Clinician unavailable/unwell 5x Change in plan / pt no longer wanted the procedure 1 x Equipment unavailable – kit needed for an emergency case 3 x Lack of theatre time – due to complex cases	6 x Medically unfit / Covid/Flu related/change in clinical condition / not stopped meds 1 x Patient not aware of their TCI date (UHB).

AREAS FOR IMPROVEMENT/ RISKS/ISSUES

Daily monitoring of cancellations for non-clinical reasons that must be approved by Deputy COO, COO or Exec on call.

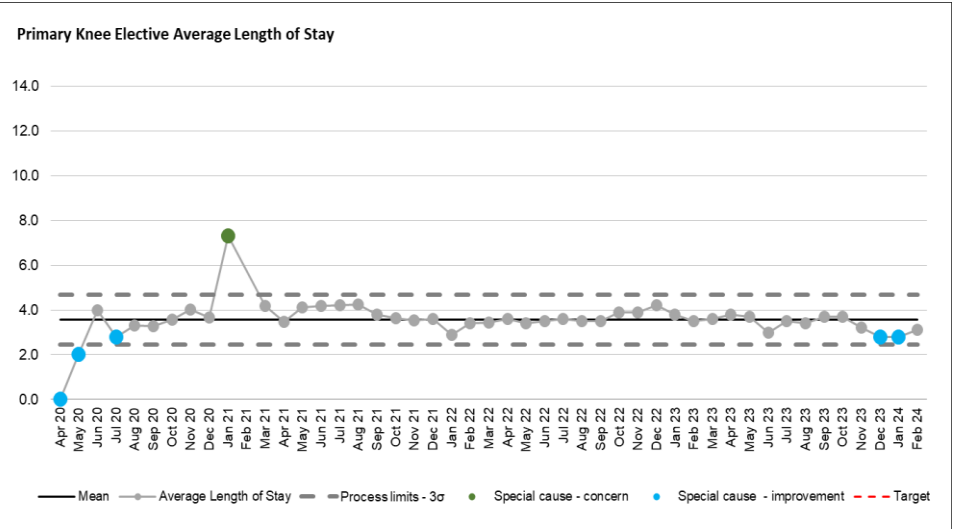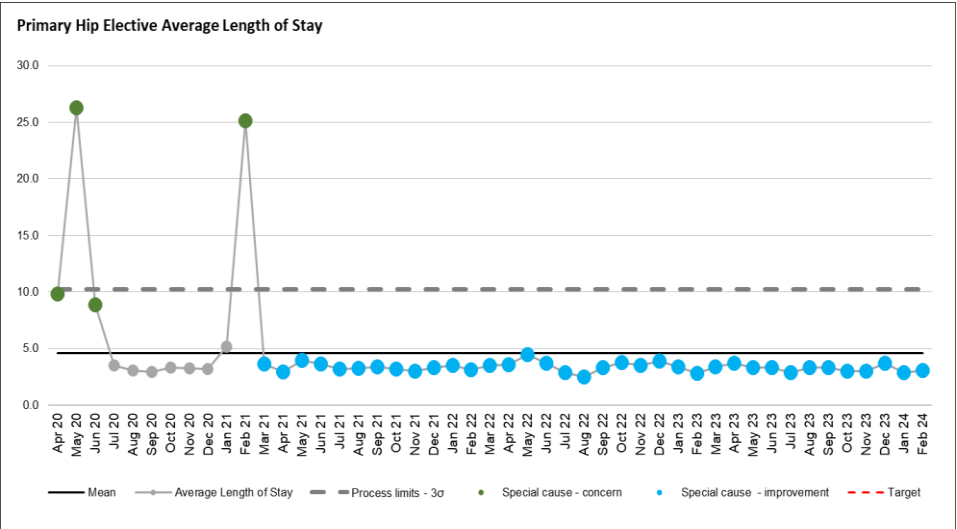February performance has improved and has offset the capacity lost in January 24.
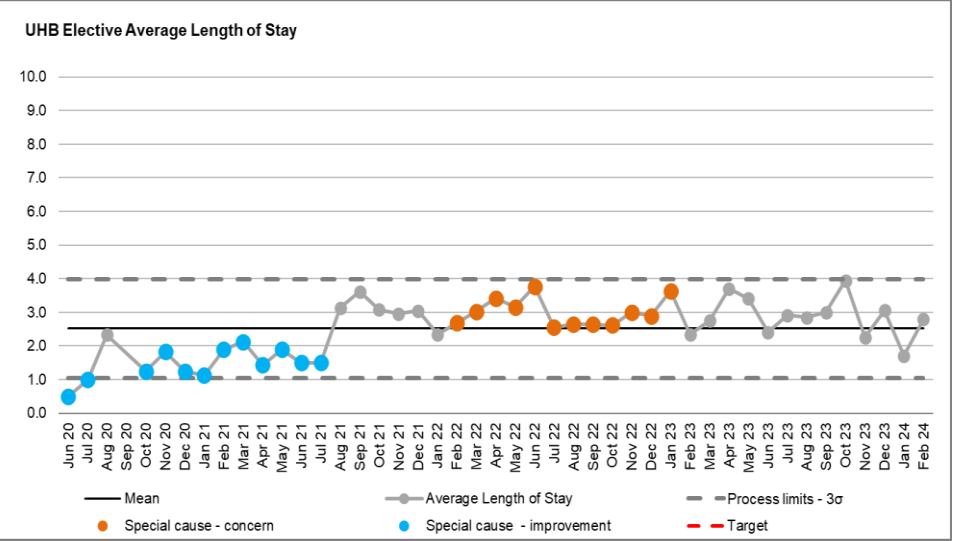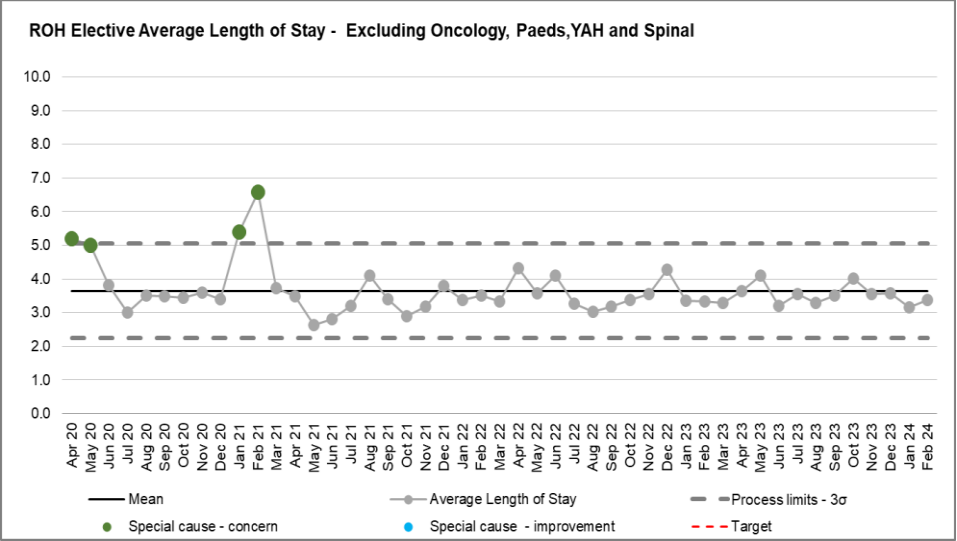
Theatre lookback meeting continues to review short notice cancellations with a view to identify opportunities to improve.

Seamless Surgery week is being scheduled for W/C 29th April 24.
GIRFT supporting with the standby patient process and will share evidence of good practice from other Trusts.
SOPs from other organisations have also been sourced and are being reviewed by the teams.

3. Length of Stay

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

UHB Elective Average Length of Stay

Primary Hip Elective Average Length of Stay

Primary Knee Elective Average Length of Stay

3. Length of Stay

SUMMARY

The average length of stay for ROH primary Hips increased slightly to 3.1 days (2.9 days January 24) and primary Knees has increased to 3.1 days (2.8 days January 24).

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal has increased to **3.37 days** (3.16 January).
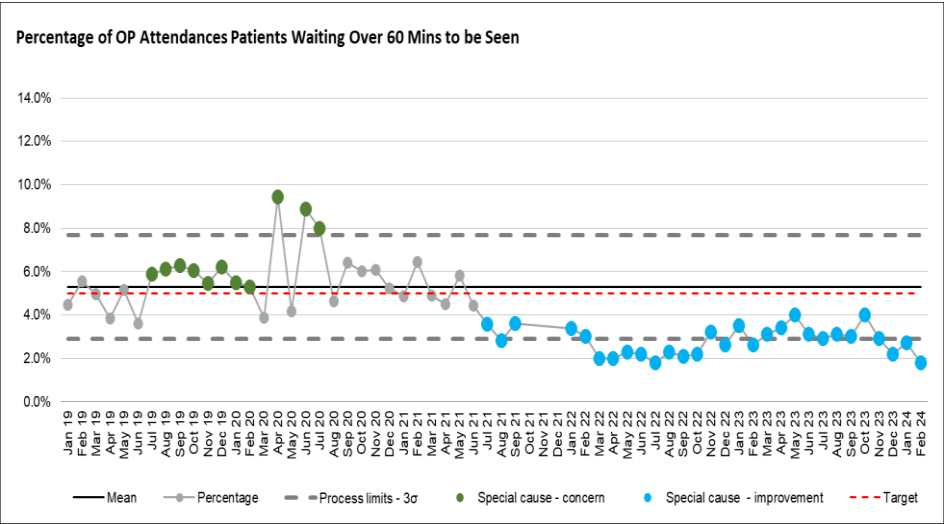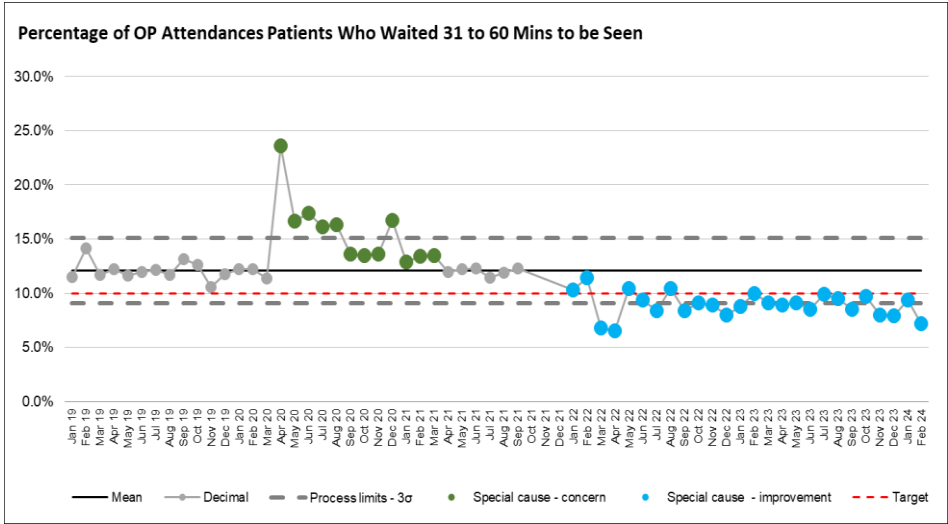
A review of the ROH data for primary arthroplasty and oncology arthroplasty patients, identifies the number of patients with LOS >/= to 8 days. 10 patients stayed >/= to 8 days compared to 11 in January 2024. 4 were Oncology arthroplasty, other 6 were arthroplasty.

Review of records identifies that there was no theme with regards to surgeon. 3 had an ASA score of 3 (severe systemic disease), 6 an ASA score of 2 (mild systemic disease)
9 had extended length of stay due to ongoing clinical, therapy needs or complex discharge needs . 1 repatriation delay due to availability of beds at receiving Trust.

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.
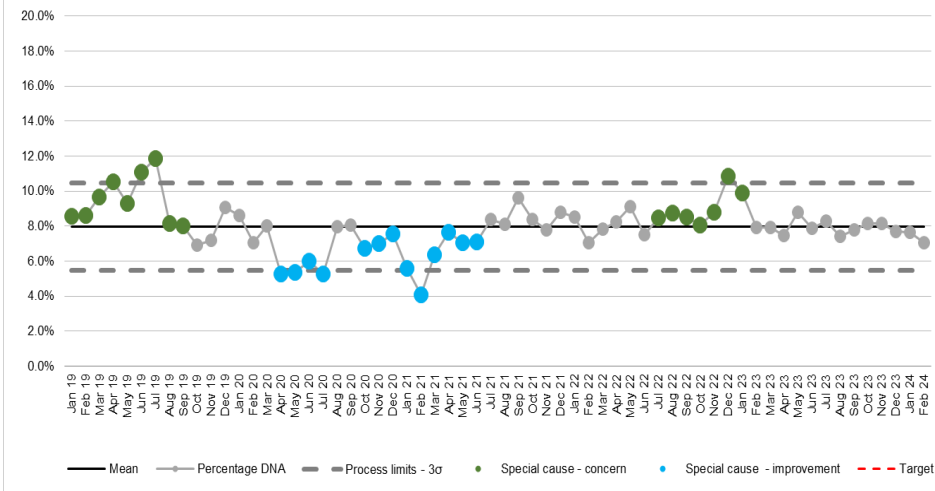- Review repatriation agreements with Trusts referring to ROH
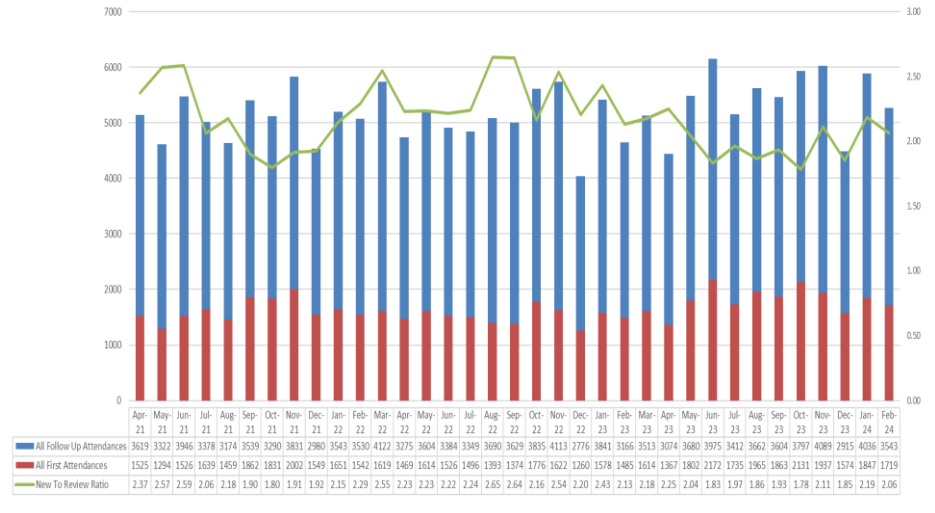
4. Outpatient efficiency

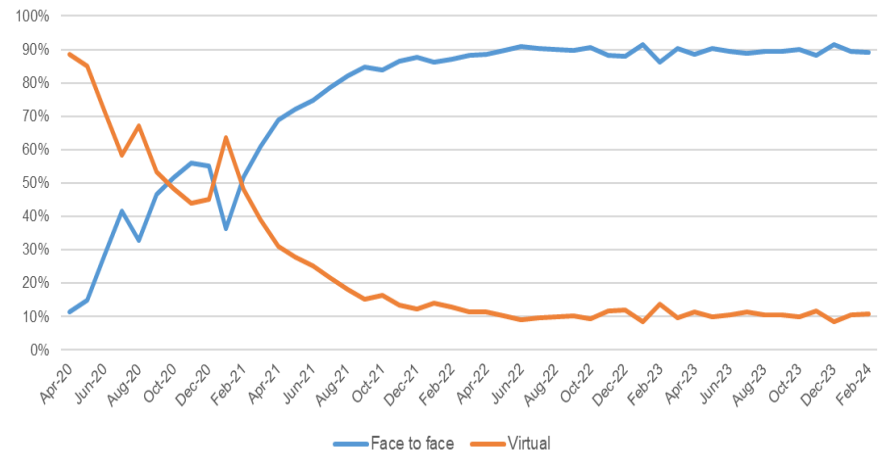**Percentage of OP Attendances Patients Who Waited 31 to 60 Mins to be Seen**

Percentage of OP Attendances Patients Waiting Over 60 Mins to be Seen

4.
Outpatient
efficiency
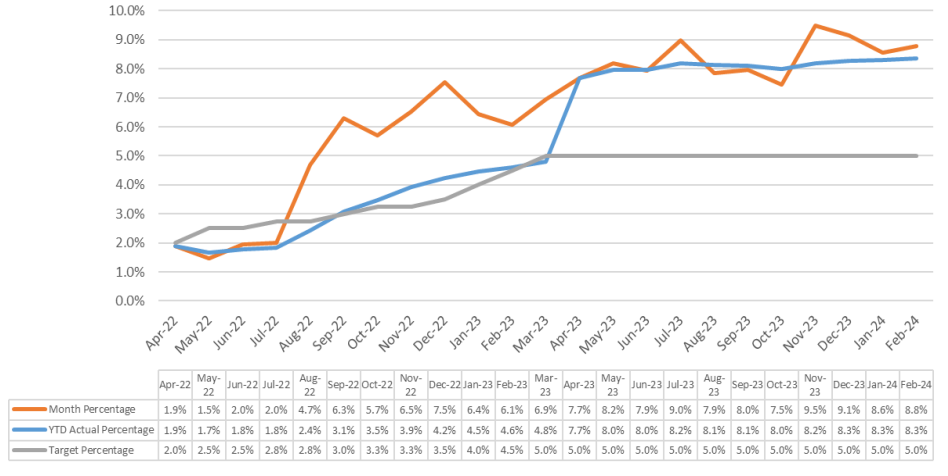
4. Outpatient efficiency

SUMMARY

February 2024 performance is as follows:

Overall Outpatient activity was –5% variance against the Trust trajectory with February delivering 5,280 (New and Review) episodes. The deficit was within the non-face to face activity.

- 4,700 face to face and 594 virtual appointments
- 11.6% virtual in total.
- 8.6% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is 8.3%.
- 7.2% Missed Appointment (DNA) rate – lower than the Trust target of 8% and higher than the national standard of 6%

- **Clinic Waiting Times**
- 30-minute delays **– within trust target at 8.1% (Target 10%)**
- 60-minute delays – **within trust target at 2.27% (Target 5%)**

AREAS OF IMPROVEMENT

Missed Appointments
The Outpatients CSM is now chairing a Missed Appointments Group which is held on a monthly basis and feeds into the Outpatient Transformation Project Group.

Appointments
Outpatient and Appointment KPIs are monitored with weekly oversight to the Acting Chief Operating Officer.

Outpatient Review Waiting List

Patients have received a Dr Doctor communication via text messaging to validate that patients still require their review consultation. This will help reduce the missed appointment rate by having a targeted approach to ensure 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.
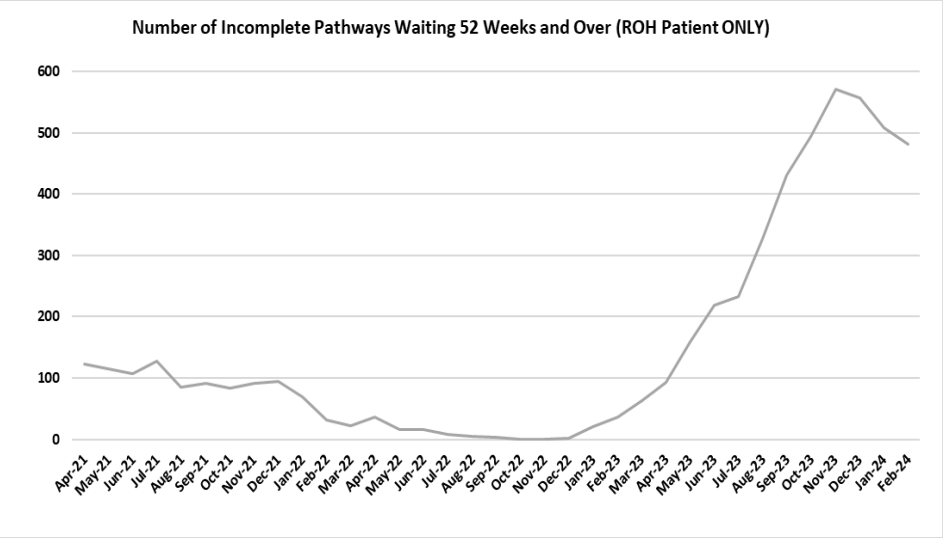
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Specialty Priority Updates / Highlights

4. Outpatient Transformation

PIFU	Reduction in Missed Appointments (MA)	Reduction in Follow Ups	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
Dr Doctor PIFU module delayed until TIARA configuration complete.

Communications are being prepared for April 2024 for PIFU.

GIRFT Further Faster handbooks have been disseminated to specialties including a PIFU checklist and recommendations for standardisation. | Following significant improvements in Imaging MAs due to Dr Doctor text reminders going live, a case study is being worked on to highlight Imaging as an area of good practice.

Outstanding clinics are being reviewed to go live with reminders and TIARA coding has commenced to send reminder texts to patients due to attend Therapy appointments.

Following the successful funding bid for missed appointment management, additional functionality in Dr Doctor is being confirmed. | Supported by other workstreams.

Some challenges in areas with overdue follow ups.

GIRFT recommendations have been circulated to the teams. | Clinical Pathways ICB programme is underway with engagement from YAH and Arthroplasty.

Contact has also been made in respect to optimising Spinal referrals.

Advice & refer is under review in parallel with referral mapping exercise with Appointments.

System Wide Access Policy is progressing with the ICB. | Outpatients CSM has replicated 6-4-3, check and challenge and lookback process to closely monitor utilisation in outpatients.

The first GIRFT Further Faster meeting has taken place. |

5. Referral to Treatment

Weeks Waiting	Trust Wide Position		
	Non-Admitted	**Admitted**	**Totals**
0-6	3,276	573	3,849
7-13	2,123	371	2,494
14-17	1,332	219	1,551
18-26	2,491	417	2,908
27-39	2,798	413	3,211
40-47	860	129	989
48-51	315	61	376
52 weeks and over	368	114	482
Total	**13,563**	**2,297**	**15,860**

Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	6,731	1,163	7,894
18 and over	6,832	1,134	7,966
Month End RTT %	**49.63%**	**50.63%**	**49.77%**

RTT percentage of patients waiting under 18 weeks as at 29/02/2024

Non-Admitted 49.63% — Admitted 50.63% — Totals 49.77%

Percentage of RTT Incomplete Pathways Waiting Under 18 Weeks

Target, 92%
Trust Wide Positon, 49.77%
ROH Only Position, 49.72%

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

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5. Referral to Treatment

18 Week Incomplete Pathways Benchmarking

18 weeks Incomplete pathways Benchmarking against other providers:

18 Week Incomplete Pathways Reported % - All Specialties

Legend:
- RAN ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
- RL1 THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST
- RQ3 BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST
- RRJ THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST
- RRK UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

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

5. Referral to Treatment

Luna Data

LUNA PTL Confidence Level (Target 90%)
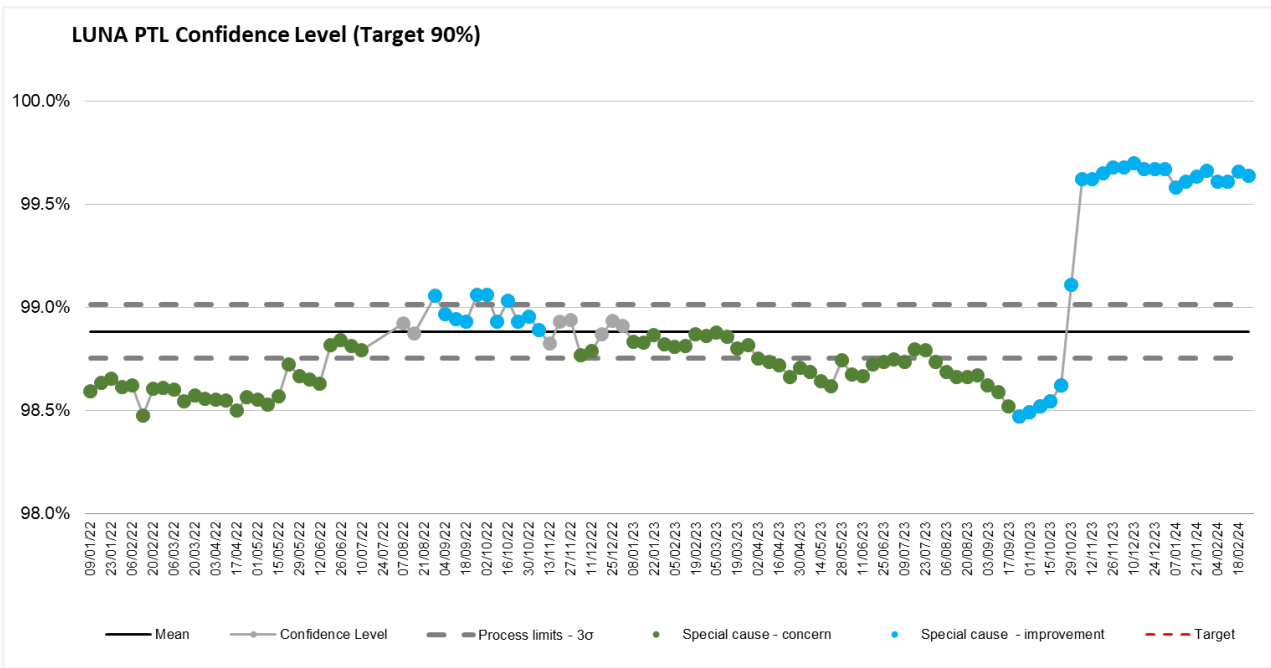
It is important to note the significant improvement from the data quality team utilising the LUNA data to continue to drive improvements. The latest chart suggests that the Trust has minimal errors identified by LUNA with a confidence rate in excess of 99.5%.

5. Referral to Treatment

Referrals as a % of Pre Covid Levels

Covid19

Legend: Mean — Numbers — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target
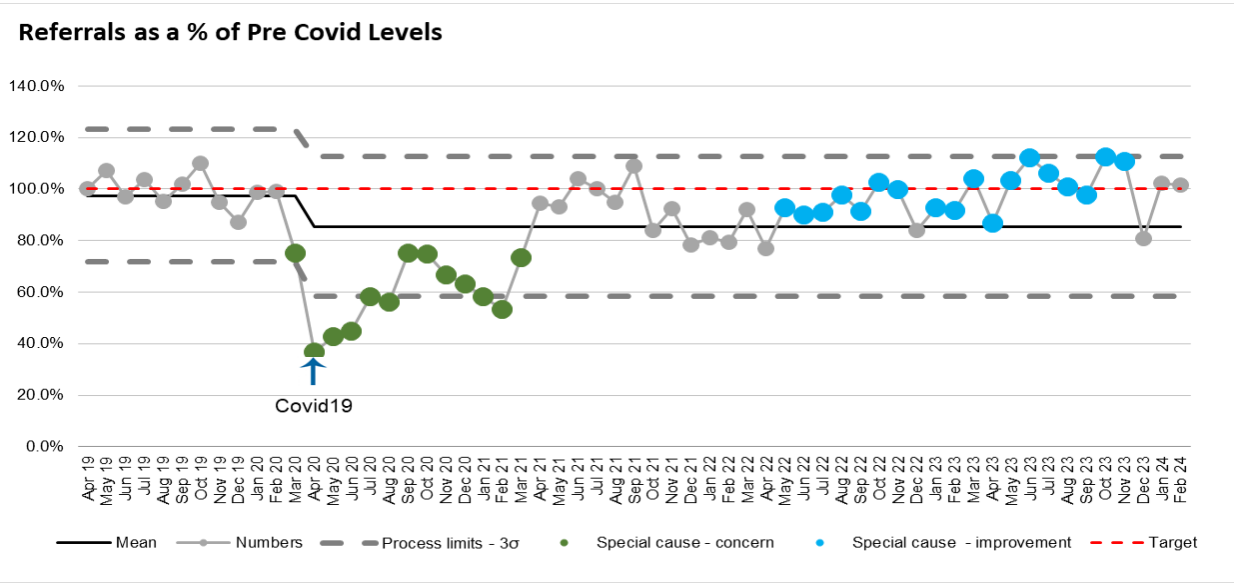
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2895	2626	2801	2574	2752	2976	2561	2351	2667	2683	2030	996	1154	1213	1578	1522	2034	2019	1803	1704	1574	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	2347	2793	3029	2871	2722	2645	3045	2990	2188	2767	2743													
Referrals as a % of Pre Covid Levels	86.80%	103.29%	112.02%	106.18%	100.67%	97.82%	112.61%	110.58%	80.92%	102.33%	101.44%													

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5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for January was **49.77%** against the National Constitutional Target of 92%. This represents a 0.88% decrease compared to the January reported position of **50.65%** that includes patients transferred from other providers**.** The LUNA report for data quality validation is consistently above 98%.

There were **482** patients waiting over 52 weeks in February, a decrease from the trust wide position in January which was **511** 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 capacity is based on the specialty backlog clearance required to support the national delivery of zero 65-week waiters by March 2024.

During February 24, ROH received 2,743 referrals (101.44%) compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid.

AREAS FOR IMPROVEMENT

RTT training has been rolled out within Division 1 and continues to focus on Appointments and Outpatients Reception for Phase 1.

Weekly specialty meetings chaired by the Performance lead focus on our longest waiting patients and achieving the 0 x 65 weeks national target by 31.03.24. NHSE is extending the deadline to 30.09.24, however, the system is still pushing for achievement by 31.03.24. There are complex patients currently within the spinal service that will not meet the target of 31.03.24. The number is expected to be between 20 and 50 patients. The team are confident that this will be delivered by 30.04.24. All other specialities will meet the target and most specialities are working on 0 x 52 week waits.

All Patient waiting over 12 weeks on an RTT pathway have been sent a text message to determine whether they wish to remain on the waiting list in line with national guidance.

RISKS / ISSUES

Spinal backlog continues to be a concern with the team focussing on managing all patients currently over 65 weeks and preventing tip ins. A restriction in LLP will reduce the opportunities to get ahead and appoint patients further down the waiting lists. Spinal is to be prioritised with the roll out of GIRFT follow up recommendations. The Validation team continue to provide extra support to spinal services to help manage patients through their pathway.
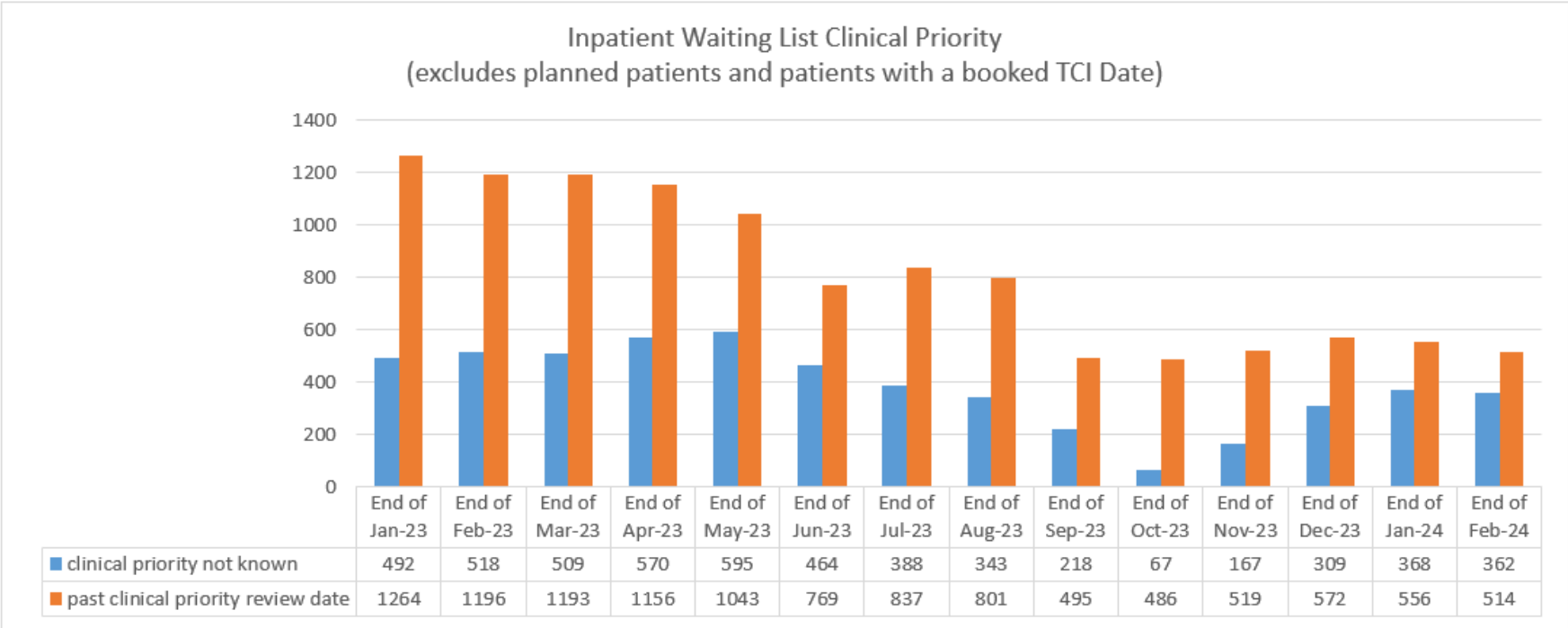
5. Referral to Treatment

Specialty Breakdown

The national RTT target is for 92% of patients to be treated within 18 weeks. The table below highlights the current performance against this target by specialty. It also includes the number of patients currently waiting over 52 weeks prior to any tip ins. This will be used to support focussed intervention going forward:

Specialty	Number of patients over 52 weeks with an incomplete RTT pathway	RTT % as of 18.03.24
Arthroplasty	2	68.6%
Arthroscopy	41	43.7%
Clinical Support	6	54.0%
Foot and Ankle	2	39.2%
Hands	30	38.3%
Oncology	0	78.8%
Oncology Arthroplasty	4	40.6%
Paediatrics	3	60.7%
Spinal	267	29%
Spinal Deformity	158	32.4%
Young Adult Hips	1	62.6%

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5. Referral to Treatment

Overdue Clinical Priority:

Inpatient Waiting List Clinical Priority
(excludes planned patients and patients with a booked TCI Date)

|	End of Jan-23	End of Feb-23	End of Mar-23	End of Apr-23	End of May-23	End of Jun-23	End of Jul-23	End of Aug-23	End of Sep-23	End of Oct-23	End of Nov-23	End of Dec-23	End of Jan-24	End of Feb-24
clinical priority not known	492	518	509	570	595	464	388	343	218	67	167	309	368	362
past clinical priority review date	1264	1196	1193	1156	1043	769	837	801	495	486	519	572	556	514

The numbers have reduced slightly during February and have been shared with all CSLs to review and make improvements for next month. Clinical priority unknown is linked to some of the UHB patients. The new Service Manager for UHB will ensure the priority is entered onto theatre man going forward.
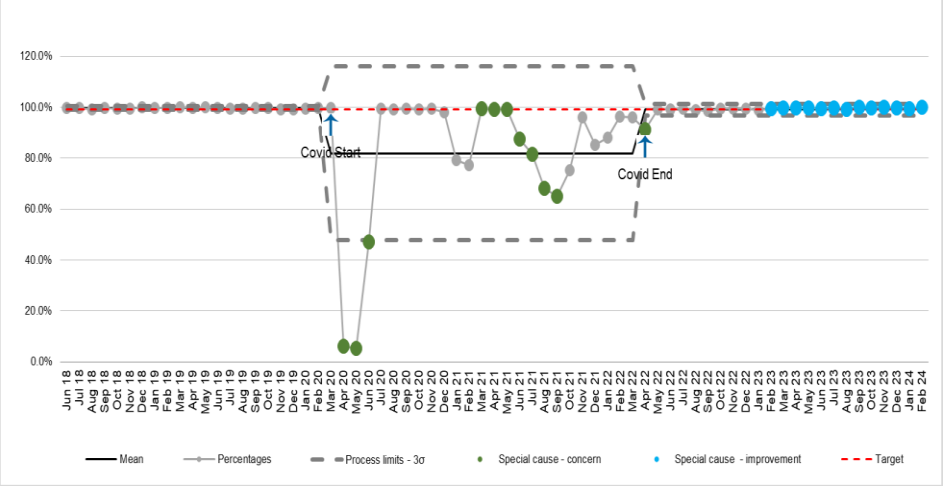
6. Diagnostic Performance

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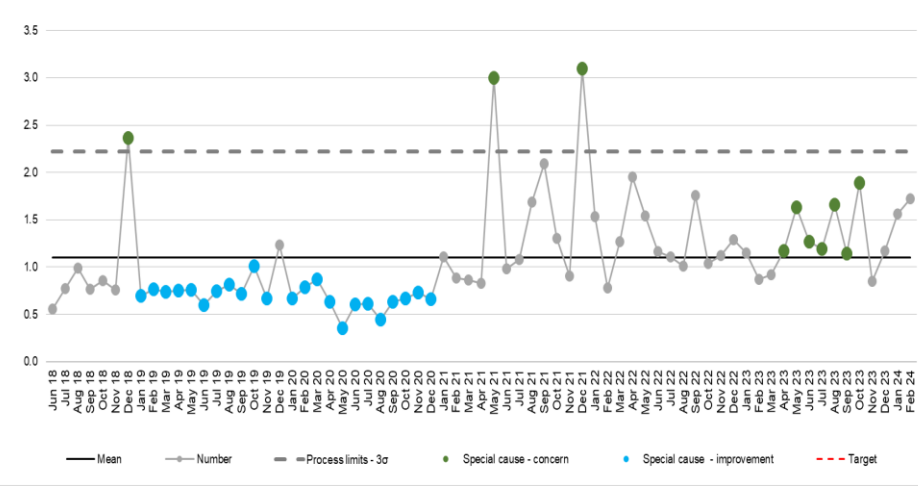

DM01 Diagnostic Waiting Times Summary
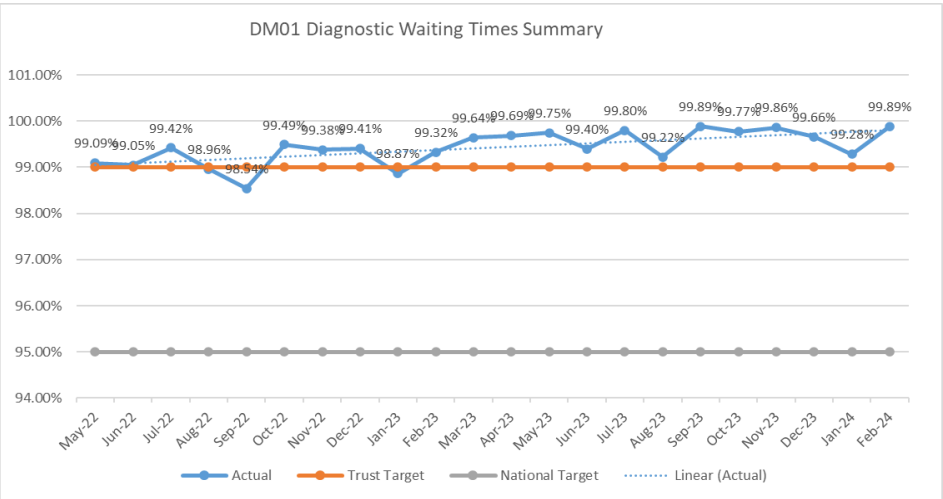
Referrals 18/19 - 23/24 (April - February Comparison)
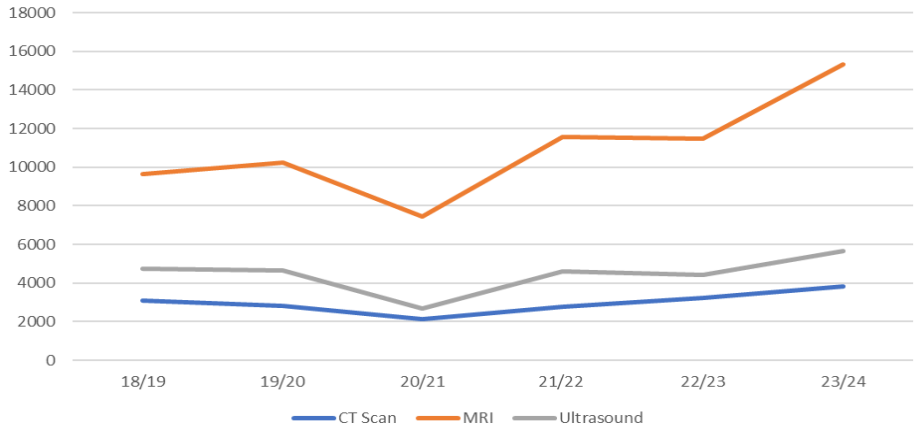
Diagnostics: Percentage of Patients Waiting Under Six Weeks

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

7. Diagnostic Performance

SUMMARY

The Imaging Department achieved the 99% DM01 target in February 2024 closing the month at 99.89% despite a reduction in capacity due to an MRI machine quench. Mobile CRIS has been implemented to support electronic referrals.

The National 23/24 operational target remains at 95% which ROH consistently continues to achieve.

AREAS FOR IMPROVEMENT

Ensuring that all capacity is fully utilised and minimise missed appointments supported by the use of Dr Doctor sending text messages at 1 week and 48 hours prior to appointments; improvements in MRI missed appointments 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 March 2024 once a CRIS upgrade is required to enable this to happen.

RISKS / ISSUES

Following a spontaneous quench of the 1.5T MRI scanner on 28/12/23, further issues have since occurred that resulted in the scanner being out of action for 7weeks. The 3T MRI scanner upgrade completed. The MRI service continued with a mobile / static MRI scanner with Oncology patients and urgent patients being prioritised. Mutual aid was offered by UHB in the event an urgent MRI scan was needed for an inpatient. Fortunately, this was not needed.

The loss of activity caused due to the quench and prolonged down time of the 1.5T MRI scanner has been carefully managed by the Imaging team and available capacity maximised to reduce any impact on patients waiting times. Inpatient MRI capacity is now back to normal and the mobile scanner left the site on 16.02.24.

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

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8. Cancer Performance

Summary Performance Figures – January 2024 (March 2024 Submission)

Target Name	National Standard	January 24 (complete)			
		%	In target	Breach	Total
31 DTTD to Treatment	96%	93.7%	15.0	1.0	16.0
62 day RTT to treatment	85%	85.7%	6	1	7
28 day FDS REPORTED	75%	87.9%	58	8	66
Patients over 104 days (62 day standard)					

Target Name	National Standard	January 2024 (Old Standard)		
		%	In target	Breach
2 WW	93%	97.0%	88.0	5.0
31 First	96%	100%	9.0	0.0
31 day subsequent	94%	85.7%	6.0	1.0
62 day Standard	85%	66.7%	2.0	1.0
62 day (Cons Upgrade)	n/a	100.00%	4.0	0.0
28 day FDS REPORTED	75%	87.9%	58.0	8.0
Patients over 104 days (62 day standard)				

Performance

The trust was compliant against the 62 day standard and the faster diagnosis standards for January 2024. The 62-day target was achieved with a compliance rate of 85.7%. Unfortunately, the 31-day metric was not achieved due to 1 x Spinal Oncology patient that missed the target due to surgeon availability over the xmas period. The PTL denominator is so small that 1 patient is the difference between hitting and failing the target.

We were compliant with the 28 days FDS standard achieving 87.9%% against a target of 75%. A significant improvement has been seen from pathway improvements arising from the new reporting standards.

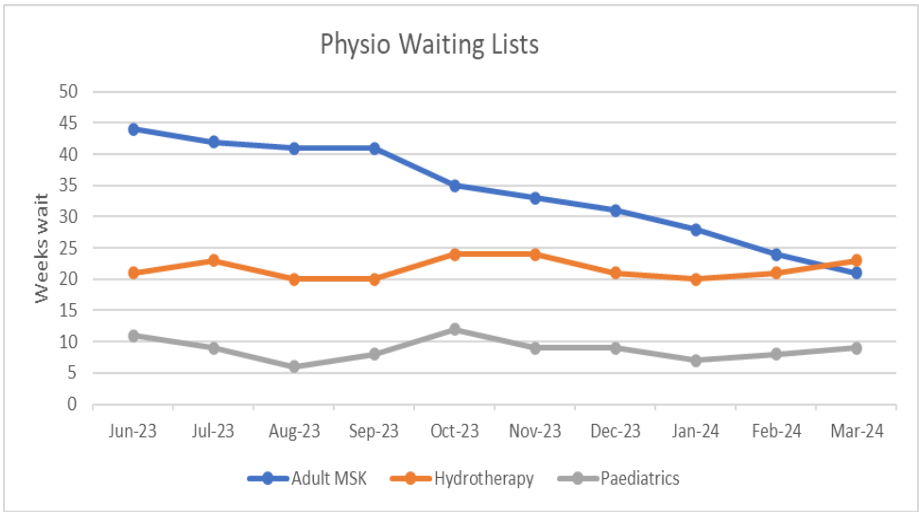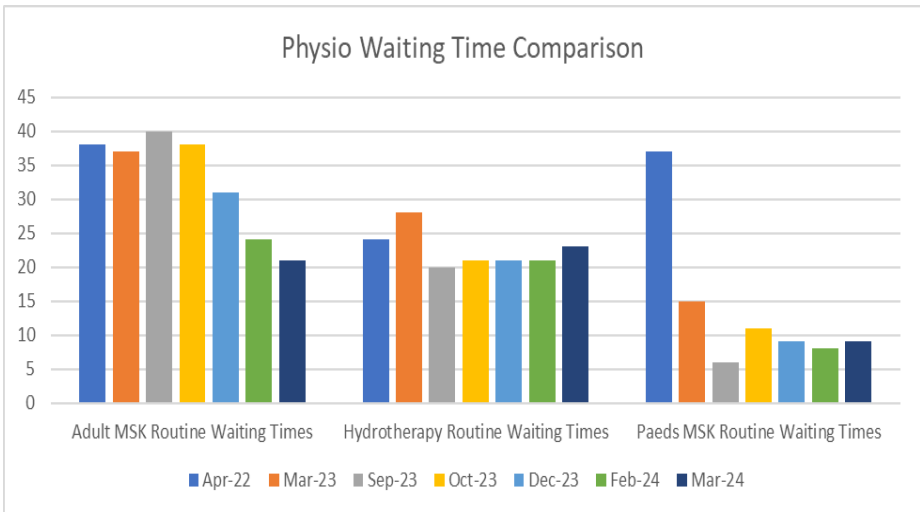The root cause of the delay for the 1 x 62-day breach was:

• 1 x full breach – Patient was directly referred into the ROH on a 2ww pathway. Root cause of delay was due to complex diagnostics. Patient required MRI and MDT discussion prior to biopsy which took place on day 24. Additional tests were requested before a diagnosis was confirmed on day 53.

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. Ongoing concerns regarding histological reporting resulting in delays in patient pathways which are under current analysis/review. Pathology delays have been raised at the System Oversight Group, as an area of concern. Histology delays continue to be escalated to UHB DOP for an expedited resolution. There has been some improvements to the Faster diagnosis standards this month through continued escalation and improved collaborative working.

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9.
MSK Waits

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

Physio Waiting Time Comparison

Physio Waiting Lists

Summary – data as per 18/03/24

Paediatric Physio waits continue to be maintained below 12 weeks with the March position currently at 9 weeks.
Hydrotherapy waits are at 23 weeks.
Adult physio waiting times have reduced from 44 weeks in June/July to 21 weeks as of 18th March 24.
Back Pain waiting times reduced from 39 weeks in Sept 23 to 19 weeks as of 18th March 24.
Plans being developed to support the hydrotherapy waiting times with resources from the adult MSK team
A planning meeting for the Community Appointment Day has been scheduled for 2nd April 24 including QE and College Green Medical Practice colleagues.

Risks /actions ongoing

- A comprehensive action plan had been produced to address the long waits associated with Adult MSK Routine appointments and as a result the Trust has seen a positive reduction in the waiting list
- A number of new starters have also helped with the improved position

10. Private Patients

SUMMARY

- There were 53 inpatients treated privately in February 24
- The service has exceeded its inpatient activity plan in month by 41 patients and YTD by 219 patients.
- There is no outpatient target, however there were 119 private outpatient appointments, and the service has booked 1,216 outpatient appointments YTD.
- The service overachieved against its income target in February by £51k and is over its YTD position by £300k.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD
Income Plan £000	306	306	306	306	255	253	325	361	209	289	346	3262
Activity Plan	9	24	35	24	37	28	29	36	11	29	12	274
Income to be collected £000	353	229	254	397	255	314	347	354	308	388	397	3596
Activity actual	47	37	41	55	38	39	46	48	39	50	53	493

AREAS FOR IMPROVEMENT

To aid 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:
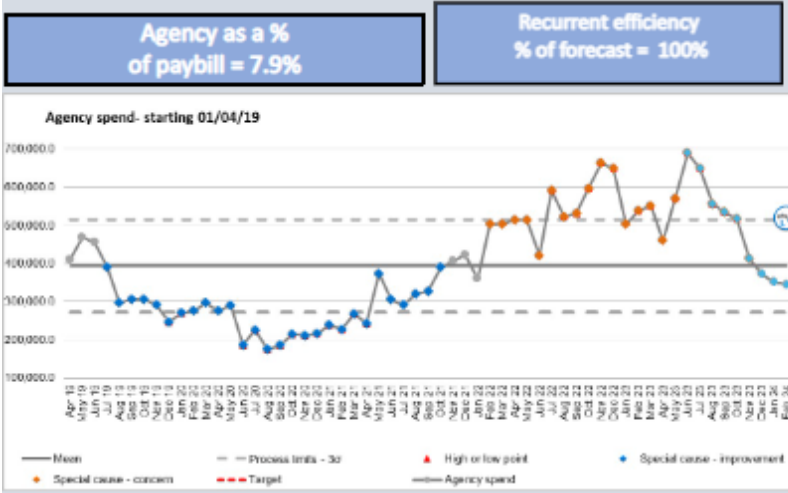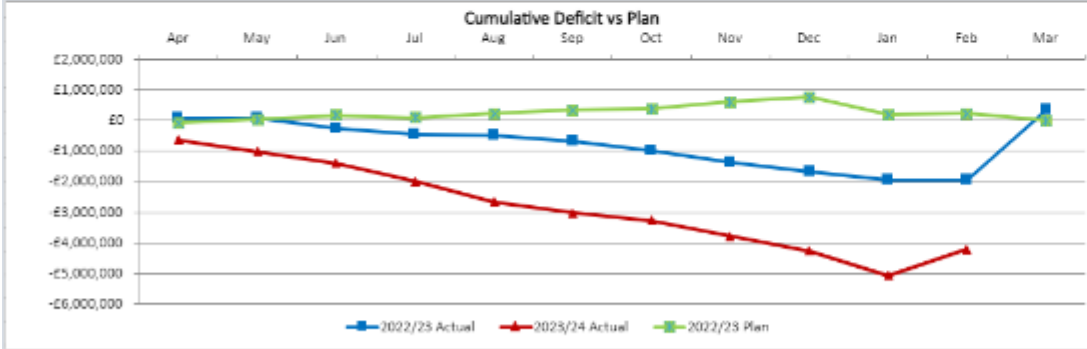
A) 3-year strategic plan submitted and agreed at the Trust Board in March 2024.
B) Renegotiation with AXA and subsequently BUPA to agree tariff pricing for the new financial year – negotiations have begun with AXA
C) Uplift on self-funding package pricing – in place for 1st April with a 6-month review planned.
D) Completion of the patient experience report.
E) Business case being developed in conjunction with finance identifying the need for dedicated finance roles to support the management of invoices.

8. Finance on a Page

FINANCIAL PERFORMANCE

Month 11

Income and Expenditure category	In Month			Year to date			Forecast		
£'000s	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Pay	-£6,236	-£6,467	-£231	-£68,512	-£69,235	-£723	-£74,746	-£75,189	-£443
Non Pay	-£4,224	-£4,936	-£712	-£47,257	-£53,368	-£6,111	-£51,756	-£54,039	-£2,283
Income from patient care activities	£10,199	£11,815	£1,616	£112,612	£113,829	£1,217	£122,811	£124,167	£1,356
Other income	£422	£569	£147	£4,642	£5,658	£1,016	£5,064	£6,140	£1,076
Non operating costs	-£121	-£130	-£9	-£1,331	-£1,168	£163	-£1,455	-£1,339	£116
Remove capital donations	£7	£7	£0	£77	£84	£7	£82	£91	£9
TOTAL	£48	£857	£809	£231	-£4,200	-£4,431	£0	-£169	-£169

Cumulative Deficit vs Plan

High/Low Cash Position

Agency as a % of paybill = 7.9%	Recurrent efficiency % of forecast = 100%

Agency spend- starting 01/04/19

Efficiencies	YTD	Forecast
Plan	£4,607	£5,076
Actual	£4,636	£5,076
Variance	£29	£0

Capital	YTD	Forecast
Plan	£3,512	£3,909
Actual	£2,384	£3,499
IFRS 16	£756	£756
Variance	£372	-£346

Better Payment practice code	YTD	% move't prev month
Non-NHS		
By number	88.8%	0.2%
By Value	90.8%	0.7%
NHS		
By number	46.2%	1.5%
By number	10.0%	0.0%
Total		
By number	87.8%	0.2%
By Value	80.4%	0.8%

9. Overall Financial Performance

SUMMARY

The Trust delivered a surplus in month of £857k against a planned surplus of £48k, generating a £809k positive variance, resulting in a year to date deficit of £4,200k against a surplus plan of £231k, generating an adverse variance of £4,431k.

An in month income adjustment to account of industrial action impact of £1,326k was made. The underlying position with this non recurrent adjustment removed was a deficit in month of £469k against a planned surplus of £48k, generating a £517k adverse variance, resulting in a year to date deficit of £5,526k against a surplus plan of £231k, generating an adverse variance of £5,757k.

Income year to date is £2,,233k ahead of plan.

Pay expenditure is overspent by £723k. Non pay expenditure overspent against plan with an adverse variance of £6,111k.

Agency spend, although reduced, remains a concern – the spend year to date is 7.9%.

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

The forecast variance has improved to £169k.

	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	2,233	(723)	(6,111)	170	(4,431)
Year to date plan	117,254	(68,512)	(47,257)	(1,254)	231
Year to date actual	119,487	(69,235)	(53,368)	(1,084)	(4,200)
Variance compared previous month		(232)	(712)	(10)	()
Forecast Variance	2,432	(443)	(2,283)	125	(169)

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9. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	112,612	1113,829	1,217
Other Operating Income (Excluding top up)	4,642	5,658	1,016
Employee Expenses (inc. Agency)	(68,512)	(69,235)	(723)
Other operating expenses	(47,257)	(53,367)	(6,111)
Operating Surplus	**1,485**	**(3,116)**	**(4,601)**
Net Finance Costs	(1,331)	(1,168)	163
Net surplus/(deficit)	**154**	**(4,284)**	**(4,438)**
Remove donated asset I&E impact	77	83	7
Adjusted financial performance	**231**	**(4,200)**	**(4,431)**

9. Overall Financial Performance
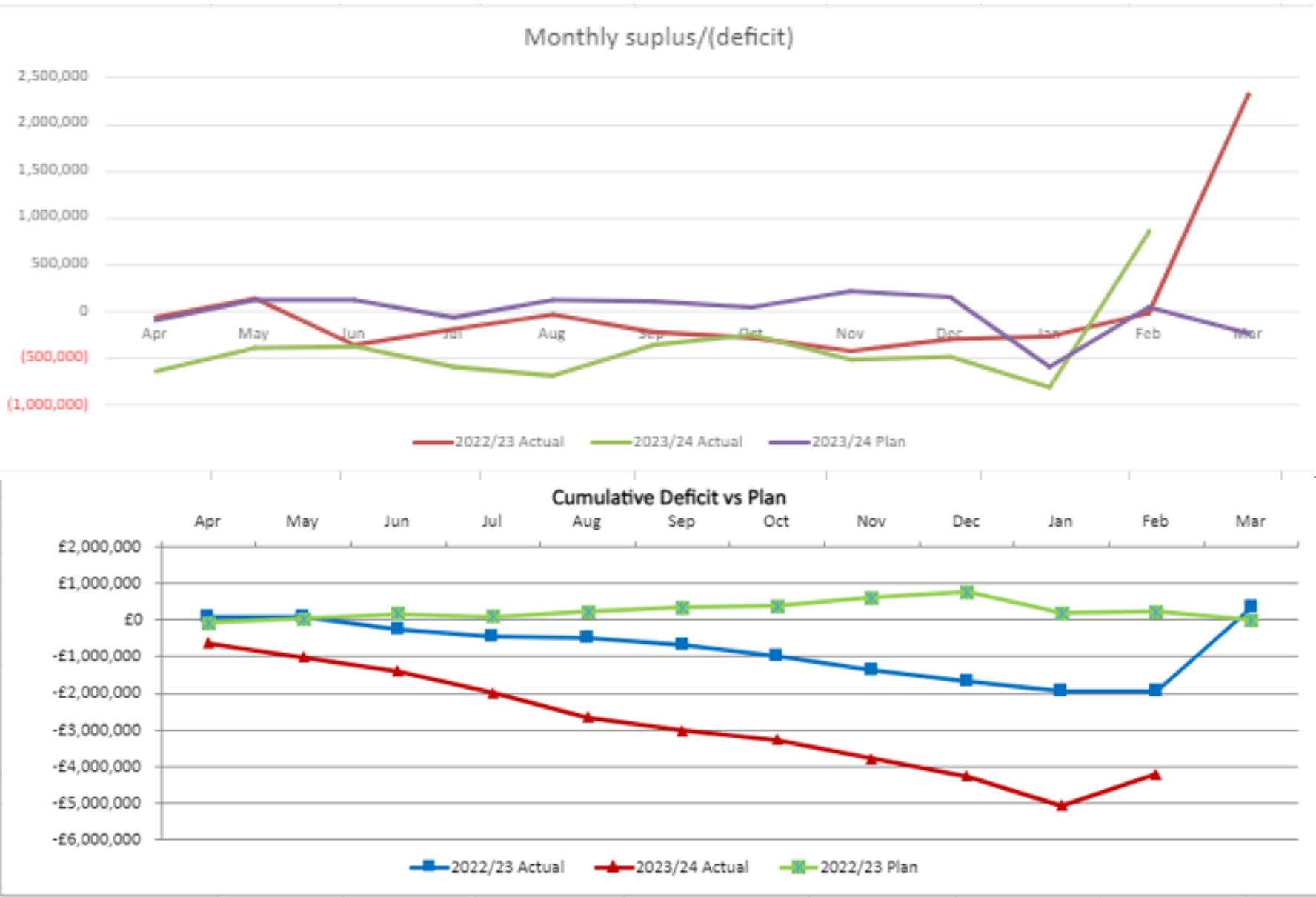
Financial Recovery Plan

	Base Case	Delivery Risk	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Month 5 YTD Deficit	(2,664)								
Month 6-12 at Month 5 run rate	(3,730)		(533)	(533)	(533)	(533)	(533)	(533)	(533)
Bad debt release - associate	2,400								2,400
Pay award reserve release	500		71	71	71	71	71	71	71
Gen Med adjustment	460		66	66	66	66	66	66	66
Bespoke device income recovery	600		43	43	43	43	43	43	343
Grip and Control - agency	1,050		150	150	150	150	150	150	150
Grip and control - non pay	148			25	25	25	25	25	25
Grip and Control - income	125			25	25	25	25	25	25
Grip Control- Other	116			25	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
Updated recovery trajectory	132		(362)	(246)	(439)	49	178	178	3,438
Updated trajectory cumulative including M1-5 actual)			(3026)	(3272)	(3711)	(3662)	(3484)	(3306)	132
Actual performance			(326)	(246)	(507)	(478)	(801)	857	
Monthly Variance to revised trajectory			36	0	(68)	(527)	(979)	679	(3,438)
Cumulative Variance to revised trajectory			(2,628)	(2,628)	(2,696)	(3,223)	(4,202)	(3,523)	

10. Income

SUMMARY

Income year to date is £2,233k ahead of plan. An in month non recuurrent income adjustment to account of industrial action impact of £1,326k was made. We have also, received a £630k of the overperformance related to education and training income and £361k to support IFRS16 transition. ICB and NHS England patient related income is lower than plan as a result of accounting for convergence and removal of growth from these contract values. The discussions continue around these issues with commissioners.

Elective recovery performance is showing an underperformance year to date by £727k, which is still being validated.

Private patient income is performing well against plan with a year to date overperformance of £207k..

AREAS FOR IMPROVEMENT

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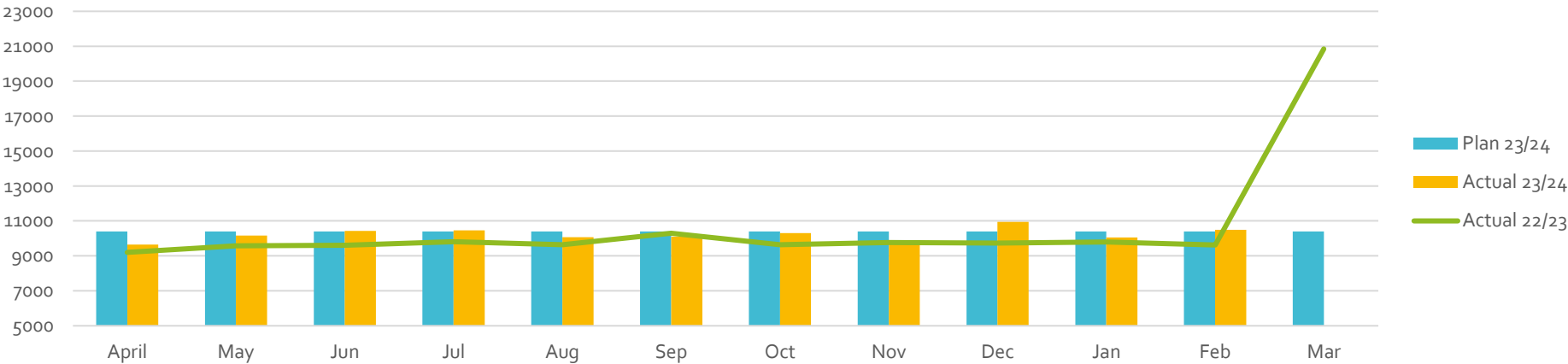
RISKS / ISSUES

Elective recovery target delivery during the year remains a risk. Discrepancies between NHS England published ERF performance for Months 1 –7 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.

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10. Income

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

Legend: Plan 23/24, Actual 23/24, Actual 22/23

Confirmed performance by NHE England for Months 1-7 is an underperformance against revised target, with the largest variance against specialised commissioning. Work is ongoing to understand variances between internal performance calculations and NHS England performance, therefore the year to date position has not been adjusted for this performance. The performance over the year has improved, in particular NHS England performance which has been overperforming since July. A significant amount of the underperformance was generated in April, 49% of M1-7 underperformance was generated in April.

Forecast trajectory based on activity plan is an expected overperformance against target which has been included within the recovery plan.

	M1-7 Target	YTD 23/24 Actuals	over/(under) performance	% Performance
Elective Recovery Fund	£29,625,408	£28,897,419	£727,989	98%
ICB	£24,287,968	£23,986,802	£301,166	99%
NHS England	£5,337,439	£4,910,616	£426,822	92%

Cummulative Variance	April	May	June	July	August	September	October
ICB	£330,775	£309,753	£481,222	£163,847	£124,490	(£153,504)	(£301,166)
NHSE	(£685,970)	(£740,950)	(£1,108,748)	(£966,513)	(£667,583)	(£507,048)	(£426,823)

10. Income

Private patient income

Private Patient Income- starting 01/04/18
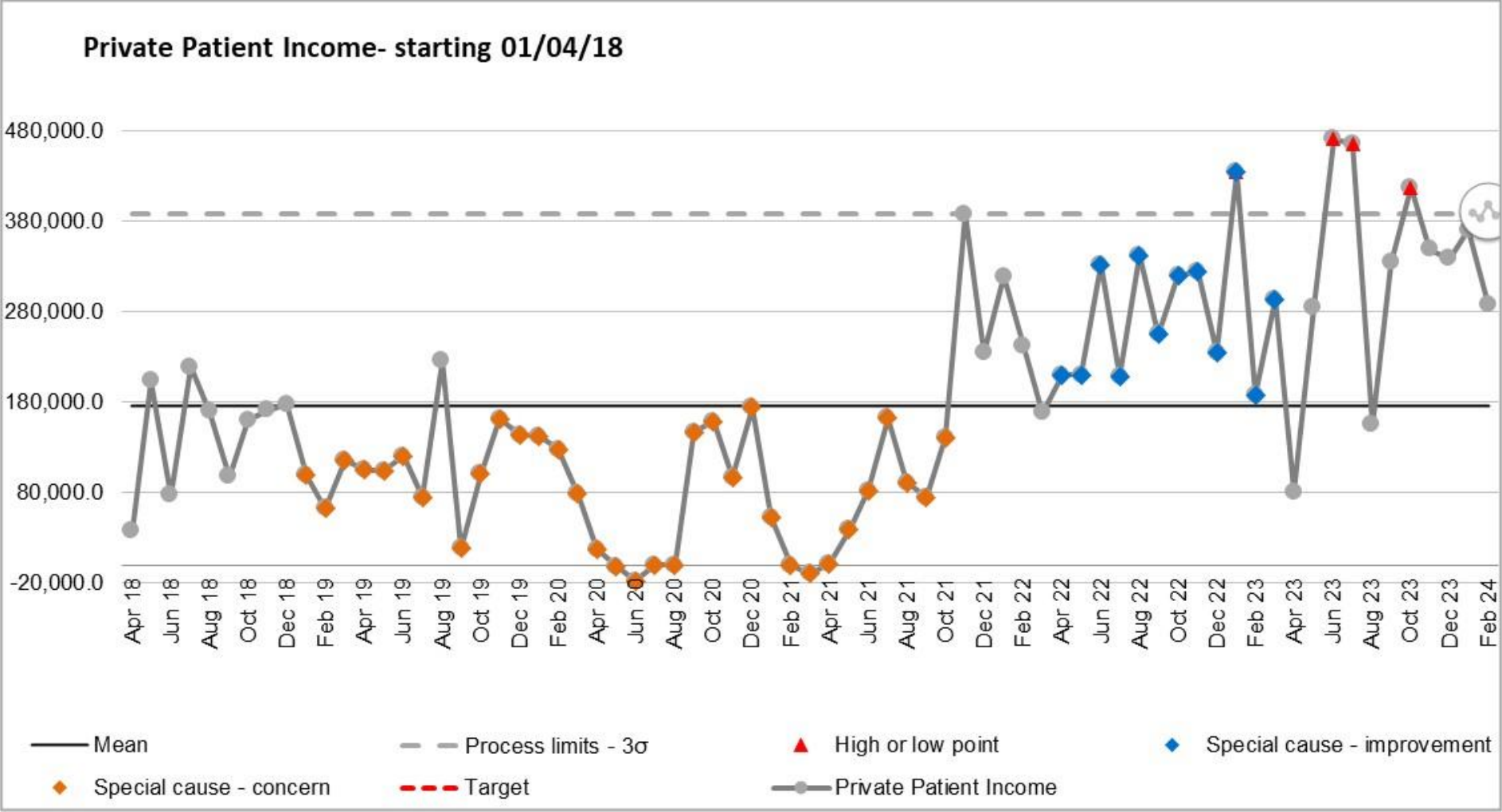
11. Expenditure

SUMMARY

Pay expenditure is overspent by £723k. Non pay expenditure is overspent against plan with an adverse variance of £6,111k.

Agency spend continues to improve, although the year to date spend as a percentage of paybill at 7.9%, is above the target of 3.7%.

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 as a % of pay bill against a cap of 3.7%.

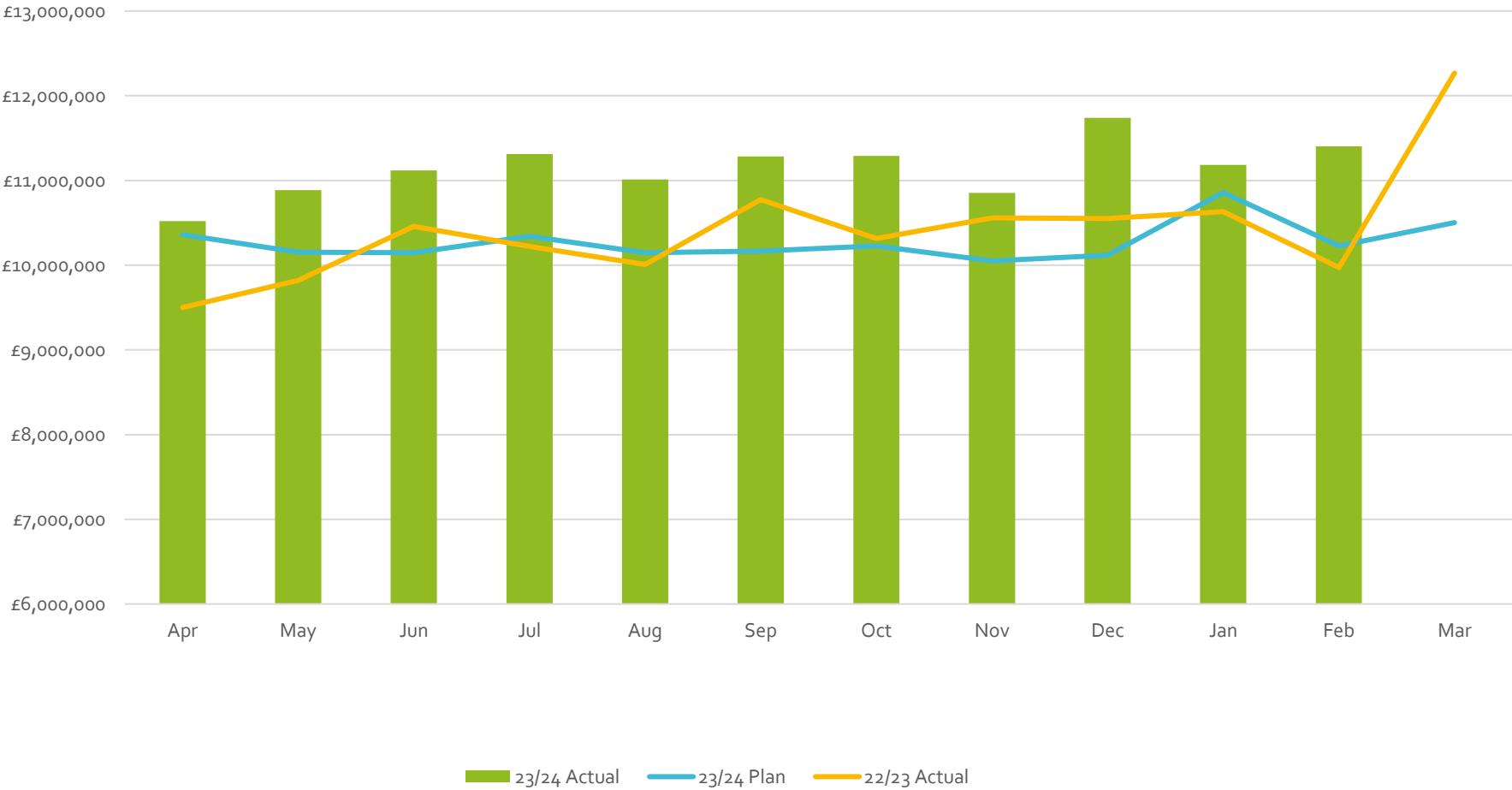Theatre consumable spend reducing to planned levels.

LLP expenditure reduction.

RISKS / ISSUES

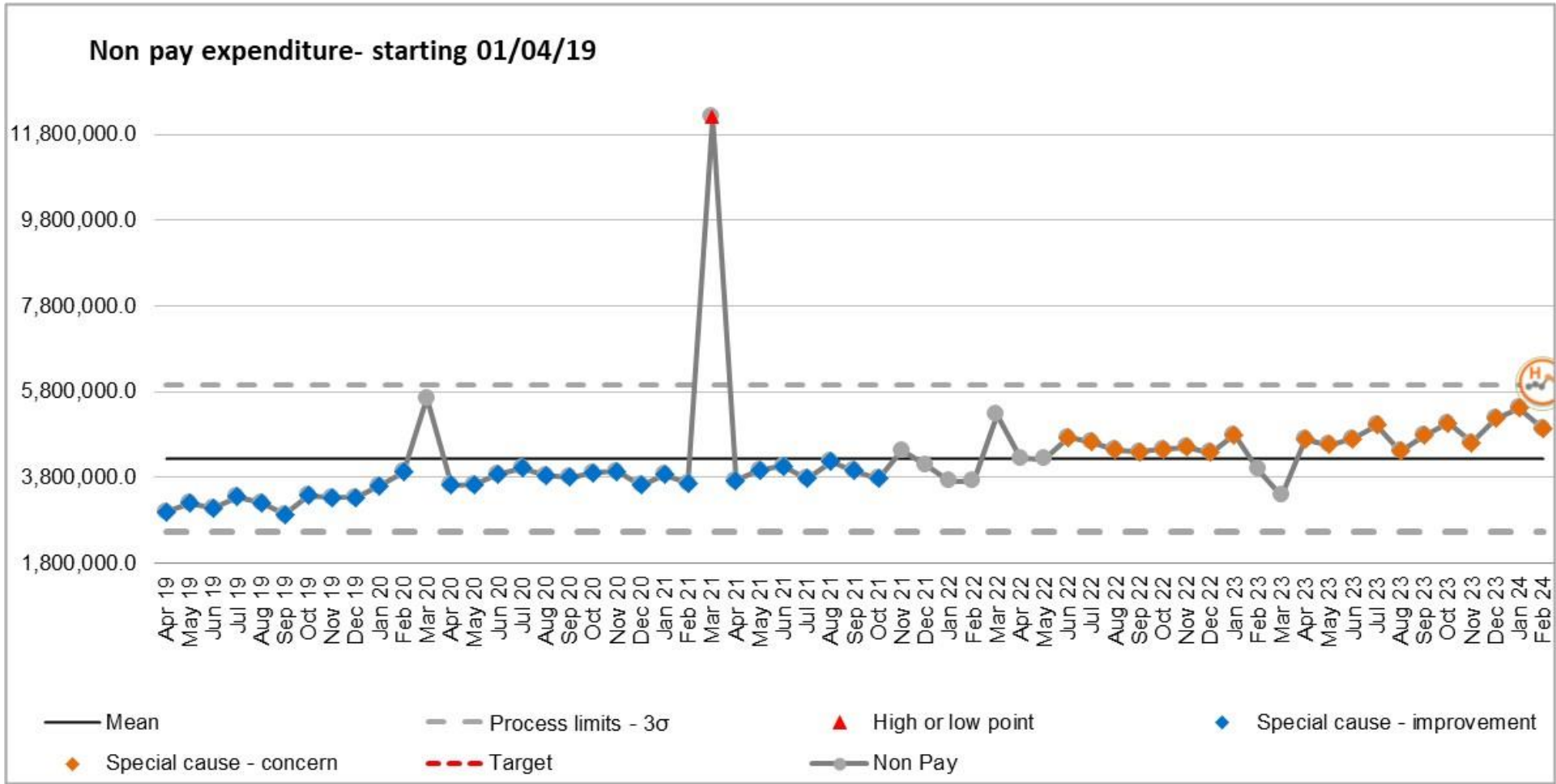Agency spend remains high causing a cost pressure during the year.
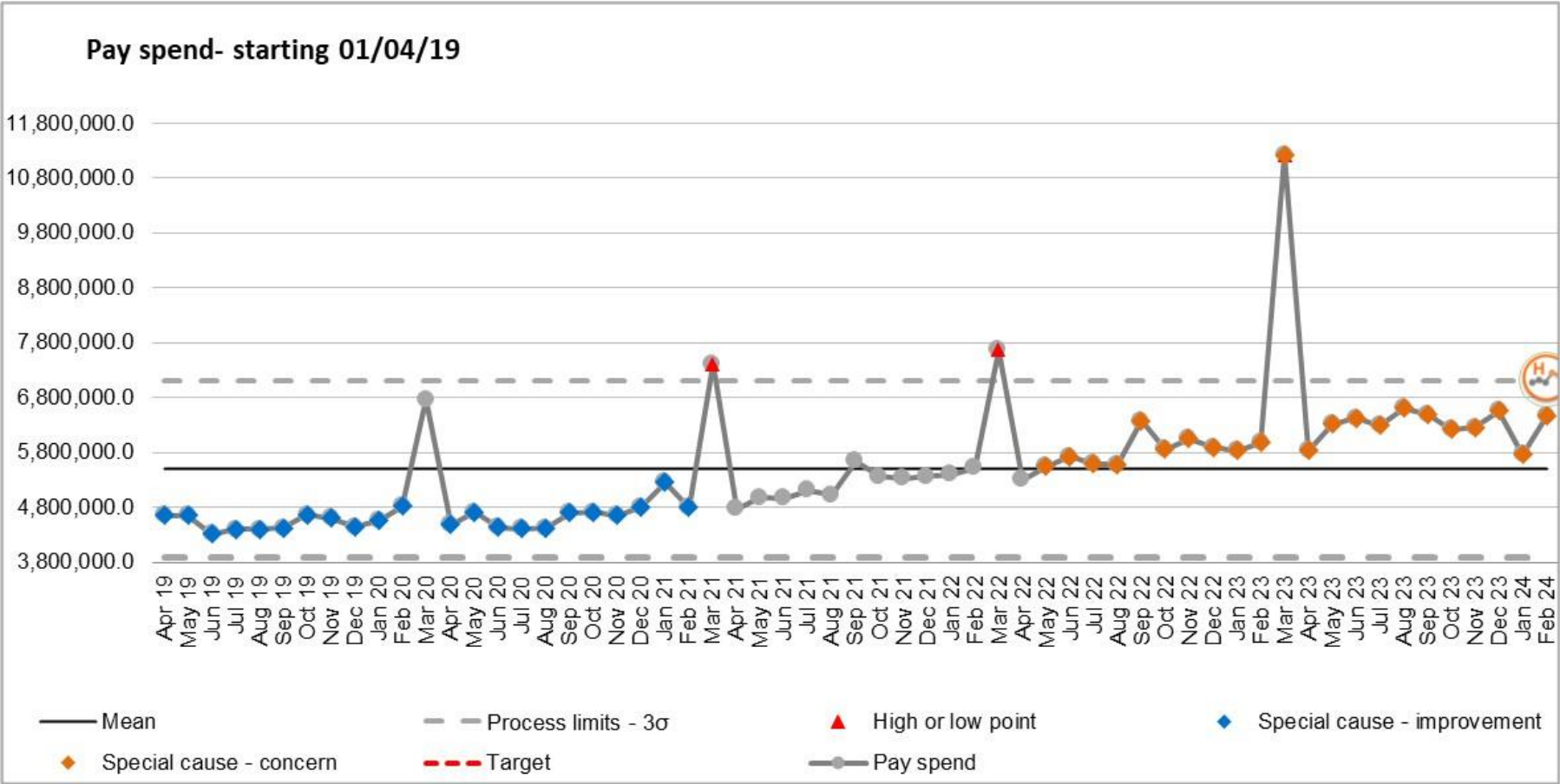
11. Expenditure

22/23 Monthly Expenditure vs Plan

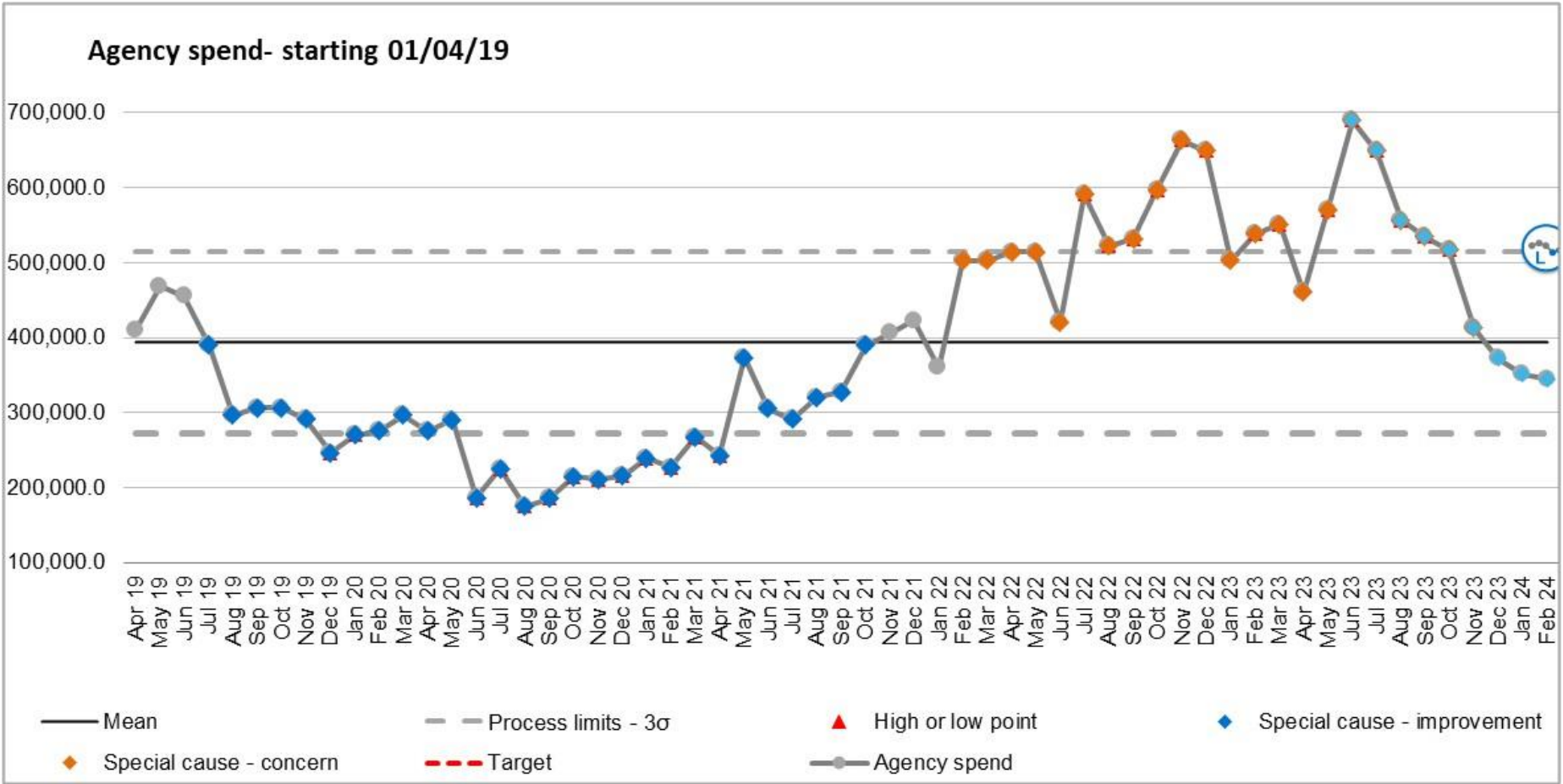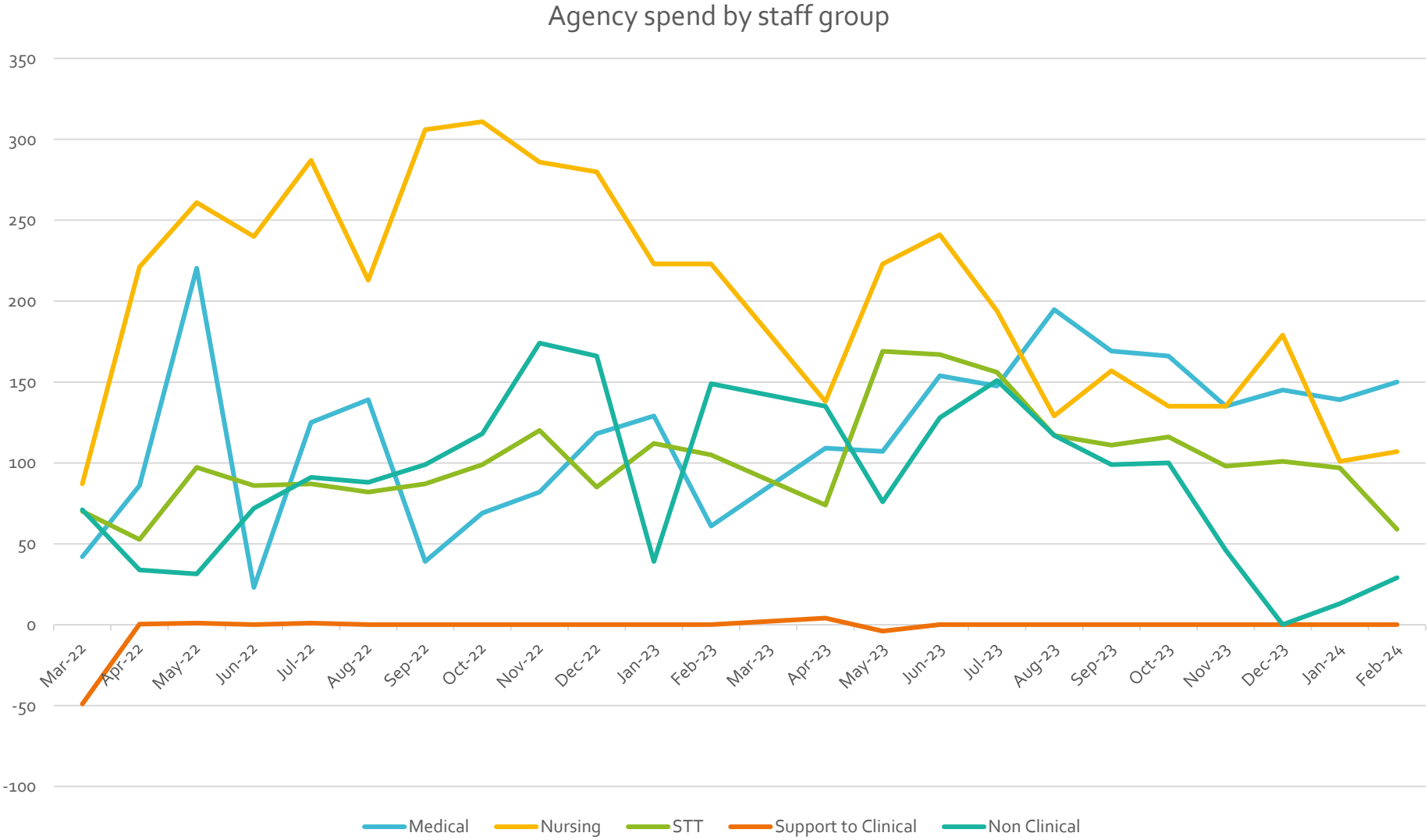Legend: 23/24 Actual | 23/24 Plan | 22/23 Actual

12. Non Pay Expenditure

Non pay expenditure- starting 01/04/19

13. Pay Expenditure

Pay spend- starting 01/04/19

14. Agency Expenditure

Agency spend- starting 01/04/19

14. Agency Expenditure

Agency spend by staff group

Legend: Medical — Nursing — STT — Support to Clinical — Non Clinical

14. Agency Expenditure

Agency Rephasing Reconciliation

Reported	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Total
Nursing	138	223	241	194	129	157	135	135	179	101	107	1,739
STT	75	150	138	140	91	202	116	98	101	97	59	1,265
Medical	60	70	123	133	138	361	166	135	145	139	150	1,617
Non-Clinical	135	76	128	151	117	99	100	46	-53	13	29	841
	408	**518**	**630**	**618**	**475**	**818**	**517**	**413**	**372**	**350**	**345**	**5,462**

Actual	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Total
Nursing	138	223	241	194	129	157	135	135	179	101	107	1,632
STT	79	165	167	157	117	111	116	98	101	97	59	1,206
Medical	110	109	155	148	194	169	166	135	145	139	150	1,467
Non-Clinical	135	76	128	151	117	99	100	46	-53	13	29	812
	462	**572**	**691**	**650**	**557**	**535**	**517**	**413**	**372**	**350**	**345**	**5,117**

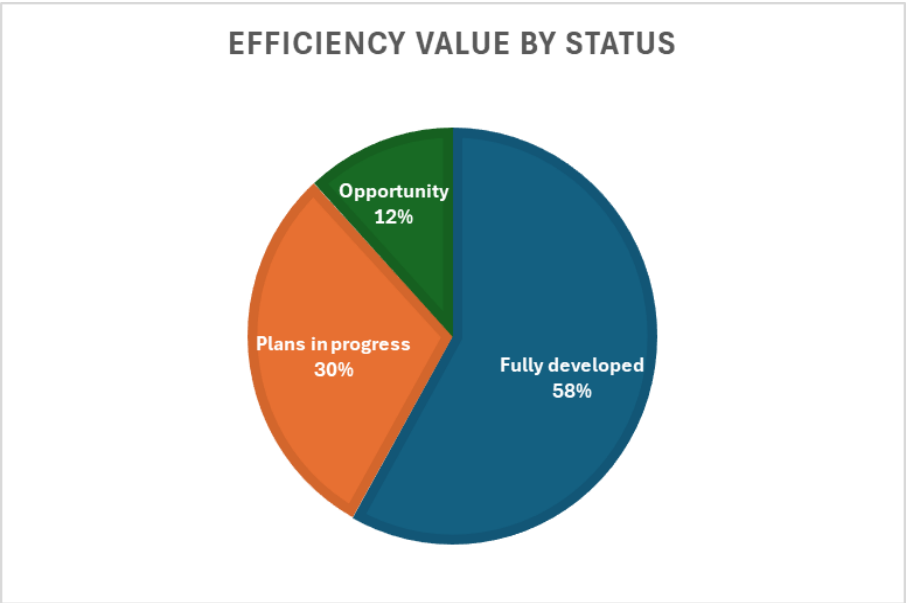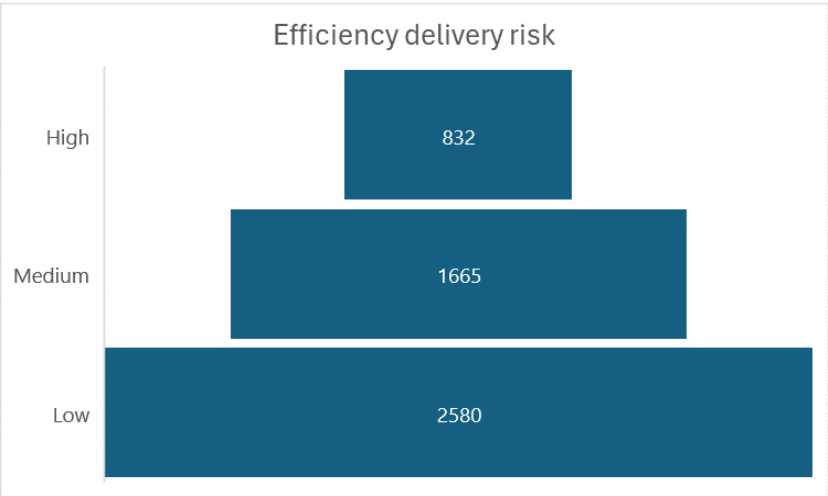| Variance	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Total
Nursing	-	-	-	-	-	-	-	-	-	-	-	-
STT	-4	-15	-29	-17	-26	91	-	-	-	-	-	-
Medical	-50	-39	-32	-15	-56	192	-	-	-	-	-	-
Non-Clinical	-	-	-	-	-	-	-	-	-	-	-	-
	-54	**-54**	**-61**	**-32**	**-82**	**283**	**-**	**-**	**-**	**-**	**-**	**-**

15. Cost Improvement Programme Summary

SUMMARY

Year to date savings totalling £4,636k have been delivered, against a plan of £4,607k, delivering a positive variance of £29k. 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	£605	£25	(580)	25
Non pay	£3,544	£4,488	944	4,928
Income	£458	£123	(335)	123
Grand Total	**£4,607**	**£4,636**	**29**	**5,076**

Efficiency delivery risk

High	832
Medium	1665
Low	2580

EFFICIENCY VALUE BY STATUS

- Opportunity 12%
- Plans in progress 30%
- Fully developed 58%

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.

Debtors have appeared to reduce in month due to BSOL paying us Month 12's cash in Month 11.

The cash position remains challenging to manage within the in-month peaks and troughs, with BSOL ICS supporting the trust in the short term. 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 M11	Movement
		(£'000)	
Intangible Assets	1,339	1,013	(326)
Tangible Assets	69,123	67,029	(2,094)
Total Non Current Assets	**70,462**	**68,042**	**(2,420)**
Inventories	19	2	(17)
Trade and other current assets	12,839	7,302	(5,537)
Cash	7,591	4,437	(3,154)
Total Current Assets	**20,449**	**11,741**	**(8,708)**
Trade and other payables	(20,229)	(14,076)	6,153
Borrowings	(18,339)	(16,366)	1,973
Provisions	(1,329)	(1,292)	37
Other Liabilities	(273)	(2,917)	(2,644)
Total Liabilities	**(40,170)**	**(34,651)**	**5,519**
Total Net Assets Employed	**50,741**	**45,132**	**(5,609)**
Total Taxpayers' and Others' Equity	**50,741**	**45,132**	**(5,609)**

17. Cash

High/Low Cash Position

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	62,150	602,348	597,652	944,468
Strategic Estates	Appointments team office space *	100,000	0	0	100,000	0
Strategic Estates	Relocation of Facilites to the Old Pharmacy building	310,000	253,304	256,727	53,273	6,582
Strategic Estates	Porters Lodge**	50,000	0	201,978	(151,978)	0
Strategic Estates	ROH Creative Design Studio	55,000	51,246	51,246	3,754	0
Strategic Estates	Omnicell installation	70,000	58,471	58,471	11,529	0
Strategic Estates	Replacement for room 3 from a fluoroscopy room to a digital x-ray room	30,000	26,362	26,362	3,638	1,439
Strategic Estates	Café Royale Refurbishment	210,000	184,712	184,712	25,288	2,000
Green estate	Pool	100,000	125,373	215,373	(115,373)	0
Estates Maintenance	Pool	375,000	337,129	340,732	34,268	0
Equipment	Anaesthetic machines x 6	477,004	428,032	428,032	48,972	0
Equipment	Replacement of 3T MRI scanner	275,000	451,629	451,629	(176,629)	0
Equipment	Pool	200,000	124,147	124,147	75,853	0
Information Technology		0	103,283	103,283	(103,283)	0
Reserve	Potential Additional schemes (TBC)	46,996	0	362,885	(315,889)	0
SCIF		410,000	0	0	410,000	0
TOTAL		3,909,000	2,205,839	3,407,924	501,076	954,489

		Board Approval	Spent to Date	23/24 Forecast	Variance to Plan	24/25 Pre-commitment
Strategic Estates		2,025,000	636,246	1,381,844	643,156	954,489
Green estate		100,000	125,373	215,373	(115,373)	0
Estates Maintenance		375,000	337,129	340,732	34,268	0
Equipment		952,004	1,003,808	1,003,808	(51,804)	0
Information Technology		0	103,283	103,283	(103,283)	0
Reserve / SCIF		456,996	0	362,885	94,111	0
		3,909,000	2,205,839	3,407,924	501,076	954,489

SUMMARY

The M11 system position and planned trajectory are shown below. This is shown prior to the receipt of IA funding. Instead adjustments to forecasts were made to account for the impact of industrial action are shown below. The adjustments to forecast allow for expected lost income in addition to the additional expenditure incurred.

19. System

M11

Organisation	Surplus / (Deficit) - Adjusted Financial Position						Trajectory		Better/(worse) than trajectory	
	Plan YTD	Actual YTD	Variance YTD	Plan Year Ending	Forecast Year Ending	Variance Year Ending	Trajectory YTD	Trajectory FOT	YTD	FOT
	£000	£000	£000	£000	£000	£000	£000s	£000s	£000s	£000s
Birmingham and Solihull ICB	1,188	13,160	11,972	0	16,402	16,402	12,145	16,402	1,014	1
Birmingham And Solihull Mental Health NHS Foundation Trust	-	1,990	1,990	0	4,001	4,001	1,884	4,001	106	0
Birmingham Community Healthcare NHS Foundation Trust	94	567	473	0	663	663	356	663	211	(0)
Birmingham Women'S And Children'S NHS Foundation Trust	0	(59)	(59)	0	3,614	3,614	(1,016)	4,415	957	(801)
The Royal Orthopaedic Hospital NHS Foundation Trust	231	(5,526)	(5,757)	0	-961	(961)	(3,582)	(170)	(1,944)	(791)
University Hospitals Birmingham NHS Foundation Trust	(1,300)	(58,163)	(56,863)	0	-44,200	(44,200)	(32,602)	(25,312)	(25,561)	(18,888)
ICS Total	213	(48,032)	(48,245)	0	-20,481	-20,482	(22,815)	(1)	(25,216)	(20,481)

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20. Workforce

Summary / Highlights

- There were plenty of positives to report in February 2024:
- We are retaining staff well with only 10 leavers in February 2024 (excluding rotation) and the majority appeared to be due to
- The establishment has made significant improvements in the last two months.

Risks / Issues

- In the most recent available benchmarking data for sickness absence in the system, we were the highest in January. Given February improved performance, it is hoped this was an outlier month.

Actions

- Meetings with occupational health are fortnightly and assurances have been provided around improving their turnaround times which will support both time to hire figures and support staff with their health.
- New Medical Staffing Advisor will support the recruitment process for medical staff.

20. Workforce

Trust Workforce Metrics	Jan-24	Feb-24	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1398	1417	19	-	-
Staff In Post - Full Time Equivalent	1235.39	1253.30	17.90973	-	-
Staf Turnover % - Unadjusted	10.81%	10.59%	-0.22%	⬇	<=11.5%
Staf Turnover % - Adjusted	9.31%	9.07%	-0.24%	⬇	<=11.5%
Total WTE Employed as % of Establishment	86.79%	89.74%	2.95%	⬆	>=93%
Total WTE Employed as % of Establishment - Clinical	84.47%	88.21%	3.74%	⬆	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	90.91%	92.43%	1.52%	⬆	>=96%
% Of Attendance	92.99%	94.16%	1.17%	⬆	>=96.3%
% Of 12 mth MAA Attendance	93.81%	93.85%	0.04%	⬆	>=96.3%
% Staff received mandatory training last 12 months	88.12%	87.69%	-0.43%	⬇	>=93%
% Staff received formal PDR/appraisal last 12 months	71.00%	68.90%	-2.10%	⬇	>=95%
% of Sickness - Trust wide Long-term	4.34%	3.48%	-0.86%	⬇	-
% of Sickness - Trust wide Short-term	2.68%	2.81%	0.13%	⬆	-
Return To Work Completion %	69.85%	63.21%	-6.64%	⬇	>=80%

20.
Workforce
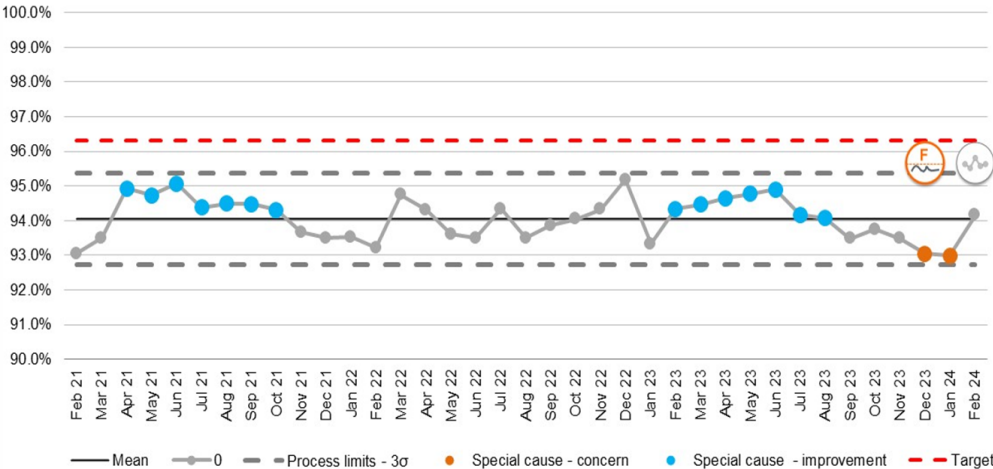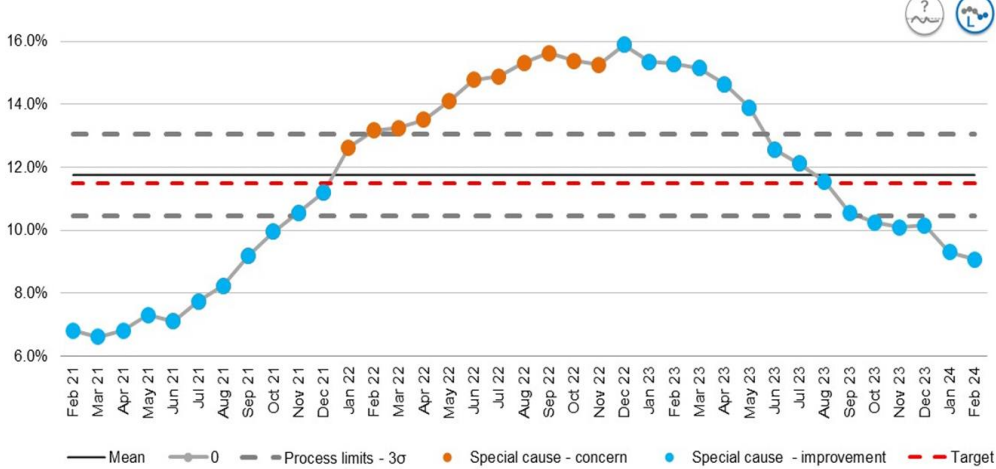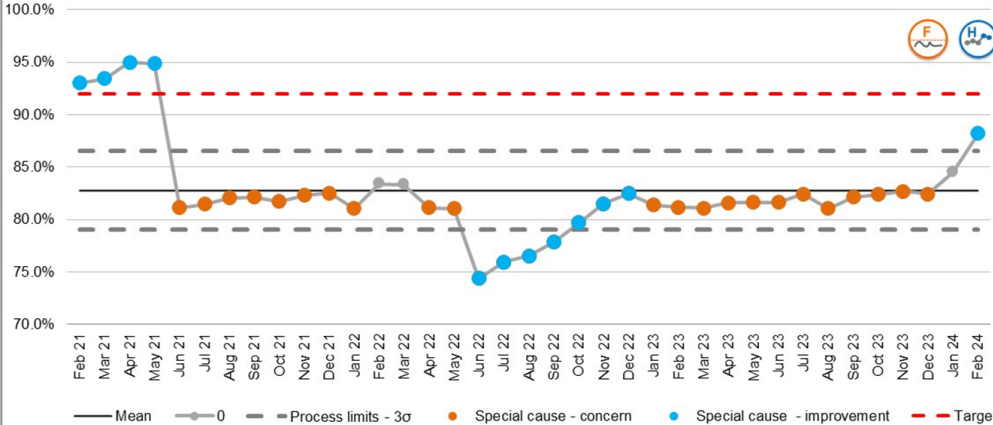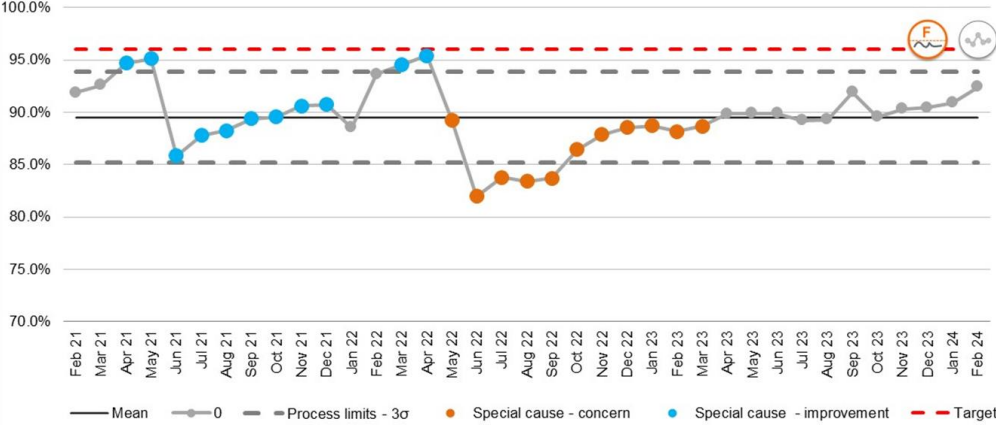
20. Workforce
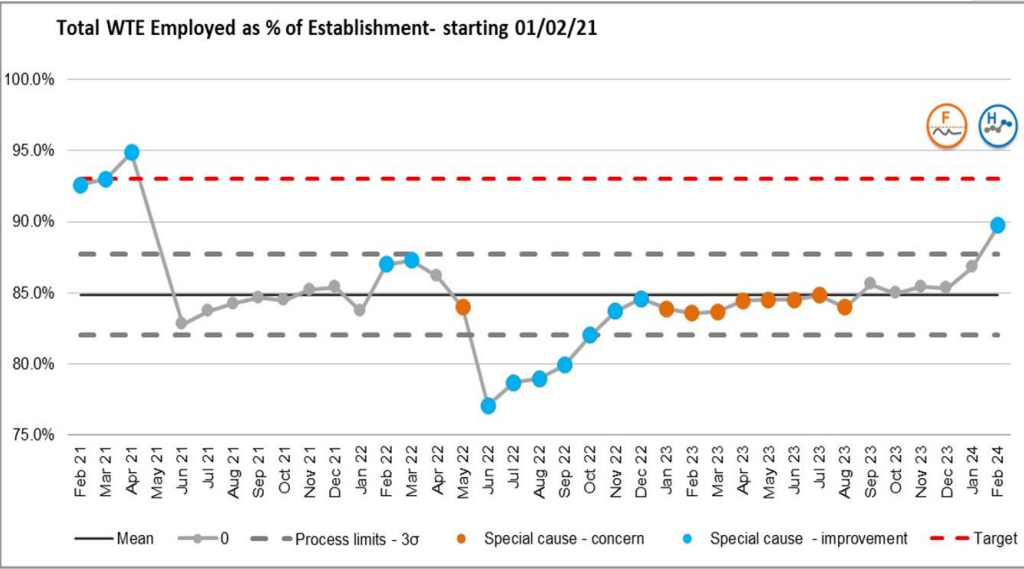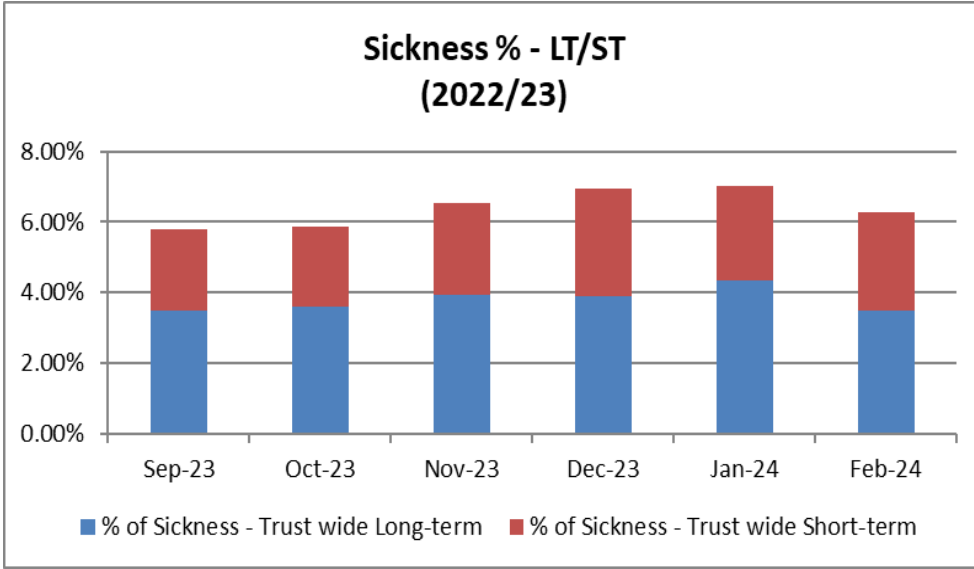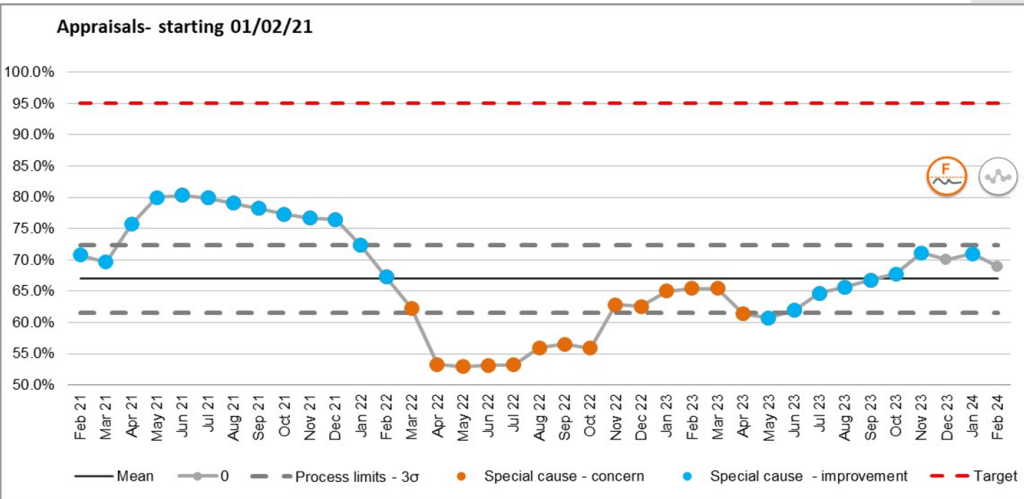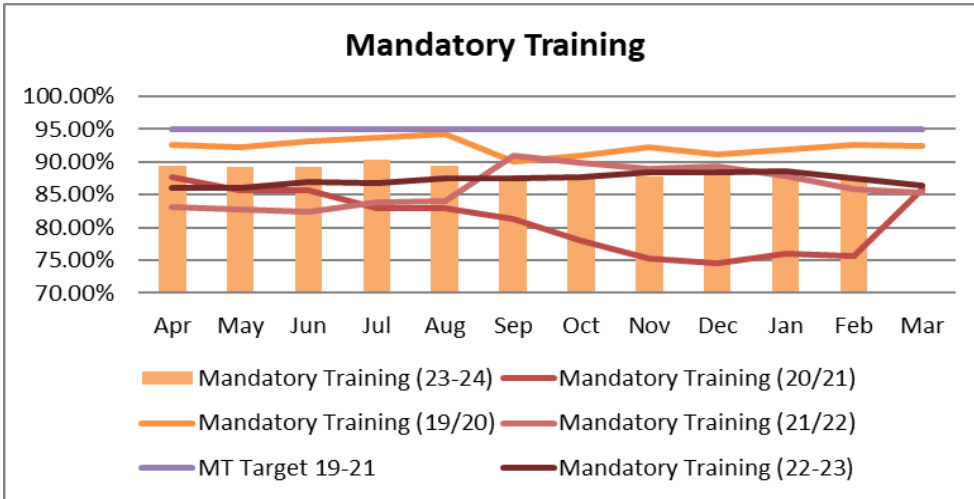
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QUALITY AND SAFETY REPORT

March 2024 (February 2024 Data)

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

Quality Report – March 2024 (February 2024 Data) – Summary Dashboard

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	2022/2023	2023/24
Incidents	292 (↑)	374 (↑)	269(↓)	378 (↑)	341 (↓)	323 (↓)	297 (↓)	411 (↑)	354 (↓)	354	303 (↓)	297 (↓)	356 (↑)		
Serious Incidents	2 (↑)	0	1(↑)	1	0	0	0	0	0	0	0	1 (↑)	0	8	3
Inpatient Deaths	0	0	0	1 (↑)	0	1 (↑)	0	0	0	0	0	0	0	1	2
VTEs (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Falls	7 (↑)	5 (↓)	12(↑)	9 (↓)	7 (↓)	7	8 (↑)	8	7 (↓)	8 (↑)	6 (↓)	6	10 (↑)	79	88
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Pressure Ulcers: Cat 3 (Avoidable)	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Infections	1 (↑)	0	0	0	1 (↑)	1	2	1	0	1	1	1	0 (↓)	9	8
Complaints	4 (↑)	1 (↓)	3(↑)	2 (↓)	2	5 (↑)	1	3	3	3	1 (↓)	4 (↑)	7 (↑)	45	34
Litigation	2 (↑)	2	0	0	0	3 (↑)	0	0	1 (↑)	0	0	0	0	9	4
Coroners	0	0	0	1 (↑)	0	1 (↑)	0	0	0	1	0 (↓)	0	0	0	3

1.   INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Integrated Care System and the CQC for routine engagement and assurance meetings.

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

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. Incidents Reported

In the month of February 2024, there were a total of **356** Incidents reported on the Ulysses Incident Management System. The breakdown of those incidents is as follows;

No Harm = 271
Low Harm = 75
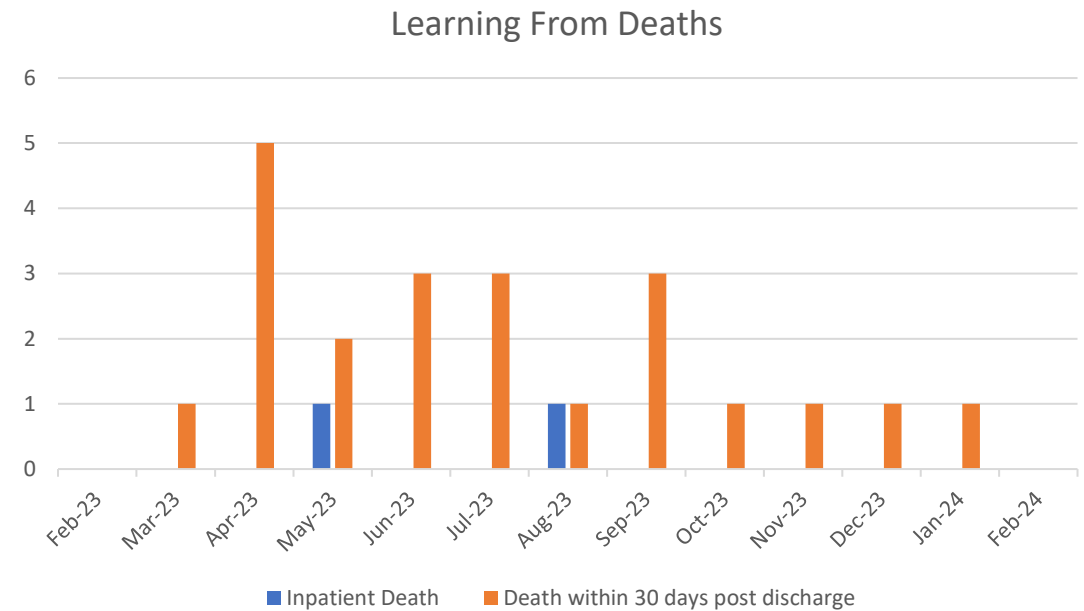**Moderate Harms = 6**
Severe Harm = 0
Near Miss = 4

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3. Patient Deaths

Inpatient Deaths

There were 0 inpatient deaths reported during February 2024

Deaths within 30 days post discharge

There were 0 patient deaths that occurred within 30 days post discharge during February 2024.

Learning From Deaths

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4. Serious Incidents

There were 0 Serious Incidents reported in February 2024.

Update:

Wrong Site Surgery Never Event
Reported on 24.01.2024 - Joint ROH /UHB Pathway patient.
In line with Trust PSIRF Plan a PSII investigation is in progress. The final draft has been received and is on the division 2 governance agenda for discussion and sign off.
Incident has been reported to BSOL ICB as per usual STEIS process

Serious Incidents & PSII's Reported

Legend: SG and Patient Death, Grade 3 PU, Fall, Never Event - Wrong Site Surgery

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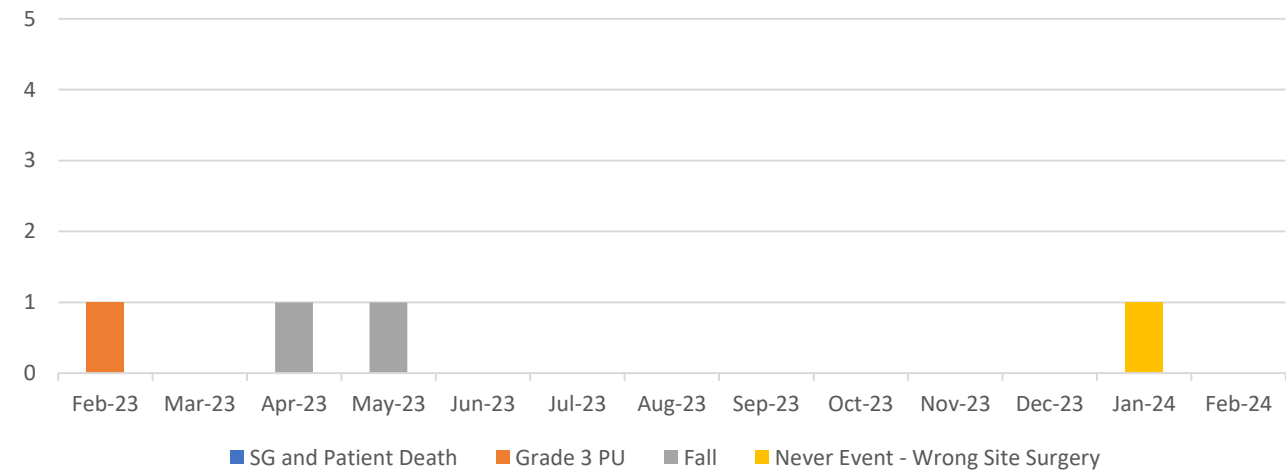
5. Potential Moderate Harm & Severe Harm Incidents

There were **6 potential Moderate Harm** incidents and **0 potential Severe Harm** incident reported in February 2024.

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

Summary of Potential Moderate Harm Incidents

- **1 x Ward 12** – SSI related Incident

- **1 x Ward 2 –** SSI related Incident

- **1 x Large Joints –** Delay in Appointment

- **1 x Appointments –** Delay in Appointment

- **1 x Ward 2** – Medical Emergency

- **1 x Recovery** – Transfer within Trust/Failure/Delay

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6. Update on Moderate Harm Incidents from January 2024

There were 8 potential Moderate Harm incidents reported in January 2024. An update on each of these incidents can be found below:

- **1 x Ward 1** – SSI related Incident - **Remains as Moderate Harm**. IPC, using new IPC PSIRF Framework, have completed review. No further action required.
- **1 x Ward 3 –** SSI related Incident - **Remains as Moderate Harm**. IPC, using new IPC PSIRF Framework, have completed review. No further action required.
- **1 x Spasticity –** Medication - **Remains as Moderate Harm and under review**. Clinic outcome and decision-making documentation has been requested for review.
- **1 x Spinal –** Potential Wrong side block - **Remains as a Moderate Harm**. MDT Meeting has taken place, confirmed not to a Never Event. Awaiting minutes and actions to add to Ulysses.
- **1 x OPD** – VTE - **Remains as a Moderate Harm**. VTE RCA is in progress.
- **1 x OPD** – Emergency Transfer into Trust - **Remains as a Moderate Harm**. All actions taken were appropriate and managed well. No further action required.
- **2 x Ward 3** – VTE - 2nd incident is a duplicate Incident - **Remains as a Moderate Harm.** Patient was a transfer elsewhere, where they had acquired the VTE. VTE diagnosed within 24 hours of transfer therefore being investigated by other hospital.

Summary of Potential Severe Harm Incidents

- **1 x Emergency Transfer Out -** Cardiac arrest & subsequent death - **Remains as Severe Harm.** Final draft of AAR received and added to division 2 governance agenda for discussion and sign off. Report will then be provided to the Coroner.

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7. Near Miss Incidents

There were 4 Near Miss incidents reported in February 2024

All incidents have been tabled at Divisional Governance Meetings.

Summary of Incidents

- **1 x Discharge Lounge** – Medication (Wrong Drug) - Incident remains under review.

- **1 x Large Joints** –Clinical Documentation And Health Records (Patient ID Issue) - Incident remains under review.

- **1 x Large Joints** – Clinical Assess/care (Diag, Scans, Tests) - Incident remains under review.

- **1 x Oncology** – Communication Issues (Not Meeting Patients Communication Needs) - Incident remains under review.

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8. Learning from Incidents

There were **2** RCAs closed in February 2024**.**

<u>**Ward 2 VTE**</u> **-** Outcome - Unavoidable

<u>Actions / Recommendations:</u> To Continue to adhere to trust VTE guidelines, training staff as necessary, sharing the learning from the incidents with all staff on the departments as routine

<u>**Ward 2 VTE**</u> **-** Outcome - Unavoidable.

<u>Actions / Recommendations:</u> None present on this occasion. Patient was increased risk of Pulmonary Embolism due to Plaster of Paris and limited mobility pre-operatively and post-operatively, these were unavoidable factors.

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9. Venous Thromboembolism (VTE) Incidents

There was **1 VTE incident** reported in February 2024. The incident is under investigation using the new PSIRF Framework template.

Update on Previously Reported VTE Incidents:

Of the 3 VTE incidents reported in January 2024, Two incidents were related to the same patient. The incident is under investigation by transferring hospital.

The 3rd January VTE incident remains under investigation by ROH, Provisional conclusion pending sign off at Divisional Governance is that it was unavoidable VTE.

Of the 4 VTE incidents reported in November 2023 2 remain under investigation. Provisional conclusion pending sign off at Divisional Governance is that they were both unavoidable.

VTE On Admission Assessment Compliance

Compliance figure for February 2024 = **98.97%**

Quality Improvement work underway

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

VTE's Reported
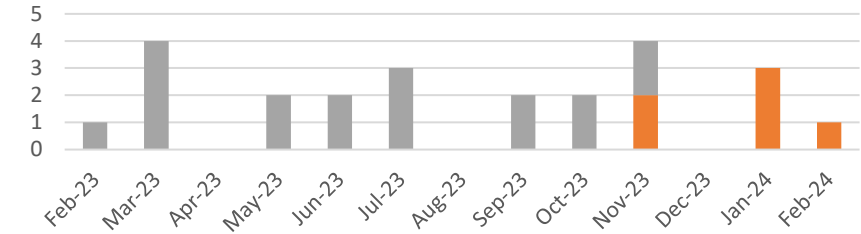
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
■ Unavoidable	1	4	0	2	2	3	0	2	2	2	0	0	0
■ TBC	0	0	0	0	0	0	0	0	0	2	0	3	1
■ Avoidable	0	0	0	0	0	0	0	0	0	0	0	0	0

VTE-ROH starting 01/02/22

—— Mean   ——Number of   ── ──Process limits - 3σ   ● Special cause - concern   ● Special cause - improvement   ── ──Target

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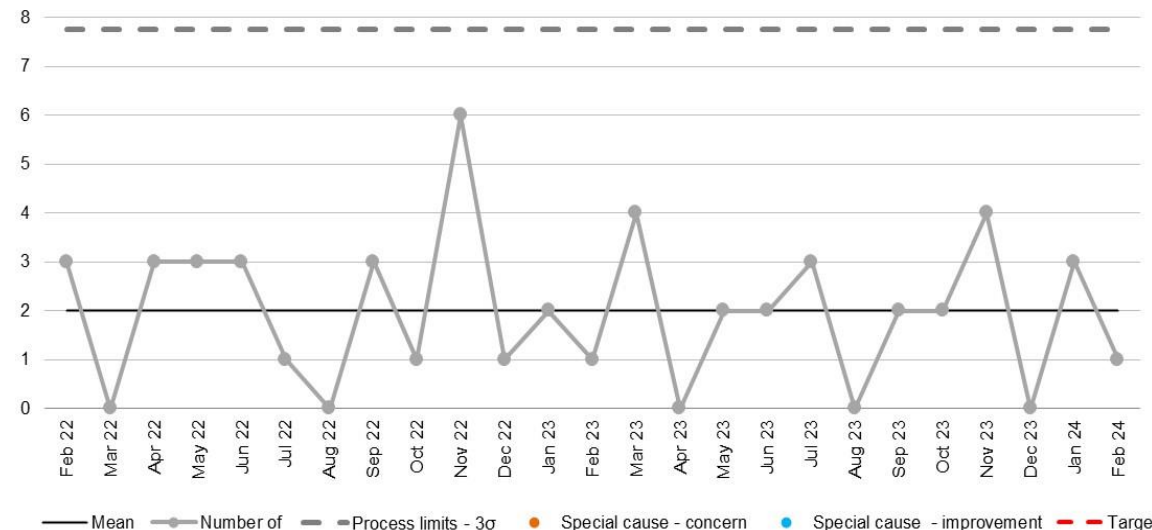
10. Falls

10 Inpatient falls incidents reported in February 2024

No Harm = 10

Trends

8 of the falls involved patients deemed safe to mobilise however became unstable.

2 of the falls involved patients mobilising against advice.

6 were unwitnessed falls.
1 was a witnessed fall when patient slipped on wet floor after washing hands.
1 was a patient fall when attempting to transfer from wheelchair to car.

There is a slight increase in falls this month, however there are no significant themes to these falls.

Quality Improvement Work Underway
- Reviewing bed rails risk assessment in conjunction with Rebecca Hipwood, Patient Safety Lead
- Planned walk round with Estates team to identify outstanding work needed in relation to falls & dementia

Inpatient Falls Reported
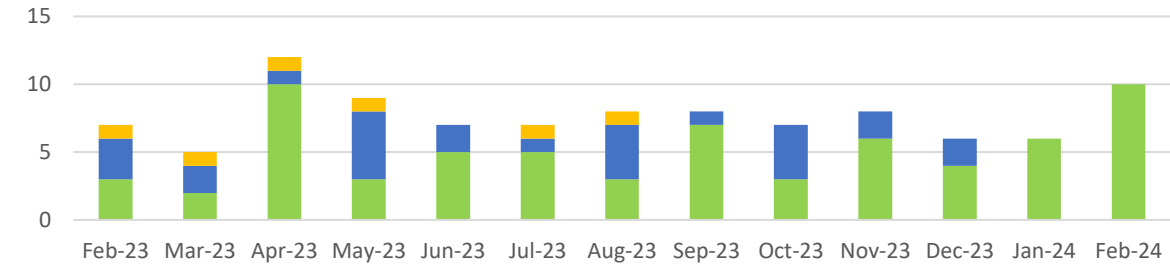
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
■ Severe Harm	0	0	0	0	0	0	0	0	0	0	0	0	0
■ Moderate Harm	1	1	1	1	0	1	1	0	0	0	0	0	0
■ Low Harm	3	2	1	5	2	1	4	1	4	2	2	0	0
■ No Harm	3	2	10	3	5	5	3	7	3	6	4	6	10

InPatient Falls-ROH starting 01/02/22

Mean — Number of Falls — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

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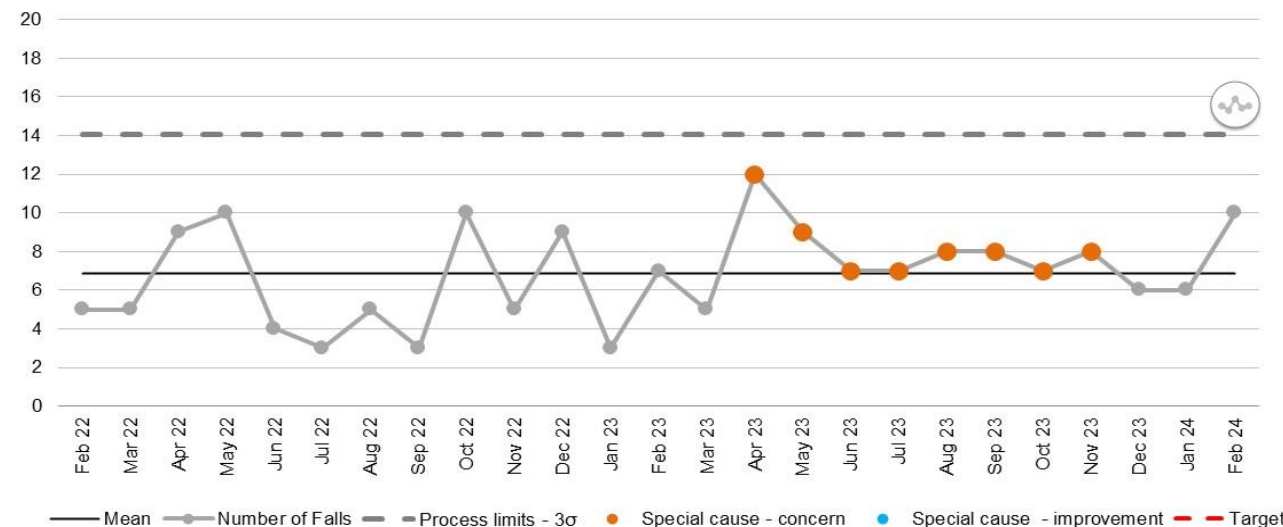
11. Pressure Ulcers

0 Category 3 or 4 PU incidents reported in February 2024.

1 Category 2 PU incidents reported in February 2024.
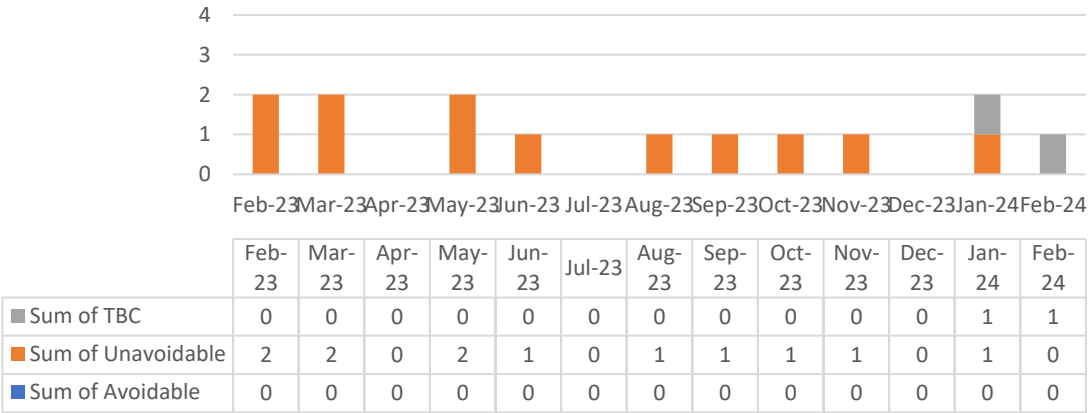
    1 x Ward 1 – Remains under review

Quality Improvement work planned/underway

New NWCSP "Pressure Ulcer Recommendations and Clinical Pathway" have been released. Changes will need to be made to the PU categorisation and reporting process. TVN Lead undertook a gap analysis and sent summary report to Clinical Quality Group on 05/02/24. Task and finish group to be arranged to discuss the new NWCSP "Pressure Ulcer Recommendations and Clinical Pathway" and propose a new pressure ulcer risk assessment tool.

In addition, work undertaken by teams in the Trust regarding switching from Aquacel Surgical dressing to Mepilex Border Post-op – an abstract has been accepted as an E poster at a National wound care conference in March 2024.

Post-op dressing collaborative (TV and ROCS) work discussed at Board on 6/3/24 and well received.

Pressure Ulcers Reported

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Sum of TBC	0	0	0	0	0	0	0	0	0	0	0	1	1
Sum of Unavoidable	2	2	0	2	1	0	1	1	1	1	0	1	0
Sum of Avoidable	0	0	0	0	0	0	0	0	0	0	0	0	0

Cat 2 PU (all)-ROH starting 01/02/22

Mean — Number of — Process limits - 3σ ● Special cause - concern ● Special cause - improvement — Target

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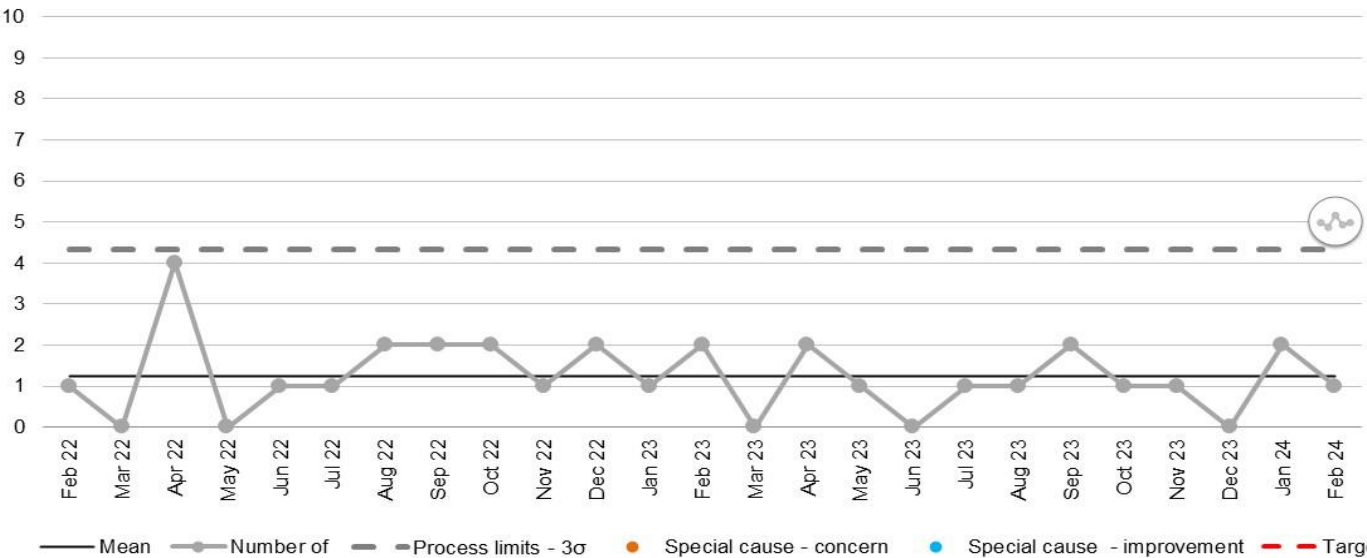
13. Infection Prevention Control

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

Infections Recorded in month and Year to Date (YTD)	February 2024	YTD
Methicillin-Resistant *Staphylococcus aureus* (MRSA) bloodstream infection	0	0
HOHA/COHA toxin positive *Clostridioides difficile* infection (CDI)	0	2
Methicillin-Sensitive *Staphylococcus aureus* (MSSA) bloodstream infection	0	1
E.coli bloodstream infection	0	3
Klebsiella spp. bloodstream infection	0	0
Pseudomonas aeruginosa bloodstream infection	0	0

Actions underway:

- Theatre focus group has changed into Surgical Site Prevention Group – focusing on the 'one together' approach to reducing SSI's and infections.
- IPC lead has been leading improvement work around high impact audits and refreshing local education. Documentation was flagged as an area for improvement. Specific work in recovery to address gaps.

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Complaint Information

The Trust received **7** complaints in February 2024

Complaints by department in February 2024
- Spinal x3
- Ward 1 x2
- Large Joints x1
- Paediatrics x 1

In February 2024, the complaints team closed **2** formal complaints on time.

At the time of producing this report there are **11** open formal complaints. (1 complaint is being managed under the 'resolution meeting' request and 1 complaint relates to private patient.

Extended complaint agreed via Triumvirate : 1 due to complexity. Patient made aware.

Complaints open by department:
- Spinal x 4
- Paediatrics x 1
- Large Joints x 2
- Ward 1 x 2
- Private Suite x 1

No complaints received where the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

Complaint Resolution Meetings

The Trust offers resolution meetings to all complainant in both the verbal and written acknowledgement correspondence. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint.

Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.

During a period of four years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and an improved quality of response letter

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

In February 2024, the Trust received **1 request for a resolution meeting.** This case is currently still ongoing

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Complipants

Complaints received 2022/2023 Vs 2023/2024

■ 2022/2023 ■ 2023/2024
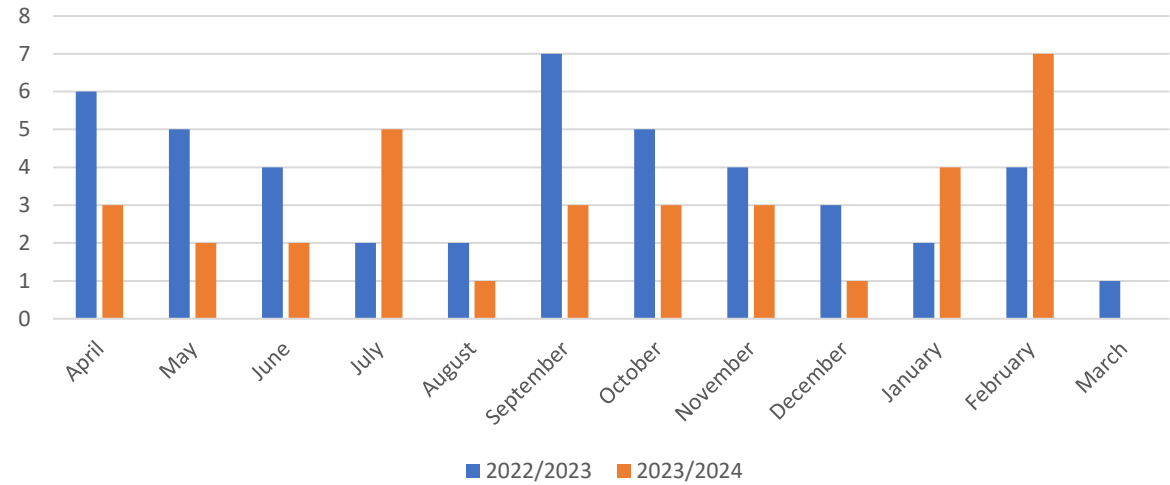
The above table shows that so far this year, overall we have received fewer formal complaints compared to 2022/2023.

Complaint Year Totals	
April 2022- March 2023	45
April 2023 – February 2024	34

Complaints KPI's

KPI	Complaints %	0%-79%
		80%-90%
		91%-100%
April 2023	100%	
May 2023	67%	
June 2023	75%	
July 2023	100%	
August 2023	0%	
September 2023	100%	
October 2023	77%	
November 2023	100%	
December 2023	0%	
January 2024	0%	
February 2024	100%	

100% of KPI's were met. 2 complaints were received and closed on time. In one complaint information was collated and completed by the complaints team

Actions from Complaints

- In February 2024 - 2 actions were identified, both of which remain open
- No Immediate action plans were completed by the triumvirate for any of the complaints received in February.
- In total, we currently have 5 open actions for 3 different complaints. 2 are for OPD, 2 are for Oncology and 1 is for Paediatrics. These are reviewed in the bi-weekly governance meetings.

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Complaint Themes

Reopened Complaints in 2023/2024 Compared to last year
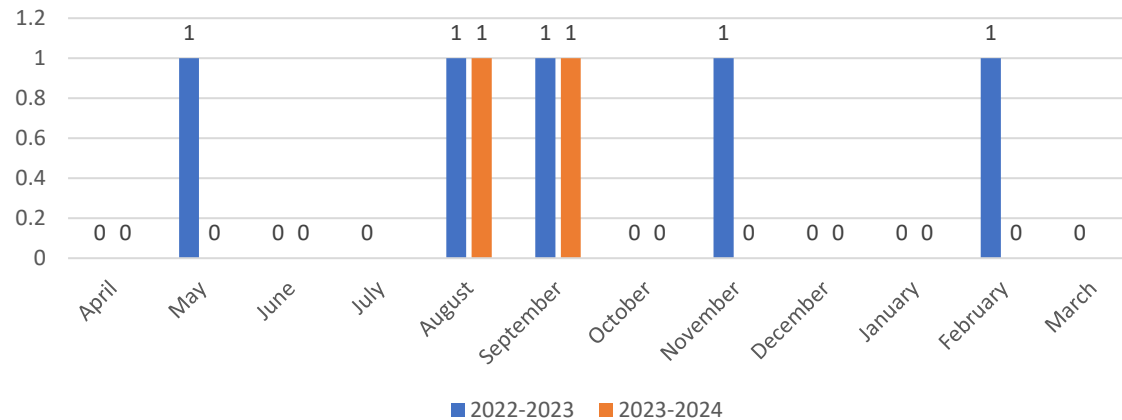
Reopened complaints

The Trust received no requests to reopen complaints in February 2024. This can be attributed to the complaints previously resolved being managed to the complainant's satisfaction.

PHSO Cases

The Trust currently has no PHSO complaints cases open.
The previously open case was closed in March 2024 following the PHSO advising
The Trust that they will not be taking any further action.

Themes

1. Values and Behaviours
2. Clinical Query

What We Did / Are doing

1. Raised in divisional governance meeting to track themes.
2. Tracked in Executive Governance Meeting
3. Ensuring actions are created
4. Ensuring relevant departments are aware of concerns
5. Requesting updates on outstanding actions in bi-weekly governance meetings

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Patient Advice and Liaison Service – PALS

PALS Contacts recieved 2022/2023 Vs 2023/2024

Legend: ■ 2022/2023 ■ 2023/2024
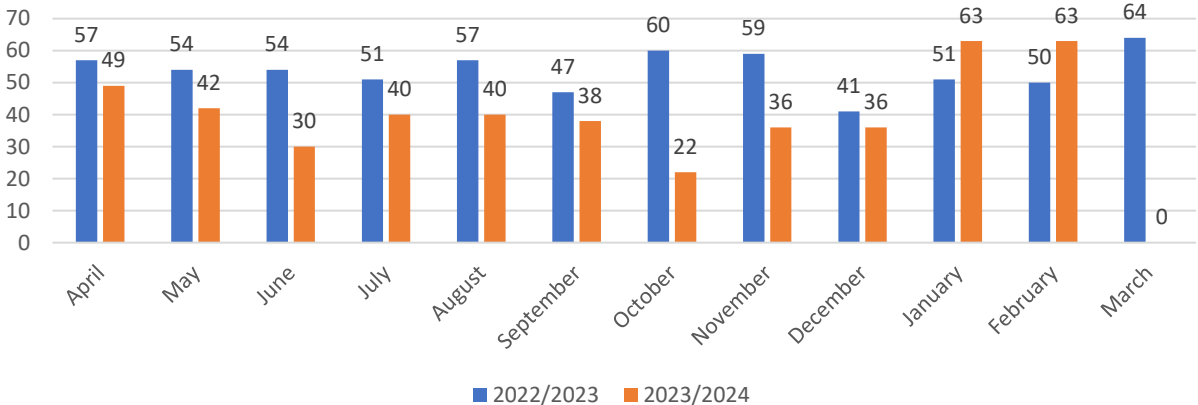
The above graph shows that so far this year overall The Trust has received less PALS contacts in comparison to last year. This is due to the PALS department practicing early resolution where possible and dealing with concerns within the PALS Department before escalating to the specialities. However, it should be noted that there has been a marked increase in concerns raised over the last 2 months.

PALS KPI's

KPI	PALS Contacts %
April 2023	85%
May 2023	93%
June 2023	90%
July 2023	88%
August 2023	50%
September 2023	36%
October 2023	50%
November 2023	56%
December 2023	82%
January 2024	68%
February 2024	64%

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

The KPI for PALS Contacts have not been met (90%) since May 2023.
This is primarily due to the lack of, or delayed responses from the specialities.

PALS Themes

- Clinical Query- 17 out of 63 received
- **Specifically: Request for second opinion**
- Appointments – 16 out 63 received
- **Specifically: Appointment cancelled**

What we have done

- Tracked in Executive Governance Meetings
- Raised in Governance meetings and with departmental managers.
- Escalation to ensure PALS cases are responded too.
- Head of Patient Experience sending out individual reminders on outstanding PALS

No PALS Cases were received where the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

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15. Litigation and Coroners

New claims

0 new claims were received in February 2024.

Pre-Application Disclosure

0 new requests for Pre-Application Disclosure of medical records were received in February 2024.

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in February 2024.

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16. WHO Surgical Safety Checklist

Theatre Audit

	Scores	Percentages
Team Brief	895/895	100%
Sign In	895/895	100%
Time Out	895/895	100%
Sign Out	895/895	100%
Team Debrief	893/895	99%
Total	895/895	99%

CT Area Audit

	Scores	Percentages
Team Brief	114/114	100%
Sign In	114/114	100%
Time Out	114/114	100%
Sign Out	114/114	100%
Team Debrief	114/114	100%
Total		100%

Visual Audit

	Scores	Percentages
Team Brief	26/26	100%
Sign In	23/26	88%
Time Out	26/26	100%
Sign Out	26/26	100%
Team Debrief	23/26	88%
Total		95%

WHO Checklist compliance
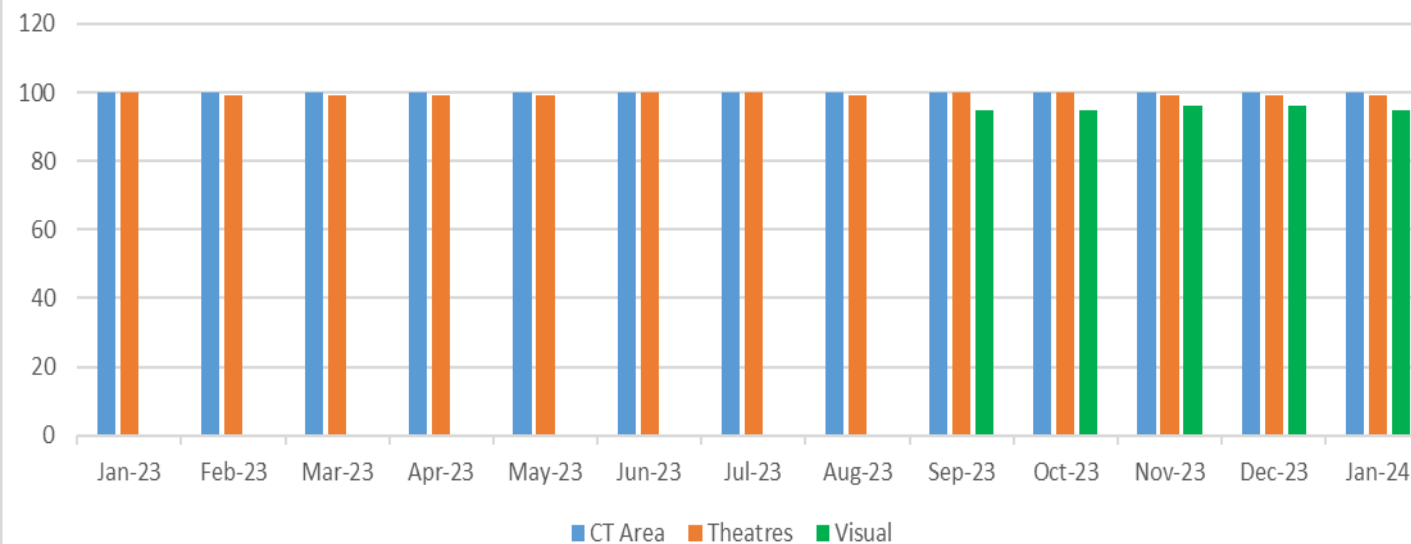
Actions:
- Visual audit continue to ensure compliance.
- Risk identified : Theatreman Aqua update has been stalled. Plans are been worked up to review how improvements can be made without the update.

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17. CAS Alerts

There were **2** new CAS alerts issued in February 2024

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/003/DHSC_MVA	Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials. A Medicines Supply Notification (MSN) issued on 14 February 2024, detailed a shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid. The resolution date is to be confirmed. The supply issues have been caused by a combination of manufacturing issues resulting in increased demand on other suppliers. Terbutaline, salbutamol with ipratropium, and ipratropium nebuliser liquids remain available, however, they cannot support an increase in demand. Ventolin (salbutamol) 5mg/ml nebuliser liquid (20ml) is out of stock until mid-April 2024 and cannot support an increased demand after this date. This National Patient Safety Alert provides further background and clinical information and actions for providers.	National Patient Safety Alert – DHSC	26-Feb-24	Action Completed **Email from Chief Pharmacist:** *'have ordered more stock to get through shortage period. Alert forwarded to MSO'.*	8 Mar 203 Actions completed.
CEM/CMO/2024/001	Valproate: important new regulatory measures for oversight of prescribing to new patients and existing female patients The harmful effects of prenatal exposure to valproate are well documented. Following a review, the Commission on Human Medicines has recommended further restrictions to valproate use to reduce avoidable harm which were introduced by the MHRA in January.	CMO Messaging	21-Feb-24	Forwarded to Chief Pharmacist.	Response not required

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17. Cas Alerts Continued - Outstanding Alerts from Previous Month

Paper attached with action plan.

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls. The MHRA continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks). Chest or neck entrapment in bed rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS. This National Patient Safety Alert provides further background and clinical information and actions for providers.	MHRA	31 Aug 23	1 Dec 23: Email from Chief Nurse: 'Working Group will be set up asap'. Estates: Beds tagged to aid compilation of Estates inventory. Estates: Beds & bedrails will now be serviced iaw Arjo's yearly service schedule by our in-house engineers. On-going…	1 Mar 2024. On-going…

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18. Safeguarding

KPI	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Safeguarding Adult Notifications	35	17	43	21	44	43	47	37	47	58	65		72
Safeguarding Children Notifications	76	23	37	29	55	51	42	25	35	40	45		45
Adult Level 2 - 85%	80.28% (↓)	80.19% (↓)	82.27% (↑)	83.12% (↑)	84.68% (↑)	86.22% (↑)	86.22%	85.48% (↓)	86.86% (↑)	88.7% (↑)	88.97% (↑)		89.03% (↑)
Adult Level 3 - 85%	75.2% (↓)	76.37% (↓)	77.84% (↑)	80.15% (↑)	83.02% (↑)	83.11% (↑)	82.06% (↓)	83.15% (↑)	83.83% (↑)	86.03% (↑)	84.11% (↓)		83.99% (↓)
Level 4 - 90%	60% (↓)	80.0% (↑)	80.00%	80.00%	80.00%	100% (↑)	100% (↑)	100.00%	80% (↓)	80.00%	80.00%		60% (↓)
Child Level 2 - 85%	79.93% (↓)	79.85% (↓)	82.18% (↑)	82.86% (↑)	84.68% (↑)	86.14% (↑)	86.12% (↓)	85.23% (↓)	86.7% (↑)	88.46%(↑)	88.89% (↑)		88.89%
Child Level 3 - 85%	75.2% (↓)	76.37% (↑)	78.03% (↑)	80.15% (↑)	82.82% (↑)	83.11% (↑)	81.68 (↓)	82.8% (↑)	83.46% (↑)	85.84% (↑)	83.96% (↓)		83.99% (↑)
Mental Capacity Act MCA - 85%	80.19% (↓)	80.36% (↑)	82.44% (↑)	83.21% (↑)	84.85% (↑)	86.39% (↑)	86.35% (↓)	85.88% (↓)	87.11% (↑)	88.62% (↑)	88.97% (↑)		89.19% (↑)
Deprivation of Liberty Safeguards DoLs - 85%	79.93% (↓)	79.93%	82.09% (↑)	82.95% (↑)	84.68% (↑)	86.22% (↑)	86.27% (↑)	85.63% (↓)	86.95% (↑)	88.54%	88.89% (↑)		89.12% (↑)
Prevent Awareness - 90%	89.40%	88.96%	90.14%	89.86%	90.49%	91.24% (↑)	91.32% (↑)	89.98% (↓)	94.48% (↑)	91.38%	90.33% (↓)		89.35% (↓)
WRAP (prevent level 3) - 85%	78.55% (↓)	80.2% (↑)	82.19% (↑)	83.89% (↑)	85.68% (↑)	87.89% (↑)	87.41% (↓)	86.15% (↓)	85.51% (↓)	86.25% (↑)	85.22% (↓)		81.21% (↓)
FGM	2	1	3	0	1	0	5	2	3	1	1		2
DOLS	4	0	7	0	6	4	4	2	5	3	6		5
MCA	0	1	3	4	1	4	2	7	5	6	7		13
PIPOT cases	1	0	0	0	0	1	0	0	0	0	1		0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	0		0

Actions underway: Level 4- drop relates to new staff within the SG team requiring training.
Level 3- HON's managing team to ensure compliance improves.

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

Emergency Readmissions Rate Within 30 Days of Discharge

Legend: Mean — Readmissions Rate — Process limits - 3σ — Special cause - concern (green) — Special cause - improvement (blue) — Target (red dashed)
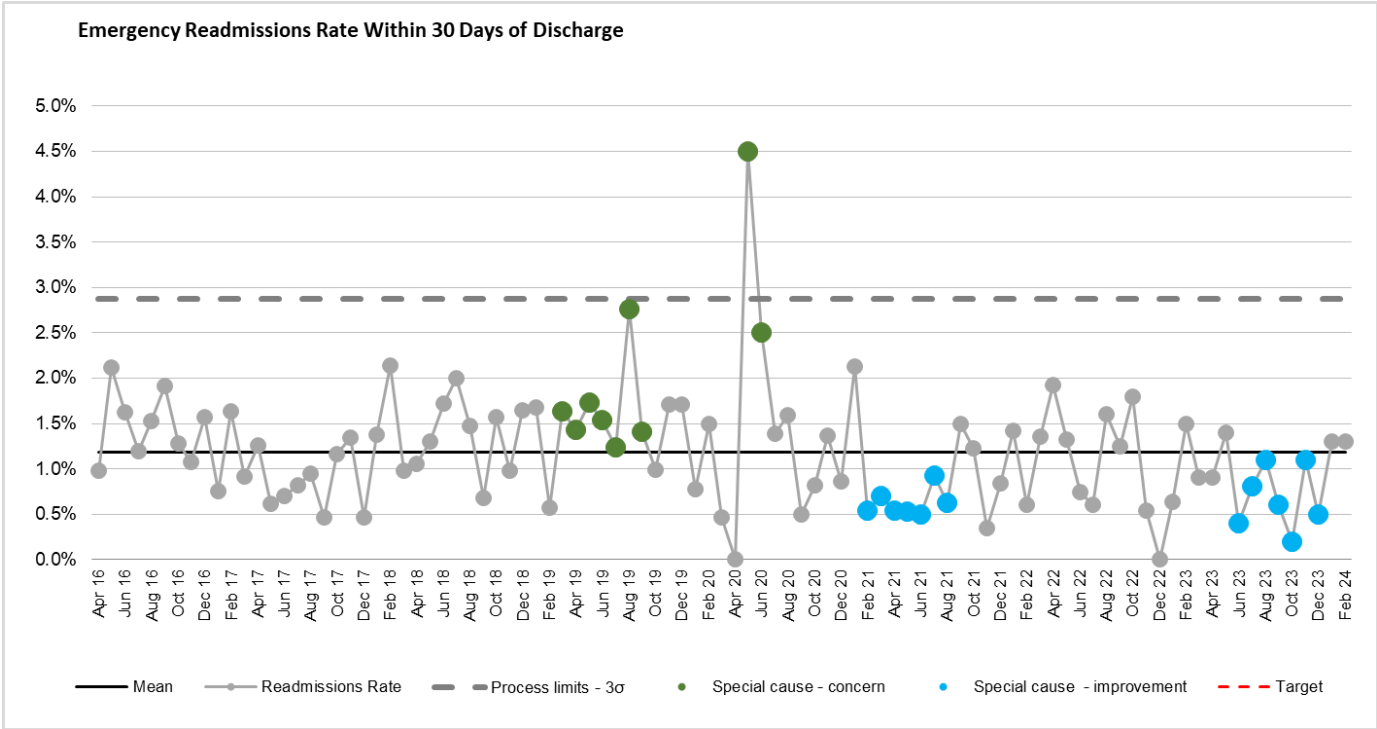
Actions underway:

Number of Emergency Readmissions to ROH within 30 Days of Discharge												
	Mar-23	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**
No of Readmissions	5	4	7	2	4	5	3	1	6	3	6	7
Denominator	546	465	494	554	482	469	492	543	553	559	462	545
% Readmissions	0.9%	0.9%	1.4%	0.4%	0.8%	1.1%	0.6%	0.2%	1.1%	0.5%	1.3%	1.3%

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20. Freedom to Speak Up Update

Concerns Raised

There were 14 concerns raised February 2024; there were in relation to the following:

Worker safety and wellbeing - concerns regarding long term illness and staff retention, there is a perception that this is influencing worker wellbeing, stress level and feeling overworked.

Learning and Outcome: Reported to the relevant department manager and awaiting outcome.

Attitude and Behaviour - poor communication and support between manager and staff, negative behaviour between colleagues, perception of racial discrimination.

Learning and Outcomes:

Attitude and behaviour issues escalated to relevant managers, issues resolved through discussion, clarification, and apologies.
Wider on-going collaborative work with HR to review how Conflict Resolution Training could be tailored to improve attitude and behaviour in the organisation.
Waiting for this to be rolled out.

Operational Performance

February 24

Operational Performance Summary

Performance to end February 24	In month	Previous month	Target	Variation	Assurance
Theatre utilisation (Uncapped)	92.5%	82.0%	85%		
Cancer - 31 day first treatment	93.7%	100%	96%		
Cancer - 62 day (traditional)	85.7%	85.7%	85%		
28 day FDS	87.9%	75.3%	75%		
Patients over 104 days (62 day standard)	0	0	0		No Target
POAC activity volume (YTD)	23,415 Cumulative	21,257 Cumulative	21,184 Cumulative		
Bed Occupancy (excluding CYP and HDU)	73.7%	62.6%	82-85%		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.37	3.16	n/a		No Target
LOS - elective primary hip	3.10	2.90	2.7		
LOS - elective primary knee	3.10	2.80	2.7		
BADS Daycase rate (Note: due to time lag in month is Nov'23)	74.0%	77.0%	85%		

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Revised Board Assurance Framework (BAF) Report – January 2024**
SPONSOR (EXECUTIVE DIRECTOR):	**Simon Grainger-Lloyd, Executive Director of Governance**
AUTHOR:	**Adam Roberts, Assistant Director of Governance & Risk**
PRESENTED BY:	**Adam Roberts, Assistant Director of Governance & Risk**
DATE OF MEETING:	**24 April 2024**

PURPOSE OF THE REPORT:

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

EXECUTIVE SUMMARY:

This report is intended to summarise the latest proposed changes to the way in which the Trust's Board Assurance Framework (BAF) is structured and presented.

It also proposes a new risk assurance rating scheme and process for review and management of BAF going forward.

The Revised ROH Board Assurance Framework

New Strategic Risks

Based on the previous review and based on the new Trust Strategy, the Board has adopted a new BAF that contains 6 overarching, high level strategic risks that correlate and align directly to each of the 6 new strategic objectives (Our Care, Our Expertise, Our People, Our Community, Our Services and Our Collaboration).

In the previous report a revised layout for 1 of the 6 new strategic risks was presented for approval. This report now contains all 6 new strategic risks, presented in the new format and layout.

As previously stated, this work builds upon the refinements made in the BAF presented to Trust Board in October and November 2023 and incorporates comment and feedback from those meetings and also from our internal auditor, KPMG.

In line with feedback received when the earlier versions were received, each risk has been designated an executive lead and also stipulates the sub-board committees at which the respective risks will be monitored and discussed. In the same way that the relevant extracts of the Corporate Risk Register are discussed, then so will the respective extracts of the BAF going forward.

Risk Appetite Statements & Risk Assurance Rating

Following on from the Risk Appetite Presentation at the November Trust Board meeting the 6 new strategic risks all contain a risk appetite statement.

In order to build upon the risk appetite session and put into practice the principles of risk appetite and risk tolerance, it is further proposed that going forward the Board adopts a risk assurance rating scheme. The risk assurance rating is the evaluation and grading measure given by the Board to the level of assurance it receives on the progress made towards controlling the risks to achievement of each of the 6 strategic objectives.

The proposed risk assurance rating scheme is as follows:-

Assurance Rating	Description
Significant Assurance	Limited scope for improving existing controls. Actions are on target for completion
Reasonable Assurance	Minor scope for improvement in existing controls. Majority of actions and/or key actions remain on target for completion
Limited Assurance	Substantial scope for improvement in existing controls. Actions not on target for completion. Low to medium risk of not achieving strategic objective
Very Limited Assurance	Substantial risk of failure to achieve strategic objective

Board Management of BAF

The controls and proposed actions for each of the 6 strategic risks are aligned to the workplan that was created to add detail to and supplement the wider Trust Strategy.

Going forward, the performance towards the completion of the plans and key projects within the strategy workplan is to be regularly monitored via the relevant sub-board committees and upwardly reported to Trust Board.

These upward reports can then be utilised by the Board to assist with the review of the 6 strategic risks, and in particular with the assessment of risk appetite and risk tolerance that then culminates in the assignment of a risk assurance rating for each of the 6 strategic risks.

It is recommended that the respective sub-board committees' upward report should include a summary of progress towards the strategy workplan and highlight risks and/or issues to the completion of plans and key projects. The upward report should further include a suggested risk assurance rating of the current controls and ongoing actions that are essential to the management of the risks to achieving our strategic objectives. This proposal from the subcommittee around the assurance rating is one which the Board is then invited to consider and approve.

Next Steps

It is recommended that the following actions are taking in order to continue toward more effective management of the BAF:-

Review of 6 strategic risks

Strategic risks as currently presented to be reviewed by respective Executive Director risk leads and should include:-

a) Review of the risk summary
b) Review of current risk score
c) Review of risk appetite statement
d) Review of current controls
e) Review of proposed actions
f) Propose an initial risk assurance rating

The outcome of these reviews can then be presented for discussion at Sub-Board Committees in March 2024 and Trust Board in April 2024.

Review of high level, corporate risks that align to strategic risks and the strategy workplan

As a key principle of project management each of the plans and key actions contained within the strategy workplan should have a risk register associated to them. Furthermore, any plans and projects approved as part of the current round of business planning for the 2024/25 financial year should also have a risk register associated with them.

Therefore, it is proposed that the risks contained in the risk registers for above plans and projects can then be aligned to the relevant strategic risks and therefore help in achieving a review and cleanse of the risks that align to the strategic objectives.

The governance team has already made progress with work to ensure that the risks identified as part of the work on the strategy work plans and business plans are used to populate risk registers and are then escalated and aligned as necessary.

The governance department has also held risk summits with the HR team to begin the work to align their risks to the proposed people plan and also hold regular risk summits with the chief nurse to review clinical risks.

The governance team will also begin to undergo a review of the risks currently on the Trust's Corporate Risk Register, which will further help with a cleanse of the CRR and thus enable us to better align the CRR risks to the 6 strategic risks.

It is proposed that an update on the progress of the above recommendations be presented at April Trust Board Meeting.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
• Alignment of BAF to strategic objectives is in line with true purpose of BAF and follows relevant risk management guidance and best practice. • Proposed new strategic risks have risk appetite statements • Action plans are aligned to the wider Trust Strategy and workplan • Revised BAF incorporates comments and feedback from KPMG external audit lead	• Mapping of workplan risks, business plan risks and current high-level risks to new strategic risks is a work in progress and is a considerable piece of work to undertake

NOT APPLICABLE

REPORT RECOMMENDATION AND ACTION OR DECISION REQUIRED:

The Council of Governors is asked to: consider and discuss the proposed changes to the Board Assurance Framework and support the approach to monitoring and assurance described.

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

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

Comments:

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

Direct alignment to Trust Board Assurance Framework

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

PREVIOUS CONSIDERATION:

Previously considered at November 2023 Trust Board and Executive Team on 6 February 2024
Trust Board 7 February 2024

Board Assurance Framework (BAF): SR1 - OUR CARE - January 2024

Risk Reference: SR1 - Our Care	Strategic Risk: There is a risk that the Trust will fail to meet its objective of being rated as 'outstanding' by the CQC by 2028.	Causes	As a result of the Trust:- Not being able to maintain current standards of service and patient care; Not being able to optimise pathways to ensure they are seamless and patient centred; Not being enabling patient-led booking via implementation of innovative digital technologies; Not having enough staff and resources Not having a suitable physical estate or environment	Consequence	With the consequence of detriment to:- Patient safety, The quality of service we provide; and Our reputation and rating as a Trust.	Priorities	Workforce Estates Digital Transformation Operational performance	Strategic objective:	CARE - By 2028, we will be rated as 'outstanding overall' by our regulators, the Care Quality Commission. This will indicate that we are achieving the highest levels of care and quality.

Lead Committees	Quality & Safety Committee, SE & OD Committee, Finance & Performance Committee & Trust	Risk Rating	Current Risk Score	Target Risk Score	RISK ASSURANCE RATING		RISK HISTORY	
		Consequence	4	4		January 2024	12 (3IX4c)	
Executive Lead:	Chief Nurse & Chief Operations Officer	Likelihood	3	1		April 2024		
Initial Date of Assessment	January 2024	Risk Rating	12	4		July 2024		
Risk appetite Statement	The Trust has a low/no tolerance to risks that have the potential to negatively impact the quality of care we provide and the safety of our patients				TBC	October 2024		
						January 2025		

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
Good oversight of current clinical and operational performance at sub-board committees	Delivery of our Patient Safety Plan
Maintenance schedule	Delivery of our Patient Experience Plan
Quality & Safety walkabouts	Implementation of PSIRF
GIRFT accreditation	Implementation of actions in our Good to Outstanding Plan
People Plan	
Nursing Plan	
Estates Plan	
Clinical Plan	
Digital Plan	

Board Assurance Framework (BAF): SR2 - OUR EXPERTISE - JANUARY 2024

| **Risk Reference: SR2 - Our Expertise** | Strategic Risk: OUR EXPERTISE - There is a risk that the Trust will fail to meet its objective of being kitemarked as a Major Revision Centre and Surgical Elective Hub and will publish 30% more research publications. | **Causes** | As a result of the Trust:- Not having the neccesary capital and/or resource to enable growth, expansion and innovation and our ability to develop and train the next generation of NHS clinicians, nurses and leaders, especially in light of the current economic climiate in which the Trust, and the NHS more generally, is operating within. | **Consequence** | With the consequence of detriment of:- not being able to obtain and/or retain kitemarks and other accreditations, thus potentially diminishing our reputation, our ability to recruit and retain staff and students and our ability to address health inequalities in our regional patient demographic. | **Priorities** | Workforce, Estates, Digital Transformation, Operational performance | **Strategic objective:** | **OUR EXPERTISE - Innovate, improve, research and teach** - By 2028, we will be kitemarked as a **Major Revision Centre and Surgical Elective Hub and will publish 30% more research publications. This will indicate our expertise** |

Lead Committees	SE & OD Committee, Finance & Performance Committee, Quality & Safety Committee & Trust Board	**Risk Rating**	**Current Risk Score**		**Target Risk Score**	**RISK ASSURANCE RATING**		**RISK HISTORY**	
		Consequence	3		3		**January 2024**	9 (3Lx3C)	
Executive Lead:	Medical Director	**Likelihood**	3		2		**April 2024**		
Initial Date of Assessment	Jan-24	**Risk Rating**	9		6	TBC	**July 2024**		
Risk appetite Statement	The Trust has a higher level of tolerance to risks that involve innovation and service improvement which would enable us to grow and expand our expertise and our reputation as a specialist provider of orthopaedic care. It is accepted that in order to grow, expand, innovate and push the boundaries etc. the Trust needs to be bold and brave and at the forefront of change. However this has to be balanced carefully, especially in relation to clinical innovation, with a no/low tolerance of risk to patient harm.						**October 2024**		
							January 2025		

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	**ACTIONS PLANNED**
Estates Plan	Develop MSK Academy
People Plan	Provider Alliance Development
Digital Plan	MSK Transformation Programme
Nursing Plan	Expansion of Day Case Service
Clinical Plan	Re-introduction of JointCare pathway
Knowledge Plan	Become a Major Revision Centre
	Establish an Osseointegration service
	Become a centre for robotic assisted surgery

Board Assurance Framework (BAF): SR3 - OUR PEOPLE - JANUARY 2024

Risk Reference: SR3 - Our People	Strategic Risk: OUR PEOPLE - There is a risk that the Trust will fail to meet its objective of being rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey.	Causes	As a result of the Trust:- Having difficulties in recruiting and retaining staff at both a trust/local level and is also impacted upon by the difficulties the NHS is experiencing with recruitment and retention at a national level.	Consequence	With the consequence of detriment of:- The culture within the Trust and also potential impact on our ability to deliver large aspects of the Trust's Strategy (for example our ability to provide outstanding care, our ability to continue to provide our current level of service, our ability to expand and innovate, our inability to addres health inequalities within our region and our ability to collaborate and contribute to wider system work.	Priorities	Workforce, Operational performance	Strategic objective:	OUR PEOPLE - Rated as among the best NHS hospitals to work for by our team - By 2028, we will rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey. This will indicate that we are supporting our most valuable asset; people

Lead Committees	SE & OD Committee & Trust Board	Risk Rating	Current Risk Score		Target Risk Score	RISK ASSURANCE RATING	RISK HISTORY	
		Consequence	5		5		January 2024	20 (4Lx5C)
Executive Lead:	Chief People Officer	Likelihood	4		2		April 2024	
Initial Date of Assessment	Jan-24	Risk Rating	20		10	TBC	July 2024	
Risk appetite Statement	The Trust has a low tolerance for risks relating to our people and the recruitment and retention of staff, as being able to attract and retain staff is absolutely essential to not only our ability to achieve our stategic objectives but also to our continued day to day delivery of services and care.						October 2024	
							January 2025	

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	

Board Assurance Framework (BAF): SR4 - OUR COMMUNITY - January 2024

| Risk Reference: SR4 - Our Community | Strategic Risk: There is a risk that the Trust will fail to meet its objective of reducing health inequality by improving access for people in the most deprived 20% of our communities | Causes | This could potentially be caused by:- a lack of quality data to help identify this cohort of patients; a lack of a framework for the necessary outreach and engagement work; and a lack of resource to fund the work required to achieve this objective, especially in the current financial situation the Trust and the wider NHS are operating within and an inabilty to work collaboratviely within the BSOL ICB to ensure there is a jointed up system based arrpoach to talking regional health inequalities,. | Consequence | This could potentially have the consequence of:- No change or improvement in obtaining access or earlier access to health care for those within our community who would benefit from earlier access to health services, which in turn would help reduce the long term burden and cost to the NHS if treated earlier. | Priorities | Workforce Finance Operational performances | Strategic objective: | **OUR COMMUNITY - Work with our community to reduce health inequality and support prevention - By 2028, we will be reducing health inequality by improving access for people in the most deprived 20% of our communities. This will indicate that we are reducing health inequality** |

Lead Committees	Finance & Performance Committee & Trust Board	Risk Rating	Current Risk Score		Target Risk Score	RISK ASSURANCE RATING		RISK HISTORY	
		Consequence	4		4		January 2024	12 (3Lx4C)	
Executive Lead:	Chief Executive Officer	Likelihood	3		2		April 2024		
Initial Date of Assessment	Jan-24	Risk Rating	12		8	TBC	July 2024		
Risk appetite Statement	The Trust has a higher tolerance for risk in regards to tackling regional health inequalities. Earlier access to treatment for this cohort of patients is important in terms of reducing health inequalities within the region and thus in turn also helping reduce the long term cost and burden on the NHS. However, it is key to balance this with the reality of the current ecomnomic situation we as a Trust and the wider NHS are operating in and the pressure to prioritise the need to mainatian current levels and standards of service with the same/or less levels of resource and income.						October 2024		
							January 2025		

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	Expand community health offering
Estates Plan	Reduce health inequalities
Digital Plan	

Board Assurance Framework (BAF): SR5 - OUR SERVICES - January 2024

Risk Reference: SR5 - Our Services	Strategic Risk: There is a risk that the Trust will fail to meet its objective to increase the number of people we treat by 20% within our current resources (this figure will be adjusted as resources increase)	Causes	As a result of the Trust:- breakdown of aged theatre plant/estates; increased costs associated with staffing and retention levels; mutual aid and collaborative work within the BSOL system to ease waiting list pressure; increased demand for services via health inequality work plans; the risk of breaches of our cyber security defences; further financial controls imposed by BSOL ICB due to current system financial position	Consequence	With the consequence of detriment to:- an increase in patient safety incidents as well as financial and reputational loss and poor compliance with national targets.	Priorities	Workforce Operational performance Financial Estates	Strategic objective:	OUR SERVICES - Efficient, effective and sustainable- By 2028, we will have increased the number of people we treat by 20% within our current resources (this figure will be adjusted as resources increase) . This will indicate excellent productivity and support more people to access treatment.

Lead Committees	Finance & Performance Committee, Quality & Safety Committee & Trust Board	Risk Rating	Current Risk Score		Target Risk Score	RISK ASSURANCE RATING		RISK HISTORY	
		Consequence	5		5		January 2024	15 (5Lx3C)	
Executive Lead:	Chief Operating Officer	Likelihood	3		1		April 2024		
Initial Date of Assessment	Jan-24	Risk Rating	15		5		July 2024		
Risk appetite Statement	The Trust has a low tolerance for this risk due to the potential negative impact on our activity levels, the quality of our patient care and the financial implications for the Trust both as a standalone legal entity and as part of the wider BSOL ICB system					TBC	October 2024		
							January 2025		

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	Future of Care: Outstanding Pathways
Digital Plan	Expansion of community health offering
Estates Plan	Reduce health inequalities
Nursing Plan	Expansion of day case service
Clinical Plan	

Board Assurance Framework (BAF): SR6 - OUR COLLABORATION - JANUARY 2024

Risk Reference: SR6 - Our Collaboration	Strategic Risk: There is a risk that the Trust will fail to meet its objective of delivering a standardised pathway for elective orthopaedics in Birmingham and Solihull	Causes	As a result of the Trust:- Not having the neccesary capital and/or resource to enable growth, expansion and innovation in terms of our ability to establish the Trust as a Major Revision Centre (MRC) and also the logistical and/or policitcal and operational difficulties of trying to embed new pathways and processes across the system	Consequence	With the consequence of detriment to:-financial impact as well as a reputational impact in terms of our allignment, position and standing within BSOL ICB	Priorities	Workforce Operational performance	Strategic objective:	OUR COLLABORATION - Collaborate to support improvement, locally, regionally and nationally - In the next five years, we will help to deliver a standardised pathway for elective orthopaedics in Birmingham and Solihull. This will indicate that our system is transforming for the benefit of patients.

Lead Committees	Finance & Performance Committee & Trust Board	Risk Rating	Current Risk Score		Target Risk Score	RISK ASSURANCE RATING		RISK HISTORY	
		Consequence	4		4		January 2024	12 (3L x 4C)	
Executive Lead:	Chief Operating Officer	Likelihood	3		2		April 2024		
Initial Date of Assessment	January 2024	Risk Rating	12		8		July 2024		
Risk appetite Statement	The Trust has a higher tolerance for risk in regards to our ability to engineer improvement to system wide pathways and services and our abilty to influence and have a strong voice within the BSOL ICB system					TBC	October 2024		
							January 2025		

SUMMARY OF KEY CONTROLS AND MITIGATIONS (full details of key controls and performance metrics are set out within respective plans)	ACTIONS PLANNED
People Plan	MSK Transformation Plan
Estates Plan	Provider alliance development
	Become a major revision centre
	Private income generation

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION

Workforce Performance Report

Prepared by:

Matt Dingle, Head of HR;

David Richardson, Head of Education and Training;

Clare Mair, Head of OD & Inclusion

Ref: December 2023 / HR&OPS

Scorecard

Topic	KPI	December 2023	TREND
Occupied Establishment	93%	85.31%	⬇
Turnover (adjusted)	11.5%	10.15%	⬆
Staff in post - FTE	N/A	1210.31	⬇
Attendance	96.3%	93.04%	⬇
Apprenticeship Levy and Activity	2.3%	1.5%	⬆
Mandatory Training	93%	88.90%	⬆
Performance & Development Reviews	95%	69.99%	⬆
National Staff Survey	60%	60%	=
Disability declaration rate	7.5%	7.6%	⬆
Workforce Wellbeing – A/Leave	75.0%	69.41%	⬇

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION

Section One:
HR Operations Team

Prepared by: Matt Dingle, Head of HR

Presented by: Matt Dingle, Head of HR

Ref: December 2023/HR&OPS

3

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION

HR Operations

Summary:

December was a challenging month from a workforce perspective, particularly around sickness absence rates, starters vs leavers and employee relations. The HR Team are working hard on changing the way we support managers and leaders to address workforce issues providing a more proactive approach. On a positive note, the Trust continued to report levels of turnover within Trust target.

Areas for Improvement:

- Atypical Working Regulations come into effect in October 24 which will change how we use temporary staffing. We are pending ACAS guidance around this due shortly.
- Sickness absence rates are high compared to Trust colleagues.

Risks / Issues:

- Absence remains high which is a national trend however we hold one of the highest rates in the system.
- We had more leavers than starters in December. This is the first time in several months that this has occurred.

Action Plan:

- Various actions to address high sickness rates including the forming of a mental health working group and new sickness absence policy and training.
- Pilot for use of the National Bank is being scoped which can reduce agency expenditure and may act as a supply of temporary staff.
- New Disciplinary policy to launch in coming months with Decision Making Group framework, with a Just and Restorative culture lens.

Occupied Establishment

KPI	93%
Dec-2023	85.31%
Trend	↓
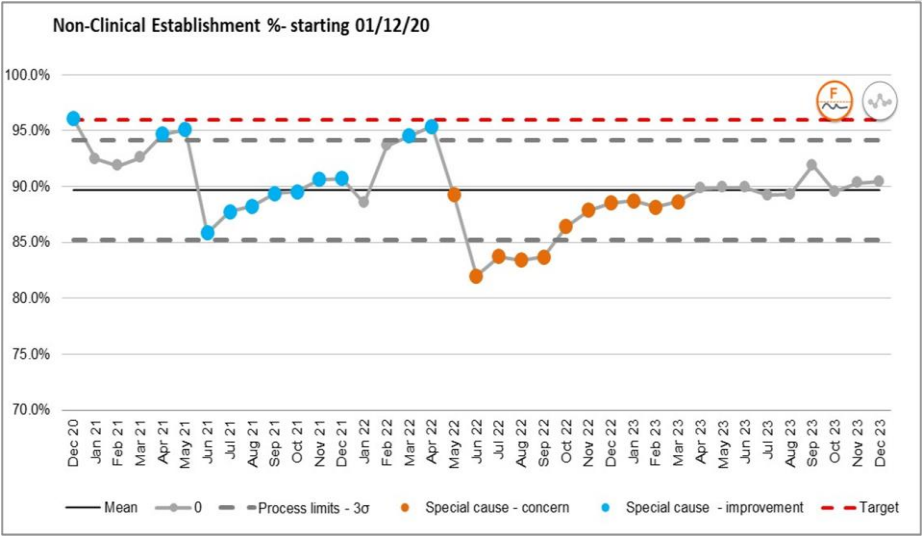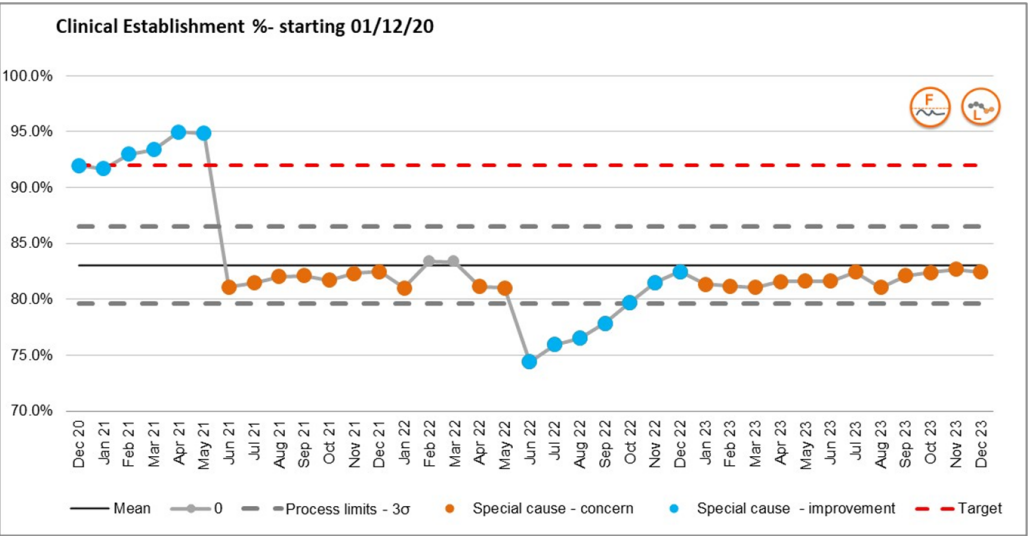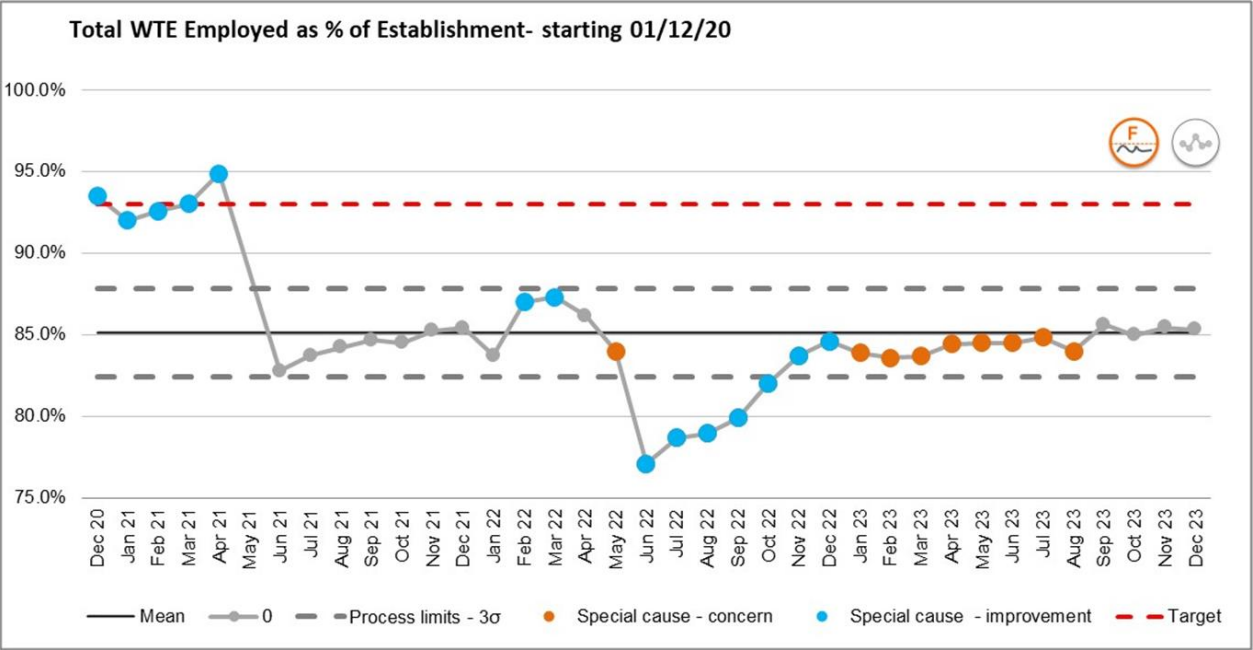
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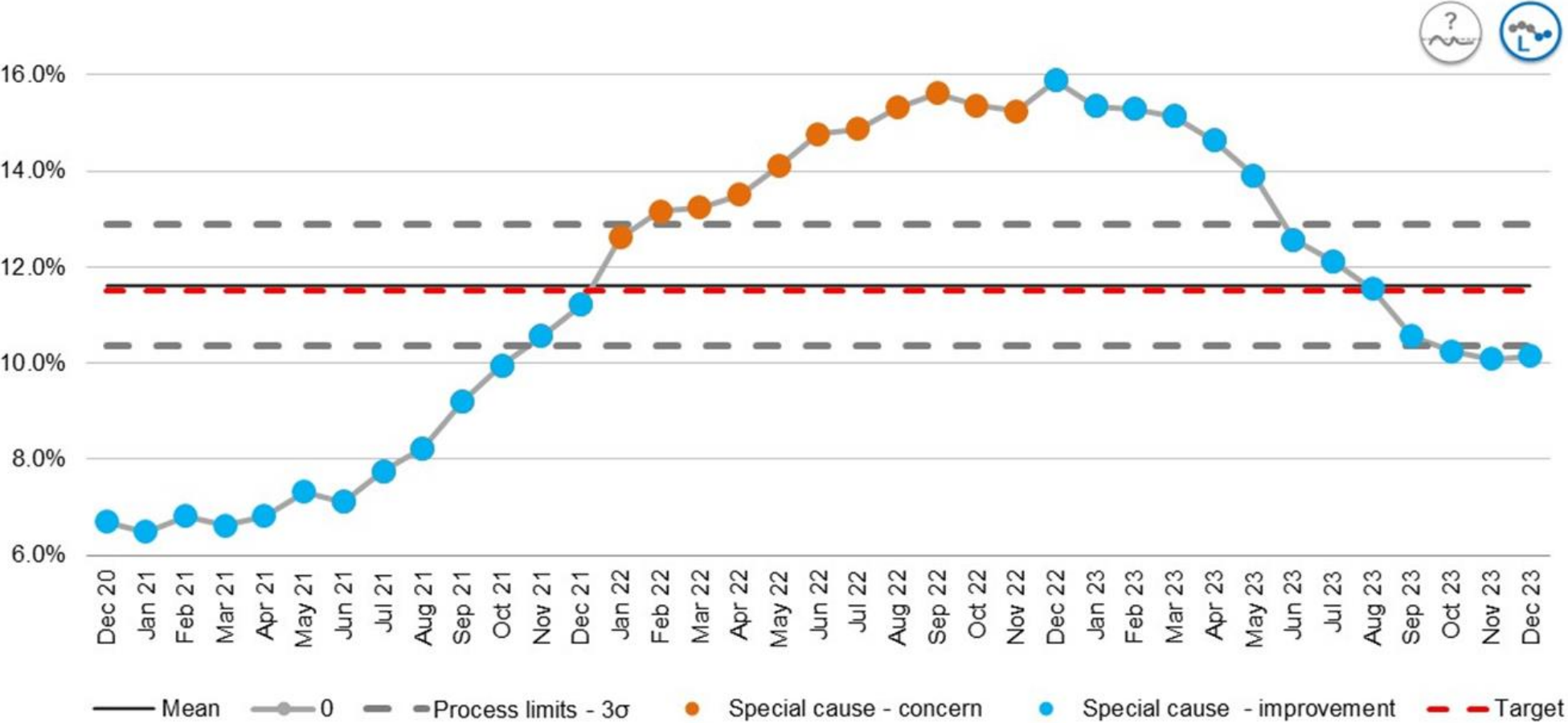
December Leavers

Data has been captured from ESR, extracted on 22 January 24

Reason for leaving	Headcount
Voluntary Resignation - Other/Not Known	5
Retirement Age	3
End of Fixed Term Contract	2
Voluntary Resignation - Relocation	2
Voluntary Resignation - Promotion	1
Flexi Retirement	1
Voluntary Resignation - To undertake further education or training	1
Voluntary Resignation - Work Life Balance	1
Voluntary Resignation - Better Reward Package	1
Voluntary Resignation - Health	1
Grand Total	18

Status	Headcount	Comments
Unpreventable	8	Retirement, end of FTC, relocation
Possibly preventable	9	

Of the 4 staff who retired in December, 3 have returned

Legend:
- Nursing and Midwifery Registered
- Administrative and Clerical
- Medical and Dental
- Additional Clinical Services
- Add Prof Scientific and Technic
- Allied Health Professionals

Destination on leaving

Legend:
- Unknown
- NHS Organisation
- Private Health Care
- Other Private Sector
- Abroad - Non EU Country
- No Employment
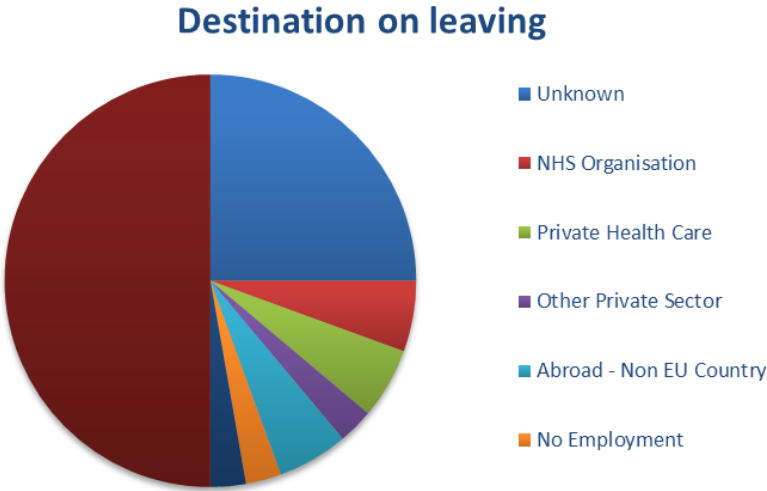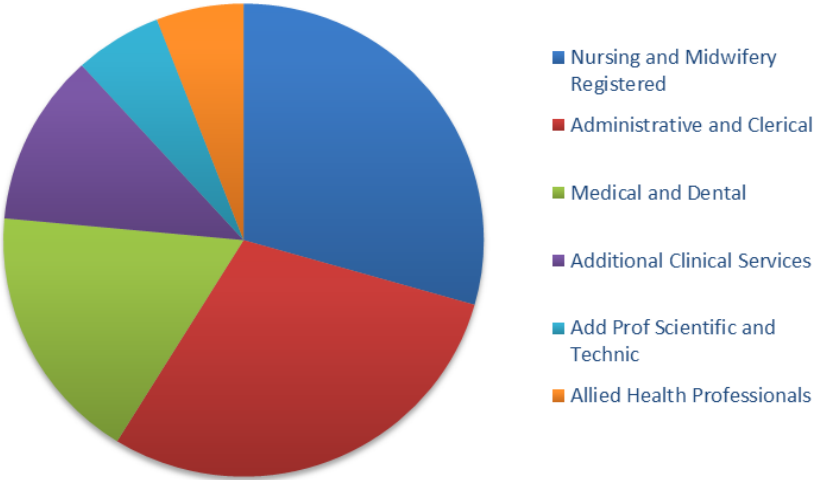
Starters – Dec 23

Staff Group	Headcount
Add Prof Scientific and Technical	1
Admin and clerical	2
Additional Clinical Services	1
Allied Health Professionals	0
Estates and Ancillary	2
Medical and Dental	0
Nursing and Midwifery	4
Bank	5
Total	**15**

Time to Hire		KPI
Vacancy creation to conditional offer	37.8 days	Not currently set
Vacancy creation to starting letter	63.7 days	Not currently set
Time to clear performance	25.8 days	30 days

Clinical Non-clinical

8
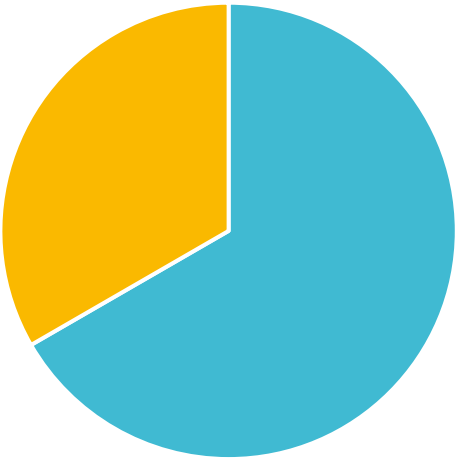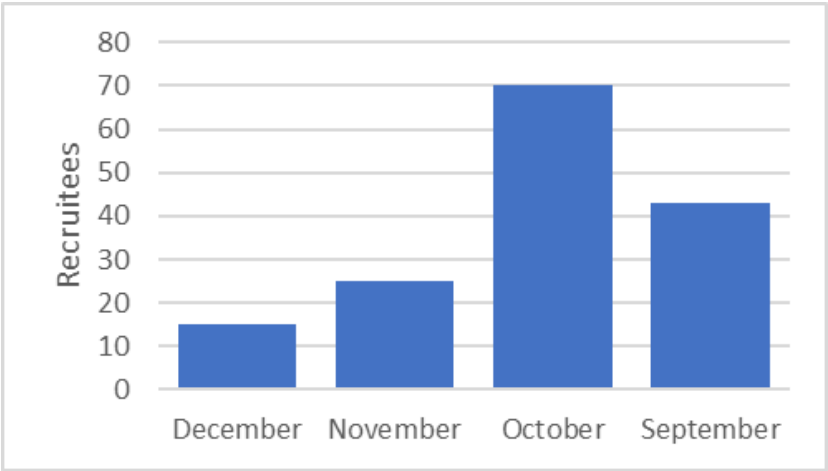
Employee Relations

Case Type	Cases open	Suspended/ Excluded	Cases Closed / Concluded in Oct/Nov
Discipline	5	3	3
Grievance	3	0	2
Formal Capability	0	0	0
MHPS	2	1	0

Key Themes:
- Unusually high number of medical cases, not interlinked or systemic.
- Two long-term suspensions are due to ongoing police investigation of a serious nature.
- High number of cases involving staff who are declared as neurodiverse (1 open, 1 resolved)
- Behaviours of colleagues are a key theme of grievance processes.
- Just and restorative learning culture is in practice and supporting reduce the number of cases.

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Attendance

KPI	96.3%
Dec-23	93.04%
Trend	⬇

Monthly Attendance- starting 01/12/20

Legend: Mean — 0 — Process limits - 3σ — ● Special cause - concern — ● Special cause - improvement — Target

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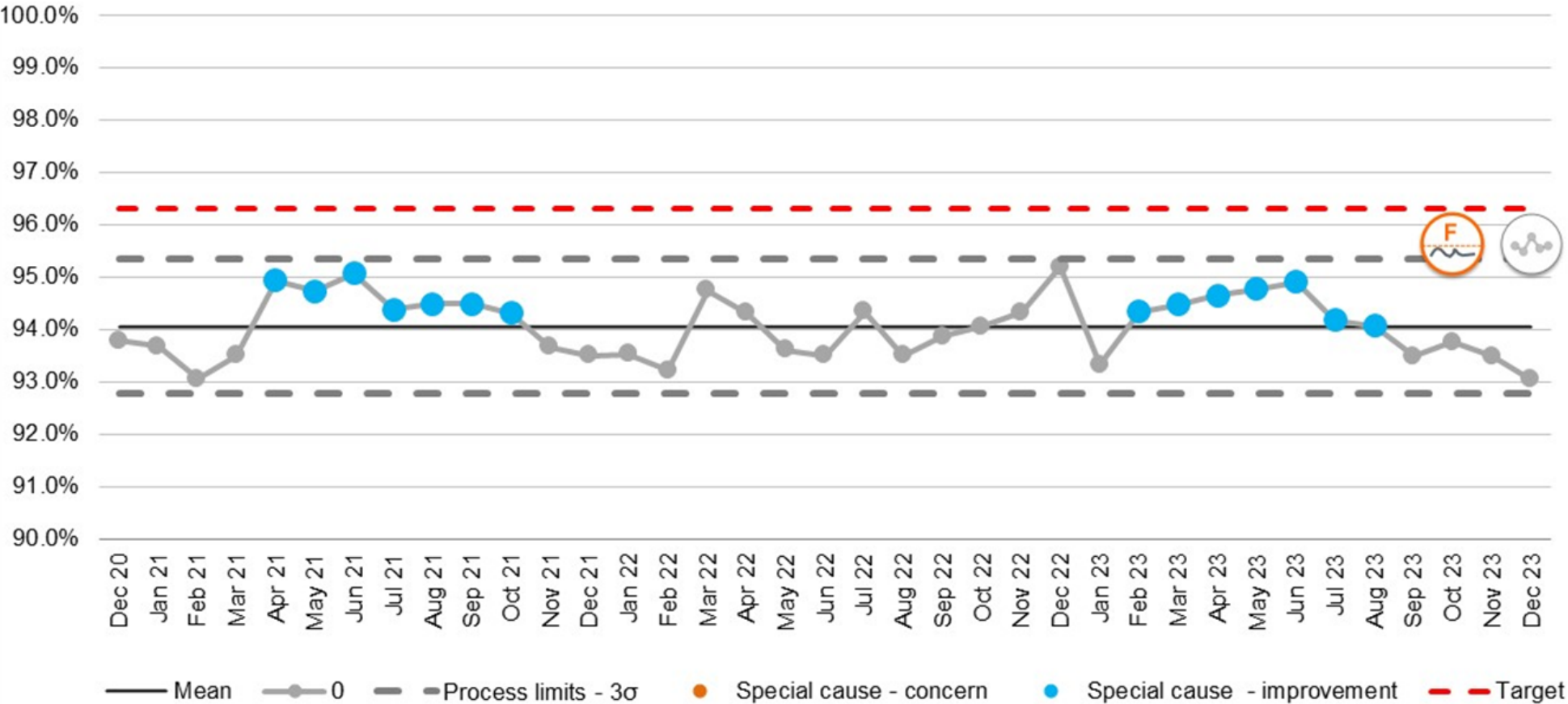
Attendance continued

Sickness % - LT/ST
(2022/23)
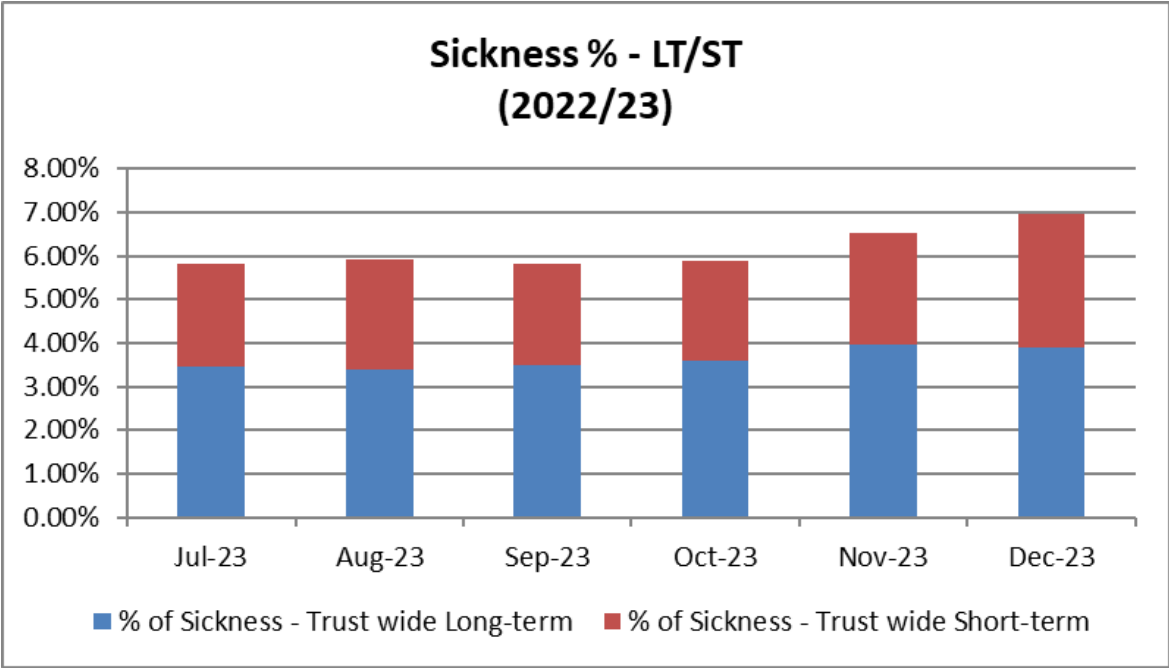
Absence Reason	% of days lost
S10 Anxiety/stress/depression/other psychiatric illnesses	27.54%
S13 Cold, Cough, Flu - Influenza	15.52%
S12 Other musculoskeletal problems	9.29%

Attendance – Benchmark

Data is most recent available collected by the ICB

BSOL Sickness Absence Rates
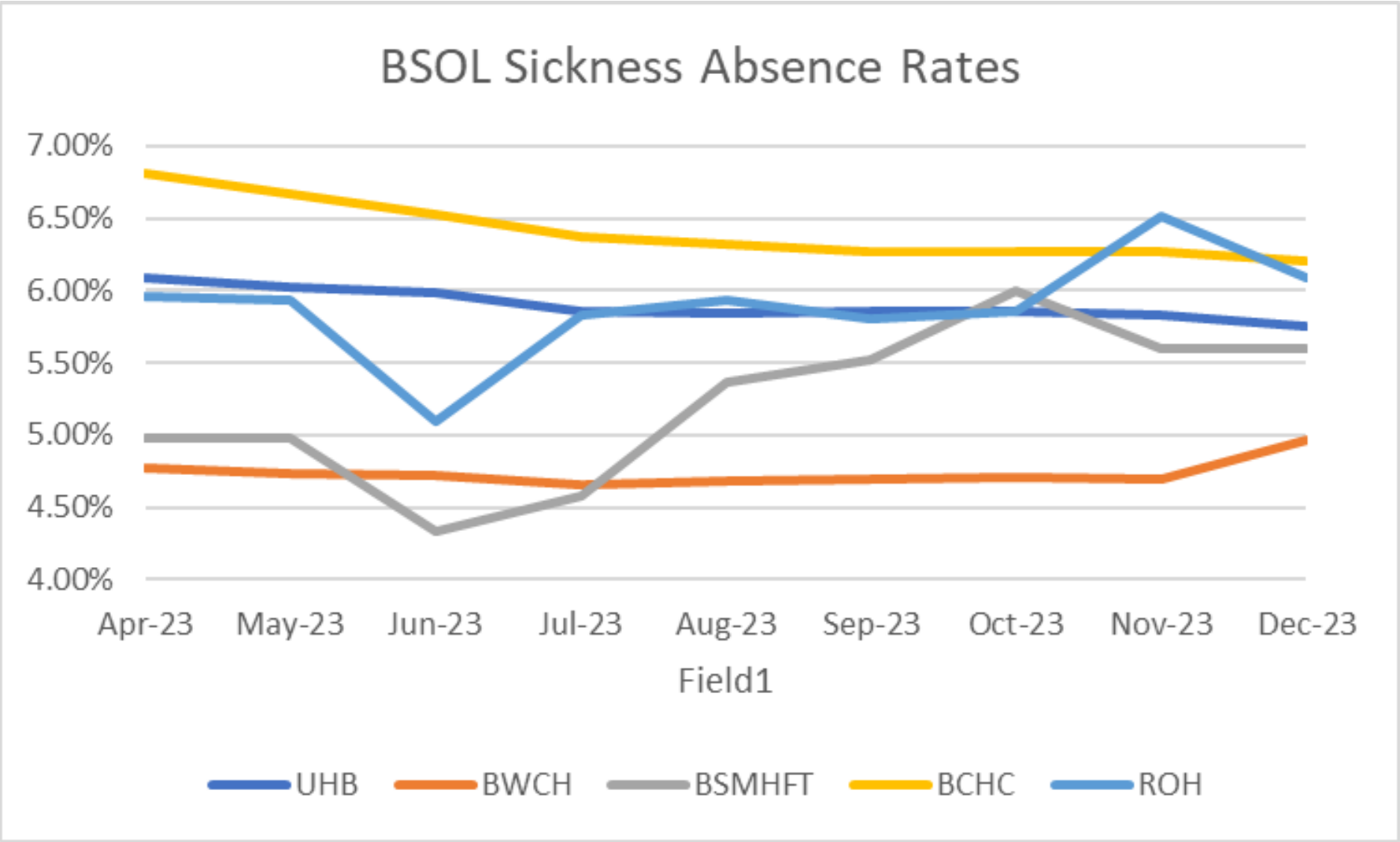
Section Two:
Education and Training

Prepared by: Claire Felkin, Training & Development Manager

Presented by: Claire Felkin, Training & Development Manager

Ref: January 2024/HR&OPS

Education and Training

Summary:

Apprenticeships: By the end of the first half of the financial year 2023/24 there have been 18 apprenticeship qualifications commence, with an additional 6 in recruitment or pre-employments stages, with an additional 3 in discussion for commencement in the next 3 - 4 months. If all these commence this will be 26, against our annual target on 29, (Based on a target of 2.3% of workforce).   There were 5 potential apprenticeships that were explored but not commenced since April, however there are currently 14 qualifications that are in discussion for potential commencement within the next 6 months of the financial year.

Mandatory Training: The annual renewal modules, Fire and Information Governance with Cyber Security, are tracking at a lower compliance figure than the 3 yearly renewal modules. This reduces the overall average compliance. In July and August 2023, the new Information Governance and Cyber Security compliance modules were introduced which reduced average down from 90.23% to 86.96%. We have introduced The Oliver McGowan figure this month; this was launched in April 2023 and has achieved a good level of compliance.

Areas for Improvement:

- Fire training annual renewal
- Resus training
- Consistency for Bank Mandatory training

Risks / Issues:

- Maintaining increases in resuscitation training compliance
- Release of staff to attend training due high vacancy and turnover rates.
- Not achieving mandatory training compliance and challenge from commissioners .

Action Plan:

- Bimonthly assurance review at Training and Development group, with Risks monitored around mandatory training compliance and utilisation of new apprenticeship roles and the levy.
- Strong engagement with SMEs in relation to managing specific training compliance
- Engagement with Clinical Workforce and Development group, and Resus committee
- Apprenticeship Stakeholder Group to be created in early 2024, to develop strategy and plans relating to apprenticeships, and workforce models following outcomes of the NHS LTWP, and the ROH People and Workforce Plan.

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Apprenticeship Activity

KPI	2.3%
Current YTD	1.50%
2022/23	1.94%
2021/22	2.16%

Apprenticeship Qualifications At 31st December 2023	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Number apprenticeships on pause	0	0	0	0	1	0	1	2
number staff left during qualification	1	1	3	1	4	2	0	12
Number stopped qualification	0	6	7	7	5	5	0	30
Number on maternity leave / long term absence	0	0	0	0	0	2	0	2
Number currently completing their qualification	0	0	0	2	5	14	18	39
Number completed their qualification	6	17	17	7	11	0	0	58
Number who failed qualification	0	1	0	0	0	1	0	2
Company disolved !	0	0	1	0	0	0	0	1
Number of GIFTED qualifications						2	0	
Number external apprenticeships in recruitment							1	
Number external apprenticeship in pre-employment							6	
Number internal apprenticeships in sign up stage							5	
Number internal apprenticeships in discussion phase							20	
Number new apprenticeship qualifications commenced during the year	**7**	**25**	**28**	**17**	**26**	**24**	**19**	**146**
potential apprenticeships in progress	*7*	*25*	*28*	*17*	*26*	*24*	*51*	*178*
Applications that didn't progress following initial interest	*0*	*7*	*9*	*11*	*6*	*11*	*7*	*51*
recruited substantive instead				*1*				*1*
Annual Target: 2.3% of workforce	24	23	25	26	28	28	29	183
Percentage of qualifications to national annual target	29.66%	107.51%	113.77%	64.27%	93.73%	84.22%	65.05%	79.63%
Trust headcount	1026	1011	1070	1150	1206	1239	1270	7972
Apprenticeships as a percentage of workforce headcount (2.3% target)	0.68%	2.47%	2.62%	1.48%	2.16%	1.94%	1.50%	1.83%

Apprenticeship Numbers Against Trust target

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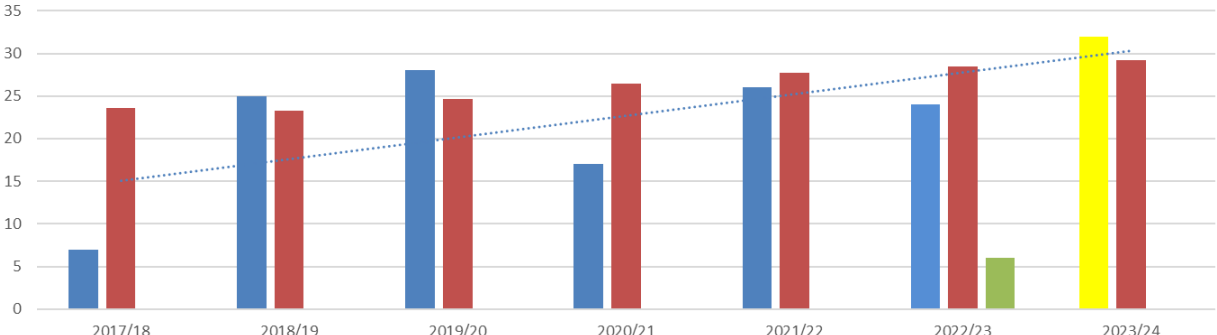
Apprenticeship Levy Funding

KPI	2.3%
Current YTD	1.50%
2022/23	1.94%
2021/22	2.16%

Apprenticeship Levy funding at 31st December 2023

Total Apprenticeship Levy payments from 1st April 2017	£1,508,879.19	
Apprenticeship Levy drawn down by training providers	£755,392.98	50.06%
Expired Levy Charges since August 2020	£205,034.89	13.59%
Remaining Levy funding available	£548,451.32	36.35%
Planned Allocated Levy spend to date	£1,507,659.00	99.92%
Planned Unallocated Levy spend to date	£1,220.19	0.08%
Actual Allocated Levy spend to date	£1,271,673.00	84.28%
Actual Unallocated Levy spend to date	£237,206.19	15.72%

Cummulative Apprenticeship Levy Utilisation (in total £)
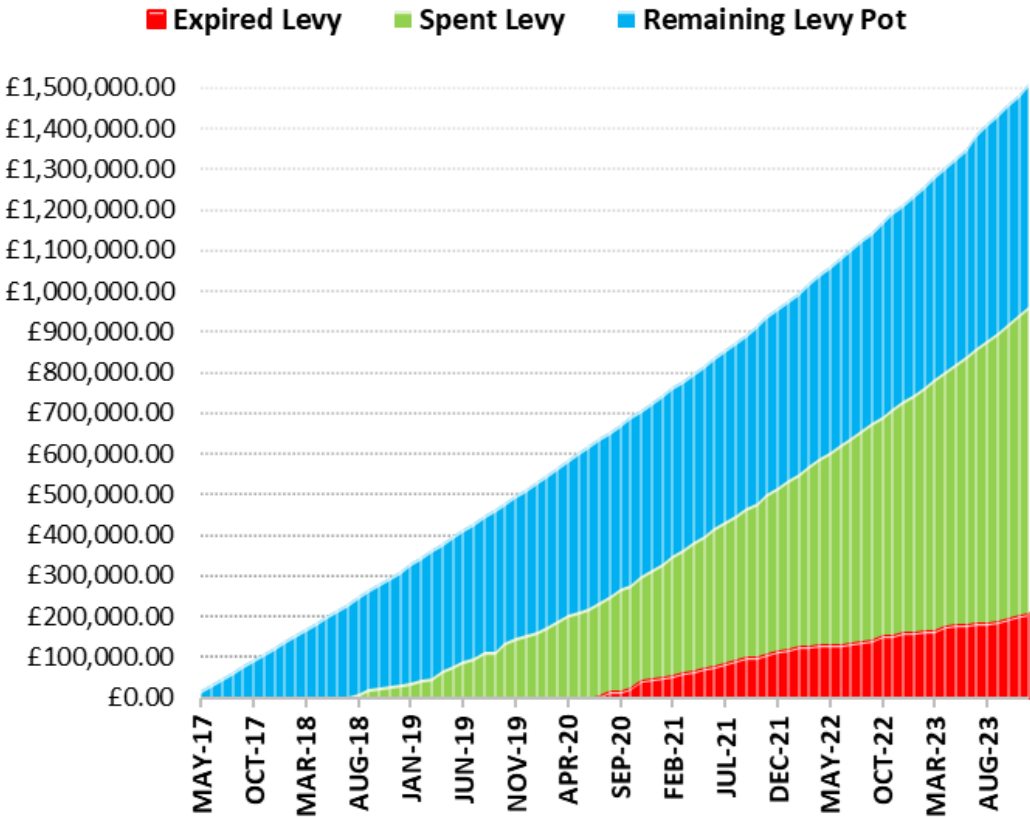
Core Mandatory Training: Permanent and Temporary Staff

Resuscitation Training: Adult

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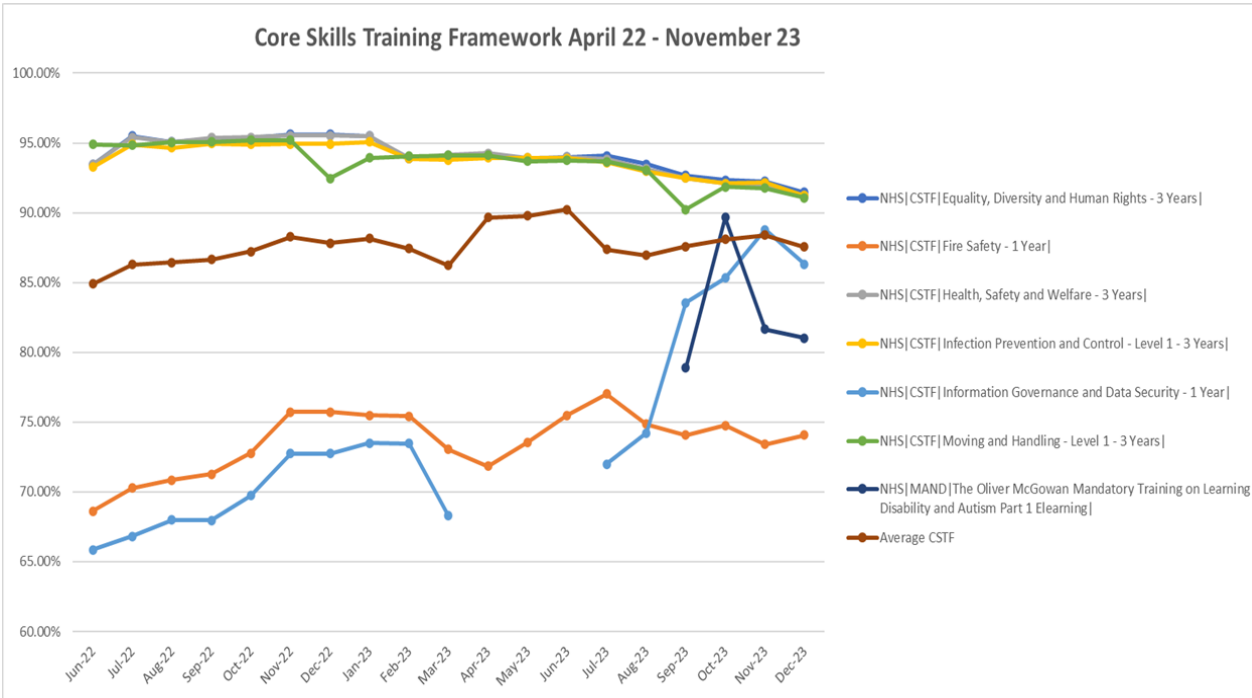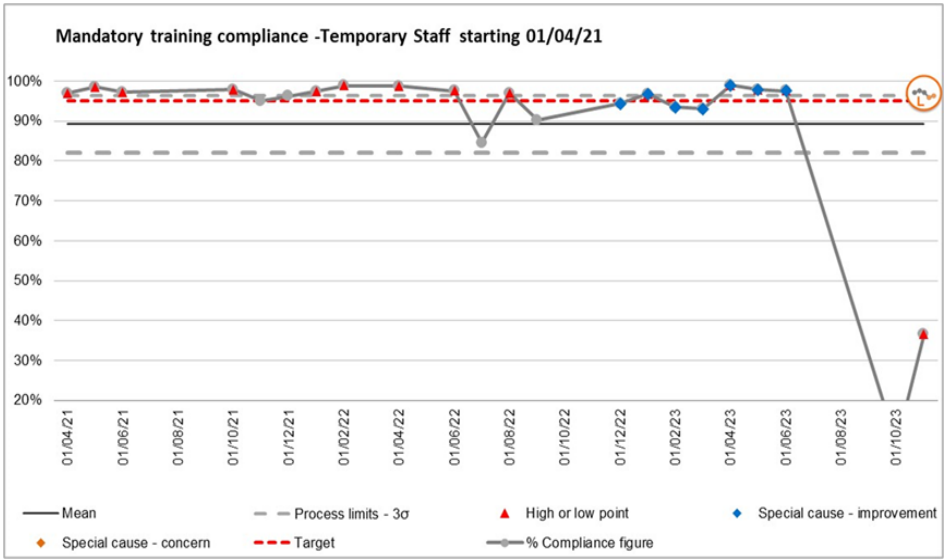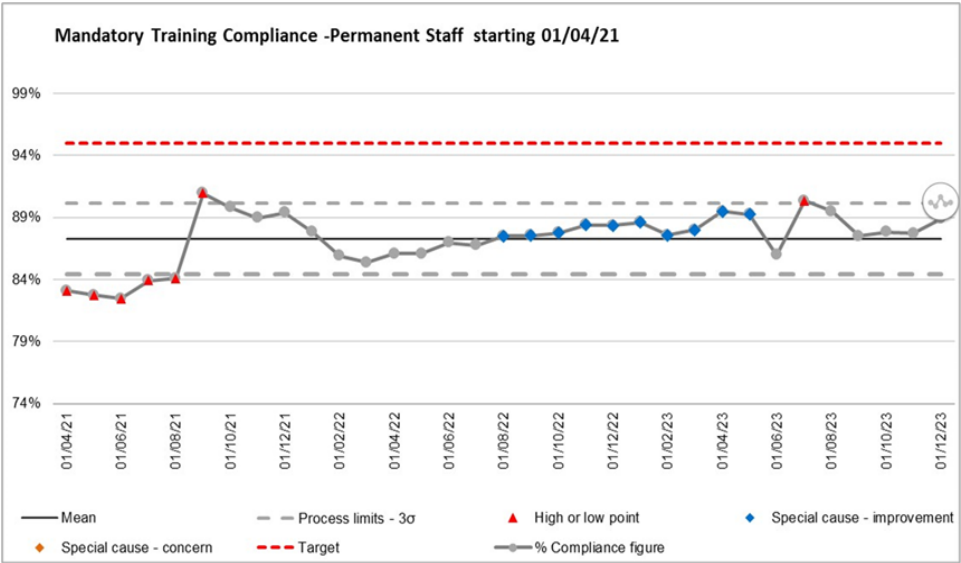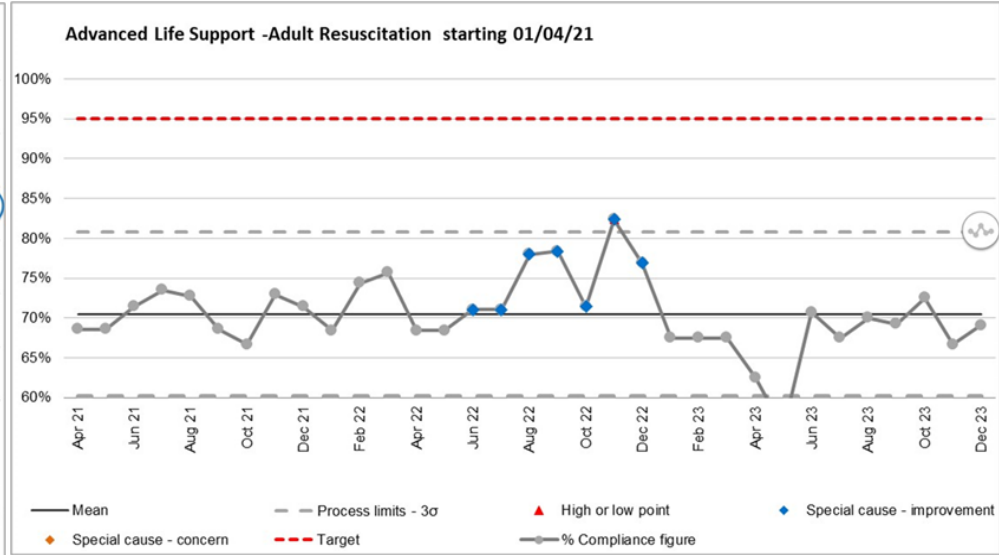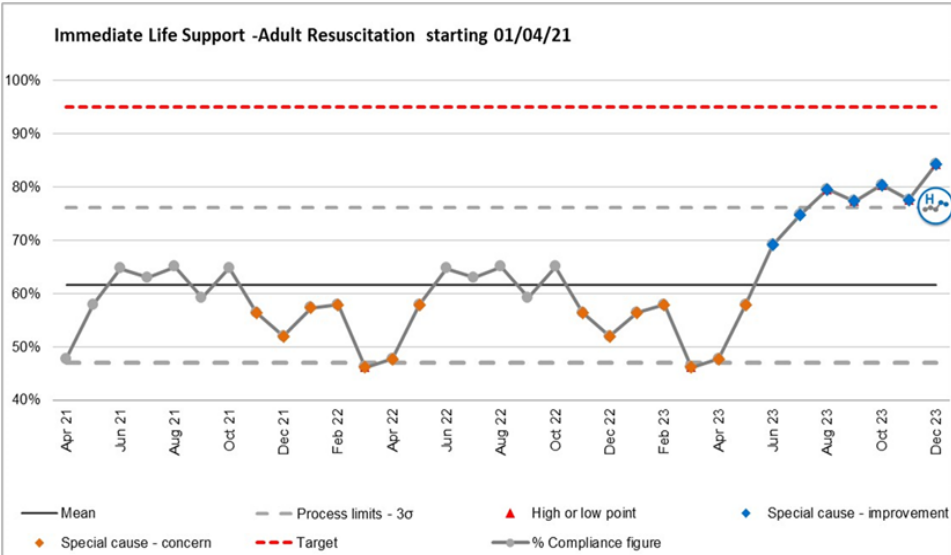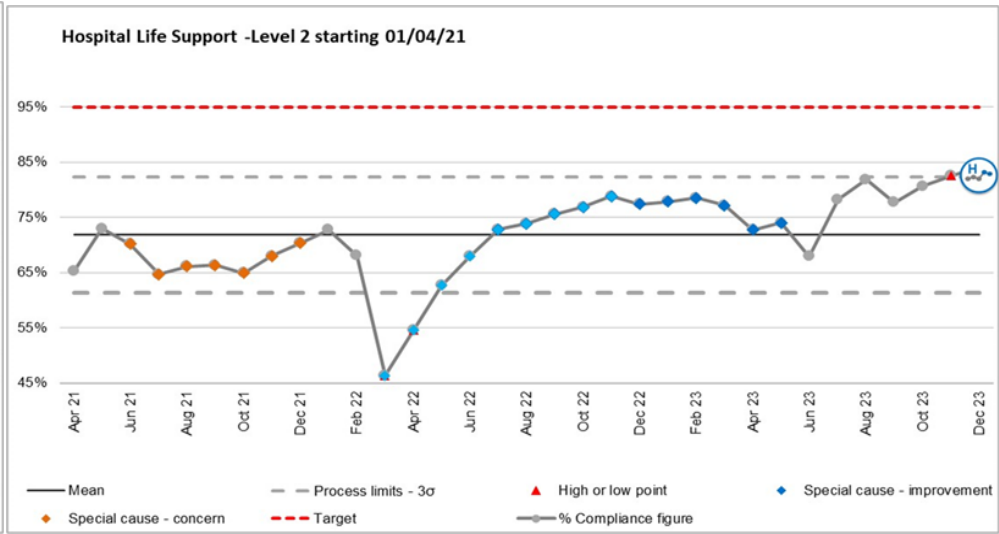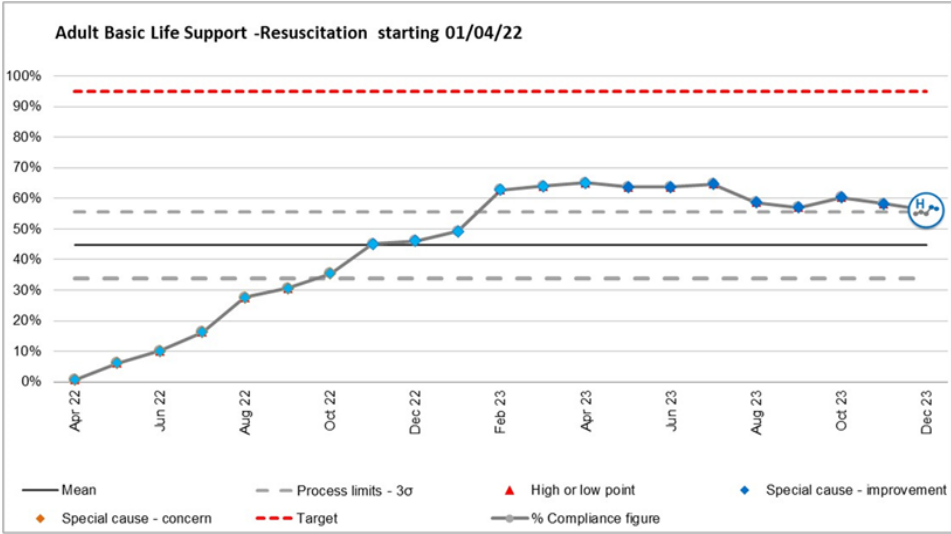
Mandatory Training

KPI	93%
Dec - 2023	88.9%
TREND	⬆

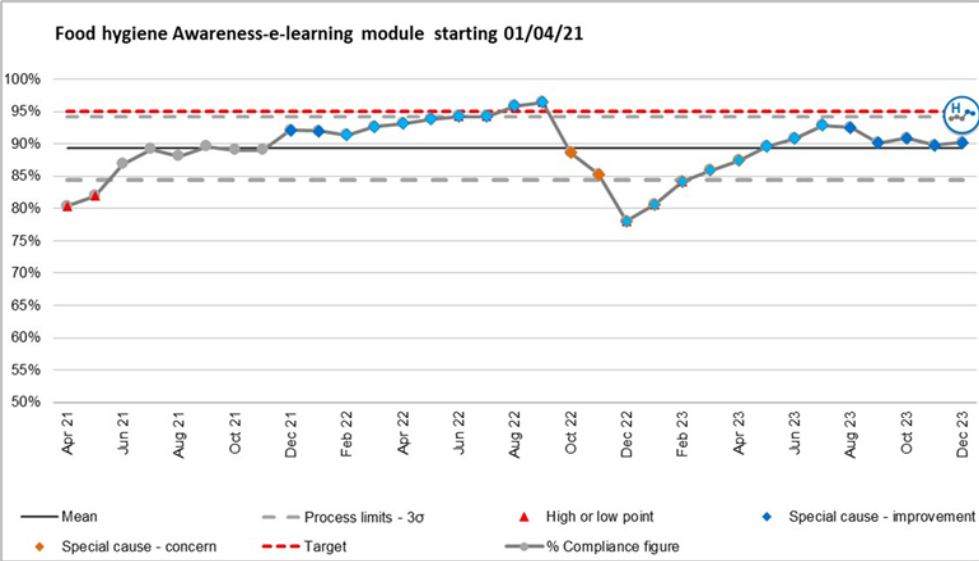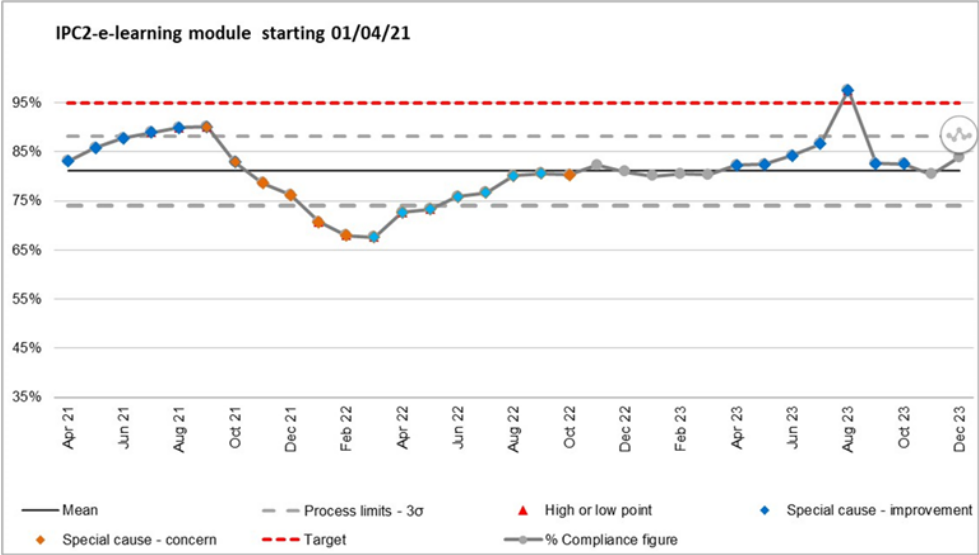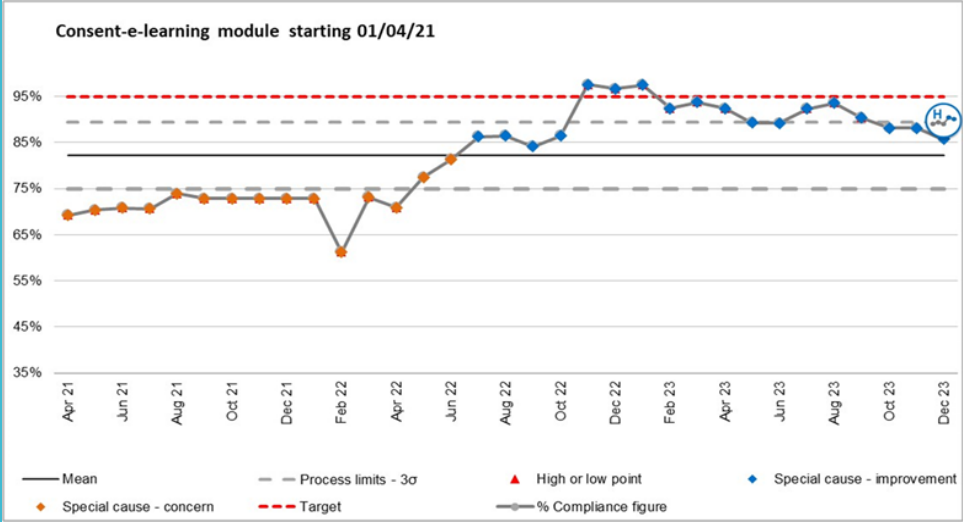| COURSE	Compliance %age	COMMENTS
Core Mandatory Training – Permanent Staff	88.90%	Compliance is improving. If we break this down per compliance module it increases further for some elements of the Core Skills Training Framework (CSTF).
Core Mandatory Training – Temporary Staff	36.51%	Based on staff working on the Bank who are non-compliant with training
Performance and Development Reviews	69.99%	Decrease on previous month, low percentage compliance. Me as a Manager will support with signposting process and training support.
Basic Life Support – Level 1	56.03%	Despite several target chasers this is our lowest level of compliance overall.
Hospital Life Support – Level 2	84.18%	New module including Paediatric BLS requirements provided to Clinical Staff since April 2022; snapshot reporting now aligned.
Immediate Life Support	80.95%	Still seeing some non-attendance due to not completing the pre-work via elearning, wasting valuable spaces.
Advanced Life Support	69.05%	Anaesthetics staff non-compliant continue to be chased for evidence of completion; as provided externally
Paediatric Immediate Life Support	100%	Target achieved.
Patient Handling	85.65%	Good progress overall this year but less stable during the last few months; need to sustain improvement.
Conflict Resolution	87.24%	Slight decrease this month/continues as elearning only.
NEWS2	98.04%	Consistently achieved over 95% compliance since June 2022.
Safe use of Insulin	89.59%	Staying the same over the last few months.
VTE	92.23%	Stayed the same over the last few months.
CONSENT	85.71%	Slight increase on last months.
IPC2	83.84%	Continual increase during the last few months.
Food Hygiene	90.71%	Slight increase on last month

Paediatric Immediate Life Support
Conflict Resolution
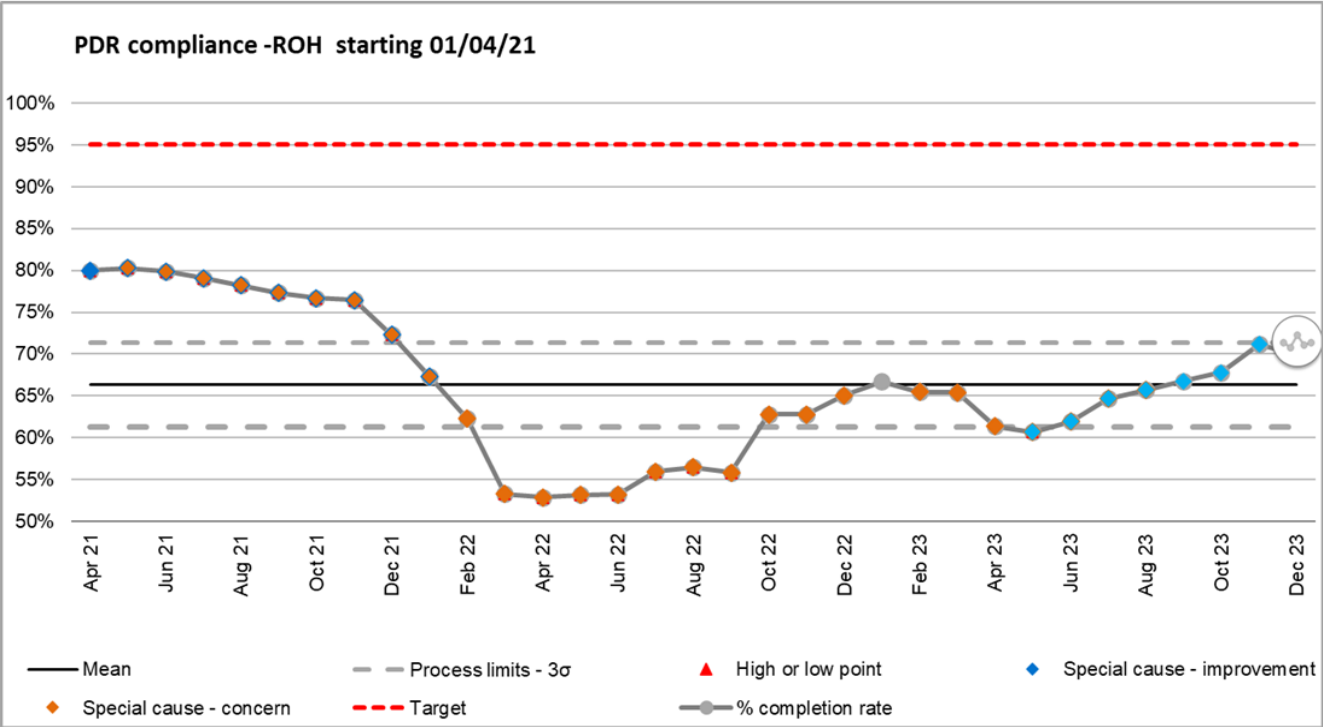# Patient Handling
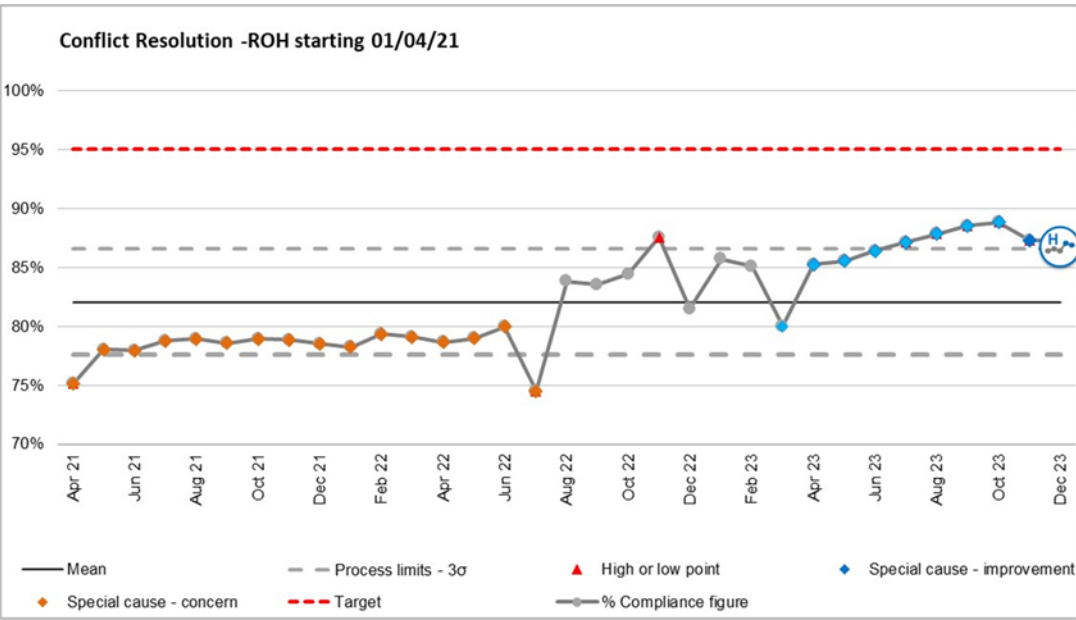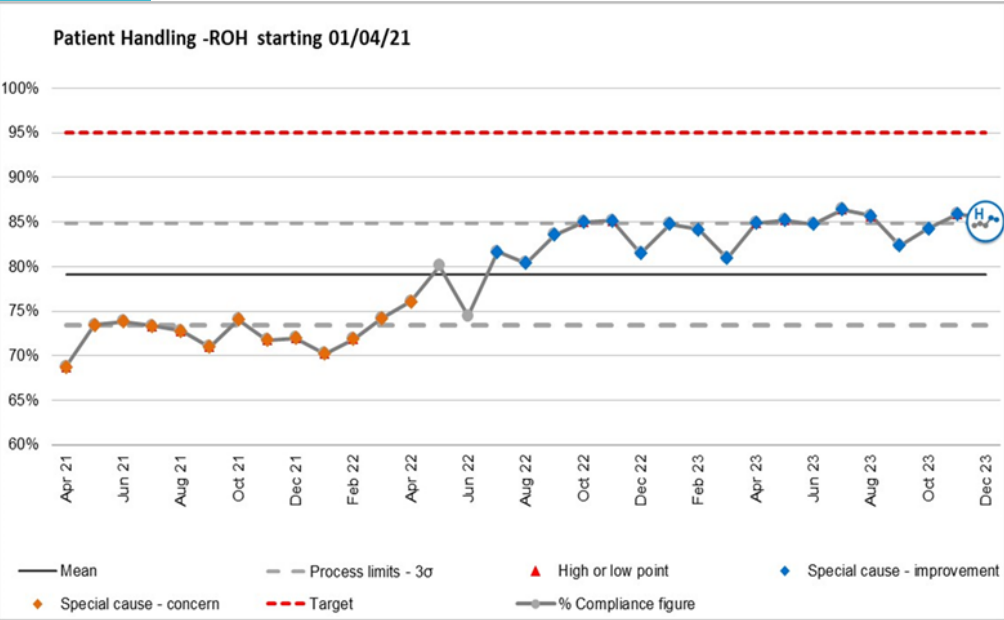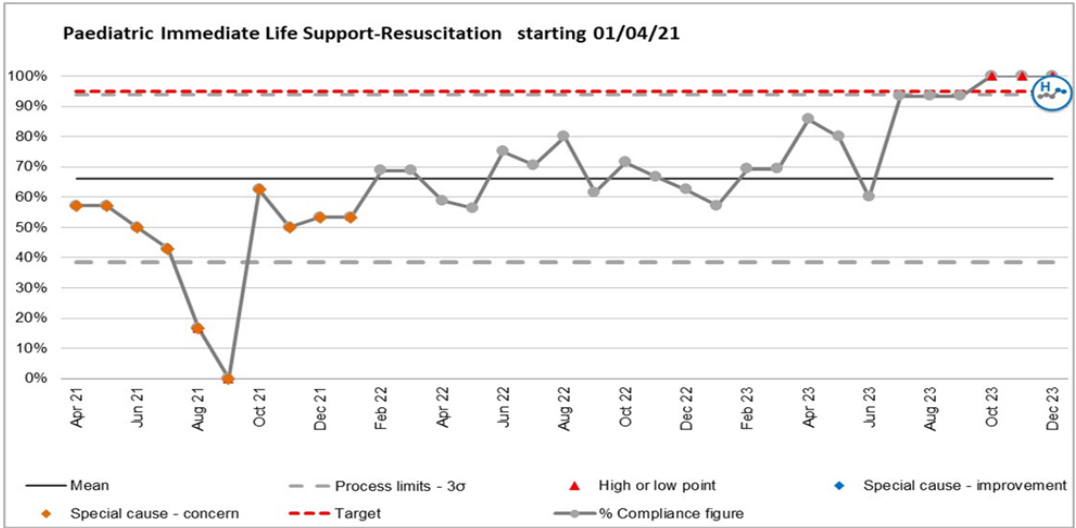
VTE, Safe use of Insulin, NEWS2
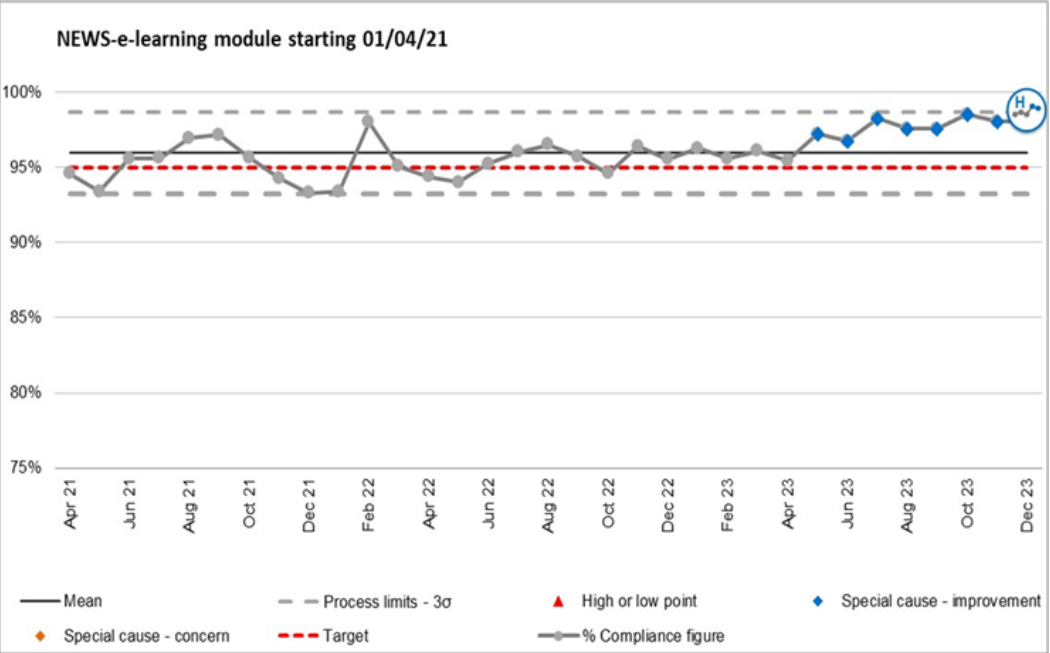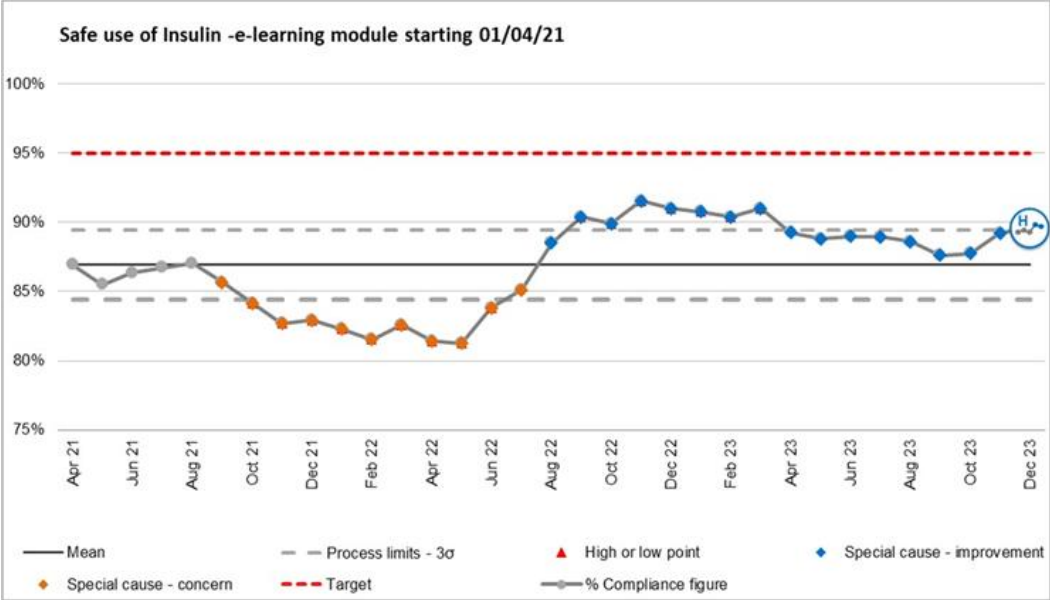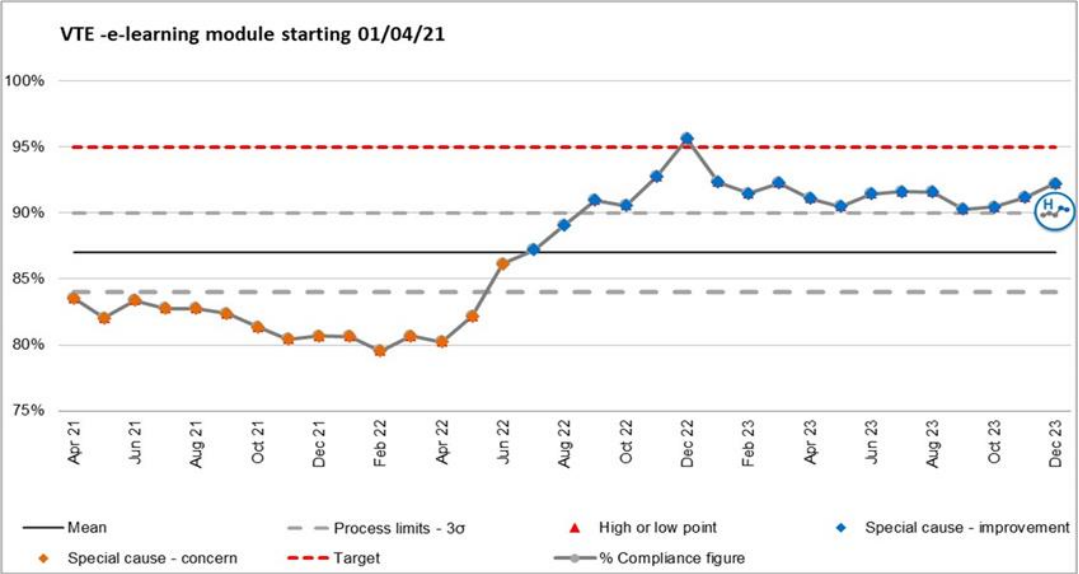
IPC Level 2, Food Hygiene, Consent

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Performance & Development Reviews

KPI	95%
Dec-23	69.99%
Trend	⬆

PDR compliance -ROH starting 01/04/21

Legend:
— Mean
- - - Process limits - 3σ
▲ High or low point
◆ Special cause - improvement
◆ Special cause - concern
- - - Target
% completion rate

This data chart shows the Annual Performance and Development Review compliance figure for all Trust staff. This figure is taken from the ESR system, so only relates to information recorded in ESR.

Local figures may be higher dependant on efficiency of ESR maintenance.

Data Observations:

We have moved above the mean - this evidence shows consistent improvement since May 2023, a positive improvement.

The Trust is currently revising its Performance Management and appraisal process, with the aim of improving these outcomes.

Section Three:
Organisational Development Team

Prepared by: Clare Mair, Head of OD & Inclusion

Presented by: Clare Mair, Head of OD & Inclusion

Ref: Dec2023/HR&OPS

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Organisational Development

Summary:

- As part of engagement at the ROH, fieldwork for the National staff survey (NSS) is now completed and a plan is confirmed to ensure the data can be analysed and shared with all colleagues in timely manner, in order to make positive changes. This work will be supported by the Executive team and managers across the Trust.
- Initial information from the staff survey has been sent through to the Trust by IQVIA
- January Pulse survey is underway with questions focussed on the nine questions in the engagement theme

Areas for Improvement:

- There has been a positive increase in the staff survey completion rate from 52% to 60%
- Attendance by colleagues at OD workshops have increased
- Adverts are currently being shared across the Trust for new Chairs, to support the BeMyself network and the Women's network
- There has been an improvement in the Disability Declaration rate to 7.6%

Risks / Issues:

- Annual leave taken by AfC staff is currently at 69.41%% which is lower that the 75% target needed to be achieved to ensure staff are taking breaks regularly to support their wellbeing. Actions are being taken to improve this percentage in this last quarter of the year
- Releasing staff to attend initiatives with current workload pressures
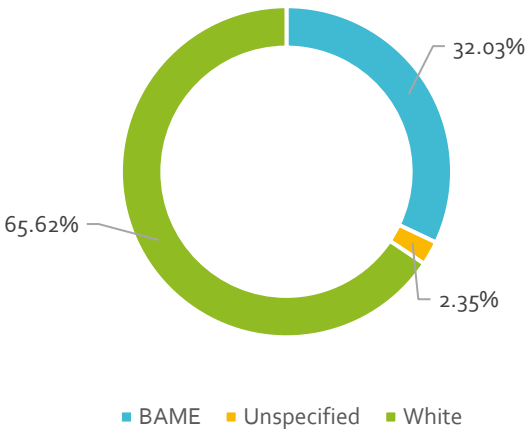
Action Plan:

- Work is being completed on an action plan to support the confirmed Wellbeing plan
- Work on the new appraisal approach with robust training for managers and colleagues continues to be developed which is planned to have a positive impact on the quality and completion rate for appraisals
- Work on the Equality Delivery System continues to review and assess how well patients (Domain 1) and staff (Domain 2) are support in an inclusive way at the Trust. A review of Inclusive Leadership (Domain 3) at the Trust is also included
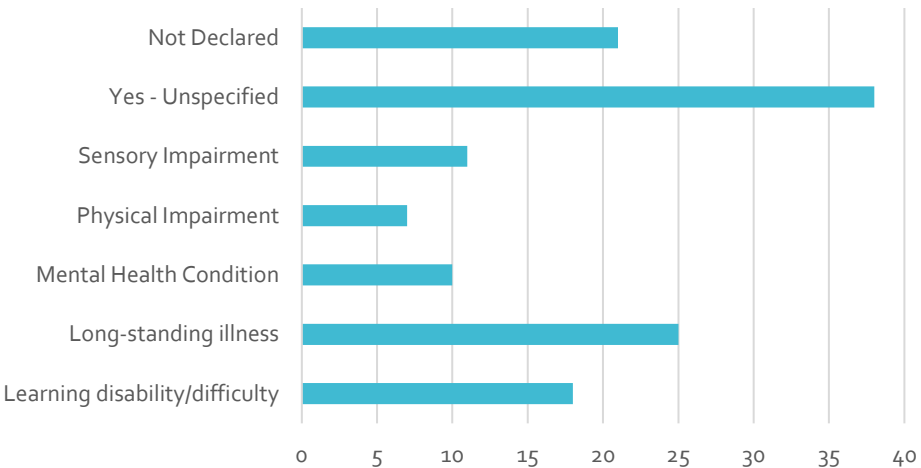
Workforce Demographics

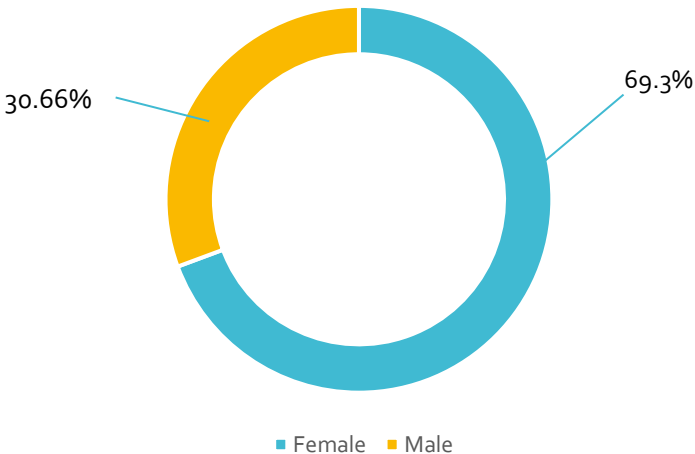## Marital Status
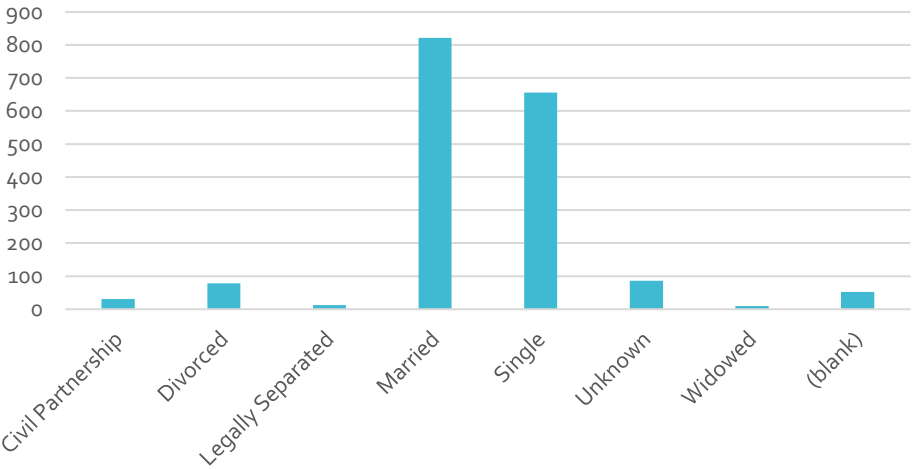
Sexual Orientation

Religion

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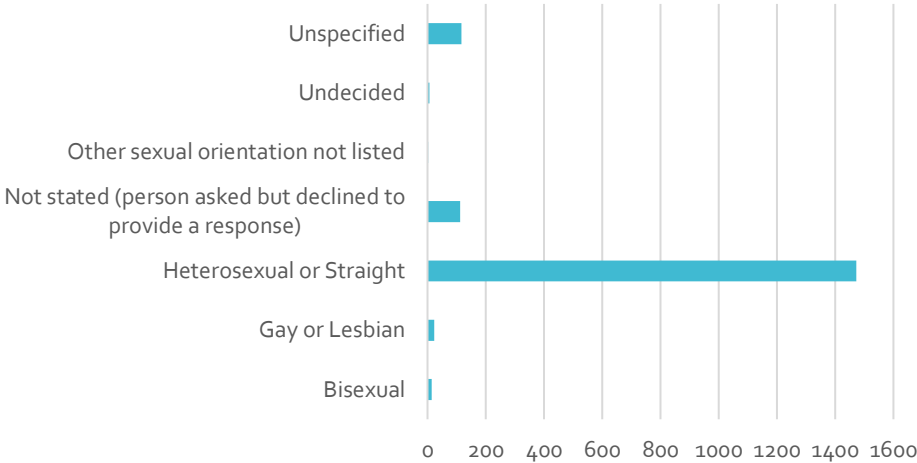
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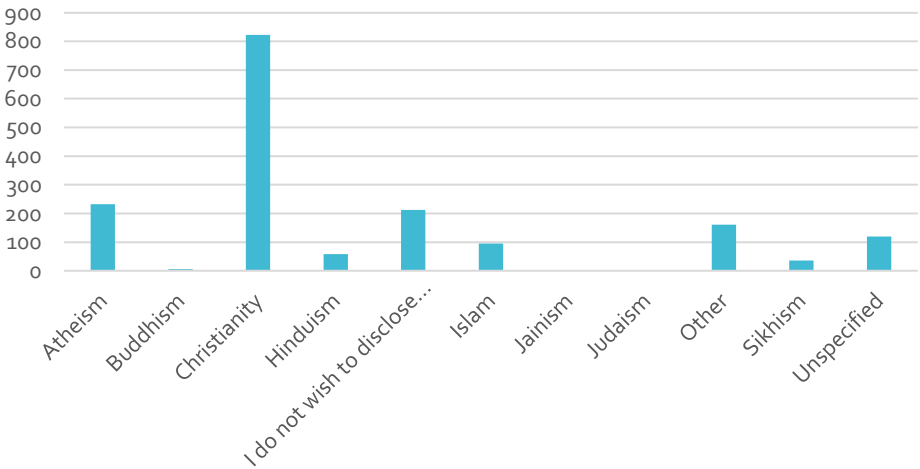
Workforce Experience

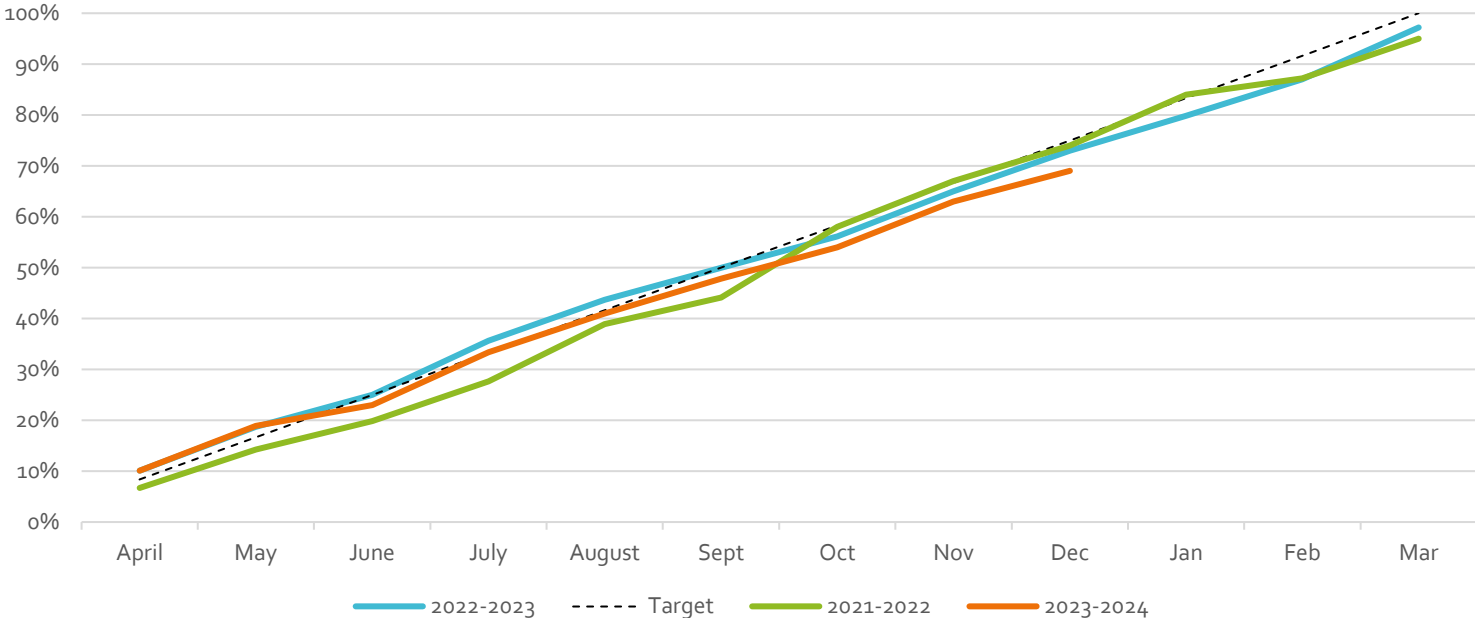| KPI	7.5%
January 23	7.6%
Trend	⬆

Disability Declaration Rate 2022 - 2023
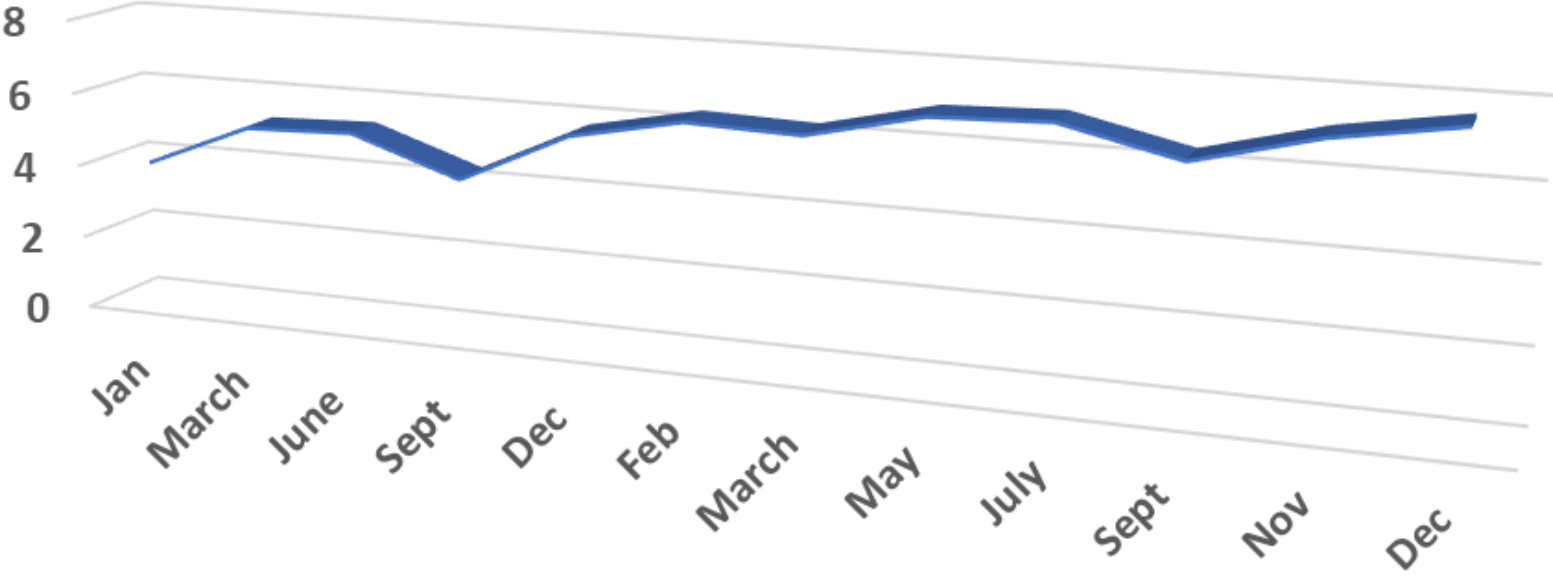
There has been a positive increase for December 23 reporting. With support from the ABLE network work continues to ensure that KPI for the annual WDES reporting in March 2024 is achieved

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Workforce Wellbeing: Annual Leave

% Trustwide Annual Leave Taken

Legend: 2022-2023 — Target — 2021-2022 — 2023-2024

In this reporting period, AfC staff have taken 69.41%% of their annual leave entitlement. At this point in the year staff are expected to have taken 75% of annual leave to support their wellbeing.
A communication has been sent to all staff regarding annual leave which should positively impact this percentage

Division	% Annual Leave Taken
303 Corporate Directorate	69.82%
303 Division 1 – Patient Services	71.80%
303 Division 2 – Patient Support	66.72%
303 Division 4 – Estates and Facilities	71.78%
Trust total	**69.41%**

Staff Group	% Annual Leave Taken
Add Prof scientific and technic	58.22%
Additional Clinical Services	70.32%
Administrative and Clerical	71.71%
Allied Health Professionals	68.27%
Estates and Ancillary	71.72%
Nursing and Midwifery Registered	71.41%

29

Workforce Experience

Initiative	June	July		September		November	December
Number of members of staff network meetings – (All members of all staff networks – from June)	310	305		303		307	296
Number of attendees at staff network meetings	6	33		29		42	25
Number of hits on Staff Networks intranet site – (**Viewers** – how many individual staff members have viewed site/ **Views** – number of people visiting site more than once from July)	524	40 Viewers 58 Views		77 Viewers 11 Views		90 Viewers 143 Views	21 Viewers 174 Views
Number of hits on Health & wellbeing intranet site/ Wellbeing new link (**Viewers** – how many individual staff members have viewed site/ **Views** – number of people visiting site more than once from July)	405 Viewers 110 Views	59 Viewers 602 Views	149 Viewers 483 Views	52 Viewers 98 Views	120 Viewers 145 Views	84 Viewers 186 Views	54 Viewers 108 Views
Workshop attendance OD	16	158		66		76	121
Workshop attendance Health & Wellbeing	9	52		39		144	83
Entrance swipe to Wellbeing room / Dome (from July)	208	Not Available		266 / 216		Not available	351 /82