



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Trust Board (Public)

Wednesday 3rd July 2024, 09:00h - 11:55h

Boardroom, Trust Headquarters



Notice of Trust Board Meeting in Public on Wednesday, 3 July 2024

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 3rd July 2024, in the Boardroom, Trust HQ commencing at **09:00**.

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

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

Tim Pile
Chair



AGENDA

TRUST BOARD

Venue Boardroom, Trust Headquarters

Date 3 July 2024: 09:00h – 11:55h

Members attending

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

In attendance

Mrs Sharon Latham	Head of Patient Experience	(SL)	[Item 1]
Mr David Hinton	Volunteer	(DH)	[Item 1]
Mrs Amanda Gaston	Deputy Director of Finance	(AG)	[Item 2]
Mrs Rebecca Crowther	Deputy Chief People Officer	(RC)	[Item 9]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mrs Tammy Ferris	Corporate Services Manager	(TF)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
09:00	1	Staff story - Volunteer Story	Presentation	SL/MT
09:20	1.1	Volunteer Annual Report	ROHTB (7/24) 001 ROHTB (7/24) 001 (a)	NB
09:30	2	Corporate Services Lookback 2023/24 & Forward Plan: <i>for assurance</i>	ROHTB (7/24) 002 ROHTB (7/24) 002 (a)	RL/AG
09:45	3	Apologies	Verbal	Chair
	4	Declarations of Interest	ROHTB (7/24) 003	Chair
	5	Minutes of Board Meeting held in Public on 5 th June 2024: <i>for approval</i>	ROHTB (6/24) 021	Chair
	6	Actions from previous meetings in public: <i>for assurance</i>	ROHTB (6/24) 021 (a)	SGL



09:50	7	Questions from members of the public	Verbal	Chair
09:52	8	Chair's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (7/24) 004 ROHTB (7/24) 004 (a)	TP/JW
10:10	8.1	Check and Chat update: <i>for assurance</i>	ROHTB (7/24) 005 ROHTB (7/24) 005 (a) ROHTB (7/24) 005 (b)	SGL
10:05	9	People Promise update: <i>for assurance</i>	ROHTB (7/24) 006 ROHTB (7/24) 006 (a)	RC
10:20	10	WRES/WDES Update: <i>for assurance</i>	ROHTB (7/24) 007 ROHTB (7/24) 007 (a) ROHTB (7/24) 007 (b) ROHTB (7/24) 007 (c)	SM
10:35	11	Sexual Safety Charter: <i>for assurance</i>	ROHTB (7/24) 008 ROHTB (7/24) 008 (a)	NB
10:50	BREAK			
UPWARD REPORTS FROM THE BOARD COMMITTEES				
11:00	12	Upward reports from the Board Committees: <ul style="list-style-type: none"> • Finance & Performance Committee • Staff Experience & OD Committee • Charitable Funds Committee 	ROHTB (7/24) 010 ROHTB (7/24) 011 ROHTB (7/24) 012	LW SJ AA
11:20	PERFORMANCE REPORTS			
	13	Performance Reports: <i>for assurance</i> a) Finance & Performance – for discussion b) Workforce	ROHTB (7/24) 013 ROHTB (7/24) 015	
11:45	14	National Food Standards Update: <i>for assurance</i>	ROHTB (7/24) 009 ROHTB (7/24) 009 (a)	NB
11:55	LUNCH			
CLOSE: Date of next meeting: Wednesday, 4 September 2024 @ 09:00				



Notes

Quorum:

- i. No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.
- ii. An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- iii. If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.



ATTENDANCE REGISTER – FY 2024/25 UPDATED TO MAY 2024

ATTENDANCE											
MEMBER	10/04/2023	01/05/2023	05/06/2023	03/07/2023	04/09/2023	02/10/2023	06/11/2023	04/12/2023	05/02/2024	05/03/2024	TOTAL
Tim Pile (Ch)	✓	✓	✓								
Ian Reckless	✓	✓	✓								
Simone Jordan	A	✓	A								
Gianjeet Hunjan	✓	✓	A								
Ayodele Ajose	✓	✓	✓								
Les Williams	✓	✓	✓								
Simon Page	✓	✓	✓								
Jenny Belza	✓	✓	✓								
Jan Teo	✓	✓	✓								
Jo Williams	✓	✓	✓								
Matthew Revell	✓	✓	✓								
Nikki Brockie	✓	✓	✓								
Marie Peplow	A	✓	✓								
Stephen Washbourne	✓	A	✓								
Sharon Malhi	✓	✓	✓								
Simon Grainger-Lloyd	✓	✓	✓								

KEY:

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

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



TRUST BOARD

DOCUMENT TITLE:	Annual Volunteer Report 2023/2024
SPONSOR (EXECUTIVE DIRECTOR):	Nicola Brockie - Executive Chief Nurse
AUTHOR:	Sharon Latham – Head of Patient Experience
DATE OF MEETING:	3rd July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY	TO CREATE DISCUSSION	TO SEEK APPROVAL
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EXECUTIVE SUMMARY:

The Royal Orthopaedic Hospital is lucky to have a long history of successful volunteer programmes and we place great value on the time, energy, dedication and experience our volunteers bring to our community. In the past year, we have undertaken several changes to further enhance and improve our volunteer program, including implementing streamlined processes and targeted roles for volunteer recruitment, training, and ongoing support. We have strong lines of communication with our volunteers but have also worked to ensure that they are integrated into the areas that they volunteer in. They are a fundamental part of the team in their wards, departments and the Trust and should feel so when fulfilling their roles. These changes have resulted in improved volunteer engagement and satisfaction, and we are proud to see our volunteer service flourish.

The positive impact of our volunteers on our patients, families and staff is immeasurable and this report highlights the work that has been undertaken throughout the year and the foundations laid for the next twelve months.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
Improvement to recruitment processes Alignment to NHS Volunteer Standards Accurate maintenance of Volunteer records Roles are recruited to specifically. We now have a volunteer within charities	Central space for volunteers still required

REPORT RECOMMENDATION:

The Board is asked to note and accept

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
Inequalities		Integrated Care		Continuous Improvement	x

Comments:

ALIGNMENT TO TRUST STRATEGY *(Indicate with 'x' all those that apply):*

Care	x	Community	x
Expertise	x	Services	x
People	x	Collaboration	x

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

People Plan

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

Build, develop and retain a great, inclusive workforce

BENCHMARKING SOURCE *(Indicate data sources included in report IF APPLICABLE):*

N/A

PREVIOUS CONSIDERATION *(Indicate board/committee/group & date):*

Annual Volunteer report 2023
Staff Experience & OD Committee June 2024



Annual Volunteer Report 2023 / 2024

Author: Sharon Latham, Head of Patient Experience

Executive Director: Nicola Brockie, Executive Chief Nurse



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PREFACE FROM SHARON LATHAM – HEAD OF PATIENT EXPERIENCE

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Preface from Nicola Brockie, Executive Chief Nurse

Volunteering is an invaluable and integral role here at the Royal Orthopaedic Hospital (ROH). It enhances not only the patient's journey and experience by offering support and helping to reduce loneliness and isolation. It can also offer a new focus and challenge to those who want to make a difference, sharing their experiences and sacrificing their own time for others. Volunteering creates opportunities to gain new skills and knowledge, helping to build confidence and resilience.



Here at the ROH We have a long heritage of volunteering that continues today. Volunteers play important roles across our Trust from greeting patients at the door, to helping them navigate the site, caring for our green spaces and supporting learners and many more roles. In fact, across the NHS there are more than 300 types of volunteer roles, providing challenging and rewarding opportunities for people of all ages and backgrounds.

Volunteers contribute significant value and I know I speak for the Trust Board when I say we are incredibly grateful for their collective contribution.

Volunteering can be incredibly rewarding for those who undertake it, and it adds a tremendous amount of value to our Trust. I am proud of the contribution of volunteers and the team who support them.

Nicola Brockie, Chief Nurse



Preface from Head of Patient Experience



As the Head of Patient Experience at the Royal Orthopaedic Hospital, I am delighted to present the Annual Volunteer report for 2023/2024.

Our Volunteers are invaluable to the Royal Orthopaedic Hospital services, Research shows that volunteering not only benefits both volunteers and patients but also the wider community. Volunteering provides a sense of purpose, connects, the community, helps new friendships, increases, and maintains social skills for our patients, visitors, carers and staff as well as our volunteers and community.

This report is a testament to the incredible contribution of our volunteers who selflessly their time to improve our patients experience and support our staff and without exception we are extremely grateful for their dedication and commitment to our patients and our Trust.

In the past year, we have undertaken several changes to further enhance and improve our volunteer program, including implementing streamlined processes and targeted roles for volunteer recruitment, training, and ongoing support. We have strong lines of communication with our volunteers but have also worked to ensure that they are integrated into the areas that they volunteer in. They are a fundamental part of the team in their wards, departments and the Trust and should feel so when fulfilling their roles. These changes have resulted in improved volunteer engagement and satisfaction, and we are proud to see our volunteer service flourish.

Sharon Latham. Head of Patient Experience



Executive Summary

The Royal Orthopaedic Hospital is lucky to have a long history of successful volunteer programmes and we place great value on the time, energy, dedication and experience our volunteers bring to our community.

The positive impact of our volunteers on our patients, families and staff is immeasurable and this report highlights the work that has been undertaken throughout the year and the foundations laid for the next twelve months.



Volunteer Service Manager

It has been a successful year for the Volunteer Services at the Royal Orthopaedic Hospital NHS Foundation Trust. I am happy to present my second Annual Volunteer Report since my appointment into the role as Volunteer Manager. My goal as volunteer manager continues to be ensuring all our volunteers feel valued, respected, and rewarded for their hard work and their dedication to improving services and patient experience.

I would like to thank all our volunteers for their valuable contribution to patients, visitors, staff, and carers.

Mirranda Taylor



2.0 Definitions of Volunteering

2.1 Volunteer

Volunteering is **when someone spends unpaid time doing something to benefit others**. It can be formal or informal, and it should always be a free choice made by the person giving up their time. (NCVO)

“Volunteering allows you to be constantly going about, keeps you busy, and highly active.”

Research has shown that volunteers have a lower mortality rate compared to those who choose not to.



2.2 Volunteer Service

The Volunteer service at the Royal Orthopaedic Hospital is part of the Patient Experience Department and the Head of Patient Experience who with the Volunteer Services Manager ensures that all volunteer activity undertaken on behalf of the hospital is done so within agreed and legal guidelines with the safety of our patients and our volunteers being of paramount importance.

2.3 The Impact of Volunteers to the Trust

Volunteering has a beneficial effect on all those involved. This includes the volunteers and also those who work alongside them and most importantly the patient and their families and carers. Many volunteer roles involve interacting with patients on a personal level, but we also have roles that help to support the core functions of the hospital such as within Portering services, Administration and Charities. These roles do not infringe upon the core work of paid staff but provide a complementary aspect to person-centred care.

Volunteers also contribute by saving the Trust on average £195,000 a year. This is calculated on using a band 2 salary for 6 hours a week. The importance is not only on improving patient experience and supporting staff but also the financial benefits to the Trust allowing funds to be used to further improve patient care.



3.0. Roles and Responsibilities

The Volunteer Services Team and Volunteers have a plethora of roles, responsibilities, and experience. The team consists of the Head of Patient Experience, the Volunteer Services Manager and most importantly the Volunteers.

3.1. Roles of Volunteers

We have various roles available for volunteers and we are dedicated to developing the service to support staff, patients and their friends and families with the Trust. Following the previous recruitment drive we had high amounts of volunteers but also many gaps in need. At the end of 2023, the Volunteer Services Manager surveyed all services and department leads what they would find most valuable in the areas they are responsible for. Once this information was received recruitment began to fill those roles. Our volunteers play a vital role in patient experience and can often be the first point of contact when a patient arrives at the hospital and starts their journey. We are committed to ensuring that our volunteers are within the areas and roles that are suited to their own unique skill mix and will have the maximum impact and benefit for all.



3.2. Current Roles in Volunteering

Ward Support

This role offers practical help & support to patients on wards. This Involves Tea rounds, helping with menus and chatting with the patients.

Gardeners

Improve and Maintain the Trust grounds and various areas around the hospital.

Greeters

Provide excellent patient experience by greeting patients at the Welcome Desk, OPD or POAC and providing directions or accompanying the patient to the required destination.

SIMS

A 'pretend' patient for university students to practice their skills and communication and help improve realtime patient care.

Patient Experience Surveys

Collecting Patient Experience surveys around the Trust in various areas.

Administrative Support

work alongside admin staff in departments such as ADCU, Medical Records and HR Department.

Porter/Post Delivery

This role is to collect and deliver post around the Trust. They work within a team of porters assisting the distribution of external and internal post.



The Volunteer Service Manager will continue to assess the value of the roles available. We continue to work alongside departmental managers to review their feedback on existing roles, and to create new ones where possible.

4.0. Recruitment

The recruitment process for volunteers is similar to the recruitment of substantive staff. The process is detailed to ensure the volunteer is fully registered on our ESR (Electronic Staff Record) and are able to get the most out of their experience and the time they give to the Trust. We follow the NHS Recruitment of Volunteers Guidance, and the application process can be found on the Trust Website

4.1 - When recruiting a volunteer, the following needs to be completed:

Application Form- This form asks personal details, availability, references, and the role they are applying for, once received the application will be reviewed and the applicant will be invited for interview.

Confidentiality Agreement- This form outlines the importance of keeping all information confidential when dealing with such data. This form requires the volunteer to sign an agreement.

Equality and Diversity Monitoring Form- This form is not a requirement, and the volunteers are not obliged to complete this form. However, it can be used to monitor equality and diversity within the Trust.

Disclosure and Barring Service Declaration Form (DBS)- This form declares that the applicant does not have any criminal convictions and must be signed in the presence of a witness and submitted with the appropriate identification.

Consent to Public Relations Photography- This form is not a requirement, and the volunteers can choose whether they sign or not. This form is to confirm if the volunteer is happy to be photographed with the potential to appear on internal literature and publications. This can include the Trust website and recruitment posters.

The application process will commence once the applicant has completed an application form. They will then be contacted by the Volunteer Services Manager to arrange a time and date to conduct a formal interview. During the interview, the applicant will be asked to tell us about themselves, their future plans, reasons for applying and what they would like to get out of volunteering at the Trust, the requirements of roles and expectations of behaviours will also be discussed. During this process, the applicant will also be asked about other supporting information and if successful will be required to provide and complete the following:

- Two personal references- this can be a letter or email which is sent to the person of choice. The referee must know the applicant for two or more years.

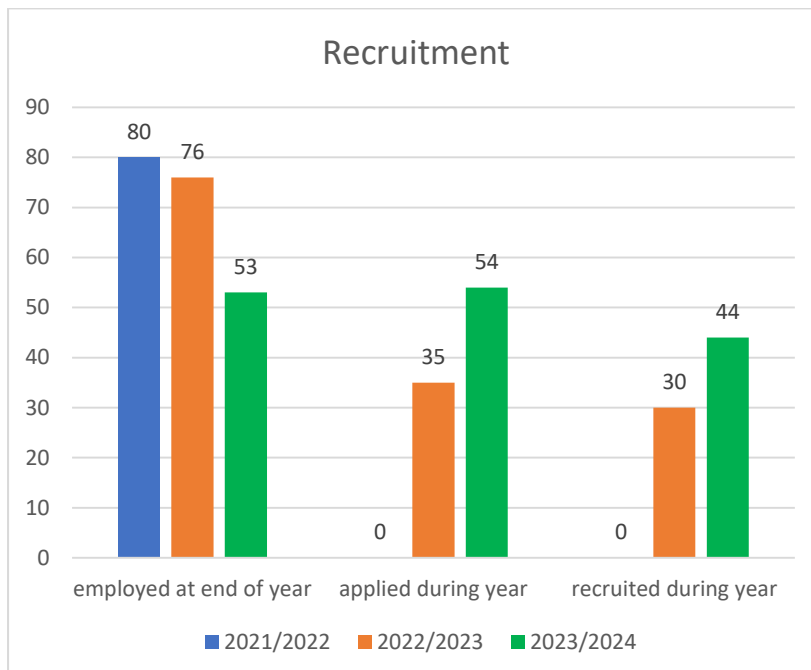


- Completion of DBS- this is completed by the applicant and approved by the Volunteer Service Manager
- Completion of mandatory training which consists of:
 - Health, Safety and Welfare, Level 1
 - Fire Safety, Level 1
 - Safeguarding Children, Level 2
 - Safeguarding Adults, Level 2
 - Moving and Handling, Level 1
 - Infection Prevention and Control, Level 1
 - Equality, Diversity and Human Rights, Level 1
 - Information Governance (Only if volunteers' role is dealing with patient records or any other administrative role)
 - Learning Disability Awareness / Oliver McGowan Training.

The completion of mandatory training can be done online or via a training day on site. All volunteers are given the choice on which they prefer. All volunteers are recorded on ESR which allows volunteers to access to complete their training and for the service manager.

4.2 Recruitment Performance

Below you can see the performance of recruitment in 2021/2022, 2022/2023 compared to 2023/2024.



Following the recruitment drive in 2023/2024 we recruited a high volume of volunteers however unfortunately we also had many who started and left within a very short space



of time thus causing departments to feel unsettled and not have reliability within the department.

Many of the volunteers who applied as part of an educational obligation were unable to offer the regular dedication needed for the role or found it too challenging to balance the requirements of volunteering with other commitments. There was also concern around having under eighteens on site in unsupervised roles for the safety of our young people and patients.

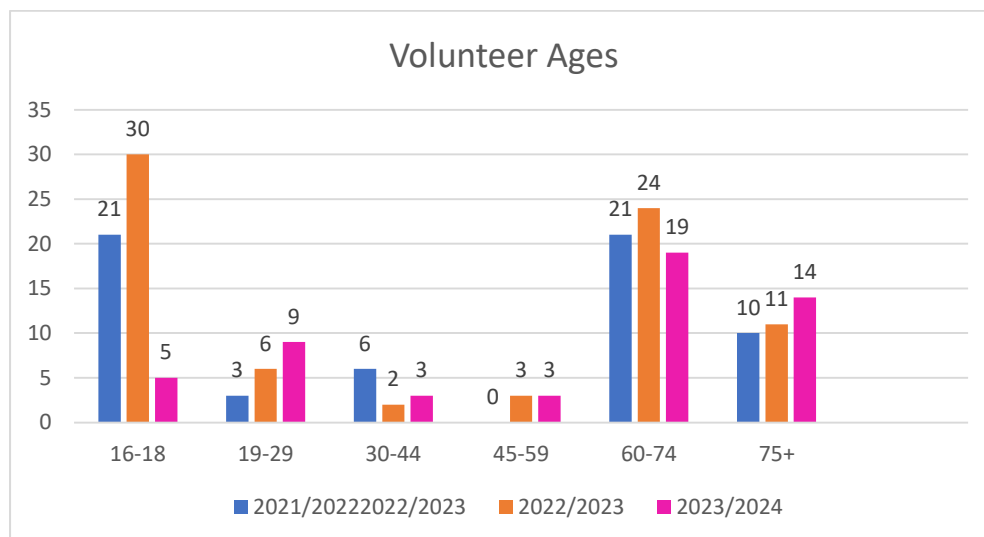
We therefore reviewed the application and recruitment process and have raised the minimum age requirement to 18 years and recruited to roles rather than generically.

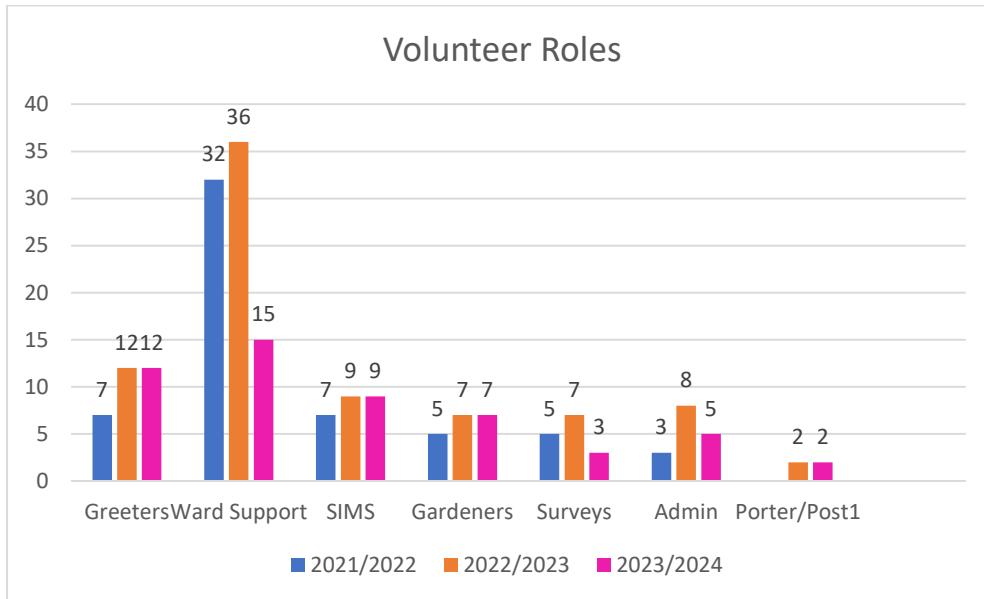
Since we have tailored our recruitment process, we have had fifty-four people apply to be volunteers, forty-seven have attended for interview and forty-four have commenced in role, a further ten are currently in process.

While our current numbers in role are lower than previous years, we are pleased that our current process increases quality and satisfaction for both our volunteers and our patients by helping to ensure that we have an appropriate skill match with the volunteer to the role.

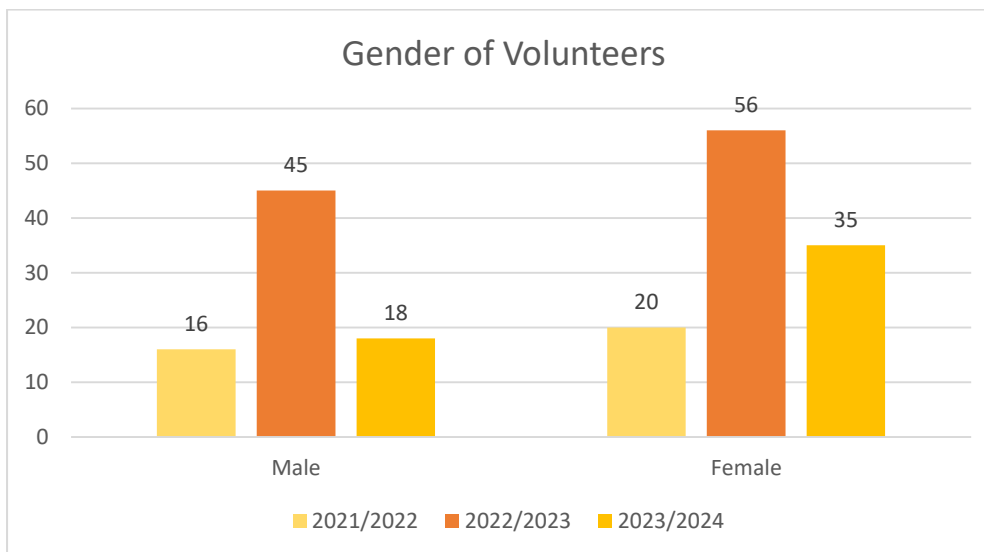
4.3 Volunteer Demographics

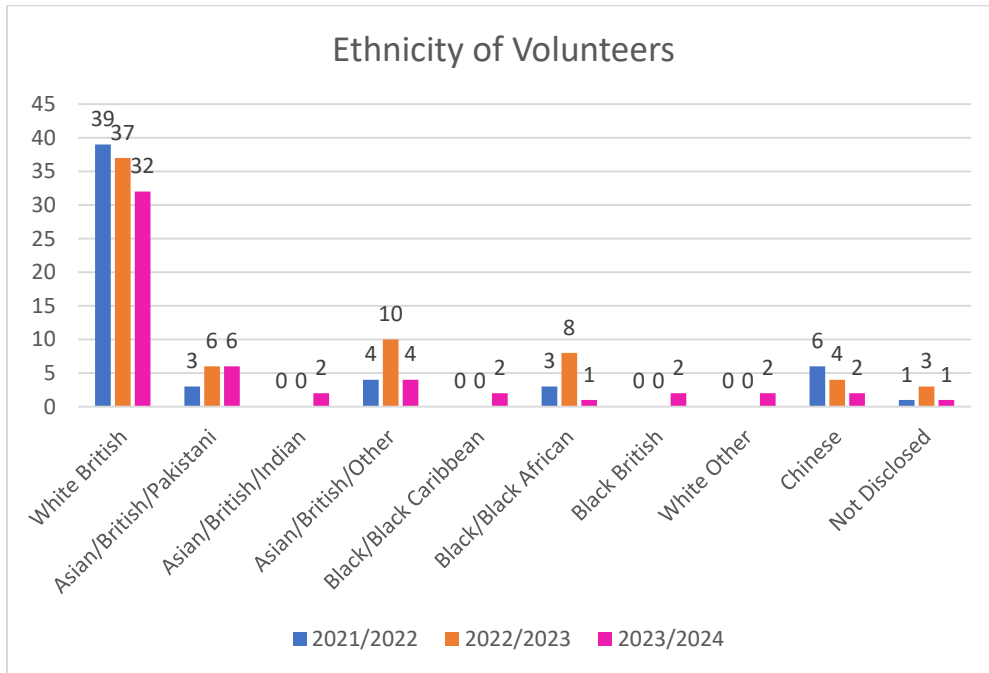
The following shows the demographics of volunteers who are currently within post at the Trust compared to the previous 3 years.





The majority of our volunteers choose to spend their time volunteering in patient facing roles supporting patients and staff on the wards or departments.





The Trust is committed to valuing diversity in our patients, staff, and visitors, recognizing that we are all individuals and appreciating the unique contribution each individual makes. The Trust is firmly committed to diversity in all areas of its work. We believe that we have much to learn and profit from diverse cultures and perspectives and that diversity will make our organisation more effective in meeting the needs of our patients, staff, volunteers, members, and stakeholders.



5.0 Volunteer Promotion

The volunteer services has leaflets on display throughout the Trust which gives a small insight into volunteer services and how to apply.

We have a full page on the Trust Website describing the roles we have on offer and how to apply for them.

[Royal Orthopaedic Hospital - Volunteer \(roh.nhs.uk\)](http://www.royalorthopaedic.nhs.uk/volunteer)

We also hold promotional stands and events in the the year to encourage patients, friends, family, and visitors to consider volunteer roles and the benefits of “giving back.”

Royal Orthopaedic Hospital
Volunteering

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Could you be an ROH Volunteer?

Volunteering is a great way to support the NHS and get involved with the local community. There are lots of great reasons to volunteer, some of them being:

- You will make a difference to our patients and visitors' experience
- You will be in a friendly environment and have the opportunity to meet new people
- You will develop new skills in a healthcare setting
- You are able to access exclusive NHS Discounts

Scan the code with your phone to find out more

Royal Orthopaedic Hospital
Volunteering

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

How to apply

If you would like to apply to be a volunteer at The Royal Orthopaedic Hospital we ask that applicants consider being able to give a regular commitment. We require a DBS and references before you commence. If you would like to apply, visit www.roh.nhs.uk and search volunteers. If you have any questions, please contact us on roh-tr.volunteering@nhs.net

How could you help?

We are looking for people who could be:

- Welcome / Greeters
- Ward Help / Refreshments
- Patient Experience
- Administrative Support
- Gardeners
- Portering
- Simulated Patient

hospital throughout

consider volunteer roles



5.1 Volunteer Recognition

We find volunteer recognition very important at the Trust. Volunteers give up their free time to provide comfort to patients and support staff which enhances the care we provide at our hospital. The volunteers tirelessly dedicate their time to give back to our community. Their generosity and compassion make a difference in the lives of our patients. The Royal Orthopaedic Hospital is very fortunate to have such a kind, friendly and generous group of volunteers and therefore feel it is important to recognise their value to the Trust.



Alongside the events organised by volunteer services departments also often have their own celebrations in recognition of their volunteers.

Recently POAC celebrated Marion's 80th birthday with her.



5.2 Long Service Awards

Within Volunteer Services we recognise and value long service to volunteering in the NHS as we do for all NHS employees. In previous years a separate event has been held to celebrate long service within volunteer roles, however, we want our volunteers to know that they are very much an integral part of our service so this year we have integrated the volunteers long service awards with the NHS programme and our volunteers will be celebrated alongside our other staff members. The loyalty, commitment and high level of skill brought by individuals are key factors in the success, not only of the Trust, but of the NHS as a whole.

5.3 "Coffee Catch Up"

We have now held two "Coffee Catch Up" sessions for Volunteer Services. Both sessions have been well attended and volunteers have enjoyed light refreshments while not only socialising but also having informative talks from departments within the ROH including Learning Disability and Autism services.

It is planned that these sessions will continue on a quarterly basis.



6.0 Challenges faced by Volunteer Services

One of the challenges faced due to working on such a historical and beautiful site is the limited space we have available. This continues to be an ongoing pressure for Volunteer Services as well.

Our Patient Experience department consists of the teams for PALS and Complaints, Volunteer Services and Chaplaincy. As a working office with many sensitive and confidential conversations being held it is not appropriate for our volunteers to be accessing the office for signing in and peer support purposes. We encourage as many volunteers as possible to sign in and out on the departments they volunteer in however this is not always possible, and we do have a small amount of people who have to access the office for signing in and storage purposes.

We are hopeful that as part of the Welcome Desk redesign we will be able to create a bespoke centralised space for our volunteers to commence and finish their duty shifts.

7.0 Looking Forward 2024/2025

For the next year we aim to continue build upon our successful program to recruit, train, and place a diverse range of volunteers from all backgrounds, experiences, and skills. We want to continue to maintain and create a variety of roles which enables volunteers to provide the best patient experience in orthopaedic care and for our volunteers to be part of our ever-expanding team.



TRUST BOARD

DOCUMENT TITLE:	Corporate Services Lookback 2023/24 & Forward Plan
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams - Chief Executive Officer
AUTHOR:	Amanda Gaston – Deputy Director of Financial Planning, Performance and Improvement Rebecca Lloyd – Deputy Director of Strategy
DATE OF MEETING:	3 July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY		TO CREATE DISCUSSION		TO SEEK APPROVAL	
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EXECUTIVE SUMMARY:

This paper provides an overview of Corporate Services and a summary of the 2024-25 business planning process that took place between January – May 2024.

Highlights of key achievements from 2023-24 business plans are included for information.

A summary of 2024-25 business plans aligned to each of the Trust's six strategic objectives outlines the ambition across the 21 corporate services to continuously improve and enhance quality, finance and performance at the ROH.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> Excellent engagement from corporate teams and 100% completion/publication of business plans on the intranet More impactful links made between business planning and appraisal process Quarterly performance reviews for corporate services are scheduled from July 2024 	<ul style="list-style-type: none"> N/A

REPORT RECOMMENDATION:

The Board is asked to receive this report for assurance.

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
Inequalities	X	Integrated Care	X	Continuous Improvement	X

Comments:

ALIGNMENT TO TRUST STRATEGY *(Indicate with 'x' all those that apply):*

V1.0 (May 2024)

Care	X	Community	X
Expertise	X	Services	X
People	X	Collaboration	X
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
Aligned to corporate risk register and strategic risks within the BAF			
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:			
Greater focus on prevention, community education and engagement, and reduction in health inequalities			
BENCHMARKING SOURCE <i>(Indicate data sources included in report IF APPLICABLE):</i>			
N/A			
PREVIOUS CONSIDERATION <i>(Indicate board/committee/group & date):</i>			
N/A			

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Corporate Services | Business Planning Summary

Review of 2023-24 and highlights for 2024-25

Amanda Gaston – Deputy Director of Financial Planning, Performance & Improvement

Rebecca Lloyd – Deputy Director of Strategy



Who are the ROH Corporate Services?

Directorate	Department/Services
Medical Director	Medical Directorate Medical Education Research, Audit & Outcomes
Chief Operating Officer	Operational Management
Chief Nurse	Corporate Nursing Tissue Viability Patient Experience Infection Prevention & Control Safeguarding Facilities
Chief People Officer	HR & OD Learning & Development
Director of Governance	Governance (including FTSU)
Chief Finance Officer	Finance Digital Transformation IT Business Intelligence Estates
Deputy Director of Strategy	Service Improvement Communications Charity

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Who are the ROH Corporate Services?

- 358 staff
- Responsible for significant income generation, including:
 - £529k research & development income
 - £3.1m education & training income
 - £309k catering income

Corporate Services are responsible for supporting:

- 1,422 members of staff
- £135.7 million income
- 80,523 episodes of inpatient and outpatient contacts for coding
- 580 medical students per year (Aston University & University of Birmingham)
- 1400 IT devices
- And much more...

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Summary of business planning process 24-25

Milestone	Leadership/Governance	Date
Individual Corporate Business Planning Meetings	Finance & Strategy Team	8 th to 24 th January 2024
Corporate Transformation Workshop	Corporate Performance Meeting	21 st February 2024
Final Plan Approval	Exec Team	March / April 2024
Corporate Teams Business Plan & Workforce Appraisals Joint Launch Day	Finance, HR & OD and Strategy Team	May 2024
Quarterly Performance Reviews	Finance & Performance Committee	July 2024 to April 2025

LESS PAIN

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LIFE-CHANGING CARE

Business Planning + Appraisal launch event

- On 2nd May 2024, we held an event outside Café Royale, publicising a summary of all Business Plans* (including some posters - see right)
- The key message to convey on the day was how business plans should be feeding individual and team objectives as part of the new appraisal framework
- Great attendance and engagement



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LIFE-CHANGING CARE

**All business plans across Division 1, 2 and Corporate are published on the*

Key achievements against 2023-24 business plans

Medical Directorate

- Fully recruited to Medical Directorate leadership team (including appointment of Jo Thomas as AMD for Division 1)
- Introduced AMAT quality improvement platform
- Development of clinical decision-making support tool at system level

Medical Education

- 10% increase medical student numbers (595)
- 8 BOTP registrars passed their FRCS Course
- ROH MSK Academy Grand Rounds Launched
- New Consultants leads for education appointed and inducted including new Director of Medical Education (Mr Khalid Baloch)

Research, Audit & Outcomes

- Over 500 patients were recruited to research trials - the highest number for 7 years.
- ROH has agreed to sponsor 3 multi-site studies in 2024/25 and is building the skills and capability to achieve this
- 2 Assistant Clinical Research Practitioner posts were developed and recruited to

Operational Management

- GIRFT Surgical Hub accreditation
- Significant mutual aid offered to system partners
- Exceeded activity and income targets for private patients
- Recruitment to key clinical vacancies across Division 1 & 2

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LIFE-CHANGING CARE

Key achievements against 2023-24 business plans

Tissue Viability

- Reduction in patient harms and significant cost savings to the Trust.
- Enhanced management of very complex Plastics, Oncology and Bone Infection Service patients through investment in the team
- Implementation and usage of 20 alternating mattress replacement systems (IQ Star 2) with significant cost saving

Patient Experience

- Volunteers recruited into new roles such as within charities and HR
- Three members of the team undertaking apprenticeships
- Broader patient feedback collection and analysis

HR & OD

- Appraisal development and roll out
- Reduced and stabilised time to hire
- Introduction of Mental Health Group, and 'sickness surgeries' for divisions

Learning & Development

- 124% delivery against target for new apprenticeship starts
- 30 line managers completed the Management skills programme team leader level 3 apprenticeship qualification.
- Significant investment in Nursing and AHP Professional development, fully utilising £120,000.00 of NHS England Education CPD Funding.

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LIFE-CHANGING CARE

Key achievements against 2023-24 business plans

Governance

- Implementation of PSIRF
- Revision of BAF to align to Trust Strategy
- Digitisation of disclosure of medical records for Subject Access Requests and disclosure in legal claims
- Substantial improvement in Subject Access Request and FOI request compliance

Finance

- Level 1 Future Focused Finance accreditation
- Collation of evidence for the NHS Finance Leadership Council Level 2 Towards Excellence Accreditation
- Delivered 1st cohort of HFMA Operating Board Game
- Expansion of financial wellbeing packages available to staff

Digital Transformation

- Bone Infection Service Data Base and Safeguarding Data Base built to improve security, access and data quality
- Diagnostic Imaging requests are now completed and reported on PICS to replace paper processes.
- DrDoctor text message service for Imaging appointments significantly reducing DNAs

IT

- Implementation of Cyber Security Training for all ROH Members of staff
- Supporting the Implementation of New Offsite locations – Including Griffins Brook and Bournville
- Implementation of the Patient Entertainment Solution / Menu Ordering

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Key achievements against 2023-24 business plans

Estates

- Opening of College Green @ ROH
- Upgrade/reprovision of On-call Rooms
- Upgrade and expansion of Café Royale
- Upgrade and expansion of Facilities Department in old Pharmacy

Business Intelligence

- Introduction of new trust wide Integrated Performance Dashboard
- Introduction of new Power BI led reporting portal covering Inpatients, Outpatients, Waiting Lists, Theatres, Pre-OP.
- Introduction of new Power BI health inequalities reports covering Inpatients and Outpatients

Service Improvement

- Collaboration with clinical & operational teams to develop/rollout day case pathways across knees, hips, shoulder and spinal
- QSIR training delivered to system colleagues
- Rollout of MyMobility and MyRecovery application with positive patient feedback

Communications

- Engagement campaign undertaken with primary care settings to improve uptake of the GetUBetter app - now live in 75 practices
- Studio created assets and [video](#) to support the shared decision making campaign
- On and offline campaign delivered to drive brand

LESS PAIN

MORE INDEPENDENCE


LIFE-CHANGING CARE

Summary of 2024-25 business plans

Aligned to Trust Strategic Objectives: **CARE**

Critical success metric

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.



- Implement 'Service Accreditation' model across all clinical areas
- Fully embed PSIRF
- Introduce a new incident and risk management system
- Revitalise all aspects of JointCare pathway, including securing ongoing app use
- Improve access to care by increasing directly bookable slots and educating referrers using specialist advice
- Increase volunteer roles in targeted areas to support patient care delivery.
- Development of a ROH specific SSI prevention bundle – six key priorities to promote and support the adoption of best practice to prevent SSI throughout the patient's surgical journey

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Summary of 2024-25 business plans

Aligned to Trust Strategic Objectives: **EXPERTISE**

Critical success metric

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.



- Improve depth of clinical coding through review and engagement with clinicians
- Expand QSIR training offering ICS wide
- Support the continuation of the Osseointegration service for military personnel and private patient pathway
- Learn and implement machine learning or AI chat for an ROH system
- Work towards Teaching Hospital status
- Introduction and roll out of Dementia Care Butterfly scheme
- Support the development of the MSK Academy

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Summary of 2024-25 business plans

Aligned to Trust Strategic Objectives: **PEOPLE**



Critical success metric

By 2028, we will be 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.

- Launch Continuous Improvement Triage Group, 'Improvement Hub', and implement improvement huddles and drop-in sessions
- Implement new Learning Management System
- Deliver and embed trust-wide leadership development programmes
- Reduce voluntary turnover to 12%
- Focus on strategic workforce planning, including succession planning
- Recruitment to key roles for Domestic Abuse and Sexual Violence Advocate (DASVA)
- Deliver a new Consultant Development Programme
- Support to system schemes such as system bank, passports, international recruitment, working in partnership with other system colleagues to provide better secondment access

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Summary of 2024-25 business plans

Aligned to Trust Strategic Objectives: **COMMUNITY**



Critical success metric

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.

- Deliver year 1 of the Trust's Health Inequalities Action Plan + improve visibility of current health inequalities data
- Support organisation of a Community Appointment Day for patients on current physio waiting lists, with the aim of supporting patients waiting well and reducing the waiting list
- Set up digital inclusion working group
- Patient engagement workshops for digital services
- Optimise patients prior to surgery through effective health promotion, guidance and sign posting
- Full implementation of a health hacks workshops
- Explore greater links with local catering colleges to share best practice and amplify their impact on sustainable food production
- Promotion of vaccination campaigns to our local communities

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LIFE-CHANGING CARE

Summary of 2024-25 business plans

Aligned to Trust Strategic Objectives: **SERVICES**

Critical success metric

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



- Improve SLAM reporting to ensure all activity is captured and reported upon
- Updates and improvements to Integrated Performance Dashboard and reporting suite
- Trial the use of a regional block area in theatre and adopt further the high intensity theatres model
- To have a safe and effective reporting – database for LD and Autism and Mental Health and Dementia and Transition to be implemented
- Greater use of electronic data capture via AMaT
- develop a capital strategy for the decommissioning / replacement of Theatres 1, 2 and 4

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

Summary of 2024-25 business plans

Aligned to Trust Strategic Objectives:



Critical success metric

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.



- Structured collaboration with Versus Arthritis to support post discharge JointCare patients
- Support implementation and design of new ICS Digital Data and Tech Strategy (DDaT)
- Work to ensure ROC is seen as a strategic partner for annual planning to enable campaigns and funding of large-scale developments.
- Develop relationships with BCU and wider HEI;s to support apprenticeships and MSK academy qualifications
- Set up an Infection Prevention & Control collaborative group with Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) to share practices and provide peer support

LESS PAIN

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TRUST BOARD DECLARATIONS OF INTEREST REGISTER

Name	Interest	Voting Member
Tim Pile Chair	<ul style="list-style-type: none"> • Council Member, Aston University 	Yes
Jo Williams Chief Executive	<ul style="list-style-type: none"> • Trustee, Versus Arthritis 	Yes
Simon Grainger-Lloyd Director of Governance	<ul style="list-style-type: none"> • Foundation Governor, Ombersley Endowed First School (4 Year Term of Office from June 2024) 	Yes
Steve Washbourne Chief Finance Officer	<ul style="list-style-type: none"> • Governor at University of Birmingham School • Independent Member of the Audit Committee at Aston University 	Yes
Marie Peplow Chief Operating Officer	<ul style="list-style-type: none"> • None declared 	Yes
Matthew Revell Medical Director	<ul style="list-style-type: none"> • Fellow of the Royal College of Surgeons • Member British Orthopaedic Association and British Hip Society • Founding Fellow of the Faculty of Medical Leadership and Management 	Yes
Nikki Brockie Chief Nurse	<ul style="list-style-type: none"> • None declared 	Yes
Sharon Malhi Chief People Officer	<ul style="list-style-type: none"> • Trustee, Victoria Academies Trust 	Yes
Michelle Hubbard Acting Executive Chief Operating Officer	<ul style="list-style-type: none"> • None Declared 	Yes
Simone Jordan Non Executive Director & Vice Chair	<ul style="list-style-type: none"> • Managing Director, Simone Jordan & Associates Limited • Non Executive Director, George Eliot Hospital NHS Trust • Member of the Chartered Institute of Personnel and Development • Vice Chair & Non Executive Director, Leicestershire & Rutland Integrated Care Board (LLR ICB). 	Yes

Name	Interest	Voting Member
Les Williams Non Executive Director	<ul style="list-style-type: none"> • None declared 	Yes
Gianjeet Hunjan Non Executive Director	<ul style="list-style-type: none"> • Non Executive Director, Black Country ICB • Lay Member, National Clinical Impact Awards - National Main Committee and West Midlands Committee • Governor, Oldbury Academy • Governor, Ferndale Primary School • Member of IHSCM • Member of HFMA • Fellow of Chartered Institute of Public Finance and Accountancy (CIPFA) • Member of Nishkam Healthcare Trust at local Gurdwara 	Yes
Ayodele Ajose Non Executive Director	<ul style="list-style-type: none"> • None declared 	Yes
Ian Reckless Non Executive Director	<ul style="list-style-type: none"> • Executive Director (Medical Director and Deputy Chief Executive), Milton Keynes University Hospital NHS Foundation Trust • Director, ADMK Limited (wholly owned subsidiary of Milton Keynes University Hospital NHS Foundation Trust) • Director, JTER Trading Limited (company involved in property services and antiques trading) • Fellow, Royal College of Physicians • Fellow, Faculty of Medical Leadership and Management • Member of Congregation, University of Oxford • Appointed as Chief Medical Officer at Bedfordshire, Luton and Milton Keynes Integrated Care Board. This role is carried out alongside substantive post at Milton Keynes University Hospital (0.4 WTE secondment) as of 15 April 2024 for six months. 	Yes

Name	Interest	Voting Member
Simon Page Non Executive Director	<ul style="list-style-type: none"> • Deputy Chair, South Warwickshire NHS Foundation Trust (SWFT) • Owner, Weathervane Consultancy 	Yes
Jenny Belza Non Executive Director	<ul style="list-style-type: none"> • Vice Chair and Non Executive Director, Birmingham Community Healthcare Trust • Governor, University College Birmingham 	Yes
Jan Teo Non Executive Director	<ul style="list-style-type: none"> • Non Executive Director, Birmingham Community Healthcare Foundation Trust (1 March 2023 to 28 February 2026) • Company Director, 3 Castle Street (RTM) Limited • Oversight Board, K2CO (Dance Company) 	Yes



MINUTES

Trust Board – PUBLIC DRAFT Version 0.1

Venue Boardroom, Trust Headquarters

Date 6 June 2024: 0900h - 1040h

Members attending:

Mr Tim Pile	Chair	(TP)
Mr Les Williams	Non-Executive Director	(LW)
Dr Ian Reckless	Non-Executive Director	(IR)
Mrs Jenny Belza	Non-Executive Director	(JB)
Mr Simon Page	Non-Executive Director	(SP)
Ms Ayodele Ajose	Non-Executive Director	(AA)
Miss Jan Teo	Non-Executive Director	(JT)
Mrs Jo Williams	Chief Executive	(JW)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mr Matthew Revell	Executive Medical Director	(MR)
Mrs Sharon Malhi	Executive Chief People Officer	(SM)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)

In attendance:

Mr Brian Toner	Lead Governor (Public)	(BT)
Professor Lee Jeys	Orthopaedic Oncology Consultant	(LJ) [Item 1]
Mrs Marie Raftery	Associate Director of Operations Division 1	(MRa) [Item 8]
Ms Helen Young	Clinical Services Manager	(HY) [Item 8]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)
Mrs Tammy Ferris	Corporate Services Manager	(TF) [Secretariat]

1 Patient story (LJ)	Presentation
<p>TP welcome Professor Lee Jeys (LJ), Orthopaedic Oncology Consultant, to the Board who is here today to present an update on the work that has been undertaken by the oncology team under the leadership of LJ.</p> <p>LJ provided an overview of BOOM – Birmingham Orthopaedic Oncology Meeting and explained the purpose of the meeting, detailing that this was to bring a worldwide team of oncology orthopaedic surgeons together to discuss and share best practice.</p> <p>LJ explained how he attended a conference in Canada which highlighted to him the</p>	



different ways patients are treated across the world. Following this he felt a scientific committee was needed to be established, and as a group they could decide the priorities that the conference would need to focus on. LJ went on to explain how the group worked together and how the evidence was gathered to help better inform the consultants around the world.

LJ highlighted part of the review looked at access to treatment for patients and how easy is it for patients to get this treatment. This was clear that is very varied across the world.

LJ explained a number of papers are being published on the back of this. The output of this meeting has also highlighted ROH on the world map and the work that is undertaken here.

IR praised the concept, but enquired about the competence of the individuals attended, and queried were we confident with who attended could make the right difference. LJ explained that the format of the meeting was to encourage those who are less confident to speak up and all opinions were considered. The idea was that the evidence was researched by competent individuals.

MR thanked the team for the leadership on this, and recognised the Dubrovsky legacy that was left to us. MR highlighted how proud Mike Dubrovsky would have been to see this.

AA queried whether the factors that were considered here would be replicated in South Africa, will the same format run. LJ confirmed this would be the case.

AA queried from the global nature of this was there any surprises from the feedback received. LJ explained that the actual numbers and empowering people to speak up highlighted how the smaller voices had the most experience.

NB requested that from an Infection Prevention Lead role that it would benefit to connect together. LJ agreed and would arrange to meet outside of the meeting to discuss further.

MP enquired from the consensus statements would LJ change anything at the ROH. LJ confirmed that there are a number of statements that we now have global consensus on that further supports the work we want to do.

TP enquired were there any universities involved. LJ explained they were involved through the consultants.

TP praised the work that has been undertaken and challenged how do ensure the brilliant work that has been done, and the leadership of this global work is translated into something meaningful to our patients and ensure wider organisations know about this.

IR raised the feedback shows us as one of the busiest centres in Europe and what



<p>contribution does this provide. TP requested that at a board level we need to know what the financial contribution is.</p> <p>ACTION: Provide an update on the plan to share this work more widely. MR</p> <p>ACTION: Detail the financial contribution the service provides at Board Level. SW</p>	
<p>2 Apologies (chair)</p>	<p>verbal</p>
<p>Apologies were received and accepted from Gianjeet Hunjan, Simone Jordan.</p> <p>Welcome to Brian Toner, Lead Governor who joins the meeting as an observer today.</p>	
<p>3 Declarations of Interest (chair)</p>	<p>ROHTB (6/24) 001</p>
<p>There is one amendment to the declarations which was received in writing from Simone Jordan, this was an update to a current declaration and will be reflected on the relevant documents.</p>	
<p>4 Minutes of Board Meeting held in Public on 1 May 2024:</p> <p><i>for approval</i> (chair)</p>	<p>ROHTB (5/24) 019</p>
<p>The minutes of the meeting held in public on 1st May 2024 were accepted and approved by the board.</p>	
<p>5 Actions from previous meetings in public: <i>for assurance</i> (SGL)</p>	<p>ROHTB (5/24) 019 (a)</p>
<p>SGL updated on three actions that are currently outstanding:</p> <ul style="list-style-type: none"> • ROHTBACT.221 - Leadership competency framework is scheduled to be discussed at the Staff Experience & OD Committee in June. • ROHTBACT.233 – Food Standards Agency Benchmarking Update will be on the July Trust Board agenda. • ROHTBACT.243 – Flu Vaccination Campaign. The date has been revised in line with the national campaign. An update to Trust Board will be provided in October. 	
<p>6 Questions from members of the public (chair)</p>	<p>verbal</p>
<p>No questions were received in advance of the meeting</p>	
<p>7 Chair’s and Chief Executive’s update: <i>for information and assurance</i> (TP/JW)</p>	<p>ROHTB (6/24) 002 ROHTB (6/24) 002 (a)</p>
<p><u>Chief Executive Update</u></p>	



JW highlighted the following:

- Patient Letters – Over the past few weeks a number of letters have been received describing the care and compassion our patients have received at the ROH. JW explained letters are being shared with staff.
- Finance Update - The focus remains on productivity, efficiency and expenditure to deliver the breakeven financial plan. Feedback from the System is that it is clear we have a plan to deliver.
- ROH League – Saturday 11 May saw a gathering of past members of staff of the ROH. Next year the League will be celebrating 60 years.
- This week's key events include the Blue Heart Staff Awards on Friday and the Long Service awards, where colleagues with 20, 30 and 40-years' service will be recognised, followed by next week those with 10 years' service.
- D Day – remembrance tomorrow (Thursday 6th June) with a number of events taking place across the Trust.
- Caribbean Nursing and Midwife Conference – This has been organised by Jennifer Pearson, Head of Nursing Div 1 on Saturday 8th June. JW will be opening the meeting.
- Health Innovations West Midlands Board – JW has been invited to join the Board and has accepted the invitation.

JB queried performance for spinal patients waiting over 65 weeks. MP explained that there is a plan for each patient and that there is a weekly meeting to review these; there is a high level of confidence in delivery. MH explained that the current 33 patients waiting should be clear by July. MP explained the trajectory is monitored closely, and we will have no 65 week waits by September.

Chair Update

TP attended the Volunteer Thank You event on Monday 3rd June. TP highlighted how it is very clear we could not run this hospital without them. They do a great job and we currently have approximately 65 volunteers, but we need to push these numbers back up.

TP undertook a tour of Oncology. The work in this area is progressing and phase 1 should be completed by June. The evidence on how we continue to transform the estate is something to be proud of.

TP met with the newly appointed Chief Digital Information Officer who is tasked with the delivery of installing EPR into the organisation.

SW highlighted there is an added delay to the sign off of the EPR business case as we are now in purdah; this has prevented sign off by the cabinet officer. TP challenged that as a Trust we need to move on with the items we can influence in



the meantime.	
<p>8 Seamless Surgery Update: <i>for assurance</i> (MRa/HY)</p>	<p>ROHTB (6/24) 003 ROHTB (6/24) 003 (a)</p>
<p>Michelle Raftery (MRa), Associate Director of Operations Div 1, and Helen Young (HY), Clinical Services Manager, were welcomed to the meeting to provide an update to the Board on the work that took place during Seamless Surgery Week.</p> <p>HY provided an update on the work that took place during the week to identify the improvements that could be made and explained the changes put into place.</p> <p>MRa explained that a more standardised formal process has been put into place to help deal with overrun.</p> <p>HY explained that staff feedback was gathered, and 40 colleagues responded. With this information an action plan has been devised and is being acted on. MRa explained there will be a ‘You said, we did’ approach to respond to the feedback, providing an update on the progress.</p> <p>NB explained another key focus of the week was on infection prevention. The focus was to ensure that as we go faster and harder this is not compromising infection prevention. A number of infection prevention walk rounds took place during this time in addition to the normal ones that take place.</p> <p>NB highlighted this was a unified approach. MRa emphasised as a divisional triumvirate this as undertaken and take regular walkabouts as a norm.</p> <p>JW thanked the team for the work that was undertaken. The work that has been undertaken with the Getting It Right First Time (GIRFT) team has been recognised and this team are sharing this more widely with teams in NHSE.</p> <p>MH explained that the Trust will have its annual review on 7th August. The team are working on the action plan but are confident the actions are being addressed.</p> <p>SP praised the report and emphasised engagement of the staff is important. SP queried how can we link this with the Jaguar Land Rover programme to further enhance the productivity. JW explained discussions are underway on this.</p> <p>JB queried the difference between working at weekends and LLP sessions, has anything been learned from this. JB also enquired what are the timelines to delivery. MRa explained some quick wins already completed, lessons learned board will take approximately three to four months. With regards to lists NB explained that differences were noted, and the team have taken back the lessons learned which are being implemented. Weekends will be faster as there is no one training but there are still improvements that can be made.</p> <p>MP explained that the action plan will feedback into the Service Improvement Board.</p>	



<p>LW queried is this applicable to other areas of the Trust. MH explained that this has already been considered so the next stage is moving to outpatients and then move through the patient journey.</p> <p>TP challenged why six months, and queried should this not be weekly as part of the continuous improvement journey. TP queried how do we embed this into the work we do. MH explained that the continuous improvement work continues through the action plan. MH explained that it is the intensity of focus that would be scheduled to 6 months. TP challenged we don't need these weeks as every day is focussed on how we improve. MP explained this is taking shape with daily huddles that are now taking place.</p> <p>JW explained that wards were also involved in this process. JW highlighted that some of the changes have just happened now which shows the change in not waiting to be told and just making it happen.</p> <p>IR queried are the start times enough with just two times on offer, are they appropriate for the patient. MRa explained that the physically space in the ADCU waiting area means the admission times need to be clear and these will get reviewed as go through the process as part of the lessons learned.</p> <p>SP queried how do we recognise when people do well. JW explained that work is taking place with the Communications team as to how we can improve this. NB explained that we also have a Quality Improvement Nurse in place who is reinforcing this. RL added that this is included on the huddle boards as part of the QSIR journey at the end of which we celebrate. The Communication Team are checking these boards and collecting these.</p> <p>SM raised we need to track the journey of the patient and the staff contact involved in this to allow us to see how efficient we are being.</p> <p>TP thanked MRa and HY for joining the meeting.</p>	
<p>9 Health Inequalities Action Plan: <i>for assurance</i> (NB)</p>	<p>ROHTB (6/24) 004 ROHTB (6/24) 004 (a)</p>
<p>NB presented the Health Inequalities Action plan which has been devised following the draft which was shared at a previous Trust Board meeting.</p> <p>NB explained that following feedback from the Board, and feedback from KPMG the action plan that is presented today has been devised.</p> <p>The plan is to report into Quality & Safety Committee and then will report quarterly to Trust Board.</p> <p>The Learning and Autism Strategy has already been developed and this works in tandem with this action plan. An update will be provided to the Board on this in September.</p>	



<p>JW praised the updates made as the tangible benefits can now be seen on this paper. JW explained that as part of the Women’s Health Hub this could also be included in this document.</p> <p>JB sought clarification that in quarter three the Board will receive an action plan that will give tangible actions that work in line with the Birmingham and Solihull ICB plan and will show what we will focus on, and asked for confirmation that this is the plan. NB confirmed that this is the next steps to ensure we align with the system plan.</p> <p>RL explained that work is starting to take place on early intervention work and that will also link into the plan. NB highlighted that it is key to bring this plan back to the Board along with the Learning and Autism strategy due to the distinct links.</p> <p>TP requested that we need to understand the measurement, and how will we know we have got there. TP challenged what will success look like. JW explained that the plan can have this detail.</p> <p>ACTION: Provide updated health inequalities plan with clear measures of success to September Trust Board. NB</p>	
GOVERNANCE AND COMPLIANCE	
<p>10 Corporate Risk Register Review: <i>for assurance</i> (SGL)</p>	<p>ROHTB (6/24) 005 ROHTB (6/24) 005 (a)</p>
<p>SGL provided the corporate risk register to the Board and explained the document shared is the output of a check and chat challenge session held by the Executive Team. The output is the top 10 risks that as an Executive team felt was the priority order the risks should be in.</p> <p>SGL shared that there is work being undertaken with Ulysses to help us use the system more effectively.</p> <p>JB queried should the risk of financial sustainability be rated higher. SW explained that this is reflective of the plan, and that we do have a plan to break even as we have mitigation which is why it would show as declining risk. JW agreed that this reflects where we are at the moment and is reviewed monthly. MP explained to assure the risk we are currently over performing on activity.</p> <p>TP requested that we need a Board session on reviewing risks to align the view of the Board on the prioritised risks. Non-Executives Directors need to risk rate separately, and then align the two to enable a debate on what the risk priority list should be. TP requested a visual representation of these risks would also be beneficial.</p>	



<p>TP requested a Non-Executive Lead is identified for this.</p> <p>JT highlighted it would be helpful to link the risks as part of strategic risks and they could be more streamlined.</p> <p>ACTION: Arrange a board session to concentrate on Corporate Risks and to be arranged for September Board. SGL</p> <p>ACTION: Provide a visualised report showing the risks on one page. SGL</p>	
<p>11 Health & Safety Annual Report: <i>for assurance</i> (SGL)</p>	<p>ROHTB (6/24) 006 ROHTB (6/24) 006 (a)</p>
<p>SGL presented the Health and Safety Annual Report and confirmed this report has been to Quality & Safety Committee prior to this meeting.</p> <p>This is the first time this report has been produced and is following feedback from the annual self-assessment.</p> <p>SGL highlighted one issue raised is the completion of the fire safety training and TP encouraged Board members to complete their mandatory training if they have not done so already.</p> <p>JW thanked SGL for the leadership on this subject.</p> <p>SGL recommended the Board approve the publication of the report.</p> <p>The Board approved publication of the Health & Safety Annual Report.</p>	
<p>UPWARD REPORTS FROM THE BOARD COMMITTEES</p>	
<p>12 Upward reports from the Board Committees: (cttee chairs)</p> <p>a) Finance & Performance Committee</p> <p>b) Audit Committee</p> <ul style="list-style-type: none"> ○ Audit Committee Annual Report ○ Internal Audit Plan <p>c) Quality & Safety Committee</p>	<p>ROHTB (6/24) 007 ROHTB (6/24) 008 ROHTB (6/24) 008 (a) ROHTB (6/24) 008 (b) ROHTB (6/24) 009</p>
<p><u>Finance & Performance Committee – LW</u></p> <ul style="list-style-type: none"> ● Deficit for Month 1 was noted. ● Capital and Estates Plan was discussed at the meeting with a further update at today’s private board meeting. ● Several significant areas of good performance which have been highlighted in the Chief Executive update. ● Process taking place to reframe approach to productivity, developing an 	



<p>integrated performance approach which will look to develop a balance scorecard. LW would look to bring this to the Trust Board. TP requested this is shared at the next Trust Board meeting in July.</p> <ul style="list-style-type: none"> • TP raised that following a discussion at Non-Executives this morning it would be appropriate to receive a simple finance report from the Chief Finance Officer highlighting the key points from the detailed Finance Performance Report. • JB queried when will a Cost Improvement Programme (CIP) update be shared and what risks have been identified within this. SW explained that this is shared as part of the Finance Performance Report and discussed at Finance & Performance Committee each month. SW explained that schemes are being identified to address the 1% unidentified value currently. SW explained that the 3% identified is recurrent monies. <p>ACTION: Balance Scorecard samples to be shared at the Board meeting in July. LW/SW</p> <p><u>Audit Committee – SGL</u></p> <ul style="list-style-type: none"> • The main focus of the meeting was on the annual report/annual accounts. • The new Counter Fraud Manager was welcomed to the Committee. • JB was keen to understand about the integrated data pack/dashboard. SW explained that further discussions are needed as there is a risk we would lose some of the richness of the narrative that is currently received. This would mean a more data driven report rather than the narrative. <p><u>Quality & Safety Committee – JB</u></p> <ul style="list-style-type: none"> • The meeting was face to face, and the plan going forward is for every other meeting to take place in this way. • Patient Safety Incident Response Framework (PSIRF) and the progress made was discussed. This gave assurance that the Trust was managing incidents in line with the new principles of the new framework. • Output of the National CQC Inpatient results were positive. • SGL highlighted that the reports being produced from the PSIRF are outstanding. 	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
<p>13 Performance Reports: <i>for assurance</i></p> <ul style="list-style-type: none"> • Finance & Performance • Quality & Safety 	<p>ROHTB (6/24) 010 ROHTB (6/24) 011</p>



The reports were taken as read.	
Date of next meeting: Wednesday, 3 July @ 0900h	



Next Meeting: 3 July 2024, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 7 June 2024

Number	Agenda item	Paper Ref	Date raised	Action	Owner	Completion Date	Response submitted/Progress update	Status
ROHTBACT.243	Flu Vaccination Update	ROHTB (4/24) 007 ROHTB (4/24) 007 (a)	10/04/2024	Prepare a communication campaign and provide an update to the Quality and Safety Committee in May	NB	05/06/2024 02/10/2024	Date updated as campaign work will not commence until August/September time. Schedule for Q&S Committee in September. Update to Trust Board in October.	
ROHTBACT.238	EPRR Position Statement	ROHTB (2/24) 010 ROHTB (2/24) 010 (a)	06/02/2024	Provide an update on the EPRR Position Statement following the next assessment	SW	04-Sep-24	ACTION NOT YET DUE	
ROHTBACT.232	Chief Executives Update	ROHTB (3/24) 002 ROHTB (3/24) 002 (a)	07/03/2024	Provide a preceptorship update via a staff story in approx 8 months.	NB	04-Dec-24	ACTION NOT YET DUE	
ROHTBACT.241	Guardian of Safe Working Update	ROHTB (4/24) 002 ROHTB (4/24) 002 (a)	10/04/2024	Invite Joanne Thomes, Associate Medical Director to give an update on Women in Orthopaedics.	MR	02-Oct-24	ACTION NOT YET DUE	
ROHTBACT.242	Service Accreditation	ROHTB (4/24) 006 ROHTB (4/24) 006 (a)	10/04/2024	Provide an update on progress at the May Quality & Safety Committee and September Board Meeting.	NB	04-Sep-24	To be given at the July QSC and the September Board meetings	
ROHTBACT.245	Freedom to Speak Up Assurance Report	ROHTB (4/24) 010 ROHTB (4/24) 010 (a)	10/04/2024	Invite FTSU Guardian to the September Trust Board to provide an update on the national changes.	SGL	04-Sep-24	ACTION NOT YET DUE	

ROHTBACT.254	Patient Story - BOOM	Presentation	05/06/2024	Provide an update on what the plan is to share the work more widely.	MR	04-Sep-24	ACTION NOT YET DUE	
ROHTBACT.255	Patient Story - BOOM	Presentation	05/06/2024	Detail the financial contribution the Oncology service provides as a Board level summary.	SW	04-Sep-24	ACTION NOT YET DUE	
ROHTBACT.256	Health Inequalities	ROHTB (6/24) 004 ROHTB (6/24) 004 (a)	05/06/2024	Provide an update health inequalities plan with clear measures of success to September Trust Board	NB	04-Sep-24	ACTION NOT YET DUE	
ROHTBACT.257	Corporate Risk Register Review	ROHTB (6/24) 005 ROHTB (6/24) 005 (a)	05/06/2024	Arrange a board session to concentrate on Corporate Risks at the September Board meeting to allow for a Non Executive v Executive comparison on risk rating	SGL	04-Sep-24	ACTION NOT YET DUE	
ROHTBACT.258	Corporate Risk Register Review	ROHTB (6/24) 005 ROHTB (6/24) 005 (a)	05/06/2024	Provide a visualised report showing corporate risks on one page each month.	SGL	04-Sep-24	ACTION NOT YET DUE	
ROHTBACT.254	Upward Reports to Board Committee - Finance & Performance	ROHTB (6/24) 007	05/06/2024	Share the Balance Scorecard samples at the Board meeting in September.	LW/SW	04-Sep-24	To be included on the September Board agenda with a discussion at Finance & Performance Committee beforehand.	
ROHTBACT.221	Wellbeing Plan	ROHTB (10/23) 005 ROHTB (10/23) 005 (a)	04/10/2023	Present the revised leadership competency framework to Staff Experience & OD Committee in October 2023	SM SGL	25/10/2023 27/03/2024 26/06/2024	Deferred to the January March June 2024 meeting - built into Executive appraisals for 2024. Included on SE&OD June Agenda. Discussed at SE&OD Committee in June. Propose Closure	

ROHTBACT.233	National Food Standards update	ROHTB (12/23) 005 ROHTB (12/23) 005 (a) ROHTB (12/23) 005 (b)	06/12/2023	Provide benchmark report on food standards and themes from patient and staff on a regular basis to relevant committees and report back to Trust Board	NB	05/06/2024 03/07/2024	Deferred to July meeting. Included on agenda. Propose Closure
ROHTBACT.250	Divisional Lookback 2023/24 and Forward Plan 2024/25	ROHTB (5/24) 004 ROHTB (5/24) 004 (a) ROHTB (5/24) 004 (b) ROHTB (5/24) 004 (c)	01/05/2024	Build into the Board Forward Plan a Corporate Services Lookback/Forward Plan presentation.	SGL	05-Jun-24	Scheduled for the July 2024 meeting. Propose closure
ROHTBACT.235	Chief Executives Update	ROHTB (3/24) 002 ROHTB (3/24) 002 (a)	07/03/2024	Provide an update on themes/feedback from 'Check and Chat' sessions to Board twice a year.	JW	03-Jul-24	Included on July Board Agenda. Propose closure.
ROHTBACT.251	MSK Transformation	ROHTB (5/24) 007 ROHTB (5/24) 007 (a)	01/05/2024	Produce a workforce plan that enables the MSK programme of work to be supported.	SM	03-Jul-24	Included on July Board Agenda. Propose closure.
ROHTBACT.252	MSK Transformation	ROHTB (5/24) 007 ROHTB (5/24) 007 (a)	01/05/2024	Provide an update on the leadership of workstreams and the programmes next steps to July Board meeting.	RL	03-Jul-24	Included on July Board Agenda. Propose closure.

KEY:

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



TRUST BOARD

DOCUMENT TITLE:	Chief Executive's update
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive
AUTHOR:	Jo Williams, Chief Executive
PRESENTED BY:	Jo Williams, Chief Executive
DATE OF MEETING:	3 July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY		TO CREATE DISCUSSION		TO SEEK APPROVAL	
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EXECUTIVE SUMMARY:

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

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> • Compliments received on quality of care • Numbers of patients waiting excessively for treatment are reducing well • Celebratory events 	<ul style="list-style-type: none"> • Challenging financial & activity plan

REPORT RECOMMENDATION:

The Committee is asked to RECEIVE and ACCEPT the report for assurance

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

Financial	X	Environmental		Communications & Media	X
Business and market share	X	Legal & Policy	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 *(Indicate with 'x' all those that apply):*

Care	X	Community	X
Expertise	X	Services	X
People	X	Collaboration	X

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

Details performance against Constitutional Standards

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

ICB Objectives

BENCHMARKING SOURCE *(Indicate data sources included in report IF APPLICABLE):*

None

PREVIOUS CONSIDERATION *(Indicate board/committee/group & date):*

None



Report to the Trust Board (In Public)

3 July 2024

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 5 June 2024 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 my monthly report by sharing a patient's story, Phil's story: 'life beyond arthritis'. With a 28-year career as a firefighter, Phil had always led an active life. Outside of his career, Phil was passionate about playing rugby, football, basketball and golf. Like many who have a hands-on career and keen on sport, Phil experienced wear and tear in both his knees from arthritis. He had several Arthroscopy operations on each knee to help and ultimately needed a Total Knee Replacement to help him get back on the golf course.

1

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

Phil came to the Royal Orthopaedic Hospital (ROH) for both his knee replacements in 2007, but over time the joints were wearing out. Joint replacements typically last 15-20 years. Phil chose to have his revision surgery again at ROH.

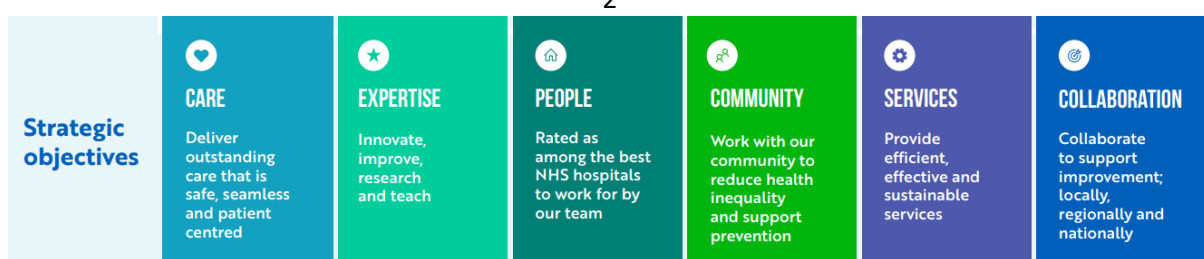
“Having been to the Royal Orthopaedic Hospital to have the first two replacements, I wouldn’t go anywhere else in the world to get the revision done. From the reception staff right the way through to the people who sent me home and the physiotherapists, I just thought it was world class. I felt relaxed. I felt that everybody cared about me. There was always someone on standby to talk to me.”

You can ease recovery from surgery by taking care to prepare ahead of time, strengthening your muscles and making sure your general health and wellbeing is good as can be. Phil shared with us how he prepared for his surgery:

“I tried to build up the quads as much as I could. Because I was in pain I did a lot of cycling and really focused on strengthening exercises, really just trying to get the muscles built up as much as I could for the recovery. Prior to discharge, I was invited to a physiotherapist group, which I thought was brilliant. I met people from all the other wards, we did a lot of exercises, had a laugh and a joke.”

“I think I was in a good position for the recovery, having recovered from two previous replacements 15 years ago, realising that you have to put in the work. I did my exercises that I was given by the physiotherapist, and every time I did

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them I iced the knee down, which certainly took a lot of the pain and aggravation away. Within five weeks I was dancing and singing as an Ugly Sister in a Golf Club production of the pantomime Cinderella, walking the dog; not a bother.”

When asked why he chose to have a knee replacement, Phil explained “because it’s changed my life. I’m still like a young man. I’m a 24 year old 67 year old. I feel there’s nothing I can’t do – I walk straight, I can go to the gym.

If I hadn’t had the surgeries, I don’t think I’d be anywhere near the person I am now.” Thank you Phil for sharing your story – his video can be watched on [Royal Orthopaedic Hospital - Life Beyond Arthritis - Phil's Story \(roh.nhs.uk\)](http://RoyalOrthopaedicHospital-LifeBeyondArthritis-Phil'sStory.roh.nhs.uk)

Pictured below with his surgeon, consultant Mr Yuvraj Agrawal



3

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

- 2.2.1 The 2024/25 financial year continues to have a greater focus on productivity, efficiency and expenditure to deliver our ambitious plan of breakeven. The Trust delivered a deficit position in May of £479k, against a planned surplus of £132k, generating an adverse £611k variance. Year to date deficit totals £911k deficit against a deficit plan of £186k, generating an adverse £726k variance.
- 2.2.2 Agency spend continues to show improvement, with an underspend year to date of £6k and total expenditure of £282k in M1 and £286 in M2k.
- 2.2.3 Activity in May was strong, delivering 1280 cases which is over our stretch plan of 1274 cases with theatre session utilisation at 93.35% against a target of 85%.
- 2.2.4 46 private patients were treated throughout the month against a plan of 50 patients, with the team working through several actions which were agreed at the June Trust Board meeting.
- 2.2.5 Operational performance targets performed well, with 40 patients waiting over 65 weeks. This has increased slightly (4) due to patient choice and the patients are predominately in Spinal Services. The Trust was compliant against all three-cancer metrics in April.
- 2.2.6 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.

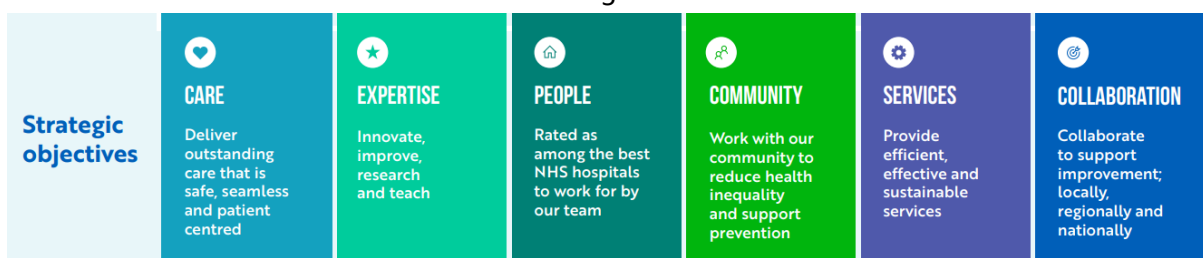
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- 2.2.7 The diagnostic standard of 99% was achieved in month (100%) which again is testament to the fantastic team we have in our Imaging Services across all areas.
- 2.2.8 The British Medical Association (BMA) has announced that junior doctors will strike from 7am on Thursday 27 June to 7am Tuesday 2 July 2024. I would like to reassure our patients that we are working hard to ensure disruption to services is minimised at the ROH.
- 2.2.9 NHS England’s Specialised Commissioning Quality and Nursing Team (QNT) has notified us that they will be facilitating a peer review of the Primary Bone service. The peer review has been scheduled for 4 July 2024. The scope for the review is enclosed with meeting papers under matters for information. As part of the peer review visit process the Primary Bone service is required to provide evidence to demonstrate compliance with the service specification, particularly areas described within the scope.

2.3 Our People

- 2.3.1 On Friday 7 June we hosted our annual Blue Heart Staff Awards, welcoming 190 staff from across the Trust. Congratulations to all the finalists and thank you to Yasmin Brown, the ROH Charity and the Communications team who all worked so hard to make the event a very special evening. The team have released a short video <https://x.com/i/status/1803024248799170945> capturing the evening.
- 2.3.2 Congratulations to the Finance Team who have been working through ‘Towards Excellence’ Accreditation and has been awarded Level 2. The One NHS Finance

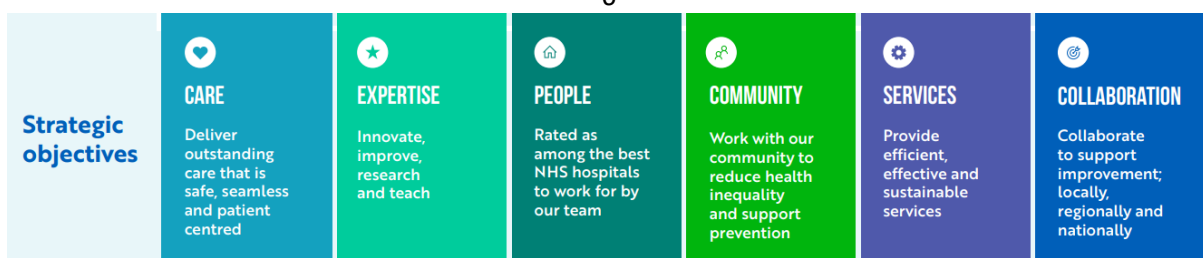


'Towards Excellence' Accreditation process, allows the Finance Leadership Council to give due recognition to organisations that have the very best finance skills, development culture and practices in place. There are three levels, each designed to reflect the continuous development of the finance function and recognising the highest standards of financial competence and commitment to skills development. I have no doubt that although Level 2 demonstrates "High level of performance" the team will now be working towards gaining Level 3 "leading-edge NHS finance function". Well done; this is a fantastic achievement.

2.3.3 Throughout June, we celebrated Pride month which is a powerful testament to the resilience, courage, and love of the LGBTQ+ community. Pride Month reminds us of the battles fought and the sacrifices made by countless individuals who dared to live authentically in the face of prejudice and discrimination. It is a tribute to the brave souls who stood up at Stonewall, who marched for equality, and who continue to challenge the injustices that persist today. In our organisation, we strive to a culture where every individual feels valued and respected.

Pride month is a reminder of the importance of inclusivity, urging us to ask ourselves how we can better support our LGBTQ+ colleagues. It is a call to action to create a culture where everyone can thrive, where diversity is not just acknowledged but celebrated.

2.3.4 Congratulations to Jennifer Pearson, Head of Nursing for Division 2, for the amazing conference she organised in June. The ROH hosted the [Caribbean Nurses and Midwives Association UK \(CNMA UK\) 2024 Conference](#). The focus



this year was the future of the global workforce. It was a great agenda with so many incredible and inspiring speakers.

It was a pleasure to be invited and talk to the CNMA and learn more about the global challenges and what we can do locally to address them. This was a positive event, so thank you to everyone who helped to organise before and during the event. The ROH team shone and so many of the visitors commented on the culture in the Trust whilst meeting members of the ROH team.

2.3.5 Between 24 and 29 June 2024, we celebrated Armed Forces week. We are proud to reinforce our healthcare commitment to the Armed Forces community and are taking the opportunity to highlight how we're supporting Armed Forces personnel, veterans, their families, and carers. The ROH is committed to supporting the Armed Forces Community and that's why we have signed the Armed Forces Covenant.

2.3.6 On 6 June, the Trust commemorated the 80th anniversary of the D-Day landings. We celebrated by offering fish and chips in Café Royale to mark that this meal had not been rationed during the war and also enjoyed the performances of the Bluebird Belles Vintage Singers who sang war time songs in Outpatients. The hospital was dressed in Union Jack bunting and poppies to remember those who had lost their lives in the wars.

2.3.7 On 6th and 13th June we celebrated our long service awards for those having worked in the NHS for 10, 20, 30 and 40 years. It was humbling to see the



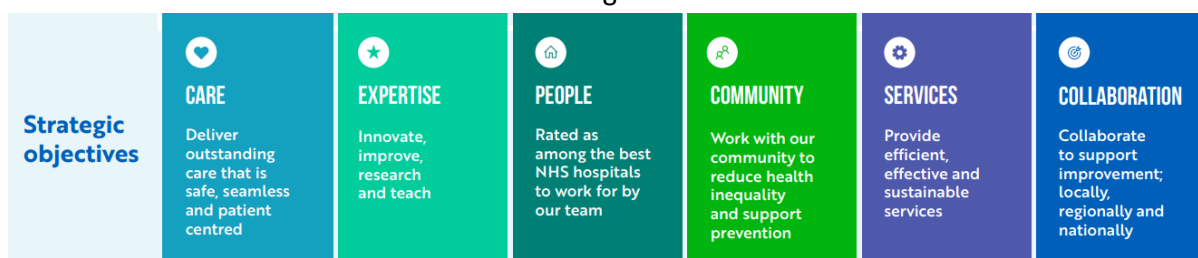
commitment of these colleagues, both to the ROH and to the wider NHS. The events were very positive and feedback on the awards ceremonies from colleagues attending has been very positive. Thank you to Tim Pile, our Chair who jointly hosted the first of the events and to Simon Grainger-Lloyd, Director of Governance who co-hosted the second event with me.

2.4 Our Collaboration

2.4.1 I am delighted to confirm that I have been invited to represent Specialist trusts on the Health Innovation West Midlands Management Board. Health Innovation West Midlands (HIWM), formerly known as the West Midlands Academic Health Science Network is part of a National Network of 15 organisations, who collectively act as the innovation arm of the NHS.

HIWM brings stakeholders together across all sectors involved in healthcare, including social care and public health, research, and industry to support the development of transformational health innovations and to accelerate the adoption and spread of improvement solutions demonstrated to deliver patient benefits. I look forward to attending my first Board workshop and meeting in August 2024. [Health Innovation West Midlands | Transforming Health & Social Care](#)

2.4.2 The Executive Team has reviewed the BSol Community Care Collaborative Implementation Plan and endorse the proposed approach. The Birmingham and Solihull Community Care Collaborative will be a key vehicle for the delivery of more holistic, integrated care, at place, locality, and neighbourhood level.



The Implementation Plan builds on the Strategic Outline Case which was approved in November 2023 to set out the expected benefits and outcomes from the Collaborative’s work. It describes the models of care, including the role of Localities, and the priorities of the five work programmes:

1. Integrated Teams in Neighbourhoods and Localities
2. Intermediate Care
3. Long Term Conditions
4. Supporting Primary Care Development
5. Children’s Community Services.

The Plan sets out the role that the Collaborative will take across the portfolio of services, and that in 2025/26, the Collaborative will be the Lead Provider for · Adult Community Services (Birmingham) · Localities and INTs · Intermediate Care (NHS services) · GP Provider Support Unit (pending separate Case for Change).

To enable this, there is a formal process to follow to transfer responsibilities to the Collaborative, that takes a minimum of six months. The Implementation Plan details the current governance arrangements, and how we will ensure quality of services and quality improvement. It describes the key enabling functions and identifies where resource will need to be identified to support delivery of the ambitious aims of the Collaborative. The Plan has been developed collaboratively over the last six months, including with the Community Care Collaborative Steering Group and the ICB.



2.5 Our Community

2.5.1 It was great to hear from the ROH charity about the fantastic Health Hacks initiative which they have started to deliver into Schools, starting on 8 May at Bournville Village Primary School. Health Hacks workshops, tailored for year four pupils aged 8 to 9, is led by a team of medical and therapy experts. The one-hour sessions aim to promote good musculoskeletal health and empower families with essential well-being skills.

The pupils enjoyed participating in educational activities that included plastering their arms, keeping a balloon in the air, holding a seated position against the wall, and learning the names and functions of various muscles in the body.

Gary, Deputy Head Teacher, shared his thoughts on the workshop: "What a fantastic morning! Thank you to you and the team for visiting us this morning. The children were absolutely buzzing! The lessons were pitched right, and the delivery was perfect. They did a great job! We will get the programme started and we should see some positive results."

Following the workshop, children are engaging in a community research task, involving parents and carers, to incorporate what they learnt into their daily routine to boost their well-being. For example, this could include daily stretches, drinking more water and spending more time outdoors. ROC charity revisited the school, two weeks into the community project, to see how they were getting on.

Most students are participating with their families at home. When asked about what changes they have made since the workshop and their involvement in the

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community task, the children shared various experiences. One child said, "I drink more water and go for a jog with my mom every Tuesday and Wednesday." Another commented, "I feel more hydrated and less tired when running." A third child shared, "I do stretches with my mom. Before, my shoulders were a bit hunched like this (child demonstrated), but now I sit up straighter like this (child demonstrated)." Another mentioned, "I feel more energised."

The pupils have been given four weeks to conduct this challenge and are encouraged to monitor their progress with a survey before and after, whilst noting down any changes they observe. The pupils are enjoying the challenge and the opportunity to participate with their families. Class 4E shared that they plan to collate their findings and create a class poster to encourage and support others in leading a healthy lifestyle. The pupils will then collaborate with their peers and class teachers to collate their findings into a group presentation, before visiting the Royal Orthopaedic Hospital for a guided tour and an interactive session with healthcare professionals, providing valuable career exposure.

This is fantastic to see our MSK prevention work being delivered. ROC have a further two schools interested in participating in the Health Hacks programme, which they hope to commence within the Autumn term. I look forward to seeing how this could be rolled out across BSol. Thank you to the ROC charity team for a great initiative and the clinical team supporting them.







3. **BSol ICS (Integrated Care System) Updates**

- 3.1 The Birmingham and Solihull (BSol) Integrated Care Board (ICB) meets bimonthly, and next public meeting is being held on 8 July 2024.
- 3.2 On Friday 28 June, as the system SRO for Women’s Health Hub, we will hold our first conference to launch our work and the development of a Women’s Health Strategy. I would like to thank all the speakers and participants for supporting the day and a huge thank you to the ROH Communication team for supporting the conference as part of the planning and on the day. This is a great opportunity as a system to make an impactful change to health inequalities across our system for women health, making it simpler, faster, easier to access care and ultimately improving outcomes (agenda attached in Appendix).

4. **Aston University**

- 4.1 I would like to thank Aston University for the very kind letter announcing that the Senate of the University have offered me an Honorary Doctorate. I am very grateful to Professor Aleks Subic, Vice Chancellor & Chief Executive and the Senate for this honour. It is a huge privilege and I hope that my acceptance speech on 16 July conveys what an honour this is, but it is dedicated to the team at the ROH, as being the CEO of this incredible organisation and seeing each

Strategic objectives	 CARE Deliver outstanding care that is safe, seamless and patient centred	 EXPERTISE Innovate, improve, research and teach	 PEOPLE Rated as among the best NHS hospitals to work for by our team	 COMMUNITY Work with our community to reduce health inequality and support prevention	 SERVICES Provide efficient, effective and sustainable services	 COLLABORATION Collaborate to support improvement; locally, regionally and nationally
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day what a different they make to patient life's is truly inspirational – thank you.

5 POLICY APPROVAL

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

- Staff Immunisation Policy
- Procedure for the Identification and Management of Measles

6 RECOMMENDATION(S)

6.1 The Board is asked to discuss the contents of the report, and

6.2 Note the contents of the report.

Jo Williams

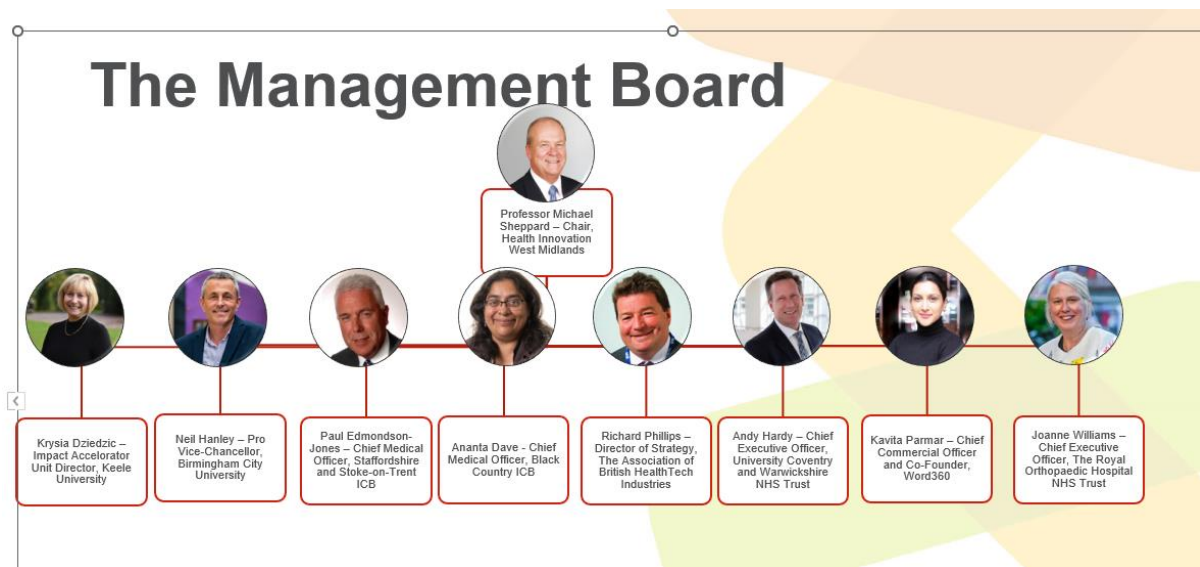
Chief Executive

25 June 2024



Appendix 1

HIWM – Management Board

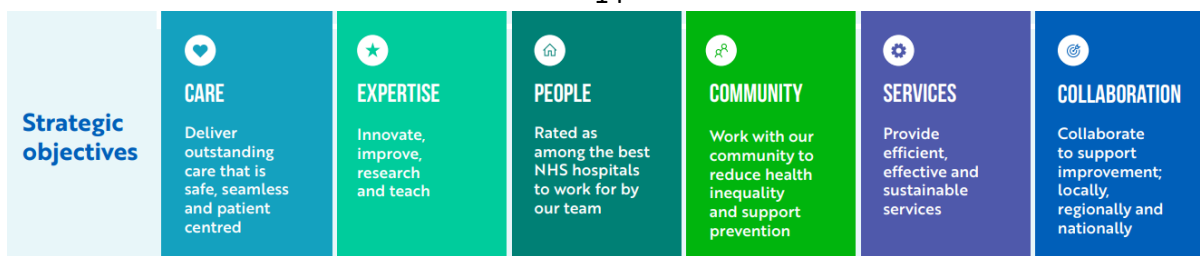


Women Health Hub Agenda

Agenda

Time	Topic	Speaker	
9 – 9:30am	Registration, refreshments and networking		
9:30 – 9:45	Conference welcome	Prof Patrick Vernon OBE, Chair, BSol ICB	
9:45 – 10am	Introduction: collaboration is key	Jo Williams, CEO ROH and WHH SRO	
10 – 10:30am	Our context: Women's maternal health in Birmingham and Solihull / NHS overview and Q&A	Dr Deepthi Jyothish, SRO Infant Mortality, Consultant Paediatrician, BWCH	
10:30 – 10:50am	Birmingham Women's health needs report with recommendations: Birmingham City Council, Public Health	Monika Rozanski, Service Lead – Inclusion Health, Public Health Division, Birmingham Yasmin Nessa, Senior Public Health Officer	
10:50 – 11:15am	Women's Health Hubs: what the research says	Dr Beck Taylor, Clinical Associate Professor in Public Health, University of Warwick	
11:15 – 11:35am	Refreshments and comfort break		
11:35 – 11:55am	Establishing a hub and spoke model to increase access to contraception	Ruth Tennant, Director of Public Health, Solihull MBC	
11:55am – 12:10pm	Community engagement: working in collaboration with our communities	Tony Kelly, Diabetes Ambassador/Activist (volunteer) BSol ICS	
12:10 – 12:45pm	Timeline to build our Health Hub and workshop introduction	Jo Williams, CEO ROH and WHH SRO Julie Gardner, Assistant Director, BWCH	
	Workshop TBC (four facilitators will rotate)		
	Topic	Rationale	Facilitator
	Digital and LiNA	About the LiNA tool, how it will work, impact and engagement	Julie Gardner, BWCH
	WHH offer	Integrating the WHH offer in our communities in BSOL	Raffaella Goodby, (WHH Executive Lead) BWCH
Engaging communities	How communities can help set local strategy	Dr Fatima Zakia, BCHC	
Targeted interventions	Making progress against a priority area (e.g. menopause support)	Wendy Madden, UHB	
12:45am – 1:45pm	Lunch		
1:45 – 2:30pm	Panel Q&A: Women's health, the challenges, the solutions and working together	Panel speakers	
2:30 – 2:45pm	Developing a strategy: our next steps	Jo Williams, CEO ROH and WHH SRO	
2:45 – 3pm	Closing remarks	Jo Williams, CEO ROH and WHH SRO	

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TRUST BOARD

DOCUMENT TITLE:	'Chat & Check' update
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive Officer
AUTHOR:	Simon Grainger-Lloyd, Director of Governance
DATE OF MEETING:	3 July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY		TO CREATE DISCUSSION		TO SEEK APPROVAL	
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EXECUTIVE SUMMARY:

Some time ago, the Board requested an update on the Executive 'Chat & Check' visits.

The attached paper outlines the approach, gives a flavour of the feedback received and articulates next steps to improve the conversations and widen participation.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> • Good engagement with staff across the Trust • Promotes visibility of the most senior leadership 	<ul style="list-style-type: none"> • Visits have identified improvements for patient and staff experience where there are perceived shortfalls

REPORT RECOMMENDATION:

The Board is asked to RECEIVE and NOTE the update and SUPPORT the planned next steps

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

Financial		Environmental		Communications & Media	X
Business and market share		Legal & Policy		Patient Experience	X
Clinical		Equality and Diversity	X	Workforce	X
Inequalities	X	Integrated Care		Continuous Improvement	X

Comments:

ALIGNMENT TO TRUST STRATEGY *(Indicate with 'x' all those that apply):*

Care	X	Community	
Expertise	X	Services	X
People	X	Collaboration	

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

Many items of feedback relate to work already ongoing as part of the delivery of the Trust strategy or workforce plans

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

Build, develop and retain a great, inclusive workforce, Protect people from harm.

BENCHMARKING SOURCE *(Indicate data sources included in report IF APPLICABLE):*

N/A

PREVIOUS CONSIDERATION *(Indicate board/committee/group & date):*

Executive Team consider feedback from the visits after each session.



Executive 'Chat & Check' Update

BRIEFING TO THE TRUST BOARD (IN PUBLIC) – 3 JULY 2024

1. BACKGROUND AND CONTEXT

- 1.1 The CQC's Well Led domain, makes it clear that there is an expectation that there is good visibility of an organisation's leaders through the following criteria: 'Leaders at every level are visible and lead by example, modelling inclusive behaviours'. Based on this, and previous feedback within the staff survey, but crucially on the Executive Team's desire to connect strongly with the organisation, the 'Chat and Check' initiative was introduced in 2021.
- 1.2 This report provides an overview of the concept, which is designed to inform new Board members of the work and act as a refresh for longer standing Board members. It also highlights some examples of feedback received as part of the visits and next steps planned to improve the process and conversations further.

2. APPROACH

- 2.1 The concept of 'Chat & Check' is two-fold: to principally hold an informal conversation with staff from across the Trust to understand their experience of working at the ROH; and to provide an opportunity for a review of the physical environment in which our teams are working. The conversations are not designed to stimulate the production of an action plan or promise staff equipment, additional resources or to offer to resolve concerns; those issues remain within the gift of the teams' line managers.
- 2.2 The visits are held approximately six weekly, although when organisational pressures have required, then visits have been held less frequently; equally when time has permitted, then visits have been more frequent. Teams to visit are chosen either by rotation or because there is intelligence that it would be useful to understand how a particular team is feeling. The visits cover both clinical and non-clinical areas and are unannounced to avoid any unnecessary preparation or anxiety by those to be visited. Visits last around an hour to an hour and a half and are usually conducted by pairs of the Executive Team. Feedback from the visits is then discussed by the Executive Team as a group and key themes are reflected back to staff as part of the monthly Team Brief meeting.
- 2.3 Discussions with staff are informal, however a template is used to structure the conversations if required. This is attached as **Appendix A**.

3. FEEDBACK

- 3.1 Visits have been welcomed by staff and they have engaged well with discussions. Feedback on how staff would describe their experience of working at the ROH has been nearly unanimously positive, with descriptions of 'like a family', 'welcoming' and 'supportive' being offered on a regular basis across all teams. Existing NHS staff, new to the ROH, often make comparisons between their previous

trust and the ROH, highlighting the more intimate atmosphere at the ROH as a result of the smaller numbers of staff and flatter organisational hierarchy. Conversely, some staff who have joined from private sector organisations have been keen to highlight the occasionally frustrating levels of bureaucracy and the apparent lack of resources.

- 3.2 When asked how life could be improved for staff in the organisation, limited resources, both in terms of manpower and equipment, is often quoted. Some of the clinical teams, most notably nursing, have highlighted some of the pressures they perceive as a result of tight rotas and reliance on agency staffing. The canteen offering has also been raised, more so prior to the refurbishment of Café Royale, with request for more fresh fruit and reinstatement of the salad bar, when it was removed some time ago. As a result of the refurbishment of the canteen facilities this situation has been corrected and the offering of free porridge each morning has been cited as a welcome benefit of working at the ROH. Another key theme raised is the lack of meeting rooms across the Trust, particularly for confidential conversations, this being a key consideration as part of the estates planning work. Improved car parking is a nearly universal suggestion made to improve staff experience at the ROH.
- 3.3 Staff are keen to respond to questions around how the experience of patients can be improved at the ROH, with improved wayfinding and signage being a common suggestion. Colour coding the flooring to direct patients to particular areas, was an innovative suggestion, but an imperative to improve signage for visitors' parking to avoid unnecessary confusion at Gate A was also highlighted. It has also been suggested that we should be mindful of digital inequality i.e. not all of our patients are technologically savvy and therefore more help on site for people navigating the Trust's check in systems would be useful. On a particularly positive note, the opportunity has been taken to test with non-clinical teams, whether they are able to identify their contribution to patient care. When the 'Chat & Check' initiative was first launched, this was patchy, with some teams not being able to clearly articulate their role as a 'cog' in the delivery of patient care. Over the last year however, there has been a clear improvement in this respect. A notable example was offered by the IT team, who understood that every job completed by the helpdesk helped a colleague deliver their role better and therefore this had a clear benefit to the service that our patients receive.
- 3.4 In terms of what things staff would like to see happen in the coming year, there is some duplication with the feedback provided around improved staff experience. There have been some suggestions around more flexible working and improved communication from senior managers. Both are built into the workplans as a result of the staff survey. There is also a clear desire to remain as a unique entity within the Birmingham and Solihull System and continue to build on the existing excellent reputation the ROH offers for life changing care.
- 3.5 The second intention of the 'Chat & Check' visits is to gain a view of the working environments of the teams at the ROH. There have been no concerns identified which required immediate rectification, although in line with many comments made by staff themselves, the limitations of accommodation and estates facilities is noticeable. In some areas, storage has been noted to be an issue, particularly where there is a delay collecting redundant equipment or packaging. Given the age of the estate, lack of modern air conditioning has also been noted to be an issue, although mobile facilities are provided where there is a clear need for support.

4 NEXT STEPS

- 4.1 The Executive Team and staff enjoy the 'Chat & Check' visits and some staff make contact with the Directors after their visits to thank them for the opportunity to meet the team on an informal basis and for listening to their experiences. On this basis, it is proposed that the visits continue, reaching out to some teams who have been harder to visit than others.

- 4.2 In terms of the review of the physical environment, given the introduction of the Sexual Safety Charter, which is discussed later on today's agenda, additional checks will be built into the visits to ensure that there is no inappropriate material on display in team spaces.
- 4.3 Non Executive walkabouts will also be formalised, which can be built around the 'Chat & Check' visit approach; a visit to theatres and the Patient Experience Team has already been undertaken, with a plan to widen participation in this schedule over coming months.

5 RECOMMENDATION

- 5.1 The Trust Board is asked to:

RECEIVE and NOTE the update on the 'Chat & Check' visits and SUPPORT the proposed next steps.

Simon Grainger-Lloyd
Executive Director of Governance

27 June 2024



'CHAT AND CHECK' – EXECUTIVE WALKABOUTS

DATE:		AREA:		EXECUTIVE TEAM MEMBERS:	
Q1: What single word would you use to describe the ROH?			Q2: What can we do to improve your experience at work?		
Q3: How can we improve the experience for our patients?			Q4: What do you want to see happen in the next year?		
Describe the physical environment of the team and comment on issues/concerns where apparent:					



TRUST BOARD

DOCUMENT TITLE:	People Promise Exemplar Programme
SPONSOR (EXECUTIVE DIRECTOR):	Sharon Mahli, Executive Chief People Officer & Rebecca Crowther, Deputy Chief People Officer
AUTHOR:	Donna McMahon People Promise Manager
DATE OF MEETING:	26 June 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY	X	TO CREATE DISCUSSION		TO SEEK APPROVAL	
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EXECUTIVE SUMMARY:
ROH has become a People Promise exemplar site and has received funding for 12 months for a colleague to support ROH to undertake a self-assessment against the 7 people promise themes, define the current status, gaps and generate an action plan for delivery. The role reports into both ROH (DCPO) and a national SRO so information and work undertaken at ROH will be shared across the wider NHS. Implementation of actions underway across all workstreams.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
All workstreams have a lead and are now in progress. Comms support and promotion of the People Promise and programme is strong	Key stakeholders to lead manage programmes of work. Programme has no allocated budget so workstreams require strong exec/stakeholder engagement.

REPORT RECOMMENDATION:
The Board is asked to:
Note the report for information and assurance.

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
Inequalities	X	Integrated Care		Continuous Improvement	X

Comments:

ALIGNMENT TO TRUST STRATEGY *(Indicate with 'x' all those that apply):*

Care		Community	
Expertise		Services	
People	X	Collaboration	X

ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Action plan has been mapped against the ROH People Plan 2024/25 to ensure alignment.

ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:
PPM working with BSol ICS Retention Group and flexible working sub-group.

BENCHMARKING SOURCE *(Indicate data sources included in report IF APPLICABLE):*
N/A

PREVIOUS CONSIDERATION *(Indicate board/committee/group & date):*

People & OD Committee – June 2024

People Promise Exemplar Programme



Monthly progress report	PPM/Lead name:	Donna McMahon PPM
Month:	May 2024	Organisation
		The Royal Orthopaedic NHS Foundation Trust

Summary of Overall Aims and this months' Project Progress **RAG rating**

Improve the culture and experience of ROH staff through delivery of a range of interventions supporting the following People Promise themes:

We are compassionate and inclusive
 We are kind, compassionate and inclusive and treat each other with civility and respect

We are always learning/We are a team:
 Managers are supported and trained to support their team

We work flexibly:
 Improved flexible working offer across entire career journey

We each have a voice that counts:
 Feedback loops to support 'You said, we did' and a People Promise Employee Engagement approach

Governance: Support from board/execs/enabling teams is strong and a clear governance process is in place for the programme including reporting on progress at each People and OD Group meeting, a regular update presented to execs by the Chief People Officer for assurance, and a regular slot for People Promise Manager to present to the exec team and the board

- Chief Exec's weekly comm's email dedicated to the People Promise and introducing PPM/role; comms engagement plan produced; People Promise introductory article prepped for ROH newspaper; PP section on International HR day stand outside staff canteen, People Promise space on intranet discussed with comms – to be actioned asap, PPM joined wellbeing trolley to meet ROH colleagues
- Attended system Retention Steering Group and system flexible working group
- Action plan aligned with the ROH People Plan
- People Promise survey completed: 201 responses (14%); 53 percent of respondents aware of PP; of those who are aware of the PP, 19% know nothing, 63% a little bit, and 18% quite a lot. The themes staff said are most important to them match the priorities in the action plan
- Presented PP Action Plan to CEO and exec team - Flexible working matrix idea socialised
- Revised exit survey built and shared with HR/OD SL for initial consultation – Procedure documents/guidance under review, including best practice examples

Achieved/complete	
X	On track
Delayed or off track but restorative action in place	
Off track and no restorative action underway	

Project risk: Failure to get buy in from identified workstream leads – mitigate by creating logic model for each workstream with a continuous improvement statement and clear, data driven impact and outcomes and implementation of a monthly People Promise themed Continuous Improvement Huddle (mid – senior leadership and key stakeholders). Attended CIP Huddle training to support delivery

Programme risk: Lack of awareness of the People Promise – work with enabling teams and service leads to engage with staff through existing channels and workstreams. Mitigate by securing funding for People Promise themed promotional material and People Promise themed T-shirts for PPM to wear as uniform and colleagues to wear when supporting at events to improve visibility of PPM and programme

Risks discussed with SRO and actions agreed

Capacity to complete all project planning documentation and research prior to implementation. Mitigate by utilising the capacity of the HR volunteer to support with research/sourcing best practice examples

‘What went well’ (and what made it work so well?)

- Having support from the comms team from day 1 of the programme helped raise awareness of the promise and programme
- Surveying staff to check awareness of People Promise at beginning of programme to measure against end of programme and checking priorities picked are the right ones through ‘most important theme’ question

‘Even better if’

- More People Promise themed resources were available through the national team rather than individual organisations ordering separately – bulk ordering through the national team would be much more cost effective for the NHS and t-shirts, banners, pens etc would help raise awareness more effectively
- National budget to support delivery of People Promise programmes

Overall project progress this month

Project description	Start date	Progress this month	Measure of project success
<p>We are compassionate and inclusive Just Culture HR Policies/letters review</p>	Q3 onwards	Initial discussions with HR team including HR staff completing/disseminating learning from Mersey Care Just Culture modules; relevant policies to be reviewed with a RJC lens in line with review dates	<p>Improvement in NHS Staff Survey results Reduction in reporting of bullying and harassment Improved retention in hotspot areas Improved FTSU KPIs Reduction in number of HR cases</p>
<p>We are compassionate and inclusive Civility and respect campaign / Sexual safety charter</p>	Q1 -3 scoping and development Q4 Campaign rollout	Currently using the national civility and respect toolkit to structure the approach Engagement with workstream lead – further work underway to map out the approach	
<p>We are always learning/We are a team High performing teams: PP themed huddle resources</p>	Q3	Not started	Improvement in manager and team related NSS questions
<p>We are always learning/We are a team Management support and training package</p>	Q1 scoping/best practice Q2 Building package Q3 Promotion Q4 Rollout	Initial stakeholder discussions and scoping best practice underway Connected with RNOH who are in year 2 of implementation and embedding of management development package Initial planning/proposal document in progress, incorporating Me as Manager/Epic work – draft examples will be themed around civility and respect to further support engagement/buy in for the civility and respect workstream	<p>Implementation of a development programme Improvement in NSS results Improved metrics in line with modules delivered e.g. flexible working, sickness absence etc</p>
<p>We are always learning/We are a team Supportive People Promise/development/stay conversations</p>	Q2 Best practice / research Q3 Build resource pack Q4 rollout	Scoping taking place and paper to be presented to People and OD Group at the next meeting	<p>Identify the need and approach to be taken; stay/itchy feet/people promise themed/Scope for Growth etc? Implementation of a pilot or trust-wide approach to conversations Improved retention Improved NSS results for supportive manager/ development etc</p>

Overall project progress this month

Project description	Start date	Progress this month	Measure of project success
<p>We work flexibly: Leadership Board support and role modelling: Board/exec sponsor Flexible working module in management development package flexible working dashboard</p>	<p>Q1 Q2 Q1</p>	<p><i>Lead identified and supporting information and project plan is being worked up</i></p>	<p>Appointment of a FW champion at board level Evaluation and attendance from Management development programmes, including improved confidence to deliver FW Flexible working action plan that includes reporting (dashboard) Improved NSS results</p>
<p>We work flexibly: 25% of roles advertised with flex</p> <p>Self-rostering/team rostering pilot tracking workforce and HR metrics</p>	<p>Q1 Q2</p>	<p>Request for baseline data submitted. Recruitment team reviewing current recruitment practices</p> <p>Potential pilot site identified</p>	<p>Increase in percentage of roles advertised with flex Improved Staff Survey /NQPS results Creation of a dashboard or reporting mechanism</p> <p>Improved workforce metrics Improved Staff Survey /NQPS results</p>
<p>We work flexibly: Improved awareness of flexible working offer</p>	<p>Q2</p>	<p>Attended system Flexible Working Group</p>	<p>Footfall to Manager's and Individual's toolkits Hits on Flexible Working page on intranet Improved retention Reduction in leaver reason 'work/life balance'</p>
<p>We each have a voice that counts: Exit survey review New starter survey itchy feet/stay conversations</p>	<p>Q1 Q2 Q3</p>	<p>New Survey built, gone through first stage of consultation/co-design; accompanying procedure/guidance documents currently under review</p>	<p>Exit: Increase in completion rates. Initial target of 25% New starter: Creation of a survey and baseline data. Hot spot areas identified Implementation of conversations with a unified approach Retention of staff through supportive conversations</p>

Overall project progress this month

Project description	Start date	Progress this month	Measure of project success
<p>We each have a voice that counts: Staff Engagement plan People Promise intranet pages (you said, we did) People Promise dashboard</p>	<p>Q1 Q2 Q2</p>	<p>Staff Engagement/comms plan produced Attended Theatres Audit morning to introduce role and programme and encourage completion of the PP survey Attended Nursing Workforce and Education Group Shared 'moments that matter' e-cards with OD and Comms</p>	<p><i>Increase in number of responses</i> <i>Mechanism for themes to be reported back to divisions/services and actions taken in response</i></p>
<p>National/exemplar/webinars etc</p>		<p>Attended PPM community of practice meetings Regular catch ups with PPMs from cohort 1 and 2 from across the programme to share learning, resources, best practice Attended national Menopause webinar Met with Head of HR/OD at RNOH to understand what actions they implemented to achieve high staff survey scores Attended ROH appraisal rollout training</p>	



TRUST BOARD

DOCUMENT TITLE:	WRES update
SPONSOR (EXECUTIVE DIRECTOR):	Sharon Malhi, Chief People Officer
AUTHOR:	Clare Mair, Head of OD and Inclusion
DATE OF MEETING:	3rd July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE	x	FOR INFORMATION ONLY	TO CREATE DISCUSSION	TO SEEK APPROVAL
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EXECUTIVE SUMMARY:

Background:
The WRES was introduced in 2015 to enable employees from black and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace.

Data collection submission to the National WRES team NHSE for the WRES standard changed in 2023. The submission deadline is now 31st May rather than August 31st.

This report therefore gives an overview of the latest data on the metrics for 2024. It also:

- Highlights areas of change from last year’s results
- Compares initial information with average Specialist Acute data where this is available
- Reviews areas where the Trust has made progress over the last six months
- Gives an update on the WRES action plan published in October 2023

ASSURANCE PROVIDED BY THE REPORT:

ASSURANCE PROVIDED BY THE REPORT:	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> - 4 out of the 11 indicators have seen a positive change however more work needs to be undertaken to ensure progress on the other metrics - The MMEG network continues to support this work - More work will be completed to compare ROH data once the WRES metrics national information is reported. This will enable better benchmarking to set KPIs 	<ul style="list-style-type: none"> - There are concerns on some of metrics and the lack of progress particularly around treatment of staff members - There are some actions not completed due to team resourcing issues but new dates have been set to ensure the work is completed by the end of reporting on this action plan - in October 2024 - Ensuring the correct forums are in place at the Trust to hear the voices and concerns of staff members

REPORT RECOMMENDATION:

To review the report for information and assurance

KEY AREAS OF IMPACT (Indicate with ‘x’ all those that apply):

Financial		Environmental		Communications & Media	x
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Business and market share		Legal & Policy		Patient Experience	x
Clinical		Equality and Diversity	x	Workforce	x
Inequalities		Integrated Care		Continuous Improvement	
Comments:					
ALIGNMENT TO TRUST STRATEGY <i>(Indicate with 'x' all those that apply):</i>					
Care		Community			
Expertise		Services			
People	x	Collaboration			x
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:					
ICS Inclusion work					
BENCHMARKING SOURCE <i>(Indicate data sources included in report IF APPLICABLE):</i>					
National WRES indicator results					
ICS WRES indicator results					
Specialist Acute Trust indicator results					
PREVIOUS CONSIDERATION <i>(Indicate board/committee/group & date):</i>					
WRES reporting – Trust Board October 2023					
Staff Experience & OD Committee – June 2024					



NHS Workforce Race Equality Standard (WRES)

Update Report – June 2024



Royal Orthopaedic Hospital Workforce Race Equality Standard (WRES)

Background

The WRES was introduced in 2015 to enable employees from Black and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace.

Data collection submission to the National WRES team NHSE for the WRES standard changed in 2023. The submission deadline is now 31st May rather than August 31st.

This report therefore gives an overview of the latest data on the metrics for 2024. It also:

- Highlights areas of change from last year's results
- Compares initial information with average Specialist Acute data where this is available
- Reviews areas where the Trust has made progress over the last six months
- Gives an update on the WRES action plan published in October 2023

WRES Data

To clarify, staff data was collected and submitted to NHS England in May 2024. The data period is 1st April 2023 to 31st March 2024 and is formulated into nine WRES Indicators. All NHS Trusts are required to collate and publish this information on their website by October 31st annually.

Table 1 below shows ROH (Royal Orthopaedic Hospital) WRES Performance Data for all indicators comparing 2016 – 2024.

Data for Indicators 5 – 8 is collated from the National Staff Survey (NSS) results which staff completed between 2nd October 2023 and 24th November 2023.

National data for this year's submission is currently not available as a comparison for the ESR data metrics (1-4 and 9). However this report does show average Specialist Acute comparisons for the indicators 5-8 linked to the National staff survey 2023. Full comparison information will be presented at a future Staff Experience and Organisational Development meeting (SE&OD), along with the updated action plan.

Table 1: Overview of WRES indicators

↓ indicates a decline and ↑ indicates an improvement in the indicator

WRES Indicator	Indicator Definition	2016	2017	2018	2019	2020	2021	2022	2023	2024	Negative/Positive
1	% of staff BME	22.1%	24.2%	24.4%	23.7%	24.5%	27.6%	25.9%	28.8%	31.8%	↑
2	Relative likelihood of White staff being appointed from shortlisted candidates compared to BME staff	1.99	1.45	1.64	1.70	1.36	1.55	1.62	1.98	1.71	↑
3	Relative likelihood of BME staff entering formal disciplinary	1.17	1.01	1.33	1.83	2.84	1.44	2.84	0.48	2.1	↓
4	Relative likelihood of white staff accessing non mandatory CPD	1.05	1.0	1.22	1.12	1.08	1.13	1.03	1.0	0.91	↑
5	% of BME staff experiencing harassment, bullying or abuse from patients or public in last 12 months	19.2	15.9	15.63 (22.6)	13.7 (22.0)	16.5 (21.9)	15.6 (15.6)	15.9 (20.3)	20.8% (19.0)	11.44 (17.99)	↑
6	% of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months	30.4	2.6	45.31 (22.9)	31.5 (26.7)	25.0 (22.9)	24.8 (22.1)	27.8 (20.6)	19.4 (22.8)	22.17 (20.9)	↓
7	% of BME staff believing the trust provides equal opportunities for career progression or promotion	N/A	N/A	42.9 (63.1)	49.3 (61.4)	51.9 (59.7)	43.1 (62.2)	41.1 (61.1)	47.3 (61.6)	45.54 (62.01)	↓
8	% of BME staff personally experienced discrimination at work from a manager /team leader or other colleague member of staff	18.4	6.25	12.50 (6.3)	18.3 (7.0)	16.7 (7.6)	14.5 (6.3)	12.2 (5.4)	11.7 (5.4)	12.06 (8.04)	↓
9	% of the full board identifying as BME	0	0	0	0	11	28.6	25	21.4	20	↓

Further information on the indicators

WRES indicator 1

Percentage of staff members from a BME background

There has been a positive increase of staff members from a BME background at the Trust from 28.8% to 31.8%. For non-clinical roles, the largest number of BME staff members is at Band 2 with 35 staff members. Compared to clinical roles where there are 115 staff members at Band 5 and then at Band 6, it is 72 staff members. More analysis will be undertaken on this data to support recruitment and career progression taking into account national comparisons.

WRES indicator 2

The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

The National WRES 2023 report (published in March 2024) noted that for 76% of NHS trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting, an increase from 71% last year. Trends differ between regions, with year-on-year improvements in the North West, progressive deterioration the North East and Yorkshire region, and marked improvement in the East of England. For 2024 the ROH has seen an improvement from 1.98 to 1.71 which is positive.

The report also stated that recruitment from interview metric remains the most difficult to change with the national likelihood ratio remaining broadly unchanged since the inception of the WRES in 2015/16.

The Trust is positive that the actions on the WRES action plan will enable further progress to be made. One key initiative to mention is the upskilling of managers in inclusive recruitment practices. Initial sessions for nursing managers were run jointly by HR and OD and Inclusion team, with support from the Deputy Chief Nurse, enabling increased awareness and skills development. These sessions will be further rolled out across the Trust. The team is also supported by Comms to look at different ways to promote and market the Trust to a wider more diverse audience.

WRES indicator 3

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Again, noting the National WRES 2023 report, in 46% of NHS trusts BME staff were over 1.25 times more likely than white staff to enter the formal disciplinary process, a modest improvement from 47% last year. The London region performed persistently worst on this indicator, although improvements have been made over the past two years.

For 2024, the ROH metric has declined from 2023 at 0.48 to 2.1. This data is from a total of 12 cases across the 12-month period. Case reviews are undertaken for all disciplinary cases to evaluate proportionality and consistency. The change from 0.48 to 2.1 may be partly attributed to the increase in cases associated with medical staff which is a more diverse workforce than other staff groups. Case assessment panels are to be piloted in 2024 which may help remove impartiality in the assessment of whether a member of staff enters a formal disciplinary process.

WRES indicator 4

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

There has been no significant changes to the indicator and work on new appraisal approach will further enhance staff members having equal access to career conversations and training opportunities.

Statistics from the apprenticeship programme show that 35% of learner on the programme are from a BME background and personal development courses continue to be offered to all staff members regardless of staff group. All staff members are also able to attend staff network and other development opportunities.

WRES Indicator 5

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

It is positive to see a further reduction in this indicator to 11.4% which is lower than the figure for white staff at 17.99%. This is also lower than the average for Specialist Acute Trusts at 18.54%. This internal improvement is reflective of the work undertaken, in part by the Nursing Directorate, to support staff against any issues from patients.

WRES indicator 6

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

There has been a decline in this figure at the Trust from 19.4% to 22.17%. This has also been a more negative figure than for white staff which is 20.99%. It is however more positive than the average figures across Specialist Acute Trust which is 24.23%.

Work will continue to ensure there can be improvements made to this indicator. Examples of this work include the Freedom to Speak Up champions and the Sexual safety charter. This will be supported by work being run within the ICS and the EDI Leads initiatives.

WRES indicator 7

Percentage of BME staff believing the trust provides equal opportunities for career progression or promotion

There has again been a decline in this indicator to 45.54% (compared to white staff at 62.01%). This is also slightly lower than the average across Specialist Acute Trusts which is 46.44%.

It is recognised at the Trust and across the BSol ICS that work needs to be concentrated on career progression. An example of this work would be the planned ICS coaching and mentoring programme.

WRES indicator 8

Percentage of BME staff personally experienced discrimination at work from a manager /team leader or other colleague member of staff

There has been a slight decline in this indicator at 12.06% from 11.72% in the previous year. This is still more positive than 15.32% across Specialist acute Trusts. Two key initiatives to support improvements in this area include the civility and respect work as part of the People Promise programme and also a new suite of management programmes (focussed on inclusive leadership).

WRES indicator 9

Percentage of the full board identifying as BME

There has been a slight decline from 21.4% to 20% for full board members. However this figure will change in the next reporting year due to recent recruitment onto Trust Board. It should be noted that this figure is still be lower than the average figure across BSol ICS for 2022/2023 which was 29%.

Update on projects

The WRES action plan and approach forms part of the work completed under the Multi Minority Ethnicity staff network and Equality and Diversity network. The key actions achieved over the last six months, since the last report have included:

- Listening sessions to hear the views of different diverse groups where staff have feedback on key concerns which has career progression which has helped to inform the WRES actions action
- Celebration of Black History Month
- Hosting the Caribbean Nurses and Midwife association which focussed on the 'Future of Global workforce'
- Representation at regional events including the REACH super network to ensure networking and support is available for staff
- Support on 10k Black Intern programme
- Continued support for the Birmingham and Lewisham African and Caribbean Health and Inequalities Review (BLACHIR) project group
- Increased diversity in interview panels
- Work to support the Race Equality code with an initial session for Trust Board members

ROH WRES action plan 2023 - 2024

This plan gives an overview of the key areas of work that will be undertaken to support the WRES indicators. All actions were set in October 2023 are aligned to the ROH Inclusion Action plan under the six high impact areas. [Please note updates are highlighted in blue](#)

Indicator	Outcome and Impact	Action	Planned Target date	RAG	Lead	Comments and Updates
Impact area: Ambassadors						
7	Embed an effective Mentoring approach to offer staff from diverse backgrounds support particularly around career development	<ul style="list-style-type: none"> Continue work to embed a mentoring approach for colleagues which will be extended to other colleagues First evaluation completed 	Launch March 2024		MMEG Mentoring project group led by Falon Paris- Caines	<p>Number of colleagues who attend the mentoring and mentee programme</p> <p>Number of career opportunities confirmed for attendees</p> <p>This has been delayed due to changes in OD and Inclusion team but the work will recommence in September 2024</p> <p>The Trust will start to be involved in BSol Coaching and Mentoring programme</p>

Impact area: Culture						
2, 9	<p>Inclusive approach to attracting, recruiting, and retaining staff</p> <p>New 100 days induction approach launched and evaluated</p>	<ul style="list-style-type: none"> • New bank of inclusive questions to be added to recruitment • Review options for a diverse interview panel model • Upskilling managers in inclusive recruitment • Review data set for shortlisted to appointment to identify of key areas of focus • Work to be underpinned by Restorative Just Learning Culture (RJLC) project including workforce policies • Work will also be incorporated into future Trust Board recruitment practices 	March 2024		Workforce and OD Team	The bank of inclusive questions is now embedded in the recruitment process
			October 2004		Support from the staff networks	<p>There is a slight delay but work will continue to review options for diverse panel models with support and ideas from the staff networks</p> <p>Inclusive recruitment training sessions have taken place for nursing colleague and will be extended to other staffing groups</p> <p>People Promise Manager will be supporting work on Civility and Respect</p>

Impact area: Staff and patient voice					
5-8	Further develop the Freedom to Speak Up Guardian (FTSU) approach	<ul style="list-style-type: none"> • Support of network of FTSU champions across the Trust • Increased visibility of Guardian role through a Trust wide campaign including Speak out month • Reporting back to the Trust on harassment and bullying • Review incident reporting information provided to staff 	March 2024		<p>Claudette Jones Freedom to Speak Up Guardian</p> <p>Action completed and further work continues</p>
1-9	Build support for staff networks to include staff, patients, and senior leaders	<p>Interventions to include</p> <ul style="list-style-type: none"> • Senior leadership sponsorship on staff networks reconfirmed • Continue to set up listening session for staff groups supported by Executive sponsors 	March 2024		<p>Clare Mair Jeeves Sundar</p> <p>Each staff network is sponsored by an Executive Director. This is currently being reviewed due to changes in the Executive team</p> <p>Review of data to see changes in staff voice questions on the staff survey</p> <p>Network chair meetings to continue with continuous improvement format</p>

1	Improvement of declaration rates	<ul style="list-style-type: none"> With support from staff networks, encourage staff to declare diversity information. This will enable better engagement and support from staff from diverse backgrounds Review how data can be used to engage with staff 	July 2024		Clare Mair ESR team Staff networks	Review lessons learnt from improvements for disability declaration rate Action on track
1-9	MMEG Photographic Exhibition	To display a photographic exhibition to celebrate cultures and backgrounds at Trust through staff member stories	December 2023		MMEG OD & Inclusion Team	Action completed

	Outcome	Action	Target date			Comments
	Impact area: Education					
5-8	Implementation of new Appraisal approach	<ul style="list-style-type: none"> Upskilling managers to adopt new approach with teams To include enhanced career development conversations training 	March 2024		Clare Mair	Implementation is ongoing and on track
4	Implement education programmes and tools to ensure staff at all levels have an awareness and understanding of EDI topics	Key work to include: <ul style="list-style-type: none"> Review Anti-Racist Workshop Continue to embed EPIC approach Numbers of staff completing training and impact TED Training 	February 2024 October 2024		Jeeves Sundar	Progress report on projects will be provided on a quarterly basis Staff survey results linked to training EPIC is on hold due to change in team Work has started at ICS level to implement an Anti Racist development programme

1-9	Inclusion calendar communicated across Trust	<ul style="list-style-type: none"> • Calendar communicated annually to show key dates recognised in celebrating Inclusion • Action plan in place to highlight specific dates recognised in each staff network 	January 2024		OD and Inclusion administrator Network Chairs	Action completed
Impact area: Best practice						
1-9	Establishment of links with regional and national NHS colleagues to share best practice	<ul style="list-style-type: none"> • Working with the organisations above in the partners' section • Leading on regional and national projects where appropriate • Support on Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) 	March 2024 October 2024		Workforce and OD team	<ul style="list-style-type: none"> • Workforce and OD colleagues link in with regional colleagues to work on joint projects, including Black History Month and East & Southeast Asian Heritage month

	Outcome	Action	Target date			Comments
	Impact area: Data and metrics					
1-9	Developing further NHS compliance data in user friendly format	<ul style="list-style-type: none"> Ensure NHS WRES metrics and analysis is made visible for all staff Reports show clear progress and future areas of focus 	October 2024		OD and Inclusion team MMEG Group	Work continues with support from MMEG network
2-4	<p>Embedded approach to Equality impact Assessments (EQIA) across all departments</p> <p>Robust approach to EQIA to be adopted across work at the Trust including policies, patient pathways and project plans</p>	Recommended documentation, guidance, monitoring, and training is embedded and understood within the Trust	December 2023		Jeeves Sundar	Material update but rollout on hold due to changes in team



TRUST BOARD

DOCUMENT TITLE:		WDES update			
SPONSOR (EXECUTIVE DIRECTOR):		Sharon Malhi, Chief People Officer			
AUTHOR:		Clare Mair, Head of OD and Inclusion			
DATE OF MEETING:		3rd July 2024			
PURPOSE OF THE REPORT:					
TO PROVIDE ASSURANCE	x	FOR INFORMATION ONLY		TO CREATE DISCUSSION	TO SEEK APPROVAL
EXECUTIVE SUMMARY:					
<p>Background: This is the fifth year that NHS organisations are required to report on WDES data. The standard was introduced to enable employees with disabilities to have equal access to career opportunities and receive fair treatment in the workplace.</p> <p>Staff data was collected and submitted to NHS England in May 2024. The data period is 1st April 2022 to 31st March 2023 and is formulated into ten WDES Indicators.</p> <p>An additional question is included for WDES, compared to Workforce Race Equality Standard (WRES) around reasonable adjustments for staff members.</p> <p>This report therefore gives an overview of the latest data on the metrics for 2024. It also:</p> <ul style="list-style-type: none"> - Highlights areas of change from last year's results - Compares initial information with average Specialist Acute data where this is available - Reviews areas where the Trust has made progress over the last six months - Gives an update on the WDES action plan published in October 2023 					
ASSURANCE PROVIDED BY THE REPORT:					
			GAPS IN ASSURANCE/RISKS TO ESCALATE		
<ul style="list-style-type: none"> - It is positive to see that 6 out of the 11 indicators have seen a positive change - Good progress has been made on the action plan particularly around the project work for WDES funding - The ABLE network continues to support this work - More work will be completed to compare ROH data once the WDES metrics national information is reported. This will enable better benchmarking to set KPIs 			<ul style="list-style-type: none"> - There are some actions not completed due to team resourcing issues but new dates have been set to ensure the work is completed by the end of reporting on this action in October 2024 - Ensuring the correct forums are in place at the Trust to hear the voices and concerns of staff members - 		

- Projects are ongoing to ensure support is put in place to ensure that staff are confident to speak up about support their need in their role		
REPORT RECOMMENDATION:		
To review the report for information and assurance		
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>		
Financial		Environmental
Business and market share		Legal & Policy
Clinical		Equality and Diversity
Inequalities		Integrated Care
		Communications & Media
		Patient Experience
		Workforce
		Continuous Improvement
Comments:		
ALIGNMENT TO TRUST STRATEGY <i>(Indicate with 'x' all those that apply):</i>		
Care		Community
Expertise		Services
People	x	Collaboration
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:		
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:		
ICS Inclusion work		
BENCHMARKING SOURCE <i>(Indicate data sources included in report IF APPLICABLE):</i>		
National WRES indicator results		
ICS WRES indicator results		
Specialist Acute Trust indicator results		
PREVIOUS CONSIDERATION <i>(Indicate board/committee/group & date):</i>		
WDES reporting – Trust Board October 2023		
Staff Experience & OD Committee June 2024		



NHS Workforce Disability Equality Standard (WDES)

Update Report – June 2024



Royal Orthopaedic Hospital Workforce Disability Equality Standard (WDES)

Background

This is the fifth year that NHS organisations are required to report on WDES data. The standard was introduced to enable employees with disabilities to have equal access to career opportunities and receive fair treatment in the workplace.

WDES Data

Staff data was collected and submitted to NHS England in May 2024. The data period is 1st April 2022 to 31st March 2023 and is formulated into ten WDES Indicators.

An additional question is included for WDES, compared to Workforce Race Equality Standard (WRES) around reasonable adjustments for staff members.

All NHS Trusts are required to collate and publish this information on their website by October 31st each year.

National data for this year's submission is currently not available as a comparison. However this report does show some BSol ICS and national comparison information particularly around the staff survey results. Full comparison information will be presented at a future Staff Experience and Organisational Development meeting (SE&OD) along with the updated action plan.

This report therefore gives an overview of the latest data on the metrics for 2024. It also:

- Highlights areas of change from last year's results
- Compares initial information with average Specialist Acute data where this is available
- Reviews areas where the Trust has made progress over the last six months
- Gives an update on the WDES action plan published in October 2023

Table One below shows ROH WDES Performance Data. Indicators 4 – 8 is collated from the National Staff Survey (NSS) results which staff completed between 4th October and 25th November 2022.

The WDES action plan and approach forms part of the work completed under the ROH Inclusion Strategy. The ABLE Chair and network members have supported the work on this report.

Progression made in the last 6 months

- With support from the ABLE network, the Trust secured funding from the national WDES team to introduce a staff health passport for disabilities. This document is designed for staff members who may find it difficult to share personal information regarding their disability or health condition. It facilitates easier conversations about the support an individual may need in the workplace (including reasonable adjustments). A review will be undertaken once the passport is launched to understand the impact of this new approach
- The new disability leave procedure and statement has been approved as part of the Managing Attendance policy and this is currently being rolled out across the Trust. This work was supported by the ABLE network and was identified as a key action due to varying experiences of network members. The procedure provide clearer information and guidance for individuals and manager. The HR team will start to review the impact of this new procedure through a feedback mechanism

- The Workforce and OD team will work with Jade Cotton, a disability advocate on an inclusive recruitment project. Jade originally joined the Trust as a bank staff member and will provide insight into the employee journey at the ROH for an individual with complex medical conditions
- The evaluation report for the 'Seeing Beyond the Stigma' is now completed and will be shared across the Trust and with ICS partners. The reports outlines the impact of the exhibition on the participants and staff members, to raise awareness of disability and the importance of belonging. There are also a number of recommendations for supporting staff members with disabilities in the future. The report evaluation was undertaken by University of Canterbury and this team will share this work across their networks, particularly around the theme of storytelling. The evaluation report will be presented to the Staff Experience and OD committee at a future meeting
- Work has started to review the Trust's Disability Confident Leader accreditation which is due for renewal. The project team will be supported by colleagues across the Trust

Table 1: Overview of WDES Indicators

↓ indicates a decline and ↑ indicates an improvement in the indicator

WDES Indicator	Indicator Definition	2019	2020	2021	2022	2023	2024	Change from 2023
1	% of disabled staff	3.3	3.5	3.3	5.2	6.2	5.9	↓
2	Relative likelihood of disabled staff being appointed from shortlisted candidates compared to non-disabled staff	1.30	1.06	1.45	1.29	1.24	1.01	↓
3	Relative likelihood of disabled staff entering formal capability	0.0	0.0	0.0	0.00	0.00	0.00	=
4	% of disabled staff experiencing harassment, bullying or abuse from patients or public in last 12 months	20.8 (19.8)	28.4 (19.2)	23.4 (13.3)	26.3 (17.2)	26.7 (16.9)	22.56 (14.12)	↑
4a	% of disabled staff experiencing harassment, bullying or abuse from staff in last 12 months	31.3 (15.4)	22.0 (15.4)	29.0 (13.2)	28.9% (14.8)	23.1 (14.6)	23.1 (17.45)	=
5	% of disabled staff believing the trust provides equal opportunities for Career progression or promotion from staff in the last 12 months	52.1 (63.1)	63.2 (63.4)	61.1 (61.2)	52.3 (61.7)	52.6 (59.3)	52.44 (58.47)	↓
6	% of disabled staff have felt pressure from their managers to come to work, despite not feeling well enough to perform duties	25.8 (21.2)	26.7 (19.0)	20.3 (16.6)	31.2 (18.2)	32.2 (17.6)	25.66 (18.84)	↑
7	% of staff saying they are satisfied with the extent to which the organisation values their work	60.4 (56.1)	53.7 (58.3)	36.5 (54.4)	37.3 (53.9)	35.0 (51)	41.92 (53.76)	↑
8	% of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	75.0 (75.2)	80.9 (76.5)	74.0 (77.0)	77.5 (71.4)	66.7 (76.4)	74.73	↑
9	The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation	7.2	7.2	6.7	6.9	6.6	6.75 (7.25)	↑
10	Total Board members % by Disability	0	0	0	6.25	0	13.33	↑

Further information on the WDES indicators

It is positive to see that there has been an improvement or no change in eight out of eleven of the indicators

WDES indicator 1

Percentage of staff members with a disability

There has been a slight change to staff members with a disability declaration rate moving from 6.2% to 5.9%. There was a negative change in the figures at the time of reporting due to leavers and new starters. The average across the ICS for WDES 2023 was 6% but this will be updated once the 2024 data is available.

The disability declaration for non clinical was 8.3% with 12.3% non disclosed. For clinical staff, the declaration rate was 5.1% with 8.8% unknown.

The staff grouping with the highest disability declaration is clinical Band 8C or above with a declaration rate of 20% and 20% non disclosed.

Based on this information, the ESR team and ABLE network will continue to support staff members to feel confident to update their disability declaration information by explaining how to easily access the fields on ESR and the positive reasons for completing the update. This will be done through awareness sessions, discussion at the ABLE network and comms sent out to staff members.

WDES indicator 2

The relative likelihood of disabled applicants being appointed from shortlisting compared to non disabled applicants

For 2024, the ROH has seen a change from 1.24 to 1.01. This is not seen as a concern with the work planned in the next 12 months to review and improve inclusive recruitment practices.

The Trust is positive that the actions on the WDES action plan will enable further progress to be made. One key initiative to mention is the joint work by the HR and OD and Inclusion team to upskill managers for inclusive recruitment practices. This programme was originally run for nursing managers but will be rolled out further across the Trust. The team is also supported by Comms to look at different ways to promote the Trust to attract a wider and more diverse audience.

WDES indicator 3

The relative likelihood of BME staff entering the formal capability process compared to non disabled staff

For 2024, the ROH metric has remained at 0, which is a two year rolling figure. It should be noted that the Trust continues to have a low number of capability cases across all staff member groups.

In line with the Trust's ongoing work on case reviews and Civility and Respect, any further cases will be reviewed for fairness and equality. The implementation of the staff passport project (funded by WDES) will also allow more transparency and support for staff members where issues arise.

WDES Indicator 4

Percentage of disabled staff experiencing harassment, bullying or abuse from patients in the last 12 months

It is positive to see a further reduction in this indicator from 26.7% to 22.56%.

The figure for non disabled staff is 14.12% which has been reviewed by the ABLE network and it is recognised that more support is need for disabled staff to be able to ask for support. The new staff

passport will aid in helping staff member to access the correct support their need for their role and their wellbeing.

The average figure across Specialist Acute Trusts was 23%

WDES indicator 4a

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

There has been no change to this figure which is 23.1%. It should be noted that the figure for non disabled staff has actually increased from 14.6% to 17.45%. The average figure across Specialist Acute Trusts was 21.83%.

The actions highlighted in this report and also the Civility and Respect project will help to make improvements for all staff groups. In addition, work continues with the Freedom to Speak Up champions and the Sexual safety charter.

The Trust will continue to review with ABLE network members if their colleagues feel that staff are feel confident to report any issues.

WDES indicator 5

Percentage of disabled staff believing the trust provides equal opportunities for career progression or promotion in the last 12 months

There has been a very slight change to this indicator from 52.6% to 52.44%. The average figure across Specialist Acute Trusts was 51.9% which was lower than the Trust.

The ABLE network is looking at barriers that may get in the way for colleagues and will share this work across the Trust. Recent diversity data from the apprenticeship programme has shown that there is an increasing number of students enrolling on to course with a disability. The latest figure is 11% which is higher than the disability declaration rate.

WDES indicator 6

Percentage of disabled staff have felt pressure from their managers to come to work, despite not feeling well enough to perform duties

There has been a positive change in this metric from 32.2% to 25.66%. This is compared to a decline in non disabled staff members which has moved from 17.6% to 18.84%. The average figure across Specialist Acute Trusts was 17.67% which has been noted.

Again the staff passport work and continued rollout of the wellbeing conversation training should help to further improve this figure as managers are upskilled to have supportive conversations. The continuing work on the EAP review should also have a positive impact for staff members. In addition there has also recently been managers training on the sickness policy which will again help managers to have supportive conversations with colleagues.

WDES indicator 7

Percentage of disabled staff saying they are satisfied with the extent to which the organisation values their work

There has been a positive increase in this metric from 35.0% to 41.92% which is encouraging. The figure for non disabled staff has also increased. The average figure across Specialist Acute Trusts was 40.56%.

WDES indicator 8

Percentage of disabled staff saying their employer has made adequate adjustments to enable them to carry out their work

Again there has been a positive increase to this metric from 66.7% to 74.73%. The average figure across Specialist Acute Trusts was 74%

The staff passport is designed to ensure conversations take place on a regular basis between managers and staff members. Wellbeing conversations training is also upskilling managers to have a positive conversation with staff on their individual needs.

Other work to support further improvements includes upskilling managers to understand the services provided with Access to Work and the importance on starting supportive conversations during 100 days with new staff members.

The average figure across Specialist Acute Trusts was 74%

WDES indicator 9

The staff engagement score for disabled staff compared to non disabled staff and the overall engagement score for organisation.

The engagement score has increased from 6.6% to 6.75%. The ABLE network will continue to work with staff members to understand why this figure is lower than for non disabled staff which is 7.25% The average figure across Specialist Acute Trust was 6.99% which is slightly more positive than the ROH figure.

WRES indicator 10

Percentage of the full board identifying as BME

There has been positive change from 0% to 13% for full board members. It should be noted that this figure is higher than the average figure across BSol ICS for 2022/2023 which was 3%.

ROH WDES Action plan: 2023 - 2024

This plan gives an overview of the key areas of work that will be undertaken in 2023 – 2024 in line with the NHS WDES standard. The actions set in October 2023 are aligned to the six impact areas in the ROH Inclusion strategy. [Please note updates are highlighted in blue](#)

Indicators	Outcome and Impact	Action	Planned Target date	RAG	Lead	Comments
Impact area: Ambassadors						
1-9	Embed Buddy scheme as part of the WDES Innovation Fund	To set up buddy programme based MMEG mentoring framework	February 2024 July 2024		ABLE network Jeeves Sundar	Identified as a key action by the ABLE Network to support speaking up Delayed due to changes in team but this work will be included in the launch of the new staff passport funded by WDES
Impact area: Culture						
7	Review Trust values and competencies to support enhanced engagement across the Trust	<ul style="list-style-type: none"> Work to align to the Trust strategy and Appraisal approach 	September 2024		Workforce and OD Team	
2, 9	Inclusive approach to attracting, recruiting, and retaining staff	<ul style="list-style-type: none"> New bank of inclusive questions to be added to recruitment 	March 2024 October 2024		Workforce and OD Team Support from the staff networks	Onboarding refresh programme was relaunched in August 2022 The project to implement a bank of inclusive questions project is completed

	<ul style="list-style-type: none"> • Review options for a diverse interview panel model • Upskilling managers in inclusive recruitment • Review data set for shortlisted to appointment to identify of key areas of focus • Work to be underpinned by Restorative Just Learning Culture (RJLC) project including for workforce policies • Work will also be incorporated into future Trust Board recruitment practices 				This work is ongoing on inclusive recruitment and this work will now be supported by Jade Cotton as mentioned above
7-9	<p>Launch of leaflet produced by the ABLE network to highlight reasonable adjustments for staff members</p> <ul style="list-style-type: none"> • Distribute posters across Trust and advertise through different Comms channels • Enhanced promotion of flexible working 	December 2023		ABLE network	Completed
Impact area: Staff and patient voice					

1-9	Increased participation of staff networks across all departments	<ul style="list-style-type: none"> Work with line managers to ensure that staff are able to attend ABLE network when required 	<p>March 2024</p> <p>October 2024</p>		Jeeves Sundar Network chair	<p>Work continues to ensure there is full management commitment to networks, encouraging and allowing their team time to attend. Membership numbers have increased – still more progress required on attendance at network meeting</p> <p>Work which will be reviewed in October 2024</p>
10	Confirmation of new Executive Director lead due to changes in the Executive Team		October 2023		Clare Mair	Completed
1,9	Improvement of declaration rates	With support from staff networks encouraging staff to declare diversity information. This will enable better engagement and support from staff from diverse backgrounds	January 2024		Clare Mair Dave Morris Disability network	<p>Disability network to run promotion campaign on declaration rate at awareness event in December 2023</p> <p>Completed on International of Persons with Disabilities with an increase seen in January onwards for increases in declaration rates</p>

4-9	Promote staff network using 'Seeing beyond the Stigma' exhibition	Information on how to get involved in the ABLE network to be added to the relocated exhibition	November 2023		ABLE network	Completed
7	Increased number of staff sharing diverse information and lived experience stories	Case studies are being completed by Disability network members	February 2023		ABLE network Clare Mair	Delayed due to changes in team but this work will continue with the staff passport launch
Outcome		Action	Target date			Comments
Impact area: Education						
	Wellbeing conversations implemented	Wellbeing conversations training to upskill managers Aligned the Me as Manager programme	July 2024		OD and Inclusion team	This work is ongoing to ensure that managers are attending training
2,5	Implement education programmes and tools to ensure staff at all levels have an awareness	<ul style="list-style-type: none"> Develop and delivery modules on autism and neurodiversity with support from Genius Within 	March 2024 July 2024		Laura Tilley-Hood	Delay of modules launch to July 2024
		<ul style="list-style-type: none"> Discuss Oliver McGowan work at Network meeting 	October 2024		Alex Gilder	

1-10	Inclusion calendar updated and used to inform network sessions	<ul style="list-style-type: none"> Calendar communicated annually to show key dates recognised in celebrating Diversity, Belonging and Inclusion Action plan in place to highlight specific dates 	January 2024		OD and Inclusion administrator Network Chairs	Completed
Impact area: Best practice						
4-9	Completion of evaluation project for Seeing Beyond the Stigma	Work with external partners to ensure that the work completed under the Inclusion Strategy and action plan is in line with best practice	December 2023		OD and Inclusion Team Network chairs University of Canterbury	Delay in write up by University of Canterbury Completed and will be shared across the Trust in July 2024
1-10	Model hospital improvement tool integrated into ongoing inclusion agenda	Regular review of model hospital system to align with inclusion actions	Monthly October 2023			Model Hospital data used to chart improvement and enhance reporting on Workforce report Not started
Outcome		Action	Target date			Comments
Impact area: Data Metrics						

2-4	Embedded approach to Equality impact Assessments (EQIA) across all departments.	Recommended work to include documentation, guidance, monitoring, and training is embedded and understood within the Trust	January 2023	Jeeves Sundar	Delay to project. New completion date set at July 2024
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TRUST BOARD

DOCUMENT TITLE:	Sexual safety charter – Action Plan
SPONSOR (EXECUTIVE DIRECTOR):	Jo Williams, Chief Executive Officer
AUTHOR:	Nicola Brockie, Executive Chief Nurse
DATE OF MEETING:	3 July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE

X

FOR INFORMATION ONLY

TO CREATE DISCUSSION

TO SEEK APPROVAL

EXECUTIVE SUMMARY:

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. The Royal Orthopaedic Hospital, COE Jo Williams signed the charter in February 2024, thereby agreeing that the Trust would take and enforce a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The Charter is compiled of ten core principles and actions to help achieve this. NHSE, expects that the ten commitments should be embedded into organisation by July 2024. NHSE webpage: [NHS England » Sexual safety in healthcare – organisational charter](#)

The below action plan outlines our approach to achieving a culture of zero tolerance. Several of the actions have already been released with the remaining on course to be in place for the July 24 deadline. Accumulating with the awareness campaign commencing on the 19 June 24 and planned to run throughout 2024/25. However, one action will remain outstanding – sexual safety policy. NHSE are currently developing a national policy (draft has been shared with trusts for comments), with the expectation that Trusts adopted and implemented thereby setting a standardised approach. The Trust is committed and compiling with this national policy and then implement the policy as released.

The impact of the action plan and awareness campaign will be reviewed in quarter 4. Metric that will be measured are:

- Staff survey result. In the 2023/24, three questions related to sexual safety were included in the survey for the first time. This highlighted an area of concern for the trust. See below.
- Second review of incident and deep dive into any incidents.
- Freedom to speak-up guardian and report (to identify and themes of trends).

Human resources – themes and trends.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> • Action plan in place • Awareness campaign planned and underway. • Webpage developed. 	<ul style="list-style-type: none"> • Policy – awaiting national policy. However, DA policy in place and other supporting policies updated to reflect sexual safety charter.

<ul style="list-style-type: none"> Charter displayed around the Trust. 					
REPORT RECOMMENDATION:					
The BOARD is asked to receive and note the action plan to implement the Sexual Safety Charter.					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	
Clinical	X	Equality and Diversity		Workforce	X
Inequalities	X	Integrated Care		Continuous Improvement	
Comments:					
ALIGNMENT TO TRUST STRATEGY <i>(Indicate with 'x' all those that apply):</i>					
Care	X	Community			
Expertise		Services			X
People	X	Collaboration			
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
NHS Sexual Safety Charter, Staff Survey data					
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:					
Build, develop and retain a great, inclusive workforce, Protect people from harm .					
BENCHMARKING SOURCE <i>(Indicate data sources included in report IF APPLICABLE):</i>					
N/A					
PREVIOUS CONSIDERATION <i>(Indicate board/committee/group & date):</i>					
Staff Experience and OD Committee June 2024					

Sexual Safety Charter

Unwanted, inappropriate and/or harmful sexual behaviour often can happen to anyone. It often occurs where there is a power imbalance, and we know that people that belong to certain groups may be more vulnerable than others. For example, women, black, ethnic minority, disabled and LGBTQ+ people are often more vulnerable.

The NHS Sexual Safety Charter brings the People Promise to life, by providing the foundations to support a work environment in which everyone can be confident of their own safety, and work without fear of unwanted, inappropriate and/or harmful sexual behaviour.



Any abuse is unacceptable, and I know you will share my determination to keep staff and patients safe. It is therefore timely that we redouble our efforts to ensure that every part of the NHS takes a systematic zero-tolerance approach to tackle this issue which encompasses prevention, support and decisive action against perpetrators.

Steve Russell, Chief Delivery Officer, NHS England

Timeline

Sexual Safety Charter launched by NHSE: 4 September 23



Working Group formed at ROH: December 23

Jo Williams, Chief Executive Officer, signed the Charter:
February 24

Launched webpage and 'share your story' campaign:
February 24

Launched awareness campaign: June 24

Target for all aspects of the 10 commitments to be in
place: July 24

The Royal
Orthopaedic Hospital
NHS Foundation Trust

SEXUAL SAFETY CHARTER


Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an inter-sectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.
Where any of the above is not currently in place, we commit to work towards ensuring it is in place by July 2024.

Jo Williams
Chief Executive Officer



LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

Local data:

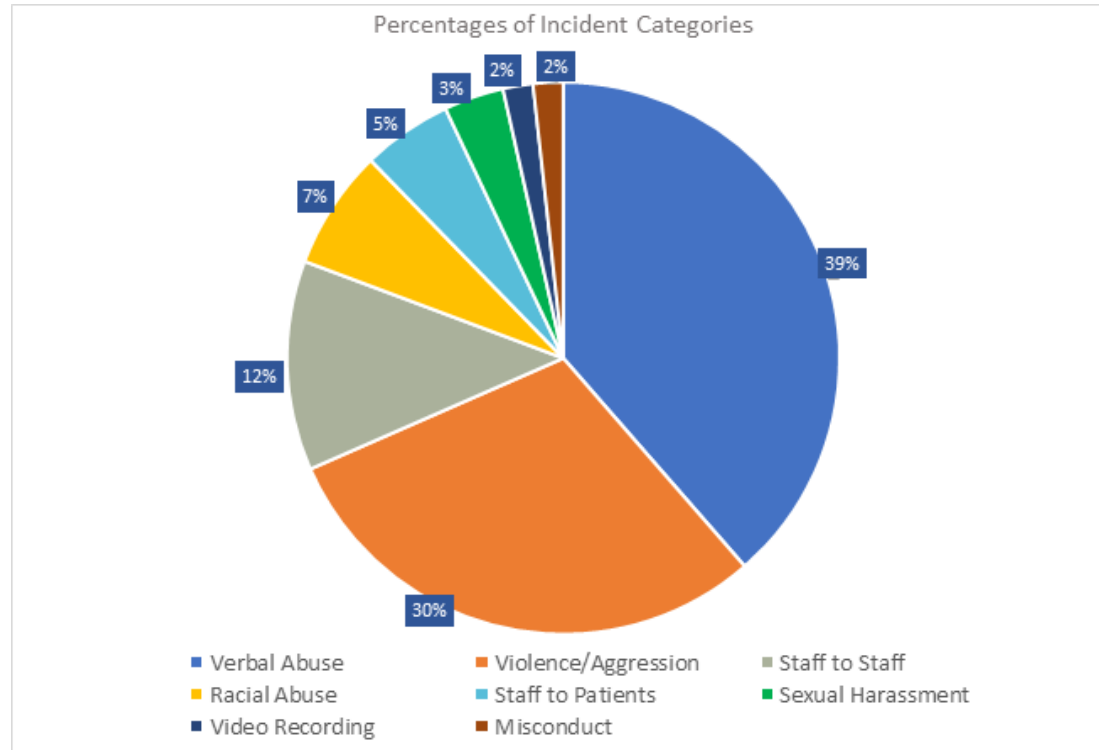
In 2023, the NHS staff survey introduced two questions focussed on understanding the scale of the problem for NHS staff, as outlined below:

Question numbers	Our Trust	Best result	Average result	Worst result
Q17A. - In the last 12 months, how many times have you been the target of unwanted behaviour of sexual nature in the workplace? From patients / services users, their relatives or other members of the public?	3.61%	1.29%	4.90%	9.04%
Q17B. - In the last 12 months, how many times have you been target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues.	6.97%	1.47%	3.71%	6.97%

Results highlight:

- Q17B. Breakdown to - 55 staff that have indicated that they had experienced unwanted sexual behaviour in the workplace.
- Benchmarked against RJAH & RNOH demonstrated demonstrates higher incidents of harassment at ROH.

Local data cont'd:



VIOLENCE AND AGGRESSION INCIDENTS REPORT

A report was compiled for the ABL network reviewing all violence and aggression incidents reported from October 2022 and October 2023 at ROH (Royal Orthopaedic Hospital). The incidents cover all departments including Wards, Outpatients, Estates, PALS (Patient Advice and Liaison Service), and Theatres. Incident reports are completed by all staff groups including Doctors, Nurses, Allied Health Professional's, and non-clinical staff.

Using this review, it highlighted that 3% of all incidents reported related to sexual harassment in this time period across the Trust.

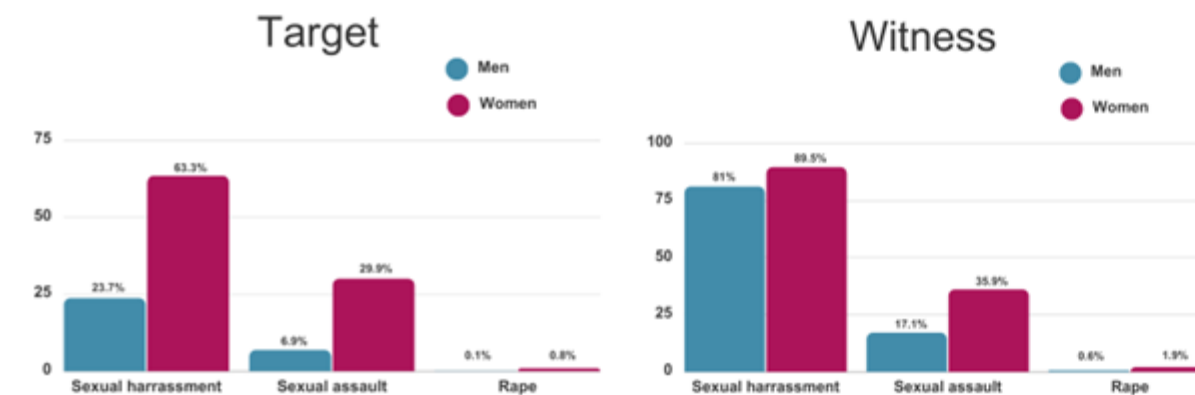
Royal College of Surgeons of England (2023)

University of Exeter and University of Surrey as part of their involvement with the Working Party on Sexual Misconduct in Surgery has revealed the extent of sexual misconduct by colleagues - including sexual harassment, sexual assault, and rape - within the UK surgical workforce in the last five years.

The in-depth study, which has been [published in the British Journal of Surgery](#), analysed anonymous online survey responses from 1,434 participants (51.5% women) from the surgical workforce.

The research found that:

- two-thirds of women (63.3%) had been the target of sexual harassment from colleagues, along with almost a quarter of men (23.7%).
- the majority of participants (89.5% of women, 81% of men) said they have witnessed some form of sexual misconduct by colleagues.
- only 16% of those impacted by sexual misconduct made a formal report.



British Journal of Surgery, Volume 111, Issue 1, January 2024,

znad385, <https://doi.org/10.1093/bjs/znad385>

Awareness campaign commenced in June 24 :

Date	Activity	Message
Monday 17 June	News story on the hub	About the information stand outside Café Royale
Monday 17 June	Weekly update	About the information stand outside Café Royale
Tuesday 18 June	Email	Update on what's been happening, how to get support and 'its not ok to'
Wednesday 19 June	Wallpaper	Visit the stand outside Café Royale
Monday 24 June	Wallpaper	Reminder of the charter and how to get support
Week 22 July	News story / link in weekly update	A reminder on how to get support / an update following the sexual safety meeting group (if required).
24 July	Wallpaper	How to get support
Week 19 August	News story / link in weekly update	A reminder on how to get support / an update following the sexual safety meeting group (if required). Booklet to be launched.
Tuesday 27 August	Wallpaper	How to get support
Week 9 September	Stand outside Café Royale?	Promote the booklets
Week 23 September	News story / link in weekly update	A reminder on how to get support / an update following the sexual safety meeting group (if required).
Tuesday 24 September	Wallpaper	How to get support

Actions carried out:

- Action plan developed (see attached)
- Sexual Safety Charter – framed and placed in all wards / dept, including outside Café Royal
- Concerns boxes around the trust
- Share your story campaign rolled out
- Developing case studies to share stories
- Booklets have been developed.
- Domestic Abuse & Sexual Violence Advocate Post – Approved and supported at Charity.
- Message shared in key forums such as 100 days, team brief etc.



Raising a concern of Sexual Safety in the workplace

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. The Royal Orthopaedic Hospital commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the Trust. Sexual misconduct can happen to anyone anywhere – it is crucial that when our staff come to work, they feel safe and supported.

Raise the concern with someone you trust, however we would recommend approaching your line manager in the first instance.

Where your line manager is not immediately available or where you are less comfortable speaking to your line manager, we would also suggest you contact Human Resources or a Freedom to Speak up Champion

The line manager or Freedom to Speak Up Champion will escalate the concerns initially to Human Resources who will seek support from the Safeguarding team to ensure the staff members risks are reduced whilst at work and a safety plan put in place. The concerns will be treated as confidential and will be notified throughout the investigation of any actions completed.

STAFF MEMBER DISCLOSES A SEXUAL SAFETY CONCERN

A sexual safety concern is identified. The disclosure must be documented in full using the victims own words. This should include dates, times and location of the inappropriate sexual behaviours, gathering as much details as possible. The full name and role of the perpetrator and department they work for. If the disclosure includes sexual assault or rape, this must be immediately escalated to a member of the safeguarding team on ext 55822. Out of hours contact the clinical site managers. A consideration for a referral to sexual assault referral centre (SARC) to provide medical, practical and emotional support nhs.uk/sarcs and the Police. However, consent must be gained from the victim.

Once the disclosure has been documented, staff member to be reassured that a support is available and safety plan will be completed. Disclosure to be escalated to HR within 24 hours, who will arrange a meeting with a member of the safeguarding team Safeguarding Lead Nurse (PIPoT Lead) or Senior Named Nurse (Domestic Abuse Lead) within 48 hours.

A meeting will take place between victims line manager, HR and Safeguarding Team who will complete a risk assessment and safety plan for the victim. The safety plan will be shared with the victim. The victim maybe contacted by the Safeguarding team initially to gather further information required for safety planning, this will be completed in a supportive environment. The Safeguarding Team will provide the victim with external services that they can access for support. As part of safety planning the safeguarding team will ask the victim to nominate a senior member of staff who they would like to access for weekly check ins for the first six weeks. This will provide the victim with a safe space and they will receive updates regarding actions taken within the Trust.

An incident form will be completed by a member of the safeguarding Team or Human Resources. Victim or perpetrators identifiable information will NOT be included within the incident form.

A suitable manager will be nominated to investigate the concerns.

Weekly check ins to commence with between nominated person and victim for six weeks. This is to ensure that any emerging risks are reduced and access to support services are available. All discussions must be documented and shared with HR and safeguarding if new risks are identified.

An outcome of the investigation to be shared with victim by the investigator/Human Resources and incident form closed and updated.







Awareness campaign:

Sexual Safety Charter

The sexual safety charter follows 10 principles to ensure that all colleagues feel safe and supported at work.

We are committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

What's been happening

-  Sexual Safety Charter signed by Jo, Chief Executive.
-  Information has been added to the first 100 days session and induction so that all new starters are aware of this charter and know how to gain support.
-  Human Factors training continues to be delivered and can be booked via ESR.
-  A flow chart has been developed for staff who have experienced sexual misconduct in the work place to support with raising concerns.

It is safe to talk,
 It's not ok to:

Make sexual comments or jokes	Display sexually graphic pictures	Ask intrusive questions
Force yourself onto a person in a sexual manner	Have sexual activity without consent	Expose yourself or reveal private body parts
Make inappropriate physical or verbal contact	Use banter as an excuse to make inappropriate comments	Harass somebody, verbally or physically

Visit the [Sexual Safety in the Workplace page](#) for more information

Next steps:

National team:

An e-Learning for Health resource on Domestic Abuse & Sexual Violence (DVSA), to support colleagues in responding to disclosures about sexual misconduct and domestic abuse

An outline of the specialist training NHS England is providing for HR professionals on sexual misconduct policy, reporting and investigations.

A framework for the creation of the role of a 'DASV Ally'.

Resources for local adaptation to support communication and support for your staff in relation to sexual misconduct.

A framework to support systems in assessing charter implementation.

Internally:

- DA&SVA post to be advertised.
- Rolling awareness programme.
- Awareness to be raised by executives at Check and Chat – to address environmental concerns.

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



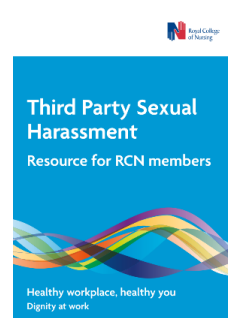
Reference:

[Violence Aggression policy](#)

[Patients Recording NHS Staff In Health Care Settings](#)

[Misuse of Social Media to Harass, Intimidate or Threaten ROH Staff](#)

[NHS England » Sexual safety in healthcare – organisational charter](#)





Sexual Safety Charter Action Plan

Executive Summary:

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace and agree to implement the ten core principles outlined below. It is expected that organisation implement these actions by July 2024.

The Royal Orthopaedic Hospital (ROH), CEO Jo Williams signed the charter in February 2024 and following that commitment a working group was established with cross sectional representation from the Trust, the aim of the group to ensure all aspects of the charter are achieved by the expected deadline. An action plan was development to monitor compliance with each of the 10 principles, as outlined below:

Compliance	Actions	Progress	Partially Achieved/ Achieved
1. We will actively work to eradicate sexual harassment and abuse in the workplace.	Agreed an Executive lead and develop Working Group.	The Trust has a Named Executive lead in place – Nicola Brockie Chief Nurse supported by an operational Working Group with a cross section of representative from the Trust. Executive lead attends national executive training / briefing in May 24.	Achieved
2. We will promote a culture that fosters openness and	Identify areas that individuals can raise concerns and strengthen current provision.	ROH values a culture of openness which is supported by a strong Freedom to Speak culture (FSGU). FSGU is well embedded and supported by Champions. Human Resources and safeguarding, managers support	Achieved



<p>transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.</p>		<p>individuals, teams, and line managers. There are also several FSUG & OD comments boxes deployed across the trusts to allow anonymous feedback.</p> <p>A review was undertaken into incidents in the last year related to sexual harassment to identify themes or trends. This has been triangulated with the staff survey data to gain a deep understanding of issues (themes / areas / issues). Staff survey highlighted higher than the national average concerns.</p> <p>Awareness raised initially in the following areas and via various means:</p> <ul style="list-style-type: none">• Leadership charter launched – set of expectations and behaviours.• Using incident reporting to detect themes / patterns & trends.• Human factors training.• New appraisal system aligned to Trust values and behaviours.• Quality & Safety walkabout.• 100 days and Team brief raise awareness.• Preceptorship training.• Junior Doctor induction – Dr Jo Thomas provide a 20-minute talk on raising concerns around sexual safety.• Admin Matter in June 24.• Executive walkabout and increase visibility of senior leads.• Trust internet page with flow diagram of how and who can support.	
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<p>3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.</p>	<p>Explore what is currently in place and agree a plan to raise awareness ensuring all staff groups are reached.</p>	<p>We have a proactive Equality, Diversity, and Inclusive action plan in place. Ensure sexual safety awareness is incorporated.</p> <p>Action outstanding:</p> <ul style="list-style-type: none"> • A year plan is being developed to raise awareness, using cafe royal focal point to capture staff, case studies, the group is scoping easy read materials and developing leaflets to reach all teams. Team aids will be developed that can be shared at team briefs and will be deployed to teams. 	<p>Achieved</p>
<p>4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.</p>	<p>Explore what support is available and ensure clear communication / sign posting is easily indefinable and shared with managers.</p>	<p>Support is currently offered via the following avenues:</p> <ul style="list-style-type: none"> • Website – flow chart that outlines how staff can get support. • line managers • Human resources • Safeguarding team • Occupational Health • Risk assessments and action plans put in place when required. • FSUG <p>Future plans</p> <ul style="list-style-type: none"> • DA&SVA post approved at charity and going out to advert. • Develop a safe feedback loop to staff who report concerns. – Boxes in each department. – FSG boxes. – List of boxes, 	<p>Partially Achieved 90% achieved</p>



		Staff are signposted to support, such as counselling and third sector support. Annual awareness campaign and Safeguarding month – share information.	
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.	Develop an awareness programme for the next 12- 24 months. Scope training that supports individuals (bystander) to feel safe to raise concern.	<p>The sexual safety charter was signed in Feb 24. This will now be followed up with a quarter awareness stand / Communication plan launched in June 24. Awareness to be added to preceptorship training.</p> <p>Awareness about the Sexual Safety Charter is included in Team Brief quarterly and at 100 days. Junior doctor induction – Dr Jo Thomas provides a 20-minute talk how to raise awareness and get help.</p>	Partially Achieved
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.	<p>DA policy in place, FTSG routes, Grievance policy? mention sexual harassment. Safeguarding, risk assessment.</p> <p>Awaiting national policy – update at next meeting.</p>	<p>The domestic abuse policy is in place and is supported by Freedom to Speak Guardians.</p> <p>Flowchart developed and available on the internet – sexual safety webpage.</p> <p>Actions outstanding:</p> <ul style="list-style-type: none"> Sexual safety policy – National team have shared draft national policy. This is expected to be released in July 24 (after the election and will be supported with training materials. 	Partially Achieved



		<ul style="list-style-type: none"> • Currently the grievance policy has a section around sexual harassment. HR are waiting on the national policy and will the develop ROH policy. • Civility and Respect policy – to be updated to reflect sexual safety. People promise work is focusing on civility awareness campaign. 	
7. We will ensure appropriate, specific, and clear training is in place.	Identify training packages available and agree a training approach.	<p>Awareness talks have been introduced and are being delivered to junior doctors at induction. Booklets / case studies are being developed and will be shared with teams, to raise awareness.</p> <p>Actions outstanding:</p> <ul style="list-style-type: none"> • Awaiting the national training materials (due after the election) • Internally scoping of bystander training. • Develop training plan in line with national team. 	Partially Achieved
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.	Clarify reporting routes and ensure they are visible to all staff.	<p>Reporting flowchart has been developed and launched on the webpage. A report has been prepared to go to SE&OD in June 24, which will outline action and case studies (anonymously reported via the webpage).</p> <ul style="list-style-type: none"> • Bi-annual report to SE&OD, then to Board. 	Achieved
9. We will take all reports seriously and appropriate and timely	Ensure staff are aware of how to raise concerns and support available.	<p>The following process are in place to raise concerns:</p> <ul style="list-style-type: none"> • Safeguarding & risk assessment process • Position of Trust process • Human Resources 	Achieved



<p>action will be taken in all cases.</p>		<ul style="list-style-type: none"> • Freedom to speak-up guardians. • Line managers 	
<p>10. We will capture and share data on prevalence and staff experience transparently.</p>	<p>Explore ways in which data is capture, including staff survey results, webpage engagement, HR reports etc.</p>	<p>The following routes have been explored, developed or undertaken:</p> <ul style="list-style-type: none"> • Audit of incident in the last 12 months • Review staff survey data • Snapshot reporting • FSG reporting • Awareness campaign – staff disclosure, 	<p>Achieved</p>

Updated: June 24

Owner: Nicola Brockie , Chief Nurse



UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 25 June 2024

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • It was noted that based on some modelling and analysis, the Trust was somewhat short of its productivity target. • It was highlighted that some of the Trust’s complex, but life changing cases, did not attract full reimbursement for the cost of delivery. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • A workshop to be set up to pull together a subset of the Committee to discuss the way in which the Committee will function going forward and review worked examples of cases where the Implied Productivity metric had been applied. • A balanced scorecard and Integrated Performance Dashboard (IPD) proposal to be shared at the September Trust Board meeting. • It was agreed that a review of the way in which the South Warwickshire NHSFT organised its finance and operations assurance framework would be undertaken, to determine if there were any points of learning for the ROH. • More work is planned to understand the costs and income associated with individual procedures undertaken at the ROH. • All to provide comments on the high impact actions outlined by the Chief Operating Officer by early July.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee received a report from the Committee’s chair detailing a number of questions to be debated around the future operation and focus of the meetings, namely around productivity, efficiency and reporting. • The Committee received an update on the Elective Recovery Fund and a detailed explanation on how the tariff in Months 1 & 2 compares to last year. • The Committee received an update on the Patient Level Information Costing System (PLICS) and a detailed explanation on how this works in the ROH was provided. This allows a measure of variance in costs and contribution between similar cases, based on an assessment of resources consumed. The limitations of this however were noted given that it did not consider all operating income. It was noted that 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee agreed to use the NHSE Implied Productivity metric as a means of monitoring the ROH’s productivity journey of improvement over coming months. This will provide a consistent view of productivity relative to other organisations in the system and nationally. • The Committee supported the rapid development of an IPD, which would be used to generate conversation around areas of performance across all domains of finance, operations, workforce and quality. This would be shared with all Board Committee Chairs for comment ahead of its implementation. Executives would work up an initial draft, populating it with a suggested set of metrics. It was also agreed that consideration be given to developing a balanced scorecard alongside this. The shift in narrative within the reports would move to being exceptions based.



the new EVO framework may offer additional valuable capability in future for this work.

- The Committee received an update on the assurance processes that are employed by the Trust across Operational and Financial disciplines on a routine basis.

Chair's comments on the effectiveness of the meeting: The Committee's agenda was revised to facilitate focus on the discussions around productivity, efficiency and revised reporting. It was agreed that the main operational and finance report for Month 2 would be considered by the whole Board at its meeting in July. It was agreed that face to face FPC sessions would be organised to be able to better debate some of the complex issues needing the Committee's attention over the coming months. It was noted that the agenda for this meeting had been heavy and that a single 'deep dive' per session would offer more chance for detailed discussion for future meetings.



UPWARD REPORT FROM THE STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 26 June 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- There has been an increase in the short-term absence which the team is exploring for trends.
- Strategic workforce planning remains a risk, but we have received funding to support workforce planning resource. This is being scoped and a plan will be shared with the Executive Team.
- It is noted the workforce risks needed to be reviewed and this is currently taking place between HR and the Governance Team. This will also include a new risk that will have a specific focus on productivity.
- It was noted that the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) data highlighted some areas of deterioration and work was planned over coming months to understand the reason for this and the action required to address this position. The work would be discussed by the Multi Minority Ethnicity Group.
- It was noted that improved uptake of the Oliver McGowan training on learning disability was required and further work would be undertaken over coming weeks to address this.
- Agency spend, although reducing, continues to remain a focus of attention. There has been a move to use temporary staffing by exception in some ward areas and departments.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Employee Assistance Programme (EAP) is currently being reviewed and is centred on the four wellbeing priorities we have as a Trust.
- Bystander training, as part of the work on the Sexual Safety Charter, to be shared at Trust Board.
- Update on payroll errors to be provided to the Committee once discussed by the Audit Committee.

POSITIVE ASSURANCES TO PROVIDE

- The Committee heard about the positive placement experience from one of our University of Birmingham Students who had worked at the ROH for 10 months. He had developed a new Trust map and had also led some of the business planning processes.
- It was noted that good progress had been made with reducing turnover and improving recruitment processes.
- Women’s Health Conference is taking place on Friday and Jo Williams is leading this.

DECISIONS MADE

- The Committee agreed that the Sexual Safety Charter, the Volunteer Annual Report, the WRES/WDES update, and a People Promise Update would be presented at the Trust Board.



- Our own Women's Network has been established, with Amanda Gaston as Chair, and Bethany Haller as Deputy Chair.
- Funding is going to be shared across the system to assist with the workforce agenda, which includes assisting with launching and implementing the new deal for staff based on the 'Open Conversation' work.
- 204 Managers have been trained on the new appraisal approach. The quality of the conversations is being reviewed as well as the monitoring of completion.
- There is a focus on supporting managers to manage absence to achieve the 4% target.
- The Mental Health Working Group is looking at how people can be supported and the packages we offer.
- The apprenticeship numbers for 2023/24 ended with 36 apprenticeships against a target of 29. This year's target is 33 but we are working to a stretch target of 40.
- We have secured funding to recruit a Learning Management System Specialist to help us implement and embed our eLearning system going forward.
- Core mandatory training has improved by 8% from April to May which coincides with the launch of the Information Governance and Cyber Security training.
- Long Service Award Ceremonies have taken place recognising those colleagues who have completed, 10, 20, 30 and 40 Years service in the NHS. This also includes Bank staff.
- The new OD & Inclusion Manager will be starting in September.
- An intern from 10,000 Black Intern Programme starts with the HR team on Monday 1st July.
- 'Moments that matter' has been launched on the intranet which gives staff the opportunity to send digital cards recognising key events such as birthdays, work anniversaries, etc.
- The Committee was provided with an overview of how the new national Leadership Competency Framework will be used at the ROH.



- The Committee received an update on how the ROH is embedding the sexual safety charter.
- Funding has been secured to support the recruitment of a Domestic Abuse & Sexual Violence Advocate.
- The Committee received the Volunteer Annual Report which detailed the amazing work our volunteers do for us at the ROH.
- The Committee was given an update on the WRES and WDES data.
- Funding has been provided from WDES to support the staff passport.

Chair's comments on the effectiveness of the meeting: There was a lot of information provided for the meeting which was informative and provided assurance to the Committee that where there was risk identified then processes were in place to mitigate them. The Committee wished Becky Crowther, Deputy Chief People Officer, well for her new role and for the future.



UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Group or Board met: 19 June 2024

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Members of the Charitable Funds Committee reflected on the presentation from Cazenove in April 2024 and requested a meeting to be scheduled with Cazenove to cover performance of the investment portfolio and risk appetite. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Further work will continue around Health Hack programmes in promoting MSK health to empower children to share this with their families. It is hoped that a comprehensive workshop will be devised throughout schools in Birmingham. A comprehensive summary of the upcoming fundraising dates and events was shared within the Charity Report. Stuart Reynolds, Trainer of NHS Charities Together, will be joining July’s Trust Board meeting to give an update charity governance.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The Charity Team welcomed Wiam Jafar, Fundraising Officer, who is now in place, covering Elaine Bunn’s maternity leave. The Charity Team also welcomed David, a new ROC (Royal Orthopaedic Charity) volunteer who, following successful surgery at the ROH, would like to show his appreciation in supporting the Charity. The Chair recognised the excellent progress made with closure of the actions on the Committee’s action tracker. The first Health Hack Workshop was delivered to Bournville Village Primary School which was a huge success, and a quote was shared from the Deputy Head Teacher. There are two further schools who have shown interest in this programme. Congratulations to Charlotte Thornwell on this initiative. ROC’s fundraisers were recognised, who took part in various challenges, including the Isle of White Ultra Challenge raising £8,500; Jurassic Coast Ultra Challenge, raising just under £1,000; and Edinburgh Half Marathon raising £200 to date. The Chief Nurse thanked the ROC Team for their support with regard to the Orthopaedic Nursing and Allied Health Professionals 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> Following advice from the NHS England Parliamentary Advisor, the Charity Team have proposed deferring the Summer Fete until 25 July 2024 after Purdah – Pre-Election Period. The following three bids were approved by the Committee: <ul style="list-style-type: none"> #279 Improving Diversity within Resuscitation Training #273 AccessAble site navigation #280 Domestic Abuse & Sexual Violence Advocate



Conference and also for the work in respect of Mental Health First Aid Training for staff which makes a significant difference to patients and staff who enjoyed the day.

- On the Financial Update, the Chief Finance Officer noted that income received for the period was £116,000 against expenditure incurred of £303,000. He also shared details on the investment and highlighted a more positive trend now the funds have increased by £28,000 since the last meeting, or an increase of £89,000 for the 12 month period. A further £10,000 of dividend has also been received since the figures reported at the last meeting in April 2024.
- Members of the Committee received for information a copy of the Bid Report.
- In addition to the above, members also received for information feedback on bids #245 Canadian Orthopaedic Association and #253 Menopause Research.

Chair's comments on the effectiveness of the meeting: The chair commented that she thoroughly enjoys chairing the Charitable Funds Committee and the passion it advocates. The meeting was both productive and an effective use of time.

Finance and Performance Report

Month 2

Introduction

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

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

Icons reading guide

Summary Icons Reading Guide

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

Exception Reporting

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

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

Variation Icons

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



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



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



A grey graph icon tells us the variation is common cause, and there has been no significant change.
For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

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

Assurance Icons

Can we expect to reliably hit the target?



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



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



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



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



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

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

Operational Performance Summary –

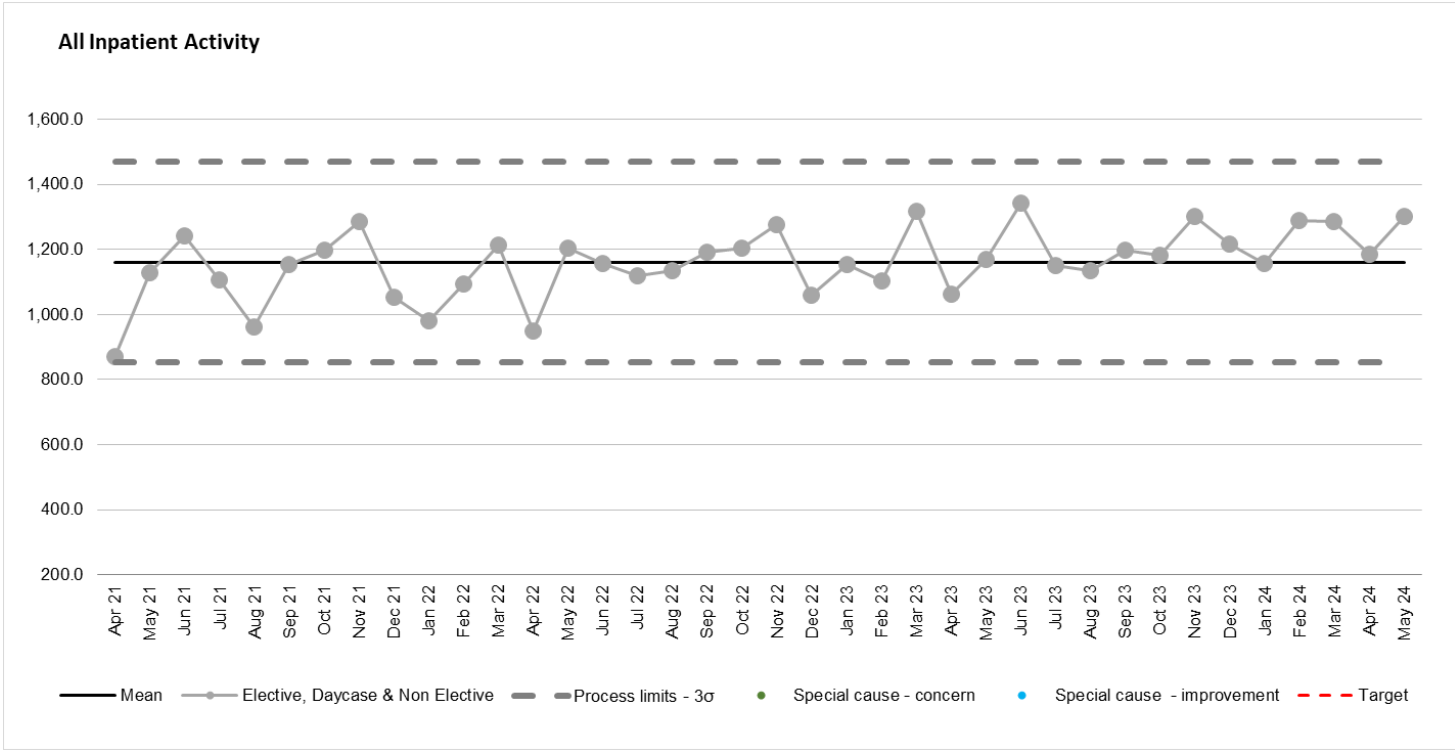
Performance to end May 24	In month	Previous Month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	50.86%	49.05%	92%		
104 week waits	0	0	0		
78+ week waits	0	0	0		
65 Week waits (65-77 weeks) by end of June (pending pt choice exemptions)	40	36	0		
52 week waits (52 – 64 Weeks) by September 2024	534	490	0		
All activity YTD (compared to plan)	1,280	1,208	2,435 2,488 Cumulative YTD		
Outpatient activity YTD (compared to plan)	5,654	6,170	10,628 YTD Target 11,824 Cumulative		
Outpatient Did Not Attend (YTD)	7.3%	7.0%	8%		
PIFU (trajectory to 5% target)	454 8.4%	571 9.7%	380 5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	11.0%	12.1%	19%		
FUP attendances(compared to 19/20)	97.4%	103.0%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	114.1%	121.6%	120%		
Diagnostics volume YTD (compared to plan)	2,070	2,320	4,309 YTD Target 4,390 cumulative		
Diagnostics 6 week target	100%	100%	99%		



Operational Performance Summary

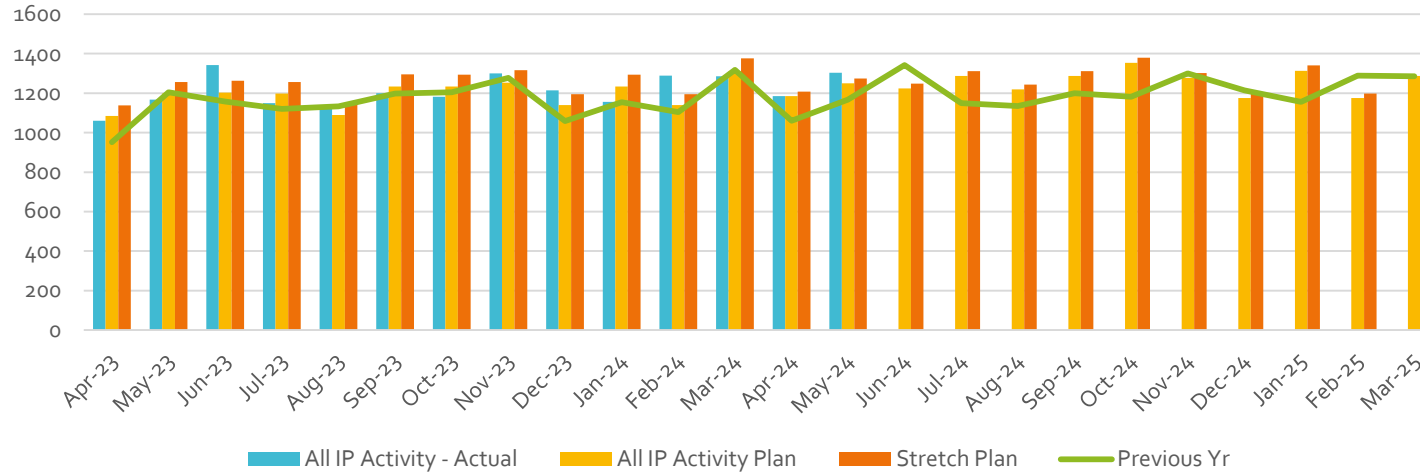
Performance to end May 24	In month	Previous month	Target	Variation	Assurance
% of theatre sessions utilised	93.4%	85.0%	85%		
Theatre In session Utilisation (Uncapped)	81.5%	83.0%	85%		
Cancer - 31 day first treatment	100%	100%	96%		
Cancer - 62 day (traditional)	86.0%	85.7%	85%		
28 day FDS	76.0%	82.8%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD)	2,303	2,336	3,530 4,639 Cumulative		
Bed Occupancy (excluding HDU)	70.1%	70.5%	82-85%		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.70	3.09	n/a		
LOS - elective primary hip	2.80	3.00	2.7		
LOS - elective primary knee	3.20	3.10	2.7		
BADS Day case rate (Note: due to time lag in month is Feb'24)	74.2%	72.2%	85%		
Outpatient attendances for first or follow-up appointments attracting a procedure tariff	35.9%	35.9%	45%		

1. Activity Summary

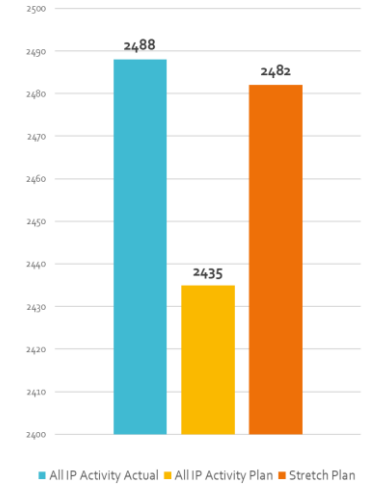


1. Activity Summary

Day Case, Elective and Non Elective Activity



Day Case, Elective & Non Elective Activity Year to Date



		Plan											
Activity Type		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Trust Plan	Inpatient	543	573	561	590	559	590	620	586	539	602	539	590
	Daycase	630	664	650	684	649	684	719	678	625	698	625	684
	NEL	12	13	13	13	11	13	14	13	11	14	11	13
	All Activity	1185	1250	1224	1287	1219	1287	1353	1277	1175	1314	1175	1287
Stretch Plan	Inpatient	554	584	572	602	570	602	632	598	550	614	550	602
	Daycase	642	677	663	697	662	697	733	691	637	712	637	697
	NEL	12	13	13	13	11	13	14	13	11	14	11	13
	All Activity	1208	1274	1248	1312	1243	1312	1379	1302	1198	1340	1198	1312

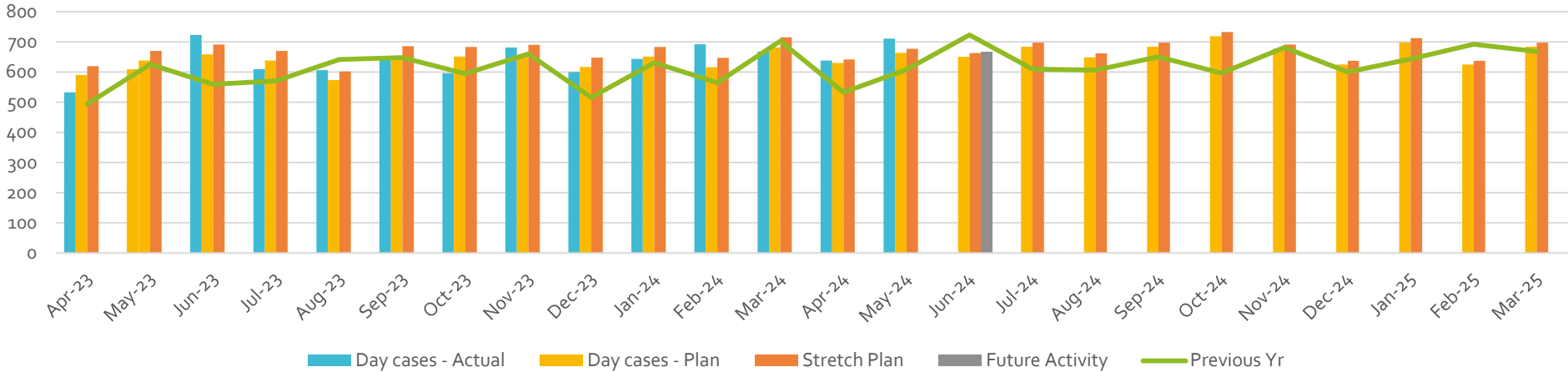
Plan	Actual	% Achieved	Variance
Year to Date	Year to Date	against plan	Year to Date
1116	1099	98%	-17
1294	1349	104%	55
25	40	160%	15
2435	2488	102%	53
1138	1099	97%	-39
1319	1349	102%	30
25	40	160%	15
2482	2488	100%	6

May 2024

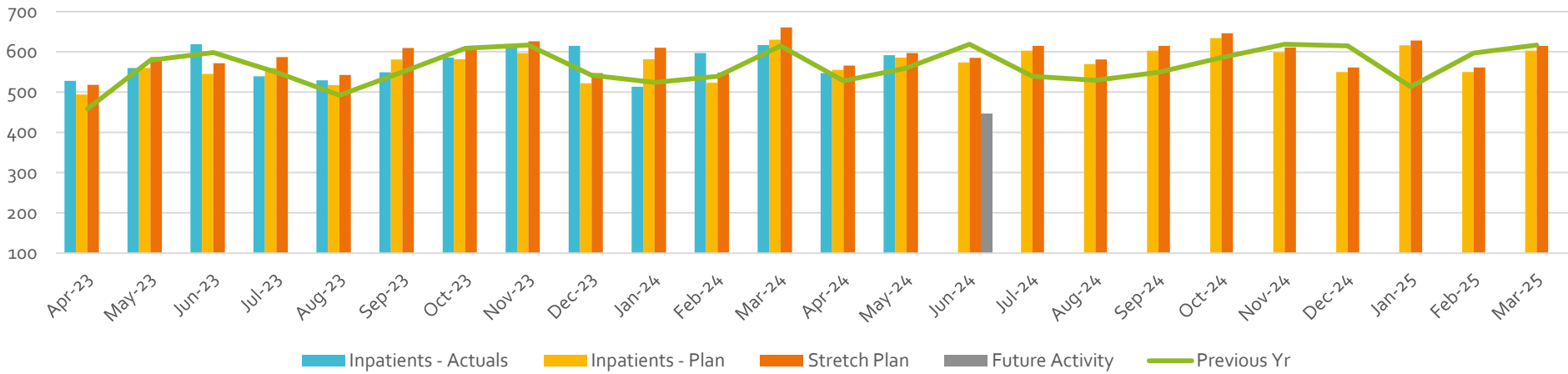
- YTD elective 6 patients above stretch plan plan.
- The system plan has been resubmitted with the 6% uplift. Target now 15,326.

1. Activity Summary

Day Case Activity

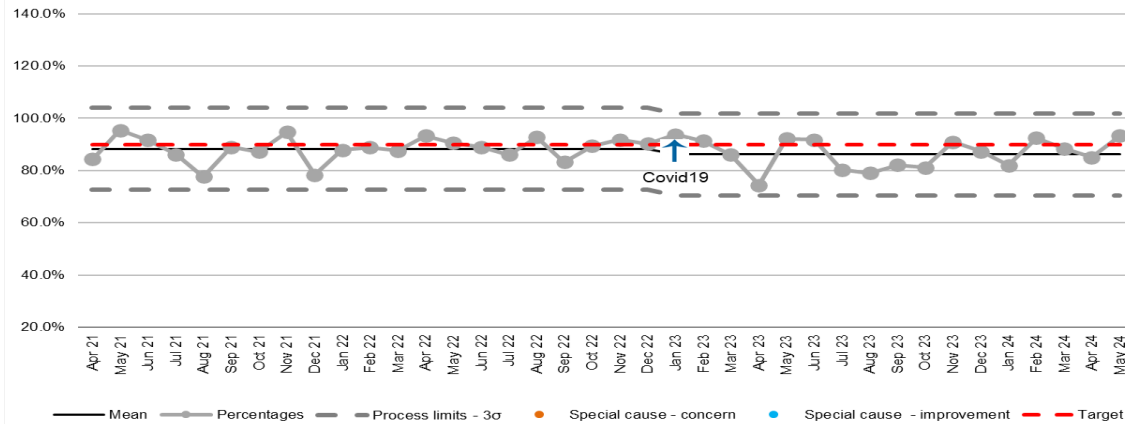


Inpatient Activity (Elective and Non-Elective)

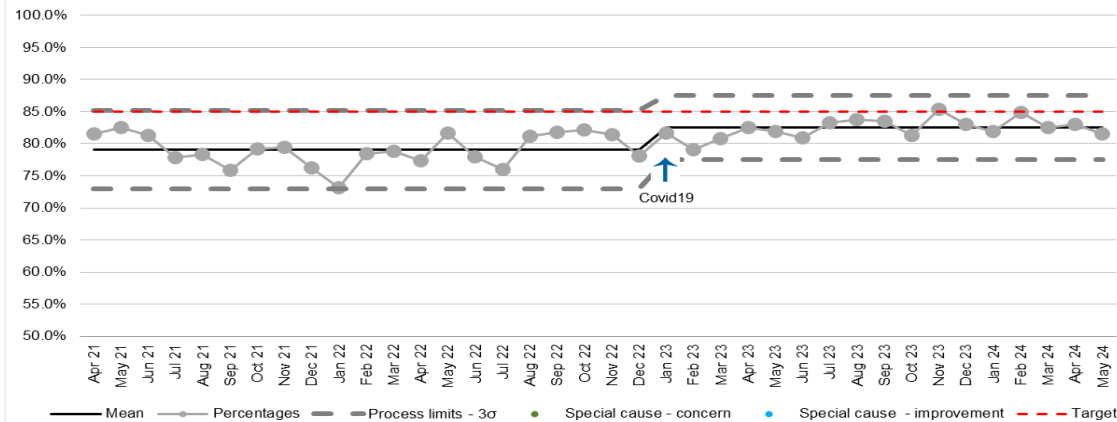


2. Theatre Utilisation

Theatre Session Utilisation (All Electives)



Theatre In Session Utilisation (All Electives)



Elective Session Utilisation (May 2024)

Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	447	414	33	92.62%
UHB	79	77	2	97.47%
Totals	526	491	35	93.35%

Elective In Session Utilisation (May 2024)

Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1832	1512	320	82.54%
UHB	343	261	82	75.98%
Totals	2175	1773	402	81.50%

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation for May was **93.35%** which was above the Trust target of **85%**.

The overall in-session utilisation for May was **81.50%**.

UHB in session utilisation at 75.98% due to sickness in the admin team leading to ineffective booking of lists
Cancellations on the day as detailed earlier in the report impacted ROH Utilisation in month

AREAS FOR IMPROVEMENT

Following the Seamless Surgery week the team will be focussing on the following:

- Turnaround times to streamline processes which will incorporate the GIRFT Theatre Productivity for patient preparation and effective theatre flow module.
- Review theatre utilisation data and formalise those sessions that regularly overrun to support with staff morale, rostering and session utilisation.
- A review of POAC processes/pathways has begun, supported by the GIRFT Pre-operative Lead. A preoperative process project group chaired by the divisional HoN, supported by the AMD has been established to develop an action plan and next steps which will include a RAG rating risk stratification to incorporate Outpatients.
- Implement a 'you said, we did' campaign from the suggestions received from over 40 members of the multidisciplinary team within theatres.
- Action plan to incorporate all the lessons learnt from the seamless surgery week.

RISKS / ISSUES

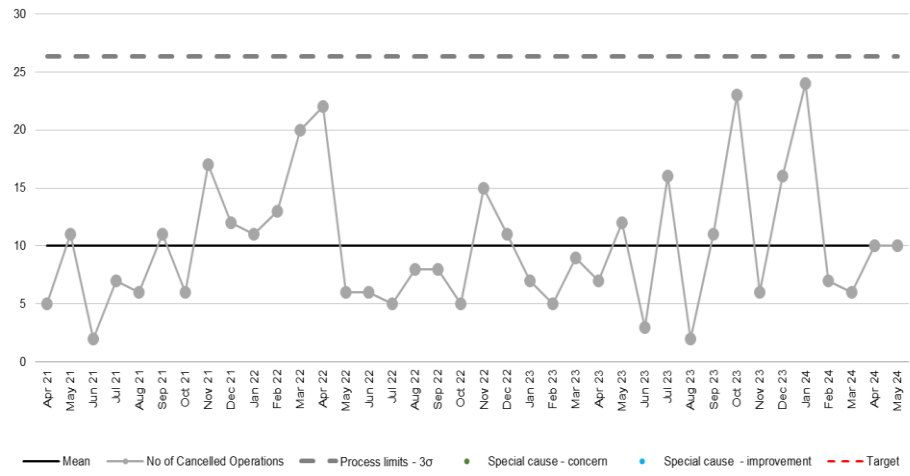
UHB have confirmed intentions to retain up to 1 theatre. The team are working with UHB colleagues to agree the theatre allocations post September 24. Administrative and operational resources will be required to support this activity managed by ROH to ensure productivity is maximised. The proposal is to repurpose the budget in the SLA provided to UHB for admin and ops oversight.

Remaining theatres sessions will be covered by recruitment to vacant consultant posts scheduled to fall in line with UHB's exit.

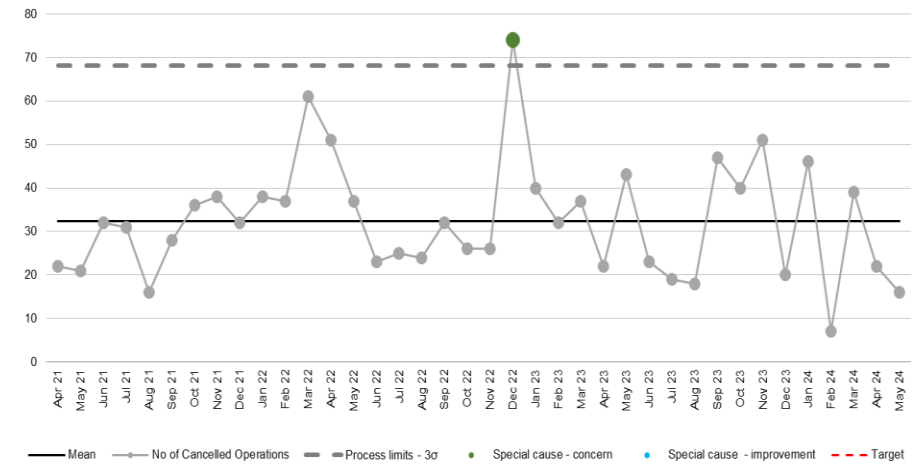
Review has taken place of demand and capacity data to ensure that consultant recruitment delivers 50 weeks in line with speciality backlogs.
Recruitment is ongoing with interviews for spinal team and arthroplasty team in progress to provide capacity for the repatriated theatres to ROH.

2. Theatre Utilisation/ Hospital Led Cancellations

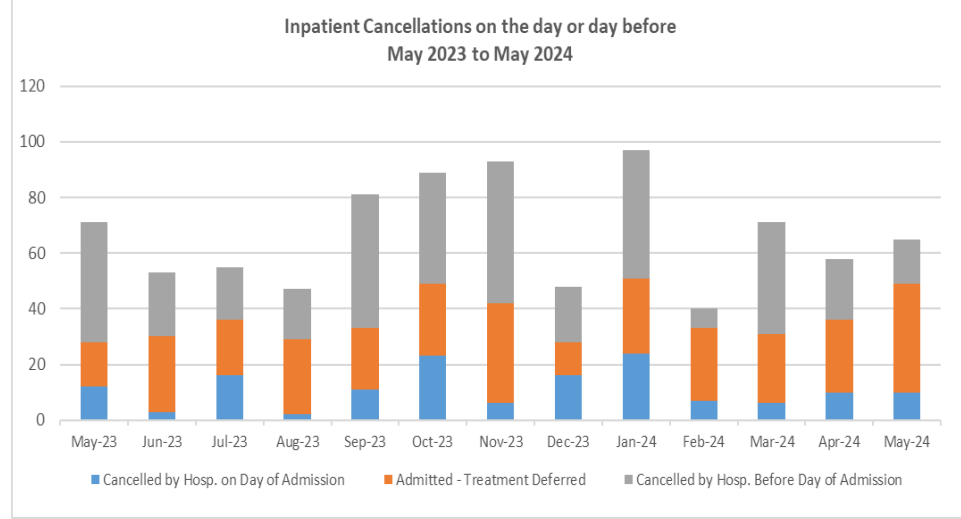
Cancelled by Hospital on Day of Admission



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
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
Mar-24	6	25	40	71	0
Apr-24	10	26	22	58	0
May-24	10	39	16	65	0
Total	146	329	393	868	0



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 May 24:

Patients cancelled on the day x 10	Patients admitted and had treatment deferred x 39	Patients cancelled by the hospital the day before the date of admission x 16
4 x replaced by emergency case 3 x Medically unfit /change in clinical condition / further tests required 1 x Lack of equipment 1 x Incorrect TCI date 1 x Transport issues	18 x Medically unfit /change in clinical condition / not stopped meds 4 x Change in plan / pt no longer wanted the procedure 4 x Lack of equipment 4 x Lack of theatre time – due to complex cases 3 x Procedure no longer required 2 x Surgeon/Anaesthetist unavailable 1 x Pt drove themselves to hospital 1 x Pt had no one at home post procedure 1 x Lack of HDU bed 1 x Replaced by more urgent case	9 x Medically unfit / change in clinical condition / not stopped meds. 4 x TCI date not convenient/unable to contact patient. 2 x Surgeon unavailable. 1 x Consultant case only – not suitable for fellow list

AREAS FOR IMPROVEMENT/ RISKS/ISSUES

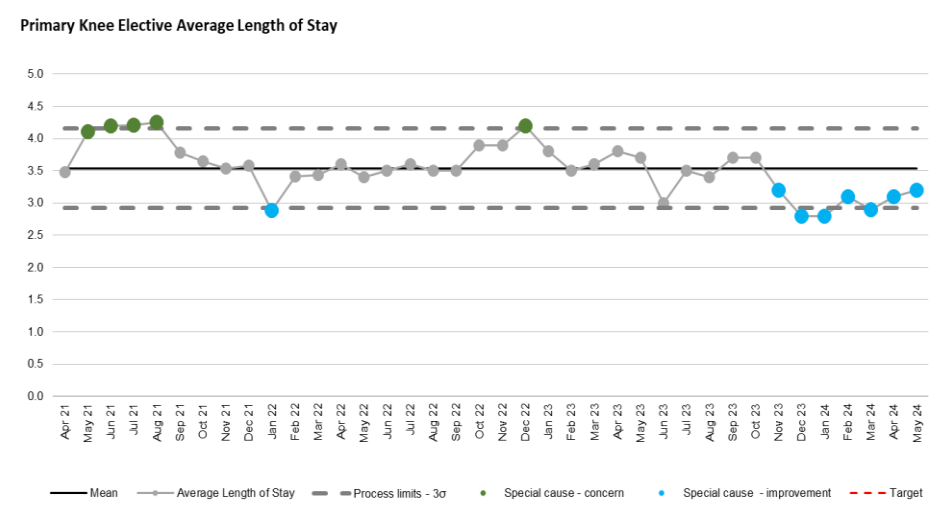
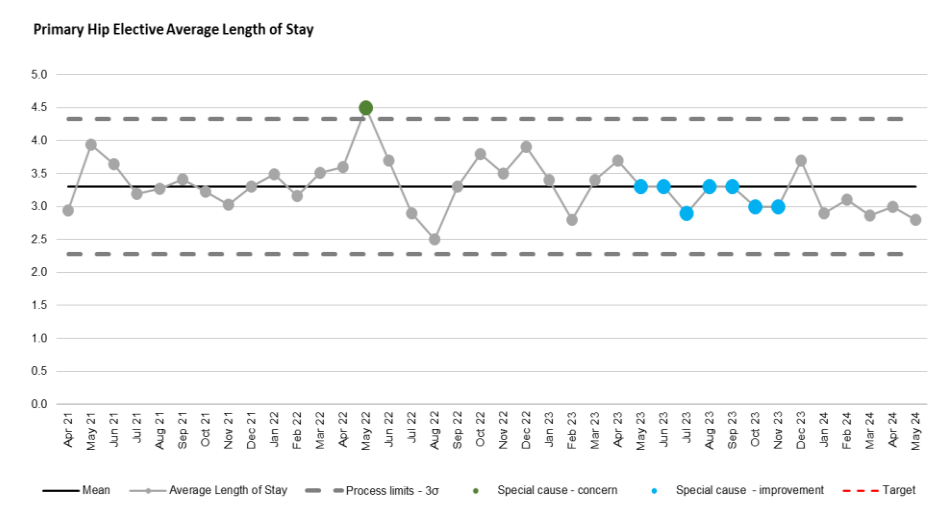
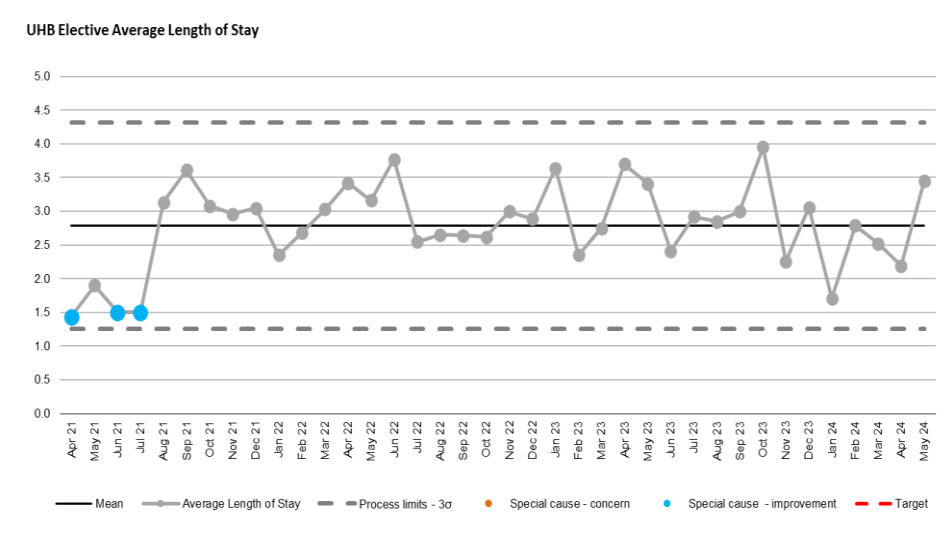
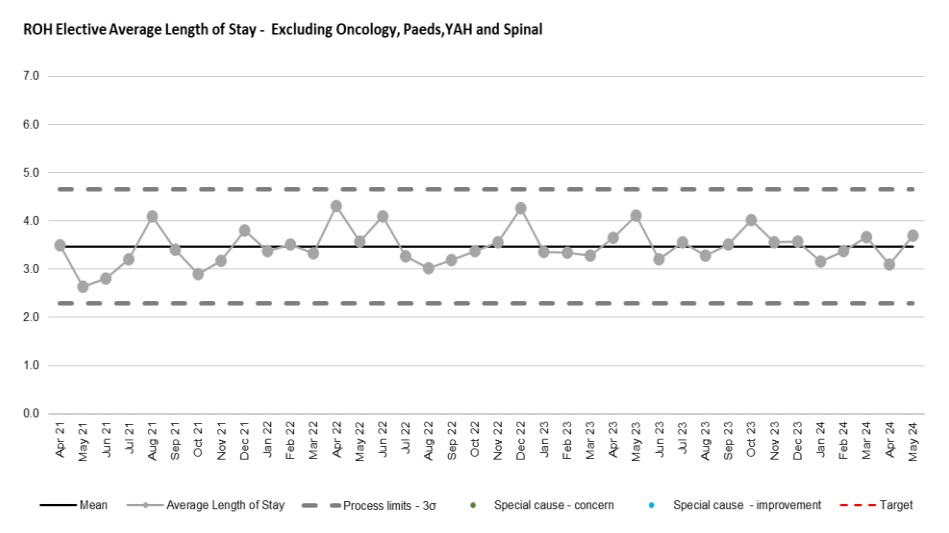
Daily monitoring of cancellations for non-clinical reasons that must be approved by Deputy COO, COO or Exec on call.

Theatre lookback meeting continues to review short notice cancellations with a view to identify opportunities to improve.

GIRFT are supporting with the standby patient process and will share evidence of good practice from other Trusts. The spinal services intend to support this process starting with Spinal Degenerative patients under Mr. Hughes in July 24.

Following the seamless surgery week the team have undertaken a review of admission times and identified that limiting admissions to 2 times (7am & 11am) would support improvements in flows. This will be kept under continuous review.

3. Length of Stay



3. Length of Stay

SUMMARY

The average length of stay for ROH primary Hips decreased to 2.8 days (3.0 days April 24) and primary Knees has increased slightly to 3.2 days (3.1 days April 24).

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and Spinal has increased to **3.70 days** (3.09 days April 24).

A review of the ROH data for arthroplasty and oncology arthroplasty primary hips and knees identifies the number of patients with LOS \geq to 8 days as 5 (8 April), 7 arthroplasty and 1 Oncology arthroplasty. 2 had an ASA score of 3 (Severe systemic disease), 3 had an ASA score of 2 (mild systemic disease) Of the longest length of stay patients 2 had an ASA score of 3, 1 an ASA score of 2. On review of clinical noting all 5 were delayed due to complex discharge social care needs.

A review of all arthroplasty and oncology arthroplasty patients, identifies the number of patients with LOS \geq to 8 days as 23 (23 April). 18 were Oncology Arthroplasty, and 5 were Arthroplasty.

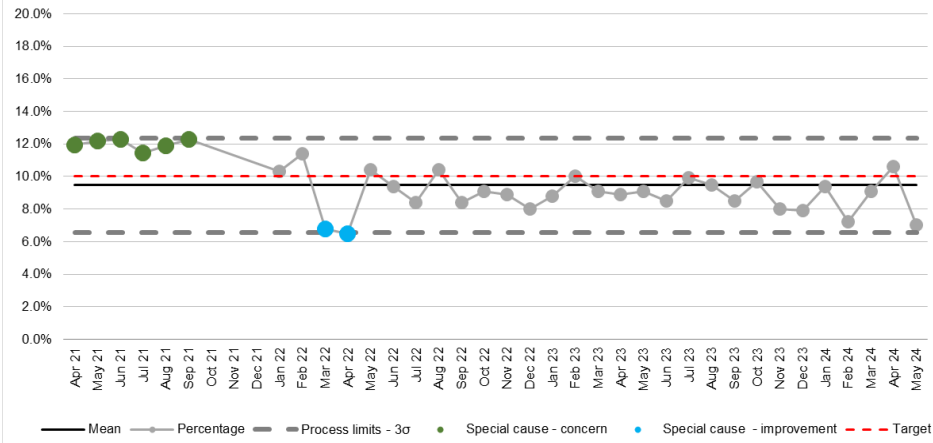
Review of these long stay patients: All >15 days (5) were Oncology Arthroplasty. Longest stay 34 days, complex Oncology Arthroplasty involving plastics and Bone Infection Service. All long stays reviewed on PICS were either complex surgery/ clinical needs/co-morbidities or discharge planning.

AREAS FOR IMPROVEMENT / ACTION PLAN

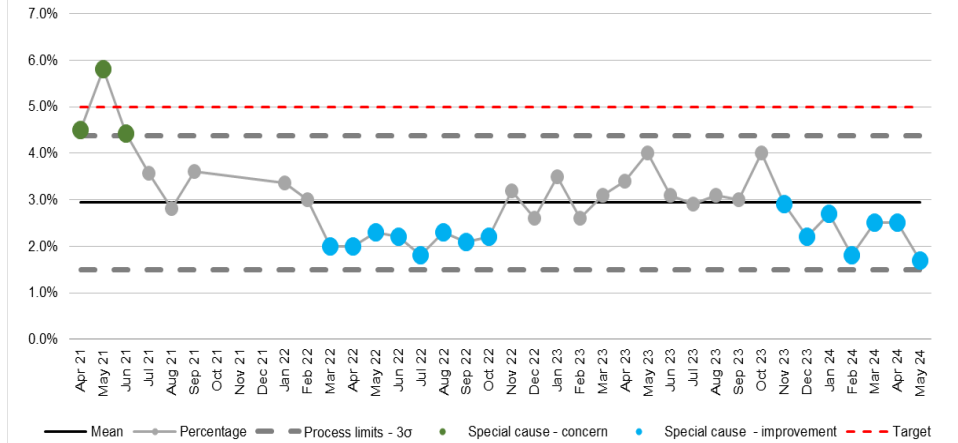
- Social care capacity-delays, particularly out of area. Monitoring and escalation process is in place with support from the Execs and ICB for the minimal number of patients that require escalated support.
- Finalise process/pathway for default to day case primary hip/knee procedure and how information is captured.
- Actions being planned with Medical, Nursing and Therapies colleagues to raise awareness of discharge pathways, processes, expectations to ensure accurate and consistent communication to patients and families.
- Review of themes regarding why patients convert from day case to overnight.
- Consolidate the learning from GIRFT visits of other sites.

4. Outpatient efficiency

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

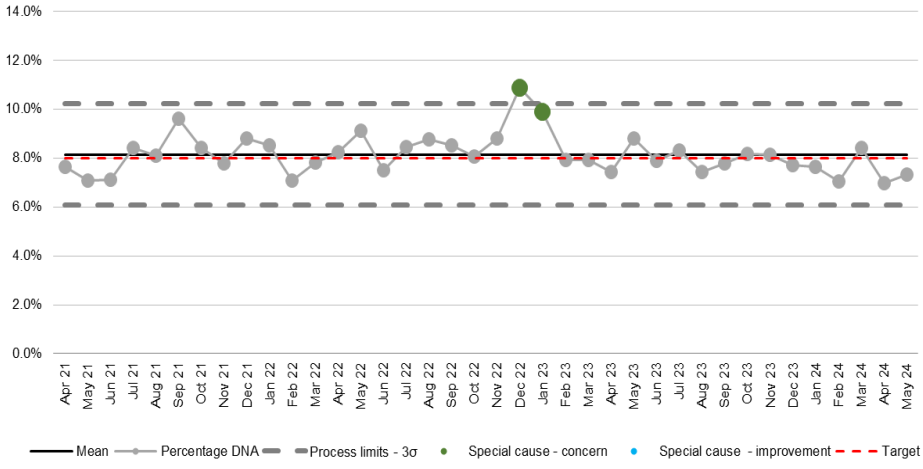


Percentage of OP Attendances Patients Waiting Over 60 Mins to be Seen

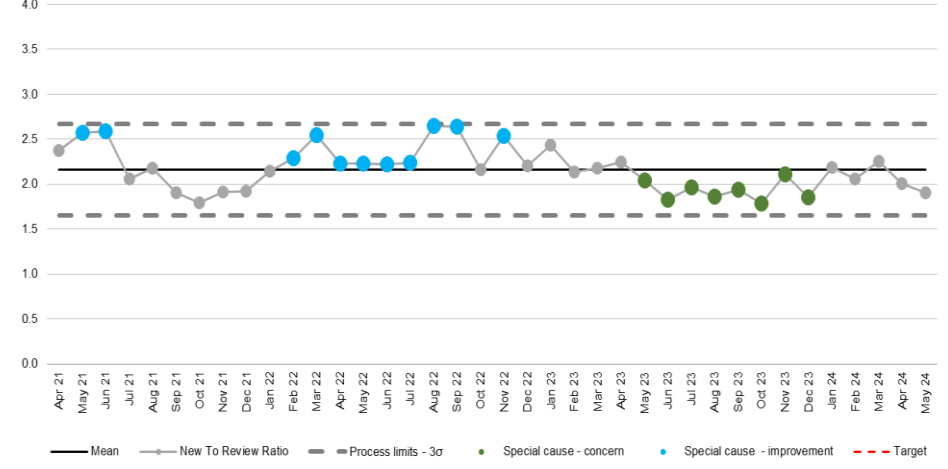


4. Outpatient efficiency

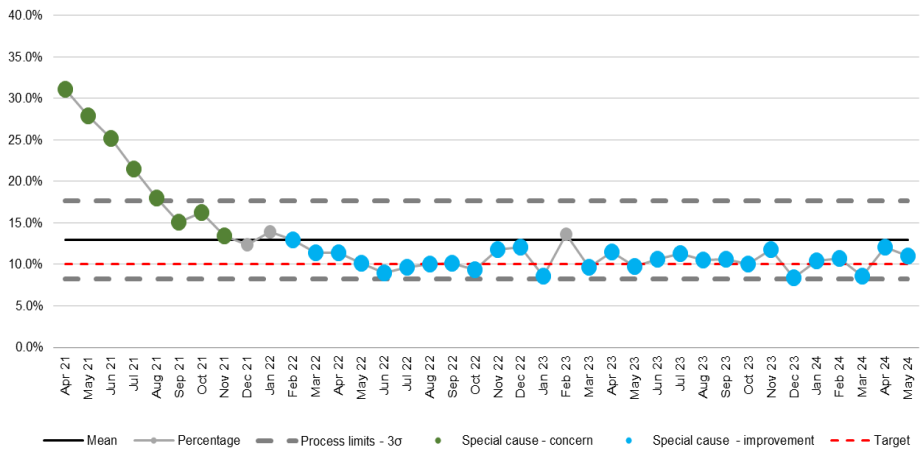
Consultant Led Outpatient DNA Rate



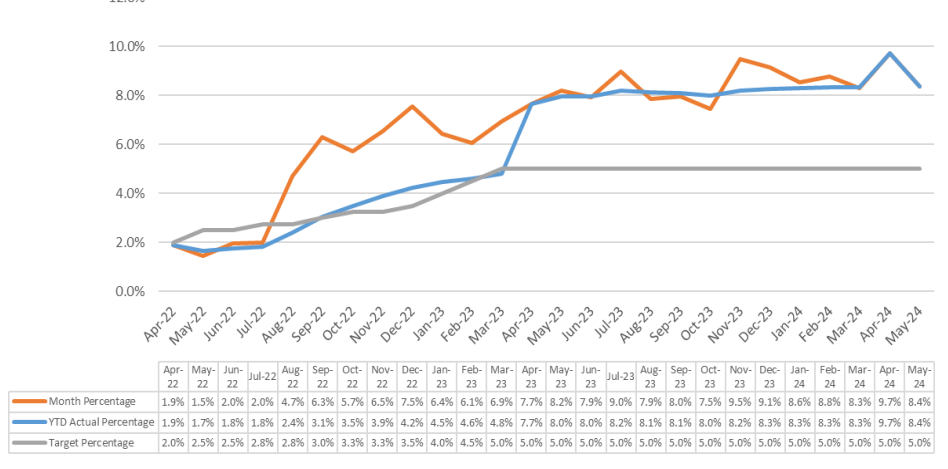
Outpatient New to Review Ratio



Percentage of Virtual OP Attendances



Patient Initiated Follow Ups - % Patient Added



4. Outpatient efficiency

SUMMARY

May 2024 performance is as follows:

- 5,018 face to face and 621 virtual appointments
- 11.01% virtual in total.
- 8.4% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is 9.1%.
- 7.33% Missed Appointment (DNA) rate – lower than the Trust target of 8% and higher than the national standard of 6%
- Imaging DNA rates have improved significantly, reporting an average of 3.92% in March 24.
- **Clinic Waiting Times**
 - 30-minute delays – below the Trust Target at 7.0% this is due to the increase in activity (**Target 10%**)
 - 60-minute delays – within trust target at 1.7% (**Target 5%**)

AREAS OF IMPROVEMENT

Outpatient Utilisation

We have refreshed our 6-4-3 process with a focussed approach for each speciality, with scrutiny around booking of clinic rooms and number of patients booked into each clinic. We also review DNA data, specialty follow up waiting lists, PIFU and RMS triage numbers, identifying areas of concerns. Weekly outpatient check and challenge meetings also continue with speciality CSM, Outpatient Nursing team and appointments managers. At this meeting we review actions from speciality scheduling meetings, and we also look back at activity and issues from the previous week

Missed Appointments (MA)

MA data discussed as part of weekly speciality scheduling meetings. MA monthly meetings continue with a review of ICB MA toolkit, monitoring of Dr Doctor text messaging and MA prediction tool.

Appointments

KPI data is monitored weekly by the Div 1 DOP with exceptions escalated to the Deputy COO. Weekly speciality scheduling meetings are continuing with focus on clinic utilisation.

Digital

Business case being drafted for the upgrade of Flow Manager to enable implementation of the electronic outcome form and electronic room booking system.

4. Outpatient Transformation

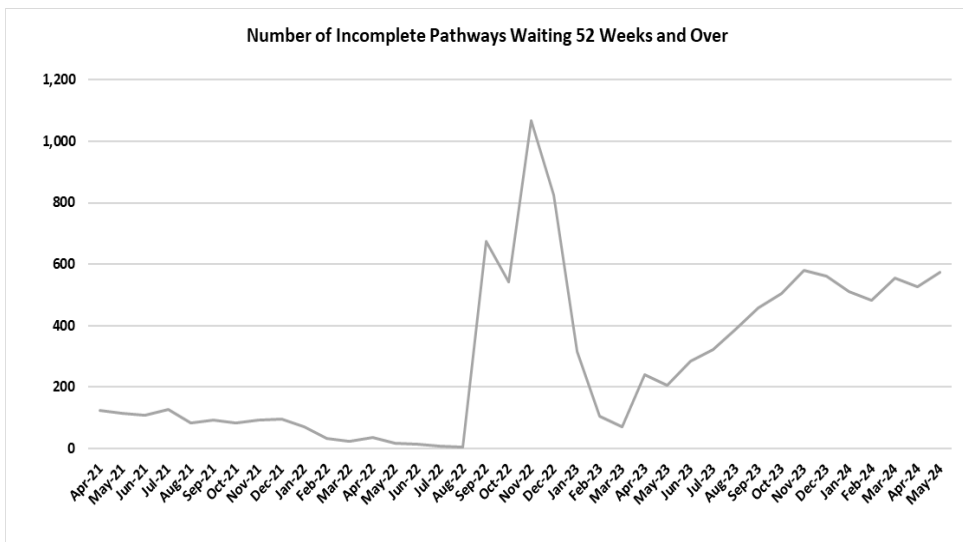
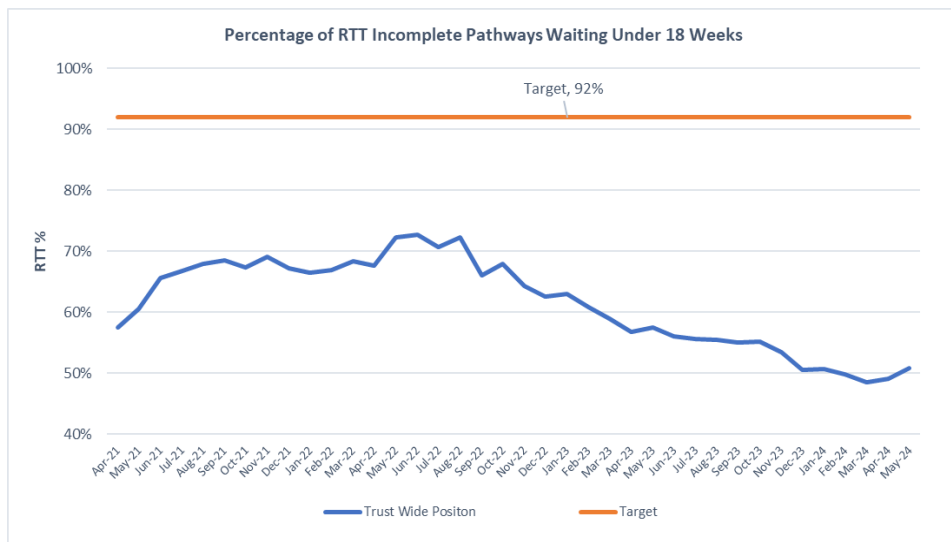
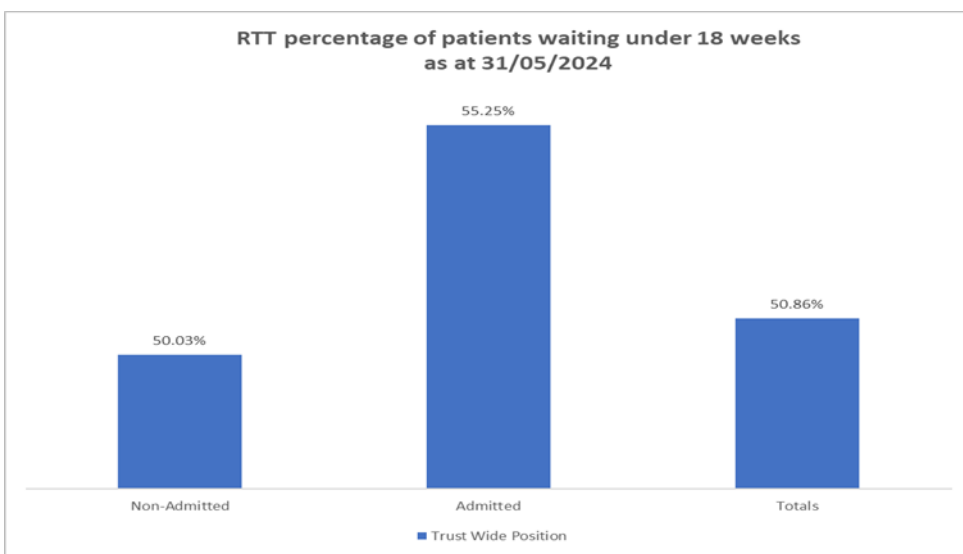
Specialty Priority Updates / Highlights

PIFU May: 8.4%	Missed Appointments May: 7.4%	Reduction in Follow Ups May: 1:1.83	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
<p>PIFU is showcased in the outpatient communications for May 2024.</p> <p>PIFU is being highlighted through the Outpatient Transformation Intranet page.</p> <p>PIFU continues to see increasing uptake as follow up waiting lists are being reduced. MSK and Oncology are looking to adopt additional PIFU clinical pathways.</p>	<p>Configuration continues for TIARA appointments to receive reminders for appointments.</p> <p>Conversations with NHSE are taking place to move the Wayfinder project to Phase 2.</p> <p>The Dr Doctor contract is in the process of being renewed.</p>	<p>Oncology follow up waiting lists are no longer overdue.</p> <p>The InTouch contract is under review to include the additional functionality of clinic lists and e-outcome forms. A business case is required to take the project further.</p>	<p>No update of note. The tertiary referral form for Oncology is at testing stage.</p>	<p>The modifications to the InTouch programme will allow for better information on clinic run times in real time as well as an electronic room scheduling tool. Daily monitoring of utilisation in place to ensure all patient led cancellations are recycled .</p> <p>The Outpatient activity target for the year is +4%. May activity was +9%.</p> <p>Further business intelligence reports are being developed to provide improved oversight of data.</p>

5. Referral to Treatment

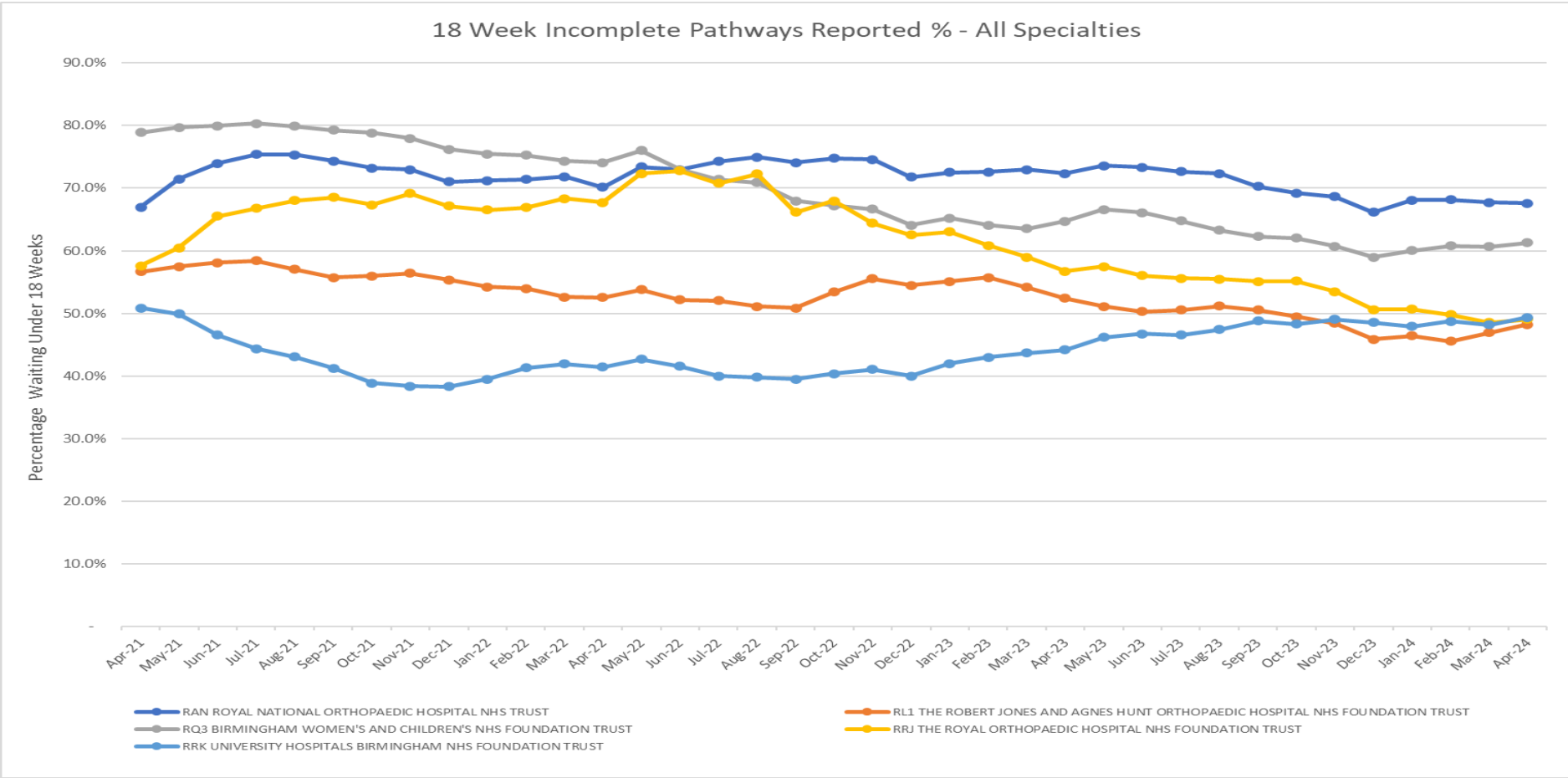
Trust Wide Position			
Weeks Waiting	Non-Admitted	Admitted	Totals
0-6	3,179	617	3,796
7-13	2,206	495	2,701
14-17	1,238	266	1,504
18-26	1,947	395	2,342
27-39	2,644	416	3,060
40-47	1,174	126	1,300
48-51	401	53	454
52 weeks and over	448	126	574
Total	13,237	2,494	15,731

Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	6,623	1,378	8,001
18 and over	6,614	1,116	7,730
Month End RTT %	50.03%	55.25%	50.86%



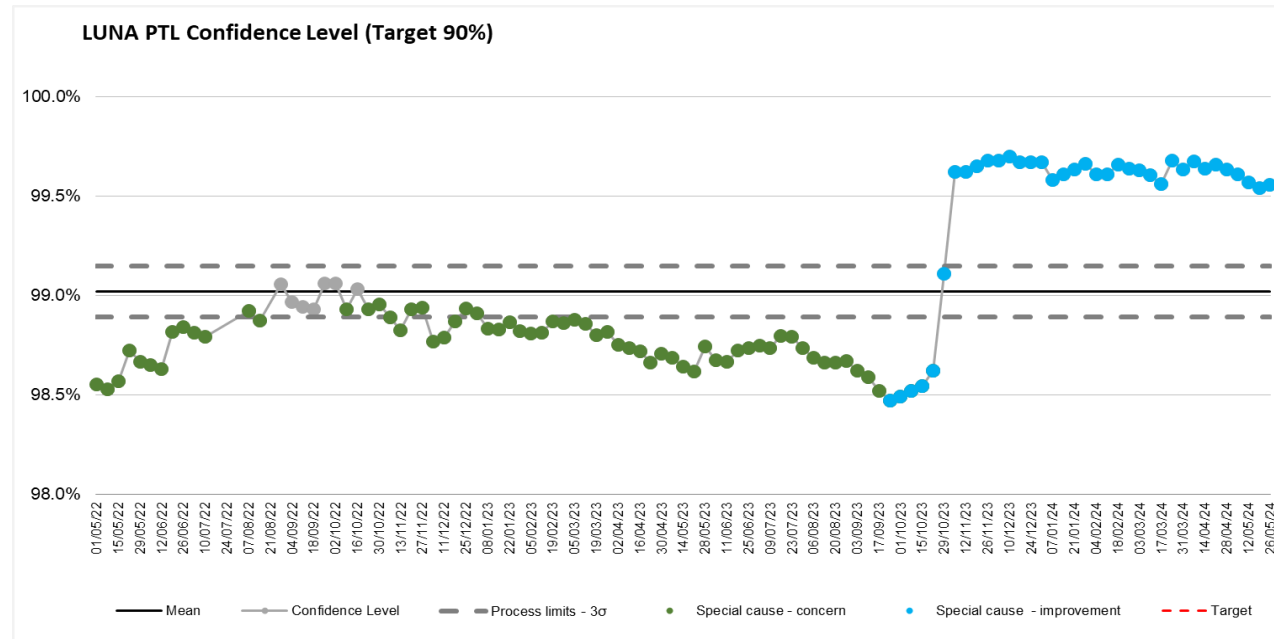
5. Referral to Treatment

18 weeks Incomplete pathways Benchmarking against other providers:



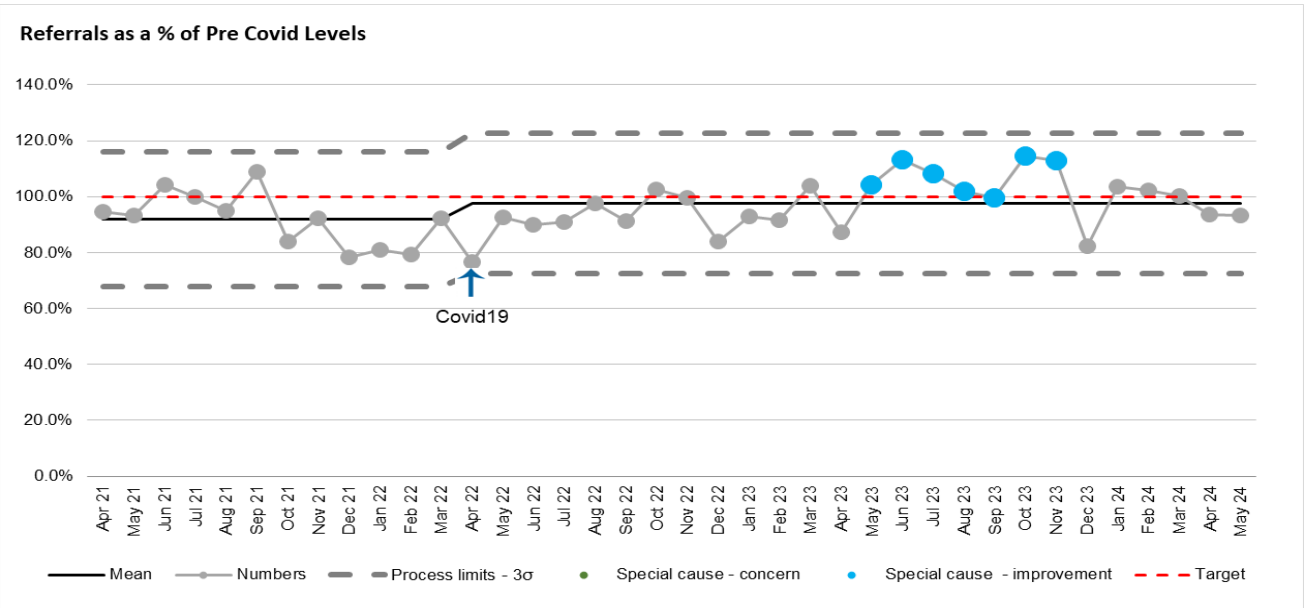
5. Referral to Treatment Luna Data

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



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

5. Referral to Treatment



Pre Covid Level 2704

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	2236	2249	2516	2082	2522	2479	2573	2681	2515	2820	2728	2282	2532	2513	2835
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%	82.69%	83.17%	93.05%	77.00%	93.27%	91.68%	95.16%	99.15%	93.01%	104.29%	100.89%	84.39%	93.64%	92.94%	104.84%

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	2363	2818	3059	2926	2752	2693	3093	3056	2224	2802	2760	2707	2531	2520										
Referrals as a % of Pre Covid Levels	87.39%	104.22%	113.13%	108.21%	101.78%	99.59%	114.39%	113.02%	82.25%	103.62%	102.07%	100.11%	93.60%	93.20%										

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for May was **50.86%** against the National Constitutional Target of 92%. This represents a 1.81% increase compared to the April reported position of **49.05%** that includes patients transferred from other providers. The LUNA report for data quality validation is consistently above 98%.

There were **574** patients waiting over 52 weeks in May, an increase from the trust wide position in April which was **526** patients. Most patients waiting over 52 weeks are Spinal Adults. 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 May 24, ROH received 2,520 referrals (93.20%) compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid.

AREAS FOR IMPROVEMENT

The trust validation team are continuing to validate all patients over 18 weeks to support the improving RTT position and manage patients through their pathway. The Team are working closely with the specialities to manage any potential delays.

Weekly specialty meetings chaired by the Performance lead focus on our longest waiting patients and achieving the 0 x 65 weeks national target. NHSE is extending the deadline to 30.09.24, however, the Trust target is to have 0 x 65 weeks by the beginning of July 24 with the exception of clinically unfit / patient choice.

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 60 weeks and preventing tip ins. 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. Deputy COO is providing specific support to the Spinal team reviewing processes and pathways and meeting regularly with the consultant body.

5. Referral to Treatment

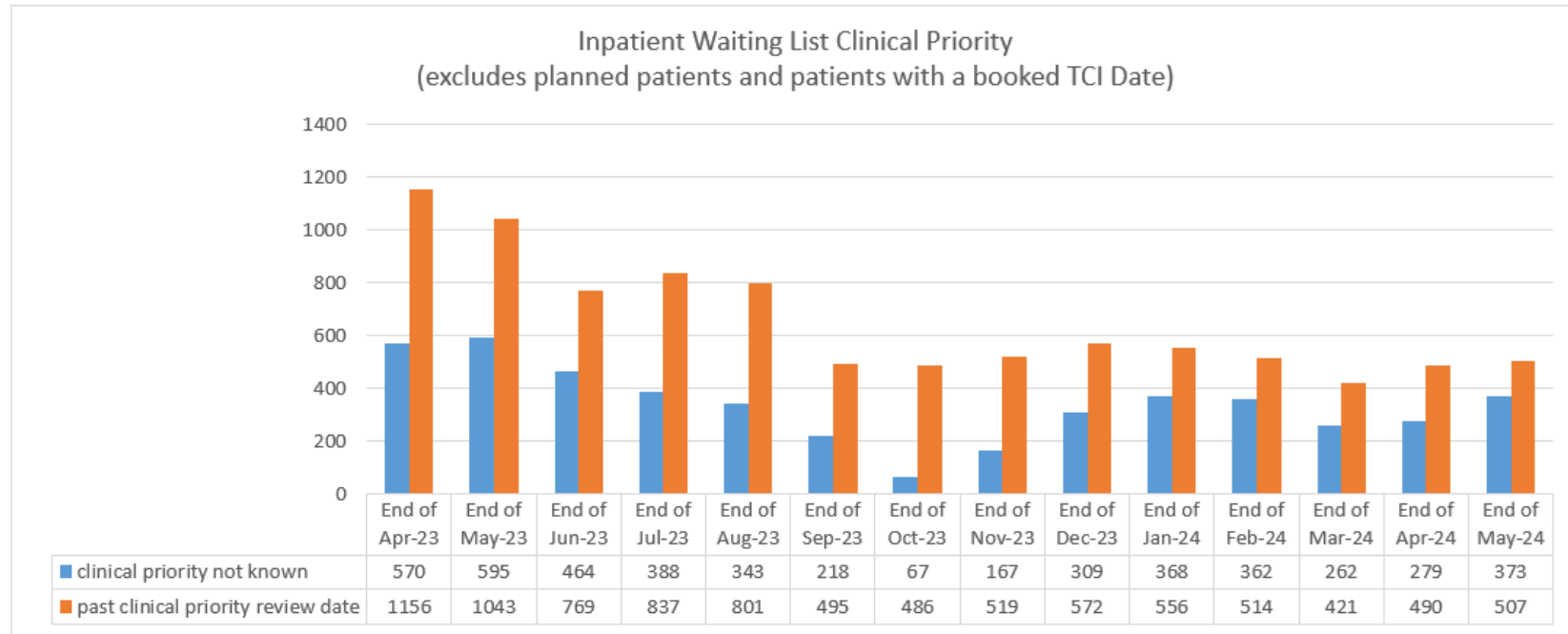
Specialty Breakdown

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 16.05.24	RTT % as of 16.04.24	Difference
Arthroplasty	5	74.3%	70.5%	3.8%
Arthroscopy	50	42.7%	43.0%	-0.3%
Clinical Support	8	56.4%	51.8%	4.6%
Foot and Ankle	9	41.4%	40.0%	1.4%
Hands	72	39.2%	35.4%	4.8%
Oncology	0	80.6%	76.8%	3.8%
Oncology Arthroplasty	0	53.7%	47.4%	6.1%
Paediatrics	0	69.1%	60.0%	9.1%
Spinal	341	30.8%	26.1%	4.7%
Spinal Deformity	177	32.8%	29.8%	3%
Young Adult Hips	1	71.3%	64.2%	7.1%

5. Referral to Treatment

Overdue Clinical Priority:

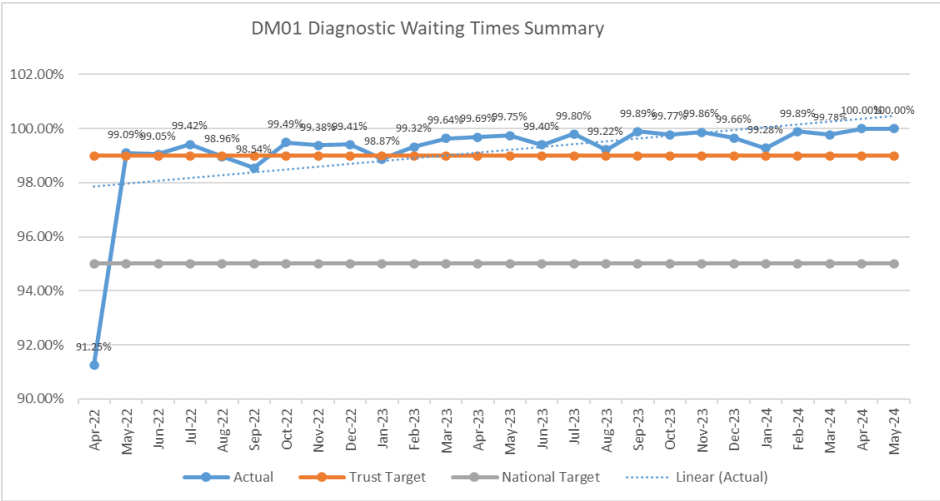


The numbers have increased during May 24 and have been shared with all CSLs to review and make improvements.

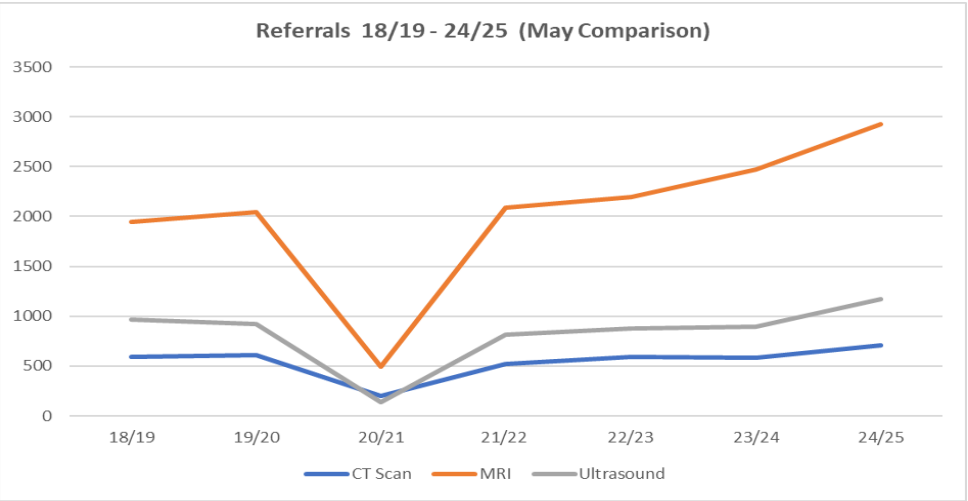
All patient lists have been shared with the clinical teams to review the patients that currently have an overdue clinical priority flag. Arthroplasty service and Prof. Ed Davis are piloting a process to monitor the 'overdue clinical priority' waiting list with an objective to streamline the number of patients on the overdue priority list. Outcomes will be shared with all services following the audit.

6. Diagnostic Performance

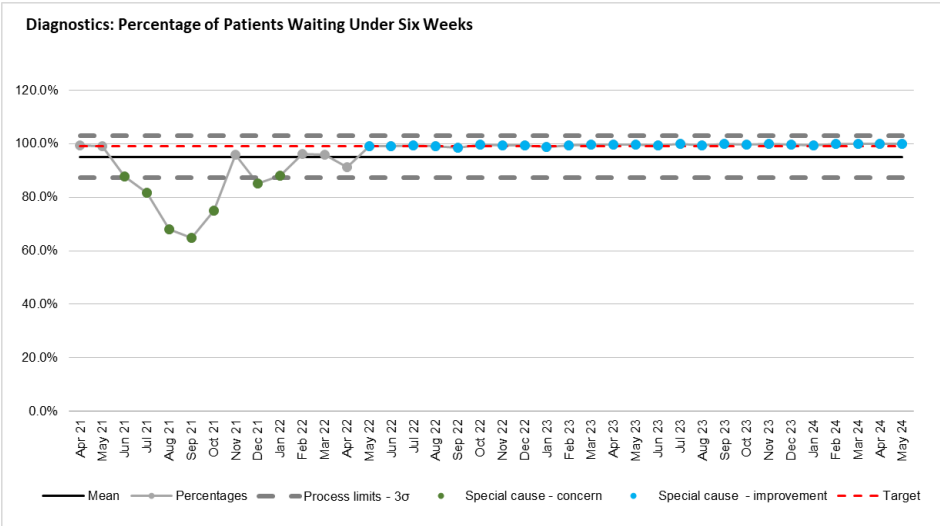
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



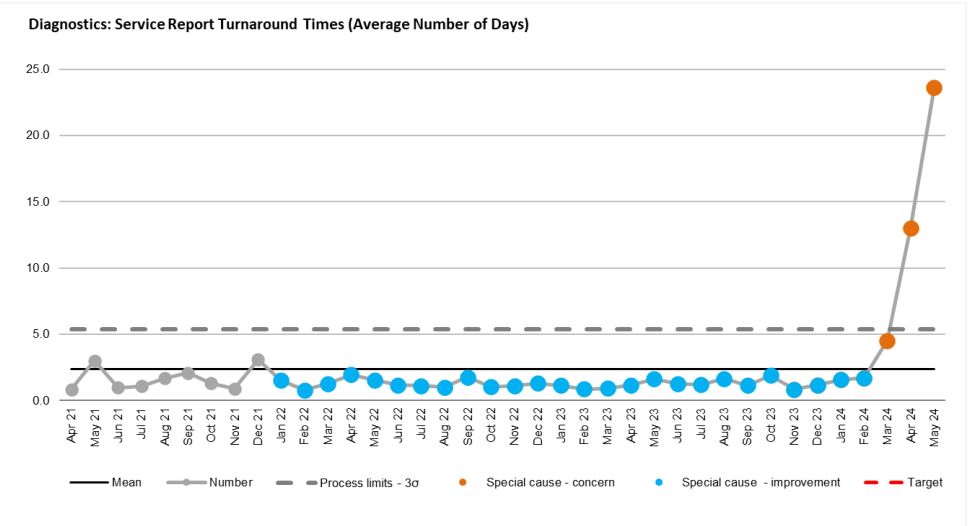
Referrals 18/19 - 24/25 (May Comparison)



Diagnostics: Percentage of Patients Waiting Under Six Weeks



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



SUMMARY

The Imaging Department achieved the 99% DM01 target in May 2024 closing the month at 100% with no diagnostic imaging waiting over 6 weeks.

The National 24/25 operational target remains at 95% which ROH continues to achieve consistently.

AREAS FOR IMPROVEMENT

Ensuring that all capacity is fully utilised, and minimising missed appointments supported by using Dr Doctor text messaging at 1 week and 48 hours prior to appointments; improvements in missed appointments.

Plan to reduce the typing backlog, clinical staff supporting with this, all Oncology imaging continues to be prioritised and typed.

RISKS

There is a current risk with Consultant workforce vacancies that has led to a backlog in reporting. The consultant post is going back out to advert, and an outsourcing option is being explored to support delivery of the reporting backlog.

A comprehensive document of outlining this risk and planned mitigation is currently being developed so this risk can be presented at Quality and safety Executive meeting in preparation for discussion and assurance at Trust Quality and safety committee.

7. Diagnostic Performance

Summary Performance Figures – February 24 (April 2024 Submission)

Target Name	National Standard	April 24 (complete)			
		%	In target	Breach	Total
31 DTTD to Treatment	96%	100%	16.0	0.0	16.0
62 day RTT to treatment	85%	86%	9.5	1.5	11
28 day FDS REPORTED	75%	76%	73.0	23.0	96
Patients over 104 days (62 day standard)					0

Target Name	National Standard	April 2024 (Old Standards)			
		%	In target	Breach	Total
2 WW	93%	97.3%	72.0	2.0	82.0
31 First	96%	100%	11.0	0.0	11.0
31 day subsequent	94%	100%	4.0	0.0	4.0
62 day Standard	85%	62.5%	2.5	1.5	4.0
62 day (Cons Upgrade)	n/a	85.7%	7.0	0	7.0
28 day FDS REPORTED	75%	76%	73.0	23.0	96
Patients over 104 days (62 day standard)					0

8. Cancer Performance

Performance

The trust was compliant against all three metrics for April Performance, as outlined in the table above.

A total of 11 62-day standard treatments were applicable to the trust, 9.5 of those were compliant and the remaining 1.5 patients breached this target due to multiple biopsies required and complex diagnostic pathways.

The root cause of the delays for the 62-day breaches were due to complex diagnostics and surgical planning.

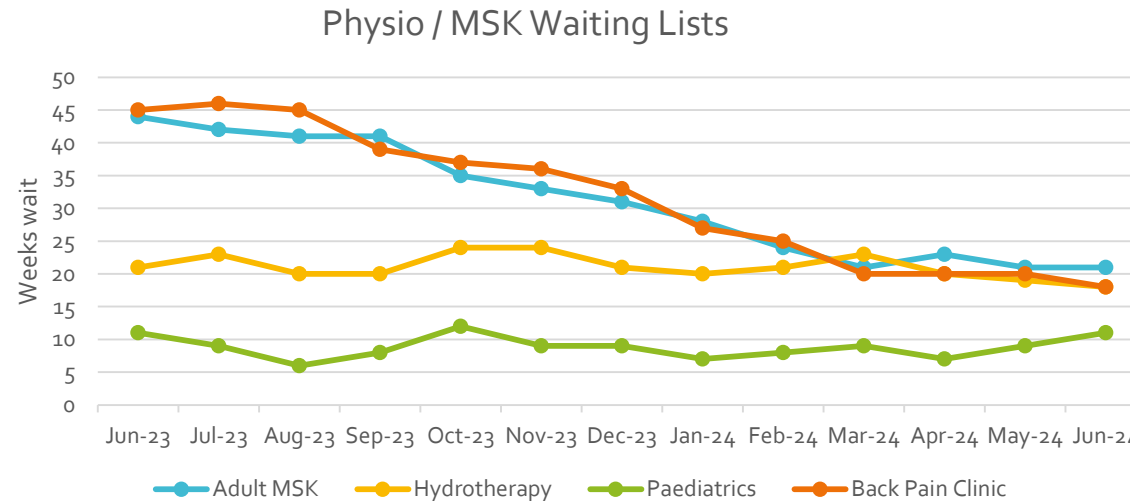
- 0.5 shared breach, tertiary referral sent out day 47. Patient referred out after day 38 due to complex pathology. The specimen required additional testing.
- 1 breach, tertiary referral received day 15. Patient was diagnosed on day 36 of the pathway and consented on day 50. TCI was unable to be scheduled before day 62 due to requiring plastic input and reduce surgical availability due to bank holidays. Patient was treated on day 70.

Risks /actions ongoing

The team 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. 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. Positive service development 5th pelvic surgeon now being trained to address one of the key challenge areas for elective capacity and a business case is currently being developed for approval of an SLA expansion to address joint plastic surgery capacity.

9. MSK Waits

Physio / MSK Waiting Times June 23 – June 24



Summary – data as per 17/06/24

Paediatric Physio waits continue to be maintained below 12 weeks with the June position currently at 11 weeks.
 Hydrotherapy waits are at 18 weeks.
 Adult physio waiting times have reduced to 21 weeks (17th June 24).
 Back Pain waiting times reduced to 18 weeks (17th June 24).

Risks /actions ongoing

- Recruitment continues to be a challenge for physiotherapists, occupational therapists and clinical psychology.
- Waiting times are being managed and reducing steadily.
- Administrative workforce challenges remain in managing a PTL of over 4,500 pts, resource intensive.
- Community appointment day is planned for September 2024 in line with the MSK programme which has produced a waiting list reduction in pilot projects already undertaken within the system (Solihull May 2024)

10. Private Patients

SUMMARY

- There were 46 inpatients treated privately in May 24. This was 4 patients under plan. There were 11 inpatients cancelled this month.
- The service fell short of its income May target by £40k – the value of the 11 cancellations was £97k.

24-25 summary	M1	M2	
Income Plan	425000	425000	
Activity Plan	50	50	
Income to be collected	375000	384323	Medical reasons cancellation prior to the day x6 Medical reasons cancellation on the day x1 Long haul flight x1
Activity actual	46	46	No theatre staff x 1 (patient has been booked elsewhere)
Cancelled cases	13	11	Patient choice x2 (exams and improved symptoms)
Cancelled income	93000	97714	

***The above figures are based on activity and income through the service which may not have been invoiced yet. This does not include income for private imaging. Finance figures are based on the income received ***.

AREAS FOR IMPROVEMENT

To support additional income and activity generation to support the Trust position in 24/25 and assure the committee that key actions from the strategic plan are being delivered, the following actions are being undertaken:

- Marketing plan agreed and launching over the summer starting with leaflet drops, website refresh and targeted advertising in regional magazines.
- Negotiations remain ongoing with AXA B.
- BUPA recognition process has started with the aim to complete by autumn 24.
- Work ongoing to rebrand ward 4 as Woodlands Suite in its entirety to support patient and staff experience

➤ Risks identified

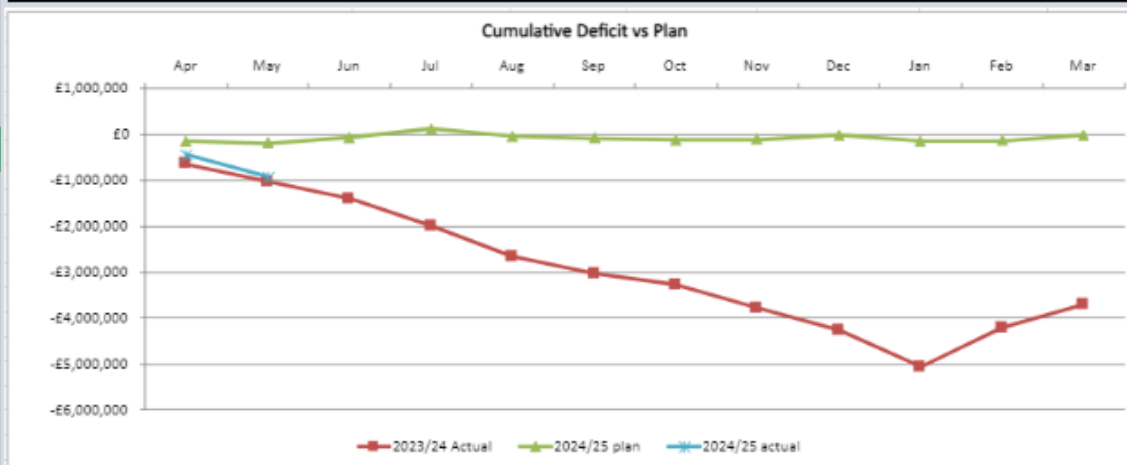
Currently there is no Sunday operating available due to staffing issues which is the preferred operating day for PP Lists . A short to medium term solution is being agreed ahead of the delivery of 7 day operating being in place.

8. Finance on a Page

Month
2

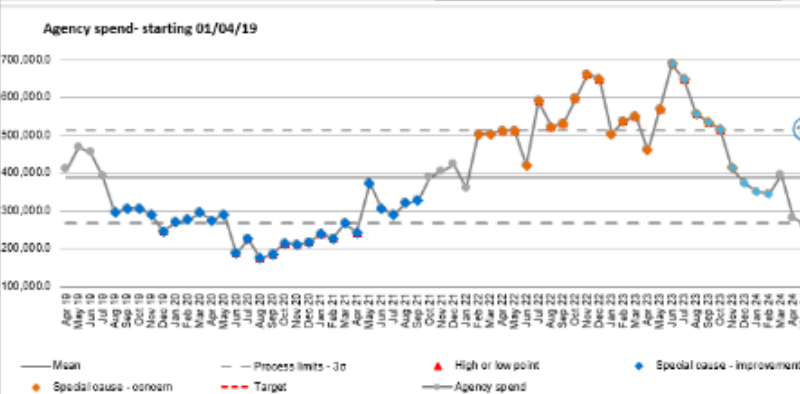
FINANCIAL PERFORMANCE

Income and Expenditure category	£'000s								
	In Month			Year to date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income from patient care activities	£11,008	£11,166	£158	£21,930	£22,062	£132	£131,912	£131,912	£0
Other income	£535	£558	£23	£1,065	£1,023	£-42	£6,432	£6,432	£0
Pay	£-6,306	£-6,429	£-123	£-12,800	£-12,776	£24	£-78,310	£-78,310	£0
Non Pay	£-4,993	£-5,671	£-678	£-10,158	£-11,011	£-853	£-58,691	£-58,691	£0
Non operating costs	£-119	£-111	£8	£-238	£-225	£13	£-1,435	£-1,435	£0
Remove capital donations	£7	£8	£1	£15	£15	£0	£92	£92	£0
TOTAL	£132	£-479	£-611	£-186	£-911	£-726	£0	£0	£0



Agency as a % of paybill = 4.4 %

Recurrent efficiency % of forecast = 100%



Efficiencies	YTD	Forecast
Plan	£1,047	£6,484
Actual	£472	£6,484
Variance	£-575	£0

Capital	YTD	Forecast
Plan (exc IFRS16)	£471	£3,499
Actual	£-162	£3,499
IFRS 16	£0	£756
Variance	£633	£0

Better Payment practice code	YTD	% move't prev month
Non-NHS		
By number	83.6%	2.6%
By Value	84.4%	9.1%
NHS		
By number	47.7%	-1.2%
By number	19.4%	2.0%
Total		
By number	82.7%	3.0%
By Value	77.3%	14.0%

9. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £479k against a planned surplus of £132k, generating an adverse £611k variance. Year to date deficit totals £911k deficit against a deficit plan of £186k, generating an adverse £726k variance.

Income year to date over performed by £90k. £120k underperformance in Private patient income, a slight underperformance on other commercial income, and £130k provision for 24/25 convergence and growth adjustment for commissioners. Offset by an overperformance in NHS England income related to bespoke device recharging.

Pay expenditure is overspent in month by £123k but a year to date underspend of £24k. Agency spend continues to show improvements with an underspend year to date of £6k and a bank underspend of £19k.

Non pay expenditure overspent in month by £678k and year to date adverse variance of £853k. This includes £50k costs relating to MRI quench costs, LLP expenditure above plan and unidentified CIP.

Agency spend reduced as a percentage of pay bill to 4.4% against 24/25 target of 3.2%,

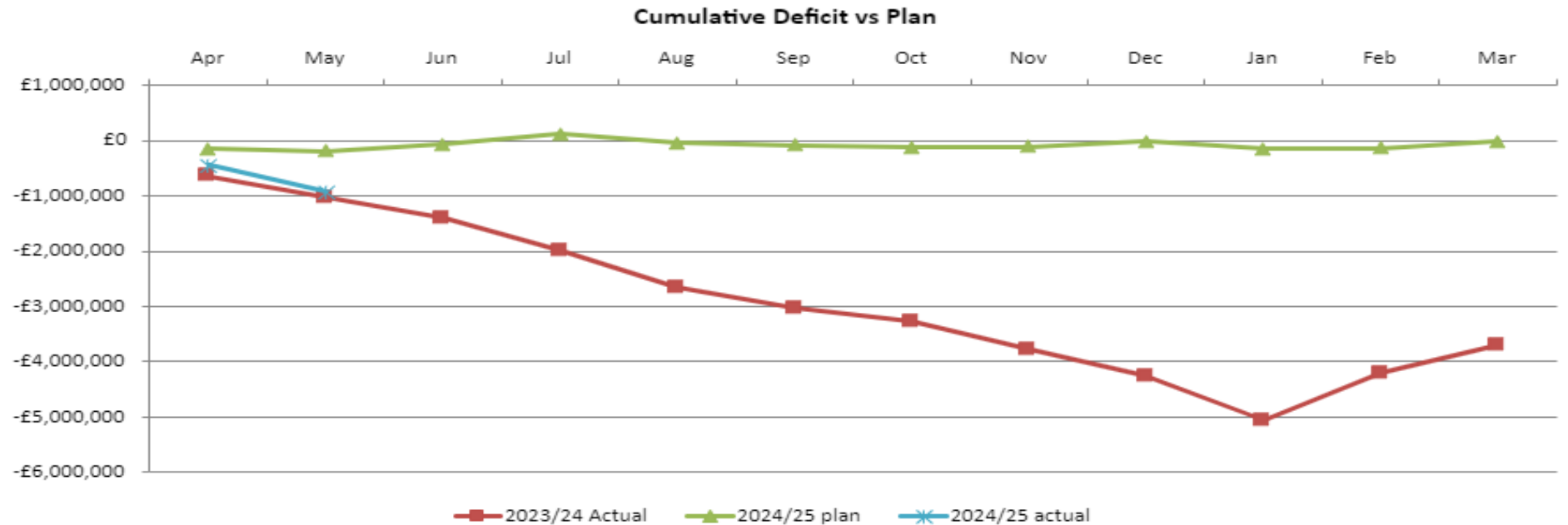
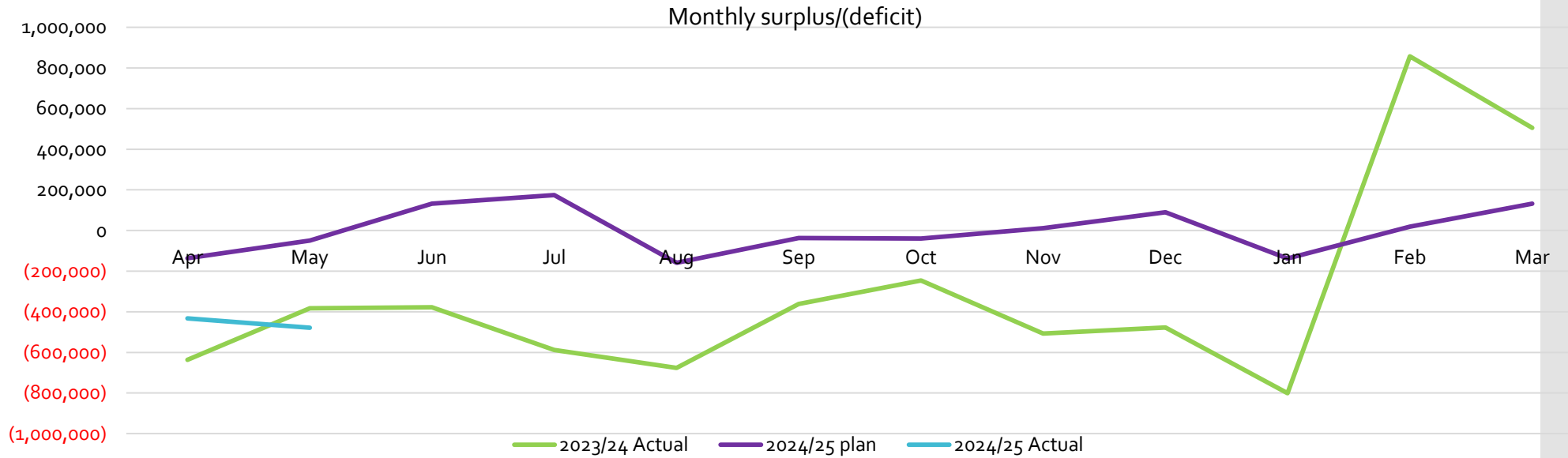
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£90	£24	(£853)	£13	(£726)
Year to date plan	£22,995	(£12,800)	(£10,158)	(£223)	(186)
Year to date actual	£23,085	(£12,776)	(£11,011)	(£210)	(£911)
Variance compared previous month					



9. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	21,930	22,062	132
Other Operating Income (Excluding top up)	1,065	1,023	(42)
Employee Expenses (inc. Agency)	(12,800)	(12,776)	24
Other operating expenses	(10,158)	(11,011)	(853)
Operating Surplus	37	(701)	(738)
Net Finance Costs	(238)	(225)	13
Net surplus/(deficit)	(201)	(926)	(726)
Remove donated asset I&E impact	15	15	0
Adjusted financial performance	(186)	(911)	(726)

9. Overall Financial Performance



10. Income

SUMMARY

Income year to date over performed by £90k. £120k underperformance in Private patient income, a slight underperformance on other commercial income, and £130k provision for 24/25 convergence and growth adjustment for commissioners. Offset by an overperformance in NHS England income related to bespoke device recharging.

Elective Recovery Fund (ERF) income performance is an overperformance against NHSE target of £195k but an underperformance of £1.3m against the adjusted ERF target. The adjusted ERF target includes the additional activity performance included within the route to breakeven plan. This is not currently accounted for within the income position stated above.

Private patient income underperformed against plan with an adverse variance of £120k.

AREAS FOR IMPROVEMENT

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

RISKS / ISSUES

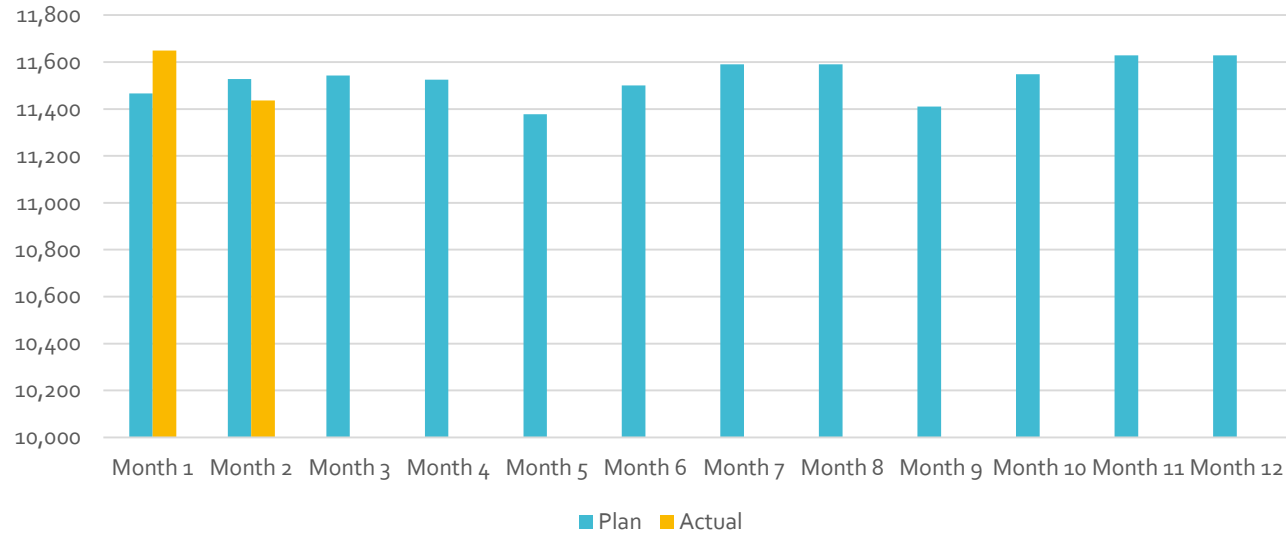
Elective recovery target delivery remains a risk. Discrepancies between NHS England published ERF performance and application of the ERF rules by commissioner has been varied.

ERF target baseline phasing does not align to the Trusts activity plan with significant increase in ERF target set by NHSE in Q4.

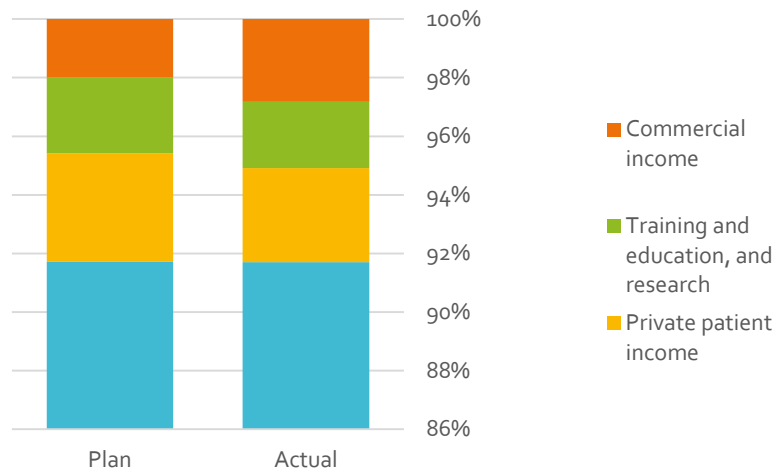
Non recurrent funding has been included within plans for 2024/25, generating an underlying financial risk for 2024/25 and beyond.

10. Income

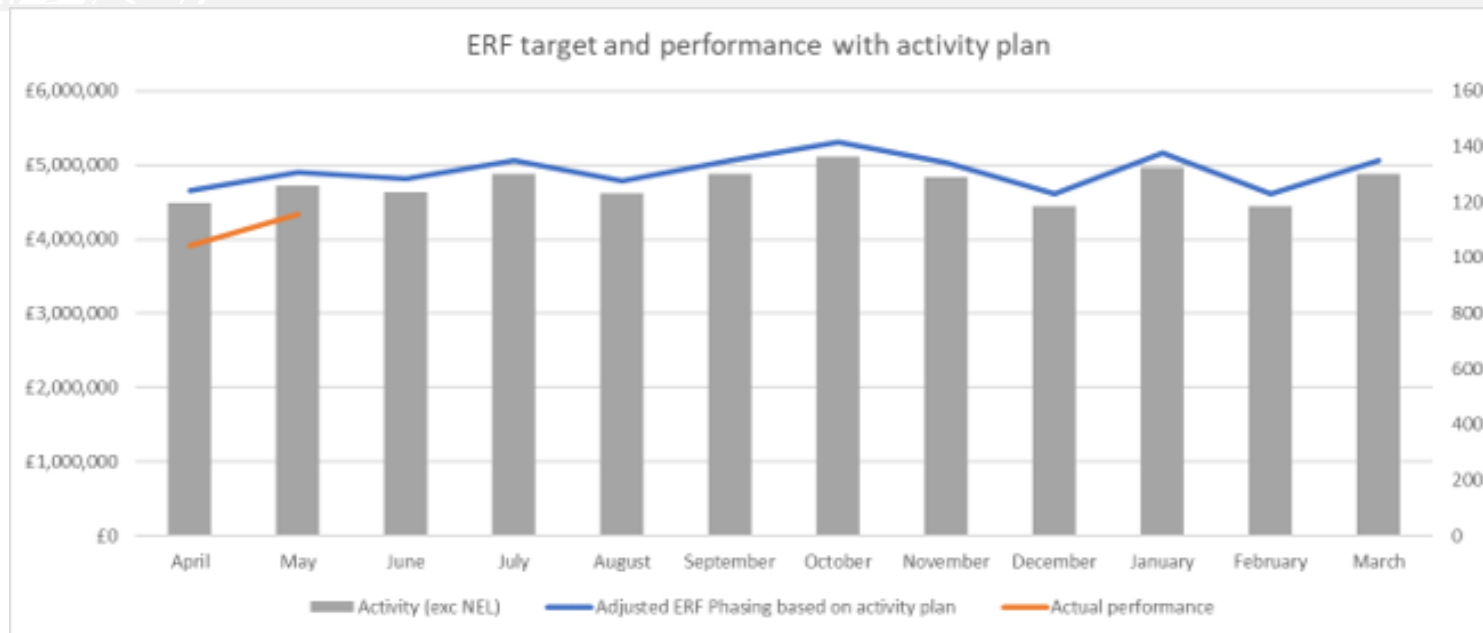
Income vs Plan



Income by type



10. Income



Elective Recovery Fund (ERF)

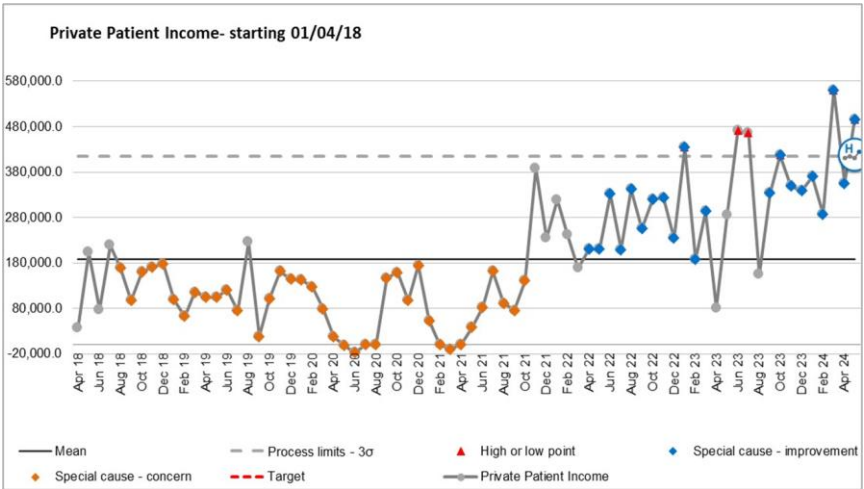
The month 2 performance against NHSE target of £195k but an underperformance of £1.3m against the adjusted ERF target. The adjusted ERF target includes the additional activity performance included within the route to breakeven plan.

	YTD Target	YTD Actuals	over/(under) performance
NHSE target Elective Recovery Fund	£8,048,784	£8,244,334	£195,550
Adjusted Elective Recovery Fund (breakeven)	£9,564,341	£8,244,334	(£1,320,007)

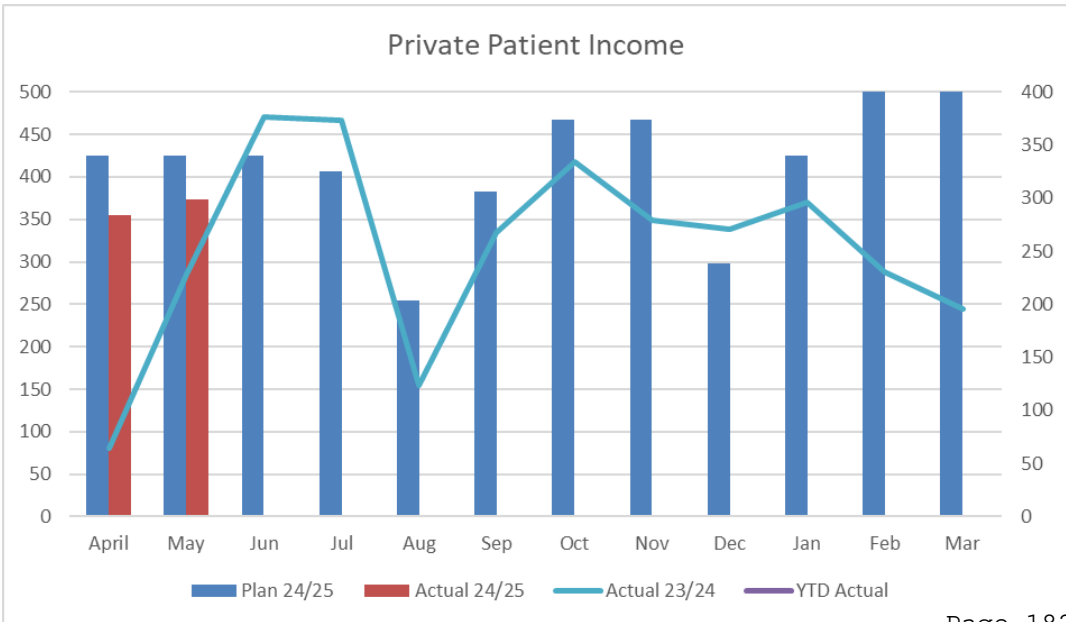
£'000s						
19/20 baseline	Estimated 24/25 target (1.1% net inflation tariff uplift)	Additional income for 4% increase	Additional 2% to breakeven	23/24 underperformance adjustment	Adjusted ERF target	% 19/20 baseline
48,710,331	54,440,185	2,153,914	1,076,957	£1,836,990	59,134,960	121%

Private patient income

10. Income



*note that the private patient income reported is different to the value reported in the operational report. The finance value includes all private patient activities and is based on the same principles of NHS reported income of being accounted for based on discharge date and not TCI



11. Expenditure

SUMMARY

Pay expenditure is overspent in month by £42k but has a YTD underspend of £24k. Agency spend continues to show improvements with an underspend year to date of £6k and total expenditure of £282k in mth 1 and £286 in month 2. Bank expenditure increased from £402k in m1 to £525k in m2, but remains £19k underdspend YTD.

Agency spend reduced as a percentage of pay bill to 4.6% against 24/25 target of 3.2%,

Non pay expenditure overspent in month by £678k and year to date adverse variance of £853k.

Surgical LLP spend is now £428k YTD against a plan of £152k, although there has been a reduction in the Anaesthetics LLP which reflects recent substantive appointments. This is now £102k YTD against a plan of £97k.

There continues to be high spend in theatres which is now £495k overspent YTD. We have met with Genmed to agree on an additional set of controls and actions to militate further cost increases, and an additional set of reporting which will provide more information on which further decisions can be taken

Unidentified CIP now totals £186.5k YTD. Whilst additional recurrent schemes are being identified the Trust now need to identify non-recurrent schemes which can deliver this.

AREAS FOR IMPROVEMENT

Agency spend is above agency cap as a % of pay bill against a cap of 3.7%.

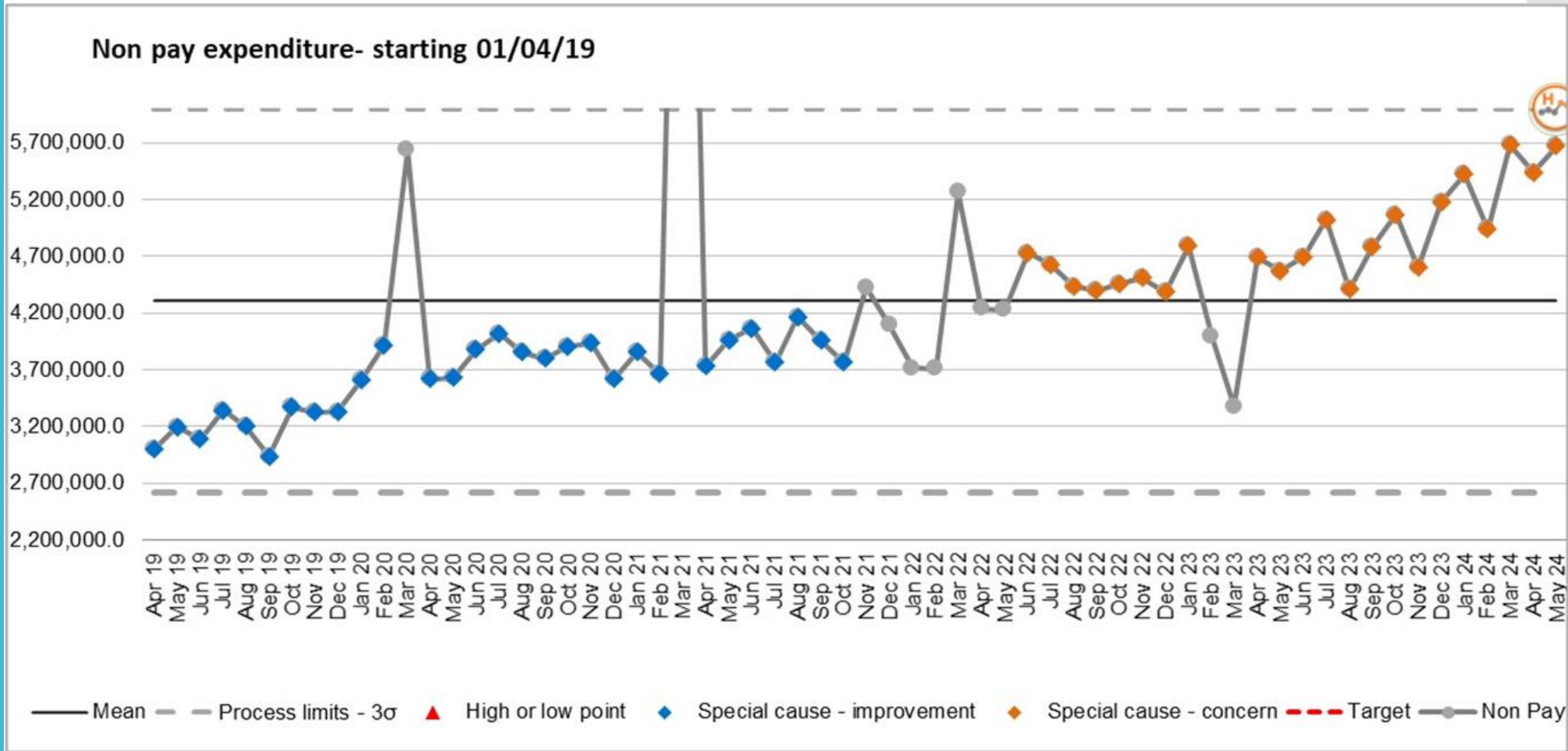
Theatre consumable spend reducing to planned levels.

LLP expenditure reduction.

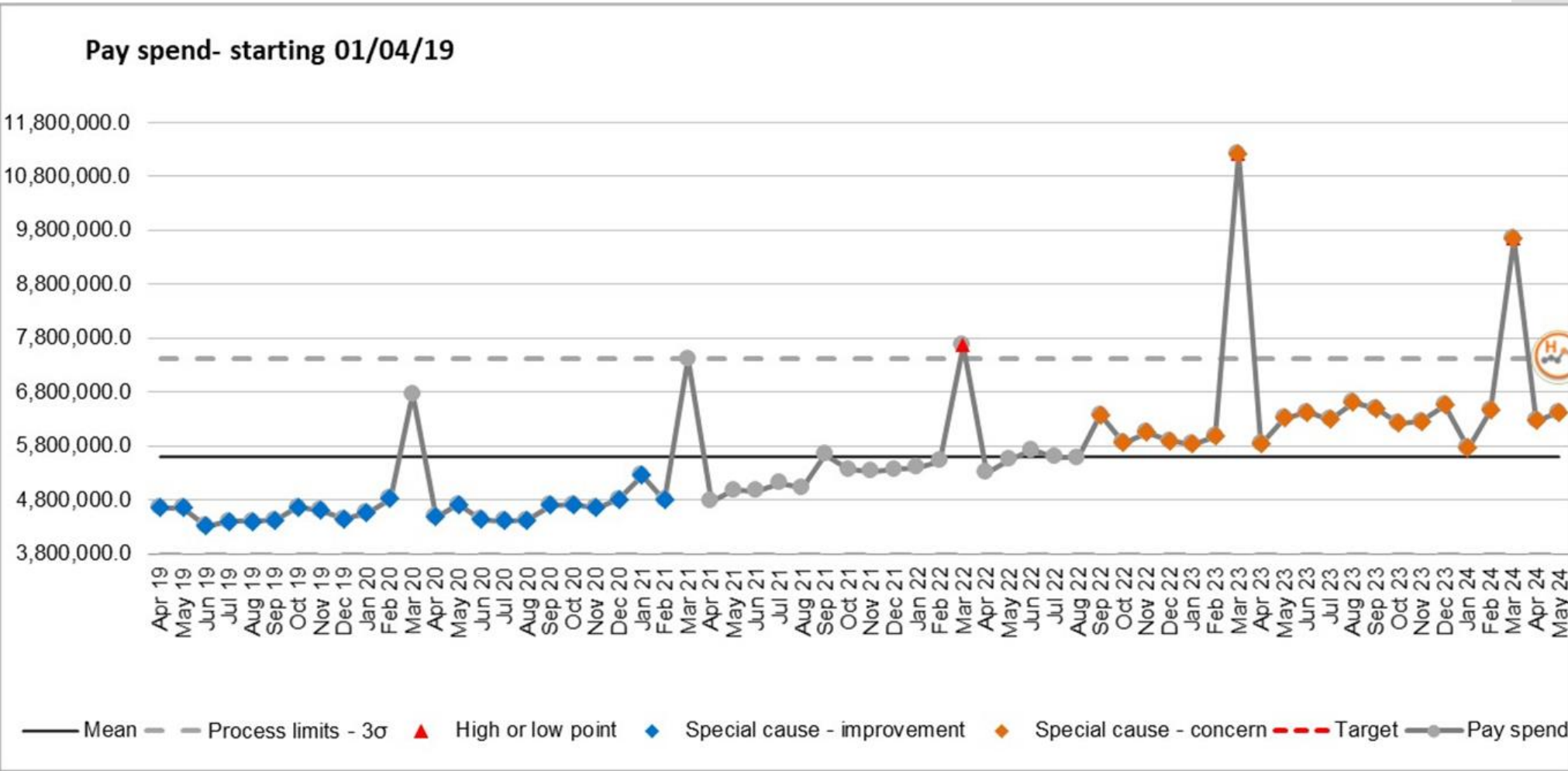
RISKS / ISSUES

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

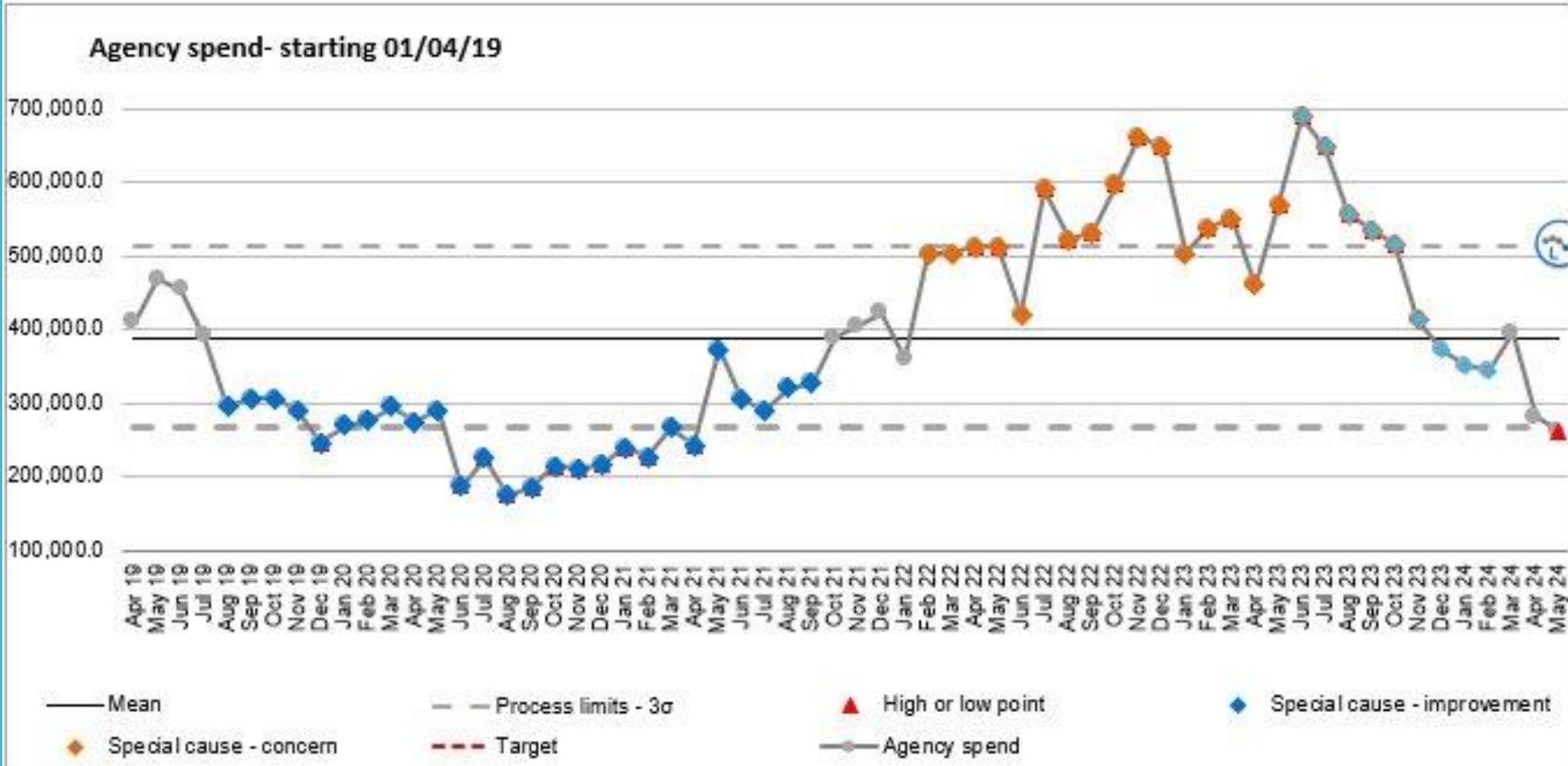
12. Non Pay Expenditure



13. Pay Expenditure

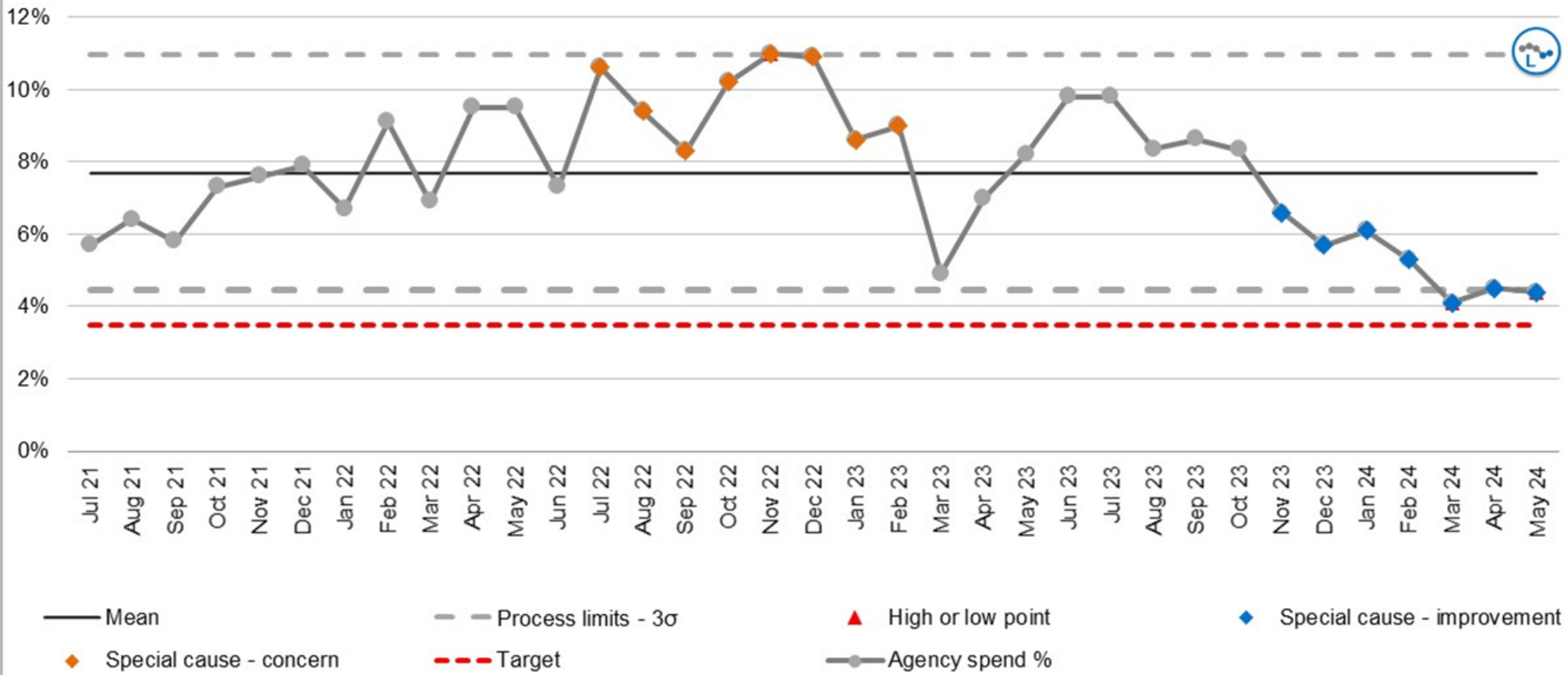


14. Agency Expenditure



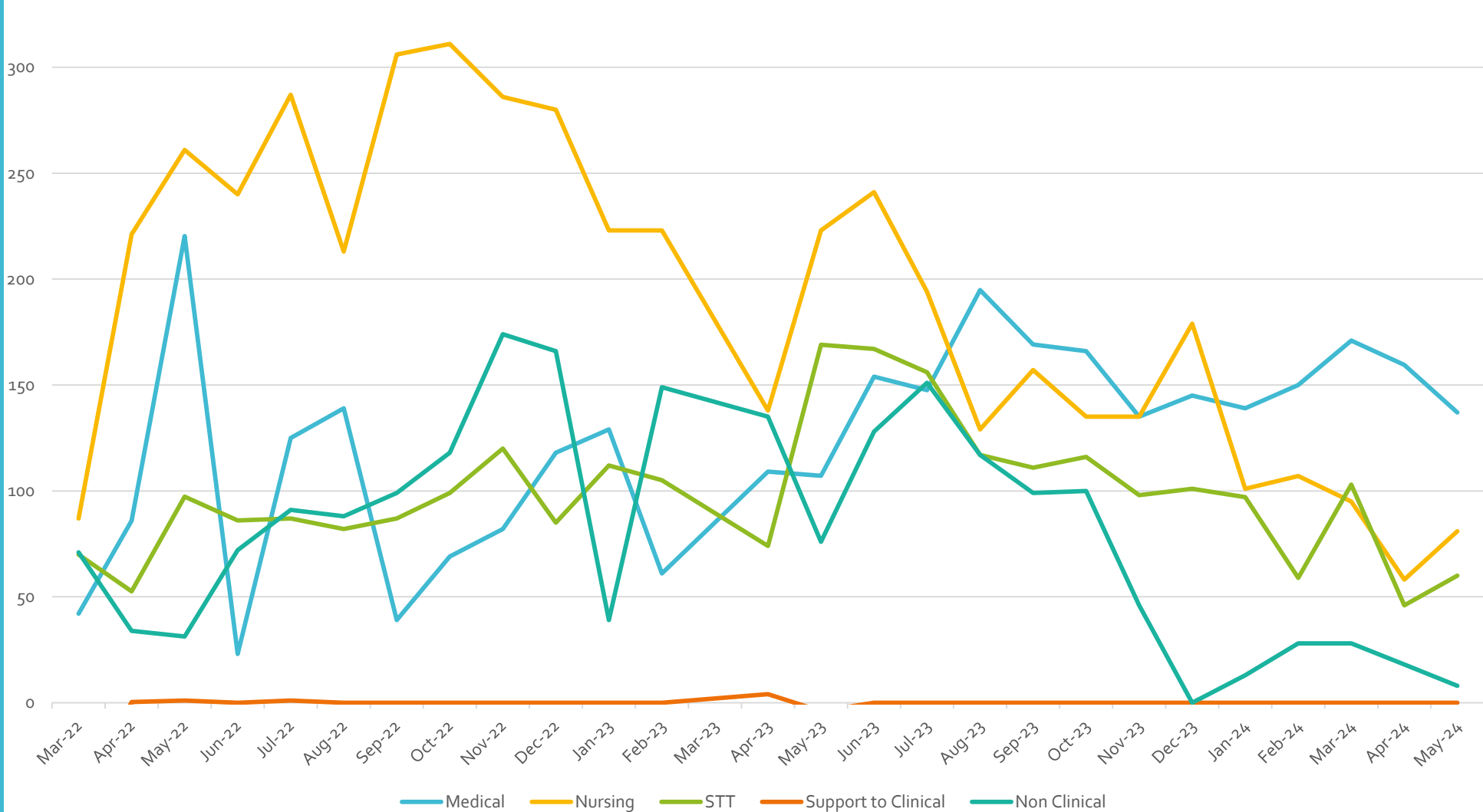
14. Agency Expenditure

Agency spend as a % of pay bill- starting 01/07/21



14. Agency Expenditure

Agency spend by staff group



15. Cost Improvement Programme Summary

SUMMARY

Year to date savings totalling £472k have been delivered, against a plan of £1,047k, delivering an adverse variance of £575k. Unidentified CIP has contributed to the underperformance year to date. The Financial Sustainability and Improvement Group gave focus this month on identification of the unidentified target.

Scheme	Value £000s	Recurrent / Non-recurrent	Developed Status	Risk
Commercial income - Private patient income	440	Recurrent	Fully Developed	Low Risk
Commercial income - Research and Development, catering, car park and accommodation	294	Recurrent	Opportunity	Medium Risk
Pharmacy - generic switches	154	Recurrent	Plans in Progress	Medium Risk
Procurement – BSOL procurement schemes identified	198	Recurrent	Plans in Progress	Low Risk
Procurement - ROH schemes identified	528	Recurrent	Opportunity	Medium Risk
Workforce improvements - reduction to 3.2% agency target	2,904	Recurrent	Plans in Progress	Medium Risk
Pathway redesign - day case pathways with reduced bank and agency through reduced bed occupancy	750	Recurrent	Opportunity	High Risk
Non clinical admin vacancy hold	224	Non-recurrent	Plans in Progress	Medium Risk
Discretionary spend hold	212	Non-recurrent	Plans in Progress	Medium Risk
Pathway redesign - Pre operative assessment staffing model	115	Non-recurrent	Plans in Progress	Medium Risk
Admin and clerical bank hold	110	Non-recurrent	Plans in Progress	Medium Risk
Reducing consultant premium rate working	564	Recurrent	Plans in Progress	High Risk
Additional ERF income delivery (elective and outpatient)	608	Recurrent	Plans in Progress	High Risk
Unidentified	1,119	Non-recurrent	Opportunity	High Risk

15. Route to breakeven progress

RESPECT COMPASSION					Progress				
	Proposed opportunity	implementation	24/25 opportunity		Exec Lead	Monitoring forum	April'24	May'24	Data source
Recruitment hold on non clinical vacancies	£224,538	May	£205,827	25% hold on posts at an average yearly cost of c£23k	Sharon Malhi	Vacancy panel	£0	£-10,890	Comparison of substantive pay spend in M1 compared with M12 23/24
Training and education	£83,253	May	£76,315	25% reduction on current training and education budgets	Sharon Malhi	Non clinical procurement group	£0	£4,142	Comparison against 24/25 plan
Room hire and hospitality	£37,056	May	£33,968	50% reduction on external room hire and hospitality	Rebecca Lloyd	Non clinical procurement group	£0	£977	Comparison against 24/25 plan
Consultancy	£92,827	April	£92,827	50% reduction on consultancy support	Steve Washbourne	Non clinical procurement group	£2,670	£-1,143	Comparison against 24/25 plan
Agency				Already ambitious target within financial plan to reduce to 3.2% target	Matt Revell	Temporary workforce working group	£9,295	£-3,846	Comparison against 24/25 plan
Elective Activity	£500,000	May	£458,333	2% Productivity in addition to 4%	Michelle Hubbard	TBC			
Outpatient Activity	£200,000	June	£150,000	4% Productivity in outpatients	Michelle Hubbard	TBC			
Activity delivery – reducing premium rate working	£753,108	July	£564,831	LLP Reduction. Productivity gain of delivering additional activity within job planned core hours	Michelle Hubbard	FSIG			
Non ERF activity reduction; Physiotherapy	£40,788	June	£30,591	Reduce waiting list reduction rate with significant reduction in agency expenditure	Michelle Hubbard	Temporary workforce working group	£0	£6,002	Comparison against M12 23/24
Non ERF activity reduction; Outpatients				Needs further consideration to ensure it won't impact on ERF with current conversion rates	Michelle Hubbard	TBC			
Increase prices in commercial income generation				Difficult to model with impact on demand by price adjustment	Steve Washbourne	FSIG			
Ward closures	£323,706	July	£242,780	Accelerate reduction in length of stay initiatives and remodel a ward to a 5 day ward	Nickie Brockie	TBC			
Nurse led Pre operative assessment	£138,934	Sept	£81,045	Including budget + agency spend on medical staff	Nickie Brockie	TBC			
Admin bank controls	£120,000	May	£110,000	Cease all premium rate bank working with admin bank only worked within core hours	Steve Washbourne	Temporary workforce working group	£0	£0	Comparison against M12 23/24

16. Statement of Financial Position

SUMMARY

The main movements in the balance sheet have been in relation to the increase in cash and borrowings following the support payment received from the Department of Health.

Debtors has increased in month as a result of BSOL ICB reverting back to paying mandates at the start of the month and the previous 23/24 month 12 position with no payment received in March.

The trade payables has increased due to deferred income for various payments made for the whole year during April. This will reduce throughout the year.

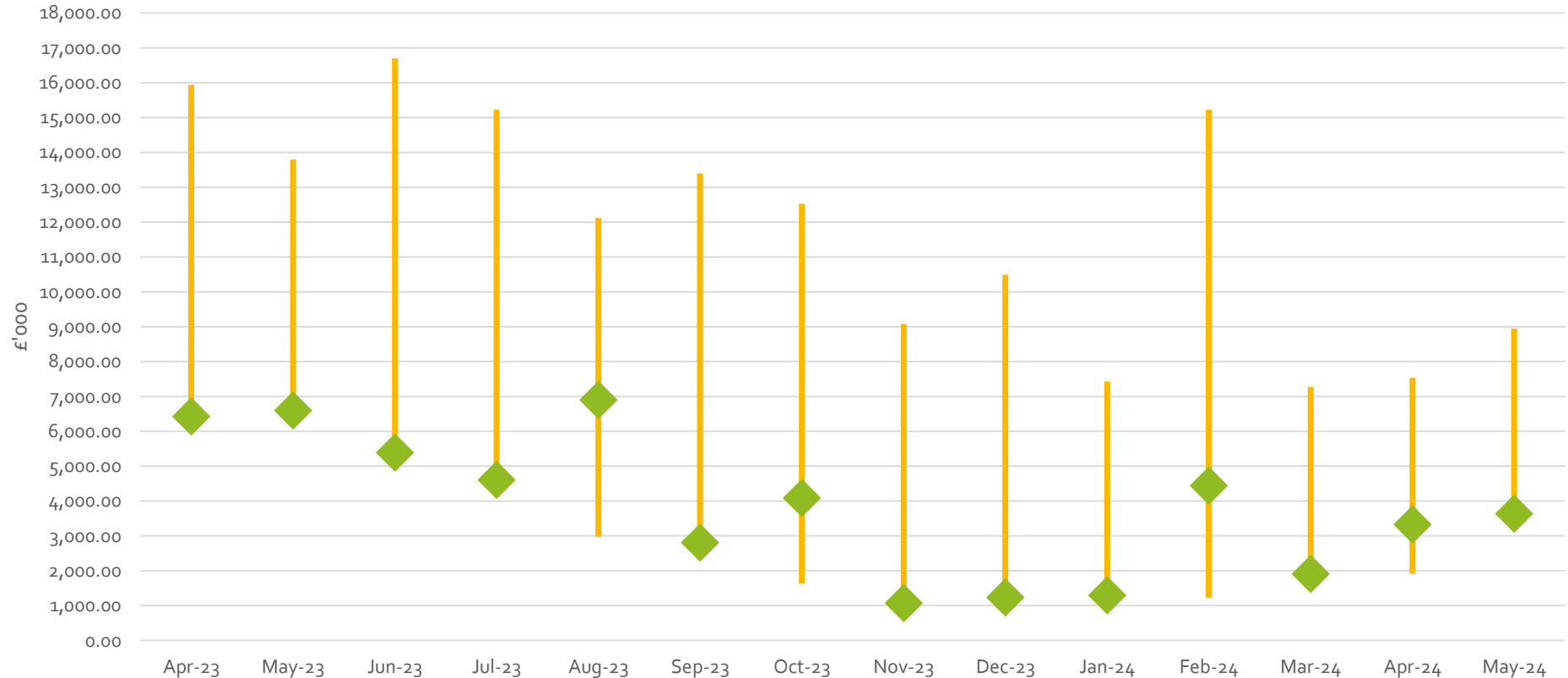
The cash position remains challenging to manage within the in-month peaks and troughs, with BSOL ICS supporting the trust in the short term. Continued focus is being places on ensuring that cash is being managed robustly, whilst also trying to maximise Better Payment Practice Performance.

	2023/24 M12	2024/25 M2	Movement
	(£'000)		
Intangible Assets	981	928	(53)
Tangible Assets	66,219	65,319	(900)
Total Non Current Assets	67,200	66,247	(953)
Inventories	1	4	3
Trade and other current assets	8,299	16,530	8,231
Cash	1,698	2,896	1,198
Total Current Assets	9,998	19,427	9,432
Trade and other payables	(12,999)	(21,013)	(8,014)
Borrowings	(15,639)	(18,695)	(3,056)
Provisions	(1,187)	(1,187)	-
Other Liabilities	(250)	(0)	250
Total Liabilities	(30,075)	(40,894)	(10,819)
Total Net Assets Employed	47,123	44,780	(2,343)
Total Taxpayers' and Others' Equity	47,123	44,780	(2,343)

17. Cash

- 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 placed on ensuring that cash is being managed robustly, whilst also trying to maximise Better Payment Practice Performance.
- Cash support from NHS England was requested during June for £877k of Provider Revenue Support for Q2 (£742k in July and £135k in August). Some of this replaces the previous c.£500k initially requested for June 2024, which was not eventually required to manage the cash position in that month.

High/Low Cash Position



◆ Close

18. System Position

Birmingham and Solihull ICS set a plan with a £6.515m deficit due to a technical PDC pressure, with discussions ongoing with NHSE around the funding for this.

Whilst in previous years each partner organisation took a fair share of the deficit, for the 24/25 plan, Birmingham Community and University Hospitals Birmingham have a deficit plan, Birmingham and Solihull Mental Health, Birmingham Women’s and Children’s and Birmingham and Solihull ICB have surplus plans and Royal Orthopaedic has a breakeven plan.

Total Plan		Draft PY	Annual Value	% change	Technical Pressure
BSMHT	£000s	2,670	1,500	-43.8%	569
BCHC	£000s	669	-821	-222.7%	821
BWC	£000s	4,198	3,000	-28.5%	
ROH	£000s	-3,695	0	-100.0%	
UHB	£000s	-31,523	-21,699	-31.2%	5,225
ICB	£000s	18,550	11,405	-38.5%	
Total	£000s	-9,130	-6,615	-27.6%	6,615

The headline performance at Month 2 was a deficit of £32.2m, a £23.4m adverse variance to the planned £8.7m adverse plan

Month	2			
Total Performance	Plan £000s	YTD		
		Current Plan £000s	Actual £000s	Variance £000s
BSOL ICB	1,900	1,901	-712	-2,613
BSMHT	-173	-173	-147	26
BCHC	-464	-464	-955	-491
BWC	500	500	-1,724	-2,224
ROH	-186	-186	-911	-725
UHB	-10,449	-10,449	-27,813	-17,364
Total	-8,872	-8,871	-32,262	-23,391

20. Workforce

Summary / Highlights

- Adjusted turnover remains low and continues to decrease.
- Appraisals made no progress however we are just now entering the April – July window for appraisals
- Slight improvements in the clinical establishment.

Risks / Issues

- Sickness absence worsened in May which was mainly due to an increase in short-term absence, particularly due to Gastrointestinal issues and Mental Health related absence.

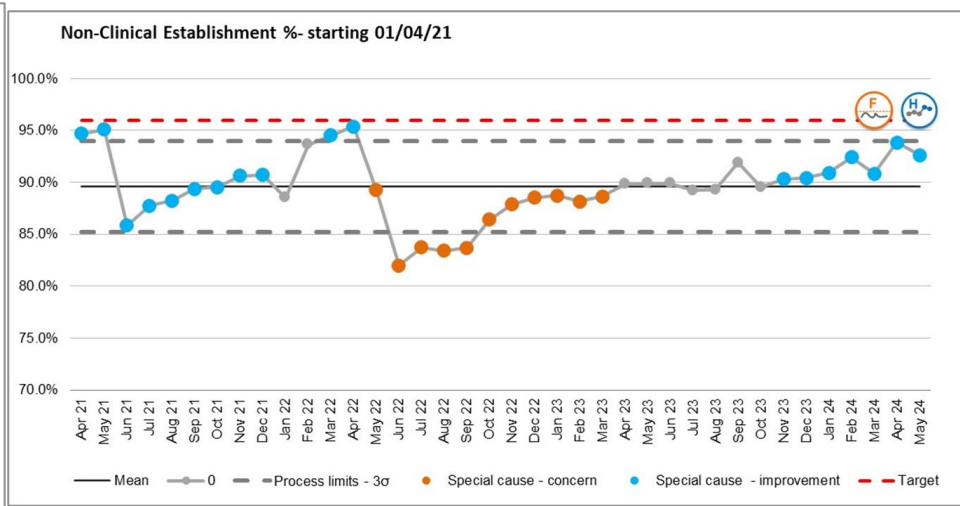
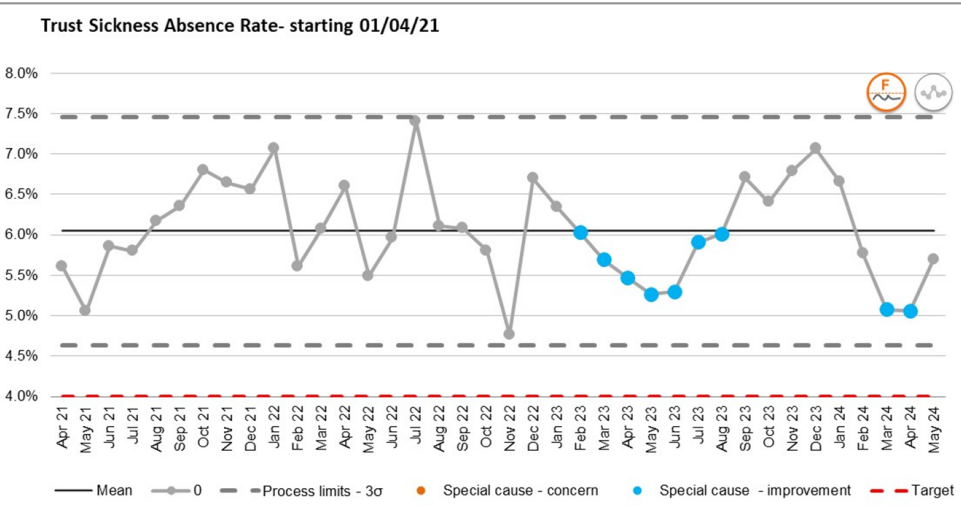
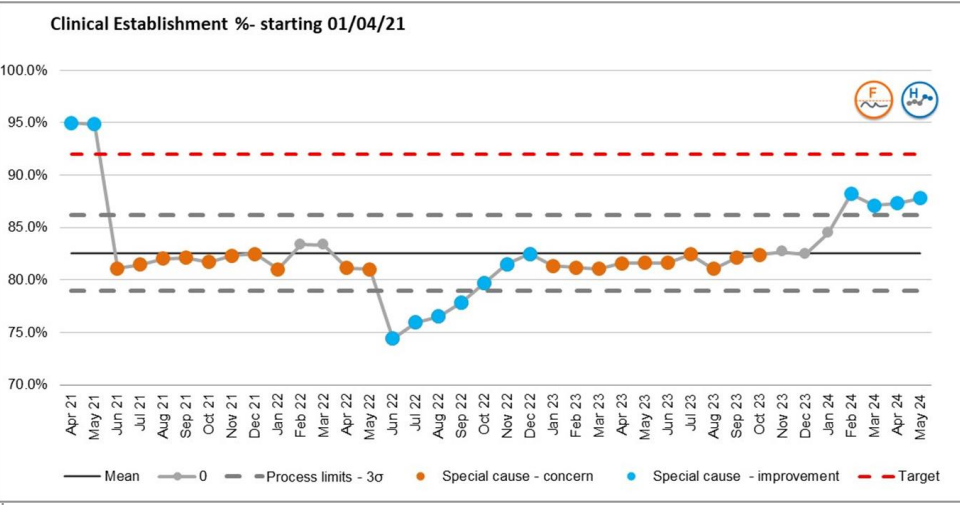
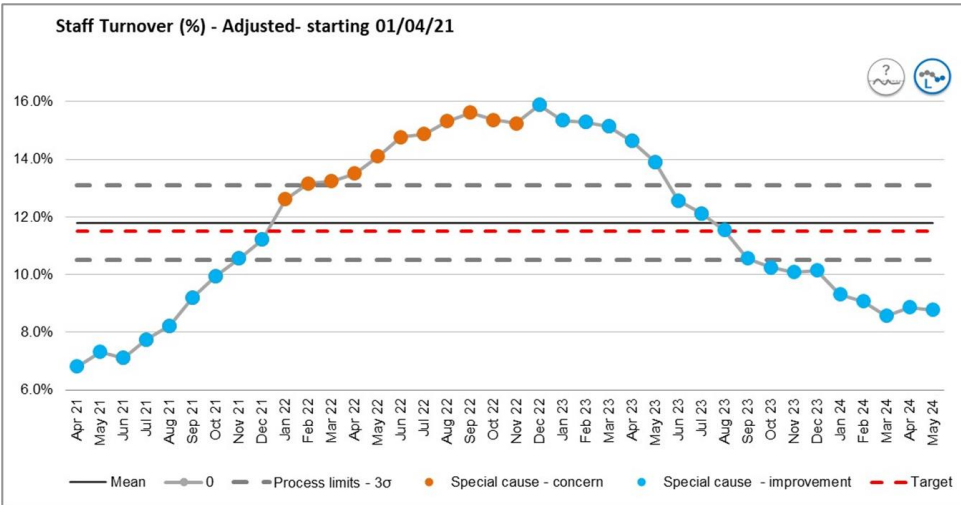
Actions

- We are now in the April – July window for appraisals and will anticipate an increase.
- Further confirm and challenge meetings around vacancies to take place to support filling gaps in establishment.
- Continued work with sickness absence management and support to managers who require HR support and guidance.

20. Workforce

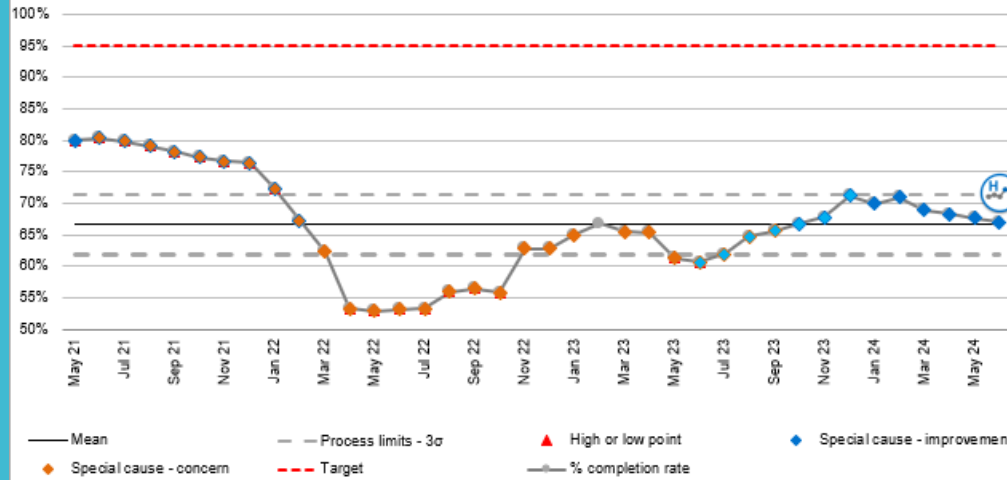
Trust Workforce Metrics	Apr-24	May-24	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1446	1450	4	-	-
Staff In Post - Full Time Equivalent	1280.71	1286.52	5.81	-	-
Staff Turnover % - Unadjusted	13.48%	13.34%	-0.14%	↓	≤11.5%
Staff Turnover % - Adjusted	8.86%	8.77%	-0.09%	↓	≤11.5%
Total WTE Employed as % of Establishment	89.67%	89.54%	-0.13%	↓	≥93%
Total WTE Employed as % of Establishment - Clinical	87.32%	87.81%	0.49%	↑	≥92%
Total WTE Employed as % of Establishment - Non-Clinical	93.83%	92.60%	-1.23%	↓	≥96%
% Of Attendance	95.04%	94.28%	-0.76%	↓	≥96.3%
% Of 12 mth MAA Attendance	94.00%	93.96%	-0.04%	↓	≥96.3%
% Staff received mandatory training last 12 months	68.33%	76.47%	8.14%	↑	≥93%
% Staff received formal PDR/appraisal last 12 months	67.60%	66.97%	-0.63%	↓	≥95%
% of Sickness - Trust wide Long-term	3.90%	3.97%	0.07%	↑	-
% of Sickness - Trust wide Short-term	2.10%	2.07%	-0.03%	↓	-
Return To Work Completion %	66.09%	58.59%	-7.50%	↓	≥80%

20. Workforce

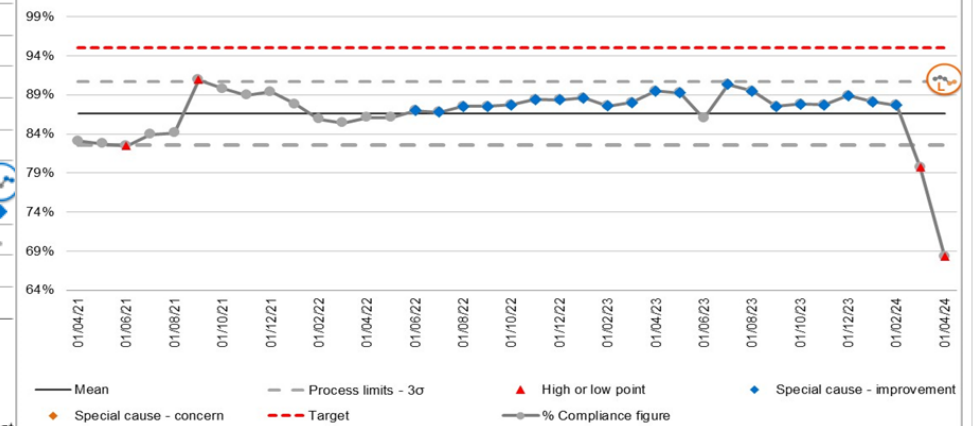


20. Workforce

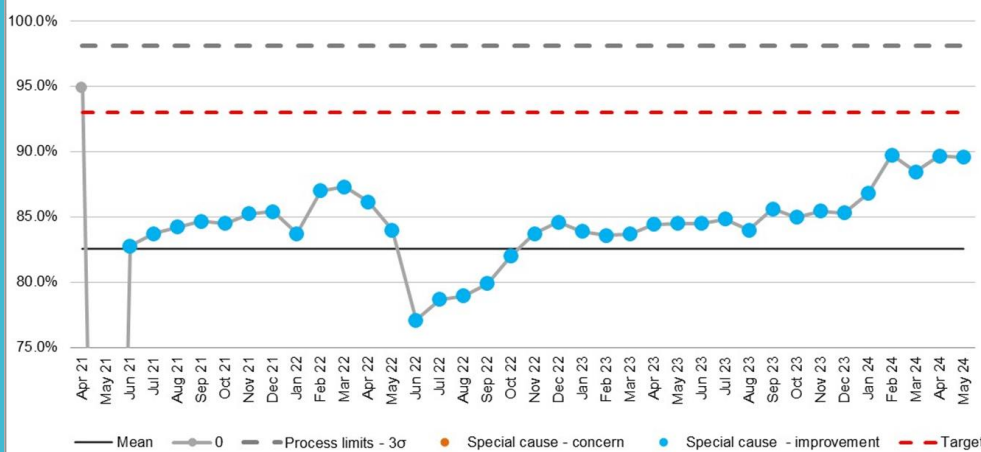
PDR compliance -ROH starting 01/05/21



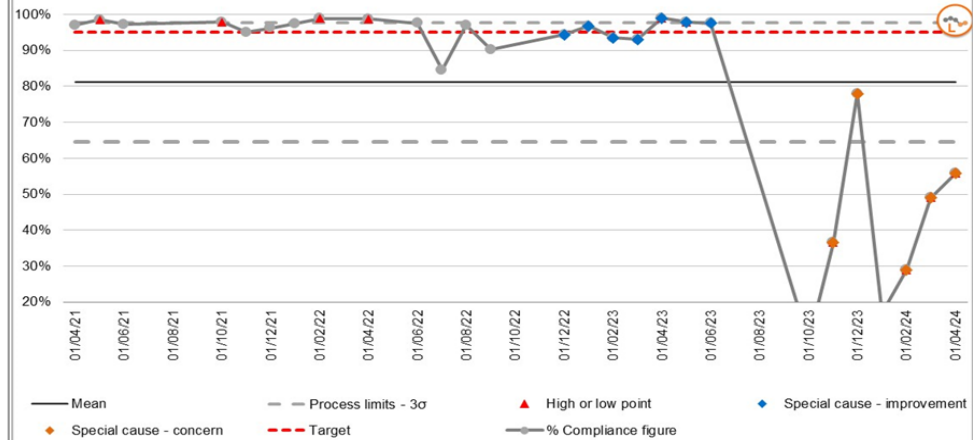
Mandatory Training Compliance -Permanent Staff starting 01/04/21



Total WTE Employed as % of Establishment- starting 01/04/21



Mandatory training compliance -Temporary Staff starting 01/04/21



Workforce Performance Report

Prepared by:

Matt Dingle, Head of Human Resources

David Richardson, Head of Education and Training

Clare Mair, Head of Organisational Development

Ref: June 2024/ HR&OPS



Scorecard

Topic	KPI	May-2024	Trend
Occupied Establishment	93%	89.67%	
Turnover (adjusted)	10.5%	8.77%	
Staff in post - FTE	N/A	1286.52	
Sickness absence	4%	5.74%	
Performance & Development Reviews	95%	66.97%	
Disability declaration rate	7.5%	6.17%	
Workforce Wellbeing – A/Leave	N/A		N/A
Mandatory Training*	93%	76.47%*	

* Note: May data used for scorecard, detail in slide based on April data



Section One: HR Operations Team

Prepared by: Matt Dingle, Head of HR

Presented by: Matt Dingle, Head of HR

Ref: June 2024/HR&OPS

HR Operations

Summary:

Occupied establishment increased this month and turnover remained low and within Trust target. There has been an increase in sickness absence rates, despite an expected decrease in short-term absences due the time of year. This is mainly attributable towards an increase in mental health and gastro-intestinal related absence.

Areas for Improvement:

Sickness absence rates are high and have continuously been above Trust target. Strategies are in place to support staff and to provide proactive support for managers in addressing attendance concerns and aiding a supportive return to work.

Risks / Issues:

Casework has reduced in volume but there are reputational risks associated with the serious nature of the matters that remain live. These cases are being handled carefully, with regular oversight.

Action Plan:

- We are reporting absence differently this month as this mirrors the approach across the system.
- The team are continuing to proactively support managers in various aspects.
- The Trusts Mental Health Group will continue to meet and provide a strategic viewpoint around how we can support staff with mental health concerns.

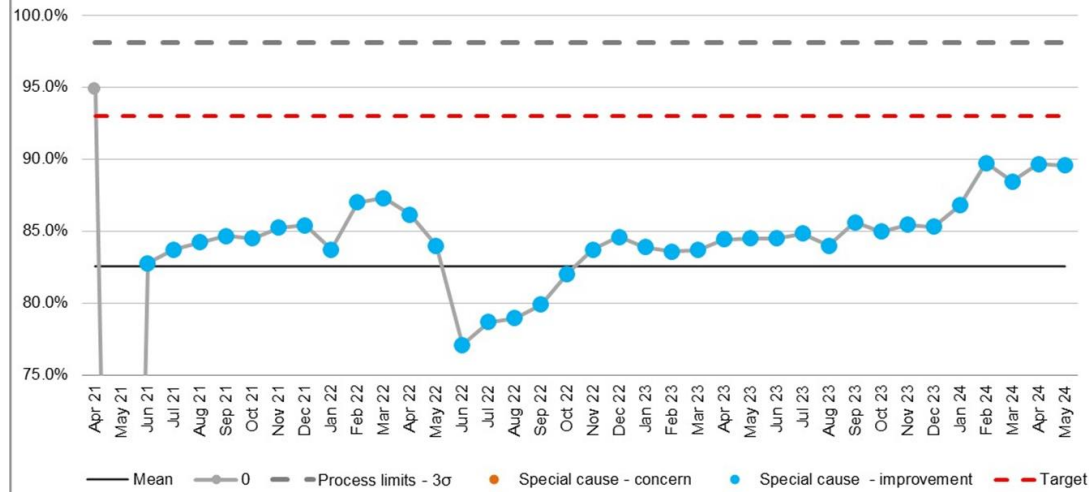
Occupied Establishment

KPI 93%

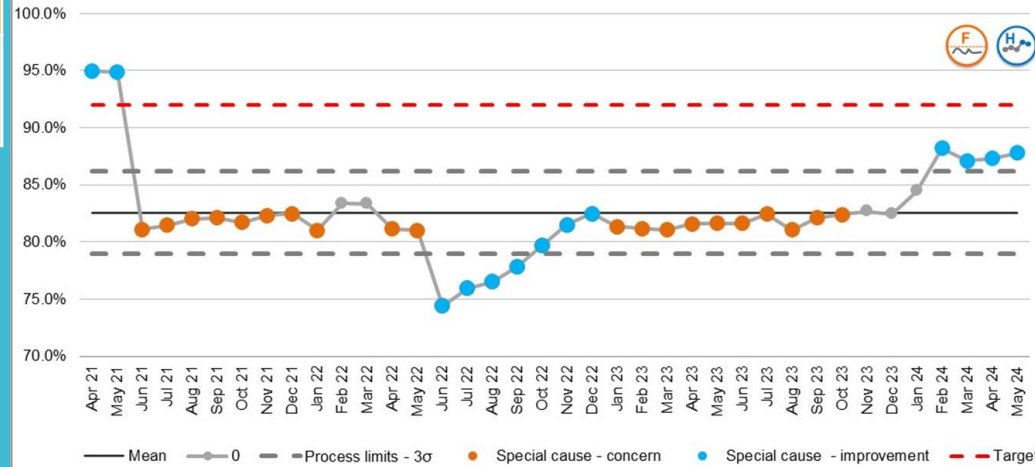
May 2024 89.67%

Trend

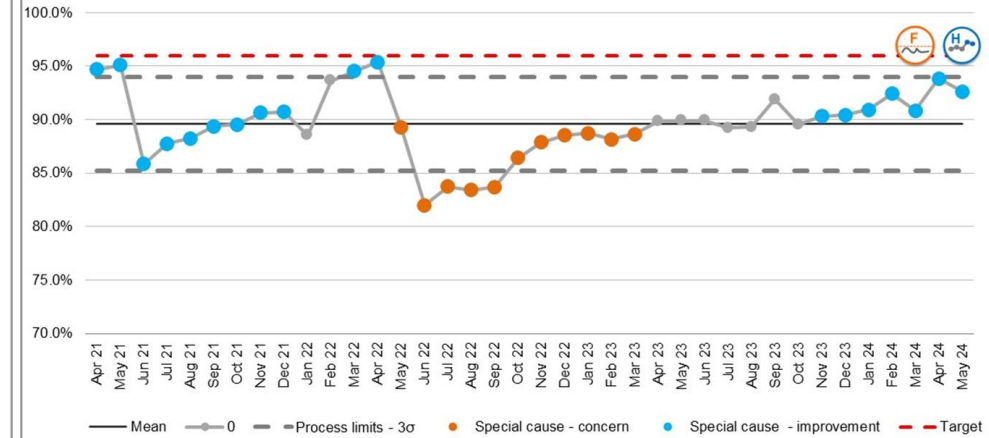
Total WTE Employed as % of Establishment- starting 01/04/21



Clinical Establishment %- starting 01/04/21



Non-Clinical Establishment %- starting 01/04/21



Turnover (adjusted)

KPI **10.5%**

May 2024 **8.77%**

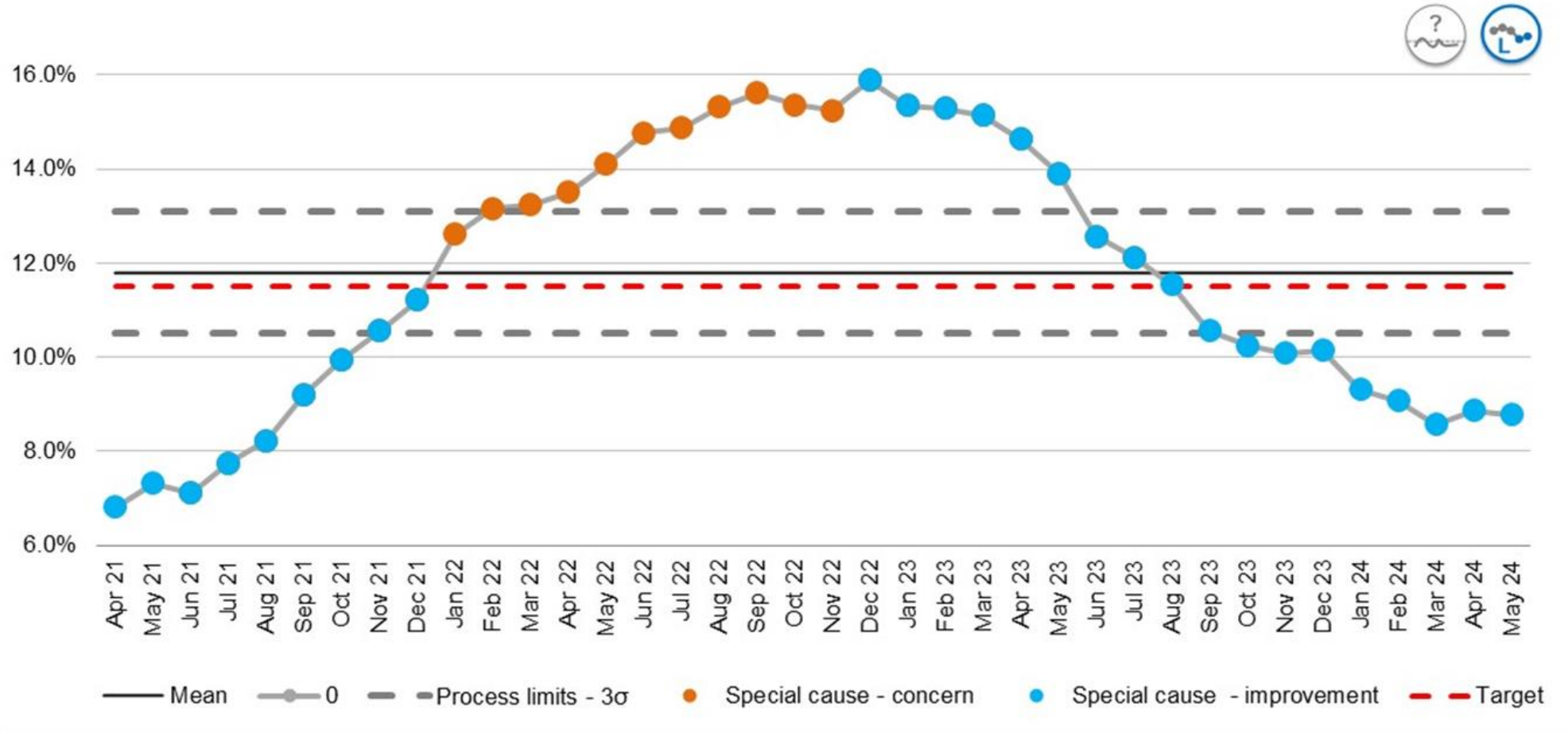
Trend 

Adjusted turnover is all turnover minus:

- Junior doctor rotation
- Flexible retirement
- End of FTC

Adjusting turnover provides more meaningful data around Trust performance

Staff Turnover (%) - Adjusted- starting 01/04/21



May Leavers

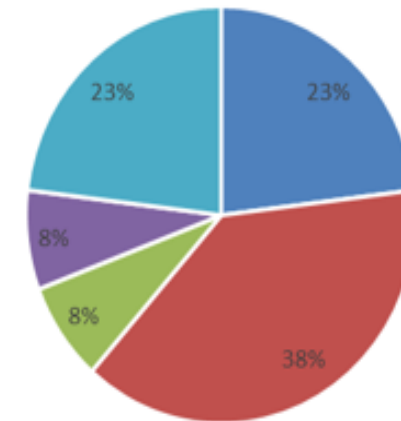
Impact:

- Data highlights improvements in how Trust retains staff
- It also however highlights importance of improving how managers log data with six staff logged as 'unknown'

Leaving reasons in May



Headcount



Staff Group

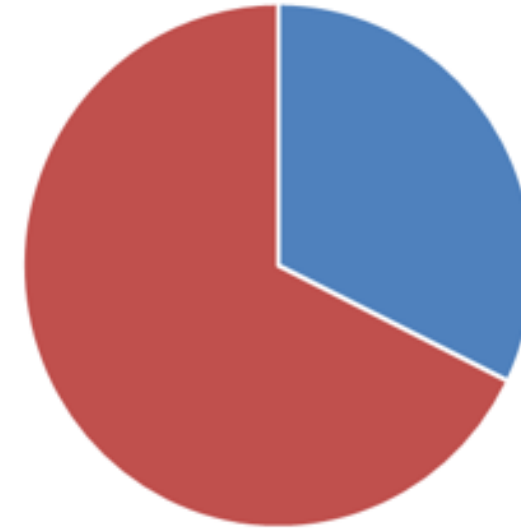
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Nursing and Midwifery Registered

Starters – May 2024

Impact:

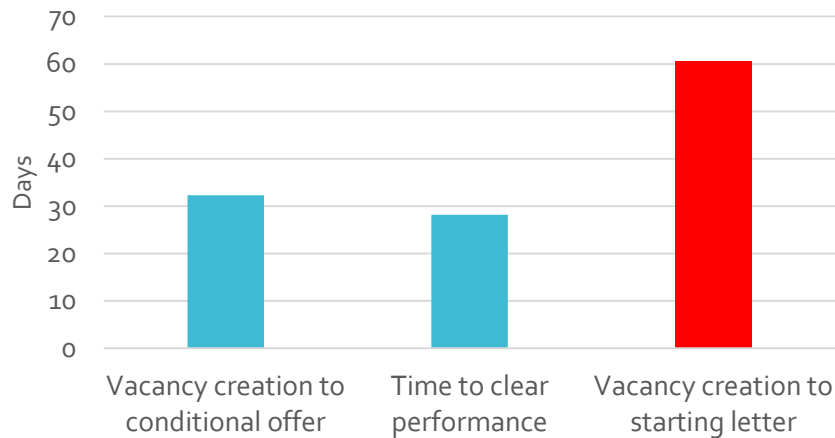
- In almost all months (including May) our we recruit more staff substantially than we lose.
- The faster we can recruit, the lower the impact of leavers. Our aim will be to reduce Time to Clear performance to 25 days initially.

Staff Group	Headcount
Admin and clerical	2
Additional Clinical Services	2
Allied Health Professionals	1
Estates and Ancillary	0
Medical and Dental	3
Nursing and Midwifery	4
Bank	18
Total	31



■ Non Clinical ■ Clinical

Time to hire performance



A reasonable time for recruitment could be:

- Time to approve – 7 days
- Advertisement – 14 days
- Shortlisting – 7 days
- Interview – 7 days
- Clearances – 20 – 30 days (depends on role)
- Total = 55 to 65 days**

Employee Relations

Impact:

- Misconduct and aggrieved staff can have a substantial impact on operational performance
- A just culture approach has helped to handle some cases at a lower level

Case Type	Cases open	Suspended/ Excluded	Cases concluded in May/June
Discipline	4	4	2
Grievance	1	0	0
Formal Capability	0	0	0
MHPS	1	0	0

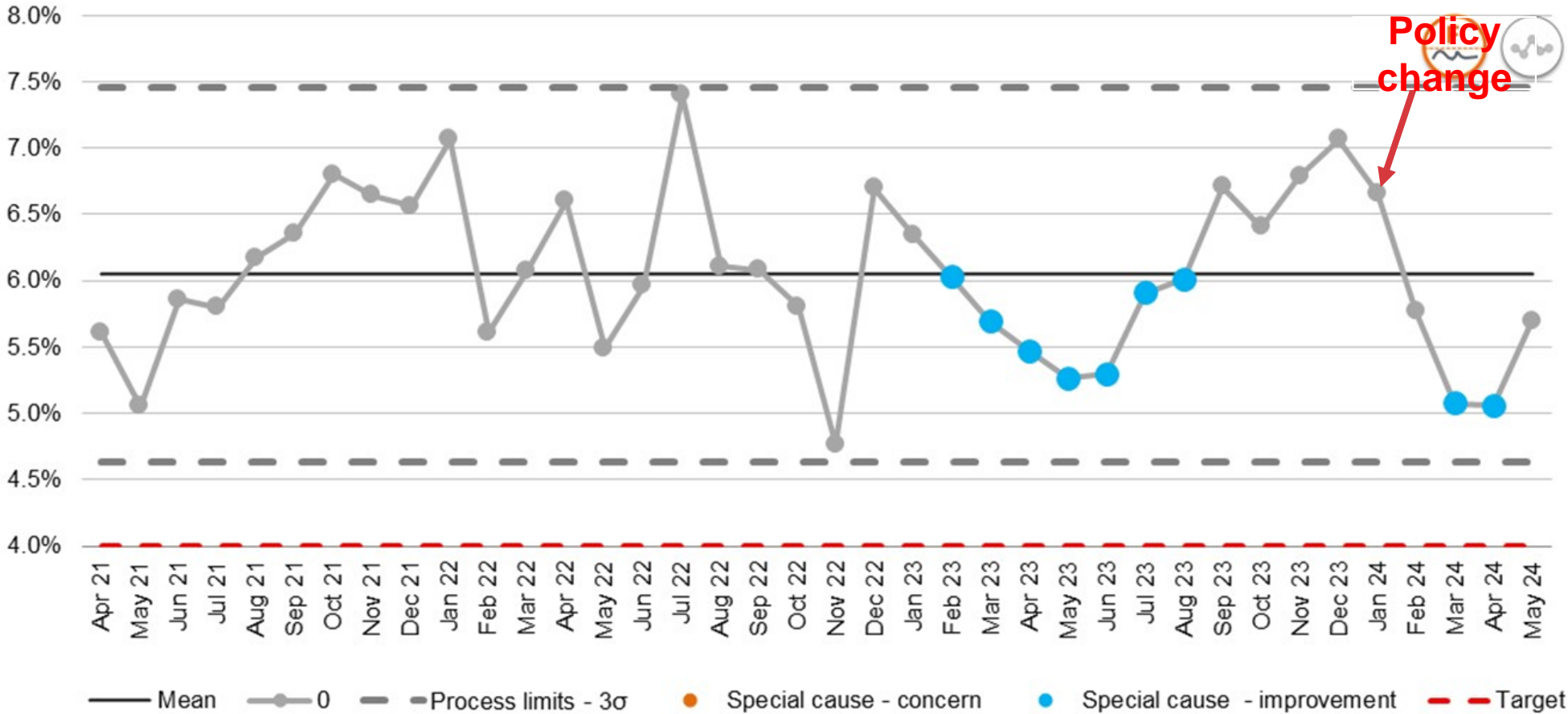
Key Themes:

- Cases have reduced in recent months although the current cases relate to serious allegations:
 - 2 x Police investigation
 - 1 x Violent/aggressive conduct
 - 1 x Failure to disclose arrest
 - 1 x Widespread bullying and harassment
- 2 cases are at appeal stage and close to conclusion

Sickness Absence

KPI	4%
May 2024	5.74%
Trend	

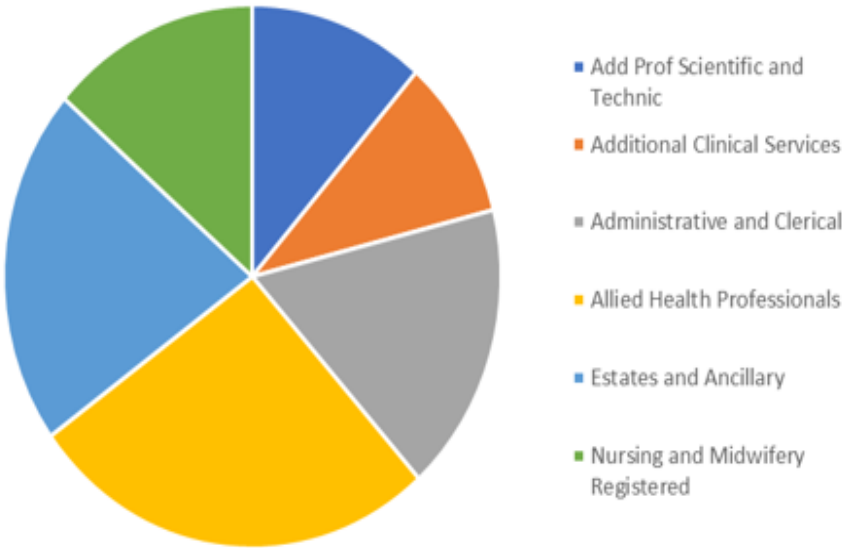
Trust Sickness Absence Rate- starting 01/04/21



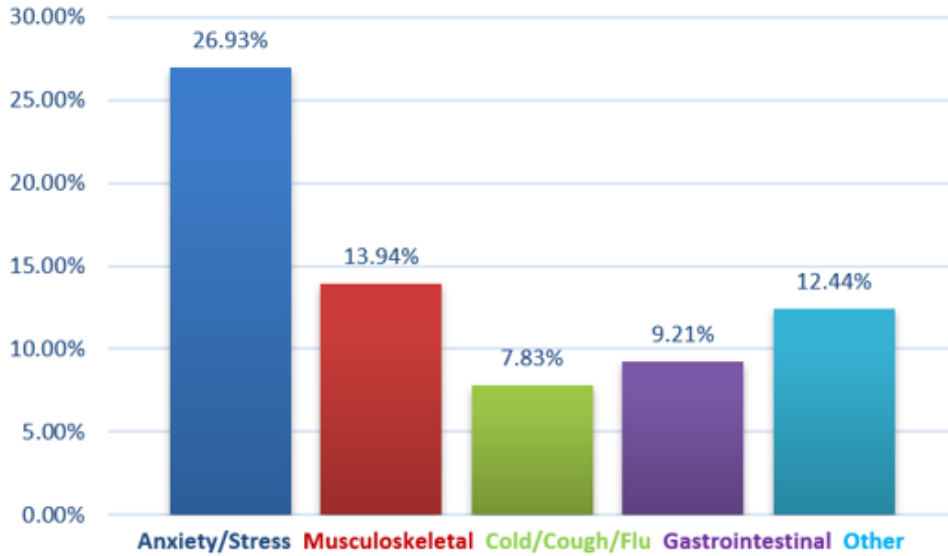
Sickness continued

Return to work compliance (logged on ESR)

0% - 60% 60% - 80% 80% - 100%



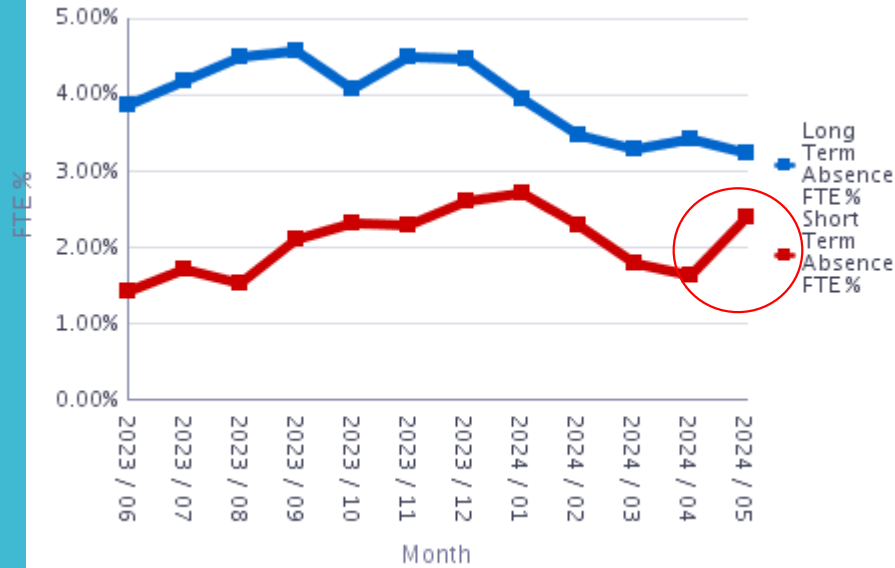
May-24 Sickness Reasons



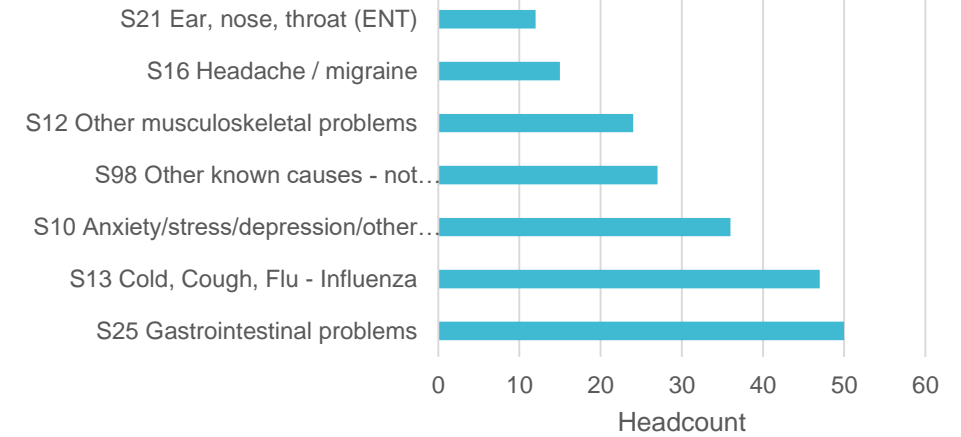
Sickness Continued

Why the increase?:

- Short-term sickness spiked May.
- Short-term absence often leads to higher agency/bank spend as there is less time to rearrange workforce or change plans

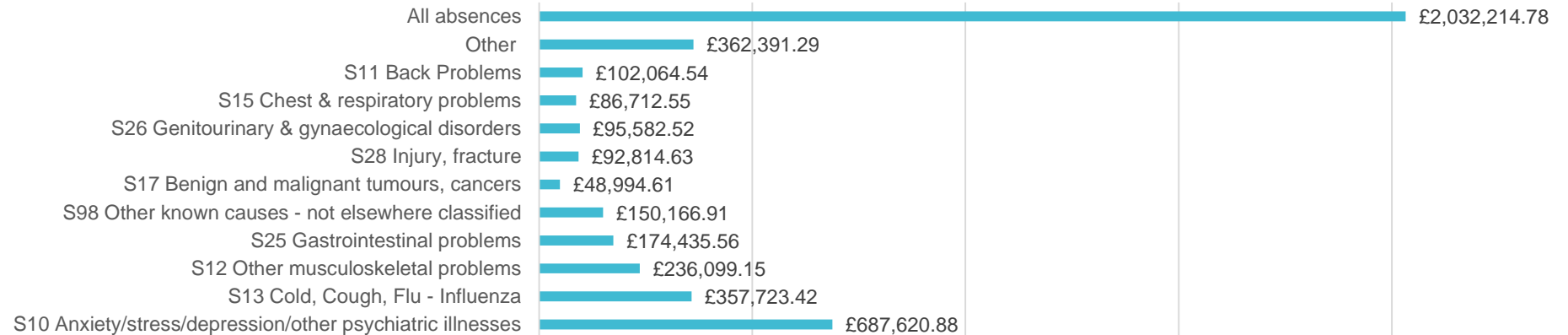


Absences in May



Note: based on other months, Gastrointestinal problems was higher than normal

Estimated absence cost

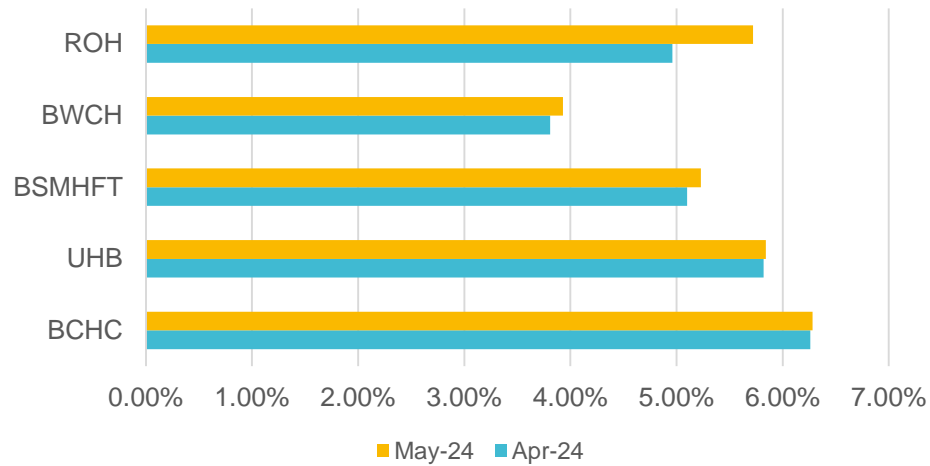


Sickness continued

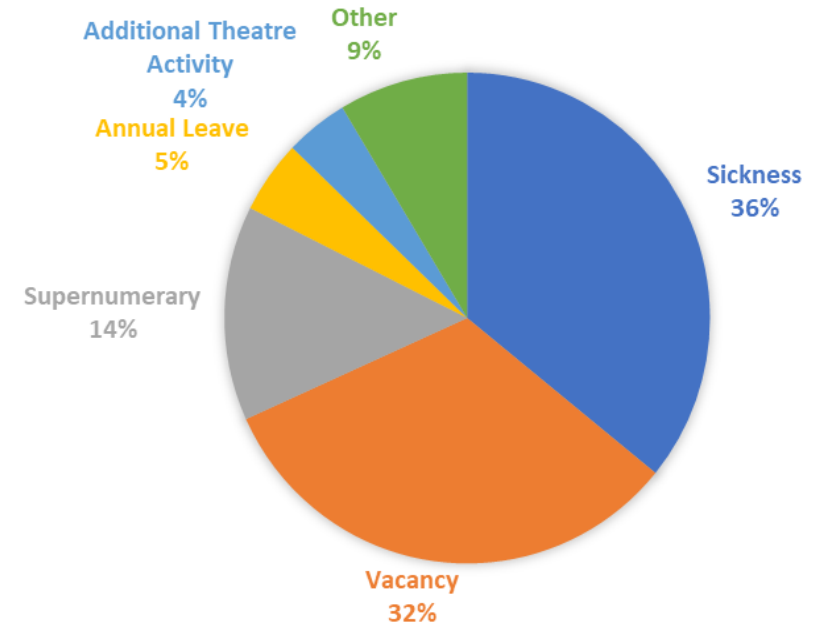
Impact:

- This shows all Trust incurred an increase in sickness absence rates in May albeit ROH's had the most significant increase.
- The highest portion of temporary staffing spend is associated with sickness absence

System Sickness Absence Benchmark



Temporary Staff Booking Reasons





Section Two: Education and Training

Prepared by: Claire Felkin, Training & Development Manager

Presented by: Claire Felkin, Training & Development Manager

Ref: June 2024,/HR&OPS

Education and Training

Summary:

12 Apprenticeship starts since 1st April, against an annual target of 33. An additional 2 are in pre-employment, 8 are being signed up to commence, with an additional 2 in recruitment. This would take our new start figure to 24 by end of September, and there are an additional 11 potential qualifications in discussion.

MSP 2024 commenced with 6 delegates completing the Level 3 Team Leader / Supervisor course. MSP 2022 cohort have all completed with a distinction.

LTWP apprenticeship working group has commenced, with engagement workshops to instigate the conversations around apprenticeship workforce planning for the next 5 years.

Resus training compliance has continued to improve and is more stable following the appointment of the new Resus Officer. LMS Procurement continues, with final IIT to be issues to shortlisted Top 5 in June 2024.

Areas for Improvement:

- Core Mandatory training compliance has dropped due to several of the 3 yearly requirements ending.
- Consent compliance has decreased since December 2023.

Risks / Issues:

- Cyber Training and Information Governance
- Oliver McGowan Mandatory Training – need to progress the next stages of training; requires support for time off job and an agreed action plan

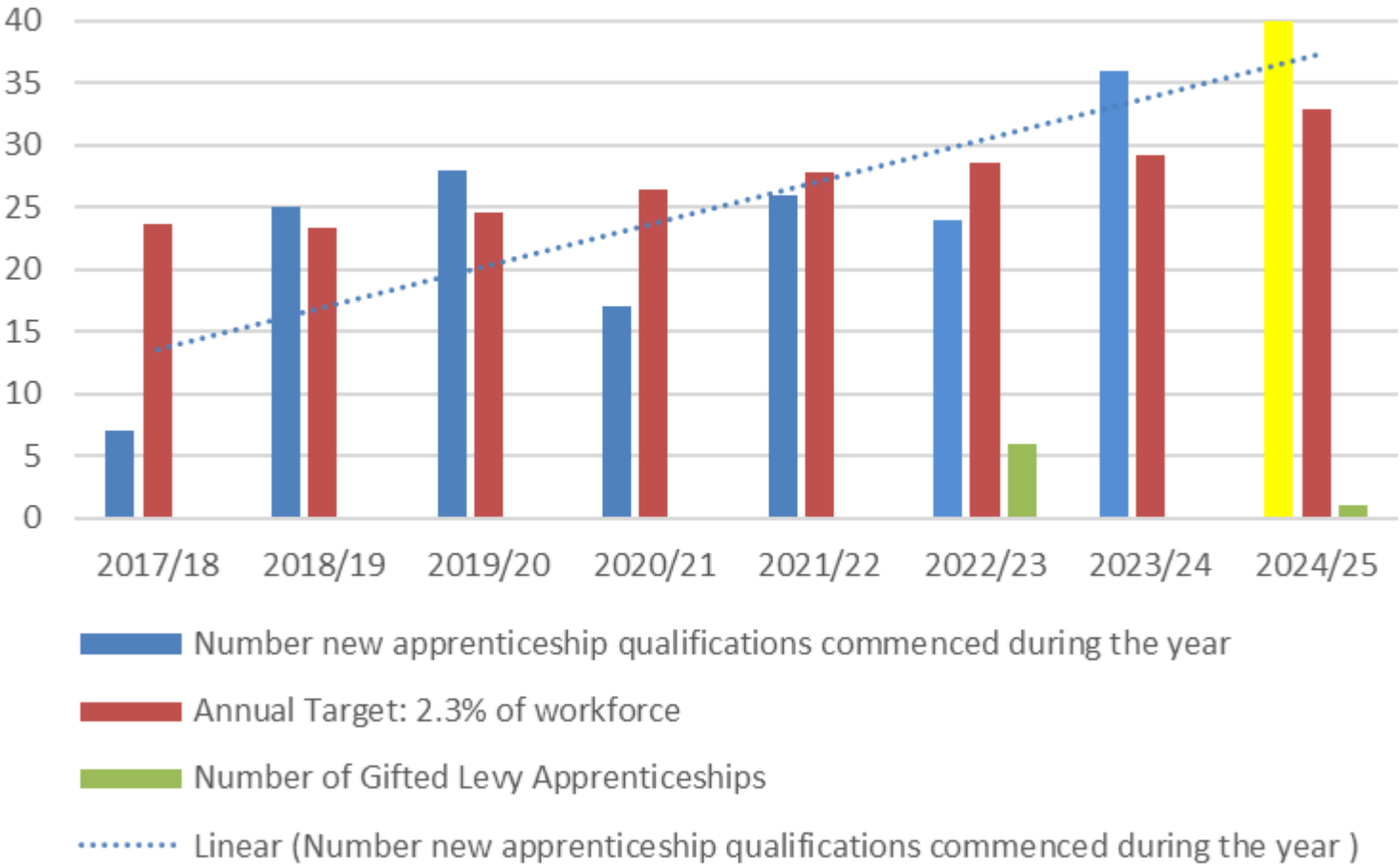
Action Plan:

- Trust focus on Cyber Securing and Information Governance Training
- LMS procurement final IIT process to Top 5 shortlisted providers.

Apprenticeship Activity

KPI	33
Current YTD	12 40 in discussion
2023/24	36/29 (123.25%)
2021/22	24/28 (84.22%)

Apprenticeship Numbers Against Trust Target



Apprenticeship Levy Funding

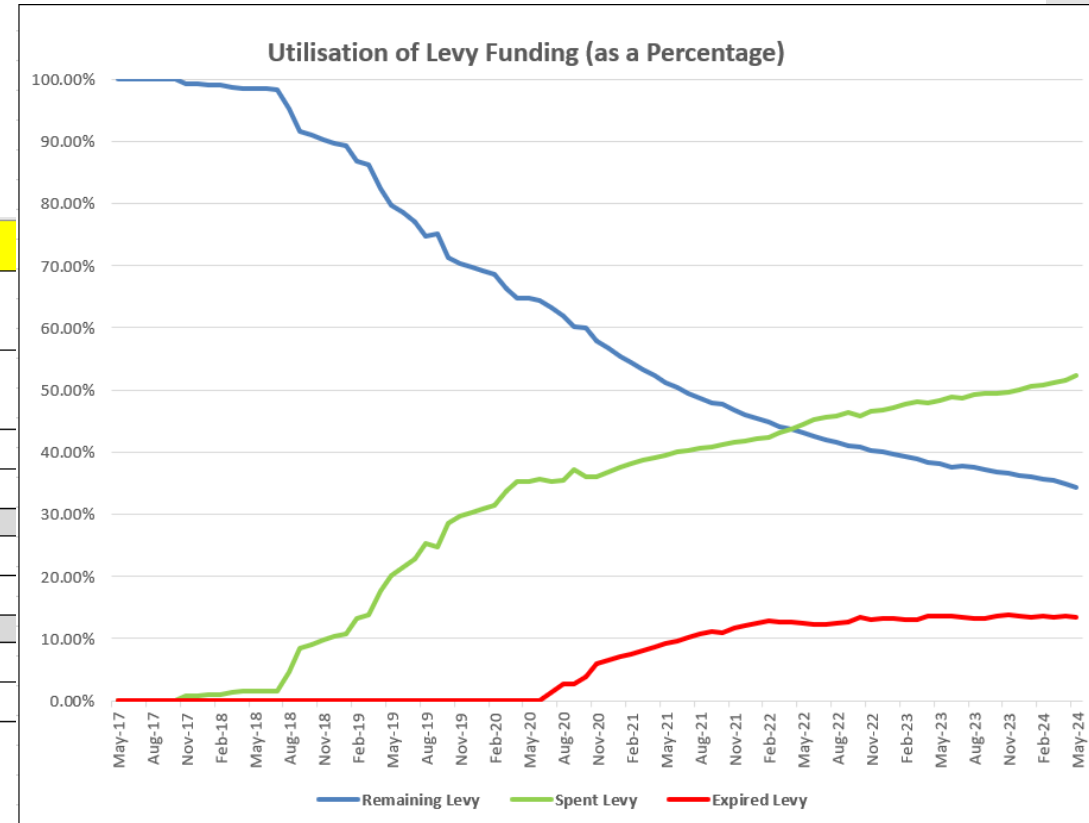
Funding Utilised 52.15%

Expired 13.23%

Funding remaining 34.63%

Apprenticeship Levy funding at 31st May 2024

Total Apprenticeship Levy payments from 1st April 2017	£1,636,268.23	
Apprenticeship Levy drawn down by training providers	£853,252.95	52.15%
Expired Levy Charges since August 2020	£216,411.90	13.23%
Remaining Levy funding available	£566,603.38	34.63%
Planned Allocated Levy spend to date	£1,917,437.00	117.18%
Planned Unallocated Levy spend to date	-£281,168.77	-17.18%
Actual Allocated Levy spend to date	£1,639,984.59	100.23%
Actual Unallocated Levy spend to date	-£3,716.36	-0.23%



Mandatory Training

KPI 93%

31st April 2024 68.33%

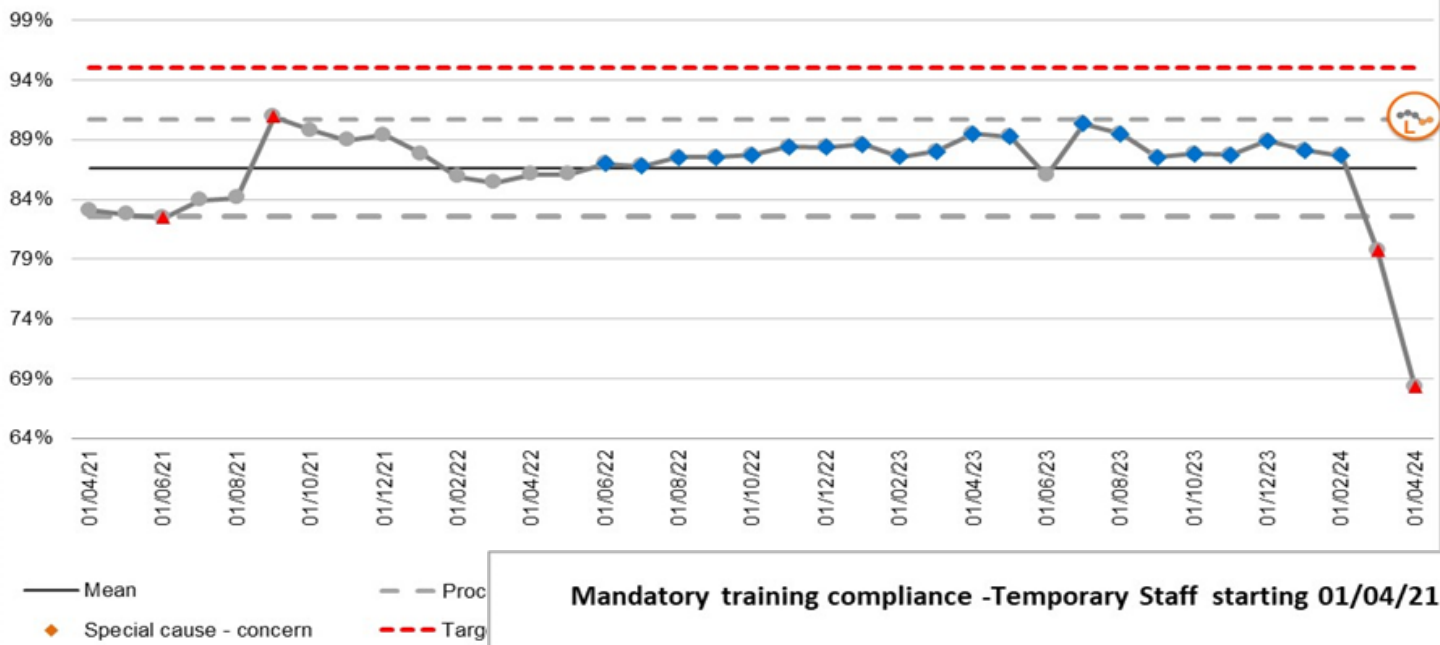
TREND

COURSE	Compliance %age	COMMENTS	TREND
Core Mandatory Training – Permanent Staff	68.33%	Compliance is improving. If we break this down per compliance module it increases further for some elements of the Core Skills Training Framework (CSTF). % decrease due to Cyber and IG not being uploaded in ESR	
Core Mandatory Training – Temporary Staff	55.75%	Based on staff working on the Bank who are compliant with training.	
Performance and Development Reviews	67.60%	Decrease on previous month, low percentage compliance. New process in roll-out phase and training support.	
Basic Life Support – Level 1	93.75%	Following direct mail chasing completions this has vastly improved. Target audience – <u>non clinical</u> .	
Hospital Life Support – Level 2	80.81%	Continuing to see DNAs and need to push those out of date to book and attend f2f sessions.	
Immediate Life Support	70%	We have now stopped working with HEST and our Resus Officer is now supporting additional sessions to improve compliance.	
Advanced Life Support	92.31%	Anaesthetics staff non-compliant continue to be chased for evidence of completion; as provided externally.	
Paediatric Immediate Life Support	82%	Target achieved earlier this year, a few out of date and training planned.	
Patient Handling	79.66%	Good progress overall this year but less stable during the last few months; need to sustain improvement.	
Conflict Resolution	85.42%	Slight decrease this month/continues as <u>elearning</u> only. Compliance will become 3 yearly instead of once only from 1 st April so we will see this <u>dip</u> , but should bounce back up within 3 months providing staff are supported to complete this <u>elearning</u> .	
NEWS2	96.30%	Consistently achieving over 95% compliance since June 2022.	
Safe use of Insulin	88.01%	Staying the same over the last few months.	
VTE	86.65%	Stayed the same over the last few months.	
CONSENT	71.08%	Slight decrease on last months, accessed via BMJ.	
IPC2	81.87%	Continual increase during the last few months.	
Food Hygiene	92.22%	Slight increase on last month	
Cyber	41.50%	Based on staff with <u>nhs</u> email address as not monitored via ESR. Monitoring via ESR will resume from 1/4/24	
IG	39.53%	Based on staff with <u>nhs</u> email address as not monitored via ESR	

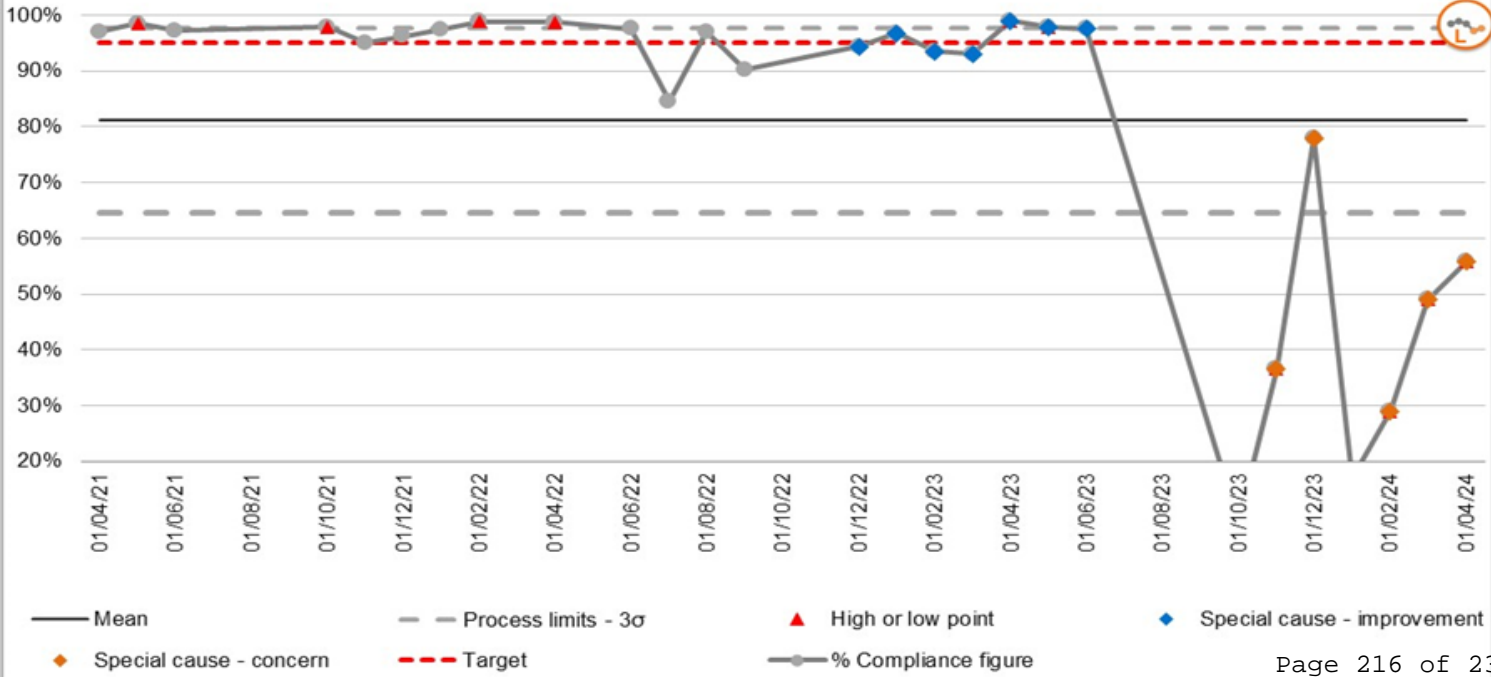
Core Mandatory Training: Permanent (68.33%) and Temporary Staff (55.75%)

ALOR

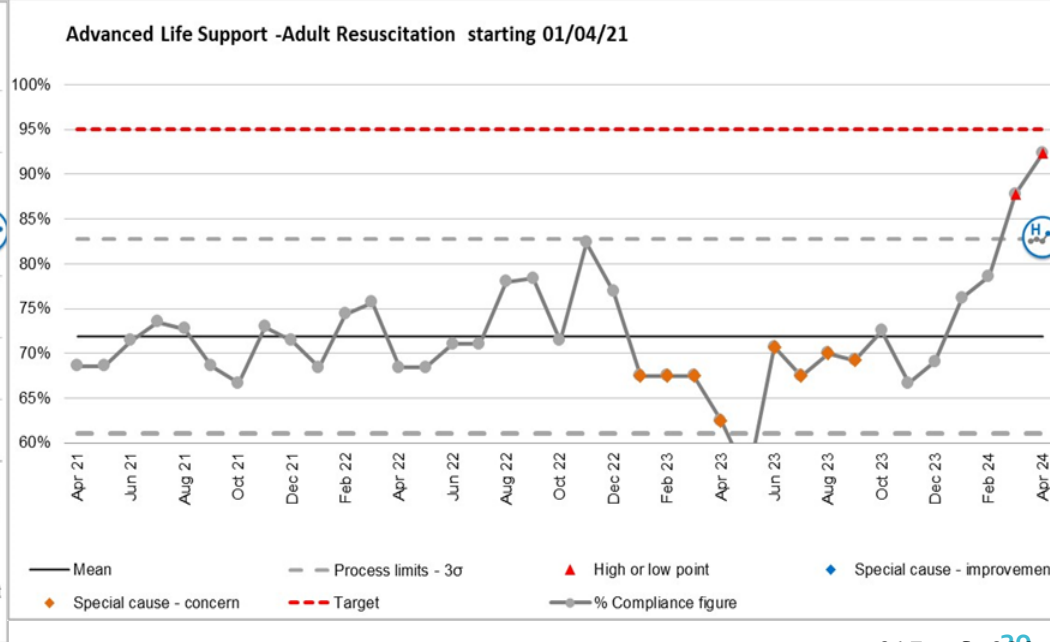
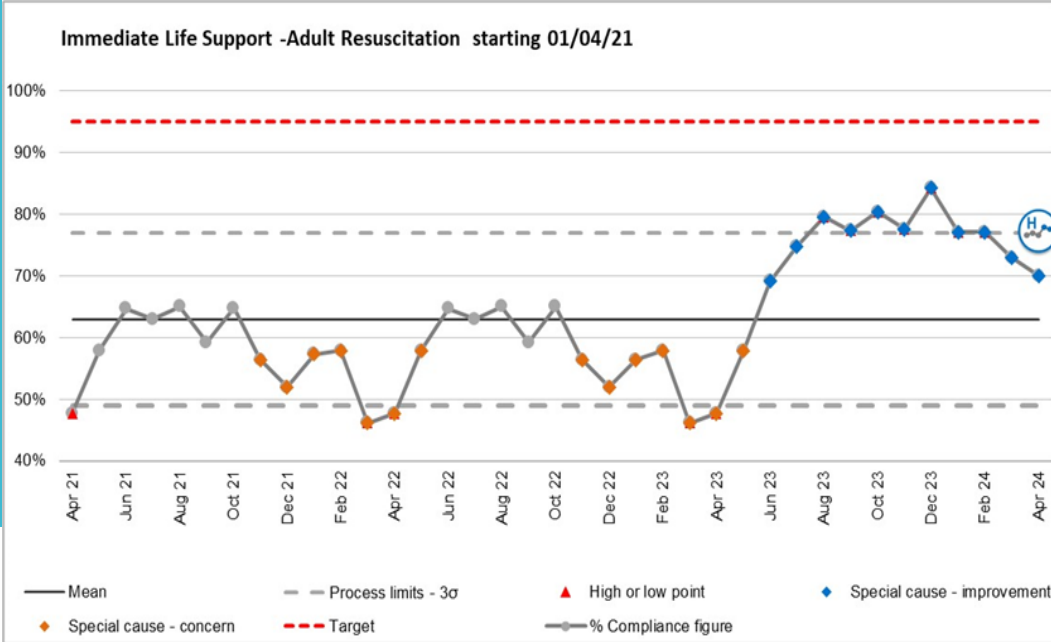
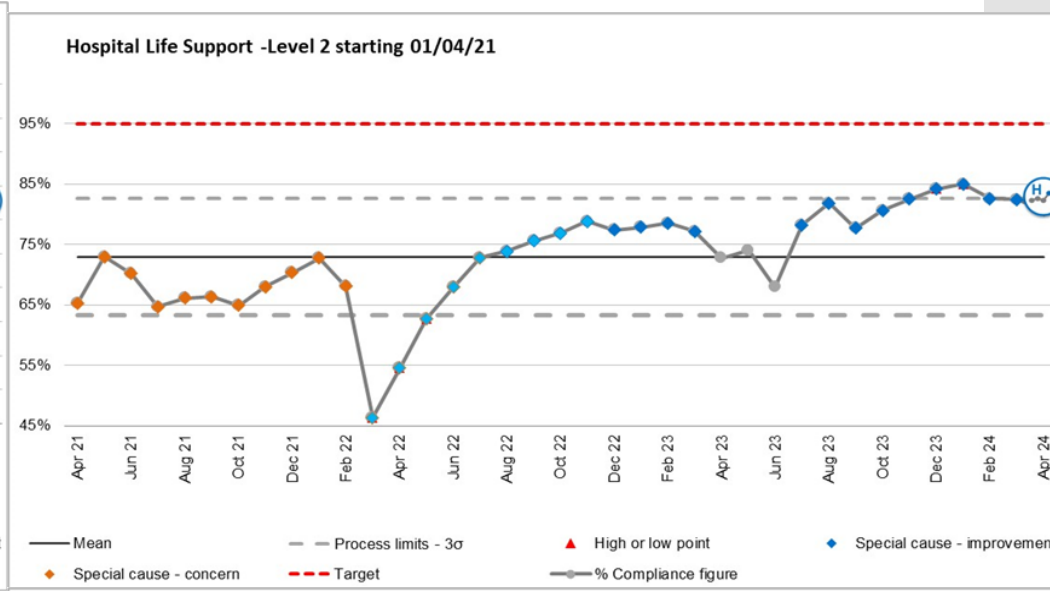
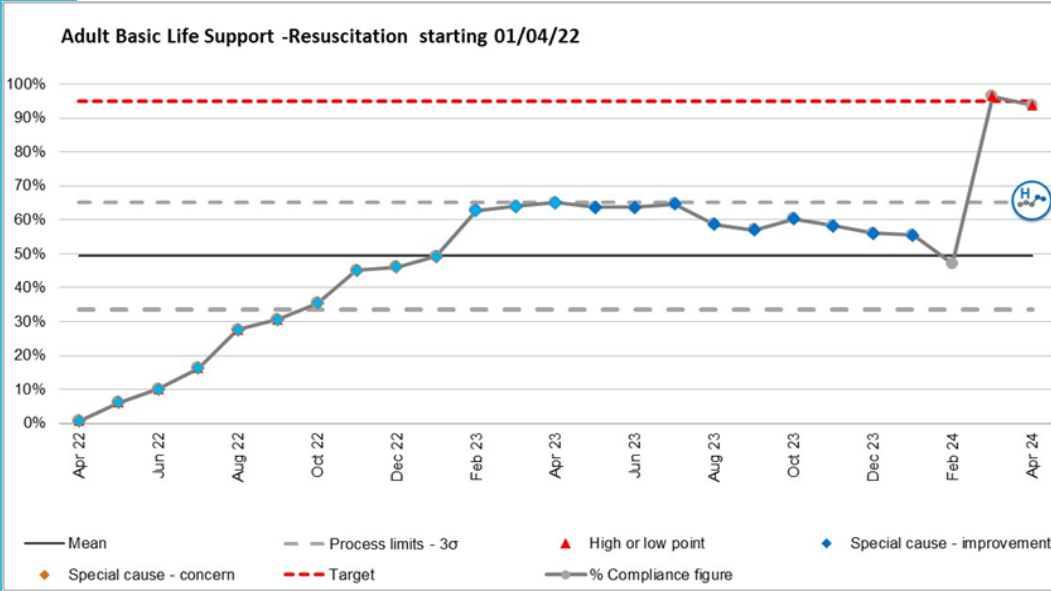
Mandatory Training Compliance -Permanent Staff starting 01/04/21



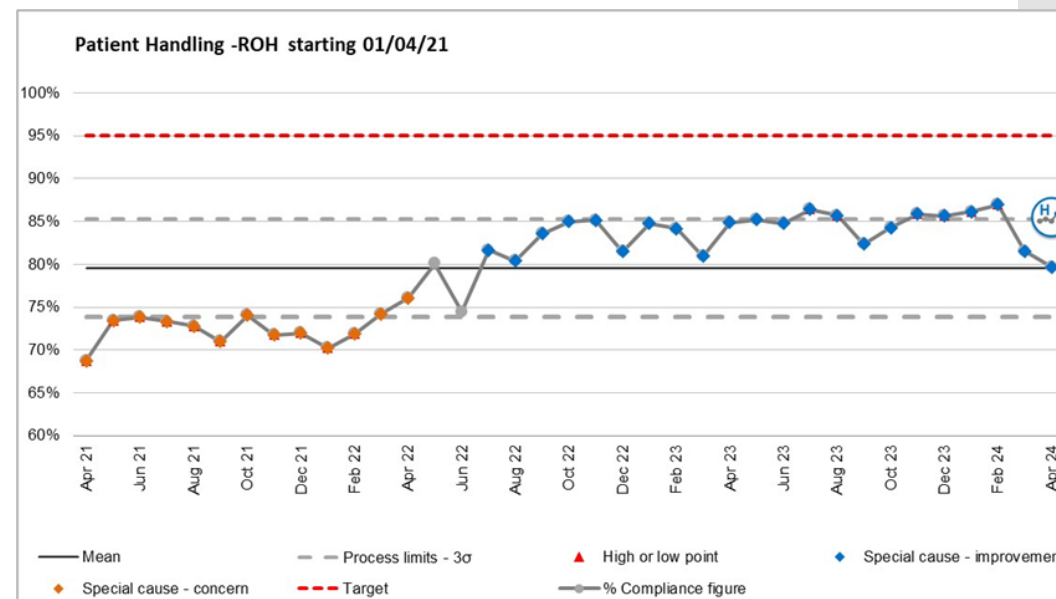
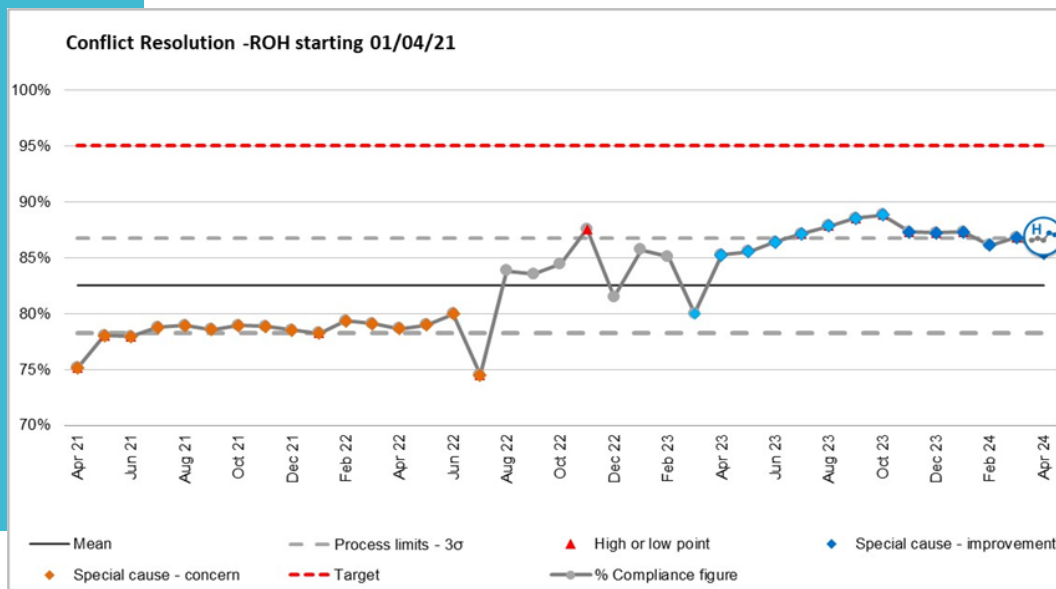
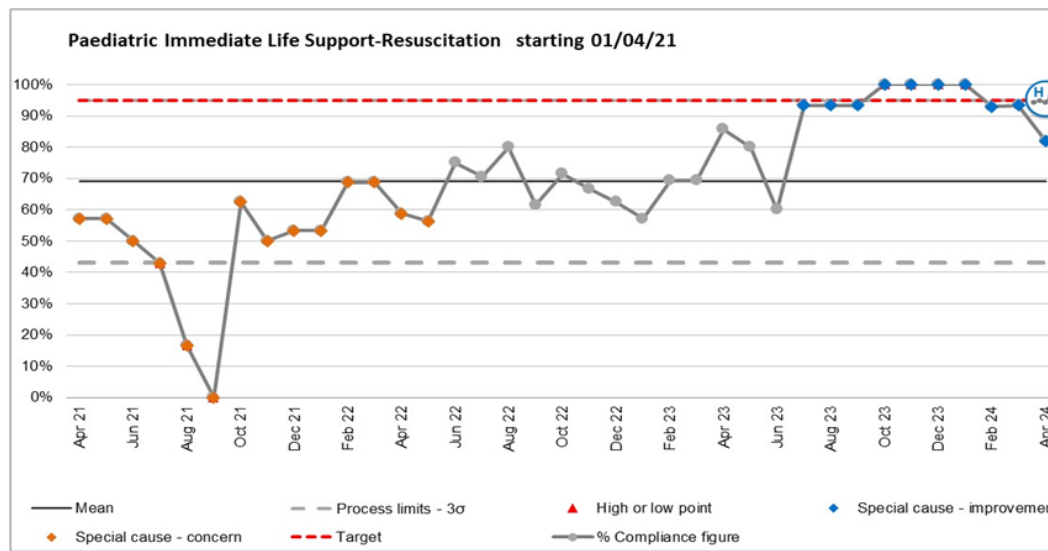
Mandatory training compliance -Temporary Staff starting 01/04/21



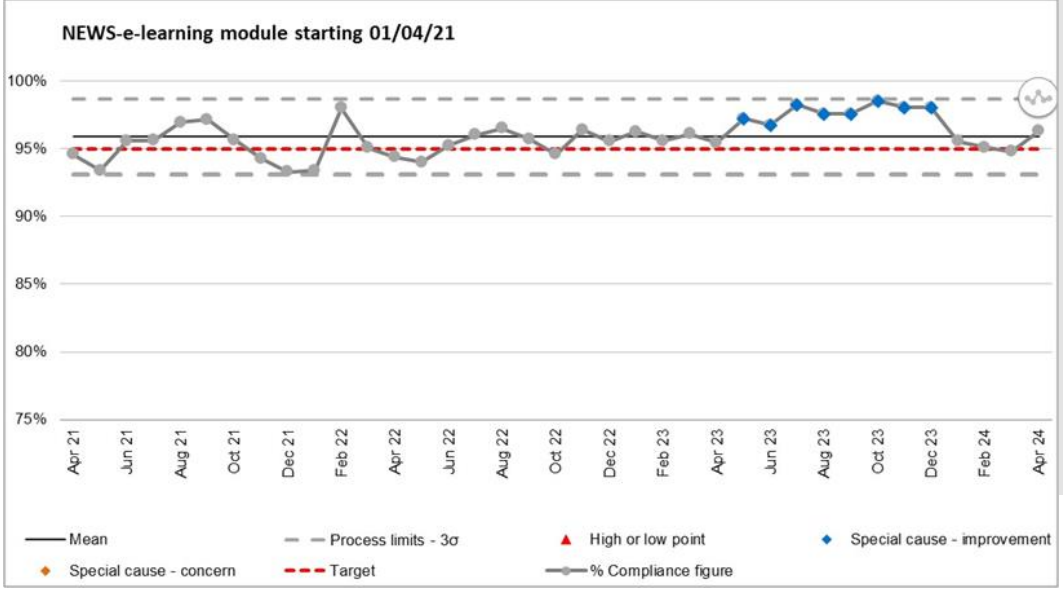
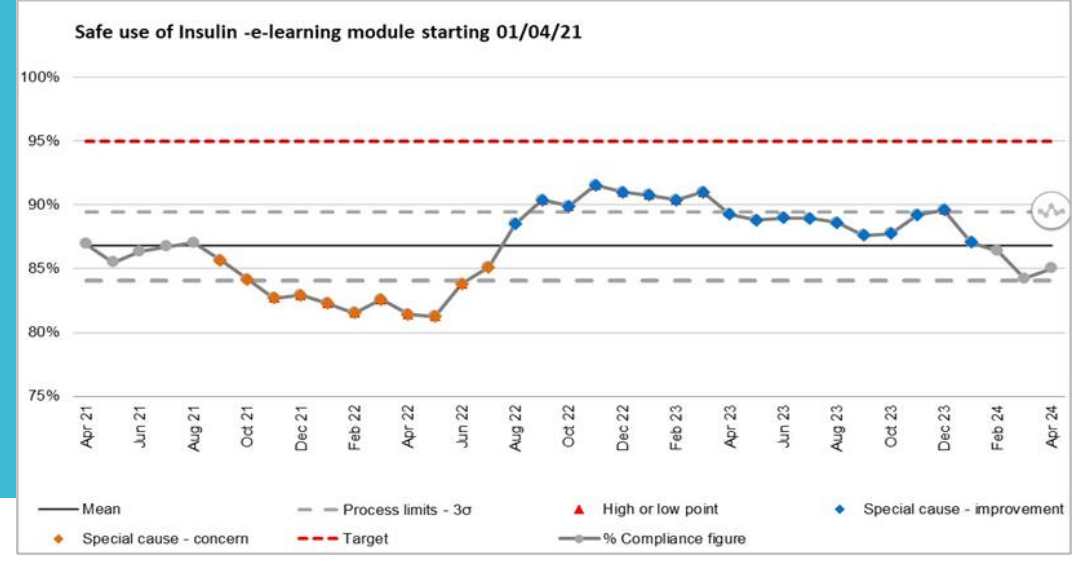
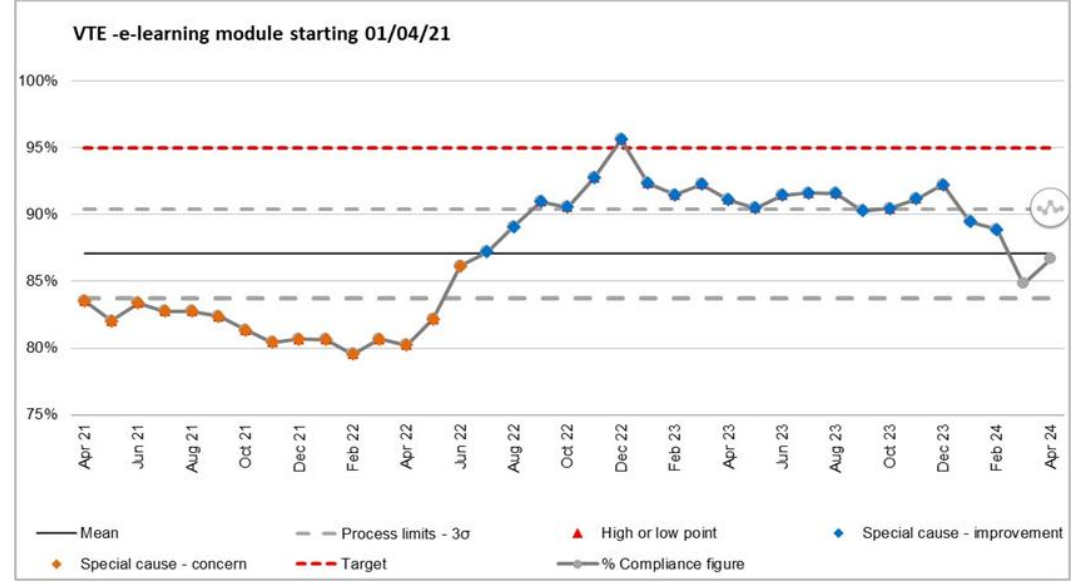
Resuscitation Training: Adult



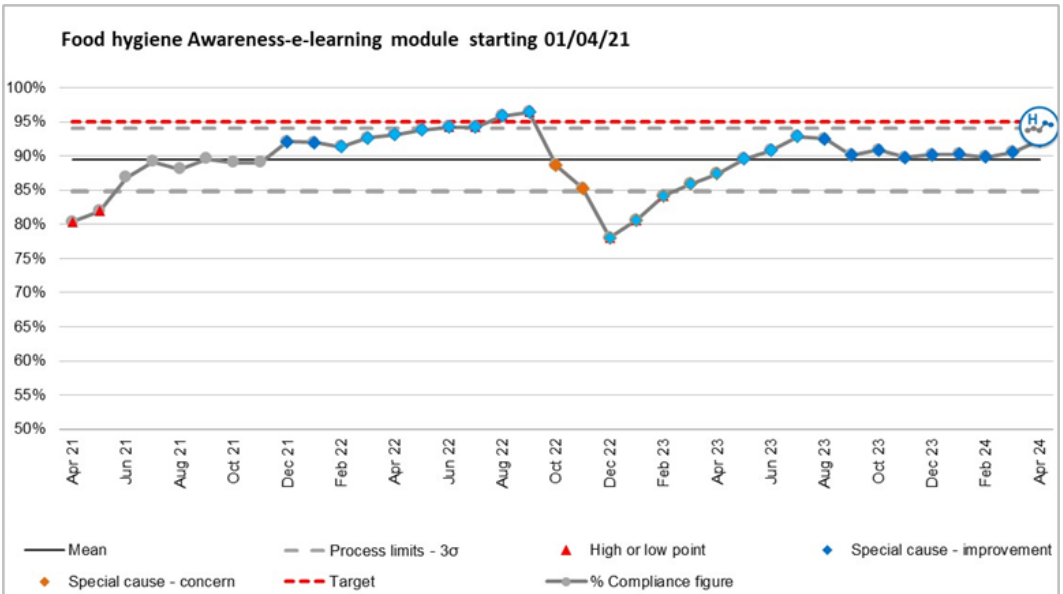
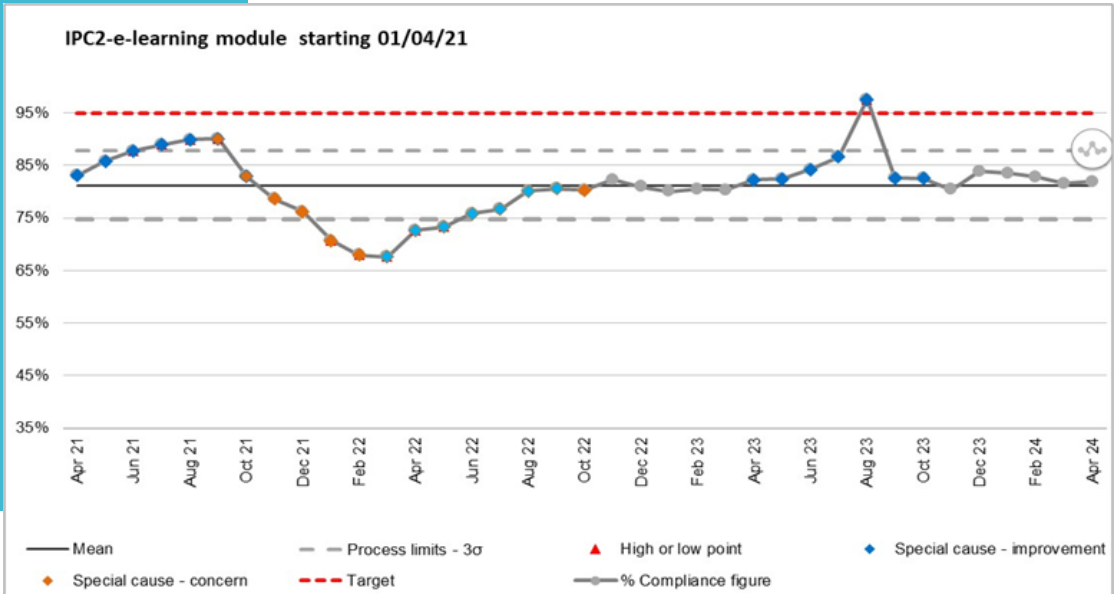
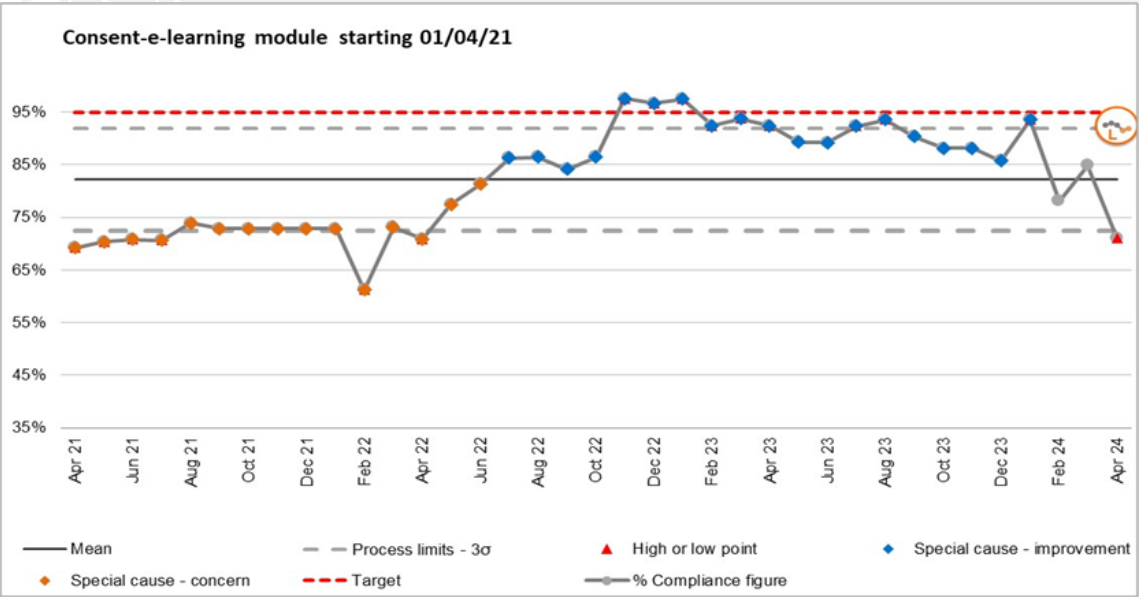
PILS, Conflict Resolution Patient Handling



VTE, Safe use of Insulin, NEWS₂



IPC Level 2, Food Hygiene, Consent



Section Three: Organisational Development Team

Prepared by: Clare Mair, Head of OD & Inclusion

Presented by: Clare Mair, Head of OD & Inclusion

Ref: June 2024/HR&OPS

Organisational Development

Summary:

- Progress continues on Appraisal new approach rollout with training and resources available for all staff
- Open conversations are now completed and the ICB colleagues are working on next steps and actions
- Data has been submitted for Workforce Race Equality Standard (WRES) and Work Disability Equality Standard (WDES) to NHSE
- Long service awards have taken place to recognise 5, 10, 20, 30 and 40 years service at the Trust for colleagues. These awards have been presented by our Executive Directors Jo Williams, Simon Grainger Lloyd and Chair Tim Pile

Areas for Improvement:

- There has been a positive uptake in managers attending appraisal training however not everyone has attended to date
- The completion rate for the People Pulse survey was lower than expected which may be due to increase in questions to be answered using the Central Team as a provider
- Appraisal rates have dropped again but this is expected due to the rollout of the new approach
- Staff focus groups are now completed and 'You Said, We Did' next steps will be shared across the Trust in June


Action Plan:

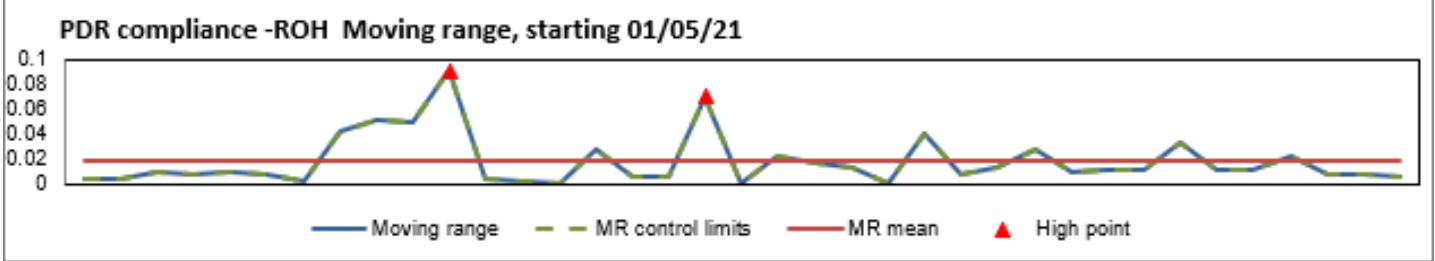
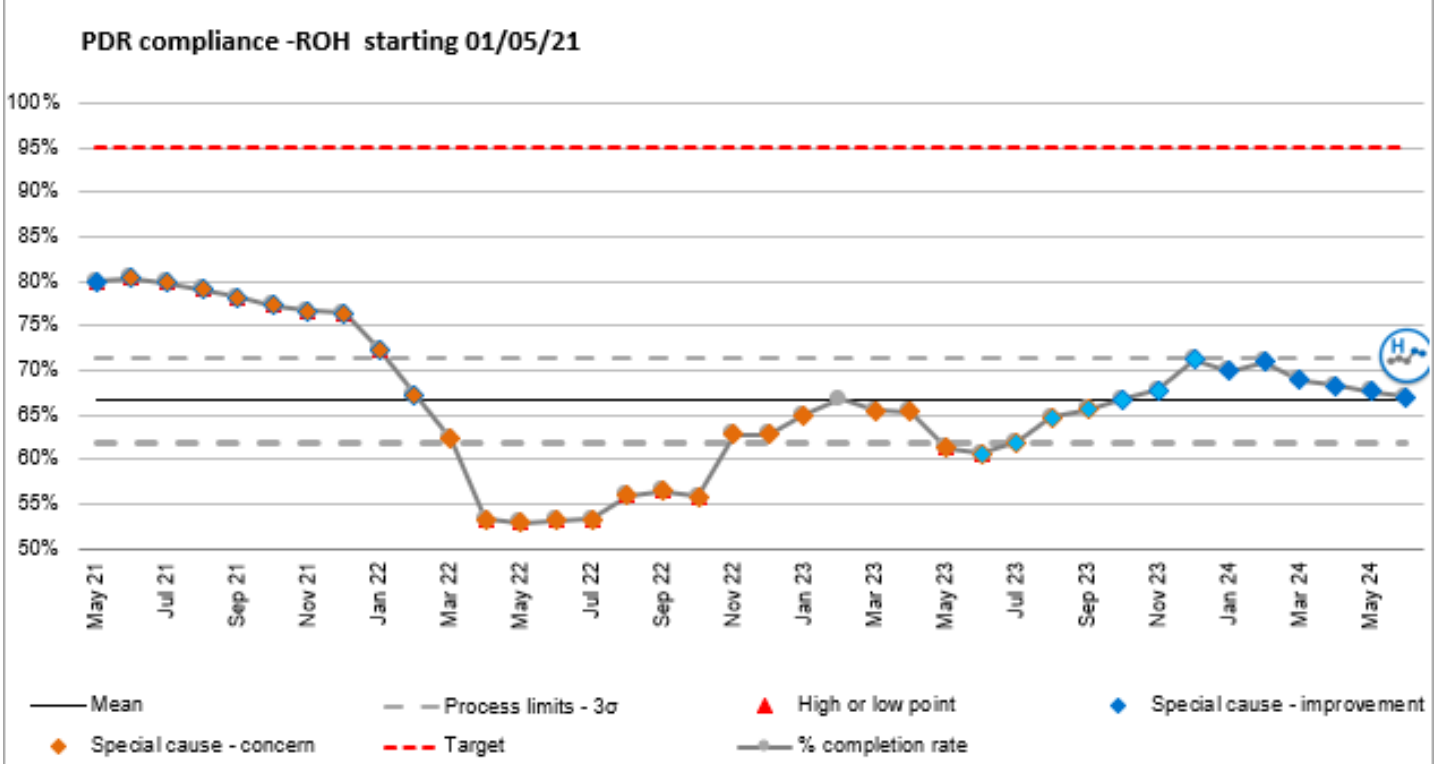
- A review of engagement on the appraisal approach to ensure increased activity in the last six weeks of the window
- Recruitment is due to start for Mankind and BeMyself networks
- Planning continues to welcome Grace Daniels who is an intern on the 10K Black Intern programme

Risks / Issues:

- OD and Inclusion Manager is not due to start until August which means continued pressure on the team to delivery key projects
- Managers ensuring that the appraisal conversations are being completed in their areas using the new window approach
- Wellbeing Training is well attended however more commitment is required to allow Managers to attend to be able to achieve full compliance by December as per Wellbeing action plan

Performance & Development Review

KPI	95%
June 2024	67%
Trend	



Impact:
The appraisal rate across the Trust has dropped for a further month to **67%**.

It is anticipated that this figure should start to increase in June due to increased training activity to upskill managers in the new Appraisal approach



Workforce Experience

Initiative	November	December	February	April	June
Number of members of staff network meetings – (All members of all staff networks – from June)	307	296	301	291	302
Number of attendees at staff network meetings	42	25	21	19	26
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)	90 Viewers	21 Viewers	40 Viewers	101 Viewers	59 Viewers
	143 Views	174 Views	48 Views	147 Views	79 Views
Number of hits on Health & wellbeing intranet site (Viewers – how many individual staff members Views – number of people visiting site more than once)	84 Viewers	54 Viewers	51 Viewers	82 Viewers	Viewers
	186 Views	108 Views	85 Views	125 Views	Views

Workforce Experience

Initiative	November	December	February	April	June
OD intranet sites – Appraisals / Training dates	-	-	-	-	237 Viewers
	-	-	-	-	464 Views
Workshop attendance OD	76	121	28	110	39
Workshop attendance Health & Wellbeing	144	83	tbc	69 Trust tea trolleys	183
Entrance swipe to Wellbeing room / Dome (f rom July)	Not Available	351/ 82	122 / 45	288 / 174	240 /142



TRUST BOARD

DOCUMENT TITLE:	National Standards for Healthcare Food & Drink
SPONSOR (EXECUTIVE DIRECTOR):	Nicola Brockie, Executive Chief Nurse
AUTHOR:	Steve Harnett, Facilities Manager
DATE OF MEETING:	3 July 2024

PURPOSE OF THE REPORT:

TO PROVIDE ASSURANCE



FOR INFORMATION ONLY

TO CREATE DISCUSSION



TO SEEK APPROVAL

EXECUTIVE SUMMARY:

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

A GAP analysis has been undertaken to evaluate and benchmark our current provision against the following standards:

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

An action plan has been developed to provide both assurance and exceptions to the standards. The plan has been shared and updated by Heads of Nursing, and the facilities manager which has identified the following Exceptions/Gaps in assurance.

ASSURANCE PROVIDED BY THE REPORT:	
POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<p>Some progress has been made against the standards, but this has been limited due to staffing challenges in catering and the dietetic services. It is expected in the next 3 months, this issue will be resolved with the new SLA with BCHC and the end of LTS.</p>	<p>Trust should engage with other organisations, such as local catering colleges or their local Sustainable Food City to share best practice and amplify their impact. - Requires review.</p> <p>Good catering relies on clarity of budgeting. catering teams’ budgets should be ring-fenced. – Work has commenced in this are, but requires further focus.</p> <p>Out of hours menu 24/7 that includes hot meal and cold snack provision for patients, staff and visitors including special diets and young adults’ options- Exploring possible ready meal offerings with suppliers.</p> <p>Minimum of two high-quality snacks offered to patients between meals (one in the evening) to support additional nutritional requirements; and must include those for healthier eating, higher energy, vegetarian, easy to chew, vegan, cultural, special, and modified texture diets. Healthier snack options for different diets must also be available for staff and visitors. - Late supper menu drafted requires costing.</p> <p>Each trust must develop its own ‘live’ strategy for improving nutrition and hydration for patients, staff, and visitors - This remains in draft as we currently have limited SLT/Dietetic locum support whose focus is on the clinical review of patients. Without more resilient cover we are unable to commit to a training/audit programme etc. There is also no dietetic skill or knowledge within the Trust to carry out nutritional analysis of needed.</p> <p>Each trust must assess how many posts, or what proportion of time spent on food and beverage services, are appropriate in its hospital. These posts should be responsible for overseeing patient, staff and visitor food and drink- We no longer have this. The locum dietitian does not have the knowledge/sills to complete nutritional analysis if any changes are required to menus.</p>

	<p>Organisations must have a nominated food safety specialist - Due to LTS - training will need to be rescheduled-Extend, qualification to chefs (developmental opportunity).</p> <p>Organisations must monitor food waste, manage any waste produced and take action to reduce the food waste produce in their plate waste, production waste and unserved food. - Currently exploring digital patient meal ordering system with IT lead and HON - follow up meeting arranged July</p> <p>Organisations must assess their compliance with the 10 key characteristics of good nutrition and hydration care - Assessment against 10 key characteristics to be renewed. Current assurance concerns are some elements elate to limited locum Dietetic and SLT support. Assurance-all in-patients have a mandated-on PICS MUST assessment, whilst we do not have 1 overarching nutrition and hydration policy, we do have a number of policies which cover the requirements.</p> <p>Organisations must show they comply with the BDA's Nutrition and Hydration Digest - A detailed gap analysis against this is required however some elements will not be met as a result of only having a locum Dietitian 1 day week. Particularly section 2</p> <p>Organisations to implement digital meal ordering that uses patient names and aligns to their dietary information and care plans: e.g., type of therapeutic diet required or food allergy information - Currently exploring digital patient meal ordering system with IT and HON leads - follow up meeting arranged July.</p> <p>Organisations must have a nutrition and hydration quality improvement programme - Nutrition & Hydration Digest Compliance checklist to be reviewed and gap analysis completed. This can then be considered for QI workstream.</p> <p>Organisations must assess their food and drink services against the balanced scorecard – Revisit Food for life accreditation.</p>
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	<p>Introduce Seasonal menus - The locum dietitian does not have the knowledge/sills to complete nutritional analysis if any changes are required to menus.</p> <p>Reduce Food waste - Digital patient meal ordering system will help reduce food waste -in relation to capture real life data on quantities ordered by wards based on bed status - Meeting booked with IT & HON July to explore next steps.</p>
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REPORT RECOMMENDATION:

The Board is asked to: accept and note improvements and work that continues to be worked towards.

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		Workforce	x
Inequalities		Integrated Care		Continuous Improvement	x

Comments:

ALIGNMENT TO TRUST STRATEGY *(Indicate with 'x' all those that apply):*

Care	x	Community	
Expertise	x	Services	x
People	x	Collaboration	x

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

National Standards for Healthcare Food and Drink

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

Protect people form harm

BENCHMARKING SOURCE *(Indicate data sources included in report IF APPLICABLE):*

N/A

PREVIOUS CONSIDERATION *(Indicate board/committee/group & date):*

National Food standard report in 2023.

National Standards for Healthcare Food & Drink Action Plan 2023-24 (Assurance)

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

The standards for all healthcare food and drink

Ref:	Summary	What is Best Practice	Assurance	Executive Lead	Owner	Operational Lead	Timescale	Update	Status
1	Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the Healthcare Food and Drink Standards at board level as a standing agenda item.	Communal dining, away from a patient's bed, should be encouraged whenever possible.	Unable to action - Due to space constraints	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Ward Managers	None compliant	Unable to action - Due to space constraints	Closed
		Hospitals should engage with other organisations, such as local catering colleges or their local Sustainable Food City to share best practice and amplify their impact.	Needs more work	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	ROH Learning & Development Team/Waste Manager	6 Months	Will need to speak to the waste manager to share ideas	Closed
		Good catering relies on clarity of budgeting – catering teams' budgets should be ring-fenced	Request to remove annual CIP incentives -to allow greater choice on menus	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Amanda Gaston Finance Lead	1-3 Months	Review budget	Open
		Good and inspiring training at all levels (from in-service nutrition for doctors, to food safety essentials for all involved in food provision including ward staff and volunteers) should be normal practice	06/02/24 KH Update	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Division 1	Karen Hughes-Head of Nursing Division 1	1-6 Months	HCA complete the nutrition & hydration module as part of the care certificate. SLT provides swallow screen training for nurse Band 6+ .Currently local training is provided on an as required basis re MUST. Other specialist nutrition training ceased when UHB ended SLA.	Open
		Out of hours menu 24/7 that includes hot meal and cold snack provision for patients, staff and visitors including special diets and children's options.	hot snack provision is available i.e tinned soup, baked beans, tinned tomatoes (on toast) may need to introduce supper menu to wards that offer sandwiches, savoury snacks, and fresh fruit (needs to be costed)	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell-Cooke	1-3 Months	Supper menu developed needs to be Nutritionally analysed and costed	Open
		Soup and sandwiches must not be served as the only meal choice in inpatient settings due to the inability of this option to meet the requirements of nutritionally vulnerable hospital patients. An alternative hot option must always be available.	Requires Dieticians input - I believe we are within tolerance - with the current menu	Nikki Brockie -Chief Nurse	Himadri Ghosh-Head chef	Nominated Dietician	1-6 Months	Our menu's have been developed to ensure the minimum of 1,500 calories are available daily	Closed
		Minimum of two high-quality snacks offered to patients between meals (one in the evening) to support additional nutritional requirements; and must include those for healthier eating, higher energy, vegetarian, easy to chew, vegan, cultural, special and modified texture diets. Healthier snack options for different diets must also be available for staff and visitors	late supper snack menus have been developed, that offer a variety of healthy Gluten free,vegan choices	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef/Tracey Mitchell-Cooke	1-6 Months	Needs to be costed and requires Dietitian input	Open
2	Organisations must have a food and drink strategy	Each trust must develop its own 'live' strategy for improving nutrition and hydration for patients, staff and visitors.	In draft form - Requires more work - 06/02/24 KH Update	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Steve Harnett-Facilities Manager	1-6 Months	06/02/24 This remains in draft as we currently have limited SLT/Dietetic locum support whose focus is on the clinical review of patients. Without more resilient cover we are unable to commit to a training/audit programme etc. There is also no dietetic skill or knowledge within the Trust to carry out nutritional analysis of needed	Open
3	Organisations must ensure they have access to appropriate catering dietetic advice and support.	Each trust must assess how many posts, or what proportion of time spent on food and beverage services, are appropriate in its hospital. These posts should be responsible for overseeing patient, staff and visitor food and drink.	Requires Dieticians input - I believe we are within tolerance - with the current menu	Nikki Brockie -Chief Nurse	Karen Hughes -Head Nurse Division 1.	Nominated Dietician	1-3 Months	06/02/24 KH Update. We no longer have this. The locum dietitian does not have the knowledge/skills to complete nutritional analysis if any changes are required to menus.	Open
4	Organisations must have a nominated food safety specialist.	Trusts must recognise their legal obligations as food business operators and ensure effective compliance with robust food safety procedures at all levels. Trusts are responsible for assuring themselves their supply chain is safe. Our expectations are that trusts have a named Responsible Person, Competent Person, Authorised Person with the CEO being notified for assurance.	Catering leads have been booked on Level 4- Food safety training (May & Sept 2023)	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-9 Months	Due to LTS - training will need to be rescheduled - offer qualification to chefs(developmental opportunity)	Open

5	Organisations must invest in a high calibre work force and improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.	Trusts must recognise the complexity of delivering healthcare food and drink services and ensure correct levels of staff (back of house, front of house, housekeeping, and support staff) as well as remunerating staff accordingly. This standard supports food safety, nutritional safety, and overall patient safety, as well as a better working environment contributing to staff wellbeing, morale and retention.	Catering workforce business case	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Formal professional qualification is offered to all members of the catering team via their annual PDR. I.E catering assistants wanting to undertake catering production qualification NVQ Food preparation and cooking levels 1 or 2	Open
6	Organisations must be able to show they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services	This standard gives assurance that all staff are practising safely and trained appropriately for their role. This includes 'non-catering' staff who handle food, such as nurses or porters, who require food safety training as well as everyone requiring a level of nutrition training	Food handlers undertake both Basic food hygiene and Allergy awareness training	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Catering Leads - Level 3 Food safety training & City & Guilds 706 level 1& 2 (or equivalent) Chefs-Level 2 Food safety training & City/Guilds 706 1 & 2 Catering assistants -Level 2 Food safety Training - All catering team members undertake Bi-Annual Allergy awareness training	Open
7	Organisations must monitor food waste, manage any waste produced and take action to reduce the food waste produce in their plate waste, production waste and unserved food.	Trusts must recognise that reduction in food waste will support funding for better food services for patients, staff and visitors. They should ensure they understand where and why food waste is produced in their organisation to take steps to significantly reduce this. Organisations will be required to report figures centrally for each type of food waste, and these will be published.	Actioned- Working with wards to order correct quantities of meals - to eliminate food waste	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	1-6 Months	Currently exploring digital patient meal ordering system with IT lead - follow up meeting arranged July	Open
8	Organisations must assess their compliance with the 10 key characteristics of good nutrition and hydration care.	These provide a framework by which organisations can assess the quality of their food and drink service, identify improvements and enhance patient experience. An assessment checklist and details of RAG rating and actions to be taken must be included in the board report	06/02/24 KH update	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Karen Hughes-Head of Nursing Div 1.	1-3 Months	Assessment against 10 key characteristics to be renewed. Current assurance concerns re some elements relate to limited locum Dietetic and SLT support. Assurance-all in-patients have a mandated on PICS MUST assessment, whilst we do not have 1 overarching nutrition and hydration policy we do have a number of policies which cover the requirements.	Open
9	Organisations must show they comply with the BDA's Nutrition and Hydration Digest	This supports quality and safety in patients' food and drink. Inclusion of an assessment checklist and details of RAG rating and actions to be taken must be included in the board report. Please note: some elements also reflect evidence in relation to other standards in this document.	06/02/2023 KH update	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Nominated Dietician	1-3 Months	A detailed gap analysis against this is required however some elements will not be met as a result of only having a locum Dietitian 1 day week. Particularity section 2	Open
10	Organisations to implement digital meal ordering that uses patient names and aligns to their dietary information and care plans: eg type of therapeutic diet required or food allergy information.	Organisations may need time to fund this development and link with IT infrastructures, but it should be seen as an essential element of patient care	Meeting planned with IT lead on PES -patient meal ordering system July 2024	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	IT Lead	1-6 Months	Other systems are available https://www.synbiotix.com/catering	Open
11	Organisations must have a ward assurance programme that reviews nutrition and hydration in relation to quality, safety, patient experience and clinical effectiveness.	The programme should provide evidence that the whole ward team knows what they are doing about nutrition and hydration and if there is a gap the organisation knows what it is doing about it. There should be evidence of measures relating to nutrition and hydration, such as those based on 10 key characteristics of good nutrition and hydration care compliance assessment. At least annually, all wards and relevant departments must achieve the organisation's agreed baseline standard, with data included in the board report using the RAG rating.	I believe we do - we monitor nutrition through the steering group which meet bi-monthly - this should be now changed to include food safety - 06/02/24 KH update	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Karen Hughes-Head of Nursing Div 1.	1-6 Months	Request that the Nutritional steering group to include food safety as a standing agenda item and be renamed to " Nutrition, Hydration & food safety group"- Sept 23 Food Hygiene will be added as a standing agenda item to the Nutrition & Hydration Steering Group. In addition the Nutrition lead provides upward reports to clinical quality group and this includes information on Food Hygiene training compliance for ward and departmental staff.	Closed
12	Organisations must have a nutrition and hydration quality improvement programme.	This supports ongoing efforts and proves the organisation's dedication to continuous improvement in providing best quality, safe and nutritious patient food and drink services as well as patient experience. Implementation of quality improvement methodologies across all wards/departments must be included in the board report. Quality improvement programmes should be publicly available via the organisation's website.	Needs more work - The Nutrition & Hydration Digest Compliance Checklist - 06/02/24 KH Update	Nikki Brockie -Chief Nurse	Karen Hughes-Head of Nursing Div 1.	Karen Hughes-Head of Nursing Div 1.	1-6 Months	06/02/24 KH Update Nutrition & Hydration Digest Compliance checklist to be reviewed and gap analysis completed. This can then be considered for QI workstream.	Open
13	Organisations must implement the GBSF nutrition standards: GBS for food and catering services	Mandatory: Any SSB that are hot or cold milk-based drinks including milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice need to meet 300kcal cap.	Requires improvement	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Ensure milk free alternatives are offered and customers are made aware	Open
14	Organisations must assess their food and drink services against the balanced scorecard.	At least 50% of hard yellow cheese procured by volume shall have a maximum total fat content of 25g/100g.	Explore - Himadri/Tracey to provide assurance	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Catering leads to provide update	Open

15	Organisations must assess their food and drink services against the balanced scorecard.	Re-vist Independent accreditation	Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-3 Months	Benchmarking complete , collation of evidence underway- requires update and data submission via catering leads. Estimated cost for accreditation £2k	Open
		Seasonal menu	Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef and Tracey Mitchell-Cook	1-6 Months	Seasonal menu in draft , and shared with catering leads for comment-requires update via catering leads.	Open
		Reduce Food waste	Working towards "food for life creditation"	Nikki Brockie -Chief Nurse	Steve Harnett-Facilities Manager	Himadri Ghosh-Head chef, Tracey Mitchell-Cook and Kinjal Patel (waste manager)	1-6 Months	Digital patient meal ordering system will help reduce food waste -in relation to capure real life data on quantities ordered by wards based on bed status - Meeting booked with IT July to explore next steps.	Open