



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Trust Board (Public) October

Wednesday 2 October 1230h-1500h

Boardroom, Trust Headquarters



Notice of Trust Board Meeting in Public on Wednesday, 2 October 2024

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 2 October 2024, in the Boardroom, Trust HQ commencing at **12:30**.

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 PUBLIC

Venue Boardroom, Trust Headquarters

Date 2 October 2024: 12:30h – 15:00h

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)
Mrs Jenny Belza	Non Executive Director	(JB)
Miss Jan Teo	Non Executive Director	(JT)
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

Ms Manjit Johal	Appointments Manager	(MJ) [Item 13]
Mrs Claudette Jones	Freedom to Speak Up Guardian	(CJ) [Item 20]
Mrs Joanna Thomas	Associate Medical Director	(JT) [Item 21]
Mrs Emma Steele	Deputy Chief Nurse	(ES)
Mrs Rebecca Lloyd	Director of Strategy	(RL)
Mrs Tammy Ferris	Corporate Services Manager	(TF) [Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
IN PUBLIC SESSION				
12:30	13	Staff Story: Manjit Johal, Appointments Manager	Presentation	MJ
12:50	14	Apologies: Nikki Brockie, Simon Page	Verbal	Chair
	15	Declarations of Interest	ROHTB (10/24) 008	Chair
	16	Minutes of Board Meeting held in Public on 4 th September 2024: <i>for approval</i>	ROHTB (9/24) 030	Chair
	17	Actions from previous meetings in public: <i>for assurance</i>	ROHTB (9/24) 030 (a)	SGL
12:55	18	Questions from members of the public	Verbal	Chair
12:56	19	Chair's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (10/24) 009 ROHTB (10/24) 009 (a) ROHTB (10/24) 009 (b)	SGL/TP



13:15	19.1	Council of Governors update: <i>for assurance</i>	Verbal	TP
13:20	20	Freedom to Speak Up Update: <i>for assurance</i>	ROHTB (10/24) 010 ROHTB (10/24) 010 (a)	CJ
13:35	21	Women in Orthopaedics: <i>for assurance</i>	Presentation	JT
13:50	22	Service Accreditation Update: <i>for assurance</i>	ROHTB (10/24) 011 ROHTB (10/24) 011 (a)	ES
GOVERNANCE AND COMPLIANCE				
14:15	23	Corporate Risks Review Progress Update: <i>for discussion</i>	ROHTB (10/24) 012	SGL
UPWARD REPORTS FROM THE BOARD COMMITTEES				
14:35	24	Upward reports from the Board Committees: <ul style="list-style-type: none"> • Finance & Performance Committee • Quality & Safety Committee 	ROHTB (10/24) 013 ROHTB (10/24) 014	LW IR
14:55	MATTERS TO BE TAKEN BY EXCEPTION			
	25	Performance Reports: <i>for assurance</i> <ol style="list-style-type: none"> a) Finance & Performance b) Quality Report 	ROHTB (10/24) 015 ROHTB (10/24) 016	
	26	Flu Vaccination Update: <i>for assurance</i>	ROHTB (10/24) 017 ROHTB (10/24) 017 (a) ROHTB (10/24) 017 (b)	
	27	Any Other Business	Verbal	All
	28	Meeting effectiveness	Verbal	All
15:00	CLOSE: Date of next meeting: Wednesday, 6 November 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	✓	✓	✓	A	A						
Jenny Belza	✓	✓	✓	A	✓						
Jan Teo	✓	✓	✓	✓	✓						
Jo Williams	✓	✓	✓	✓	✓						
Matthew Revell	✓	✓	✓	✓	✓						
Nikki Brockie	✓	✓	✓	✓	✓						
Marie Peplow	A	✓	✓	✓	✓						
Stephen Washbourne	✓	A	✓	✓	✓						
Sharon Malhi	✓	✓	✓	✓	✓						
Simon Grainger-Lloyd	✓	✓	✓	✓	A						

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 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"> • 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 4 September 2024: 1245h - 1615h

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)
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)

In attendance:

Mrs Sharon Latham	Head of Patient Experience	(SL)	[Item 17]
Mr Adam Roberts	Assistant Director of Governance & Risk	(AR)	
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mrs Tammy Ferris	Corporate Services Manager	(TF)	[Secretariat]

IN PUBLIC SESSION

17 Patient Story (SL)	Presentation
<p>SL presented a story on behalf of a patient and her family.</p> <p>The key points from the presentation included:</p> <ul style="list-style-type: none"> The patient was patient who had a learning disability but there had been no involvement with the Learning Disability Team initially. The initial experience for the patient was very positive until 16th April when an imaging appointment was required. Paperwork had not been completed correctly which meant the patient was 	



<p>not highlighted as being a patient with additional needs. The appointment escalated in that the patient became very distressed in the way she was treated.</p> <ul style="list-style-type: none"> • A PALs complaint was raised, and the Head of Imaging was involved. A plan was put into place to ensure all future experiences were a positive one. • A number of actions were taken to prevent this happening to others. <p>The Board was invited to question and comment on the presentation received.</p> <p>The key points to note are as follows:</p> <ul style="list-style-type: none"> • AA queried was the imaging colleagues not being aware of the patients' needs that would have made a difference to this patient or was it the treatment in general that was the issue. SL explained that the ticked box would have raised to the colleagues the adaptations that may have been needed, but all patients have a right to be treated respectfully and on this occasion that did not happen. • MP queried where was the continuity of care, and what is our handover process. SL explained that work has taken place by the Ward Manager to ensure it is clear that all appropriate information is shared at each stage of the patient's journey. • NB raised there are serious issues that were highlighted from this story but wanted to give assurance that as a Trust we are encouraging the Oliver McGowan training. • SM queried how do we take learnings like this to make people are aware of their own behaviours. SL explained that work has taken place with the Imaging Team and also on the Ward to make sure all colleagues are aware. • AR raised we need to share the learnings from incidents and triangulate with PALs to improve the way in which we work. 	
<p>18 Apologies: (Chair)</p>	<p>Verbal</p>
<p>Apologies were received and accepted from Simon Page and Simon Grainger-Lloyd</p>	
<p>19 Declarations of Interest (chair)</p>	<p>ROHTB (9/24) 013</p>
<p>There were no new declarations to note or address.</p>	
<p>20 Minutes of the previous meeting in public held on 3 July 2024 : for approval (chair)</p>	<p>ROHTB (7/24) 025</p>
<p>The minutes of the meeting held in public on 3rd July 2024 were accepted and approved by the Board.</p>	



<p>21 Actions from previous meetings in public: <i>for assurance</i> (TF)</p>	<p>ROHTB (7/24) 025 (a)</p>
<p>There were a number of actions proposed for closure and these were accepted.</p> <p>The following updates were provided:</p> <ul style="list-style-type: none"> • ROHTBAT.254 – BOOM Update. MR confirmed that the work that has been undertaken includes sharing through social media and has also been shared with NHS England. The action is now proposed for closure. • ROHTBACT.243 – Flu Vaccination Update. An update will be shared at the Quality & Safety Committee scheduled to take place at the end of the month with an update to Trust Board in October. • ROHTBACT.245 – Freedom to Speak Up Update. The update from the Freedom to Speak Up Guardian will be scheduled for the October Trust Board. • ROHTBACT.242 – Service Accreditation. Due to the timing of the pilot, it was felt deferring this update to the October Trust Board would mean a more substantive update would be provided. 	
<p>22 Questions from members of the public (Chair)</p>	<p>Verbal</p>
<p>No questions were received in advance of the meeting</p>	
<p>23 Chair’s and Chief Executive’s update: <i>for information and assurance</i> (TP/JW)</p>	<p>ROHTB (9/24) 014 ROHTB (9/24) 014 (a)</p>
<p>JW presented the Chief Executive Update, and the paper was taken as read:</p> <p>The following key points were highlighted from the report:</p> <ul style="list-style-type: none"> • Racism and civil unrest. JW confirmed a joint briefing was undertaken. This was an open house, where all colleagues were invited. There were a great number of colleagues who joined the meeting. This further highlights the work on the RACE Code adoption and the need for it to continue. JW thanked the Executive colleagues for their support in addressing this and helping to make colleagues feel safe. 	
<p>23.1 Council of Governors Update: <i>for assurance</i> (TP)</p>	<p>Verbal</p>
<p>TP provided an update on the Council of Governor meeting that took place on 31st July.</p> <p>TP explained that unfortunately the meeting was not quorate at the start and therefore has been rearranged for 18th September.</p>	
<p>23.2 Fit and Proper Person Assurance Report: <i>for assurance</i> (TP)</p>	<p>ROHTB (9/24) 016 ROHTB (9/24) 016 (a)</p>



<p>TP confirmed to the Board members that the fit and proper person assurance report has been submitted and confirmation of receipt have received from NHS England.</p>	
<p>24 EPRR Position Statement Update: <i>for assurance</i> (SW)</p>	<p>ROHTB (9/24) 017 ROHTB (9/24) 017 (a)</p>
<p>SW presented the Emergency Preparedness, Resilience and Response (EPRR) position statement update to the Board and took the papers circulated as read.</p> <p>The key points to highlight are as follows:</p> <ul style="list-style-type: none"> • Our annual statement has been circulated to NHS England and we will get confirmation by 7th December of our rating. • Last year it was reported we were non-compliant, and this was due to a number of items that are not applicable to us as a Trust, and this ends up affecting our result. • A significant response has taken place on the actions. From our own self-assessment there are still 11 areas that we are assessed as partial compliance. • A further update will be available following the 7th December publication of our rating. • SW recognised a great deal of work has taken place by the Head of Estates and EPRR Lead in undertaking this piece of work. <p>The Board was invited asked to questions or comment on the update provided.</p> <p>The key points to note were:</p> <ul style="list-style-type: none"> • SJ questioned if we should be concerned about our rating as it would be surprising that in the need of mass emergency we would not be involved. JW explained that this will be brought together as part of the shared service element and we would work collectively as a system, however the standards would not change. • AA queried the cyber security response and questioned is this outsourced. SW explained the Security Operation Centre (SOC) would contact the Trust. Tests have taken place. SW provided assurance that we have good systems in place to protect us. 	
<p>25 Health Inequalities Plan Update: <i>for assurance</i> (NB)</p>	<p>ROHTB (9/24) 018 ROHTB (9/24) 018 (a)</p>
<p>NB and RL presented to the Board an update on the health inequalities plan and the paper was taken as read.</p>	



<p>The key points to highlight are as follows:</p> <ul style="list-style-type: none"> • Paul Athey, BSOL Chief Finance Officer, has taken on the role of SRO for the system. • Education and raising awareness has been a key priority. This will go live on ESR in September. • An Executive level health inequalities course is to be attended by SM and NB. • Ensuring System alignment continues with the plans we development. There has been a successful bid from BSOL to establish a Work Well hub and one of our physios has been successful in securing a Project Manager position. • Health Hacks continue to be planned for the autumn. • Community events planned including a community appointment day has been planned for October in collaboration with University Hospitals Birmingham (UHB) • A revised plan will be shared with Quality & Safety Committee in November. 	
<p>26 Signage Refresh Plan and Wayfinding: <i>for assurance</i> (SW/RL)</p>	<p>ROHTB (9/24) 019 ROHTB (9/24) 019 (a)</p>
<p>RL presented to the Board an update on the signage refresh plan and wayfinding and took the papers as read.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • Feedback was gathered from one of our volunteers who has been a great asset in sharing their thoughts on the improvements needed. • Digital options are being explored. • Awaiting quotes for static signage and the options available now to be able to finalise the plans. • A project group has been established that has representation from across the Trust. <p>The Board was invited to question and comment on the information presented.</p> <p>The key points to note are:</p> <ul style="list-style-type: none"> • JT raised that the site plan has no record of public transport and the directions on the road should include Birmingham/South rather than Selly Oak and Birmingham. RL thanked JT for the feedback and confirmed this will be taken into consideration. 	
<p>BREAK</p>	
<p>GOVERNANCE AND COMPLIANCE</p>	



<p>27 Corporate Risk Review: <i>for discussion</i> (AR)</p>	<p>ROHTB (9/24) 020 ROHTB (9/24) 020 (a) ROHTB (9/24) 020 (b) ROHTB (9/24) 020 (c)</p>
<p>AR presented the Corporate Risk Review and the papers circulated were taken as read.</p> <p>AR explained the purpose of the session is for the Board to agree the top 10 risks, with the aim to decide whether any of the corporate risks should be sat on the Board Assurance Framework, which has been aligned to our strategic objectives.</p> <p>The key points highlighted are:</p> <ul style="list-style-type: none"> • The pack shared includes the top 10 risks by Executives and Non Executives. <p>The Board was invited to discuss the contents of the paper provided.</p> <p>The key points highlighted were as follows:</p> <ul style="list-style-type: none"> • The Board debated the risks listed and it was requested that collectively the aim is to agree to a list of the biggest risks this organisation faces. • TP challenged the risks listed should be risks we are hearing about at Trust Board regularly, for example the financial sustainability, digital, etc are the regular ones that we are focusing on. • JB questioned should it not be the risks of a score of 16 even after mitigation that just be classed as a top risk. The focus should be on those that are still high risk and need the Board to be sighted on them regularly. • Discussion took place around the risks that are not on there that are needed. Risk to our organisations includes the fact the trust is a specialist trust. • GH highlighted that a clear structure of sharing the risk information needs to be created which includes an escalation into the Board. AR confirmed that this is what we are trying to achieve and the extracts that come to the Board are the escalated risks. GH questioned is this being reviewed in the right way through committees. • TP requested GH/LW work with AR to articulate the inputs that have been discussed. AR to take away the feedback from today and articulate the risks with more detail so they become the definite statement of what the risks are. This will then be shared with the Executives for comment, and then return to the next Board in October. <p>ACTION: Review risks following feedback, provide update to Executives for comment, and share outcome at next Trust Board in October. AR</p>	



<p>28 Patient Safety Incident Reporting Framework (PSIRF): for assurance (AR)</p>	<p>ROHTB (9/24) 021 ROHTB (9/24) 021 (a) ROHTB (9/24) 021 (b)</p>
<p>AR presented to the Board an update on Patient Safety Incident Response Framework (PSIRF) and the report was taken was read.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Further conversation needed on reporting by exception. • Duty of candour process review is currently taking place, and wider discussions are taken place at BSOL System level. • Incident investigation training is an issue as there is limited training available and we only have 2 trained in the organisation. BSOL are reviewing this. Consideration is being given to look at a train the trainer route. • Next step is the annual review, and work is being prepared to complete this. • AR provided assurance the concept and principle is embedded at the ROH. <p>The Board was invited to question and comment on the paper presented.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> • IR raised the challenge is feeding back to the Board and what that looks like and this will be discussed in the Quality & Safety Committee. • Flexibility and care from the Governance Team and Divisions is exemplary. 	
<p>UPWARD REPORTS FROM THE BOARD COMMITTEES</p>	
<p>29 Upward reports from the Board Committees:</p> <ul style="list-style-type: none"> • Finance & Performance Committee • Audit Committee • Quality & Safety Committee <ul style="list-style-type: none"> ○ IPC BAF Risk Update • Staff Experience & OD Committee 	<p>ROHTB (9/24) 022 ROHTB (9/24) 023 ROHTB (9/24) 024 ROHTB (9/24) 024 (a) ROHTB (9/24) 025</p>
<p>Finance and Performance Committee Upward Report – LW</p> <p>LW highlighted the following key points from the upward report circulated.</p> <ul style="list-style-type: none"> • Different approach to the committee meeting in July. Focus was on productivity metrics. It was agreed to receive a proposed set of six productivity measures that will be reviewed at the next meeting, along with a deep dive into Spinal Services. • The Committee supported the development of ambulatory care unit business case. The full business case will be considered at the September 	



<p>Finance and Performance Committee meeting before consideration at the October Board meeting.</p> <p>Audit Committee Upward Report – GH</p> <p>GH highlighted the following key points from the upward report circulated.</p> <ul style="list-style-type: none"> • GenMed issue has been resolved and actions are now in place. • DSPT toolkit will be added to the risk register. • October meeting will be to discuss the external audit plan and will include an update from counter fraud. <p>Quality and Safety Committee – IR</p> <p>IR highlighted the following key points from the upward report circulated.</p> <ul style="list-style-type: none"> • The response time to PAL and Complaints are not where they need to be, and an update will be given at next meeting. • Surgical site infections (SSIs) data suggested there were higher than expected numbers in knee, spine and hip. More detail to be reviewed going forward but no concerns on initial review. • There had been two patient deaths, but no immediate concerns have been raised. <p>Staff Experience & OD Committee – SJ</p> <ul style="list-style-type: none"> • The upward report provided in the back provides all relevant details with a number of the key points already discussed at the meeting today. • SE&OD will be face to face in October. • One change required to the Upward Report, this should state back dated pay to 2024 not 2014. Paper to be corrected. 	
MATTERS TO BE TAKEN BY EXCEPTION	
<p>30 Performance Reports: <i>for assurance</i></p> <ul style="list-style-type: none"> • Finance & Performance • Quality Report • Workforce 	<p>ROHTB (9/24) 026 ROHTB (9/24) 027 ROHTB (9/24) 028</p>
<p>The reports were taken as read.</p>	
<p>31 Learning from Deaths Update: <i>for assurance</i></p>	<p>ROHTB (9/24) 029 ROHTB (9/24) 029 (a)</p>



MR presented the paper and took the paper as read. The paper is provided for assurance and had previously been circulated and discussed at the recent Quality and Safety Committee.	
32 Any Other Business	Verbal
TP recognised the work JW has undertaken at the ROH and wished her well on her secondment to Shrewsbury and Telford Hospital Trust.	
33 Meeting Effectiveness	Verbal
No comments were offered	
Date of next meeting: Wednesday, 2 October 2024 @ 0900h (Private, following by Public at 1230h)	



Next Meeting: 2 October 2024, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 16 September 2024

Number	Agenda item	Paper Ref	Date raised	Action	Owner	Completion Date	Response submitted/Progress update	Status
ROHTBACT.262	WRES/WDES Update	ROHTB (7/24) 007 ROHTB (7/24) 007 (a) ROHTB (7/24) 007 (b) ROHTB (7/24) 007 (c)	7/3/2024	Provide a detailed action plan on how improvement in data will be addressed so that the Board are confident colleagues feel safe at work.	SM	02/10/2024 06/11/2024	Item to be deferred to November Trust Board so that it can be shared at SE&OD Committee first.	
ROHTBACT.232	Chief Executives Update	ROHTB (3/24) 002 ROHTB (3/24) 002 (a)	3/7/2024	Provide a preceptorship update via a staff story in approx 8 months.	NB	4-Dec-24	ACTION NOT YET DUE	
ROHTBACT.259	Chair's and Chief Executive's Update	ROHTB (7/24) 004 ROHTB (7/24) 004 (a)	7/3/2024	Schedule Charitable Funds as an agenda item at a future Board meeting to discuss how funds are used.	TF	4-Dec-24	ACTION NOT YET DUE	
ROHTBACT.264	Upward Reports to Board Committee - Finance & Performance	ROHTB (7/24) 010 ROHTB (7/24) 011 ROHTB (7/24) 012	7/3/2024	On all future agendas include the assurance ratings for each item listed.	SGL/TF	6-Nov-24	ACTION NOT YET DUE	
ROHTBACT.265	Corporate Risk Review	ROHTB (9/24) 020 ROHTB (9/24) 020 (a) ROHTB (9/24) 020 (b) ROHTB (9/24) 020 (c)	9/4/2024	Review corporate risks following feedback gathered at Committee meetings and provide update to Executives for comment. Share an update at the next Trust Board meeting in October.	AR/SGL	2-Oct-24	Item included on October Board agenda. Propose Closure	
ROHTBACT.260	Check and Check Update	ROHTB (7/24) 005 ROHTB (7/24) 005 (a)	7/3/2024	Define the Chat and Check process to include Non Executive Directors.	SGL	2-Oct-24	Scheduled being devised with September and October plans in place, with monthly sessions to be held when face to face meetings take place going forward. Propose Closure.	

ROHTBACT.243	Flu Vaccination Update	ROHTB (4/24) 007 ROHTB (4/24) 007 (a)	4/10/2024	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. Included on the September agenda for information. Propose Closure
ROHTBACT.245	Freedom to Speak Up Assurance Report	ROHTB (4/24) 010 ROHTB (4/24) 010 (a)	4/10/2024	Invite FTSU Guardian to the September Trust Board to provide an update on the national changes.	SGL	04/09/2024 02/10/2024	Deferred to October Board Meeting. Included on the October agenda. Propose Closure.
ROHTBACT.242	Service Accreditation	ROHTB (4/24) 006 ROHTB (4/24) 006 (a)	4/10/2024	Provide an update on progress at the May Quality & Safety Committee and September Board Meeting.	NB	04/09/2024 02/10/2024	Item deferred to September Q&S Committee and October Trust Board. Included on October agenda. Propose Closure.
ROHTBACT.241	Guardian of Safe Working Update	ROHTB (4/24) 002 ROHTB (4/24) 002 (a)	4/10/2024	Invite Joanna Thomas, Associate Medical Director to give an update on Women in Orthopaedics.	MR	2-Oct-24	Included on October 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):		Simon Grainger-Lloyd, Acting Chief Executive & Executive Director of Governance			
AUTHOR:		Simon Grainger-Lloyd, Acting Chief Executive & Executive Director of Governance			
DATE OF MEETING:		2 October 2024			
PURPOSE OF THE REPORT:					
TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY		TO CREATE DISCUSSION	
				TO SEEK APPROVAL	
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		
• N/A			• N/A		
REPORT RECOMMENDATION:					
The BOARD is asked to: receive and note the contents of this report.					
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	X	Environmental	X	Communications & Media	X
Business and market share	X	Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	X
Inequalities	X	Integrated Care	X	Continuous Improvement	
Comments:					
ALIGNMENT TO TRUST STRATEGY <i>(Indicate with 'x' all those that apply):</i>					
Care	X	Community		X	
Expertise		Services		X	
People	X	Collaboration			
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
The contents discuss a number of developments which have the potential to impact on the delivery of a number of the Trust's strategic ambitions.					
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:					
N/A					
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					



CHIEF EXECUTIVE'S REPORT

Report to the Public Trust Board (in Public) on 2 October 2024

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board meeting on 4 September 2024 from the Acting 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 On 1 October, we welcomed Richard Burden and Andy Cave, Chair and Chief Executive of Healthwatch Birmingham (HwB). HwB representatives visit Outpatients on a fortnightly basis to ensure that patients have the opportunity to engage with representatives who can address their issues or feedback. The visit was arranged to share with HwB, the key priorities of the ROH and describe to them the future plans and discuss how we might collaborate and engage with them in the future. A tour of the ROH was also provided for HwB colleagues.

1



2.1.2 We are looking forward to welcoming our CQC relationship managers to the Trust on 9 October 2024. Although this is not an inspection, it is a great opportunity to show our regulators what we do and showcase the outstanding care that we deliver each and every day. A number of presentations are planned as part of the event including our approach to implementation of the Patient Safety Incident Response Framework, plus the Service Accreditation and ‘Get You Better’ initiatives.

2.2 Our Services

2.2.1 2024/25 financial year continues to have a close focus on productivity, efficiency and control of expenditure to deliver our ambitious plan of breakeven. The Trust delivered a deficit in month of £241k against a planned deficit of £159k, generating an adverse £82k variance. The year-to-date deficit is now £1,870k against a deficit plan of £37k, generating an adverse £1,833k variance.

Pay expenditure was underspent in month by £84k, and now has a YTD overspend of £187k. Agency spend has reduced further to £185k in M4 (£242k in M4), or 2.9% of pay (3.7% YTD). This is the first time the monthly value has been below the national target of 3.2%. Nursing had reduced to £17k (M5) from £56k (M4), and Medical also reduced to £119k (£143k in M4).

Non pay expenditure remained consistent with M4 at just under £5.1m for the month, £138k above plan.

Activity in August 2024 delivered 1,226, against a plan of 1,264. Reassuringly, year to date the Trust is 25 cases ahead of plan. Theatre session utilisation was at 83.2% against a target of 85%. This is due to summer holidays, surgeon sickness and environmental issues.

The private patients target was exceeded in month by £81k as the team continues to work through several actions which were agreed at June 2024 Trust Board.

2



Operational performance targets performed well with a reduction to 9 patients waiting over 65 weeks; this has decreased from 18 with the remaining patients predominately in Spinal Services. The Trust has no patients waiting over 78 or 104 weeks. Our focus continues to be on clearing the number of patients waiting over 65 weeks and managing any risks ahead of the national target of 30th September 2024.

The diagnostic standard of 99% was achieved in month (99.9%) and this continues to be testament to the fantastic team we have in our Imaging Services across all areas.

2.2.2 On 19 September, the Trust underwent a peer review of our Teenage and Young Adult cancer service. The visit was led by Patrick Uriot, Paediatrics Network Manager and was joined by a number of other clinical colleagues. The purpose of the visit was to gain a view, from a series of regional visits, of the impact of the lack of funding for teenage cancer nationally.

The final report from the visit will be received approximately six weeks after the visit, however verbal feedback on the day was very positive, with the overall outcome being described as ‘fantastic performance and a well organised service’. One of the team members also said that they ‘would love to work here’ and was ‘really impressed by the vibe of the Trust’. Very many thanks to the team who supported the visit and shone brightly on the day.

2.3 Our People

2.3.1 As included in the last update, Jo Williams, the ROH Chief Executive, has left the ROH for a while to start her secondment to Shrewsbury and Telford Hospitals NHS Trust.

On 14 October, the ROH will be joined by Matthew Hartland as Interim Chief Executive. Matthew comes to us with over 30 years of experience in the health sector,



particularly in NHS finance and executive leadership roles. His extensive background and strategic leadership abilities make him exceptionally well-suited to guide the Trust through this interim period. Matthew’s recent roles include Chief Executive of Dudley Integrated Health & Care Trust and Chief Operating Officer of the Black Country Integrated Care Board. We look forward to welcoming Matthew as he takes on this new position at the helm of the ROH.

2.3.2 On 2 October, the Staff Survey was launched. All staff have been strongly encouraged to complete the survey to ensure that their experience of working at the ROH, and in the wider NHS is registered. Every effort is being made to ensure that the take up of the survey is an improved position on that last year.

2.3.3 Following the closure of the appraisal window on 31 July, work is underway to audit the quality of the appraisal discussions. A sample of the completed appraisal paperwork will be reviewed to determine if the conversations have provided a useful platform for discussing performance, staff experience and personal development plans for colleagues across the Trust. The outcome will be reported in detail at one of the future meetings of the Staff Experience & OD Committee.

2.3.4 The Trust is currently working with RSM UK to carry out the RACE Equality Code assessment, alongside other Trusts within the Birmingham and Solihull (BSol) ICS. The RACE Equality Code aims to promote equality and inclusion within organisations by assessing current practices and identifying areas for improvement.

Following the initial Trust Board session with Karl George from RSM UK, we are now starting the next phase of work to adopt the Race Equality Code at the ROH. For Trust Board members, this includes two key actions:

- Survey sent out to all Trust Board members to be completed. This survey is designed to gather insights into the culture and perspectives of leaders throughout the



organisation. This information will be collated along with the surveys conducted at the different NHS organisations across the ICS, to enable benchmarking of results.

- Two workshop sessions to be attended by available Trust Board members. The date of the first online session is 15th October, with the second still to be arranged.

2.3.4 The Women’s Network organised a stand outside Café Royale on 20 September, which created some good discussions and engagement with colleagues who visited. The network continues to strengthen and a series of key note speakers has been organised to share experience and knowledge over a range of topics.

2.3.5 As part of our Integrated Care System’s New Staff Offer, a development programme to improve the identification, engagement, and retention of colleagues from diverse backgrounds has launched for staff across Birmingham and Solihull. Possibilities Beyond Limits (PBL) is open to all at middle management level aiming for senior roles and particularly for BME and disabled/neurodiverse colleagues who continue to be underrepresented at senior levels. During the pilot of at Birmingham Community Healthcare, over half of the participating staff have already progressed to a higher band. Applications are open now until the 28th October.

2.3.6 Given that the Government accepted the 2024/25 recommendations of the NHS Pay Review Body (NHS PRB) and agreed a 5.5% consolidated uplift, backdated to 1 April 2024, this will be implemented so staff receive their updated pay in October 2024.

2.4 Our Collaboration

2.4.1 We are in the process of collaborating with colleagues across Birmingham and Solihull to develop a local strategic framework and action plan for women’s health. It will be based on the Birmingham Health Needs Report April 2024 which was authored by BBC



Public Health and outlines the key challenges women face and the key actions required to address them.

The Women's Health Working Group is a collaborative cross-organisational group that is developing this local strategic framework and action plan. This is chaired by Public Health colleagues and includes a range of clinicians and colleagues from across the system. Amos Mallard, our Communications Lead is representing the ROH in this work.

2.4.2 The ROH is in initial conversations regarding the launch of a new Community Roadshow around MSK health, a new initiative to be run by Ali Sprason, Head of Charity. The initiative aims for a bus to tour Birmingham for one week, three times a year; each day the bus will be set up in a different part of the city with clinical/medical professionals, communications and charity representatives and volunteers represented. Members of the community will be given the opportunity to ask questions about their own health, talk and interact with professionals, undertake short health checks, complete questionnaires etc.

Birmingham and Solihull ICB launched a similar concept earlier this year, with a Cancer Bus and are open to partnership working.

2.5 Our Community

2.5.1 The Physiotherapy Department is planning its first Musculoskeletal Community Appointment Day, jointly with colleagues from the Queen Elizabeth Hospital. This will be held on 22 October at Cocks Moor Leisure Centre in Kings Heath. This is an innovative approach to providing support to patients on waiting lists for physiotherapy and other MSK services. Patients are invited to a central location in the community for an opportunity to connect with a variety of clinical and voluntary sector support services including Versus Arthritis, Age UK, Mind UK and the Citizens Advice



Bureau. The focus is on preventative care and overall wellbeing, rather than just treating the specific MSK issue and uses a ‘What Matters to You’ approach. Patients have started booking into the 200 slots available per Trust. Outcomes will be collated after the event, including patient and staff feedback on the day.

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 14 November 2024.
- 3.2 On 3 October, the ICB will be hosting a Health and Care Leadership Summit. The event will officially launch the System’s ‘New Offer’ for staff and volunteers, which has been co-created with our workforce through the ‘Our Open Conversations’ initiative and is aimed at making working in health and care in Birmingham and Solihull the best it can be. It will be the first opportunity to see in full the details of the ‘New Offer’, and how it is already benefiting our staff and patients.

4. NATIONAL UPDATE

- 4.1 On 12 September 2024, the Rt Hon. Professor the Lord Darzi of Denham published the findings of his investigation of the NHS in England. The investigation was commissioned by Wes Streeting, Secretary of State for Health and Social Care, on 11 July 2024. The ‘On the Day Briefing’ prepared by NHS providers is attached as **Appendix A** which summarises the key points of the report.



5 POLICY APPROVAL

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

- Mandatory Training policy

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.

Simon Grainger-Lloyd

Acting Chief Executive & Executive Director of Governance

25 September 2024



The Darzi Review: Independent investigation of the NHS in England

On 12 September 2024, the Rt Hon. Professor the Lord Darzi of Denham published the findings of his investigation of the NHS in England. The investigation was commissioned by Wes Streeting, Secretary of State for Health and Social Care, on 11 July 2024.

This briefing highlights the key points from the document and includes NHS Providers' view.

Introduction

As set out in the [terms of reference](#), Lord Darzi's investigation focuses on 'diagnosing' the problems facing the NHS, and provides an assessment of access to care, quality of care, and the overall performance of the health system. Given this remit, the health of the nation and social care system are only explored in so far as they impact on the NHS.

The [report](#) details the current performance of the NHS, and builds a picture of a system where long waits are the norm, quality of care is mixed, productivity is low, and too great a share of the budget is spent in the acute sector.

The key drivers of these challenges around performance are described as: funding austerity and capital starvation; the impact of the Covid-19 pandemic and its aftermath; lack of patient voice and staff engagement; and management structures and systems. The 2012 Health and Care Act is also noted as a costly and distracting process.

Lord Darzi views the structural reforms brought in by the 2022 Health and Care Act as a positive step but calls for greater clarity around the roles and responsibilities of integrated care boards (ICBs). Likewise, NHS managers are viewed as essential to tackling some of the challenges outlined in the document, with a call for greater investment to ensure there are 'more and better leaders.'

While specific policy recommendations are also outside of the scope of the investigation, Lord Darzi sets out the major themes to be explored in the upcoming ten-year plan for the NHS, led by the Department of Health and Social Care (DHSC). These include to:

- Re-engage staffing and re-empower patients.
- Lock in the shift of care closer to home by hardwiring financial flows.
- Simplify and innovate care delivery for a neighbourhood NHS.
- Drive productivity in hospitals.
- Tilt towards technology.
- Contribute to the nation's prosperity.
- Reform to make the structure deliver.

Key findings: performance of the NHS

Health of the nation

An ageing population is the most significant driver of increased demand for healthcare. For example, the majority of people aged 65-74 will have at least one long-term condition and 40% will have two or more. However, many of the social determinants of health - such as income, housing, education - are also moving in the wrong direction. Pressures in social care, and cuts to funding for the public health grant, are also crucial context for the health of the nation and the performance of the NHS.

Access to NHS services

The NHS's constitutional standards, which sit at the heart of the social contract between the NHS and the public, are not being met. Performance on access to care has been declining, for example:

- Nearly 10% of all patients are now waiting for 12 hours or more at A&E.
- The 62-day target for referral to first treatment for cancer has not been met since 2015.
- As of June 2024, more than 1 million people were waiting for community services, including 500,000 people waiting over a year, 80% of whom were children and young people.
- As of April 2024, about 1 million people were waiting for mental health services.
- Autism and ADHD are areas of particular concern, with long waits for assessment and treatment despite increased activity. For instance, since 2019 the number of adults and children waiting at least 13 weeks for an autism assessment has increased by 65% and 77% a year respectively.

Quality of care in the NHS

There is a mixed picture on quality of care. For the most part, people receive high quality care from the NHS. There have been improvements in patient safety in recent years, with more error-free care in hospitals and a reduction in the number of suicides in inpatient mental health facilities. New

innovations, like virtual wards, are also contributing to reductions in attendances and admissions to hospital, as well as reduced length of stay in hospital.

However, clinical negligence claims are at record levels, and significant areas of concern remain. For instance:

- **Maternal deaths** have been increasing since the Covid-19 pandemic. Complexity in care needs has been increasing, but numbers of midwives has fallen, and the recommendations from a series of inquiries have not been universally adopted.
- **Children and young people's** physical and mental health has been deteriorating over recent years, and there are challenges in young people being able to access acute, mental health and community services.
- Mortality rates for people with **serious mental illnesses** has been increasing, and there is a lack of suitable accommodation for inpatients.
- There is scope to reduce **avoidable deaths** from cancer, cardiovascular disease and suicide.

Health protection, promotion and inequalities

Health protection

Infectious diseases, including Covid-19, remain a major challenge for all health systems. Despite important progress in the UK, there is further to go to tackle the threat of anti-microbial resistance.

Health promotion

More needs to be done to tackle obesity and regulate the food industry. Childhood obesity rates for 10-11 year olds have risen, and the prevalence of diabetes across the whole population has increased from 5.1% in 2008 to 7.5% in 2022. Cuts to the public health grant have contributed to this and have been deeper in more deprived areas. A focus on public health is key to reducing premature mortality and time spent in ill-health, as well as on reducing pressures on the NHS and strengthening the economy.

Health inequalities

People living in poverty are getting sicker and accessing services later. People who live in the most deprived areas of England are twice as likely to wait more than a year for non-urgent treatment. This leads to more acute illness and poorer outcomes. There are also concerning disparities in access to care and outcomes for homeless people, those with learning disabilities and carers.

Where and how the money is spent

During the pandemic productivity in the NHS declined far more significantly than the economy as a whole or the wider public sector. It remains below 2019 levels.

Underinvestment in care delivered in the community is contributing to high demand on hospitals. Although successive governments have promised to shift care away from hospitals and into the community, expenditure and staffing numbers have grown faster in the acute sector than elsewhere, while the number of health visitors fell by 20% between 2019 and 2023. This is reinforced by performance standards focused on hospitals, not primary, community or mental health services. Likewise, single-year budgets reinforce the status quo.

Although ICBs have duties around improving population health, roles and responsibilities remain unclear, hindering progress on population health management.

Health and prosperity

At the start of 2024, 2.8 million people were economically inactive due to long-term sickness, and more than half of the current waiting list for inpatient treatment are working age adults. Being in work is good for wellbeing, having more people in work grows the economy, and creates more tax receipts to fund public services. Improving access to care is a crucial contribution the NHS can make to national prosperity.

Key findings: drivers of performance

Funding, investment and technology

Spending growth sat at around '1% per year in real terms' during the 2010s, much lower than the long-term average of 3.4%. In 2018 the government committed to increasing spending by 3.4% annually for five years. However, actual increases fell at just under 3% for 2019-2024, and this did not include capital spending, medical training, nor any increase in public health expenditure.

In terms of per capita spending, the UK spends about \$5,600 per person on health, similar to the EU15 average but below countries where English is predominantly spoken and the Nordic countries.

Capital investment peaked in 2009, declining sharply after this date. This led to deteriorating infrastructure, outdated technology, and a significant maintenance backlog. During the 2010s, a substantial capital gap opened between the UK and other countries. A shortfall of £37 billion in capital investment has further exacerbated these issues.

The report outlines key figures demonstrating the strain on capital investment, including:

- The backlog maintenance bill now stands at more than £11.6 billion.
- £4.3 billion was taken from capital budgets between 2014-15 and 2018-19 to cover in-year revenue deficits.
- 20% of the primary care estate predates the founding of the health service in 1948.

The impact of the Covid-19 pandemic

The NHS entered the Covid-19 pandemic after a decade of austerity and underinvestment, which left it with fewer resources and lower resilience compared to other high-income health systems. The pandemic strained health systems globally, but the NHS was particularly impacted, with higher excess mortality rates and significant drops in routine care. Overall, hospital discharges in the UK decreased by 18% between 2019 and 2020, the largest drop among comparable countries.

Key points include:

- **Low resources and squeezed capacity:** The NHS had higher bed occupancy rates and fewer doctors, nurses, and beds than comparable health systems.
- **Severe impact on routine care:** The NHS delayed or cancelled more routine care than other systems, with significant drops in procedures like hip and knee replacements. For example, hip replacements in the UK fell by 46% compared to an OECD average of 13%.
- **Increased mortality:** The UK had higher excess mortality rates compared to other countries. The health of the population had also deteriorated in the years leading up to the pandemic – making it less resilient to infectious disease since it was less healthy going into the pandemic.
- **Reduced healthcare access:** Reductions in interactions with primary care due to lockdowns meant fewer physical and mental health problems could be identified, hindering early detection and management of health conditions.
- **Mental health:** The pandemic significantly increased the need for mental health services.

The NHS's current state is heavily influenced by these factors, with ongoing challenges in recovering from the pandemic's impact.

Patient voice and staff engagement

The voices of patients and the public are not sufficiently heard

Patient satisfaction with the NHS has declined, complaints have increased, and patients feel less empowered to make choices about their care. There is potential for greater patient involvement in designing services.

A recurring issue in care failings is that patients' concerns are not being heard or addressed. Consequently, the NHS is paying nearly £3 billion in compensation for care failures, which is about 1.7% of its total budget.

Disabled people, those with long-term conditions, and women are disproportionately affected by poor communication. Making data more publicly available and involving local communities in decision-making could also help the NHS become more responsive and accountable.

Many staff experience feelings of powerlessness and detachment

Many NHS staff describe feeling disempowered and overwhelmed. Around 60% would recommend their organisation as a place to work, and 65% as a place to receive care.

Staff feel that NHS organisations lack a sense of common purpose. Chronic underinvestment in processes and infrastructure leads to challenges, adding to staff frustration.

There has been a reduction in discretionary effort, with fewer staff working beyond their contracted hours. Sickness absence rates have also increased since the pandemic. The most common reason cited for sickness absence was anxiety, stress or depression or other psychiatric illnesses.

Psychological impact of the pandemic and its aftermath

The pandemic has deeply affected the psychological wellbeing of NHS staff. NHS Practitioner Health, which treats health and social care professionals with mental health and addiction issues, saw a surge in registrations during the pandemic. The pandemic continues to affect the NHS, having a major impact on industrial relations including strikes. Staff felt undervalued despite being praised during the pandemic, especially regarding pay settlements.

Cultural challenges in the NHS and leadership

Cultural challenges within the NHS, such as concealing problems and retaliating against whistleblowers, persist. Effective leadership is essential in tackling these issues, and will require further investment in NHS leaders. The 2022 report by General Sir Gordon Messenger and Dame Linda Pollard highlighted issues around the training and development of leadership and management and recommended improvements, which NHS England has started to implement.

NHS structures and systems, including the role of ICBs

The Health and Social Care Act of 2012 had a 'disastrous' impact on NHS management, leaving long-lasting effects.

The 2022 Act introduced integrated care systems, creating a more coherent management structure with headquarters, seven regions, and 42 ICBs. However, there are still different understandings of roles and responsibilities between ICBs, including how far they are responsible for the performance management of providers. More consistency and standardisation in the organisation and functions of ICBs is needed. There is also a need to revitalise the framework of national standards, financial incentives and earned autonomy to reflect the shift from competition to collaboration.

Frequent reorganisations within the NHS are expensive and disruptive, hindering efforts to enhance care quality and efficiency, as is the growth in the number of organisations that exert some degree of regulatory or policy influence on providers. Senior leaders spend considerable time on internal management instead of focusing on local NHS issues.

The performance of the NHS is shaped by its internal systems, processes, resources, and structures. Key themes include:

- **Planning blight:**
 - The Health and Social Care Act 2012 divided functions between a number of organisations, leading to delays and complications in planning.
- **Data and performance management:**
 - The NHS has focused data collection on acute hospitals, with limited data on mental health and community services. This lack of data limits understanding and management of these sectors.
 - The Hewitt Review recommended a focus on fewer key priorities to improve accountability and performance.
 - The performance management framework needs to change, at pace, to clarify the role of the ICB with regards to provider trusts.
- **Incentives for performance:**
 - There is a tension between protecting funding for specific services and devolving decision-making. NHS England plans to devolve specialised commissioning budgets to ICBs.
 - There has also been a shift in payments away from activity-based mechanisms, although they remain in place for elective care. This can impact on clinical productivity.
 - Trusts are no longer able to advance to foundation trust status, driving frustration among organisations that funding is available to invest, which they do not have the freedom to spend.
- **Regulation and quality of care:**
 - The interim findings of the review of the Care Quality Commission (CQC) by Penny Dash has found significant internal failings and a deterioration in the ability of the CQC to support quality improvement.
 - The CQC has also been criticised for emphasising inputs over outcomes, contributing to an increase in the numbers of hospital clinicians.

- **Competition and quasi-markets:**

- The 2022 Act removed the competitive tendering requirement, but the result is an incoherent service delivery pattern. Despite moving away from market-based approaches, the NHS has not fully adopted the planned alternative.

NHS Providers view

Lord Darzi's investigation explores the significant challenges facing the NHS, the reasons for this, and the impact this is having on patients and service users. We welcome the investigation's timely and perceptive diagnosis of the problems facing the NHS, and its assessment that, although in a critical position, it is fundamentally not broken.

The report lays bare the breadth of issues facing the NHS today and the areas where improvements are needed for patients and for staff. From population health, to waiting times, quality of care, the patient voice, to investment and technology, it is clear that the sector will need to work closely in partnership with the new government to find solutions.

Lord Darzi is right that structural reform is not the answer to the problems facing the NHS. There is great potential within existing structures, but the investigation is also right in highlighting the need for clarity regarding the role of ICBs. We welcome Lord Darzi's call for the responsibilities of ICBs to be clarified 'at pace'. This resonates with many of the challenges trust leaders identify around system working.

We believe that for system working to deliver on its four core aims to improve population health and healthcare, tackle inequalities, enhance productivity and value for money, and support broader social and economic development, there needs to be an equal partnership between ICBs and trusts. There must also be a shared long-term focus on population health and inequalities. For this to work, ICBs should not be asked to performance manage trusts and should not be given a quasi-regulatory role which does not have statutory underpinning.

Related to this, Lord Darzi's review also gives an accurate assessment of the challenging regulatory environment facing trusts, and the issues described around the CQC's role echo concerns raised by trust leaders. Independent regulation and oversight are vital mechanisms to ensure transparency and accountability, but as the investigation suggests, there is an opportunity to both streamline and improve this (as being explored by Dr Penny Dash's review).

We welcome the investigation's emphasis on the importance of the NHS workforce in addressing the pressures Lord Darzi outlines. The investigation rightly highlights the essential role of NHS managers, and the need for greater investment to develop 'more and better leaders', rather than reduce numbers.

Likewise, we welcome the investigation's focus on the need for capital spending, to not only improve estates for the benefit of staff and patients, but also to boost productivity and improve capacity. Again, this reflects what trust leaders have been **telling us** about the central role of capital funding in creating a sustainable NHS for the future.

The investigation also makes important and powerful points on the need to shift care into the community, and the need for financial flows to follow these ambitions to ensure they become a reality.

It is helpful to see Lord Darzi highlight the challenges facing children and young people in accessing NHS services, and in the resilience of the child health workforce. As outlined in our recent **Forgotten Generation** report, the health and wellbeing of children and young people must be a cross-government priority.

Finally, we agree that many of the solutions to the problems identified can be found in parts of the NHS today. NHS Providers will continue to work with key national stakeholders, including DHSC, to share examples of good practice that can support the development of the reform agenda described by Lord Darzi.

NHS Providers press statement

Darzi diagnosis shows 'next generation' NHS needs capital injection

A government-commissioned assessment of the NHS in England by Lord Darzi says a desperate shortage of capital affects performance and productivity - and means the NHS isn't contributing to the nation's prosperity in the way it could be.

Sir Julian Hartley, chief executive, NHS Providers, said:

"Times are tough for NHS trusts tackling unprecedented financial and operational challenges.

"Long waiting times for patients, particularly in community and mental health services, are a symptom of years of underinvestment, stop-start funding in the NHS and major workforce challenges.

"Lord Darzi's report acknowledges what trust leaders have long called for - if we want to improve patient care and boost productivity, we need significantly more capital investment in the NHS alongside wider reforms including a shift to providing more care closer to home.

"Old, crumbling buildings, facilities, and equipment well past their sell-by date hamper care for patients. Much of the NHS estate is in a bad way. We need modern, safe places where staff can give patients first-class care in hospitals, mental health, community and ambulance services, and tackle the £11bn-plus bill for essential repairs waiting to be done. We can't afford to let this problem get worse.

"Trust leaders and their teams, working flat out to cut waiting lists and see patients as quickly as possible, need long-term investment to ease pressure, meet demand and step up productivity - all of which can help to raise the quality of care for patients.

"A healthy NHS is vital for the nation's health and wellbeing.

"With the government's 10-year plan for the NHS on the horizon, it's right that we shift our focus now to creating a truly 'next generation' health service. Focusing on the creation of a 'digital' NHS, prevention and public health and ensuring patients are cared for in the right setting are steps in the right direction. These must go hand in hand with sustainable funding and investment, an end to chronic workforce shortages and more support to meet growing demand.

"Trust leaders are ready and willing to do what they can to get the NHS back on track, ready to work with the government to get to grips with the challenges facing the NHS and social care for the benefit of patients and staff."

Busier than ever NHS 'down but not out'

Responding to a speech by the Prime Minister in response to the publication of Lord Darzi's review of the NHS and the monthly performance statistics by NHS England, the chief executive of NHS Providers, Sir Julian Hartley said:

"The NHS is down but not out.

"The sheer scale of the challenge facing trust leaders and their teams as they strive to get the health service back on track is plain for all to see.

"The NHS has had its busiest ever summer and is fast heading into what is expected to be another challenging winter with record levels of demand on A&E departments, patients still waiting far too long for care and persistent pressure on community, mental health and ambulance services.

"Due to hard work by frontline NHS staff, we are seeing much-needed progress with faster ambulance response times, fewer long waits for treatment and record numbers of patients receiving diagnostic tests, cancer referrals and treatments.

"But as the Prime Minister said today, we can't go on like this. To build an NHS fit for the future, the NHS needs to work differently and go further and faster to improve care for patients.

"With the 10-year plan for the NHS on the horizon, trust leaders are ready and willing to work with the government to get to grips with the challenges facing the health and social care system.

"Lord Darzi's prescription for reforming the health service - by creating a digital NHS, focusing on prevention and public health, and ensuring patients are cared for closer to home - is a big step in the right direction. This must go hand in hand with sustainable funding and investment, an end to chronic workforce shortages and more capital investment to boost productivity and meet growing demand.



TRUST BOARD

DOCUMENT TITLE:	Freedom to speak up annual report
SPONSOR (EXECUTIVE DIRECTOR):	Simon Grainger-Lloyd, Director of Governance Gianjeet Hunjan, FTSU Non Executive Lead
AUTHOR:	Claudette Jones, Freedom to speak up Guardian
DATE OF MEETING:	2 October 2024

PURPOSE OF THE REPORT:

**TO PROVIDE
ASSURANCE**

X

**FOR INFORMATION
ONLY**

**TO CREATE
DISCUSSION**

**TO SEEK
APPROVAL**

EXECUTIVE SUMMARY:

Context

Embedding a speaking culture is led from the top, while the Speaking process begins with line managers as the gate keepers. The Freedom to Speak Up Guardian help workers to tackle barriers by providing additional route to supporting the speaking up culture.

The recent NHS Staff Survey showed that workers reported feeling more supported by managers. This is a positive improvement, as managers are often reported as a barrier to speaking up. The NHS 'People Promise' states that workers should have a voice that counts and work in an environment that welcomes and values speaking up as an opportunity to learn and improve.

The month of October presents an opportunity for leaders at all levels to listen with interest and compassion. By listening and understanding the issues, action will be taken and tangible changes can be made. This year, the FTSU Team will be working in partnership with the Wellbeing Officer and the Equality and Diversity Network to deliver listening sessions and awareness road shows across the Trust to ensure that we are taking the time to really listen to understand the hopes and fears that lie behind the words.

The FTSU Guardian has recruited a total of 10 FTSU Champions. They have received bespoke training and induction and will be visible across the organisation. The plan is to develop this team to support and strengthen the Speaking Up structure and culture.

Every year, the month of October is used as an opportunity to raise awareness and celebrate Speaking Up nationally. At the Royal Orthopaedic Hospital, this is taken seriously. It is always impactful across the organisation and well supported by the workers.

The NHS benchmarking Model Hospital System showed that ROH continues to remain in the highest quartile in comparison to its peers.

Inappropriate attitude and behaviour, remains the highest theme at the ROH, followed by staff safety and wellbeing and management issues. No concerns were raised anonymously or any reporting of detriment, but one worker has reported reluctance escalating the case and has withdrawn the concern raised due to fear of reprisal. In response to this a Disadvantageous and Demeaning Treatment Supporting document was rolled out during the Trust local FTSU Awareness Day in July to support workers and managers.

Cases continue to come from different staff groups; including medical, administrative, nursing, health care assistants and porters. The main reason workers seek support from the Guardian route is because they do not feel listened to when they raise concerns through the management route, or they do not feel empowered to seek support from the management route. In some instances, getting impartial support, or signposting, allowed workers to feel empowered to resolve their concerns at the managerial or HR route. Although these cases sometimes do not require further escalation from the Guardian route, it is a requirement by NGO that they are logged.

The National Guardian's Office is conducting a review, focused on enhancing the understanding and improvement of the Speak Up culture among overseas-trained workers in the NHS. These insights will help to develop actionable recommendations to foster a more inclusive and supportive environment for overseas-trained workers. In September, The FTSU Guardian, E&D network, Chief Nurse and other stakeholders teamed up to support overseas workers within the organisation to get involved with this initiative.

The FTSU Guardian continues to be visible across the Trust on a weekly basis, provides upward reports to the Health and Safety Group, as well as attending Health and Safety Group meetings for oversight. Recently, this upward reporting has been extended to the wider executive team to provide information and intelligence.

The Guardian attends monthly 1:1 meetings with the Director of Governance, Medical Director, Deputy Chief Nurse, and HR to share relevant information whilst maintaining confidentiality. In addition, the Guardian provides regular training to all new starters in the Trust, supports Managers Away Days, Junior Doctors induction, and provides a brief introduction during mandatory training, as there is no delegated slot for FTSU. As the Guardian is also the Chair of the Equality and Diversity Network, inclusion work is normally included during FTSU awareness promotions, which works very well. The FTSU Guardian also contributes to the Sexual Safety Group.

There are three Freedom to Speak Up training modules which are not currently mandated in the organisation and the number of staff completing the module is very low, although everyone is encouraged to undertake these training as high priority.

Purpose of the report

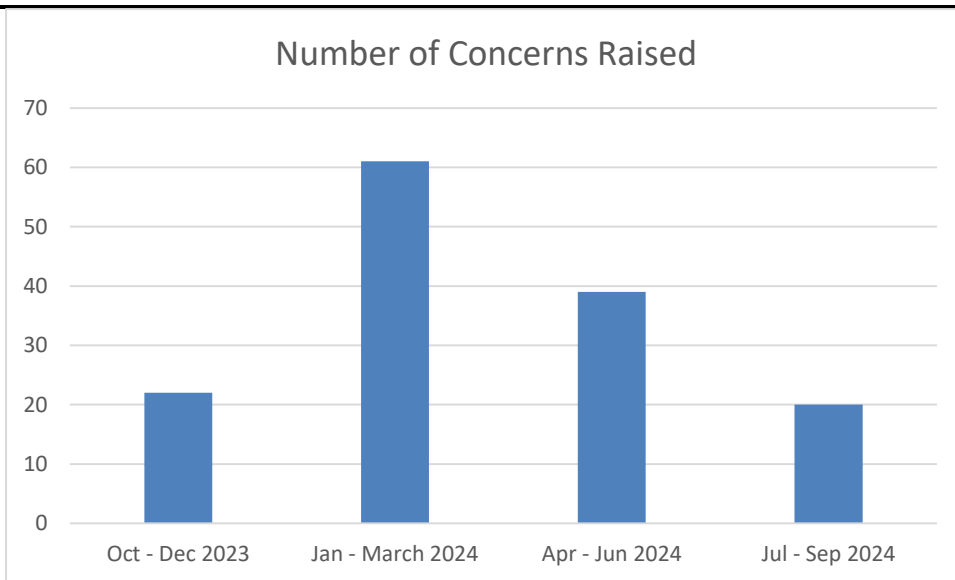
The purpose of this report is to provide an annual update to the Board of Directors on the Freedom to Speak Up activity. It will outline the following:

- Number of concerns reported.
- Summary of concerns raised and reported.
- Common themes
- Resolution of concerns
- Feedback from inhouse FTSU survey during Awareness Day in July.
- Learning, improvements and outcomes
- Bench marking data – Model Health System
- Moving forward

Number of concerns raised:

This Freedom to Speak Up report covers from October 2023 to September 2024. A total of 142 cases were raised. Quarter 4, dated 30/04/2024, reported 92 cases. This was an error. 92 was the number of themes from 61 cases. This is waiting to be rectified. The number of themes was given rather than the number of cases (more than one theme can be identified from a single concern).

The graph shows number of concerns from October 2023 to September 2024 to give an oversight. The concerns raised Jul – Sep 2024 will be reported in the next submission window – 7th Oct-11th Nov 2024.



Summary of Concerns Raised and Reported.

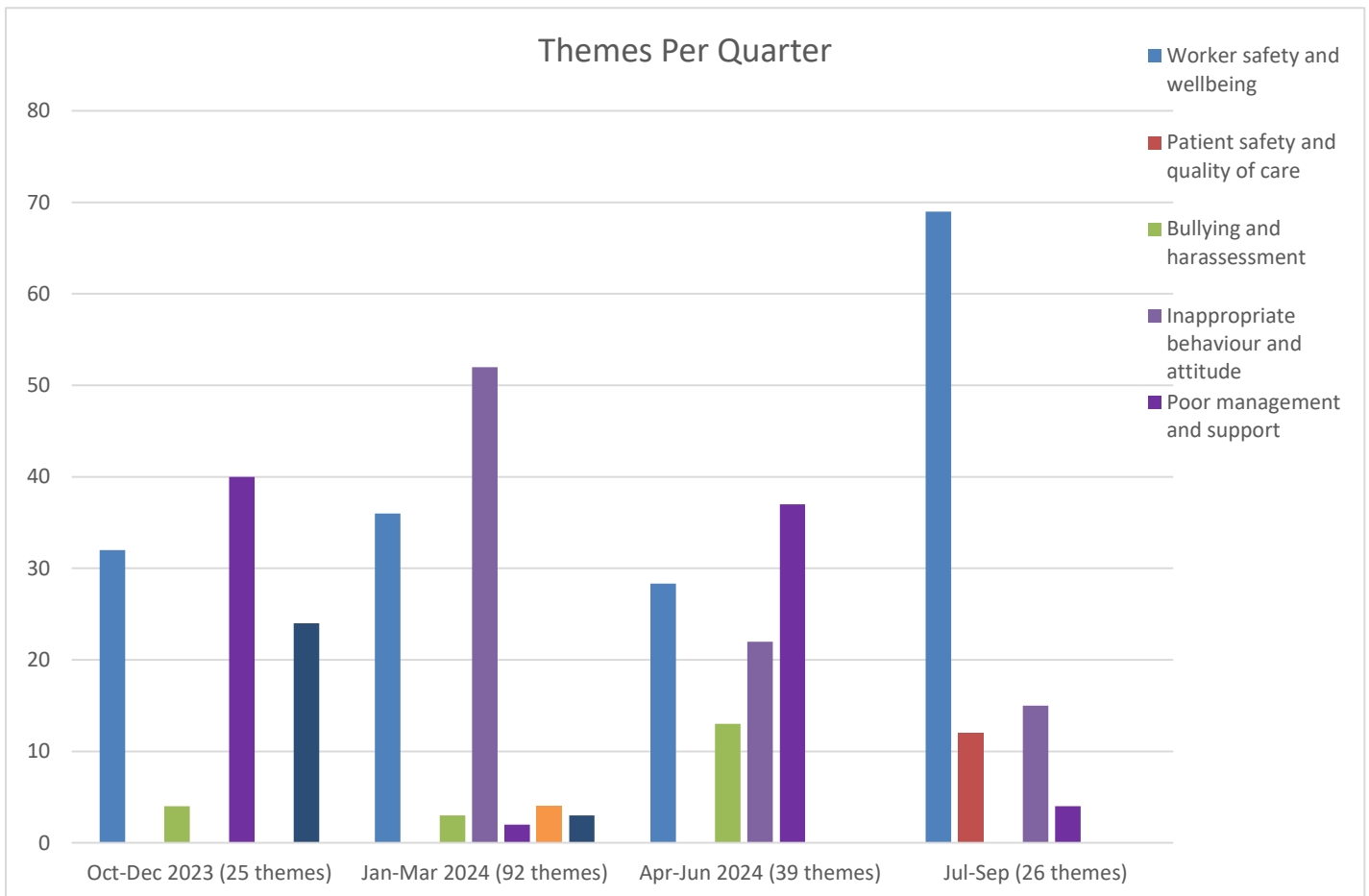
Concerns were received from various professional levels, different departments and cover staff diversity. The concerns raised included: worker safety and wellbeing, patient safety and quality of care (indirect concerns for patient safety and quality of care), inappropriate attitude and behaviour, bullying and harassment. Other themes that are not listed on the reporting system for the National Guardian Office, but picked up within the organisation are: management issues, staff retention, the perception of staff feeling overworked and other concerns including aspects such as toilet or IT issues.

Themes	Example
Worker safety and wellbeing	Perception of being underpaid for the work
	Perception of unequal banding compared to other organisations
	Inadequate support for new overseas workers
	Disagreement regarding the allocation of shifts for bank staff
Patient safety & quality of care	Staff wellbeing affecting this. No direct patient safety concerns
	Insufficient level of staffing impacting stress and pressure on staff
	Copying and pasting of patient clinical letters
Inappropriate behaviour and attitude	Poor civility and respect which also affected worker wellbeing and patient safety and quality of care
	Work not allocated evenly
	Lack of support and opportunity for professional development
	Poor relationship between management and team members
	Departmental cliques
Bullying and harassment	Perception of discrimination due to race
	Role removed for no apparent reason & given less responsibility
	Lack of respect in the way they are spoken to
	Exclusion
Management issues	Undermining behaviours
	Microaggression
	Perception of favouritism within teams
	Staff feel unequal support is provided from managers
	Poor communication
	Staff feel managers do not listen

Common Themes

The most common theme was worker safety and wellbeing, with inappropriate behaviours and attitudes being the second most common theme. Many of the themes overlap.

The groups of staff who have raised concerns were nurses, porters, health care assistants (HCA), administrative and clerical staff, consultants and allied health professionals. The highest group of reporters has been administrative and clerical staff, porters, nurses and HCA.



Nationality	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
White British	36%	67%	64%	64%
Any other white	9%	2%	0%	0%
BAME	27%	21%	26%	36%
Asian	27%	5%	6%	0%

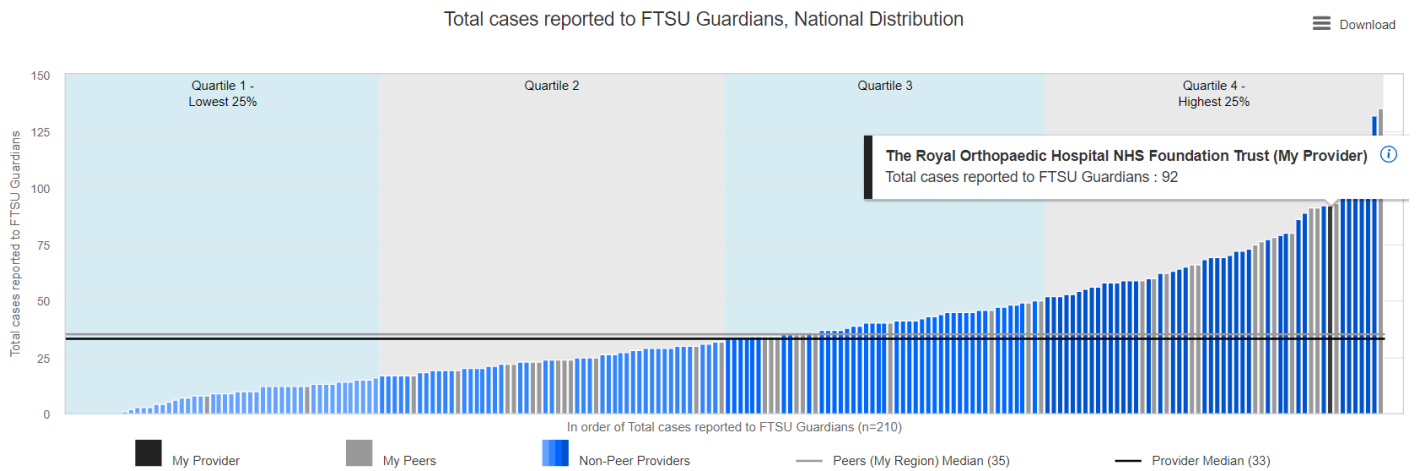
Resolution of Concerns

- There have been no concerns raised anonymously.

- Some staff have withdrawn their concerns, being worried about the outcome.
- Some workers raised concerns but did not wish further escalation. However, these staff were signposted for wellbeing support and advised to return to FTSU if needing additional support. Some concerns have since been escalated further and are currently going through the management HR/route.
- Some staff believed nothing would happen as a result of Speaking Up due to previous experience and because of how some concerns are managed by the Trust.
- All staff who have spoken up would be willing to speak up again.
- After speaking to the Guardian, some staff take the next step themselves to resolve their concerns.

Bench Marking Data

ROH remains in the high level of the top quantile compared to peers.



ROH has a higher score for raising concerns (according to national staff surveys) compared to other organisations within the NHS and peers.

Raising concerns	Data period	Provider value	Peer average	National value
⌵ Raising concerns sub-score	2023	■ 6.76	6.49	6.50

Feedback from inhouse FTSU survey during Awareness Day July 2024.

This was the first-time questions such as these below had been put to staff generally. The plan is to use the same survey during FTSU month (October 2024) as a way of assessing the effectiveness of the work of the FTSU Team within the Trust. Below are the results of the survey:

Freedom to Speak Up Awareness Day

42 Responses 02:24 Average time to complete Closed Status

1. Before today, did you know who the Freedom To Speak Up Guardian is for ROH?

● Yes 26
● No 16



2. Before today, had you heard about Freedom To Speak Up?

● Yes 38
● No 4



3. Before today, were you aware of the ROH FTSU Champions?

● Yes 22
● No 20



4. Do you know how to raise a concern if you had one?

● Yes 35
● No 7



5. Do you feel your manager will listen to you, support you and treat you with respect if you were to speak up?

● Yes 38
● No 4



7. After today, Would you feel comfortable to raise a concern if you had one?

● Yes 41
● No 1



Survey result text answers

If you answered "No" to the previous question, please tell us what the Trust could do to support your manager, role modelling FTSU expected behaviours.

2 responses

ID	Name	Responses
1	anonymous	Need to familiarise myself with procedures
2	anonymous	Speak to managers do not care, don't deal with issues, incident are closed and there is no feed back. I don't feel valued or listened too.

Learning, Improvements and Outcomes

- FTSU data has regularly been shared with the Health & Safety Group and is included in the monthly Quality & Patient Safety report. It is now also shared with the Leadership Team for insight to provide the Trust with regular updates on the number of cases and common themes.
- FTSU updates are shared in the Team Brief.

- The Disadvantageous and Demeaning Treatment document (previously called Detriment) has been rolled out during the Trust inhouse awareness day 2/7/2024. It provides guidance and support for managers and staff to help raise awareness and to strengthen the speaking up culture.
- FTSU Guardian has regular meetings with the Medical Director, Deputy Chief Nurse, 1-1 with Director of Governance (FTSU line manager).
- The FTSU Guardian, has regular meetings with the FTSU Champions (This meeting is sometimes attended by the Guardian, Executive and Non-Executive leaders of FTSU).
- The FTSU Guardian meets with HR to review gaps in case resolution and to improve learning and development.
- HR has developed a Managing Conflict Training programme to support managers with FTSU Guardian oversight.
- Three FTSU Modules are available on ESR entitled: Speak up; to be completed by everyone; Listen up; provides support for line managers, and Follow-up provides support for managers and executive leaders. Currently there is low uptake of this as it is not mandatory. Between May 2023 – March 2024, approximately 10 members of staff had completed it, however further work is planned in the next few months to raise awareness of this and encourage better uptake.
- Teaching sessions are provided by the Guardian for new starters to understand the FTSU support within the Trust.
- A brief introduction slot is currently provided about the Guardian during the 100 day induction programme for all new staff.
- Listening sessions are provided during FTSU Awareness Month and on the Trust FTSU Awareness Day. During these periods listening sessions are facilitated by the FTSU team.
- The Guardian signposts to services such as trade union and wellbeing team.
- The FTSU Guardian maintains regular visibility across the Trust.
- The FTSU Guardian has supported the Sexual Charter launched by NHS England to help enforce a zero-tolerance approach to any unwanted, inappropriate attitude and behaviour.
- Overseas trained workers - The FTSU Guardian and Chief Nurse have provided letters to several of our overseas workers within the Trust. This is part of the review from the National Guardian's Office focused on enhancing the understanding and improvement of the Speak Up culture among overseas-trained workers in the NHS. These insights will help to develop actionable recommendations to foster a more inclusive and supportive environment for overseas-trained workers.
- Newsletters provide updates on FTSU activities across the Trust.
- Thank You cards are given to those who Speak Up.
- Certificates are available for those who complete ESR FTSU training modules.
- Badges and lanyards are used to clearly identify the FTSU team.

Next steps

- Uptake of the Three FTSU Modules on ESR needs to be improved as this will improve awareness and impact the FTSU culture within the organisation. Speak up; to be completed by everyone; Listen up; provides support for line managers, and Follow-up provides support for managers and executive leaders.
- The Trust is in the process of completing the FTSU Reflection and Planning tool to help the Trust Board and senior leaders identify strength and weaknesses within the organisation and at each leadership team level. This will help identify any gaps that need working on and set plans, objectives, and learning initiatives. It will also reflect any demonstratable improvements.
- The FTSU team will continue to raise awareness of the Disadvantageous and Demeaning Treatment supporting document, particularly during October FTSU Awareness Month.

- Aim for the FTSU Guardian to have a permanent placing within the mandatory training for all staff.
- Assess whether additional hours for FTSU Guardian are in place to have enough time to effectively perform the role.
- Development of the FTSU Champion roles with setting specific responsibilities.
- Plan and develop the use of the FTSU Room located in the nurses home, as an area for resources and support.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> • Roll out of Detriment and Demeaning Treatment supportive document. • Total of 10 FTSU Champion recruited and received bespoke training. • Dedicated Space for FTSU • Supportive letters sent to Overseas Workers to participate in developing the FTSU culture and develop accountability recommendations in the NHS. 	<ul style="list-style-type: none"> • Completion of Improvement Tool. • Outcome of Audit Report • FTSU Module, speak up, listening up, follow up not mandated and very low uptake.

REPORT RECOMMENDATION:

The BOARD is asked to receive and accept the update for 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	X
Clinical	X	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		Services	X
People	X	Collaboration	

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

Adherence to the national Freedom to Speak Up framework

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

Create and maintain a freedom to speak up culture where workers are supported to speak up about issues preventing high standard or care and safe environment.

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

Model Hospital – included within the report

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

May 2024.



TRUST BOARD

DOCUMENT TITLE:	Service Accreditation-Outstanding Care Every Time Programme
SPONSOR (EXECUTIVE DIRECTOR):	Nikki Brockie, Executive Chief Nurse
AUTHOR:	Emma Steele, Deputy Chief Nurse
DATE OF MEETING:	2 October 2024

PURPOSE OF THE REPORT:

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

Service Accreditation schemes are used to improve standards and quality of care on wards and in departments. The focus is on engaging staff and empowering leaders to improve patient care by recognising, sharing, and adhering to best practice. The Service Accreditation that we are developing at The Royal Orthopaedic Hospital will be used as a tool to encourage ownership of continuous quality improvement.

Developing a Service Accreditation programme at The Royal Orthopaedic Hospital is part of the Chief Nurse Nursing plan and Corporate Nursing Business plan for 24/25 with an aim to provide 'Outstanding Care Every time'. First phase of this program has been launched and pilot study completed in two areas.

ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> • Successful steering group engagement and collaboration • Adherence to Project plan and timeline • Design of accreditation assessment tool for inpatient areas • Accreditation assessment tool for inpatient areas published on AMaT • Successful training for accreditation assessors • Patient group and staff group consultation • Accreditation awareness event • Piloted 2 areas (Ward 3 & ADCU) 	

REPORT RECOMMENDATION:

The Board is asked to: Receive and consider

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

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

Comments:

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

Care	*	Community	
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Expertise	*	Services	
People	*	Collaboration	
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
N/A			
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:			
N/A			
BENCHMARKING SOURCE <i>(Indicate data sources included in report IF APPLICABLE):</i>			
N/A			
PREVIOUS CONSIDERATION <i>(Indicate board/committee/group & date):</i>			
Regular updates at Nursing Council. Updated Trust Board in March 2024 Quality & Safety Committee September 2024			



Service Accreditation Programme Update

(Outstanding Care Every Time)

SRO- Emma Steele

Service Accreditation

- Service accreditation system is a quality assurance programme that follows a structured approach using a uniformed set of standards to measure quality of care delivered across clinical/ service units or areas. It is a key driver to improving patient care and celebrating good practice.
- Accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level (NHS England, 2019).

Scope of the Accreditation Project

The Service Accreditation would cover the following areas in the phases:

Phase 1

- Wards 1,2,3,4,12
- ADCU

Phase 2

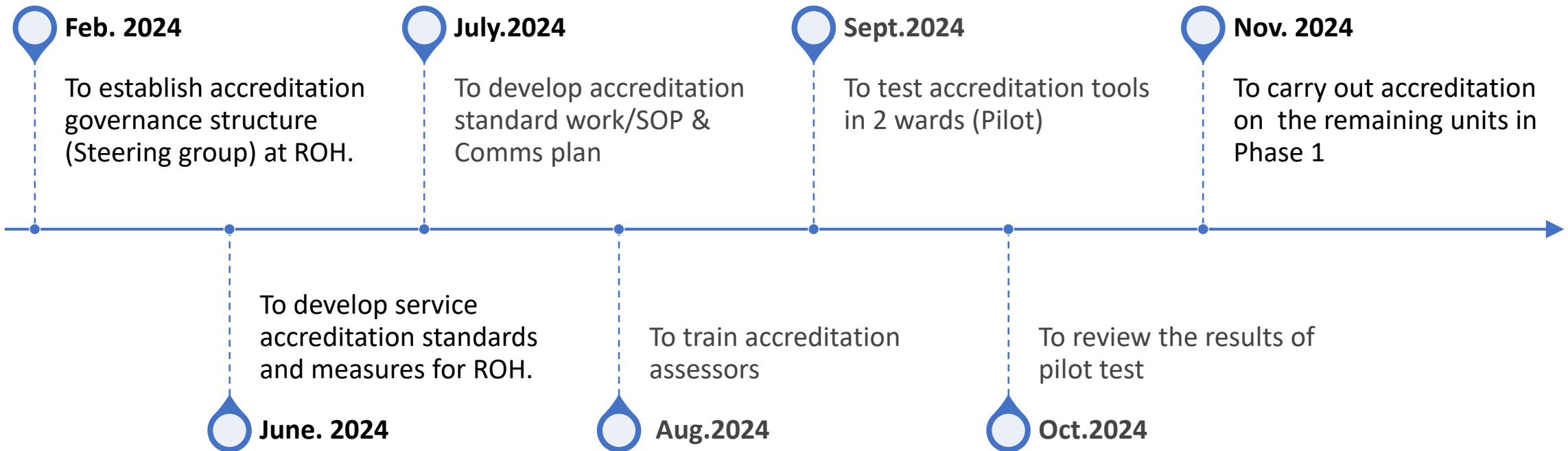
- Main Outpatients and Phlebotomy,
- CYP Outpatients and Topography
- POAC
- Discharge Lounge
- College Green

Phase 3

- Theatres
- Recovery
- ROCS
- Critical care services



Road Map- Phase 1





Phase 1 Standards

Management & Leadership of clinical area	Documentation	Safeguarding	Nutrition & Hydration	Falls Prevention
Culture of safety	Deteriorating patient	Medicine management	Pressure ulcer prevention	IPC
Pain Management	Discharge planning	The Patient experience	Future Workforce	Culture of continuous improvement

What the standards look like on AMaT

Standard 6: Culture of Safety

1 Manage

All patients wear a clear, clean, and accurately printed identity band

Yes No N/A

Source of Evidence:
Observation

2 Manage

Staff can give examples of when they would check positive patient identification

Yes No N/A

Source of Evidence:
Ask staff

3 Manage

Staff can describe the process they would follow if they discovered patient identification details were incorrect

Yes No N/A

Source of Evidence:
Ask staff

Standard 1: Management and Leadership of the Clinical Area

1 Manage

Ward/ Department managers and Matron are visible and approachable

Yes No N/A

Source of evidence:
Observation
Ask staff

2 Manage

Ward/Department manager have regular 1:1 with the matron or line manager

Yes No N/A

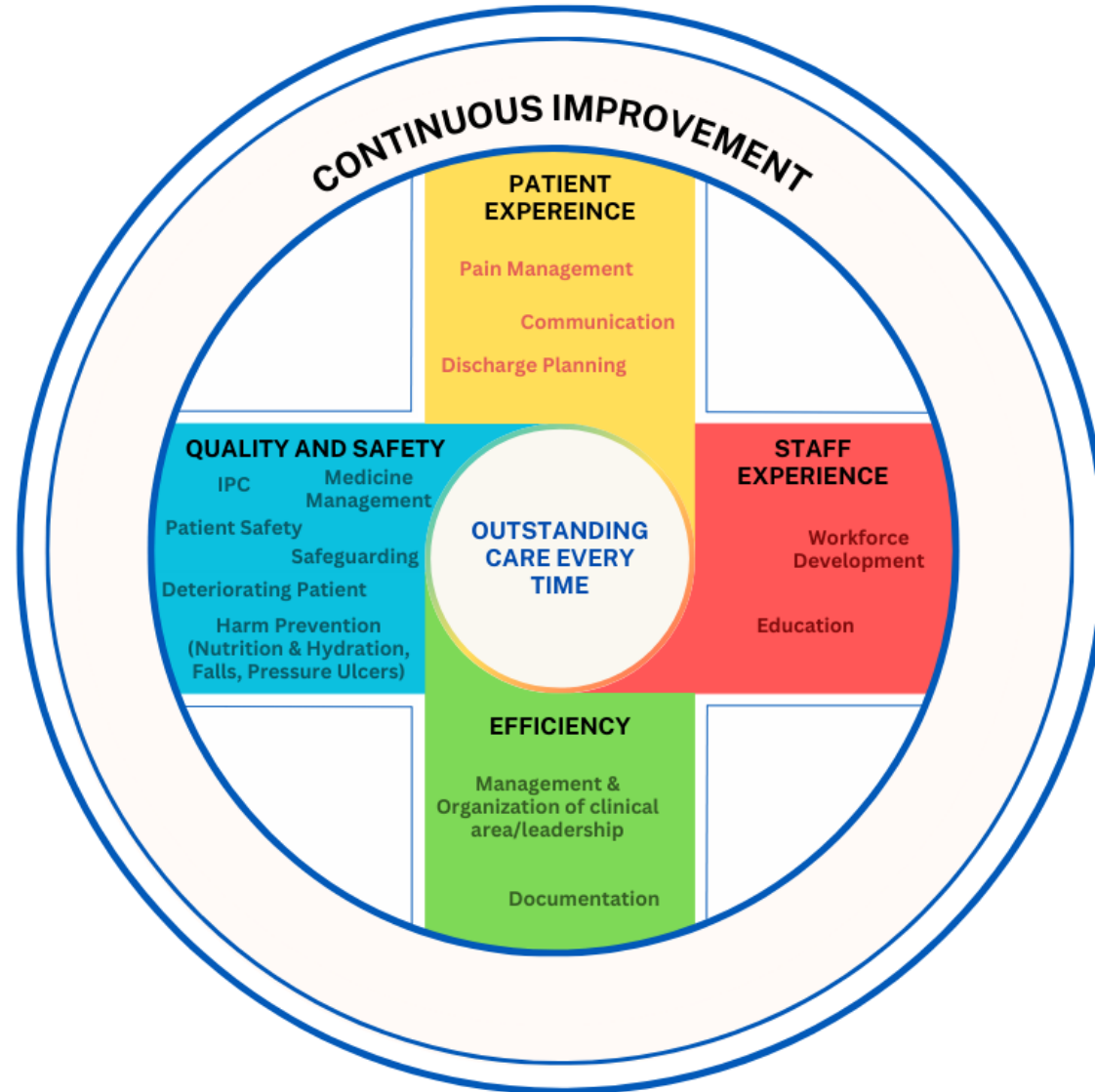
Source of evidence:
Ask Manager
Meeting notes

3 Manage

Safety walk-arounds are regularly conducted by the Matron together with Ward Manager/
Nurse in Charge

Yes No N/A

Source of evidence:
Ask manager
Ask staff





Weight of each accreditation standard

EFFICIENCY		29(11.5%)
1	Management and Leadership of the Clinical Area	21
2	Documentation/ Record Keeping	8
QUALITY AND SAFETY		151(59.7%)
3	Safeguarding	17
4	Nutrition and Hydration	22
5	Falls Prevention	10
6	Culture of Safety	20
7	Deteriorating Patient	18
8	Medicine Management	34
9	Pressure Ulcer Prevention	12
10	Infection Prevention and Control	18
PATIENT EXPERIENCE		43(17.0%)
11	Pain Management	13
12	Discharge Planning	7
13	The Patient Experience	23
STAFF EXPERIENCE		30 (11.9%)
14	Future Workforce	20
15	Culture of Continuous improvement	10
Total		253 Elements



Assessment Scoring Criteria

Standard Status	Scoring
Met standard	80% or more met elements (rounded)
Unmet standard	Less than 80% met elements (rounded)



Accreditation Award system

Award system	Reassessment Frequency	Description
Platinum	15 months	2 consecutive Gold awards
Gold	Annually	Met all 15 standards
Silver	Annually	Met 13-14 standards
Bronze	6 months	Met 12 standards
No Accreditation	3 months	Met 11 standards and below

Service Accreditation Pilot

September 2024 – Ward 3 and ADCU

Assessors:

Emma Steele (Deputy Chief Nurse)

Chidiebere Ukaegbu (Quality Improvement Nurse)

Rebecca Hipwood (Patient Safety Lead)

Jennifer Bryan (Workforce and Education Lead)

Jackie Dobson (Project Nurse)

Alexandra Cox (Digital Health Nurse)

Heather Hurst (Governance and Assurance Manager)

Phil Bell (Resuscitation Lead)

Tracey Kerby (PA)

Achievements so far

- Accreditation Project- Outstanding Care Every Time
- Successful steering group engagement and collaboration
- Project plan and timeline adhered to
- Design of accreditation assessment tool for inpatient areas
- Published accreditation assessment tool for inpatient areas on AMaT
- Training for accreditation assessors
- Patient group and staff group consultation
- Accreditation awareness event
- Piloted 2 areas (Ward 3 & ADCU)

Next Steps

- Review Pilot feedback
- Present accreditation award to the 2 pilot areas
- Make necessary changes on accreditation tool and process if needed
- Write accreditation standard work/SOP
- Publish SOP on intranet and final standards version on AMaT
- Complete phase 1 Service accreditation
- Start design of Phase 2 standards and stakeholder engagement



TRUST BOARD

DOCUMENT TITLE:	Top Risks update
SPONSOR (EXECUTIVE DIRECTOR):	Simon Grainger-Lloyd, Acting Chief Executive & Executive Director of Governance
AUTHOR:	Simon Grainger-Lloyd, Acting Chief Executive & Executive Director of Governance
DATE OF MEETING:	2 October 2024

EXECUTIVE SUMMARY:

Following discussions at the last meeting of the Trust Board around the top risks to the organisation, there was agreement that further consideration of the key risks was needed at Committee-level.

Since then, two Board committees have sat: Finance & Performance and Quality & Safety. Both Committees received in papers, and excerpt of the Corporate Risk Register and Board Assurance Framework (BAF) which included risks pertinent to the remit of the Committee.

Although discussions at the Finance & Performance Committee centred on some of the organisation’s central risks around financial sustainability and operational performance, the extract of the Corporate Risk Register & BAF was not discussed in detail. It was agreed to allow sufficient space for the discussion of this, and other imperatives, the time slot for the meetings would be extended to two hours. Additionally, the risk discussion would be moved to the forefront of the agenda to provide context to the discussions that follow.

The discussion around the risk register & BAF extract was extensive at the Quality & Safety Committee meeting and there was good challenge around some of the revised risk scores, particularly around the risk concerning histopathology services. The Committee was satisfied that the risks proposed to be those most significant from a clinical point of view were the most appropriate, although acknowledged that the position was dynamic and could change according to the performance against the clinical metrics.

The Staff Experience & OD Committee will meet at the end of October and again, discussion of risk features high up the agenda, with the Committee being given an opportunity to consider whether the list of risks presented are appropriate and whether scoring and mitigations are adequate.

The Audit Committee will meet in November and it is proposed that the process for risk management & review be considered again at this meeting, alongside the progress against the recommendations from the 2023/2024 internal audit into the BAF and risk management.

It is proposed that for all Committees, the meeting effectiveness item at the end of each agenda be widened to include consideration of whether any additional risks needed to be added to the risk register based on the discussions at the meeting.

It is proposed for the December meeting of the Trust Board that, given all Committee would then have met, that the discussion around the top organisation risks be reconsidered, informed by the views of the Board committees.

REPORT RECOMMENDATION:

The Board is asked to note the contents of this report and support the plans for further review of risks.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		

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

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

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

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

Risk management and BAF processes.

PREVIOUS CONSIDERATION:

September 2024



UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 24 September 2024

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Concern was expressed that progress in improving productivity is below expectations. The agreed set of metrics will help provide the assurance that progress is being made. • Bank expenditure remains higher than in previous months and is one of the biggest opportunities to help achieve the delivery of the breakeven plan. • It was highlighted that the Trust has a great deal of work to do to deliver a breakeven plan by the end of the financial year and this will be the basis of an urgently required Financial Recovery Plan. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • A simplified revised set of high-level productivity measures to be presented to the next F&P Committee, informed by discussions involving Non-Executive Directors prior to the meeting. • A Financial Recovery Plan to be presented to October Trust Board detailing what is required to be in place to deliver a breakeven plan. • The final spinal review will be presented at a future F&P Committee.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee held a focussed discussion on the high-level productivity metrics that could be reviewed going forward. • Productivity packs are being produced and shared with Consultants to generate conversations. • The Committee was presented with an update on the deep dive that has taken place in Spinal Services which showed an opportunity, based on a review of a number of individual pathways, to improve the efficiency of the process and yield cost saving benefits. • Agency spend in month was at 2.9%, which is the first time we have met the cap target of 3.2%. Reduction in usage has been seen across the Trust. • LLP spends in anaesthetics continues to deliver to budgeted levels, however LLP usage in general is above plan. • There is a minimal number of patients now at 65 week waits and we are close to delivering the target required by the end of September of no 65 week patients. • Outpatient activity is up by 130%; this is following a focus on productivity gain, and a demonstration of how the same resource 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Ambulatory Care Unit business case was presented to the Committee, and it was agreed it could be presented to Trust Board for approval. • The Finance and Performance Committee would be extended to two hours going forward.



has been used but ensuring clinics are full, therefore utilisation is higher.

- The Trust is currently ranked fourth nationally in the use of 'Patient Initiated Follow Up' (PiFU) and has been commended at a recent review.
- Following funding from NHS England, accelerator software has been put onto the scanners which speeds up the formation of the scans; this will support seeing more patients for MRIs and reduce our waiting lists to four weeks.
- The Trust has successfully recruited an Arthroscopy Consultant, which will support the reduction of LLP usage in Theatres.
- The Committee was presented with an updated Ambulatory Care Unit business case that was positively received.

Chair's comments on the effectiveness of the meeting: The meeting gave opportunity to discuss some very important subjects and it was felt more time would have been beneficial to prevent the meeting feeling rushed. Extending the meeting in future would aid the management of the agenda.



UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 25 September 2024

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • It was noted there have been a number of falls on Ward 4 and a review is being undertaken to assure learning is taking place after the incidents have occurred to prevent any future incidents. • It was noted that Radiology reporting continues to be a risk due to the limited resource at the Trust, but mitigation has been put in place. • It was noted that patient experience response times (PALS and Complaints) related to spinal services is of concern. This is due to demands in the service and the associated greater number of PALS/Complaints in this area. A deep dive is taking place in this area to ensure patients are responded to in a timely manner. • The reduced score associated with the histopathology risk was challenged given that although additional escalation had been discussed, there had been little resolution of the position at a System or national level. It was agreed that the revised scoring should be reconsidered. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • An update is to be provided at the January Quality & Safety Committee meeting on Surgical Site Infections (SSIs) following a deep dive detailing what has been put in place to improve the Trust’s results. • Safer Surgery action plan to be shared with the Committee to detail the work being carried out with the observational side of the WHO audit. • Patient experience action plan to be shared at a future meeting.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee received an update on the review of the risk register that had been undertaken and assurance was provided on the risk management and review process. • The Royal College of Surgeons has confirmed the spinal endoscopy review will be undertaken shortly. • 65-week patients have reduced from the previously reported figure in August, and we are on track to deliver zero 65 week wait by the end of September, aside from a couple of very clinically complex cases. • The Committee was assured that the Quality Priorities remain on track to be delivered by the year end. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee agreed the Safeguarding Annual Report could be presented to the Trust Board.



- The Committee received an update on the CQC Inpatient Survey results, and an action plan will be circulated once the results are finalised. It was suggested that the action plan needed to be wider than to address the results of the Inpatient survey however, given that as a specialist organisation, the survey results are good in comparison to other acute organisations. It was agreed that this wider patient experience action plan should be presented at a future meeting.
- The Medicines Safety Officer Annual Report was presented to the Committee by the Chief Pharmacist and was positively received.
- The Safeguarding Annual Report was presented and accepted by the Committee.
- The Committee was updated on the vaccination programme plan for this year.
- An update was provided on the Service Accreditation programme that is currently progressing through the pilot stage.

Chair's comments on the effectiveness of the meeting: The meeting provided an opportunity for good discussion, with appropriate timing allocated to each item.

Finance and Performance Report

Month 5

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

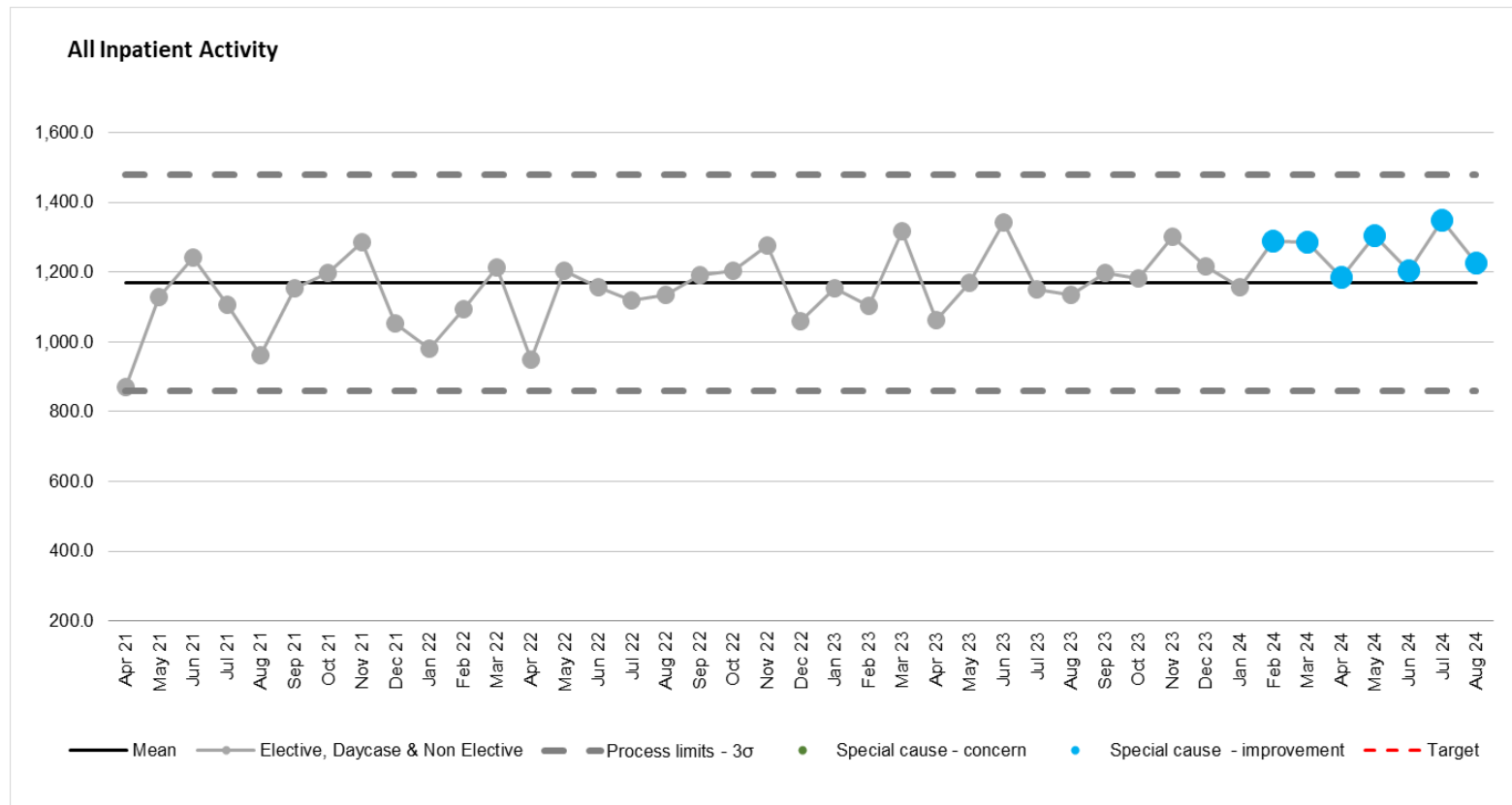
Performance to end August 24	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	53.36%	52.58%	92%		
104 week waits	0	0	0		
78+ week waits	0	0	0		
65 Week waits (65-77 weeks)	9	18	0		
52 week waits (52 – 64 Weeks)	590	560	0		
All Elective activity YTD (compared to plan)	6,269	5,043	6,244		
Outpatient activity YTD (compared to plan)	29,729 111.3% Cumulative	24,127 104.5% Cumulative	26,722 YTD Target		
Outpatient Missed Appointments (YTD)	7.65%	6.9%	8%		
PIFU (trajectory to 5% target)	507 9.43%	657 10.67%	268 5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	10.96%	11.2%	19%		
FUP attendances(compared to 19/20)	100.2%	101.0%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	115.7%	114.6%	120%		
Diagnostics volume YTD (compared to plan)	11,007 Cumulative	8,832 Cumulative	10,832 YTD Target		
Diagnostics 6 week target	99.9%	100%	99%		



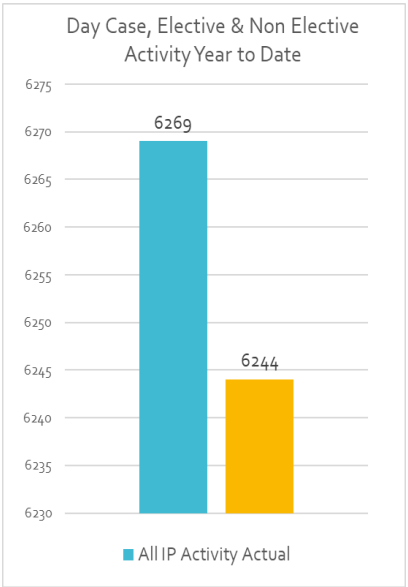
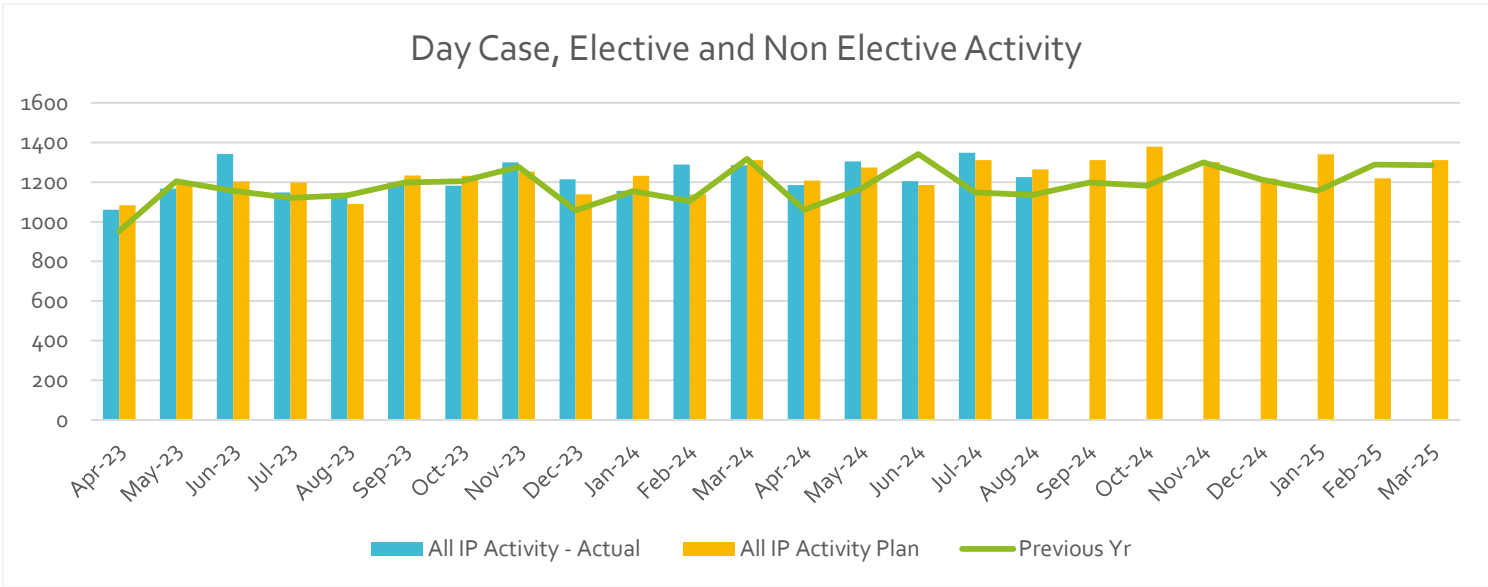
Operational Performance Summary

Performance to end August 24	In month	Previous month	Target	Variation	Assurance
Theatre Session utilisation (Uncapped)	83.2%	89.2%	85%		
Theatre In Session Utilisation (Uncapped)	81.3%	82.4%	85%		
Cancer - 31 day first treatment	100%	78.7%	96%		
Cancer - 62 day (traditional)	82.3%	94.7%	70% Nat 85% Trust		
28 day FDS	81.8%	66.7%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD)	10,863 Cumulative	8,766 Cumulative	9,384 Cumulative		
Bed Occupancy (excluding CYP and HDU)	67.2%	71.6%	82-85%		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.69	3.43	n/a		
LOS - elective primary hip	2.80	2.5	2.7		
LOS - elective primary knee	3.3	3.3	2.7		
BADS Daycase rate (Note: due to time lag in month is May'24)	75.0%	75.0%	85%		
Outpatient attendances for first or follow-up appointments attracting a procedure tariff (Mar'24)	36.3%	36.9%	-		

1. Activity Summary



1. Activity Summary - New slides



		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	554	584	542	602	580	602	632	598	560	614	560	602
	Daycase	642	677	631	697	673	697	733	691	647	712	648	697
	NEL	12	13	13	13	11	13	14	13	11	14	11	13
	All Activity	1208	1274	1186	1312	1264	1312	1379	1302	1218	1340	1219	1312

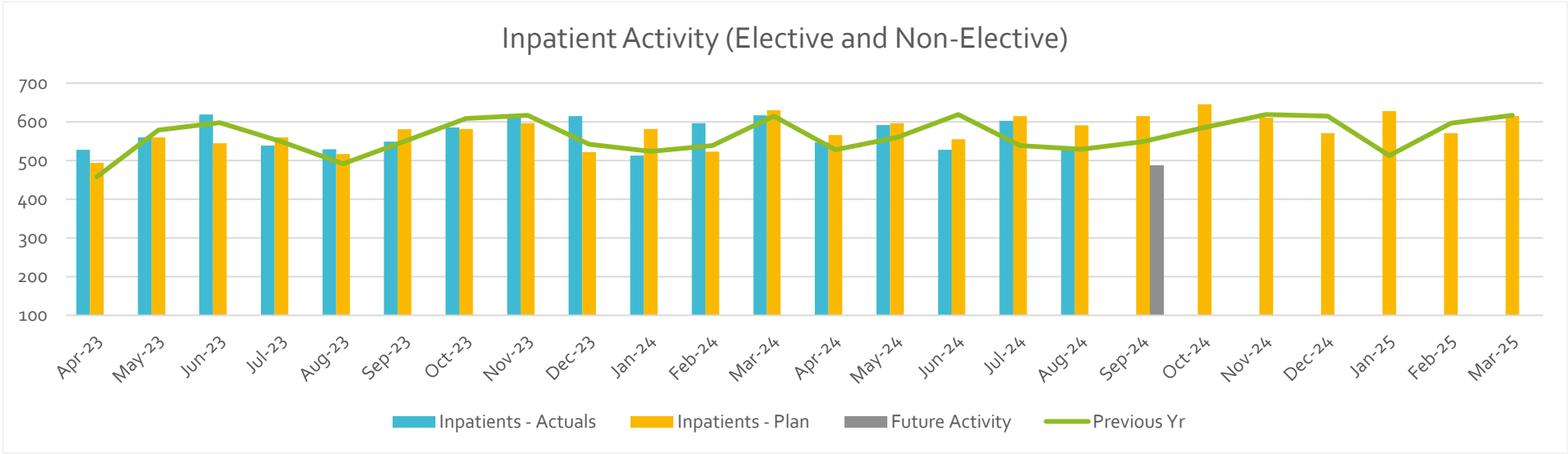
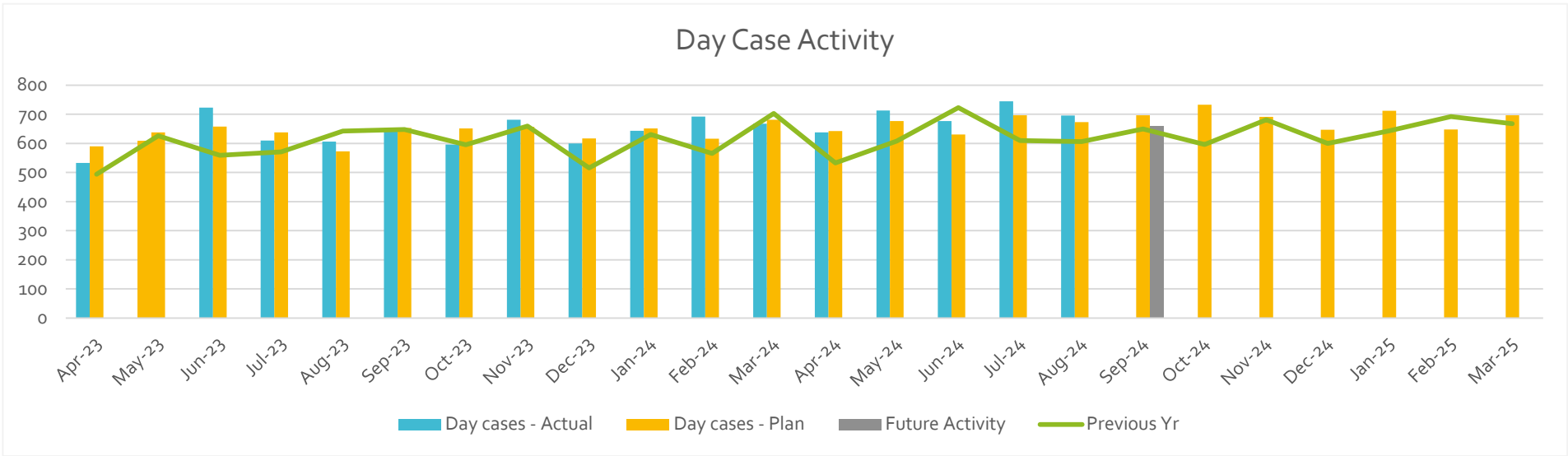
Plan	Actual	% Achieved	Variance
Year to Date	Year to Date	against plan	Year to Date
2862	2711	95%	-151
3320	3469	104%	149
62	89	144%	27
6244	6269	100%	25

August 2024

In month performance, the Trust ended 38 cases behind the activity trajectory. Year to Date the Trust remains 25 cases ahead of the annual activity plan.

The original system plan of 4% has been amended to 15,326 reflecting the agreed 6% uplift on last year's activity plan.

1. Activity Summary

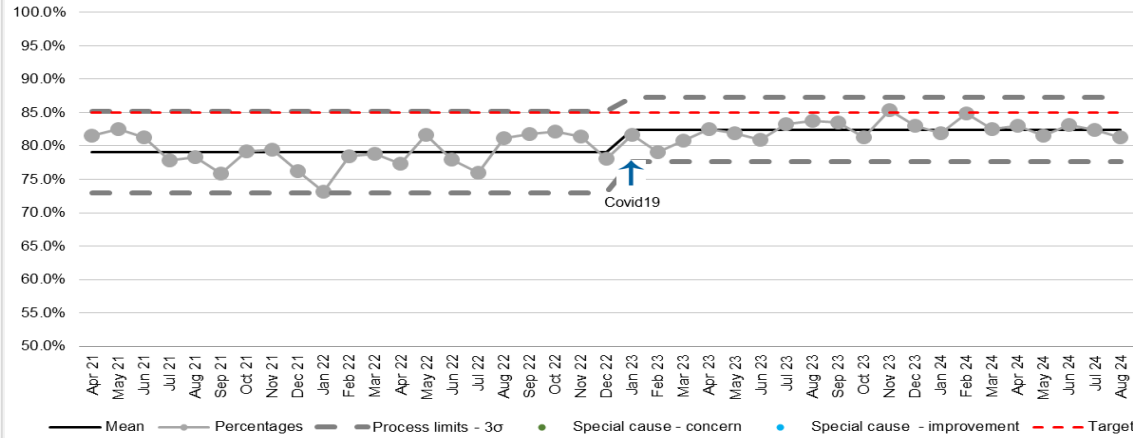


2. Theatre Utilisation

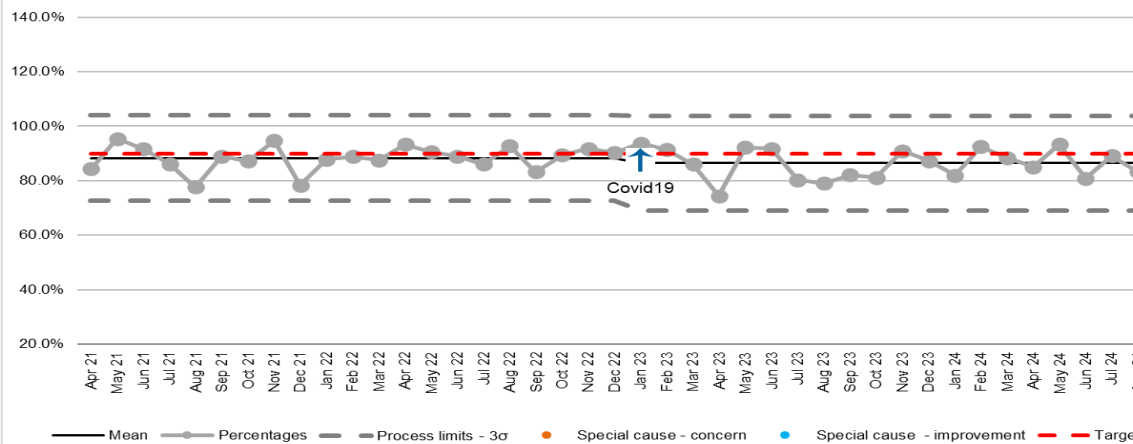
DATA QUALITY KITEMARK



Theatre In Session Utilisation (All Electives)



Theatre Session Utilisation (All Electives)



Elective Session Utilisation (August 2024)

Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	473	395	78	83.51%
UHB	46	37	9	80.43%
Totals	519	432	87	83.24%

Elective In Session Utilisation (August 2024)

Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1740	1419	321	81.53%
UHB	167	132	35	79.26%
Totals	1907	1551	356	81.33%

2. Theatre Utilisation

DATA QUALITY KITEMARK



SUMMARY

Overall theatre session utilisation for August was **83.24%**.

The overall in-session utilisation for August was **81.33%**.

Cancellations on the day, as detailed in the next 2 slides impacted on ROH Utilisation in month.

AREAS FOR IMPROVEMENT

BI colleagues are helping us to scope out adding turnaround times as a metric to the theatre dashboard so that baseline data can be collected. A working group has now been established with meetings being arranged to develop a project plan.

The standby/contingency patient process is to be rolled out in September 2024 starting with Spinal, Arthroplasty and Hands. Process maps have been reviewed and refreshed. BI support is required for the next stage of the project with meetings being arranged. Re-engagement with medical secretaries has also been undertaken.

Early starts continue to show improvement with the number of theatres starting on time continuing to be recorded on the daily SITREP.

The protocol for accessing an emergency theatre for emergency patients, in the event that the emergency theatre is already in use, has been reviewed by the theatre triumvirate team and has been updated

RISKS / ISSUES

UHB have confirmed intentions to retain up to 1 theatre and session allocations have been agreed post September 24. Administrative and operational resources will be required to support this activity managed by ROH to ensure productivity is maximised. During the SLA negotiation, we have requested that the UHB remaining sessions are provided for 50 weeks of the year.

Recruitment to vacant consultant posts will offset the reduction in UHB activity. This is on a 42 weeks basis.

A review has taken place of demand and capacity data to ensure that consultant recruitment delivers 50 weeks in line with specialty backlogs.

Recruitment is ongoing with adverts out; interviews planned and start dates in place. A new Arthroscopy consultant commenced in August 24 and Spinal have recruited to 1 vacancy with the individual due to commence in post in November 24. Arthroplasty, Spinal Deformity and Hands posts are going through the recruitment process. Admin and operational resource will be needed to support the delivery of 50 weeks.

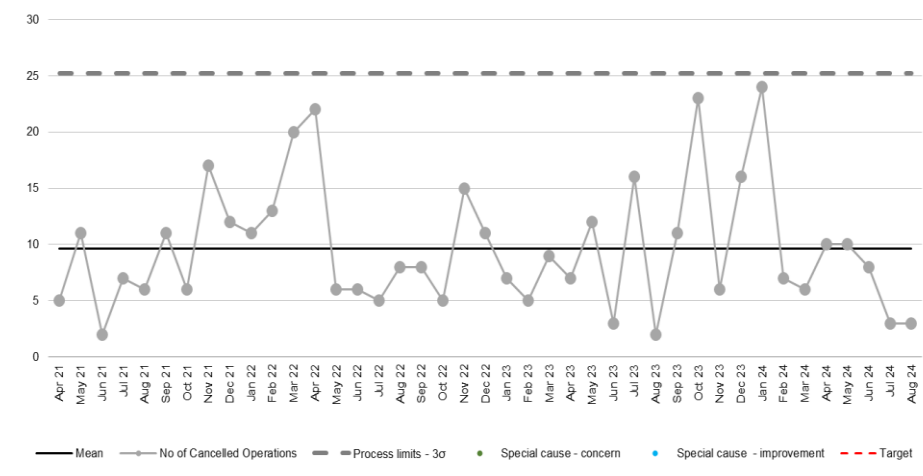
2. Theatre Utilisation - Seamless Surgery Update

SEAMLESS SURGERY ACTION PLAN

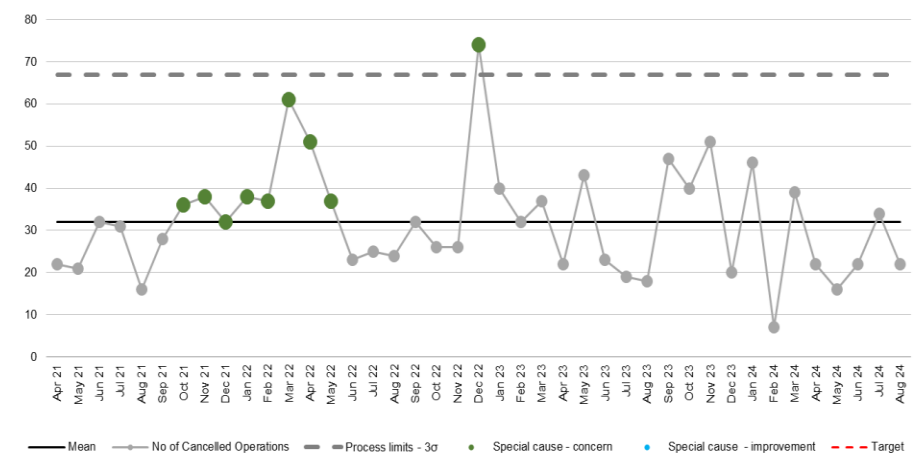
1. Instrument Integrity – 20 power tools have been ordered and delivery is commencing in batches following feedback on equipment availability and integrity.
2. Theatre maintenance programme agreed for the next 2 years that includes repairing the HDU corridor discussed with 2 Non-Executive Directors on theatre visit.
3. 7 day working consultation for theatre staff commenced on 05.08.2024.
4. 6 Image Intensifiers have been ordered with delivery scheduled for the beginning of October 2024. The team managed to obtain 6 for the original capital allocation agreed for 5. This will provide additional resilience and avoid cancellations due to faulty imaging equipment.
5. IPC and Senior Leadership Team regular review of theatre environment.
6. Theatre male changing room currently being timetabled in to minimise impact on activity.
7. Capital agreed for Spinal Microscope with Procurement underway.
8. Staggered admissions have been reviewed for all specialities with 2 times standardised.
9. Additional afternoon huddle still in place to forward plan the theatre preparation for the next day to prevent any last-minute cancellations.
10. Standby patient process to roll out in September 2024.

2. Theatre Utilisation/ Hospital Led Cancellations

Cancelled by Hospital on Day of Admission

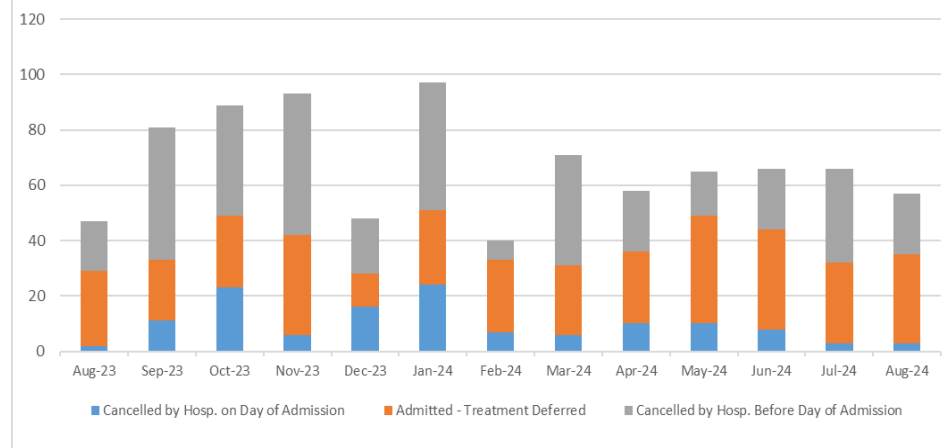


Cancelled by Hospital Before Day of Admission



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
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
Jun-24	8	36	22	66	0
Jul-24	3	29	34	66	0
Aug-24	3	32	22	57	0
Total	129	363	386	878	0

Inpatient Cancellations on the Day or Day Before August 2023 to August 2024



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 August 24:

Patients cancelled on the day x 3	Patients admitted and had treatment deferred x 32	Patients cancelled by the hospital the day before the date of admission x 22
2 x Consultant unavailable/un-well. 1 x Patient self-cancelled	Clinical 14 x Medically unfit / not stopped meds 6 x Skin integrity - insect bites/dog bites/ulcer etc. 3 x Replaced by more urgent case 2 x Patient had not stopped smoking as requested - referred back to GP 5 x Patient self-cancelled / unwell / Change in plan / pt declined procedure Non Clinical 1 x Lack of equipment – Surgical tray required in another theatre 1 x Lack of theatre time – due to complex cases	Clinical 10 x Medically unfit. 6 x Replaced by more urgent case (environmental issues) 2 x TCI date not convenient/change in TCI date 1 x Patient admitted day before 1 x Change in clinical plan Non Clinical 1 x Lack of equipment – Imaging intensifier breakdown 1 x Consultant unavailable/un-well

AREAS FOR IMPROVEMENT/ RISKS/ISSUES

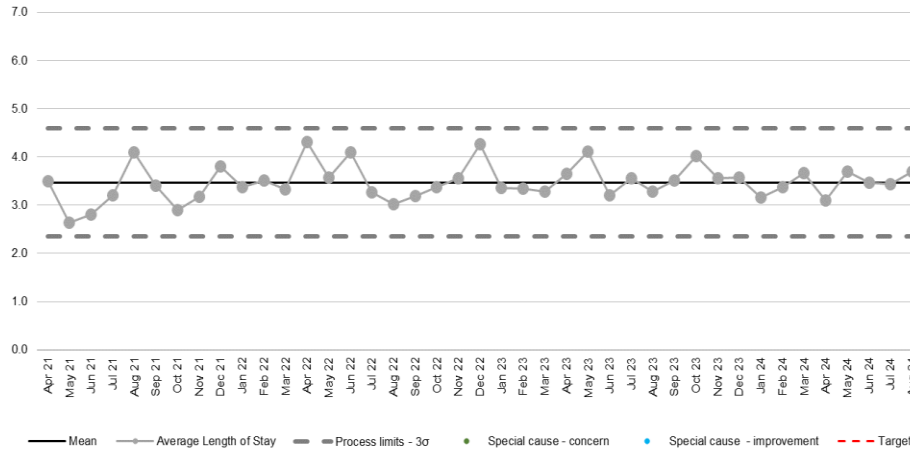
Daily monitoring of cancellations for non-clinical reasons that must be approved by Deputy COO, COO or Exec on call.

Medical review to be carried out for cancellations labelled as 'medically unfit' to identify themes and opportunities to improve. To be completed by the end of September 24.

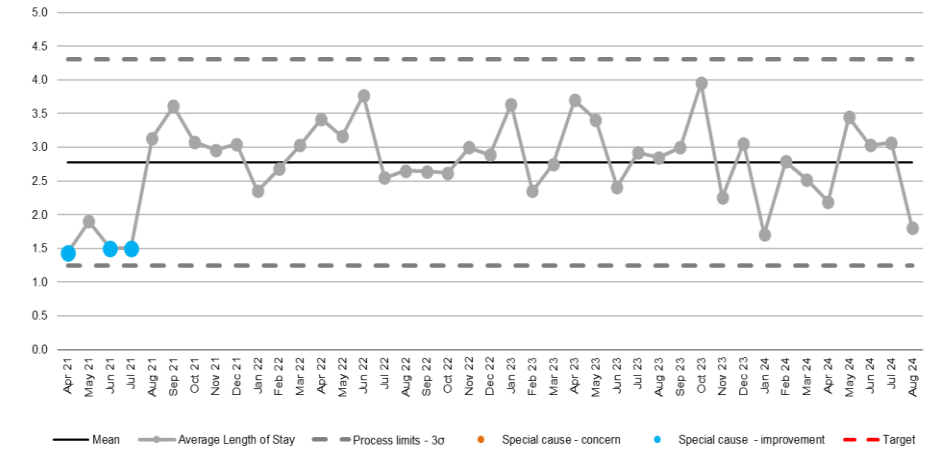
Pilot for 7-10 day pharmacy calls to be carried out in POAC commencing September 24 for 2 weeks with the aim to reduce the number of cancellations due to not stopping medicines. Evidence from peer groups is that this has had a positive impact on reducing cancellations

3. Length of Stay

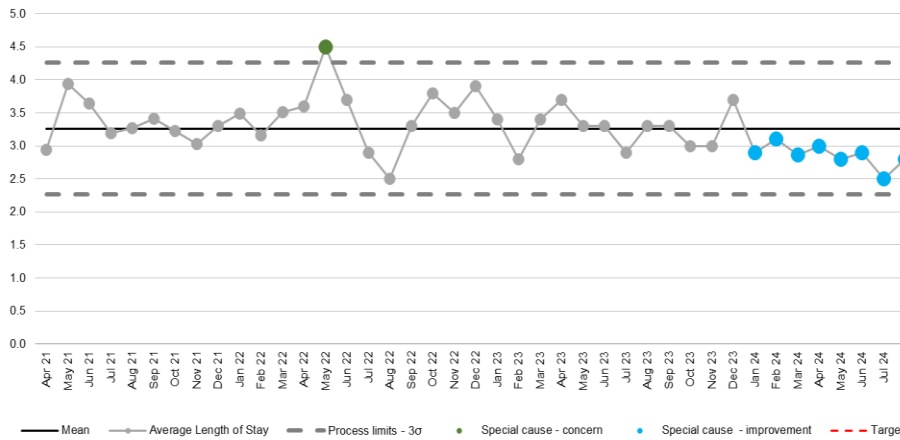
ROH Elective Average Length of Stay - Excluding Oncology, Paeds, YAH and Spinal



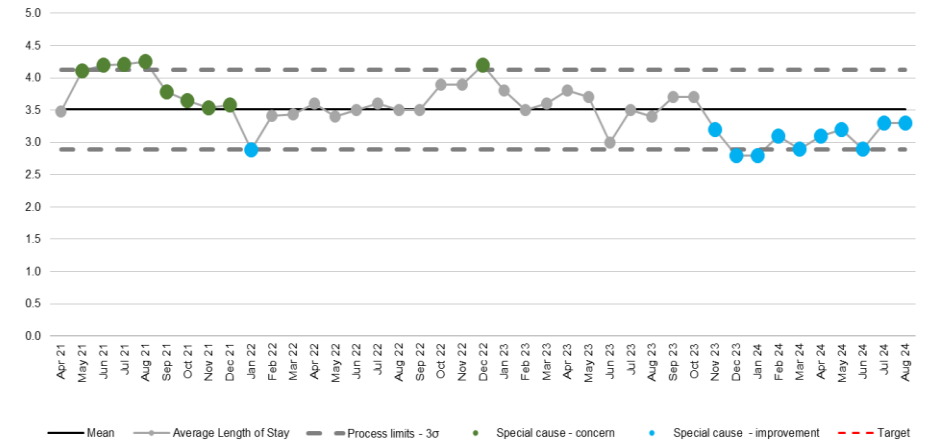
UHB Elective Average Length of Stay



Primary Hip Elective Average Length of Stay



Primary Knee Elective Average Length of Stay



3. Length of Stay

SUMMARY

The average length of stay for ROH primary Hips increased to 2.8 days (2.5 days July 24) and primary Knees has remained at 3.3 days (3.3 days July 24).

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and Spinal has increased to **3.69 days** (3.43 days July 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 (5 July), 3 arthroplasty and 2 Oncology arthroplasty. 1 had an ASA score of (Severe systemic disease that is a constant threat to life), 3 had an ASA score of 3 (Severe systemic disease), 1 had an ASA score of 2 (mild systemic disease). On review of clinical noting LOS for all 5 was due to on-going therapy or clinical care needs.

A review of all arthroplasty and oncology arthroplasty patients, identifies the number of patients with LOS \geq to 8 days as 28 (28 July). 18 were Oncology Arthroplasty, and 10 were Arthroplasty.

Review of these long stay patients >15 days (4 July) 9 were Oncology Arthroplasty, 3 was Arthroplasty. Longest stay 42 days (25 days July), complex Oncology Arthroplasty with clinical and bone infection needs.

All stays >15 days reviewed on PICS appeared appropriate, were either complex surgery/ clinical needs/co-morbidities or discharge planning.

AREAS FOR IMPROVEMENT / ACTION PLAN

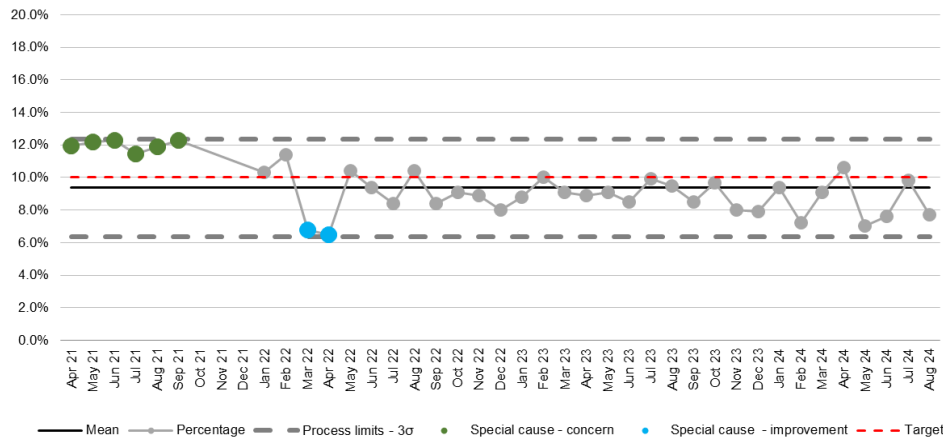
- Social care capacity-delays, particularly out of area. Daily monitoring and escalation process is in place.
- Bone infection and MRC patients-need review of discharge/repatriation process.
- Long waits for RJAH spinal injury beds escalated to Associate Director of Operations and Head of Nursing
- Number of patients converting from day case to overnight stay for non-clinical reasons. Review under way by Division 2 awaiting outcome.
- Alignment of support services to 7 day working.

4. Outpatient efficiency

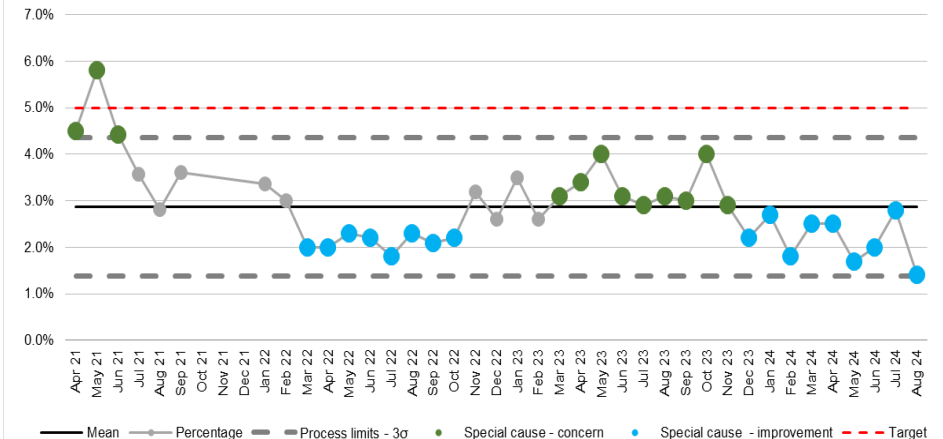
DATA QUALITY KITEMARK



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

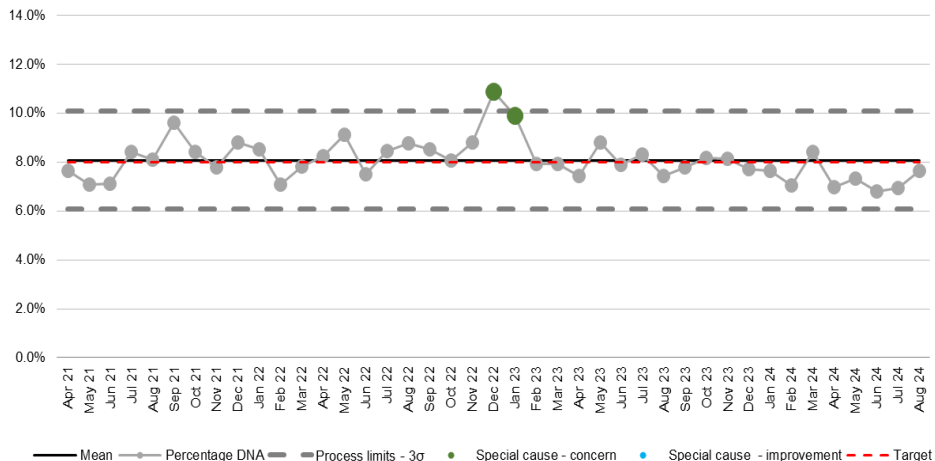


4. Outpatient efficiency

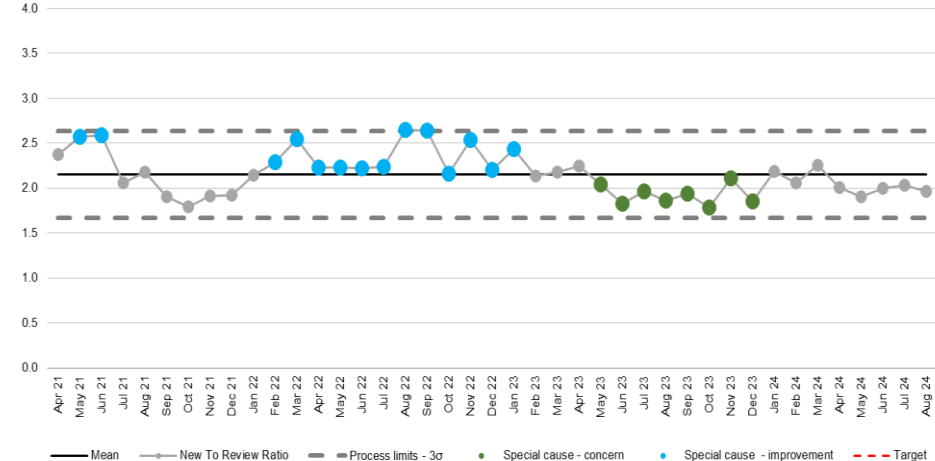
DATA QUALITY KITEMARK



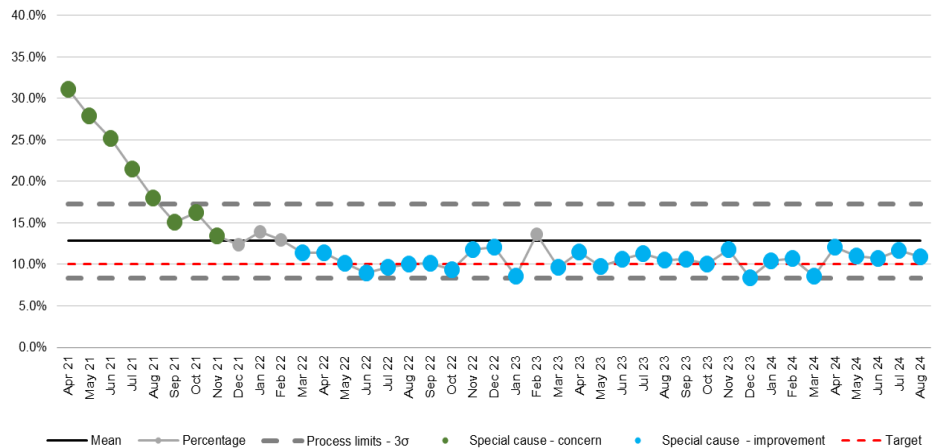
Consultant Led Outpatient DNA Rate



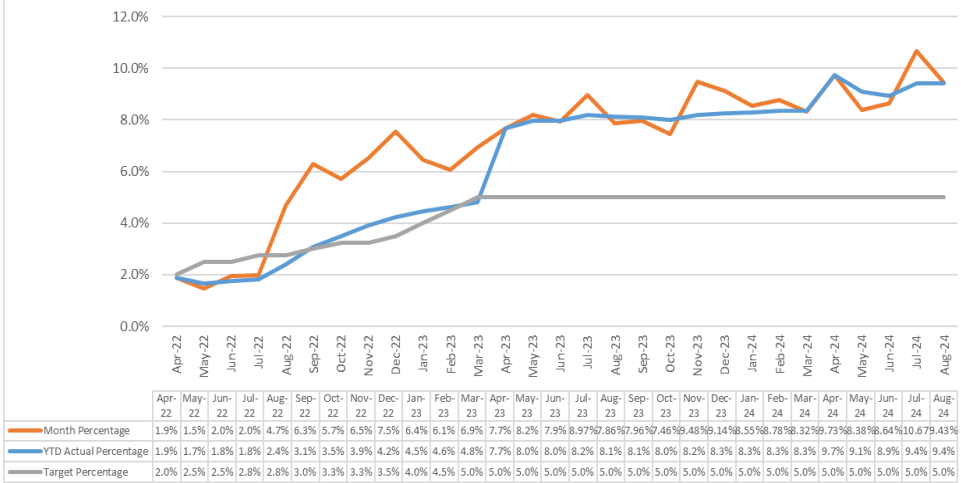
Outpatient New to Review Ratio



Percentage of Virtual OP Attendances

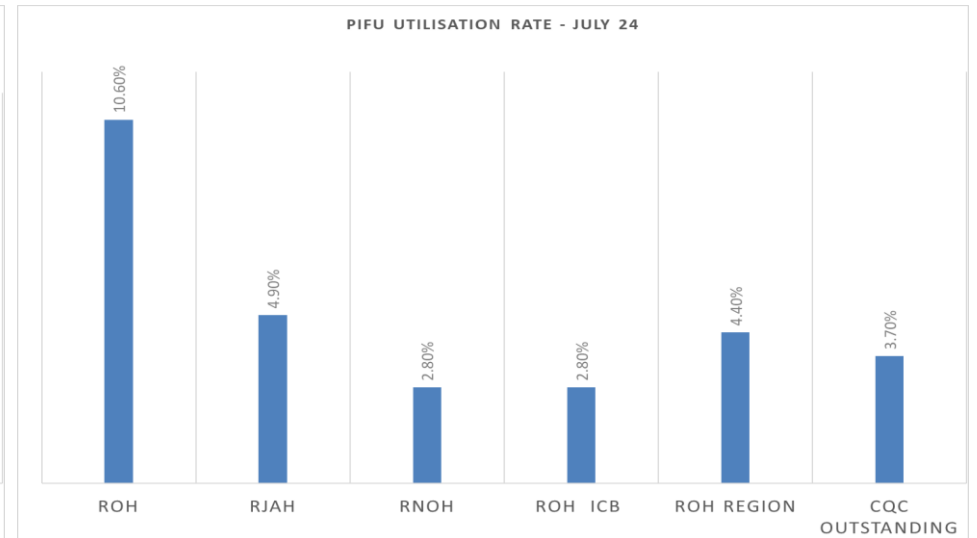
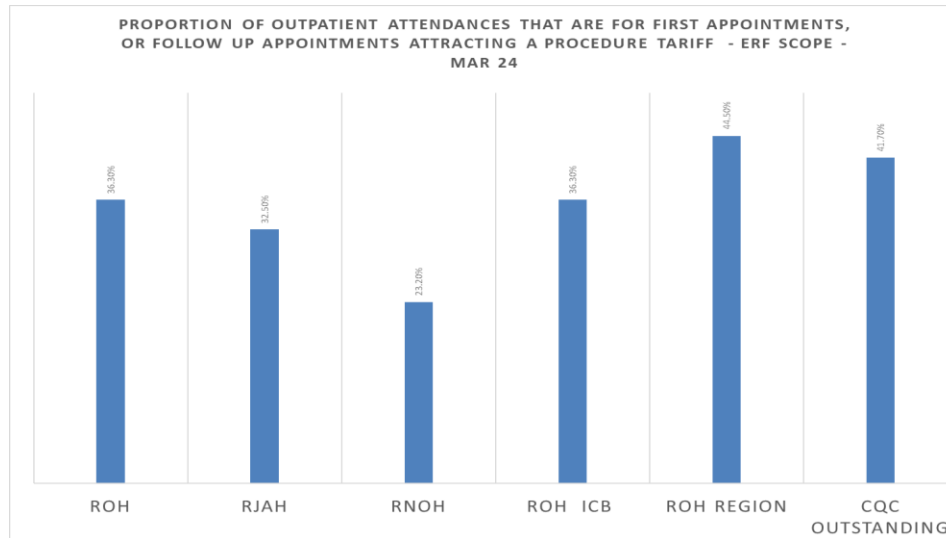
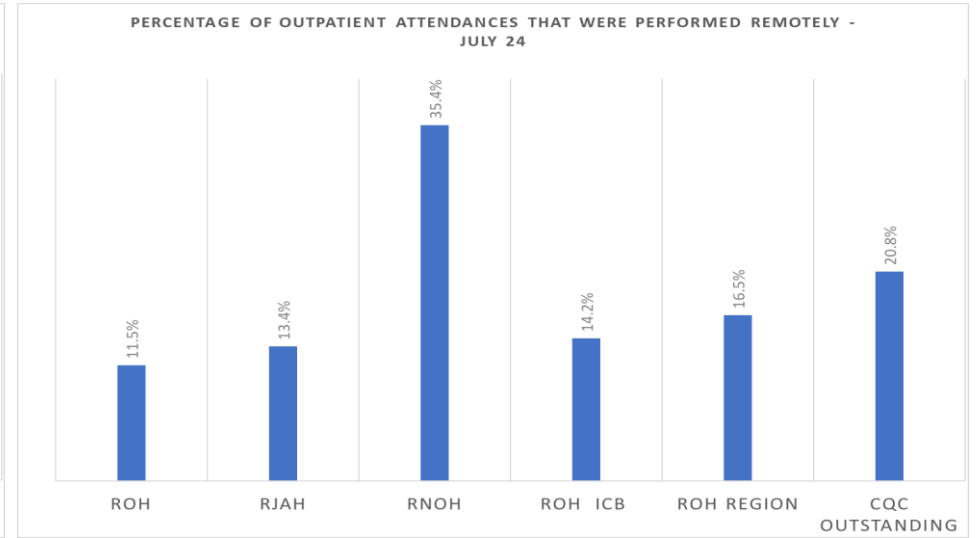
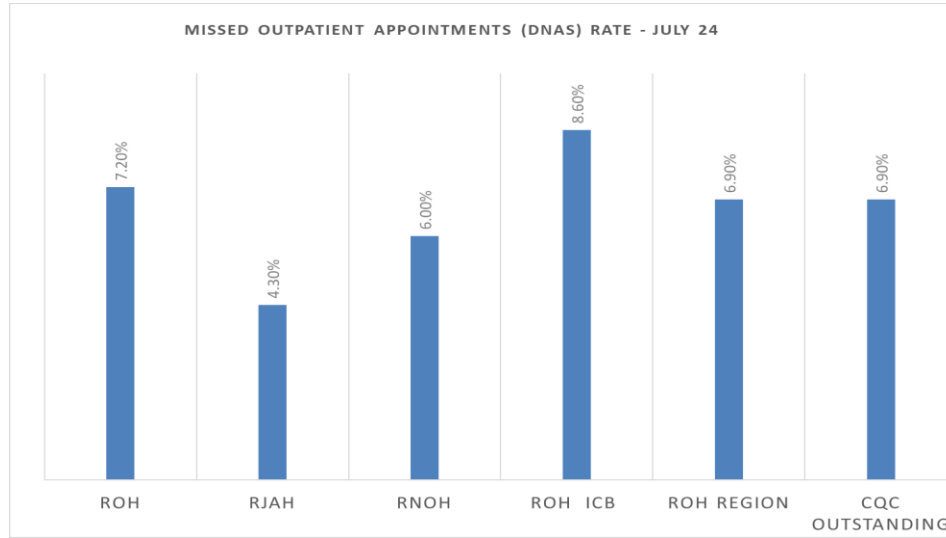


Patient Initiated Follow Ups - % Patient Added



4. Outpatient efficiency

DATA QUALITY KITEMARK



4. Outpatient efficiency

DATA QUALITY KITEMARK



SUMMARY

August 2024 performance is as follows:

- 4,988 face to face and 614 virtual appointments
- 10.96% virtual in total.
- 9.43% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is 9.4%.
- 7.65% Missed Appointment (DNA) rate – lower than the Trust target of 8%
- **Clinic Waiting Times**
- 30-minute delays – meeting Trust Target at 7.7% (**Target 10%**)
- 60-minute delays – meeting trust target at 1.4% (**Target 5%**)

AREAS OF IMPROVEMENT

Outpatient Utilisation

We have seen an increase overall with new outpatient appointments. The team remain focused on clinic utilisation, monitoring room usage, numbers of patients booked. Specialty scheduling meetings (6-4-3) are still well attended by all specialties. The Friday check and Challenge/Look Back meeting provides added assurance.

Review of KPI's also form the agenda of these meetings, items for discussion and action are follow up waiting lists, PIFU and RMS triage numbers, unbooked urgent patients and missed appointment numbers. Any areas of concern identified are escalated accordingly to Divisional Associate Director of Operations.

Friday outpatient check and challenge meetings with specialty leads, Outpatient Nursing team and appointments managers have continued. Actions are reviewed from specialty scheduling meetings, and a look back at the previous week's activity highlighting areas of concern and further action.

Missed Appointments (MA)

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 ADOPs. KPI's also discussed at weekly Ops meeting on a Monday. Exceptions are escalated to the Deputy COO. Weekly specialty scheduling meetings are continuing with a 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

DATA QUALITY KITEMARK



SPECIALTY PRIORITY UPDATES / HIGHLIGHTS

PIFU (10.67%)	Missed Appointments (6.9%)	Reduction in Follow Ups	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
<p>The ROH continues to be a national exemplar for PIFU.</p> <p>The DrDoctor PIFU module has been included in the new contract to enhance the Trust's PIFU offering.</p>	<p>Configuration continues for TIARA appointments to receive reminders for appointments.</p> <p>NHS Wayfinder is progressing for stage 2. Regional benchmarking is taking place for key metrics such as Missed Appointments.</p> <p>A meeting has been held with UHB to discuss recent improvements made in Dr Doctor roadmap.</p>	<p>GIRFT Further Faster demonstrates opportunities through super clinics and guidelines through the specialty handbooks. Meetings are being organised with Specialty Triumvirates.</p>	<p>A review of processes is required for pursuing the specialist advice offering and ensuring that processes capture all activity undertaken.</p>	<p>The business case for VitalHub (formerly Intouch) is to be submitted to upgrade the system and include e outcomes and improved clinic management.</p> <p>The ROH continues to be a national exemplar for PIFU. Data packs have been sent to Large & Small Joints and Spinal by subspecialty to identify areas of potential improvement, with meetings to discuss GIRFT Further Faster initiatives in place.</p>

5. Referral to Treatment

DATA QUALITY KITEMARK



SUMMARY

The Referral To Treatment (RTT) position for August was 53.36% against the National Constitutional Target of 92%. This represents a 0.79% increase compared to the July reported position of 52.58% that includes patients transferred from other providers. The LUNA report for data quality validation is consistently above 98%.

There were 9 patients over 65 weeks and 599 patients waiting over 52 weeks in August, an increase from the trust wide position in July which was 578 patients. Majority of the patients sit within the Spinal Service, and we are currently triaging referrals and scoping support from MSK.

During August 24, ROH received 2,651 referrals (98.04%) compared to pre covid levels. 2,704 is the average monthly referrals received Pre-Covid.

AREAS FOR IMPROVEMENT

The trust validation team are completing an enhanced validation on all Patients pathways that are due to breach 65 weeks up until March 2025 to allow additional focus on ensuring the delivery of zero 65 week waits.

All Patient waiting over 12 weeks on an RTT pathway have been sent a text message to determine whether they wish to remain on the waiting list in line with national guidance. Due to the increase in the Trust's total waiting list size, a business case is in progress to support the growth of the Validation team to ensure that the team can maintain a comprehensive Validation. The deficit is currently being provided by Bank following the change to validation numbers stipulated by NHSE in September 2023.

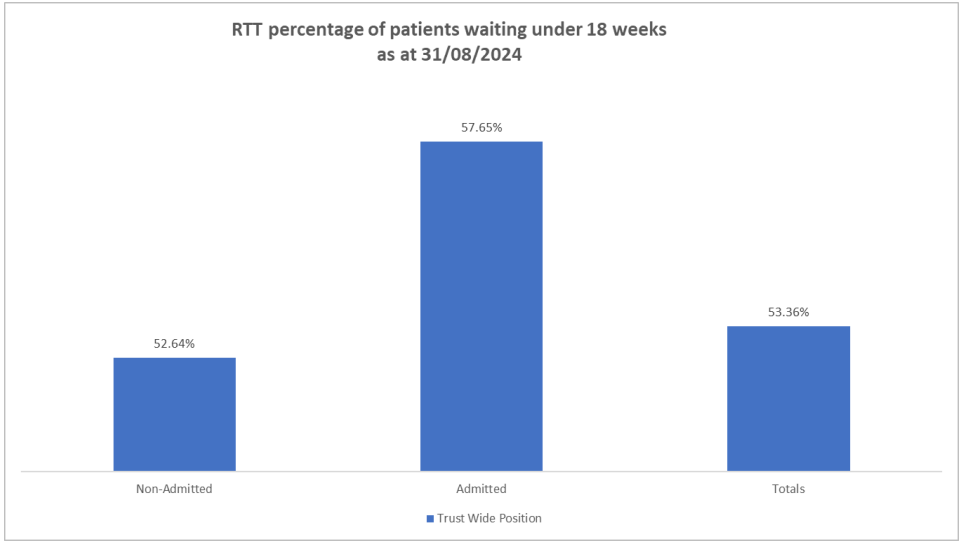
All Patient waiting over 12 weeks on an RTT pathway have been sent a text message to determine whether they wish to remain on the waiting list in line with national guidance.

RISKS / ISSUES

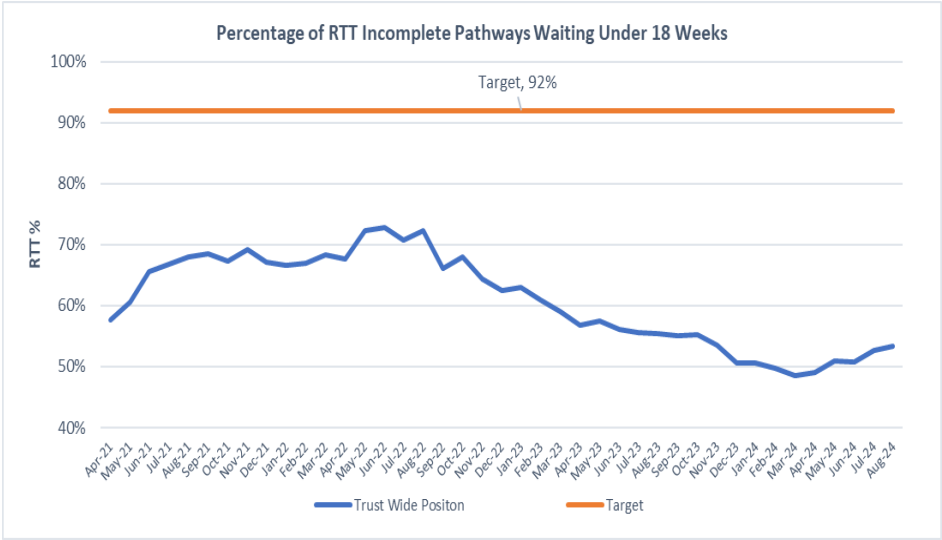
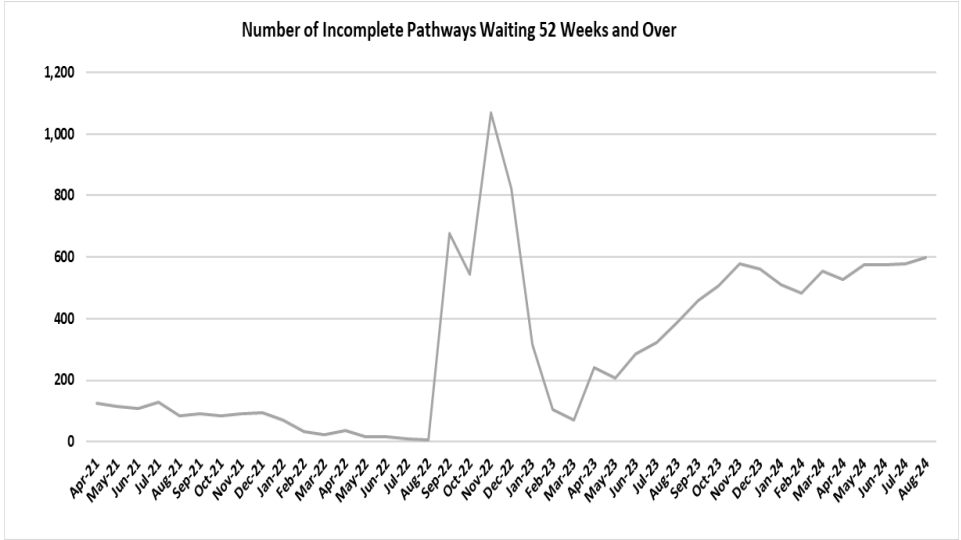
Spinal backlogs continue to be a concern with the team focussing on managing all patients currently over 60 weeks and preventing tip ins. Spinal is to be prioritised with the roll out of GIRFT follow up recommendations. Deputy COO is providing specific support to the Spinal team reviewing processes and pathways and meeting regularly with the consultant body.

5. Referral to Treatment

Trust Wide Position			
Weeks Waiting	Non-Admitted	Admitted	Totals
0-6	3,304	625	3,929
7-13	2,521	455	2,976
14-17	1,250	228	1,478
18-26	2,095	418	2,513
27-39	2,150	327	2,477
40-47	1,163	102	1,265
48-51	433	39	472
52 weeks and over	524	75	599
Total	13,440	2,269	15,709



Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	7,075	1,308	8,383
18 and over	6,365	961	7,326
Month End RTT %	52.64%	57.65%	53.36%

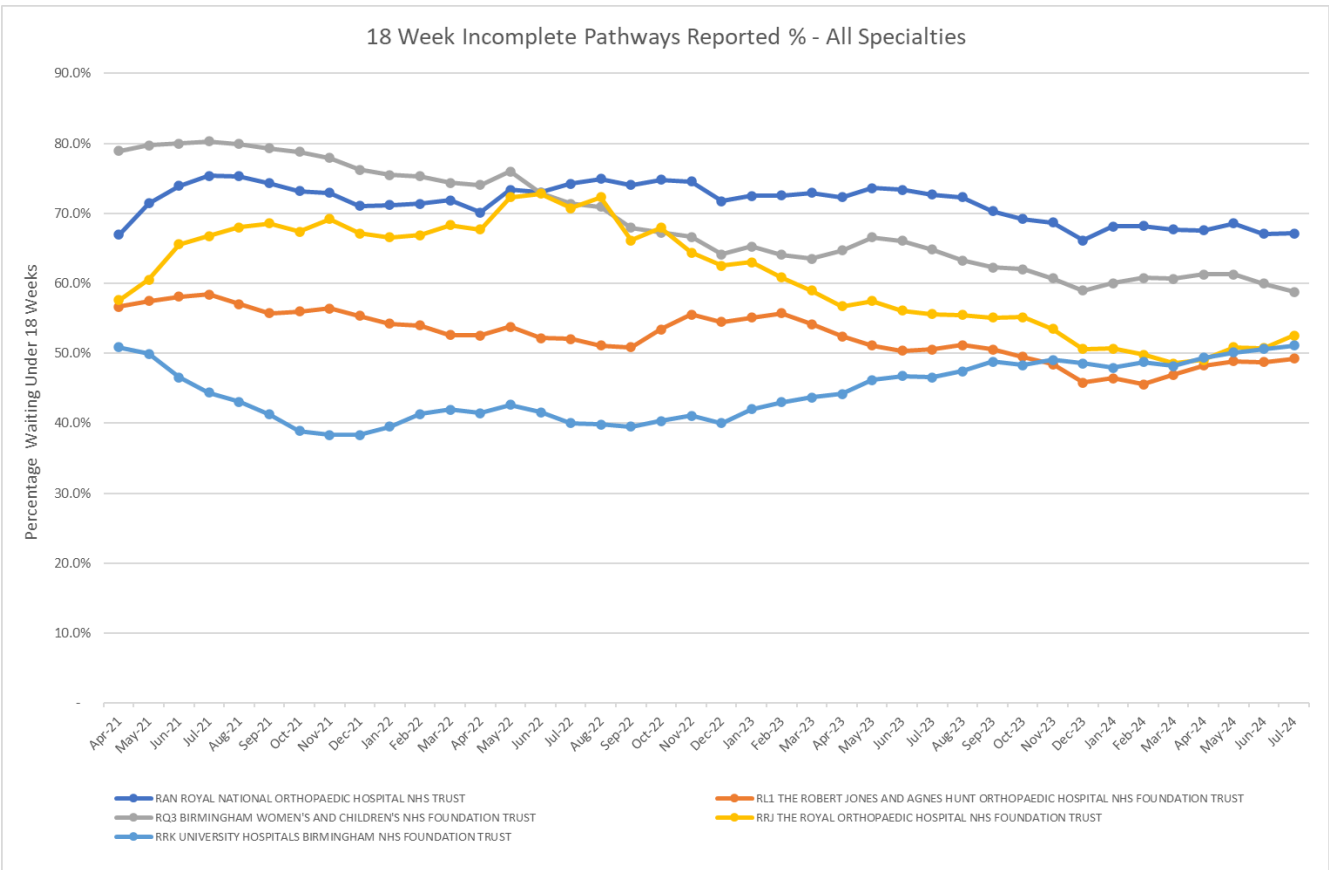


5. Referral to Treatment

DATA QUALITY KITEMARK



18 weeks Incomplete pathways Benchmarking against other providers:

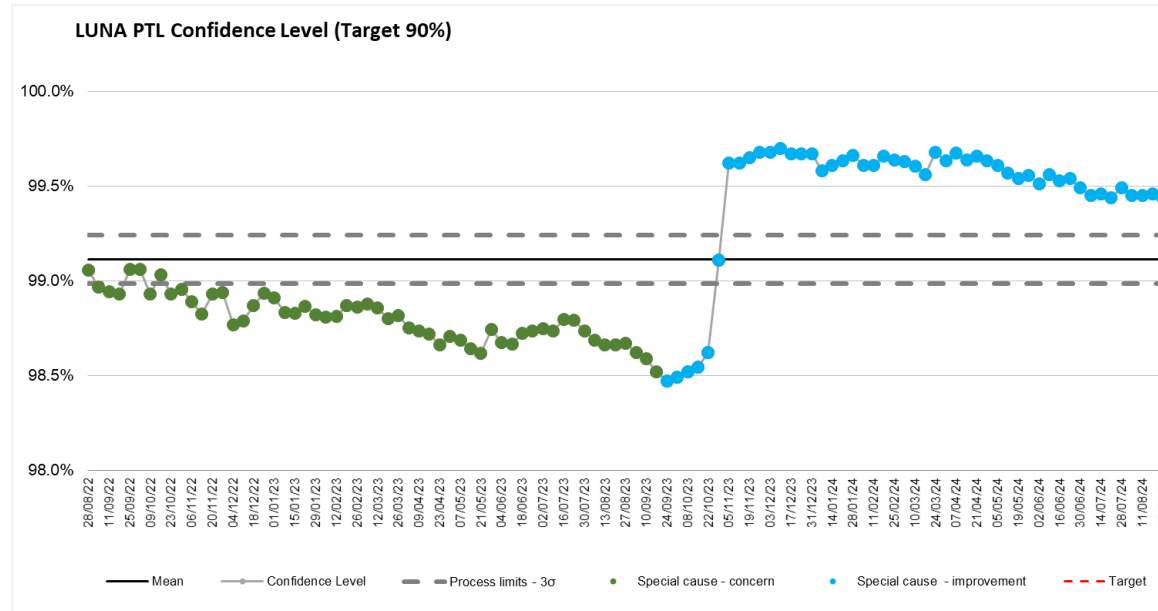


5. Referral to Treatment Luna Data

DATA QUALITY KITEMARK



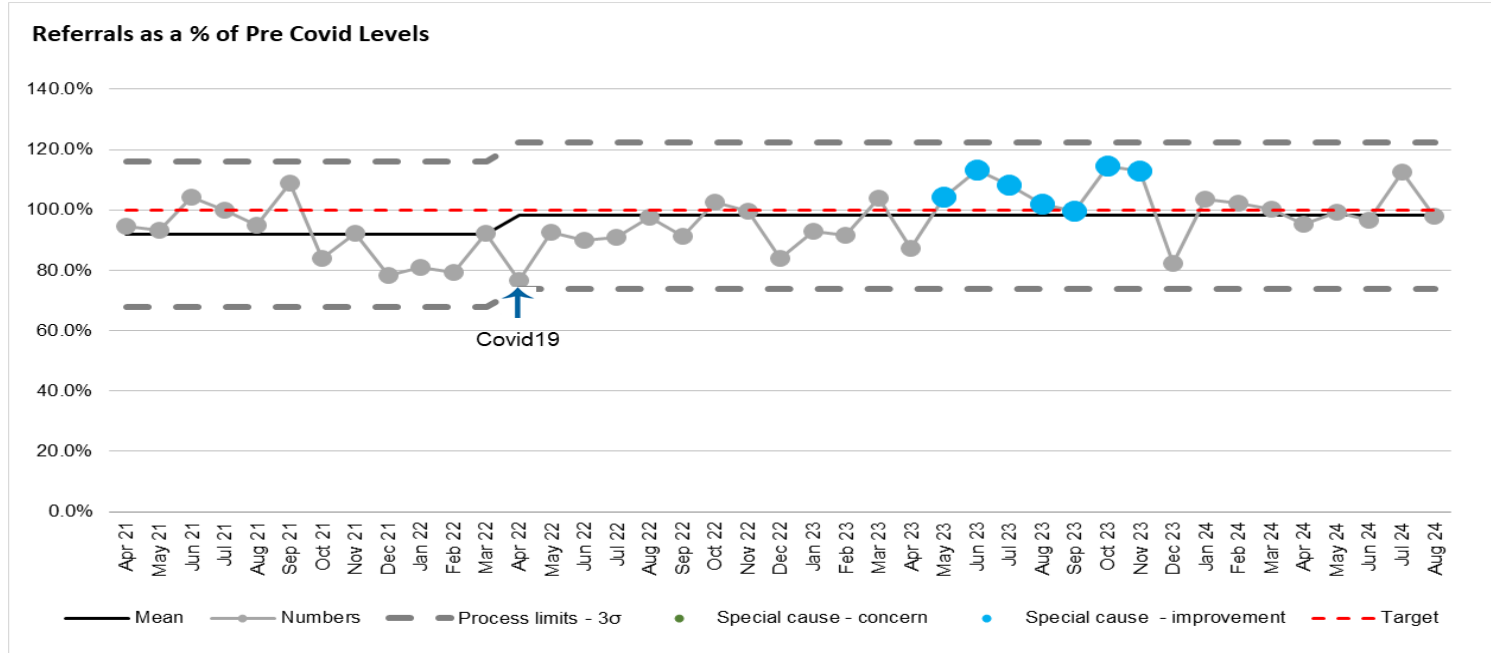
The chart below shows LUNA National Data Quality report data for the Trust, and our average confidence levels for our RTT data has consistently remained above 98% against a target of 90%. Over the last 24 months, the average confidence levels in our weekly data submissions have remained above 98%, with 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%.

KPMG Audit highlights: KPMG provided a rating of significant assurance with minor improvement opportunities. A total of four findings, of which one is medium – a small sample of incorrect clock starts by a few days, and three are of low-level priority as follows: recommends a monthly reconciliation from data sent through to final RTT submission, clock stop times and ensuring maintenance of RTT trainers for new PAS users.

5. Referral to Treatment



Pre Covid Level	2704
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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	2573	2682	2608	3040	2651							
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%	95.16%	99.19%	96.45%	112.43%	98.04%							

DATA QUALITY KITEMARK



5. Referral to Treatment Specialty Breakdown

DATA QUALITY KITEMARK

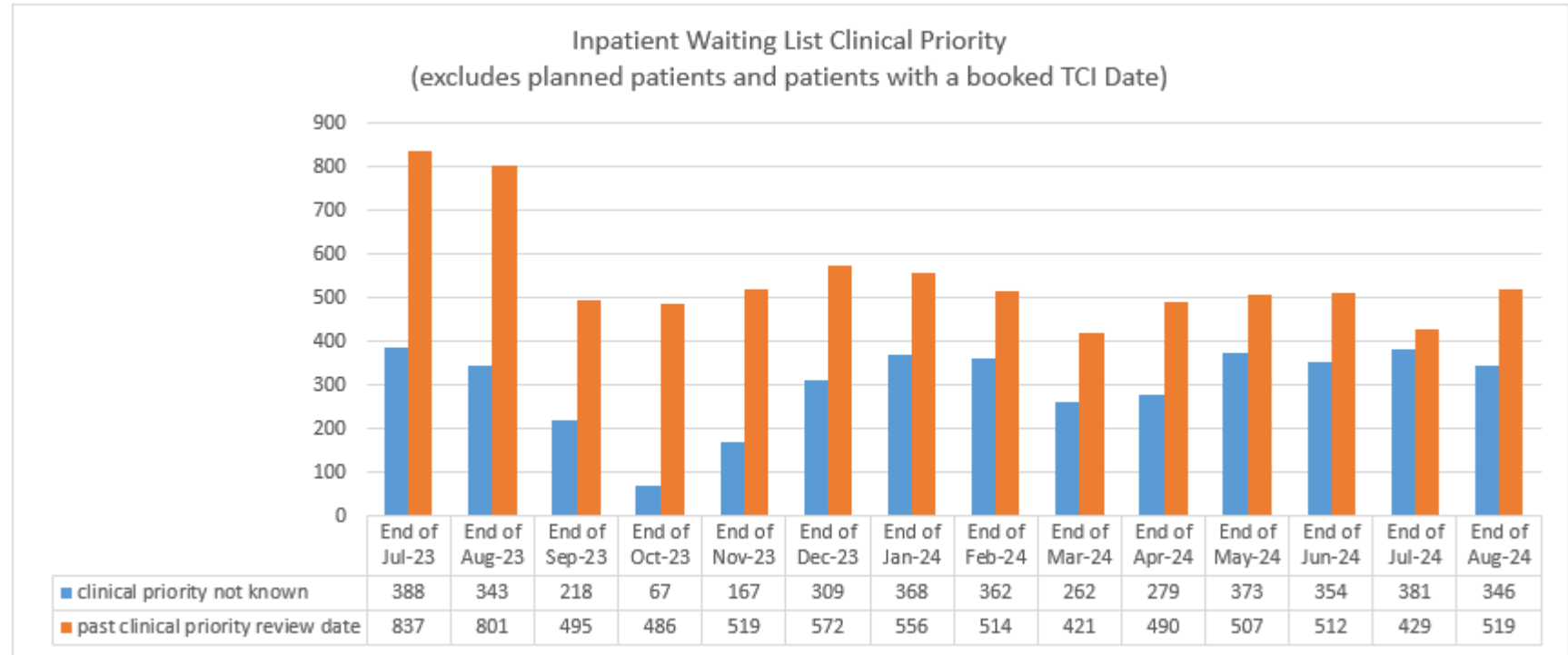


The national RTT target is for 92% of patients to be treated within 18 weeks. The table below highlights the current performance against this target by specialty. It also includes the number of patients currently waiting over 52 weeks prior to any tip ins. This will be used to support focussed intervention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

Specialty	Number of patients over 52 weeks with an incomplete RTT pathway	RTT % as of 16.08.24	RTT % as of 16.09.24	Difference
Arthroplasty	10	71.1%	68.1%	-3%
Arthroscopy	36	47.0%	49.4%	2.1%
Clinical Support	7	61.6%	66.5%	4.9%
Foot and Ankle	34	46.2%	47.3%	1.1%
Hands	75	45.6%	45.1%	-0.5%
Oncology	1	87.3%	84.7%	-2.6%
Oncology Arthroplasty	1	78.5%	77%	-1.5%
Spinal	253	31.7%	31.8%	0.1%
Spinal Deformity	185	29.5%	28.9%	-0.6%
Young Adult Hips	3	71.2%	69%	-2.2%

5. Referral to Treatment

Overdue Clinical Priority:



The number of patients with an unknown clinical priority has increased by 27 patients, however, the numbers that have past the clinical priority review date has reduced by 93 patients. The information continues to be shared on a monthly basis with individual services and clinicians to manage individual clinical practice.

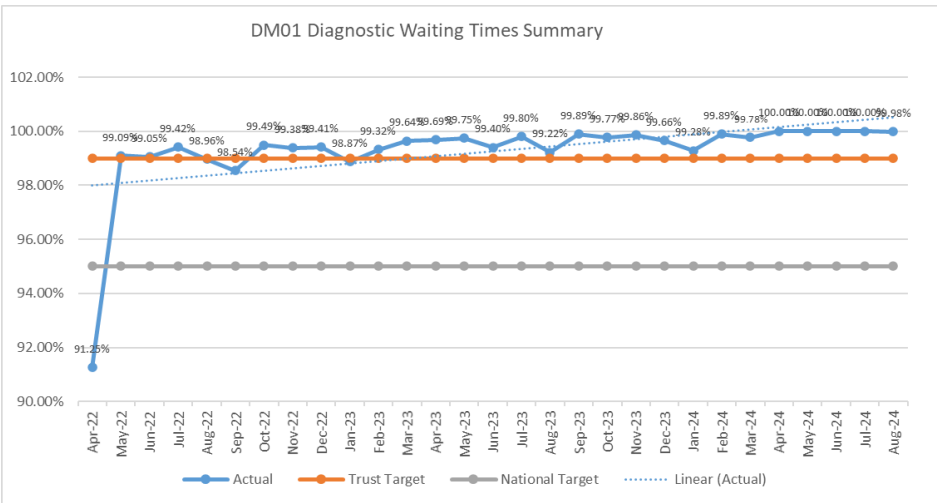
The clinical priority mechanism was discussed at the clinical service leads meeting, and it was indicated that the priority unknown following an audit in arthroplasty are most likely non urgent P4 patients. A sample audit will be taken across all other specialities to confirm that this is the case.

DATA QUALITY KITEMARK

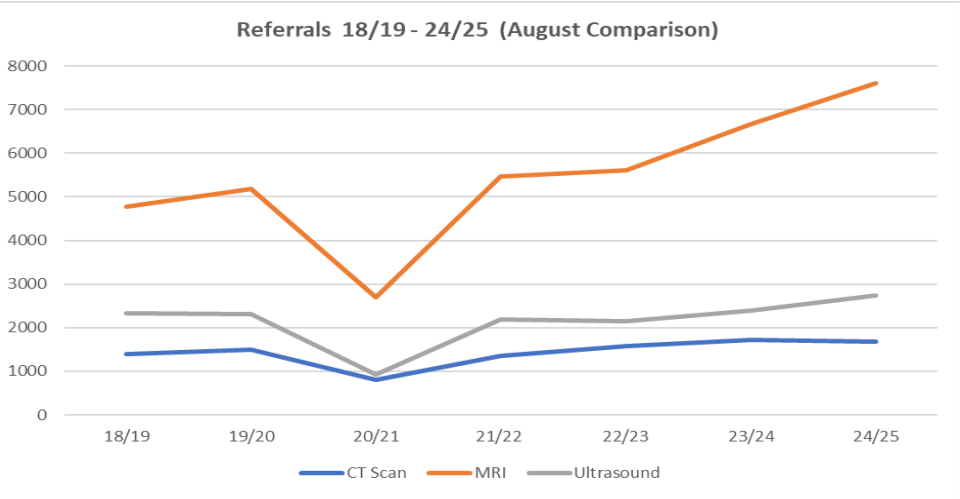


6. Diagnostic Performance

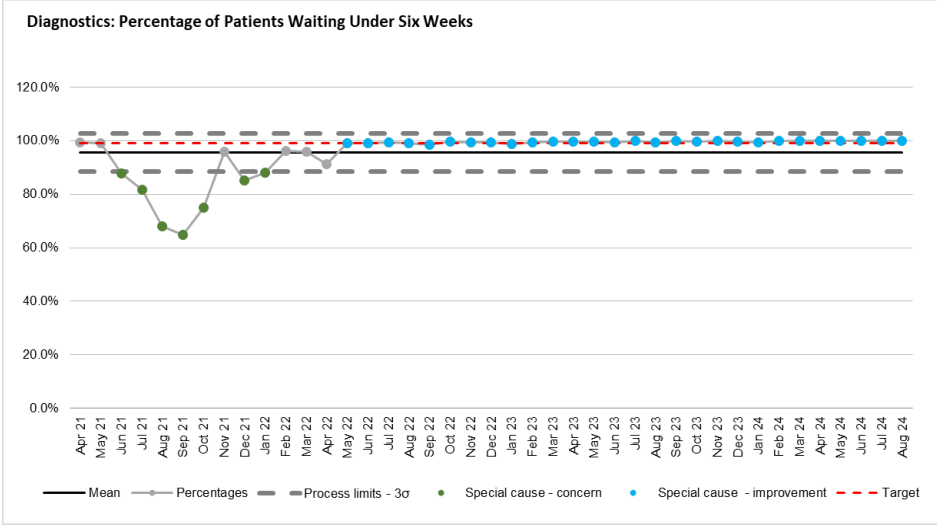
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



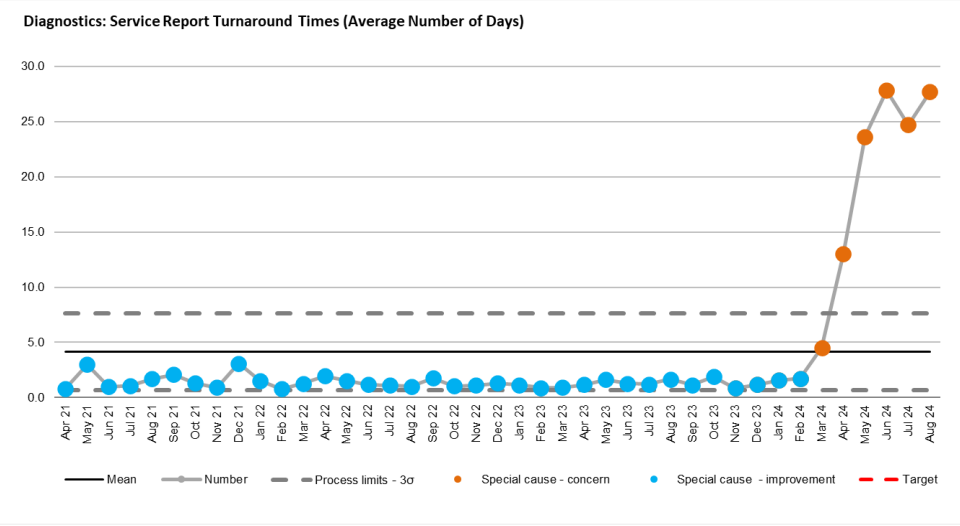
Referrals 18/19 - 24/25 (August Comparison)



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 August 2024 closing the month at 99.88% with 1 diagnostic imaging patient waiting over 6 weeks.

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

AREAS FOR IMPROVEMENT

Outsourcing of Radiology Reporting commenced on 08/08/2024. Primarily being used to clear the backlog of MRI and X-rays since March 2024. All MRI's to 20/08/24 have been outsourced and will be reported within 7 days. All Oncology and non-medical referrer x-rays from the backlog have been reported in house and continue to be prioritised. It is anticipated that the backlog will be cleared by the end of September 24.

There is a 2 week typing backlog that is reducing daily. The backlog total is 469. The oldest x-ray for typing is dated 02/09/24 and the oldest MRI for typing is dated 01/09/24. It is anticipated that the backlog will be cleared by the end of September 24. Voice recognition is currently being tested via the TPro solution, with Dragon as a possible alternative system. Implementation is estimated for October 24.

Adjusting Consultant job plans to maximise clinical duties and capacity in both CT and ultrasound to support Oncology services is still in progress.

Implementing electronic letters being sent via Dr Doctor – now anticipated to go live in September 2024.

RISKS

There is a current risk with Consultant Radiologist workforce vacancies. The previous advert failed to attract suitable candidates for shortlisting.

Support to Oncology service is continuing but with possible reduced Interventional lists and MDT support. Discussions regarding job plans taking place to allow maximum support.

Reduced capacity in Ultrasound until fellows trained, DM01 on track for September. Lists adjusted to accommodate more Diagnostic scans.

7. Diagnostic Performance

Summary Performance Figures – September 24 (July 2024 Submission)

Target Name	National Standard	July 24 (complete)			
		%	In target	Breach	Total
31 DTTD to Treatment	96%	100%	20.0	0.0	20.0
62 day RTT to treatment	70%	82.3%	7.0	1.5	8.5
28 day FDS REPORTED	75%	81.8%	81.0	18.0	99
Patients over 104 days (62 day standard)					

8. Cancer Performance

Performance

The trust was compliant against all three cancer waiting time targets for July 24.

The 62-day metric was achieved at 82.3%. A total of 9 treatments were applicable to the trust, 7 of those were compliant and the remaining 2 patients breached.

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

- 0.5 shared breach; This patient was a consultant upgrade from DMDT. Root cause of delay was due to ROH being middle trust as per the breach allocation policy, Patient was still referred out day 31 of their pathway for Radiotherapy. Patient was referred to Warwick who held 18 days and referred to UHB who treated day 121, as ROH held longer than Warwick, ROH shared the breach with UHB.
- 1 full Breach; This patient was a tertiary referral received in day 14. Root cause of delay was due to complex diagnostics. A diagnosis was not reached until day 62 due to pathology taking 36 days for formal reporting, patient was consented and TCI 16 days following this.

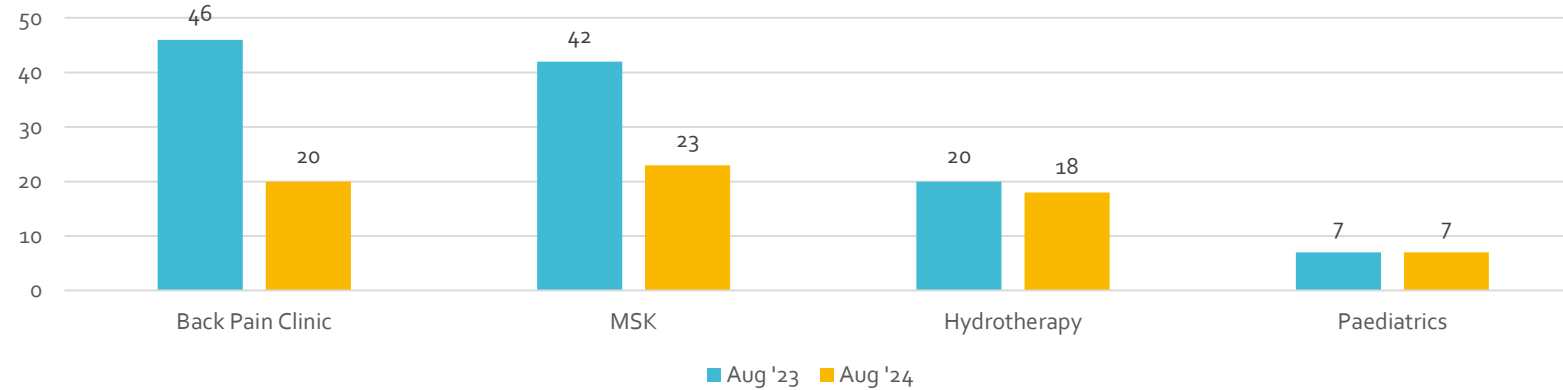
Risks /actions ongoing

The team continues to monitor performance 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 and there has been a positive improvement in July's performance for FDS from 76% to 81%. Workforce challenges in Radiology are being mitigated through communication and early escalation between oncology and radiology. Any risk to pathways are escalated to Deputy COO.

A business case is currently being developed for approval of an SLA expansion to address joint plastic surgery capacity throughout the week.

9. MSK Waits

Physio / MSK Waiting Times August '23 v's August '24



Summary – data as per 12/08/24

The chart above shows the significant improvement in therapy waiting times covering the period August 2023 to August 2024. Work continues to ensure clinics are fully maximised to support reducing the waiting times further.

It is therefore recommended that this metric is reported on a quarterly basis or by exception if waiting times deviate off track.

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 October 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

- The service has ambitions to exceed £5m turnover this financial year.
- The service exceeded its August income target by £81k.
- The service is running at £127k behind plan which is an improvement on the July position of £208k behind plan.
- Following a site visit, BUPA recognition has been confirmed and the contract will go live on 01.10.24.

24-25 summary	M1	M2	M3	M4	M5	YTD
Income Plan (£000)	425	425	425	407	255	1937
Income to be collected (£000)	375	384	241	474	336	1810
Variance	-50	-41	-184	67	81	-127

***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 increase income generation and additional activity to improve the Trust's financial position in 24/25 and assure the committee that key actions from the strategic plan are being delivered, the following actions are being undertaken:

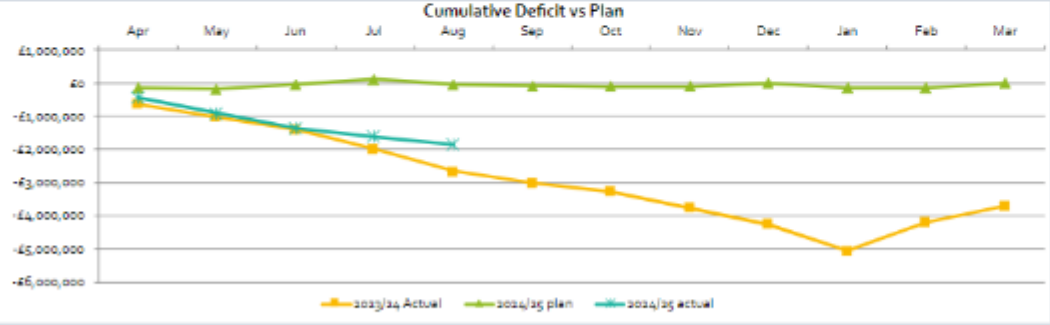
- Communications plan is in development to support roll out of the BUPA contract with a focus on consultant and secretary comms and promotion on website and marketing collateral. BUPA finder will need to be updated, and consultants may require support with this. Consultant profiles on ROH private website will be linked with BUPA finder to increase SEO opportunity.
- Agreement with local ballet school to increase imaging income by approx. £20k per year
- Focus on outpatient imaging service to increase self-funding activity now that a fee structure has been set
- Work ongoing with imaging to capture income and increase other business opportunities particularly around ultrasound guided injections.

8. Finance on a Page

Month 5

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	£10,843	£10,816	-£27	£54,792	£54,411	-£381	£131,973	£131,186	-£787
Other income	£541	£504	-£37	£2,676	£2,419	-£257	£6,432	£6,262	-£170
Pay	-£6,497	-£6,413	£84	-£31,962	-£32,149	-£187	-£78,370	-£76,302	£2,068
Non Pay	-£4,936	-£5,074	-£138	-£24,986	-£26,157	-£1,171	-£58,691	-£60,186	-£1,495
Non operating costs	-£119	-£81	£38	-£595	-£431	£164	-£1,436	-£1,052	£384
Remove capital donations	£8	£8	£0	£38	£38	£0	£92	£92	£0
TOTAL	-£159	-£241	-£82	-£37	-£1,870	-£1,833	£0	£0	£0



Agency as a % of paybill = 2.9%



Efficiencies	YTD	Forecast
Plan	£2,201	£8,220
Actual	£1,599	£8,220
Variance	-£602	£0

Capital	YTD	Forecast
Plan (exc IFRS16)	£1,194	£4,400
Actual	£278	£4,400
IFRS 16	£624	£756
Variance	£916	£0

Better Payment practice code	YTD	% move't prev month
Non-NHS		
By number	81.9%	-0.9%
By Value	87.8%	1.7%
NHS		
By number	53.5%	-1.8%
By number	19.8%	-8.4%
Total		
By number	81.3%	-1.0%
By Value	81.1%	-0.1%

9. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £241k against a planned deficit of £159k, generating an adverse £82k variance. Year to date deficit totals £1,870k deficit against a deficit plan of £37k, generating an adverse £1,833k variance.

Income year to date under performed by £638k. This relates to a £97k underperformance in Private patient income, underperformance in education income of £160k, commercial income £120k and a £332k provision for 24/25 convergence and growth adjustment for commissioners.

Pay expenditure is underspent in month by £84k with a year to date overspend of £187k. Agency spend reduced to 2.9% of paybill in month and a year to date underspend of £136k.

Non pay expenditure overspent in month by £138k and year to date adverse variance of £1,171k. This is primarily driven as a result of LLP expenditure above plan and unidentified CIP not yet identified.

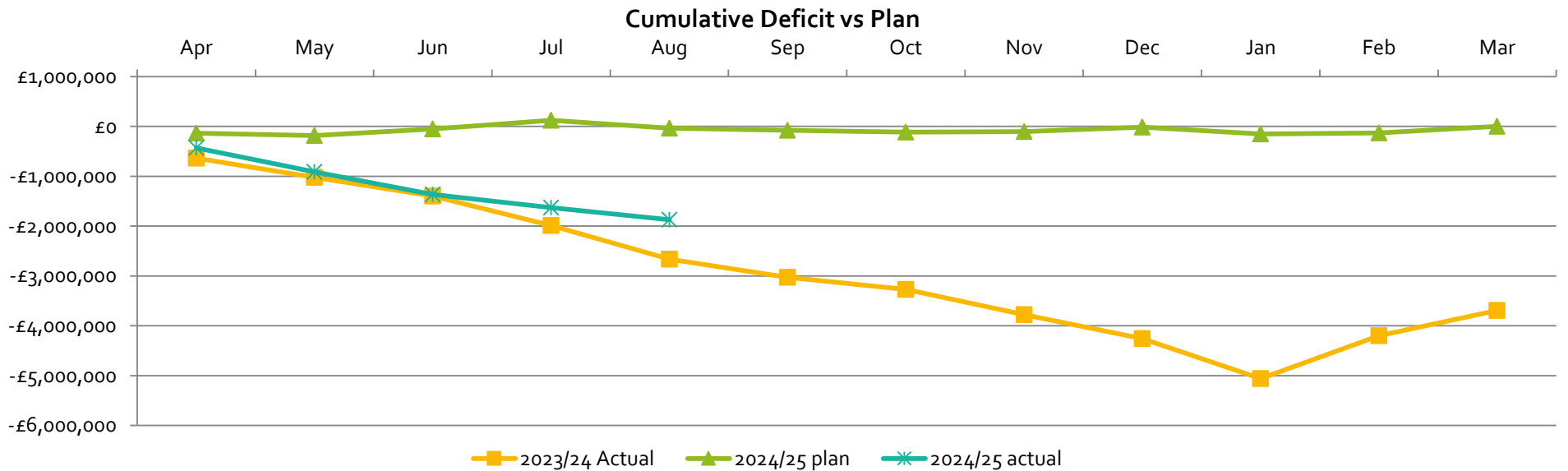
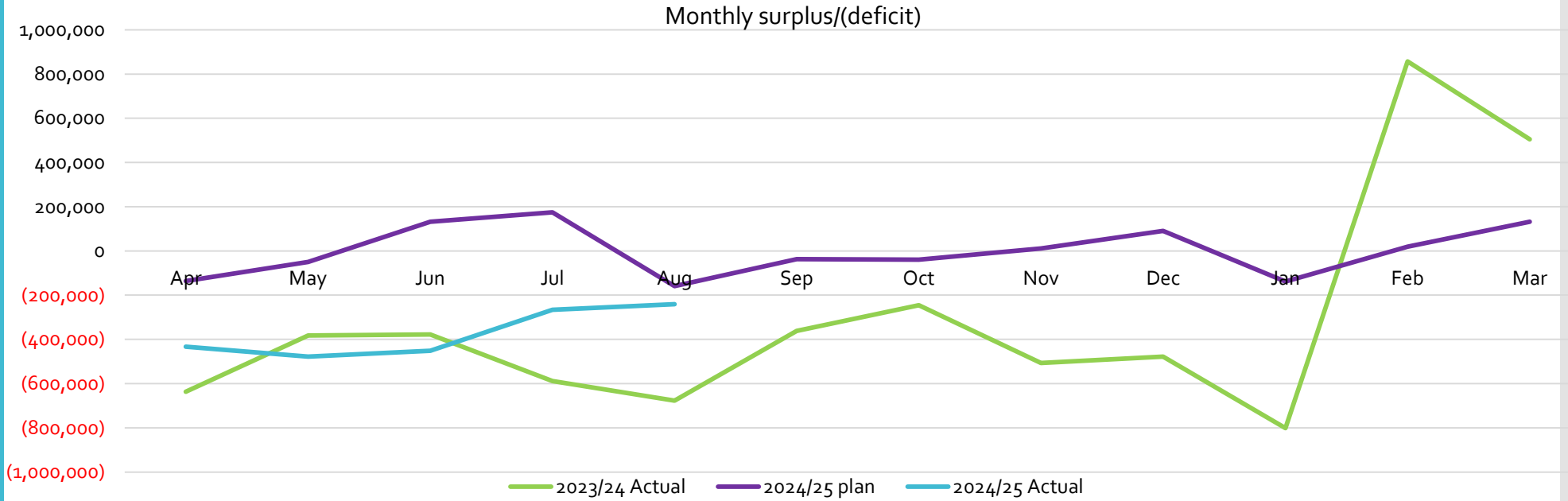
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	(638)	(187)	(1,171)	164	(1,833)
Year to date plan	57,468	(31,962)	(24,986)	(557)	(37)
Year to date actual	56,830	(32,149)	(26,157)	(393)	(1,870)
Variance compared previous month					



9. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	54,792	54,411	(381)
Other Operating Income (Excluding top up)	2,676	2,419	(257)
Employee Expenses (inc. Agency)	(31,962)	(32,149)	(187)
Other operating expenses	(24,986)	(26,157)	(1,171)
Operating Surplus	519	(1,477)	(1,996)
Net Finance Costs	(595)	(431)	164
Net surplus/(deficit)	(75)	(1,908)	(1,832)
Remove donated asset I&E impact	38	38	0
Adjusted financial performance	(37)	(1,870)	(1,833)

9. Overall Financial Performance



10. Income

SUMMARY

Income year to date under performed by £638k. This relates to a £97k underperformance in Private patient income, underperformance in education income of £160k, commercial income £120k and a £332k provision for 24/25 convergence and growth adjustment for commissioners.

Elective Recovery Fund (ERF) income performance is an underperformance against NHSE target of £109k year to date and underperformance of £2.1m against the adjusted ERF target. The adjusted ERF target includes the additional activity performance included within the route to breakeven plan. 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.

AREAS FOR IMPROVEMENT

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

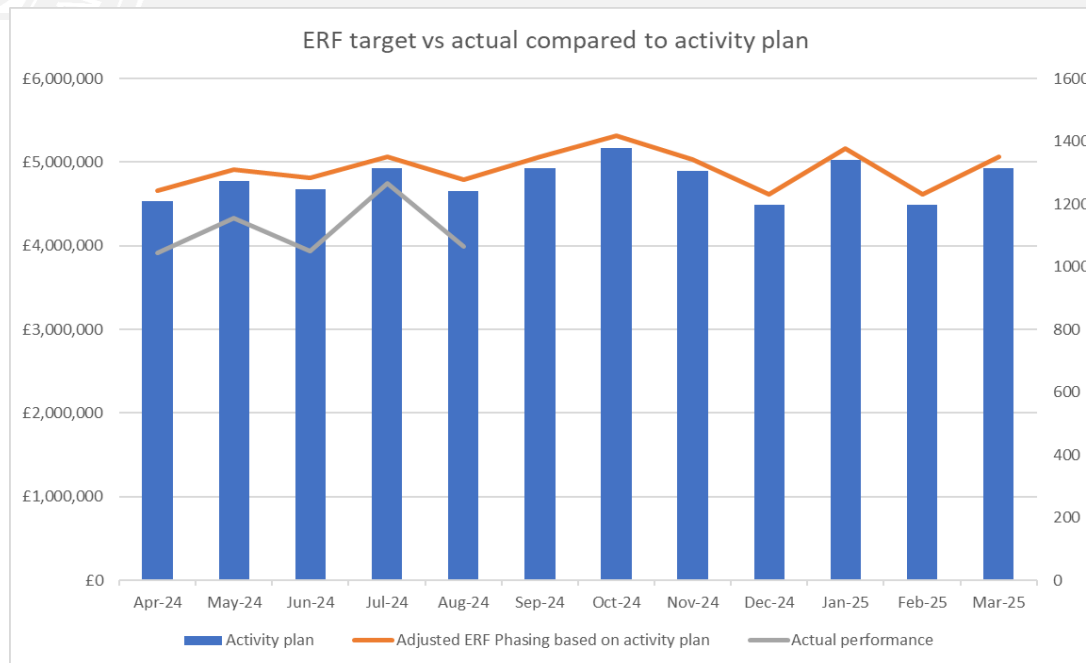
RISKS / ISSUES

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



Elective Recovery Fund (ERF)

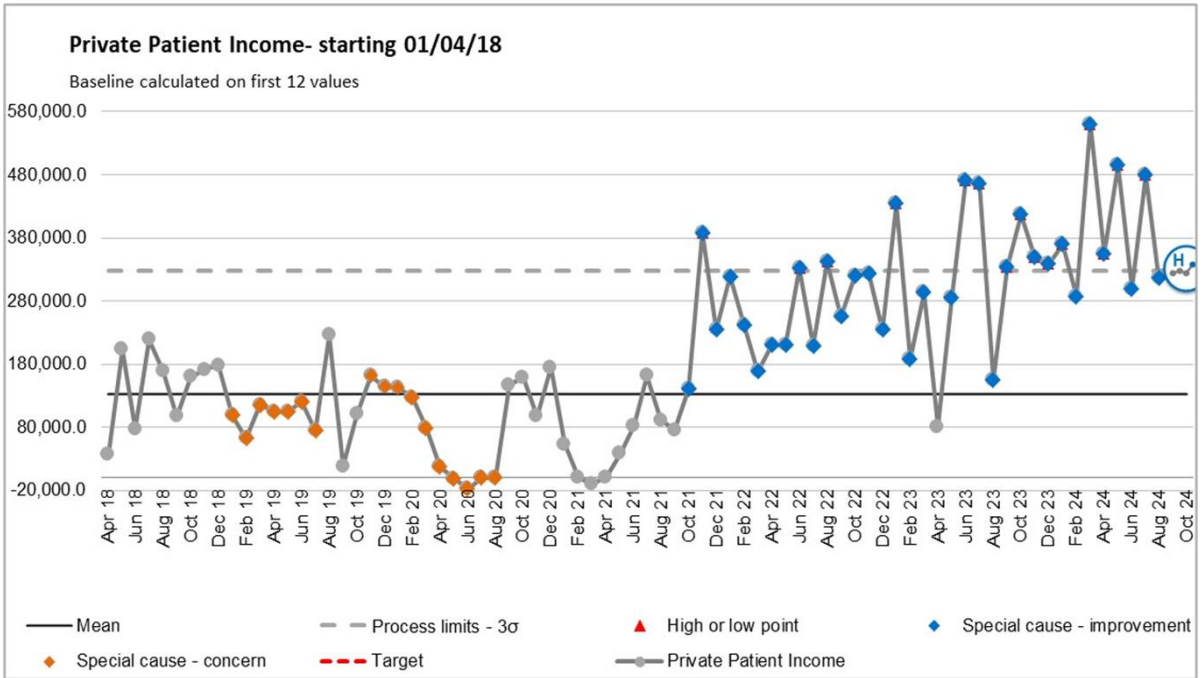
Elective Recovery Fund (ERF) income performance is an underperformance against NHSE target of £109k year to date and underperformance of £3.4m against the adjusted ERF target. The adjusted ERF target includes the additional activity performance included within the route to breakeven plan.

	YTD Target	YTD Actuals	Over/Under performance
NHSE Target	£20,926,034	£20,816,045	-£109,989
Adjusted target for breakeven plan	£24,225,039	£20,816,045	-£3,408,994

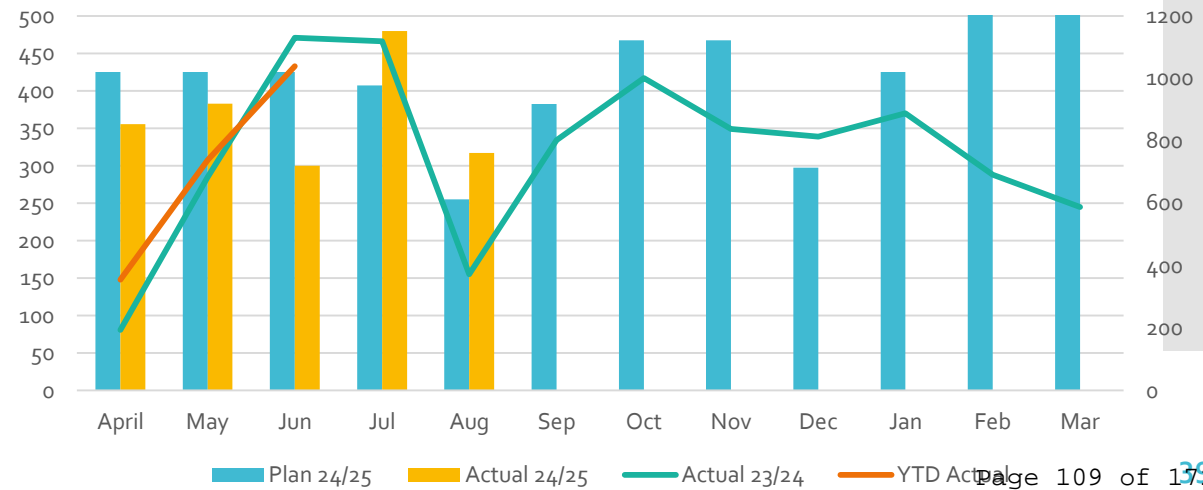
£'000s						
19/20 baseline	Estimated 24/25 target (1.1% net inflation tariff uplift)	Additional income for 4% increase	Additional 2% to breakeven	23/24 underperformance adjustment	Adjusted ERF target	% 19/20 baseline
48,710,331	54,440,185	2,153,914	1,076,957	£1,836,990	59,134,960	121%

10. Income

Private patient income



Private Patient 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 underspent in month by £84k with a year to date overspend of £187k. Agency spend reduced to 2.9% of paybill in month and a year to date underspend of £136k. Bank expenditure has increased in month with a year to date overspend of £503k.

Non pay expenditure overspent in month by £138k and year to date adverse variance of £1,171k. This is primarily driven as a result of LLP expenditure above plan and unidentified CIP not yet identified.

Surgical LLP spend year to date is an overspend of £671k with spend of £1,298k against a plan of £627k.

There continues to be high spend in theatres which is £1.3m overspent YTD. An additional contract performance meeting with Genmed has further strengthened controls and actions to mitigate further cost increases have been agreed., Additional reporting is now in place, providing more information on which further decisions can be taken

Unidentified CIP now totals £602k year to date. Whilst additional recurrent schemes are being identified the Trust now need to identify non-recurrent schemes which can deliver this.

AREAS FOR IMPROVEMENT

- LLP expenditure reduction
- Bank expenditure above plan
- Identification of CIP
- Theatre consumable spend reducing to planned levels.

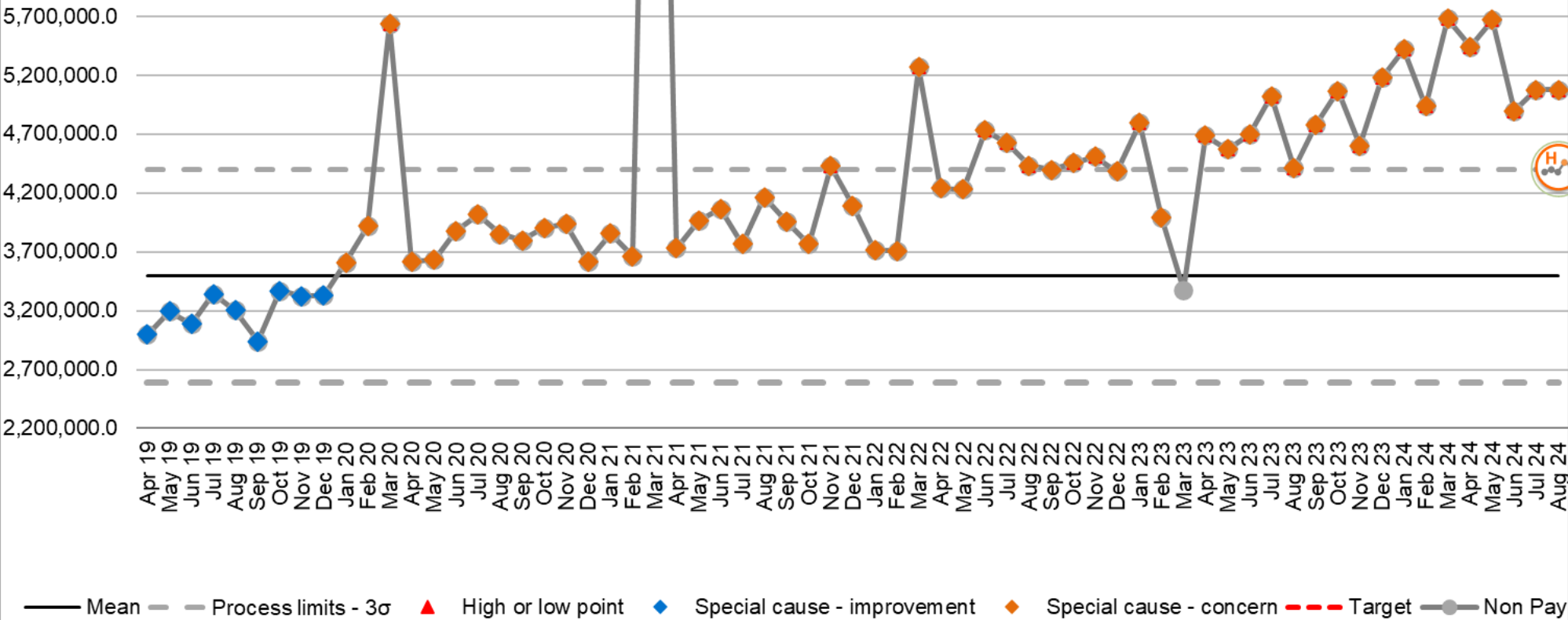
RISKS / ISSUES

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

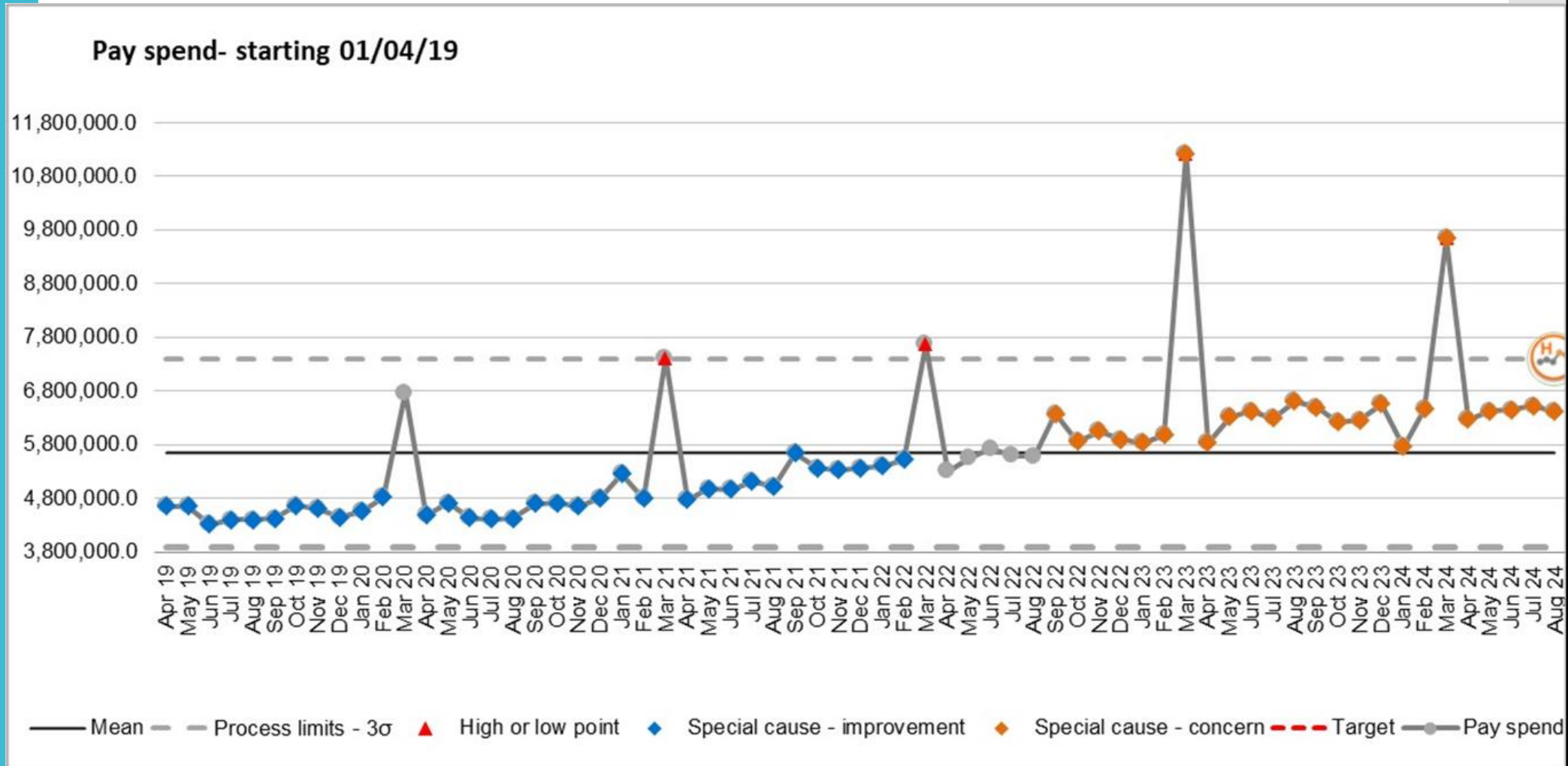
12. Non Pay Expenditure

Non pay expenditure- starting 01/04/19

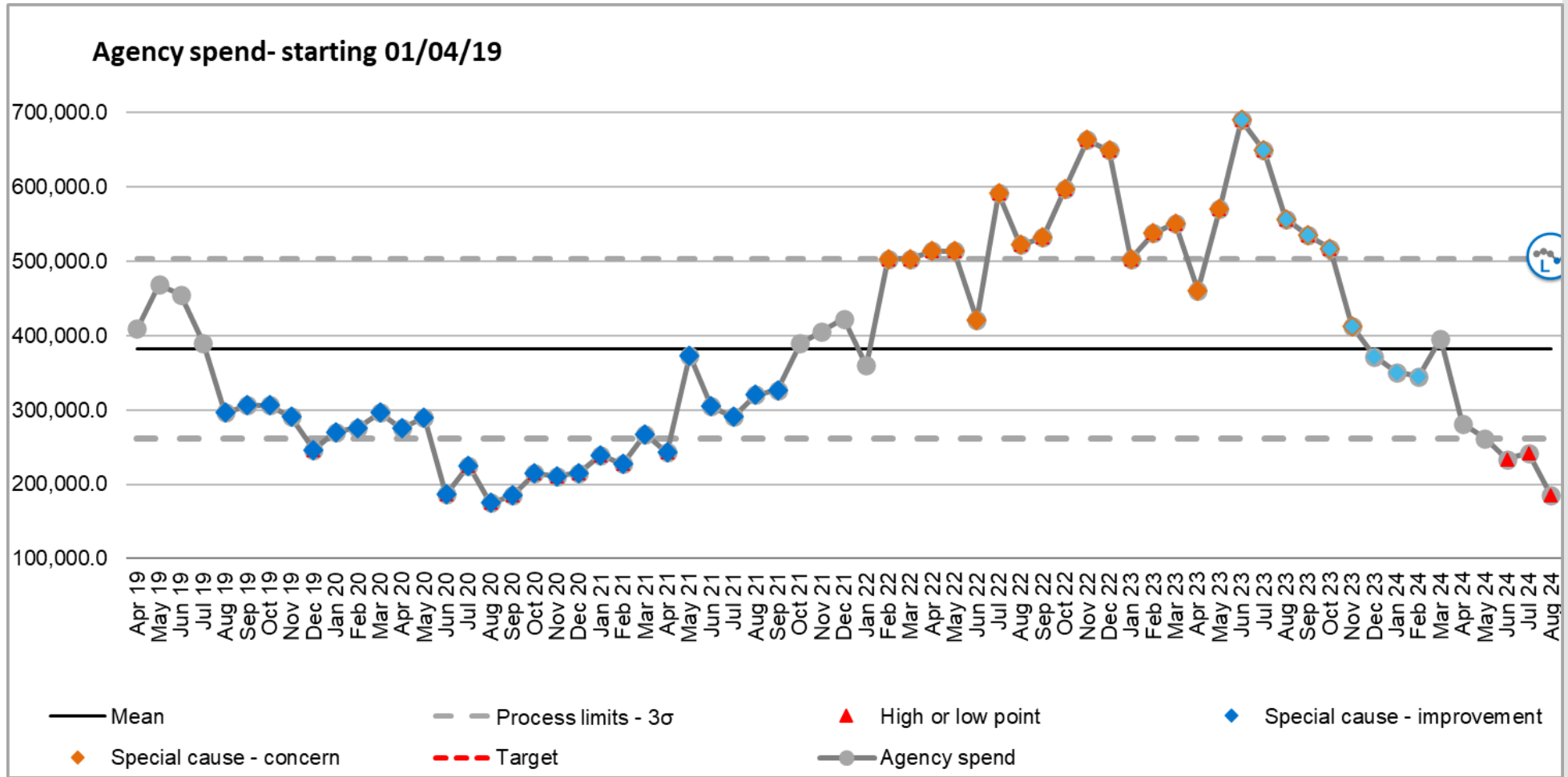
Baseline calculated on first 12 values



13. Pay Expenditure



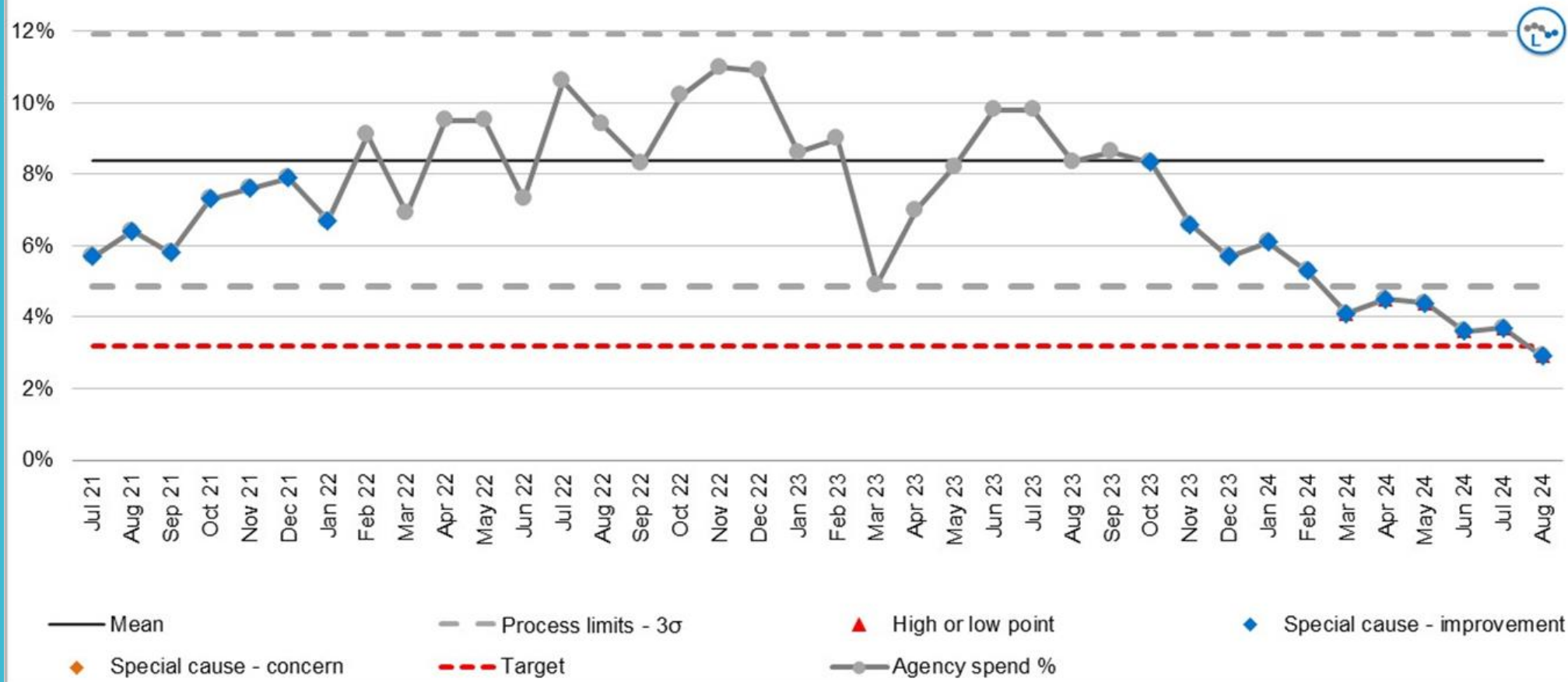
14. Agency Expenditure



14. Agency Expenditure

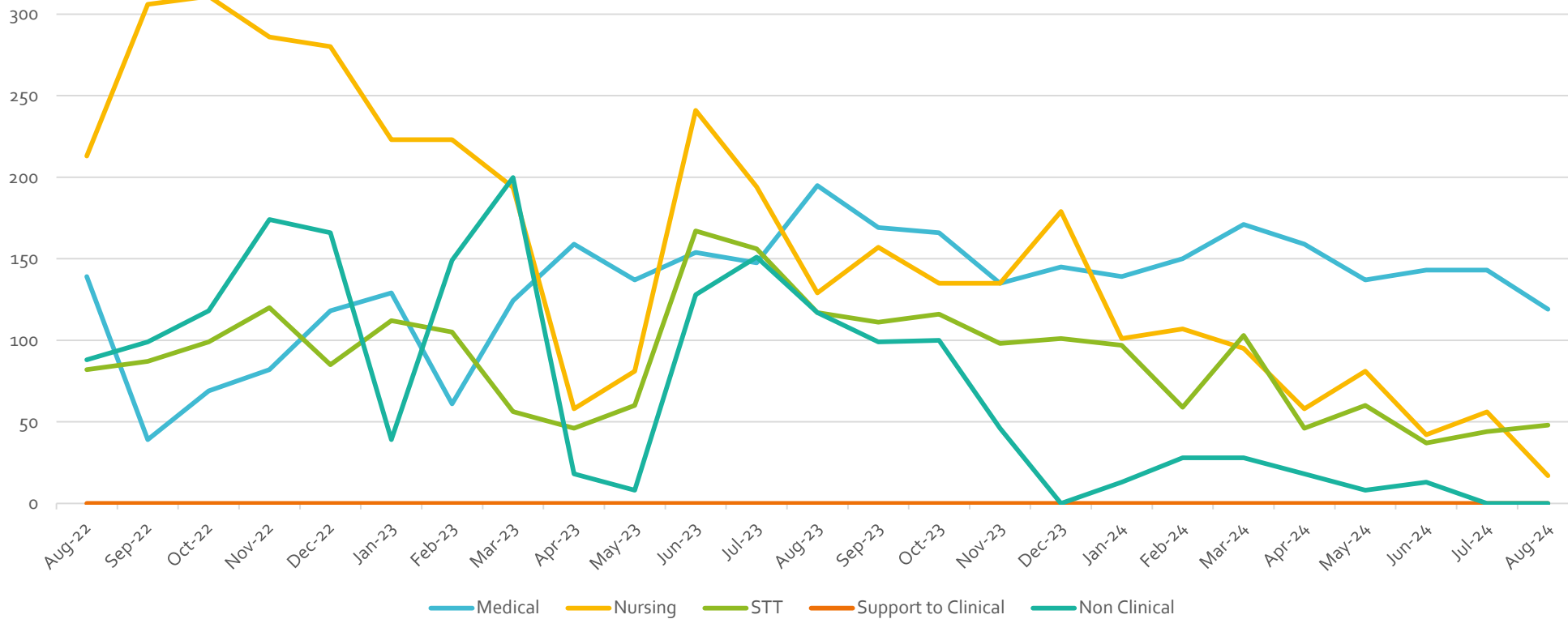
Agency spend as a % of pay bill- starting 01/07/21

Baseline calculated on first 20 values



14. Agency Expenditure

Agency spend by staff group



15. Cost Improvement Programme Summary

SUMMARY

Year to date savings totalling £2,745k have been delivered, against a planned forecast of £3,425k, delivering an adverse variance of £680k. Unidentified CIP has contributed to the underperformance year to date. The Financial Sustainability and Improvement Group has given focus to the unidentified CIP and additional schemes have been identified to reduce this value.

PFR Category	Scheme	Plan total	YTD Plan	YTD Actual	Variance
Non-Pay-other	Discretionary spend hold	750	312	25	-288
Pay-Agency	Minimise overall agency spend	2904	1210	1,282	72
Income-Non-Patient Care	commercial income	294	123	0	-123
Pay-service redesign	POAC redesign nurse led model	115	48	0	-48
Non-Pay-Medicines efficiencies	Pharmacy - Generic switches	154	64	0	-64
Pay-corporate service transformation	Non clinical admin, vacancy and bank hold	334	139	0	-139
Non-pay-Procurement	Procurement - Birmingham Hospital Alliance Collaborative	198	83	123	40
Non-pay-Service redesign	Day case unit - increase to 23 hour	750	313	0	-313
Non-pay-Procurement	Procurement -ROH	528	220	1,315	1095
Income-Private Patient	Private patient service expansion	440	183	0	-183
Pay-E Job Planning	Consultant premium rate working (LLP spend reduction)	564	235	0	-235
Income-other	ERF additional income	607.2	235	0	-235
	Scheme total	7638.2		2,745	(22)
	Unidentified	582	243	0	-243
	TOTAL	8,220	3,425	2,745	-680

15. Route to breakeven progress

	Proposed opportunity	Proposed implementation	24/25 opportunity		QIA Assessment			Exec Lead	Progress	
					Patient Experience	Patient Safety	Clinical Effectiveness		Monitoring forum	Aug'25
Recruitment hold on non clinical vacancies	£224,538	May	£205,827	25% hold on posts at an average yearly cost of c£23k	Yellow	Green	Green	Sharon Malhi	Vacancy panel	Reduction in month of £20k
Training and education	£83,253	May	£76,315	25% reduction on current training and education budgets	Green	Green	Green	Sharon Malhi	Non clinical procurement group	Year to date u/spend £49,224
Room hire and hospitality	£37,056	May	£33,968	50% reduction on external room hire and hospitality	Green	Green	Green	Rebecca Lloyd	Non clinical procurement group	Year to date u/spend £5k
Consultancy	£92,827	April	£92,827	50% reduction on consultancy support	Green	Green	Green	Steve Washbourne	Non clinical procurement group	Year to date u/spend £11k
Agency				Already ambitious target within financial plan to reduce to 3.2% target	Green	Green	Green	Matt Revell	Temporary workforce working group	Year to date u/spend £65k
Elective Activity	£500,000	May	£458,333	2% Productivity in addition to 4%	Green	Green	Green	Marie Peplow	Operational Management Board (OMB)	Underperforming against ERF target
Outpatient Activity	£200,000	June	£150,000	4% Productivity in outpatients	Green	Green	Green	Marie Peplow	Operational Management Board (OMB)	Underperforming against ERF target
Activity delivery – reducing premium rate working	£753,108	July	£564,831	LLP Reduction. Productivity gain of delivering additional activity within job planned core hours	Yellow	Yellow	Yellow	Marie Peplow	Financial Sustainability Improvement Group (FSIG)	£295k in August bringing total spend year to date to £1,298,793 which is £671k overspent against plan YTD.
Non ERF activity reduction; Physiotherapy	£40,788	June	£30,591	Reduce waiting list reduction rate with significant reduction in agency expenditure	Yellow	Yellow	Yellow	Marie Peplow	Temporary workforce working group	Physio and OT agency and bank spend continues in month with £141k spent year to date.
Non ERF activity reduction; Out patient follow up activity				Needs further consideration to ensure it won't impact on ERF with current conversion rates	Red	Yellow	Yellow	Marie Peplow	TBC	Overperforming against outpatient follow up activity by 1722 patients YTD, no additional income is received for this activity
Increase prices in commercial income generation				Difficult to model with impact on demand by price adjustment	Red	Yellow	Yellow	Steve Washbourne	Financial Sustainability Improvement Group (FSIG)	Underperforming year to date of £120k
Ward closures	£323,706	July	£242,780	Accelerate reduction in length of stay initiatives and remodel a ward to a 5 day ward	Yellow	Yellow	Yellow	Nickie Brockie	Service Improvement Board	
Nurse led Pre operative assessment	£138,934	Sept	£81,045	Including budget + agency spend on medical staff	Yellow	Yellow	Yellow	Nickie Brockie	Service Improvement Board	
Admin bank controls	£120,000	May	£110,000	Cease all premium rate bank working with admin bank only worked within core hours	Green	Green	Green	Steve Washbourne	Temporary workforce working group	Continued overspend with £440k o/spend YTD.

16. Capital summary

SUMMARY

Year to date spend of £276k against planned spend of £1,818k generating an underspend to date of £1,540k. This is due to scheme slippage against the original plan rather than an expected underspend by the end of the year.

Stream	Scheme Name	24/25	YTD Spend	Variance
Strategic Estates	Oncology office refurbishment/relocation	1,196,222	426,683	769,539
Strategic Estates	Retention - Relocation of Facilities to the Old Pharmacy building	6,582	0	6,582
Strategic Estates	Retention - Replacement for room 3 from a fluoroscopy room to a digital x-ray room	2,771	1,726	1,045
Strategic Estates	Retention - Café Royale Refurbishment	2,000	3,600	(1,600)
Strategic Estates	Replacement boiler knowledge hub	400,000	0	400,000
Strategic Estates	Replacement boiler theatres	100,000	0	100,000
Strategic Estates	Remote ability to connect to mobile Generator for 1,2 &3	95,000	0	95,000
Strategic Estates	Roof Replacement inc Large and Small Joint Medical Secretary block / Plaster room / Theatre 3, Hydrotherapy roofs	70,000	0	70,000
Green estate	Pool allocation for scheme prioritisation by budget holder	50,000	560	49,440
Estates Maintenance	Pool allocation for scheme prioritisation by budget holder	150,000	(16,613)	166,263
Equipment	Pool allocation for scheme prioritisation by budget holder	200,000	50,482	149,518
Equipment	Image intensifiers x 5	804,000	0	804,000
Information Technology	Pool allocation for scheme prioritisation by budget holder	100,000	0	100,000
Information Technology	EPR	200,000	54,808	145,192
Reserve		122,425	(244,879)	367,304
TOTAL		3,499,000	276,718	3,222,283

17. Statement of Financial Position

SUMMARY

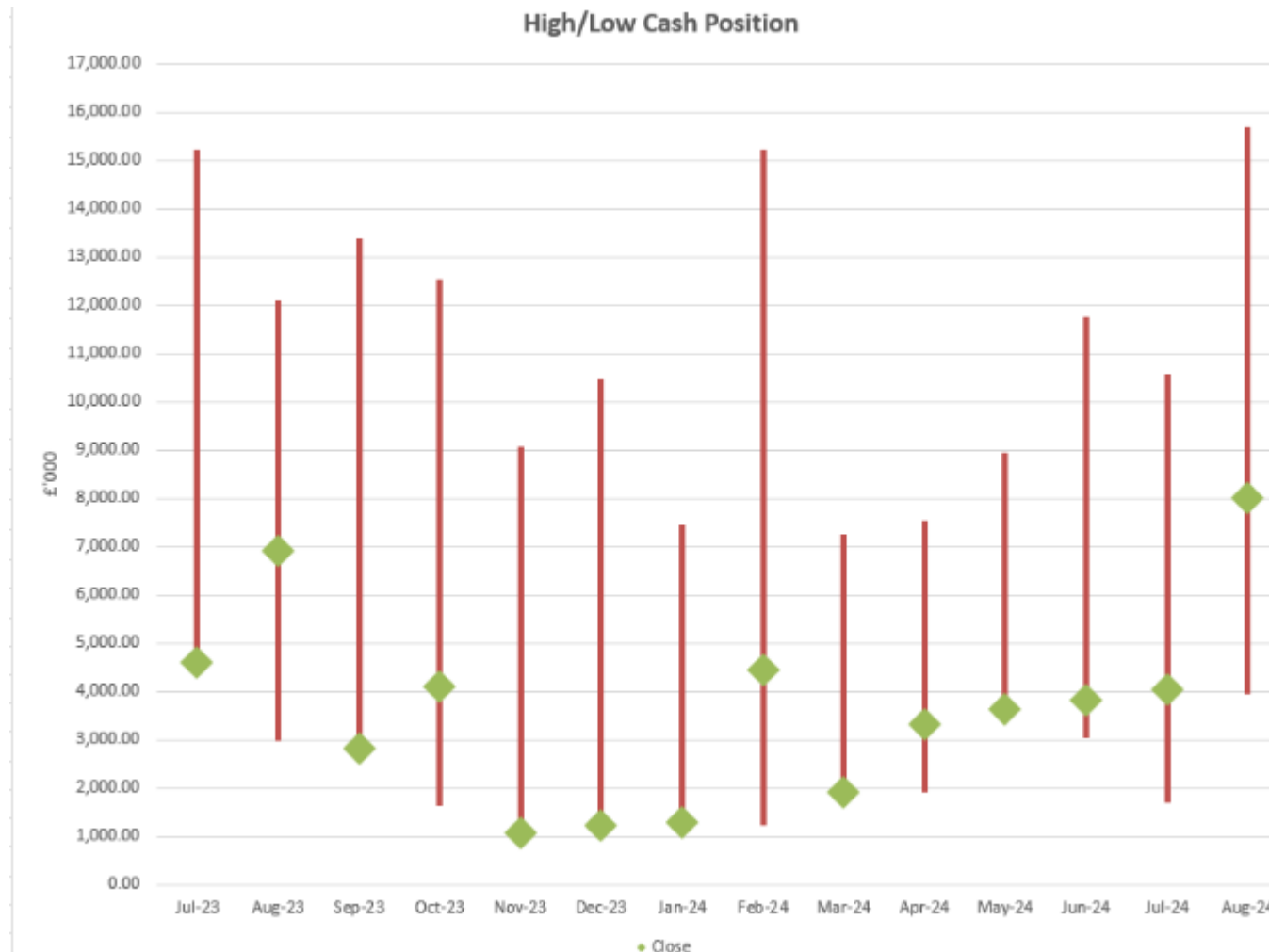
The main movements in the balance sheet have been in relation to the increase in cash and PDC following the support payment received from the Department of Health.

The cash position has eased, but 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.

	2023/24 M12	2024/25 M5	Movement
	(£'000)		
Intangible Assets	981	849	
Tangible Assets	65,398	63,369	
Total Non Current Assets	66,379	64,218	
Inventories	1	2	
Trade and other current assets	8,195	10,693	
Cash	1,698	7,651	
Total Current Assets	9,893	18,346	
Current Liabilities	(18,332)	(23,946)	
Non current liabilities	(14,129)	(12,922)	
Total Liabilities	(32,461)	(36,868)	
Total Net Assets Employed	43,811	45,696	
Total Taxpayers' and Others' Equity	43,811	45,696	

18. 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 places 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), although only the July drawdown was needed, so the August draw down was not taken.



19. System Position

The headline performance at Month 5 is a deficit of £60.8m deficit, £43.7m adverse against the YTD plan of £17.1m

Total Performance	YTD				FOT			
	June Plan	Current Plan	Actual	Variance	June Plan	Annual Plan	FOT	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
BSOL ICB	1,443	1,443	3,416	1,973	11,405	11,405	11,405	0
BSMHT	998	998	-249	-1,247	2,069	2,069	2,069	0
BCHC	-300	-98	-78	20	0	0	0	0
BWC	1,250	1,250	-2,205	-3,455	3,000	3,000	3,000	0
ROH	-38	-37	-1,870	-1,833	0	0	0	0
UHB	-20,643	-20,643	-59,813	-39,170	-16,474	-16,474	-16,474	0
Total	-17,290	-17,087	-60,798	-43,711	0	0	1	0

20. Workforce

Summary / Highlights

- Establishment decreased slightly this month.
- Adjusted turnover has slightly increased and will be monitored closely
- Sickness absence decreased, albeit it remains above target.
- Mandatory training and Appraisals have made positive progress.

Risks / Issues

- Sickness absence remains a concern to the Trust but is not an outlier with other system Trusts.
- Establishment control will need continued monitoring.

Actions

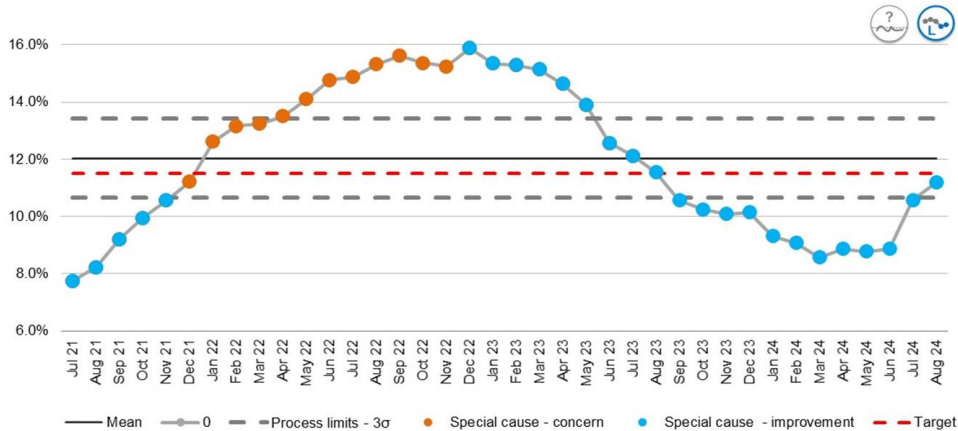
- Further confirm and challenge meetings around vacancies to take place to support filling gaps in establishment.
- Continued work with sickness absence management and support to managers who require HR support and guidance.

20. Workforce

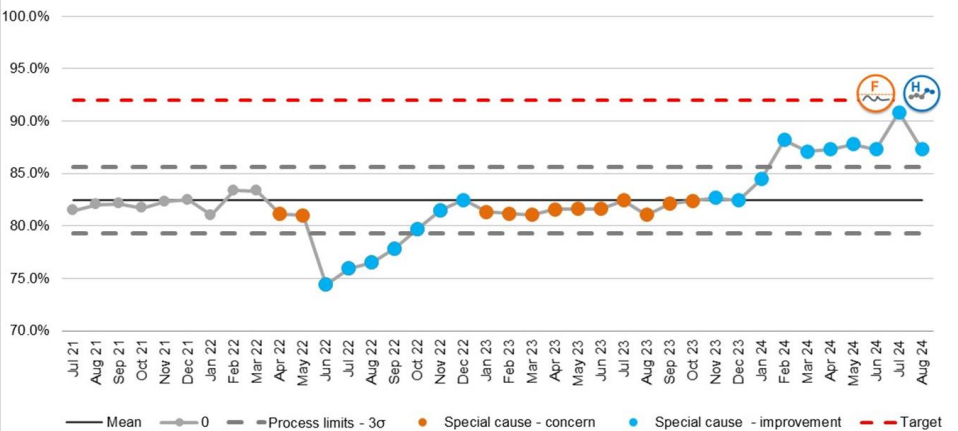
Trust Workforce Metrics	Jul-24	Aug-24	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1451	1449	-2	-	-
Staff In Post - Full Time Equivalent	1284.57	1279.59	-4.98	-	-
Staff Turnover % - Unadjusted	14.55%	12.67%	-1.88%	↓	<=11.5%
Staff Turnover % - Adjusted	10.58%	11.18%	0.60%	↑	<=11.5%
Total WTE Employed as % of Establishment	91.38%	89.67%	-1.71%	↓	>=93%
Total WTE Employed as % of Establishment - Clinical	90.85%	87.32%	-3.53%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	92.64%	93.83%	1.19%	↑	>=96%
% Of Attendance	94.14%	94.82%	0.68%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.97%	94.07%	0.10%	↑	>=96.3%
% Staff received mandatory training last 12 months	79.62%	86.28%	6.66%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	90.58%	91.62%	1.04%	↑	>=95%
% of Sickness - Trust wide Long-term	3.86%	3.76%	-0.10%	↓	-
% of Sickness - Trust wide Short-term	2.17%	2.17%	0.00%	-	-
Return To Work Completion %	63.08%	56.83%	-6.25%	↓	>=80%

20. Workforce

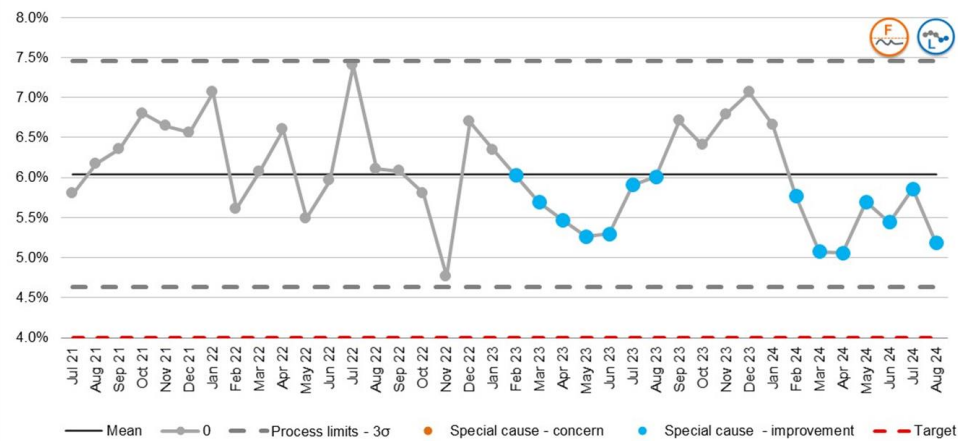
Staff Turnover (%) - Adjusted- starting 01/07/21



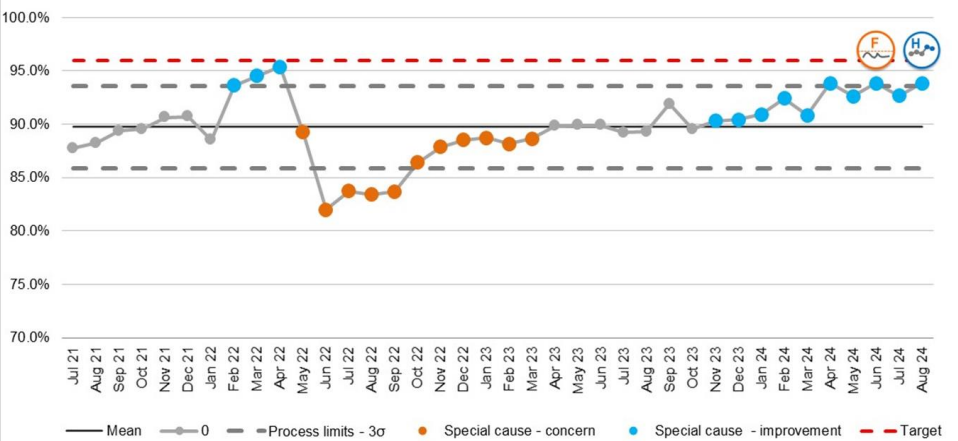
Clinical Establishment %- starting 01/07/21



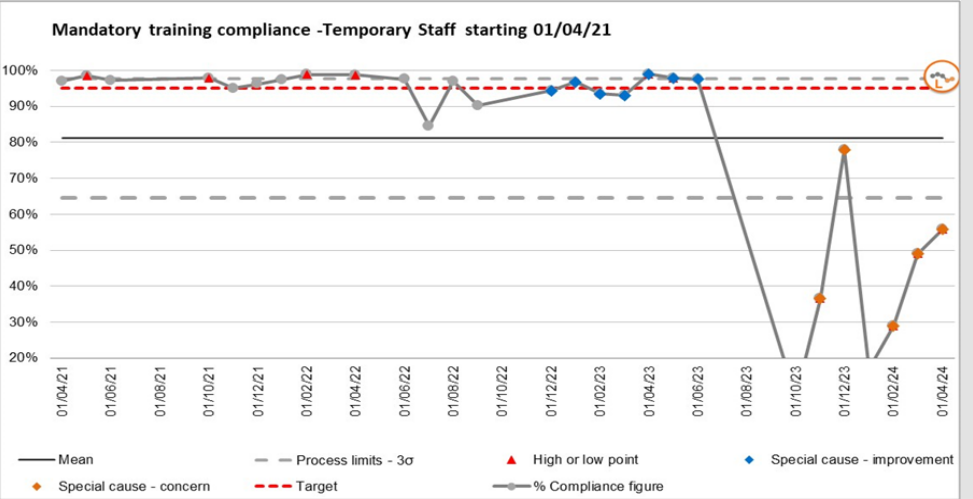
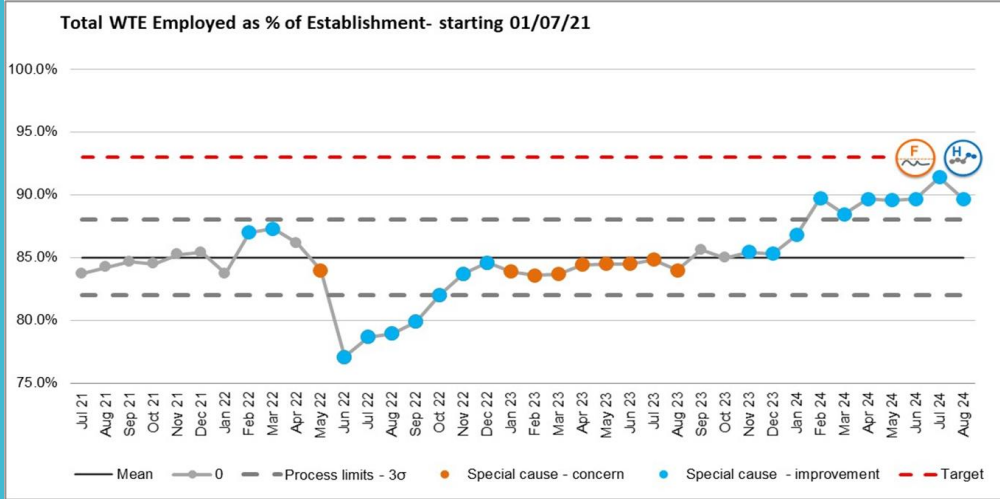
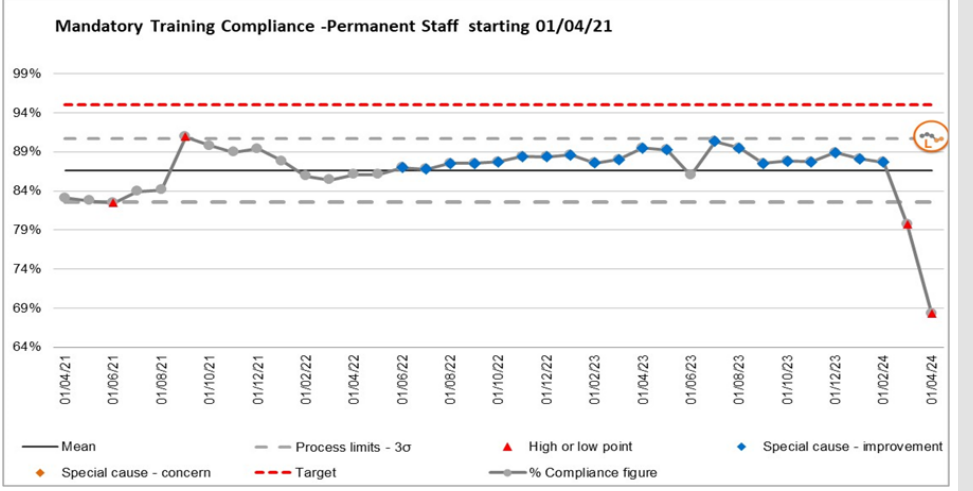
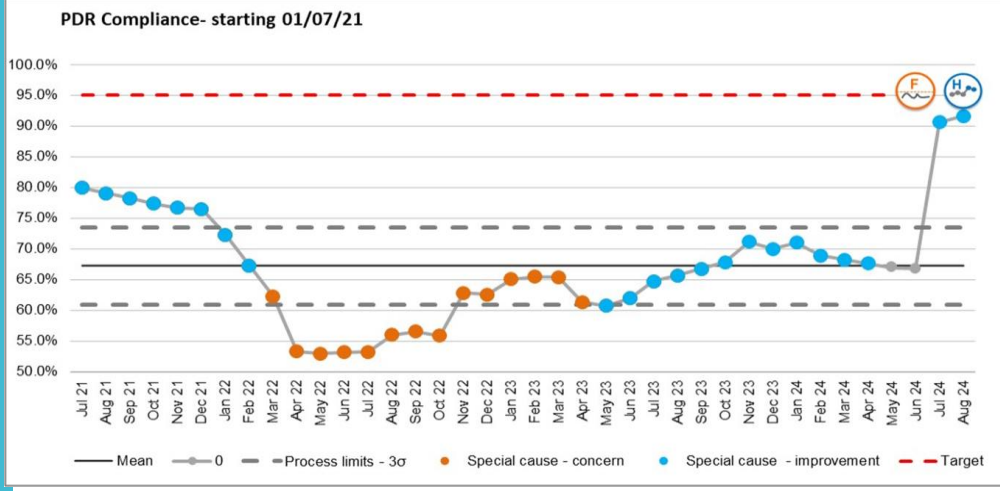
Trust Sickness Absence Rate- starting 01/07/21



Non-Clinical Establishment %- starting 01/07/21



20. Workforce





Quality Report

September 2024 (August 2024 Data)

Introduction

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Integrated Care System for routine engagement and assurance meetings.

The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

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.

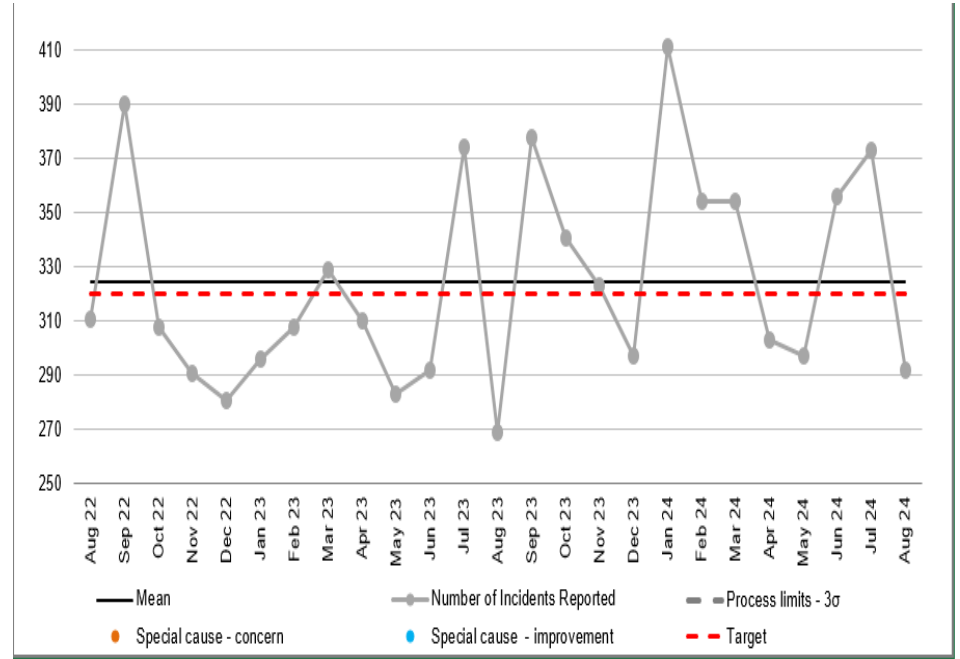
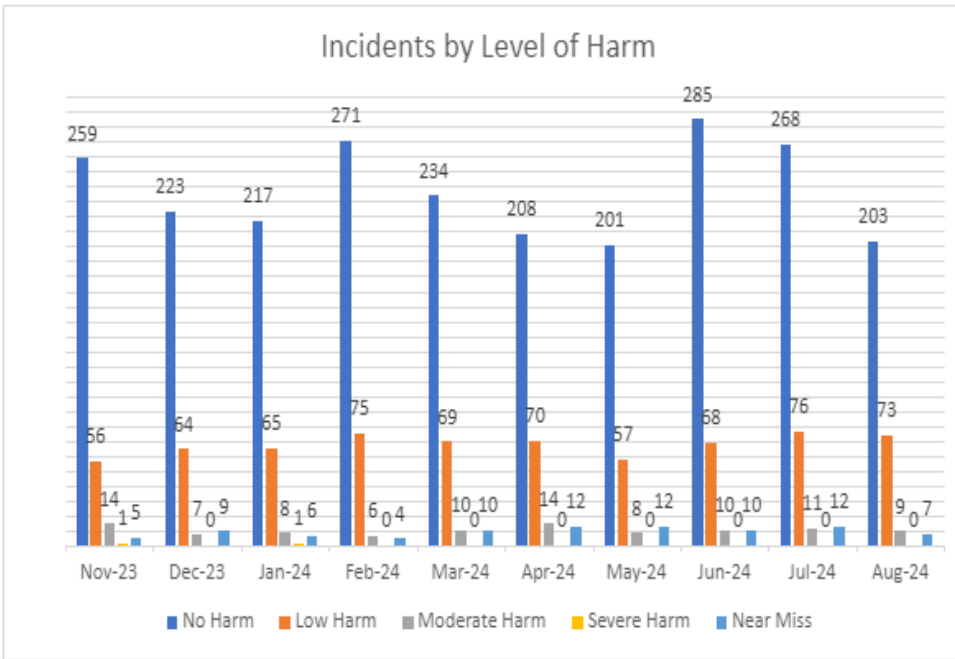
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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



Governance Performance Summary Dashboard

Performance to end August 2024	In month	Previous month	Variation	Assurance
Total No of Incidents Reported	292	374		
Inpatient Deaths	0	0		
PSII's (Patient Safety Incident Investigations)	0	0		
Never Events	0	0		
VTE Incidents (Avoidable)	0	0		
Category 2 Pressure Ulcer Incidents (Avoidable)	0	0		
Category 3 Pressure Ulcer Incidents (Avoidable)	1	0		
Falls (Total No of Inpatient Falls)	9	9		
Infection Incidents (Reportable)	0	0		
Complaints	4	10		
Claims	0	0		
Inquest	0	0		

Incidents Reported



Quality Improvement & Learning

Reduction of incidents reported is likely attributable to reduced activity and ward closures in month

A plan is currently being devised to improve the sharing of the outcome of patient safety incidents, whether the incident is managed locally or whether the incident is taken through the Trusts governance process and managed in accordance with our PSIRF Response Plan.

With locally managed incidents the proposed plan is to provide regular reports to local managers on closed incidents that can then be used to feedback to incident reporters on a 1 to 1 basis and also be used to share outcomes wider at local team/department meetings.

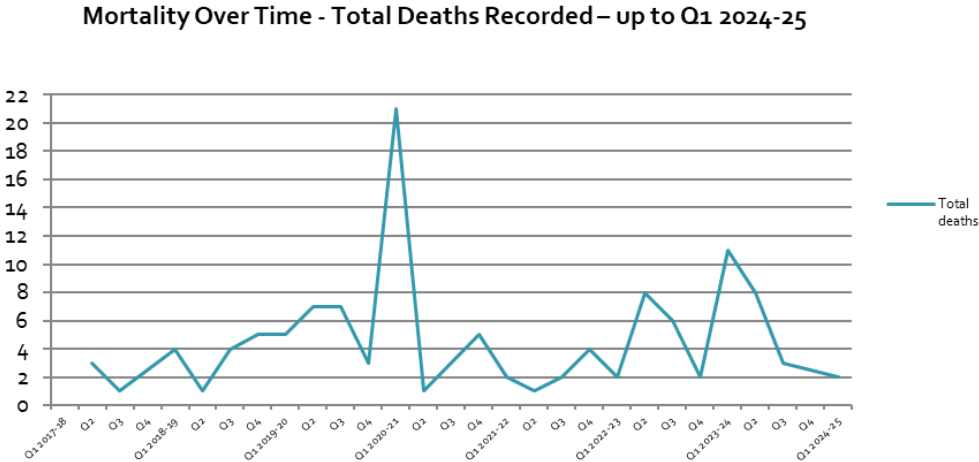
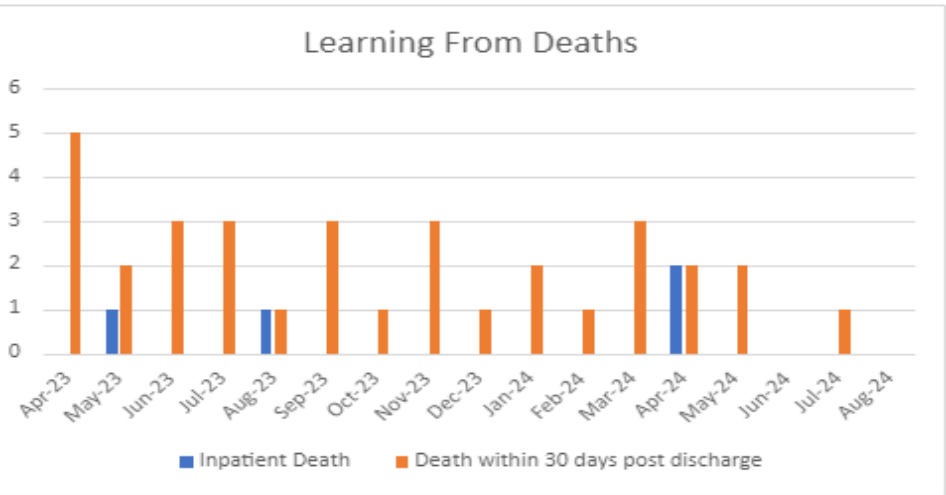
With incidents that are managed and investigated via divisional governance process, we are currently working with the Comms team to devise a format for the wider sharing of patient safety incidents and moreover the sharing of the learning from patient safety incidents that will be disseminated across the whole trust on a periodic basis. It is also planned to include a regular governance section to the monthly electronic bulletin aimed at clinical staff entitled 'Clinical News'.



Incidents Reported... (continued)

PSIRF Investigation Method	In Month	Last month	Year to Date
PSII	0	0	1
AAR	1	1	11
MDT	0	0	1
Thematic Review	1	0	2

Learning from Deaths



Quality Improvement & Learning

There were no inpatient deaths reported in August 2024.

Update on inpatient death reported in April 2024 (May 2024 Quality Report)

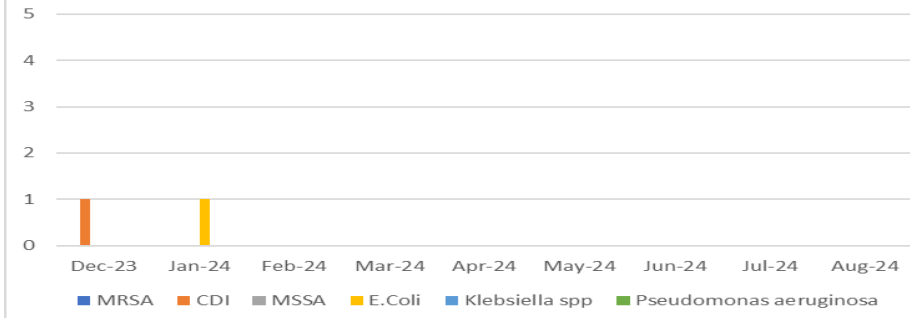
Patient was transferred out after intra-operative vascular complications. They returned to the ROH 4 days later. The patient started to feel unwell day 5 following return and died on day 6 (unexpected death)

Governance Process: PSII has been signed off in Exec Governance and shared with Coroner to support with inquest.

Coroneal / ME Process: Confirmation received on 23.08.2024 from Coroner's Office that this will now be an inquest, with hearing listed for Dec 2024. See also p13

Infection Prevention & Control

Infections Recorded by Month



Quality Improvement & Learning

IPC Safety Priorities

IPC safety priorities for 2024/25 have been identified following a review of all IPC incidents. Further detail of why these have been selected is provided in the Patient Safety Incident Response Plan (PSIRP) for IPC related incidents.

Surgical Site Infections

- Minimising incidence of Surgical Site Infections in patients undergoing Arthroplasty (hip and knee replacements) and Spinal surgery.
- A ROH specific SSI prevention bundle has been created that includes six areas for improvement, each of these have been assigned a lead to drive forward implementation.
- Pre-optimisation - work is underway by bundle leads to review all information provided to patient pre-operative, ensuring it is consistent and concise – as well as contains vital need to know information to help patients themselves prepare well for theatre, keep warm and understand the necessary steps to preventing SSI and post operative complications.
- Pre-operative washing - thorough investigation and ‘deep dive’ into available evidence has been undertaken to gain understanding as to the rationale for current practice and help steer the groups work towards sustainable practices relating to pre-operative washing.
- Patient warming - a patient warming council has been set up by the bundle lead. In addition a a temperature audit has been completed and the IPC team are looking at under warming devices for patients during surgery
- Surgical prophylaxis - A thorough review of surgical prophylaxis has been undertaken, overseen by the AMS group and drugs and therapeutics committee.
- Surgical practice standards -Further work needed to take place with Surgeon input to agree standard practice for skin pre-prep application techniques, this was discussed at the clinical audit group meeting on the 25th of July 2024.
- Incision management - consultation underway with key stakeholders by the bundle lead – working closely with tissue viability team to ensure the correct process and treatment management guidance exists to reduce the risk of SSI and post operative wound complications.

Infection Prevention & Control

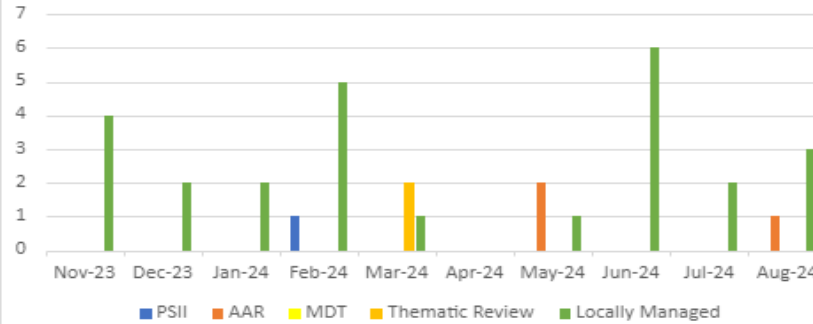
Quality Improvement & Learning (continued.....)

Reportable HCAI thresholds for 2024/25 are detailed in below table, with KPI for previous years included for comparison

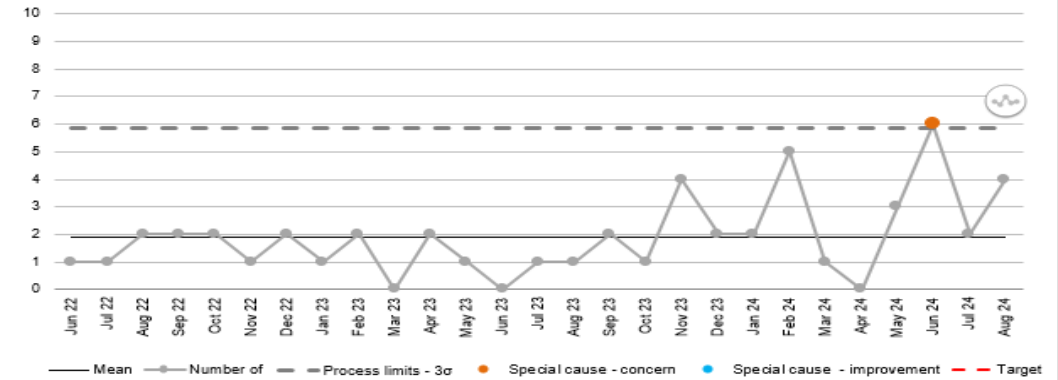
NHS Standard Contract Thresholds

Year	CDI (Toxin +ve)	E.coli BSI	P. aeruginosa BSI	Klebsiella Sp. BSI	MRSA BSI	MSSA BSI
2020/21	3	0	0	0	0	-
2021/22	0	2	2	0	0	-
2022/23	5	0	0	1	0	-
2023/24	5	0	0	1	0	-
2024/25	1	2	0	0	0	-

Category 2 & 3 Pressure Sore Incident Investigations



Cat 2 & Cat 3 PU (all)-ROH starting 01/06/22



Tissue Viability

Quality Improvement & Learning

AAR started for potential Category 3 PU

Patient was transferred from HDU to Ward 2. Category 3 PU was identified by ward staff during handover of patient from HDU to ward. Issues with mattress identified and reported. Discussed in Divisional Governance on 02.09.2024. Noted excellent reporting culture and identification of skin damage on admission led to immediate actions being taken:-

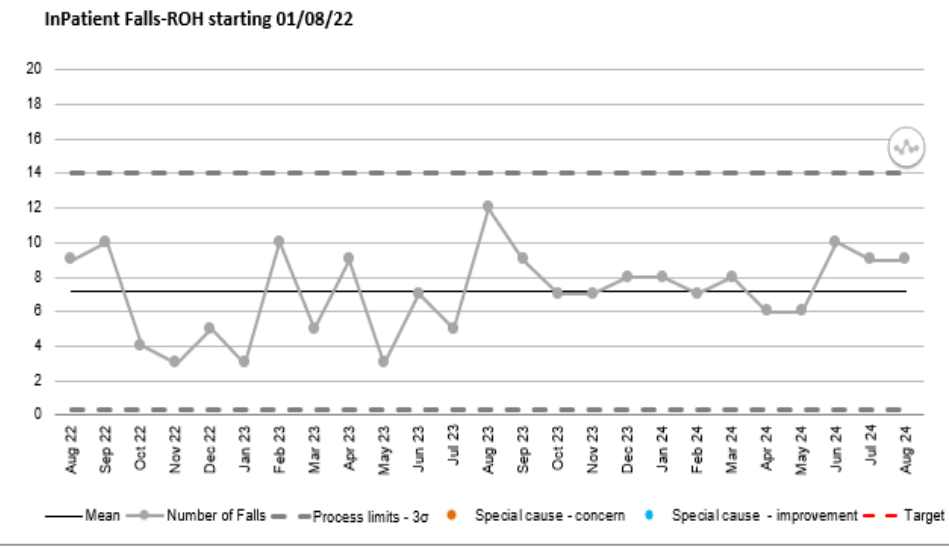
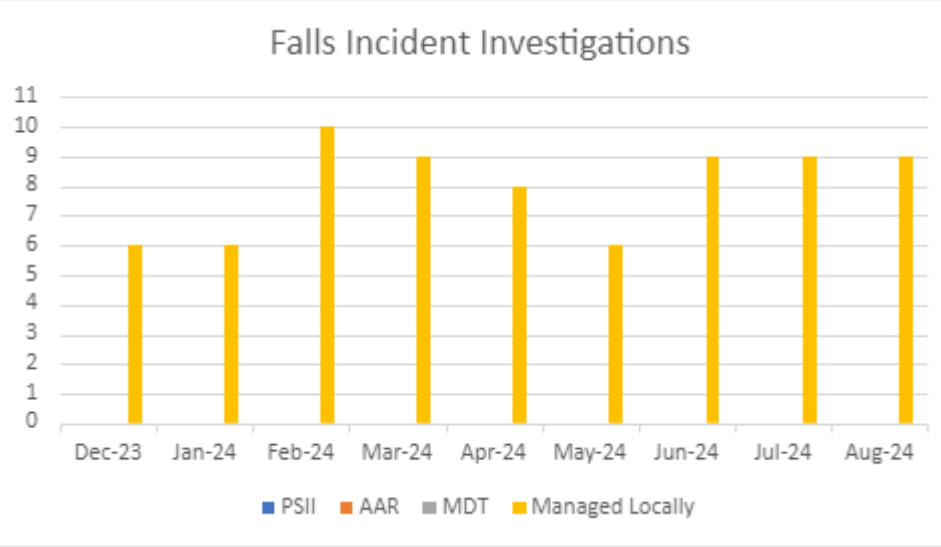
- Patient transferred onto OSKA mattress
- Keero Pro dressing applied to support
- Skin chart updated
- Hourly turns

Further details of identified learning and improvement to be included in a future report

Quality Improvement

- Still carrying out background work related to implementation of Purpose T
- Newsletter to be sent out soon – highlighting harms caused by not repositioning patients frequently, nor looking under dressings and bandages.
- Work planned to improve the quality and accuracy of TV incident reporting

Falls



Quality Improvement & Learning

There is a consistent number of falls this month. All falls were rated as no or low harm.

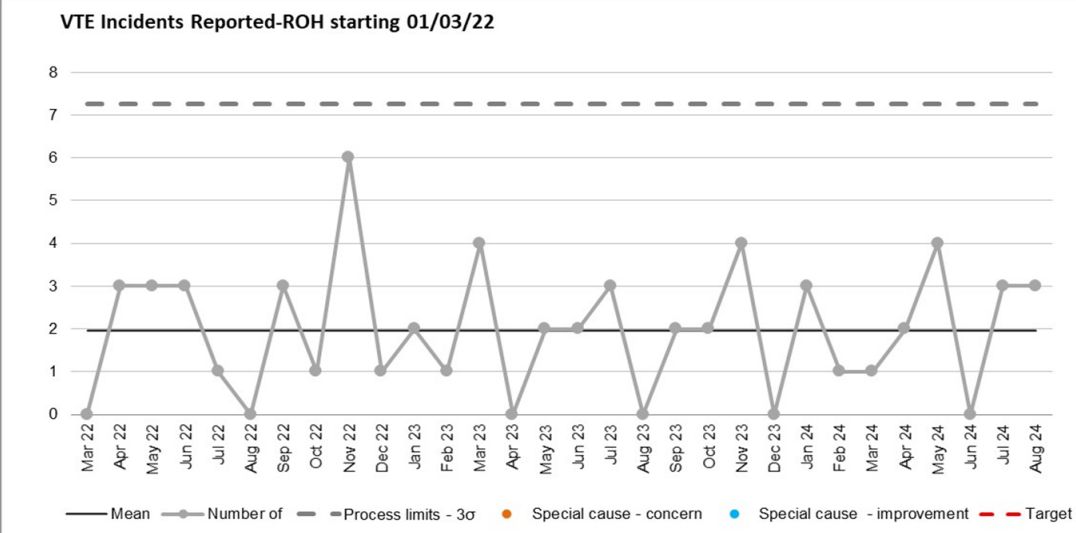
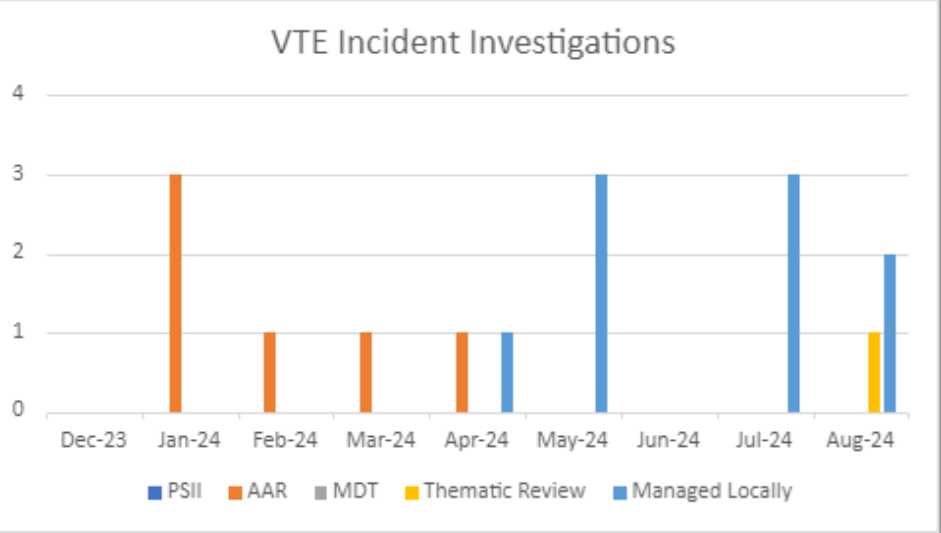
Themes:

- 6 of the falls reported were unwitnessed falls
- 3 of the falls reported were documented as patient mobilised against advice
- 4 of the falls reported were on Ward 4

Quality and Improvement Work

- Information requested by Head of Nursing Division 1 of last 3-months Ward 4 fall incidents for review of any themes/trends
- Head of Nursing Division 1 requesting feedback on use and value of 'falling leaves' initiative.
- Head of Nursing Division1 requesting further review of patient information pre-operatively and at Hip/Knee workshops relating to falls prevention. Acknowledging need to promote independence versus reducing risk.
- New & updated falls risk assessment tool on PICS for use across all inpatient areas – will be in next release, no confirmed date as yet.
- Drafting mini audit questionnaire for use with patients that have fallen after mobilising against advice to see if any themes.
- Work also underway to reduce the risk of patient’s falling when pressing the bin peddle on the bins located in the bathrooms. Head of Nursing Division 1 requesting update on progress with this

VTEs



Quality Improvement & Learning

3 VTE incidents reported in August 2024. All are being looked at using the new PSIRF Triage Form. It has been agreed that a Thematic Review will be completed due to a recent increase in Ward 4 VTE's. A thematic Review will highlight any themes to this recent trend of VTE incidents being reported. There have been 7 VTE incidents reported for patients on Ward 4 since April 2024.

VTE On Admission Assessment Compliance

Compliance figure for August 2024 is not available and has not been validated at time of submission.

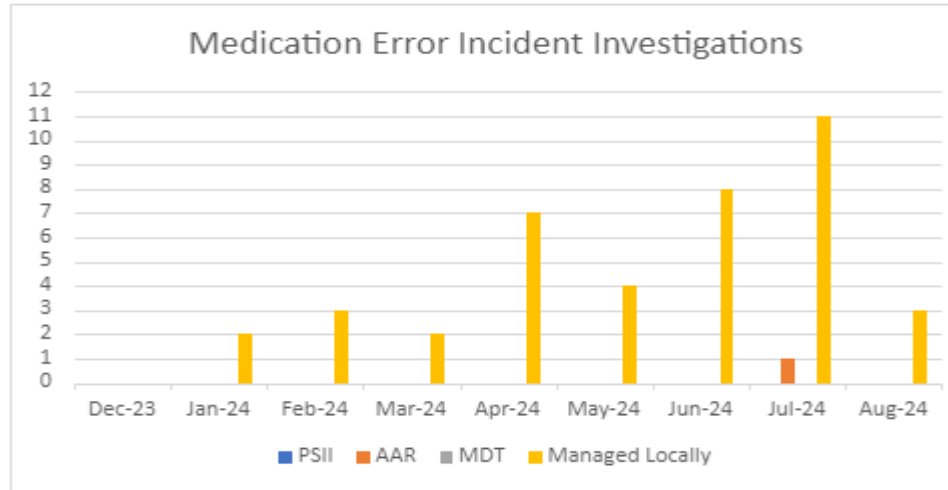
Update on previously reported VTE incidents:

No VTE's identified as avoidable to date in 2024.

AAR being finalised which is likely to be deemed potentially avoidable due to pharmacological prophylaxis not being prescribed and commenced in accordance with policy.

Triage form now being utilised. Currently decision that VTE lead will complete all initial triage reviews which will ensure consistency. If this becomes unmanageable form may require review to include prompts for specific details to be included.

Medication Errors



Quality Improvement & Learning

There were 3 medication error incidents reported in August 2024.

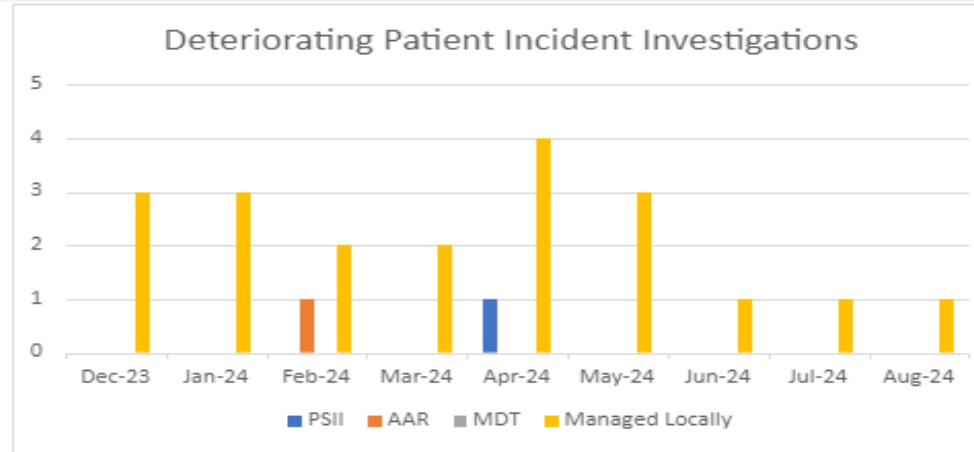
Update on increase in Medication Error incidents as reported in August 2024 Quality Report

As per last months report, an emerging trend was identified in regard to an increase in medication errors, particularly errors in the prescribing of vancomycin. Following discussion at Divisional governance meeting, there were some areas of practice which identified that staff were continuing to follow the previous guidance or only partially following new guidance.

The following learning and improvement actions were agreed and have been completed.

- The pharmacy team are updating prescribers through bespoke training.
- Resources have been printed out and displayed in prominent places in the clinical areas.
- Consultant anaesthetist included an update on the revised vancomycin guidance at the August Clinical Audit meeting
- The ARR originally commissioned for the first vancomycin incident was stood down in lieu of the themed review and planned actions.
- The Clinical Governance Facilitators have been updating the bi-weekly incident report submitted to Division 2 governance meeting to include a section focusing on vancomycin incidents . No further incidents have occurred.

Deteriorating Patients



Quality Improvement & Learning

There was 1 deteriorating patient incident reported in August 2024.

Update on Case A as reported in May 2024 Quality Report

Patient was transferred out after intra-operative vascular complications. They returned to the ROH 4 days later. The patient started to feel unwell day 5 following return and died on day 6 (unexpected death)

PSII investigation is now complete and has been signed off through the Divisional and Exec governance process.

Summary of findings:

1 - There were no contributory factors identified that might have prevented the development of the cardiac arrest. However, action has been taken to improve documentation of blood results. As a result of this investigation the following has been agreed:

- Blood requests to be highlighted at ward morning handover with the duty doctor.
- Any blood results not returned at end of shift to be handed over to twilight doctor to chase and review.
- At weekends the duty doctor to make use of 'messages' function on PICS for blood requests

2 - Clinical staff that attend Immediate Life Support courses will be made aware and given instructions of how to use the aspiration port on the iGel supraglottic airway.

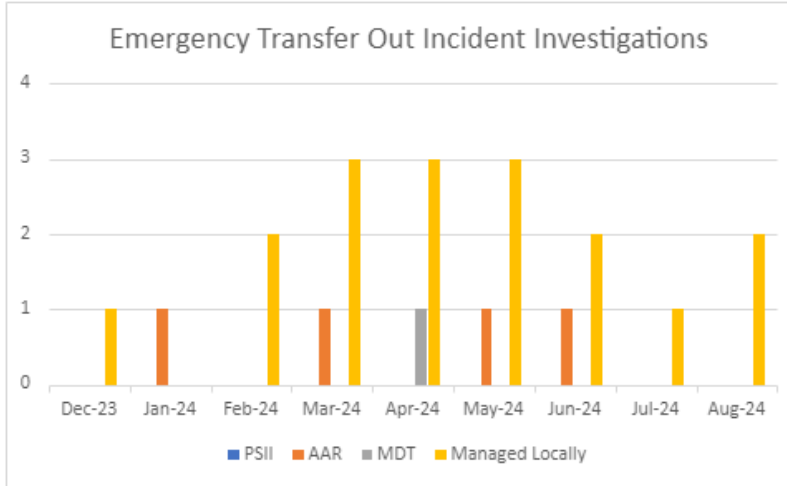
3 – The Medical Emergency Team must acknowledge that they are aware of where the EZIO is kept on every morning ‘huddle’. This has been implemented and is monitored by the CCOR manager.

4 – CCOT team to have further EZIO insertion training, with regular updates.

5 – CCOT to be expanded to work 24/7, this would ensure that there is another Advanced Life Support provider at any medical emergency.

6 – Routine use of ‘Stat Lock’s’ for PICC lines to be promoted through the Inpatient areas.

Emergency Transfers Out



Quality Improvement & Learning

There were 2 emergency transfers out incident reported in August 2024, both incidents on the next Division 1 Governance meeting for discussion.

[Update on Case A as reported in May 2024 Quality Report](#)
Awaiting completion of action plan before sign off.

[Update on Case B as reported in June 2024 Quality Report](#)
Awaiting finalised draft for next divisional meeting.

Complaints

The Trust received **7** complaints in August 2024

Below are the departments that received complaints in August

- Spinal x2
- Spinal Deformity x1
- Large Joints x4

In September 2024, the complaints team closed **4** formal complaints. 3 complaints breached the timeframe agreed with the complainant. KPI = 43%

At the time of producing this report, (27/09/2024) we currently have **17** open formal complaints.
3 complaints are currently paused for the following reasons:

- Awaiting signed copy of verbal complaint x2
- Awaiting consent form x1

Departments that have open complaints at the time of writing report

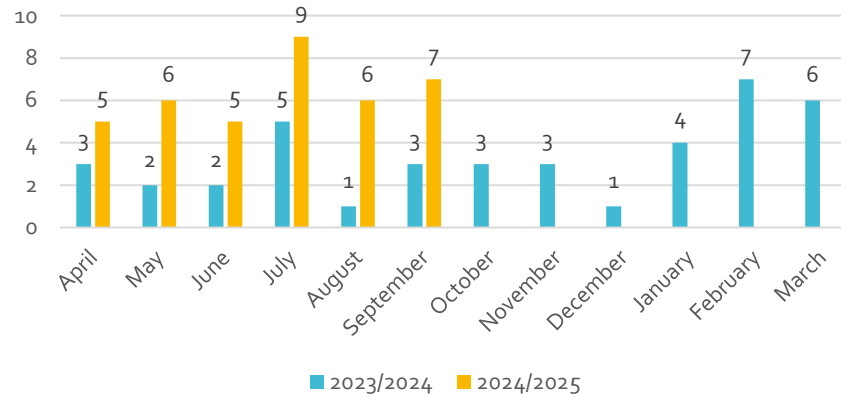
- Large Joints x2
- Spinal x6
- Appointments x2
- Oncology x2
- Large Joints x2
- Ward 2 x1
- Ward 4 x1
- HDU x1

No complaints were received where the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

The Trust offers meetings to the complainant in both the verbal and written acknowledgement letter and also within the response letter. Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.

In September 2024 the Trust received **0** requests for a resolution meeting.

Complaints Received, 2023/2024 Vs 2024/2025



Complaint Year Totals

April 2023 - March 2024	42
April – August 2024	31

Actions from Complaints

In August 2024 1 action was identified
These actions remain open

KPI's

KPIo	Complaints %
April 2024	100%
May 2024	57%
June 2024	0%
July 2024	50%
August 2024	40%

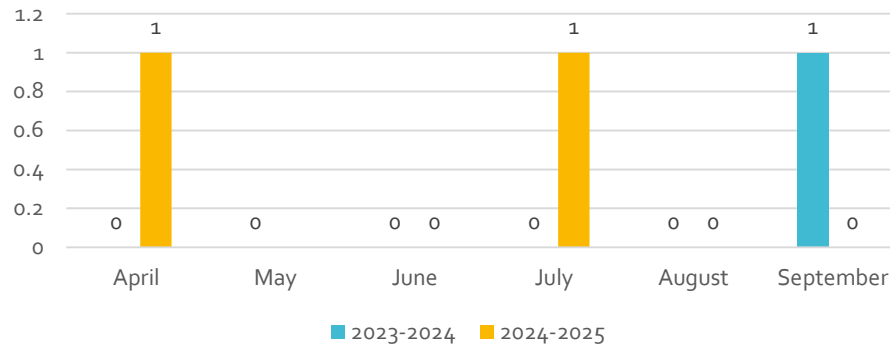
0%-79%

80%-90%

91%-100%

KPI is 40% due to 2 PALS Cases out of 5 breaching the timeframe

Reopened Complaints in 2024/2025 compared to last year



Reopened complaints

The Trust received 0 request to reopen a complaint in September 2024.

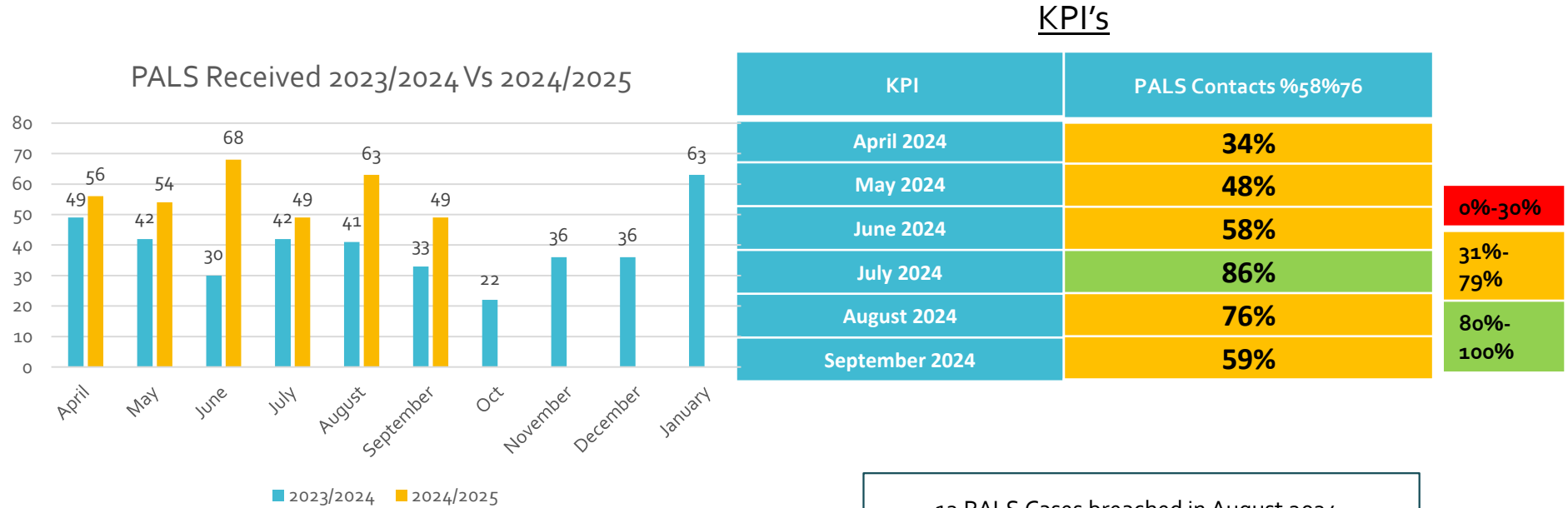
The Trust currently has no PHSO complaints cases open.

Themes of complaints currently open

1. Unsatisfactory care
2. Lack of follow up care
3. X2 Joint Complaints BCH
4. Delays in treatment
5. Values & behaviour
6. Reasonable adjustments no adhered too

What We Did / Are Doing

1. Raised in divisional governance meeting to track themes.
2. Tracked in Executive Governance Meeting
3. Ensuring actions are created and entered to Ulysses and action plans.
4. Ensuring relevant departments are aware of concerns
5. Requesting updates on outstanding actions in bi-weekly governance meetings
6. HoPE sending out weekly reminders to triumvirate
7. Internal investigations – PALS department is making it more clear which cases they have resolved before reaching the divisions.



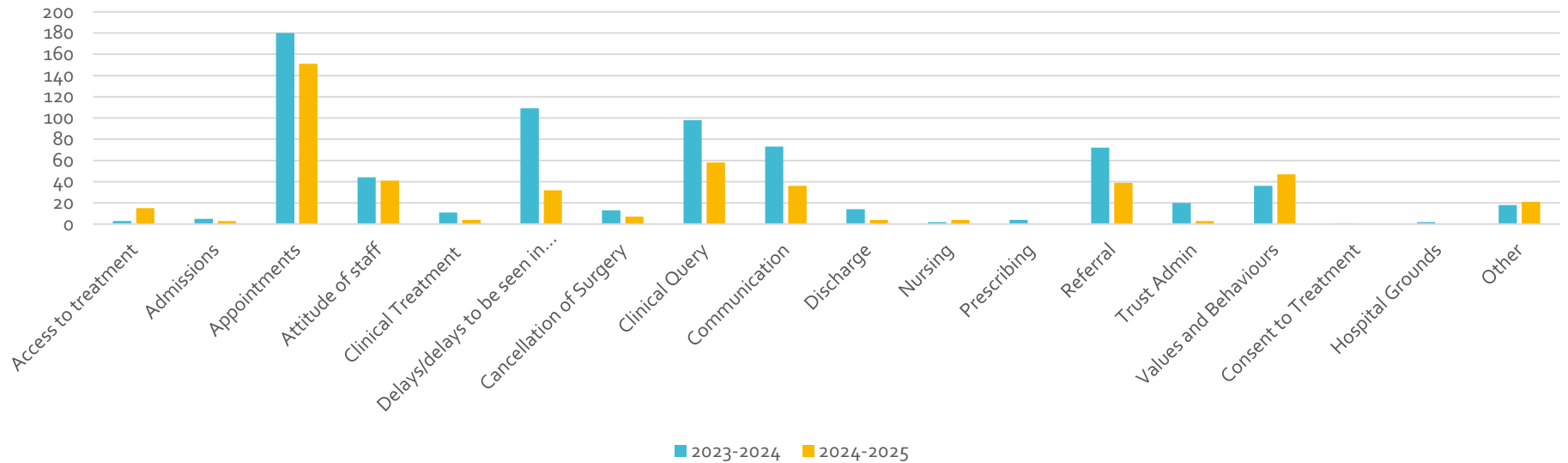
12 PALS Cases breached in August 2024
The KPI for PALS Contacts was not met for August

The above graph shows that this financial year The Trust has received more PALS contacts overall in comparison to last year.

PALS Team are now formally documenting cases dealt with within the department on Ulysses to enable them to be reported on to the Divisions they originate from.

o PALS Cases we received the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

Categories of PALS Contacts in 2023/2024 compared to 2024/2025



Themes

Appointments – 23 out of 49 received

Specifically: Appointments Cancelled and Failure to follow up

Referral– 8 out of 52 Received

Specifically: Disagreement of referral / referral not actioned

What we have done:

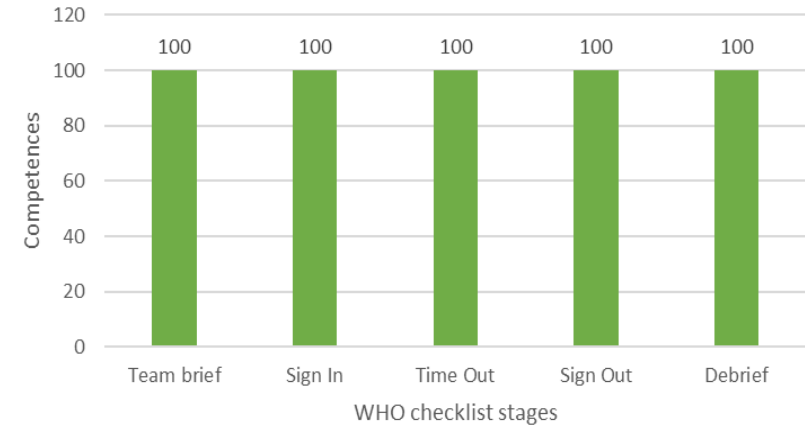
Tracked in Executive Governance Meetings
 Raised in Governance meetings and with departmental managers.
 Escalation to ensure PALS cases are responded to.
 Head of Patient Experience sending out individual reminders on outstanding PALS.
 PALS Team are dealing with PALS contacts within their remit.

WHO Audits

Theatreman WHO checklist



CT WHO checklist



Quality Improvement & Learning

On going work to:-

- Improve the format of reports generated by AMAT, particularly in relation to WHO visual audit; and
- Consideration of who is to conduct WHO audits to improve independence and thus remove any potential bias in interpretation of outcome and analysis of data.

CAS Alerts – July 2024

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/009/DHSC	<p>Shortage of Human Albumin 4.5% and 5% dose vials.</p> <p>There will be limited stock of Human Albumin from July 2024 until at least December 2024. Resolution date for a resumption of full market coverage is still to be confirmed.</p> <p>The supply disruption is caused by a combination of increased global demand for Human Albumin resulting in one supplier being unable to bring in sufficient stock and a sustained overall increase in demand for the product.</p> <p>Volumes of Human Albumin 20% remain available but cannot support an uplift to meet the additional demand from the 4.5% and 5% preparations.</p> <p>Human Albumin is licensed for restoration and maintenance of circulating blood volume where volume deficiency has been demonstrated, and use of a colloid is appropriate. However, in practice it is used extensively for:</p> <ul style="list-style-type: none"> Plasma expansion after paracentesis Plasma exchange in neuroinflammatory crises Treatment of hepatorenal failure in association with terlipressin. <p>Remaining volumes of Human Albumin should be prioritised for patients that clinical leads have indicated are critical.</p>	National Patient Safety Alert - DHSC	30-Jul-24	<p>Chief Pharmacist:</p> <p><i>We do use Albumin 5%. There's been a shortage for a couple of months. We have sufficient stock for the next 2 months based on current use'.</i></p> <p>MDSO:</p> <p><i>Only used in HDU. Before this is closed, we need to confirm what it's used for. Awaiting response from clinician's (Benjamin Smith & Tosh William)</i></p> <p>On-going....</p>	7 Aug 24 On-going...

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/008/DHSC	<p>Shortage of Kay-Cee-L (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup.</p> <p>Kay-Cee-L (potassium chloride 5mmol/5ml) syrup will be out of stock from late September 2024. The resupply date is to be confirmed.</p> <p>The supply disruption is caused by an amendment to the manufacturing process, requiring re-formulation, and revalidation of the product.</p> <p>Sando-K (potassium bicarbonate 400mg and potassium chloride 600mg) effervescent tablets remain available and can support a full increase in demand. One effervescent tablet contains 12mmol potassium.</p> <p>Unlicensed potassium chloride oral solutions manufactured within the UK are available via Specials manufacturers.</p> <p>Remaining supplies of Kay-Cee-L syrup should be prioritised for patients requiring doses of less than 12mmol of potassium and where other preparations are not suitable (see Notes).</p> <p>Care is needed to ensure selection of the most appropriate oral potassium supplement and delivery of the correct dosage.</p>	National Patient Safety Alert - DHSC	26-Jul-24	<p>Chief Pharmacist: <i>'Sufficient stocks held'.</i></p>	Action Completed

CAS Alerts – Open alerts from previous months

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/002/NHS PS	<p>Transition to NRFit connectors for intrathecal and epidural procedures, and delivery of regional blocks.</p> <p>This National Patient Safety Alert, issued by the NHS England National Patient Safety Team, and co-badged by the Association of Anaesthetists, Royal College of Anaesthetists and the Safe Anaesthesia Liaison Group, instructs all relevant NHS funded providers to complete the transition to NRFit connectors for all intrathecal and epidural procedures, and delivery of regional blocks by 31 January 2025.</p>	National Patient Safety Alert	31-Jan-24	<p>Assessing relevance.</p> <p>16 Apr:</p> <p>Email from MDSO:</p> <p><i>'Alert to remain open until all relevant devices transferred over.</i></p> <p><i>Mtg to be arranged with T. Sutherland to discuss'.</i></p> <p>On-going...</p>	<p>31 Jan 25</p> <p>On-going...</p>

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/004/MHRA	<p>Reducing risks for transfusion-associated circulatory overload.</p> <p>Transfusion-associated circulatory overload (TACO) is defined as acute or worsening respiratory compromise and/or acute or worsening pulmonary oedema during or up to 12 hours after transfusion, with additional features including cardiovascular system changes not explained by the patient's underlying medical condition, evidence of fluid overload and a relevant biomarker.</p> <p>TACO is one of the most common causes of transfusion related deaths in the UK and cases have increased substantially in recent years. Identifying risk factors for TACO prior to transfusion allows initiation of appropriate mitigating measures.</p> <p>This National Patient Safety Alert contains further information and action for providers to reduce risks for patients.</p>	National Patient Safety Alert	4 Apr 24	<p>MDSO:</p> <p>This alert is being overseen by the Blood Safety Lead and Blood safety Advisory Group.</p> <p>There is a risk full compliance with this will not be achieved due to the requirement for evidence of consent, TACO risk assessment which must be audited. Discussed with UHB transfusion leads- all hospitals will have difficulty unless an electronic solution. UHB working with their PICS team which ROH Blood Safety Lead has asked to be considered part of . Will be added to risk register to monitor progress.</p> <p>On-going...</p>	<p>4 Oct 24</p> <p>On-going...</p>

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2023/010/MHRA	<p>Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls.</p> <p>The MHRA continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks). Chest or neck entrapment in bed rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS.</p> <p>This National Patient Safety Alert provides further background and clinical information and actions for providers.</p>	MHRA	31 Aug 23	<p>11 April 2024: Email from MDSO: <i>'National issues are preventing closure of this alert. Working with BSol and Birmingham Citywide to address issues. Alert on risk register and discussed at divisional governance'.</i></p> <p>Estates: Beds tagged to aid compilation of Estates inventory. Beds & bedrails now to be serviced by our in-house engineers jaw Ario's service schedule.</p>	<p>1 Mar 2024.</p> <p>On-going...</p>

Safeguarding Training Compliance

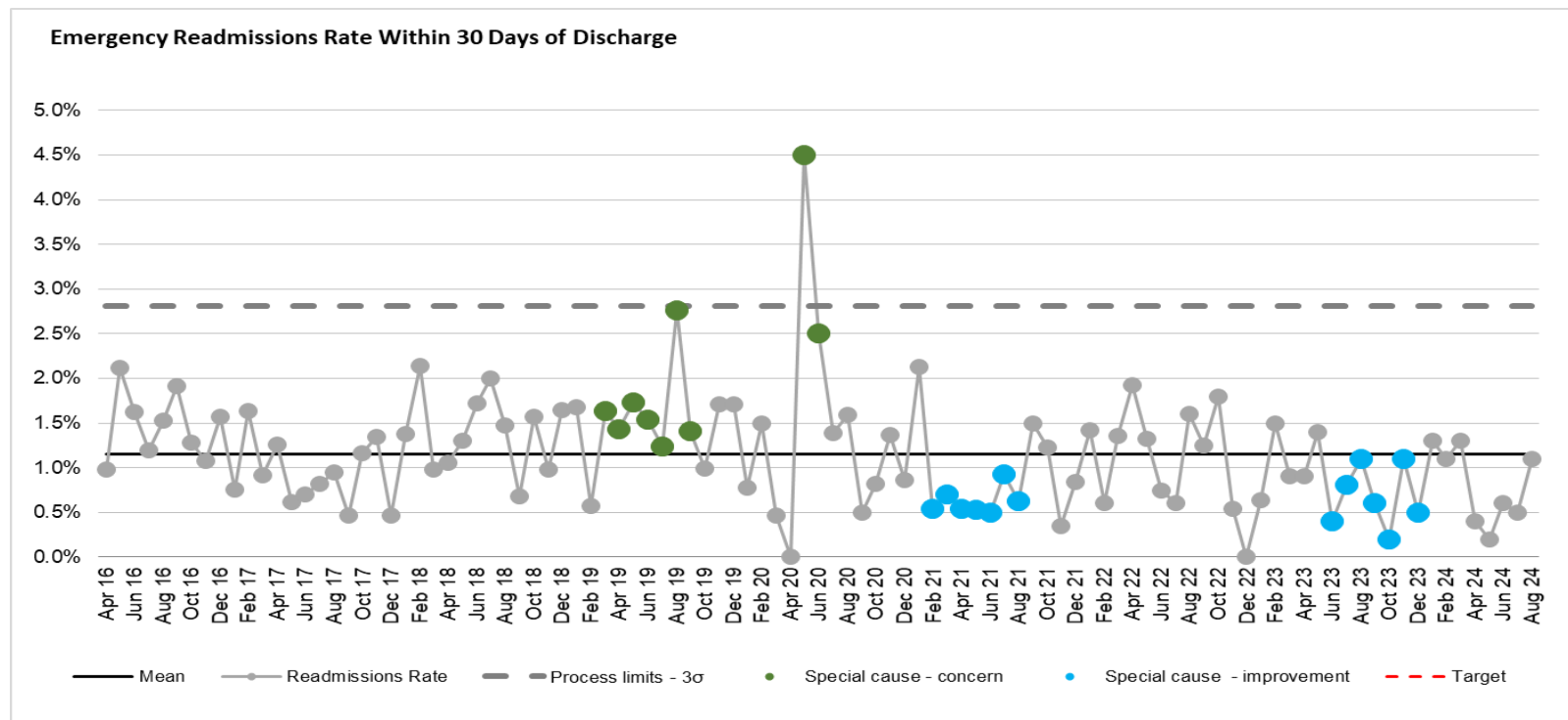
KPI	August 2024
Safeguarding Adult Notifications	55
Safeguarding Children and Young People Notifications	37
Adults Level 1- Target 90%	86.43%
Adult Level 2 -Target 85%	93.07%
Adult Level 3- Target 85%	88.52%
Level 4- Target 90%	100.0%
Child Level 1 -Target 90%	86.20%
Child Level 2- Target 85%	92.68%
Child Level 3- Target 85%	88.35%
Mental Capacity Act MCA- Target 85%	93.15%
Deprivation of Liberty Safeguards <u>DoLs</u>	93.07%
Prevent Awareness- Target 95%	90.78%
WRAP (prevent level 3)- Target 90%	87.11%
FGM	1
DOLS	2
MCA	7
PIPOT cases	0
PREVENT Notifications	0

Improvement in compliance with KPI's only 2 courses remain below expected compliance levels.

Actions underway:

- Raised in committee to all managers.
- Raised in exec's and CNO wrote to individual managers.
- Staff reminded fac-to-face session are available as well as on-line training via ESR.

Readmissions



Number of Emergency Readmissions to ROH within 30 Days of Discharge												
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
No of Readmissions	3	1	6	3	6	6	7	2	1	3	3	5
Denominator	492	543	553	559	462	546	548	491	529	471	557	458
% Readmissions	0.6%	0.2%	1.1%	0.5%	1.3%	1.1%	1.3%	0.4%	0.2%	0.6%	0.5%	1.1%

There is a standalone paper due for submission to Q&S committee in September 2024 covering readmissions to any Trust

No Concerns raised in August. This might reflect annual leave as no pattern has been identified.

Quality Improvements & Learning

FTSU Month: Get ready for speak up month in October -The National theme is Listen Up: This year theme will focus on the power of listening and the important part listening plays in encouraging people to speak up.

FTSU Training for everyone: Please Encourage everyone in your Team and across the Divisions to complete the Three FTSU Module on ESR entitle: Speak up; to be completed by everyone; Listen up; provides support for Line managers, and Follow-up provides support for managers and Executive Leaders. The Modules are not currently mandated, but they are high priority. The uptake for these modules is very low. Certificate will be given to everyone who completes the training.

Supporting Staff to Speak Up: The Disadvantageous and Demeaning Treatment document (previously called detriment) has been rolled out during The Trust inhouse awareness day. It provides guidance and support to strengthen the speaking up culture. Further awareness and support will be provided during October FTSU Awareness Month. Please contact the FTSU Guardian or FTSU Champions for any immediate support.

Equality Diversity Inclusion and Oversea Workers Support: The National Guardian's Office is conducting a review focused on enhancing the understanding and improvement of the Speak Up culture among overseas-trained workers in the NHS. These insights will help to develop actionable recommendations to foster a more inclusive and supportive environment for overseas-trained workers. Letters has been sent to several of our oversea workers facilitated by The Chief Nurse, FTSU Guardian and Cheer of E&D.

Freedom to Speak Up



Operational Performance Summary

Performance to end August 24	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	53.36%	52.58%	92%		
104 week waits	0	0	0		
78+ week waits	0	0	0		
65 Week waits (65-77 weeks)	9	18	0		
52 week waits (52 – 64 Weeks)	590	560	0		
All activity YTD (compared to plan)	6,269	5,043	6,244		
Outpatient activity YTD (compared to plan)	29,729 111.3% Cumulative	24,127 104.5% Cumulative	26,722 YTD Target		
Outpatient Did Not Attend (YTD)	7.7%	6.9%	8%		
PIFU (trajectory to 5% target)	507 9.43%	657 10.67%	268 5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	11.0%	11.2%	19%		
FUP attendances(compared to 19/20)	100.2%	101.0%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	115.7%	114.6%	120%		
Diagnostics volume YTD (compared to plan)	11,007 Cumulative	8,832 Cumulative	10,832 YTD Target		
Diagnostics 6 week target	99.9%	100%	99%		



Operational Performance Summary

Performance to end August 24	In month	Previous month	Target	Variation	Assurance
Theatre utilisation (Uncapped)	83.2%	89.2%	85%		
Theatre In Session Utilisation (Uncapped)	81.3%	82.4%	85%		
Cancer - 31 day first treatment	100%	78.7%	96%		
Cancer - 62 day (traditional)	82.3%	94.7%	70% Nat 85% Trust		
28 day FDS	81.8%	66.7%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD)	10,863 Cumulative	8,766 Cumulative	9,384 Cumulative		
Bed Occupancy (excluding CYP and HDU)	67.2%	71.6%	82-85%		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.69	3.43	n/a		
LOS - elective primary hip	2.80	2.5	2.7		
LOS - elective primary knee	3.3	3.3	2.7		
BADS Daycase rate (Note: due to time lag in month is May'24)	75.0%	75.0%	85%		
Outpatient attendances for first or follow-up appointments attracting a procedure tariff (Mar'24)	36.3%	36.9%	-		



TRUST BOARD						
DOCUMENT TITLE:		2024/25 Vaccination Campaign Delivery Plan				
SPONSOR (EXECUTIVE DIRECTOR):		Nikki Brockie, Executive Chief Nurse and DIPC				
AUTHOR:		Nikki Brockie, Executive Chief Nurse and DIPC				
DATE OF MEETING:		2 October 2024				
PURPOSE OF THE REPORT:						
TO PROVIDE ASSURANCE	X	FOR INFORMATION ONLY		TO CREATE DISCUSSION	X	TO SEEK APPROVAL
EXECUTIVE SUMMARY:						
<p>This paper provides a summary of the 2023/24 vaccination campaign and provides assurance and oversight of the 2024/25 ROH vaccination campaign.</p> <p>Out of 1362 members of staff within the Trust, 715 (53%) received the Influenza vaccine.</p> <p>Of those vaccinated, 59.25% (570) out of 962 eligible frontline healthcare workers with patient contact were vaccinated. Falling short of the 75% target (722) by 15.75% (152).</p> <p>Out of 1362 members of staff within the Trust, 291 (21%) received the autumn/winter COVID-19 booster.</p> <p>The mandatory CQUIN scheme has been paused for 2024/25. A set of non-mandatory quality indicators which systems may choose to use have been created. ROH is committed to offering influenza and COVID-19 vaccinations to all staff who wish to receive them.</p> <p>The Healthcare worker vaccination campaign planning group reconvened in May 2024 and are working to plan the deliver of the 024/25 campaign.</p>						
ASSURANCE PROVIDED BY THE REPORT:						
POSITIVE			GAPS IN ASSURANCE/RISKS TO ESCALATE			
<ul style="list-style-type: none"> 2024/25 campaign planning underway with no expected or unplanned delays. Vaccine to be used in the campaign has been agreed and ordering process overseen by pharmacy. Plans in place to identify and train a group of 'core vaccinators' and department-based vaccinators. Autumn/winter COVID-19 booster vaccinations will be offered for two weeks by the IPC team. 			<ul style="list-style-type: none"> Campaign leads access to Foundry and NIVS needs to be authorised by the Trusts local administrator for these programmes. 			
REPORT RECOMMENDATION:						
The Board is asked to: accept and note the plan.						

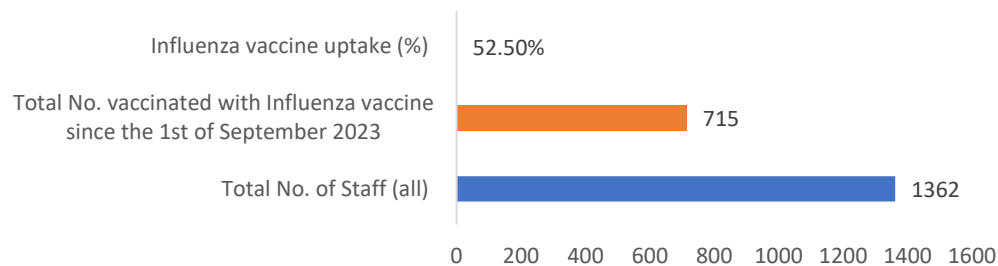
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	
Clinical	X	Equality and Diversity		Workforce	X
Inequalities		Integrated Care		Continuous Improvement	
Comments:					
ALIGNMENT TO TRUST STRATEGY <i>(Indicate with 'x' all those that apply):</i>					
Care	X	Community	X		
Expertise		Services			
People	X	Collaboration			
ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
National flu immunisation programme 2024/25					
ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:					
This report identifies how ROH contributes to the BSOL ICB shared objective 'Protect people from harm'. The contents of this report are shared at ICB IPC committee meetings and operational groups.					
BENCHMARKING SOURCE <i>(Indicate data sources included in report IF APPLICABLE):</i>					
N/A					
PREVIOUS CONSIDERATION <i>(Indicate board/committee/group & date):</i>					
Report considered by the Quality & Safety Committee on 23 August 2023 & 25 September 2024.					

2024/25 HEALTHCARE WORKER VACCINATION CAMPAIGN DELIVERY PLAN

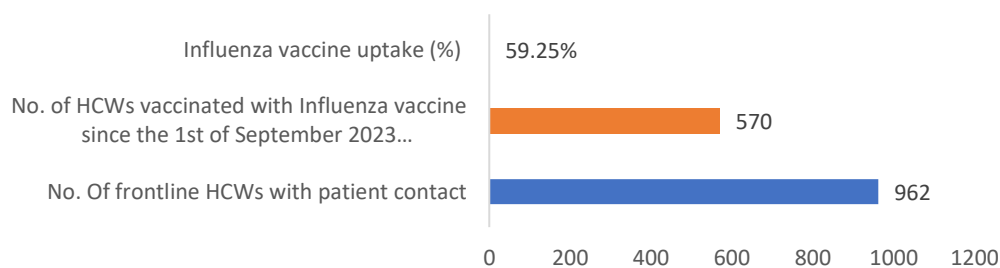
1. This paper provides a summary of the 2023/24 healthcare worker influenza and autumn/winter COVID-19 booster vaccination campaign and sets out plans for the 2024/25 campaign.

2. 2023/24 Healthcare Worker Influenza Vaccination

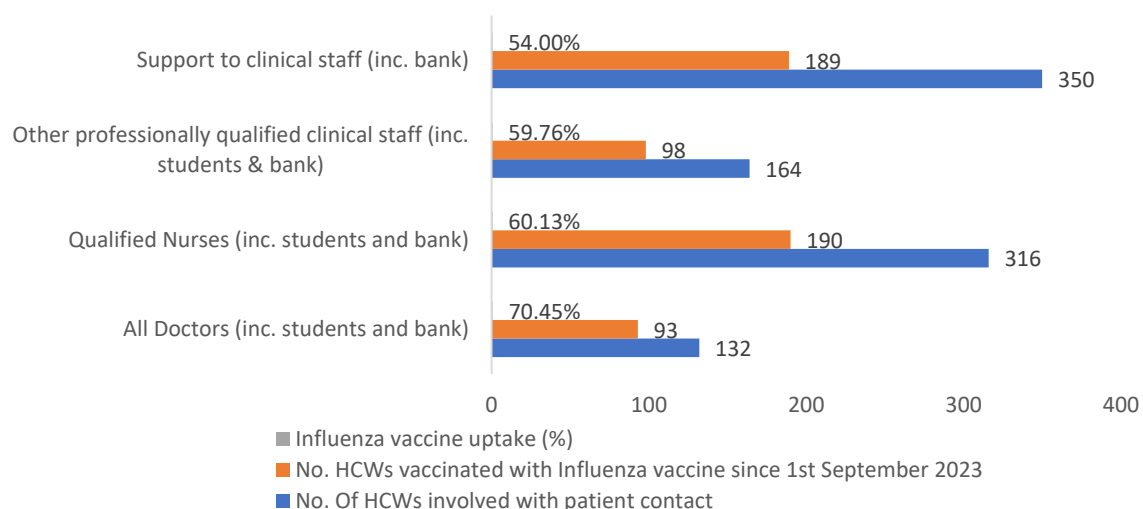
2.1. Out of 1362 members of staff within the Trust, ROH vaccinated 715 (53%).

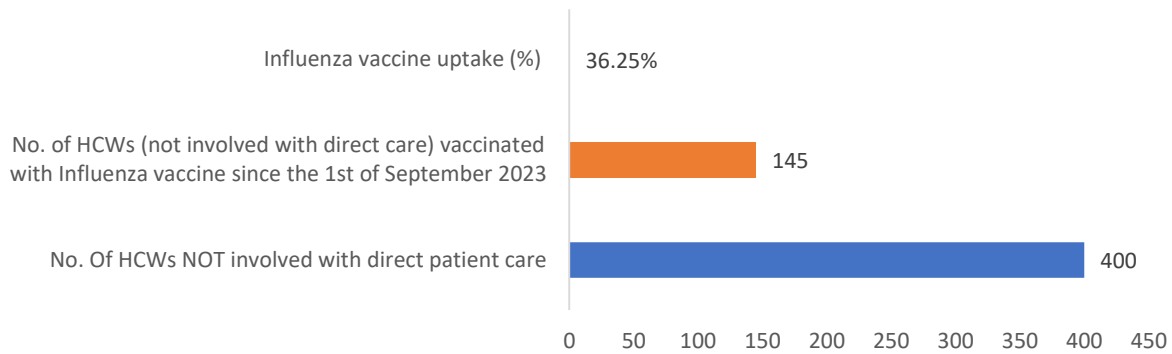


2.2. ROH vaccinated 59.25% (570) of all eligible frontline healthcare workers with patient contact (962), falling short of the 75% target (722) by 15.75% (152).

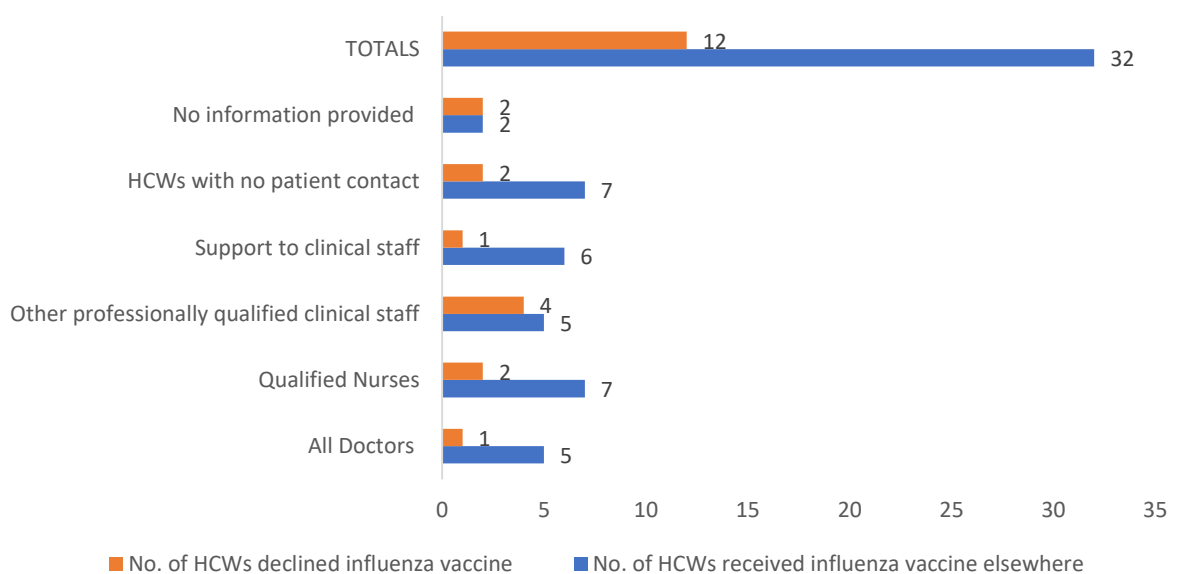


2.3. The chart below shows a breakdown of vaccine uptake amongst staff groups.





2.4. The chart below shows the number of staff who reported receiving the influenza vaccine elsewhere and the number of staff who declined the vaccine.

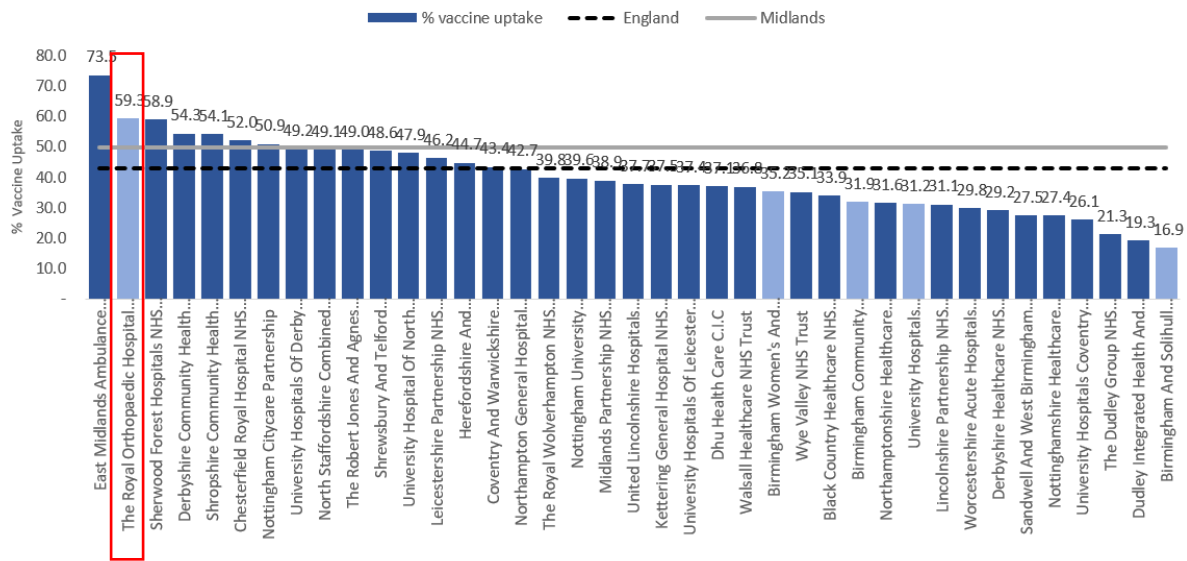


2.5. Of the responses given for declining the influenza vaccine, the chart below shows the most common responses:



2.6. As with the 2022/23 campaign, ROH reported the highest vaccine uptake amongst frontline healthcare workers with patient contact than the other Trusts within the BSOL system for 2023/24, however, this was lower than the uptake ROH reported for the previous two years.

Seasonal influenza vaccine uptake among frontline healthcare workers in England 2023 to 2024: NHS trusts

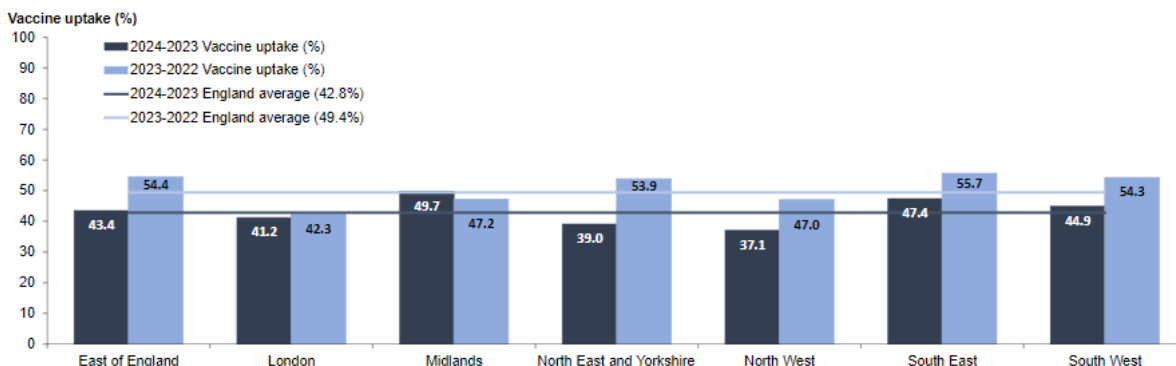


Note – the chart above only includes information for Trusts that reported uptake via ImmForm.

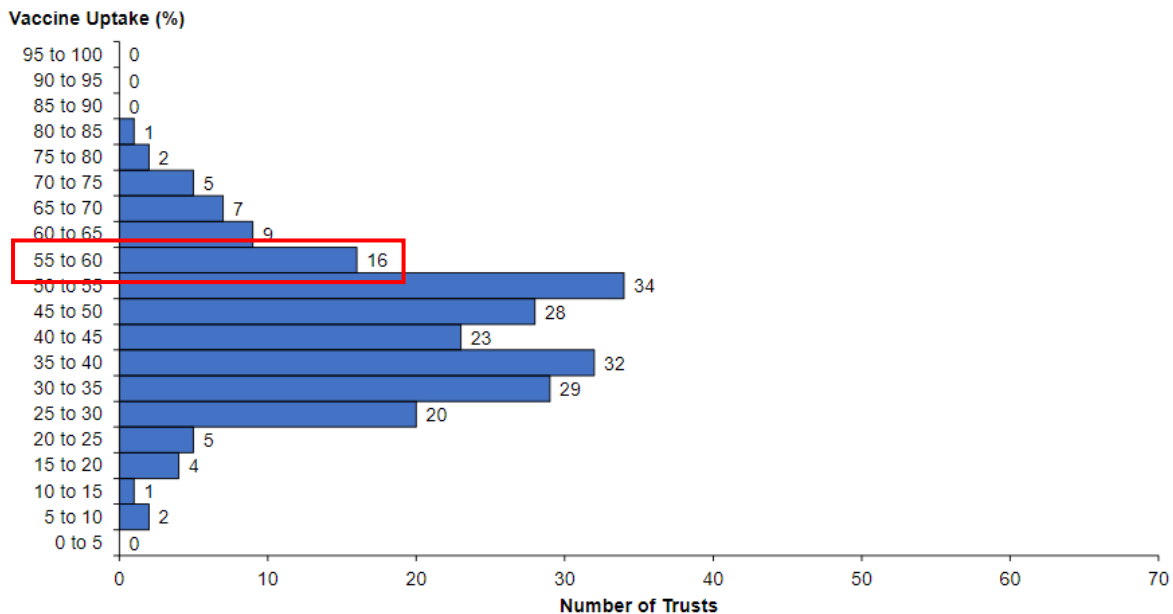
2.7. This reduction in vaccination uptake was reflected across the nation and is the third consecutive season to show a decrease in the vaccination of frontline HCWs and is also the lowest uptake since the 2010 to 2011 season. Further information on national uptake during the 2023/24 campaign can be viewed here [Seasonal influenza vaccine uptake in frontline healthcare workers in England: winter season 2023 to 2024 - GOV.UK \(www.gov.uk\)](#).

2.8. Of the commissioning regions, the West Midlands reported the highest seasonal influenza vaccine uptake in frontline healthcare workers figures during 2023/24.

Seasonal influenza vaccine uptake in frontline healthcare workers in England in trusts by commissioning region in the 2023 to 2024 season compared with the 2022 to 2023 season

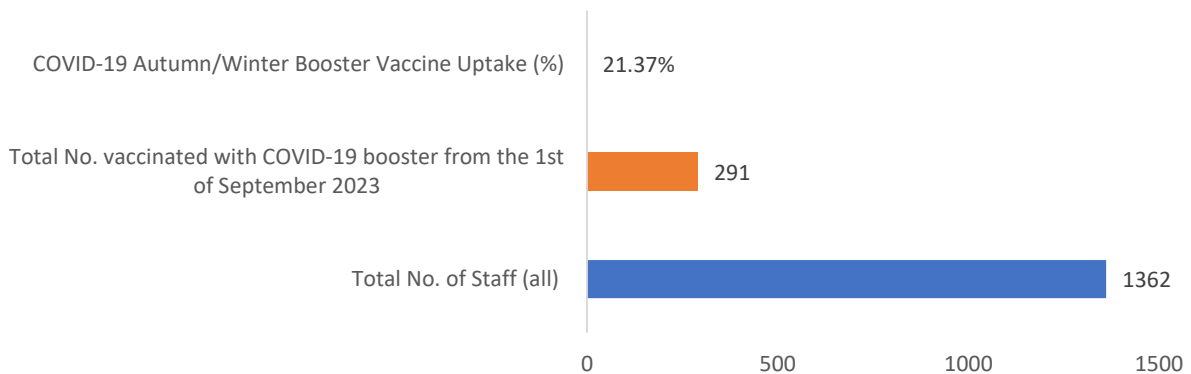


Seasonal influenza vaccine uptake in frontline healthcare workers in England for the 2023 to 2024 season, histogram of uptake in trusts by vaccine uptake (%) categories



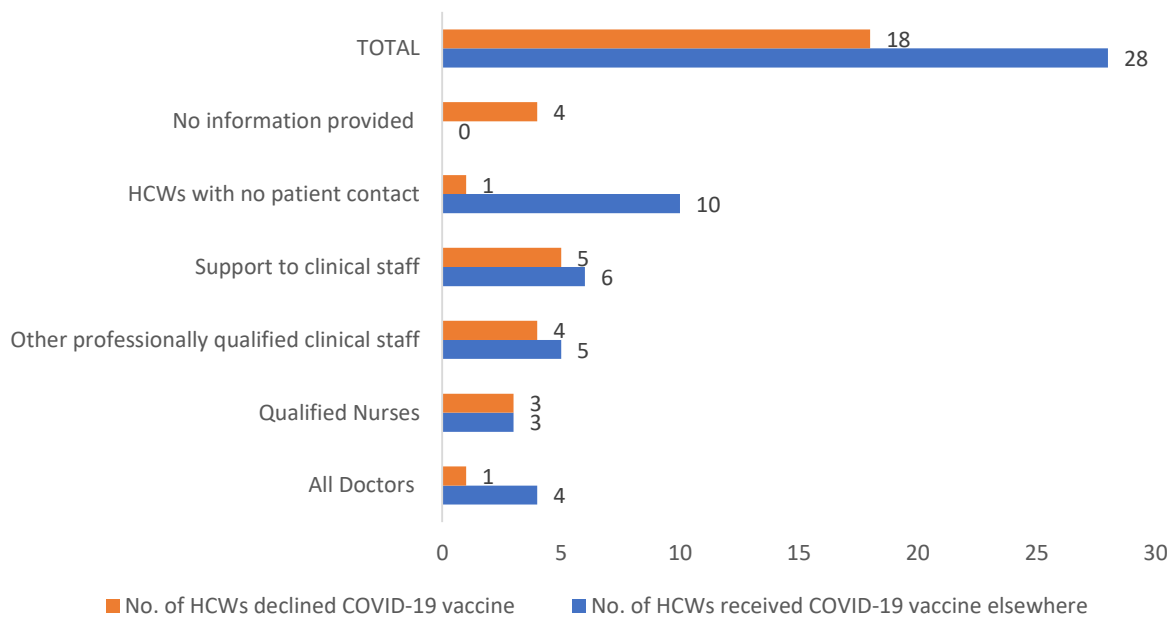
3. Autumn/Winter 2023/24 COVID-19 Booster Vaccination

3.1. Out of 1362 members of staff within the Trust, ROH vaccinated 291 (21%).



3.2. As data for COVID-19 vaccination is entered directly into the National Immunisation and Vaccination Service (NIVS) system, it was difficult to obtain a full break down of uptake data as the programme leaders did not have access to these functions, despite several requests to local administrators to provide access.

3.3. The chart below shows the number of staff who reported receiving the COVID-19 booster vaccine elsewhere and the number of staff who declined the vaccine.



3.4. Of the responses given for declining the COVID-19 booster vaccine, the chart below shows the most common responses:



4. 2023/24 CHALLENGES, AND LESSONS LEARNED

- 4.1. Enthusiasm for the 2023/24 campaign was not as profound as seen in the previous years. It is likely this is due to vaccine fatigue, especially as the campaign was run alongside the autumn COVID-19 boosters. Autumn/winter COVID-19 boosters are likely to be offered alongside the seasonal influenza vaccinations moving forward, emphasis therefore must be on promotion of vaccination and positive communications to increase uptake.
- 4.2. Sourcing peer vaccinators was a challenge. Vaccination uptake may have been increased if there was support from clinical teams to identify ‘peer vaccinators’ within their areas.
- 4.3. Encouraging support for the campaign is an absolutely necessity and buy in from senior members of the Trust will help to cement this. Planning the campaign as early as possible will help to ensure measures and processes are in place before the campaign begins. Also,

key stakeholders to help influence and deliver the campaign have been identified and engaged with early on to support a better delivered campaign for 2024/25.

4.4. Analysing uptake data relating to ethnicity, reasons for declining etc. has proven difficult as many did not submit this information. Ways to improve collection of this data for 2024/25 will be important so as to ensure we have accurate data on staff groups that are not vaccinated and address any issues or concerns they may have which deters them from seeking out vaccination.

5. 2024/25 CQUIN

5.1. The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. The mandatory CQUIN scheme has been paused for 2024/25. A set of non-mandatory quality indicators which systems may choose to use have been created as shown below.

Flu vaccinations for frontline healthcare workers

Description	Achieving 75% uptake of seasonal flu vaccinations by frontline staff with patient contact.	
Numerator	Of the denominator, those who receive their flu vaccination.	
Denominator	Total number of frontline healthcare workers (FHCWs) in Trusts and Foundation Trusts, including non-clinical staff who have contact with patients, between 1 September 2024 and 28 February 2025.	
Exclusions	<ul style="list-style-type: none"> Staff with no patient contact Social care workers Staff not in contact with patients for the whole of the flu vaccination period (e.g. maternity leave, long term sickness). 	
Data reporting and performance	Compliance can be assessed using the recognised data collection (DAPB4075 Frontline Healthcare worker Covid-19 and flu vaccination uptake collection). This uses the 2024-25 flu vaccination events captured by an authorised NHSD Point of Care system (PoC) recorded within 15 days of vaccine delivery to source the numerator, and the provider's ESR system to source the denominator. A frontline healthcare worker flag has been applied in ESR to those in job roles with patient contact. Trusts are able to amend this flag as outlined in the NHSBSA guidance below. Staff marked as inactive on ESR have been discounted from the collection.	
Scope	Acute, specialised acute, community, mental health, specialised mental health, ambulance	Period: 1 September 2024 to 31 March 2025
Suggested thresholds	Minimum: 65% Maximum: 75%	Whole period %
Lead contact	england.vaccinecentresgroupsupport@nhs.net	

6. ROH VACCINATION PLAN FOR 2024/25

- 6.1. Planning the 2024/25 vaccination campaign began during May 2024. The campaign leads are Emma Steele, Deputy Chief Nurse and Victoria Clewer, Infection Prevention and Control Lead Nurse.
- 6.2. Both the autumn COVID-19 booster and seasonal influenza vaccines will be offered to all staff. The campaign will begin on either Monday 30th of September or Monday 7th of October (dependent upon delivery of vaccines) and will run until the end of December 2024.
- 6.3. COVID-19 vaccines will be delivered by the Infection Prevention and Control Team for a period of two weeks only from the start of the campaign. A team of 'core vaccinators' and department-based vaccinators is being identified with the support of divisional matrons and department leads. These will be trained (depending on need and prior experience).
- 6.4. Both the total number of staff vaccinated, and the total number of frontline health care worker with patient contact vaccination uptake will be monitored. The aim is to achieve 75% uptake of flu vaccinations by frontline staff with patient contact.
- 6.5. For reporting of frontline healthcare worker with patient contact reporting purposes only, the following staff/groups are to be excluded from the denominator:
 - Staff working in an office area with no patient contact.
 - Staff out of the Trust for the whole of the flu vaccination period (e.g., maternity leave, long term sickness).
 - Staff vaccinated at the Trust but leave the Trust during the vaccination period (leavers).
- 6.6. All vaccinations will be uploaded to the individuals NIVS record. This will ensure that their GP records are updated.
- 6.7. The campaign leads will submit data monthly (between 1st September 2024 and 28th February 2025) to UKHSA via ImmForm. Data will be made publicly available approximately six weeks after each quarter.
- 6.8. Vaccination uptake reports will be available via Foundry and NIVS. Access to both these sites is required by the campaign leads. This is awaiting review by the local administrator for the ROH accounts, this is Steve Washbourne.
- 6.9. A self-assessment against the UKHSA best practice checklist has been completed (see Appendix A). The checklist has been developed based on the four key components of

developing an effective influenza vaccination programme (Committed leadership, Communications, Accessibility, and Incentives). There is a requirement to share the completed checklist in public board papers at the start of the influenza season which will be undertaken by the Director of Infection Prevention and Control (DIPC).

7. COMMITTED LEADERSHIP

- 7.1. Membership of the campaign planning group was broadened to ensure full representation as well as support for the campaign. Feedback from the previous year's campaign shows that strong and supportive leadership is required within departments to encourage uptake. As a result of this, vaccinators from each clinical area are being identified to support the campaign and the campaign planning group membership includes representatives from clinical and non-clinical roles.
- 7.2. Representatives from the Trusts Multi-Minority Ethnic Group (MMEG), Equality and Diversity Network and Engagement, Wellbeing teams and Admin Matters Forum were invited to join the planning group to share their experiences and recommendations for supporting uptake from members of these communities.
- 7.3. Following the tradition of previous years, all Board members will be offered the influenza vaccination and COVID-19 booster during the first week of the 2024/25 campaign.
- 7.4. A full progress update will be provided to the Executive Team every fortnight throughout the campaign by the DIPC.

8. COMMUNICATIONS PLAN

- 8.1. The Trust Communications team will lead the development of the 2024/25 Influenza Campaign Communication Plan.
- 8.2. UKHSA assets will be used to deliver the 2024/25 vaccination campaign at the ROH. Communications activity will start two weeks before the delivery of the vaccinations commences. This will include information on the start date, where to receive a vaccination, FAQ's, and the importance of receiving vaccinations. Information will be shared via Communications in a mixed mode of digital; the hub, email, wallpapers, and loop along with posters in non-desk-based areas and around the hospital. A four-week bespoke campaign has been developed to kick off the vaccination period at which point after the time, the messaging will be added to weekly updates and ad-hoc messaging will be used to support any changes to the campaign/vaccination location.

9. FLEXIBLE ACCESSIBILITY

- 9.1. With a team of 'core vaccinators' and department-based vaccination, there will be more opportunities for staff to obtain their influenza vaccination.
- 9.2. With the exception of the COVID-19 booster, vaccines will be delivered mostly using the 'roving' method, with a prominently located 'hub' to capture staff opportunistically, such as outside Café Royale.
- 9.3. Core vaccinators will arrange 'department specific' vaccination sessions for areas such as theatres, College Green, ROH community hub acknowledging the group of staff who may struggle to leave their department to obtain their vaccination elsewhere.

10. INCENTIVES

- 10.1. Incentives for the 2024/25 campaign are yet to be finalised however there are many ideas that are being explored, these include;
 - To generate 'health competition' amongst departments, supporting uptake of vaccination. A charity bid will be submitted to support a prize for the department that has offered the most vaccinations. We will not reward solely only those who choose to be vaccinated as some may have a genuine reason they cannot be vaccinated; however, we must acknowledge that individuals have a right to refuse and must not be unjustly punished or disadvantaged by this. The emphasis will be on sharing the facts about vaccination, promoting vaccination and its benefits and how this contribute to protecting our patients and colleagues.
 - Nominating the individual or team that vaccinates the most staff for a blue heart award in one of the existing categories.
 - Offering staff a drinks voucher if they receive a vaccination or complete a form to state they do not want to be vaccinated, cannot be vaccinated, or have received their vaccination elsewhere. Format of capturing this information this to be reviewed.

11. OUTSTANDING ACTIONS/RISKS

- 11.1. No risks to escalate.
- 11.2. Ongoing actions are monitored by the campaign leads and discussed at monthly meetings.

Appendix A - The Royal Orthopaedic Hospital Influenza Vaccination Best Practice Management Checklist

Last updated: 29/08/2024

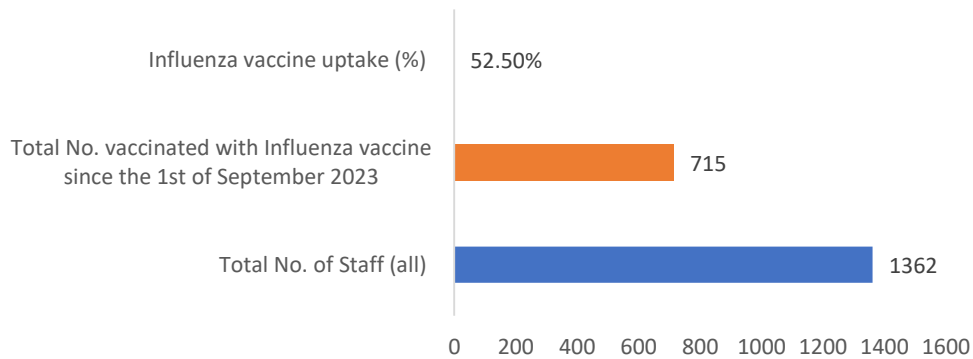
Status Key

R	Red – No Progress
A	Amber – On Track
G	Green - Complete

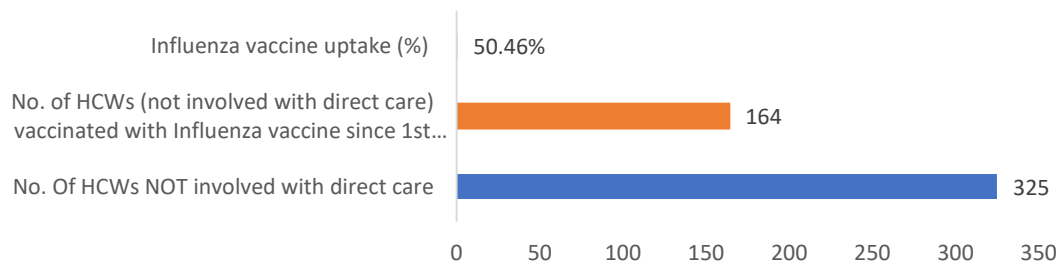
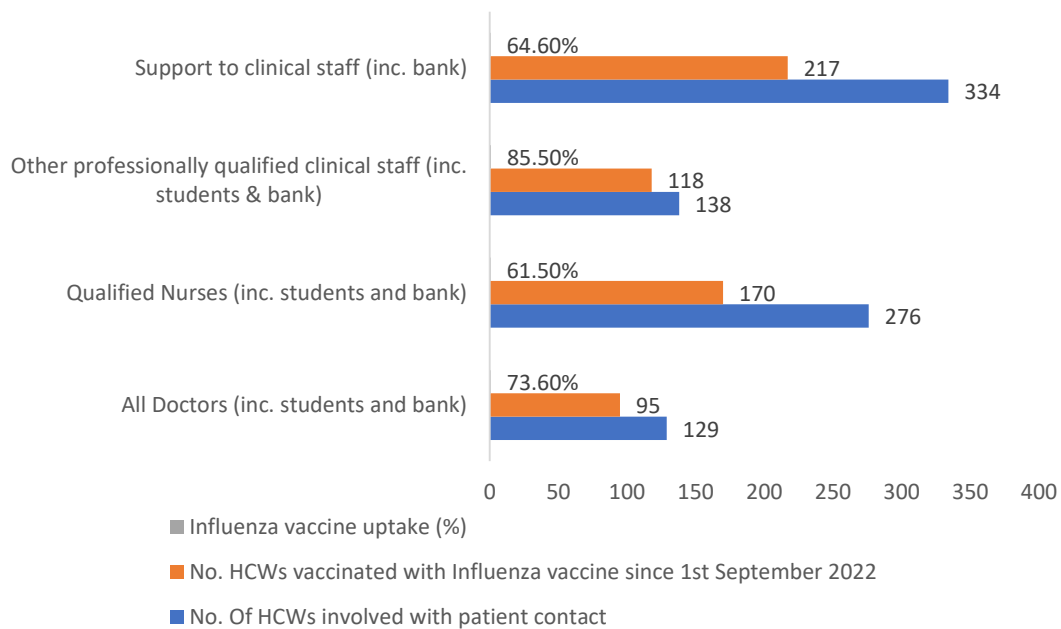
A	Committed leadership	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers (both clinical and non-clinical staff who have contact with patients)	
A2	Trust has ordered and provided a quadrivalent (QIV) influenza vaccine for healthcare workers.	
A3	Board receives an evaluation of the 2023/24 influenza programme including data, successes, challenges, and lessons learnt.	
A4	Agree on a board champion for influenza campaign	
A5	All board members receive influenza vaccination and publicise this	
A6	Influenza team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Influenza team to meet regularly from May 2024	
B Communications plan		
B1	Rationale for the influenza vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Access to vaccination on induction and training programmes	
B5	Programme to be publicised on screensavers, posters, and social media	
B6	Weekly feedback on percentage uptake for directorates, teams, and professional groups	
C Flexible accessibility		
C1	Peer vaccinators, ideally at least two in each clinical area to be identified, trained, released to vaccinate, and empowered	
C2	Schedule for easy access drop-in clinics agreed	
C3	Schedule for 24-hour mobile vaccinations to be agreed	
D Incentives		
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

Appendix B – 2022/23 Influenza vaccination campaign data

During 2022/23, ROH vaccinated 68.4% (600) of all eligible frontline healthcare workers with patient contact (877), falling short of the 70% target by 1.6% (14).

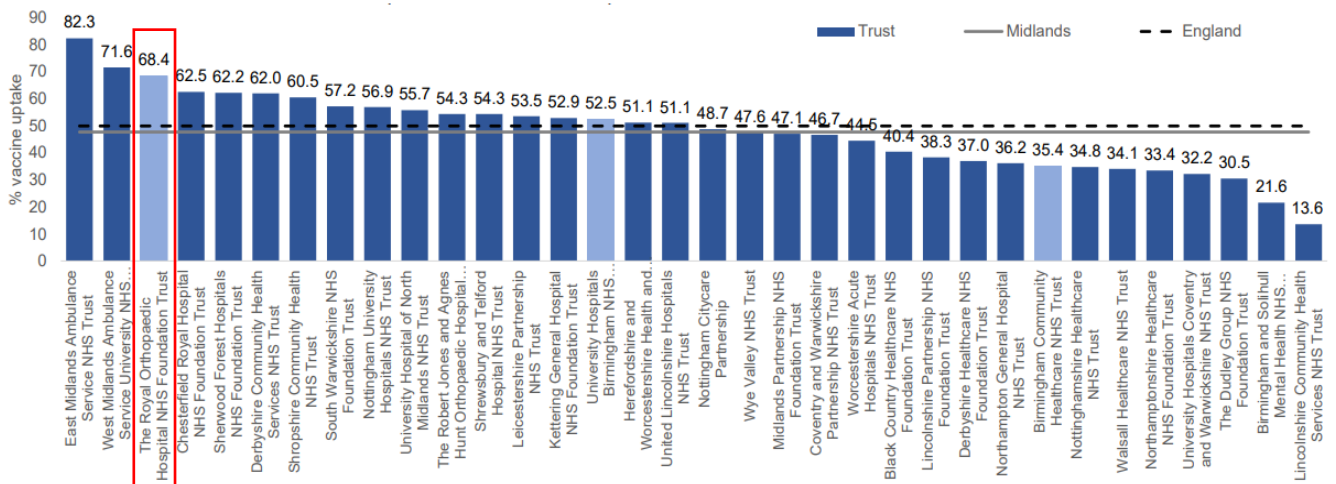


The chart below shows a breakdown of vaccine uptake amongst staff groups.



During the 2022/23 campaign, of the four Trusts within the Birmingham and Solihull region, ROH reported the highest uptake, exceeding both regional and national averages.

Seasonal influenza vaccine uptake among frontline healthcare workers in England 2022 to 2023: NHS trusts



Note – the chart above only includes information for Trusts that reported uptake via ImmForm.

ROH Influenza campaign 2024/25

All staff will be offered the flu vaccination from October 2024 – December 2024 to protect themselves and patients from flu.

COVID-19 booster will be offered for the first 2 weeks of the vaccination programme by the IPC team.

Incentives

- TBC

Communications activity

Pre-launch

- Vaccines will be available from October – CEO message, hub and weekly update (2 weeks prior to launch)
- Email from Chief Nurse (1 week before)

Week 1

- Launch email advising staff where and when they can receive their flu jab / COVID-19 jab, freebie, link to flu page detailing all FAQs around the jab and leaflets.
- ROH Hub news story on go live day and link to the main flu page for the drop-in session schedule and FAQs.
- Posting on Loop (rostering app for clinical/non-desk-based staff)
- Wallpaper
- CEO Weekly reminder

Week 2

- Email of the weekly schedule and uptake of week 1 / 1 more week to receive COVID booster
- ROH hub news story 'get your jabs this week' – linking to main flu page.
- Posting on Loop (if the scheduled has changed from week 1 or just a reminder)
- Wallpaper with weekly schedule of where/when to get a jab.
- CEO Weekly reminder

Week 3

- Email of weekly schedule
- Wallpaper
- ROH hub
- Loop
- CEO Weekly reminder

Week 4

- Email of weekly schedule
- Wallpaper
- ROH hub

- Loop
- CEO weekly
- Email from Chief Nurse to all staff sharing the uptake, importance of receiving the jab along with reminders on how they can get the jab until the end of December.

Week 5

- Use weekly update for all further reminders and include specific flu bar to highlight flu section
- Wallpaper

To note

- Ad-hoc updates can be shared past week 5 but the weekly standalone emails will reduce to the weekly update and news hub updates.
- Social media content will follow the UKHSA or BSol toolkit but will include the board receiving their vaccinations. Social media content will not include our weekly schedule as this will all be covered via internal communications.

Collateral

- Posters in snapframes
- Posters for clinical areas
- Wallpapers
- Headers for flu emails
- Header for dedicated chief nurse email
- Incentives?