



The Royal  
Orthopaedic Hospital  
NHS Foundation Trust

## Trust Board (Public)

Wednesday 4th December - 11:30h - 14:00h

Boardroom, Trust Headquarters



## **Notice of Trust Board Meeting in Public on Wednesday, 4 December 2024**

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday, 4 December 2024, in the Boardroom, Trust HQ commencing at **11:30**.

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](mailto:tammy.ferris@nhs.net)

**Tim Pile**  
**Chair**



# AGENDA

## TRUST BOARD PUBLIC

**Venue** Boardroom, Trust Headquarters

**Date** 4 December 2024: 11:30h – 14:00h

### 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)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Jenny Belza	Non Executive Director	(JB)
Mr Simon Page	Non Executive Director	(SP)
Mr Matthew Hartland	Interim Chief Executive	(MH)
Mr Mathew Revell	Executive Medical Director	(MD)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
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 Charlotte Murphy	Registered Nurse Associate	(CM)	[Item 15]
Mrs Rebecca Lloyd	Director of Strategy	(RL)	
Mrs Tammy Ferris	Corporate Services Manager	(TF)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
<b>IN PUBLIC SESSION</b>				
11:30	15	Staff Story – Charlotte Murphy, Registered Nurse Associate	Presentation	CM
11:40	16	Apologies: Ian Reckless, Jan Teo	Verbal	Chair
	17	Declarations of Interest	ROHTB (12/24) 011	Chair
	18	Minutes of Board Meeting held in Public on 6 <sup>th</sup> November 2024: <i>for approval</i>	ROHTB (11/24) 022	Chair
	19	Actions from previous meetings in public: <i>for assurance</i>	ROHTB (11/24) 022 (a)	SGL
	20	Questions from members of the public	Verbal	Chair
11:45	21	Chair's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (12/24) 012 ROHTB (12/24) 012 (a)	MH/TP
12:10	21.1	Council of Governors update: <i>for assurance</i>	Verbal	SGL



**BREAK**

<b>12:50</b>	22	Complaints Annual Report: <i>for assurance</i>	ROHTB (12/24) 013 ROHTB (12/24) 013 (a)	NB
<b>GOVERNANCE AND COMPLIANCE</b>				
<b>13:00</b>	23	Corporate Risks Review – progress update: <i>for discussion</i>	ROHTB (12/24) 014	SGL
<b>13:10</b>	24	Board walkabouts: <i>for information</i>	ROHTB (12/24) 015 ROHTB (12/24) 015 (a) ROHTB (12/24) 015 (b)	SGL
<b>UPWARD REPORTS FROM THE BOARD COMMITTEES</b>				
<b>13:20</b>	25	Upward reports from the Board Committees: <ul style="list-style-type: none"> <li>• Finance &amp; Performance Committee</li> <li>• Quality &amp; Safety Committee</li> <li>• Audit Committee</li> <li>• Charitable Funds Committee</li> </ul>	ROHTB (12/24) 016 ROHTB (12/24) 017 ROHTB (12/24) 018 ROHTB (12/24) 019	LW IR GH AA
<b>13:45</b>	<b>MATTERS TO BE TAKEN BY EXCEPTION</b>			
	26	Performance Reports: <i>for assurance</i> a) Finance & Performance b) Quality Report	ROHTB (12/24) 020 ROHTB (12/24) 021	
	27	Any Other Business	Verbal	All
	28	Meeting effectiveness	Verbal	All
<b>14:00</b>	<b>CLOSE: Date of next meeting: Wednesday, 5 February 2025 @ 09:00</b>			
<b>Charity Meeting – 15:00-16:00</b>				
<b>16:00</b>	<b>Close</b>			



## 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 Hartland						✓	✓				
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**

<b>Name</b>	<b>Interest</b>	<b>Voting Member</b>
<b>Tim Pile Chair</b>	<ul style="list-style-type: none"> <li>• Council Member, Aston University</li> </ul>	Yes
<b>Jo Williams Chief Executive</b>	<ul style="list-style-type: none"> <li>• Trustee, Versus Arthritis</li> </ul>	Yes
<b>Matthew Hartland Interim Chief Executive</b>	<ul style="list-style-type: none"> <li>• Governor, Shrewsbury Colleges Group</li> </ul>	Yes
<b>Simon Grainger-Lloyd Director of Governance</b>	<ul style="list-style-type: none"> <li>• Foundation Governor, Ombersley Endowed First School (4 Year Term of Office from June 2024)</li> </ul>	Yes
<b>Steve Washbourne Chief Finance Officer</b>	<ul style="list-style-type: none"> <li>• Governor at University of Birmingham School</li> <li>• Independent Member of the Audit Committee at Aston University</li> <li>• Trustee, Sandwell Leisure Trust</li> </ul>	Yes
<b>Marie Peplow Chief Operating Officer</b>	<ul style="list-style-type: none"> <li>• None declared</li> </ul>	Yes
<b>Matthew Revell Medical Director</b>	<ul style="list-style-type: none"> <li>• Fellow of the Royal College of Surgeons</li> <li>• Member British Orthopaedic Association and British Hip Society</li> <li>• Founding Fellow of the Faculty of Medical Leadership and Management</li> </ul>	Yes
<b>Nikki Brockie Chief Nurse</b>	<ul style="list-style-type: none"> <li>• None declared</li> </ul>	Yes
<b>Sharon Malhi Chief People Officer</b>	<ul style="list-style-type: none"> <li>• Trustee, Victoria Academies Trust</li> </ul>	Yes

Name	Interest	Voting Member
<b>Simone Jordan</b> <b>Non Executive Director &amp; Vice Chair</b>	<ul style="list-style-type: none"> <li>• Managing Director, Simone Jordan &amp; Associates Limited</li> <li>• Non Executive Director, George Eliot Hospital NHS Trust</li> <li>• Member of the Chartered Institute of Personnel and Development</li> <li>• Vice Chair &amp; Non Executive Director, Leicestershire &amp; Rutland Integrated Care Board (LLR ICB).</li> </ul>	Yes
<b>Les Williams</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• None declared</li> </ul>	Yes
<b>Gianjeet Hunjan</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• Non Executive Director, Black Country ICB</li> <li>• Lay Member, National Clinical Impact Awards - National Main Committee and West Midlands Committee</li> <li>• Governor, Oldbury Academy</li> <li>• Governor, Ferndale Primary School</li> <li>• Member of IHSCM</li> <li>• Member of HFMA</li> <li>• Fellow of Chartered Institute of Public Finance and Accountancy (CIPFA)</li> <li>• Member of Nishkam Healthcare Trust at local Gurdwara</li> </ul>	Yes
<b>Ayodele Ajose</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• Legal Consultant to Law Firm Addleshaw Goddard LLP – Currently Assigned Full-Time to Group Lotus</li> </ul>	Yes
<b>Ian Reckless</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• Executive Director (Medical Director and Deputy Chief Executive), Milton Keynes University Hospital NHS Foundation Trust</li> <li>• Director, ADMK Limited (wholly owned subsidiary of Milton Keynes University Hospital NHS Foundation Trust)</li> <li>• Director, JTER Trading Limited (company involved in property services and antiques trading)</li> <li>• Fellow, Royal College of Physicians</li> <li>• Fellow, Faculty of Medical Leadership and Management</li> <li>• Member of Congregation, University of Oxford</li> <li>• Appointed as Chief Medical Officer at Bedfordshire, Luton and Milton Keynes Integrated Care Board. This role is carried out alongside</li> </ul>	Yes

Name	Interest	Voting Member
	substantive post at Milton Keynes University Hospital (0.4 WTE secondment) as of 15 April 2024 for six months.	
Name	Interest	Voting Member
<b>Simon Page</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• Deputy Chair, South Warwickshire NHS Foundation Trust (SWFT)</li> <li>• Owner, Weathervane Consultancy</li> </ul>	Yes
<b>Jenny Belza</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• Governor, University College Birmingham</li> </ul>	Yes
<b>Jan Teo</b> <b>Non Executive Director</b>	<ul style="list-style-type: none"> <li>• Non Executive Director, Birmingham Community Healthcare Foundation Trust (1 March 2023 to 28 February 2026)</li> <li>• Company Director, 3 Castle Street (RTM) Limited</li> <li>• Oversight Board, K2CO (Dance Company)</li> </ul>	Yes



# MINUTES

## Trust Board – PUBLIC DRAFT Version 0.1

**Venue** Boardroom, Trust Headquarters

**Date** 6 November 2024: 0900h - 1200h

**Members attending:**

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

**In attendance:**

Ms Rachel Richards	Clinical Services Manager – Private Patient Services	(RR) [Item 1]
Mr Jamie McKenzie	Guardian of Safe Working	(JMK) [Item 8]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)
Mrs Tammy Ferris	Corporate Services Manager	(TF) [Secretariat]

1 Patient Story (RR)	Presentation
<p>Rachel Richards (RR), presented the story on behalf of the patient.</p> <p>David is not a local patient but had undergone spinal surgery at ROH.</p> <p>Surgery was undertaken in August this year. His local healthcare provider was not able to provide the surgery required and David sought advice from elsewhere and this is when he decided the ROH was where he wished for his treatment to take place.</p>	



<p>David is not stranger to private care and was able to compare us to other providers. He commented on the room provided and service given was incredible. Even his own GP was impressed with the wound site.</p> <p>The surgery has given David the opportunity to be able to get back on his electric bike.</p> <p>The Board was invited to ask questions and comment.</p> <p>MP queried if there is an opportunity to collaborate with other units across the country who may not be able treat more complex patients and encourage them to refer to others. MP explained that a marketing campaign is being developed to make us more prominent in the wider area. RR confirmed that as part of the business planning being undertaken marketing is key within this. RR explained that consideration is being given to where the marketing needs to be targeted at.</p> <p>GH queried whether the pre op was this undertaken at the ROH. RR explained that the pre op was undertaken here and the post op was outside of the Trust as the Surgeon was able to hold a clinic local to the patient.</p> <p>SP queried what are we doing in social media with regards to these stories. RR explained that the Communication Team are looking at how these stories can be shared. RR explained that the Bupa finder has also now been updated and our profile is now updated on this.</p> <p>SP questioned what we learnt from this patient. RR explained that David wanted a particular slot for the procedure to take place and we were not able to do it at that exact week, the learning from this is to not promise too much.</p> <p>IR queried should we charge for the HDU element even if this service is not used. RR raised that this could affect people choices. NB highlighted that we would have held a bed in HDU for this patient though so the charge should have remained. RR would take these comments away and reflect as part of the review that is currently taking place.</p> <p>TP thanked RR for sharing the story on behalf of David.</p>	
<p><b>2 Apologies (chair)</b></p>	<p><b>Verbal</b></p>
<p>There were no apologies to note.</p> <p>TP welcomed MH as the new Interim Chief Executive and first formal Board meeting.</p>	
<p><b>3 Declarations of Interest (chair)</b></p>	<p><b>ROHTB (11/24) 001</b></p>
<p>There were no new declarations to record to what has been published.</p>	



<p><b>4 Minutes of Board Meeting held in Public on 2 October 2024:</b> <i>for approval (chair)</i></p>	<p>ROHTB (10/24) 018</p>
<p>The minutes of the meeting held in public on 2 October 2024 were accepted and <b>approved</b> by the board.</p>	
<p><b>5 Actions from previous meetings in public: <i>for assurance</i> (SGL)</b></p>	<p>ROHTB (10/24) 018 (a)</p>
<p>SGL provided an update on the three green actions.</p> <ul style="list-style-type: none"> <li>• ROHTBACT. 232 – Preceptorship Update via Staff Story is scheduled for December Trust Board.</li> <li>• ROHTBACT. 259 – Charitable Funds discussion will be scheduled at the end of the December Trust Board meeting.</li> <li>• ROHTBACT.266 – Trainee Female Surgeon staff story to be scheduled to March Trust Board. Update date of completion.</li> </ul>	
<p><b>6 Questions from members of the public (chair)</b></p>	<p>verbal</p>
<p>No questions were received in advance of the meeting</p>	
<p><b>7 Chair’s and Chief Executive’s update: <i>for information and assurance</i> (TP/MH)</b></p>	<p>ROHTB (11/24) 002 ROHTB (11/24) 002 (a)</p>
<p><b>Chief Executive Update</b></p> <p>MH presented the Chief Executive update, and the paper was taken as read.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• CQC Visit 9<sup>th</sup> October – The Trust welcomed a CQC Relationship Manager to the Trust. Thanks to NB and SGL for organising the visit. The visit went well, with excellent feedback received.</li> <li>• Financial position. The Trust delivered a deficit of £11k against a planned deficit of £38k. Attention is focussed on delivery of the recovery trajectory to bring us back to a break-even position.</li> <li>• Activity delivered to 65 weeks which is an excellent position.</li> <li>• Staff Survey is currently underway and closed on 29<sup>th</sup> November.</li> <li>• Welcome to our newly elected Governors. The next Council of Governors meeting is scheduled for 20<sup>th</sup> November.</li> <li>• MSK Community Day was held on 22<sup>nd</sup> October 2024. This is an innovative approach to providing support to patients on our waiting lists for physiotherapy by inviting them to a central location in the community for an opportunity to connect with a variety of clinical and voluntary sector support services. Initial feedback from patients and staff was extremely positive and further evaluation of clinical outcomes and patient satisfaction will follow,</li> </ul>	



along with cost/benefit analysis as part of the ongoing MSK programme.

- National Update – The Government announced the 10-year plan is out for public consultation at the moment. We at the ROH will also be hosting events with the public, staff and stakeholders. Further detail is expected from NHSE in due course.

The Board was invited to ask questions and comment on the paper presented.

Of particular note were the following points:

- SP questioned if at the CQC visit supported our journey to get too outstanding. MH explained that we shared that is what we believe we are. There is work underway for our readiness for the visit that SGL and NB are completing. NB explained there has been further communication with the CQC and we have been able to demonstrate the good work we do. NB explained that all quality visits are undertaken based on the CQC guidelines. SP queried how confident are we with the result. SGL explained that the work we are doing is self-assessing ourselves against the key lines of enquires. We are assessing ourselves against what outstanding look likes. SGL explained that following conclusion of the self-assessment we would be able to share the outcome at a future Board meeting.
- SP queried if money became available through the budget allocation would we have something this could be used on. MP explained the Ambulatory Care Business Case is ready and being shared at system level and that would welcome any additional funding.
- LW questioned what the take up of Beyond Limits programme has been. SM explained that there were 60 places, and 30 places have been taken up. All NHS trusts have submitted applications, but the application has been extended to allow colleagues from the Council and voluntary sector to apply. There are two applicants from the ROH.
- LW questioned what the output of the Community appointment day was. MP shared that 376 patients were booked to attend the day, 250 attended, 120 Did Not Attend (DNA), 24% went onto a patient initiated follow up waiting list (PIFU), and 15% discharged. MP explained that a lesson learned needs to take place as the populations from both days held were very different.
  - TP questioned was there a high level of collaboration and asked who drove the leadership. MP explained that the MSK programme is a full collaboration across the system. The leadership came from a Senior Physiotherapist from our own Therapies Team, who had protected time to organise the day, so this was very much led by ROH.
  - JB enquired how is the community day linking in with the health inequalities agenda. MP explained that contact will be made with those patients who were DNA on the day to understand what prevented them from attending. RL explained that since the Solihull



<p>day there have been smaller community days in smaller settings in different locations to allow access to all.</p> <ul style="list-style-type: none"> <li>• GH raised following a recent visit to Theatres we need to ensure engagement is the focus on all areas. MH explained that physical estate in theatres is being reviewed and an urgent action plan is being pulled together to address the issues the team are facing. NB explained that the team have also recently been through consultation, along with spending quite a few years of being heavily reliant on agency. As more substantive staff are now in place investment in development of colleagues is now underway.</li> </ul> <p><b>Chair Update</b></p> <p>TP highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Visit to the new PALs office who moved into the old POAC space. Common theme was better communication is needed as many of the complaints coming through is due to cancelled appointments and focus needs to be on the quality of communications.</li> <li>• Government have announced a proposed smoking ban that we need to prepare for this as this will affect outside of the hospital too. Timings need to be considered.</li> <li>• AGM 20<sup>th</sup> November and attendance would be appreciated.</li> <li>• Estates Plan and the under utilisation of buildings. TP queried when the plan will be shared with the Board again. SW confirmed the underused space is the old nursing home and would cost a substantial amount of money to refurbish. MH confirmed that visits have been made to review how buildings could be better used and a plan would be shared with the Board.</li> </ul> <p><b>ACTION: Share the plan for the underutilised area of the Estate with the Board.</b></p> <p><b>SW</b></p> <ul style="list-style-type: none"> <li>• TP recently visited the Coding Team, and the Board discussed the opportunities available within coding to ensure we are recording correctly to ensure we are receiving the correct the money.</li> </ul>	
<p><b>8 Guardian of Safe Working Update: <i>for assurance</i> (JMK)</b></p>	<p><b>ROHTB (11/24) 003</b></p>
<p>Jamie McKenzie, (JMK) joined the meeting in his role as Guardian of Safe Working to present to the Board the latest update. The paper presented was taken as read.</p> <p>JMK highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• JMK praised Vikki Eccleston and the work she does with the Resident Doctors. JMK highlighted that the work that individuals like Vikki do that show kindness and compassion is what is helping to nurturing our Resident</li> </ul>	



<p>Doctors.</p> <ul style="list-style-type: none"> <li>Resident Doctors continually need support, they are doing an amazing job but need to be looked after just like all our other colleagues.</li> </ul> <p>The Board was invited to comment and question on the update provided.</p> <p>The following points are of particular note:</p> <ul style="list-style-type: none"> <li>JB queried the on-call room issues that have been raised in the report and the support for international doctors that are needed. JB questioned has support been put in place. JMK explained that this is a new group of doctors and work is taking place to provide the support needed. NB suggested that it would be good to link these colleagues with the international nurses and radiographers. SW explained that the on-call room were updated and refreshed. SW detailed the on-call occupancy has been reviewed and it is clear they are used and there is always availability. From the data it does not demonstrate the need for more rooms. JMK suggested to meet with SW outside of the meeting.</li> <li>IR queried the requirement for resident doctors to have their rotas within a set timeframe and sought assurance that this happens and questioned they are able to raise issues with rotas. JMK provided assurance that there are no queries which is why none are included in the report and that it is completed on the allocate system which can be reviewed. During induction the doctors are given training on how to use the system. JMK explained that when issues arise, they are dealt with more collaboratively.</li> <li>SGL queried whether there is any joint working with the FTSU Guardian. JMK explained that they don't regularly meet but JMK does meet up with FTSU Champions. MR suggested that FTSU is invited to the Resident Doctor Forums.</li> </ul> <p>TP thanked JMK for providing the report and assurance to the Board.</p>	
<p><b>9 WRES/WDES Update: <i>for assurance</i> (SM)</b></p>	<p><b>ROHTB (11/24) 004</b> <b>ROHTB (11/24) 004 (a)</b> <b>ROHTB (11/24) 004 (b)</b> <b>ROHTB (11/24) 004 (c)</b></p>
<p>SM presented to Board the WRES/WDES Update, and the paper was taken as read.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>There is a correction to be made WRES document prior to publication.</li> <li>This report has been discussed at the Staff Experience &amp; OD Committee.</li> <li>There has been work undertaken with Canterbury University, and this work will continue.</li> <li>Following the International Nurses Conference we have been approached by BCU to look at the work that can do to support students.</li> </ul>	



- There is more work we could be doing to be more transparent, and this feedback has come through the network groups.
- The harassment figures that have been reported in the WRES report are concerning and work is taking place with the network groups to understand what is going on. Some of this increase is due to people feeling more confident in speaking up and reporting, which is positive, but we now need to focus on reducing the number of cases.

The Board was invited to question and comment on the paper presented.

- JB raised concerns that the indicators have gone down in the WRES data and questioned what is reviewed in Staff Experience & OD Committee (SE&OD). SM explained the data is reviewed regularly and reported into SE&OD. The reform of the appraisal process will help support conversations and development opportunities can be shared during these conversations. Jennifer Pearson has just been appointed as MMEG Chair as they have not had anyone for some time. They will now have a clear action to help get the message out.
- GH raised there are some positive things the Trust have done but the message from colleagues is the process we use for recruitment is not fair to all. SM confirmed this is a focus of the system inclusive recruitment. With the recruitment of the Talent Acquisition Manager the focus will be on ensuring we offer an inclusive recruitment experience.
- NB highlighted that as a Trust we have zero tolerance to violence and aggression against staff. NB offered to share an update on the Recruit and Retain programme of work that is being undertaken at system level. An update will be provided to SE&OD Committee in December.

**ACTION: Provide an update on the Recruit and Retain Programme of work being undertaken at System level to SE&OD Committee in December. NB**

- MP provided assurance that with the recruitment of a new Chair and Deputy Chair the MMEG group will have very open conversation. MP raised the networks are there as advisors not to drive the change, it is not for them to deliver the change.
- AA questioned following the RACE Code workshop how this will support the WRES/WDES data. SM explained that it was agreed at the SE&OD Committee that we would await the data from the RACE Code assessment and from this an action plan will be developed.
- TP queried pg. 63 of the Board Pack relevant to this section and raised that the data is not clear as to how we have performed and requested that the data we share is clear to the public what we are saying.

The Board discussed the data that is reported and the % that has been reported. SGL suggested that this data could be triangulated back to the incidents that are



<p>recorded as well.</p> <p><b>ACTION: Deep dive on the WRES/WDES data, particularly around bullying and harassment and understand what is driving the results. Report to be shared back with Staff Experience &amp; OD Committee. SM</b></p>	
<p><b>10 National CQC Inpatient Survey Results: <i>for assurance</i> (NB)</b></p>	<p><b>ROHTB (11/24) 005 ROHTB (11/24) 005 (a)</b></p>
<p>NB presented the National CQC Inpatient Survey results, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Our response was above average, up 3% on last year.</li> <li>• We have held a ranking as 9<sup>th</sup> for the second consecutive year.</li> <li>• There are three areas that require improvement, and this includes not getting enough to drink, this has been addressed and there has been increased engagement with Matrons and Ward Managers.</li> </ul> <p>The Board was invited to question and comment on the paper presented.</p> <p>The following points are of particular note:</p> <ul style="list-style-type: none"> <li>• JT questioned accessibility to the survey and does this cover the true patient demographics. MP confirmed that this does reflect our patients.</li> <li>• IR raised that following discussions at Quality &amp; Safety Committee it was challenged that we should reflect on the fact that we are ranked within the specialist Trusts as they tend to be at the top of the rankings and therefore we should be using other means of measuring our patient experience and we should not just rely on this data.             <ul style="list-style-type: none"> <li>○ There was discussion around the data and how the ranking is created. It was felt a better understanding where the Trust is positioned would be useful as how the ranking is populated is not clear.</li> </ul> </li> <li>• RL raised that using the information from these reports can inform marketing and support the ability to share the patient experience.</li> </ul>	
<b>GOVERNANCE AND COMPLIANCE</b>	
<p><b>11 Corporate Risk Review Progress Update: <i>for assurance</i> (SGL)</b></p>	<p><b>ROHTB (11/24) 006</b></p>
<p>SGL presented the Corporate Risk Review Progress Update and the paper was taken as read.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Two committee have met, Staff Experience &amp; OD and Finance &amp;</li> </ul>	



<p>Performance where risks were discussed in detail.</p> <ul style="list-style-type: none"> <li>• Audit Committee meets next week, and this is included in the agenda.</li> <li>• A final update will be provided at the December Trust Board.</li> </ul>	
<p><b>12 Safeguarding Annual Report: <i>for assurance</i> (NB)</b></p>	<p><b>ROHTB (11/24) 007 ROHTB (11/24) 007 (a)</b></p>
<p>NB presented the Safeguarding Annual Report, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• This is a regulatory document that is required to presented to the Trust Board.</li> <li>• There has been an increase in disclosure, it was raised that it must be considered the impact this has on the colleagues who have to deal with this. There has been a great deal of work to ensure they feel supported.</li> <li>• Birmingham is quite challenged due to the cuts that are impacted at the council.</li> <li>• The Board are asked to approve publication of this report.</li> </ul> <p>The Board was invited to question and comment on the paper presented.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> <li>• LW raised the delay in the deprivation of liberties was awaiting government elections is stated in the document, but we are no longer awaiting a new government. NB confirmed this can be updated, however there is no further update on the decision as this is still awaited from the government.</li> <li>• TP raised that an update is required on the stating the Doctor has started in position rather than will be starting. NB noted and will ensure this is amended.</li> <li>• JT queried who had reviewed this document. NB confirmed this is reviewed at Quality &amp; Safety Committee and would not be reviewed any wider. TP suggested that this is reviewed in detail before publications. SGL confirmed that a member of the Governance Team will review before publication.</li> </ul> <p><b>ACTION: Request member of Governance Team to review the Safeguarding Annual Report before publication. SGL/NB</b></p> <p>TP confirmed that subject to the two amendments and the check by the Governance Team the Board <b>approved</b> the publication of the report.</p>	
<p><b>13 Annual Statement of Compliance – Medical Staff Revalidation &amp; Appraisal: <i>for assurance</i> (MR)</b></p>	<p><b>ROHTB (11/24) 008 ROHTB (11/24) 008 (a)</b></p>
<p>MR presented the Revalidation &amp; Appraisal report, and the paper was taken as read.</p>	



<p>There were no significant concerns to be raised.</p> <p>This report, once approved by the Board, would be shared with NHSE.</p> <p>The Board were invited to question and comment on the paper presented.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> <li>LW queried is there any detriment to us for not having any peer reviews. MR confirmed this is not something that has to be done but is best practice.</li> </ul> <p>The Board <b>approved</b> the Chief Executive to sign the report and circulate to NHSE.</p>	
<b>MATTER TO BE APPROVED IN THE ROLE OF CORPORATE CHARITY TRUSTEE</b>	
<p><b>14 Eveson Trust Fund – Application of Ultrasound Machine: <i>for approval</i> (MP)</b></p>	<p><b>ROHTB (11/24) 009</b> <b>ROHTB (11/24) 009 (a)</b></p>
<p>MP presented the Eveson Trust Fund application, and the paper was taken as read.</p> <p>MP explained that this is an application for a grant from the Eveson Trust Fund to support an ultrasound machine.</p> <p>The cost of the machine is £50,000 which this grant, if successful, will cover the cost and there are no additional costs to be incurred by the Trust.</p> <p>The Board are asked to approve the application for the ultrasound machine grant.</p> <ul style="list-style-type: none"> <li>IR queried why the application has come from the Charity and not the Hospital. RL explained that we have a Grant Applicator in post as part of the NHS Charities Together funding and they have applied.</li> </ul> <p>The Board was assured that there is no financial commitment from the Trust if we do not get the funding as we will have to make the decision if unsuccessful as to whether or not to procure this.</p> <p>The Board <b>approved</b> the application for the grant from the Eveson Trust Fund and if successful the machine will be procured.</p>	
<b>UPWARD REPORTS FROM THE BOARD COMMITTEES</b>	
<p><b>15 Upward reports from the Board Committees: (cttee chairs)</b></p> <p><b>a) Finance &amp; Performance Committee</b> <b>b) Staff Experience &amp; OD Committee</b></p>	<p><b>ROHTB (11/24) 010</b> <b>ROHTB (11/24) 011</b></p>
<p><b>Finance &amp; Performance Committee – LW</b></p> <ul style="list-style-type: none"> <li>Much of the performance discussed at the Committee meeting has already been reported in the Chief Executive Update.</li> <li>A detailed discussion around the financial recovery plan took place at the</li> </ul>	



<p>meeting.</p> <ul style="list-style-type: none"> <li>Productivity metrics was discussed, and it was agreed to use the NHSE headline productivity metrics in the proposed Integrated Performance Dashboard as primary measures, with shadow reporting beginning in Q4 ahead of full reporting from 2025/26.</li> <li>A forward programme of 'deep dives' was agreed including spinal deformity, theatre productivity, hands and arthroplasty services, outpatient transformation and feasibility of replacement of elective inpatient cases by income generating day cases.</li> </ul> <p><b>Staff Experience &amp; OD Committee – SJ</b></p> <ul style="list-style-type: none"> <li>It was report that most of the key indicators are heading in the wrong direction and focus now needs to be on improving them.</li> <li>There has been an increase in a number of employee relation cases.</li> <li>- The Committee welcomed a colleague from the Admissions and Day Case Unit to share their story. She highlighted the productivity improvements that could be made in the organisation that would improve patient flow and theatre utilisation.</li> </ul>	
<b>Performance Reports</b>	
<p><b>16 Performance Reports: <i>for assurance</i></b></p> <ul style="list-style-type: none"> <li><b>Finance &amp; Performance</b></li> <li><b>Quality Report</b></li> <li><b>Workforce</b></li> </ul>	<p><b>ROHTB (11/24) 012</b> <b>ROHTB (11/24) 013</b> <b>ROHTB (11/24) 013 (a)</b></p> <p><b>ROHTB (7/24) 014</b></p>
<p>The reports were taken as read.</p>	
<p><b>17 Any Other Business</b></p>	<p><b>Verbal</b></p>
<p>There was no further business to raise.</p>	
<p>Date of next meeting: Wednesday, 4 December @ 0900h</p>	



Next Meeting: 4 December 2024, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 27 November 2024

Number	Agenda item	Paper Ref	Date raised	Action	Owner	Completion Date	Response submitted/Progress update	Status
ROHTBACT.266	Women in Orthopaedics	Presentation	02/10/2024	Invite a Trainee Female Surgeon to a future Trust Board meeting and share their story as part of the Staff Story agenda item.	MR	05-Mar-25	Updated to March due availability of Trainee. <b>ACTION NOT DUE</b>	
ROHTBACT.267	Chair's and Chief Executive's Update	ROHTB (11/24) 002 ROHTB (11/24) 002 (a)	06/11/2024	Share the plan for the underutilised area of the Estate with the Board.	SW	05-Feb-25	<b>ACTION NOT DUE</b>	
ROHTBACT.268	WRES/WDES Update	ROHTB (11/24) 004 ROHTB (11/24) 004 (a) ROHTB (11/24) 004 (b) ROHTB (11/24) 004 (C)	06/11/2024	Provide an update on the Recruit and Retain programme of work being undertaken at system level to SE&OD Committee in December.	NB	18-Dec-24	<b>ACTION NOT DUE</b>	
ROHTBACT.269	WRES/WDES Update	ROHTB (11/24) 004 ROHTB (11/24) 004 (a) ROHTB (11/24) 004 (b) ROHTB (11/24) 004 (C)	06/11/2024	Deep dive on the WRES/WDES data, particularly around bullying and harrassment to understand what is driving the results. Report to shared with Staff Experience and OD Committee in February.	SM	26-Feb-24	<b>ACTION NOT DUE</b>	
ROHTBACT.232	Chief Executives Update	ROHTB (3/24) 002 ROHTB (3/24) 002 (a)	07/03/2024	Provide a preceptorship update via a staff story in approx 8 months.	NB	04-Dec-24	<b>Included on December Agenda. Propose Closure</b>	
ROHTBACT.270	Safeguarding Annual Report.	ROHTB (11/24) 007 ROHTB (11/24) 007 (a)	06/11/2024	Request a member of the Governance Team to review the Safeguarding Annual Report before publication.	SGL/NB	04-Dec-24	<b>Review has taken place and the document has been shared with Communications for publication on the Trust website. Propose closure.</b>	

ROHTBACT.259	Chair's and Chief Executive's Update	ROHTB (7/24) 004 ROHTB (7/24) 004 (a)	03/07/2024	Schedule Charitable Funds as an agenda item at a future Board meeting to discuss how funds are used.	TF	04-Dec-24	Included at the end of the December Trust Board agenda. Propose Closure
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**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

<b>DOCUMENT TITLE:</b>		Chief Executive's Update					
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>		Matthew Hartland, Interim Chief Executive					
<b>AUTHOR:</b>		Matthew Hartland, Interim Chief Executive					
<b>DATE OF MEETING:</b>		4 December 2024					
<b>PURPOSE OF THE REPORT:</b>							
<b>TO PROVIDE ASSURANCE</b>	<b>X</b>	<b>FOR INFORMATION ONLY</b>		<b>TO CREATE DISCUSSION</b>		<b>TO SEEK APPROVAL</b>	
<b>EXECUTIVE SUMMARY:</b>							
This report provides an update to members on the national context and key local activities not covered elsewhere on the agenda.							
<b>ASSURANCE PROVIDED BY THE REPORT:</b>							
<b>POSITIVE</b>			<b>GAPS IN ASSURANCE/RISKS TO ESCALATE</b>				
• N/A			• N/A				
<b>REPORT RECOMMENDATION:</b>							
The BOARD is asked to: receive and note the contents of this report.							
<b>KEY AREAS OF IMPACT</b> <i>(Indicate with 'x' all those that apply):</i>							
Financial	<b>X</b>	Environmental	<b>X</b>	Communications & Media	<b>X</b>		
Business and market share	<b>X</b>	Legal & Policy	<b>X</b>	Patient Experience	<b>X</b>		
Clinical	<b>X</b>	Equality and Diversity		Workforce	<b>X</b>		
Inequalities	<b>X</b>	Integrated Care	<b>X</b>	Continuous Improvement			
Comments:							
<b>ALIGNMENT TO TRUST STRATEGY</b> <i>(Indicate with 'x' all those that apply):</i>							
Care	<b>X</b>	Community	<b>X</b>				
Expertise		Services			<b>X</b>		
People	<b>X</b>	Collaboration					
<b>ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>							
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.							
<b>ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:</b>							
N/A							
<b>BENCHMARKING SOURCE</b> <i>(Indicate data sources included in report IF APPLICABLE):</i>							
N/A							
<b>PREVIOUS CONSIDERATION</b> <i>(Indicate board/committee/group &amp; date):</i>							
N/A							



## CHIEF EXECUTIVE'S REPORT

### Report to the Public Trust Board (in Public) on 4 December 2024

#### 1. INTRODUCTION

- 1.2 Welcome to the paper from the Chief Executive from the Royal Orthopaedic NHS Trust.
- 1.3 This paper identifies some of my key activities since the last Board meeting, some of the most noteworthy events and updates for the Trust and updates from the Birmingham and Solihull system.

#### 2 CHIEF EXECUTIVE ACTIVITIES

##### 2.1 NHS Providers Conference

Matthew Revell, Medical Director, and I attended the NHS Providers Conference in Liverpool. There were two key keynote speeches of prominence. The first from Amanda Pritchard, Chief Executive of NHS England, described how the new operating model for NHSE will develop and stated five key immediate tasks: living within the money; embedding improvement; maintaining quality and safety; working better with primary care and making the most of opportunities. The second, from Wes Streeting, Secretary of State for Health and Social Care, described the new approach for NHS management regulation and his expectations on future performance regimes for NHS providers. Both speeches included elements that require further detailed work prior to implementation and this is being progressed regionally and locally.

##### 2.2 Birmingham Life Sciences/Innovation Hub

I attended a session hosted by Al Carns, new MP for Selly Oak, to discuss the potential opportunities for the health and life science sector in Birmingham. There will be a number of events over the next few months that the ROH will be fully engaged in.

##### 2.3 Birmingham Health Partners

Aligned to 2.2 above, the ROH is a member of Birmingham Health Partners, a clinical academic alliance for Birmingham and Solihull. I attended the BHP Annual Event on 26 November where we heard from partners on the work sponsored by BHP, future developments for the National Institute for Health Research and I had the pleasure of

listening Gareth Stephens, Head of Research, Audit and Development, at the ROH who gave an excellent presentation on the research activities underway at the Hospital.

#### **2.4 Acute Provider Collaborative**

I attended the APC on 26 November where two ROH business cases were submitted to gain APC support prior to System Investment Committee in December. Unfortunately, due to time constraints, full consideration of the cases was not possible so will be taken 'off-line' to gain APC support prior to submission to the ICB.

#### **2.5 ICB Board / Finance Committee**

I was invited to an Integrated Care System Board workshop on 14 October where topics included system priorities for health inequalities and the system financial position. It is pleasing that the ROH's Health Inequalities plan is reflective of the discussion, and we will continue to contribute to the wider system agenda. I have also been invited to be a member of the ICS Finance and Performance Committee and attended my first meeting in October.

#### **2.6 Chat and Check**

On 5 November, I, and fellow Executives, undertook their regular 'Chat & Check' visit. The areas and teams visited were; Bone Infection, Infection Prevention & Control, Library Services, and Operations. All teams were welcoming and offered honest reflections of their experience of working at the ROH. The teams, as many do on these visits, described the family atmosphere at the ROH but also offered some straightforward feedback about how the changes in the NHS, both locally and nationally, were affecting them, particularly in terms of the tighter financial constraints.

#### **2.7 Robert Jones and Agnes Hunt**

I will be visiting Robert Jones and Agnes Hunt Orthopaedic Hospital on 2 December as part of my induction. I will be meeting with the CEO and Executive Team with the intention of exploring how we may share best practice, compare views on how as specialist hospitals we position ourselves for the NHS policy changes described in the Darzi review and potentially develop stronger aligned working, including mutual aid. I will provide feedback at the Board meeting.

#### **2.8 Annual General Meeting**

I was pleased to be able to present at the Trust's AGM held on 20 November which gave an opportunity to share some of the key developments in the year 2023/24. There was good attendance by governors and some of the Non-Executives, with members of the public also joining on line. The event was more focussed than in previous years which was welcomed, but it still permitted time to share an update on the annual accounts, the external auditors report on them, operational performance highlights and progress with the Trust's quality priorities.

#### **2.9 ROH Visits**

I have continued to take time to visit colleagues throughout the Trust which has allowed me to meet staff, see the great work they do and give them an opportunity to share any issues they may have which are being progressed through appropriate channels. I was especially pleased to visit the Pain Team at Lordswood Medical Centre.

### **3. ROH UPDATE**

#### **3.1 Strategic Priorities**

Since joining the Trust in October, Board has supported a refocussing of our short-term priorities to improving productivity, ensuring our financial sustainability, and reviewing our Trust strategy in advance of the 2025/26 financial year. The oversight group for the programme has met twice since the last Board and you will hear updates from the elements of the programme within today's Board papers and within the private Board meeting.

#### **3.2 Financial Position**

The Trust delivered a deficit in month of £522k against a planned deficit of £39k, generating an adverse £483k variance. The year-to-date deficit is now £2,502k against a deficit plan of £114k, generating an adverse £2,389k variance. The deficit in month was driven by the addition of a £1m income provision to reflect Elective Recovery Fund Underperformance – excluding this, the underlying position was a £500k surplus with continuing reductions in bank and agency spend. Improving performance against ERF Target for the remainder of the year is essential to prevent the Trusts financial performance deteriorating further.

#### **3.3 Activity & Performance**

Activity in October 2024 delivered 1,244 against a plan of 1,379. Year to date the Trust is 113 cases behind on the revised operational breakeven plan. Theatre session utilisation was at 81.2% against a target of 85%. The reduction in utilisation from last month related to a high level of cancellations in the month due to staff sickness and patient compliance. The team are focussing on maximising theatre utilisation working with our partners in the Getting It Right First Time (GIRFT) team.

Operational performance targets performed well with 0 patients waiting over 65 weeks relating to capacity. However, there was 1 patient breach in October related to clinical complexity of patient preparation prior to surgery. The patient's procedure has now taken place. Operational focus continues to reduce waiting times further to deliver a reduction in all patients over 52 weeks with an aspiration to have 0 patients waiting over 52 weeks by April 2025.

The Trust was compliant with all 3 national cancer standards with 90.6 % of patients treated within less than 62 days, 100% compliance for patients on the 31-day treatment pathway and faster diagnostic standards achieving 78.5%. The diagnostic standard of 99% was achieved in month (100%).

The private patient's prospective income target was exceeded in October as the team continues to work through actions agreed at June 2024 Trust Board to support the Trust in maintaining financial stability. Contracts with BUPA have now been agreed for expansion of imaging services and a number of other opportunities are also being scoped.

### **3.4 Staff Survey**

The national staff survey has been open since 2 October and closes on 29 November. At the time of writing this report, approximately 55% of our staff have completed the survey and we continue to encourage staff to use this mechanism to tell us their views on the Trust.

### **3.5 National Joint Registry**

We received excellent news with the receipts of the National Joint Registry Gold Award, which relates to data collection and compliance. Well done to Matt Revell for this recognition of the great work of the Trust.

## **4. NATIONAL UPDATE**

### **4.1 NHS 10-Year Plan**

'Change the NHS', the national public consultation to support the production of the Government's 10-year plan for the NHS closes on 5 December. We will be submitting an individual Trust response by this date, but we have also contributed to a response from the Federation of Specialist Hospitals and the National Orthopaedic Alliance. Copies can be shared with the Board when finalised.

We at the ROH will be hosting events with the public, staff and stakeholders. Further detail is expected from NHSE in due course.

### **4.2 NHS Operating Model**

NHS England have written to ICBs and Trusts relating to proposed amendments to the NHS operating model. This has been supported by numerous meets and events where plans for updated NHS oversight and assessment arrangements, including a new NHS performance, improvement and regulation framework has been described.

Further details on the impact for the ROH will be shared with Board when known.

### **4.3 New Review of Physician and Anaesthesia Associates Launched**

An independent review of Physician Associates (PAs) and Anaesthesia Associates (AAs) has been launched by the Health and Social Care Secretary Wes Streeting on 20 November 2024 to consider how these roles are deployed across the health system, in order to ensure that patients get the highest standards of care. As the ROH do not employ either role, we are not expecting to be part of the review.

## **5 POLICY APPROVAL**

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

- Safe Surgery

## **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.

**Matthew Hartland**  
**Interim Chief Executive**  
**November 2024**



## TRUST BOARD

<b>DOCUMENT TITLE:</b>	<b>Complaints Annual Report 2023/2024</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Nicola Brockie, Chief Nurse</b>
<b>AUTHOR:</b>	<b>Sharon Latham, Head of Patient Experience</b>
<b>DATE OF MEETING:</b>	<b>20 November 2024</b>

### PURPOSE OF THE REPORT:

<b>TO PROVIDE ASSURANCE</b>	<b>x</b>	<b>FOR INFORMATION ONLY</b>	<b>TO CREATE DISCUSSION</b>	<b>TO SEEK APPROVAL</b>
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### EXECUTIVE SUMMARY:

- From the 1st of April 2023 to the 31st of March 2024 the Trust received 47 formal complaints which is a reduction of 6 compared to the previous year
- 55% of Complaints received were resolved within the original timeframes agreed between the Trust and the Complainant
- 100% of Complaints were acknowledged within the Trust target of two working days.
- Two Complainants referred their cases to the PHSO in this year, neither of these cases were progressed by the Ombudsman.
- The Trust received 560 new PALS contacts, 21 of these PALS contacts were withdrawn and did not continue through the PALS process. 539 cases continued through the process.
- 63% of PALS received were resolved within the timeframes agreed between the complainant and the Trust

### ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> <li>• 115 Compliments were formally recorded by the Patient Engagement Service.</li> <li>• Discontinuation of Smiley Faces to enable more meaningful data to be captured.</li> <li>• Reporting data has been streamlined to accurately represent resolution of cases</li> <li>• ROH complaints benchmarking data against its peers is comparable.</li> </ul>	<ul style="list-style-type: none"> <li>• Internal KPIs for both PALS and Complaint cases were not met in 2023/24.</li> <li>• Complexity of complaints is increasing.</li> <li>• Clinical Query and Appointment concerns were the main themes across both PALS and Complaints</li> </ul>

### REPORT RECOMMENDATION:

The Board is asked to: Accept and Note the report

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

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

V1.0 (May 2024)

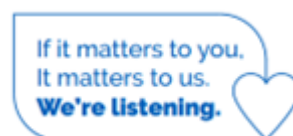
Comments:			
<b>ALIGNMENT TO TRUST STRATEGY</b> <i>(Indicate with 'x' all those that apply):</i>			
Care	x	Community	x
Expertise	x	Services	x
People	x	Collaboration	x
<b>ALIGNMENT TO RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>			
Trust Strategy PALS and Complaints Policy NHS Complaints Standards PHSO Standards and Guidance			
<b>ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:</b>			
Protecting people from harm			
<b>BENCHMARKING SOURCE</b> <i>(Indicate data sources included in report IF APPLICABLE):</i>			
Data shared with RJAH and RNOH			
<b>PREVIOUS CONSIDERATION</b> <i>(Indicate board/committee/group &amp; date):</i>			
PEEG Quality & Safety Committee November 2024			



# Annual Complaints and Patient Experience Report 2023-2024

**Author:** Sharon Latham, Head of  
Patient Experience

**Executive Sponsor:** Nicola  
Brockie, Chief Nurse



## Introduction

As Head of Patient Experience, I would like to introduce the 2023/2024 Annual Report for Complaints and Patient Experience at the Royal Orthopaedic Hospital, Birmingham.

This report provides an overview of the PALS, Complaints and Compliments received by the Trust over the last year and details the achievements, decisions made and plans for the future.

Through the challenges that the team, the Trust and the NHS have experienced over the last twelve months the Patient Experience team and the Executives, Divisions and departments have continually striven to improve and enhance the experience that our patients, carers and visitors have when receiving treatment and care within our Trust.

The Royal Orthopaedic Hospital Birmingham has a strong learning culture throughout every strand of care delivered and this extends to our PALS, Complaints and Compliments processes where we use the information and feedback, we receive to improve our future patient care

Sharon Latham, Head of Patient Experience

### 1.0 Purpose of the Report

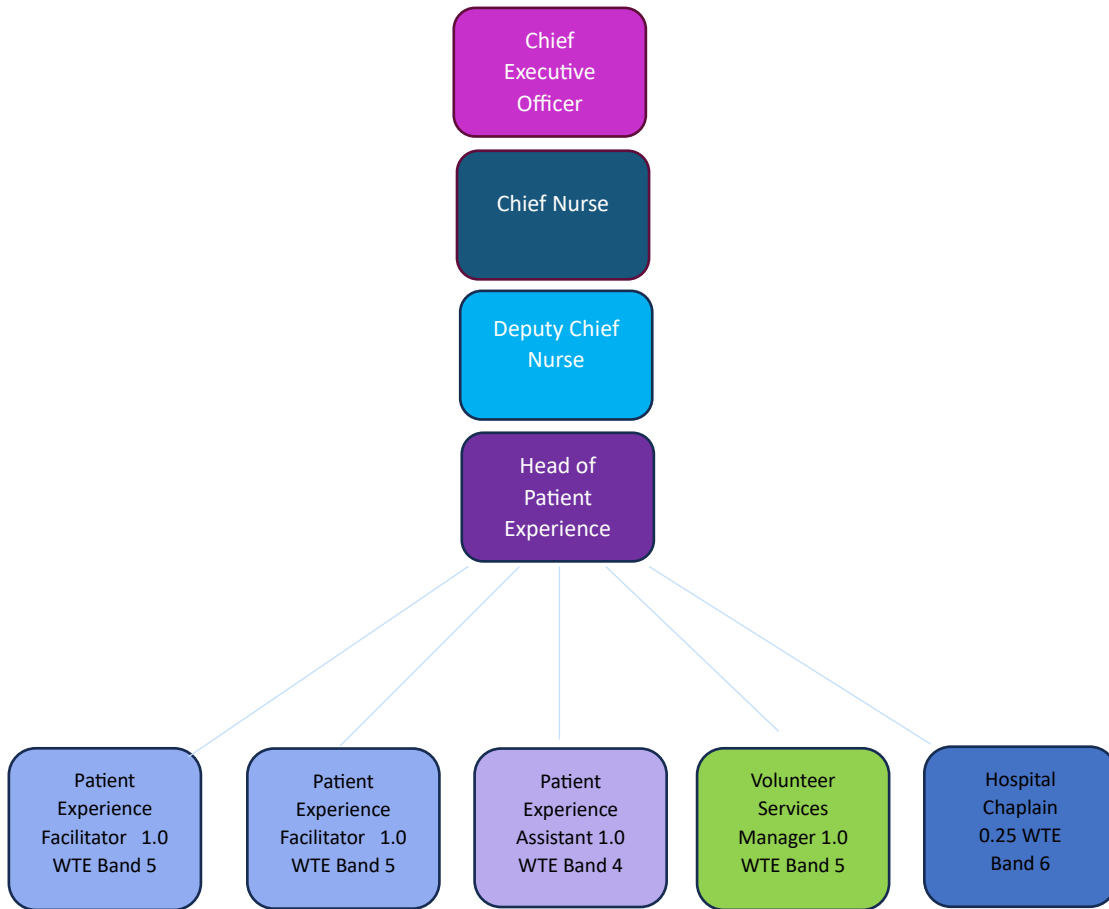
1.1 This Annual Report provides an overview of the activity and achievements of the Patient Experience Department at The Royal Orthopaedic Hospital Birmingham (ROH) from April 1<sup>st</sup>, 2023, to March 31<sup>st</sup> 2024 in relation to our responses to complaints, compliments and concerns raised by our patients and their families or carers.

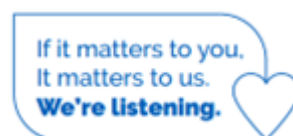
1.2 This report includes information regarding.

- The accountability within the Trust for responding to concerns and complaints.
- How the Trust responds to concerns raised
- The number of complaints and concerns received.
- Analysis of the concerns and complaints raised throughout the year.
- Achievements
- Plans for the future.



## 2.0 Patient Experience Team and Governance Structure





### 3.0 Key Points

From the 1<sup>st</sup> of April 2023 to the 31<sup>st</sup> of March 2024 the Trust received 47 formal complaints which is a reduction of 6 compared to the previous year

55% of Complaints received were resolved within the original timeframes agreed between the Trust and the Complainant

100% of Complaints were acknowledged within the Trust target of two working days.

Two Complainants referred their cases to the PHSO in this year, neither of these cases were progressed by the Ombudsman.

The Trust received 560 new PALS contacts, 21 of these PALS contacts were withdrawn and did not continue through the PALS process. 539 cases continued through the process.

63% of PALS received were resolved within the timeframes agreed between the complainant and the Trust

### 4.0 Background

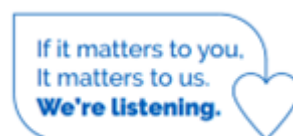
The Trust is committed to learning from feedback, complaints, and concerns that we receive and to continuously improve our service by listening to and acting upon these. Our processes are deeply patient focused and firmly based on the Parliamentary Health Service Ombudsman (PHSO) principles for good complaint handling, the Model Complaint Handling Procedure, and the NHS Complaint Standards.

As a Trust we are:

- Positively seeking feedback.
- Being thorough and fair.
- Giving fair and accountable decisions.
- Promoting a learning and improvement culture.

From a user perspective we want to ensure that our patients, families, and carers:

- Feel confident to speak up.
- Feel listened to and understood.
- Feel that the complaint made a difference.
- Find the process simple.
- Feel confident to raise a concern or complaint in the future if necessary.



The data for the different concerns raised including quantity, category, trends and themes is collated and reported on through Divisional and Organisational sub groups 2-4 weekly and then to executive level on a monthly, quarterly and annual basis.

## **5.0 Formal Complaints Process**

5.1 A formal complaint can be raised in the following ways:

- Verbally by the patient or their representative
- In writing via email or letter
- Online using the submission form on the Patient Experience page of the publicly accessible website.

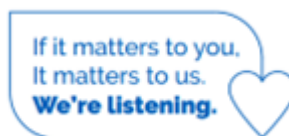
Once received the Patient Experience team will contact and work with the complainant to ensure that their concerns have been accurately heard and interpreted. Once the complaint details including time scales, method of contact and questions to be answered have been agreed with the patient / representative then it will be sent to the responsible divisional triumvirate to identify and agree a lead. The lead is provided with all information and the investigation will start.

The complainant is kept updated as to the progress of their complaint and should there be any delay they will be informed and given an explanation.

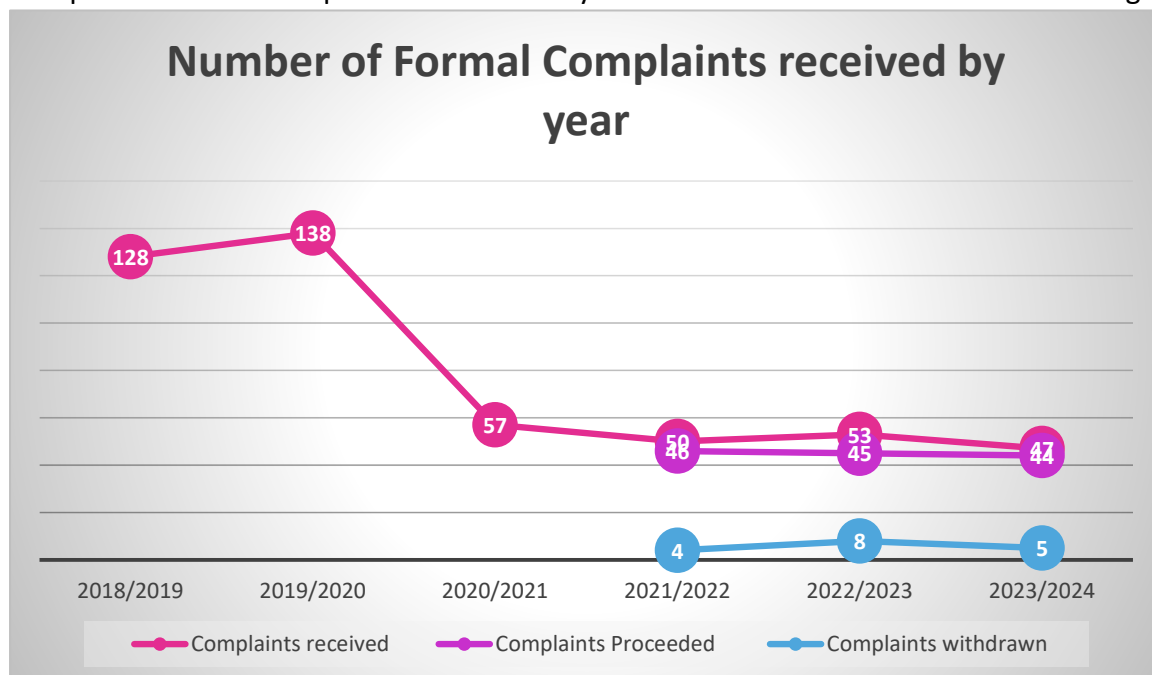
Full details of the complaints process can be found within the Royal Orthopaedic Hospital PALS and Complaints Policy.

### 5.2 Formal Complaints Data 2023/2024

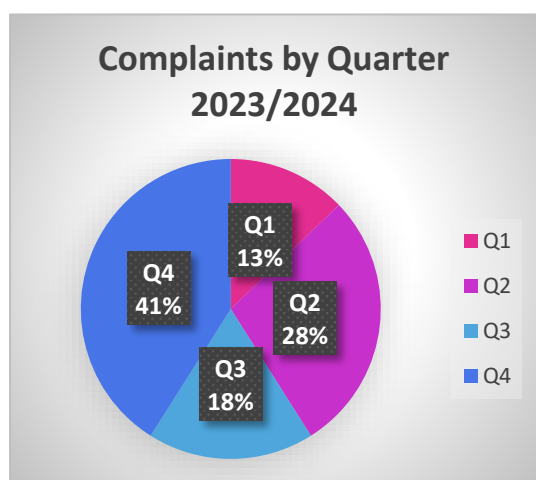
In 2023/2024 the Trust received 42 new formal complaints and 5 requests to re-open previous complaints (total 47). Of the 42 new requests 3 were withdrawn and did not continue through the formal complaints process either because they were managed in an alternative way, or the complainant did not want to proceed. Two of the new complaints were Private Patient



Complaints which are reported on differently and are not included in the benchmarking data.



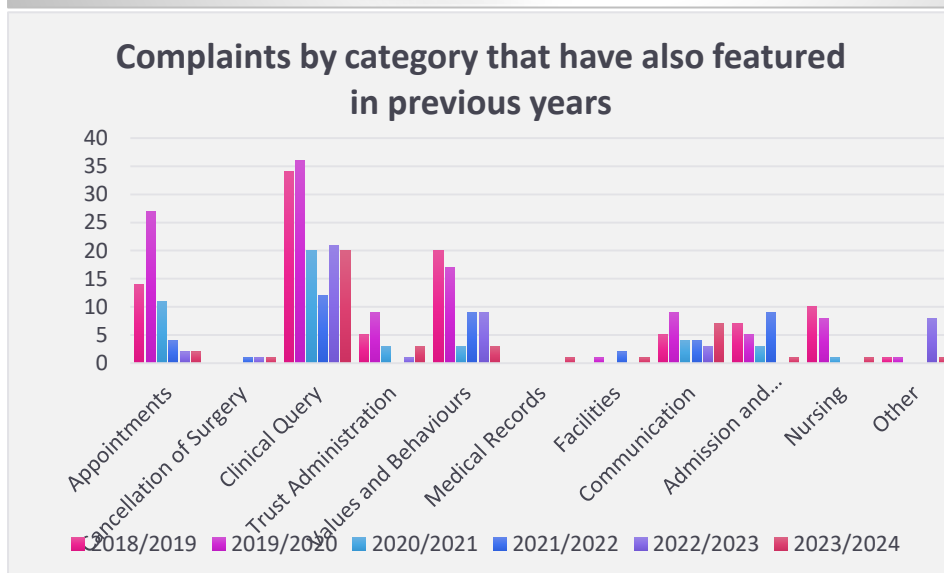
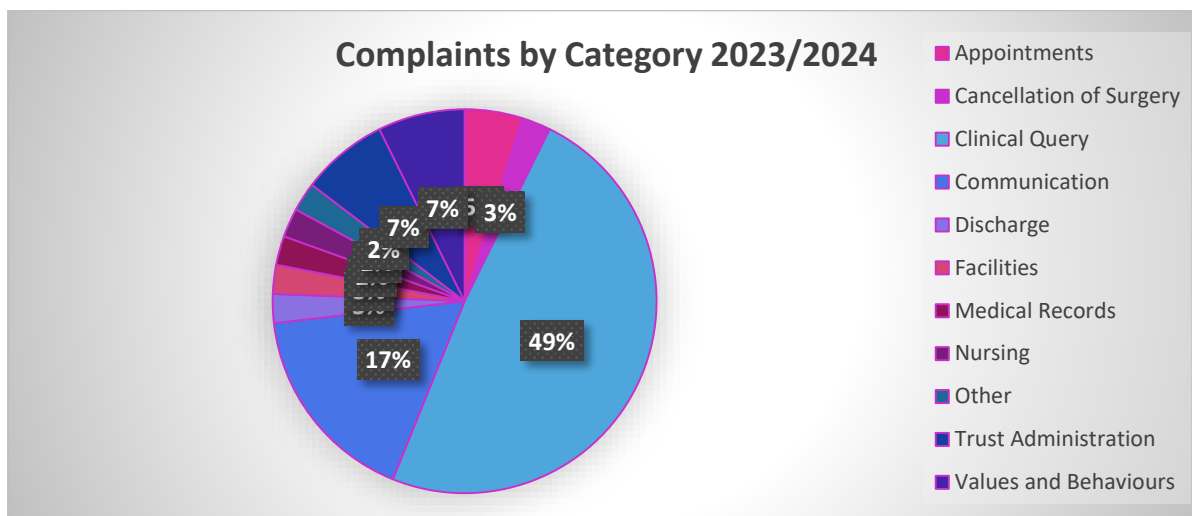
The number of formal complaints received by the Trust in the last three years has reduced slightly year by year. There is no comparable data as to whether any complaints were withdrawn between 2018 and 2021 although the number of complaints submitted are seen to be substantially higher.



The highest number of complaints received by quarter were in quarter four where 16 formal complaints were submitted.

The largest proportion of complaints throughout the year were for the Clinical Query category, this includes patient concerns regarding.

- Delays in diagnosis and/or treatment
- Inability to access treatment.
- Adverse Outcome.
- Lack of clinical information provided.



These complaint categories have remained consistent, however data evidence that the number of complaints for each consistent category is decreasing.

### 5.3 Trends and Themes

When recording Complaints they are registered on the system (Ulysses) under the cause group that is most prominent within the complaint and also that identified by the complainant. Complaints are taken from the patient perception and as such may not accurately reflect the factual event.

In 2023/24 the cause group for 49% of formal complaints received was “Clinical Queries” as a primary issue. These complaints included a reported “lack of care” during appointments and treatment, poor outcomes from surgery and failure to provide follow up care. Inadequate communication regarding diagnosis and ongoing referral features as a secondary factor in many of the complaints categorised as a clinical query.

Communication issues were cited as the primary complaint cause in 17% of formal complaints received in 2023/24, the concerns raised included lack of communication with providers also

involved in the patients care, failure to communicate effectively interdepartmentally and lack of communication with the patient which impacted on patient care.

#### 5.4 Complaints resolved within agreed timescales.

There is no statutory timeframe for responding to complaints however, the Trust has set internal KPI Targets of 95% of Complaints should be responded to within the timescales agreed with the complainant. The timeframes for the Royal Orthopaedic Hospital in 2023/2024 are 25 working days for standard complaints and up to 60 working days for complex complaints.

Of the 40 Formal Complaints received and managed through the formal process 22 (55%) were resolved within agreed timeframes.

Those complaints that were not responded to within the agreed timeframe have been partly due to divisional delays from the identified leads and also to delays in receiving additional or supporting information. The Patient Experience Team continues to work alongside the divisional and executive teams to improve response processes and times.

#### 5.5 Complaints referred to the Ombudsman.

Two complaints were referred to the Parliamentary Health Service Ombudsman (PHSO) in 2023/24. Neither of these complaints were from this reporting period with one original complaint being raised in 2021/22 and the other from 2022/23. Neither of these complaint referrals were progressed by the PHSO.

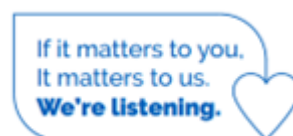
#### 5.6 Actions and Improvements

All Formal Complaints received whether upheld or not will have actions identified. Even if the Trust is not found to be at fault for the incident or occurrence a patient or carer has had an experience that was unsatisfactory from their perspective and as a Trust, we take organisational learning from that experience.

Actions are reported through Divisional Governance meetings and outstanding actions are escalated through the responsible Triumvirate and Executive Teams if not achieved within the timescales set.

#### 5.7 Benchmarking against Specialist Orthopaedic Trusts

Each Trust shares data on Complaints on a quarterly basis, this data is not comparable due to the differences in footfall and service delivery. It should be noted that Private Patient complaints, withdrawn complaints and reopened complaints are not included in the benchmarking data.



	Royal National Orthopaedic Hospital	Robert Jones Agnes Hunt Hospital	Royal Orthopaedic Hospital
	Number of Complaints received		
<b>Q1</b>	16	23	7
<b>Q2</b>	20	22	7
<b>Q3</b>	20	26	7
<b>Q4</b>	23	27	16
<b>Totals</b>	<b>79</b>	<b>98</b>	<b>37</b>

## 6.0 Patient Advisory Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support, and information on health-related matters. They provide a non-clinical point of contact for patients, their families, and their carers to support and improve patient experience.

### 6.1 PALS Process

A PALS concern or enquiry can be raised in the following ways:

- Verbally by the patient or their representative
- In writing via email or letter
- Online using the submission form on the Patient Experience page of the publicly accessible ROH website.

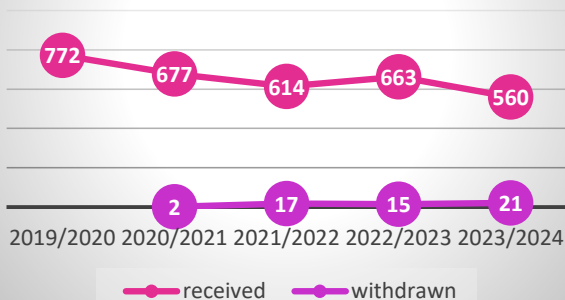
Once received the Patient Experience team will contact the complainant to ensure that their concerns have been accurately heard and interpreted and help to identify the patients desired outcome. They will then identify the appropriate person or department to address and resolve these concerns and the case details are shared with them. We aim to respond to and resolve PALS concerns within 5 working days of the case commencing with an internal KPI of 80%.

Full details of the PALS process can be found within the Royal Orthopaedic Hospital PALS and Complaints Policy.

### 6.2 PALS Data

In 2023/2024 the Trust received 560 new PALS contacts, 21 of these PALS contacts were withdrawn and did not continue through the PALS process. 539 cases continued through to PALS Resolution and these are broken down as below.

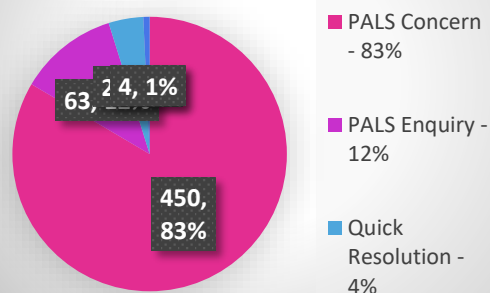
### Number of PALS Contacts received by year



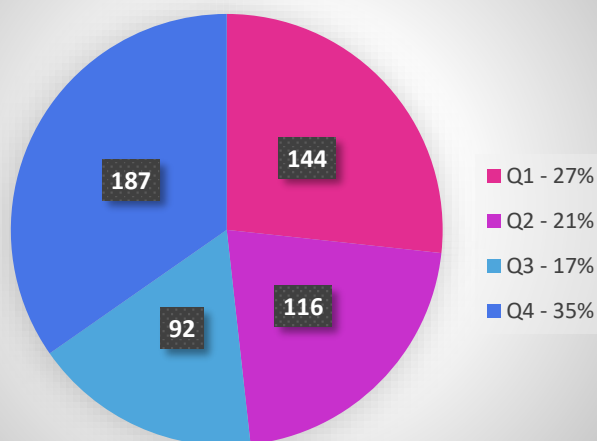
PALS contacts have remained fairly consistent for the last 4 financial years, however, the number of cases that have been withdrawn has risen. Cases are predominantly withdrawn because the issue has been resolved before progressing to a formal case.

83% of PALS received continue to be managed as PALS concerns. Those resolved by the Patient Experience team are now recorded as “Internal Investigations” and this percentage is expected to grow throughout the next reporting period.

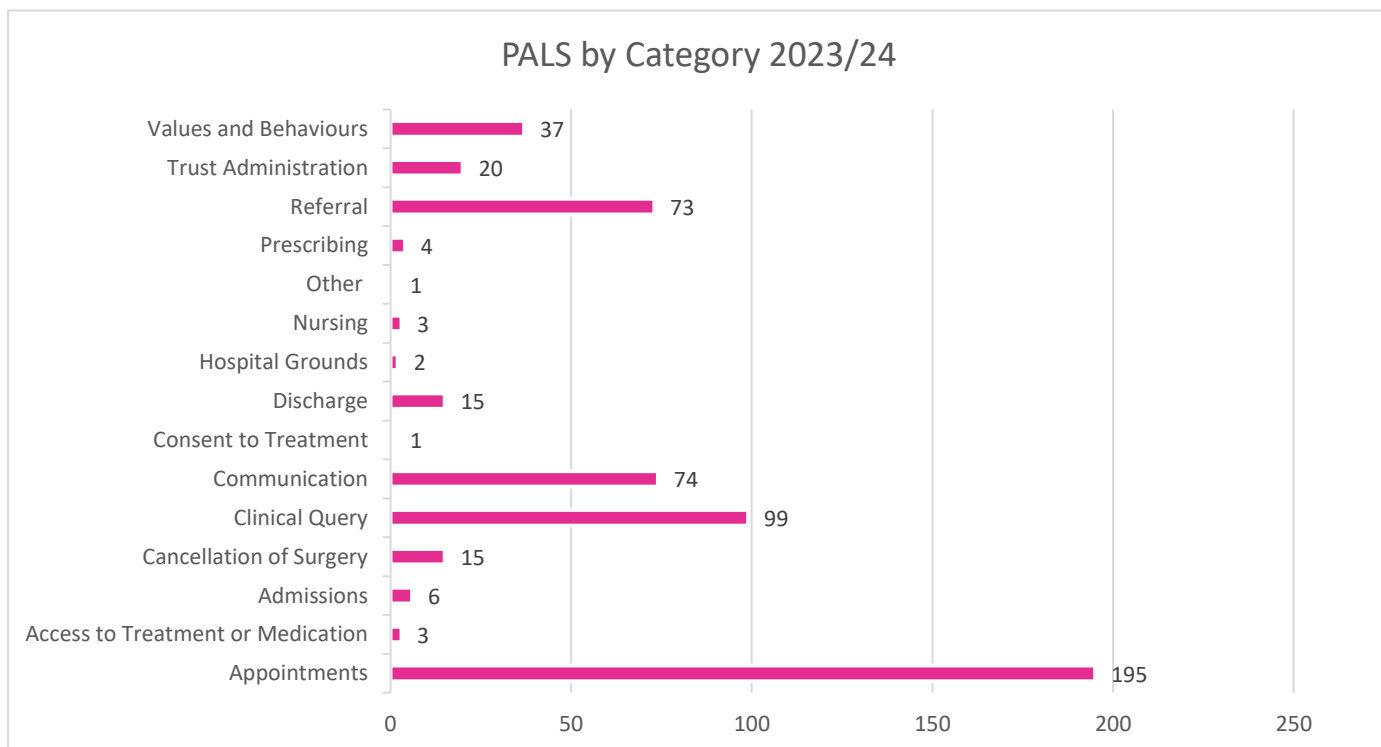
### PALS Cases by Type 2023/24



### PALS by Quarter 2023/24



As with Complaints, Q4 had the highest number of PALS cases submitted in 2023/24 with the highest numbers around appointments and clinical queries.



### 6.3 Trends and Themes

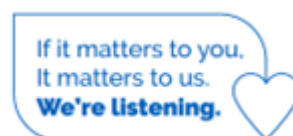
In 2023/24 35% (195) of all PALS Cases were regarding appointments, these cannot all be directly attributable to the appointments department as cancelled appointments are primarily actioned by the responsible specialities. The issues raised around appointments include delays in receiving or failure to access appointments, multiple cancellations or rescheduling of appointments and inability to contact departments and secretaries to access appointments.

The appointments department now hold weekly scheduling meetings with each of the specialities where an overview of the appointments available and the appointments required including urgent, new, overdue and follow up appointments, are discussed and bookings planned to help to reduce overdue and clinically urgent waiting times.

The Patient Experience Department report on cases around appointments as part of the reporting structure to each division and sub committees, a report was shared with the Operational Management Board (OMB) and also at Patient Engagement and Experience Group (PEEG)

### 6.4 PALS resolved within agreed timescales.

The Trust has set an internal response time of up to 5 working days to respond to PALS concerns, enquiries, and resolutions. The Patient Experience Team liaise with the divisions and departments to ensure that cases are responded to quickly and effectively. In 2023/2024 the

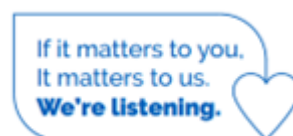


Trust responded to 340 of 539 within timescales agreed which equates to 63% of the KPI achieved.

## 6.5 Benchmarking

As with Complaints each Trust shares data on PALS cases on a quarterly basis, this data is also not comparable due to the differences in footfall, data recording and service delivery between the Trusts. The recording processes used by the designated PALS and Complaints Team at the ROH enables us to record against existing open cases rather than as individual contacts.

	Royal National Orthopaedic Hospital	Robert Jones Agnes Hunt Hospital	Royal Orthopaedic Hospital
	Q4 2023/24 Number of PALS received (not including compliments)		
PALS Concerns	476	129	163
PALS Enquiries	339	1123	19
	Q3 2023/24 Number of PALS received (not including compliments)		
PALS Concerns	343	90	66
PALS Enquiries	300	1305	21
	Q2 2023/24 Number of PALS received (not including compliments)		
PALS Concerns	245	111	89
PALS Enquiries	346	1135	29
	Q1 2023/24 Number of PALS received (not including compliments)		
PALS Concerns	256	94	136
PALS Enquiries	238	1048	8



## 7.0 Compliments

115 Compliments were recorded by the Patient Experience Service in 2023/2024. We have strengthened links with Communications team who monitor the Trust Social Media sites and also have direct links for patients, families and carers to get in touch to share their compliments, compliment letters and emails that are sent to our executive teams are also captured. As a Trust we continue to encourage the reporting of all compliments, but it is not always possible to capture them all due to gaps in processes and data collection. We will continue to strive to improve this on an ongoing basis.

Compliment themes were those of the quality of care delivered, staff approach and behaviour, kindness and compassion and all-round hospital experience.

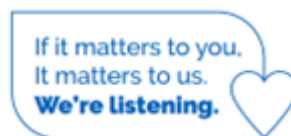
Compliments are captured separately when they have been shared on Healthwatch webpages and these are shared within QSC.

Some examples of the compliments received are;

*"I just wanted to share mine and my mom's thanks for the care and attention she received today. My mom attended for an X-ray and a consultation, and then a pre-op assessment. Everyone was so caring, patient, and friendly. From the moment we arrived we were directed to the correct department and every step explained. There is a remarkable difference between the ROH and other hospitals. Thank you to everyone for taking the anxiety out of the day for my mom."*

*"To whom it may concern, My 17 year old son was operated on today (Saturday 20th April) in the day admissions unit by Dr A and his team (who were all amazing). He was looked after by a wonderful staff Nurse from the moment he arrived on the ward she and her assistant (a University student.... didn't catch her name) looked after him as if he were royalty. Everything was explained to both him and me and my husband fully and clearly. She was kind, funny and honest and had a lot of patience. The HCA (or student nurse) was incredibly polite and helpful and made sure Ethan was happy and comfortable from the moment he arrived to the moment we left. Unfortunately we have had some less than great experiences with operative hospital stays for Ethan in the past, so we were all a bit anxious coming in but ALL of the staff we encountered at ROH were beyond fantastic and have definitely rebuilt our trust and pride in the NHS in just a few hours. I just wanted to say Thank you so much for the care they showed today, you are very fortunate to have staff like them and their patients are incredibly lucky to be looked after by them."*

*"I went along today to my first ever appointment at ROH. The service received was first class. There was even a screen in reception to update patients regarding whether their appointment on that day was running behind. Very thoughtful. The consultation was extremely satisfactory and informative. All staff were friendly and professional. All in all, a wonderful hospital, and wonderful people."*



## 8.0 Friends and Family Test (FFT) Update and Results

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

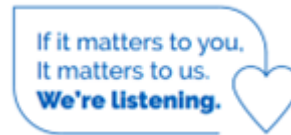
The annual completion rates of all departments that complete the FFT surveys can be seen below, feedback is generally very good. Ten individual areas complete the surveys and seven of those exceeded the KPI of a 40% completion rate against footfall.

Division 1&2		2023/2024					
Division 1				0%-34% completion rates			
Division 2				35%-39% completion rates			
				40%-100% completion rates			
Division	Area	Number of reviews	Footfall	Completion rates	Positive rating	Negative rating	Neutral/Do n't Know
<b>By Service</b>							
Div. 2	ADCU	488	4455	11%	100.00%	0.00%	0.00%
Div. 2	HDU	582	726	80%	100.00%	0.00%	0.00%
Div. 2	POAC	1979	23,416	8%	99.65%	0.20%	0.25%
Div. 1	Ward 1	422	983	43%	100.00%	0.00%	0.00%
Div. 1	Ward 2	652	1090	60%	99.69%	0.31%	0.00%
Div. 1	Ward 3	439	644	68%	99.54%	0.00%	0.46%
Div. 1	Ward 4	522	751	70%	99.81%	0.19%	0.00%
Div. 1	Ward 12	522	749	70%	99.81%	0.19%	0.00%
Div. 1	Discharge Lounge	631	1973	32%	99.64%	0.20%	0.16%
Div. 1	Woodlands Suite	145	301	48%	99.29%	0.71%	0.00%
Div. 1&2	All Inpatients	6382	35088	18%	99.74%	0.18%	0.09%
Div. 1&2	All inpatient without Private Ward	6237	34787	18%	99.79%	0.12%	0.10%
Div. 1	Division 1 Inpatient -Wards	3333	6491	51%	99.68%	0.23%	0.09%
Div. 2	Division 2 Inpatients- ADCU and HDU	3049	28597	11%	99.88%	0.07%	0.08%

Where the KPIs were not met there is ongoing work to understand the reasons for that and to improve performance. Some patients will receive care in 2 or more areas in one clinical episode and cannot reasonably be expected to complete the survey for multiple places. We are working with the departments to ensure that patient feedback can be captured in a meaningful way.

## 9.0 Smiley Faces Surveys

In 2023/2024 some departments were using the “smiley faces” surveys to capture patient feedback. Unfortunately despite staff encouragement and ease of use, the completion rates against footfall did not meet any of the KPIs of 40% and it did not allow the Trust to secure any meaningful information regarding patient experience or improvement.



2023/2024				
Division	Department	Footfall	Number of reviews	Completion rate
Div. 1	OPD	54471	2092	4%
Div. 1	CYPD	3489	830	24%
Div. 2	Therapy services	29602	2566	9%
Div. 2	Griffins Brooke	8775	169	2%
Div. 2	Hydrotherapy	4748	523	11%
Div. 2	MRI	10160	1523	15%
Div. 2	X-Ray	24786	1084	4%
<b>Trust Wide</b>		<b>136031</b>	<b>8787</b>	<b>6%</b>

As the average completion rate across the Trust was 6% in 2023/24 the decision was made to discontinue this contract and move all departments to the Friends and Family Test surveys which will allow equitable information and patient comments via free text to be gathered.

### 10. JointCare Coffee Catch Ups

The JointCare Coffee Catch Ups (CCU) are held for all primary THR, TKR, BHR and UKR who had their surgery at the ROH between 3 and 6 months prior to the event. All patients are invited and for those who are unable to attend written feedback is encouraged via email or post. During the event there are question cards on each table for patients and their families to provide feedback alongside the discussions held.

The cards contained the following questions.

How well did we prepare you for surgery?

Considering your whole experience, what went well?

How was your care after discharge? – ROCS, Outpatient physio, clinic

Considering your whole experience, what could we have done better?

What advice would you give to a friend or family member attending the ROH for a hip or knee replacement?

In 2023/2024 the events were held :-

June 2023

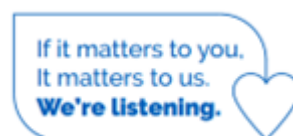
Attendance

578 were invited to attend

82 patients or friend/family members attended.

A further 15 patients sent written feedback via email or text, as they were unable to attend the session

105 comment cards were completed



September 2023

Attendance

489 were invited to attend

69 patients or friend/family members attended

A further 18 patients sent written feedback via email and DrDoctor text, as they were unable to attend the session

115 Comment cards were completed

December 2023

Attendance

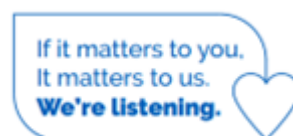
- 565 were invited to attend
- 75 patients or friend/family members attended
- A further 5 patients sent written feedback via email and DrDoctor text, as they were unable to attend the session
- 127 Comment cards were completed
- February 2024
- Attendance
- 537 were invited to attend
- 88 patients or friend/family members attended
- A further 4 patients sent written feedback via email and DrDoctor text, as they were unable to attend the session
- 175 Comment cards were completed

December 2023 was the 20<sup>th</sup> Coffee Catch Up Event and also welcomed the 1000<sup>th</sup> attendee!

Each event identified themes and actions we which were shared with the relevant departments and monitored through the Patient Experience Engagement Group.

### **11.0 Key Achievements for the team in 2023/2024**

- Streamlining and advancing the accessibility to the PALS, Complaints and Compliments processes by improving online access and information on internal and external webpages.
- Reviewing and rewriting the PALS and Complaints Policy to ensure that our processes are aligned with the PHSO and new NHS Complaints Standards.
- Decision made to discontinue the “Smiley Faces” surveys to enable meaningful and measurable Patient Feedback to be captured more robustly and acted upon.
- Reporting has been streamlined to more accurately capture those cases that are resolved by the Patient Experience team before reaching the Divisions.
- Updating public facing webpage to ensure accurate information on the department and the processes are available to patients, families and carers.
- Ongoing work with the divisions and triumvirates to improve and reduce internal response times.



- In depth surveys rolled out for inpatients and outpatients.
- The National Health Service Complaints (England) Regulations 2009 and the Trust PALS and Complaints Policy states that an acknowledgement should be made within three working days of receipt by any method. In 2023/24 the Trust responded to 100% of complaint letters within the correct timescale.
- The Patient Experience Team has attended 75% of the “Coffee Catch-Up” meetings for Large Joints.
- Decision made to respond to all feedback submitted about the Trust on the Healthwatch Birmingham site, this will be reflected in next year’s report.
- Report writing reviewed and restructured to identify Trends and Themes alongside data for all reports provided.
- Compliments are now collated by Patient Experience Team in conjunction with the Communication and Media Department to allow for more accurate capture and sharing of best practice aligned with continuous improvement.
- Healthwatch Birmingham feedback will be collated annually as well as quarterly for sharing in this report moving forward.
- The Patient Experience team go onto the wards and proactively seek patient engagement.
- The team held a stand in May 2024 within outpatients to promote patient engagement and understanding of the service.
- Supporting patient and volunteers to attend Trust Board to share their experience.
- Collaboration with the new Youth Worker and Youth Forum to understand the experience of young people receiving care at ROH.

## **12.0 Plans for the Future**

- An E learning course will be developed to support staff in managing complaints and PALS.
- Training to be delivered as part of workforce development to enhance knowledge and confidence when receiving, managing and responding to complaints.
- Further support packages to be developed and delivered around quality responses.
- Continued engagement with patients including joining Quality and Safety reviews and further public engagement stands.
- Strengthen the Patient Engagement and Experience Group to deliver key actions
- Commence Patient Forum



## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Risks update
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Simon Grainger-Lloyd, Executive Director of Governance
<b>AUTHOR:</b>	Simon Grainger-Lloyd, Executive Director of Governance
<b>DATE OF MEETING:</b>	4 December 2024

### PURPOSE OF THE REPORT:

<b>TO PROVIDE ASSURANCE</b>	<b>X</b>	<b>FOR INFORMATION ONLY</b>	<b>TO CREATE DISCUSSION</b>	<b>TO SEEK APPROVAL</b>
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### EXECUTIVE SUMMARY:

Following discussions at the September 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.

The Board was updated on the discussions at the October meetings of the Staff Experience & OD Committee and the Finance & Performance Committee at the last meeting of the Trust Board.

#### Committee meeting summary discussions

Since the last update, two more Board committee meetings have been held: Finance & Performance has sat again and Quality & Safety Committee has also met. 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.

Discussions around the risk register at the Finance & Performance Committee was limited given that the meeting had been held before the routine update of the Corporate Risk Register had occurred, however it was noted that there was a plan to refresh the risk around financial sustainability to reflect the current situation.

The Quality & Safety Committee was advised that two new additional risks had been added to the risk register: one around the national amber alert on 'O' negative blood availability. The second related to our non-compliance with the national patient safety alert concerning reducing the risk of transfusion-associated circulatory overload. This requires support from University Hospitals Birmingham to support amendments to the Patient Information and Communications System (PICS).

#### Discussion with Committee Chairs

The main work on risk that has occurred during the month is the meetings between the Assistant Director of Governance and the Committee chairs. Discussions have been held with the Chairs of Staff Experience & OD Committee; Audit Committee; and Finance & Performance Committee. The meeting with the Chair of Quality & Safety Committee will be held in the New Year.

All Chairs agreed that the current iteration of the CRR does broadly articulate the current risks.

Key point of discussion from the meetings was around the need to revisit the wording of some of the risks to reflect the current position more accurately, especially in light of the recent decision to revisit and reprioritise the strategic focus and strategic workstreams.

Another discussion point was around the current priority issues being intrinsically linked, with resolving workforce and productivity problems being key to improving financial sustainability. There is therefore a view that these revised/new priority issues/risks would lend themselves to more joined up risk articulation, rather than a set of separate risks broken down into ops, finance and workforce. It was also agreed that the BAF needed to be updated to reflect the sustainability risk more fully.

### Next Steps

The Executive Team has a session planned for 16 December to discuss risks and the BAF, the product of which will include a refresh of the key documents that takes into account the view of the team on the organisation's key risks and a realignment of the BAF to take into account the revisit of the Trust's strategy.

These refreshed documents will be presented to the Trust Board at the February meeting and will be the subject of the Quarter 4 internal audit into risk management and the BAF.

### ASSURANCE PROVIDED BY THE REPORT:

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
<ul style="list-style-type: none"> <li>Good engagement on risks by Committee chairs</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

### REPORT RECOMMENDATION:

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

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

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

Comments:

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

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

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

Risk management and BAF processes.

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

None specifically

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

None specifically

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

November 2024



## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Trust Walkabouts						
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	Simon Grainger-Lloyd, Executive Director of Governance						
<b>AUTHOR:</b>	Simon Grainger-Lloyd, Executive Director of Governance						
<b>DATE OF MEETING:</b>	4 December 2024						
<b>PURPOSE OF THE REPORT:</b>							
<b>TO PROVIDE ASSURANCE</b>		<b>FOR INFORMATION ONLY</b>		<b>TO CREATE DISCUSSION</b>		<b>TO SEEK APPROVAL</b>	X
<b>EXECUTIVE SUMMARY:</b>							
The attached paper summarises the various visits and walkabouts held in the Trust and proposes a methodology and schedule for the Board to engage more widely in these events.							
<b>ASSURANCE PROVIDED BY THE REPORT:</b>							
<b>POSITIVE</b>			<b>GAPS IN ASSURANCE/RISKS TO ESCALATE</b>				
<ul style="list-style-type: none"> <li>Good coverage of the Trust provided by existing visits and walkabouts</li> </ul>			<ul style="list-style-type: none"> <li>Opportunity for enhanced presence of Board members within the Trust</li> </ul>				
<b>REPORT RECOMMENDATION:</b>							
The BOARD is asked to note the current framework of visits and to support the plans to widen participation to all Board members.							
<b>KEY AREAS OF IMPACT</b> <i>(Indicate with 'x' all those that apply):</i>							
Financial		Environmental	X	Communications & Media	X		
Business and market share		Legal & Policy		Patient Experience			
Clinical	X	Equality and Diversity	X	Workforce	X		
Inequalities	X	Integrated Care		Continuous Improvement	X		
Comments:							
<b>ALIGNMENT TO TRUST STRATEGY</b> <i>(Indicate with 'x' all those that apply):</i>							
Care	X	Community					
Expertise		Services			X		
People	X	Collaboration					
<b>ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:</b>							
FTSU and wellbeing processes.							
Preparation for CQC assessment.							
<b>ALIGNMENT OR CONTRIBUTION TO BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM OBJECTIVES AND STRATEGY:</b>							
None specifically							
<b>BENCHMARKING SOURCE</b> <i>(Indicate data sources included in report IF APPLICABLE):</i>							
None specifically							
<b>PREVIOUS CONSIDERATION</b> <i>(Indicate board/committee/group &amp; date):</i>							

V1.0 (May 2024)

Update on 'Chat & Check' was provided to the Board in July 2024.



## Trust Walkabouts

### BRIEFING TO THE TRUST BOARD (IN PUBLIC) – 5 DECEMBER 2024

#### 1. BACKGROUND AND CONTEXT

- 1.1 The CQC's Well Led domain, makes it clear that there is an expectation that there is good visibility of an organisation's leaders through the following criteria: 'Leaders at every level are visible and lead by example, modelling inclusive behaviours'.
- 1.2 This report provides an overview of various walkabouts that happen in the organisation, given that there are several, each with a discrete purpose. The paper also proposes a model to consider to raise the profile of the Board members and create more of a connection with the teams at the hospital to understand their experience of working at the ROH.

#### 2. WALKABOUTS

##### 2.1 'Chat & Check'

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

##### 2.2 Quality Assurance

- 2.2.1 Quality Assurance walkabouts involve multidisciplinary groups of individuals, mainly visiting clinical areas of the Trust. The walkabouts include a structured set of questions, based on the key domains of the CQC assessment framework. The walkabouts paused during the pandemic but restarted last year, led and organised by the corporate nursing team. Recent inspections have identified that all clinical areas visited could be rated at least 'Good', with a few evidencing some 'Outstanding' practice.
- 2.2.2 Action plans are generated from the visits, based on the findings and these are discussed and monitored at the biweekly divisional governance meetings. Areas are also revisited as part of the

scheduling rota to determine whether any changes or recommendations have been implemented and sustained.

## **2.3 Freedom to Speak Up and Wellbeing**

2.3.1 Visibility of the Freedom to Speak Up Guardian and Champions is critical to the success of achieving a culture in which staff are familiar with the individuals to which they can speak up using the FTSU framework. The Freedom to Speak Up Guardian develops a schedule for visits to areas by rotation and will also visit areas to which they are specifically asked to give attention if intelligence suggests that concerns need to be understood and acted on as a priority.

2.3.2 From time to time during the year, specific visits will be conducted, supported by the Non Executive and Executive leads for Freedom to Speak Up to show the Board's commitment to Speaking Up. October, as Speaking Up month, sees a programme of events to raise awareness of the Speaking Up framework, including a wide 'roadshow' and a series of listening events.

2.3.3 In addition to FTSU visits, there are also sessions organised to promote and support the Wellbeing Framework. The Non Executive Wellbeing Champion has undertaken visits, accompanied by the Wellbeing Officer and other staff, offering staff across the Trust refreshments and healthy snacks.

## **2.4 Ad Hoc and Professional Oversight**

2.4.1 To gain assurance on professional issues and also to offer support to staff, a number of visits and walkabouts are undertaken by a range of individuals. Executives for instance, outside of the 'Chat & Check' framework, visit various parts of the site routinely and as needed, for matters such as environmental oversight, to understand estates issues, to gain assurance on Infection Prevention & Control matters and to share with staff groups developments of note.

## **2.5 Governor**

2.5.1 A schedule of roving visits by the Trust's governors is in place, which provides an opportunity for the governors to share the scope & duty of their role as well as collecting feedback to bring back to the wider Council of Governors. Take up of these sessions has been sporadic lately, however under the remit of the Corporate Services Manager, this is improving. As well as feedback being shared with the wider Council of Governors, a debrief session is also arranged with the Director of Governance who in turn shares this with the rest of the Executive Team.

## **2.6 Board**

2.6.1 The Chair of the Trust already undertakes regular walkabouts, however building on the success of the 'Chat & Check' visits, it is proposed to widen participation in these walkabouts to all Non Executive Board members. One of the pieces of feedback from the Quality Assurance and 'Chat & Check' walkabouts is that the role of the Non Executive is not widely understood and while the Executive visibility has improved, Non Executive presence could be enhanced.

2.6.2 **Appendix A** sets out a proposed schedule of visits, largely linked to existing corporate meeting days to minimise duplicate trips to the site. Visits by the members of the Quality & Safety Committee have already commenced, the first being to theatres and more recently to Pharmacy. Key points of feedback from the visits have been shared with the relevant Executive leads and also presented at the Quality & Safety Committee.

- 2.6.3 The format of the visits will be largely structured around the questions used in the 'Chat & Check' visits, although with more scope to seek assurance and offer the opportunity to share with staff the workings of the unitary Board. Non Executives will be joined by and Executive member of the Board to exemplify this way of working. Areas to be visited will be agreed between the Non Executive & Executive based on information received at the Board or Committee meetings or where there is a desire to understand the service of team better.

### **3 FEEDBACK**

- 3.1 Although there is value in simply providing an opportunity for a two-way dialogue between staff and visitors, to be able to demonstrate that there has been some change or action as a result of the conversation is also important. When incidents occur and there is learning from these, then Learning on One Page documents are shared with relevant teams and the plan is to use this format to be able to share with teams and wider staff groups that feedback gained as a result of the visits has created an impact. Existing opportunities, such as Team Brief, will continue to be used.

### **4 RECOMMENDATION**

- 4.1 The Trust Board is asked to:

RECEIVE and NOTE the update on the overview of the various types of walkabout and SUPPORT the proposed next steps in terms of the planned schedule of visits and methodology for sharing actions taken.

**Simon Grainger-Lloyd**  
**Executive Director of Governance**

**27 November 2024**



### Board Walkabout Schedule 2024/25

Month	Date/Committee	Executive	Non Executive
September	F&P	Steve Washbourne	Les Williams
October	SE&OD	Nikki Brockie	Simon Page
November	QSC	N/A	Ian Reckless Jenny Belza Gianjeet Hunjan
18 December	SE&OD	Sharon Malhi	Jan Teo
16 January	Council of Governors	Simon G-L	Simone Jordan
22 January	QSC	N/A	Ian Reckless Jenny Belza Gianjeet Hunjan
28 January	FPC	Rebecca Lloyd	Les Williams
26 February	SE&OD	Marie P	Simon Page
5 February	Trust Board	Matt H	Ayo AJose
25 March	F&P	Matt R	Gianjeet Hunjan
19 March	QSC	N/A	Ian Reckless Jenny Belza Gianjeet Hunjan



**UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE**

**Date Group or Board met: 26 November 2024**

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The Trust did not deliver the activity plan in October. The team is focussed on delivering the plan during quarter 3 and quarter 4.</li> <li>• There has been a higher number of cancellations due to patients receiving Covid injections a short time before their surgery date. There had also been unusually high levels of surgeon sickness.</li> <li>• The Trust delivered a deficit in month of £522k against a planned deficit of £39k, generating an adverse £483k variance. Year to date deficit totals £2,502k against a deficit plan of £114k, generating an adverse £2,389k variance year to date.</li> <li>• Performance against the recovery plan is £709k behind the £187k planned surplus due to the impact of the £1m Elective Recovery Fund risk added in month.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Provide the detail on the financial opportunities available within spinal services and a summary of the action needed to deliver.</li> <li>• Provide an update on the work undertaken by IQVIA with Coding at the meeting in January.</li> <li>• Capital forecast to be signed off by Finance and Performance Committee in Month 8 so arrangements need to be made to ensure sign off is completed to timescale, as there is no scheduled meeting in December.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Committee received a report on the 'deep dive' that has been undertaken on spinal services. This looked at the productivity of the service and not the clinical aspects of the service. It was noted that there were several good opportunities to improve the productivity and efficiency of the service, which were being actively pursued.</li> <li>• As part of the 'Continuous Improvement Week' the Coding Team have been working with colleagues to improve the accuracy of coding across the Trust.</li> <li>• The next 'deep dive' will take place on paediatric services and will report through the Strategic Oversight Group work going forward.</li> <li>• The Committee received a presentation on the Strategic Oversight work that is taking place and the governance structure within which the groups will operate. This approach was fully endorsed.</li> <li>• The Trust continues to maintain its position in terms of avoiding patients waiting in excess of 65 weeks for treatment. Focus now</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee agreed that the full report from the Strategic Oversight Group would report directly to the Trust Board and there would be monthly upward reports shared at F and P Committee from the Financial Recovery/Sustainability Group and Productivity Improvement Group within this.</li> </ul>



moves to the those patients over 52 weeks, with the aim to deliver no patients waiting more than 52 weeks by March 2025.

- Following productivity improvements in Outpatients there have been 3000 more patients seen year to date than planned.
- Agency spend saw a further reduction in Month 6 by £30k, well below the 3.2% target. Bank spend also continued to reduce this month by a further £10k.
- The Committee received assurance reports from the Service Improvement Board, the Temporary Workforce Group, and the Information Governance Group.

**Chair's comments on the effectiveness of the meeting:** It was agreed that it was a good meeting that was very focussed, with assurance being gained on the significant steps forward that are being taken.



## UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 20 November 2024

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• It was noted that two additional risks have been added to the register. The first is in relation to the national amber alert on O negative blood availability. The second is our non-compliance with the national patient safety alert and an issue with the PICs system that needs to be addressed by University Hospitals Birmingham.</li> <li>• There have been two Never Event incidents declared, which are being fully investigated.</li> <li>• It was noted that there has been an increase in the number of complaints being received compared to previous years which is proving challenging to respond to in a timely way.</li> <li>• 'Flu vaccination rate is at 35% this year; it was noted how challenging it has been to encourage people to receive their vaccination this year.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• An update is to be provided to Quality &amp; Safety Committee on the pre operative practices for those that may require blood transfusions.</li> <li>• Review of the risk register and Board Assurance Framework to ensure all timescales, lead officers and dates risks need to be reviewed are accurate and up to date.</li> <li>• Actions and outcomes from the learning disabilities standards to be shared with the Board and Council of Governors in future meetings.</li> <li>• Build into the Committee workplan some 'deep dives' including Blood Transfusions and the process in declaring a never-event with reports to be shared at Quality &amp; Safety Committee on the findings.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The spinal endoscopy review has commenced by the Royal College of Surgeons.</li> <li>• The Committee received the Complaints Annual Report and was provided with assurance on the actions taking place to further enhance the report going forward.</li> <li>• The Committee received an update on the learning disabilities standards and was presented with the action plan to support the changes.</li> <li>• The Committee was updated on the progress being made with Oliver McGowan training in the Trust and provided assurance that colleagues are being released to undertake the training.</li> <li>• The Committee received the Safer Staffing report, and it was noted the excellent improvements that had been made in particular with the low agency spend.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Committee agreed the Complaints Annual Report could be presented to the Trust Board.</li> </ul>



- The Chief Nurse and Chief People Officer have started the Executive level Health Inequalities training, and the trust level training will be commencing shortly.
- The Antimicrobial Stewardship Annual Report was presented to the Committee which highlighted sound practice at the Trust.
- The Committee Workplan for 2025 was presented and accepted, with the addition of deep dives to be included.
- The non-Executives gave an overview of their visit to Pharmacy earlier in the day and it had been helpful to see the work of the team and meet key members of staff. The diversity and cohesion of the team had been particularly noted.

**Chair's comments on the effectiveness of the meeting:** The meeting gave opportunity to discuss a number of items on the agenda in detail that proved useful in understanding the next steps and actions that are taking place. It was agreed that the meeting being held face to face was useful practice.



## UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 15 November 2024

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• It was noted that the thematic analysis of reasons for staff leaving is an area of improvement identified as part of the internal audit, however an action plan has now been put in place to address this.</li> <li>• The training modules for Freedom to Speak Up have a low uptake and work is underway on ways to promote completion of this training as it is not mandatory but extremely encouraged.</li> <li>• The Hospitality Register requires more attention to ensure colleagues are disclosing any gifts &amp; hospitality received, and they understand the reason why they need to do this to ensure it is a comprehensive record.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• An update will be provided of the changes made to the Data Security &amp; Protection Toolkit following the updated guidance that is to be published shortly. A briefing paper will be shared with the Audit Committee once complete.</li> <li>• An update on the Freedom to Speak up recommendation timelines and assigned officers will be provided at the next Audit Committee meeting.</li> <li>• The annual review of the declaration of interest and hospitality register will commence in the new year to ensure the registers are accurate.</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Simon Page, Non-Executive Director, was welcomed to the Audit Committee. Simon joined in the Committee in the absence of Les Williams and Jenny Belza.</li> <li>• The Committee received a comprehensive update on two areas from internal audit: staff retention and freedom to speak up.</li> <li>• The Counter Fraud Team will be onsite on Tuesday 19<sup>th</sup> November providing awareness to colleagues across the Trust. They will be outside Café Royal.</li> <li>• The Referral to Treatment Time (RTT) audit was re-presented to the Committee, with updated action deadlines now included.</li> <li>• The Committee received the external audit plan for 2024/2025.</li> <li>• The Declarations of Interests Register has greatly improved, and will be reviewed annually.</li> <li>• The Committee was provided with assurance with regards to the processes that are followed with breaches and waivers of Standing Financial Instructions.</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The staff retention audit would be reviewed in more detail at the Staff Experience &amp; OD Committee and an update will be shared with Audit Committee of the output of these discussions.</li> </ul>



- The Committee was provided with an update on the progress that has been made with risk management. There will be a follow up from internal audit in the New Year.

**Chair's comments on the effectiveness of the meeting:** The meeting provided good updates that allowed for good debate and conversation, with input from all those that attended.



## UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Group or Board met: 21 November 2024

### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- As previously reported, Members of the Charitable Funds Committee reflected on the presentation from Cazenove in April 2024 and requested a meeting to be scheduled with Cazenove to cover performance of the investment portfolio and risk appetite. This meeting is scheduled to take place following December's Trust Board Meeting and Trustees have submitted in advance respective questions/areas they would like to address.

### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- A comprehensive summary of the upcoming fundraising dates and events was shared within the Charity Report, including a full Christmas programme where numerous events are scheduled.
- The work that Mollie Borg, Freelance Grants & Trust Consultant, working alongside ROC (Royal Orthopaedic Charity), was recognised and a progress update on the work that had been undertaken over the last 6 months is detailed within the Charity Report.
- The Charity Team is actively seeking corporate sponsorships for the Christmas appeal.
- The Charity Team shared that new initiatives and partnership working was constantly evolving, including the ROH Community Roadshow and new initiatives addressing health inequalities in and around Birmingham, and also highlighted their forthcoming initial proposal for the ROC Hub.
- During Continuous Improvement Week, ROC is asking for colleagues to present service improvement ideas with £5,000 to spend on the chosen initiative. Jan Teo, Non Executive Director, will be part of the panel and a meeting will take place during February 2025 to progress.

### POSITIVE ASSURANCES TO PROVIDE

- The Charity Team welcomed Ali Sprason back from her maternity leave.
- In the financial update, the Chief Finance Officer highlighted the £107k increase in funds identified in the 2023/34 Annual report. This represents a 10.57% increase in fund value compared to a reduction of 3.81% in the previous year. Moreover, performance continued to be positive during the current year, with an additional increase of £44k in fund value since April, or an increase of 3.94%.

### DECISIONS MADE

- The following three bids were approved by the Committee:
  - #305 Additional Funding for the Hardship Fund
  - #295 Blue Heart Awards
  - #302 ADCU Chairs
  - #303 Implementation of Cycling Against Hip Pain (CHAIN) Programme
  - #297 Charity Merchandise - Agreed to approve part of this bid application in respect of the merchandise for staff to distribute at various departmental events.



- Members received a copy of the Charity Annual Report for 2023/24 for approval which will be submitted following minor formatting amends.
- Members of the Committee received for information bid updates which included 6 month review updates of the previously approved bids.
- Positive feedback was shared in relation to Bid #279 entitled 'Improving Diversity within Resuscitation Training'. Assurance was provided that the recent project, funded by ROC, has significantly enhanced diversity in resuscitation training at the ROH. This spend represented an excellent use of Charitable Funds.

#288 Celebration Day Staff Reward. Committee agreed to fund in principal and the Charity Team would look at the wider strategy for recognising staff in the Trust.

**Chair's comments on the effectiveness of the meeting:** The Chair highlighted the change in the agenda structure in that the bids for approval are now presented at the beginning of the meeting to allow sufficient presenting time and questions. With this new format in place, it was noted that the meeting was both productive and an effective use of time. The Chair thanked members for their attendance.

# Finance and Performance Report

Month 7

## 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

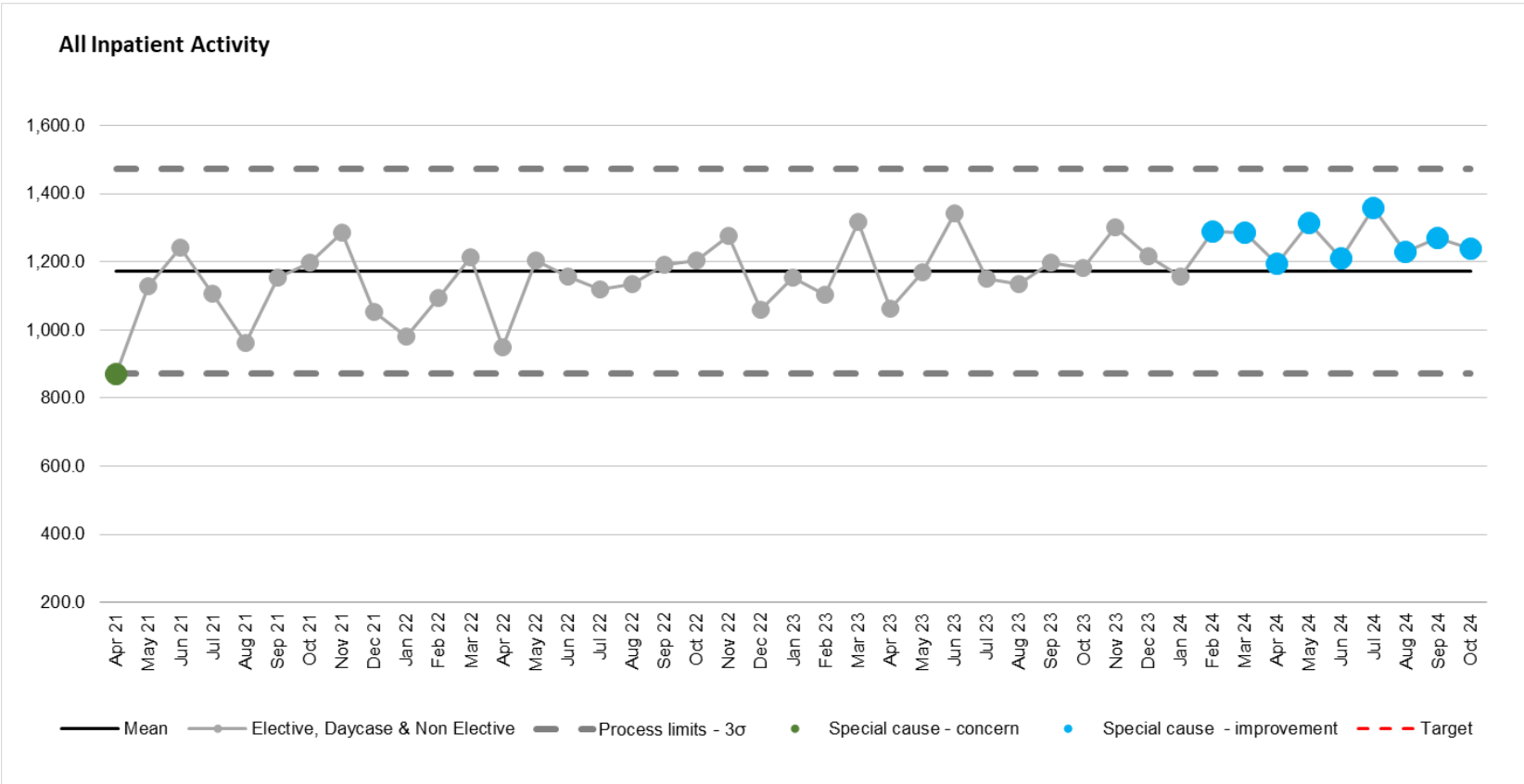
Performance to end October 24	In month	Previous month	Target	Variation	Assurance
RTT – combined (against trajectory, constitutional target remains 92%)	52.81%	52.90%	92%		
104 week waits	0	0	0		
78+ week waits	0	0	0		
65 Week waits (65-77 weeks)	1	0	0		
52 week waits (52 – 64 Weeks)	843	641	0		
All activity YTD (compared to plan)	8,822	7,578	8,935		
Outpatient activity YTD (compared to plan)	42,132 108.4% Cumulative	35,685 109.8% Cumulative	38,868 YTD Target		
Outpatient Did Not Attend (YTD)	7.9%	7.9%	8%		
PIFU (trajectory to 5% target)	585 9.40%	566 10.01%	470 5%		
Virtual Consultations (target is plan, operational planning guidance is 25%)	10.2%	10.0%	19%		
FUP attendances(compared to 19/20)	99.8%	99.6%	75%		
Diagnostics volume YTD (compared to 19/20) – All Modalities	112.8%	114.0%	120%		
Diagnostics volume YTD (compared to plan)	15,291 Cumulative	13,131 Cumulative	15,755 YTD Target		
Diagnostics 6 week target	100%	99.8%	99%		



# Operational Performance Summary

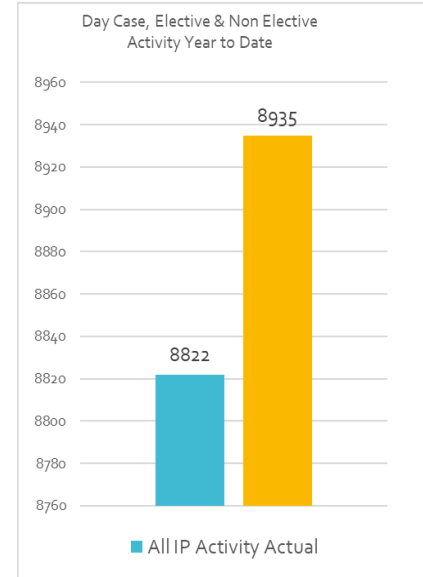
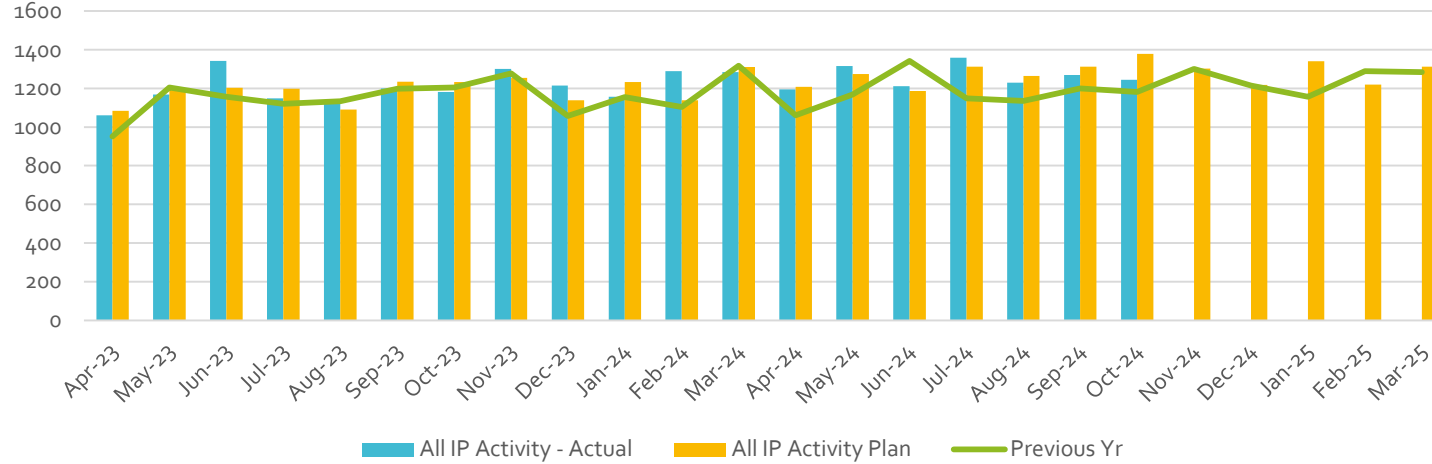
Performance to end October 24	In month	Previous month	Target	Variation	Assurance
Theatre utilisation (Uncapped)	84.2%	83.2%	85%		
Theatre In Session Utilisation (Uncapped)	81.2%	83.6%	85%		
Cancer - 31 day first treatment	100%	100%	96%		
Cancer - 62 day (traditional)	90.60%	93.7%	70% Nat 85% Trust		
28 day FDS	78.5%	87.2%	75%		
Patients over 104 days (62 day standard)	0	0	0		
POAC activity volume (YTD)	15,278 Cumulative	12,992 Cumulative	13,379 Cumulative		
Bed Occupancy (excluding CYP and HDU)	72.3%	72.5%	82-85%		
LOS - excluding Oncology, Paeds, YAH, Spinal	3.39	3.13	n/a		
LOS - elective primary hip	2.7	3.1	2.7		
LOS - elective primary knee	2.6	3.0	2.7		
BADS Orthopaedic: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period) Jul 24	59.2%	61.3%	85%		
Outpatient attendances for first or follow-up appointments attracting a procedure tariff (Mar'24)	36.3%	-	-		

# 1. Activity Summary



# 1. Activity Summary - New slides

Day Case, Elective and Non Elective Activity



	Plan													Plan Year to Date	Actual Year to Date	% Achieved against plan	Variance Year to Date
	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	4096	3864	94%	-232
	Daycase	642	677	631	697	673	697	733	691	647	712	648	697	4750	4823	102%	73
	NEL	12	13	13	13	11	13	14	13	11	14	11	13	89	135	152%	46
	All Activity	1208	1274	1186	1312	1264	1312	1379	1302	1218	1340	1219	1312	8935	8822	99%	-113

### October 24

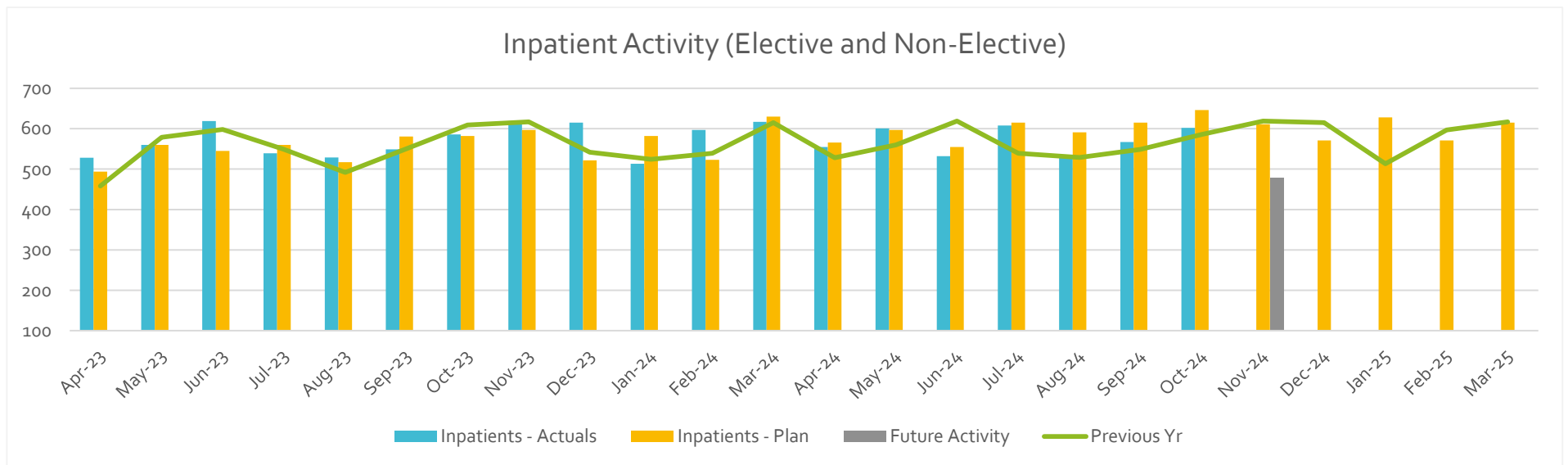
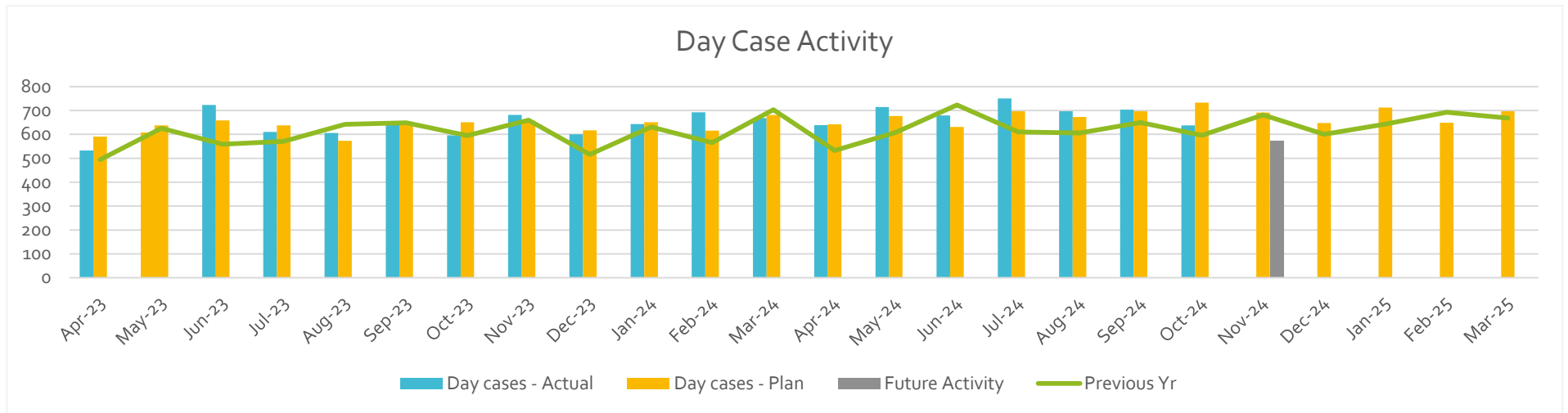
Figures include BCH activity from April 2024

In month performance: Actual activity was **-135** cases against the stretch target

Year to Date the Trust is **113** cases behind the annual activity plan.

The stretch plan includes the 6% amended target to deliver 15,326 cases.

# 1. Activity Summary

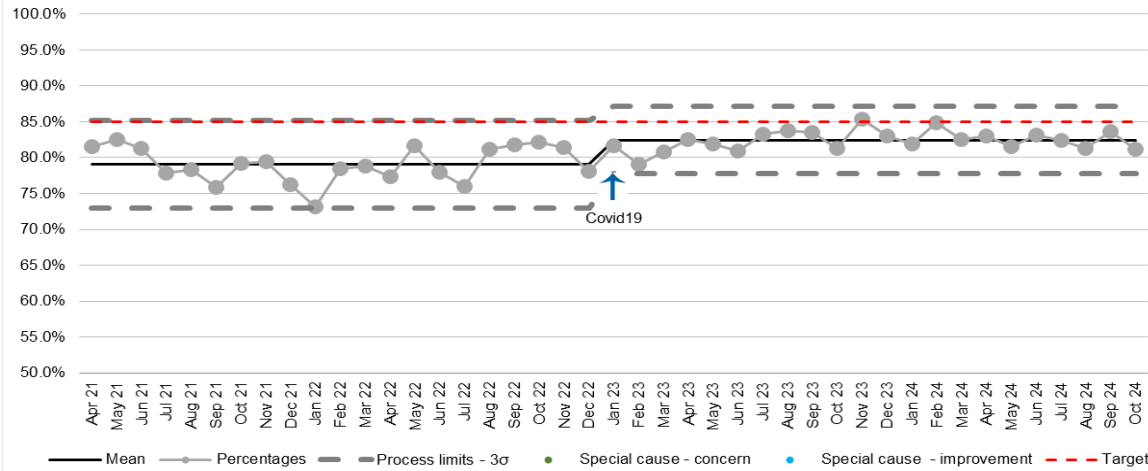


# 2. Theatre Utilisation

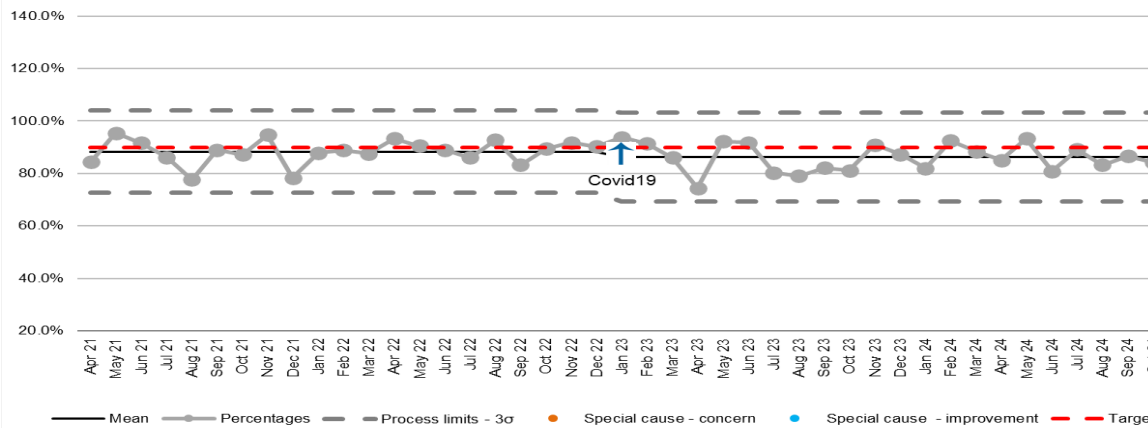
DATA QUALITY KITEMARK



Theatre In Session Utilisation (All Electives)



Theatre Session Utilisation (All Electives)



Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	570	483	87	84.74%
UHB	50	39	11	78.00%
<b>Totals</b>	<b>620</b>	<b>522</b>	<b>98</b>	<b>84.19%</b>

Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	2121	1728	393	81.46%
UHB	175	136	38	77.96%
<b>Totals</b>	<b>2296</b>	<b>1864</b>	<b>432</b>	<b>81.19%</b>

## 2. Theatre Utilisation

DATA QUALITY KITEMARK



### SUMMARY

Overall theatre session utilisation for October was **84.19%**.

The overall in-session utilisation for October was **81.19%**.

### AREAS FOR IMPROVEMENT

In order to detect trends of theatre lists that show 100% planned utilisation yet frequently finish early, work is being undertaken with GIRFT Theatre Specialist to generate data that compares cases booked against actual time taken. To further support utilisation, an analysis of cancellations on the day is also being conducted to highlight any key themes.

This month the standby/contingency patient process has been rolled out to Foot & Ankle and arthroplasty to maximise productivity when short notice patient led cancellations occur.

A request has been made to other Trusts via GIRFT for those who have succeeded in implementing a standby process to share their learning. In particular, now that there are national changes to Group and Save (G&S) protocols meaning that G&S samples are now only valid for 6 days, how other trusts managed this clinical change in pathways.

Continuous Improvement week to launch in theatres 18th November to support conversations around improved productivity and efficiency ideas.

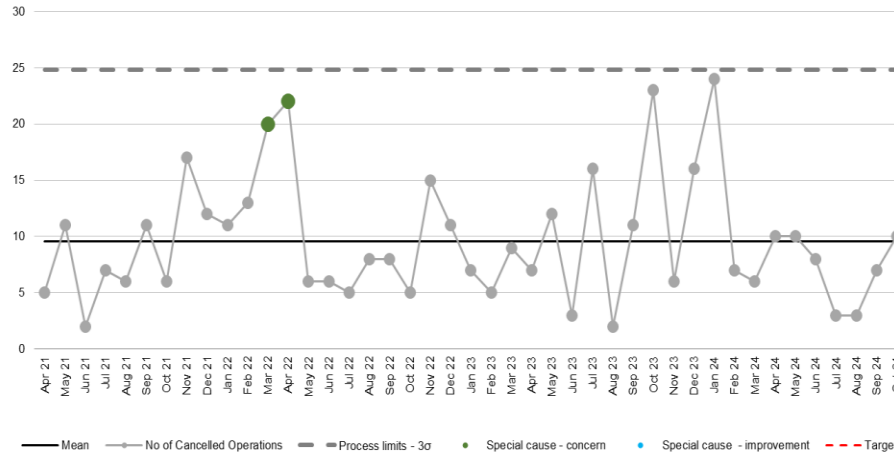
### • RISKS / ISSUES

- UHB have confirmed retention of 3.5 theatre days per week. Recruitment to vacant consultant posts will offset the reduction in UHB activity, with a new spinal consultant having commenced 4<sup>th</sup> November and the following recruitment underway by specialty :

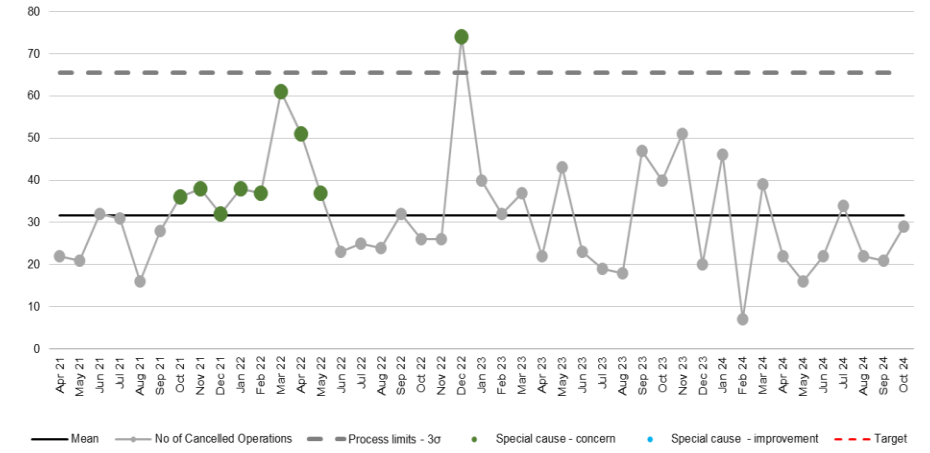
Specialty	Progress
Spinal	1 x spinal oncology - interviews 26 <sup>th</sup> November 2024 1 x spinal deformity - interviews 12 <sup>th</sup> December 2024
Arthroplasty	2 posts – interviews 27 <sup>th</sup> & 30 <sup>th</sup> January 2025
Hands	2 posts – interviews 27 <sup>th</sup> January 2025

## 2. Theatre Utilisation/ Hospital Led Cancellations

Cancelled by Hospital on Day of Admission

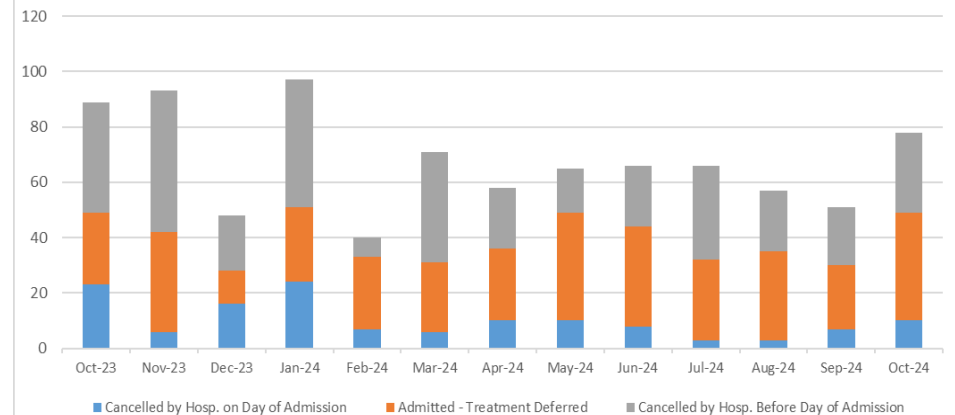


Cancelled by Hospital Before Day of Admission



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
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
Sep-24	7	23	21	51	0
Oct-24	10	39	29	78	0
<b>Total</b>	<b>144</b>	<b>398</b>	<b>418</b>	<b>960</b>	<b>0</b>

Inpatient Cancellations on the Day or Day Before October 2023 to October 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 September 24:

Patients cancelled on the day x 10	Patients admitted and had treatment deferred x 39	Patients cancelled by the hospital the day before the date of admission x 29
<p>Non-Clinical</p> <ul style="list-style-type: none"> <li>9 x Consultant unavailable/un-well</li> <li>1 x Admin error - Patient incorrectly DNA'D on the system</li> </ul>	<p>Clinical</p> <ul style="list-style-type: none"> <li>19 x Medically unfit</li> <li>3 x Skin integrity - insect bites/dog bites/ulcer etc.</li> <li>3 x Cancelled due to previous case converting into an emergency</li> <li>5 x Patient self-cancelled / unwell / Change in plan / pt declined procedure</li> <li>1 x Procedure abandoned</li> <li>1 x Lack of HDU bed / not requested</li> </ul> <p>Non-Clinical</p> <ul style="list-style-type: none"> <li>3 x Lack of equipment/instruments dropped (no replacement available)</li> <li>2 x Lack of theatre time – due to complex cases</li> <li>2 x Consultant unavailable/un-well</li> </ul>	<p>Clinical</p> <ul style="list-style-type: none"> <li>17 x Medically unfit.</li> <li>1 x Replaced by more urgent case</li> <li>1 x Change in clinical plan</li> <li>1 x treated day before tci ( Brought forward as a standby patient)</li> </ul> <p>Non-Clinical</p> <ul style="list-style-type: none"> <li>3 x Consultant unavailable/un-well</li> <li>6 x TCI date not convenient for patient/change in TCI date</li> </ul>

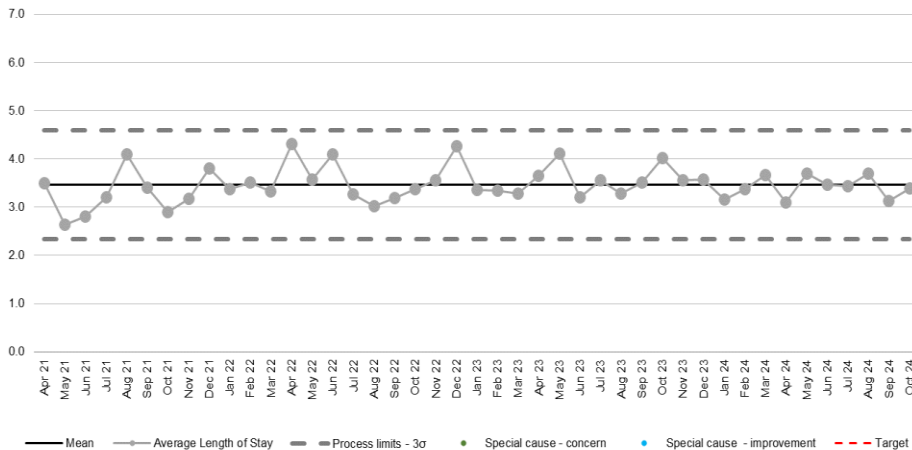
### AREAS FOR IMPROVEMENT/ RISKS/ISSUES

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

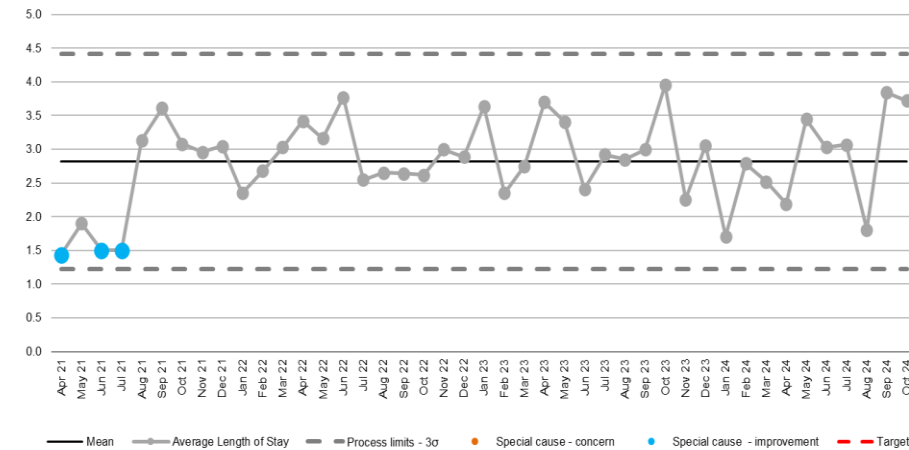
The pilot for 7-10 day pharmacy calls to be carried out in POAC commenced w/c 07/10/24 for 2 weeks with the aim to reduce the number of cancellations. An audit following the pilot showed that of those patients contacted by the pharmacist in POAC, none were cancelled on the day due to medicine errors (56 patients). This demonstrates that with earlier intervention by pharmacy colleagues, cancellations can be significantly reduced, if not avoid completely for this particular causation reason. .

# 3. Length of Stay

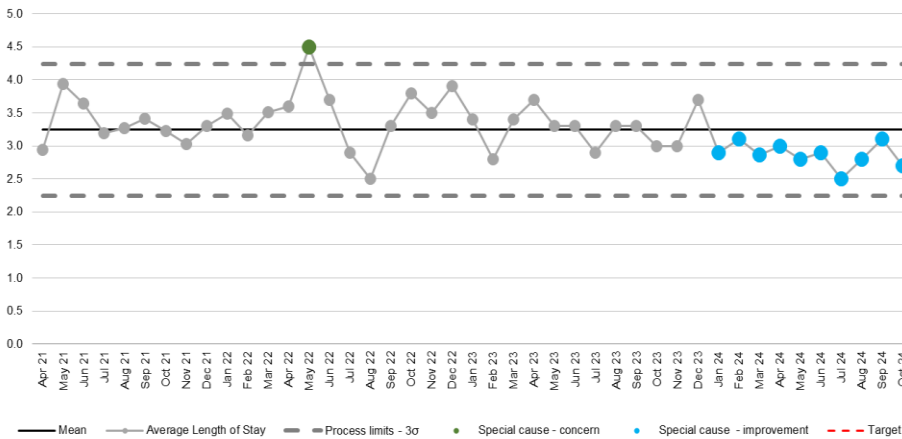
ROH Elective Average Length of Stay - Excluding Oncology, Paeds, YAH and Spinal



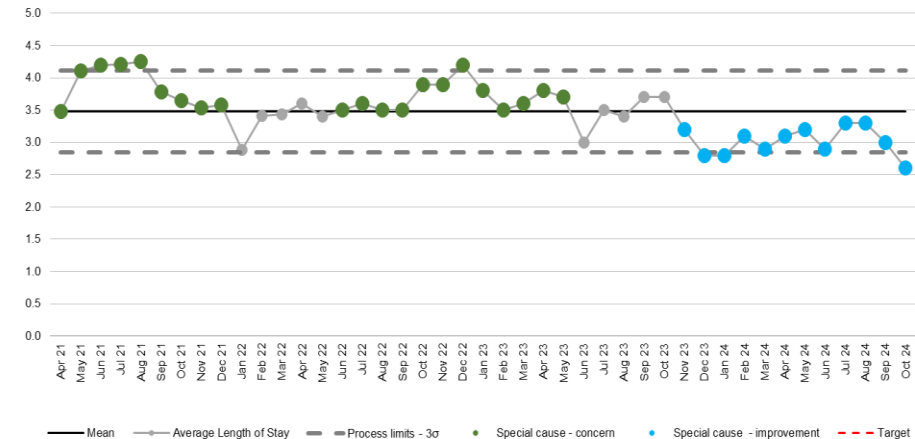
UHB Elective Average Length of Stay



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 decreased to 2.7 days (3.1 days September 24) and primary Knees has decreased at 2.6 days (3.0 days September 24).

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and Spinal has increased to **3.39 days** (3.13 days September 24).

A review of the ROH data for arthroplasty and oncology arthroplasty primary hips and knees identifies the number of patients with LOS  $\geq$  5 days as 17; 3 Oncology Arthroplasty, 14 arthroplasty. 3 had an ASA score of 3 (Severe systemic disease), 14 had an ASA score of 2 (mild systemic disease). LOS  $\geq$  8 days as 4 (9 Sept), 3 arthroplasty and 1 Oncology arthroplasty. 2 patients had an ASA score of 3 (Severe systemic disease), 2 had an ASA score of 2 (mild systemic disease). On review of clinical noting for patients with LOS  $\geq$  8 days all had clinical, therapy or social care needs.

A review of all arthroplasty and oncology arthroplasty patients, identifies the number of patients with LOS  $\geq$  to 8 days as 28 (26 Sept). 7 were Oncology Arthroplasty, and 21 were Arthroplasty. These include revisions, EPRs and other more complex surgeries.

Review of the 9 long stay patients  $>$ 15 days 3 were Oncology Arthroplasty, 6 Arthroplasty. 2 were listed as Primary Knees, on review reasons for extended LOS . 1 medical and social; 1 Infected joint and return to theatre  
Longest stay x 2 37 days (54 days Sept), 1 complex Oncology Arthroplasty (emerg transfer ) with clinical and Therapy needs; 1 Arthroplasty (emerg transfer) Bone Infection and clinical 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

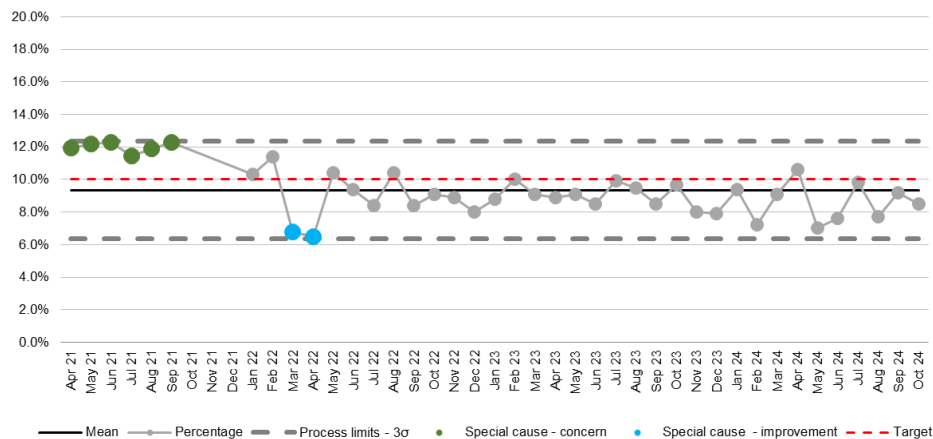
- Social care capacity-delays, particularly out of area. Daily monitoring and escalation process is in place.
- Bone infection and MRC patients – review needed of discharge/repatriation process. To discuss in next planned meeting.
- Number of patients converting from day case to overnight stay for non-clinical reasons. Further analysis by Division 2 under review..
- Alignment of support services to 7 day working. Demand and capacity delivered as part of annual business planning to identify any workforce challenges
- Renewed focus on BADS data reporting to SIB following changes to dataset.

# 4. Outpatient efficiency

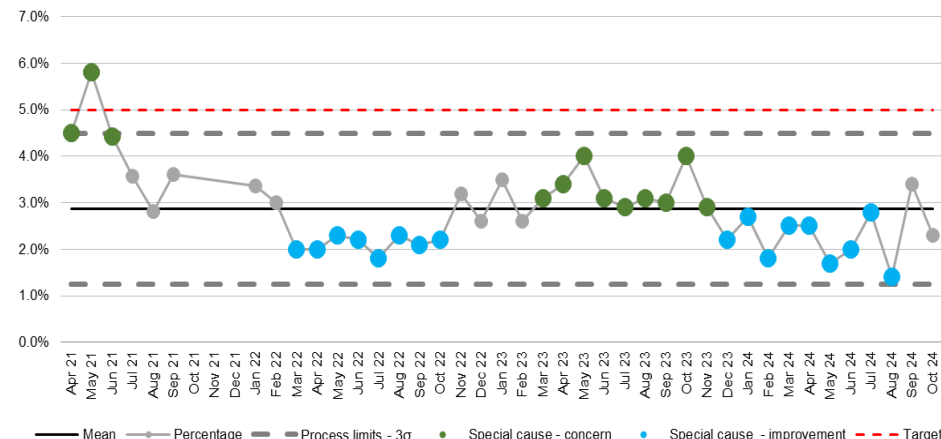
DATA QUALITY KITEMARK



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

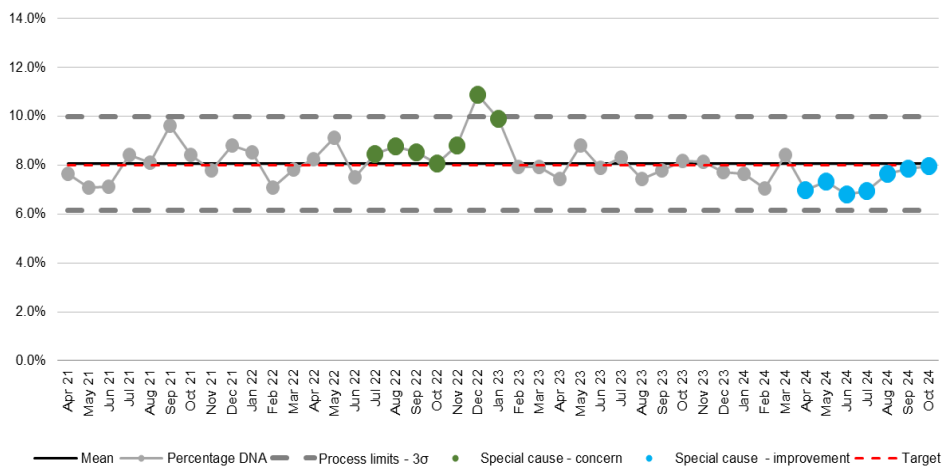


# 4. Outpatient efficiency

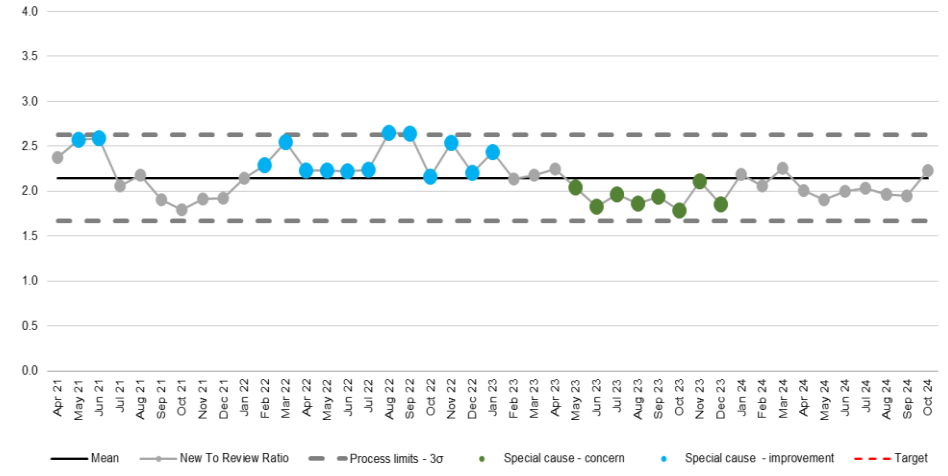
DATA QUALITY KITEMARK



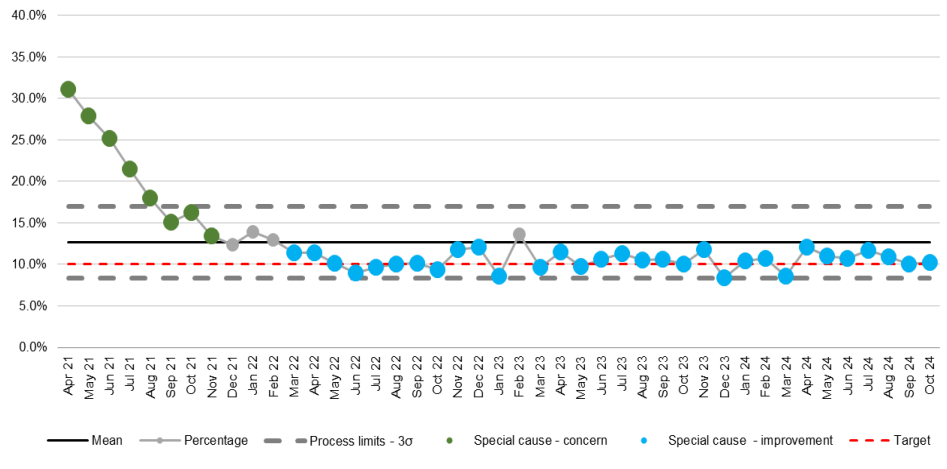
Consultant Led Outpatient DNA Rate



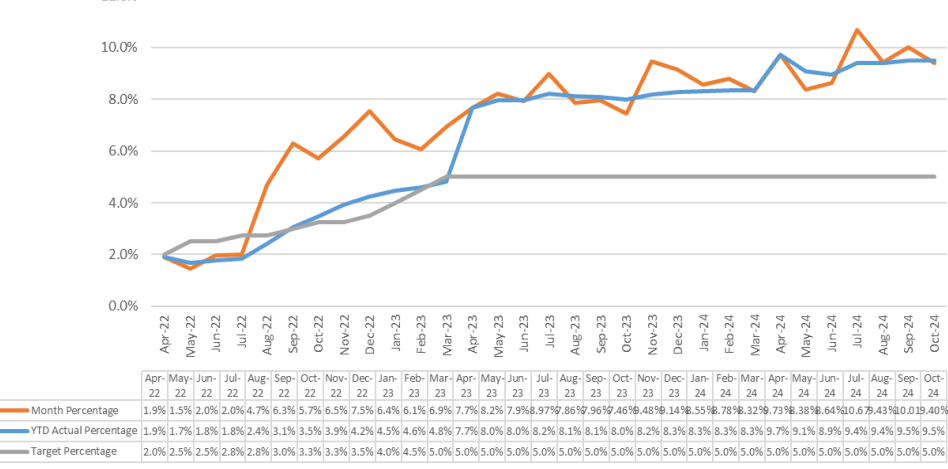
Outpatient New to Review Ratio



Percentage of Virtual OP Attendances

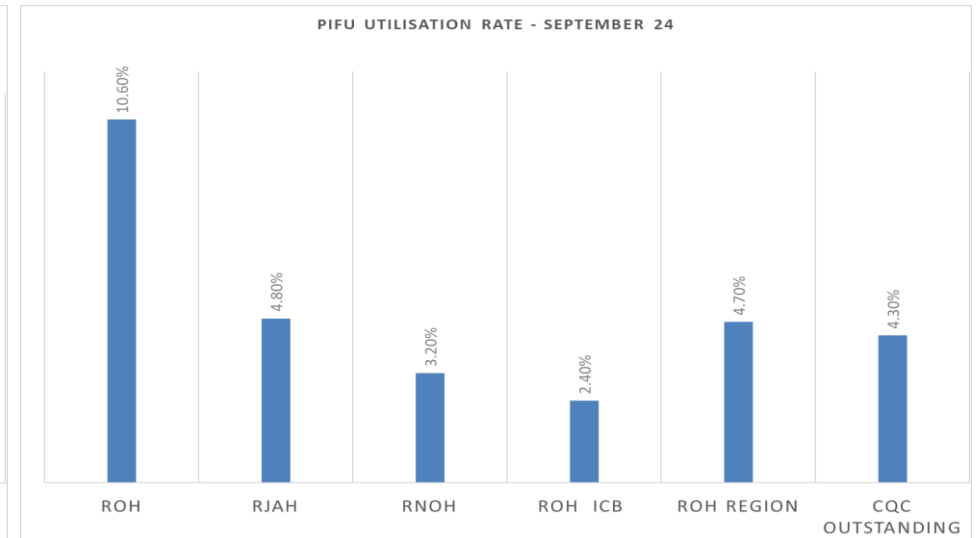
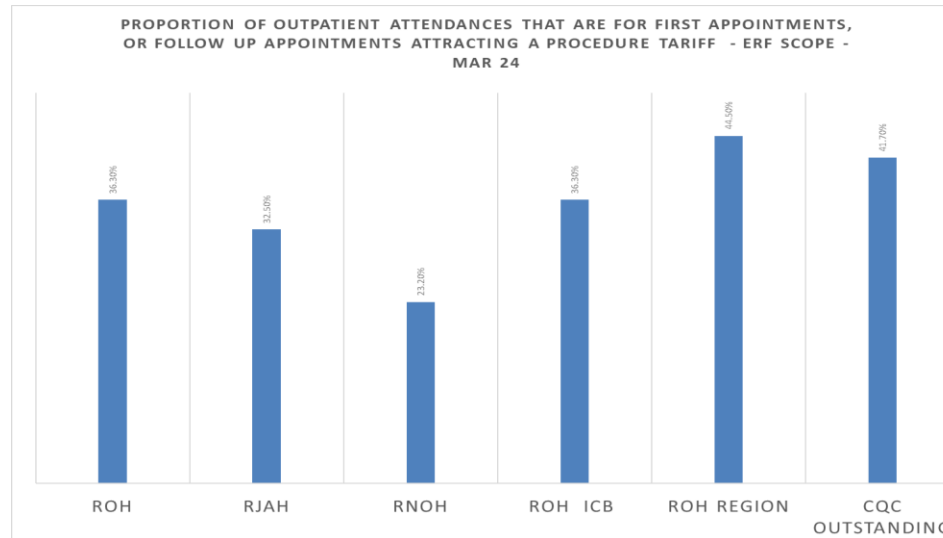
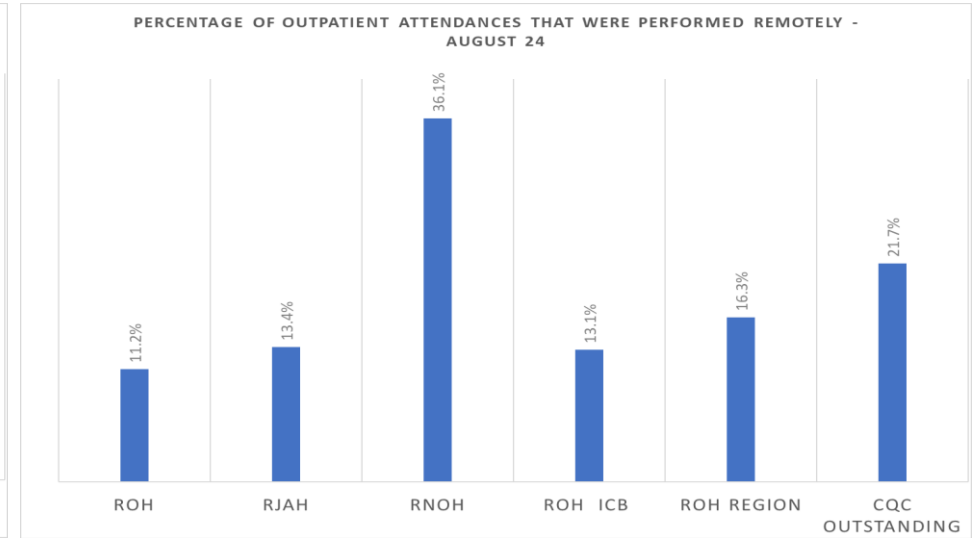
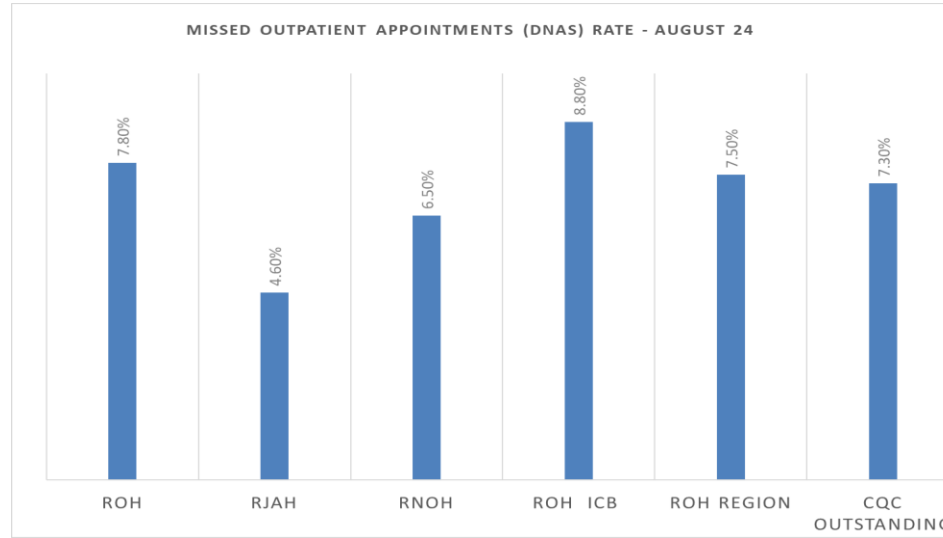


Patient Initiated Follow Ups - % Patient Added



# 4. Outpatient efficiency

DATA QUALITY KITEMARK



# 4. Outpatient efficiency

DATA QUALITY KITEMARK



## SUMMARY

October 2024 performance is as follows:

- 5,788 face to face and 659 virtual appointments
- 10.22% virtual in total.
- 9.4% of outpatient attendances moved to the PIFU waiting list. The overall YTD position is 9.5%.
- 7.94% Missed Appointment (DNA) rate – lower than the Trust target of 8%
- **Clinic Waiting Times**
- 30-minute delays – meeting Trust Target at 8.5% (**Target 10%**)
- 60-minute delays – meeting trust target at 2.3% (**Target 5%**)

## AREAS OF IMPROVEMENT

### Outpatient Utilisation

Outpatient activity is 9% over plan for new appointments and 6% over plan for follow ups year to date. Outpatient utilisation is a key metric for the outpatients and appointments team and there is a continued focus on clinic and room booking. Check and challenge meetings continue to be held weekly which are attended by the specialty management, appointments and nursing teams to ensure a collaborative review of outpatient room bookings. The smooth running of clinics is also reviewed at a weekly Check and Challenge meeting where anything that didn't go as planned is discussed and action take to prevent it happening again.

A regular KPI report is generated and circulated twice a week to ensure that the referral processing pathway is being followed. At the scheduling meetings room bookings, outpatient waiting lists and long waiting patients as well as available capacity to be booked are reviewed. Issues are escalated to the Associate Director of Operations for Division 1 and specialty managers via the Monday divisional operational meeting. Un-booked capacity is also discussed and challenged at this meeting.

A business case is being finalised to upgrade the InTouch (Patient Flow) system which will allow implementation of electronic outcomes which will support better data capture of clinic utilisation.

### Missed Appointments (MA)

The Trust continues to work with the ICB on reduction of DNAs and missed appointments. Dr Doctor are now sending text messages via the imaging system CRIS and work is ongoing to introduce this for Clinical Support appointments booked on TIARA.

### 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 and run by the booking coordinators and overseen by the appointments manager / CSSM. A workflow review is being carried out that sufficient human resource is available to process all work streams productively within the necessary KPIs to identify any gaps or efficiencies with the end to end booking process. (This will also support readiness for the electronic patient record (EPR).)

## 4. Outpatient Transformation

DATA QUALITY KITEMARK



### SPECIALTY PRIORITY UPDATES / HIGHLIGHTS

PIFU	Missed Appointments	Reduction in Follow Ups	Clinical Pathways (e.g. Specialist Advice)	Productivity & Efficiency
<p>The ROH continues to be a national exemplar for PIFU (6<sup>th</sup> nationally and top of peer group).</p> <p>Coding is being scoped for the Dr Doctor PIFU module to automate validation of the waiting list and create a record for patient requests to be seen.</p>	<p><b>Configuration for TIARA has been delayed due to difficulty with coding. Resolutions are currently being scoped.</b></p> <p>NHS Wayfinder has gone live for stage 2.</p> <p>E-meet and greet module in Dr Doctor being explored.</p> <p>Arthroplasty continues to show best practice with a 4.9% Missed Appointment rate.</p>	<p>Continue to follow GIRFT best practice. Business intelligence request to support GIRFT pathways and identify variance.</p> <p>Review of NHS impact best practice guidance underway to identify any gaps / areas for improvements.</p>	<p>Referral criteria needs to be confirmed for Primary Care.</p> <p>Activity has been confirmed for A&amp;G via national reporting team.</p>	<p>Dr Doctor bid sent to ICB.</p> <p>Development in scope for digital PIFU and e meet and greet commenced.</p> <p>We are creating outpatient metrics for in session utilisation in line with theatre productivity monitoring.</p>

# 5. Referral to Treatment

DATA QUALITY KITEMARK



## SUMMARY

The Referral To Treatment (RTT) position for October was 52.81% against the National Constitutional Target of 92%. This represents a 0.09% decrease compared to the September reported position of 52.90% that includes patients transferred from other providers. The LUNA report for data quality validation is consistently above 98%.

There was 1 patients breach over 65 weeks in October and 844 patients (including the 65 week patient) waiting over 52 weeks in October, an increase from the trust wide position in September which was 641 patients. Majority of the patients sit within the Spinal Service, and we are currently triaging referrals and scoping support from MSK as per outcomes of the spinal 'deep dive' and patient tracking monitoring of the 65 week position.

During September 24, ROH received 2,873 referrals (106.25%) 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 52 weeks up until March 2025 to allow additional focus on ensuring the delivery of zero 52 week waits by March 2025.

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. We are also exploring the potential use of AI in this area.

New reporting on our 52 week breach cohort is being introduced within the business intelligence department to support the specialties.

## RISKS / ISSUES

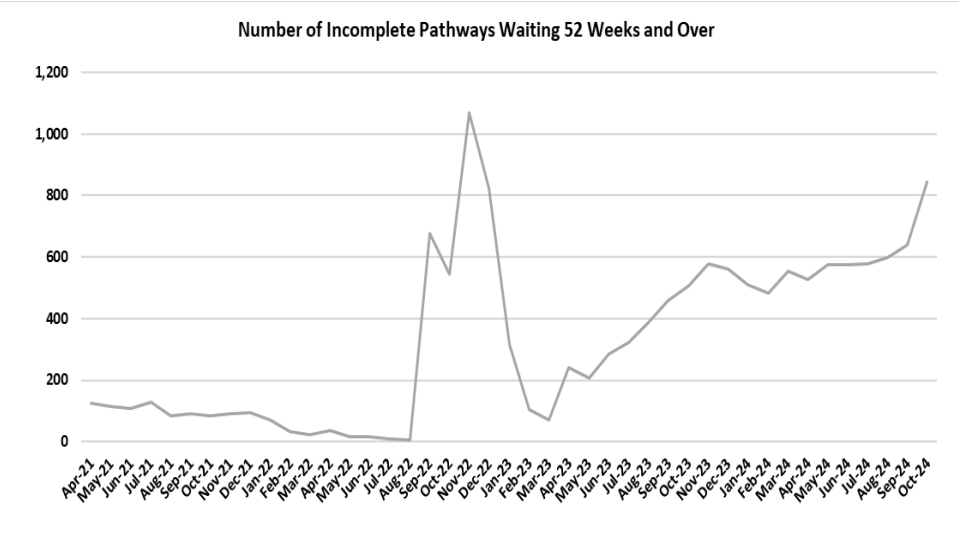
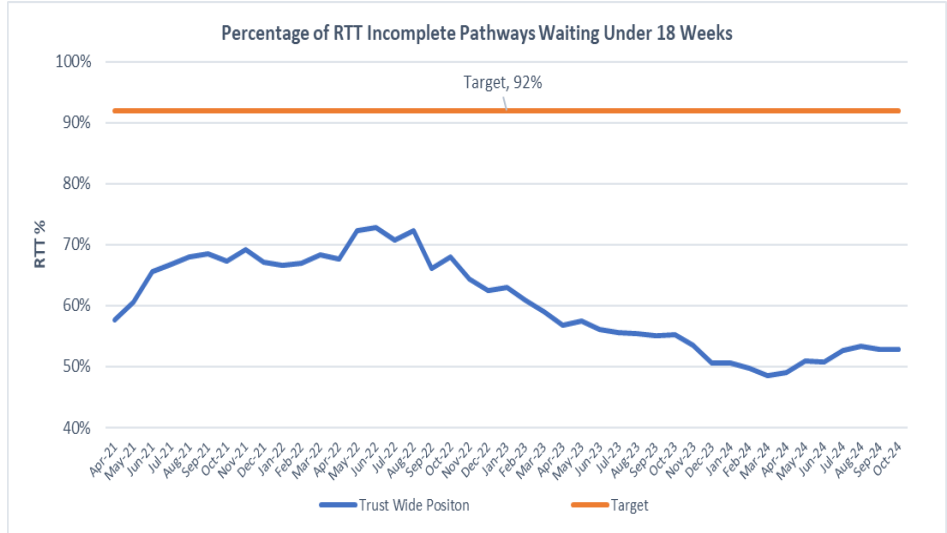
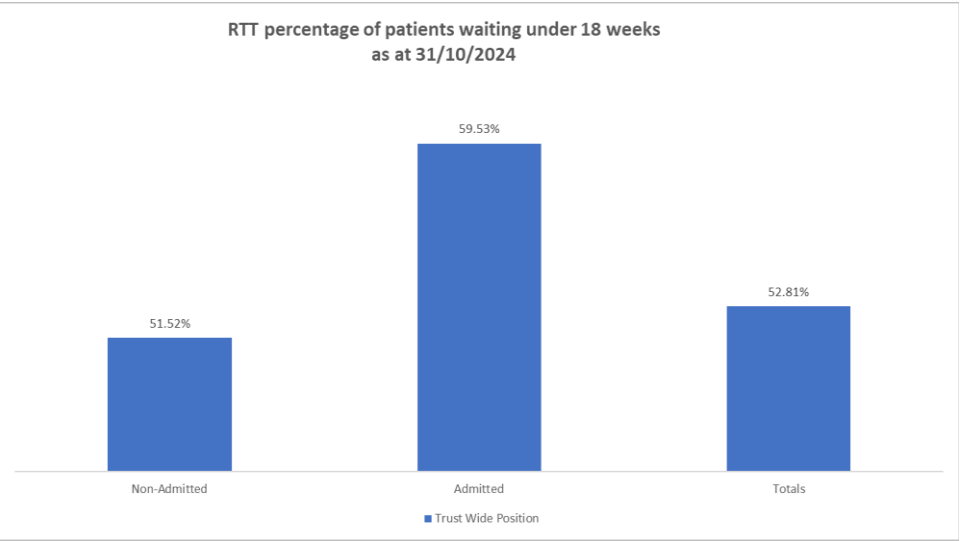
Spinal backlogs continue to be a concern with the team focussing on managing all patients currently over 60 weeks and preventing breaches of the 65 week standard. Spinal is to be prioritised with the roll out of GIRFT follow up recommendations. Deputy COO is providing specific support to the Spinal team 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	3,017	682	3,699
7-13	2,197	489	2,686
14-17	1,224	260	1,484
18-26	2,086	402	2,488
27-39	2,013	382	2,395
40-47	805	94	899
48-51	378	28	406
52 weeks and over	777	67	844
<b>Total</b>	<b>12,497</b>	<b>2,404</b>	<b>14,901</b>

Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	6,438	1,431	7,869
18 and over	6,059	973	7,032
<b>Month End RTT %</b>	<b>51.52%</b>	<b>59.53%</b>	<b>52.81%</b>



DATA QUALITY KITEMARK

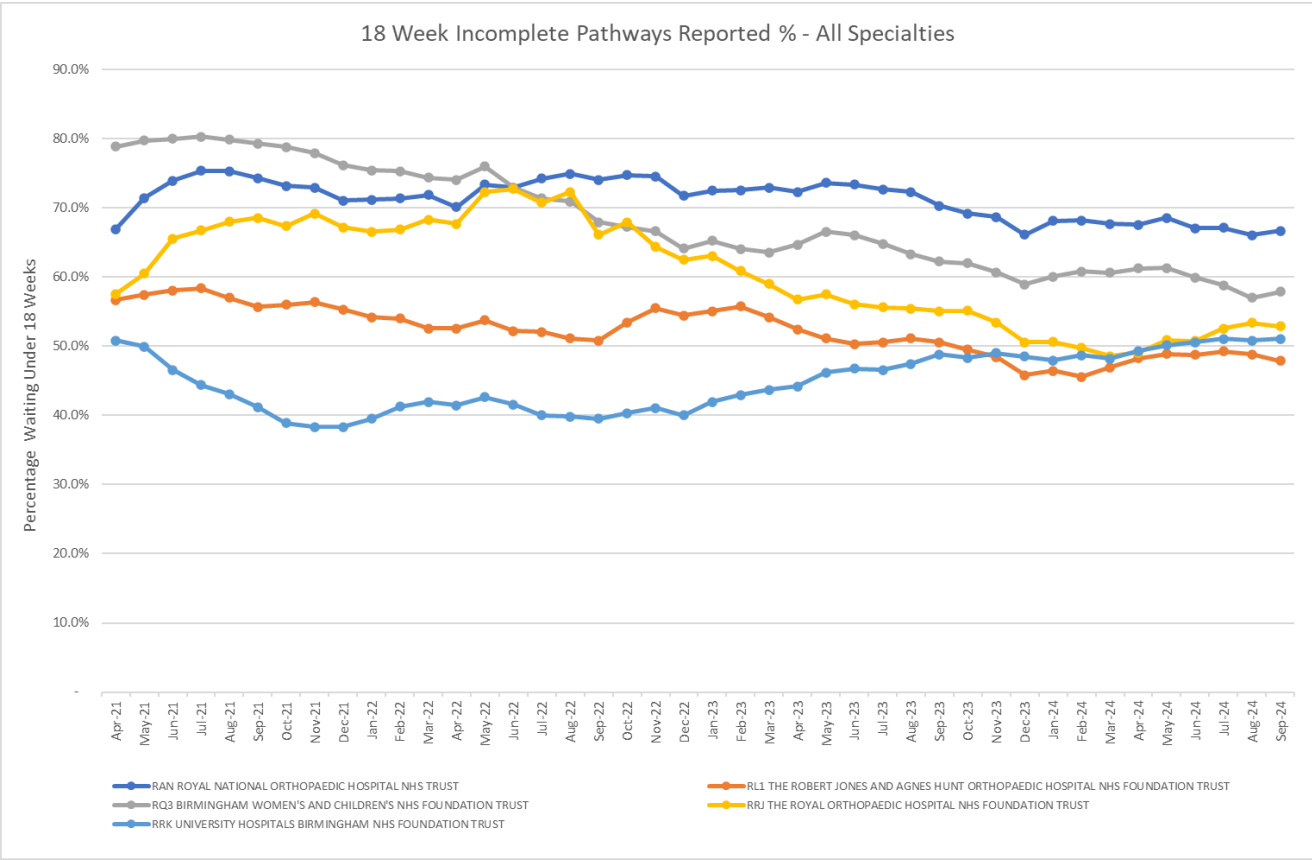


# 5. Referral to Treatment

DATA QUALITY KITEMARK



18 weeks Incomplete pathways Benchmarking against other providers:

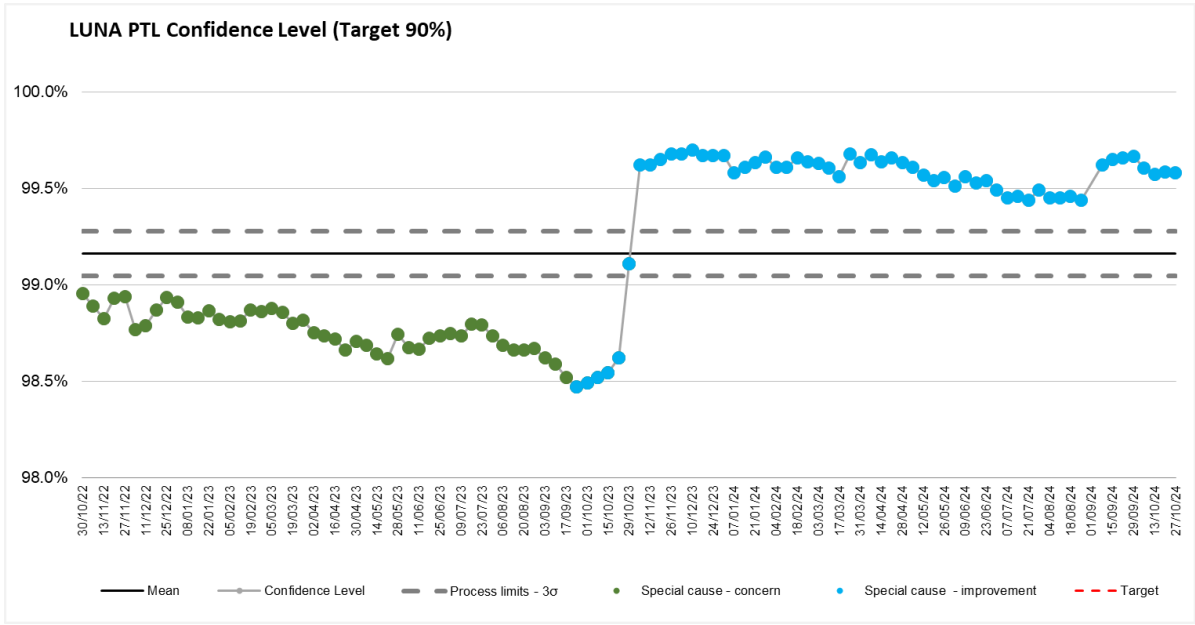


# 5. Referral to Treatment Luna Data

DATA QUALITY KITEMARK



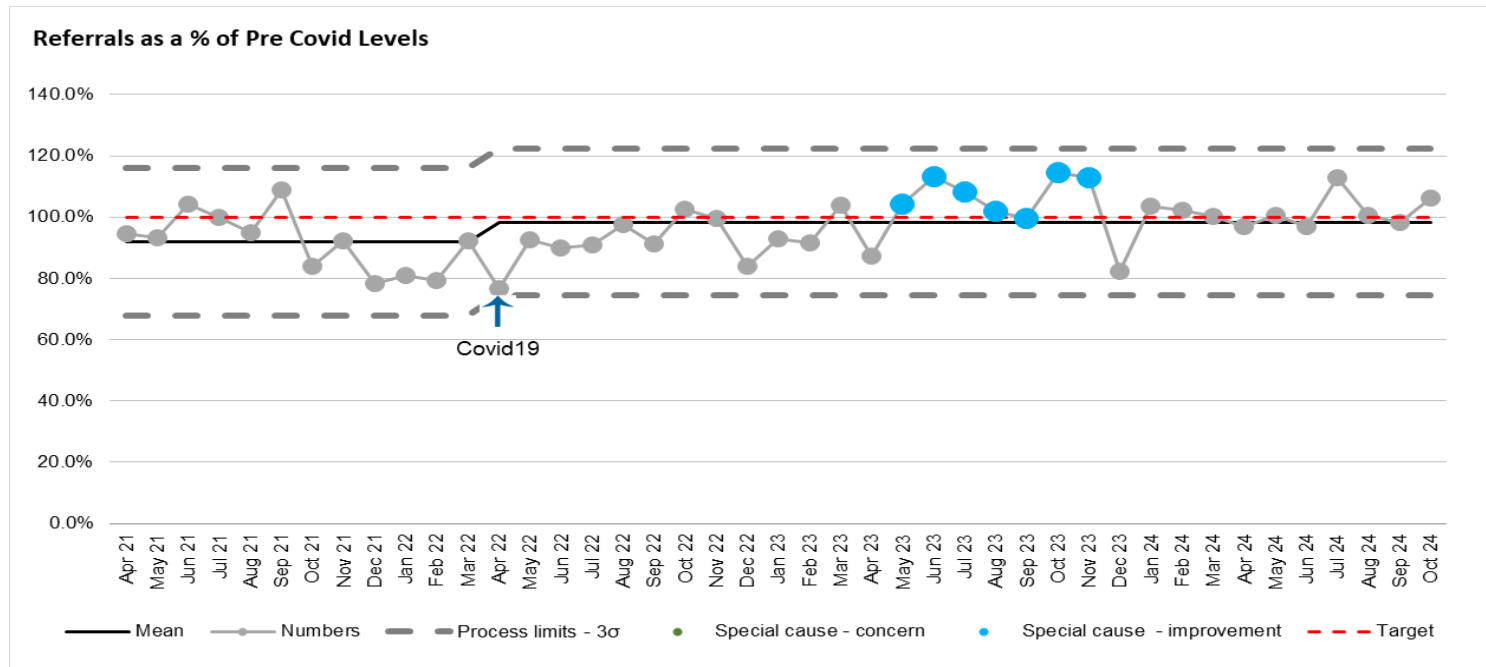
The chart below shows LUNA National Data Quality report data for the Trust, and our average confidence levels for our RTT data has consistently remained above 98% against a target of 90%. Over the last 24 months, the average confidence levels in our weekly data submissions have remained above 98%, with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



Figures for % Against Pre Covid Referrals

Pre Covid Level	2704
-----------------	------

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2557	2521	2815	2704	2567	2941	2273	2495	2113	2236	2249	2516	2082	2522	2479	2573	2681	2515	2820	2728	2282	2532	2513	2835
Referrals as a % of Pre Covid Levels	94.56%	93.23%	104.11%	100.00%	94.93%	108.76%	84.06%	92.27%	78.14%	82.69%	83.17%	93.05%	77.00%	93.27%	91.68%	95.16%	99.15%	93.01%	104.29%	100.89%	84.39%	93.64%	92.94%	104.84%

Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of Referrals	2363	2818	3059	2926	2752	2693	3093	3056	2224	2802	2760	2707	2621	2723	2623	3053	2717	2655	2873					
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%	96.93%	100.70%	97.00%	112.91%	100.48%	98.19%	106.25%					

DATA QUALITY KITEMARK



# 5. Referral to Treatment Specialty Breakdown

DATA QUALITY KITEMARK

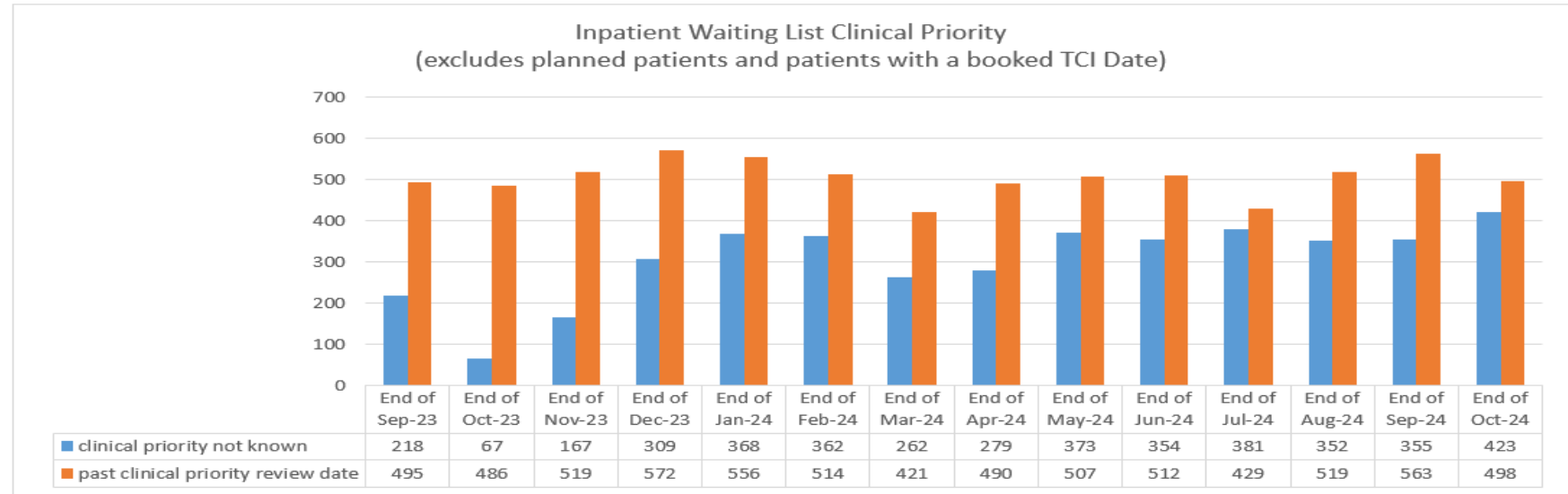


The national RTT target is for 92% of patients to be treated within 18 weeks. The table below highlights the current performance against this target by specialty. It also includes the number of patients currently waiting over 52 weeks prior to any tip ins. This will be used to support focussed intervention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

Specialty	Number of patients over 52 weeks with an incomplete RTT pathway	RTT % as of 14.10.24	RTT % as of 18.11.24	Difference
Arthroplasty	2	71.00%	70.08%	-0.92%
Arthroscopy	43	51.1%	52.7%	+1.6%
Clinical Support	0	58.6%	59.3%	+0.7%
Foot and Ankle	30	47.1%	51.99%	+4.8%
Hands	46	42.5%	43.5%	+1%
Oncology	0	84.6%	86%	+1.4%
Oncology Arthroplasty	0	72.4%	76.52%	+4.12%
Spinal	332	30.1%	28.44%	-1.66%
Spinal Deformity	399	27.3%	29.48%	+2.18%
Young Adult Hips	0	69.5%	70.57%	+1.07%

# 5. Referral to Treatment

## Overdue Clinical Priority:



The number of patients with an unknown clinical priority has increased by 68 patients, however, the numbers that have past the clinical priority review date has reduced by 65 patients. The information continues to be shared on a monthly basis with individual services and clinicians to manage individual clinical practice.

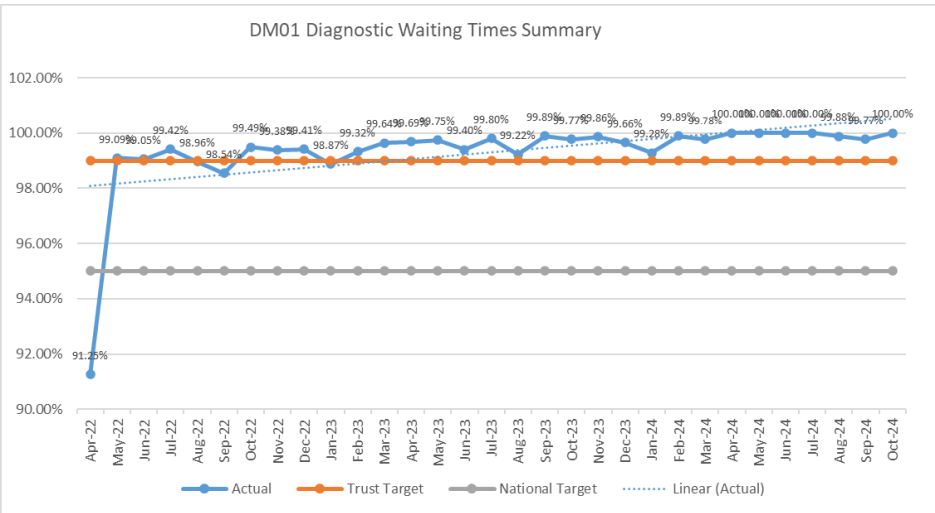
The clinical priority mechanism was discussed at the clinical service leads meeting, and it was indicated that the priority unknown following an audit in arthroplasty are most likely non urgent P4 patients. A sample audit will be taken across all other specialities to confirm that this is the case, and an update will be provided in the November 24 pack – December 24 F&P Committee.

DATA QUALITY KITEMARK

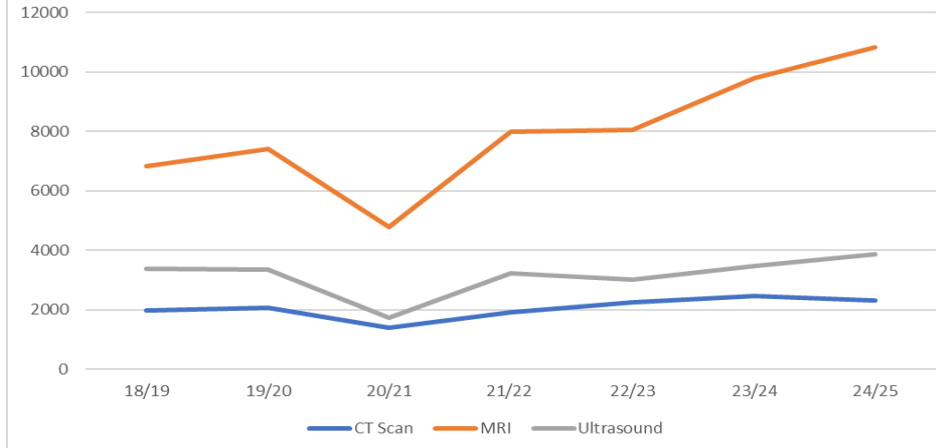


# 6. Diagnostic Performance

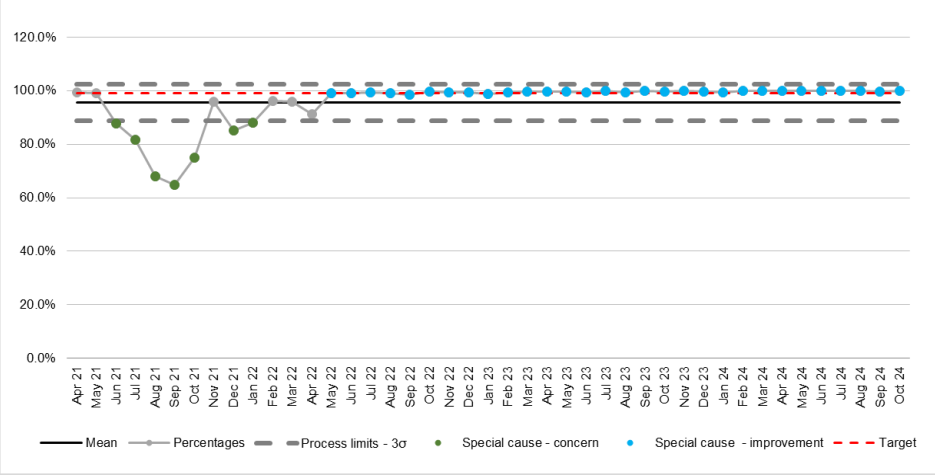
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%



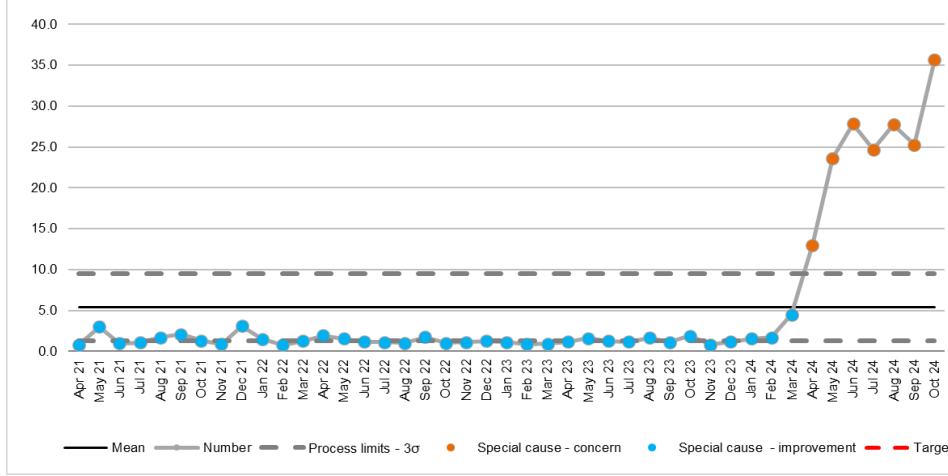
Referrals 18/19 - 24/25 (October Comparison)



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 October 2024 closing the month at 100%

The National 24/25 operational target remains at 95% which ROH continues to achieve consistently despite reduced capacity in ultrasound.

## AREAS FOR IMPROVEMENT

Continuing with outsourcing of Radiology Reporting - All MRI's to 13/10/24 have now been reported. Turnaround time for outsourcing is 72 hours. All Oncology and non-medical referrer x-rays continue to be prioritised by the in-house Radiological team.

Demand and Capacity modelling is underway with a view to submit a business case for additional x-ray radiographer posts to be created.

Business planning for 2025/2026 is underway.

Dictation has significantly improved with typing now within 10 day KPI standard

Voice recognition testing has been expanded into Ultrasound. All Registrars and Fellows are currently using digital dictation.

Consultant Radiologists are continuing to support core Oncology services as much as possible despite existing vacancies.

Implementing electronic letters being sent via Dr Doctor – testing currently on hold whilst some issues with text reminders are being resolved.

## RISKS

There is a current risk with Consultant Radiologist workforce vacancies. The vacancy has been readvertised with a closing date of 14/11/2024.

Support to the Oncology service is continuing but with reduced Interventional lists and MDT support. Mutual Aid scoped but no availability from RJAH or Oxford Orthopaedic.

Ultrasound Sonographer vacancy being advertised , potential risk due to significant national shortage in this area.

# 7. Diagnostic Performance

### Summary Performance Figures – November 24 (September 2024 Submission)

Standard	Target	Total Patients	Accountable	Compliant	Breach	Compliance
28 Day Standard	75%	107	107	84	23	78.50%
31 Day Standard	96%	24	24	24	0	100%
62 Day Standard	85%	19	16	14.5	1.5	90.6%

# 8. Cancer Performance

## Performance

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

The 62-day metric was achieved at 90.6%. A total of 16 treatments were applicable to the trust, 14.5 of those were compliant and the remaining 1.5 patients breached.

The root cause of the delays for the 62-day breach were due to disease progression and middle trust.

- 0.5 shared breach; 2ww referral into ROH. TCI'd on day 59 of the pathway for surgery, unfortunately pre-op CT scan showed progression, and the patient had to be IPT'd out to UHB for palliative care. Patient treated day 105, therefore shared breach with UHB.
- 1 full breach to ROH; Tertiary into ROH on day 28. Patient required full diagnostic work up including biopsy. ROH diagnosed patient within 37 days and patient was sent back to the local trust for neo-adjuvant RT on day 65. ROH was middle trust and held the longest therefore breach was allocated to ROH. Had 2ww gone directly to ROH breach would have been avoided.

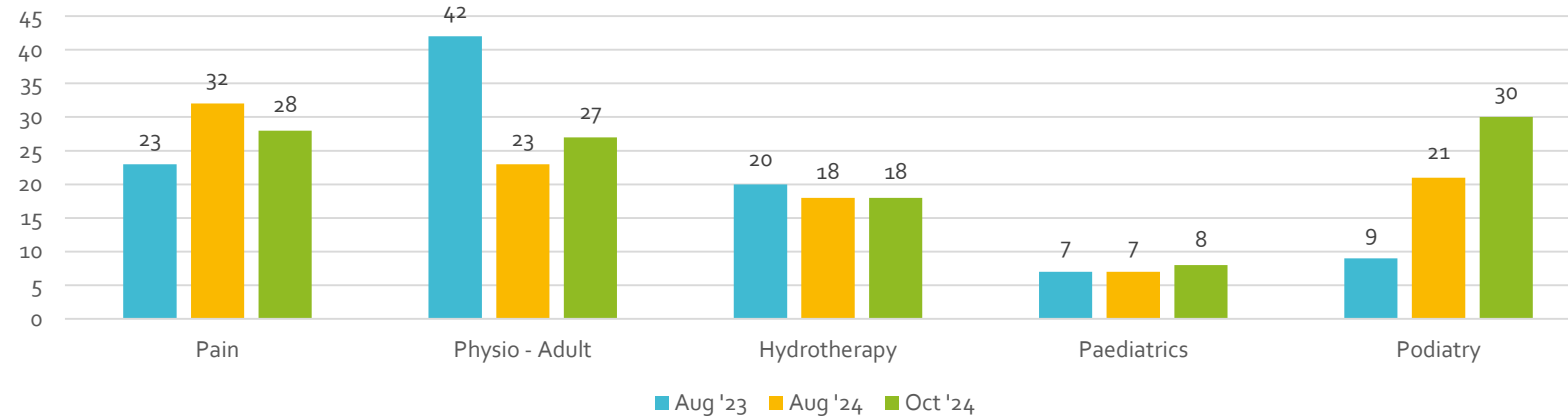
## Risks /actions ongoing

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 to explore possibility of outsourcing work. There are also positive improvements in scheduling joint surgical cases within 62 days which has improved 62 day performance to 90% by having a 5<sup>th</sup> pelvic surgeon trained. Workforce challenges in Radiology are being mitigated through communication and early escalation between oncology and radiology, additional sessions and mutual aid continue to be explored. 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

Therapy Service Waiting Times August '23 v's August '24 v's October '24



### Summary – data as per 31/10/24

The chart above shows changes in waiting times over recent months. Podiatry increase is due to high demand, additional resources become available from December 24 leading to anticipated improvements in Q4. Physio waits increasing due to reduced workforce, active recruitment is ongoing.

### • Risks /actions ongoing

- Recruitment continues to be a challenge for physiotherapists and occupational therapists.
- Administrative workforce challenges remain in managing a PTL of over 3,500 pts, resource intensive.
- Community appointment day took place in October 2024 in line with the MSK programme with over 250 patients attending. Outcomes are being analysed jointly with UHB colleagues.
- Work ongoing with BI to generate all MSK services as an SPC chart going forward so trends can be identified, currently a manual process in place for collation of waiting lists .

# 10. Private Patients

## SUMMARY

- The service has a £5m turnover planned for this year with a stretch target of an additional £500k
- The service did not meet its October income target, falling short by £50k
- The service is running at -£105k (compared with -£55k in September).
- November income is currently on target to be achieved.

24-25 summary	M1	M2	M3	M4	M5	M6	M7	YTD
Income Plan (£000)	425	425	425	407	255	383	467	2787
Income to be collected (£000)	375	384	241	474	332	459	417	2682
Variance	-50	-41	-184	67	77	76	-50	-105

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

## AREAS FOR IMPROVEMENT

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

- A) The ROH BUPA finder profile has now been updated and all consultants linked. Consultant profiles on ROH private website are under review and will be linked with BUPA finder to increase search engine optimisation (SEO) opportunity.
- B) New business and services to support income target;
  - BUPA imaging network in progress
  - Aviva contract continuation (new contract November)
  - Vitality contract renewal – (new contract December)
3. Theatres allocated to the service to increase uptake from surgeons – these are being given back to NHS at weeks or sooner if a service needs to use it.
4. Payment plan discussion paper in progress. Identifying potential opportunities to increase self-funding cohort of patients.
5. AXA tariff live from November 1<sup>st</sup> – contract discussions in progress.
6. Benchmarking of pricing structure to be undertaken as part of Business planning.

# 8. Finance on a Page

### Month 7 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	£13,202	£12,822	£-380	£78,965	£78,130	£-835	£135,653	£133,682	£-1,971
Other income	£541	£813	£272	£3,753	£3,723	£-30	£6,432	£6,228	£-204
Pay	£-8,736	£-8,510	£226	£-47,234	£-47,000	£234	£-82,050	£-78,543	£3,507
Non Pay	£-4,936	£-5,568	£-632	£-34,819	£-36,808	£-1,989	£-58,692	£-60,377	£-1,685
Non operating costs	£-118	£-86	£32	£-833	£-601	£232	£-1,435	£-1,082	£353
Remove capital donations	£8	£7	£-1	£54	£53	£-1	£92	£92	£0
<b>TOTAL</b>	<b>£-39</b>	<b>£-522</b>	<b>£-483</b>	<b>£-114</b>	<b>£-2,503</b>	<b>£-2,389</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>

#### Cumulative Deficit vs Plan

#### High/Low Cash Position

#### Agency spend as a % of paybill = 1.9%

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

Efficiencies	YTD	Forecast
Plan	£3,213	£6,484
Actual	£3,104	£8,220
Variance	£-109	£0

Capital	YTD	Forecast
Plan (exc IFRS16)	£2,486	£4,449
Actual	£1,143	£4,449
IFRS 16	£0	£756
Variance	£1,343	£0

Better Payment practice code	YTD	% move't prev month
<b>Non-NHS</b>		
By number	83.4%	0.5%
By Value	88.5%	0.9%
<b>NHS</b>		
By number	53.5%	0.0%
By number	20.9%	0.2%
<b>Total</b>		
By number	82.8%	0.6%
By Value	83.6%	1.3%

# 9. Overall Financial Performance

## SUMMARY

The Trust delivered a deficit in month of £522k against a planned deficit of £39k, generating an adverse £483k variance. Year to date deficit totals £2,502k deficit against a deficit plan of £114k, generating an adverse £2,389k variance.

Income year to date under performed by £864k. This primarily relates to underperformance in commercial income £176k, £464k provision for 24/25 convergence /growth adjustment for commissioners and £1,031k Elective recovery adjustments for 23/24 and in year performance. Passthrough income is overperforming year to date by £747k which is offset by a corresponding increase in expenditure.

Pay expenditure is underspent in month by £226k with a year-to-date underrspend of £234k. Agency spend reduced to 3.4% of paybill year to date and a year to date underspend of £246k.

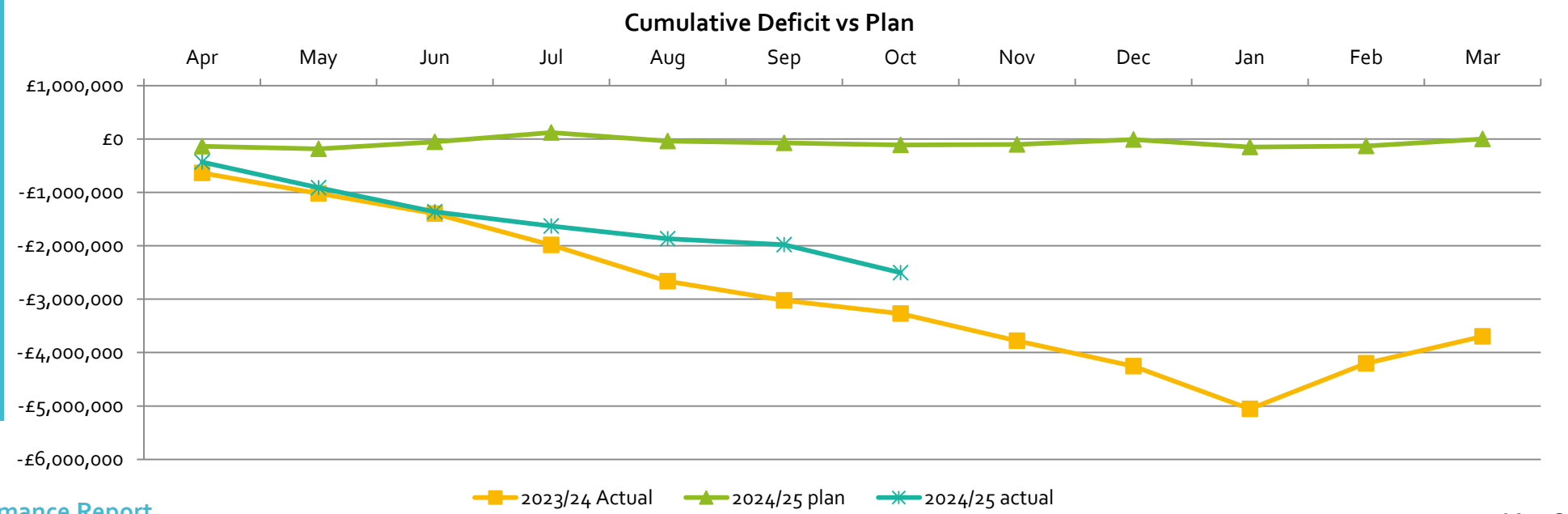
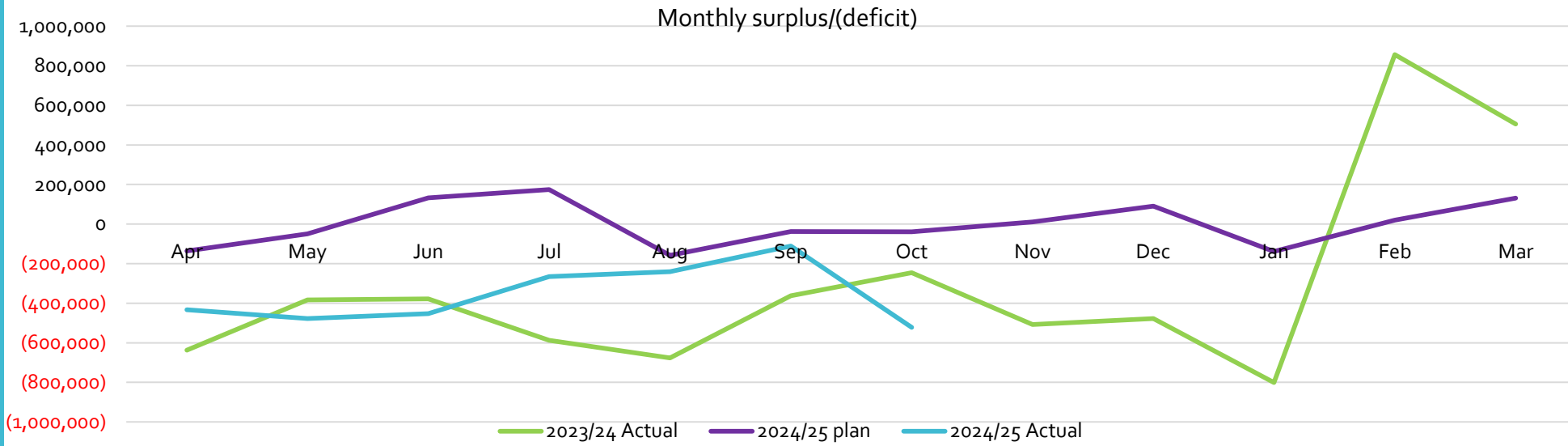
Non pay expenditure overspent in month by £632k and year to date adverse variance of £1,989k. This is primarily driven as a result of LLP expenditure above plan and unidentified CIP not yet identified.

	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	(864)	234	(1,989)	230	(2,389)
Year to date plan	82,717	(47,234)	(34,819)	(778)	(114)
Year to date actual	81,853	(47,000)	(36,808)	(548)	(2,502)
Variance compared previous month					

## 9. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	78,965	78,130	(834)
Other Operating Income (Excluding top up)	3,753	3,723	(30)
Employee Expenses (inc. Agency)	(47,234)	(47,000)	234
Other operating expenses	(34,819)	(36,808)	(1,989)
<b>Operating Surplus</b>	<b>665</b>	<b>(1,954)</b>	<b>(2,619)</b>
Net Finance Costs	(832)	(601)	231
<b>Net surplus/(deficit)</b>	<b>(168)</b>	<b>(2,555)</b>	<b>(2,388)</b>
Remove donated asset I&E impact	54	53	(1)
<b>Adjusted financial performance</b>	<b>(114)</b>	<b>(2,502)</b>	<b>(2,389)</b>

# 9. Overall Financial Performance



## 10. Income

### SUMMARY

Income year to date under performed by £864k. This primarily relates to underperformance in commercial income £176k, and a £464k provision for 24/25 convergence and growth adjustment for commissioners. Elective recovery adjustments totalling £1,031k for 23/24 and in year performance. Passthrough income is overperforming by £747k which is offset by a corresponding increase in expenditure.

Elective Recovery Fund (ERF) target has increased by £1.1m for Month 1 – 7 in the latest NHS England published data. Performance against this revised target is an underperformance against NHSE target of £1.2m year to date and underperformance of £4.2m against the adjusted ERF target. The adjusted ERF target includes the additional activity performance included within the route to breakeven plan and is phased based on our activity profile, not NHSE profile.

A further adjustment for 2023/24 ERF underperformance has been accounted for during the month with a net impact of £491k, and £540k that relates to 24/25 underperformance.

### 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.

### Elective Recovery Fund (ERF)

Whilst NHSE confirmed baseline and target values at Month 6, the baseline (and therefore target) has been increased at month 7. We believe this is reflective of the CUF uplift of 3.3%. This gives a revised NHSE Target of £57.2m, or an increase of £1.8m.

	Previous 24/25			Mth 6 Revised				Mth 7 Revised					
	Baseline	Target	Target £	Baseline	Target	Target £	Difference	Baseline	Variance	Target	Target £	Difference	% Uplift
NHS Herefordshire and Worcestershire ICB	£6,055,094	109%	£6,600,052	6,038,052	109%	£6,581,477	-\$18,575	6,236,321	198,269	109%	£6,797,590	£216,113	3.28%
NHS Birmingham and Solihull ICB	£24,617,017	115%	£28,309,570	24,772,024	115%	£28,487,828	£178,258	25,586,893	814,869	115%	£29,424,893	£937,065	3.29%
NHS Staffordshire and Stoke-on-Trent ICB	£1,579,893	134%	£2,117,056	1,575,186	134%	£2,110,749	-\$6,307	1,626,704	51,518	134%	£2,179,783	£69,034	3.27%
NHS Black Country ICB	£8,591,379	103%	£8,849,121	8,374,988	103%	£8,626,237	-\$222,884	8,649,672	274,684	103%	£8,909,162	£282,925	3.28%
NHS Coventry and Warwickshire ICB	£1,404,956	127%	£1,784,295	1,396,947	127%	£1,774,123	-\$10,172	1,442,782	45,835	127%	£1,832,333	£58,210	3.28%
Spec Comm	£7,449,921	102%	£7,568,451	7,511,955	102%	£7,631,472	£63,021	7,759,691	247,736	102%	£7,883,149	£251,677	3.30%
Other NHSE	£114,731	153%	£175,682	114,701	153%	£175,637	-\$45	118,443	3,742	153%	£181,366	£5,729	3.26%
	£49,812,991		£55,404,227	49,783,854		£55,387,523	-\$16,704	51,420,506	1,636,652		£57,208,277	£1,820,754	

Similarly, the actual values of performance for M1-3 have also been uplifted from £12.6m to £13m (an increase of 3.2%). They have also released an actual M4 value which give a total M1-4 performance value of £18.043m. This is just over £1m increase from the actual M1-4 performance the ROH had been recording (of which circa 50% relates to 24/25 re-pricing).

Based on NHSE data for M1-4 and ROH data for M5-7 the underperformance against the revised targets is shown below:-

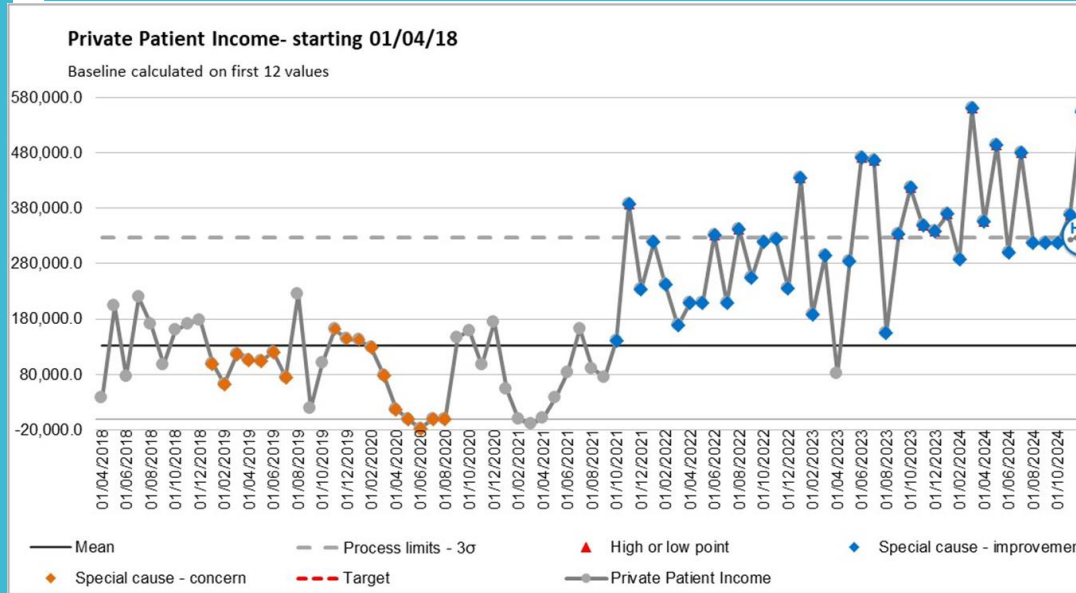
	Target	April	May	June	July	August	September	October	YTD
<b>NHSE Target</b>	<b>£57,208,277</b>	4,389,353	4,714,360	4,543,279	4,746,278	3,947,029	4,478,513	4,973,961	31,792,773
<b>Actual performance</b>		4,163,062	4,693,981	4,183,368	5,003,377	4,079,202	4,054,935	4,349,841	30,527,766
<b>Variance</b>		(226,291)	(20,379)	(359,911)	257,099	132,173	(423,578)	(624,120)	(1,265,007)
<b>Breakeven Target</b>	<b>£58,808,869</b>	4,704,710	4,704,710	4,704,710	5,292,798	4,704,710	5,292,798	5,292,798	34,697,233
<b>Variance</b>		(541,648)	(10,729)	(521,342)	(289,421)	(625,508)	(1,237,863)	(942,957)	(4,169,467)

Given we have used ROH values for M5-7, we believe the performance against both targets is understated by circa £750k. However, given the size of the risk, an initial provision of £540k was included at month 7. This would broadly negate the risk against the NHSE target YTD.

## 10. Income

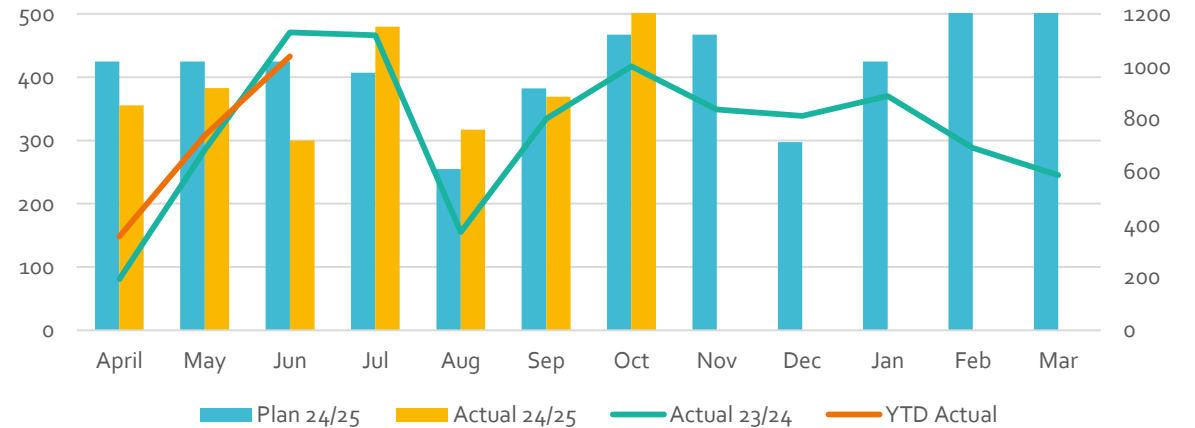
## Private patient income

# 10. Income



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

Private Patient Income



# 11. Expenditure

## SUMMARY

Pay expenditure is underspent in month by £226k with a year to date underspend of £234k. Agency spend reduced to 3.4% of paybill year to date and a year to date underspend of £246k. Note that the pay plan and actuals have been updated now to include payaward.

Non pay expenditure overspent in month by £632k and year to date adverse variance of £1,989k. 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 £1,036k with spend of £1,925k.

There continues to be high spend in theatres which is £2.0m overspent YTD. An additional contract performance meeting with Genmed has further strengthened controls and actions to militate further cost increases have been agreed and are being tracked. Additional reporting is now in place, providing more information on which further decisions can be taken. The spend was higher than expected in month due to the purchase of some power tools which are below the threshold for capitalisation.

Unidentified CIP now totals £581k, 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

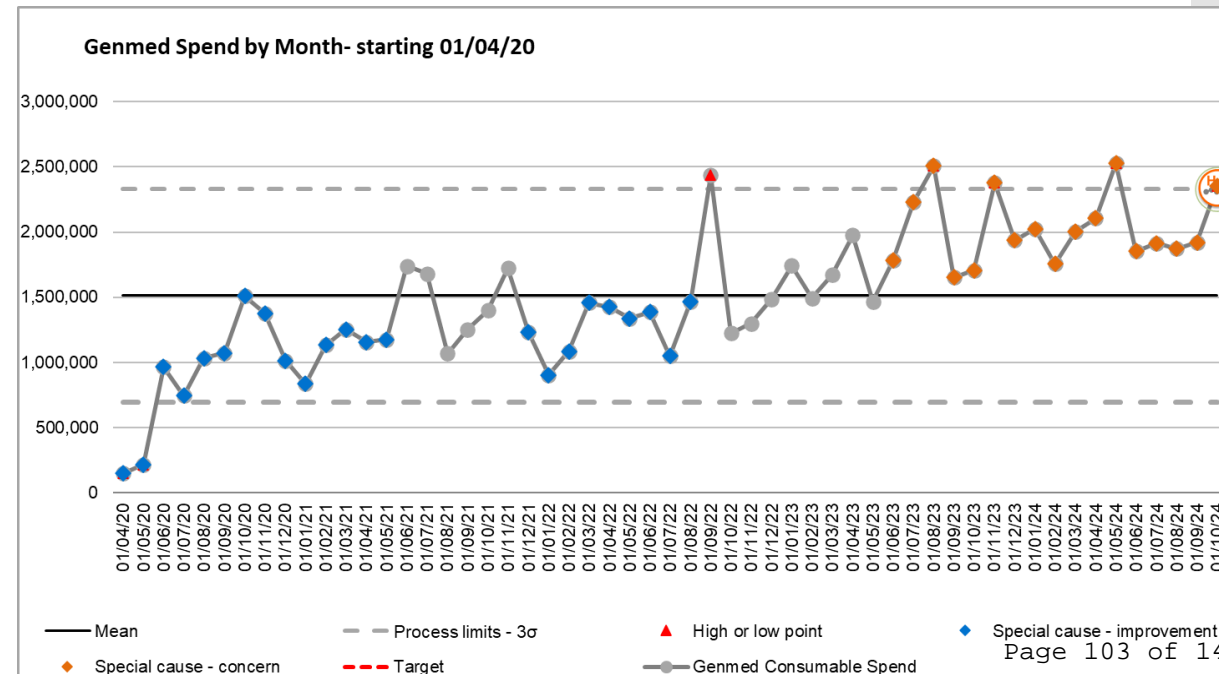
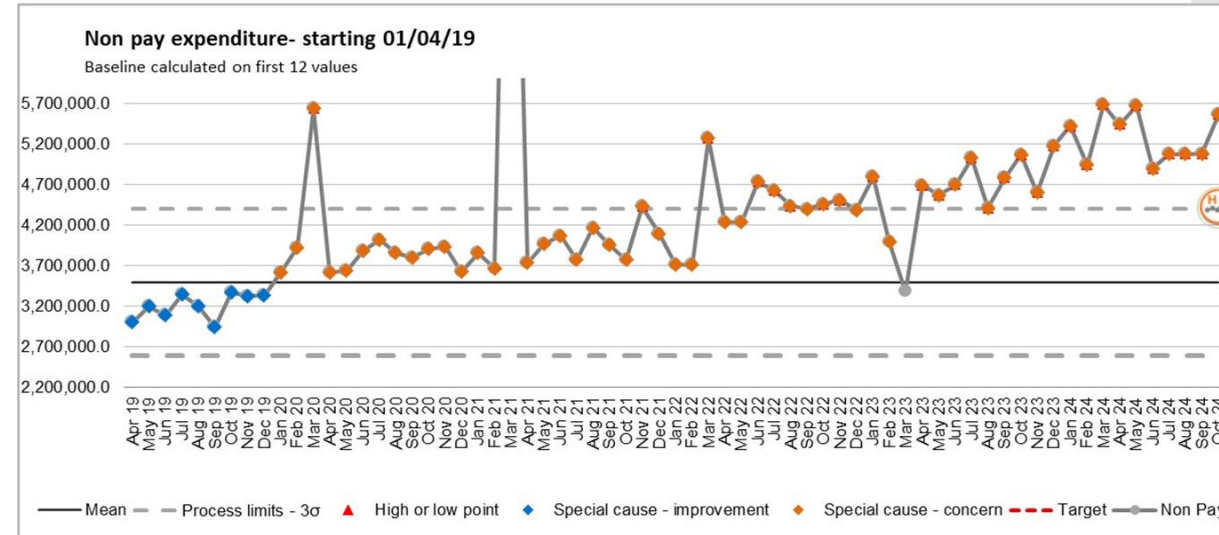
Agency spend remains high causing a cost pressure during the year.

# 12. Non Pay Expenditure

Genmed spend mirrors closely the overall non-pay spend due to its value proportionally against non-pay spend. Most other non-pay spend is fairly consistent month on month.

It can be noted however that the additional controls being put in place are beginning to stabilise Genmed spend in comparison to the increases seen previously. The increase this month is largely due to the purchase of some power tools which are below the threshold for capitalisation.

An additional control to control non-consumable related spend is in the process of being trialled for a month.



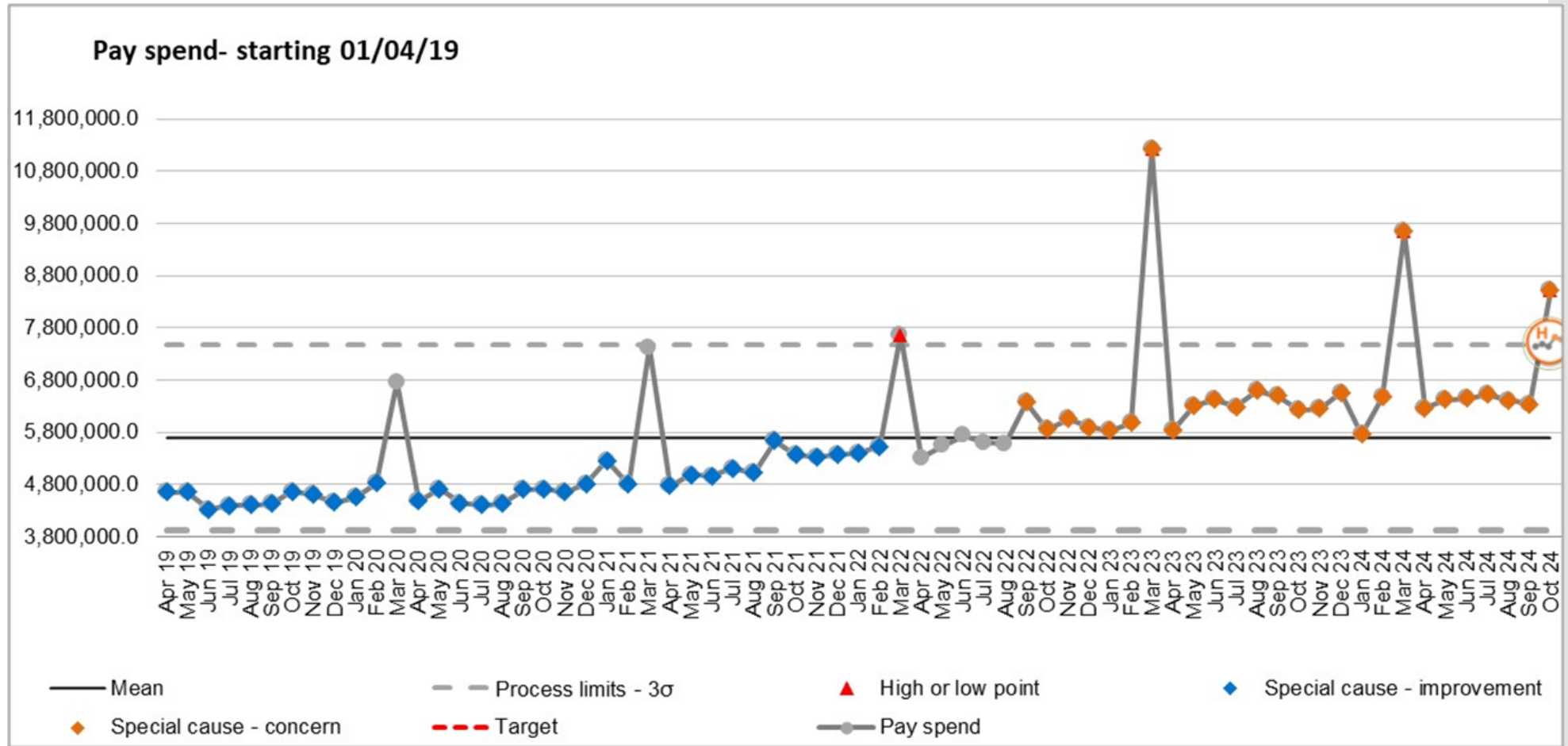
# 12. Non Pay Expenditure

## SUMMARY

Premium rate additional sessions remain a focus of the financial recovery plan, with a reduction in LLP expenditure planned from October'24 – March'25.

Year	£'000s			Substantive wte surgeons (excludes anaes and radiologist)
	LLP	ADH	Total	
17-18		1,672	1,672	63.28
18-19		1,950	1,950	61.57
19-20	274	1,503	1,777	64.48
20-21	271	432	703	70.22
21-22	1,460	438	1,898	75.58
22-23	1,865	882	2,747	71.66
23-24	3,382	1,067	4,449	70.22
24-25	1,926	523	2,449	73.11

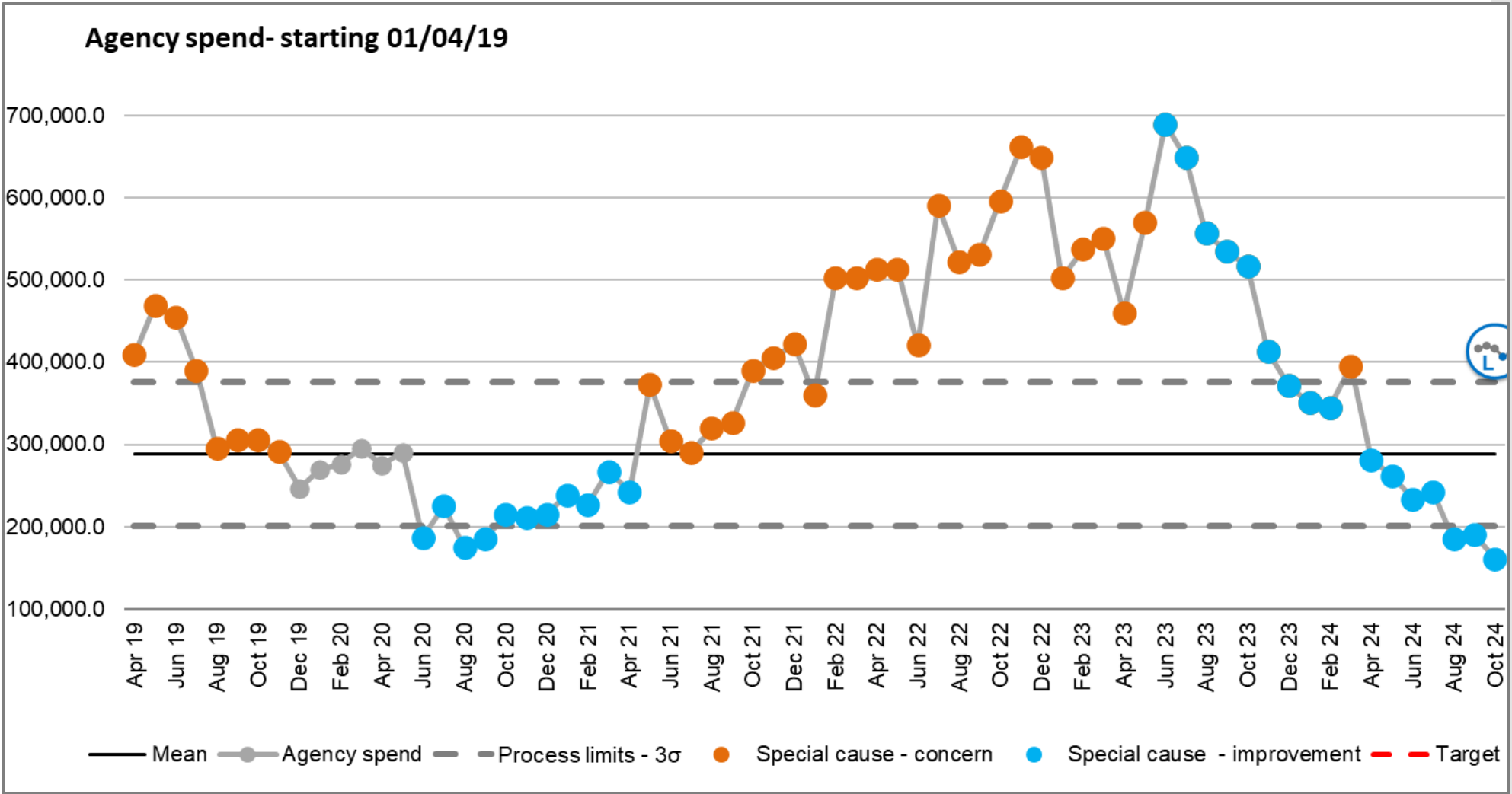
# 13. Pay Expenditure



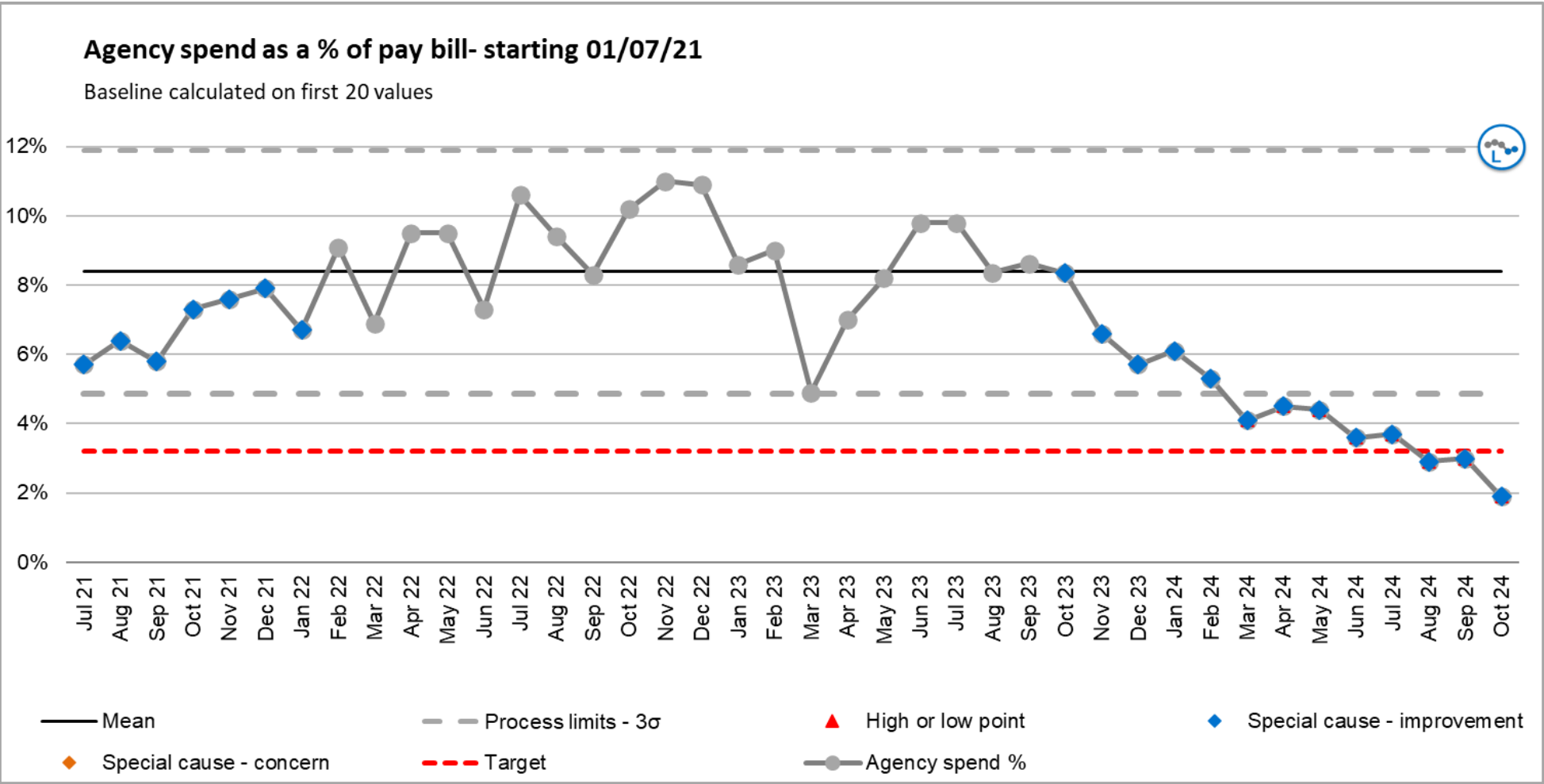
October pay value includes back dated pay award

# 14. Agency Expenditure

Agency spend- starting 01/04/19

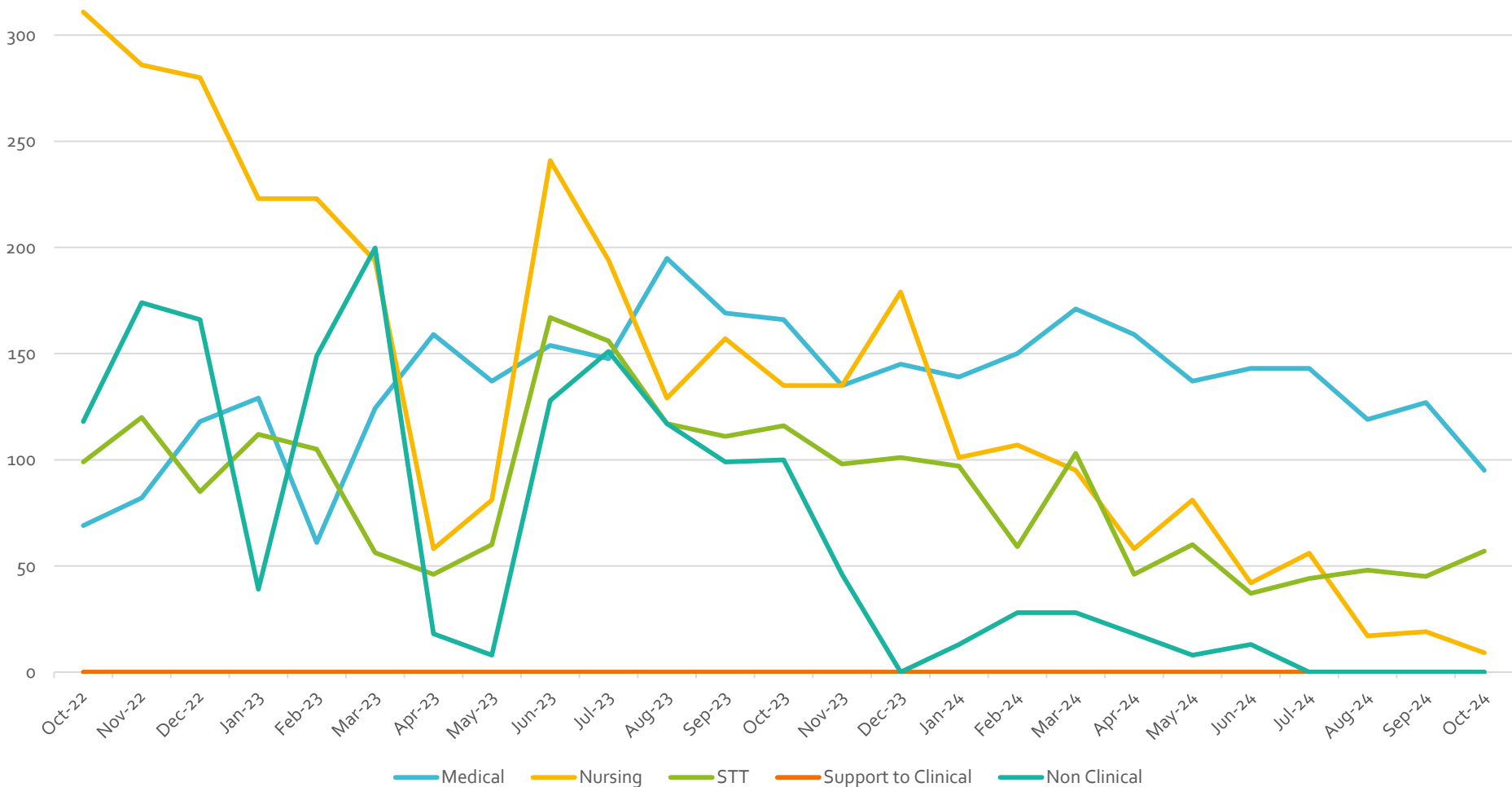


# 14. Agency Expenditure



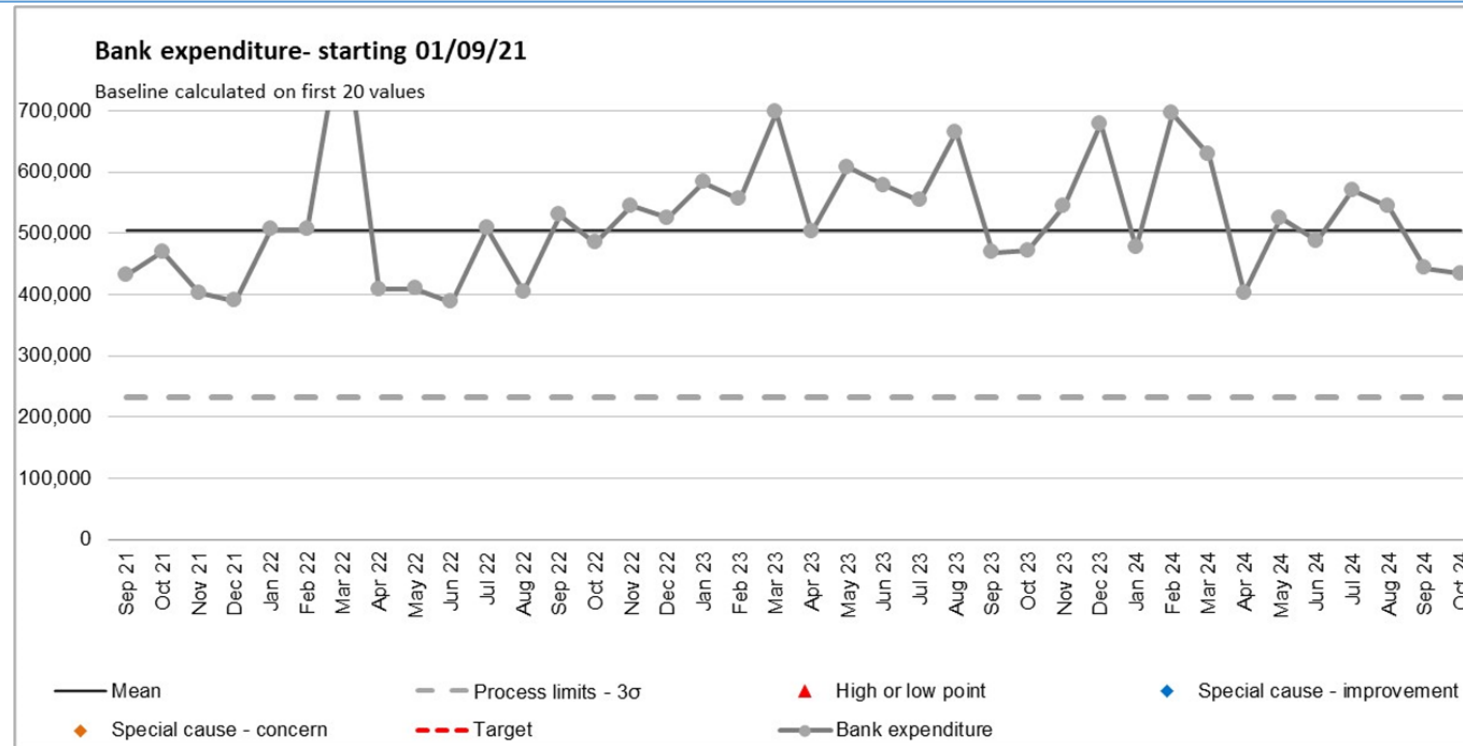
# 14. Agency Expenditure

Agency spend by staff group



# 14. Bank Expenditure

Bank expenditure	£'000s						
	April	May	June	July	Aug	Sept	Oct
Registered nursing, midwifery and health visiting staff	108	122	110	136	116	101	95
Allied health professionals	26	35	32	47	25	33	41
Support to clinical	52	70	60	86	78	55	56
Total medical and dental staff bank	56	91	51	61	107	88	117
NHS infrastructure support	138	136	155	189	200	151	125
<b>TOTAL</b>	<b>402</b>	<b>525</b>	<b>487</b>	<b>570</b>	<b>543</b>	<b>443</b>	<b>434</b>



# 15. Recovery plan

	£'000s							
	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Full year
Recovery plan monthly improvements	0	501	464	464	571	587	594	3180
Year to date deficit (including M6 forecast)	-250							-2030
Current monthly plan		-39.0	11.0	89.0	-139.0	19.0	134.0	75.0
Current CIP monthly plan		-636	-664	-690	-717	-744	-818	-4267.9
<b><u>Continuation of existing CIP</u></b>								
Agency reduction		242	269	295	322	350	424	1902.0
Procurement - ROH		44	44	44	44	44	44	264.0
Procurement - BSOL		16	16	16	16	16	16	96.0
Associate bad debt recovery							401.5	401.5
Energy savings							51	51.0
Clinical negligence saving		11	11	11	11	11	11	64.0
Pharmacy savings		13	13	13	13	12	12	76.0
Private patient expansion		36	37	37	37	37	37	221.0
<b>Revised financial plan</b>	<b>-250</b>	<b>187</b>	<b>201</b>	<b>279</b>	<b>157</b>	<b>332</b>	<b>906</b>	<b>33</b>
<b>Actual</b>	<b>-110</b>	<b>-522</b>						
<b>Variance</b>	<b>140</b>	<b>-709</b>						

# 15. Recovery plan

	Month 7		
	Plan	Actual	Variance
Vacancy controls	59	0	
Bank expenditure reduction	142	109	-33
Premium rate session reduction	84	51	-33
Day case joint replacement pathways accelerated		0	0
Elective recovery performance improvement		0	0
Ward reconfiguration		0	0
Equipment maintenance review	3	0	-3
Supplier contract reviews		0	0
Private patient income stretch	33	0	-33
Legal service review		0	0
Commercial income growth	0	0	0
Budget holder 3% run rate reduction	115		-115
Training and education	14	26	12
Room hire and hospitality	6	6	0
Consultancy	15	18	3
Non ERF activity reduction; Physiotherapy and outpatient follow up	0	0	0
Nurse led Pre operative assessment		0	0
Agency reduction	242	498	256
Procurement - ROH	44	0	-44
Procurement - BSOL	16	0	-16
Associate bad debt recovery		0	0
Energy		0	0
CNST	11	0	-11
Pharmacy savings	13	0	-13
Private patient expansion	36	0	-36
Other movement in position		-199	
23/24 ERF		-491	
24/25 M1-7 ERF		-540	
In month position	187	-522	-709

## SUMMARY

Year to date spend of £1,143k against planned spend of £2,486k generating an underspend to date of £1,343k. This is due to scheme slippage against the original plan rather than an expected underspend by the end of the year.

Stream	Scheme Name	Plan	YTD Spend	Variance	Forecast	Variance
Strategic Estates	Oncology office refurbishment/relocation	1,196,222	1,108,366	87,856	1,196,222	0
Strategic Estates	Retention - Relocation of Facilities to the Old Pharmacy building	6,582	(257)	6,839	6,582	0
Strategic Estates	Retention - Replacement for room 3 from a fluoroscopy room to a digital x-ray room	2,771	1,726	1,045	2,771	0
Strategic Estates	Retention - Café Royale Refurbishment	2,000	3,600	(1,600)	2,000	0
Strategic Estates	Replacement boiler knowledge hub	400,000	23,940	376,060	460,000	(60,000)
Strategic Estates	Replacement boiler theatres	100,000	0	100,000	0	100,000
Strategic Estates	Remote ability to connect to mobile Generator for 2	95,000	0	95,000	95,000	0
Strategic Estates	Roof Replacement inc Large and Small Joint Medical Secretary block / Plaster room / Theatre 3, Hydrotherapy roofs	70,000	21,742	48,258	68,742	1,258
Green estate	Pool allocation for scheme prioritisation by budget holder	50,000	560	49,440	1,000	49,000
Estates Maintenance	Pool allocation for scheme prioritisation by budget holder	150,000	72,292	77,708	150,000	0
Equipment	Pool allocation for scheme prioritisation by budget holder	200,000	75,260	124,740	200,000	0
Equipment	Image intensifiers x 5	804,000	0	804,000	804,000	0
Information Technology	Pool allocation for scheme prioritisation by budget holder	100,000	0	100,000	84,024	15,976
Information Technology	EPR	200,000	81,032	118,968	428,659	(228,659)
Reserve		122,425	(244,879)	367,304	0	122,425
<b>TOTAL</b>		<b>3,499,000</b>	<b>1,143,382</b>	<b>2,355,619</b>	<b>3,499,000</b>	<b>0</b>
	Additional System capital allocation (EPR Networking and telephony)	950,000	0	950,000	950,000	0
<b>TOTAL EXCL. IFRS16 ADJ</b>		<b>4,449,000</b>	<b>1,143,382</b>	<b>3,305,619</b>	<b>4,449,000</b>	<b>0</b>
	IFRS 16 Adjustment for revaluation of Modular theatres	756,000	0	756,000	756,000	0
<b>TOTAL CDEL</b>		<b>5,205,000</b>	<b>1,143,382</b>	<b>4,061,619</b>	<b>5,205,000</b>	<b>0</b>

# 16. Capital summary

# 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 will remain challenging, particularly as the capital slippage is recovered.

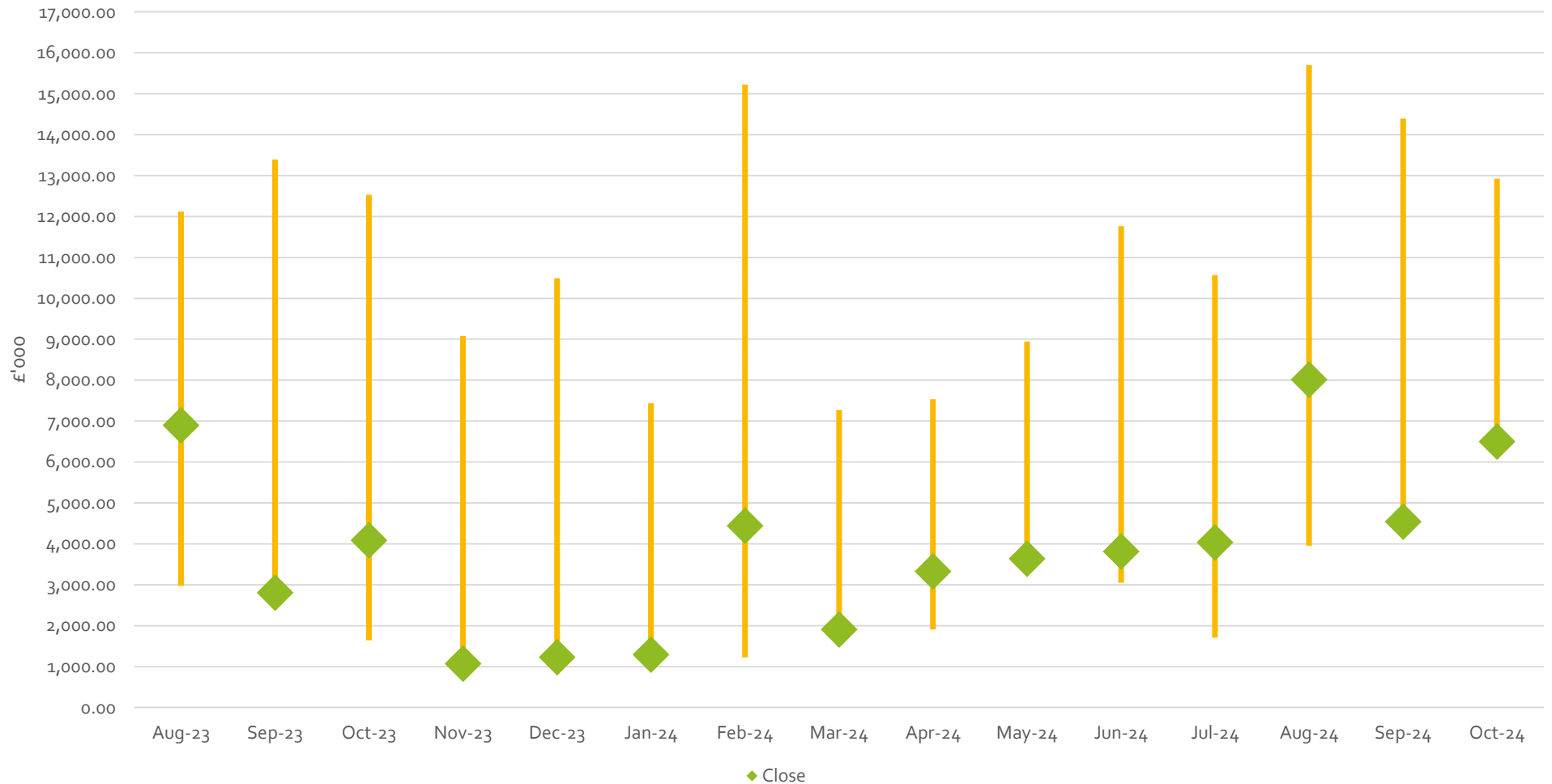
Continued focus is being places on ensuring that cash is being managed robustly, whilst also trying to maximise Better Payment Practice Performance.

	2023/24 M12	2024/25 M7	Movement
	(£'000)		
Intangible Assets	981	796	(185)
Tangible Assets	66,219	64,066	(2,153)
<b>Total Non Current Assets</b>	<b>76,200</b>	<b>64,862</b>	<b>(11,338)</b>
Inventories	1	18	17
Trade and other current assets	8,299	8,903	604
Cash	1,698	6,666	4,968
<b>Total Current Assets</b>	<b>9,998</b>	<b>15,587</b>	<b>5,589</b>
Trade and other payables	(12,999)	(17,149)	(4,150)
Borrowings	(15,639)	(14,063)	1,576
Provisions	(1,187)	(1,817)	(630)
Other Liabilities	(250)	(3,679)	(3,429)
<b>Total Liabilities</b>	<b>(31,564)</b>	<b>(36,708)</b>	<b>(5,144)</b>
<b>Total Net Assets Employed</b>	<b>45,634</b>	<b>43,741</b>	<b>(1,893)</b>
<b>Total Taxpayers' and Others' Equity</b>	<b>45,634</b>	<b>43,741</b>	<b>(1,893)</b>

# 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.

High/Low Cash Position



# 19. System Position

The month 7 position is a deficit of £77.1m, £59.1m adverse compared to plan. Year to date the three acute providers are £3.3m behind their trajectories (including the IA funding for UHB), with:

- BWC £0.8m behind trajectory in month and £1.5m behind YTD
- ROH £0.7m behind trajectory in month and £0.7m behind YTD
- UHB £2.3m behind trajectory in month and £1.1m behind YTD

Month	7								
Total Performance	YTD				FOT				Prior Month variance £000s
	June Plan £000s	Current Plan £000s	Actual £000s	Variance £000s	June Plan £000s	Annual Plan £000s	FOT £000s	Variance £000s	
BSOL ICB	4,243	4,243	5,051	808	11,405	11,405	11,405	0	868
BSMHT	1,480	1,480	624	-856	2,069	2,069	2,069	0	-1,306
BCHC	-139	-139	93	232	0	0	0	0	313
BWC	1,750	1,750	-3,640	-5,390	3,000	3,000	3,000	0	-4,399
ROH	-114	-113	-2,502	-2,389	0	2	0	-2	-1,906
UHB	-25,271	-25,271	-76,762	-51,491	-16,474	-16,474	-16,474	0	-44,875
<b>Total</b>	<b>-18,051</b>	<b>-18,050</b>	<b>-77,137</b>	<b>-59,087</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>-3</b>	<b>-51,306</b>

Total Variance (per PFRs from last mth & current KDR)	Trend												YTD £000s	
	M1 £000s	M2 £000s	M3 £000s	M4 £000s	M5 £000s	M6 £000s	M7 £000s	M8 £000s	M9 £000s	M10 £000s	M11 £000s	M12 £000s		
BSOL ICB	0	-2,613	4,492	582	-488	-1,105	-60							808
BSMHT	-542	92	271	-396	-671	-60	450							-856
BCHC	654	-1,035	258	9	154	271	-80							232
BWC	-1,003	-1,003	-1,003	-187	-258	-944	-991							-5,390
ROH	-297	-429	-585	-440	-82	-73	-483							-2,389
UHB	-8,377	-9,895	-7,692	-6,421	-6,603	-5,888	-6,616							-51,491
<b>Total</b>	<b>-9,565</b>	<b>-14,883</b>	<b>-4,258</b>	<b>-6,854</b>	<b>-7,947</b>	<b>-7,799</b>	<b>-7,781</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-59,087</b>

## Summary / Highlights

- Turnover has decreased this month and moved back towards target
- Attendance rates have worsened in performance.
- Establishment rates remain static
- Mandatory compliance rates are recovering

## Risks / Issues

- We will continue to monitor turnover regularly.
- Attendance rates remain below target and continued work is ongoing to address.
- Changes to vacancy authorisation will likely impact our vacancy rates.

## Actions

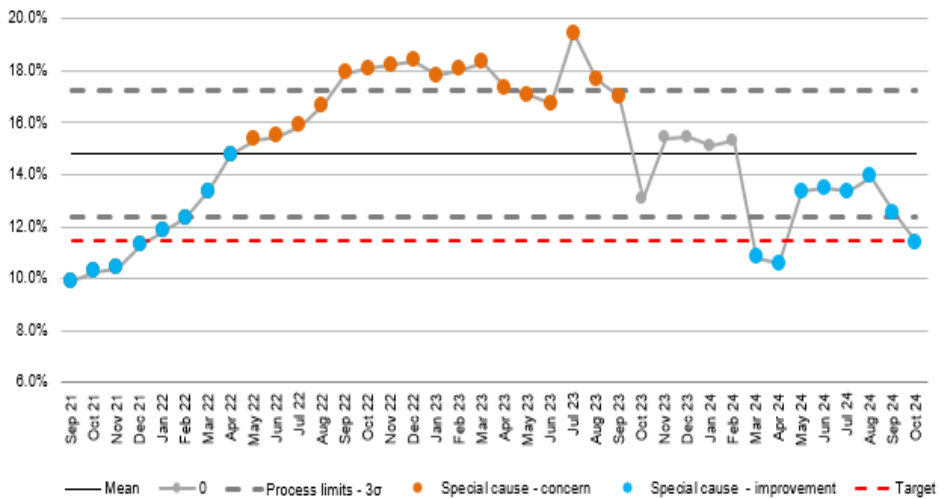
- Whilst appraisal quality has improved, audit of quality is now taking place
- There is ongoing action to improve sickness rates and a measure of % year by year proves an improvement of around 0.33% this year (January to September data).
- Regular monitoring of turnover reporting key themes. We are developing a more informative leavers process.

## 20. Workforce

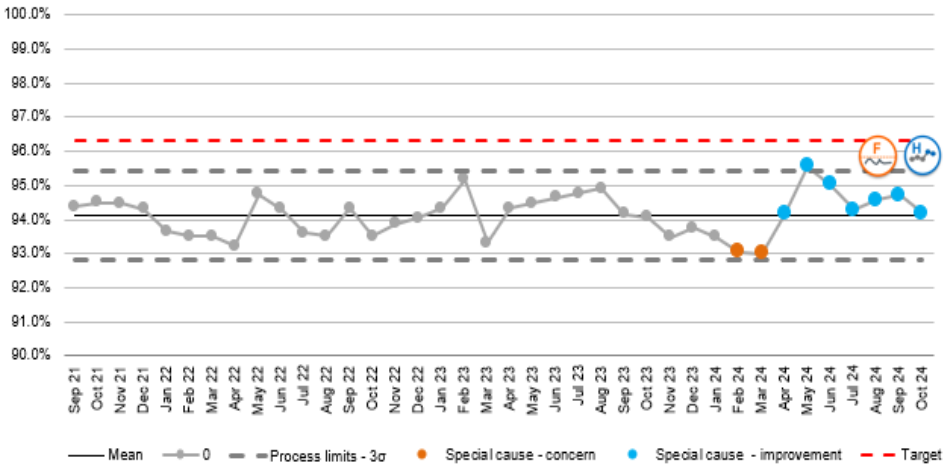
Trust Workforce Metrics	Sep-24	Oct-24	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1457	1456	-1	-	-
Staff In Post - Full Time Equivalent	1286.93	1286.09	-0.84	-	-
Staff Turnover % - Unadjusted	12.53%	11.39%	-1.14%	↓	≤11.5%
Staff Turnover % - Adjusted	11.07%	10.75%	-0.32%	↓	≤11.5%
Total WTE Employed as % of Establishment	91.40%	89.67%	-1.73%	↓	≥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	94.72%	93.97%	-0.75%	↓	≥96.3%
% Of 12 mth MAA Attendance	94.04%	94.19%	0.15%	↑	≥96.3%
% Staff received mandatory training last 12 months	86.91%	87.23%	0.32%	↑	≥93%
% Staff received formal PDR/appraisal last 12 months	91.30%	97.01%	5.71%	↑	≥95%
% of Sickness - Trust wide Long-term	3.70%	3.61%	-0.09%	↓	-
% of Sickness - Trust wide Short-term	2.25%	2.20%	-0.05%	↓	-
Return To Work Completion %	67.65%	67.65%	0.00%	-	≥80%

# 20. Workforce

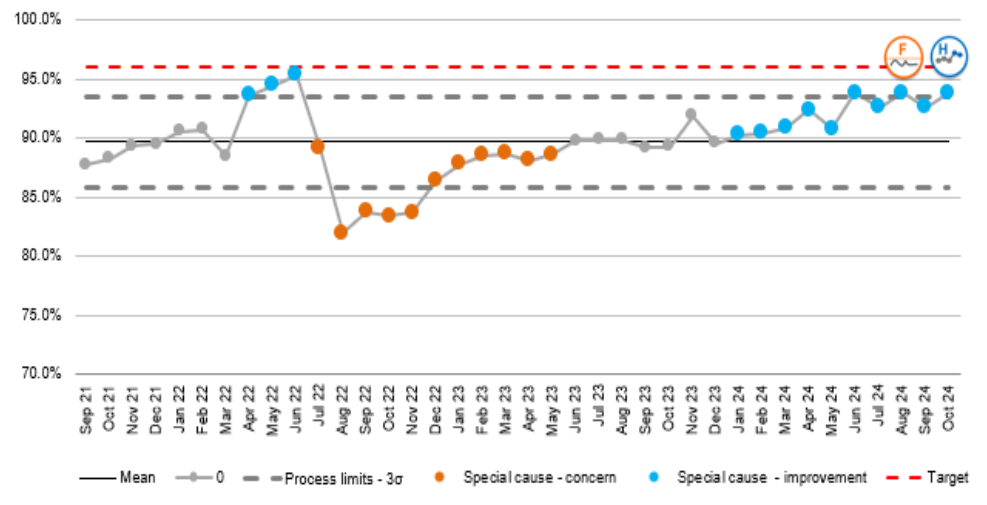
Staff Turnover (%) - Unadjusted- starting 01/09/21



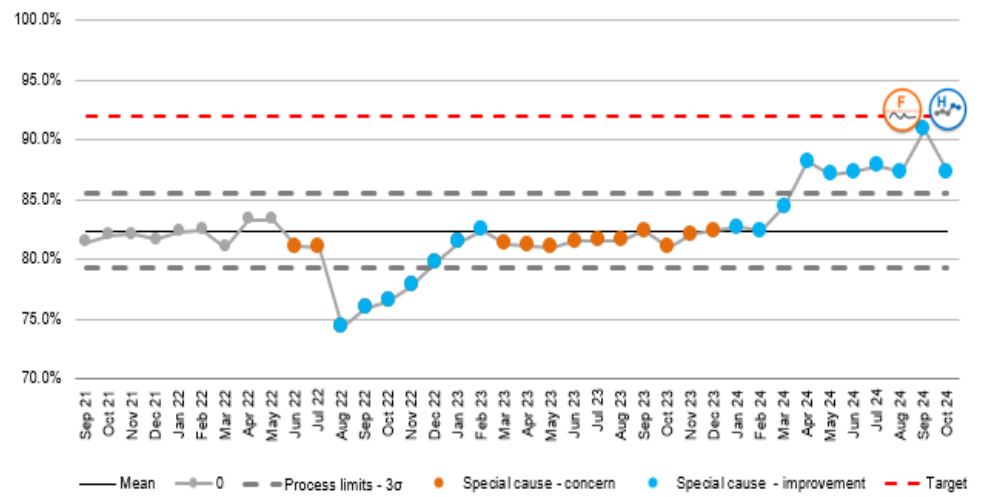
Monthly Attendance- starting 01/09/21



Non-Clinical Establishment %- starting 01/09/21

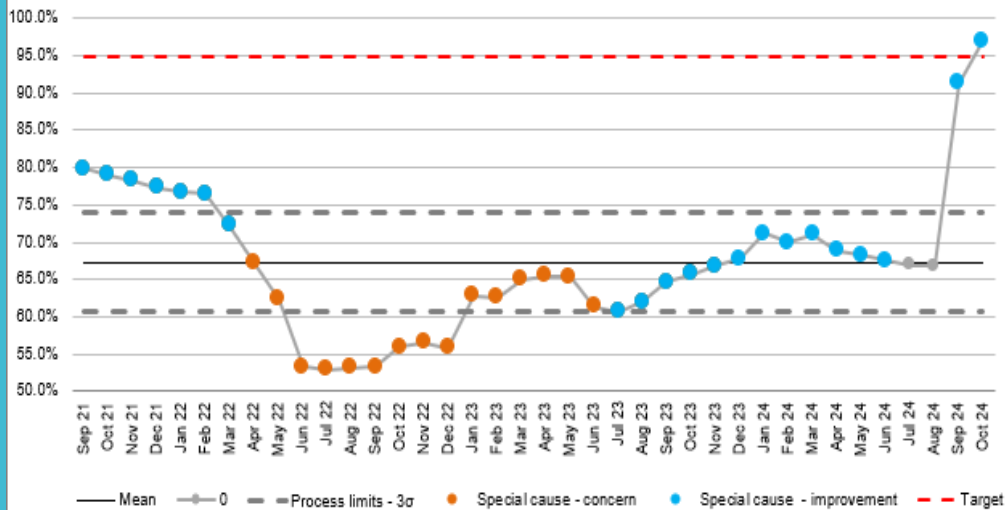


Clinical Establishment %- starting 01/09/21

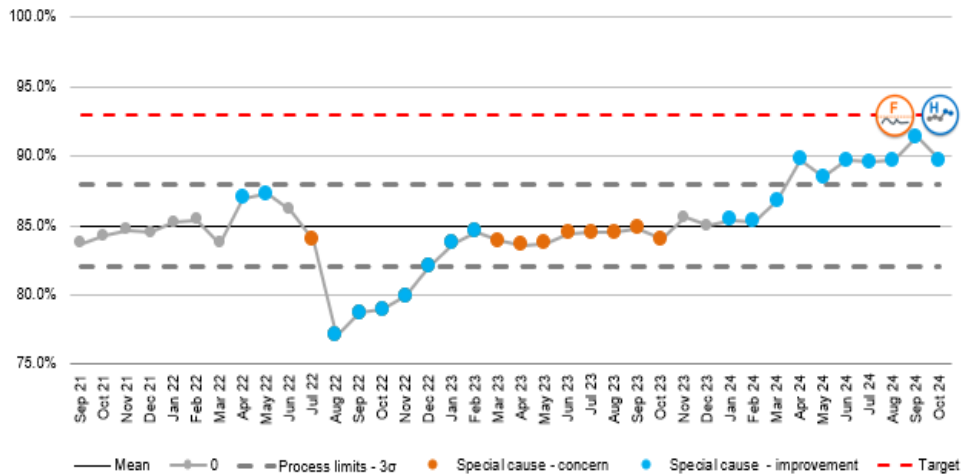


# 20. Workforce

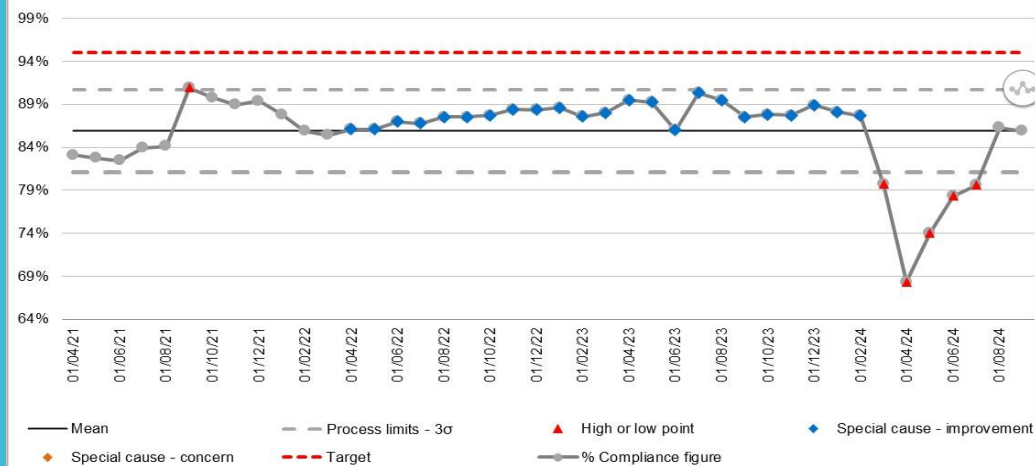
PDR Compliance- starting 01/09/21



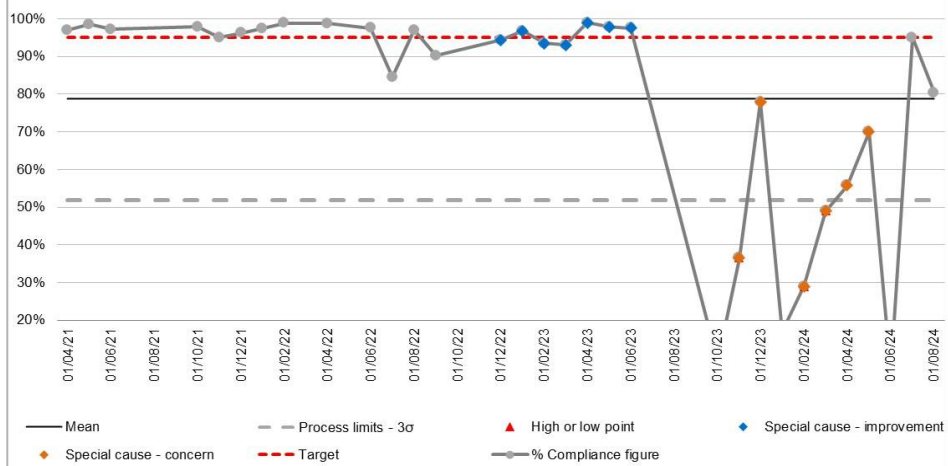
Total WTE Employed as % of Establishment- starting 01/09/21



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



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





# Quality Report

November 2024 (October 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.

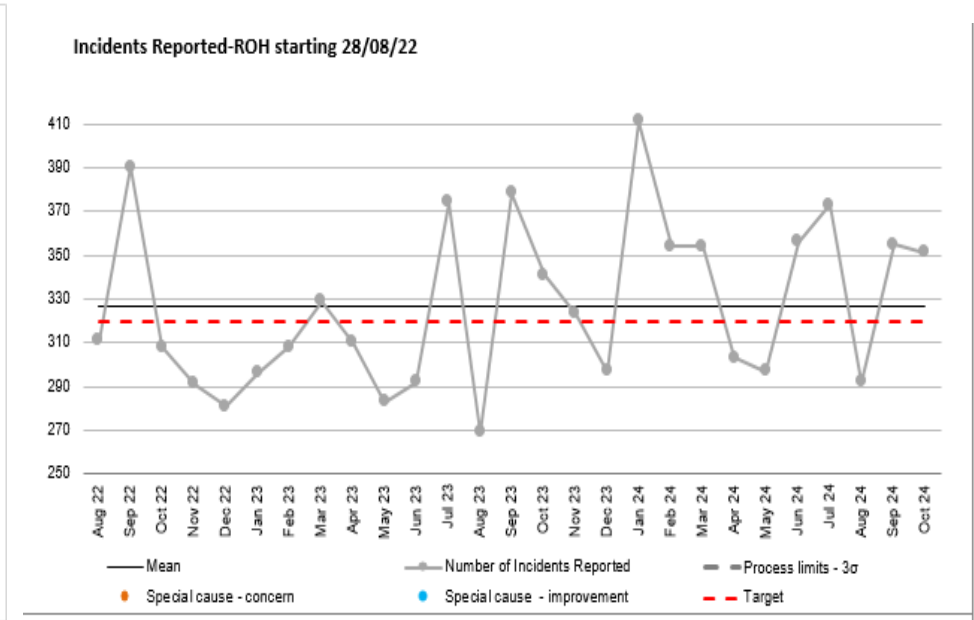
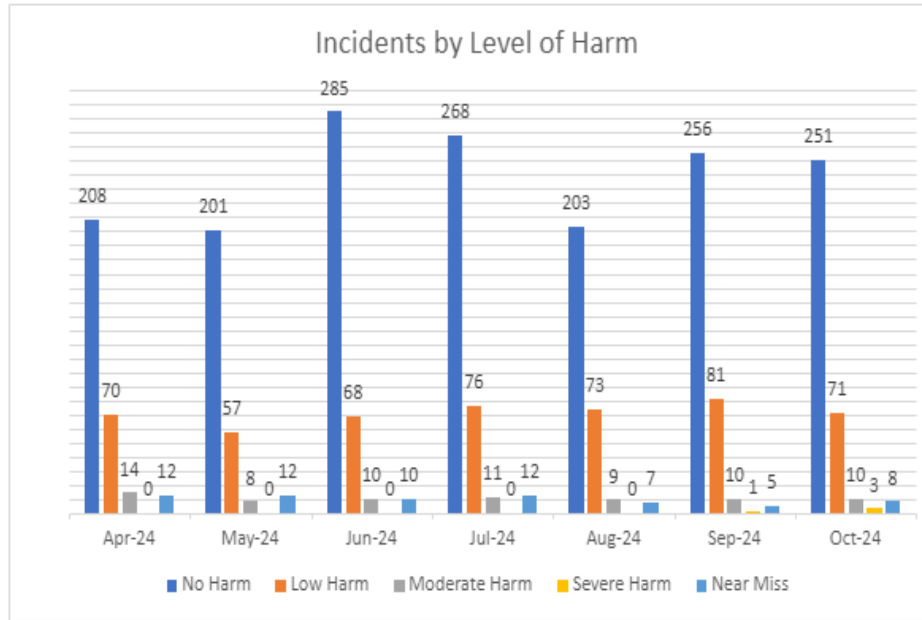
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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



# Governance Performance Summary Dashboard

Performance to end October 2024	In month	Previous month	Variation	Assurance
Total No of Incidents Reported	351	355		
Inpatient Deaths	0	1		
PSII's (Patient Safety Incident Investigations)	2	1		
Never Events	2	0		
VTE Incidents (Avoidable)	0	1		
Category 2 Pressure Ulcer Incidents (Avoidable)	0	0		
Category 3 Pressure Ulcer Incidents (Avoidable)	0	0		
Falls (Total No of Inpatient Falls)	9	5		
Infection Incidents (Reportable)	0	0		
Complaints	11	6		
Claims	0	0		
Inquest	0	0		

# Incidents Reported



## Quality Improvement & Learning

There were 2 never events reported in October 2024. PSII investigations have been commissioned into both incidents. Further update on learning and improvement to follow once investigations have been completed. Both incidents have been reported to BSOL ICB via STEIS and PSII's have been commissioned as per trust PSIRF Response Plan.

# Incidents Reported - continued

## Quality Improvement & Learning

### Quality Improvement

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.

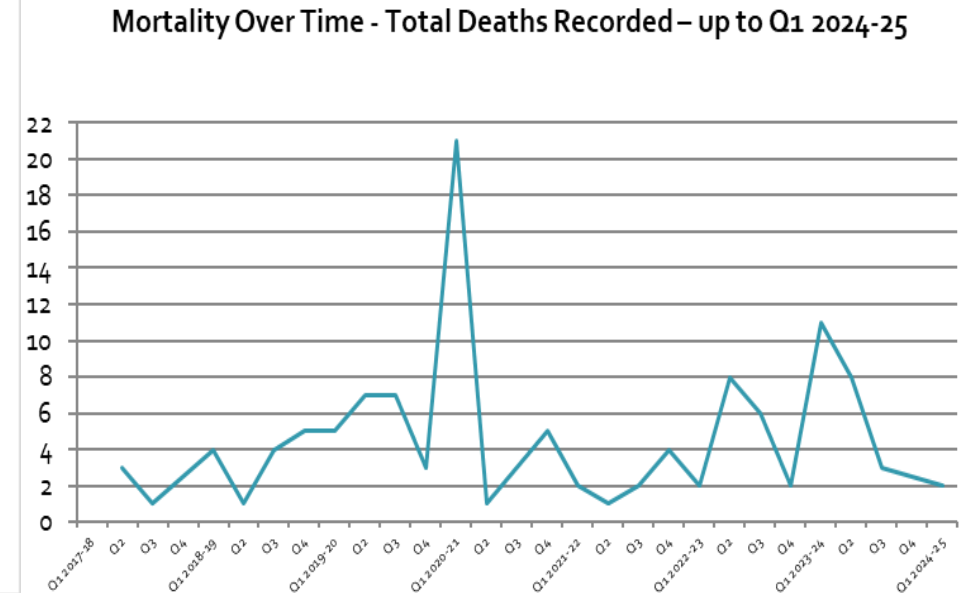
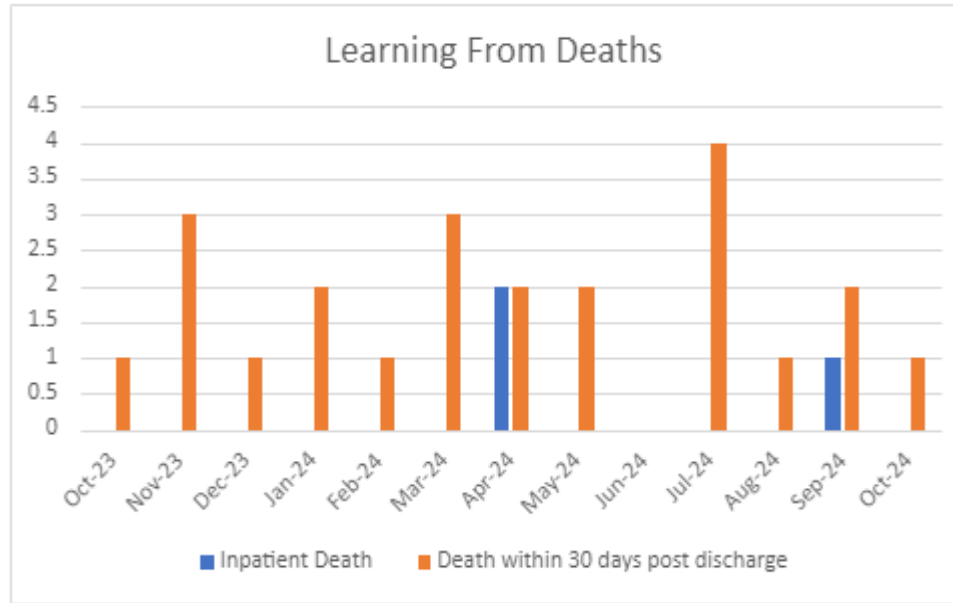
With incidents that are managed and investigated via divisional governance process, we are currently working with the Comms team to devise a format for the wider sharing of patient safety incidents and moreover the sharing of the learning from patient safety incidents that will be disseminated across 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	2	1	4
AAR	2	3	14
MDT	0	0	1
Thematic Review	0	1	2

# Learning from Deaths

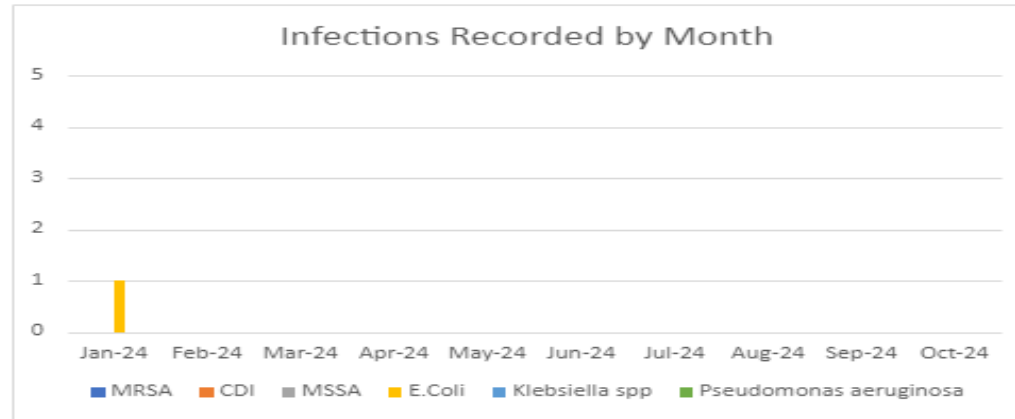


## Quality Improvement & Learning

There were no inpatient deaths in October 2024.

There was 1 death within 30 days of discharge in October 2024. The death was investigated via the trust's learning from deaths process. A structured judgement review (SJR) was completed. The SJR concluded that the death was unavoidable and there was no learning. SJR notes that the care from ROH was exemplar.

# Infection Prevention & Control



NHS Standard Contract 2024/25 objectives for minimising Clostridioides difficile infection (CDI) and Gram-negative blood stream infections - ROH thresholds:

	CDI (Toxin +ve)	E.coli BSI	P. aeruginosa BSI	Klebsiella Sp. BSI	MRSA BSI
2023/24	5	0	0	1	0
2024/25	1	2	0	0	0

## Quality Improvement & Learning

No infections reported in October 2024

### IPC Safety Priorities - Update

#### 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.

Feedback and work progress is provided at monthly SSI prevention group meetings chaired by the DIPC. A four-box report from the SSI prevention group is submitted to the IPCC for review and information. The next SSI prevention group is due to meet on Friday 15th November 2024, a full update on the ROH bundle workstreams will be provided after this meeting.

## Quality Improvement & Learning - continued

### Invasive Devices

In response to an MSSA BSI related to a PIVC and in addition to concerns regarding the PIVC and CVAD high impact intervention audit data, a short-life vascular access device (VAD) group was set up to review practice and implement quality improvement work to address any issues. The groups work concluded at the end of March 2024, however there are a few ongoing actions that are monitored at the IPC committee.

Promoting the completion of invasive device insertion documentation from theatre (point of insertion) to ensure accurate records and evidence of care taking place.

- A clear process to ensure this occurs is currently being created.

Reintroduction of needle free connectors is being led by the Head of Nursing for division 1, this will help to improve safe practices associated with PIVC and CVAD use.

- Launch date delayed by training company. A new date is currently being agreed.

As part of the IPC audit programme review, audit of PIVC and CVAD insertion and ongoing care is being reviewed with a view to move away from high-impact interventions and instead implement quarterly point prevalence surveys of practice in clinical areas.

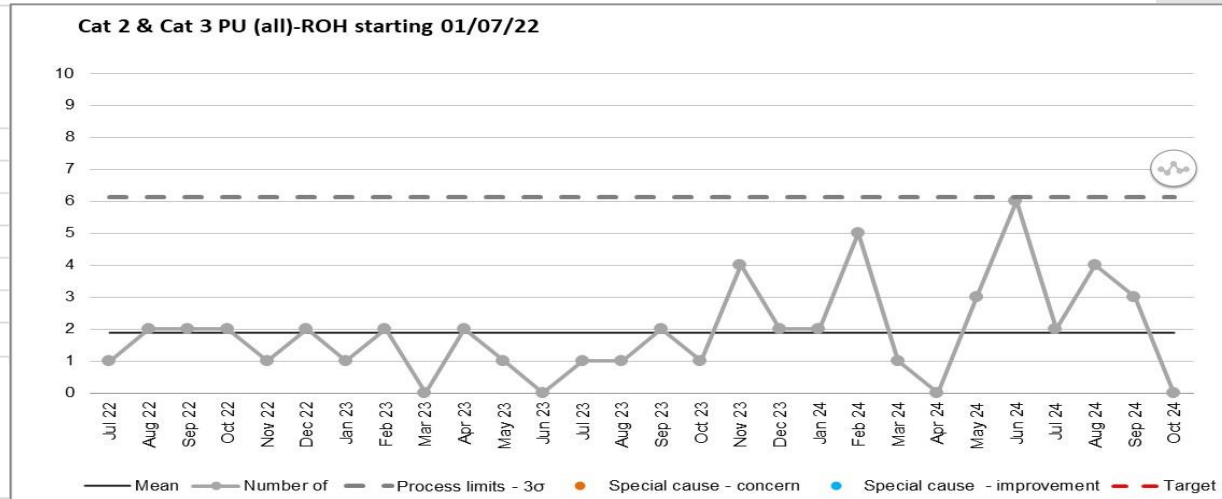
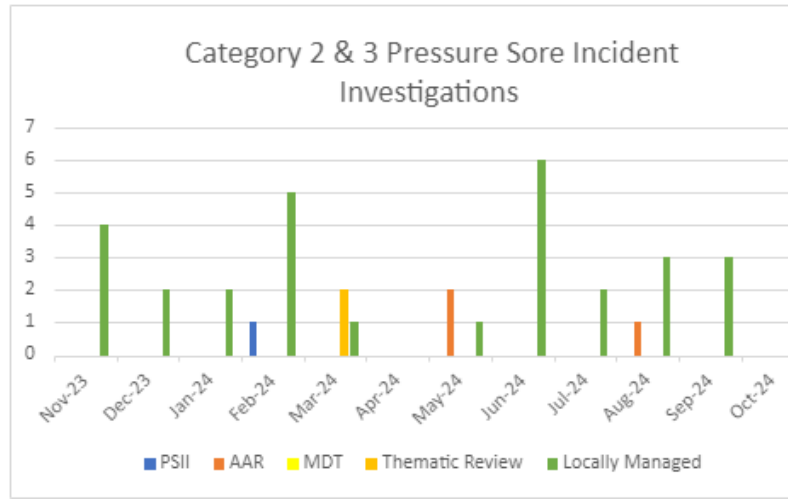
- Updated audit template, format and process created. Awaiting test run and then approval via DIPC and IPC committee.

### Antimicrobial Stewardship

Much work has been undertaken to review surgical prophylaxis as has been described under the SSI IPC priority. In addition to this, there is a focus on the judicious use of antimicrobials, monitoring consumption and prescribing practices.

Antimicrobial stewardship is included in the IPC operational plan and annual programme of work. Quality improvement initiatives and programme of work is monitored via the antimicrobial stewardship group, chaired by the Antimicrobial Pharmacist. A four-box report is submitted to the IPCC for review and information.

# Tissue Viability



## Quality Improvement & Learning

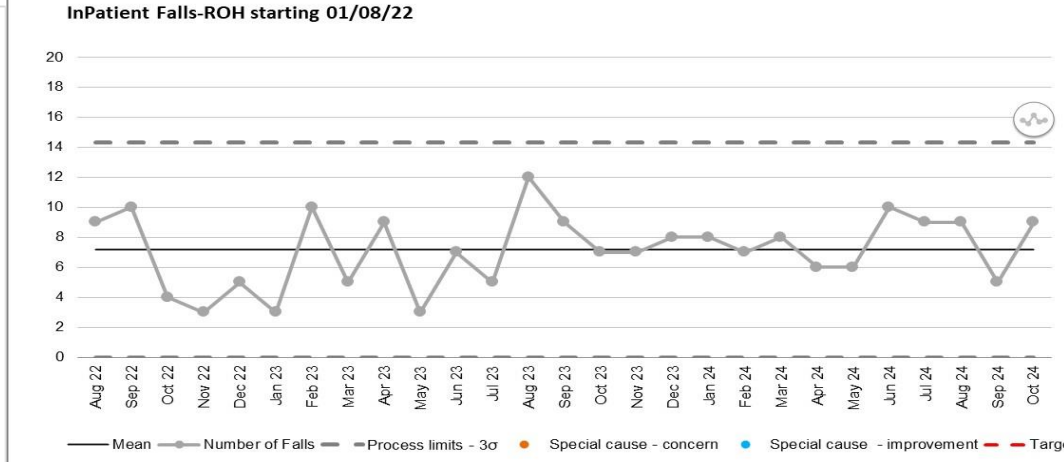
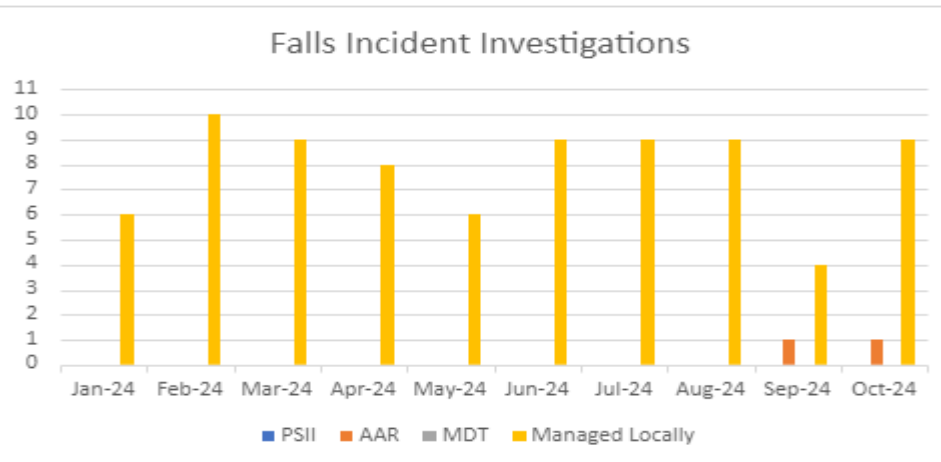
There were no confirmed ROH acquired category 2 or 3 pressure ulcers reported in October 2024..

### Quality Improvement

Purpose T implementation plan in progress.

- Draft documentation currently with Comms team, to be reviewed on 14/11/24 at task and finish group meeting.
- Training plan submitted for approved by Training and Development team, on agenda of Training & Development Group meeting on the 18/11/24.
- Full Purpose T implementation plan to be launched on #Stop the Pressure (#STP) day on 21/11/24.

# Falls



## Quality Improvement & Learning

There were 9 inpatient falls reported in October 2024.

1 incident has been through the Trust's divisional governance process and an AAR has been commenced. Outcome and learning to be shared once AAR has been completed

**Inpatient Fall – Ward 4: Update from September Report:** Confirmed dislocation from fall. An AAR has been commissioned into this incident due to the potential for learning around a language barrier and communication, with the learning to be shared in a future report.

### Themes:

All inpatient falls reported were unwitnessed .

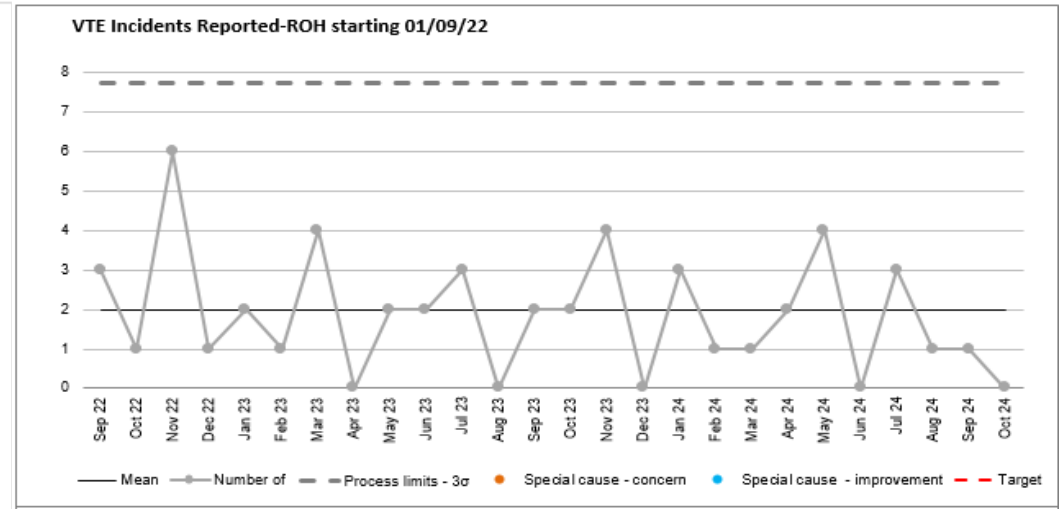
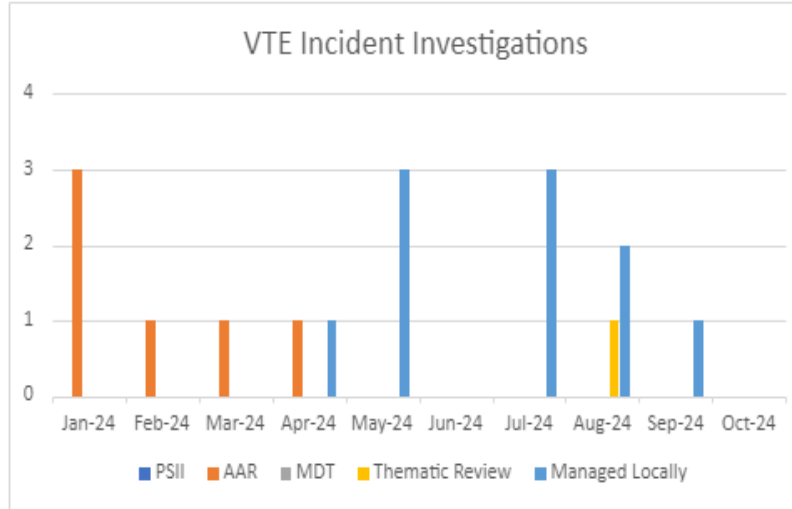
3 of the falls reported were documented as patient mobilising against advice

3 of the falls reported were on Ward 3

### Quality and Improvement Work

- Review/walk around of bathroom on ward 4 now complete, plan for work to be undertaken.
- Creating falls triage form to be used post fall guide type/level of investigation required.
- Audit of falling leaves usage to be undertaken.
- Due to undertake mini audit questionnaire for use with patients that have fallen after mobilising against advice to see if any themes- going to leader's forum for discussion and launch in Nov 24
- PLACE assessment was undertaken at the beginning of November 24, action plan to follow.

# VTEs



## Quality Improvement & Learning

No VTE incidents were reported in October 2024.

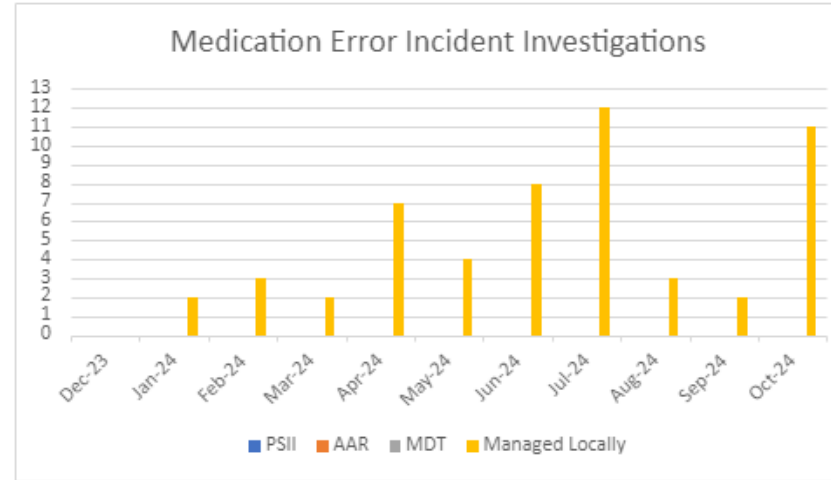
### VTE On Admission Assessment Compliance

Compliance figure for October 2024: 99.17%

### Update on previously reported Thematic Review (Reported in August 2024 Quality Report)

All completed VTE Triage forms have now been submitted for the thematic review to now take place. An update will be provided in a future report

# Medication Errors



## Quality Improvement & Learning

There were 11 Medication Error incidents reported in October 2024.

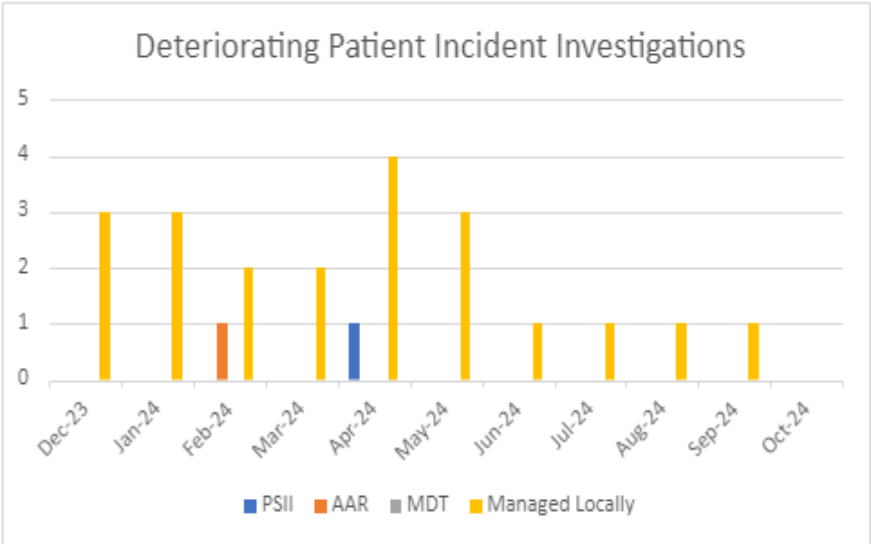
Themes identified:

4 of the Incidents were reported on ward 12, - all have been managed in accordance with the Guidelines for management of drug error/near miss. No theme or trend has been identified and involved different drugs, staff and process. On-going monitoring by the Division.

4 of the incidents involved patients not being given the correct information regarding stopping of medication.

1 Incident related to the administration of 100mg of Gabapentin instead of 100mg Pregabalin - After discussion at division 1 governance meeting it was agreed that pharmacy will complete a three-month review of any pregabalin versus gabapentin errors to see if there are any themes and wider learning.

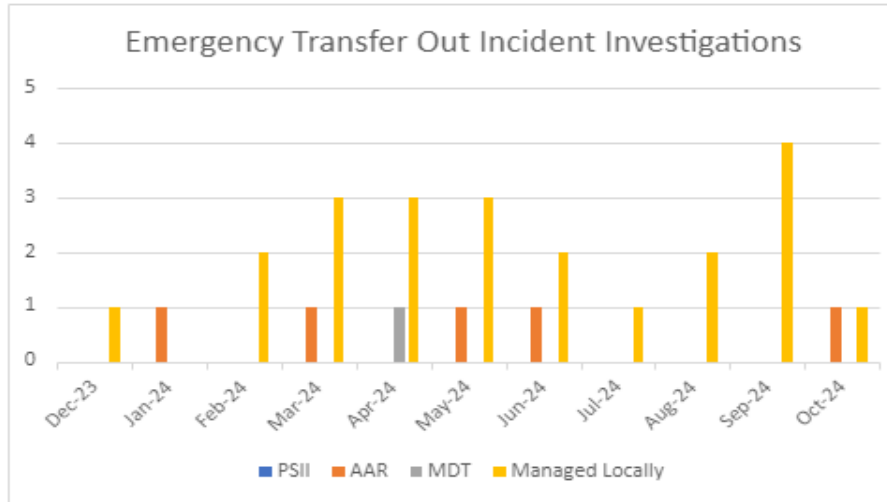
# Deteriorating Patients



## Quality Improvement & Learning

There were no deteriorating patient incidents reported in October 2024.

# Emergency Transfers Out



## Quality Improvement & Learning

There were 2 emergency transfer out incidents reported in October 2024.

The first incident related to a level 3 transfer out following a suspected stroke following spinal surgery. Incident discussed in divisional governance meeting and an AAR has been commenced. An update on learning to be included in a future report.

The second incident also related to a level 3 transfer out and, following review at divisional governance meeting, is to be managed locally. No themes or trends or key areas of learning were identified.

### Actions underway:

- Critical Care Outreach Team (CCOT) move to working 24/7 at the beginning of November 24.
- Work continues to roll –our Call4Concern in line with the national timetable.
- CCOT continue to deliver the AIM course to staff at ROH.

# Complaints

## Complaint Information

The Trust received **11** complaints in October 2024

### Below are the departments that received complaints in September 2024

- Spinal- 3
- ADCU
- Large Joints – 3
- Imaging
- Pain Management
- Inpatient Services - 2

In October 2024, the complaints team closed **6** formal complaints. 3 complaints breached the timeframe agreed with the complainant. **KPI = 50%**

At the time of producing this report, (04/11/2024) we currently have **19** open formal complaints.

1 complaint is currently paused due to waiting for information from complainant (private complaint)

### Departments that have open complaints at the time of writing report

- Large Joints- 3
- Spinal - 9
- Oncology - 1
- Ward 2 - 2
- Imaging- 1
- MSK - 1
- Ward 1 - 1
- ADCU – 1
- Ward 4 - 1

(there are more complaints here due to 1 complaint being across multiple departments)

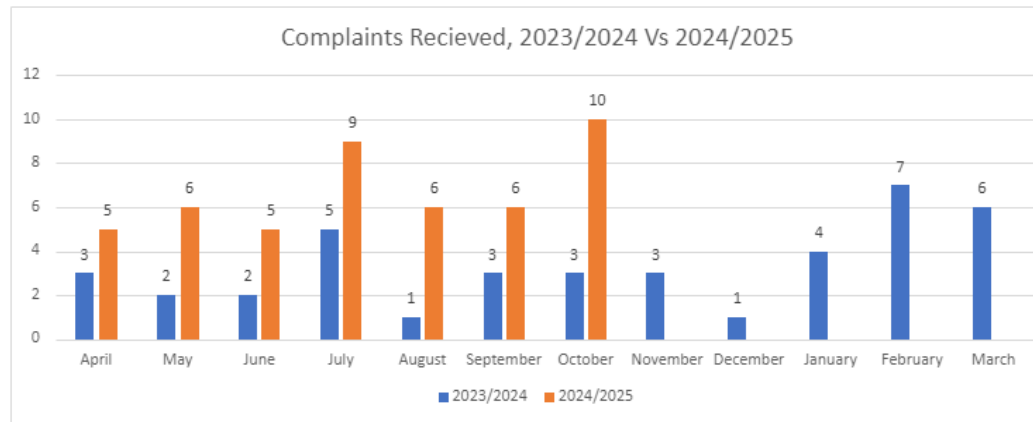
No complaints were received where the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.

## Complaint Resolution Meetings and Reopened Complaints

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 October 2024 the Trust received **1** request for a resolution meeting.

## Complaints



### KPI's

KPI0	Complaints %	Target Range
April 2024	100%	0%-79%
May 2024	57%	80%-90%
June 2024	0%	91%-100%
July 2024	50%	0%-79%
August 2024	40%	0%-79%
September 2024	50%	0%-79%
October 2024	50%	0%-79%

#### Complaint Year Totals

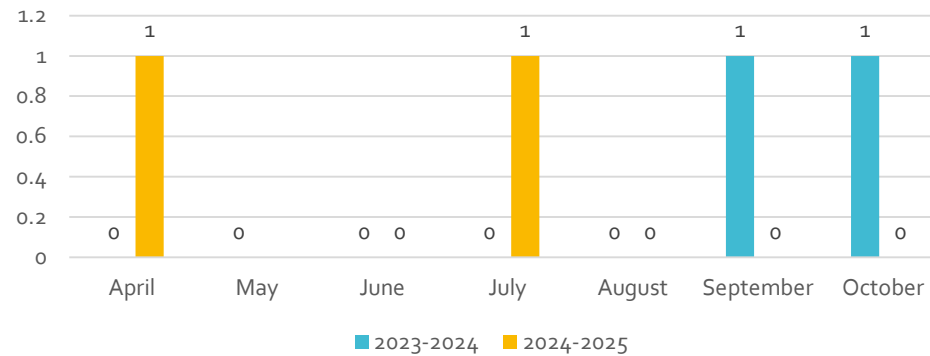
April 2023 - March 2024	42
April 2024 – October 2024	53

KPI is 50% due to 3 complaints out of 6 breaching the agreed timeframe

- Careful monitoring is underway by Executive lead to prompt recovery.

## Complaint Themes

Reopened Complaints in 2024/2025 compared to last year



### Reopened complaints

The Trust received 0 requests to reopen a complaint in October 2024.

The Trust currently has 1 PHSO complaints case open – At present, they have only requested the patient’s medical records.

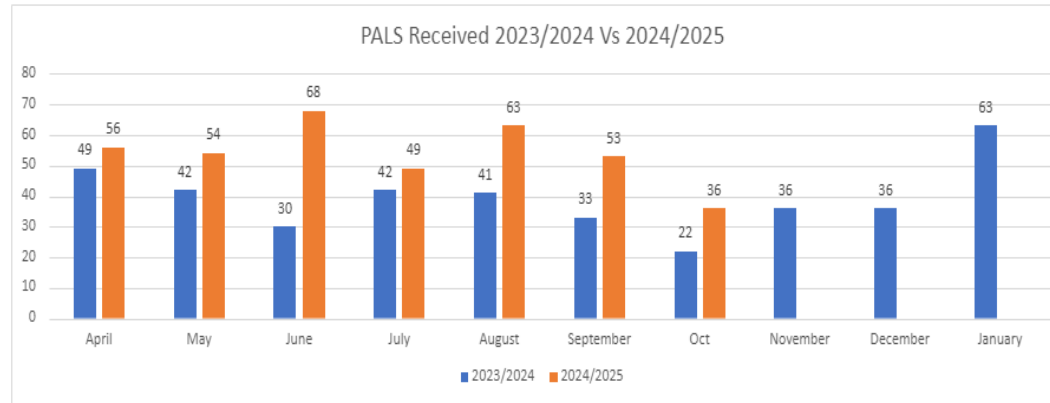
### Themes of complaints currently open

1. Unsatisfactory care
2. Lack of follow-up care
3. Misdiagnosis or failure to diagnose
4. Delays in treatment
5. Values & Behaviour

### 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.

## Patient Advice and Liaison Service - PALS



### KPI's

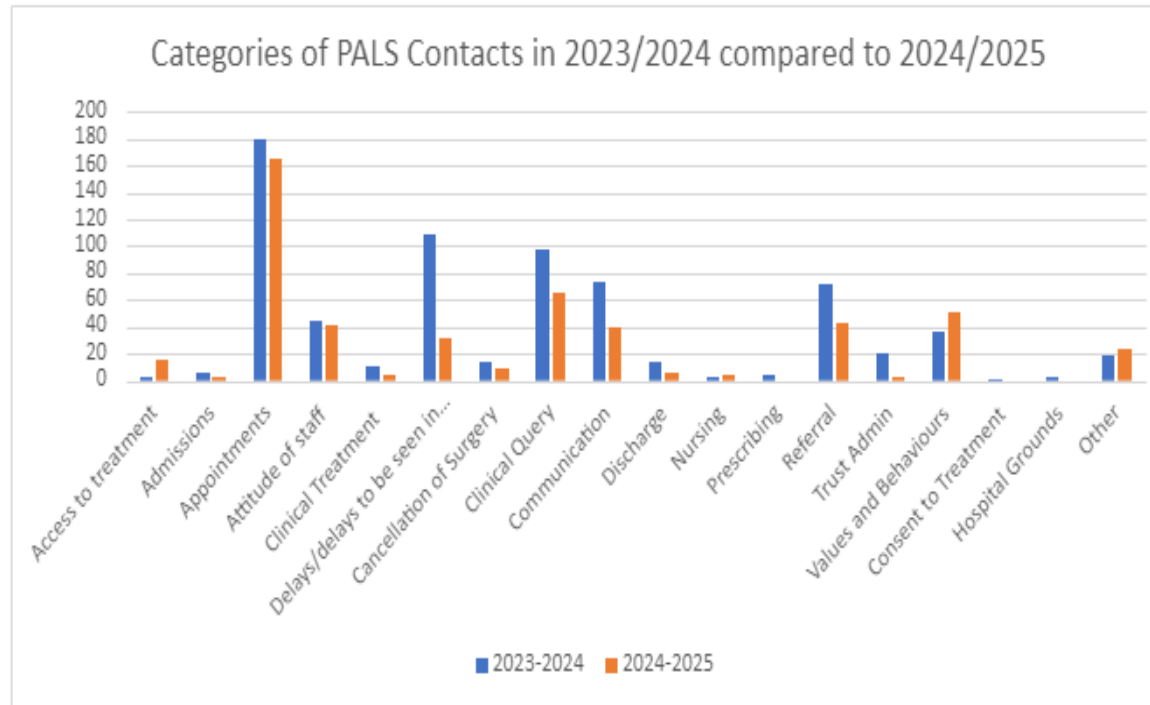
KPI	PALS Contacts %	Target Range
April 2024	34%	0%-30%
May 2024	48%	31%-79%
June 2024	58%	80%-100%
July 2024	86%	80%-100%
August 2024	76%	31%-79%
September 2024	59%	31%-79%
October 2024	61%	31%-79%

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.

14 PALS Cases breached in October 2024  
The KPI for PALS Contacts was not met for October

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

## PALS Themes



### Themes

**Appointments – 15 out of 36 received**

Specifically: Appointments Cancelled and Failure to provide follow up

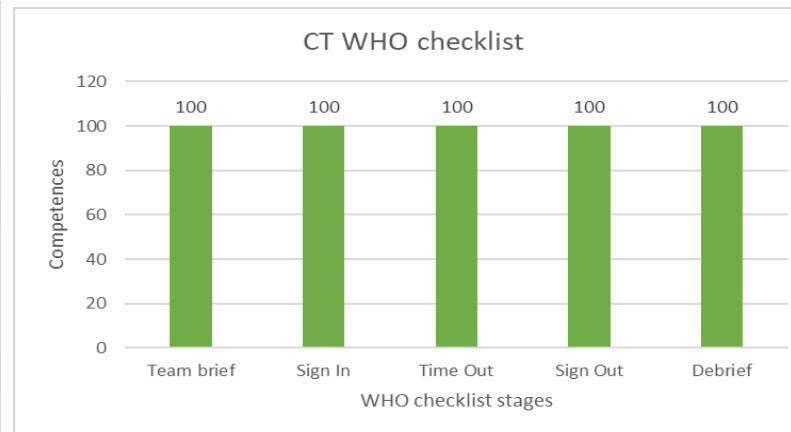
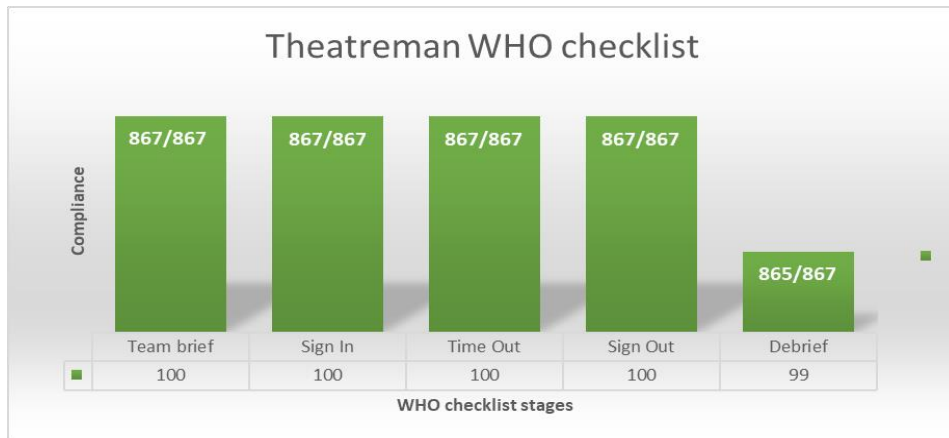
**Clinical Query– 7 out of 36 Received**

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



## Quality Improvement & Learning

Improvement on the number of audit submissions seen in Th 3 , 5 and 8 compared to September 2024. Cluster leads continue working with their respective teams in ensuring that audits are completed in a timely manner.

**Work in Progress** – Efforts made to arrange meeting between Theatre leads and quality improvement to discuss recommendations from the Safer surgery report. Unable to facilitate the meeting due to annual leave . Plan to review WHO checklist and imp;lants.

# CAS Alerts – September 2024

## CAS ALERTS 1-30 SEP 2024

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/010/NHSPS	<p>Risk of oxytocin overdose during labour and childbirth.</p> <p>This National Patient Safety Alert, issued by the NHS England National Patient Safety Team and endorsed by the Royal College of Obstetricians &amp; Gynaecologists, Royal College of Midwives and Royal College of Anaesthetists, instructs all relevant NHS funded maternity care providers to cease pre-preparing oxytocin infusions at ward level in all clinical areas. All actions should be completed by 31 March 2025.</p>	National Patient Safety Alert - NHS England Patient Safety	24-Sep-24	Assessed - not relevant to organisation's services	31 Mar 25

# CAS Alerts – Open alerts from previous months

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
NatPSA/2024/002/NHSPS	<p>Transition to <b>NRFit</b> 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 <b>NRFit</b> 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><b>16 Apr:</b> <b>Email from MDSO:</b> <i>'Alert to remain open until all relevant devices transferred over. 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/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><b>11 April 2024:</b></p> <p><b>Email from MDSO:</b></p> <p><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><b>Estates:</b></p> <p>Beds tagged to aid compilation of Estates inventory.</p> <p>Beds &amp; bedrails now to be serviced by our in-house engineers iaw Arjo's service schedule.</p> <p>On-going...</p>	<p>1 Mar 2024.</p> <p>On-going...</p>

**Actions underway:**

- System engagement has reduced. Therefore, a local approach has been agreed. Aim is for patients with equipment (at discharge), to be issued with a copy of their risk assessments at discharge. This is currently being agreed locally and to be implemented in the coming weeks. Aimed to be complete by the end of November 24.

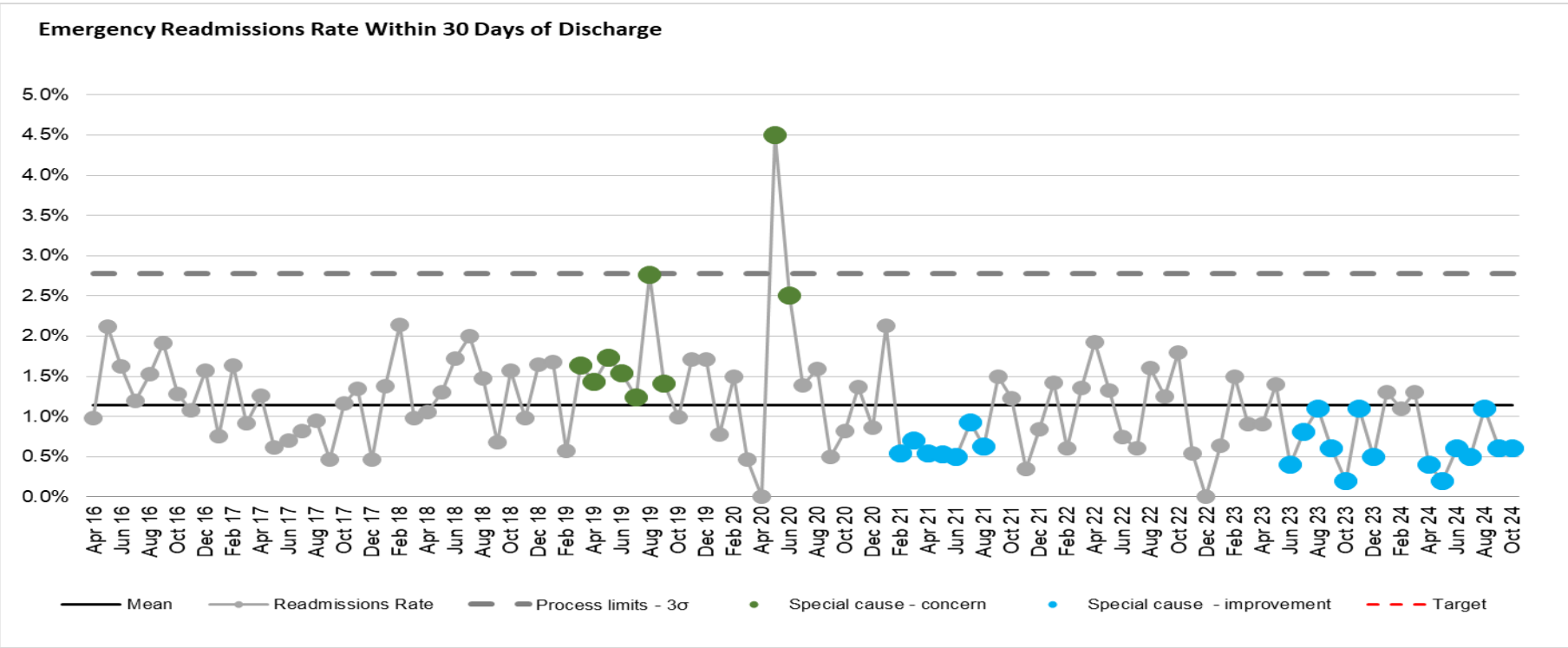
# Safeguarding Training Compliance

KPI	Sept 2024
Safeguarding Adult Notifications	40
Safeguarding Children and Young People Notifications	54
Adults Level 1- Target 90%	99.77%
Adult Level 2 -Target 85%	93.10%
Adult Level 3- Target 85%	88.37%
Level 4- Target 90%	100.0%
Child Level 1 -Target 90%	99.16%
Child Level 2- Target 85%	92.56%
Child Level 3- Target 85%	87.73%
Mental Capacity Act MCA- Target 85%	92.79%
Deprivation of Liberty Safeguards DoLs	92.79%
Prevent Awareness- Target 95%	90.74%
WRAP (prevent level 3)- Target 90%	87.18%
FGM	0
DOLS	3
MCA	5
PIPOT cases	0
PREVENT Notifications	0

## Actions underway to improve compliance:

- Raised at executive team level.
- Additional level 3 training sessions provided
- Monitoring by Divisional teams.

# Readmissions



Number of Emergency Readmissions to ROH within 30 Days of Discharge												
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
No of Readmissions	6	3	6	6	7	2	1	3	3	5	3	3
Denominator	553	559	462	546	548	495	534	472	559	458	509	537
% Readmissions	1.1%	0.5%	1.3%	1.1%	1.3%	0.4%	0.2%	0.6%	0.5%	1.1%	0.6%	0.6%

**There were 11 concerns raised to FTSU in October 2024.**

The themes from concerns raised were:

- Worker's safety and wellbeing
- Attitude and behaviour
- Lack of managerial support
- Bullying & harassment

**Quality Improvements & Learning****Learning and Outcome:**

1 case was stood down, the person being reluctant to raise their issue further,

2 cases were not escalated as one member of staff just wanted a safe space to talk and, support guidance and advice on options for escalation, the other member of staff decided not to pursue further.

9 cases did not need escalation as workers felt empowered after discussion with the FTSU Guardian to manage their concerns themselves.

Advice was given and staff members signposted appropriately.

**FTSU October Awareness Month Outcomes:**

FTSU Stand - outside Café Royale on 14<sup>th</sup> October in collaboration with Wellbeing Team

FTSU Registered Nurse induction 4<sup>th</sup> October by FTSU Guardian and Champion

FTSU Walkabouts – to several departments across the Trust during October by FTSU Guardian and Champions

FTSU Guardian, Champions and Non-Executive Director represented ROH at the National FTSU Conference (virtual).

Many staff supported FTSU by wearing green on Wednesdays.

Roadshow with samosa treats on 29<sup>th</sup> October.

People Promise & FTSU Stand – outside Café Royale on 31<sup>st</sup> October

Listening session in theatres facilitated by FTSU Executive and Non-executive Directors.

From the listening session in theatre, people suggested the following would be useful:

- FTSU space - staff were informed that this is currently being actioned
- Notice board, displaying names of Board Members and Senior Staff, along with their roles
- FTSU notice board, with one side YOU SAID and the other side WE DID.

Freedom to  
Speak Up