



**The Royal  
Orthopaedic Hospital**  
NHS Foundation Trust



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*Timothy*



# AGENDA

## TRUST BOARD PUBLIC

**Venue** Boardroom, Trust Headquarters

**Date** 7 May 2025: 08:30h – 10:45h

### 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	Chief Executive	(MH)
Mr Mathew Revell	Executive Medical Director	(MD)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Sharon Malhi	Executive Chief People Officer	(SM)
Mr Steve Washbourne	Executive Chief Finance Officer	(SW)
Mr Simon Grainger-Lloyd	Executive Director of Governance	(SGL)

### In attendance

Ms Deborah Wright	Clinical Audit Facilitator	(DR)	[Item 1]
Mr Jamie McKenzie	Guardian of Safeworking	(JM)	[Item 7]
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>				
08:30	1	Staff Story - Deborah Wright, Clinical Audit Facilitator	Presentation	DW
08:50	2	Apologies:	Verbal	Chair
	3	Declarations of Interest	ROHTB (5/25) 001	Chair
	4	Minutes of Board Meeting held in Public on 9 <sup>th</sup> April 2025: <i>for approval</i>	ROHTB (4/25) 031	Chair
	5	Actions from previous meetings in public: <i>for assurance</i>	ROHTB (4/25) 031 (a)	SGL
	6	Questions from members of the public	Verbal	Chair
08:55	7	Guardian of Safe Working Update: for assurance	Presentation	JMK



<b>09:10</b>	8	Chair's and Chief Executive's update: <i>for information and assurance</i>	ROHTB (5/25) 003 ROHTB (5/25) 003 (a)	MH/TP
<b>09:20</b>	9	Chief Finance Officer's report: <i>for information and assurance</i>	ROHTB (5/25) 004 ROHTB (5/25) 004 (a)	SW
<b>09:30</b>	10	Chief Operating Officer's report: <i>for assurance</i>	ROHTB (5/25) 005 ROHTB (5/25) 005 (a)	MP
<b>09:40</b>	11	Chief People Officer's report: <i>for assurance</i>	ROHTB (5/25) 006	SM
<b>09:50</b>	12	Quality Officers' report: <i>for assurance</i>	ROHTB (5/25) 007	MR/NB/ SGL
<b>10:00</b>	13	ROH Strategy 2023-2028: 2025 Refresh: <i>for information</i>	ROHTB (5/25) 008 ROHTB (5/25) 008 (a)	MH/RL
<b>10:15</b>	14	Equality and Diversity Report: <i>for approval</i>	ROHTB (5/25) 009 ROHTB (5/25) 009 (a)	SM
<b>UPWARD REPORTS FROM THE BOARD COMMITTEES</b>				
<b>10:25</b>	15	Upward reports from the Board Committees:  Finance & Performance Committee Staff Experience & OD Committee	ROHTB (5/25) 010 ROHTB (5/25) 011	LW SJ
<b>10:35</b>	<b>MATTERS TO BE TAKEN BY EXCEPTION</b>			
	16	Performance Reports: <i>for assurance</i> a) Finance & Performance b) Quality Report c) Workforce Report	ROHTB (5/25) 012 ROHTB (5/25) 013 ROHTB (5/25) 014	
	17	Any Other Business	Verbal	All
	18	Meeting effectiveness	Verbal	All
<b>10:45</b>	<b>BREAK</b>			
<b>CLOSE: Date of next meeting: Wednesday, 4 June 2025 @ 09:00</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.



**PUBLIC ATTENDANCE REGISTER – FY 2025/26 UPDATED TO APRIL 2025**

ATTENDANCE											
MEMBER	** 09/04/2025	07/05/2025	04/06/2025	02/07/2025	03/09/2025	08/10/2025	05/11/2025	03/12/2025	04/02/2026	04/03/2026	TOTAL
Tim Pile (Ch)	✓										
Ian Reckless	A										
Simone Jordan	A										
Gianjeet Hunjan	✓										
Ayodele Ajose	✓										
Les Williams	✓										
Simon Page	✓										
Jenny Belza	A										
Jan Teo	A										
Matthew Hartland	✓										
Matthew Revell	✓										
Nikki Brockie	✓										
Marie Peplow	✓										
Stephen Washbourne	✓										
Sharon Malhi	✓										
Simon Grainger-Lloyd	✓										

**KEY:**

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

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

\*\* Meeting moved from 02/04/2025 to 09/04/2025 due to availability of Chair and CEO.

**TRUST BOARD DECLARATIONS OF INTEREST REGISTER**

Name	Interest	Voting Member
<b>Tim Pile</b> Chair	Council Member, Aston University	Yes
<b>Jo Williams</b> Chief Executive	Trustee, Versus Arthritis	Yes
<b>Matthew Hartland</b> Interim Chief Executive	Vice Chair, Shrewsbury Colleges Group (Effective from 1 February 2025)	Yes
<b>Simon Grainger-Lloyd</b> Director of Governance	Foundation Governor, Ombersley Endowed First School (4 Year Term of Office from June 2024)	Yes
<b>Steve Washbourne</b> Chief Finance Officer	Governor at University of Birmingham School Independent Member of the Audit Committee at Aston University Trustee, Sandwell Leisure Trust	Yes
<b>Marie Peplow</b> Chief Operating Officer	None declared	Yes
<b>Matthew Revell</b> Medical Director	Fellow of the Royal College of Surgeons Member British Orthopaedic Association and British Hip Society Founding Fellow of the Faculty of Medical Leadership and Management	Yes
<b>Nikki Brockie</b> Chief Nurse	None declared	Yes
<b>Sharon Malhi</b> Chief People Officer	Trustee, Victoria Academies Trust	Yes

Name	Interest	Voting Member
<b>Simone Jordan</b> <b>Non Executive Director &amp; Vice Chair</b>	Non Executive Director, George Eliot Hospital NHS Trust Member of the Chartered Institute of Personnel and Development Vice Chair & Non Executive Director, Leicestershire & Rutland Integrated Care Board (LLR ICB).	Yes
<b>Les Williams</b> <b>Non Executive Director</b>	Chair, Cradley Heath Labour Branch	Yes
<b>Gianjeet Hunjan</b> <b>Non Executive Director</b>	Non Executive Director, Black Country ICB Lay Member, National Clinical Impact Awards - National Main Committee and West Midlands Committee Governor, Oldbury Academy Governor, Ferndale Primary School Member of IHSCM Member of HFMA Fellow of Chartered Institute of Public Finance and Accountancy (CIPFA) Member of Nishkam Healthcare Trust at local Gurdwara Lay Panel Chair, Nursing and Midwifery Council	Yes
<b>Ayodele Ajose</b> <b>Non Executive Director</b>	Legal Consultant to Law Firm Addleshaw Goddard LLP – Currently Assigned Full-Time to Group Lotus	Yes
<b>Ian Reckless</b> <b>Non Executive Director</b>	Executive Director (Medical Director and Deputy Chief Executive), Milton Keynes University Hospital NHS Foundation Trust Director, ADMK Limited (wholly owned subsidiary of Milton Keynes University Hospital NHS Foundation Trust) Director, JTER Trading Limited (company involved in property services and antiques trading) Fellow, Royal College of Physicians Fellow, Faculty of Medical Leadership and Management Member of Congregation, University of Oxford Appointed as Chief Medical Officer at Bedfordshire, Luton and Milton Keynes Integrated Care Board. This role is carried out alongside	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> Non Executive Director	Owner, Weathervane Consultancy	Yes
<b>Jenny Belza</b> Non Executive Director	Governor, University College Birmingham	Yes
<b>Jan Teo</b> Non Executive Director	Non Executive Director, Birmingham Community Healthcare Foundation Trust (1 March 2023 to 28 February 2026) Company Director, 3 Castle Street (RTM) Limited Oversight Board, K2CO (Dance Company)	Yes



# MINUTES

## Trust Board PUBLIC - DRAFT Version 0.1

**Venue** Boardroom, Trust Headquarters

**Date** 9 April 2025: 1100h - 1500h

**Members attending:**

Mr Tim Pile	Chair	(TP)
Mrs Gianjeet Hunjan	Non-Executive Director	(GH)
Mr Les Williams	Non-Executive Director	(LW)
Ms Ayodele Ajose	Non-Executive Director	(AA)
Mr Simon Page	Non-Executive Director	(SP)
Mr Matthew Hartland	Interim Chief Executive	(MH)
Mr Mathew Revell	Executive Medical Director	(MD)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mr Steve Washbourne	Executive Chief Finance Officer	(SW)
Mrs Nikki Brockie	Executive Chief Nurse	(NB)
Mrs Sharon Malhi	Executive Chief People Officer	(NB)
Mr Simon Grainger-Lloyd	Executive Director of Governance & Acting Chief Executive Officer	(SGL)

**In attendance:**

Ms Jude Davies	Critical Care Outreach Team Leader	(JD)	[Item 13]
Mrs Rebecca Lloyd	Director of Strategy	(RL)	
Mrs Tammy Ferris	Corporate Services Manager	(TF)	[Secretariat]

### IN PUBLIC SESSION

<p><b>13 Patient Story and 2024/25 Summary (JD/NB)</b></p>	<p><b>ROHTB (4/25) 030</b> <b>ROHTB (4/25) 030 (a)</b> <b>ROHTB (4/25) 030 (b)</b></p>
<p>NB introduced Jude Davies, (JD), Critical Care Outreach Team Lead, to the Board and detailed the role JD plays in the Trust.</p> <p>JD presented to the Board on Martha’s Rule and Call for Concern. The key points to highlight:</p> <p>JD is an ITU Nurse and works with the West Midlands Critical Care Transfer Team.</p> <p>Critical Care Outreach Team is 24/7 across the BSOL system which Trust recruiting their own Teams.</p> <p>It was noted there are still potentially 5 avoidable deaths in each UK Trust per</p>	



month and examples were given in the presentation of the sad cases where lives have been lost.

Early signs of deterioration can be subtle or soft, and escalation is encouraged by patients and their families.

Call for Concern was introduced in 2009, and this is the terminology we use across the ROH although it is also known as 'Martha's Rule'.

Call for Concern Service at ROH was implemented at this Trust over the past 12 months.

Critical Care Outreach Team operate 24/7 and the Team attend the High Dependency Unit ward round to introduce the service to the patients.

The service is based around the PIER framework (Prevention, Identification, Escalation and Response) and regular training days are held incorporating all colleagues across the Trust that give patient care.

Communication is being created using the national information that is available but will be branded to ROH.

The information documentation is the next stage in the project to ensure it is accessible to all. The scheme must be inclusive to everyone, and this is work that is currently taking place to ensure it is equitable.

A roadmap to embedded Call for Concern at ROH was shared as per the presentation shared, with a plan to launch in July 2025.

The Board was invited to ask questions and comment.

SM raised that it is important that we are able to engage with our own network groups and as a Top 50 inclusive company it provides an opportunity for ROH to drive this piece of work to ensure it is equitable to all our patients.

NB thanked JD for the presentation and highlighted that it has been identified that we are able to demonstrate we are listening to our patients.

MP highlighted that this is being portrayed in a current well known TV programme which shows how the inclusivity can have a detriment effect to this patient.

MH questioned how new is this to us as an organisation. JD explained the greater emphasis on the subtle signs is the mind change that needs to change as it has been pushed that as clinicians they check the National Early Warning Score (NEWS2) score. JD confirmed it has been positively received. NB explained that the Trust previously only had a daytime service, so we now have the expertise available over 24 hours.

TP queried how has it landed with our patients. JD explained that this is part of the next steps to gather the feedback, but we are now able to demonstrate we are listening to the patient and their families with live examples that can



<p>be shared.</p> <p>TP raised that the message needs to be clear as we have two names which is 'Call for Concern' and 'Martha's Rule' and it is important to ensure patients understand they are in theory the same thing, just a different name.</p> <p>The Board thanked JD for the presentation.</p> <p>NB presented the patient story summary 2024/25 and the paper was taken as read.</p> <p>The key points to highlight:</p> <p style="padding-left: 40px;">The plan for 2025/26 is included in the report.</p> <p style="padding-left: 40px;">The patient story going forward aims to be a broader look, to include places like radiology and physiology.</p> <p>The Board was invited to ask questions and comment.</p> <p>LW raised that it had been discussed previously that we would look to bring fewer positive stories. NB confirmed that this is the aim to try and encourage these stories and will form a focus for the stories we try to bring going forward. Many the stories whilst they might sound positive have been ones where the outcome is positive, but this is through the patient highlighting their experience and the Trust taking the learnings and acting upon them.</p>	
<p><b>14 Apologies: (Chair)</b></p>	<p><b>Verbal</b></p>
<p>Apologies were received and accepted from Simone Jordan, Ian Reckless, Jan Teo and Jenny Belza.</p>	
<p><b>15 Declarations of Interest (chair)</b></p>	<p><b>ROHTB (4/25) 007</b></p>
<p>There is one new declaration to record to what has been published.</p> <p style="padding-left: 40px;">LW is Chair of Cradley Heath Labour Branch.</p>	
<p><b>16 Minutes of the previous meeting in public held on 5<sup>th</sup> March 2025: for approval (chair)</b></p>	<p><b>ROHTB (3/25) 020</b></p>
<p>The minutes of the meeting held in private on 5 March 2025 were accepted and <b>approved</b> by the board.</p>	
<p><b>17 Actions from previous meetings in public: for assurance (SGL)</b></p>	<p><b>ROHTB (3/25) 020 (a)</b></p>
<p>SGL presented the actions, and it was noted:</p> <p><b>ROHTBACT.271 Staff Story</b> – MP confirmed that a theatre audit had been undertaken, and it highlighted that there are a number of small and medium gowns that were required. These have now been ordered. A bespoke gown was ordered for one particular Trainee Surgeon due to the regular work that</p>	



<p>they undertake and the need for them to have a gown specific to them. MP provided assurance that as part of the audit communication, through the form of posters, have been put up to ensure people know how to order should they be able to find a suitable gown to use. Discussions were taken with the Theatre Triumvirate to ensure that any pre-registration colleagues who join us follow a checklist to welcome them into the department and ensure they are equipped to undertake the work they need to. It was agreed this action could now be closed.</p>	
<p><b>18 Questions from members of the public (Chair)</b></p>	<p><b>Verbal</b></p>
<p>There are no questions received ahead of the meeting.</p>	
<p><b>19 Chair’s and Chief Executive’s update: <i>for information and assurance</i> (TP/MH)</b></p>	<p><b>ROHTB (4/25) 008 ROHTB (4/25) 008 (a)</b></p>
<p>MH presented the Chief Executive Update, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <p>NHS Leadership – There have been a number of events hosted by the new Transition Team at NHS England. This has provided an opportunity for them to inform Trusts and ICBs of their plans for the next two years.</p> <p>Planning 2025/26 – The Trust has been actively finalising the operational, workforce and financial plan for 2025/26. This has been created on the current planning guidance, and it was noted that the plans may change dependent on the outcome of the revised policies.</p> <p>Federation of Specialists Hospitals – MH attended the launch of the report produced by members of the Federation of Specialist Hospitals titled ‘The Power of Specialism’ at the Houses of Parliament and Lords who heard why specialist hospitals are so important to the NHS with the aim of including as such in the forthcoming NHS 10-year plan.</p>	
<p><b>20 Chief Finance Officer’s Report: <i>for assurance</i> (SW)</b></p>	<p><b>ROHTB (4/25) 009 ROHTB (4/25) 009 (a)</b></p>
<p>SW presented the Chief Finance Officer’s report which is Month 11 position. The paper was taken as read.</p> <p>The key points to highlight include:</p> <p>The Trust delivered a deficit in month of £688k against a planned surplus of £19k. generating an adverse variance of £707k. The year-to-date deficit is now £4,120k against a deficit plan of £132k, generating an adverse £3,988k variance.</p> <p>Year-to-date income is now showing an under-performance of £1.7m which reflects a £491k additional provision in relation to 2023/24 elective recovery</p>	



<p>form (ERF) income.</p> <p>Private patient slight reduction on previous month but year-to-date is above the target at £4.7m v £4.5m.</p> <p>Pay trend is consistent to previous months. Further underperformance in month. Agency spend had a slight increase to Month 10 but delivered to target. There was a reduction in Bank spend in Month 11.</p> <p>Non pay had a slight overspend in month driven by LLP and unidentified CIP.</p> <p>Theatre spend continues to fluctuate but is reduced in month and showing that recent annual increased have been curtailed in year.</p> <p>Capital allocation of £7.1m for 2024/25 with anticipated spend to match.</p> <p>Cost improvement programmes to date of £4,802k has been generated against a plan of £5,572k. The focus for the remaining months is to hold discretionary spend, vacancies and reduce premium rate working costs.</p> <p>The Board discussed how this impacts the end of the year projections and the plans for 2025/26.</p>	
<p><b>21 Chief Operating Officer's Report: <i>for assurance</i> (MP)</b></p>	<p><b>ROHTB (4/25) 010</b> <b>ROHTB (4/25) 010 (a)</b></p>
<p>MP presented to the Chief Operating Officer's Report and the paper was taken as read.</p> <p>The key points highlighted include:</p> <p>Focus now on delivery of 25/26 plan.</p> <p>65-week position was five patients at the end of February. Official position at end of March is one patient, due to the patient needed to move their appointment to April.</p> <p>Job planning is underway and a review of legacy agreements.</p> <p>Private patient group are developing an enhanced year 2 plan for the 3-year strategy to deliver the aspirational 20% increase in income in 2025/26.</p> <p>Showcase Event is being organised to present to private patient secretaries to show our facilities.</p> <p>The team have experienced a significant loss of theatre capacity since 10<sup>th</sup> March 2025 due to the breakdown of the motor servicing 3 theatres. The loss of capacity has impacted on the team's ability to deliver the Trust plan for March 2025. To help mitigate the loss in activity for April 2025 the planned maintenance for the Easter period has been brought forward.</p> <p>The Trust will host the system lead for the primary care interface Steering group Dr Renata Rowe at the ROH primary care interface Group chaired by the</p>	



<p>Chief Operating Officer. This group supports locally the ambitions of the system to strengthen partnerships with our primary care colleagues and create an active two-way dialogue to support the 'left shift ambition' and improve patient experience developing seamless patient access across the BSol System.</p> <p>The ROH has been nominated for two awards at the National Orthopaedic Association (NOA) Conference and HSJ for the 'Get U Better' App.</p> <p>The Board was invited to ask questions and comment.</p> <p>TP enquired what the next steps are for day case. MP explained that the aim is to try and identify an area that could be used to assign as day case area, which further supports the need for the Day Case Unit, as this defined space would make it easier to discharge from.</p>	
<p><b>22 Chief People Officer's Report: <i>for assurance</i> (SM)</b></p>	<p><b>ROHTB (4/25) 011</b></p>
<p>SM presented the Chief People Officer's Report, and the paper was taken as read.</p> <p>The key highlights include:</p> <p>The 'Me as a Manager' programme has been launched through engagement sessions. A formal evaluation will be undertaken at the six-month mark.</p> <p>Appraisal compliance rates will be monitored and will feed through Staff Experience &amp; OD Committee (SE&amp;OD).</p> <p>Work continues on the adoption of the RACE Equality Code. A report will go to SE&amp;OD at the end of the month.</p> <p>Review of nursing and midwifery job profiles continues. This is looking across the whole profile of the nursing workforce and is being completed at a national level.</p> <p>The Trust has completed the Organisational Readiness Survey, which will help the NHS Business Services Authority (NHSBSA) gather critical information about our organisation, which will inform the development of implementation plans of the Future NHS Workforce Solution across England and Wales.</p> <p>It was confirmed the Gender Pay Gap report has been published.</p>	
<p><b>23 Quality Officers' Report: <i>for assurance</i> (MR/NB/SGL)</b></p>	<p><b>ROHTB (4/25) 012</b></p>
<p>MR/NB/SGL presented the Quality Officers' Report, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <p>Patient Reported Outcome Measures (PROMS), and the National Joint Registry</p>	



<p>(NJR) have been presented to Quality and Safety Committee.</p> <p>A Consensus document has been agreed by the Chief Medical Officers of Bsol, ROH and UHB and the Medical Director for elective care for Bsol recommending repatriation of private sector work commissioned by the ICB to go to system leads.</p> <p>Birmingham City University Artificial Intelligence (AI) predictor tool work is being demonstrated in April.</p> <p>All three correction and prevention actions (CAPAs) following the Human Tissue Authority (HTA) inspection have been completed.</p> <p>Patient Led Assessments of the Care Environment (PLACE) annual self-assessment has been completed and the scores have been published. ROH reported 99.35%, which is above national average. A peer review will take place with Robert Jones and Agnes Hunt.</p> <p>Evelyn O’Kane, Lead for Safeguarding has retired from her role, and it is recognised her great contribution over the years. Rebecca Furnival will be acting into Head of Safeguarding and Vulnerability post.</p> <p>Jennifer Pearson, Head of Nursing for Division 2 has been accepted onto the Florence Nightingale development programme.</p> <p>CQC Engagement session was completed on 4<sup>th</sup> April. This was a positive meeting, and the quality report was presented.</p> <p>Two never events that have been previously notified to the board, with investigations near completion. These will be presented to the Quality and Safety Committee.</p> <p>Work underway on our risk reporting system to try and use the system we have in place.</p> <p>It was noted that there have been 4 inpatient deaths within the month. The appropriate reporting will follow through Quality and Safety Committee.</p>	
<p><b>24 Wellbeing Update: <i>for assurance</i> (SM)</b></p>	<p><b>ROHTB (4/25) 013 ROHTB (4/25) 013 (a)</b></p>
<p>SM presented the Wellbeing Update, and paper taken as read.</p> <p>The key points to highlight include:</p> <p>The wellbeing priorities for this year include Musculoskeletal (MSK) and Stress, which are driving the sickness percentage as a Trust. By focusing on these elements, it should support the 1% reduction in sickness that is required.</p> <p>There has been an improvement noticed on the staff survey.</p> <p>Staff survey results are driven through the network groups.</p>	



<p>Key priority for 2025 is accreditation through Thrive@Work.</p>	
<p><b>24.1 Wellbeing Non-Executive Champion Update: <i>for assurance</i> (AA)</b></p>	<p><b>ROHTB (4/25) 014 ROHTB (4/25) 014 (a)</b></p>
<p>AA presented the Wellbeing Non-Executive Champion update to provide assurance to the Board on the work that is being undertaken as a Board.</p> <p>The report was accepted as assurance.</p>	
<p><b>25 Staff Survey 2024: <i>for assurance</i> (SM)</b></p>	<p><b>ROHTB (4/25) 015 ROHTB (4/25) 015 (a)</b></p>
<p>SM presented the Staff Survey 2024, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <p>Report presented provides the results and the benchmarking, along with the action plan.</p> <p>Positive progress made and it is clear we have managed to embed leadership from Executives.</p> <p>‘We are learning’ has not improve. This is not just from training and development but the learnings from continuous improvement as well.</p> <p>There has been a reduction in the engagement score.</p> <p>There has been a positive improvement on ‘we are flexible’. It was noted the role of the People Promise Manager has played in the delivery of the improvements but unfortunately this was a funded post that has expired, and the People Promise Manager leaves the Trust this month. The actions will need to be absorbed within the teams.</p> <p>The aim for this year is to build on the delivery of the strategy. Through focus groups it will be crucial to maximise the communication.</p> <p>Engagement will be reported through Staff Experience &amp; OD Committee (SE&amp;OD) through the year via the workforce transformation work that it is taking place.</p> <p>The Board was invited to ask questions and comment.</p> <p>TP queried where the Trust is positioned nationally. SM explained within the top 10 % but looking to get to top 5%.</p> <p>TP raised comparisons need to be not only in the BSOL system but also nationally. We need to compare to specialists, BSOL and national figures.</p> <p>TP highlighted that it was disappointing that the Trust is below average under compassionate and staff engagement. SM explained that compassionate and inclusive section includes leadership, bullying and harassment, equality/inequality. The ‘Me as a Manager’ programme was devised on the</p>	



<p>back of previous poor score in this area. MH explained that the action plans are being undertaken by not only themes but also by department. It was also noted that the discrimination results were very disappointing and as an organisation this will be a key focus and reported back through to SE&amp;OD Committee.</p> <p>MH highlighted that we need to consider when the survey was undertaken versus when we need to complete this year. We need to ensure the messages that we share now and communicate are right.</p>	
<p><b>26 Health Inequalities: <i>for assurance</i> (NB)</b></p>	<p><b>ROHTB (4/25) 016</b> <b>ROHTB (4/25) 016 (a)</b></p>
<p>NB presented the Health Inequalities paper, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <p>This is the last time it will be seen in this format and has instead been embedded within the strategy so that it is first and central.</p> <p>The actions will be built into the strategy delivery plan going forward.</p> <p>The aim is to embed as business as usual. It will sit in an implementation plan that sits with the Trust strategy. This will be shared at a future Quality and Safety Committee meeting.</p> <p>The ‘Community Bus’ will go out for three days, with focus on raising awareness and understanding what matters to the individual.</p> <p>The Board was invited to comment and ask questions.</p> <p>TP queried what is the plan for the ‘bus’. RL confirmed the plans are being finalised and can be circulated by the end of the week. <b>ACTION RL.</b></p> <p>TP questioned how much of the health inequalities can we resolve as stand alone or is this something that requires wider involvement. NB agreed that this needs to be developed as a system and needs involvement of anchor institutes. The work that needs to happen is to bring all organisations in the system to come together.</p> <ul style="list-style-type: none"> <li>○ The Board discussed the need for the wider teamwork needed across a number of organisations.</li> </ul>	
<p><b>27 Patient Experience Report and Action Plan: <i>for assurance</i> (NB)</b></p>	<p><b>ROHTB (4/25) 017</b> <b>ROHTB (4/25) 017 (a)</b></p>
<p>NB presented the Patient Experience Report and Action Plan. The paper was taken as read.</p> <p>The key points to highlight include:</p> <p>Following a review there are five key themes highlighted, and these are the</p>	



<p>focus of the action plan that has been generated.</p> <p>It was noted that complaints are still high but there are a number of complicated complaints that have been dealt with recently. The focus is looking at why the complaints are coming and trying to get to the root cause.</p> <p>The Board was invited to ask questions and comments.</p> <p>TP queried where would the action updates be reported to. It was confirmed that it feeds through Quality and Safety Committee (QSC). TP raised that the areas identified are all within our gift to get right. They cover a wide area, and the reporting doesn't necessarily mean this is a quality or safety complaint. NB explained that QSC would be the natural place to report as the triumvirate are all present at this meeting.</p>	
<b>GOVERNANCE AND COMPLIANCE</b>	
<p><b>28 Controlled Drugs Accountable Officers Report: <i>for assurance</i> (NB)</b></p>	<p><b>ROHTB (4/25) 018 ROHTB (4/25) 018 (a)</b></p>
<p>NB presented the Controlled Drugs Accountable Officers Report, and the paper was taken as read.</p> <p>The paper is presented for assurance on an annual basis.</p> <p>The key points to highlight include:</p> <ul style="list-style-type: none"> <li>There has been good engagement with the Regional Controlled Drugs Officers.</li> <li>It was noted the ROH has a good reporting culture.</li> <li>Internal audits are completed to ensure compliance.</li> <li>We are an outlier in the use of opioid at discharge. There has been a national request to reduce the prescribing of opioids on discharge so this should see the results of this reduce as the new process is implemented.</li> </ul>	
<p><b>29 Quality Impact Assessment (QIA) Process: <i>for assurance</i> (MR/NB)</b></p>	<p><b>ROHTB (4/25) 019 ROHTB (4/25) 019 (a)</b></p>
<p>MR presented the Quality Impact Assessment (QIA) process, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <ul style="list-style-type: none"> <li>The QIA process used to be paper based but with the required focus from cost improvement programmes (CIPs) this has been digitised.</li> <li>It will be reported through to Quality and Safety Committee in May and July. However, by July this should be business as usual, and all CIPs will have been through the QIA process.</li> <li>This will allow for assurance to be given and provides a clear audit trail.</li> </ul>	



<p>The Board was invited to ask questions and comment.</p> <p>GH raised the need for this to feed through to Finance and Performance Committee also. SGL confirmed it would go through the relevant governance structure.</p>	
<p><b>30 BAF Update: <i>for assurance</i> (SGL)</b></p>	<p><b>ROHTB (4/25) 020</b> <b>ROHTB (4/25) 020 (a)</b></p>
<p>SGL presented the Board Assurance Framework (BAF) Update, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <p>The BAF has been refreshed to reflect the mid-term review of the Trust's strategy.</p> <p>They have been refreshed in order to align with the shifts in the local and national environment.</p> <p>They will continue to be reported through the Board on a quarterly basis and will feed through relevant board committees as they do currently.</p>	
<p><b>31 Patient Safety Incident Reporting Form (PSIRF) Annual Report: <i>for assurance</i> (SGL)</b></p>	<p><b>ROHTB (4/25) 021</b> <b>ROHTB (4/25) 021 (a)</b></p>
<p>SGL presented the Patient Safety Incident Reporting Form (PSIRF) Annual Report, and the paper was taken as read.</p> <p>The key points to highlight include:</p> <p>This has been in place for over 12 months now, and this report provides an annual overview.</p> <p>The next step is the need for training and compassionate engagement.</p> <p>There has been a significant culture change in the way we handle incidents.</p> <p>All incidents are monitored through the governance process.</p> <p>Next steps are to create an action plan with defined timescales.</p> <p>It was noted KMPG have audited the Trust's position with regards to PSIRF as part of internal audit, and this will report to Audit Committee and Quality and Safety Committee but could confirm it was a positive experience.</p> <p>The Board discussed the culture change that this has required to implement so successfully.</p>	
<p><b>32 Insightful Provider Self-Assessment: <i>for assurance</i> (SGL)</b></p>	<p><b>ROHTB (4/25) 022</b> <b>ROHTB (4/25) 022 (a)</b></p>
<p>SGL presented the insightful provider self-assessment paper.</p>	



<p>It was noted that from completing the assessment it was clear the Board felt it was able to demonstrate most of the criteria needed to be an insightful provider board.</p> <p>It was highlighted that one key area that requires focus and is something that action is already being taken to address, is the integrated performance reporting.</p> <p>NB questioned the comment about the not always clear of what the paper is presenting and queried what this means. TP explained that sometimes papers presented are too detailed and should be a summary rather than the detail as this is something that should be discussed in the Committees.</p>	
<p><b>33 Freedom to Speak Up Non-Executive Champion Update: <i>for assurance</i> (GH)</b></p>	<p><b>ROHTB (4/25) 023 ROHTB (4/25) 023 (a)</b></p>
<p>GH presented the Freedom to Speak Up Non-Executive Champion Report. The paper was taken as read.</p> <p>The key points to highlight include:</p> <ul style="list-style-type: none"> <li>It was noted the dedicated room that was provided has made a huge difference. The next step is to ensure the room is advertised as someone available 5 days a week at a set time each day.</li> <li>Freedom To Speak Up handbook is being created and will be launched shortly.</li> <li>Reporting currently under development to help identify training and development.</li> <li>Supporting the completion of training. Although not mandatory the Trust is actively encouraging colleagues to complete.</li> <li>Strengthen the champion work through team building.</li> <li>It was noted access to a laptop would help to make the champions role. SGL confirmed he would explore this further.</li> </ul> <p>TP thanked the Freedom to Speak Up Guardian and Champions for the work they do.</p>	
<p><b>UPWARD REPORTS FROM THE BOARD COMMITTEES</b></p>	
<p><b>34 Upward reports from the Board Committees:</b></p> <ul style="list-style-type: none"> <li><b>Finance &amp; Performance Committee</b></li> <li><b>Quality and Safety Committee</b></li> <li><b>Charitable Funds Committee</b></li> </ul>	<p><b>ROHTB (4/25) 024 ROHTB (4/25) 025 ROHTB (4/25) 026</b></p>
<p><b>Finance and Performance Committee – LW</b></p> <p>The upward report was taken as read.</p>	



<p>Given the additional Board meetings and considerable work being undertaken on national changes affecting planning for 2025/26, the Committee focused on Month 11 performance.</p> <p>For Month 11, good progress was reported and appreciated for activity levels, RTT, 65 week waits, theatre utilisation, and agency and bank spend reductions. Colleagues were commended on the CQC 'Effective' self-assessment and action plan which showed a high level of compliance.</p> <p>The meeting in April will receive the full Day Case Week report, with deep dives returning in May, looking at the Hands service.</p> <p><b>Quality &amp; Safety Committee – GH</b></p> <p>The upward report was taken as read.</p> <p>Four new risks have been added to the risk register.</p> <p>Two inpatient deaths were noted.</p> <p>Number of incidents has reduced, but reporting culture remains solid.</p> <p>Environmental visit action plan update was provided at the meeting.</p> <p>An update was provided on the National Joint Registry.</p> <p><b>Charitable Funds Committee - AA</b></p> <p>The upward report was taken as read.</p>	
<b>MATTERS TO BE TAKEN BY EXCEPTION</b>	
<p><b>35 Performance Reports: <i>for assurance</i></b></p> <p><b>Finance &amp; Performance Quality Report</b></p>	<p><b>ROHTB (4/25) 027 ROHTB (4/25) 028</b></p>
<p>The reports were taken as read.</p>	
<p><b>36 Any Other Business</b></p>	<p><b>Verbal</b></p>
<p>There was no further business discussed.</p>	
<p><b>37 Meeting Effectiveness</b></p>	<p><b>Verbal</b></p>
<p>Date of next meeting: Wednesday, 7 May 2025 @ 0830h</p>	





Next Meeting: 7 May 2025, Boardroom, Trust HQ

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Last Updated: 1st May 2025

Number	Agenda item	Paper Ref	Date raised	Action	Owner	Completion Date	Response submitted/Progress update	Status
ROHTBACT.272	Vaccination Update	ROHTB (3/25) 012 ROHTB (3/25) 012 (a)	05/03/2025	Review and compare the absence data for those out with flu symptoms to demonstrate the risk of not having the flu vaccine and established if this can be used as part of encouraging uptake. Provide an update of outcome to the Board.	NB/AM	02-Jul-25	<b>ACTION NOT YET DUE</b>	
ROHTBACT.273	Health Inequalities	ROHTB (4/25) 016 ROHTB (4/25) 016 (a)	09/04/2025	Circulate the MSK Community Bus plans for information.	RL	07-May-25	<b>Plan circulated and a number of colleagues have taken part at the event. Propose Closure</b>	
ROHTBACT.271	Staff Story	Presentation	05/03/2025	Provide confirmation at next Board meeting that the equipment issues raised by Trainee surgeons has been resolved.	MR/MP	09-Apr-25	<b>Update provided, Provide Closure</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	26/02/2024 30/04/2024	<b>Discussion took place at Staff Experience and OD Committee on 30th April 2024. Propose Closure.</b>	

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, Chief Executive
<b>AUTHOR:</b>	Matthew Hartland, Chief Executive
<b>DATE OF MEETING:</b>	7 May 2025

**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:**

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

**ASSURANCE PROVIDED BY THE REPORT:**

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
N/A	N/A

**REPORT RECOMMENDATION:**

The BOARD is asked to: receive and note the contents of this report.

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

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:

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

Care	<b>X</b>	<b>Community</b>	<b>X</b>
Expertise		<b>Services</b>	<b>X</b>
People	<b>X</b>	<b>Collaboration</b>	

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

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

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

N/A

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

N/A

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

N/A



The Royal Orthopaedic Hospital  
NHS Foundation Trust





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## TRUST BOARD

<b>DOCUMENT TITLE:</b>	<b>Chief Finance Officer's Report M12</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Steve Washbourne, Chief Finance Officer</b>
<b>AUTHOR:</b>	<b>Steve Washbourne, Chief Finance Officer</b>
<b>DATE OF MEETING:</b>	<b>7<sup>th</sup> May 2025</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:**

Month 12 Financial Report

**ASSURANCE PROVIDED BY THE REPORT:**

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
Surplus in month Continued underspend on Pay Improved deficit position from Mth11	Income Underperformance on ERF Under delivery on CIP

**REPORT RECOMMENDATION:**

The Board is asked to:

**NOTE** the Finance Report

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

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

Comments:

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

Care	<b>x</b>	<b>Community</b>	
Expertise	<b>x</b>	<b>Services</b>	<b>x</b>
People	<b>x</b>	<b>Collaboration</b>	<b>x</b>

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

Risk register and BAF

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

NA

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

NA

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

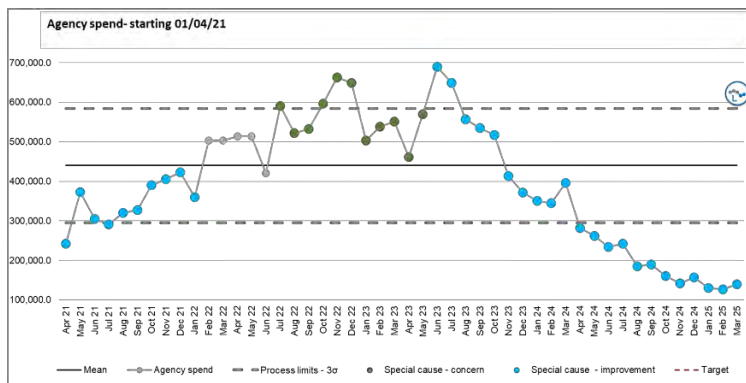
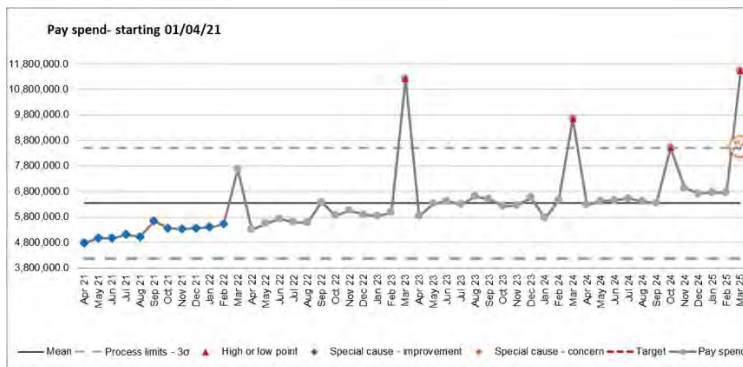
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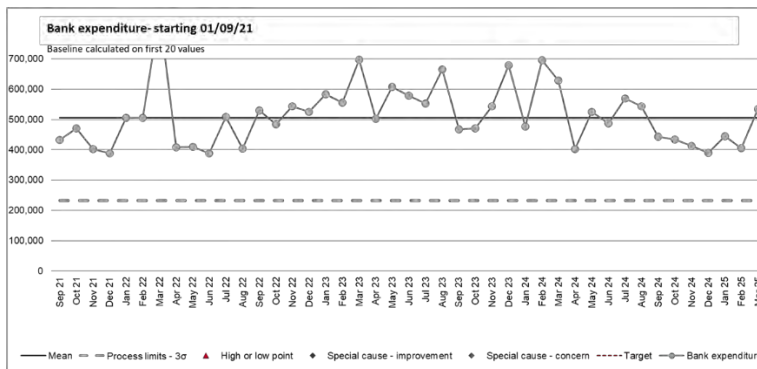
Additionally, the trust also received pension funding of £4.2m in M12. This is purely a technical adjustment in line with previous years, as a charge of £4.2m was also applied to pay budgets, giving a net zero impact overall.

### 3. Pay

Pay expenditure is underspent in month by £262k, with a YTD underspend of £1.3m. Agency spend is £140k in M12 (£126k in M11), although this reduces to 1.2% of pay (2.6% YTD) due to the increase in value of pay relating to the pension adjustments of £4.2m described above (which is offset by income received). This is now the seventh month the monthly value has been below the national target of 3.2%.

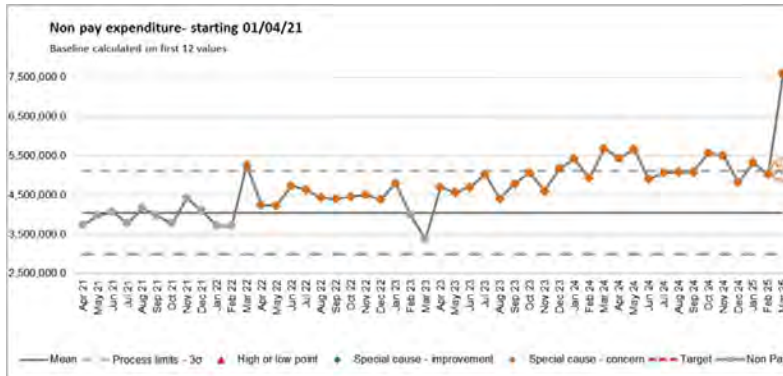


Bank expenditure has increased from £405k in month at M11 to £534k in month at M12 (target £402k), with increases in A&C and Ancillary staffing (£119k to £157k), and medics (£88k to £42k) and clinical support (£338k to £94k). Nursing spend was static at £108k..



#### 4. Non-Pay

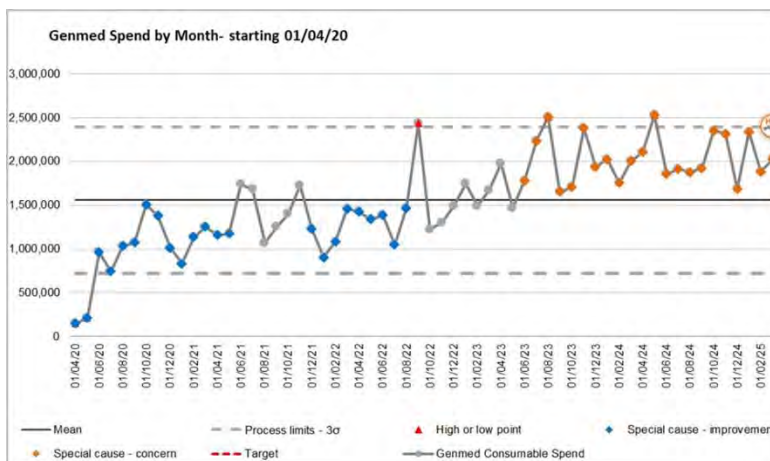
Non pay was £2,774k overspent in month and is £6,379k overspent for the year. The in-month movement was mainly due to an increase in provisions of £2.3m and continued use of LLP (£398k in month/ £3.6m YTD).



LLP spend of £398k in month was the highest monthly spend in year with significant spend in Spinal during M12.

LLP spend by speciality	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	ytd
Oncology	£18,900	£20,318	£14,332	£26,660	£26,138	£12,867	£10,395	£37,050	£34,637	£3,313		£22,680	£227,289
Spinal	£39,210	£95,776	£55,420	£55,397	£95,585	£82,685	£91,897	£123,915	£86,700	£135,883	£51,332	£140,577	£1,054,377
Arthroplasty	£124,333	£130,070	£113,690	£136,737	£127,084	£134,585	£137,815	£153,001	£152,390	£126,317	£161,000	£192,890	£1,689,911
Spinal staffing								£30,936					£30,936
	£182,443	£246,164	£183,442	£218,794	£248,806	£230,137	£240,107	£344,901	£374,974	£265,513	£212,332	£356,147	£3,103,760
Financial plan	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£77,039	£924,468
Variance to plan	(£105,404)	(£169,125)	(£106,403)	(£141,755)	(£171,767)	(£153,098)	(£163,068)	(£267,862)	(£297,935)	(£188,474)	(£135,293)	(£279,108)	(£2,179,292)
Anaes	£132,346	(£30,625)	£37,025	£34,134	£46,265	£51,883	£22,687	£41,322	£42,102	£59,950	£88,102	£42,300	£567,492
Financial plan	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£48,510	£582,120
Variance to plan	(£83,836)	£79,135	£11,485	£14,376	£2,245	(£3,373)	£25,823	£7,188	£6,408	(£11,440)	(£39,592)	£6,210	£14,628
<b>TOTAL LLP spend</b>	<b>£314,789</b>	<b>£215,539</b>	<b>£220,468</b>	<b>£252,928</b>	<b>£295,071</b>	<b>£282,020</b>	<b>£262,794</b>	<b>£386,223</b>	<b>£374,974</b>	<b>£325,463</b>	<b>£300,434</b>	<b>£398,447</b>	<b>£3,629,150</b>
<b>TOTAL LLP VARIANCE</b>	<b>(£189,240)</b>	<b>(£89,990)</b>	<b>(£94,919)</b>	<b>(£127,379)</b>	<b>(£169,522)</b>	<b>(£156,471)</b>	<b>(£137,245)</b>	<b>(£260,674)</b>	<b>(£291,527)</b>	<b>(£199,914)</b>	<b>(£174,885)</b>	<b>(£272,898)</b>	<b>(£2,164,664)</b>

Theatre spend continues to fluctuate in month but is certainly showing that recent annual increases have been curtailed in year.



#### 5. Cash

The cash position remains challenging to manage given current I&E pressures but remain above de-minimus levels



## 6. Capital

We recorded capital BAU spend of £6.1m with a further spend of £456k relating to IFRS 16. This leaves an underspend of £524k (against a plan of £7.1m) which was held to offset increased spend across the system.

## 7. CIP and Route to Break Even

Efficiencies of £5,354k has been generated against a plan of £6,484k with a significant part of this the reduced spend on agency (c£3.6m).

Planning for 2025/26 has identified a total of c.£13m of schemes to be delivered over two years with £9.4m (6.5%) expected to be delivered during 2025/26.

Scheme	Recurrent/ Non Recurrent	FYE Plan	YTD Actual
Procurement –ROH and BSOL procurement	Recurrent	£528	£1,525
Minimise overall agency spend	Non Recurrent	£2,194	£3,592
Private patient service expansion	Recurrent	£440	£0
Discretionary spend hold	Non Recurrent	£751	£61
Contracts and SLA review	Recurrent	£0	£134
Pharmacy - Generic switches	Recurrent	£154	£0
Non clinical admin, vacancy and bank hold	Recurrent	£334	£30
Consultant premium rate working (LLP spend reduction)	Recurrent	£564	£0
ERF additional income	Non Recurrent	£607	£12

## 8. System Position

The BSOL ICS position is still being confirmed and will be updated in due course, although the system has met its break-even plan for the year.

## Month 11 Position

Based on NHSE data for M1-9 and ROH data for M10-12 the underperformance against the revised targets is shown below:-

	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	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	4,860,342	4,297,829	4,711,157	5,543,855	6,002,321	57,208,277
<b>Actual</b>		4,163,273	4,694,054	4,183,494	5,003,505	4,364,521	4,513,054	4,718,283	4,422,929	4,232,299	4,769,099	4,670,460	4,507,853	54,408,589
<b>Variance</b>		(226,080)	(20,306)	(359,785)	257,227	417,492	34,541	(255,678)	(437,413)	(65,530)	57,942	(873,395)	(1,494,468)	(2,799,688)
<b>NHSE rephased target</b>	<b>57,208,277</b>	4,508,804	4,750,078	4,655,830	4,900,874	4,640,751	4,900,874	5,142,148	4,866,945	4,471,105	4,998,891	4,471,105	4,900,874	57,208,277
<b>Variance</b>		(345,531)	(56,024)	(472,336)	102,631	(276,230)	(387,820)	(423,865)	(444,016)	(238,806)	(229,792)	199,355	(393,021)	(2,799,688)
<b>Breakeven Target</b>	<b>60,599,277</b>	4,776,062	5,031,637	4,931,803	5,191,371	4,915,829	5,191,371	5,446,947	5,155,431	4,736,128	5,295,199	4,736,128	5,191,371	60,599,277
<b>Variance</b>		(612,789)	(337,583)	(748,309)	(187,866)	(551,308)	(678,317)	(728,664)	(732,502)	(503,829)	(526,100)	(65,668)	(683,518)	(6,301,544)

Note: M9-12 are estimates

This shows a YTD underperformance against NHSE Target of £2,799k. An adjustment for performance to cap for BSOL ICB improves the recognised performance to an underperformance of £2,197k.

The performance against individual commissioner is shown below:-

	Actual	Target	Variance	Cap adjustment	Revised Variance
Birmingham and Solihull ICB	£28,001,606	£29,424,893	(£1,423,287)	£602,394	(820,893)
NHS England	£7,680,323	£8,064,516	(£384,193)		(£384,193)
Black Country ICB	£8,387,534	£8,909,162	(£521,628)		(£521,628)
Hereford and Worcester ICB	£7,319,841	£6,797,590	£522,251		£522,251
Staffordshire and Stoke ICB	£1,766,460	£2,179,783	(£413,324)		(£413,324)
Coventry and Warwickshire ICB	£1,252,825	£1,832,333	(£579,508)		(£579,508)
<b>TOTAL</b>	<b>£54,408,589</b>	<b>£57,208,277</b>	<b>(£2,799,688)</b>	<b>£602,394</b>	<b>(£2,197,294)</b>



## TRUST BOARD

<b>DOCUMENT TITLE:</b>	<b>Trust Officers' Reports</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Matthew Hartland, Chief Executive</b>
<b>AUTHOR:</b>	<b>Executive Directors</b>
<b>DATE OF MEETING:</b>	<b>7<sup>th</sup> May 2025</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:**

The Officer's reports are being presented in the Public Trust Board to provide assurance on matters that are not covered in any other report presented to the Trust Board.

**ASSURANCE PROVIDED BY THE REPORT:**

POSITIVE	GAPS IN ASSURANCE/RISKS TO ESCALATE
The reports present a number of positive updates that do not feature in any other Board reports	A number of risks and areas for concern are detailed in the reports

**REPORT RECOMMENDATION:**

The BOARD is asked to receive and note the updates

**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 RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:**

Financial sustainability and recovery

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

A number of matters reflect and impact on the overall System position, particularly the finance and operational performance

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

None specifically

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

None apart from the Chief Finance Officer's update at Finance and Performance Committee and Chief People Officer's update at Staff Experience and OD Committee.



## CHIEF OPERATING OFFICERS REPORT

### Report to Trust Board – April 2025

#### 1 LOCAL MATTERS FOR BOARD ATTENTION

- 1.1 The operational team continue to focus on delivery of the priorities to ensure the 2025/26 national operational performance imperatives aligned to the refreshed strategic objectives are delivered. The team are reviewing activity performance on a weekly basis utilising the prospective income tracker which gives a weekly update that the planned activity aligns to the income trajectory. The Referral to treatment (RTT) reduction plan and key operational performance indicators are also monitored weekly against the agreed trajectory so that early rectification plans can be put in place to deliver early resolution to mitigate any deviations from plan. On writing this report all metrics for April 2025 are on track to deliver.

The Trust Productivity Improvement group has now been stood down and will be replaced by the Trust Improvement Group that will be chaired by myself. The first meeting of this group is planned for the 19<sup>th</sup> of May. The closure report was presented to the Finance and Performance committee on Tuesday 29<sup>th</sup> April 2025.

#### 2 NATIONAL CONTEXT AND DEVELOPMENTS

- 2.1 Deputy Chief Operating Officer continues to represent the Trust at the weekly system oversight group and reports performance against cancer standards, RTT and diagnostic delivery. This is attended by the Regional Chief Operating Officer for NHSE who has commented on the positive progress made by the ROH against performance targets and good assurance with evidence of robust delivery plans has been noted.

#### 3. OPERATIONAL PERFORMANCE

- 3.1 The teams continue to focus on the delivery and exceeding of national waiting times with a specific focus on reducing the number of patients waiting more than 52 weeks and ensuring 0 patients wait over 65 weeks. The final validated position for March 2025 for the 65-week target had reduced to 1 patient. (This was a complex spinal patient who converted late in their pathway to surgery).

The 65-week forecast position continues to show significant improvement and the forecasted position for April 2025 is 0 breaches. A robust plan is in place to ensure consistent delivery of this target, which was previously met ahead of the national requirements in September 2025, however due to a loss at short notice of surgical capacity has not been met in Q4 of 2024/25. Whilst spinal services are still carrying a deficit in surgical capacity, 2 new Consultants are now in place to support resilience in this service. The specialty is also trying to source locum support to mitigate the risk of lost capacity.

- 3.2 The March RTT position closed at **54.66%** an increase of **1.08%** on the February reported position of **53.58%**. The number of patients waiting over 52 weeks continues to reduce with a reduction of 178 patients in the March position in comparison to previous month position. The position for all specialties other than spinal was 0 patients waiting over 52 weeks by the end of March 2025. This was achieved by Arthroplasty, Foot and Ankle, Oncology and Oncology Arthroplasty. For remaining services including Arthroscopy and Hands. This will be achieved by 31<sup>st</sup> May 2025. Progress will be monitored weekly by the Deputy Chief Operating Officer.

#### 4 PERFORMANCE HIGHLIGHTS AT YEAR END 2024/25

##### 4.1 Cancer Performance

The table below represents the performance against National cancer standards. Please note that the Q4 position is an unvalidated position due to timing of this report:


The Cancer standards have been consistently achieved through 2024/25. This denotes exemplary performance in the context of a decline nationally in the ability to deliver these challenging performance standards.

## 4.2 Diagnostics Performance

2024/25 saw the consistent achievement of the diagnostic standards target with the service performing over 99% throughout the year and overachieving the national standard set at **95%**.

## 5. TRUST PRODUCTIVITY IMPROVEMENT GROUP – KEY HIGHLIGHTS

- 5.1 An upward report on the day case week was presented to the Finance and Performance committee on Tuesday 29<sup>th</sup> April 2025. It was agreed that the facilitation of day cases will now be moved to business as usual managed by the Division 1 triumvirate. Key lessons learnt from the project will be used to support a transition document to support the roll out of day case aligned the the national Day case standards targets. This will be monitored at the Trust Improvement group on an exception basis.
- 5.2 Assessments completed against NHSE IMPACT documentation to measure best practice for theatres, outpatients and job planning with associated action plans are in place.
- 5.3 The overall aims of the productivity improvement group were delivered as follows:
  - Support the delivery of the 24/25 activity plan by March 25.
  - Completion of a refreshed operational delivery plan (25/28).
  - Develop a productivity improvement plan aligned to refreshed trust strategy with agreed metrics.

## 6 KEY RISKS

- 6.1 The activity delivered in March was **1,252** against a stretch plan **1,312**, 60 cases behind the Trust plan for March 2025. The ability to deliver March activity was hindered by the sudden loss of access to 3 theatres. The overall position for financial year 24/25 ended at -177 behind the planned target of 15,326 which represented a 1% activity deficit overall.

The forward look for April 25 is positive despite the continued loss of theatre capacity. The team continue to mitigate this by differential use of the emergency theatre, merging of lists, conversion of theatres to outpatients and / or asking the surgeon to provide the theatres at an alternative date. The current position is + 50 cases ahead of target and prospective income calculations are also above plan value.

The loss of theatre capacity will continue into May with an expected return date of W/C 12<sup>th</sup> May 2025.

## 7 WORK PLANNED IN NEXT MONTH

- 7.1** Reconfiguration of the theatre baseline to provide 50 weeks cover from Quarter 2 with the introduction of the recent consultant appointments. One theatre will be dedicated to private patient activity aligned to developing growth in this service by offering regular sessions for surgeons to expand income generation aligned to an ambitious income target for 2025/26
- 7.2** Transition from the Trust Productivity group to the Trust Improvement group to continue to deliver positive improvements at pace over 25/26. Terms of reference are currently in draft, and the inaugural meeting is set for 19<sup>th</sup> May 2025. This group will now report to the Trust Management Group monthly. The Finance and Performance committee noted the impact of the Trust Productivity Improvement Group in delivering significant productivity benefits across the whole patient pathway. The programme has provided invaluable insight using the best practice guidance to support both short- and medium-term productivity gains.
- 6.3** The trust welcomed Shammass Rahim who commenced in post as Associate Director of Operations for System Integration and Outpatient Transformation in April. His focus will be to accelerate the current delivery of the outpatient transformation at a Trust and system level. Shammass will be pivotal to the relationship with primary care and will prioritise improving access for patient led booking. The delivery of interactive led booking is dependent on a HL7 live feed that is currently being scoped with UHB working. In the interim, the operational team working are scoping the use of the NHS App as an alternative vehicle for delivery, working with our IT colleagues. An implementation plan has been developed for further rollout of directly bookable slots for specialities with shorter waits, for example, Arthroplasty this will increase visibility of Trust services to primary care as part of the ‘choose ROH’ campaign.
- 6.4** In April, the Trust hosted the system lead for the primary care interface Steering group Dr Renata Rowe at the ROH primary care interface Group chaired by the Chief Operating Officer. This group supports locally the ambitions of the system to strengthen partnerships with our primary care colleagues and create an active two-way dialogue to support the ‘left shift ambition’ and improve patient experience, developing seamless patient access across the BSol System. A unified queries inbox is now set up and being piloted by primary care practices. The ROH is the first trust in the system to achieve this and has been commended for the speed of agility to support this initiative.
- 6.5** The BSol MSK transformation programme continues at pace. The group continue to lead the national initiative ‘Go Further Faster’ for the reduction of community MSK waits supported by a £200k Funding. The team have delivered a reduction of 59% of the over 18 weeks community physiotherapy waiting list for the system. Professor Tim Briggs has invited the team to present on a national celebration online seminar on 8<sup>th</sup> May 2025, and we have also been shortlisted for a HSJ award for the ‘Getubetter’ project.

- 6.6 The Clinical Decision-Making tool is now being implemented across the BSol system. The Get U Better App business case will be presented by myself at the system investment committee in May 2025.
- 6.7 The Trust has its annual review for GIRFT elective hub accreditation on 30<sup>th</sup> July 2025. Preparation for this review is underway.
- 6.8 The operational team working with clinical colleagues across the system are currently exploring further opportunities for the provision of orthopaedics across the system via a single point of access with a joint Patient Tracking list to ensure equity of waiting times for patients across BSOL is delivered. An options paper will be tabled for consideration at the July board meeting.

## **7. RECOMMENDATION(S)**

- 7.1 The Board is asked to RECEIVE and ACCEPT the report.

**Marie Peplow - Executive Chief Operating Officer**

**2<sup>nd</sup> April 2025.**



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Organisation	Bullying & Undermining	Discrimination	Facilities	Induction	Overall Experience	Quality of Care	Raising Concerns	Sexual Safety	Supervision	Teaching & Learning	Teamwork	Wellbeing	Workload
The Royal Orthopaedic Hospital NHS Foundation Trust, B31 2AP	89.17%	93.59%	69.74%	81.88%	85.59%	78.42%	83.33%	99.38%	80.29%	75.99%	78.44%	80.26%	76.25%

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*Model Health System*      *Future of NHS HR & OD report*  
*People Services Exemplars*

*Future NHS Workforce Solution Programme*      *emerging 10 Year plan*





## QUALITY OFFICERS' REPORT

### Report to Trust Board on 7 May 2025

#### 1 MEDICAL DIRECTOR'S UPDATE

- 1.1 Appointment of Mr Shakir Hussain as Clinical Service Lead for Outpatients – leading clinically on Outpatient templates, transformation (PIFU, virtual consultations etc), shared decision making and electronic booking form for theatre listing (est go live Mid May 2025).
- 1.2 Dr Vatsala Padmanabhan (Anaesthetist – leading on acute pain) and Ms Nickisha Patel (Senior Pharmacist) – updating acute pain guidance and leading work on reducing opiate prescribing (alignment with new NICE guidelines).
- 1.3 Welcome to Mr Rahouliman, consultant spinal surgeon who started with us April 2025.
- 1.4 Communications and planning going forward for Trust Quality Improvement & Development Day is underway, with the launch in May. Full day for quality and learning bi-monthly replaces the half day monthly model, with anticipated productivity gains, improved mandatory training, co-delivered training (eg theatres). Leads for the work are Dr Ben Smith, Ms Angharad Macgregor, Mrs Michelle Hubbard.
- 1.5 A R&D Summit has been held with Aston Team, this being Facilitated by Mrs Rebecca Lloyd. Scoping areas of mutual research interest and aiming to develop a Memorandum of Understanding between the two organisations. Key areas – bioengineering (supporting Dubrowski), digital and AI, MSK and health inequalities.
- 1.6 Research funding has been secured from the British Scoliosis Society to work with Keele University – qualitative study exploring patient and clinical attitudes that underlie decisions to correct spinal curvature surgically.
- 1.7 ALIGN study is commencing (Gareth Stevens in collaboration with UHB) – taking our research footprint out into Health Inequalities (access to MSK care).

- 1.8 Ms Jodie Walters (AHP) has been successful in having a paper accepted by the British Journal of Orthopaedics. This outlines a pilot establishing the safety of a more proactive rehabilitation regime after spinal instrumentation for scoliosis. ROH Charitable funds have been used to support the work. Platform for cross over trial against current less proactive rehabilitation regimes.

## **2 CHIEF NURSE'S UPDATE**

- 2.1 At the beginning of April 2025, the Nursing and Midwifery Council (NMC) reported that they have taken a significant step towards fostering an inclusive and empowering workplace by signing the UNISON Anti-Racism Charter. They describe how this aligns with the NMC's Culture Transformation Plan, which aims to embed equality, diversity, and inclusion across all aspects of its operations. This follows the announcement at the end of March that Ron Barclay-Smith has been appointed as the new chair of the NMC. It is expected that he will lead the NMC through the cultural transformation and thereby ensure public safety.
- 2.2 Advanced Practice – The Trust is establishing an Advanced Practice Oversight Group (APOG), designed to ensure that all Nursing & AHP undertaking advanced practice are achieving their four pillars. This is aligned with the NMC's intention to rephase their work on Advanced Practice. The principles in Advanced Practice were presented to the Council meeting on 26 March with a consultation planned for 2027–2028 financial year (April to March).
- 2.3 On the 23 April, The Trust celebrated the success of our second Nursing and Allied Health Professionals (AHP) Preceptorship Programme, marking a significant milestone in its commitment to supporting newly qualified clinicians. The programme has been recognised with the prestigious National Preceptorship Interim Quality Mark, a gold standard introduced by NHS England to benchmark excellence in preceptorship frameworks. In April we have also received notification from NHSE that the new National Preceptorship Quality Mark will be launched in September 2025 for all healthcare organisations/providers to apply for. It is designed to ensure the standardisation of best practice for preceptorship provision across England.

## **3 DIRECTOR OF GOVERNANCE'S UPDATE**

- 3.1 There has been one inpatient death since the last report and the details will be discussed at the next Quality & Safety Committee. Those cases referred to the Coroner will also be discussed in detail.
- 3.2 Work is underway to strengthen further the Health & Safety culture in the organisation. A schedule of Health & Safety audits are planned, these being led by our

new Health & Safety Adviser, Sophie Goddard. Sophie is also revisiting the self-assessment against the NHS Workplace Health & Safety Standards to identify progress with addressing any gaps when this work was first undertaken in 2023. The Health & Safety Risk Register is being refined ready for the next Health & Safety Group meeting on 14 May 2025.

- 3.3 Joint work between the nursing team and the Health & Safety Adviser is ongoing to assess risks around potential ligature points across the Trust. Although the organisation does not handle a large cohort of patients with mental health conditions, there is no complacency around these risks.
- 3.4 Plans are underway to upskill and equip FTSU Champions to provide extra support to staff in this challenging climate. We will be asking departmental managers to support the FTSU Team by providing ringfenced time for the Champions to receive their training/personal development and wellbeing support.
- 3.5 The use of Artificial Intelligence is being explored to support corporate meetings, including its use in crafting sets of minutes from meetings and creating upward reports. This work is being led by Tammy Ferris, Corporate Services Manager, who is also supporting the wider governance review to ensure that any duplication between meetings and membership is reduced where possible.

#### **4 RECOMMENDATION(S)**

- 4.1 The Board is asked to RECEIVE and ACCEPT the report.

Matthew Revell, Medical Director  
Nikki Brockie, Chief Nurse  
Simon Grainger-Lloyd, Director of Governance

May 2025



**TRUST BOARD (PUBLIC)**

<b>DOCUMENT TITLE:</b>	<b>ROH Strategy 2023- 2028: 2025 Refresh</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Matthew Hartland – Chief Executive Officer</b>
<b>AUTHOR:</b>	<b>Rebecca Lloyd – Director of Strategy</b>
<b>DATE OF MEETING:</b>	<b>7 May 2025</b>

**PURPOSE OF THE REPORT:**

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

A mid-term review of the Trust Strategy 2023-2028 has been concluded (November 2024 – March 2025) following significant shifts in national policy and planning guidance. A revised version of the Strategy is presented to the Board for approval. The strategy describes three phases from now until 2028, with the current 2025/6 financial year described as ‘Reset and Transform’.

Feedback provided by the Board at its April meeting was welcomed and has been incorporated into this final version.

Robust implementation of the revised Strategy is crucial, and a detailed communications and engagement plan has been developed to support the rollout of this document and the 25-26 Delivery Plan that accompanies it.

This includes:

- Newly formatted monthly Team Brief
- Strategy & delivery plan briefing sessions to be led by the Executive Team
- Line manager resource pack, including clear messaging about our ‘reset and transform’ priorities around:
  - Workforce transformation
  - Service redesign
  - Digital transformation
  - Cost improvement
  - Performance improvement
- Pocket strategy documents
- ROH Intranet Hub resources
- Design banner outside Cafe Royale
- Integration into appraisals

The Strategy will be monitored through the Strategy Delivery Board, meeting quarterly and reporting directly to Trust Board.

**ASSURANCE PROVIDED BY THE REPORT:**

<b>POSITIVE</b>	<b>GAPS IN ASSURANCE/RISKS TO ESCALATE</b>
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N/A	N/A
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**REPORT RECOMMENDATION:**

The BOARD is asked to approve the 2025 refresh of the Trust Strategy

**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	Sustainability	X
People	X	Collaboration	X

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

Aligned to BAF

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

Trust Strategy aligned to ICS Strategy

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

N/A

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

Trust Board – April 2025

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal  
Orthopaedic Hospital  
NHS Foundation Trust

# The Royal Orthopaedic Hospital Strategy (2023-2028) 2025 Mid-Term Review



Care

Expertise

People

Community

Sustainability

Collaboration

# Foreword



When I stepped into the role of Chief Executive at The Royal Orthopaedic Hospital, I was immediately struck by the dedication, expertise, and passion of our people. This is a truly exceptional organisation, built on a foundation of world-class care, innovation, and a commitment to improving lives.

As we look to the future, our refreshed strategy builds on these strengths while recognising the challenges we face and the opportunities ahead. The healthcare landscape continues to change, and we must evolve with it, adapting to new ways of working, strengthening our partnerships, and ensuring that we remain a leader in orthopaedic care.

We are now two years into the delivery of this strategy. We have achieved some of what we set out to achieve which is commendable, but there is more to do.

The strategic objectives at the heart of this strategy are still relevant, but we have modified them to reflect the significant shifts in our environment - namely a new government, the growing needs of our patients, new policies and modified funding arrangements. Our primary focus remains the delivery of safe, high quality, efficient care which reduces pain, restores independence and changes lives.

I am proud of this vision and the people who work in this organisation. We are committed to helping our communities live healthier, more active lives. I look forward to leading the delivery of this strategy over the next three years and seeing the impact we will have for the people we serve.

A handwritten signature in white ink, appearing to read 'Matthew Hartland', written in a cursive style.

Matthew Hartland  
Chief Executive Officer  
April 2025

# About us



**RATED GOOD**

The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) is a specialist hospital located in Birmingham UK. One of the largest orthopaedic units in Europe, the ROH offers a comprehensive range of surgical and non-surgical treatment. We perform the most elective orthopaedic procedures in the NHS and are known nationally and internationally as a centre of excellence for orthopaedic care and innovation.

## Our team

1,500  
people

## Our turnover

£142m  
per year

## Our treatment

We deliver the most elective orthopaedic procedures in the NHS treating 66k outpatients and 15k inpatients every year.

## Our vision

**LESS PAIN**

**MORE INDEPENDENCE**

**LIFE-CHANGING CARE**

## Our values

**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

## Our mission

We will deliver compassionate, patient-centred care that empowers people to regain their mobility, independence, and quality of life. Through efficiency, expertise, innovation and collaboration we will tackle health inequality and improve access to life-changing care.

## Our services

- ✓ Admissions and Day Case Unit
- ✓ Anaesthetics
- ✓ Children & Young People's Outpatients
- ✓ Foot and Ankle
- ✓ Hands and Forearm
- ✓ Arthroplasty
- ✓ Arthroscopy
- ✓ Imaging (X-ray and MRI)
- ✓ Pathology
- ✓ Physiotherapy
- ✓ Podiatry
- ✓ Pre-Operative Assessment Clinic
- ✓ Royal Orthopaedic Community Scheme
- ✓ Safeguarding and Vulnerabilities
- ✓ Shoulder and Elbow
- ✓ Spines
- ✓ Woodlands Suite
- ✓ Infection Prevention and Control
- ✓ Hydrotherapy
- ✓ Musculoskeletal
- ✓ Occupational Therapy
- ✓ Oncology (cancer)
- ✓ Orthotics
- ✓ Outpatients
- ✓ Pain Management

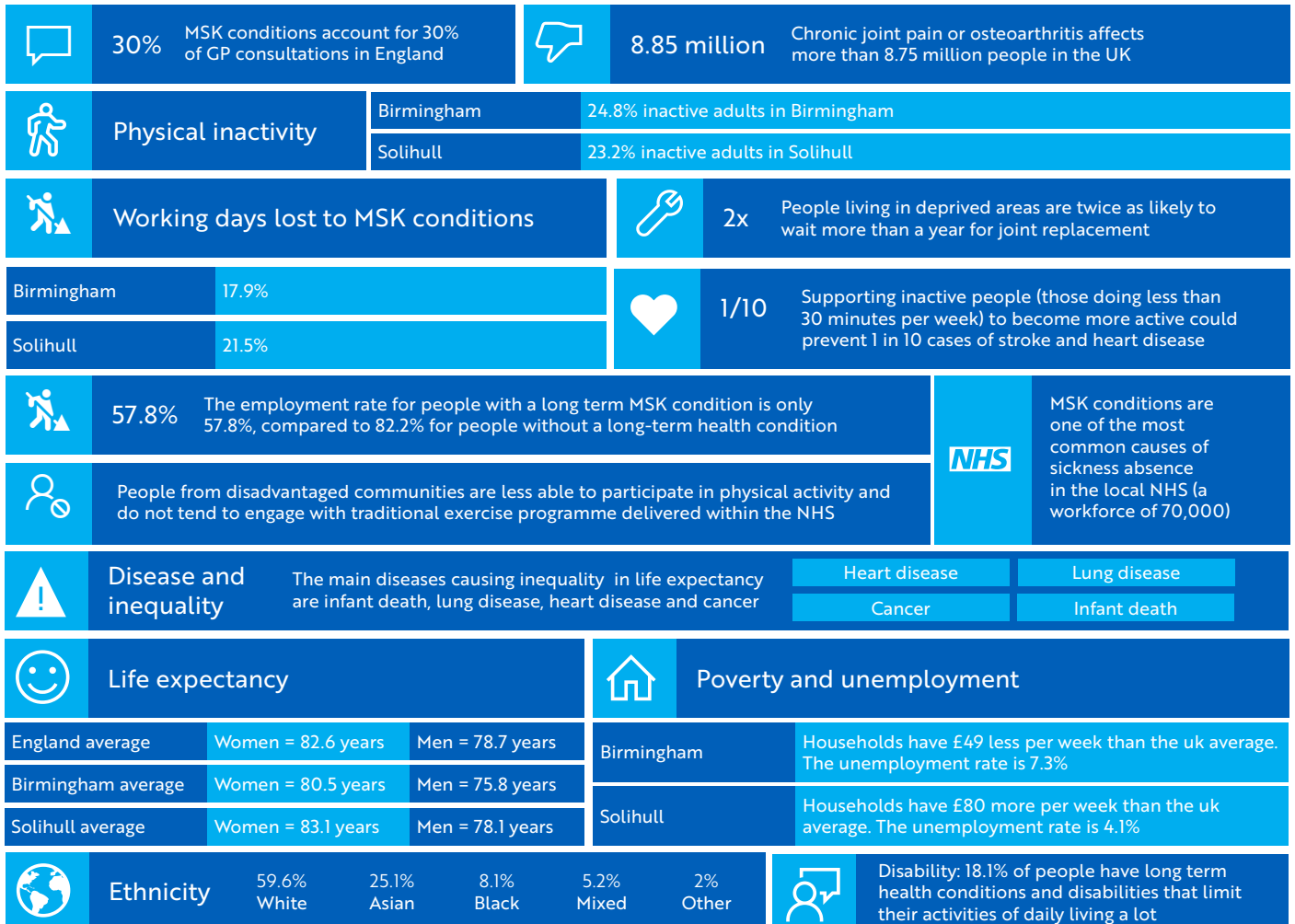
# Our context

## Responding to new national plans and policies

With the 2024 election bringing a new political landscape, the NHS faces ongoing challenges in funding, waiting lists, and the need for both immediate efficiency and long-term transformation. The ROH must adapt accordingly, aligning its strategy with national priorities. The [Road to Recovery: 2025 Mandate to NHS England](#) focuses on reducing waiting lists and improving efficiency, guiding ROH’s operational improvements. [Lord Darzi’s Independent investigation of the NHS in England](#) emphasises a shift to community-based, preventive, and digital healthcare, which ROH will support through digital investments and partnerships. Policies like [Reforming Elective Care for Patients](#) and [Neighbourhood Health Guidelines 2025/26](#) push for reduced waiting times and decentralised care, prompting ROH to expand surgical capacity and community outreach. The [2025/26 Priorities and Operational Planning Guidance](#) stresses patient access, productivity, and budget adherence, requiring ROH to enhance efficiency and integrate with care systems. The [English Devolution White Paper](#) calls for decentralisation, necessitating ROH engagement with regional partners to secure funding and influence local healthcare strategies. Throughout all of these changes and challenges we must maintain quality and patient experience.

## MSK health in Birmingham and Solihull

People in our communities face a number of significant challenges related to health inequality and musculoskeletal health. It is only through understanding the challenges people face that we are able to provide the support and services people need.



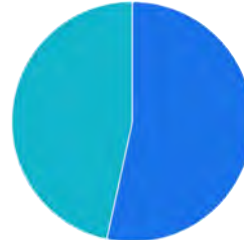
## Our patient profile

People in our communities face a number of significant challenges related to health inequality and musculoskeletal health. It is only through understanding the challenges people face that we are able to provide the support and services people need.



### Age Group Distribution

Our age distribution is spread. A significant number are in the older age brackets, with 62.8% of patients being 51 years or older.



### Gender

✓ 53.4% Female  
✓ 46.6% Male



### NHS and private patients

✓ 96.7% NHS patients  
✓ 3.3% private patients



### Ethnicity

✓ 18.2% Not stated  
✓ 20.6% Non-white British  
✓ 61.1% White British



### Language diversity

The vast majority of patients speak English (92.3%), but there is a small percentage of patients who speak other languages (7.7%).



### Geographical reach

Patients come from a wide range of Integrated Care Boards (ICBs). A high concentration from Birmingham and Solihull ICB (48.5%).



### Deprivation levels

Patients come from across the spectrum of deprivation. A significant proportion (18.4%) are from the most deprived areas (IMD decile 1).

## Phil's story

Phil from Manchester visited ROH for his hip resurfacing procedure:

*"When I was offered a hip replacement I had the confidence to speak up and say this is what I think will be best for me..."*

*"I'd done a lot of research about hip replacements and found out about hip resurfacing as an alternative. I wanted to be more active and get back into sports and exercise, and with hip resurfacing I would have much greater range of motion to support that."*



# Shifting focus

The NHS faces an extremely challenging period. The Royal Orthopaedic Hospital must shift focus and adapt to these challenges. These key shifts are reflected in this strategy.

## Orthopaedic leadership

As a specialist provider, the ROH plays a critical role in shaping musculoskeletal (MSK) and elective orthopaedic care both within the Birmingham and Solihull Integrated Care System (BSol ICS) and at a national level. Our reputation for excellence is built on our specialist expertise, pioneering approach to innovation, and commitment to delivering outstanding patient outcomes. This leadership is evident in the progress made in the BSol ICS MSK Transformation Programme which is helping to improve local MSK services through standardisation, self-management and collaboration.

### Strengthening our leadership in Birmingham and Solihull

Within our local system, we are uniquely positioned as the dedicated specialist orthopaedic provider. We have already demonstrated our leadership in MSK through the BSol ICS MSK Transformation Programme. We plan to work collaboratively as part of an Acute Provider Collaborative, to continue transforming orthopaedic pathways, reducing variation in care, and improving access for our population.

### A nationally recognised leader in orthopaedics

Beyond our local system, ROH is a national centre of excellence, undertaking highly specialised work that serves patients from across the country. Our leadership of the National Orthopaedic Alliance (NOA) and membership in the Federation of Specialist Hospitals position us at the forefront of national conversations about the future of specialist care. We will continue to champion innovation, research, and service improvement to influence national policy and drive excellence in orthopaedics across the NHS.

## The efficiency challenge

### Reducing Waiting Lists and Improving Patient Flow

To meet NHS Elective Recovery Plan targets, we will boost theatre utilisation, enhance digital triage, increase day-case surgery rates, and maintain GIRFT-accredited Elective Surgical Hub standards.

### Maximising Operational Efficiency

We will optimise resources by improving theatre efficiency, streamlining outpatient services, and expanding nurse-led triage in POAC.

### Enhanced Community Pathways

To ease hospital pressures, we will expand consultant-led outpatient care in community settings, strengthen primary care partnerships for timely referrals, and improve access to MSK self-management tools like getUBetter.

### Investing in Digital Transformation

Implementing an Electronic Patient Record (EPR) system and leveraging data analytics and AI will enhance efficiency, patient flow, and overall performance.

### Commitment to Continuous Improvement

Efficiency requires organisation-wide collaboration. We will engage staff in identifying improvements, track performance against national benchmarks, and prioritise patient safety and experience, using the NHS Impact framework to build expertise in improvement.

## Building a continuous improvement culture

We want to build a culture where every member of the team feels they have permission to make improvement happen. We will continue to use the NHS Impact framework to embed a continuous improvement culture at the ROH:

1. Every member of staff has a 'Continuous Improvement' objective identified as part of their annual appraisal
2. Every team has a 'Quality & Continuous Improvement' objective identified in their annual plan
3. Every team will be trained in Improvement Huddles, identifying opportunities to improve quality, reduce waste, and become more productive
4. Every service will have a monthly report that captures data/improvement opportunities across 4 domains: quality, workforce, performance and finance
5. Every service will be required to report on progress against their annual plan on a quarterly basis
6. Every service will attend a quarterly performance review, focused on accountability for improvement
7. A Project Management Office will have oversight of all improvement programmes, with formal reporting through to the relevant committee/Board

## High Performance Teams Framework

The delivery of our strategy relies on high-performing teams. Our High Performance Teams Framework has four components to support high performance:

### Support capability

Ensuring our people have the right skills and competencies is essential to ensure our teams can perform well and accomplish goals. At ROH, there is a strong personal and professional development offer which includes:

- Appraisals
- Mandatory training
- Me As Manager
- Apprenticeships
- QSIR training
- Career Pathfinder
- Continuous improvement

### Set clear goals

Setting clear goals is an essential part of having a high-performing team. Goals are set nationally, locally and at the ROH. Everyone should understand their personal and team goals:



### Build positive culture

The environment in which people work plays a major role in their success. A positive culture fosters collaboration, innovation, and resilience—key traits of high-performing teams:

- Psychological safety
- Values-driven leadership
- Employee wellbeing
- Recognition and appreciation
- Diversity and Inclusion
- Freedom To Speak Up

### Ensure accountability

Ensuring our people are accountable for their performance is critical to maintaining high-performing teams. Our processes to support this include:

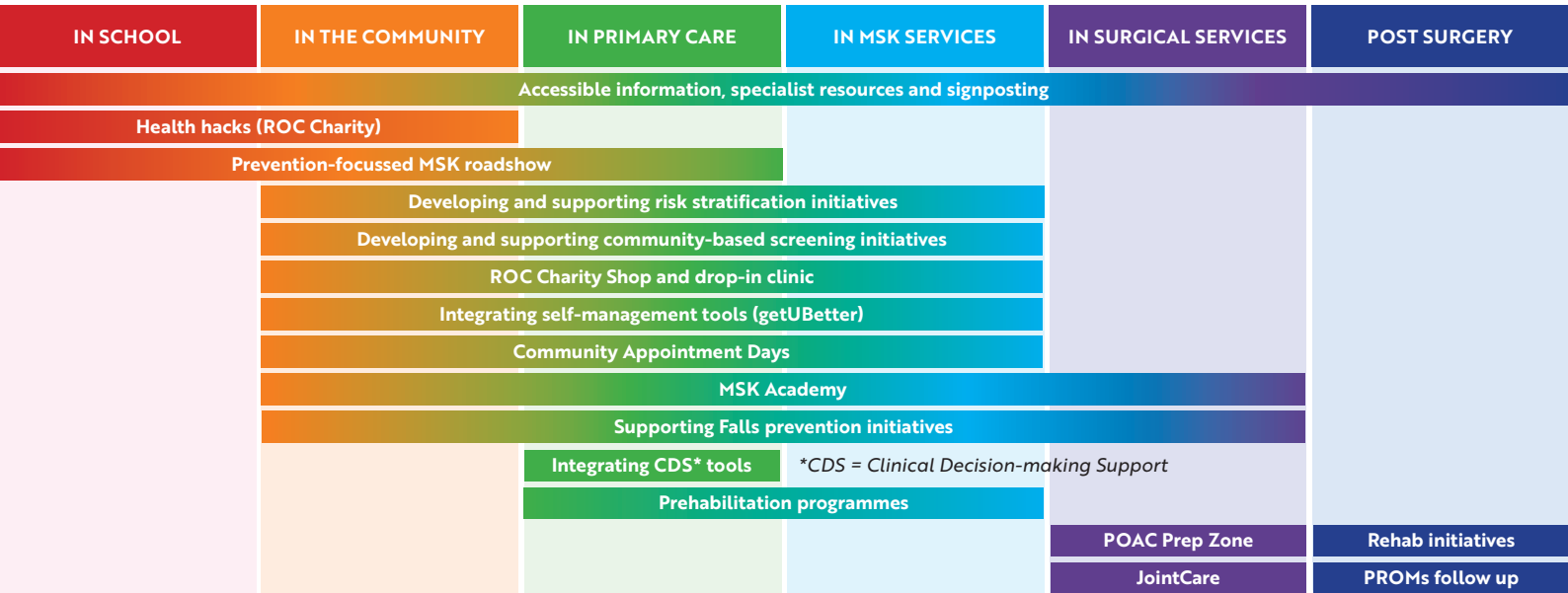
- Performance reviews and annual appraisals
- Continuous monitoring of KPIs and metrics
- An integrated Trust PMO
- A robust Performance Management Policy
- Reliable escalation and support processes
- Addressing underperformance fairly

# Responding to the three Darzi shifts

Lord Darzi’s Independent investigation of the NHS in England outlines three fundamental shifts required in the NHS.

## Sickness to Prevention

Preventing ill health is key to a sustainable healthcare system, keeping people healthier for longer and using resources effectively. As an elective specialist trust, we play a crucial role in prevention through specialised interventions. While prevention requires cross-sector collaboration, our focus spans a person’s life—from education to MSK healthcare engagement. This diagram outlines key interventions at each stage.

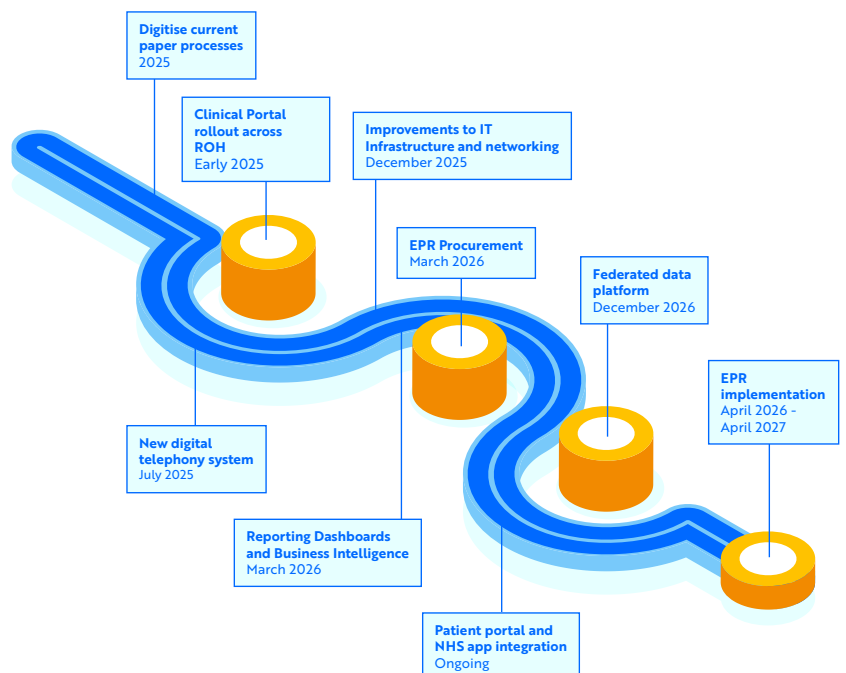


## Hospital to community

We are committed to shifting care into the community, aligning with Lord Darzi’s vision for integrated, patient-centred healthcare. Within the BSol ICS framework, we are enhancing musculoskeletal (MSK) services to provide timely, high-quality care closer to home. Integrated Neighbourhood Teams unite multidisciplinary professionals to deliver preventative, coordinated care, reducing pressure on urgent services. With over 22% of people physically inactive and 30% of GP visits related to MSK conditions, improving access to care and promoting self-management is essential. By embedding MSK services locally and tailoring care to community needs, we aim to enhance early diagnosis, ensure timely treatment, and reduce hospital admissions.

## Analogue to Digital

The ROH is undergoing a digital transformation with the biggest transformation coming through the introduction of an EPR.



# Strategy 2023-2028: Our progress to date

We are two years into the delivery of our 2023 - 2028 strategy. The below is a synopsis of our progress and achievements:



We achieved 'Much better than expected' in CQC Inpatient Survey (2023) putting us in top 10% in the NHS for patient experience



We made positive progress rolling out Shared Decision Making to ensure patients are truly included in decisions about their care



We achieved and are maintaining GIRFT accreditation as a Surgical Elective Hub, supporting access to high quality care



We achieved a gold standard from the National Joint Registry



We reduced staff turnover to 11%, which is better than the national average



We increased staff establishment to 89%, which is better than the national average



We were named 8th most inclusive company in the UK in the Inclusive Companies Top50 list



We reduced expenditure on agency staff which has supported our financial position



We delivered a range of MSK community initiatives including Health Hacks and Community Appointment Days



We saw growth in our Research and Development portfolio and increased the number of patients recruited to studies



We embedded a new appraisal framework and saw a rise rates of completion, quality and satisfaction



We saw theatre utilisation improve through the work of our Productivity Improvement Group

# Our strategy on a page

## STRATEGIC AMBITION

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE

## OUR MISSION

We will deliver compassionate, patient-centred care that empowers people to regain their mobility, independence, and quality of life. Through efficiency, expertise, innovation and collaboration we will tackle health inequality and improve access to life-changing care.

## STRATEGIC OBJECTIVES

### CARE

By 2028, we will maintain outstanding, high-quality care across all services and improve access, experience and outcomes for our patients.

### EXPERTISE

By 2028, we will have increased our influence as the leading centre for orthopaedic surgery and MSK care through our cutting-edge research and MSK Academy.

### PEOPLE

By 2028, we will be rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey, recognising our commitment towards inclusivity and wellbeing for all.

### COMMUNITY

By 2028, we will be leaders in MSK Prevention across our communities, improving access to our services and increasing the provision of MSK expertise at locality level.

### SUSTAINABILITY

By 2028, the ROH will be financially sustainable, having increased the number of people we treat through continuously improving our processes, standardising pathways and improving productivity.

### COLLABORATION

By 2028, we will have transformed MSK and orthopaedic services for our patient population through our strategic partnerships across healthcare, third sector, industry, research and academia.

## DELIVERY PHASES

### RESET AND TRANSFORM

Focus on how we work, making systems and processes better, and making sure everyone is clear on their role so that we are stable now and can grow in the future.

### SUSTAINING AND INNOVATING

Grow our services, help more patients, and develop new services to support our long-term success.

### GROWING AND INFLUENCING

Continue to grow, offer our services in new markets, and strengthen our orthopaedic leadership so we can support community MSK health.

## IMPORTANT ENABLERS

Embracing continuous improvement

Focussing on and delivering our business plans and strategies

Developing robust performance management and accountability

Delivering excellent value and making cost improvements

## WHAT WILL WE ACHIEVE IF WE DELIVER THIS STRATEGY?



### ACHIEVING OUR STRATEGY WILL BE POSITIVE FOR PATIENTS, OUR COMMUNITY AND OUR TEAM!

- ✓ We will grow and treat more people
- ✓ We will contribute to reducing health inequality
- ✓ We will improve access to care for our community
- ✓ We will be rated among the best hospitals to work for
- ✓ We will be rated 'outstanding overall' by the CQC
- ✓ We will be an efficient and sustainable organisation
- ✓ We will be a world-recognised leader in orthopaedics
- ✓ We will be in productive partnerships that benefit patients

FIND OUT MORE. SCAN THE QR CODE



# Objectives and metrics

## Care

### Critical success metric

By 2028, we will maintain outstanding, high-quality care across all services and improve access, experience and outcomes for our patients.

### Improvement targets

- Achieve a CQC rating of Outstanding
- Achieve a CQC Inpatient Survey Score of over 85%
- Achieve the RTT target by 2027 (two years ahead of the national Elective Recovery Plan)
- Reduce our hospital acquired infections to zero
- Maintain GIRFT Accreditation as a Surgical Hub

### Priority improvement programmes

- Continuously improve our inpatient experience through our Service Accreditation Programme
- Embed seamless, connected, efficient processes and pathways in readiness for a fully integrated Electronic Patient Record
- Evolve our JointCare pathway to meet the needs of our joint replacement patients, increasing the number of day case patients we treat
- Mobilise a suite of meaningful outcome targets that are actively used to improve the quality of care we delivery (including PROMS, National Joint Registry)
- Optimise referral management to improve waiting times and access to our services
- Digital transformation programmes to facilitate new, innovative models of care

## Spotlight on Improvement Huddles

Improvement huddles are brief weekly meetings where teams identify and implement improvement ideas, fostering continuous enhancement in patient and staff experiences. These structured sessions ensure all members contribute, driving practical solutions. Early adopters like the Pharmacy Department have successfully used huddles to generate ideas and resolve challenges.



# Expertise

## Critical success metric

By 2028, we will have increased our influence as the leading centre for orthopaedic surgery and MSK care through our cutting-edge research and MSK Academy.

## Improvement targets

- >700 participants recruited to NIHR funded studies
- 200 ROH authored publications
- Increased R&D income:
  - NIHR grants with ROH applicants = £9m
  - NIHR grants with ROH lead = £5m
  - Commercial income = £1m
- Minimum of 3 Post Graduate qualifications (level 6/7) developed in partnership with Birmingham higher education institutions

## Priority improvement programmes

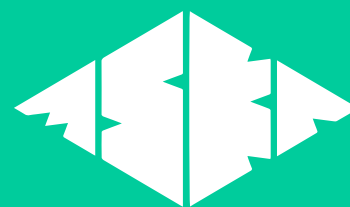
- Building ROH into a leading centre for cutting edge innovation, including robotic assisted surgery, Osseointegration, Metastatic Bone Disease
- Deliver years 3-5 of Research & Development Plan
- Accreditation as a Major Revision Centre
- Growing the ROH MSK Academy, designing and delivering education for NHS colleagues, patients and communities
- Supporting the professional development of ROH staff
- Excellence in HVLC
- Leadership in MSK and Orthopaedics

## Spotlight on the MSK Academy

The MSK Academy aims to empower healthcare professionals at The Royal Orthopaedic Hospital and beyond by providing advanced training, accredited courses, and a dedicated learning platform and offer. The project aligns with our strategy and addresses existing gaps in education and professional development.

The MSK Academy will offer:

- Accredited courses (virtual, face-to-face)
- Learning resource development
- Partnership with Universities and key partners
- Patient information tied to MSK transformation
- Library for teaching/growing capabilities
- Synergies with research and clinical academic careers
- Provide advanced training to healthcare professionals
- Create a sustainable and inclusive learning platform
- Align with the hospital's strategic objectives



# People

## Critical success metric

By 2028, we will be rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey, recognising our commitment towards inclusivity and wellbeing for all.

## Improvement targets

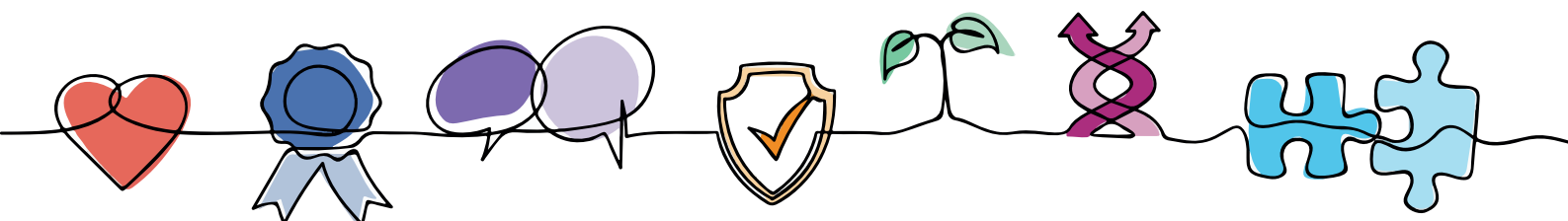
- Reduce MSK and mental health related sickness absence by below 4%
- Turnover rate <10.5%
- Establishment >90%
- Improve WRES/WDES scores on annual basis
- Reduce the gender pay gap

## Priority improvement programmes

- Implementation of Me As Manager and assessment of impact
- New Talent & Succession Framework
- Women in Orthopaedics education & engagement programme
- MSK Occupational Physiotherapy provision for staff
- Embed new High Performing Teams accountability framework
- Embed the Race Equality Code

## Spotlight on Me As Manager

Me As Manager is the new ROH Management Development Framework designed to equip line managers with the knowledge, skills and expected behaviours to accountably lead and maximise the performance of their teams and individuals. The ROH management development framework is aligned to the ROH Strategy and NHS People Promise. It is a clear framework that provides an essential competency set for any ROH manager, which is mandated as part of their role. In addition, the framework offers additional pathways which can be explored and undertaken based upon individuals' personal development needs and ambitions. The goal of Me As Manager is to build capability and competency, enabling our teams to be high performing (see page seven for High Performing Team Framework).



# Community

## Critical success metric

By 2028, we will be leaders in MSK Prevention across our communities, improving access to our services and increasing the provision of MSK expertise at locality level.

## Improvement targets

- ROH MSK service provision in each of the six BSOL localities
- Improve waiting times for patients in our 20% most deprived communities
- Increase the number of people accessing entry level posts from our local population via schemes such as iCAN

## Priority improvement programmes

- Support the development of neighbourhood health models and community care collaboratives
- Deliver our Health Inequalities action plan, including greater visibility of data
- Deliver our three-year Health Promotion and Prevention Plan, using our orthopaedic and MSK expertise to build tools and develop services for our partners and communities
- Deliver a rolling programme of Community Appointment Days and Community Roadshows to provide condition and community specific MSK advice & signposting
- Embed engagement and co-production into our services to ensure people help design and deliver the services they need
- Utilise digital technology to optimise how patients access ROH services (Clinical Decision Support, Self-Management, AI, Triage)

## Spotlight on the Community Care Collaborative

The Locality and Neighbourhood Health Service Model aims to provide proactive, person-centered care by integrating local services, fostering community partnerships, leveraging digital tools, and delivering coordinated support at neighbourhood, locality, and system levels. It is characterised by:

- **Proactive, Person-Centered Care:** Focus on early intervention, prevention, and reducing reliance on hospitals by shifting from reactive to planned care.
- **Local & Integrated Services:** Deliver care through 6 localities, 35 neighbourhoods, and co-located teams including GPs, social care, and mental & physical health professionals.
- **Community & Partnership Focus:** Foster collaboration with voluntary and community sectors, incorporating social prescribing and specialty advice.
- **Digital & Data-Driven Approach:** Use shared care records, remote monitoring, and risk stratification for targeted, proactive care.
- **Comprehensive, Multi-Level Support:** Provide services at neighbourhood, locality, and system levels to ensure both proactive and responsive care.

[Find out more](#)

# Sustainability

## Critical success metric

By 2028, the ROH will be financially sustainable, having increased the number of people we treat through continuously improving our processes, standardising pathways and improving productivity.

## Improvement targets

- Achieve financial break-even position on recurrent basis
- Achieve annual activity plan (aspiring to 18k patients treated each year by 2028)
- Achieve Private Patient annual growth target

## Priority improvement programmes

- Outpatient and Pre-Operative Transformation
- Productivity in Theatres (aligned to NHS Impact / GIRFT best practice)
- Growth of Private Patient service and additional commercial opportunities
- 7 day working
- Cost improvement scheme delivery, focusing on reducing waste
- Support NHS Carbon Net Zero plan by 2032

## Spotlight on building our commercial skills

Developing our commercial skills is an important aspect in ensuring we build good partnerships, innovate in care, and generate revenue to support the delivery of NHS services.

Our commercial plan focuses on five key objectives:

1. Developing joint ventures
2. Growing specialised services
3. Advancing research
4. Commercialising innovation
5. Expanding the Private Patient Unit (PPU)

ROH will leverage its clinical expertise, research capabilities, and industry partnerships to drive revenue growth while maintaining high standards of patient care. By strengthening governance, building internal commercial capabilities, and aligning with NHS values, we seek to balance financial sustainability with its commitment to patient-focused healthcare.



# Collaboration

## Critical success metric

By 2028, we will have transformed MSK and Orthopaedic services for our wide-reaching patient population through our strategic partnerships across healthcare, third sector, industry, research and academia.

## Improvement targets

- Single point of access for MSK & Orthopaedics in BSOL
- Improved referral quality and conversion to surgery
- Increased proportion of population accessing self-management and MSK support in communities

## Priority improvement programmes

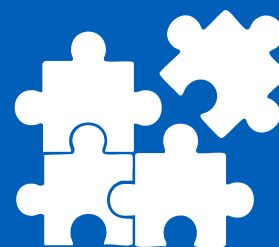
- Leadership of the BSOL MSK Transformation Programme
- Develop strategic partnerships with the Federation of Specialist Hospitals (FOSH) and the National Orthopaedic Alliance (NOA)
- Develop strategic alliance with Robert Jones and Agnes Hunt as specialist Orthopaedic hospitals in the Midlands
- Develop strategic alliances with Birmingham Higher Education Institutions to achieve our research and academic ambition
- Develop strategic alliances with industry to maximise our productivity and lean processes
- Charitable partnerships with our own Charity (ROC) to enhance MSK services regionally and nationally

## Spotlight on the Acute Provider Collaborative

In Birmingham and Solihull, the Acute Provider Collaborative model aims to deliver high quality, standardised care across all acute services.

As the APC lead for MSK, Orthopaedics and Spinal for the system, our ambition is to deliver the following in partnership with our acute and community partners:

- Standardised pathways
- Optimised referrals
- A single PTL
- An increased surgical conversion rate
- Maximised theatre capacity
- Increased theatre utilisation
- Increased outpatient utilisation
- Clinician passport
- Reduced reliance on independent sector



# Our key enabling plans

This strategy is underpinned by a comprehensive delivery framework for 2025 - 2028. This framework is divided into six annual plans:

## Digital, Data & Technology Plan

Refreshing the strategy to align with NHS Planning Guidance and Reforming Elective Care priorities. Key focuses include implementing the Federated Data Platform for secure data sharing, enhancing the NHS App for better patient access to services, and rolling out Electronic Patient Records (EPR) to improve efficiency, reduce administrative burdens, and support integrated care. We will also be integrating AI into our processes to drive efficiency.

## People Plan

Updating the strategy to reflect progress made between 2023-2025 and align with the Trust Strategy mid-term review. Priorities include workforce retention, staff well-being, leadership development, and professional growth opportunities, ensuring a resilient and motivated workforce while meeting service demands.

New

## Prevention Plan

A new plan structured around two Darzi Shifts, emphasising MSK prevention as a key role of ROH. It aims to promote early intervention, self-management, and physical activity programmes, integrating prevention into primary and community care to reduce long-term MSK conditions and hospital admissions.

## Research and Development Plan

A minor refresh of improvement targets with a stronger focus on commercial income growth. Key priorities include expanding clinical research, strengthening academic partnerships, and increasing participation in trials, ensuring research translates into improved patient care and funding opportunities.

New

## Commercial Plan

A new plan focused on five key areas: expanding private patient services, forming joint ventures, growing specialist services, increasing research & development activity, and commercialising innovation. The aim is to enhance financial sustainability, drive innovation, and improve service offerings.

New

## Estates Plan

Refining opportunities for investment in healthcare infrastructure over the next 2-3 years. Focus areas include modernising facilities, improving accessibility and sustainability, and optimising space to support evolving care models and enhance patient and staff experience.

# Our 3 year delivery framework

This strategy is underpinned by a comprehensive delivery framework for 2025 - 2028. This framework is divided into three annual plans:

## 2025-26: *Reset and transform*

'Reset and transform' means resetting the organisation to focus on current strategic priorities. This includes achievement of 2025/6 operational planning requirements and implementing year three of the ROH Strategic Plan. Focus will include going 'back to basics' on systems and processes throughout the organisation, supporting CQC readiness and clear lines of accountability. Other elements include standardising our operational approach, getting it right first time, being as productive as possible with the assets we have and focussing on delivering our core business as effectively as possible. This will support our short- and medium-term sustainability while building a strong foundation for the next phase of 'innovation'

### **What this means for patients**

Seamless care, shorter and more supported waits, more autonomy (with PIFU, NHS app, booking etc) more day case opportunity, and improved experience.

## 2026-27: *Sustaining and innovating*

'Innovation' means building on a solid foundation of productivity and efficiency and introducing innovative ways of working, accelerating growth, generating income, and building medium to long term sustainability. This work creates the right environment for the next stage with is 'magnification' of what we are doing to a larger footprint.

### **What this means for patients**

Greater access, reduced health inequality, care closer to home, more prevention, improved digital experience and tools, better information and guidance, more opportunity for NHS and private services.

## 2027-28: *Growing and influencing*

'Magnification' means scaling up, moving into new markets, capitalising on the growth we have made and reinvesting for long-term sustainability. It means consolidating our position an experts and leaders and enabling the ROH to flourish.

### **What this means for patients**

Greater access to information, support and services outside of BSol (and the UK), access to new innovative services, enhanced care through reinvestment.

This strategic framework is supported by an annual combined Delivery Plan which brings together the operational, clinical and nursing plans into one plan. The delivery of this combined Delivery Plan will be supported by a Project Management Office (PMO) and monitored regularly by the Executive Team.

# Glossary

Acronym	Full Term	Description
AI	Artificial Intelligence	Computer systems simulating human intelligence.
APC	Acute Provider Collaborative	A partnership across hospital providers to improve acute services.
BSol ICS	Birmingham and Solihull Integrated Care System	A regional partnership of health and care organisations.
CDS	Clinical Decision-making Support	Tools that help clinicians make evidence-based decisions.
CQC	Care Quality Commission	The independent regulator of health and social care in England.
EPR	Electronic Patient Record	A digital system for managing patient records.
FOSH	Federation of Specialist Hospitals	A group representing specialist NHS trusts.
GIRFT	Getting It Right First Time	A national programme to improve medical care in the NHS.
HVLC	High Volume Low Complexity	A type of healthcare service involving many straightforward procedures.
ICB	Integrated Care Board	Regional NHS body overseeing integrated care systems.
IMD	Index of Multiple Deprivation	A UK government measure of area-level deprivation.
MSK	Musculoskeletal	Pertaining to muscles, bones, and joints.
NHS	National Health Service	The publicly funded healthcare system of the UK.
NIHR	National Institute for Health and Care Research	Funds health and care research in the UK.
NOA	National Orthopaedic Alliance	A national collaboration of orthopaedic providers.
PIFU	Patient-Initiated Follow-Up	A care model where patients request appointments as needed.
PMO	Project Management Office	A team managing strategic programmes and projects.
POAC	Pre-Operative Assessment Clinic	A service that evaluates patients before surgery.
PPU	Private Patient Unit	A section of the hospital offering private care options.
PROMS	Patient Reported Outcome Measures	Assessments of health outcomes reported directly by patients.
QSIR	Quality, Service Improvement and Redesign	NHS training programme to support service improvement.
ROC	Royal Orthopaedic Charity	The charity arm of the Royal Orthopaedic Hospital.
ROH	Royal Orthopaedic Hospital	A specialist orthopaedic hospital located in Birmingham, UK.
RTT	Referral to Treatment	A target time for patients to start treatment after referral.
WDES	Workforce Disability Equality Standard	A framework for NHS organisations to improve disability equality.
WRES	Workforce Race Equality Standard	An NHS measure to ensure fair treatment of BAME staff.

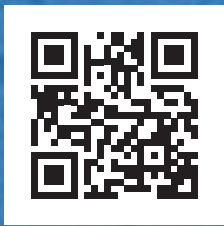
# Have your say

## Help us improve healthcare

We are keen to work with people who want to help us design, develop and deliver healthcare services in the future. If you're interested in co-production and improving your local health services, please get in touch. Call or email 0121 685 4128 or roh-tr.PALS@nhs.net

## Patient Experience

We are always keen to hear from people who use our services. Our Patient Experience Team has lots of ways to listen and help you share your experience, feedback and ideas. Find out more, scan the QR code or call 0121 685 4128



If it matters to you,  
It matters to us.

**We're listening.**



**The Royal  
Orthopaedic Hospital**  
NHS Foundation Trust





**TRUST BOARD**

<b>DOCUMENT TITLE:</b>	<b>Annual Equality and Diversity report</b>
<b>SPONSOR (EXECUTIVE DIRECTOR):</b>	<b>Sharon Malhi – Chief People Officer</b>
<b>AUTHOR:</b>	<b>Michael Hirons, OD and Inclusion Manager Clare Mair, Head of OD and Inclusion</b>
<b>DATE OF MEETING:</b>	<b>7<sup>th</sup> May 2025</b>

**PURPOSE OF THE REPORT:**

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

This is the ROH Equality and Diversity (E&D) report 2024 for the Trust. As part of the Public Sector Equality Duty (PSED), there is a requirement for every public organisation to achieve the following objectives:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

As part of these objectives, the Trust is required to publish an annual E&D report on the ROH website with key EDI information on staff and patient data for 2024. This report also includes:

- An overview of the ROH Inclusion strategy (which is currently being reviewed for 2025)
- Information on progress made in the Inclusion agenda for 2024
- Key projects undertaken by teams and networks across the Trust
- Information on key partners who provide support and assessment frameworks to help advance Equality, Diversity and Inclusion work at the Trust
- Workforce Race Equality Standard (WRES) metrics for 2024
- Workforce Disability Equality Standard (WDES) metrics for 2024
- Gender Pay Gap metrics for 2024

**Next steps**

Complete the refresh of the ROH Inclusion strategy in line with current priorities

**ASSURANCE PROVIDED BY THE REPORT:**

<b>POSITIVE</b>	<b>GAPS IN ASSURANCE/RISKS TO ESCALATE</b>
The report highlights key progress made in 2024 linked to the ROH People Plan	Ensuring key priorities are highlighted to ensure all colleagues feel they are working in a safe and inclusive environment

<p>Colleagues from across the Trust have been involved in compiling this report</p> <p>The Trust has moved to No 8 in the top 50 ranking for Inclusive companies</p>	<p>Ensuring the information is accessed by colleagues at the Trust in an informative way, alongside the ROH Inclusion agenda</p>
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**REPORT RECOMMENDATION:**

The committee are asked to read the report and approve for publication on the ROH website

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

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

Comments:

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

Care		Community	X
Expertise	x	Services	
People	x	Collaboration	

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

N/A

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

ICS EDI Strategy

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

N/A

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

Staff and Experience Committee – April 2025

# Equality and Diversity

## Annual Report 2024

### The Royal Orthopaedic Hospital

A review of the year

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**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

# Welcome

Welcome to this report, a retrospective look back over 2024.

If you are member of the public reading this on our website, thank you for taking the time to find out a little more about who we are as an organisation, what equality and diversity is and why we think it matters to our staff and our patients, their families, relatives and friends.

Our desire here is to share with you our aims and objectives, values, measures of success and progress, and to do so in a way that is accessible and easy to understand.

Where possible we will try and avoid NHS jargon, and where we do use terms that may be unfamiliar to you, or just a bit obscure, we'll look to explain what we mean

Keep it  
simple

Wherever we use any jargon that may be common in the NHS we'll make sure we explain exactly what that means in plain English



## EDI

**EQUALITY – treating people fairly, giving them an equal chance to get on, removing barriers that hold them back; not discriminating in any way and making sure policies and processes are fair and impartial**

**DIVERSITY – recognising people's differences and respecting, valuing & benefitting from those different views and experiences**

**INCLUSION - Creating a space where everyone feels safe, welcomed and valued no matter who they are.**

You may also from time to time see links to other documents or more information also.

[Royal Orthopaedic Hospital - Home](#)

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# 1. Introduction

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## A message from the Chief Executive Officer (CEO) and Chief People Officer (CPO)

**At The Royal Orthopaedic Hospital we believe that equality and diversity are at the heart of everything we do. Our commitment to these principles is not just about creating a fair and inclusive environment for our patients but also about ensuring that all our staff, regardless of background, feel valued, respected, and empowered to contribute to the work we do.**

**As we look towards the future of healthcare, it is more important than ever that we acknowledge the diverse communities we serve and ensure that our services are reflective of their needs. Diversity, in all its forms, enriches the care we provide, strengthens our workforce, and enhances our ability to innovate and improve patient outcomes.**

**We understand that true equality and inclusivity require ongoing reflection, action, and accountability. This is why we are committed to fostering an environment where everyone feels able to reach their full potential and where barriers to healthcare access and progression are systematically addressed.**

**Together, we can ensure that our Trust continues to be a place where equality, diversity, and inclusion are not just aspirations, but the foundation of everything we do.**

**Matthew Hartland, Chief Executive and Sharon Malhi, Chief People Officer**

## 2. The Royal Orthopaedic Hospital (ROH) Equality & Diversity Report



The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) is a specialist hospital of around 1500 staff, with a history of over 200 years of serving the people of Birmingham and beyond with a comprehensive range of surgical and non-surgical treatments.

People are at the heart of our story and we're proud of our culture and the positive impact it has on those who work here, our patients & their friends or families.

This Equality and Diversity (E&D) Report aims to provide you with a user-friendly look back over the key information, achievements and activity around equality, diversity and inclusion during 2024.

It is a statutory requirement for every NHS organisation to compile and publish equality and diversity information related to both our staff and patients, and that this document, along with other reports, are published and available to the public on The Royal Orthopaedic Hospital's (ROH) website. [Royal Orthopaedic Hospital - Home](#)

Led by the Trust Board, we believe that creating an equitable, diverse and inclusive workplace.

We recognise that our staff, our patients and visitors have the right to be treated fairly, regardless of their Age, Gender, Marital Status, Religious Belief, Ethnic Background, Nationality, Sexual Orientation, Disability or Social Status.

We are committed to promoting equality and diversity and to making the Trust a safe and inclusive place to work where people can be their true and authentic selves and have a voice.



**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

## Legal and NHS regulatory requirements

### The Public Sector Equality Duty

The Public Sector Equality Duty (PSED) applies in England, Scotland and Wales, places a statutory duty on such organisations to consider how their functions will affect people with different protected characteristics. These include their policies, programmes and services.

The Trust is required to work to Section 149(1) of the Equality Act 2010, the general duty of which require NHS organisations to have due regard to:

- Eliminating discrimination, harassment and victimisation and other conduct prohibited under the Act
- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

Alongside this E&D Report the Trust produces many other reports, such as the Gender Pay Gap, Workforce Race Equality Standard, Workforce Disability Equality Standard, EDI Improvement plan and the Equality Monitoring Tool, as outlined in the Equality Delivery System (EDS) 2024, to ensure all areas of the Trust are evaluated for effectiveness in the areas of equality and diversity.

[Equality Act 2010: guidance - GOV.UK](#)

[NHS England » Equality Delivery System 2022](#)



### 3. Trust Values and Inclusion Strategy

**Trust Values** - more than words, they define how we treat one another and how we deliver care, they all implicitly seek to foster and promote an inclusive workplace and can only hope to be fully realised where we have successfully created an inclusive culture and working environment.

**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

**RESPECT** - Treating people with consideration and dignity, recognising and valuing their worth and opinions and acknowledging and empathising with others

**COMPASSION** - Supporting the health and wellbeing of our patients and colleagues, acting with kindness towards everyone and recognising when things are difficult and showing sympathy and empathy

**EXCELLENCE** - Taking responsibility for delivering the highest possible standard of work, understanding relevant standards or targets and consistently meeting them and aiming to be the best by communicating, collaborating, learning and being diligent

**PRIDE** - Taking pride in your work and the standard to which it is delivered, supporting others to achieve their work because we are all part of a team and continuously improves

**OPENNESS** - Being truthful and transparent, especially if a mistake is made, giving constructive feedback and being open to feedback, communicating clearly and honestly, speaks up to raise a concern

**INNOVATION** - Seeking ways to improve through adapting existing approaches or introducing new ideas, embracing new ways of working and change and encouraging others to do the same, making time and space and to continuously improve

[Royal Orthopaedic Hospital - Culture](#)

**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

## ROH Inclusion Strategy – The Inclusion Vision, Equality Objectives, High Impact Areas

The ROH Inclusion Strategy was launched in 2021, during the pandemic, to increase the focus required to support staff to provide the best patient care.

This Strategy is currently being reviewed and will be refreshed and come into effect in 2025, aligned to the ROH People Plan and Trust Strategy.

The key elements of the strategy are

- **The Inclusion Vision**
- **Equality Objectives**
- **Six High Impact Areas.**

Actions aligned to the Inclusion Strategy, including actions from all EDI reporting including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), support this strategy, which this report will showcase.

[Royal Orthopaedic Hospital – Strategy](#)

### Our Inclusion Vision

**Nurturing a connected culture of belonging where our colleagues can bring their authentic selves to work and patients and visitors experience a supportive and inclusive environment, ready to meet their needs**



## ROH Inclusion Strategy – Equality Objectives

We will achieve our ambition to be an inclusive organisation (in line with the NHS People Plan) through a clear set of 6 strategic objectives and an action plan which will work across all areas of the Trust.

Overall, the strategic objectives aim to create a truly inclusive environment at the ROH which will continue to improve the patient and colleague experience.

**Objective 1:** Tackling and removing all forms of discrimination in order to promote equality for all.

**Objective 2:** Creating an inclusive and healthy ROH culture through Trust values.

**Objective 3:** Giving colleagues and patients a voice to speak up and ask for access to opportunities.

**Objective 4:** Ensuring our leaders, managers and colleagues role model in a compassionate and inclusive way.

**Objective 5:** Being recognised as a Top Inclusive Employer externally through a best practice approach to demonstrate continuous improvement.

**Objective 6:** Ensure the Equality and Diversity work plan (Inclusion Action plan) delivers on the required objectives.

Each of these objectives has been translated in one of the six high impact areas –

**1: Proactive ambassadors at all levels of the Trust**

**2: Accessible through the ROH culture lens**

**3: Building staff/patient voice through feedback and networks**

**4: Education and awareness for all around cross culture**

**5: Best practice through accreditation**

**6: Using data and metrics research to promote change**

## 4. NHS People Plan and People Promises

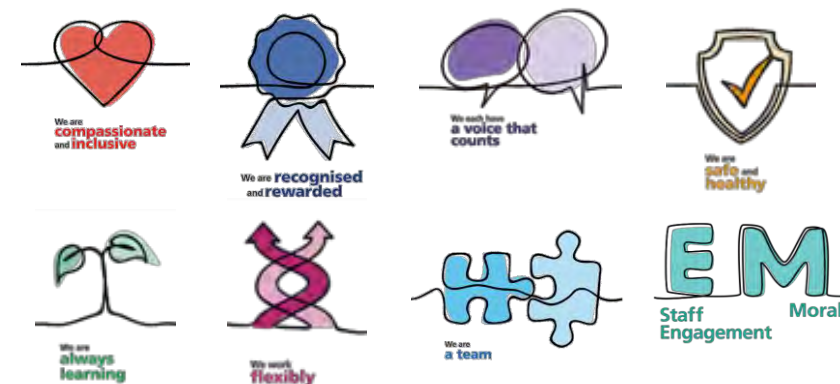
The **NHS People Plan** is designed to meet the Long-Term Plan for the NHS, a Workforce Strategy for delivering the sustainability of the NHS. To achieve this we need more people, working differently, in a compassionate and inclusive culture. The People Plan sets out a range of actions to deliver this. These are organised around four pillars:



1. Looking after our people – with quality health and wellbeing support for everyone
2. Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
3. New ways of working and delivering care – making effective use of the full range of our people’s skills and experience
4. Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

Below the pillars sit the 7 NHS People Promise statements against which to measure progress and additionally measures for overall Staff Engagement and Morale.

The delivery of equality and diversity in the workplace is both facilitated through achieving the aims of these 9 themes, and they in turn provide us with a measure of our progress towards creating a truly inclusive work environment where everyone feels valued.



[NHS England » Our NHS People](#)

## 5. External Work and Recognition



Inclusive Top 50 UK Employers List The ROH was ranked 8<sup>th</sup> in this prestigious list in 2024



The Trust has recently been recredited for Level 3 Disability Confident Leader, which commits us to attracting, retaining and making the most of the talents of disabled people



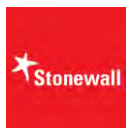
NOA members and Excellence in Orthopaedics award winners for our Financial Wellbeing Initiatives.



Thrive at Work Bronze award and working towards silver in 2024/25 for creating a workplace that promotes employee health & wellbeing



The ROH is accredited as Veteran Aware, those who serve or who have served, and their families will not experience any disadvantage as a result of their service.



Working to improve scores on Stonewall's monitoring index of members through external assessment



The ROH is part of the "Getting It Right First Time" (GIRFT) programme which is a national NHS England programme designed to improve the treatment and care of patients



Rated us as "GOOD" overall & all 5 categories, including "Well-Led", under which EDI work is assessed. [Provider section - RRJ The Royal Orthopaedic Hospital NHS Foundation Trust \(15/10/2019\) INS2-5468751521](#)

**Possibilities Beyond Limits (PBL)** – A programmes run by BSOL ICS to develop Band 6 & 7 managers into senior positions, open to all but with a focus on underrepresented groups within senior leadership roles.

**RACE Code** – working to address race inequality in the boardroom and senior leadership teams.

**BLACHIR** - Birmingham & Lewisham African and Caribbean Health Inequalities Review - A programme to gain insights on health inequalities



**BISOL ICS** is the Birmingham and Solihull Integrated Care System, basically it oversees, supports and helps co-ordinate the all the various NHS Trusts in this region, be they acute, specialist, community, mental health etc. with a view to making the patient's experience consistent and joined-up and cost effective

## 6. Internal Work and Recognition



**Health and Wellbeing** The agenda is significant in scope, well communicated and supported by Wellbeing Conversations training.



**Quality, Service Improvement and Redesign (QSIR)** A service improvement programme, encouraging staff from different backgrounds, jobs and roles to participate



**Sexual Safety Charter** Committing us to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace

**Improvement Huddles** Roll out of training to support short, weekly inclusive team meetings to focus on improvement in their area, allowing every member of the team to contribute

**People Promise Exemplar Programme 2024/25** The ROH took up the opportunity to be a People Promise Exemplar site. Following staff feedback and a self-assessment process, 4 priority areas were identified with workstreams set up with key stakeholders and staff representative to draw up plans around these areas for implementation during 2025.

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

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

**We each have a voice that counts:** Feedback loops 'You said, we did' and Employee Engagement

**We work flexibly:** Improved flexible working offer

## People Directorate supporting E&D

The People Directorate comprises several teams, Human Resources, Recruitment, Organisational Development (OD) and Inclusion, Workforce Planning and ESR (Electronic Staff Records) Team, as well as Education and Training.

Much of the work undertaken directly promotes the equality and diversity agenda, inclusive employment and reporting on the progress made towards ensuring our employees' time with us is a positive experience.

The OD & Inclusion team support staff networks, run the annual staff survey, produce reports, such as this one, and support the Trust's cultural development.

The HR team delivered workshops for "New and Expecting Parents" launched in 2024, a joint workshop ran by HR and Payroll to advise staff on the key procedures and information ahead of their maternity/adoption/shared parental leave.



They also liaise with the Freedom To Speak Guardian and have consulted with some staff networks on some HR policies to ensure there is an employee voice and perspective considered in their policy development.

The People Directorate also routinely report on some key metrics that help us better understand what is going with equality, diversity and inclusion within the Trust, as seen in the next pages:

Looking at such things as leavers' data, Flexible working requests, disciplinaries and grievances against certain key measures of gender, ethnicity and disability to check for unexpected variances in these figures compared to those of the wider staff population.

## Freedom To Speak Up, Unions and Professional / Regulatory Bodies



The Freedom To Speak Up Guardian works independently, along-side the existing channels available for staff to raise concerns, as an additional confidential avenue for highlighting issues; be they in relation to patient experiences, outcomes or safety, procedures and policies, or poor staff experiences and poor cultures. This gives staff reassurances around confidentiality and having a safe space to discuss any concerns they have where they retain the right to decide what to do next.

We recognise that people can be wary, even fearful, of raising concerns at work. Guardians act to support staff to “speak up” about concerns that they have confidentially. At the ROH the Guardian is supported by several FTSU Champions, who promote a “speaking up” culture within teams & act as initial points of contacts for staff needing support.

[Freedom to Speak Up Guardian](#)

[The National Guardian's Office - Freedom to Speak Up](#)

Many staff are members of trade unions and/or regulatory and professional bodies. These seek to advocate for staff in many areas, including those related to Equality, Diversity and Inclusion and they will promote and adhere to EDI best practice within their own codes of conduct too

Unions have a formal role within in agreeing on policies that impact on their members, and other staff, seeking to ensure they are fair and equitable in design and application. Alongside the varied clinical professional and regulatory bodies, non-clinical staff may also belong to professional bodies, such as The Chartered Institute of Personnel and Development (CIPD) for Human Resources.



## 7. Staff Networks

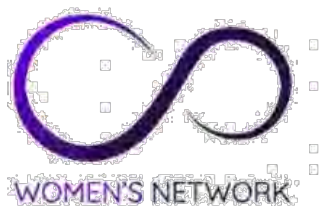
The ROH has several staff networks, which include Equality & Diversity, Women, Disability, Ethnic Minorities, Men, Menopause and LGBTQ+\* staff. We value the work they do in creating a safe space for staff with sharing and experiences, or facing particular issues, to come together with others like them. This aligns with our Inclusion Strategy for the organisation and provides a safe space for discussion and sharing and articulating the case for change or positive action from the Trust.

Some networks have a greater focus on campaigning for change and others function more as supportive network. We believe that the networks should reflect their members needs and wishes and while they are supported by the OD and Inclusion team and others, in practical ways they should rightly be for their members and by their members!

Networks also benefit from their own Executive Sponsors, who act as their advocates and offer guidance, encouragement and support.

At a national level there are also NHS staff networks

[NHS England » Staff networks](#)



\* Lesbian, Gay, Bisexual, Trans, Queer

**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

## 8. Staff Feedback – NHS National Staff Survey

The annual NHS National Staff Survey was undertaken in October and November 2024. This provides us with a comprehensive understanding regarding how our colleagues are feeling, covering all aspects of their work life under the headings of the 7 NHS People Promises, as well as measures for Staff Engagement and Morale.

There are specific questions relating to equality, diversity and inclusion that sit under the We Are Compassionate and Inclusive People Promise.

Clearly experiences related to EDI influence many other Themes too: e.g. are flexible working opportunities applied fairly, does everyone feel they have a voice or access to development, feel valued, listened to, or integrated into their teams etc. These experiences impact on other Theme scores such as We Work Flexibly, We Each Have A Voice That Counts, We Are Always Learning and We Are A Team etc.; in turn these influence overall levels for Staff Engagement and Morale too.

These results allow the Trust to track its own performance year on year. Additionally, we can gauge our progress against other Trusts working in the same part of the health sector.

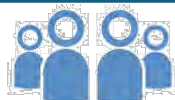
This data is used to help establish Trust wide, and team specific, priorities in response to the feedback, involving a process of engaging with staff to identify actions and create improvement plans, with the additional input of the staff networks.

National Quarterly Pulse Surveys, in January, April and July, are much shorter and track core engagement responses in-between the main NHS Staff Survey and are useful as “temperature” checks on how colleagues are feeling.



## 2024 staff survey results

### 2024 NHS Staff Survey



These are the 2024 results for the NHS National Staff Survey for the ROH.

We are benchmarked against other Acute Specialist NHS Trusts, of which there are 13 in the UK, against the 7 NHS People Promises and the 2 additional themes of Staff Engagement and Staff Morale. All Staff are included in the survey sample and in total 59% of colleagues participated which is 836 voices

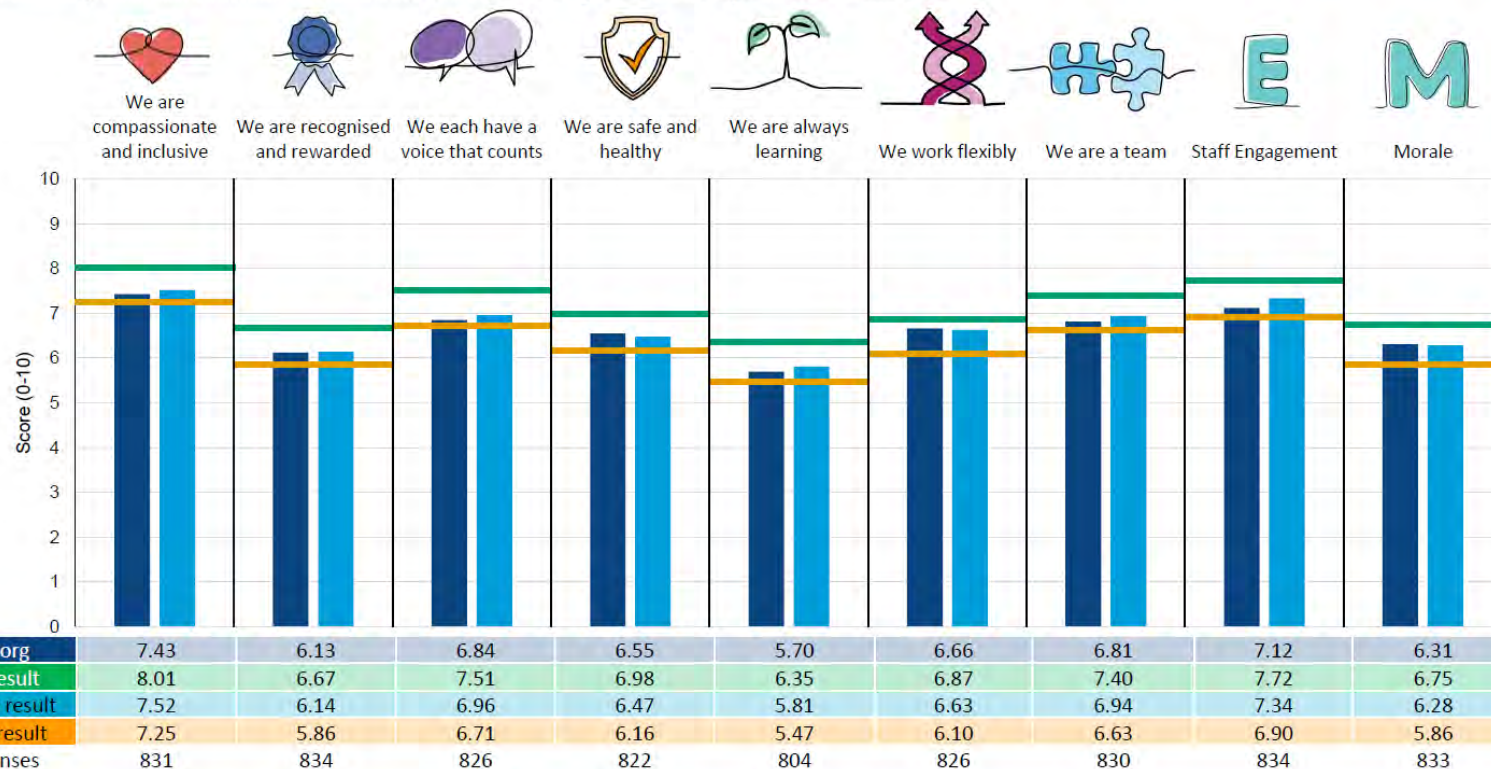
The data presents the ROH score (out of 10) vs the Best, the Worst and the Average scores within our sector.

These results, along with breakdown reports of Directorates and Teams, and questions around EDI, measure staff's experiences, and help inform our priorities for future actions.

### People Promise elements and themes: Overview



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



## 9. Comparative Staff Experiences - WRES Data (Workforce Race Equality Standards)

These reports seek to track, understand and address differing staff experiences, dependent on race and disability, against certain standards

### Performing Well

**Indicator 1: Representation** - Representation of ethnic minority colleagues across all bands has increased from 37% to **40% including at band 9**.

**Indicator 4: Training** - Our ethnic minority staff continue to be significantly more likely to access non mandatory training (**0.87**).

**Indicator 9: Board Representation** - Ethnic minority representation at board level has increased from 12% to **29%**.

### Getting there

**Indicator 2: Shortlisting** - Relative likelihood of ethnic minority candidates being appointed from shortlisting has moved from 1.62 to **1.58 still shows a significant gap**.

**Indicator 3: Disciplinary** -The relative likelihood of ethnic minority staff entering the formal capability process has reduced from 1.37 to **1.26**.

**Indicator 7: Career progression** - Slight increase from 41% to **43%** of ethnic minority staff reporting equal opportunities for career progression.

**Indicator 5: Harassment** - Ethnic minority staff reporting harassment from patients, relatives and the public has decreased slightly.

### Work required

**Indicator 6: Harassment from staff** - Ethnic minority staff reporting harassment from staff has increased from 26% to **29%**.

**Indicator 8: Discrimination** - White staff reported slightly more discrimination (8%-9%) whereas ethnic minority staff reports increased from 15% to **17%**.

## WDES Data (Workforce Disability Equality Standards)

### Performing Well

Indicator 3: Disciplinary - The relative likelihood of disabled staff entering the formal capability process remained at **0** based on a two-year rolling figure.

Indicator 8: Adequate adjustment - Disabled staff reporting adequate adjustments increase from 66.7% to **74.73%**.

Indicator 10: Board Representation – Full board members identifying as disabled increased from 0% to **13%**.

### Getting there

Indicator 1: Declaration - There has been a slight change to staff members with disability declaration rate moving from 6.2% to **5.9%**.

Indicator 2: Shortlisting - Relative likelihood of disabled application being appointed from shortlisting has moved from 1.24 to **1.01**.

Indicator 4: Harassment - Disabled staff experiencing harassment, bullying or abuse from patient and public has decreased from 26.7% to **22.56%**.

Indicator 5: Career progression - Disabled staff believing the trust provides equal career opportunities decreased from 52.6% to **52.44%**

Indicator 6: Managerial Support - A positive decrease from 32.2% to **25.66%** of disabled staff feeling pressure from managers to come to work when unwell.

Indicator 7: Satisfaction - A positive increase from 35.0% to **41.92%** of disabled staff who are satisfied with the extent to which the organisation values their work.

Indicator 9: Staff engagement - The staff engagement score for disabled staff vs the overall Trust engagement score has increased from 6.6% to **6.75%**

### Work required

Indicator 4a: Harassment from staff - Disabled staff experiencing harassment, bullying or abuse from staff has not changed and remained at **23.1%**.

More comprehensive reports reviewing our WRES and WDES data in detail are available: [Royal Orthopaedic Hospital - Home](#)

## Gender Pay Gap Report

We report annually on the gender pay gap, which is the difference between the average earnings for men and women at the ROH.

This matters because it highlights differences in the earning potential of female vs male staff and prompts questions as to why this is the case.

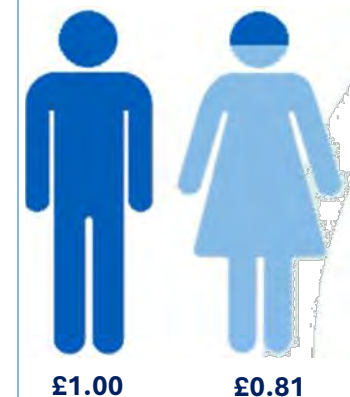
We can use the results of this report to address:

- The levels of gender equality at the ROH
- The balance of male and females at different levels
- How effectively talent is being maximised and rewarded
- To get a clear set of actions to promote change

A more comprehensive analysis of the Gender Pay Gap report is available [Royal Orthopaedic Hospital - Statutory Documents](#)

### MEDIAN GENDER PAY GAP AT ROH

- The median hourly wage for men is **£19.88 (2024)** compared £19.42 in 2023
- The median hourly wage for women is **£16.18 (2024)** compared to £15.33 in 2023
- This equates to a difference of **£3.70 (2024)** compared to £4.09 in 2023
- The median hourly rate is **18.61% (2024)** lower for women than it was for men compared to 21.06% in 2023
- In 2024 there had been a slight improvement for **every £1 earned by men, women earned 81.39p** compared to **78.94p in 2023**



**MEDIAN** - The median hourly rate is calculated by ranking all employees from the highest to the lowest paid & taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women's median hourly wage (the middle paid woman) and men's median hourly wage (the middle paid man).

## 10. Staff Demographics

The NHS workforce is more diverse today than at any point in its history. This matters not just because it is the equitable thing to do, it also brings clear measurable benefits for patients and taxpayers alike in the service we offer.

The NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. To achieve these goals, we need to increase capacity by growing our workforce and finding new ways of working to enhance productivity, by inspiring new staff to join and encouraging existing staff to stay.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale and engagement, which, in turn, directly impacts on improved patient experiences and outcomes.

Put simply, “happier staff, better patient outcomes”.



You cannot achieve those patient outcomes unless you have an inclusive environment where you treat people equitably and without discrimination; delivering that kind of working environment in an organisation of any size takes deliberate focus, listening and action.

The NHS People Plan, underpinned by the 7 NHS People Promises supports 1.3 million people who work in NHS England, outlining actions to enhance their sense of ‘belonging’ in the NHS by improving their experience of engagement, equality, diversity and inclusion. By doing so we can improve the patients’ experiences and outcomes.

To support this ambition, we need to understand what our staff make-up looks like and to what extent that is representative of the surrounding population. As an inclusive employer we would want to see some broad correlation between the two, and indeed to our patient profiles as well.

## 2012 Census Population data for Birmingham 2021

The starting point for understanding whether our staff population, and ultimately our patient profiles, are representative of the locality we serve is to review the census data.

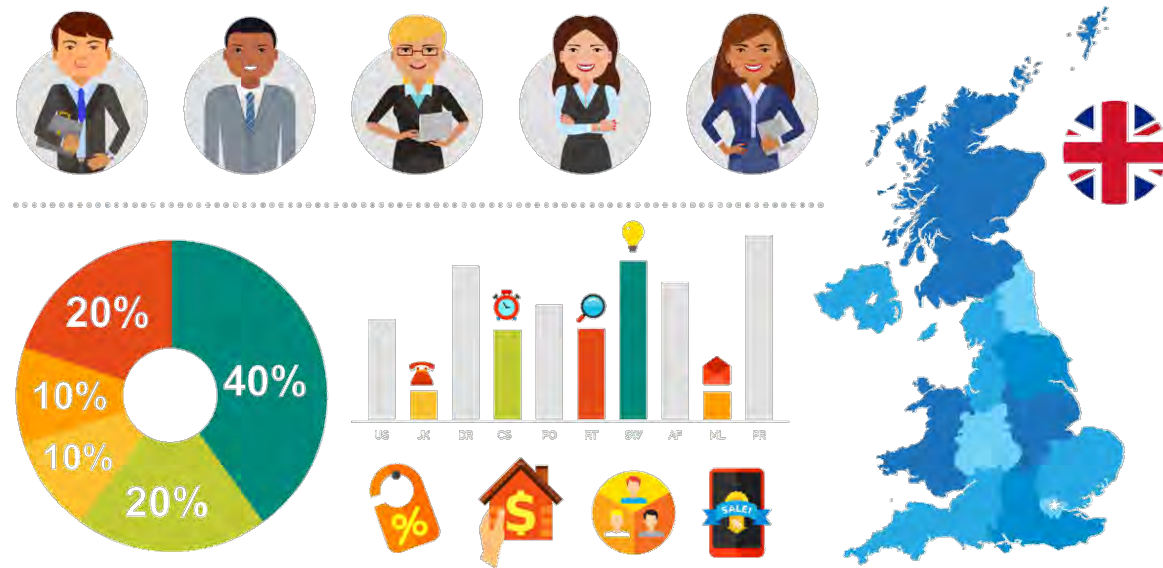
Historical and societal factors beyond our control may influence the makeup of certain professions, for example traditionally the training routes for becoming a Doctor have tended to favour males who haven't typically taken time out to raise a family; also, as an elective hospital, we will have patients from outside of our immediate locality. However, it is still important to try and understand whether we are broadly meeting our ambitions to be a fair, equitable and inclusive employer and service provider.

Here we will highlight some headline census data for the Birmingham area, before looking at staff and patient breakdowns, where we can see how the two compare.

There is a huge amount of census data available, and you may wish to look into this in more depth, if so, please visit this website:

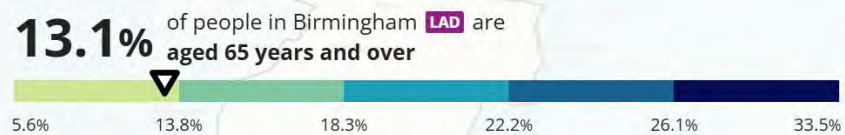
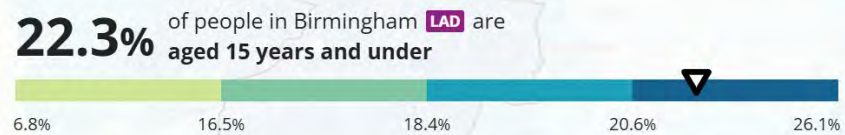
[Census Maps - Census 2021 data interactive, ONS](#)

Census maps is an interactive tool to explore Census 2021 data across England and Wales for different topics down to a neighbourhood level.



## Birmingham 2021 Census data – Age, Language & Ethnicity

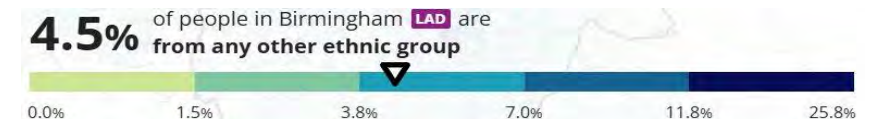
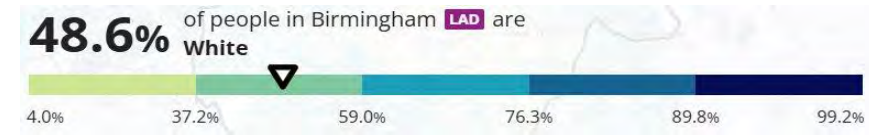
### Population age profile:



### Population language profile:

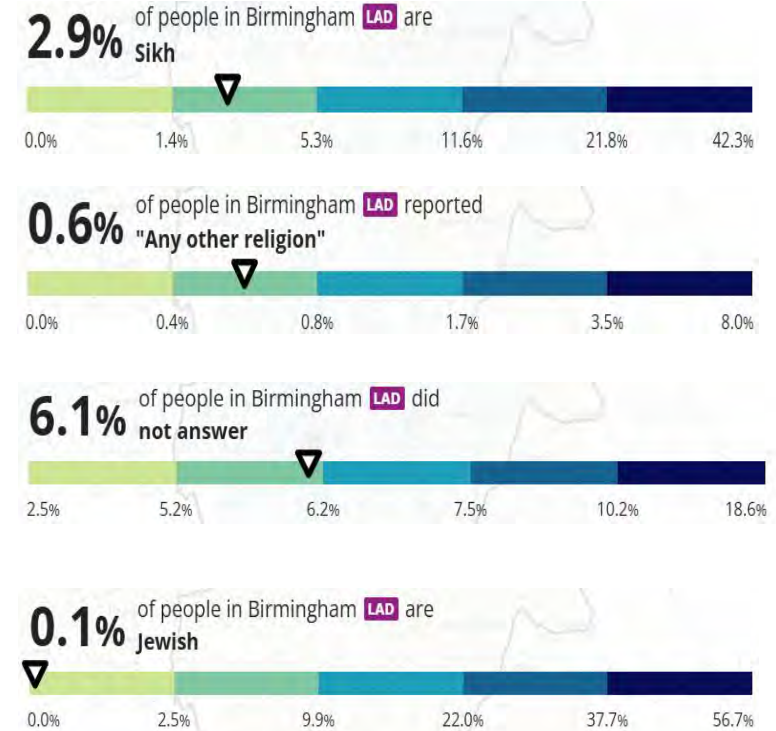
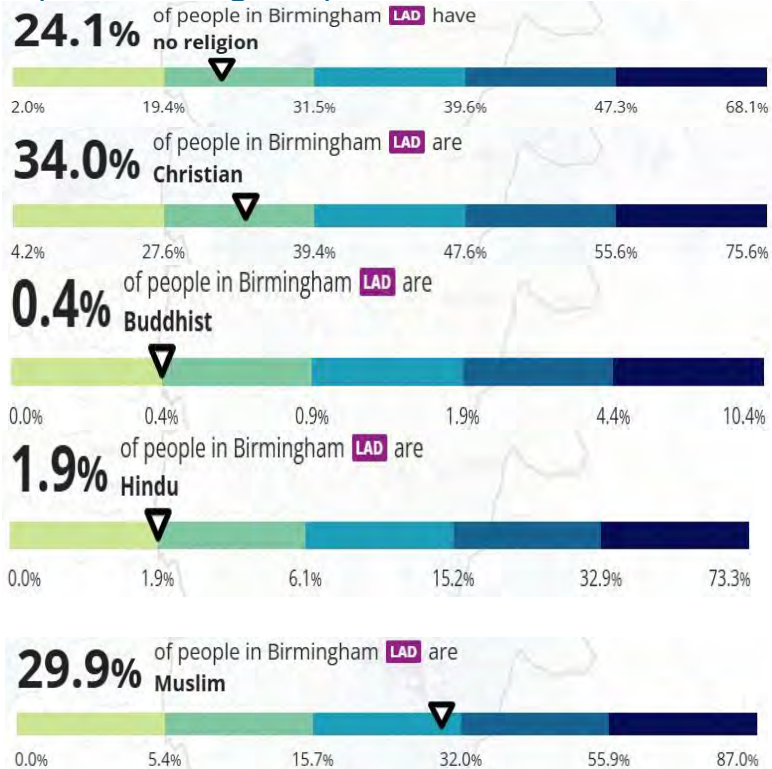


### Population ethnicity profile:



## Birmingham 2021 Census data - Religion

### Population religious profile:

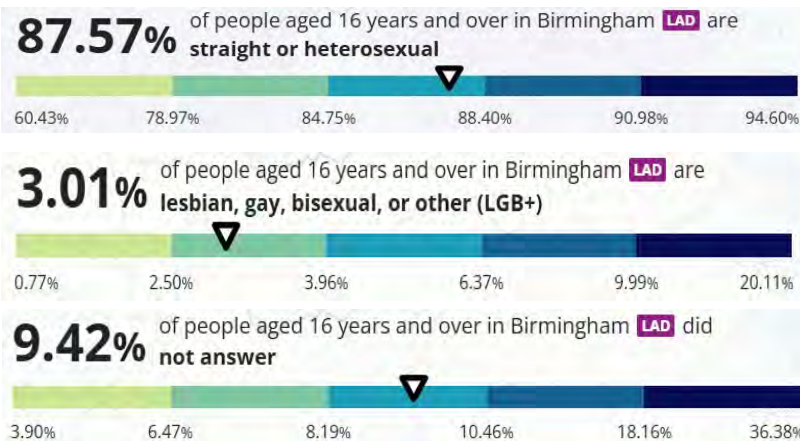


## Birmingham 2021 Census data – Sex, Sexuality and Disability

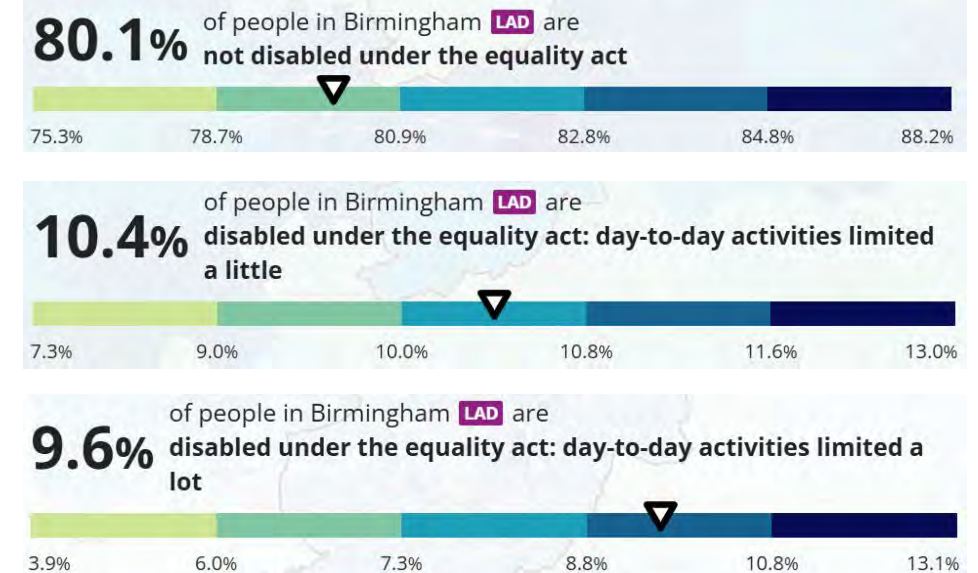
### Population sex profile:



### Population sexuality profile:



### Population disability profile:



## ROH Staff demographics

We will now look at the staff demographics for the ROH.

We would want to be work towards an equal opportunities' employer within our local community and while we are not looking for exact matches to the local population, tracking our staff profiles allows us to identify outliers, or areas where recruitment needs to try and reach underrepresented groups, allowing for historical and societal influences.

For example, historically nursing staff have always been predominately female. That does not mean males cannot be excellent nurses, nor does it mean that we should not seek to encourage the recruitment of men into nursing, but it does mean that changes may take a long time to show given the historical prevalence of female nursing staff.

The converse has historically been the case with medics, where men have tended to be far more numerous than women, medics will also hold more senior roles and as such be paid more, these long-term factors will have an impact on the gender split within certain professions, pay bands and seniority.

For more details related to the Gender Pay Gap please see earlier in this E&D Report or visit our website [Royal Orthopaedic Hospital - Home](#)

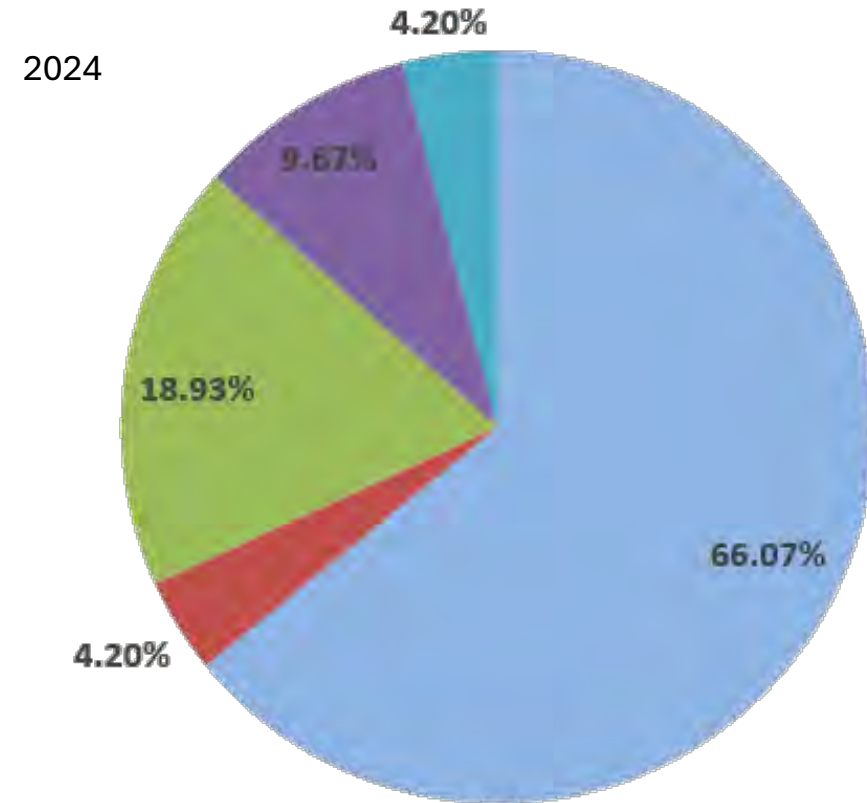
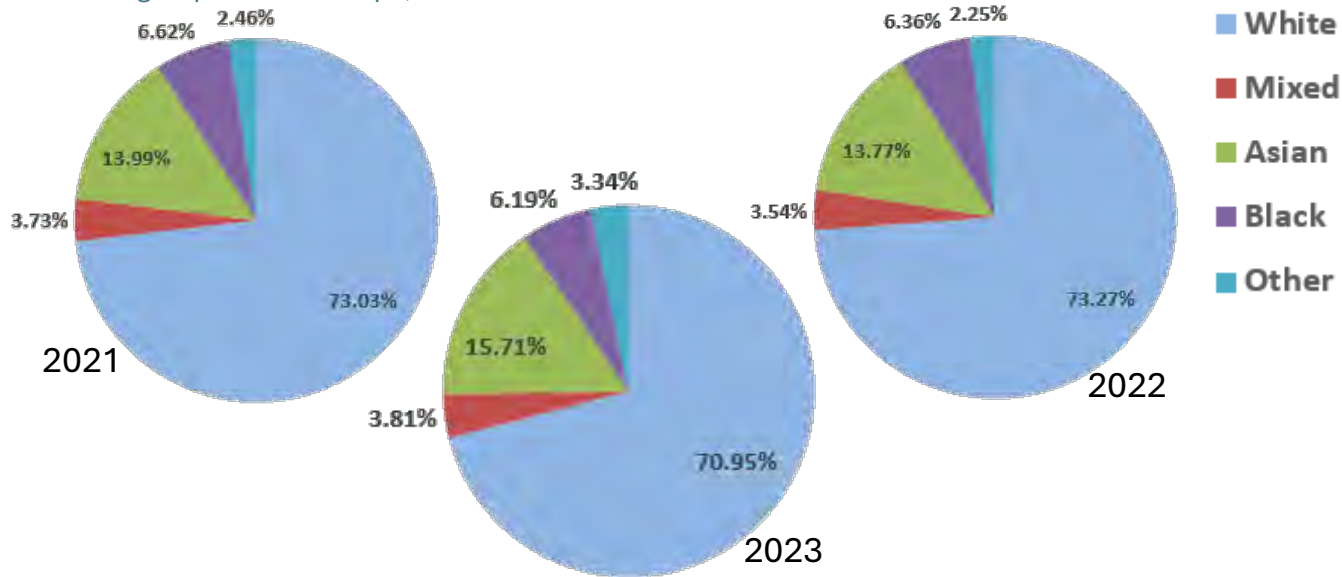


\*Later in this report you will also be able to review demographic breakdowns for our inpatients and outpatients.

## Staff ethnicity 2024

Broadly, we would hope to see the make-up of the ethnicity of our staff being similar to that of the local population, which would indicate we have equitable recruitment processes: in the 2021 around half the population of Birmingham was White, in Northfield, where the ROH is situated, that rises to 83.2%. We increasingly reflect the wider Birmingham population, with a decrease in white staff members to 66.07% and an increase in ethnic minorities

Ethnic group - Census Maps, ONS



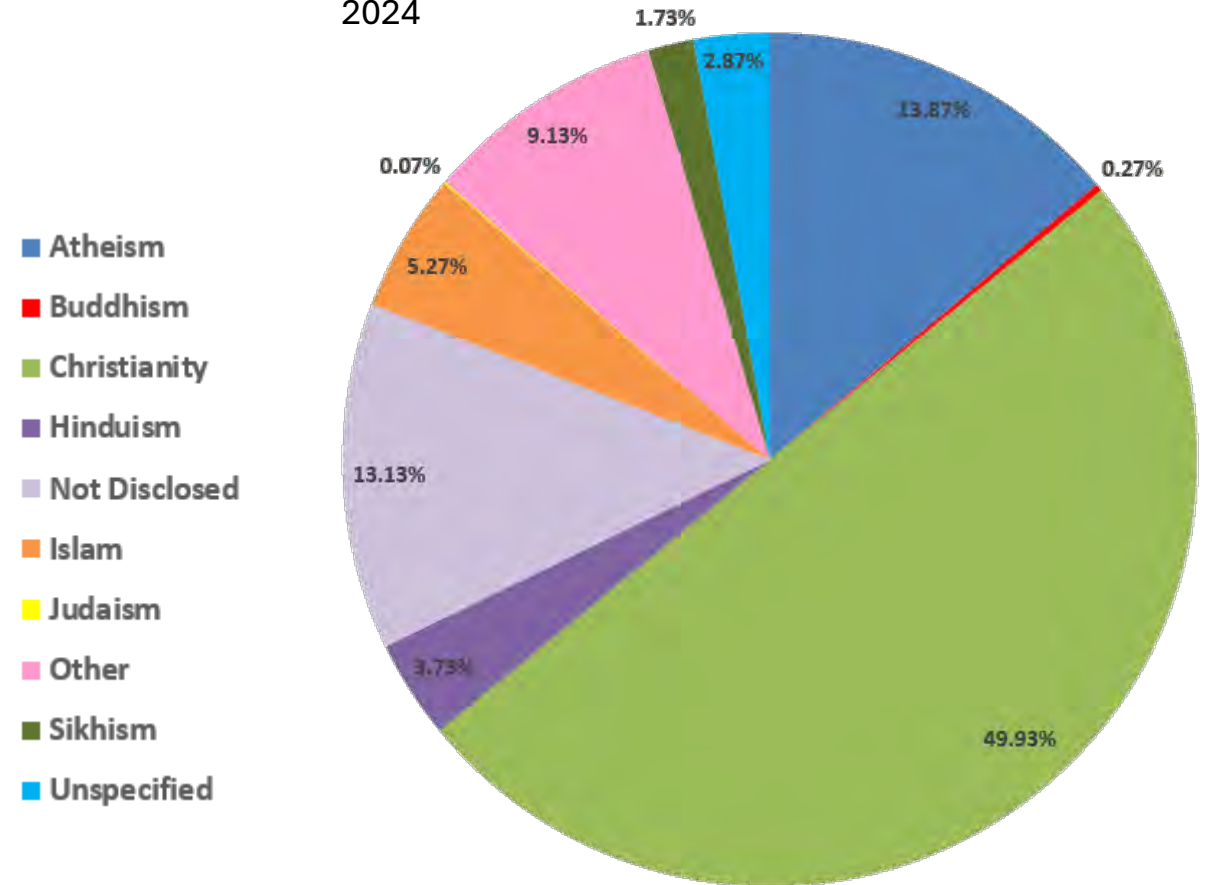
## Staff religious beliefs, or none, 2024

As an inclusive employer we would want to see that our colleagues were both broadly reflective in their range of religious beliefs, and none, in relation to the wider population and also that they felt comfortable “being themselves” and having that sense of “belonging” in the workplace without fear or favour.

Compared to the census data for Birmingham, we have a high proportion of staff identifying as Christian at almost 50% vs the Birmingham figure of 34%

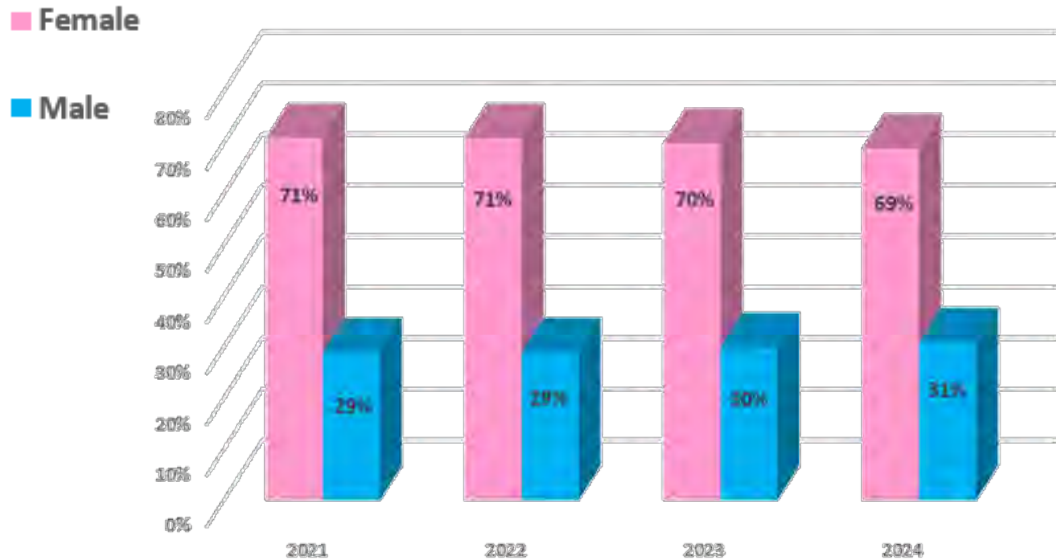


2024

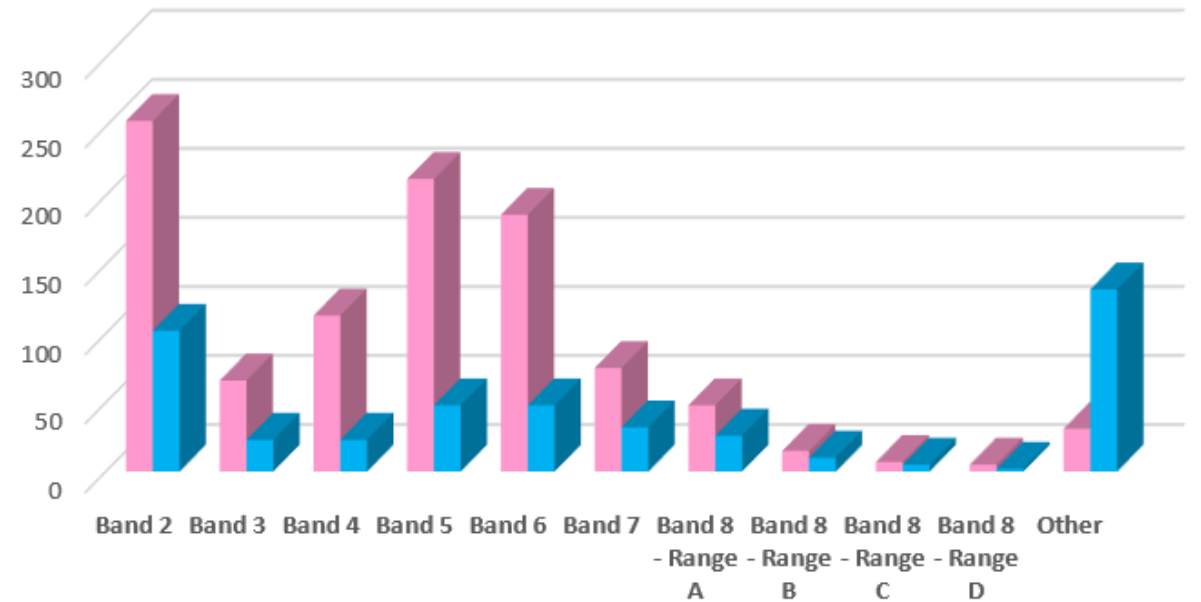


## Staff gender 2024

Historically the NHS has always had a higher proportion of female staff but that may indicate societal, or organisational, presumptions about what are suitable roles for men which result in, say, fewer male nurses, when actually we may need to attract more men to nursing etc.

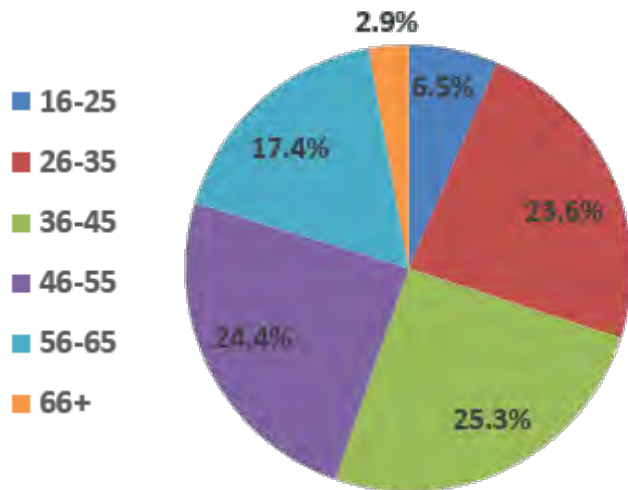


We also track gender at different pay bands to understand the extent of the “Gender Pay Gap”, its causes and solutions – are women more likely to be in lower paid jobs than men because they leave the workforce to raise a family, miss out on development and promotion opportunities or need to work flexibly due to childcare? Ideally the overall gender split should broadly be the same at each band.

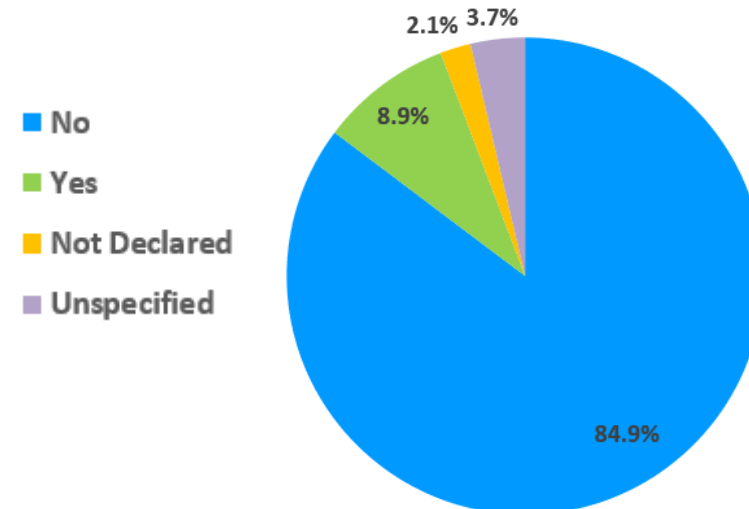


## Staff age and disability 2024

Age – It is important to track age for Workforce planning - an aging Workforce which wasn't being replenished by younger staff entering the NHS would risk future services and capacity as staff retired. It is important to know that we offer an inclusive working environment that is attractive to the next generation of staff; we also need to know other age groups still view the NHS as a place that meets their needs too 2023 to 2024 has seen little change outside of slightly fewer younger staff and slightly more in their 30s/40s

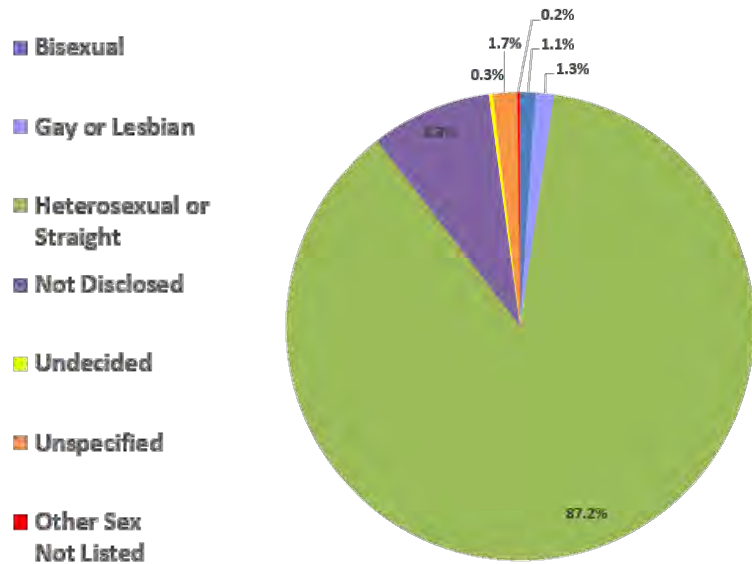


Disability – Disabled staff add value to our services, in their work and in bringing new perspectives from their lived experiences that our patients may share. We want to ensure that staff feel safe disclosing any disabilities, knowing that they will be supported in the workplace – thus the numbers of staff declaring a disability rising from 4.6% to 8.9% 2023/24, and those not declaring dropping from 3.8% to 2.1% over the same period can be seen as a positive trend

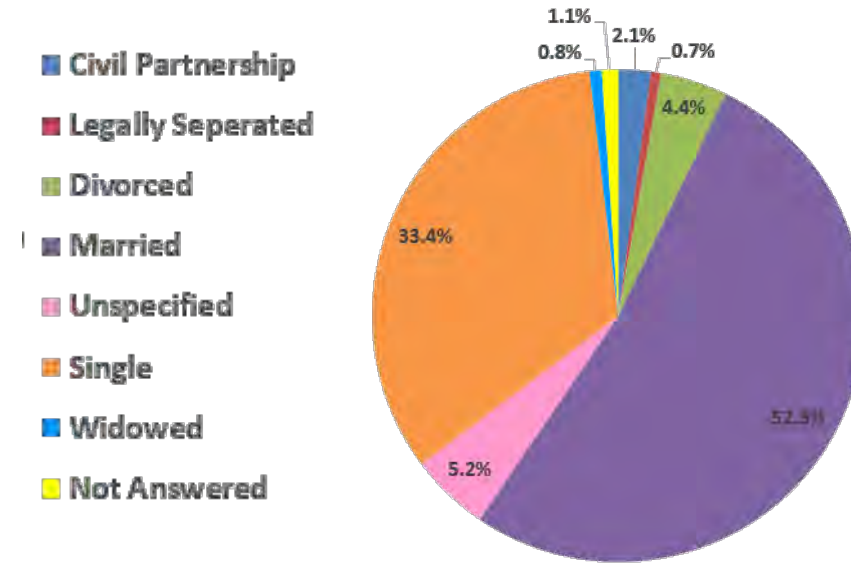


## Staff sexual orientation and marital status 2024

Sexual orientation – we would want reassurance that, broadly speaking, the sexual orientation of our staff reflected wider society, both because it helps to employ people who are reflective of our patients and their lived experiences and because otherwise it may indicate some barriers felt by some staff in working for the NHS or in disclosing their sexuality 2023 to 2024 saw a noticeable drop in unspecified responses from 9.1% to 1.7%, the main increase was actually amongst staff identifying as heterosexual, rising from 82.4% to 87.2%



Marital status – as one of the protected characteristics we also record the marital status of our colleagues. As shown here, we would expect to see a wide variety of different statuses, which gives us confidence that people feel able to be open about this and are not suffering detriment. There were no significant changes from 2023, although slightly more people were married and fewer were single



## 11. Staff Recruitment

As an inclusive employer it is important to have robust faith in your recruitment processes and to be reassured that they are free from bias.

Obviously, we recruit on merit but within that we would want to see what types of people are applying for roles, for example do applicants apply in ways that suggest, they do not feel they should put themselves forward because of the advert's wording?

We shortlist "blind", this is to help ensure there is less opportunity for bias and the decision to interview is meritocratic and based on the quality of the application.

At the interview stage there could be a potential for bias, so we work hard to make sure our interview panels are inclusive and representative of the diversity of our workforce.



(See page 11)



Within the online recruitment system, we have the option to track the proportion of staff, against given characteristics, at various stages of the recruitment process from application, to shortlisting, interview and appointment into role. Our Disability Confident Level 3 – Leader accreditation illustrates the progress we have made in this area for disabled staff for example.

Once employed staff are supported in their induction by the 100 Days programme to ensure all staff feel involved and informed from their interview to their first day, through their 12-week review and ultimately throughout their career with the Trust.

## 12. Staff Training

Oliver McGowan training was introduced as mandatory, to raise awareness of supporting Patients with Learning Disabilities and Autism through the BSOL/ICS workshops. In 2024 91% of staff completed the Oliver McGowan Mandatory E-learning and we have begun to promote Part 2 (Tier 1 & Tier 2) of the programme.

**Widening participation** - Apprenticeships in both clinical and non-clinical settings to support Workforce planning and creating progression pathways. Monitoring apprenticeship numbers and diversity of staff completing apprenticeships is undertaken through the NHS England Talent for Care quality data returns on Age, Gender, Trans, Ethnicity and Sexuality (not disability/pregnancy or marriage).

We also support staff without Functional Skills Maths to engage with the Multiply programme, this helps build confidence to support personal objectives, which could range from supporting children with homework, financial planning and budgeting or attaining qualifications for longer term further study.

**Equality, Diversity & Inclusion Training** – EDI training is mandatory for all staff with regular refreshers, monthly training sessions are run by the OD and Inclusion Team to ensure everyone is compliant.



[The Oliver McGowan Mandatory Training on Learning Disability and Autism | NHS England | Workforce, training and education](#)

[Talent for care | NHS England | Workforce, training and education](#)

## 13. Patient Profiles

In this section, patient data is presented for Ethnicity, Gender, Age, Marital Status, Religion/Belief and Language\*

Is it useful data to review for several reasons. Our overall patient profiles would ideally be representative of our regional demographics; we would also be looking for significant variations between inpatient and outpatient data and what these may tell us

We know health inequalities do exist, with some sections of society finding themselves less willing, or able, to access healthcare.

Understanding if, to what extent and where access is being affected by local, regional, economic, social, gender or cultural factors is therefore helpful when seeking to offer an equitable, truly national health service.



**HEALTH INEQUALITIES** are unfair & avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food.

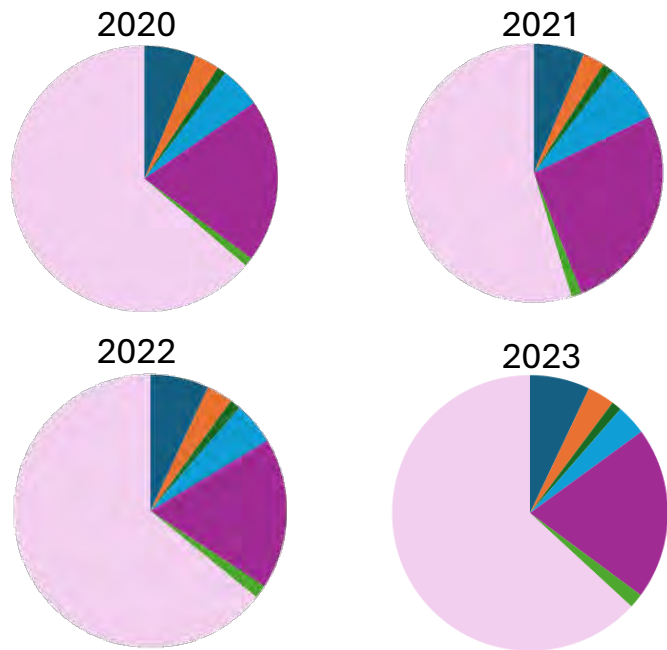
This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care

\*We also record disability data, however only 2 patients declared a disability an inpatients and outpatients, so no graphs are shown here.

The data has been collated from the Informatics team as at January 2025, covering the latest period of January 1<sup>st</sup> to December 31<sup>st</sup> 2024

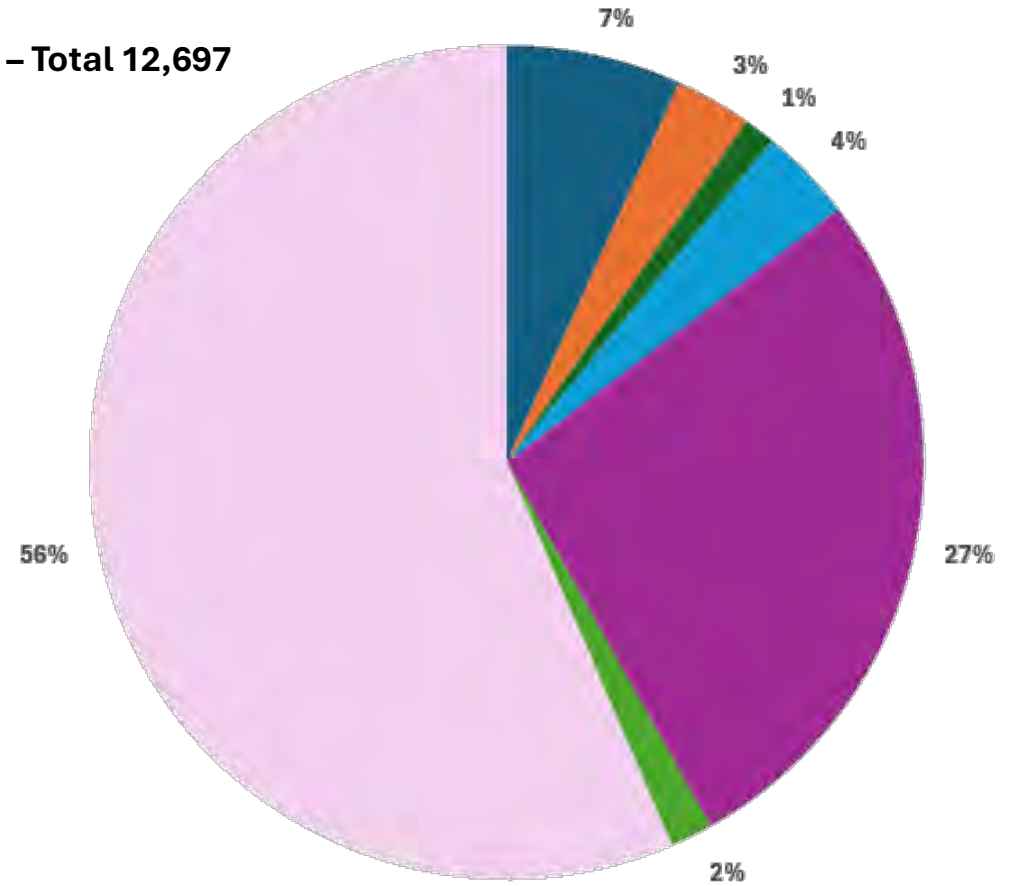
## Ethnicity – Inpatient 2024

The proportion of white inpatients has fluctuated but for 2024 was closer to the Birmingham population averages.



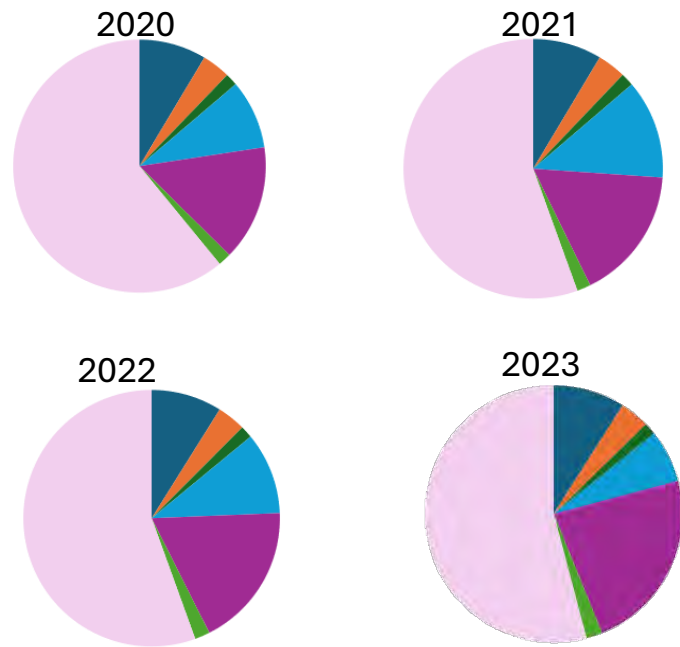
- Asian
- Black
- Mixed
- Not known
- Not stated
- Other
- White

**2024 – Total 12,697**



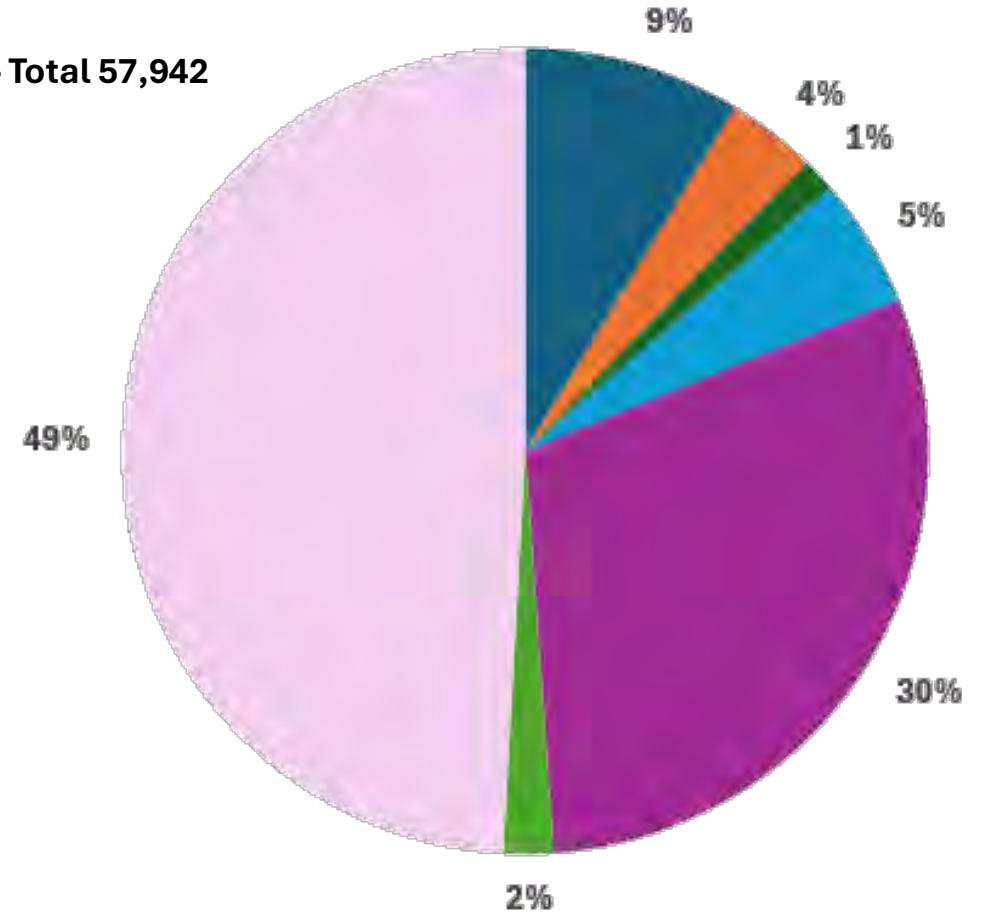
## Ethnicity - Outpatient 2024

The proportion of non-white outpatients has continued to increase significantly over the last 4 years meaning we are more closely reflecting the local population.



- Asian
- Black
- Mixed
- Not known
- Not stated
- Other
- White

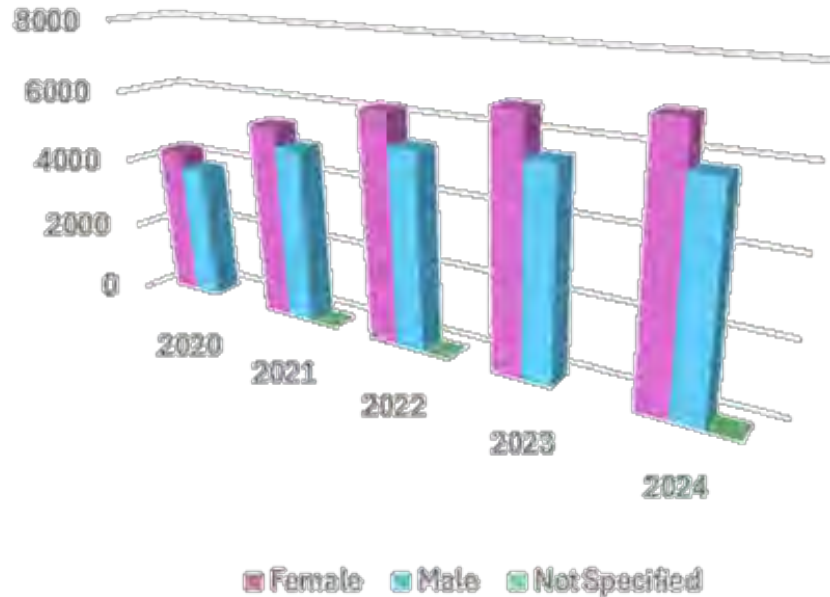
2024 – Total 57,942



## Gender – Inpatients and Outpatients 2024

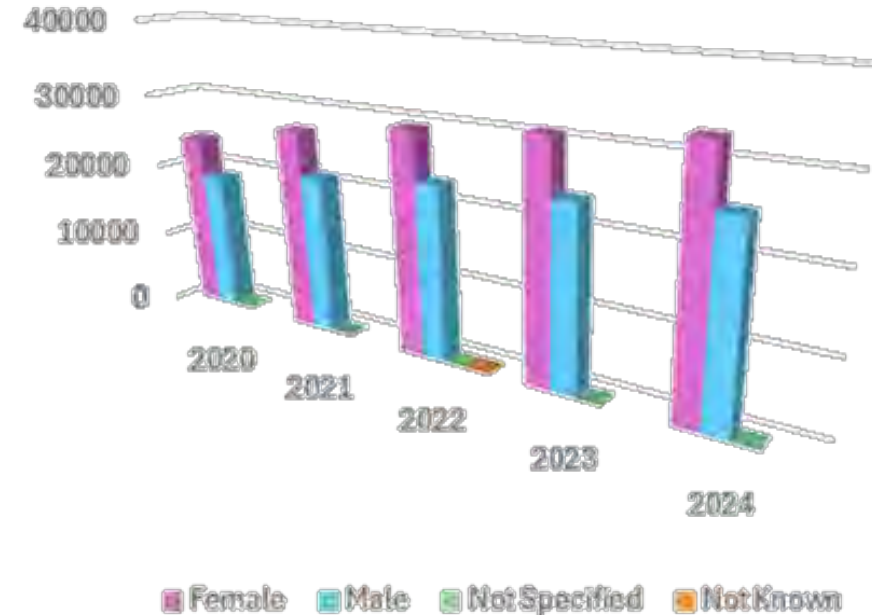
### Inpatients

- 6902 Female
- 5794 Male
- 1 not specified



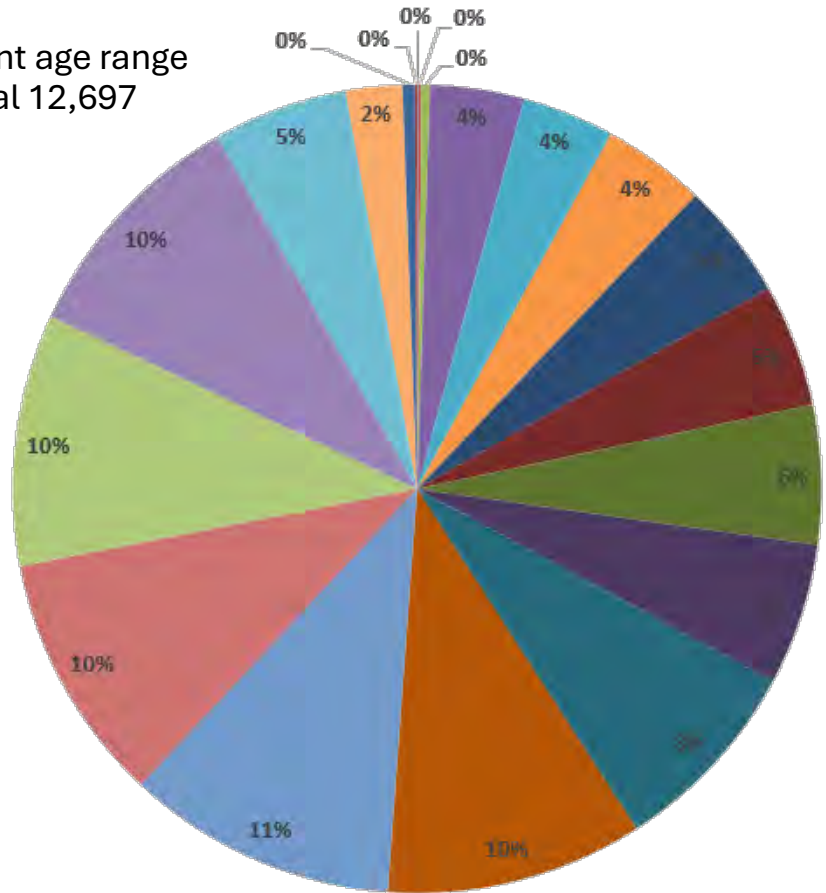
### Outpatients

- 32,646 Female
- 25,293 Male
- 3 not specified



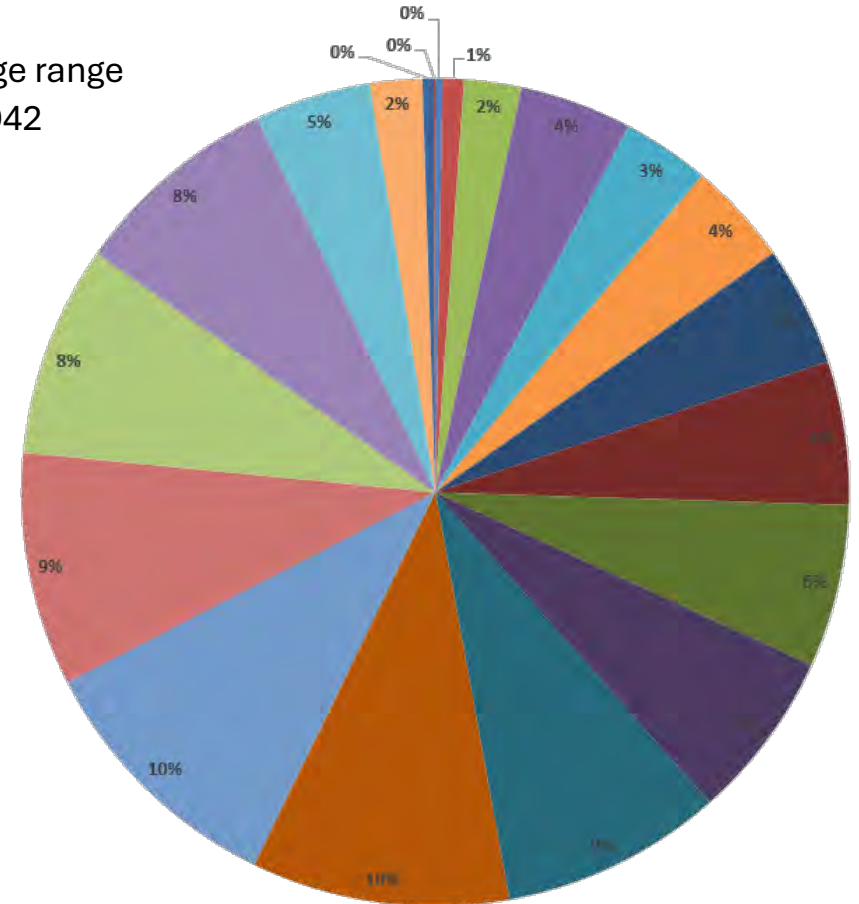
## Age – Inpatients & Outpatients 2024

Inpatient age range  
 ○ Total 12,697



Outpatient age range  
 ○ Total 57,942

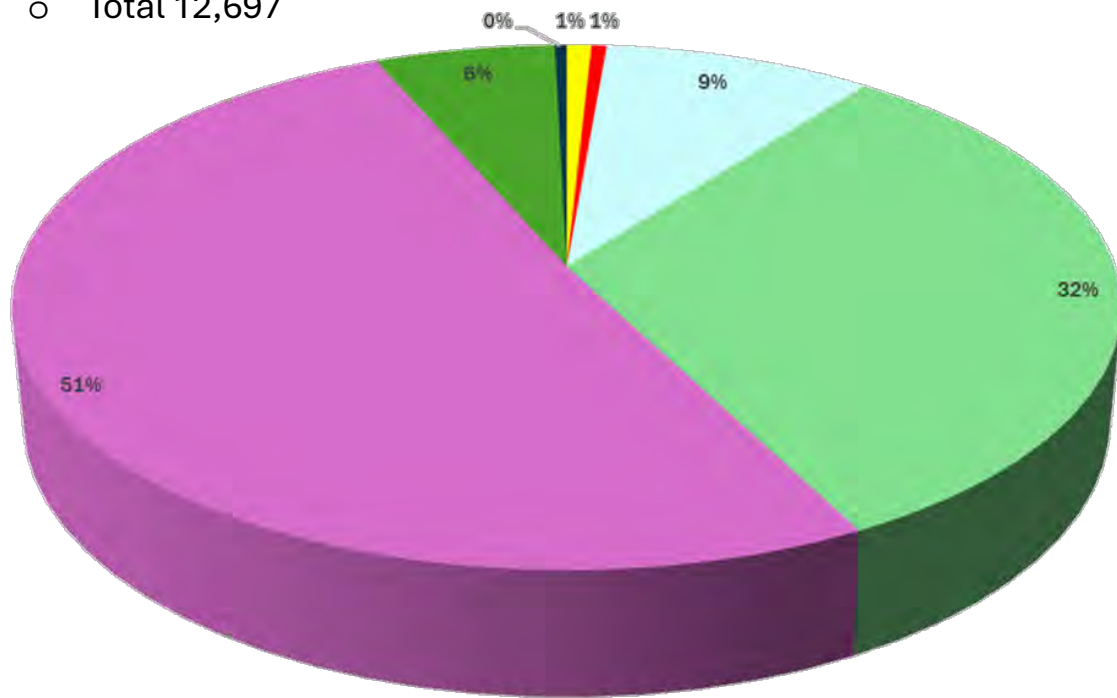
- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76-80
- 81-85
- 86-90
- 91-95
- 96-100



## Marital Status – Inpatients & Outpatients 2024

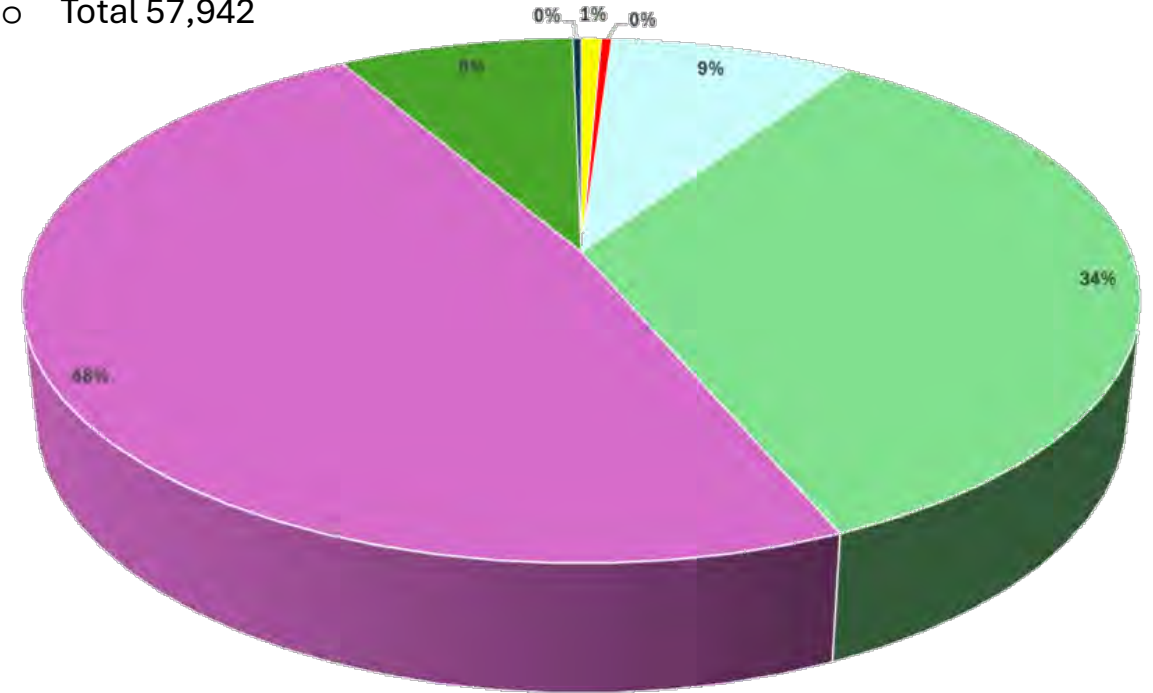
Inpatient Marital Status

○ Total 12,697



Outpatient Marital Status

○ Total 57,942

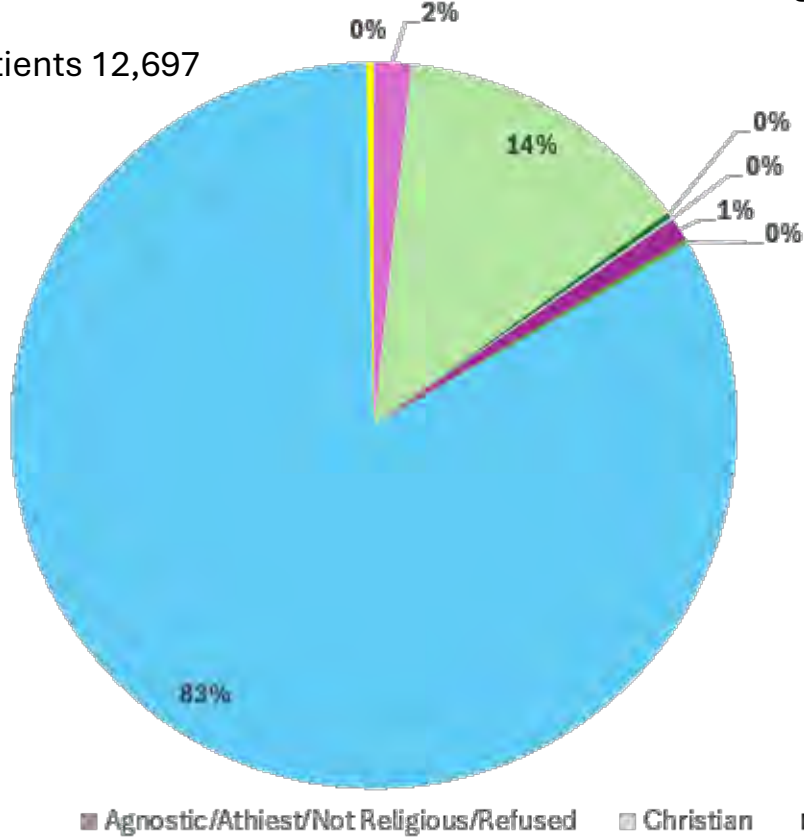


■ Divorced/Person whose Civil Partnership has been dissolved 
 ■ Engaged, Not applicable/disclosed, Other, Separated 
 ■ Married/Civil Partner 
 ■ Not known 
 ■ Not Specified 
 ■ Single 
 ■ Widowed

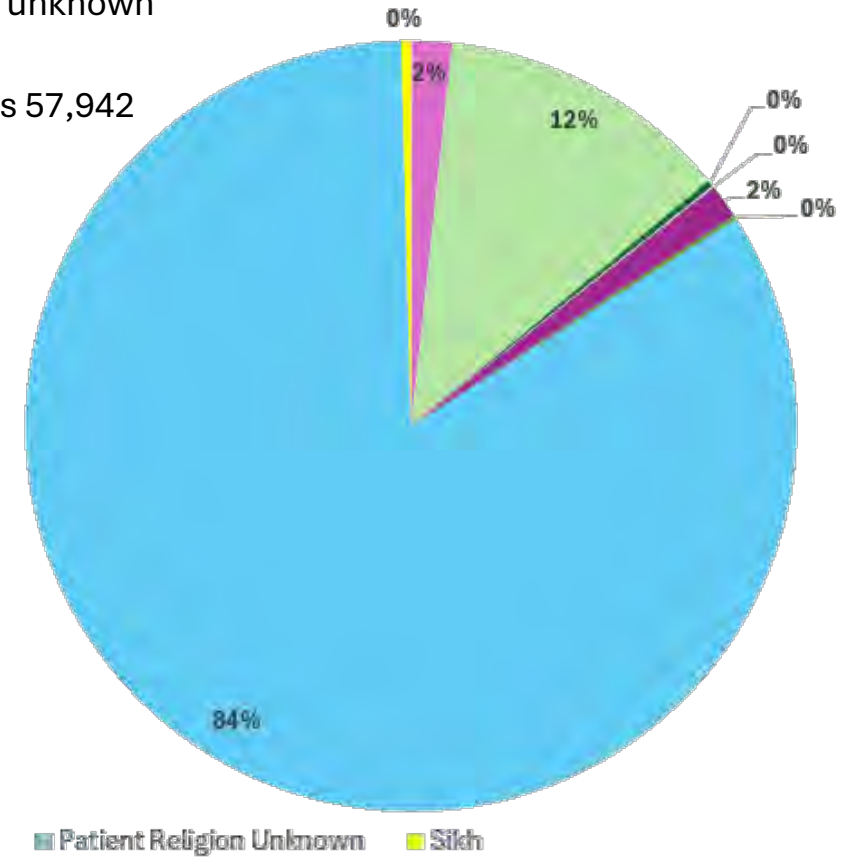
## Religion – Inpatients & Outpatients 2024

In 2024 a total of 66 different declarations in relation to religion were recorded, in addition to “unknown”

○ Inpatients 12,697

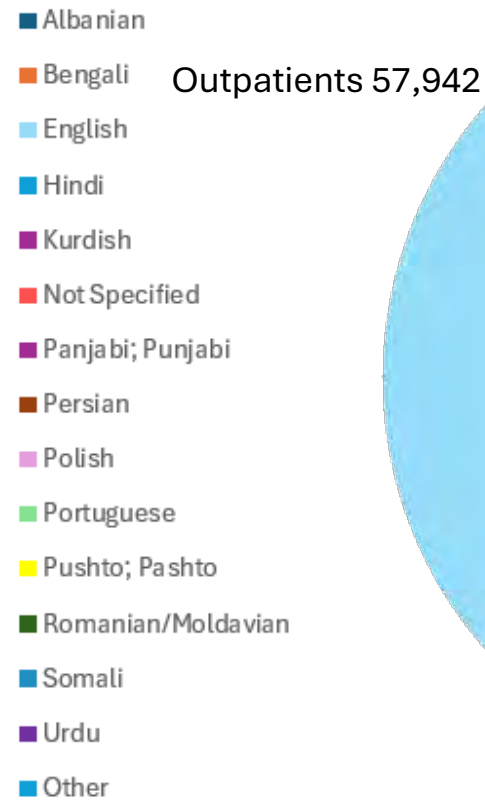
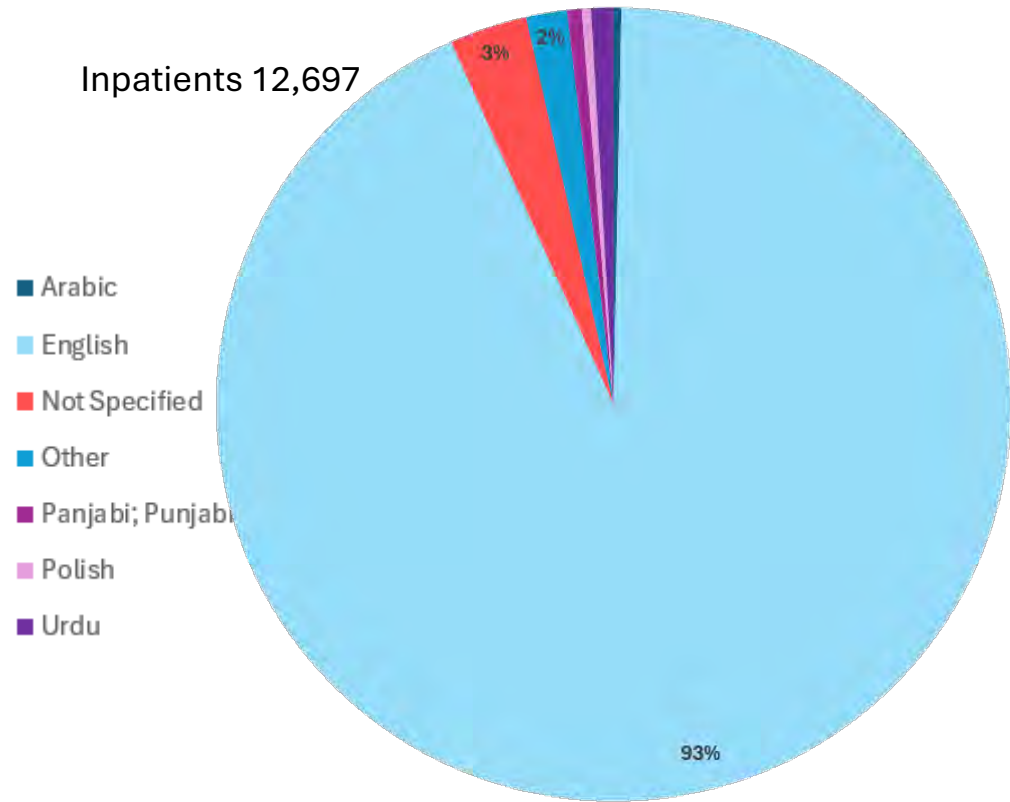


○ Outpatients 57,942



## 79 Spoken languages – Inpatients & Outpatients 2024

Whilst over 9/10 patients spoke English there was remarkably wide range of other languages encountered



## 14. Patient Experience

As a Trust we exist for our patients, as such their experiences of our services is paramount and one of the most important measures of how we are performing. We work hard to make sure everyone has a positive patient experience but inevitably there are times when we could do better and feedback from patients provides us with valuable learning and thus improvement opportunities.

From an equality and diversity perspective we would also want to be reassured that we can understand who is being impacted, do some sections of our patients have noticeably better or worse experiences than others, and if so why, and what can we do to improve that?

Thus, our patients' feedback provides us with tangible evidence on whether our aims and objectives, our policies, procedures and E&D aspirations are having practical, positive impacts on their experiences at the ROH.



**PALS** - Our PALS, (Patient Advise and Liaison Service) are responsible for handling both patient feedback and formal complaints.

PALS cases are concerns that require investigation, resolution and response to the patient, but they are managed more informally, rather than requiring a formal written response. PALS cases have a resolution timeline of 5-7 working days.

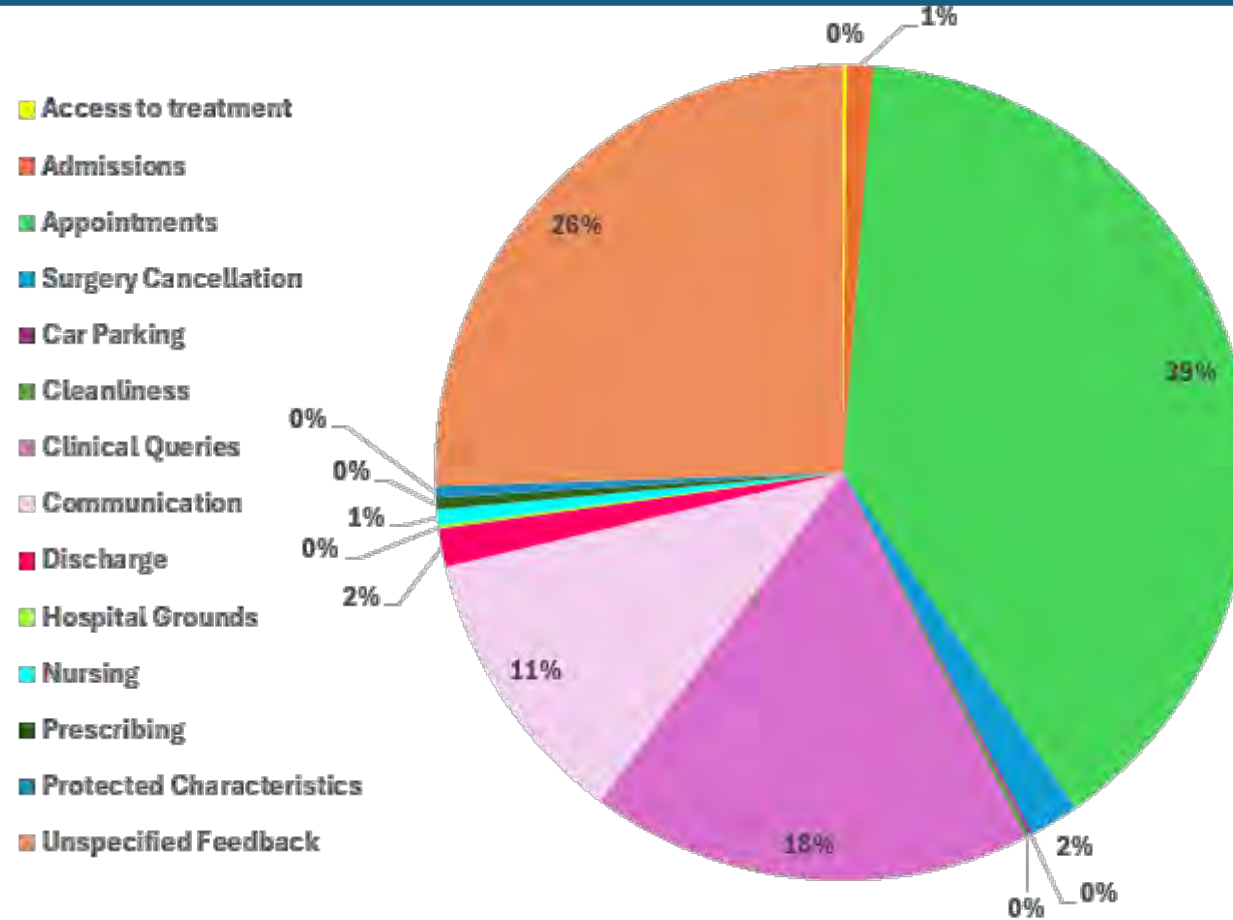
The PALS Team will:

- Offer advice & guidance supporting patients & their family or carers
- Help to resolve issues regarding hospital experiences
- Listen to feedback and suggestions
- Share Compliments
- Support patients with their concerns and complaints

## 2024 PALS Cases or Informal Concerns by Category

Total 662

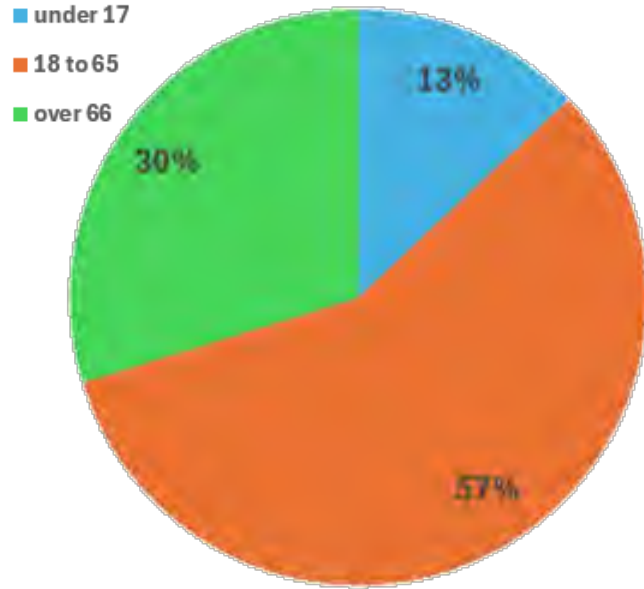
Cases specifically related to protected characteristics only accounted for 2% of cases, it is possible of course that other areas may be related to EDI, such as those around admissions and appointments processes.



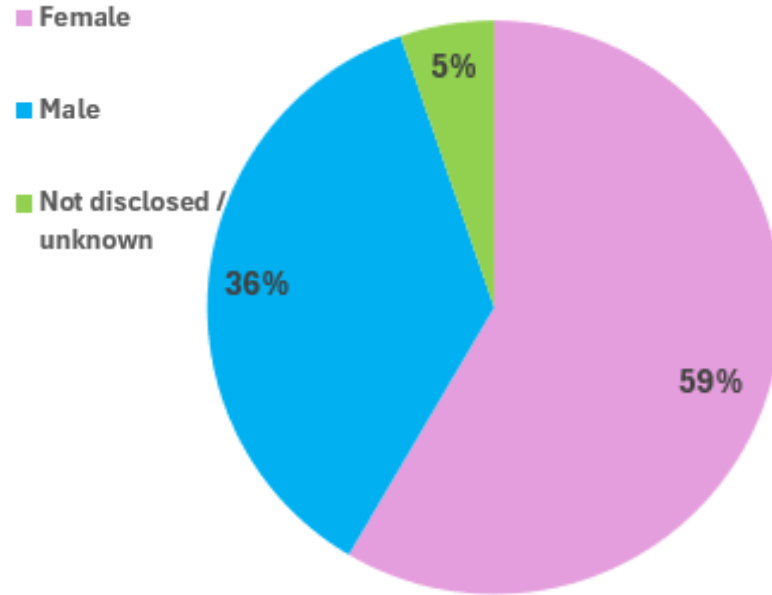
## 2024 PALS Cases or Informal Concerns by Age, Gender and Ethnicity

Total 662

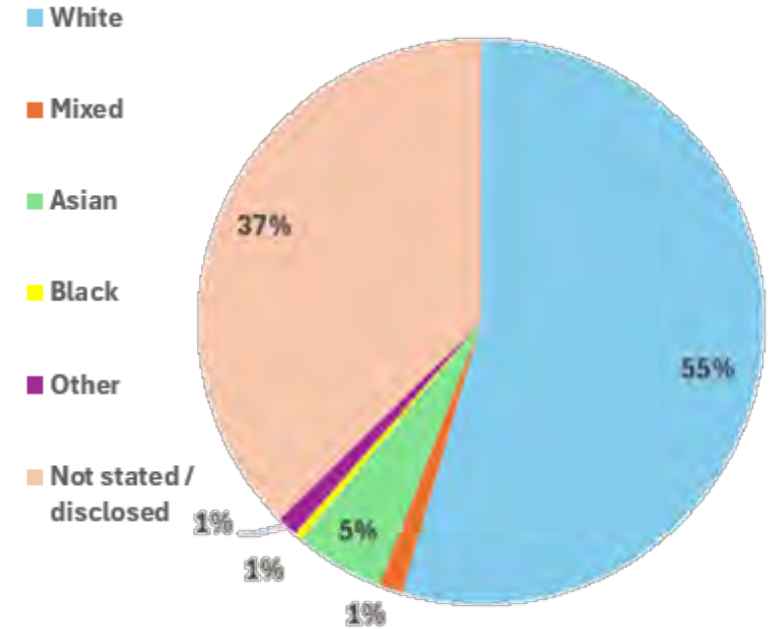
Age



Gender



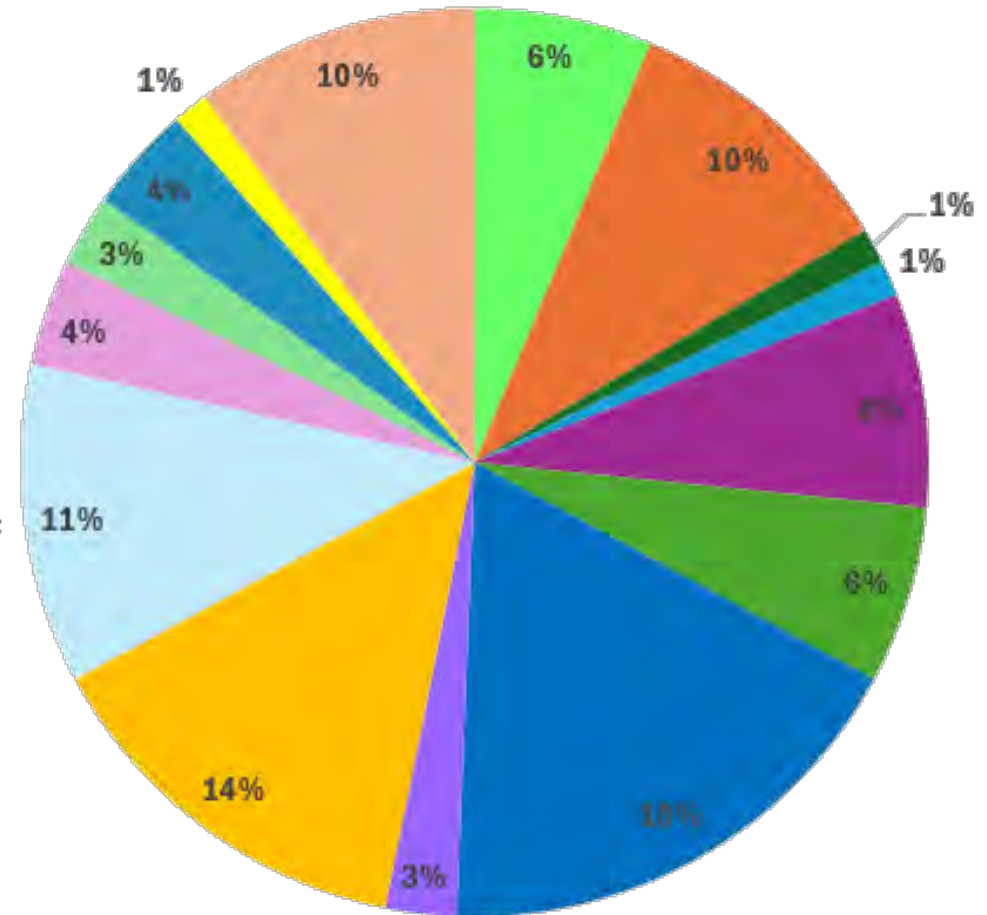
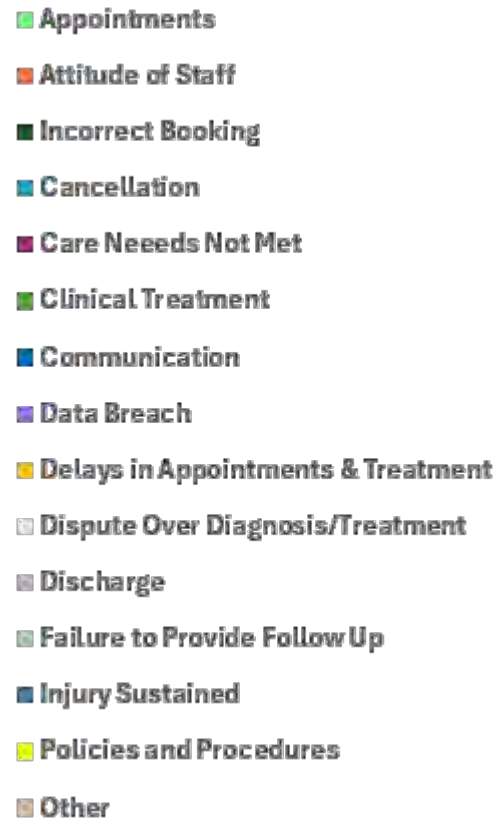
Ethnicity



## 2024 Formal Complaints, by Complaint Category

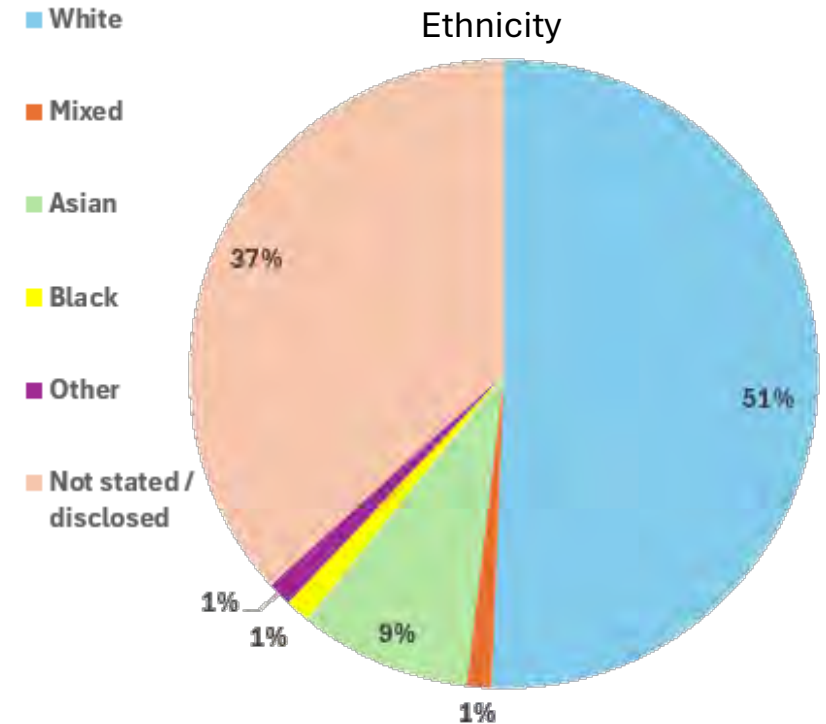
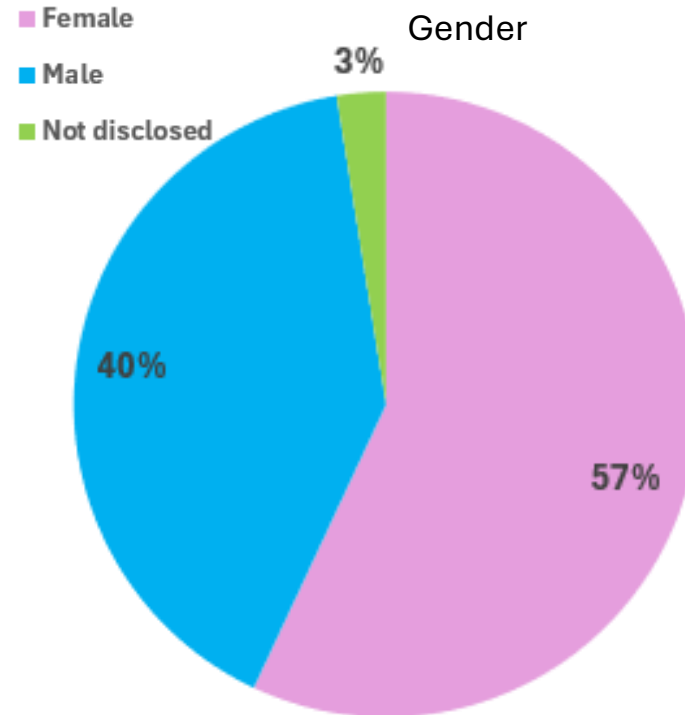
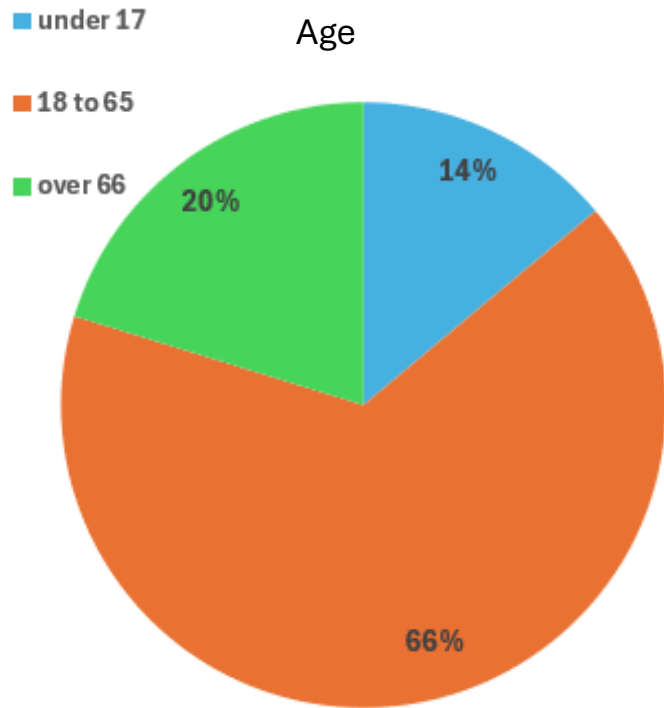
In 2024 there was a total of 79 formal complaints. Formal complaints require both an investigating and a formal written response to the complainant to address their concern.

This provides useful insight into where there are opportunities for us to do better; none explicitly cite EDI issues, although there may be elements of those within other complaints, such as the attitude of staff.



## 2024 Formal Complaints, by Age, Gender and Ethnicity

Total 79 – it is worth noting that the proportion of formal complaints by ethnicity shows a similar of percentage of white patient's complaining as there are white patients. The opportunity is in reducing the numbers who did not disclose their ethnicity.



## 15. Conclusion

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Thank you for reading the 2024 Equality and Diversity Report.

We are proud of the work and ongoing efforts we make in this field, and we hope you have found this report informative and illustrative in demonstrating the value of the work we undertake as a Trust in this area.

We believe through the depth and breadth of the ways in which we focus on the importance of equality, diversity and inclusion in the workplace that we positively impact on the working experiences of our staff every day.

In doing this, we meet our primary goal of positively impacting on the patients' experiences throughout their time with us at The Royal Orthopaedic Hospital, as we continue to strive to improve our service.



## glossary

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Access Information Standard (AIS)  
Black, Asian and Minority Ethnic (BAME)  
Black & Minority Ethnic (BME) Birmingham Race Action Partnership (BRAP)  
British Medical Association (BMA)  
Care Quality Commission (CQC)  
Chartered Institute of Personnel and Development (CIPD)  
Clinical Commissioning Groups (CCG)  
Equality Delivery System (EDS)  
Equality & Diversity (E&D)  
Enabling a Productive & Inclusive Culture (EPIC)  
Learning Disability (LD)  
Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ+)  
Managed Service Provider (MSP)  
Multi Minority Ethnic Group (MMEG)  
National Staff survey (NSS)  
NHS Employers/Improvement (NHS/I)  
Royal Orthopaedic Hospital (ROH)  
Staff Experience & Organisational Development (SE&OD)  
Sustainability and Transformation Partnership (STP)  
Very Senior Manager (VSM)  
Workforce Disability Equality Standard (WDES)  
Workforce Race Equality Standard (WRES)



## UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 29 April 2025

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <p>The activity performance in March was affected by the closure of three theatres at the start of the month due to the plant failure. This meant the activity target was missed by 1%. The theatres continue to remain closed until mid-May.</p> <p>It has been confirmed that one of the motors can be fixed and should be fitted by mid-May but there is still concern over whether or not this will resolve the issues. This is a major operational risk as the reduction in theatre capacity threatens service delivery and patient scheduling. Detailed work on mitigating this, by increasing use of other theatres, is in place and ongoing.</p>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <p>A monthly report to NHS England on the cost improvement programme delivery will also now need to be provided.</p> <p>The Committee was invited to provide comment on the draft integrated performance dashboard prior to more detailed consideration next month.</p>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <p>It was noted there has been a reduction in long term absence, and whilst short term absence remains an issue, there is a sickness absence plan in place that is reviewed at Staff Experience &amp; OD Committee.</p> <p>The Committee was provided with an update on the positive performance with RTT above the 60% target and 52 week position at zero in all specialities apart from Spinal.</p> <p>The Committee received an update on the Month 12 and Year End performance. It was highlighted the positive progress continued with a reduced agency spend.</p> <p>It was highlighted that despite not delivering the target amount the cost improvement programmes in 2024/25 delivered a significant saving of £5.3m recurrently. The Committee was also provided with a summary of the challenging cost improvement plan for 2025/26.</p> <p>The Committee received a draft copy of an integrated dashboard and were provided with an update on how the Financial Delivery Board</p>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <p>The Committee agreed that there would be a reshape of the agenda to ensure the focus concentrates on financial delivery during 2025/26.</p> <p>The Committee supported the delivery of the productivity improvement plan as detailed in the refreshed Strategy 2025-2028.</p>



will report to Finance and Performance Committee in the future. This will be discussed in more detail at the next meeting.

It was noted that considerable achievements in operational performance and financial performance have been made during a very challenging year, and the Committee praised the commitment and dedication of the Executive Team and their staff in their delivery and focus.

The Committee received a closedown report on the Productivity Improvement Group with a detailed presentation on the achievements made.

The Committee was presented with an update on the 'EVO' Framework (Engagement Value Outcome) that is a national framework being used to enhance collaboration between Clinical and Financial teams with a particular focus on productivity.

The process for sign off of the Cost Improvement Programme Quality Impact Assessments (QIAs) was described. These are reviewed by the Chief Nurse & Medical Director prior to presentation to Trust Board for approval. Assurance was given that every effort was being made to expedite these and summary reports would be presented to the Quality & Safety Committee.

The start point budgets for divisions and departments for 2025/26 were formally received and approved.

The Clinical Transformation Manager joined the Committee and presented the outcome of the recent Day Case Week. Feedback from patients had been very positive and work was underway to work through the plans to move the approach from a project to business as usual for c. 25% of arthroplasty patients through the divisional structure.

**Chair's comments on the effectiveness of the meeting:** It provided an opportunity to have good discussions on key items that affect the end of this year and the next financial year.



## UPWARD REPORT FROM THE STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 30 April 2025

### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

The Committee welcomed two international nurses who worked in Theatres as Scrub Nurses. They shared their story of their career at ROH and the experiences they have faced as colleagues new in post and also new to the country. As the nurses shared some unacceptable behaviour which they had experience, they were asked to return to the Committee in six-months time to describe any improvements they may have seen during this time.

It was highlighted that the risk register requires more emphasis on the cultural issues that need action, and it was felt the risk register and Board Assurance Framework did not necessarily reflect the severity of the risks or capture the transformation underway

It was noted that the GMC National Education and Training Survey results have been published and work is needed to provide more assurance around bullying, harassment and discrimination.

Following the national update re the proposed NHS pay award there is a risk of industrial action, and the Executive Team will need to oversee and assess the risk to the Trust.

It was noted that although that had been a slight improvement to the sickness %; it still remains above target and focus is needed on a clear and robust action plan.

The Committee received the apprenticeship levy annual report and it was noted that it was likely the Trust would not achieve the target this year although good progress had been made.

### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

It was agreed that work is needed on how the Trust executes a zero tolerance to racism and a review of the current practice is required, and the risk register needs to be reviewed to ensure it reflects the severity. Update the risk register to include the potential industrial action that could take place based on the proposed pay award not being accepted by the unions.

The workforce productivity risk to be reviewed to ensure the rating is accurate.

A robust action plan of how sickness absence is going to be addressed to be created and shared.

Review and consider how an output/outcome document can be provided on the appraisals that have been undertaken detailing what the training needs are and what support is needed to help people move through the organisation.



### POSITIVE ASSURANCES TO PROVIDE

It was reported that a 16-week implementation plan has been created to roll out the new Learning Management System.

The Committee was assured that work continues on the RACE Code adoption and the anti-racism statement is currently being drafted.

The Committee received an update on the feedback from the appraisal survey that had been completed, with 76% of the colleagues stating the new appraisal process was better and 85% of those colleagues left their appraisal knowing and understanding their objectives.

The Committee was assured that payroll errors have reduced and there are regular contract meetings held with the payroll team, with a robust process in place to deal with overpayments through HR and not direct to the colleague.

The Committee received an update on the workforce transformation that is taking place to support the delivery of the financial plan.

The Committee received a deep dive report on the WRES/WDES data focusing on bullying and harassment and the report cross referenced other available data that was triangulated to highlight the areas that require focus.

The Committee accepted the Equality and Diversity Report presented for assurance.

The People Promise Annual Report was presented to the Committee for assurance.

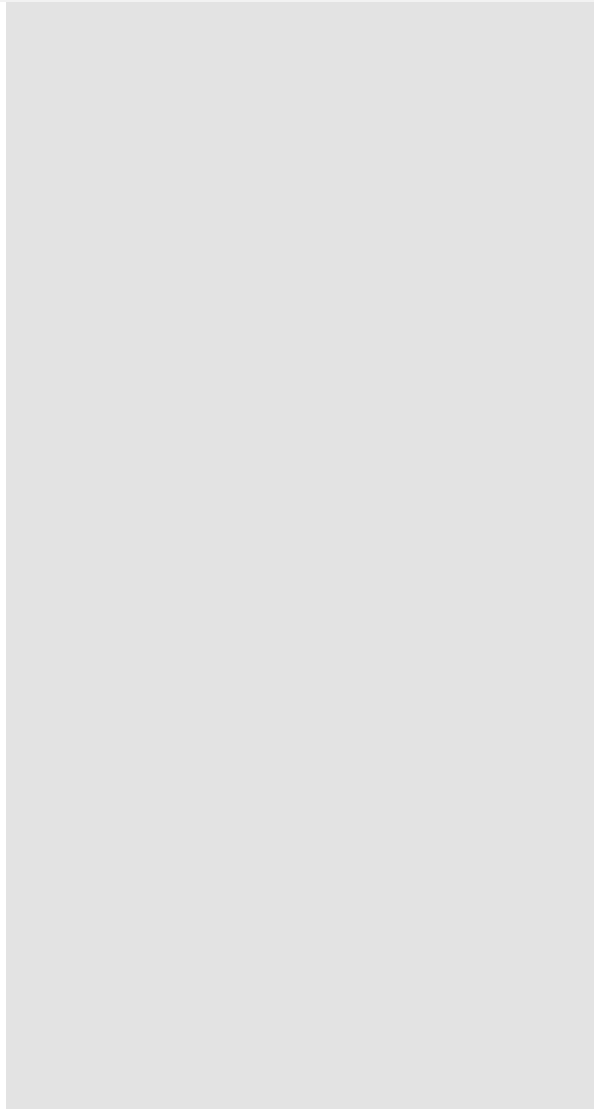
### DECISIONS MADE

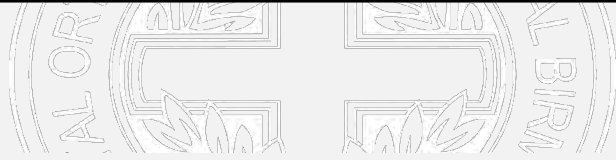
The Committee agreed the additional risks could be added to the risk register rather than being incorporated into already existing risks.

The Committee agreed that workforce transformation would remain on the agenda for the Committee.

The Committee agreed to present the Equality and Diversity Report to the Trust Board for approval for publication.

**Chair's comments on the effectiveness of the meeting:** The Committee agreed that meeting was extremely valuable. It gave a great opportunity for discussion and debate on some rather difficult subject matters.





## 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.

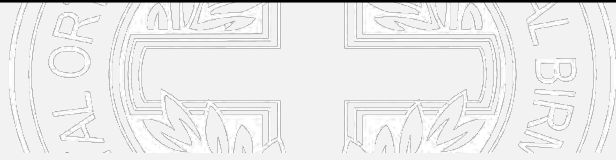


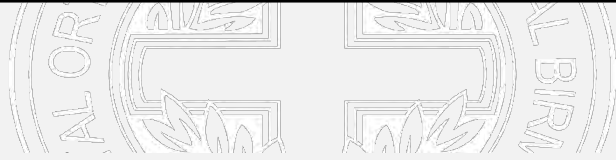
For measures without a target you will instead see the "No Target" icon.

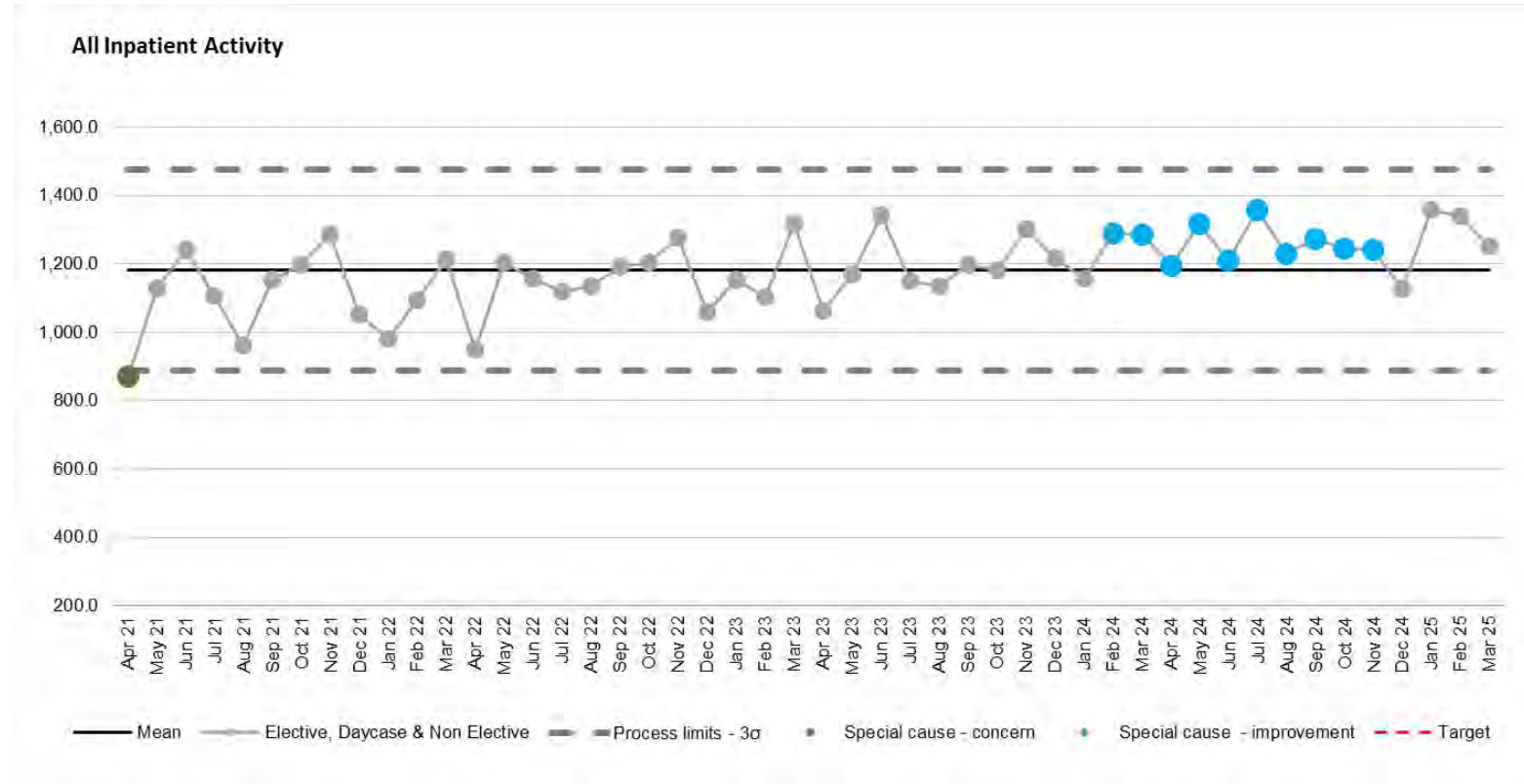


Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

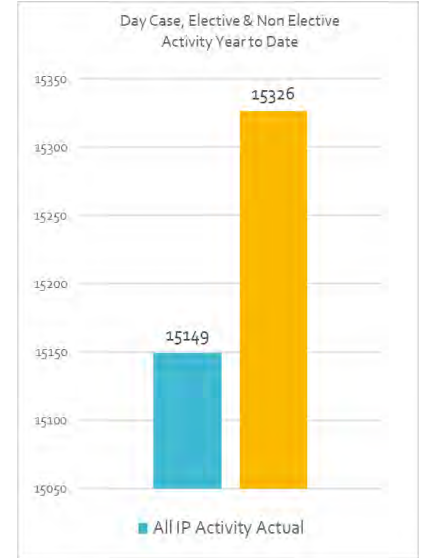
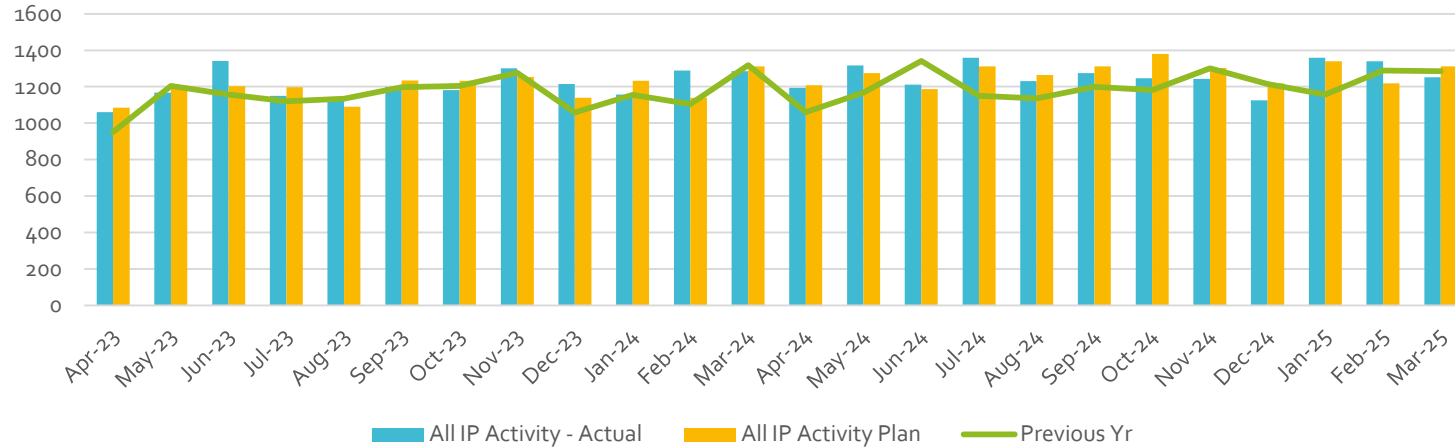
Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months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







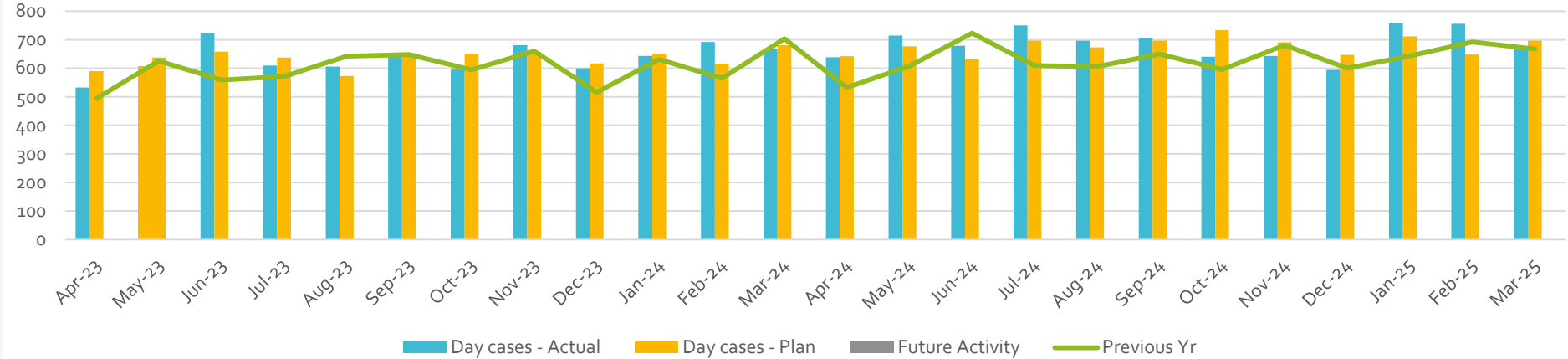
### Day Case, Elective and Non Elective Activity



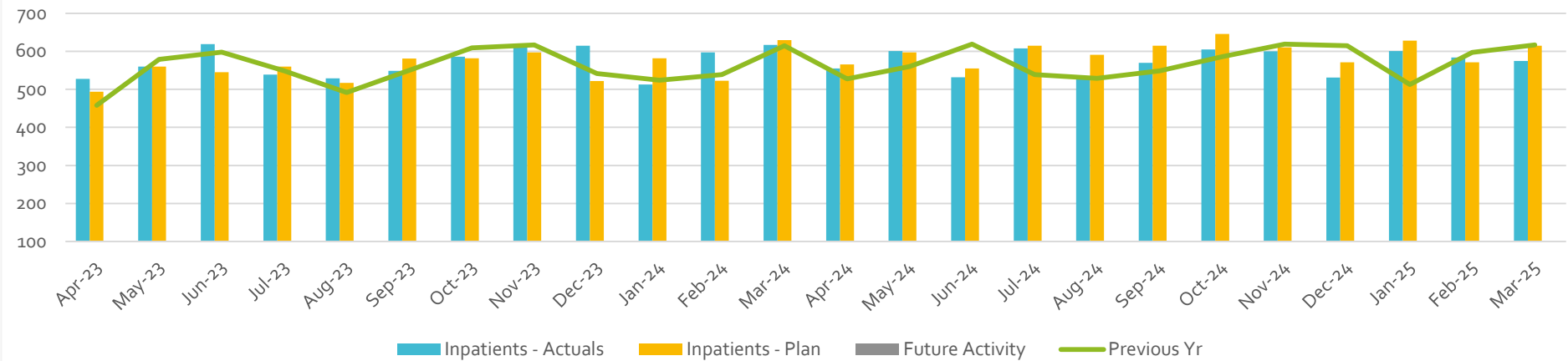
Trust Plan	Activity Type	Plan												Plan Year to Date	Actual Year to Date	% Achieved against plan	Variance Year to Date
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25				
	Inpatient	554	584	542	602	580	602	632	598	560	614	560	602	7030	6646	95%	-384
	Daycase	642	677	631	697	673	697	733	691	647	712	648	697	8145	8254	101%	109
	NEL	12	13	13	13	11	13	14	13	11	14	11	13	151	249	165%	98
	<b>All Activity</b>	<b>1208</b>	<b>1274</b>	<b>1186</b>	<b>1312</b>	<b>1264</b>	<b>1312</b>	<b>1379</b>	<b>1302</b>	<b>1218</b>	<b>1340</b>	<b>1219</b>	<b>1312</b>	<b>15326</b>	<b>15149</b>	<b>99%</b>	<b>-177</b>



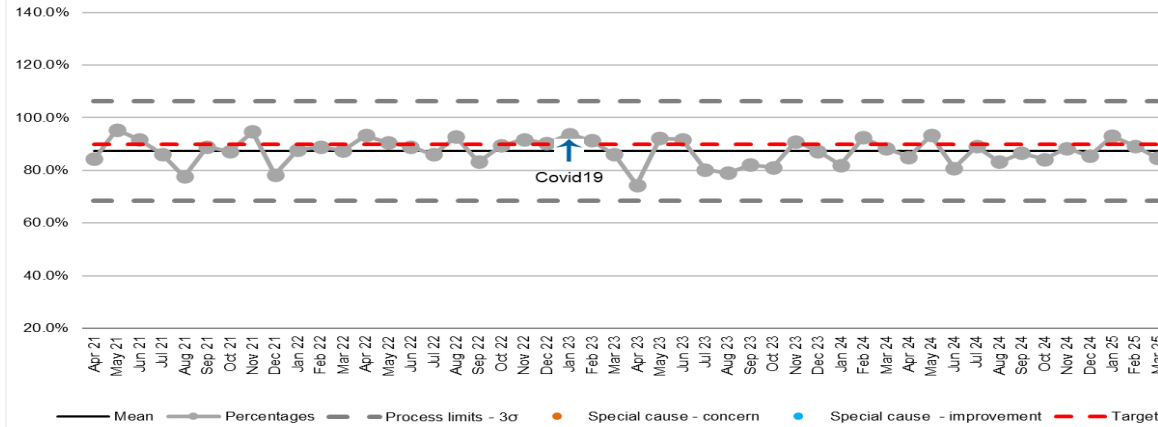
### Day Case Activity



### Inpatient Activity (Elective and Non-Elective)

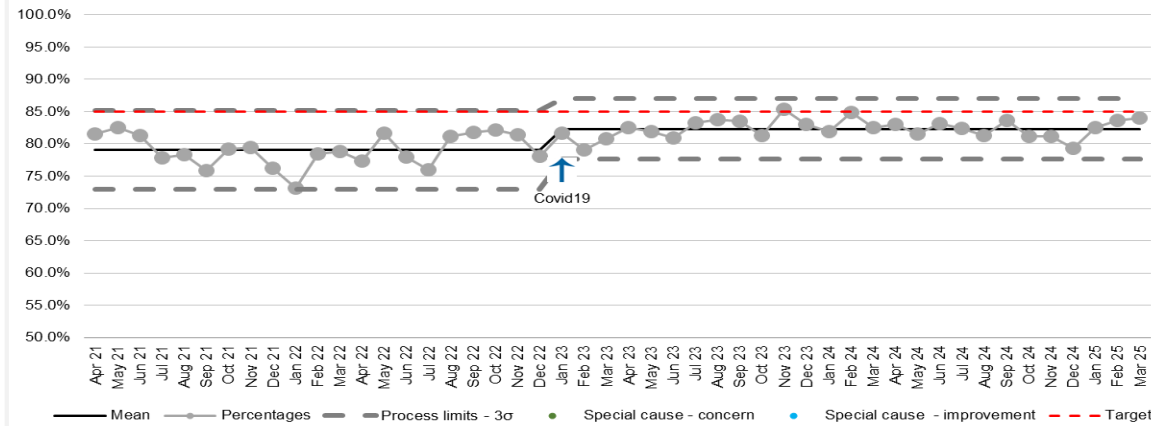


Theatre Session Utilisation (All Electives)



Elective Session Utilisation (March 2025)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	486	414	72	85.19%
UHB	35	27	8	77.14%
<b>Totals</b>	<b>521</b>	<b>441</b>	<b>80</b>	<b>84.64%</b>

Theatre In Session Utilisation (All Electives)



Elective In Session Utilisation (March 2025)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1754	1481	273	84.46%
UHB	119	92	26	77.81%
<b>Totals</b>	<b>1872</b>	<b>1573</b>	<b>299</b>	<b>84.04%</b>

DATA QUALITY KITEMARK





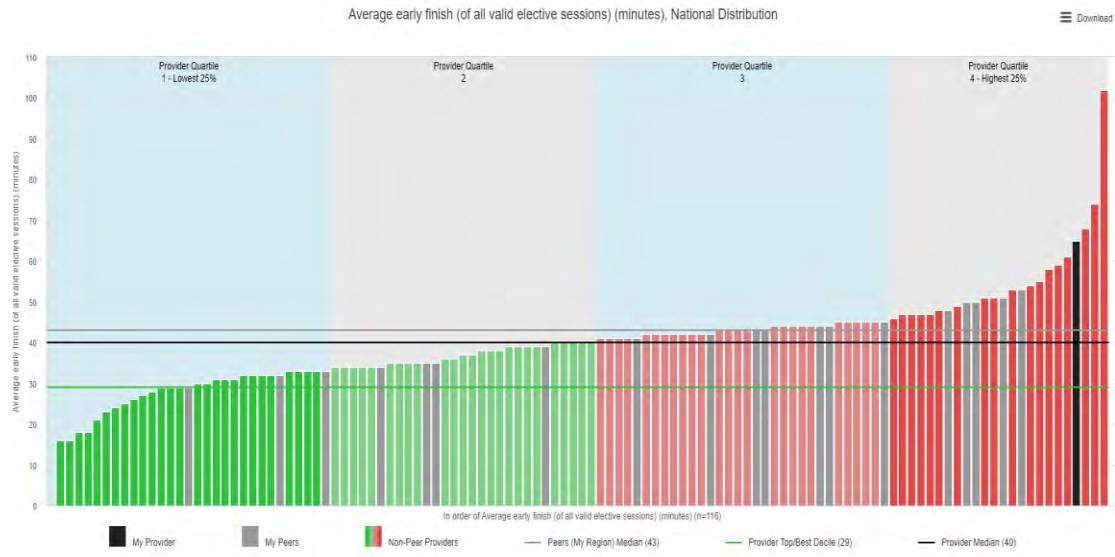
## SUMMARY

## AREAS FOR IMPROVEMENT

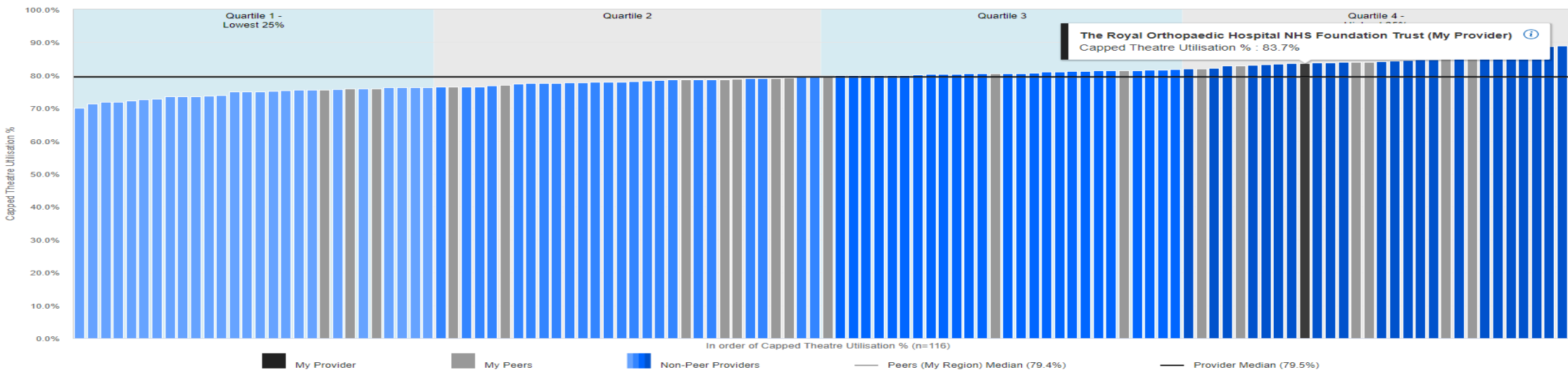
## RISKS / ISSUES

DATA QUALITY KITEMARK

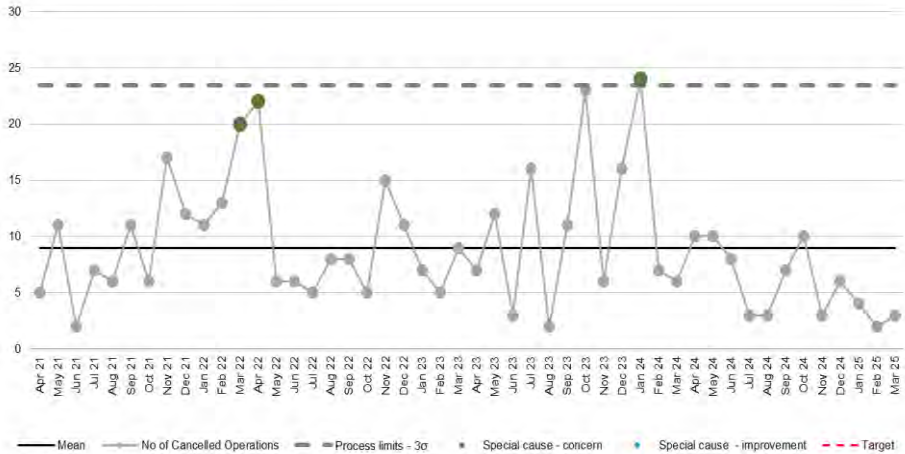




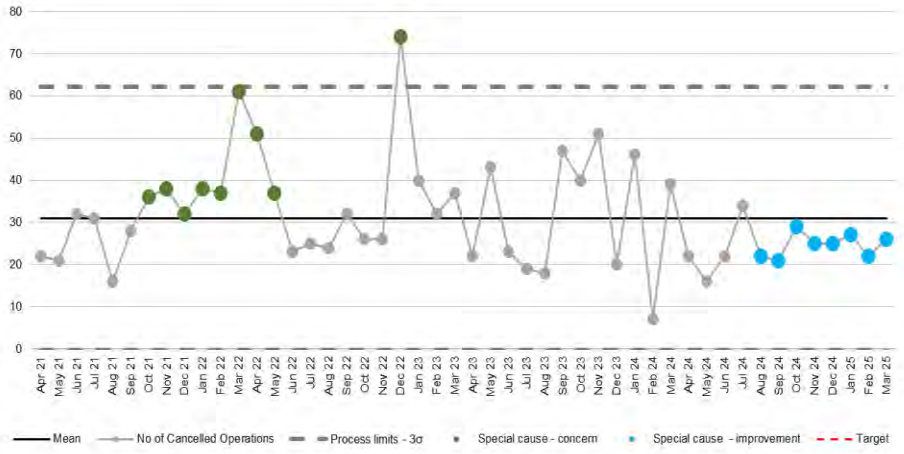
Capped Theatre Utilisation %, National Distribution



Cancelled by Hospital on Day of Admission

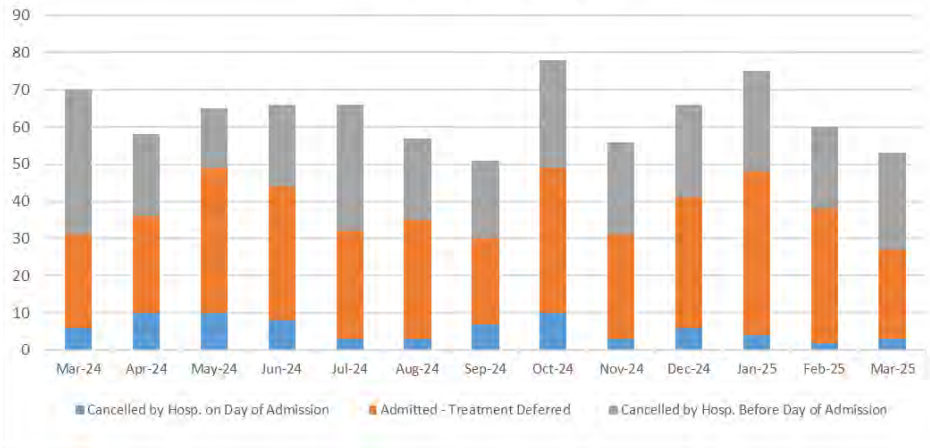


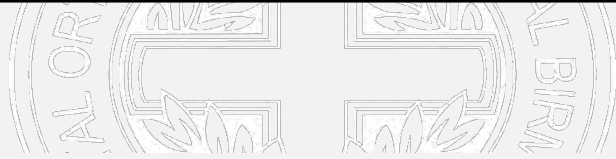
Cancelled by Hospital Before Day of Admission



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
Mar-24	6	25	39	70	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
Nov-24	3	28	25	56	0
Dec-24	6	35	25	66	0
Jan-25	4	44	27	75	0
Feb-25	2	36	22	60	0
Mar-25	3	24	26	53	0
<b>Total</b>	<b>75</b>	<b>416</b>	<b>330</b>	<b>821</b>	<b>0</b>

Inpatient Cancellations on the Day or Day Before  
March 2024 to March 2025





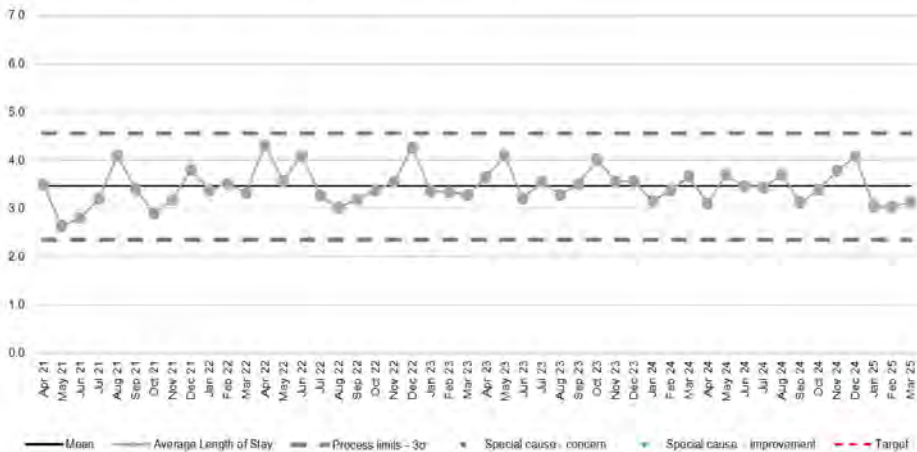
## SUMMARY

Patients cancelled on the day x 3	Patients admitted and had treatment deferred x 24	Patients cancelled by the hospital the day before the date of admission x 26

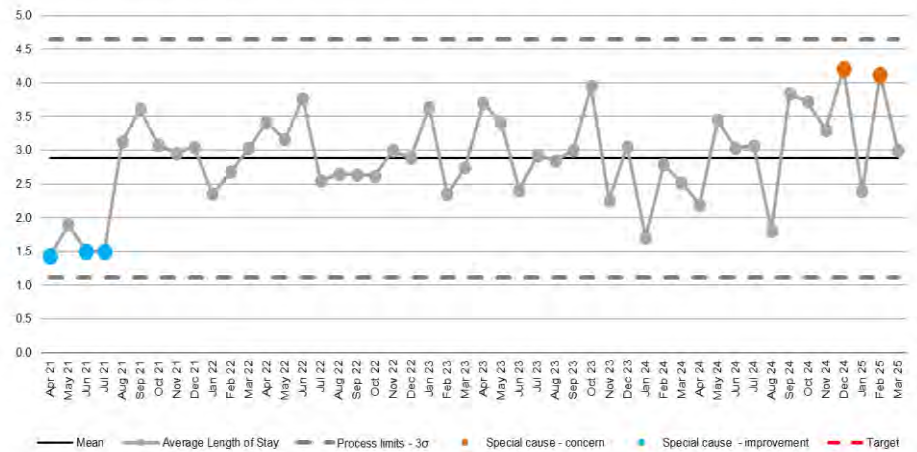
## AREAS FOR IMPROVEMENT/ RISKS/ISSUES



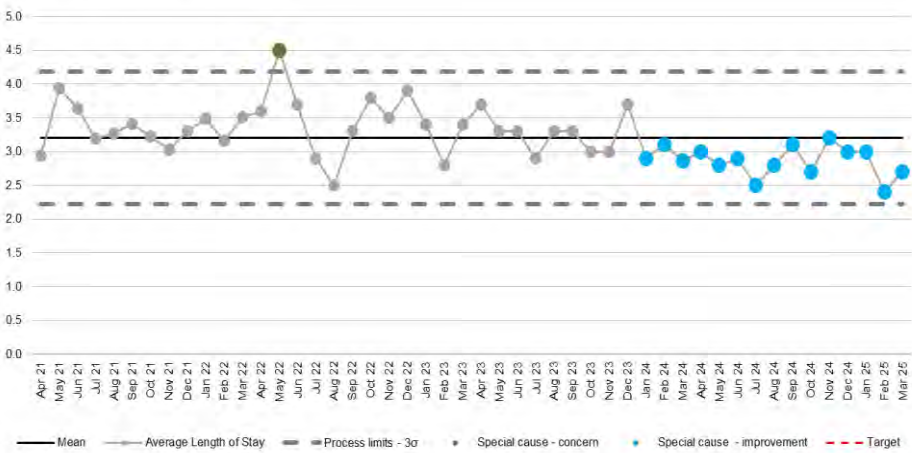
ROH Elective Average Length of Stay - Excluding Oncology, Paeds, YAH and Spinal



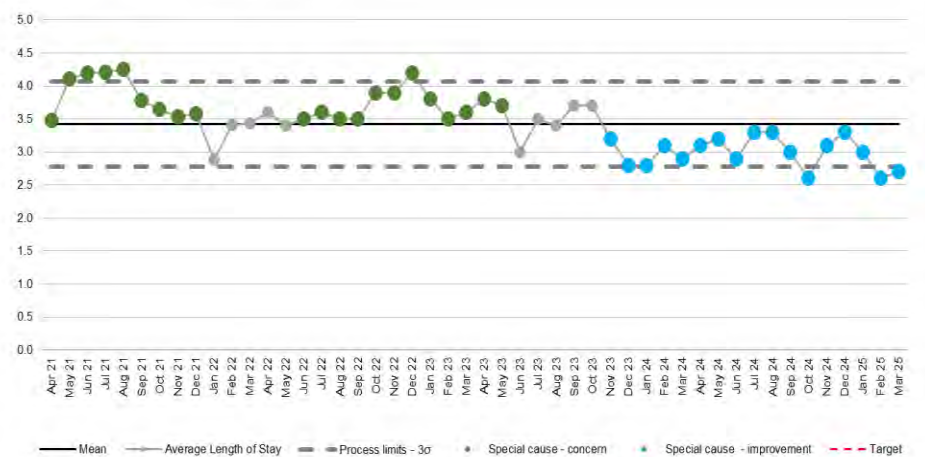
UHB Elective Average Length of Stay



Primary Hip Elective Average Length of Stay



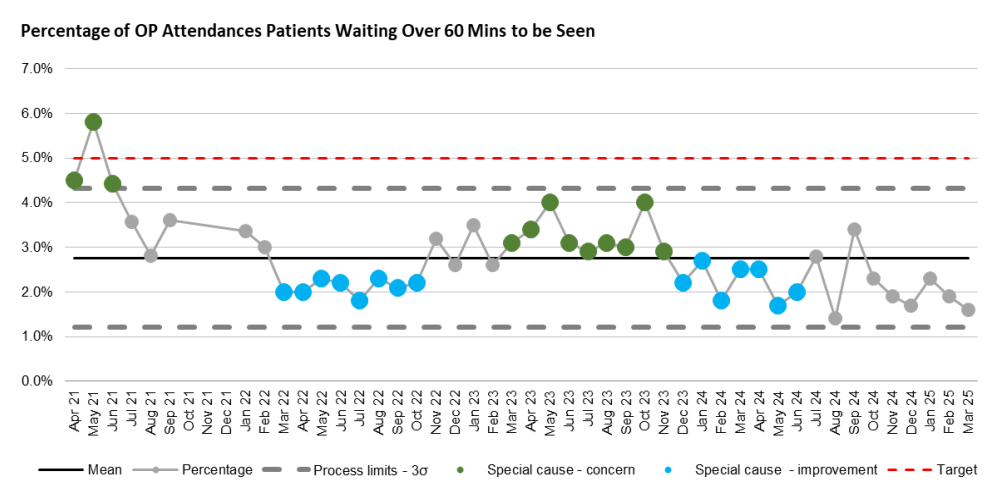
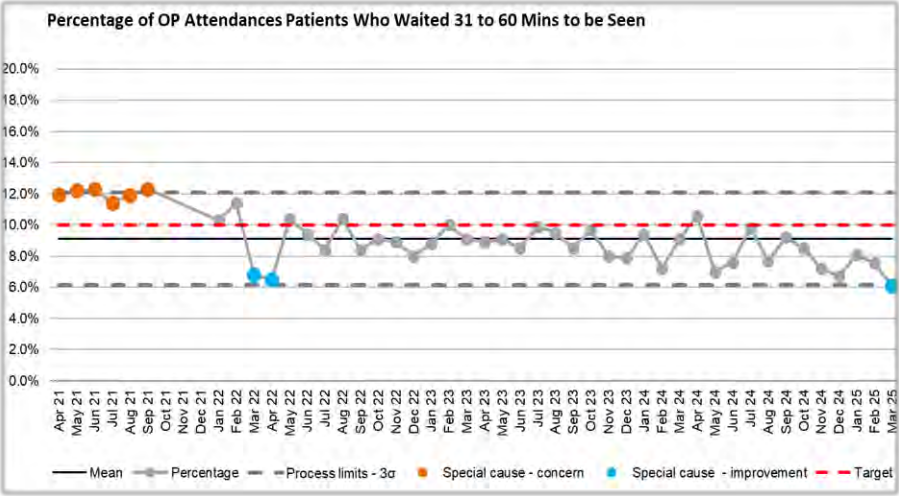
Primary Knee Elective Average Length of Stay





## SUMMARY

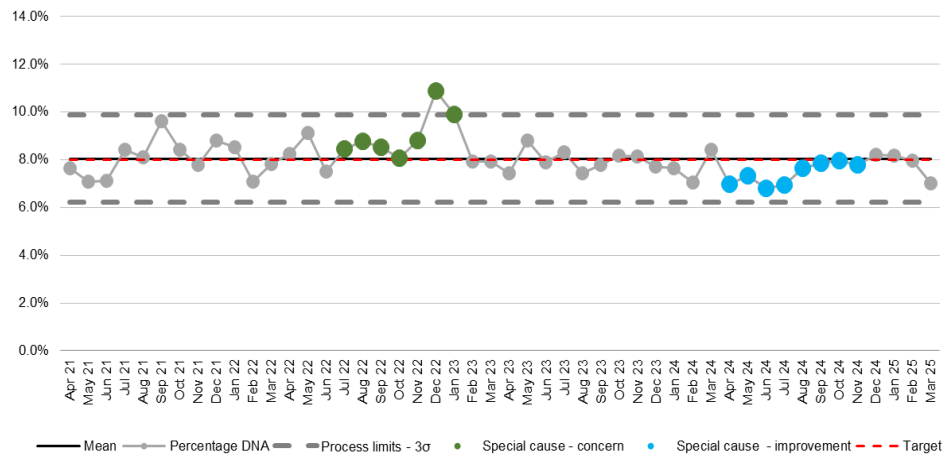
## AREAS FOR IMPROVEMENT / ACTION PLAN



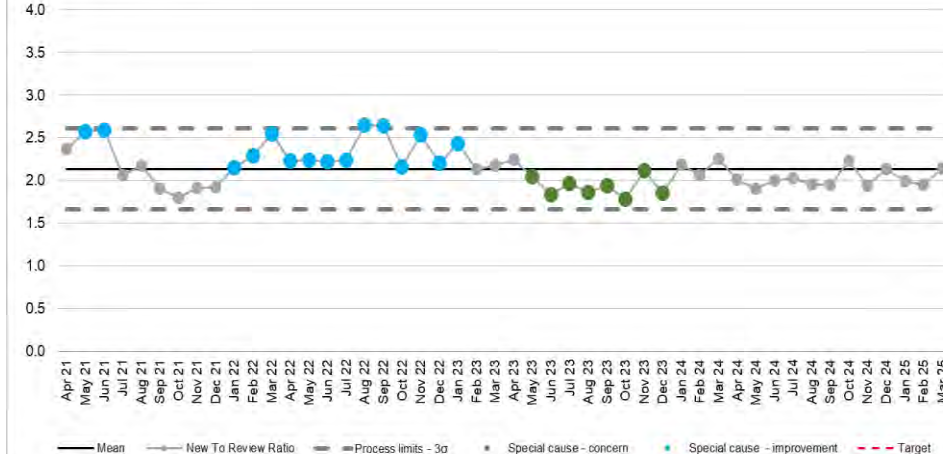
DATA QUALITY KITEMARK



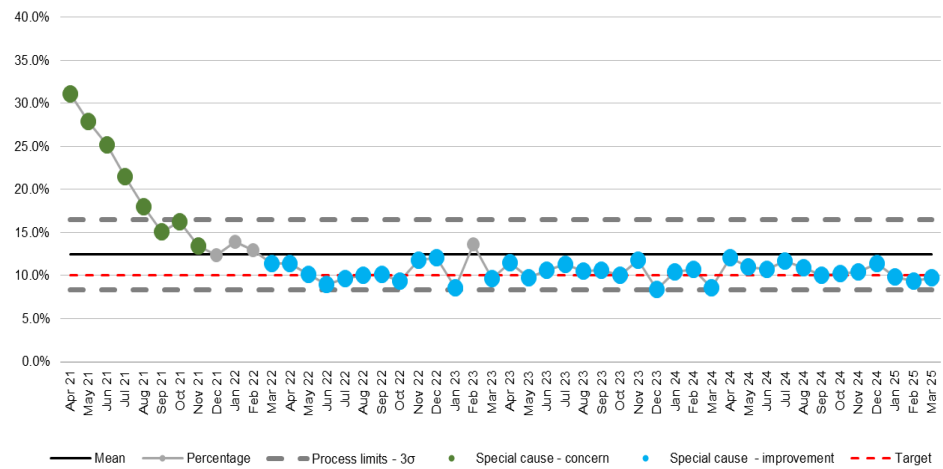
Consultant Led Outpatient DNA Rate



Outpatient New to Review Ratio



Percentage of Virtual OP Attendances

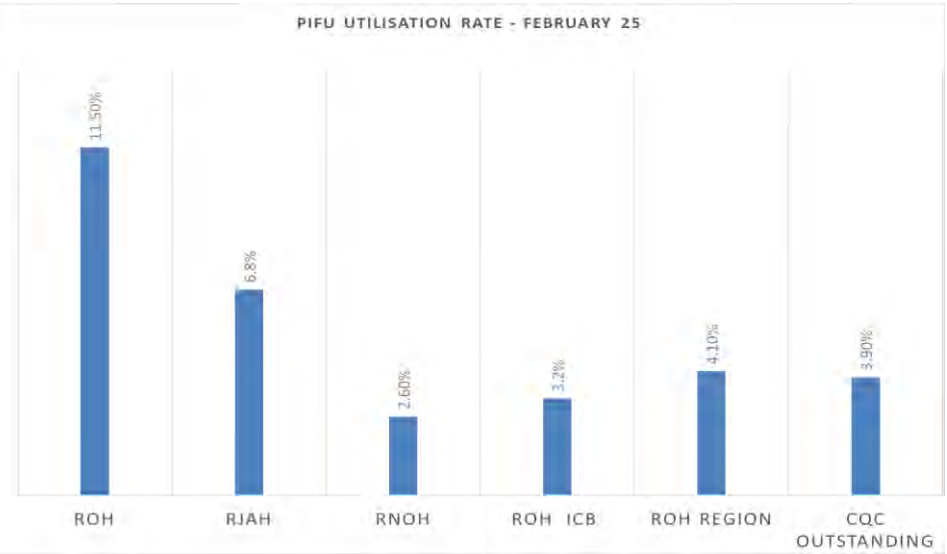
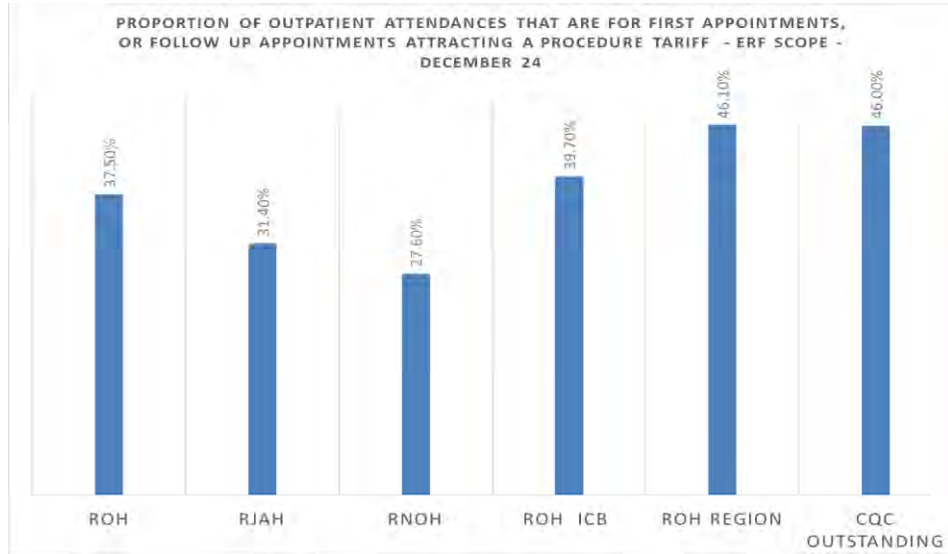
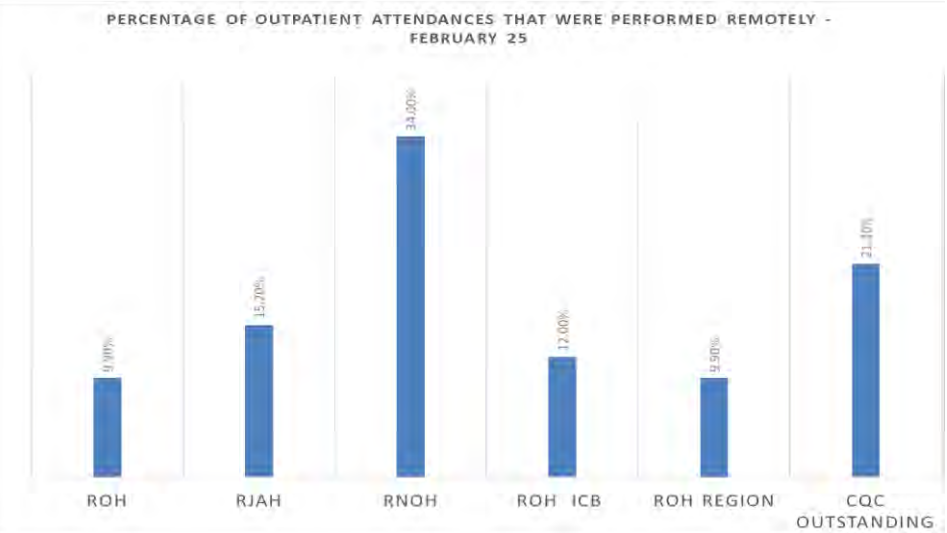
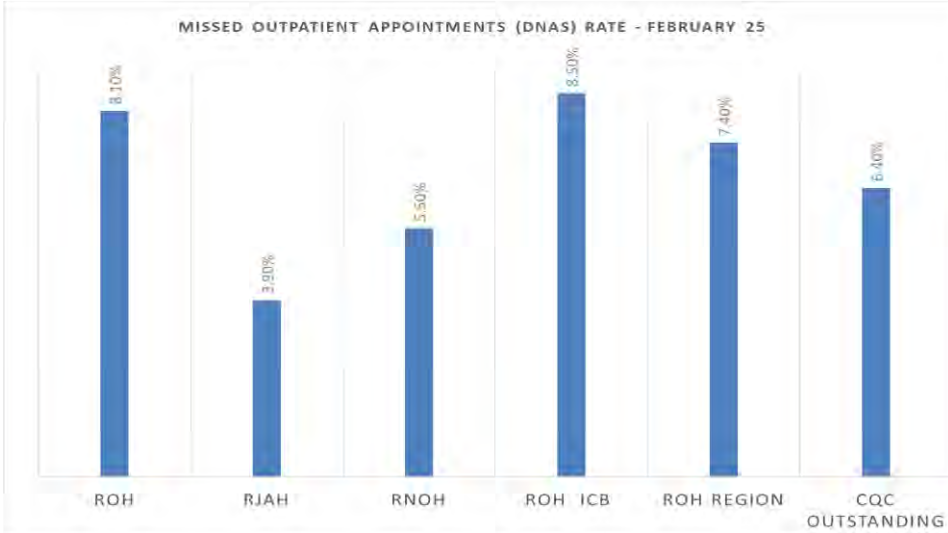


Patient Initiated Follow Ups - % Patient Added



DATA QUALITY KITEMARK





DATA QUALITY KITEMARK





## SUMMARY

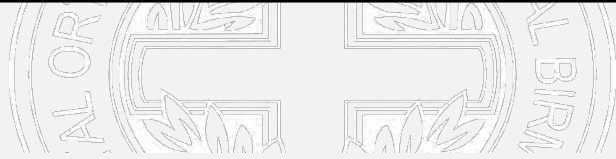
Summary content area

## AREAS OF IMPROVEMENT

Areas of improvement content area

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 (6th 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>Messaging to be rolled out to MSK with a predicted go live of the end of April 25</p> <p>NHS Way finder has gone live for stage 2. A renewed focus on patient access to the NHS app will be in place in line with the Elective reform planning guidance operational imperatives.</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. Learning being utilised for other sub-specialties . Work underway with RJAH to share best practice for OP pathways as there are areas of best practice in both providers where sharing seeks to improve performance at both providers.</p>	<p>Further review of clinic templates to ensure that capacity is maximised for new patients. Focus on spinal clinics to maximise productivity.</p> <p>Clinical Audit of outpatient follow up delays for Spinal patients led by Matt Revell.</p> <p>Productivity gains included in OP trajectory as per planning assurance pack presented at board review March 25.</p>	<p>Referral criteria needs to be confirmed for Primary Care. Internal primary care interface group now in place supported by COO /CMO attending system steering group with good collaboration and two-way communication channels now in place across a number of clinical and non-clinical development programmes</p> <p>The Clinical support decision making tool has been agreed by the system investment committee developed tested and concept proven via the ROH MSK steering group.</p> <p>Activity has been confirmed for A&amp;G via national reporting team.</p> <p>Between 22.04.25 and 22.04.25 the Trust has received 544 advice and guidance requests of which 202 converted to an actual referral.</p>	<p>Re-focused group has met to prioritise the objectives outlined under the outpatient transformation group reporting to the Trust Productivity Group.</p> <p>Review of NHS impact best practice guidance completed action plan in place.</p> <p>Evaluation report to be table at April FPC for productivity improvement groups including action plan and delivery framework for 25/26 .</p>

DATA QUALITY KITEMARK





## SUMMARY

## AREAS FOR IMPROVEMENT

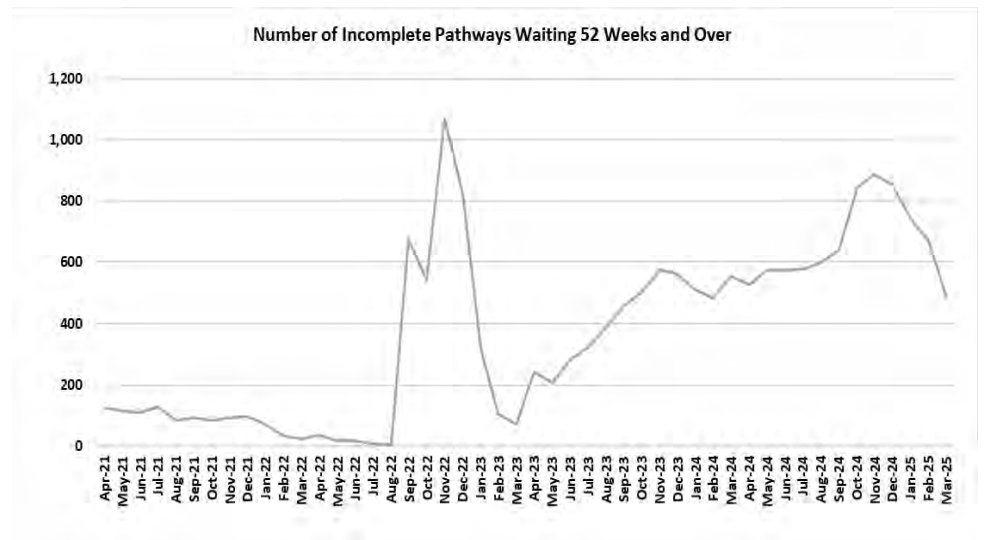
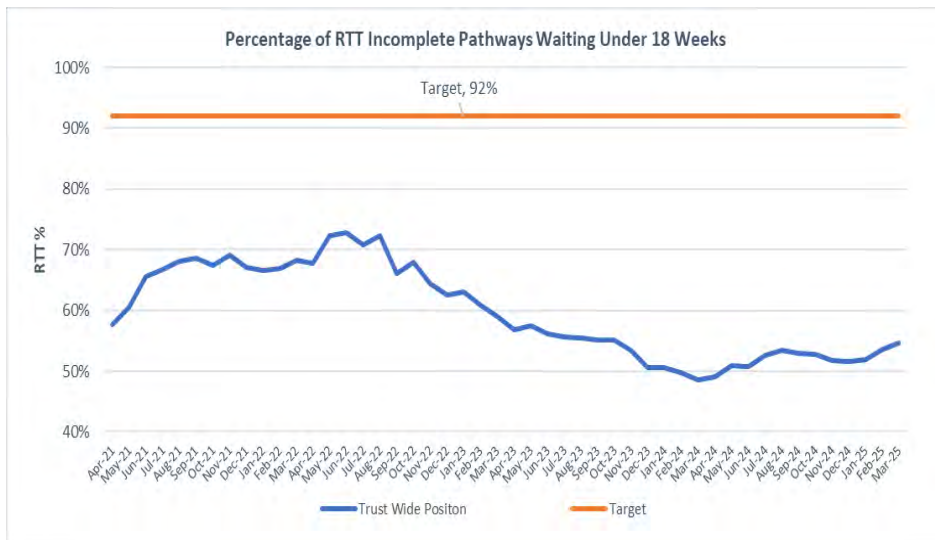
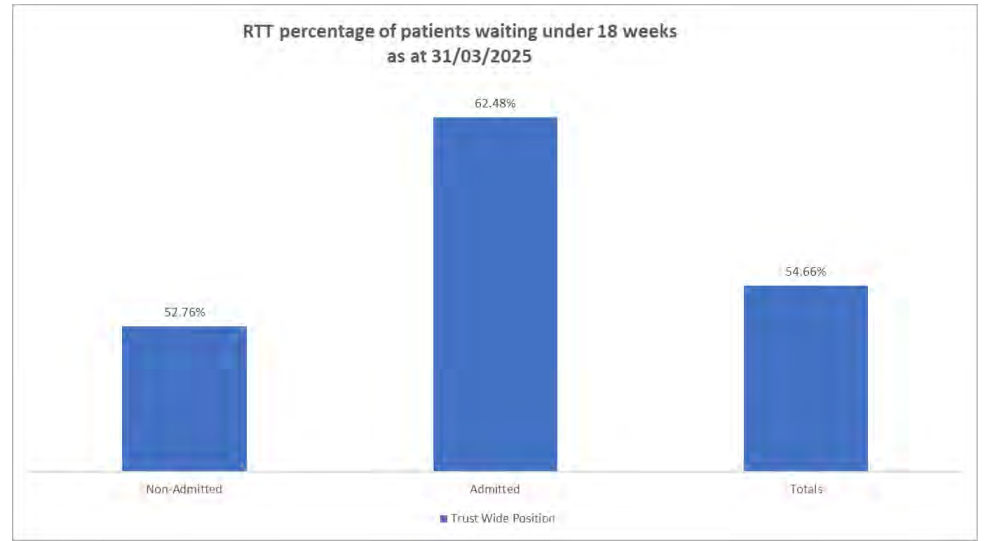
## RISKS / ISSUES

### DATA QUALITY KITEMARK



Trust Wide Position			
Weeks Waiting	Non-Admitted	Admitted	Totals
0-6	2,818	714	3,532
7-13	1,667	539	2,206
14-17	928	296	1,224
18-26	1,822	427	2,249
27-39	1,722	338	2,060
40-47	627	86	713
48-51	246	21	267
52 weeks and over	429	58	487
<b>Total</b>	<b>10,259</b>	<b>2,479</b>	<b>12,738</b>

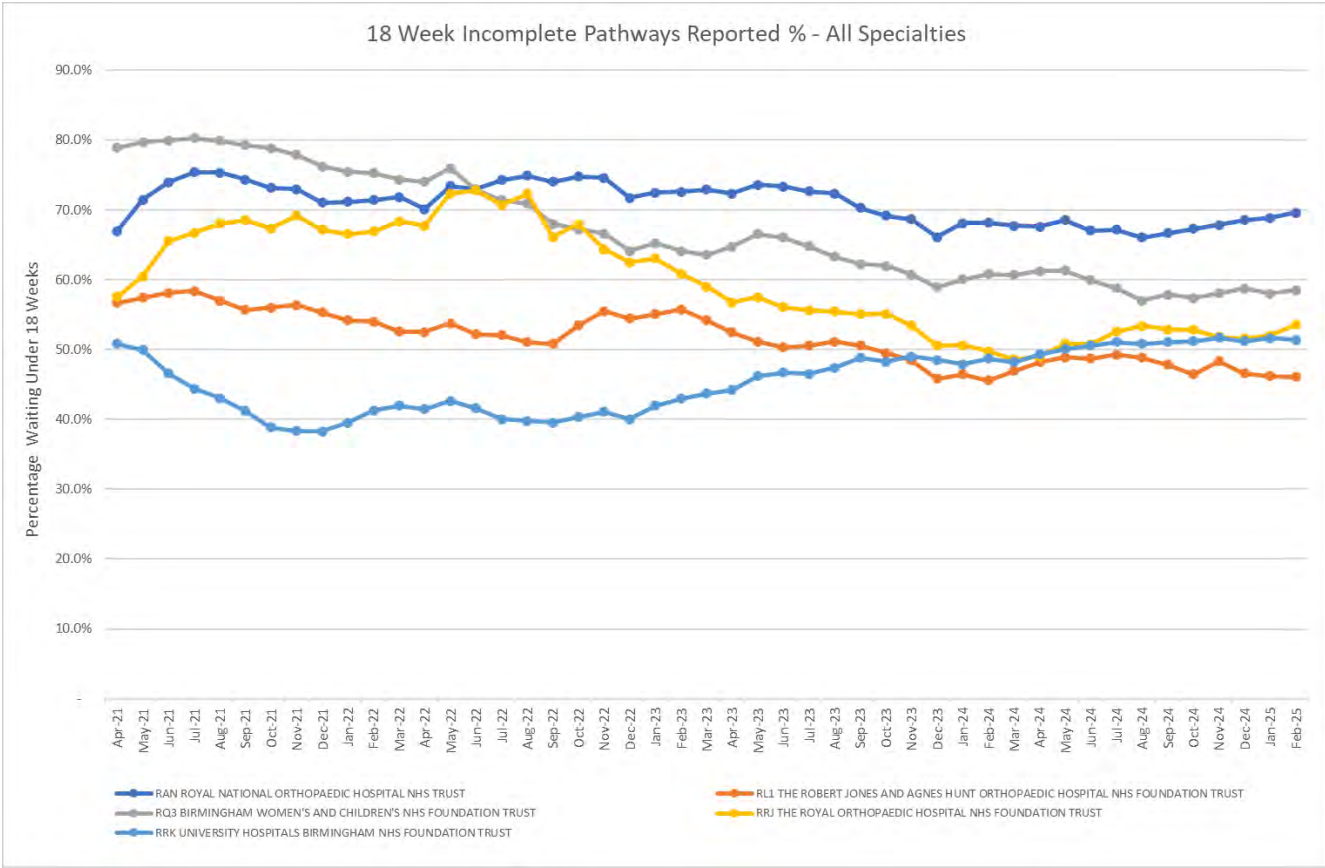
Weeks Waiting	Non Admitted	Admitted	Totals
Under 18	5,413	1,549	6,962
18 and over	4,846	930	5,776
<b>Month End RTT %</b>	<b>52.76%</b>	<b>62.48%</b>	<b>54.66%</b>



DATA QUALITY KITEMARK



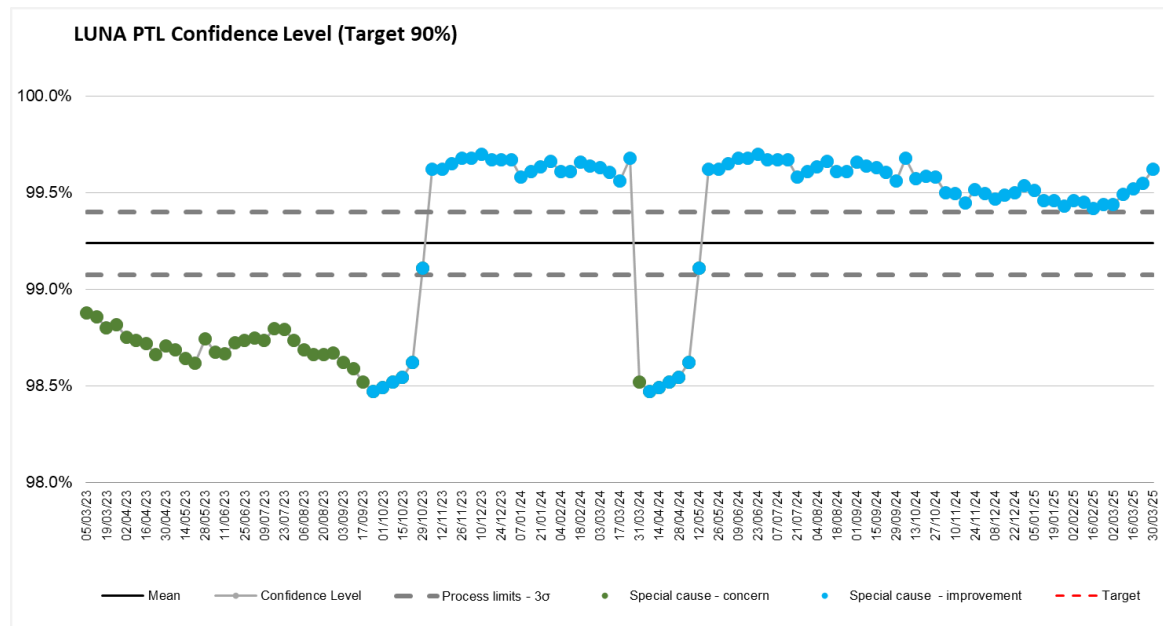
18 weeks Incomplete pathways Benchmarking against other providers:



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.



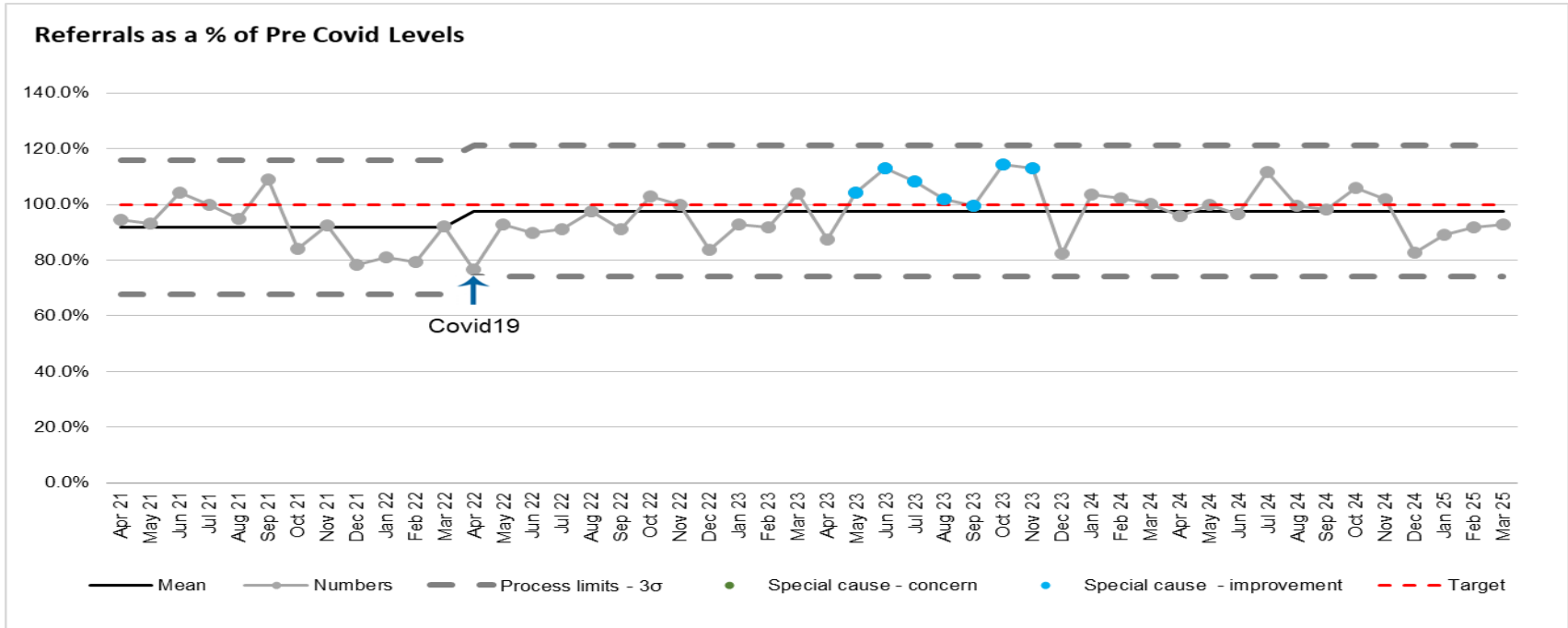
It is important to note the significant improvement from the data quality team utilising the LUNA data to continue to drive improvements. The latest chart suggests that the Trust has minimal errors identified by LUNA with a confidence rate in excess of 99.5%.

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.

DATA QUALITY KITEMARK



# 5. Referral to Treatment



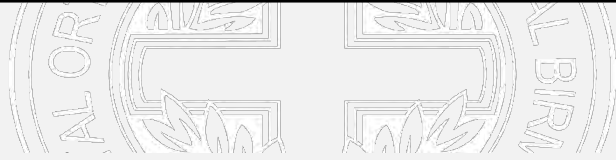
Pre Covid Level 2704

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

Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of Referrals	2363	2818	3059	2926	2752	2693	3093	3056	2224	2802	2760	2707	2592	2701	2613	3020	2688	2652	2859	2754	2231	2410	2481	2509
Referrals as a % of Pre Covid Levels	87.39%	104.22%	113.13%	108.21%	101.78%	99.59%	114.39%	113.02%	82.25%	103.62%	102.07%	100.11%	95.86%	99.89%	96.63%	111.69%	99.41%	98.08%	105.73%	101.85%	82.51%	89.13%	91.75%	92.79%

DATA QUALITY KITEMARK





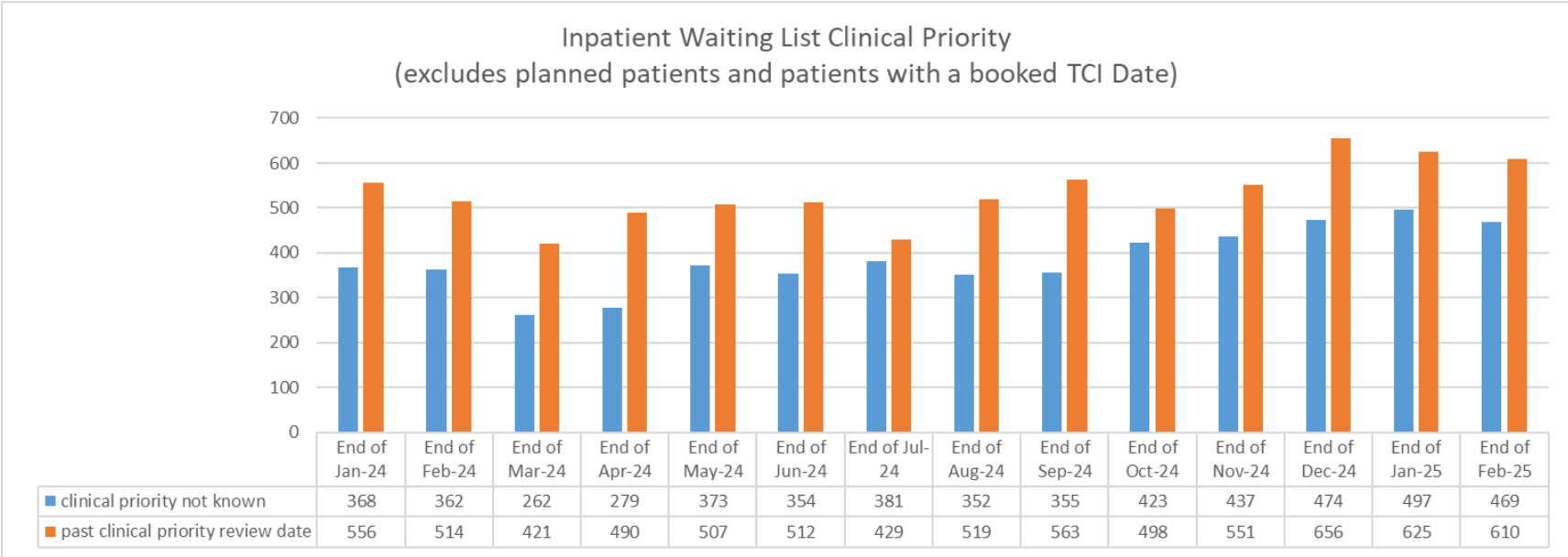
The national RTT target is for 92% of patients to be treated within 18 weeks. The table below highlights the current performance against this target by specialty. It also includes the number of patients currently waiting over 52 weeks prior to any tip ins. This will be used to support focussed intervention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

Specialty	Number of patients over 52 weeks with an incomplete RTT pathway	RTT % as of 16.04.25
Arthroplasty	0	68.18%
Arthroscopy	13	67.36%
Clinical Support	2	56.76%
Foot and Ankle	0	61.95%
Hands	7	46.65%
Oncology	1	89.61%
Oncology Arthroplasty	0	75.21%
Spinal	247	28.94%
Spinal Deformity	203	33.09%
Young Adult Hips	0	61.36%

DATA QUALITY KITEMARK



Overdue Clinical Priority:

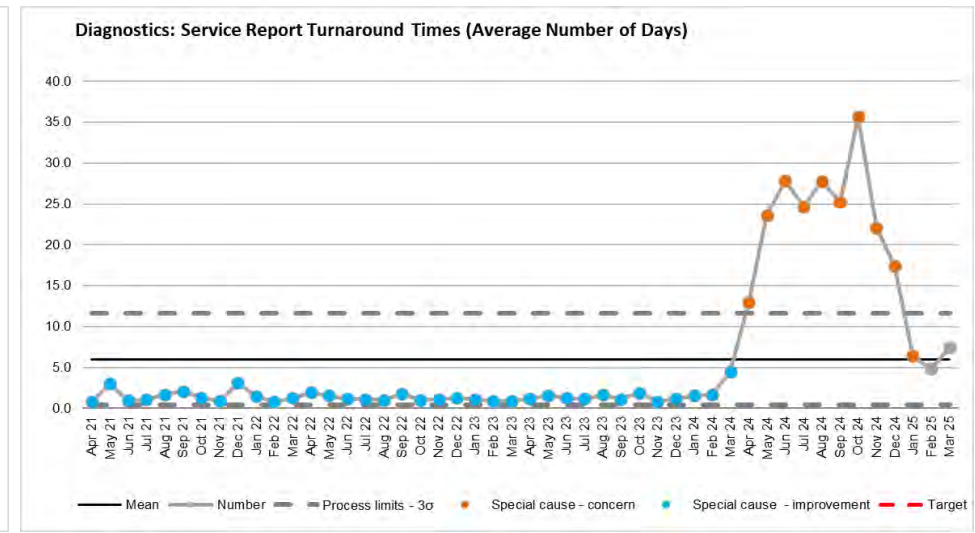
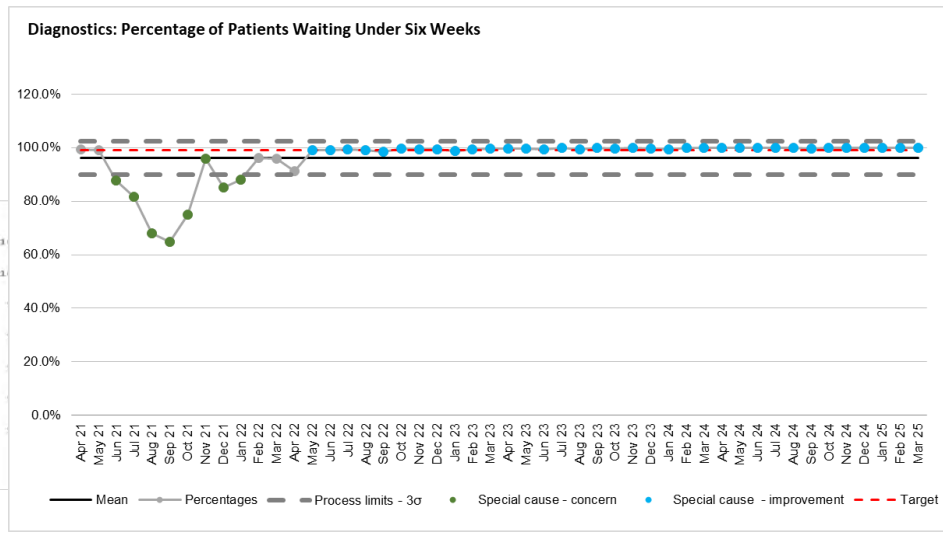
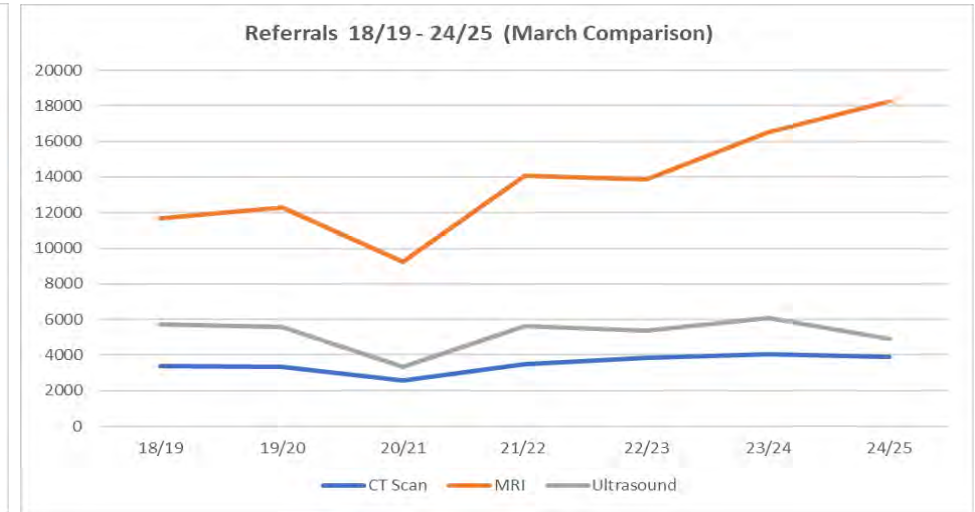
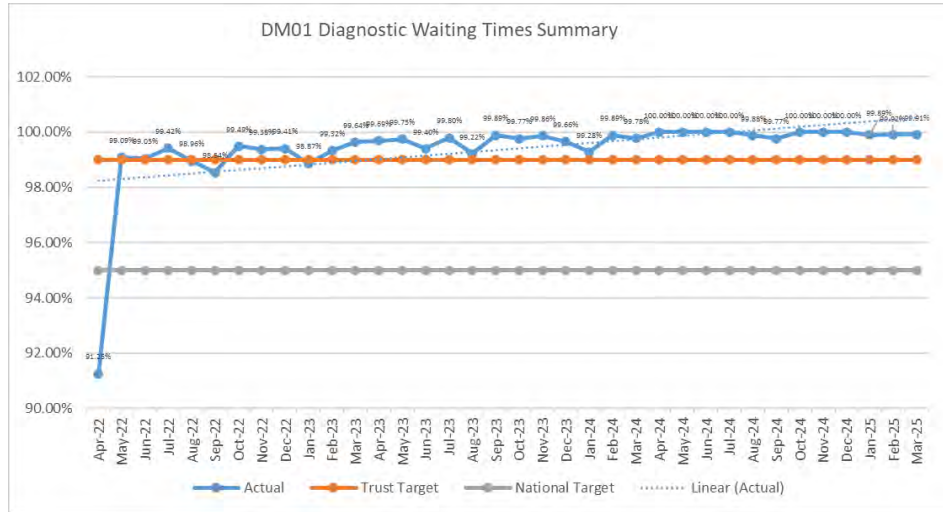


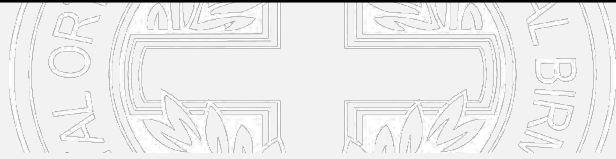
The number of patients with an unknown clinical priority has increased by 68 patients, however, the numbers that have past the clinical priority review date has reduced by 65 patients. The information continues to be shared monthly with individual services and clinicians to manage individual clinical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

The team are liaising with the business intelligence team to test the validity of the data in response to clinical review of the current position.

DATA QUALITY KITEMARK







## SUMMARY

## AREAS FOR IMPROVEMENT

## RISKS



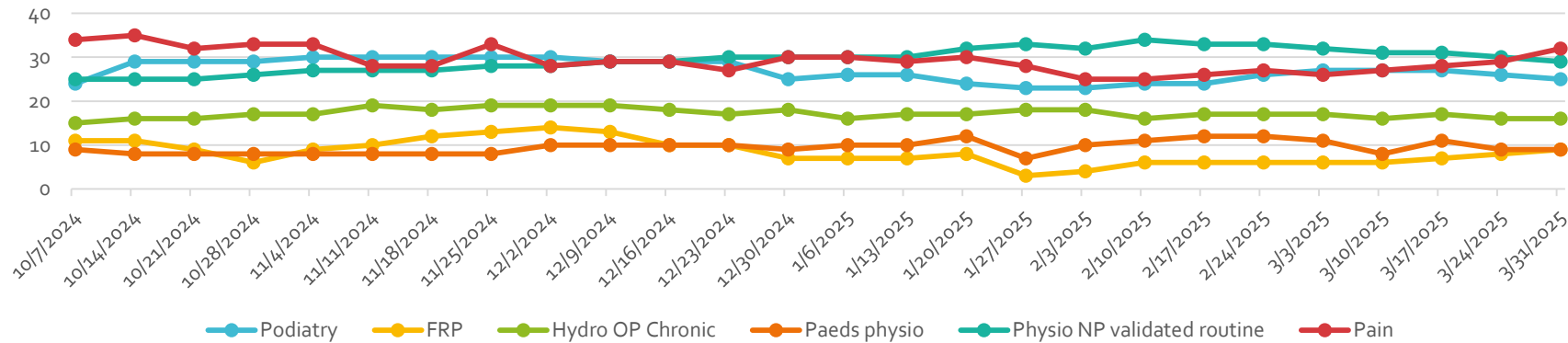
Summary Performance Figures – February 25 ( April 2025Submission)

Target Name	National Standard	Feb 25 (complete)			
		%	In target	Breach	Total
31 DTTD to Treatment	96%	100%	26.0	0.0	26.0
62 day RTT to treatment	70%	76.7%	11.5	3.5	15.0
28 day FDS REPORTED	77%	81.6%	62	14	76
Patients over 104 days (62 day standard)				1	

Performance

Risks /actions ongoing

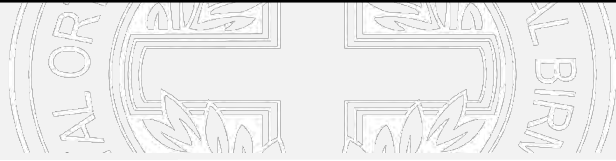
Therapy Waiting Times (October 24 - March '25)



Summary – data as per 28/02/25

Risks /actions ongoing

From April 25 there will be 17.85 FTE Band 6 physiotherapists in post against a budget of 22.35 FTE due to vacancies, secondments, maternity leave and sickness.

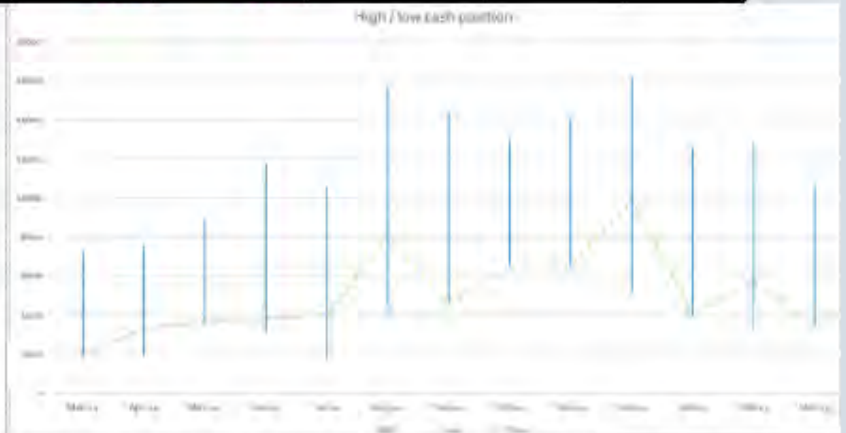
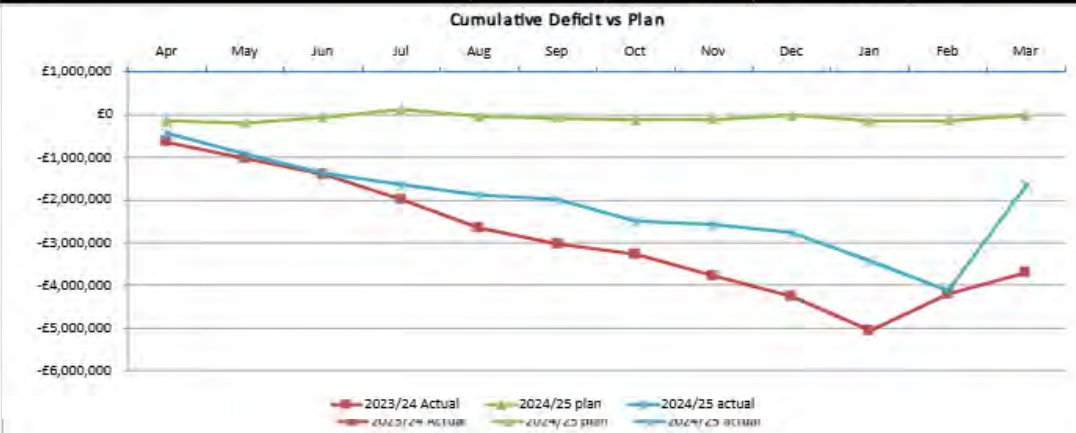


## SUMMARY

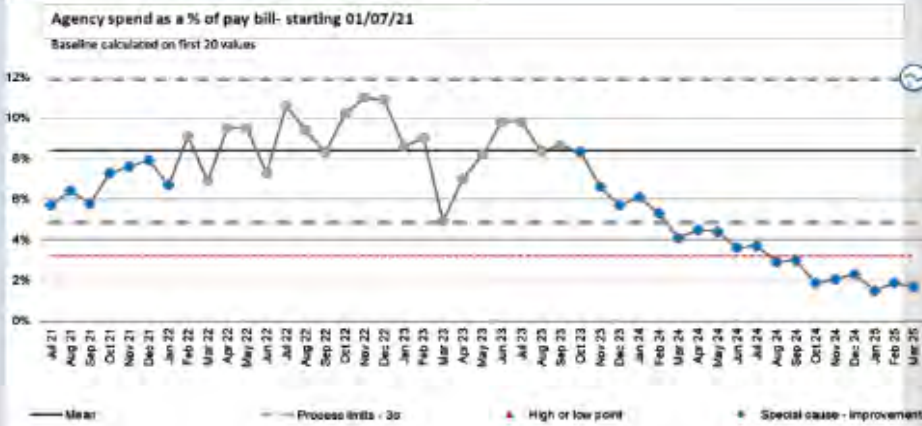
## AREAS FOR IMPROVEMENT



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	£16,333	£17,986	£1,653	£140,720	£140,636	-£84			
Other income	£532	£3,851	£3,319	£6,432	£9,724	£3,292			
Pay	-£11,786	-£11,524	£262	-£87,116	-£85,784	£1,332			
Non Pay	-£4,826	-£7,600	-£2,774	-£58,691	-£65,071	-£6,380			
Non operating costs	-£120	-£222	-£102	-£1,344	-£1,135	£209			
<b>TOTAL</b>	<b>£133</b>	<b>£2,491</b>	<b>£2,358</b>	<b>£1</b>	<b>-£1,630</b>	<b>-£1,631</b>			



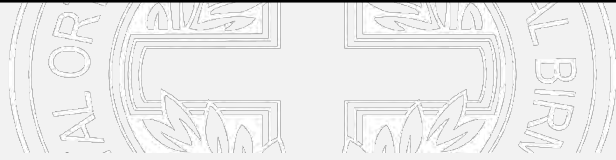
**Agency as a % of paybill = 1.7%**



Efficiencies	YTD	Forecast
Plan	£6,484	
Actual	£5,354	
Variance	-£1,130	

Capital	YTD	Forecast
Plan (exc IFRS16)	£7,100	
Actual	£6,120	
IFRS 16	£456	
Variance	£524	

Better Payment practice code	YTD	% move't prev month
<b>Non-NHS</b>		
By number	83.5%	-0.9%
By Value	83.2%	-0.9%
<b>NHS</b>		
By number	51.3%	-0.1%
By Value	35.5%	-3.0%
<b>Total</b>		
By number	82.8%	-0.9%
By Value	78.3%	-1.1%

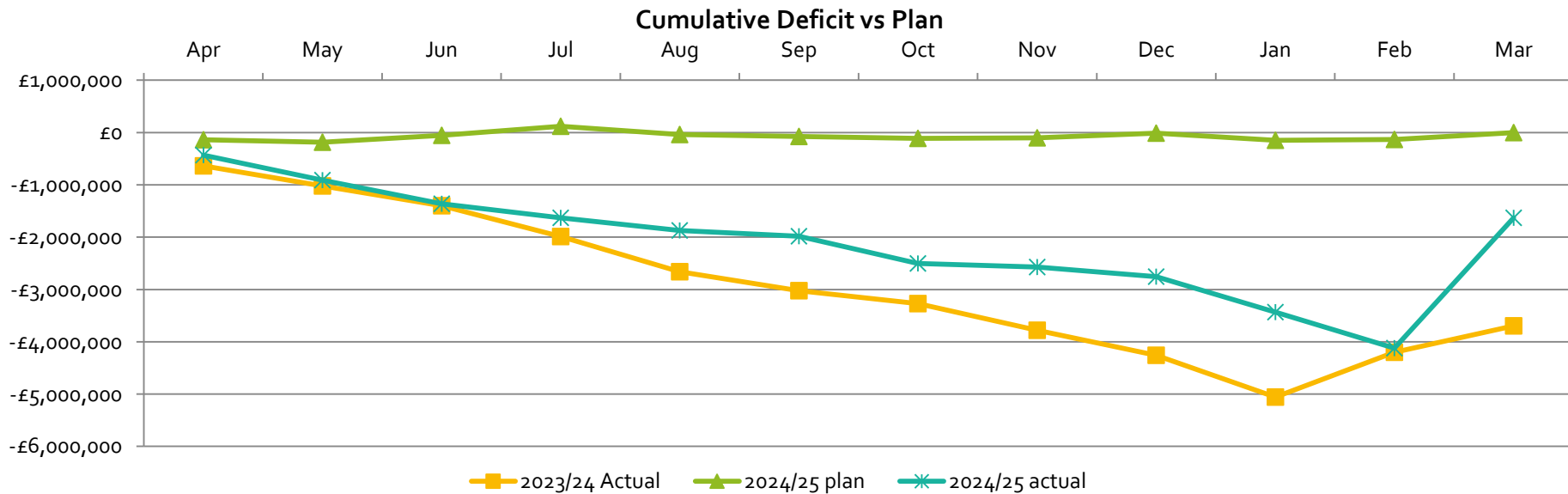
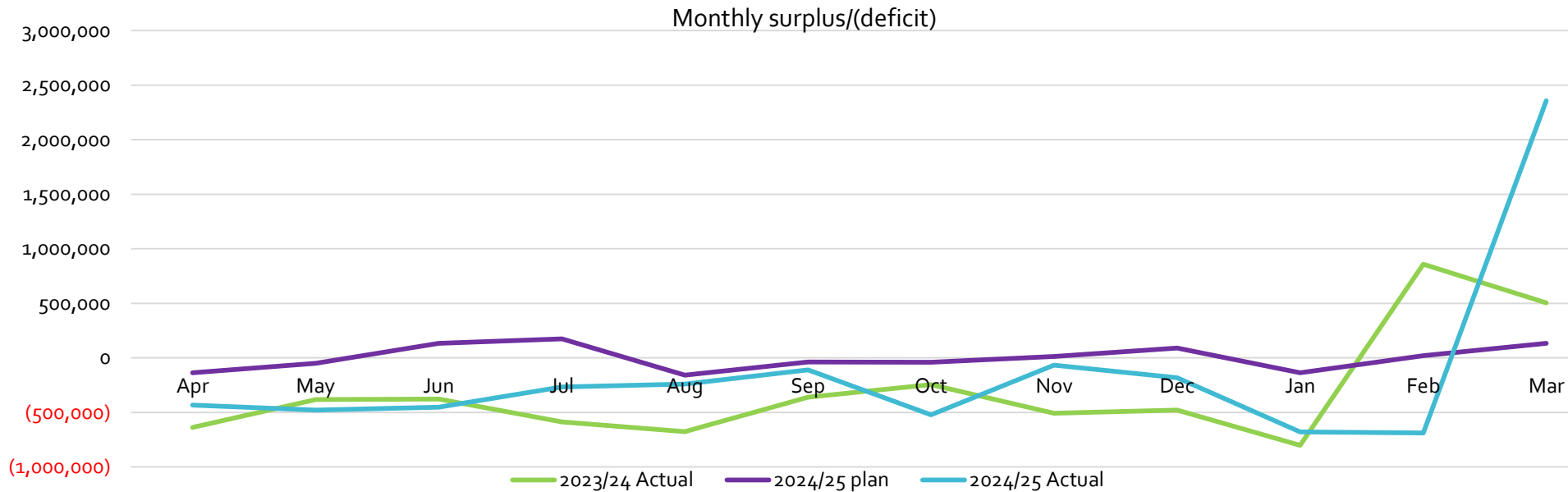


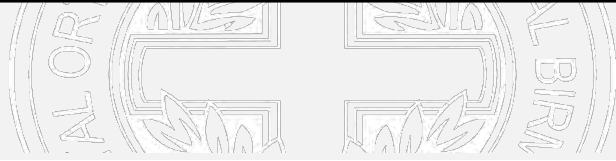
## SUMMARY

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		(87,116)	(58,691)		
	↑	↓	↓	↑	↑



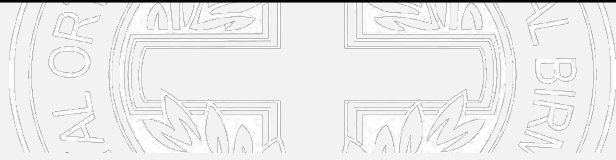




## SUMMARY

## AREAS FOR IMPROVEMENT

## RISKS / ISSUES



### Elective Recovery Fund (ERF)

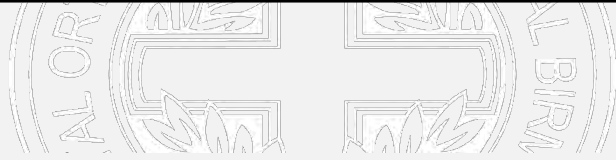
Based on NHSE data for M1-9 and ROH data for M10-12 the underperformance against the revised targets is shown below:-

	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	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	4,860,342	4,297,829	4,711,157	5,543,855	6,002,321	57,208,277
<b>Actual</b>		4,163,273	4,694,054	4,183,494	5,003,505	4,364,521	4,513,054	4,718,283	4,422,929	4,232,299	4,769,099	4,670,460	4,507,853	54,408,589
<b>Variance</b>		(226,080)	(20,306)	(359,785)	257,227	417,492	34,541	(255,678)	(437,413)	(65,530)	57,942	(873,395)	(1,494,468)	(2,799,688)
<b>NHSE rephased target</b>	<b>57,208,277</b>	4,508,804	4,750,078	4,655,830	4,900,874	4,640,751	4,900,874	5,142,148	4,866,945	4,471,105	4,998,891	4,471,105	4,900,874	57,208,277
<b>Variance</b>		(345,531)	(56,024)	(472,336)	102,631	(276,230)	(387,820)	(423,865)	(444,016)	(238,806)	(229,792)	199,355	(393,021)	(2,799,688)
<b>Breakeven Target</b>	<b>60,599,277</b>												5,191,371	60,599,277
<b>Variance</b>														

Note: M9-12 Actual performance is an estimate.

This shows a YTD underperformance against NHSE Target of £2,799k. An adjustment for performance to cap for BSOL ICB improves the recognised performance to an underperformance of £2,197k.

The NHSE target for Months 11 and 12 increased significantly with 20% target expected to be delivered in these months.



### Elective Recovery Fund (ERF)

The full year ERF performance by commissioner has been summarised below.

	Actual	Target	Variance	Cap adjustment	Revised Variance
Birmingham and Solihull ICB	£28,001,606	£29,424,893	(£1,423,287)	£602,394	(820,893)
NHS England	£7,680,323	£8,064,516	(£384,193)		(£384,193)
Black Country ICB	£8,387,534	£8,909,162	(£521,628)		(£521,628)
Hereford and Worcester ICB	£7,319,841	£6,797,590	£522,251		£522,251
Staffordshire and Stoke ICB	£1,766,460	£2,179,783	(£413,324)		(£413,324)
Coventry and Warwickshire ICB	£1,252,825	£1,832,333	(£579,508)		(£579,508)
TOTAL	£54,408,589	£57,208,277	(£2,799,688)	£602,394	(£2,197,294)

## Patient level income split between ERF vs Non ERF

	1	2	3	4	5	6	7	8	9	10	11	12	Total
ERF Criteria	£4,176,744	£4,702,586	£4,217,677	£5,003,945	£4,368,114	£4,514,799	£4,723,374	£4,504,010	£4,243,063	£4,818,491	£4,704,545	£4,507,853	£54,485,203
Non ERF	£3,222,689	£3,227,750	£3,033,698	£3,358,757	£3,052,325	£3,123,383	£3,940,683	£3,996,077	£3,317,422	£3,226,323	£2,539,857	£3,133,999	£39,172,965
<b>Grand Total</b>	<b>£7,399,433</b>	<b>£7,930,337</b>	<b>£7,251,376</b>	<b>£8,362,703</b>	<b>£7,420,439</b>	<b>£7,638,181</b>	<b>£8,664,058</b>	<b>£8,500,087</b>	<b>£7,560,485</b>	<b>£8,044,815</b>	<b>£7,244,403</b>	<b>£7,641,852</b>	<b>£93,658,168</b>
% ERF	56%	59%	58%	60%	59%	59%	55%	53%	56%	60%	65%	59%	58%

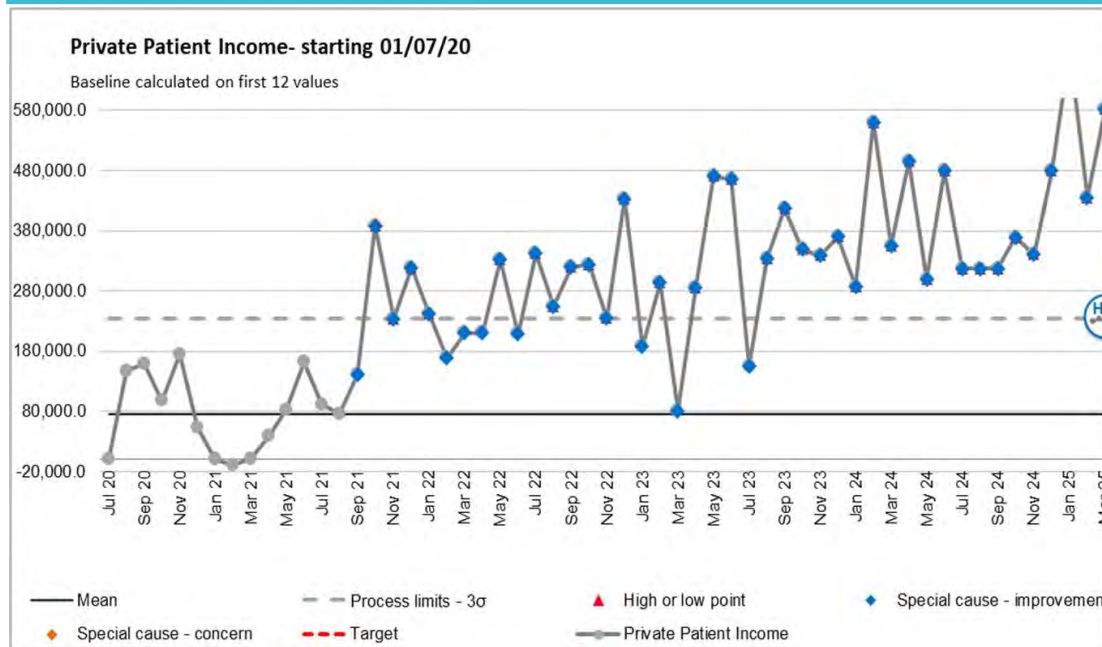
## Activity split between ERF vs Non ERF

Row Labels	1	2	3	4	5	6	7	8	9	10	11	12	Total
ERF Criteria	988	1088	1028	1165	1039	1082	1037	1016	912	1147	1126	1046	12674
Non ERF	177	197	161	168	173	167	183	196	189	190	201	177	2179
<b>Grand Total</b>	<b>1165</b>	<b>1285</b>	<b>1189</b>	<b>1333</b>	<b>1212</b>	<b>1249</b>	<b>1220</b>	<b>1212</b>	<b>1101</b>	<b>1337</b>	<b>1327</b>	<b>1223</b>	<b>14853</b>
% ERF	85%	85%	86%	87%	86%	87%	85%	84%	83%	86%	85%	86%	85%

## Average tariff ERF vs Non ERF

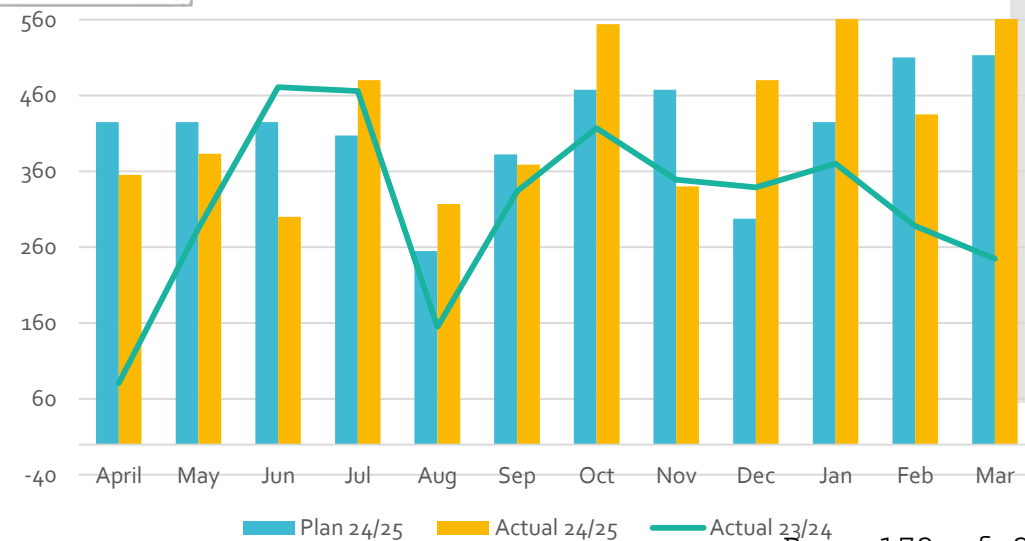
Row Labels	1	2	3	4	5	6	7	8	9	10	11	12	Total
ERF Criteria	£3,706	£3,826	£3,570	£3,803	£3,725	£3,695	£4,033	£3,859	£4,078	£3,703	£3,724	£3,836	£3,793
Non ERF	£5,164	£5,018	£5,436	£5,353	£5,470	£5,629	£4,973	£6,269	£5,976	£4,576	£5,025	£5,647	£5,374
<b>Grand Total</b>	<b>£3,928</b>	<b>£4,009</b>	<b>£3,823</b>	<b>£3,999</b>	<b>£3,974</b>	<b>£3,954</b>	<b>£4,174</b>	<b>£4,249</b>	<b>£4,403</b>	<b>£3,827</b>	<b>£3,921</b>	<b>£4,098</b>	<b>£4,025</b>

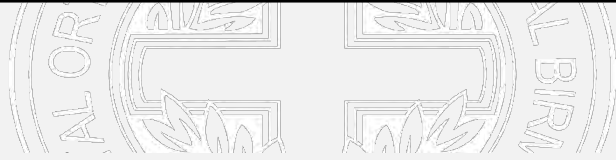
## Private patient income



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

## Private Patient Income

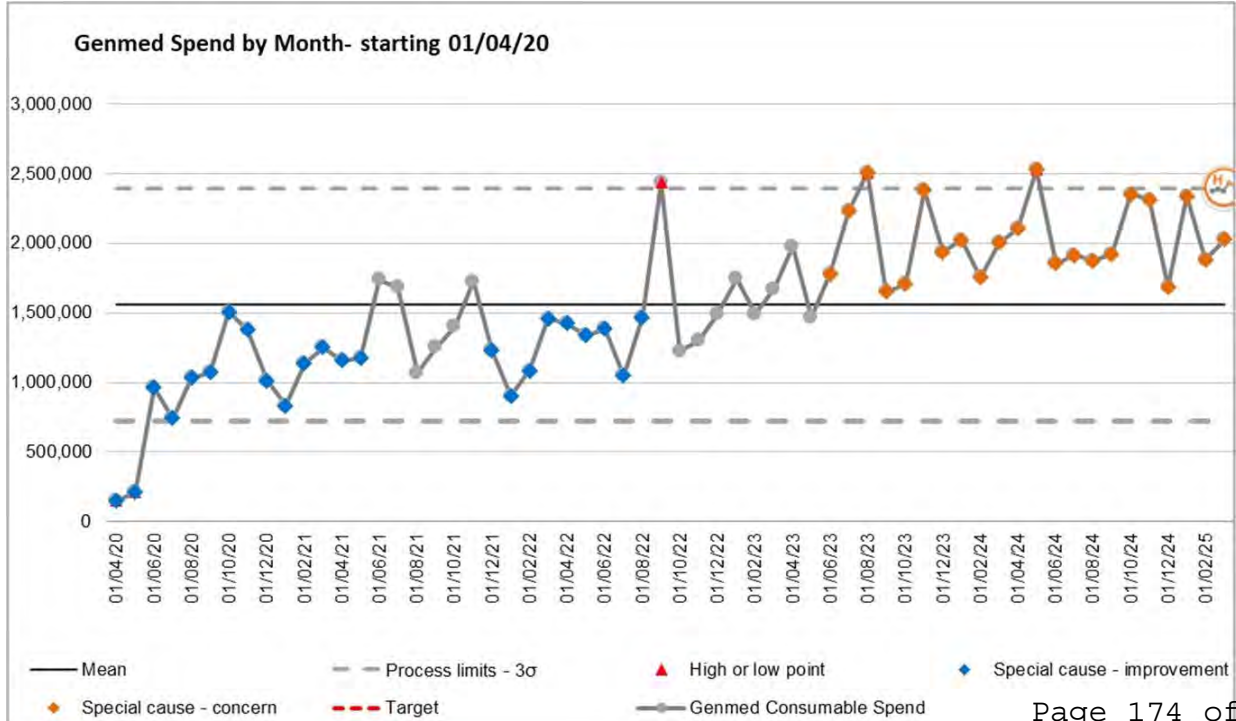
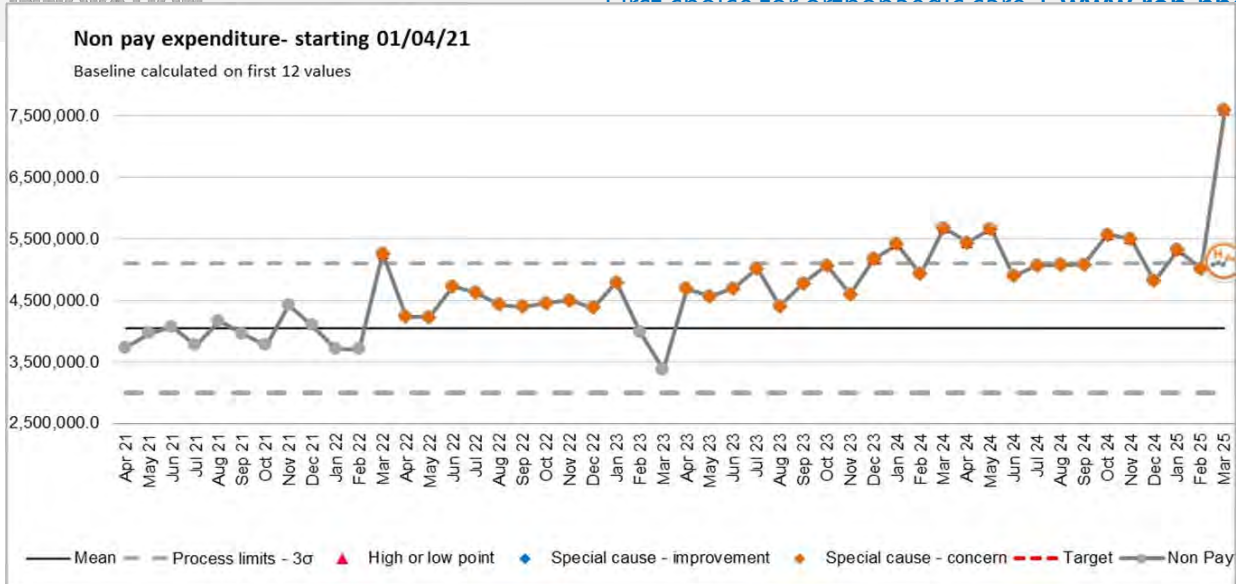
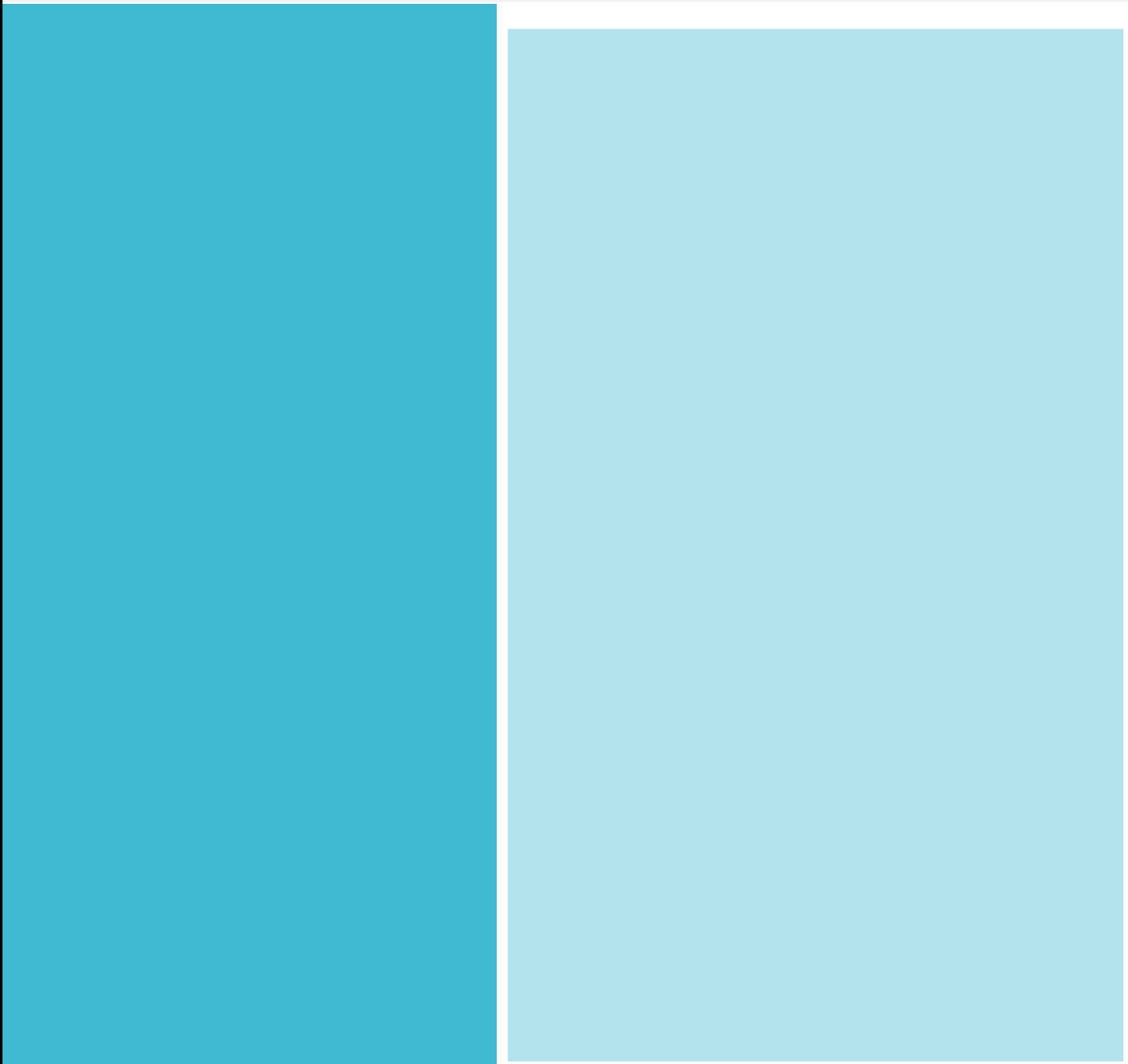




## SUMMARY

## AREAS FOR IMPROVEMENT

## RISKS / ISSUES

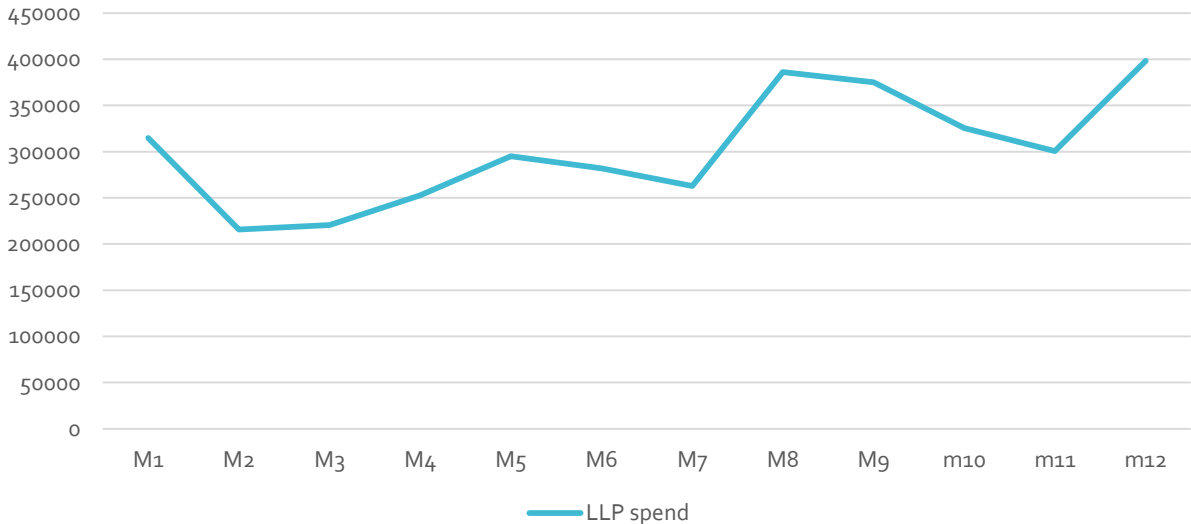


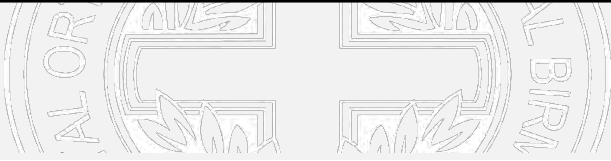


## SUMMARY

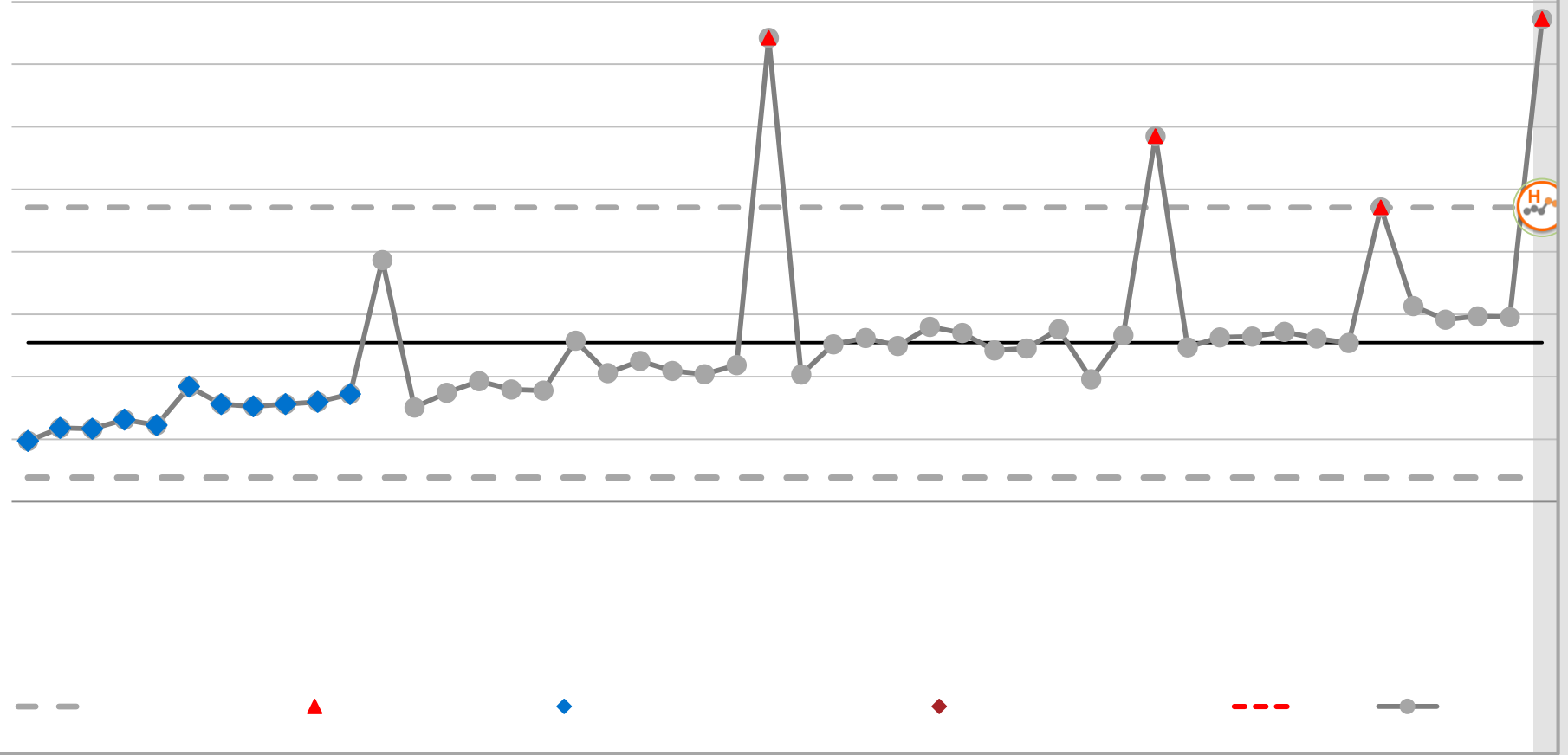
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LLP spend

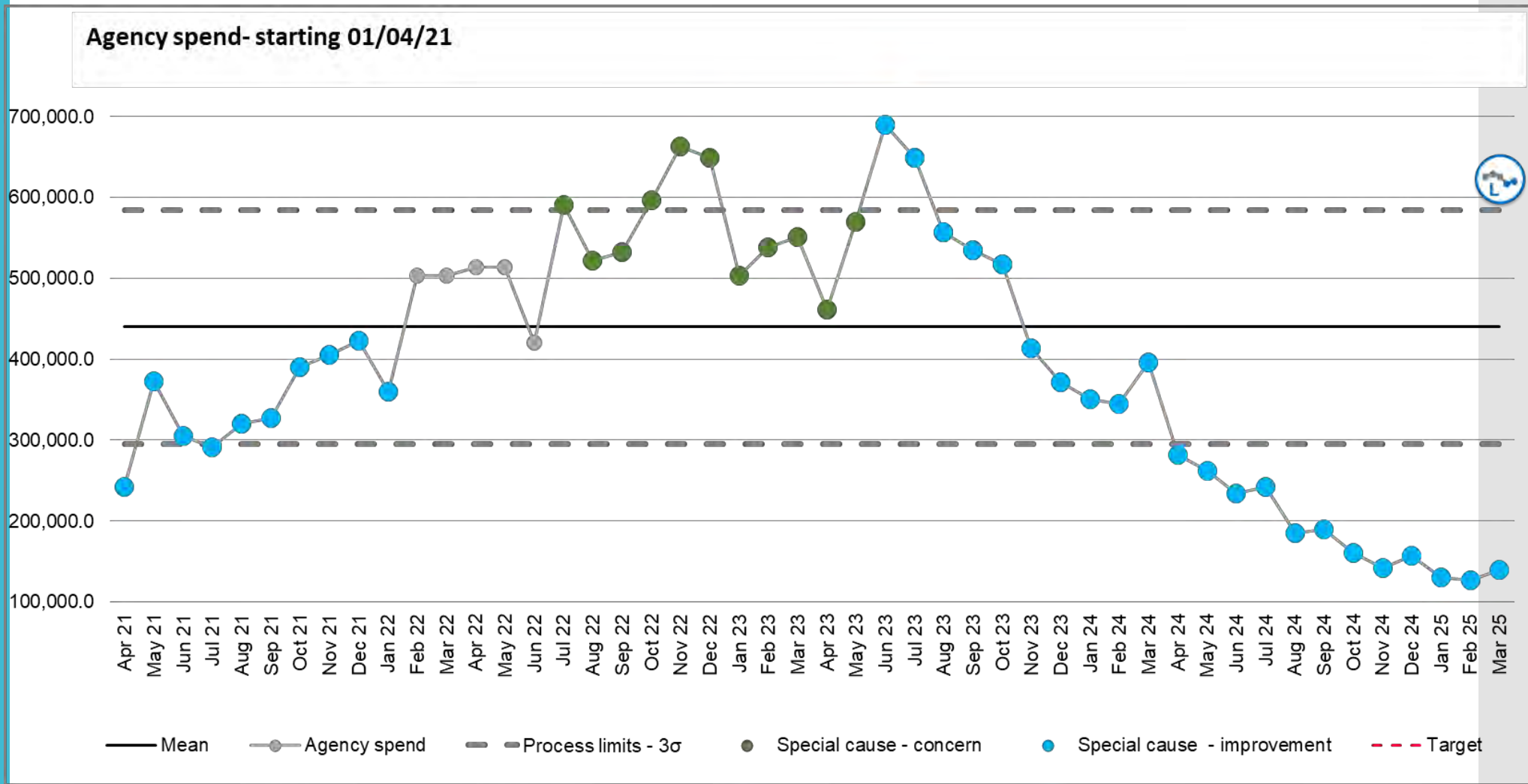




Pay spend- starting 01/04/21

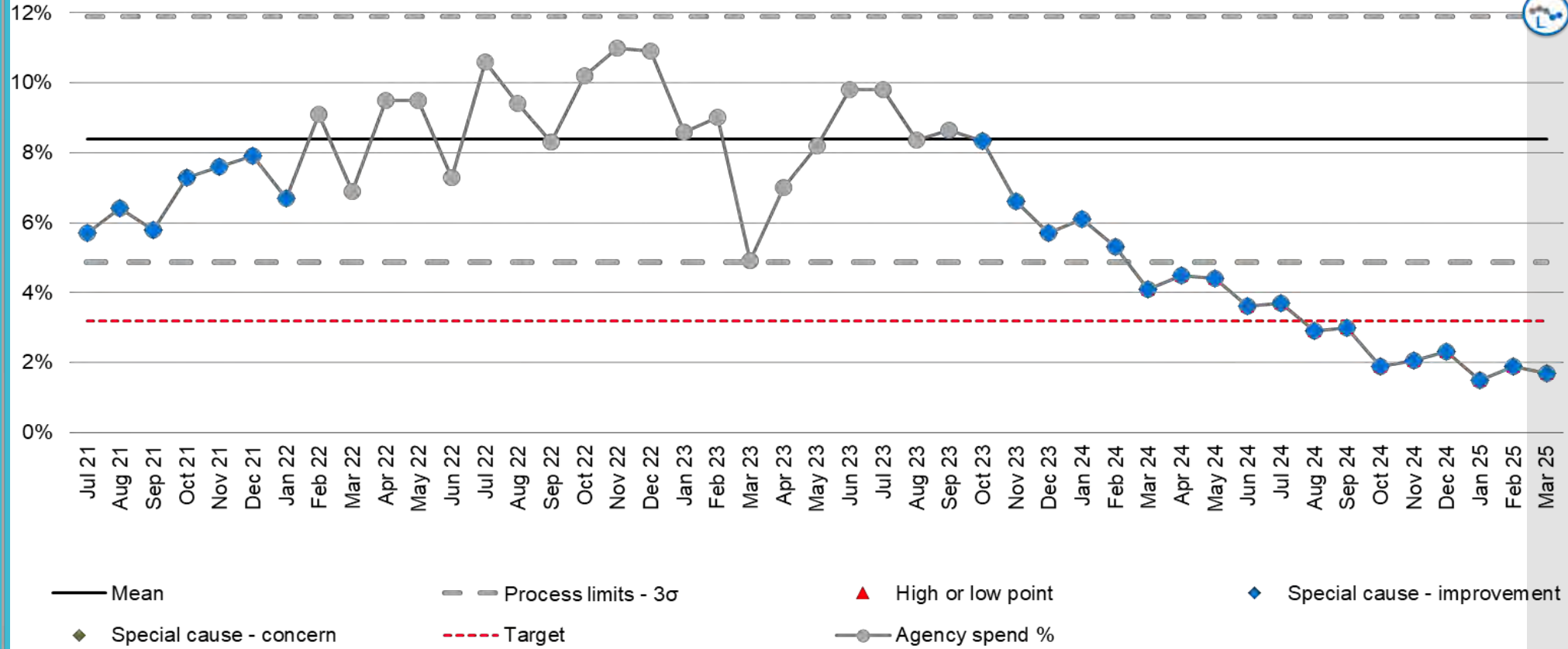


Agency spend- starting 01/04/21



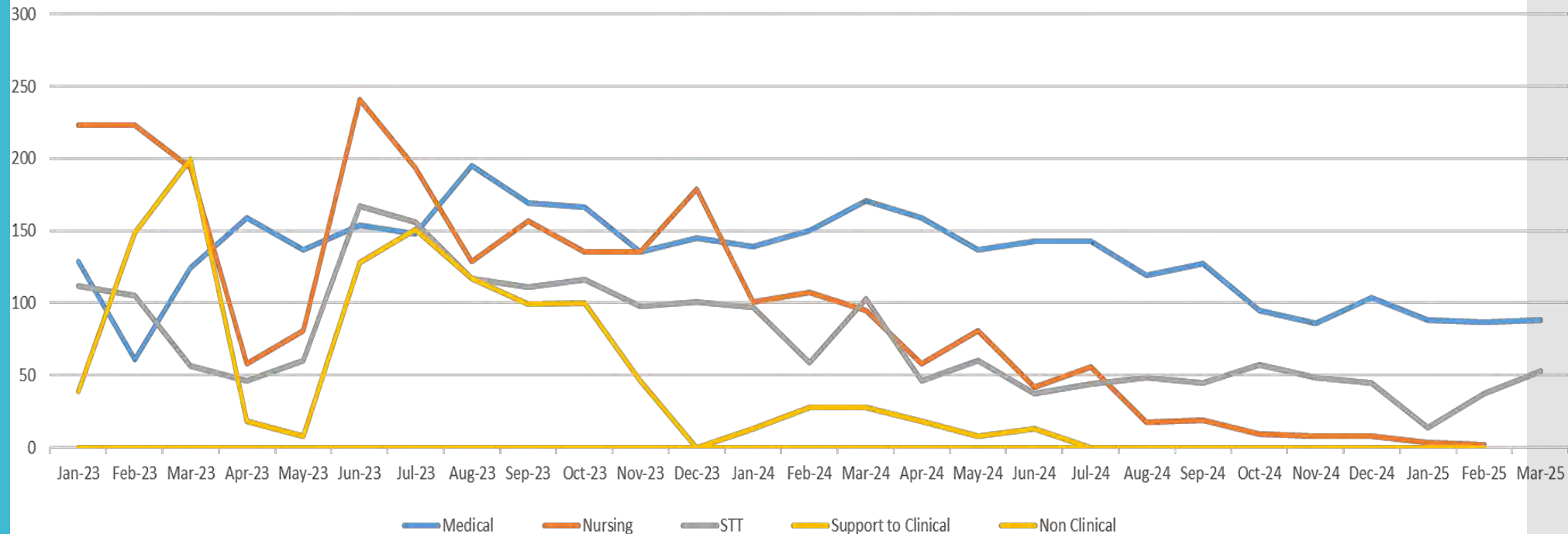
### Agency spend as a % of pay bill- starting 01/07/21

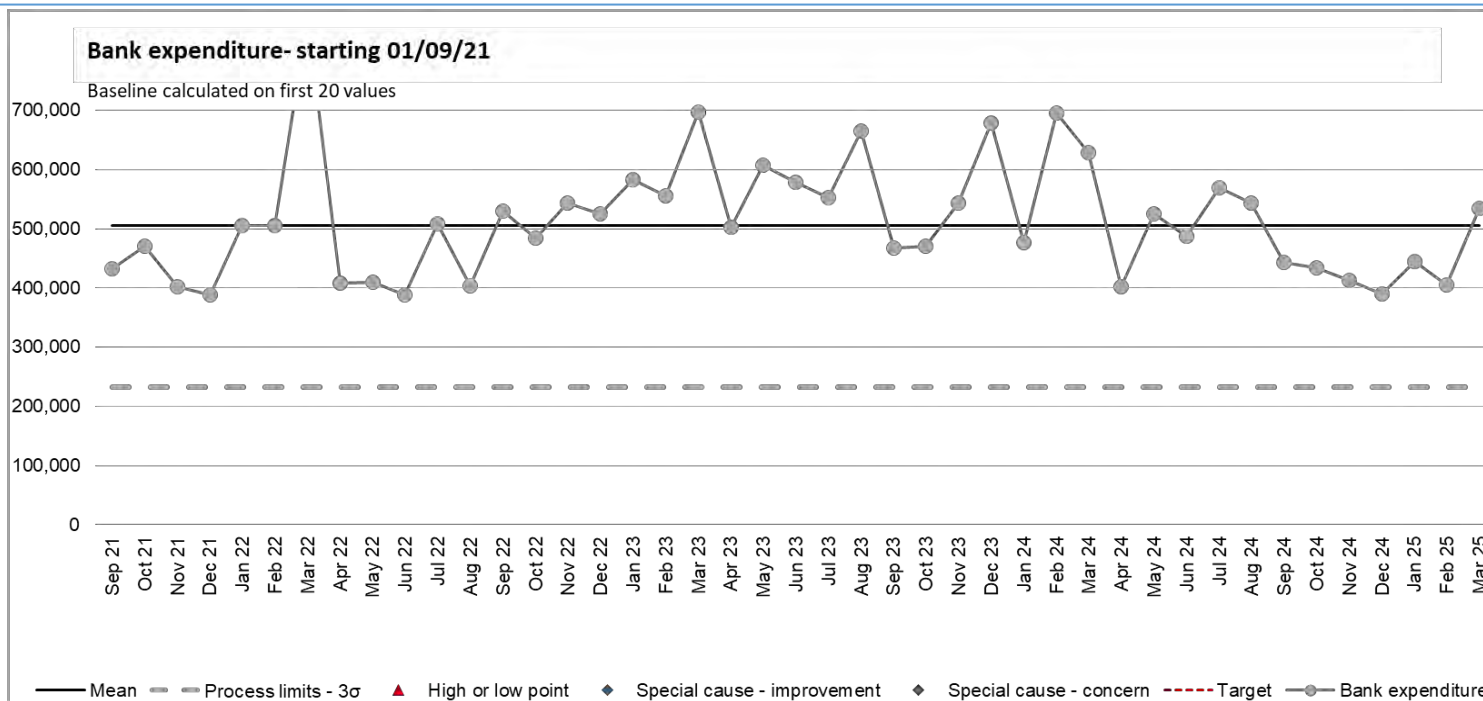
Baseline calculated on first 20 values





Agency spend by staff group





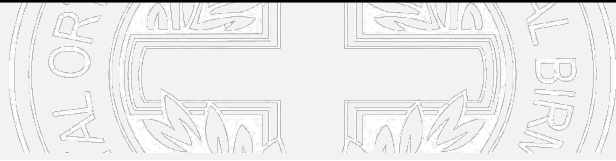


	£'000s							
	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Full year
Recovery plan monthly improvements	0	501	464	464	571	587	594	3180
Year to date deficit (including M6 forecast)	-250							-2030
Current monthly plan		-39.0	11.0	89.0	-139.0	19.0	134.0	75.0
Current CIP monthly plan		-636	-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>-78</b>	<b>-181</b>	<b>-679</b>	<b>-554</b>	<b>2,358</b>	<b>-1,630</b>
<b>Variance</b>	<b>140</b>	<b>-709</b>	<b>-279</b>	<b>-460</b>	<b>-836</b>	<b>-886</b>	<b>1,452</b>	<b>-1,663</b>
<b>Revised trajectory to breakeven</b>				<b>563</b>	<b>442</b>	<b>615</b>	<b>787</b>	
<b>Variance to revised trajectory</b>				<b>-744</b>	<b>-1,121</b>	<b>1,169</b>	<b>1,571</b>	



## SUMMARY

Scheme	Recurrent/ Non Recurrent	FYE Plan	YTD Actual
Procurement –ROH and BSOL procurement	Recurrent	£528	£1,525
Minimise overall agency spend	Recurrent	£2,194	£3,592
Private patient service expansion	Recurrent	£440	£0
Discretionary spend hold	Non Recurrent	£751	£61
Contracts and SLA review	Recurrent	£0	£134
Pharmacy - Generic switches	Recurrent	£154	£0
Non clinical admin, vacancy and bank hold	Recurrent	£334	£30
Consultant premium rate working (LLP spend reduction)	Recurrent	£564	£0
ERF additional income	Non Recurrent	£607	£12

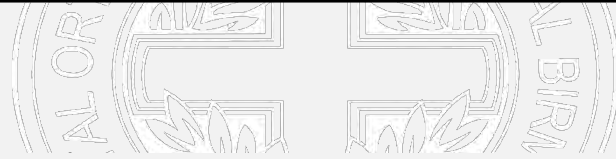


## SUMMARY

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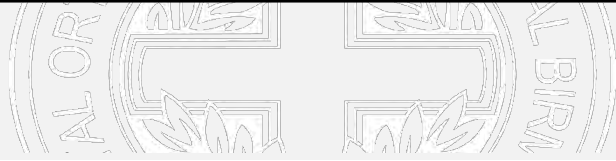
## Risks/Issues

## Actions



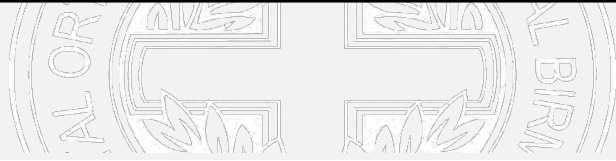
## SUMMARY

Stream	Scheme Name	Plan	Spend	Variance
Strategic Estates	Oncology office refurbishment/relocation	1,196,222	1,115,777	80,445
Strategic Estates	Retention - Relocation of Facilities to the Old Pharmacy building	6,582	1,246	5,336
Strategic Estates	Retention - Replacement for room 3 from a fluoroscopy room to a digital x-ray room	2,771	1,726	1,045
Strategic Estates	Retention - Café Royale Refurbishment	2,000	3,000	(1,000)
Strategic Estates	Replacement boiler knowledge hub	400,000	392,492	7,508
Strategic Estates	Remote ability to connect to mobile Generator for 2	95,000	104,637	(9,637)
Strategic Estates	Roof Replacement inc Large and Small Joint Medical Secretary block / Plaster room / Theatre 3, Hydrotherapy roofs	70,000	74,374	(4,374)
Strategic Estates	Remote ability to connect to mobile Generator for 3	175,000	154,241	20,759
Strategic Estates	Replacement boiler theatres 1,2&4 / Nurses Home- Design Fees	150,000	100,295	49,705
Strategic Estates	Male Changing Room Refurbishment	220,000	252,205	(32,205)
Strategic Estates	Demolition of Rabone Hall	250,000	108,665	141,335
Green estate	Pool allocation for scheme prioritisation by budget holder	50,000	37,025	12,975
Estates Maintenance	Pool allocation for scheme prioritisation by budget holder	150,000	132,367	17,633
Estates Maintenance	Nurse call Refurbishment	92932	104,670	(11,738)
Estates Maintenance	M&E Design Fee Nurses home	30000	63,866	(33,866)
Estates Maintenance	Salto Replacement	30000	45,727	(15,727)
Estates Maintenance	M&E Design Fee for Theatre AHUs		65,087	
Estates Maintenance	Ward 12 emergency ceiling works		21,722	
Equipment	Various equipment		73,267	
Equipment	Image intensifiers x 5	804,000	659,160	144,840
Equipment	Replacement of 2 mobile x-ray machines due to age, no installation costs.	159,990	190,788	158,990
Equipment	Omnicell in theatres and 3 replacement cabinets in pharmacy	132,000	168,653	(36,653)
Equipment	New anaesthetic machine for th9	176,000	37,839	138,161
Equipment	Belmont Rapidfusor - Fluid Warmer	24,008	24,025	(17)
Equipment	Stryker guardian hip table for YAH		104,940	
Equipment	GenMed equipment - capital		373,192	
Equipment	Ultrasound machine		97,053	
Equipment	Ward 3 Bladder Scanner		9,633	
Information Technology	EPR	200,000	135,103	64,897
Information Technology	Network hardware replacement		828,618	
Information Technology	Theatre Surveillance		48,826	
Information Technology	Telephony & Implementation		303,082	
Information Technology	Nutanix- IT		238,019	
Information Technology	Nutanix- INTANGIBLE		293,691	
	Reserve	122,425	(244,879)	367,304
	<b>Total</b>		<b>6,120,130</b>	
	IFRS16		<b>456,000</b>	
	<b>Total capital spend</b>		<b>6,576,130</b>	
	Agreed allocation		<b>7,100,000</b>	
	Underspend		<b>(523,870)</b>	

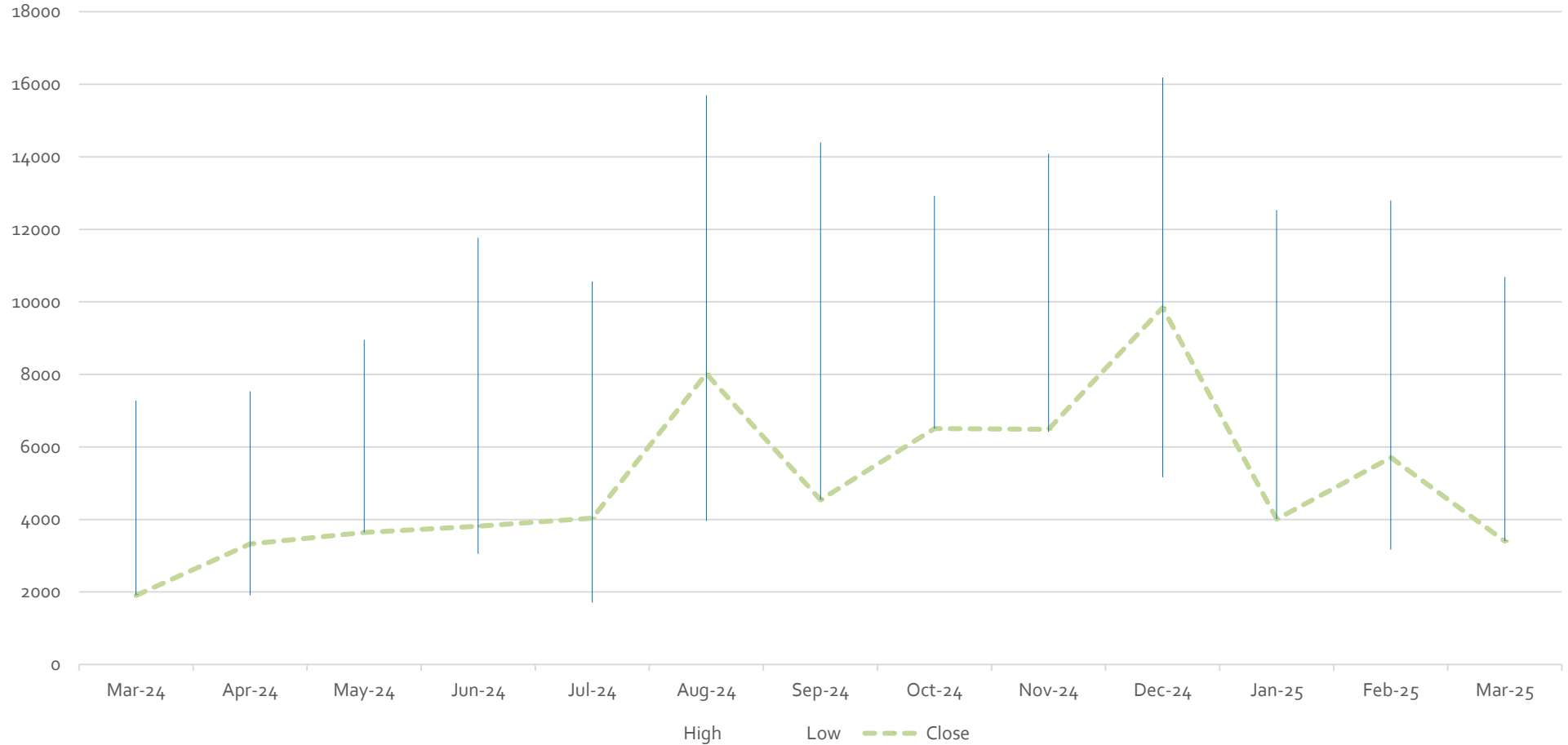


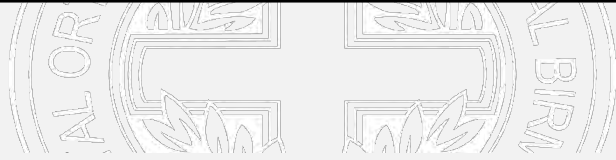
## SUMMARY

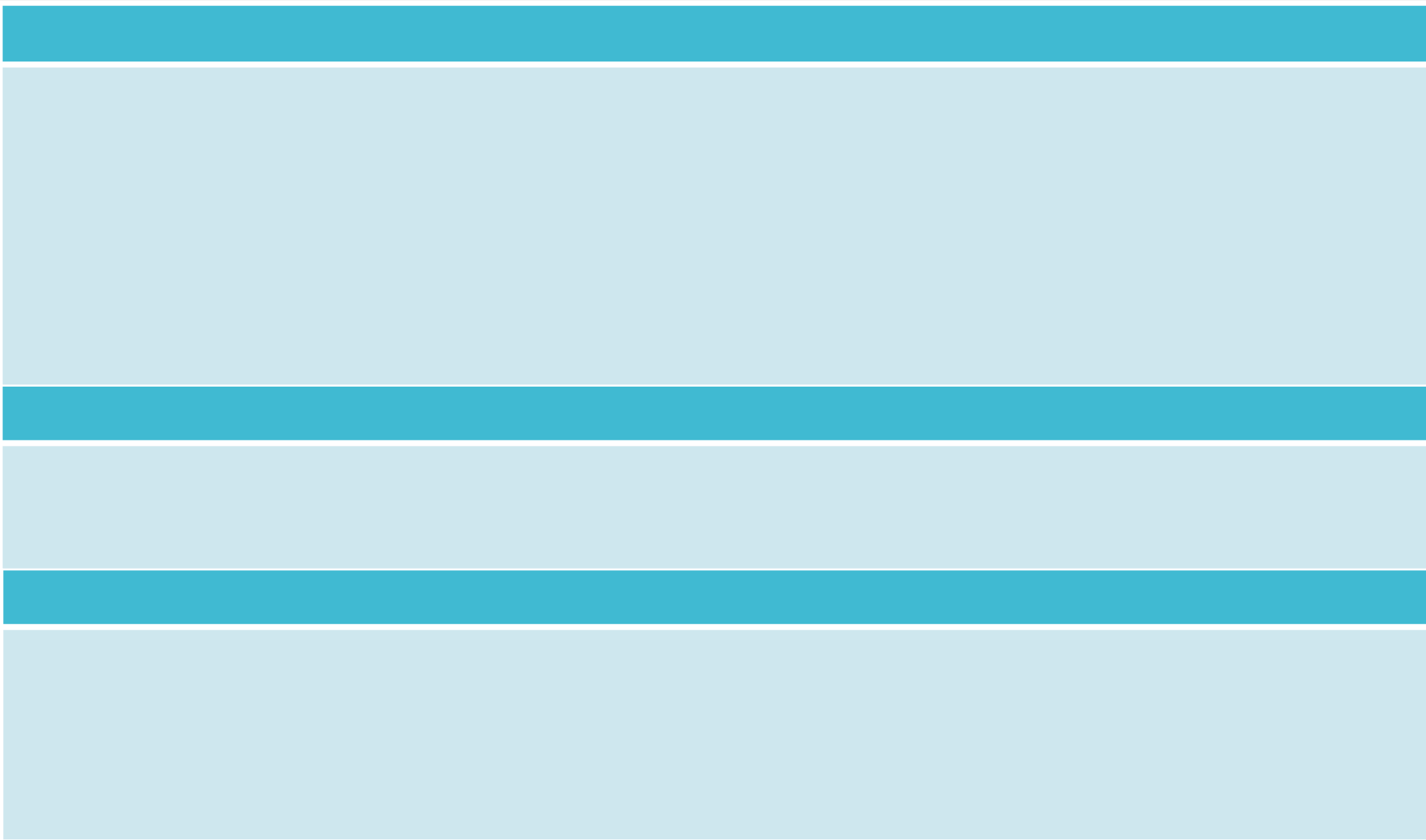
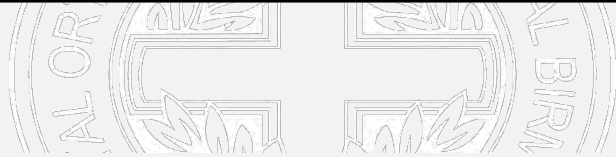
	2023/24 M12	2024/25 M12	Movement
	(£'000)		
Intangible Assets	981	933	(48)
Tangible Assets	65,398	66,859	1,461
<b>Total Non Current Assets</b>	<b>66,379</b>	<b>67,792</b>	<b>1,413</b>
Inventories	1	0	(1)
Trade and other current assets	8,193	18,580	10,387
Cash	1,699	3,293	1,594
<b>Total Current Assets</b>	<b>9,893</b>	<b>21,873</b>	<b>11,980</b>
Trade and other payables	(13,896)	(18,235)	(4,339)
Borrowings	(16,145)	(13,722)	2,423
Provisions	(1,187)	(3,014)	(1,827)
Other Liabilities	(1,233)	(6,332)	(5,099)
<b>Total Liabilities</b>	<b>(32,461)</b>	<b>(41,303)</b>	<b>(8,842)</b>
<b>Total Net Assets Employed</b>	<b>43,811</b>	<b>48,362</b>	<b>4,551</b>
<b>Total Taxpayers' and Others' Equity</b>	<b>43,811</b>	<b>48,362</b>	<b>4,551</b>

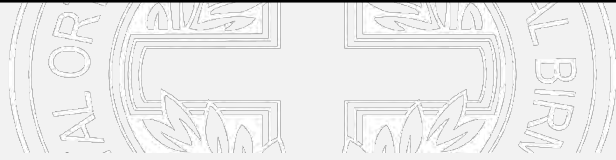


High / low cash position

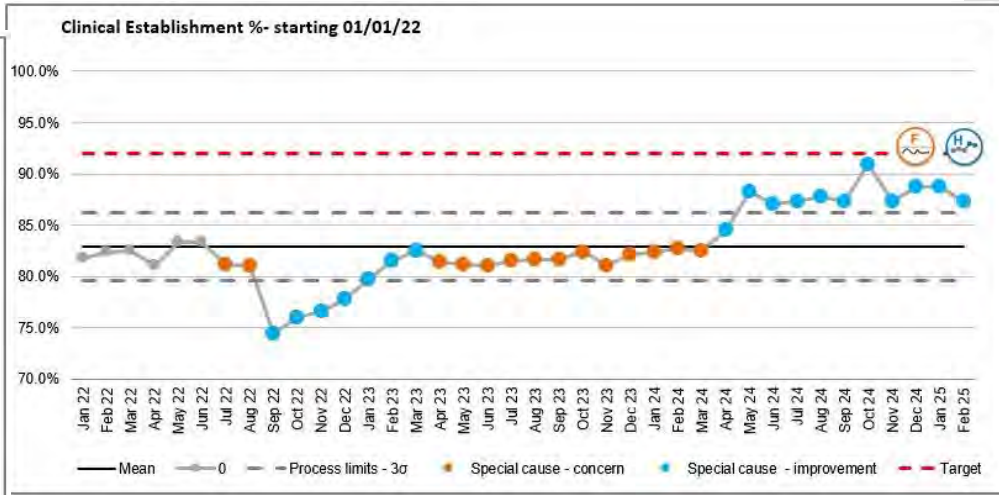
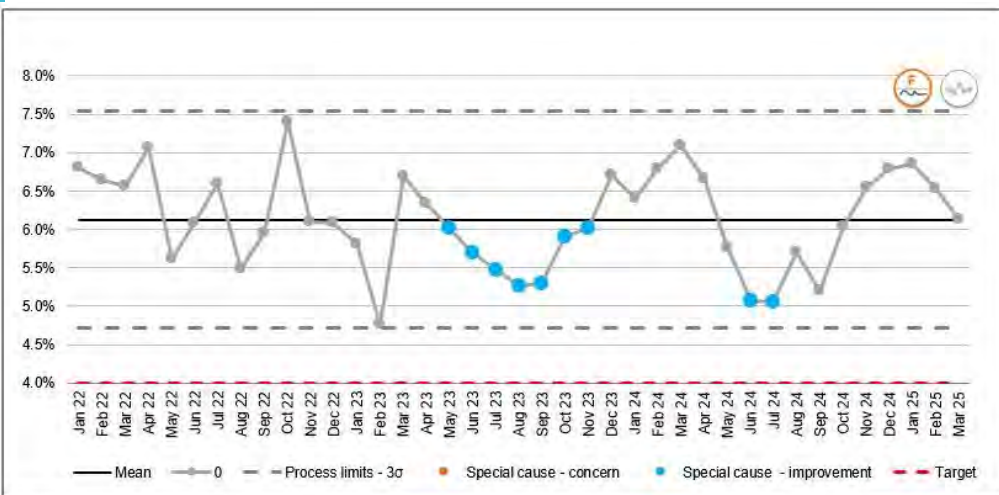
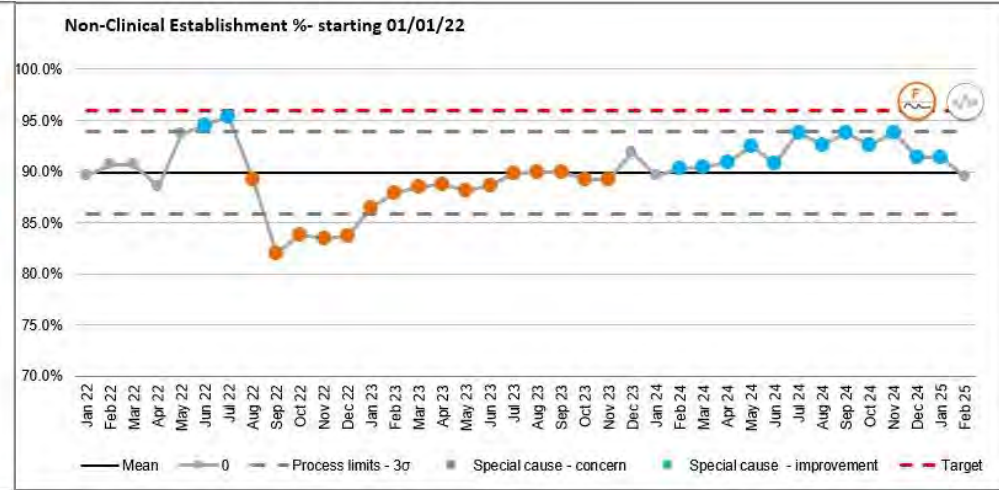
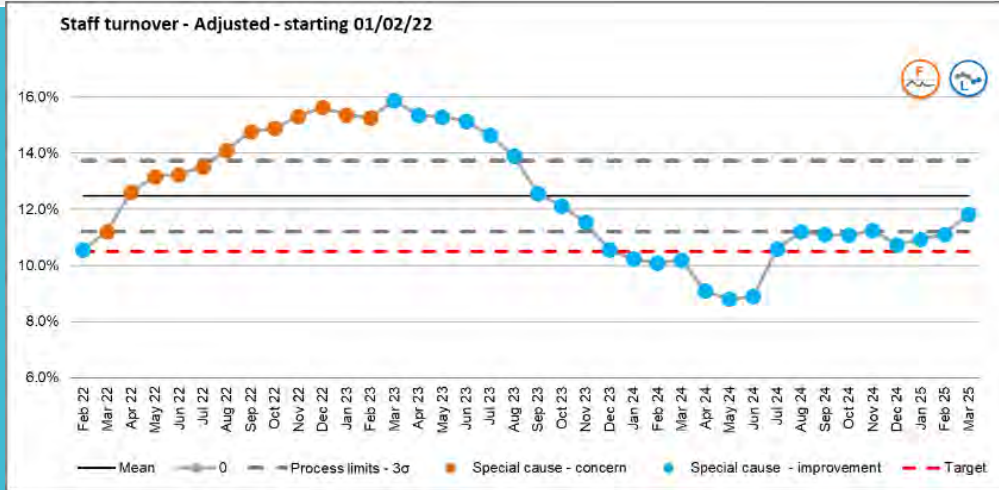


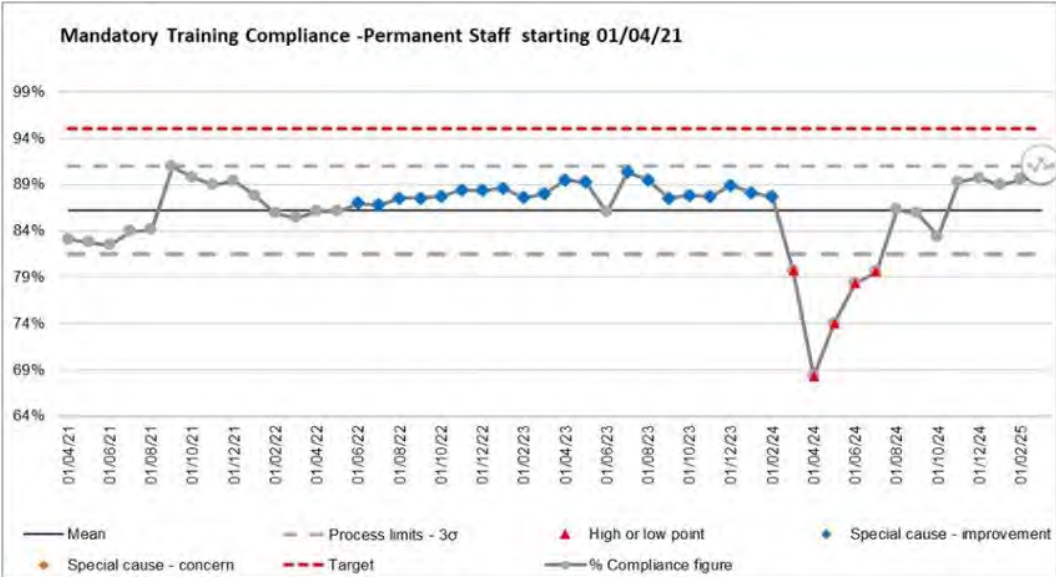
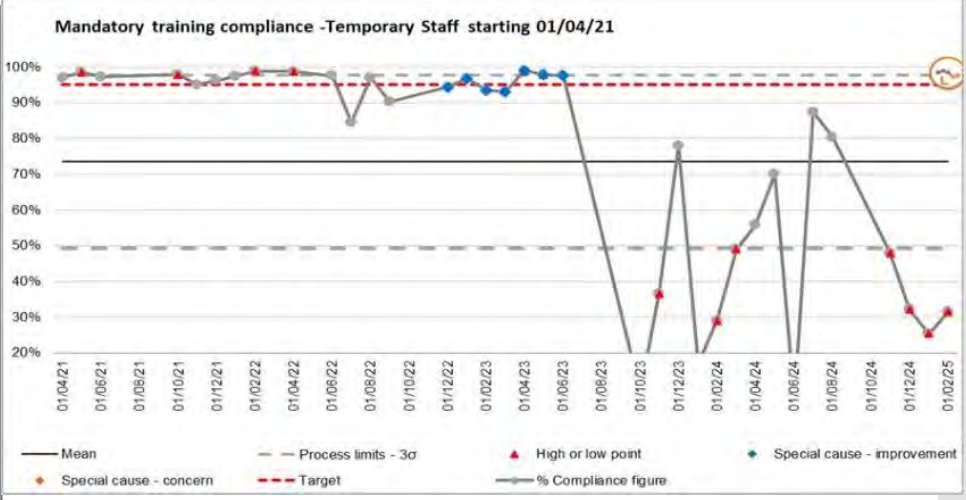
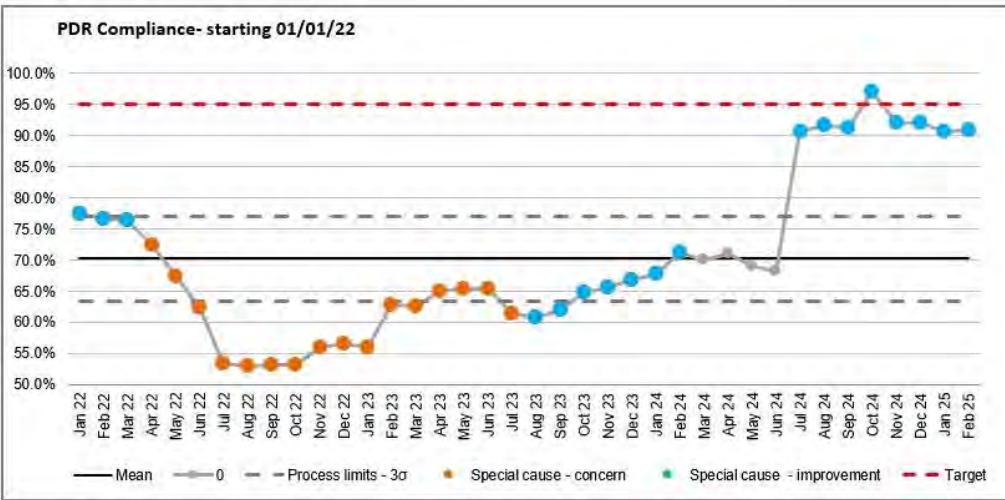






	Blue	Blue	Light Blue	Light Blue	Light Blue
				Grey	Grey
				Grey	Grey
	Green	Yellow		Red	
	Red	Red		Red	
	Red	Red		Red	
	Red	Red		Green	
	Yellow	Yellow		Green	
	Yellow	Yellow		Red	
				Green	Grey
				Red	Grey
	Yellow	Yellow		Red	







The Royal  
Orthopaedic Hospital  
NHS Foundation Trust

# Integrated Performance Dashboard

# Integrated Performance Dashboard (Work in Progress)

Metric Grouping	Metric Name	Reporting Status	Trend	Latest Variation	Latest Assurance	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Inpatients	IP Activity YTD Plan	YTD	-	-	-	15,326	1,208	2,482	3,668	4,980	6,244	7,556	8,935	10,237	11,455	12,795	14,014	15,326
Inpatients	IP Activity YTD Actuals	YTD	-	-	-	-	1,194	2,510	3,721	5,079	6,309	7,583	8,829	10,072	11,198	12,557	13,897	15,149
Inpatients	IP Activity YTD Performance %	YTD	-	-	-	-	98.8%	101.1%	101.4%	102.8%	101.0%	100.4%	98.8%	98.4%	97.8%	98.1%	99.2%	98.8%
Inpatients	IP Activity YTD Variance	YTD				-	-14	28	53	99	95	27	-106	-165	-257	-238	-117	-177
Inpatients	IP Activity Electives YTD Plan	YTD	-	-	-	7,030	554	1,138	1,680	2,282	2,862	3,464	4,096	4,694	5,254	5,868	6,428	7,030
Inpatients	IP Activity Electives YTD Actuals	YTD	-	-	-	-	535	1,116	1,632	2,225	2,740	3,288	3,869	4,443	4,949	5,528	6,099	6,646
Inpatients	IP Activity Electives YTD Performance %	YTD	-	-	-	-	96.0%	98.1%	97.1%	97.5%	95.7%	94.9%	94.5%	94.7%	94.2%	94.2%	94.9%	94.5%
Inpatients	IP Activity Electives YTD Variance	YTD				-	-19	-22	-48	-57	-122	-176	-227	-251	-305	-340	-329	-384
Inpatients	IP Activity Daycases YTD Plan	YTD	-	-	-	8,145	642	1,319	1,950	2,647	3,320	4,017	4,750	5,441	6,088	6,800	7,448	8,145
Inpatients	IP Activity Daycases YTD Actuals	YTD	-	-	-	-	639	1,354	2,033	2,783	3,480	4,184	4,825	5,468	6,063	6,821	7,577	8,254
Inpatients	IP Activity Daycases YTD Performance %	YTD	-	-	-	-	99.5%	102.7%	104.3%	105.1%	104.8%	104.2%	101.6%	100.5%	98.0%	100.3%	101.7%	101.3%
Inpatients	IP Activity Daycases YTD Variance	YTD				-	-3	35	83	136	160	167	75	27	-25	21	129	109
Inpatients	IP Activity Non-Electives YTD Plan	YTD	-	-	-	151	12	25	38	51	62	75	89	102	113	127	138	151
Inpatients	IP Activity Non-Electives YTD Actuals	YTD	-	-	-	-	20	40	56	71	89	111	135	161	186	208	221	249
Inpatients	IP Activity Non-Electives YTD Performance %	YTD	-	-	-	-	166.7%	160.0%	147.4%	139.2%	143.6%	148.0%	151.7%	157.8%	164.6%	163.8%	160.1%	164.9%
Inpatients	IP Activity Non-Electives YTD Variance	YTD				-	8	15	18	20	27	36	46	59	73	81	83	98

**LESS PAIN**  
**MORE INDEPENDENCE**  
**LIFE-CHANGING CARE**



Metric Grouping	Metric Name	Reporting Status	Trend	Latest Variation	Latest Assurance	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Inpatients	IP Activity Monthly Plan	Monthly	-	-	-	-	1,208	1,274	1,186	1,312	1,264	1,312	1,379	1,302	1,218	1,340	1,219	1,312
Inpatients	IP Activity Monthly Actuals	Monthly	-	-	-	-	1,194	1,316	1,211	1,358	1,230	1,274	1,246	1,243	1,126	1,359	1,340	1,252
Inpatients	IP Activity Monthly Performance %	Monthly	-	-	-	-	98.8%	103.3%	102.1%	103.5%	97.3%	97.1%	90.4%	95.5%	92.4%	101.4%	100.0%	96.4%
Inpatients	IP Activity Monthly Variance	Monthly				-	-14	42	25	46	-34	-38	-133	-59	-92	19	121	-60
Inpatients	IP Activity Electives Monthly Plan	Monthly	-	-	-	-	554	584	542	602	580	602	632	598	560	614	560	602
Inpatients	IP Activity Electives Monthly Actuals	Monthly	-	-	-	-	535	581	516	593	515	548	581	574	506	579	571	547
Inpatients	IP Activity Electives Monthly Performance %	Monthly	-	-	-	-	96.6%	99.5%	95.2%	98.5%	88.8%	91.0%	91.9%	96.0%	93.4%	94.3%	102.0%	91.9%
Inpatients	IP Activity Electives Monthly Variance	Monthly				-	-19	-3	-26	-9	-65	-54	-51	-24	-54	-35	11	-55
Inpatients	IP Activity Daycases Monthly Plan	Monthly	-	-	-	-	642	677	631	697	673	697	733	691	647	712	648	697
Inpatients	IP Activity Daycases Monthly Actuals	Monthly	-	-	-	-	639	715	679	750	697	704	641	643	595	758	756	677
Inpatients	IP Activity Daycases Monthly Performance %	Monthly	-	-	-	-	99.5%	105.6%	107.6%	107.6%	103.6%	101.0%	87.4%	93.1%	92.0%	106.5%	116.7%	97.1%
Inpatients	IP Activity Daycases Monthly Variance	Monthly				-	-3	38	48	53	24	7	-92	-48	-52	46	108	-20
Inpatients	IP Activity Non-Electives Monthly Plan	Monthly	-	-	-	-	12	13	13	13	11	13	14	13	11	14	11	13
Inpatients	IP Activity Non-Electives Monthly Actuals	Monthly	-	-	-	-	20	20	16	15	18	22	24	26	25	22	13	28
Inpatients	IP Activity Non-Electives Monthly Performance %	Monthly	-	-	-	-	166.7%	153.8%	123.1%	115.4%	163.6%	169.2%	171.4%	200.0%	227.3%	157.1%	118.2%	215.4%
Inpatients	IP Activity Non-Electives Monthly Variance	Monthly				-	8	7	3	2	7	9	10	13	14	8	2	15
Inpatients	LOS - Trust Wide All Services	Monthly				n/a	3.45	4.00	4.2	3.9	4.1	3.5	3.8	4.3	4.5	3.3	3.4	3.7
Inpatients	LOS - Excluding Oncology, Paeds, YAH, Spinal	Monthly				n/a	3.09	3.70	3.47	3.43	3.69	3.13	3.39	3.78	4.08	3.05	3.03	3.15
Inpatients	LOS - Elective Primary Hip	Monthly				2.7	3.0	2.8	2.9	2.5	2.8	3.1	2.7	3.2	3.0	3.0	2.4	2.7
Inpatients	LOS - Elective Primary Knee	Monthly				2.7	3.1	3.2	2.9	3.3	3.3	3.0	2.6	3.1	3.3	3.0	2.6	2.7
Inpatients	Admitted Treatment Deferred	Monthly				-	26	39	36	29	32	23	39	28	35	44	36	24
Inpatients	Cancelled By Hospital On Day of Admission	Monthly				-	10	10	8	3	3	7	10	3	6	4	2	3
Inpatients	Cancelled By Hospital Day Before Day of Admission	Monthly				-	22	16	22	34	22	21	29	25	25	27	22	26



Metric Grouping	Metric Name	Reporting Status	Trend	Latest Variation	Latest Assurance	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Outpatients	OP Activity YTD Plan	YTD	-	-	-	67,715	5,466	10,628	16,701	23,078	26,722	32,491	38,868	45,245	49,496	55,873	61,339	67,715
Outpatients	OP Activity YTD Actuals	YTD	-	-	-	-	6,215	11,929	17,687	24,152	29,769	35,699	42,182	48,312	53,903	60,716	66,751	72,999
Outpatients	OP Activity YTD Performance %	YTD	-	-	-	-	113.7%	112.2%	105.9%	104.7%	111.4%	109.9%	108.5%	106.8%	108.9%	108.7%	108.8%	107.8%
Outpatients	OP Activity YTD Variance	YTD				-	749	1,301	985	1,074	3,047	3,208	3,314	3,067	4,407	4,843	5,412	5,284
Outpatients	OP Activity First YTD Plan	YTD	-	-	-	21,638	1,747	3,396	5,337	7,374	8,539	10,382	12,420	14,458	15,816	17,854	19,601	21,638
Outpatients	OP Activity First YTD Actuals	YTD	-	-	-	-	2,091	4,000	5,893	7,977	9,836	11,810	13,851	16,010	17,866	20,150	22,147	24,111
Outpatients	OP Activity Electives YTD Performance %	YTD	-	-	-	-	119.7%	117.8%	110.4%	108.2%	115.2%	113.7%	111.5%	110.7%	113.0%	112.9%	113.0%	111.4%
Outpatients	OP Activity First YTD Variance	YTD				-	344	604	556	603	1,297	1,428	1,431	1,552	2,050	2,296	2,546	2,473
Outpatients	OP Activity Follow Up YTD Plan	YTD	-	-	-	42,142	3,402	6,614	10,394	14,362	16,630	20,221	24,189	28,158	30,804	34,772	38,174	42,142
Outpatients	OP Activity Follow Up YTD Actuals	YTD	-	-	-	-	3,794	7,318	10,893	14,966	18,478	22,175	26,379	30,112	33,589	37,806	41,578	45,616
Outpatients	OP Activity Follow Up YTD Performance %	YTD	-	-	-	-	111.5%	110.6%	104.8%	104.2%	111.1%	109.7%	109.1%	106.9%	109.0%	108.7%	108.9%	108.2%
Outpatients	OP Activity Follow Up YTD Variance	YTD				-	392	704	499	604	1,848	1,954	2,190	1,954	2,785	3,034	3,404	3,474
Outpatients	OP Activity Procedures YTD Plan	YTD	-	-	-	3,935	318	618	971	1,341	1,553	1,888	2,259	2,629	2,876	3,247	3,564	3,935
Outpatients	OP Activity Procedures YTD Actuals	YTD	-	-	-	-	330	611	901	1,209	1,455	1,714	1,952	2,190	2,448	2,760	3,026	3,272
Outpatients	OP Activity Procedures YTD Performance %	YTD	-	-	-	-	103.9%	98.9%	92.8%	90.2%	93.7%	90.8%	86.4%	83.3%	85.1%	85.0%	84.9%	83.2%
Outpatients	OP Activity Procedures YTD Variance	YTD				-	82	-7	-70	-132	-98	-174	-307	-439	-428	-487	-539	-663

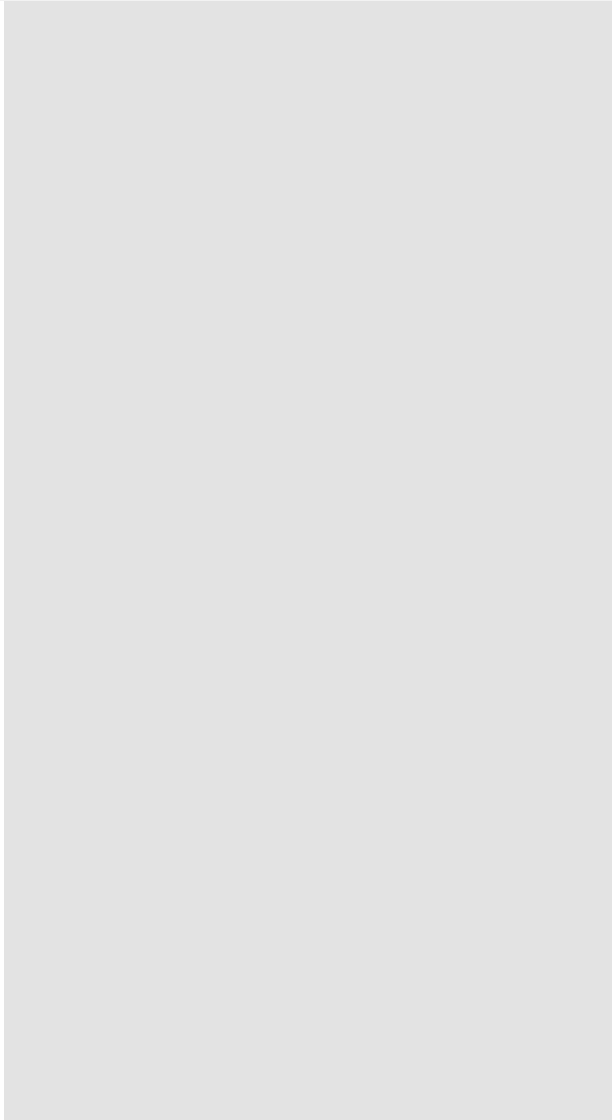
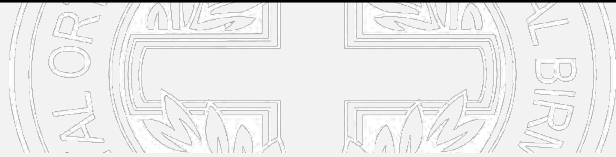


Metric Grouping	Metric Name	Reporting Status	Trend	Latest Variation	Latest Assurance	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Outpatients	OP Activity Monthly Plan	Monthly	-	-	-	-	5,466	5,162	6,073	6,377	3,644	5,769	6,377	6,377	4,251	6,377	5,466	6,377
Outpatients	OP Activity Monthly Actuals	Monthly	-	-	-	-	6,215	5,714	5,758	6,465	5,617	5,930	6,483	6,130	5,591	6,813	6,035	6,248
Outpatients	OP Activity Monthly Performance %	Monthly	-	-	-	-	113.7%	110.7%	94.8%	101.4%	154.1%	102.8%	101.7%	95.1%	131.5%	106.8%	110.4%	98.0%
Outpatients	OP Activity Monthly Variance	Monthly				-	749	552	-315	88	1,973	161	106	-247	1,340	436	569	-129
Outpatients	OP Activity First Monthly Plan	Monthly	-	-	-	-	1,747	1,650	1,941	2,038	1,164	1,844	2,038	2,038	1,358	2,038	1,747	2,038
Outpatients	OP Activity First Monthly Actuals	Monthly	-	-	-	-	2,091	1,909	1,893	2,084	1,809	1,974	2,041	2,159	1,856	2,284	1,997	1,964
Outpatients	OP Activity First Monthly Performance %	Monthly	-	-	-	-	119.7%	115.7%	97.5%	102.3%	159.7%	107.1%	100.2%	106.0%	136.6%	112.1%	114.3%	96.4%
Outpatients	OP Activity First Monthly Variance	Monthly				-	344	259	-48	-46	695	130	3	121	498	246	-250	-74
Outpatients	OP Activity Follow Up Monthly Plan	Monthly	-	-	-	-	3,402	3,213	3,780	3,969	2,268	3,591	3,969	3,969	2,646	3,969	3,402	3,969
Outpatients	OP Activity Follow Up Monthly Actuals	Monthly	-	-	-	-	3,794	3,524	3,575	4,073	3,512	3,697	4,204	3,733	3,477	4,217	3,772	4,038
Outpatients	OP Activity Follow Up Monthly Performance %	Monthly	-	-	-	-	111.5%	109.7%	94.6%	102.6%	154.9%	103.0%	105.9%	94.1%	131.4%	106.3%	110.9%	101.7%
Outpatients	OP Activity Follow Up Monthly Variance	Monthly				-	392	311	-205	104	1,244	106	235	-236	831	248	370	69
Outpatients	OP Activity Procedures Monthly Plan	Monthly	-	-	-	-	318	300	353	371	212	335	371	371	247	371	318	371
Outpatients	OP Activity Procedures Monthly Actuals	Monthly	-	-	-	-	330	281	290	308	246	259	238	238	258	312	266	246
Outpatients	OP Activity Procedures Monthly Performance %	Monthly	-	-	-	-	103.9%	93.7%	82.2%	83.1%	116.2%	77.3%	64.2%	64.2%	104.4%	84.2%	83.7%	66.4%
Outpatients	OP Activity Procedures Monthly Variance	Monthly				-	12	-19	-63	-63	34	-76	-133	-133	11	-59	-52	-125

**LESS PAIN**  
**MORE INDEPENDENCE**  
**LIFE-CHANGING CARE**



Metric Grouping	Metric Name	Reporting Status	Trend	Latest Variation	Latest Assurance	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Outpatients	OP for first or follow-up Attendances attracting a procedure tariff	Monthly				45%	38.18%	37.66%	37.57%	36.59%	37.33%	37.36%	34.51%	38.66%	37.44%	37.95%	37.35%	34.90%
Outpatients	Outpatient Clinic Session Utilisation	Monthly			-		82%	79%	81%	81%	77%	76%	80%	81%	73%	83%	80%	80%
Outpatients	Outpatient Clinic Slot Utilisation	Monthly			-		78%	78%	79%	80%	78%	78%	77%	77%	76%	80%	79%	79%
Outpatients	Outpatient Did Not Attend (YTD)	Monthly				8%	6.56%	7.33%	6.78%	6.92%	7.65%	7.85%	7.94%	7.79%	8.20%	8.15%	7.97%	7.01%
Outpatients	PIFU	Monthly				5%	9.73%	8.38%	8.64%	10.67%	9.43%	10.01%	8.40%	9.81%	10.19%	10.99%	11.80%	10.08%
Outpatients	Virtual Consultations	Monthly				19%	12.08%	11.01%	10.75%	11.70%	10.96%	10.02%	10.22%	10.47%	11.40%	9.90%	9.33%	8.77%
RTT	RTT Total Waiting List Planned Percentage	Month Ending				60.00%	49.05%	50.86%	50.75%	52.58%	53.36%	52.90%	52.81%	51.84%	51.61%	52.01%	53.14%	54.66%
RTT	RTT First Appointment Waiting List Percentage	Month Ending				67.00%	49.65%	52.32%	52.03%	52.73%	53.57%	53.28%	53.08%	52.11%	52.79%	53.62%	53.06%	54.06%
RTT	RTT Total Waiting List Size	Month Ending				14,777	15,750	15,731	15,473	15,486	15,709	15,069	14,901	14,561	14,517	13,777	13,291	12,738
RTT	RTT Patients Waiting 65 Week waits	Month Ending				0	36	40	35	18	9	0	1	0	13	19	6	1
RTT	RTT Patients Waiting 52 week waits (52-64 weeks)	Month Ending				0	490	534	541	560	590	641	843	889	842	727	672	487
RTT	RTT Proportion of Patients Waiting 52 weeks and over	Month Ending				1%	3.34%	3.65%	3.72%	3.73%	3.81%	4.25%	5.66%	6.11%	5.89%	5.41%	5.10%	3.83%
Theatres	Theatre Session Utilisation	Monthly				85%	85.0%	93.4%	80.8%	89.2%	83.2%	86.5%	84.2%	88.4%	85.5%	93.1%	89.2%	84.04%
Theatres	Theatre In-Session Utilisation Upcapped	Monthly				85%	83.04%	81.50%	83.17%	82.35%	81.33%	83.59%	81.19%	81.21%	79.36%	82.47%	83.64%	84.04%
Theatres	Average Number Of Operations Per List	Monthly			-		2.85	3.13	3.03	2.93	2.97	2.90	2.64	2.84	2.78	3.05	3.08	2.96
Theatres	Average Mins Late Starts(minutes) *Based on 9pm Start Time	Monthly			-		3	2	0	0	0	2	1	1	0	1	0	0
Theatres	Average Early Finishes (minutes)	Monthly			-		96	89	85	90	86	87	94	92	117	94	85	83
Theatres	Average Patient Turnaround (minutes)	Monthly			-		12	12	11	14	13	12	17	14	13	14	13	11





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## 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.

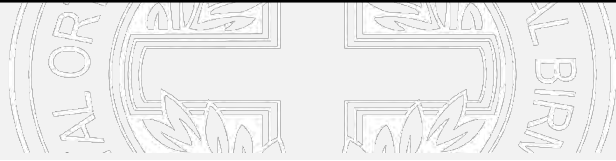


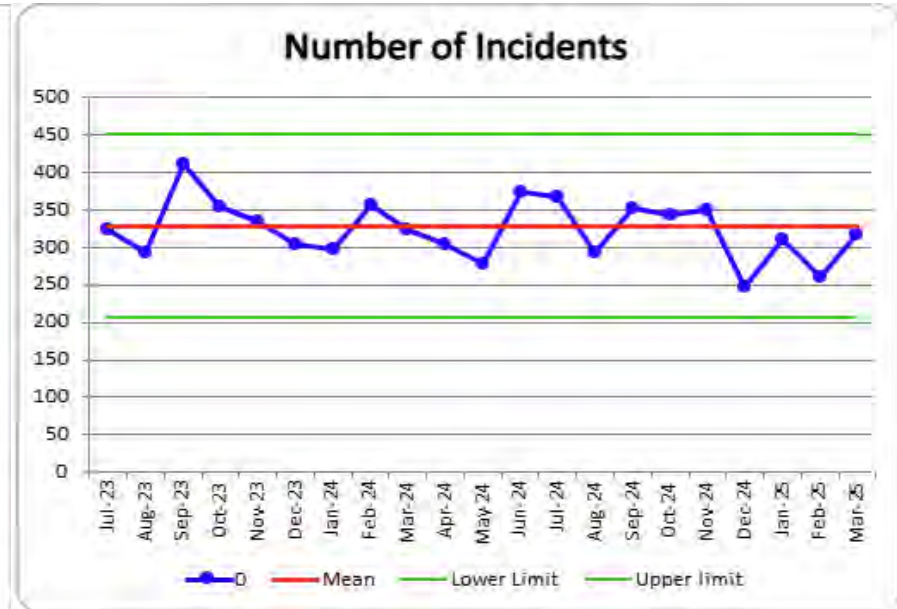
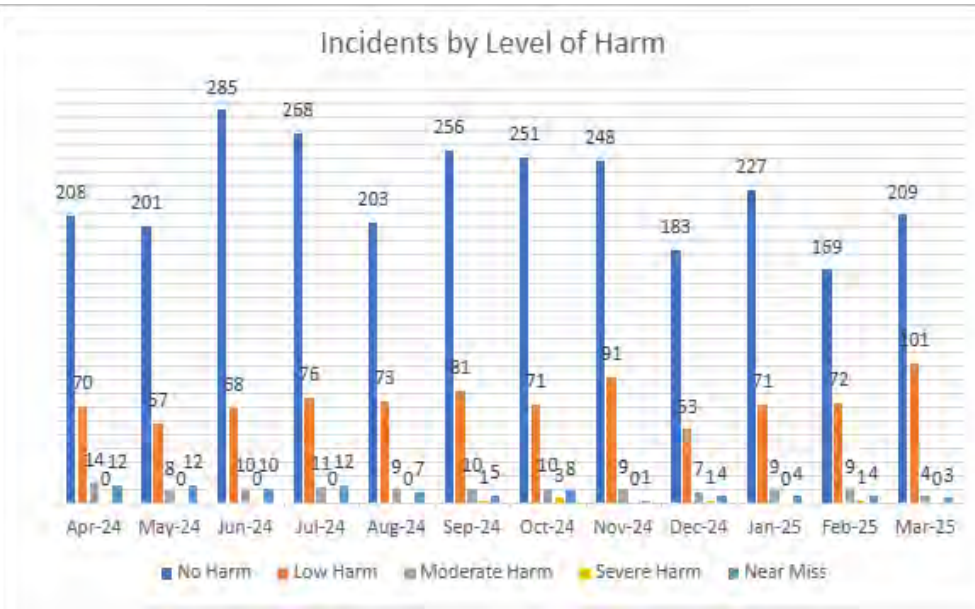
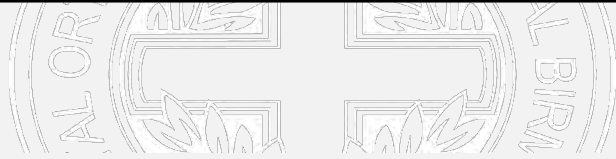
For measures without a target you will instead see the "No Target" icon.



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.

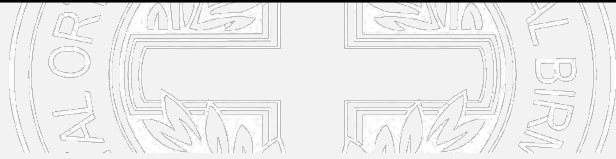




## Quality Improvement & Learning

There were 318 incidents reported within the Trust during March 2025. The number of reported incidents has now stabilised, returning to typical levels after last months fluctuation. Moving forward, continued regular monitoring will help ensure that any future unpredicted variations are promptly addressed.

There was 1 PSII commissioned through the divisional governance process during March relating to one of the Inpatient Deaths reported in February 2025, this PSII will look into the appropriate discharge and readmission of a patient that sadly passed away on Ward 12 as well as the wound and sepsis management elements of the care provided. Further updates are in the Learning from Deaths section of this report and will be provided in future reports once the investigation has been completed.



## Quality Improvement & Learning

### Quality Improvement

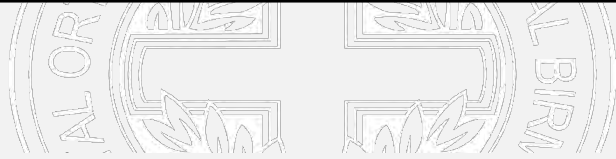
A plan is currently being devised to improve the sharing of the outcome of patient safety incidents, whether the incident is managed locally or whether the incident is taken through the Trusts governance process and managed in accordance with our PSIRF Response Plan.

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. The governance team are currently undertaking technical training on the incident management system, which once completed will mean we have the inhouse knowledge and skills necessary to make improvements and amendments to the system. A key identified improvement that will be implemented will be the standard and quality of the incident reports generated by the system. Once the training and system improvement work has been completed the team can then look to develop new and improved service level reports to aid knowledge of incidents and the sharing of learning and improvements within team and departments across the Trust.

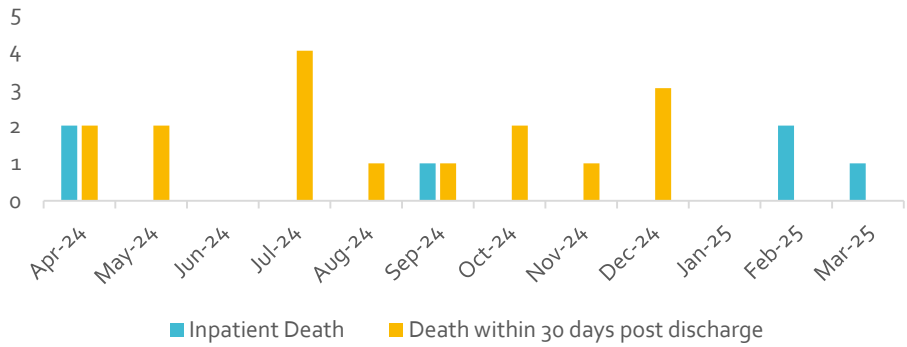
With incidents that are managed and investigated via divisional governance process, LOOP (Learning on one page) templates are used to share the learning with key internal stakeholders and the governance team provides regular monthly articles and updates on clinical governance related issues and incidents for the 'Clinical News' publication.



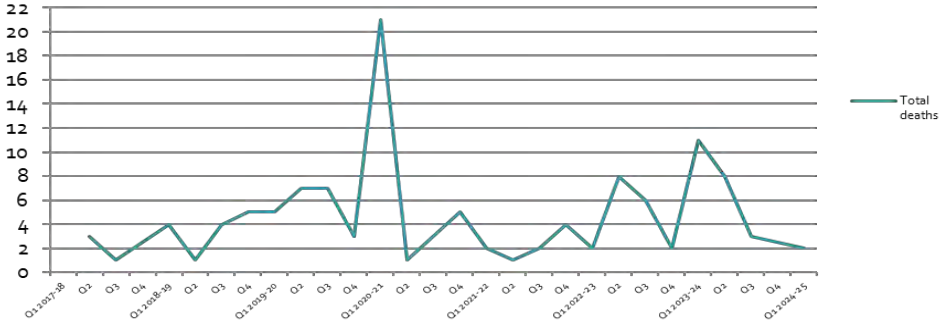
PSII			
AAR			
MDT			
Thematic Review			



### Learning from Deaths

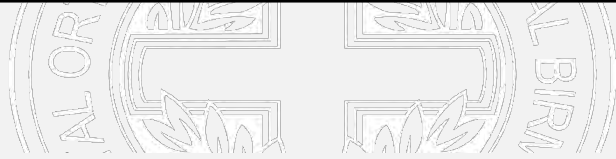


### Mortality Over Time - Total Deaths Recorded – up to Q1 2024-25



## Quality Improvement & Learning

There was 1 inpatient death in March 2025.



Infections Recorded in month and Year to Date (YTD)	March 2025	YTD*
Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection	0	0
HOHA/COHA toxin positive <i>Clostridioides difficile</i> infection (CDI)	1	1
Methicillin-Sensitive <i>Staphylococcus aureus</i> (MSSA) bloodstream infection	0	1
<u><i>E.coli</i></u> bloodstream infection	0	0
<i>Klebsiella spp.</i> bloodstream infection	0	0
<i>Pseudomonas aeruginosa</i> bloodstream infection	0	0

\*Financial year running from April to March.

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

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

**QUALITY IMPROVEMENT WORK IPC Safety Priorities**

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

**Surgical Site Infections [Criterion 3,4 & 5]**

Minimising incidence of Surgical Site Infections in patients undergoing Arthroplasty (hip and knee replacements) and Spinal surgery.

**IPC safety priorities for 2025/26**

The IPC team have reviewed their IPC safety priorities for 2025/26. Full objective details have been included in the review of the IPC patient safety incident and response plan for 2025/25.

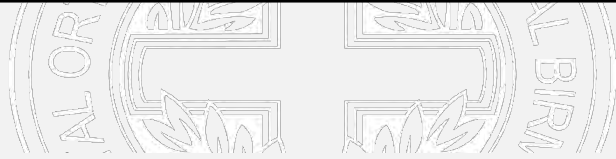
Surgical Site infection Prevention:

*Minimising incidence of Surgical Site Infections in patients undergoing Arthroplasty (total hip/knee replacements) and Spinal surgery.*

Cleanliness:

*Improving the standard of cleaning of the physical healthcare environment and healthcare equipment.*

In addition to this, other quality improvement works have been identified and included within the IPC business plan and annual programme of work.



### Quality Improvement & Learning - continued

A ROH SSI prevention bundle is being created. To do this, six areas for improvement have been identified and each of these have been assigned a lead to drive forward implementation.

1. Pre-op patient information and engagement
2. Pre-operative washing
3. Perioperative warming
4. Surgical prophylaxis
5. Surgical practice standards
6. Incision management

It is anticipated that the ROH SSI prevention bundle will be created by the end of quarter 1 with a view to implement in quarter 2. 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.

#### Invasive Devices [Criterion 1 & 4]

Appropriate care and management of devices inserted into patients.

Appropriate insertion of a device.

Documentation of appropriate device insertion.

Accurate and timely completion of device management care plans.

Timely and appropriate removal of 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. The peripherally inserted devices (PID) care record has been updated – this now includes space to document midline insertion and care. It has been approved at HRAG and is going to Harlow for printing.



### Quality Improvement & Learning - continued

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.

Reintroduced and training provided by the company.

Consistent use to be monitored in the audit of PID by departments.

### Antimicrobial Stewardship [Criterion 3]

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. This is actioned through:

AMS training and education for prescribers and Nurses.

Implementing AMS ward rounds.

Ensuring up to date and accessible information and guidance on antibiotics for staff and patients.

AMS 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.

### IPC safety priorities for 2025/26

The IPC team have reviewed their IPC safety priorities for 2025/26. Full objective details have been included in the review of the [IPC patient safety incident and response plan for 2025/26](#).

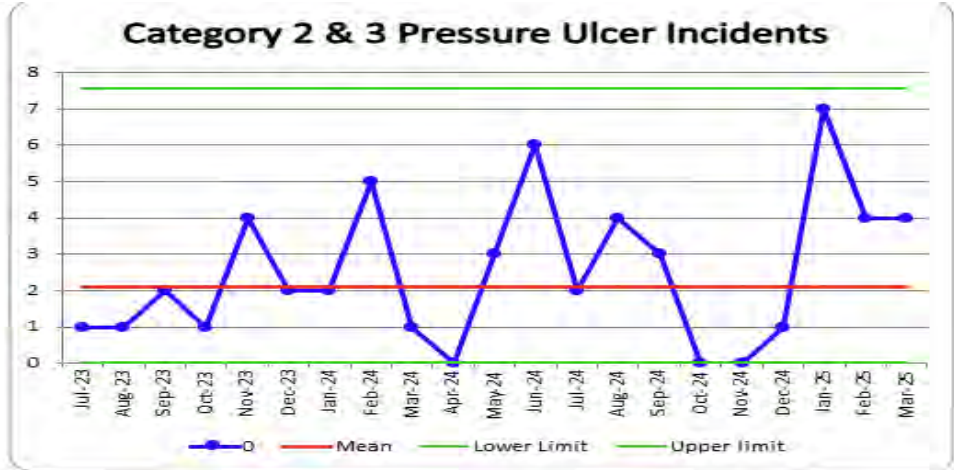
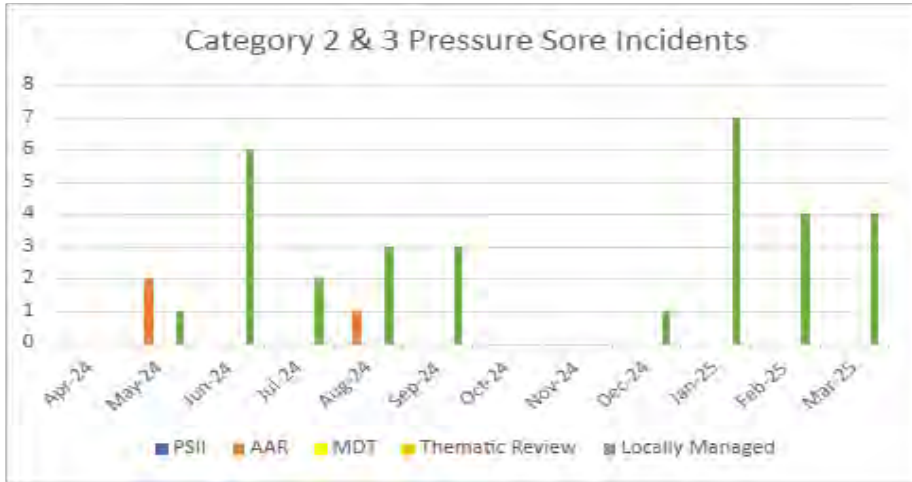
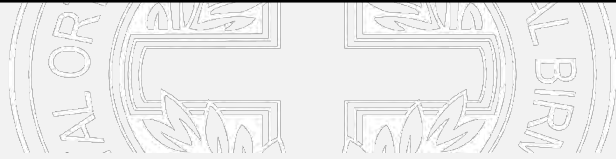
Surgical Site infection Prevention:

*Minimising incidence of Surgical Site Infections in patients undergoing Arthroplasty (total hip/knee replacements) and Spinal surgery.*

Cleanliness:

*Improving the standard of cleaning of the physical healthcare environment and healthcare equipment.*

In addition to this, other quality improvement works have been identified and included within the IPC business plan and annual programme of work.



## Quality Improvement & Learning

There were 4 category 2 Pressure Ulcer incidents that were acquired or deteriorated in March. All were managed locally and deemed unavoidable, with no lapses in care identified. From the 4 incidents that were reported, 2 were reported on Ward 1.

### Quality Improvement

Purpose T implementation plan in progress – launch date 01/04/2025.

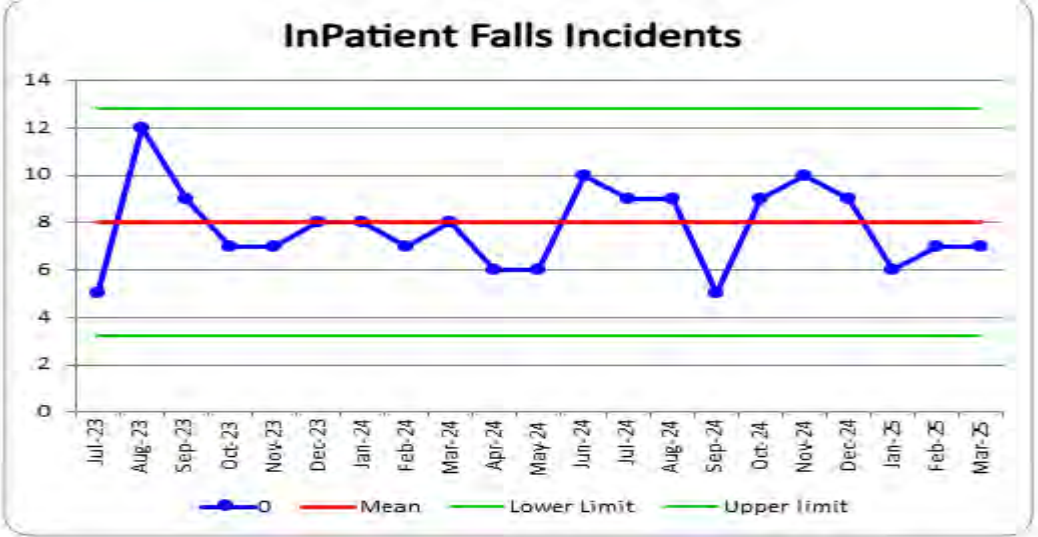
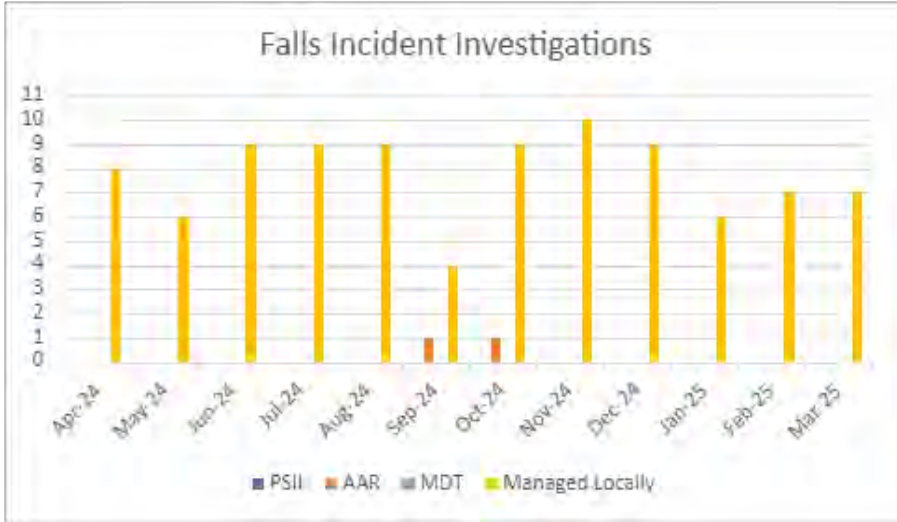
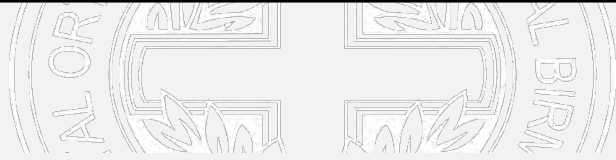
Stand, ward visits – planned for Wednesday 19<sup>th</sup> March 2025. Documentation approved at Health Records Advisory Group, now with Harlow for proofing and coding – codes for ordering to be circulated by TV team when available.

Registered nurses and NA's will be completing the NWCSP – PURPOSE – T module. This is a mandatory module for all registered staff and is now available via ESR. Training figures not available from ESR yet. Clinical managers advised of launch date and need for staff to be trained.

### Mattress audit

March 2025 Mattress and pump spot audit carried out by TV team.

Report on the Quantity and Cost of Mattresses, pumps, and parts required to maintain an up-to-date fleet for ROH Patients – sent to Chief Nurse. Meeting May 25 to discuss the need for a replacement fleet of mattresses. Updates to follow in future reports.



## Quality Improvement & Learning

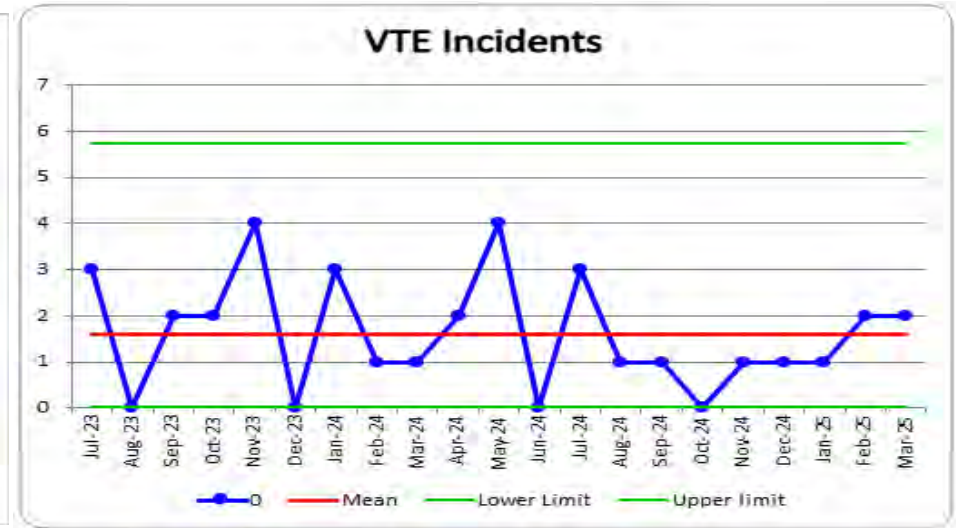
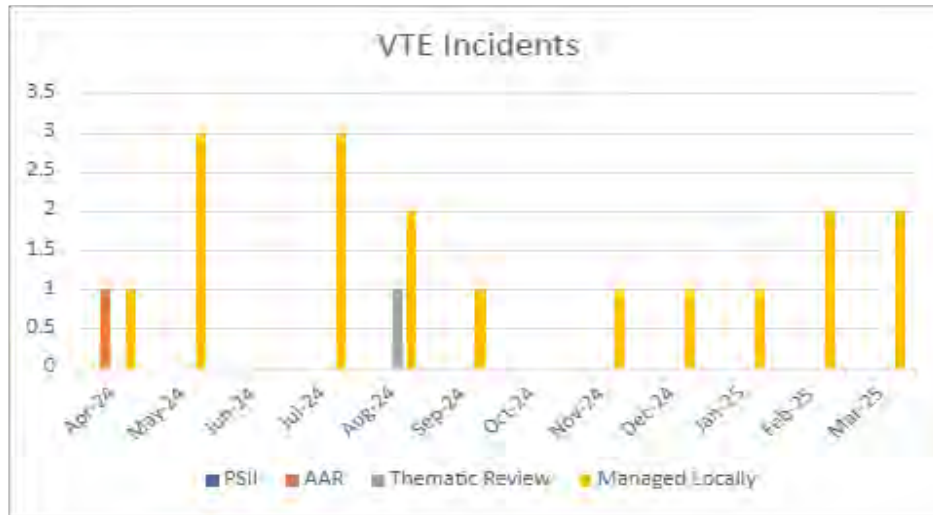
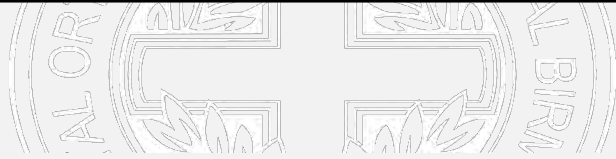
There were 7 inpatient falls reported in March 2025. All incidents were managed locally.

### Themes

- 4 of the reported falls were reported on ward 1
- All of the reported falls were unwitnessed

### Quality and Improvement Work

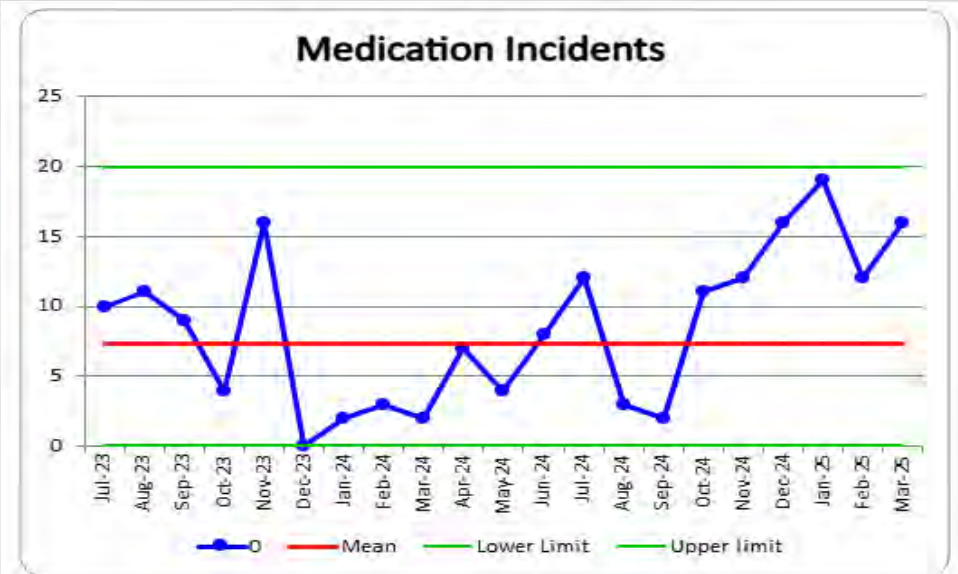
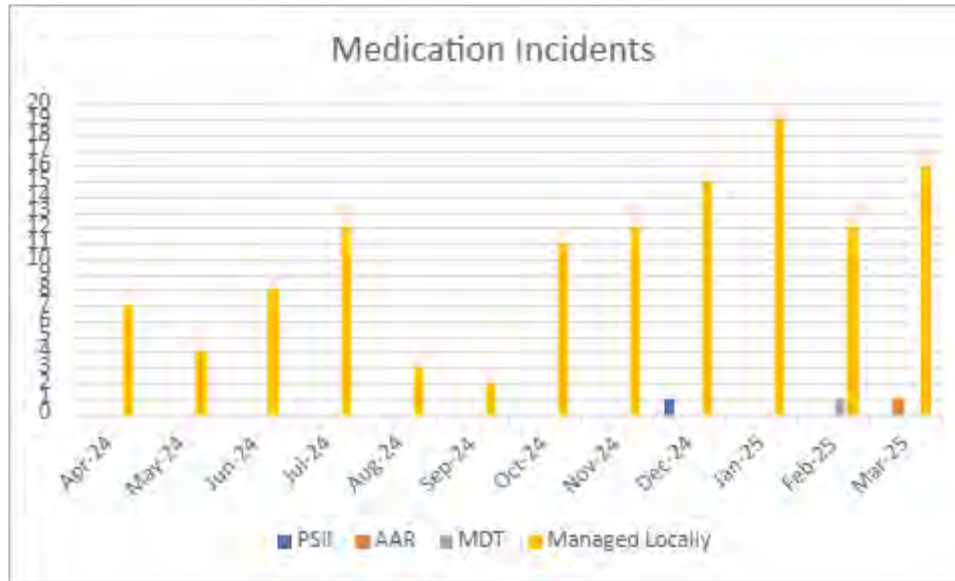
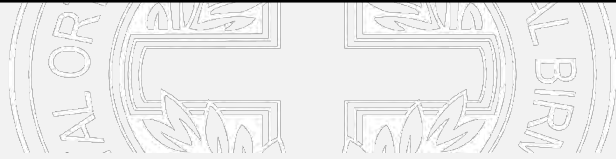
- Audit of falling leaves usage ongoing
- Mini audit to review why patients are falling after mobilising against advice being undertaken
- New and updated falls risk assessment tool on PICS for use across all inpatient areas – still awaited.
- Estates work still outstanding in relation to ward 4 bathrooms and falls risk.
- Attendance at BSol falls group



## Quality Improvement & Learning

There were 2 confirmed VTE incidents reported in March 2025. VTE triage assessment to be completed to determine avoidability and will manage in line with the current PSIRF Framework should further investigation be required. All reported VTE incidents have been deemed unavoidable on completion of triage form.

VTE On Admission Assessment Compliance  
Compliance figure for March 2025: 99.75%



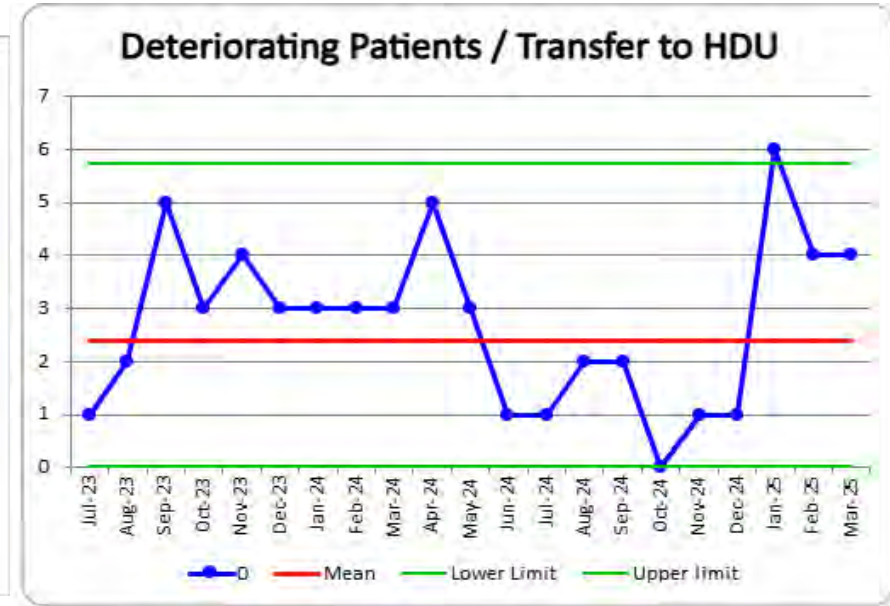
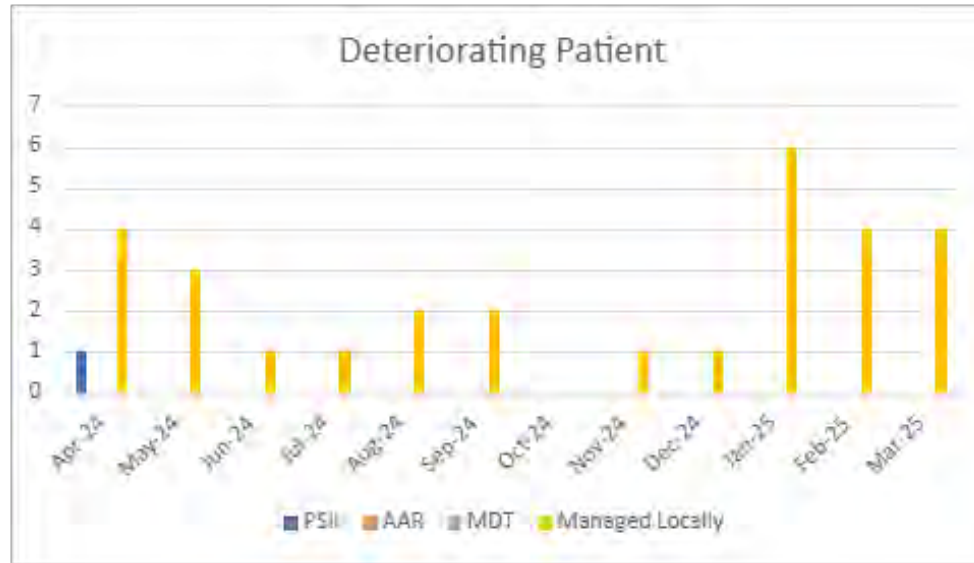
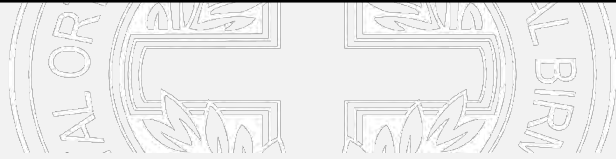
## Quality Improvement & Learning

There were 16 Medication incidents reported in March 2025.

Out of these incidents 10 were due to a medication error or omission. As shown on the SPC chart there are 6 consecutive data points above the mean line, this indicates a shift, trend or special cause variation. This trend is being monitored through the Medicines Safety Group (MSG) with ongoing thematic review being undertaken to improve recent medication related concerns. For assurance, Heads of Nursing are working together with pharmacy to monitor and amplify learning and knowledge of the medicine management policy. All incidents were graded as no or low harm. Except 1 that was reported as a near miss and will be investigated, please see below for further detail.

**1 incident will undergo an After-Action Review.** The incident related to the wrong antibiotics being administered to patient via cannula. Patient and family informed, and an initial action plan put into place. After discussion in divisional governance an AAR will be undertaken by Division 1 lead pharmacist. Further information and actions to follow in future report.

**Update on Thematic Review led by the Deputy Chief Pharmacist** – The thematic review of opiate related incidents has been circulated for comments and actions will be shared at the next DTC meeting. Additionally, an acute pain short life working group has been established to look at actions needed as a result of the recent MHRA alert on prolonged release opiates.



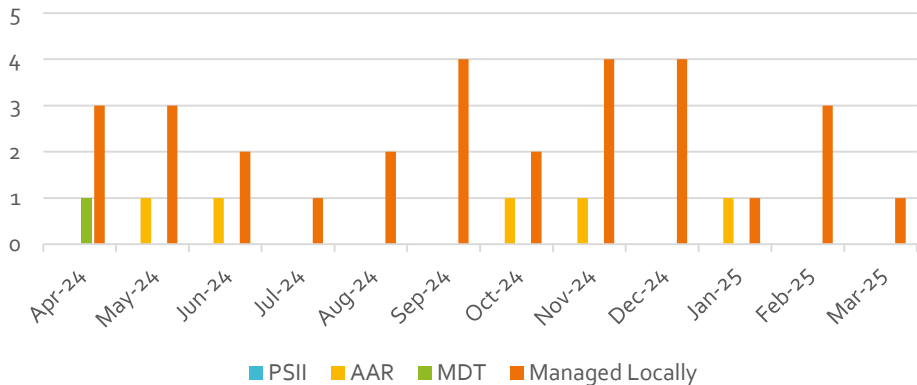
## Quality Improvement & Learning

There were 4 deteriorating patient incidents reported in March 2025. All were managed locally

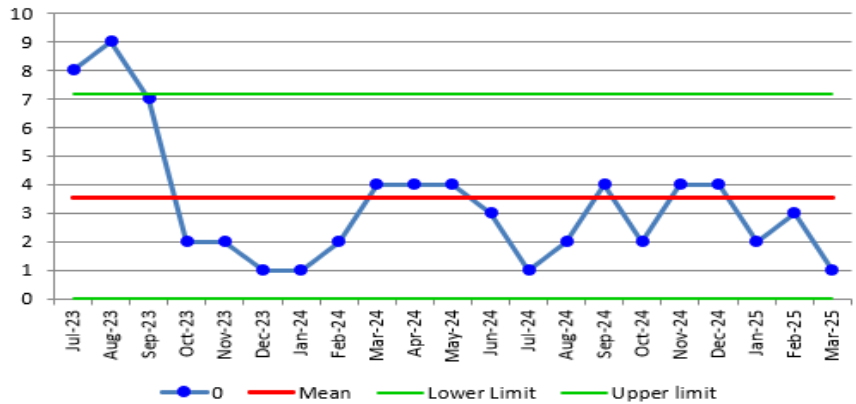
Within the incidents reported, 3 of the patients were transferred to HDU due to clinical deterioration that required close monitoring. Medical deterioration was escalated and managed appropriately, all incidents have been discussed and managed through the divisional governance process with no concerns raised.



PSIRF Outcomes for Emergency Transfer Out Incidents



Deteriorating Patient / Emergency Transfer Out Incidents



## Quality Improvement & Learning

There was 1 emergency transfer out incident reported in March 2025. The incident was discussed within divisional governance and managed locally, as escalation and transfer were confirmed to have been timely and appropriate.

### Update on AAR reported in January 2025 (Guidewire – Emergency Transfer out of Trust)

AAR completed and the report has been presented at audit and shared with the patient.

Areas for Improvement identified:-

- Modification of the guidewire design to prevent or significantly reduce its ability to pass through the needle.
- Record of the intact guidewire removal
- Vocalising of the guidewire removal

### Complaint Information

The Trust received 6 complaints in March 2025

#### Below are the departments that received complaints

- Discharge Lounge - 1
- Large Joints - 1
- Pain Management - 1
- Small Joints - 2
- Spinal - 1

In March 2025, the complaints team closed 6 formal complaints. 5 complaints breached the timeframe agreed with the complainant.

**KPI = 17%**

At the time of producing this report (08.04.2025) we currently have **18** formal complaints open

3 are reopened complaints

2 PP complaints (1 is a comeback)

### Complaint Resolution Meetings and Reopened Complaints

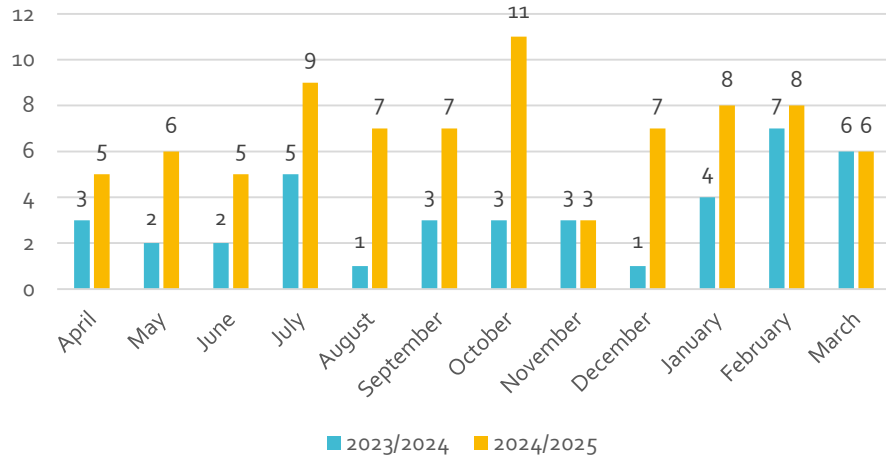
The Trust offers meetings to the complainant in both the verbal and written acknowledgement letter and also within the response letter. Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments,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

In March 2025 the Trust received 0 requests for a resolution meeting.

In March 2025 the Trust conducted 1 complaint resolution meeting (arranged in Feb)

## Complaints

Complaints Recieved, 2023/2024 Vs 2024/2025

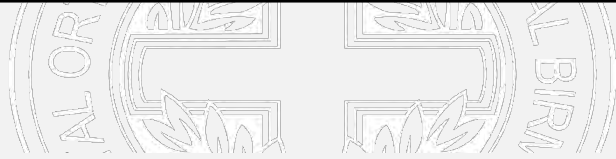


### KPI's

KPI	Complaints %	Range
March 2025	17%	0%-79%
		80%-90%
		91%-100%

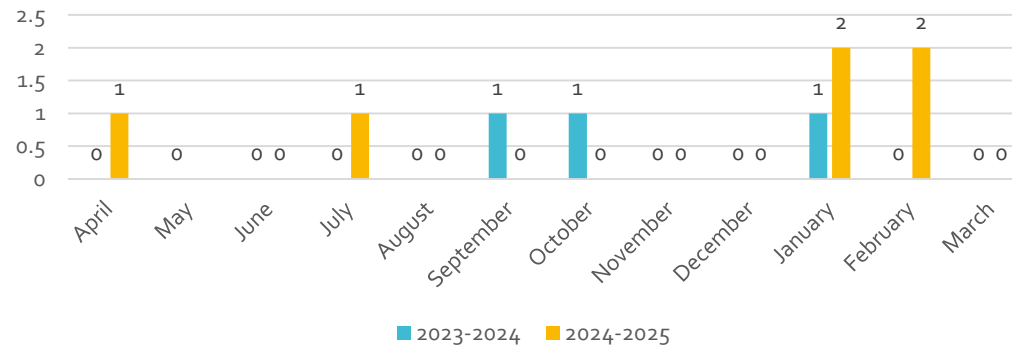
5/6 complaints breached the agreed timeframe with the complainant

### Complaint Year Totals

## Complaint Themes

Reopened Complaints in 2024/2025 compared to last year



### Reopened complaints

The Trust received 0 requests to reopen a complaint in March 2025, other than a private patient complaint which is not included in the numbers.

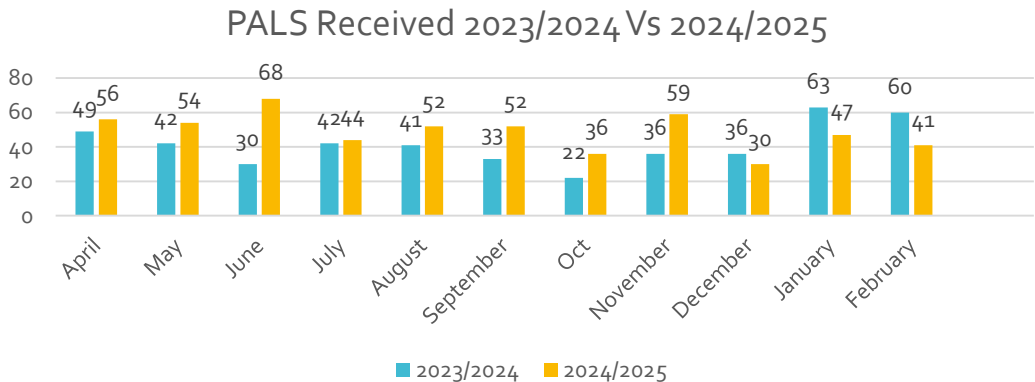
### Themes of complaints currently open

1. Clinical Treatment
2. Unsatisfactory care or Appointment
3. Delays

### 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, executives and identified leads
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



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.

KPI	
April 2024	34%
May 2024	48%
June 2024	58%
July 2024	86%
August 2024	76%
September 2024	59%
October 2024	61%
November 2024	52%
December 2024	77%
January 2025	58%
February 2025	43%
March 2025	16%

PALS Cases breached in March 2025  
The KPI of 54% for PALS Contacts was not met

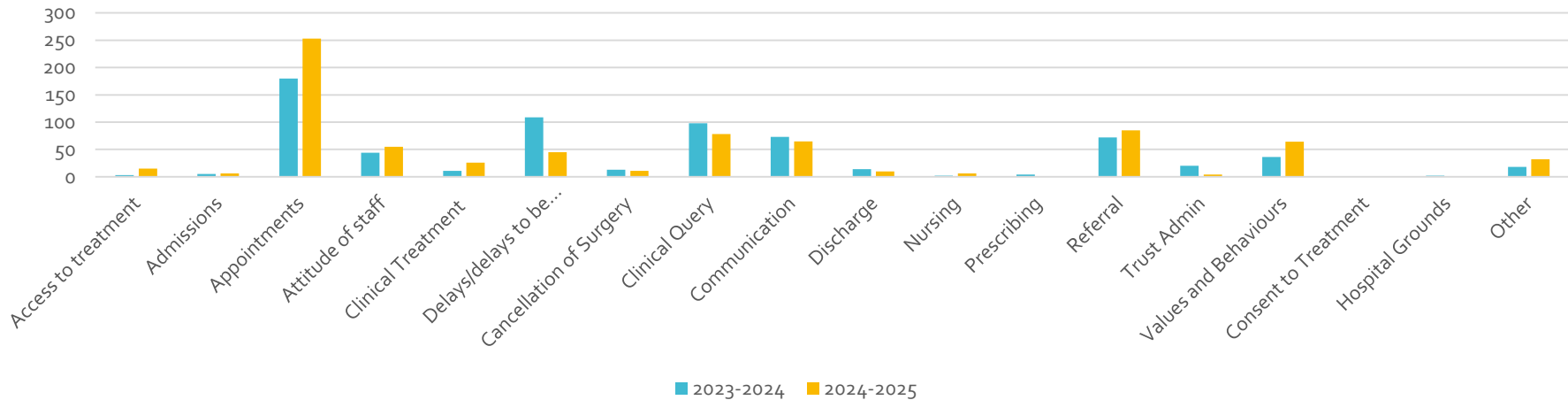


o PALS Case we received the complainant disclosed that they or their close family were Veterans or Current members of the Armed Forces.



## PALS Themes

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

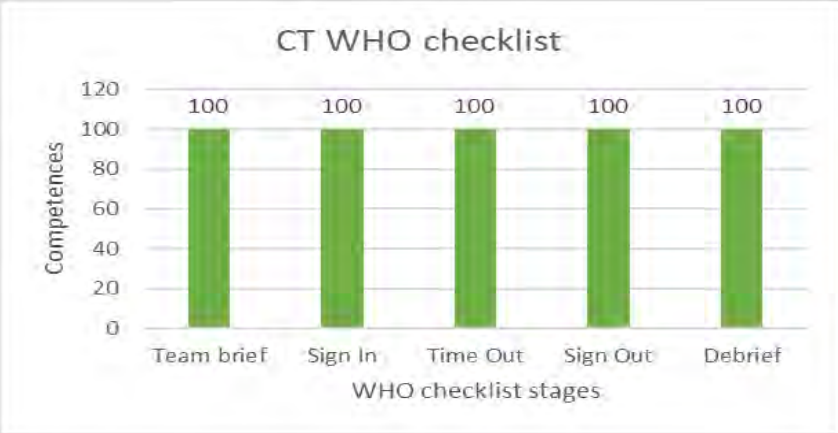


### Themes

**Appointments – 21 out of 41 received**

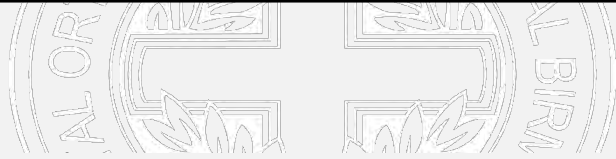
### What we have done / are doing:

Tracked in Executive Governance Meetings and via bi-weekly divisional governance meetings  
 Also tracked and discussed at weekly meetings between Head of Patient Experience, Head of Nursing and Associate Director of Ops.  
 Escalation to ensure PALS cases are responded to.  
 Head of Patient Experience sending out individual reminders on outstanding PALS alongside the weekly reminders and is meeting with leads to support resolution.  
 PALS Team are managing and resolving PALS contacts within their remit.



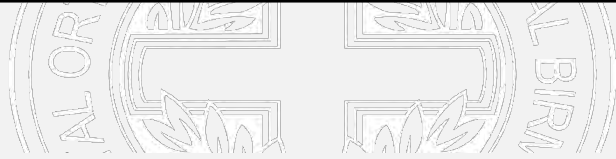
## Quality Improvement & Learning

Work in Progress – Still awaiting new date for review WHO checklist.

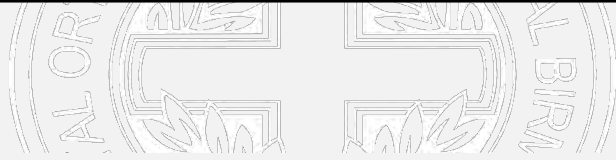


### CAS ALERTS RECEIVED 1- 31 MARCH 2025

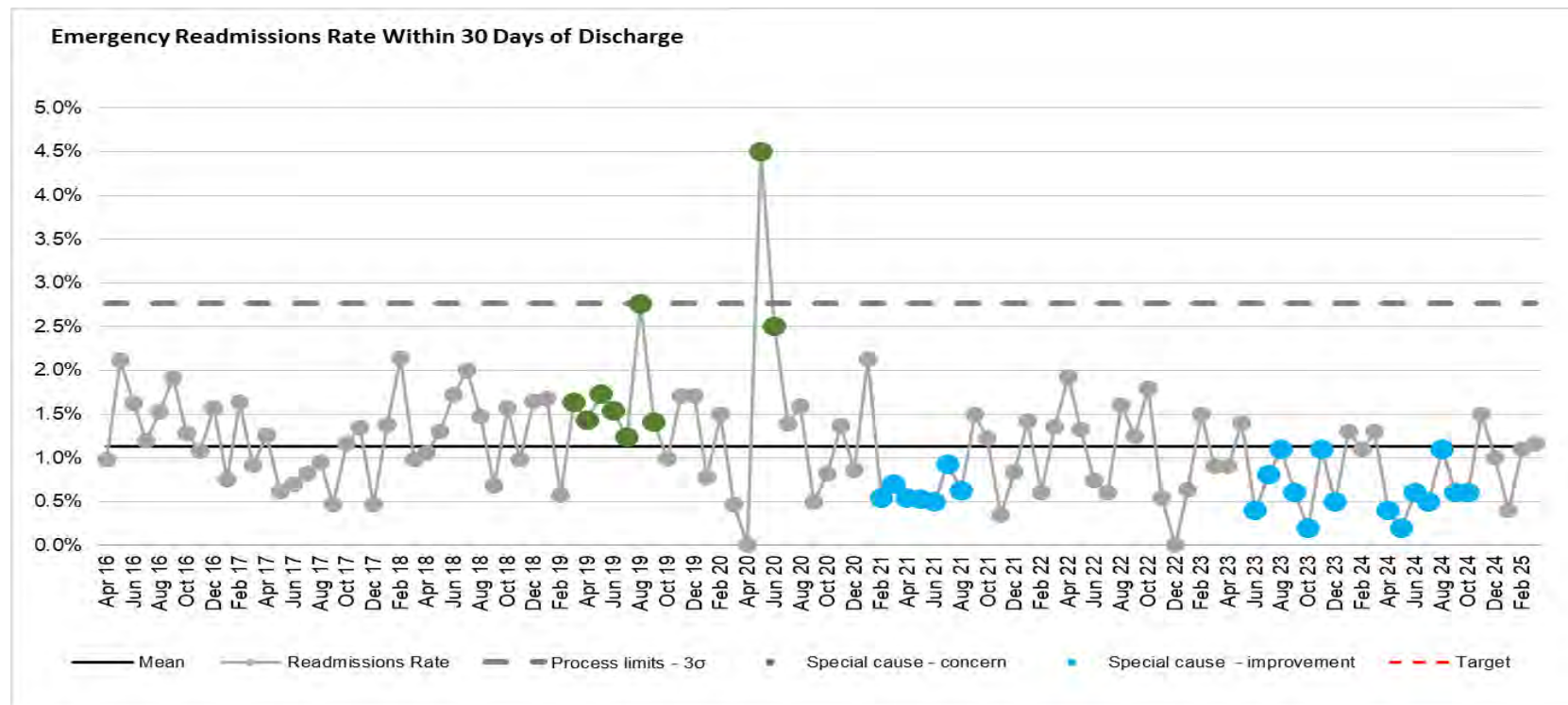
Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
<a href="#">NatPSA/2025/001/DHSC</a>	<p>Discontinuation of <u>Promixin (colistimethate)</u> 1-million-unit powder for nebuliser solution unit dose vials.</p> <p><u>Promixin (colistimethate)</u> 1-million-unit powder for nebuliser solution unit dose vials (UDVs) are being discontinued from early May 2025, with stocks anticipated to be exhausted by this date.</p>	National Patient Safety Alert - DHSC	17-Mar-2025	Assessed – not relevant to organisation’s services.	Complete



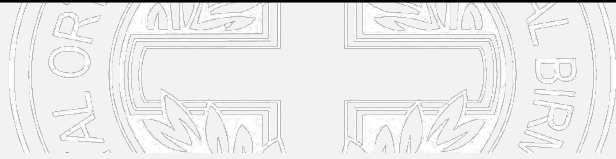
Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
<a href="#">NatPSA/2023/010/MHRA</a>	<p>Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls.</p> <p>The MHRA continues to receive reports of deaths and serious 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> <b>Email from MDSO:</b> <i>'National issues are preventing closure of this alert. Working with <a href="#">BSol</a> and Birmingham Citywide to address issues. Alert on risk register and discussed at divisional governance'.</i></p> <p><b>Estates:</b> Beds tagged to aid compilation of Estates inventory. Beds &amp; bedrails now to be serviced by our in-house engineers <a href="#">iaw</a> Arjo's service schedule.</p> <p>On-going...</p>	<p>1 Mar 2024.</p> <p>On-going...</p>



KPI	March 2025
Safeguarding Adult Notifications	38
Safeguarding Children and Young People Notifications	53
Adults Level 1- Target 90%	96.11%
Adult Level 2 -Target 85%	92.83%
Adult Level 3- Target 85%	82.32%
Level 4- Target 90%	80.0%
Child Level 1 -Target 90%	95.81%
Child Level 2- Target 85%	92.45%
Child Level 3- Target 85%	82.03%
Mental Capacity Act MCA- Target 85%	93.13%
Deprivation of Liberty Safeguards DoLs	93.13%
Prevent Awareness- Target 95%	90.88%
WRAP (prevent level 3)- Target 90%	83.80%
FGM	3
DOLS	8
MCA	5
PIPOT cases	0
PREVENT Notifications	0



	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
No of Readmissions	2	1	3	3	5	3	3	8	5	2	5	6
Denominator	495	534	472	559	458	510	535	544	476	552	530	516
% Readmissions	0.4%	0.2%	0.6%	0.5%	1.1%	0.6%	0.6%	1.5%	1.1%	0.4%	0.9%	1.2%



## There were 6 concerns raised to FTSU in March 2025.

The themes from concerns raised were in relation to:-

### **Inappropriate attitude and behaviour**

5 concerns raised in March were linked to inappropriate attitude and behaviour, two of these cases involved a perception of unfairness/exclusion around the staff Blue Award Scheme

### **Worker wellbeing and safety**

One concern involved worker wellbeing and safety. No direct issues were raised, but unhappiness at work impacted negatively on the working environment and raising considerations that could impact staff retention.

### **Confidentiality**

Two concerns were raised where the staff members did not wish to be identified.

### **Safe Space to Talk**

Four concerns were resolved by the provision of a safe space to talk. Following discussion, they felt confident enough to escalate the concern to their managers.

## Quality Improvements & Learning

### **Future quality improvement work relating to FTSU includes plans to:-**

#### **Learning and Outcome:**

There were concerns that identified where further support is required for managers from HR.

There is one case where the resolution is ongoing. This was escalated on 24/3, but is yet to be resolved, due to the nature of the case.

There were concerns raised in December regarding overseas workers that are still in process of being resolved, due to the complexity of the concern. Plans are in action by the Trust.

The safe space to talk (FTSU room) has been used effectively in resolving many concerns, enabling staff to talk freely. However, we are still waiting for some resources for it to be fully functional:

A bell at the entrance has been requested as access to the building is limited, but this is yet to be supplied.

Currently the FTSU admin support worker is loaning a laptop when working as there is no desktop/laptop available on a permanent basis. If anyone has a spare one, please would this be made available for FTSU.

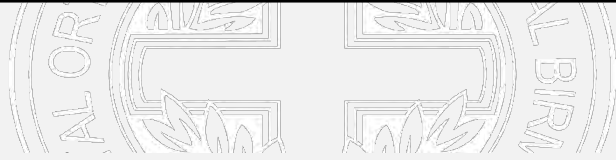
#### **FTSU Projects in Process** - Electronic forms and database

Champion signposting

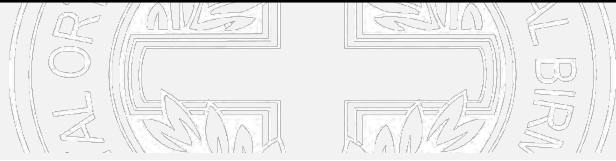
Feedback after Speaking Up

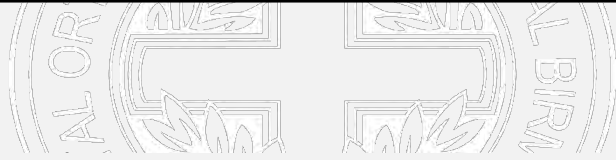


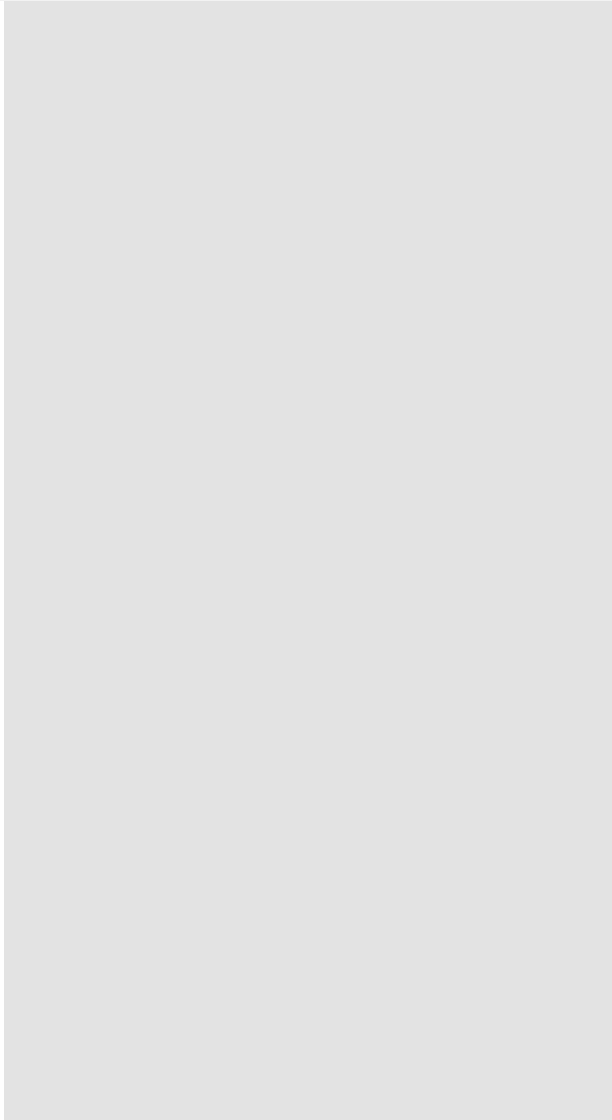
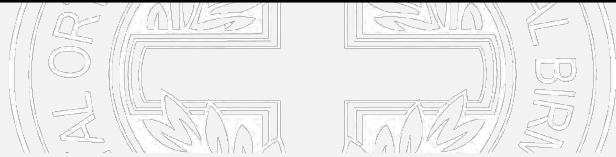
March data for April report	Fill Rate (KPI >90%=Green, 80-90%=Amber, <79%=Red)				Workforce				Care Hours Per Patient Day	Roster Safe Care Indicators			Nurse Sensitive Indicators				Patient Satisfaction			
	Fill Rate Day- Nurses	Fill Rate Day- Non reg	Fill Rate Night - Nurse	Fill Rate- Non reg	Total WTE as % establis hment (%)	Turnov er (%)	Sickne ss (%)	Matern c ity (%)	Cumulat ive count of pts at 23.59 per day	Actua l CHPP D	Red Flags Open ed	Red Flags Close d	Enhanc ed Care Hours	Hand Hygie ne Audit	Medicatio n Administra tion Error or concern	Pressu re Ulcers Categor y 2,3 & 4	All Report ed Falls	No. of PALs Contact s	No. of New Complai nts	No. of FFT
Ward 1	89.00%	148.00%	107.00%	249.00%	88.33%	10.59%	12.14%	0.00%	17.75	17.27	1	0	1129.5	97.5%	1	2	4	1	0	72%
Ward 2	79.00%	98.00%	102.00%	104.00%	95.80%	15.60%	12.39%	0.00%	12.49	13.89	1	0	46.5	95.9%	1	0	1	1	0	59%
Ward 3	86.00%	111.00%	100.00%	129.00%	95.36%	15.78%	2.86%	5.88%	22.13	12.29	0	0	295.5	98.9%	1	1	1	0	0	75%
Ward 4	97.00%	113.00%	100.00%	145.00%	82.04%	17.89%	3.41%	3.57%	17.31	15.87	0	0	326.5	100%	2	1	2	1	0	57%
Ward 12	81.00%	112.00%	107.00%	107.00%	85.59%	17.50%	7.10%	10.34%	7.37	7.52	0	0	92	-	1	0	0	0	0	30%
HDU	83.00%	61.00%	83.00%	100.00%	94.32%	0.00%	8.45%	0.00%	3.57	46.75	0	0	44	100%	0	0	0	0	0	89%
Outpatients	90.00%	45.00%	100.00%	100.00%	78.50%	22.03%	6.29%	5.40%	N/A	N/A	0	0	N/A	98.5%	0	0	0	0	0	1%
ADCU	56.00%	65.00%	100.00%	100.00%	93.81%	5.42%	9.17%	2.38%	N/A	N/A	0	0	N/A	97.2%	0	0	0	0	0	16%
POAC	86.00%	94.00%	100.00%	100.00%	88.02%	10.88%	7.01%	0.00%	N/A	N/A	0	0	N/A	-	0	0	0	4	0	11%
Theatres	80.00%	69.00%	100.00%	100.00%	88.42%	12.70%	6.62%	2.18%	N/A	N/A	0	0	N/A	99.8%	0	0	0	0	0	N/A
Total/Av	82.7%	90.60%	90.90%	123.40%	89.02%		7.54%	2.98%	81	144	2	0	1934	98.5%	6	4	8	7	0	

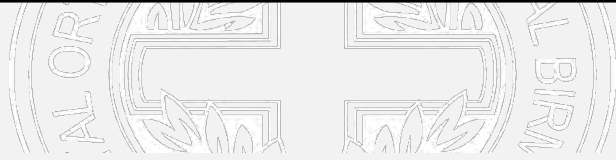


## Quality Improvements & Learning





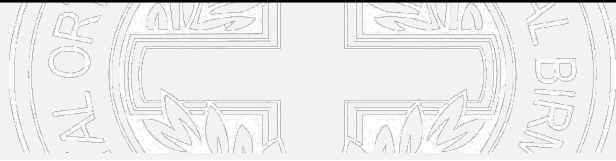






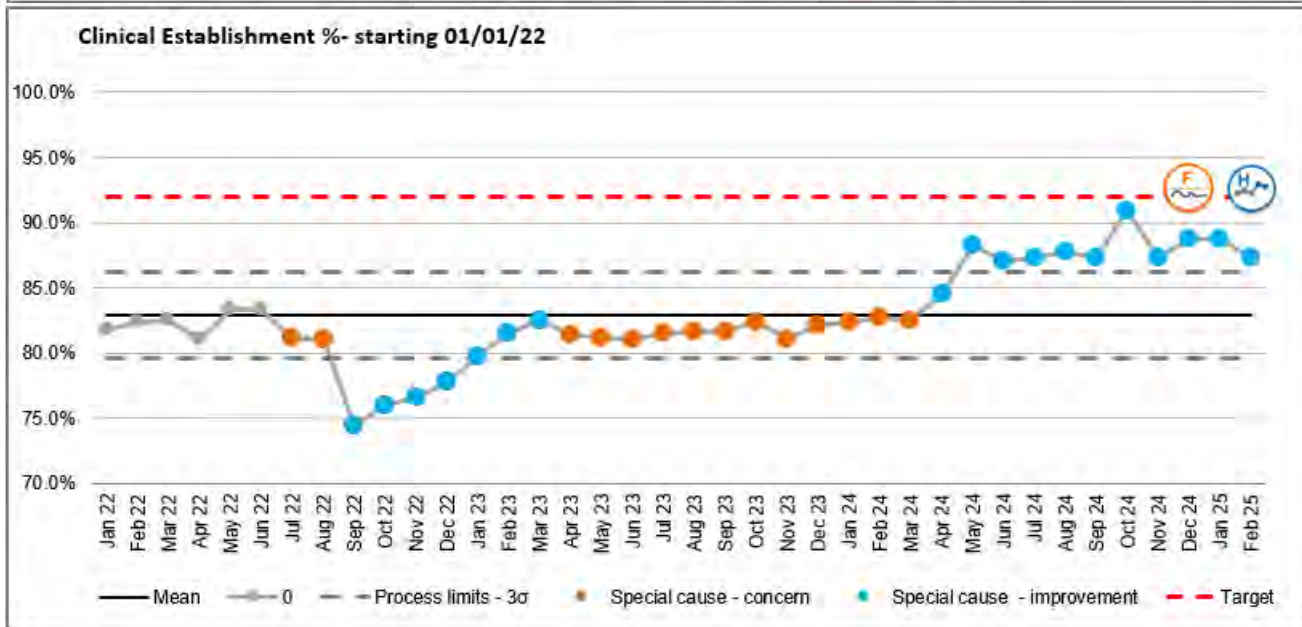
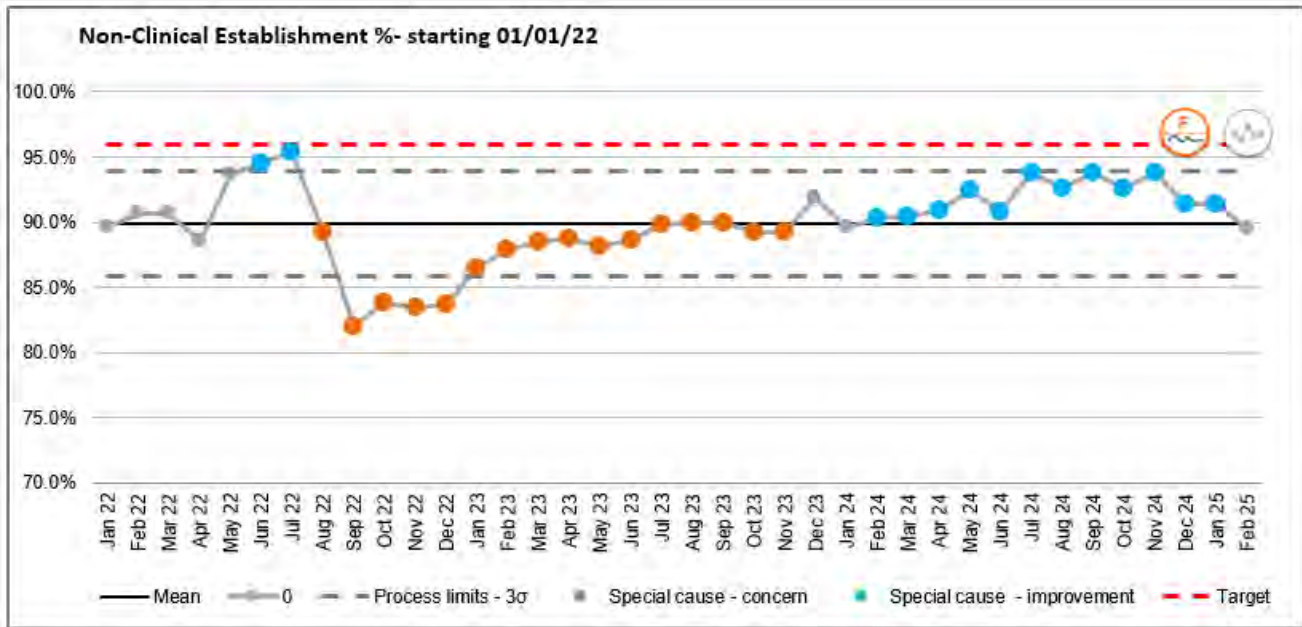


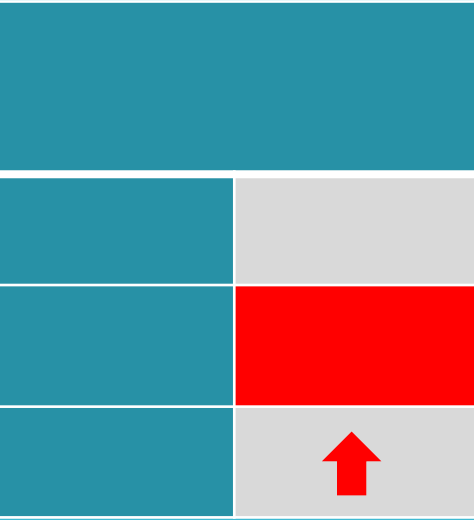

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## HR, OD and Inclusion

	↓
	↓

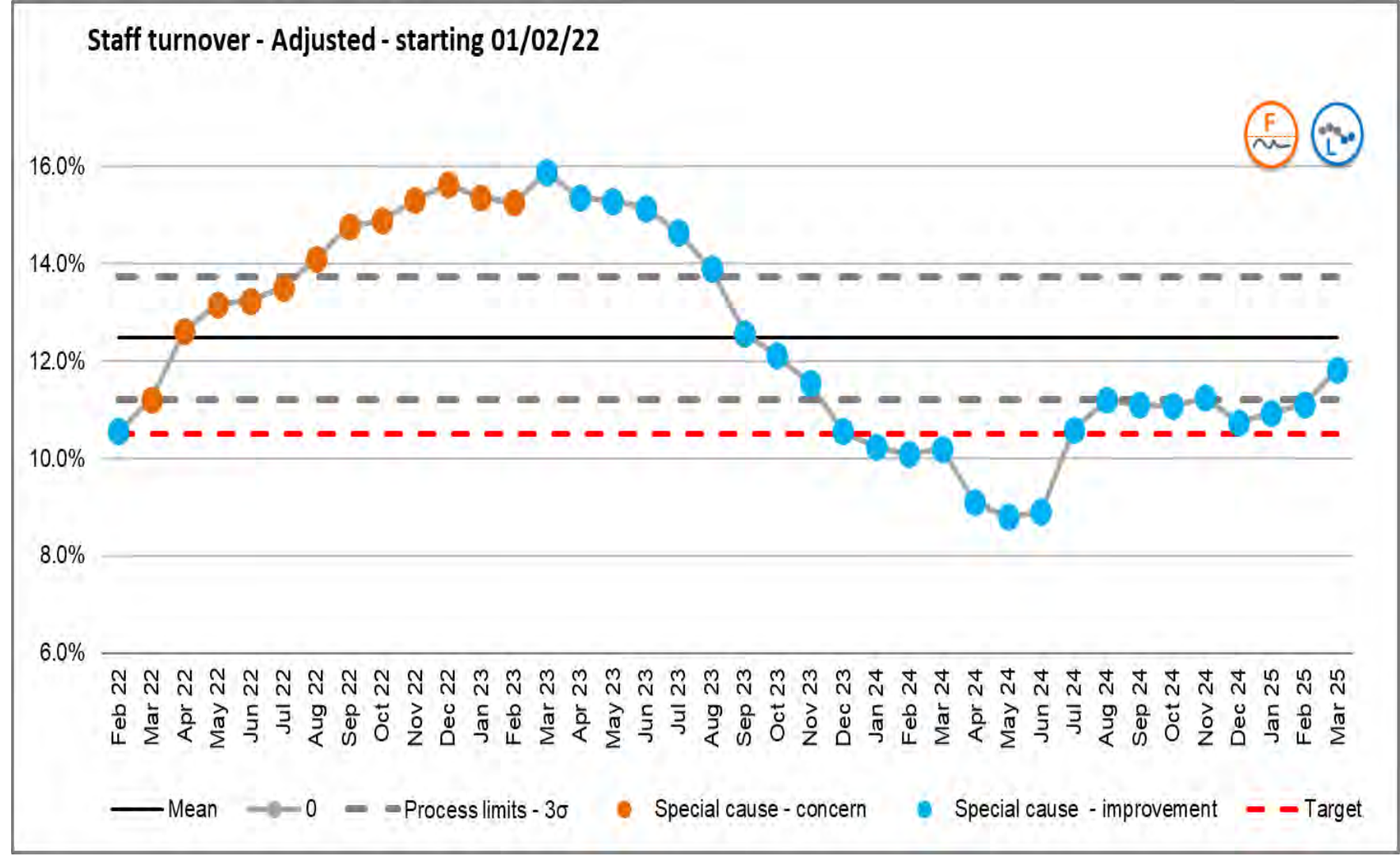




**Adjusted turnover is all turnover minus:**

- Junior doctor rotation
- Flexible retirement
- End of FTC

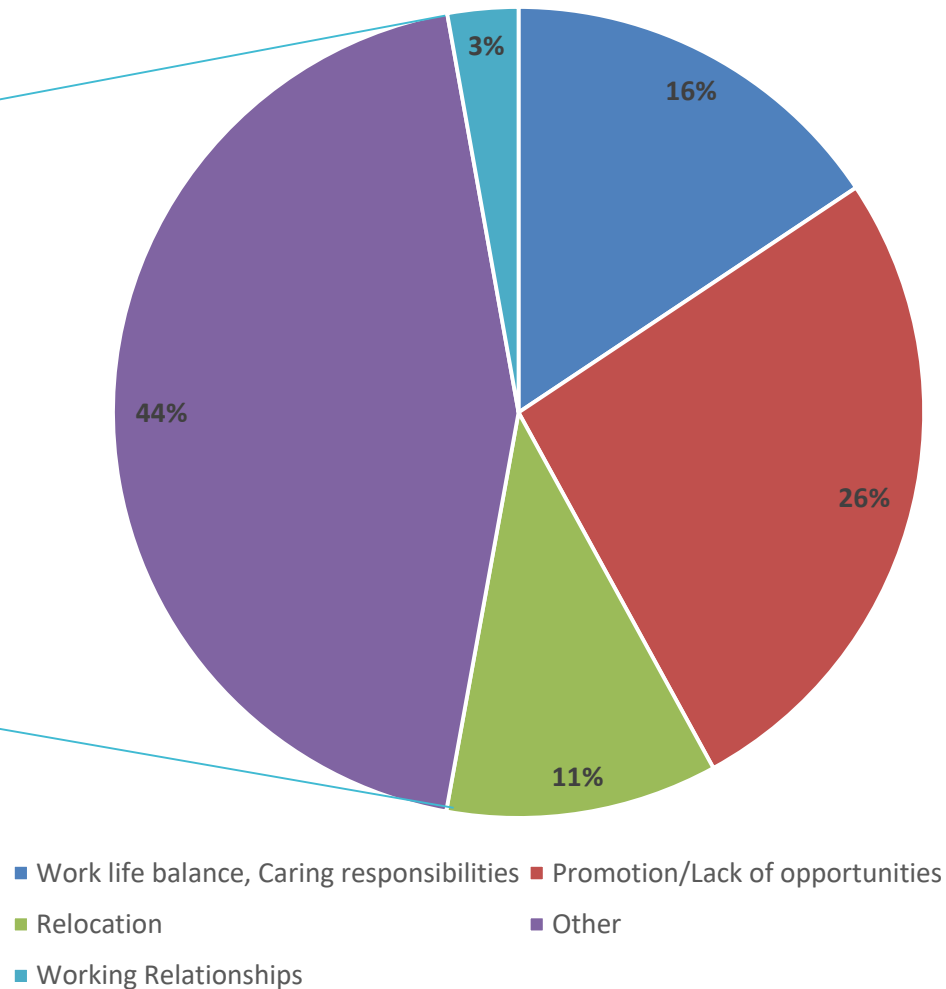
*Adjusting turnover provides more meaningful data around Trust performance*



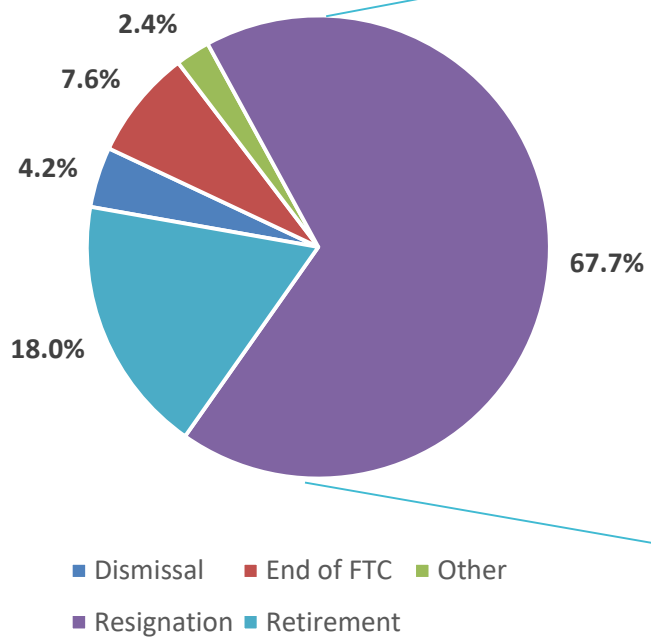
Department	Average Headcount - 12 months	Total Turnover - 12 months		Voluntary Turnover - 12 months		Analysis
		No. of leavers	Turnover rate	No. of leavers	Turnover rate	
Clinical Admin	38.0	3.4	8.9%	3.4	8.9%	
CSU Management	12.6	4.7	37.1%	2.0	15.9%	50% of leavers left on promotion
Division 1 Management Dept	18.7	3.0	16.0%	0.0	0.0%	
Education and Training Department	17.8	2.0	11.2%	0.0	0.0%	
EPMA Department	12.2	2.0	16.4%	2.0	16.4%	50% on promotion
Estates Department	20.7	4.4	21.5%	0.0	0.0%	
Facilities Department	91.7	11.3	12.3%	0.0	0.0%	
Finance Department	11.6	3.0	25.8%	2.0	17.2%	50% on promotion
Governance Department	14.6	1.0	6.9%	0.0	0.0%	
Human Resources Department	17.7	5.8	32.8%	4.8	27.1%	58% on promotion
IM&T Department	40.2	0.5	1.3%	0.0	0.0%	
IPC	11.3	1.0	8.9%	0.0	0.0%	
Knee Revision Service - 3638	4.7	1.4	29.5%	0.0	0.0%	
Knowledge Management Department	15.5	4.6	29.7%	4.6	29.7%	35% on promotion
Large Joint	121.1	14.9	12.3%	12.2	10.1%	8% on promotion
Modular Department	27.3	4.5	16.5%	0.0	0.0%	
Nursing Administration Corporate	24.3	6.3	26.0%	4.3	17.7%	58% on promotion
Oncology	81.4	7.6	9.3%	4.7	5.8%	21% on promotion
Outpatients	50.2	9.9	19.8%	6.5	13.0%	31% on promotion
Paediatrics	12.4	2.6	20.7%	2.6	20.7%	12% on promotion
Patient Support Admin	5.0	2.0	40.3%	2.0	40.3%	50% on promotion
Pharmacy	29.3	4.7	15.9%	0.0	0.0%	
Pre Admission Screening (POAC)	37.9	4.3	11.3%	0.0	0.0%	
Radiology	56.9	12.9	22.7%	5.7	10.1%	18% on promotion
Research and Development	8.4	1.0	11.9%	0.0	0.0%	
Small Joint	23.7	1.0	4.2%	0.0	0.0%	
Spinal Surgery	61.9	6.2	10.0%	6.2	10.0%	48% on promotion
Theatres, Anaesthetics and Critical Care	296.2	21.5	7.3%	17.1	5.8%	14% on promotion
Therapy Services	101.1	9.7	9.6%	8.9	8.8%	11% on promotion
<b>Total</b>	<b>1294.9</b>	<b>157.2</b>	<b>12.1%</b>	<b>89.1</b>	<b>6.9%</b>	26% on promotion

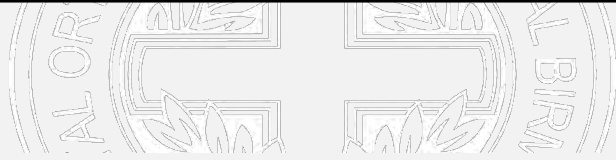
NB.

Resignation Themes

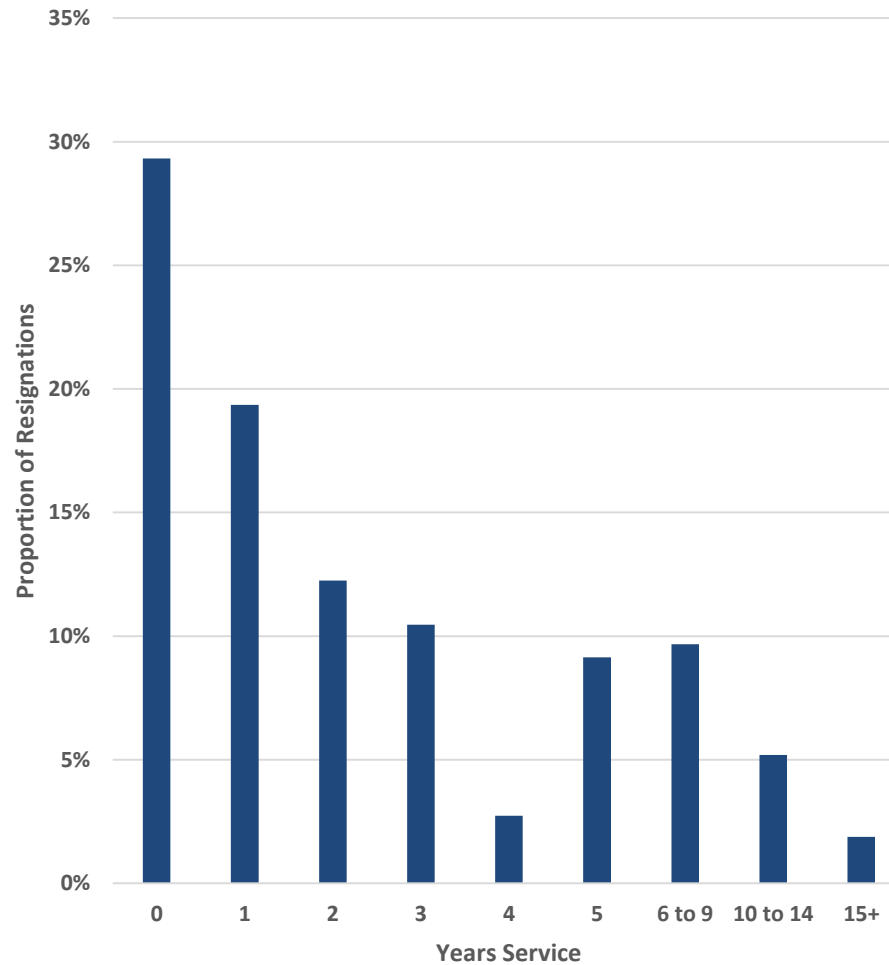


Turnover Reasons

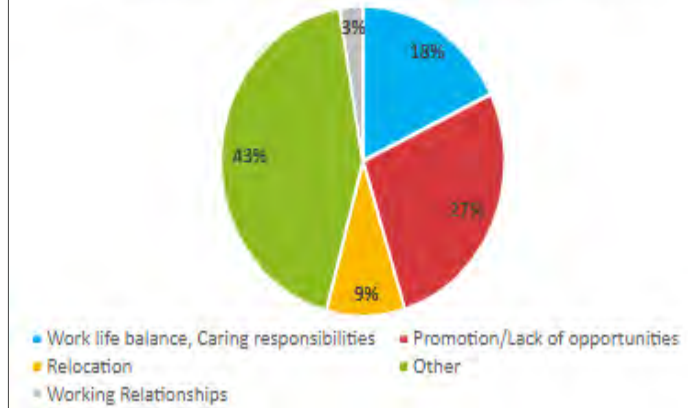




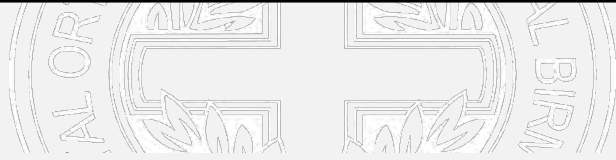
**% of Resignations**



**Reasons for Leaving in First 3 Years of Service**



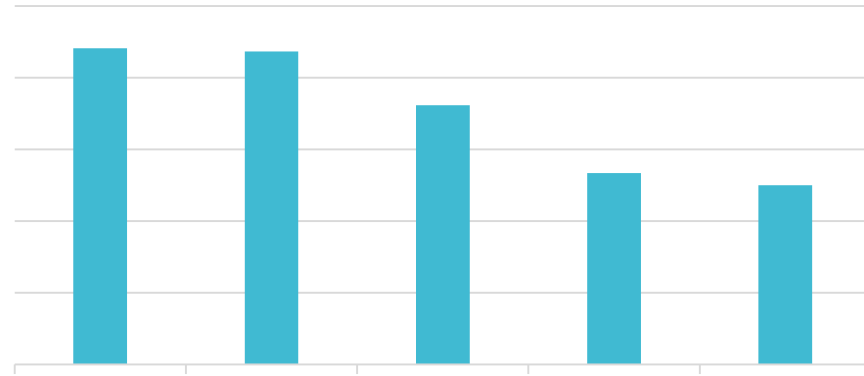
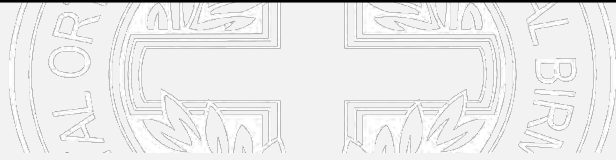
Staff Group	Years Service				Grand Total
	0	1	2	3	
Add Prof Scientific and Technic	2.00	1.93	2.36		6.29
Additional Clinical Services	9.80	2.89	5.80	2.91	21.40
Administrative and Clerical	7.80	10.00	2.40	2.00	22.20
Allied Health Professionals	3.00	0.97		1.00	4.97
Estates and Ancillary	0.53	0.80		0.47	1.80
Medical and Dental	2.20	1.00			3.20
Nursing and Midwifery Registered	5.87	3.00	2.48	4.76	16.11
<b>Grand Total</b>	<b>31.20</b>	<b>20.60</b>	<b>13.04</b>	<b>11.13</b>	<b>75.97</b>



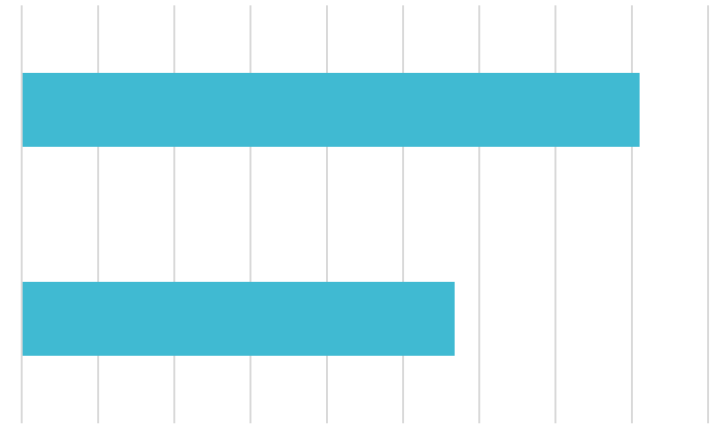
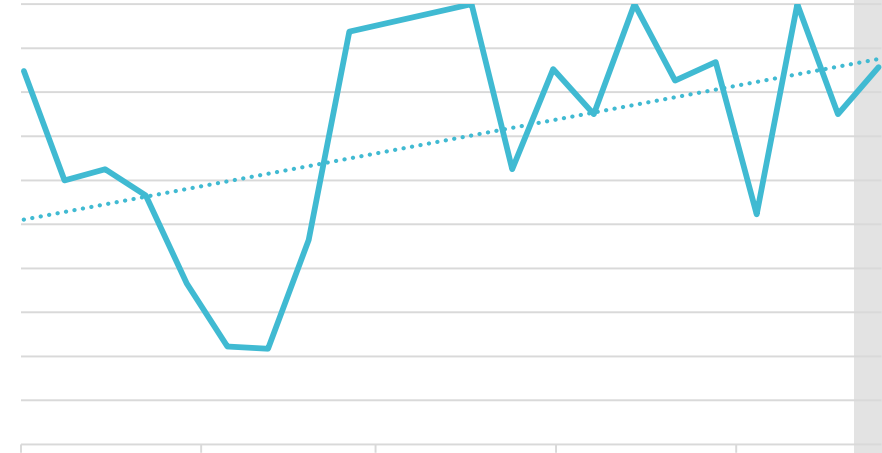
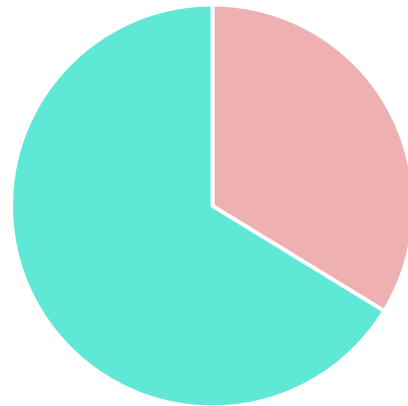
Sex	Strength	Leavers	Variance
Female	67.4%	75%	7.5%
Male	32.6%	25%	-7.5%

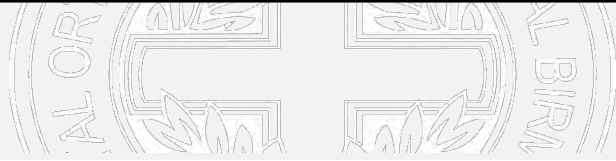
Ethnicity	Strength	Leavers	Variance
White	63.4%	66%	2.7%
Mixed	4.4%	9%	4.4%
Asian or Asian British	17.7%	12%	-5.7%
Black or Black British	10.2%	10%	0.1%
Chinese	0.5%	1%	0.4%
Any Other Ethnic Group	3.3%	2%	-1.4%
Not stated	0.5%	0%	-0.5%

Age	Strength	Leavers	Variance
<=20 Years	1%	1%	-0.3%
21-25	6%	16%	10.2%
26-30	11%	20%	8.8%
31-35	14%	18%	3.9%
36-40	14%	13%	-1.0%
41-45	12%	12%	0.4%
46-50	12%	9%	-3.2%
51-55	13%	5%	-8.0%
56-60	11%	6%	-5.2%
61-65	5%	1%	-4.6%
66-70	1%	1%	-0.9%
>=71 Years	0%	0%	0.0%

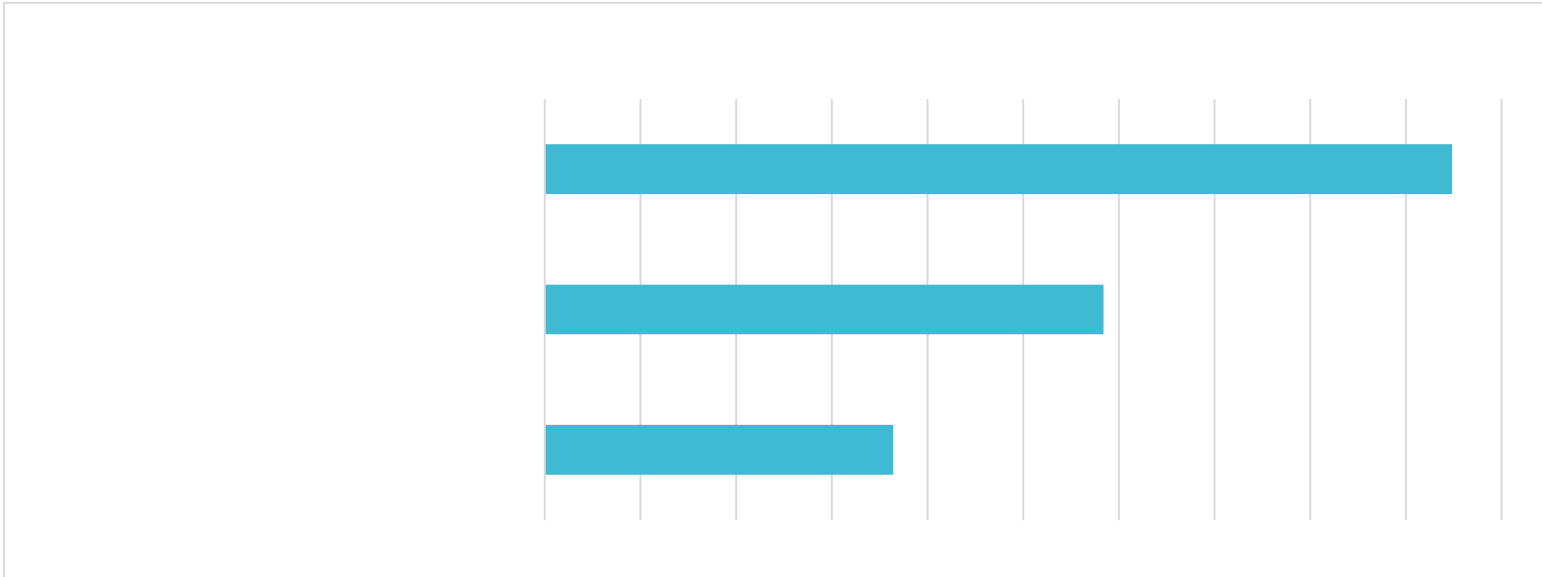
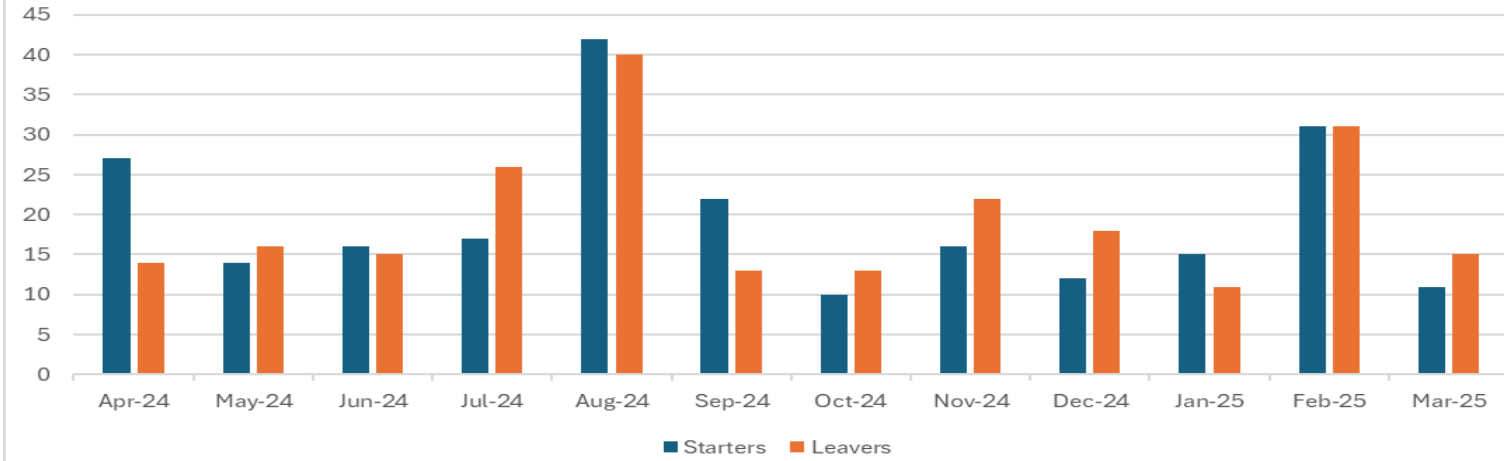


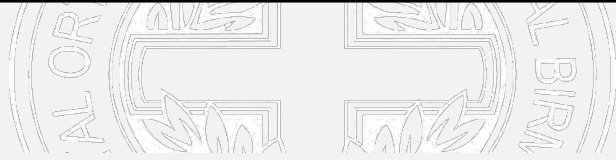
Posts Submitted





Starters and Leavers Per Month 2024-25

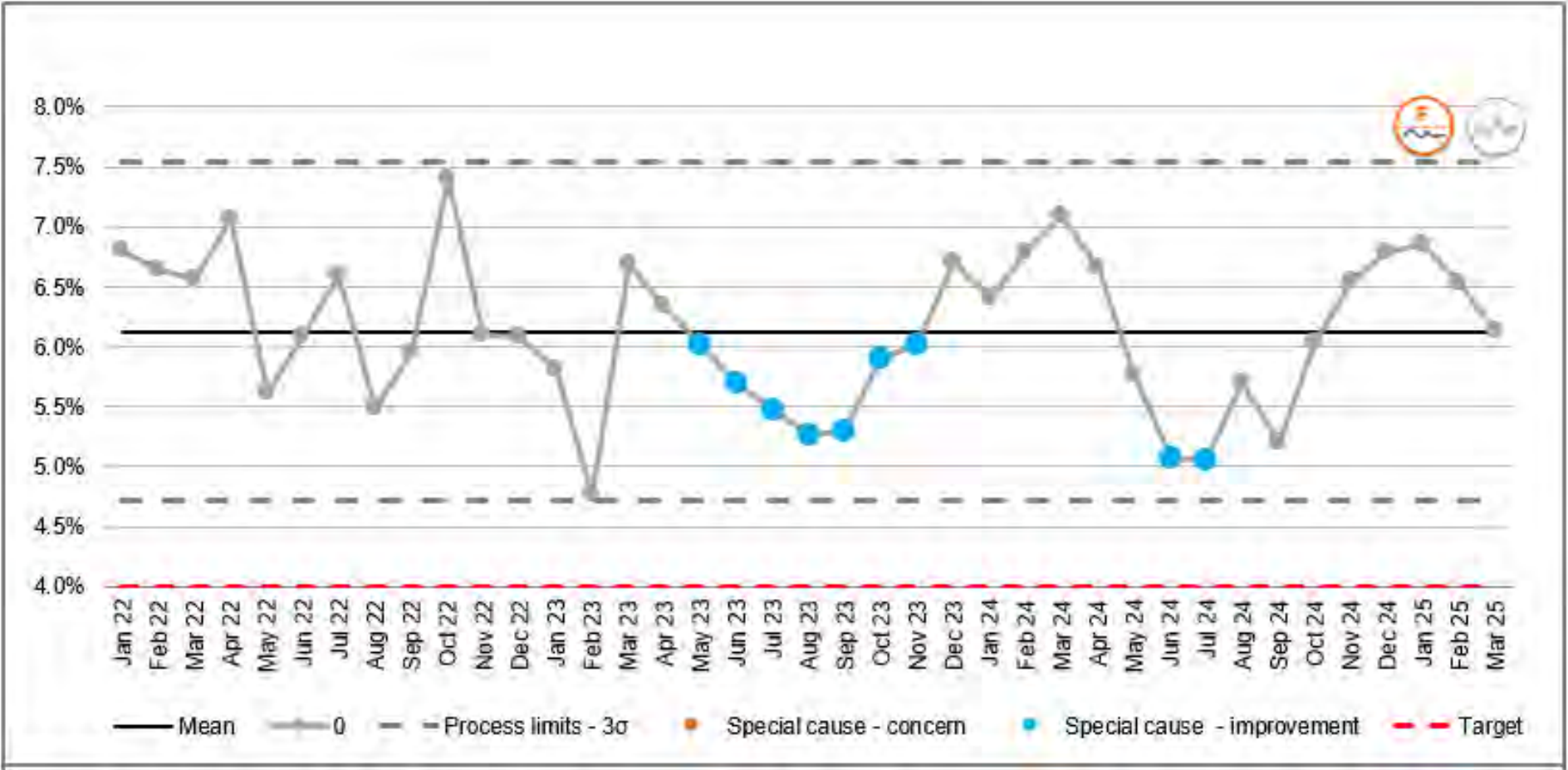




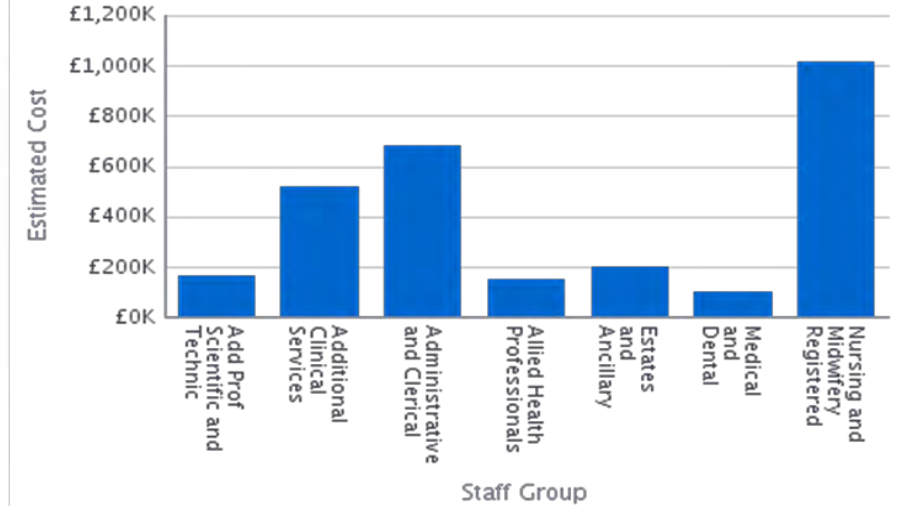
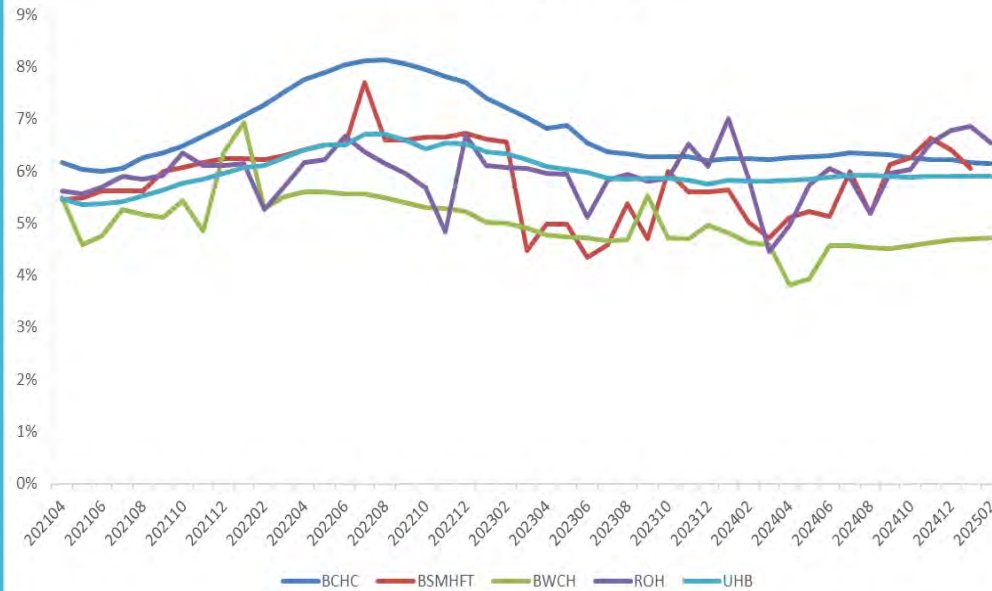
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**Key Themes:**

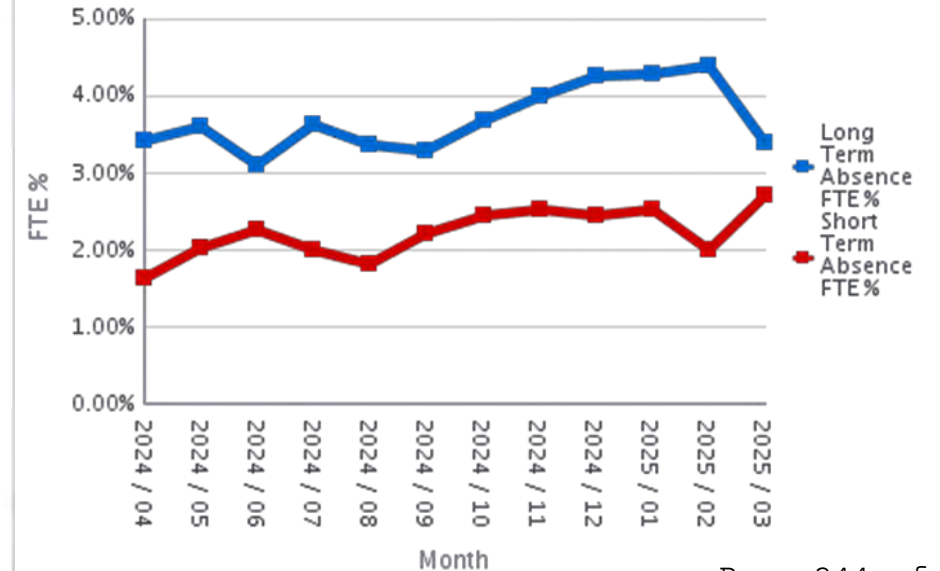
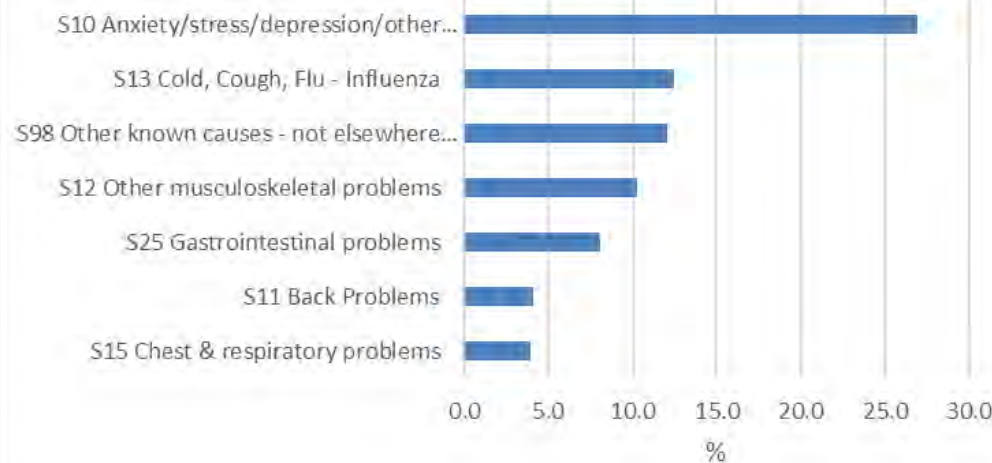
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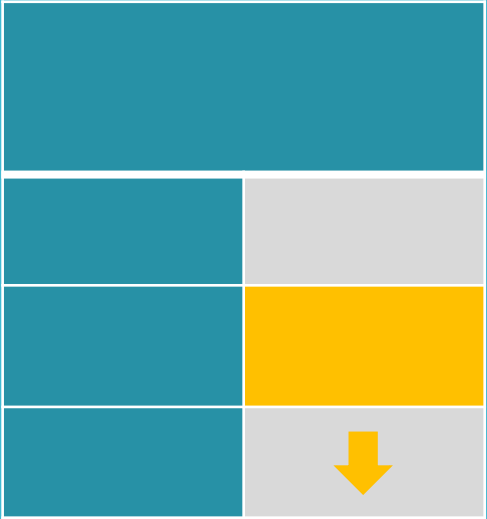
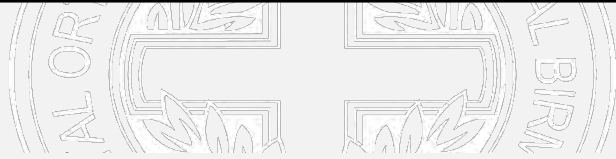


Sickness Rate (All Staff)



Main absence reasons

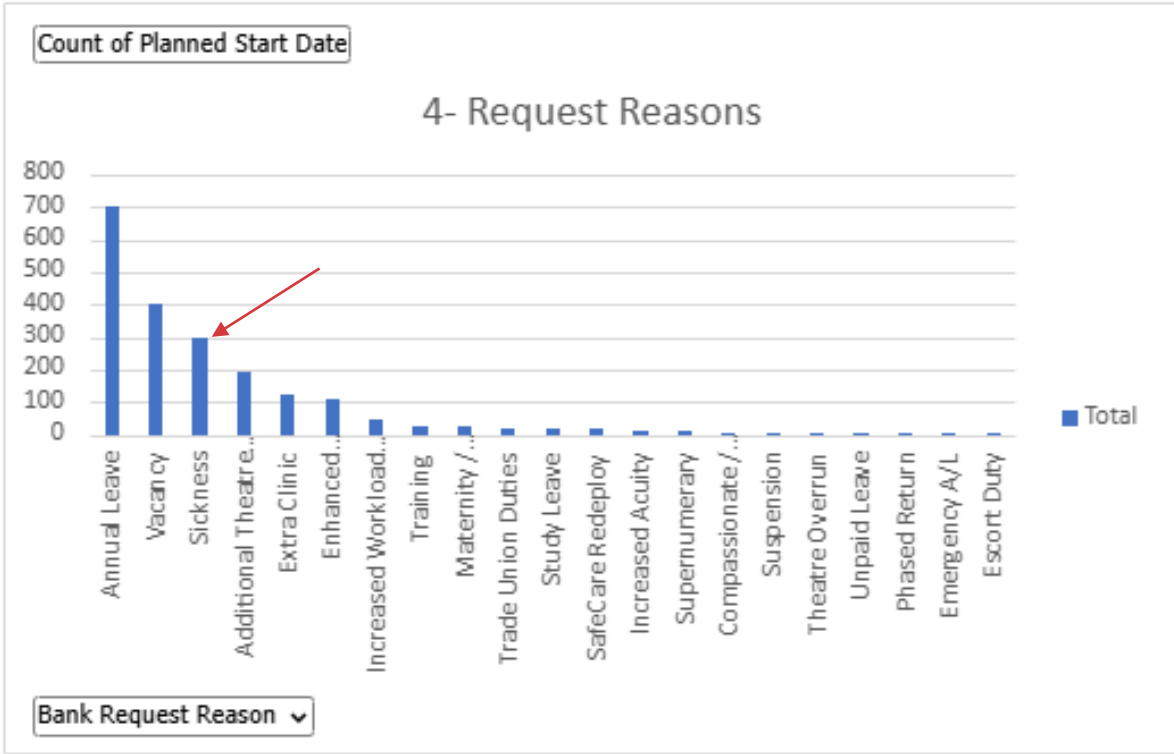




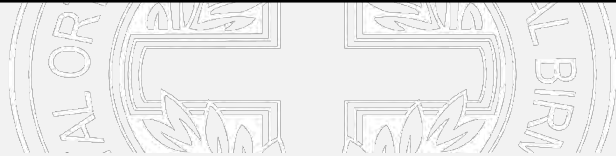
■ 0% - 60%    ■ 60% - 80%  
■ 80% - 100%



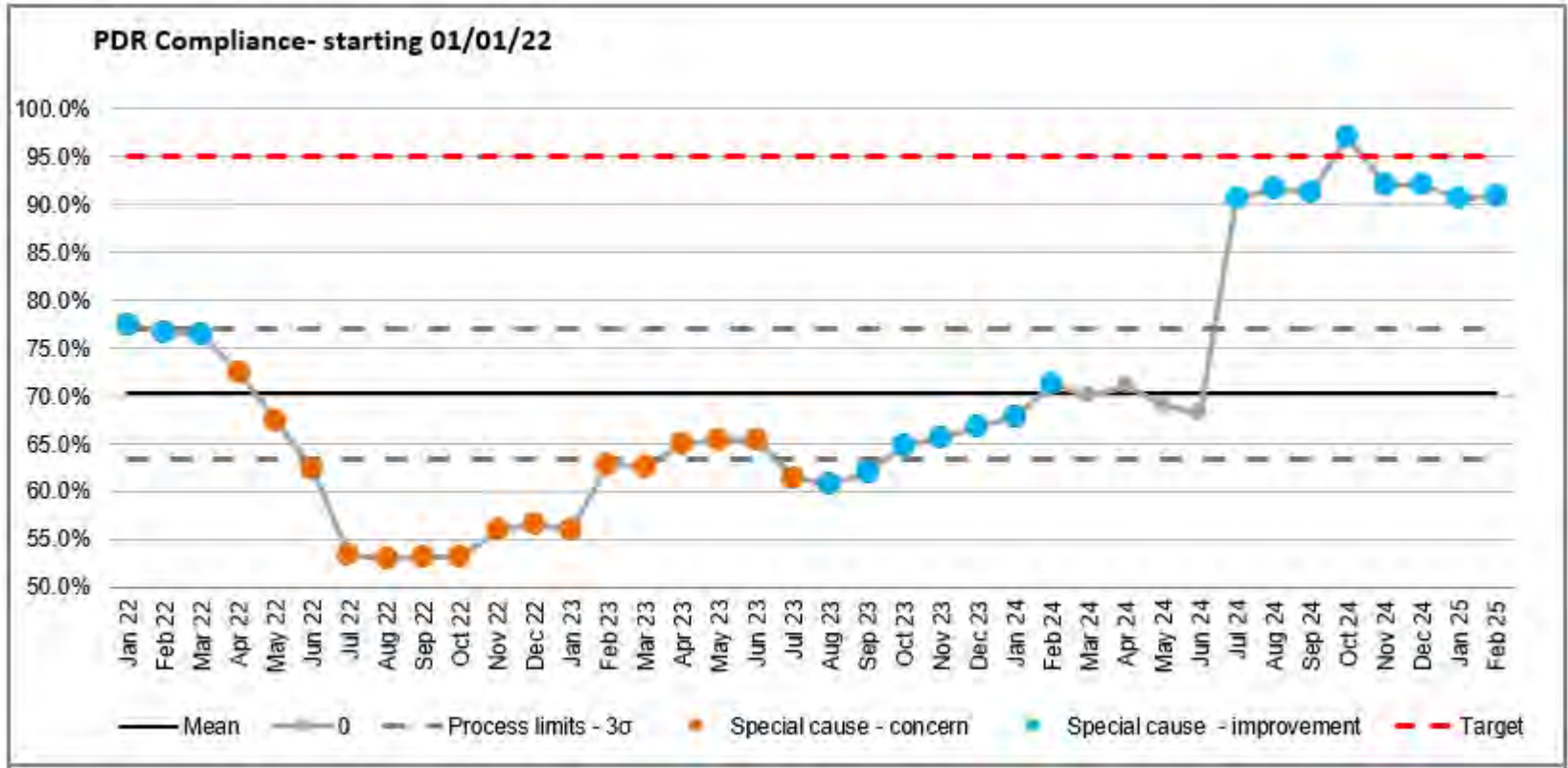
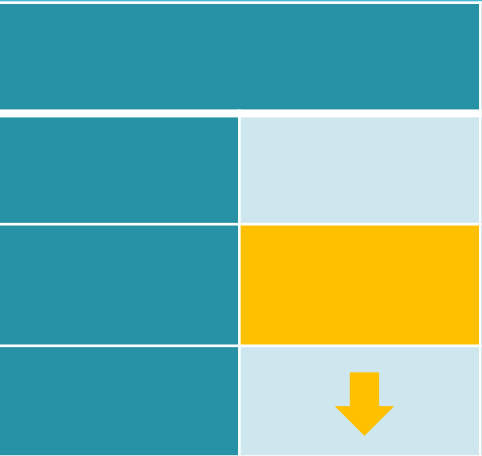
Audit measure	Finding	
The Return-to-Work Documentation present on the employees file	91.1%	<span style="color: green;">■</span>
The self-certification or fit note is on file	77.7%	<span style="color: yellow;">■</span>
Have the policy trigger points been discussed and documented	24.4%	<span style="color: red;">■</span>
Has the return to work been recorded on ESR(linked to RTW KPI)	82.2%	<span style="color: green;">■</span>



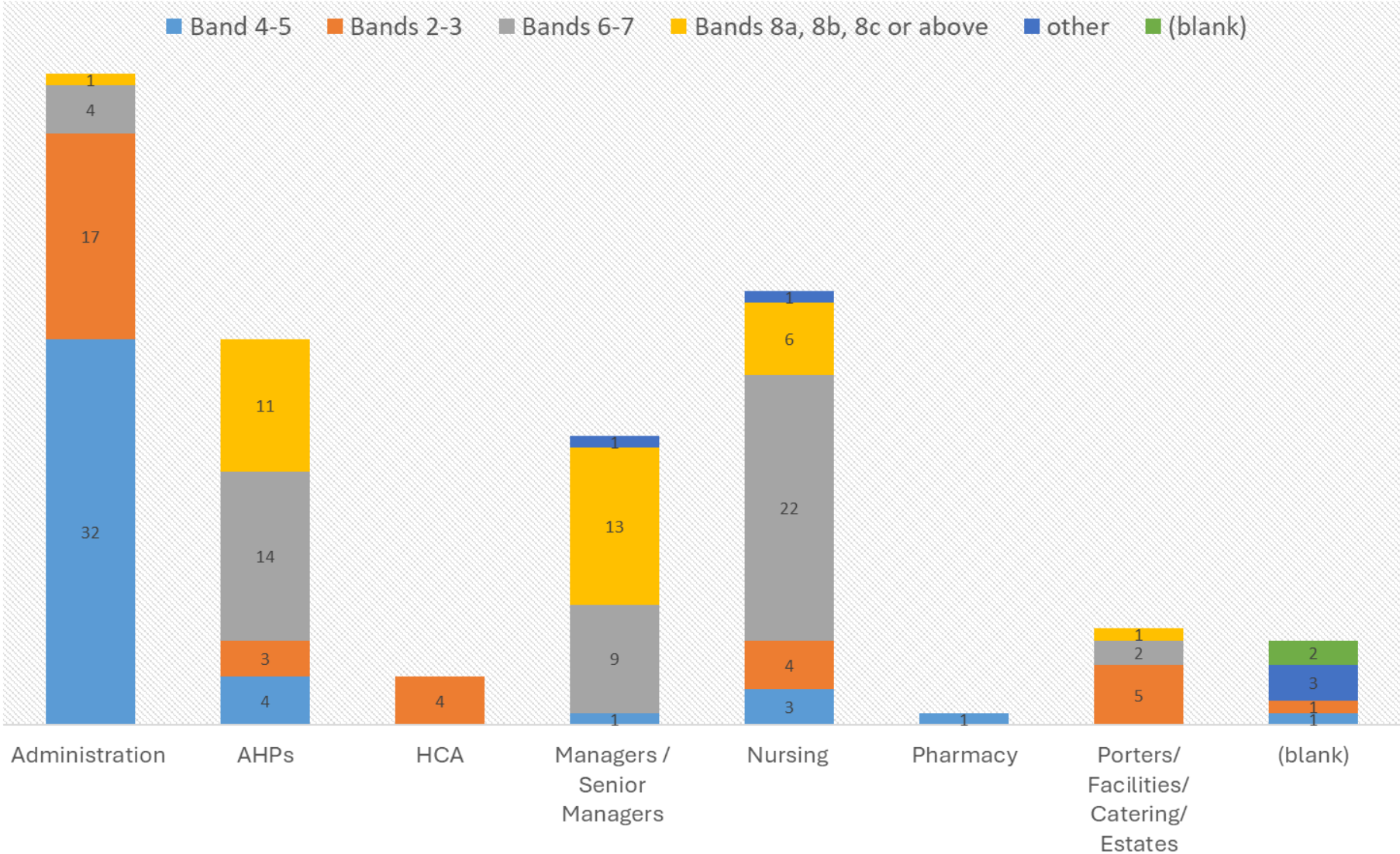
Support	Utilisation (March)
Occupational Health	38
Counselling	18 (sets of sessions)



Action	Progress



Survey Respondants = 166



The following slides show the **results from a survey that was completed** between September – November to review the **first appraisal window** undertaken at the Trust.

The survey was online and promoted via emails, on the intranet and wallpaper on desktops.

A feedback stand was held with paper forms, QR code to the survey and the survey was available on a laptop for people to complete instantly

There was good representation from across different areas in the Trust

Changes made as a result of the

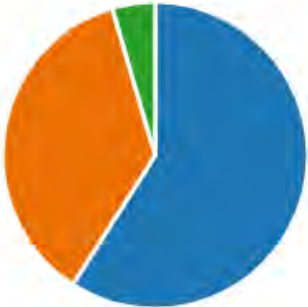
# Feedback from appraisal training sessions

4. How likely are you to recommend this training/workshop to a colleague?

[More Details](#)

Insights

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely



26 training sessions run  
251 managers/colleagues  
have attended training  
Training has continued to  
be run on a monthly basis  
for new managers with  
focus on Coaching  
conversations for Year 2

5. Were the expectations you had about the training / workshop met?

[More Details](#)

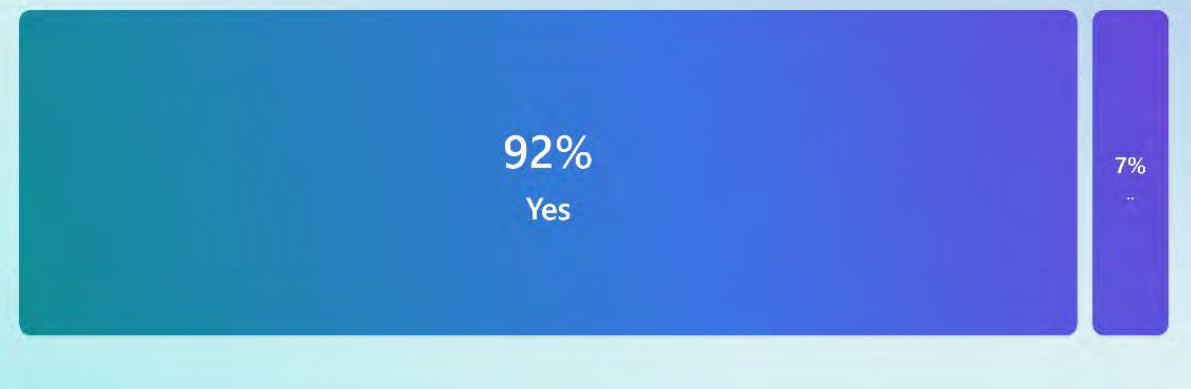
Insights

- Yes
- Partially
- No



166 responses submitted

Did you have an appraisal in the new appraisal window?



The highest figure in August was at 97%

**If you did not have an appraisal what was the reason for this? See an example of comments below**

"I work part time, and my manager was unavailable, had work commitments/working from home/on annual leave, when I was available."

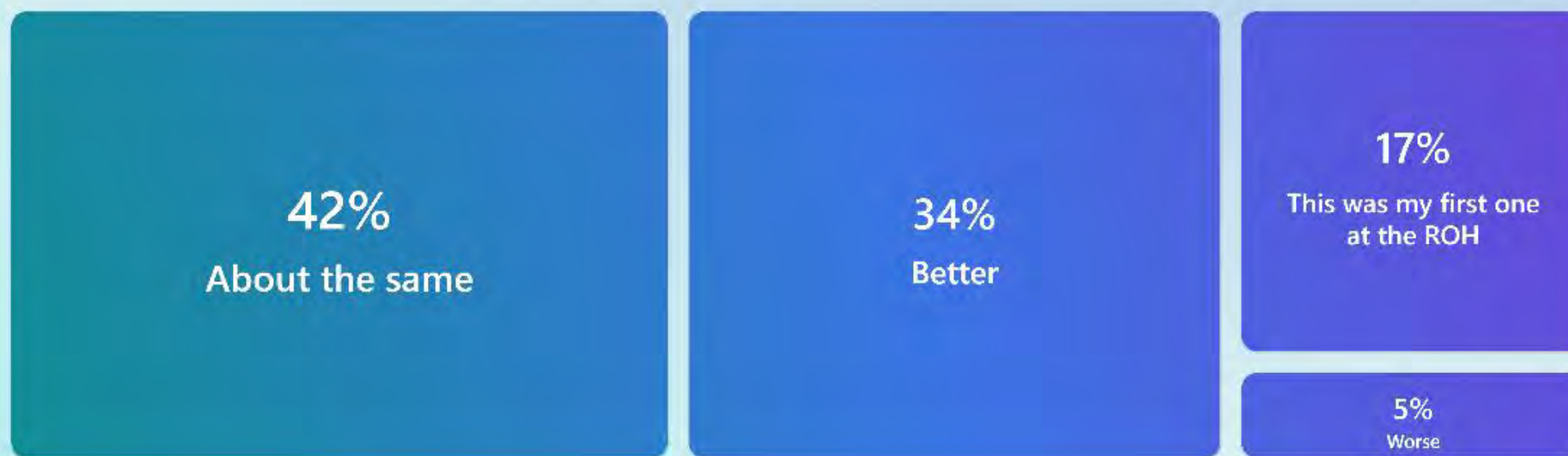
"Annual leave for both myself and my manager. It wasn't officially due yet and we do have regular one to ones and conversations. We had it in August"

"New starter so not due- however I did use the appraisal process for the staff who I line manage"

"No one gave me one. Not had an appraisal since 2021"

166 responses submitted

Compared to previous appraisals did you think the quality of your appraisal was:



76% colleagues thought the new approach was the same or better

## What did you particularly like about the new appraisal approach?

"The paperwork layout is simple and easy to follow. "

"It was clear and easy to go through "

Positive to include Continuous Improvement.

"Form flowed better "

"More in depth and personalised. Goals set clearer, for the year.

"All the appraisals were aligned and objectives were pulled from departmental annual plan"

"Being able to **have your voice and lead the talk** on my aspirations "

"I liked that I could have an open and honest discussion with my manager and that I was listened to and she was able to point me in the direction of training that I didn't know was available to me. "

"I felt that the new appraisal template was more **thought provoking for the employee**. Thought the paperwork took longer to prepare it was more beneficial to me and I felt **much better equipped** during the appraisal with my manager and was able to engage more. It felt so much less like just a tick box exercise. "

"I think it is helpful having the **cascade methodology** so that objectives can be set in an aligned manner. I think it will also help in keeping on top of appraisal deadlines for individuals as it becomes part of Trust culture that they occur at a particular time. Previously my departments have done this internally so that it is easier, but as a Trust I think it really **causes us to be in alignment with one another.**"

## What do you think could be better about the new appraisal approach?

"Please add for the staff and manager to sign"

"Having to focus on certain objectives aligned to trust **objectives felt too forced**, my job role won't necessarily impact / help with regards to the Trust achieving digital for example. Should be optional not mandatory"

"There's **too much repetition** in it still. I felt like I answered the same question a few times."

"The last page feels like a lot of duplication it could be simplified into fewer questions."

"perhaps if I got a say in what happens, my manager came fully prepared with what is expected of me. It was more of a yes sir exercise."

**"Training for managers on how to conduct effective appraisals"**

"I'm not sure about the window approach, appraisals carried out nearer the end of the window **felt a little bit rushed.**"

"Ensure that the appraisals are done in the right order next time i.e. **top down**"

"objectives are not applicable to all members of staff "

"It could be useful if the employee could enter in their information, what they want to discuss etc., which can then be added to by the manager in the actual appraisal so that there is less time writing in all of the boxes and we just fill in the conclusions of the discussions."

"No where to enter comments to review previous specific objectives set"

"I didn't like that my appraisal was **still only 20 mins** and forcing managers to do it doesn't mean you are forcing quality"

"Manager not given support on how to write effective goals for next 12 months - mine were not SMART and were big and vague "e.g. help implement project x" which would be difficult to evidence in my next appraisal."

166 responses submitted

Did you leave the appraisal knowing and understanding your objectives for the next 12 months



166 responses submitted

Did you review your mandatory training compliance as part of your appraisal conversation?



166 responses submitted

Did you leave the appraisal feeling that your work is valued by your appraiser/manager?



## Key feedback

Careful **planning** by managers needed to ensure the quality of the discussion is not affected

**Team planning** to avoid rush in some areas at the end of the window

Ensuring managers **attend** updated training on the new approach and new managers are also captured

More information on different way to prepare for the conversation

Previous objectives to be reviewed before new appraisal process

Additional briefing for colleagues (appraisees) on the appraisal approach in preparation

Confirmation of cascade approach with the **Executive Directors** with agreed timings

Enable all managers to articulate the plan for their service over the next 12 months, to support the delivery of appraisals for their staff

Update form and documentation to reflect suggested improvements including comments box and review potential repetition of questions

## Improvements made from feedback

OD and Inclusion supporting areas where quality of conversation was highlighted as lower (including staff survey results)

Improvements made to approach and documentation including comments box and signature

New workshops implemented to concentrate on quality of conversation as well as completion

Appraisals hub updated on the intranet with updated documentation, resources and training information

Additional support from Executive Directors to ensure cascade approach is followed

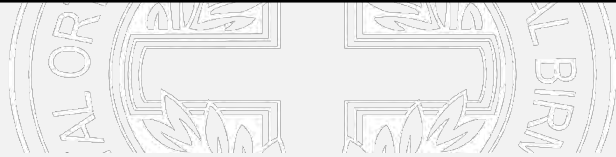
Update reporting at the start of the window to ensure managers can track progress

Step by step guide added to support appraiser and appraisee

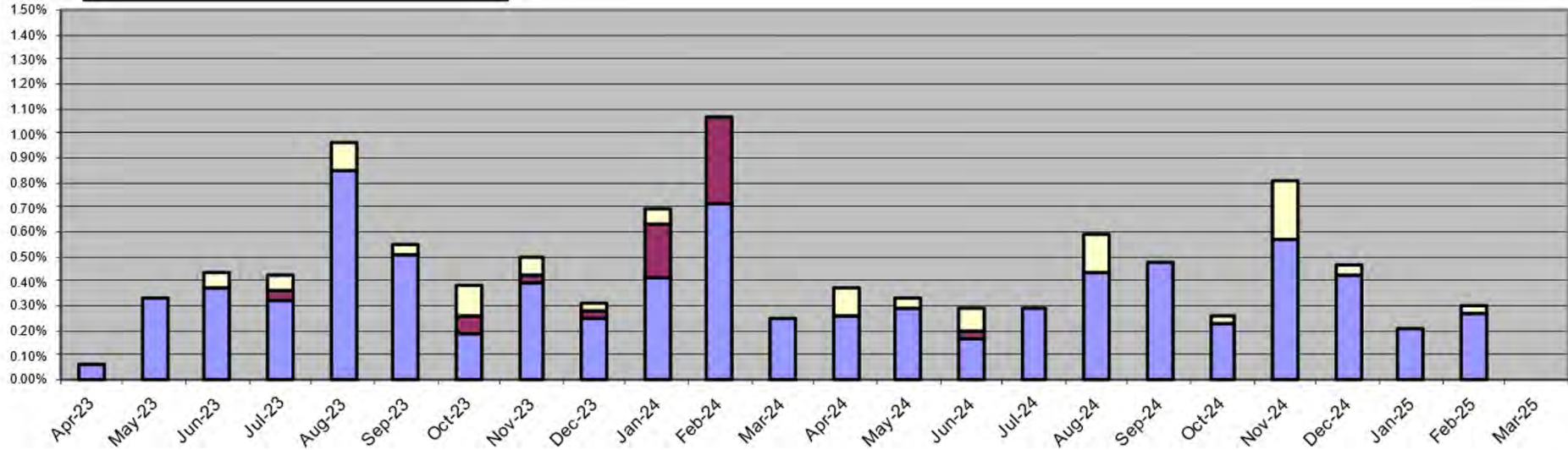
Staff survey appraisal questions to be incorporated into the conversation to check if conversation has supported individuals

1. Has it helped your team member improve how they are going to do their job?
2. Have you agreed a set clear objectives for their work?
3. Has it left them feeling that their work is valued by you and the organisation?

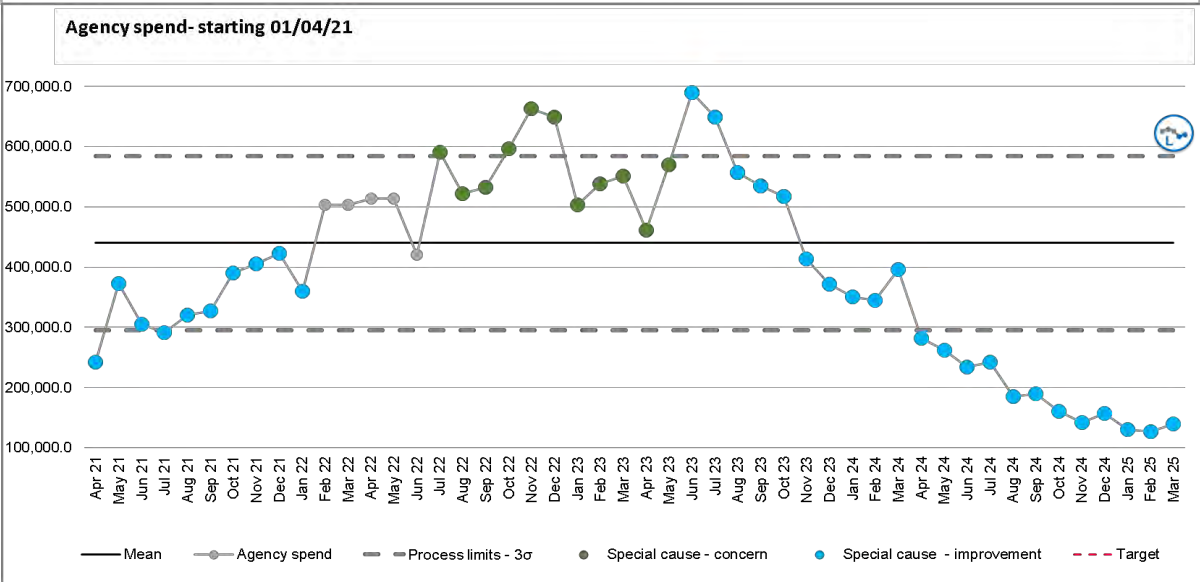
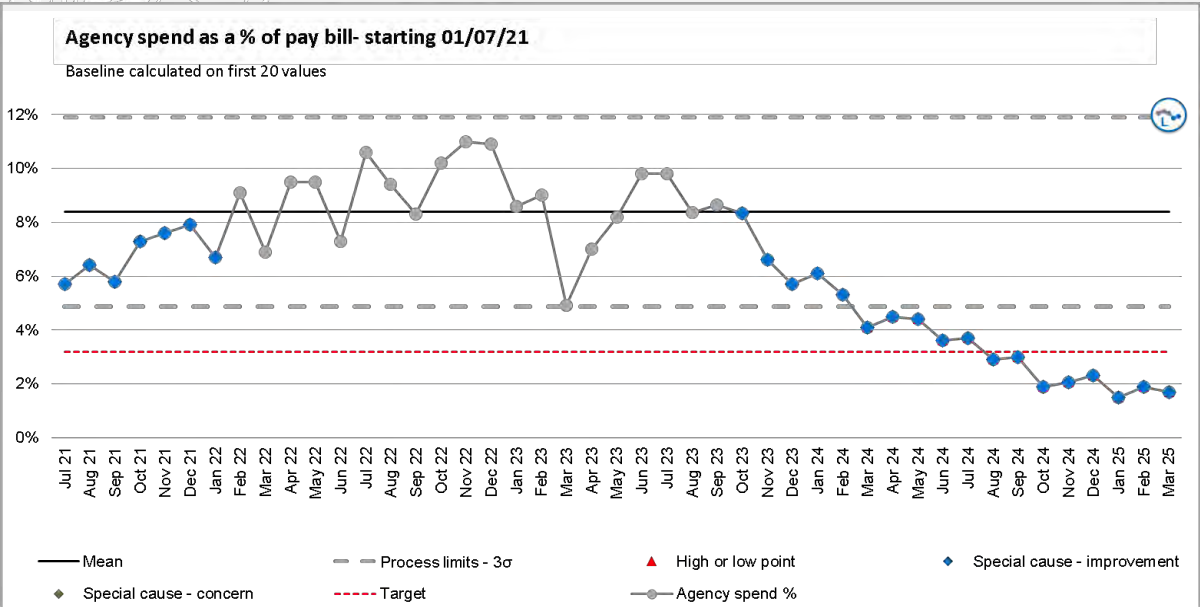
Metrics developed to monitor progress of Phase 2 of appraisal project to improve the quality of the conversation



### Error Rates- History

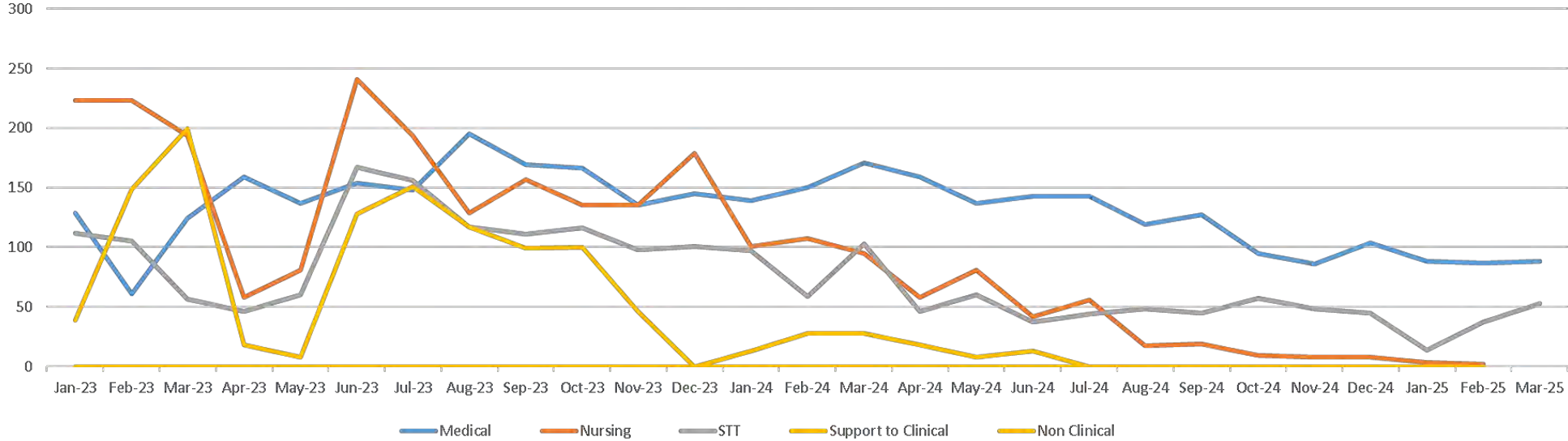


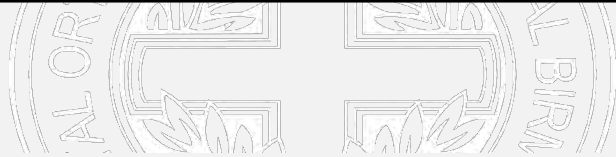




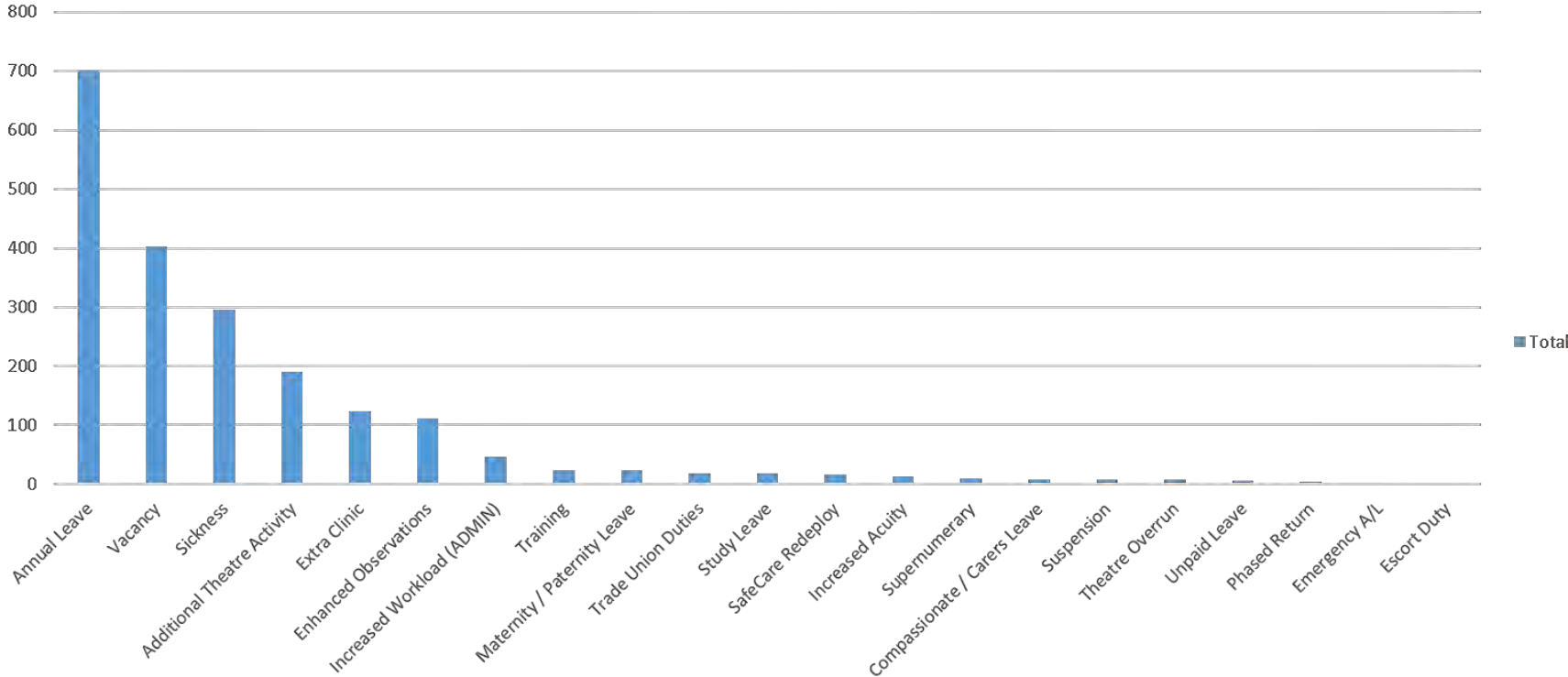


Agency spend by staff group

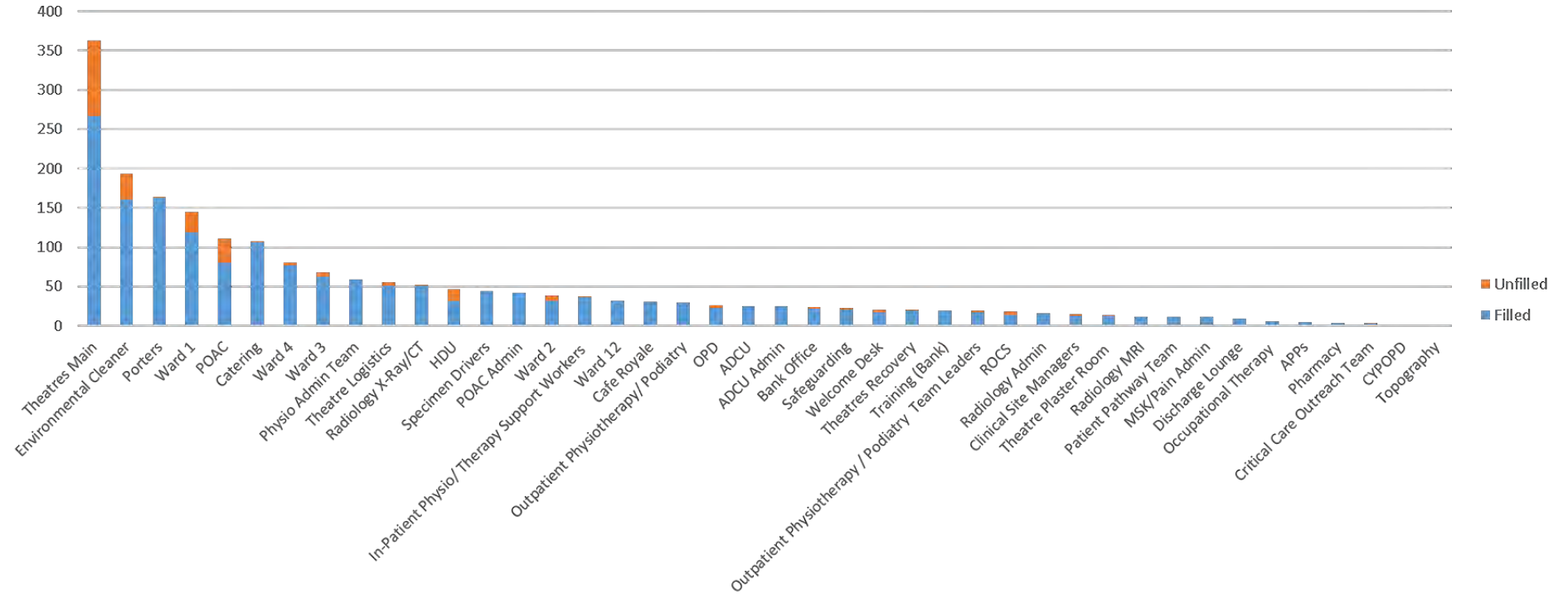




4- Request Reasons



5- Filled and Unfilled Temporary Duties





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



Quarter Summary - October 2024 - December 2024 Annual Rolling Summary - Jan 24-Dec 24

### Savings

**£73.6k** ↓

-49.8% (-£73.1k) Vs Oct 23-Dec 23  
*Based on paid data*

Savings - Oct 24-Dec 24 & Diff Vs Oct 23-Dec 23

Month	Savings	Diff Vs Oct 23-Dec 23
October	£24.4k	-£32.0k
November	£22.9k	-£18.8k
December	£26.4k	-£22.3k

### Missed Savings

**£0** =

(=£0) Vs Oct 23-Dec 23  
*Based on paid data*

Missed Savings - Oct 24-Dec 24 & Diff Vs Oct 23-Dec 23

Month	Missed Savings	Diff Vs Oct 23-Dec 23
October	£0	=£0
November	£0	=£0
December	£0	=£0

### Agency With Highest Total Spend

**ID Medical**  
£276.1k (-£160.5k YoY)  
86.1% of All Agency Spend (5 Agencies)  
*Based on paid data*

#### Top 5 Agencies by Total Spend

1	ID Medical	£276.1k (-£160.5k YoY)
2	Your World Healthcare	£23.3k (+£23.3k YoY)
3	Pulse Healthcare	£10.8k (+£10.8k YoY)
4	Hunter AHP Resourcing Ltd	£6.0k (-£18.2k YoY)
5	Globe Locums Ltd	£4.5k (-£29.8k YoY)

### Helpdesk & Reporting Summary

- 212 Query Tickets Were Raised
- 20 Ad-Hoc Report Requests  
*-11 (-35.5%) Vs Jan 23-Dec 23*
- 448 Auto Reports sent Annually  
*(As of 18/01/2025)*
- 10 Online Reports  
*(As of 18/01/2025)*

### Quarterly WTE

**13.6** ↓

-44.5% (-10.9) Vs Oct 23-Dec 23  
*Based on booking data*

#### Quarterly WTE by Booking Reason Group

**13.6** Total Quarterly WTE

Other	3.3 (24.2%) <i>-49.1% (-3.2) Vs Oct 23-Dec 23</i>	Vacancy	10.3 (75.8%) <i>-42.9% (-7.8) Vs Oct 23-Dec 23</i>
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### Average Total Hourly Charge Benchmarking

Top 3 Grades by Trust Average  
*Based on booking data*

Trust Average | Regional Average | National Average

1	ST3+	£83.23
		£87.32
		£86.24
2	FY2	£57.07
		£59.22
		£56.96
3	AHP Band 7	£36.70
		£47.86
		£43.50

### High Cost Worker Summary

*Based on paid and booking data*

#### Top 3 Workers by Total Spend

*Based on paid data*

1	Ala Suliman	£45.1k 15 Timesheets
2	Naved Akhtar	£44.8k 22 Timesheets
3	foysol Hussain	£36.7k 18 Timesheets

#### Top 3 Workers by Max Total Hourly Charge Booked

**Max Total Hourly Charge | Avg Total Hourly Charge**

1	Muaaz Tahir	£96.73	£96.73
2	Rohan Bidwai	£96.73	£96.73
3	SABRI BLEIBLEH	£96.73	£96.73

### Temporary Worker Payroll Spend

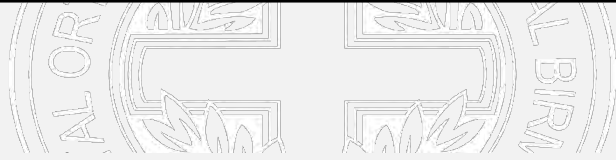
*Based on paid data*

- Total Spend **£2,179,058**  
*-£773.7k (-26.2%) Vs Jan 23-Dec 23*
- Average Hourly Cost **£58.67**  
*+£1.83 (+3.2%) Vs Jan 23-Dec 23*
- Timesheets Processed by Payroll **1,753**  
*-1.0k (-36.4%) Vs Jan 23-Dec 23*
- Timesheets Processed by Disbursements **1,430**  
*-854 (-37.4%) Vs Jan 23-Dec 23*
- Workers With Pension **49**  
*-26 (-34.7%) Vs Jan 23-Dec 23*

Dates for sections using paid data are based on the payroll month. Dates for all sections using booking data are based on shift start date. Savings includes both bank and ADE. ADE net savings & Bank net savings are calculated against an applicable SP shift. Missed Savings show savings missed via SP. Savings calculations take into account the Liaison service charge. Total spend includes pay, NI, pension, expenses and commission with VAT added for SP only. Booking value & total hourly charge include pay, NI (assumed at the applicable rate) & commission with VAT added for SP only. 1 Quarterly WTE equates to 320 hours for Medical (based on a 40 hr week) & 487.5 for other professions (based on a 37.5 hr week).

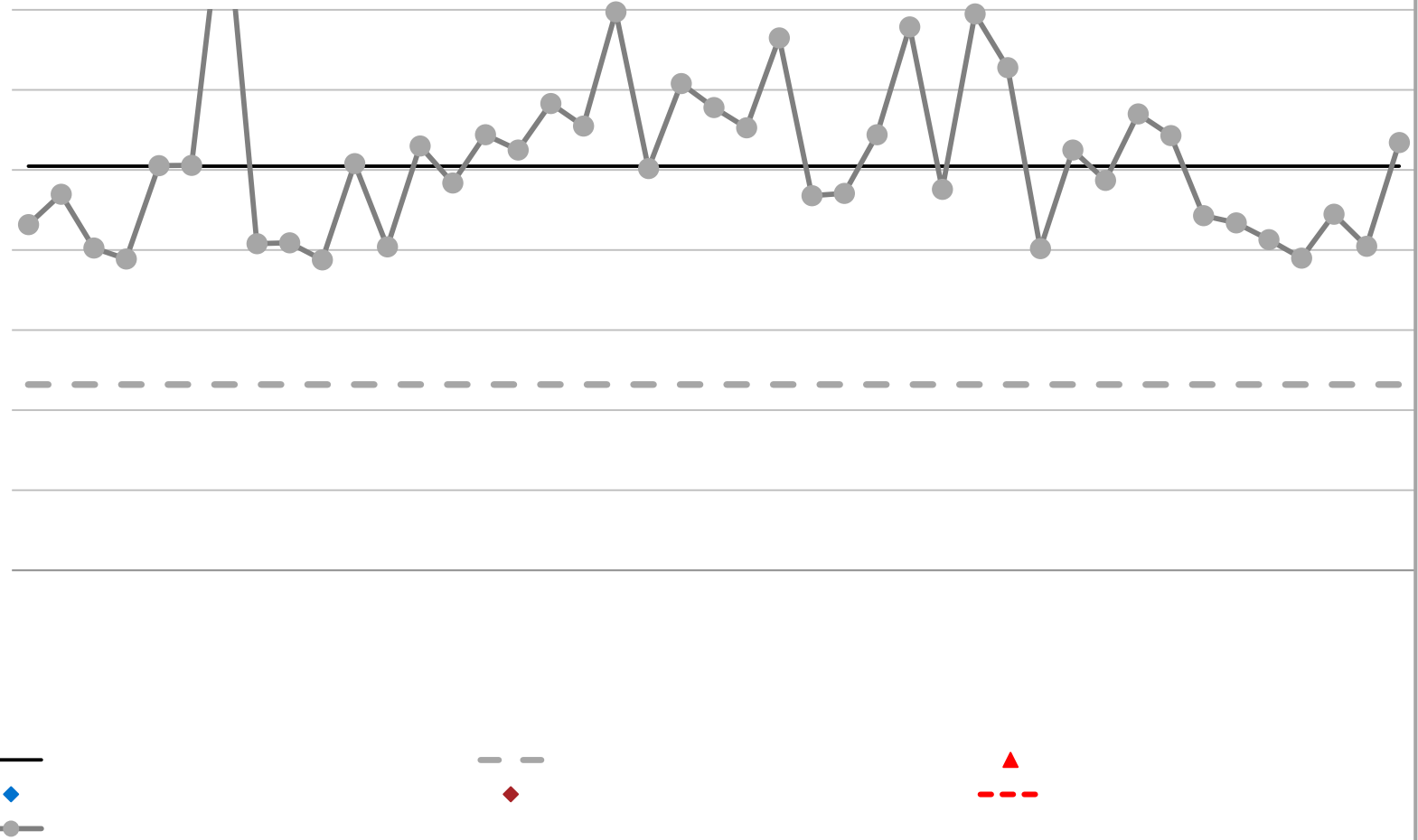






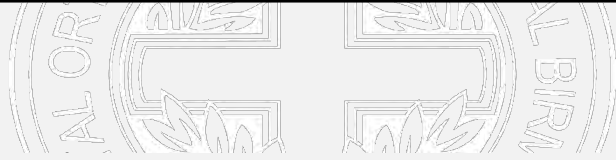
### Bank expenditure- starting 01/09/21

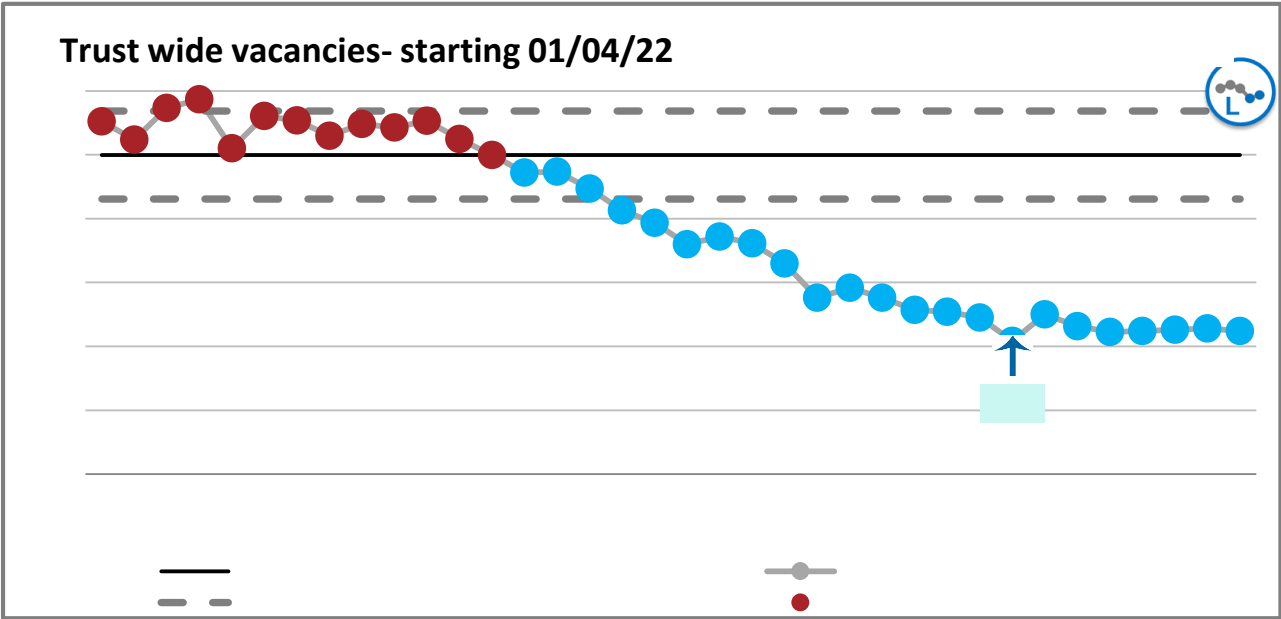
Baseline calculated on first 20 values

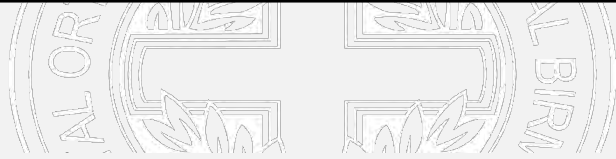


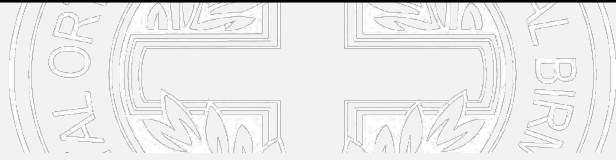


	Budget WTE	Actual WTE(contractured)	Vacancy
Admin and Estates Staff	437.61	399.24	40.01
Support to Clinical Staff	231.03	205.47	25.13
Other scientific, therapeutic and technical staff	84.13	64.71	20.02
Allied Health Professionals	101.31	89.46	11.85
Consultants	88.27	77.66	11.61
Trainee Grades	53.77	50.35	3.42
Registered Nursing	329.98	332.51	-2.03
Career/staff grade	13.74	10.43	3.31
Managers & Snr Managers	80.23	80.49	1.10
<b>Grand Total</b>	<b>1420.07</b>	<b>1311.37</b>	

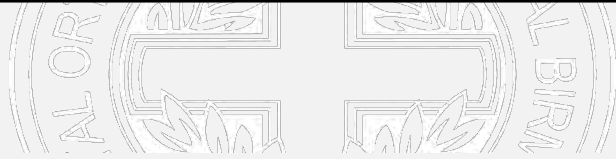


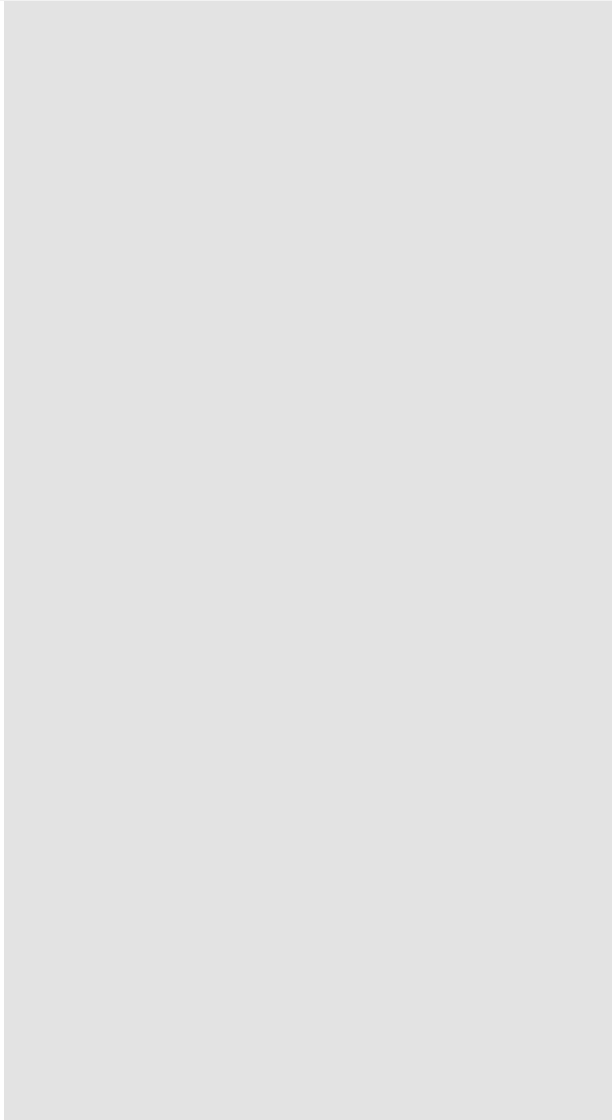
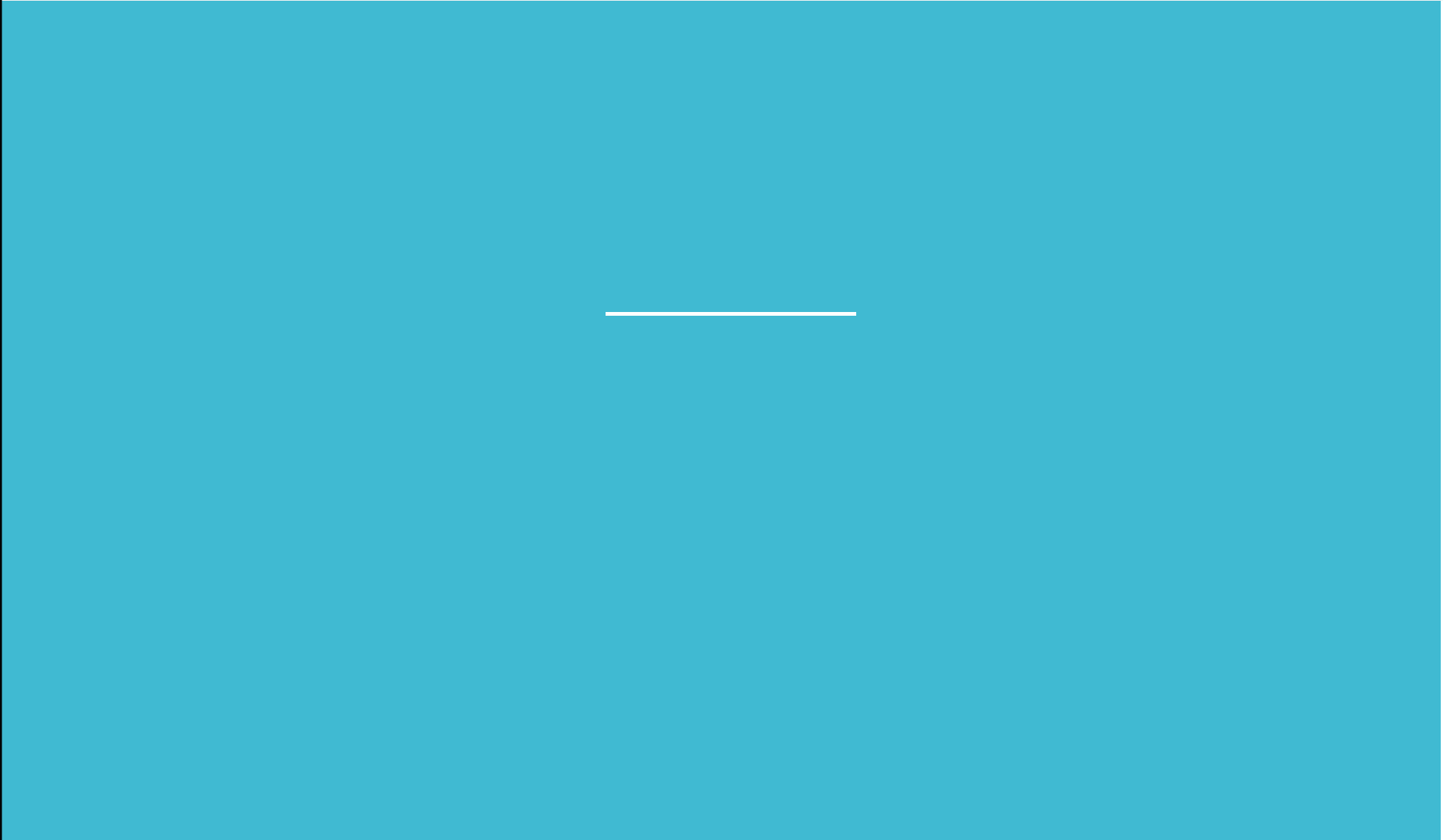




Speciality	Post	Progress
Imaging	Consultant Radiologist	Appointed and in post from 1 <sup>st</sup> March 2025
Spines	Spinal Degenerative Locum	Appointed and in post from 1 <sup>st</sup> November 2024
Spines	Spinal Oncologist - Locum	Appointed and will be in post from 1 <sup>st</sup> May 2025
Spines	Spinal Deformity	Appointed and in post from 24 <sup>th</sup> February 2025
Anaesthetics	Consultant Anaesthetist	2 x Appointed, the first in post from 17 <sup>th</sup> February 2025 and the second from 1 <sup>st</sup> April 2025.
Arthroplasty	Consultant Lower Limb Arthroplasty	3 x Appointed. The first will be in post from 16 <sup>th</sup> June 2025, the second from 28 <sup>th</sup> July 2025. The third appointee has delayed until 2026 whilst undertaking a Fellowship with ROH Oncology Bone Infection and will be in post from 6 <sup>th</sup> August 2026.
Arthroplasty	Consultant Hand Surgeon	Appointed and will be in post from 18 <sup>th</sup> August 2025.
Arthroplasty	Substantive Consultant Peripheral Nerve Peripheral Nerve and Spasticity Surgeon	Appointed and will be in post from 1 <sup>st</sup> May 2025



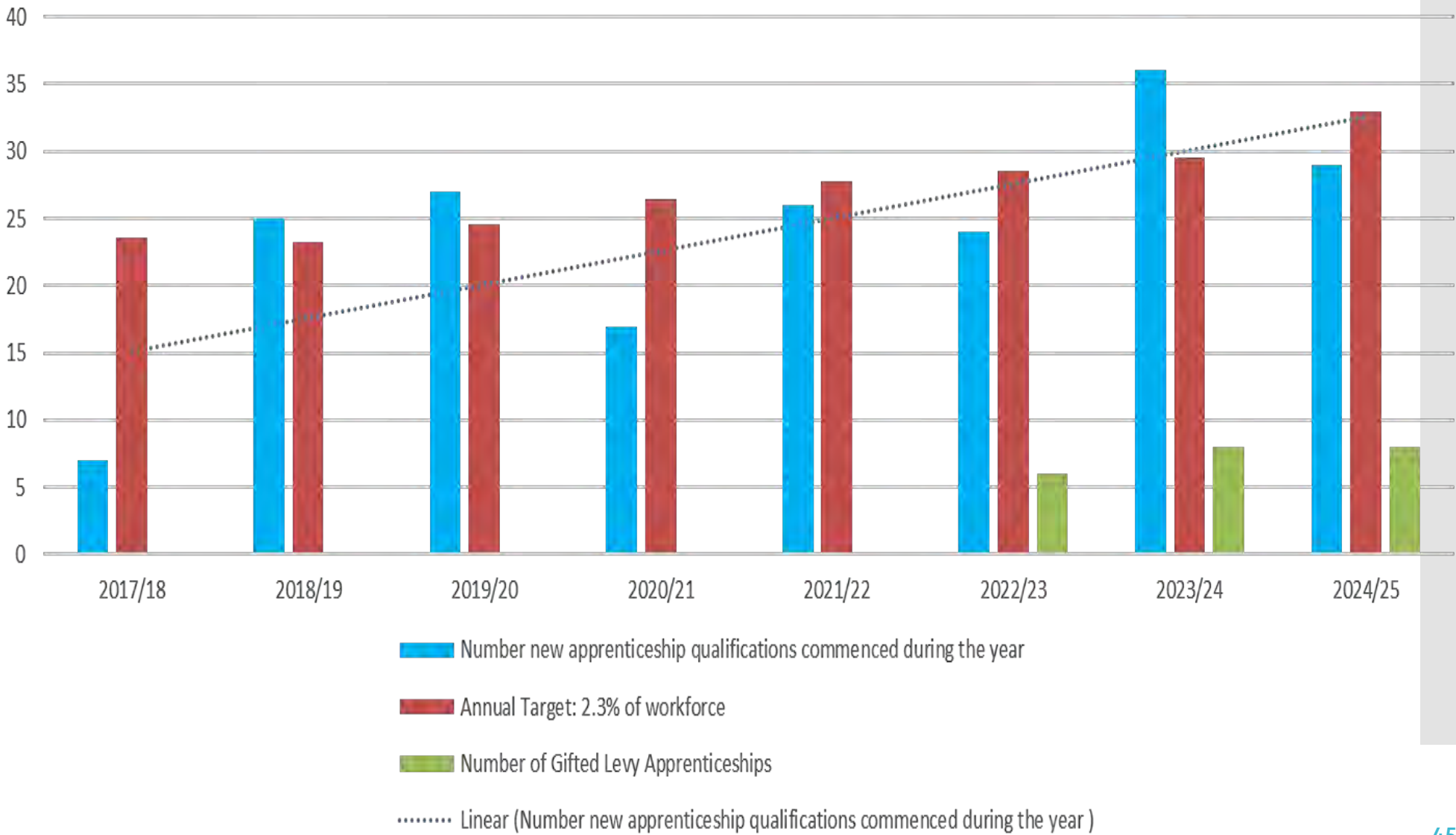
Comparison of People Pulse and National Staff Survey results	National Staff Survey 2023	National Staff Survey 2024	People Pulse Quarter 4 2024/2025	People Pulse Quarter 2 2024/2025	People Pulse Quarter 1 2024/2025	People Pulse Quarter 4 2023/2024	People Pulse Quarter 2 2023/2024	People Pulse Quarter 1 2023/2024	People Pulse Quarter 4 2022/2023	People Pulse Quarter 2 2022/2023	People Pulse Quarter 1 2022/2023
Overall Staff Engagement	7.18	7.12	7.55	7.40	6.76	7.19	7.06	7.01	7.03	7.04	7.00
Q1. I often/always look forward to going to work.	57%	54.8%	67.4%	54.5%	66.7%	60%	56%	56%	52%	55%	54%
Q2. I am often /always enthusiastic about my job.	69%	66.5%	81.4%	70.5%	71.4%	71%	69%	69%	66%	68%	67%
Q3. Time often/always passes quickly when I am working.	68%	68.0%	72.1%	72.7%	66.7%	67%	68%	68%	69%	68%	68%
Q4. There are frequent opportunities for me to show initiatives in my role.	70%	71.9%	81.4%	79.5%	57.1%	70%	69%	69%	66%	63%	66%
Q5. I am able to make suggestions to improve the work team/department.	71%	70.3%	81.4%	79.5%	57.1%	70%	70%	70%	69%	67%	66%
Q6. I am able to make improvements happen in my area of work.	57%	57%	62.8%	68.2%	52.4%	66%	62%	61%	62%	59%	59%
Q7. Care of patients /service users is my organisations top priority.	83%	82.9%	88.4%	86.4%	85.7%	80%	85%	83%	80%	81%	78%
Q8. I would recommend my organisation as a place to work.	73%	71.4%	83.7%	68.2%	66.7%	75%	71%	66%	70%	68%	66%
Q9. If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.	85%	84.7%	95.3%	84.1%	71.4%	86%	85%	84%	86%	87%	86%

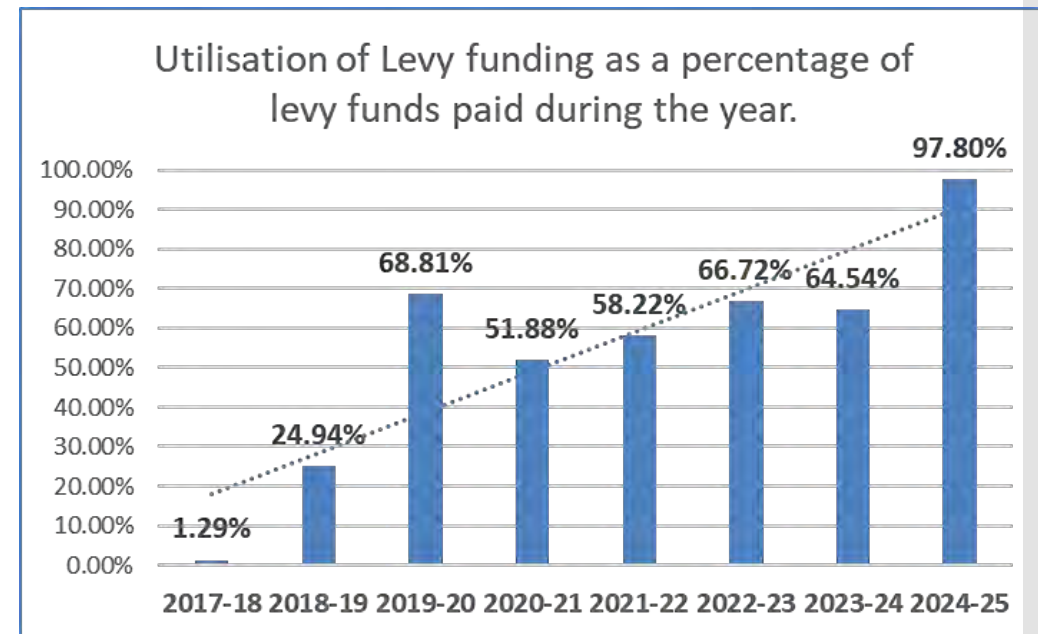
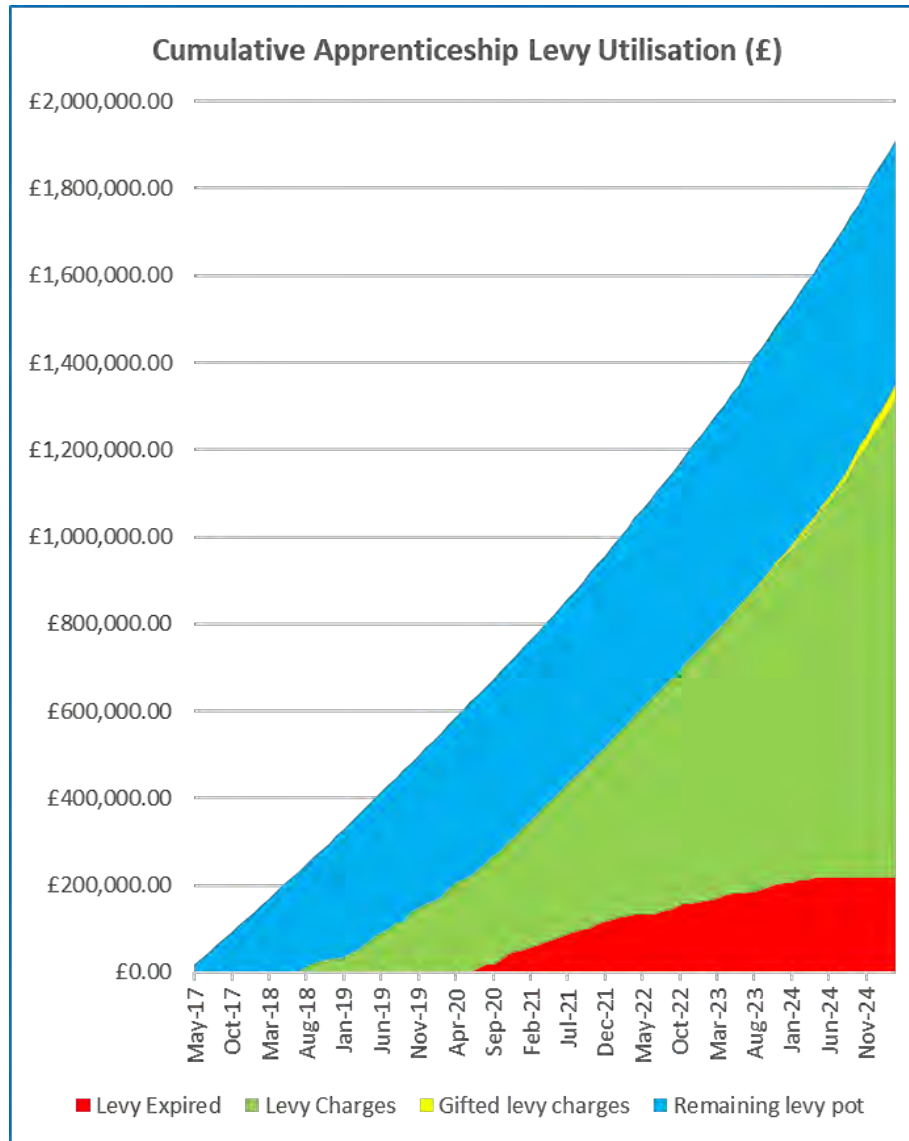




Education and  
Training

### New Apprenticeship Qualification Starts in Numbers Against Annual Trust Target

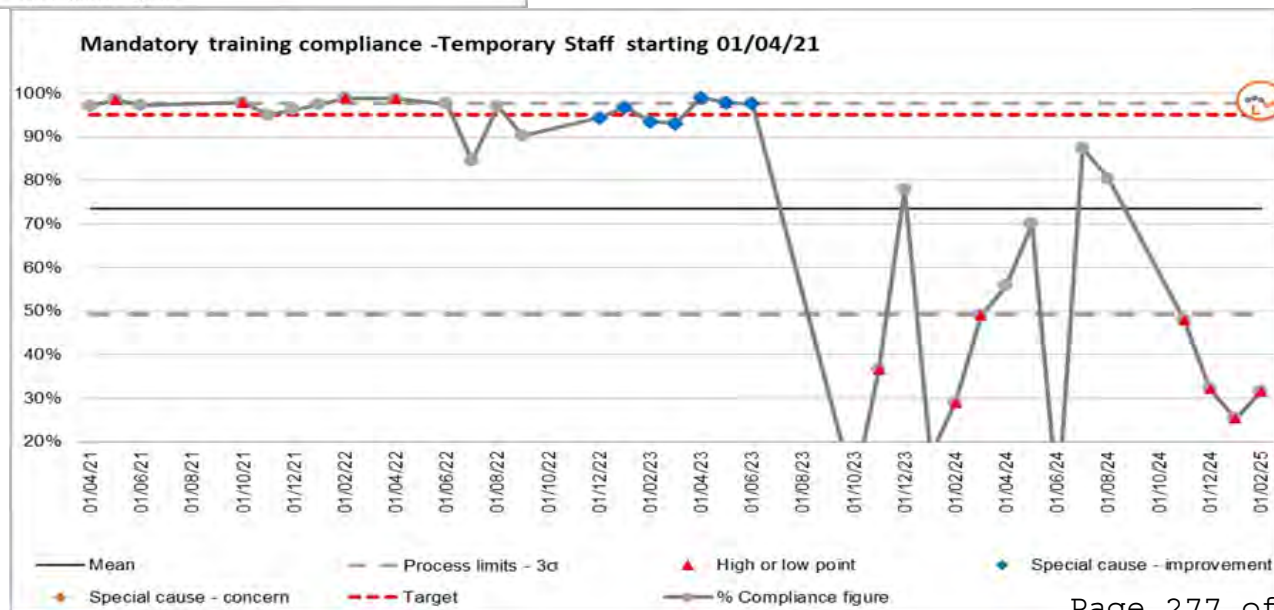
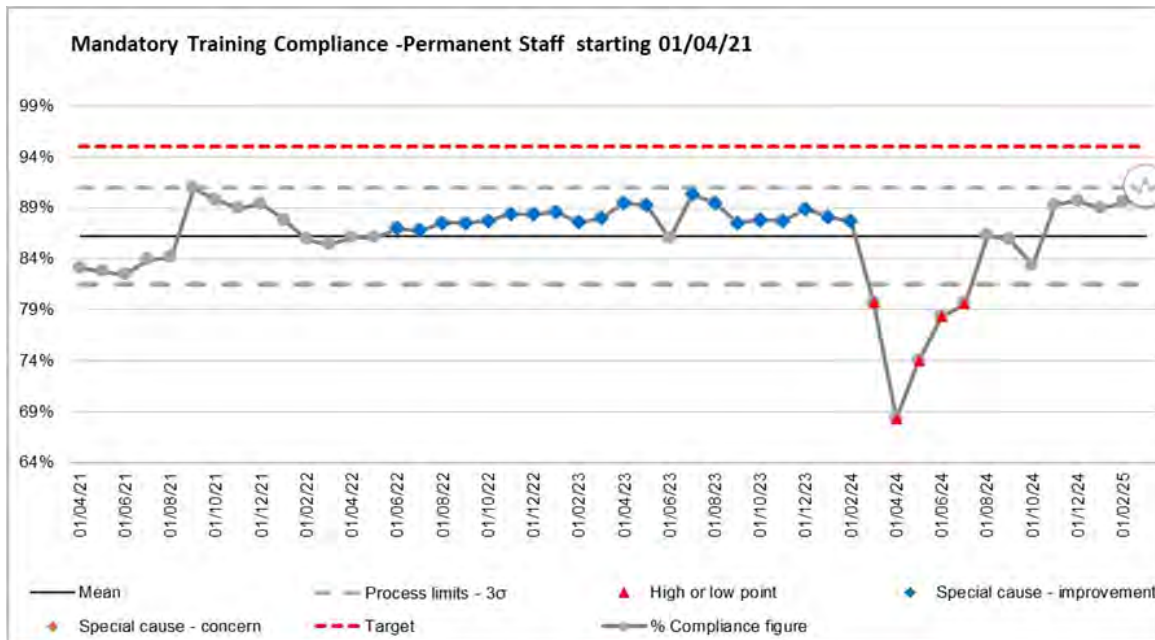


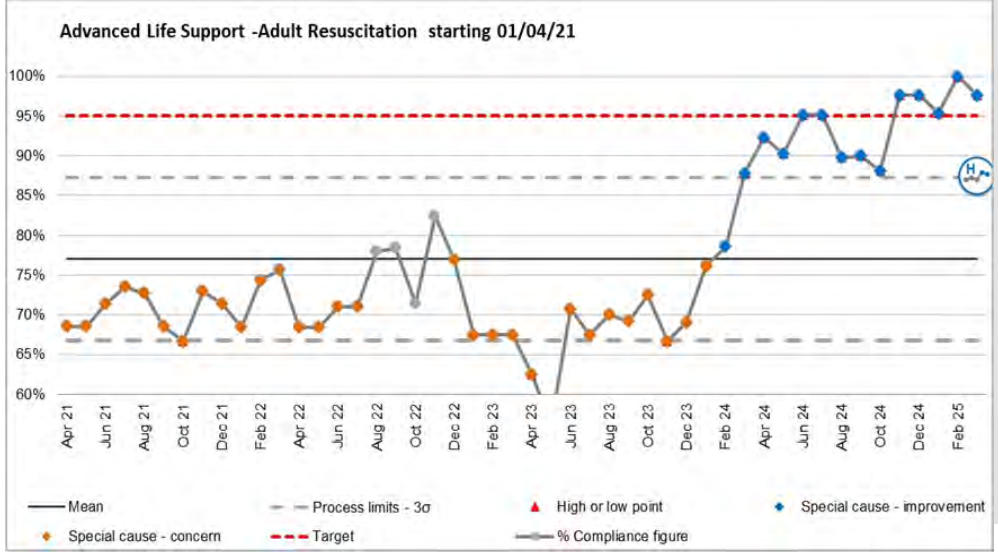
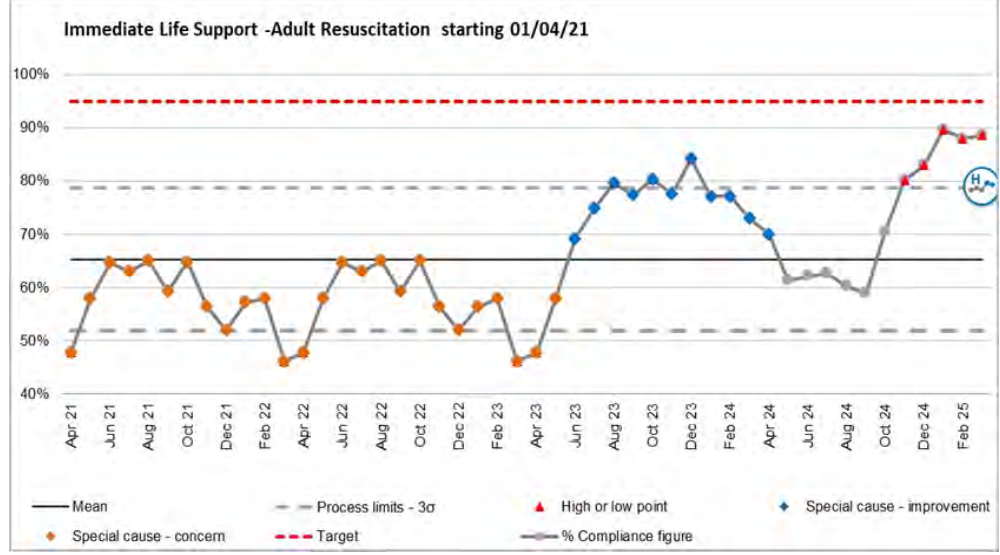
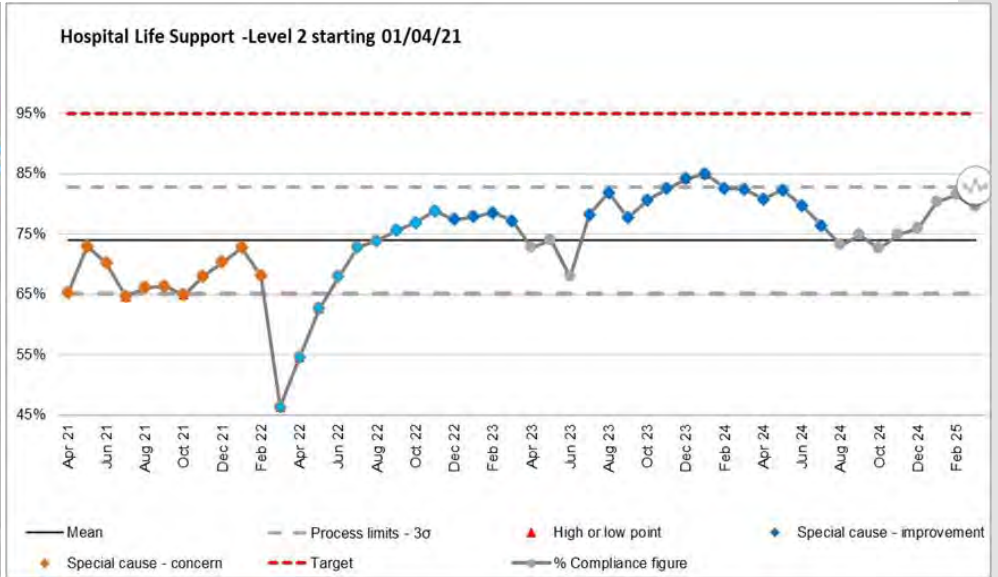
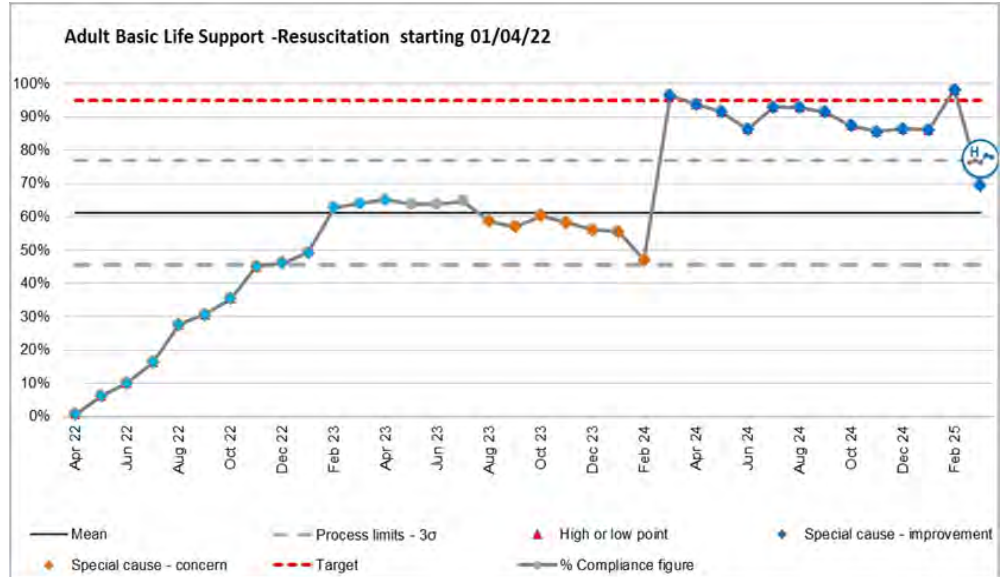


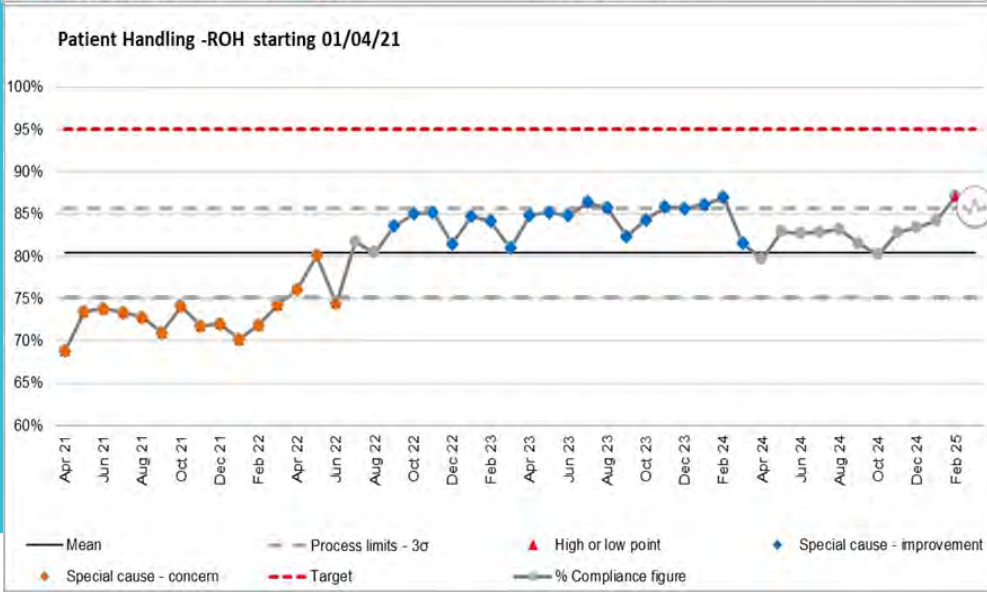
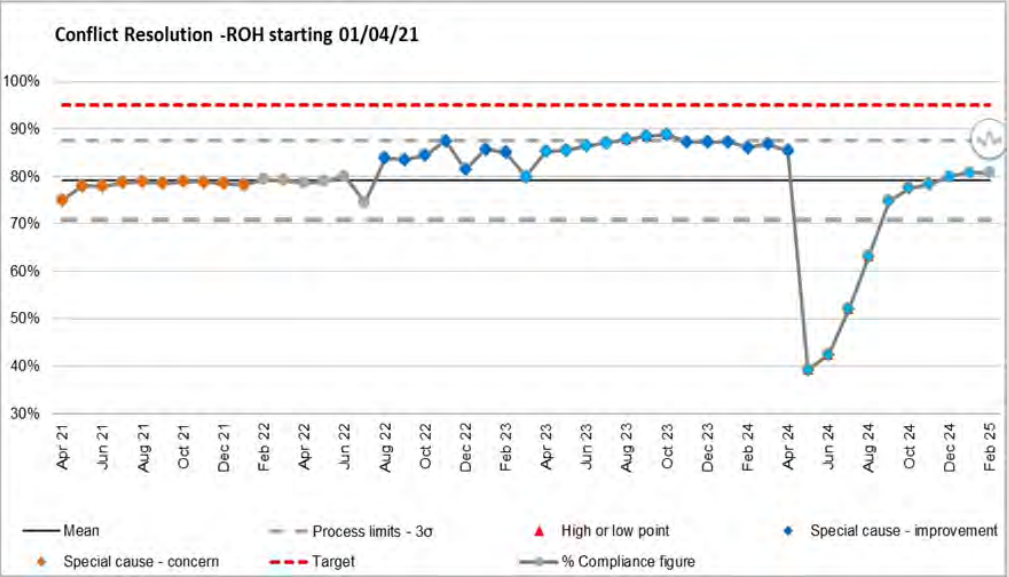
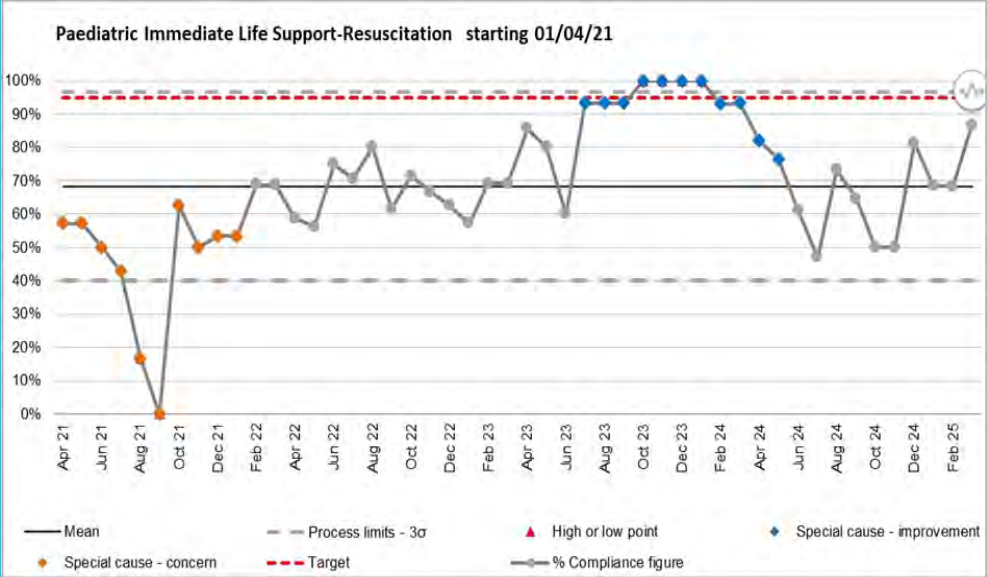


### Training compliance summary – 31<sup>st</sup> March 2025

Pg.	COURSE	Compliance %age	COMMENTS	TREND
4	Core Mandatory Training – Permanent Staff	89.92%	Compliance is improving but has slightly decreased this month. If we break this down per compliance module it increases further for some elements of the Core Skills Training Framework (CSTF). % increase due to Cyber and IG	↑
4	Core Mandatory Training – Temporary Staff	31.48%	Based on staff working on the Bank who are <b>compliant</b> with training. Bank Office have been targeting staff to complete their training.	↔
6	Cyber	89.73%	Constant slight increase month on month	↑
6	IG	89.47%	Constant slight increase month on month	↑
7	Basic Life Support – Level 1	69.23%	Following direct mail chasing completions this has vastly improved. Target audience – <u>non clinical</u> .	↑
7	Hospital Life Support – Level 2	79.54%	Continuing to see DNAs and need to push those out of date to book and attend f2f sessions.	↑
8	Immediate Life Support	88.51%	Large jump in compliance following an increase in activity	↑
8	Advanced Life Support	97.62%	Large increase in % this month due to a session being put on at ROH	↑
9	Paediatric Immediate Life Support	86.67%	Target achieved earlier this year, a few out of date. There is a session scheduled for February 2025.	↔
10	Patient Handling	85.29%	Good progress overall this year but less stable during the last few months; need to sustain improvement.	↔
10	Conflict Resolution	82.06%	Significant increase this month since the competency was changed from once only to three yearly.	↔
11	NEWS2	98.38%	Consistently achieving over 95% compliance since June 2022.	↔
11	Safe use of Insulin	88.30%	Staying the same over the last few months.	↔
11	VTE	94.66%	Stayed the same over the last few months.	↔
12	CONSENT	83.54%	Slight decrease on last months, accessed via BMJ.	↓
12	IPC2	76.08%	Decrease due to extra staff groups being added to complete (porters and domestic staff)	↔
12	Food Hygiene	93.09%	Slight decrease on last month	↔

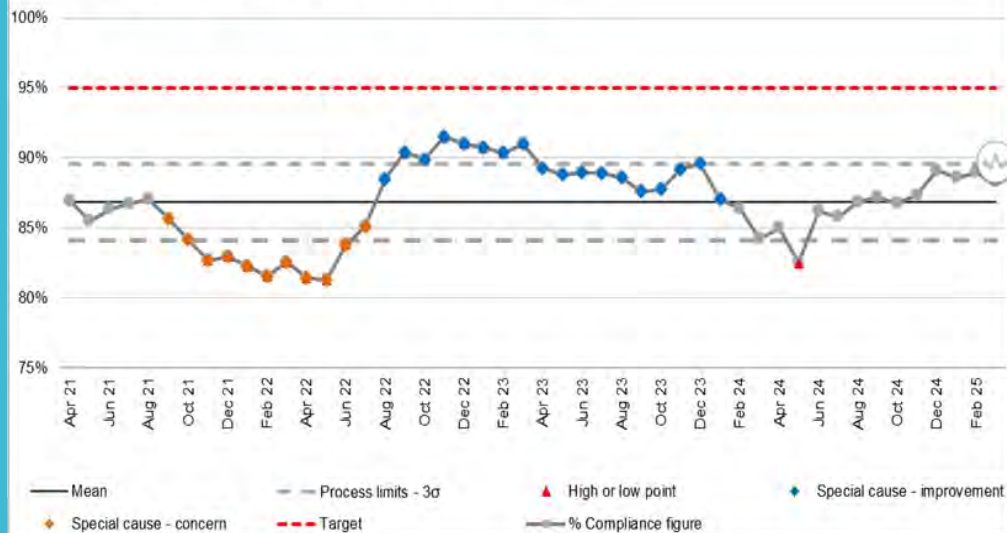




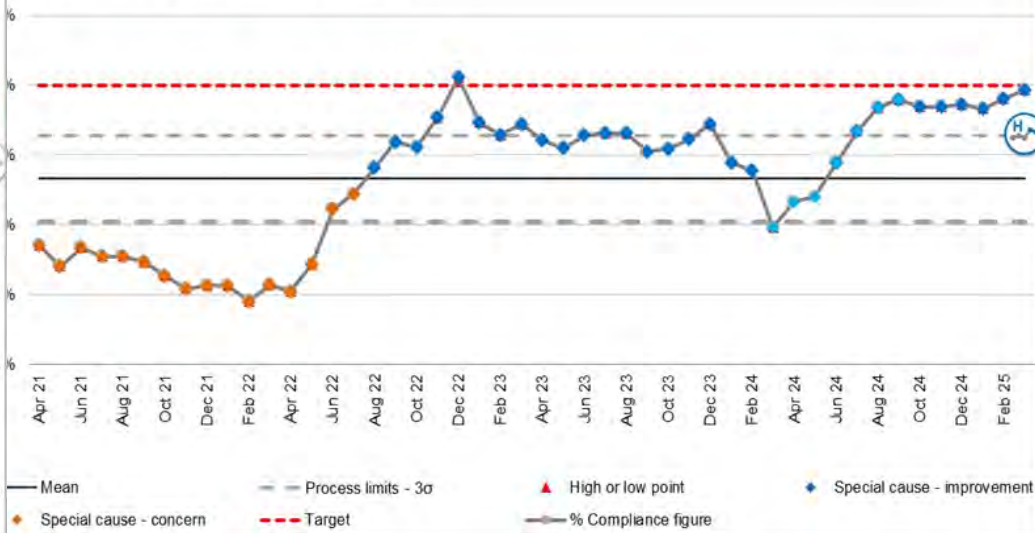




Safe use of Insulin -e-learning module starting 01/04/21



VTE -e-learning module starting 01/04/21



NEWS-e-learning module starting 01/04/21

