NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday 2 February 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 2 February 2022 commencing at **0900h**.

Unfortunately, due to the implications of the ongoing Coronavirus pandemic and the need to adhere to social distancing guidelines set by the government, the public or press are not invited to join the meeting. The agenda and papers for the public part of the meeting are available on the website however.

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chairman

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD (IN PUBLIC)

Venue Virtual via MSTeams **Date** 2 February 2022: 0900h – 1100h

Members attending

Mr Tim Pile	Chairman	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Mr Roko Skocic	Head of Patient Experience	(RS)	[Item 1]
Mrs Nicola Brockie	Deputy Chief Nurse	(NB)	[Item 8]
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Patient story	Presentation	RS
0920h	2	Apologies	Verbal	Chair
0922h	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 1 December 2021: *for approval*	ROHTB (12/21) 014	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (12/21) 014 (a)	SGL
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (2/22) 001 ROHTB (2/22) 001 (a)	TP/JW
0940h	7	COVID-19 infection prevention and control update: *for assurance*		
	7.1	COVID-19 Overview: *for assurance*	ROHTB (2/22) 026	GM
	7.2	Outbreak summary: *for assurance*	ROHTB (2/22) 002 ROHTB (2/22) 002 (a)	GM

	7.3	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (2/22) 003 ROHTB (2/22) 003 (a)	GM
	7.3.1	IPC BAF - FFP3 masks: *for assurance*	ROHTB (2/22) 004 ROHTB (2/22) 004 (a)	GM
	7.3.2	IPC BAF - Cleaning standards: *for information*	ROHTB (2/22) 005 ROHTB (2/22) 005 (a)	GM
1000h	8	Nurse staffing update: *for assurance*	Presentation	NB
1020h	9	The Future of Human Resources & OD: *for assurance*	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	SM
1035h	10	Board Assurance Framework: *for assurance*	ROHTB (2/22) 007 ROHTB (2/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1040h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Audit Committee	ROHTB (2/22) 008 ROHTB (2/22) 009 ROHTB (2/22) 010 ROHTB (2/22) 011	
	12	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (2/22) 012 ROHTB (2/22) 013 ROHTB (2/22) 014	
BREAK				
CONFIDENTIAL SESSION				
1110h	13	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 2 March 2022 @ 0900h			

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.

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ATTENDANCE REGISTER – UPDATED TO DECEMBER 2021

MEMBER	ATTENDANCE										TOTAL
	7/5/2021	5/5/2021	2/6/2021	7/7/2021	1/9/2021	7/10/21	2/11/2021	12/1/2022	2/2/2022	2/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓			7/8
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓			8/8
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓			7/8
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A			6/8
Les Williams	✓	✓	✓	A	✓	✓	✓	✓			7/8
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓			7/8
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A			7/8
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓			8/8

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD (IN PUBLIC)

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Members attending

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Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Mr Roko Skocic	Head of Patient Experience	(RS)	[Item 1]
Mrs Nicola Brockie	Deputy Chief Nurse	(NB)	[Item 8]
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SM)	
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	7.2	Outbreak summary: *for assurance*	ROHTB (2/22) 002 ROHTB (2/22) 002 (a)	GM

	7.3	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (2/22) 003 ROHTB (2/22) 003 (a)	GM
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	Date of next meeting: Wednesday, 2 March 2022 @ 0900h			

Notes

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The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Virtual via MSTeams **Date** 2 February 2022: 0900h – 1230h

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Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
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		BREAK		
		CONFIDENTIAL SESSION		
1110h	13	Exclusion of the press and public	Verbal	Chair
	14	Declarations of interest on any matters in the private session	Verbal	ALL
	15	Minutes of the previous meeting in private held on 1 December 2021: *for approval*	ROHTB (12/21) 014 (P)	Chair
	15.1	Actions from previous meetings in private: *for assurance*	ROHTB (12/21) 014 (a) (P)	SGL
1115h	16	Chair and Chief Executive update on any confidential matters: *for information and assurance*	ROHTB (2/22) 015 (P) ROHTB (2/22) 015 (a) (P)	TP/JW
1125h	17	Mandatory Vaccination update: *for discussion*	ROHTB (2/22) 016 (P) ROHTB (2/22) 016 (a) (P)	JW

1140h	18	GenMed contract update*: for discussion*	ROHTB (2/22) 017 (P)	SW
1150h	19	Theatre and Ward Maintenance proposal: *for information*	ROHTB (2/22) 018 (P) ROHTB (2/22) 018 (a) (P)	MP
1155h	20	Clinical strategy refresh: *for assurance*	ROHTB (2/22) 019 (P) ROHTB (2/22) 019 (a) (P)	MR
1205h	21	Green Plan: *for assurance*	ROHTB (2/22) 020 (P) ROHTB (2/22) 020 (a) (P)	PB
1215h	22	Cloud migration update: *for assurance*	ROHTB (2/22) 021 (P)	SW
MATTERS FOR INFORMATION				
1220h	23	Committee minutes:	ROHTB (2/22) 022 (P) ROHTB (2/22) 023 (P) ROHTB (2/22) 024 (P) ROHTB (2/22) 025 (P)	
1225h	24	Any Other Business	Verbal	ALL
	25	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 2 March 2022 @ 0900h			

Notes

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Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓			7/8
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓			8/8
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓			7/8
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A			6/8
Les Williams	✓	✓	✓	A	✓	✓	✓	✓			7/8
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓			7/8
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓			8/8
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A			7/8
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓			8/8

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board - DRAFT Version 0.3

Venue Woodbrooke Centre, Bournville **Date** 1 December 2021: 0900h – 1200h

Members attending:

Mr Tim Pile	Chairman	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Leslie Williams	Non Executive Director	(LW)
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Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Ms Rebecca Furnival	Named Nurse for Safeguarding Children and Adults	(RF)	
Mr Ashleigh Tullett	Head of Clinical Governance	(AT)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	**Paper Reference**
1 Staff story: Domestic abuse	**Presentation**
The Board was joined by Rebecca Furnival, the named nurse for Safeguarding Children and Adults. She presented the case of a patient who had been verbally abused and financially extorted by her family. The Director of Corporate Affairs & Company Secretary noted that the story had been hard to hear and Rebecca was asked what support she received for her own mental wellbeing and resilience. The Board was advised that the Wellbeing Officer took a supportive role but restorative supervision was also to be arranged. Rebecca advised that she was clear to delineate work time and home space. Rebecca also reported that she offered supervision for other members of	

the team. Rebecca was thanked for the focus on domestic abuse as it was noted that this could be overlooked on occasions. She was also thanked for the focus on staff and her contribution to the health and wellbeing agenda. Rebecca advised that regarding the term 'Safeguarding', this was a national label and on occasion she referred to herself as a specialist nurse in case the term 'Safeguarding' was distressing for people. The Director of Finance highlighted the dedication of the team as they had returned to deliver training early in the morning after the Health Service Journal (HSJ) awards. He added that the course encompassed all the values of the ROH. There was noted to be a significant increase in referrals at the ROH for domestic abuse, with 20 of the 42 being high risk cases. The Safeguarding Committee presented regular upward reports to the Quality & Safety Committee and the attendance at these meetings included an external presence from the Clinical Commissioning Group (CCG) lead. Kathryn Sallah advised that she held one to one discussions with the Safeguarding lead and she attended the Safeguarding Committee meetings. The Chief Nurse reported that there was review of the Integrated Care System (ICS) Safeguarding arrangements which aimed to address the retention issues for this cohort of staff. There was a focus of creating the pipeline of talent for the future. Thanks were given to Rebecca for being an asset to the organisation. It was noted that there were 63 domestic abuse champions across a range of specialities in the Trust. It was noted that Rebecca was having a very positive impact on the Trust's Safeguarding framework and that she was a valuable member of staff.	
1.1 Future patient stories	**Verbal**
The Chief Nurse reminded that Board that it had been suggested that patients should join the Board and two had been identified for future meetings, the first being at the February Board meeting.	
2 Apologies	**Verbal**
Apologies were received from Ayodele Ajose and Sharon Malhi.	
3 Declarations of Interest	**Verbal**
It was noted that the register of interests was available on request from Company	

Secretary.	
4 Minutes of Board Meeting held in Public on 6 October 2021: *for approval*	**ROHTB (11/21) 022**
The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
4.1 Actions from previous meetings in public: *for assurance*	**ROHTB (11/21) 022 (a)**
The actions from the previous meetings were reviewed and there were no matters to highlight for escalation.	
5 Questions from members of the public	**Verbal**
There were reported to have been no questions received.	
6 Chairman's and Chief Executive's update: *for information and assurance*	**ROHTB (12/21) 001** **ROHTB (12/21) 001 (a)**
The Chief Executive advised that in terms of the vaccination campaign booster doses had been administered and the national guidance was being worked through in readiness for compliance with the legislation regarding mandatory vaccinations. This was also being picked up through the system discussions including the definition as to what constituted a front line worker. The Director of Finance added that the data had needed to be harmonised between the various systems that recorded the vaccinations which was proving to be challenging. It was noted that the Annual General Meeting had been held and there had been much work done to share the achievements from the past year. Gianjeet Hunjan thanked all who had presented at the AGM including contributions from estates and charitable funds. The Director of Finance was thanked for his technical skills that had been valuable in managing the AGM event. The Chief Executive advised that a 'back to the floor' exercise had been held with the porters. This had been undertaken to understand how it felt to work in another person's shoes. David Gourevitch noted that in a previous role it had been customary to periodically collect a patient for theatre which was a useful experience for the surgeons. The Health Service Journal awards had been held and had been well received by those attending. The Staff Awards ceremony had worked well and planning was underway for next year. Thanks were given to the Communications Team for their work. The Chair commented that he thought that given the uniqueness of the experience the staff would remember the event in years to come. It was reported that there had not been a successful recruitment into the	

Integrated Care System (ICS) Chief Executive post and David Melbourne was in post as the Acting Designate Chief Executive. Les Williams asked what process was planned for the future. He commented that it had been disappointing that a number of individuals had not put themselves forward to take up the role. The Chairman advised that by Spring 2022 it was hoped that the way that the role was working would be more clearly understood and then another recruitment process would be undertaken.

Fortnightly calls remained in place with NHS England/Improvement to discuss the national impact of the latest wave of the COVID-19 pandemic.

In terms of the ICS, activity recovery was proceeding as planned, however in terms of vaccinations there was a significant backlog for the region. The majority of the conversation with ICS chairs was around Urgent and Emergency Care (UEC) and ambulance turnaround performance. It was noted that Primary Care performance and the pressures on the 111 service were being considered. It was suggested that a focus on the Prevention agenda needed to be given due focus. There was much discussion around staffing.

The Chairman summarised his key engagements since the last meeting, including:

- 9 November – a meetings with two new governors, Pat Clarke (public governor) and Andrew McQueen (clinical staff governor) who were new in post.
- 9 November – meeting with Claudette Jones, new Freedom to Speak Up Guardian
- 11 November – Long Service awards
- 15 November – meeting with Falon Paris-Caines, Chair of Multi Minority Ethnic Group
- 16-17 November – attended some sessions of the virtually held NHS Providers Conference
- 25 November – interviewed for a MSK radiologist
- 25 November – Discussion with Acting Associate Director of Workforce & OD about Board succession planning
- 29 November – ICS Chairs meeting

The Chairman reported that the outcome of the review of Board champions had recently been published which restricted the number of roles to a small number. The rest of the roles would be picked up through the Committee structure and therefore the Director of Corporate Affairs & Company Secretary would work with Committee chairs to ensure that workplans capture oversight of these key areas.

The Board was asked for and gave approval to the application of the Trust's Seal to the contract documentation for the Griffin Brook facility.	
7 COVID-19 update: *for assurance*	**Verbal**
The Chief Nurse reported that there had been two COVID outbreaks, one in Ward 1 and another in HR House. The outbreak on Ward 1 involved three patients. The HR outbreak involved two members of staff and a Root Cause Analysis was being undertaken. In terms of the NHS England Infection Prevention and Control (IPC) Board Assurance Framework (BAF) this was monitored and the two items needing attention related to FFP3 masks and fit testing; there was a focussed drive on training but the uptake of this was low for some areas. The individuals who were unable to use FFP3 masks had hoods that were available instead. In terms of ventilation, the Infection Prevention and Control lead and the Deputy Director of Delivery had created a ventilation group, including the expertise of an engineer. New national IPC guidance had been received which was being reviewed and covered handling of visitors, PCR tests for patients and configuration of wards. The three day pre-operative isolation period was being lifted as this offered little mitigation around the introduction of COVID and the regime did not benefit from any scientific basis. This would help with theatre utilisation and filling theatre lists at short notice. The Chief Executive noted that for now visitors would not be permitted into the hospital and the ward configuration would not change. Kathryn Sallah noted that there was little known about the likely impact of the new variant, Omicron. The Chief Executive advised that it appeared that symptoms had not been severe for those who had been vaccinated.	
8 National Patient Safety strategy: *for assurance*	**ROHTB (12/21) 002**
The Board was joined by Ashleigh Tullett, Head of Clinical Governance. The Chief Nurse reported that there had been delay to the launch of the patient safety strategy but the engagement of the Board in the work was planned. The Board received a presentation of the patient safety strategy which highlighted that this work was about standardising what was currently in place. Kathryn Sallah noted that there had been some good work to implement the structures over the past few years in readiness for this requirement. The Chief Operating Officer asked how likely it was that a good individual would to be attracted into the post of Patient Safety Lead. She was advised that the role was likely to be an individual graded at Band 8a, so they would be a senior	

member of staff. There would need to be some mentoring and leadership training delivered for the individual as the role became embedded. It was noted that it was essentially a role that could be developed to the needs of the organisation given that it was a new role. It was suggested that consideration needed to be given to what the role would deliver a year down the line. The oversight and gap analysis against the Patient Safety Strategy would be presented to the Quality and Safety Committee in February with an update to the Board in March 2022, which would include the patient safety priorities.	
ACTION: **GM to present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee**	
9 Board Assurance Framework: *for assurance*	**ROHTB (12/21) 003** **ROHTB (12/21) 003 (a)**
The Board considered the refreshed Board Assurance Framework. There were two risks proposed for closure. It was noted that risk CE2 which related to the governance arrangements of the joint pathway with Birmingham Women's and Children's NHSFT (BWC) was business and usual. ST1 which related to the inability to influence the wider system which had a consequential impact on the brand of the Trust was also noted to be proposed for closure. It was reported that there was work underway with the ICS and therefore the risk did not seem relevant now. It was agreed that both of these risks could close. Kathryn Sallah suggested that there needed to be stronger oversight of staff absence by the Board in respect of risk WF24. It was noted that there was a detailed paper planned for discussion at the next meeting of the Staff Experience & OD Committee. The Chief Nurse reported that an assessment of the risk to delivery of activity as a result of staffing absence was needed. The Chief Operating Officer noted that workforce planning was key. The Chief Executive advised that there were some posts which needed system support and co-ordination but for some posts there had been a need to press ahead with recruitment. Simone Jordan suggested that the impact on morale and health and wellbeing when running on low levels of staff needed to be captured.	
ACTION: **SGL to ensure that risk WF24 is updated to reflect the suggestions by the Trust Board**	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	

10 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**Hard copy paper** **ROHTB (12/21) 004** **ROHTB (12/21) 005**
Richard Phillips reported that there had been strong performance against the activity plan. There was a high acuity of patients due to lack of access to primary care services during the pandemic. Sickness absence was noted to be high. It was recommended that the Model Hospital presentation should be delivered to the Trust Board. The Green Plan would be presented to the meeting in February 2022. The activity forecasting under optimal conditions was discussed. It was suggested that this could also developed using demand. Thanks were given for the planning work in difficult circumstances and the pressure as a result of uncertainty and lack of planning guidance. David Gourevitch noted that the use of virtual clinics was useful and the presentation seen at the Quality & Safety Committee would be shared with the Finance & Performance Committee. There were reported to be good plans using pre-operative virtual consultations. It was noted that the use of virtual consultations supported the green agenda. Kathryn Sallah reported that staffing had been discussed at the Quality & Safety Committee and there was further work to assess and celebrate the work of the Advance Nurse Practitioners. Regarding discussions at the Staff Experience & OD Committee, it was reported that the workforce constraints had been considered. A presentation from the Clinical Coding team had been received and the contribution of the work of this team was noted. Kathryn Sallah suggested that there may be a concern from a health and safety perspective for this team given that they were routinely required to carry large bundles of patient records up and down the stairs in Headquarters. She was advised that in terms of the Coding Team's office space, this had recently been refurbished. A risk assessment around manual handling for the team was planned and a Trustwide space utilisation exercise was due. Succession planning and talent management was needed for these roles and this needed to be escalated. It had been agreed that the list of single points of failure needed to be developed. It was noted that the agenda for the Committee had been pressured.	
ACTION: **MP to present the Model Hospital presentation to the Trust Board in March 2022** **ACTION:** **PB to present the Green Plan to the Trust Board in February 2022** **ACTION:** **MP to share the virtual clinics presentation with the Finance & Performance Committee**	

11 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety**	**ROHTB (12/21) 006** **ROHTB (12/21) 007**
The reports were received and noted.	
CONFIDENTIAL SESSION	
12 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
Date of next meeting: Wednesday, 2 February 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 2 February 2022, Virtual via MSTeams

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 28.01.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.120	Chairman's and Chief Executive's update	ROHTB (9/21) 001 ROHTB (9/21) 001 (a)	01/09/2021	Arrange for the Board to be update on the patient experience work at a future meeting	GM	~~01/12/2021~~ ~~02/02/2022~~ 02/03/2022	Agreed at the November meeting to defer until February 2022 to allow PEN update to be worked through and patient satisfaction survey to be included. Now deferred to the March meeting in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic.	
ROHTBACT.125	Gender pay gap update	Verbal	07/10/2021	Present the gender pay gap action plan to the Staff Experience & OD Committee	SM	~~24/11/2021~~ ~~26/01/2022~~ 16/02/2022	Rescheduled to the January 2022 meeting. Now deferred to the February meeting of the Staff Experience & OD Committee in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic.	
ROHTBACT.126	JointCare update	Presentation	02/11/2021	Arrange for a regular update on JointCare to be presented to the Finance & Performance Committee	MP	25-Jan-22	Deferred to the April meeting of FPC in reflection of the change in operational model during the Omicron wave of the COVID-19 pandemic	C-19
ROHTBACT.128	National inpatient satisfaction survey	ROHTB (11/21) 004 ROHTB (11/21) 004 (a)	02/11/2021	Present an update on Patient Experience work at the February 2022 meeting	GM	02-Feb-22	As per action ROHTBACT.120	
ROHTBACT.119	Progress and next steps towards delivering a 'net zero' NHS	ROHTB (7/21) 005 ROHTB (7/21) 005 (a)	07/07/2021	Present the 'net zero' strategy at the January 2022 meeting	PB	12-Jan-22	Included on the agenda of the February Trust Board meeting.	
ROHTBACT.121	Progress with delivery of the five year strategy	ROHTB (9/21) 002 ROHTB (9/21) 002 (a)	01/09/2021	Present the revised strategy during Quarter 4 2021/22	PB	31-Mar-22	ACTION NOT YET DUE	
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	30-Mar-22	ACTION NOT YET DUE	

ROHTBACT.132	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Present the Green Plan to the Trust Board in February 2022	PB	02-Feb-22	Included on the agenda of the February 2022 meeting	
ROHTBACT.133	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Share the virtual clinics presentation with the Finance & Performance Committee	MP	01-Mar-22	ACTION NOT YET DUE	
ROHTBACT.123	IT & Digitisation plans update	ROHTB (9/21) 004 ROHTB (9/21) 004 (a)	01/09/2021	Arrange for a high level summary of the IT projects to be presented at a future meeting	SW	01-Dec-21	Included on the agenda of the December confidential session	
ROHTBACT.127	COVID-19 update	Verbal	02/11/2021	Prepare a written summary of the Trust's response to the new infection control guidance in the NHS at this stage in the pandemic	GM	26-Jan-22	Considered by the Quality & Safety Committee in January 2022 and at Board in February 2022	
ROHTBACT.130	Board Assurance Framework	ROHTB (12/21) 003 ROHTB (12/21) 003 (a)	01/12/2021	Ensure that risk WF24 is updated to reflect the suggestions by the Trust Board	SGL	02-Feb-22	Updated as suggested	
ROHTBACT.131	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Present the Model Hospital presentation to the Trust Board in March 2022	MP	02-Mar-22		

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

ROHTB (2/22) 001 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Trust Board in Public on 2nd February 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 1st December 2021 from the Chief Executive's position. This includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system restoration and recovery. System calls (Gold Command) continue daily and the Chief Operating Officers (COOs) across all providers meet three times a week to agree the operational changes required to address the system backlog for adults across BSol.

To support our partners through the Christmas and the New Year period where we anticipated demand would be high for emergency services combined with the increase in Omicron cases in the community, we took the decision to reduce our elective activity from 20th December 2021 until the end of January 2022. Our plan to implement a rehabilitation/step down pathway for non-Covid patients using Ward 12 as a cohort area, has worked extremely well throughout this period. We are on track as agreed to cease this pathway on 4th February 2022 and return to maximising all of our elective capacity.

I am grateful to all staff across the entire organisation for their continued support throughout this period of significant change and they continue to adapt with such care and compassion. Throughout this time we also know that many of our colleagues either experienced a COVID-19 infection, had to isolate or take care of family members and all of our teams have put in place robust staffing plans to ensure that we were able to maintain all our services for our patients over this period.

2.2 From 1 April 2022, all NHS staff who are judged to be in scope of the new law will be required to have received the Covid-19 vaccine (doses 1 and 2) with their first dose to be administered no later than 3rd February 2022. Coronavirus » Vaccination as a condition of deployment (VCOD) for healthcare workers: Phase 2 – VCOD implementation (england.nhs.uk)

We are currently working through the processes to ensure that we comply with the regulation.

I will be profoundly sad to see any of our colleagues leave the ROH and the NHS which is an institution that they have devoted their lives to and we will endeavour to support people in maintaining their employment.

3 BSol ICS (Integrated Care System) Update

3.1 The ICS Board meeting was held on Monday 10th January 2022 and given the operational challenges with Omicron the agenda was reduced, concentrating on two key areas, the ICS values and the inequalities workstream (presentation attached as Appendix 1).

3.2 To allow sufficient time for the Health and Care Bill to pass into law, a revised target date of 1st July 2022 has been agreed for the new arrangements to take effect for Integrated Care Systems/Boards (ICS) to be legally and operationally established. This replaces the previously stated target date of 1 April 2022. This new target date will provide additional time to prepare for the new statutory arrangements and to assist the management of the immediate response to the COVID-19 pandemic.

3.3 At the monthly CEO meeting on Thursday 27th January 2022 the ICS Interim CEO shared the first draft of the ICS Inception document which sets out their vision. The full draft document will be shared with Board members when appropriate to further support our approach, discussion and debate.

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

4.2 NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity.

To summarise: NHSE/I have acknowledged that the immediate operational focus for Trusts should be on delivering on the objectives set out in the recent letter referred above and the planning timetable and submissions deadlines will therefore be extended.

The detailed annexes on revenue and capital allocations have not yet been published as they are still subject to discussions with HM Treasury. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks.

Priorities for Trusts and their system partners include:

·Investing in the workforce and strengthening a compassionate and inclusive culture.

·Delivering the NHS COVID-19 vaccination programme.

·Tackling the elective backlog.

·Improving the responsiveness of urgent and emergency care and community care.

·Moving back to and beyond pre-pandemic levels of productivity.

·Developing the approach to population health management, preventing ill-health, and addressing health inequalities.

4.3 All NHS organisations have received a letter from Sir David Sloman, Chief Operating Officer NHS England and NHS Improvement, providing an update on the national position on regulatory and reporting requirements for Trusts whilst we are in a Level 4 National Incident.

The letter read in conjunction with 'Preparing the NHS for the potential impact of the Omicron variant and other winter pressures', updates the latest position including:

·Streamlining oversight meetings.

·Streamlining assurance and reporting requirements.

·Providing greater flexibility on various year-end submissions.

·Focusing our improvement resources on COVID-19, vaccination, discharge, Urgent & Emergency Care and elective recovery priorities.

·Only maintaining development workstreams that support recovery and safety.

The intention is that the measures will collectively help free up resource to address the priorities set out for the NHS nationally. This is being kept under close review nationally, making further changes where necessary to support clinical care and operational delivery.

5 POLICY APPROVAL

5.1 Since the Trust Board last sat, no corporate policies have been approved by the Chief Executive on the advice of the Executive Team.

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

27 January 2022

ROHTB (2/22) 001 (b)

Birmingham & Solihull Integrated Care System

ICS Inequalities Programme

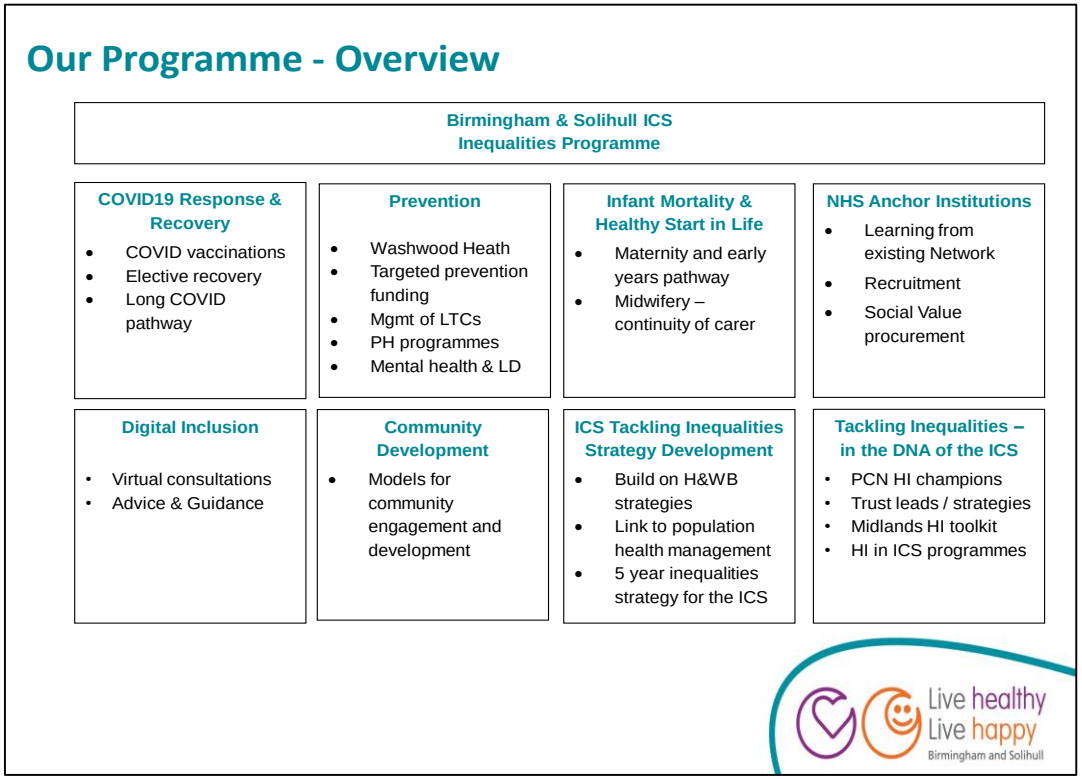
Update for ICS Board
10th January 2022

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Birmingham and Solihull

ICS Inequalities Programme: Highlights

Programme based on 8 priorities. Some highlights:

- East locality diabetes prevention pathway;
- maternity system equity audit;
- network of PCN champions, updated PCN profiles and 30 local PCN priorities;
- inequalities in the vaccination and elective recovery programmes;
- digital inclusion workshop;
- Trust strategies (e.g. BCHC Promoting Health Equity strategy).



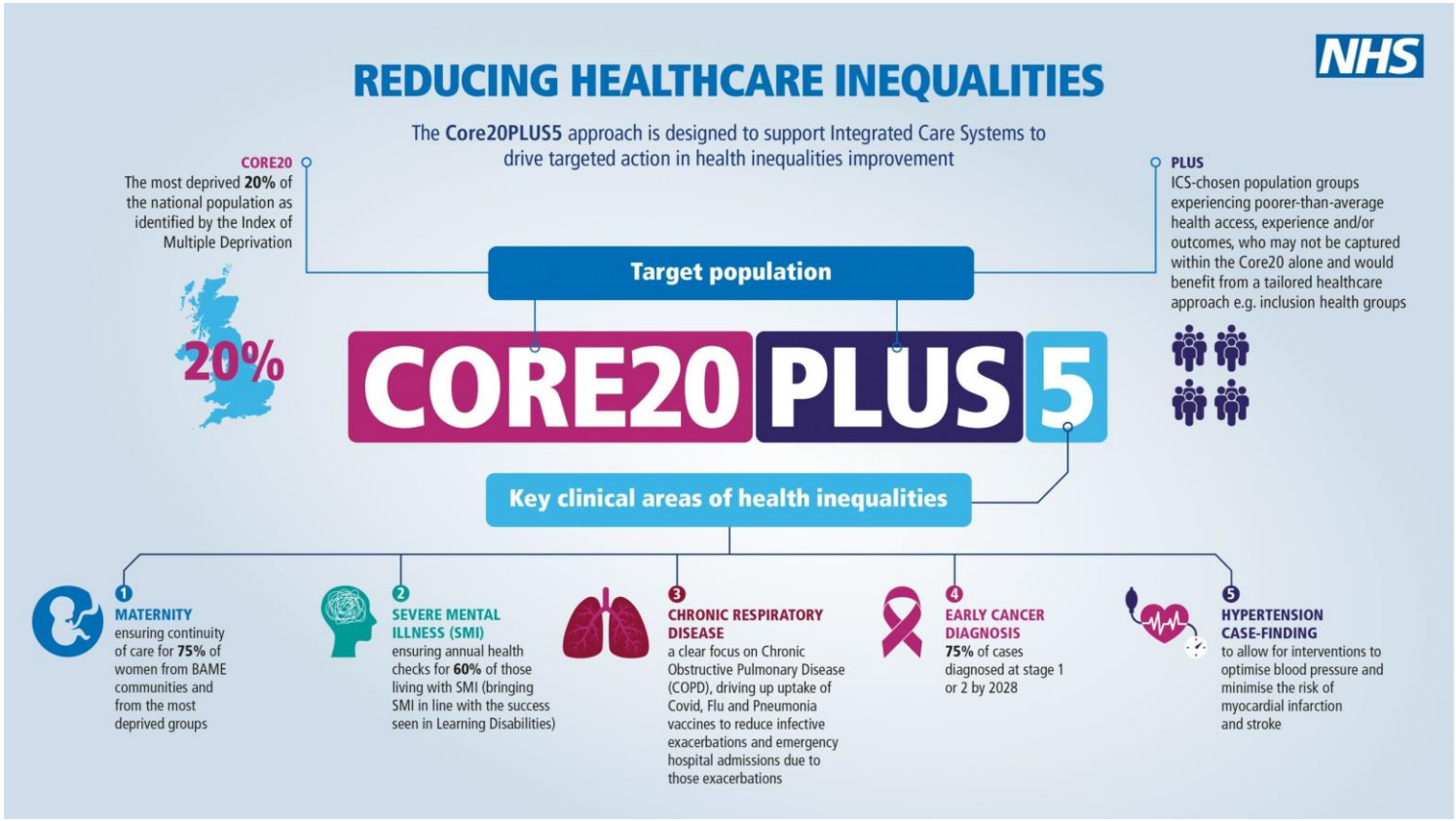
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Omicron Wave Response & Inequalities

Our commitment to tackling inequalities should drive our response to the COVID19 Omicron wave as well as our longer-term ambition.

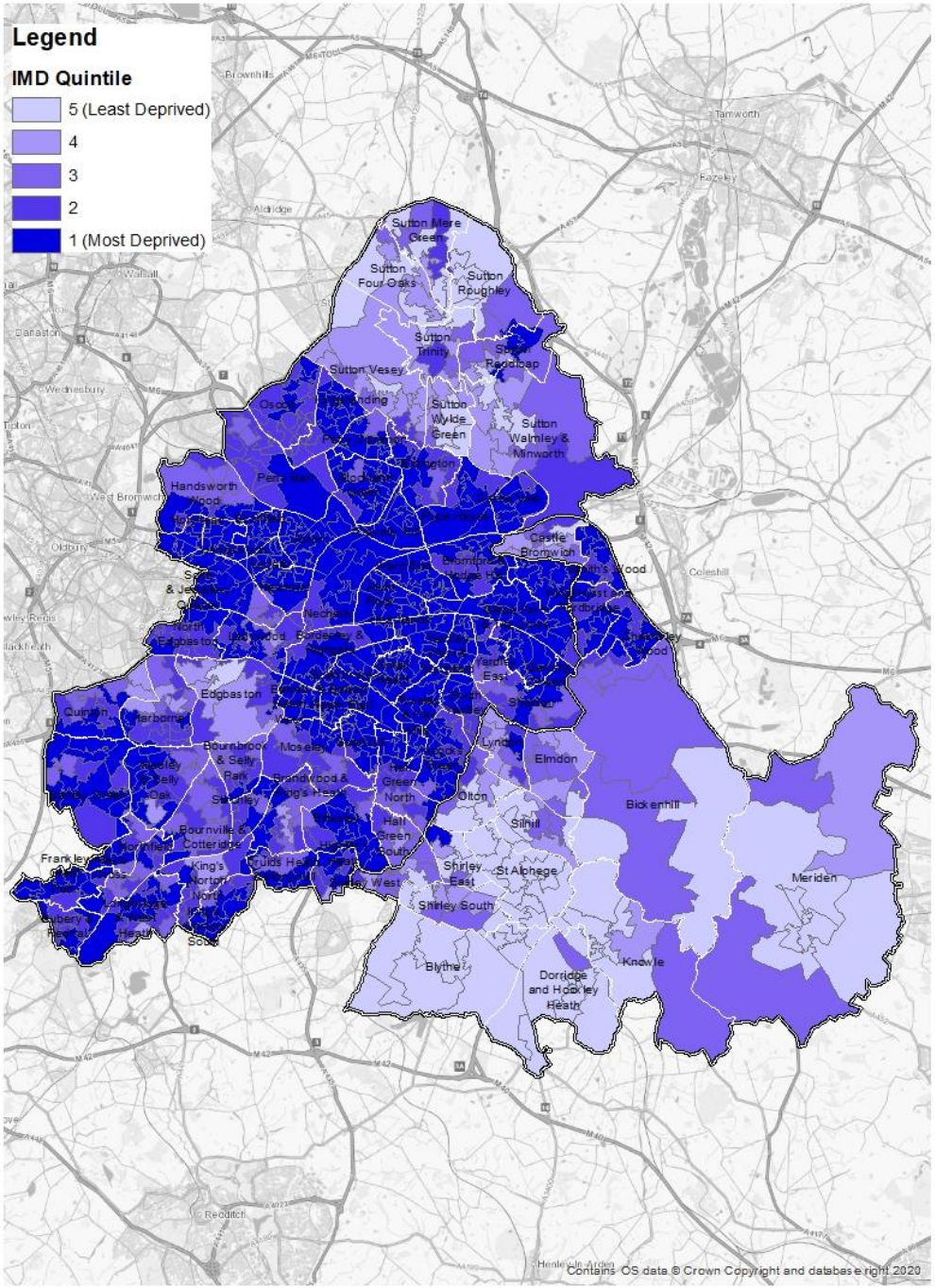
- Equality Impact Assessments – testing the impact of decisions about redeployment of staff / prioritisation of services.
- Vaccinations – link between deprivation, ethnicity and vaccine uptake. Programme focussed on communities where coverage is lowest.
- Long waiting times – tracking waiting lists by ethnicity and deprivation. Important that this is sustained if elective activity is further delayed.
- Access to Care – some evidence that non-COVID19 emergency presentations and referrals for elective care drop off most in our most deprived communities.
- Children and safeguarding – maintaining a system approach to safeguarding the vulnerable children.
- Self Care Support – exploring how we can get self-care advice and support to those who may be most vulnerable (e.g. using primary care disease registers).

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- “Core 20” – 20% most deprived using the Index of Multiple of Deprivation.
- “Plus” – local priority communities or conditions (e.g. diabetes in BSol).
- “5” – five clinical priorities for improvement: maternity continuity of carer, health checks for the seriously mentally ill, COPD pathways, earlier cancer diagnosis and hypertension case-finding.

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"Core20" for Birmingham & Solihull.

- Range of different analyses but similar conclusions.
- 382 (49%) of 773 LSOAs in worst 20% nationally. 360 in Birmingham. 22 in Solihull.
- Our "Core20" communities:
  - East Birmingham & North Solihull;
  - West Birmingham and parts of city centre (South-East locality);
  - estates on southern edge of the city (South West locality).

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Birmingham and Solihull

Inequalities & ICS Design

ICS “operating model” should bring together a series of pieces of work.

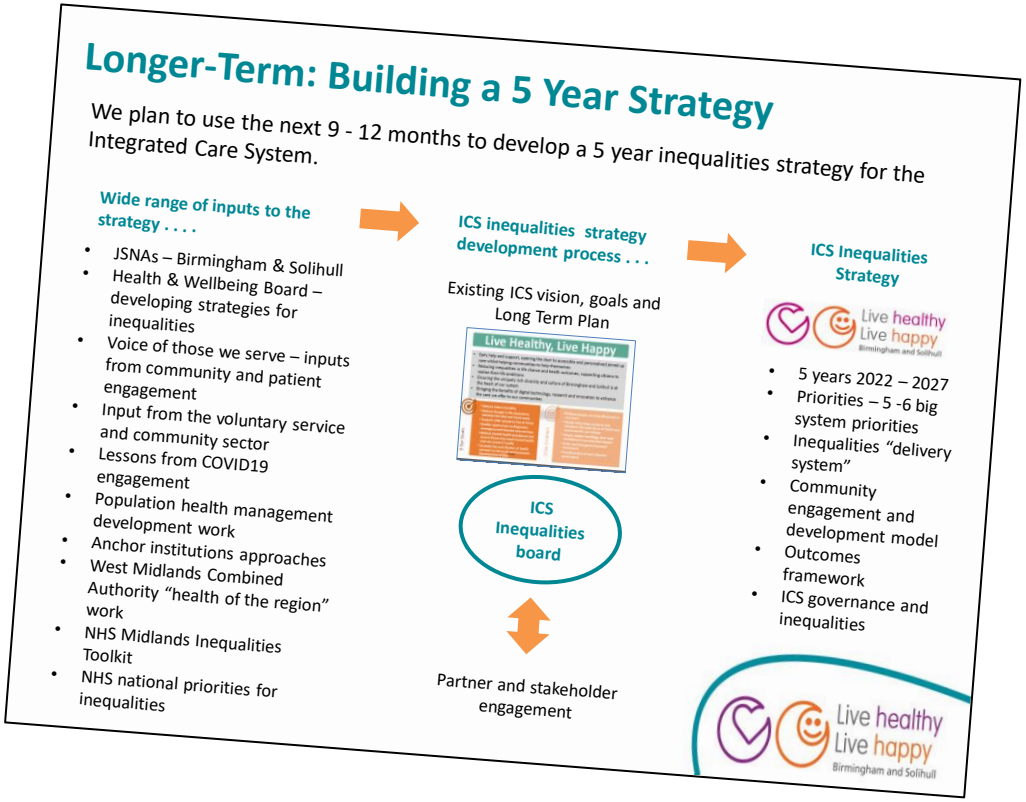
- Tackling inequalities at all levels in the ICS – system, place, locality and neighbourhood (including support Primary Care Networks).
- Links between inequalities and population health management – proposal for February Board.
- Strengthening our ICS prevention programme.
- Resource allocation and prioritisation and inequalities
- NB system analytical / intelligence capability becomes increasingly important.



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Developing our ICS Inequalities Strategy

- ICS Inequalities Board has agreed to develop a 5 year ICS Inequalities Strategy.
- Building on JSNAs and Health & Wellbeing board strategies plus WMCA and national priorities.
- Set out our ambition, priorities, expected outcomes and “operating model”.
- Workshop on 17th February.
- Draft for consultation at the Inequalities Board in April and ICS Board in May.
- Final approval in July 2022.



Live healthy Live happy Birmingham and Solihull

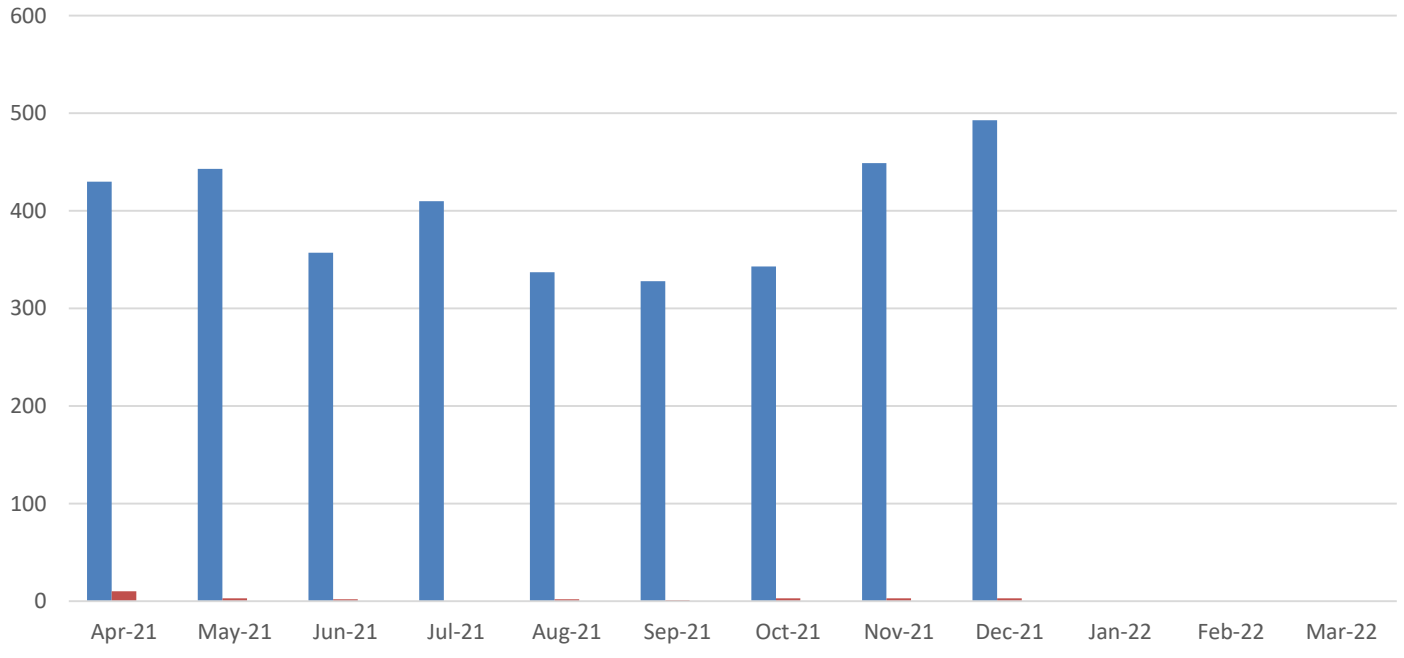
ROHTB (2/22) 026

Trust Board Public Meeting
Wednesday 2nd February 2022

COVID Situational Update

Garry Marsh
Chief Nurse

COVID Update



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493			
Covid Positive	10	3	2	0	2	1	3	3	3			
Covid Deaths	0	0	0	0	0	0	0	0	0			

Visiting at ROH during the COVID-19 pandemic (New Guidance)

The Trust has recognised and considered the Guidance released in January 2022 but due to the recent increase in Covid transmission in the community and recent Covid outbreaks within the organisation, the Trust have made a decision to continue to work towards the previous visiting guidance. This decision will remain under review by the DIPC and Executive team.

The health, safety and wellbeing of our patients and staff remain the priority.

At present visiting may only be allowed in exceptional circumstances. Exceptional circumstances for inpatient visiting are:

- Patient receiving end of life care
- A familiar carer/parent or guardian/personal assistant
- Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health and emotional needs.

ROH COVID-19 Admission Pathway Changes

OLD

GREEN PATHWAY
Low-Risk

(also known as COVID Protected)

Wards: 2, 3, 4, 10, 12, ADCU

Asymptomatic patients that have socially distanced for 14 days and 1 Negative swab no more than 3 days before admission

RED PATHWAY
High-Risk

Ward: CYP HDU *

Patients who are COVID-19 positive but asymptomatic (still within the 14 days self isolation period).

NEW

GREEN PATHWAY
Low-Risk

(also known as COVID Protected)

Wards: 2, 3, 4, 10, 12, ADCU

Elective patients who have had a negative COVID-19 test within 72 hours of admission and have isolated from the test date. Elective patients who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test prior to admission.

RED PATHWAY
High-Risk

Ward: CYP HDU *

Patients who are COVID-19 positive but asymptomatic (still within the 10 days self isolation period).

Flex pathways – areas such as Theatres, Imaging and HDU will take patients from each of the pathways above. The requirements for PPE and cleaning will depend upon the pathway the patient has been admitted/transferred from.

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION

PPE Guidance for staff

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

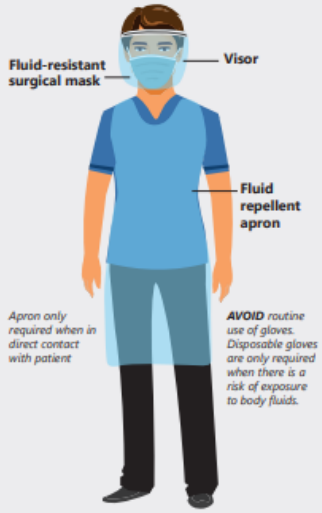
All staff arriving in **ANY** non-clinical or clinical area

Decontaminate hands



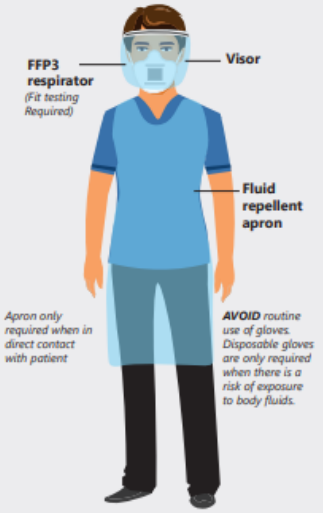
GREEN AND AMBER PATHWAY
Within 2 metres of a patient

Decontaminate hands



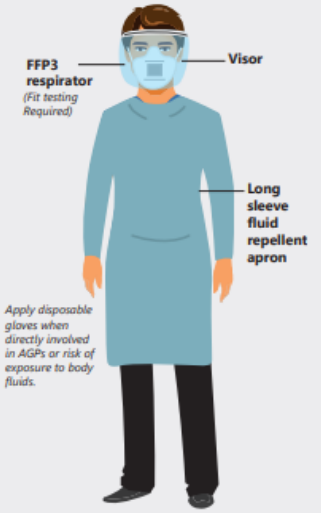
RED PATHWAY
Within 2 metres of a patient where AGPs (Aerosol Generating Procedures) are **NOT** being performed

Decontaminate hands



AMBER AND RED PATHWAY
When performing or assisting with AGPs (Aerosol Generating Procedures)

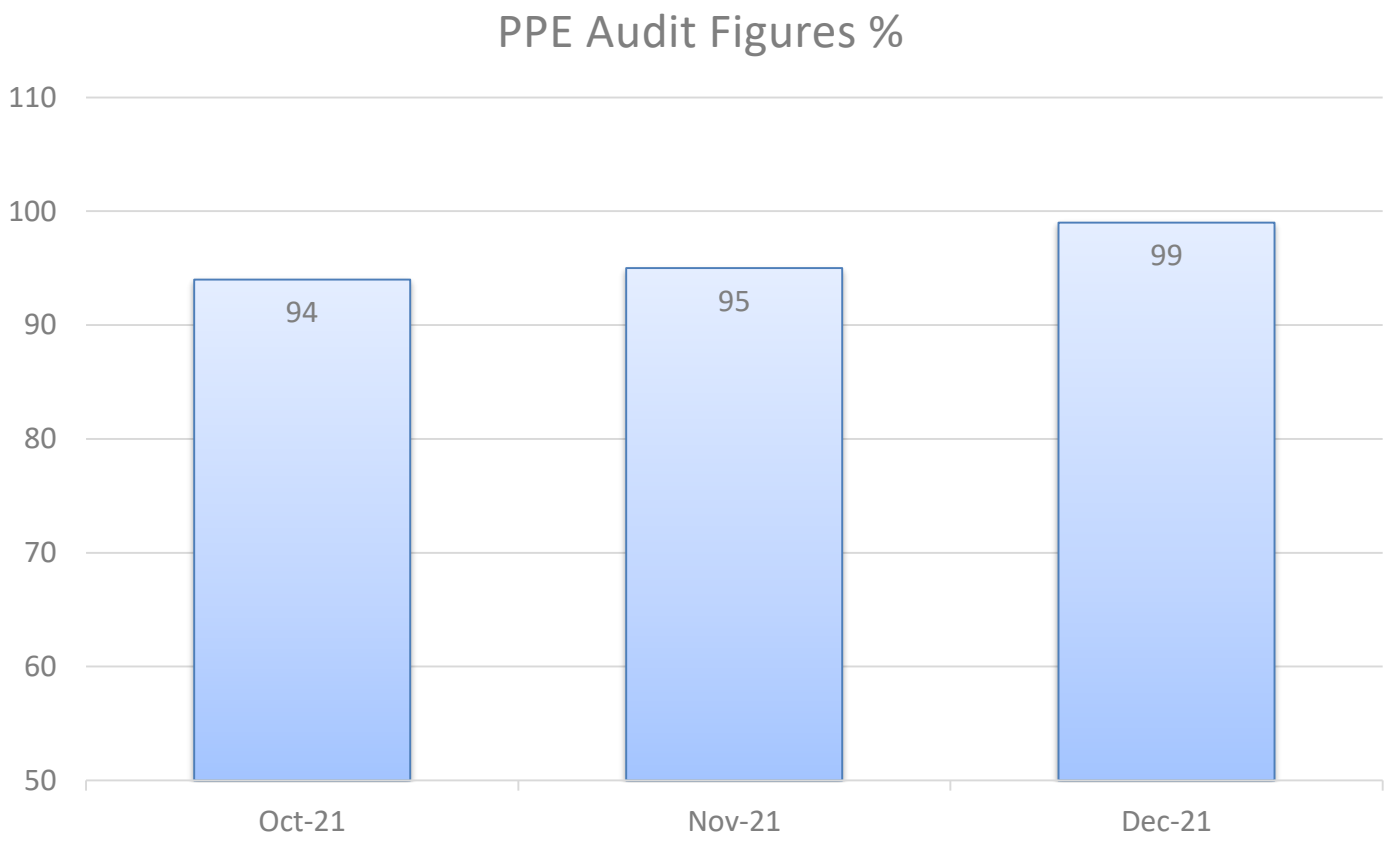
Decontaminate hands

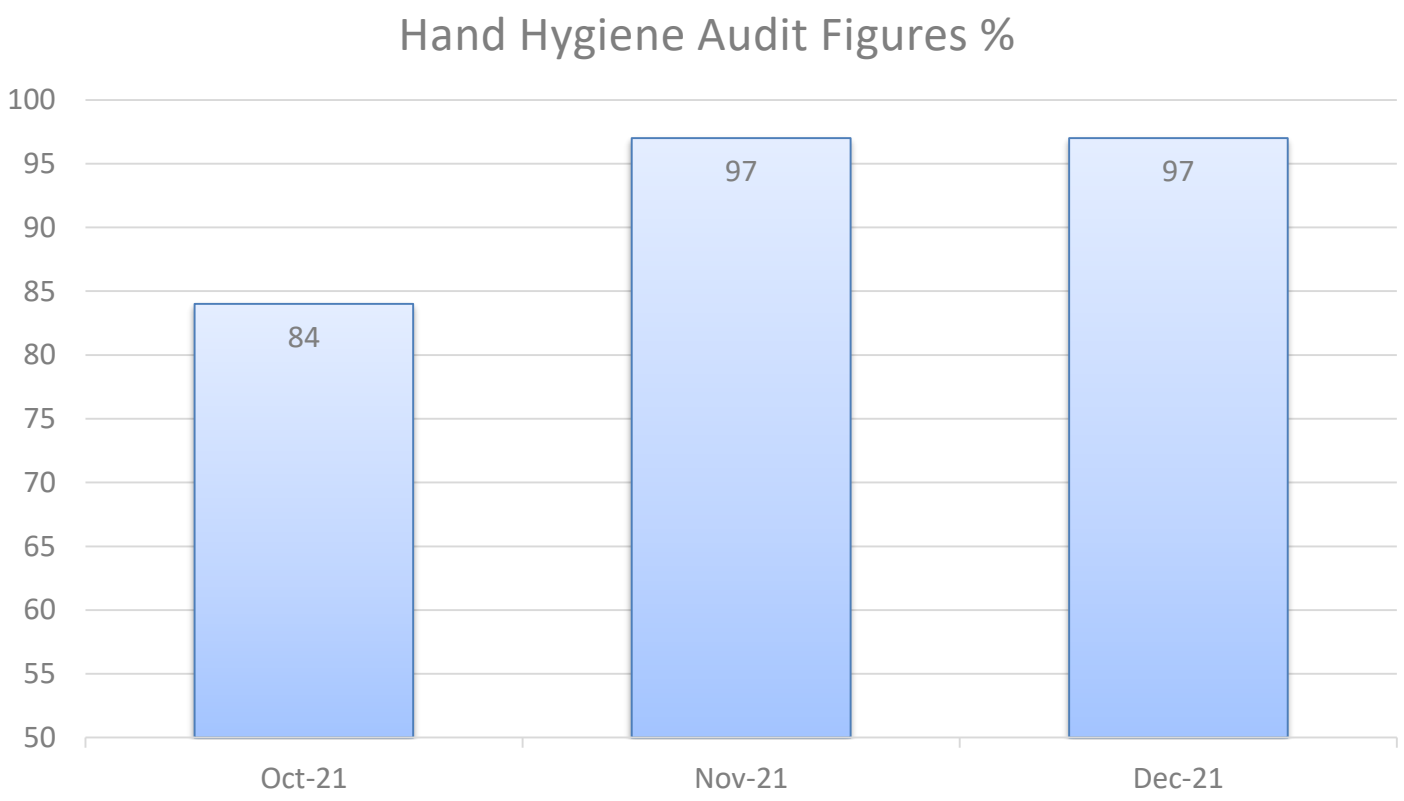


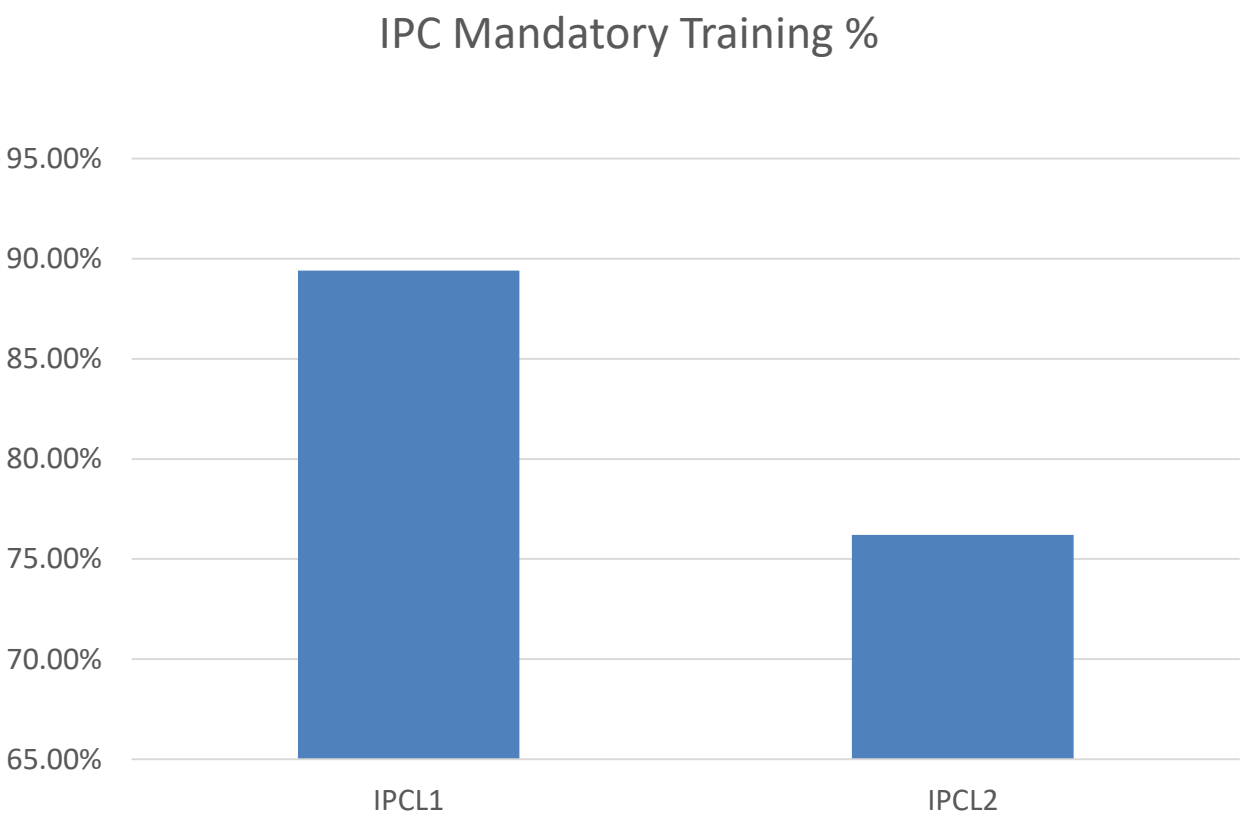
Your safety and the safety of others depends on more than the type of PPE that you wear. Safe removal of PPE, hand hygiene and correct principles of cleaning are essential to minimise risk of self-contamination and transmission to others. For Fit Testing of FFP3 masks, please add your name to the spreadsheet on the P-Drive here: P:\Public\COVID19\Infection Prevention and Control\Fit test booking

Updated Jan 22 Version 2-5

PATHWAY TYPE	AREA	INITIAL RISK SCORE	CURRENT RISK SCORE	INITIAL RISK SCORE	CURRENT RISK SCORE	INITIAL RISK SCORE	CURRENT RISK SCORE
		JUNE 2020		JANUARY 2021		JANUARY 2022	
AMBER	Ward One	12	9	12	9	20	12
GREEN	Ward Two	9	6	9	6	20	6
GREEN	Ward Three	9	6	9	6	20	6
GREEN	Ward Four	12	6	12	6	20	6
GREEN	Ward Twelve	9	6	9	6	20	6
FLEX PATHWAY	High Dependency Unit	8	8	8	8	16	8
FLEX PATHWAY	Recovery	12	8	12	8	20	12
FLEX PATHWAY	Theatre	12	8	12	8	20	12
AMBER	Adult Outpatients Department	20	8	16	8	20	8
AMBER	Children's Outpatient Department	20	8	16	8	20	8
AMBER	Royal Orthopaedic Community Service	20	10	12	6	20	8
AMBER	Therapy Services	16	6	16	6	16	8
FLEX PATHWAY	Diagnostics	16	8	16	8	12	6
GREEN	Admissions & Day Case Unit (ADCU)	-	-	9	9	12	6
AMBER	Preoperative Assessment Clinic	9	9	9	9	12	6


PPE Audit Figures %
110
100
90
80
70
60
50
94
95
99
Oct-21
Nov-21
Dec-21


Hand Hygiene Audit Figures %
100
95
90
85
80
75
70
65
60
55
50
84
97
97
Oct-21
Nov-21
Dec-21


IPC Mandatory Training %
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
65.00%
IPCL1
IPCL2

Outbreaks to Date

Month	Patients	Staff
April 2020	0	0
May 2020	0	0
June 2020	0	0
July 2020	0	0
August 2020	0	0
September 2020	0	1 (Pharmacy)
October 2020	0	1 (Radiology Department) 1 (Oncology Department)
November 2020	0	0
December 2020	1 (Ward 2)	0
January 2021	1 (Ward 3/12)	0
February 2021	1 (Ward 3)	1 (Pharmacy)
March 2021	0	0
Total 2020/21	3	4
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 1)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3)	1 (Appointments Department)
Current Total 2021/22	3	6

Any Questions?

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**COVID-19 Outbreak Summary**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Ashleigh Tullett, Head of Clinical Governance**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

This paper gives a summary of the COVID outbreaks that have occurred within the Trust and their key causative factors.

The paper outlines the Governance framework in which the Trust manages outbreaks.

REPORT RECOMMENDATION:

The Trust Board is asked to note:

- The national definition of an outbreak.
- The management of outbreaks is managed in accordance with the national guidance.
- The Trust had no mortality in any of the outbreaks.
- That outbreaks are managed in the Quality Governance of the Trust.
- That the Trust Board have oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF).
- No service has been ceased in the result of an outbreak.
- The Trust has had four nosocomial infections reported.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

Compliance with The Hygiene Code
Compliance with Care Quality Commission Regulations

PREVIOUS CONSIDERATION:
All outbreaks have been scrutinised at the statutory Outbreak meetings and the Infection Prevention Control Committee. The detail is also included within the monthly Quality report scrutinised at the Quality & Safety Committee

OUTBREAK SUMMARY

REPORT TO TRUST BOARD IN PUBLIC – 2 FEBRUARY 2022

1. Summary

1.1. This paper provides a summary of the outbreaks that have occurred at the Trust linked to Covid-19.

1.2. The Trust has had no outbreaks associated with any other infections.

1.3. An outbreak is defined as two or more linked cases of the same illness; or a situation where the observed number of cases exceeds the expected number.

1.4. When an outbreak is declared, the Trust adheres to the national guidance in its approach to managing the outbreak with the key action being the investigation of the outbreak. Meetings are attended by both internal and external experts in Infection Prevention and Control.

1.5. These meetings are chaired by the Chief Nurse or Deputy Chief Nurse, with the wider Executive team briefed at the daily Incident Management meetings.

1.6. The Trust declares all outbreaks as Serious Incidents as narrated by the local commissioners. It should be noted that the local commissioners are not adhering to national guidance in the response and investigation of Covid outbreaks and the definition of a Serious Incident within this guidance. The Chief Nurse has challenged this and is awaiting clarity given the potential not only for the Trust to have a higher number of Covid-19 outbreaks declared as Serious Incidents, but also the Birmingham and Solihull area.

1.7. An outbreak is open for 28 days after the last diagnosis. A final outbreak closure meeting is then held and attended by NHS Improvements/NHS England, Public Health and the local Commissioners.

1.8. The Trust has not had any outbreaks not closed at these meetings.

1.9. The detailed Root Cause Analysis of the outbreak is presented internally at the Infection Prevention and Control Committee and the Trust's Quality and Safety Committee. Learning is shared with the immediate teams and wider learning is included in the daily comms bulletins and Team brief.

1.10. The Trust also attends a daily BSOL Infection Prevention and Control meeting where learning from outbreaks is shared from all Trusts in the area.

2. Outbreaks

2.1. In 2020/21 the Trust saw seven Covid-related outbreaks declared of which three were in relation to patient outbreaks and four were staff outbreaks.

2.2. The 2021/22 outbreaks are detailed in the Graph overleaf.

Month	Patients	Staff
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 12)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3)	1 (Appointments Department)
Current 2021/22 Total	**3**	**6**

2.3. No mortality has occurred in any of the staff or patient outbreaks and no patients required any level of escalation in their care to Critical Care.

2.4. The Trust has reported four nosocomial infections.

Infections Recorded Year to Date (YTD)	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0
Post 72-hour Clostridium difficile infection (CDI)	3
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0
E. coli BSI	0
Klebsiella spp. BSI cases	1
Pseudomonas aeruginosa BSI cases	0

2.5. The Trust has complied with the CQC regulation 20 and delivered its Duty of Candour.

2.6. The Trust has had no cases that have required reporting under the RIDDOR regulation to the Health and Safety Executive.

3. Outbreak and key causation table.

Outbreak Department	Causation
Porters - July 2021	Porters lodge lacks space for number of porters accessing the room (breach of department risk assessment). Breaches in Covid-19 precautions within office. Staff attending work with symptoms.
Ward 1 - September 2021	Two cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases.
Human Resources - November 2021	Breaches in Covid-19 precautions within office.
Ward 12 - December 2021	Three patients positive. Cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases.
IT department - December 2021	Breaches in Covid-19 precautions within office. Staff attending work with symptoms.
Housekeeping - December 2021	Common link between cases is the Environmental cleaners had been on their works night out. It is to be noted that no PPE was required at the venue.
Porters - December 2021	Breaches in Covid-19 precautions. Staff attending work with symptoms.
Ward 3 - January 2022	Two patients and eight members of staff tested positive for Covid-19. Patient 1 was admitted for same day surgery with negative swab. The patient did not declare house member symptomatic/positive on admission. Nine cases tested positive during a whole ward screening exercise following the identification of positive staff and one patient.
Appointments Department – January 2022	Breaches in Covid-19 precautions. Staff attending work with symptoms.

3.1. It is to note that since December 2021, the Trust has seen an increase in outbreaks. This is possibly due to the emergence of a more transmissible Covid 19 variant (omicron) and an increase in community infections. Although the Trust cannot confirm this as the typing of PCR tests is only undertaken in major outbreaks and not

in controlled outbreaks. The increase in outbreaks is comparable to other organisations in the NHS.

3.2. For each case a detailed analysis has been undertaken as previously described to identify any learning.

4. Recommendations

The Trust Board are to note:

4.1. The national definition of an outbreak.
4.2. The management of outbreaks is managed in accordance with the national guidance.
4.3. The Trust had no mortality in any of the outbreaks.
4.4. That outbreaks are managed in according to the quality governance processes of the Trust.
4.5. That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].
4.6. No service has been ceased in the result of an outbreak.
4.7. The Trust has had four nosocomial infections reported.

Garry Marsh
Chief Nurse

28 January 2022

TRUST BOARD

DOCUMENT TITLE:	**Infection Prevention and Control Board Assurance Framework (IPC BAF)**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh (Chief Nurse/Director of Infection Prevention and Control)**
AUTHOR:	**Ash Tullett (Head of Clinical Governance)**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

January 2022 - New guidance (version 1.8) and Background

The Trust have received a notification from NHS improvement to inform us that the Infection Prevention and Control Board Assurance Framework (IPC BAF) has been further updated, refined and published. Due to the significant change the author has highlighted the new requirements/statements in Yellow within the "ref box" in the attached document. The IPC BAF contains 124 recommendation.

NHS England developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained in relation to IPC.

The IPC BAF will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to Trust Boards that organisational compliance has been systematically reviewed.

Attached with this paper is the gap analysis undertaken by the Head of Clinical Governance, Executive Director of Nursing and Governance/The Director of Infection Prevention and Control (DIPC), IPC Matron and the Head of Nursing against the IPC BAF (version1.8) As part of the Gap analysis each statement was 'rag' rated by the following criteria.

Compliance	Green (116 in total)
Non-Compliance with mitigation	Amber (4 In total)
Non-Compliance with no mitigation	Red (4 in total)

Comparison to previous version.

Rag rating	Version 1.6	Version 1.8
Amber	3	4 (3 are new statements to the BAF)
Red	0	4 (1 is a new Statement)

Since the previous version reported to Trust Board, 3 of the Statements have deteriorated to a red rag rating and 1 has deteriorated to an amber rag rating. 5 of the statements included in the narrative below

are new to the 1.8 version of the IPC BAF.

The following are rag rated 'AMBER'

16 New	The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level		The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness (released in April 2021). A paper will be going to the Trust Board for monitoring and oversight in February 2022 The briefing paper will outline the key requirements of the new standards and include: • The focus on the need for a collaborative approach. • To replace the cleaning audit percentage scores for functional areas with standardised star rating 5-1. • The introduction of efficacy audits. • The introduction of the Commitment to Cleanliness Charter.
28 New	a ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer.		The Trust have an appointed Authorising Engineer who provides specialist advice on ventilation. Assessments are currently being arranged for all Theatres and Wards which have mechanical ventilation. It is anticipated this will be complete by the new financial year.
98 New	safe spaces for staff break areas/changing facilities are provided.		A team were set on and completed risk assessments out in all areas. There are areas within the Trust that proved difficult to create safe spaces for staff break areas and changing facilities due to the Trust estate. This includes Theatres and Portering room. Mitigation is in place as part of the departmental risk assessments to ensure safety is maintained. As mitigation, the Theatre department have staggered the breaks and shift patterns for staff and the Trust has provided further safe space for Theatres such as the learning and development room. Current scoring on the risk registers; Theatres - 3 x 4 = 12 (amber) Portering - 2 x 4 = 8 (amber) Further to this, the Trust has plans to extend Café Royale to ensure the space is sufficient for the footfall. This is included on next year's capital plans.
120	boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board.	↓	This IPC Board assurance framework has been presented to the Board on multiple occasions detailing the Trust requirements and processes in relation to FFP3 and fit testing. This has allowed scrutiny and challenge from the unitary Trust Board. Further to this the DIPC has provided verbal updates on this. Although the Trust has a stored record of fit testing results - This has yet to be reported at the Trust Board. A report is on the agenda for Trust Board in February 2022.

The following is deemed to be rag rated 'RED'

45 New	Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)		The toolkit provides ideas to local NHS organisations to address the barriers to behavioural compliance with IPC measures. After initial review by the DIPC and Head of Clinical Governance, the Trust are thought to meet some of the recommendations within the toolkit. A gap analysis will need to be undertaken by the Trust to provide assurance against the toolkit and address any gaps
114	all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	↓	The current fit testing undertaken in the Trust only provides fit testing on one type of UK made masks. This was an active decision made by the Trust to ensure more staff have access to the fit testing and are fit tested on at least one type of mask. Once the demand allows it, the Trust will aim to ensure all staff are fit tested on at least two different masks. Current fit testing compliance rates are showing as low across the Trust for staff trained in two masks. A report is to be presented to the Trust Board on the current compliance on FFP3 fit testing.
118	members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	↓	The Trust has a process for this to ensure conversations and risk assessments are reviewed for staff. More assurance is needed to see if this is recorded correctly on people's individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. The Trust have no SOP or policy in place
119	a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	↓	More assurance is needed to see if this is recorded correctly on Staff individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. The Trust have no SOP or policy in place and no involvement from Occupational health.

Conclusion

The conclusion of the Gap analysis was that the Trust has a clear pathway, processes, and policies in place around infection prevention and control during the Covid-19 Pandemic and that all training detailed within the gap analysis is supported by attendance and/or competency sign off sheets. To address any compliance issues a responsive action plan is being developed by the Head of Clinical Governance and will be monitored via the Infection Prevention and Control Committee.

REPORT RECOMMENDATION:

It is recommended that the next stage is to re-review the evidence that supports the gap analysis. This

will provide greater assurance that the Trust meets the Infection prevention and control board assurance framework. This piece of work will be undertaken with oversight from the DIPC and the IPC committee. To address any compliance issues a responsive action plan is to be developed by the Head of Clinical Governance and will be monitored via the Infection Prevention and Control Committee.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

Financial		Environmental	x	Communications & Media	
Business and market share		Legal & Policy		Patient Experience	**x**
Clinical	**x**	Equality and Diversity		Workforce	
Comments: [*elaborate on the impact suggested above*]					

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

CQC KLOE/NHS England Assurance Framework

PREVIOUS CONSIDERATION:

All versions of the BAF presented at Trust Board, Quality and Safety and IPCC

ROH Infection prevention and control board assurance framework - January 2022 - ROH Version 1.8

The Royal Orthopaedic Hospital NHS Foundation Trust

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
1	A respiratory season/winter plan is in place: o that includes point of care testing (POCT) methods for seasonal respiratory viruses to support patient triage/placement and safe management according to local needs, prevalence, and care services o to enable appropriate segregation of cases depending on the pathogen. o plan for and manage increasing case numbers where they occur. o a multidisciplinary team approach is adopted with hospital leadership, estates & facilities, IPC Teams and clinical staff to assess and plan for creation of adequate isolation rooms/units as part of the Trusts winter plan.	N/A	N/A	N/A	Not Relevant to the ROH	N/A	N/A	N/A
2	health and care settings continue to apply COVID-19 secure workplace requirements as far as practicable, and that any workplace risk(s) are mitigated for everyone.	Executive Director of Strategy and Delivery	Director of Estates		All areas were risk assessed by a Risk project team ensuring the risk of covid transmission is kept as low as is reasonably practicable. Managers were supported with completion of local risk assessments that have since been uploaded to the Trust risk management system with original's stored on the P drive. Departmental managers are to take ownership of their respective risk assessments, ensuring they are reviewed by the specified date, or earlier in the event of a significant incident or change.	None	None	Ulysses
3	Organisational /employers risk assessments in the context of managing seasonal respiratory infectious agents are: o based on the measures as prioritised in the hierarchy of controls. including evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new variants of concern in the local area. o applied in order and include elimination; substitution, engineering, administration and PPE/RPE. o communicated to staff.	Executive Director of Strategy and Delivery	Director of Estates		In terms of identifying and prioritising suitable control measures the 'Hierarchy of Controls' was considered. In terms of Covid this will always result in a combination of hierarchal controls to keep people safe, so far as is reasonably practicable. All areas were risk assessed by a Risk project team ensuring the risk of transmission is kept as low as is reasonably practicable. All risk assessment include PPE. Ventilation risk assessments are undertaken and The Trust now has a Ventilation group in place. The Trust has Covid Guidance and regular updates are sent to all staff , communicated via weekly Comm's bulletins and Chief Executive's Microsoft Team briefs.	None	None	Ulysses
4	safe systems of working; including managing the risk associated with infectious agents through the completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has polices and guidelines in place for all infectious agents and diseases (including Covid 19). These have been approved via the infection prevention and control committee.	None	None	The updated Covid guidance and patient pathways describe this.
5	If the organisation has adopted practices that differ from those recommended/stated in the national guidance a risk assessment has been completed and it has been approved through local governance procedures, for example Integrated Care Systems.	Executive Director of Nursing and Clinical Governance	Infection Control Team		On occasions when the Trust has deviated from national guidance; this is discussed and risk assessed at the IPCC and Executive Incident management meetings.	None	None	IPCC minutes. IMT meeting minutes
6	risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents.	Director of Corporate Affairs & Company Secretary	Corporate Governance Manager & Assistant Company Secretary		Risk assessments have been carried out in all areas and are contained within the risk registers for each department. The risk assessments followed the guidance published by Public Health England.	None	None	None
7	if an unacceptable risk of transmission remains following the risk assessment, the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be considered.	Executive Director of Nursing and Clinical Governance	Infection Control Team		All clinical areas are risk assessed and this is reviewed regular. PPE requirements are reviewed in the case of increased transmission and during outbreaks investigations. Any changes to PPE guidance in areas is communicated to staff	None	None	None
8	ensure that patients are not transferred unnecessarily between care areas unless, there is a change in their infectious status, clinical need, or availability of services.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has clear Covid Guidance and Covid pathways that meet the national requirement and describe where patients should be cared for. The Trust have a site team that operationalise this to avoid patients being not moved unnecessarily. When patients are transferred unnecessarily this is monitored via Incident reporting.	The Trust bed management policy needs review	None	None

9	the Trust Chief Executive, the Medical Director or the Chief Nurse has oversight of daily sitrep.in relation to COVID-19, other seasonal respiratory infections, and hospital onset cases	Executive Director of Nursing and Clinical Governance	Executive Director of Nursing and Clinical Governance		The Trust currently have a number of daily returns that are submitted. These are not currently signed off by the CEO or DIPC. The Sitreps are signed of by the Director of Corporate Affairs & Company Secretary and Data Protection Officer (DPO) with oversight at the daily executive incident management meetings attended by both the DIPC and CEO. All of the executive team receive the daily sitrep for oversight.	None	None	Sit reps
10	there are check and challenge opportunities by the executive/senior leadership teams of IPC practice in both clinical and non-clinical areas.	Executive Director of Nursing and Clinical Governance	Executive Director of Nursing and Clinical Governance		IPC matron and Divisional matrons to Audit Covid Management. The Executive team have a schedule of meet and greet with all staff where issues can be raised by all staff with the Executive team. Further to this, the Trust has an incident management meeting in place where the executive team are able to check and challenge decision and action. The Trust IPCC committee chaired by the DIPC also allows the check and challenge by the senior leadership teams with all IPC guidance, policy and issues.	None	None	IPC have assurance forms. Exec schedule is in place
11	resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors).	Executive Director of Nursing and Clinical Governance	Executive Director of Nursing and Clinical Governance		The IPC team and divisional teams audit the IPC practices within the clinical areas. Audit data is fed back to department managers and upwardly reported at Divisional meetings, Clinical Quality Group and the Infection Prevention Control Committee (IPCC) meeting bi-monthly during the pandemic.	None	None	Audit data + condition reports
12	the application of IPC practices within this guidance is monitored, eg: o hand hygiene. o PPE donning and doffing training. o cleaning and decontamination.	Executive Director of Nursing and Clinical Governance	Infection Control Team		IPCT undertake weekly hand hygiene and PPE assurance audits. Department monitor their own hand hygiene compliance weekly or monthly at present. The Trust are now undertaking audits in non-clinical areas with an agreed template. Compliance will be reported to the Trusts IPOG/IPCC meetings. PPE donning and doffing training is included in the ESR training and previous training undertaken and recorded with 600+ staff.	None	None	audits are presented in the Trust dashboard and condition reports + IPC reports. These are reported to the CQG meeting and IPCC meeting.
13	the IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board.	Executive Director of Nursing and Clinical Governance	Executive Director of Nursing and Clinical Governance		The IPC BAF has been an agenda item at IPCC and Trust Board with scrutiny undertaken.	None	None	Minutes/upward report from IPC and Trust Board. On agenda for Feb 2022
14	the Trust Board has oversight of ongoing outbreaks and action plans.	Executive Director of Nursing and Clinical Governance	Infection Control Team		All outbreaks are included in the Quality report and reported to the CCG. This is also reported to the board via the IPC committee. A summary report of the outbreaks has been presented at the Trust Board and Quality and Safety Committee.	None	None	Outbreaks included in quality report and a separate report was presented to Board and stored within the P drive
15	The Trust is not reliant on a particular mask type and ensure that a range of predominantly UK Make FFP3 masks are available to users as required.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust policy is not reliant on a particular mask type and a range of predominantly UK Make FFP3 masks are available to users and are included in the fit testing within the Trust. The range of FFP3's onsite has now extended to six different models with three of those being UK made	None	None	database of staff fit testing
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
16	the Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness. A paper will be going to the Trust Board for monitoring and oversight in February 2022 The briefing paper will outline the key requirements of the new standards and include: •The focus on the need for a collaborative approach. •To replace the cleaning audit percentage scores for functional areas with standardised star rating 5-1. •The introduction of efficacy audits. •The introduction of the Commitment to Cleanliness Charter.	None	Plan in place	None
17	the organisation has systems and processes in place to identify and communicate changes in the functionality of areas/rooms	Executive Director of Nursing and Clinical Governance	Facilities Manager		Facilities are cited on any changes of functional areas/rooms, and actions cleanings depending on the function risk element of the new cleaning standards	None	None	Minutes record changes
18	cleaning standards and frequencies are monitored in clinical and nonclinical areas with actions in place to resolve issues in maintaining a clean environment.	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		Facilities undertake regular cleaning 4 credit audits to monitor the environment and cleanliness. IPC audit the environment monthly with regular spot checks daily. On top of this cleaning schedules are in place and displayed. Daily compliance is monitored by the Ward managers	None	None-	Training matric and C4C audits
19	increased frequency of cleaning should be incorporated into the environmental decontamination schedules for patient isolation rooms and cohort areas.	Executive Director of Nursing and Clinical Governance	Facilities Manager		Additional and increased frequency cleaning hours actioned within all wards (Higher environmental contamination risk). Touch point cleaning actioned every two – three hours within public areas; surfaces,lifts,corridors and handrails	None	None	staff rotas and cleaning schedules will evidence this

20	Where patients with respiratory infections are cared for : cleaning and decontamination are carried out with neutral detergent or a combined solution followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance.	Executive Director of Nursing and Clinical Governance	Facilities Manager		The Trust cleaning is carried out with the detergent and as per national guidance. All staff are trained in the correct solution mixture. The housekeeping team have a checklist that covers the guidance and there are posters in areas providing staff with the information. he housekeeping team have a checklist that covers the guidance and there is posters in areas providing staff with the information. Training records evidence compliance. Training is provided to all staff. Dilution ratio posters on display within all Housekeeping sluices. Plan's to include in competencies for staff and all staff to be retrained and recorded	None	None-	Training records and training matrix. Staff competencies are stored on P drive
21	if an alternative disinfectant is used, the local infection prevention and control team (IPCT) are consulted on this to ensure that this is effective against enveloped viruses.	Executive Director of Nursing and Clinical Governance	Facilities Manager		If and when alternative disinfection cleaning chemicals are need to be sourced IPC are fully involved and on new products. No new changes of disinfection cleaning chemicals have been introduced.	None	None	N/A ?
22	manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products.	Executive Director of Nursing and Clinical Governance	Facilities Manager		The Trust cleaning is carried out as per national guidance. All staff are trained in the correct solution contact time. Training records evidence compliance. solution Contact time forms part of the "local training manual" and is affirmed while training observations are performed.	None	None	Local training manual
23	a minimum of twice daily cleaning of: o patient isolation rooms. o cohort areas. o Donning & doffing areas o 'Frequently touched' surfaces eg, door/toilet handles, patient call bells, over bed tables and bed rails. o where there may be higher environmental contamination rates, including: ▪ toilets/commodes particularly if patients have diarrhoea	Executive Director of Nursing and Clinical Governance	Facilities Manager		Additional and increased frequency cleaning hours actioned within all wards (Higher environmental contamination risk).Touch point cleaning actioned every two – three hours within public areas; surfaces,lifts,corridors and handrails Cleaning frequencies are documented with "active cleaning schedules". Dedicated "Green,Amber,Voilet & red cleaning checklist are in place. Once clean has been performed they are signed off my a senior member of the clinical team.	None	None	Paper copies held
24	A terminal/deep clean of inpatient rooms is carried out: o following resolutions of symptoms and removal of precautions. o when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens); o following an AGP if room vacated (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room).	Executive Director of Nursing and Clinical Governance	Facilities Manager		Adherence to the Trusts COVID-19 Terminal Decontamination and cleaning instruction document evidenced – Training has been undertaken on cleaning practices and methodology for housekeepers. (Housekeeping/Nursing Local Training Competencies in place and (Observations of best practice) – Environmental Cleanliness). Covid 19 Cleaning checklist is in place for both nursing and housekeepers.	None	None	Evidence of compliance with the checklist Number of terminal cleans month on month
25	reusable non-invasive care equipment is decontaminated: o between each use. o after blood and/or body fluid contamination o at regular predefined intervals as part of an equipment cleaning protocol o before inspection, servicing, or repair equipment.	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		Processes exist to ensure compliance and policy is in place	None	None	policy and SOP included in the cleaning SOP and decontamination policy.
26	Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment.	Executive Director of Nursing and Clinical Governance	Facilities Manager/Infection Control Team		Facilities undertake regular cleaning 4 credit audits to monitor the environment and cleanliness. IPC audit the environment monthly with regular spot checks daily. On top of this cleaning schedules are in place and displayed. Daily compliance is monitored by the Ward managers for reusable patient care equipment.	None	None	Audits are undertaken
27	As part of the Hierarchy of controls assessment: ventilation systems, particularly in, patient care areas (natural or mechanical) meet national recommendations for minimum air changes refer to country specific guidance. In patient Care Health Building Note 04-01: Adult in-patient facilities.	Executive Director of Strategy and Delivery	Director of Estates		have two systems of ventilation operating in admissions/waiting areas throughout the Trust, these being: •Natural ventilation – openable windows are available, in above ground patient areas these windows are restricted to 100mm opening •Mechanical ventilation – we have a number of separate supply and extract air conditioning systems operating in admissions/waiting areas throughout the Trust which supply filtered air. The system are maintained on a regular basis. There is an action in place for the Trust to review its ventilation against the HTM current guidance. This is monitored in the Health and Safety Committee. Wards 1, 2, 3, 4, 12 (in part), HDU and ADCU have mechanical ventilation systems which have been designed and maintained to HTM standards. Ward 10 & 12 (in part) have natural ventilation. All Wards have openable windows.	None	None	None
28	the assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer.	Executive Director of Strategy and Delivery	Director of Estates		The Trust have an appointed Authorising Engineer who provides specialist advice on ventilation. Assessments are currently being arranged for all Theatres and Wards which have mechanical ventilation. It is anticipated this will be complete by the new financial year.	Assessment to be completed	Assessments are currently being arranged	None
29	a systematic review of ventilation and risk assessment is undertaken to support location of patient care areas for respiratory pathways	Executive Director of Strategy and Delivery	Director of Estates		A ventilation risk assessment has been completed/reviewed. The vast majority of our Orthopaedic patients do not have a respiratory pathway.	None	None	None

30	where possible air is diluted by natural ventilation by opening windows and doors where appropriate	Executive Director of Strategy and Delivery	Director of Estates		All Wards have openable windows & doors which can be used to further dilute the air. The use of natural ventilation has been promoted throughout the Trust.	None	None	None
31	where a clinical space has very low air changes and it is not possible to increase dilution effectively, alternative technologies are considered with Estates/ventilation group.	Executive Director of Strategy and Delivery	Director of Estates		Alternative technologies have/are being considered by the Ventilation Review Group.	None	None	None
32	when considering screens/partitions in reception/ waiting areas, consult with estates/facilities teams, to ensure that air flow is not affected, and cleaning schedules are in place.	Executive Director of Strategy and Delivery	Director of Estates		Small height screens have been used throughout the Trust to provide segregation. These type of screens do not significantly affect air flows. Cleaning regimes are in place.	None	None	None
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
33	arrangements for antimicrobial stewardship are maintained	Executive Director of Nursing and Clinical Governance	Deputy Chief Pharmacist		The Deputy Chief Pharmacist continues to carry out reviews of antibiotic usage and prescribing with involvement in any Root Cause Analysis undertaken around antibiotic usage where appropriate. Deputy Chief Pharmacist submits report to IPC Committee for MDT scrutiny	None	None	IPC papers
34	previous antimicrobial history is considered	Executive Director of Nursing and Clinical Governance	Deputy Chief Pharmacist		The Deputy Chief Pharmacist continues to carry out reviews of antibiotic usage and prescribing with involvement in any Root Cause Analysis undertaken around antibiotic usage where appropriate. Deputy Chief Pharmacist submits report to IPC Committee for MDT scrutiny. The Trust review this quarterly	None	None	IPC papers
35	the use of antimicrobials is managed and monitored: o to reduce inappropriate prescribing. o to ensure patients with infections are treated promptly with correct antibiotic	Executive Director of Nursing and Clinical Governance	Deputy Chief Pharmacist		the use of antimicrobials is managed and monitored in the clinical areas daily. Further to this The Trust has a Bone infection MDT.	None	None	Antimicrobial Prescribing Guideline
36	mandatory reporting requirements are adhered to, and boards continue to maintain oversight.	Executive Director of Nursing and Clinical Governance	Deputy Chief Pharmacist		Antimicrobial report to IPC Review of the new NICE Rapid guidelines undertaken against Trust guidance. Reportable infections are included in the Quality Report and upwardly reported to the Board. This is also included in the IPCC annual report	None	None	Board agenda - Quality Report IPC upward report and IPCC papers
37	risk assessments and mitigations are in place to avoid unintended consequences from other pathogens.	Executive Director of Nursing and Clinical Governance	Deputy Chief Pharmacist		The Trust has a Antimicrobial Prescribing Guidelines in place and polices in place for any other pathogens such as CDIFF. Within this it describes the risk and mitigations required to avoid unintended consequences from other pathogens.	None	None	Antimicrobial Prescribing Guideline
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
38	visits from patient's relatives and/or carers (formal/informal) should be encouraged and supported whilst maintaining the safety and wellbeing of patients, staff and visitors	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has recognised and considered the Guidance released in January 2022 but due to the recent increase in Covid transmission in the community and recent Covid outbreaks within the organisation, The Trust have made a decision to continue to work towards the previous visiting guidance. This decision will remain under review by the DIPC and executive team. At present visiting may only be allowed in exceptional circumstances. Exceptional circumstances for inpatient visiting are: • Patient receiving end of life care • A familiar carer/parent or guardian/personal assistant • Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health and emotional needs. The area manager or practitioner in charge must use the Trust decision tool where a request for visiting has been made:	None	None	Covid visiting guidance and decision tool on intranet
39	national guidance on visiting patients in a care setting is implemented.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has recognised and considered the Guidance released in January 2022 but due to the recent increase in Covid transmission in the community and recent Covid outbreaks within the organisation, The Trust have made a decision to continue to work towards the previous visiting guidance.	None	None	Covid visiting guidance and decision tool on intranet
40	restrictive visiting may be considered appropriate during outbreaks within inpatient areas. This is an organisational decision following a risk assessment.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has recognised and considered the Guidance released in January 2022 but due to the recent increase in Covid transmission in the community and recent Covid outbreaks within the organisation have made a decision to continue to work towards the previous visiting guidance. At present visiting may only be allowed in exceptional circumstances.	None	None	Covid visiting guidance and decision tool on intranet
41	there is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, wearing of facemask/face covering and physical distancing.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has posters and are greeted at both entrances to the Trust by a member of staff. All information is clearly displayed and written information is available. The Trust has a narrative on its public facing website with more detailed guidance and a COVID ICON on the intranet for staff usage with an associated daily staff communication of changes and relevant guidance linkage.	None	None	Posters and information sheets
42	if visitors are attending a care area with infectious patients, they should be made aware of any infection risks and offered appropriate PPE. This would routinely be an FRSM.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has recognised and considered the Guidance released in January 2022 but due to the recent increase in Covid transmission in the community and recent Covid outbreaks within the organisation have made a decision to continue to work towards the previous visiting guidance.	None	None	Covid visiting guidance and decision tool on intranet
43	visitors with respiratory symptoms should not be permitted to enter a care area. However, if the visit is considered essential for compassionate (end of life) or other care reasons (eg, parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting wherever possible.	Executive Director of Nursing and Clinical Governance	Infection Control Team		At present visiting may only be allowed in exceptional circumstances. Exceptional circumstances for inpatient visiting are: • Patient receiving end of life care • A familiar carer/parent or guardian/personal assistant • Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health and emotional needs. The area manager or practitioner in charge must use the Trust decision tool where a request for visiting has been made:	None	None	Covid visiting guidance and decision tool on intranet

44	visitors are not present during AGPs on infectious patients unless they are considered essential following a risk assessment eg, carer/parent/guardian.	Executive Director of Nursing and Clinical Governance	Infection Control Team		At present visiting may only be allowed in exceptional circumstances. Exceptional circumstances for inpatient visiting are: • Patient receiving end of life care • A familiar carer/parent or guardian/personal assistant • Patients may be accompanied where appropriate and necessary to assist their communication and/or to meet their health and emotional needs. The area manager or practitioner in charge must use the Trust decision tool where a request for visiting has been made:	None	None	Covid visiting guidance and decision tool on intranet
45	Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	Executive Director of Nursing and Clinical Governance	Infection Control Team		The toolkit provides ideas to local NHS organisations to address the barriers to behavioural compliance with IPC measures. After initial review by the DIPC and Head of Clinical Governance, the Trust are thought to meet a high amount of the ideas within the toolkit. A gap analysis will need to be undertaken by the Trust to provide assurance against the toolkit and address any gaps	None	A gap analysis will need to be undertaken by the Trust to provide assurance against the toolkit	Covid visiting guidance and decision tool on intranet
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
46	signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival.	Executive Director of Nursing and Clinical Governance	Infection Control Team		All patients, Visitors and staff report to the site entrances and masks are provided with a temp check on arrival. The Trust has educational posters on using masks and hand washing with signage in place. The staff on the donning stations have a template to screen all people entering the Trust. The donning stations are staffed.	None	None	Checklist and Rota in place
47	infection status of the patient is communicated to the receiving organization, department or transferring services, when a possible or confirmed seasonal respiratory infection needs to be transferred.	Executive Director of Nursing and Clinical Governance	Discharge team		COVID status is tested on admission and result stored on PICS. All handover information has COVID status recorded. COVID status is part of the patients discharge planning and recorded within the discharge summary. The Trust adhere to the national guidance on transfer or discharge of patients to home or other care settings.	None	None	Included on the Trust boarding card
48	staff are aware of agreed template for screening questions to ask	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has an agreed template and this has been communicated to the staff	None	None	Patient Pathway documents, admission pathway and Covid admission questions. Also included in the patient care plan
49	screening for COVID-19 is undertaken prior to attendance wherever possible to enable early recognition and to clinically assess patients prior to any patient attending a healthcare environment.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Screening for COVID-19 is undertaken prior to attendance where possible. The Trust adhere to the national guidance with Green, Amber and Red pathways in place	None	None	Patient Pathway documents, admission pathway and Covid admission questions. Also included in the patient care plan
50	front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19/ other respiratory infection symptoms and segregation of cases to minimise the risk of cross-infection as per national guidance.	Executive Director of Nursing and Clinical Governance	Infection Control Team		This is not applicable to the ROH. The Trust does not have what you typically define as a "front door". The trust adheres to the national guidance for all of its Pathways, with Green, Amber and Red pathways in place.	None	None	Patient Pathway documents, admission pathway and Covid admission questions. Also included in the patient care plan
51	triage is undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible.	Executive Director of Nursing and Clinical Governance	Site team		The Trust Site team (registered nurses) are competent in the triage of patients to the correct area and pathway.	None	None	Patient Pathway documents, admission pathway and Covid admission questions. Also included in the patient care plan
52	there is evidence of compliance with routine patient testing protocols in line with trust approved hierarchies of control risk assessment and approved.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Audit of inpatient screening to be implemented and monitored by IPC. Report to divisions via team meeting	None	None	Audit screening tool, Audit Summary and Audit screening process.
53	patients with suspected or confirmed respiratory infection are provided with a surgical facemask (Type II or Type IIR) to be worn in multi-bedded bays and communal areas if this can be tolerated.	Executive Director of Nursing and Clinical Governance	Infection Control Team		This is included in the guidance and communicated to all staff. As of the 15th June 2020 all patients, Staff and visitors are assessed at the entrance of the Trust for Covid symptoms and are issued with PPE. Patients with symptoms will be issued to wear a mask and isolated as per Trust pathways and guidance. This has not changed (January 2022).	None	None	Trust policy

54	patients with respiratory symptoms are assessed in a segregated area, ideally a single room, and away from other patients pending their test result.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has followed national guidance. Any symptomatic or contacts are isolated. The IPC team have a folder that includes patients and their contacts. Database of contacts is kept.	In cases where this didn't happen, this was not incident reported or recorded	None	Major outbreak policy. PICS can evidence those patients that were contacts with positive patients. RCA for outbreaks can evidence how the Trust isolated all contacts of known Covid
55	patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting testing.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has followed national guidance. Any symptomatic or contacts are isolated. The IPC team have a folder that includes patients and their contacts. Database of contacts is kept.	In cases where this didn't happen, this was not incident reported or recorded	None	Major outbreak policy. PICS can evidence those patients that were contacts with positive patients. RCA for outbreaks can evidence how the Trust isolated all contacts of known Covid
56	patients at risk of severe outcomes of respiratory infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare eg, priority for single room isolation and risk for their families and carers accompanying them for treatments/procedures must be considered.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust Site team (registered nurses) are competent in the triage of patients to the correct area and pathway. The Trust will follow the guidance in place for visitors.			
57	where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Process is in place for those patients not considered urgent. Surgery is rescheduled asap to avoid having an Impact on the patient. The Trust have a harm review in place for long waits.			
58	face masks/coverings are worn by staff and patients in all health and care facilities	Executive Director of Nursing and Clinical Governance	Infection Control Team		This is included in the guidance and communicated to all staff. As of the 15th June 2020 all patients, Staff and visitors are assessed at the entrance of the Trust for Covid symptoms and are issued with PPE. Patients with symptoms will be issued to wear a mask and isolated as per Trust pathways and guidance. This has not changed (January 2022).	None	None	Trust policy. Inpatients are audited for mask usage
59	where infectious respiratory patients are cared for physical distancing remains at 2 metres distance.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has clear information that covers all areas of this requirement. This is including in the IPC guidance and the Trust has posters and communications in the Trust. If infectious patients are isolated in a side room.	None	None	Comms emails, comms posters, Information on external and internal website. Covid guidance
60	patients, visitors, and staff can maintain 1 metre or greater social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, eg, to protect reception staff.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has clear information that covers all areas of this requirement. This is including in the IPC guidance and the Trust has posters and comms in the Trust. All areas have been assessed with protective measures in place.	None	None	Comms emails, comms posters, Information on external and internal website. Covid guidance
61	patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly	Executive Director of Nursing and Clinical Governance	Infection Control Team		Patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced. If patients have previously been in a bay the empty beds are closed and all patients within that bay are isolated for 14 days and informed of contact. This is monitored by the nurse In Charge of the clinical area.	None	None	Daily IPC team reviews of clinical areas with immediate action taken to ensure isolation.
62	isolation, testing and instigation of contact tracing is achieved for all patients with new-onset symptoms, until proven negative.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has followed national guidance. Any contacts are isolated. The IPC team have a folder that includes patients and their contacts. Database of contacts is kept.	None	None	Major outbreak policy. PICS can evidence those patients that were contacts with positive patients. RCA for outbreaks can evidence how the Trust isolated all contacts of known Covid
63	patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately.	Executive Director of Nursing and Clinical Governance	OPD manager		Outpatient areas including diagnostics have processes in place to manage patients who display symptoms of COVID which direct patients to appropriate access to healthcare outside of the Trust. Staff have received bespoke training and a step by step guide to support. As of the 15th June 2020 all patients, Staff and visitors are assessed at the entrance of the Trust for Covid symptoms and are issued with PPE.	None	None	included in Covid Guidance for the Trust (stored as evidence)
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibility ies in the process								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							

64	appropriate infection prevention education is provided for staff, patients, and visitors.	Executive Director of Nursing and Clinical Governance	Infection Control Team		All staff are trained with IPC standards on Mandatory training	None	None	Training figures
65	training in IPC measures is provided to all staff, including: the correct use of PPE including an initial face fit test/and fit check each time when wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) PPE safely.	Executive Director of Nursing and Clinical Governance	HR team		Staff received mandatory training on infection control and transmission based precautions. This is included in the Trusts Covid guidance and training. Staff also have access to Covid-19 e-learning. Staff records are in place for those staff (600+) who received training and ongoing training is provided and monitored. IPC team have further planned visits to clinical areas and Clinical audit to provide training. Please see below 109 for fit testing narrative.	None	None	Training rates on ESR
66	all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it;	Executive Director of Nursing and Clinical Governance	HR team		All staff received mandatory training on infection control and transmission based precautions. This is also included in the Trusts Covid guidance and training. Staff also have access to Covid-19 e-learning. Staff records are in place for those staff (600+) who received training and ongoing training is provided and monitored.	None	None	Training rates on ESR
67	adherence to national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk.	Executive Director of Nursing and Clinical Governance	Infection Control Team		IPCT audit patient and staff PPE use in clinical areas. Audit data is fed back to department managers and upwardly reported at Divisional meetings and the Infection Prevention Operational Group (IPOG) meeting bi-monthly during the pandemic. IPCT undertake weekly hand hygiene and PPE assurance audits. Department monitor their own hand hygiene compliance weekly or monthly at present. The Trust have undertaken audits in non-clinical areas with an agreed template. Compliance will be reported to the Trusts IPOG/IPCC meetings going forward.	Audits of compliance for non clinical areas have not regularly occurred. The Trust now has an agreed template and will undertake going forward.	None	audits are presented in the Trust dashboard and condition reports + IPC reports. These are reported to the CQG meeting and IPCC meeting.
68	gloves are worn when exposure to blood and/or other body fluids, non□intact skin or mucous membranes is anticipated or in line with SICP's and TBP's	Executive Director of Nursing and Clinical Governance	Infection Control Team		This is included in the IPC guidance and policies	None	None	IPC guidance and policies
69	the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance	Executive Director of Strategy and Delivery	Director of Estates		There are no hand dryers in any of the clinical areas.	None	None	all patient areas use paper towels rather than hand dryers
70	staff maintaining physical and social distancing of 1 metre or greater wherever possible in the workplace	Executive Director of Nursing and Clinical Governance	Infection Control Team/		This is promoted via comms and daily briefs. As if the 15th June all staff must wear masks if not able to socially distance. Each workplace environment will be risk assessed and reviewed to see if social distancing can take place. This is all staff at all times.	None	None	workplace safety paper
71	staff understand the requirements for uniform laundering where this is not provided for onsite.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Staff have been educated in how to launder their uniforms and transport to and from home. This was part of a longstanding policy and is in the local Covid guidance	None	None	Uniform policy and Covid Guidance
72	all staff understand the symptoms of COVID-19 and take appropriate action if they or a member of their household display any of the symptoms (even if experiencing mild symptoms) in line with national guidance.	Executive Director of Nursing and Clinical Governance	HR		Staff are clear on the symptoms and this has been communicated regularly within Trust communication briefings. Absence is monitored daily and absence levels would imply staff are aware of actions to take. Staff absences are contained within the Sitrep. There is a clear process for staff in reporting covid related sickness and absence.	None	None	ESR data and HR intranet page with flow charts and process etc. Daily sitrep has staffing absence information.
73	to monitor compliance and reporting for asymptomatic staff testing	Executive Director of Nursing and Clinical Governance	Julie Gardner		Twice weekly lateral flow tests have been rolled out Trust wide with all staff offered the tests. Compliance is measured via a database.	None	None	Database of staff undertaking lateral flow tests and the compliance rates. Figures are reported to the Executive team.
74	there is a rapid and continued response to ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals).	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has a planning call to monitor the local and national requirements in relation to the pandemic. This includes the Executive team. Within this meeting decisions are discussed to respond to the pandemic as necessary The Trust attends all system calls and approve any relevant actions within the Trust Incident management meeting.	None	None	Diary invites
75	positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported	Executive Director of Nursing and Clinical Governance	Infection Control Team		Each positive case has received an investigation to understand the source. Any situation where 2 cases or more have been identified in an area, an outbreak is declared and all the relevant steps with PHE and the CCG are undertaken. This includes an RCA into the outbreak.	None	None	Outbreak dashboard and RCA's
7. Provide or secure adequate isolation facilities								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
76	that clear advice is provided, and monitoring is carried out of inpatients compliance with wearing face masks (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Advice is given to all patients on the use of masks. Only when is compromises their care will they not have a mask. All patients are encouraged and reminded to use masks. Leaflets regarding mask use is provided at the mask stations on entry to the ROH. IPCT undertake inpatient mask compliance audits weekly. The departments /wards check all patients have masks during shifts. On top of this the patient have information leaflets and are informed of the importance of wearing masks on admission and compliance is documented in the patients notes.	None	None	Trust policy. Inpatients are audited for mask usage

77	separation in space and/or time is maintained between patients with and without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid mixing of infectious and non-infectious patients.	Executive Director of Nursing and Clinical Governance	Infection Control Team		This is largely not relevant at the ROH. The Trust have scheduled appointments which are social distanced. Patients will be declined admission if they have suspected respiratory infection. Those patients who do not wear masks (medically exempt) wait outside.	None	None	Covid Guidance
78	patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 where their treatment cannot be deferred, their care is provided from services able to operate in a way which minimise the risk of spread of the virus to other patients/individuals.	Executive Director of Nursing and Clinical Governance	Infection Control Team		COHORT areas for COVID positive are in place with an agreed pathway for admission (IPC team monitoring in place). Suspected COVID are isolated in ward areas and if within a bay empty beds closed. Designated theatres for positive & symptomatic patients also in place. This is included in the guidance	None	None	Evidence pathway document and risk assessments
79	patients are appropriately placed ie, infectious patients in isolation or cohorts.	Executive Director of Nursing and Clinical Governance	Infection Control Team		As above COHORT areas for COVID positive are in place with an agreed pathway for admission. This is included in the guidance	None	None	IPC policy, IPCC papers, Quality report, PIR's Incident forms.
80	ongoing regular assessments of physical distancing and bed spacing, considering potential increases in staff to patient ratios and equipment needs (dependent on clinical care requirements).	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust does not increase the number of beds and all beds remain at 2 metres. Staff and patient ratios are reviewed daily at the staffing meeting and via safe care	None	None	Covid Guidance
81	standard infection control precautions (SIPC's) are used at point of care for patients who have been screened, triaged, and tested and have a negative result	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust adheres to the national standards.	None	None	Policy/SOPS on Intranet
82	the principles of SICPs and TBPs continued to be applied when caring for the deceased	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust adheres to the national standards. Event of a patient death policy on intranet and Covid Guidance in place.	None	None	Policy on Intranet
8. Secure adequate access to laboratory support as appropriate								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
83	testing is undertaken by competent and trained individuals.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Labs are not provided by the Trust but the Trust utilises appropriately registered and licenced labs for its testing.	None	None	Databases and reports for the UHB labs
84	patient testing for all respiratory viruses testing is undertaken promptly and in line with national guidance;	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has a process in place that follows national PHE guidance and a system to monitor and ensure all staff and patients are tested as required. The Trust has also rolled out lateral flow testing to staff with over 1000 units issued.	None	None	Databases and reports for the UHB labs
85	staff testing protocols are in place	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has a process in place that follows national PHE guidance and a system to monitor and ensure all staff and patients are tested as required. The Trust has also rolled out lateral flow testing to staff with over 1000 units issued.	None	None	Databases and reports for the UHB labs
86	there is regular monitoring and reporting of the testing turnaround times, with focus on the time taken from the patient to time result is available.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust use the labs at UHB. The testing turnaround times are available on request and are monitored at UHB	None	None	Databases and reports for the UHB labs
87	There is regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data).	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust use the labs at UHB. The testing turnaround times are available on request and are monitored at UHB	None	None	Databases and reports for the UHB labs
88	screening for other potential infections takes place.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Testing for patients continues for other infections. This is included on the PICS system Staff have access to occupational health as normal for other illnesses.	None	None	PICS and daily reports for UHB
89	that all emergency patients are tested for COVID-19 and other respiratory infections as appropriate on admission.	Executive Director of Nursing and Clinical Governance	Infection Control Team		All on the amber pathway are swabbed on admission and admitted to side rooms or cohorted with others on the same pathway.	None	None	Pre op guidance and Covid Guidance
90	that those inpatients who go on to develop symptoms of respiratory infection/COVID-19 after admission are retested at the point symptoms arise.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Patients who develop symptoms are isolated and PCR tested asap. The trust have guidance on this in place	None	None	Pre op guidance and Covid Guidance
91	that all emergency admissions who test negative on admission are retested for COVID-19 on day 3 of admission, and again between 5-7 days post admission.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust test all inpatients on day 3, day 7 and weekly thereafter. Monitoring of screening compliance is undertaken by IPCT	None	None	Pre op guidance and Covid Guidance
92	that sites with high nosocomial rates should consider testing COVID-19 negative patients daily.	Executive Director of Nursing and Clinical Governance	Infection Control Team		This is considered as part of the outbreak meeting.	None	None	Outbreak documents
93	that those being discharged to a care home are tested for COVID-19, 48 hours prior to discharge (unless they have tested positive within the previous 90 days), and result is communicated to receiving organisation prior to discharge.	Executive Director of Nursing and Clinical Governance	Infection Control Team		This recommendation is reflected in the ROH covid guidance regarding safe discharge of patients. Infection status is included on the ROH discharge documentation and provided at handover. The Trust adhere to the national guidance on transfer or discharge of patients to home or other care settings.	None	None	Covid Guidance and discharge letters/summary
94	those patients being discharged to a care facility within their 14-day isolation period are discharged to a designated care setting, where they should complete their remaining isolation as per national guidance	Executive Director of Nursing and Clinical Governance	Infection Control Team		This recommendations is reflected in the ROH covid guidance regarding safe discharge of patients. Infection status is included on the ROH discharge documentation and provided at handover. The Trust adhere to the national guidance on transfer or discharge of patients to home or other care settings.	None	None	Covid Guidance and discharge letters/summary

95	there is an assessment of the need for a negative PCR and 3 days self isolation before certain elective procedures on selected low risk patients who are fully vaccinated, asymptomatic, and not a contact of case suspected/confirmed case of COVID-19 within the last 10 days. Instead, these patients can take a lateral flow test (LFT) on the day of the procedure as per national guidance.	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust has a group within the Trust to discuss swabbing. The DIPC, a ROH surgeon, microbiologist and IPC team reviewed the national guidance and made the decision to remain using the 3 day PCR testing due to the high Covid rates in the Trust and community in December 2021 and January 2022. This will remain under review.	None	None	Covid Guidance
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
96	the application of IPC practices are monitored and that resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors).	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust have the appropriate training, policies and guidelines in place to ensure good adherence to IPC practices. Audits are in place to measure compliance	None	None	Audits all contained with IPC papers.
97	staff are supported in adhering to all IPC policies, including those for other alert organisms	Executive Director of Nursing and Clinical Governance	Infection Control Team		The Trust have the appropriate trainings, policies and guidelines in place to ensure good adherence to IPC practices that include other organisms. Audits are in place to measure compliance.	None	None	Audits all contained with IPC papers.
98	safe spaces for staff break areas/changing facilities are provided.	Executive Director of Strategy and Delivery/Executive Director of Nursing and Clinical Governance	Estates/Infection Control Team		A team were set on and completed risk assessments out in all areas. There are areas within the Trust that proved difficult to create safe spaces for staff break areas and changing facilities due to the Trust estate. This includes Theatres and Portering room. Mitigation is in place as part of the departmental risk assessments to ensure safety is maintained. As mitigation, the Theatre department have staggered the break and shift patterns for staff and the Trust has provided further safe space for Theatres such as the learning and development room. Current scoring on the risk registers; Theatres - 3 x 4 = 12 (amber) Portering - 2 x 4 = 8 (amber) Further to this the Trust has plans to extend Café Royale to ensure the space is sufficient for the footfall. This is included on next year's capital plans.	There are areas within the Trust that proved difficult to create safe spaces for staff break areas and changing facilities due to the Trust estate	Mitigation is in place as part of the departmental risk assessments to ensure safety is maintained.	Risk assessments on Ulysses
99	robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak.	Executive Director of Nursing and Clinical Governance	Infection Control Team		Major outbreak policy and process in place and recently reviewed in the Trust (December 2021). PICS can evidence those patients that were contacts with positive patients. RCA for outbreaks can evidence how the Trust isolated all contacts of known Covid	None	None	Major outbreak policy and process
100	all clinical waste and linen/laundry related to confirmed or suspected COVID□19 cases is handled, stored and managed in accordance with current national guidance.	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		This is described within the Trusts COVID guidance. Any identified non-compliance is incident reported by the portering teams and addressed the facilities manager	None	None	Covid Guidance
101	PPE stock is appropriately stored and accessible to staff who require it.	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		The Trust has an ordering and stock management system in place on a daily basis. The Trust has central stores of PPE accessible 24/7 with distribution to all areas of the Trust on a daily basis to maintain PPE stock levels within all areas. Any issues are highlighted in the site meeting 3 times daily.	None	None	None
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection								
Ref	Key lines of enquiry	Exec Lead	Operational Lead	RAG rating	Evidence	Gaps in assurance	Mitigating actions	Stored Evidence
1	Systems and processes are in place to ensure:							
102	staff seek advice when required from their IPCT/occupational health department/GP or employer as per their local policy.	Executive Director of Nursing and Clinical Governance	HR team		The Trust has a Covid intranet page that includes SOPS and flow charts for Staff testing and Isolation.	None	None	Flow charts on the Trust intranet page. Intranet page includes all the information on staff testing.
103	bank, agency, and locum staff follow the same deployment advice as permanent staff.	Executive Director of Nursing and Clinical Governance	HR team		The Trust has a Covid intranet page that includes SOPS and flow charts for Staff testing and Isolation and any other Covid advice. Agency and bank follow the same processes.	None	None	Flow charts on the Trust intranet page. Intranet page includes all the information on staff testing.
104	staff who are fully vaccinated against COVID-19 and are a close contact of a case of COVID-19 are enabled to return to work without the need to self isolate (see Staff isolation: approach following updated government guidance)	Executive Director of Nursing and Clinical Governance	HR team		The Trust has a Covid intranet page that includes SOPS and flow charts for Staff testing and Isolation. The Trust has rolled out lateral flow testing for staff to complete twice per week with over 1100 units issued. The Trust will be adopted the national guidance on isolation times set out in the national guidance	None	None	Flow charts on the Trust intranet page. Intranet page includes all the information on staff testing.
105	staff understand and are adequately trained in safe systems of working, including donning, and doffing of PPE.	Executive Director of Nursing and Clinical Governance	HR team		All staff received mandatory training on infection control and transmission based precautions. This is also included in the Trusts Covid guidance and training.	None	None	Training rates on ESR

106	A fit testing programme is in place for those who may need to wear respiratory protection.	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		The Trust undertakes Fit Testing for its staff and where failed has alternative FFP3 PPE in place.	None	None	Database on P drive and training schedule in place
107	where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will: o lead on the implementation of systems to monitor for illness and absence. o facilitate access of staff to antiviral treatment where necessary and implement a vaccination programme for the healthcare workforce o lead on the implementation of systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19 o encourage staff vaccine uptake.	Executive Director of Nursing and Clinical Governance	Hr Teams		HR lead on the trust systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19. Vaccination is promoted within the Trust stating all staff must be vaccinated for Covid by April 2022. Flu vaccination is monitored and will be included within the Trust CQUIN for 2022.	None	None	Vaccination compliance
108	Staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in national guidance.	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		All staff continue to follow the infection control precautions, including PPE, as outlined in national guidance and Trust policy at all times.	None	None	Trust SOPS and policies + audit schedule
109	a risk assessment is carried for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza and severe illness from COVID-19. o A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups; o that advice is available to all health and social care staff, including specific advice to those at risk from complications. o Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff. o A risk assessment is required for health and social care staff at high risk of complications, including pregnant staff.	Executive Director of Nursing and Clinical Governance	Hr Teams		The Trust has a process in place to risk assess all staff that fulfil the criteria of high risk. On the intranet the Trust has clear guidance for all line managers to complete risk assessments for staff and these are stored in the HR department. All new starters to the Trust are risk assessed against Covid-19 Compliance was measured with line managers informed they must review risk assessments when circumstances change. Advice and support is available from Occupational health and HR department.	None	None	Risk assessment paper and ESR/staff records
110	vaccination and testing policies are in place as advised by occupational health/public health.	Executive Director of Nursing and Clinical Governance	Hr Teams		The trust have both vaccination and testing policies are in place as advised by occupational health/public health.	None	None	Policy
111	staff required to wear FFP3 reusable respirators undergo training that is compliant with HSE guidance and a record of this training is maintained and held centrally/ESR records.	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		The Trust has competent trainers supplied by Ashfield and NHS England/Improvement. The training is compliant with the HSE guidance and a central record of training is stored on the P drive. Compliance is monitored. The range of FFP3's onsite has now extended to six different models with three of those being UK made. The date of all fit tests is recorded for each member of staff on the department breakdown provided to managers. All staff that have passed on at least two masks will be provided with a training record and classed as compliant. This is provided to the trainee and their manager and should be included in the staff members personal file. There is a further requirement for the Trust to use ESR to record all fit testing outcome and usage data at an individual level. The Trust is still awaiting guidance from the national team regarding this function on ESR; it is not currently available and it is unclear how the Trust upload this information	None	None	Database on P drive and training schedule in place
112	staff who carry out fit test training are trained and competent to do so	Executive Director of Nursing and Clinical Governance	Infection Control Team/Communications team		As above, The Trust has competent trainers supplied by Ashfield and NHS England/Improvement. The training is compliant with the HSE guidance.	None	None	Training agreement with supplier
113	all staff required to wear an FFP3 respirator have been fit tested for the model being used and this should be repeated each time a different model is used.	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		The Trust has a process in which all staff required to wear an FFP3 respirator are currently fit tested for the model being used and in stock at the Trust. The Trust has a process where fit testing is repeated should a different model be used.	None	None	Database on P drive and training schedule in place

114	all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		The current fit testing undertaken in the Trust only provides fit testing on one type of UK made masks. This was an active decision made by the Trust to ensure more staff have access to the fit testing and are fit tested on at least one type of mask. Once the demand allows it, the Trust will aim to ensure all staff are fit tested on at least two different masks. Current fit testing compliance rates are showing as low across the Trust for staff trained in two masks. A report is to be presented to the Trust Board on the current compliance on FFP3 fit testing.	compliance rates are showing as low across the Trust. The current fit testing undertaken in the Trust only provides fit testing on one type of UK made masks.	Rolling training for fit testing is in place	Database on P drive and training schedule in place
115	a record of the fit test and result is given to and kept by the trainee and centrally within the organisation.	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		The Trust undertakes Fit Testing for staff and this is recorded on a central database. A certificate of attendance and outcome of the fit testing is provided to the Trainee. The trainee also receive the relevant masks they are fit tested on	None	None	Database on P drive and training schedule in place
116	those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators and hoods.	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		The Trust undertakes Fit Testing for its staff and where failed has alternative FFP3 PPE in place. For those staff who fail fit testing they are provided with a record and this is recorded centrally on the P drive.	Lack of assurance of the uptake of training on hoods and no compliance figures are available.	Work to be undertaken to ensure training is completed	no assurance this is documented
117	That where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be decontaminated and maintained according to the manufacturer's instructions.	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		The alternative hoods are provided to staff who fail fit testing. A recent audit in January 2022 showed the hoods and are maintained according to the manufacturer's instructions. This is now included in an audit of emergency equipment and daily checks and will be monitored in the divisions.	Unable to provide the assurance that the hoods are maintained and decontaminated as per HSE and manufactures guidance.	This should be included in an audit of emergency equipment. further work is needed to ensure the Trust meet this requirement.	Database on P drive and training schedule in place
118	members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		The Trust has a process for this to ensure conversations and risk assessments are reviewed for staff. More assurance is needed to see if this is recorded correctly on people's individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. The Trust have no SOP or policy in place	Assurance is needed to demonstrate compliance	Review underway into process	Database on P drive and training schedule in place
119	a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	Executive Director of Nursing and Clinical Governance	Head of Nursing Division 1/2		More assurance is needed to see if this is recorded correctly on Staff individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. The Trust have no SOP or policy in place and no involvement from Occupational health.	Assurance is needed to demonstrate compliance	Review underway into process	Database on P drive and training schedule in place
120	boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board.	Executive Director of Nursing and Clinical Governance	Executive Director of Nursing and Clinical Governance		This IPC Board assurance framework has been presented to the Board on multiple occasions detailing the Trust requirements and processes in relation to FFP3 and fit testing. This has allowed scrutiny and challenge from the unitary Trust Board. Further to this the DIPC has provided verbal updates on this. Although the Trust has a stored record of fit testing results - This has yet to be reported at the Trust Board. A report is on the agenda for Trust Board in February 2022	Central database has not been reported to Trust Board	Report/Paper to be presented at the next Trust Board	Board paper,
121	consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance.	Executive Director of Nursing and Clinical Governance	Infection Control Team/		The pathways have remained consistent to avoid any cross over of care pathways and staff movement. Where possible staff remain on their substantive ward. Staffing is reviewed and monitored via Rostering and can evidence any staff movements	None	None	Rostering states staff movement
122	health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone.	Executive Director of Nursing and Clinical Governance	Infection Control Team/		Each area within the Trust has been risk assessed by the PMO's and risks are managed and mitigated on the Ulysses system Occupational Health Department advice and support is readily available to all staff. Staff receive regular updates on the expectations placed upon them if testing positive for Covid - i.e. the need for PCR tests and period of isolation.	None	None	Risk register
123	staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing.	Executive Director of Nursing and Clinical Governance	HR teams		All staff who are self isolating have contact from the Trust to offer access to testing. Regular wellbeing discussions are held with staff monthly in their 1 to1 with managers.	None	None	Hr process on intranet
124	staff who test positive have adequate information and support to aid their recovery and return to work	Executive Director of Nursing and Clinical Governance	HR teams		The Trust has a wellbeing process and described support in place. All positive staff are monitored in line with existing attendance policy and declared fit to work before returning using an interview.	None	None	Hr process on intranet

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**FFP3 Mask Position**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Garry Marsh, Chief Nurse**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

This paper gives an explanation of the FFP3 equipment used within the Trust, the statutory training requirements around masks and the compliance against each clinical area within the Trust with training.

It also describes the mitigation in place for staff who have not been trained to use an FFP3 mask.

REPORT RECOMMENDATION:

The Board is asked to note:

- The challenges that have been posed throughout the pandemic by varying types of FFP3 masks being provided nationally.
- Assurance that the Trust now complies with Health and Safety Executive (HSE) legislation by having a competently trained fit tester in place by utilising the national training team.
- The assurance that the Trust is compliant with HSE legislation that staff are fit tested with the mask required.
- The assurance that staff have respiratory hoods for mitigation if they are unable to wear an FFP3 mask.
- The assurance that no incidents have been reported by our staff regarding PPE nor any issues been found within any Root Cause Analysis undertaken associated with COVID incidents.
- The Chief Nurse will continue the work to increase fit testing levels within the Trust with oversight at the Infection Prevention Control Committee and additionally through escalation to the Quality & Safety Governance structure where concerns exist.
- The Chief Nurse will develop a local solution for training by supporting the training of assessors to remove the reliance on a national team associated with the pandemic.

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

Note and accept	Approve the recommendation	Discuss
x		

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity	x	Workforce	
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Compliance with the Hygiene Code Compliance with Health & Safety Executive Legislation Compliance with Care Quality Commission Regulations
PREVIOUS CONSIDERATION:
Overseen by the Infection Prevention & Control Committee

FFP3 SUMMARY

REPORT TO THE TRUST BOARD IN PUBLIC – 2 FEBRUARY 2022

1. Introduction

1.1. This paper supports the narrative within the Infection Control Board Assurance Framework (NHSE/I) which currently receives an amber rating requiring Trust Board oversight of Fit Test data.

118	Boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the Board.	Chief Nurse	Chief Nurse		This IPC Board Assurance Framework has been presented to the Board on multiple occasions detailing the Trust requirements and processes in relation to FFP3 and fit testing. This has allowed scrutiny and challenge from the unitary Trust Board. Further to this the DIPC has provided verbal updates on this. Although the Trust has a stored record of fit testing results - This has yet to be reported at the Trust Board.

1.2. It should be noted that oversight of data has previously been undertaken at Infection Prevention Control Committee (IPCC) and periodically at the Executive team meetings.

2. Background

2.1. Prior to COVID the Trust did not undertake Fit testing and had sole reliance on respiratory hoods as its FFP3 protection for staff due to its absence of clinical cohorts of patients requiring FFP3 protection.

2.2. At the start of the pandemic the Trust therefore had to introduce FFP3 masks and fit testing as it became apparent that their usage would become more common place and potentially outweigh the usage of respiratory hoods being practical.

2.3. The initial phases of the pandemic saw rapidly trained local fit testers undertaking testing with staff on the available masks. These trainers were challenged due to the changes in FFP3 masks being available on a consistent basis linked with the national PPE supply challenges experienced early in the pandemic. There were also challenges with the training equipment being available due to national supply shortages and releasing these trainers from their employed role at the Trust.

2.4. The Trust took a decision to use an external company to undertake its FFP3 training which gave full assurance of competence to train, availability of equipment to train and available time to train.

2.5. In June 2021 a letter was received from the Department of Health & Social Care (DHSC) outlining further measures required for resilience.

2.6. One of the key actions was that "*All FFP3 users should be fit tested and using at least 2 different masks*."

2.7. Given the Trust had to reintroduce stock of a different mask type at the same time, which in turn required repeat fit testing for our staff, a decision was taken to reduce the training time for staff to thirty minutes as oppose one hour which means staff are only fit tested in one mask.

2.8. This allowed a greater number of staff to be fit tested therefore increasing the numbers of staff able to competently wear FFP3 protection when required.

2.9. At all times the Trust has had available respiratory hoods for non-fit tested or failed fit tested staff to wear as mitigation to protect them.

2.10. It should also be noted that no HSE legislation is breached by staff only trained in one mask, the legislative requirement is fit testing be undertaken by a competent trainer for each mask that staff will use.

2.11. The two mask principle has also not been included in regulatory or contractual arrangements with the Trust but is of course recognised as good practice to aspire to.

3. What is an FFP3 mask?

3.1. FFP3 face masks are the most effective at filtration, with a minimum filtration of 99% and a maximum leakage of 2% to the inside. These masks are better shaped to your face for a more snug fit and typically have a valve to help breathe as the filtration material is much thicker. The valve also reduces the build-up of moisture, lengthening the lifespan of the mask. FFP3 masks are typically used for handling asbestos outside of healthcare.



What is fit testing?

3.2. Fit testing of FFP3s for a safe fit is required by law.

3.3. A face fit test should be carried out before people wear a FFP3 mask for the first time. Inadequate fit can reduce the protection provided and lead to immediate or long-term ill health or can even put the wearer's life in danger.

3.4. A fit test should be repeated whenever there is a change to the FFP3 mask type, size, model or material, or whenever there is a change to the circumstances of the wearer that could alter the fit of the mask, for example:

- weight loss or gain
- substantial dental work
- any facial changes (scars, moles, effects of ageing etc) around the face seal area
- facial piercings
- introduction or change in other head-worn personal protective equipment (PPE)

3.5. There is no stipulated frequency for retesting, and you don't need to retest if there are no changes in these circumstances.

What is the respiratory hood mitigation?

3.6. Where staff have failed fit testing, not been fit tested or are not clean shaven then FFP3 protection is offered by a respiratory hood.

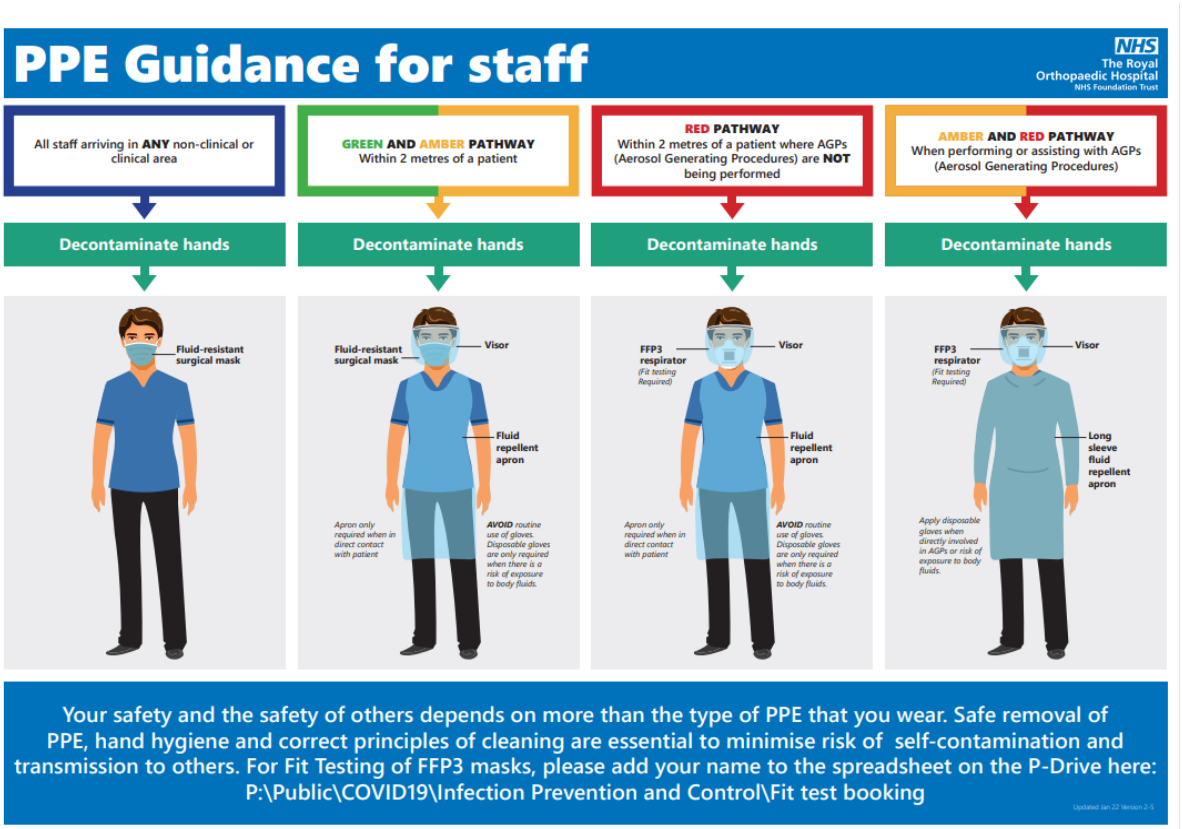


3.7. These are stocked across the Trust with Standard Operating Procedures available and training. These have been a piece of equipment within the Trust pre-pandemic.

When is FFP3 used?

3.8. There have been several versions of PPE throughout the pandemic and the Trust has aligned its PPE guidance to national documents.

3.9. The below diagram presents the current PPE requirements and when our staff are required to wear FFP3 level protection.



3.10 It should be noted that within the last month FFP3 has increased in the red pathway linked with the Omicron variant due to its heightened transmissibility.

4. Trust Compliance with Fit Testing

4.1. The table below shows where the current compliance levels are at within the Trust.

28th January 2022		National Compliance - staff member must be fit tested on 2 masks and 1 must be UK made		Trust Compliance -staff member is fit tested on one mask or has been advised to wear a respiratory hood		
Department	**Number of staff in department**	**Number of staff compliant (2 masks or exempt)**	**Percentage of staff compliant**	**Number of staff compliance (1 mask or exempt)**	**Percentage of staff**	**TRUST RISK ASSESSMENT Of FFP3 Mask Being Worn**
Ward 1	28	7	25%	21	75%	Rare
Ward 2	32	16	50%	26	81%	Rare
Ward 3	25	8	32%	20	80%	Rare
Ward 4	25	10	40%	20	80%	Rare
Wards 10 & 12	38	19	50%	31	82%	Almost Certain
CYPC	13	2	15%	12	92%	Rare
ROCS	17	5	29%	15	88%	Rare
Outpatients	31	7	23%	22	71%	Rare
HDU	25	12	48%	22	71%	Likely
Discharge Lounge	6	0	0%	3	50%	Rare
Corporate Nursing	27	18	67%	24	89%	Rare
ADCU	40	1	3%	20	50%	Rare
POAC	25	0	0%	13	52%	Rare
RRT	2	0	0%	1	50%	Possible
Therapies	103	0	0%	30	29%	Rare
Radiology	17	3	18%	10	59%	Likely
Phlebotomy	4	0	0%	1	25%	Unlikely
Facilities	24	4	17%	23	96%	Likely
Anaesthetics	40	0	0%	9	23%	Likely
Theatres and Recovery	147	13	9%	41	28%	Likely

4.2. Aligned to them is a risk assessment has also been undertaken of likelihood of using FFP3 level protection in the clinical area.

4.3. It should be noted that the use of FFP3 masks at the Trust is required in minimal areas on a regular basis and in clinical areas mitigation is available of the respiratory hood.

4.4. It should be noted that the FFP3 training levels are variable in status. For example, theatres were at 82% but the mask provided was ceased in supply. As stated, all staff required repeat Fit Testing hence the decrease in compliance.

5. In summary, the Board is asked to note:

5.1. The challenges that have been posed throughout the pandemic by varying types of FFP3 masks being provided nationally.
5.2. Assurance that the Trust now complies with HSE legislation by having a competently trained fit tester in place by utilising the national training team.
5.3. The assurance that the Trust is compliant with HSE legislation that staff are fit tested with the mask required.
5.4. The assurance that staff have respiratory hoods for mitigation if they are unable to wear an FFP3 mask.
5.5. The assurance that no incidents have been reported by our staff regarding PPE nor any issues been found within any Root Cause Analysis undertaken associated with COVID incidents.
5.6. The Chief Nurse will continue the work to increase fit testing levels within the Trust with oversight at the Infection Prevention Control Committee and additionally through escalation to the Quality & Safety Governance structure where concerns exist.
5.7. The Chief Nurse will develop a local solution for training by supporting the training of assessors to remove the reliance on a national team associated with the pandemic.

Garry Marsh
Chief Nurse

January 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**National Standards of Healthcare Cleanliness 2021: IPC Board Assurance Framework**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Steve Harnett, Facilities Manager**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

In 2021 revised National Standards of Healthcare Cleanliness were issued.

This paper describes the standards for cleanliness required and how they are being implemented at the Trust.

The table below shows the required actions and the progress so far;

Progress to date:

Action	Assurance
Review Cleanliness policy to reflect new standards	Policy has been reviewed and updated
Cascade standards overview to senior nursing team	PowerPoint presentation undertaken 2021
Cite Infection control committee of new standards	Cleanliness report ICC
Compile a cleaning responsibility framework	Complete
Agree audit frequency based on functional risk category	Complete
Roll out star rating within staff only locations	Star rating shared monthly and displayed within rooms
Undertake Cleanliness Software review to reflect changes	Software has been updated to reflect changes
Update local training manual to reflect changes	Local training manual updated

Further work to be undertaken:

Action	Assurance
Display star rating on patient facing communication boards	Partly rolled out – Outpatient and clinics to be completed
Ensure efficacy audit tool is embedded within audit template	Final stages of audit sign off with Provider
Draft "commitment to cleanliness charter" for proof reading	Final stages of draft to be completed February 2
Undertake 1st annual efficacy audit	Scheduled for September 2022
External audit (PLACE)	Waiting on further guidance from national

REPORT RECOMMENDATION:

The Board are asked to note the standards and progress to date.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

Compliance with Hygiene Code and Care Quality Commission Regulations

PREVIOUS CONSIDERATION:

These standards are monitored at the Infection Prevention and Control Committee with any risks escalated to the Quality & Safety Committee.

The Royal Orthopaedic Hospital NHS Foundation Trust

NATIONAL STANDARDS OF HEALTHCARE CLEANLINESS 2021: IPC BOARD ASSURANCE FRAMEWORK

REPORT TO THE TRUST BOARD – 2 FEBRUARY 2022

1.0 Executive Summary

1.1 Since the publication of the National Standards of Healthcare Cleanliness in 2021, the Facilities team have welcomed the opportunity to measure performance in a uniform way, and to benchmark our cleaning services against other healthcare environments.

1.2 Once received, it was clear that a collaborative approach was essential to continuously improve cleanliness standards. The Facilities team have greatly benefited from the professional objectivity and support of the Chief Nurse, who has actively encouraged cross departmental collaboration with clinical colleagues, partner organisations and patients in setting and monitoring cleaning standards for consistently high levels of service.

1.3 The new Standards will seek to drive improvements, while being flexible enough to meet the different and complex requirements of the Trust.

1.4 With the aid of our Infection Prevention and Control colleagues, Facilities have worked in collaboration to agree how our cleaning resources are best organised for our local environment and services, while ensuring that we continue to meet all aspects of the new standards.

2.0 Setting the ROH Standard of Cleanliness

2.1 Identifying the Functional Risk (FR) category for functional areas was the crucial first step in applying the standards: the cleaning, monitoring and audit frequency and audit target scores are all directly linked to this.

Risk Categories and Standards for Functional Areas (FR)

National Standards of Healthcare Cleanliness 2021 Risk Categories for function areas are as follows:

Functional Risk Category:	**(FR1)**	**ROH Standard**
Audit Target: Weekly	**99% - 5 Stars**	**99% - 5 Stars**
Standards Identified locations	Operating Theatres	Operating Theatres
	Intensive Care Units	HDU
	Chemotherapy/Immunocompromised Units	Ward 3
	Augmented Care	The Labs
	A&E/Resus/Minor Injuries/Major Trauma	

Functional Risk Category:	**(FR2)**	**ROH Standard**
Audit Target: Monthly	**95% - 5 Stars**	**95% - 5 Stars**
Standards Identified locations	Acute and community wards	Wards
	Treatment rooms where invasive procedures take place	POAC
		ADCU
		Discharge Suite
Functional Risk Category:	**(FR3)**	**ROH Standard**
Audit Target: Bi-Monthly	**90% - 5 Stars**	**90% - 5 Stars**
Standards Identified locations	Urgent Care Centres	Public corridors
	Emergency patient transport vehicles	Entrances
	Dental outpatient departments	OPD
		X-Ray & MRI Suites
		Rose Cottage
		Linen Room
		Pharmacy Dispensary
		Therapy Services Gym
		Physiotherapy Gym
		Hydrotherapy Suite
		Residence
		IPC & ROCS offices
		Orthotics Department
		Prayer & Reflection suite
		Trust Headquarters
Functional Risk Category:	**(FR4)**	**ROH Standard**
Audit Target: Quarterly	**85% - 5 Stars**	**90% - 5 Stars**
Standards Identified locations	Treatment rooms	Offices
	X-ray (non-invasive)/MRI/CT rooms	Main stores
	Entrances, receptions, and public corridors	Courtyard entrance
	Departure/discharge lounges	Knowledge Hub Medical Records Clinic waiting rooms
	Pharmacies	
	Public corridors, lifts and stairwells	
	Laboratories	
	General Outpatient departments/clinics	
	Physio Outpatient departments	
	Pre-op Assessment Units	
	Linen and Laundry departments	

Functional Risk Category:	**(FR5)**	**ROH Standard**
Audit Target: 6 Monthly	**80% - 5 Stars**	
Standards Identified locations	Visiting rooms where not directly associated with a ward	**Assigned into FR4**
	Main receptions	
Functional Risk Category:	**(FR6)**	**ROH Standard**
Audit Target: Annual	**80% - 5 Stars**	
Standards Identified locations	Administration/offices	**Assigned into FR4**
	Medical records	
	Education/postgrad and training centres	

An evaluation was performed in partnership with the Matron of Infection, Prevention and Control. To ensure continued high standards of cleanliness are maintained and sustained, it was agreed that locations identified as lower risk within the Standards categories would be included within our higher functional risk locations.

3. Positive Assurances and Highlights

3.1 The Facilities team will ensure all Environmental cleaning staff are familiar with the new standards.

3.2 The new standards reflect modern methods of cleaning, Infection Prevention and Control (IPC) and other changes since the last publication, and they also now incorporate important considerations for cleaning services during a pandemic.

3.3 To continue to drive improvement in cleanliness, the 2021 standards will:

Focus on the need for a collaborative approach

Different staff groups, both clinical and non-clinical, are responsible for cleaning different elements within an area; it is imperative we adopt a multi-disciplinary approach to meet the cleanliness standard that encompasses all elements within the assigned location.

Responsible parties

1. Healthcare Cleaning Professionals (Environmental Cleaners).
2. Nursing & Clinical teams.
3. Allied Health Professionals.
4. Estates Operational services.

Each staff group has recognisable cleaning responsibility to an assigned item or category, which has been incorporated within the “Commitment to Cleanliness Charter”.

Cleaning Responsibilities Framework

Ward/Departmental Clinical teams have been assigned cleaning responsibility for patient related equipment. The following items are audited against the standards:

Bed Pan (Reusable), bed pan holder, patient wash bowls
Bed pan washer/macerator
Clinical sluice equipment including sluice sink
Commodes
Patient Hoist
Weighing scales, including seating and standing scales
Intravenous infusion pump
Drip stands & Pulse oximeter
Medical gas cylinders holders & stand
Resus Trolley and associated equipment
Walking aids
Portable Medical equipment– Bladder scanners/MRI etc
Pharmacy/ medicine transport carriage
Electrical items in multi-use areas - specially computers and phones for example at nurse station, computers on wheels (COWs) and workstations on wheels (WOW`s) computer casings only.

Healthcare Cleaning professionals/Environmental Cleaners have been assigned cleaning responsibility for the environment. The following items are audited against the Standards:

Floors and walls
Chairs and couches
Patient bedframes, and mattresses
Switches, sockets, trunking, handrails and wall fixtures
Internal Glazing
Toilets, toilet brushes, sinks and handwash basins
Showers and replacement shower curtains
Radiator covers (surface area)
Low, middle and high-level surfaces
Patient over-tables
Bedside lockers (surface areas)
Waste bins
Kitchen cupboards (Surface areas)
Environmental cleaners' equipment

Estates Operational Services have been assigned cleaning responsibility which encompasses maintaining the environment. The following items are audited against the Standards:

Floors and walls – are in good state of repair
Switches, sockets, trunking, handrails and wall fixtures – are in good state of repair
Toilets, Sinks and handwash basins – are in good state of repair
Showers – are in good state of repair
Radiator covers are removed annually to enable "enhanced clean"
Ceiling tiles are replaced when damaged

Ventilation grills are serviced and cleaned annually
Kitchen cupboards and work tops – are in good state of repair

Published ratings will reflect the cleanliness score for the complete area, not the performance of individual parties responsible for cleaning certain elements. Taking this approach will make it clearer to patients, staff and visitors how clean an area is and encourages collective responsibility which ultimately inspires people to work together to achieve high standards.

Auditing and Monitoring Assurance

The integrity of the audit process is fundamental to providing assurance that Facilities are delivering safe standards of cleanliness.

Accurate, honest and open audit reporting underpins the ethos of the Standards – to drive safe standards and continuous improvement.

The Facilities team has a robust and transparent process approach to auditing, to ensure the new Standards are met. Our audit process will ultimately encourage quality improvements. The Facilities team currently use the Micad Cleaning for Credits software. The cleaning audit software allows Facilities to create and manage our cleanliness audits to meet the flexible needs of the Trust.

The Facilities department undertakes three forms of audits:

1. Technical Audit: checks and scores cleanliness outcomes against the safe standard.
Narrative: These regular audits are undertaken by appropriately experienced staff. They are a continuous and integral part of day-to-day management and supervision of our cleaning services.
Audit method: Observation and visual checks are performed on item or element i.e., High level surfaces.
Outcome: Evidence the item or element has been cleaned: Yes - no dust or debris present (Pass) No - dust or debris found (Fail)

2. Efficacy Audit: checks the efficacy of the cleaning process at the point of service delivery.
Narrative: These audits are intended to provide assurance that cleaning standards are met using good practice. Efficacy audits are only carried out in areas where patients and visitors are present, not in staff-only areas. Every patient-facing area will be audited at least once a year.
Audited against: Cleanliness assurance – Quality Infection Prevention and Control assurance Staff appearance and behaviour Waste Segregation management – compliance

Consumables and dispensers Environment
Outcome: Is there clear evidence that standards are in place. If an area falls below 80%, it will be re-audited within a reasonable timeframe (1 month) to check that following remedial action, it is achieving an audit score of over 80%. **Yes - Pass** **No - Fail** ***It is anticipated they will commence September 2022***

3. External Audit: provides quality assurance and checks both the technical audit and the efficacy audit
Narrative: These audits are intended to provide assurance that cleaning standards are met using good practice. Annual Patient Led Assessments of the care environment (PLACE) are undertaken. Findings and outcomes are formally reported through to the Patient experience and engagement group (PEEG).
Audited against: Cleanliness Condition/Appearance
Outcome: Is there clear evidence that standards and practices are in place. Yes - Pass - all aspects of all items must meet the definition/guidance. Qualified pass - a small number of items (no more than 20%) do not meet the definition/guidance. No - Fail - more than a small number of items do not meet the definition/guidance or where blood or body fluids are present (these always result in a failure score).

<u>Replacement of cleaning audit percentage scores for functional areas with easier to understand star ratings</u>

The introduction of new star rating for patient-facing areas. This star rating will be displayed to give patients, staff and members of the public an easily understood visual score of the standard of cleanliness being met. It reflects the cleanliness of a functional area, regardless of which staff group is responsible for cleaning each element.

For Example:

5 Stars highest expected standard

The location evidence that the highest standards of cleanliness has been achieved and has been audited against the following criteria:

Cleaning elements – items and categories identified have been cleaned to the highest of standards.

Performance parameters – achieved the expected standard of clean for each item (element) after cleaning.

Cleaning frequencies – the agreed frequency of cleans within the location have been undertaken.

3 Stars lowest expected standard

The location evidence that it requires further improvement in relation to the cleaning environment, with moderate non-conformances identified and has been audited against the following criteria:

Cleaning elements – items and categories identified have been cleaned but require improvement. Location is under surveillance and an action plan has been implemented to improve standards.

Performance parameters – not achieved to the expected standard of clean for each item (element) after cleaning.

Cleaning frequencies – under review and under surveillance. Increased cleaning hours authorised to bring location up to the highest of standards.

<u>The introduction of Efficacy Audits.</u>

This allows Facilities to widen the audit function to include the cleaning process, as well as measuring the technical cleaning outcome.

The Efficacy Audit is designed to assess the process of cleaning and infection control related to cleaning. The audit is designed to be carried out by the Healthcare Cleaning Professional/Facilities Management, Infection Prevention and Control and Clinical teams.

The audit will be scored and if remedial actions are identified, they will be actioned to ensure the location meets the agreed Standard.

<u>The introduction of the Commitment to Cleanliness Charter</u>

This will promote the ethos of the 2021 Standards, particularly by highlighting the importance of a collaborative approach. By signing up to this charter, the Trust will publicise that it is committed to achieving a consistently safe and high standard of cleanliness throughout the site.

The Trust will:

- Treat patients in a clean and safe environment and minimise exposure to healthcare associated infections.
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning methods and frequencies.
- Maintain fixtures and fittings to an acceptable condition to enable effective and safe cleaning to take place regularly.
- Allocate specific roles and responsibilities for cleaning, linked to infection prevention and control which are underpinned by strong, clear leadership that encourages a culture where cleanliness matters.
- Have clinical leads who will establish and promote a cleanliness culture across their organisation.
- Constantly review cleanliness and improve performance.
- Consider views about the quality and standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing.

- Provide the public with clear information on any measures which they can take, to assist in the prevention and control of healthcare associated infections.
- Provide the public with clear and precise information relating to the potential risk of contracting a healthcare associated infection. This will include highlighting other helpful information sources so that patients and members of the public can access up to date local data.
- Provide structured and pro-active education and training to ensure all our staff are competent in delivering infection prevention and control practices within the remit of their role.
- Design any new facilities with ease of cleaning in mind.

Progress to date:

Action	Assurance
Review Cleanliness Policy to reflect new Standards	Policy has been reviewed and updated
Cascade Standards overview to senior nursing team	PowerPoint presentation undertaken 2021
Cite Infection control committee of new Standards	Cleanliness report ICC
Compile a Cleaning Responsibility Framework	Complete
Agree audit frequency based on Functional Risk Category	Complete
Roll out star rating within staff only locations	Star rating shared monthly and displayed within staff rooms
Undertake Cleanliness software review to reflect changes	Software has been updated to reflect changes
Update local training manual to reflect changes	Local training manual updated

Further work to be undertaken:

Action	Assurance
Display star rating on patient facing communication boards	Partly rolled out – Outpatient and clinics to be completed
Ensure efficacy audit tool is embedded within audit template	Final stages of audit sign off with Provider
Draft “commitment to cleanliness charter” for proof reading	Final stages of draft to be completed February 2022
Undertake 1st annual efficacy audit	Scheduled for September 2022
External audit (PLACE)	Waiting on further guidance from national

Garry Marsh, Chief Nurse

28 January 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**The Future of NHS Human Resources & OD**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Sharon Malhi, Associate Director of Workforce and OD**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

This paper provides a briefing to the Board on 'The Future of NHS HR & OD' national report which was published in November 2021 (NHS England » The future of NHS human resources and organisational development report). As the NHS continues to deliver the vision set out in the People Plan, our ways of working, models of care and organisational boundaries are rapidly evolving and transforming.

The report sets out and articulates a shared vision for the first time. The aim is to create a baseline for people services across the NHS and understand what people professionals across the whole of the NHS must do (in collaboration with their colleagues) to fully implement the People Plan and People Promise.

Underpinning this is a shared commitment to do three things:

- Increase the focus of people services on organisational development and workforce transformation
- Improve transactional HR and OD services by simplifying, digitising and working at scale
- Enhance the development of the people profession

The vision is structured around eight clear themes, each with a set of recommendations designed to enable delivery and provide a clear call to action for national, system and provider people teams across the NHS leading to a more resilient, flexible and sustainable service, attracting people who want to join us, supporting people to remain and develop with us, and facilitating high quality care for our patients and communities.

This paper is intended to provide the Trust Board with an overview of the key vision and themes from the national report and provide assurance in relation to the progress against the key actions required for ICS's/organisations to March 2023.

REPORT RECOMMENDATION:

- To note and accept the progress to date against the key actions
- To discuss any further actions that may be required to achieve the actions to March 2023

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

Note and accept	Approve the recommendation	Discuss
X		X

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

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

Comments:
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Compliance with national guidance.
PREVIOUS CONSIDERATION:
None

ROHTB (2/22) 006 (a)

The future of NHS human resources and organisational development report

January 2022 Trust Board



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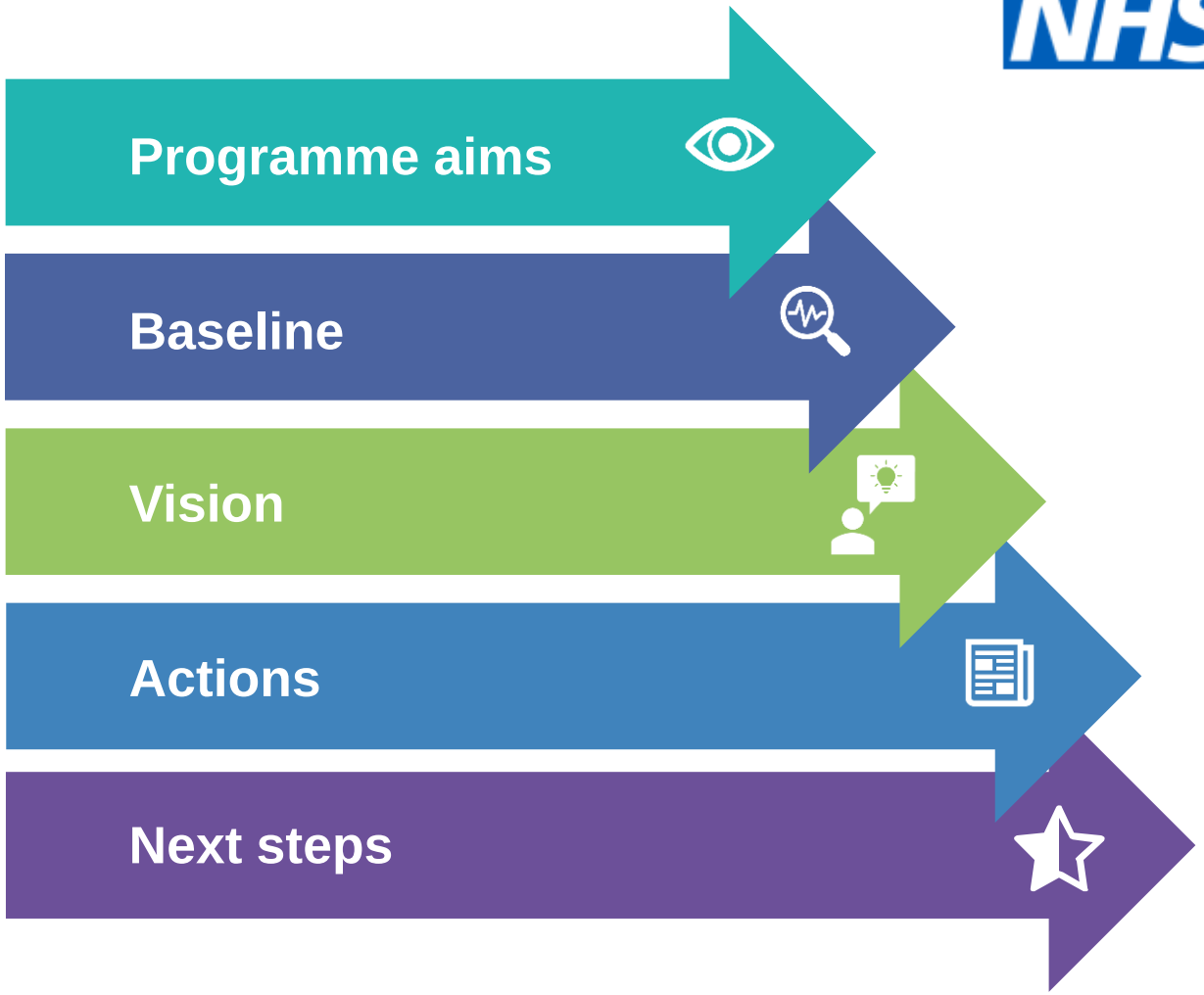
1 Programme aims: what were the aims of the future of NHS human resources (HR) and organisational development (OD) programme?

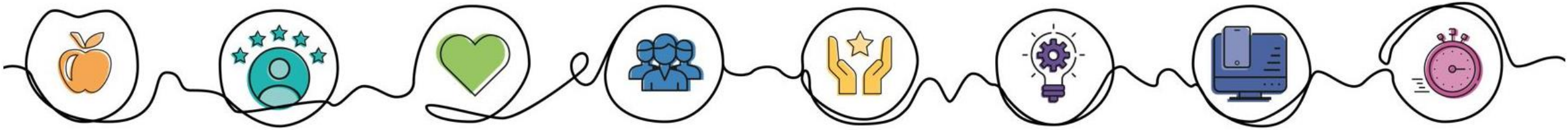
2 The Findings

3 What is the 2030 vision for NHS HR and OD?

4 What are the actions in the report?

5 Next seps?





1: Programme aims: what were the aims of the future of NHS human resources (HR) and organisational development (OD) programme?

The programme had three aims:

1. to produce a baseline of people services across the NHS and understand what the people profession needs to do to fully implement the People Plan and People Promise.
2. to determine a shared vision for the future.
3. to recommend how the vision can be actioned by 2030.

2: Baseline: what did we find?

In this section:

- What we found about NHS HR and OD
- What the report says about the future of health
- What the report says about the future of work

What we found about NHS HR and OD

The people profession is key to creating an empowering and inclusive culture, supporting our people, and enabling workforce transformation.

The pandemic enabled the people profession to play a strong role, and demonstrate added value for organisations and our NHS people.

People service resources are heavily focused on transactional services – we can achieve more by simplifying, digitising and working at scale.

There are big opportunities to refocus people services on OD and workforce transformation.

Overall investment in NHS HR and OD is in the median range using global comparators – but investment in digital is below average.

There are strong networks which could be used to scale best practice across the service.

Our customers were more positive about people services than the people profession – this was unique amongst sectors that have used the CIPD diagnostic.

What the report says about the future of health

There is a rising demand for health services due to an ageing population with increasingly complex healthcare needs.

Significant inequalities in life expectancy persist. These are linked to deep-rooted inequalities in how care is accessed.

Workforce supply challenges to continue as demand rises.

Health and care need to provide an integrated approach that supports the whole person.

Need for a preventative approach to health.

Technological and scientific innovation to change the nature of care and its delivery – enabling care to be more personalised.

Changing role of patients, with more wanting greater personalisation, support for self-care and prevention, and their care focusing on what really matter to them.

What the report says about the future of work

Workforce demographics are changing.

More competition for the workforce.

People's expectations of work are changing.

Increase in non-linear careers rather than ‘careers for life’.

Technological change to reshape job and skills demands.

A continuous and agile approach to development and training is needed to keep pace with change.

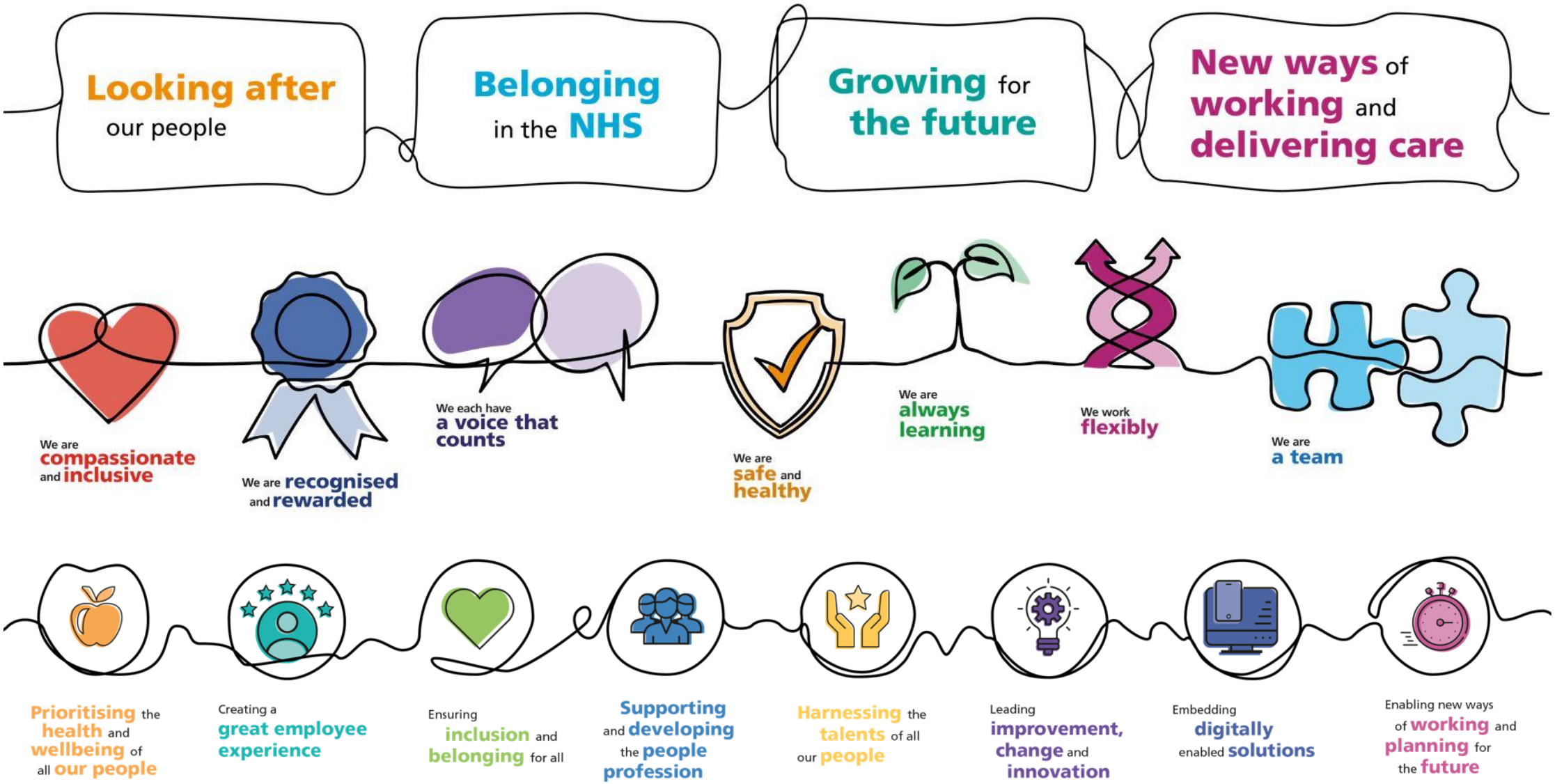
More is expected of employers on issues of inequality and social justice.

3: Vision: what is the 2030 vision for NHS HR and OD?

In this section:

- The vision to 2030 for HR and OD and how it relates to People Plan and People Promise

What is the 2030 vision for NHS HR and OD?



2030 Vision statements

 **Prioritising** the **health** and **wellbeing** of all **our people**	We take a positive and proactive approach in supporting the health, safety and wellbeing of our NHS people, ensuring that work has a positive impact. We address health inequalities at work and in our communities.
 Creating a **great employee experience**	We understand the diverse needs, expectations and experiences of our NHS people, and use that insight to tailor our people services. We attract and retain people in health and care, creating a positive impact on our communities
 Ensuring **inclusion** and **belonging** for all	We use our expertise and influence to create an inclusive culture, which values and celebrates our diversity. We listen to our people and take action to ensure there is equity for everyone.
 **Supporting** and **developing** the **people profession**	We support everyone working in the people profession to be their very best and reach their full potential. Together we provide outstanding people practices..
 **Harnessing** the **talents** of all our **people**	We help all our people to fulfil their ambition and potential. We build strong leadership and management capability at all levels.
 Leading **improvement, change** and **innovation**	The people profession is productive, efficient and responsive. Our operating model delivers transformation and embeds innovation across organisations and systems.
 Embedding **digitally** enabled **solutions**	We make best use of technology and digital solutions to deliver great people services. We develop our digital capability to equip ourselves for the future
 Enabling new ways of **working** and **planning** for the **future**	We enable our people to work differently, to support new models of care. We anticipate the needs of the health and care system, and play our part in creating a sustainable supply of workforce which meets the needs our patients now and for the future

4: Actions: what are the actions in the report?

- The report outlines actions under each of these themes – either at national/regional level or ICS/organisation level
- The national/regional actions have timescales from 2022 to 2025
- For ICS/organisation it will be for them to determine the priority and timescale for delivery of actions. The report recommends a number of areas for initial focus

In this section:

- Key actions at national/regional and ICS/organisation level
- Actions for organisations/systems to 2023

National/regional key actions

ICS/organisation key actions



- Develop a standard set of health and wellbeing skills, competencies and behaviours for all leaders
- Define minimum standards for physical work environments that supports good health and wellbeing, such as access to rest spaces
- Formalise an approach to ensure rapid access to core health and care services when our people need it

- Embed a standard set of health and wellbeing skills, competencies and behaviours for leaders
- Review and baseline their current offer, including identifying which areas to enhance or evolve
- Personalise the health and wellbeing offer to reflect the diverse needs of our NHS people
- Build health and wellbeing metrics into performance dashboards



- Establish regular ways to measure employee experience to complement the staff survey
- Provide advice, guidance and support on how to promote the full range of careers in the NHS, including sharing good practice (by 2023)

- Build employee experience metrics into performance dashboards and develop clear plans to improve
- Make health and care the first choice for local employment by using our positions as anchor organisations with a strong employment brand/offer.
- remove unnecessary bureaucracy and duplication, such as repeated mandatory and statutory training.



- Engage with regulators (such as the Care Quality Commission [CQC] and the Health and Safety Executive) to provide influence and ensure greater emphasis is placed on equality, diversity and inclusion (EDI) and employee experience measures when assessing organisational performance (by 2023)

- Overhaul of recruitment processes – no more tick boxes, frictionless
- Ensure everyone has measurable EDI objectives including Board members
- Embed the principles of a restorative just culture into all people practices, for example employee relations, leadership and talent frameworks



- Introduce NHS people profession standards tailored to the needs of the healthcare sector, now and in the future
- Develop a comprehensive apprenticeship offer to increase the capability levels and professional accreditation within the profession

- Develop professional development plans for their teams and individuals to build strong capabilities in key areas (e.g. workforce planning, redesign, digital, OD)
- Undertake CPD and appraisal processes that align to professional standards and incorporate customer feedback

National/regional key actions

ICS/organisation key actions



Harnessing the talents of all our people

- Develop a clear approach for talent management for all staff, including defined standards and support for organisations and ICSs
- Use digital talent management tools and platforms to enable a single view of talent across the NHS

- Proactively set the direction for talent management, working with partners across the system to a common framework
- Establish formal governance to enable senior involvement and oversight of talent management, succession planning and development



Leading improvement, change and innovation

- Develop frameworks to enable people services to assess strategic alignment of resources, and range of people services operating models.
- Develop expected people management standards for managers for adoption across the service
- Establish a central repository of people service good practice

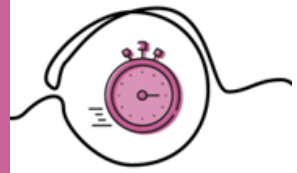
- Review functional resources to ensure alignment with national and local priorities
- Create plans for system-level consolidated and simplified transactional people services at scale
- Appoint a chief people officer [CPO] (or equivalent) as the accountable board level lead for people



Embedding digitally enabled solutions

- Build digital workforce and business intelligence capability at national, ICS and provider level to support operational delivery and strategic decision making
- Co-design and support the implementation of the new national People Digital Solution with the service

- Create plans and commence actions to align digital systems to enable joined-up working and decision-making across systems
- Adopt digitally enabled and intuitive transactional processes at all levels, including the opportunities for efficiency through robotics



Enabling new ways of working and planning for the future

- Develop governance and infrastructure that enables workforce plans to align with local service and financial planning; HEE plans; and the responsibilities set out in the guidance on the ICS people function
- Take account of the needs of the whole healthcare sector and its workforce in planning for the future, taking a ‘one workforce’ approach

- Develop system workforce plans that align with local service and financial planning
- Organisations and systems need to support our people to work differently and more flexibly to support action to deliver care to patients in new and different ways
- Lead action to address local supply issues, using the benefit of scale e.g. increased use of volunteers, cadets and reservists

Action	ICS and organisation priorities to March 2023
 **Prioritising** the **health** and **wellbeing** of all **our people (Actions 13 & 15)**	• Build health and wellbeing metrics into performance dashboards and consider them with the same scrutiny as operational and financial performance • Review and baseline the current health and wellbeing offer, including identifying which areas to enhance or evolve
 Creating a **great employee experience (Actions 21 & 24)**	• Build employee experience metrics into performance dashboards • Develop strategies to make health and care the first choice for local employment
 Ensuring **inclusion** and **belonging** for all (Actions 17 & 18)	• Embed the overhauled recruitment processes to take account of EDI considerations • Ensure that all individuals, teams and organisations have measurable objectives on EDI, including all board members
 **Supporting** and **developing** the **people profession (Actions 2 & 3)**	• Develop professional development plans for their teams, optimising use of the apprenticeship levy
 **Harnessing** the **talents** of all our **people (Action 29)**	• Proactively set the direction for talent management and start embedding the approach
 Leading **improvement, change** and **innovation (Action 6)**	• Review allocation and distribution of people function resources to ensure alignment with the People Plan, NHS Long Term Plan and local system priorities • Create plans for system-level consolidated and simplified transactional people services
 Embedding **digitally** enabled **solutions (Action 8)**	• Optimise the adoption of current people digital solutions • Create plans and commence action to align and harmonise digital strategies and solutions, across providers wherever possible, to enable more joined-up
 Enabling new ways of **working** and **planning** for the **future (Actions 31 & 35)**	• Develop system workforce plans that align with local service and financial planning; HEE plans; and the responsibilities set out in the guidance on the ICS people function • Lead action to address local supply issues, using the benefit of scale wherever possible and innovative approaches that broaden access to roles for the local community

Action



Prioritising the **health** and **wellbeing** of all **our people (Actions 13 & 15)**

ICS and organisation priorities to March 2023

- Build health and wellbeing metrics into performance dashboards and consider them with the same scrutiny as operational and financial performance
- Review and baseline the current health and wellbeing offer, including identifying which areas to enhance or evolve

Current position

ICS

- Oversight of the Mental Health Hub performance and direction
- Delivery of a £2m Health and Wellbeing Offer including provision of : Psychological First Aid Training x 2000, Creation of Safe Spaces initiative and Manager support seminars
- Development of an ongoing set of standards for Health and Wellbeing
- Supporting the review of Occupational Health Services
- Supporting the production of a Single System Risk Assessment for Covid
- Vaccination oversight

Organisation

- Integrated dashboard will include H&WB metrics
- Regular analysis of key metrics through workforce performance report
- Line managers briefings aligned with OD work to upskill managers
- Wellbeing Guardian appointed
- Thrive at Work benchmarks being used
- Health and Wellbeing Framework launched nationally being integrated into Thrive at Work framework
- Trust Wellbeing Implementation Group reviews of current and future offerings with operational input
- Use of external review to inform best practice in H&WB

Action

ICS and organisation priorities to March 2023



Creating a **great employee experience (Actions 21 & 24)**

- Build employee experience metrics into performance dashboards
- Develop strategies to make health and care the first choice for local employment



Ensuring **inclusion** and **belonging** for all (Actions 17 & 18)

- Embed the overhauled recruitment processes to take account of EDI considerations
- Ensure that all individuals, teams and organisations have measurable objectives on EDI, including all board members

Current position

ICS

- Support to the ICS Staff Network across EDI & BAME
- System response to the 6 High Impact Actions
- Specific programme of work to address the Staff Survey and WRES and WDES action plans incl shortlisting and disciplinaries
- Development of an ICS EDI strategy

Organisation

- Refreshed Inclusion strategy includes set of six high impact areas and associated actions that are aligned overall Trust strategy
- Data analysis from different staff engagement exercises including staff surveys is integrated into work at Trust Strategy level
- Executive Directors lead on integrating staff survey results into directorate improvement with a focus on staff voice and inclusion
- Continue work with external partners including Inclusive Companies to raise profile of Trust with potential colleagues from other sectors through networking events and recruitment platforms
- Recommendations from recent inclusive recruitment review (undertaken on behalf of HR by FTSU Guardian) are supported by MMEG and Disability network and actions underway. Work underpinned by WRES and WDES data
- Project started to review recruitment and onboarding with support from colleagues across the Trust
- All levels of colleagues including board members are involved with inclusion discussion at listening events including Staff walkabouts and network meetings. Any actions are linked back to the Inclusion action plan
- Work closely with regional colleagues on ICS programmes (including 6 High Impact Areas) to ensure work is aligned and collaboration takes place

Action	ICS and organisation priorities to March 2023
 **Supporting** and **developing** the **people profession (Actions 2 & 3)**	• Develop professional development plans for their teams, optimising use of the apprenticeship levy
 Leading **improvement, change** and **innovation (Action 6)**	• Review allocation and distribution of people function resources to ensure alignment with the People Plan, NHS Long Term Plan and local system priorities • Create plans for system-level consolidated and simplified transactional people services

Current position

ICS

- Creation of Chief People Operating Officer Group
- Operational Meeting of HR leads established
- SROs established for key delivery workstreams
- Future operating model being scoped

Organisation

- Appraisals and development plans for all team members
- Team being encouraged to access formal and informal development opportunities
- Diversity of the team increased
- Members of team accessing coaching/mentoring
- Increased working across disciplines
- Review of people strategy includes transformation of delivery approach to people services

Action

ICS and organisation priorities to March 2023



Harnessing the **talents** of all our **people (Action 29)**

- Proactively set the direction for talent management and start embedding the approach

Current position

ICS

- Support for the Education Partnership Group established to work with Universities to deliver:
- Student recruitment and retention
- Inform student numbers
- Placement capacity
- ICS education initiatives i.e., LD/Autism training
- Student experience
- System wide approach to Talent Management beingf scoped
- System wide leadership programme being delivered

Organisation

- Talent and Succession plans being established for senior managers/single points of failure
- Talent Strategy being drafted
- Leadership development programmes being further embedded e.g. MSP, Me as a Manager, external programmes

Action



Enabling new ways of **working** and **planning** for the **future (Actions 31 & 35)**

ICS and organisation priorities to March 2023

- Develop system workforce plans that align with local service and financial planning; HEE plans; and the responsibilities set out in the guidance on the ICS people function
- Lead action to address local supply issues, using the benefit of scale wherever possible and innovative approaches that broaden access to roles for the local community

Current position

ICS

- Lead bi-annual workforce Planning round (NHSE/I)
- Support Restoration and Recovery of Services with: Development of the multi-year plan, Servicing the biweekly Workforce Backlog group
- Work around supply modelling specifically across the Undergraduate student population
- Appointment of a Data Planning / Analyst post
- Increasing use of the Nursing Associate workforce
- Maximising the volunteer role
- Creating opportunities for portfolio careers/ late careers/ GPwSI
- Cancer and Diagnostic Workforce Recommendations
- Delivery of the 'I Can '100 jobs pledge
- Apprenticeship Federation designed to increase activity and to maximise use of the Levy
- Work Experience / Schools Engagement programme Leading on the development of the ICS Bank and Reservist Workforce
- ICS International Recruitment of 500 registrants programme
- Workforce Sharing Agreement for staff movement
- Primary Care Workforce Strategy
- Supporting delivery of Wave 3 NHSE/I Retention plan Programme Commissioning/support for Cancer and Diagnostic Workforce Review

Organisation

- Establishing and confirming baseline vacancy data for nursing and HCAs
- Funding received to support HCSW recruitment
- Increase in apprenticeship uptake across the Trust
- Nursing workforce strategy/plan being developed
- Work developing around retention of medical workforce through medical workforce strategy
- System wide recruitment fairs being attended
- Volunteer strategy being reviewed
- Annual/business planning meetings now being attended by HR to align plans with workforce requirements
- Increasing use of the Nursing Associate workforce (first of our TNAs are now qualifying)
- Clinical Workforce – AHPs looking to implement apprenticeships in Physiotherapy and Radiography
- Maximising the volunteer role
- Work Experience/School engagement programme in line with HEE Discovery Report and shared ICS approach for a potential third party supplier
- Delivery of the I Can 100 Jobs
- Potential link in with UHB on Prince's Trust
- ROH Career Pathway tool – further development

Action

ICS and organisation priorities to March 2023



Embedding **digitally** enabled **solutions (Action 8)**

- Optimise the adoption of current people digital solutions
- Create plans and commence action to align and harmonise digital strategies and solutions, across providers wherever possible, to enable more joined-up

Current position

ICS

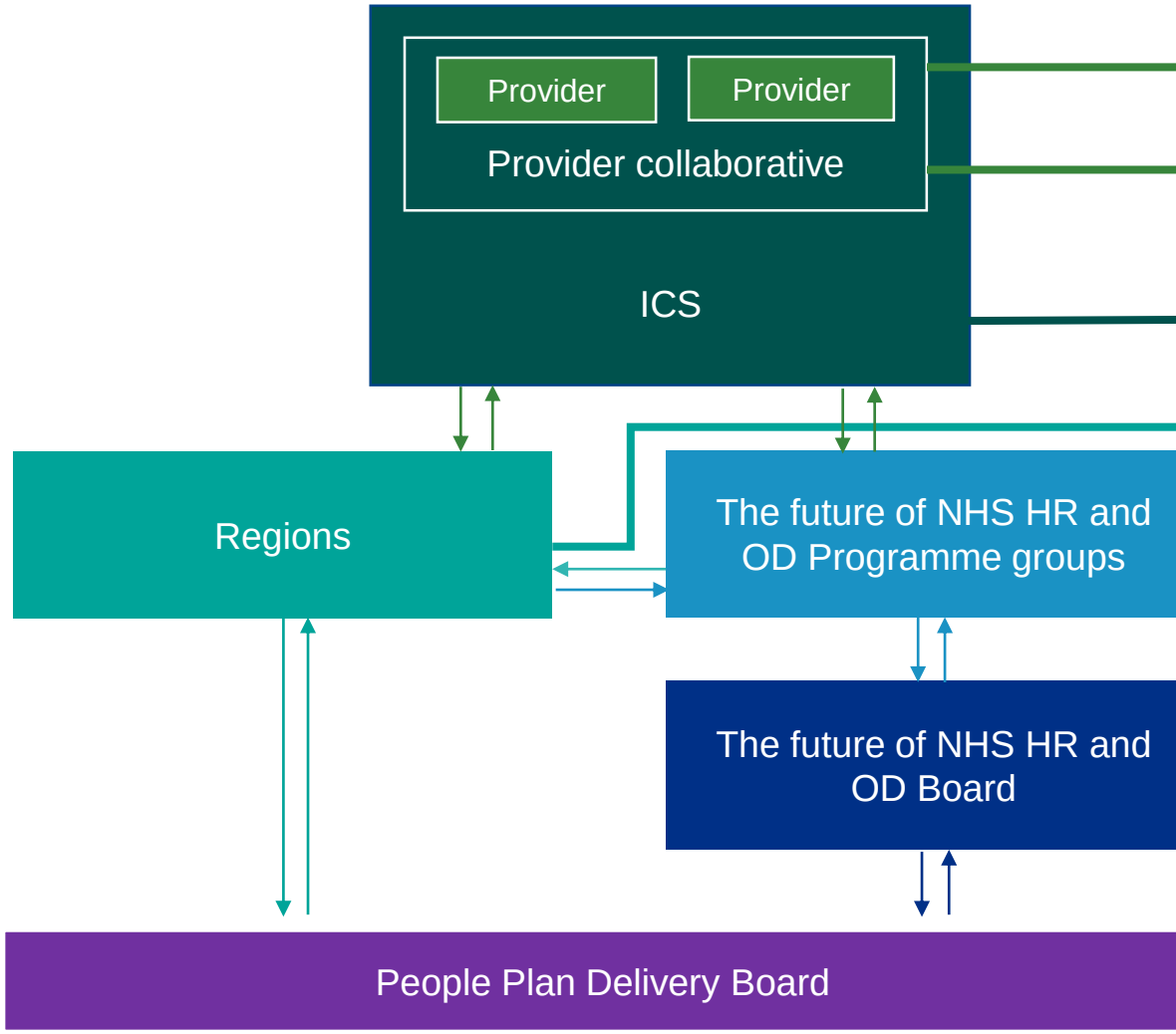
- Digital Workforce Workshop
- Digital Staff Passport
- Aligning to national upgrade of ESR
- Further work to be developed around E-rostering

Organisation

- Scoping of improved Applicant Tracking System to support more streamlined recruitment
- E-forms being created for core transactional processes e.g. change forms
- Training of managers to use manager self service on ESR

Programme oversight – future of NHS HR and OD

Our new Operating Model provides clarity on complex and interwoven accountabilities. It allow us to maintain the confidence of the public and successfully stand up to external scrutiny. Each part of the system will only be able to meet their accountabilities through collaboration and partnership working.



Providers: remain accountable for people management and people services provision. This includes delivery of the workforce aspects of NHS Long Term Plan, including the People Plan, and future of NHS HR and OD actions for organisations.

Provider collaboratives: some aspects of the future of NHS HR and OD programme delivery may most appropriately be delivered by provider collaboratives.

ICSs: accountable to regions for delivery of the ICS people functions, workforce aspects of NHS Long Term Plan. This includes the People Plan, and future of NHS HR and OD actions for organisations at system level.

Regions: the future of NHS HR and OD programme will liaise with the regions, primarily through the established regional quartet groups. Regional oversight of the implementation of the programme will be through regional people boards.

The future of NHS HR and OD programme: has a dedicated team in the national HR Development and OD team, including PMO. The programme will establish working groups to deliver actions in the report, with leadership by senior people leaders.

The future of NHS HR and OD Board will oversee the programme and provide assurance on progress. Membership of Board is proposed to include organisational senior people leaders, People Directorate SLT leads, HEE, CIPD, HPMA, NHS Employers, and staff side.

People Plan Delivery Board: oversight of the future of NHS HR and OD programme by the Board to ensure alignment with People Plan. It is proposed that a report is provided every four months to the board

How the national team will support delivery

The purpose of the national **HR Development and OD function** is to lead the transformation of people services and profession in the NHS. The functions three **strategic priorities** are:

- **transform** people services in the NHS
- **build and increase** the capabilities of NHS people professionals to deliver the NHS People Plan and NHS Long Term Plan
- **engage, support and enable** NHS people professionals to deliver the NHS People Plan and NHS Long Term Plan

The **People Professional Development** team will:

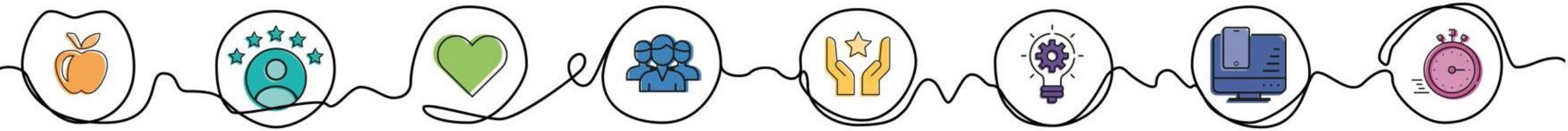
a. deliver national actions in the future of NHS HR and OD report related to the **supporting and developing the people profession** theme
b. deliver in partnership with NHS Employers the DoOD programme and build OD capability in the profession
c. lead communications and engagement of the programme and nationally with senior people leaders (e.g. NHS CPO webinar)

The **People Services Transformation** team will:

a. deliver national actions in the future of NHS HR and OD report related to the **leading improvement, change and innovation** theme
b. work closely with the People Digital Strategy team (to be established) to deliver national actions in the future of NHS HR and OD report related to **embedding digitally enabled solutions** theme
c. co-ordinate overall delivery of the future of NHS HR and OD programme through a programme office

Summary & Next Steps

- Greatest gap at both system and organisational level – digital people solutions
- Embed action for organisations into annual planning priorities
- Include longer term actions into revised People Strategy and monitor this through usual governance structures e.g. SE&OD, People & OD Group
- Engage with colleagues across the Trust in relation to key actions for the ROH in relation to the 2030 vision for HR & OD



The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chairman**
AUTHOR:	**Executive Team**
DATE OF MEETING:	**2 February 2022**

EXECUTIVE SUMMARY:

Attached is the refreshed Board Assurance Framework.

Risks proposed for closure:

- No risks have been proposed for closure.

Risks proposed for adding to the Board Assurance Framework risk register:

- 1718 – Operation SAWMILL – proposed for adding by Director of Finance and Procurement.

Below risks have been reviewed by appropriate Executive Director. No movement to current risk scores noted for:

- 1298
- 1718
- CE1
- 770
- FP8
- OP4
- OP6
- 1089
- Covid-19-033
- WF24

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the proposed changes to the Board Assurance Framework

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

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

Comments: [*elaborate on the impact suggested above*]
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Aligns to all strategic objectives.
PREVIOUS CONSIDERATION:
November 2021

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	4	4	16	↔	January 2022 We continue to deciminate communication around Covid 19/vaccinations to all staff groups. Implementation of Phase 1 and Phase 2 guidance in relation to mandatory vaccinations being imbedded across the Trust. Trust continues to promote the importance of regular risk assessment for those who may be vulnerable or at a higher risk of getting Covid - HR working closely with IPC and Occupational Health.	Ongoing	2	4	8	Jan-22
WF24	Workforce	Chief Executive	BAF and CRR There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	4	4	16	↔	January 2022 - Associate Director of Workforce and OD: Risk previously discussed and advised that assessment of the risk to delivery of activity as a result of staffing absence was needed. Impact on morale and health and wellbeing when running on low levels of staff needed to be captured. Deep dive into sickness absence paper was discussed at January People and OD Group and Staff Experience and OD Committee. It identified that there was higher rates of absence in theatres. HR Team working closely with local managers and Heads of Fepartments to proactively address high sickness hot spots. Now quarterly PULSE survey completed wich will capture staff morale and health and wellbeing.	Ongoing	2	4	8	Jan-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full.	Estates maintenance schedule	4	5	20	↔	January 2022 Executive Chief Operating Officer update: Theatre/Ward maintenance proposal presented to Execs in December 2021 and was approved with a yearly timetable agreed, commencing April 2022. This plan will be presented at Trust board in February 22 for information and assurance.	Jan-22	1	5	5	Jan-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line.	Apr-21	2	3	6	Jan-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	January 2022 Executive Chief Operating Officer update: No change to risk due to OMICRON wave of pandemic and associated system support / capacity surge plans	Ongoing	2	4	8	Jan-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	January 2022 Chief Operating Officer update: System support continues to be provided and remains unchanged at this time. Additional system ward support commenced 16/12 as part of system surge planning . To be stepped down on February 7th 2022, no change to risk score.	Ongoing	2	4	8	Jan-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:- 1.Lack of patching and monitoring 2.Presence of unsupported Systems 3.Poor access and password audit and management 4.Inadequate and untested incident management and disaster recovery processes 5.Poor cyber security user awareness and training.		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	January 2022 - Executive Director Finance and Performance update: 1. Lack of patching/monitoring. Efforts underway to bring the patching to two weeks patching cycle to meet the DSPT requirements. Three weeks for theatres. VDI will be replaced May-Sep 2021- which will provide control over software deployment. SIEM solution has been purchased, the deployment time scale is around 3 months which should greatly enhance our monitoring capabilities. Load balancer Kemp - order has been placed and implementation is currently ongoing. 2. Presence of unsupported systems. This is still a significant risk, there is an increased need to find suitable alternatives and/or to work with vendors for update their provided solutions. Pathology is being moved out to UHB, so unsupported systems will be moved out. Action Plan now agreed with Head of BI for Apple MACS. Pharmacy - Ascribe has now been rpelaced by JAC, which will decommission the Win7 device. 3. Poor Access and password audit. PICS teams rejected to move to local admin password due to lack of resources and time so no further progress until PICs teams resolve this issue. PICS password is linked to Active Directory (AD) so prevents us manually or automatically removing the AD account, which can be problematic because of duplication of accounts. Two factor authentication (2FA) for NHS Mail -currently in deployment using a phased approach. 4. MTI funding received by NHSD. Waiting for delivery of KIT to support the DR backup platform which is now imminent. 5 User awareness - Cyber Security Comms plan in place and in the process of being implemented including staff survey and new intranet page for resources. Being supported by the Comms Team. DSP Toolkit submitted in June 2021 with further action plan to mitigate remaining risks.	Ongoing	2	4	8	Jan-22

1718	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	New risk identified for Exec Team discussion		Ongoing	2	3	6	Jan-22
PERFORMANCE																							
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic		Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	Agreed trajectory in place to deliver RTT target: May 60.50% June 65.56% July 66.75% Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. July RTT position in line with refreshed trajectory. August target was set at 68.01% and 68.02% achieved. However, September target was 71.45% and 68.56% was achieved. October target 74.76% achieved 67.37% The current trajectory is therefore being reviewed to understand interventions that may be required to meet the agreed trajectory going forward and full impact of continued system support and P2/3 stratification . January 2022 Chief Operating Officer update: Following the enhanced system support in December - February and the subsequent reduction of elective activity the agreed trajectory has been paused and new revised trajectory will be in place commencing March 2022 informed by operational activity planning submissions due for submission in March 2022.	Dec-21	3	3	9	Jan-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years		With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	January 2022 Executive Director Finance and Performance update: no change to risk.	Proposed for Closure/de-escalation	3	4	12	Jan-22

RISK CATEGORIES
- Financial health and sustainability
- Clinical excellence
- Patient safety
- Patient experience
- Workforce capacity, capability and engagement
- Systems, information and processes
- Regulatory compliance and national targets
- Equipment & estates
- Strategy and system alignment
- Reputation and brand

UPDATED: JANUARY 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 25 January 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There had been a need to cancel 16 elective patients in order to release bed stock for the use of system partners during the latest wave of the COVID-19 pandemic. • Theatre utilisation was reported to have been reduced due to cancellations and the reduction in the use of the theatre estate over the last period • Length of stay had increased as a result of treating rehabilitation patients from elsewhere and as a result of the higher level of acuity seen in elective patients • The performance against the referral to treatment time (RTT) target was reported to have deteriorated due to the cancellations and the required focus on Priority 2 and Priority 3 patients. • The diagnostic target had not been achieved, principally due to the much higher level of referrals currently, with MRI referrals being 174% above the same period in 2019/20. • Expenditure on pay was above plan due to the need to engage agency staffing to compensate for sickness absence and as a result of the recruitment into some substantive posts earlier than had been anticipated. • Staff turnover was noted to be a concern, this being 13%. • Sickness absence rates for both short term and long term episodes were reported to be high and a 'deep dive' into the reasons behind this had been undertaken.	• Granular analysis of sickness absence to be considered by the Staff Experience & OD Committee. • An update on the theatres managed service contract to be presented to the Trust Board on 2 February 2022. • Present a draft financial and operational plan at the February 2022 meeting with a final version at the March 2022 meeting for approval.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Despite the challenges with staffing, no patient surgery had been cancelled as a result. There was also good work with Primary Care to provide assurance to patients that the ROH was operating as normal as much as possible.	• The Committee supported the proposed handling of the managed service contract for theatre stock.

• The discharge lounge had been reopened and was assisting patient flow through the hospital • Patient Initiated Follow Up (PIFU) had commenced with a view to minimising any unnecessary Outpatient appointments. This had been embraced well and take up by clinicians was above the target. There was also good work by the Communications Team to make patients aware of the process change. • A workshop was planned to promote the use of virtual appointments. • The number of patients waiting above 52 weeks for treatment was stable. • Performance against the cancer targets was good apart from the faster diagnostic standard which had not been achieved. • A surplus of £170k had been achieved, this being £35k ahead of plan. A balanced position was expected to have been achieved by the year end. • The Chief Operating Office provided an overview of the operational response to the Omicron wave of the COVID-19 pandemic. • The Deputy Director of Finance presented an overview of the Cost Improvement Programme and Process. This was managed using a Quality, Service Improvement and Redesign methodology and benefitted from a strong governance framework.	
Chair's comments on the effectiveness of the meeting: The quality and delivery of the presentations at the meeting was noted to have been exceptional.	

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 26 January 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- An update on COVID-19 outbreaks was provided, which highlighted that there had been an outbreak in the IT department and another in Facilities. Neither had resulted in disruption to services.
- Incidents reported during the last month were discussed which included a dislocation identified post-surgery and another related to a fracture, both of which were known complications of the surgery undergone. A potential Serious Incident was also discussed and there had been a death post-discharge reported. All incidents were undergoing the usual Root Cause Analysis.
- The number of virtual clinics had reduced to 14% against a national target of 25%.
- The 'Did Not Attend' rate for appointments had risen which reflected that some patients had been affected by COVID and other seasonal infections.
- It was reported that the theatre matron post remained unfilled but a proactive recruitment process would be arranged.
- The challenges with training staff in the use of and fit for FFP3 masks was discussed. It was noted that there was mitigation in the event that a member of staff could not wear one of these in an area where it was required through the supply of respiratory hoods available.
- There had been a high use of agency staff, however these were generally from a regular pool of individuals who were known to the Trust. There was noted to be no apparent deleterious impact on the quality standards as a result of the use of temporary staff.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- A quarterly report to be presented discussing near miss incidents.
- A system wide discharge event was planned to create a regional focus on 'Right to Reside' and improve flow.
- Work is underway to enhance the work of the medical secretaries, given that AMSPAR training is no longer offered nationally. The use of speech recognition technology and outsourcing dictation was noted to be being used.
- The re-audit against the VTE reassessment requirement to be reported at the meeting in February 2022.
- Update on patient experience to be presented to the Trust Board in March 2022.
- Data around staff moves across the hospital were being captured.
- Expand the safer staffing report to include allied health professionals.
- Acceleration of the workforce planning work was requested.

POSITIVE ASSURANCES TO PROVIDE

- There was work underway to harmonise the WHO checklist compliance reported via the observational audits and on Theatreman.

DECISIONS MADE

- None specifically.

• There were plans in future to organise a workshop for clinicians to create some improvement in the use of this technology. There was an ambition to achieve the national target by April 2022. • Patient Initiated Follow up (PIFU) had commenced with a view to minimising any unnecessary Outpatient appointments. This had been embraced well and take up by clinicians was above the target. There was also good work by the Communications Team to make patients aware of the process change. • Performance against the cancer targets was good apart from the faster diagnostic standard which had not been achieved. • The Committee received a comprehensive annual report on behalf of the Medical Safety Officer providing good assurance that there was a strong governance framework in place to manage controlled and uncontrolled drugs in the organisation. Incidents involving drugs were reported to have reduced on the previous year and there were no instances where there was a high risk incident or one that caused any significant harm. The Committee was advised that the new Pharmacy environment and the use of the robot had helped to reduce Pharmacy errors. An audit was reported to be being undertaken around the prescription of Opiates on discharge. Thanks were given to the Chief Pharmacist for her leadership through the challenges of the pandemic, Brexit and the changes to the cohorts of patients treated. • An update on the discussions at the Infection Prevention & Control Committee was provided. It was noted that a full agenda had been used throughout the pandemic giving strong oversight of IPC matters. There was enhanced attention on ventilation and the cleaning standards had been maintained. There had been detailed scrutiny of the IPC risk register at the meeting. • A new education and training advisor was to be recruited to support the training of undergraduates and other trainees. • The Integrated Care System Investment Committee had approved the recruitment of a number of international nursing staff for the region, including 35 for the ROH.	

• **The Committee agreed that the agility and commitment of staff throughout the pandemic including the adherence to the governance framework and quality standards was a key message to communicate to the Board.**	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the focussed agenda had been useful and that there was a high degree of assurance provided by the reports at the meeting.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 26 January 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Turnover was reported to have increased to 13%, most of which was associated with Division 2. The reasons behind this high turnover were being reviewed to determine if the impact of the NHS mandatory vaccination directive was a factor and better use of exit interviews was being encouraged. There was some loss of staff to other systems where incentives were higher and cost of living was lower than in Birmingham & Solihull. • The limitations of the national Electronic Staff Record (ESR) were discussed at several points on the agenda. It was noted that some feedback was being provided to the national team and a system upgrade was planned in 2025. • Appraisal rates had deteriorated, which was thought to be associated with the pressure on staff time to manually update ESR to record that appraisals had been undertaken.	• There remained some ongoing work to respond to the national directive to ensure that all staff delivering CQC-regulated activity received a first dose of the COVID-19 vaccine by 4 February 2022. This was a significant piece of work for the Trust and the position would be presented to the Trust Board on 2 February 2022. • An update on NHS pensions to be presented at the next meeting. • Work was underway to improve disclosure of staff demographic details and protected characteristics. • Equality & diversity action plan to be presented at the next meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The proposal to recruit international clinical staff had been approved by the Integrated Care System's Investment Committee. As a result 500 nurses would be recruited from overseas into the region. • Good progress had been made to accelerate recruitment into some key posts. • There had been an increase in annual leave uptake. • The People Pulse survey was reported to have been launched. • A new chair of the Disability network had been appointed. • Bronze accreditation for 'Thrive at Work' had been awarded. • There had been a positive improvement in the Mandatory Training rates, with some face to face courses now being delivered in a socially distanced environment. Online learning had also helped to improve compliance.	• None specifically

• An update was given on the plan to improve the processes for recruitment of individuals from a Black, Asian and Minority Ethnic background. The actions from the recent review had been incorporated within the Workforce Race Equality Standards action plan. • A detailed update on sickness absence was presented to the Committee. Key reasons for absence included anxiety, stress and musculoskeletal issues. There was work to ensure that the processes for management of sickness absence were consistent across the Trust, including encouraging managers not to use the categorisation of 'unknown' on ESR. The Committee was assured that the sickness absence position was being discussed in a range of fora across the Trust including Divisional Governance meetings. • The Committee received an update on the work to ensure that the Trust complied with the Mandatory Vaccination directive for NHS staff. Discussions with Staff Side were supporting the work. The Committee was advised that a compassionate and sensitive approach was being taken to support affected colleagues through the process. Risk assessments to business continuity were being undertaken to identify the impact of the position. The requirement as also being built into recruitment processes for new starters.	
Chair's comments on the effectiveness of the meeting: The Committee agreed that the agenda was balanced and sufficient time allocated to the items needing most discussion.	

ROHTB (2/22) 011

UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 21 January 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The joined-up audit with system partners around elective recovery was reported to have been postponed while organisations responded to the Omicron wave of the pandemic and to CQC inspection. • The data quality audit was reported to have been given a partial assurance rating. It was suggested that the use of kite marking would be invaluable to improve the assurance to be gained from the information considered by the Trust. Clarity on roles and training to staff in data quality also needed to be picked up. • The emerging risks from a counterfraud perspective were highlighted, most notable mandate fraud.	• It was suggested that workforce planning work needed to be progressed at pace to address for instance the high agency staffing spend. • The Committee underlined the need for more stringent closure of audit recommendations and an improved position would be sought before the April 2022 meeting. • Arrange for the Service Level Agreement with system partners around finance back office functions to be signed. • Lessons learned from the last year's audit were reported to be being built into the process for this year including scheduling the Value for Money assessment to earlier in the year.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Internal audit reported that they had undertaken some key parts of their programme including a review on data quality governance and key financial controls. An audit on the Board Assurance Framework and risk management was reported to be underway. • The key financial controls audit had been given a positive assurance. • Staff engagement with the counter fraud work and progress with implementing the Government functional standards was reported to be positive. • An interim external audit was planned shortly.	• None specifically other than approval of the minutes. • Committee members to be involved in the review of Counter Fraud services – current contract due to conclude in Spring 2022
Chair's comments on the effectiveness of the meeting: The Committee's agenda had been streamlined in response to the national guidance under the 'Reduction in the Burden of Reporting and Release of Capacity' letter from NHS England/Improvement.	

Finance and Performance Report

December 2021

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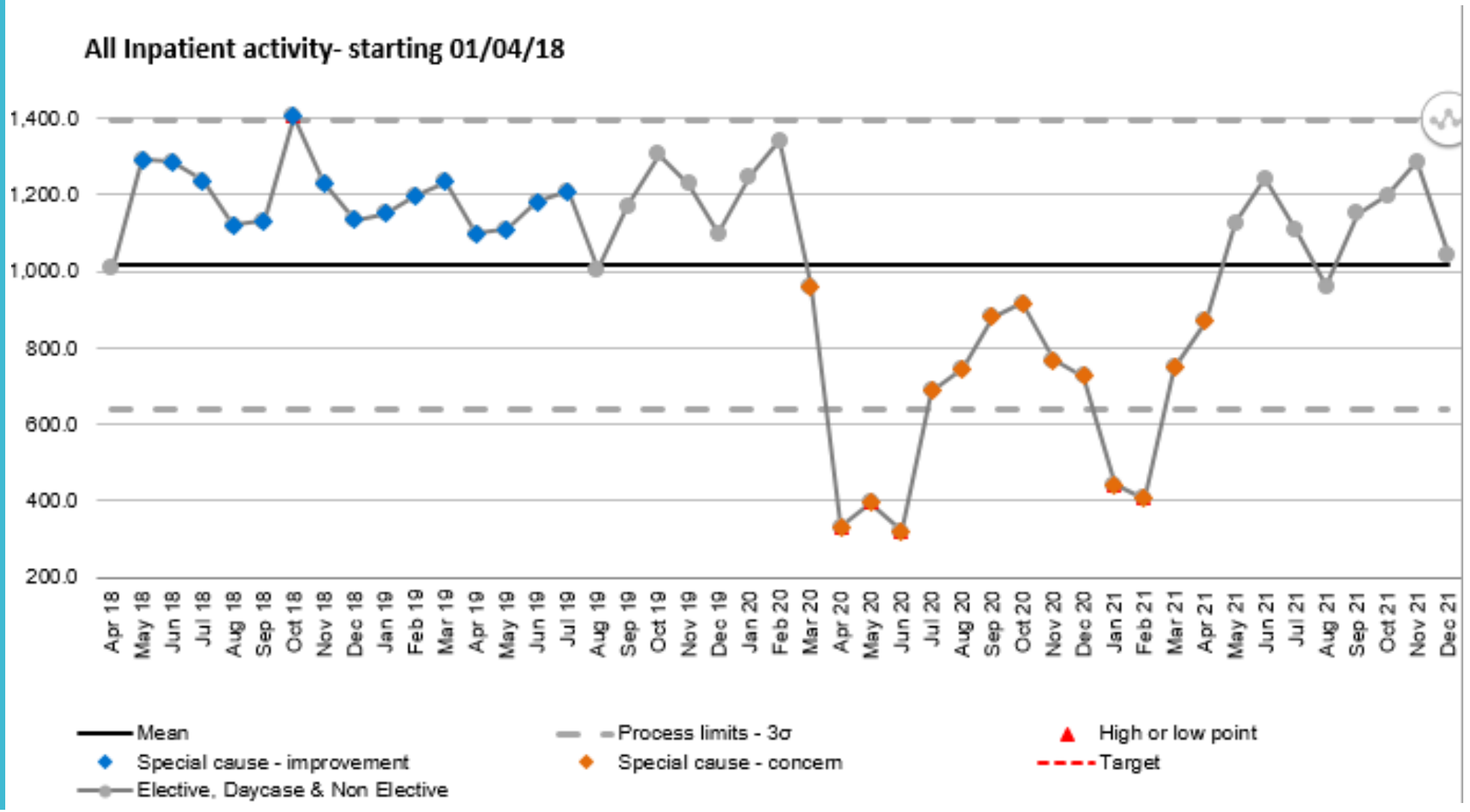
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Introduction

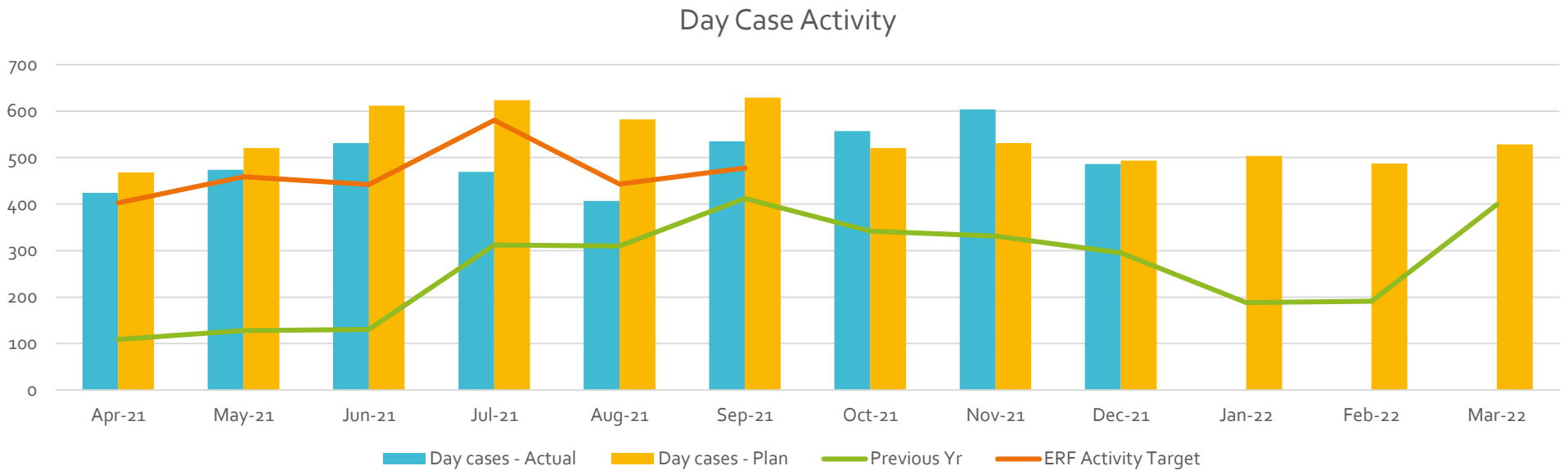
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

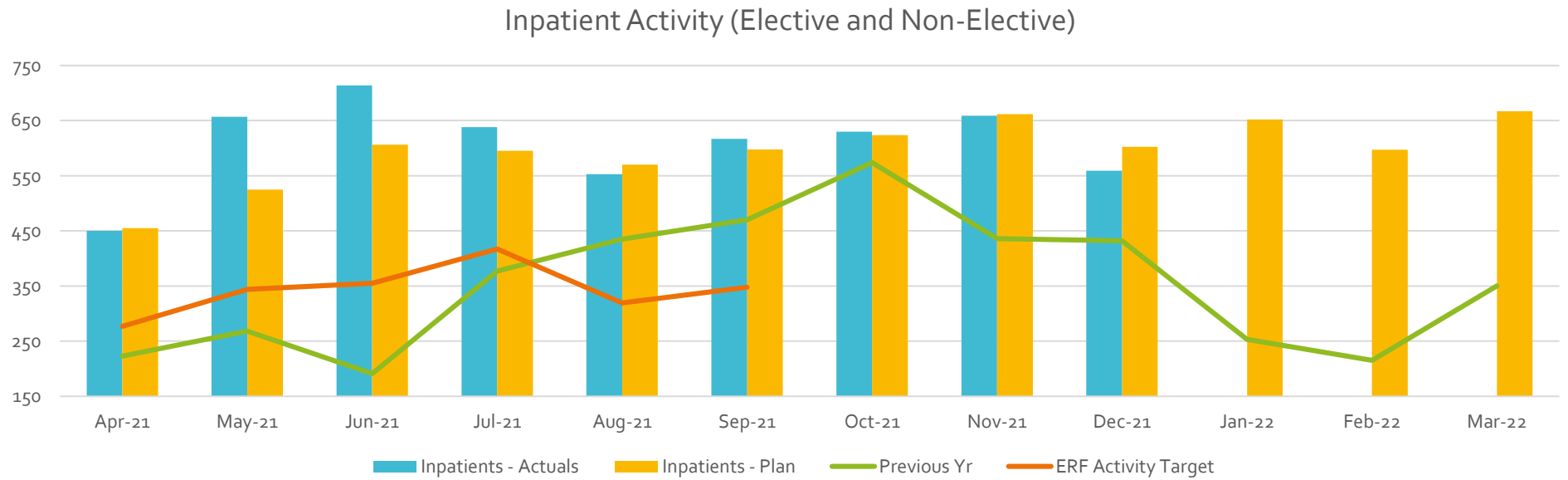
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

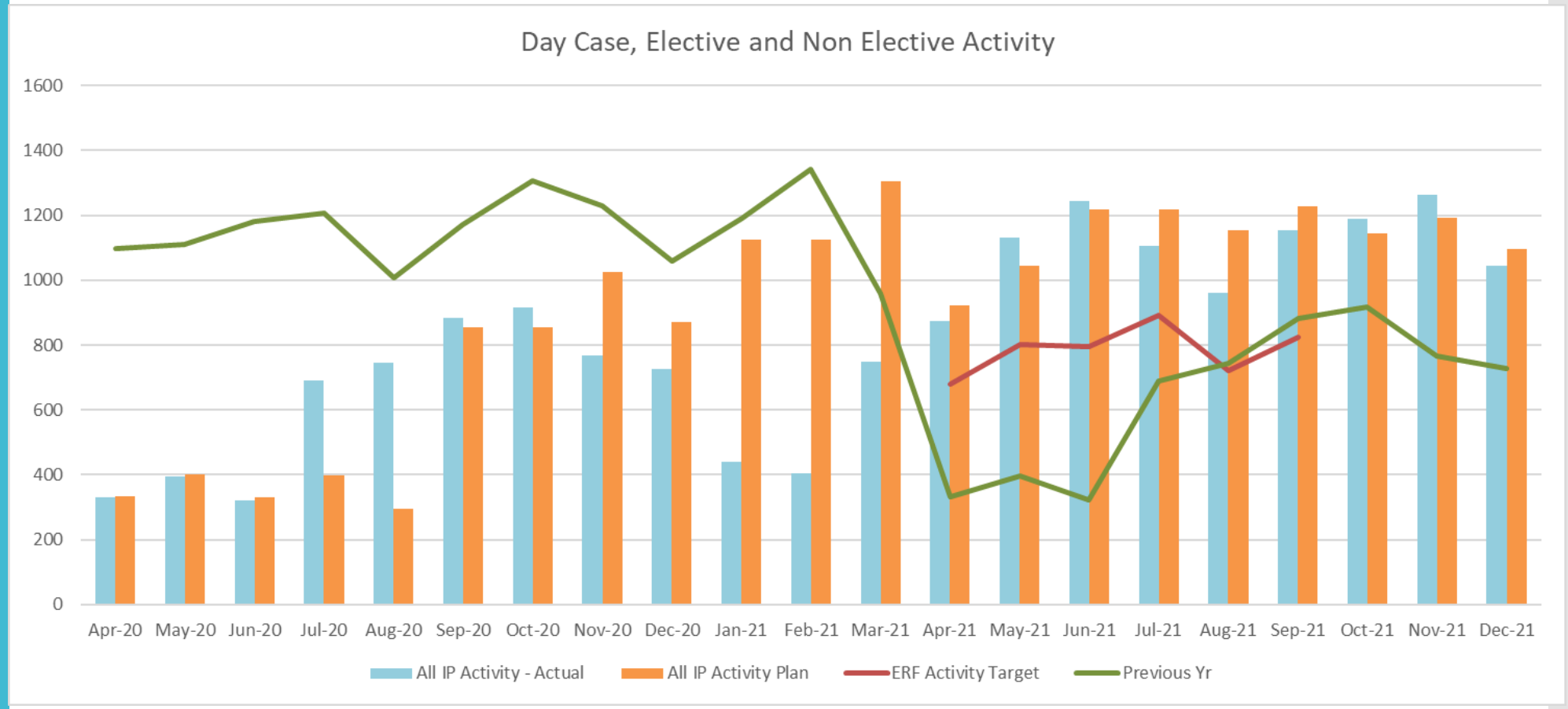


1. Activity Summary





1. Activity Summary



1. Activity Summary

SUMMARY

December activity underperformed against plan by 51 cases (4.7%). Under utilisation of theatre capacity and short notice cancellations are still impacting on delivery of activity. However the relaxing of the three days isolation period going forward will support back filling of lists at short notice.

In order to support mutual aid and the impact of Omicron 16 patients were cancelled to enable the creation of the system rehab ward which opened on the 16th December.

AREAS FOR IMPROVEMENT

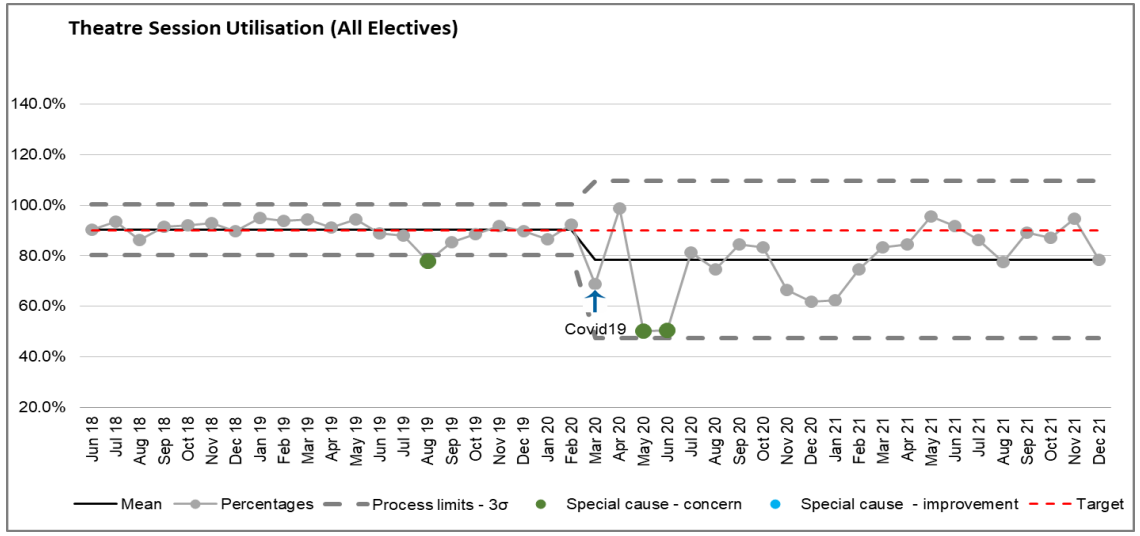
Pre-populating of theatre lists at least 4 weeks in advance with contingency patients available is now in place which will enable us to mitigate the short notice cancellations and ensure theatre capacity is maximised.

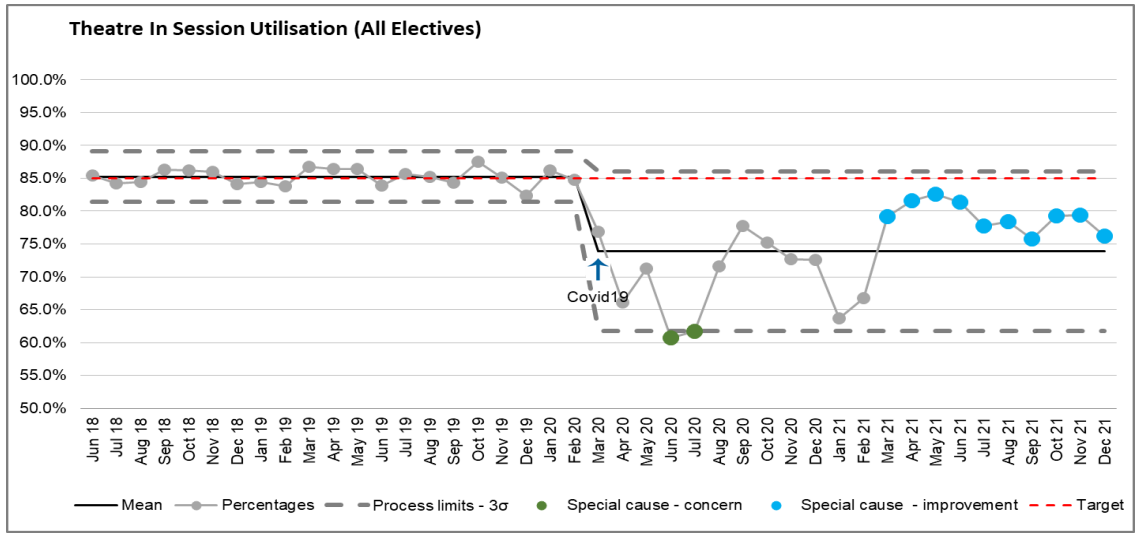
Continue with weekend theatre lists and proactive recycling of in week sessions.

RISKS / ISSUES

The impact of any future system mutual aid requirements may impact on delivery of future activity and the associated RTT trajectory.
The RTT trajectory will be reviewed in light of OMICOM impact

2. Theatre Utilisation





Elective Session Utilisation (December 21)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	434	352	82	81.11%
UHB	111	75	36	67.57%
Totals	545	427	118	78.35%

Elective In Session Utilisation (December 21)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1559	1178	381	75.59%
UHB	337	266	71	78.98%
Totals	1896	1445	451	76.19%

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation was 78.35% compared to 94.77% the previous month. Total in session utilisation was 76.19% a decrease on the previous month (79.41%)

To support system pressures, a decision was made to offer 25 wards beds for the transfer of both medical and trauma & orthopaedic rehabilitation patients from UHB for a period of 6 weeks, effective from w/c 16th December. This resulted in the reduction of elective surgery, thus reducing both list and in session utilisation.

A number of patients were cancelled prior to admission following a strict criteria that ensured that any cancer, P2's, very long waiters and any patients that were cancelled previously were protected. This resulted in 20 theatre lists not being recycled to release associated beds .

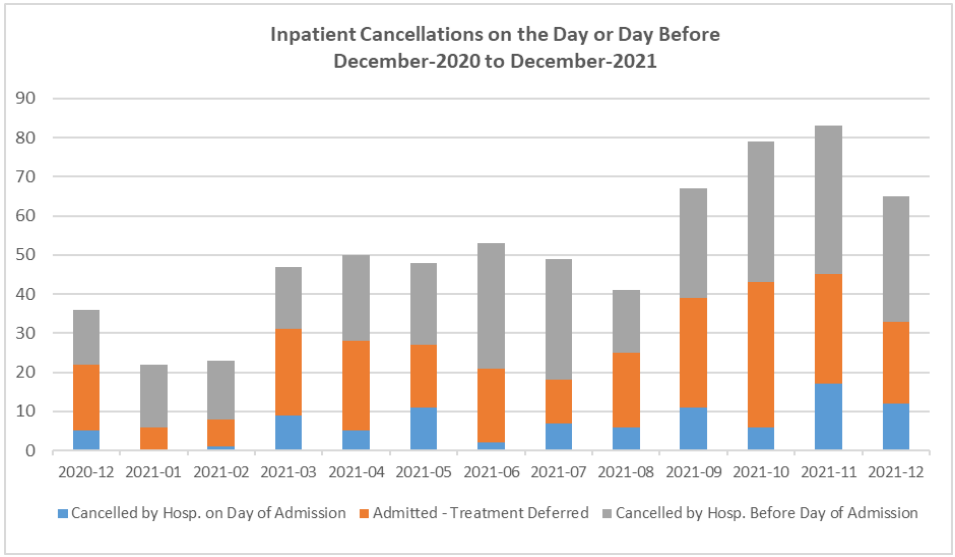
AREAS FOR IMPROVEMENT

Pre-populating of theatre lists at least 4 weeks in advance with contingency patients is now in place .
Additional POAC clinics are being delivered to enable an expanded pool of patients fit to list at short notice.

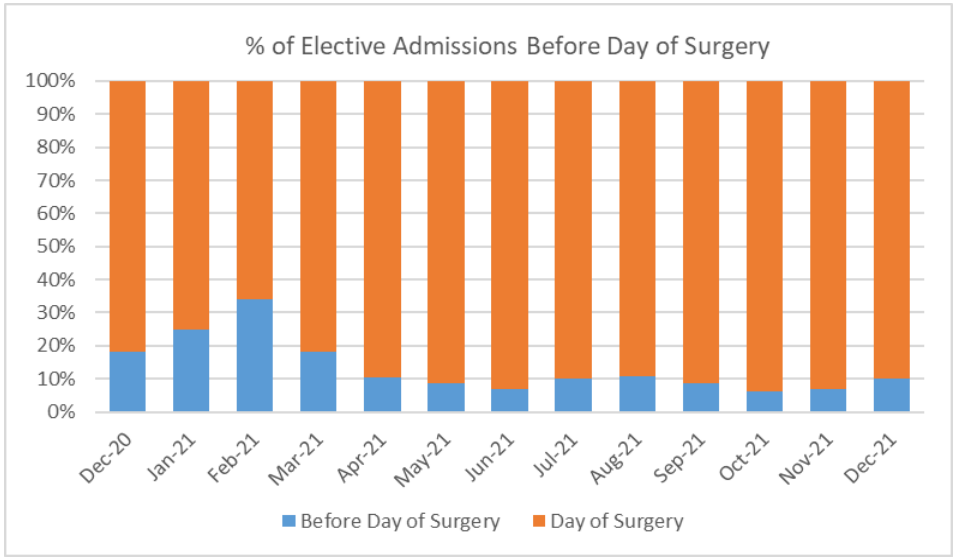
RISKS / ISSUES

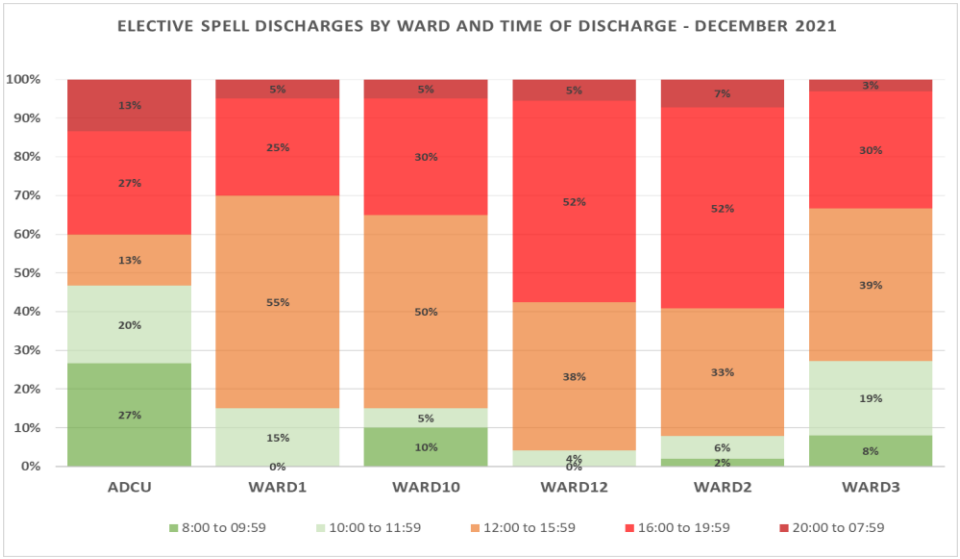
On going risks remaining with staff absence due to covid
On going support to the system in respect of providing ward capacity will impact on overall theatre utilisation until early February

2. Theatre Utilisation/ Hospital Led Cancellations



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
2020-12	5	17	14	36	0
2021-01		6	16	22	0
2021-02	1	7	15	23	0
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
Total	**92**	**254**	**317**	**663**	**0**





2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 12 patients cancelled on the day in December with reasons detailed as follows;
5 x Not fit / Covid
1 x Consultant un well
1 x replaced by more urgent case
1 x Patient not starved – ate breakfast
1 x Patient refused covid test
3 x Cancelled day before due to creation of UHB stepdown ward but not taken off theatreman

There were 21 patients admitted but where treatment was deferred, with reasons broken down as follows:
9 x Medically unfit / Clinical change in condition,
1 x Consultant unwell
3 x procedure no longer required
2 x lack of equipment
2 x lack of theatre time
1 x no covid results
1 x Patient DNA'd
1 x Cancelled prior but not taken off theatreman
1 x replaced by more urgent case

There were 32 patients cancelled by the hospital prior to date of admission.
8 x Medical deferrals due to complexity in co-morbidities found in POAC
8 x surgeon availability due to sickness
16 x Creation of UHB rehab ward

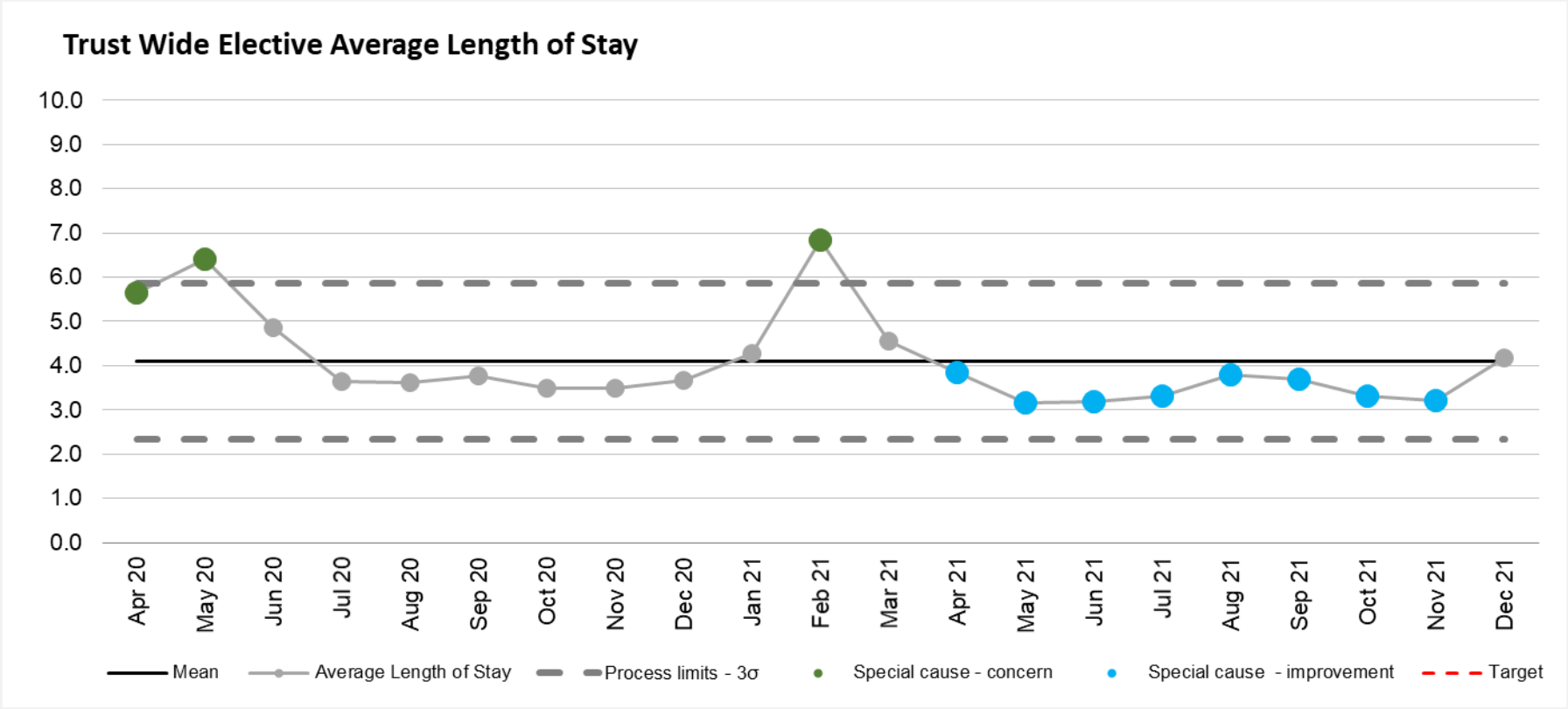
AREAS FOR IMPROVEMENT

The weekly lookback meeting continues to ensure that nay themes are identified and appropriate actions put in place.

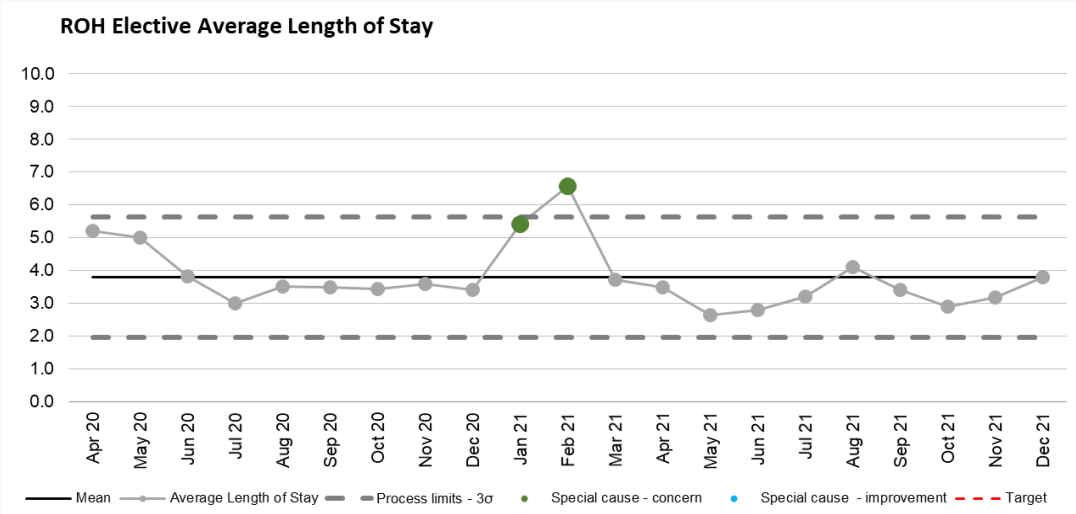
RISKS / ISSUES

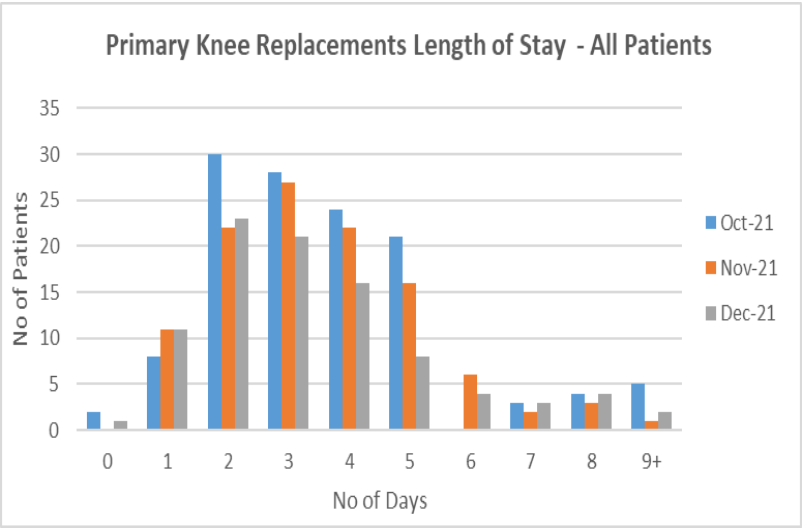
Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process.

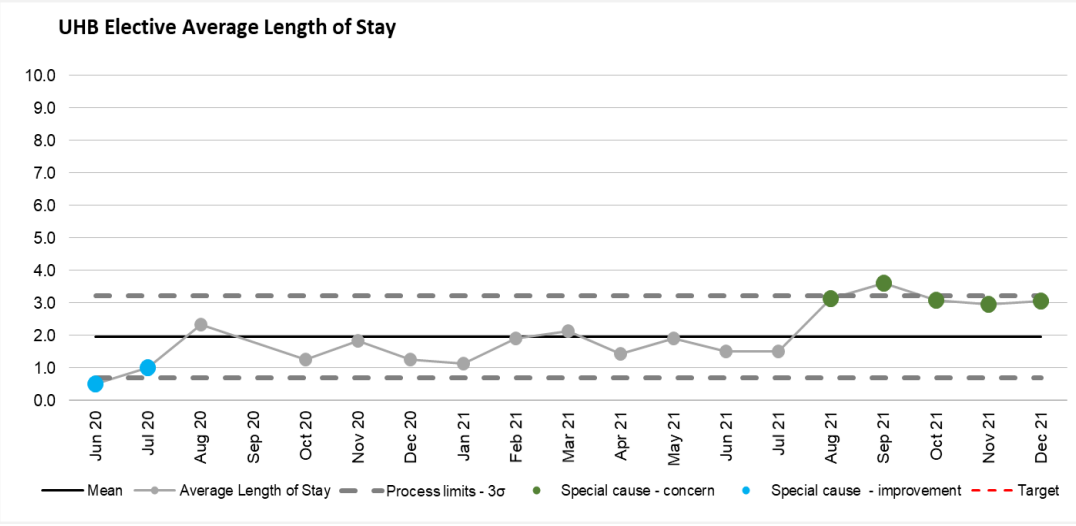
3. Length of Stay

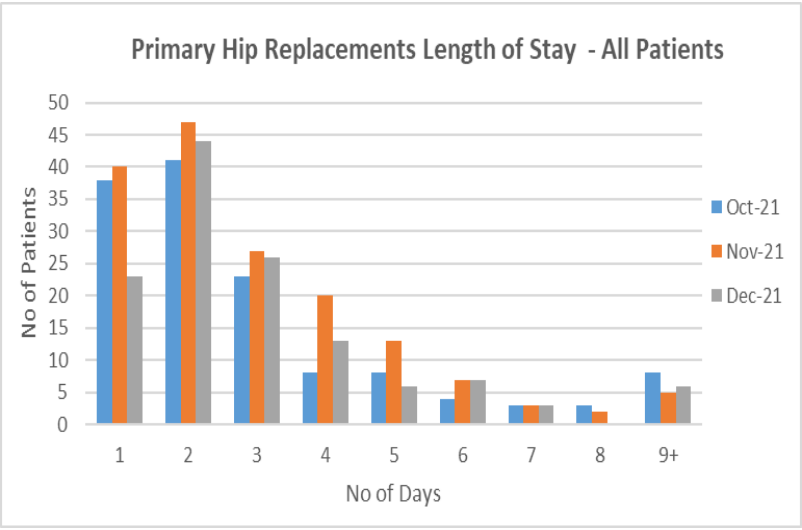


3. Length of Stay









3. Length of Stay

SUMMARY

The average length LOS for ROH patients from *all* specialities has increased in month to **4.33** (3.21 November).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.87** (3.17 November)
The average length of stay for UHB patients at ROH is **3.05** (**2.96** November)

December length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

- **19 UHB arthroplasty patients with LOS greater than 3 days. 9 with a length of stay greater than 5 days and 3 with a stay greater than 7 days. (excludes Rehab)**. The 3 patients with stays greater than 7 days were for clinically justified reasons including failed trial without catheter and infection.
- **54 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 32 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 18 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days**

In summary 18 ROH arthroplasty and oncology arthroplasty patients had a length of stay greater than 7 days and 3 UHB arthroplasty patients

Complexity of patients either due to co-morbidities or social requirements are the contributory factors in this

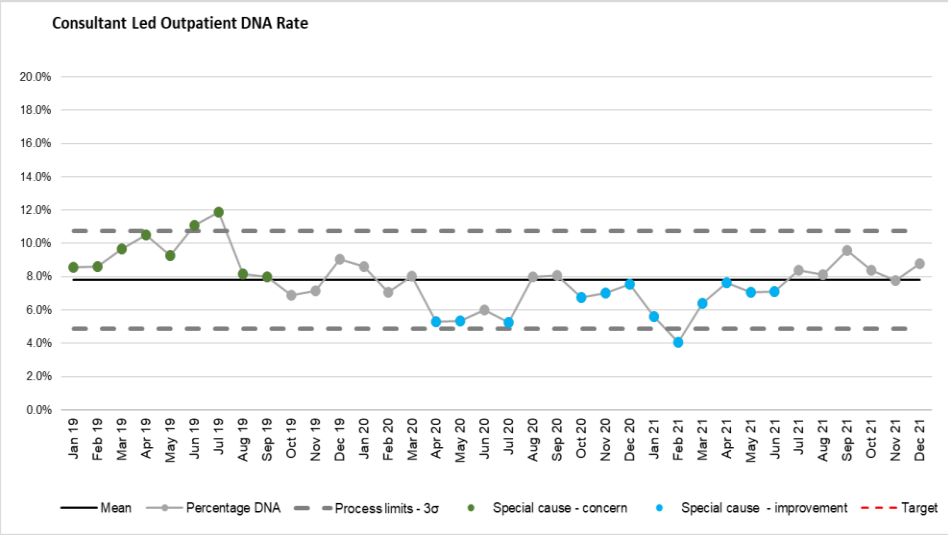
In discussions with the system to facilitate a dedicated Multi-agency Discharge Event (MADE), a BSol approach with ECIST to benefit the wider system with patient flow, discharges and right to reside. Events with UHB and the Community are already planned.

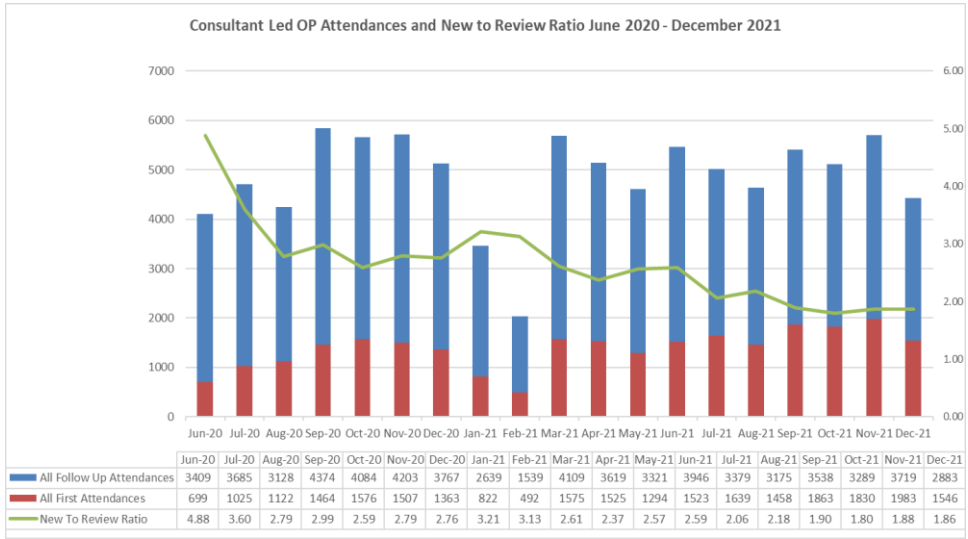
AREAS FOR IMPROVEMENT

Discharge Lounge will be operational from Monday 24 January with one metre social distancing requirements in place.

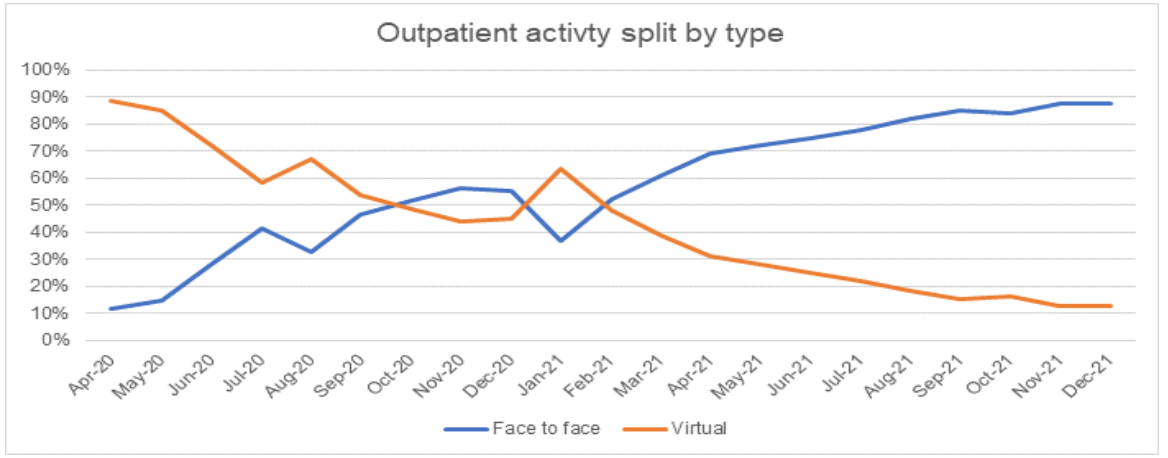
RISKS/ISSUES

4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1539	4109	3619	3321	3946	3379	3175	3538	3289	3719	2883
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1575	1525	1294	1523	1639	1458	1863	1830	1983	1546
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.88	1.86



4. Outpatient efficiency

SUMMARY

There were 3,966 face to face and 556 virtual appointments carried out in December (14% virtual). The decrease in percentage of virtual appointments is attributed to patients needing to be seen face to face post COVID. The CSM for Outpatients and Patient Access is working with the Clinical Service Leads to define virtual appointment pathways and encourage greater uptake by the clinical teams.

The DNA rate for December is **8.83%** which is an increase from **7.78**% in November – the Trust target is **8%**. Each month an audit is undertaken of the DNA's.

40% of patients whose appointments were not attended were confirmed non attenders, however as part of the audit findings they had received the appointments with sufficient notice and text reminders. The seasonal time of the year appears to have had an impact on patients not attending their appointments and isolating due to Covid.

AREAS FOR IMPROVEMENT

Patient initiated follow ups (PIFU) was launched early November. This is part of the requirements in the 2021/22 Operational Planning Guidance and is a key part of the NHS response to the COVID-19 pandemic; helping providers and systems manage waiting lists and to see patients in most need, more quickly. PIFU allows patients more control over their own care, freeing up capacity to see patients when they most need to be seen and reduce the number of appointments which do not add a clinical benefit for patients. Instead of routinely booking a follow up appointment for the patient at a specified point in the future, the patient is asked to contact the hospital to request an appointment if they need one.
The patient will receive their PIFU information in the form of a letter and leaflet from the specialty clinician. This letter will explain that they have been placed on a PIFU pathway and when this will expire. All PIFU pathways will be for a specified time agreed with the patient and their clinician. If a patient has not had to seek further advice or treatment by the end of this period, the patient will be discharged back to the care of their GP.
PIFU Target for December: plan 1.5% - 67 patients (first month reporting this KPI), actual: 2.49% 69 patients out of 2773 (measured as a % of all outpatient activity)

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 and beyond.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance and ensuring we have the processes and SOP in place. The target is 12% A&G by March 2022 and we continue to work collaboratively to optimise referrals and avoid asking patients to attend outpatient services unnecessarily.

In February an Outpatient Workshop is planned with the Clinical and Operational Teams to support and encourage the outpatient transformation agenda.

RISKS / ISSUES

A business case for the use of Griffins Brook Medical Centre has been approved and will provide additional outpatient capacity for Clinical Support Services and is due to commence in Q4.

5. Referral to Treatment

Referral to Treatment Snapshot as at 31st December 2021 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

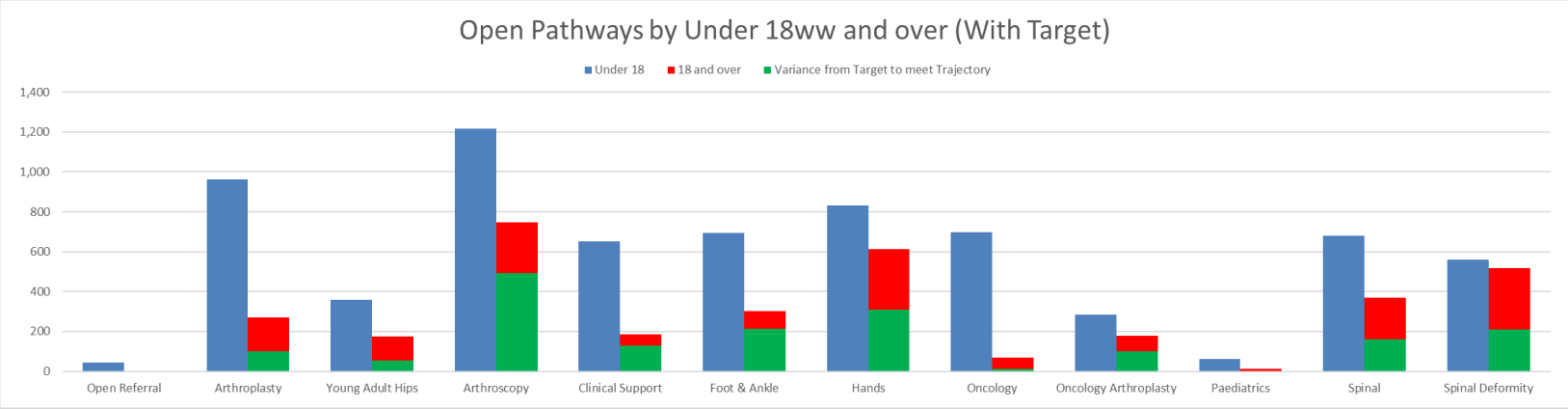
Est Over 18 Clock Stops Required		
To achieve	81.07%	2069
To achieve	83.14%	2318
To achieve	85.49%	2586

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,007**	41	414	168	529	200	320	313	350	125	27	294	226
7-13	**2,737**	4	359	130	473	328	244	322	244	114	29	265	225
14-17	**1,300**	0	190	59	216	124	130	195	104	46	7	120	109
18-26	**1,699**	0	214	82	346	125	161	258	44	103	10	164	192
27-39	**1,340**	0	49	83	325	53	124	248	24	64	1	118	251
40-47	**244**	0	4	9	59	5	8	52	2	6	1	48	50
48-51	**66**	0	2	2	7	0	5	28	0	3	0	13	6
52 weeks and over	**95**	0	3	0	11	1	5	25	0	4	0	27	19
Total	**10,488**	45	1,235	533	1,966	836	997	1,441	768	465	75	1,049	1,078

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,044**	45	963	357	1,218	652	694	830	698	285	63	679	560
18 and over	**3,444**	0	272	176	748	184	303	611	70	180	12	370	518
Current Month End RTT %	**67.16%**	**100.00%**	**77.98%**	**66.98%**	**61.95%**	**77.99%**	**69.61%**	**57.60%**	**90.89%**	**61.29%**	**84.00%**	**64.73%**	**51.95%**

31/12/2021 Trajectory RTT %	81.07%	100.00%	84.89%	74.67%	82.69%	92.09%	88.42%	73.24%	92.47%	78.11%	84.71%	76.50%	64.52%
Target for RTT Trajectory	1,645	0	171	121	255	56	91	303	57	80	11	209	308
Variance from Target to meet Trajectory	1799	0	101	55	493	128	212	308	13	100	1	161	210



5. Referral to Treatment

Referral to Treatment Snapshot as at 31st December 2021 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

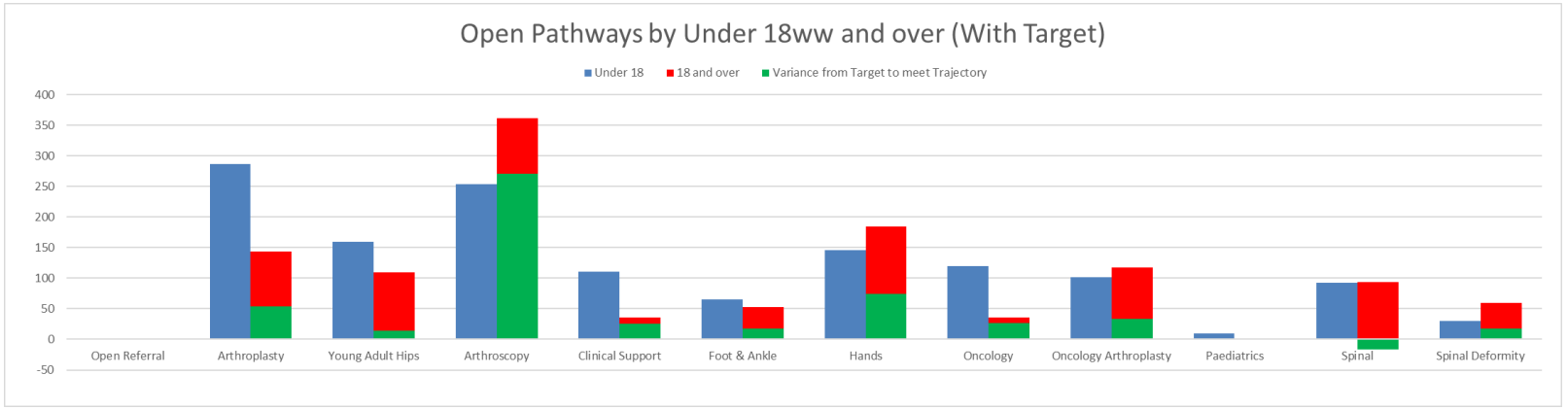
Est Over 18 Clock Stops Required		
To achieve	68.84%	660
To achieve	83.14%	1056
To achieve	85.49%	1109

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**474**	0	87	57	86	34	16	48	73	36	0	29	8
7-13	**594**	0	127	71	106	53	35	60	39	48	5	37	13
14-17	**310**	0	73	32	62	24	14	38	8	18	5	27	9
18-26	**535**	0	117	45	120	23	28	68	20	70	1	29	14
27-39	**484**	0	21	59	196	13	19	68	14	38	0	33	23
40-47	**96**	0	2	6	38	0	3	16	2	4	1	13	11
48-51	**33**	0	1	0	6	0	0	17	0	2	0	5	2
52 weeks and over	**50**	0	3	0	2	0	3	15	0	4	0	14	9
Total	**2,576**	0	431	270	616	147	118	330	156	220	12	187	89

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,378**	0	287	160	254	111	65	146	120	102	10	93	30
18 and over	**1,198**	0	144	110	362	36	53	184	36	118	2	94	59
Current Month End RTT %	**53.49%**	n/a	**66.59%**	**59.26%**	**41.23%**	**75.51%**	**55.08%**	**44.24%**	**76.92%**	**46.36%**	**83.33%**	**49.73%**	**33.71%**

31/12/2021 Trajectory RTT %	68.84%	100.00%	76.10%	62.46%	73.65%	91.20%	64.59%	57.02%	92.70%	54.72%	93.33%	45.65%	41.99%
Target for RTT Trajectory	624	0	90	96	91	11	36	110	9	84	1	111	41
Variance from Target to meet Trajectory	574	0	54	14	271	25	17	74	27	34	1	-17	18



5. Referral to Treatment

Referral to Treatment Snapshot as 31st December 2021 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

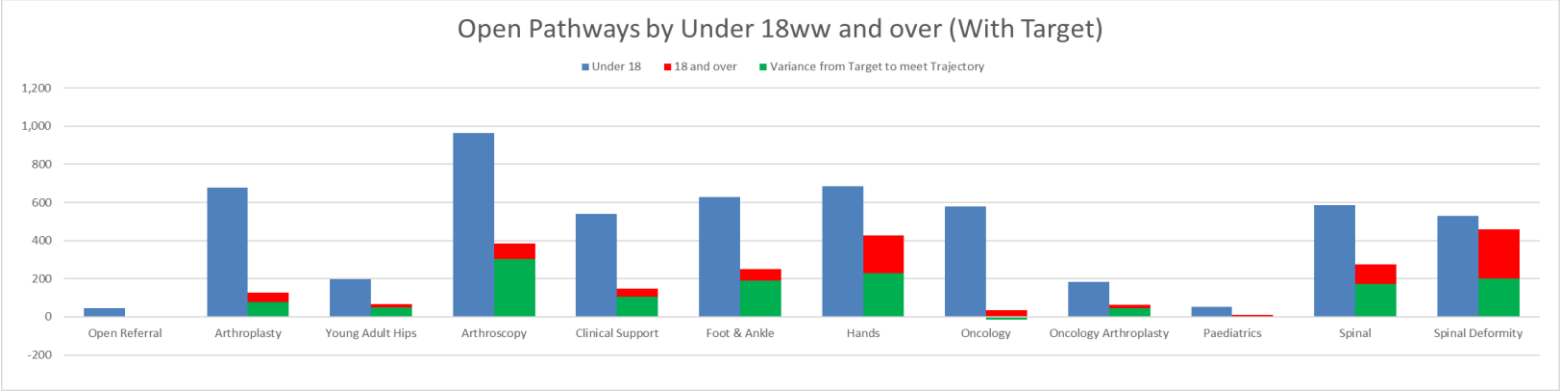
Est Over 18 Clock Stops Required		
To achieve	86.40%	1557
To achieve	83.14%	1262
To achieve	85.49%	1477

Select Pathway Type: Non Admitted

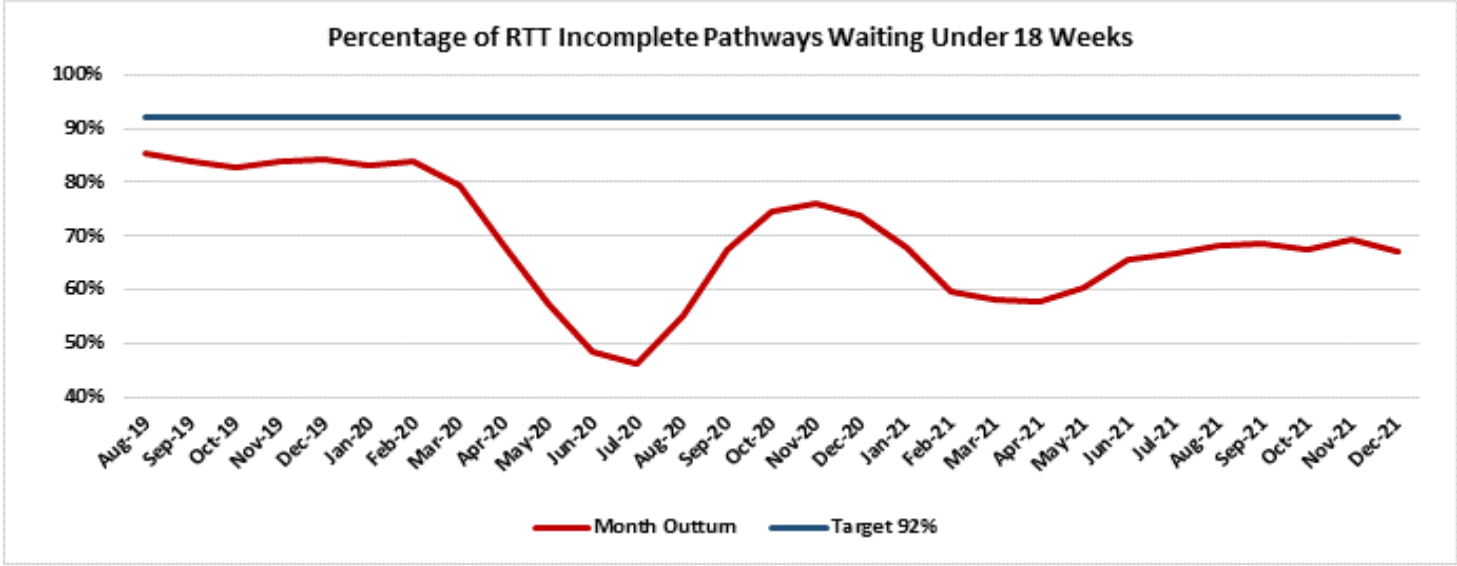
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,533**	41	327	111	443	166	304	265	277	89	27	265	218
7-13	**2,143**	4	232	59	367	275	209	262	205	66	24	228	212
14-17	**990**	0	117	27	154	100	116	157	96	28	2	93	100
18-26	**1,164**	0	97	37	226	102	133	190	24	33	9	135	178
27-39	**856**	0	28	24	129	40	105	180	10	26	1	85	228
40-47	**148**	0	2	3	21	5	5	36	0	2	0	35	39
48-51	**33**	0	1	2	1	0	5	11	0	1	0	8	4
52 weeks and over	**45**	0	0	0	9	1	2	10	0	0	0	13	10
Total	**7,912**	45	804	263	1,350	689	879	1,111	612	245	63	862	989

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,666**	45	676	197	964	541	629	684	578	183	53	586	530
18 and over	**2,246**	0	128	66	386	148	250	427	34	62	10	276	459
Current Month End RTT %	**71.61%**	100.00%	**84.08%**	**74.90%**	**71.41%**	**78.52%**	**71.56%**	**61.57%**	94.44%	**74.69%**	**84.13%**	**67.98%**	**53.59%**

31/12/2021 Trajectory RTT %	86.40%	100.00%	92.90%	91.62%	92.15%	92.53%	91.26%	77.46%	92.43%	92.20%	83.91%	85.01%	67.38%
Target for RTT Trajectory	892	0	52	18	82	44	60	199	47	15	10	103	257
Variance from Target to meet Trajectory	1354	0	76	48	304	104	190	228	-13	47	0	173	202



5. Referral to Treatment



ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for December is **67.16%** against the National Constitutional Target of 92%. This is an decrease of 2.01% compared to November 21 reporting at **69.37%.** There are **95** patients over 52 weeks, an increase from **92** in November - **50** admitted and **45** non-admitted with plans or actions in place to progress these pathways or patients. We are reviewing the trajectory given the impact Omicron has had in December and January

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **310** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2576 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,420** referrals received in December 2021, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

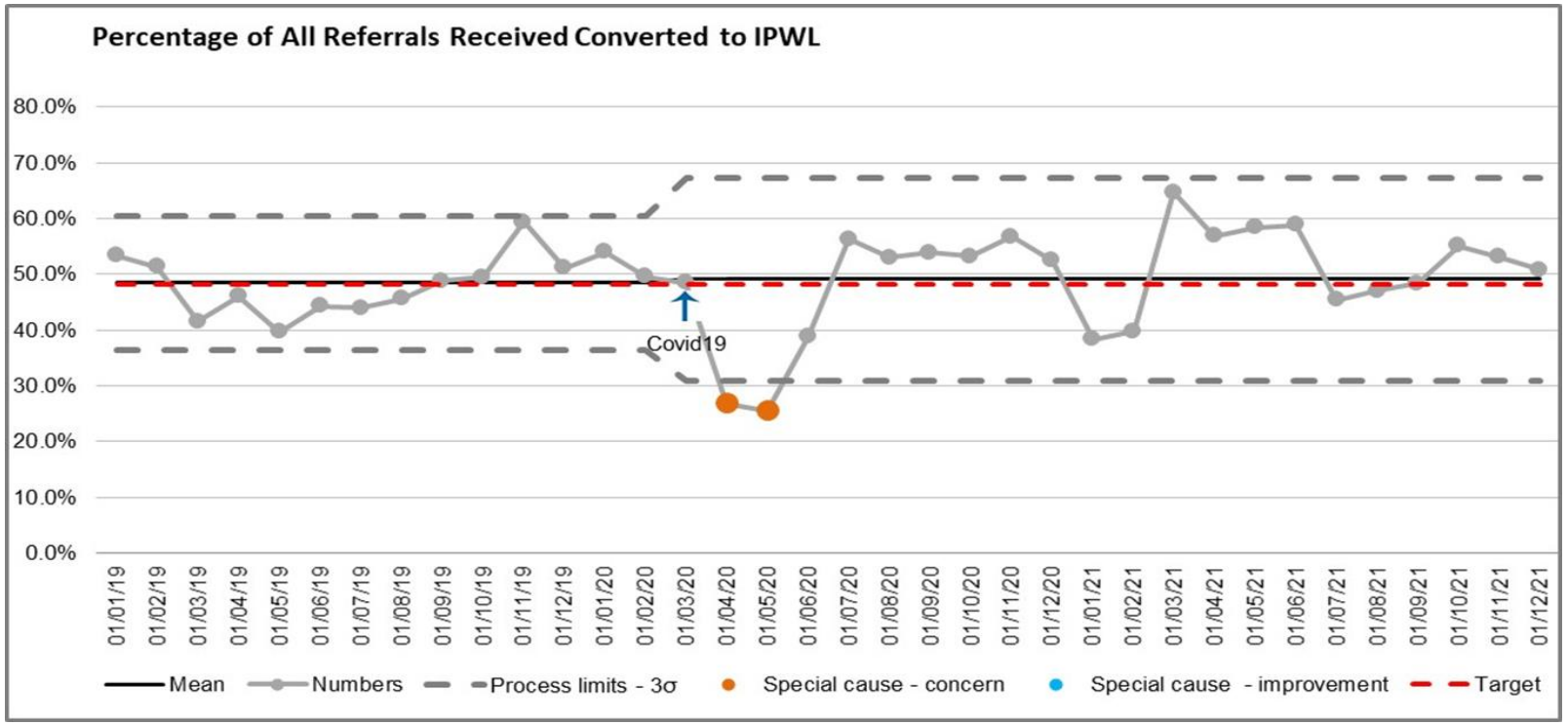
AREAS FOR IMPROVEMENT

Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways.
We are scoping the implementation of the Health Status check process – an automated process that contacts patients with key questions to determine any changes or review that is required.

RISKS / ISSUES

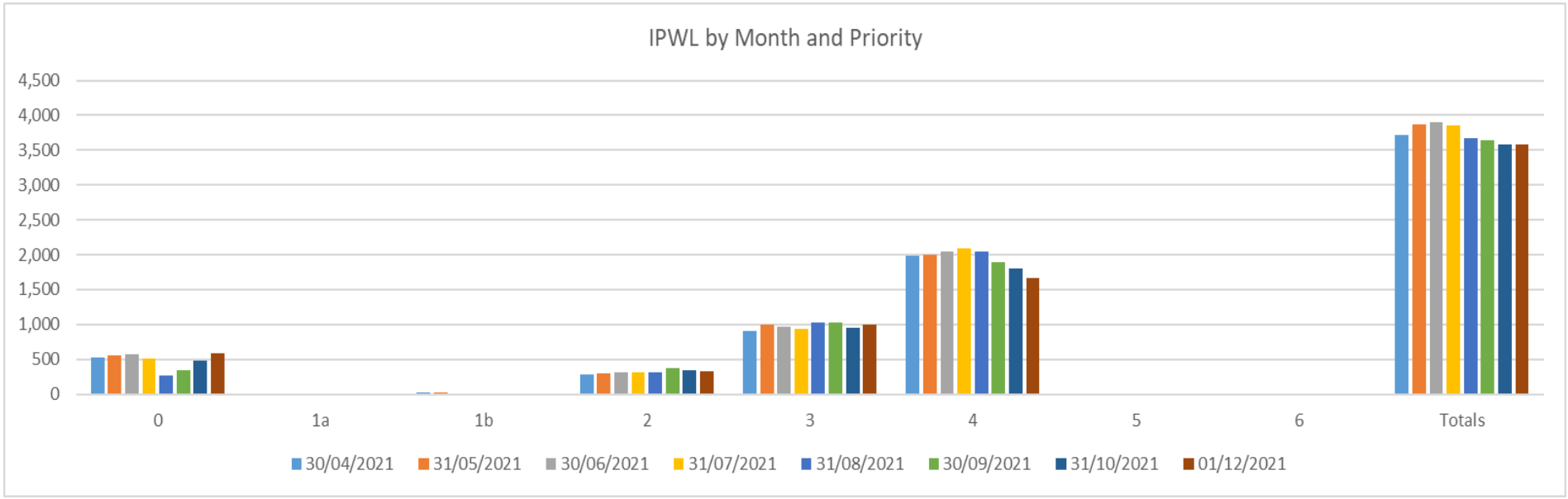
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH

5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040
Percentage of All Referrals Received Converted to IPWL	**26.91%**	**25.56%**	**38.75%**	**56.28%**	**52.99%**	**53.89%**	**53.24%**	**56.74%**	**52.53%**	**38.31%**	**39.80%**	**64.72%**	**56.92%**	**58.43%**	**58.90%**	**45.42%**	**47.05%**	**48.37%**	**55.15%**	**53.14%**	**50.88%**

5. Referral to Treatment



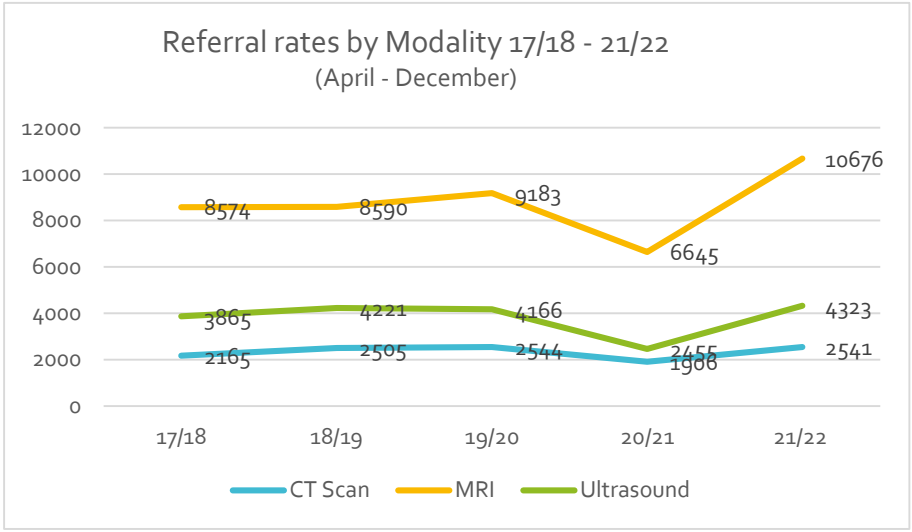
	Number of IP waiting as at	% of IP waiting as at
Priority	31/12/2021	31/12/2021
0	591	16%
1a	1	0%
1b	4	0%
2	322	9%
3	996	28%
4	1672	47%
5	1	0%
6		0%
Total	3587	100%

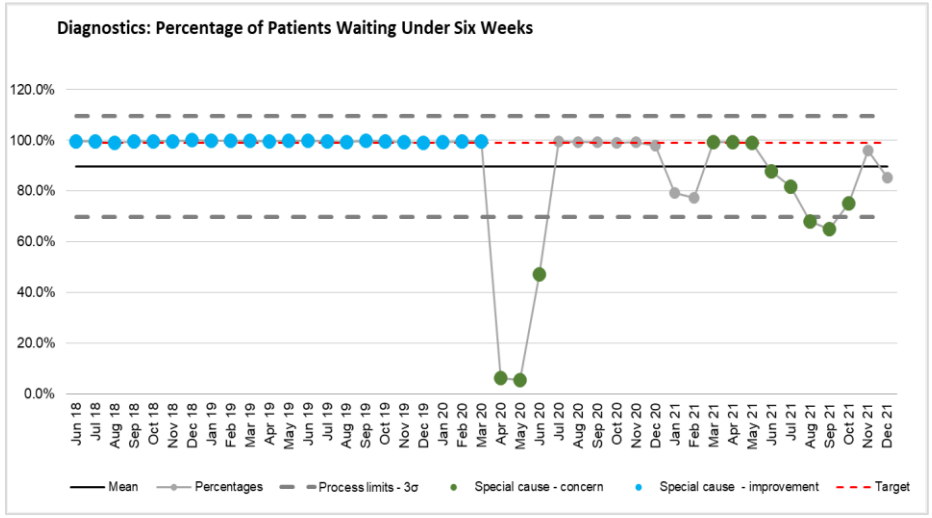
December has seen a slight increase in P2 and P3 patients and a reduction in P4's and the overall admitted waiting list . The focus continues on ensuring more urgent patients are delivered in line with the RCS guidance is having an impact on the competing priority to ensure the continued reduction in non urgent long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

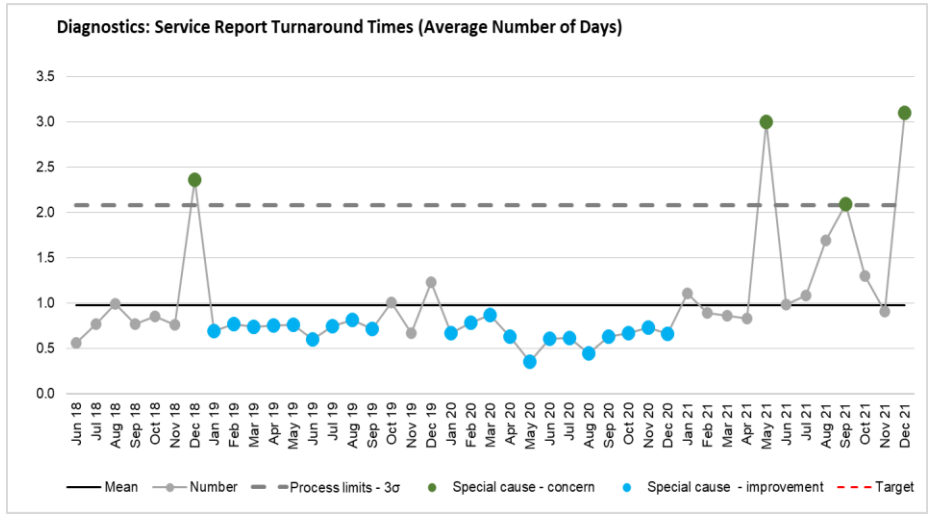
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in December reporting 85.2%, a decrease on the previous month. Referrals across all modalities in December was 124% , with MRI reported as 174% when compared to 19/20 figures.

Actions being taken are
- Increase weekend operational hours in MRI
- Additional weekend sessions to support US
- Source additional mobile van capacity where possible

Reporting times increased in December as a result of increases in workload. Additional resources such as agency / bank staff and outsourcing has been implemented with the expectation that the backlog will be cleared by the end of January. This has also been compounded by vacancies and sickness. Recent interviews for vacant post medical secretary post has been successfully appointed to.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised. Full demand and capacity analysis with trend forecasting as a part of business planning
Implementation of the recently approved 7 day working for imaging services will further increase capacity

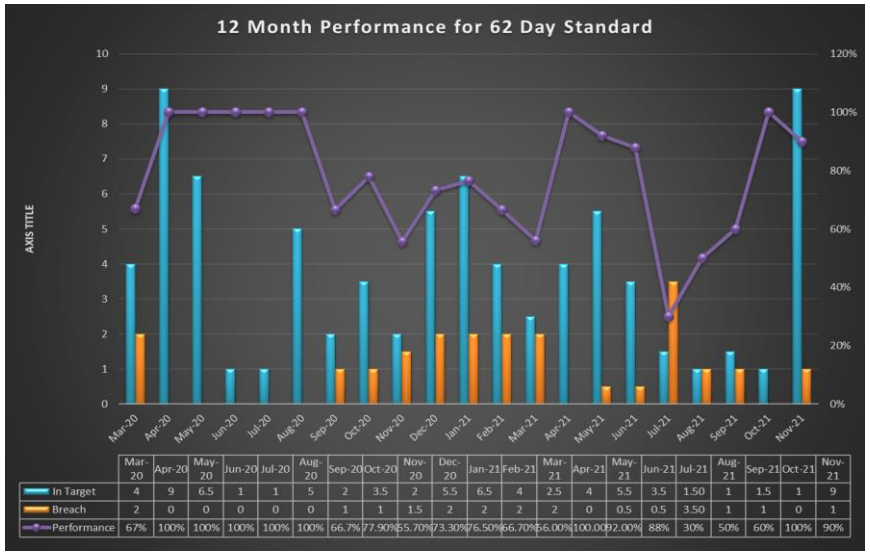
RISKS / ISSUES

The impact of social distancing and new processes to meet IPC recommendations is currently being scoped and the working day increased to provide appropriate capacity going forward.
The lack of an electronic referral system (order comms) is having an impact on performance also thee is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

		December 2021 (incomplete)				November 2021 (complete)				October 2021 (complete)			
Target Name	National Standard	%	In target	Breach	Total	%	In target	Breach	Total	%	In target	Breach	Total
2ww	93%	93%	70.0	5.0	75.0	100%	39.0	0.0	39.0	100%	39.0	0.0	39.0
31 day first treatment	96%	100%	9.0	0.0	9.0	100%	13.0	0.0	13.0	75%	3.0	1.0	4.0
31 day subsequent (surgery)	94%	100%	4	0	4	100%	9.0	0.0	9.0	100%	5.0	0.0	5.0
62 day (traditional)	85%	50%	1.5	1.5	3	90%	9.0	1.0	10.0	100%	1.0	0.0	1.0
62 day (Cons Upgrade)	n/a	33%	1.0	2.0	3.0	100%	3.0	0.0	3.0	100%	5.0	0.0	5.0
28 day FDS REPORTED	75%	83%	57.0	12.0	69.0	68%	41.0	19.0	60.0	81%	61.0	14.0	75.0

7. Cancer Performance



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
In Target	4	9	6.5	1	1	5	2	3.5	2	5.5	6.5	4	2.5	4	5.5	3.5	1.50	1	1.5	1	9
Breach	2	0	0	0	0	0	1	1	1.5	2	2	2	2	0	0.5	0.5	3.50	1	1	0	1
Performance	67%	100%	100%	100%	100%	100%	66.7%	77.90%	65.70%	73.30%	76.50%	66.70%	56.00%	100.00%	92.00%	88%	30%	50%	60%	100%	90%

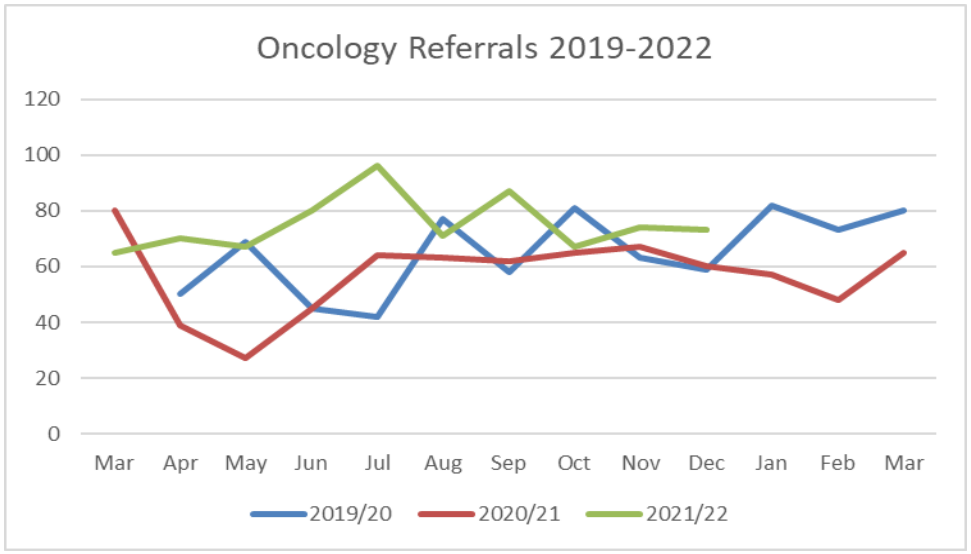
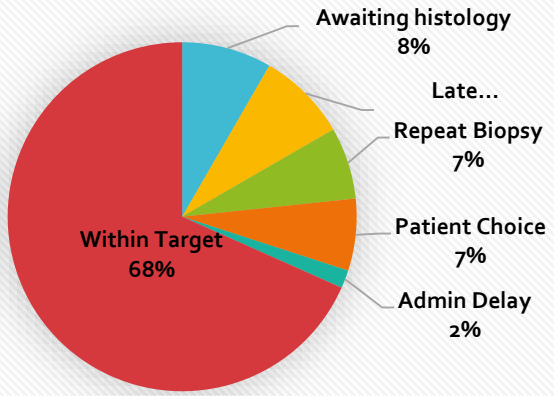
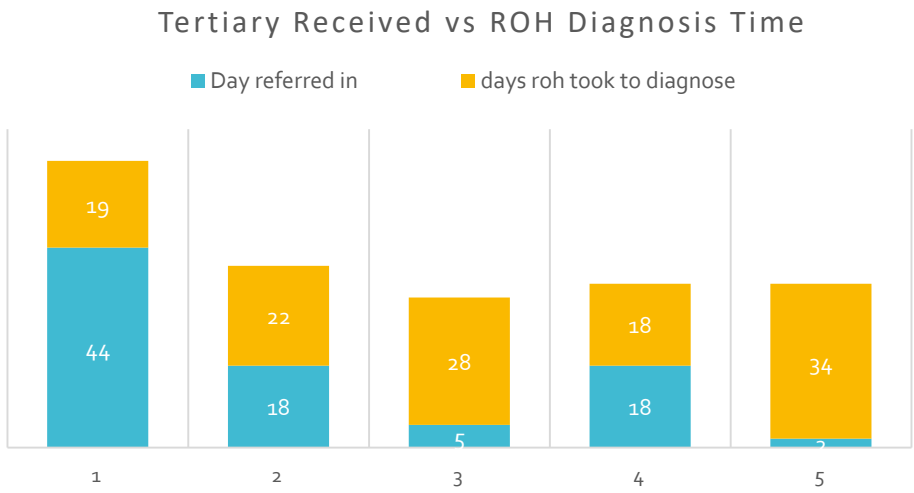


Figure 1: FDS Breakdown for November





7. Cancer Performance

SUMMARY

Performance:

- Performance against all targets except for 28 day FDS was extremely positive in November 2021. This was as a result of a combination of efforts to manage the extremely high volume of patients having been referred into the service in September 2021.
- The service is experiencing an extremely high number of patients requiring major surgery and specific surgical teams with multiple skill sets in particular pelvic surgery and surgery requiring plastic surgeons therefore its predicted there will be some breaches allocated in December and January. Consultants and patients isolating due to Covid or being contacts is also impacting on treating patients within their cancer target.
- To date 49 patients have been referred from RJAH as part of the SLA of which 29 have had surgery

Contributing factors to Novembers performance:

- 28 day faster diagnosis standard - 60 patients subject to this standard and 41 were given their diagnosis within 28 days, with the remaining 19 patients outside of this standard this was mainly attributed to patient choice and late tertiary referrals into the Trust
- 62 day standard - a total of 10 (12 patients) were subject to this standard. Two patients were non-compliant as a result of late tertiaries referrals received into the Trust, a 0.5 breach was attributed for each patient as we were unable to treat within 24 days of receipt.

Decembers indicative performance has not yet been finalised .

AREAS FOR IMPROVEMENT

- Pathology database transition work ongoing
- Primary Care Interface work – initial meeting took place on 13th January
- Nurse consultant is taking on a leading role in end of life care for the ICS

RISKS / ISSUES

- Recruitment to Consultant post due to consultant resignation

8. Overall Financial Performance

SUMMARY

The Trust delivered a surplus year to date of £170k against a planned deficit of £65k, generating a favourable variance of £235k.

Income year to date is performing better than plan by £4,016k. This primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Pay and non pay expenditure overspent against plan year to date by £3,492k.

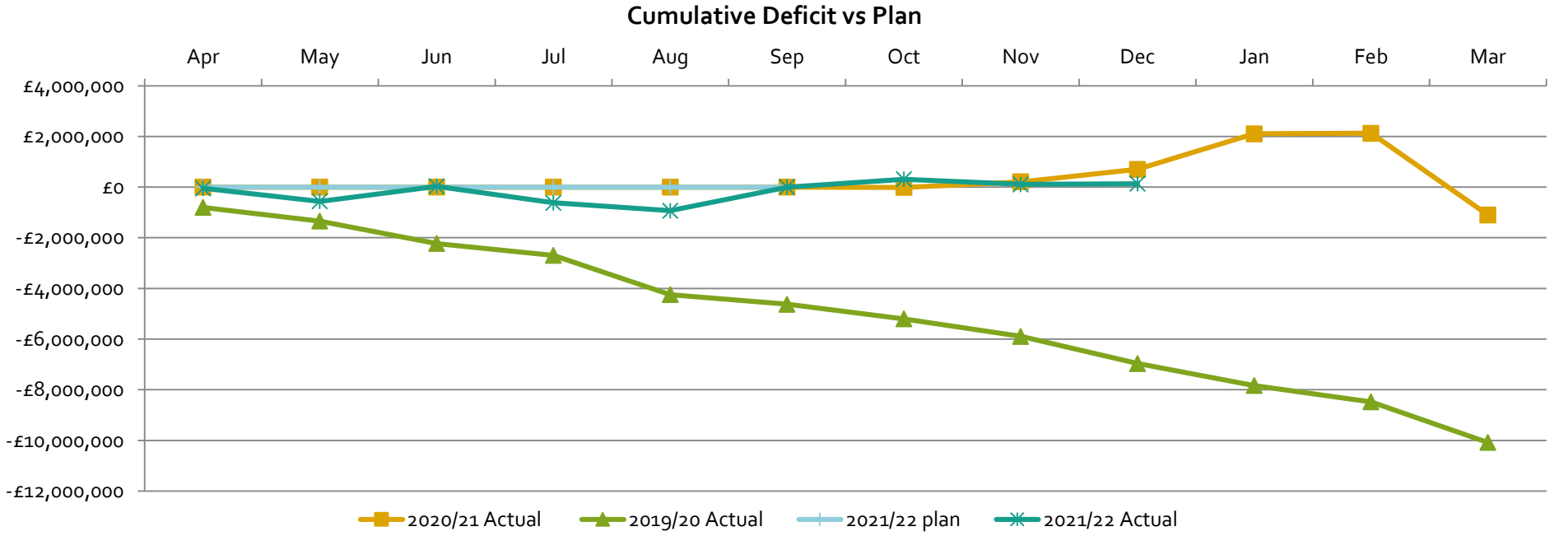
Capital expenditure to date is overspent by £277k with £2,224k spent against a plan of £1,947k.

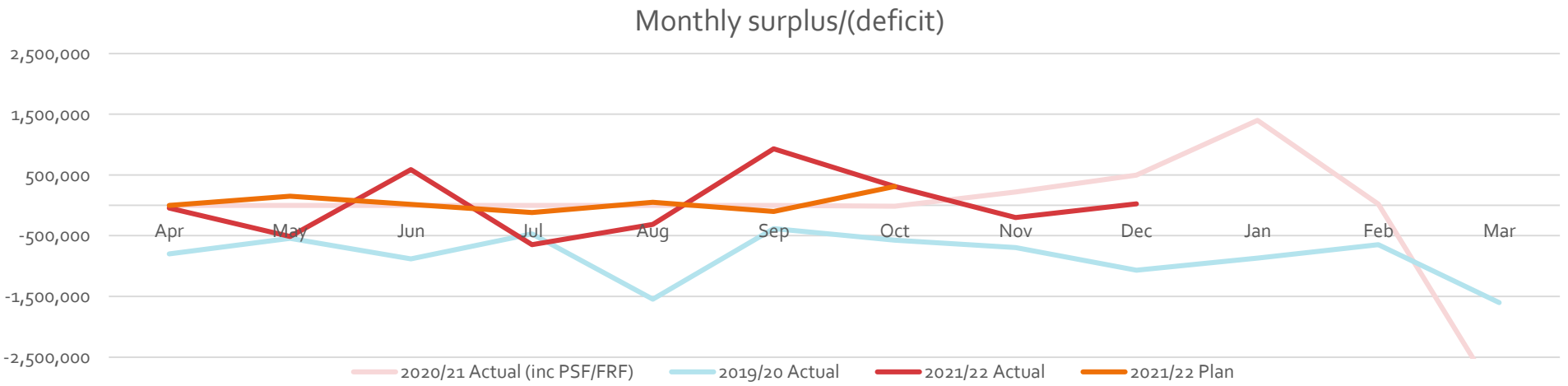
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	4,016	(1,815)	(1,677)	(288)	235
Year to date plan	79,705	(44,731)	(34,251)	(788)	(65)
Year to date actual	83,721	(46,546)	(35,928)	(1,076)	170
Actual compared previous month	▲	▲	▲	▲	▼
Forecast Variance	4,271	(2,324)	(1,678)	(275)	(6)

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	76,666	80,107	3,441
Other Operating Income (Excluding top up)	3,039	3,614	575
Employee Expenses (inc. Agency)	(44,731)	(46,546)	(1,815)
Other operating expenses	(34,251)	(35,928)	(1,677)
Operating Surplus	**723**	**1,247**	**524**
Net Finance Costs	(822)	(840)	(18)
Net surplus/(deficit)	**(99)**	**406**	**505**
Remove donated asset I&E impact	34	(236)	(270)
Adjusted financial performance	**(65)**	**170**	**235**
Non recurrent funding	(13,592)	(17,155)	(3,563)
Underlying surplus/(deficit)	**(13,657)**	**(16,985)**	**(3,328)**

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is performing better than plan by £4,016k. This primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Private patient income is performing £474k above plan year to date.

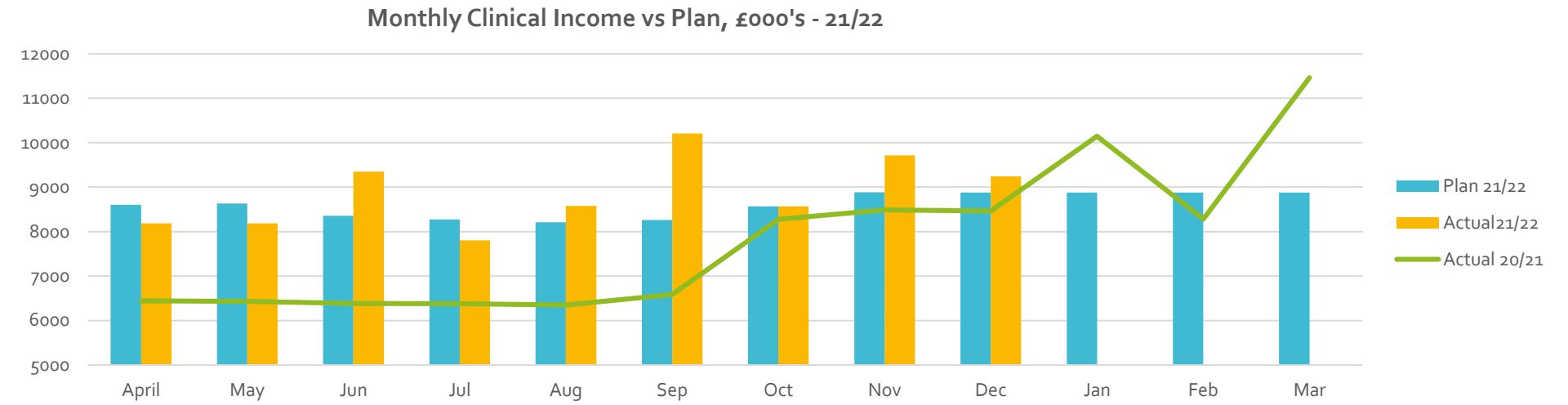
AREAS FOR IMPROVEMENT

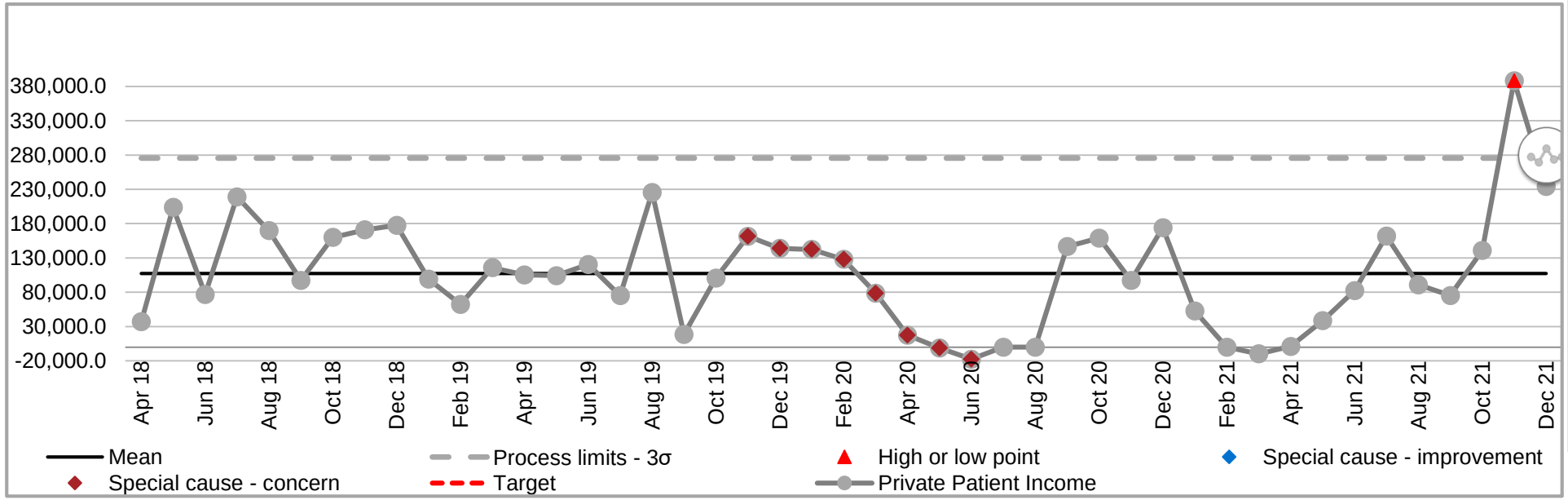
Other income, whilst above plan, is still below 2019/20 levels. This includes income for car parking, catering and accommodation.

RISKS / ISSUES

Non recurrent funding has been received in both H1 and H2, generating an underlying financial risk for 2022/23. Discussions continue with ICS partners to agree an income allocation methodology for 2022/23 funding envelopes.

9. Income


Monthly Clinical Income vs Plan, £000's - 21/22
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 21/22
Actual21/22
Actual 20/21


380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
Jun 18
Aug 18
Oct 18
Dec 18
Feb 19
Apr 19
Jun 19
Aug 19
Oct 19
Dec 19
Feb 20
Apr 20
Jun 20
Aug 20
Oct 20
Dec 20
Feb 21
Apr 21
Jun 21
Aug 21
Oct 21
Dec 21
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent against plan year to date by £3,492k, which has been driven by increased activity against original plan.

Overall pay spend is higher than plan with substantive, agency and bank all overspending year to date. Agency spend is the highest month since July 2019, and for the 3rd consecutive month peaked above the control limits. There have a number of drivers causing the increase in Bank and Agency spend including a high sickness absence rate in December; 6.11%.

Overall non pay spend is lower in month compared with previous month correlating with the decrease in activity during the month.

AREAS FOR IMPROVEMENT

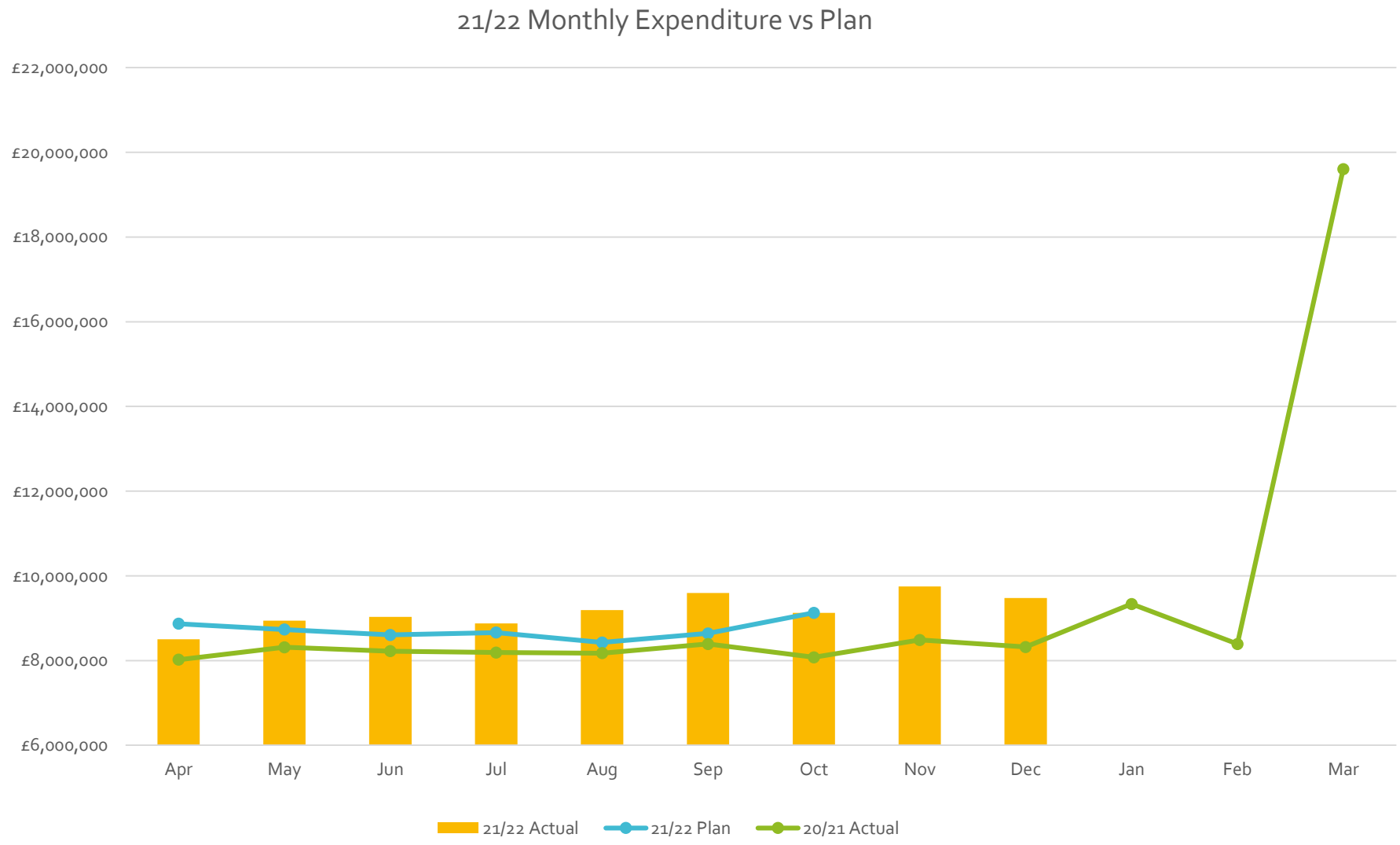
Agency spend is above plan year to date by £343k, and bank spend above plan by £287k year to date.

Agency costs as a percentage of total staff costs year to date has increased compared to last month at 7.9% in December compared to 6.1% in November. This is an increase from 4.6% in 2020/21, and is above planned levels of 6.1%.

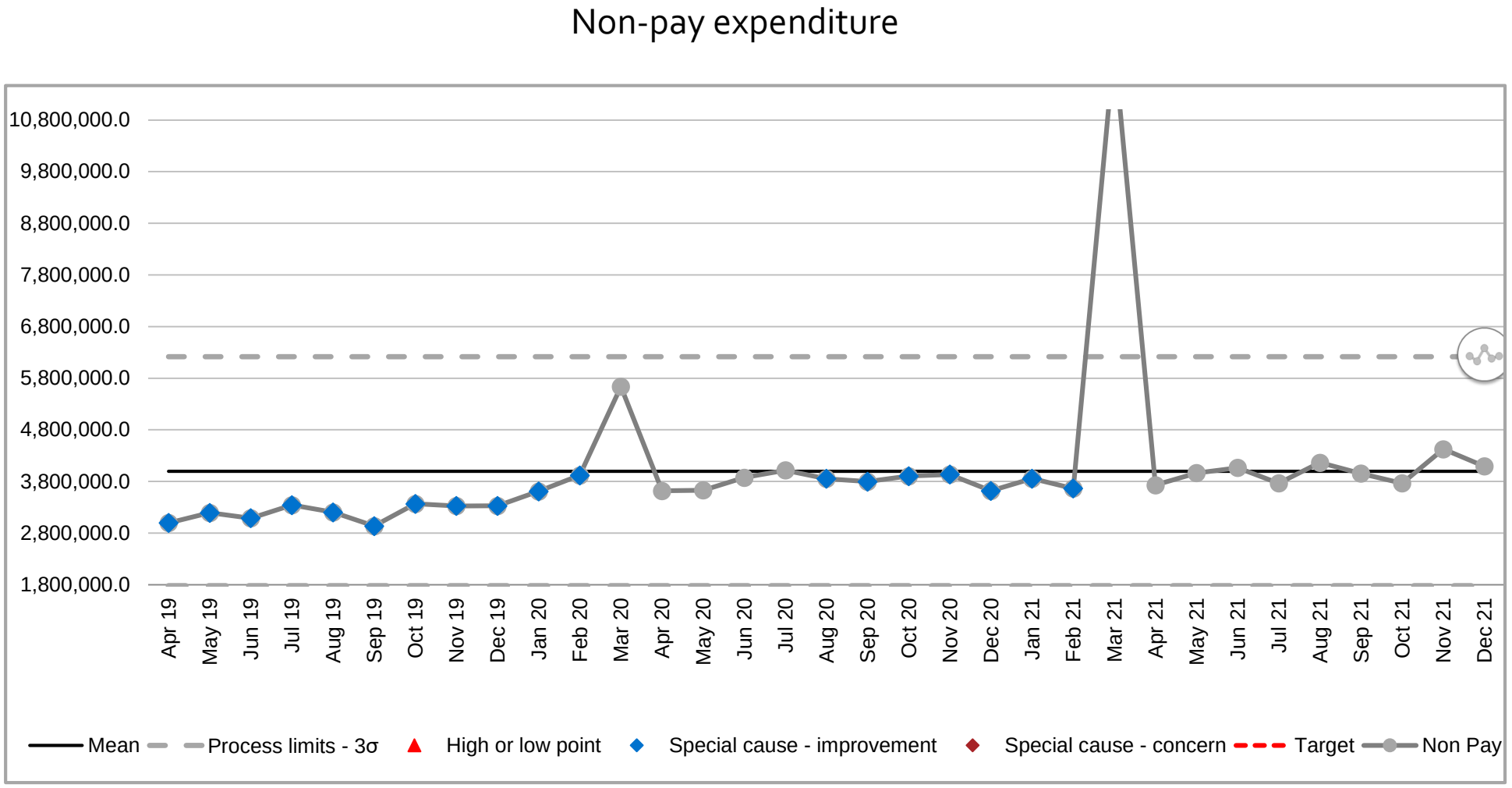
RISKS / ISSUES

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

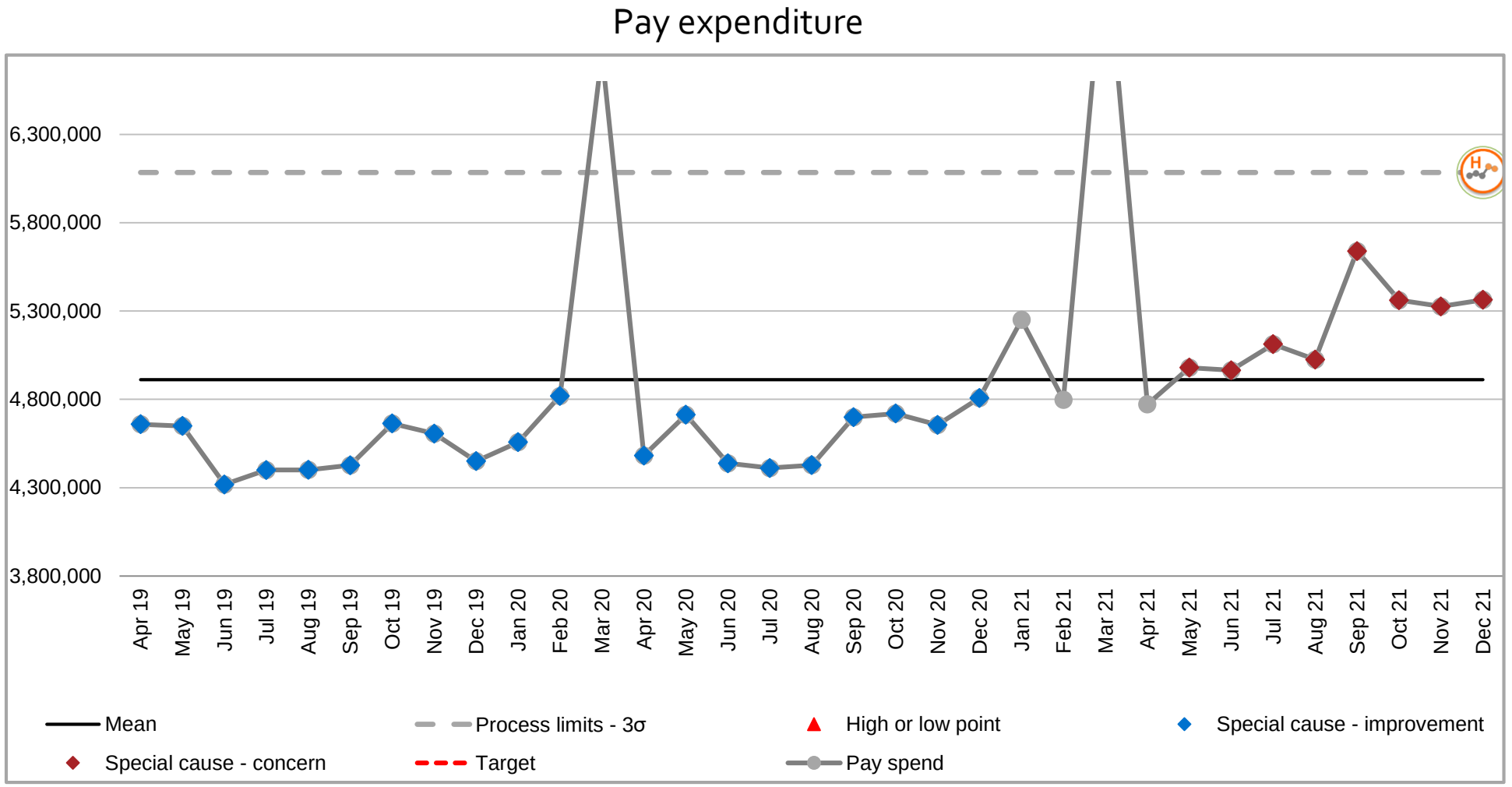
9. Expenditure



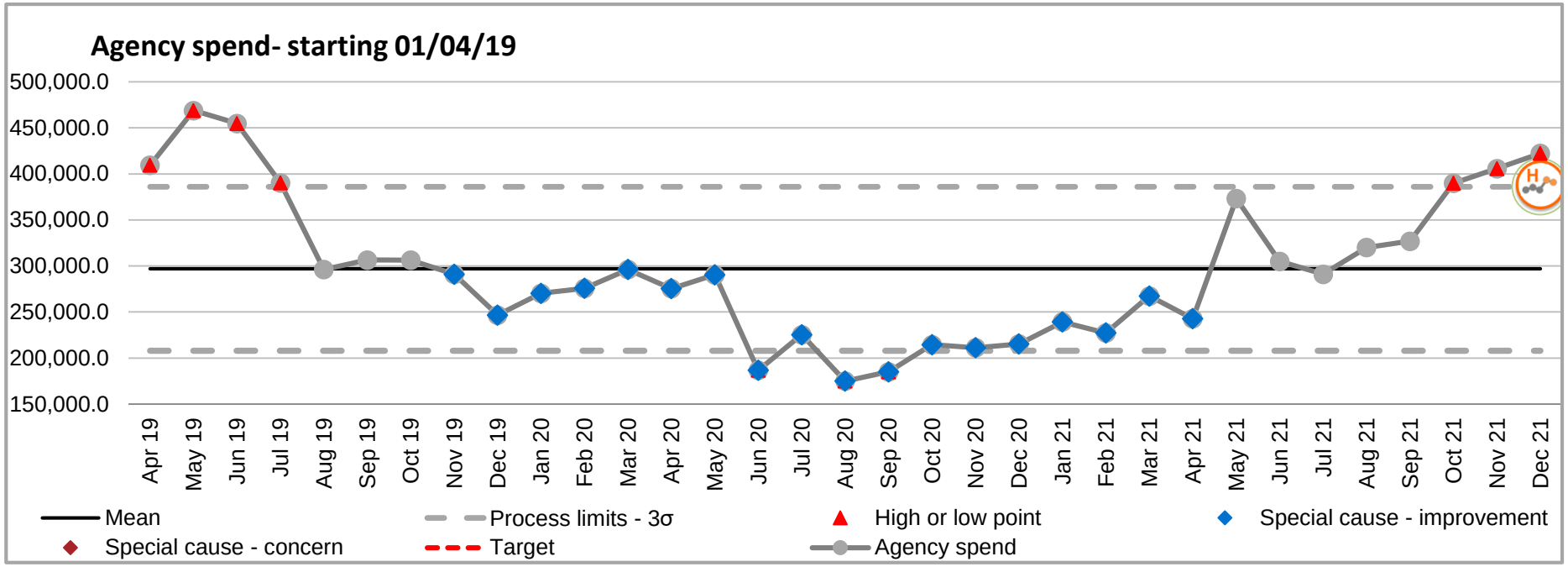
9. Non Pay Expenditure



9. Pay Expenditure

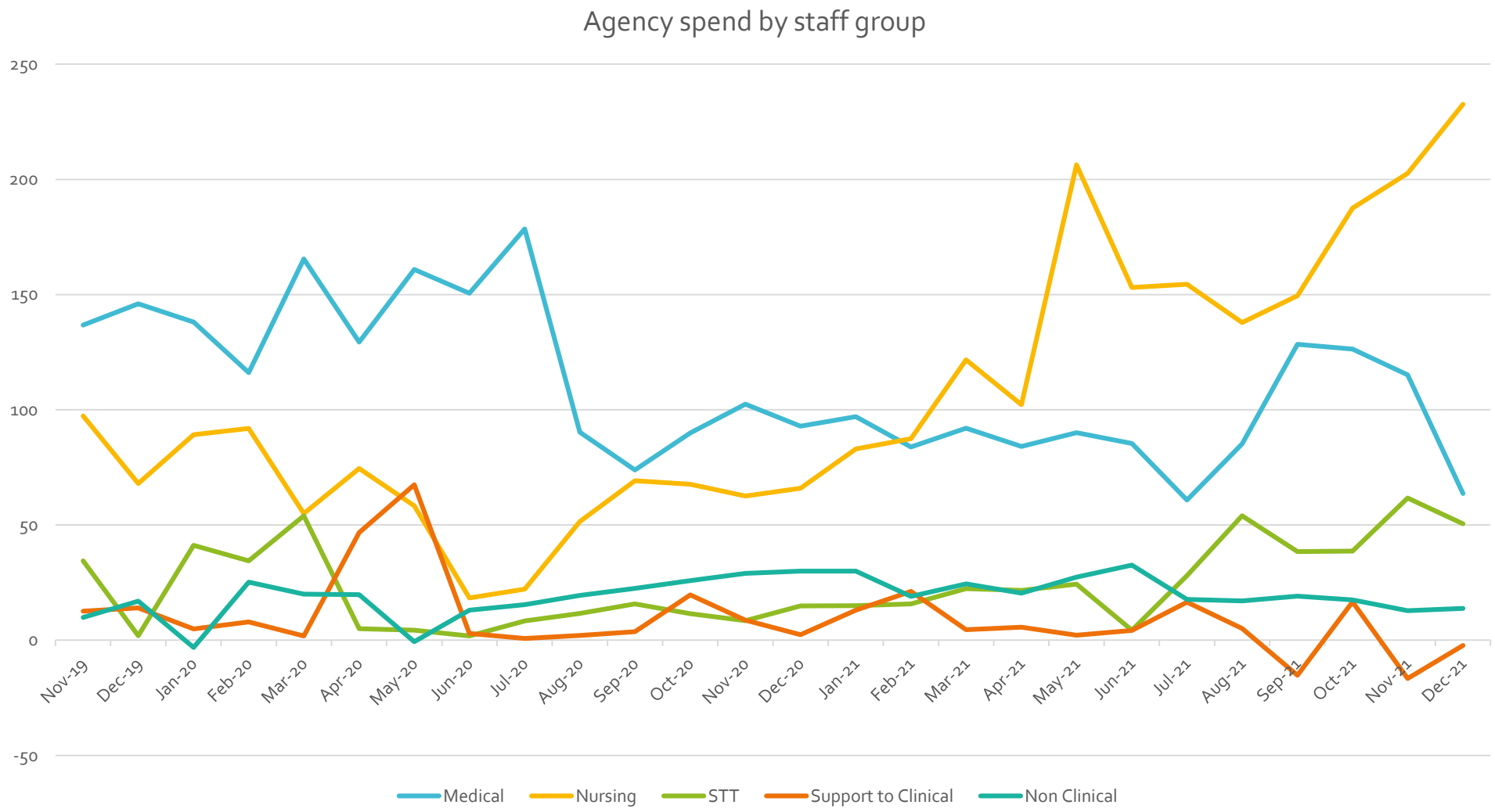


11. Agency Expenditure



	Year to date Spend (£'000s)			
	Agency	Bank	Substantive	Total
Medical staff	839	522	11,407	12,768
Clinical Staff (exc medical staff)	1,860	1,921	17,094	20,875
Non clinical staff	178	1,074	11,288	12,540
Total	2,877	3,518	39,789	46,184

11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Efficiencies totalling £822k have been recognised year to date with £1,181k expected to be delivered in total during 2021/22. The most significant scheme delivering savings to date is non pay procurement savings.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	66	105	39	132
Non pay	189	644	455	950
Income	50	73	24	99
Grand Total	**305**	**822**	518	1,181

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual	Forecast
Procurement - Birmingham Hospital Alliance Collaborative	4- Execution	Med	£344	£566	£651
Private patient service expansion	4- Execution	High	£90	£474	£534
Medical Agency Reduction - Direct Engagement	5- Review	Med	£198	£103	£103
Microsoft 365 Licence review	5- Review	High	£0	£79	£96
Managed Patient Communications via Synertec	5- Review	High	£0	£21	£28
DNA Rate Reduction - Outpatients	5- Review	Med	£38	£17	£42
Catering - Patient Meals	5- Review	High	£0	£0	£0
Substantive Medical recruitment - reduce agency spend	5- Review	High	£0	£0	£0
In-house printing for patient communications	5- Review	High	£0	£0	£0
Theatres MSC - VAT recovery on Consumables and Prosthesis	5- Review	High	£1,043	£0	£0
Docman / EDT Connect implementation - move to paperless processes	5- Review	Med	£0	£0	£0
Electronic referal Mangement system	5- Review	Med	£0	£0	£0
Substantive Nursing recruitment	5- Review	Med	£0	£0	£0
Theatres stock management - H-trak Barcoding System Benefits	5- Review	Med	£0	£0	£0
Hips & Knees Implant Rationalisation / contract negotiation	5- Review	Med	£0	£0	£0
Employee benefits scheme - VIVUP scheme	4- Execution	Med	£0	£2	£2
Daycase Knee Replacement	4- Execution	High	£0	£0	£0
Robotic Process Automation (RPA) - Review manual process to automate	4- Execution	Med	£0	£0	£0

13. Statement of Financial Position

SUMMARY

The cash balance has increased in comparison to the year end, largely due to an expected credit note being received from a supplier, in addition to timing differences at the month end on payables.

	2020/21 M12	2021/22 M9	Movement
	(£'000)		
Intangible Assets	1,255	1,084	-171
Tangible Assets	45,798	46,294	496
Total Non Current Assets	**47,053**	**47,378**	**325**
Inventories	1,800	1,808	8
Trade and other current assets	8,492	9,613	1,121
Cash	5,703	7,453	1,750
Total Current Assets	**15,995**	**18,875**	**2,880**
Trade and other payables	-11,396	-13,067	-1,671
Borrowings	-877	-384	493
Provisions	-2,758	-3,996	-1,238
Other Liabilities	-344	-994	-650
Total Current Liabilities	**-15,375**	**-18,441**	**-3,066**
Borrowings	-1,009	-946	63
Provisions	-1,029	-1,029	0
Total Non Current Liabilities	**-2,038**	**-1,975**	**63**
Total Net Assets Employed	**45,635**	**45,836**	**201**
Total Taxpayers' and Others' Equity	**45,635**	**45,836**	**201**

QUALITY REPORT JANUARY 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
8 Moderate Harms recorded **1 Death reported** **2 Serious Incidents reported in December 2021**	**WHO Checklist audit.** The Divisional Head of Nursing is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits. **VTE Re-assessment** Re-audit to be undertaken and will be presented at the February 2022 Quality and Safety Committee. • VTE prevention and management guidelines updated. This has now been become policy and is out for comments as per the Governance process for sign off. • VTE Root Cause Analysis template under review. • Exemplar Network will be asked to carry out their review early to provide assurance or identify gaps in assurance
POSITIVE ASSURANCES TO PROVIDE **Falls** The number of in-patient falls remains very low this month. There continues to be a theme of patients mobilising against advice within in-patient falls. **Pressure ulcers** No category 2 or 3 pressure ulcers (ROH acquired) recorded in December 2021	**DECISIONS MADE** None specifically

Quality Report – January 2022 (December 2021 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308(↓)		
Serious Incidents	1	0	0	0	1	0	2	1	2(↑)	7	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2(↓)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	1	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6(↓)	64	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	4	7	4	3	3	7	6	6	43	57(Total)
PALS	47	62	68	90	61	39	41	38	39(↑)		
Compliments	5	5	5	7	3	0	3	6	2(↓)		
FFT Score %	97	96	98	98	99	99	99	100	99(↓)		
FFT Response %	29	33	28	33	41	36	44	43	42(↓)		
Duty of Candour	10	12	16	20	15	12	12	9	9		
Litigation (New)	0	0	1	0	0	0	0	0	0		
Coroners	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	5	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

January 2022 (December 2021 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Executive Director of Nursing & Clinical Governance
AUTHOR:	Ash Tullett	Head of Clinical Governance

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9	Friends & Families Test and Iwantgreatcare
10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
16	Theatre Utilisation/ Hospital Led Cancellations
17	Process & Flow efficiencies
18	Length of stay
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1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

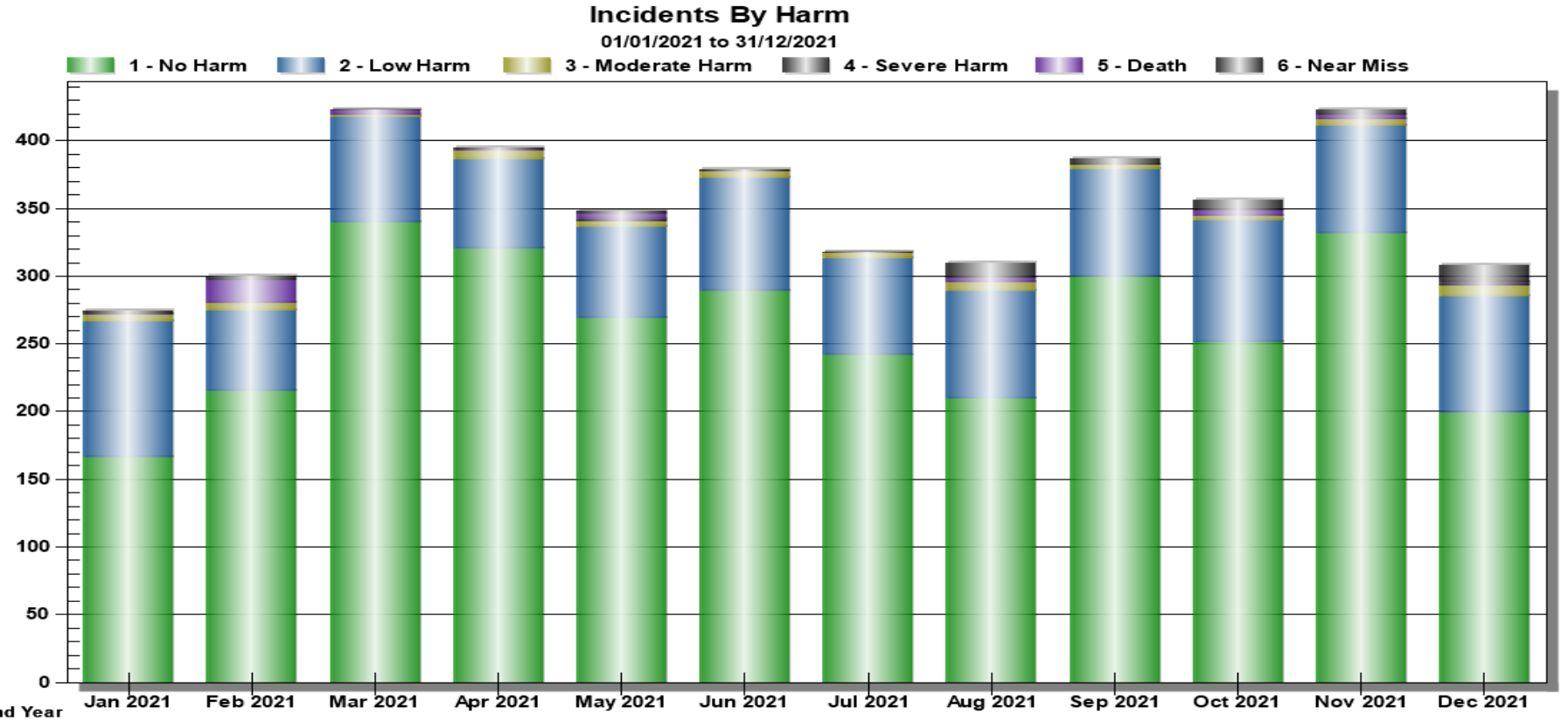
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**



Month and Year	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
1 - No Harm	166	215	339	320	269	289	241	209	299	251	331	199
2 - Low Harm	100	59	78	66	67	83	72	80	80	90	80	86
3 - Moderate Harm	5	6	2	6	4	5	4	6	3	3	5	8
4 - Severe Harm	0	0	0	0	2	0	0	0	0	0	0	1
5 - Death	1	17	3	1	4	0	0	3	0	4	3	1
6 - Near Miss	2	3	1	2	2	2	1	12	5	8	4	13

Data source – Ulysses

INFORMATION

In the month of December 2021, there were a total of 308 Incidents reported on the Ulysses incident management system.
The breakdown of those incidents is as follows;
199 – No Harm
86 - Low Harm
8 - Moderate Harms
1 - Severe Harm
13 – Near Miss
1 – Death

Downgraded Incidents

Currently 0 of the reported harm in the Previous Quality report (December 2021) have been downgraded.

Near Miss Incidents

The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process.

Patient Contacts

In December 2021, there were a total of 7490 patient contacts. There were 308 incidents reported, which amounts to 4.1 percent of the total patient contacts. Of those 308 reported incidents, 96 incidents resulted in harm which is 1.3 per cent of the total patient contact.

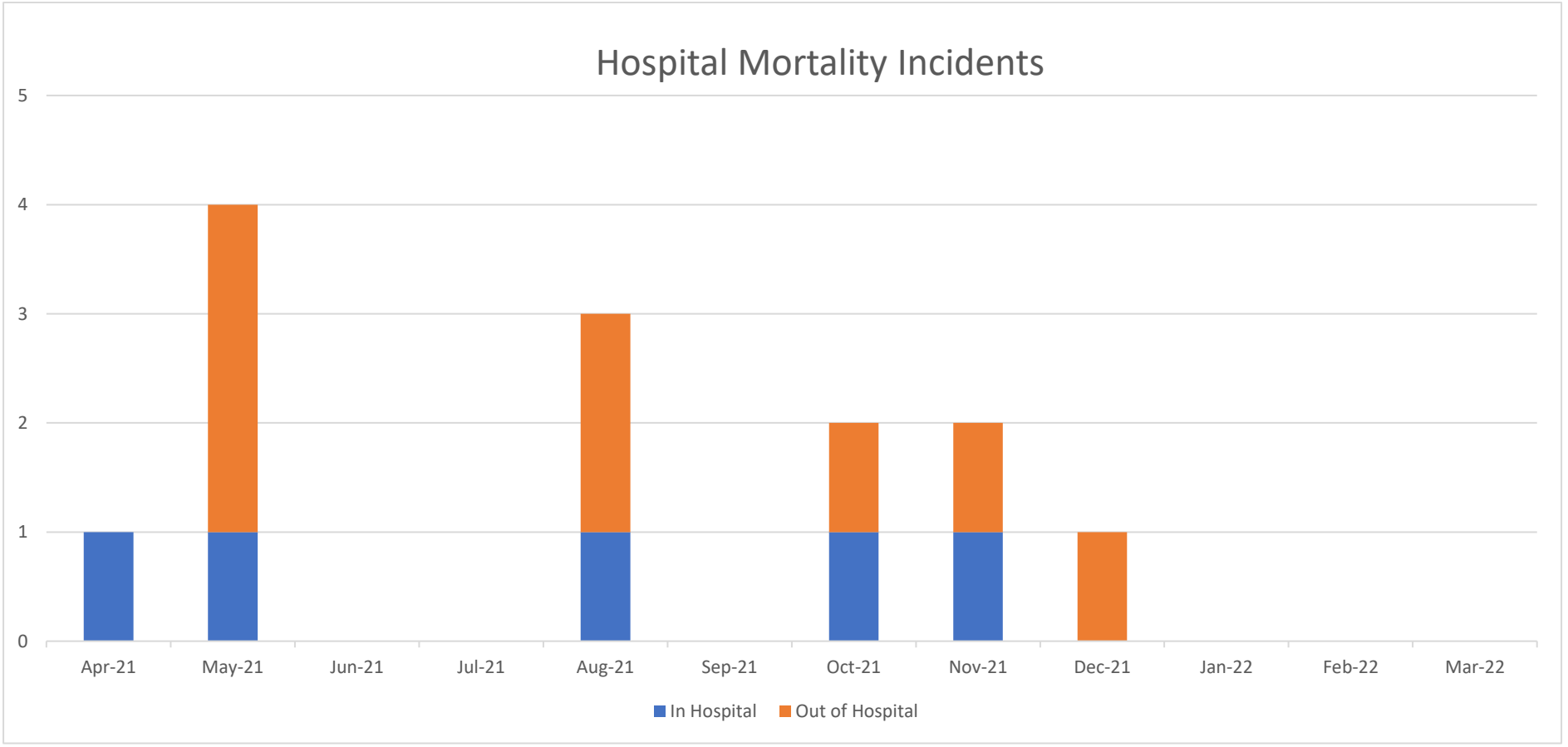
ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

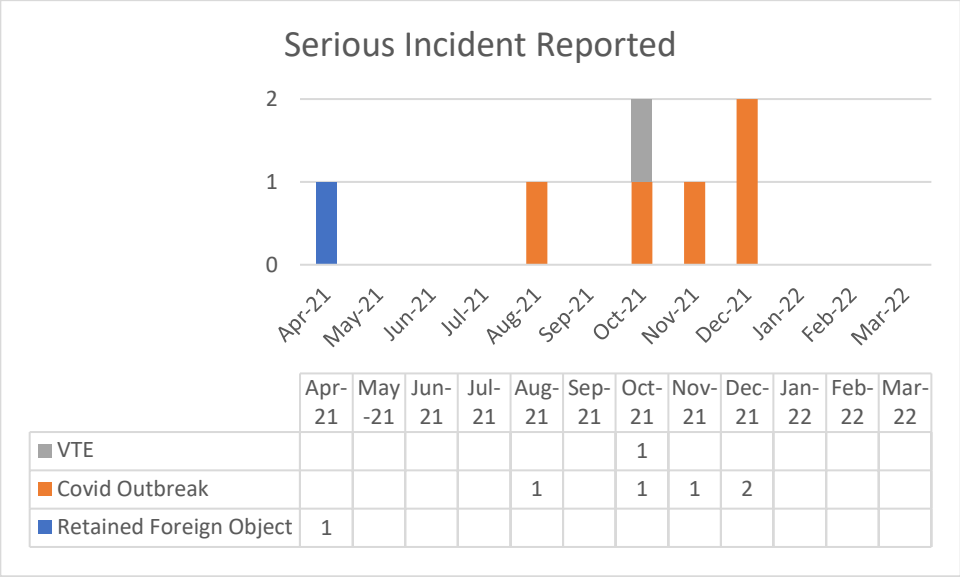
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
One death was reported in December 2021. This occurred post discharge within 30 days.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**



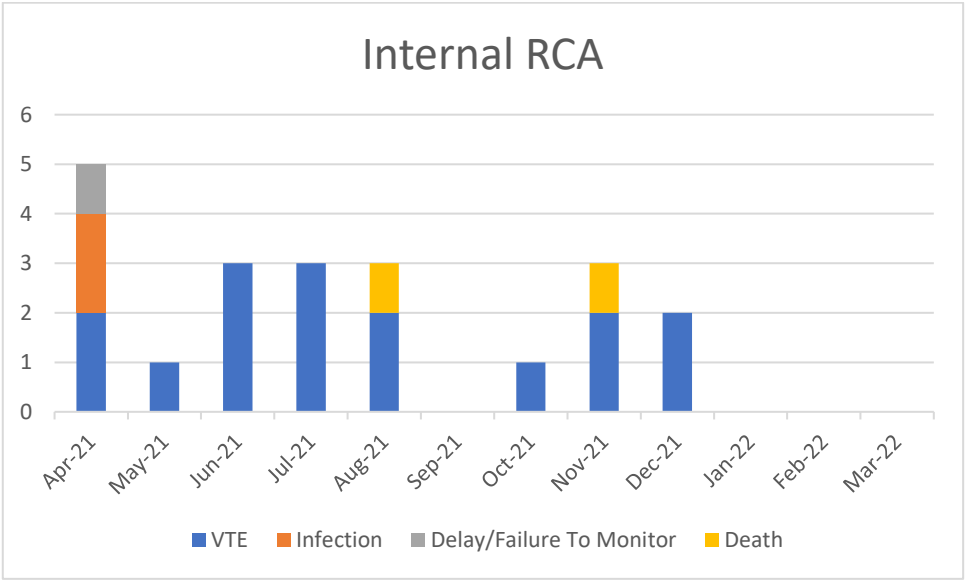
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
VTE							1					
Covid Outbreak					1		1	1	2			
Retained Foreign Object	1											

Year Totals	
20/21	11
21/22	7

Data Source – STEIS

INFORMATION
Two Serious Incidents were reported in December 2021. One Incident reported in December 2021 has been escalated to a Serious Incident in January 2022. After a serious notes review was undertaken by the division it was agreed in Executive Governance that it meets the SI framework. This incident below incident will be included in the January 2022 figures and reporting.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

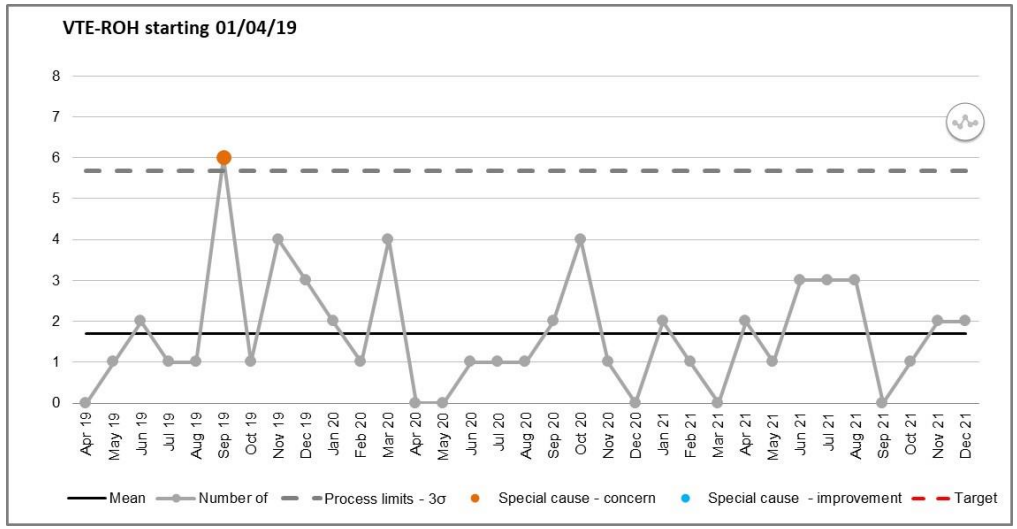
4. **Internal RCAs - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

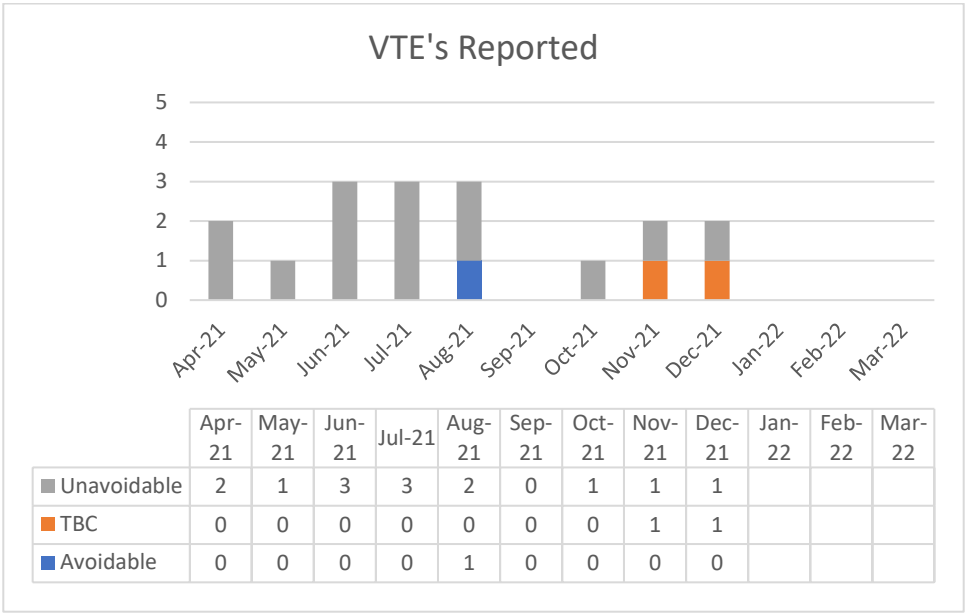


Data Source – Internal RCA tracker

INFORMATION
Two RCAs were reported in December 2021
ACTIONS FOR IMPROVEMENTS / LEARNING
3 RCA's were closed in December 2021 – All of the RCA's closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	1	1			
TBC	0	0	0	0	0	0	0	1	1			
Avoidable	0	0	0	0	1	0	0	0	0			

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	1	17

Data Source – Ulysses and VTE leads

INFORMATION

Two ROH associated VTE incidents were reported in December 2021. Two incident remain under investigation (within timeframe) from November and December 2021.

On admission assessment

Total possible	923
Total assessed	915
%	99.13%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to:

Review wording of standard. NICE ng89 2018; states Reassess all medical, surgical and trauma patients for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes opposed to specifically 24 hours. The wording has been agreed and the policy is currently being updated.

Re-audit has been planned in December/January 2021 and will be presented at the February 2022 Quality and Safety Committee.

- **VTE prevention and management guidelines updated. This has now been become policy and is out for comments as per the Governance process for sign off.**
- **VTE RCA template under review.**
- **Exemplar Network will be asked to carry out their review early to provide assurance or identify gaps in assurance.**

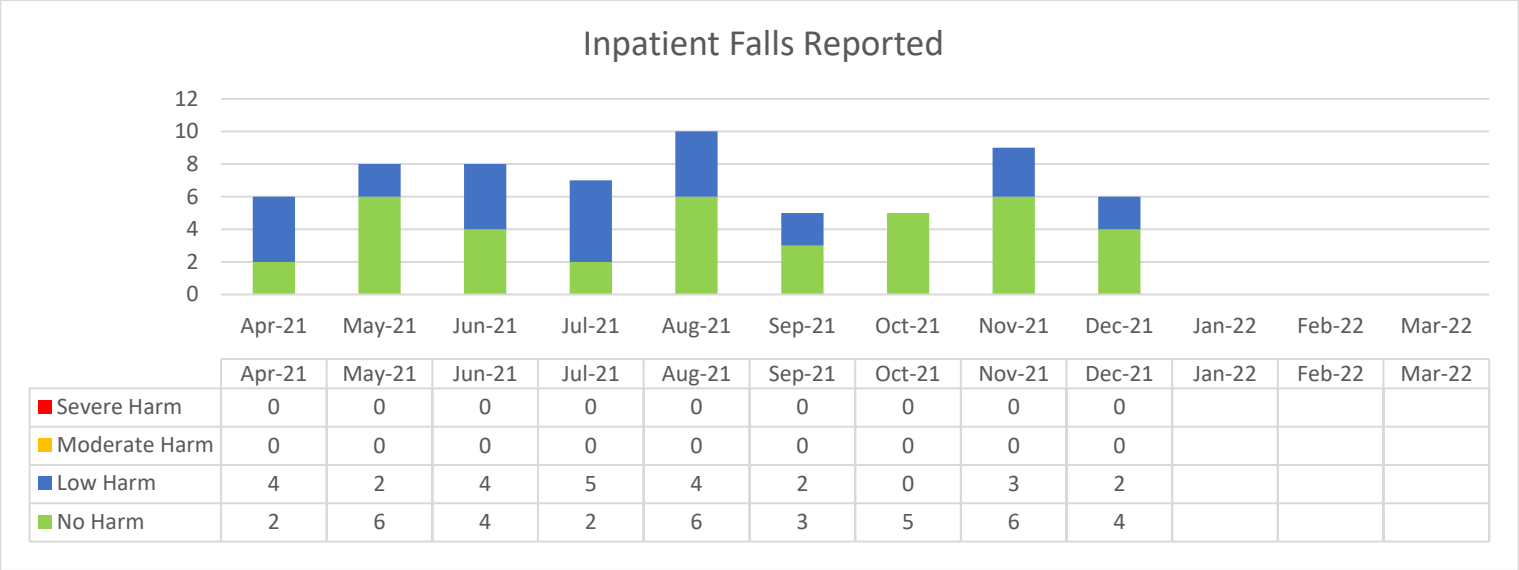
RISKS / ISSUES

Quality and accuracy of VTE re-assessment data from PICS is inaccurate due to audit methodology used and requirement that clinician must actively click into re-assessment page even if no change is required. If not done this record as missed assessment, Re-assessment at 24 hours is not currently a requirement for exemplar site status or in current NICE guidance.

Mitigating controls in place;

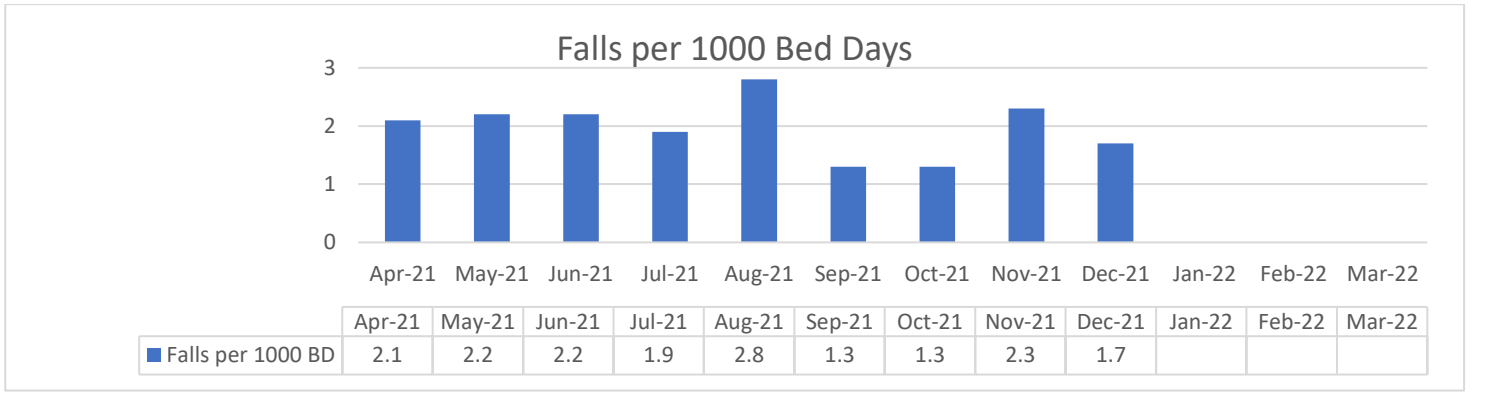
- Chair of the VTE Advisory Group undertook a manual audit reviewing current reporting methodology and clinical practice in the context of NICE guidelines.
- Audit did not reveal a difference in compliance between ROH VTE assessment guidance and NICE guidance (review at point of consultant review or when clinical condition changes)
- All patients have VTE risk assessment on admission (compliance consistently >95%)
- The WHO checklist includes prompts re VTE prophylaxis at each stage.
- PICS flags from 18 hours post admission that re-assessment is due. Medical staff/ANP have option to “Ignore” as a result the flag for re-assessment will continue until acknowledged. If acknowledged the wording advises that by clicking “acknowledge” –“ you accept this reminder you are committing to carry out such a review in the near future”
- Post-operative Ward rounds take place

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

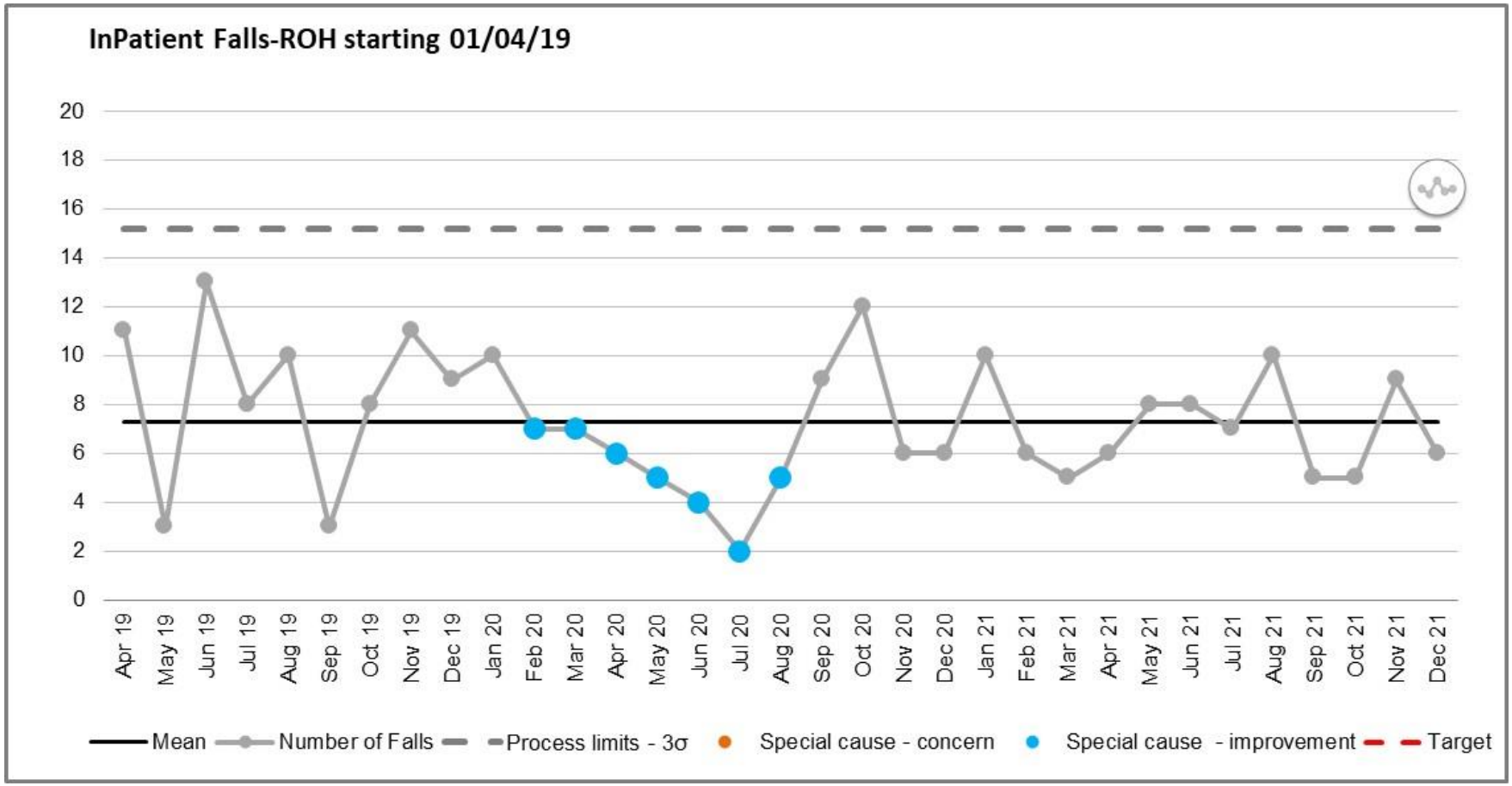


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0			
Moderate Harm	0	0	0	0	0	0	0	0	0			
Low Harm	4	2	4	5	4	2	0	3	2			
No Harm	2	6	4	2	6	3	5	6	4			

Year Totals	
20/21	76
21/22	64



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7			



Data Source – Ulysses and Falls Group

INFORMATION

There were 7 incidents reported across the Trust in December 2021 relating to Falls:

6 x In-Patient Incidents

1 x Lowered to Floor Incident

The number of in-patient falls remains very low this month. There continues to be a theme of patients mobilising against advice within in-patient falls.

ACTIONS FOR IMPROVEMENTS / LEARNING

Positive Assurance

- The number of in-patient falls remains very low.

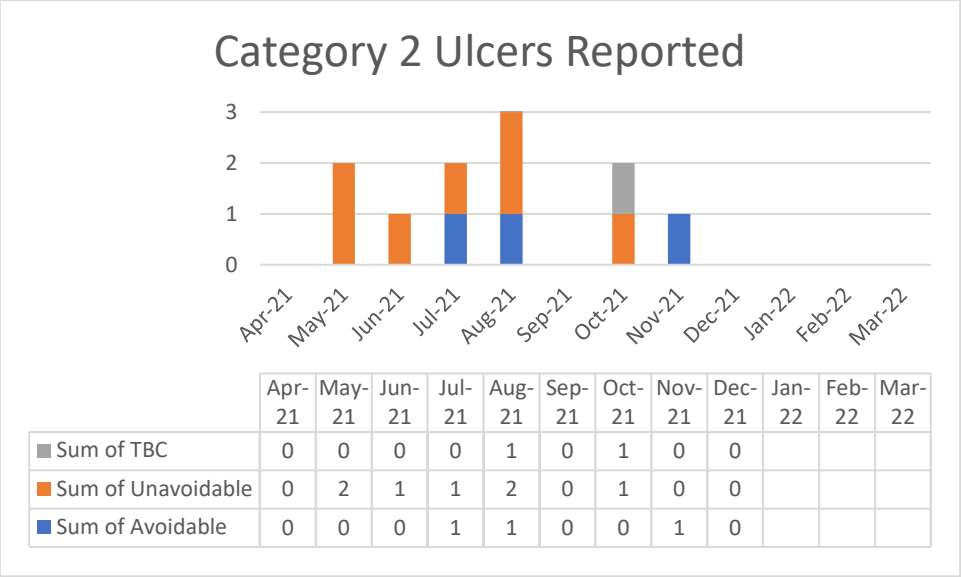
Actions

- Plan to survey patients regarding views & experiences relating to falls.
- Reviewing paperwork for falls risk assessment for injection patients within out-patients.
- To look at rolling out screening patients for delirium across all wards, so that those patients that may potentially mobilise against advice can be more readily identified and placed in a bed where closer supervision can be provided.

RISKS / ISSUES

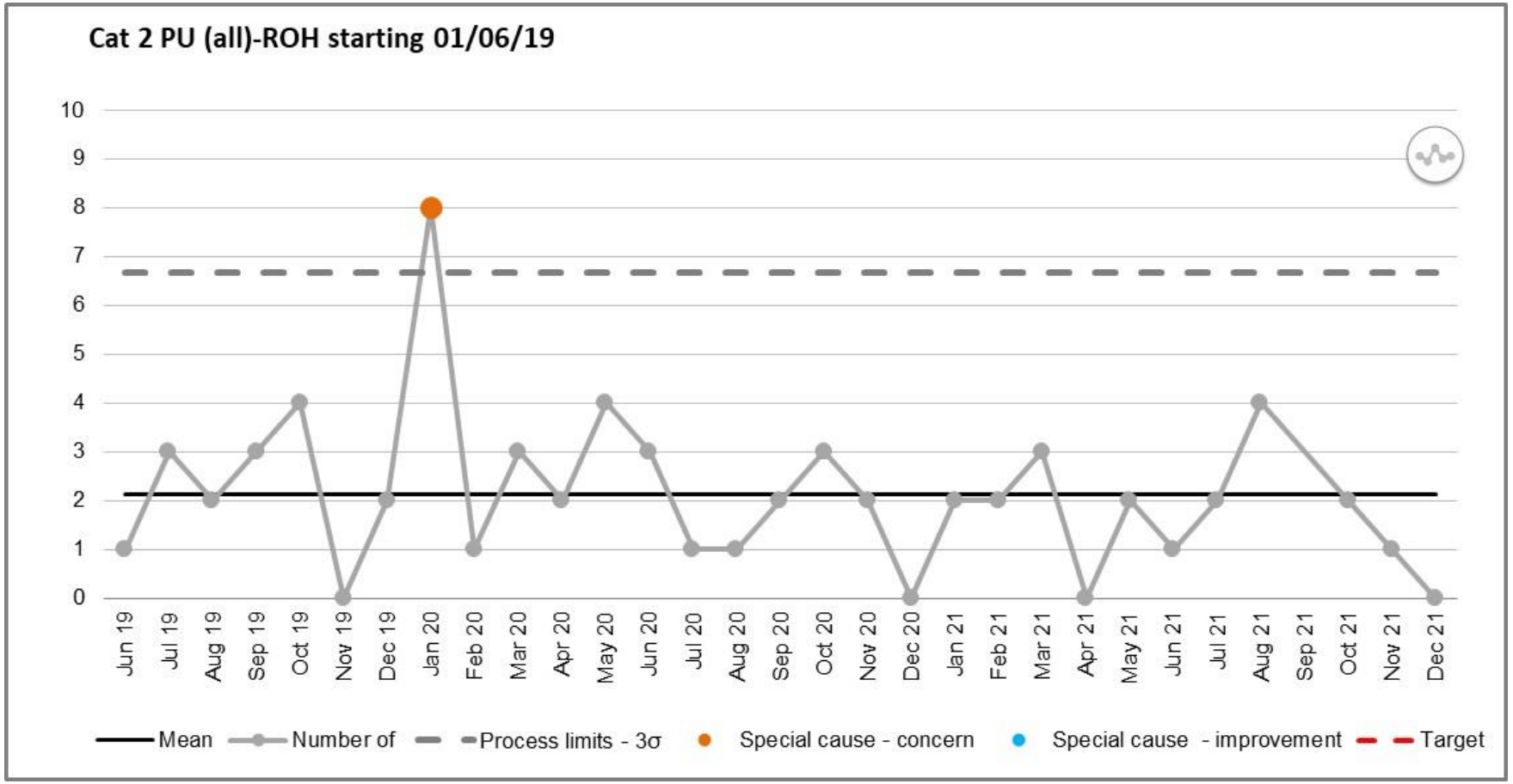
None

7. **Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed and they are identified by whether they were avoidable or unavoidable.**



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	1	0	0			
Sum of Unavoidable	0	2	1	1	2	0	1	0	0			
Sum of Avoidable	0	0	0	1	1	0	0	1	0			

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	11	0



Data Source – Ulysses and TV team

INFORMATION

December 2021 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	0
Category – 2 (Device)	0
Category – 1	1 did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 1 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 5 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 x 1 – Did not deteriorate PU admitted with Cat 2 x 5 – PU admitted with DTIs at least a Cat 3 x 3 PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

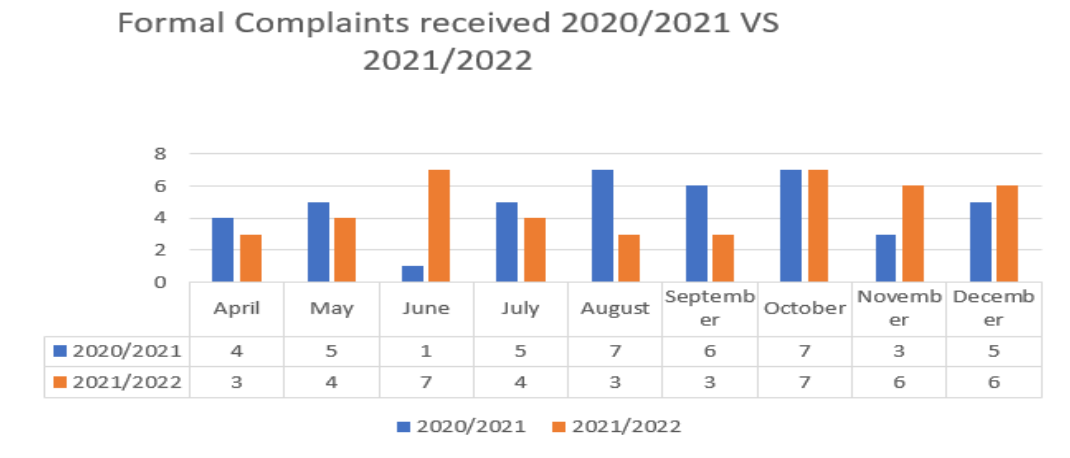
ACTIONS FOR IMPROVEMENTS / LEARNING

Tissue Viability Competency document being reviewed as part of Outstanding Care Every Time programme.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



Complaint Year Totals	
20/21	57
21/22	43

Data Source – Patient Experience team

INFORMATION

Complaints

- The Trust received 6 formal complaints in December 2021

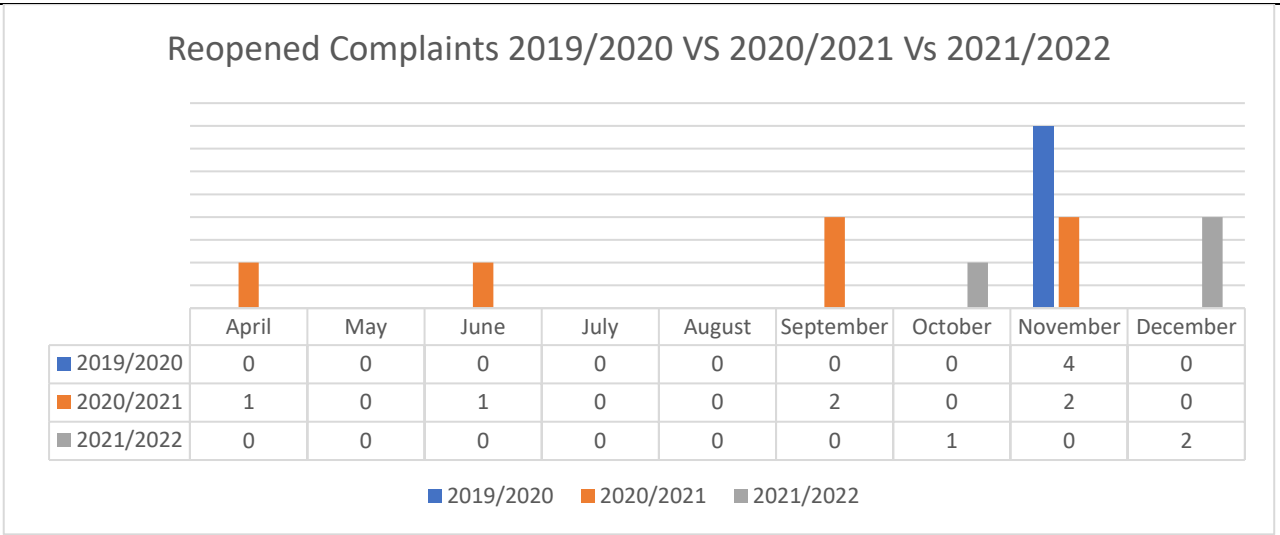
Category Types and Categories of formal complaints

Category Type/Category	Number
Appointments	**1**
Delay	1
Clinical Query	**2**
Delays With Treatment	1
Operation - Outcome Not As Exp	1
Values & Behaviours	**1**
Attitude Of Staff - Other	1

- In December 2021 – 4 Formal Complaint were closed within agreed date with the complainant
- At the time of producing this report (10th January 2022) The Trust have 11 open Formal complaints; 2 are Comeback complaints and 1 the Trust are waiting for written consent from the complainant.

Reopened Complaints

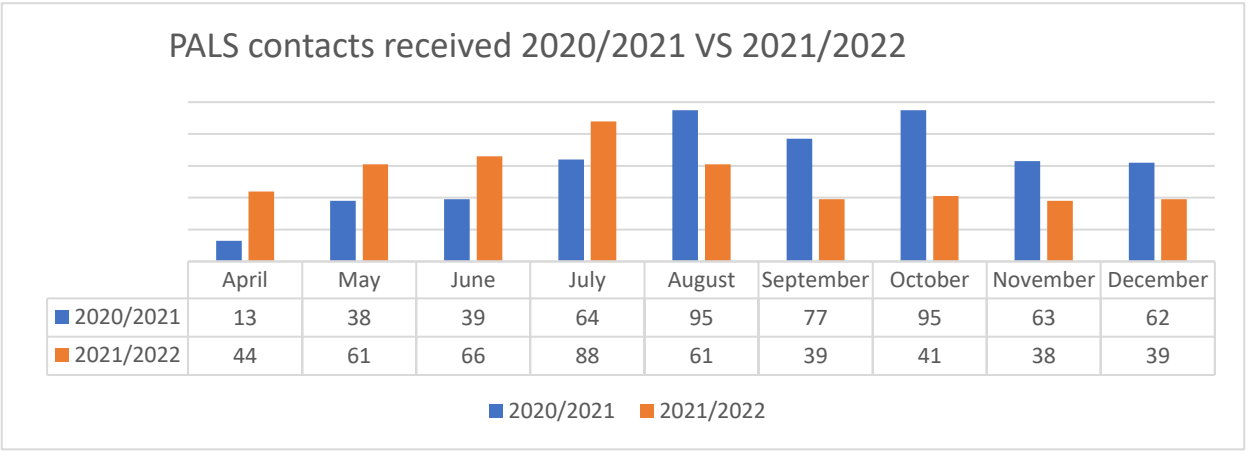
- In December 2021 the Trust reopened 2 complaints.
- From April 2021 the Trust had 3 reopened complaint



	April	May	June	July	August	September	October	November	December
2019/2020	0	0	0	0	0	0	0	4	0
2020/2021	1	0	1	0	0	2	0	2	0
2021/2022	0	0	0	0	0	0	1	0	2

Patient Advice and Liaison service – PALS

- In December 2021 the PALS department handled 39 contacts of which 32 were classified as PALS concerns and 7 as PALS enquiries. This is a decrease in contacts compared to the same time last year (63)



	April	May	June	July	August	September	October	November	December
2020/2021	13	38	39	64	95	77	95	63	62
2021/2022	44	61	66	88	61	39	41	38	39

- The main themes in the PALS data relate to availability of Clinical Query **(9)** and appointments **(8)**
- The Trust has set an internal target of 2 working days to respond to enquiries and 5 working days to respond to concerns in 80% of cases. In December 2021, 100% of enquires and 100% of concerns were handled within the agreed timescales with patient and we did not breach any KPI's in the month.

Top 3 categories and sub categories

Clinical Query	**9**
Clinical Treatment	1
Delay In Obtaining Results	1
Delays With Treatment	3
Dispute Over Diagnosis/Treatment	1
Lack Of Updates On Treatment	1
Operation - Outcome Not As Exp	2
Appointments	**8**
Availability	3
Delay	4
Delay To Be Seen In Hospital	1
Values & Behaviours	**6**
Attitude Of Staff - Admin	1
Attitude Of Staff - Medical	3
Attitude Of Staff - Nursing	2

Patient experience KPI from April 2021

Complaints & PALS KPI were hit in December 2021

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100

Compliments

There were 2 compliments recorded on Ulysses in December 2021.

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

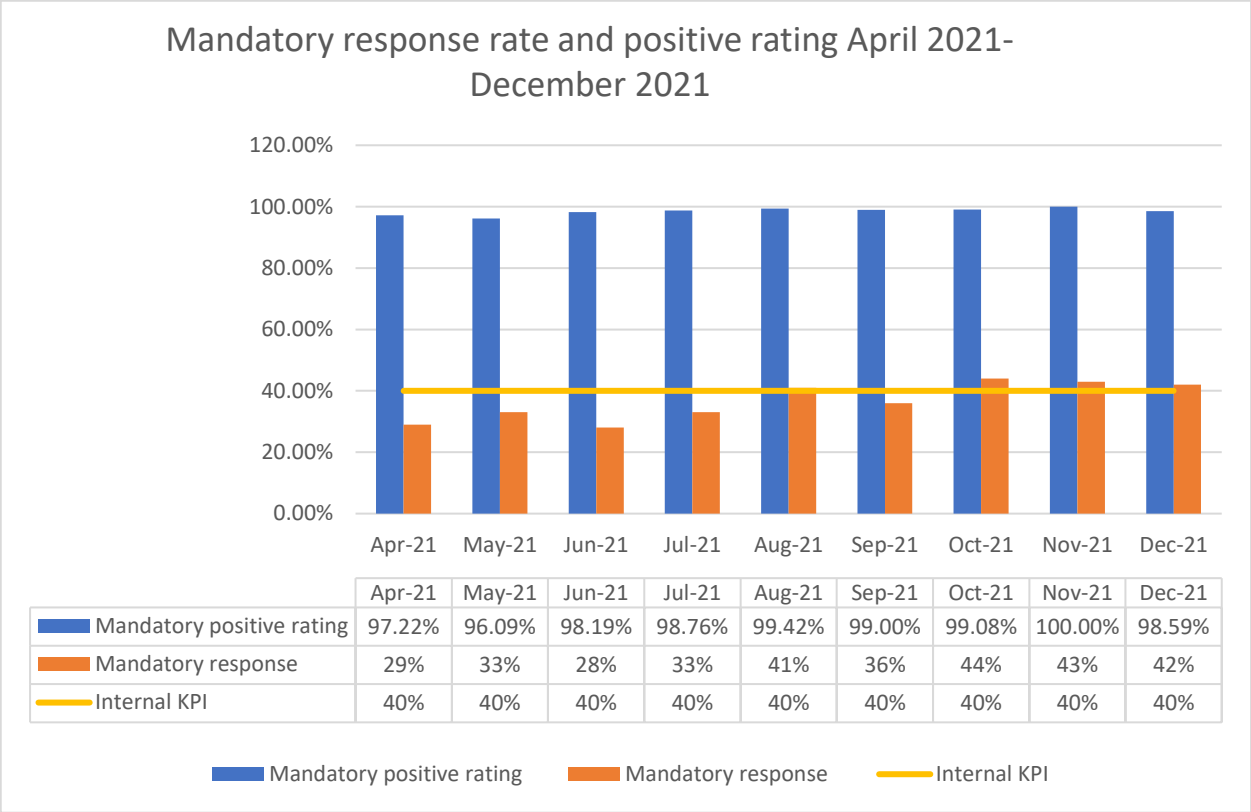
RISKS / ISSUES

None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• NHS England have removed the mandatory completion rate of 35 %, the Trust will continue to have target of 40% completion rate for the FFT in the inpatient areas. • The Trust hit the KPIs for the FFT in inpatients areas in December 2021, • The team is looking into new ways of collecting patient feedback, review of the FFT forms is undertaken by the Head of Patient Experience
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in January 2021
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 8 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

New claims

0 new claims against the Trust were received in December 2021.

On-going claims

There are currently 31 on-going claims against the Trust.

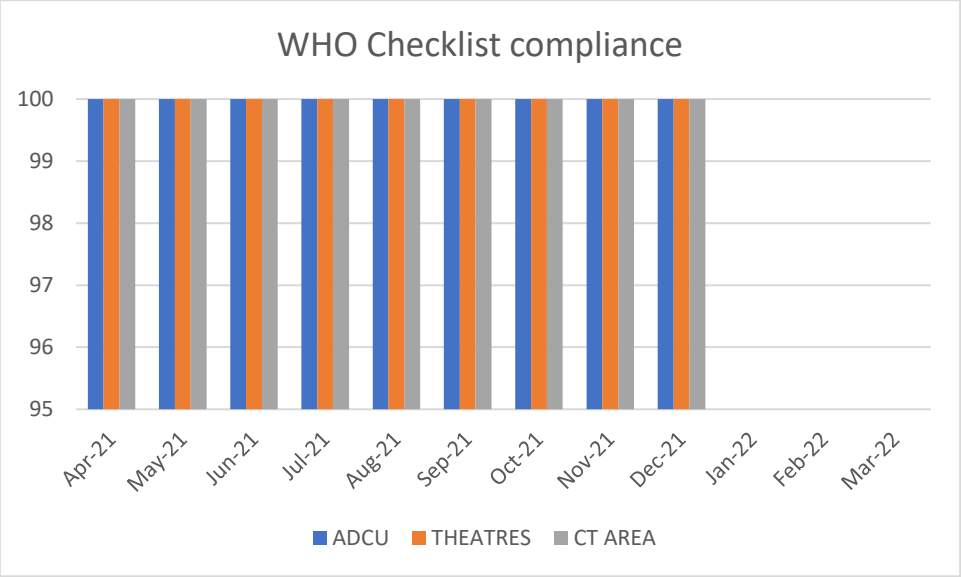
Pre-Application Disclosure

4 new requests for Pre-Application Disclosure of medical records were received in December 2021

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in December 2021

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 660

The total WHO compliance for Theatres in December 2021= 100%

CT area

Total cases = 79

The total WHO compliance for CT December 2021 = 100%

ADCU

The total WHO compliance for ADCU in December 2021 = 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The Divisional Head of Nursing is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

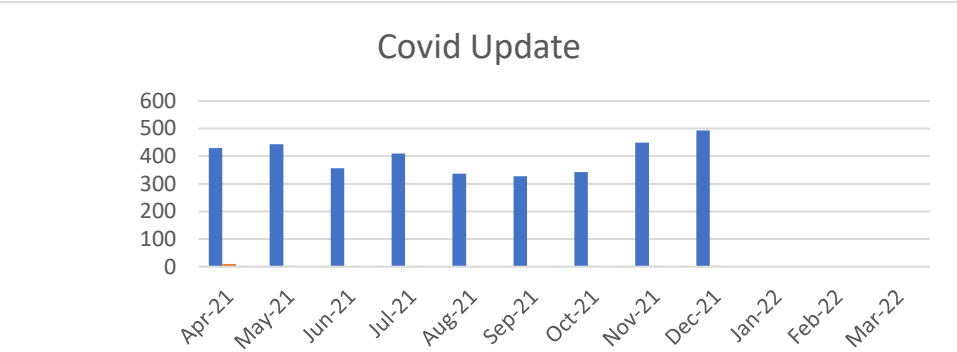
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	December 2021 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	0	3
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493			
Covid Positive	10	3	2	0	2	1	3	3	3			
Covid Deaths	0	0	0	0	0	0	0	0	0			

ACTIONS FOR IMPROVEMENTS / LEARNING
There were 4 infections reported in December 2021, 2 of which were Covid 19 outbreaks.
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

ALL CAS ALERTS

CAS ALERTS (1 December 2021 - 31 December 2021)

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
SDA/2021/016	Advanz epoprostenol 0.5mg and 1.5mg powder and solvent (pH10.5) solution for infusion vials - Supply Disruption Alert.	DHSC & NHS England and Improvement: Supply disruption alert	21-Dec-21	Issued to Pharmacy. Response not required as not relevant to ROH	n/a

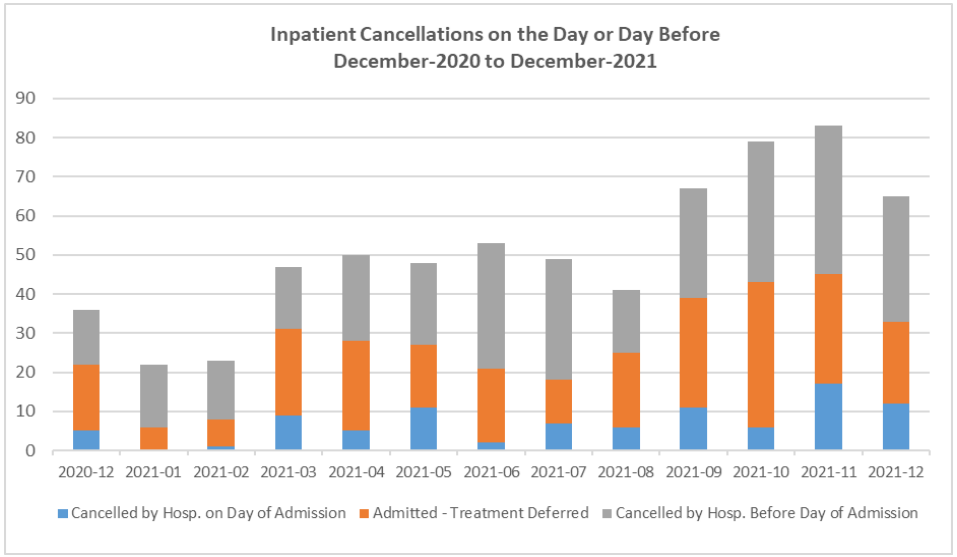
OUTSTANDING ALERTS FROM PREVIOUS MONTHS

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2021/010/UKHSA	The safe use of ultrasound gel to reduce infection risk. UKHSA has identified a long-standing outbreak of Burkholderia cepacia linked to a non-sterile ultrasound gel product used in hospitals in the UK and Ireland. The alert contains urgent actions for healthcare providers (NHS and independent) of facilities providing ultrasound services and clinicians and practitioners using ultrasound gel in their practice to reduce risk to patients associated with the use of non-sterile ultrasound gel in healthcare settings.	National Patient Safety Alert - UKHSA	11-Nov-21	Assessing Relevance Nominated lead - IPC Matron.	31-Jan-22

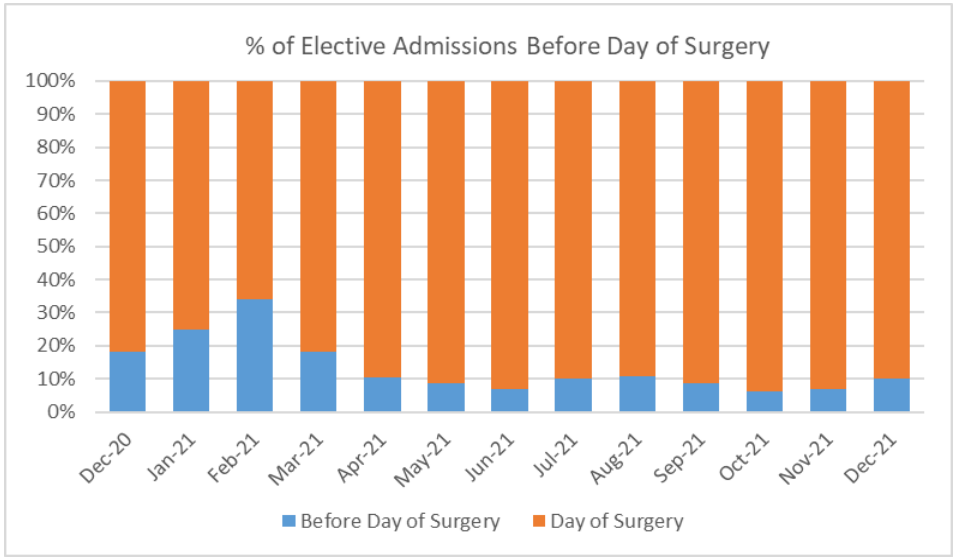
15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

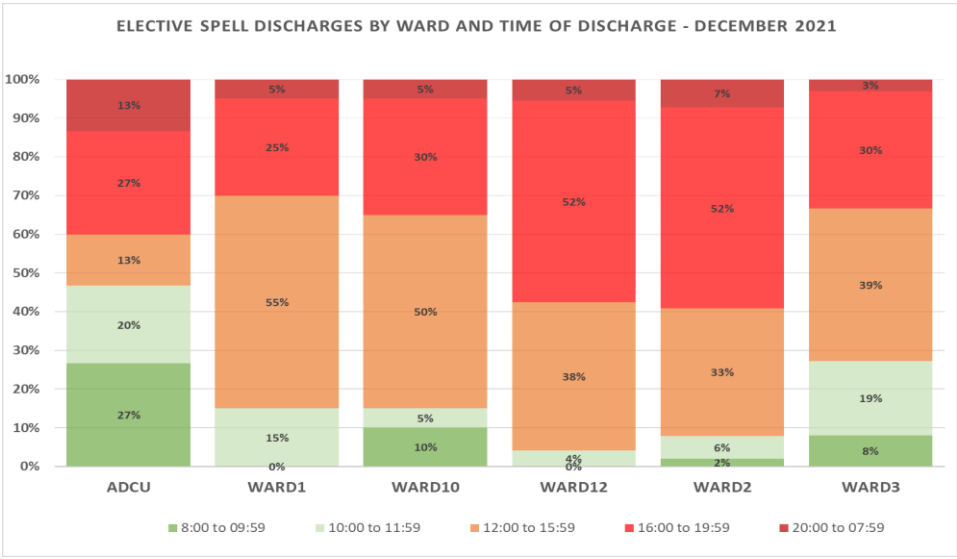
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%
Prevent / **WRAP**	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations



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
2020-12	5	17	14	36	0
2021-01		6	16	22	0
2021-02	1	7	15	23	0
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
Total	**92**	**254**	**317**	**663**	**0**





INFORMATION

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

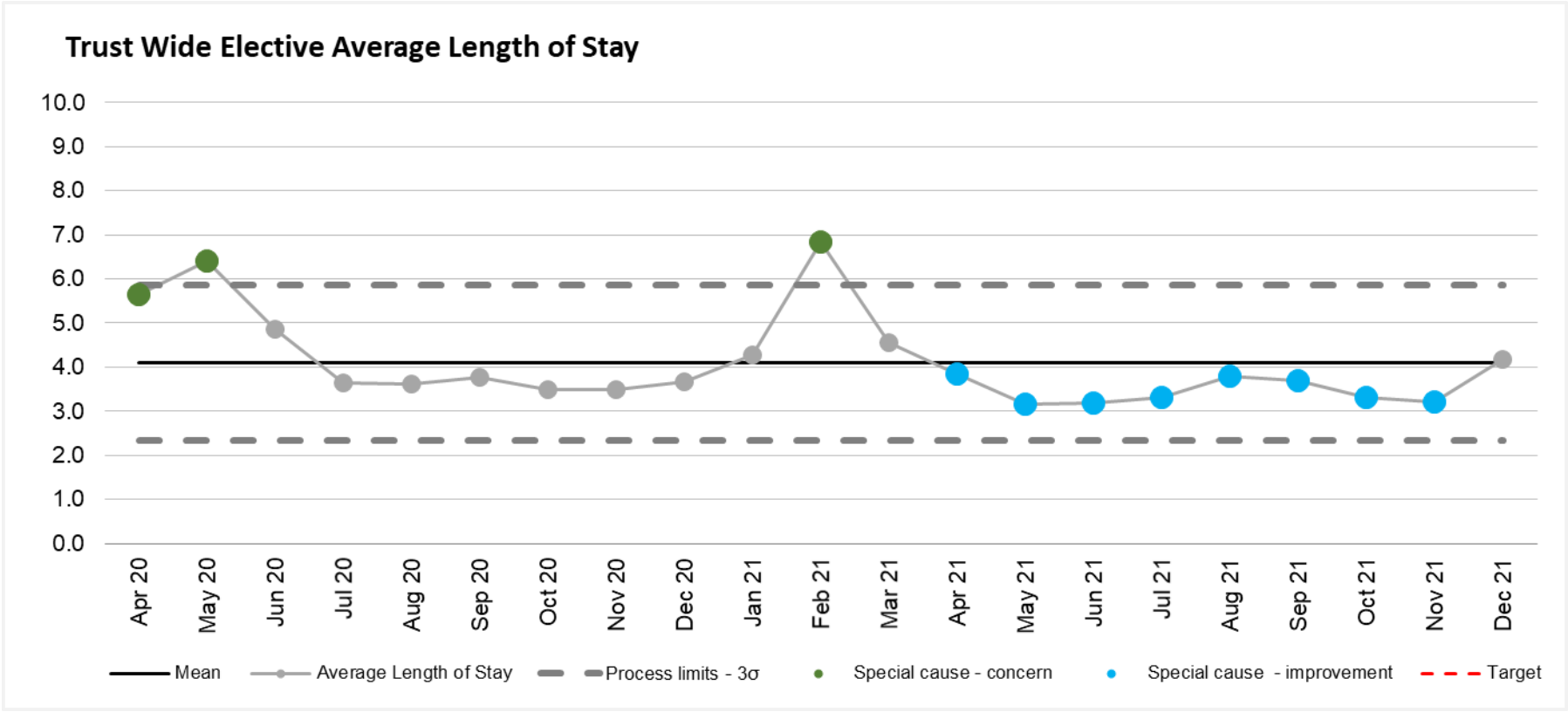
There were 12 patients cancelled on the day in December with reasons detailed as follows;
5 x Not fit / Covid
1 x Consultant un well
1 x replaced by more urgent case
1 x Patient not starved
1 x Patient refused Covid test
3 x Cancelled day before due to creation of UHB stepdown ward but not taken off theatreman

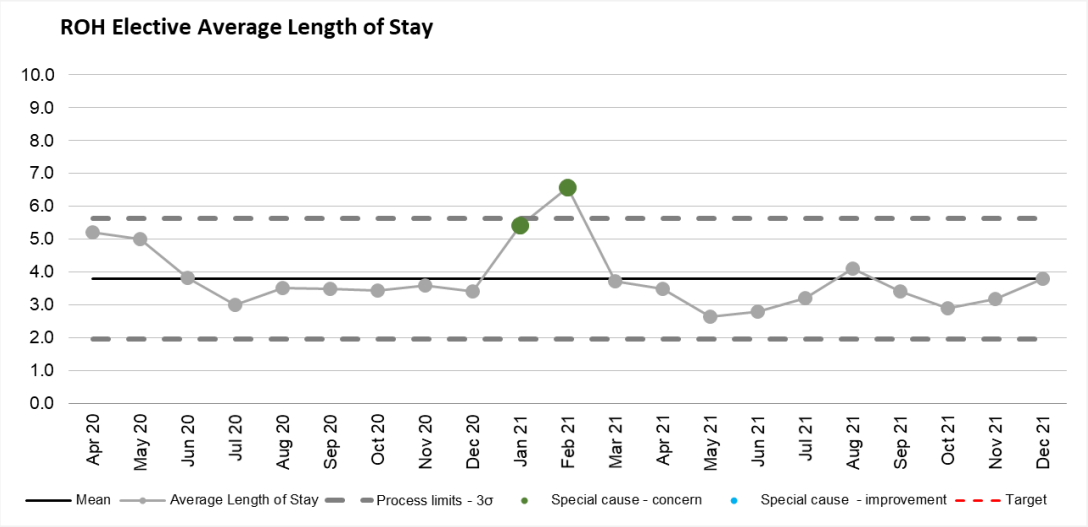
There were 21 patients admitted but where treatment was deferred, with reasons broken down as follows:
9 x Medically unfit / Clinical change in condition,
1 x Consultant unwell
3 x procedure no longer required
2 x lack of equipment
2 x lack of theatre time
1 x no Covid results
1 x Patient DNA'd
1 x Cancelled prior but not taken off theatreman
1 x replaced by more urgent case

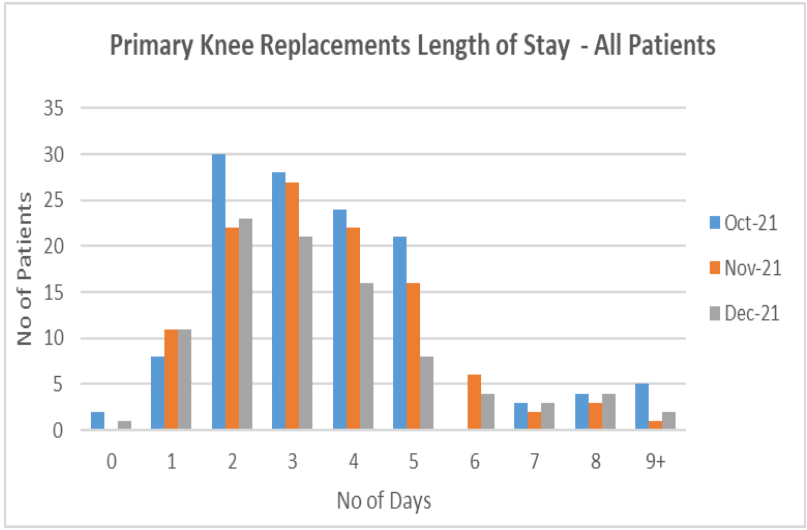
There were 32 patients cancelled by the hospital prior to date of admission.
8x Medical deferrals due to complexity in co-morbidities found in POAC
8x surgeon availability due to sickness
16x Creation of UHB rehab ward

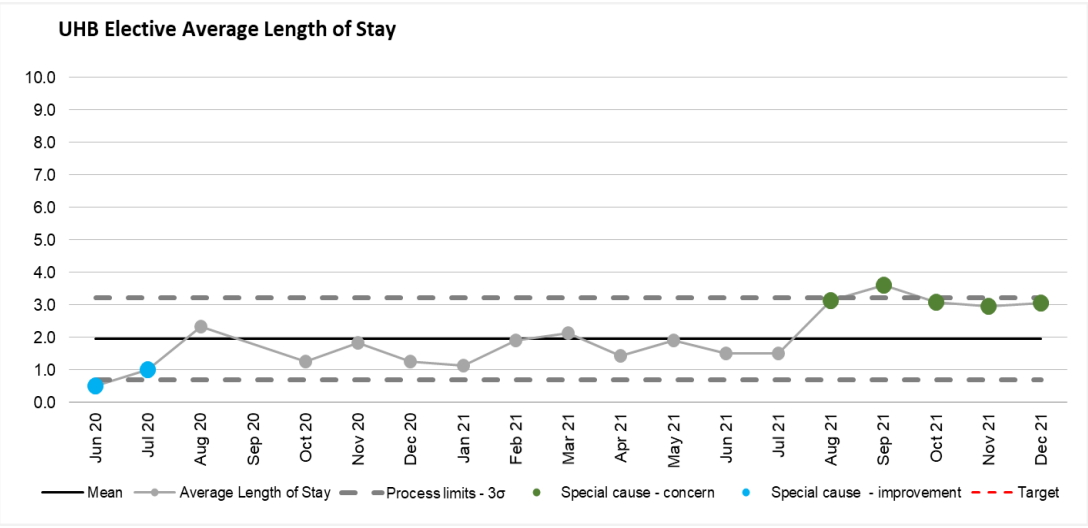
ACTIONS FOR IMPROVEMENTS / LEARNING
The weekly lookback meeting continues to ensure that nay themes are identified and appropriate actions put in place.
RISKS / ISSUES
Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process.

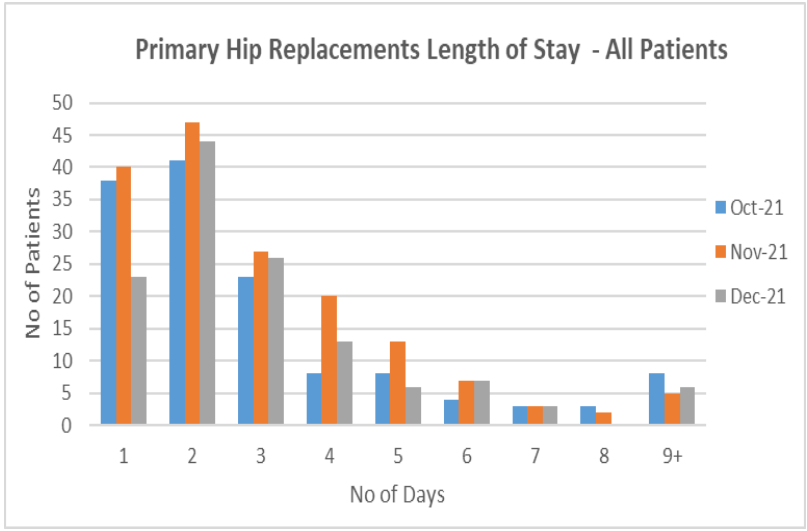
17. Length of Stay




ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

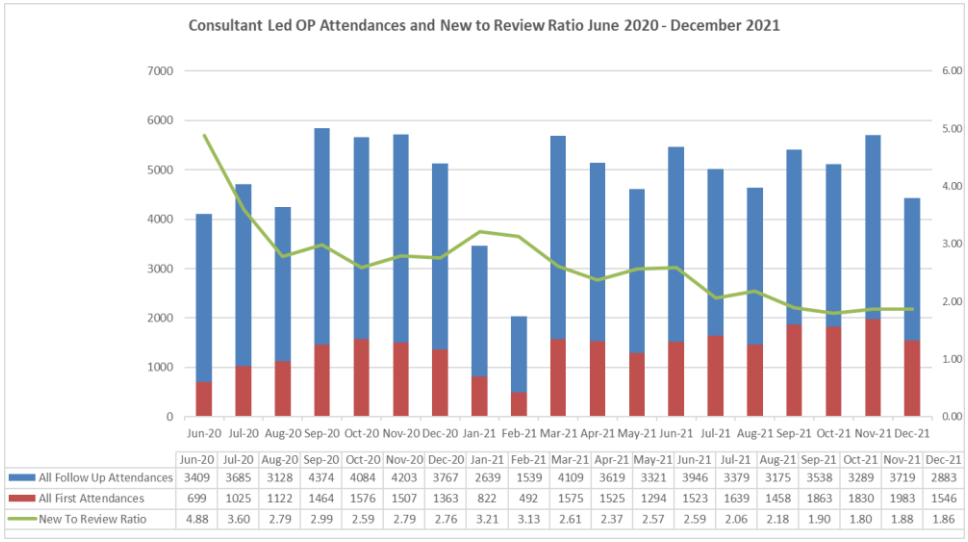

Primary Knee Replacements Length of Stay - All Patients
No of Patients
35
30
25
20
15
10
5
0
0
1
2
3
4
5
6
7
8
9+
No of Days
Oct-21
Nov-21
Dec-21


UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

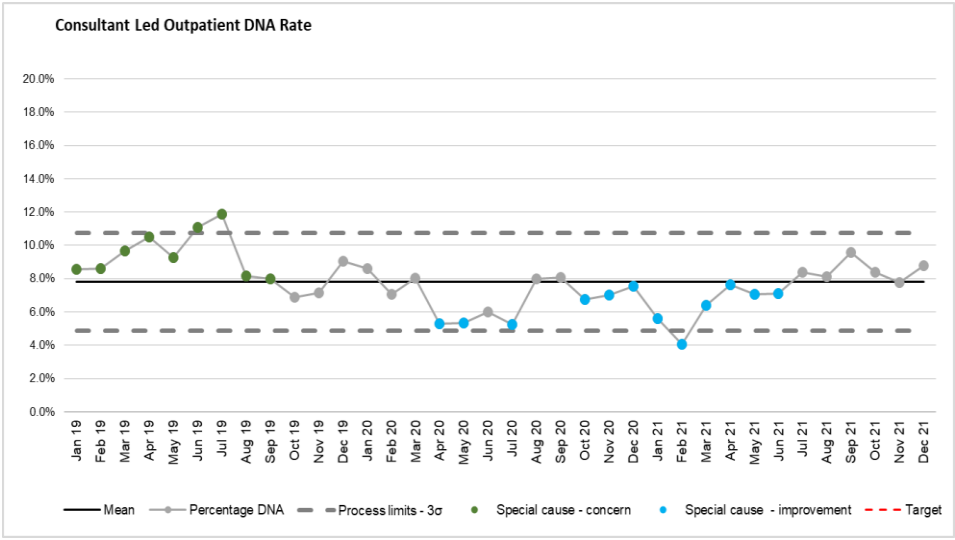

Primary Hip Replacements Length of Stay - All Patients
No of Patients
50
45
40
35
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9+
No of Days
Oct-21
Nov-21
Dec-21

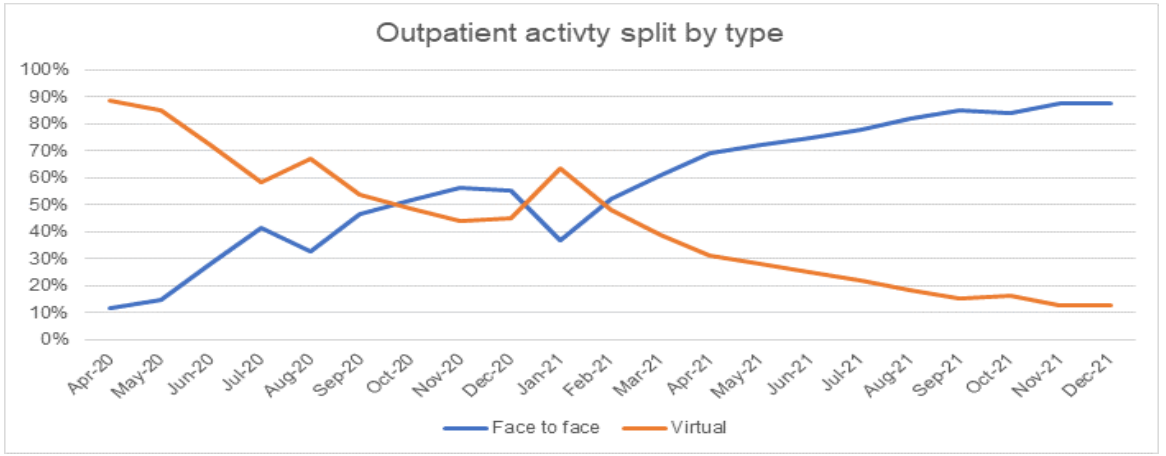
INFORMATION
The average length LOS for ROH patients from all specialities has increased in month to 4.33 (3.21 November). The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is 3.87 (3.17 November) The average length of stay for UHB patients at ROH is 3.05 (2.96 November) December length of stay data produced for UHB and ROH, has been reviewed and the following observations made: 19 UHB arthroplasty patients with LOS greater than 3 days. 9 with a length of stay greater than 5 days and 3 with a stay greater than 7 days. (excludes Rehab). The 3 patients with stays greater than 7 days were for clinically justified reasons including failed trial without catheter and infection. 54 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 32 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 18 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days In summary 18 ROH arthroplasty and oncology arthroplasty patients had a length of stay greater than 7 days and 3 UHB arthroplasty patients Complexity of patients either due to co-morbidities or social requirements are the contributory factors in this In discussions with the system to facilitate a dedicated Multi-agency Discharge Event (MADE), a BSol approach with ECIST to benefit the wider system with patient flow, discharges and right to reside. Events with UHB and the Community are already planned.
ACTIONS FOR IMPROVEMENTS / LEARNING
Discharge Lounge will be operational from Monday 24 January with one metre social distancing requirements in place.
RISKS / ISSUES
None

18. Outpatient efficiency



	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1539	4109	3619	3321	3946	3379	3175	3538	3289	3719	2883
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1575	1525	1294	1523	1639	1458	1863	1830	1983	1546
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.88	1.86





INFORMATION

There were 3,966 face to face and 556 virtual appointments carried out in December (14% virtual). The decrease in percentage of virtual appointments is attributed to patients needing to be seen face to face post COVID. The CSM for Outpatients and Patient Access is working with the Clinical Service Leads to define virtual appointment pathways and encourage greater uptake by the clinical teams.

The DNA rate for December is **8.83%** which is an increase from **7.78**% in November – the Trust target is **8%**. Each month an audit is undertaken of the DNA's. 40% of patients whose appointments were not attended were confirmed non attenders, however as part of the audit findings they had received the appointments with sufficient notice and text reminders. The seasonal time of the year appears to have had an impact on patients not attending their appointments and isolating due to Covid

ACTIONS FOR IMPROVEMENTS / LEARNING

Patient initiated follow ups (PIFU) was launched early November. This is part of the requirements in the 2021/22 Operational Planning Guidance and is a key part of the NHS response to the COVID-19 pandemic; helping providers and systems manage waiting lists and to see patients in most need, more quickly. PIFU allows patients more control over their own care, freeing up capacity to see patients when they most need to be seen and reduce the number of appointments which do not add a clinical benefit for patients. Instead of routinely booking a follow up appointment for the patient at a specified point in the future, the patient is asked to contact the hospital to request an appointment if they need one.

he patient will receive their PIFU information in the form of a letter and leaflet from the specialty clinician. This letter will explain that they have been placed on a PIFU pathway and when this will expire. All PIFU pathways will be for a specified time agreed with the patient and their clinician. If a patient has not had to seek further advice or treatment by the end of this period, the patient will be discharged back to the care of their GP.

PIFU Target for December: plan 1.5% - 67 patients (first month reporting this KPI), actual: 2.49% 69 patients out of 2773 (measured as a % of all outpatient activity)

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 and beyond. We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance and ensuring we have the processes and SOP in place. The target is 12% A&G by March 2022 and we continue to work collaboratively to optimise referrals and avoid asking patients to attend outpatient services unnecessarily.

In February an Outpatient Workshop is planned with the Clinical and Operational Teams to support and encourage the outpatient transformation agenda.

RISKS / ISSUES

19. Referral to Treatment

Referral to Treatment Snapshot as at 31st December 2021 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

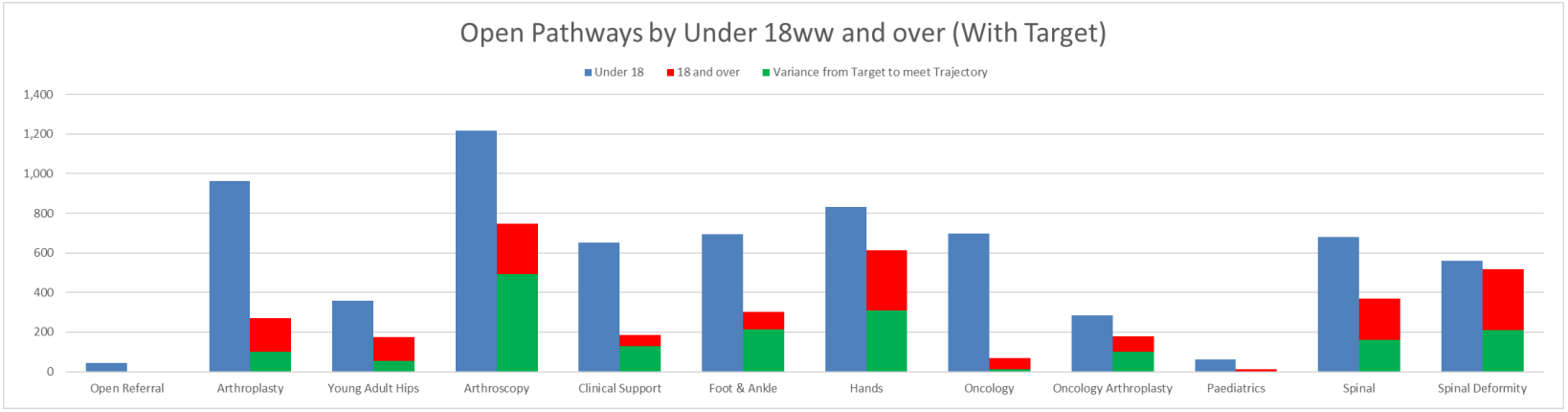
Est Over 18 Clock Stops Required		
To achieve	81.07%	2069
To achieve	83.14%	2318
To achieve	85.49%	2586

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,007**	41	414	168	529	200	320	313	350	125	27	294	226
7-13	**2,737**	4	359	130	473	328	244	322	244	114	29	265	225
14-17	**1,300**	0	190	59	216	124	130	195	104	46	7	120	109
18-26	**1,699**	0	214	82	346	125	161	258	44	103	10	164	192
27-39	**1,340**	0	49	83	325	53	124	248	24	64	1	118	251
40-47	**244**	0	4	9	59	5	8	52	2	6	1	48	50
48-51	**66**	0	2	2	7	0	5	28	0	3	0	13	6
52 weeks and over	**95**	0	3	0	11	1	5	25	0	4	0	27	19
Total	**10,488**	45	1,235	533	1,966	836	997	1,441	768	465	75	1,049	1,078

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,044**	45	963	357	1,218	652	694	830	698	285	63	679	560
18 and over	**3,444**	0	272	176	748	184	303	611	70	180	12	370	518
Current Month End RTT %	**67.16%**	**100.00%**	**77.98%**	**66.98%**	**61.95%**	**77.99%**	**69.61%**	**57.60%**	**90.89%**	**61.29%**	**84.00%**	**64.73%**	**51.95%**

31/12/2021 Trajectory RTT %	81.07%	100.00%	84.89%	74.67%	82.69%	92.09%	88.42%	73.24%	92.47%	78.11%	84.71%	76.50%	64.52%
Target for RTT Trajectory	1,645	0	171	121	255	56	91	303	57	80	11	209	308
Variance from Target to meet Trajectory	1799	0	101	55	493	128	212	308	13	100	1	161	210



Referral to Treatment Snapshot as at 31st December 2021 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

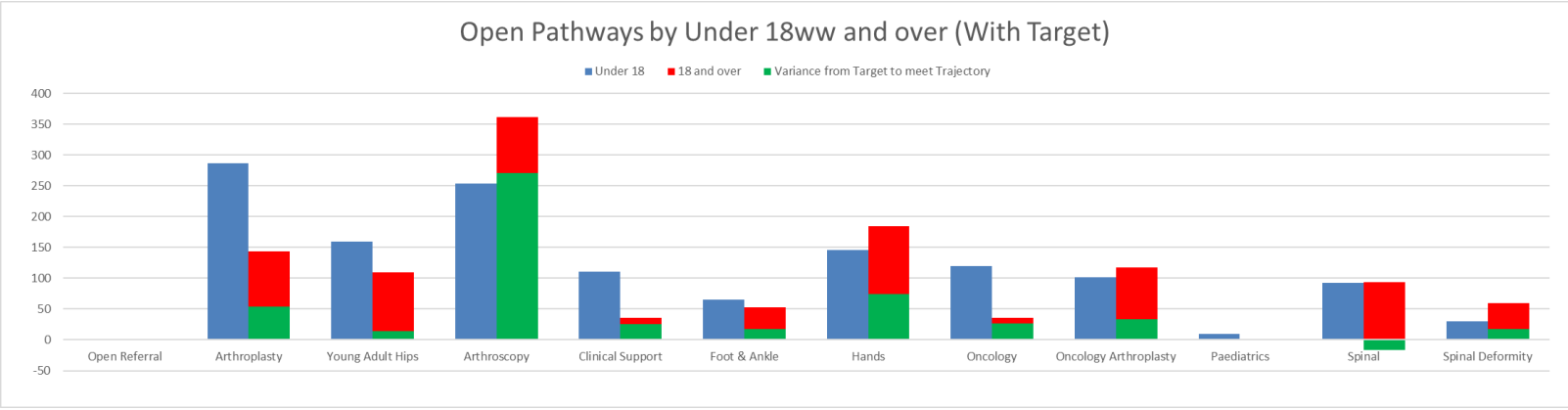
Est Over 18 Clock Stops Required		
To achieve	68.84%	660
To achieve	83.14%	1056
To achieve	85.49%	1109

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**474**	0	87	57	86	34	16	48	73	36	0	29	8
7-13	**594**	0	127	71	106	53	35	60	39	48	5	37	13
14-17	**310**	0	73	32	62	24	14	38	8	18	5	27	9
18-26	**535**	0	117	45	120	23	28	68	20	70	1	29	14
27-39	**484**	0	21	59	196	13	19	68	14	38	0	33	23
40-47	**96**	0	2	6	38	0	3	16	2	4	1	13	11
48-51	**33**	0	1	0	6	0	0	17	0	2	0	5	2
52 weeks and over	**50**	0	3	0	2	0	3	15	0	4	0	14	9
Total	**2,576**	0	431	270	616	147	118	330	156	220	12	187	89

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,378**	0	287	160	254	111	65	146	120	102	10	93	30
18 and over	**1,198**	0	144	110	362	36	53	184	36	118	2	94	59
Current Month End RTT %	**53.49%**	n/a	**66.59%**	**59.26%**	**41.23%**	**75.51%**	**55.08%**	**44.24%**	**76.92%**	**46.36%**	**83.33%**	**49.73%**	**33.71%**

31/12/2021 Trajectory RTT %	68.84%	100.00%	76.10%	62.46%	73.65%	91.20%	64.59%	57.02%	92.70%	54.72%	93.33%	45.65%	41.99%
Target for RTT Trajectory	624	0	90	96	91	11	36	110	9	84	1	111	41
Variance from Target to meet Trajectory	574	0	54	14	271	25	17	74	27	34	1	-17	18



Referral to Treatment Snapshot as at 31st December 2021 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

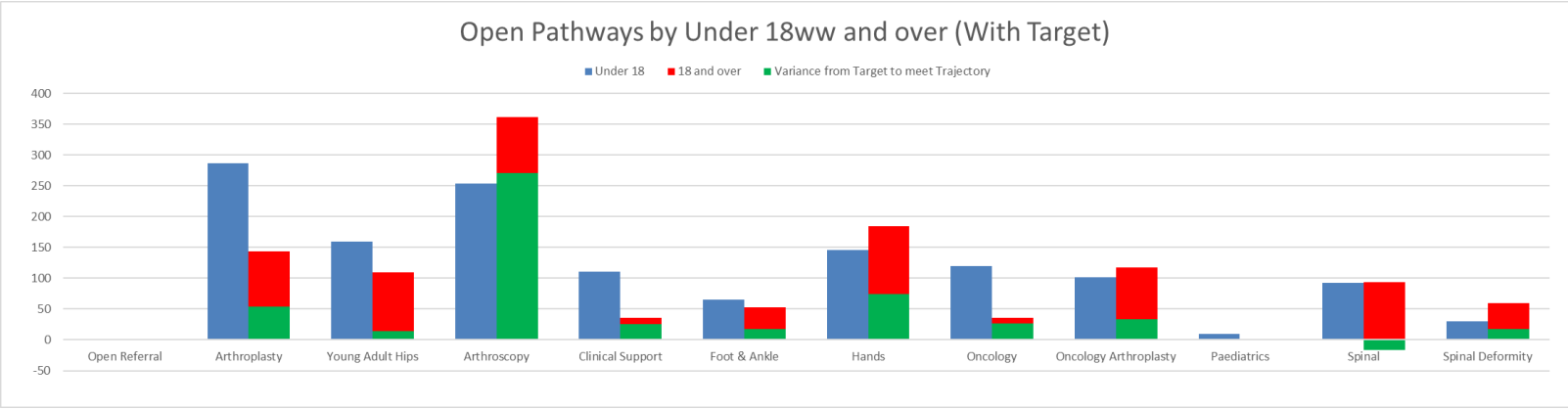
Est Over 18 Clock Stops Required		
To achieve	68.84%	660
To achieve	83.14%	1056
To achieve	85.49%	1109

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**474**	0	87	57	86	34	16	48	73	36	0	29	8
7-13	**594**	0	127	71	106	53	35	60	39	48	5	37	13
14-17	**310**	0	73	32	62	24	14	38	8	18	5	27	9
18-26	**535**	0	117	45	120	23	28	68	20	70	1	29	14
27-39	**484**	0	21	59	196	13	19	68	14	38	0	33	23
40-47	**96**	0	2	6	38	0	3	16	2	4	1	13	11
48-51	**33**	0	1	0	6	0	0	17	0	2	0	5	2
52 weeks and over	**50**	0	3	0	2	0	3	15	0	4	0	14	9
Total	**2,576**	0	431	270	616	147	118	330	156	220	12	187	89

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,378**	0	287	160	254	111	65	146	120	102	10	93	30
18 and over	**1,198**	0	144	110	362	36	53	184	36	118	2	94	59
Current Month End RTT %	**53.49%**	n/a	**66.59%**	**59.26%**	**41.23%**	**75.51%**	**55.08%**	**44.24%**	**76.92%**	**46.36%**	**83.33%**	**49.73%**	**33.71%**

31/12/2021 Trajectory RTT %	68.84%	100.00%	76.10%	62.46%	73.65%	91.20%	64.59%	57.02%	92.70%	54.72%	93.33%	45.65%	41.99%
Target for RTT Trajectory	624	0	90	96	91	11	36	110	9	84	1	111	41
Variance from Target to meet Trajectory	574	0	54	14	271	25	17	74	27	34	1	-17	18



Referral to Treatment Snapshot as 31st December 2021 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/12/2021

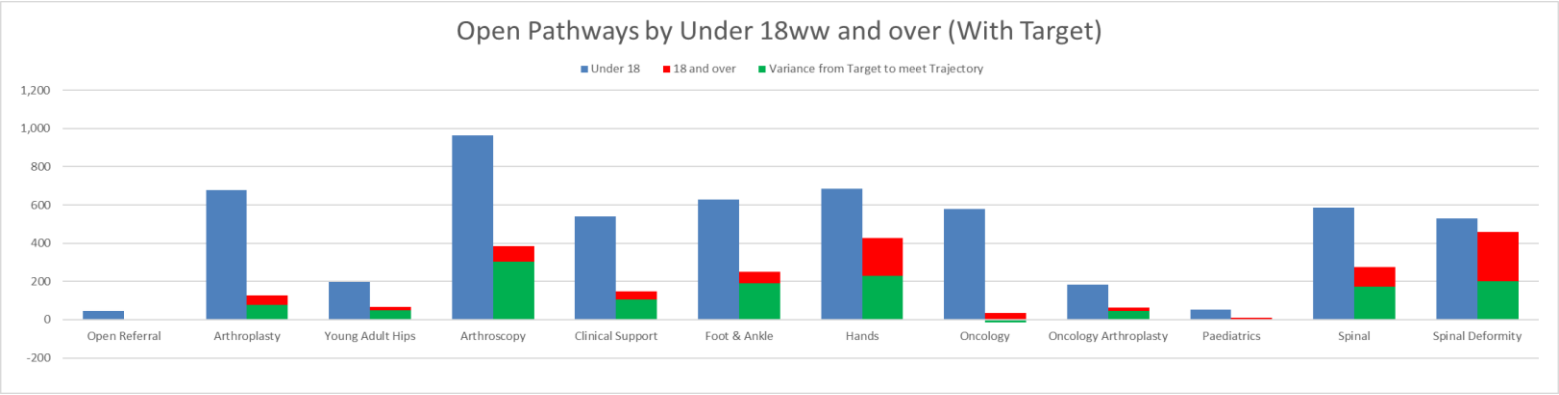
Est Over 18 Clock Stops Required		
To achieve	86.40%	1557
To achieve	83.14%	1262
To achieve	85.49%	1477

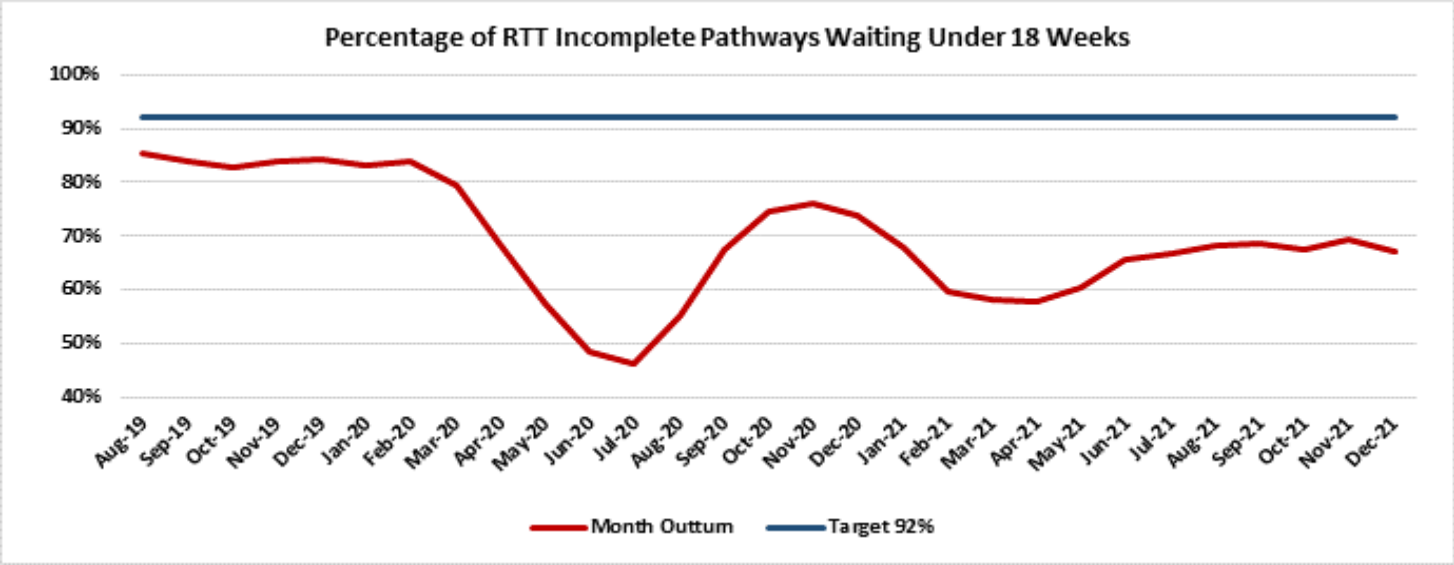
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,533**	41	327	111	443	166	304	265	277	89	27	265	218
7-13	**2,143**	4	232	59	367	275	209	262	205	66	24	228	212
14-17	**990**	0	117	27	154	100	116	157	96	28	2	93	100
18-26	**1,164**	0	97	37	226	102	133	190	24	33	9	135	178
27-39	**856**	0	28	24	129	40	105	180	10	26	1	85	228
40-47	**148**	0	2	3	21	5	5	36	0	2	0	35	39
48-51	**33**	0	1	2	1	0	5	11	0	1	0	8	4
52 weeks and over	**45**	0	0	0	9	1	2	10	0	0	0	13	10
Total	**7,912**	45	804	263	1,350	689	879	1,111	612	245	63	862	989

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,666**	45	676	197	964	541	629	684	578	183	53	586	530
18 and over	**2,246**	0	128	66	386	148	250	427	34	62	10	276	459
Current Month End RTT %	**71.61%**	100.00%	**84.08%**	**74.90%**	**71.41%**	**78.52%**	**71.56%**	**61.57%**	94.44%	**74.69%**	**84.13%**	**67.98%**	**53.59%**

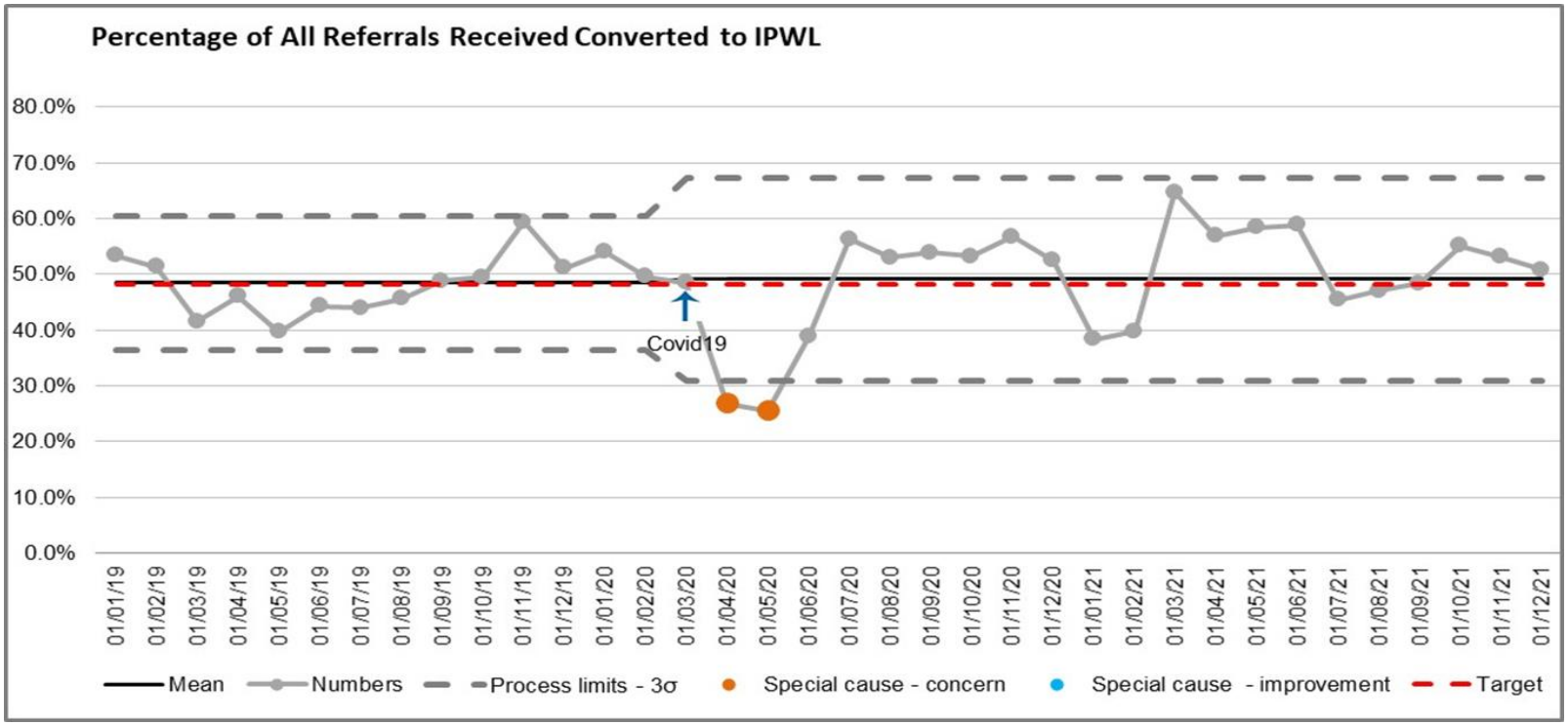
31/12/2021 Trajectory RTT %	86.40%	100.00%	92.90%	91.62%	92.15%	92.53%	91.26%	77.46%	92.43%	92.20%	83.91%	85.01%	67.38%
Target for RTT Trajectory	892	0	52	18	82	44	60	199	47	15	10	103	257
Variance from Target to meet Trajectory	1354	0	76	48	304	104	190	228	-13	47	0	173	202



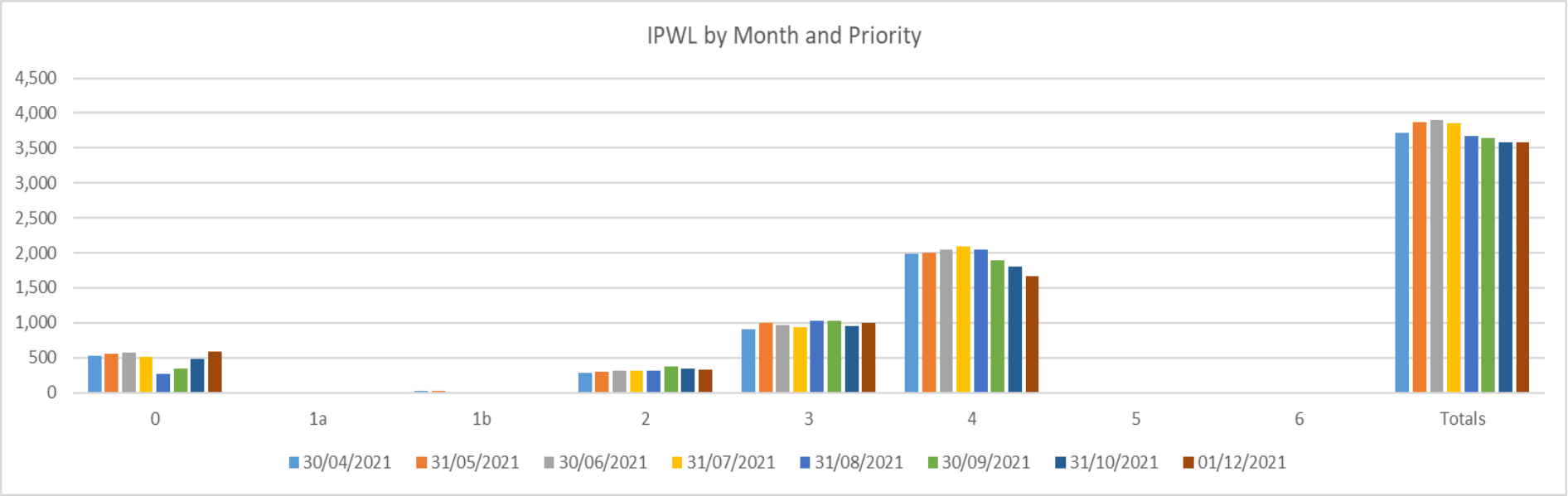


ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION
The Referral To Treatment (RTT) position for December is **67.16%** against the National Constitutional Target of 92%. This is an decrease of 2.01% compared to November 21 reporting at **69.37%.** There are **95** patients over 52 weeks, an increase from **92** in November - **50** admitted and **45** non-admitted with plans or actions in place to progress these pathways or patients. We are reviewing the trajectory given the impact Omicron has had in December and January All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **310** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis. **2576** patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery. Referrals continue to move towards Pre-Covid levels with **2,420** referrals received in December 2021, the average monthly referrals received Pre-Covid (2,704) We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.
ACTIONS FOR IMPROVEMENTS / LEARNING
Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways. We are scoping the implementation of the Health Status check process – an automated process that contacts patients with key questions to determine any changes or review that is required.
RISKS / ISSUES
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040
Percentage of All Referrals Received Converted to IPWL	**26.91%**	**25.56%**	**38.75%**	**56.28%**	**52.99%**	**53.89%**	**53.24%**	**56.74%**	**52.53%**	**38.31%**	**39.80%**	**64.72%**	**56.92%**	**58.43%**	**58.90%**	**45.42%**	**47.05%**	**48.37%**	**55.15%**	**53.14%**	**50.88%**



	Number of IP waiting as at	% of IP waiting as at
Priority	31/12/2021	31/12/2021
0	591	16%
1a	1	0%
1b	4	0%
2	322	9%
3	996	28%
4	1672	47%
5	1	0%
6		0%
Total	3587	100%

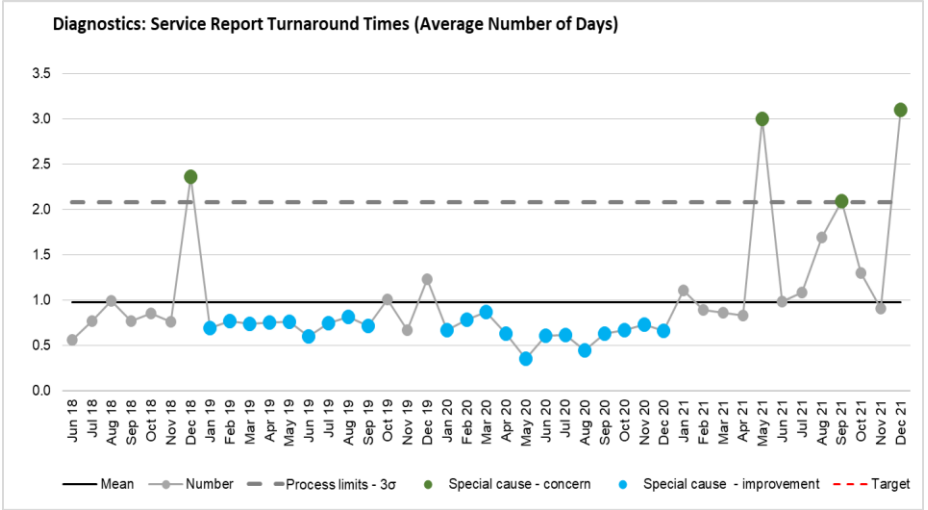
December has seen a slight increase in P2 and P3 patients and a reduction in P4's and the overall admitted waiting list . The focus continues on ensuring more urgent patients are delivered in line with the RCS guidance is having an impact on the competing priority to ensure the continued reduction in non urgent long waiting patients.

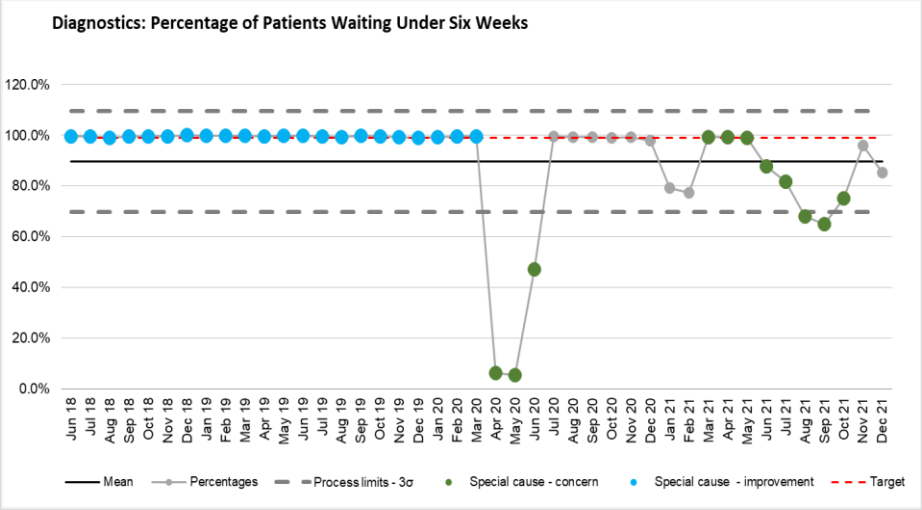
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

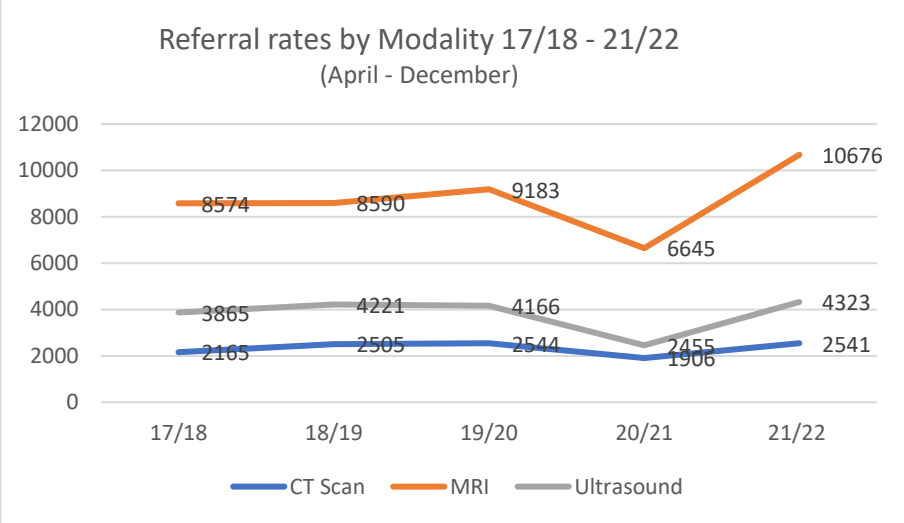
20. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051







INFORMATION

Imaging did not meet the diagnostic target in December reporting 85.2%, a decrease on the previous month. Referrals across all modalities in December was 124% , with MRI reported as 174% when compared to 19/20 figures.

Actions being taken are
Increase weekend operational hours in MRI
Additional weekend sessions to support US
Source additional mobile van capacity where possible

Reporting times increased in December as a result of increases in workload. Additional resources such as agency / bank staff and outsourcing has been implemented with the expectation that the backlog will be cleared by the end of January. This has also been compounded by vacancies and sickness. Recent interviews for vacant post medical secretary post has been successfully appointed to.

ACTIONS FOR IMPROVEMENTS / LEARNING

To continue to ensure all capacity is fully utilised. Full demand and capacity analysis with trend forecasting as a part of business planning

Implementation of the recently approved 7 day working for imaging services will further increase capacity

RISKS / ISSUES

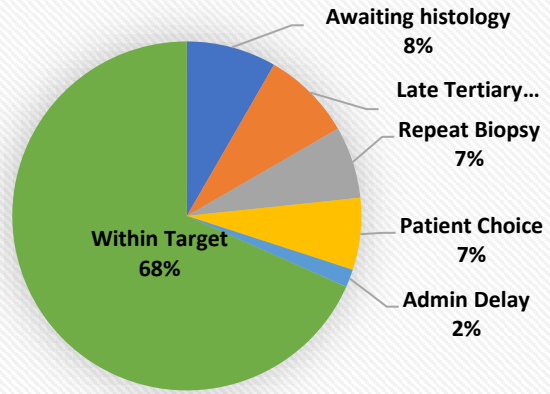
The impact of social distancing and new processes to meet IPC recommendations is currently being scoped and the working day increased to provide appropriate capacity going forward.

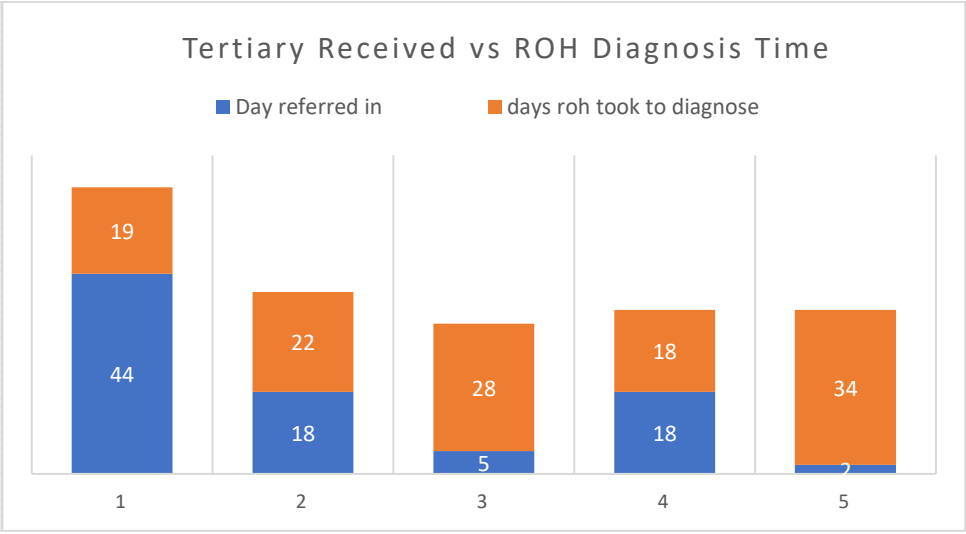
The lack of an electronic referral system (order comms) is having an impact on performance also thee is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

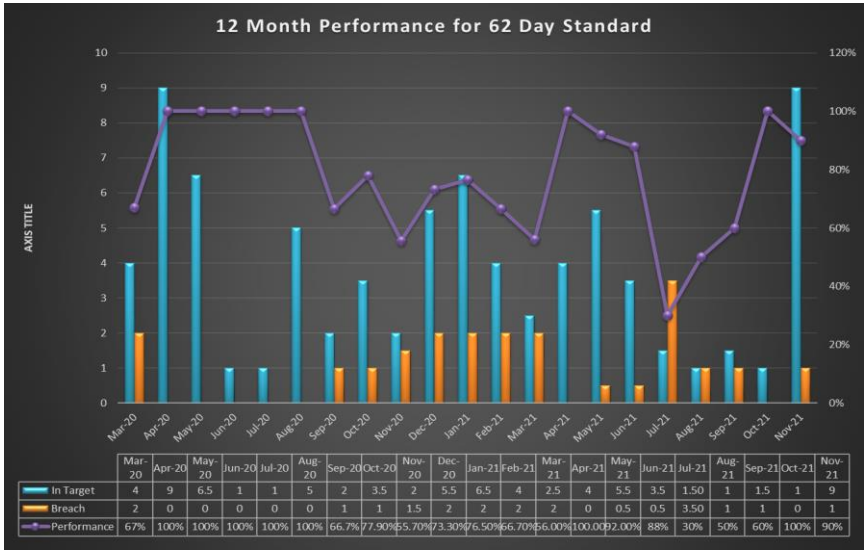
21. Cancer Performance

		December 2021 (incomplete)				November 2021 (complete)				October 2021 (complete)			
Target Name	National Standard	%	In target	Breach	Total	%	In target	Breach	Total	%	In target	Breach	Total
2ww	93%	93%	70.0	5.0	75.0	100%	39.0	0.0	39.0	100%	39.0	0.0	39.0
31 day first treatment	96%	100%	9.0	0.0	9.0	100%	13.0	0.0	13.0	75%	3.0	1.0	4.0
31 day subsequent (surgery)	94%	100%	4	0	4	100%	9.0	0.0	9.0	100%	5.0	0.0	5.0
62 day (traditional)	85%	50%	1.5	1.5	3	90%	9.0	1.0	10.0	100%	1.0	0.0	1.0
62 day (Cons Upgrade)	n/a	33%	1.0	2.0	3.0	100%	3.0	0.0	3.0	100%	5.0	0.0	5.0
28 day FDS REPORTED	75%	83%	57.0	12.0	69.0	68%	41.0	19.0	60.0	81%	61.0	14.0	75.0

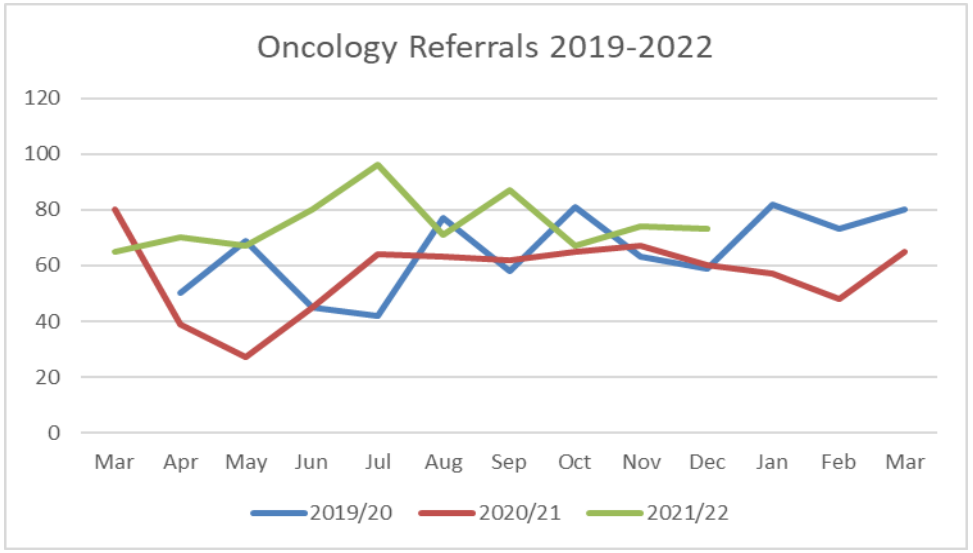
Figure 1: FDS Breakdown for November







	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
In Target	4	9	6.5	1	1	5	2	3.5	2	5.5	6.5	4	2.5	4	5.5	3.5	1.50	1	1.5	1	9
Breach	2	0	0	0	0	0	1	1	1.5	2	2	2	2	0	0.5	0.5	3.50	1	1	0	1
Performance	67%	100%	100%	100%	100%	100%	66.7%	77.90%	55.70%	73.30%	76.50%	66.70%	66.00%	100.00%	92.00%	88%	30%	50%	60%	100%	90%



INFORMATION

Performance:

Performance against all targets except for 28 day FDS was extremely positive in November 2021. This was as a result of a combination of efforts to manage the extremely high volume of patients having been referred into the service in September 2021.
The service is experiencing an extremely high number of patients requiring major surgery and specific surgical teams with multiple skill sets in particular pelvic surgery and surgery requiring plastic surgeons therefore its predicted there will be some breaches allocated in December and January. Consultants and patients isolating due to Covid or being contacts is also impacting on treating patients within their cancer target.
To date 49 patients have been referred from RJAH as part of the SLA of which 29 have had surgery

Contributing factors to Novembers performance:

28 day faster diagnosis standard - 60 patients subject to this standard and 41 were given their diagnosis within 28 days, with the remaining 19 patients outside of this standard this was mainly attributed to patient choice and late tertiary referrals into the Trust
62 day standard - a total of 10 (12 patients) were subject to this standard. Two patients were non-compliant as a result of late tertiaries referrals received into the Trust, a 0.5 breach was attributed for each patient as we were unable to treat within 24 days of receipt.

December's indicative performance has not yet been finalised.

ACTIONS FOR IMPROVEMENTS / LEARNING

- Pathology database transition work ongoing
- Primary Care Interface work – initial meeting took place on 13th January
- Nurse consultant is taking on a leading role in end of life care for the ICS

RISKS / ISSUES

Recruitment to Consultant post due to consultant resignation

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Dec 2021

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Training & Development – Mandatory Training & Appraisals	Page 13

Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in November, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

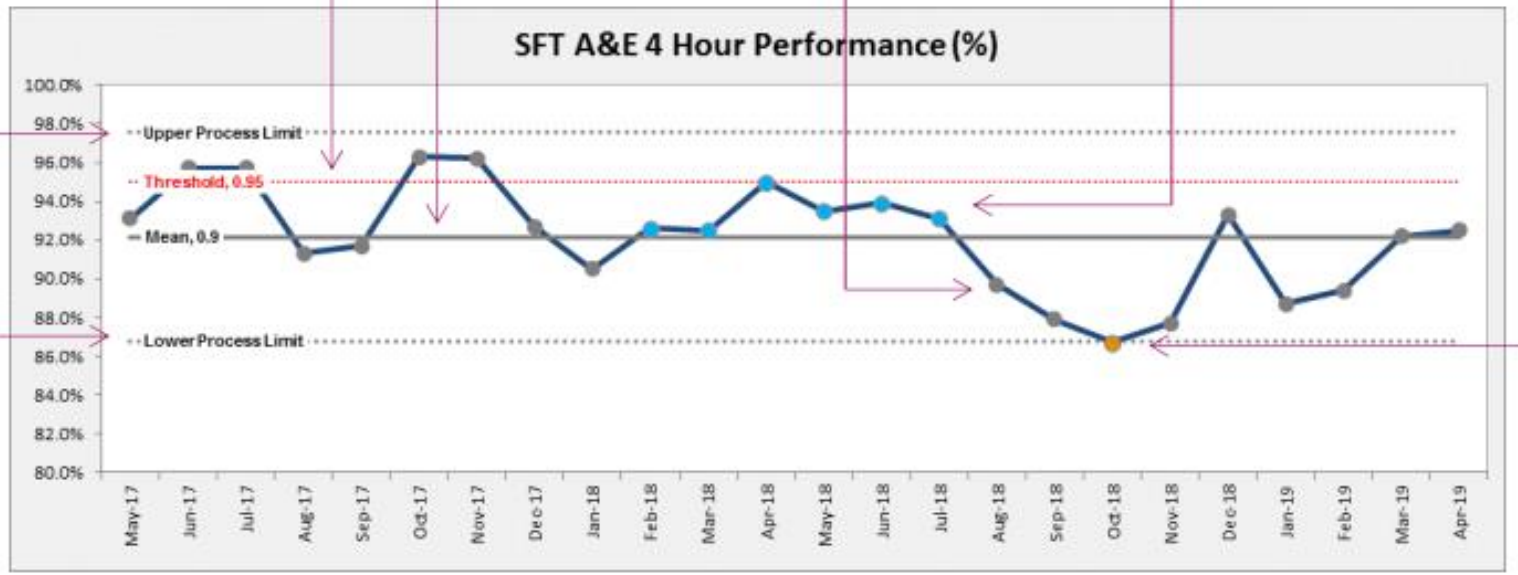
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

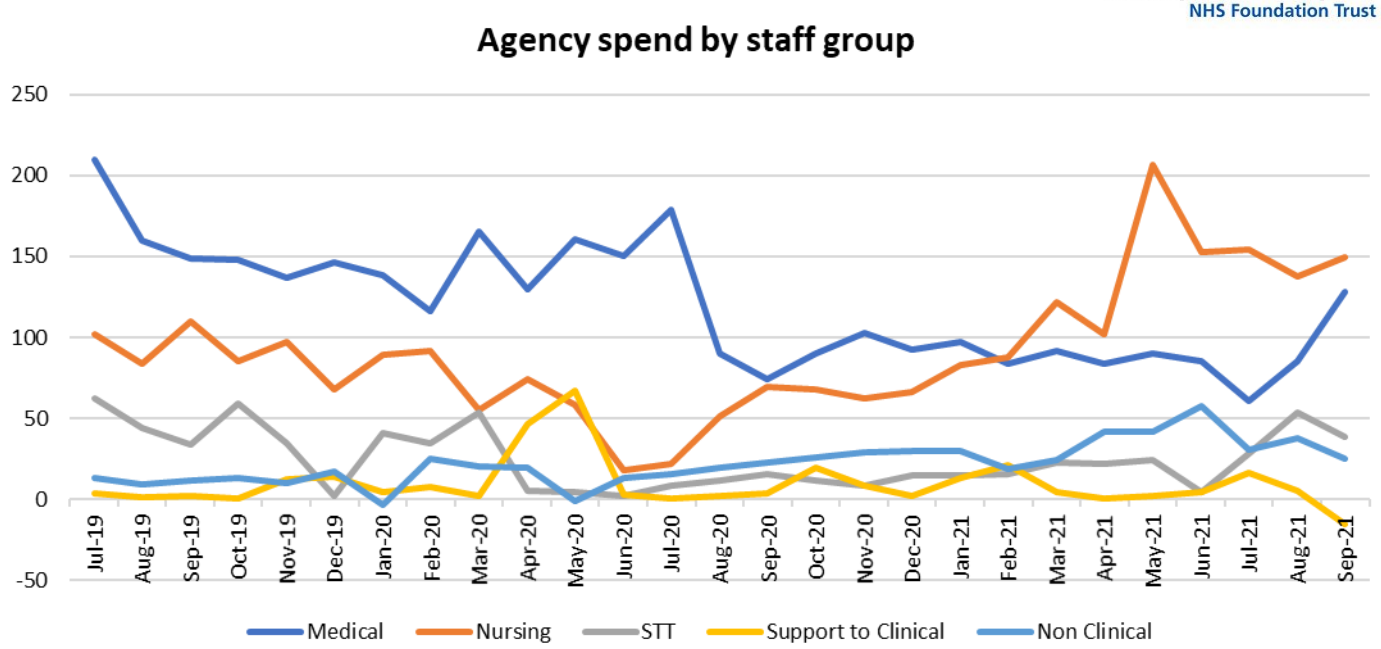
Workforce Monthly Snapshot Overview

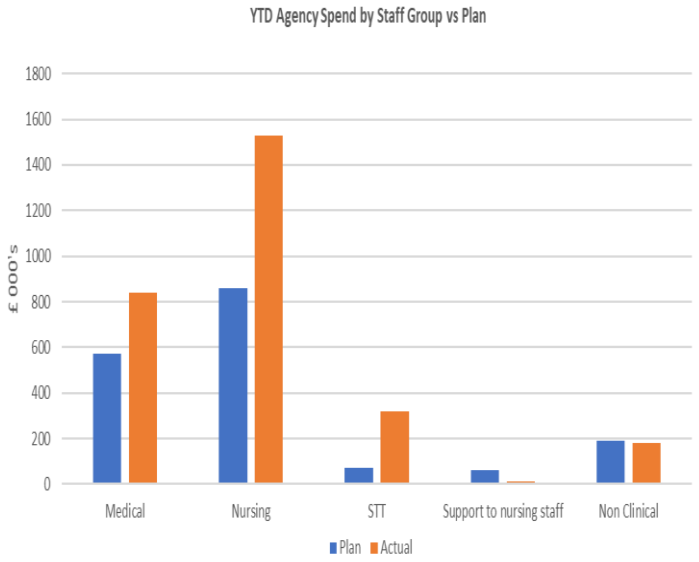
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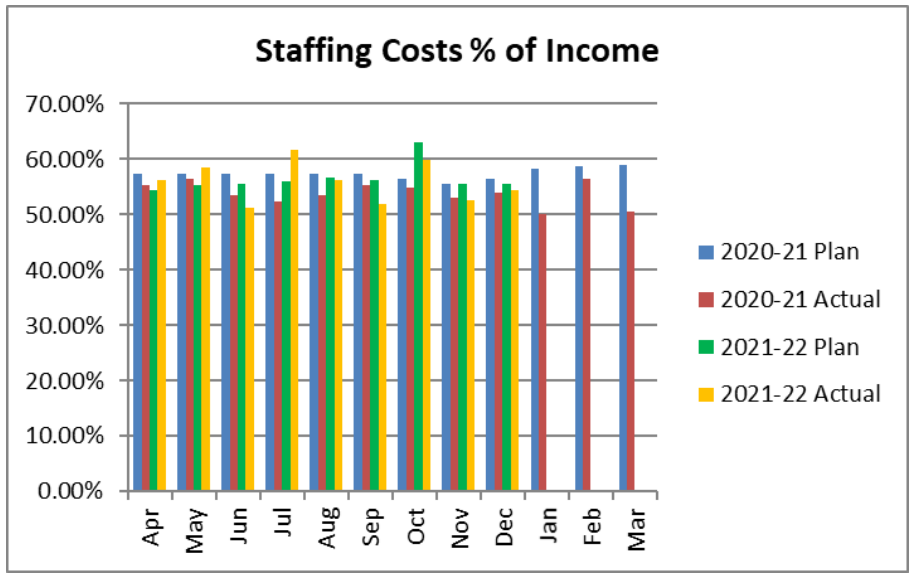
Trust Workforce Metrics	Oct-21	Nov-21	Dec-21	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1248	1256	1244	-12	-	-
Staff In Post - Full Time Equivalent	1105.40	1114.07	1103.98	-10.09	-	-
Staf Turnover % - Unadjusted	11.83%	12.34%	13.34%	1.00%	⇧	<=11.5%
Staf Turnover % - Adjusted	9.95%	10.56%	11.21%	0.65%	⇧	<=11.5%
Total WTE Employed as % of Establishment	85.23%	85.39%	83.70%	-1.69%	⇩	>=93%
Total WTE Employed as % of Establishment - Clinical	82.31%	82.49%	81.03%	-1.46%	⇩	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	90.61%	90.72%	88.53%	-2.19%	⇩	>=96%
% Of Attendance	93.66%	93.50%	93.52%	0.02%	⇧	>=96.3%
% Of 12 mth MAA Attendance	93.99%	93.90%	93.89%	-0.01%	⇩	>=96.3%
% Staff received mandatory training last 12 months	89.80%	88.96%	89.40%	0.44%	⇧	>=93%
% Staff received formal PDR/appraisal last 12 months	76.68%	76.45%	72.31%	-4.14%	⇩	>=95%
% of Sickness - Trust wide Long-term	3.13%	3.47%	3.53%	0.06%	⇧	-
% of Sickness - Trust wide Short-term	4.25%	3.02%	2.95%	-0.07%	⇩	-
Return To Work Completion %	53.88%	48.74%	47.85%	-0.89%	⇩	>=80%

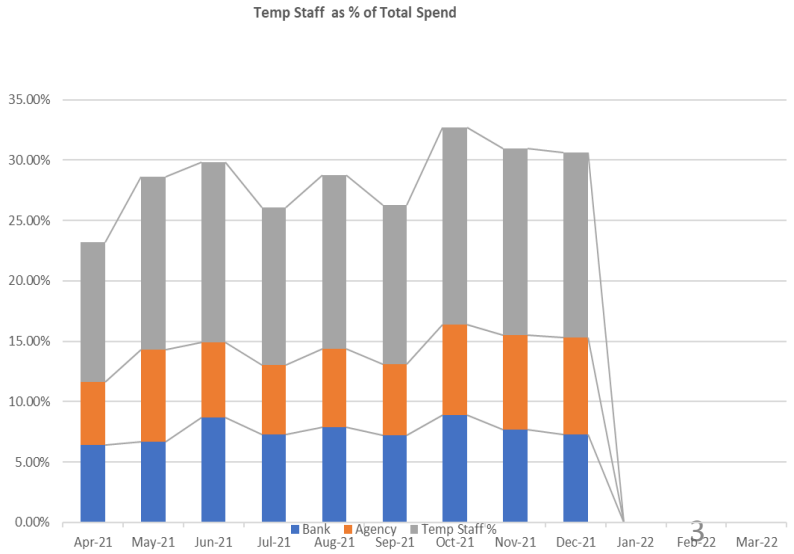
Workforce Composition & Cost

Dec-21		
Pay Cost Analysis		
	£'000's	Variance
Planned Income YTD	79706	
Actual Income YTD	83718	105.03%
Planned Pay Staffing Costs (YTD)	45001	
Actual Pay Staffing Costs (YTD)	46544	103%
Planned Substantive Pay Costs (YTD)	38610	
Actual Substantive Pay Costs (YTD)	39789	103%
Planned Bank Pay Costs (YTD)	3231	
Actual Bank Pay Costs (YTD)	3518	109%
Planned Agency Pay Costs (YTD)	2734	
Actual Pay Costs (YTD) Agency Staff	3077	113%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.08%
Actual Agency Pay Costs as % of total Pay costs (YTD)		6.61%









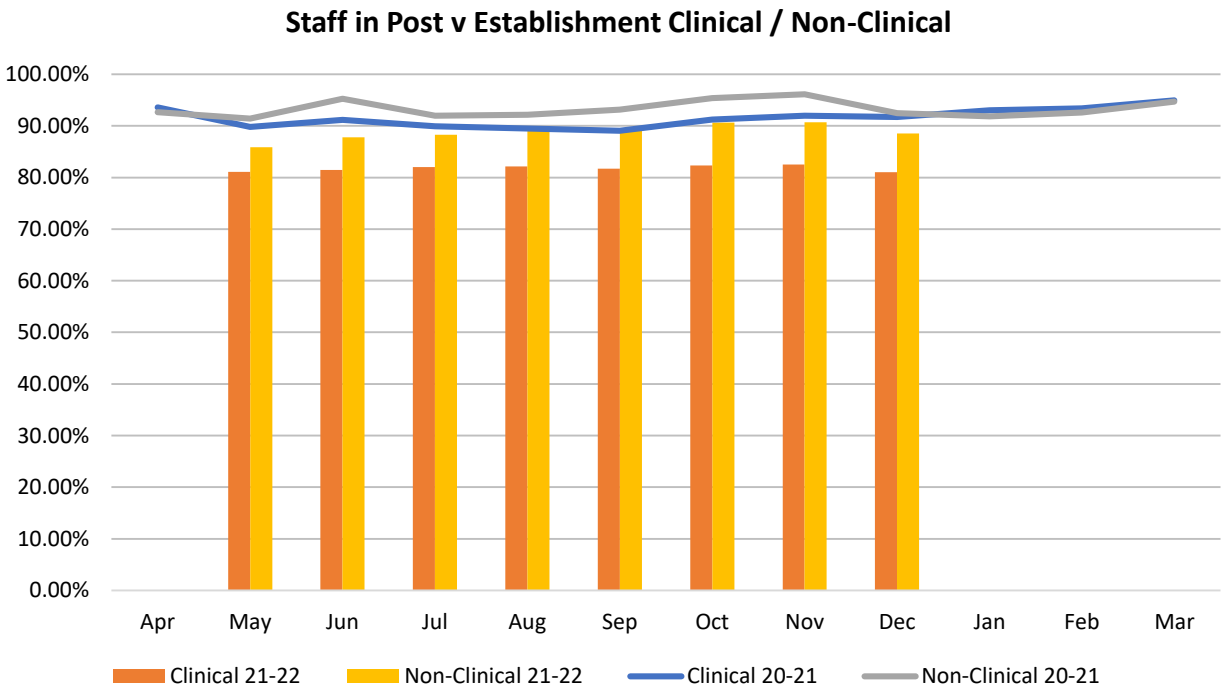
Workforce Establishment

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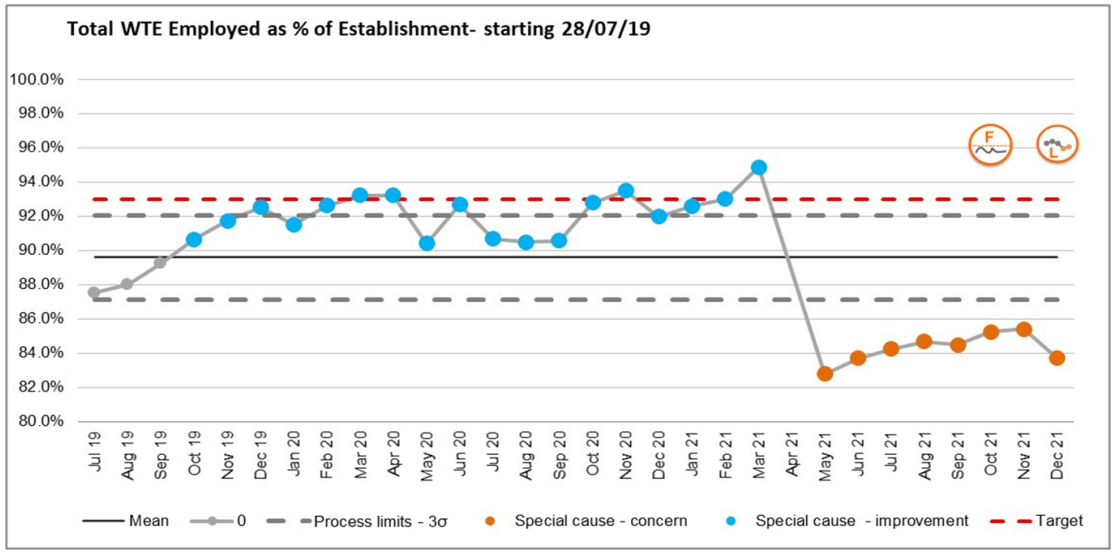
Summary

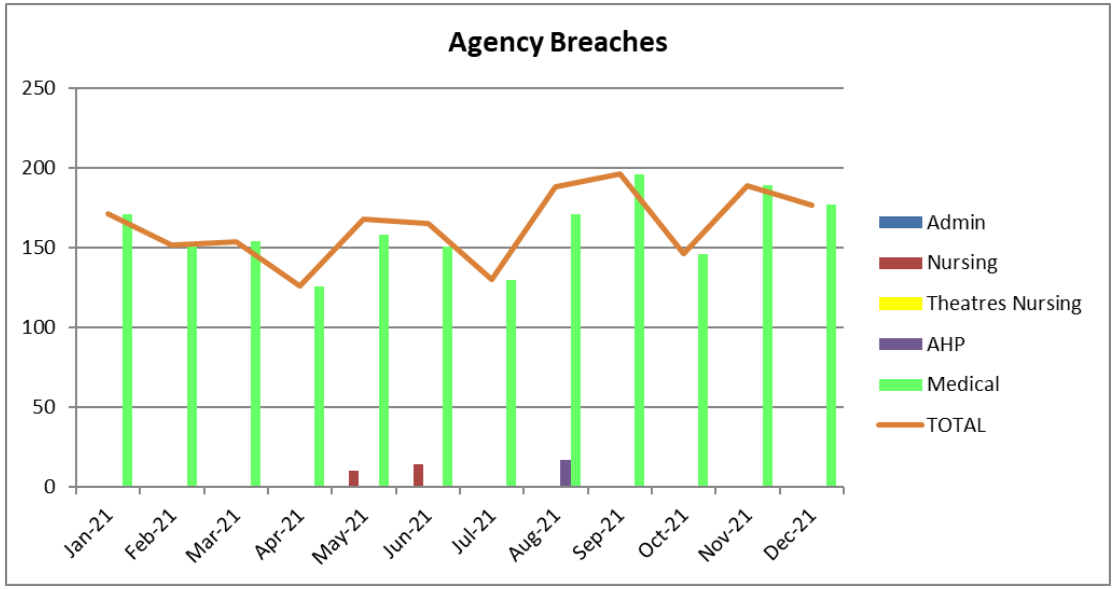
At the end of December, the number of staff on payroll stood at 1244 (WTE 1103.982) which is a decrease of **10.09 WTE** from November.

The Total WTE Employed as a % of the Establishment this month was **83.70%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has been stable the last few months.



Total WTE Employee as a % of Establishment





Workforce Turnover

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **13.34%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **18.87%** in December 2021 and **17.87%** in November 2021. Division 2 turnover has remained over 10% this month at **11.87%** which should be monitored as this is slightly above the Trust target.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Allied Health Professionals staff group, closely followed by Additional Clinical Services which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this. Mandatory Covid vaccinations continue to be a risk to the Trust and Nationwide.

Actions

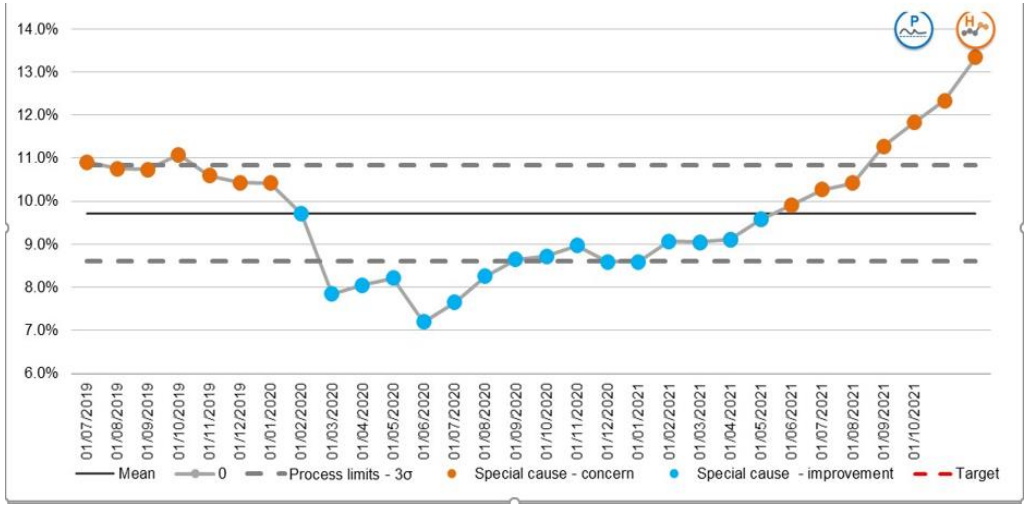
Further work needs to be undertaken to get more detailed reasons for leaving via exit interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 2 – Patient Support respectively.

Staff Group	FTE
Add Prof Scientific and Technic	10.89%
Additional Clinical Services	16.33%
Administrative and Clerical	14.06%
Allied Health Professionals	16.69%
Estates and Ancillary	6.87%
Medical and Dental	5.15%
Nursing and Midwifery Registered	15.51%

	Top 3 Leaving Reasons (Jan21 - Dec21)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	N/A
2	End of Fixed Term Contract	N/A
3	Voluntary Resignation - Relocation	N/A

***Data From Jan 21 – Dec 21**

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

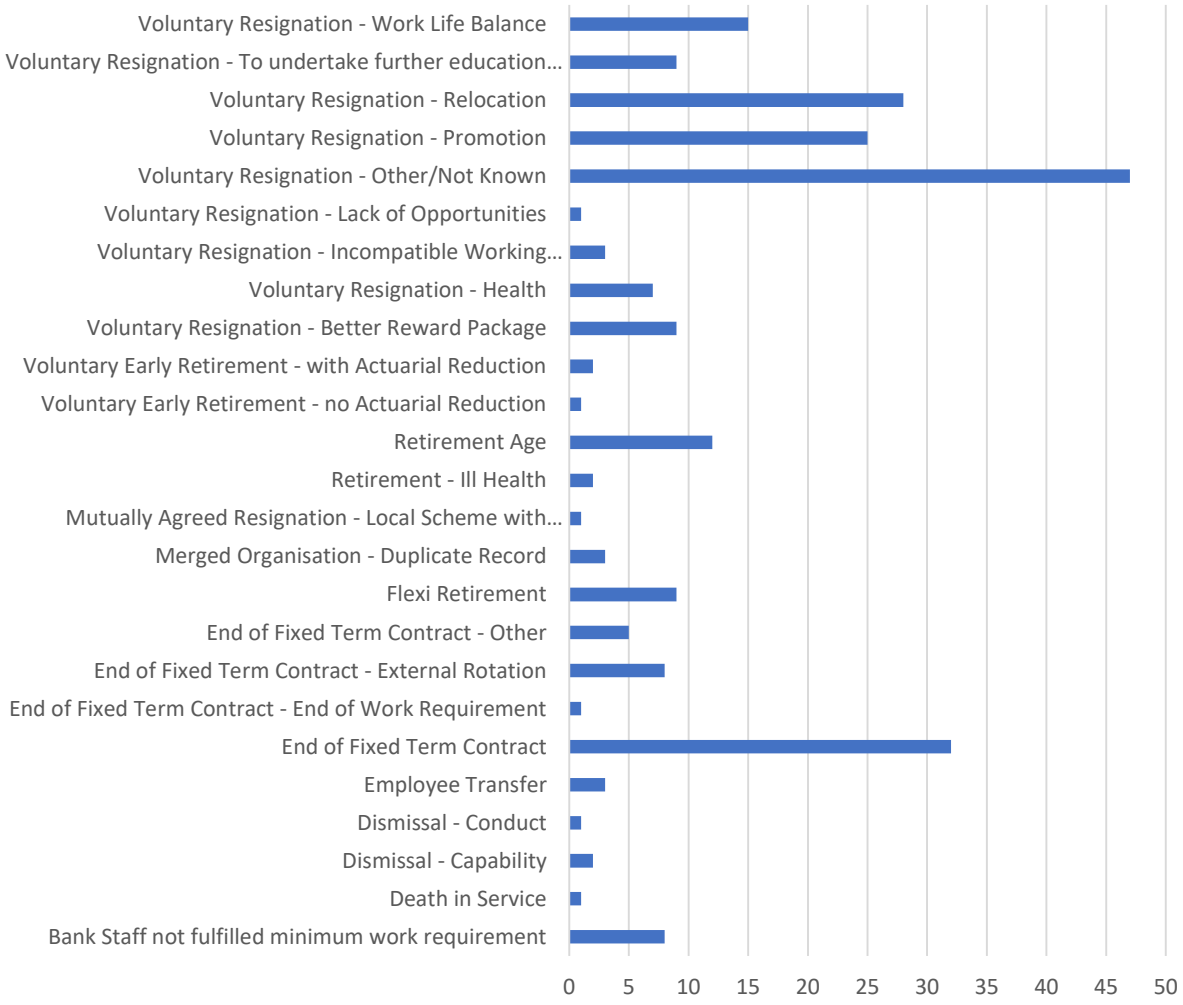
Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months.

75.34% of leavers over the last 12 months were with the Trust for less than 5 years, this is an increase from Septembers report which was 65%.

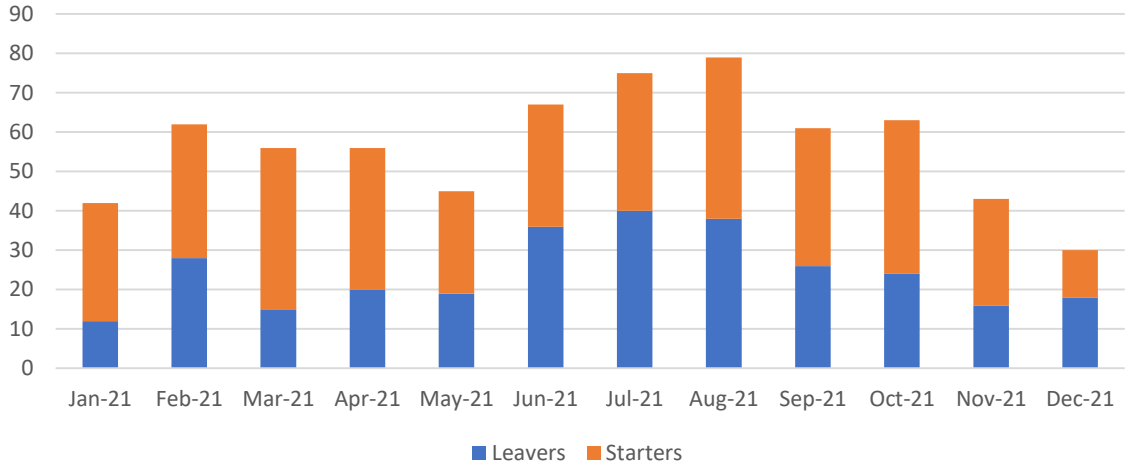
Workforce Turnover - Starters and Leavers Data

The Royal Orthopaedic Hospital NHS Foundation Trust

Reason For Leaving (ESR)



Starters & Leavers (WTE)



***Data From Jan 21 – Dec 21**

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **93.52%** (sickness absence % = 6.48%) and Attendance for the rolling past 12 months was **93.89%.** This currently sit below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£2,023,859.51**

The top reasons for sickness absence included cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of December 2021, there were 58 staff on long term sickness, where 5 of the these staff members have been absent for longer than 6 months.

COVID Related Absence

This month COVID-related sickness made up **2.19%** of all sickness absence within the Trust. Compared to this time last year, the figures are slightly higher which coincides with the spread of the Omicron variant.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £202,907.06. COVID-related absence data is reported daily to NHS England and weekly to the BSOL ICS.

Return To Work Discussion Meetings Following Sickness Absence

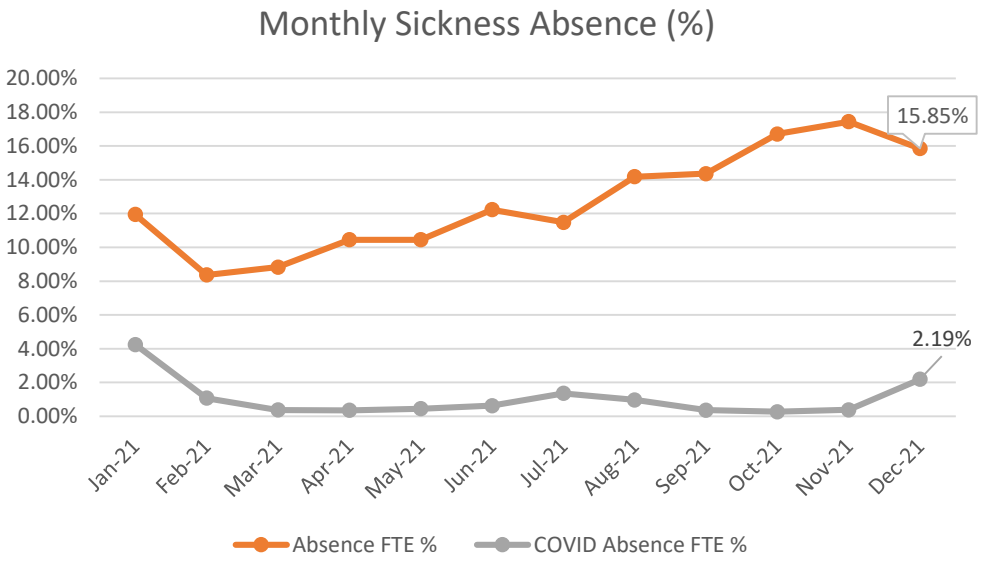
Trustwide Return To Work (RTW) interviews decreased slightly to **47.85%** in December, compared to **48.74%** in November. This still remains below the Trust Target of 80%.

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately .

Actions

HR are continuing to support managers with ensuring that absence meetings are taking place in a timely manner and staff are being supported throughout their absence. HR driving messages around importance of return to work interviews.

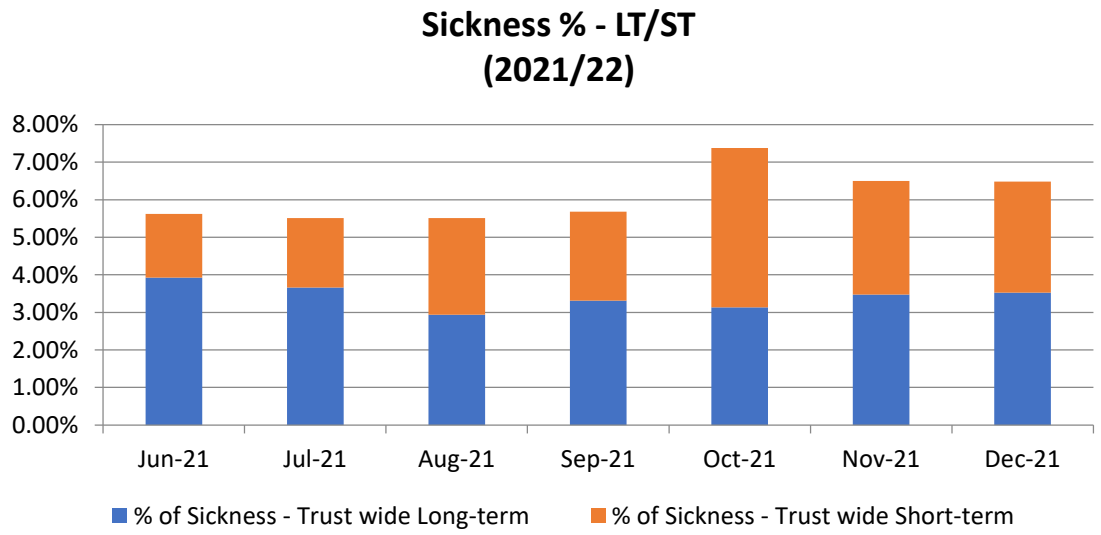


Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	236	7781.6	£686,289.36
Musculoskeletal problems	123	3077.655	£240,193.71
Cold, Cough, Flu - Influenza	394	2746.534	£240,501.04
Injury, fracture	65	1940.227	£128,023.00
Gastrointestinal problems	366	1445.817	£132,076.26

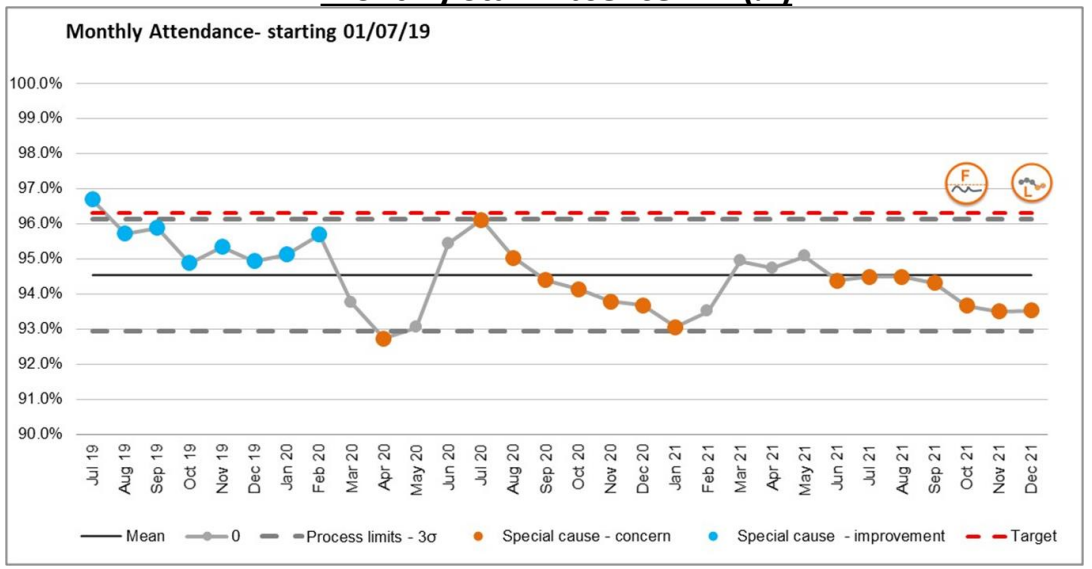
Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

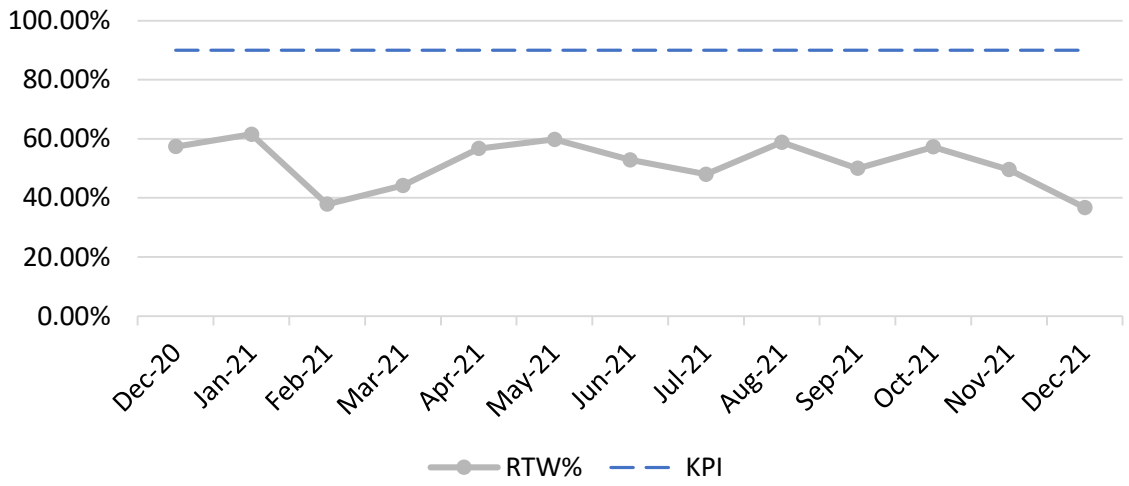
Long Term / Short Term Absence FTE (%)



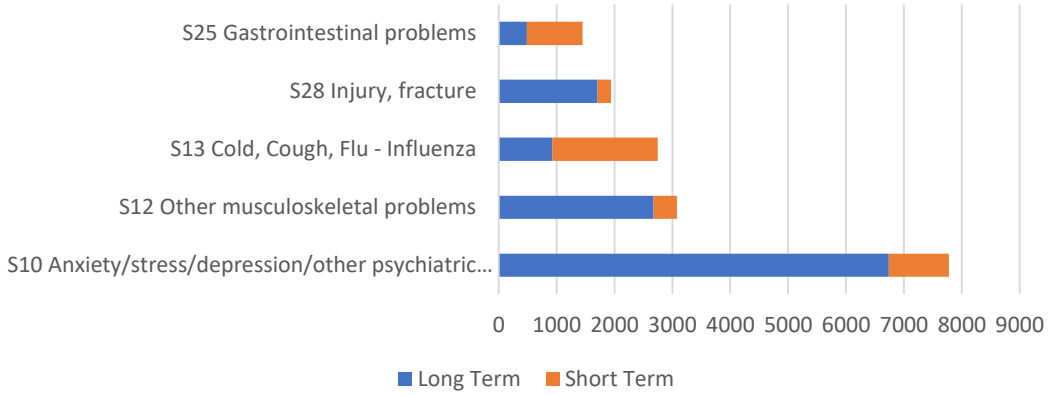
Monthly Staff Absence FTE (%)



Monthly Return To Work %



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Jan 21 – Dec 21**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

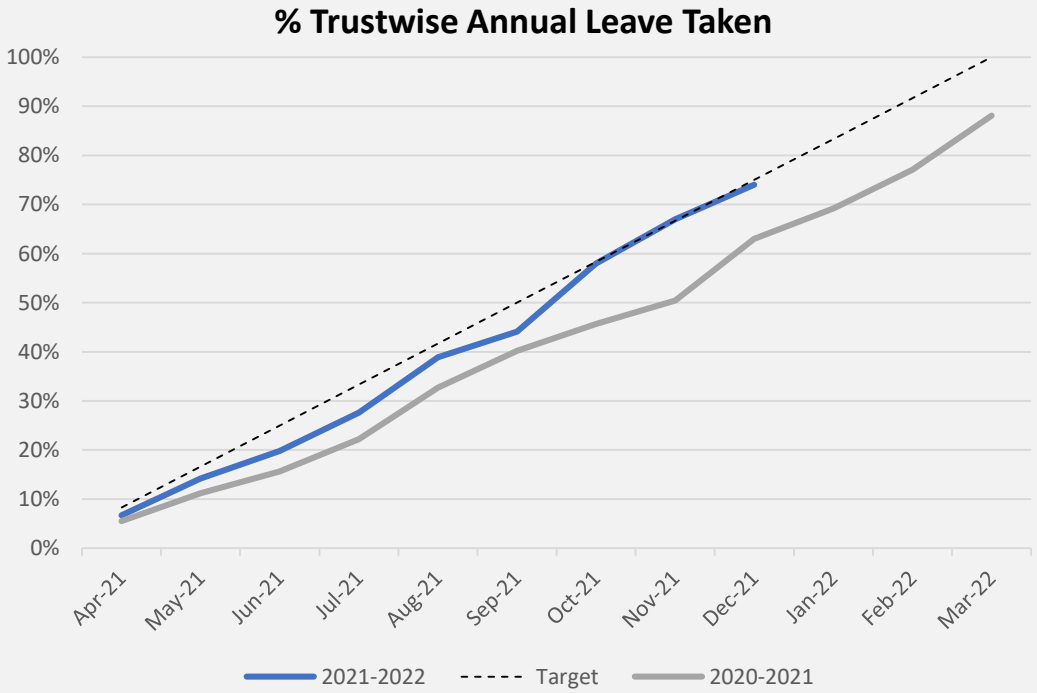
Summary and Actions

At the end of December, there were no formal capability cases and **6** formal conduct cases.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the end of Q3 (Dec 21) for the financial year, AfC staff have taken **73.86%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 75% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st December 2021

Division	% Annual Leave Taken
303 Corporate Directorate	72.18%
303 Covid-19 Division	57.11%
303 Division 1 - Patient Services	74.32%
303 Division 2 - Patient Support	72.81%
303 Division 4 - Estates and Facilities	79.91%
Trust Total	**73.86%**

Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	68.38%
Additional Clinical Services	72.95%
Administrative and Clerical	76.19%
Allied Health Professionals	70.33%
Estates and Ancillary	77.71%
Nursing and Midwifery Registered	71.69%

Wellbeing Day

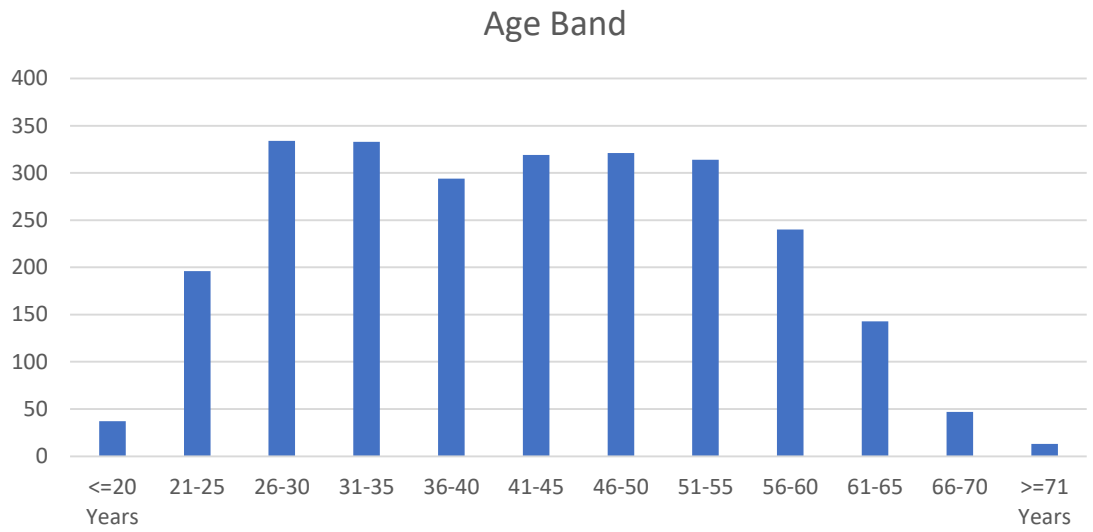
At the end of December, **17%** of eligible staff have taken their wellbeing day. There are a further **2%** of staff so far who have this booked in the coming financial year. Staff are continually being encouraged to their wellbeing days in line with regular annual leave

Workforce Demographics

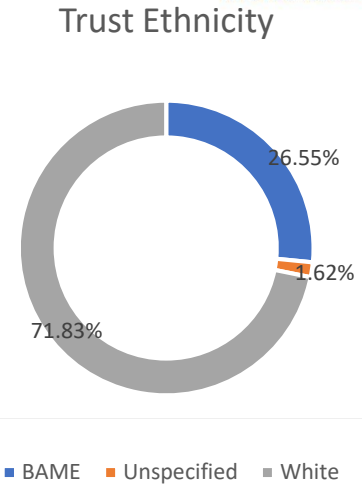
Summary

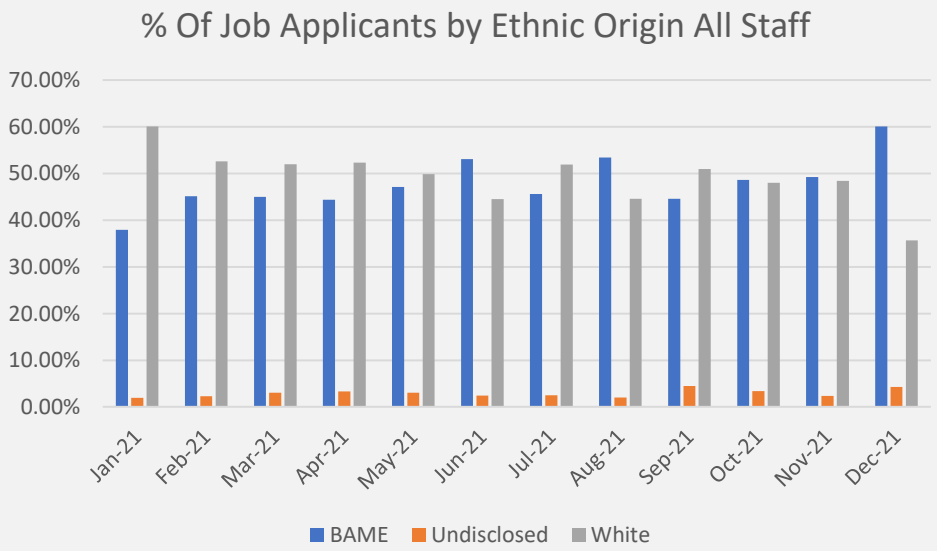
The Trust (including bank staff) is made up of 74% female and 26 % male staff

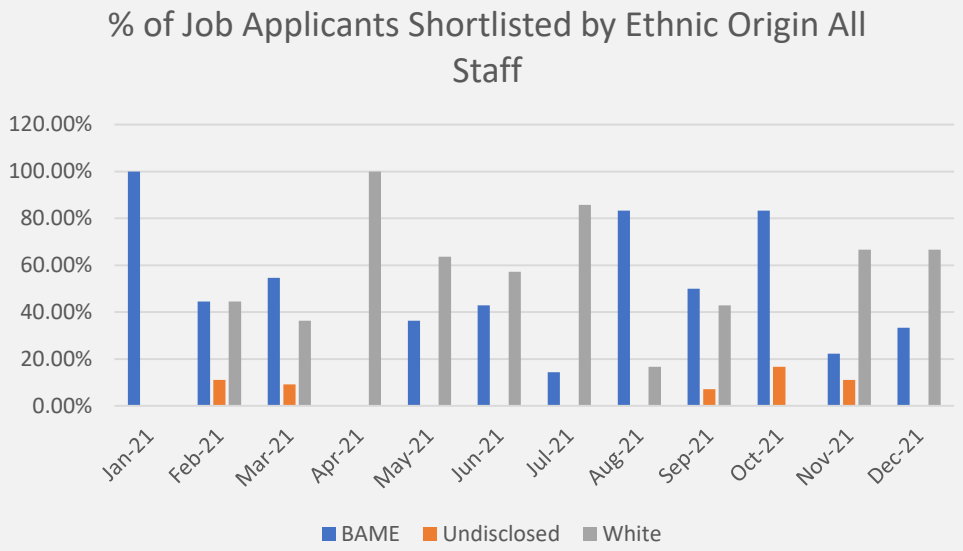
Our current status of staff with a disability is 4.05% with **14.6%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record



The Royal Orthopaedic Hospital NHS Foundation Trust







2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

Over the last few months, the percentage of staff not disclosing their ethnic background has slowly increased to 4.40% of all applicants

Applications from BME staff made up 60.05% of all applications made in December

33.33% of shortlisted candidate were from a BME background, with 4.3% undisclosed

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))
A new staff survey format has been launched on the 21st January and sent to all staff members (including bank staff). This survey has been restarted and replaces the Staff Friends and Family (FFT) test. The survey is being administered by Quality Health and the results will be received by mid February 2022 (date to be confirmed). The survey includes the engagement questions included on the NHS National Staff survey.

The **National NHS survey (NSS)** fieldwork was finished at the end of November 2021. The final completion rate was 57% for permanent staff members. The final date is yet to be confirmed by NHS England but we expect to receive the final survey results at the end of February 2022.

Inclusion Work
Alex Gilder has accepted the role as Chair for the Disability network following an interview process. The interview panel included Ali Aldoub, a regional Equality & Diversity colleague from Arden GEM

An overview of the CQC BAME Focus group feedback has been shared with colleagues at the Trust. Work has now started to confirm a set of actions to address the comments. This work is supported by The Multi Minority Ethnic Group (MMEG) and will take the form of a number of focus sessions

The Trust has been ranked 15 as part of Inclusive Companies top 50 companies list across the UK (All sectors)

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future

Work has started to refresh and deliver the Me as Manager programme which is an awareness session designed for all manager to understand the lifecycle of their employees. A pilot programme commence with Nursing colleagues when restrictions allow face to face face to face session (planned for March 2022)

The Trust has been accepted as a placement location for the national NHS 10000 Black Intern programme. Out of 1000 applications, the Trust was accepted as one of 78 host sites. The individual who has been matched to our Trust will start in June 2022 (exact date to be confirmed)

Jeeves Sundar, Interim OD and Inclusion Manager started at the Trust in December 2021. His main focus will be around supporting leadership development, EDI awareness and supporting our staff networks

Workforce – Experience and Engagement

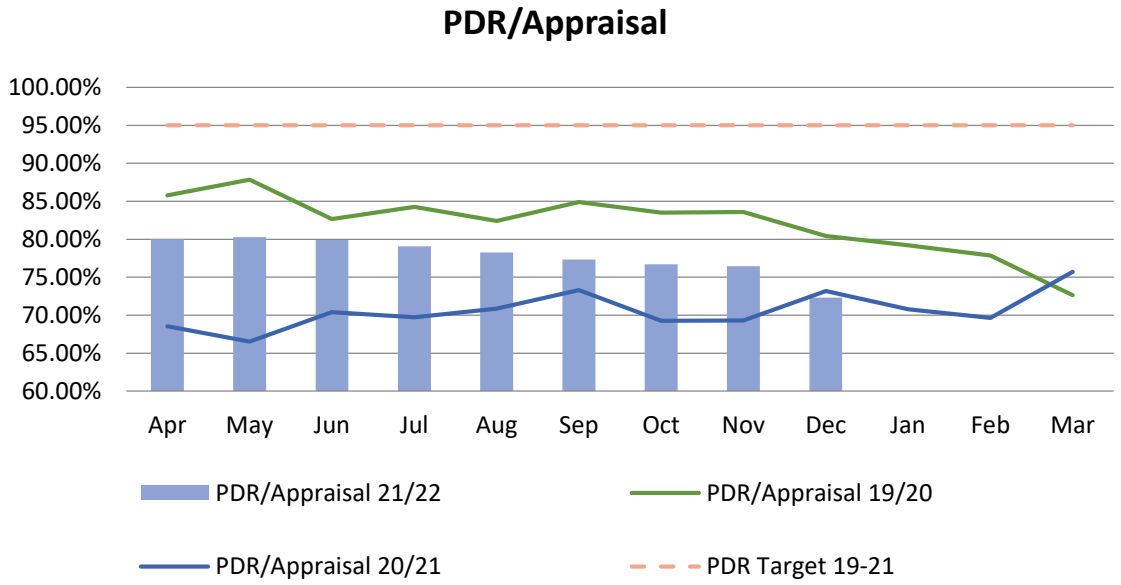
The Royal Orthopaedic Hospital NHS Foundation Trust

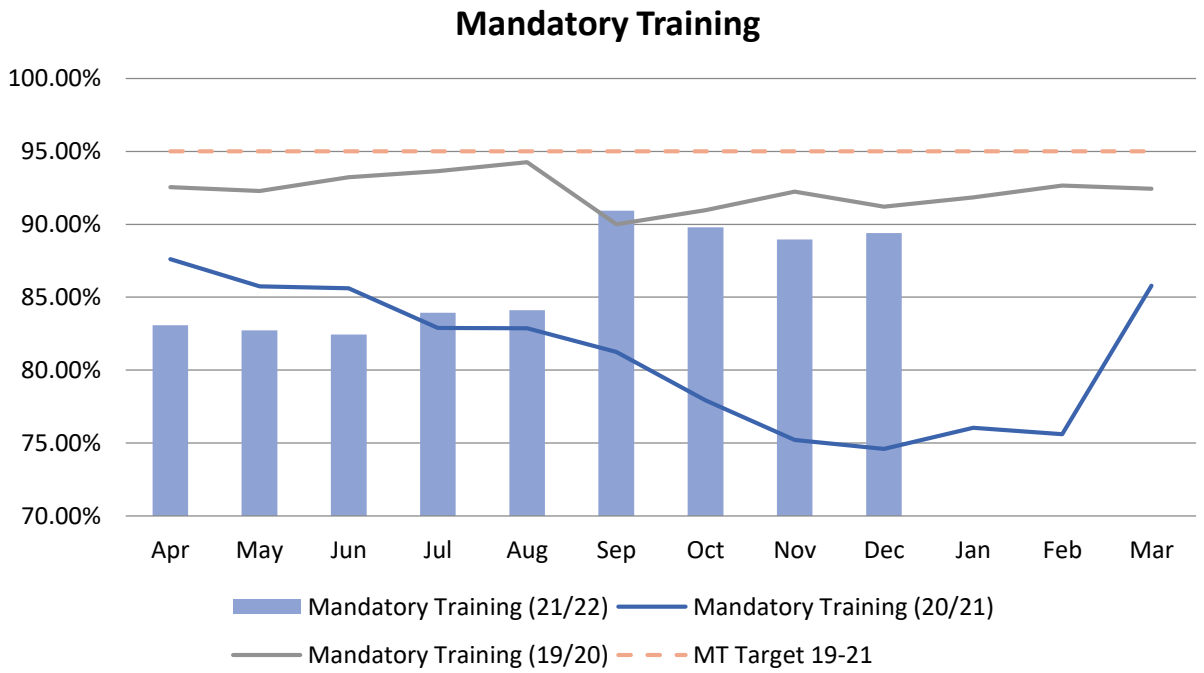
Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The next Health and Wellbeing week is take place in May 2022. Planning has started for this event to include support from colleagues around the Trust include staff networks and mental health support colleagues
- The funding for the BSol Wellbeing initiative of £27000 is still to be received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level

Training and Development





Appraisals

Appraisals completions decreased by 4.14% to **72.31%** in December and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

Mandatory training increased by 0.44**%** to **98.40%** in December, staying in the amber status against the Trust's target of **95%.** This has remained like this since March 2020 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Date: 3 February 2022

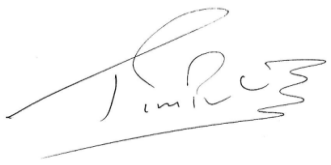
Notice of a meeting of the Board of Directors

Notice is hereby given to all of the members of the Board of the Royal Orthopaedic Hospital NHS Foundation Trust that the following meetings of the Trust Board will be held at the Woodbrooke Centre, Bournville on Tuesday, 3 March 2022:

Meeting	**Timing**
Non Executives pre-meet – Randell Harris Room	0800h – 0900h
Public Board meeting – Cadbury Room	0900h – 1100h
Private Board meeting – Cadbury Room	1130h – 1230h
LUNCH	1230h – 1300h
CLOSE	1300h

The business to be transacted is provided on the private and public agendas enclosed or attached with this letter.

Signed



Tim Pile
Chairman

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Woodbrooke Centre, Bournville **Date** 2 March 2022: 0900h – 1245h

Members attending

Mr Tim Pile	Chairman	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Mr Roko Skocic	Head of Patient Experience	(RS)	[Items 1&8]
Mrs Claudette Jones	Freedom to Speak Up Guardian	(CJ)	[Item 9]
Mrs Nicola Brockie	Deputy Chief Nurse	(NB)	[Item 8]
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SMa)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Patient story	Presentation	RS
0920h	2	Apologies	Verbal	Chair
0922h	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 2 February 2022: *for approval*	ROHTB (2/22) 027	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (2/22) 027 (a)	SGL
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (3/22) 001 ROHTB (3/22) 001 (a) ROHTB (3/22) 001 (b) ROHTB (3/22) 001 (c)	TP/JW
0940h	7	COVID-19 infection prevention and control update: *for assurance*		
	7.1	Outbreak summary: *for assurance*	ROHTB (3/22) 002 ROHTB (3/22) 002 (a)	GM

	7.2	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (3/22) 003	GM
0950h	8	Patient experience overview and plans	ROHTB (3-22) 004 ROHTB (3-22) 004 (a) ROHTB (3-22) 004 (b)	NB/RS
1030h	9	Freedom to Speak Up update	ROHTB (3/22) 005	CJ
1045h	10	Gender Pay Gap report	ROHTB (3/22) 006 ROHTB (3/22) 006 (a)	SMa
1055h	11	Model Hospital update	ROHTB (3/22) 007	MP
1110h	12	Board Assurance Framework: *for assurance*	ROHTB (3/22) 008 ROHTB (3/22) 008 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1120h	13	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	To follow ROHTB (3/22) 009 ROHTB (3/22) 010	
	14	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	To follow ROHTB (3/22) 011 ROHTB (3/22) 012	
BREAK				
CONFIDENTIAL SESSION				
1130h	15	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 6 April 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO FEBRUARY 2022

MEMBER	ATTENDANCE										TOTAL
	7/5/2021	5/5/2021	2/6/2021	7/7/2021	1/9/2021	7/10/21	2/11/2021	12/1/2022	2/2/2022	2/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓	✓		8/9
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓	✓		8/9
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A	✓		7/9
Les Williams	✓	✓	✓	A	✓	✓	✓	✓	✓		8/9
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓	✓		8/9
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A	✓		8/9
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Woodbrooke Centre, Bournville **Date** 2 March 2022: 0900h – 1245h

Members attending

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Mr Richard Phillips	Non Executive Director	(RP)
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0900h	1	Patient story	Presentation	RS
0920h	2	Apologies	Verbal	Chair
0922h	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 2 February 2022: *for approval*	ROHTB (2/22) 027	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (2/22) 027 (a)	SGL
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (3/22) 001 ROHTB (3/22) 001 (a) ROHTB (3/22) 001 (b) ROHTB (3/22) 001 (c)	TP/JW
0940h	7	COVID-19 infection prevention and control update: *for assurance*		
	7.1	Outbreak summary: *for assurance*	ROHTB (3/22) 002 ROHTB (3/22) 002 (a)	GM

	7.2	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (3/22) 003	GM
0950h	8	Patient experience overview and plans	ROHTB (3-22) 004 ROHTB (3-22) 004 (a) ROHTB (3-22) 004 (b)	NB/RS
1030h	9	Freedom to Speak Up update	ROHTB (3/22) 005	CJ
1045h	10	Gender Pay Gap report	ROHTB (3/22) 006 ROHTB (3/22) 006 (a)	SMa
1055h	11	Model Hospital update	ROHTB (3/22) 007	MP
1110h	12	Board Assurance Framework: *for assurance*	ROHTB (3/22) 008 ROHTB (3/22) 008 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1120h	13	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	To follow ROHTB (3/22) 009 ROHTB (3/22) 010	
	14	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	To follow ROHTB (3/22) 011 ROHTB (3/22) 012	
BREAK				
CONFIDENTIAL SESSION				
1130h	15	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 6 April 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO FEBRUARY 2022

MEMBER	ATTENDANCE										TOTAL
	7/5/2021	5/5/2021	2/6/2021	7/7/2021	1/9/2021	7/10/21	2/11/2021	12/1/2022	2/2/2022	2/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓	✓		8/9
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓	✓		8/9
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A	✓		7/9
Les Williams	✓	✓	✓	A	✓	✓	✓	✓	✓		8/9
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓	✓		8/9
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A	✓		8/9
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓	✓		9/9

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board (In Public) - DRAFT Version 0.2

Venue Virtual Via MS Teams **Date** 2 February 2022: 0900h – 1300h

Members attending:

Mr Tim Pile	Chairman	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Mr Roko Skocic	Head of Patient Experience	(RS)	[Item 1]
Mrs Nicola Brockie	Deputy Chief Nurse	(NB)	[Item 8]
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	**Paper Reference**
1 Staff story	**Presentation**
The Board welcomed a patient who described their experience of treatment and care at the Trust when he underwent a knee replacement in 2021. The story highlighted areas where the care had been excellent, including the success of the surgery, the care from staff and quality of food. The story also highlighted some areas where there could have been improvement, including the education of some staff around the patient's underlying medical condition, the processes to identify potential pulmonary embolism and discharge planning.	

The patient was thanked by the Chairman for his candid and comprehensive account. The Medical Director added his thanks for the presentation. He apologised for the shortcomings in the care highlighted which he reported had been looked in to and would continue to be reviewed for lessons learned. The Chief Nurse also offered his apology for the areas where care could have been better. He thanked the patient for his time and also thanked him for recognising when the care had gone well. It was noted to be reassuring to hear that there had been openness and a comprehensive investigation undertaken into the case. There was reported to be a body within the Trust's governance structure that reviewed venous thromboembolism (VTE) identification and treatment and it was noted that the Trust would learn lessons from cases such as this. In terms of the pre-discharge processes, there were reported to be robust policies in place, although it was acknowledged that these had not been fully followed in this case. The Chief Executive thanked the patient and noted that it was a privilege to hear the voice of a patient at the Board meeting. It was acknowledged that the patient had presented a balanced account. The ROH was highlighted to be a learning and open organisation and fully embraced the Duty of Candour regulations. It was noted that the Trust was also keen to support patients with hidden disabilities such as in this case and the patient was asked for their continued support to the Trust to help the organisation learn further. Kathryn Sallah thanked the patient for their story and echoed that the processes outlined earlier by the Chief Nurse were in place and were reported up through the quality governance structure to the Quality & Safety Committee which she chaired which provided assurance that learning was embedded. The Chairman thanked the patient for the balanced story and for highlighting the points of learning. He asked for a future report up to the Board on the issues raised. The patient noted the links with the rehabilitation centre in Selly Oak under which he was receiving care and suggested that this could be a useful resource for the Board.	
ACTION: **GM to provide an update on the patient story investigation at a future meeting**	
2 Apologies	**Verbal**
There were none. The Board was joined by Amy Horrocks, HR Manager who was present to observe the meeting as part of her personal development plan.	
3 Declarations of Interest	**Verbal**

It was noted that the register of interests was available on request from Company Secretary.	
4 Minutes of Board Meeting held in Public on 1 December 2021: *for approval*	**ROHTB (12/21) 014**
The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
4.1 Actions from previous meetings in public: *for assurance*	**ROHTB (12/21) 014 (a)**
There were no matters to highlight, although it was noted that there had been a delay with completing some actions as a result of the need to create space to respond to the latest wave of the pandemic.	
5 Questions from members of the public	**Verbal**
There were none.	
6 Chairman's and Chief Executive's update: *for information and assurance*	**ROHTB (2/22) 001** **ROHTB (2/22) 001 (a)**
The Chief Executive reported that the Trust's operational services had been adapted over the Christmas period in a bid to offer mutual aid to the local system. She praised the flexibility of the entire organisation during this period. The Trust was reported to be on track to cease admissions to the ward that had been designated for rehabilitation patients from University Hospital Birmingham NHSFT (UHB) UHB ward by the end of the week with a view to restarting elective activity on week commencing 7 February 2022. In terms of the COVID-19 vaccinations programme, gratitude was expressed to those having received the vaccination. Following some recent new national guidance the process had been paused pending any further steer. It was reported that the amendments to the Health and Care Bill had been delayed through the parliamentary processes which had in turn moved the date for the establishment of Integrated Care Systems (ICSs) as statutory bodies to 1 July 2022. The national planning guidance had been received on Christmas Eve which would be enacted in coming months. The Chairman reported that he had spent some time with an Oncology Multi Disciplinary Team (MDT) and visiting some of the ward areas which had been a powerful experience. He thanked the teams for their support on this visit.	
7 COVID-19 infection prevention and control update: *for assurance*	

7.1 COVID-19 Overview: *for assurance*	**ROHTB (2/22) 026**
The Chief Nurse reported that the purpose of the overview was to provide written assurance around the processes surrounding the management of the hospital during the COVID-19 pandemic over recent months. There were reported to have been three cases of COVID-19 identified within the hospital in December 2021 and there had been more patient tests for COVID-19 undertaken which reflected that there had been more patients with symptoms and also the higher levels of activity handled by the Trust. The revised national guidance around visiting had not yet been implemented and the new guidance would be considered in coming weeks to determine how the organisation should respond in a way that kept staff and the public as safe as possible. It was reported that patients had been previously required to isolate for two weeks prior to surgery, however processes had been realigned to the NICE guidance and system position which reduced this period. It was noted that the swabbing on three days after admission was identifying asymptomatic patients, therefore an on-admission swab was now being used. The use of Personal Protective Equipment (PPE) was reviewed and FFP3 masks were being used by staff supporting a COVID-19 pathway, this being aligned to the system position. A Trustwide review had been undertaken in January 2022 and there was noted to have been little change in the PPE needing to be used. PPE compliance was reported to be at 99% in December; mask wearing was reported to be high but failure to wear aprons had been identified as an issue in some cases. Richard Phillips asked how the audits were conducted. He was advised that these were observational audits principally. Risk assessments for the hospital environment had been undertaken. Infection Prevention and Control (IPC) mandatory training was discussed and there was noted to be a need for improvement which reflected difficulties with releasing staff when there were high level of absences.	
7.2 Outbreak summary: *for assurance*	**ROHTB (2/22) 002** **ROHTB (22/22) 002 (a)**
The Chief Nurse advised that there were strong governance processes in place to manage outbreaks. There had not been any mortality of staff or patients as a result of the outbreaks. There had been four patients that had acquired COVID-19 in the hospital. There had been an increase in outbreaks in the organisation, some of which were staff outbreaks, these being associated with breaches in precaution measures, such as failure to observe maximum occupancy in rooms or	

PPE breaches. There had been two outbreaks in the portering team where there had been PPE breaches and there had been an outbreak on Ward 3, which subsequently affected two more patients and a number of staff. There had been a new outbreak on Ward 2, this being associated with a patient arriving who had been in contact with COVID-19 through their household. The ward was closed to admissions and there had been some cancellation of activity as a result. There was reported to be good scrutiny of the outbreak management by the Infection Prevention and Control Committee (IPCC) which was attended by Non Executive Director, David Gourevitch. The Chief Executive noted that there had been some good communications around the need to stay at home when staff were symptomatic. She noted the challenges with IPC and maintaining activity during sickness absence and treating the UHB cohort and thanked the team for their work to ensure that the Trust remained as free from COVID-19 as possible. Les Williams noted the robustness of the management and asked how the Clinical Commissioning Group (CCG) featured in the processes. The Chief Nurse noted that outbreaks were declared as serious incidents according to the CCG contract which was suggested to be appropriate during usual times, however national guidance suggested that this should only be where there was a serious impact and mortality. The CCG however maintained the original definition which it was noted had the potential to skew the reports of serious incidents across the Birmingham and Solihull region in comparison to the rest of England and Wales.	
7.3 NHS England IPC Board Assurance Framework: *for assurance*	**ROHTB (2/22) 003** **ROHTB (22/22) 003 (a)**
The Chief Nurse presented the revised IPC Board Assurance Framework (IPC BAF) which had been issued late in the previous year. This included 124 statements around Infection Prevention and Control and the Chief Nurse summarised where there was identified weaknesses in compliance. There was good assurance that the position was being regularly reviewed. There were reported to be no areas that were non-compliant around the Healthcare Technical Memoranda (HTMs) regarding ventilation when the hospital had been built. There was some new expertise around this however, that was being accessed to inform the work to improve ventilation across the site now where this was possible. Staff break areas were a challenge in terms of maintaining social distancing. The Chief Executive agreed that the 2m restriction created difficulties and impacted on the staff wellbeing offering. This would be a key area of focus in coming weeks.	

It was noted that a toolkit around 'Supporting excellence in Infection Prevention and Control behaviours' had not been implemented although this had not been a statutory requirement. A formal gap analysis was planned however. In terms of FFP3 masks, some staff were not trained in the use of two masks, a matter that was the subject of a subsequent report. In summary, it was reported that out of a total of 124 statements, there was not full compliance with eight. Kathryn Sallah noted that there was considerable time and effort required to monitor the IPC BAF and she thanked the Clinical Governance team for this work.	
7.3.1 IPC BAF – FFP3 masks: ***for assurance***	**ROHTB (2/22) 004** **ROHTB (22/22) 004 (a)**
The Chief Nurse advised that compliance with the IPC BAF requirement around the use of FFP3 masks had been the subject of discussion at the IPCC and that it was important that the Board was sighted on this issue. Prior to the pandemic FFP3 masks were not required at the ROH, with respiratory hoods being used in place where needed. It was reported that when the pandemic had started FFP3 masks had been introduced. There had been a challenge to the use of these masks as a result of the changing requirements over the period. The Director of Finance added that the Trust was now on its fifth iteration of mask which created some fluctuation in compliance rates. The key area of non-compliance related to the requirement to be trained in two masks for the purposes of resilience. It was noted that it took 30 minutes for fit testing for each mask. There had been a decision to train more staff in the use of one mask only but there was work underway to improve the training in two masks. A table showing compliance of staff fit tested was reviewed and there was noted to be good compliance with the use of one mask. Although training compliance was low in places for fit testing for two masks, staff had protection where needed. Compliance in the Anaesthetics and Recovery teams was noted to be low, this dip being associated with a change of mask that had been mandated recently. These areas were being prioritised however. The Trust was noted to benefit from the use of external trainers in fit testing. Kathryn Sallah noted that compliance was 82% for Wards 10 & 12 and suggested that this position clearly needed to be improved. However, in some less risky	

areas such as Children's Outpatients and Corporate Nursing, there was noted to be a higher degree of compliance and therefore she questioned whether prioritisation of training was appropriate. The Chief Nurse advised that this position reflected where there was greater ease of releasing individuals.	
7.3.2 IPC BAF – Cleaning standards: *for information*	**ROHTB (2/22) 005** **ROHTB (22/22) 005 (a)**
The Chief Nurse advised that there was a requirement for the Board to understand the national standards for cleanliness. The Board was asked to note the progress with the work. There had been a deliberate stance to retain compliance at >90% despite flexibility of this requirement in some areas. A star rating of the cleanliness of areas had now been applied across the Trust and there was a commitment to a cleanliness charter which would be presented to the Board for sign off in future. It was noted that the position was reviewed through the IPC governance framework.	
ACTION: GM to present the Cleanliness Charter at a future meeting	
8 Nurse staffing update: *for assurance*	**Presentation**
The Board was joined by Nikki Brockie, Deputy Chief Nurse. The Chief Nurse noted that the presentation around nursing was to address the current discussions around this subject at a number of the Board Committees. The Deputy Chief Nurse presented an overview of the ward staffing guidance and described how the information was captured, monitored and escalated through the Trust's governance structures. The tools that were being used were also highlighted, these being to adjust staffing to the acuity and need of patients. The 'red flag' process for highlighting staffing challenges was outlined. The ROH nursing workforce journey was reviewed, this being from 2017/18 to the current time. The plans for the nursing associates was set out; there had been some delay due to the training for these individuals. In terms of next steps, there were plans to recruit international staff, planned open days, targeted support for hard to fill posts, a new workforce/education lead was being recruited and wok was underway to use Continuous Professional Development (CPD) funds to help attract and retain staff. Thanks were given to the Deputy Chief Nurse for the presentation. Kathryn Sallah thanked the Deputy Chief Nurse for her expertise in this work and for describing the complexity of staffing a ward. This was noted to be time consuming. She asked which countries were being targeted for international recruitment. The Deputy Chief Nurse advised that agencies on the framework would be used for this recruitment and an ethical process was planned. It was	

noted that the list of countries from which candidates could be recruited ethically may be impacted by the pandemic. It was noted that at a system level a recruitment nurse would work with the workforce leads to support staff coming in through this route and directing them to the areas of need. The candidates would be received by a bureau and undertake a training programme before being passed to the ROH for preceptorship. There was a piece of work at a system level around pastoral care for these individuals. The ROH's Multi Minority Ethnicity Group (MMEG) was also engaged. The Chief Operating Officer noted that the ROH had been well represented in the system around this work. The Chairman asked where the next update would be received. It was reported that this would be presented to the Quality & Safety Committee and the Staff Experience & OD Committee would also be apprised when needed. Gianjeet Hunjan asked what ongoing nurse training was planned around hidden disabilities as described by the patient earlier in the meeting. The Deputy Chief Nurse reported that the education team would be approached to assist with this work. The Chief Nurse added that the disability nurse had engaged staff through a survey which would inform the work planned. The disability forum was also to be re-established to capture the patient voice around this. The Chief Operating Officer suggested that there was a need to apply similar rigour to that described by the Deputy Chief Nurse around workforce planning and management to other Allied Health Professionals. This was endorsed by Simone Jordan. Simone Jordan suggested that a comprehensive workforce plan needed to be reviewed by the Board over the next few months.	
ACTION: **SM to organise for a comprehensive workforce plan to be received by the Trust Board**	
9 The Future of Human Resources & OD: *for assurance*	**ROHTB (2/22) 006** **ROHTB (2/22) 006 (a)**
The Acting Associate Director of Workforce & OD noted that wellbeing was at the core of the work of the ROH which was a key element of the national guidance around 'The Future of Human Resources & OD'. It was highlighted that the Trust Board needed to be sighted on the plans to discharge the requirements of the guidance before it was worked through the Committees. There were noted to be some key actions needed, both for the ROH and the ICS. The background to the guidance was outlined. There was reported to be a key element of the guidance around work on digital, both at the ICS and provider level. There was currently a significant gap in this respect, however at the ROH the workforce information and systems role had	

been filled and the individual was working with the strategy team to address this requirement. The use of digital technologies was to be used to enhance reporting and information for workforce management and planning. An emphasis was placed on providers in the guidance around their people services, which it was noted was a significant preoccupation for the ROH. The Director of Strategy & Delivery asked if this work was being led by the ICS with providers feeding into this or whether the ROH would oversee its own plan. It was reported that a ROH People Strategy would be presented to the Board in April. The requirements of the guidance would be incorporated in the actions in the strategy through to April 2023. Kathryn Sallah noted that capacity may be a challenge to deliver the work. It was reported however, that the skill mix of the Workforce team had been developed to be able to deliver the requirements of the guidance. There were also linkages out into the system for support where needed. Gianjeet Hunjan noted that at the last staff walkabout it been reported that there were difficulties with staffing in estates and she suggested that the use of apprentices could be used to prime the talent pipeline. It was reported that there were a larger number of apprentices being recruited into the ROH. Ayodele Ajose noted that some aspects of the work may need to be delivered by the ICS and therefore clarity on this was needed to inform the work of the ROH. It was noted that this was being managed through the ICS People Board. Relationships with system partners were noted to be critical and there was a need to adopt a flexible approach to allow providers to adapt as needed. The system processes were noted to be in their infancy however, and therefore the ROH needed to progress actions as a priority.	
ACTION: SM to present the ROH People Plan to the Board in April 2022	
10 Board Assurance Framework: *for assurance*	**ROHTB (2/22) 007** **ROHTB (2/22) 007 (a)**
The Board reviewed the refreshed Board Assurance Framework. In terms of risk 770, the Chief Operating Officer advised that a report had been circulated to the Board around the theatre maintenance schedule which would address the risk around the ageing estate. It was agreed that the risk around Operation Sawmill should be added to the Board Assurance Framework. It was noted that cybersecurity concerns may be an increasing risk as a result of the escalating tensions around the Ukraine and Russia. There had not been any specific national guidance or warning received around this however. The Director of Strategy & Delivery added that in terms of the national Emergency Preparedness Resilience & Response (EPRR) framework	

there had not been any additional guidance received around this as yet.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
11 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee** • **Audit Committee**	 **ROHTB (2/22) 008** **ROHTB (2/22) 009** **ROHTB (2/22) 010** **ROHTB (2/22) 011**
On behalf of the Finance & Performance Committee, Richard Phillips noted that the team had delivered a strong performance on activity. The presentation on the Cost Improvement Programme and process had been well received. Kathryn Sallah asked that the report from the Quality & Safety Committee be received and noted given that the risks and issues had already been discussed during the Board meeting so far. The Staff Experience & OD Committee report was received and noted. Simone Jordan gave her thanks to the HR team involved in the mandatory vaccination exercise. It had been handled sensitively and compassionately which would minimise staff tensions around this. This offer of thanks was echoed by the Chairman. Gianjeet Hunjan asked for the report from the Audit Committee to be received and noted. Simone Jordan asked for the lessons learned from the year end audit to be shared. The Board was reminded that there had been some late identification of some misstatements that had created confusion at the year end last year. It was agreed that this update would be circulated to close the loop and the discussions from last year. All Non Executives were invited to the future meetings of the Audit Committee.	
ACTION: SW to circulate the year end audit lessons learned report	
12 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	 **ROHTB (2/22) 012** **ROHTB (2/22) 013** **ROHTB (2/22) 014**

The reports were received and accepted.	
CONFIDENTIAL SESSION	
13 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
Date of next meeting: Wednesday, 2 March 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 3 March 2022, Woodbrooke Centre, Bournville

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 4.02.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.120	Chairman's and Chief Executive's update	ROHTB (9/21) 001 ROHTB (9/21) 001 (a)	01/09/2021	Arrange for the Board to be update on the patient experience work at a future meeting	GM	~~01/12/2021~~ ~~02/02/2022~~ 02/03/2022	Agreed at the November meeting to defer until February 2022 to allow PEN update to be worked through and patient satisfaction survey to be included. Now deferred to the March meeting in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic.	
ROHTBACT.125	Gender pay gap update	Verbal	07/10/2021	Present the gender pay gap action plan to the Staff Experience & OD Committee	SM	~~24/11/2021~~ ~~26/01/2022~~ 16/02/2022	Rescheduled to the January 2022 meeting. Now deferred to the February meeting of the Staff Experience & OD Committee in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic.	
ROHTBACT.126	JointCare update	Presentation	02/11/2021	Arrange for a regular update on JointCare to be presented to the Finance & Performance Committee	MP	~~25/01/2022~~ 26/04/2022	Deferred to the April meeting of FPC in reflection of the change in operational model during the Omicron wave of the COVID-19 pandemic	C-19
ROHTBACT.128	National inpatient satisfaction survey	ROHTB (11/21) 004 ROHTB (11/21) 004 (a)	02/11/2021	Present an update on Patient Experience work at the February 2022 meeting	GM	02-Feb-22	As per action ROHTBACT.120	
ROHTBACT.121	Progress with delivery of the five year strategy	ROHTB (9/21) 002 ROHTB (9/21) 002 (a)	01/09/2021	Present the revised strategy during Quarter 4 2021/22	PB	31-Mar-22	ACTION NOT YET DUE	
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	30-Mar-22	ACTION NOT YET DUE	
ROHTBACT.133	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Share the virtual clinics presentation with the Finance & Performance Committee	MP	01-Mar-22	Included on the agenda of the February 2022 Finance & Performance Committee	

ROHTBACT.131	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Present the Model Hospital presentation to the Trust Board in March 2022	MP	02-Mar-22	Included on the agenda of the March 2022 meeting	
ROHTBACT.134	Staff story	Presentation	02/02/2022	Provide an update on the patient story (February 22 Trust Board) investigation at a future meeting	GM	06-Apr-22	ACTION NOT YET DUE	
ROHTBACT.135	IPC BAF – Cleaning standards	ROHTB (2/22) 005 ROHTB (22/22) 005 (a)	02/02/2022	Present the Cleanliness Charter at a future meeting	GM	06-Apr-22	ACTION NOT YET DUE	
ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	ACTION NOT YET DUE	
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	06-Apr-22	ACTION NOT YET DUE	
ROHTBACT.119	Progress and next steps towards delivering a 'net zero' NHS	ROHTB (7/21) 005 ROHTB (7/21) 005 (a)	07/07/2021	Present the 'net zero' strategy at the January 2022 meeting	PB	12-Jan-22	Included on the agenda of the February Trust Board meeting.	
ROHTBACT.132	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Present the Green Plan to the Trust Board in February 2022	PB	02-Feb-22	Included on the agenda of the February 2022 meeting	
ROHTBACT.138	Upward assurance report - Audit Committee	ROHTB (2/22) 011	02/02/2022	Circulate the year end audit lessons learned report	SW	28-Feb-22	Circulated as requested	

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**2 March 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		x

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

ROHTB (3/22) 001 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Public Trust Board on 2nd March 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 2nd February 2022 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system restoration and recovery. System calls (gold command) continue twice a week and the Chief Operating Officers (COOs) across all providers meet three times a week to agree the operational changes required to address the system backlog for adults across BSol. At the end of February 2022, as a system, we will review the frequency of the system calls to reflect the current pressures and agree the strategy for "living with covid-19" whilst the national plan is finalised and confirmed.

As agreed on the 4th February 2022 we ceased our rehabilitation pathway, which was in place to support UHB as part of the COVID-19 surge plans.

2.2 On Friday 18th February 2022, we commenced our recruitment process for our Chief People Officer, this will be a non-voting member of the Trust Board, with a closing date of 16th March 2022; the interviews will take place at the beginning of April 2022.

3 BSol ICS (Integrated Care System) UPDATE

3.1 The ICS Board meeting was held on Monday 14th February 2022 where we agreed the approach to population health management which set out the approach we would be taking as an ICS and the next steps which were agreed:-

1. Understanding the health needs of our population led through the council Joint Strategic Needs Assessments (JSNAs) and locality and neighbourhood profiles;
2. Understanding inequalities and equity issues in pathways of care and disease groups to support pathway and service improvement that is focussed on those who need it most;
3. Horizon scanning and predictive analytics to support future strategy, improvement, and investment.

Next Steps	Timetable	Responsible
1. Seek ICS Board endorsement of the developing approach to population health management as set out in this paper.	February 22 ICS Board	Richard Kirby
2. Formalise the ICS Population Health Management programme board to deliver this agenda. The board should be chaired by Dr Justin Varney with support from the ICS CMO and a lead NHS chief executive;	From March 22	Dr Justin Varney, Dr Clara Day, Richard Kirby
3. Mobilizer work on the "learning by doing" priorities working with the existing ICS programmes where relevant;	From April 22 onwards	Dr Justin Varney, Dr Clara Day,
4. Develop more detailed proposals to address the analytical capability issue and seek ICS Transition Committee approval for these;	By end June 22	Dr Justin Varney, Dr Clara Day,
5. Agree how we will build population health management thinking into the resource allocation decisions that will be made by the ICS for 2022/23.	By end June 22	Dr Clara Day, Paul Athey

3.2 A revised ICB establishment timeline has been published and the ICS transition programme plan for quarter 4 is being updated and milestones for quarter's 1-3 in 2022/23 are being developed to reflect the new timeline and implementation date of the 1 July 2022 (extract detailed below).

The 'revised' ICB Establishment Timeline

Jan 2022	Feb	March	April	May	June	1st July
31st – New model Constitution (delayed) and Systems submit updated draft Constitutions *(date flexed to 14 Feb)* Systems to confirm that 'rebased' Due Diligence Plan is in place (*date flexed from 31st to 14 Feb)* Jan - National team publish multiple finance guidance documents & tools e.g. Model SFIs	Feb - National team develop Concordant to for 22/23 between regions and ICBs 1st - Standard (template) Delegation Agreements (tbc): 14th – Systems submit updated draft Constitutions & 're-based' DD Plans Indicative date 28th - Boundary Changes decision made	Indicative 17th – Systems to submit draft financial plans All below by 31st: Region agrees final draft Constitutions incl. SO.s March Systems submit Q4 ROS and refreshed SDPs March Systems to have appointed to all ICB designate positions (except partner members) March Systems to prepare SoRD, SFIs, GovHdbk, F&D Map, Bus. Conduct, Col policy, Essential policies, EPRR, Quality and CMPL model, CNS Public Engagement + others **Flex date of 27/5** Regions to ensure systems Due Diligence is on target re: staff/property lists Final standard Delegation Agreement published	Apr-June – Systems to review & test draft Concordant 4th - System employer consultation with trade unions & staff in line with TUPE – to complete by 29th Apr Indicative 28th – Systems to submit final financial plans 29th (tbc) – Appoint designate partner members and other designates	Indicative 13th – publish final Model Constitution 13th – Region ensure CCGs are on target to complete Due Diligence 20th – Systems submit final draft Constitutions for final regional review Indicative 27th - Regional Director signs off Constitutions/SOs 27th - Final Delegation Agreements	1st – Systems provide written assurance from CCG AOs to ICB designate CEs that due diligence completed 10th – System prepares final ROS checklist & draft Statement of Readiness and shares with region for review 10th – Legal instruments prepared for sign off nationally 17th – ICBs CE designate & NHSEI's RD approve final Statement of Readiness & submit to national team 21st – Systems complete Finance changes for go live 24th – Delegation Agreements to be signed national/regional	ICBs established and CCGs dissolved

3.3 BSol ICS Executive recruitment process has been launched; Chief Finance Officer & Deputy CEO, Chief Nursing Officer, Chief Medical Officer, Chief Officer for Integration & Partnerships, Chief Officer Strategy & Strategic Commissioning. https://join-birmingham-solihull-ics.com/

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

4.2 **Delivery plan for tackling the COVID-19 backlog of elective care**

NHS England and NHS Improvement (NHSE/I) published on 8th February 2022 and wrote out to all Trust's ***(Appendix I***) detailing the delivery plan for elective care recovery. The document sets out the ambitions to restore activity and performance to pre-pandemic levels, including expanding capacity, a reduction in waiting times and transforming the care to reduce the elective backlog.

The key points are detailed below with the full document included in ***Appendix II,*** are:

- The plan sets out the ambition to deliver 30% more elective activity by 2024/25 than before the pandemic and for the NHS to return to pre-pandemic performance levels as soon as possible.
- The plan highlights ambitions to eliminate waits of longer than twelve months for elective care by 2025; waits of longer than twelve months for elective care by March 2025; waits of longer than two years for care by July 2022; waits of over 18 months by April 2023; and waits of over 65 weeks by March 2024.
- Patients should also receive diagnostic tests (where required) by March 2024.
- NHSE/I acknowledges the importance of focusing on clinical need and aims to reduce the longest waits by clinical prioritisation, managing long waits, and increasing the number of cancer referrals. 75% of patients who have been urgently referred by their GP for suspected cancer should have their condition diagnosed (or cancer ruled out) within 28 days by March 2024.
- By March 2023, local systems should have returned the number of people waiting more than 62 days following an urgent referral to pre-pandemic levels.
- The document also sets out ambitions to reduce the time patients wait for outpatient appointments by transforming models of care and with existing technologies.
- Given the care backlog and demand pressures, NHSE/I acknowledge the overall waiting list is expected to increase in the short term.

NHSE/I have acknowledged that the immediate operational focus for Trusts should be on delivering the objectives set out in the recent letter referred above ***(Appendix I)*** and the planning timetable and submissions deadlines will therefore be extended.

The detailed annexes on revenue and capital allocations have not yet been published as they are still subject to discussions with HM Treasury. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks.

NHSE/I highlight four key areas of delivery:-

1. Increasing health service capacity by expanding (and separating) elective and diagnostic services.

2. Prioritising diagnosis and treatment

3. Transforming the way the NHS provides elective care

4. Providing better information and support to patients

The plan builds on previous funding announcements to support elective recovery – including £8bn revenue funding between 2022/23 and 2024/25 and £5.9bn in capital funding announced in the October 2021 spending review. The Targeted Investment Fund (TIP) made available to systems in September 2021 will also support elective recovery.

4.2.1 **The operational impact of COVID-19.**

The key operational areas include-

Waiting list for elective care: There are uncertainties about the future trajectory and prevalence of COVID infections, including emerging variants, and the impact of long-COVID on patients. It is also unclear how many patients' health needs were not diagnosed or treated during the pandemic, and at what point people previously undiagnosed will come forward to access services. Six million people are now on the elective waiting list (up from 4.4 million prior to the pandemic). NHSE/I estimate there are 10 million patients who should otherwise have accessed treatment during the pandemic but did not, and that if all these patients came forward, and no actions were made to increase activity beyond pre-pandemic levels, the waiting list could increase to 14m patients.

Impact on patients: Longer waits for treatment can exacerbate existing conditions, require more complicated surgery, leave patients waiting in pain and with associated implication for their mental health and wellbeing, and ultimately worsen health outcomes. NHSE/I also note the disparity in waiting times based on regions, and the need to mitigate against the impact on health inequalities.

Impact on staff: The plan notes the need to begin targeted action to recover elective services by addressing workforce shortages, particularly given future demand pressures. NHSE/I note the need to reduce workload pressures by recruiting and retaining more staff, and supporting the health and wellbeing of the workforce.

Impact on urgent and emergency services: The plan acknowledges the direct link between the recovery of elective care and the urgent and emergency care (UEC) pathway, and that emergency patients need to be discharged from hospital as soon as is clinically appropriate to support the delivery of the recovery plan.

Embedding best practices from the pandemic: NHSE/I note a range of new ways of working from the pandemic, including separating elective care facilities from UEC using 'hub' models; strengthening relationships between primary, secondary and community services and local authorities; and utilising data to improve clinical and operational decision-making

Increasing Capacity: A larger and more flexible workforce will be central in recovering elective care and tackling wider care backlogs. The document cites the forthcoming merger of Health Education England (HEE) with NHSE/I as a means to help improve the integration of service, workforce, and financial planning.

NHSE/I also aim to narrow supply gaps in priority pathways, for example by training key allied health professional groups in critical care. A number of initiatives are described in the document.

Using digital technology and data systems to free up capacity: The use of 'virtual wards' throughout the pandemic has meant there are more beds for that requiring inpatient care. The ambition of the plan is to improve the digital and data services in hospitals, scale the technologies that free up capacity across the NHS for those patients whose care cannot be delivered virtually, and ensure clinicians can spend more time with patients. The 'Supporting People at Home' programme will work with systems to implement technologies across the country, and to help enable productivity savings. NHSE/I will also invest in technology to reduce time staff spends on papers. For example, using Robotic Process Automation for patient registration.

4.2.2 **Transforming the way the NHS provides elective care**

Expanding community diagnostics centre: NHSE/I are increasing diagnostic capacity and connectivity by investing in more than 160 community diagnostic centres (CDCs), and by creating digitally enabled diagnostic networks nationwide. The plan aims to increase testing capacity to around nine million more tests and checks by 2025, an increase in capacity of 25% compared with the three years prior to the pandemic.

Increasing surgical capacity through surgical hubs: The plan highlights the need for all parts of the system to operate as efficiently as possible, and highlights opportunities to increase surgical capacity and improve the way surgery is managed. Capacity will increase by expanding or establishing a number of elective hubs across the country to provide high volume/low complexity surgeries, and help to fast-track planned operations, including cataract removal, hysterectomies and hip and knee replacements. Each hub is being rapidly developed and staffed based on the needs of its populations and the current pressures.

Improving patient pathways to reduce avoidable delays: NHSE/I aim to simplify and improve patient pathways through a new pathway improvement programme, which will redesign pathways for the most common types of care – eye care, cardiac and MSK. NHSE/I asks regional teams and ICSs work together to standardise ways of delivering care and adopt best practice, alongside pooling capacity and resources to reduce unwarranted variation.

Improving access to specialist advice: NHSE/I want to increase access to specialist advice services to ensure care is delivered in the most appropriate setting and support the management of more patients outside of hospital. The Investment and Impact Fund will support primary care networks to deliver primary care access to specialist advice. The NHS e-Referral Service will enable the sharing of images to support clinical teams to undertake more effective triage.

Making outpatient care more personalised: NHSE/I have set out a number of tools to deliver the ambition of a more personalised approach to follow-up care in hospitals or clinics, including more flexible follow-ups; patient initiated follow-up after cancer treatment, effective discharge, and improved administrative processes. NHSE/I will also support hospitals across England to identify local opportunity, restructure clinical time, and embed the required digital infrastructure to offer this flexible model consistently to patients.

4.2.3 **Better information and support for patients**

Guidance has been produced to help providers to deliver personalised patient communications. This follows NHSE/I engagement with patient groups in the development of the plan, who emphasised the need to improve communication with people while they wait for planned care. NHSE/I acknowledge the importance of signposting patients to trusted organisations to help understand their diagnosis and provide access to relevant information.

The plan sets out a comprehensive approach for the provision of this access and support, including:

Targeted support information for patients: including through My Planned Care: Delivering a new platform to increase transparency on wait times and a hub of support information for patients, this will then be integrated within the NHS App.

Supporting patients to prepare for surgery: Co-developing personalised plans that provide patients with the necessary information and guidance to prepare for surgery.

4.2.4 **Next steps**

As an elective Hospital, the Trust welcomes the strategy outlining how we can continue to transform our services for our patients whilst recognising the significant impact, which the pandemic has had on our patients and our staff. We also recognise and want to continue to restore our services, which we know will only be successful when combining our collective talent and effort across our system.

We will review the key actions in the document and review our progress against the strategy with updates and milestones reported into the Finance and Performance Committee.

4.3 VACCINATION AS A CONDITION OF DEPLOYMENT (VCOD) FOR HEALTHCARE WORKERS

4.3.1 On 31 January 2022, Secretary of State for Health and Social Care announced to the House of Commons that it was no longer proportionate for NHS staff to be required to have a full course of vaccinations against COVID-19. The Government announced that there would be a consultation on the matter and a vote in the House of Commons with the intention to revoke the amendments made to the 2014 Regulations.

As a result the 'VCOD for healthcare workers Phase 1 – Planning and preparation' and Phase 2: VCOD Implementation guidance previously published by NHS England and NHS Improvement is currently paused, pending outcome of the Parliamentary consultation process.

Following a letter to all NHS leaders we are advised that employers do not serve notice of termination of employment to staff affected by the regulations, whilst we await the outcome of the Parliamentary process and further guidance from DHSC.

NHS England and NHS Improvement have always been clear that staff has a professional duty to get vaccinated and it remains our best line of defence against COVID-19 and we also continue to encourage and support our staff to have the vaccination and protect themselves and everyone else.

5 POLICY APPROVAL

5.1 Since the Trust Board last sat, no corporate policies have been approved by the Chief Executive on the advice of the Executive Team:

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

23 February 2022

Classification: Official
Publication approval reference: C1466

To:

- NHS Trust and Foundation Trust chief executives and chairs
- NHS Trust and Foundation Trust chief operating officers
- NHS Trust and Foundation Trust Medical Directors
- NHS Trust and Foundation Trust chief nurses
- CCG accountable officers and chairs
- CCG Clinical leads
- ICS leads and chairs
- PCN leads

CC:

- Regional Directors
- Regional Medical Directors
- Regional Chief Nurses
- Regional Heads of Primary Care

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

8 February 2022

Dear colleague

Delivery plan for tackling the COVID-19 backlog of elective care

Today we have published the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care. This plan, which has been developed with expert contributions from a range of partners, both internal and external to the NHS and including patient groups, sets out a clear vision for how the NHS will recover and expand elective services over the next three years. It details ambitions, guidance, and best practice to help systems address key issues, ensuring we have a service that is fit for the future.

A central aim is to maximise NHS capacity, supporting systems to deliver around 30 per cent more elective activity by 2024-25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance.

The plan will require significant investment in the capacity and skills of our staff while ensuring that our workforce is supported to deliver the task ahead. We know that you have already made strong progress on elective recovery, and this plan tries to reflect the work that you have been doing.

The impact of the COVID-19 pandemic is not limited to elective care, and it can be seen across mental health, primary and community care. It will be important to give these areas the same focus as elective care, and for the challenges in these areas to be tackled in unison.

Crucially, the plan has a strong focus on improving patient outcomes and their experience of NHS services. We want to work with you to:

1. Make progressive improvements on long waits, with a goal to eliminate waits of over one year by March 2025, and waits of over two years by July 2022. We know that some patients will still choose to wait longer, and there will be challenges in particular specialties, as before the pandemic.

2. Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks by March 2025.

3. Deliver the cancer faster diagnosis standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024, and return the 62 day backlog to pre-pandemic levels by March 2023.

4. We will work with patient groups and stakeholders to better monitor and improve both waiting times and patients' experience of waiting for first outpatient appointments over the next three years.

These ambitions are important for improving outcomes for patients, but they of course depend on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence.

The plan requires our collective focus to:

- **Increase capacity and separate** elective and urgent care provision, while freeing clinicians' time for new patients and those with the greatest clinical need
- **Prioritise diagnosis and treatment** for those with suspected cancer or an urgent condition, and offering alternative locations with shorter waiting times for those waiting a long time
- **Transform the way we provide elective care,** including streamlined care and fewer cancellations, and more convenient access to surgical and diagnostic procedures, using digital tools and data to drive the delivery of services
- **Better information and support to patients,** providing personalised, accessible support to patients whilst they wait, improving outcomes and reducing inequalities in health outcomes.

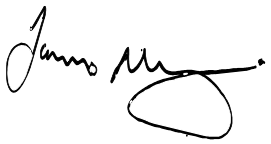
Recovering elective services is going to require a huge, collective effort from systems and providers. This is not just in hospitals but across the entire health and social care system. We will only be successful in delivering these commitments if we are to draw on the collective ingenuity, determination, and resilience of teams across the country.

Finally, we would like to recognise the incredible work that is already taking place to deliver on the ambitions set out in this plan. We look forward to working with you as we continue to rise to this challenge and change the way our services are delivered for the better.

Yours sincerely,



Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement



Sir James Mackey
National Director of Elective Recovery
NHS England and NHS Improvement



Delivery plan for tackling the COVID-19 backlog of elective care

February 2022

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Foreword

NHS teams have provided expert care to more than 600,000 patients in hospital with COVID-19 since the beginning of the pandemic. Alongside this unprecedented pressure, by rapidly adapting services to ensure the safety of patients, those teams have also delivered over 23 million episodes of elective care, 36 million key diagnostic tests, 4.2 million urgent cancer checks, and over 530,000 first treatments for cancer.

Despite those herculean efforts, and in common with health systems around the world, dealing with the pandemic and its effects has inevitably had an impact across the health service, including on the amount of planned care the NHS has been able to provide, in turn meaning longer waits for many patients and a rapidly increasing waiting list.

The wall of protection that our world-leading NHS COVID-19 vaccination programme gave us over spring and summer 2021 meant that hospitals were able to make good progress on recovering non-COVID care including elective treatment, with many excellent local success stories.

Moorfields Eye Hospital has used surgical hubs to reduce the time cataract patients spend in hospital to around 90 minutes. In Nottingham, as well as other parts of the country, teams have held ‘Super Saturdays’, performing the same procedure all day to reduce changeover times for equipment and staff. And in Milton Keynes and many other hospitals, surgeons and their teams are using the latest technology, including surgical robots, to deliver more complex surgery with faster recovery times.

These initiatives and many more besides meant that, despite the ongoing limitations of infection prevention and control measures, by November 2021 elective and diagnostics activity levels in many areas had recovered towards, or above, pre-pandemic levels, with an all-time record number of urgent cancer checks carried out.

The emergence of the new Omicron variant meant that the NHS had to rapidly reorient itself in December and January, in particular to deliver the national mission to turbo-charge the NHS COVID-19 vaccine campaign, and identify additional capacity in case the record infection rates resulted in similar surges in hospitalisations.

Even alongside this vital action to protect lives, this winter cancer treatment continued to be prioritised, and partly because of the investment in new services and capacity, early

indications suggest that elective activity has also remained above levels seen the previous year.

But we know that there are still too many people waiting for care, and despite public information campaigns encouraging people to come forward during the pandemic, we understand why fewer people have sought care over the past two years and we still don't know how long people will delay seeking the treatment they need.

Tackling the COVID-19 elective care backlog – alongside addressing additional demand, for example in primary and community care and for mental health services – is going to be a multi-year challenge, and we have welcome recognition of this in the funding agreement from the government covering the coming years.

Our plan – developed with expert input from clinical leaders and patient groups – sets out a realistic but ambitious set of actions and principles which will help local NHS organisations use this investment to build on the momentum they have achieved so far, and go further and faster. There are, of course, risks to achieving these goals should, for example, levels of COVID-19 mean the NHS cannot restore normal conditions and return to much lower levels of staff absence.

This strategy sets out how we will transform services, harness the potential of data and technology, and expand our workforce and physical capacity. But most importantly this strategy has a strong focus on patients, prioritising those in greatest clinical need, and giving them more information and choice about their care, ensuring that we improve patient experience. Crucially, we must also better understand, and then address and reduce, the inequalities in care and health outcomes which have long existed, ensuring the recovery is a fair one for all those who need treatment.

Finally, any solutions for tackling the COVID-19 elective backlog cannot rely on making the same staff – whether in primary, secondary or community care – work ever harder. To succeed, we have to grow and support our workforce, so they can deliver excellent care.

It is the achievements of staff over the last two years which give us the optimism that – as it has in the past – the NHS can overcome this challenge, and at the same time make long-lasting improvements for the patients of the future.



NHS Chief Executive

Executive summary

Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment.[1] The COVID-19 pandemic has had a significant impact on the delivery of elective care, meaning that many patients are now waiting longer for treatment than they were before the pandemic began.

Local systems are working incredibly hard to recover elective services as quickly as possible. However, recovering and transforming the way the NHS delivers planned care is going to require a huge, collective effort from a range of key partners across the system.

This plan, which has been developed with expert contributions from a wide range of partners, sets out a progressive agenda for how the NHS will recover elective care over the next three years. This is in the context of restoring elective performance in the longer term.

It explains how the NHS will take the opportunity to capitalise on current success and embed new ideas to ensure elective services are fit for the future.

This plan sets out a number of ambitions, including:

1. That the waits of longer than a year for elective care are eliminated by March 2025.[2] Within this, by July 2022, no one will wait longer than two years, we will aim to eliminate waits of over 18 months by April 2023, and of over 65 weeks by March 2024.[2] Long-waiting patients will be offered further choice about their care, and over time, as the NHS brings down the longest waits from over two years to under one year, this will be offered sooner.

2. Diagnostic tests are a key part of many elective care pathways. Our ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025.

[1] This plan does not extend to the similar challenges facing, for example, primary care, community care, urgent and emergency care and mental health services. These are being addressed by teams across the NHS and social care, and in other such plans.
[2] Some patients will choose to wait longer, and a very small number of specific highly specialised areas may need tailored plans to tackle the backlog, as was the case before the pandemic.

3. The NHS has continued to prioritise cancer treatment throughout the COVID-19 pandemic and we have consistently seen record levels of urgent suspected cancer referrals since March 2021. To maintain this focus, our ambition is that, by March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.[3] This will help contribute to the existing NHS Long Term Plan ambitions on early diagnosis. Local systems have also been asked to return the number of people waiting more than 62 days from an urgent referral back to pre-pandemic levels by March 2023.

4. For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology. We will work with patient groups and stakeholders to better monitor and improve both waiting times and patients' experience of waiting for first outpatient appointments over the next three years.

The ongoing uncertainties in relation to the COVID-19 pandemic and demand for hospital treatment make it challenging to predict how quickly we will be able to recover elective services. The overall size of the waiting list is likely to increase, at least in the short term. If around half the 'missing demand' from the COVID-19 pandemic returns over the next three years, particularly if this is earlier in the period, then we would expect the waiting list will be reducing by around March 2024. It is vitally important that anybody who has health needs, including those with cancer symptoms, comes forward, and we continue to urge people who need help to seek it.

While the level of this demand that will return – and how this will impact elective services – is hard to know, we will work with stakeholders and researchers to understand this better over the coming months, with a view to being able to provide an update in the summer.

The ambitions for patients are supported with a clear plan, aimed at delivering around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance, and the NHS will continue to work to return to pre-pandemic performance as soon as possible.

[3] As part of the Clinically-led Review of NHS Access Standards we will shortly go out to consultation in order to inform the final implementation of this ambition.

This of course depends on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence.

We will focus on four areas of delivery:

- **Increasing health service capacity**, through the expansion and separation of elective and diagnostic service capacity. The physical separation of elective from urgent and emergency services ensures the resilience of elective delivery, as well as providing service efficiency. This will include a strengthened relationship with independent sector providers to accelerate recovery.

- **Prioritising diagnosis and treatment**, including a return towards delivery of the six-week diagnostic standard and reducing the maximum length of time that patients wait for elective care and treatment.

- **Transforming the way we provide elective care**; for example, by reforming the way we deliver outpatient appointments, making it more flexible for patients and driven by a focus on clinical risk and need, and increasing activity through dedicated and protected surgical hubs.

- **Providing better information and support to patients**, supported by better data and information to help inform patient decisions, and in time, making greater use of the NHS App to better manage appointments, bookings and the sharing of information. We will ensure patients have choice at the point of referral, and this enhanced for long-waiting patients through a national hub model.

This is a national plan that will require a consistent focus to ensure it can be delivered at all levels. However, we know that some places experienced a longer duration of or a bigger impact on services from COVID-19, and even prior to the pandemic, local factors meant patients faced variation in elective services. The different starting point locally will impact on recovery of services and a principle of our approach will be to level-up every area, while supporting those that can to go further, faster.

Our commitment to the public in publishing this plan is to:

1. **Increase health service capacity:**
   - Access to nine million additional treatments and diagnostic procedures.
   - Increase support from clinicians who will have more time to care, thanks to new recruitment and technology which reduces the administrative burden on staff.
   - More people offered the option of treatment by high quality independent sector providers, free at the point of care.
2. **Prioritise your diagnosis and treatment:**
   - Better prioritisation of treatment if you have suspected cancer or another urgent condition, thanks to enhanced national frameworks on diagnosis and treatment.
   - Clinicians working with you to make sure your planned care remains the best option.
   - If you are waiting a long time, offering alternative locations for treatment with shorter waiting times, and in doing so tackling the number of people waiting too long.
3. **Transform the way we provide elective care,** specifically:
   - Streamlined care and fewer cancellations, thanks to dedicated surgical hubs and other measures to separate elective care from urgent and emergency care.
   - More convenient access to diagnostic procedures and more tests undertaken at the same time, thanks to new community diagnostic centres.
   - The scaling up of community and NHS based sites for surgical procedures and convenient, quick diagnostic checks, towards our ambition of a network of surgical hubs and diagnostic centres covering the entire country.
   - Greater flexibility in how you access advice and care, enabling more convenient and appropriate care and making the best possible use of clinical time and expertise.
   - Using every pound carefully, maximising care and investing for the long term.
4. **Better information and support to patients,** specifically:
   - Better information about waiting for treatment, including greater access to personalised information.
   - Greater help in deciding which treatment is most appropriate.
   - Targeted, accessible support if you are waiting for treatment, and to prepare for surgery in the best way possible.
   - More opportunities to provide rapid feedback to the NHS, which will be used to improve services.

To support elective recovery the government plans to spend more than £8 billion from 2022/23 to 2024/25, supported by a £5.9 billion investment in capital – for new beds, equipment and technology. This is in addition to the £2 billion Elective Recovery Fund and £700 million Targeted Investment Fund (TIF) already made available to systems this year to help drive up and protect elective activity. Under the TIF, the NHS is investing in over 870 schemes across more than 180 hospital trusts to increase capacity through expanding wards, installing modular operating theatres, upgrading outpatient spaces, expanding mobile diagnostics for cancer, upgrading MRI and screening technology, all to tackle cancer and elective waiting lists and reduce waiting times. There will also be investment in technology to improve patient experiences of care and help patients manage their conditions.

The funding committed for elective recovery will be spent on delivering additional activity in an innovative way, enabling the NHS to carry out more checks, scans, outpatient appointments, operations and other procedures up to March 2025. A significant part of this will be invested in staff – both in terms of capacity and skills.

The £5.9 billion capital investment over the same period includes:

- £1.5 billion towards elective recovery services, to include new surgical hubs, increased bed capacity and equipment to help elective services recover, including surgeries and other medical procedures.
- £2.1 billion to modernise digital technology on the frontline, improve cyber security and the NHS's use of data and redesign care pathways.
- £2.3 billion to help increase the volume of diagnostic activity and reduce patient waiting times with ambitions to roll out at least 100 community diagnostic centres over the next three years to help clear backlogs of people waiting for tests, such as MRI, ultrasound and CT scans.

The significant additional funding made available provides an opportunity to transform the way we provide services to patients, as set out in the detailed plan that follows.

1. The impact of the COVID-19 pandemic

The COVID-19 pandemic has placed unprecedented pressure on healthcare systems across the world, including the NHS. The NHS has responded magnificently to the greatest challenge in our history. This is thanks to the determination and ingenuity of our staff and volunteers up and down the country who have cared for more than 600,000 people with COVID-19 in hospitals in England and administered over 115 million COVID-19 vaccinations.

At the peaks of the pandemic, health systems around the world rightly focused on caring for patients with COVID-19 and prioritising urgent treatment like surgery for cancer and other life-saving procedures.

We are now in a new phase of responding to the pandemic. However, there remain significant uncertainties over:

- the trajectory and long-term impact of COVID-19 infections and the response required by the health service, as well as new challenges such as long COVID and new variants of COVID-19
- the number of people who have health needs that were not diagnosed or treated during the pandemic and are therefore likely to require support in the coming months and years, and when those people will come forward.

These ongoing uncertainties about COVID-19 and other demand make it particularly hard to predict how quickly we will be able to recover elective services, but we have set an ambitious goal to deliver around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance.

However, these uncertainties also frame our approach. They require measures that, as far as possible, protect and separate elective care from wider system pressures, and make it important for the NHS to keep adapting as the context changes and we learn more about what works for patients.

A. The waiting list for elective care

The pandemic has placed considerable strain on planned service delivery, which was already under pressure before the pandemic, and understandably deterred people from coming forward for care. Six million people are now on the waiting list, up from 4.4 million before the pandemic.

Patients on the waiting list are at different points on their 'pathway' from referral (usually by their GP team) to treatment. About four in five are waiting for treatment that does not require an admission to hospital, such as diagnostic tests and outpatient appointments. However, some will have complex or urgent needs, such as cancer treatment, cardiac surgery or neurosurgery. These patients typically require more intensive support, including access to an intensive/critical care bed. Demand for these beds increased dramatically during the pandemic and local areas may choose to increase critical care capacity to meet the ongoing response to COVID-19 as well as to recover elective backlogs.

In addition to those already on waiting lists, it is estimated that over 10 million patients who might otherwise have come forward for treatment did not, including a small proportion of these for cancer diagnosis and treatment. There is enormous uncertainty around whether and when these people will seek treatment, making it very difficult to estimate the impact this will have on both their outcomes and the overall waiting list. However, under a scenario where all these people come forward, and with no further action to increase activity levels above pre-pandemic rates, the waiting list could increase to 14 million patients.

Understandably, many people have been nervous about coming forward during pandemic, especially during its peaks. As the NHS has said throughout the pandemic, it is vitally important that anybody who has health needs, including cancer symptoms, comes forward, and we continue to urge people who need help to seek it.

B. The impact on patients

The impact of waiting longer for treatment on individuals and their families and carers is wide ranging. Waiting longer for treatment can mean an existing condition worsens and as a result more complicated surgeries or increased use of medications are required, and recovery is slower and outcomes worse, including reduced quality of life.

Waiting for treatment can also affect other aspects of people's lives, with impact depending on someone's life circumstances. For example, it can make it harder to maintain independence or continue to work or attend school. Long waits before accessing planned care can have life-long consequences on the development of children and young people, impacting their ability to access education and lead full and active lives. For older people, it can make recovery longer and harder, leading to loss of independence.

People living in disadvantaged areas already experience poorer health outcomes. The most deprived people spend, on average, nearly 20 years less in good health than the least deprived. Recent analysis highlighted the disparity in waiting times around the country and a correlation with deprivation,[4] identifying that on average a person living in one of the most deprived areas is 1.8 times more likely to wait over a year than someone living in one of the least deprived areas.

Supporting local systems with funding, guidance, good information and best practices, as articulated in this plan, will help systems address these issues, begin to recover the backlog for planned care in the NHS and continue to improve cancer care.

C. The impact on NHS staff

The NHS's staff are its greatest asset. The extraordinary achievements of staff over the last two years is a testament to their determination and resilience. Whether leading clinical teams, keeping hospitals clean and safe, transforming service delivery (such as doubling the critical care capacity and rolling out treatments such as dexamethasone) or meeting the increasing demand across primary care, NHS staff have worked with skill and dedication to innovate and prioritise the needs of patients in the face of the continued challenges presented by the pandemic. They have gone above and beyond to provide patients with the best possible care throughout the pandemic, but this has taken its toll on staff.

Before the pandemic, there were workload pressures and workforce shortages across a number of NHS staff professions. While our workforce continues to grow – with around 87,000 more full-time equivalent staff than in October 2019 – demand for services is also very high and will increase in coming years. On average it takes three years to train a nurse and at least 13 years to train a consultant, so targeted action to address the

[4] https://www.kingsfund.org.uk/blog/2021/09/elective-backlog-deprivation-waiting-times

shortages is critical to recovering elective services now, and the sustainability of services over the long term.

The annual staff survey indicates that levels of work-related stress have been rising during the pandemic. This is unsustainable. As well as reducing workload pressures by recruiting and retaining more staff, we also need to ensure health and wellbeing of current staff is prioritised. We will do so by accelerating the adoption of digital solutions and new ways of working that free up time and make the best possible use of staff skills, time and experience. Supporting staff is a key part of the recovery of elective services, recognising that staff need to be looked after so they can look after patients.

D. The impact on urgent and emergency services

Recovery of elective care and urgent and emergency care are intrinsically linked. In order to ensure capacity is available to undertake elective work it is essential that emergency care is effectively managed and emergency patients are discharged into health and care settings beyond hospital as soon as clinically appropriate. This is recognised in our national recovery plans.

The pandemic has seen enormous pressure placed on urgent and emergency care, with significant pressures not just in winter but across the year.

E. Learning from what has worked well so far

The pandemic has shown, and continues to show, how the NHS can rise to major challenges. The people who work in the NHS, public health and social care have worked flexibly and collaboratively to put innovative solutions in place that have had tangible benefits. NHS staff have demonstrated how transformational change can be delivered quickly for patients when needed. In particular, key lessons that inform this plan are:

- Separating elective care facilities from those for urgent and emergency care, to reduce disruptions to care and build resilience in services.
- Increasing flexibility through new ways of working, with NHS staff empowered to lead the changes they know will improve patient care, must and will continue.
- Increasing collaboration across the NHS and beyond through closer collaboration with partners and sharing of resources. A stronger relationship between primary, secondary and community services and local authorities, including social care and the voluntary sector, has throughout the pandemic

enabled more effective hospital discharge and a successful vaccinations programme.

- Systems are now harnessing these relationships to focus on areas that use data to drive better clinical and operational decision-making, and in doing so free up clinical time and reduce barriers to working better together.
- Innovative approaches to cancer diagnosis and treatment, including the use of FIT (faecal immunochemical testing), colon capsule endoscopy and new forms of radiotherapy, offering more COVID-appropriate care, such as treatments with a reduced impact on their immune system.

2. Increasing capacity

We will need to increase the number of patients we can treat if we are to meet demand for services and reduce waiting times. We will increase capacity and reduce disruption to patient care from other pressures in the system by:

A. growing and supporting the workforce
B. using digital technology and advanced data systems to free up capacity
C. working with UKHSA to safely adapt the UK's infection prevention and control (IPC) measures
D. making effective use of independent sector capacity.

A. Growing and supporting the workforce

Our workforce continues to grow and we now have the highest staffing levels in the history of the NHS, as well as more staff in training. However, demand for services also continues to grow, necessary IPC measures have impacted on productivity, and the strains from responding to the pandemic mean many NHS staff are tired and reporting greater sickness absence than before the pandemic. The pre-existing gaps in our workforce across staff groups, specialties and geographies are now even more critical as we turn to elective recovery. Some are set to widen without further action.

Ambition

We know further work is needed to more systematically train, recruit and retain staff – and that delivering elective recovery will require not just more new staff, but more opportunities for current staff and those returning to practice to work flexibly and remotely, and to develop new skills to progress in their careers. In light of this, Health Education England (HEE), the body responsible for long-term workforce planning, education and training of healthcare staff, which will continue to support news ways of working for NHS staff, will formally merge with NHS England and NHS Improvement, subject to parliamentary passage of the requisite powers in the Health and Care Bill and the appropriate consultation. This will achieve a more co-ordinated approach where service, financial and workforce planning are better aligned. This will be central to recovering elective care.

We will need to target action to narrow supply gaps in priority pathways, specialties and roles across the country to meet the challenges of elective recovery and increase permanent workforce capacity. For example, more training for key allied health professional groups in critical care, enabling them to make an even greater contribution, and greater use of artificial intelligence (AI) imaging software to free up imaging staff time.

We want staff to be better able to support patients across settings, mirroring the flexible approach to other areas of elective recovery. For example, registered nurses working across acute and community services and more cancer pathway navigators to help patients move between services.

Ensuring that staff feel valued, are supported to look after their health and wellbeing, and work in better environments is not only critical to keeping staff well and reducing absence, but also to empowering staff to innovate and improve services for patients. For example, those providers that have systematically focused on looking after and engaging their staff also have lower MRSA rates.

By bringing about these changes now to support elective recovery, we will also be helping to build a bigger, more flexible and more engaged workforce – delivering on the aim set out in the NHS People Plan of having more people, working differently in a compassionate and inclusive culture.

How we will deliver

We will be increasing workforce capacity by identifying and addressing gaps across key staff groups and sectors. We are working at pace to expand workforce capacity, including through targeted plans to accelerate growth of the workforce over the remainder of the year, to ensure that staff can begin the transformation set out in the rest of this plan.

This includes recruiting new staff, with international recruitment of more than 10,000 nurses in total this financial year, in particular those with experience in critical care and theatres, contributing to the existing commitment for 50,000 additional nurses. We will make a more permanent contribution to the workforce if we can retain nurses by providing a positive experience and appropriate professional and pastoral support. This includes encouraging more nurses to take up training grants to support them to become cancer nurse specialists. It also means recruitment this year of 5,000 healthcare support workers**,** building on the excellent response to domestic recruitment campaigns and

subsequently providing the additional training and skills to further develop this part of the workforce. And ongoing learning from the successful medical support workers scheme, enabling a wider range of doctors to contribute to services and expand the future medical pipeline. Similarly accelerating the introduction of new roles, such as anaesthetic associates and first contact practitioners, and expanding advanced clinical practitioners

It also includes the continued deployment of the more than 17,000 NHS reservists in eight pilots and the programme is now being rolled out nationally, as we develop this new contingency staffing model, allowing us to better protect elective care. This is alongside recruitment to roles showcased in the high profile national 'We are the NHS' advertising and marketing campaign, and all of the more than 350 careers across the NHS.

We are also supporting trusts to make temporary staffing banks more attractive by continuing to make it as easy as possible for staff to take on extra shifts through banks, paying them promptly for working these, and proactively supporting temporary staff, including by offering more permanent employment or development opportunities. We are also ensuring that providers agree more consistent rates for waiting list initiatives, as they have done with rates for collaborative staff banks, and supporting local discussions with the independent sector about pay rates.

In addition, we are running more regional pension seminars to explain how the schemes work and debunk common myths, to enable staff to make informed choices, with a view to supporting them to remain in NHS employment.

Focused work has already begun in partnership with HEE and professional bodies including on strengthening career pathways and increasing supply for theatre staffing, developing the workforce model for Community Diagnostic Centres, and putting in place measures to improve attendance by addressing the root causes of non COVID-related sickness absence.

Alongside these efforts, retaining NHS staff is critical to the recovery of routine care and to do this we need to value and look after staff. This is why we are continuing to support staff to look after their mental and physical health and wellbeing through 40 mental health hubs and free access to a range of self-help apps and helplines, and by supporting local systems to develop bespoke health and wellbeing offers to meet local needs. Taking breaks and annual leave will continue to be important to help people find

a sustainable rhythm of work, as well as having ongoing conversations about health and wellbeing within their teams.

There is a renewed commitment to tackling inequality by ensuring the wellbeing offer is accessible to all staff; this includes tailored support for staff. Work is also being done to increase minority ethnic representation at senior levels across the NHS and to overhaul recruitment and promotion practices.

We are focused on providing support to NHS trusts through our Retention Programme so that they have access to the capacity and skills needed to drive retention by focusing on improving flexible working, workplace culture, health and wellbeing, and supporting staff at the start and end of their careers when they most need it. We will support providers to more consistently manage absence – it is estimated that improving attendance nationally by around 1% could amount to as many as 12,000 whole time equivalent staff.

Finally, we are supporting providers to make effective use of e-rostering, e-job planning, digital staff passports and other workforce optimisation tools to maximise the capacity of the current clinical workforce through effective planning and deployment, and by optimising the skills of multidisciplinary teams and using these across organisational boundaries.

As set out elsewhere in this plan, we have learnt from the pandemic how much difference we can make with better use of staff time by investing in areas like digital pathology, imaging and AI. We will need to continue identifying the best examples of this and finding ways nationally to support their spread and adoption.

We will work together across the system to support local areas to take a more joined-up approach to workforce planning, and tackle some long-standing challenges in understanding workforce requirements, as well as focusing on the most effective ways to recruit and retain staff.

B. Using digital technology and data systems to free up capacity

Many aspects of service delivery in the NHS contribute to capacity, including beds, appointments and how clinician time is apportioned. Digital technology and data systems provide us with the opportunity to release capacity in these areas by allowing us to

deliver services in new ways that more efficiently meet the needs of both patients and staff. This frees capacity for those people whose needs cannot be met virtually, for example tech-supported virtual wards that enable recovery at home for those with COVID-19 have now been extended to a wide range of conditions. Supervising clinicians see data from the home setting and use of virtual wards means more hospital beds are available for those needing inpatient care.

Ambition

We want to make sure that digital technologies that can improve access and flexibility for patients and free up capacity to suit them are scaled across the NHS. Our ambition is to improve core digital and data services in hospitals to ensure we have the basics right, as well as harness and scale innovations that have shown high impact in some areas of the country. We also want to use national digital tools such as the NHS App to provide a personalised route into NHS services for patients, making care more convenient and driven by patients' needs.

In addition, we want to ensure that those in clinical roles can spend as much time as possible treating patients. Greater use of digital technology to assist healthcare workers in completing non-clinical tasks increases the time they can spend caring for patients, which provides a better experience and, ultimately, improves health outcomes. With new technologies based on AI and automation, as well as those we recognise more from our daily lives, like video calls, we are building a digital infrastructure that will ensure the NHS is at the cutting edge of progress for years to come.

We will also use data to drive improvement within the NHS, through using consistent measurement of performance and working with regions and systems to understand and address the reasons behind performance variation.

How we will deliver

As well as improving the experience of surgery and freeing up clinical time, technology can allow people to receive more care in their own home, whether after surgery or as an alternative to admission. This can be much more convenient for patients, their family and carers, speed recovery and increase the number of people treated. This draws on the successful growth of 'virtual wards' during the pandemic and our ambition is to scale these services across the country so many more people can benefit. The feedback from patients is extremely positive with over 2,400 people a week benefiting from this digital home care model. These services also free up clinical time, reduce bed occupancy and improve experience. Our Supporting People at Home programme will continue to work

with systems to implement these technologies across the country so that there are more and larger virtual wards, increasing the numbers of patients benefiting.

> "I can't express how fantastic a service this is. It was like having them in the room with you, at your side. I never felt I was on my own." Pauline Everidge, whose husband Colin was cared for in Mersey Care NHS Foundation Trust's digital virtual ward as he recovered from COVID-19.

To help our staff care for patients, we are investing in digital technology that reduces the time they spend on paperwork. For example, Robotic Process Automation has been used to automate patient registration, admission and discharge by enabling effective data upload and transfer to Electronic Patient Records, both saving time on administrative work and helping to clear backlogs of data uploads. We will continue to work with trusts to ensure investment in these technologies, which can rapidly realise productivity savings.

Case study 1: Chelsea and Westminster Hospital use of data

The trust's digital solution brings together disparate information (eg total number of patients waiting by clinician, theatre scheduling, staff rostering and patient pre-med tests) and makes it available on a single platform, with the aim of improving patient care. Through this platform, clinicians, schedulers and operational staff have new tools to directly improve waiting list data for inpatient elective surgery across several specialties and prioritise patients waiting for treatment, and the technology can dynamically optimise theatre capacity to reduce the burden on staff and ensure more patients are treated faster. So far the solution has enabled a 28% reduction in the inpatient waiting list (both RTT and non-RTT) through validation and better clinical oversight.

Booking lead times have almost tripled, from 6 to 17+ days on average, meaning that patients can be notified to come for surgery in a more timely manner, reducing the number of cancellations due to lack of staff or patient availability. Over the past three month period, theatre utilisation has improved from 73% to 86%.

This success means the solution is now being scaled up as part of the Improving Elective Care Co-ordination for Patients (IECCP) programme, with the waiting list and theatre scheduling elements of the solution to be deployed in up to 30 trusts by March 2022.

An important part of the digital possibilities for elective care is giving patients better access to the information about their care and the ability to communicate more easily with their clincians. This is covered under section 5: Better information and support for patients, below.

C. Safely adapting infection prevention and control measures

During the pandemic, the NHS has had to take additional steps to prevent and control COVID-19 infection in hospitals and other places where patients receive care, to protect both patients and staff. These measures have included physical distancing, such as increasing the distance between beds on a ward, more intensive cleaning and reorganising hospitals into different zones. These necessary safety measures, along with the number of COVID patients in hospital, have contributed to fewer non-urgent patients being treated over the past two years and more patients waiting longer for diagnostic tests.

Ambition

The NHS is committed to supporting UKHSA to continue to review the measures in place and determine where adjustments can be made that allow services to be delivered in a more productive way that does not compromise patient safety. We want to ensure we protect patients from undue risk while ensuring that we are not slowing the recovery through the sustained implementation of any unnecessary stringent measures, and UKHSA is continuing to consider ways in which IPC can safely be returned to as close to pre-pandemic conditions as possible.

How we will deliver

The NHS is committed to implementing the UKHSA IPC guidance consistently and safely and in doing so move towards delivering services in a more productive way. This will be supported by the separation of emergency and planned care sites described further below: planned care sites will be able to implement pre-testing requirements and ensure they remain COVID-free zones.

NHS hospitals will be given advice on and supported to adopt best practices with learning shared across organisations to help the NHS safely increase capacity.

D. Making effective use of independent sector capacity

Throughout the COVID-19 pandemic and especially during the peaks, the independent sector worked with the NHS to provide additional capacity. This ensured patients could receive the services they needed, even when NHS occupancy levels were reaching unprecedented highs. Capacity was provided by redeploying staff and kit as well as the provision of additional beds. As we tackle the elective backlog, a long-term partnership with our independent sector partners, including charities, will be crucial in providing the capacity we require to deliver timely and high quality care for patients.

Ambition

Our ambition is to ensure that there is a system in place that puts the needs of patients first. To achieve this we need to use all forms of high quality provision as part of a co-ordinated system-wide approach to support patients in the best way possible. Independent sector providers have a significant role to play in supporting the NHS as trusted partners to recover elective services, including cancer, as they have throughout the pandemic. Systems will include local independent sector capacity as part of elective recovery plans and will work in partnership with independent sector partners to maximise activity to reduce waiting times sustainably.

In addition to creating additional capacity for patients, the independent sector can support the NHS's ambition for innovation and efficiency. Elective care boards within each integrated care system (ICS) have been established to bring together local providers, including the independent sector, to agree priorities and solve operational challenges. Systems will work with the independent sector within the context of their broader recovery strategy, population and local plans.

How we will deliver

We will build on the existing patient rights to choice, in relation to choice of first outpatient appointment and also choice of provider if a patient is waiting too long. As we meet our ambitions on reducing long waits over the next three years, we will also reduce in tandem the threshold for our long waits hub, ensuring that patients are proactively offered more choice. We will strengthen the systems and process that enable patient choice, and include independent sector partners as part of those options. This will support patients to understand and access the choices available to them, and they will be given more transparent information to aid their decision.

The development of successful local partnerships between providers and the independent sector will be built on nationally agreed principles ensuring that local areas:

- Clearly articulate how patients can choose their place of treatment at all stages. This will be supported by clear and consistent communication with patients that explains the role of and options for using the independent sector. This will support our ambitions for patients who are currently waiting too long for treatment.
- Ensure patients receive undisrupted and integrated care between local providers.
- Clearly demonstrate how independent sector providers are contributing to overall elective recovery, including for cancer diagnosis and treatment.
- Develop partnerships that are mutually beneficial and sustainable supported by national contractual expertise.

Local areas will be encouraged to develop partnerships with the independent sector that support long-term contracting with sector providers, act at system level to respond to local challenges and allow partners to plan ahead. In addition, joint regular reviews of demand for services and available capacity will support the clinically appropriate transfer of high volume and low complexity conditions, as well as some cancer pathways and diagnostics, to the independent sector. The extra capacity created within the NHS will be used to undertake more complex work such as cardiac, vascular and neurosurgery, with improvements for the most clinically urgent patients. More complex cases can also be treated in independent sector sites that can deliver this level of treatment.

To further ensure value for money, payments should be based on establishing the lowest risk and most effective incentives to increase activity.

To further guarantee the effectiveness of partnership working, systems will have the opportunity to design a joint approach with the independent sector on workforce. This will guarantee common standards of service provision based on opportunities for training and development and use of apprenticeships.

3. Prioritising treatment

As we tackle the elective backlog it is important we continue to focus on clinical need, and not solely absolute numbers on the waiting list. Clinical urgency, the impact of waiting on individuals and potential inequalities created by waiting for care are critical considerations for improving overall health outcomes.

This already happens in the NHS and is a fundamental part of getting the basics right for patients. However, new investment and new technology are revolutionising our approach, helping to focus clinician time on caring for the right patient at the right time.

We will prioritise treatment according to clinical urgency and reduce the longest waits by:

A. Clinical prioritisation: ensure the order in which patients are seen reflects clinical judgement on need.

B. Managing long waits: targeting support to reduce the number of people waiting a long time.

C. Increasing the number of cancer referrals, to ensure we also prioritise those patients who have not yet presented to services.

A. Clinical prioritisation

For this plan to succeed, a consistent approach is required to ensure that those with the clinically most urgent conditions are diagnosed and treated most rapidly.

Ambition

We will support healthcare providers to prioritise their waiting lists based on individual patient needs and ensure they receive the most appropriate care at the right time. Building on good practice before and during the COVID-19 pandemic, the Clinical Prioritisation Programme has supported the management of waiting lists, including by publishing prioritisation frameworks for surgery, diagnostics and endoscopy.

They include steps for clinicians to check a patient's condition, establish additional risk factors and understand their wishes regarding treatment options. Local clinicians will continue to assess their waiting lists and ensure they remain accurate and reflect patients' needs. At the same time, the move to managing waiting lists better across local

areas will help ensure that all communities are benefiting from the restoration and expansion of elective services.

How we will deliver

National and local policies on waiting list management (meaning how people on waiting lists are reviewed to ensure they are seen in the best order) are currently being reviewed and the original prioritisation frameworks amended. We aim to ensure that, across the elective recovery programme, the right prioritisation decisions are being made in a consistent way to deliver the best outcomes for patients on the waiting list.

Understanding and addressing inequalities

As services are restored it is essential that they are opened up to all and resources are distributed fairly according to clinical need.

Systems will be expected to analyse their waiting list data by relevant characteristics, including age, deprivation and ethnicity, and by specialty. The aim is to develop a better understanding of the local variations in access to and experience of treatment, and start developing detailed clinical and operational action plans to ensure treatment is based on clinical need.

The development of a national Health Inequalities Improvement Dashboard will support systems to pinpoint disparities in waiting times based on ethnicity and deprivation, enabling the NHS to take concerted action. This has been released to the wider health and care system and continues to be developed. The next phase is to develop an easy-to-use public-facing version of the dashboard.

Tailored programme for outpatients

A framework and guidance to support the review of patients on the waiting list for an outpatient appointment is currently being developed with support from key stakeholders, including royal colleges, regional teams, systems and providers. This framework is due to be published by March 2022. As part of this work, the opportunity to prioritise access to planned care for children and young people will be explored, due to the potential impact on development for those who cannot access elective services rapidly.

Case study 2: Greater Manchester Cancer Prioritisation

To ensure appropriate prioritisation of cancer patients, the Greater Manchester (GM) Cancer Alliance and the GM acute providers supported the establishment of a cancer surgical hub across GM. This centred on the use of Rochdale Infirmary as a 'cold site' facility where patients could receive their surgery through a new dedicated service, with no risk of resources being diverted to COVID-19 patients. Prioritisation decisions were then made on a weekly basis at joint virtual scheduling meetings, with all waiting lists across GM reviewed by principal surgical officers of the GM Cancer Hub (experienced surgeons from The Christie NHS Foundation Trust and Salford Royal NHS Foundation Trust) to ensure those patients in most urgent need of care were prioritised. A minimum dataset was agreed with all providers, with key information being necessary to determine prioritisation and undertake booking. Around 1,500 patients were treated using this approach in May and June 2020 alone, with very positive patient and staff experience reported.

B. Managing long waits

The impact of the pandemic has meant the number of people on waiting lists for more than two years following a referral has increased to unprecedented levels and the number waiting for more than 62 days from a suspected cancer referral has also increased. This is one of the clearest indicators of the gravity of the challenge of clearing the elective backlog and a central priority of this plan.

Ambition

Addressing such unacceptably long waits must be central to the recovery of elective care. To ensure this, we will bring together providers to work collaboratively and we plan to offer better advice and options to long waiters. This will include ensuring patients understand the choices available to them and that the system supports those choices. We have set the service the ambition of eliminating the longest waits of over two years, except when it is the patient's choice, by July 2022, and reducing the number of people waiting more than 62 days to start their cancer treatment. Following this, the ambition is to eliminate waits of over 18 months by April 2023 and waits of over one year by March 2025, except where patients choose to wait longer or in specific specialties.

How we will deliver

Our delivery focus for long waiters will be on ensuring the accuracy of waiting lists, using available capacity in tandem with patient needs, and developing a network for supporting and addressing the needs of those who have been waiting a long time for treatment. Our approach will build on the duty to offer an alternative provider. We will work closely with general practice teams and the other partners who support patients while they wait. North Central London ICS Elective Recovery Programme has demonstrated the impact of using data to allocate demand to where capacity is available across the system.

Communicating better with patients about their treatment options

We will work with patients to ensure that planned care remains the best option for them, acknowledging that people's circumstances or preferences may change over time. Some patients may have changed their minds about having surgery or the best timing for it.

This should include a focus on interventions identified as of lower clinical value to the patient by the Evidence Based Interventions Programme. The programme, in co-ordination with the Academy of Medical Royal Colleges, NHS Clinical Commissioners and NICE, has identified a number of interventions, based on robust clinical evidence, that do not need to be routinely available to patients unless certain clinical criteria are met, and where the numbers of certain procedures undertaken should be increased, and where the benefit has wider significant impact. We will ensure that the recommendations of the programme are adopted throughout the system to ensure that patients receive the most appropriate care.

Establishing a national network for people waiting a long time

We will establish a new national network for long waiters, managed by the national NHS team and giving systems across all NHS regions a treatment alternative for patients, which will include NHS or NHS-funded independent sector capacity. This may be for patients who are waiting for highly complex procedures, or where significant capacity challenges exist. Patients taking up appointments away from their local hospital will be offered a comprehensive support package, including transport and accommodation where necessary.

Targeted support will be offered to local areas with specific challenges in treating patients waiting for two years or more. This may involve brokering the movement of clinical teams into local systems to undertake complex procedures, or the provision of dedicated support to establish teams to build local management functions to co-ordinate the movement of services and patients. We will design and implement an approach over

the remainder of 2021/22, which will build on the current legal rights to choice, going live by the end of March 2022.

The support provided to patients who have been waiting the longest for treatment will be reinforced. Patients who have been waiting 18 months or longer will now be re-reviewed every three months, as a minimum, until they receive treatment or get discharged. This will be subject to ongoing review as numbers of patients waiting over two years reduce. Reviews should continue to be conducted at least weekly for those waiting longer than 62 days on a cancer pathway.

C. Urgent referrals for cancer

Cancer diagnosis and treatment were prioritised throughout the pandemic, with 4 million urgent suspected cancer referrals made and over 515,000 people starting cancer treatment between March 2020 and November 2021 (95% of whom started treatment within 31 days of a decision to treat). However, some patients experienced changes or delays to their tests and treatment, waiting times lengthened and fewer people came forward with cancer symptoms, meaning fewer people were diagnosed and started treatment than usual. To prioritise the treatment of cancer patients we therefore need to actively encourage those people who have yet to come forward to do so; and we will use the expanded diagnostic and treatment capacity this plan will deliver to provide timely care.

Ambition

The NHS Help Us Help You campaign and extensive work with cancer charities has encouraged people with cancer symptoms to come forward. The NHS has consistently seen record levels of urgent suspected cancer referrals since March 2021, with over 10,000 patients seen per working day. However, there are still patients who have not come forward with symptoms.

Around one in 14 people who are referred with cancer symptoms will go on to be diagnosed with cancer, so maintaining referrals well above pre-pandemic levels is needed to ensure that people who need to can start cancer treatment as quickly as possible.

How we will deliver

We will expand our investment in continued awareness raising of cancer symptoms and risk through Help us Help You. We will focus on the cancers for which referrals have

been slowest to recover, and the systems in which referrals have remained lowest. This is particularly the case for lung cancer, where overlap with COVID-19 symptoms has led to people presenting to their GP later, and prostate cancer, where fewer men coming forward has led to significant decreases in suspected cancer referrals. In these two areas we will go further – partnering with key charities to target communications at high risk groups, distributing awareness-raising material in new NHS settings such as testing and vaccination centres, and using Test & Trace to highlight risks around COVID symptom overlap.

In addition to these national initiatives we will also fund, through Cancer Alliances, more local awareness raising with specific community and patient groups, and tailored approaches for finding the people who have not yet come forward with symptoms. As part of their plan, every system will need to take ongoing action to support general practice capacity where most patients will present.

As more patients who have delayed presenting do come forward, the expanded diagnostic and treatment capacity this plan delivers will ensure they are treated in a timely way. The new 28-Day Faster Diagnosis Standard, ensuring that patients with suspected cancer receive a diagnosis or cancer is ruled out within 28 days, was formally introduced from October 2021 and will allow the NHS to refocus the early stage of the cancer pathway more clearly on what matters to patients – reaching a definitive diagnosis or exclusion of cancer as quickly as possible. This will be made possible by the significant planned expansion of diagnostic capacity, particularly in community diagnostic centres, and the accelerated adoption of stool testing (faecal immunochemical testing) to triage referrals for suspected lower GI cancers – which we are providing immediate additional funding for.

Timely treatment will be ensured by the prioritisation of cancer patients within the overall planned expansion of elective capacity, as well as a continued focus on innovative approaches to treatment adopted by the NHS during the pandemic. This includes new forms of radiotherapy (hypofractionation and stereotactic ablative radiotherapy) to deliver treatment in a more targeted and intensive way, meaning patients spend less time in hospital. For over 40 cancer indications, around 30 alternative cancer treatments have been offered to patients. These ‘swaps’ offer more COVID-appropriate care, such as fewer hospital visits or a reduced impact on a patient’s immune system. Over 12,500 people have benefited from these ‘swaps’ since April 2020.

As a result of this prioritisation within expanded diagnostic and treatment capacity, we have set the service the ambition to see the number of patients on the 62+ day cancer waiting list reduce to pre-pandemic levels.

Case study 3: Help Us Help You campaigns

The NHS Help Us Help You cancer campaigns have raised public awareness of the symptoms that could be cancer and the public's willingness to come forward. The cancer campaign at the start of 2021 increased public awareness by 14% of having a cough for three or more weeks being a potential sign of lung cancer, and the public's intention to act on that symptom also rose by 14%. Our campaign on abdominal cancer symptoms similarly increased awareness by 12%.

To reach people who are most at risk from cancer, Thames Valley Cancer Alliance has partnered with the local authority, local Healthwatch organisations and community faith groups to develop and deliver information about cancer risk, symptoms and testing. The campaign is being delivered through faith venues and community settings to reach key groups such as the Nepalese community and Black men who are at higher risk of prostate cancer (1 in 4 Black men get prostate cancer in their lifetime compared with 1 in 8 other men). The campaign will be expanded next year to reach more community groups and encourage earlier cancer diagnosis.

4. Transforming the way we provide elective care

The challenge of addressing the backlog in elective care also presents an opportunity for our health system. We have the chance to radically rethink and redesign the way that services are organised and delivered, with a constant focus on ensuring the best possible outcomes for patients and delivering an experience that suits their individual needs. We know that service users want flexibility, ease of access and more control over how they interact with healthcare services.

As we have seen throughout the pandemic and continue to see as this plan is being published, services up and down the country are working in extremely challenging circumstances, but during the pandemic have transformed and innovated the way that staff work and the way the NHS delivers care and works with partners. A major challenge has been managing both emergency and routine care. We know how to address this, and over the next three years we will be investing in the physical separation of routine care from the competing demands of urgent and emergency care services where possible.

We will achieve this by:

A. **Expanding community diagnostic centres** with a focus on ease of access and convenience for patients.
B. **Increasing surgical capacity through surgical hubs** – separating out many of the low complexity surgical pathways through additional surgical hubs, improving outcomes for patients and reducing pressure on hospitals.
C. **Improving patient pathways to reduce avoidable delays** by ensuring we are making the best use of the latest technology, clinical time and expertise.

The NHS undertakes 127 million outpatient appointments a year, using patient and clinical time. We want to hand greater control and convenience to patients, by offering telephone or video consultations, empowering people to book their own follow-up care, and working with GPs to avoid the need for an onward referral where possible.

We will achieve this by:

D. **Improving access to specialist advice** – providing greater flexibility in how advice from clinicians is accessed by patients, enabling more timely, convenient and appropriate care and avoiding the need for unnecessary appointments.

E. **Making outpatient care more personalised** – giving patients more choice around outpatient care, with options to book their follow-ups and attend video/phone consultations if preferred, simultaneously freeing up capacity for the most clinically urgent. This will include digital innovation through the NHS App.

These are existing examples of best practice designed and implemented by frontline teams across the NHS. This includes personalised patient initiated follow-up pathways for cancer, which are already offering more personalised care for breast, colorectal and prostate cancer patients in many parts of the country. The task is to scale these across the country for the benefit of all our patients, and will require a significant shift in how we work across the health service, including how we interact with patients.

A. Expanding community diagnostic centres

Diagnostic services are critical in making sure the right treatment plan can be put in place for a patient as early as possible, making it more likely that treatment will be successful. They are wide ranging, from an x-ray to a check for a broken bone, using a CT scanner to check for cancer, or having a blood test for diabetes. Sometimes patients need multiple tests before they get a diagnosis, which may be inconvenient for them and expensive for the NHS. Many routine diagnostic appointments have been postponed during the pandemic, leaving a significant number of patients waiting for tests.

Ambition

We want to transform the model for diagnostics, so that patients get tested faster and more conveniently. We are therefore increasing diagnostic capacity and connectivity, transforming how diagnostic services are delivered by investing in more than 160 community diagnostic centres (CDCs) and by creating digitally enabled diagnostic networks nationwide, bringing tests closer to home.

The CDCs are an essential part of the overall aim to more clearly separate urgent and elective care, by taking patients requiring diagnostic services away from acute areas, therefore removing the risk of the estate being reprioritised for urgent work. Separating

clinician time provides better outcomes for both urgent and non-urgent patients, as well as making these services significantly more efficient and timely.

Importantly, they will provide greater access to tests for cancer, allowing both GPs and secondary care doctors to diagnose patients as quickly as possible and in a setting more convenient for patients.

How we will deliver

Forty CDCs were announced on 1 October 2021. This is planned to increase to 66 by the end of 2021/22 and to at least 100 CDCs in the community and on the high street over the next three years. Our ambition is that we will reach a network of more than 160 CDCs across the country. Testing capacity will increase in each of the next three years, to around nine million more tests and checks by 2025 – meaning over a three-year period, patients will be offered around 17 million more diagnostic tests – an increase in capacity of a quarter compared with the three years prior to the pandemic.

Professor Mike Richards recommended the establishment of CDCs in his independent review of NHS diagnostic services in England. CDCs deliver a range of core diagnostic services across imaging, physiological measurement, pathology and, in larger CDCs, endoscopy services. This will significantly increase the diagnostic capacity available for suspected cancer and support faster diagnosis and reduced waiting times. Systems also have the flexibility to include additional optional diagnostic services.

Services are located in community-based buildings, ones that may be purpose built, or in existing underutilised NHS estate. Instead of a potentially long trip to a busy hospital, patients will benefit from dedicated facilities that are often closer to home. Some will be located on high streets; combining a diagnostic test with a shopping trip will be far more common in the future.

The clear focus of the CDCs on diagnostics will enable us to deliver bundles of tests in a single appointment, which as well as being more efficient and a better experience for patients, will protect elective diagnostic capacity from other pressures at acute hospital sites and enable faster diagnosis of cancer and other conditions. We will be investing in digitising cell pathology services across the NHS to speed up turnaround times of tests, and in improving digital infrastructure to ensure test results can be shared across the NHS in patients' digital health records, to reduce duplication, ensure the most efficient use of clinicians' time and speed up care.

Case study 4: Finchley Memorial CDC

The Finchley Memorial CDC, based in North Central London, was established in July 2021. It provides MRI, CT and ultrasound scanning, blood testing and ophthalmology services. As of 14 November 2021, it had conducted 8,333 diagnostic tests, split across five modalities. The CDC aims to deliver a further 31,919 tests by the end of March 2022, split across eight modalities.

100% of MRI patients say that they have had a positive experience. The patient journey time through ophthalmology testing averages 40 minutes, rather than 2-3 hours at hospital sites. The CDC supported sector partners to manage winter pressures by providing a flexible green site resource that they can use as needed.

We are also making best use of existing capacity through digital transformation and growing our diagnostic workforce capacity. Our digital investments will enable, for example, all reporting clinicians in pathology and imaging services to have access to the latest technology for primary diagnosis. This will reduce turnaround times in diagnostic pathways due to instantaneous electronic transmission of images via nationwide networks, enabling rapid access to specialist opinion.

B. Increasing surgical capacity through surgical hubs

In addition to increasing capacity across the system, there are particularly important opportunities to increase surgical capacity and improve the way we manage surgery.

Some relatively simple but important surgeries form a large part of the waiting list for surgical treatment, such as cataract surgery and hip replacement. For example, ophthalmology and orthopaedic patients comprise approximately 22% of those waiting to be admitted to hospital for surgery.

Elective surgical hubs are surgical units that conduct planned, elective procedures only and are often referred to as ‘cold sites’. They might exist within a hospital as a distinct unit or ringfenced theatre; or they might have been established on a separate site.

Ambition

We know that many operations can be performed quickly and effectively, with sharing of best practice already leading to improvements in both the quality of surgery and the

number of operations carried out in a day. However, to truly transform surgery for patients, we know we must go further.

Creating a clear separation between the urgent and elective care pathways has a number of benefits and has been an effective way to ensure cancer and other clinically urgent surgeries continued during the pandemic. Staff time and operating theatres can be protected, for example in the event of any future COVID-19 waves. In turn, that makes the planning of treatment easier: enabling more patients to be seen and reducing cancellations. In addition, by tailoring our estate and working practices to particular surgical interventions, we will improve patient experience and reduce the time that patients need to spend interacting with the health system.

How we will deliver

Ensuring that all parts of the system operate as efficiently as possible to reduce waiting times and improve overall patient experience will be achieved through the theatre productivity programme; for example, using outpatient procedure rooms rather than surgical theatres. This will enable clinicians to do more operations per shift, reducing waiting times and improving overall experience.

We are also expanding or establishing a number of elective hubs focused on providing high volume low complexity surgery, as recommended by the Royal College of Surgeons of England, and building on the successful use of surgical hubs for cancer during the pandemic. Surgical hubs, specially designed and built for elective surgery, will increase capacity and resilience.

Hubs can reduce the length of stay needed for these procedures, with more operations done as day cases in outpatient settings, and make it easier for surgical teams to improve care. We will also streamline theatre processes to make them more efficient. Improving the quality and efficiency of surgery will mean patients will be more likely to go home on the same day and less likely to need additional treatment after surgery.

The surgical hubs already being piloted in a number of locations, including London, are helping fast-track the number of planned operations, including cataract removal, hysterectomies and hip and knee replacements, and will be expanded across the country. Additional capital funding has just been approved to enable the expansion of existing hub sites as well as the creation of more hubs in all regions. Each hub is being rapidly developed and staffed based on the needs of its populations and the current

waiting list pressures. Local areas are currently working out how to best maximise activity through these hubs and make sure they work well for patients.

Case study 5: Barking Havering & Redbridge

Barking Havering & Redbridge designed 'Project BONES' (BHRUT Orthopaedics NHS Elective Surgery) to tackle the backlog of patients waiting for surgery due to the COVID-19 pandemic. The system took a fully multidisciplinary approach to planning and delivering a 'perfect week', aiming to perform a high volume of cases, test the system resilience, find the bottle necks in the system and address any hurdles for the future.

The project team included all the clinical and non-clinical members of the team responsible for delivering the service, mapping all stages of the patient pathway and optimising this.

This approach has resulted in sustained improvement in the services – their current activity is 130–160% of their 'business as usual' activity. The learning has been shared with other clinical teams, including spinal, ophthalmology, gastroenterology and paediatrics, who have delivered similar initiatives for the benefits of their patients.

C. Improving patient pathways to reduce avoidable delays

A patient's pathway is a chain of events such as the appointments, tests and treatments they receive following a referral and, for some patients with long-term conditions, may last for many years. Sometimes, it can be more complicated than necessary for patients to get the care they need; they may need to attend multiple appointments and different hospitals for a simple treatment.

Ambition

We want to change this and make processes simpler for patients and their carers, so that they get the right care in the right place at the right time. Working in partnership with patients, carers and those who advocate for people, our new pathway improvement programme will focus on some of the most common types of care, redesigning them for some of the highest volume areas – eye care, cardiac and musculoskeletal services (muscle strains, bones and back pain).

As part of this, increasing the detection and management of long-term conditions, such as heart failure, will help to prevent the need for more complex care and improve the quality of life for people. Increasing critical diagnostics such as spirometry and echocardiography, which have been significantly impacted by the pandemic, will help to prevent the need for further secondary care/hospital admissions.

By designing these pathways better and sharing best practice, focusing on those aspects which benefit patients, we can improve experience and outcomes, while creating extra capacity for elective care.

How we will deliver

This will mean making better use of dedicated surgical hubs: reducing the number of appointments needed, for example with multiple tests being done in one visit in specialist hubs; helping to release time by working more efficiently; and reducing the need for patients to attend hospitals, where appropriate, by building capacity closer to people's homes and making best use of digital platforms.

Working together, regional teams and ICSs will standardise ways of delivering care and adopt best practice, as well as pooling capacity and resources to reduce unwarranted variation to improve patient access and experience. This model of care reduces the risk of planned procedures being cancelled at short notice due to the knock-on effect of operational pressures in the urgent and emergency care pathways.

D. Improving access to specialist advice

Some areas have taken an approach where prior to or instead of making a referral, the referring clinician (often the GP) is able to seek advice from a specialist; or where, after a referral has been made, the specialist is able to review the clinical information and provide advice on the most appropriate next steps without the patient having to wait for an appointment.

Ambition

These services provide timely access to specialist advice to support better care of patients within a primary or community care setting. For patients, providing increased access to specialist advice services helps to ensure care is delivered in the most appropriate setting and supports the management of more patients outside hospital, reducing waiting times and the risk of hospital appointments patients do not need or want.

In addition to the benefits for patients receiving the specialist advice, the service also allows staff to target the most clinically urgent patients.

How we will deliver

Primary care access to specialist advice and guidance will be expanded through continued engagement and support to primary care networks including £10 million through the Investment and Impact Fund, a scheme focused on supporting primary care networks to deliver high quality care to their populations. This will be further supported by the ongoing development of the NHS e-Referral Service to enable the sharing of images to support clinical teams to undertake more effective triage, while improving patient experience. This includes the accelerated adoption of teledermatology services to increase access to specialist advice for suspected skin cancers. In 2021/22 we have invested £2 million in new dermatascopes so that GPs can take high quality photos of suspicious moles and lesions and seek specialist cancer advice on them, helping speed up referrals and reduce the number of people having to visit outpatient clinics. In 2022/23 we will invest further in these services.

Case study 6: Hampshire and Isle of Wight ICS

Hampshire and the Isle of Wight have been exploring how to maximise the effective use of specialist advice over the last two years. Clinicians in primary care and acute care providers such as Portsmouth Hospitals University NHS Trust have been collaborating to develop and refine the approach. They focus on better supporting patients across a range of specialty areas and pathways. This has allowed 20-30% of those patients with an identified need to be better supported within primary care – with the GP having received advice from a specialist – rather than having to attend an outpatients or hospital treatment.

E. Making outpatient care more personalised

The NHS is giving patients greater control and convenience in their NHS hospital or clinic appointments – by offering telephone or video consultations, empowering people to book their own follow-up care, and working with GPs to avoid the need for an onward referral where possible.

Ambition

As we continue to recover from the pandemic, there is a significant opportunity to accelerate the progress we have already made towards a more personalised approach

to follow-up care in hospitals or clinics. This will ensure people who require a follow-up appointment receive one in a timely manner – protecting clinical time for the most value adding activity. Through this more personalised approach to outpatient follow-up appointments, patients can expect their care needs to be dealt with faster and closer to home where appropriate. This will be done in a way that improves overall efficiency, while not transferring follow-up to capacity-constrained services in the community and general practice without a coherent system plan.

How we will deliver

There are a number of tools that can support us to deliver this ambition, many of which are already in place across the NHS and will be rolled out further and faster for appropriate patient groups. These are:

- **More flexible follow-ups** – giving patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. The approach helps empower patients to manage their own condition and plays a key role in enabling shared decision-making and supported self-management. This can be enabled by simple digital tools (eg telephone, video, online messaging, etc) that support access to the relevant clinical teams when patients feel they need to trigger an outpatient appointment. This should also in time include access to booking and other clinical communications through the NHS App. Non-digital access is also available by calling to arrange a follow-up appointment. Effective self-care at home is supported by increased use of home monitoring tools such as blood pressure monitors.

- **Patient initiated follow-up after cancer treatment** – giving patients more control over their care after cancer treatment by adopting personalised, patient-initiated follow-up for breast, colorectal, prostate and other cancers. Patients are supported to self-manage, with access to specialist advice and support if they have concerns, and continued scans and tests to check for recurrence. This also frees up clinician time for new patients and those with greatest need. Patients have improved experience of care from not having to travel, and reduced anxiety as scan and test results are communicated quickly. A study on patient initiated follow-up in endometrial cancer showed a 94% reduction in the time patients spend travelling and waiting.[5]

[5] Patient-initiated follow-up for low-risk endometrial cancer: a cost-analysis evaluation | International Journal of Gynecological Cancer (bmj.com)

- **Effective discharge** – every patient should receive the care they need, when they need it. Ensuring patients are assured that it is appropriate and safe to be discharged is vital for all follow-up appointments to provide maximum value for patients and not place unnecessary demand on general practice from patients attending with outstanding concerns.

- **Improving administrative processes** – we will enable effective use of each outpatient appointment, so that clinicians have the information they need prior to an outpatient appointment and do not have to postpone or invite patients for a follow-up due to incomplete information.

To deliver this approach, hospitals across England will be supported to identify the local opportunity, restructure their clinical time and embed the required digital infrastructure to offer this flexible model consistently to patients.

5. Better information and support for patients

Engagement with patient groups in the development of this plan clearly indicated the need to improve communication with people while they wait for planned care. We want to help patients manage their lives around their healthcare needs better. Providing people and their carers with information and personalised support is central to that ambition and our overall recovery plan. We aim to enable people to make informed decisions and be more in control of managing their own care, to reduce the impact of waiting for treatment and supporting recovery after treatment. That includes sharing clear information on their wait and the support available, identifying their needs early so they can best prepare, and signposting them to the most appropriate support for their needs before and after their treatment.

Guidance is available for acute providers to help them deliver personalised, patient-centred communications.[6] It has been developed with support from key stakeholders including Healthwatch, National Voices, the Patients Association, The Richmond Group of Charities and Versus Arthritis. The guidance aims to improve the experience of care for those who are waiting for treatment. It lays out nine core principles to support the standardisation of clear, concise and timely communications.

We recognise the value in working in partnership with voluntary sector organisations and patients to ensure that patients are supported while they wait for care, including through peer support. We know that actively signposting to trusted organisations can help patients understand their diagnosis, and provide them with access to relevant information, with a particular emphasis on those patients who may have difficulties accessing digital information. We plan to provide this access and support using a comprehensive approach, including:

A. **Targeted support information for patients, including through My Planned Care** – initially delivering a new platform to increase transparency on wait times and provide a hub of support information for patients covering the entire pathway, before further development to integrate this with the NHS App.

[6] https://www.england.nhs.uk/coronavirus/publication/good-communication-with-patients/

B. **Supporting patients to prepare for surgery** – by co-developing personalised plans that provide them with the necessary information and guidance to prepare for the best possible outcomes.

C. **Emphasising the expertise of NHS staff in providing high quality personalised and tailored support to patients**, supported by the latest innovations in technology and improved data sharing.

A. Targeted support for patients

Engagement with patients waiting for planned care has clearly highlighted the importance of providing information on waiting times and what to expect. The inability to plan the rest of your life because you do not know you might be offered an appointment is a source of anxiety for many people.

Similarly, patients who do not have access to the correct information on decision-making and support offers can end up suffering unnecessarily. These issues also disproportionately impact the most vulnerable people in society. Often patients turn first to their GP team for help; this can place an additional strain on primary care services.

Ambition

The ultimate aim is to create a transparent, well-informed process for service users that complements existing local communication channels between the health system and patients. This means the ability to view guidance on self-management of symptoms, targeted support to help prevent deterioration among those waiting to access services, and information on wait times.

There is an opportunity, using our improved data infrastructure and greater digital presence, to deliver this through a series of linked interventions, coalescing around a central platform that will host the information for patients. This will provide a short-term solution and we will explore long-term solutions, such as the NHS App.

How we will deliver

My Planned Care platform

We will provide an open access web-based platform to provide greater transparency to patients. The new My Planned Care platform will provide patients and their carers with access to basic and general information on their elective wait. This system will allow patients and their carers to better understand their expected wait for treatment, and

clinicians to link patients to the most appropriate personalised support. The platform will also include waiting time information by specialty at their provider.

Providers will upload support information by procedural groups to help patients self-manage and signpost to general information on local and community support offers, as well as other sources of support available from the NHS and other routes while they wait. The platform will go live in February 2022, with additional information on local support offers and further guidance for patients added from spring 2022.

The platform will also be accessible via NHS.UK allowing patients, family members, carers and clinicians to all access the information at any point of the pathway. We are currently scoping the timeline to further develop the functionality of the NHS App to supplement that of the My Planned Care platform and offer a more personalised experience while on the elective pathway. This includes providing more personalised information to individuals, making it easier to access relevant support information and signposting to self-management tools and services. This will fundamentally alter the way patients interact with the NHS and how people manage their own health and care, increasing transparency, control and outcomes.

NHS trusts and primary care will continue to play an important and co-ordinated role in contacting patients through other non-digital means such as letters, telephone calls or in-person meetings as an alternative way to get information on waiting times and support.

Support for patients to make decisions

Patients will be provided with the tools and support to decide what treatment is most appropriate for them. Aligning with recommendations from the Paterson Inquiry[7], providers will be required to adopt two stage shared decision-making across all their admitted non-day case pathways by April 2023, and all admitted pathways by April 2024. Two stage decision-making introduces a short period of reflection for patients into deciding on treatment and giving consent. This allows patients to take the time to fully understand the benefits and risks of treatment and decide whether it is the most suitable option for them.

For the highest volume procedures, tools to support the patient's decision-making will be developed. Clinicians will also be provided with online training on shared decision-making through the Personalised Care Institute.

[7] https://www.gov.uk/government/publications/paterson-inquiry-report

Targeted support for patients who are waiting for care

We will develop guidance to support local health systems to provide personalised and targeted support for patients and their carers to help them manage their symptoms while they wait, prevent deterioration and recover effectively. National clinical groups are developing defined categories of patient needs for the highest volume procedures on the waiting list. Guidance on the categories of need, which will be shared through clinical networks, will support local capacity planning and stratification of the support patients require while they wait for planned care.

National clinical groups are also drafting guidance on high impact support interventions for patients on the elective care pathway, drawing on findings of an evidence-based review of support offers and learning from local pilots. Guidance and patient information material on support offers will be shared with local systems and through clinical networks. Where possible, support offers will also be made available via the My Planned Care platform.

Measuring patient experience

Alongside providing better information, we are committed to giving patients greater voice and acting on the feedback they provide. The success of our plan is dependent on patients' experience of waiting, diagnosis, treatment and care, and how we communicate with people, as well as increasing our capacity. It is particularly important to gather rapid learning on transformative developments such as separating elective and non-elective diagnostics and treatment facilities and providing more flexible outpatient follow-ups to treatment.

We will therefore work with patient charities and other partners to:

- develop better measures of patient experience, including on communications and the nature of care and support, building on leading practice around the country
- use technology to more effectively gather and respond to patient feedback, so that services can quickly build on what is working and take action where improvement is required
- work with partners to ensure that we get a better understanding of the experience of patients waiting over six months – we expect this will draw on feedback from a large number of patients.

B. Supporting patients to prepare for surgery

One third of on-the-day cancellations are due to clinical reasons, such as patients being unfit for the type of surgery or anaesthetic they were listed for. Patients with lower fitness or who struggle to control their long-term conditions are at risk of major complications after inpatient surgery, which can increase average length of stay three-fold or more, and reduced long-term survival and quality of life. Therefore, it is essential that potentially modifiable risk factors are identified and treated early on.

Ambition

From April 2023, providers will be asked to establish Perioperative Care Co-ordination teams. These teams could consist of, for example, care co-ordinators, nurses and perioperative physicians who will assess health needs to proactively inform pre and post-operative care and identify surgical risk factors. They will identify low-risk patients who do not need to attend face-to-face preoperative assessment and patients who could be treated in elective hubs focused on providing high volume low complexity surgery.

This will enable patients to be treated in the place most appropriate for their condition, as well as freeing up capacity for those who require more complex care in a higher acuity setting.

How we will deliver

The teams will work with patients to develop personalised preparation plans. These plans will detail both the clinical and the wider support needs of patients both leading up to the time of surgery and in the post-surgical period. The Perioperative Care Co-ordination teams will be able to refer people for specialist secondary care input where required and, in conjunction with social prescribing link workers, to connect people to the most appropriate community support for them.

We will strengthen perioperative pathways starting at the point of referral or listing for surgery to support patients' preparation. With improved sharing of data and digital tools, providers will enable patients to better prepare for their treatment. Digital patient-led perioperative questionnaires are currently being scoped and will enable the capture of risk factors not traditionally included within health records without additional burden for NHS staff.

The teams support providers to regularly contact those patients on their waiting lists. This contact should collect information on the patient's current condition and overall health and provide an update on likely remaining wait.

Case study 7: Bristol, North Somerset and South Gloucestershire ICS – One Trauma & Orthopaedics Programme

The One Trauma & Orthopaedics Programme is working with the organisation My Recovery to produce a customised version of the Joint School app, which is a programme helping people to prepare for and recover from surgery.

The app is being specifically adapted to deliver information designed for patients awaiting a total hip or knee replacement, as well as anterior cruciate ligament reconstructions.

Clinical teams have produced additional content and videos for inclusion in the app. The information will help the patient's understanding of how to prepare for surgery, what to bring to hospital, as well as post-operative and discharge plans. Furthermore, it will guide them through their pre and post-operative therapy aiding in a quicker return to function.

6. Delivering this plan

The challenge we face in recovering elective services should not be underestimated. It will require a huge collective effort to meet our ambitions. Our approach has been co-designed with stakeholders and patient groups as well as trusts, systems and regional teams across the NHS to build a shared understanding of how the NHS will successfully deliver our commitments to patients and the public. Further details on our approach were set out in the 2022/23 planning guidance,[8] but our underlying principles are:

Clear accountability for delivery

Integrated care systems will each have plans for their population and for the resources required to recover elective and cancer services. They will work with providers to agree and deliver their plans. Regional and national teams will work together to monitor delivery of plans and provide prompt interventions to drive improvement as required. Cancer performance and elective performance will be managed alongside one another to ensure that capacity continues to be prioritised for cancer patients. Data will be used to drive improvement and identify opportunities for transformation.

Consistent, co-ordinated interactions between national, regional and local teams

Clear communication from frontline clinical teams to systems (including Cancer Alliances), regional and national teams will be vital. This will be supported by a shared understanding of performance and a data-driven approach to identifying and tracking progress, and identifying risks and issues.

An overarching support offer to rapidly share and scale best practice, with targeted support for systems and providers with significant challenges

The case studies in this document show how vital it is to take innovations that are working in one area and spread them, at pace, across the whole NHS. We will particularly seek to spread innovations into systems with the most significant

[8] 2022/23 priorities and operational planning guidance

challenges and share clinical expertise across system boundaries to accelerate recovery.

Putting reducing inequalities at the core of recovery plans and performance monitoring

We will ensure a ‘fair recovery’ is at the core of our approach. We will embed a focus on health inequalities in how we hold systems to account for delivery. We will particularly focus on equity of access, experience and outcomes for the most deprived 20% of the population and the five clinical areas of focus set out in ‘Core20PLUS5’ where we know we can make the greatest difference (maternity, severe mental illness, chronic respiratory disease, cancer and hypertension case-finding).

Collaboration within and across systems to improve access and tackle waiting times

Collaboration has been fundamental to the NHS’s response to the pandemic and will underpin our approach to recovery. We will ensure effective collaboration by enabling staff to work across multiple providers, establishing diagnostic and surgical hubs, building effective partnerships with the independent sector and reducing waiting time variation within and across systems.

Being clear on what success looks like and putting in place a payment system that incentivises strong performance and value for money for the public

Longer-term planning will enable us to update and refresh our approach in response to an ongoing assessment of progress, taking into account data on the number of ‘missing referrals’, the emerging evidence from systems about what works and to reflect the increasing autonomy and role of ICSs as they develop.

Funding for elective recovery will be allocated to local areas to support elective recovery, ensuring that we maximise the impact of the additional funding. Further details on payment mechanisms will be set out as part of the planning guidance for local systems.

Throughout the delivery of this plan we will involve people and communities at all levels. We will work together to ensure regular communications to the whole population.

Acknowledgements

The Elective Recovery Plan has been developed with expert contributions from a wide range of partners, including but not limited to:

- Patient representative organisations including Age UK, Healthwatch, National Voices and The Richmond Group of Charities.
- Meetings with health sector chief executives and chief operating officers, NHS Confederation and NHS Providers, including at a roundtable with trust chief executives.
- The Academy of Medical Royal Colleges and its members including the Royal College of Surgeons of England, Royal College of Physicians and Royal College of General Practitioners.

The plans have been informed by interviews and group discussions with patients, combined with insights from partner organisations. The My Planned Care web platform has been developed with patient and user involvement. We have also benefited from the insights and ideas of staff, including on enhancing staff welfare through the elective recovery process, and from contributions by clinical leaders and NHS provider organisations.

We remain committed to working closely with partners as we deliver these plans, including through an Elective Recovery Engagement Forum (current representatives given below), the NHS Citizen Advisory Group, National Elective Primary Care Clinical Advisory Group and the VCSE Health and Wellbeing Alliance. As the Elective Recovery Plan is implemented insight on patient experience will be enhanced through the new Patient Coalition with independent co-chairs, patient representatives and support from the voluntary sector.

Thank you to all the individuals and organisations who have shared their time, energy, expertise and experience so far.

Membership of the Elective Recovery Engagement Forum (November 2021)

Academy of Medical Royal Colleges
Allied Health Professions Federation
Birmingham City University
British Medical Association
British Red Cross
Getting It Right First Time
Healthwatch
National Voices
NHS Clinical Commissioners
Patients Association
The Richmond Group of Charities
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Nursing
Royal College of Physicians
Royal College of Surgeons of England
Society of Acute Medicine
Versus Arthritis

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TRUST BOARD

DOCUMENT TITLE:	**COVID-19 Outbreak Summary**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Ashleigh Tullett, Head of Clinical Governance**
DATE OF MEETING:	**2 March 2022**

EXECUTIVE SUMMARY:

This paper gives a summary of the COVID outbreaks that have occurred within the Trust and their key causative factors.

The paper outlines the Governance framework in which the Trust manages outbreaks.

REPORT RECOMMENDATION:

The Trust Board is asked to note:

- The national definition of an outbreak.
- The management of outbreaks is managed in accordance with the national guidance.
- The Trust had no mortality in any of the outbreaks.
- That outbreaks are managed in the Quality Governance of the Trust.
- That the Trust Board have oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF).
- No service has been ceased in the result of an outbreak.
- The Trust has had five nosocomial infections reported.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

Compliance with The Hygiene Code
Compliance with Care Quality Commission Regulations

PREVIOUS CONSIDERATION:
All outbreaks have been scrutinised at the statutory Outbreak meetings and the Infection Prevention Control Committee. The detail is also included within the monthly Quality report scrutinised at the Quality & Safety Committee

OUTBREAK SUMMARY

REPORT TO TRUST BOARD IN PUBLIC – 2 MARCH 2022

1. Summary

1.1. This paper provides a summary of the outbreaks that have occurred at the Trust linked to COVID-19. This paper has been updated since the February 2022 Trust Board to include any new outbreaks.

1.2. The Trust has had no outbreaks associated with any other infections.

1.3. An outbreak is defined as two or more linked cases of the same illness; or a situation where the observed number of cases exceeds the expected number.

1.4. When an outbreak is declared, the Trust adheres to the national guidance in its approach to managing the outbreak with the key action being the investigation of the outbreak. Meetings are attended by both internal and external experts in Infection Prevention and Control.

1.5. These meetings are chaired by the Chief Nurse or Deputy Chief Nurse, with the wider Executive team briefed at the daily Incident Management meetings.

1.6. The Trust declares all outbreaks as Serious Incidents as narrated by the local commissioners. It should be noted that the local commissioners are not adhering to national guidance in the response and investigation of COVID-19 outbreaks and the definition of a Serious Incident within this guidance. The Chief Nurse has challenged this and is awaiting clarity given the potential not only for the Trust to have a higher number of COVID-19 outbreaks declared as Serious Incidents, but also the Birmingham and Solihull area.

1.7. An outbreak is open for 28 days after the last diagnosis. A final outbreak closure meeting is then held and attended by NHS Improvements/NHS England, Public Health, and the local Commissioners.

1.8. The Trust has not had any outbreaks not closed at these meetings.

1.9. The detailed Root Cause Analysis of the outbreak is presented internally at the Infection Prevention and Control Committee and the Trust's Quality and Safety Committee. Learning is shared with the immediate teams and wider learning is included in the daily comms bulletins and Team brief.

The Trust also attends a daily BSOL Infection Prevention and Control meeting where learning from outbreaks is shared from all Trusts in the area.

2. Outbreaks

2.1. In 2020/21 the Trust saw seven COVID-19-related outbreaks declared of which three were in relation to patient outbreaks and four were staff outbreaks.

2.2. The 2021/22 outbreaks are detailed in the Graph overleaf.

Month	Patients	Staff
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 12)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3) 1 (Ward 2)	1 (Appointments Department)
Current 2021/22 Total	**4**	**6**

2.3. No mortality has occurred in any of the staff or patient outbreaks and no patients required any level of escalation in their care to Critical Care.

2.4. The Trust has complied with the CQC regulation 20 and delivered its Duty of Candour.

2.5. The Trust has had no cases that have required reporting under the RIDDOR regulation to the Health and Safety Executive.

3. Outbreak and key causation table.

Outbreak Department	Causation
Porters - July 2021	**3+ve staff** **7 staff tested** Porters lodge lacks space for number of porters accessing the room (breach of department risk assessment). Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 29th July 2021**
Ward 1 - September 2021	**3 +ve patients** • Day 19

	• Day 18 • Day 14 **4 patient contacts** **0 +ve staff** **0 staff tested** Two cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 9th December 2021**
Human Resources - November 2021	**2+ve staff** **4 staff tested** **0 patient contacts** Breaches in COVID-19 precautions within office. **Outbreak closure date: 9th December 2021**
Ward 12 - December 2021	**2+ve patients** • Day 1 • Day 12 **6 patient contacts** **2+ve staff** **18 staff tested** Three patients positive. Cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 31st January 2022**
IT department - December 2021	**3+ve staff** **3 staff contacts** **23 of 25 staff tested** Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Housekeeping - December 2021	**6+ve staff** **18 staff tested**

	Common link between cases is the Environmental cleaners had been on their works night out. It is to be noted that no PPE was required at the venue. **Outbreak closure date: 31st January 2022**
Porters - December 2021	**6+ve staff** **18 staff tested** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Ward 3 - January 2022	**2+ve patient** • Day 1 • Day 56 **6+ve staff linked to outbreak** **10+ve staff not linked to outbreak** **64 staff tested** Two patients and eight members of staff tested positive for COVID-19. Patient 1 was admitted for same day surgery with negative swab. The patient did not declare house member symptomatic/positive on admission. Nine cases tested positive during a whole ward screening exercise following the identification of positive staff and one patient. **Outbreak closure Date: 23rd February 2022**
Appointments Department – January 2022	**3+ve staff** **11 staff tested** **0 patient contacts** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure Date: 16th February 2022**
Ward 2 – January/February 2022	**Ongoing outbreak: numbers tbc** Two separate outbreaks linked by time and location. Initially 5 patients and 10 staff tested positive for COVID-19 during January 2022.

	Linked to bay 9 ward 2 – patient to patient transmission likely. No breaches in PPE identified by staff. Staff positive cases identified from mass staff testing. There were some links to community transmission amongst staff. During the 28 days since the last positive of the outbreak above, an additional 3 patients were identified as COVID-19 positive and 1 staff member. Again, this was linked by location, bay, however there is no link to the original outbreak above. **Outbreak closure date tbc**

3.1. Patient onset classification for hospital acquired Covid-19 is described in the table below;

Onset Classification (days from admission to positive result)
0-2 days (unlikely) (ROH x 2 patients)
3-7 days (indeterminate) (ROH x 0 patients)
8-14 days (Probable) (ROH x 2 patients)
>14 days (Definite) (ROH x 3 patients)

1.1. The Trust has reported x 5 patients that were probable or definite hospital acquired Covid 19.

1.2. It is to note that since December 2021, the Trust has seen an increase in outbreaks. This is possibly due to the emergence of a more transmissible COVID-19 variant (Omicron) and an increase in community infections. Although the Trust cannot confirm this as the typing of PCR tests is only undertaken in major outbreaks and not in controlled outbreaks. The increase in outbreaks is comparable to other organisations in the NHS.

1.3. For each case a detailed analysis has been undertaken as previously described in section 1.4 to identify any learning.

2. Recommendations

The Trust Board are to note:

2.1. The national definition of an outbreak.

2.2. The management of outbreaks is managed in accordance with the national guidance.

2.3. The Trust had no mortality in any of the outbreaks.

2.4. That outbreaks are managed in according to the quality governance processes of the Trust.
2.5. That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].
2.6. Although the Trust has closed beds/wards as appropriate, no service has been ceased in the result of an patient or staff outbreak.
2.7. The Trust has reported x 5 patients that were probable or definite hospital acquired Covid 19 since April 2021.

Ash Tullett

Head of Clinical Governance

February 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Infection Prevention and Control Board Assurance Framework (IPC BAF) – Update on the statements "Rag" rated Amber and Red in the gap analysis.**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh (Chief Nurse/Director of Infection Prevention and Control)**
AUTHOR:	**Ash Tullett (Head of Clinical Governance)**
DATE OF MEETING:	**02nd March 2022**

EXECUTIVE SUMMARY:

February 2022 - Version 1.8.2 update and Background .

The Trust received a notification in January 2022 from NHS improvement to inform us that the Infection Prevention and Control Board Assurance Framework (IPC BAF) has been further updated, refined and published (Version 1.8). The IPC BAF contains 124 recommendations.

NHS England developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained in relation to IPC. The IPC BAF will also help identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to Trust Boards that organisational compliance has been systematically reviewed.

Previously reported to the Trust Board in February 2022 was the full the gap analysis undertaken by the Head of Clinical Governance, Executive Director of Nursing and Governance/The Director of Infection Prevention and Control (DIPC), IPC Matron and the Head of Nursing against the IPC BAF (version1.8). This executive summary is an update on the statements that were Rag rated Amber and Red in the gap analysis.

Each statement in the IPC BAF is 'rag' rated by the following criteria.

Compliance	Green (118 in total)
Non-Compliance with mitigation	Amber (2 In total)
Non-Compliance with no mitigation	Red (4 in total)

Comparison to previous version presented to Trust Board in February 2022.

Rag rating	Version 1.6	Version 1.8.1 February 2022	Version 1.8.2 March 2022
Amber	3	4 (3 are new statements to the BAF)	2 (both are new statements to the BAF version 1.8)
Red	0	4 (1 is a new Statement)	4 (1 is a new statement to the BAF version 1.8)

Since the previous version reported to Trust Board, 2 of the Statements have improved to a green rag rating.

The following are rag rated 'GREEN'

120	boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board.	↑	This IPC Board assurance framework has been presented to the Board on multiple occasions detailing the Trust requirements and processes in relation to FFP3 and fit testing. This has allowed scrutiny and challenge from the unitary Trust Board. Further to this the DIPC has provided verbal updates on this. A full report was presented to the Trust Board in February 2022 and included the records from the centrally held database.
16 New	The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level	↑	The Trust has in place a plan for the implementation of the National Standards of Healthcare Cleanliness (released in April 2021). A paper was presented to the Trust Board in February 2022 and outlined the key requirements of the new standards and include: • The focus on the need for a collaborative approach. • To replace the cleaning audit percentage scores for functional areas with standardised star rating 5-1. • The introduction of efficacy audits. • The introduction of the Commitment to Cleanliness Charter.

The following are rag rated 'AMBER'

28 New	a ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer.	↔	The Trust have an appointed Authorising Engineer who provides specialist advice on ventilation. Assessments are currently being arranged for all Theatres and Wards which have mechanical ventilation. It is anticipated this will be complete by the new financial year.
98 New	safe spaces for staff break areas/changing facilities are provided.	↔	A team were set on and completed risk assessments out in all areas. There are areas within the Trust that proved difficult to create safe spaces for staff break areas and changing facilities due to the Trust estate. This includes Theatres and Portering room. Mitigation is in place as part of the departmental risk assessments to ensure safety is maintained. As mitigation, the Theatre department have staggered the breaks and shift patterns for staff and the Trust has provided further safe space for Theatres such as the learning and development room. Current scoring on the risk registers; Theatres - 3 x 4 = 12 (amber) Portering - 2 x 4 = 8 (amber) Further to this, the Trust has plans to extend Café Royale to ensure the space is sufficient for the footfall. This is included on next year's capital plans.

The following is deemed to be rag rated 'RED'

45 New	Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	↔	The toolkit provides ideas to local NHS organisations to address the barriers to behavioural compliance with IPC measures. After initial review by the DIPC and Head of Clinical Governance, the Trust are thought to meet some of the recommendations within the toolkit. A gap analysis will need to be undertaken by the Trust to provide assurance against the toolkit and address any gaps. A paper will be presented at the next Infection Prevention and Control committee to outline any gaps and actions required.
114	all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	↔	The current fit testing undertaken in the Trust only provides fit testing on one type of UK made masks. This was an active decision made by the Trust to ensure more staff have access to the fit testing and are fit tested on at least one type of mask. Once the demand allows it, the Trust will aim to ensure all staff are fit tested on at least two different masks. Current fit testing compliance rates are showing as low across the Trust for staff trained in two masks. A report was presented to the Trust Board on the current compliance on FFP3 fit testing in February 2022
118	members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	↔	The Trust has a process for this to ensure conversations and risk assessments are reviewed for staff. More assurance is needed to see if this is recorded correctly on people's individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. The Trust have no SOP or policy in place
119	a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	↔	More assurance is needed to see if this is recorded correctly on Staff individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. The Trust have no SOP or policy in place and no involvement from Occupational health.

Conclusion

The conclusion of the Gap analysis was that the Trust has a clear pathway, processes, and policies in place around infection prevention and control during the Covid-19 Pandemic and that all training detailed within the gap analysis is supported by attendance and/or competency sign off sheets. To address any compliance issues a responsive action plan is being developed by the Head of Clinical Governance and will be monitored via the Infection Prevention and Control Committee.

REPORT RECOMMENDATION:

To note the changes to the previous update.

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

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial		Environmental	x	Communications & Media	
Business and market share		Legal & Policy		Patient Experience	**x**
Clinical	**x**	Equality and Diversity		Workforce	
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
CQC KLOE/NHS England Assurance Framework
PREVIOUS CONSIDERATION:
All versions of the BAF presented at Trust Board, Quality and Safety and IPCC

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**NHS Inpatient Survey – Update**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh - Chief Nurse**
AUTHOR:	**Nikki Brockie - Deputy Chief Nurse** **The Patient Experience and Engagement Group was asked to receive and note the NHS Adult National Inpatient Survey 2020. The Action plan will follow this report and it will be presented and monitored in this forum by Roko Skocic, Head of Patient Experience**
DATE OF MEETING:	**March 2022**

EXECUTIVE SUMMARY:

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care. The NPSP is commissioned by the Care Quality Commission (CQC).

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos MORI. A total of 1250 ROH patients were invited to participate in the survey. Completed responses were received from 842 patients, an adjusted response rate of 68%.

For Noting:

The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with the previous years' data and trend data is not available. In future years, trend data will be incorporated into these reports. *(For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the Trust is performing).*

ROH have scored about the same as all other Trusts in most of the questions. There were no questions that ROH have scored worse than expected.

Overall, the results of the report are positive, with no results highlighted as worse than expected or requiring improvement. Therefore, the Patient Experience team, working with key stakeholders, have added actions to the rolling action plan, that would result in 'even better if' to patient experiences.

The rolling action plan has been updated to reflect actions from previous years, thereby tracking improvement and triangulating new improvements.

Summary of findings for your trust

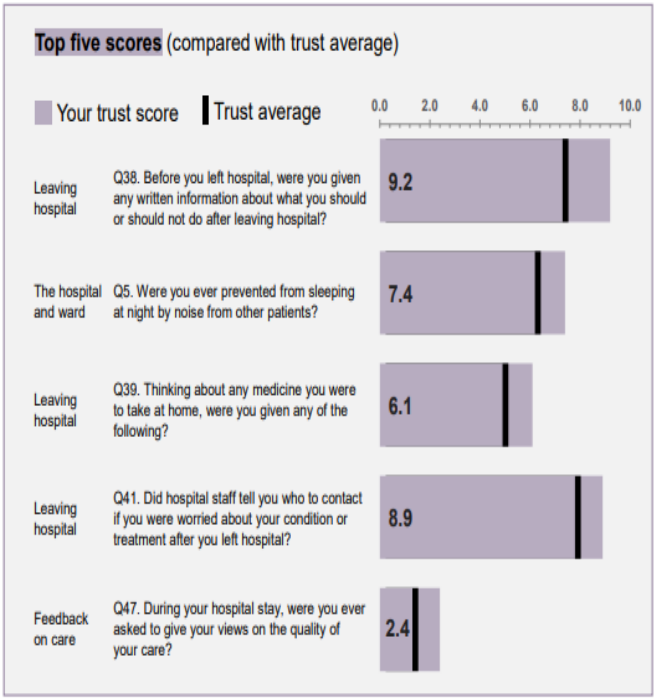


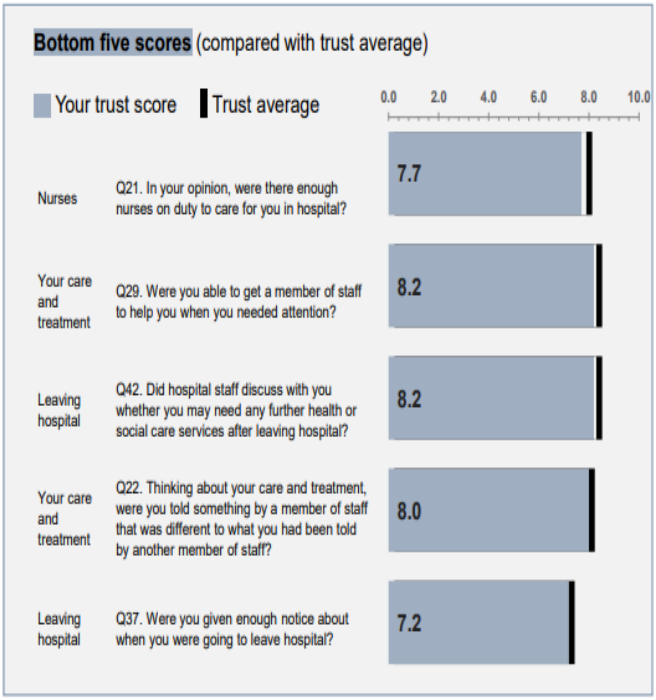
The ROH top five scores (compared with the Trust average) were:

Best and worst performance relative to the trust average

These five questions are calculated by comparing your trust's results to the trust average.

- **Top five scores**: These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.





REPORT RECOMMENDATION:

The Board is asked to RECEIVE and NOTE the update.

The Patient Experience and Engagement Group was asked to receive and note the NHS Adult National Inpatient Survey 2020. The Action plan will follow this report and it will be presented and monitored in this forum.

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

Note and accept	Approve the recommendation	Discuss
X		

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

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

Comments:

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

This paper is aligned to the Trust policies relating - NHS patient experience framework.

PREVIOUS CONSIDERATION:

Not previously considered by Trust Board

The Royal Orthopaedic H

NHS Found

Ref/Date	Question
2016/01 2017/02 2018/02 2019/07 2020/02	This questions have changed in the 2020 survey. The Trust have benchmarked where appropriate against similar questions
2016/02 2017/03 2018/03 2020/07	
2019/07 2020/10	
2020/07	
2018/04 2019 2020/05	
2018/05 2020/07	
2019/07 2020/37	

2020/21	In your opinion, where there enough nurses on duty to care for you in the hospital- 7.7/10
2020/42	Did hospital staff discuss with you whether you may need any further health or social care services after leaving the hospital? 8.2/10
2020/29	Where you able to get a member of staff to help you when you needed attention? 7.7/10

Hospital NHS
dation Trust

ACTION LOG: National Inpatient Survey Roll

Action	Owner
To improve patient satisfaction with length of time spent on the waiting list for surgery	Clinical Service Managers
To improve patient satisfaction with knowing the name of the nurse looking after you for each shift	Heads of Nursing
To improve patient satisfaction around being able to take their own medication	Chief Pharmacist
To improve patient satisfaction around being spoken about without acknowledgement of their presence.	Medical Director
To improve patient satisfaction with reducing noise at night	Heads of Nursing
To improve patient's knowledge of how to complain	Head of Patient Experience
To improve patient satisfaction around discharge decisions, notice of discharge and delays to discharge	Discharge Sister

To maintain safer staffing levels across the Trust	Deputy Chief Nurse
patients being given information about further health or social care services they may need after leaving hospital	Head of Nursing
To review current response time to the buzzers	Head of Nursing

ing Action Plan - updated February 2022

Actions being taken
Perfecting Pathways Process
Patient information Boards to be reviewed. Initiate handovers at the bedside. Review wearing of Name Badges. the Trust have rolled out #HelloMyNameIs name badges.
To review current provision of the patients own medication
Under Review
Fundamental of care actions. Quality walkarounds out of hours by the senior nurses
the Public Engagement department have introduced posters for the PALS and Complaints in every side room, every bay and in all departments translated on 5 main spoken languages within our patients and leaflets have been disseminated around the Trust
Review and Refresh of Passport to Home. To ensure patients are always aware of when they are being discharged and actions left to complete to achieve successful discharge. Updated Discharge Policy (post covid) and including new agreements.

Monitoring of the sick leave, open vacancies and retention insure that Nurse managers oversee save care and maintain a good roster management
Patients that are vulnerable are referred to the our Community team and they are visiting patients following discharge
Audit to be done by the senior Nurses on quarterly basis on all wards

Major Delay
Some Delay
Action is not yet due for completion and there is no foreseen issues that may prevent deliver
Action Completed
No Action Required / Not Applicable

Update	Status
2019 survey: still an issue for patients Intention: remain on action plan **2020 survey:** The Trust improved its waiting lists with an average score of 8.1 in the 2020 survey, the Trust will continue to work on improvements	CLOSED
2019 survey: still an issue for patients 6.1/10 Intention: remain on action plan **2020 survey:** This question have not been asked in this survey	CLOSED
2019 survey: 7.0/10 **2020 Survey:** Things have improved as the score for 2020 was 8.3/10, however, the Trust will continue to improve	
2019 Survey: 8.8 metric is about the same as other trusts but lower than other medical communication metrics Intention: add actions. **2020 Survey:** This has improved as the Trust have scored 9.1/10, which is better than expected by the CQC	CLOSED
2019 survey: 8.6/10 on survey (better) **2020 survey:** this year the survey score for the patient nose was lower than last year at 7.4/10 which was marked better than expected by the CQC. The staff noise stayed the same at 8.6/10	
2019 Survey: 3.9 metric is about the same as other Trusts. **2020 Survey:** no question have been asked	CLOSED
2019 Survey: Metrics for three questions at or below 7.5/10. **2020 Survey:** The Trust have scored lower than year before at 7.2/10, this can be due to the COVID-19 and the Discharge lounge being closed for the majority of the year. In addition the Trust was no worse than the National average	

2020 Survey: metrics for this questions were below the National Trust average (7.9) at 7.7/10	
2021 Survey: metrics for this questions were below the National Trust average (8.3) at 8.2/10	
2021 Survey: metrics for this questions were below the National Trust average (8.3) at 8.2/10	

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION

CQC Adult Patient Inpatient Survey 2020

Presented By Nikki Brockie, Deputy Chief Nurse / Roko Skocic, Head of Patient Experience

Introduction

- The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care. The NPSP is commissioned by the Care Quality Commission (CQC).
- The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos MORI. A total of 1250 ROH patients were invited to participate in the survey. Completed responses were received from 842 patients, an adjusted response rate of 68%.
- The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with previous years' data and trend data is not available. In future years, trend data will be incorporated into these reports.
- For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the Trust is performing.
- ROH have scored about the same as all other Trusts in most of the questions . There were no questions that ROH have scored worse than expected.

Methodology

- The 2020 National Inpatient Survey used a new “mixed mode” methodology and a new questionnaire.
- The paper questionnaire covers 8 pages and includes 47 questions about care, 10 background questions and 3 free-text questions.
- The online version was available in English and 19 other languages. A British Sign Language version was also provided.

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.

1,250 invited to take part

842 completed

6% urgent/emergency admission

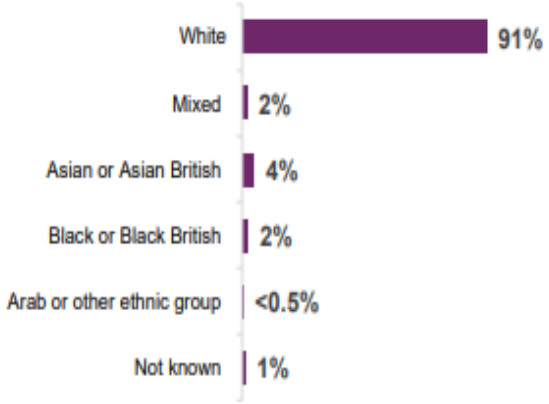
94% planned admission

68% response rate

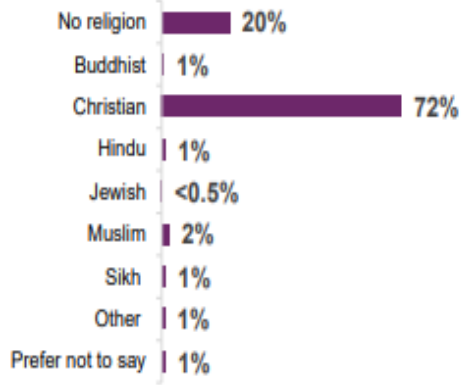
46% average response rate for all trusts

67% response rate for your trust last year

Ethnicity



Religion



Long-term conditions



of participants said they have physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").

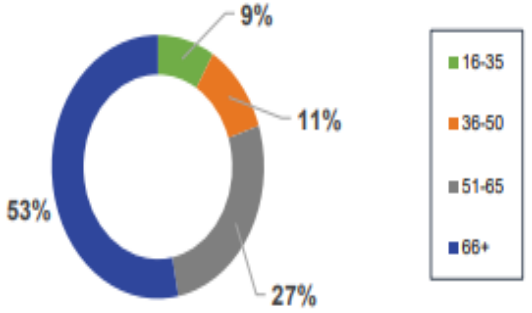
Sex

At birth were you registered as...



0% of participants said their gender is different from the sex they were registered with at birth.

Age



Scores

Number	Question	Average Score	The Royal Orthopaedic Hospital NHS Foundation Trust	Difference
Admission to Hospital				
Q2	How did you feel about the length of time you were on the waiting list before your admission to hospital?	83%	86%	+2%
Q3	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	73%	90%	+16%
The Hospital and Ward				
Q4a	There were restrictions on visitors in hospital during the coronavirus (COVID- 19) pandemic. Were you able to keep in touch with your family and friends during your stay?	79%	86%	+7%
Q5_1	Were you ever prevented from sleeping at night by any of the following: noise from other patients	62%	81%	+19%
Q5_2	Were you ever prevented from sleeping at night by any of the following: noise from staff	81%	90%	+9%
Q5_3	Were you ever prevented from sleeping at night by any of the following: noise from medical equipment	83%	90%	+7%
Q5_4	Were you ever prevented from sleeping at night by any of the following: hospital lighting	83%	87%	+4%
Q5_5	Were you ever prevented from sleeping at night by any of the following: something else	91%	92%	+1%
Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	66%	77%	+11%
Q8	How clean was the hospital room or ward that you were in?	92%	96%	+4%
Q9	Did you get enough help from staff to wash or keep yourself clean?	85%	91%	+6%
Q10	If you brought medication with you to hospital, were you able to take it when you needed to?	83%	87%	+4%
Q11	Were you offered food that met any dietary requirements you had?	83%	90%	+7%
Q12	How would you rate the hospital food?	71%	78%	+8%
Q13	Did you get enough help from staff to eat your meals?	78%	87%	+10%
Q14_1	During your time in hospital, did you get enough to drink: Yes	90%	96%	+6%
Q14_2	During your time in hospital, did you get enough to drink: No, because I did not get enough help to drink	99%	100%	+1%
Q14_3	During your time in hospital, did you get enough to drink: No, because I was not given enough to drink	96%	98%	+2%
Q14_4	During your time in hospital, did you get enough to drink: No, for another reason	98%	99%	+1%

Scores are out of 100, with higher scores being better

Focus on questions where there are differences of 5% or more, highlighted in red or green.

Scores

Number	Question	Average Score	The Royal Orthopaedic Hospital NHS Foundation Trust	Difference
Doctors				
Q15	When you asked doctors questions, did you get answers you could understand?	87%	95%	+7%
Q16	Did you have confidence and trust in the doctors treating you?	92%	98%	+6%
Q17	When doctors spoke about your care in front of you, were you included in the conversation?	85%	94%	+8%
Nurses				
Q18	When you asked nurses questions, did you get answers you could understand?	89%	93%	+4%
Q19	Did you have confidence and trust in the nurses treating you?	91%	94%	+3%
Q20	When nurses spoke about your care in front of you, were you included in the conversation?	87%	93%	+5%
Q21	In your opinion, were there enough nurses on duty to care for you in hospital?	79%	85%	+6%
Your care and treatment				
Q22	Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	80%	83%	+3%
Q23	To what extent did staff looking after you involve you in decisions about your care and treatment?	72%	80%	+9%
Q24	How much information about your condition or treatment was given to you?	89%	96%	+8%
Q25	Did you feel able to talk to members of hospital staff about your worries and fears?	78%	87%	+9%
Q26	Were you able to discuss your condition or treatment with hospital staff without being overheard?	65%	79%	+14%
Q27	Were you given enough privacy when being examined or treated?	95%	98%	+4%
Q28	Do you think the hospital staff did everything they could to help control your pain?	90%	93%	+3%
Q29	Were you able to get a member of staff to help you when you needed attention?	83%	88%	+5%
Operations and Procedures				
Q31	Beforehand, how well did hospital staff answer your questions about the operations or procedures?	84%	91%	+7%
Q32	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	84%	89%	+4%
Q33	After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	80%	84%	+4%

Scores

Number	Question	Average Score	The Royal Orthopaedic Hospital NHS Foundation Trust	Difference
Leaving Hospital				
Q34	To what extent did staff involve you in decisions about you leaving hospital?	71%	79%	+8%
Q35	To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	73%	83%	+10%
Q36	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	84%	94%	+10%
Q37	Were you given enough notice about when you were going to leave hospital?	72%	78%	+6%
Q38	Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	71%	94%	+24%
Q39_1	Thinking about any medicine you were to take at home, were you given any of the following: An explanation of the purpose of the medicine	49%	72%	+23%
Q39_2	Thinking about any medicine you were to take at home, were you given any of the following: An explanation on side effects	21%	38%	+17%
Q39_3	Thinking about any medicine you were to take at home, were you given any of the following: An explanation of how to take the medicine	42%	66%	+24%
Q39_4	Thinking about any medicine you were to take at home, were you given any of the following: Written information about your medicine	36%	52%	+15%
Q39_5	Thinking about any medicine you were to take at home, were you given any of the following: I was given medicine, but no information	90%	96%	+7%
Q40	Before you left hospital, did you know what would happen next with your care?	66%	80%	+14%
Q41	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	77%	94%	+17%
Q42	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	68%	83%	+14%
Q44	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	66%	77%	+11%
Overall				
Q45	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	92%	96%	+4%
Q46	Overall, how was your experience while you were in the hospital?	83%	91%	+7%
Q47	During your hospital stay, were you ever asked to give your views on the quality of your care?	12%	31%	+20%
Total Average Score:		77%	86%	+9%

NHS

CareQuality Commission

NHS Adult Inpatient Survey 2020

Results for The Royal Orthopaedic Hospital NHS Foundation Trust

Where patient experience is best

- ✓ Written information on discharge: patients being given written information about what they should or should not do after leaving hospital
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Information about medicines to take at home: patients being given information about medicines they were to take at home
- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- ✓ Feedback on care: patients being asked to give their views on the quality of their care

Where patient experience could improve

- Enough nurses: patients feeling there were enough nurses on duty to care for them in hospital
- Getting help from staff: patients being able to get a member of staff to help them when they needed attention
- Further health or social care services: patients being given information about further health or social care services they may need after leaving hospital
- Communication: patients not being told something by a member of staff that was different to what they had been told by another member of staff
- Notice about leaving hospital: patients being given enough notice about when they were going to leave hospital

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

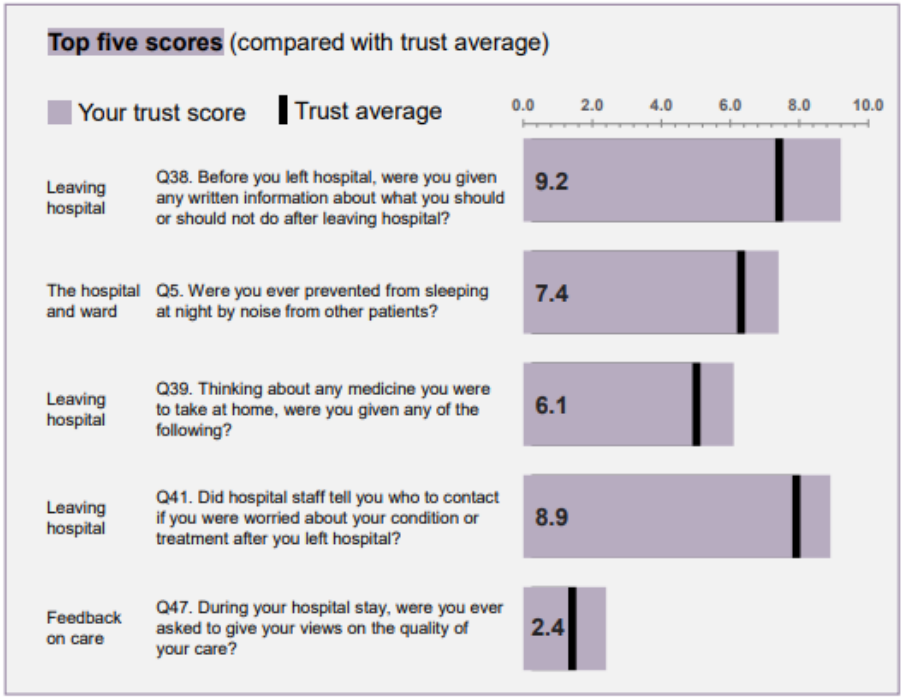


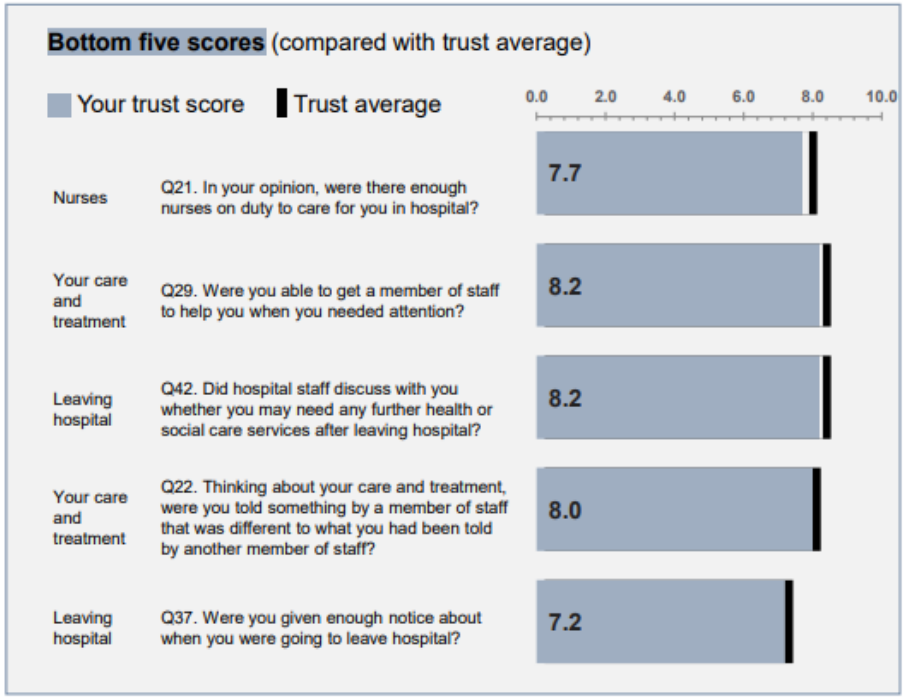
Results

Best and worst performance relative to the trust average

These five questions are calculated by comparing your trust's results to the trust average.

- **Top five scores**: These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.





Freedom To Speak Up Guardian Update

CLAUDETTE JONES

3 March 2022



Introduction

- Appointed FTSUG - 1 September 2021
- Since appointment: Introduction to the Trust and profile raised as FTSUG
- Reviewed the Internal Audit Report and actioned some of the work that was outstanding including updating the information on the Trust intranet in line with other Hospitals
- Updated L&D slides for Mandatory Training
- Undertaken FTSU Introductory Training on 22 September 2021
- October – ‘Speak Up’ Month – Launched the new FTSUG as well as celebrated ‘Speak Up’ Month. This was well supported and celebrated by staff. Lots of information was available. Staff offered their pledges. Social Media coverage was extensive and positive.

Concerns Raised September-October 2021

Total Issues Raised	13
Anonymous	0
Ongoing	0
Closed	13

Concerns Raised Related To…

Element of quality and safety 2

Element of Bullying and harassment 3

Common Theme - Attitude and Behaviour

Some cases raised to Guardian already been reported to Managers/HR. However, staff were seeking support from the Guardian.

Some staff reluctant to escalate

Quarterly report submitted to NGO

Concerns Raised November-January 2021-2022

Total Issue Raised	18
Anonymous	0
Ongoing	4
Closed	14

Concerns Raised Related To…

Element of quality and safety - 4

Element of Bullying and harassment- 6

Common Theme - Attitude and Behaviour

Areas Visited

- Ward 1
- Ward 2
- Ward 3
- Ward 4
- Ward 10
- Ward 12
- Pre-Op
- ADCU
- Theatre
- Physio Dept
- Porters
- Coding dept
- Oncology
- Kitchen
- Secretaries
- Imaging
- Donning Station

Summary of Reported Cases

- New Manager not being given relevant training – causing stress on staff
- Poor communication and delayed outcomes
- Member of staff leaving the Trust because of their poor experiences/poor outcome
- Senior member of staff felt bullied by junior staff/element of clicks within teams
- Staff treated differently because of Race
- Inequality applying for Jobs/job already earmarked

General/Networks

- A high number of staff enjoy working at the Trust, recognised the work currently being done and show a lot of appreciation. Barrier - feel that they are unable to get involve especially attending network meetings because of tight staffing levels or the support from managers. Very highly praise for some managers – Words used: supportive, compassionate, approachable, helpful

Future plans:

- A high number of staff showed interest to become FTSU Champions (FTSUC) – We are in the process of reviewing their statements and sorting induction/training
- Once FTSUC are in post - Exciting awareness activities that will culminate in a ‘Road Show’ around the Trust with a standing banner with FTSU information and detail of the champions/guardian.
- Continue to be visible and work with the Communications Team to get a regular space to continue raise FTSU awareness
- Working on Improving presence on social media

General/Networks

The Network has significant grown – one reason for this:

Some members of staff who are raising concerns are now joining the Networks and are more enthusiastic to raise positive awareness and improve Trust culture.

Example – E&D/MMEG network joined partnership to celebrate World Religious Day with support of the Communications Team and the Chaplaincy service. A piece of work that was done by Network members from a diverse religious back was reviewed by Sister Maryanne and we are now working on a project to create a booklet for the Multifaith prayer room and to share with the Trust.

Thank You!

ANY QUESTIONS?

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Gender Pay Gap Report 2021**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive Officer**
AUTHOR:	**Sharon Malhi, Associate Director of Workforce & OD**
DATE OF MEETING:	**2nd March 2022**

EXECUTIVE SUMMARY:

Background/Context

This report outlines The Trust's Gender Pay Gap for the year ending 31st March 2021 and provides a comparison of the pay gap within the organisation since this has become a statutory obligation for public sector employers.

In 2018, it became mandatory for all public sector employers with more than 250 employees to measure and publish their gender pay gap information. Since then, employers have had a responsibility to publish data annually, on both their own websites and on the government's. Most organisations that reported their gender pay gap figures showed a median pay gap in favour of men.

Data from the Office for National Statistics (ONS October 2021) shows that the full-time gender pay gap in April was 7.9%, down from 9.0% in April 2019, although the pandemic could have caused variations due to the wages and hours worked in the economy. In addition, there was disruption to data collection during this period. The gender pay gap for all workers, both full- and part-timers, was 15.4% for the public sector in 2021.

Comparison data for partners Trusts within BSOL is not available for the year ending March 2021 and therefore a further report will be brought to this committee once this becomes available.

The report also outlines proposed actions the Trust may wish to consider in addressing the Gender Pay Gap within the Trust.

The Committee are asked to note and discuss the contents of the report and approve the recommendations contained within the final slide of the report.

Positive Assurances:

- The current gap of 42.5% gap between median bonus pay has reduced from 62.2% since 2018, although higher than 38.9% in 2017
- When we remove consultants from the calculations the mean gender pay gap reduces to 13.1% and the median to 10.1%
- This reduces further when we remove all medical colleagues from the calculation. The mean drops to 5% and the median to 3%
- This reaffirms that the Trusts overall Gender Pay Gap is affected by the proportion of higher paid colleagues in some of the most senior roles.

Key Risks:

- There is a risk that a failure to address the Gender Pay gap amongst our medical professions will lead to a negative perception about the progression of women into senior medical roles
- There is a risk that when this data is published on the government website the data is not understood in the detail we are able to report internally therefore misrepresenting equality and diversity issues at the Trust to both internal and external stakeholders
- external stakeholders
- There is a risk that a failure to address the gender imbalance across all our staff groups will undermine the Trusts positive approach to inclusion and wellbeing

Current Issues:

- None to Report

Next Steps:

- The Board are asked to refer to page 11 of the accompanying report.

REPORT RECOMMENDATION:

The Committee is asked to receive the update and note that the results have been published.

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

Note and accept	Approve the recommendation	Discuss
x	**X**	x

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

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

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

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

Focus on engagement and wellbeing	x	Issues of pay and equality can impact on the physical and psychological wellbeing of colleagues
Developing our workforce	x	Providing opportunities for colleagues to progress further in a supportive environment
Diverse and Inclusive place to work	x	Making the ROH a fair and inclusive place to work regardless of gender/role
Managing Performance		
New ways of working		

PREVIOUS CONSIDERATION:

Report discussed at Staff Experience & OD Committee on 16th February 2022.

Gender Pay Gap Report 2021/22

Presented by Sharon Malhi, Associate Director of Workforce & OD
Prepared by David Morris, Workforce Information & Systems Manager

Introduction

- Government legislation means employers with 250 or more employees are required to publish their figures comparing men and women's average pay across the organisation.
- The gender pay gap is the difference between the average earnings of men and women.
- The first report was published in March 2018, which provided gender pay data as at 31st March 2017
- The gender pay gap report must include:
  - Mean gender pay gap
  - Median gender pay gap
  - Mean bonus gender pay gap
  - Median bonus gender pay gap
  - Proportion of men in the organisation receiving a bonus payment
  - Proportion of women the organisation receiving a bonus payment
  - Proportion of men and women in each quartile pay band
- This year we are reporting on gender pay data as at 31st March 2021

Difference between Gender Pay and Equal Pay

Equal Pay

- Equal pay deals with pay differences between men and women, who carry out the same jobs, similar jobs or work of equal value

Gender Pay

- Gender pay gap shows the differences in the average pay between men and women

Using the results of the Gender Pay Gap Report

Although we continue to develop and environment where people feel we provide equal opportunities and take action against any discrimination we are not complacent and set priorities around our Public Sector Equality Duties.

We can se 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 it being maximised and rewarded

Definitions and Scope

- **Mean**

  The mean hourly rate is the average hourly wage across the entire organisation so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

- **Median**

  The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and 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).

- **Pay Quartiles**

  Pay quartiles are calculated by splitting all employees in an organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

- This report is based on pay rates as at 31st March 2021 and covers any bonuses paid within the year 1st April 2020 to 31st March 2021.

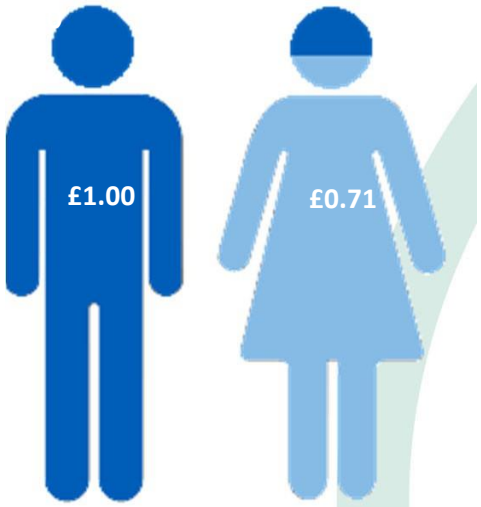
- It covers all employees under contract to The Royal Orthopaedic Hospital NHS Foundation Trust (the ROH) , including Agenda for Change and Medical terms and conditions. It includes those employed under Temporary Staffing, but does not include Non-Exec Directors

- All data has been collated from the Electronic Staff Record (ESR) system.

Median and Mean Gender Pay Gap 20/21

MEDIAN GENDER PAY GAP AT ROH

- The median hourly wage for men is £18.00
- The median hourly wage for women is £12.80
- This equates to a £5.20 difference
- The median hourly rate is 28.6% lower for women than it is for men
- This means that for every £1 earnt by men, women earn 71.4p



MEAN GENDER PAY GAP AT ROH

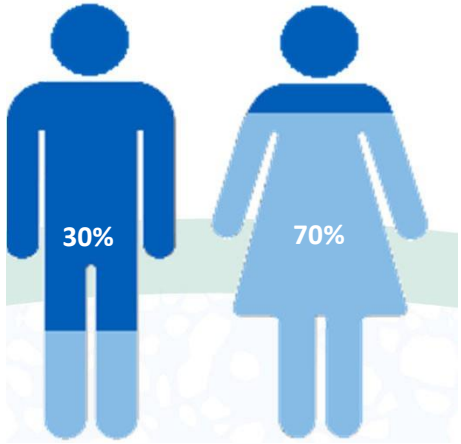
- The mean hourly rate for men is £23.80
- The mean hourly rate for women is £15.20
- When comparing mean hourly wages, women's mean hourly wage is 36.3% lower than men's
- This is a difference of £8.60 in the average hourly rates between men and women

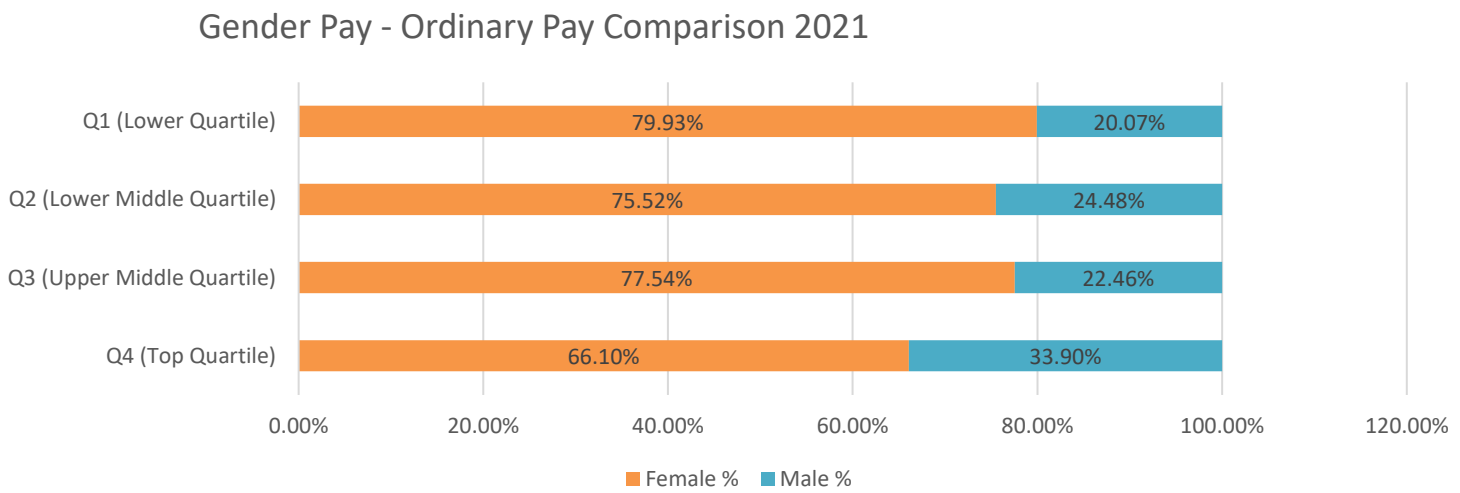


Pay Quartiles

- The gender profile of the ROH is 70.4% female to 29.6% male, which is a common workforce profile across NHS Trusts.
- The Trust employ significantly more women in Quartiles 1, 2 and 3, (accounting for approximately 78% of the total), however there is a smaller proportion within the top quartile (4) at 47%.
- Consultant medical staff (85 Headcount) of which 5 are female

Trust Gender Profile

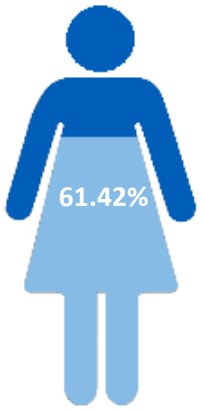




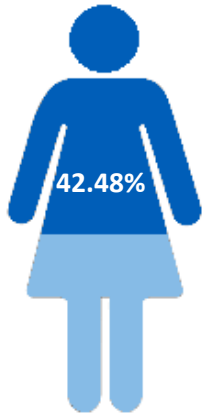
Gender Pay Gap Bonus Pay

- For the purposes of the gender pay gap, bonus pay is classed as any rewards that related to profit- sharing, productivity, performance, incentive and commission that were actually paid within the reporting period. In ROH the only payment that qualifies as a bonus payment is the Clinical Excellence Award that applies to substantive consultant medical staff with more than 12 months service.
- At the ROH, the women's median bonus pay is 42.48% lower than men's. This means that women earn 57p for every £1 that men earn when comparing median bonus pay.
- When comparing the mean bonus pay gap, women's mean bonus pay is 61.42% lower than men's**.**

Mean Bonus Gender Pay Gap



Median Bonus Gender Pay Gap



Who received bonus pay at the ROH

- **0.2%** of women
- **6.20%** of men

Excluding Consultants

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	17.2907	14.2194
Female	15.0201	12.7723
Difference	2.27	1.45
Pay Gap %	13.1	10.8

Excluding all Medical Staff

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	15.7167	13.1710
Female	14.9350	12.7578
Difference	0.7817	0.4132
Pay Gap %	4.9	3.1

Comparison to Previous Years

ORDINARY PAY			
MEAN		MEDIAN	
Year	Pay Gap %	Year	Pay Gap %
2017	34.8%	2017	25.9%
2018	36.2%	2018	27.8%
2019	34.3%	2019	23.1%
2020	36.9%	2020	29.5%
2021	36.3%	2021	28.6%

BONUS PAY			
MEAN		MEDIAN	
Year	Pay Gap %	Year	Pay Gap %
2017	49.5%	2017	38.9%
2018	53.9%	2018	62.2%
2019	46.9%	2019	53.3%
2020	63.5%	2020	55.5%
2021	61.4%	2021	42.5%

- The mean pay gap changed marginally from 2020.
- The Trusts gender pay and bonus pay gap is primarily driven by the gender split in the consultant body which is approximately 90% male and 10% female.
- The mean gender pay gap has increased by 1.5% since 2017 and increased from 34.3% in 2019 to 36.3% in 2021.
- Since 2017 we have seen an increase in the median gender pay gap by 2.7%
- There has been a marked increase in the mean bonus pay gap since 2017
- The gap for median bonus pay has increased since 2017.
- Based on the comparisons to previous years, the trends would suggest that the Trust is not making desired progress with closing the Gender Pay Gap.

Reducing the Gender Pay Gap

Proposed actions to reduce the Gender Pay Gap

We propose the following areas of work in addressing the gender pay gap and suggest that these are embedded in the Trusts Inclusion Action Plan:

- Explore a mix of positive actions to increase successful female applicants into consultant and senior leadership roles and more men into clinical support roles. This will include recruitment training for panel members, interview panels with an equal gender split and diversity
- Actively promote flexible working opportunities/ shared parental leave in the advertising of these roles
- Undertake an annual review of gender split across all pay bands and take action on outcomes
- Address any gender inequalities within our talent pipeline and actively promote participation in schemes/programmes which will identify talented individuals progressing into leadership roles
- Resumption and promotion of coaching/career development opportunities within the Trust and externally.
- Ensure people policies consider the needs of carers to enable agile working and contributing to a good work life balance
- Unpaid caring responsibilities - increase declarations by actively promoting what the Trust can do to support staff with these responsibilities.
- Introduce a Gender Equality network or align to EDI network to support the delivery of impactful actions to close our gender pay gap further

‘Model Hospital Club at the ROH’

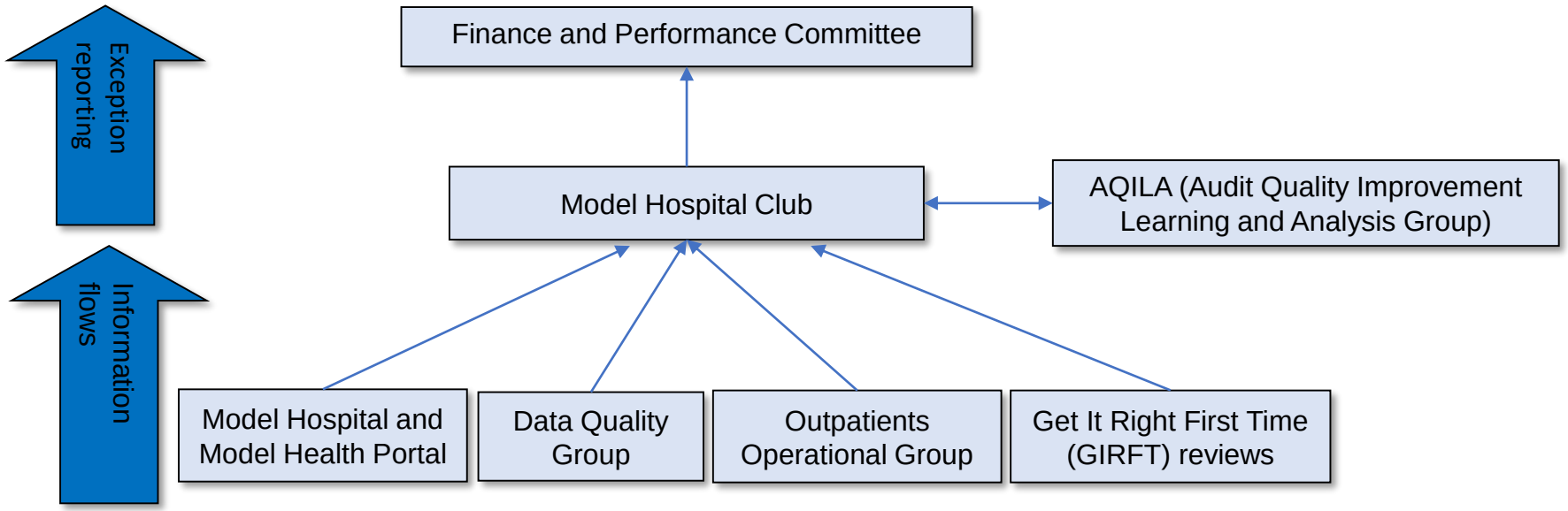
Marie Peplow
Executive Chief Operating Officer

Amanda Gaston
Deputy Director of Finance, Financial Planning, Performance and Improvement

What is Model Hospital Club ?

Set up in September 2020 to review and discuss indicators produced within the Model Hospital system.
Acts as a forum for identifying quality improvement areas and a forum for sharing of ideas and best practice to support the release of efficiencies and savings, whilst maximising clinical outcomes and patient experience .

- Meets monthly
- Chaired by Chief Operating Officer, with attendance from the Medical Director, Nursing Director and Director of Finance

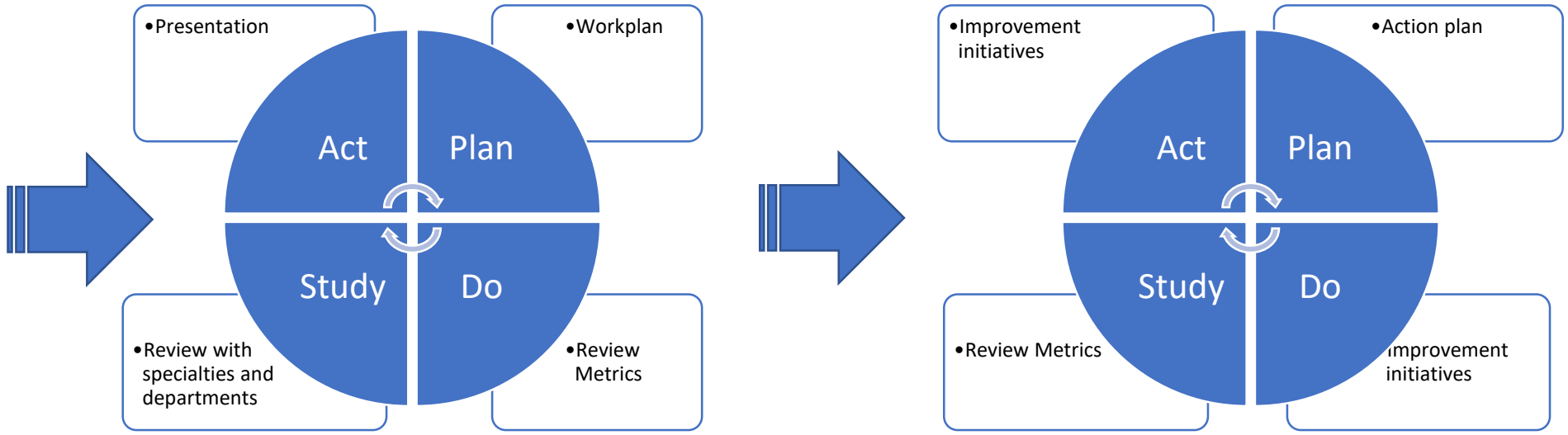


What is Model Hospital?

The work plan aims to cover all current metrics within the Model Hospital club and updated when new metrics added. The programme is structured using a Plan, do, study, act cycle.

Model Hospital

Model Health System



Governance framework

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust



Progress to date- MHC in action

- The local Get it Right First Time (GIRFT) team now regularly attend the meeting. They praised the work that had been undertaken to date and commended the future work plan.
- The process of reviewing Model Hospital metrics was integrated into the business planning process for 2021/22, and plans to be included for 2022/23 planning
- The feedback loop into AQUILA (chaired by the Medical Director) is being established with the Spinal service showcasing this process by presenting at both groups

	November'20	December'20	January'21	February'21	March'21	April'21	May'21	June'21	July'21
Review metrics	**Theatres**	**Arthroplasty**	**Arthroscopy**	**Small Joints**	**Outpatients**	**Therapies & Pharmacy**	**Nursing**	**Medical staff**	RTT
Presentation		Spinal	Theatres	Arthroplasty	Arthroscopy	Small Joints	Outpatients	Therapies & Pharmacy	Nursing – Div 1

	Sept'21	Oct'21	Nov'21	Dec'21	Jan'22	Feb'22
Review metrics	Finance, IT, payroll and procurement	Estates and Facilities	Model Health system	HR and People (includes; people promise, Wellbeing, retention analysis and culture)	Daycase and Inpatients	Spinal
Presentation	Nursing – Div 2	Medical staff and RTT	Finance, payroll and procurement	Digital and IM&T, and Estates & Facilities	HR and People	Daycase and Inpatients

Progress to date

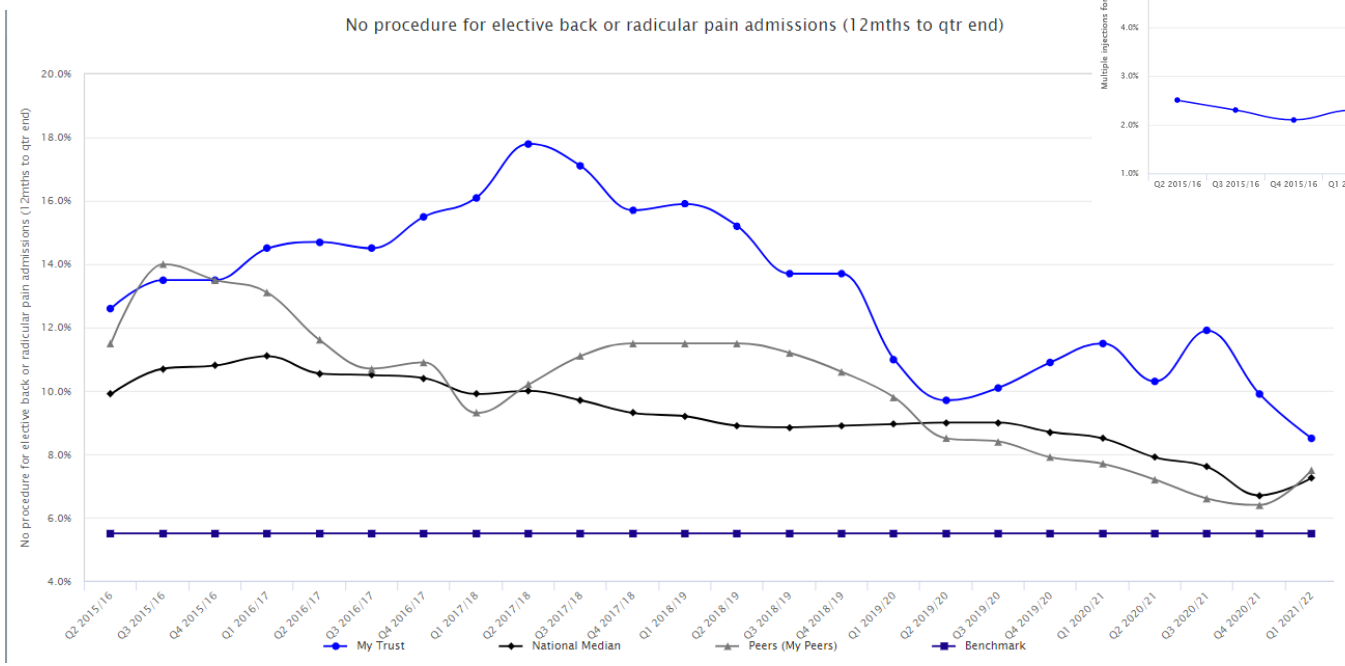
An example of the metrics reviewed with the Arthroplasty service and the actions proposed to improve performance can be seen below;

	Hip replacements		Knee Replacements		Actions proposed to improve performance
	Current performance	Peer group comparison	Current performance	Peer group comparison	
Average Length of Stay	3.8	2.7	4.5	4.5	• Further roll out of day case UKR,THR,TKR • Improve the process for revision microbiology culture to reduce delays • Business case for better urgent response and investigation for patients discharged to prevent readmissions
Emergency Readmissions	5.4%	4.1%	6%	5.5%	
Return within 1 year for another procedure	0.9%	1.2%	4.5%	3.8%	
Revision of primary replacement within 1 year	0.2%	0.3%	0.4%	0.2%	

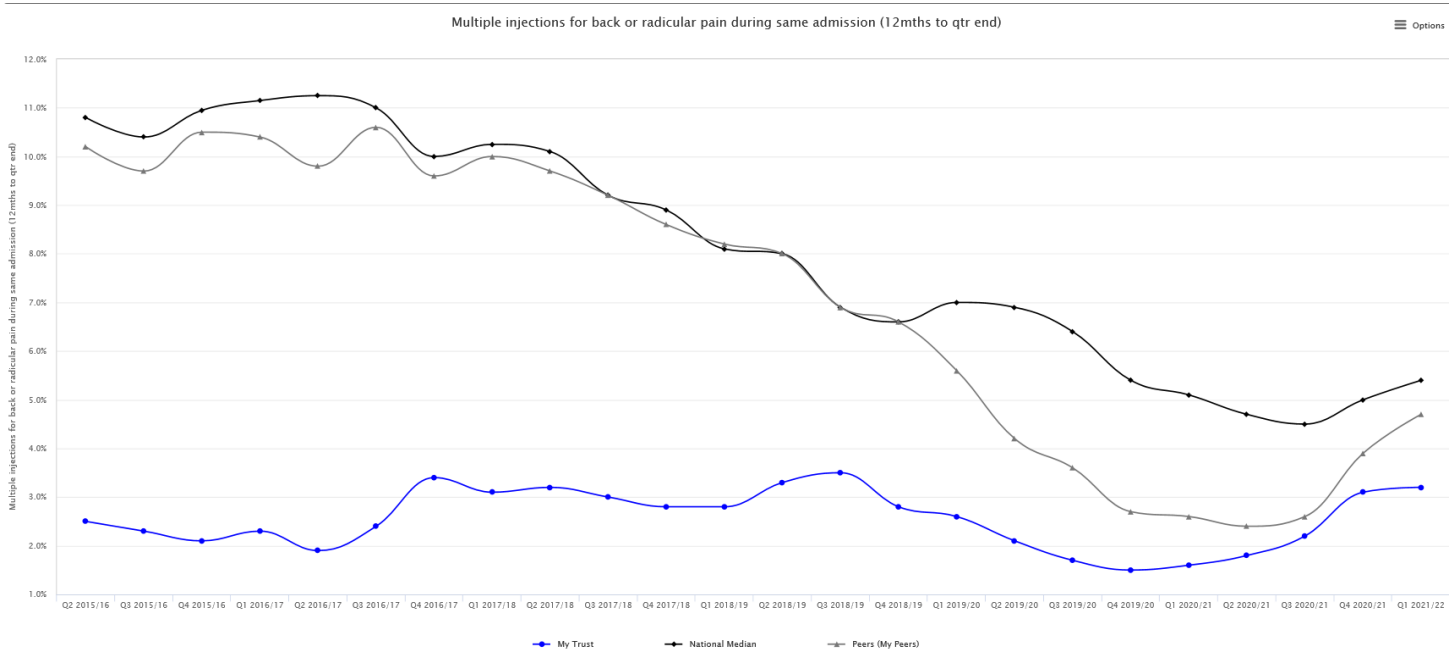
Comparison to peer group is to the median. Providers compared against were Robert Jones and Agnes Hunt, and The Royal National Orthopaedic Hospital

Progress to date – Spinal surgery improvements

- Reduction in elective admissions for back or radicular pain with no procedure, although still further reduction required to perform in line with peers and national median;

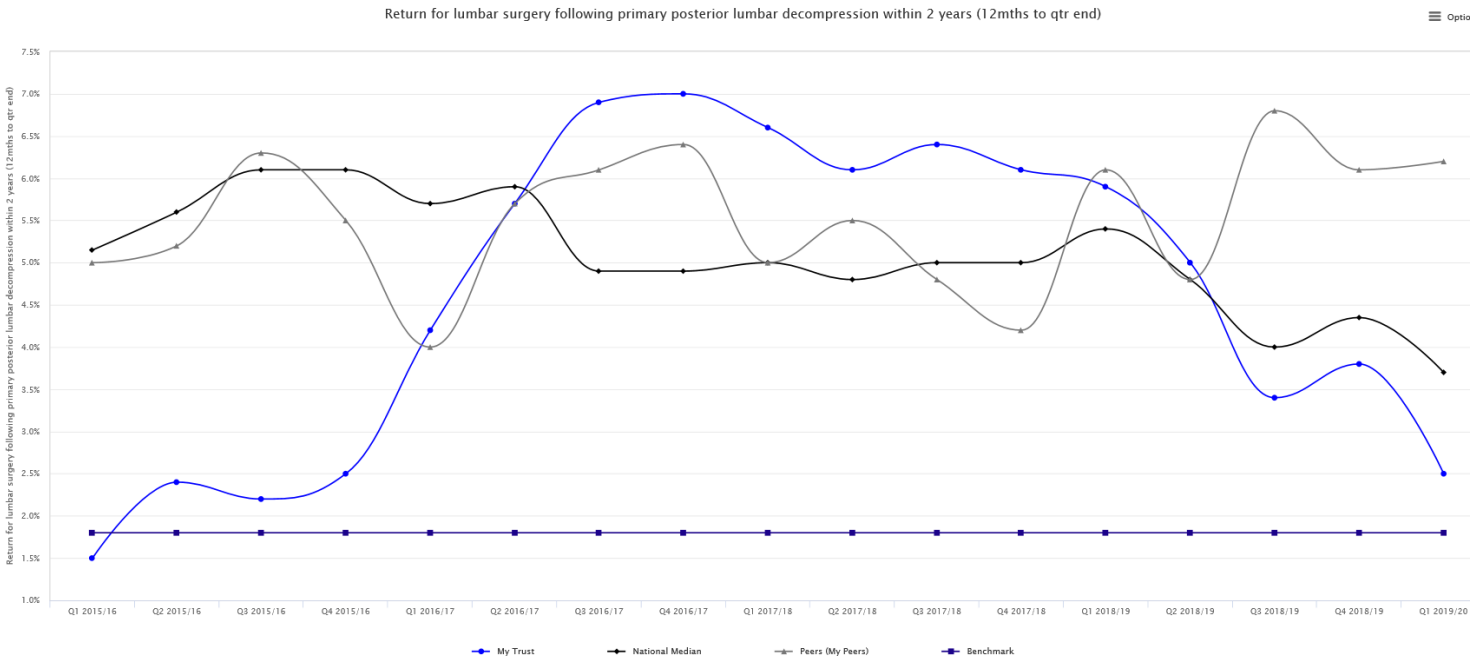


- Multiple injections for back pain during same admission has continued to perform better than peers and national median;

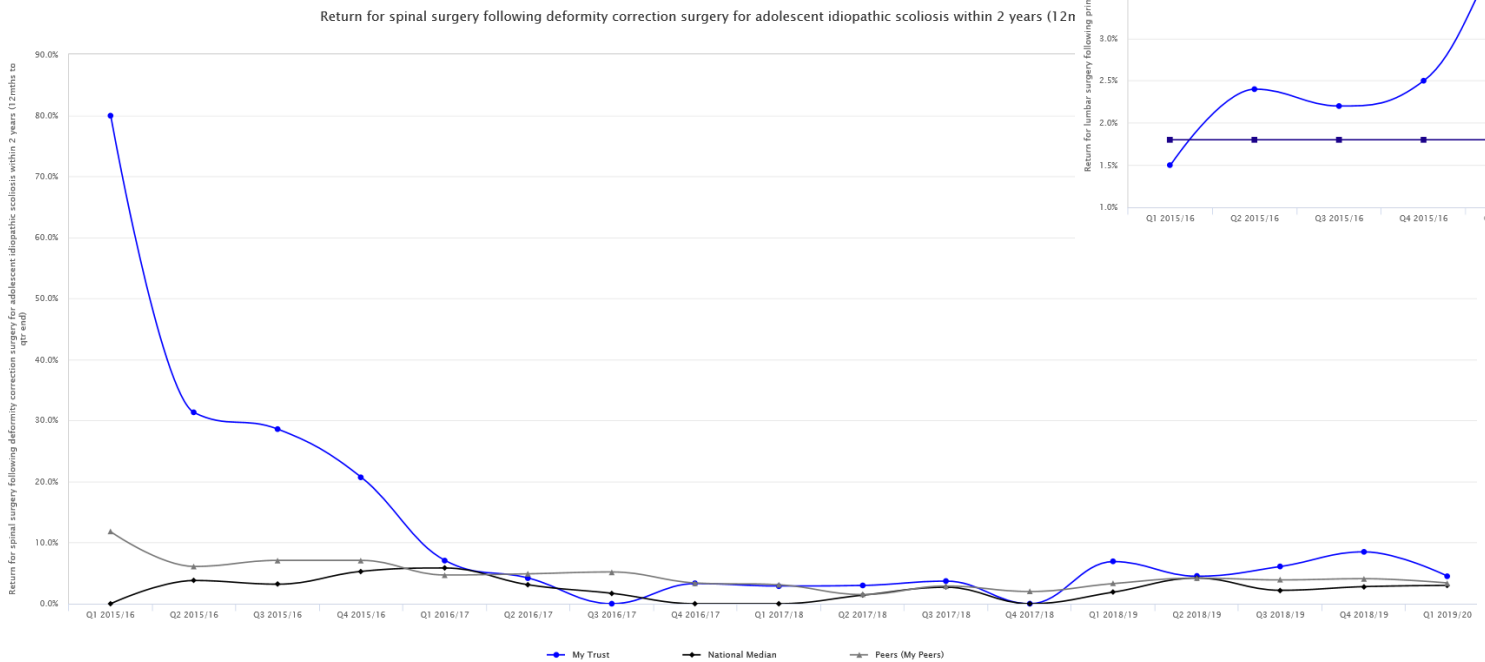


2. Progress to date – Spinal Surgery improvements

- Return for lumbar surgery within 2 years has continued to decline and remains lower than peers and national;



- Rates remain low for return to surgery following deformity correction surgery within 2 years, and is slightly above peers and national median;

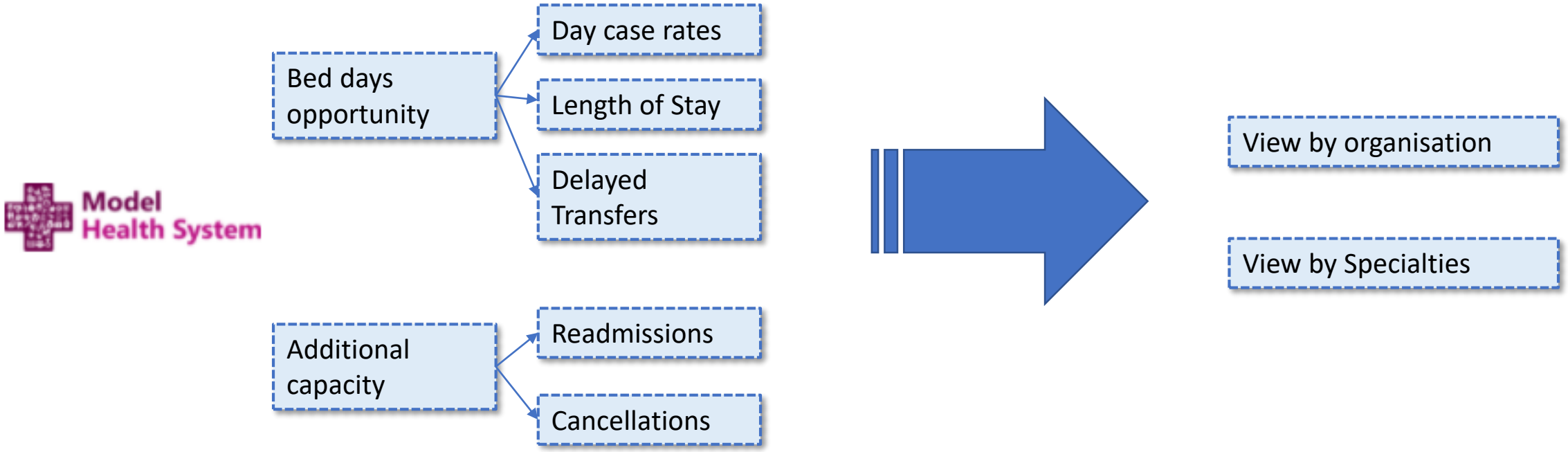


What's next?

Model Health System

To support collaborative working and working together as system partners to identify areas for opportunity an initial review of the Model Health system opportunities is underway.

The Model Health System is a data-driven improvement tool that enables NHS health systems and trusts to benchmark quality and productivity. By identifying opportunities for improvement, the Model Health System empowers NHS teams to continuously improve care for patients. The Model Health System incorporates the Model Hospital, which provides hospital provider-level benchmarking.



What's next?

- Progression of work plan- 2ND cycles !
- Addition of new metrics and service areas as required. New metrics expected are;

  Outpatients, Commercial income, Overseas visitors income
- Continue to embed the link between AQUILA and the Model Hospital Club
- Continue to involve GIRFT team and access support and guidance from them as required
- Review Model Health System metrics - encourage system wide MHC
- Identify best approach to strengthen links with NOA Trusts.
- Further refine the integration of the metrics into the business planning process and the

  Integrated Performance Dashboard

Sound bites from group members

- Overall success of the group is the elevating clinical and operational engagement
- Creates a real buzz around reviewing data – brings data to life!
- Improvements in data quality – challenging local data accuracy
- Exec engagement strong
- High point – when Clinicians came to present on their annual leave !



Thanks for listening – Questions welcome

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chairman**
AUTHOR:	**Executive Team**
DATE OF MEETING:	**2 March 2022**

EXECUTIVE SUMMARY:

Attached is the refreshed Board Assurance Framework.

Risks proposed for closure:

- No risks have been proposed for closure.

Risks proposed for adding to the Board Assurance Framework risk register:

- 1718 – Operation SAWMILL – proposed for adding by Director of Finance and Procurement.

Below risks have been reviewed by appropriate Executive Director. No movement to current risk scores noted for:

- 1298
- 1718
- CE1
- 770
- FP8
- OP4
- OP6
- 1089
- Covid-19-033
- WF24

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the proposed changes to the Board Assurance Framework

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

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

Comments: [*elaborate on the impact suggested above*]
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Aligns to all strategic objectives.
PREVIOUS CONSIDERATION:
November 2021

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	4	4	16	↔	January 2022 We continue to deciminate communication around Covid 19/vaccinations to all staff groups. Implementation of Phase 1 and Phase 2 guidance in relation to mandatory vaccinations being imbedded across the Trust. Trust continues to promote the importance of regular risk assessment for those who may be vulnerable or at a higher risk of getting Covid - HR working closely with IPC and Occupational Health.	Ongoing	2	4	8	Jan-22
WF24	Workforce	Chief Executive	BAF and CRR There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	4	4	16	↔	January 2022 - Associate Director of Workforce and OD: Risk previously discussed and advised that assessment of the risk to delivery of activity as a result of staffing absence was needed. Impact on morale and health and wellbeing when running on low levels of staff needed to be captured. Deep dive into sickness absence paper was discussed at January People and OD Group and Staff Experience and OD Committee. It identified that there was higher rates of absence in theatres. HR Team working closely with local managers and Heads of Fepartments to proactively address high sickness hot spots. Now quarterly PULSE survey completed wich will capture staff morale and health and wellbeing.	Ongoing	2	4	8	Jan-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full.	Estates maintenance schedule	4	5	20	↔	January 2022 Executive Chief Operating Officer update: Theatre/Ward maintenance proposal presented to Execs in December 2021 and was approved with a yearly timetable agreed, commencing April 2022. This plan will be presented at Trust board in February 22 for information and assurance.	Jan-22	1	5	5	Jan-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing	🟡	With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line.	Apr-21	2	3	6	Jan-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital	🟡	Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	January 2022 Executive Chief Operating Officer update: No change to risk due to OMICRON wave of pandemic and associated system support / capacity surge plans	Ongoing	2	4	8	Jan-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase	🟢 🟡	Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	January 2022 Chief Operating Officer update: System support continues to be provided and remains unchanged at this time. Additional system ward support commenced 16/12 as part of system surge planning . To be stepped down on February 7th 2022, no change to risk score.	Ongoing	2	4	8	Jan-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR **There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:-** **1.Lack of patching and monitoring** **2.Presence of unsupported Systems** **3.Poor access and password audit and management** **4.Inadequate and untested incident management and disaster recovery processes** **5.Poor cyber security user awareness and training.**	🟡 🟢	Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	January 2022 - Executive Director Finance and Performance update: 1. Lack of patching/monitoring. Efforts underway to bring the patching to two weeks patching cycle to meet the DSPT requirements. Three weeks for theatres. VDI will be replaced May-Sep 2021- which will provide control over software deployment. SIEM solution has been purchased, the deployment time scale is around 3 months which should greatly enhance our monitoring capabilities. Load balancer Kemp - order has been placed and implementation is currently ongoing. 2. Presence of unsupported systems. This is still a significant risk, there is an increased need to find suitable alternatives and/or to work with vendors for update their provided solutions. Pathology is being moved out to UHB, so unsupported systems will be moved out. Action Plan now agreed with Head of BI for Apple MACS. Pharmacy - Ascribe has now been rpelaced by JAC, which will decommission the Win7 device. 3. Poor Access and password audit. PICS teams rejected to move to local admin password due to lack of resources and time so no further progress until PICs teams resolve this issue. PICS password is linked to Active Directory (AD) so prevents us manually or automatically removing the AD account, which can be problematic because of duplication of accounts. Two factor authentication (2FA) for NHS Mail -currently in deployment using a phased approach. 4. MTI funding received by NHSD. Waiting for delivery of KIT to support the DR backup platform which is now imminent. 5 User awareness - Cyber Security Comms plan in place and in the process of being implemented including staff survey and new intranet page for resources. Being supported by the Comms Team. DSP Toolkit submitted in June 2021 with further action plan to mitigate remaining risks.	Ongoing	2	4	8	Jan-22

1718	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.	🟡 ⚫	Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	New risk identified for Exec Team discussion		Ongoing	2	3	6	Jan-22
PERFORMANCE																							
1089	Operations	COO	BAF and CRR **REFRAMED RISK:** The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic	🔵	Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	Agreed trajectory in place to deliver RTT target: May 60.50% June 65.56% July 66.75% Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. July RTT position in line with refreshed trajectory. August target was set at 68.01% and 68.02% achieved. However, September target was 71.45% and 68.56% was achieved. October target 74.76% achieved 67.37% The current trajectory is therefore being reviewed to understand interventions that may be required to meet the agreed trajectory going forward and full impact of continued system support and P2/3 stratification . January 2022 Chief Operating Officer update: Following the enhanced system support in December - February and the subsequent reduction of elective activity the agreed trajectory has been paused and new revised trajectory will be in place commencing March 2022 informed by operational activity planning submissions due for submission in March 2022.	Dec-21	3	3	9	Jan-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years	🔴 🟢 🔴 🔵	With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	January 2022 Executive Director Finance and Performance update: no change to risk.	Proposed for Closure/de-escalation	3	4	12	Jan-22

RISK CATEGORIES

- 🔴 Financial health and sustainability
- 🟣 Clinical excellence
- 🔵 Patient safety
- 🟡 Patient experience
- 🟢 Workforce capacity, capability and engagement
- 🟡 Systems, information and processes
- 🔵 Regulatory compliance and national targets
- ⚫ Equipment & estates
- 🟣 Strategy and system alignment
- ⚪ Reputation and brand

UPDATED: JANUARY 2022

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 23 February 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The committee received an update regarding the Revision Hip and Knee Elective Hub proposal and it was confirmed that the Trust had been notified that it would be 1 of 3 Major Revision Centres along with Robert Jones and Agnes Hunt Orthopaedic Hospital and Nottingham University Hospitals. The project group have been working on the proposal for 12 months and funding has now been agreed therefore the hub can now formally be launched. The hubs will support best practice in the treatment of revision hip and knee replacement working to an agreed set of standards and guidelines to ensure equity of care across the region. Referral pathways have been agreed and formal governance structures have been developed to complex revision hip and knee cases. It was agreed that the update should be presented to a future Trust Board meeting. • There has been an increase in the number of in-patient falls during January particularly on Ward 12 which was used as step down beds for patients from UHB and the ward therefore had a different cohort of patients. The increase also showed an increase in falls for patients with a history of dementia who may not necessarily follow advice and despite preventative measures are at greater risk of falling. Two of the in-patient falls had provisionally been recorded as moderate harm and the Head of Nursing and Falls Lead will undertake a review of the incidents to identify if there are any shortfalls and if there is any learning which can be shared. • An update was received regarding the service review of POAC, ADCU and Theatres which was undertaken by NHSI/E using a 'critical friend' approach in July, August and September 2021. Action plans have been developed with team members from all departments and it was noted that detailed review would take place at the Finance and Performance Committee meeting. It was also suggested that the	• A first draft of a business case has been developed for additional resources for the Safeguarding Team to support the increase in service workload. • The Trust is preparing for a Human Tissue Act Inspection which is due to take place in May 2022.

reports should be presented to the Trust Board meeting due to implications for all sub-board committees.	
POSITIVE ASSURANCES TO PROVIDE • The committee received a comprehensive report providing good assurance regarding the Trust's progress against quality improvement priorities for 2021/22 despite significant challenges during the year as a result of the Covid pandemic. • The committee received a comprehensive annual report from the Medical Director outlining highlights from the Medical Directorate during 2021. The directorate has been strengthened with the appointment of a Directorate Manager who will support quality assurance work around medical appraisal and revalidation, the Medical Workforce group and patient progress clinical outcomes. It was noted that postholders in medical leadership roles had not changed significantly during the year and that appointments had been made to the role of POAC Lead Clinician and Clinical Programme Lead for Clinical Strategy. It was agreed that the annual report should be presented to a future Trust Board meeting. • An update on the CNST claims against the Trust was presented and it was noted that there were currently 27 open claims. There have been 5 new claims since the previous report and 7 claims have been closed with 6 out of the 7 closed cases concluded for less than the worst-case scenario predicted payment. • Work undertaken as part of the Getting It Right First Time benchmarking report for litigation provided assurance of the Trust's compliance with the GIRFT five-point plan and identified recommendations to complete compliance. The work will aim to increase awareness of claims within the Trust, improve the sharing from learning and increase the engagement of clinicians. A process to review all new litigation for immediate learning with oversight of the portfolio Executive will be introduced. • An update was provided on discussions held at the Patient Experience and Engagement Group meeting held in February. The group is meeting on a regular basis with broad representation from	**DECISIONS MADE** • Readmission data would be added routinely to the quality report following a report from the Medical Director and a collective decision that it would be beneficial to see the data on an increased frequency. This was decided as part of ongoing assurance as oppose driven by concern. • New Risk number 1710 – risk of loss of activity due to workforce vacancies was accepted however it was felt it should be reviewed in light of recent lost activity to consider raising the score.

all areas of the Trust and also includes patient representatives. It was highlighted that there had been a variety of improvements which included joint coffee catch ups being strengthened and rolled out to further specialties, the development of a patient experience webpage, posters and patient leaflets being produced in 5 languages and a business case for post-operative patients to receive ice lollies. It was noted that volunteers had been added to the ESR system which means that recruitment governance will now be in line with the process for a paid member of staff.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the focussed agenda had been useful and that there was a high degree of assurance provided by the reports at the meeting.

ROHTB (3/22) 010

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 16 February 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Committee reviewed a report on turnover between Feb 21 and Jan 22. Rates have risen month on month and the Trusts average turnover for this period is 11.20% close to the Trust KPI of 11.5%. Turnover for Nursing staff remains of concern. • Low rates of disclosure of protected characteristics remains an issue particularly with regards to disability status. The Trust sees a higher declaration through the staff survey than through the workforce information system. • The substantive Head of HR Operations & Business Partnering role remains vacant.	• The Medical Workforce Lead has developed an initial draft of the Medical Workforce Strategy. It is anticipated that this will enable the Trust to improve medical workforce engagement and experience. • The Workforce Information & Systems Manager is working closely with the Business Intelligence team to provide data t inform the Trusts Integrated Performance Dashboard. • Funding has been secured to work with Canterbury University to evaluate the Trusts 'Seeing Beyond the Stigma Campaign.' • The Associate Director - Workforce & OD has been attending a Just and Restorative Culture programme through Northumbria University and Mersey Care Foundation Trust. This work will align with the Civility and Respect work currently being scoped by the OD team. • The HR and Workforce Information teams are currently reviewing the staff leavers/exit process with the aim of being able to report more accurate reasons for turnover than what is currently available. • The HR team continue to partner with managers across the Trust to address both long and short term non covid absences.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The OD & Inclusion Manager is embedding key projects and his work is focused on middle managers and supporting them to be confident in managing their teams in a supportive inclusive environment.	• Gender Pay Gap Report to be shared with Trust Board. Agreement reached to ensure that there is particular focus on this element of inclusion given the widening pay gap.

• There is a strong and clear leadership emerging under Equality and Diversity and it is hoped this will be replicated in the "Be Myself" campaign. • There is a positive assurance on WDES which is linked back to recruitment. Regionally we are one of only two organisations working to Disability Confident Level 3 and being supported by regional colleagues and the Shaw Trust to do this. • Contract review meetings have been rescheduled with 3rd party suppliers and this is resulting in shared improvements to systems and processes relating to Occupational health and payroll provision	• Agreed that more granular data on turnover would be helpful for Executive colleagues to determine actions in their own portfolio areas which may support staff retention. The Workforce Information team will provide this data to colleagues.

Chair's comments on the effectiveness of the meeting: The Committee agreed that the additional time added to the meeting meant that agenda items were allocated sufficient time to have a conversation that is needed. The provision of good quality data has led to higher quality discussions and reports provide a good level of assurance.

The Royal Orthopaedic Hospital NHS Foundation Trust

Quality & Safety Performance Report from Quality Report February 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
6 Serious Incidents Six Serious Incidents were reported in January 2022 5 Incidents are listed below. One Incident was reported in the previous Quality report (January 2022). **1 Never Event Reported** **4 Covid outbreaks declared** **Increase of Falls reported - Two falls deemed Provisional Harm of Moderate**	**WHO Checklist** The Divisional Head of Nursing is undertaking a review on the WHO checklist audits. This is on the agenda for Quality and Safety in February 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
No Mortality Reported **0 ROH associated VTE's incidents were reported in January 2022.** **The Trust received 5 formal complaints in January 2022**.	

Quality Report – February 2022 (January 2022 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308	282(↓)		
Serious Incidents	1	0	0	0	1	0	2	1	2	6(↑)	13	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2	0 (↓)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	0	1	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6	15(↑)	79	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	1(↑)	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	3	8	4	2	3	4	6	4	5 (↑)	42	57(Total)
PALS	47	62	68	90	61	39	41	38	39	50(↑)		
Compliments	5	5	5	7	3	0	3	6	2	5(↑)		
FFT Score %	97	96	98	98	99	99	99	100	99	98.79 (↓)		
FFT Response %	29	33	28	33	41	36	44	43	42	31 (↓)		
Duty of Candour	10	12	16	20	15	12	12	9	9	9		
Litigation (New)	0	0	1	0	0	0	0	0	0	2(↑)		
Coroners	0	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	0	5	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

February 2022 (January 2021 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Executive Director of Nursing & Clinical Governance
AUTHOR:	Ash Tullett	Head of Clinical Governance

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2	Incidents and Mortality
3	Serious Incidents
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8	Patient Experience
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10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
16	Theatre Utilisation/ Hospital Led Cancellations
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1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

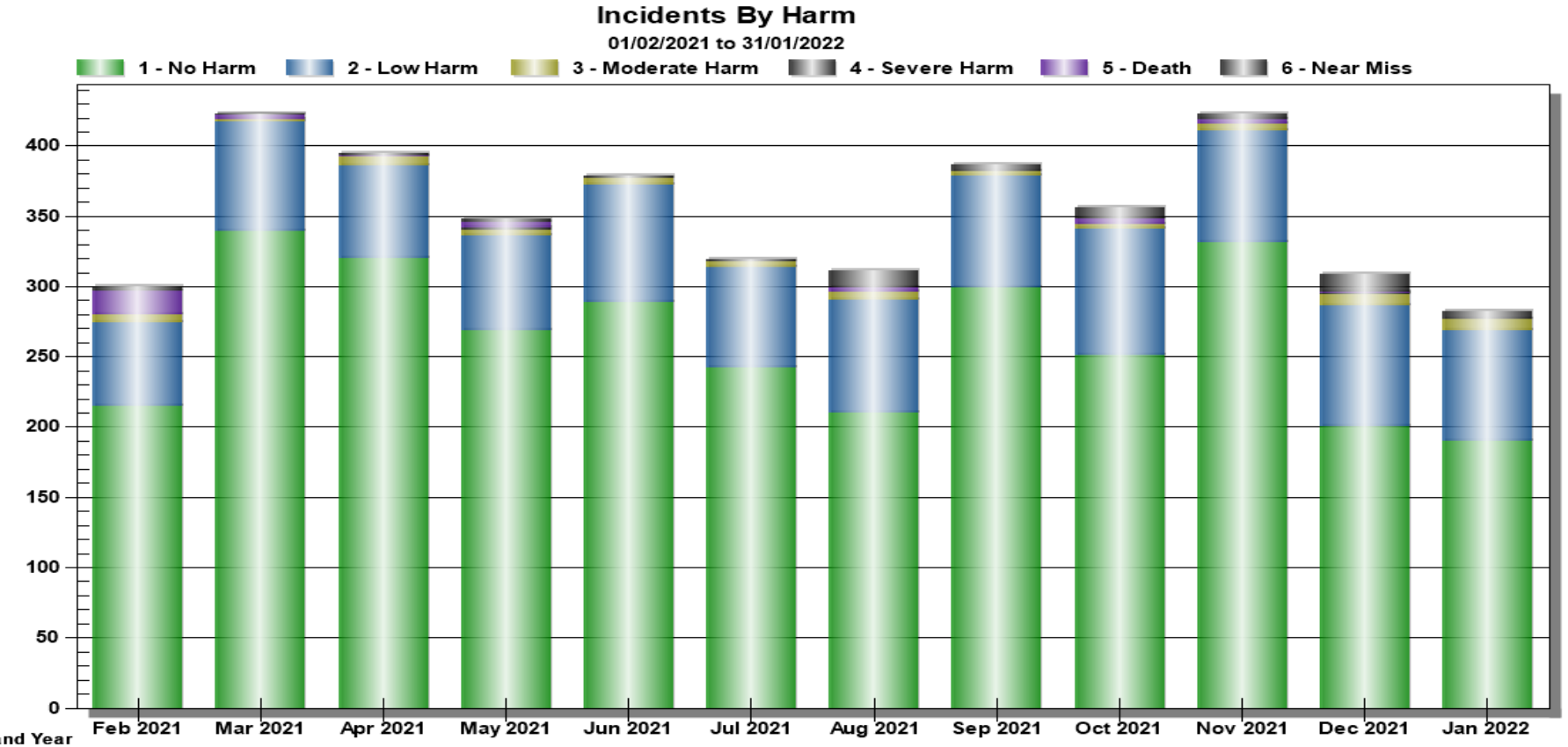
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**



Month and Year	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022
1 - No Harm	215	339	320	269	289	242	210	299	251	331	200	190
2 - Low Harm	59	78	66	67	83	72	80	80	90	80	86	79
3 - Moderate Harm	6	2	6	4	5	4	6	3	3	5	8	8
4 - Severe Harm	0	0	0	2	0	0	0	0	0	0	1	0
5 - Death	17	3	1	4	0	0	3	0	4	3	1	0
6 - Near Miss	3	1	2	2	2	1	12	5	8	4	13	5

Data source – Ulysses

INFORMATION

In the month of January 2022, there were a total of 282 Incidents reported on the Ulysses incident management system.
The breakdown of those incidents is as follows;
190 – No Harm
79 - Low Harm
8 - Moderate Harms
0 - Severe Harm
5 – Near Miss
0 – Death

Downgraded Incidents

Currently 2 of the reported harm in the previous Quality report (January 2022) have been downgraded. They are as follows

Near Miss Incidents

The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process.

Patient Contacts

In January 2022, there were a total of 8367 patient contacts. There were 282 incidents reported, which amounts to 3.3 percent of the total patient contacts. Of those 282 reported incidents, 87 incidents resulted in harm which is 1.03 per cent of the total patient contact.

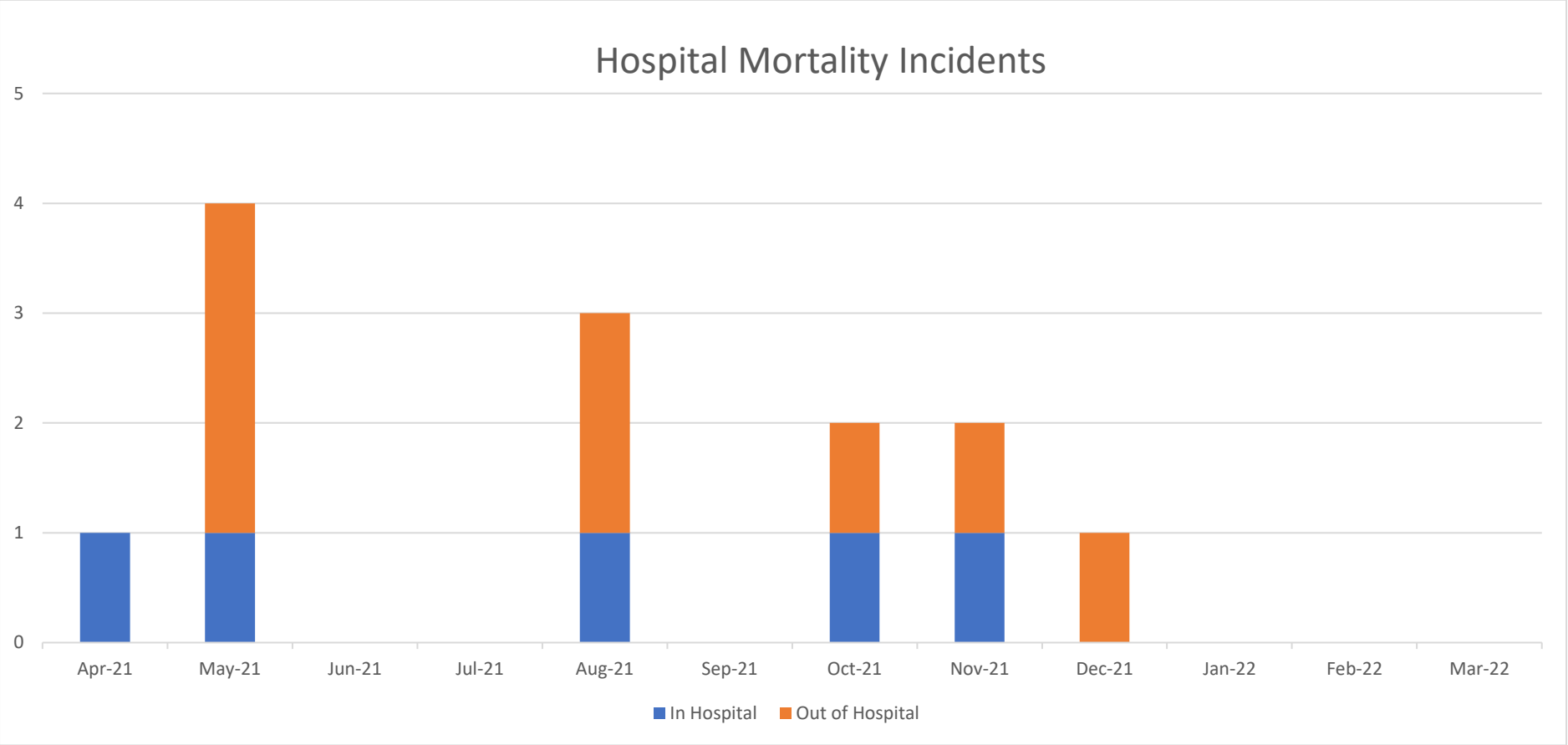
ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

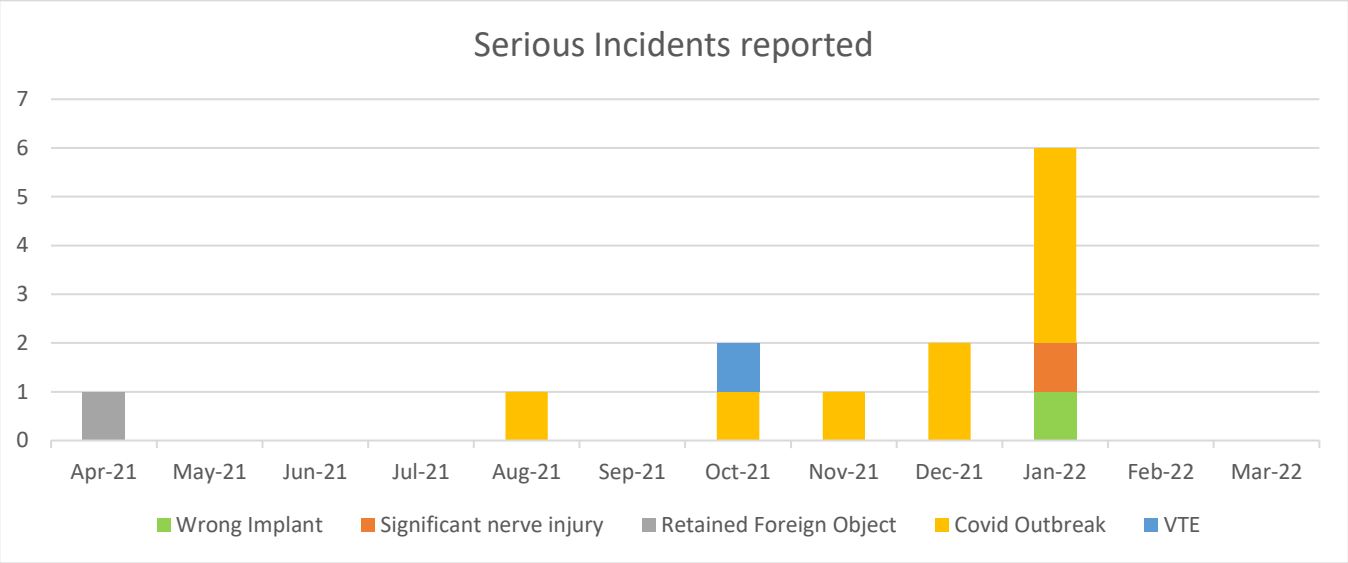
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No deaths were reported in January 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**

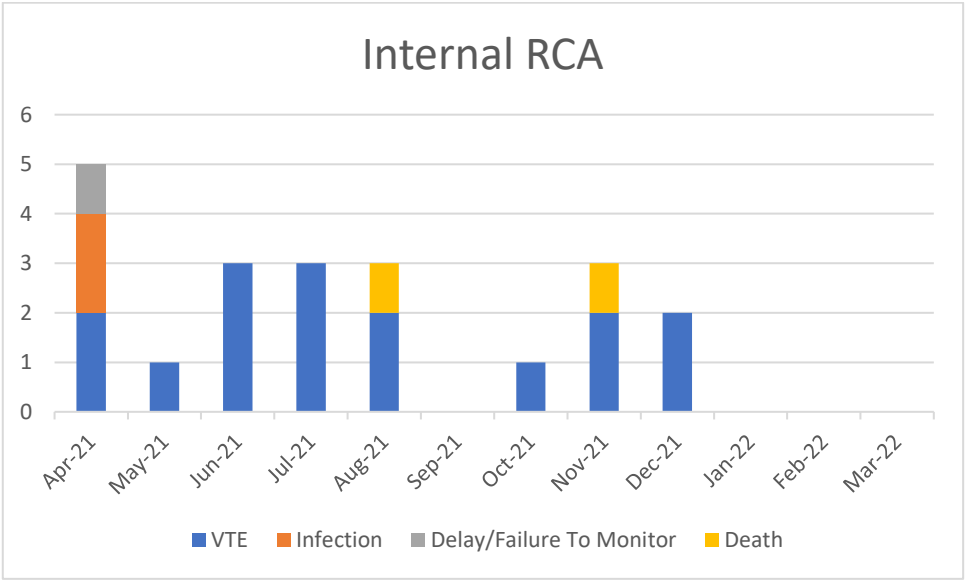


Year Totals	
20/21	11
21/22	13

Data Source – STEIS

INFORMATION
Six Serious Incidents were reported in January 2022. One Incident has been previously reported in December 2021 (January 2022 quality report). After a serious notes review was undertaken by the division it was agreed in Executive Governance that it meets the SI framework. This incident below incident will be included in the January 2022 figures and reporting.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

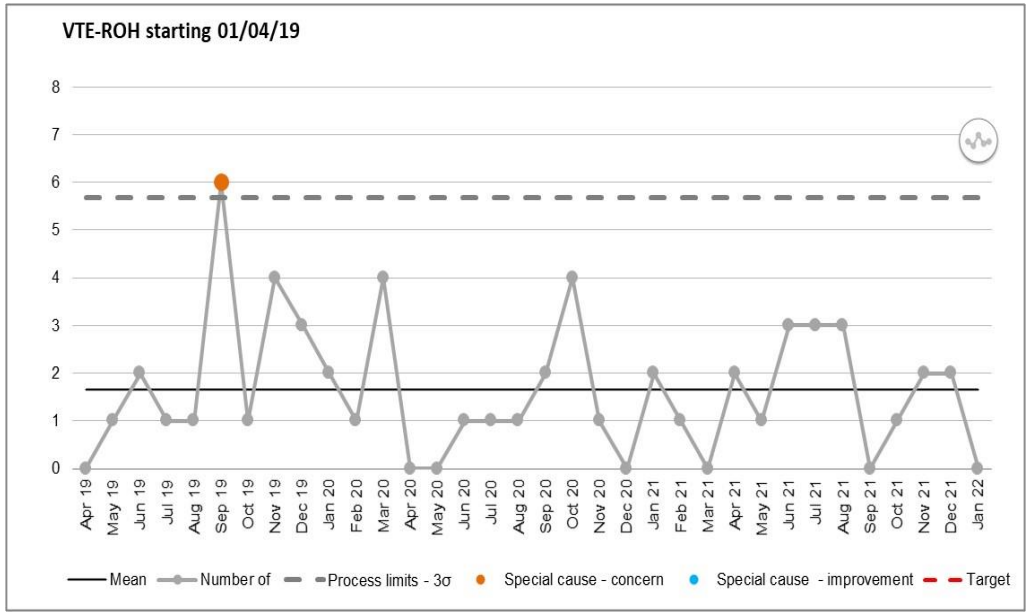
4. **Internal RCA's - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

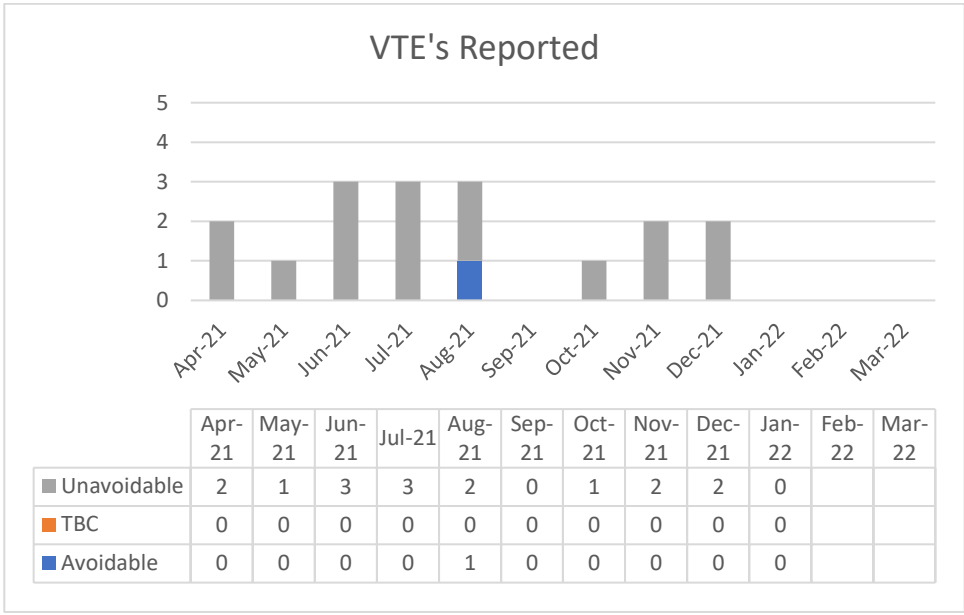


Data Source – Internal RCA tracker

INFORMATION
No RCA were reported in January 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCA's closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	2	2	0		
TBC	0	0	0	0	0	0	0	0	0	0		
Avoidable	0	0	0	0	1	0	0	0	0	0		

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	1	17

Data Source – Ulysses and VTE leads

INFORMATION

0 ROH associated VTE's incidents were reported in January 2022.

On admission assessment

Total possible	923
Total assessed	915
%	99.13%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to: (update is on the agenda for the Quality and Safety Committee in February 2022.

Review wording of standard. NICE ng89 2018; states Reassess all medical, surgical and trauma patients for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes opposed to specifically 24 hours. The wording has been agreed and the policy is currently being updated.

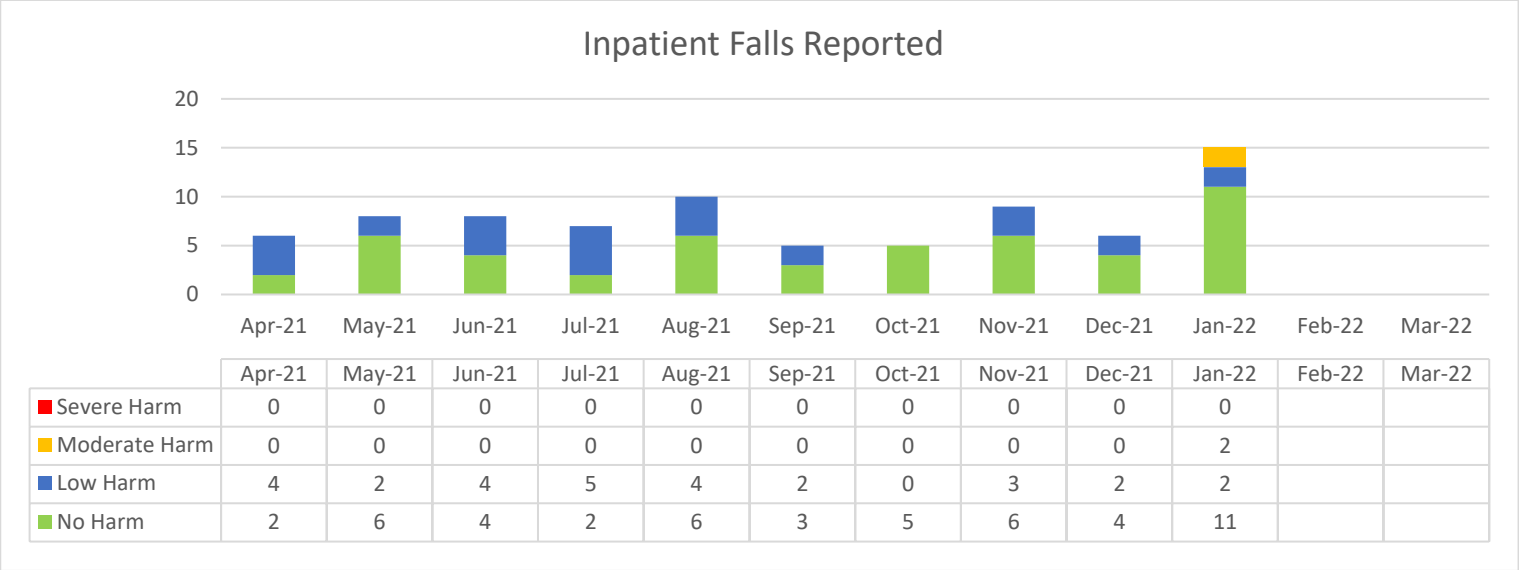
Re-audit has been planned in December/January 2021 and will be presented at the February 2022 Quality and Safety Committee.

- **VTE prevention and management guidelines updated. This has now been become policy and is out for comments as per the Governance process for sign off.**
- **VTE RCA template under review.**
- **Exemplar Network will be asked to carry out their review early to provide assurance or identify gaps in assurance.**

RISKS / ISSUES

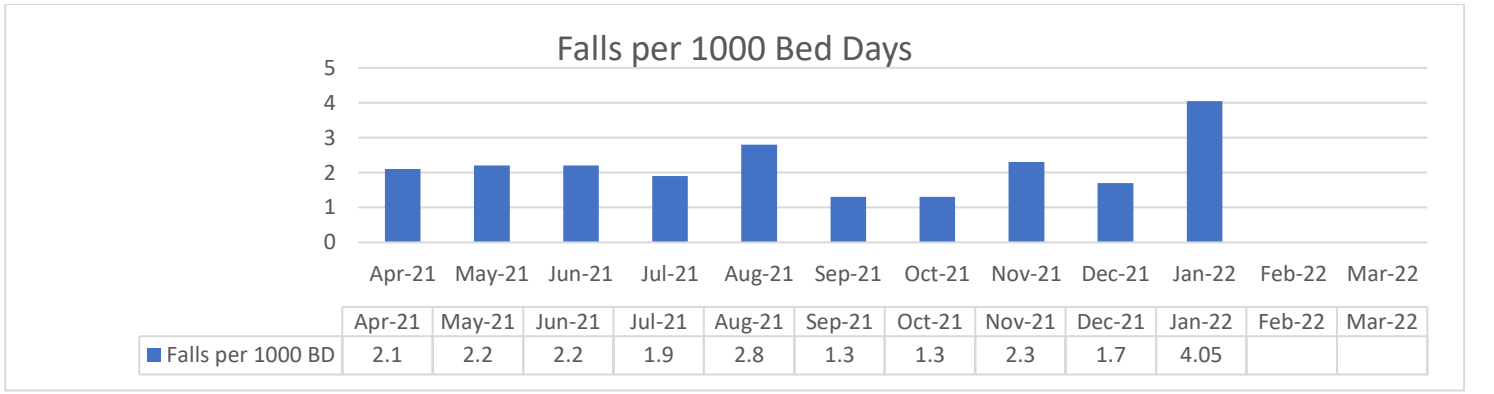
- None

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

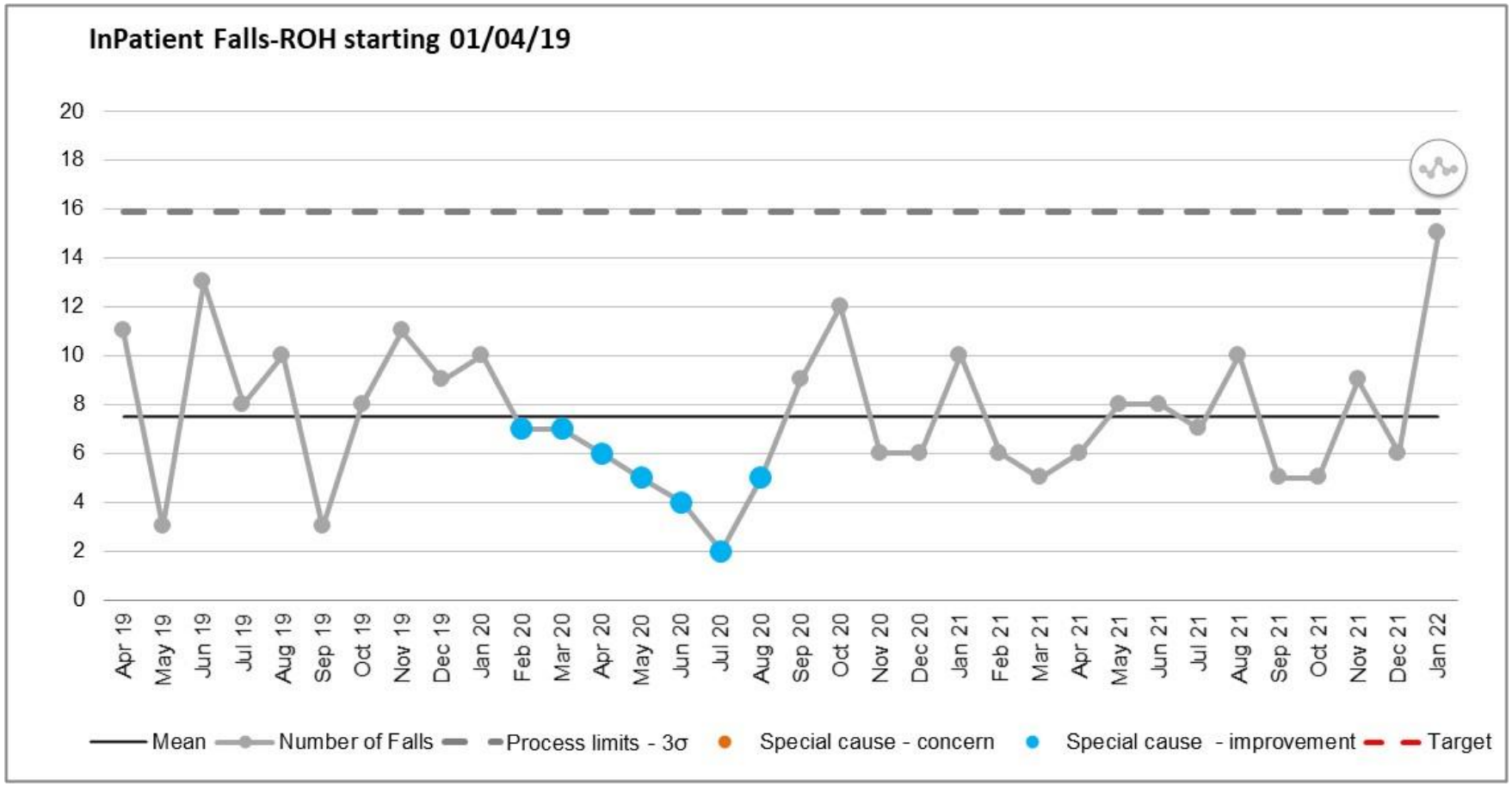


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0	0		
Moderate Harm	0	0	0	0	0	0	0	0	0	2		
Low Harm	4	2	4	5	4	2	0	3	2	2		
No Harm	2	6	4	2	6	3	5	6	4	11		

Year Totals	
20/21	76
21/22	79



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7	4.05		



Data Source – Ulysses and Falls Group

INFORMATION

There were 19 incidents reported across the Trust in January 2022 relating to Falls (note 20 incident forms were submitted, 2 related to the same incident), specifically 15 incidents relating to in-patients were recorded:

15 x In-Patient Incidents:

1 x Lowered to Floor Incident:

1 x ROCS Incident:

2 x Staff Incidents:

There was a notable increase in the number of in-patient falls reported this month, particularly on ward 12. This ward is currently being utilised as step-down beds for patients from QEH and has a different cohort of patients, who are generally more dependent in their care needs than those normally seen at the Trust. A trend in patients with a history of dementia having a fall can also be seen, these patients are not necessarily able to follow advice, and therefore at greater risk of falling. This again is particularly notable on ward 12, whereby all but 1 incident involved a patient with dementia.

ACTIONS FOR IMPROVEMENTS / LEARNING

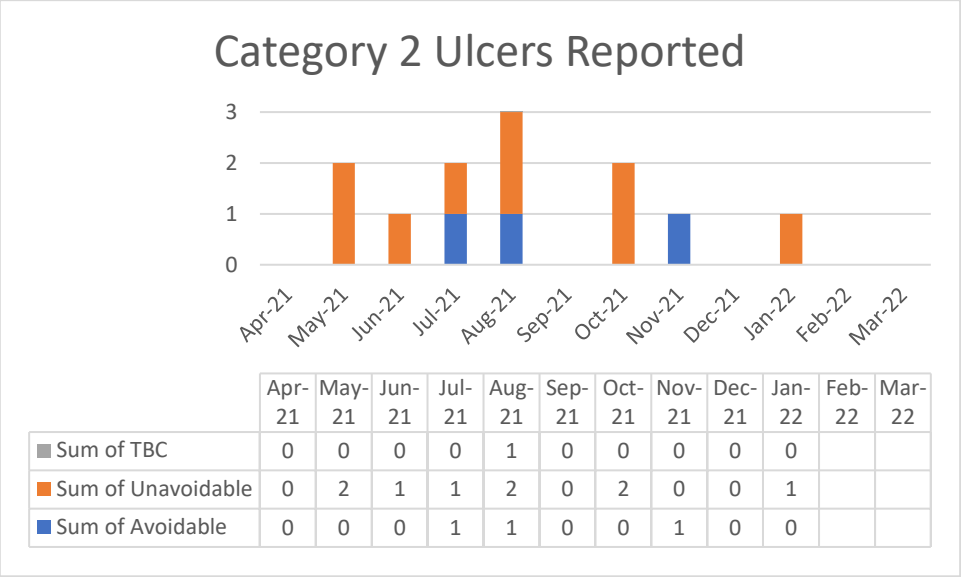
Actions

- Plan to survey patients regarding views & experiences relating to falls.
- Reviewing paperwork for falls risk assessment for injection patients within out-patients.

RISKS / ISSUES

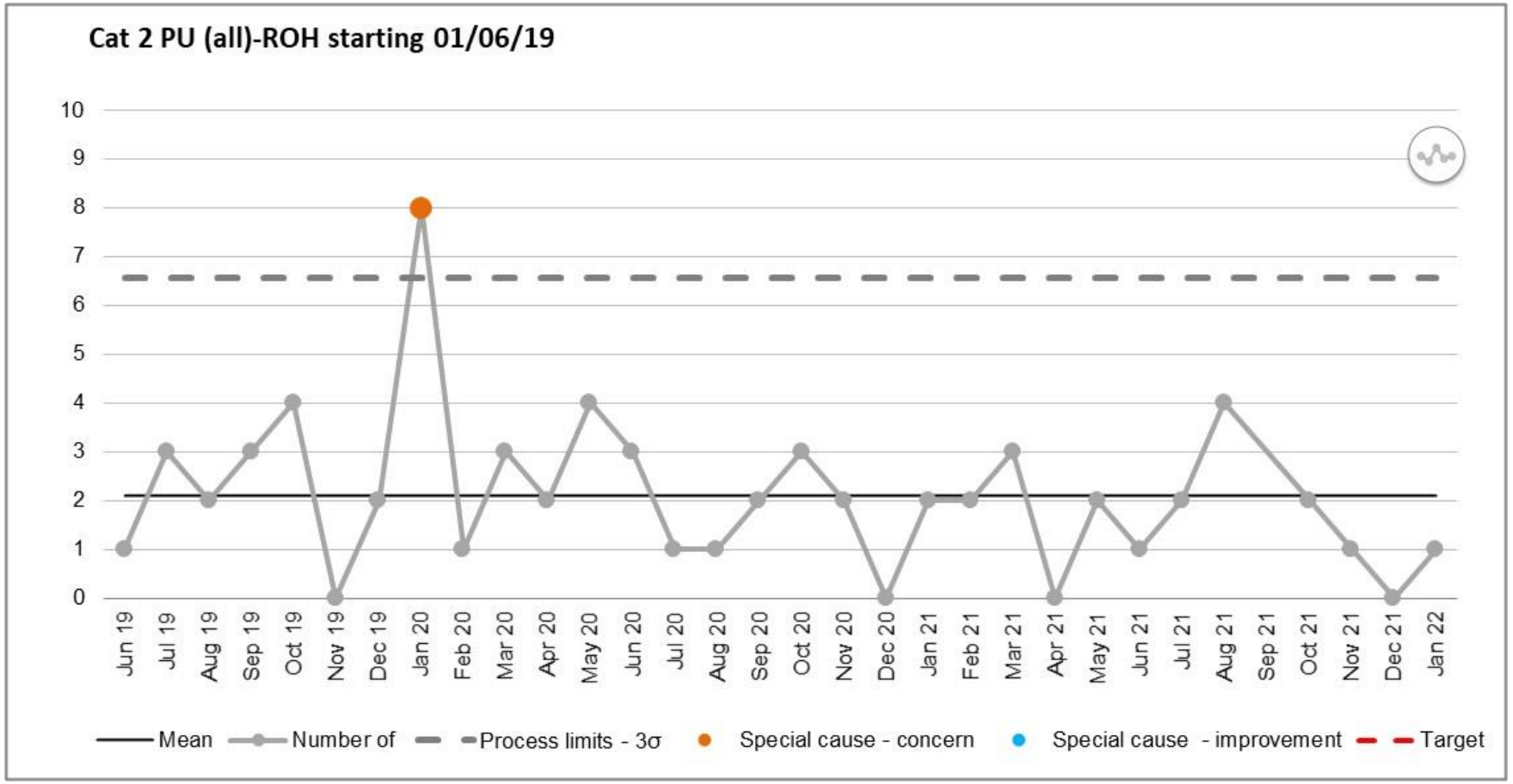
Increase in in-patient falls documented this month, particularly on ward 12.

7. **Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed and they are identified by whether they were avoidable or unavoidable.**



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	0	0	0	0		
Sum of Unavoidable	0	2	1	1	2	0	2	0	0	1		
Sum of Avoidable	0	0	0	1	1	0	0	1	0	0		

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	12	0



Data Source – Ulysses and TV team

INFORMATION

January 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	1
Category – 2 (Device)	0
Category – 1	0
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 1 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 - Nil PU admitted with Cat 2 x 6 Salford Royal – 1 Walsall – 2 UHB -3 PU admitted with DTI's at least a Cat 3 - Nil PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

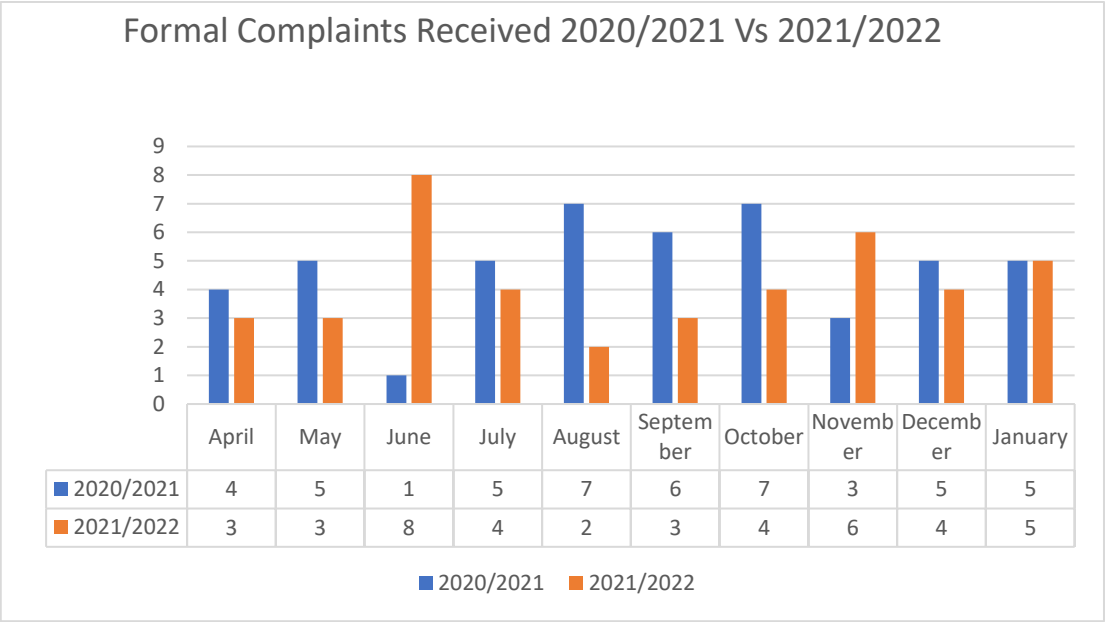
ACTIONS FOR IMPROVEMENTS / LEARNING

Tissue Viability Competency document being reviewed as part of Outstanding Care Every Time programme.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



Complaint Year Totals	
20/21	57
21/22	42

Data Source – Patient Experience team

INFORMATION

Complaints

- The Trust received 5 formal complaints in January 2022.

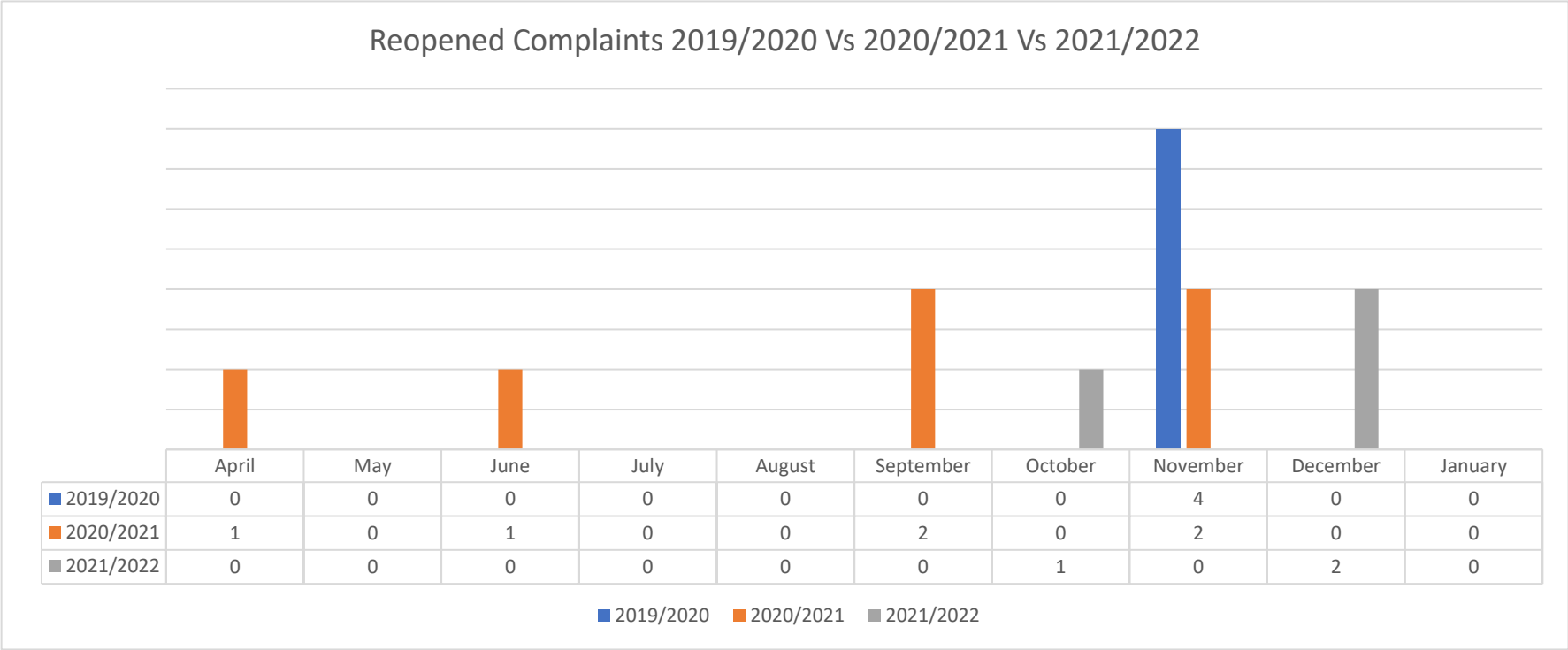
Category Types and Categories of formal complaints

Category Type/Category	Grand Total
Appointments	**1**
Booked Incorrectly	
Clinical Query	**1**
Clinical Treatment	
Discharge	**2**
Discharge Arrangements	
Values & Behaviours	**1**
Attitude Of Staff - Nursing	

- In January 2022 the Trust closed 6 Formal complaints within the agreed time frame with the complainant.
- At the time of producing this report (02nd February 2022) we have 4 open formal complaints. 1 Is currently being dealt with by the legal team and is in our data for tracking purposes. 1 is ready for approval by the CEO.

Reopened Complaints

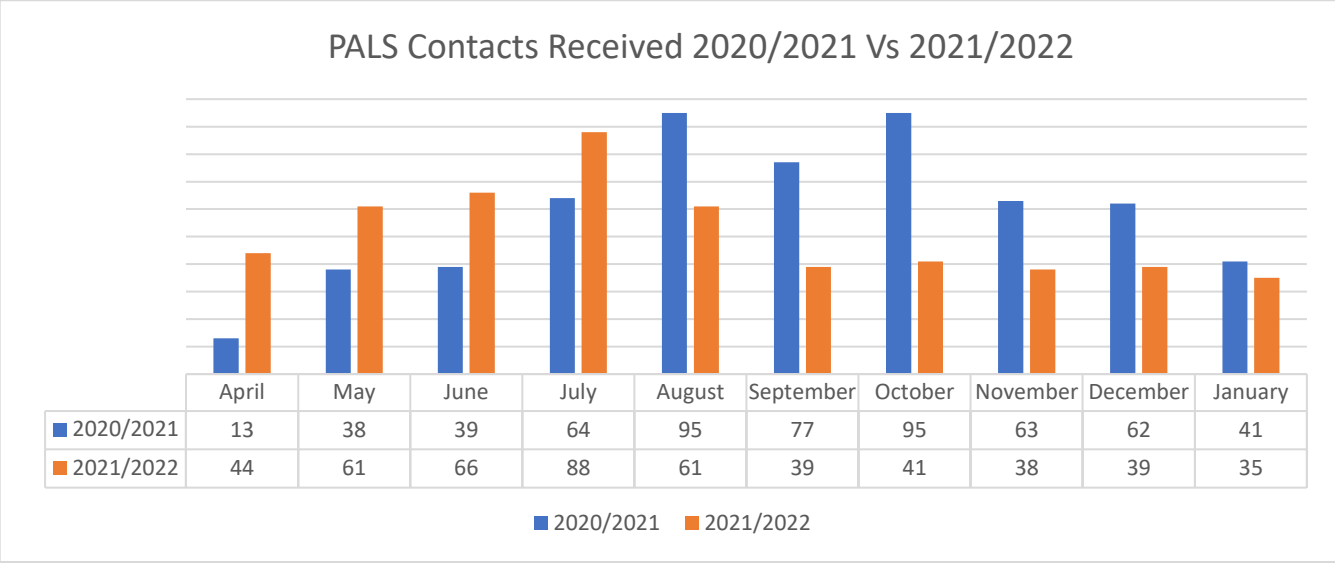
- In January 2022 the Trust reopened 0 formal complaints
- From April 2021 – January 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.



	April	May	June	July	August	September	October	November	December	January
2019/2020	0	0	0	0	0	0	0	4	0	0
2020/2021	1	0	1	0	0	2	0	2	0	0
2021/2022	0	0	0	0	0	0	1	0	2	0

Patient Advice and Liaison service – PALS

- In January 2022 the PALS department handled 50 contacts of which 35 were classified as PALS concerns and 15 as PALS enquiries. This is a decrease in contacts from January 2021 (41)



	April	May	June	July	August	September	October	November	December	January
2020/2021	13	38	39	64	95	77	95	63	62	41
2021/2022	44	61	66	88	61	39	41	38	39	35

- The main themes in the PALS data relate to Clinical Query **(13)** and Appointments **(13)**
- The Trust has set an internal target of 2 working days to respond to enquiries and 5 working days to respond to concerns in 80% of cases. In January 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPI's for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Appointments	**13**
Appointment Cancelled	1
Appointment Rescheduled	1
Availability	6
Booked Incorrectly	1
Confirmation Of Appointment	1
Delay	1
Delay To Be Seen In Hospital	1
Interpreter Request	1
Cancellation Of Surgery	**1**
Clinical Query	**13**
Appointment Not Satisfactory	1
Clinic Letter Not Received	1
Clinical Treatment	2
Delay In Obtaining Results	5
Delays With Treatment	1
Lack Of Updates On Treatment	1
Operation - Outcome Not As Exp	2
Values & Behaviours	**7**
Attitude Of Staff - Admin	2
Attitude Of Staff - Medical	2
Attitude Of Staff - Nursing	2
Attitude Of Staff - Other	1

Patient experience KPI from April 2021

Complaints & PALS KPI were hit in January 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100

Compliments

There were 5 compliments recorded on Ulysses for January 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

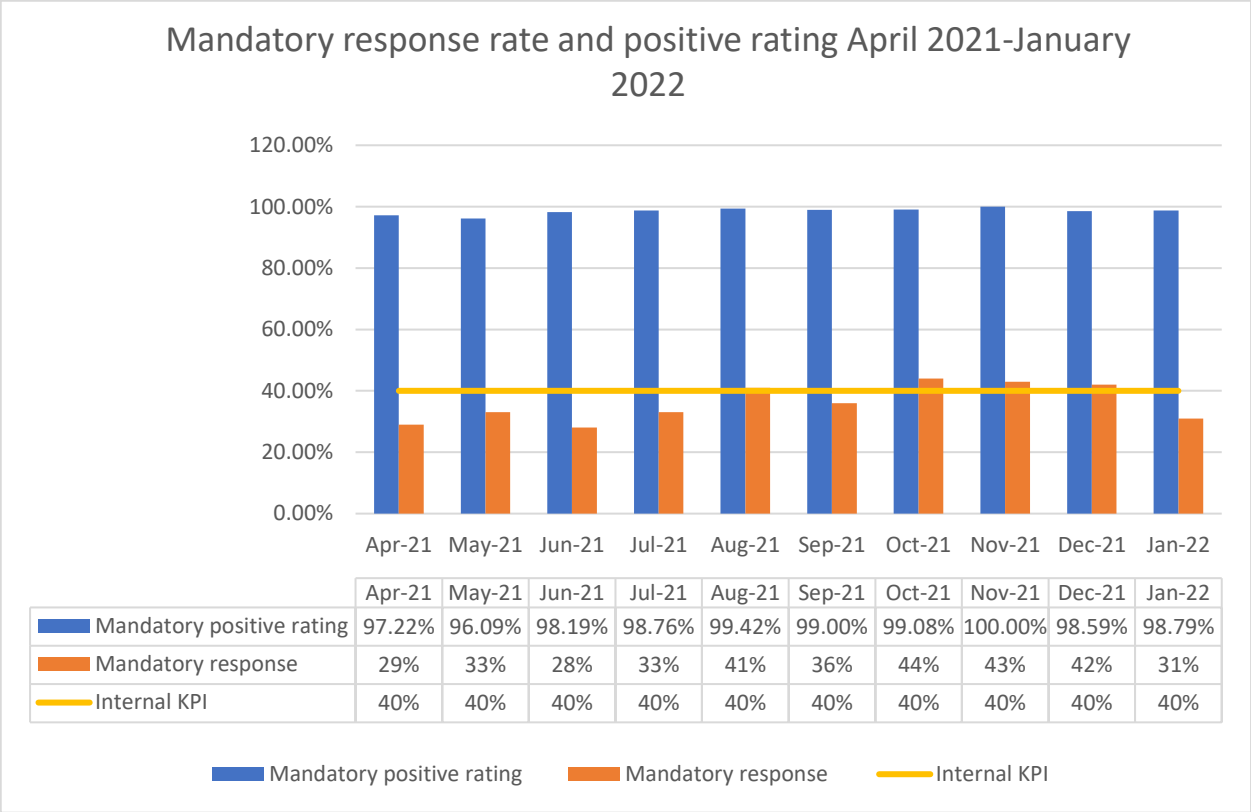
RISKS / ISSUES

None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• NHS England have removed the mandatory completion rate of 35 %, the Trust will continue to have target of 40% completion rate for the FFT in the inpatient areas. • The Trust hit the KPIs for the FFT in inpatients areas in December 2021, • The team is looking into new ways of collecting patient feedback, review of the FFT forms is undertaken by the Head of Patient Experience
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in February 2022
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 8 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

New claims

2 new claims against the Trust were received in January 2022.

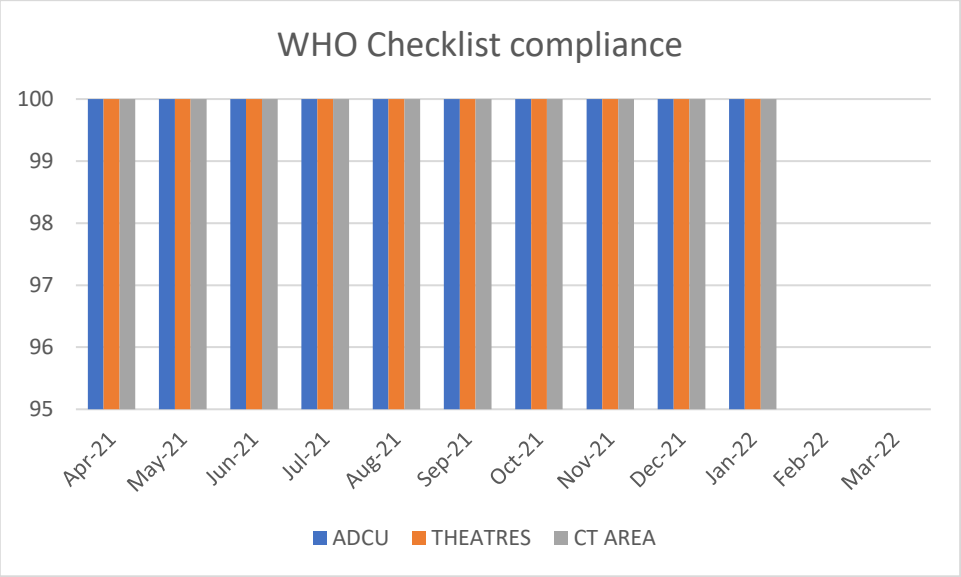
Pre-Application Disclosure

4 new requests for Pre-Application Disclosure of medical records were received in January 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in January 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 665

The total WHO compliance for Theatres in January 2022= 100%

CT area

Total cases = 88

The total WHO compliance for CT January 2022= 100%

ADCU

The total WHO compliance for ADCU in January 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The Divisional Head of Nursing is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

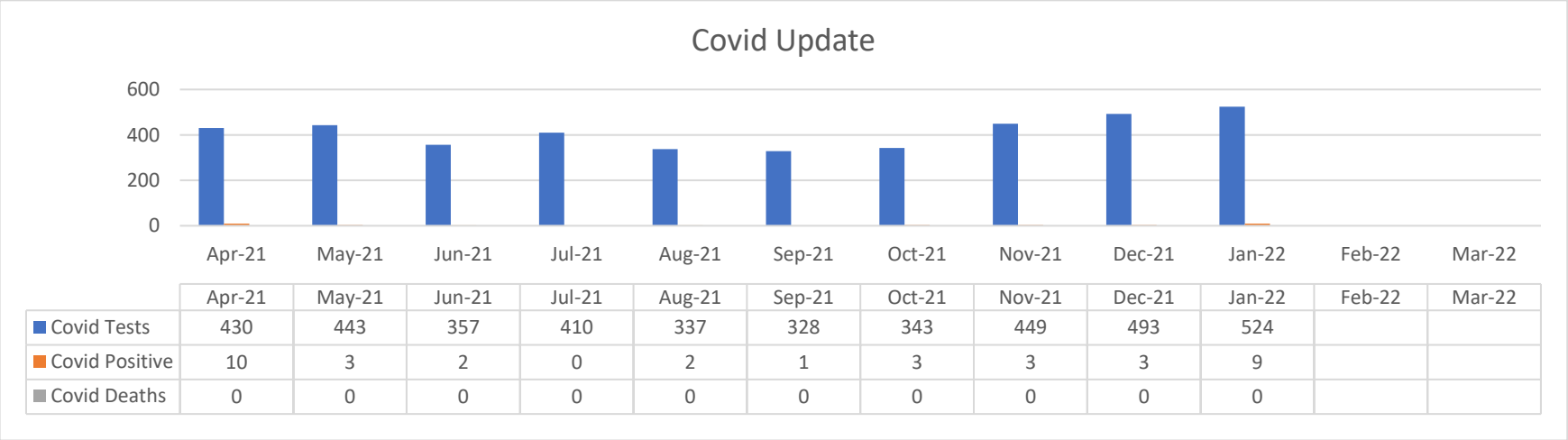
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	January 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	0	3
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493	524		
Covid Positive	10	3	2	0	2	1	3	3	3	9		
Covid Deaths	0	0	0	0	0	0	0	0	0	0		

ACTIONS FOR IMPROVEMENTS / LEARNING
There were 5 infection incidents reported in January 2022, 4 of which were Covid 19 outbreaks.
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

ALL CAS ALERTS

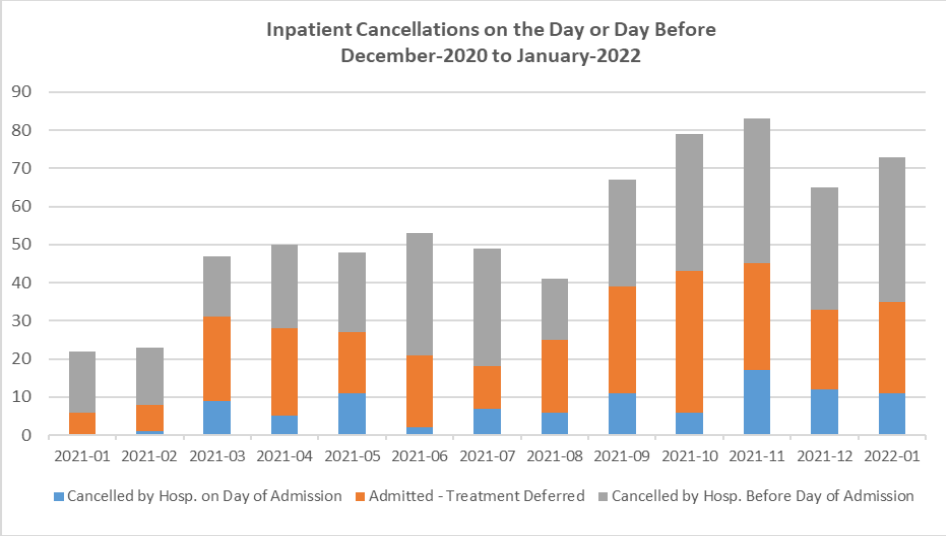
CAS ALERTS (January 2022)

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
SHOT/2022/001 **S**erious **H**azards **o**f **T**ransfusion	Preventing transfusion delays in bleeding and critically anaemic patients. *Transfusion delays are preventable. The urgent provision of blood components and/or blood products is vital for life threatening bleeding and severe anaemia. Deaths and serious harm related to delayed transfusion continue to be reported to SHOT with the numbers increasing each year. Review of delayed transfusions reported to SHOT between 2010-2020 found a total of 809 reports. In this 11-year period, transfusion delays contributed to 54 potentially preventable deaths accounting for 25.5% of all transfusion deaths reported to SHOT. The increase in reports of delayed transfusion with 12 deaths in 2020 prompted this safety alert.*	SHOT - Serious Hazards of Transfusion	17-Jan-22	Issued to HON - Div 1. UHB Transfusion Lead oversees SHOTs and advises ROH on any actions required. We monitor via BSAG and HTG.	15 Jul 22

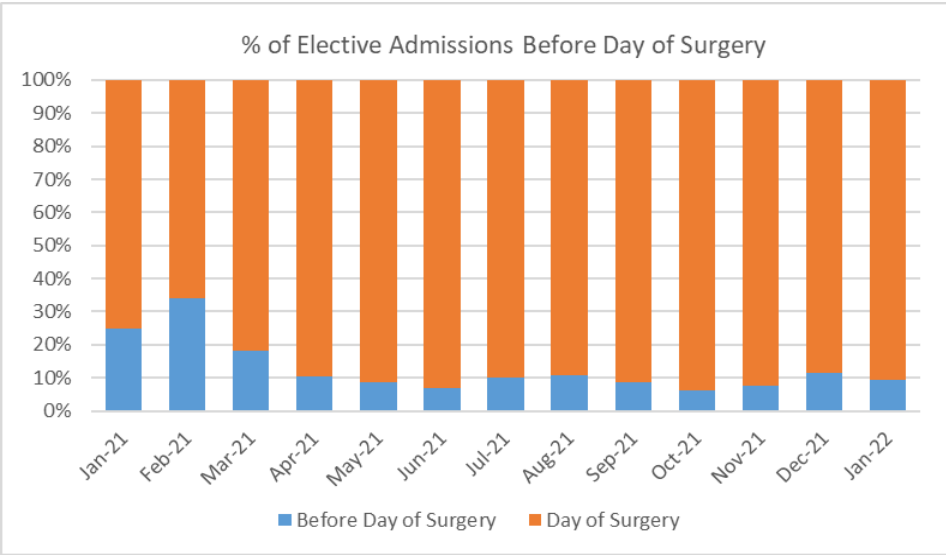
15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

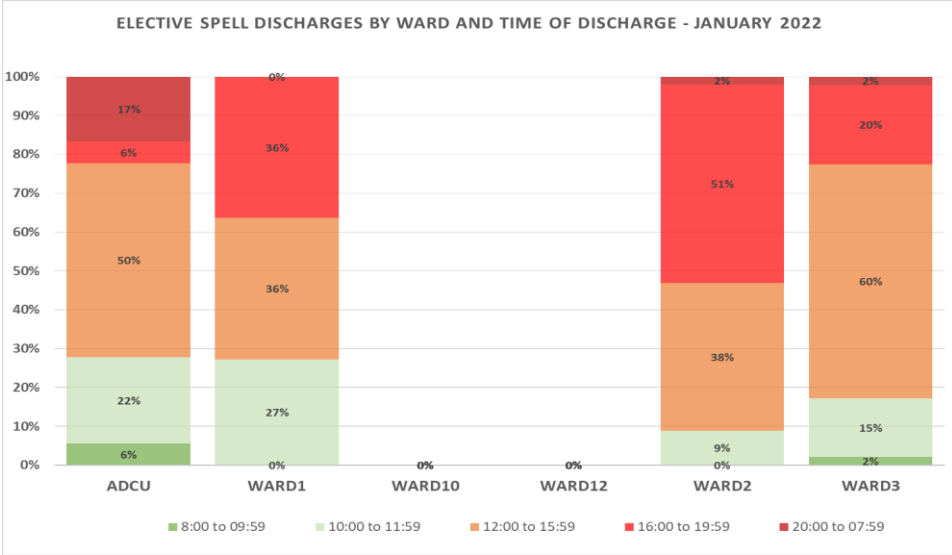
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32	37
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%	94.39%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%	85.40%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%	93.98%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%	86.97
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%	93.08%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%	93%
Prevent **WRAP**	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82	82.12%
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8	11
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2	2
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations



Year-Mth	Cancelled by hosp. On Day of Admission	Admitted - Treatment Deferred	Cancelled by hosp.before Day of Admission	Grand Total
2021-01	0	6	16	22
2021-02	1	7	15	23
2021-03	9	22	16	47
2021-04	5	23	22	50
2021-05	11	16	21	48
2021-06	2	19	32	53
2021-07	7	11	31	49
2021-08	6	19	16	41
2021-09	11	28	28	67
2021-10	6	37	36	79
2021-11	17	28	38	83
2021-12	12	21	32	65
2022-01	9	24	37	70
Grand Total	96	261	340	697





INFORMATION

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 9 patients cancelled on the day in January with reasons detailed as follows;

9 x Covid related

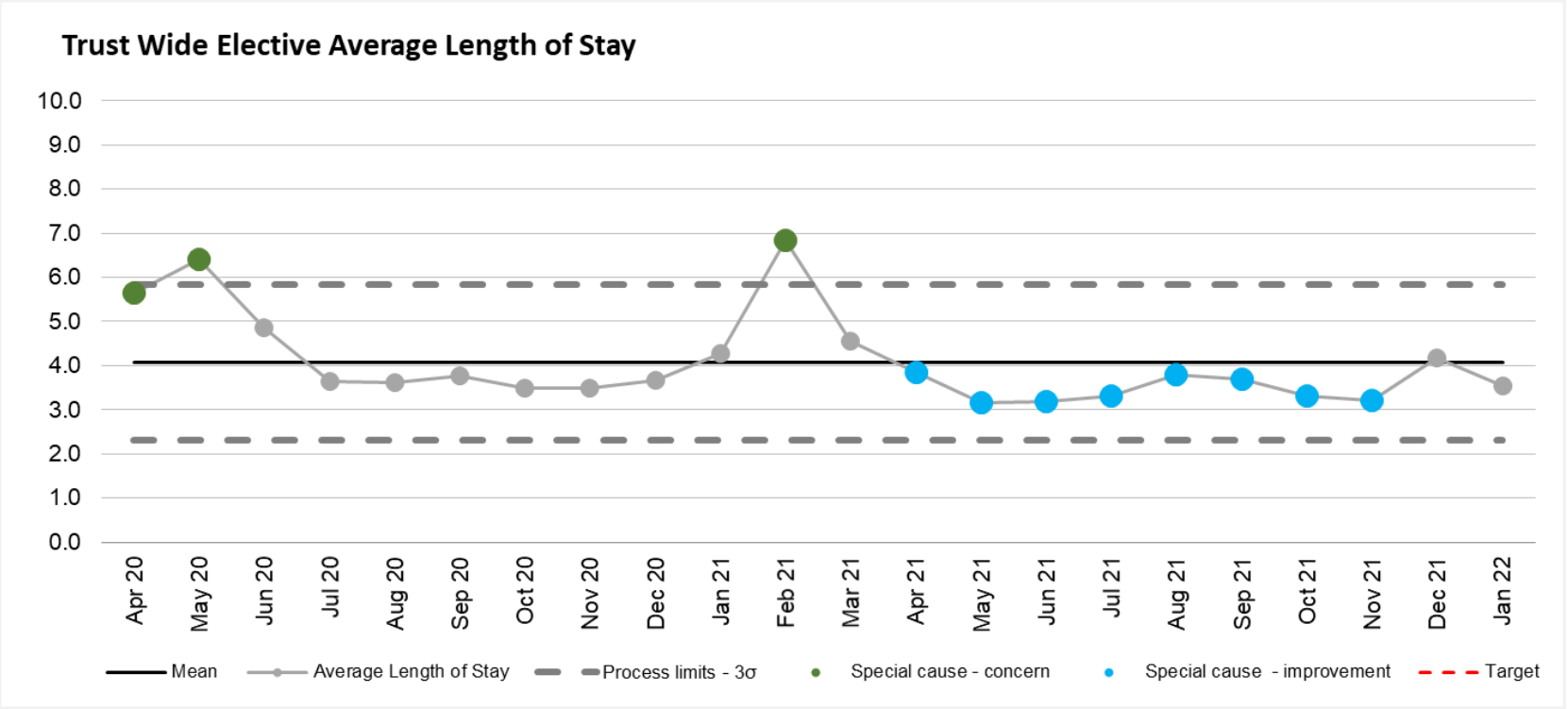
There were 24 patients admitted but where treatment was deferred, with reasons broken down as follows:
8 x Medically unfit / Clinical change in condition,
7 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
5 x lack of theatre time/beds
2 x covid positive
2 x replaced by more urgent cases

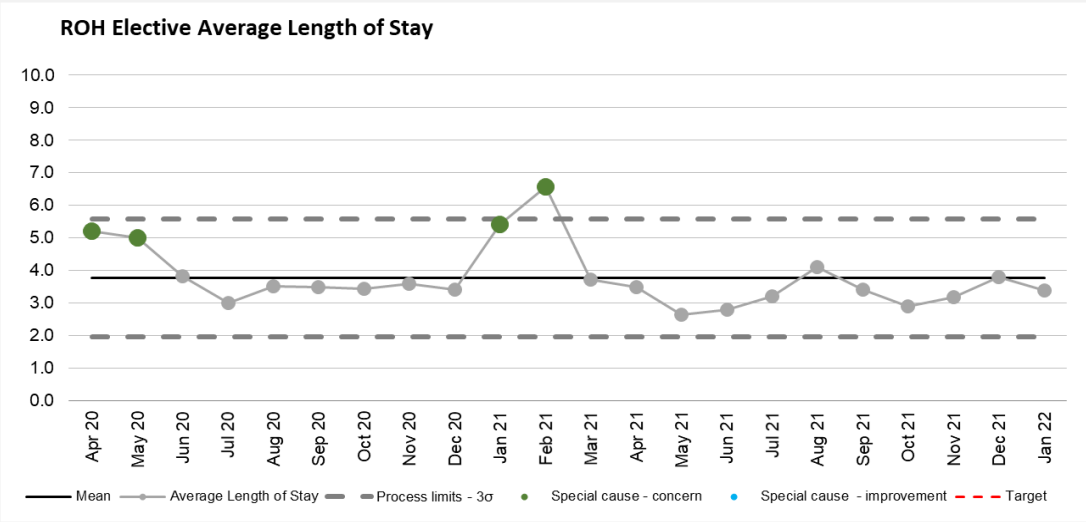
There were 37 patients cancelled by the hospital prior to date of admission.

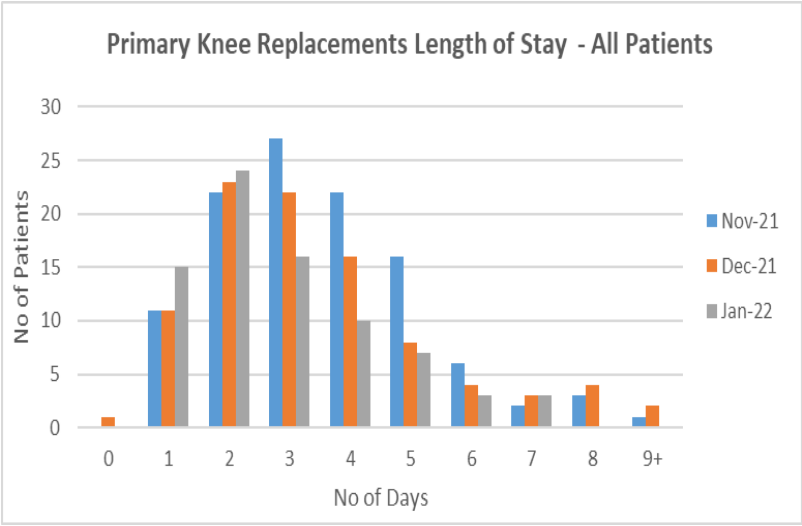
11 x medical deferrals due to complexity in co-morbidities found in POAC
15 x covid positive
1 x surgeon availability due to sickness
6 x Creation of UHB rehab ward
1 x procedure no longer required/Pt no longer wanted surgery
2 x patient DNA'd
1 x re-dated due to more urgent case

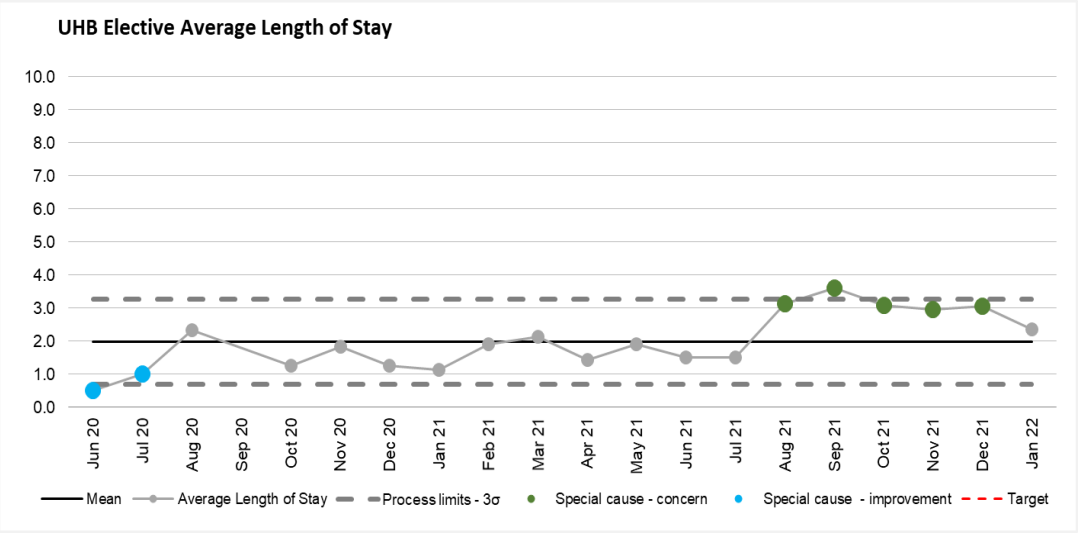
ACTIONS FOR IMPROVEMENTS / LEARNING
The weekly lookback meeting continues to ensure that any themes are identified and appropriate actions put in place. The 72 hr call team has been fully recruited to for a number months which has added resilience to the overall process. Any issues that are identified from the calls are escalated to the relevant teams for follow-up
RISKS / ISSUES
Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process. There is however access to an stand alone emergency theatre should a patient present who need urgent surgery

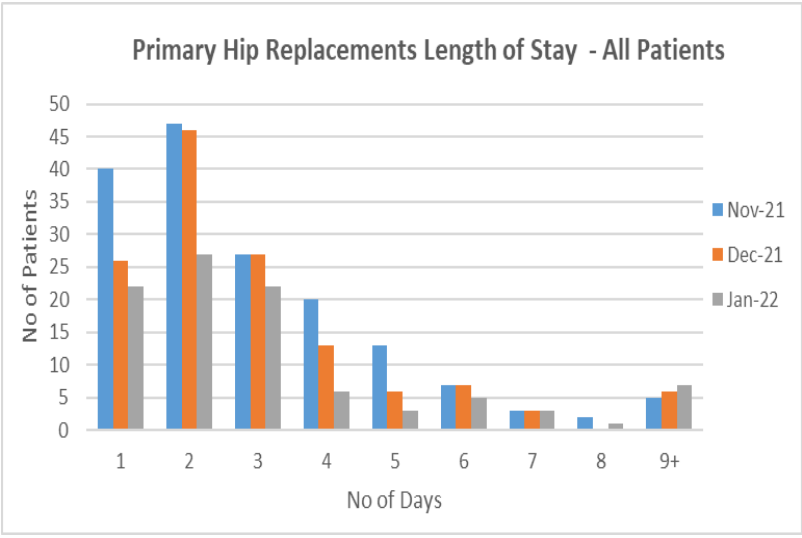
17. Length of Stay




ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

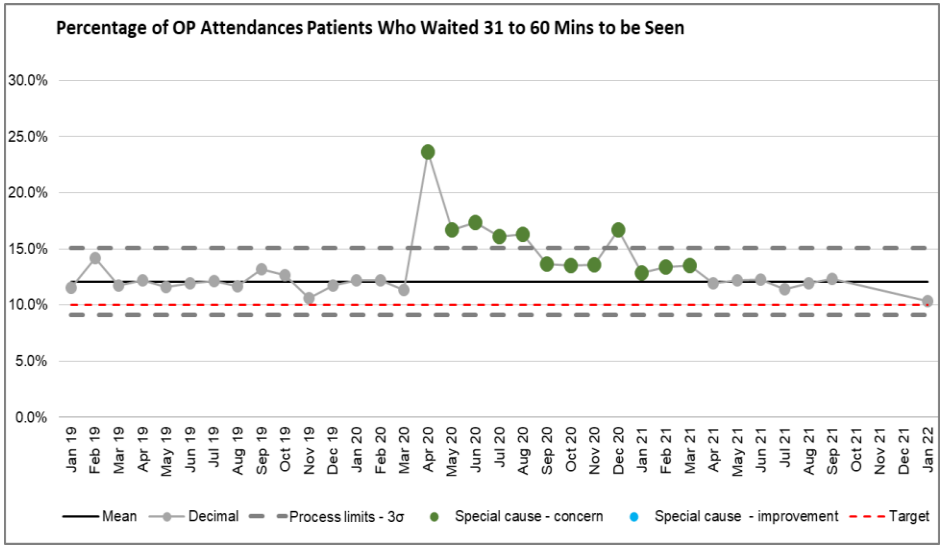

Primary Knee Replacements Length of Stay - All Patients
No of Patients
30
25
20
15
10
5
0
0
1
2
3
4
5
6
7
8
9+
No of Days
Nov-21
Dec-21
Jan-22

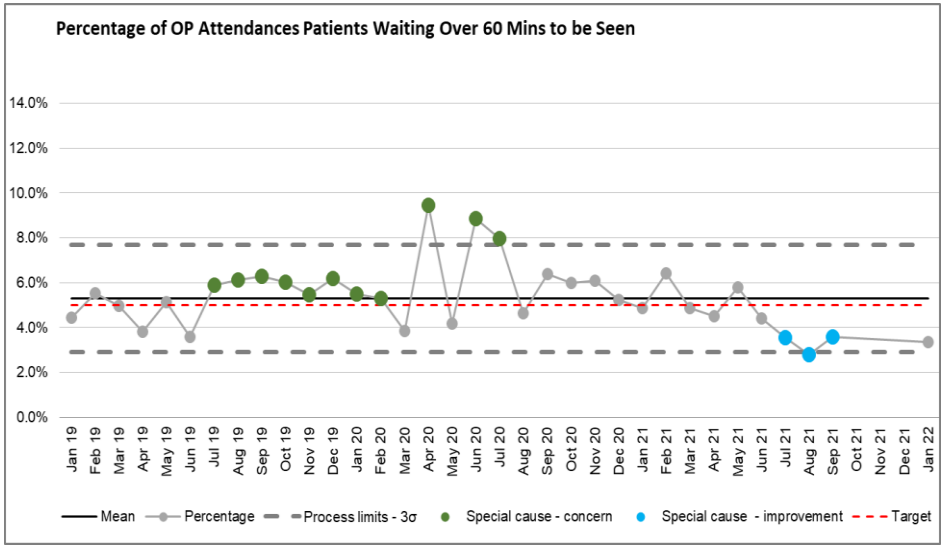

UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

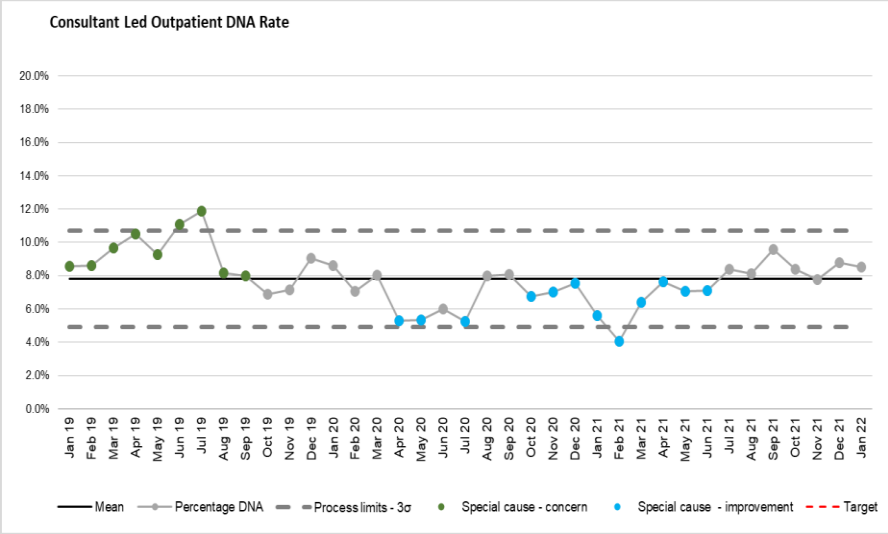

Primary Hip Replacements Length of Stay - All Patients
No of Patients
50
45
40
35
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9+
No of Days
Nov-21
Dec-21
Jan-22

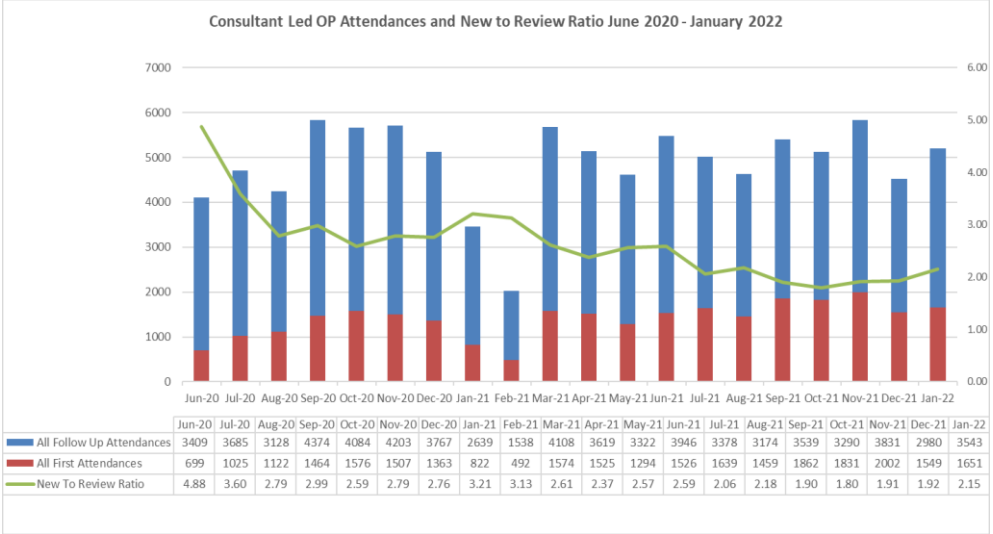
INFORMATION
The average length LOS for ROH patients from all specialities has decreased in month to 3.53 (4.03 December). The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is 3.38 (3.31 December) The average length of stay for UHB patients at ROH is 2.35 (3.05 December) January length of stay data produced for UHB and ROH, has been reviewed and the following observations made: 13 UHB arthroplasty patients with LOS greater than 3 days. 9 with a length of stay greater than 5 days and 1 with a stay greater than 7 days. (excludes Rehab). This is a significant improvement. 62 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 40 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 27 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days. This in an increase in LOS for ROH patients In summary 27 ROH arthroplasty and oncology arthroplasty patients had a length of stay greater than 7 days and 1 UHB arthroplasty patient From day to day challenges and review of PICS data complexity of patients either due to co-morbidities or social requirements are the significant contributory factors in this. The Discharge Lounge is now operational with reduced capacity due to COVID social distancing requirements. In addition a roaming discharge service is being maintained to assist with progressing patients. Discharge Liaison Lead remains proactive and links closely with community leads regarding complex discharge
ACTIONS FOR IMPROVEMENTS / LEARNING
Repatriation of patients - difficulty in repatriation of some patients due to capacity issues at receiving Trust.
RISKS / ISSUES
Bed modelling needs regular review to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

18. Outpatient efficiency

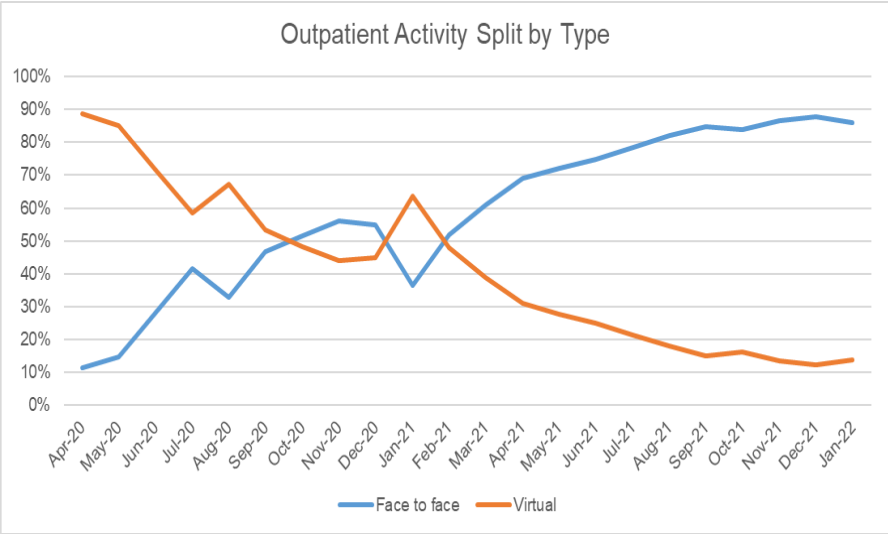


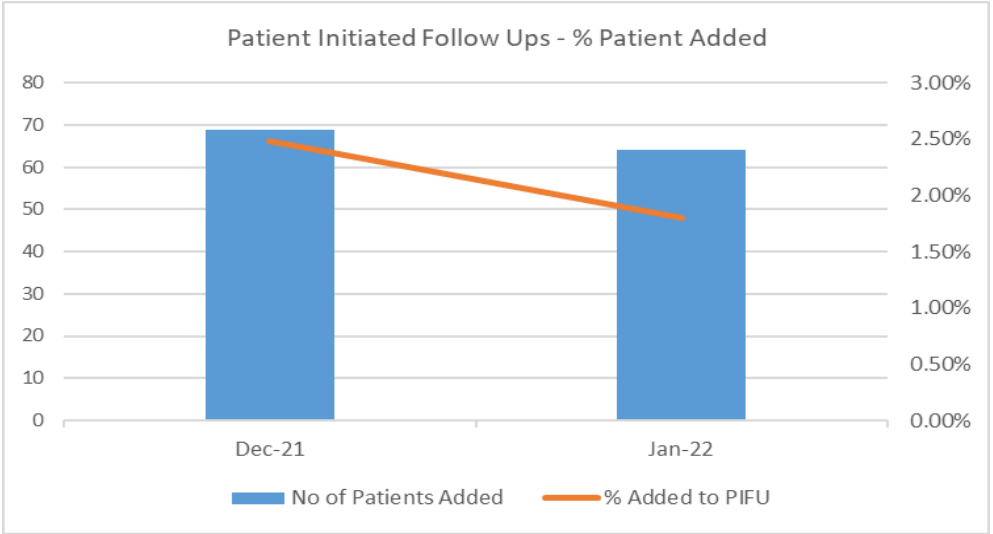






	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15





INFORMATION

In January we had 4,471 Face to Face Outpatient attendances, this represented an increase of 15% (504 attendances) from the previous month. The main reasons behind this increased activity is the continued delivery of additional activity to support operational performance.
In January we had 723 Outpatient Virtual attendances, this represented an increase of 20% (164 attendances) from the previous months. The CSM for Outpatients and Patient Access will continue to work with the Clinical Service Leads to review pathways and templates to encourage greater uptake.
Face to face versus virtual appointments remains consistent with December at 14%- pathway development workshop planned March 2022.
PIFU Target for January achieved: plan 1.5% - actual: 1.8% 64 patients out of 3544 (measured as a % of all outpatient activity)

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays – 30 minute delays - 10.3% (Target 10%) 60 minute delays – 3.4% (Target 5%)

An analysis of 30 minute delays has shown a positive reduction of clinic delays for both 30 and 60 minutes, this is largely around the improvements to clinic templates and the time slot allocations for consultants to see complex patients. A new electronic form has been rolled out to manage the patient flow from outpatients to radiology to improve communication between both departments. An escalation process has been drafted to capture delays in outpatients over 15 minutes to allow a proactive approach to managing any potential delays. The Operational and Nursing Team continue to chair the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients.

The DNA rate for January is 8.51% which is a decrease from 8.67% in December – the Trust target is 8%. Each month an audit is undertaken of the DNAs to understand key themes. We are reviewing the reminder services to ensure that all patients have received the appropriate communication via the DrDr messaging system.. We are currently undergoing improvements to the appointments service and are working with IT to support the implementation of a new call centre to offer an improved experience for our patients.

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 and beyond.

We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance and ensuring we have the processes and SOP in place. The current target for advice and guidance referrals are that 80% will be responded to within 48 hours – we are currently at 91% response rate.

RISKS / ISSUES

Communication – Call centre upgrade is being managed by IT for the implementation of the New call centre – awaiting confirmation of implementation date.

19. Referral to Treatment

Referral to Treatment Snapshot as at 31st January 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/01/2022

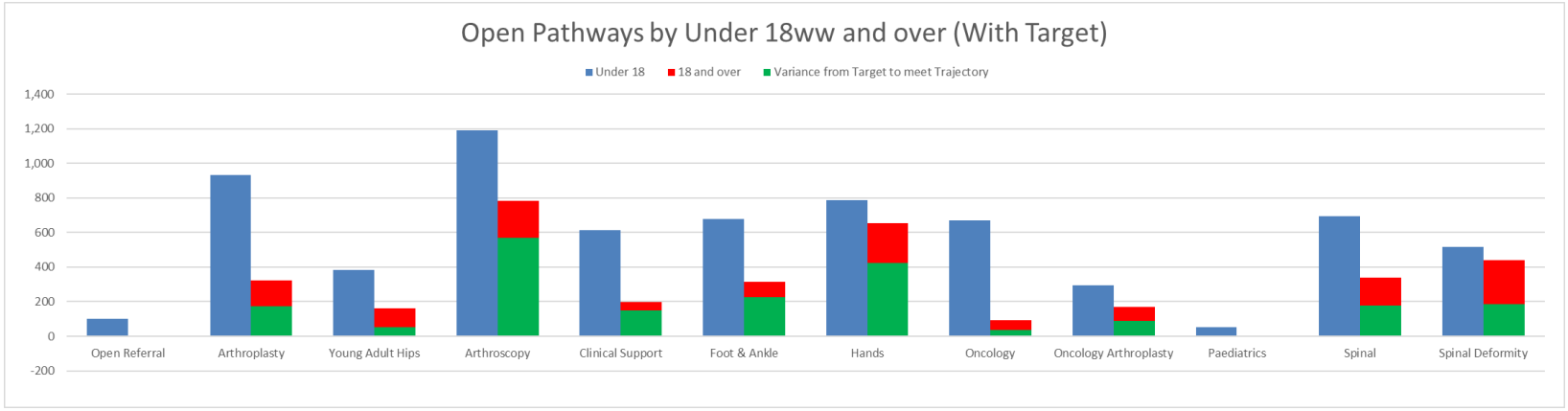
Est Over 18 Clock Stops Required		
To achieve	83.14%	2384
To achieve	83.14%	2384
To achieve	85.49%	2647

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,832**	94	396	166	455	180	290	276	329	122	24	275	225
7-13	**2,788**	5	378	148	507	258	256	335	272	121	19	291	198
14-17	**1,294**	1	159	69	230	177	130	174	70	51	10	128	95
18-26	**1,769**	0	243	78	342	149	178	301	57	68	4	165	184
27-39	**1,301**	0	74	68	341	46	119	246	28	85	1	103	190
40-47	**294**	0	3	11	84	3	16	72	6	10	0	41	48
48-51	**41**	0	0	2	10	1	1	11	0	1	0	7	8
52 weeks and over	**70**	0	3	1	5	0	1	25	0	5	0	21	9
Total	**10,389**	100	1,256	543	1,974	814	991	1,440	762	463	58	1,031	957

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,914**	100	933	383	1,192	615	676	785	671	294	53	694	518
18 and over	**3,475**	0	323	160	782	199	315	655	91	169	5	337	439
Current Month End RTT %	**66.55%**	**100.00%**	**74.28%**	**70.53%**	**60.39%**	**75.55%**	**68.21%**	**54.51%**	**88.06%**	**63.50%**	**91.38%**	**67.31%**	**54.13%**

31/01/2022 Trajectory RTT %	83.14%	100.00%	86.09%	77.81%	84.73%	92.52%	88.32%	77.23%	92.47%	78.87%	88.78%	81.19%	67.19%
Target for RTT Trajectory	1,402	0	151	109	215	50	89	231	55	79	7	161	253
Variance from Target to meet Trajectory	2073	0	172	51	567	149	226	424	36	90	-2	176	186



Referral to Treatment Snapshot as at 31st January 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/01/2022

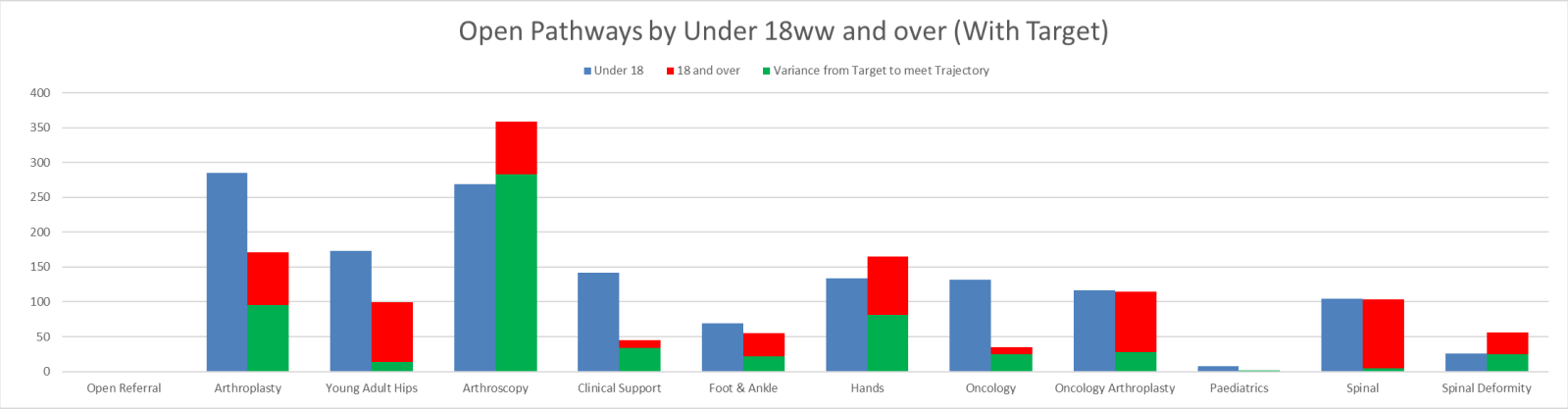
Est Over 18 Clock Stops Required		
To achieve	72.45%	748
To achieve	83.14%	1046
To achieve	85.49%	1101

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**479**	0	96	55	89	41	13	44	52	42	3	33	11
7-13	**611**	0	118	79	104	54	37	54	61	48	2	44	10
14-17	**369**	0	71	39	76	47	19	36	19	27	3	27	5
18-26	**533**	0	127	44	120	33	25	66	14	43	2	43	16
27-39	**486**	0	41	44	166	11	24	65	16	60	0	31	28
40-47	**127**	0	2	9	67	0	4	16	5	6	0	11	7
48-51	**20**	0	0	2	5	1	1	5	0	1	0	4	1
52 weeks and over	**39**	0	1	0	1	0	1	13	0	5	0	14	4
Total	**2,664**	0	456	272	628	187	124	299	167	232	10	207	82

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,459**	0	285	173	269	142	69	134	132	117	8	104	26
18 and over	**1,205**	0	171	99	359	45	55	165	35	115	2	103	56
Current Month End RTT %	**54.77%**	n/a	**62.50%**	**63.60%**	**42.83%**	**75.94%**	**55.65%**	**44.82%**	**79.04%**	**50.43%**	**80.00%**	**50.24%**	**31.71%**

31/01/2022 Trajectory RTT %	72.45%	100.00%	78.92%	66.94%	77.92%	92.50%	67.78%	61.52%	92.70%	57.29%	93.33%	51.30%	45.69%
Target for RTT Trajectory	555	0	76	85	76	12	33	84	10	87	1	99	31
Variance from Target to meet Trajectory	650	0	95	14	283	33	22	81	25	28	1	4	25



Referral to Treatment Snapshot as 31st January 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/01/2022

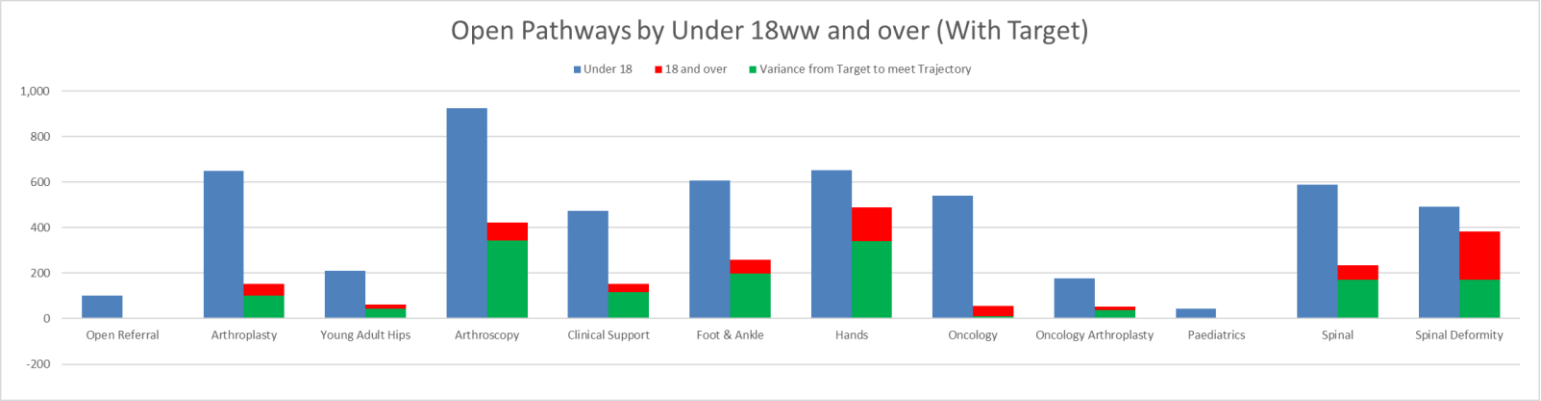
Est Over 18 Clock Stops Required		
To achieve	87.90%	1747
To achieve	83.14%	1338
To achieve	85.49%	1546

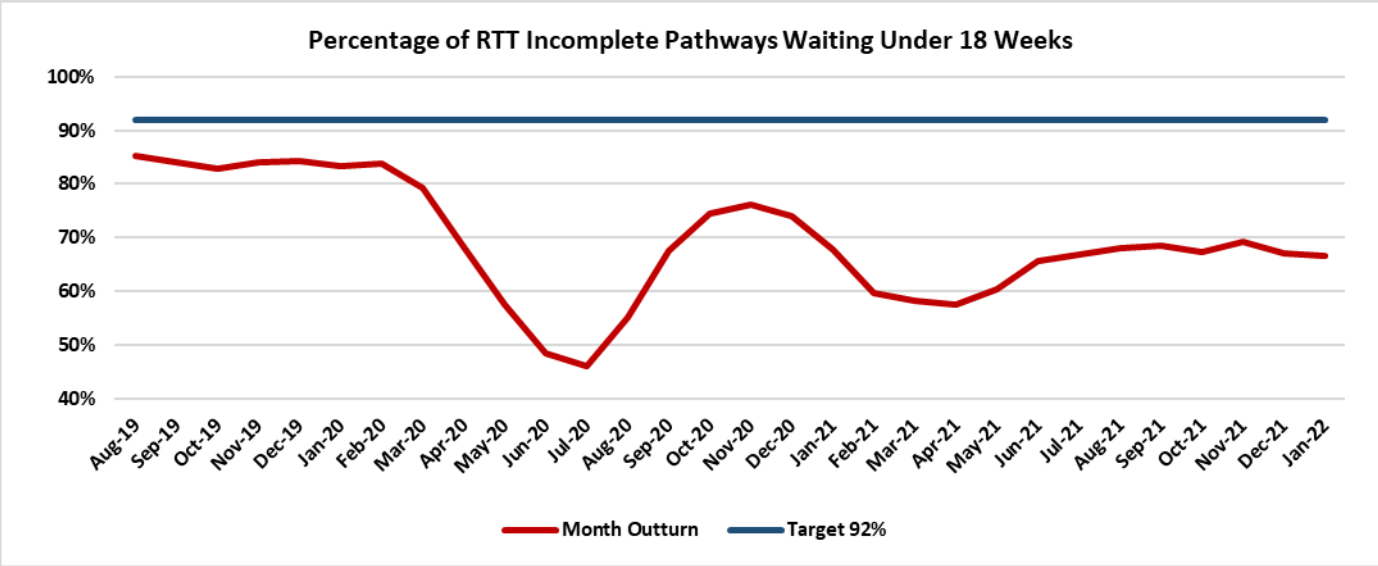
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,353**	94	300	111	366	139	277	232	277	80	21	242	214
7-13	**2,177**	5	260	69	403	204	219	281	211	73	17	247	188
14-17	**925**	1	88	30	154	130	111	138	51	24	7	101	90
18-26	**1,236**	0	116	34	222	116	153	235	43	25	2	122	168
27-39	**815**	0	33	24	175	35	95	181	12	25	1	72	162
40-47	**167**	0	1	2	17	3	12	56	1	4	0	30	41
48-51	**21**	0	0	0	5	0	0	6	0	0	0	3	7
52 weeks and over	**31**	0	2	1	4	0	0	12	0	0	0	7	5
Total	**7,725**	100	800	271	1,346	627	867	1,141	595	231	48	824	875

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,455**	100	648	210	923	473	607	651	539	177	45	590	492
18 and over	**2,270**	0	152	61	423	154	260	490	56	54	3	234	383
Current Month End RTT %	**70.61%**	**100.00%**	**81.00%**	**77.49%**	**68.57%**	**75.44%**	**70.01%**	**57.06%**	**90.59%**	**76.62%**	**93.75%**	**71.60%**	**56.23%**

31/01/2022 Trajectory RTT %	87.90%	100.00%	92.90%	92.72%	92.15%	92.53%	90.60%	81.37%	92.43%	92.20%	88.35%	90.23%	69.96%
Target for RTT Trajectory	751	0	49	16	79	38	63	149	44	15	6	64	211
Variance from Target to meet Trajectory	1519	0	103	45	344	116	197	341	12	39	-3	170	172





ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION

The Referral To Treatment (RTT) position for January is 66.55% against the National Constitutional Target of 92%. This is a decrease of 0.61% compared to December 21 reporting at 67.16%. This was anticipated due to the impact of the system mutual aid required reduced activity with a focus on urgent patients. There are 70 patients over 52 weeks, a decrease from 95 in December - 39 admitted and 31 non-admitted with plans or actions in place to progress these pathways or patients. We are reviewing the trajectory given the impact Omicron has had in December and January

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. 335 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2664 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with 2,127 (79%) referrals received in January 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways.

We are scoping the implementation of the Health Status check process – an automated process that contacts patients with key questions to determine any changes or review that is required.

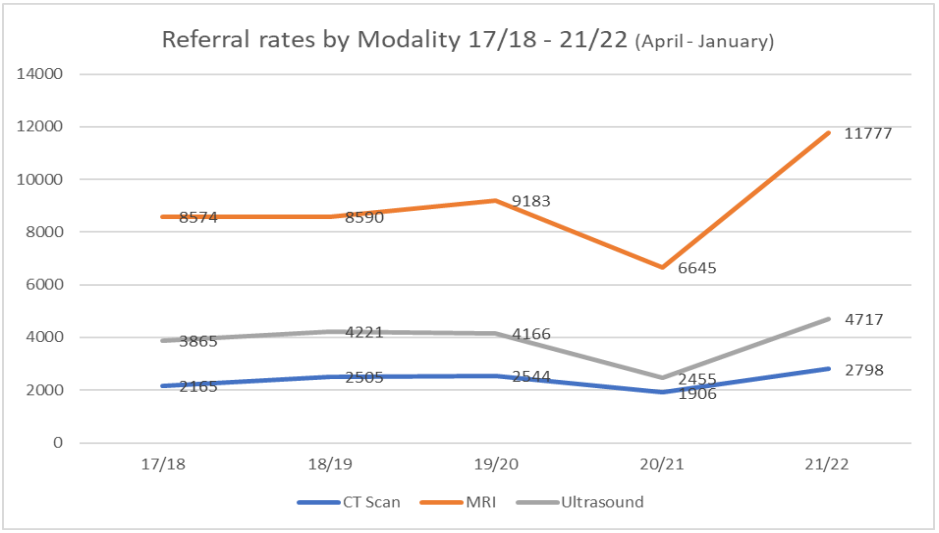
RISKS / ISSUES

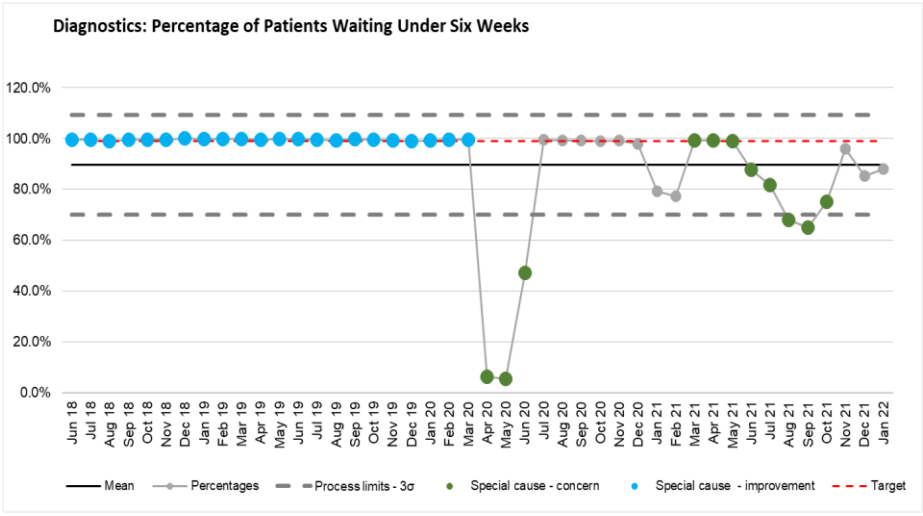
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH

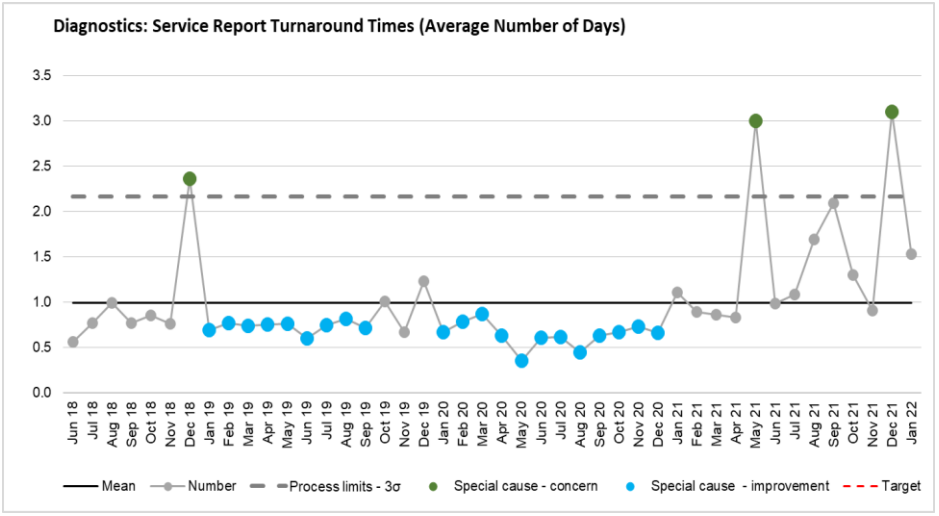
Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731







INFORMATION
Imaging did not meet the diagnostic target in January reporting 87.9%, an increase on the previous month. Referrals for most of the modalities in January levelled out to 100% with the exception of MRI which was 127% when compared to January 19/20 Actions to recover the diagnostic target continues to be the sourcing of additional mobile van capacity where possible and provision of additional clinics at weekends. Work continues to implement a text messaging service with support from IT and a third party provider with connectivity testing being carried out. It is hoped that this will be rolled out by the end of February. Reporting times in January were back on track and are now being reported within 24 hours. Recruitment of a vacant Medical Secretary post has also been successful.
ACTIONS FOR IMPROVEMENTS / LEARNING
To continue to ensure all capacity is fully utilised. Full demand and capacity analysis with trend forecasting as a part of business planning Implementation of the recently approved 7 day working for imaging services will further increase capacity
RISKS / ISSUES
The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

20. Cancer Performance

		December 2021 (complete)				November 2021 (complete)				October 2021 (complete)			
Target Name	National Standard	%	In target	Breach	Total	%	In target	Breach	Total	%	In target	Breach	Total
2ww	93%	96%	69.0	3.0	72.0	100%	39.0	0.0	39.0	100%	39.0	0.0	39.0
31 day first treatment	96%	100%	10.0	0.0	10.0	100%	13.0	0.0	13.0	75%	3.0	1.0	4.0
31 day subsequent (surgery)	94%	80%	4	1	5	100%	9.0	0.0	9.0	100%	5.0	0.0	5.0
62 day (traditional)	85%	44%	2	2.5	4.5	90%	9.0	1.0	10.0	100%	1.0	0.0	1.0
62 day (Cons Upgrade)	n/a	73%	4.0	1.5	5.5	100%	3.0	0.0	3.0	100%	5.0	0.0	5.0
28 day FDS REPORTED	75%	83%	57.0	12.0	69.0	68%	41.0	19.0	60.0	81%	61.0	14.0	75.0
Patients over 104 days					0				0				

Performance:

The volume of referrals and complexity of patients remains a challenge to delivery of the cancer targets, in particular due to late diagnosis of patients due to rarity and complexity of cases and patients requiring input from multiple surgeons.

To date 50 patients have been referred from RJAH as part of the SLA of which 32 have had surgery.

Breach reasons:

1 x 31 day subsequent – This was due to a prolonged diagnosis period given the complexity of the case that presented.

2.5 x 62 day (traditional) - These were mainly due complex diagnosis and histology, often requiring more tests to be carried out.

INFORMATION

Performance:

The volume of referrals and complexity of patients continues to pose a challenge to delivery of cancer performance, in particular due to late diagnosis of patients due to rarity and complexity of cases and patients requiring input from multiple surgeons and teams which creates a scheduling challenge for all staff involved.
To date 50 patients have been referred from RJAH as part of the SLA of which 32 have had surgery.

ACTIONS FOR IMPROVEMENTS / LEARNING

Pathology database transition work ongoing.

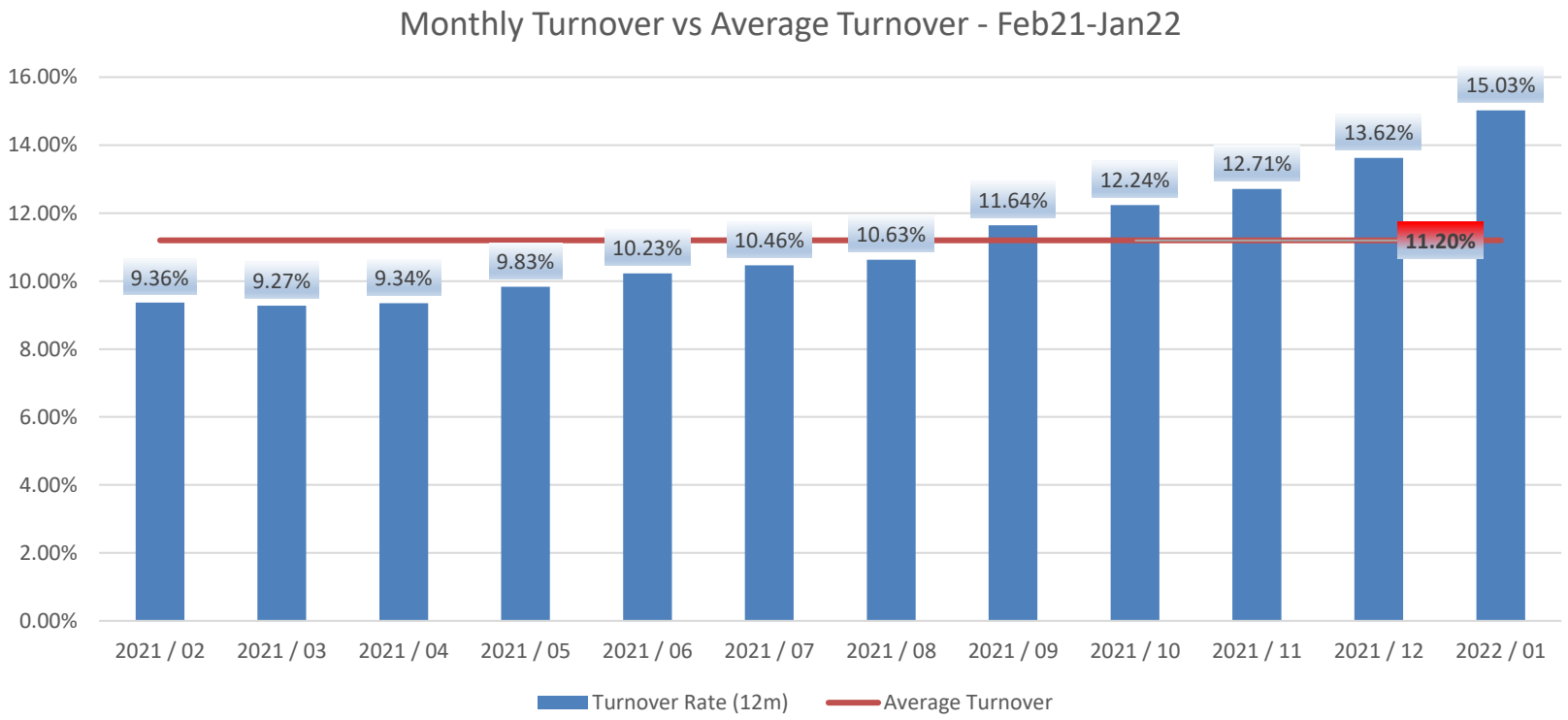
Successful first meeting with key leads from Primary Care at the end of January 2022.

Review of RMS with the ERS process being reviewed currently.

- 10th February: Admin Cancer Pathways Session
- 3rd March: Wales Cancer Network – Sarcoma Improvement and Innovation Workshop
- 9th March: Strategic away morning
- 15th March: National Cancer Nurse Specialist Day

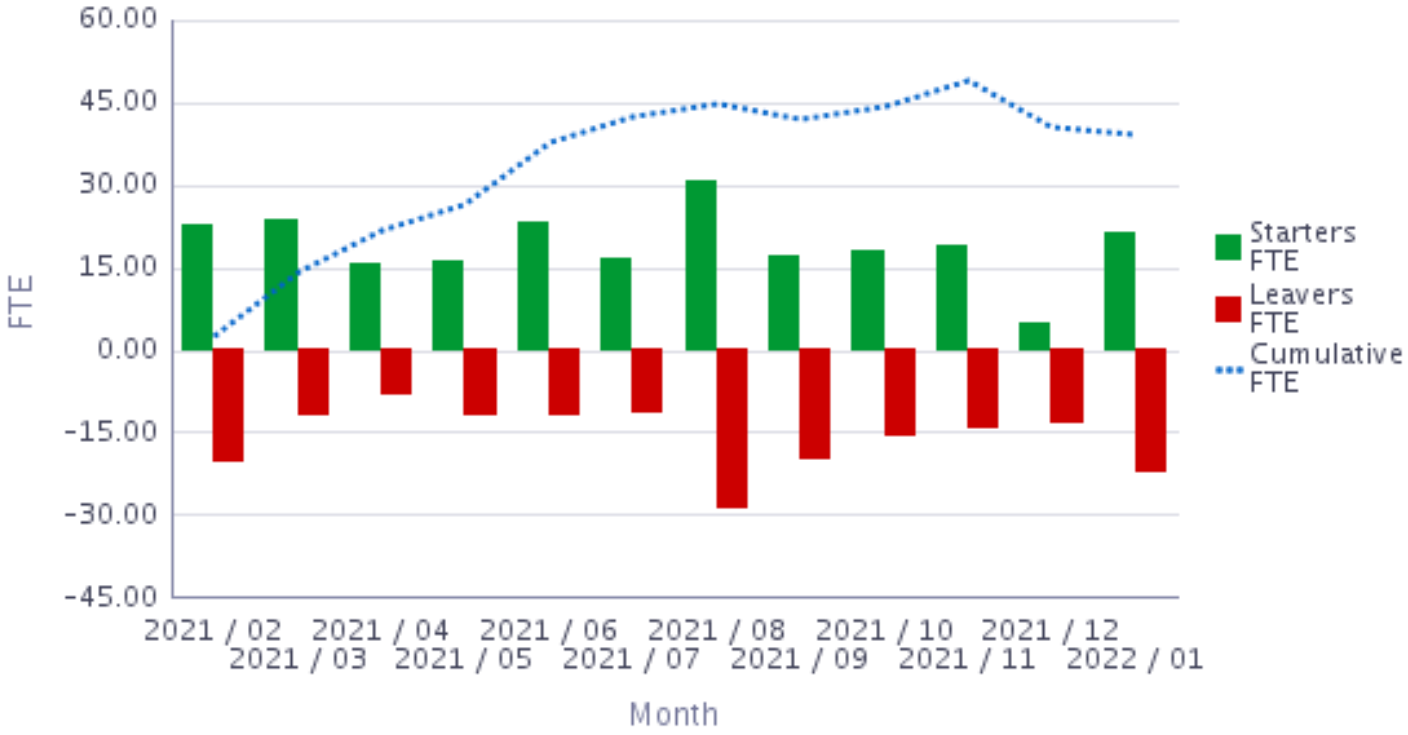
RISKS / ISSUES

None



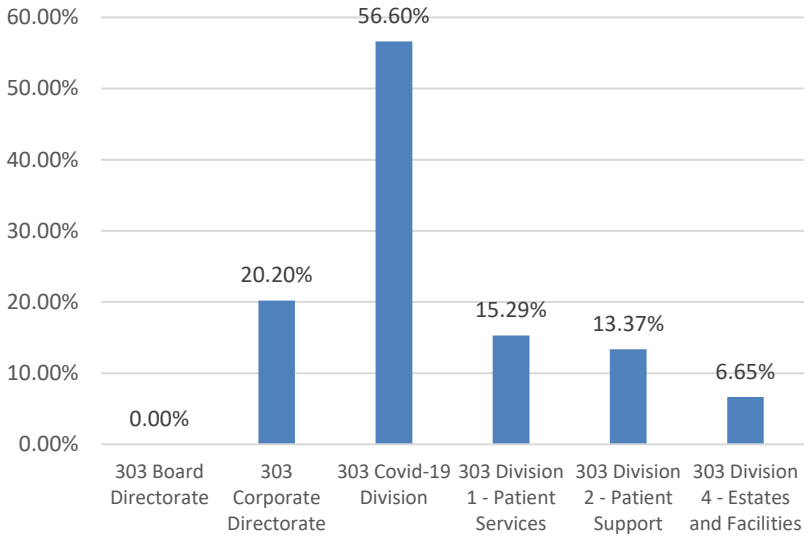
Comments:
Staff turnover has been rising since April-21, this coincides with a process change that occurred in April to correctly report on Leavers and New Starters. January 22 shows the highest rate of turnover the Trust has seen in 12 months. The HR team will be assessing the reasons for leaving to better understand the granular detail. Hopefully with stability as we move out the pandemic will see some stability in workforce numbers.

Starters And Leavers – By Month

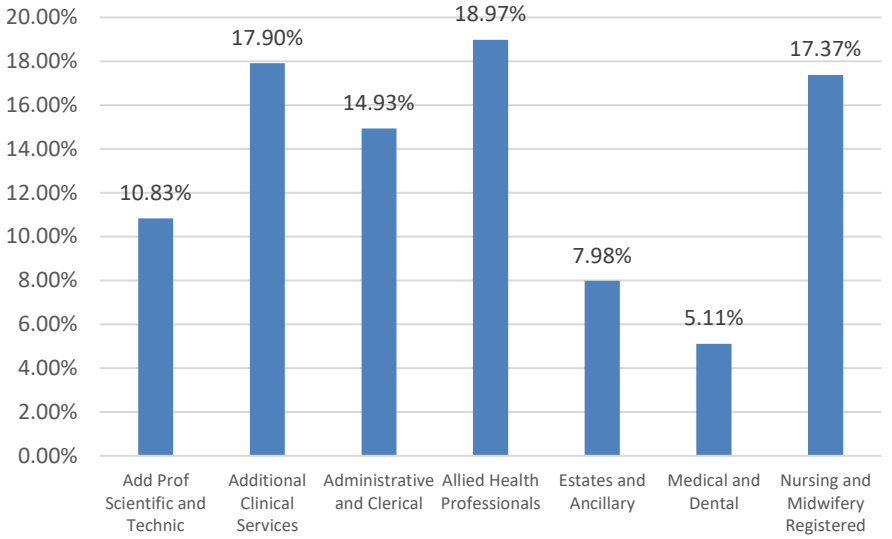


Comments:
This chart shows a break down of the Starters and Leavers for each month. The majority of the months show that we have an equal amount of Starters and Leavers or more starters than leavers. There has been a bet gain of 54 staff over this period.

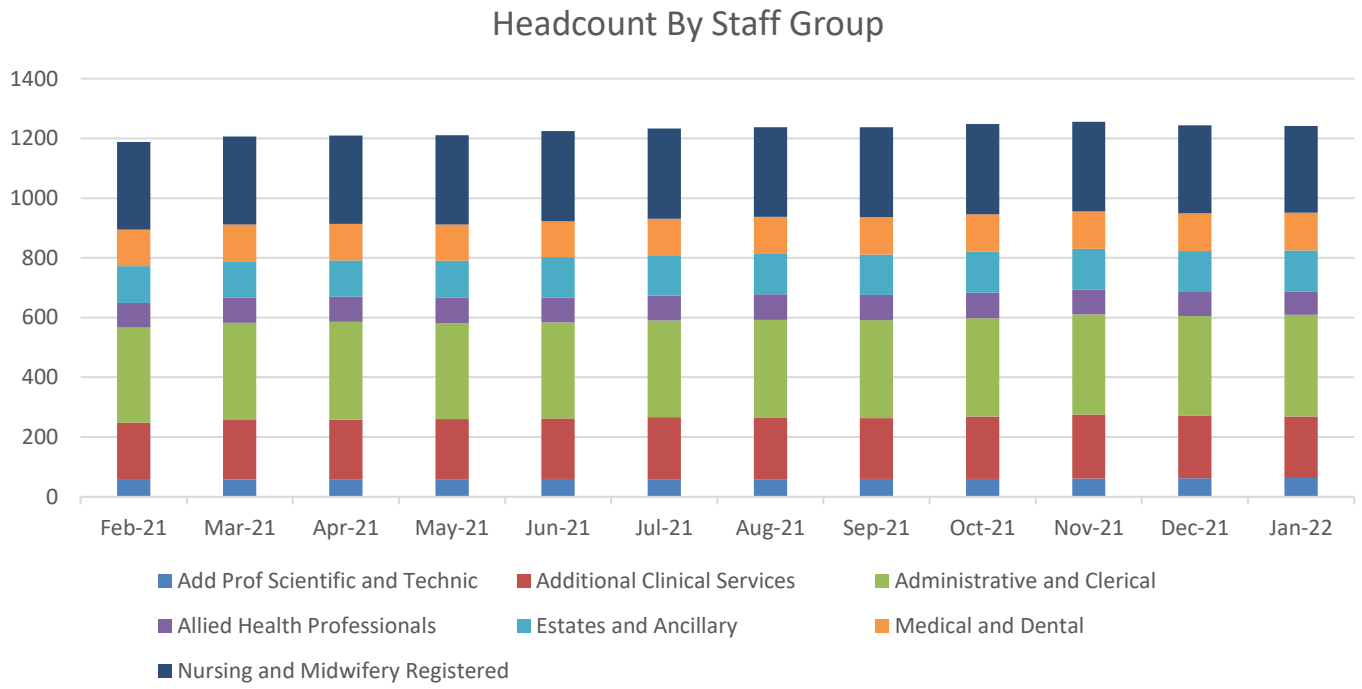
12 Months Turnover By Division



12 Months Turnover By Staff Group

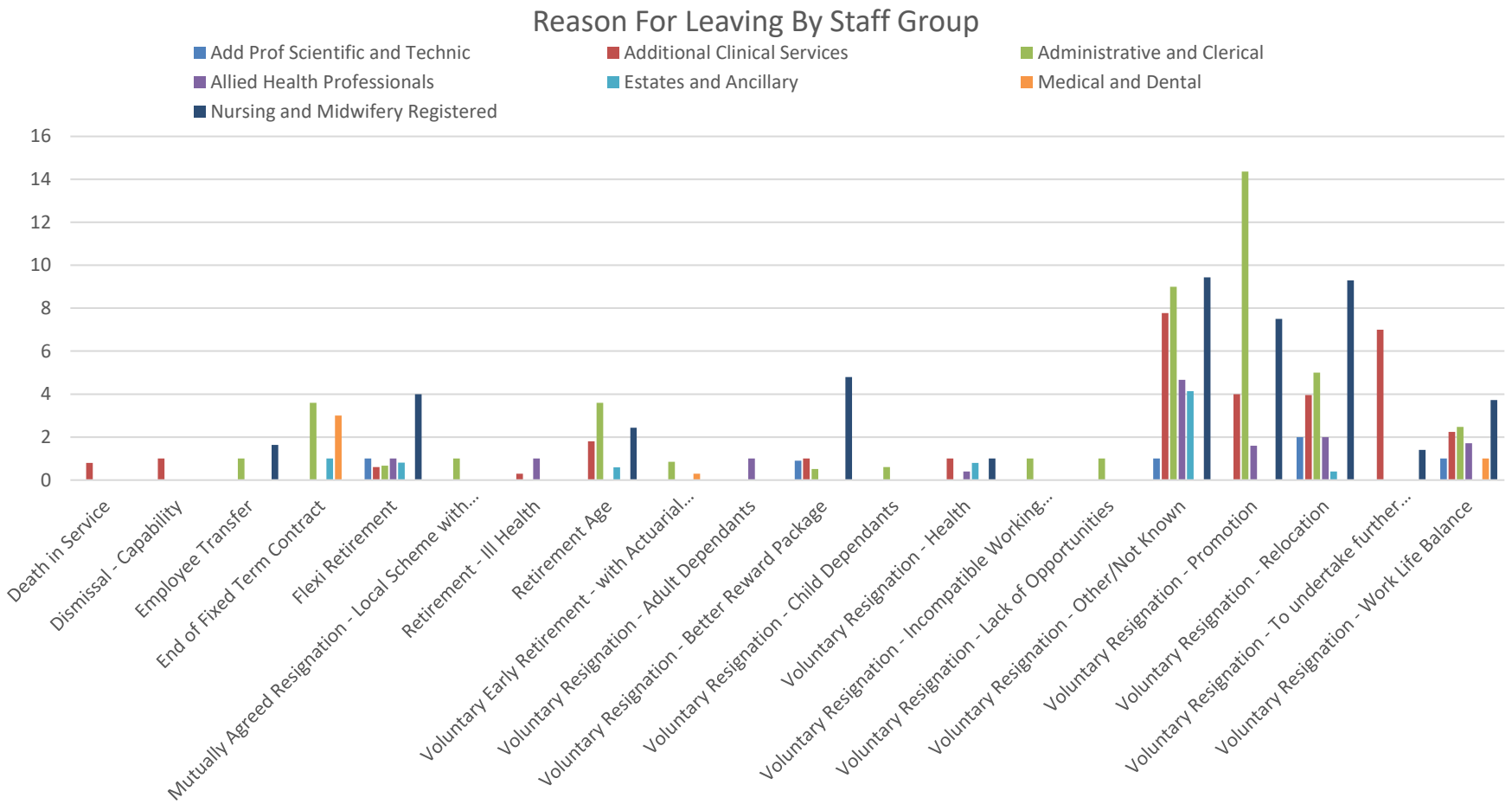


Comments:
Turnover By Division – Covid-19 would have a larger turnover due to most of the staff being temporary and securing roles in other divisions and also as it's the smallest staff group . Corporate Turnover rates would support the changes within the HR Department that have taken place over the last 8 months.
Turnover By Staff Group – 3 key areas show the highest Turnover in the period.
Additional Clinical Services which had 20 Healthcare Assistants leave in the period
Nursing and Midwifery lost 29 Nurse's in the period
Allied Health Professionals lost 10 Radiographers in the period.

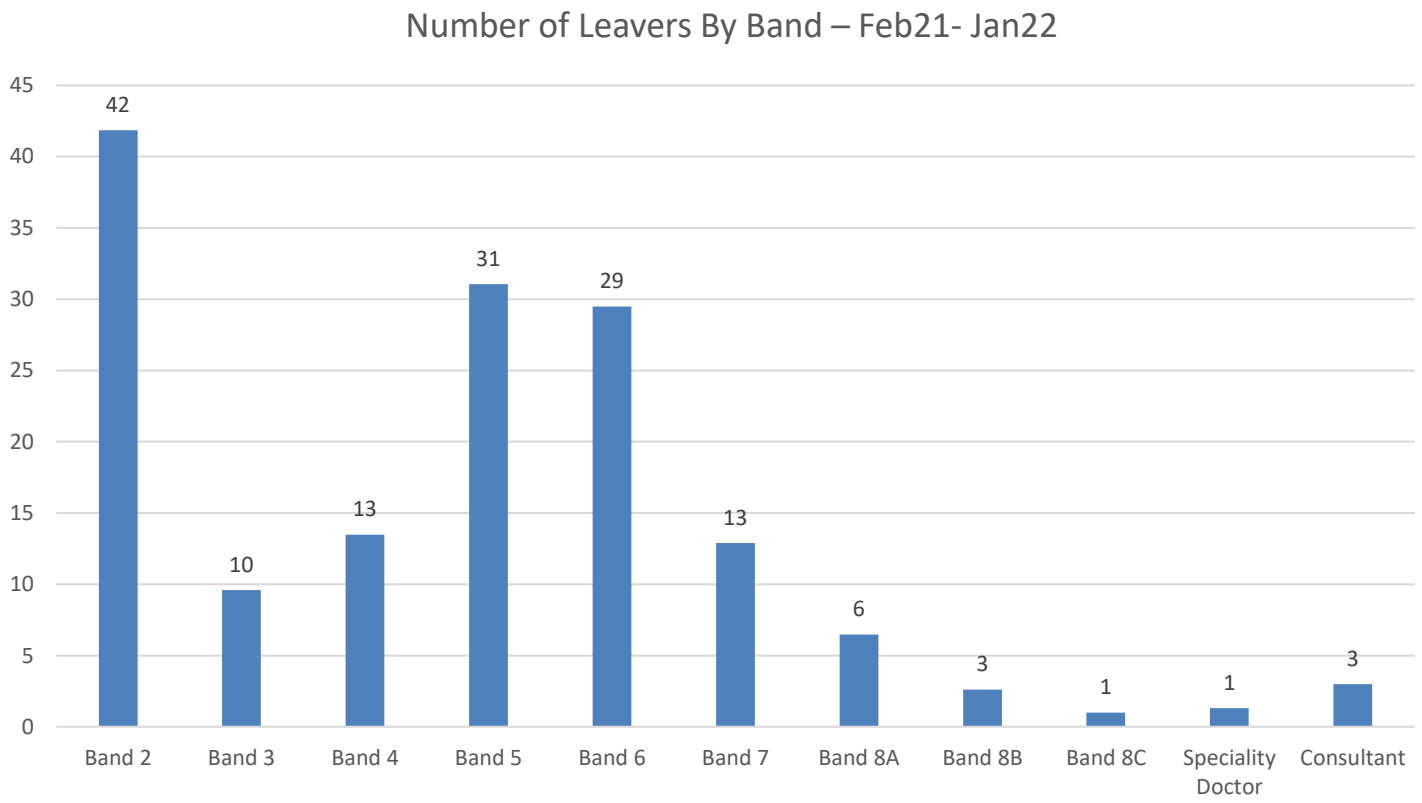


Total Headcount	1188	1206	1210	1211	1225	1233	1238	1238	1248	1256	1244	1242

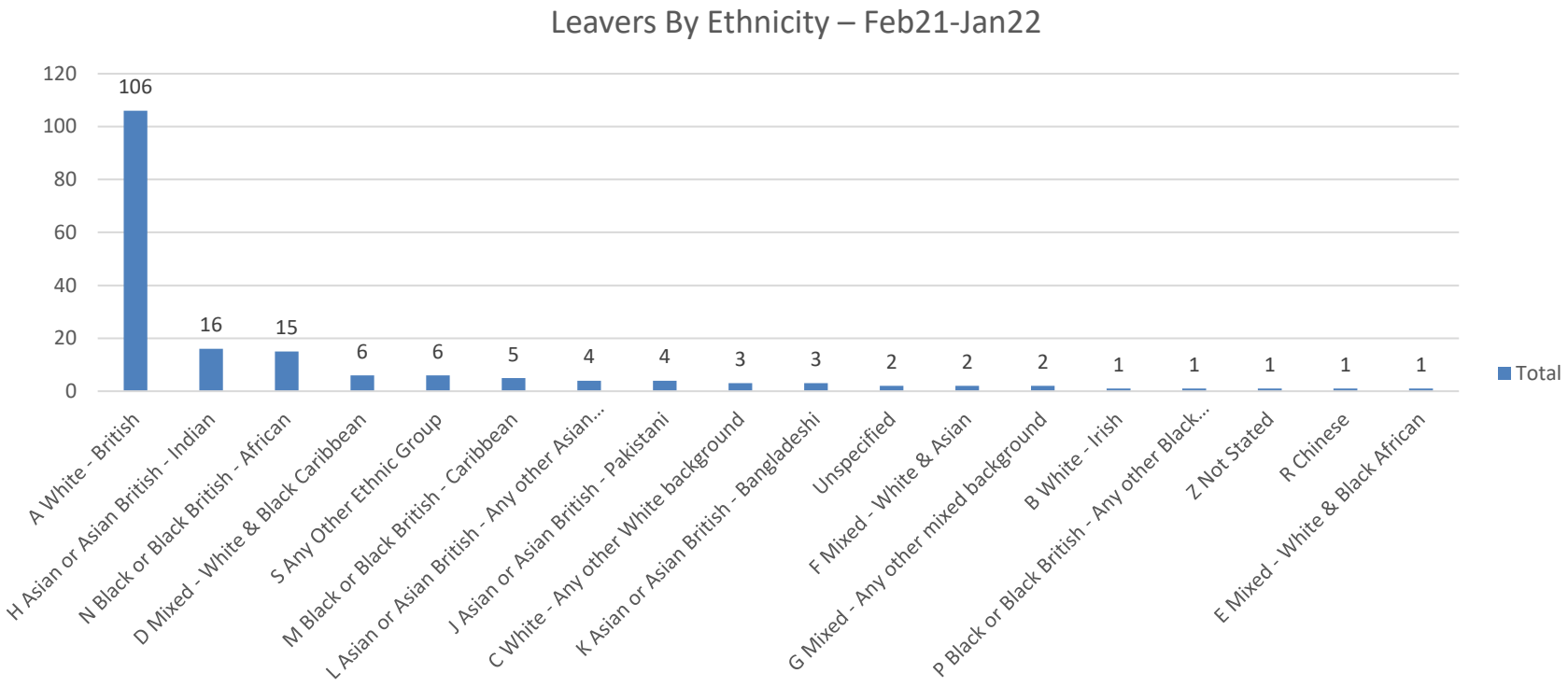
Comments:
This chart shows the ROH Headcount by Staff Group. Admin and Clerical is the largest staff group and had a net gain of 21 staff members through the period. Allied Health Professionals had a net loss of 3 in the period and Nursing and Midwifery had a net loss of 2 in the period. All other areas showed an overall net gain in staffing numbers.



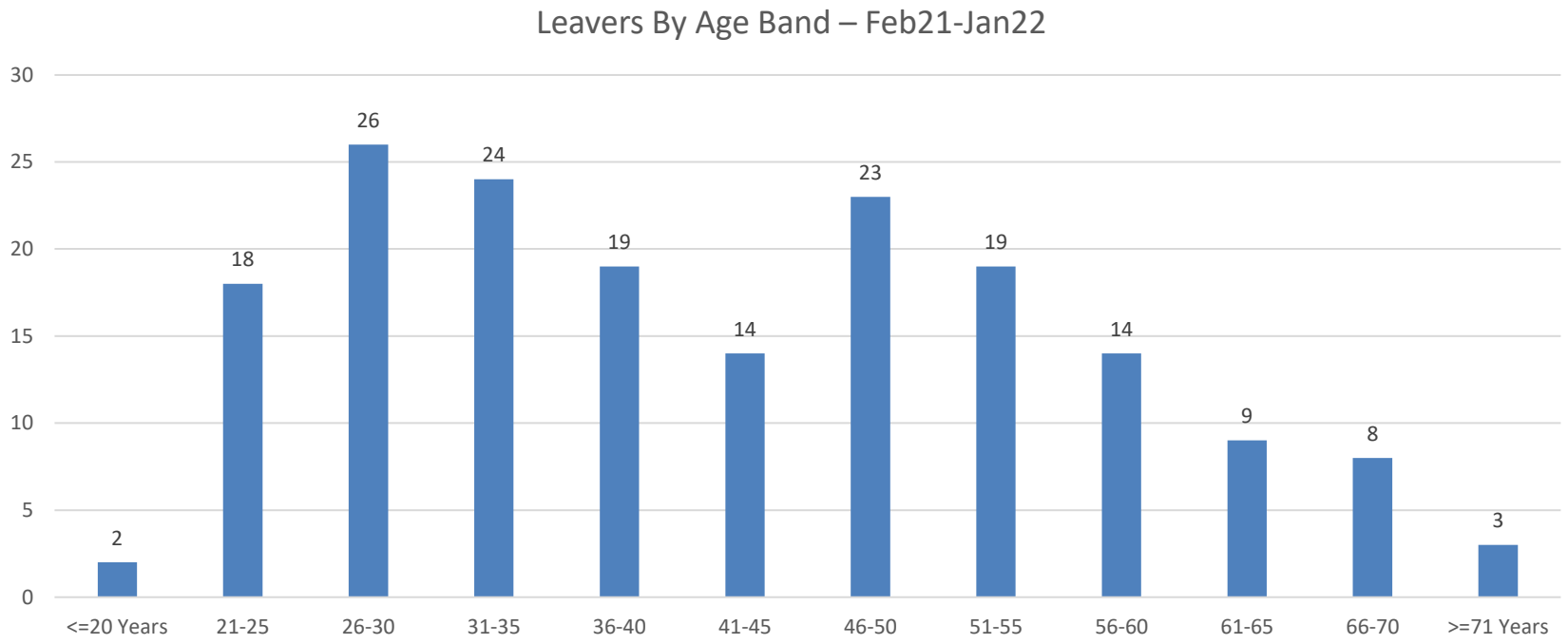
Comments:
The chart shows the reasons for leaving added to ESR by local managers
Voluntary Resignation - Other/Not Known is the largest reason which doesn't provide any information that may assist in insights
Voluntary Resignation - Promotion is the next largest reason for leaving
Voluntary Resignation – Relocation, the largest area in this is in Nursing which could mean people are moving out of the area or to other Trusts



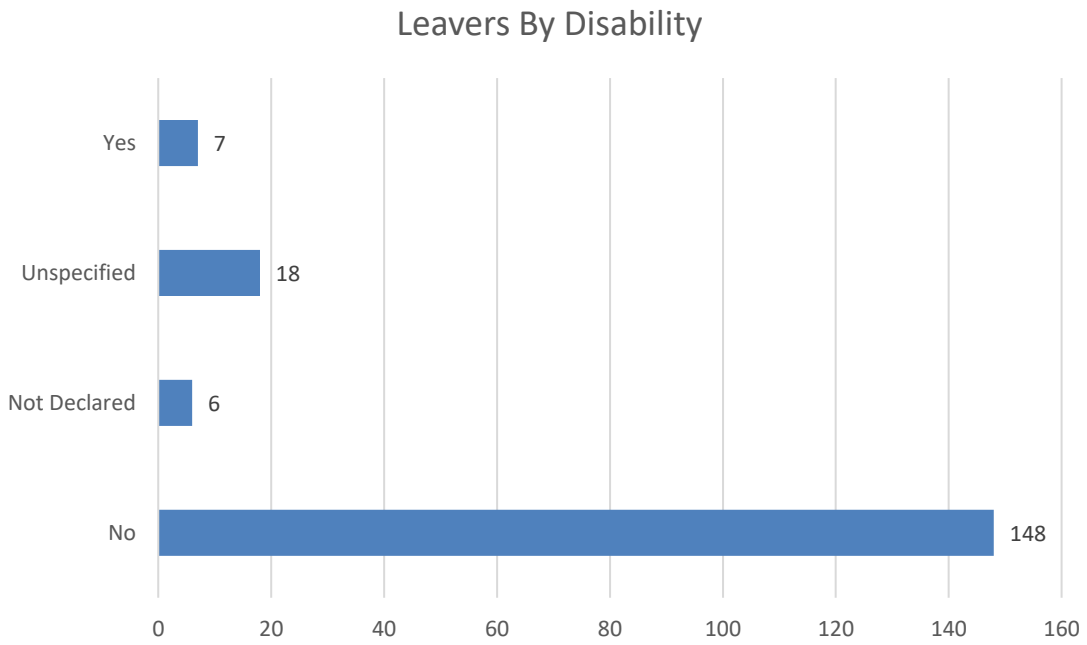
Comments:
The chart shows that Band 2 roles are the largest leavers with most of these being Healthcare Assistants stating main reason as Promotion
Band 5's and 6's bring up the next highest amounts again the main reasons for there departure is for a Promotion.



Comments:
The demographic of the workforce is majority White so this would trend with that. Followed b this is Asian or British Asian – Indian and Black/Black British -African Main reasons for all of these groups were Promotion and Work life balance.



Comments:
The main leavers were aged between 26-35 followed by 46-50. The main reasons for the 26-35 year olds was Promotion and Relocation. The main reasons for the 46-50 year olds was again Promotion and Relocation.



Comments:
Most of the leavers were showing not to have a disability (possibly related to low disclosure rate at the Trust). Of those who stated they do have a disability, the main reason provided for leaving was recorded as 'unknown' followed by 'relocation. '
For Unspecified or Not Declared 5 of these were Retirees, and the remaining stating Relocation, Promotion and Work Life balance.

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue International Convention Centre, Birmingham, B1 2EA **Date** 6 April 2022: 0900h – 1430h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Ms Laura Tilley-Hood	Wellbeing Officer	(LT-H)	[Item 6]
Mrs Clare Mair	Head of OD & Inclusion	(CM)	[Items 6 & 18]
Mrs Sarah Moulton	Deputy Chief Operating Officer	(SMo)	[Item 19]
Prof Lee Jeys	Consultant Surgeon	(LJ)	[Item 19]
Prof Ed Davies	Consultant Surgeon	(ED)	[Item 19]
Mrs Amanda Gaston	Deputy Director of Finance	(AG)	[Item 20]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	[Item 20]
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SMa)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 2 March 2022: *for approval*	ROHTB (3/22) 027	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (3/22) 027 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	TP/JW
0920h	6	Discussion: Staff wellbeing update: • The ROH as the Wellbeing Hospital • Supporting staff through the cost of living crisis	Presentation	JW/CM / LT-H

1000h	7	COVID-19 infection prevention and control update: *for assurance*		
	7.1	Outbreak summary: *for assurance*	ROHTB (4/22) 002 ROHTB (4/22) 002 (a)	GM
	7.2	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (4/22) 003 ROHTB (4/22) 003	GM
	7.3	Patient visiting arrangements: *for information*	Verbal	GM
1015h	8	Learning from Deaths quarterly report: *for assurance*	ROHTB (4/22) 005 ROHTB (4/22) 005 (a)	MR
1025h	9	Medical Director's annual report: *for assurance*	ROHTB (4/22) 006 ROHTB (4/22) 006 (a)	MR
1040h	10	Board Assurance Framework: *for assurance*	ROHTB (4/22) 007 ROHTB (4/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1050h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	ROHTB (4/22) 008 ROHTB (4/22) 009 ROHTB (4/22) 010	
	12	Performance reports: *for assurance* • Finance & Performance ○ Impact of risking costs of energy prices • Quality & Safety • Workforce	ROHTB (4/22) 011 Verbal ROHTB (4/22) 012 ROHTB (4/22) 013	
	13	Board topics 2022/23	ROHTB (4/22) 014 ROHTB (4/22) 014 (a)	
BREAK				

CONFIDENTIAL SESSION				
1115h	14	Exclusion of the press and public	Verbal	Chair
	15	Declarations of interest on any matters in the private session	Verbal	ALL
	16	Minutes of the previous meeting in private held on 2 March 2022: *for approval*	ROHTB (3/22) 027 (P)	Chair
	16.1	Actions from previous meetings in private: *for assurance*	ROHTB (3/22) 027 (a) (P)	SGL
1135h	17	Chair and Chief Executive update on any confidential matters: *for information and assurance*	ROHTB (4/22) 015 (P) ROHTB (4/22) 015 (a) (P)	TP/JW
	17.1	MSK system proposal: *for information*	Verbal	JW
1145h	18	Staff survey update: *for assurance*	ROHTB (4/22) 016 (P) ROHTB (4/22) 016 (a) (P)	JW/CM
1200h	19	Hip and knee revision pathway and centre: *for information*	Presentation	MP/ SMo/ LJ/ ED
		LUNCH		
1300h	20	Business planning summary: *for assurance*	Presentation	RL/AG
1325h	21	Equality, Diversity & Inclusion – discussions with CQC and future plans: *for assurance*	ROHTB (4/22) 016 (P) ROHTB (4/22) 016 (a) (P)	SM/ GM
1355h	22	Private patient strategy: *for discussion*	Verbal	MP
1405h	23	Draft annual plan: *for assurance*	ROHTB (4/22) 018 (P)	SW
1420h	24	Cloud migration update: *for assurance*	ROHTB (4/22) 019 (P)	SW
		MATTERS FOR INFORMATION		
1425h	25	Committee minutes: • Quality & Safety Committee • Finance & Performance Committee • Staff Experience & OD Committee	ROHTB (4/22) 020 (P) ROHTB (4/22) 021 (P) ROHTB (4/22) 022 (P)	
1430h	26	Any Other Business	Verbal	ALL

	27	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 4 May 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO MARCH 2022

MEMBER	ATTENDANCE										TOTAL
	7/5/2021	5/5/2021	2/6/2021	7/7/2021	1/9/2021	7/10/21	2/11/2021	12/1/2022	2/2/2022	2/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	9/10
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	9/10
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A	✓	✓	8/10
Les Williams	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	9/10
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	9/10
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	9/10
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	9/10
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board - DRAFT Version 0.1

Venue Woodbrooke Centre, Bournville **Date** 2 March 2022: 0900h – 1245h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Mr Roko Skocic	Head of Patient Experience	(RS)	
Mrs Claudette Jones	Freedom to Speak Up Guardian	(CJ)	
Mrs Nicola Brockie	Deputy Chief Nurse	(NB)	
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	**Paper Reference**
1 Patient story	**Presentation**
The Board welcomed Roko Skocic, the Head of Patient Experience, who presented the story of a patient who had been treated at the hospital in both 2015 and 2021. She was an individual who had experienced a long term disability. The patient praised the calibre of staff by whom she had been treated and noted that the quality of food she had been offered had been very high. On the other hand she advised that pain control could have been better and there had been a need to reiterate on several occasions that she was limited in terms of being able to	

position herself after her operation due to her pre-existing disability. Kathryn Sallah suggested that it would be useful to understand the learning from the patient's experience. The Board was advised that the patient joined the 'Coffee Catch up' sessions where the learning had been shared. Roko was asked that these lessons be shared with the Board in due course. It was noted that there was a piece of work being led by the Medical Director around shared decision-making would also assist with acting on the lessons learned. In terms of the pain control issues experience, the Chief Nurse advised that a review around this was occurring. It was suggested that as that the ROH was a surgical hospital that largely admitted medically fit and well individuals, self-administration of pain relief needed to be a key consideration. Simone Jordan suggested that the measures seen at Board and the Committees needed to be refreshed to ensure that metrics such as these raised in the patient story were to be seen. The Director of Finance advised that a piece of work was underway to develop an integrated performance dashboard which would provide a single version of a set of metrics for presentation at each committee. This would also include a live dashboard to link into a portal to be able to see the information in real time. In addition to this, the AQILA dashboard was also being developed in conjunction with the strategy unit. The Board would also be asked to provide a view as to which metrics were useful for them to review. The Chair agreed that the Board needed to agree how the Board scorecard was constructed. He suggested that there needed to be a difference in the detail of the information considered between Board and Committee level. The Chief Operating Officer advised that there needed to be a facility to drill down through the high level metrics into a granular level of detail.	
ACTION: **GM to provide the Board with a summary of lessons learned from the patient case at a future meeting** **ACTION:** **SGL to arrange for the Board to discuss and agree a balanced scorecard at a future meeting**	
2 Apologies	**Verbal**
Matthew Revell, Medical Director tendered his apologies.	
3 Declarations of Interest	**Verbal**
Gianjeet Hunjan highlighted that she had been appointed as a Non Executive designate for the Black Country Integrated Care System. Simone Jordan advised that she had also been appointed as a designate Non Executive for the Leicester, Leicestershire & Rutland Integrated Care System.	
4 Minutes of Board Meeting held in Public on 2 February 2022: *for approval*	**ROHTB (2/22) 027**

The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
4.1 Actions from previous meetings in public: *for assurance*	**ROHTB (2/22) 027 (a)**
There were no matters requiring escalation.	
5 Questions from members of the public	**Verbal**
There were none.	
6 Chair's and Chief Executive's update: *for information and assurance*	**ROHTB (3/22) 001** **ROHTB (3/22) 001 (a)** **ROHTB (3/22) 001 (b)** **ROHTB (3/22) 001 (c)**
The Chief Executive reported that the Gold Command system calls had been stood down, aside from some ad-hoc meetings around operational pressures. The rehabilitation pathway had also ceased on 7 February and the national 'Living with Covid' plan was being worked through. It was reported that the Board of the Birmingham & Solihull Integrated Care System (ICS) had sat on 14 February 2022 and had considered a number of items in public, including the ICS Programme Plan which had focussed on recruitment into key Executive Team positions. Simone Jordan asked in terms of the Executive recruitment process, where workforce was represented. She was advised that this was unclear at an ICS level at present. The Acting Associate Director of Workforce & OD advised that the operating model was being scoped for the People element of the ICS although this had not been finalised. The Chief Executive advised that NHSE/I had issued a plan for tackling the backlog for elective services. This needed to be considered in the context of the constitutional standards. The Vaccination as a Condition of Employment consultation had concluded. There was a need to understand the risk assessment for non-vaccinated individuals. There were noted to be some resignations from key posts at the ROH as a result of the concern over the initial plans to make it mandatory. Ayodele Ajose asked for numbers of individuals to which this related and she was advised that this involved only small number of staff given that the process that had been applied at the ROH had been designed to keep matters flexible and personal which had mitigated the risk of loss of staff. The Chair noted that there was a good deal of collaboration with system partners already and the various workstreams were listed. The Chair reported that he was encouraged by his meeting with the Chair of the	

Multi Minority Ethnicity Group (MMEG) which was addressing the feedback from the CQC focus group. There had been a Non Executive briefing on data security and the Director of Corporate Affairs & Company Secretary was arranging for a Board portal to be sourced and implemented.	
7 COVID-19 infection prevention and control update: *for assurance*	
7.1 Outbreak summary: *for assurance*	**ROHTB (3/22) 002** **ROHTB (3/22) 002 (a)**
The Chief Nurse outlined the changes to the position regarding COVID outbreaks at the ROH. It was reported that the Ward 3 and appointments department outbreaks had been closed. One outbreak was open on Ward 2 and this had started in January and had involved some further patient and staff cases. There was some commonality in the bay where the infections were reported. There had been three patients that had developed COVID while being treated in the hospital, however none had experienced significant ill health. David Gourevitch asked when it was likely that outbreaks needed not be reported. He was advised that this was likely to be not any time soon and the national outbreak definition would remain in any case. Availability of testing centres was being discussed nationally at present. Pathways to make elective care easier were also being considered including rationalising green and amber pathways. It was noted that visitors were not permitted on site at present, however there was an intention to wait for revised national guidance around this. In the meantime there was an intention to be flexible with people who wished to visit for specific reasons. Any changes would be reported back at a future meeting. In terms of the Clinical Commissioning Group (CCG) reporting a higher threshold of outbreak, this had been investigated with NHSE/I. Mask wearing was likely to continue over the forthcoming months.	
7.2 NHS England IPC Board Assurance Framework: *for assurance*	**ROHTB (3/22) 003**
The NHSE/I Infection Prevention and Control Board Assurance Framework (BAF) was received and noted. The requirement for all staff to be trained in the use of two FFP3 masks was noted to be a difficult requirement to achieve, however respiratory hoods were available which provided good mitigation. The other requirements on the IPC BAF were under improvement.	
8 Patient experience overview and plans: *for assurance*	**ROHTB (3/22) 004** **ROHTB (3/22) 004 (a)**

	ROHTB (3/22) 004 (b)
The Board welcomed the Deputy Chief Nurse, Nikki Brockie. The Board was guided through the outcome of the patient satisfaction survey, the Patient Experience Network (PEN) report and the outcome of the annual complaints process. In this context, the Board was reminded of the requirements needed to comply with CQC regulation 16, receiving and acting on complaints. Ayodele Ajose suggested that consistent communication was important and asked what work there was planned around this. She was advised that there was work underway with the teams, including a specific piece of work around discharge. There was also a plan to tell patients what would happen as part of their episode of care up front to ensure that communication was proactive and consistent. There had been a challenge around consistency associated with the changing guidance over the pandemic however. It was noted that the Operations team and nursing teams worked well together. Ayodele Ajose added that correspondence between departments also needed to be addressed to ensure that there was consistency and seamless communication. She was advised that this was lead by the Operations Team and through the working of the Multi Disciplinary Teams (MDTs). The Chair noted that communication was a systemic issue that had been raised a number of times. The Acting Associate Director of Workforce & OD added that there was some richness in the incident information around communication so triangulation would be useful. This needed to link in with the 'Restorative and Just Culture' approach in which staff would be involved. It was noted that staff would also be involved in the Patient Safety forums. There was a further plan to bring teams together to work through the measures to address communications. The Chief Executive noted that the 'My NHS' app would help in terms of Communications. The leadership team would also drive the 'First Friday' initiative which would involve talking to patients. The Chief Executive highlighted that she was keen to understand where the Trust was placed in the league table regarding the patient satisfaction survey. The Chief Operating Officer highlighted that the 'My Planned Care' approach would also help which would be discussed a future meeting. The 'Admin Matters' feedback was also valuable. It was suggested that benchmarking complaints would be useful to understand. The Director of Corporate Affairs & Company Secretary asked if there was a plan for the Trust to be visited again by the Patient Experience Network (PEN) to understand how the Trust worked in usual circumstances. It was reported that this was planned and also through the use of a focus group. Given that the PEN had been represented by only a small group of individuals it was suggested that this was a worthwhile exercise.	

Kathryn Sallah noted that after the 'Coffee Catch Ups' a Frequently Asked Questions (FAQ) sheet would be useful to distribute. She was advised that this would be presented as part of the JointCare and 'Coffee Catch Up' meetings in future. The use of an expert patient would also be useful to engage. Kathryn Sallah suggested that the patient experience function needed to be located in the main part of the hospital. The Chief Executive advised that the estates accommodation group would be stood back up to address this. The Chair agreed that complaints were a rich source of information. He noted that patient experience covered the entry to exit of the hospital and that performance needed to be assessed along every part of the pathway, including those that bridged more than one organisation; a process map would be useful to develop. Simone Jordan suggested that a terms of reference and intended outcomes for the process mapping was needed. It was noted that a clear action plan was needed to create an 'Even Better If…' ethos to match expectations in other disciplines. The Chief Nurse noted that it was pleasing to see that there was work happening to address most of the suggestions made in the debate. The work pre-pandemic also needed to be borne in mind. The Board agreed that the governance around patient experience had strengthened.	
9 Freedom to Speak Up update	**ROHTB (3/22) 005**
The Board welcomed Claudette Jones, Freedom to Speak Up Guardian (FTSUG) who presented the latest themes around the concerns raised through the Freedom to Speak Up route, the work of the FTSUG with the equality networks and the future plans for the function. The Director of Corporate Affairs & Company Secretary asked whether the level of concerns being raised had reached the pre-pandemic levels. He was advised that this was the case and there had been a steady rise over the past few months. The FTSUG was asked what the key point of learning for her had been since taking up the post. She advised that the openness by staff from a Black, Asian and Minority Ethnic background had been surprising and welcome. Work was underway to address these concerns through the work of the equality networks. The Chief Executive thanked Claudette for her presentation. She advised that there was a piece of work known as 'Me as a Manager' to address some of the concerns regarding management attitudes and behaviours. It was noted that the Model Hospital information was considered which suggested that there was a positive culture of openness. Thanks were given to Claudette for the energy she committed to the Equality & Diversity role, a matter which Richard Phillips suggested needed to be recognised.	

Ayodele Ajose commended the extent of the networking. She asked if the Freedom to Speak Up route was used as a key vehicle for staff to raise concerns internally. She was advised that this was the case. The Director of Strategy & Delivery offered some audit tools that could be used to plot the concerns and trends. He noted that there was some good activity to address the concerns. In terms of the Freedom to Speak Up champions, there had been seven expressions of interest received to date but the total number needed would be assessed as these individuals came into post.	
10 Gender Pay Gap report	**ROHTB (3/22) 006** **ROHTB (3/22) 006 (a)**
The Acting Associate Director of Workforce & OD reported that there was an annual requirement to assess and report on the gender pay gap position. The imbalance in the number of male staff in senior positions was noted to be a key influence on the situation at the ROH. Work was planned to develop some actions to address the position as far as was possible, although when medical staff were excluded then the disparity was less significant. The Board endorsed the actions planned which would also be published on the internet site. Simone Jordan suggested that the report could be shared across the network groups which would drive some of the actions required such as the design of theatre lists. The Chief Executive noted that there was a national issue concerning the balance of females in the orthopaedic speciality. The Trust was part of discussions with the Royal Colleges around a national solution. The Chair noted that there was a good focus on diversity in the organisation and the means to address the gender diversity gap needed to be clear and to be delivered. This included addressing the culture needed to recruit and retain these individuals. David Gourevitch suggested that addressing the wider overall pay gap was important which included all staff groups.	
ACTION: SM to arrange for the gender pay gap report to be published on the Trust's internet site	
11 Model Hospital update	**ROHTB (3/22) 007**
The Chief Operating Officer reported that the Model Hospital information was being used routinely and a Club had been developed as a means of bringing	

different groups together. The process for consideration of each of the pieces of information by speciality was discussed, a process which was led by the Deputy Director of Finance. This was complemented by the AQILA processes and audit. There had been a presentation delivered at a national level. The information portal was noted to provide interactive functionality and this would be demonstrated to the Board at a future meeting. There was regular attendance at the meetings by NHSI/E. The clearance times for local waiting lists was discussed which was noted to show differences across the region, demonstrating inequalities of access to healthcare. The work impacted positively on plans to improve data quality given the scrutiny of the information. The Director of Finance noted the value of the Model Hospital Club meetings and the multi-disciplinary nature of them. The benefit of benchmarking the information was noted. Simone Jordan noted that this scrutiny created an improvement focus. The Chief Nurse suggested that the presentation of this information at a national conference was needed given it represented good practice. It was noted that the work had been described at the recent system Performance Review which showcased the way in which it was being used. It was noted that the information suggested that the length of stay for some procedures could be improved and overall illustrated how the organisation was performing in terms of outcome and efficiency.	
12 Board Assurance Framework: *for assurance*	**ROHTB (3/22) 008** **ROHTB (3/22) 008 (a)**
The Board Assurance Framework being unchanged from the previous meeting was received and noted.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
13 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**Hard copy** **ROHTB (3/22) 009** **ROHTB (3/22) 010**
Richard Phillips reporting back from the Finance & Performance Committee, highlighted that the activity position had reflected some of the challenges	

associated with the Omicron wave. There had been a high number of Oncology referrals. There had been a positive uptick in terms of the private patient strategy, although it was noted that the patient cohort being treated was in line with the prioritisation of NHS patients. The risk around inflationary pressures was noted. David Gourevitch asked for an indication as to the likely impact of the rising energy costs and it was agreed that an update would be provided at the next meeting. It was reported that a technical paper on cybersecurity had been presented to the Committee given that there had been a generic increase in the cyber risk at present nationally. There had been some new national guidance around mitigations against cybercrime or attacks against which the Trust performed well, but there was some further work required on business continuity plans.

There was noted to be an improved forecast outturn of £1.2m surplus due to the reduction in activity largely, but also associated with the provision for the impact of the mandatory vaccination which had not materialised.

There had been a reduction in the number of patients waiting 52 weeks or more to 44.

Reporting back from the Quality & Safety Committee, Kathryn Sallah advised that there had been some good presentations which would be made available to the Board in coming months. There was noted to have been a big increase in falls. A report on litigation and claims had been received and it was agreed that this would be delivered to the Board on an annual basis. The work around 'Getting it Right First Time' and claims was presented. The trends of claims against activity was noted to have been requested. Simone Jordan suggested that the payments in respect of claims in other sectors would be known as the cost of poor quality.

It was reported that during week commencing 9 May 2022, the Human Tissue Authority would be inspecting the Trust.

In terms of the Staff Experience & OD Committee, Simone Jordan advised that there had been a significant focus on improving the culture of the organisation. However, it had been agreed that some of the basics of Human Resources needed to be given attention to support the workforce and ensure the supply of staff was robust. In terms of the energy crisis, it was suggested that the Board needed to consider its role as an anchor organisation in supporting staff through these concerning times. This had a close link with wellbeing. On this basis, it was suggested that the next Board meeting needed to be extended to include a discussion on this and other topics. The Director of Strategy & Delivery suggested that anonymised case studies might bring the issue to life. The Chief Executive suggested that there were a number of actions, some of which had been undertaken in other organisations that could be implemented at the ROH. Kathryn Sallah suggested that the voice of the staff needed to be taken into consideration as part of this work.

ACTION: **SW to provide an assessment of the impact of the rising energy costs at the next meeting** **ACTION:** **SG-L to schedule in a discussion at the next meeting around the support to staff through the current cost of living crisis**	
14 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	**Hard copy** **ROHTB (3/22) 011** **ROHTB (3/22) 012**
The reports were received and accepted.	
Date of next meeting: Wednesday, 6 April 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 6 April 2022, International Convention Centre, Birmingham

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 1.04.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.126	JointCare update	Presentation	02/11/2021	Arrange for a regular update on JointCare to be presented to the Finance & Performance Committee	MP	~~25/01/2022~~ 26/04/2022	Deferred to the April meeting of FPC in reflection of the change in operational model during the Omicron wave of the COVID-19 pandemic	C-19
ROHTBACT.121	Progress with delivery of the five year strategy	ROHTB (9/21) 002 ROHTB (9/21) 002 (a)	01/09/2021	Present the revised strategy during Quarter 4 2021/22	PB	31-Mar-22	Refreshed Board strategy to be presented in May 2022.	
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	30-Mar-22	To be considered at the April meeting of the Quality & Safety Committee.	
ROHTBACT.134	Staff story	Presentation	02/02/2022	Provide an update on the patient story (February 22 Trust Board) investigation at a future meeting	GM	06-Apr-22	To be presented as a comprehensive update summarising updates of patient stories considered during 2021/22 at the May meeting	
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	06-Apr-22	Rescheduled to the May 2022 meeting as per the Board Topics update	
ROHTBACT.135	IPC BAF – Cleaning standards	ROHTB (2/22) 005 ROHTB (22/22) 005 (a)	02/02/2022	Present the Cleanliness Charter at a future meeting	GM	04-May-22	ACTION NOT YET DUE	

ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	ACTION NOT YET DUE	
ROHTBACT.138	Patient story	Presentation	02/03/2022	Provide the Board with a summary of lessons learned from the patient case at a future meeting	GM	04-May-22	See action ROHTBACT.134	
ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	04-May-22	ACTION NOT YET DUE	
ROHTBACT.141	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Provide an assessment of the impact of the rising energy costs at the next meeting	SW	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.142	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Schedule in a discussion at the next meeting around the support to staff through the current cost of living crisis	SGL	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.120	Chairman's and Chief Executive's update	ROHTB (9/21) 001 ROHTB (9/21) 001 (a)	01/09/2021	Arrange for the Board to be update on the patient experience work at a future meeting	GM	~~01/12/2021~~ ~~02/02/2022~~ 02/03/2022	Agreed at the November meeting to defer until February 2022 to allow PEN update to be worked through and patient satisfaction survey to be included. Now deferred to the March meeting in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic. Presented at the March 2022 Board meeting.	
ROHTBACT.125	Gender pay gap update	Verbal	07/10/2021	Present the gender pay gap action plan to the Staff Experience & OD Committee	SM	~~24/11/2021~~ ~~26/01/2022~~ 16/02/2022	Rescheduled to the January 2022 meeting. Now deferred to the February meeting of the Staff Experience & OD Committee in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic. Presented at the March 2022 Board meeting.	
ROHTBACT.128	National inpatient satisfaction survey	ROHTB (11/21) 004 ROHTB (11/21) 004 (a)	02/11/2021	Present an update on Patient Experience work at the February 2022 meeting	GM	02-Feb-22	As per action ROHTBACT.120. Presented at the March 2022 Board meeting.	

ROHTBACT.133	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Share the virtual clinics presentation with the Finance & Performance Committee	MP	01-Mar-22	Included on the agenda of the February 2022 Finance & Performance Committee	
ROHTBACT.131	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Present the Model Hospital presentation to the Trust Board in March 2022	MP	02-Mar-22	Included on the agenda of the March 2022 meeting	
ROHTBACT.140	Gender Pay Gap report	ROHTB (3/22) 006 ROHTB (3/22) 006 (a)	02/03/2022	Arrange for the gender pay gap report to be published on the Trust's internet site	SM	31-Mar-22	Published as required	

KEY:

	Verbal update at meeting
	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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

ROHTB (4/22) 001 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Trust Board (in Public) on 6th April 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 2 March 2022 from the Chief Executive's position; this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system restoration and recovery. System calls continue with the Chief Operating Officers (COOs) across all providers meeting three times a week to agree the operational changes required to address the system backlog for adults across BSol.

2.2 The recruitment process for the Chief People Officer at the ROH concludes on Monday 4th April 2022.

2.3 Our newly branded "Blue Heart" staff awards closes for nominations on Friday 1st April and I am delighted that we have already had over 500 nominations.

2.4 I wanted to highlight and reflect on the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust and the truly heart breaking stories of so many families and mothers let down by their Maternity Service. Sadly, the Trust failed to investigate, failed to learn, and failed to improve, and the impact was that it failed to safeguard mothers and their babies at one of the most important times in their lives. Clearly it is critical that all organisations read the report and review the actions as there is lessons for us all not just in Maternity Services and we will do this through Quality and Safety Committee and at our Trust Board.

Last week, I highlighted the report through my weekly CEO briefing and shared the importance of the voice of our patients and how they are intrinsic to how we evolve, learn and improve as originations. It is difficult not to read the report without thinking about Kate Stanton Davies, and her parents Rhiannon Davies and Richard Stanton; and Pippa Griffiths, and her parents Kayleigh and Colin Griffiths who have shown such courage and unrelenting commitment to ensuring their daughters' short lives make a difference to the safety of maternity care. Also many more families will now be helped by the report with answers to their questions, which they fought so hard to receive from the NHS.

2.5 Thursday 31st March was Transgender Day of Visibility, which is an international event, dedicated to recognising the resilience and accomplishments of the transgender community. We want to celebrate our transgender colleagues, raise awareness about the struggles they face and advocate for equality.

We have started to review our approach to ensure that our policies, facilities and support aid both our patients and staff to have a safe space to bring their authentic selves to the ROH whether that is for work or for treatment, without any discrimination.

2.6 The NHS has published the 2021 National Staff Survey results. While nationally there has been a deterioration in some of the results, I am pleased and proud to report that the ROH has scored favourably across all the metrics. We are not complacent, and I know that we have still have work to do but I continue to look forward to working with everyone to address any concerns and strengthen our culture to ensure that all colleagues feel valued, supported and as proud as I do, to work at the ROH.

2.7 On Wednesday 30th March 2022, I attended one of the super-partnerships GP Board meeting with colleagues from the ROH working and leading on the BSol MusculoSkeletal (MSK) Transformation programme. It was a fantastic opportunity to share our work to date and secure pilot sites for some of the initiatives which we plan to roll out over the next few weeks. The team will be presenting at the May 2022 Trust Board with our progress to date including some of the digital technology which the team has secured to support our transformation. I was also delighted to see that NHSE National MSK Team has just updated their MSK best practice guidance and there are two case studies which they have published and BSol ICS is one of case studies they have shared.

2.8 During March 2022, the team successfully completed osseointegrated implant surgery on a number of pre-selected lower limb amputee patients. Prior to the pandemic, the Trauma and Orthopaedic team at University Hospitals Birmingham NHSFT (UHB) secured funding from the Ministry of Defence to undertake a cohort study into 20 patients who have suffered amputations while serving in the armed services. Following completion of a number of patients at UHB, the team approached the ROH to see if we could help with the remaining patients with the aim of helping to alleviate some of the pressure at UHB. I am delighted to confirm that following collaboration with a team from UHB and ROH that a number of patients have now been treated and subsequently transferred for rehabilitation. I would like to thank everyone involved with the project; it was truly a multi-disciplinary partnership approach, and I hope that this gives us the confidence for the future to potentially continue to deliver the service at the ROH.

(Osseointegration (OI) is the direct anchorage of a metal implant into bone, allowing for the connection of an external prosthesis to the skeleton)

2.9 On Wednesday 23rd March, I attended the campus at Birmingham City University (BCU) to see the facilities and courses, which the Faculty of Health, Education, and Life Sciences deliver. I would like to thank Hannah Abbott, Head of School, Health Sciences who is also one of our Governors and her colleagues for her hospitality and time, and it was great to see opportunities for us to work closer together. The visit had been arranged ahead of my honorary graduation at BCU later this year where I have been asked to give a short speech to the successful graduates and diplomats of the Faculty of Health, Education, and Life Sciences. The visit allowed me to get an incredible insight into the Faculty and I am incredibly proud and grateful to the University for this honour.

3 BSol ICS (Integrated Care System) Update

3.1 BSol ICS Executive recruitment process has commenced and the final interviews taking place for Chief Finance Officer & Deputy CEO, Chief Nursing Officer, Chief Medical Officer, Chief Officer for Integration & Partnerships, Chief Officer for Strategy & Strategic Commissioning during week commencing 4th April 2022.

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

5 POLICY APPROVAL

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

- Building ventilation policy
- *Clostridioides difficile* Infection Policy
- Communicable Diseases and Notification Policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

1 April 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**COVID-19 Outbreak Summary**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Ashleigh Tullett, Head of Clinical Governance**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

This paper gives a summary of the COVID outbreaks that have occurred within the Trust and their key causative factors.

The paper outlines the Governance framework in which the Trust manages outbreaks.

REPORT RECOMMENDATION:

The Trust Board is asked to note:

- The national definition of an outbreak.
- The management of outbreaks is managed in accordance with the national guidance.
- The Trust had no mortality in any of the outbreaks.
- That outbreaks are managed according to the quality governance processes of the Trust.
- That the Trust Board have oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].
- Although the Trust has closed beds/wards as appropriate, no service has been ceased in the result of an outbreak.
- The Trust has had five nosocomial infections reported since April 2021.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

Compliance with The Hygiene Code

Compliance with Care Quality Commission Regulations
PREVIOUS CONSIDERATION:
All outbreaks have been scrutinised at the statutory Outbreak meetings and the Infection Prevention Control Committee. The detail is also included within the monthly Quality report scrutinised at the Quality & Safety Committee

OUTBREAK SUMMARY

REPORT TO TRUST BOARD IN PUBLIC – 6 APRIL 2022

1. Summary

1.1. This paper provides a summary of the outbreaks that have occurred at the Trust linked to COVID-19. This paper has been updated since the March 2022 Trust Board to include any new outbreaks.

1.2. The Trust has had no outbreaks associated with any other infections.

1.3. An outbreak is defined as two or more linked cases of the same illness; or a situation where the observed number of cases exceeds the expected number.

1.4. When an outbreak is declared, the Trust adheres to the national guidance in its approach to managing the outbreak with the key action being the investigation of the outbreak. Meetings are attended by both internal and external experts in Infection Prevention and Control.

1.5. These meetings are chaired by the Chief Nurse or Deputy Chief Nurse, with the wider Executive team briefed at the daily Incident Management meetings.

1.6. The Trust declares all outbreaks as Serious Incidents as narrated by the local commissioners. It should be noted that the local commissioners are not adhering to national guidance in the response and investigation of COVID-19 outbreaks and the definition of a Serious Incident within this guidance. The Chief Nurse has challenged this and is awaiting clarity given the potential not only for the Trust to have a higher number of COVID-19 outbreaks declared as Serious Incidents, but also the Birmingham and Solihull area.

1.7. An outbreak is open for 28 days after the last diagnosis. A final outbreak closure meeting is then held and attended by NHS Improvements/NHS England, Public Health, and the local Commissioners.

1.8. The Trust has not had any outbreaks not closed at these meetings.

1.9. The detailed Root Cause Analysis of the outbreak is presented internally at the Infection Prevention and Control Committee and the Trust's Quality and Safety Committee. Learning is shared with the immediate teams and wider learning is included in the daily comms bulletins and Team brief. The Trust also attends a daily BSOL Infection Prevention and Control meeting where learning from outbreaks is shared from all Trusts in the area.

2. Outbreaks

2.1. In 2020/21 the Trust saw seven COVID-19-related outbreaks declared of which three were in relation to patient outbreaks and four were staff outbreaks.

2.2. The 2021/22 outbreaks are detailed in the Graph overleaf.

Month	Patients	Staff
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 12)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3) 1 (Ward 2)	1 (Appointments Department)
February 2022	0	0
March 2022	0	0
Current 2021/22 Total	**4**	**6**

2.3. No mortality has occurred in any of the staff or patient outbreaks and no patients required any level of escalation in their care to Critical Care.

2.4. The Trust has complied with the CQC regulation 20 and delivered its Duty of Candour.

2.5. The Trust has had no cases that have required reporting under the RIDDOR regulation to the Health and Safety Executive.

3. Outbreak and key causation table.

Outbreak Department	Causation
Porters - July 2021	**3+ve staff** **7 staff tested** Porters lodge lacks space for number of porters accessing the room (breach of department risk assessment). Breaches in COVID-19 precautions within office. Staff attending work with symptoms.

	Outbreak closure date: 29th July 2021
Ward 1 - September 2021	**3 +ve patients** • Day 19 • Day 18 • Day 14 **4 patient contacts** **0 +ve staff** **0 staff tested** Two cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 9th December 2021**
Human Resources - November 2021	**2+ve staff** **4 staff tested** **0 patient contacts** Breaches in COVID-19 precautions within office. **Outbreak closure date: 9th December 2021**
Ward 12 - December 2021	**2+ve patients** • Day 1 • Day 12 **6 patient contacts** **2+ve staff** **18 staff tested** Three patients positive. Cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 31st January 2022**
IT department - December 2021	**3+ve staff** **3 staff contacts** **23 of 25 staff tested** Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**

Housekeeping - December 2021	**6+ve staff** **18 staff tested** Common link between cases is the Environmental cleaners had been on their works night out. It is to be noted that no PPE was required at the venue. **Outbreak closure date: 31st January 2022**
Porters - December 2021	**6+ve staff** **18 staff tested** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Ward 3 - January 2022	**2+ve patient** • Day 1 • Day 56 **6+ve staff linked to outbreak** **10+ve staff not linked to outbreak** **64 staff tested** Two patients and eight members of staff tested positive for COVID-19. Patient 1 was admitted for same day surgery with negative swab. The patient did not declare house member symptomatic/positive on admission. Nine cases tested positive during a whole ward screening exercise following the identification of positive staff and one patient. **Outbreak closure Date: 23rd February 2022**
Appointments Department – January 2022	**3+ve staff** **11 staff tested** **0 patient contacts** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure Date: 16th February 2022**

Ward 2 – January/February 2022	**Ongoing outbreak:** **Total:** **9 Staff** **11 Staff** Two separate outbreaks linked by time and location. Initially 5 patients and 10 staff tested positive for COVID-19 during January 2022. Linked to bay 9 ward 2 – patient to patient transmission likely. No breaches in PPE identified by staff. Staff positive cases identified from mass staff testing. There were some links to community transmission amongst staff. During the 28 days since the last positive of the outbreak above, an additional 4 patients were identified as COVID-19 positive and 1 staff member. Again, this was linked by location, bay, however there is no link to the original outbreak above. **Outbreak closure date – Due to close on 07/04/22**

3.1. Patient onset classification for hospital acquired COVID-19 is described in the table below.

Onset Classification (days from admission to positive result)
0-2 days (unlikely) (ROH x 2 patients)
3-7 days (indeterminate) (ROH x 0 patients)
8-14 days (Probable) (ROH x 2 patients)
>14 days (Definite) (ROH x 3 patients)

3.2. The Trust has reported x2 patients that were probable hospital acquired COVID-19 and x 5 patients that were definite hospital acquired COVID-19.

3.3. It is to note that since December 2021, the Trust has seen an increase in outbreaks. This is possibly due to the emergence of a more transmissible COVID-19 variant (Omicron) and an increase in community infections. Although the Trust cannot confirm this as the typing of PCR tests is only undertaken in major outbreaks and not in controlled outbreaks. The increase in outbreaks is comparable to other organisations in the NHS.

3.4. For each case a detailed analysis has been undertaken as previously described in section 1.4 to identify any learning.

4. Recommendations

The Trust Board are to note:

4.1. The national definition of an outbreak.
4.2. The management of outbreaks is managed in accordance with the national guidance.
4.3. The Trust had no mortality in any of the outbreaks.
4.4. That outbreaks are managed according to the quality governance processes of the Trust.
4.5. That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].
4.6. Although the Trust has closed beds/wards as appropriate, no service has been ceased in the result of a patient or staff outbreak.
4.7. The Trust has reported x 5 patients that were probable or definite hospital acquired COVID-19 since April 2021.

Ash Tullett
Head of Clinical Governance

April 2022

TRUST BOARD

DOCUMENT TITLE:	**Infection Prevention and Control Board Assurance Framework (IPC BAF) – Update on the statements "Rag" rated Amber and Red in the gap analysis.**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh (Chief Nurse/Director of Infection Prevention and Control)**
AUTHOR:	**Ash Tullett (Head of Clinical Governance)**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

Trust Board - April 2022 - Version 1.8.3 update and Background

The Trust received a notification in January 2022 from NHS improvement to inform us that the Infection Prevention and Control Board Assurance Framework (IPC BAF) has been further updated, refined and published (Version 1.8). The IPC BAF contains 124 recommendations in total. The Trust are awaiting new NHS England IPC Guidance and a new national version of the NHS IPC BAF in April/May 2022.

NHS England developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained in relation to IPC. The IPC BAF will also help identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to Trust Boards that organisational compliance has been systematically reviewed.

Previously reported to the Trust Board in February 2022 was the full the gap analysis undertaken by the Head of Clinical Governance, Executive Director of Nursing and Governance/The Director of Infection Prevention and Control (DIPC), IPC Matron and the Head of Nursing against the IPC BAF (version1.8). This executive summary for version 1.8.3 is an update on the statements that were Rag rated Amber and Red in the gap analysis.

Each statement in the IPC BAF is 'RAG' rated by the following criteria.

Compliance	Green (118 in total)
Non-Compliance with mitigation	Amber (3 In total)
Non-Compliance with no mitigation	Red (3 in total)

Comparison to previous version presented to Trust Board in February and March 2022.

Rag rating	Version 1.6	Version 1.8.1 February 2022	Version 1.8.2 March 2022	Version 1.8.3 April 2022
Amber	3	4 (3 are new statements to the BAF)	2 (both are new statements to the BAF version 1.8)	3 (1 additional downgraded from red)

Red	0	4 (1 is a new Statement)	4 (1 is a new statement to the BAF version 1.8)	3 (1 downgraded to amber)

The following are rated 'AMBER'. Since the previous version reported to Trust Board, one of the Statements have improved to an amber rating.

45	Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	↑	The toolkit provides ideas to local NHS organisations to address the barriers to behavioural compliance with IPC measures. After initial review by the DIPC and Head of Clinical Governance, the Trust are thought to meet some of the recommendations within the toolkit. A gap analysis will need to be undertaken by the Trust to provide assurance against the toolkit and address any gaps. Update March 2022 - After reviewing the toolkit, it is to be noted that it is guidance only and the ROH already meet some of the requirements detailed in the toolkit. A paper will be presented at the next Infection Prevention and Control committee to outline any gaps and if any actions are required.
28 New	a ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer.	↔	The Trust have an appointed Authorising Engineer who provides specialist advice on ventilation. Assessments have been undertaken for all of the Theatres and Wards that have mechanical ventilation. The Trust are awaiting the findings from these assessments. Update March 2022 – In March 2022 the Trust has signed off a new building ventilation policy. The Trust now has an established Ventilation Safety Group that reports to the Infection Prevention and Control Committee to provide assurance around the ventilation management and any risk in the Trust.
98 New	safe spaces for staff break areas/changing facilities are provided.	↔	A team were set on and completed risk assessments out in all areas. There are areas within the Trust that proved difficult to create safe spaces for staff break areas and changing facilities due to the Trust estate. This includes Theatres and Portering room. Mitigation is in place as part of the departmental risk assessments to ensure safety is maintained. As mitigation, the Theatre department have staggered the breaks and shift patterns for staff and the Trust has provided further safe space for Theatres such as the learning and development room. Current scoring on the risk registers; Theatres - 3 x 4 = 12 (amber) Portering - 2 x 4 = 8 (amber) Further to this, the Trust has plans to extend Café Royale to ensure the space is sufficient for the footfall. This is included on next year's capital plans.

The following are deemed to be rated 'RED'

114	all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	↔	The current fit testing undertaken in the Trust only provides fit testing on one type of UK made masks. This was an active decision made by the Trust to ensure more staff have access to the fit testing and are fit tested on at least one type of mask. Once the demand allows it, the Trust will aim to ensure all staff are fit tested on at least two different masks. Current fit testing compliance rates are showing as low across the Trust for staff trained in two masks. A report was presented to the Trust Board on the current compliance on FFP3 fit testing in February 2022. Update March 2022 – The Trust has had a slight increase in the overall compliance on the number of staff tested in one mask. Although this mitigates the risk, the Trust is still non-compliant with the two-mask standard. As of the 14th March 2022 the overall percentage of staff trained is 66% for one mask and 22% for two masks. February 2022 figures were 58% for 1 Mask and 18% for 2 masks.
118	members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	↔	The Trust has a process for this to ensure conversations and risk assessments are reviewed for staff. More assurance is needed to see if this is recorded correctly on people's individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. Update March 2022 - The Trust have no SOP or policy in place. Work is underway to rectify this.
119	a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	↔	More assurance is needed to see if this is recorded correctly on Staff individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. Update March 2022 - The Trust have no SOP or policy in place and no involvement from Occupational health. Work is underway to rectify this.

Conclusion

The conclusion of the Gap analysis was that the Trust has a clear pathway, processes, and policies in place around infection prevention and control during the Covid-19 Pandemic and that all training detailed within the gap analysis is supported by attendance and/or competency sign off sheets. To address any compliance issues a responsive action plan is being developed by the Head of Clinical Governance and will be monitored via the Infection Prevention and Control Committee.

REPORT RECOMMENDATION:

To note the changes to the previous update.

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

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial		Environmental	x	Communications & Media	
Business and market share		Legal & Policy		Patient Experience	**x**
Clinical	**x**	Equality and Diversity		Workforce	
Comments: [*elaborate on the impact suggested above*]					

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

CQC KLOE/NHS England Assurance Framework

PREVIOUS CONSIDERATION:

All versions of the BAF presented at Trust Board, Quality and Safety and Infection Prevention and Control Committee

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	Learning From Deaths and Mortality Report
LEADS	Matthew Revell, Executive Medical Director
AUTHOR:	John va Faye: Associate Medical Director Amirul Haque: Governance coordinator Matthew Revell: Executive Medical Director Angharad MacGregor: Medical Directorate Manager
DATE OF MEETING:	6 April 2022

EXECUTIVE SUMMARY:

This paper outlines the Trusts approach to deaths that occur in the peri-operative period and reviews information in the public domain about our mortality rates.

Section 1 Summarises the learning from deaths process and discusses the hospital dashboard
Section 2 Summarises the historical position from the Health Evaluation Data tool managed by UHB and the Trusts Patient Administration System.

The Divisional Governance and Learning from Deaths Framework continue to function well. Data supports a conclusion that numbers and patterns have renormalized to a large degree after the changes observed at the height of the pandemic.

The AQILA and Learning from Deaths team continue to refine and improve policy and methodology. Recent work has included strengthening the policy around safeguarding with the help of the safeguarding team and strengthening the learning element through the combined clinical audit meeting to enhance the individual and team learning within the governance route.

REPORT RECOMMENDATION:

The Trust Board is invited to note the future work and limits to assurances are discussed.

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

Accept	Make recommendation	Discuss
X		X

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

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

Comments:
Clinical Quality, Reputational relevance

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

Excellent outcomes. Safety.

PREVIOUS CONSIDERATION

Quality & Safety Committee on 30 March 2022

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Section 1 – Learning From deaths.

Process in Brief

For most Trusts, Learning from Deaths is used a screening tool. A sample of deaths are taken through a Structured Judgement Review, whereby a clinician, who has not been involved with the patient, reviews the case notes and creates a series of *value judgement statements* about each phase of care. These statements are then collated and translated into a numerical grade. This in turn then informs a decision by a separate adjudicator who identifies learning from the case and is in a position to trigger further governance review (eg a root cause analysis) if the need arises. The national standard is to sample from deaths in hospital only.

Our Approach as a Trust

For our Trust, all deaths within 30 days of surgery are included in the Learning from Deaths process, regardless of whether the death is in hospital or outside the hospital. The reasoning, when the process was introduced, was that the hospital has a very low number of inpatient deaths and therefore the additional value from the Learning from Deaths process on top of normal governance may be limited.

Step 1

The clinician caring for the patient fills in a form confirming cause of death. This initial form also indicates whether the case is a coroner's case and whether there has been any possibility there has been a safeguarding issue.

Step 2

The clinical service lead then completes in a screening tool – designed to identify any potential concern. This step is known as a "Front Line Review". In larger Trusts, this it used as the triage tool to help decide whether a full Structured Judgement Review should take place. In our hospital, all deaths within 30 days of surgery are progressed anyway and the Front Line Review is made available to the final assessor.

Step 3

The Associate Medical Director (Corporate) then examines the written record breaking an analysis down by phases of care. If the death is within the hospital, there will be an automatic and detailed fully independent review by the External Medical Examiner assessment. This will also be incorporated in the Structured Judgement Review. Each phase of care is examined and judgement statements generated about any notable features of care – good and bad. The assessor reaches a verdict about the quality of care for each phase and the care overall. They also identify whether there was any aspect of avoidability in the death. If there was an aspect of avoidability, then a Root Cause Analysis (RCA) is commissioned.

The Governance department maintain a tracker that ensures the process is completed in a timely way and that cases are presented by clinicians in the monthly morbidity and mortality meeting.

A fortnightly Divisional Governance meeting is attended by Director of Nursing and Governance, Medical Director, the Director of Operations, the Divisional Heads of Nursing and Associate Medical Directors.

The Learning from Deaths screen therefore complements and supports the Divisional governance framework. Lessons and actions from the Learning from Deaths process are therefore be taken through the divisional governance route as well as presented at the Clinical Audit meeting. When an SJR is prepared, the AMD will also provide a summary to the consultant in charge & the CSL for individual and team learning as well as opportunity for reflective discussion for consultant appraisal.

Deaths in hospital are known at the time. Those following a transfer out of the hospital or post-discharge have to be actively chased and there can sometimes be challenges both the completeness of information and the timeliness of any return. The responsibility for doing this is shared by clinicians, governance and informatics. The Trust uses the Patient Administration System return to identify unknown deaths to the clinical and governance teams.

Trusts are required publicly to display their data in a dashboard provided by NHSE. The current ROH dashboard is shown in Fig 1 below. The Trust Learning from Deaths tracker is reviewed monthly at AQILA.

Review of Learning

Thematic learning:

The Associate Medical Director Corporate has identified peri-operative blood loss as a theme for a prospective audit and will be commissioning with the support of AQILA and the audit team.

Review of deaths outside the trust within 30 days of their admission at ROH otherwise did not identify any strong recurrent themes, other than to note that most relate to appropriate care for patient with malignant disease, which had been diagnosed and treated or palliated at our hospital.

Case-Led Lessons:

A patient had a fall at home after discharge and died of complications from a subsequent operative trauma procedure. Review suggested the death was unavoidable. The therapy and nursing notes provided assurance around mobilisation safety and instructions. The patient had a history of an adult safeguarding need, which was had not been identified prior to surgery. This had not had a bearing on the cause of death itself. The Associate Medical Director is leading discussions that support the Trusts continued vigilance and strong track record around preventing falls with the falls team and is reviewing arrangements around adult safeguarding.

A patient with a background of ischaemic heart disease was found to be anaemic post operatively. They were asymptomatic and allowed home. Unfortunately they died of an acute myocardial ischaemic event very soon after discharge following elective surgery. The clinician

looking after the case conducted a detailed after action review. Supported by the AMD, the threshold for post-operative transfusion / permissive anaemia was reviewed. It was found that the decisions made were safely within current guidance around post-operative transfusion.

During the Covid pandemic the AMD has adopted a flexible approach to supporting Clinicians and Clinical Service Leads with the Learning from Deaths process with high involvement in the early information gathering steps. Re-normalisation of the process during 2022 will mean a full resumption and re-engagement of all clinicians at all stages. Presentations to the clinical audit meeting by the teams providing care are tracked and themes presented by the AMD to supplement these individual presentation

Figure 1 Extract From Learning From Deaths Dashboard Accessed 17/1/2022 at https://www.roh.nhs.uk/about-us/publications/reports/learning-from-deaths

The Royal Orthopaedic NHS Foundation Trust : Learning from Deaths Dashboard - January 2021-22

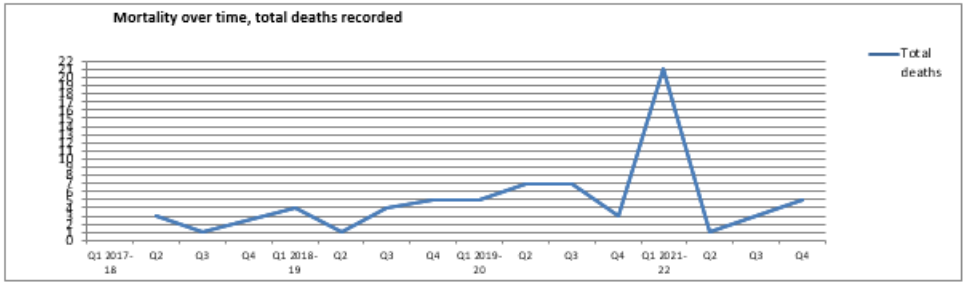
Department of Health

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	2	1	0	0
This Quarter (QTI	Last Quarter	This Quarter (QTI	Last Quarter	This Quarter (QTD	Last Quarter
3	1	5	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
4	27	6	27	0	1

Time Series: Start da 2017-18 Q1 End date 2020-21 Q4



Total Deaths Reviewed by RCP Methodology Score

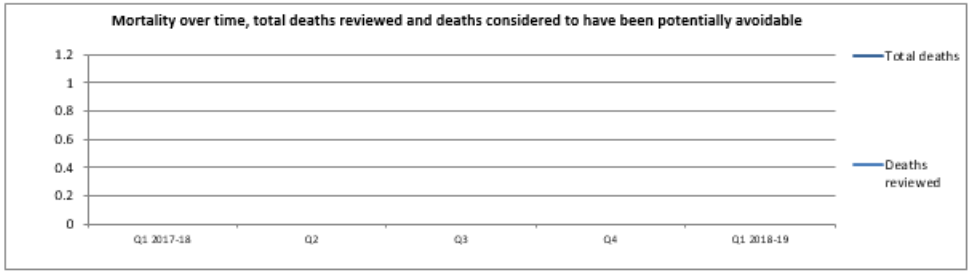
Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	2	100.0%
This Quarter (Q	0	0.0%	This Quarter (G	0	0.0%	This Quarter (QT	0	0.0%	This Quarter (QTD)	1	25.0%	This Quarter (QTD)	0	0.0%	This Quarter (Q	3	75.0%
This Year (YTD	0	0.0%	This Year (YTD	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	4.8%	This Year (YTD)	0	0.0%	This Year (YTD	20	95.2%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTI	Last Quarter	This Quarter (QTI	Last Quarter	This Quarter (QTD	Last Quarter
0	0	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
0	0	0	0	0	0

Time Series: Start da 2017-18 Q1 End date 2018-19 Q1



Section 2 – Mortality Review

Crude in Hospital Mortality

Method

The Trust's Crude mortality rate is calculated by taking the number of in hospital deaths and dividing by the number of discharges. Figure 2 shows the crude mortality for the Trust over time in tabular and graphical form. Figure 3 shows crude mortality aggregated by quarter and benchmarked against other stand-alone orthopaedic trusts.

Findings

A prominent rise in in hospital deaths during the first wave of the Covid-19 pandemic related to a change in case mix (particularly patients with fractured hips) as well as the pandemic challenge. This has been discussed fully at Trust Board previously. Benchmarking confirms that this pattern was seen in similar Trusts and demonstrates a recovery. The Royal National Orthopaedic Hospital in Stanmore had clearly encountered an additional second peak of mortality during the second / third major Covid waves in early 2021. An audit of care for patients with fractured hips at the ROH was submitted for publication. It demonstrated that the deaths following surgical treatment of this condition at the Trust during this period were within safe control limits as defined in the national hip fracture audit database, to which we contributed.

Excess in-hospital mortality in figure 2 correlates to excess deaths graphs as published by office of national statistics and the peaks represent covid-19 peaks. (Figure 12 Office of National Statistics - Excess Deaths during the Covid Pandemic)

90 Day Mortality (in hospital and out of hospital)

Method

The number of patient deaths was collected from the Patient Administration System, which has a connection to central records. Number of deaths was plotted over time.

Findings

A similar peak in mortality is seen relating to the Covid-19 pandemic wave. Recovery back to baseline is also seen.

In Hospital Mortality Summary

Month of Month Year	In Hospital ..	Total Discharges	Crude Mortality P..
January 2020	1	1,254	0.08
February 2020	Null	1,347	0
March 2020	Null	960	0
April 2020	8	336	2.38
May 2020	11	401	2.74
June 2020	3	329	0.91
July 2020	Null	691	0
August 2020	Null	764	0
September 2020	1	893	0.11
October 2020	Null	932	0
November 2020	Null	780	0
December 2020	Null	739	0
January 2021	1	497	0.2
February 2021	Null	494	0
March 2021	1	784	0.13
April 2021	1	874	0.11
May 2021	1	1,141	0.09
June 2021	Null	1,245	0
July 2021	Null	1,110	0
August 2021	1	964	0.1
September 2021	Null	1,164	0
October 2021	1	1,200	0.08
November 2021	1	1,289	0.08
December 2021	Null	1,047	0
January 2022	Null	335	0

Crude In Hospital Mortality Per Centage

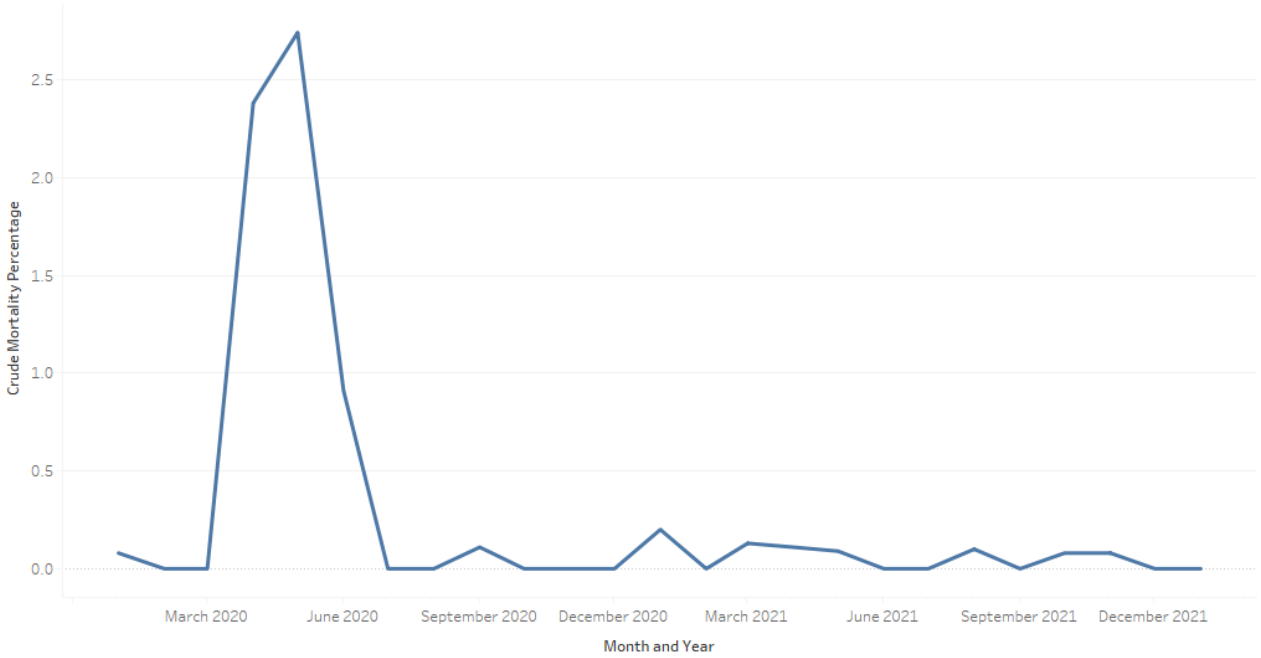


Figure 2 ROH Crude Mortality over Time



Figure 3 Crude Mortality Rate Benchmarked Against Stand Alone Orthopaedic Trusts

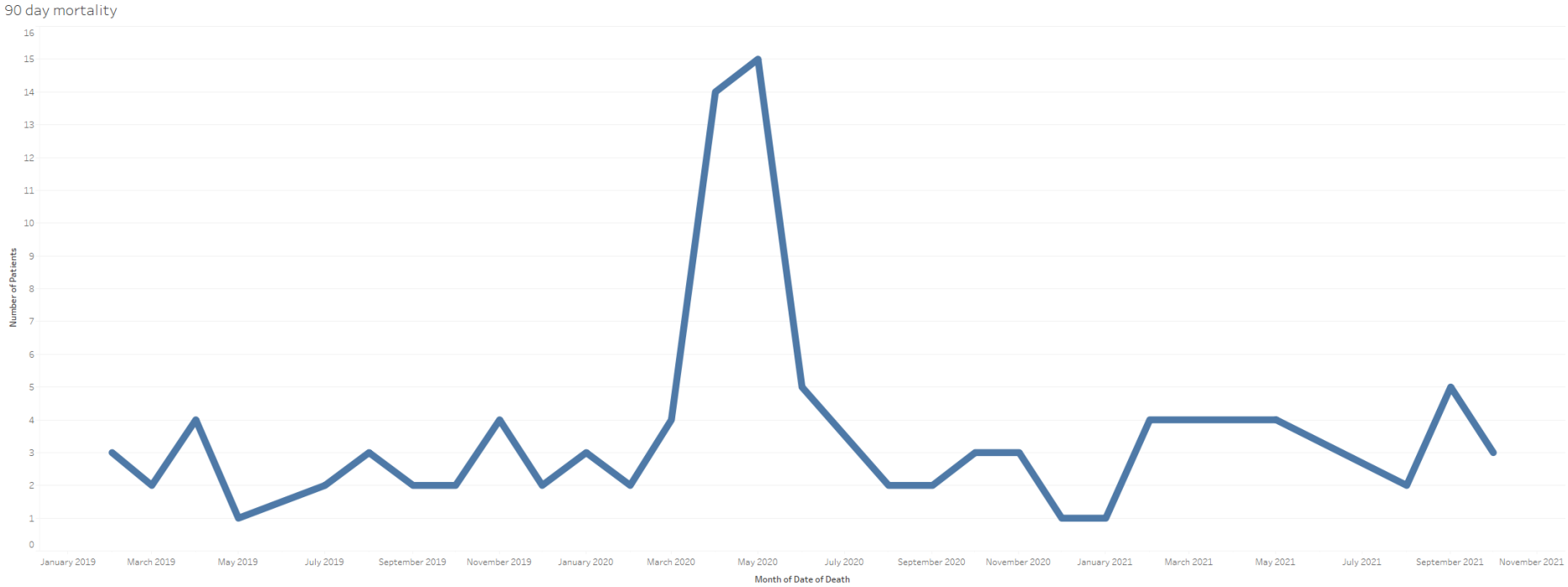


Figure 4 90 Day Mortality in and outside Hospital

Admission Diagnosis

Method

Admission diagnosis was collected from the hospital Patient Administration System. Number of cases were tabulated by admission diagnosis and year. Figure 5.

Findings

The number of deaths associated with fractures peaked during 2020 reflecting the case mix during the year. An apparent lowering in the number of deaths associated with malignant neoplastic disease was seen in 2021. This may be due to challenges with data quality as the number of unknown admission diagnoses has risen proportionately in the same period.

Place of Death & Time of Death in relation to discharge

On average about 10% of our total 90 day deaths occur in hospital. Another 10% occur within a week of discharge (figure 6). This proportion changed during 2020 due to the pandemic and has now largely renormalized. (Figures 7 and 8)

Mortality Outcome Deaths within 90 Days of Discharge 1year 2021

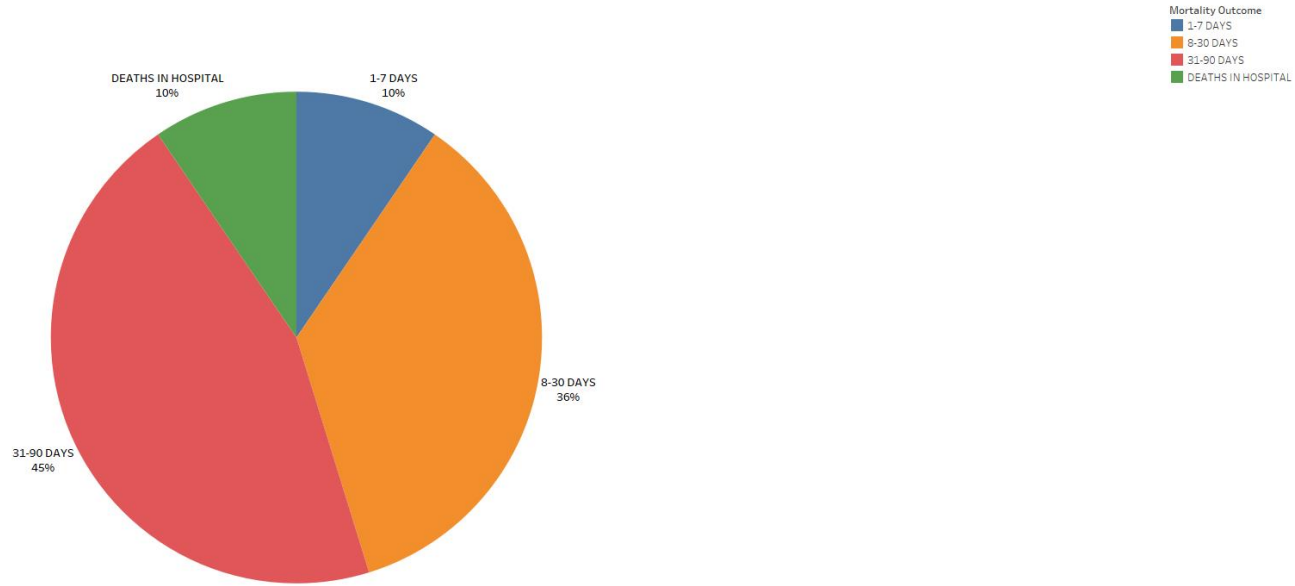


Figure 5 Mortality Outcome - time of death with respect to discharge

Admission Diagnosis Patients Who Died in Hospital or Within 30 Days of Discharge

Admission Diagnosis Group	2020				2021			
	DEATHS IN HOSPITAL	1-7 DAYS	8-30 DAYS	Null	DEATHS IN HOSPITAL	1-7 DAYS	8-30 DAYS	Null
Benign Neoplasia			1					
Complications of care	4	2	3		1	1		
Fractures	17	3	4			2	5	
Joint disorders and dislocations; trauma-related	1							
Malignant Neoplasia	1	1	10		3	1	4	
Neurological			1			1	1	
Osteoarthritis			2					
Skin Disorders			1				1	
Other				2			1	6

Figure 6 Admission Diagnosis

Place of Death - Deaths within 30 days

Place of Death	Date of Death 2019	2020	2021
RRJ	3 (20.0%)	25 (69.4%)	4 (30.8%)
Queen Elizabeth Hospital (41035)	4 (26.7%)	5 (13.9%)	7 (53.8%)
Home (H)	2 (13.3%)	4 (11.1%)	1 (7.7%)
Manor Hospital (11766)	3 (20.0%)		
Alexandra Hospital (25403)	2 (13.3%)		
Birmingham Heartlands Hospital (11322)			1 (7.7%)
City Hospital (36093)	1 (6.7%)		
Russells Hall Hospital (21290)		1 (2.8%)	
Worcestershire Royal Hospital (14563)		1 (2.8%)	

Figure 7 Place of Death within 30 days

Place of Death - Deaths within 90 days

Place of Death	Date of Death 2019	2020	2021
Home (H)	11 (29.7%)	14 (20.0%)	8 (29.6%)
RRJ	3 (8.1%)	25 (35.7%)	4 (14.8%)
Queen Elizabeth Hospital (41035)	7 (18.9%)	11 (15.7%)	9 (33.3%)
Birmingham Heartlands Hospital (11322)		6 (8.6%)	4 (14.8%)
Manor Hospital (11766)	5 (13.5%)	3 (4.3%)	
Russells Hall Hospital (21290)	4 (10.8%)	4 (5.7%)	
Good Hope Hospital (11337)	2 (5.4%)	3 (4.3%)	1 (3.7%)
City Hospital (36093)	2 (5.4%)	1 (1.4%)	1 (3.7%)
Alexandra Hospital (25403)	2 (5.4%)	1 (1.4%)	
Worcestershire Royal Hospital (14563)	1 (2.7%)	2 (2.9%)	

Figure 8 Place of Death within 90 days

Cause of Death

Malignancy remains the commonest cause of death when this has been recorded on the Patient Administration System (Figure 9)

Demographic Patterns

Age of patients who have died within 90 days has remained in the range approximately 65-70m, with possibly a gentle rise Figure 10.

There is insufficient data to draw strong conclusion about the effect of deprivation on mortality but an approximation plot of trends over time does suggest that if there is an effect it is consistent with the most deprived patients being more at risk of death than the least deprived Figure 11. This picture is consistent with national news and very much the focus of both ICS and Trust thinking as we plan service provision.

Conclusions

The change in the pattern of deaths seen during the pandemic, noted and discussed before, appears to have renormalized to a large extent during 2021 as activity has started to approach baseline.
We have found no other adverse trends at present. Monitoring continues and the Trust's continuous improvement approach to learning from when deaths occur remains embedded within the divisional governance review supported by the Structured Judgement Review in the Learning from Deaths framework.

Cause of Death of Patients Who Died in Hospital or Within 30 Days of Discharge November 2019 to December 2021

Cause of Death from HED (group)	Date Of Death 2020	2021
Null	28	11
Acute vascular disorders of intestine		1
Alzheimer's disease or brain atrophy	1	1
Atherosclerotic heart disease		1
Chronic ischaemic heart disease	1	1
Disorder of bone, unspecified	1	
Epilepsy	1	
Exposure to unspecified factor	1	1
Fatty liver	1	
Influenza / complications	1	
Joint disorder	1	1
Malignant Neoplasm	14	7
Malignant neoplasm: Breast, unspecified		1
Myocardial Infarction	2	
Other specified general symptoms and signs	1	
Sarcoidosis, unspecified		1
Urinary tract infection, site not specified		1

Figure 9 Cause of Death

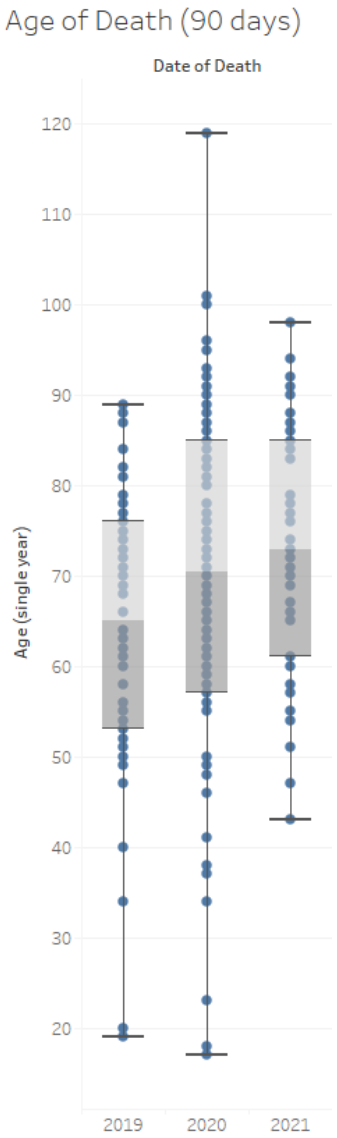


Figure 10 Age at the time of Death

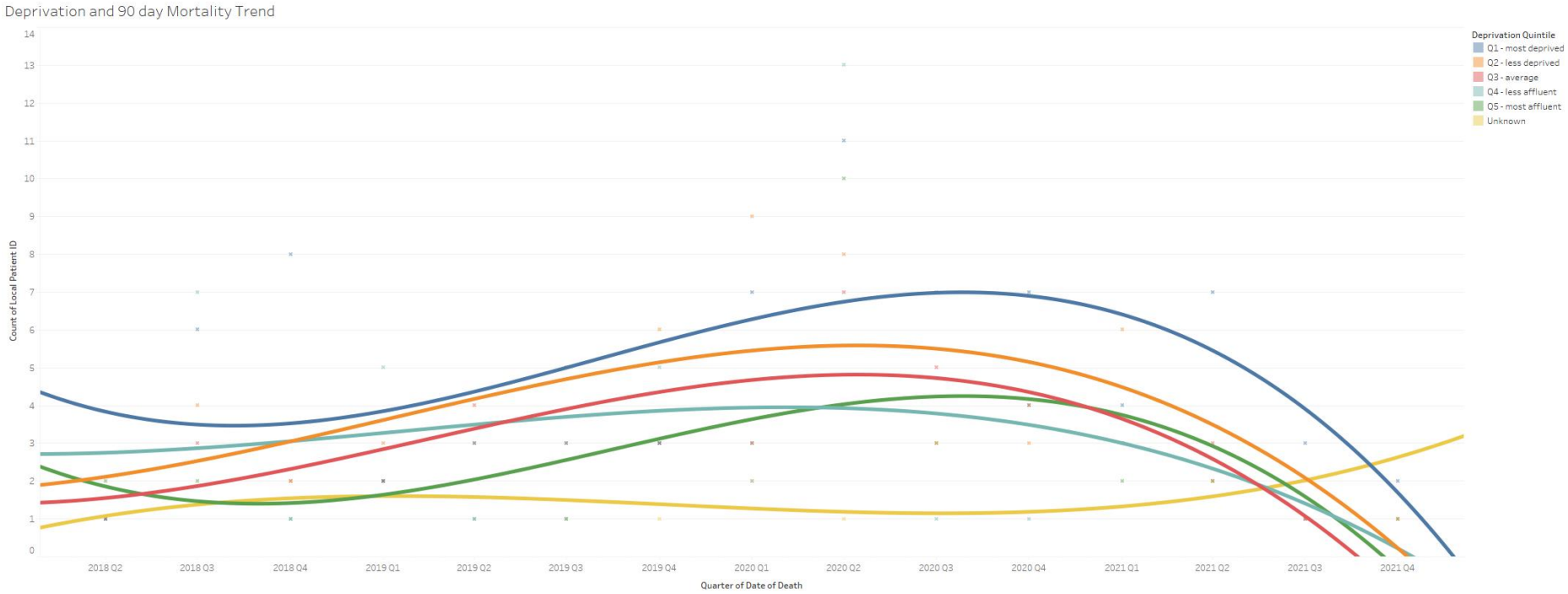


Figure 11 Index of Deprivation of Patients who died within 90 days

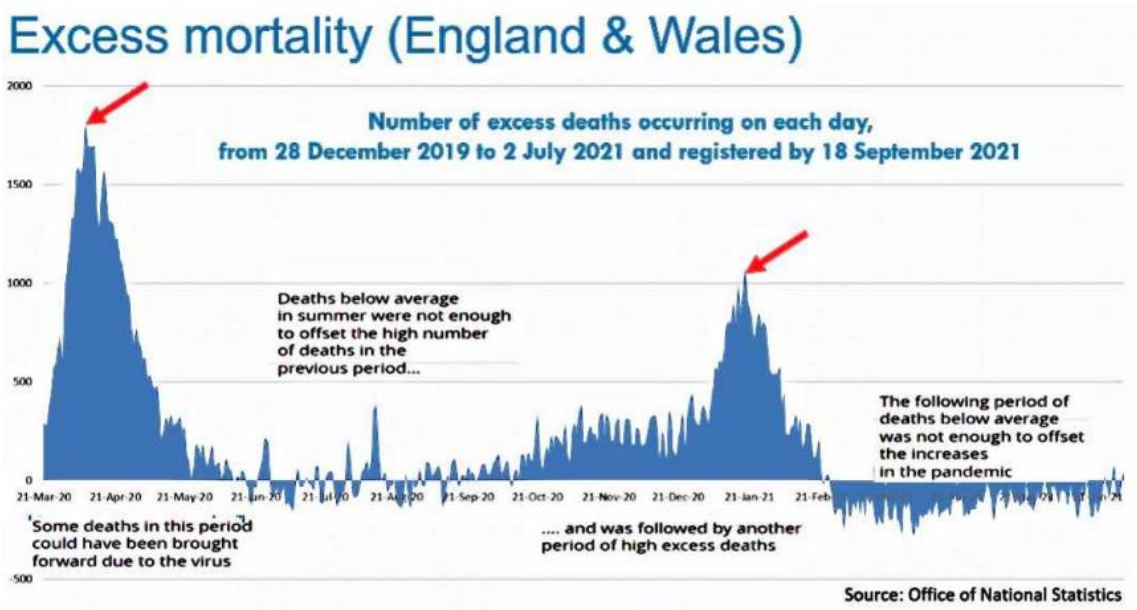


Figure 12 Office of National Statistics - Excess Deaths during the Covid Pandemic

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Medical Director's Annual Report 2021**
SPONSOR (EXECUTIVE DIRECTOR):	**Matthew Revell, Executive Medical Director**
AUTHOR:	**Angharad MacGregor (Medical Directorate Manager)** **Andrew Toogood (Deputy Medical Director)** **Matthew Revell (Executive Medical Director)**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

The paper outlines the highlights for the Medical Directorate during 2021.

The paper describes:

- the changes to clinical services during the second year of the Covid-19
- progress on the Clinical Strategy is presented
- a review of audit and outcomes, AQILA and the Patient Progress Report
- a review of the medical directorate leadership and development programme for the year

Despite another challenging year, ground has been made in implementing strategy, maintaining and maturing the medical leadership team, continuing to encourage a no harm culture and a transparent approach to clinical outcomes.

REPORT RECOMMENDATION:

The Board is asked to receive the report for information.

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

Note and accept	Approve the recommendation	Discuss
X		

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

Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	X
Comments: [*elaborate on the impact suggested above*]					

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

Patients, People, Process, Performance, Partnerships
Safe, Timely, Efficient, Effective, Equitable, Patient Centred and Improving clinical care

PREVIOUS CONSIDERATION:

Quality & Safety Committee on 23 February 2022

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Medical Directorate Report 2021

Clinical Services Review

2nd /3rd Covid-19 Pandemic Wave: Winter 2020/1

The start of 2021 came during the second Covid-19 pandemic wave; the third wave arrived even before the second had fallen fully away. Regionally, we supported super-surge plans as they were put rapidly in place. Our own clinical teams were at the point of receiving their second vaccine and both anaesthetic and surgical teams supported University Hospital Birmingham (UHB) with trauma list support, staff for our proning teams for patients with Covid-19 and staff to support the Intensive Care Unit (ITU) nursing staff as generic healthcare workers. Those who did so found the experience humbling and thoroughly worthwhile. The Trust offered support to any staff members who wished to have it.

On the Royal Orthopaedic Hospital (ROH) site, the spinal unit (under Clinical Service Lead Mr Andrew Young) re-started full system wide regional emergency cover, which has continued throughout the year. The Trust accepted trauma step down patients and welcomed physician colleagues from UHB to help manage this safely. Hand and wrist trauma resumed on the ROH site.

Restoration and Recovery #2: Summer and Autumn 2021

Units began renormalising services from Spring 2021.

Now with a complement of 14 theatres, a request came from the Birmingham and Solihull (BSol) system to provide some capacity for the UHB; this resulted in 3 theatres being assigned to UHB lists. Joint governance was agreed with a "UHB at ROH model" being agreed, such that UHB retained ownership of the waiting list and the surgical aspects of the service, ROH providing theatre space, theatre staff and ward staff. There is joint ownership and oversight of incidents and pathways. The new interface provided challenges for teams on both sites. The work continued against evolving screening and cohorting rules which added complexity and constrained capacity on occasion.

Attention then turned to how we might manage waiting lists safely. Regionally larger Trusts were able to form centrally coordinated mailing of patients on their waiting lists to ask them if they still required treatment. Finding this additional resource at the ROH was felt to be difficult, so the Trust adopted the Harm Prevention Framework, which retained ownership and control of waiting lists at service and clinician level. This framework can be complemented by Trust level or unit level correspondence with patients where needed. Under the framework clinicians and clinical service unit leads are provided with regular feeds about their clinically prioritised waiting lists; they have authority to directly book if they need to override and a mechanism to escalate risk of harm or actualised harm if necessary. A full summary of the working system is due to be presented at Quality and Safety Committee (QSC) in February 2022.

Winter of 2021-2022 and Omicron Variant

Mutual aid to the BSol system was again requested in November 2021. The Trust provided a step down ward for medical and rehabilitation patients from UHB, overseen by Deputy Medical Director Dr Andrew Toogood. 8am-5pm ward cover was provided by a GP consortium, giving us added expertise in depth for the management of long term medical conditions, which was enhanced to take account of the case mix of a new patient cohort.

Cancer Services

Paediatric Oncology Service

The paediatric oncology service restarted smoothly in April 2021. A joint strategic oversight group has overseen progress at executive level, feeding in to the Quality and Safety Committee. All reports from a wide stakeholder base are that the service now exceeds the previous ROH based service in terms of patient and clinician experience.

There were a number of pressures on constitutional target waiting times. Any breaches are reviewed both at Cancer Board to establish if there are patterns and at Harm Review in more individual detail. The unit has supported UHB in progressing talks about a formal national bone tumour pathology network and in the recruitment and appointment of a second full time pathologist within the unit, improving reporting turnaround times.

The radiology unit (in particular Dr Steven James) have supported the interventional radiology unit at Birmingham Womens' and Childrens' Hospital (BWCH) in establishing their bone tumour capability on the BWCH site.

Mike Parry has continued as Clinical Service Lead, Anita Killingworth as Nurse Consultant, and the team has been greatly strengthened with the arrival of Coralie Duff as Clinical Service Manager.

Mutual Aid to Robert Jones and Agnes Hunt (RJAH) Hospital Unit

RJAH requested temporary support for their small team in Spring 2021. Two surgeons have been supporting the Multi-Disciplinary Team meeting (Mr Mike Parry and Mr Guy Morris) and advising on strengthening processes and pathways. Bone tumour cases were diverted to the ROH. At the time of writing, the team have resumed independent operating on the site and continue to pass over more complex work. Anticipated full re-normalisation with a permanent clinical link will be from April 2022.

Regional Sarcoma Service

The unit continues to work closely with the Retroperitoneal Sarcoma service at UHB; surgeons mutually supporting and mutually accessing both the ROH and UHB sites. The units hosted a national sarcoma meeting in late 2021.

Clinical Strategy

The Clinical Strategy was taken to Trust Board in January 2021. David Rogers was appointed as the Clinical Service Lead in April 2021 and has worked closely supported by the Strategy and Transformation Team.

AQILA (Clinical Performance)

Highlights for the Year

- Improved rating from Internal Auditors KPMG – all legacy actions closed
- Continuous clinical improvement culture growing, and aligned to Perfecting Pathways Programme
- Audit project/QI dashboard presented through AQILA to Q&S Committee
- Audit teams actively engaged divisions/services to improve offering and measuring in the dashboard – measuring level of strategic importance of audits / how long they are taking to complete
- Regular challenge of Divisions at Divisional Management Board / Divisional Performance Board
- Communication loop with Model Hospital supporting units to bring work to AQUILA for assurance e.g. Spinal/Arthroplasty
- Patient progress reporting suite established with 12 month+ work plan, using SPC charts / benchmarking

- Commissioned MLCSU: IG & service agreements in place, design & strategy agreed, stakeholder mapping agreed – end of January 2022 expecting – clinical outcome measures mapped onto the six health foundation domains

The ROH Keystone (Partnerships)

This was conceived as a group of internal and external stakeholders meeting with the aim of mapping strategic regional and national opportunities the musculoskeletal field, to increase our influence - particularly in the clinical realm. In large measure, the project requires some stability in political and operational terms and therefore the Keystone meetings have not yet been formally started.

Nevertheless, the Trust successfully hosted a National Orthopaedic Alliance Conference during 2021. In addition, a meeting between the Chair, Chief Executive and the senior clinical body during summer 2021 set some of the groundwork for future meetings.

It is anticipated that formal Keystone meetings will start during 2022. A wider stakeholder and strategic partners meeting 6 monthly and an alternating smaller planning group of close allies 6 monthly to horizon scan and identify opportunities.

The Musculoskeletal Academy (People)

A project whose outcome will be a certified modular curriculum extending to Masters Level. The Academy development has the following stated aims:

1) Job enrichment, improving horizontal movement, mixing and mutual support between medical trainees, medical associates, extended and advanced practitioners from all backgrounds
2) Improving vertical (in specialty) development and access for all staff
3) Providing appropriate support for younger staff to contribute in service within a learning culture
4) Providing opportunities in leadership and for serving patients through indirect many means – including contribution to pathway design, shared decision support and first-class patient information

Year 1 Highlights

- Full system review of FCP provision and skill mix (led by CCG, informed by MSK Transformation Programme work stream 5: Workforce Planning & Development)
- Project Group established and currently branding the ROH existing offering with leads for each strand (see next slide)
- ROH nominated trainer for system-wide delivery of Shared Decision Making training
- Review of Academy 'model', including virtual hub approach

The ROH Direct (Patients): now the regional Orthopathways initiative

Conceived with ICS working in mind, this project takes The Royal Orthopaedic Hospital out of its traditional shell (perceived as being centred on secondary and tertiary surgical care) and towards attending patients wherever they are.

This means at all stages between dependence and independence, treatment and wellness. Pivotal to this are a) the development of Musculoskeletal and Therapies initiatives already supporting primary care in the first contact role (b) mobilising the content and patient information from the Musculoskeletal Academy to support patients at every point in their journey through multiple and through multiple media channels.

Year 1 Highlights

- Successful Elective Recovery Technical Fund application to procure 'getUBetter' – a supported self-management app for patients to access clinical support, information, rehabilitation and advice
- Commenced 6 month pilot of 'OrthoPathways'- a digital clinical decision making tool to standardise information, referral practices and reducing variation
- Partnering with ICS colleagues, voluntary sector and academic institutions to pilot schemes for 'waiting well'
    - Versus Arthritis peer support groups
    - My Planned Care platform
    - BCU student support for pre-habilitation
- Developing ICS MSK Portal for patient information and signposting, focusing on digital and analogue options
- Proof of concept underway for ROH standardised patient information through database to manage patient info in modular way

Perfecting Pathways

This is the Trust's well established transformation and delivery platform. It is included in the clinical strategy for 3 reasons:

To underline the importance of clinical engagement in these projects

To bring about opportunities for clinicians to learn project management and project based Quality improvement techniques and methods (QSIR)

To bring closer together project based and continuous improvement (PDCA) quality improvement work

Annual highlights

- QSIR Practitioner training continues to be successfully delivered, now including cohorts of Medics, as well as a QSIR Fundamentals programme open to all staff
- Complex improvement programmes delivered across 2020-21/2021-22 including:
    - Restoration & Recovery (Phases 1 & 2)
    - Day case UKR pilot
    - ICS Long Covid programme
    - Major estates reconfiguration on ROH site
    - Digital transformation including Attend Anywhere and DrDoctor
    - IT improvement
    - Outpatient modernisation including Partial Booking and AccessAble

Regional Contributions

The Executive Medical Director has continued to contribute to the regional Medical Director forum on a weekly basis, providing a collective clinical sounding board for the BSol system.

The Trust continued its support for Birmingham and Solihull and in particular NHS Arden and Greater East Midlands Commissioning Support Unit in their clinical approvals and appeals process during the first half of 2021 until the support was no longer required. The working relationships from this group formed the foundation for the Orthopathways Initiative across BSol.

The Executive Medical Director has attended the BSol Outpatient And Diagnostic Group regularly.

The Executive Medical Director continued to serve on the Quality Review Service Board (part of the Midlands and Lancashire Commissioning Support Unit and formerly the West Midlands Quality Review Service), attending quarterly meetings. Regrettably, the Board had to take the

difficult decision to wind up the QRS as its on-site review methodology was not feasible during Covid and Trusts in general did not have capacity to commission focused quality Review work of this nature in the short to medium term. It had been the only independent United Kingdom Accreditation Service recognised body nationally for developing formal clinical standards.

The Trust has led the regional negotiations and discussions around the regional Major Revision arthroplasty hub. Revision knee work has been confirmed as allocated to the ROH as the primary centre. The Trust is also developing regional standards to bring about consensus in ways of working and to engage all partner organisations.

Quality Improvement: AQILA

AQILA has continued to meet monthly during the pandemic.

Patient Progress

"Patient Progress" is the name given to the developing outcomes suite of reports. The AQILA group maintained reports against a work plan to focus on an important area each month.

In parallel with this, the Medical Director's office and informatics have been working with the Midlands and Lancashire Clinical Support Unit.

Alignment with Model Hospital Schedule

Closely linked to the above is an alignment with the Model Hospital Club, chaired by Marie Peplow, Chief Operating Officer and hosted by Amanda Gaston the Deputy Director of Finance. Trust level metrics are shared with clinical teams and discussed in a workshop. The teams are now encouraged to bring work back as assurances and development plans to AQILA (supported by Kirti Moholkar, CSL for Outcomes, and the Deputy Director of Finance). Notable contribution during the year from the Spinal Unit

Mortality Reviews and Learning from Deaths

The regional medical examiners team were engaged from 1st August 2020 to help manage death certification and early investigation of in hospital deaths.

The Learning from Deaths is led by John va Faye, Associate Medical Director. The reporting tracker has re-stabilised after a relative surge in numbers during the Covid-19 pandemic, relating to Covid itself and case mix during the provision of mutual aid. The system provides a failsafe for triaging and escalating issues around care to complement and support the normal divisional governance process around any clinical incident.

Harm Reviews

The Trust harm review process was instigated 4 years ago as part of the response to the Referral to Treatment Time project. The process is managed by John va Faye, the Associate Medical Director (Corporate) and Ash Tullett, Head of Clinical Governance, supported by Karen Hughes, the Head of Nursing for Division 1 and the operations team.

The meeting supports the work of the Cancer Board for statutory target breaches. The Harm Review mechanism has also been integrated into post Covid waiting list management.

Clinical Audit

The Audit team continued to make ground during 2021. The Head of Clinical Audit (Ms Leky Parveen) and the Clinical Service Lead for Audit (Dr Ben Smith) pro-actively engaged with divisions and clinical service units about their audit plan.

A tracker dashboard has been developed and a leader board for the highest number of contributions by clinician and by unit.

The monthly morbidity and mortality meeting has successfully continued in hybrid format, supporting socially distanced physical attendance in the knowledge hub and virtual attendance through Microsoft teams. The Clinical Service Lead has formalised the upward summary from this meeting and that feed has now started to come through at QSC.

The two clinical divisional audit trackers continue to be presented at Divisional performance meetings to encourage more active oversight and strategic audit project commissioning.

Leky Parveen has now moved on to a similar role in a larger Trust and leaves with our deepest gratitude for an excellent contribution. The Knowledge Hub team will be recruiting a replacement and a gap in continuity is a current reality.

Clinical Outcomes

The Head of Audit continues to report good progress with a project to streamline process and transfer National Joint Registry entry into theatres, supported by the Quality Improvement Lead for Division 1.

The Trust rolled out the National Clinical Improvement programme dashboard in a joint launch with Robert Jones and Agnes Hunt Hospital. It was well received by clinicians and has been used in the Professional Practice Advisory Panel to provide assurance around whole practice.

A second project to develop the clinical dashboard, based on the Patient Progress matrix, with the Midlands and Lancashire Commissioning Support Unit has also commenced, supported by the Director of Finance and Deputy Director of Finance. A scientific paper examining access to hip replacement over a ten year period in relation to deprivation has been published. The article has relevance to national policy.

Medical Leadership and Workforce

Medical Directorate Manager

We appointed Angharad MacGregor to the role of Medical Directorate Manager in September 2021 and she started with us in January 2022.

The priorities for this year will be:

- Quality Assurance work around medical revalidation and whole practice appraisal
- Support for the Medical Workforce group and its work in developing the employment offering to clinicians and in mapping our clinical skill base
- Support for the Patient Progress Clinical outcomes function – the monthly reporting focus at AQILA and the anticipated Reporting Suite being developed with MLCSU.

Corporate Clinical Lead for Medical Workforce

Dr Wilson Thomas has produced the Clinical Workforce Strategy and this went to People and Organisational Development Group (PODG) in January 2021. The Medical Workforce Group has started to meet bimonthly under his chairmanship. The group are developing the work breakdown and tactical plan. This will be presented at the Staff Experience and Organisational Development Committee in April 2022.

Organisational Development Work

In last year's report we described an external review of 4 serious complications within the spinal unit in early 2020 to increase awareness around team dynamics and human factors in a safety context. The department have had no recurrent runs of serious complications in this way, the senior team have noted visible leadership from the Clinical Service Lead Andrew Young across several domains – clinical and operational. Of note is the contribution to the regional spinal emergencies with 163 emergencies seen last year and a very impressive safety record – 2 deaths within 30 days which both related to malignant disease.

Junior Doctors

Junior doctors continued to weather the Covid-19 pandemic well overall.

Through regular meetings with the GP trainees and the Junior Doctors forum (the frequency of which was increased permanently during Covid-19) we had been aware that the GP trainees commencing February 2021 had not been as settled as previous cohorts. The feedback through the GMC reflected this and the findings are being worked through by Matt Newton-Ede the Clinical Tutor supported by the Junior Doctors forum group. The subsequent cohort has appeared more settled and it is hoped that any issues that lie outside the instability created by Covid-19 have now been addressed.

The Junior Doctors forum now invites ward nurses and the rapid response team to the membership.

We are piloting giving GP trainees small leadership roles – eg rota management, handover, RRT liaison which we hope will help the GP trainees build their clinical support networks more rapidly and allow cohorts to build on each other in quality improvement projects.

Renewed focus has gone into junior doctors' induction. Trainees receive NEWS2 (National Early Warning Scheme) training and the Rapid Response team attend on induction day. The deputy chief nurse; Ms Nikki Brockie, is arranging for this to be further enhanced by ALERT training.

Medical Directorate and Clinical Leadership Team

Current Structure

The Medical Leadership structure is shown visually in figures 1-5:

Figure 1- Clinical Services. Patient Services Division

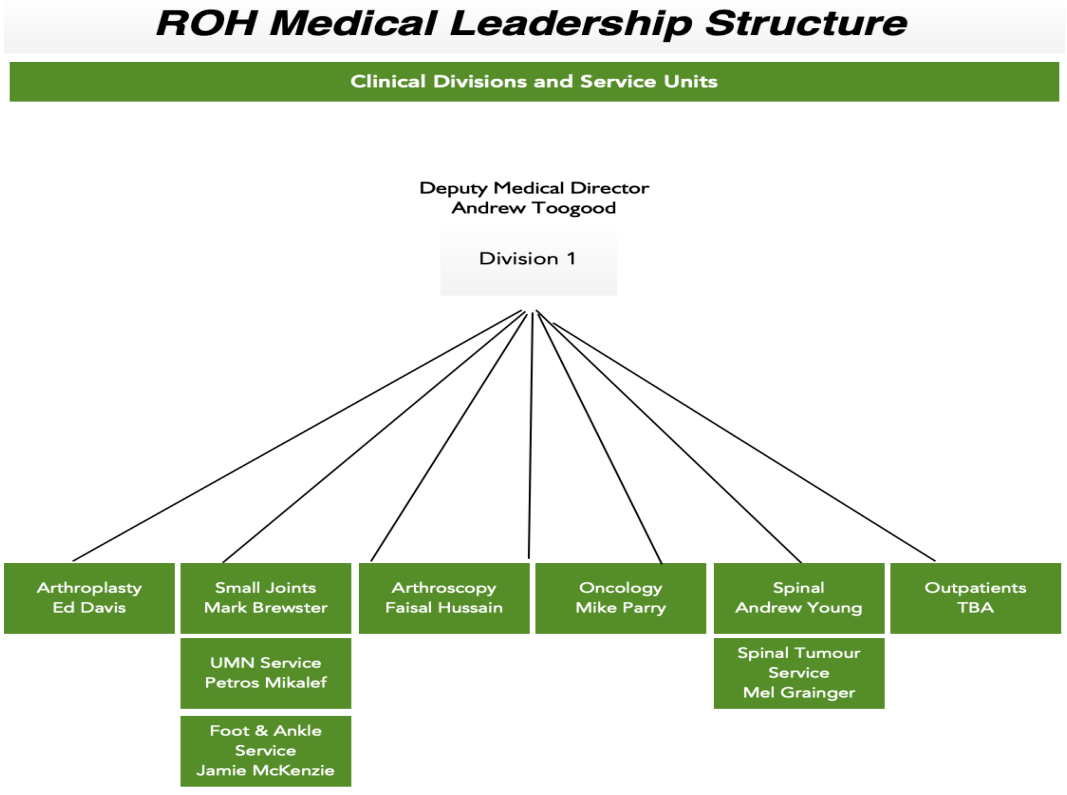


Figure 2: Patient Support Services Division

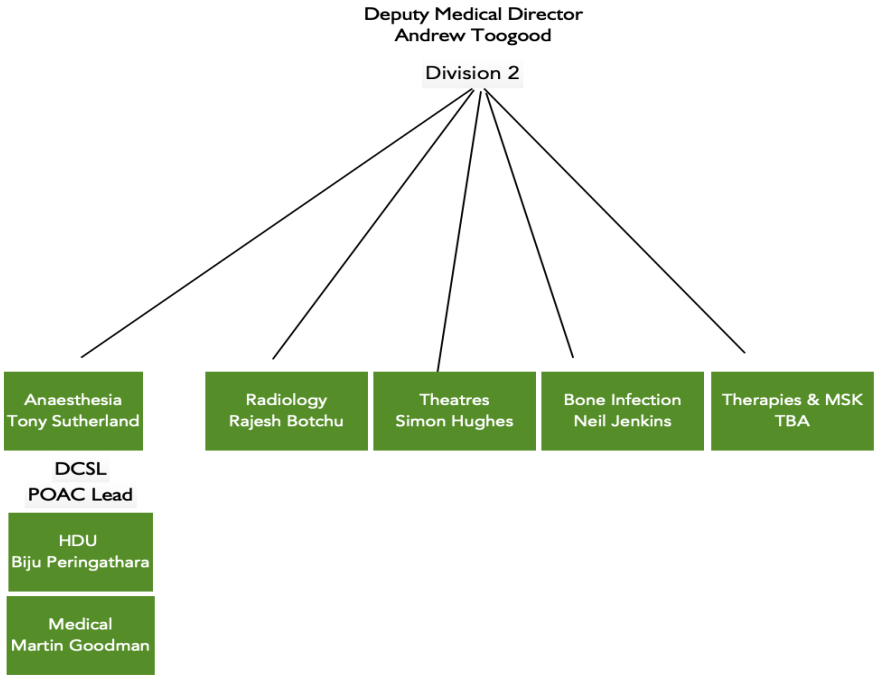


Figure 3: Corporate Clinical Roles – Clinical Outcomes and Audit

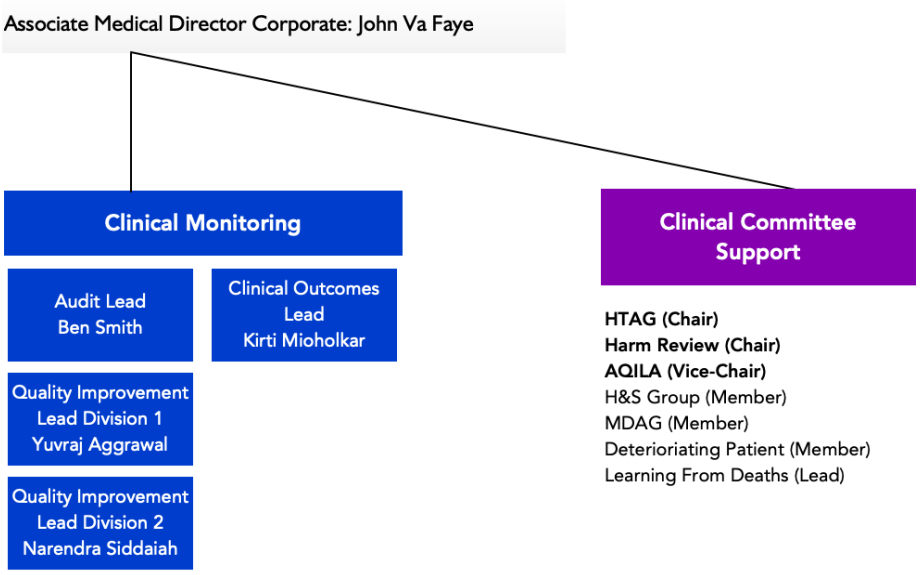


Figure 4: Corporate Clinical Roles – Medical Workforce Team

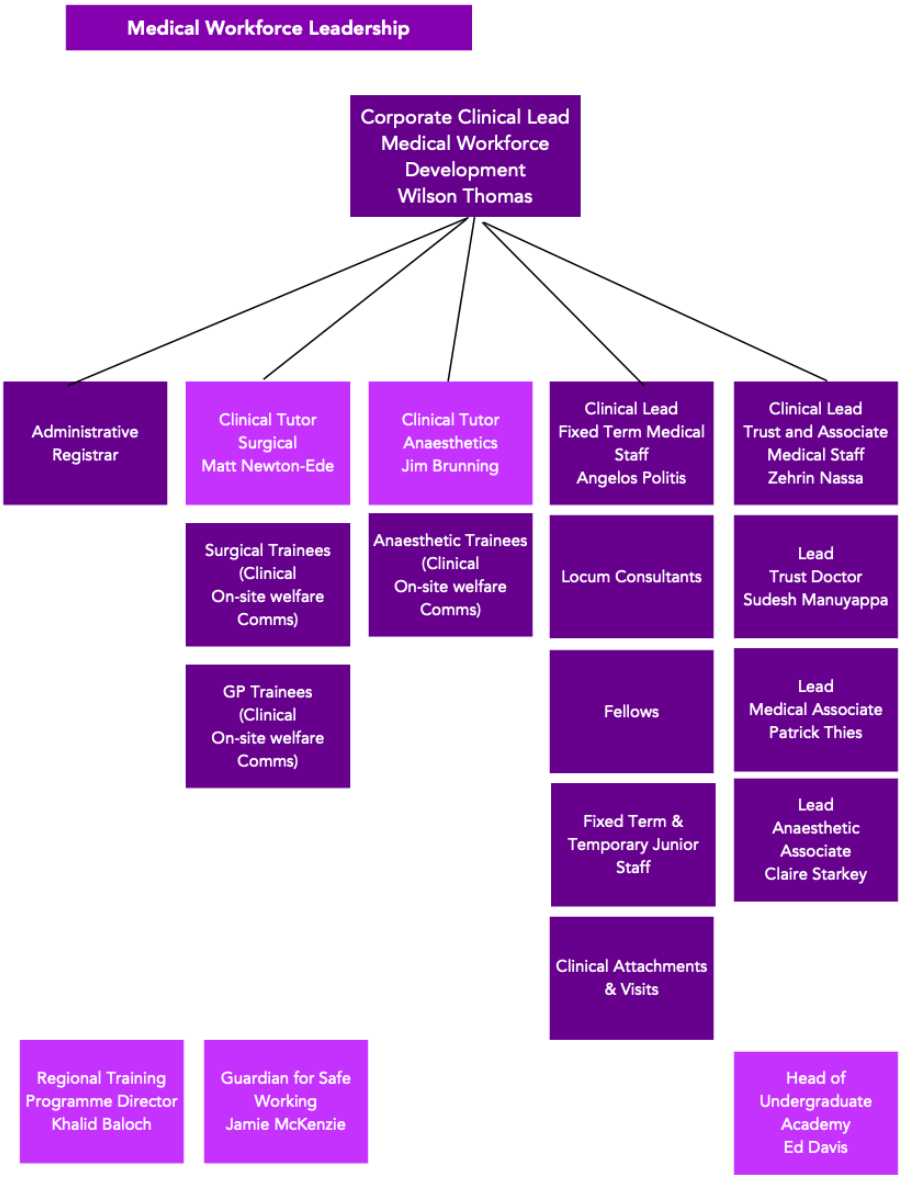


Figure 5: Medical Education Team



The Medical Leadership Team: Meetings and Development

The Clinical Service Leads meet monthly. The meeting is supported by the Director of Operations and the two Deputy Directors of Operations. There are plans to facilitate clinical service managers and clinical service leads to meet together during working hours and a pilot joint monthly meeting (postponed during the omicron wave over winter) will take place after the clinical audit meeting in March 2022. This builds on the development programme piloted in 2020 and will include formal meeting and workshop / shared development elements.

Current Post holders

The current post holders are listed in Table 1:

TABLE 1: CURRENT MEDICAL LEADERSHIP POSTHOLDERS

Leadership Role	Post Holder
Deputy Medical Director Medical Directors Office	Andrew Toogood
Clinical Service Lead (CSL) Arthroplasty	Edward Davis
Clinical Service Lead (CSL) Small Joints	Mark Brewster
Clinical Service Lead (CSL) Arthroscopy	Faisal Hussain
Clinical Service Lead (CSL) Spines	Andrew Young
Clinical Service Lead (CSL) Oncology	Michael Parry
Interim Lead Clinician (LC) Upper Motor Neurone Service	Petros Mikalef
Clinical Service Lead (CSL) Anaesthesia	Anthony Sutherland
Deputy Clinical Service Lead (DCSL) Anaesthesia	Rajashekar Gowni
Lead Clinician (LC) HDU	Biju Peringathara
Lead Clinician (LC) POAC	Egidio Da Silva
Lead Clinician (LC) Radiology	Vinay Ketkar
Clinical Service Lead (CSL) Theatres & ADCU	Simon Hughes
Clinical Service Lead (CSL) Therapies & MSK Services	Vinay Ketkar
Clinical Programme Lead (CPL) Clinical Strategy	David Rogers
Radiation Protection Lead	Rajesh Botchu
Clinical Service Lead (CSL) Bone Infection Unit	Neil Jenkins
Lead Clinician (LC) Perioperative Medicine	Martin Goodman
Associate Medical Director (AMD) Corporate Clinical Services	Kasra Va Faye
Quality Improvement Lead (QIL) Patient Support Services Division	Narendra Siddaiah
Quality Improvement Lead (QIL) Patient Services Division	Yuvraj Agrawal
Corporate Clinical Lead (CCL) Audit	Benjamin Smith
Lead Clinician (LC) Modern Interventions	Akash Sharma
Lead Clinician (LC) Clinical Outcomes	Kirti Moholkar
Corporate Clinical Lead (CCL) Medical Revalidation	James McKenzie
Corporate Clinical Lead (CCL) Documentation and Clinical Information	Scott Evans
Corporate Clinical Lead (CCL) Research	Adrian Gardner
Head Undergraduate Academy	Edward Davis
Deputy Head Undergraduate Academy	Arthur Davies
Recognised Tutor Undergraduate Academy	Faisal Hussain
Recognised Tutor Undergraduate Academy	James McKenzie
Regional Training Programme Director Post Graduate Education	Khalid Baloch
Clinical Tutor (Surgical) Post Graduate Education	Matthew Newton Ede
Clinical Tutor (Anaesthetics) Post Graduate Education	James Brunning
Chair Drugs & Therapeutics Committee	William Rea
Chair Venous Thromboembolism Committee	Iosif Pagkalos
Associate Medical Director (AMD) Paediatrics	Bruce Morland to Feb 2022
Lead Paediatric Safeguarding	Jwalant Mehta
Corporate Clinical Lead (CCL) Medical Workforce Development	Wilson Thomas
Lead Clinician (LC) Fixed Term Medical Workforce	Angelos Politis
Lead Clinician (LC) Trust and Associate Medical Staff	Zehrin Nassa
Lead Trust Grade Doctors	Sudesh Muniyappa
Lead Anaesthetic Associates	Claire Starkey
Lead Medical Associate Practitioners	Patrick Thies
Administrative Registrar Surgical Trainees	Dan Hearsey to Feb 2022
Guardian for Safe Working Hours	James McKenzie

Changes to the Team

During 2021 we made the following substantive leadership appointments:

Name	Role	Comments
Egidio Da Silva	Lead Clinician POAC	Replacing Dr Blunt who has moved to part time after many years leading the service – with thanks
David Rogers	Clinical Programme Lead for Clinical Strategy	New post. David is a senior therapist

Responsible Officer, Appraisal & Revalidation

Appraisals & Revalidation

The Trust maintained the appraisal and revalidation system after a brief pause during the pandemic at the request of consultants and with the support of the BMA. Pastoral support is emphasised as an essential element. There have been no concerns about maintaining the currency of the appraisal programme.

Responsible Officer Interventions and Involvement

A doctor who was discovered to have been working at the ROH with registration, but without the required licence to practice, working at the Trust was called to a GMC Tribunal in January 2022.

The Medical Director is now supported in their role as Responsible Officer by a Professional Practice Advisory Panel, consisting of the Deputy Medical Director (Dr Toogood) the revalidation manager (Mrs Alison Newman) the clinical lead for revalidation (Mr Jamie McKenzie) and the Acting Associate Director of Workforce & OD (Mrs Sharon Malhi)

There were two escalations during the year around clinical performance. These were both self identified issues that related to a part of whole practice, raised appropriately with the clinical service lead, escalated to the MD/RO and immediately risk assessed. The group was then able to review the initial risk assessment and management plan. Assurance is provided in anonymised to the Executive Quality and Safety meeting.

The RO and revalidation manager continue to meet regularly with the GMC local liaison and maintain good communications through that support link.

Concluding Comments

Despite a busy and challenging year, we have made good ground with the clinical strategy, and have continued to encourage a no harm safety culture and a transparent approach to clinical outcomes, which now applies to system partners who have been welcomed to the ROH site as part of the mutual aid system working.

Mr Matthew Revell

Executive Medical Director

February 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chair**
AUTHOR:	**Executive Team**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

Attached is the refreshed Board Assurance Framework.

Risks proposed for closure:

- No risks have been proposed for closure.

Risks reduced in current risk score:

- WF24

Below risks have been reviewed by appropriate Executive Director. No movement to current risk scores noted for:

- Covid-19-033
- 770
- FP8
- OP4
- OP6
- 1298
- 1089
- CE1

Risk still to be updated:

- 1719 – Operation Sawmill – this risk was added to the BAF in January 2022.

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the proposed changes to the Board Assurance Framework

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Aligns to all strategic objectives.
PREVIOUS CONSIDERATION:
March 2022

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	4	4	16	↔	March 2022 Associate Director of Workforce and OD: No change in scores - The Trust continues to reiterate messages around the requirements for PPE for all staff. Requirement for risk assessments for unvaccinated staff continues to be reinforced. Risk assessment process being reviewed with support from IPC since revocation of mandatory vaccinations.	Ongoing	2	4	8	Mar-22
WF24	Workforce	Chief Executive	BAF and CRR There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	3	4	12	↓	March 2022 - Associate Director of Workforce and OD: During February there has been a decline in absence rates with a reduction of circa 27 long term absence cases across the Trust since January 2022. Stress related absence still the biggest cause for sickness absence and further work being undertaken in conjunction with local managers and wellbeing team to identify ways in which to further support the psychological wellbeing of staff.	Ongoing	2	4	8	Mar-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full. Full annual maintenance plan now in place commencing April 2022.	Estates maintenance schedule	4	5	20	↔	March 2022 Executive Chief Operating Officer update: 1st phase of Theatre maintenance to commence in April 2022. Risk will be reviewed with the Director of Estates once work has been completed.	Jan-22	1	5	5	Mar-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line. **March 2022 - Update: Trust now moving forward with Solution from Doctor Dr which will be provided through Clnical Portal. Web-based version available to use during interim.**	Apr-21	2	3	6	Mar-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	March 2022 Executive Chief Operating Officer update: No change to risk due to OMICRON wave of pandemic and associated system support / capacity surge plans	Ongoing	2	4	8	Mar-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	March 2022 Chief Operating Officer update: UHB elective operating capacity at ROH continues. Spinal divert remains in place. Work with RJAH ceases on April 1st 2022 risk score will be reviewed following this transition back to BAU.	Ongoing	2	4	8	Mar-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:- 1.Lack of patching and monitoring 2.Presence of unsupported Systems 3.Poor access and password audit and management 4.Inadequate and untested incident management and disaster recovery processes 5.Poor cyber security user awareness and training.		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Full update on Cyber Security prepared and submitted to Finance & Performance Committee on March 26th. Improving Cyber Security Resilience Report has been prepared to provide assurances on critical controls to reduce the risks of ransomware and denial of service attacks as recommended by NCSC. \\gamma.local\users$\root\Washbournes\	Ongoing	2	4	8	Mar-22

1719	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	↔	Risk was added to BAF in January 2022.	Ongoing	2	3	6	Jan-22
PERFORMANCE																						
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic		Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	March 2022 Executive Chief Operating Officer update: February 66.90% - increased RTT since January 2022 and decrease in 52 weeks to 24. Trajectory to be reviewed/revised once activity plans agreed in April 2022.	Dec-21	3	3	9	Mar-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years		With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Draft Plan submitted to System is showing £12m organisational deficit within system deficit of £48m, prior to the allocation of reserves. Underlying deficit still remains at circa £23m deficit	Proposed for Closure/de-escalation	3	4	12	Mar-22

RISK CATEGORIES
- Financial health and sustainability
- Clinical excellence
- Patient safety
- Patient experience
- Workforce capacity, capability and engagement
- Systems, information and processes
- Regulatory compliance and national targets
- Equipment & estates
- Strategy and system alignment
- Reputation and brand

UPDATED: MARCH 2022

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 29 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The level of cancellations remained high, which related to COVID sickness absence predominantly although in some cases it also related to availability of theatre time. • The level of virtual appointments as a percentage of all remained low at 14%, although it was noted that this was not out of line with the position for the system and elsewhere. More work was planned in the forthcoming weeks through a review of pathways. • The 30-minute waiting times for clinics had been exceeded although this reflected the complexity of some Oncology clinics. • There had been a small number of cases that had breached the cancer targets, although these related to very complex cases. • Agency staffing spend was reported to be high due to sickness absence, increased activity and cover for half term holidays in February. • Sickness absence was noted to remain a challenge, mainly due to staff testing positive for COVID. • An update on the financial planning work for 2022/23 was provided which included some risks associated with the financial pressures which would affect both the ROH and the wider Birmingham and Solihull system.	• A digital call centre was being introduced which would provide better sight of patient enquiries and calls. • Further work is underway to link the waiting list to deprivation indices. A Population Health Needs assessment was reported to be also underway as part of the MSK transformation work. • Further information was requested in relation to the cybersecurity readiness assessment, which it was agreed would be provided at the next meeting. • Timescales for the actions raised at the Information Governance Group were requested.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• It was agreed that the inclusion of demographic data of the waiting list was useful and would create a focus on health inequalities. • The level of activity handled had increased, which was noted to be particularly pleasing given that this included a period of mutual aid to the system. • Theatre utilisation had increased to 88%. • Seven day physiotherapy services were now available and the day case pilot service was being rolled out.	• The Committee approved the revised terms of reference for the Information Governance Group.

• The 'Did Not Attend' rate was reported to have decreased. • There had been an improvement in the performance against the 18 -week Referral to Treatment Time target (RTT) to 66.9%. Referrals were noted to have returned to pre-pandemic levels. Only 32 patients were waiting in excess of 52 weeks for treatment, this being a marked decrease from the previous month. • Although not fully achieved, the performance against the diagnostics target had improved considerably to 96.2% (target 99%), this being in the context of very high referral levels. • A £300k surplus had been achieved for the month, bringing the surplus to £773k. • There continued to be high levels of private patient income received. • Staff induction was being reviewed and the 100 days onboarding initiative would be reintroduced from August. • The Committee received a useful presentation on the development and implementation of an integrated performance report. This would go live in April 2022 and would include benchmarking information.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and the presentation by the Head of Business Intelligence had been particularly helpful.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 30 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There was reported to have been one *C.difficile* infection during the month. The overall number of these infections was above the upper limit set for the Trust. This was noted to be reflective of the different cohort of patients treated by the ROH during the pandemic. The matter had been reviewed by the Clinical Commissioning Group which was satisfied that the infection prevention and control arrangements at the Trust were robust. • There had been a case where a steroid injection had been administered to the wrong patient. The matter was being thoroughly investigated and reviewed and any learning would be implemented as a matter of priority. • As part of the Quality & Safety Executive upward report, it was noted that there had not been a successful recruitment into the blood transfusion role. Assurance was provided however, that processes and support was in place to fulfil the statutory requirements for managing blood products. • There had been a deterioration in the length of time that patients were required to be Nil by Mouth prior to surgery. This reflected the dynamic theatre lists associated with the COVID swabbing regime. This would be reviewed by the Clinical Quality Group. • There had been a dip in Mandatory Training rates. There had been some work to reset the frequency and appropriateness of some modules however which had impacted on the position. • The Infection Prevention and Control Committee was reported to have debated issues in connection with theatre changing rooms given that there was lack of sufficient space to store personal possessions in some cases. • Inconsistent attendance at the Children's Group was highlighted as a concern and was being addressed by the Chief Nurse.	• A business case to increase the tissue viability resource at the Trust was being developed. • It was agreed that VTE assessment would be discussed further by the Quality & Safety Executive on 19 April 2022. • Develop an overview to show where there may be vulnerability in the services provided by the hospital. This should include commentary on succession and workforce planning.

• The recent Oncology 'away day' had raised a number of issues with the service, most notably capacity and environmental concerns for the administration team. • The virtual open day for the recruitment of Band 5 staff was noted to have been poorly attended and therefore other means of attracting new staff were being thought through.	
POSITIVE ASSURANCES TO PROVIDE • There had been a decrease in the number of falls reported. • There had been a positive improvement in the Friends and Family Test response rate and some 'You said…We Did' posters were now displayed in patient-facing areas. • It was noted that there had been a sustained reduction in the number of Grade 2 pressure ulcers reported. The Committee asked that thanks be given to the staff for this improvement. • The Committee was pleased to hear that the demographics of the patients on the Trust's waiting list were being reviewed. This would help identify where there were health inequalities and help with the work to optimise patients prior to surgery. • The Committee was joined by the VTE leads, who presented an overview of the VTE reassessment audit results. It was noted that reassessment rates were good, although this was captured in a combination of paper and electronic records. • An overview of the process to develop this year's Quality Account was provided. It was suggested that health inequalities be built into the quality goals for next year. • The Committee received ad accepted the clinical audit plan. The plan included an audit on medicine storage and opiate prescribing. • The annual learning from deaths report was received. It was noted that the death certification process would revert to that in place prior to the pandemic. • The Integrated Care System's update on inequalities was presented. The ROH's activity was noted to be closely aligned to the key intentions of the system's inequalities strategy that was being developed.	**DECISIONS MADE** • None specifically.

• The post to oversee the management of, training in and maintenance of medical devices was reported to have been filled. • The process to assess and close Central Alerting System (CAS) alerts was noted to be sound. • A comprehensive report from the Infection Prevention and Control Committee was received and accepted. It was noted that improved governance around ventilation was now in place. Attendance at the meeting was noted to be good and included a Non Executive Director. • An exercise to map pathways that included children was reported to have been undertaken. • There had been a decrease in the use of agency staff due to the greater uptake of bank shifts. • For information, the Committee received updates relating to transitions in care around the Rapid Response Team, HDU admissions and Emergency admissions.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and had included some good challenge around assurance that had been provided.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 30 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The headcount position was noted to have reduced further to 87.2% of the target and turnover was high at 15.4%. Detailed data from those due to leave and who had already left would be collected and analysed to understand the reason for wishing to leave the ROH. Some reasons for this were offered at the meeting, these being around the prior intention to make COVID vaccinations mandatory, revised establishments and banding of posts compared to elsewhere. • Absence continued to be high and incurred a significant cost for the Trust. Anxiety, stress and MusculoSkeletal (MSK) conditions were noted to be key reasons for sickness absence. It was noted that there was some research underway about the impact of using a virtual meeting environment on staff health, both physically and mentally.	• Provide a view as to the impact of the living wage on those staff working within the lower pay bands at a future meeting. • The sickness absence policy was being rewritten completely. • Executive Directors to attend the meeting to present the progress and response to the staff survey for their portfolio. • The staff survey to be discussed further at the Trust Board on 6 April 2022. • Inclusion action plan to be shared at the Trust Board meeting on 6 April 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee welcomed Terrie Hillier, Interim Head of HR Operations to her first meeting. • The Committee received the written update from the Acting Associate Director of Workforce & OD which provided an overview of matters of local and national interest that were not otherwise covered on the agenda. It was agreed to be a useful and comprehensive report. • The Trust had signed up to the Working Families initiative, which was aimed at supporting a flexible working environment for those needing it. • The business case for the TRAC system used for recruitment was reported to have been approved by the Executive Team. It was expected that this would reduce time to hire and would create a better experience for staff recruiting and candidates applying for posts.	• None specifically.

• A good meeting with the CQC had been held where the Trust was able to discuss the actions being taken in response to the feedback from the focus group that had been held last year for staff from a Black, Asian and Minority Ethnic background. • It was noted that there had been some success with placing candidates from the 'I Can…' campaign. These individuals would be supported to develop and offer an insight to the organisation based on their life experience to date. • There was noted to have been a realignment of the Mandatory Training programme and modules to ensure that the frequency of training was appropriate and only those staff requiring the training received it. Face to face training had been reintroduced for some modules. The forthcoming theatres downtime for maintenance would provide an opportunity for more staff to undertake training. • An overview of the national staff survey plans and the People Pulse survey were shared. Staff morale and advocacy were two key areas highlighted as where the Trust performed well. • An overview of the work of the Wellbeing Guardian was presented and Non Executive Director, Ayodele Ajose was thanked for her work with the Trust in this capacity. • It was reported that the Trust had achieved Bronze accreditation for the Thrive at Work scheme and work was progressing towards Silver accreditation. • The Committee reviewed the Inclusion action plan which showed good progress and linked into the work of the Multi Minority Ethnicity Group (MMEG). • A set of intended Key Performance Indicators for recruitment was shared which would assist with better judging performance and benchmarking. • The Chief Executive reported that she had joined a Trans-ally group and would pick up the work within the ROH including the development of a Trans policy.	

• It was noted that following a recent meeting with the University of Birmingham the Trust would be asked to host a greater number of trainee doctors. • The Trust had been successful with placement of an individual from the 10,000 black internship programme and they would start with the ROH in June for six weeks. • It was reported that the 100 days onboarding initiative would restart from August.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the papers for this meeting had been excellent and supported some productive discussions.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board topics 2022/23**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

The attached presents a collection of suggested topics for the Board to discuss and debate over the coming months.

This is in addition to the routine list of reports to be considered by the Board and the intention is to build additional time into the agendas of forthcoming meetings to enable sufficient time for discussion of these topics.

REPORT RECOMMENDATION:

The Board is asked to:

- RECEIVE the schedule of Board topics for the coming year

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		

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

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

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

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

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:

Executive Team in February 2022.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

ROYAL ORTHOPAEDIC HOSPITAL - BOARD TOPICS – 2022/23

TOPIC	LEAD	TIMING	COMMENTS
Patient Pathway	JW (All Execs)	June 2022	To encapsulate the patient journey from referrals to discharge and outpatient care, including use of technology and operational processes Approach and terms of reference for May Board meeting
(R)EDI action plan (a) In light of CQC feedback (b) General strategy to improve inclusivity and diversity at all levels	SM	Quarterly updates on inclusion to Board	Also links to work with networks Action plan to April 2022 Board
IT strategy and action plan	SW	Sept 2022	System/ROH plan
Digitising (or digitalising) our service offer	SW/PB	Sept 2022	How to use technology more smartly to improve the experience for patients and staff in addition to plans to upgrade infrastructure and digital technology
Estates strategy and plan	PB	July 2022	
Staff engagement strategy and plan (a) Timing and focus re planned events for year	JW/SM	May 2022	Wider than events – this is about visibility and involving staff in change. Creating formal engagement processes where possible.
HR strategy And succession planning And 'War for talent' – recruiting and retaining staff in a post-Covid world	SM	May 2022 June 2022 June 2022	Includes innovative offerings to ensure that staff feel valued, rewarded and are retained

TOPIC	LEAD	TIMING	COMMENTS
Workforce plan		July 2022	
Green Board/ climate change agenda (a) Carbo strategy	PB	June 2022	Wider than the recent debate around the Green Plan. To pick up Environmental, Governance and Social aspects of the plan.
Public Enquiry (Covid) – preparing the groundwork	SGL	May 2022	Included comms to staff around 'Stop Notice'
Communications, marketing and promotion (a) Incl promoting role clarity within ICS	PB	May 2022	Including content of 'Team Brief' to all staff
Productivity – optimisation – 'perfect day' (a) How to achieve next 20 % efficiency gain (b) Innovation driven productivity	MP (Plus others)	June 2022	
NED contribution (a) NED development and role clarity (including the 'additional' roles)	SGL	June 2022	To include progress with succession planning and rationalisation of NED champions
Charity strategy and performance and plan	PB	July 2022	
Addressing inequalities in population health	GM/MP	April & May 2022	System approach and work Chief Operating Officer has undertaken on the waiting list
Private patients	MP	April 2022	Discussion re next steps/approach
Clinical strategy	MR	Feb 2023	Annual updates to provide
MSK leadership – strategy and plan for the region	MP/MR	May 2022	Agreed 6 months updates
Innovation, R&D	PB	May 2022 & quarterly	Clinical leads to attend the meeting

TOPIC	LEAD	TIMING	COMMENTS
Well led refresh	SGL	July 2022	
Deprivation of Liberties Safeguards – new regulations	GM	Separate session for Board as part of NED briefing	
Board effectiveness review and stocktake	SGL	June 2022	
Risk appetite	SGL	July 2022	

KEY:

JW	Jo Williams, Chief Executive
GM	Garry Marsh, Chief Nurse
PB	Phil Begg, Director of Strategy & Delivery
MR	Matthew Revell, Medical Director
SW	Steve Washbourne, Director of Finance
MP	Marie Peplow, Chief Operating Officer
SM	Sharon Malhi, Acting Associate Director of Workforce & OD
SG-L	Director of Corporate Affairs & Company Secretary

Finance and Performance Report

February 2022

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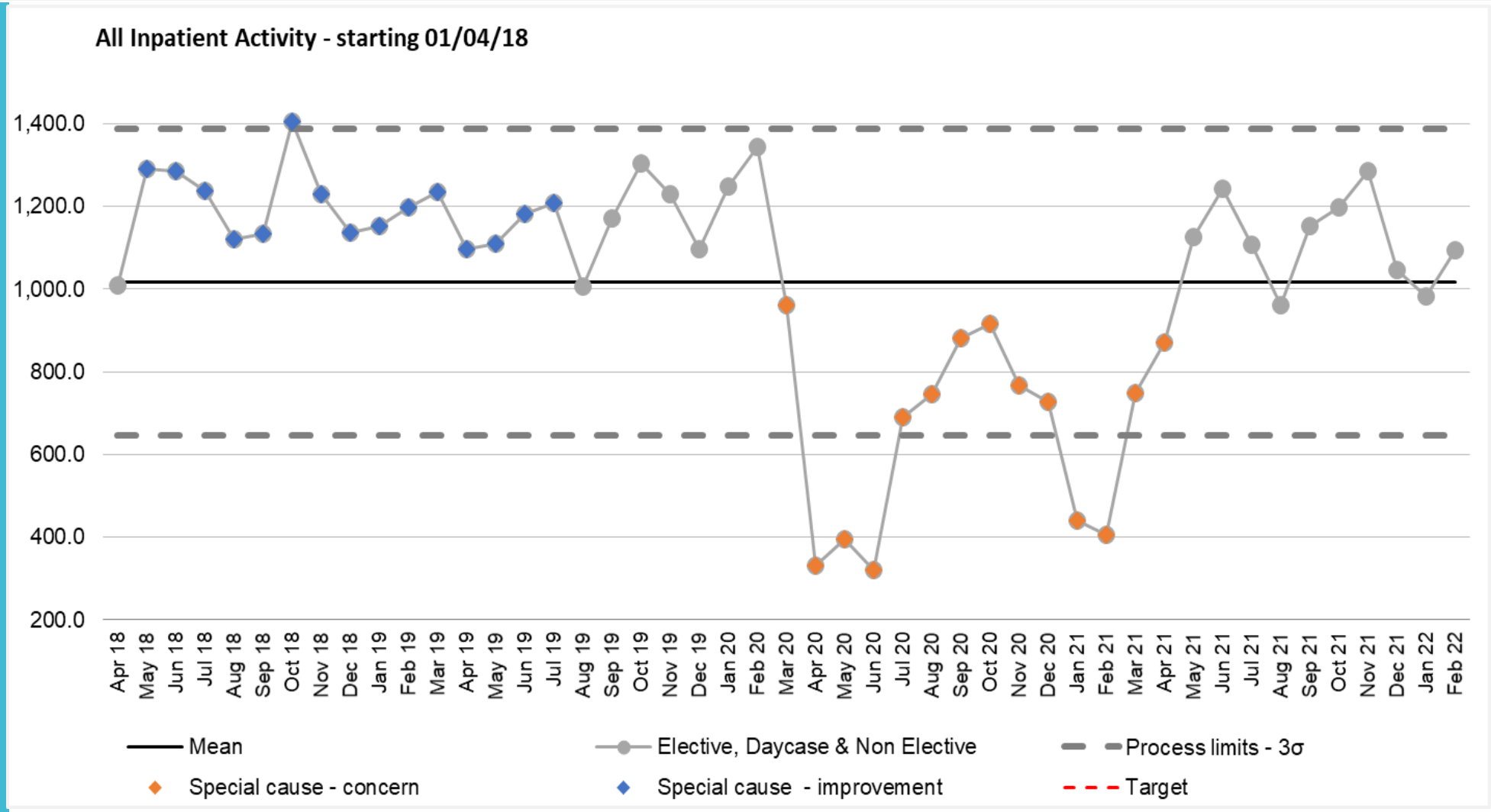
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6	Diagnostic Performance
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Introduction

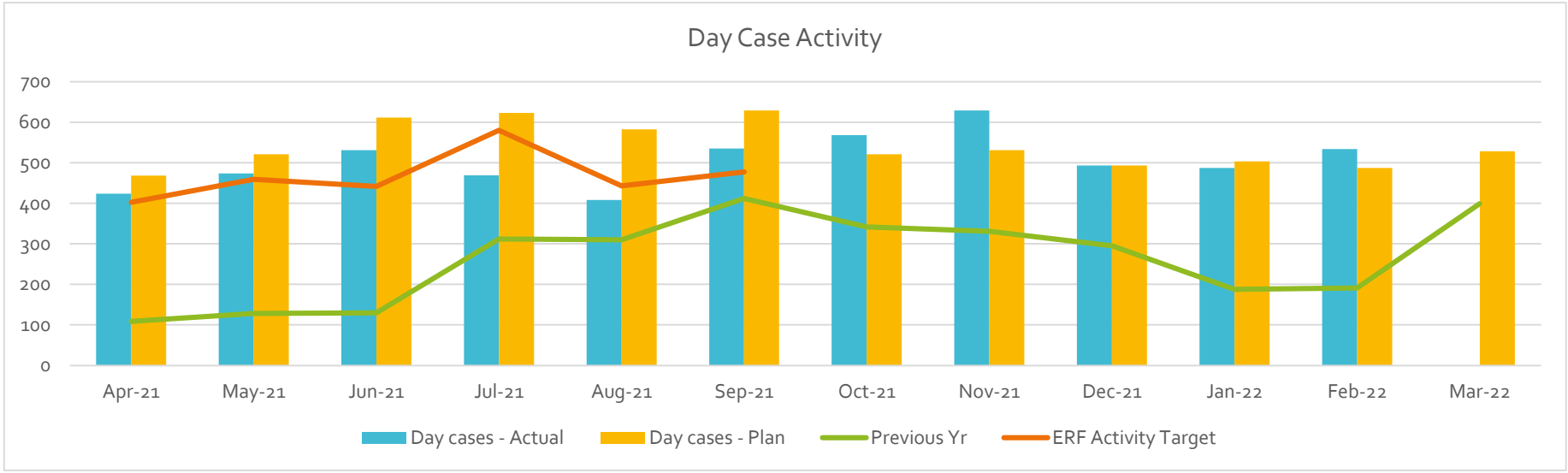
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

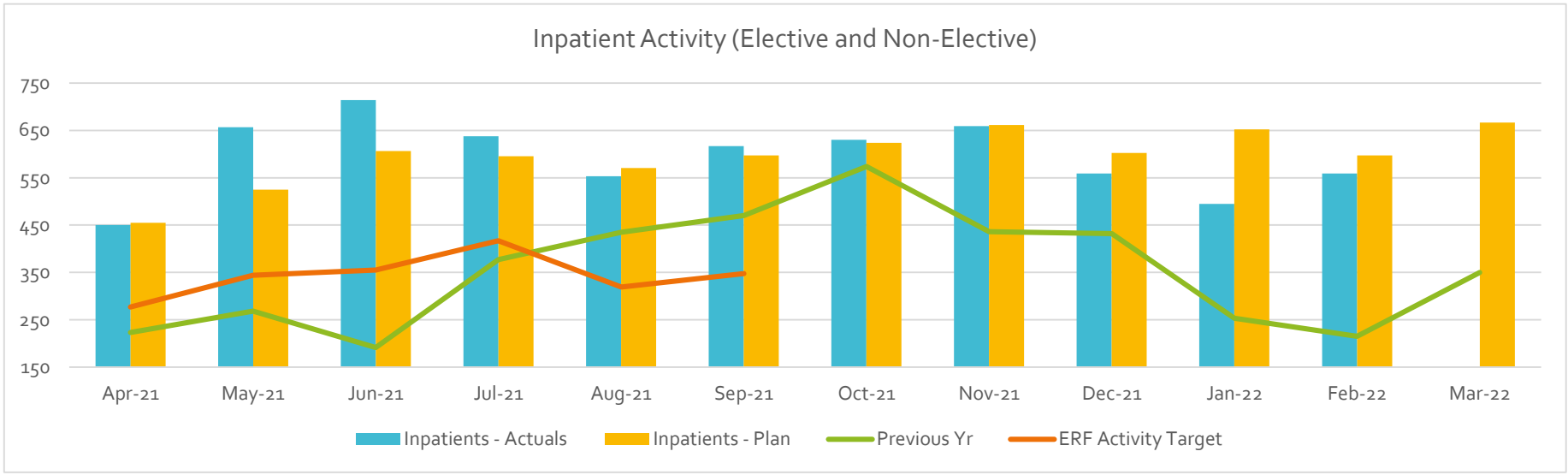
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

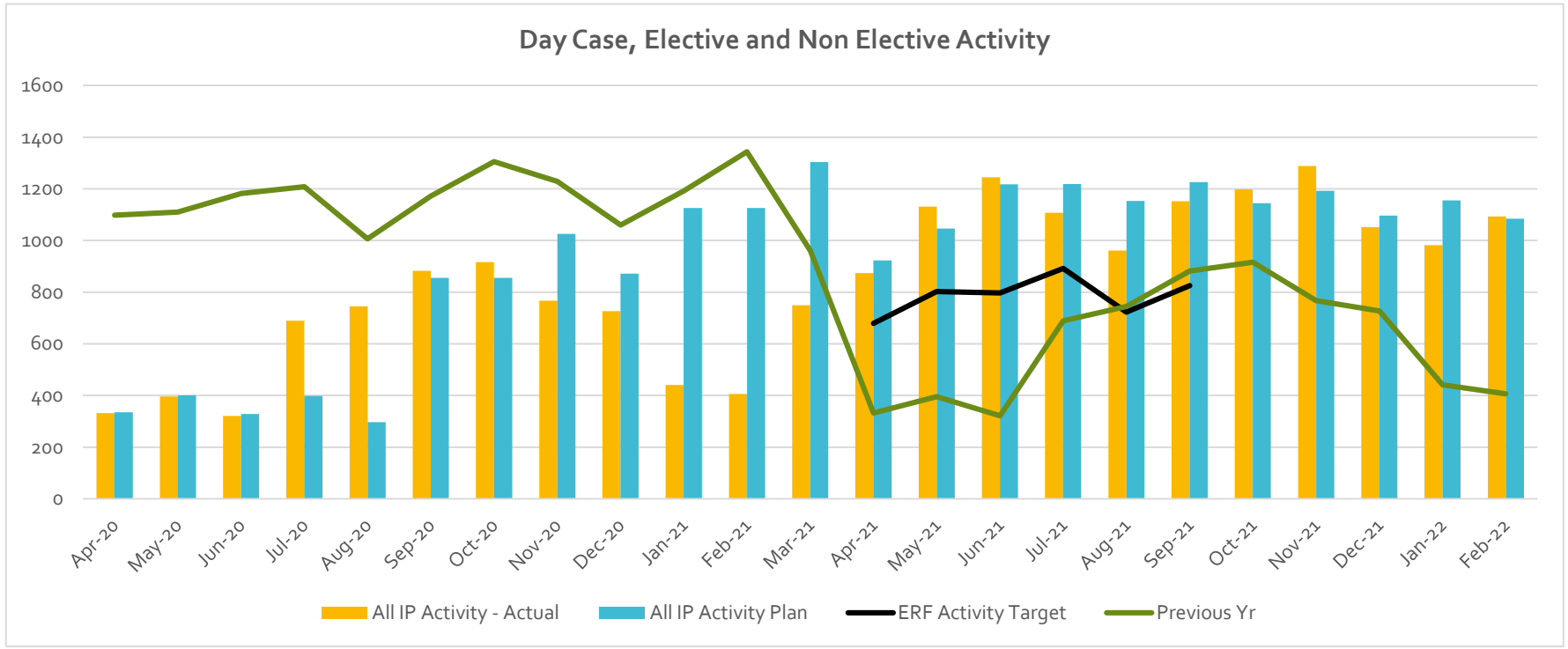


1. Activity Summary





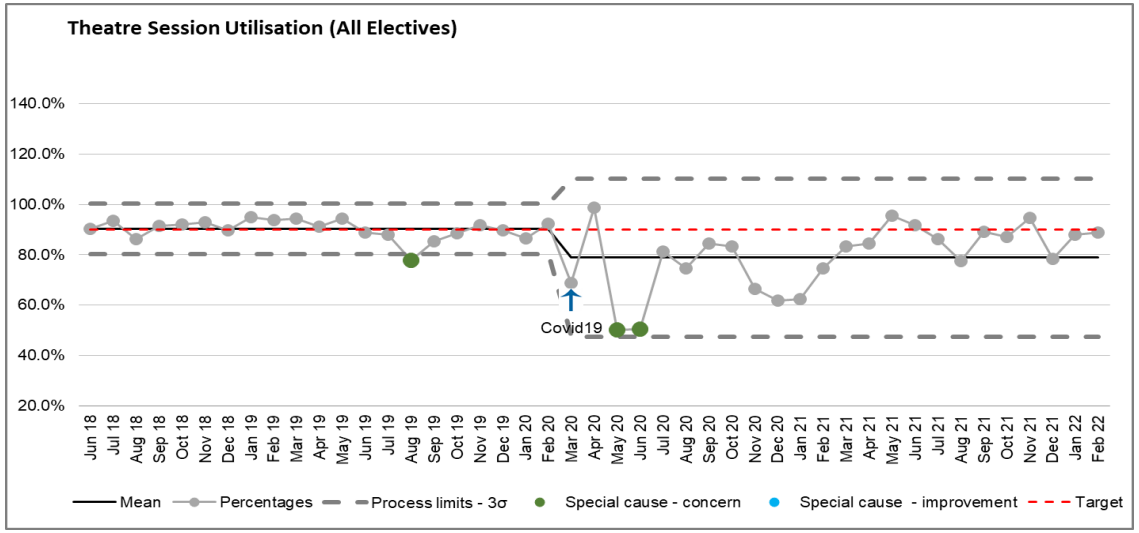
1. Activity Summary

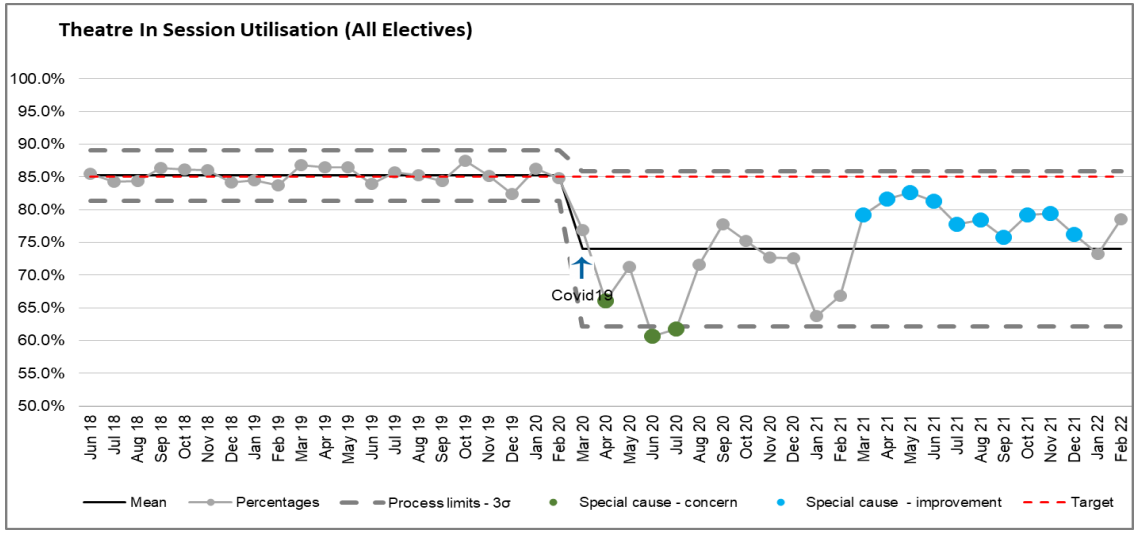


Activity for February over delivered against plan – actual 1093 v plan 1084.

Focus on March and year end activity delivery continues with weekend theatre lists and proactive recycling of in week sessions

2. Theatre Utilisation





Elective Session Utilisation (February 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	417	370	47	88.73%
UHB	110	98	12	89.09%
Totals	527	468	59	**88.80%**

Elective In Session Utilisation (February 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1639	1303	335	79.53%
UHB	444	331	113	74.64%
Totals	2083	1634	448	**78.49%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in February and was within target at 88.80%. Total In Session utilisation was 78.49% an increase on the previous month (73.19%) but below the required 85% minimum utilisation target.

A continuing theme of patients either being medically unfit/deferred or patients and/or staff testing positive for Covid impacting on in session utilisation was seen throughout February,

Any cancellations that took place as a result of staff absences followed a strict criteria ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected.

The provision of the system Rehab ward (25 beds) continued into the first week of February (ward reopened as normal 7th) which resulted in a reduction of elective surgery for the first week in February .

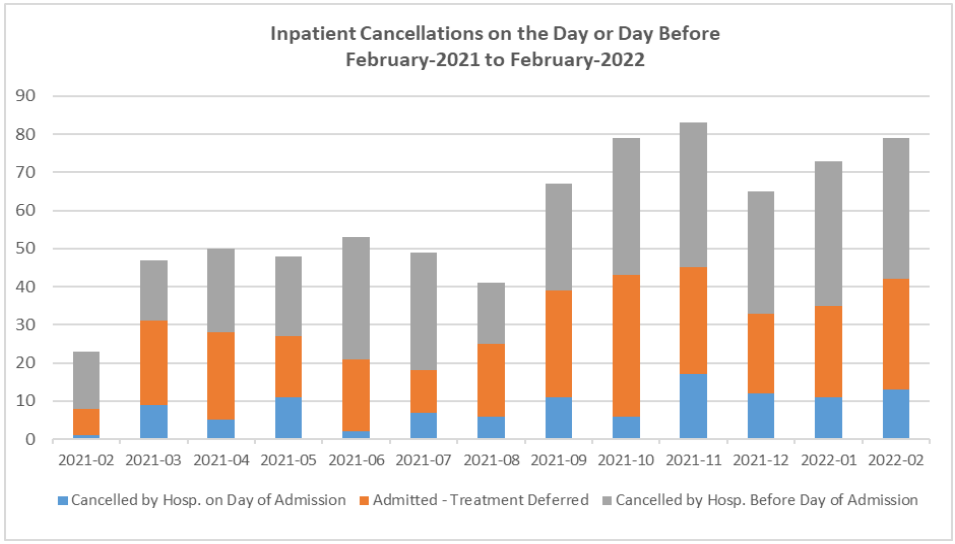
AREAS FOR IMPROVEMENT

Pre-populating of theatre lists at least 4 weeks in advance with contingency patients is now in place .

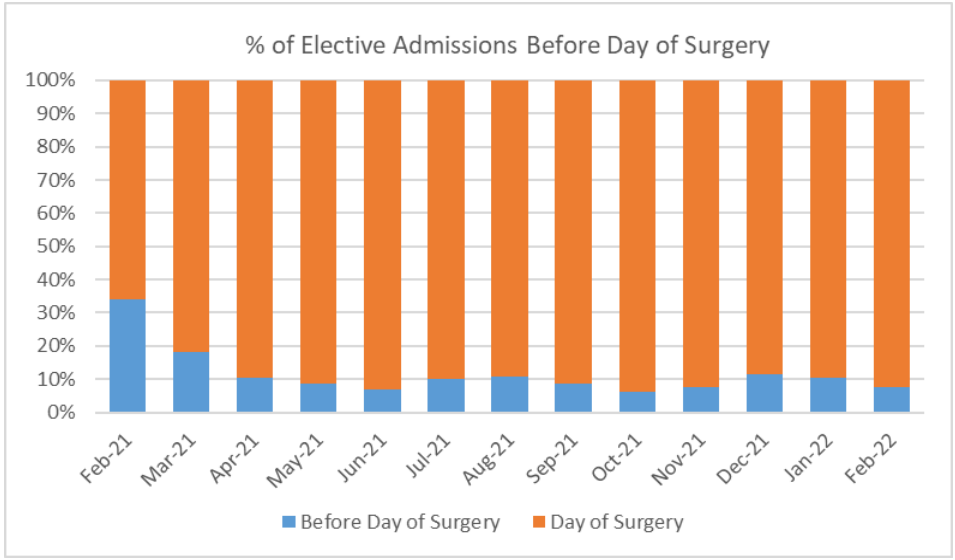
RISKS / ISSUES

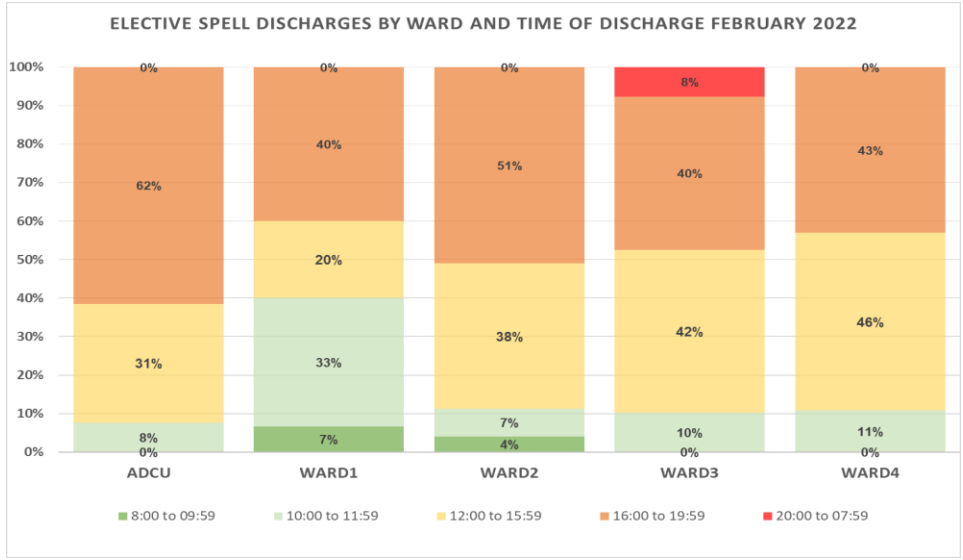
On going risks remaining with staff absence due to covid or patients either being medically unfit/deferred March still continue to see a high level of cancellations in particular related to covid related staff absence.

2. Theatre Utilisation/ Hospital Led Cancellations



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
2021-02	1	7	15	23	0
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
Total	**111**	**284**	**362**	**757**	**0**





2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 13 patients cancelled on the day in February with reasons detailed as follows;

All covid related issues relate to either staff or patients testing covid positive.

There were 29 patients admitted but where treatment was deferred, with reasons broken down as follows:

7 x Medically unfit / Clinical change in condition,
5 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
4 x lack of theatre time/beds
11 x covid related
2 x equipment issues

There were 37 patients cancelled by the hospital prior to date of admission.

17 x Medical deferrals due to complexity in co-morbidities found in POAC
8 x surgeon availability due to sickness
4 x due to provision of the rehab ward
1 x re-dated due to more urgent case
7 x patient choice to changes in tci dates.

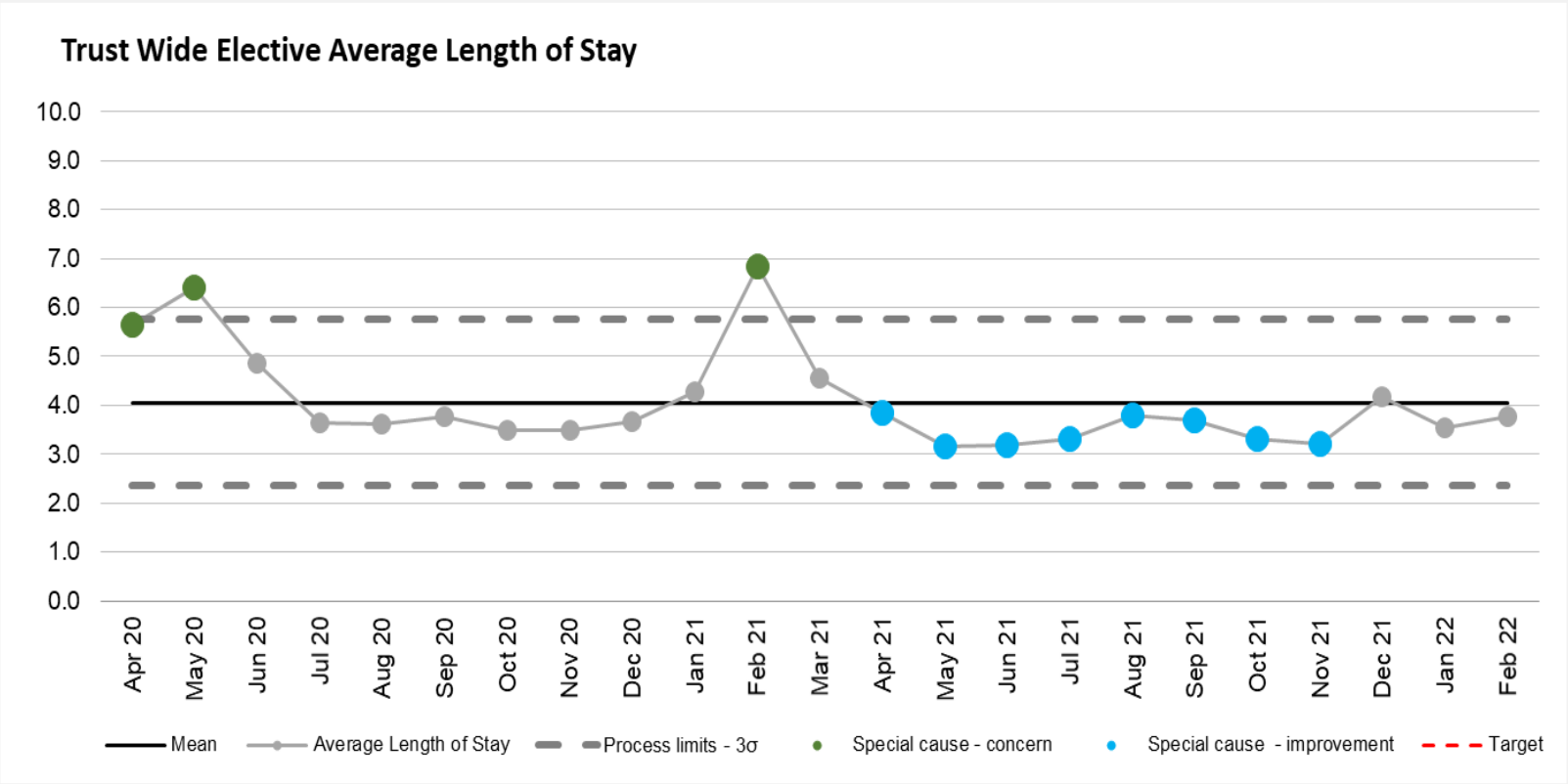
AREAS FOR IMPROVEMENT

Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process. There is however access to a stand alone emergency theatre should a patient present who requires urgent surgery.
Implementation of actions related to NHSE/I critical friend report continue to maximise theatre utilisation , monitored at 3PS board .

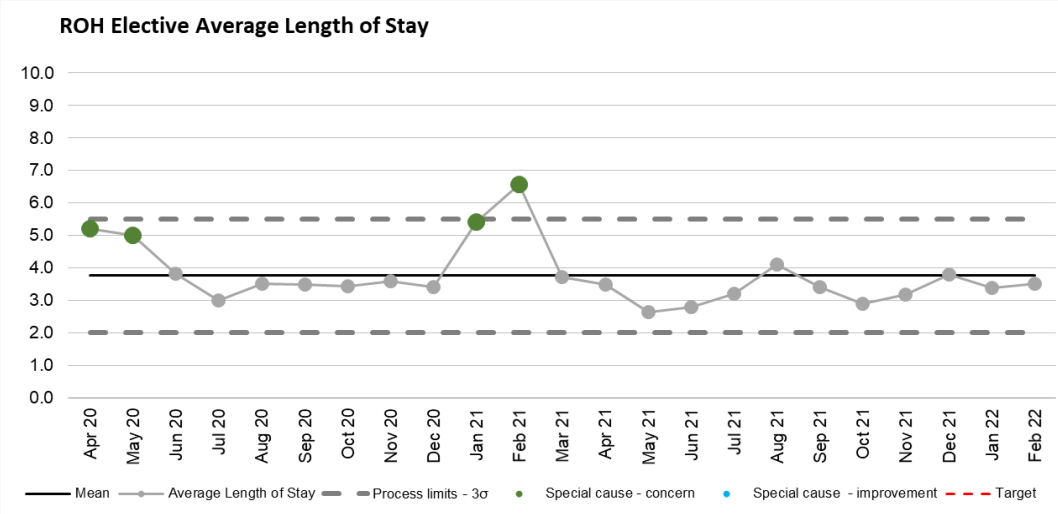
RISKS / ISSUES

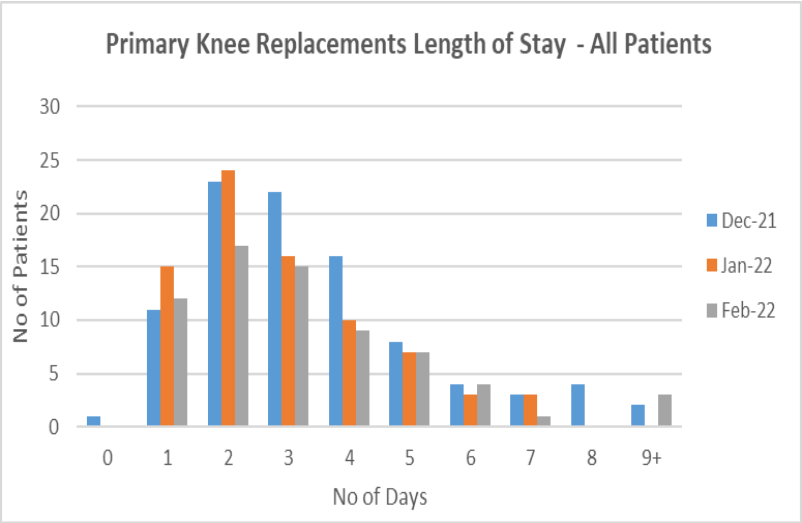
Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process.

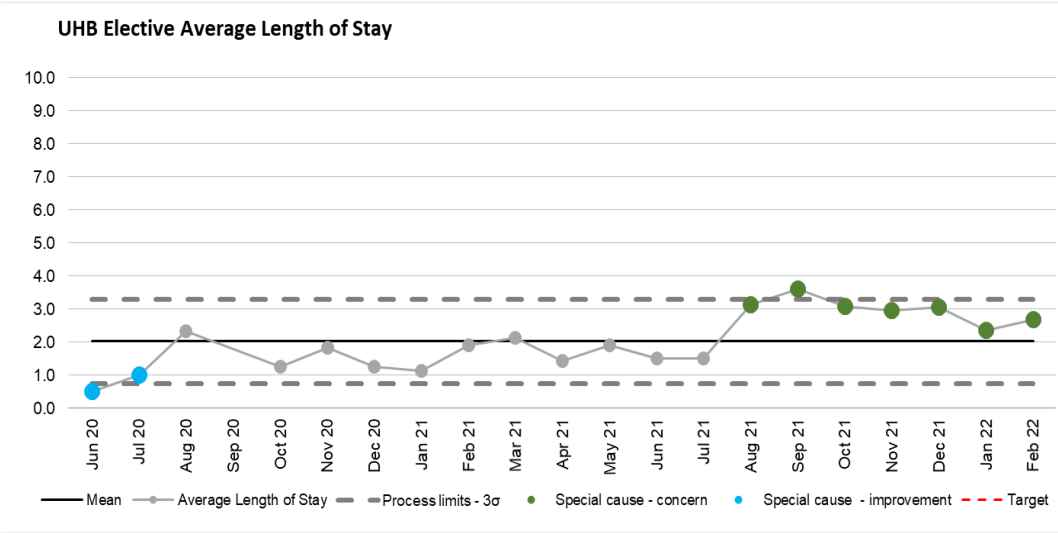
3. Length of Stay

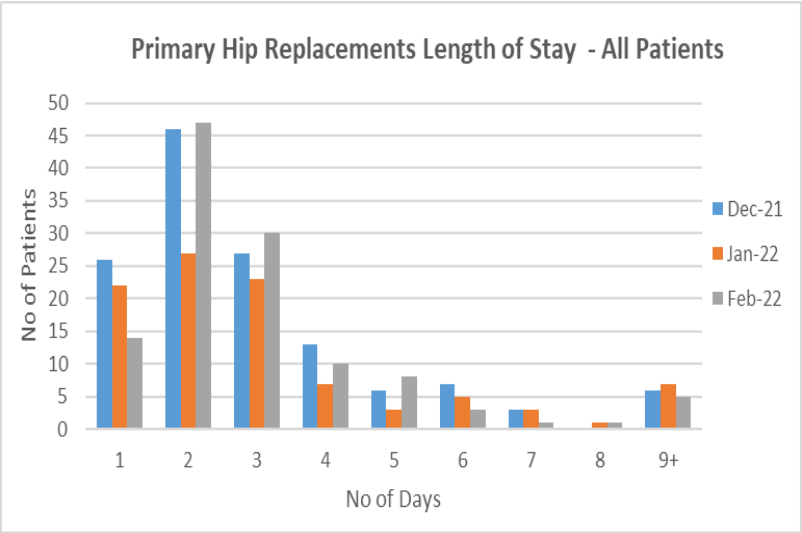


3. Length of Stay









3. Length of Stay

SUMMARY

The average length LOS for ROH patients from *all* specialities has increased in month to **3.76** (3.36 January).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.52** (3.17 January)
The average length of stay for UHB patients at ROH is **2.68** (2.23 January). As a result of the provision of the system Rehab Ward, it resulted in more day case procedures were booked to compensate in the reduced inpatient capacity.

February length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

- **13 UHB arthroplasty patients with LOS greater than 3 days. 6 with a length of stay greater than 5 days and 3 with a stay greater than 7 days.** (excludes Rehab). This is a significant improvement.
- **64 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 35 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 19 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days.**

In summary 9 ROH arthroplasty and oncology arthroplasty and 3 UHB arthroplasty patients had a length of stay greater than 7 days.

From day to day challenges and review of PICS data complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In January 143 patients were discharged via discharge lounge (February data not yet available) A roaming discharge service is being maintained to assist with progressing patients on wards.

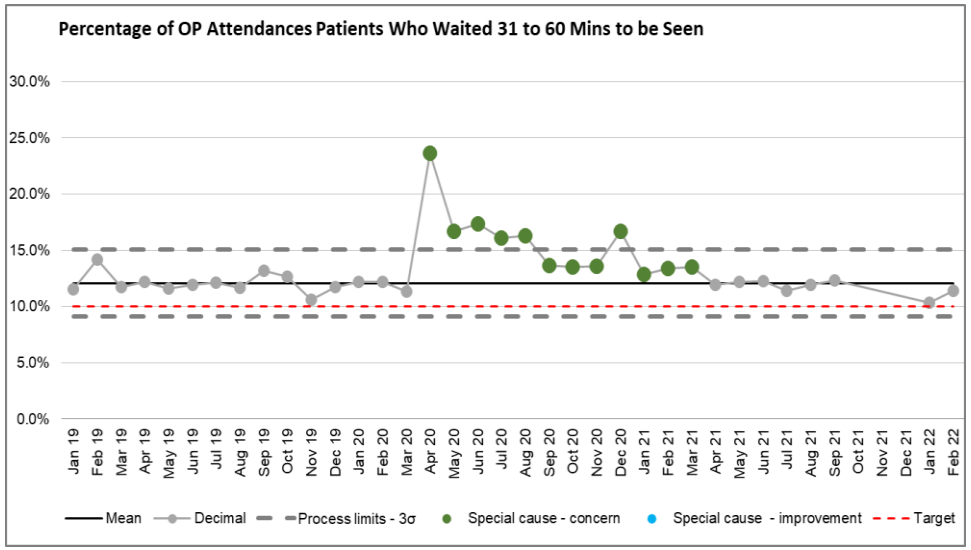
AREAS FOR IMPROVEMENT

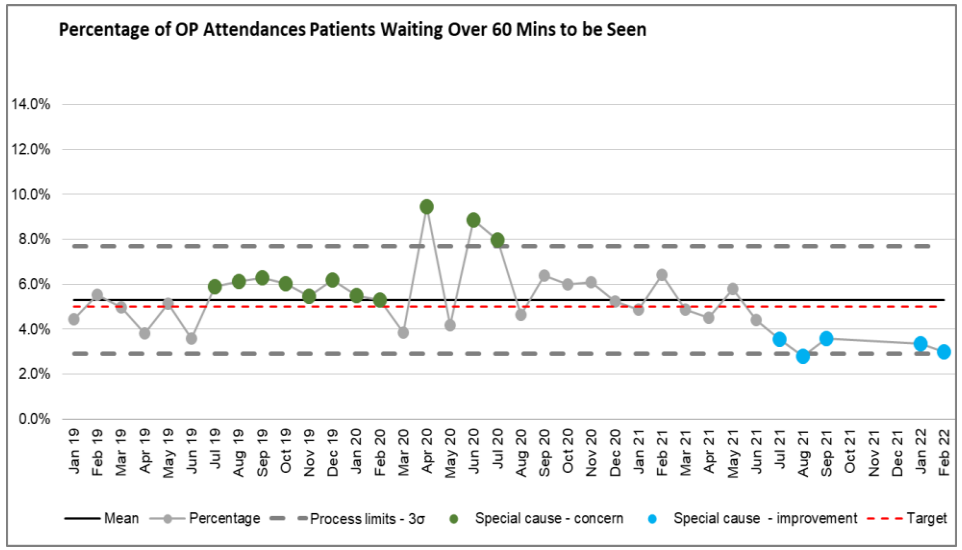
Repatriation of patients – difficulty continues in repatriation of some patients due to capacity issues at receiving Trust. Multi Agency Discharge Events with BSOL CCG lead has taken place and are providing support with escalation of delays. CEM books Sitrep being rolled out in March which will improve monitoring on LOS .

RISKS/ISSUES

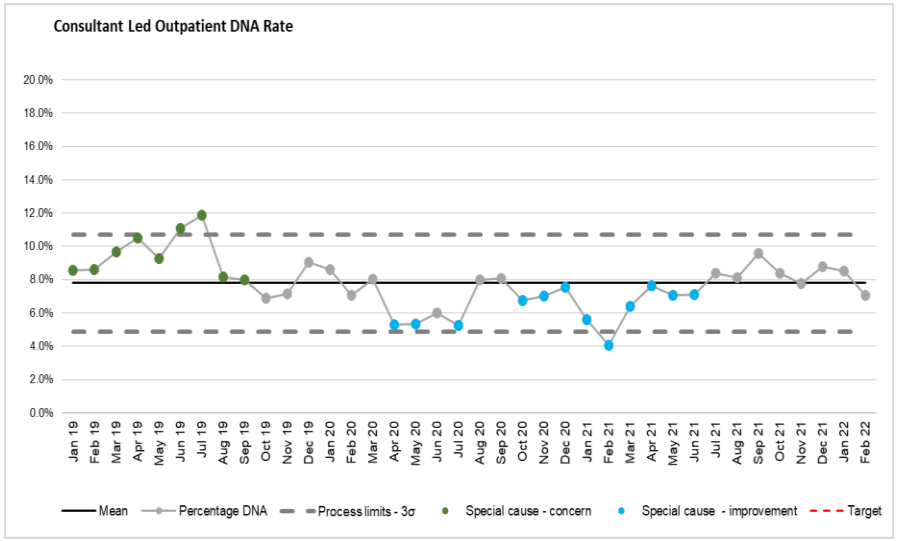
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

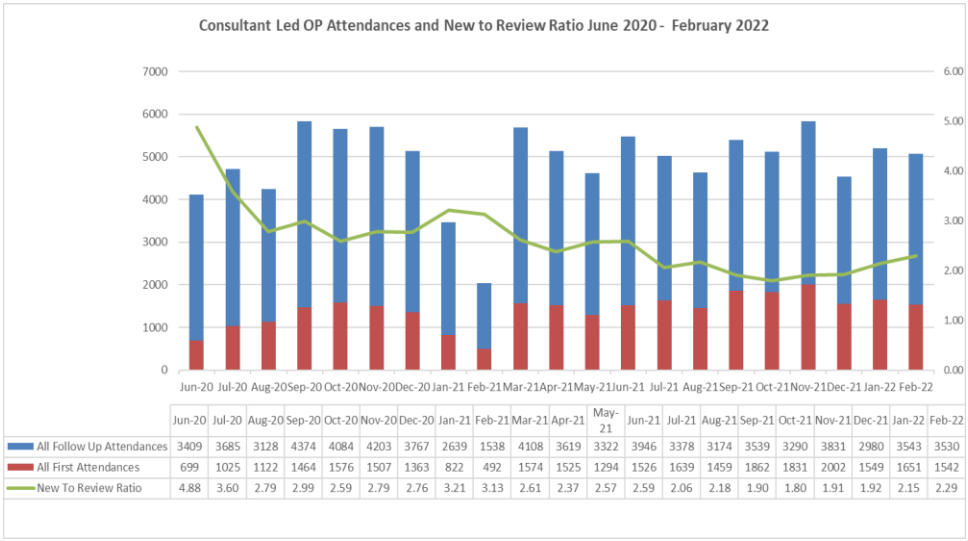
4. Outpatient efficiency



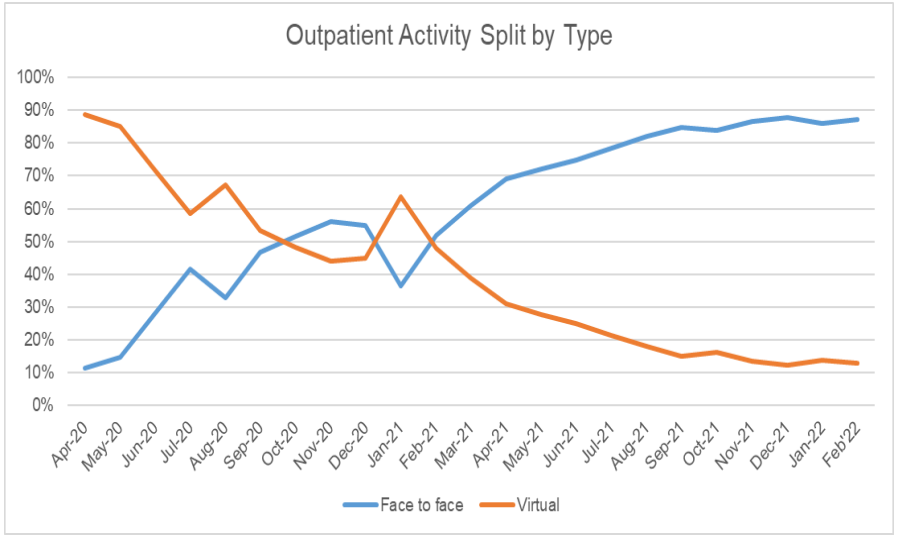


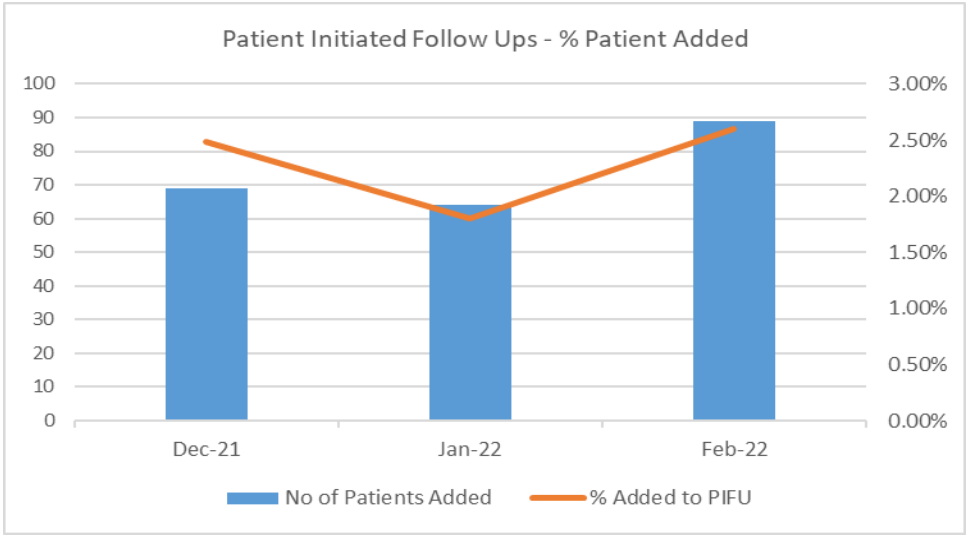
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29





4. Outpatient efficiency

SUMMARY

There were 4,239 face to face and 672 virtual appointments carried out in February (14% virtual). This remains below the virtual appointments target of 25% and is attributed to patients needing to be seen face to face post COVID. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams. An outpatient transformation workshop is planned for the end of March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the elective recovery plans and ensure our patients are seen in the appropriate setting at the right time.

PIFU Target for February achieved: plan **1.5%** - actual: **2.59%** - 89 patients out of 3430 (measured as a % of all outpatient activity**)**

AREAS FOR IMPROVEMENT

Clinic Delays:
30 minute delays - **11.4%** (Target **10%)**
60 minute delays – **3.0% (**Target **5%)**

An analysis of 30 minute delays has shown a deteriorated position this is largely down to the Oncology clinics and the complexity of patients. We are currently carrying out further work with Consultant clinic templates to support the ongoing improvements with clinic delays. The 60 minute delays still continue to be improving and supported by the escalation process in outpatients. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients.

The DNA rate for February is **7.07% , below trust target** and a decrease from **8.51**% in January – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward.
We are currently undergoing improvements to the appointments service and are working with IT to support the implementation of a new call centre to offer an improved experience for our patients. The New call centre project group has been set up with a lead time of completion within 6 weeks.

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 to achieve 15% of referral through advice and guidance.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for February.**

RISKS / ISSUES

Appointments Call centre upgrade is underway with completion due by the end of April at the latest.

5. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

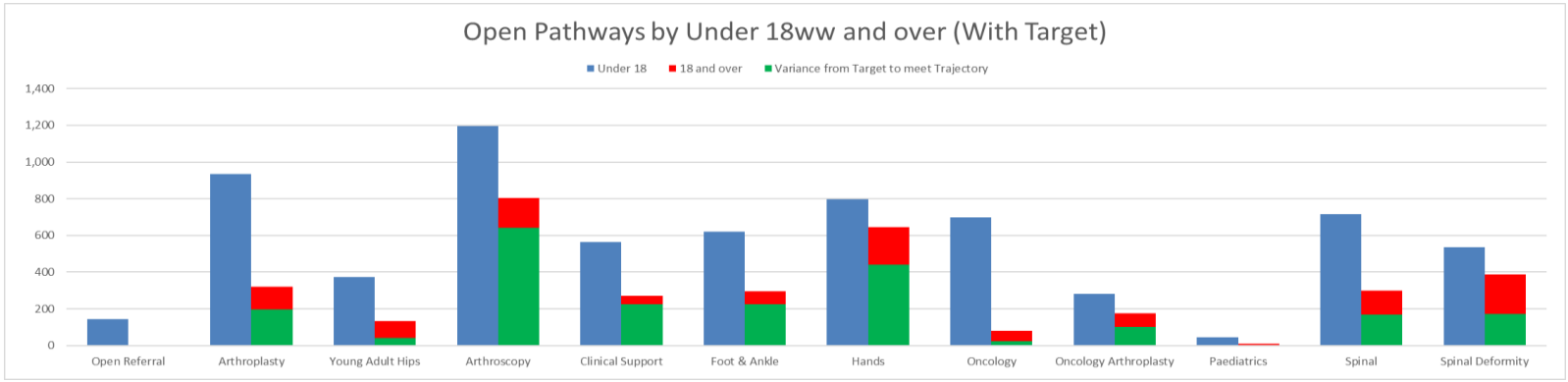
Est Over 18 Clock Stops Required		
To achieve	85.49%	2582
To achieve	83.14%	2320
To achieve	85.49%	2582

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,426**	136	560	193	508	248	330	337	343	114	32	335	290
7-13	**2,284**	9	248	125	460	214	191	292	231	116	9	249	140
14-17	**1,198**	0	128	57	227	103	98	167	124	52	5	132	105
18-26	**1,835**	0	216	85	358	198	175	327	51	88	5	156	176
27-39	**1,215**	0	99	38	325	63	101	228	23	75	2	92	169
40-47	**293**	1	4	8	101	8	19	66	6	9	1	32	38
48-51	**43**	0	0	2	16	1	0	14	0	0	0	9	1
52 weeks and over	**32**	1	0	0	4	0	1	11	0	2	0	9	4
Total	**10,326**	147	1,255	508	1,999	835	915	1,442	778	456	54	1,014	923

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,908**	145	936	375	1,195	565	619	796	698	282	46	716	535
18 and over	**3,418**	2	319	133	804	270	296	646	80	174	8	298	388
Current Month End RTT %	**66.90%**	**98.64%**	**74.58%**	**73.82%**	**59.78%**	**67.66%**	**67.65%**	**55.20%**	**89.72%**	**61.84%**	**85.19%**	**70.61%**	**57.96%**

28/02/2022 Trajectory RTT %	85.49%	100.00%	88.45%	80.61%	88.07%	92.52%	89.65%	79.56%	92.47%	79.67%	92.16%	84.59%	71.09%
Target for RTT Trajectory	1,173	0	122	90	162	46	71	204	57	72	4	130	218
Variance from Target to meet Trajectory	2245	2	197	43	642	224	225	442	23	102	4	168	170



5. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

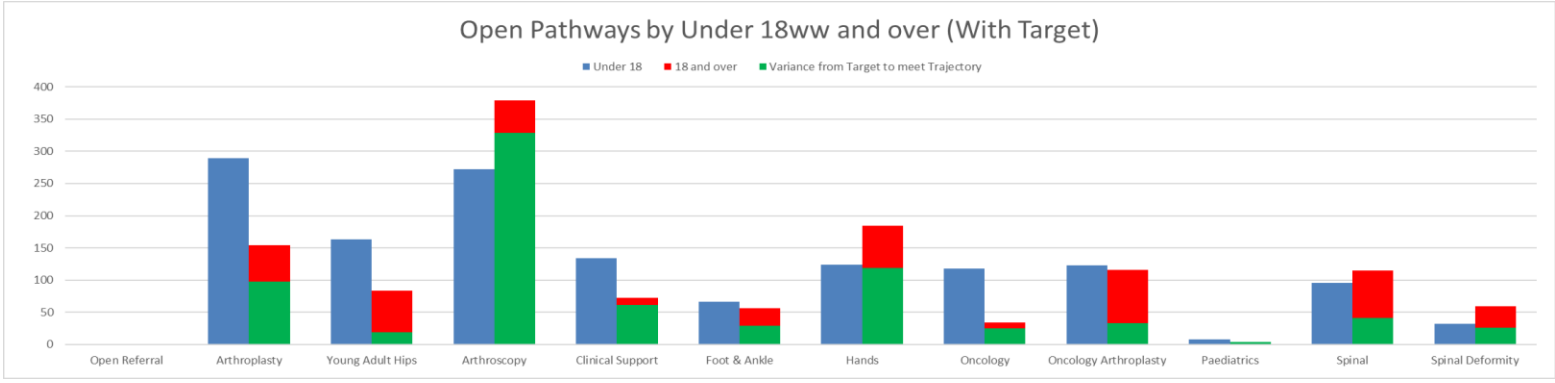
Est Over 18 Clock Stops Required		
To achieve	76.85%	951
To achieve	83.14%	1112
To achieve	85.49%	1166

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**643**	0	143	70	127	59	25	48	59	52	6	39	15
7-13	**476**	0	94	59	80	43	25	42	41	48	1	31	12
14-17	**306**	0	52	34	65	32	16	34	18	23	1	26	5
18-26	**608**	0	96	51	138	53	28	89	18	57	3	59	16
27-39	**473**	0	58	25	161	15	24	68	12	50	1	30	29
40-47	**134**	0	0	6	68	3	3	16	4	7	0	15	12
48-51	**22**	0	0	1	11	1	0	5	0	0	0	4	0
52 weeks and over	**19**	0	0	0	1	0	1	6	0	2	0	7	2
Total	**2,681**	0	443	246	651	206	122	308	152	239	12	211	91

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,425**	0	289	163	272	134	66	124	118	123	8	96	32
18 and over	**1,256**	0	154	83	379	72	56	184	34	116	4	115	59
Current Month End RTT %	**53.15%**	n/a	**65.24%**	**66.26%**	**41.78%**	**65.05%**	**54.10%**	**40.26%**	**77.63%**	**51.46%**	**66.67%**	**45.50%**	**35.16%**

28/02/2022 Trajectory RTT %	76.85%	100.00%	83.73%	71.93%	84.30%	92.50%	71.23%	65.68%	92.70%	59.83%	93.33%	56.64%	49.09%
Target for RTT Trajectory	429	0	56	64	51	11	27	65	9	83	1	73	33
Variance from Target to meet Trajectory	827	0	98	19	328	61	29	119	25	33	3	42	26



5. Referral to Treatment

Referral to Treatment Snapshot as 28th February 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

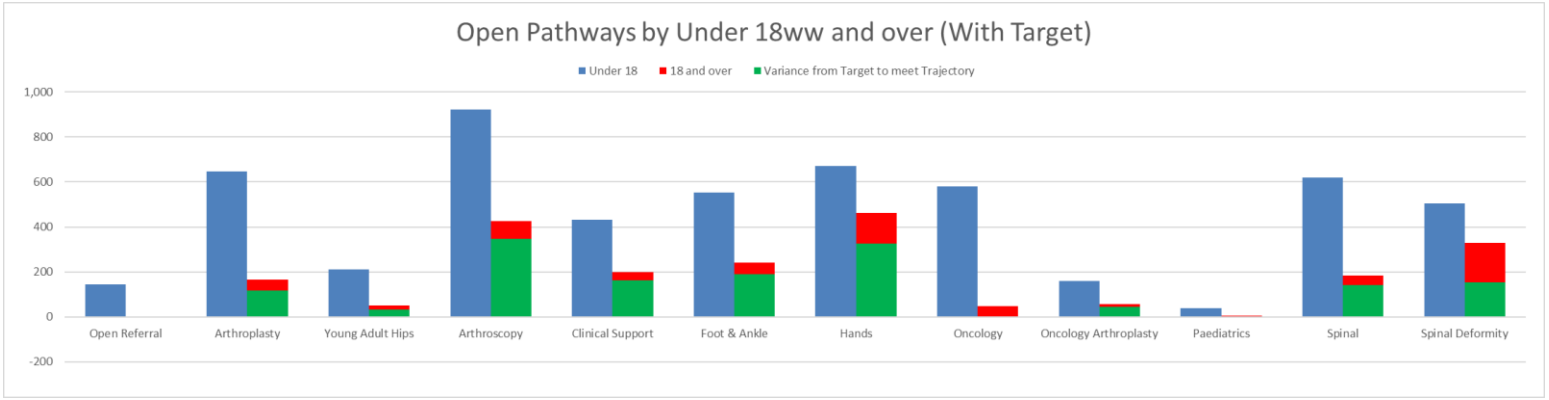
Est Over 18 Clock Stops Required		
To achieve	89.33%	1733
To achieve	83.14%	1208
To achieve	85.49%	1416

Select Pathway Type: Non Admitted

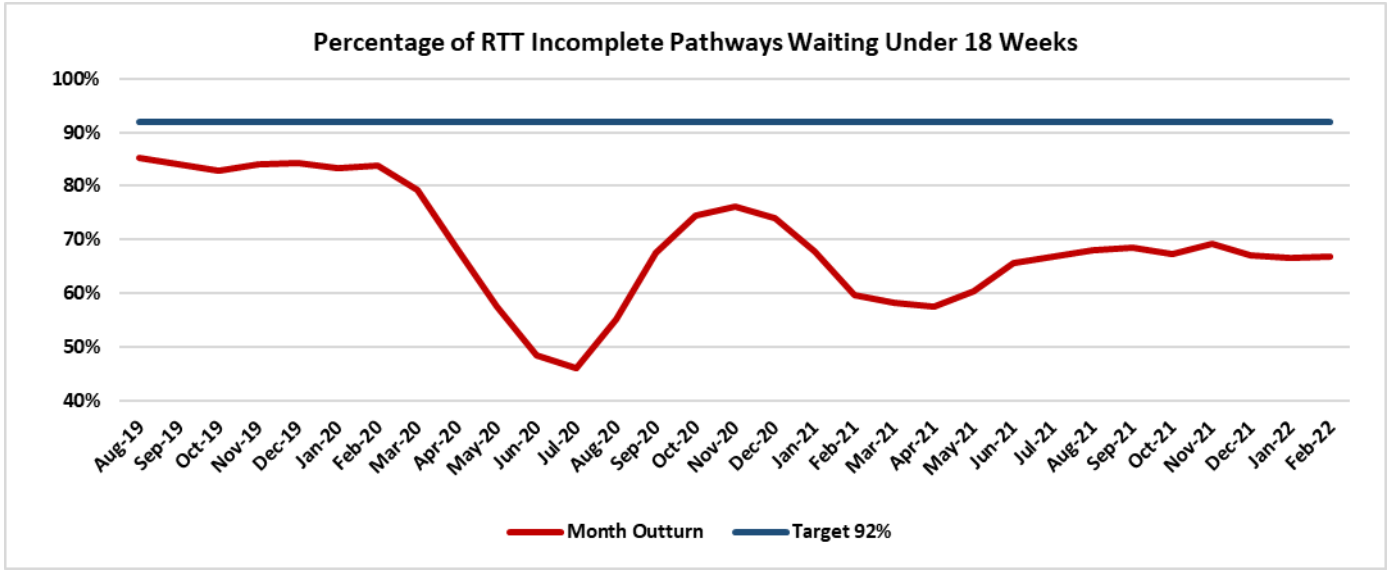
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,783**	136	417	123	381	189	305	289	284	62	26	296	275
7-13	**1,808**	9	154	66	380	171	166	250	190	68	8	218	128
14-17	**892**	0	76	23	162	71	82	133	106	29	4	106	100
18-26	**1,227**	0	120	34	220	145	147	238	33	31	2	97	160
27-39	**742**	0	41	13	164	48	77	160	11	25	1	62	140
40-47	**159**	1	4	2	33	5	16	50	2	2	1	17	26
48-51	**21**	0	0	1	5	0	0	9	0	0	0	5	1
52 weeks and over	**13**	1	0	0	3	0	0	5	0	0	0	2	2
Total	**7,645**	147	812	262	1,348	629	793	1,134	626	217	42	803	832

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,483**	145	647	212	923	431	553	672	580	159	38	620	503
18 and over	**2,162**	2	165	50	425	198	240	462	46	58	4	183	329
Current Month End RTT %	**71.72%**	98.64%	**79.68%**	**80.92%**	**68.47%**	**68.52%**	**69.74%**	**59.26%**	92.65%	**73.27%**	**90.48%**	**77.21%**	**60.46%**

28/02/2022 Trajectory RTT %	89.33%	100.00%	92.90%	92.72%	92.15%	92.53%	91.64%	83.21%	92.43%	92.20%	92.05%	93.49%	74.09%
Target for RTT Trajectory	655	0	49	17	79	35	50	136	48	13	3	43	176
Variance from Target to meet Trajectory	1507	2	116	33	346	163	190	326	-2	45	1	140	153



5. Referral to Treatment



ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for February is **66.90%** against the National Constitutional Target of 92%. This is an increase of 0.35% compared to January reporting at **66.55%.**

There are **32** patients over 52 weeks, a decrease from **70 in January.**

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **336** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2681 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,136** (79%) referrals received in February 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

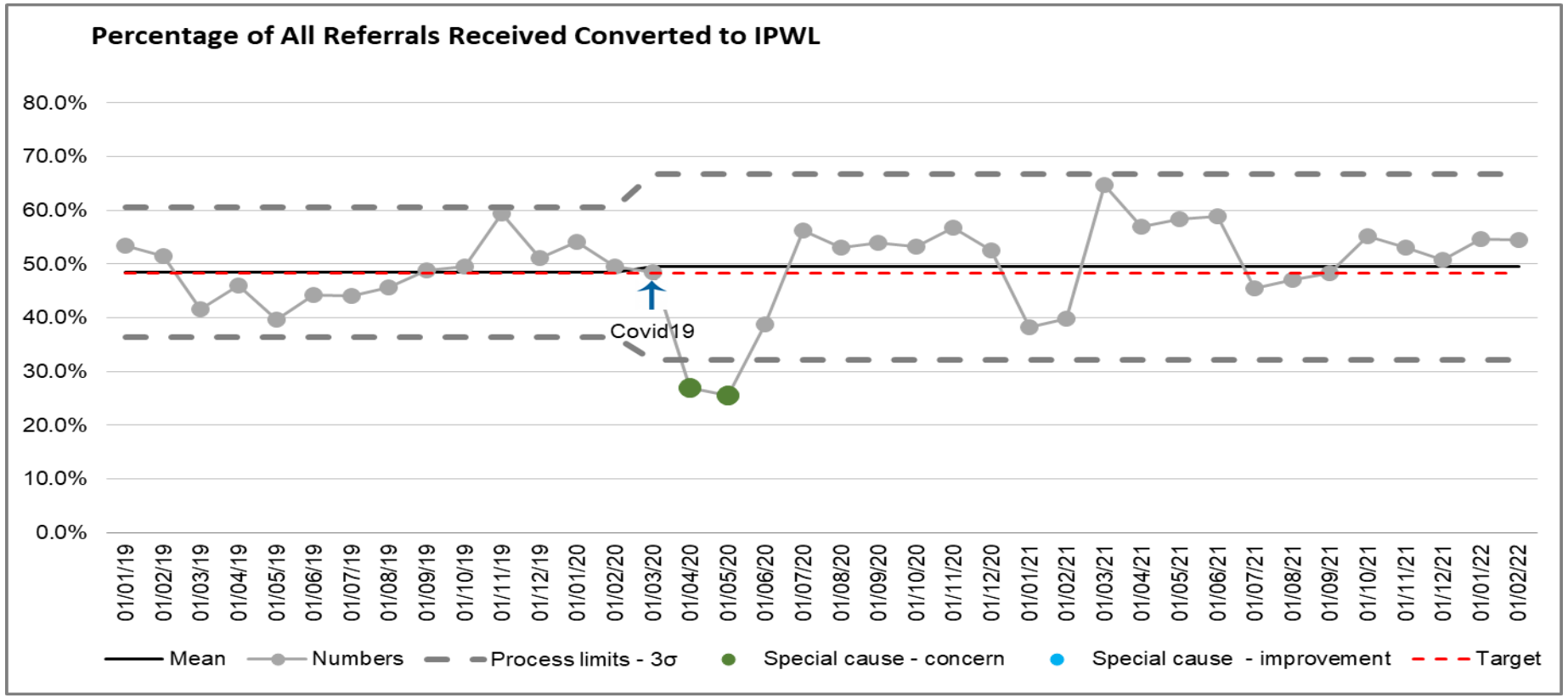
AREAS FOR IMPROVEMENT

Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways. A focus for April will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

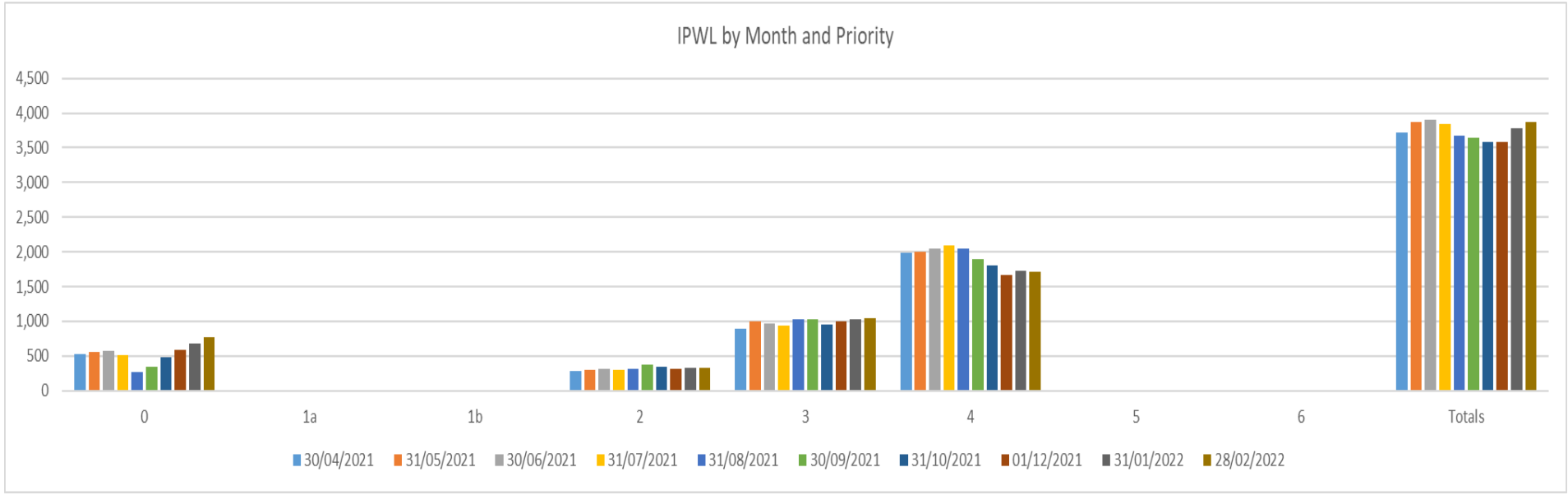
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH

5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%

5. Referral to Treatment

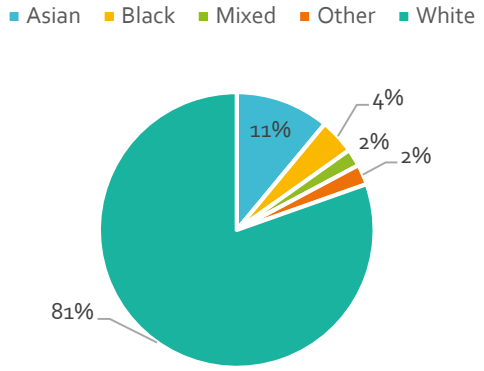


	Number of IP waiting as at	% of IP waiting as at
Priority	28/02/2022	28/02/2022
0	777	20.1%
1a		0.0%
1b	3	0.1%
2	328	8.5%
3	1043	26.9%
4	1718	44.4%
5	2	0.1%
6		0.0%
Total	3871	100%

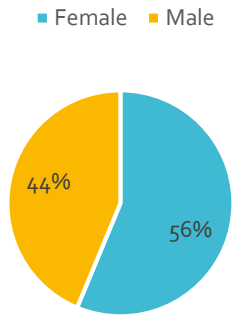
February remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

5. PTL Patient Demographics

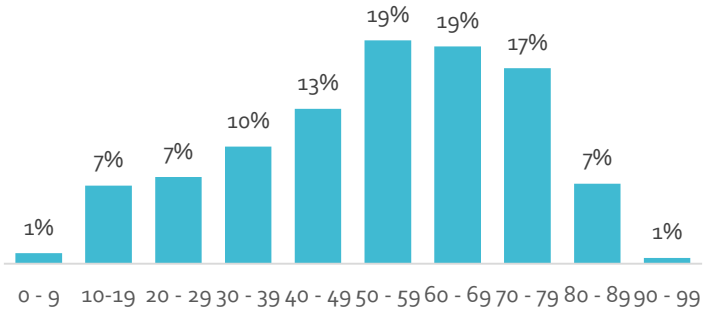
Live PTL patients totals waiting by ethnicity



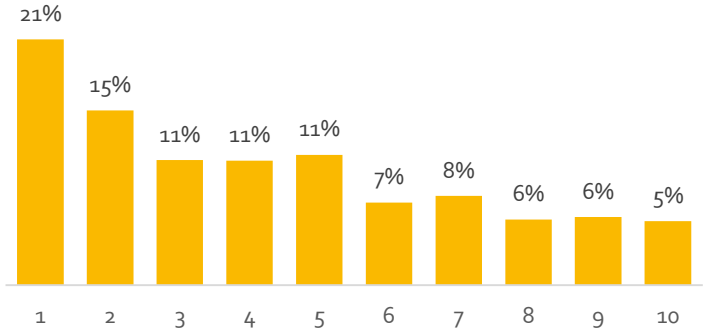
Live PTL patients totals waiting by gender



Live PTL patients totals waiting by 10 year age bands



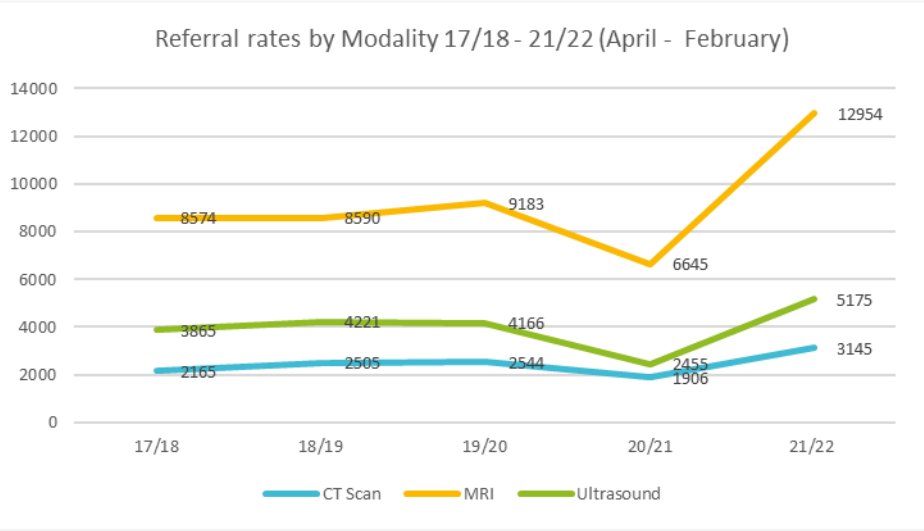
Live PTL patients totals waiting by Multiple Deprivation Index

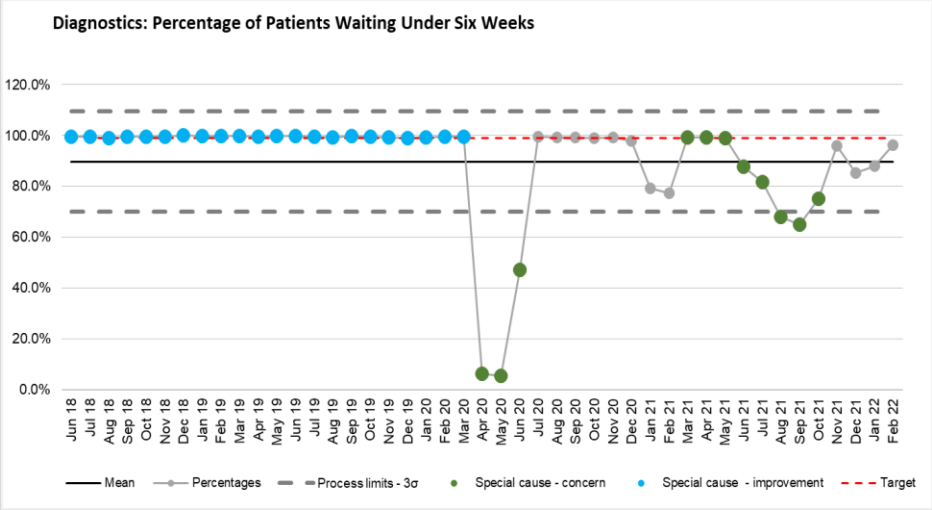


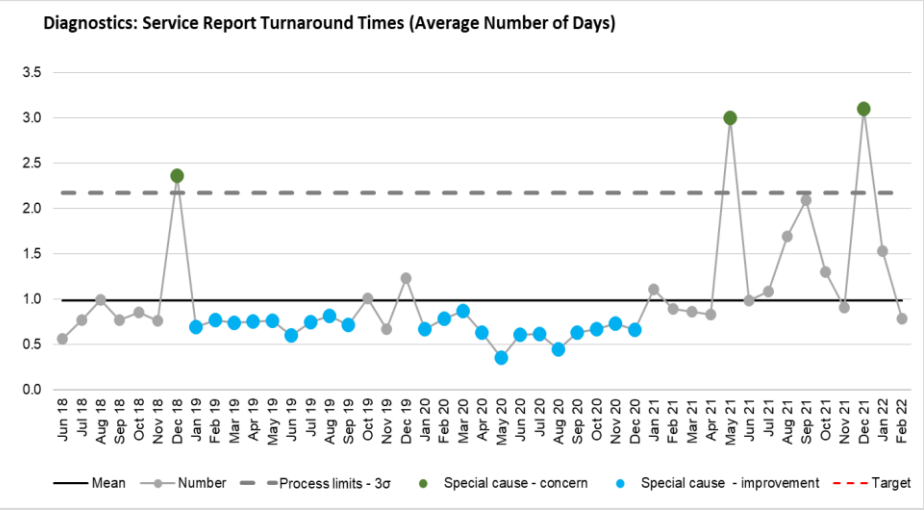
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in February reporting 96.2%, however it was an increase on the previous months' performance. Referrals continue to remain high specifically for MRI when compared to January 19/20. Activity levels across the 3 modalities (CT,US,MRI) were also at the highest figure since December 2020.

An contract for additional mobile MRI van capacity to support the clearance of the MRI backlog is being scoped following the capacity and demand modelling being completed to deliver a trajectory of recovery for this particular modality target.

Reporting times in February remained on track

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNAS .
Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

February Cancer Performance – January 2022 Submission

Standard	Target	Total patients	Accountable patients to ROH	Compliant	Non-compliant	Percentage
2WW	93%	61	61	60	1	98.40%
31 day first	96%	14	14	11	3	78.57%
31 day subsequent	94%	5	5	3	2	60%
62 day	85%	5	4	3	1	75.00%
Upgrade	No target	12	8.5	6.5	2	76.47%
28 FDS	75%	74	74	62	12	83.80%
Patients waiting over 104 days	0	2				N/A

Performance:

104 day standard:

PATIENT 1 – tertiary referral into ROH with diagnosis, complex diagnostic pathway requiring repeat biopsies. Once diagnosed required multiple surgeons from the ROH pelvic team and the RPS team from QE which delayed surgery due to availability and the number of other patients requiring complex surgery

PATIENT 2 – patient was scheduled for surgery at ROH before 62 day target however upon admission the patient was not fit for surgery due to complexity of co-morbidities and was subsequently requiring surgery at QE. Following further extensive clinical investigations the patients pathway converted to active monitoring rather than surgery

62 day standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

31 day first treatment standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

PATIENT 2 – patient tested positive for Covid, initial two surgery dates had to be rescheduled and subsequently patient breached 31 day target. Patient treated day 36

PATIENT 3– required pelvic surgery requiring multiple consultants and due to demand on this service the patient was treated on day 83

31 day subsequent standard:

PATIENT 1 – surveillance patient with a recurrence, required Oncology and plastics team and due to other patients more clinical urgent this patient was treated on day 41

PATIENT 2 – patient planned to be treated within target however on the day of surgery it was deemed her condition had worsened and this changed her prognosis and treatment plan. Patient treated day 57

8. Overall Financial Performance

SUMMARY

The Trust delivered a surplus year to date of £773k against a planned deficit of £76k, generating a favourable variance of £849k.

Income year to date is performing better than plan by £4,802k. This primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Pay and non pay expenditure overspent against plan year to date by £3,671k.

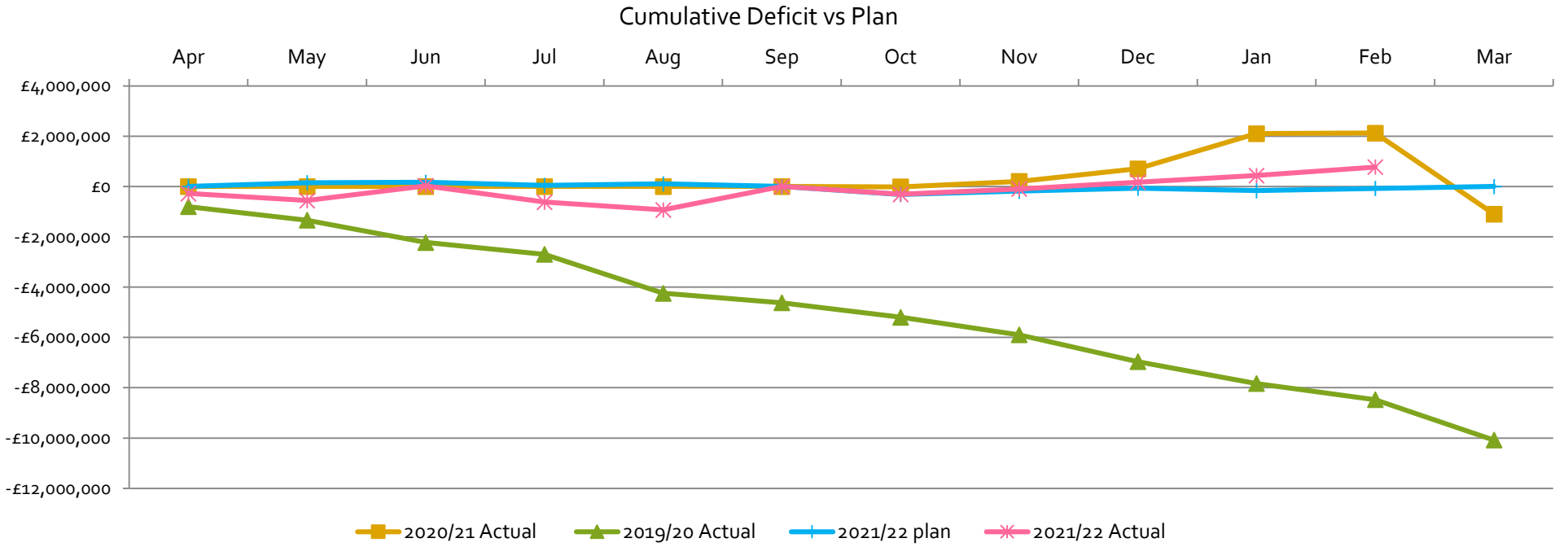
Capital expenditure to date is overspent by £132k with £2,804k spent against a plan of £2,672k.

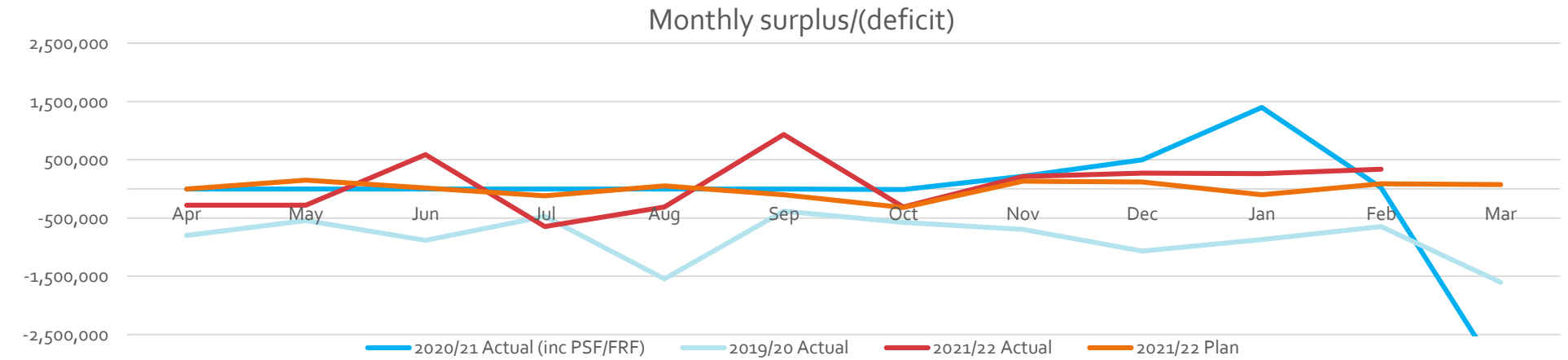
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£4,802	-£2,459	-£1,212	-£281	£849
Year to date plan	£98,130	-£55,006	-£42,132	-£1,069	-£76
Year to date actual	£102,932	-£57,464	-£43,344	-£1,350	£773
Actual compared previous month	↑ £497	↓ -£384	↑ £132	→ £5	↑ £249
Forecast Variance	£4,723	-£2,667	-£590	-£306	£1,160

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	94,424	98,364	3,940
Other Operating Income (Excluding top up)	3,706	4,568	861
Employee Expenses (inc. Agency)	(55,006)	(57,464)	(2,459)
Other operating expenses	(42,132)	(43,344)	(1,212)
Operating Surplus	993	2,123	1,131
Net Finance Costs	(1,103)	(1,127)	(24)
Net surplus/(deficit)	(110)	997	1,107
Remove donated asset I&E impact	34	(224)	(258)
Adjusted financial performance	**(76)**	**773**	**849**
Non recurrent funding	(20,088)	(24,642)	4,554
Underlying surplus/(deficit)	**(20,164)**	**(23,869)**	**5,403**

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is performing better than plan by £4,802k. This primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Private patient income is performing £868k above plan year to date.

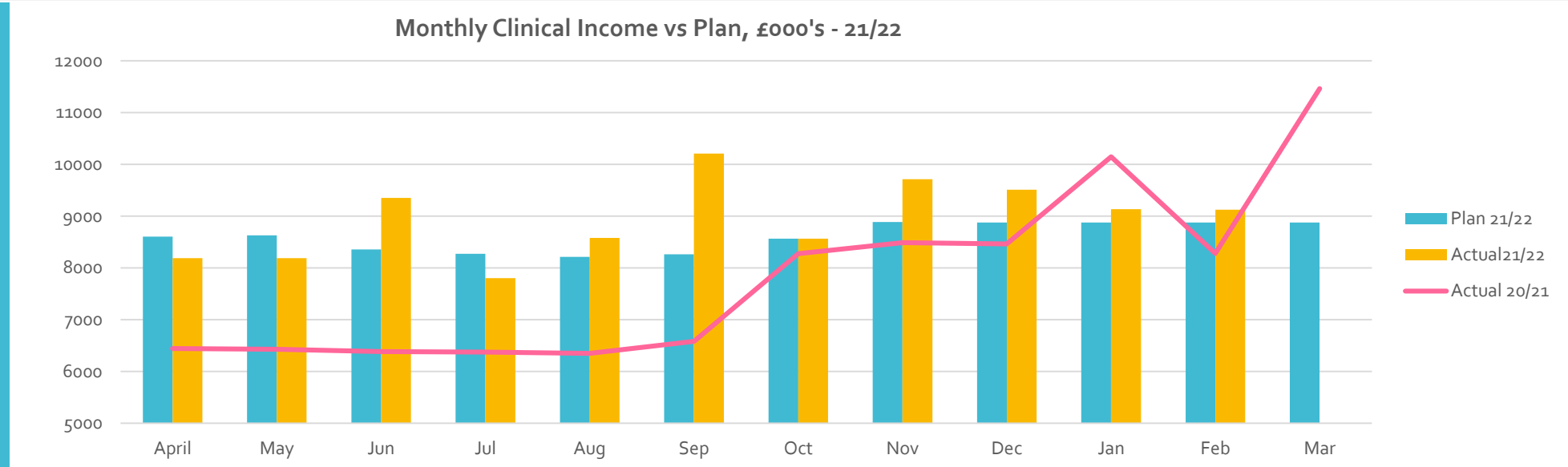
AREAS FOR IMPROVEMENT

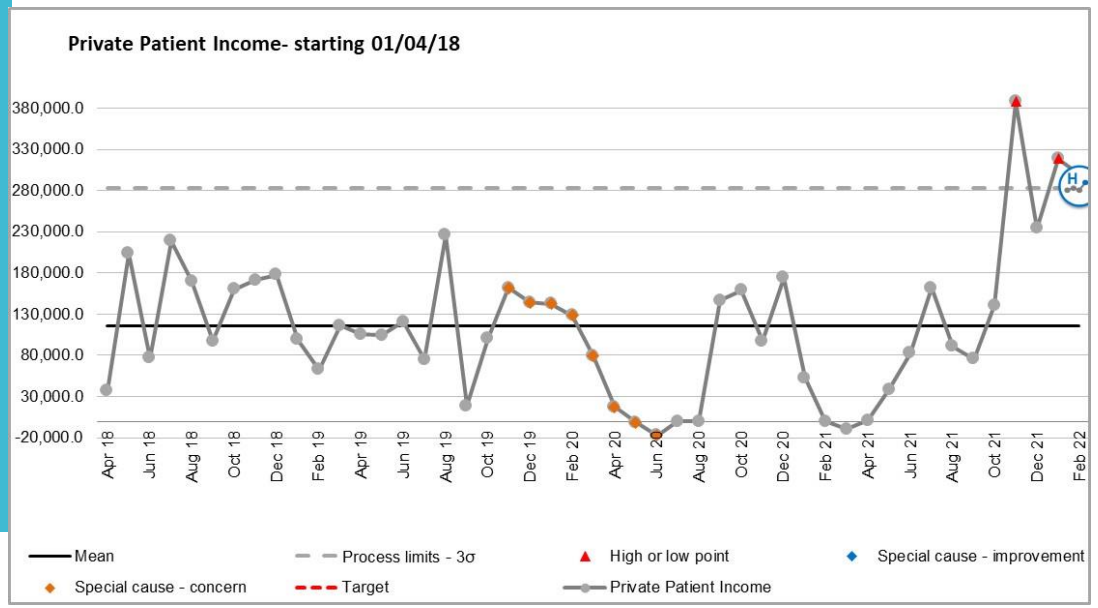
Other income, whilst above plan, is still below 2019/20 levels. This includes income for car parking, catering and accommodation.

RISKS / ISSUES

Non recurrent funding has been received in both H1 and H2, generating an underlying financial risk for 2022/23. Discussions continue with ICS partners to finalise an income allocation methodology for funding allocations currently held in reserves for 2022/23.

9. Income


Monthly Clinical Income vs Plan, £000's - 21/22
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 21/22
Actual21/22
Actual 20/21


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
Jun 18
Aug 18
Oct 18
Dec 18
Feb 19
Apr 19
Jun 19
Aug 19
Oct 19
Dec 19
Feb 20
Apr 20
Jun 20
Aug 20
Oct 20
Dec 20
Feb 21
Apr 21
Jun 21
Aug 21
Oct 21
Dec 21
Feb 22
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent against plan year to date by £3,671k, which has been driven by increased activity against original plan.

Overall pay spend is higher than plan with substantive, agency and bank all overspending year to date. Agency spend has increase in month to £503k, with the increase being across all staff groups except for nursing which has seen a sharp reduction as a result of reduced vacant shifts.

Overall non pay spend is lower in month compared with previous month correlating with the decrease in activity during the month.

AREAS FOR IMPROVEMENT

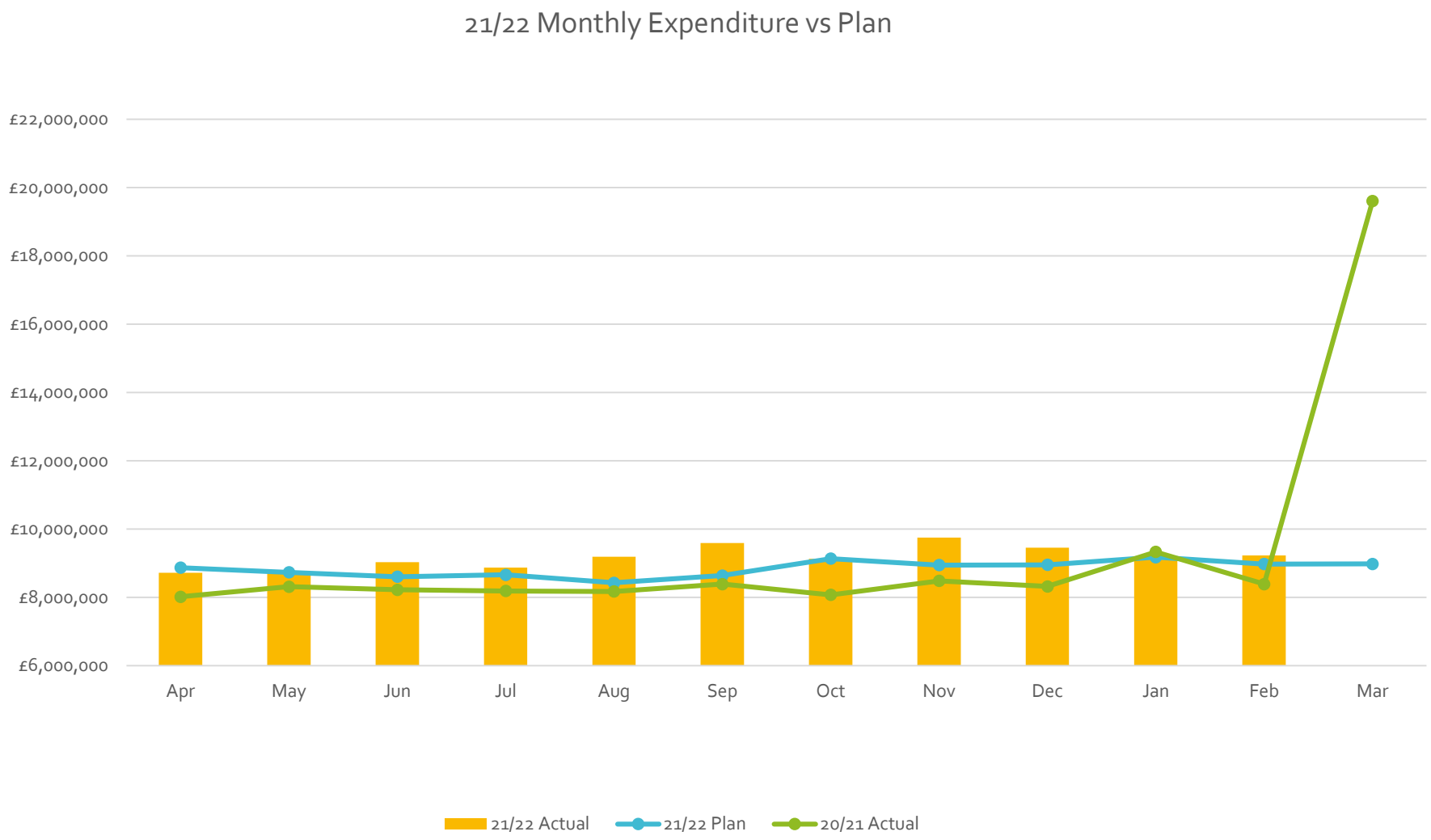
Agency spend is above plan year to date by £594k, and bank spend above plan by £566k year to date.

Agency costs as a percentage of total staff costs year to date has increased compared to last month at 9.1% in February compared to 6.7% in January, although Bank costs have reduced from 9.8% in January to 9.2% in February.

RISKS / ISSUES

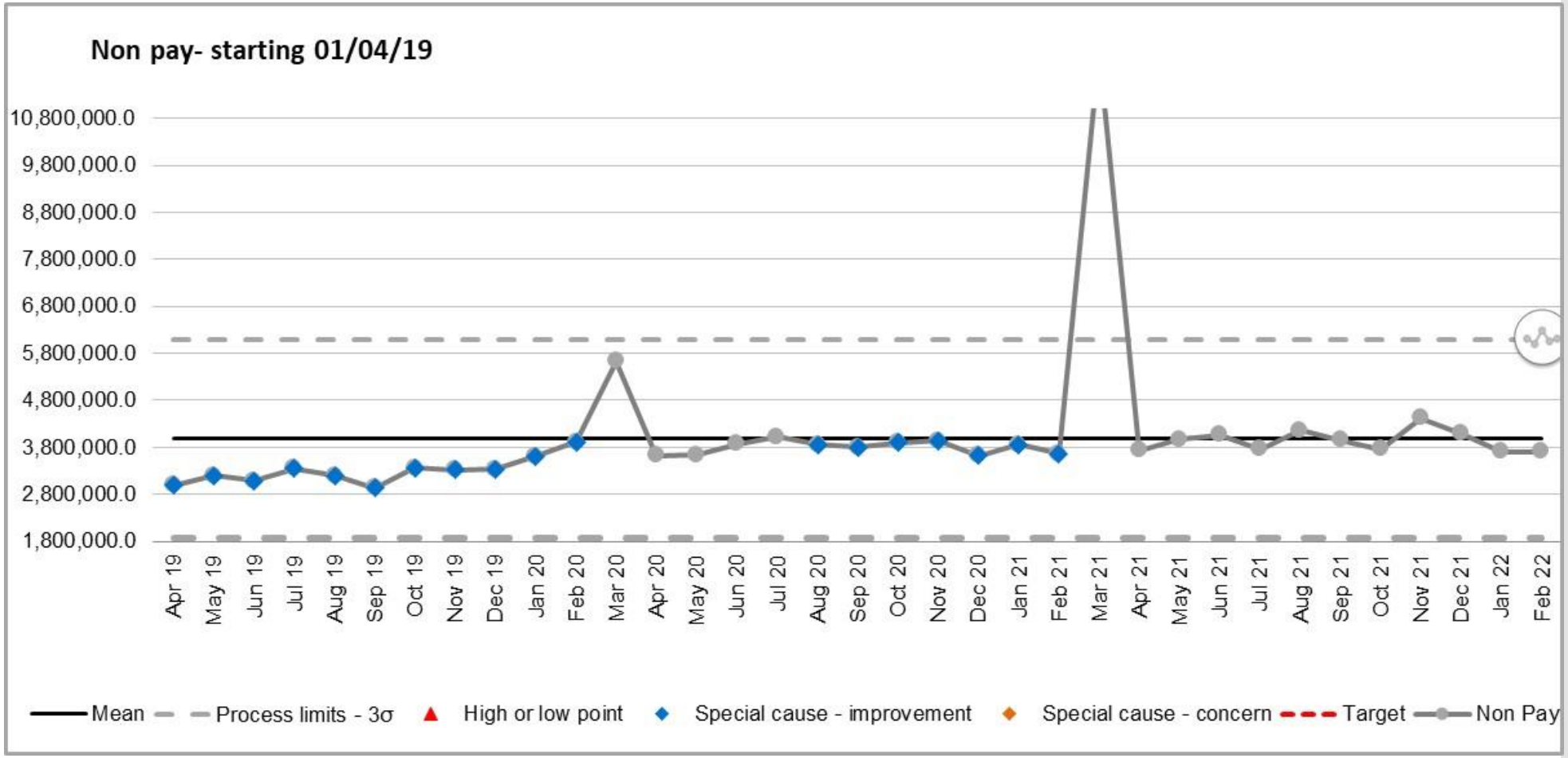
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



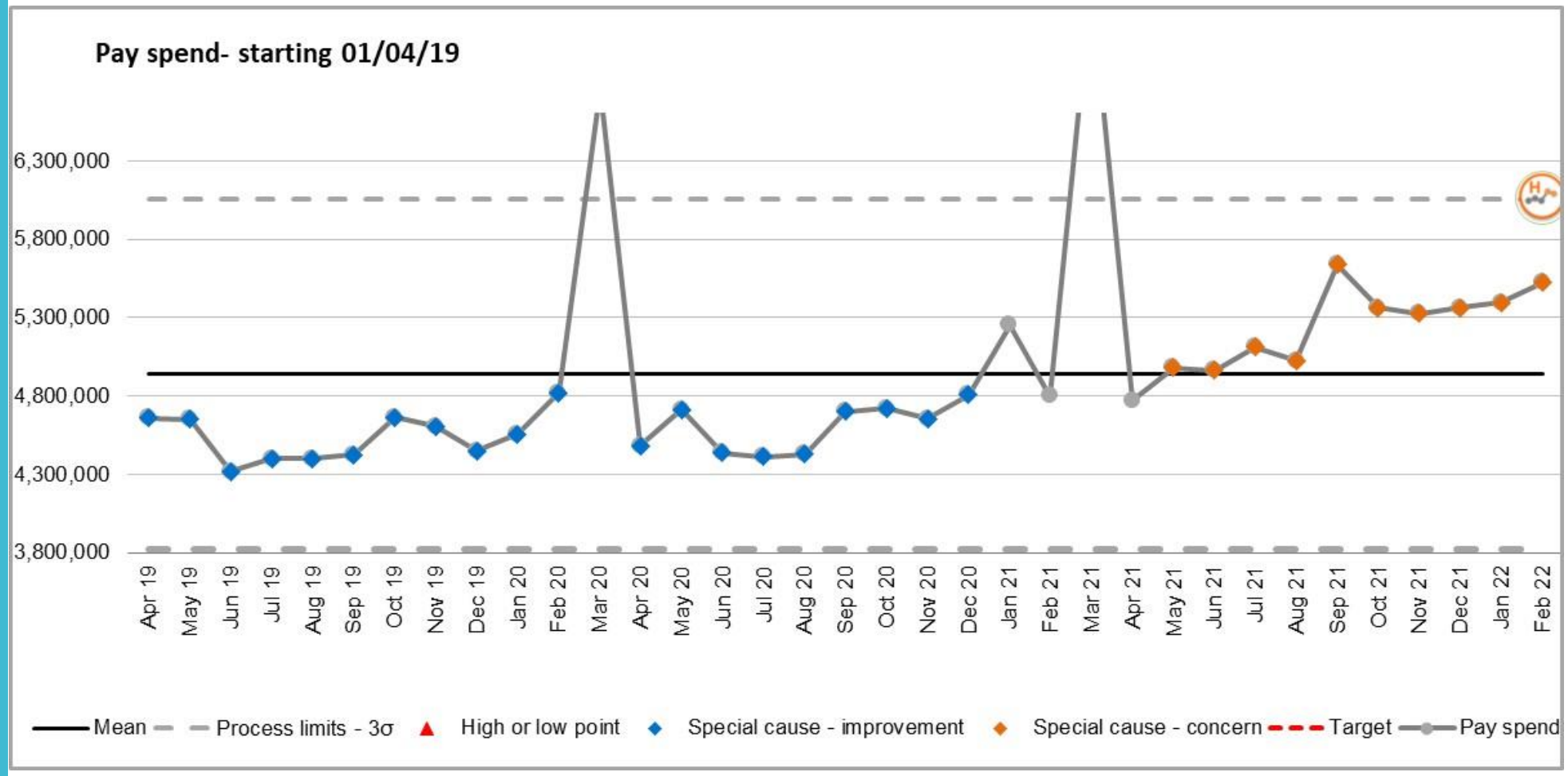
9. Non Pay Expenditure

Non-pay expenditure

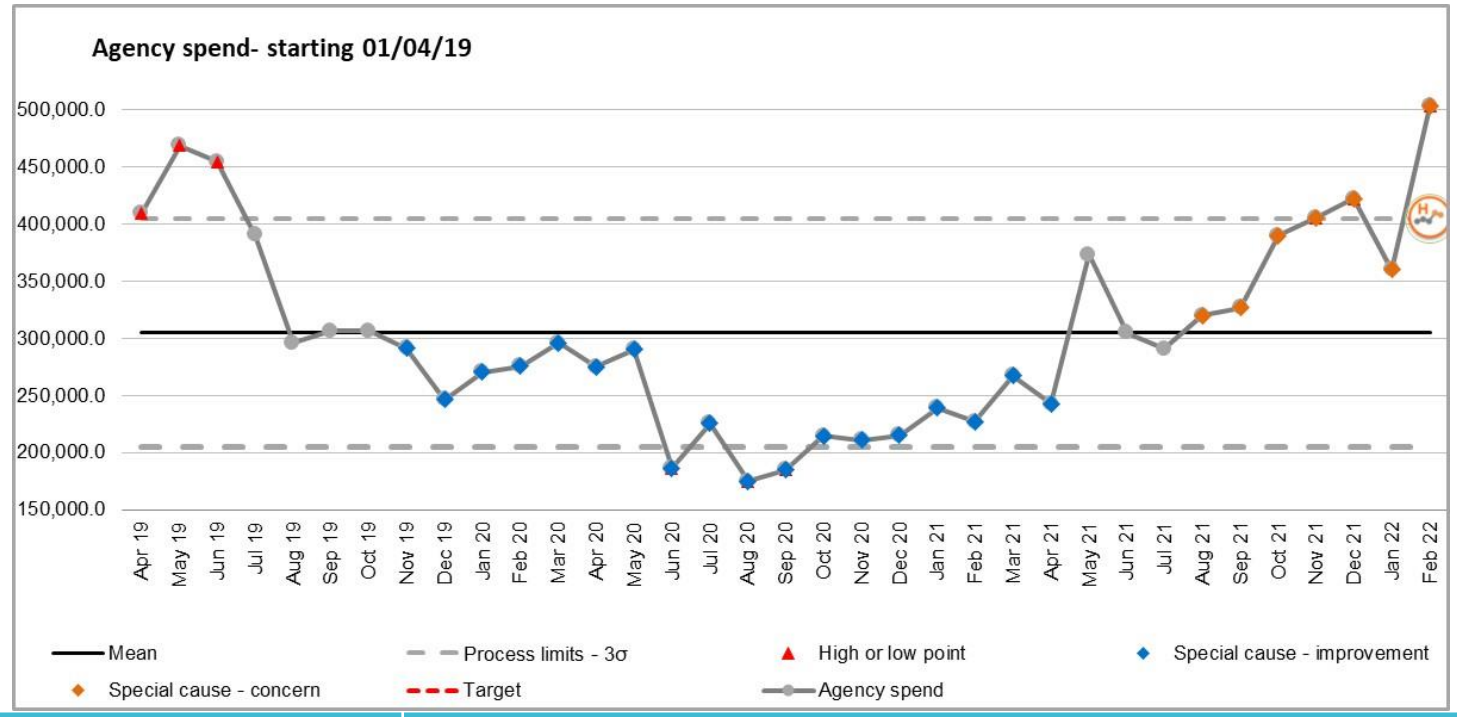


9. Pay Expenditure

Pay expenditure

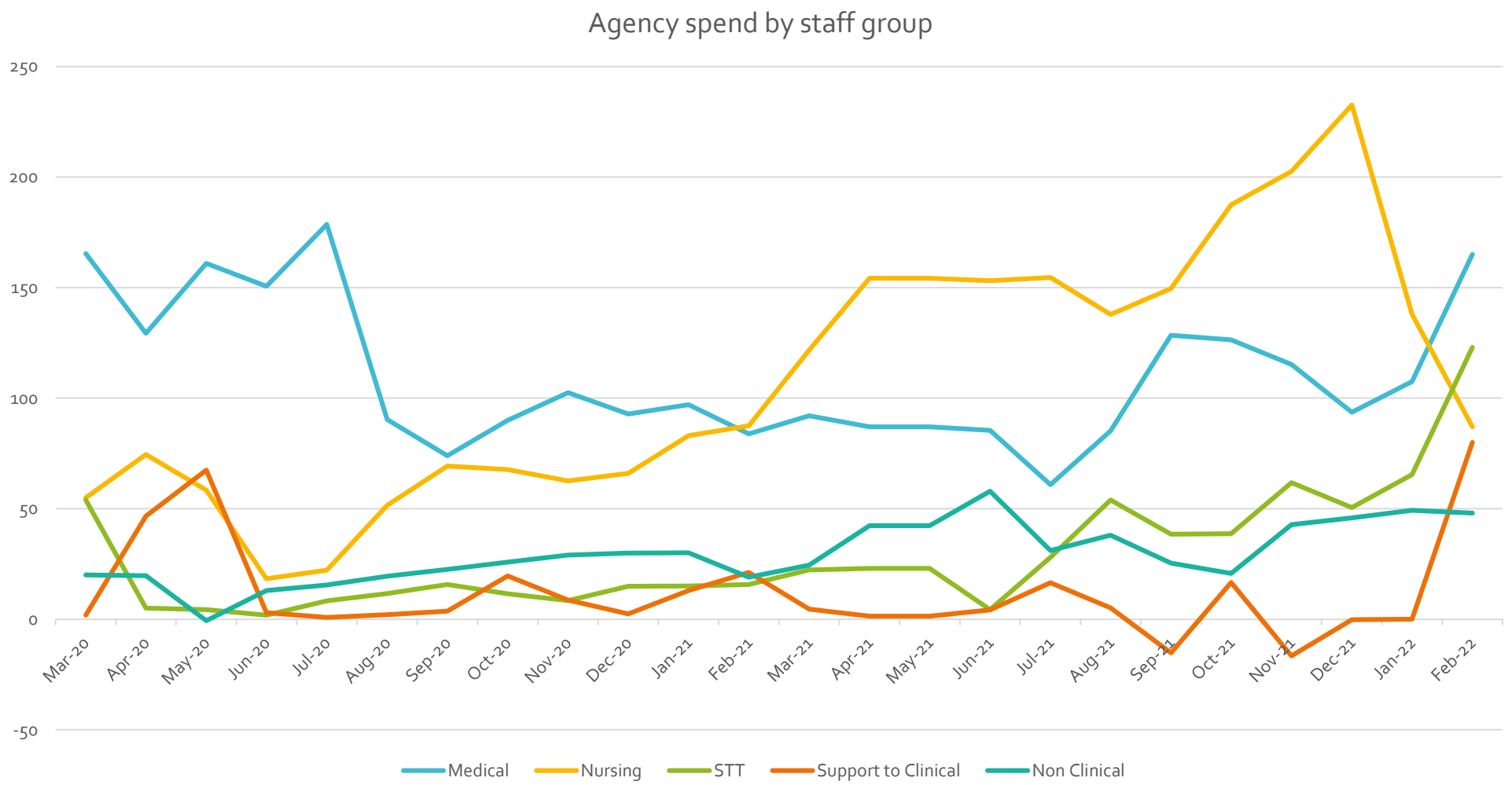


11. Agency Expenditure



	Year to date Spend (£'000s)			
	Agency	Bank	Substantive	Total
Medical staff	1,142	662	14,018	15,822
Clinical Staff (exc medical staff)	2,355	2,506	20,875	25,736
Non clinical staff	444	1,362	13,903	15,709
Total	3,940	4,530	48,796	57,266

11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Efficiencies totalling £1,440k have been recognised year to date with £1,512k expected to be delivered in total during 2021/22. The most significant scheme delivering savings to date is non pay procurement savings.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£242	£103	-£139	£103
Non pay	£1,951	£1,350	-£601	£1,398
Income	£189	£547	£358	£576
Grand Total	**£2,382**	**£2,000**	-£382	**£2,077**

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual	Forecast
Procurement - Birmingham Hospital Alliance Collaborative	4- Execution	Med	£420	£650	£691
Private patient service expansion	4- Execution	High	£110	£514	£534
Medical Agency Reduction - Direct Engagement	5- Review	Med	£242	£103	£103
Microsoft 365 Licence review	5- Review	High		£96	£96
DNA Rate Reduction - Outpatients	5- Review	Med	£46	£33	£42
Managed Patient Communications via Synertec	5- Review	High	£0	£26	£28
Pharmacy	1 - Idea	n/a	£0	£17	£18
Employee benefits scheme - VIVUP scheme - expansion to car scheme	4- Execution	Med		£2	£2
Botox service review	1 - Idea	n/a		£0	£0
Minimisation of medical agency spend - Agency commission rates	3- Planning	Med	£0	£0	£0
Theatre administration system	2- Feasibility	(blank)		£0	£0
Clinical lab rental income	1 - Idea	n/a	£0	£0	£0
Overtime and Bank Costs (Appointments and Validation)	5- Review	Med	£0	£0	£0
Coffee Pod	1 - Idea	n/a	£0	£0	£0
SLA review	1 - Idea	n/a		£0	£0
Consultant pa reduction	2- Feasibility	(blank)		£0	£0
Catering - Restaurant	5- Review	Low	£0	£0	£0

13. Statement of Financial Position

SUMMARY

The cash balance has increased in comparison to the year end, largely due to an expected credit note being received from a supplier.

Fixed assets shows an increase due to the amount of investment undertaken during the year.

	2020/21 M12	2021/22 M11	Movement
	(£'000)		
Intangible Assets	1,255	1,028	-227
Tangible Assets	45,798	46,417	619
Total Non Current Assets	**47,053**	**47,445**	**392**
Inventories	1,800	1,809	9
Trade and other current assets	8,492	4,858	-3,634
Cash	5,703	12,200	6,497
Total Current Assets	**15,995**	**18,866**	**2,871**
Trade and other payables	-11,396	-11,277	119
Borrowings	-877	-366	511
Provisions	-2,758	-4,655	-1,897
Other Liabilities	-344	-1,447	-1,103
Total Current Liabilities	**-15,375**	**-17,679**	**-2,304**
Borrowings	-1,009	-905	104
Provisions	-1,029	-1,029	0
Total Non Current Liabilities	**-2,038**	**-1,934**	**104**
Total Net Assets Employed	**45,635**	**46,299**	**664**
Total Taxpayers' and Others' Equity	**45,635**	**46,299**	**664**

14. ICS financial summary

SUMMARY

Revenue

The system is reporting a £26.92m surplus. The forecast position at month 11 has moved from the £29.4m position in Month 10 to £29.34m.

Capital

There is currently a £12m underspend against the system envelope driven largely by BSMHT, BCHC and UHB. Outside of the envelope we see large underspends on ACAD along with the Salix grant at UHB. These are both forecast to breakeven by year end.

Adjusted financial performance surplus / (deficit)	H1			H2 Year to date			Annual Year to date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	0	20	20	0	2,100	2,100	0	2,121	2,121	0	2,000	2,000
B'ham Community Healthcare NHSFT	0	0	0	2	754	752	2	754	752	0	0	0
B'ham Women's and Children's NHSFT	0	393	393	-2	8,095	8,097	-2	8,488	8,490	0	10,238	10,238
Royal Orthopaedic Hospital NHSFT	0	0	0	-76	772	849	-76	773	849	0	1,159	1,160
University Hospitals B'ham NHSFT	0	412	412	146	14,129	13,983	146	14,541	14,395	0	16,000	16,000
B'ham and Solihull CCG	0	0	0	0	247	247	0	247	247	0		0
System Total	**0**	**826**	**826**	**70**	**26,098**	**26,028**	**70**	**26,924**	**26,854**	**0**	**29,397**	**29,398**

15. Workforce

SUMMARY

In February, 86% of staff had completed their mandatory training within the last 12 months which is a slight drop from January. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 15.34% which is the highest it has been since 2018.

The percentage of staff attendance in the month has risen above 94%.

There were 159 agency breaches in February, a increase of 20 compared to 139 in January. The entirety of this was medical usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

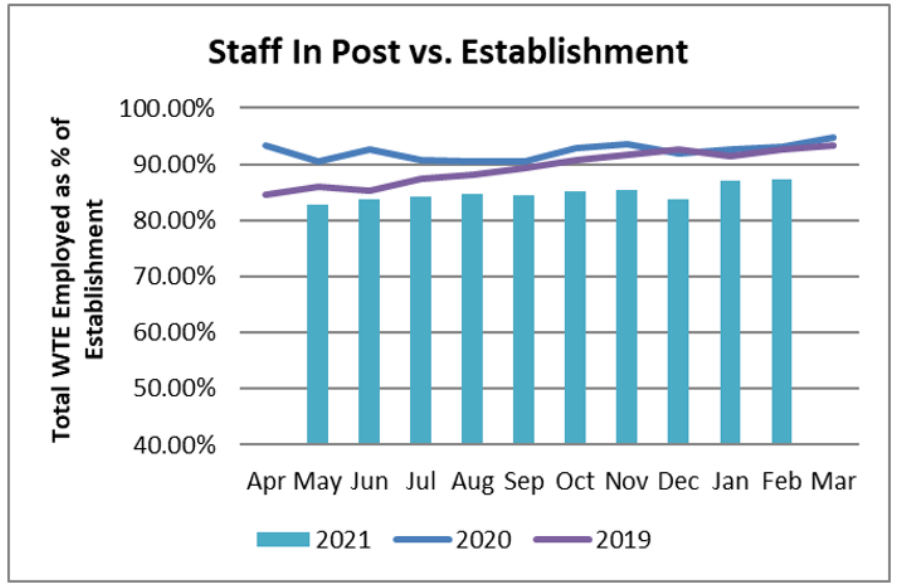
RISKS / ISSUES

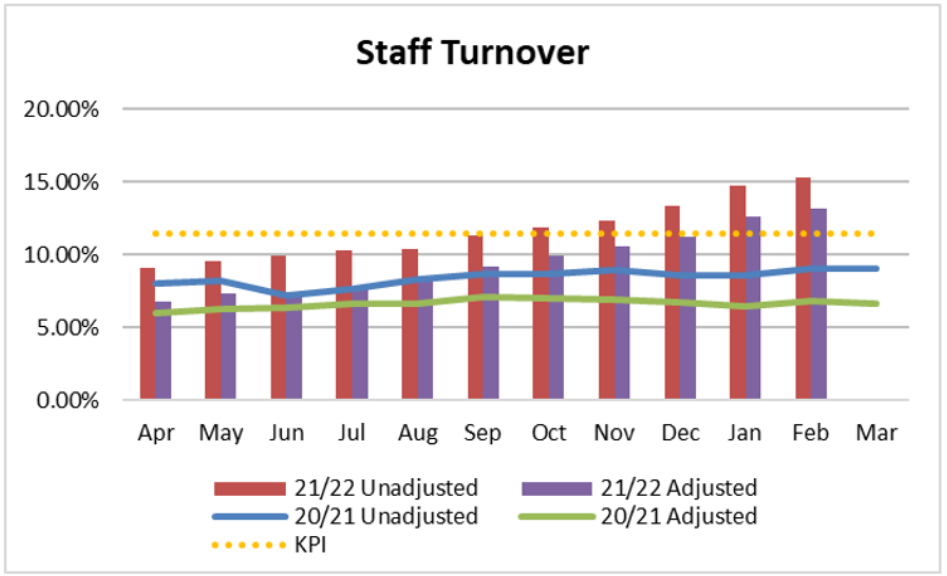
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

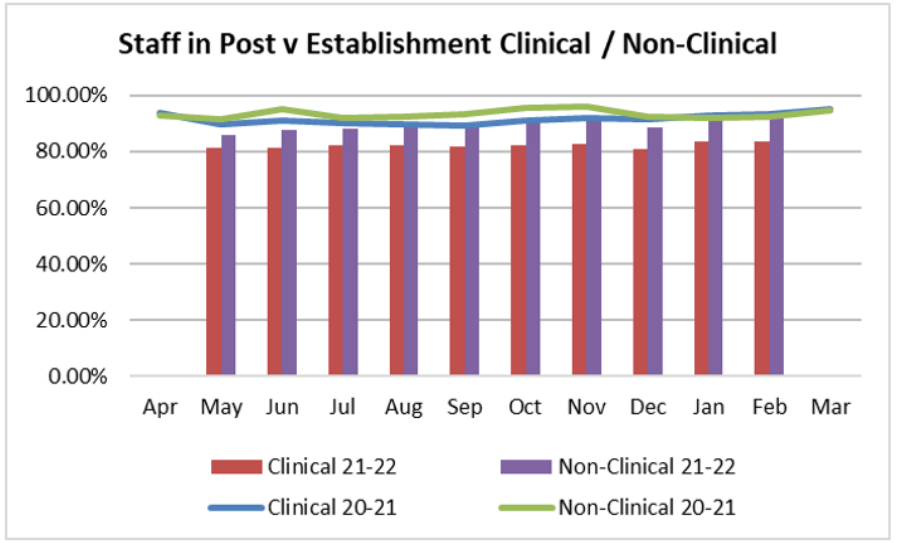
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

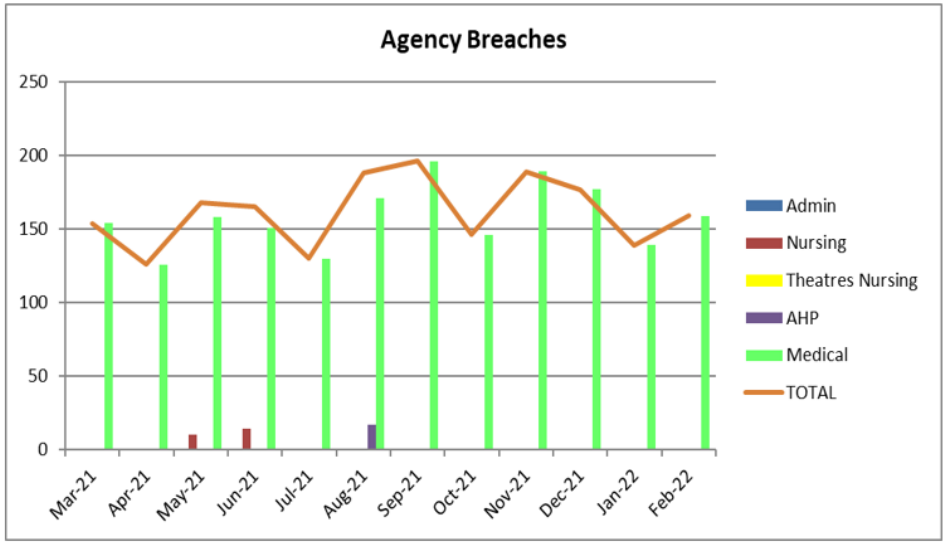
We anticipate that over the next few months, attendance will stay stable as we come into the spring months. Staff are being encouraged to have their Wellbeing days and Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

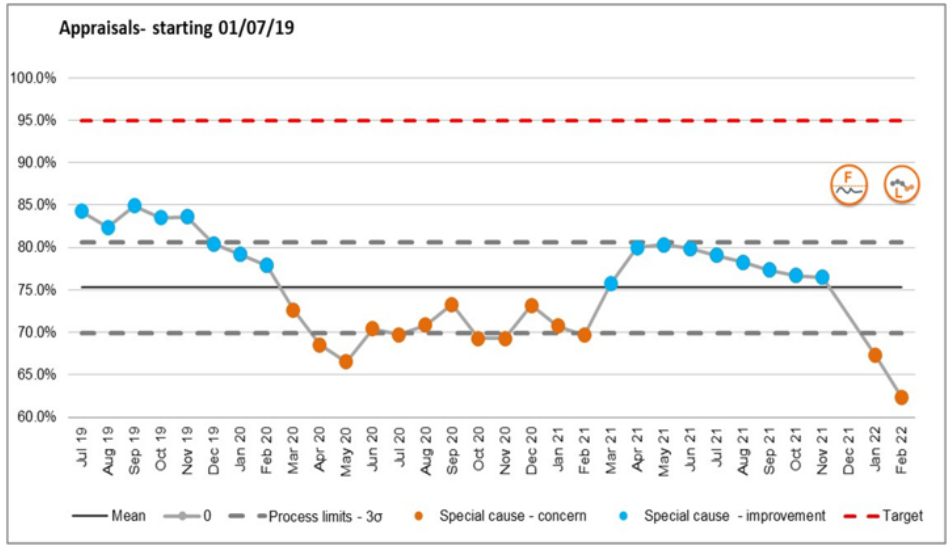


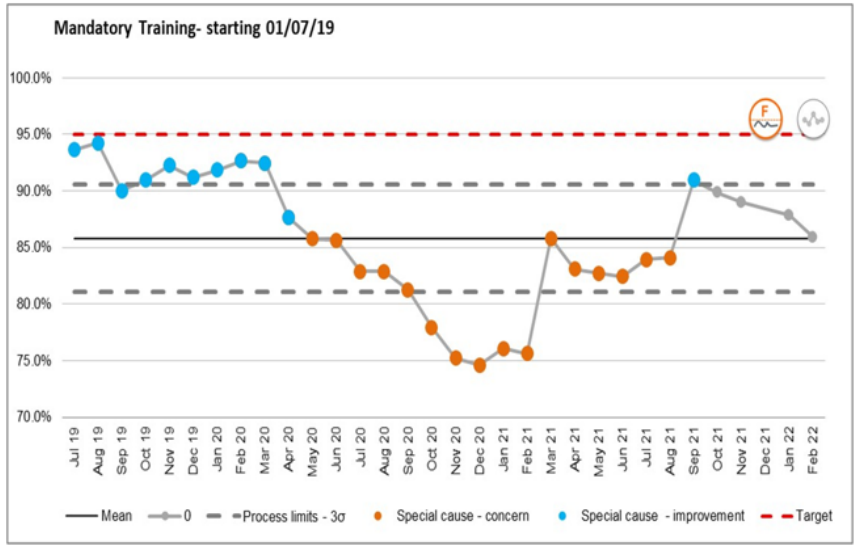


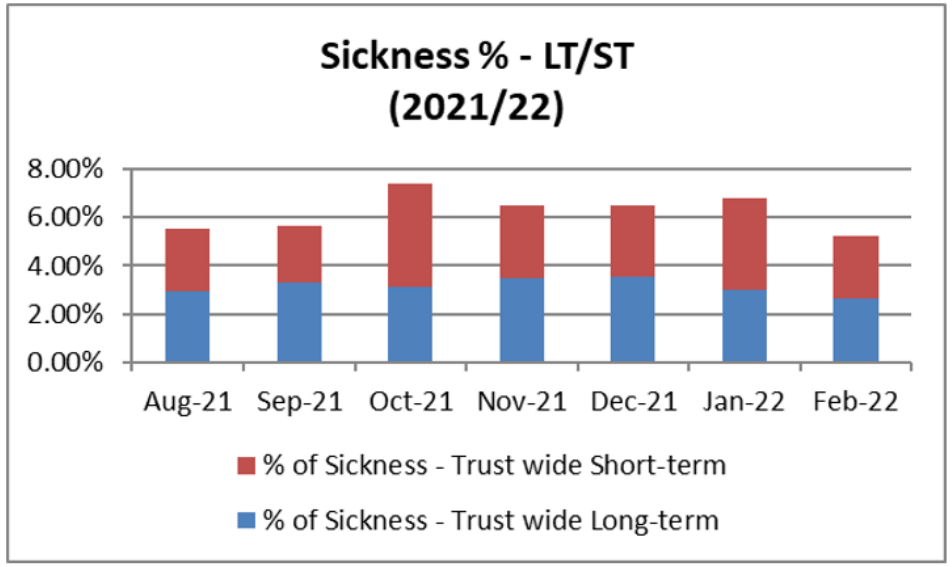


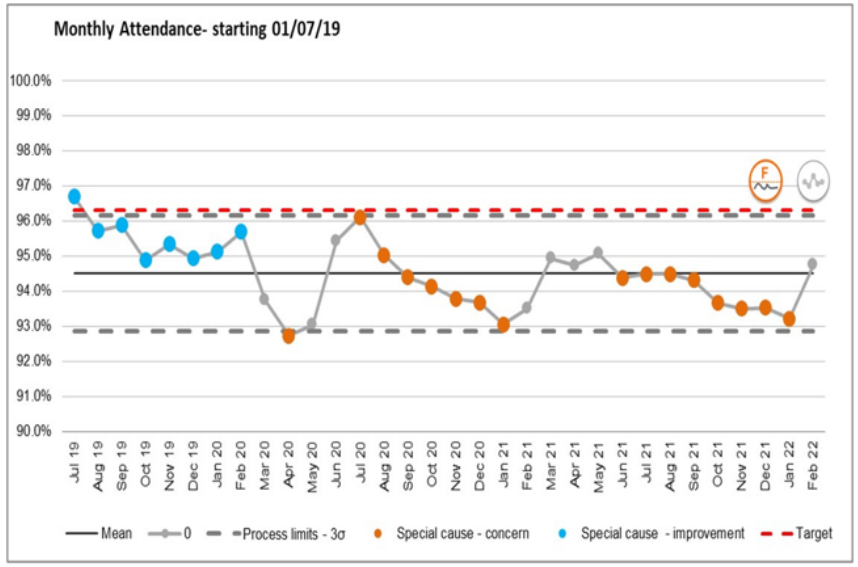


15. Workforce









15. Workforce

Trust Workforce Metrics	Jan-22	Feb-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1256	1244	-12	-	-
Staff In Post - Full Time Equivalent	1114.07	1103.98	-10.09	-	-
Staf Turnover % - Unadjusted	14.75%	15.34%	0.59%	↑	<=11.5%
Staf Turnover % - Adjusted	12.62%	13.17%	0.55%	↑	<=11.5%
Total WTE Employed as % of Establishment	87.00%	87.28%	0.27%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	83.38%	83.33%	-0.06%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	93.62%	94.51%	0.89%	↑	>=96%
% Of Attendance	93.21%	94.74%	1.53%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.86%	94.74%	0.88%	↓	>=96.3%
% Staff received mandatory training last 12 months	87.83%	85.89%	-1.94%	↓	>=93%
% Staff received formal PDR/appraisal last 12 months	67.30%	62.30%	-4.99%	↓	>=95%
% of Sickness - Trust wide Long-term	3.02%	2.61%	-0.41%	↓	-
% of Sickness - Trust wide Short-term	3.76%	2.65%	-1.11%	↓	-
Return To Work Completion %	39.39%	55.61%	16.22%	↑	>=80%

Quality Report February 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
4 x Moderate Harms reported in month **1 x In-hospital death reported** **7 x deaths out of hospital deaths reported** 7 deaths reported after the patients has been discharged from the ROH (within 30 days) – Learning from deaths reviews underway **1 x RCA underway for Low harm Incident – Steroid injected in wrong patient**	**Tissue Viability (TV) improvements** - workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. The TV Lead is developing a business plan for another Band 6 for the team. In the meantime an internal 6-month secondment Band 6 has been appointed and started the 3rd January 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
No Serious Incidents reported **Patient falls** There is a notable decrease in the number of in-patient falls reported this month, from 15 in January 2022 to 5 in February 2022. It was identified that the majority of falls last month occurred on ward 12, which was being utilised for patients from QEH at the time **Friends and Family test** The Trust had its highest completion rate of 58% within the mandatory areas. The patient experience team have been working closely to support the clinical areas to complete and improve the completion rate.	**None**

Quality Report – February 2022 (January 2022 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308	282	274 (↓)		
Serious Incidents	1	0	0	0	1	0	2	1	2	6	0 (↓)	13	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2	0	4 (↑)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	0	0	1	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6	15	5 (↓)	84	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	1	0	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	3	8	4	2	3	4	6	4	5	3 (↓)	45	57(Total)
PALS	47	62	68	90	61	39	41	38	39	50	26 (↓)		
Compliments	5	5	5	7	3	0	3	6	2	5	3 (↓)		
FFT Score %	97	96	98	98	99	99	99	100	99	98.79	98.11 (↓)		
FFT Response %	29	33	28	33	41	36	44	43	42	31	58 (↑)		
Duty of Candour	10	12	16	20	15	12	12	9	9	9	13 (↑)		
Litigation (New)	0	0	1	0	0	0	0	0	0	2	2		
Coroners	0	0	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	0	1 (↑)	6	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

March 2022 (February 2022 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Chief Nurse
AUTHOR:	Ash Tullett	Head of Clinical Governance

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10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
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1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

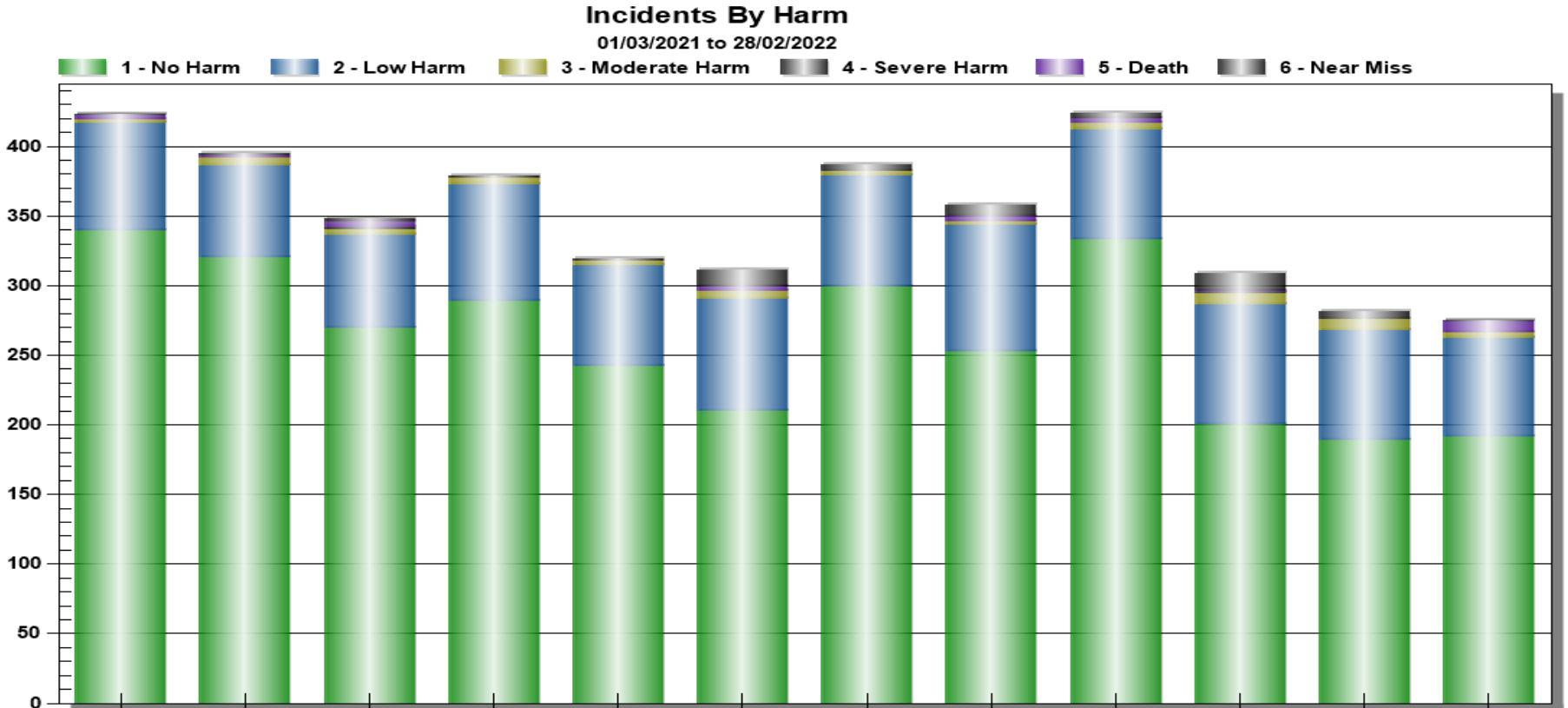
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**



Month and Year	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
1 - No Harm	339	320	269	289	242	210	299	252	333	200	189	191
2 - Low Harm	78	66	67	83	72	80	80	91	79	86	79	71
3 - Moderate Harm	2	6	4	5	4	6	3	3	5	8	8	4
4 - Severe Harm	0	0	2	0	0	0	0	0	0	1	0	0
5 - Death	3	1	4	0	0	3	0	4	3	1	0	8
6 - Near Miss	1	2	2	2	1	12	5	8	4	13	5	1

Data source – Ulysses

INFORMATION

In the month of February 2022, there were a total of 274 Incidents reported on the Ulysses incident management system.
The breakdown of those incidents is as follows;
191 – No Harm
71 - Low Harm
4 - Moderate Harms
0 - Severe Harm
1 – Near Miss
8 – Death

Provisional Harms Recorded;

Downgraded Incidents
Currently 0 of the reported harm in the previous Quality report (February 2022) have been downgraded.

Near Miss Incidents
The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process.

Patient Contacts
In February 2022, there were a total of 8538 patient contacts. There were 274 incidents reported, which amounts to 3.2 percent of the total patient contacts. Of those 274 reported incidents, 83 incidents resulted in harm which is 0.9 per cent of the total patient contact.

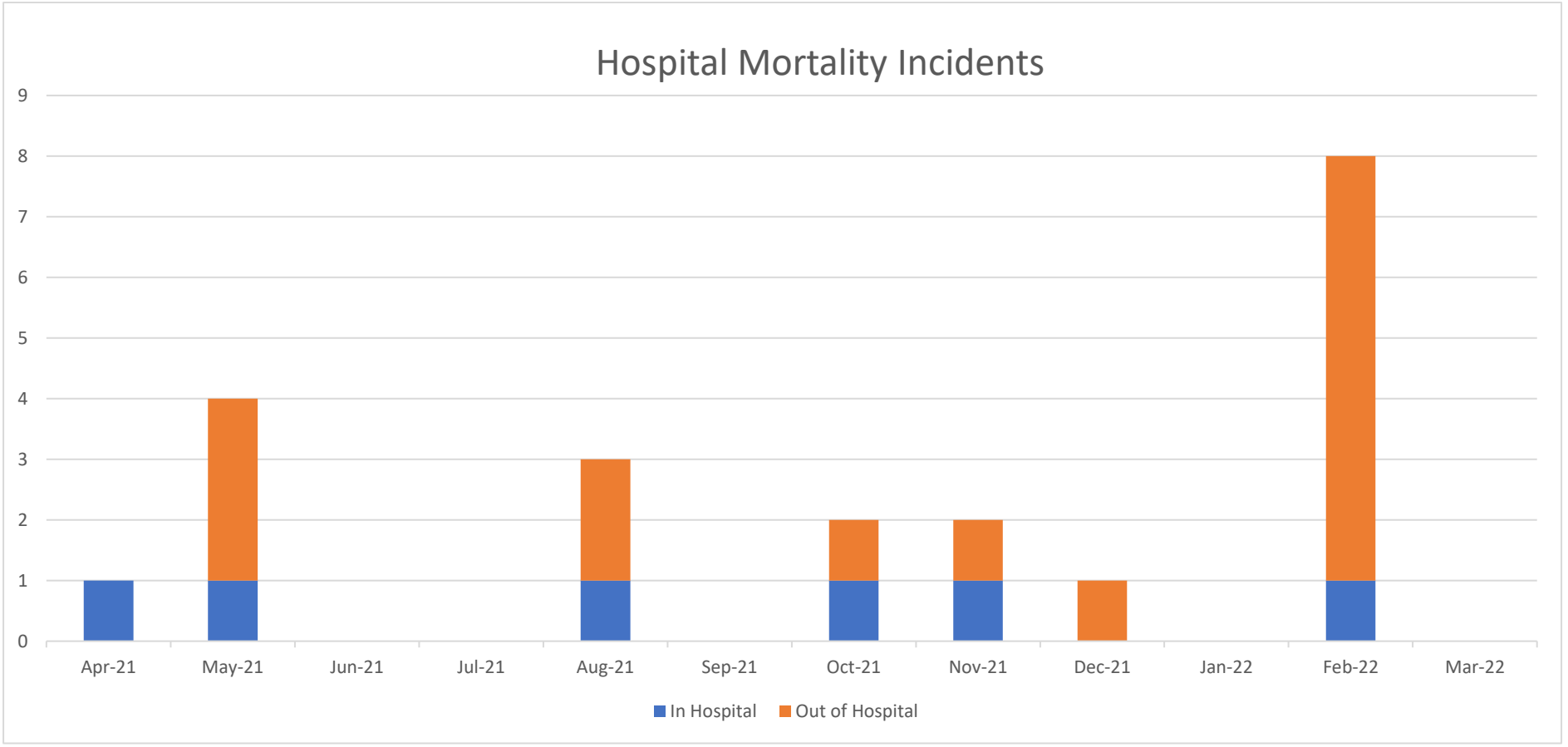
ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

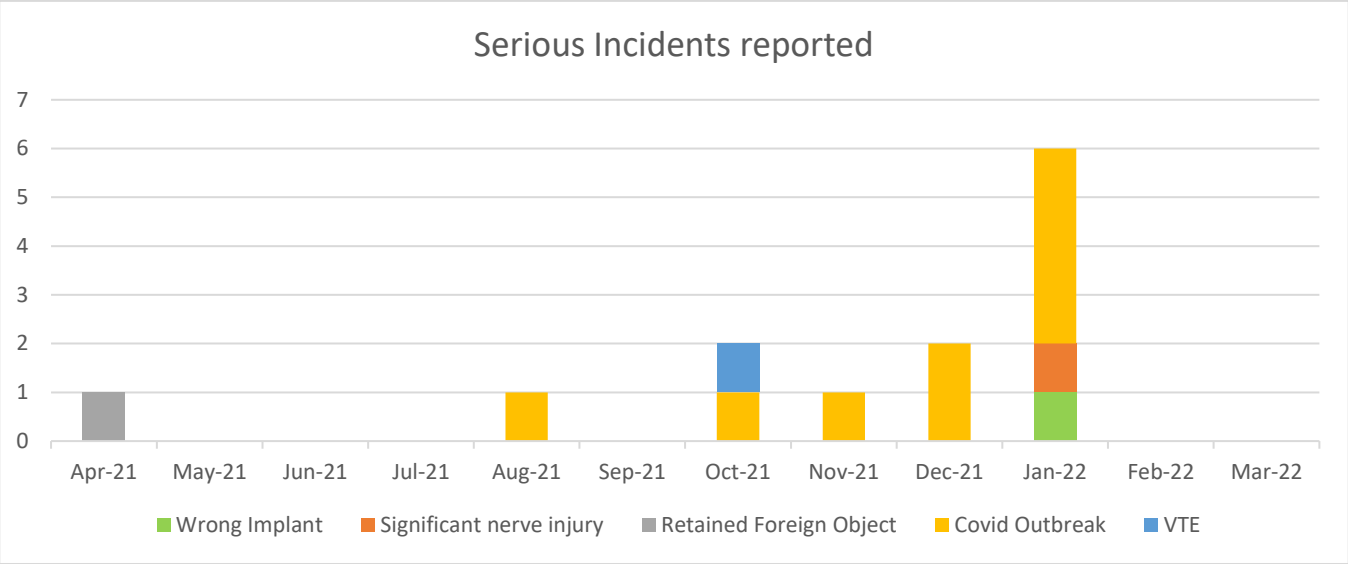
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
8 deaths were reported in February 2022. 7 of these were reported after the patients has been discharged from the ROH within 30 days. One In-Hospital death was also reported in February 2022. One Death Occurred in Hospital
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**



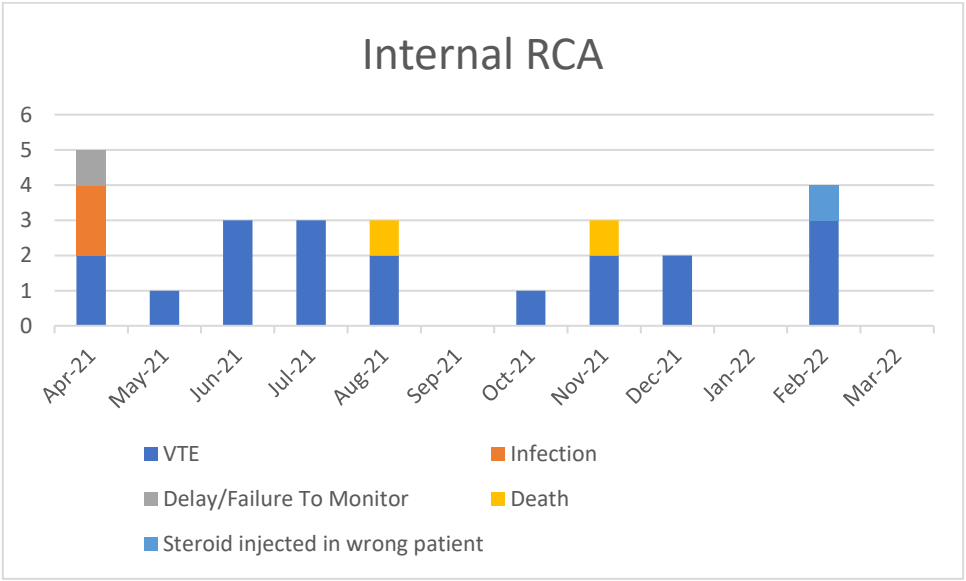
Year Totals	
20/21	11
21/22	13

Data Source – STEIS

INFORMATION
No Serious Incidents reported

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
One Serious Incident has taken longer than 60 days to complete. This is due to the discussions around the level of investigation needed to review Covid Outbreaks. The 60 day deadline is no longer used by the CCG and is removed in the new SI framework due to be released July 2022.

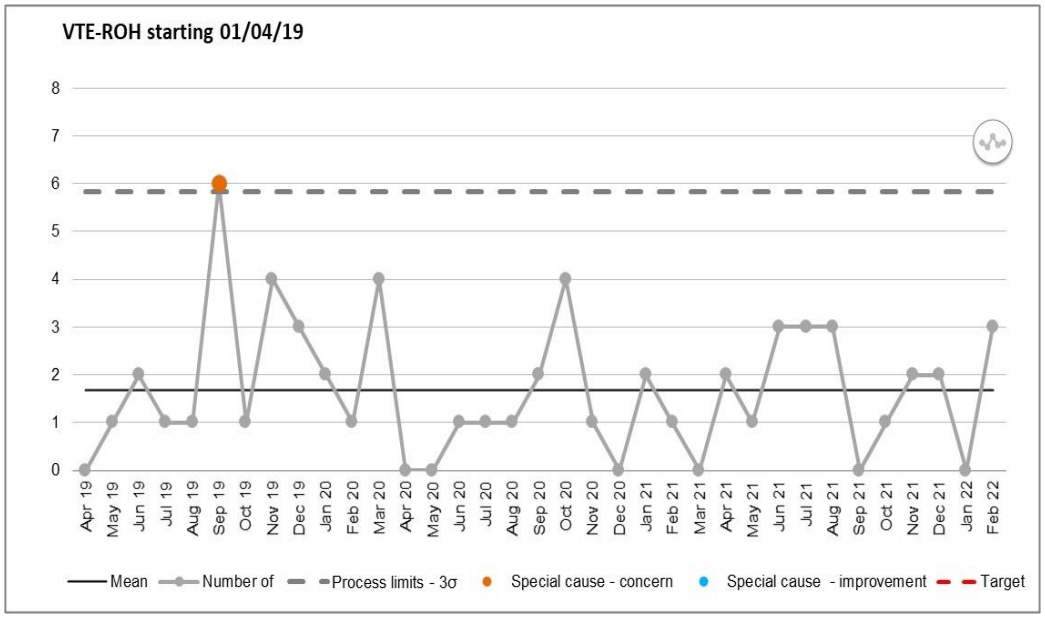
4. **Internal RCAs - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

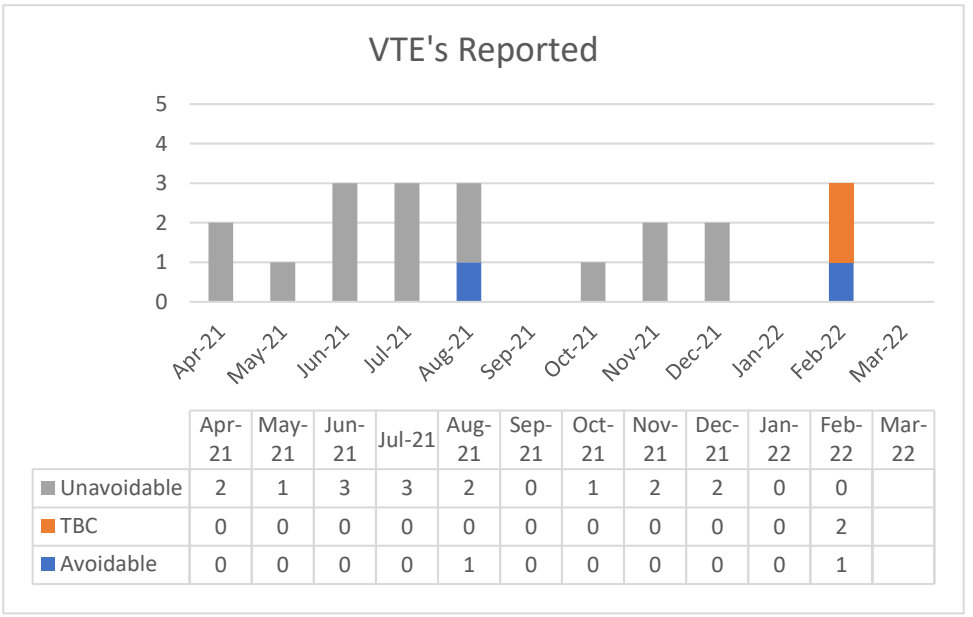


Data Source – Internal RCA tracker

INFORMATION
4 incidents reporting in February 2022 will be subject to an internal RCA.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCA's closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	2	2	0	0	
TBC	0	0	0	0	0	0	0	0	0	0	2	
Avoidable	0	0	0	0	1	0	0	0	0	0	1	

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	1	20

Data Source – Ulysses and VTE leads

INFORMATION

3 ROH associated VTEs incidents were reported in February 2022.

On admission assessment

Total possible	816
Total assessed	808
%	99.02%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to: (update is on the agenda for the Quality and Safety Committee in February 2022.

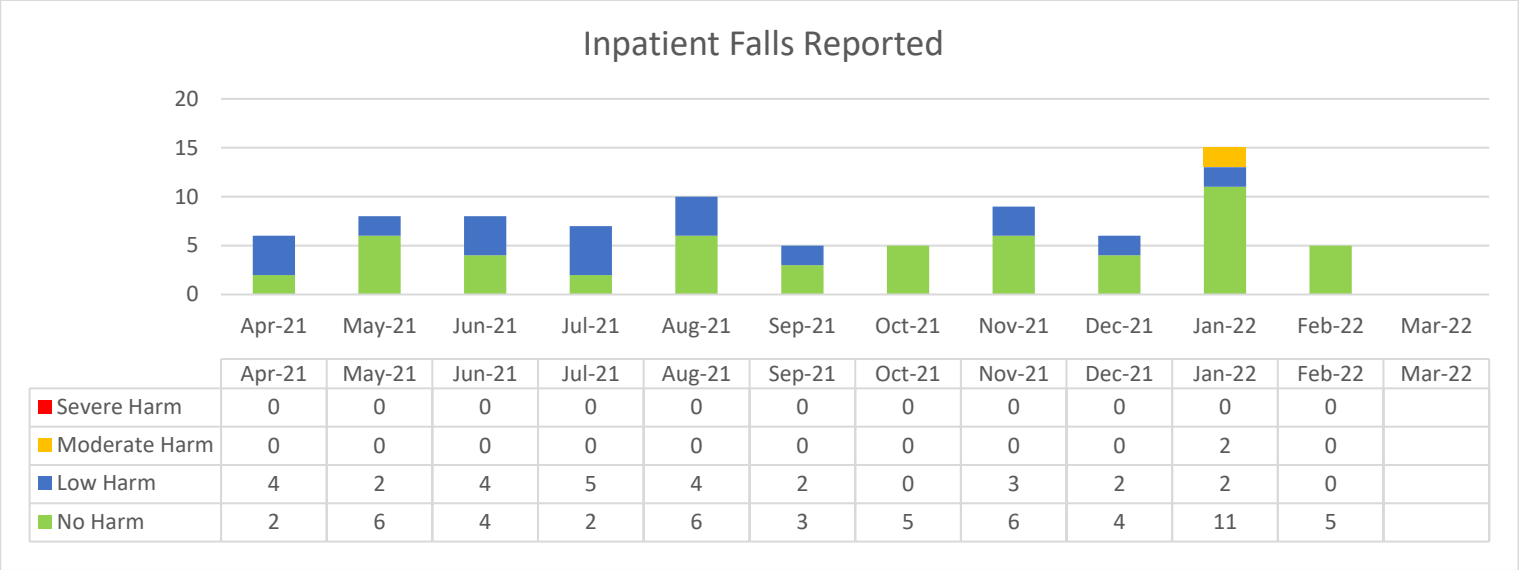
Review wording of standard. NICE ng89 2018; states Reassess all medical, surgical and trauma patients for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes opposed to specifically 24 hours. The wording has been agreed and the policy is currently being updated.

Re-audit has been planned in December/January 2021 and will be presented at the March 2022 Quality and Safety Committee.

RISKS / ISSUES

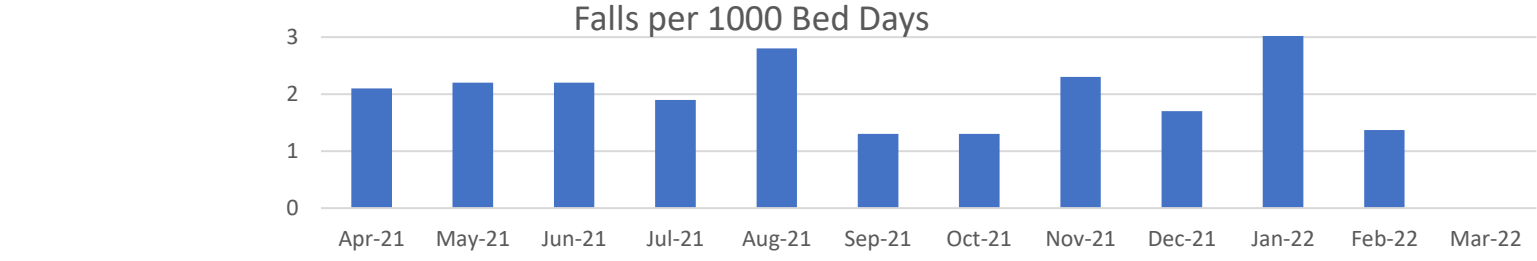
- None

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

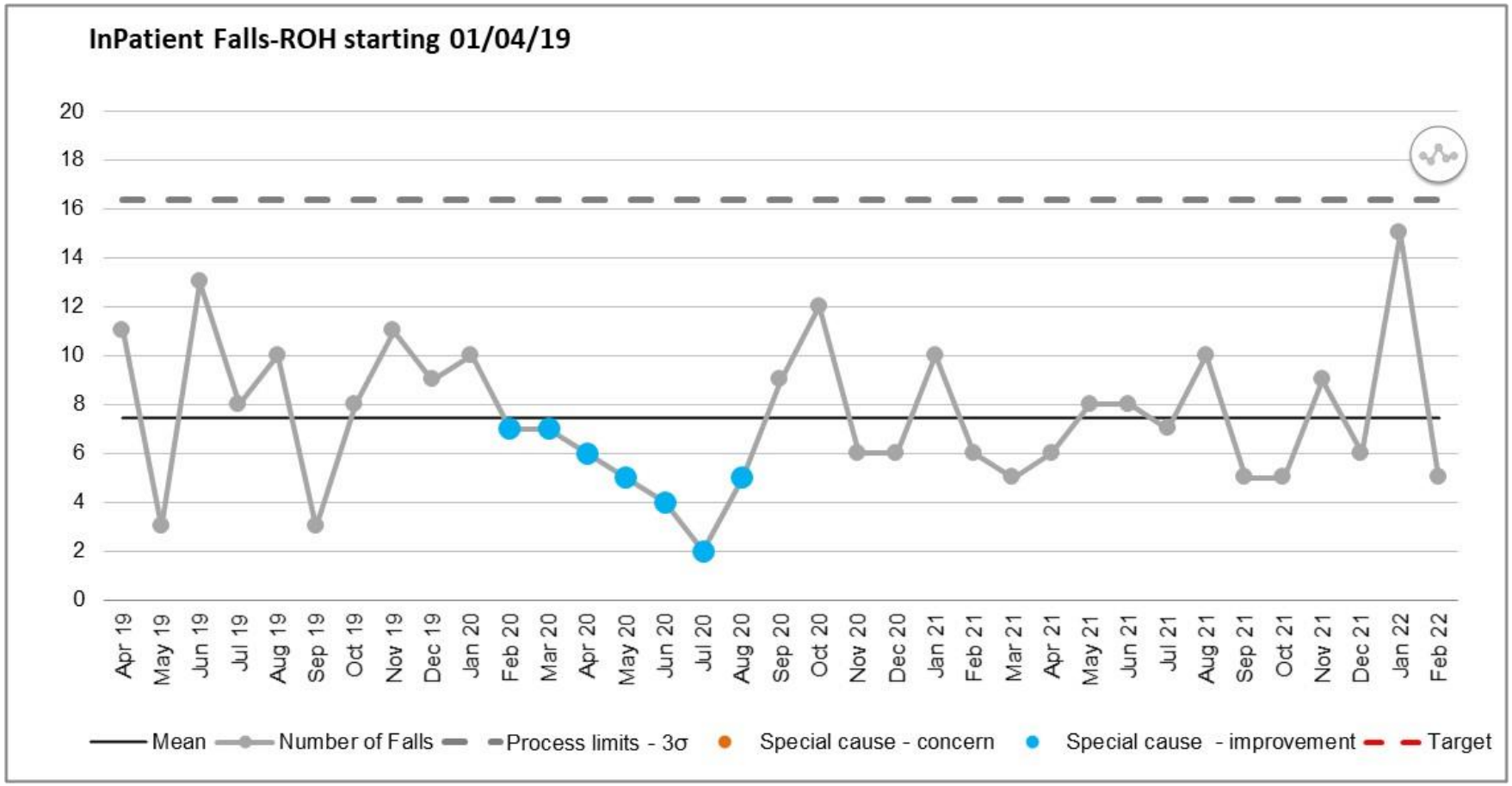


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	
Moderate Harm	0	0	0	0	0	0	0	0	0	2	0	
Low Harm	4	2	4	5	4	2	0	3	2	2	0	
No Harm	2	6	4	2	6	3	5	6	4	11	5	

Year Totals	
20/21	76
21/22	84



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7	4.05	1.37	



Data Source – Ulysses and Falls Group

INFORMATION

There were 5 incidents reported across the Trust in February 2022 relating to inpatient Falls:

5 x In-Patient Incidents

There is a notable decrease in the number of in-patient falls reported this month, from 15 in January 2022 to 5 in February 2022. It was identified that the majority of falls last month occurred on ward 12, which was being utilised for patients from QEH at the time. This cohort of patients were generally more dependent in their care needs than those normally seen at the Trust, and a number of the patients had a history of dementia. These patients were not necessarily able to follow advice, and therefore at greater risk of falling. It can be observed that from February 2022, ward 12 was no longer being used for patients from QEH and there has been a subsequent drop in the number of in-patient falls.

ACTIONS FOR IMPROVEMENTS / LEARNING

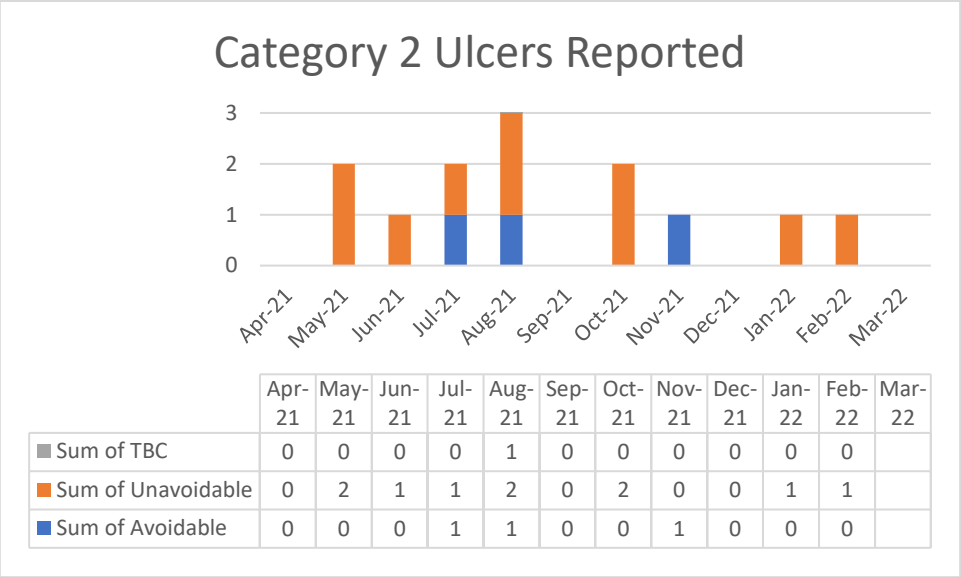
Actions

- Plan to survey patients regarding views & experiences relating to falls.
- Detailed review of falls on ward 12 in January 2022, to identify any trends other than those already observed, and ensure no gaps in quality of care given. This is due to be presented at the April 2022 Clinical Quality Group.
- Reviewing paperwork for falls risk assessment for injection patients within out-patients

RISKS / ISSUES

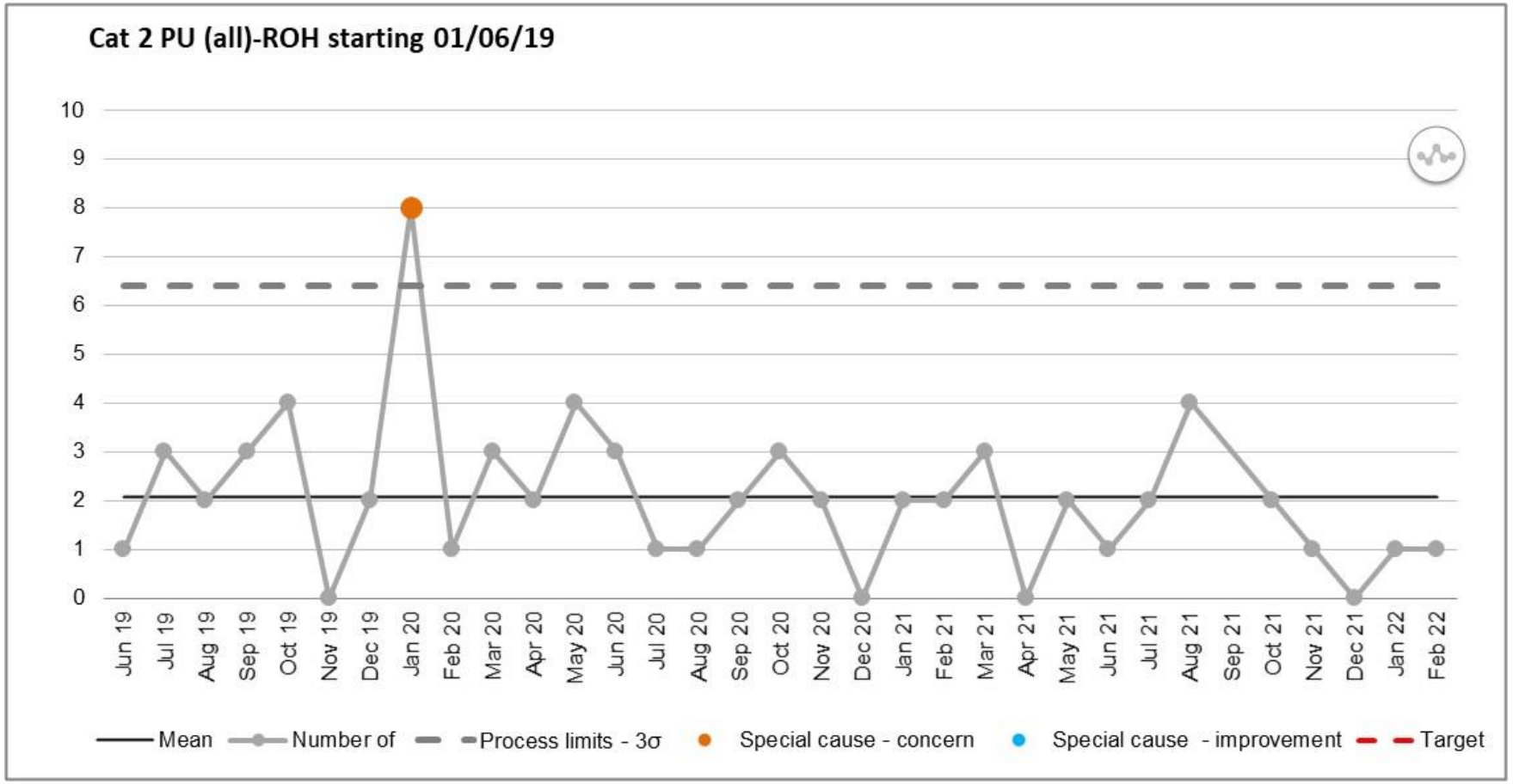
None

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	0	0	0	0	0	
Sum of Unavoidable	0	2	1	1	2	0	2	0	0	1	1	
Sum of Avoidable	0	0	0	1	1	0	0	1	0	0	0	

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	13	0



Data Source – Ulysses and TV team

INFORMATION

February 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	1 – Unavoidable
Category – 2 (Device)	0
Category – 1	1 – did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 1 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 3 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 - 1 PU admitted with Cat 2 x 2 Both from home - did not deteriorate PU admitted with DTIs at least a Cat 3 – Unstageable x1 home PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

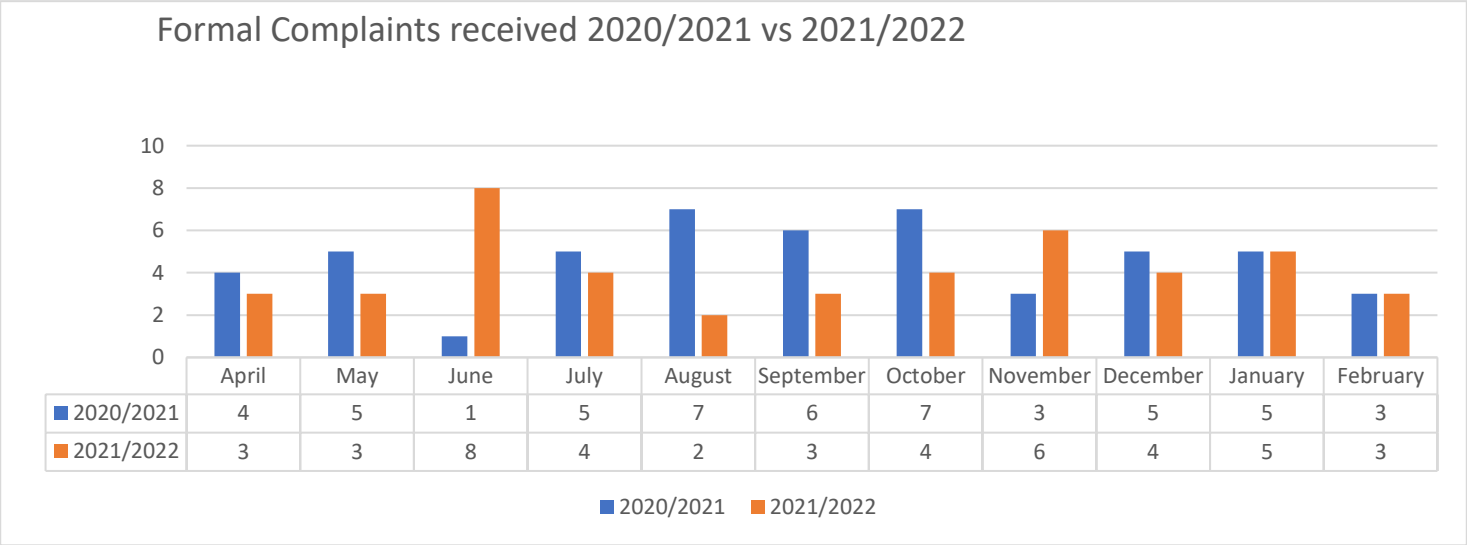
ACTIONS FOR IMPROVEMENTS / LEARNING

- TV workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. TV Lead developing a business plan for another Band 6 for TV team. In the meantime an internal 6-month secondment Band 6 has been appointed, started 3rd January 2022.
- PU Policy being updated to reflect diversity in skin tones.
- ROH included in BSOL lower limb group. HCP can refer direct to Vascular clinic. This will help prevent previous delays and enable our patients to get expert care regarding healing of their lower limb wounds and delays in surgery.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



	April	May	June	July	August	September	October	November	December	January	February
2020/2021	4	5	1	5	7	6	7	3	5	5	3
2021/2022	3	3	8	4	2	3	4	6	4	5	3

Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	45

INFORMATION

Complaints

- The Trust received 3 formal complaints in February 2022.

Category Types and Categories of formal complaints

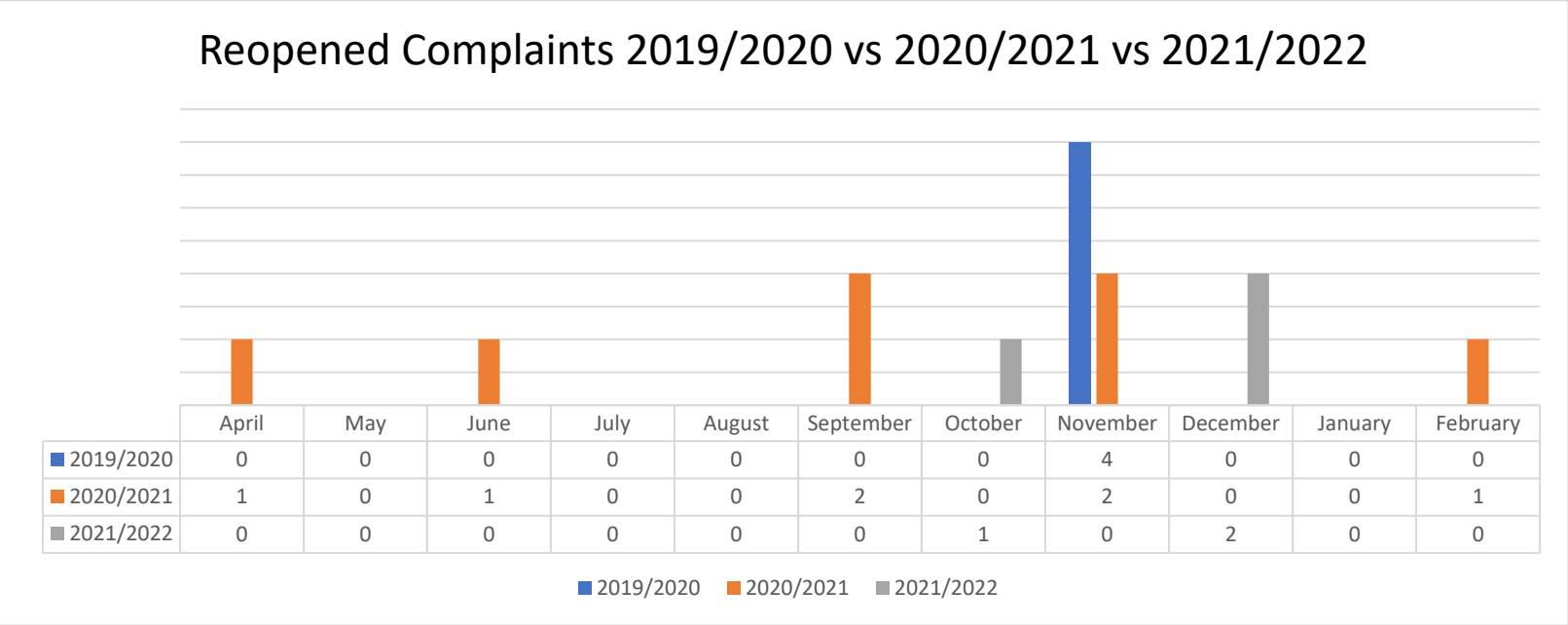
Category Types/Categories	
Clinical Query	**1**
Clinical Treatment	1
Consent To Treatment	**1**
Patient Did Not Consent For Pr	1
Values & Behaviours	**1**
Attitude Of Staff - Medical	1

In February 2022 the Trust closed 4 Formal complaints within the agreed time frame with the complainant.

- At the time of producing this report (03rd March 2022) The Trust have 7 open formal complaints.

Reopened Complaints

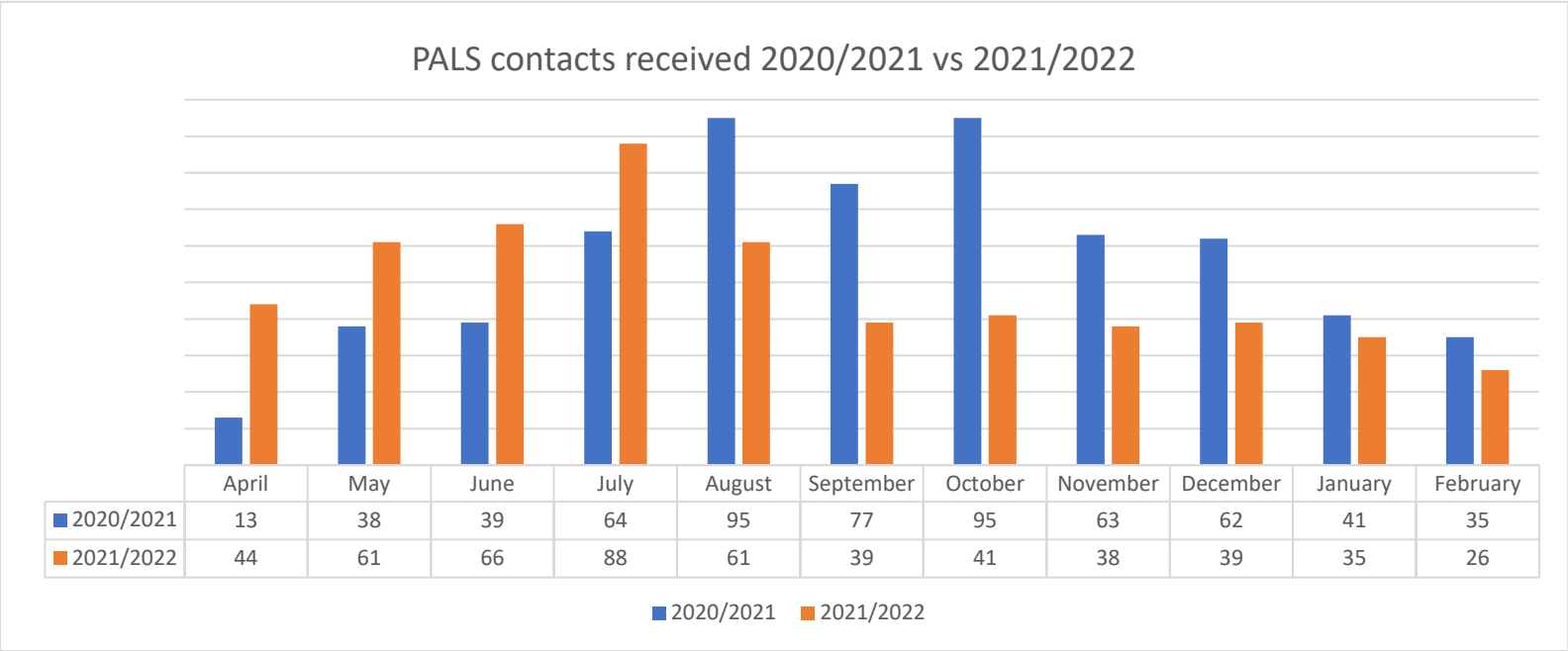
- In February 2022 the Trust reopened 0 formal complaints and it closed no reopened complaints
- From April 2021 – February 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.



	April	May	June	July	August	September	October	November	December	January	February
2019/2020	0	0	0	0	0	0	0	4	0	0	0
2020/2021	1	0	1	0	0	2	0	2	0	0	1
2021/2022	0	0	0	0	0	0	1	0	2	0	0

Patient Advice and Liaison service – PALS

- In February 2022 the PALS department handled 26 contacts of which 21 were classified as PALS concerns and 5 as PALS enquiries. This is a decrease in contacts from February 2021 (35)



	April	May	June	July	August	September	October	November	December	January	February
2020/2021	13	38	39	64	95	77	95	63	62	41	35
2021/2022	44	61	66	88	61	39	41	38	39	35	26

- The main themes in the PALS data relate to Clinical Query **(8)** and Communication **(4)**
- The Trust has set an internal target of 2 working days to respond to enquiries and 5 working days to respond to concerns in 80% of cases. In February 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPI's for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Clinical Query	**8**
Appointment Not Satisfactory	1
Clinical Treatment	1
Delays With Treatment	4
Operation - Outcome Not As Exp	1
Request For A Second Opinion	1
Communication	**4**
Communication With Relatives/c	1
Communication/Info to Patients	2
Method/Style of Communication	1
Appointments	**3**
Booked Incorrectly	1
Delay	1
Virtual Clinic - Call Not Received	1

Patient experience KPI from April 2021

Complaints & PALS KPI were hit in February 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100
Feb-22	100	100	100

Compliments

There were 3 compliments recorded on Ulysses for February 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

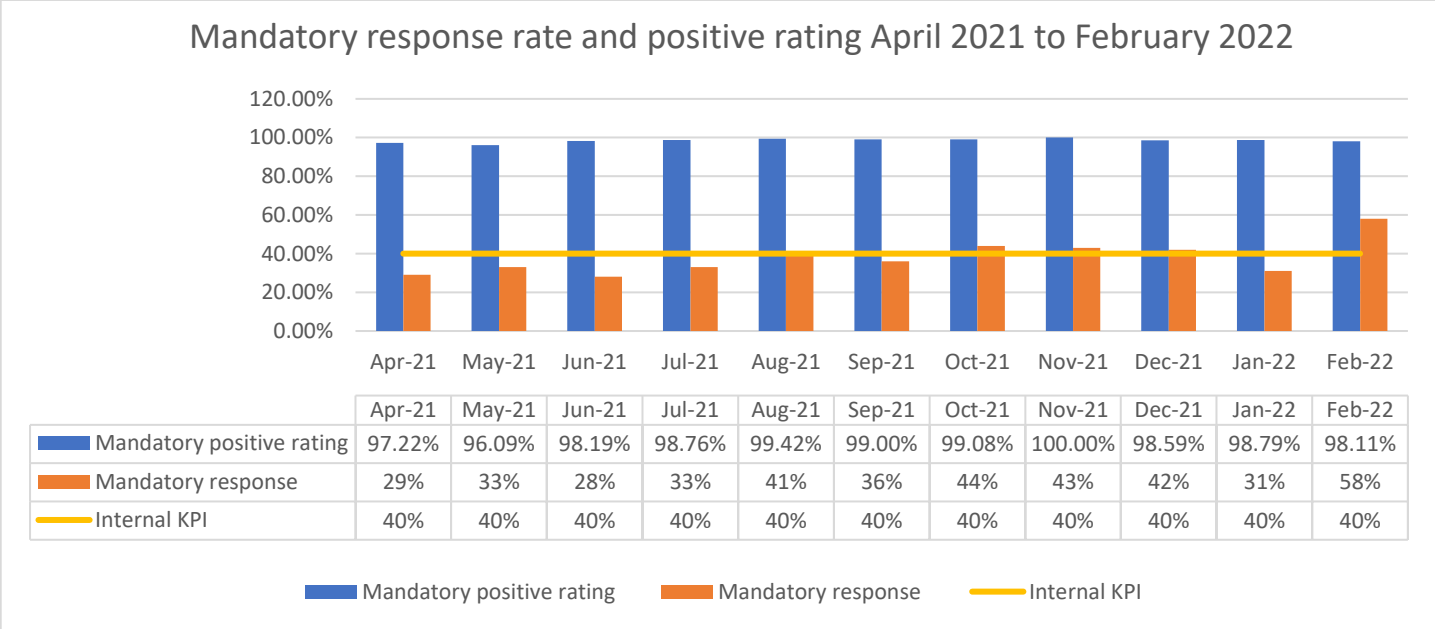
None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• Friends and Family test The Trust had its highest completion rate of 58% within the mandatory areas. • The Smiley Faces feedback system is underway and should be live from April 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in February 2022
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 13 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

New claims

2 new claims against the Trust were received in February 2022.

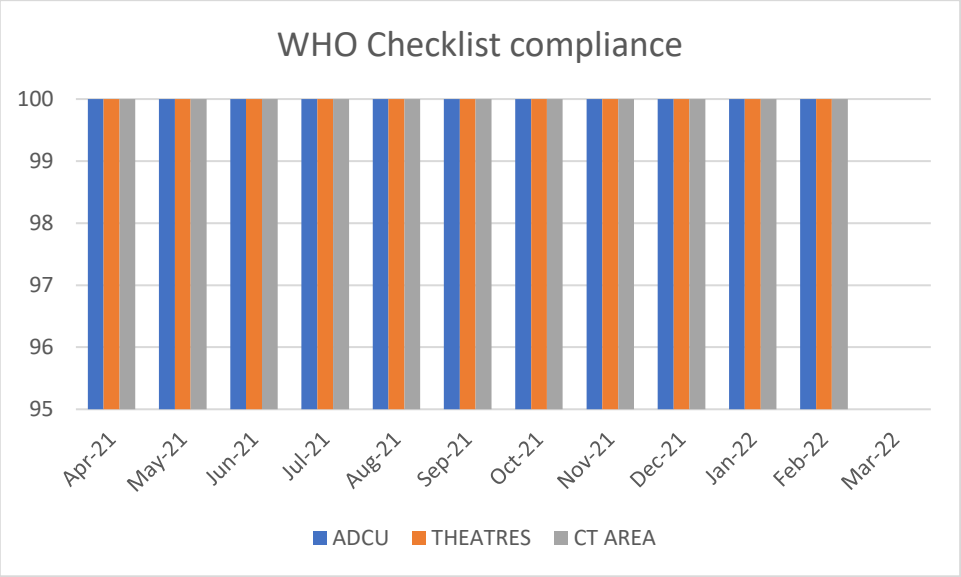
Pre-Application Disclosure

3 new requests for Pre-Application Disclosure of medical records were received in February 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in January 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 743

The total WHO compliance for Theatres in February 2022= 100%

CT area

Total cases = 88

The total WHO compliance for CT February 2022= 100%

ADCU

The total WHO compliance for ADCU in February 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The new patient safety lead is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

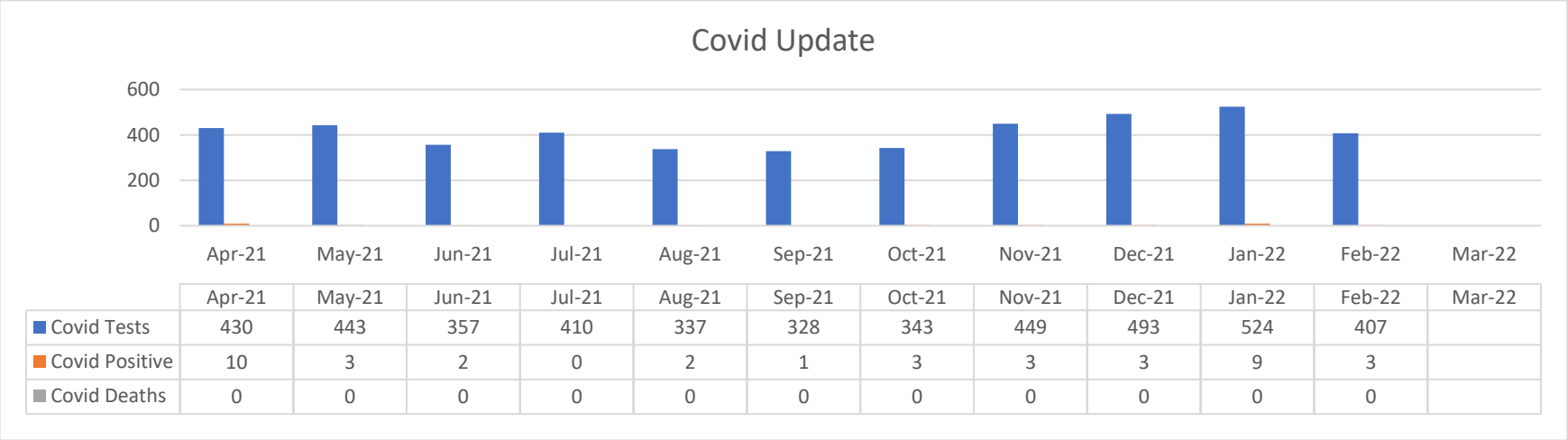
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	February 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	5
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493	524	407	
Covid Positive	10	3	2	0	2	1	3	3	3	9	3	
Covid Deaths	0	0	0	0	0	0	0	0	0	0	0	

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

ALL CAS ALERTS

CAS ALERTS (January 2022)

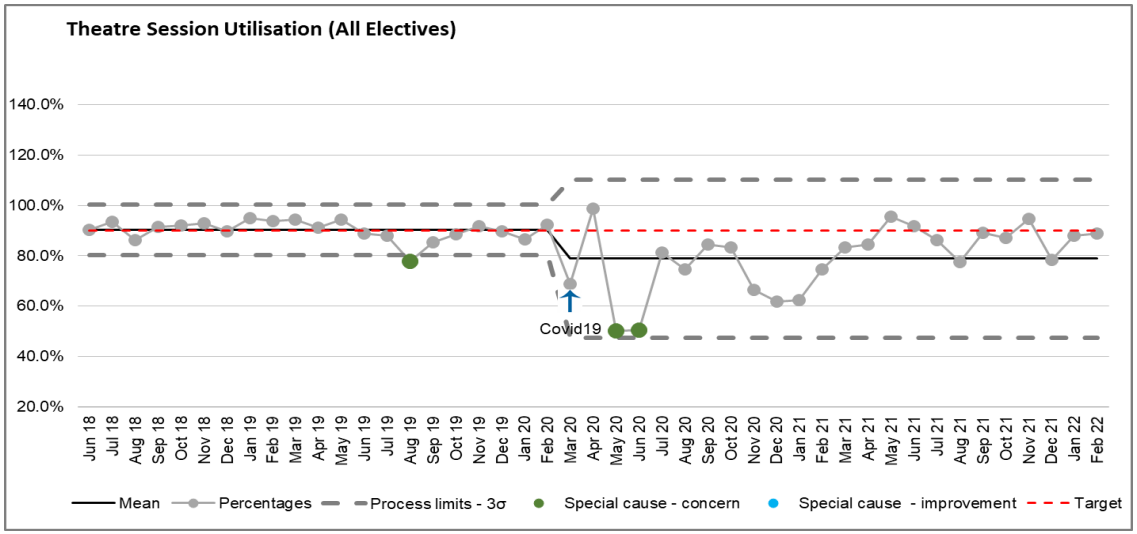
Reference	Alert Title	Originated By	Issue Date	Response	Deadline
CHT/2022/001	**Update from the CAS Helpdesk**: Change in communication for medicines supply issues. From 14th February 2022 'Supply Disruption Alerts' in relation to medical supply issues will cease. From this date supply issues that carry a patient safety risk will be issued as 'National Patient Safety Alerts' (NatPSA). Medicine supply issues that do not meet the NatPSA criteria will continue to be issued via other communication pathways. All NatPSAs need executive level oversight (or the equivalent in organisations without executive boards) of governance systems that provide evidence that the required actions have been fully completed before any NatPSA is recorded as 'action completed' on CAS.	CAS Helpdesk	17 Feb 2022	No response required.	n/a

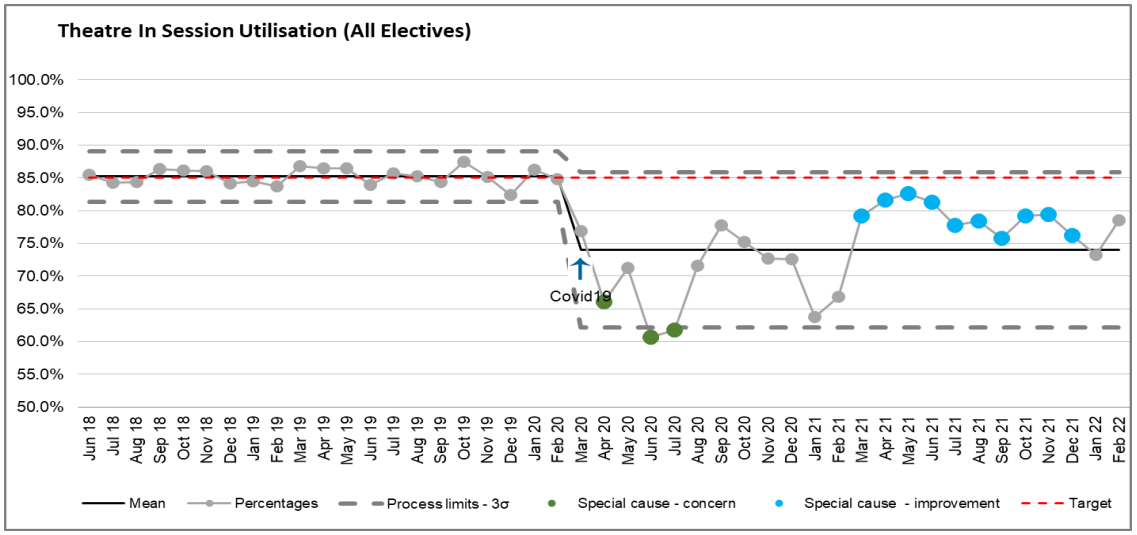
	Each NatPSA is designated as either 'complex' or 'straightforward', and providers are required to take a different approach to each: • 'Complex' alerts require actions that cannot be delivered by any single division or professional group within an organisation and will require the organisation's executive leader to nominate a senior clinical leader relevant to the alert to coordinate delivery. • 'Straightforward' alerts may be actioned on behalf of the whole organisation by agreed senior leaders (for example, an agreement that the chief pharmacist will ensure all stocks throughout the organisation are checked for a NatPSA requiring removal of a specific drug batch). It is anticipated that most medicine supply issue related NatPSAs will be complex in nature.				

15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb 22
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32	37	32
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%	94.39%	94.30%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%	85.40%	87.15%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%	80%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%	93.98%	93.87%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%	86.97	86.93%
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%	93.08%	94.15%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%	93%	94.15%
Prevent	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82	82.12%	90.86%
WRAP																
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8	11	8
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2	2	0
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations



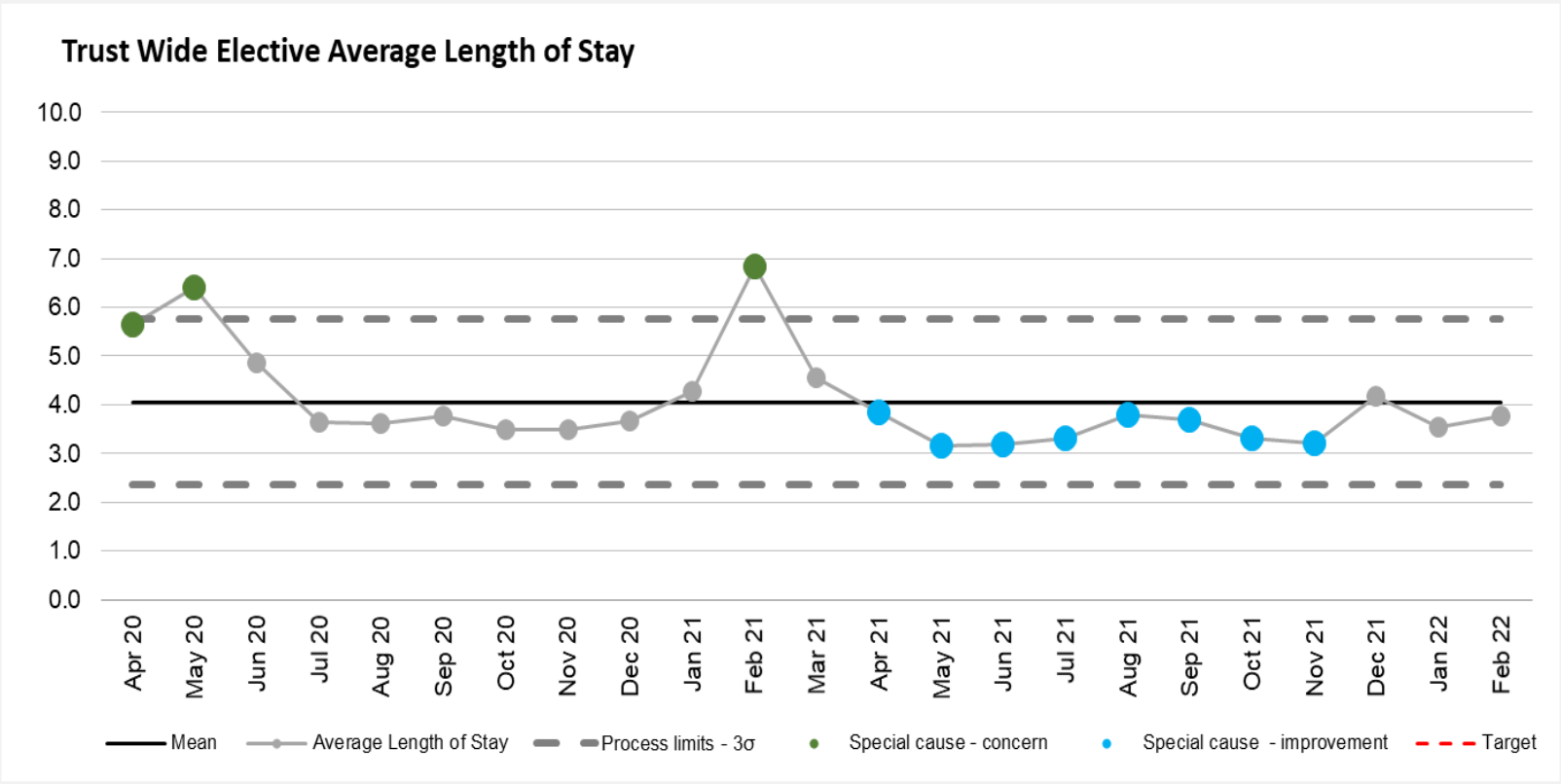


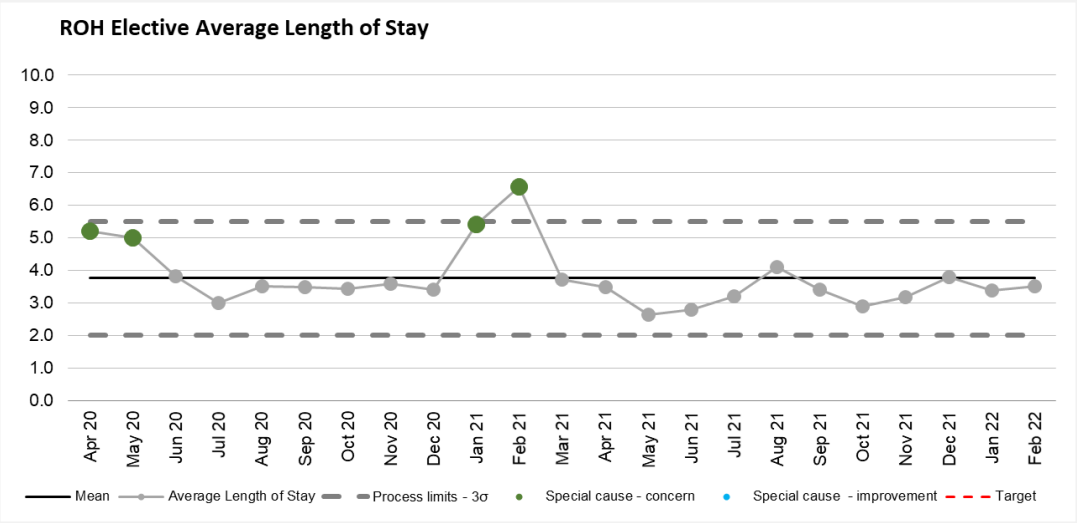
Elective Session Utilisation (February 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	417	370	47	88.73%
UHB	110	98	12	89.09%
Totals	527	468	59	**88.80%**

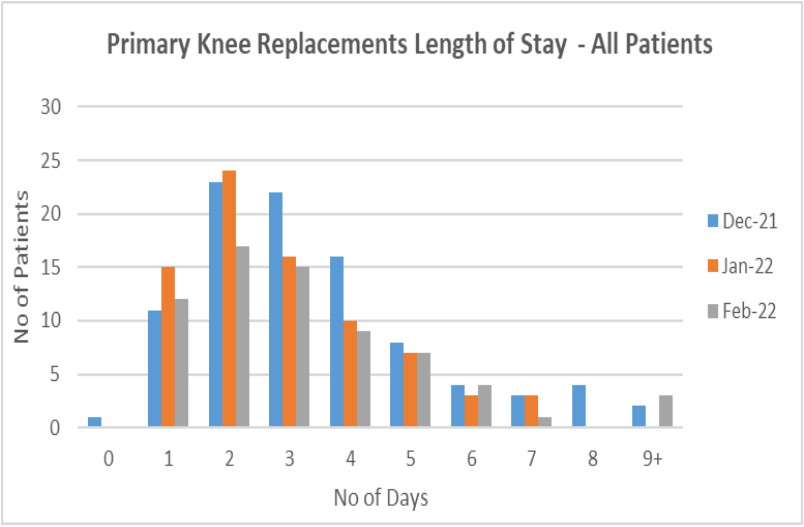
Elective In Session Utilisation (February 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1639	1303	335	79.53%
UHB	444	331	113	74.64%
Totals	2083	1634	448	**78.49%**

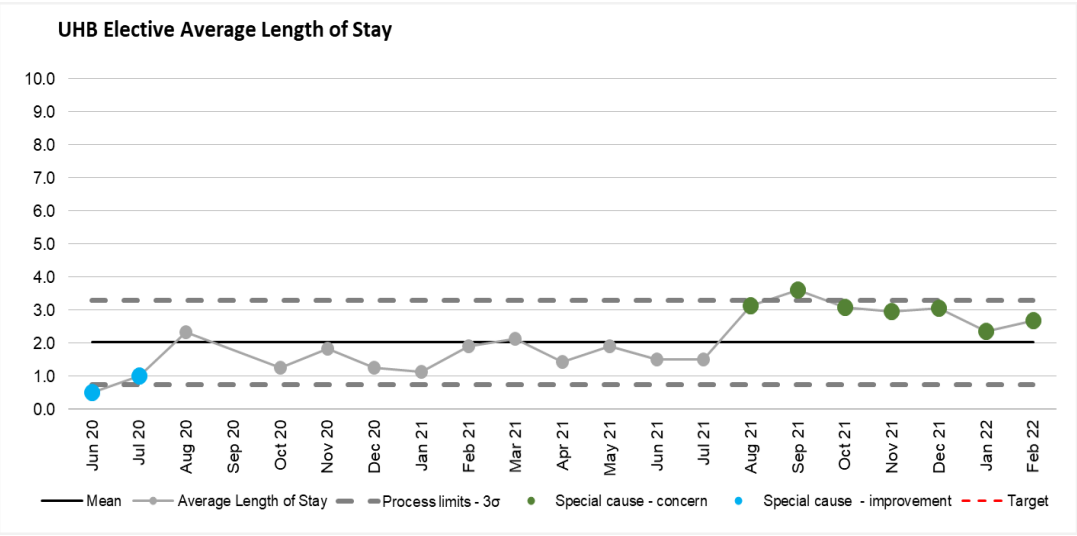
INFORMATION
Overall theatre utilisation improved in February and was within target at 88.80%. Total In Session utilisation was 78.49% an increase on the previous month (73.19%) but below the required 85% minimum utilisation target. A continuing theme of patients either being medically unfit/deferred or patients and/or staff testing positive for Covid impacting on in session utilisation was seen throughout February, Any cancellations that took place as a result of staff absences followed strict criteria ensuring any cancer patients, P2s, very long waiters and any patients that were cancelled previously were protected. The provision of the system Rehab ward (25 beds) continued into the first week of February (ward reopened as normal 7th) which resulted in a reduction of elective surgery for the first week in February.
ACTIONS FOR IMPROVEMENTS / LEARNING
Pre-populating of theatre lists at least 4 weeks in advance with contingency patients is now in place .
RISKS / ISSUES
Ongoing risks remaining with staff absence due to Covid or patients either being medically unfit/deferred March still continue to see a high level of cancellations in particular related to Covid related staff absence.

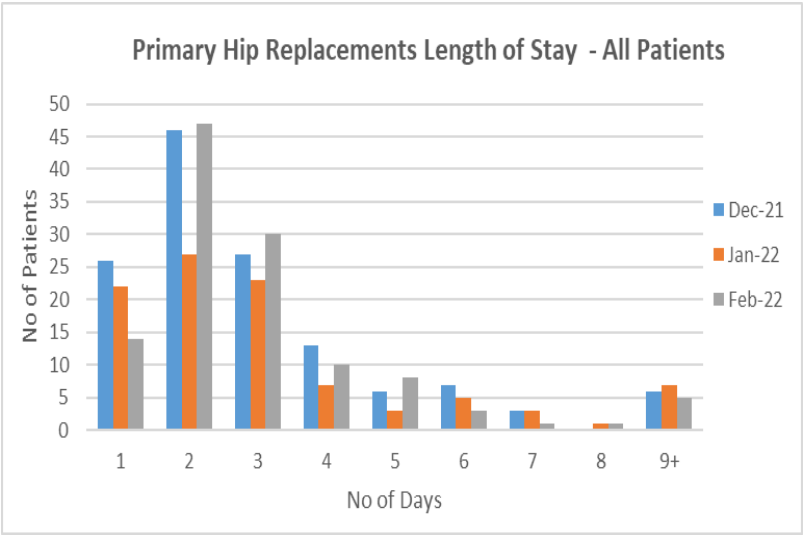
17. Length of Stay




ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Knee Replacements Length of Stay - All Patients
No of Patients
30
25
20
15
10
5
0
0
1
2
3
4
5
6
7
8
9+
No of Days
Dec-21
Jan-22
Feb-22


UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Hip Replacements Length of Stay - All Patients
No of Patients
50
45
40
35
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9+
No of Days
Dec-21
Jan-22
Feb-22

INFORMATION

The average length LOS for ROH patients from all specialities has increased in month to 3.76 (3.36 January).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is 3.52 (3.17 January)
The average length of stay for UHB patients at ROH is 2.68 (2.23 January). As a result of the provision of the system Rehab Ward, it resulted in more day case procedures were booked to compensate in the reduced inpatient capacity.

February length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

13 UHB arthroplasty patients with LOS greater than 3 days. 6 with a length of stay greater than 5 days and 3 with a stay greater than 7 days. (Excludes Rehab). This is a significant improvement.
64 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 35 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 19 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days.

In summary 9 ROH arthroplasty and oncology arthroplasty and 3 UHB arthroplasty patients had a length of stay greater than 7 days.

From day to day challenges and review of PICS data complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In January 143 patients were discharged via discharge lounge (February data not yet available) A roaming discharge service is being maintained to assist with progressing patients on wards.

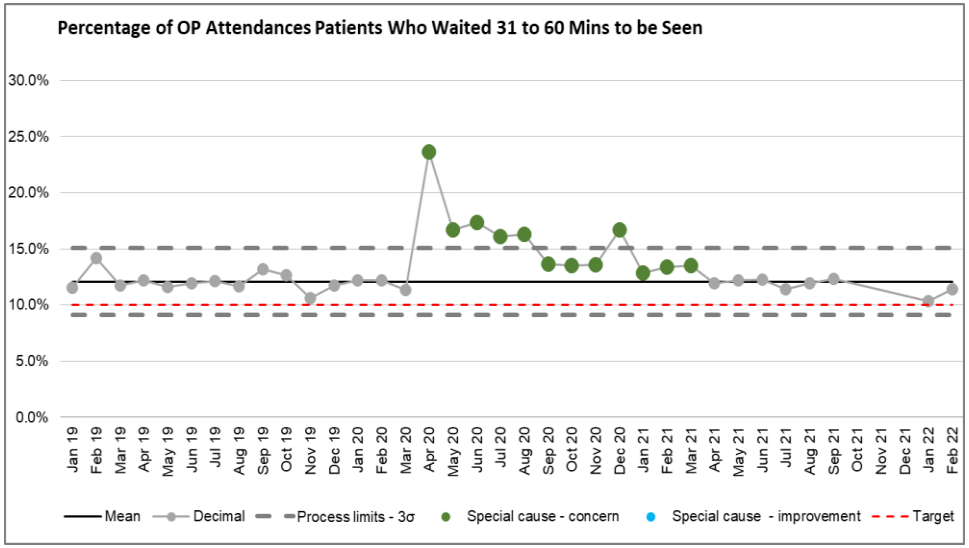
ACTIONS FOR IMPROVEMENTS / LEARNING

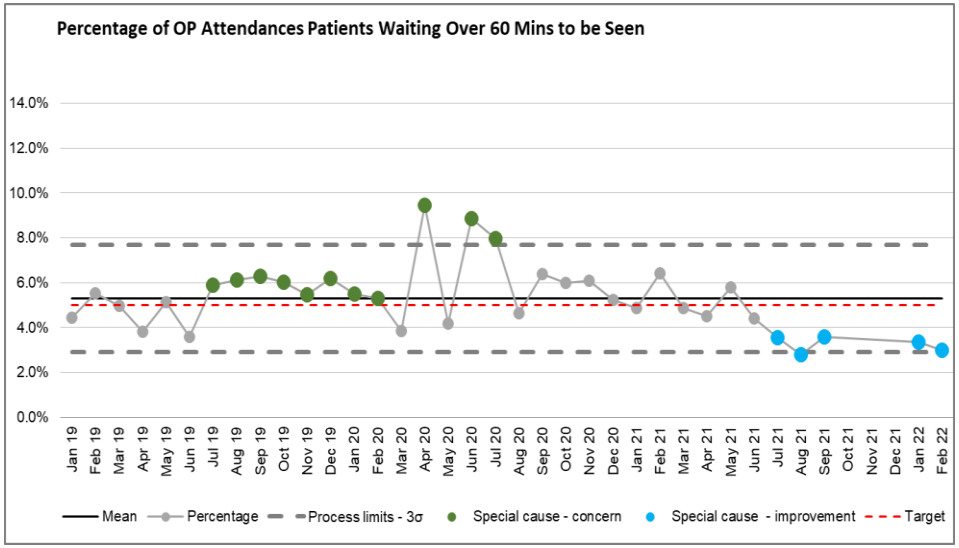
Repatriation of patients – difficulty continues in repatriation of some patients due to capacity issues at receiving Trust. Multi Agency Discharge Events with BSOL CCG lead has taken place and are providing support with escalation of delays. CEM books Sitrep being rolled out in March which will improve monitoring on LOS .

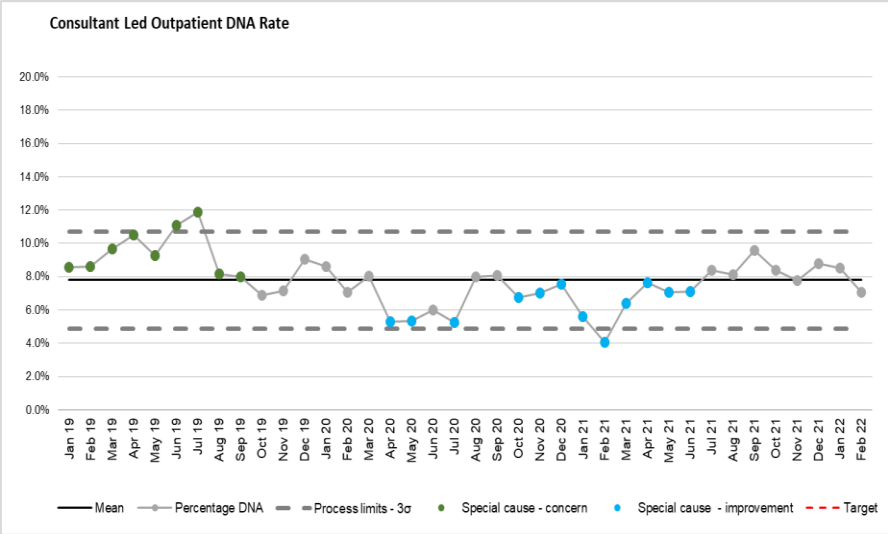
RISKS / ISSUES

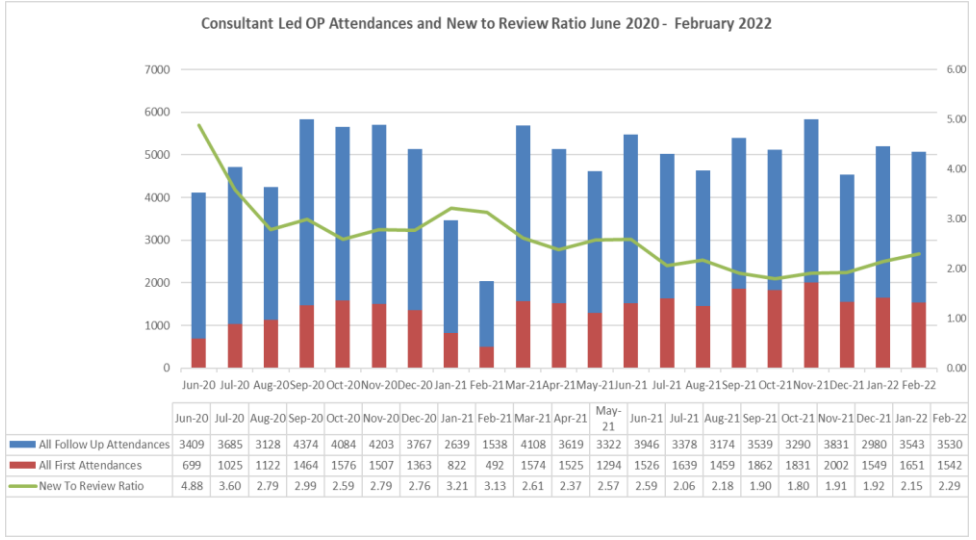
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

18. Outpatient efficiency

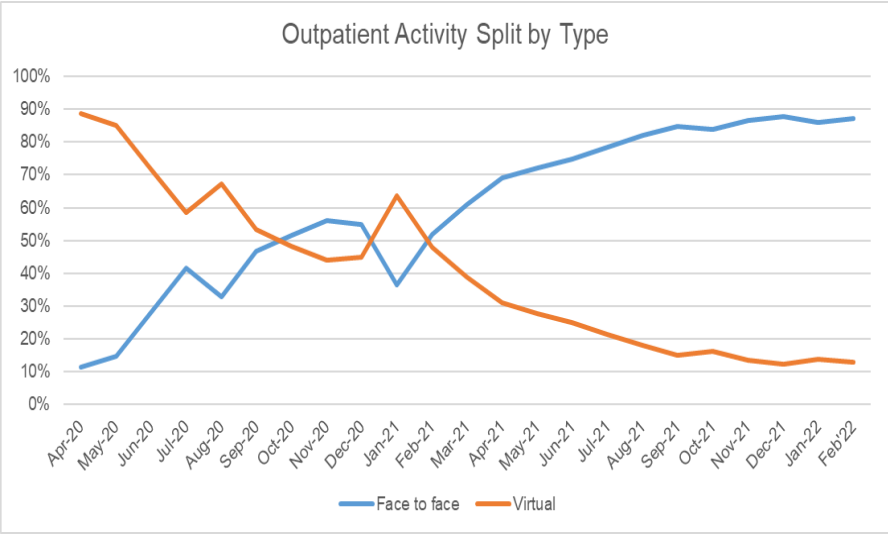


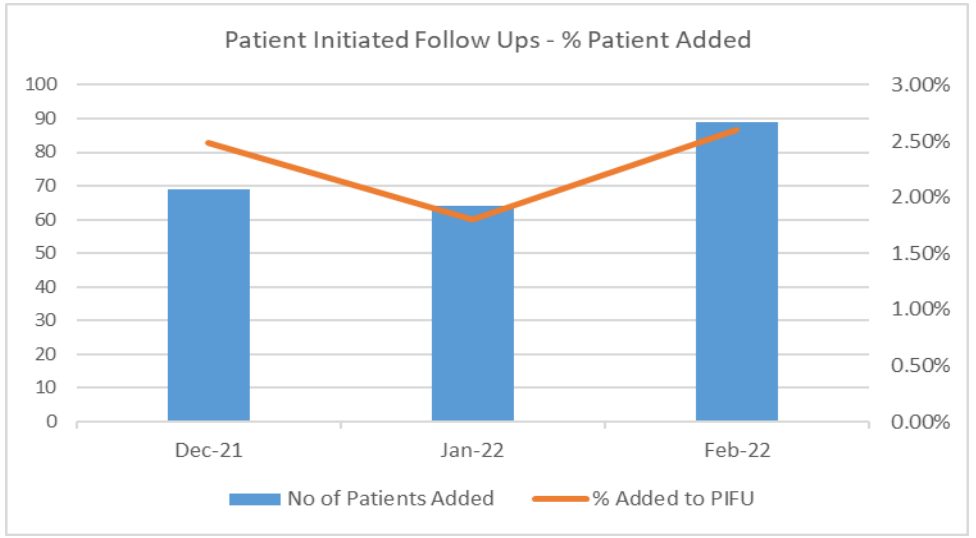






	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29





INFORMATION

There were 4,239 face to face and 672 virtual appointments carried out in February (14% virtual). This remains below the virtual appointments target of 25% and is attributed to patients needing to be seen face to face post COVID. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams. An outpatient transformation workshop is planned for the end of March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the elective recovery plans and ensure our patients are seen in the appropriate setting at the right time. PIFU Target for February achieved: plan 1.5% - actual: 2.59% - 89 patients out of 3430 (measured as a % of all outpatient activity)

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - 11.4% (Target 10%)
60 minute delays – 3.0% (Target 5%)

An analysis of 30 minute delays has shown a deteriorated position this is largely down to the Oncology clinics and the complexity of patients. We are currently carrying out further work with Consultant clinic templates to support the ongoing improvements with clinic delays. The 60 minute delays still continue to be improving and supported by the escalation process in outpatients. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients.

The DNA rate for February is 7.07% , below trust target and a decrease from 8.51% in January – the Trust target is 8%. Monthly analysis of the DNA's continues to drive the improvement going forward. We are currently undergoing improvements to the appointments service and are working with IT to support the implementation of a new call centre to offer an improved experience for our patients. The New call centre project group has been set up with a lead time of completion within 6 weeks.

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 to achieve 15% of referral through advice and guidance. We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – we are currently at 100% response rate for February.

RISKS / ISSUES

Appointments Call centre upgrade is underway with completion due by the end of April at the latest.

19. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

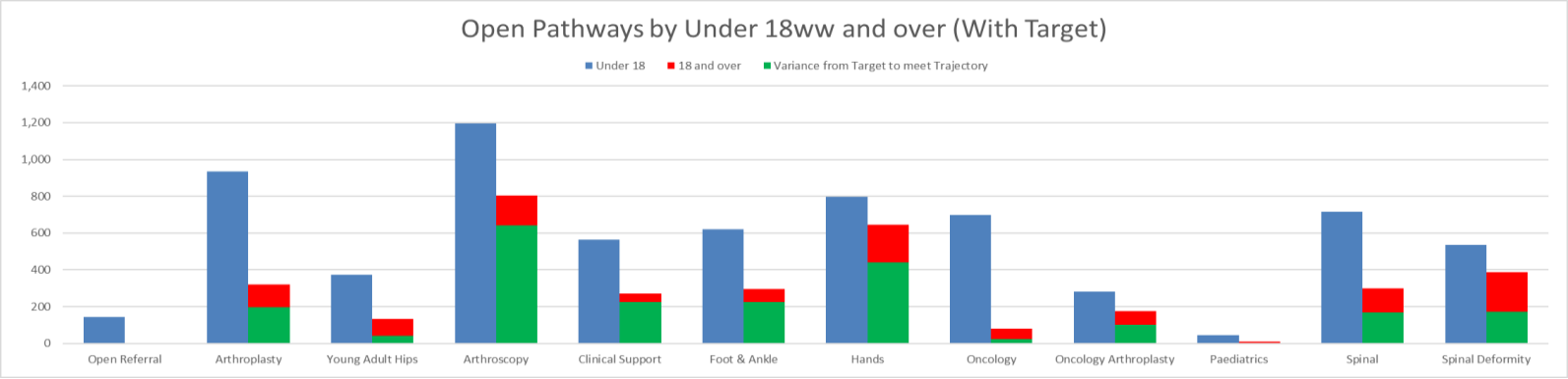
Est Over 18 Clock Stops Required		
To achieve	85.49%	2582
To achieve	83.14%	2320
To achieve	85.49%	2582

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,426**	136	560	193	508	248	330	337	343	114	32	335	290
7-13	**2,284**	9	248	125	460	214	191	292	231	116	9	249	140
14-17	**1,198**	0	128	57	227	103	98	167	124	52	5	132	105
18-26	**1,835**	0	216	85	358	198	175	327	51	88	5	156	176
27-39	**1,215**	0	99	38	325	63	101	228	23	75	2	92	169
40-47	**293**	1	4	8	101	8	19	66	6	9	1	32	38
48-51	**43**	0	0	2	16	1	0	14	0	0	0	9	1
52 weeks and over	**32**	1	0	0	4	0	1	11	0	2	0	9	4
Total	**10,326**	147	1,255	508	1,999	835	915	1,442	778	456	54	1,014	923

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,908**	145	936	375	1,195	565	619	796	698	282	46	716	535
18 and over	**3,418**	2	319	133	804	270	296	646	80	174	8	298	388
Current Month End RTT %	**66.90%**	**98.64%**	**74.58%**	**73.82%**	**59.78%**	**67.66%**	**67.65%**	**55.20%**	**89.72%**	**61.84%**	**85.19%**	**70.61%**	**57.96%**

28/02/2022 Trajectory RTT %	85.49%	100.00%	88.45%	80.61%	88.07%	92.52%	89.65%	79.56%	92.47%	79.67%	92.16%	84.59%	71.09%
Target for RTT Trajectory	1,173	0	122	90	162	46	71	204	57	72	4	130	218
Variance from Target to meet Trajectory	2245	2	197	43	642	224	225	442	23	102	4	168	170



Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

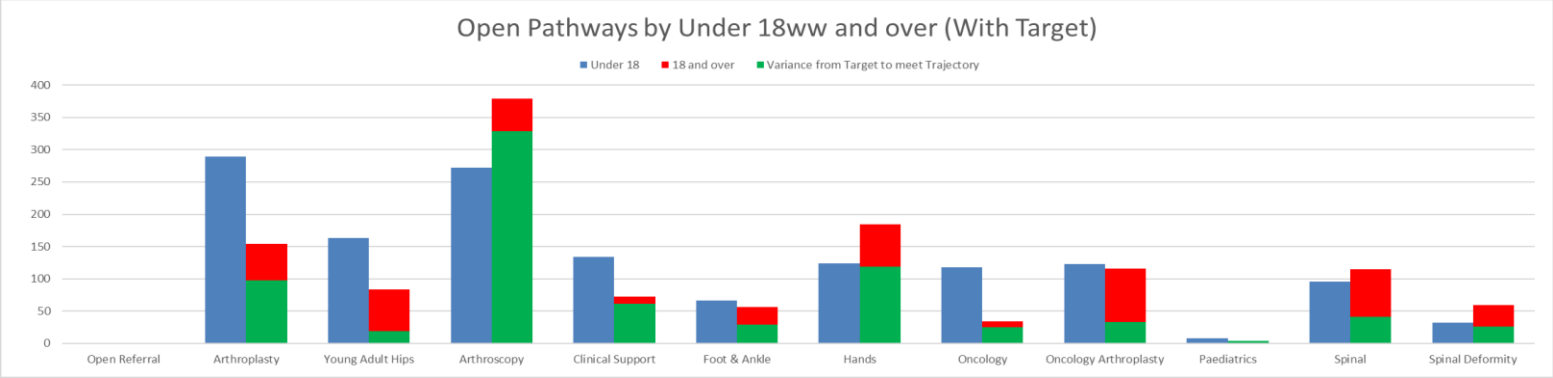
Est Over 18 Clock Stops Required		
To achieve	76.85%	951
To achieve	83.14%	1112
To achieve	85.49%	1166

Select Pathway Type: **Admitted**

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**643**	0	143	70	127	59	25	48	59	52	6	39	15
7-13	**476**	0	94	59	80	43	25	42	41	48	1	31	12
14-17	**306**	0	52	34	65	32	16	34	18	23	1	26	5
18-26	**608**	0	96	51	138	53	28	89	18	57	3	59	16
27-39	**473**	0	58	25	161	15	24	68	12	50	1	30	29
40-47	**134**	0	0	6	68	3	3	16	4	7	0	15	12
48-51	**22**	0	0	1	11	1	0	5	0	0	0	4	0
52 weeks and over	**19**	0	0	0	1	0	1	6	0	2	0	7	2
Total	**2,681**	0	443	246	651	206	122	308	152	239	12	211	91

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,425**	0	289	163	272	134	66	124	118	123	8	96	32
18 and over	**1,256**	0	154	83	379	72	56	184	34	116	4	115	59
Current Month End RTT %	**53.15%**	n/a	**65.24%**	**66.26%**	**41.78%**	**65.05%**	**54.10%**	**40.26%**	**77.63%**	**51.46%**	**66.67%**	**45.50%**	**35.16%**

28/02/2022 Trajectory RTT %	76.85%	100.00%	83.73%	71.93%	84.30%	92.50%	71.23%	65.68%	92.70%	59.83%	93.33%	56.64%	49.09%
Target for RTT Trajectory	429	0	56	64	51	11	27	65	9	83	1	73	33
Variance from Target to meet Trajectory	827	0	98	19	328	61	29	119	25	33	3	42	26



Referral to Treatment Snapshot as 28th February 22 (Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

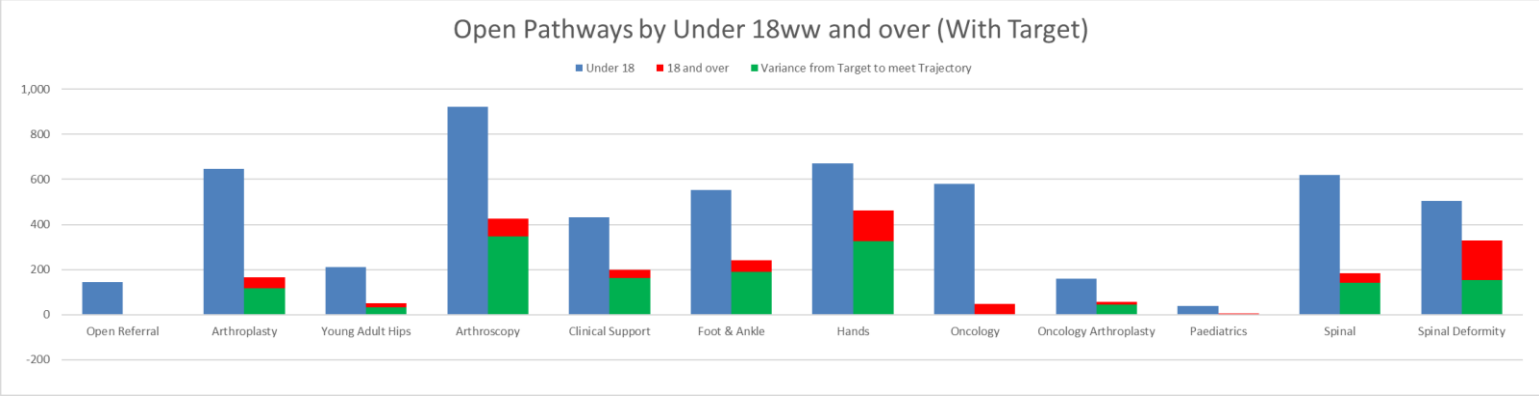
Est Over 18 Clock Stops Required		
To achieve	89.33%	1733
To achieve	83.14%	1208
To achieve	85.49%	1416

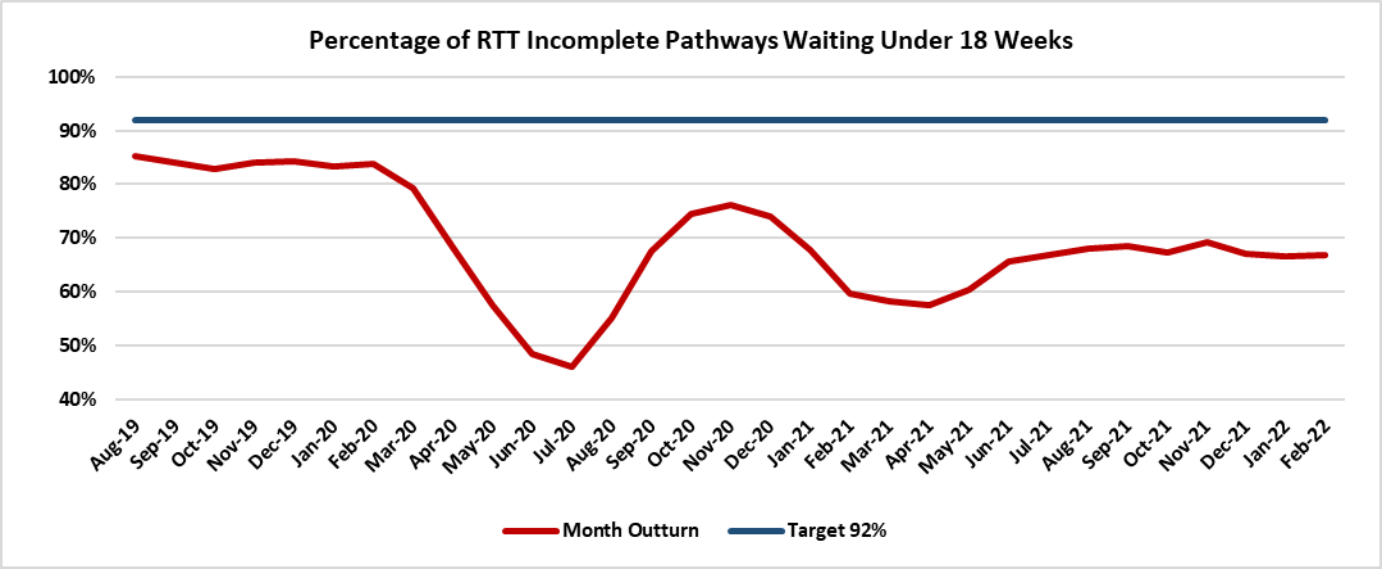
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,783**	136	417	123	381	189	305	289	284	62	26	296	275
7-13	**1,808**	9	154	66	380	171	166	250	190	68	8	218	128
14-17	**892**	0	76	23	162	71	82	133	106	29	4	106	100
18-26	**1,227**	0	120	34	220	145	147	238	33	31	2	97	160
27-39	**742**	0	41	13	164	48	77	160	11	25	1	62	140
40-47	**159**	1	4	2	33	5	16	50	2	2	1	17	26
48-51	**21**	0	0	1	5	0	0	9	0	0	0	5	1
52 weeks and over	**13**	1	0	0	3	0	0	5	0	0	0	2	2
Total	**7,645**	147	812	262	1,348	629	793	1,134	626	217	42	803	832

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,483**	145	647	212	923	431	553	672	580	159	38	620	503
18 and over	**2,162**	2	165	50	425	198	240	462	46	58	4	183	329
Current Month End RTT %	**71.72%**	98.64%	**79.68%**	**80.92%**	**68.47%**	**68.52%**	**69.74%**	**59.26%**	92.65%	**73.27%**	**90.48%**	**77.21%**	**60.46%**

28/02/2022 Trajectory RTT %	89.33%	100.00%	92.90%	92.72%	92.15%	92.53%	91.64%	83.21%	92.43%	92.20%	92.05%	93.49%	74.09%
Target for RTT Trajectory	655	0	49	17	79	35	50	136	48	13	3	43	176
Variance from Target to meet Trajectory	1507	2	116	33	346	163	190	326	-2	45	1	140	153





ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION

The Referral To Treatment (RTT) position for February is **66.90%** against the National Constitutional Target of 92%. This is an increase of 0.35% compared to January reporting at **66.55%.**

There are **32** patients over 52 weeks, a decrease from **70 in January.**

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **336** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2681 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,136** (79%) referrals received in February 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

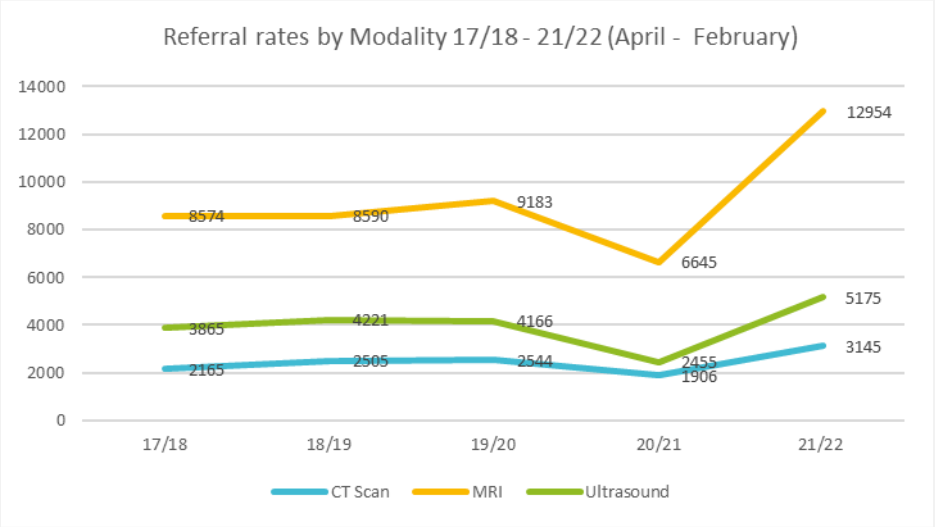
Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways. A focus for April will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

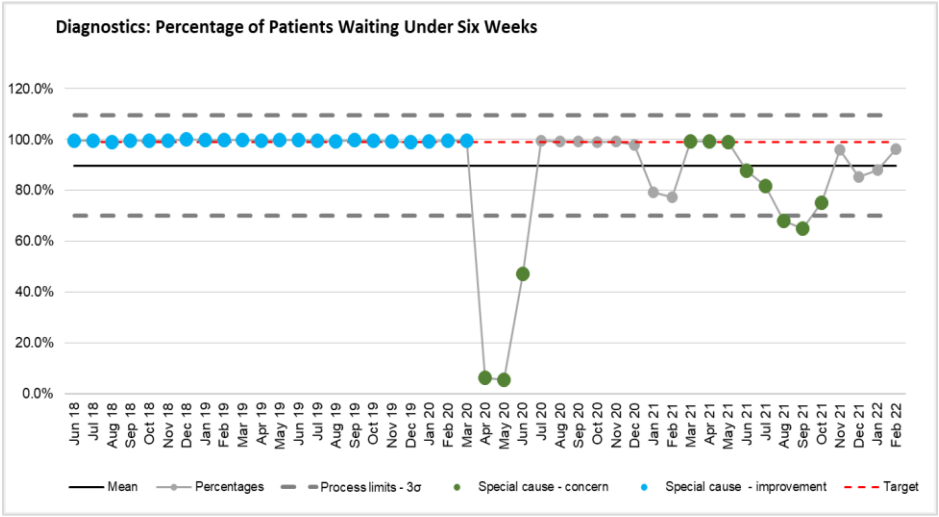
RISKS / ISSUES

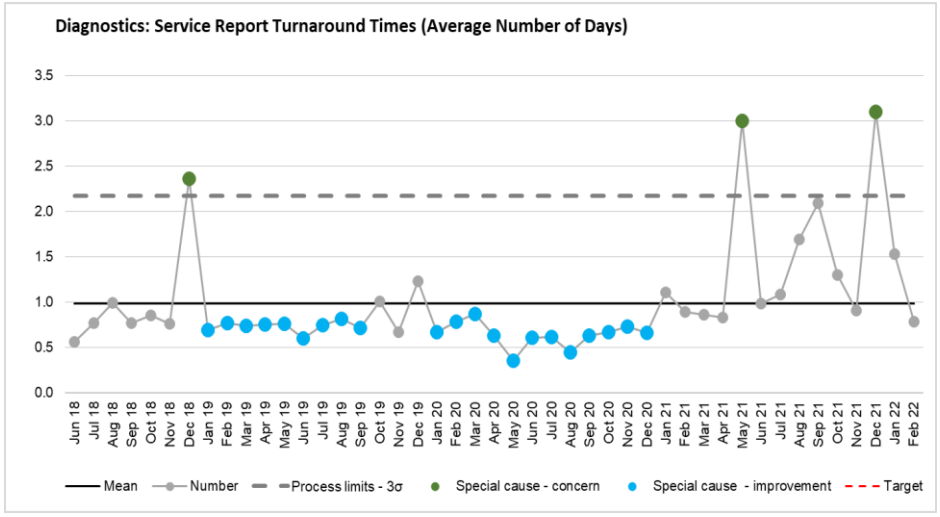
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH

Diagnostic Performance

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834







INFORMATION
Imaging did not meet the diagnostic target in February reporting 96.2%, however it was an increase on the previous months' performance. Referrals continue to remain high specifically for MRI when compared to January 19/20. Activity levels across the 3 modalities (CT,US,MRI) were also at the highest figure since December 2020. An contract for additional mobile MRI van capacity to support the clearance of the MRI backlog is being scoped following the capacity and demand modelling being completed to deliver a trajectory of recovery for this particular modality target. Reporting times in February remained on track
ACTIONS FOR IMPROVEMENTS / LEARNING
To continue to ensure all capacity is fully utilised and minimise DNAS . Implementation of the recently approved 7 day working for imaging services will further increase capacity
RISKS / ISSUES
The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

20. Cancer Performance

Standard	Target	Total patients	Accountable patients to ROH	Compliant	Non-compliant	Percentage
2WW	93%	61	61	60	1	98.40%
31 day first	96%	14	14	11	3	78.57%
31 day subsequent	94%	5	5	3	2	60%
62 day	85%	5	4	3	1	75.00%
Upgrade	No target	12	8.5	6.5	2	76.47%
28 FDS	75%	74	74	62	12	83.80%
Patients waiting over 104 days	0	2				N/A

Performance:

104 day standard:

PATIENT 1 – tertiary referral into ROH with diagnosis, complex diagnostic pathway requiring repeat biopsies. Once diagnosed required multiple surgeons from the ROH pelvic team and the RPS team from QE which delayed surgery due to availability and the number of other patients requiring complex surgery

PATIENT 2 – patient was scheduled for surgery at ROH before 62 day target however upon admission the patient was not fit for surgery due to complexity of co-morbidities and was subsequently requiring surgery at QE. Following further extensive clinical investigations the patients pathway converted to active monitoring rather than surgery

62 day standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

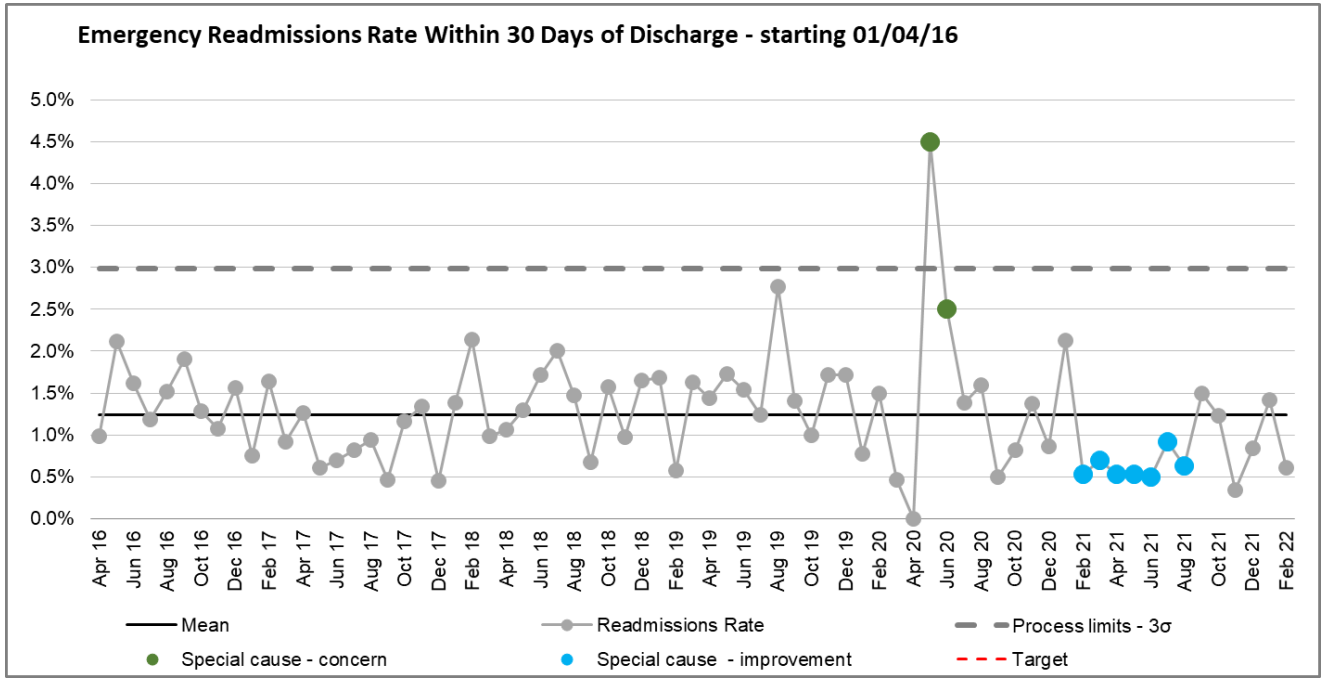
31 day first treatment standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

PATIENT 2 – patient tested positive for Covid, initial two surgery dates had to be rescheduled and subsequently patient breached 31 day target. Patient treated day

21. Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

Current Year YTD Apr 15 – February 22



	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
No of Readmissions	2	2	3	3	4	3	8	7	2	4	6	3
Denominator	287	373	567	602	544	478	530	567	589	469	423	494
% Readmissions	0.7%	0.5%	0.5%	0.5%	0.7%	0.6%	1.5%	1.2%	0.3%	0.9%	1.4%	0.6%

ROHTB (4/22) 013

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Dec 2021

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Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in November, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

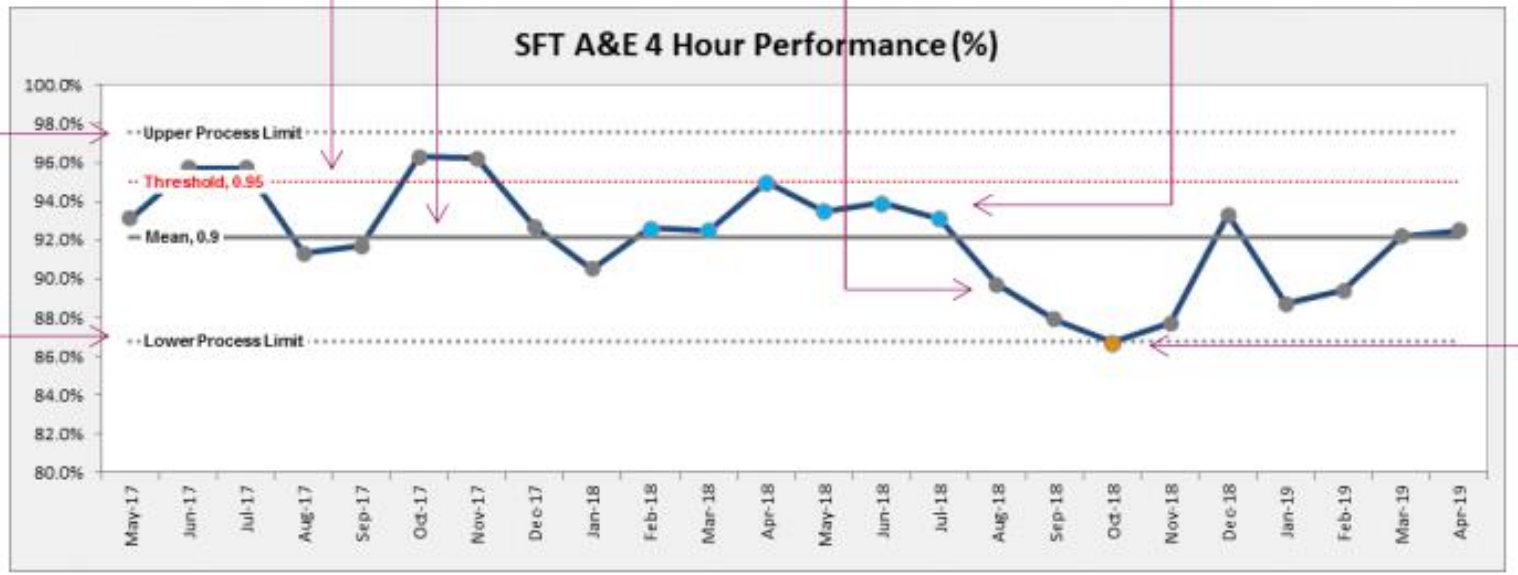
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

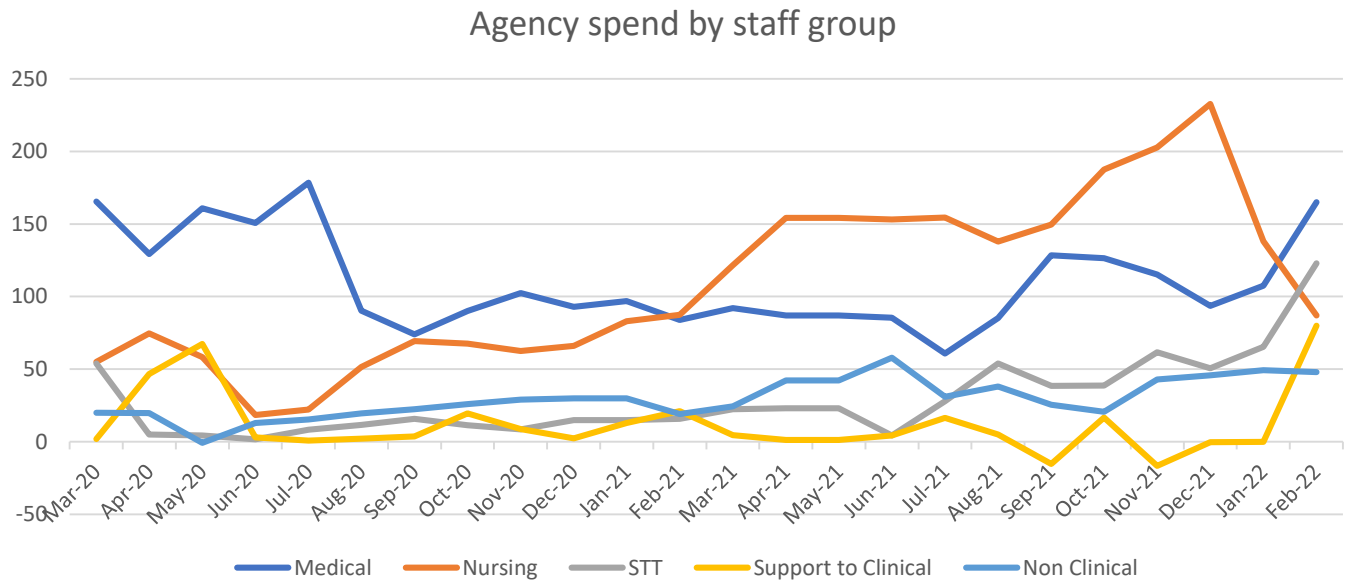
Workforce Monthly Snapshot Overview

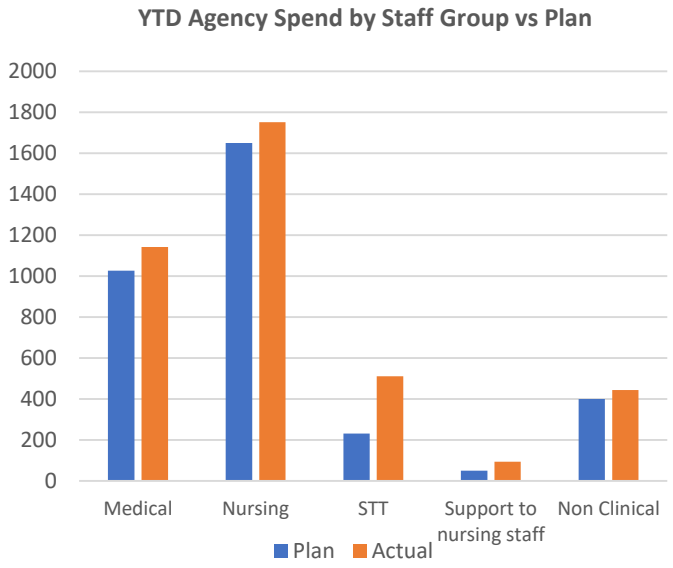
The Royal Orthopaedic Hospital NHS Foundation Trust

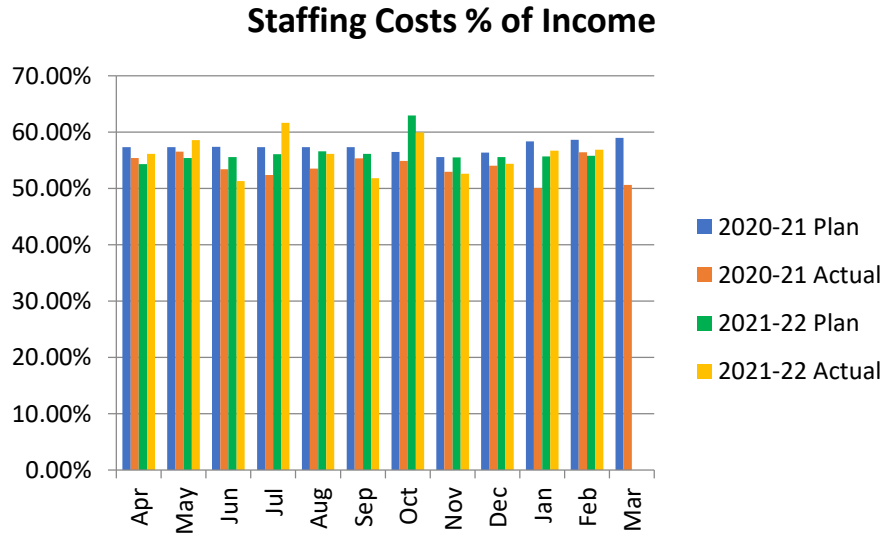
Trust Workforce Metrics	Jan-22	Feb-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1256	1244	-12	-	-
Staff In Post - Full Time Equivalent	1114.07	1103.98	-10.09	-	-
Staf Turnover % - Unadjusted	14.75%	15.34%	0.59%	⇧	<=11.5%
Staf Turnover % - Adjusted	12.62%	13.17%	0.55%	⇧	<=11.5%
Total WTE Employed as % of Establishment	87.00%	87.28%	0.27%	⇧	>=93%
Total WTE Employed as % of Establishment - Clinical	83.38%	83.33%	-0.06%	⇩	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	93.62%	94.51%	0.89%	⇧	>=96%
% Of Attendance	93.21%	94.74%	1.53%	⇧	>=96.3%
% Of 12 mth MAA Attendance	93.86%	94.74%	0.88%	⇩	>=96.3%
% Staff received mandatory training last 12 months	87.83%	85.89%	-1.94%	⇩	>=93%
% Staff received formal PDR/appraisal last 12 months	67.30%	62.30%	-4.99%	⇩	>=95%
% of Sickness - Trust wide Long-term	3.02%	2.61%	-0.41%	⇩	-
% of Sickness - Trust wide Short-term	3.76%	2.65%	-1.11%	⇩	-
Return To Work Completion %	39.39%	55.61%	16.22%	⇧	>=80%

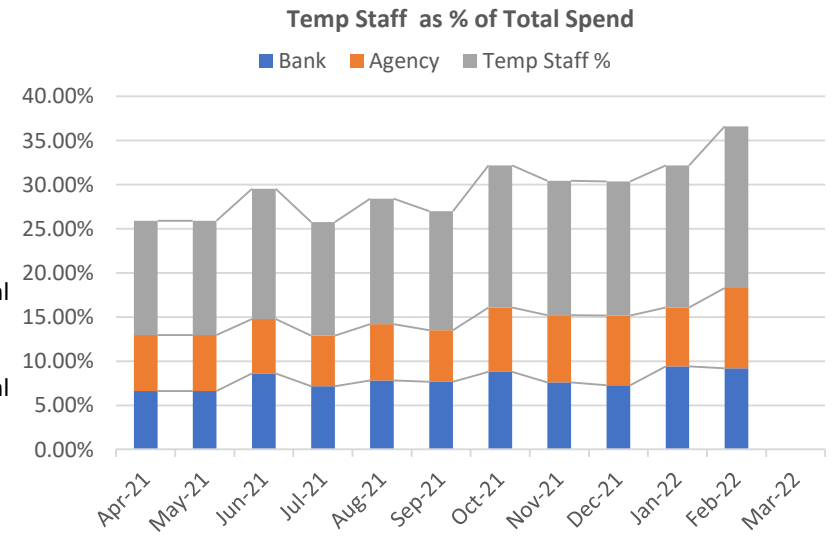
Workforce Composition & Cost

Feb-22		
Pay Cost Analysis		
	£'000's	Variance
Planned Income YTD	98131	
Actual Income YTD	102934	104.89%
Planned Pay Staffing Costs (YTD)	55276	
Actual Pay Staffing Costs (YTD)	57463	104%
Planned Substantive Pay Costs (YTD)	47491	
Actual Substantive Pay Costs (YTD)	48796	103%
Planned Bank Pay Costs (YTD)	3999	
Actual Bank Pay Costs (YTD)	4530	113%
Planned Agency Pay Costs (YTD)	3356	
Actual Pay Costs (YTD) Agency Staff	3938	117%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.07%
Actual Agency Pay Costs as % of total Pay costs (YTD)		6.85%









Workforce Establishment

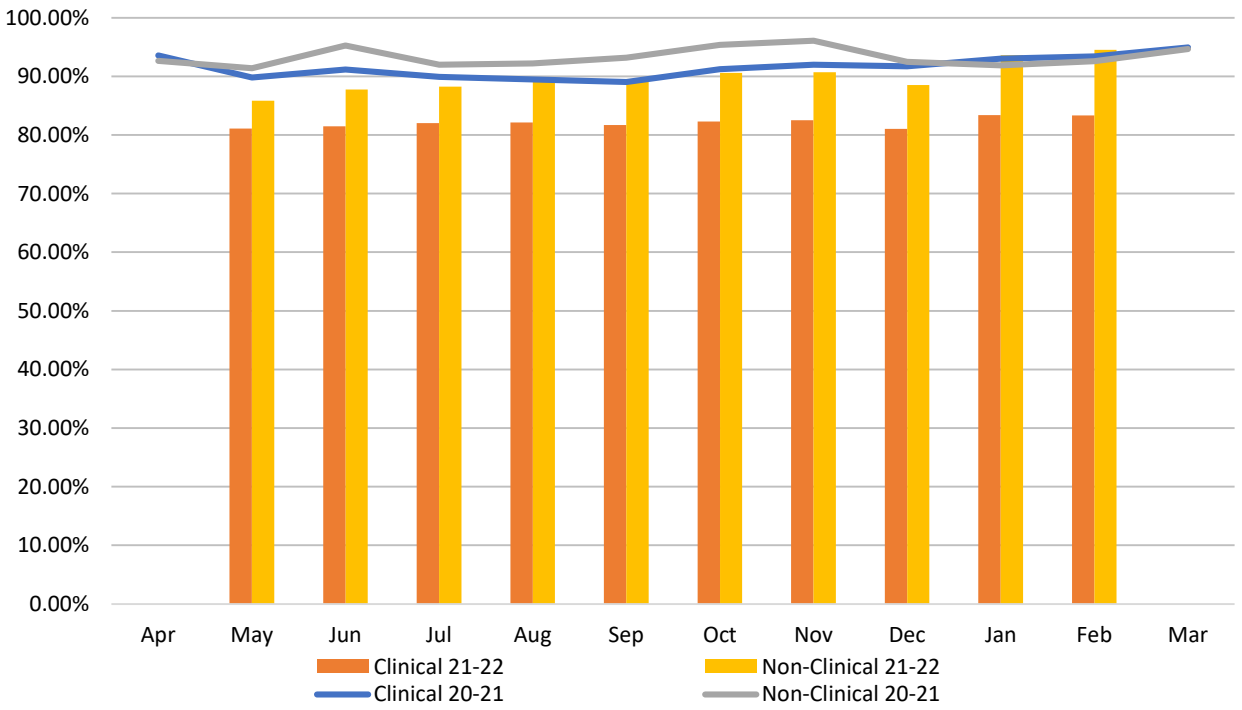
The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

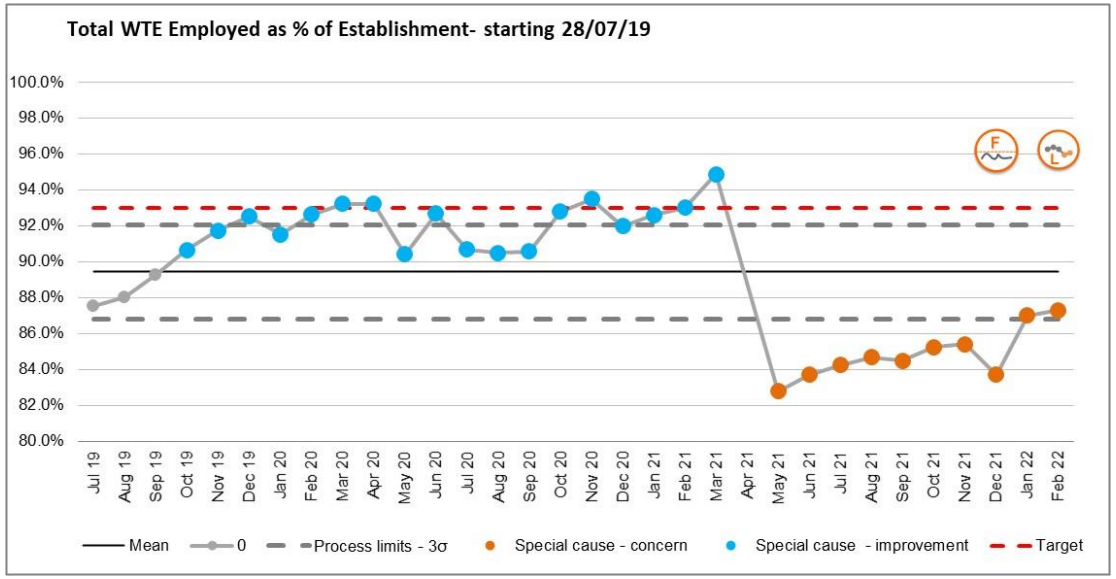
At the end of February, the number of staff on payroll stood at 1244 (WTE 1103.982) which is a decrease of **10.09 WTE** from January.

The Total WTE Employed as a % of the Establishment this month was **87.28%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

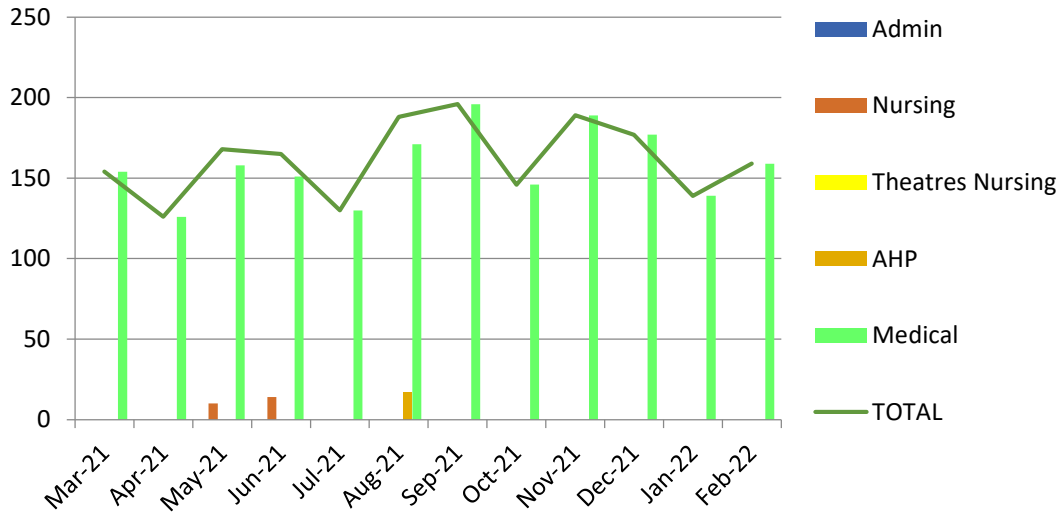
Staff in Post v Establishment Clinical / Non-Clinical



Total WTE Employee as a % of Establishment



Agency Breaches



Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **15.34%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **20.12%** in February 2022 and **20.09%** in January 2022. Division 1 turnover has remained over 11.5% this month at **13.45%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Allied Health Professionals staff group, closely followed by Additional Clinical Services which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 5 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

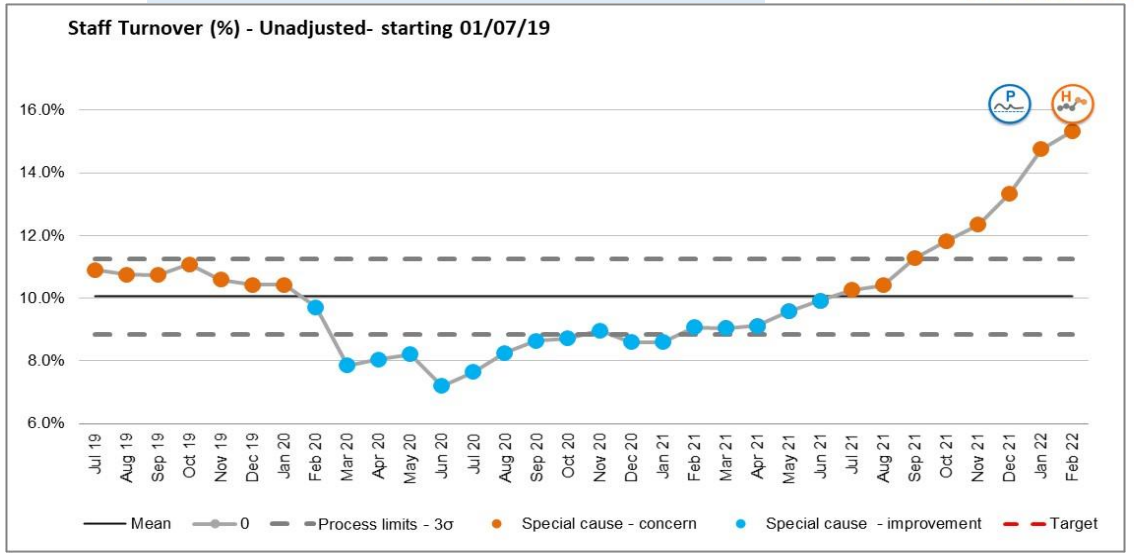
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	8.95%
Additional Clinical Services	19.74%
Administrative and Clerical	15.23%
Allied Health Professionals	21.36%
Estates and Ancillary	8.27%
Medical and Dental	5.03%
Nursing and Midwifery Registered	18.32%

*Data From Feb 22

	Top 3 Leaving Reasons (Jan22- Feb22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of training opportunities
2	End of Fixed Term Contract	Lack of feedback in relation to my PDR
3	Voluntary Resignation - Relocation	Lack of recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months. From the exit questionnaires, there is very limited returns on this 6 for Feb 22.

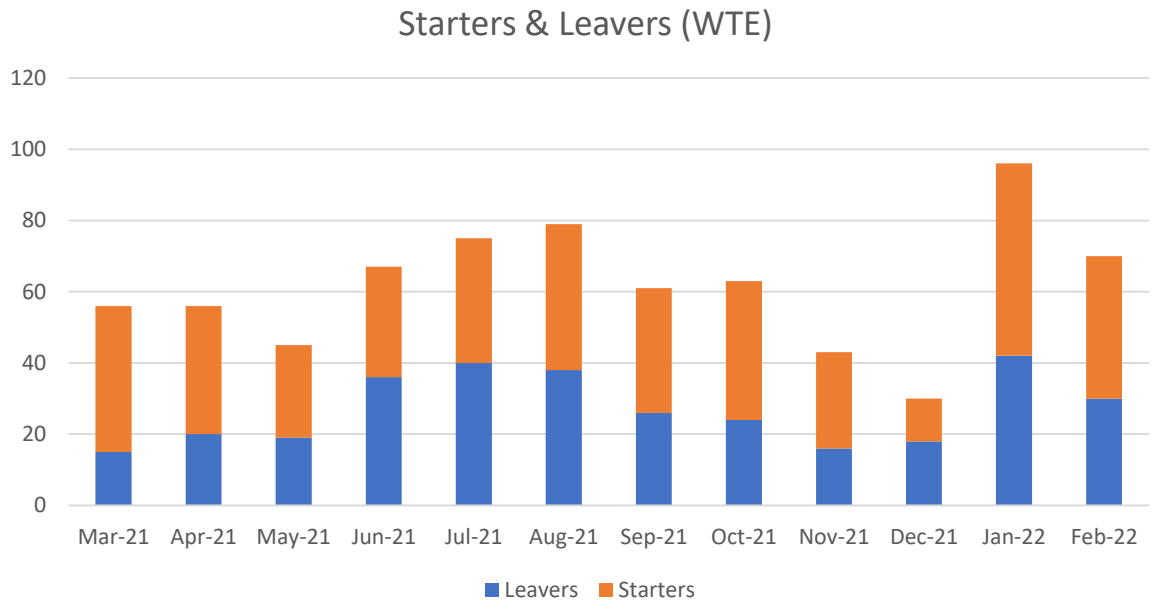
90.28% of leavers in Jan & Feb 22 were with the Trust for less than 5 years, this is an increase from Decembers report which was 75%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





***Data From Jan 21 – Feb 22**

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **94.74%** (sickness absence % = 5.26%) and Attendance for the rolling past 12 months was **94.74%.** This currently sit below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£2,023,859.51**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of February 2022, there were 26 staff on long term sickness, where 7 of the these staff members have been absent for longer than 6 months.

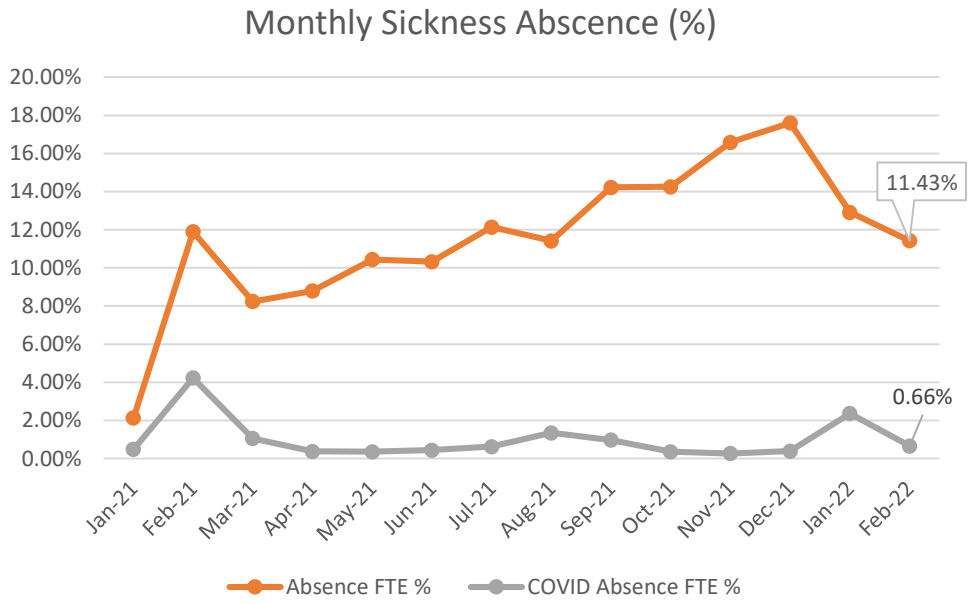
COVID Related Absence

This month COVID-related sickness made up **0.66%** of all sickness absence within the Trust. Compared to this time last year, the figures are lower than January.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £202,907.06. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews increased to **55.61%** in February, compared to **39.39%** in January. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	236	7402.01	£ 654,764.33
Cold, Cough, Flu - Influenza	422	2801.25	£ 262,978.77
Musculoskeletal problems	125	3130.29	£ 243,825.20
Gastrointestinal problems	403	1574.10	£ 142,374.31
Back Problems	98	1326.29	£ 110,660.42

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

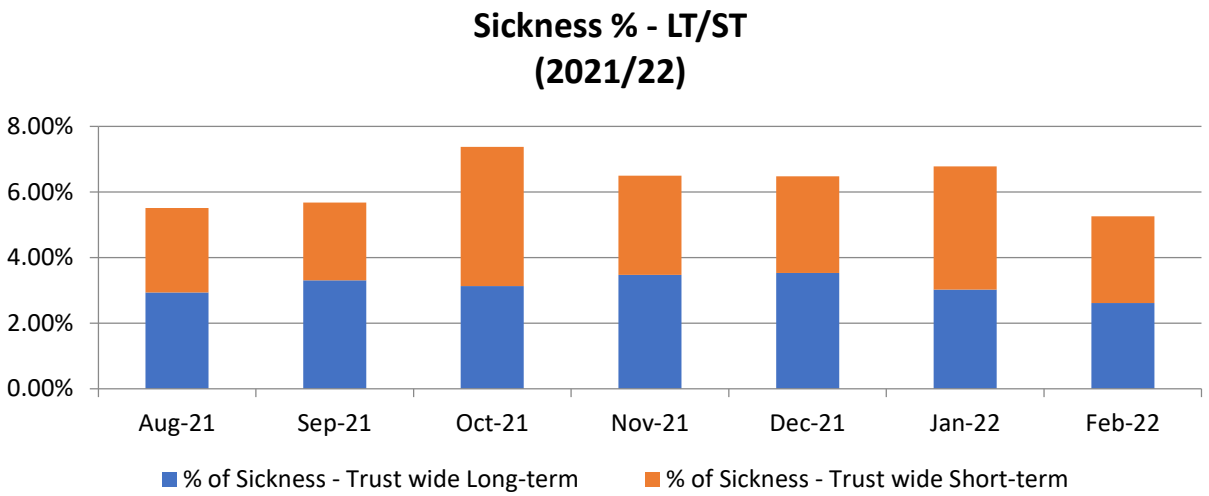
Actions

HR will continue to monitor sickness data, undertaking sickness deep dives in areas with high levels of sickness episodes and sickness reasons that cite one of the Trust's top 3 sickness reasons for sickness absence. HR will continue to liaise with the Trust Communications Team to ensure the Intranet is up to date in respect of wellbeing support services. HR will continue to report and escalate sickness episodes where return to work meetings have not been completed.

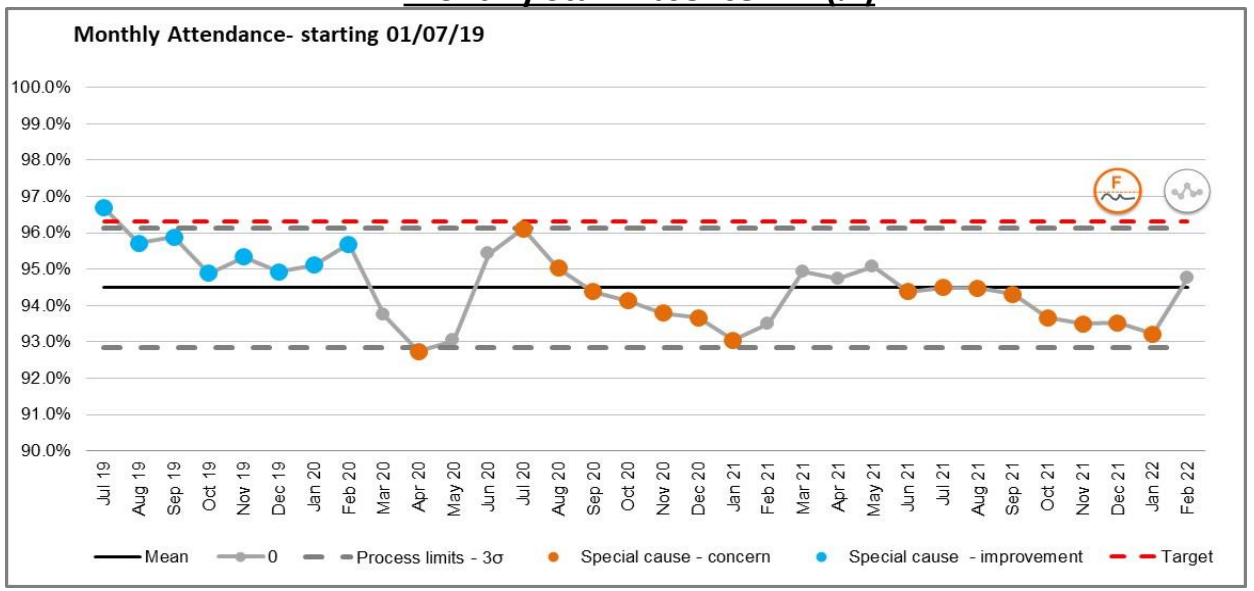
Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

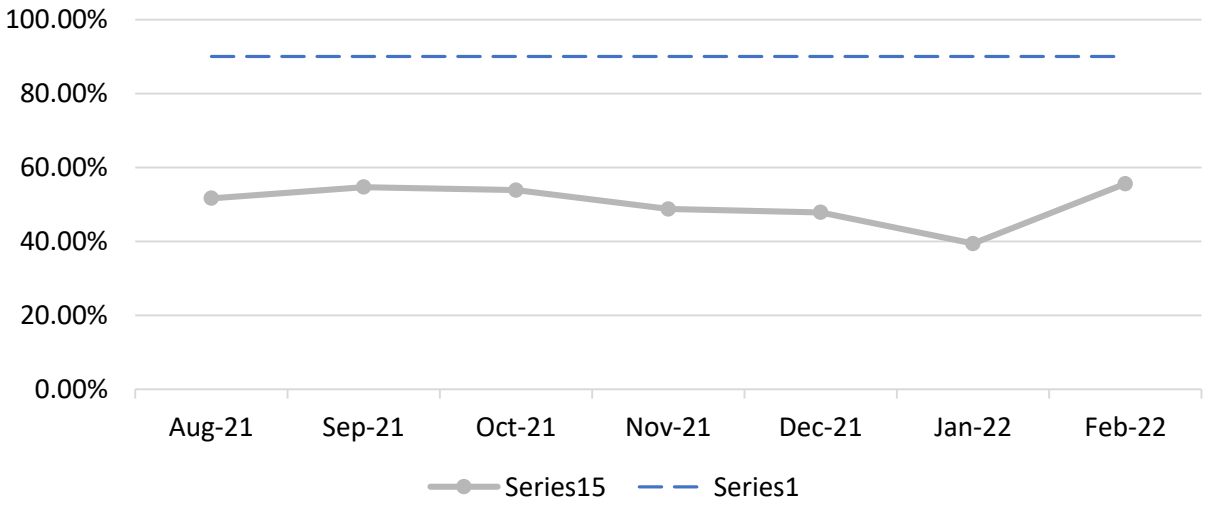
Long Term / Short Term Absence FTE (%)



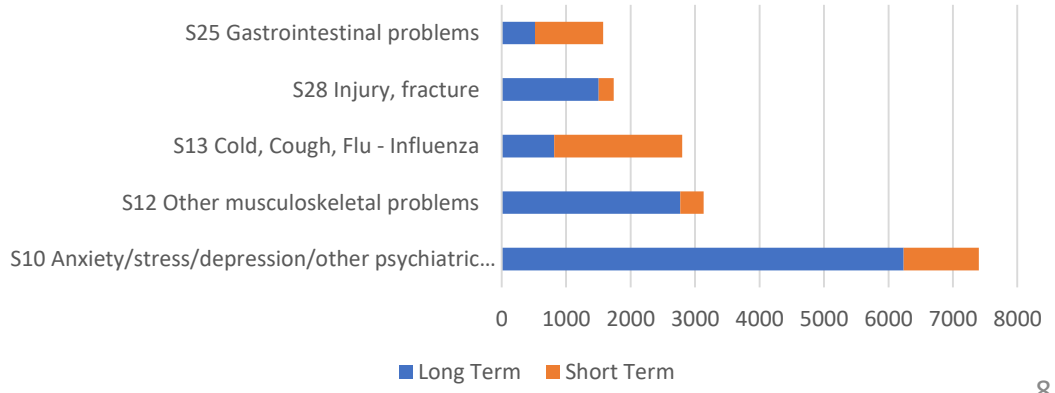
Monthly Staff Absence FTE (%)



Monthly Return To Work %



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Aug 21 – Feb 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

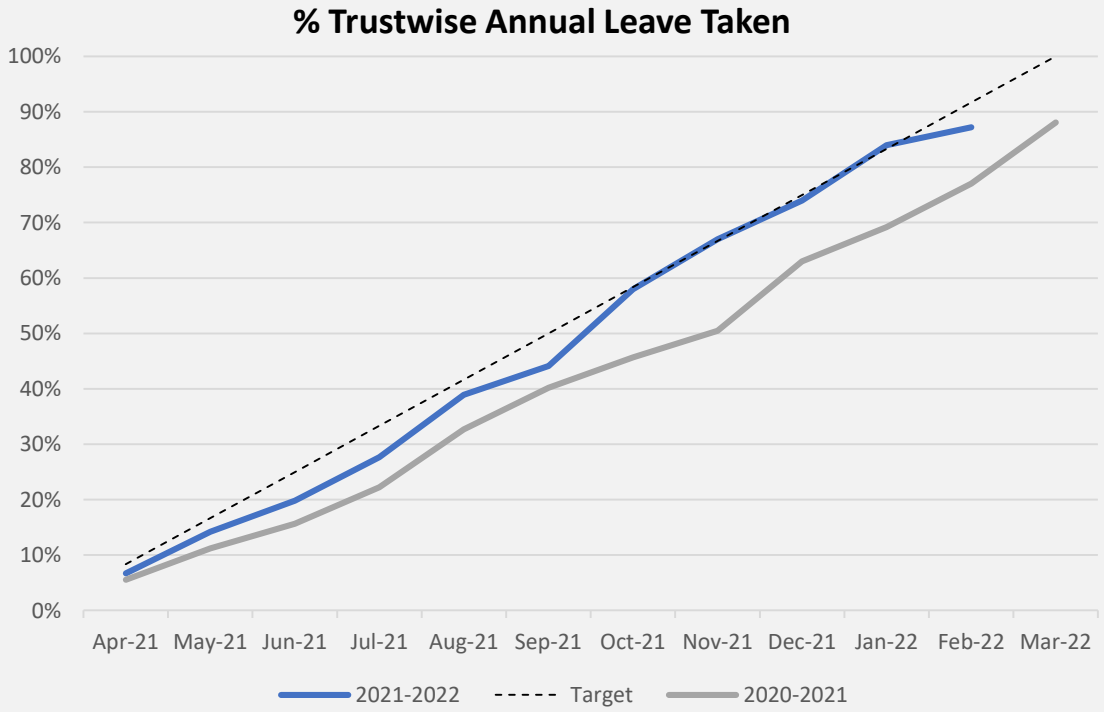
Summary and Actions

At the end of February 2022, there was no formal Capability or Disciplinary cases. All live cases have been closed.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the end of Q3 (Dec 21) for the financial year, AfC staff have taken **87.21%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 91% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st December 2021

Division	% Annual Leave Taken
303 Corporate Directorate	89.89%
303 Covid-19 Division	75.55%
303 Division 1 - Patient Services	86.22%
303 Division 2 - Patient Support	85.43%
303 Division 4 - Estates and Facilities	94.48%
Trust Total	**87.22%**

Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	78.67%
Additional Clinical Services	86.83%
Administrative and Clerical	91.78%
Allied Health Professionals	89.79%
Estates and Ancillary	92.82%
Nursing and Midwifery Registered	85.75%

Wellbeing Day

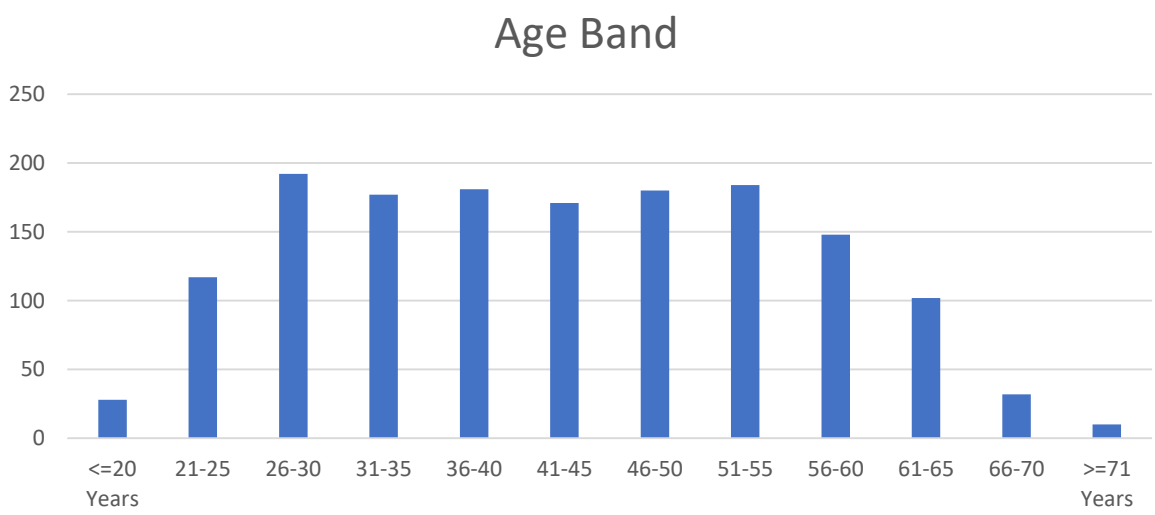
At the end of February, **43%** of eligible staff have taken their wellbeing day. There are a further 5**%** of staff so far who have this booked in the coming financial year. Staff are continually being encouraged to their wellbeing days in line with regular annual leave which has been agreed locally as some staff have been unable to take their day due to operational pressures.

Workforce Demographics

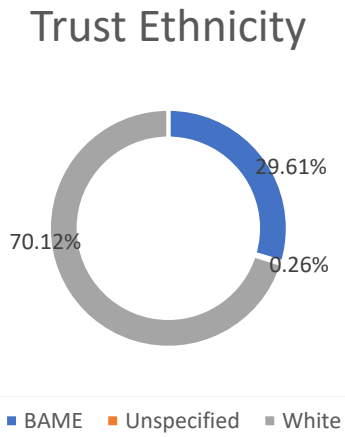
Summary

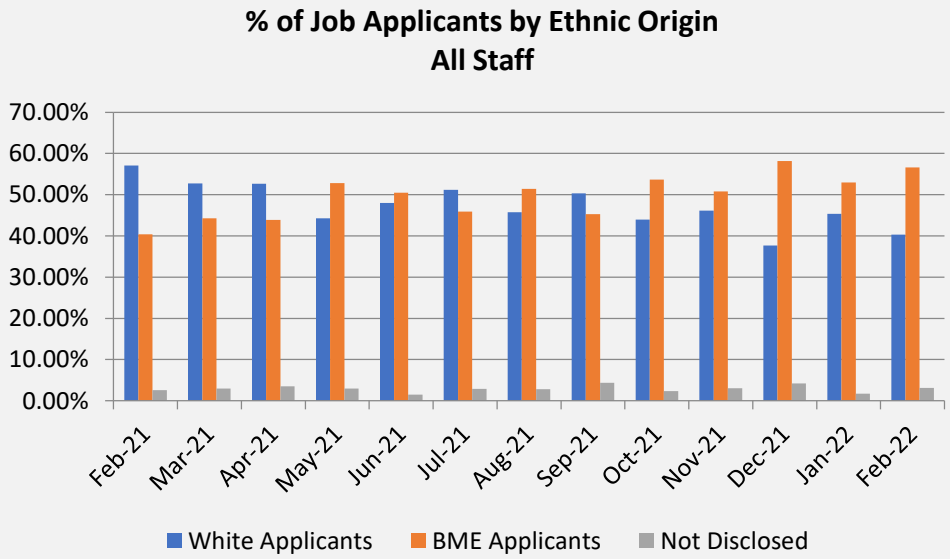
The Trust (including bank staff) is made up of 71.5% female and 28.5 % male staff

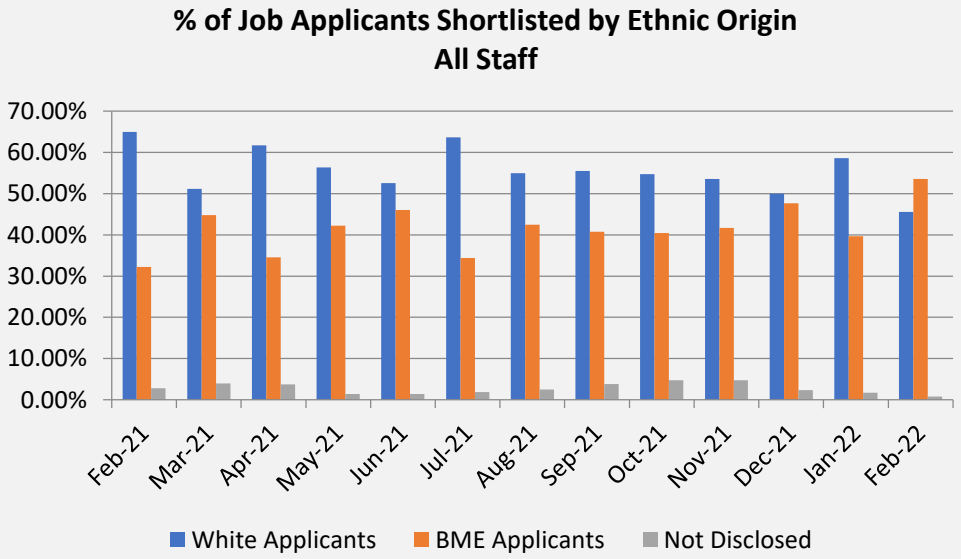
Our current status of staff with a disability is 4.66% with **14.5%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record



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2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

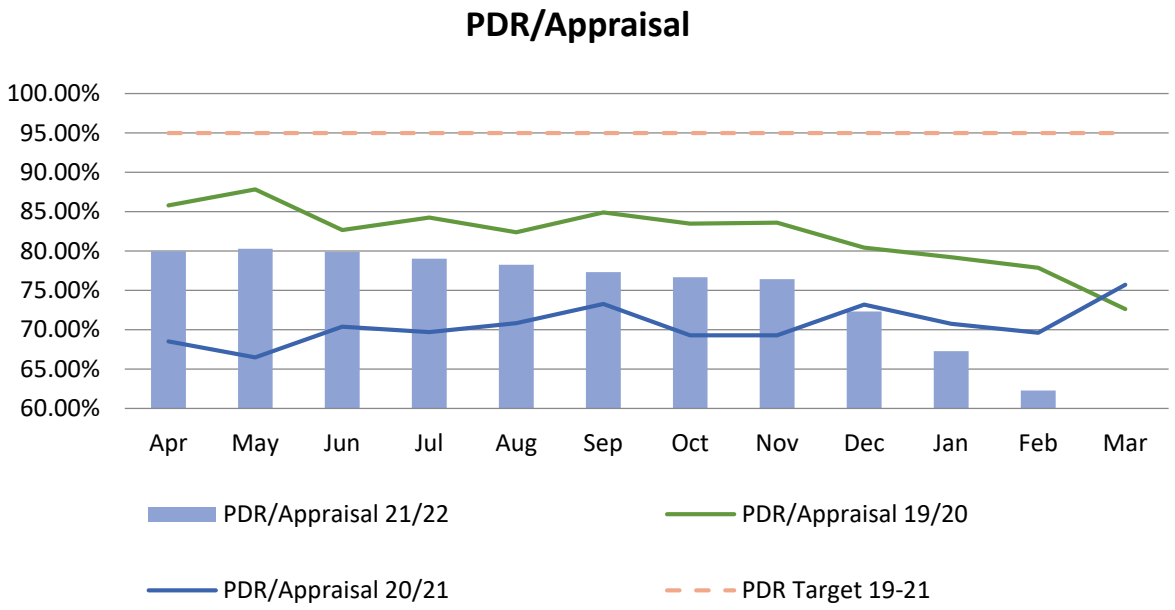
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

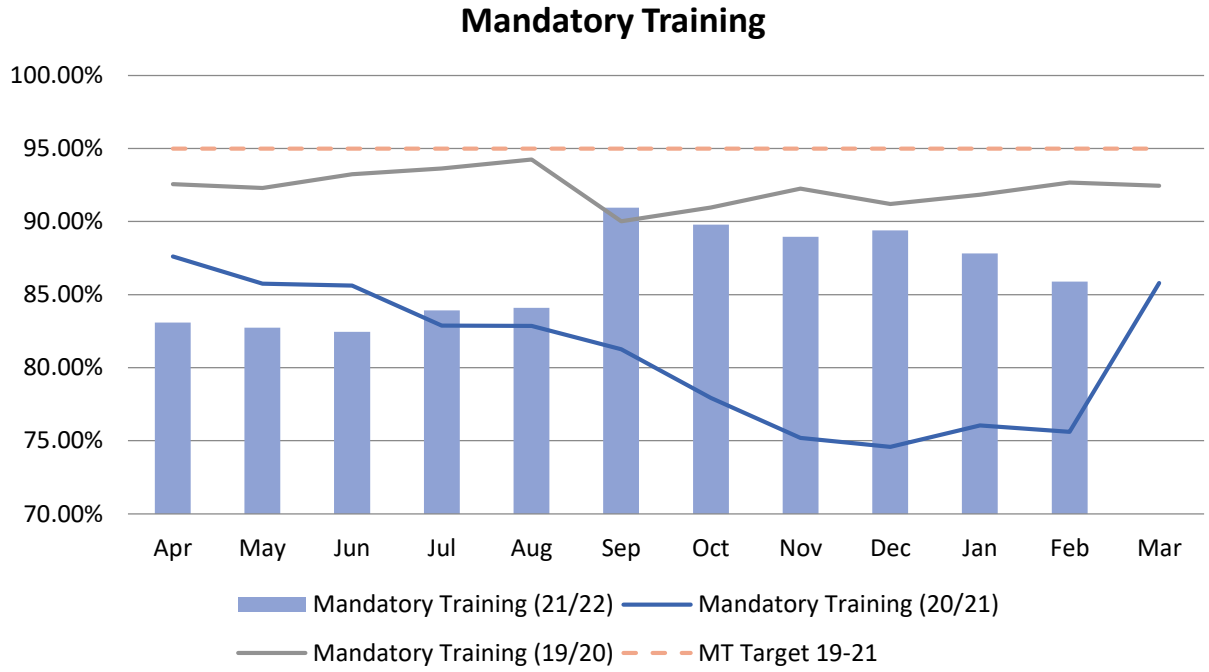
Over the last few months, the percentage of staff not disclosing their ethnic background has decreased to 0.26% of all applicants, which is positive.

Applications from BME staff made up 56% of all applications made in February

53.60% of shortlisted candidate were from a BME background, with 0.8% undisclosed

Training and Development





Appraisals

Appraisal completion decreased by 4.99% to **62.30%** in February and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

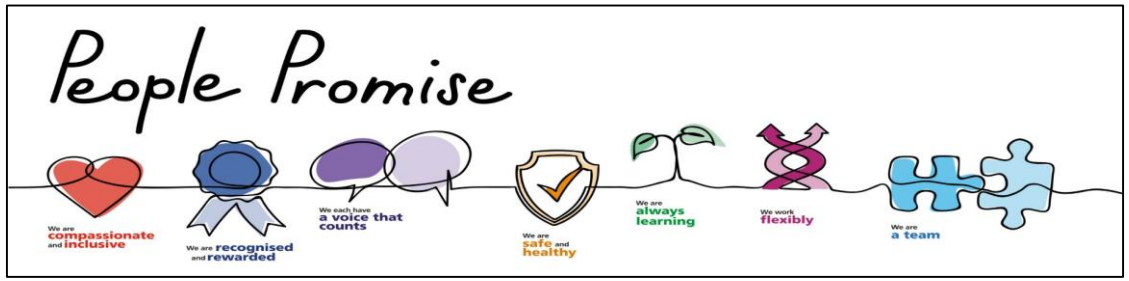
Mandatory training increased by 1.94**%** to **85.89%** in February, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

Workforce – Experience and Engagement

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))

The results for the restarted People Pulse survey 21/22 Q4 have been shared with colleagues across the Trust and will be integrated into the National Survey results. All future work and analysis of results will be aligned to the People Promise, all future work with the on the staff survey will be aligned to this framework. The next People Pulse 22/23 Q1 will start on April 4th. It will run for the month of April and will include all permanent staff and bank staff.



National Staff survey (NSS)

The national staff survey results are currently being reviewed and Communications will start when the embargo is lifted on March 30th

Inclusion Work

The actions from the CQC BAME Focus group have been confirmed with support form the Multi Minority Ethnic Group (MMEG) network and are integrated into the ROH Inclusion Plan.

The EPIC Programme has commenced in March 2022, with over 16 colleagues attending the course. The EPIC programme is enabling colleagues to be Inclusive Champions for colleagues, teams and patients across the ROH Trust.

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future. The workshops will start in June 2022 for mentors and mentees

Work is progressing for the first Me as Manager programme in April 2022. This is an awareness session designed for all manager to understand the lifecycle of their employees. The session will be run face to face with an action planning and support material to upskills managers in key areas

Our intern on the NHS 10000 Black Intern programme will be starting in the Trust in early June for six weeks. We have made contact with the individual Kiosha Sukie and will be organising meeting for colleagues to meet Kiosha in preparation for the internship starting. Kiosha will be supported by the OD and Inclusion Team and staff networks and a programme will be set up of areas that Kiosha will work in

disability confident LEADER

The Trust has successfully completed Disability Confident Level 3 Leader accreditation and will continue progress through feedback from the assessment and with the inclusive recruitment project work.

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through Wellbeing information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The next Health and Wellbeing days will take place in May 2022. Planning has started for this event to include support from colleagues around the Trust include staff networks and mental health support colleagues
- The funding for the BSol Wellbeing initiative of £27000 is still to be received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level.
- Financial wellbeing support is being offer to staff via comms messages and a staff focus group is taking place to learn what support staff need.

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Notice of Trust Board Meeting in Public on Wednesday 6 April 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 6 April 2022 commencing at **0900h** in the Justham Family Room at the International Convention Centre, Birmingham.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue International Convention Centre, Birmingham, B1 2EA **Date** 6 April 2022: 0900h – 1430h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Ms Laura Tilley-Hood	Wellbeing Officer	(LT-H)	
Mrs Clare Mair	Head of OD & Inclusion	(CM)	
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SMa)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 2 March 2022: *for approval*	ROHTB (3/22) 027	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (3/22) 027 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	TP/JW
0920h	6	Discussion: Staff wellbeing update: • The ROH as the Wellbeing Hospital • Supporting staff through the cost of living crisis	Presentation	JW/ CM/ LT-H
1000h	7	COVID-19 infection prevention and control update: *for assurance*		
	7.1	Outbreak summary: *for assurance*	ROHTB (4/22) 002 ROHTB (4/22) 002 (a)	GM

	7.2	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (4/22) 003	GM
	7.3	Patient visiting arrangements: *for information*	Verbal	GM
1015h	8	Learning from Deaths and Mortality report: *for assurance*	ROHTB (4/22) 005 ROHTB (4/22) 005 (a)	MR
1025h	9	Medical Director's annual report: *for assurance*	ROHTB (4/22) 006 ROHTB (4/22) 006 (a)	MR
1040h	10	Board Assurance Framework: *for assurance*	ROHTB (4/22) 007 ROHTB (4/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1050h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	ROHTB (4/22) 008 ROHTB (4/22) 009 ROHTB (4/22) 010	
	12	Performance reports: *for assurance* • Finance & Performance ○ Impact of risking costs of energy prices • Quality & Safety • Workforce	ROHTB (4/22) 011 Verbal ROHTB (4/22) 012 ROHTB (4/22) 013	
	13	Board topics 2022/23	ROHTB (4/22) 014 ROHTB (4/22) 014 (a)	
BREAK				
CONFIDENTIAL SESSION				
1115h	14	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 4 May 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO MARCH 2022

MEMBER	ATTENDANCE										TOTAL
	7/5/2021	5/5/2021	2/6/2021	7/7/2021	1/9/2021	7/10/21	2/11/2021	12/1/2022	2/2/2022	2/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	9/10
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	9/10
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A	✓	✓	8/10
Les Williams	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	9/10
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	9/10
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	9/10
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	9/10
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue International Convention Centre, Birmingham, B1 2EA **Date** 6 April 2022: 0900h – 1430h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Ms Laura Tilley-Hood	Wellbeing Officer	(LT-H)	[Item 6]
Mrs Clare Mair	Head of OD & Inclusion	(CM)	[Items 6 & 18]
Mrs Sarah Moulton	Deputy Chief Operating Officer	(SMo)	[Item 19]
Prof Lee Jeys	Consultant Surgeon	(LJ)	[Item 19]
Prof Ed Davies	Consultant Surgeon	(ED)	[Item 19]
Mrs Amanda Gaston	Deputy Director of Finance	(AG)	[Item 20]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	[Item 20]
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SMa)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 2 March 2022: *for approval*	ROHTB (3/22) 027	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (3/22) 027 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	TP/JW
0920h	6	Discussion: Staff wellbeing update: • The ROH as the Wellbeing Hospital • Supporting staff through the cost of living crisis	Presentation	JW/CM / LT-H

1000h	7	COVID-19 infection prevention and control update: *for assurance*		
	7.1	Outbreak summary: *for assurance*	ROHTB (4/22) 002 ROHTB (4/22) 002 (a)	GM
	7.2	NHS England IPC Board Assurance Framework: *for assurance*	ROHTB (4/22) 003 ROHTB (4/22) 003	GM
	7.3	Patient visiting arrangements: *for information*	Verbal	GM
1015h	8	Learning from Deaths quarterly report: *for assurance*	ROHTB (4/22) 005 ROHTB (4/22) 005 (a)	MR
1025h	9	Medical Director's annual report: *for assurance*	ROHTB (4/22) 006 ROHTB (4/22) 006 (a)	MR
1040h	10	Board Assurance Framework: *for assurance*	ROHTB (4/22) 007 ROHTB (4/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1050h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	ROHTB (4/22) 008 ROHTB (4/22) 009 ROHTB (4/22) 010	
	12	Performance reports: *for assurance* • Finance & Performance ○ Impact of risking costs of energy prices • Quality & Safety • Workforce	ROHTB (4/22) 011 Verbal ROHTB (4/22) 012 ROHTB (4/22) 013	
	13	Board topics 2022/23	ROHTB (4/22) 014 ROHTB (4/22) 014 (a)	
BREAK				

CONFIDENTIAL SESSION				
1115h	14	Exclusion of the press and public	Verbal	Chair
	15	Declarations of interest on any matters in the private session	Verbal	ALL
	16	Minutes of the previous meeting in private held on 2 March 2022: *for approval*	ROHTB (3/22) 027 (P)	Chair
	16.1	Actions from previous meetings in private: *for assurance*	ROHTB (3/22) 027 (a) (P)	SGL
1135h	17	Chair and Chief Executive update on any confidential matters: *for information and assurance*	ROHTB (4/22) 015 (P) ROHTB (4/22) 015 (a) (P)	TP/JW
	17.1	MSK system proposal: *for information*	Verbal	JW
1145h	18	Staff survey update: *for assurance*	ROHTB (4/22) 016 (P) ROHTB (4/22) 016 (a) (P)	JW/CM
1200h	19	Hip and knee revision pathway and centre: *for information*	Presentation	MP/ SMo/ LJ/ ED
		LUNCH		
1300h	20	Business planning summary: *for assurance*	Presentation	RL/AG
1325h	21	Equality, Diversity & Inclusion – discussions with CQC and future plans: *for assurance*	ROHTB (4/22) 016 (P) ROHTB (4/22) 016 (a) (P)	SM/ GM
1355h	22	Private patient strategy: *for discussion*	Verbal	MP
1405h	23	Draft annual plan: *for assurance*	ROHTB (4/22) 018 (P)	SW
1420h	24	Cloud migration update: *for assurance*	ROHTB (4/22) 019 (P)	SW
		MATTERS FOR INFORMATION		
1425h	25	Committee minutes: • Quality & Safety Committee • Finance & Performance Committee • Staff Experience & OD Committee	ROHTB (4/22) 020 (P) ROHTB (4/22) 021 (P) ROHTB (4/22) 022 (P)	
1430h	26	Any Other Business	Verbal	ALL

	27	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 4 May 2022 @ 0900h			

Notes

Quorum

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Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Kathryn Sallah	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	9/10
Richard Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
David Gourevitch	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Simone Jordan	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	9/10
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Ayodele Ajose	✓	✓	✓	✓	✓	A	✓	A	✓	✓	8/10
Les Williams	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	9/10
Jo Williams	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Matthew Revell	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	9/10
Garry Marsh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Phil Begg	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	9/10
Marie Peplow	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Sharon Malhi	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	9/10
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board - DRAFT Version 0.1

Venue Woodbrooke Centre, Bournville **Date** 2 March 2022: 0900h – 1245h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Mr Roko Skocic	Head of Patient Experience	(RS)	
Mrs Claudette Jones	Freedom to Speak Up Guardian	(CJ)	
Mrs Nicola Brockie	Deputy Chief Nurse	(NB)	
Mrs Sharon Malhi	Acting Associate Director of Workforce & OD	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	**Paper Reference**
1 Patient story	**Presentation**
The Board welcomed Roko Skocic, the Head of Patient Experience, who presented the story of a patient who had been treated at the hospital in both 2015 and 2021. She was an individual who had experienced a long term disability. The patient praised the calibre of staff by whom she had been treated and noted that the quality of food she had been offered had been very high. On the other hand she advised that pain control could have been better and there had been a need to reiterate on several occasions that she was limited in terms of being able to	

position herself after her operation due to her pre-existing disability. Kathryn Sallah suggested that it would be useful to understand the learning from the patient's experience. The Board was advised that the patient joined the 'Coffee Catch up' sessions where the learning had been shared. Roko was asked that these lessons be shared with the Board in due course. It was noted that there was a piece of work being led by the Medical Director around shared decision-making would also assist with acting on the lessons learned. In terms of the pain control issues experience, the Chief Nurse advised that a review around this was occurring. It was suggested that as that the ROH was a surgical hospital that largely admitted medically fit and well individuals, self-administration of pain relief needed to be a key consideration. Simone Jordan suggested that the measures seen at Board and the Committees needed to be refreshed to ensure that metrics such as these raised in the patient story were to be seen. The Director of Finance advised that a piece of work was underway to develop an integrated performance dashboard which would provide a single version of a set of metrics for presentation at each committee. This would also include a live dashboard to link into a portal to be able to see the information in real time. In addition to this, the AQILA dashboard was also being developed in conjunction with the strategy unit. The Board would also be asked to provide a view as to which metrics were useful for them to review. The Chair agreed that the Board needed to agree how the Board scorecard was constructed. He suggested that there needed to be a difference in the detail of the information considered between Board and Committee level. The Chief Operating Officer advised that there needed to be a facility to drill down through the high level metrics into a granular level of detail.	
ACTION: **GM to provide the Board with a summary of lessons learned from the patient case at a future meeting** **ACTION:** **SGL to arrange for the Board to discuss and agree a balanced scorecard at a future meeting**	
2 Apologies	**Verbal**
Matthew Revell, Medical Director tendered his apologies.	
3 Declarations of Interest	**Verbal**
Gianjeet Hunjan highlighted that she had been appointed as a Non Executive designate for the Black Country Integrated Care System. Simone Jordan advised that she had also been appointed as a designate Non Executive for the Leicester, Leicestershire & Rutland Integrated Care System.	
4 Minutes of Board Meeting held in Public on 2 February 2022: *for approval*	**ROHTB (2/22) 027**

The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
4.1 Actions from previous meetings in public: *for assurance*	**ROHTB (2/22) 027 (a)**
There were no matters requiring escalation.	
5 Questions from members of the public	**Verbal**
There were none.	
6 Chair's and Chief Executive's update: *for information and assurance*	**ROHTB (3/22) 001** **ROHTB (3/22) 001 (a)** **ROHTB (3/22) 001 (b)** **ROHTB (3/22) 001 (c)**
The Chief Executive reported that the Gold Command system calls had been stood down, aside from some ad-hoc meetings around operational pressures. The rehabilitation pathway had also ceased on 7 February and the national 'Living with Covid' plan was being worked through. It was reported that the Board of the Birmingham & Solihull Integrated Care System (ICS) had sat on 14 February 2022 and had considered a number of items in public, including the ICS Programme Plan which had focussed on recruitment into key Executive Team positions. Simone Jordan asked in terms of the Executive recruitment process, where workforce was represented. She was advised that this was unclear at an ICS level at present. The Acting Associate Director of Workforce & OD advised that the operating model was being scoped for the People element of the ICS although this had not been finalised. The Chief Executive advised that NHSE/I had issued a plan for tackling the backlog for elective services. This needed to be considered in the context of the constitutional standards. The Vaccination as a Condition of Employment consultation had concluded. There was a need to understand the risk assessment for non-vaccinated individuals. There were noted to be some resignations from key posts at the ROH as a result of the concern over the initial plans to make it mandatory. Ayodele Ajose asked for numbers of individuals to which this related and she was advised that this involved only small number of staff given that the process that had been applied at the ROH had been designed to keep matters flexible and personal which had mitigated the risk of loss of staff. The Chair noted that there was a good deal of collaboration with system partners already and the various workstreams were listed. The Chair reported that he was encouraged by his meeting with the Chair of the	

Multi Minority Ethnicity Group (MMEG) which was addressing the feedback from the CQC focus group. There had been a Non Executive briefing on data security and the Director of Corporate Affairs & Company Secretary was arranging for a Board portal to be sourced and implemented.	
7 COVID-19 infection prevention and control update: *for assurance*	
7.1 Outbreak summary: *for assurance*	**ROHTB (3/22) 002** **ROHTB (3/22) 002 (a)**
The Chief Nurse outlined the changes to the position regarding COVID outbreaks at the ROH. It was reported that the Ward 3 and appointments department outbreaks had been closed. One outbreak was open on Ward 2 and this had started in January and had involved some further patient and staff cases. There was some commonality in the bay where the infections were reported. There had been three patients that had developed COVID while being treated in the hospital, however none had experienced significant ill health. David Gourevitch asked when it was likely that outbreaks needed not be reported. He was advised that this was likely to be not any time soon and the national outbreak definition would remain in any case. Availability of testing centres was being discussed nationally at present. Pathways to make elective care easier were also being considered including rationalising green and amber pathways. It was noted that visitors were not permitted on site at present, however there was an intention to wait for revised national guidance around this. In the meantime there was an intention to be flexible with people who wished to visit for specific reasons. Any changes would be reported back at a future meeting. In terms of the Clinical Commissioning Group (CCG) reporting a higher threshold of outbreak, this had been investigated with NHSE/I. Mask wearing was likely to continue over the forthcoming months.	
7.2 NHS England IPC Board Assurance Framework: *for assurance*	**ROHTB (3/22) 003**
The NHSE/I Infection Prevention and Control Board Assurance Framework (BAF) was received and noted. The requirement for all staff to be trained in the use of two FFP3 masks was noted to be a difficult requirement to achieve, however respiratory hoods were available which provided good mitigation. The other requirements on the IPC BAF were under improvement.	
8 Patient experience overview and plans: *for assurance*	**ROHTB (3/22) 004** **ROHTB (3/22) 004 (a)**

	ROHTB (3/22) 004 (b)
The Board welcomed the Deputy Chief Nurse, Nikki Brockie. The Board was guided through the outcome of the patient satisfaction survey, the Patient Experience Network (PEN) report and the outcome of the annual complaints process. In this context, the Board was reminded of the requirements needed to comply with CQC regulation 16, receiving and acting on complaints. Ayodele Ajose suggested that consistent communication was important and asked what work there was planned around this. She was advised that there was work underway with the teams, including a specific piece of work around discharge. There was also a plan to tell patients what would happen as part of their episode of care up front to ensure that communication was proactive and consistent. There had been a challenge around consistency associated with the changing guidance over the pandemic however. It was noted that the Operations team and nursing teams worked well together. Ayodele Ajose added that correspondence between departments also needed to be addressed to ensure that there was consistency and seamless communication. She was advised that this was lead by the Operations Team and through the working of the Multi Disciplinary Teams (MDTs). The Chair noted that communication was a systemic issue that had been raised a number of times. The Acting Associate Director of Workforce & OD added that there was some richness in the incident information around communication so triangulation would be useful. This needed to link in with the 'Restorative and Just Culture' approach in which staff would be involved. It was noted that staff would also be involved in the Patient Safety forums. There was a further plan to bring teams together to work through the measures to address communications. The Chief Executive noted that the 'My NHS' app would help in terms of Communications. The leadership team would also drive the 'First Friday' initiative which would involve talking to patients. The Chief Executive highlighted that she was keen to understand where the Trust was placed in the league table regarding the patient satisfaction survey. The Chief Operating Officer highlighted that the 'My Planned Care' approach would also help which would be discussed a future meeting. The 'Admin Matters' feedback was also valuable. It was suggested that benchmarking complaints would be useful to understand. The Director of Corporate Affairs & Company Secretary asked if there was a plan for the Trust to be visited again by the Patient Experience Network (PEN) to understand how the Trust worked in usual circumstances. It was reported that this was planned and also through the use of a focus group. Given that the PEN had been represented by only a small group of individuals it was suggested that this was a worthwhile exercise.	

Kathryn Sallah noted that after the 'Coffee Catch Ups' a Frequently Asked Questions (FAQ) sheet would be useful to distribute. She was advised that this would be presented as part of the JointCare and 'Coffee Catch Up' meetings in future. The use of an expert patient would also be useful to engage. Kathryn Sallah suggested that the patient experience function needed to be located in the main part of the hospital. The Chief Executive advised that the estates accommodation group would be stood back up to address this. The Chair agreed that complaints were a rich source of information. He noted that patient experience covered the entry to exit of the hospital and that performance needed to be assessed along every part of the pathway, including those that bridged more than one organisation; a process map would be useful to develop. Simone Jordan suggested that a terms of reference and intended outcomes for the process mapping was needed. It was noted that a clear action plan was needed to create an 'Even Better If…' ethos to match expectations in other disciplines. The Chief Nurse noted that it was pleasing to see that there was work happening to address most of the suggestions made in the debate. The work pre-pandemic also needed to be borne in mind. The Board agreed that the governance around patient experience had strengthened.	
9 Freedom to Speak Up update	**ROHTB (3/22) 005**
The Board welcomed Claudette Jones, Freedom to Speak Up Guardian (FTSUG) who presented the latest themes around the concerns raised through the Freedom to Speak Up route, the work of the FTSUG with the equality networks and the future plans for the function. The Director of Corporate Affairs & Company Secretary asked whether the level of concerns being raised had reached the pre-pandemic levels. He was advised that this was the case and there had been a steady rise over the past few months. The FTSUG was asked what the key point of learning for her had been since taking up the post. She advised that the openness by staff from a Black, Asian and Minority Ethnic background had been surprising and welcome. Work was underway to address these concerns through the work of the equality networks. The Chief Executive thanked Claudette for her presentation. She advised that there was a piece of work known as 'Me as a Manager' to address some of the concerns regarding management attitudes and behaviours. It was noted that the Model Hospital information was considered which suggested that there was a positive culture of openness. Thanks were given to Claudette for the energy she committed to the Equality & Diversity role, a matter which Richard Phillips suggested needed to be recognised.	

Ayodele Ajose commended the extent of the networking. She asked if the Freedom to Speak Up route was used as a key vehicle for staff to raise concerns internally. She was advised that this was the case. The Director of Strategy & Delivery offered some audit tools that could be used to plot the concerns and trends. He noted that there was some good activity to address the concerns. In terms of the Freedom to Speak Up champions, there had been seven expressions of interest received to date but the total number needed would be assessed as these individuals came into post.	
10 Gender Pay Gap report	**ROHTB (3/22) 006** **ROHTB (3/22) 006 (a)**
The Acting Associate Director of Workforce & OD reported that there was an annual requirement to assess and report on the gender pay gap position. The imbalance in the number of male staff in senior positions was noted to be a key influence on the situation at the ROH. Work was planned to develop some actions to address the position as far as was possible, although when medical staff were excluded then the disparity was less significant. The Board endorsed the actions planned which would also be published on the internet site. Simone Jordan suggested that the report could be shared across the network groups which would drive some of the actions required such as the design of theatre lists. The Chief Executive noted that there was a national issue concerning the balance of females in the orthopaedic speciality. The Trust was part of discussions with the Royal Colleges around a national solution. The Chair noted that there was a good focus on diversity in the organisation and the means to address the gender diversity gap needed to be clear and to be delivered. This included addressing the culture needed to recruit and retain these individuals. David Gourevitch suggested that addressing the wider overall pay gap was important which included all staff groups.	
ACTION: SM to arrange for the gender pay gap report to be published on the Trust's internet site	
11 Model Hospital update	**ROHTB (3/22) 007**
The Chief Operating Officer reported that the Model Hospital information was being used routinely and a Club had been developed as a means of bringing	

different groups together. The process for consideration of each of the pieces of information by speciality was discussed, a process which was led by the Deputy Director of Finance. This was complemented by the AQILA processes and audit. There had been a presentation delivered at a national level. The information portal was noted to provide interactive functionality and this would be demonstrated to the Board at a future meeting. There was regular attendance at the meetings by NHSI/E. The clearance times for local waiting lists was discussed which was noted to show differences across the region, demonstrating inequalities of access to healthcare. The work impacted positively on plans to improve data quality given the scrutiny of the information. The Director of Finance noted the value of the Model Hospital Club meetings and the multi-disciplinary nature of them. The benefit of benchmarking the information was noted. Simone Jordan noted that this scrutiny created an improvement focus. The Chief Nurse suggested that the presentation of this information at a national conference was needed given it represented good practice. It was noted that the work had been described at the recent system Performance Review which showcased the way in which it was being used. It was noted that the information suggested that the length of stay for some procedures could be improved and overall illustrated how the organisation was performing in terms of outcome and efficiency.	
12 Board Assurance Framework: *for assurance*	**ROHTB (3/22) 008** **ROHTB (3/22) 008 (a)**
The Board Assurance Framework being unchanged from the previous meeting was received and noted.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
13 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**Hard copy** **ROHTB (3/22) 009** **ROHTB (3/22) 010**
Richard Phillips reporting back from the Finance & Performance Committee, highlighted that the activity position had reflected some of the challenges	

associated with the Omicron wave. There had been a high number of Oncology referrals. There had been a positive uptick in terms of the private patient strategy, although it was noted that the patient cohort being treated was in line with the prioritisation of NHS patients. The risk around inflationary pressures was noted. David Gourevitch asked for an indication as to the likely impact of the rising energy costs and it was agreed that an update would be provided at the next meeting. It was reported that a technical paper on cybersecurity had been presented to the Committee given that there had been a generic increase in the cyber risk at present nationally. There had been some new national guidance around mitigations against cybercrime or attacks against which the Trust performed well, but there was some further work required on business continuity plans.

There was noted to be an improved forecast outturn of £1.2m surplus due to the reduction in activity largely, but also associated with the provision for the impact of the mandatory vaccination which had not materialised.

There had been a reduction in the number of patients waiting 52 weeks or more to 44.

Reporting back from the Quality & Safety Committee, Kathryn Sallah advised that there had been some good presentations which would be made available to the Board in coming months. There was noted to have been a big increase in falls. A report on litigation and claims had been received and it was agreed that this would be delivered to the Board on an annual basis. The work around 'Getting it Right First Time' and claims was presented. The trends of claims against activity was noted to have been requested. Simone Jordan suggested that the payments in respect of claims in other sectors would be known as the cost of poor quality.

It was reported that during week commencing 9 May 2022, the Human Tissue Authority would be inspecting the Trust.

In terms of the Staff Experience & OD Committee, Simone Jordan advised that there had been a significant focus on improving the culture of the organisation. However, it had been agreed that some of the basics of Human Resources needed to be given attention to support the workforce and ensure the supply of staff was robust. In terms of the energy crisis, it was suggested that the Board needed to consider its role as an anchor organisation in supporting staff through these concerning times. This had a close link with wellbeing. On this basis, it was suggested that the next Board meeting needed to be extended to include a discussion on this and other topics. The Director of Strategy & Delivery suggested that anonymised case studies might bring the issue to life. The Chief Executive suggested that there were a number of actions, some of which had been undertaken in other organisations that could be implemented at the ROH. Kathryn Sallah suggested that the voice of the staff needed to be taken into consideration as part of this work.

ACTION: **SW to provide an assessment of the impact of the rising energy costs at the next meeting** **ACTION:** **SG-L to schedule in a discussion at the next meeting around the support to staff through the current cost of living crisis**	
14 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	**Hard copy** **ROHTB (3/22) 011** **ROHTB (3/22) 012**
The reports were received and accepted.	
Date of next meeting: Wednesday, 6 April 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 6 April 2022, International Convention Centre, Birmingham

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 1.04.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.126	JointCare update	Presentation	02/11/2021	Arrange for a regular update on JointCare to be presented to the Finance & Performance Committee	MP	~~25/01/2022~~ 26/04/2022	Deferred to the April meeting of FPC in reflection of the change in operational model during the Omicron wave of the COVID-19 pandemic	C-19
ROHTBACT.121	Progress with delivery of the five year strategy	ROHTB (9/21) 002 ROHTB (9/21) 002 (a)	01/09/2021	Present the revised strategy during Quarter 4 2021/22	PB	31-Mar-22	Refreshed Board strategy to be presented in May 2022.	
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	30-Mar-22	To be considered at the April meeting of the Quality & Safety Committee.	
ROHTBACT.134	Staff story	Presentation	02/02/2022	Provide an update on the patient story (February 22 Trust Board) investigation at a future meeting	GM	06-Apr-22	To be presented as a comprehensive update summarising updates of patient stories considered during 2021/22 at the May meeting	
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	06-Apr-22	Rescheduled to the May 2022 meeting as per the Board Topics update	
ROHTBACT.135	IPC BAF – Cleaning standards	ROHTB (2/22) 005 ROHTB (22/22) 005 (a)	02/02/2022	Present the Cleanliness Charter at a future meeting	GM	04-May-22	ACTION NOT YET DUE	

ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	ACTION NOT YET DUE	
ROHTBACT.138	Patient story	Presentation	02/03/2022	Provide the Board with a summary of lessons learned from the patient case at a future meeting	GM	04-May-22	See action ROHTBACT.134	
ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	04-May-22	ACTION NOT YET DUE	
ROHTBACT.141	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Provide an assessment of the impact of the rising energy costs at the next meeting	SW	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.142	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Schedule in a discussion at the next meeting around the support to staff through the current cost of living crisis	SGL	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.120	Chairman's and Chief Executive's update	ROHTB (9/21) 001 ROHTB (9/21) 001 (a)	01/09/2021	Arrange for the Board to be update on the patient experience work at a future meeting	GM	~~01/12/2021~~ ~~02/02/2022~~ 02/03/2022	Agreed at the November meeting to defer until February 2022 to allow PEN update to be worked through and patient satisfaction survey to be included. Now deferred to the March meeting in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic. Presented at the March 2022 Board meeting.	
ROHTBACT.125	Gender pay gap update	Verbal	07/10/2021	Present the gender pay gap action plan to the Staff Experience & OD Committee	SM	~~24/11/2021~~ ~~26/01/2022~~ 16/02/2022	Rescheduled to the January 2022 meeting. Now deferred to the February meeting of the Staff Experience & OD Committee in reflection of the operational pressures over the last two months as a result of the Omicron wave of the COVID-19 pandemic. Presented at the March 2022 Board meeting.	
ROHTBACT.128	National inpatient satisfaction survey	ROHTB (11/21) 004 ROHTB (11/21) 004 (a)	02/11/2021	Present an update on Patient Experience work at the February 2022 meeting	GM	02-Feb-22	As per action ROHTBACT.120. Presented at the March 2022 Board meeting.	

ROHTBACT.133	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Share the virtual clinics presentation with the Finance & Performance Committee	MP	01-Mar-22	Included on the agenda of the February 2022 Finance & Performance Committee	
ROHTBACT.131	Upward assurance reports	Hard copy paper ROHTB (12/21) 004 ROHTB (12/21) 005	01/12/2021	Present the Model Hospital presentation to the Trust Board in March 2022	MP	02-Mar-22	Included on the agenda of the March 2022 meeting	
ROHTBACT.140	Gender Pay Gap report	ROHTB (3/22) 006 ROHTB (3/22) 006 (a)	02/03/2022	Arrange for the gender pay gap report to be published on the Trust's internet site	SM	31-Mar-22	Published as required	

KEY:

	Verbal update at meeting
	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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

ROHTB (4/22) 001 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Trust Board (in Public) on 6th April 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 2 March 2022 from the Chief Executive's position; this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system restoration and recovery. System calls continue with the Chief Operating Officers (COOs) across all providers meeting three times a week to agree the operational changes required to address the system backlog for adults across BSol.

2.2 The recruitment process for the Chief People Officer at the ROH concludes on Monday 4th April 2022.

2.3 Our newly branded "Blue Heart" staff awards closes for nominations on Friday 1st April and I am delighted that we have already had over 500 nominations.

2.4 I wanted to highlight and reflect on the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust and the truly heart breaking stories of so many families and mothers let down by their Maternity Service. Sadly, the Trust failed to investigate, failed to learn, and failed to improve, and the impact was that it failed to safeguard mothers and their babies at one of the most important times in their lives. Clearly it is critical that all organisations read the report and review the actions as there is lessons for us all not just in Maternity Services and we will do this through Quality and Safety Committee and at our Trust Board.

Last week, I highlighted the report through my weekly CEO briefing and shared the importance of the voice of our patients and how they are intrinsic to how we evolve, learn and improve as originations. It is difficult not to read the report without thinking about Kate Stanton Davies, and her parents Rhiannon Davies and Richard Stanton; and Pippa Griffiths, and her parents Kayleigh and Colin Griffiths who have shown such courage and unrelenting commitment to ensuring their daughters' short lives make a difference to the safety of maternity care. Also many more families will now be helped by the report with answers to their questions, which they fought so hard to receive from the NHS.

2.5 Thursday 31st March was Transgender Day of Visibility, which is an international event, dedicated to recognising the resilience and accomplishments of the transgender community. We want to celebrate our transgender colleagues, raise awareness about the struggles they face and advocate for equality.

We have started to review our approach to ensure that our policies, facilities and support aid both our patients and staff to have a safe space to bring their authentic selves to the ROH whether that is for work or for treatment, without any discrimination.

2.6 The NHS has published the 2021 National Staff Survey results. While nationally there has been a deterioration in some of the results, I am pleased and proud to report that the ROH has scored favourably across all the metrics. We are not complacent, and I know that we have still have work to do but I continue to look forward to working with everyone to address any concerns and strengthen our culture to ensure that all colleagues feel valued, supported and as proud as I do, to work at the ROH.

2.7 On Wednesday 30th March 2022, I attended one of the super-partnerships GP Board meeting with colleagues from the ROH working and leading on the BSol MusculoSkeletal (MSK) Transformation programme. It was a fantastic opportunity to share our work to date and secure pilot sites for some of the initiatives which we plan to roll out over the next few weeks. The team will be presenting at the May 2022 Trust Board with our progress to date including some of the digital technology which the team has secured to support our transformation. I was also delighted to see that NHSE National MSK Team has just updated their MSK best practice guidance and there are two case studies which they have published and BSol ICS is one of case studies they have shared.

2.8 During March 2022, the team successfully completed osseointegrated implant surgery on a number of pre-selected lower limb amputee patients. Prior to the pandemic, the Trauma and Orthopaedic team at University Hospitals Birmingham NHSFT (UHB) secured funding from the Ministry of Defence to undertake a cohort study into 20 patients who have suffered amputations while serving in the armed services. Following completion of a number of patients at UHB, the team approached the ROH to see if we could help with the remaining patients with the aim of helping to alleviate some of the pressure at UHB. I am delighted to confirm that following collaboration with a team from UHB and ROH that a number of patients have now been treated and subsequently transferred for rehabilitation. I would like to thank everyone involved with the project; it was truly a multi-disciplinary partnership approach, and I hope that this gives us the confidence for the future to potentially continue to deliver the service at the ROH.

(Osseointegration (OI) is the direct anchorage of a metal implant into bone, allowing for the connection of an external prosthesis to the skeleton)

2.9 On Wednesday 23rd March, I attended the campus at Birmingham City University (BCU) to see the facilities and courses, which the Faculty of Health, Education, and Life Sciences deliver. I would like to thank Hannah Abbott, Head of School, Health Sciences who is also one of our Governors and her colleagues for her hospitality and time, and it was great to see opportunities for us to work closer together. The visit had been arranged ahead of my honorary graduation at BCU later this year where I have been asked to give a short speech to the successful graduates and diplomats of the Faculty of Health, Education, and Life Sciences. The visit allowed me to get an incredible insight into the Faculty and I am incredibly proud and grateful to the University for this honour.

3 BSol ICS (Integrated Care System) Update

3.1 BSol ICS Executive recruitment process has commenced and the final interviews taking place for Chief Finance Officer & Deputy CEO, Chief Nursing Officer, Chief Medical Officer, Chief Officer for Integration & Partnerships, Chief Officer for Strategy & Strategic Commissioning during week commencing 4th April 2022.

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

5 POLICY APPROVAL

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

- Building ventilation policy
- *Clostridioides difficile* Infection Policy
- Communicable Diseases and Notification Policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

1 April 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**COVID-19 Outbreak Summary**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Ashleigh Tullett, Head of Clinical Governance**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

This paper gives a summary of the COVID outbreaks that have occurred within the Trust and their key causative factors.

The paper outlines the Governance framework in which the Trust manages outbreaks.

REPORT RECOMMENDATION:

The Trust Board is asked to note:

- The national definition of an outbreak.
- The management of outbreaks is managed in accordance with the national guidance.
- The Trust had no mortality in any of the outbreaks.
- That outbreaks are managed according to the quality governance processes of the Trust.
- That the Trust Board have oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].
- Although the Trust has closed beds/wards as appropriate, no service has been ceased in the result of an outbreak.
- The Trust has had five nosocomial infections reported since April 2021.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

Compliance with The Hygiene Code

Compliance with Care Quality Commission Regulations
PREVIOUS CONSIDERATION:
All outbreaks have been scrutinised at the statutory Outbreak meetings and the Infection Prevention Control Committee. The detail is also included within the monthly Quality report scrutinised at the Quality & Safety Committee

OUTBREAK SUMMARY

REPORT TO TRUST BOARD IN PUBLIC – 6 APRIL 2022

1. Summary

1.1. This paper provides a summary of the outbreaks that have occurred at the Trust linked to COVID-19. This paper has been updated since the March 2022 Trust Board to include any new outbreaks.

1.2. The Trust has had no outbreaks associated with any other infections.

1.3. An outbreak is defined as two or more linked cases of the same illness; or a situation where the observed number of cases exceeds the expected number.

1.4. When an outbreak is declared, the Trust adheres to the national guidance in its approach to managing the outbreak with the key action being the investigation of the outbreak. Meetings are attended by both internal and external experts in Infection Prevention and Control.

1.5. These meetings are chaired by the Chief Nurse or Deputy Chief Nurse, with the wider Executive team briefed at the daily Incident Management meetings.

1.6. The Trust declares all outbreaks as Serious Incidents as narrated by the local commissioners. It should be noted that the local commissioners are not adhering to national guidance in the response and investigation of COVID-19 outbreaks and the definition of a Serious Incident within this guidance. The Chief Nurse has challenged this and is awaiting clarity given the potential not only for the Trust to have a higher number of COVID-19 outbreaks declared as Serious Incidents, but also the Birmingham and Solihull area.

1.7. An outbreak is open for 28 days after the last diagnosis. A final outbreak closure meeting is then held and attended by NHS Improvements/NHS England, Public Health, and the local Commissioners.

1.8. The Trust has not had any outbreaks not closed at these meetings.

1.9. The detailed Root Cause Analysis of the outbreak is presented internally at the Infection Prevention and Control Committee and the Trust's Quality and Safety Committee. Learning is shared with the immediate teams and wider learning is included in the daily comms bulletins and Team brief. The Trust also attends a daily BSOL Infection Prevention and Control meeting where learning from outbreaks is shared from all Trusts in the area.

2. Outbreaks

2.1. In 2020/21 the Trust saw seven COVID-19-related outbreaks declared of which three were in relation to patient outbreaks and four were staff outbreaks.

2.2. The 2021/22 outbreaks are detailed in the Graph overleaf.

Month	Patients	Staff
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 12)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3) 1 (Ward 2)	1 (Appointments Department)
February 2022	0	0
March 2022	0	0
Current 2021/22 Total	**4**	**6**

2.3. No mortality has occurred in any of the staff or patient outbreaks and no patients required any level of escalation in their care to Critical Care.

2.4. The Trust has complied with the CQC regulation 20 and delivered its Duty of Candour.

2.5. The Trust has had no cases that have required reporting under the RIDDOR regulation to the Health and Safety Executive.

3. Outbreak and key causation table.

Outbreak Department	Causation
Porters - July 2021	**3+ve staff** **7 staff tested** Porters lodge lacks space for number of porters accessing the room (breach of department risk assessment). Breaches in COVID-19 precautions within office. Staff attending work with symptoms.

	Outbreak closure date: 29th July 2021
Ward 1 - September 2021	**3 +ve patients** • Day 19 • Day 18 • Day 14 **4 patient contacts** **0 +ve staff** **0 staff tested** Two cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 9th December 2021**
Human Resources - November 2021	**2+ve staff** **4 staff tested** **0 patient contacts** Breaches in COVID-19 precautions within office. **Outbreak closure date: 9th December 2021**
Ward 12 - December 2021	**2+ve patients** • Day 1 • Day 12 **6 patient contacts** **2+ve staff** **18 staff tested** Three patients positive. Cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 31st January 2022**
IT department - December 2021	**3+ve staff** **3 staff contacts** **23 of 25 staff tested** Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**

Housekeeping - December 2021	**6+ve staff** **18 staff tested** Common link between cases is the Environmental cleaners had been on their works night out. It is to be noted that no PPE was required at the venue. **Outbreak closure date: 31st January 2022**
Porters - December 2021	**6+ve staff** **18 staff tested** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Ward 3 - January 2022	**2+ve patient** • Day 1 • Day 56 **6+ve staff linked to outbreak** **10+ve staff not linked to outbreak** **64 staff tested** Two patients and eight members of staff tested positive for COVID-19. Patient 1 was admitted for same day surgery with negative swab. The patient did not declare house member symptomatic/positive on admission. Nine cases tested positive during a whole ward screening exercise following the identification of positive staff and one patient. **Outbreak closure Date: 23rd February 2022**
Appointments Department – January 2022	**3+ve staff** **11 staff tested** **0 patient contacts** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure Date: 16th February 2022**

Ward 2 – January/February 2022	**Ongoing outbreak:** **Total:** **9 Staff** **11 Staff** Two separate outbreaks linked by time and location. Initially 5 patients and 10 staff tested positive for COVID-19 during January 2022. Linked to bay 9 ward 2 – patient to patient transmission likely. No breaches in PPE identified by staff. Staff positive cases identified from mass staff testing. There were some links to community transmission amongst staff. During the 28 days since the last positive of the outbreak above, an additional 4 patients were identified as COVID-19 positive and 1 staff member. Again, this was linked by location, bay, however there is no link to the original outbreak above. **Outbreak closure date – Due to close on 07/04/22**

3.1. Patient onset classification for hospital acquired COVID-19 is described in the table below.

Onset Classification (days from admission to positive result)
0-2 days (unlikely) (ROH x 2 patients)
3-7 days (indeterminate) (ROH x 0 patients)
8-14 days (Probable) (ROH x 2 patients)
>14 days (Definite) (ROH x 3 patients)

3.2. The Trust has reported x2 patients that were probable hospital acquired COVID-19 and x 5 patients that were definite hospital acquired COVID-19.

3.3. It is to note that since December 2021, the Trust has seen an increase in outbreaks. This is possibly due to the emergence of a more transmissible COVID-19 variant (Omicron) and an increase in community infections. Although the Trust cannot confirm this as the typing of PCR tests is only undertaken in major outbreaks and not in controlled outbreaks. The increase in outbreaks is comparable to other organisations in the NHS.

3.4. For each case a detailed analysis has been undertaken as previously described in section 1.4 to identify any learning.

4. Recommendations

The Trust Board are to note:

4.1. The national definition of an outbreak.
4.2. The management of outbreaks is managed in accordance with the national guidance.
4.3. The Trust had no mortality in any of the outbreaks.
4.4. That outbreaks are managed according to the quality governance processes of the Trust.
4.5. That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].
4.6. Although the Trust has closed beds/wards as appropriate, no service has been ceased in the result of a patient or staff outbreak.
4.7. The Trust has reported x 5 patients that were probable or definite hospital acquired COVID-19 since April 2021.

Ash Tullett
Head of Clinical Governance

April 2022

TRUST BOARD

DOCUMENT TITLE:	**Infection Prevention and Control Board Assurance Framework (IPC BAF) – Update on the statements "Rag" rated Amber and Red in the gap analysis.**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh (Chief Nurse/Director of Infection Prevention and Control)**
AUTHOR:	**Ash Tullett (Head of Clinical Governance)**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

Trust Board - April 2022 - Version 1.8.3 update and Background

The Trust received a notification in January 2022 from NHS improvement to inform us that the Infection Prevention and Control Board Assurance Framework (IPC BAF) has been further updated, refined and published (Version 1.8). The IPC BAF contains 124 recommendations in total. The Trust are awaiting new NHS England IPC Guidance and a new national version of the NHS IPC BAF in April/May 2022.

NHS England developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained in relation to IPC. The IPC BAF will also help identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to Trust Boards that organisational compliance has been systematically reviewed.

Previously reported to the Trust Board in February 2022 was the full the gap analysis undertaken by the Head of Clinical Governance, Executive Director of Nursing and Governance/The Director of Infection Prevention and Control (DIPC), IPC Matron and the Head of Nursing against the IPC BAF (version1.8). This executive summary for version 1.8.3 is an update on the statements that were Rag rated Amber and Red in the gap analysis.

Each statement in the IPC BAF is 'RAG' rated by the following criteria.

Compliance	Green (118 in total)
Non-Compliance with mitigation	Amber (3 In total)
Non-Compliance with no mitigation	Red (3 in total)

Comparison to previous version presented to Trust Board in February and March 2022.

Rag rating	Version 1.6	Version 1.8.1 February 2022	Version 1.8.2 March 2022	Version 1.8.3 April 2022
Amber	3	4 (3 are new statements to the BAF)	2 (both are new statements to the BAF version 1.8)	3 (1 additional downgraded from red)

Red	0	4 (1 is a new Statement)	4 (1 is a new statement to the BAF version 1.8)	3 (1 downgraded to amber)

The following are rated 'AMBER'. Since the previous version reported to Trust Board, one of the Statements have improved to an amber rating.

45	Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	↑	The toolkit provides ideas to local NHS organisations to address the barriers to behavioural compliance with IPC measures. After initial review by the DIPC and Head of Clinical Governance, the Trust are thought to meet some of the recommendations within the toolkit. A gap analysis will need to be undertaken by the Trust to provide assurance against the toolkit and address any gaps. Update March 2022 - After reviewing the toolkit, it is to be noted that it is guidance only and the ROH already meet some of the requirements detailed in the toolkit. A paper will be presented at the next Infection Prevention and Control committee to outline any gaps and if any actions are required.
28 New	a ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer.	↔	The Trust have an appointed Authorising Engineer who provides specialist advice on ventilation. Assessments have been undertaken for all of the Theatres and Wards that have mechanical ventilation. The Trust are awaiting the findings from these assessments. Update March 2022 – In March 2022 the Trust has signed off a new building ventilation policy. The Trust now has an established Ventilation Safety Group that reports to the Infection Prevention and Control Committee to provide assurance around the ventilation management and any risk in the Trust.
98 New	safe spaces for staff break areas/changing facilities are provided.	↔	A team were set on and completed risk assessments out in all areas. There are areas within the Trust that proved difficult to create safe spaces for staff break areas and changing facilities due to the Trust estate. This includes Theatres and Portering room. Mitigation is in place as part of the departmental risk assessments to ensure safety is maintained. As mitigation, the Theatre department have staggered the breaks and shift patterns for staff and the Trust has provided further safe space for Theatres such as the learning and development room. Current scoring on the risk registers; Theatres - 3 x 4 = 12 (amber) Portering - 2 x 4 = 8 (amber) Further to this, the Trust has plans to extend Café Royale to ensure the space is sufficient for the footfall. This is included on next year's capital plans.

The following are deemed to be rated 'RED'

114	all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	↔	The current fit testing undertaken in the Trust only provides fit testing on one type of UK made masks. This was an active decision made by the Trust to ensure more staff have access to the fit testing and are fit tested on at least one type of mask. Once the demand allows it, the Trust will aim to ensure all staff are fit tested on at least two different masks. Current fit testing compliance rates are showing as low across the Trust for staff trained in two masks. A report was presented to the Trust Board on the current compliance on FFP3 fit testing in February 2022. Update March 2022 – The Trust has had a slight increase in the overall compliance on the number of staff tested in one mask. Although this mitigates the risk, the Trust is still non-compliant with the two-mask standard. As of the 14th March 2022 the overall percentage of staff trained is 66% for one mask and 22% for two masks. February 2022 figures were 58% for 1 Mask and 18% for 2 masks.
118	members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	↔	The Trust has a process for this to ensure conversations and risk assessments are reviewed for staff. More assurance is needed to see if this is recorded correctly on people's individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. Update March 2022 - The Trust have no SOP or policy in place. Work is underway to rectify this.
119	a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	↔	More assurance is needed to see if this is recorded correctly on Staff individual record and their individual risk assessment is reviewed and mitigated as per the national algorithm. Update March 2022 - The Trust have no SOP or policy in place and no involvement from Occupational health. Work is underway to rectify this.

Conclusion

The conclusion of the Gap analysis was that the Trust has a clear pathway, processes, and policies in place around infection prevention and control during the Covid-19 Pandemic and that all training detailed within the gap analysis is supported by attendance and/or competency sign off sheets. To address any compliance issues a responsive action plan is being developed by the Head of Clinical Governance and will be monitored via the Infection Prevention and Control Committee.

REPORT RECOMMENDATION:

To note the changes to the previous update.

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

KEY AREAS OF IMPACT ***(Indicate with 'x' all those that apply):***					
Financial		Environmental	x	Communications & Media	
Business and market share		Legal & Policy		Patient Experience	**x**
Clinical	**x**	Equality and Diversity		Workforce	
Comments: [*elaborate on the impact suggested above*]					

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

CQC KLOE/NHS England Assurance Framework

PREVIOUS CONSIDERATION:

All versions of the BAF presented at Trust Board, Quality and Safety and Infection Prevention and Control Committee

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	Learning From Deaths and Mortality Report
LEADS	Matthew Revell, Executive Medical Director
AUTHOR:	John va Faye: Associate Medical Director Amirul Haque: Governance coordinator Matthew Revell: Executive Medical Director Angharad MacGregor: Medical Directorate Manager
DATE OF MEETING:	6 April 2022

EXECUTIVE SUMMARY:

This paper outlines the Trusts approach to deaths that occur in the peri-operative period and reviews information in the public domain about our mortality rates.

Section 1 Summarises the learning from deaths process and discusses the hospital dashboard
Section 2 Summarises the historical position from the Health Evaluation Data tool managed by UHB and the Trusts Patient Administration System.

The Divisional Governance and Learning from Deaths Framework continue to function well. Data supports a conclusion that numbers and patterns have renormalized to a large degree after the changes observed at the height of the pandemic.

The AQILA and Learning from Deaths team continue to refine and improve policy and methodology. Recent work has included strengthening the policy around safeguarding with the help of the safeguarding team and strengthening the learning element through the combined clinical audit meeting to enhance the individual and team learning within the governance route.

REPORT RECOMMENDATION:

The Trust Board is invited to note the future work and limits to assurances are discussed.

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

Accept	Make recommendation	Discuss
X		X

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

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

Comments:
Clinical Quality, Reputational relevance

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

Excellent outcomes. Safety.

PREVIOUS CONSIDERATION

Quality & Safety Committee on 30 March 2022

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Section 1 – Learning From deaths.

Process in Brief

For most Trusts, Learning from Deaths is used a screening tool. A sample of deaths are taken through a Structured Judgement Review, whereby a clinician, who has not been involved with the patient, reviews the case notes and creates a series of *value judgement statements* about each phase of care. These statements are then collated and translated into a numerical grade. This in turn then informs a decision by a separate adjudicator who identifies learning from the case and is in a position to trigger further governance review (eg a root cause analysis) if the need arises. The national standard is to sample from deaths in hospital only.

Our Approach as a Trust

For our Trust, all deaths within 30 days of surgery are included in the Learning from Deaths process, regardless of whether the death is in hospital or outside the hospital. The reasoning, when the process was introduced, was that the hospital has a very low number of inpatient deaths and therefore the additional value from the Learning from Deaths process on top of normal governance may be limited.

Step 1

The clinician caring for the patient fills in a form confirming cause of death. This initial form also indicates whether the case is a coroner's case and whether there has been any possibility there has been a safeguarding issue.

Step 2

The clinical service lead then completes in a screening tool – designed to identify any potential concern. This step is known as a "Front Line Review". In larger Trusts, this it used as the triage tool to help decide whether a full Structured Judgement Review should take place. In our hospital, all deaths within 30 days of surgery are progressed anyway and the Front Line Review is made available to the final assessor.

Step 3

The Associate Medical Director (Corporate) then examines the written record breaking an analysis down by phases of care. If the death is within the hospital, there will be an automatic and detailed fully independent review by the External Medical Examiner assessment. This will also be incorporated in the Structured Judgement Review. Each phase of care is examined and judgement statements generated about any notable features of care – good and bad. The assessor reaches a verdict about the quality of care for each phase and the care overall. They also identify whether there was any aspect of avoidability in the death. If there was an aspect of avoidability, then a Root Cause Analysis (RCA) is commissioned.

The Governance department maintain a tracker that ensures the process is completed in a timely way and that cases are presented by clinicians in the monthly morbidity and mortality meeting.

A fortnightly Divisional Governance meeting is attended by Director of Nursing and Governance, Medical Director, the Director of Operations, the Divisional Heads of Nursing and Associate Medical Directors.

The Learning from Deaths screen therefore complements and supports the Divisional governance framework. Lessons and actions from the Learning from Deaths process are therefore be taken through the divisional governance route as well as presented at the Clinical Audit meeting. When an SJR is prepared, the AMD will also provide a summary to the consultant in charge & the CSL for individual and team learning as well as opportunity for reflective discussion for consultant appraisal.

Deaths in hospital are known at the time. Those following a transfer out of the hospital or post-discharge have to be actively chased and there can sometimes be challenges both the completeness of information and the timeliness of any return. The responsibility for doing this is shared by clinicians, governance and informatics. The Trust uses the Patient Administration System return to identify unknown deaths to the clinical and governance teams.

Trusts are required publicly to display their data in a dashboard provided by NHSE. The current ROH dashboard is shown in Fig 1 below. The Trust Learning from Deaths tracker is reviewed monthly at AQILA.

Review of Learning

Thematic learning:

The Associate Medical Director Corporate has identified peri-operative blood loss as a theme for a prospective audit and will be commissioning with the support of AQILA and the audit team.

Review of deaths outside the trust within 30 days of their admission at ROH otherwise did not identify any strong recurrent themes, other than to note that most relate to appropriate care for patient with malignant disease, which had been diagnosed and treated or palliated at our hospital.

Case-Led Lessons:

A patient had a fall at home after discharge and died of complications from a subsequent operative trauma procedure. Review suggested the death was unavoidable. The therapy and nursing notes provided assurance around mobilisation safety and instructions. The patient had a history of an adult safeguarding need, which was had not been identified prior to surgery. This had not had a bearing on the cause of death itself. The Associate Medical Director is leading discussions that support the Trusts continued vigilance and strong track record around preventing falls with the falls team and is reviewing arrangements around adult safeguarding.

A patient with a background of ischaemic heart disease was found to be anaemic post operatively. They were asymptomatic and allowed home. Unfortunately they died of an acute myocardial ischaemic event very soon after discharge following elective surgery. The clinician

looking after the case conducted a detailed after action review. Supported by the AMD, the threshold for post-operative transfusion / permissive anaemia was reviewed. It was found that the decisions made were safely within current guidance around post-operative transfusion.

During the Covid pandemic the AMD has adopted a flexible approach to supporting Clinicians and Clinical Service Leads with the Learning from Deaths process with high involvement in the early information gathering steps. Re-normalisation of the process during 2022 will mean a full resumption and re-engagement of all clinicians at all stages. Presentations to the clinical audit meeting by the teams providing care are tracked and themes presented by the AMD to supplement these individual presentation

Figure 1 Extract From Learning From Deaths Dashboard Accessed 17/1/2022 at https://www.roh.nhs.uk/about-us/publications/reports/learning-from-deaths

The Royal Orthopaedic NHS Foundation Trust : Learning from Deaths Dashboard - January 2021-22

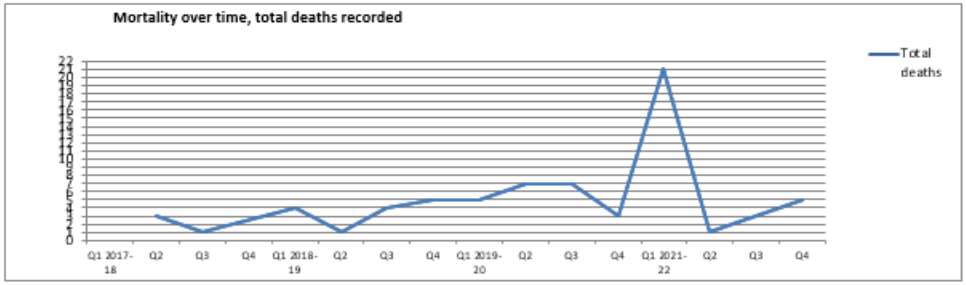
Department of Health

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	2	1	0	0
This Quarter (QTI	Last Quarter	This Quarter (QTI	Last Quarter	This Quarter (QTD	Last Quarter
3	1	5	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
4	27	6	27	0	1

Time Series: Start da 2017-18 Q1 End date 2020-21 Q4



Total Deaths Reviewed by RCP Methodology Score

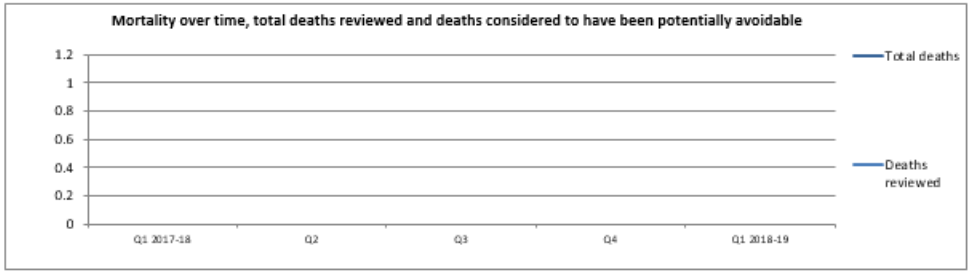
Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	2	100.0%
This Quarter (Q	0	0.0%	This Quarter (G	0	0.0%	This Quarter (QT	0	0.0%	This Quarter (QTD)	1	25.0%	This Quarter (QTD)	0	0.0%	This Quarter (Q	3	75.0%
This Year (YTD	0	0.0%	This Year (YTD	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	4.8%	This Year (YTD)	0	0.0%	This Year (YTD	20	95.2%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTI	Last Quarter	This Quarter (QTI	Last Quarter	This Quarter (QTD	Last Quarter
0	0	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
0	0	0	0	0	0

Time Series: Start da 2017-18 Q1 End date 2018-19 Q1



Section 2 – Mortality Review

Crude in Hospital Mortality

Method

The Trust's Crude mortality rate is calculated by taking the number of in hospital deaths and dividing by the number of discharges. Figure 2 shows the crude mortality for the Trust over time in tabular and graphical form. Figure 3 shows crude mortality aggregated by quarter and benchmarked against other stand-alone orthopaedic trusts.

Findings

A prominent rise in in hospital deaths during the first wave of the Covid-19 pandemic related to a change in case mix (particularly patients with fractured hips) as well as the pandemic challenge. This has been discussed fully at Trust Board previously. Benchmarking confirms that this pattern was seen in similar Trusts and demonstrates a recovery. The Royal National Orthopaedic Hospital in Stanmore had clearly encountered an additional second peak of mortality during the second / third major Covid waves in early 2021. An audit of care for patients with fractured hips at the ROH was submitted for publication. It demonstrated that the deaths following surgical treatment of this condition at the Trust during this period were within safe control limits as defined in the national hip fracture audit database, to which we contributed.

Excess in-hospital mortality in figure 2 correlates to excess deaths graphs as published by office of national statistics and the peaks represent covid-19 peaks. (Figure 12 Office of National Statistics - Excess Deaths during the Covid Pandemic)

90 Day Mortality (in hospital and out of hospital)

Method

The number of patient deaths was collected from the Patient Administration System, which has a connection to central records. Number of deaths was plotted over time.

Findings

A similar peak in mortality is seen relating to the Covid-19 pandemic wave. Recovery back to baseline is also seen.

In Hospital Mortality Summary

Month of Month Year	In Hospital ..	Total Discharges	Crude Mortality P..
January 2020	1	1,254	0.08
February 2020	Null	1,347	0
March 2020	Null	960	0
April 2020	8	336	2.38
May 2020	11	401	2.74
June 2020	3	329	0.91
July 2020	Null	691	0
August 2020	Null	764	0
September 2020	1	893	0.11
October 2020	Null	932	0
November 2020	Null	780	0
December 2020	Null	739	0
January 2021	1	497	0.2
February 2021	Null	494	0
March 2021	1	784	0.13
April 2021	1	874	0.11
May 2021	1	1,141	0.09
June 2021	Null	1,245	0
July 2021	Null	1,110	0
August 2021	1	964	0.1
September 2021	Null	1,164	0
October 2021	1	1,200	0.08
November 2021	1	1,289	0.08
December 2021	Null	1,047	0
January 2022	Null	335	0

Crude In Hospital Mortality Per Centage

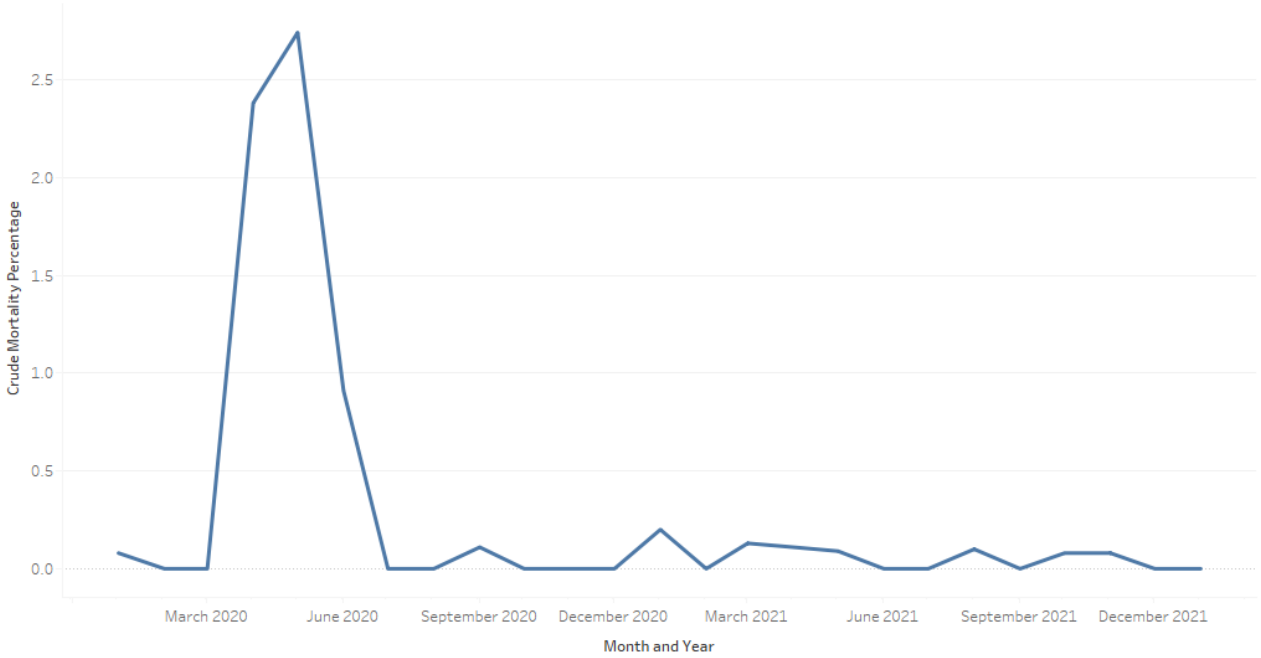


Figure 2 ROH Crude Mortality over Time



Figure 3 Crude Mortality Rate Benchmarked Against Stand Alone Orthopaedic Trusts

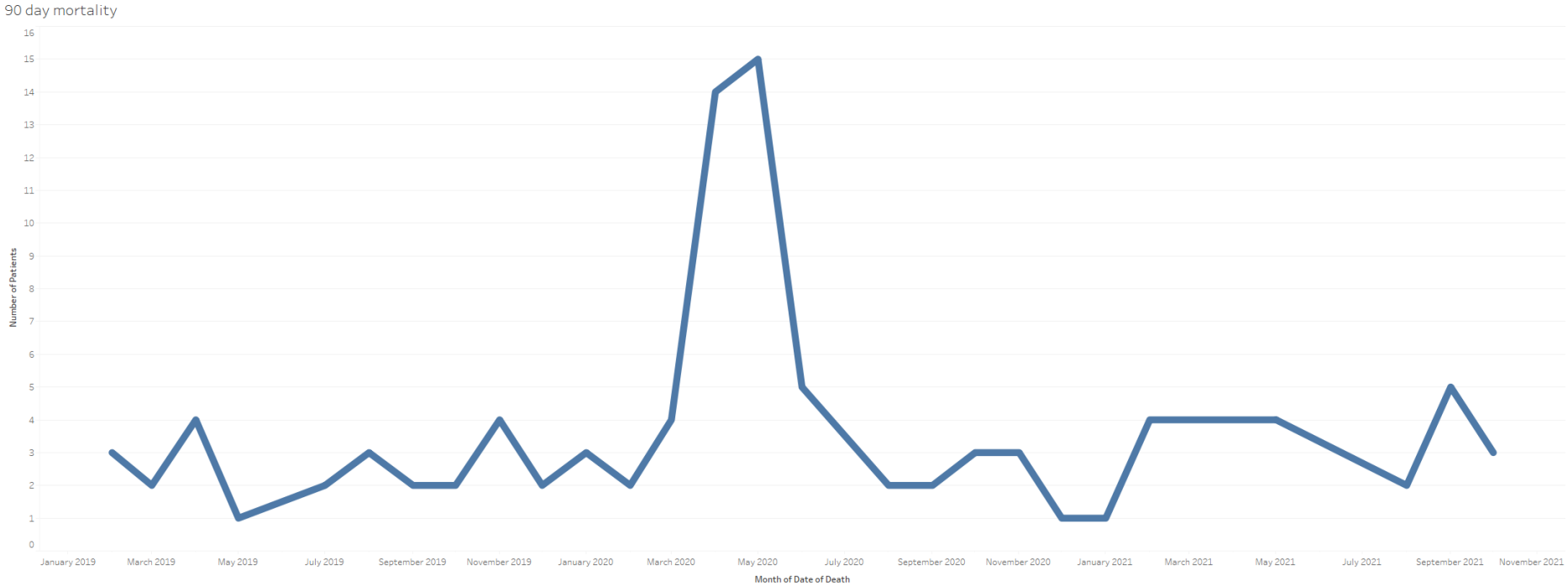


Figure 4 90 Day Mortality in and outside Hospital

Admission Diagnosis

Method

Admission diagnosis was collected from the hospital Patient Administration System. Number of cases were tabulated by admission diagnosis and year. Figure 5.

Findings

The number of deaths associated with fractures peaked during 2020 reflecting the case mix during the year. An apparent lowering in the number of deaths associated with malignant neoplastic disease was seen in 2021. This may be due to challenges with data quality as the number of unknown admission diagnoses has risen proportionately in the same period.

Place of Death & Time of Death in relation to discharge

On average about 10% of our total 90 day deaths occur in hospital. Another 10% occur within a week of discharge (figure 6). This proportion changed during 2020 due to the pandemic and has now largely renormalized. (Figures 7 and 8)

Mortality Outcome Deaths within 90 Days of Discharge 1year 2021

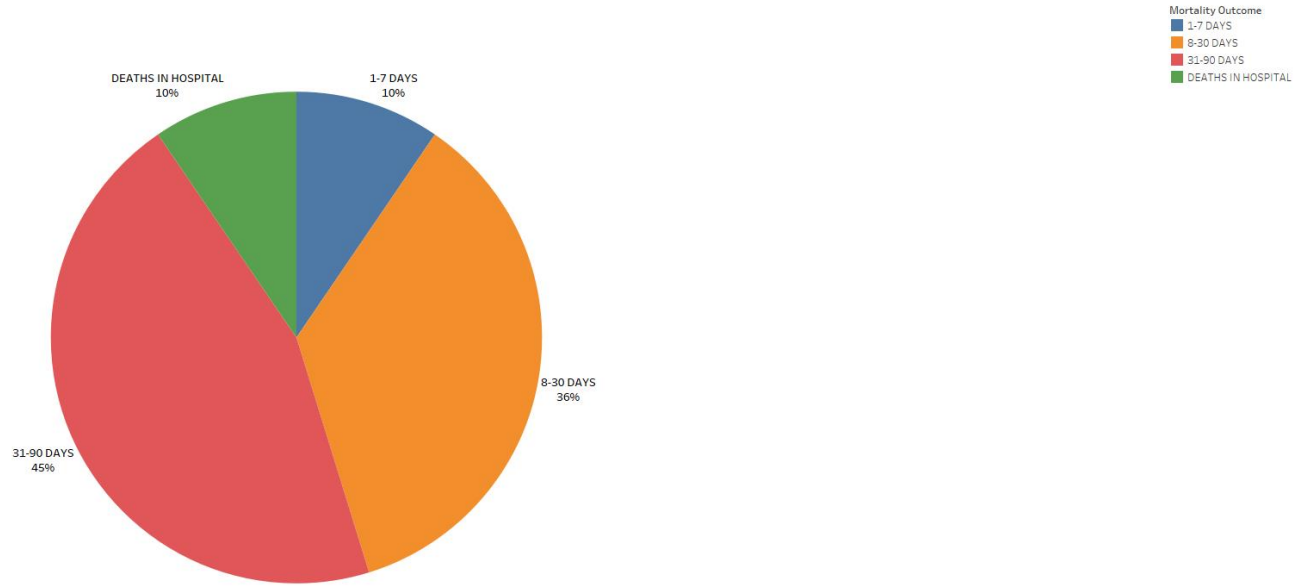


Figure 5 Mortality Outcome - time of death with respect to discharge

Admission Diagnosis Patients Who Died in Hospital or Within 30 Days of Discharge

Admission Diagnosis Group	2020				2021			
	DEATHS IN HOSPITAL	1-7 DAYS	8-30 DAYS	Null	DEATHS IN HOSPITAL	1-7 DAYS	8-30 DAYS	Null
Benign Neoplasia			1					
Complications of care	4	2	3		1	1		
Fractures	17	3	4			2	5	
Joint disorders and dislocations; trauma-related	1							
Malignant Neoplasia	1	1	10		3	1	4	
Neurological			1			1	1	
Osteoarthritis			2					
Skin Disorders			1				1	
Other				2			1	6

Figure 6 Admission Diagnosis

Place of Death - Deaths within 30 days

Place of Death	Date of Death 2019	2020	2021
RRJ	3 (20.0%)	25 (69.4%)	4 (30.8%)
Queen Elizabeth Hospital (41035)	4 (26.7%)	5 (13.9%)	7 (53.8%)
Home (H)	2 (13.3%)	4 (11.1%)	1 (7.7%)
Manor Hospital (11766)	3 (20.0%)		
Alexandra Hospital (25403)	2 (13.3%)		
Birmingham Heartlands Hospital (11322)			1 (7.7%)
City Hospital (36093)	1 (6.7%)		
Russells Hall Hospital (21290)		1 (2.8%)	
Worcestershire Royal Hospital (14563)		1 (2.8%)	

Figure 7 Place of Death within 30 days

Place of Death - Deaths within 90 days

Place of Death	Date of Death 2019	2020	2021
Home (H)	11 (29.7%)	14 (20.0%)	8 (29.6%)
RRJ	3 (8.1%)	25 (35.7%)	4 (14.8%)
Queen Elizabeth Hospital (41035)	7 (18.9%)	11 (15.7%)	9 (33.3%)
Birmingham Heartlands Hospital (11322)		6 (8.6%)	4 (14.8%)
Manor Hospital (11766)	5 (13.5%)	3 (4.3%)	
Russells Hall Hospital (21290)	4 (10.8%)	4 (5.7%)	
Good Hope Hospital (11337)	2 (5.4%)	3 (4.3%)	1 (3.7%)
City Hospital (36093)	2 (5.4%)	1 (1.4%)	1 (3.7%)
Alexandra Hospital (25403)	2 (5.4%)	1 (1.4%)	
Worcestershire Royal Hospital (14563)	1 (2.7%)	2 (2.9%)	

Figure 8 Place of Death within 90 days

Cause of Death

Malignancy remains the commonest cause of death when this has been recorded on the Patient Administration System (Figure 9)

Demographic Patterns

Age of patients who have died within 90 days has remained in the range approximately 65-70m, with possibly a gentle rise Figure 10.

There is insufficient data to draw strong conclusion about the effect of deprivation on mortality but an approximation plot of trends over time does suggest that if there is an effect it is consistent with the most deprived patients being more at risk of death than the least deprived Figure 11. This picture is consistent with national news and very much the focus of both ICS and Trust thinking as we plan service provision.

Conclusions

The change in the pattern of deaths seen during the pandemic, noted and discussed before, appears to have renormalized to a large extent during 2021 as activity has started to approach baseline.
We have found no other adverse trends at present. Monitoring continues and the Trust's continuous improvement approach to learning from when deaths occur remains embedded within the divisional governance review supported by the Structured Judgement Review in the Learning from Deaths framework.

Cause of Death of Patients Who Died in Hospital or Within 30 Days of Discharge November 2019 to December 2021

Cause of Death from HED (group)	Date Of Death 2020	2021
Null	28	11
Acute vascular disorders of intestine		1
Alzheimer's disease or brain atrophy	1	1
Atherosclerotic heart disease		1
Chronic ischaemic heart disease	1	1
Disorder of bone, unspecified	1	
Epilepsy	1	
Exposure to unspecified factor	1	1
Fatty liver	1	
Influenza / complications	1	
Joint disorder	1	1
Malignant Neoplasm	14	7
Malignant neoplasm: Breast, unspecified		1
Myocardial Infarction	2	
Other specified general symptoms and signs	1	
Sarcoidosis, unspecified		1
Urinary tract infection, site not specified		1

Figure 9 Cause of Death

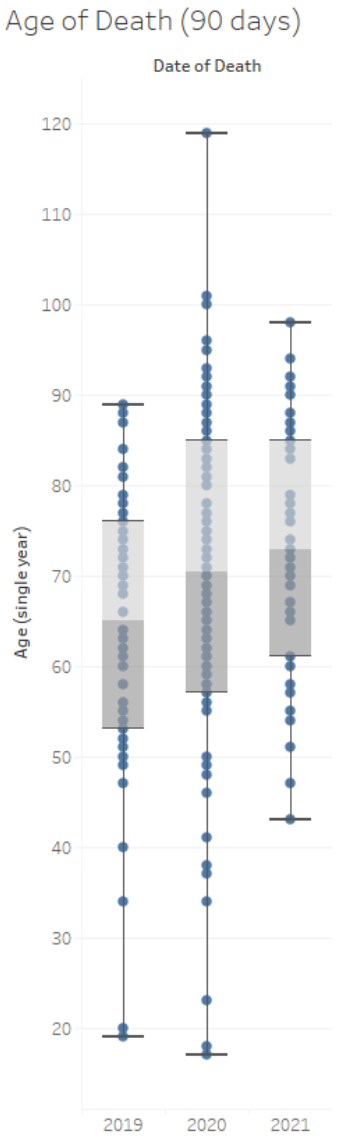


Figure 10 Age at the time of Death

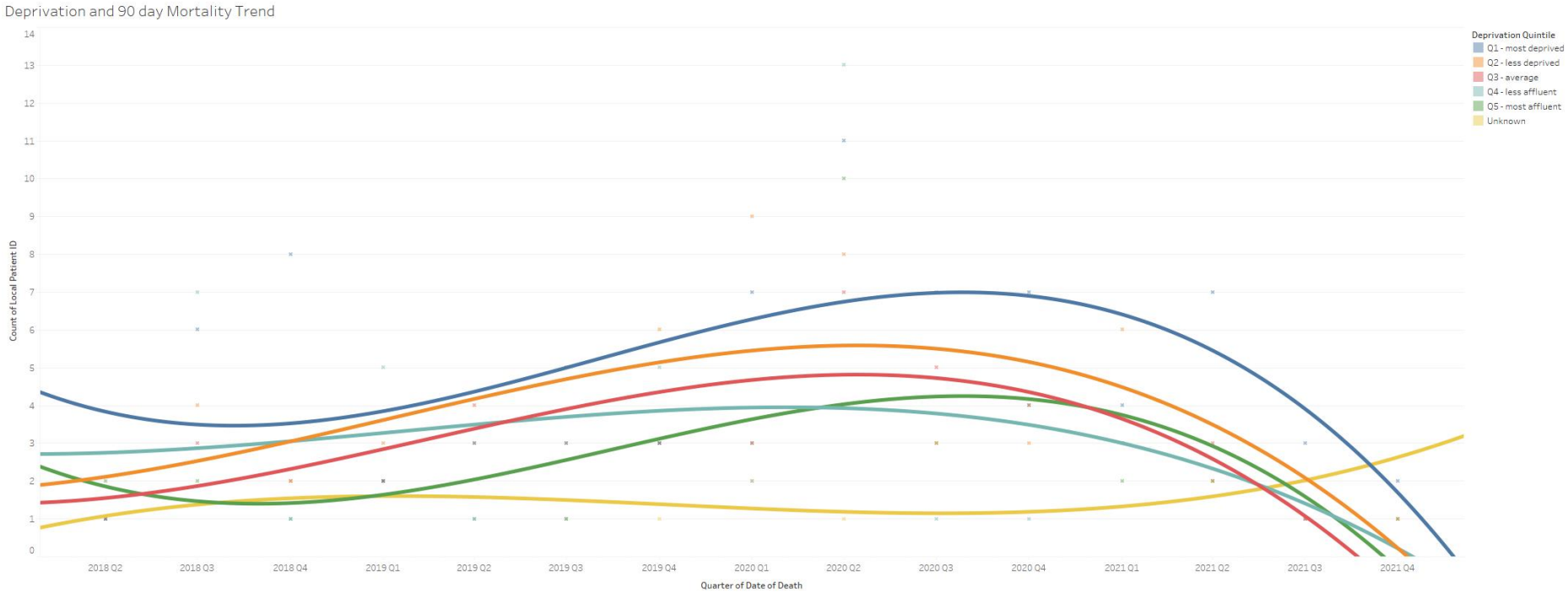


Figure 11 Index of Deprivation of Patients who died within 90 days

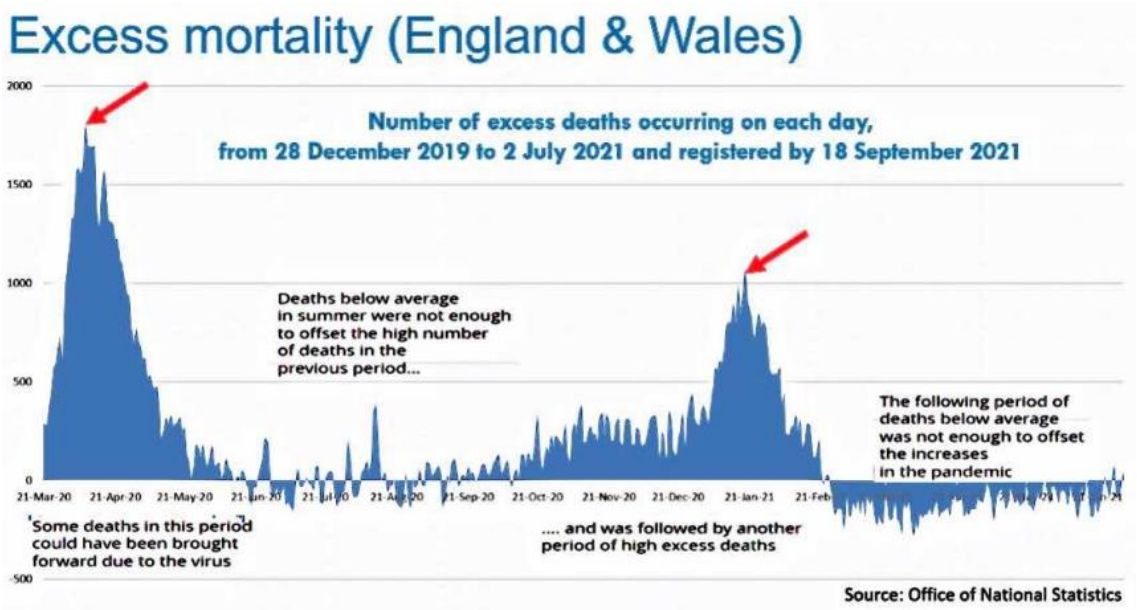


Figure 12 Office of National Statistics - Excess Deaths during the Covid Pandemic

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Medical Director's Annual Report 2021**
SPONSOR (EXECUTIVE DIRECTOR):	**Matthew Revell, Executive Medical Director**
AUTHOR:	**Angharad MacGregor (Medical Directorate Manager)** **Andrew Toogood (Deputy Medical Director)** **Matthew Revell (Executive Medical Director)**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

The paper outlines the highlights for the Medical Directorate during 2021.

The paper describes:

- the changes to clinical services during the second year of the Covid-19
- progress on the Clinical Strategy is presented
- a review of audit and outcomes, AQILA and the Patient Progress Report
- a review of the medical directorate leadership and development programme for the year

Despite another challenging year, ground has been made in implementing strategy, maintaining and maturing the medical leadership team, continuing to encourage a no harm culture and a transparent approach to clinical outcomes.

REPORT RECOMMENDATION:

The Board is asked to receive the report for information.

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

Note and accept	Approve the recommendation	Discuss
X		

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

Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	X
Comments: [*elaborate on the impact suggested above*]					

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

Patients, People, Process, Performance, Partnerships
Safe, Timely, Efficient, Effective, Equitable, Patient Centred and Improving clinical care

PREVIOUS CONSIDERATION:

Quality & Safety Committee on 23 February 2022

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Medical Directorate Report 2021

Clinical Services Review

2nd /3rd Covid-19 Pandemic Wave: Winter 2020/1

The start of 2021 came during the second Covid-19 pandemic wave; the third wave arrived even before the second had fallen fully away. Regionally, we supported super-surge plans as they were put rapidly in place. Our own clinical teams were at the point of receiving their second vaccine and both anaesthetic and surgical teams supported University Hospital Birmingham (UHB) with trauma list support, staff for our proning teams for patients with Covid-19 and staff to support the Intensive Care Unit (ITU) nursing staff as generic healthcare workers. Those who did so found the experience humbling and thoroughly worthwhile. The Trust offered support to any staff members who wished to have it.

On the Royal Orthopaedic Hospital (ROH) site, the spinal unit (under Clinical Service Lead Mr Andrew Young) re-started full system wide regional emergency cover, which has continued throughout the year. The Trust accepted trauma step down patients and welcomed physician colleagues from UHB to help manage this safely. Hand and wrist trauma resumed on the ROH site.

Restoration and Recovery #2: Summer and Autumn 2021

Units began renormalising services from Spring 2021.

Now with a complement of 14 theatres, a request came from the Birmingham and Solihull (BSol) system to provide some capacity for the UHB; this resulted in 3 theatres being assigned to UHB lists. Joint governance was agreed with a "UHB at ROH model" being agreed, such that UHB retained ownership of the waiting list and the surgical aspects of the service, ROH providing theatre space, theatre staff and ward staff. There is joint ownership and oversight of incidents and pathways. The new interface provided challenges for teams on both sites. The work continued against evolving screening and cohorting rules which added complexity and constrained capacity on occasion.

Attention then turned to how we might manage waiting lists safely. Regionally larger Trusts were able to form centrally coordinated mailing of patients on their waiting lists to ask them if they still required treatment. Finding this additional resource at the ROH was felt to be difficult, so the Trust adopted the Harm Prevention Framework, which retained ownership and control of waiting lists at service and clinician level. This framework can be complemented by Trust level or unit level correspondence with patients where needed. Under the framework clinicians and clinical service unit leads are provided with regular feeds about their clinically prioritised waiting lists; they have authority to directly book if they need to override and a mechanism to escalate risk of harm or actualised harm if necessary. A full summary of the working system is due to be presented at Quality and Safety Committee (QSC) in February 2022.

Winter of 2021-2022 and Omicron Variant

Mutual aid to the BSol system was again requested in November 2021. The Trust provided a step down ward for medical and rehabilitation patients from UHB, overseen by Deputy Medical Director Dr Andrew Toogood. 8am-5pm ward cover was provided by a GP consortium, giving us added expertise in depth for the management of long term medical conditions, which was enhanced to take account of the case mix of a new patient cohort.

Cancer Services

Paediatric Oncology Service

The paediatric oncology service restarted smoothly in April 2021. A joint strategic oversight group has overseen progress at executive level, feeding in to the Quality and Safety Committee. All reports from a wide stakeholder base are that the service now exceeds the previous ROH based service in terms of patient and clinician experience.

There were a number of pressures on constitutional target waiting times. Any breaches are reviewed both at Cancer Board to establish if there are patterns and at Harm Review in more individual detail. The unit has supported UHB in progressing talks about a formal national bone tumour pathology network and in the recruitment and appointment of a second full time pathologist within the unit, improving reporting turnaround times.

The radiology unit (in particular Dr Steven James) have supported the interventional radiology unit at Birmingham Womens' and Childrens' Hospital (BWCH) in establishing their bone tumour capability on the BWCH site.

Mike Parry has continued as Clinical Service Lead, Anita Killingworth as Nurse Consultant, and the team has been greatly strengthened with the arrival of Coralie Duff as Clinical Service Manager.

Mutual Aid to Robert Jones and Agnes Hunt (RJAH) Hospital Unit

RJAH requested temporary support for their small team in Spring 2021. Two surgeons have been supporting the Multi-Disciplinary Team meeting (Mr Mike Parry and Mr Guy Morris) and advising on strengthening processes and pathways. Bone tumour cases were diverted to the ROH. At the time of writing, the team have resumed independent operating on the site and continue to pass over more complex work. Anticipated full re-normalisation with a permanent clinical link will be from April 2022.

Regional Sarcoma Service

The unit continues to work closely with the Retroperitoneal Sarcoma service at UHB; surgeons mutually supporting and mutually accessing both the ROH and UHB sites. The units hosted a national sarcoma meeting in late 2021.

Clinical Strategy

The Clinical Strategy was taken to Trust Board in January 2021. David Rogers was appointed as the Clinical Service Lead in April 2021 and has worked closely supported by the Strategy and Transformation Team.

AQILA (Clinical Performance)

Highlights for the Year

- Improved rating from Internal Auditors KPMG – all legacy actions closed
- Continuous clinical improvement culture growing, and aligned to Perfecting Pathways Programme
- Audit project/QI dashboard presented through AQILA to Q&S Committee
- Audit teams actively engaged divisions/services to improve offering and measuring in the dashboard – measuring level of strategic importance of audits / how long they are taking to complete
- Regular challenge of Divisions at Divisional Management Board / Divisional Performance Board
- Communication loop with Model Hospital supporting units to bring work to AQUILA for assurance e.g. Spinal/Arthroplasty
- Patient progress reporting suite established with 12 month+ work plan, using SPC charts / benchmarking

- Commissioned MLCSU: IG & service agreements in place, design & strategy agreed, stakeholder mapping agreed – end of January 2022 expecting – clinical outcome measures mapped onto the six health foundation domains

The ROH Keystone (Partnerships)

This was conceived as a group of internal and external stakeholders meeting with the aim of mapping strategic regional and national opportunities the musculoskeletal field, to increase our influence - particularly in the clinical realm. In large measure, the project requires some stability in political and operational terms and therefore the Keystone meetings have not yet been formally started.

Nevertheless, the Trust successfully hosted a National Orthopaedic Alliance Conference during 2021. In addition, a meeting between the Chair, Chief Executive and the senior clinical body during summer 2021 set some of the groundwork for future meetings.

It is anticipated that formal Keystone meetings will start during 2022. A wider stakeholder and strategic partners meeting 6 monthly and an alternating smaller planning group of close allies 6 monthly to horizon scan and identify opportunities.

The Musculoskeletal Academy (People)

A project whose outcome will be a certified modular curriculum extending to Masters Level. The Academy development has the following stated aims:

1) Job enrichment, improving horizontal movement, mixing and mutual support between medical trainees, medical associates, extended and advanced practitioners from all backgrounds
2) Improving vertical (in specialty) development and access for all staff
3) Providing appropriate support for younger staff to contribute in service within a learning culture
4) Providing opportunities in leadership and for serving patients through indirect many means – including contribution to pathway design, shared decision support and first-class patient information

Year 1 Highlights

- Full system review of FCP provision and skill mix (led by CCG, informed by MSK Transformation Programme work stream 5: Workforce Planning & Development)
- Project Group established and currently branding the ROH existing offering with leads for each strand (see next slide)
- ROH nominated trainer for system-wide delivery of Shared Decision Making training
- Review of Academy 'model', including virtual hub approach

The ROH Direct (Patients): now the regional Orthopathways initiative

Conceived with ICS working in mind, this project takes The Royal Orthopaedic Hospital out of its traditional shell (perceived as being centred on secondary and tertiary surgical care) and towards attending patients wherever they are.

This means at all stages between dependence and independence, treatment and wellness. Pivotal to this are a) the development of Musculoskeletal and Therapies initiatives already supporting primary care in the first contact role (b) mobilising the content and patient information from the Musculoskeletal Academy to support patients at every point in their journey through multiple and through multiple media channels.

Year 1 Highlights

- Successful Elective Recovery Technical Fund application to procure 'getUBetter' – a supported self-management app for patients to access clinical support, information, rehabilitation and advice
- Commenced 6 month pilot of 'OrthoPathways'- a digital clinical decision making tool to standardise information, referral practices and reducing variation
- Partnering with ICS colleagues, voluntary sector and academic institutions to pilot schemes for 'waiting well'
    - Versus Arthritis peer support groups
    - My Planned Care platform
    - BCU student support for pre-habilitation
- Developing ICS MSK Portal for patient information and signposting, focusing on digital and analogue options
- Proof of concept underway for ROH standardised patient information through database to manage patient info in modular way

Perfecting Pathways

This is the Trust's well established transformation and delivery platform. It is included in the clinical strategy for 3 reasons:

To underline the importance of clinical engagement in these projects

To bring about opportunities for clinicians to learn project management and project based Quality improvement techniques and methods (QSIR)

To bring closer together project based and continuous improvement (PDCA) quality improvement work

Annual highlights

- QSIR Practitioner training continues to be successfully delivered, now including cohorts of Medics, as well as a QSIR Fundamentals programme open to all staff
- Complex improvement programmes delivered across 2020-21/2021-22 including:
    - Restoration & Recovery (Phases 1 & 2)
    - Day case UKR pilot
    - ICS Long Covid programme
    - Major estates reconfiguration on ROH site
    - Digital transformation including Attend Anywhere and DrDoctor
    - IT improvement
    - Outpatient modernisation including Partial Booking and AccessAble

Regional Contributions

The Executive Medical Director has continued to contribute to the regional Medical Director forum on a weekly basis, providing a collective clinical sounding board for the BSol system.

The Trust continued its support for Birmingham and Solihull and in particular NHS Arden and Greater East Midlands Commissioning Support Unit in their clinical approvals and appeals process during the first half of 2021 until the support was no longer required. The working relationships from this group formed the foundation for the Orthopathways Initiative across BSol.

The Executive Medical Director has attended the BSol Outpatient And Diagnostic Group regularly.

The Executive Medical Director continued to serve on the Quality Review Service Board (part of the Midlands and Lancashire Commissioning Support Unit and formerly the West Midlands Quality Review Service), attending quarterly meetings. Regrettably, the Board had to take the

difficult decision to wind up the QRS as its on-site review methodology was not feasible during Covid and Trusts in general did not have capacity to commission focused quality Review work of this nature in the short to medium term. It had been the only independent United Kingdom Accreditation Service recognised body nationally for developing formal clinical standards.

The Trust has led the regional negotiations and discussions around the regional Major Revision arthroplasty hub. Revision knee work has been confirmed as allocated to the ROH as the primary centre. The Trust is also developing regional standards to bring about consensus in ways of working and to engage all partner organisations.

Quality Improvement: AQILA

AQILA has continued to meet monthly during the pandemic.

Patient Progress

"Patient Progress" is the name given to the developing outcomes suite of reports. The AQILA group maintained reports against a work plan to focus on an important area each month.

In parallel with this, the Medical Director's office and informatics have been working with the Midlands and Lancashire Clinical Support Unit.

Alignment with Model Hospital Schedule

Closely linked to the above is an alignment with the Model Hospital Club, chaired by Marie Peplow, Chief Operating Officer and hosted by Amanda Gaston the Deputy Director of Finance. Trust level metrics are shared with clinical teams and discussed in a workshop. The teams are now encouraged to bring work back as assurances and development plans to AQILA (supported by Kirti Moholkar, CSL for Outcomes, and the Deputy Director of Finance). Notable contribution during the year from the Spinal Unit

Mortality Reviews and Learning from Deaths

The regional medical examiners team were engaged from 1st August 2020 to help manage death certification and early investigation of in hospital deaths.

The Learning from Deaths is led by John va Faye, Associate Medical Director. The reporting tracker has re-stabilised after a relative surge in numbers during the Covid-19 pandemic, relating to Covid itself and case mix during the provision of mutual aid. The system provides a failsafe for triaging and escalating issues around care to complement and support the normal divisional governance process around any clinical incident.

Harm Reviews

The Trust harm review process was instigated 4 years ago as part of the response to the Referral to Treatment Time project. The process is managed by John va Faye, the Associate Medical Director (Corporate) and Ash Tullett, Head of Clinical Governance, supported by Karen Hughes, the Head of Nursing for Division 1 and the operations team.

The meeting supports the work of the Cancer Board for statutory target breaches. The Harm Review mechanism has also been integrated into post Covid waiting list management.

Clinical Audit

The Audit team continued to make ground during 2021. The Head of Clinical Audit (Ms Leky Parveen) and the Clinical Service Lead for Audit (Dr Ben Smith) pro-actively engaged with divisions and clinical service units about their audit plan.

A tracker dashboard has been developed and a leader board for the highest number of contributions by clinician and by unit.

The monthly morbidity and mortality meeting has successfully continued in hybrid format, supporting socially distanced physical attendance in the knowledge hub and virtual attendance through Microsoft teams. The Clinical Service Lead has formalised the upward summary from this meeting and that feed has now started to come through at QSC.

The two clinical divisional audit trackers continue to be presented at Divisional performance meetings to encourage more active oversight and strategic audit project commissioning.

Leky Parveen has now moved on to a similar role in a larger Trust and leaves with our deepest gratitude for an excellent contribution. The Knowledge Hub team will be recruiting a replacement and a gap in continuity is a current reality.

Clinical Outcomes

The Head of Audit continues to report good progress with a project to streamline process and transfer National Joint Registry entry into theatres, supported by the Quality Improvement Lead for Division 1.

The Trust rolled out the National Clinical Improvement programme dashboard in a joint launch with Robert Jones and Agnes Hunt Hospital. It was well received by clinicians and has been used in the Professional Practice Advisory Panel to provide assurance around whole practice.

A second project to develop the clinical dashboard, based on the Patient Progress matrix, with the Midlands and Lancashire Commissioning Support Unit has also commenced, supported by the Director of Finance and Deputy Director of Finance. A scientific paper examining access to hip replacement over a ten year period in relation to deprivation has been published. The article has relevance to national policy.

Medical Leadership and Workforce

Medical Directorate Manager

We appointed Angharad MacGregor to the role of Medical Directorate Manager in September 2021 and she started with us in January 2022.

The priorities for this year will be:

- Quality Assurance work around medical revalidation and whole practice appraisal
- Support for the Medical Workforce group and its work in developing the employment offering to clinicians and in mapping our clinical skill base
- Support for the Patient Progress Clinical outcomes function – the monthly reporting focus at AQILA and the anticipated Reporting Suite being developed with MLCSU.

Corporate Clinical Lead for Medical Workforce

Dr Wilson Thomas has produced the Clinical Workforce Strategy and this went to People and Organisational Development Group (PODG) in January 2021. The Medical Workforce Group has started to meet bimonthly under his chairmanship. The group are developing the work breakdown and tactical plan. This will be presented at the Staff Experience and Organisational Development Committee in April 2022.

Organisational Development Work

In last year's report we described an external review of 4 serious complications within the spinal unit in early 2020 to increase awareness around team dynamics and human factors in a safety context. The department have had no recurrent runs of serious complications in this way, the senior team have noted visible leadership from the Clinical Service Lead Andrew Young across several domains – clinical and operational. Of note is the contribution to the regional spinal emergencies with 163 emergencies seen last year and a very impressive safety record – 2 deaths within 30 days which both related to malignant disease.

Junior Doctors

Junior doctors continued to weather the Covid-19 pandemic well overall.

Through regular meetings with the GP trainees and the Junior Doctors forum (the frequency of which was increased permanently during Covid-19) we had been aware that the GP trainees commencing February 2021 had not been as settled as previous cohorts. The feedback through the GMC reflected this and the findings are being worked through by Matt Newton-Ede the Clinical Tutor supported by the Junior Doctors forum group. The subsequent cohort has appeared more settled and it is hoped that any issues that lie outside the instability created by Covid-19 have now been addressed.

The Junior Doctors forum now invites ward nurses and the rapid response team to the membership.

We are piloting giving GP trainees small leadership roles – eg rota management, handover, RRT liaison which we hope will help the GP trainees build their clinical support networks more rapidly and allow cohorts to build on each other in quality improvement projects.

Renewed focus has gone into junior doctors' induction. Trainees receive NEWS2 (National Early Warning Scheme) training and the Rapid Response team attend on induction day. The deputy chief nurse; Ms Nikki Brockie, is arranging for this to be further enhanced by ALERT training.

Medical Directorate and Clinical Leadership Team

Current Structure

The Medical Leadership structure is shown visually in figures 1-5:

Figure 1- Clinical Services. Patient Services Division

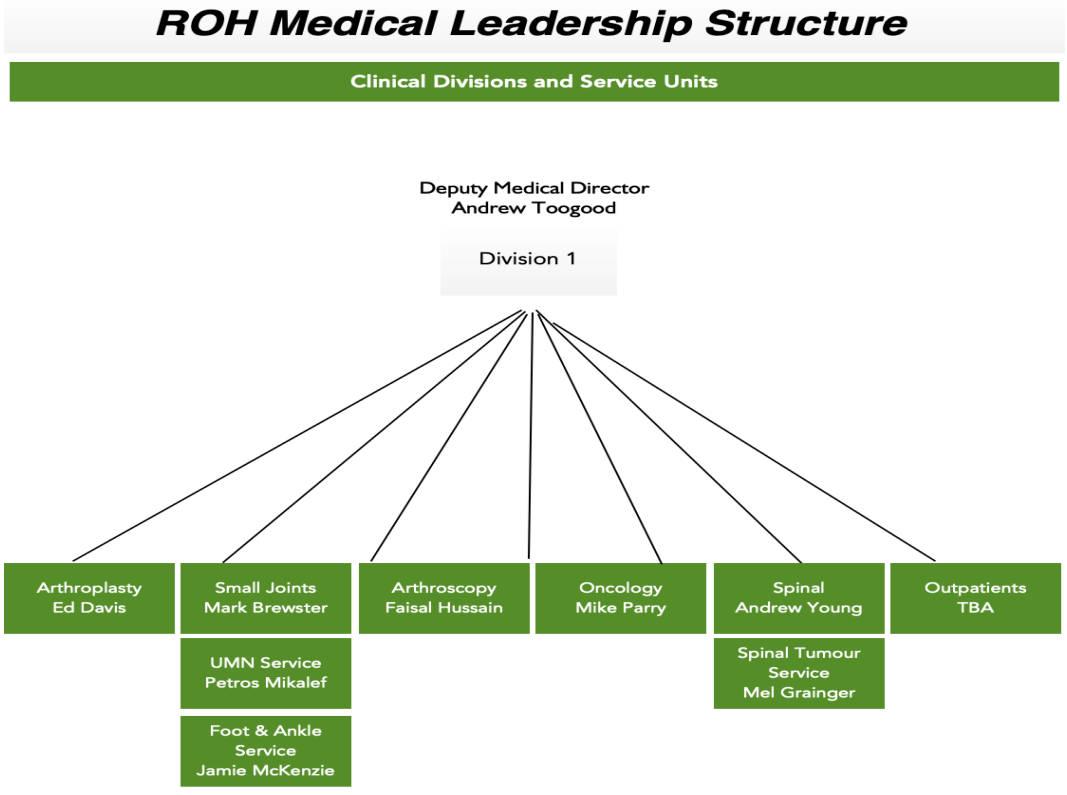


Figure 2: Patient Support Services Division

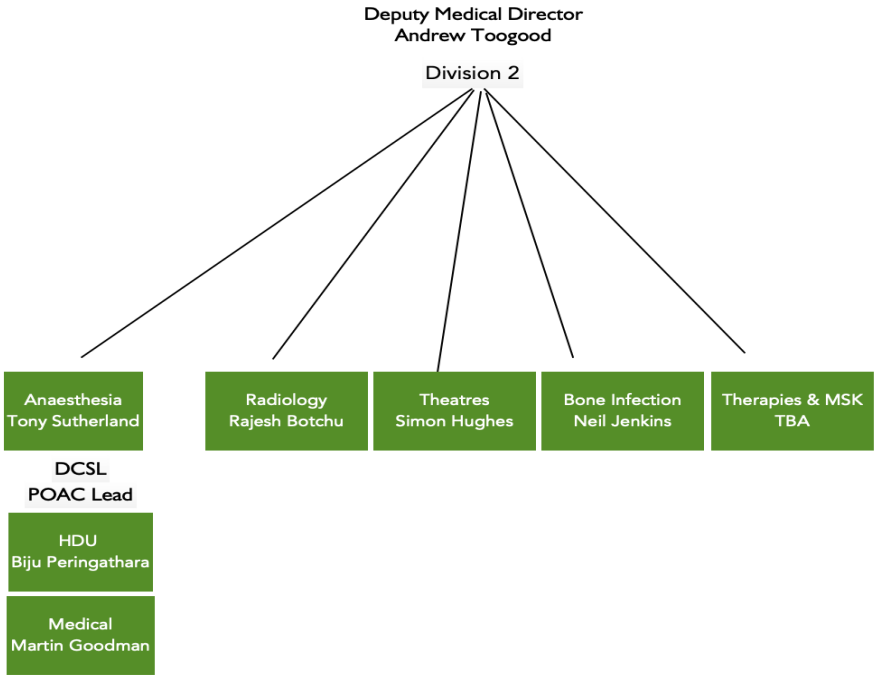


Figure 3: Corporate Clinical Roles – Clinical Outcomes and Audit

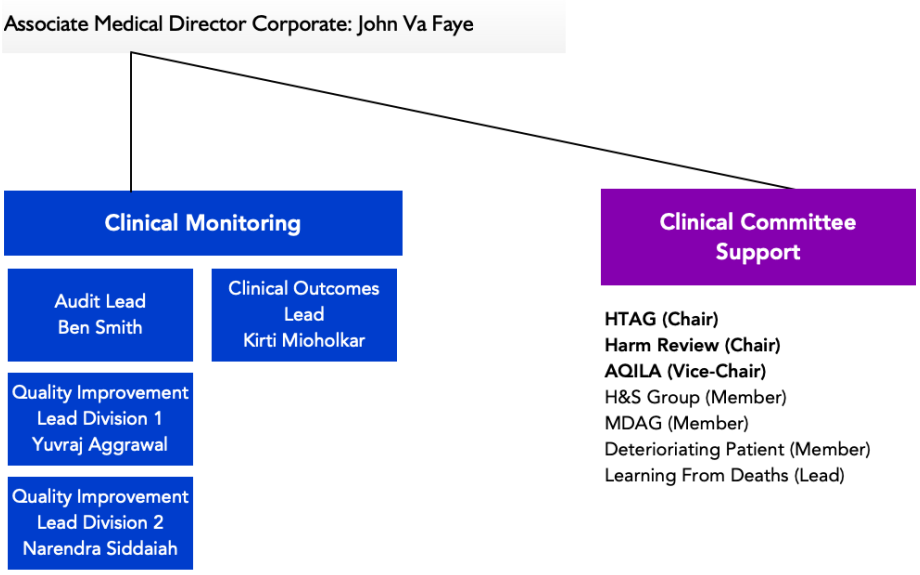


Figure 4: Corporate Clinical Roles – Medical Workforce Team

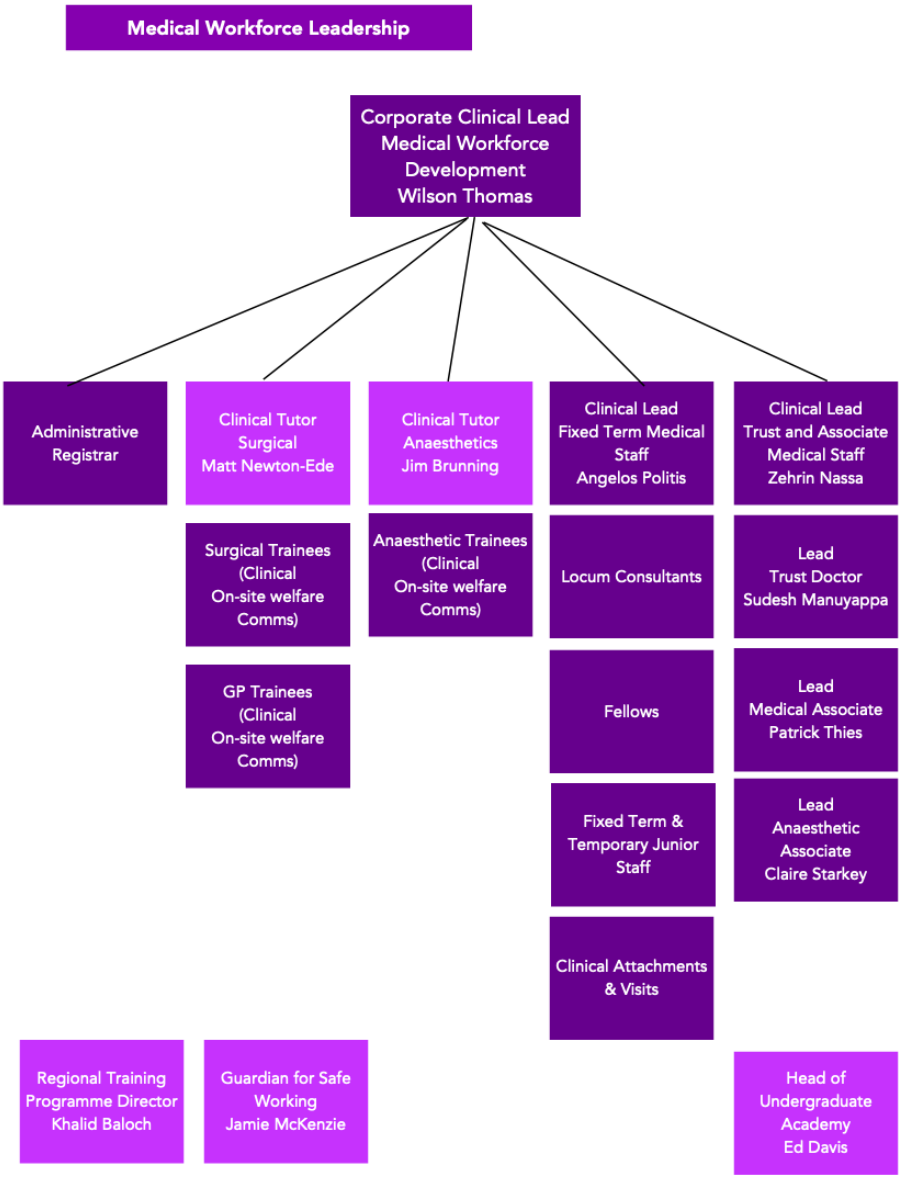


Figure 5: Medical Education Team



The Medical Leadership Team: Meetings and Development

The Clinical Service Leads meet monthly. The meeting is supported by the Director of Operations and the two Deputy Directors of Operations. There are plans to facilitate clinical service managers and clinical service leads to meet together during working hours and a pilot joint monthly meeting (postponed during the omicron wave over winter) will take place after the clinical audit meeting in March 2022. This builds on the development programme piloted in 2020 and will include formal meeting and workshop / shared development elements.

Current Post holders

The current post holders are listed in Table 1:

TABLE 1: CURRENT MEDICAL LEADERSHIP POSTHOLDERS

Leadership Role	Post Holder
Deputy Medical Director Medical Directors Office	Andrew Toogood
Clinical Service Lead (CSL) Arthroplasty	Edward Davis
Clinical Service Lead (CSL) Small Joints	Mark Brewster
Clinical Service Lead (CSL) Arthroscopy	Faisal Hussain
Clinical Service Lead (CSL) Spines	Andrew Young
Clinical Service Lead (CSL) Oncology	Michael Parry
Interim Lead Clinician (LC) Upper Motor Neurone Service	Petros Mikalef
Clinical Service Lead (CSL) Anaesthesia	Anthony Sutherland
Deputy Clinical Service Lead (DCSL) Anaesthesia	Rajashekar Gowni
Lead Clinician (LC) HDU	Biju Peringathara
Lead Clinician (LC) POAC	Egidio Da Silva
Lead Clinician (LC) Radiology	Vinay Ketkar
Clinical Service Lead (CSL) Theatres & ADCU	Simon Hughes
Clinical Service Lead (CSL) Therapies & MSK Services	Vinay Ketkar
Clinical Programme Lead (CPL) Clinical Strategy	David Rogers
Radiation Protection Lead	Rajesh Botchu
Clinical Service Lead (CSL) Bone Infection Unit	Neil Jenkins
Lead Clinician (LC) Perioperative Medicine	Martin Goodman
Associate Medical Director (AMD) Corporate Clinical Services	Kasra Va Faye
Quality Improvement Lead (QIL) Patient Support Services Division	Narendra Siddaiah
Quality Improvement Lead (QIL) Patient Services Division	Yuvraj Agrawal
Corporate Clinical Lead (CCL) Audit	Benjamin Smith
Lead Clinician (LC) Modern Interventions	Akash Sharma
Lead Clinician (LC) Clinical Outcomes	Kirti Moholkar
Corporate Clinical Lead (CCL) Medical Revalidation	James McKenzie
Corporate Clinical Lead (CCL) Documentation and Clinical Information	Scott Evans
Corporate Clinical Lead (CCL) Research	Adrian Gardner
Head Undergraduate Academy	Edward Davis
Deputy Head Undergraduate Academy	Arthur Davies
Recognised Tutor Undergraduate Academy	Faisal Hussain
Recognised Tutor Undergraduate Academy	James McKenzie
Regional Training Programme Director Post Graduate Education	Khalid Baloch
Clinical Tutor (Surgical) Post Graduate Education	Matthew Newton Ede
Clinical Tutor (Anaesthetics) Post Graduate Education	James Brunning
Chair Drugs & Therapeutics Committee	William Rea
Chair Venous Thromboembolism Committee	Iosif Pagkalos
Associate Medical Director (AMD) Paediatrics	Bruce Morland to Feb 2022
Lead Paediatric Safeguarding	Jwalant Mehta
Corporate Clinical Lead (CCL) Medical Workforce Development	Wilson Thomas
Lead Clinician (LC) Fixed Term Medical Workforce	Angelos Politis
Lead Clinician (LC) Trust and Associate Medical Staff	Zehrin Nassa
Lead Trust Grade Doctors	Sudesh Muniyappa
Lead Anaesthetic Associates	Claire Starkey
Lead Medical Associate Practitioners	Patrick Thies
Administrative Registrar Surgical Trainees	Dan Hearsey to Feb 2022
Guardian for Safe Working Hours	James McKenzie

Changes to the Team

During 2021 we made the following substantive leadership appointments:

Name	Role	Comments
Egidio Da Silva	Lead Clinician POAC	Replacing Dr Blunt who has moved to part time after many years leading the service – with thanks
David Rogers	Clinical Programme Lead for Clinical Strategy	New post. David is a senior therapist

Responsible Officer, Appraisal & Revalidation

Appraisals & Revalidation

The Trust maintained the appraisal and revalidation system after a brief pause during the pandemic at the request of consultants and with the support of the BMA. Pastoral support is emphasised as an essential element. There have been no concerns about maintaining the currency of the appraisal programme.

Responsible Officer Interventions and Involvement

A doctor who was discovered to have been working at the ROH with registration, but without the required licence to practice, working at the Trust was called to a GMC Tribunal in January 2022.

The Medical Director is now supported in their role as Responsible Officer by a Professional Practice Advisory Panel, consisting of the Deputy Medical Director (Dr Toogood) the revalidation manager (Mrs Alison Newman) the clinical lead for revalidation (Mr Jamie McKenzie) and the Acting Associate Director of Workforce & OD (Mrs Sharon Malhi)

There were two escalations during the year around clinical performance. These were both self identified issues that related to a part of whole practice, raised appropriately with the clinical service lead, escalated to the MD/RO and immediately risk assessed. The group was then able to review the initial risk assessment and management plan. Assurance is provided in anonymised to the Executive Quality and Safety meeting.

The RO and revalidation manager continue to meet regularly with the GMC local liaison and maintain good communications through that support link.

Concluding Comments

Despite a busy and challenging year, we have made good ground with the clinical strategy, and have continued to encourage a no harm safety culture and a transparent approach to clinical outcomes, which now applies to system partners who have been welcomed to the ROH site as part of the mutual aid system working.

Mr Matthew Revell

Executive Medical Director

February 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chair**
AUTHOR:	**Executive Team**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

Attached is the refreshed Board Assurance Framework.

Risks proposed for closure:

- No risks have been proposed for closure.

Risks reduced in current risk score:

- WF24

Below risks have been reviewed by appropriate Executive Director. No movement to current risk scores noted for:

- Covid-19-033
- 770
- FP8
- OP4
- OP6
- 1298
- 1089
- CE1

Risk still to be updated:

- 1719 – Operation Sawmill – this risk was added to the BAF in January 2022.

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the proposed changes to the Board Assurance Framework

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Aligns to all strategic objectives.
PREVIOUS CONSIDERATION:
March 2022

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	4	4	16	↔	March 2022 Associate Director of Workforce and OD: No change in scores - The Trust continues to reiterate messages around the requirements for PPE for all staff. Requirement for risk assessments for unvaccinated staff continues to be reinforced. Risk assessment process being reviewed with support from IPC since revocation of mandatory vaccinations.	Ongoing	2	4	8	Mar-22
WF24	Workforce	Chief Executive	BAF and CRR There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	3	4	12	↓	March 2022 - Associate Director of Workforce and OD: During February there has been a decline in absence rates with a reduction of circa 27 long term absence cases across the Trust since January 2022. Stress related absence still the biggest cause for sickness absence and further work being undertaken in conjunction with local managers and wellbeing team to identify ways in which to further support the psychological wellbeing of staff.	Ongoing	2	4	8	Mar-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full. Full annual maintenance plan now in place commencing April 2022.	Estates maintenance schedule	4	5	20	↔	March 2022 Executive Chief Operating Officer update: 1st phase of Theatre maintenance to commence in April 2022. Risk will be reviewed with the Director of Estates once work has been completed.	Jan-22	1	5	5	Mar-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line. **March 2022 - Update: Trust now moving forward with Solution from Doctor Dr which will be provided through Clnical Portal. Web-based version available to use during interim.**	Apr-21	2	3	6	Mar-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	March 2022 Executive Chief Operating Officer update: No change to risk due to OMICRON wave of pandemic and associated system support / capacity surge plans	Ongoing	2	4	8	Mar-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	March 2022 Chief Operating Officer update: UHB elective operating capacity at ROH continues. Spinal divert remains in place. Work with RJAH ceases on April 1st 2022 risk score will be reviewed following this transition back to BAU.	Ongoing	2	4	8	Mar-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:- 1.Lack of patching and monitoring 2.Presence of unsupported Systems 3.Poor access and password audit and management 4.Inadequate and untested incident management and disaster recovery processes 5.Poor cyber security user awareness and training.		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Full update on Cyber Security prepared and submitted to Finance & Performance Committee on March 26th. Improving Cyber Security Resilience Report has been prepared to provide assurances on critical controls to reduce the risks of ransomware and denial of service attacks as recommended by NCSC. \\gamma.local\users$\root\Washbournes\	Ongoing	2	4	8	Mar-22

1719	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	↔	Risk was added to BAF in January 2022.	Ongoing	2	3	6	Jan-22
PERFORMANCE																						
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic		Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	March 2022 Executive Chief Operating Officer update: February 66.90% - increased RTT since January 2022 and decrease in 52 weeks to 24. Trajectory to be reviewed/revised once activity plans agreed in April 2022.	Dec-21	3	3	9	Mar-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years		With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Draft Plan submitted to System is showing £12m organisational deficit within system deficit of £48m, prior to the allocation of reserves. Underlying deficit still remains at circa £23m deficit	Proposed for Closure/de-escalation	3	4	12	Mar-22

RISK CATEGORIES
- Financial health and sustainability
- Clinical excellence
- Patient safety
- Patient experience
- Workforce capacity, capability and engagement
- Systems, information and processes
- Regulatory compliance and national targets
- Equipment & estates
- Strategy and system alignment
- Reputation and brand

UPDATED: MARCH 2022

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 29 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The level of cancellations remained high, which related to COVID sickness absence predominantly although in some cases it also related to availability of theatre time. • The level of virtual appointments as a percentage of all remained low at 14%, although it was noted that this was not out of line with the position for the system and elsewhere. More work was planned in the forthcoming weeks through a review of pathways. • The 30-minute waiting times for clinics had been exceeded although this reflected the complexity of some Oncology clinics. • There had been a small number of cases that had breached the cancer targets, although these related to very complex cases. • Agency staffing spend was reported to be high due to sickness absence, increased activity and cover for half term holidays in February. • Sickness absence was noted to remain a challenge, mainly due to staff testing positive for COVID. • An update on the financial planning work for 2022/23 was provided which included some risks associated with the financial pressures which would affect both the ROH and the wider Birmingham and Solihull system.	• A digital call centre was being introduced which would provide better sight of patient enquiries and calls. • Further work is underway to link the waiting list to deprivation indices. A Population Health Needs assessment was reported to be also underway as part of the MSK transformation work. • Further information was requested in relation to the cybersecurity readiness assessment, which it was agreed would be provided at the next meeting. • Timescales for the actions raised at the Information Governance Group were requested.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• It was agreed that the inclusion of demographic data of the waiting list was useful and would create a focus on health inequalities. • The level of activity handled had increased, which was noted to be particularly pleasing given that this included a period of mutual aid to the system. • Theatre utilisation had increased to 88%. • Seven day physiotherapy services were now available and the day case pilot service was being rolled out.	• The Committee approved the revised terms of reference for the Information Governance Group.

• The 'Did Not Attend' rate was reported to have decreased. • There had been an improvement in the performance against the 18 -week Referral to Treatment Time target (RTT) to 66.9%. Referrals were noted to have returned to pre-pandemic levels. Only 32 patients were waiting in excess of 52 weeks for treatment, this being a marked decrease from the previous month. • Although not fully achieved, the performance against the diagnostics target had improved considerably to 96.2% (target 99%), this being in the context of very high referral levels. • A £300k surplus had been achieved for the month, bringing the surplus to £773k. • There continued to be high levels of private patient income received. • Staff induction was being reviewed and the 100 days onboarding initiative would be reintroduced from August. • The Committee received a useful presentation on the development and implementation of an integrated performance report. This would go live in April 2022 and would include benchmarking information.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and the presentation by the Head of Business Intelligence had been particularly helpful.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 30 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There was reported to have been one *C.difficile* infection during the month. The overall number of these infections was above the upper limit set for the Trust. This was noted to be reflective of the different cohort of patients treated by the ROH during the pandemic. The matter had been reviewed by the Clinical Commissioning Group which was satisfied that the infection prevention and control arrangements at the Trust were robust. • There had been a case where a steroid injection had been administered to the wrong patient. The matter was being thoroughly investigated and reviewed and any learning would be implemented as a matter of priority. • As part of the Quality & Safety Executive upward report, it was noted that there had not been a successful recruitment into the blood transfusion role. Assurance was provided however, that processes and support was in place to fulfil the statutory requirements for managing blood products. • There had been a deterioration in the length of time that patients were required to be Nil by Mouth prior to surgery. This reflected the dynamic theatre lists associated with the COVID swabbing regime. This would be reviewed by the Clinical Quality Group. • There had been a dip in Mandatory Training rates. There had been some work to reset the frequency and appropriateness of some modules however which had impacted on the position. • The Infection Prevention and Control Committee was reported to have debated issues in connection with theatre changing rooms given that there was lack of sufficient space to store personal possessions in some cases. • Inconsistent attendance at the Children's Group was highlighted as a concern and was being addressed by the Chief Nurse.	• A business case to increase the tissue viability resource at the Trust was being developed. • It was agreed that VTE assessment would be discussed further by the Quality & Safety Executive on 19 April 2022. • Develop an overview to show where there may be vulnerability in the services provided by the hospital. This should include commentary on succession and workforce planning.

• The recent Oncology 'away day' had raised a number of issues with the service, most notably capacity and environmental concerns for the administration team. • The virtual open day for the recruitment of Band 5 staff was noted to have been poorly attended and therefore other means of attracting new staff were being thought through.	
POSITIVE ASSURANCES TO PROVIDE • There had been a decrease in the number of falls reported. • There had been a positive improvement in the Friends and Family Test response rate and some 'You said…We Did' posters were now displayed in patient-facing areas. • It was noted that there had been a sustained reduction in the number of Grade 2 pressure ulcers reported. The Committee asked that thanks be given to the staff for this improvement. • The Committee was pleased to hear that the demographics of the patients on the Trust's waiting list were being reviewed. This would help identify where there were health inequalities and help with the work to optimise patients prior to surgery. • The Committee was joined by the VTE leads, who presented an overview of the VTE reassessment audit results. It was noted that reassessment rates were good, although this was captured in a combination of paper and electronic records. • An overview of the process to develop this year's Quality Account was provided. It was suggested that health inequalities be built into the quality goals for next year. • The Committee received ad accepted the clinical audit plan. The plan included an audit on medicine storage and opiate prescribing. • The annual learning from deaths report was received. It was noted that the death certification process would revert to that in place prior to the pandemic. • The Integrated Care System's update on inequalities was presented. The ROH's activity was noted to be closely aligned to the key intentions of the system's inequalities strategy that was being developed.	**DECISIONS MADE** • None specifically.

• The post to oversee the management of, training in and maintenance of medical devices was reported to have been filled. • The process to assess and close Central Alerting System (CAS) alerts was noted to be sound. • A comprehensive report from the Infection Prevention and Control Committee was received and accepted. It was noted that improved governance around ventilation was now in place. Attendance at the meeting was noted to be good and included a Non Executive Director. • An exercise to map pathways that included children was reported to have been undertaken. • There had been a decrease in the use of agency staff due to the greater uptake of bank shifts. • For information, the Committee received updates relating to transitions in care around the Rapid Response Team, HDU admissions and Emergency admissions.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and had included some good challenge around assurance that had been provided.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 30 March 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The headcount position was noted to have reduced further to 87.2% of the target and turnover was high at 15.4%. Detailed data from those due to leave and who had already left would be collected and analysed to understand the reason for wishing to leave the ROH. Some reasons for this were offered at the meeting, these being around the prior intention to make COVID vaccinations mandatory, revised establishments and banding of posts compared to elsewhere. • Absence continued to be high and incurred a significant cost for the Trust. Anxiety, stress and MusculoSkeletal (MSK) conditions were noted to be key reasons for sickness absence. It was noted that there was some research underway about the impact of using a virtual meeting environment on staff health, both physically and mentally.	• Provide a view as to the impact of the living wage on those staff working within the lower pay bands at a future meeting. • The sickness absence policy was being rewritten completely. • Executive Directors to attend the meeting to present the progress and response to the staff survey for their portfolio. • The staff survey to be discussed further at the Trust Board on 6 April 2022. • Inclusion action plan to be shared at the Trust Board meeting on 6 April 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee welcomed Terrie Hillier, Interim Head of HR Operations to her first meeting. • The Committee received the written update from the Acting Associate Director of Workforce & OD which provided an overview of matters of local and national interest that were not otherwise covered on the agenda. It was agreed to be a useful and comprehensive report. • The Trust had signed up to the Working Families initiative, which was aimed at supporting a flexible working environment for those needing it. • The business case for the TRAC system used for recruitment was reported to have been approved by the Executive Team. It was expected that this would reduce time to hire and would create a better experience for staff recruiting and candidates applying for posts.	• None specifically.

• A good meeting with the CQC had been held where the Trust was able to discuss the actions being taken in response to the feedback from the focus group that had been held last year for staff from a Black, Asian and Minority Ethnic background. • It was noted that there had been some success with placing candidates from the 'I Can…' campaign. These individuals would be supported to develop and offer an insight to the organisation based on their life experience to date. • There was noted to have been a realignment of the Mandatory Training programme and modules to ensure that the frequency of training was appropriate and only those staff requiring the training received it. Face to face training had been reintroduced for some modules. The forthcoming theatres downtime for maintenance would provide an opportunity for more staff to undertake training. • An overview of the national staff survey plans and the People Pulse survey were shared. Staff morale and advocacy were two key areas highlighted as where the Trust performed well. • An overview of the work of the Wellbeing Guardian was presented and Non Executive Director, Ayodele Ajose was thanked for her work with the Trust in this capacity. • It was reported that the Trust had achieved Bronze accreditation for the Thrive at Work scheme and work was progressing towards Silver accreditation. • The Committee reviewed the Inclusion action plan which showed good progress and linked into the work of the Multi Minority Ethnicity Group (MMEG). • A set of intended Key Performance Indicators for recruitment was shared which would assist with better judging performance and benchmarking. • The Chief Executive reported that she had joined a Trans-ally group and would pick up the work within the ROH including the development of a Trans policy.	

• It was noted that following a recent meeting with the University of Birmingham the Trust would be asked to host a greater number of trainee doctors. • The Trust had been successful with placement of an individual from the 10,000 black internship programme and they would start with the ROH in June for six weeks. • It was reported that the 100 days onboarding initiative would restart from August.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the papers for this meeting had been excellent and supported some productive discussions.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board topics 2022/23**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**6 April 2022**

EXECUTIVE SUMMARY:

The attached presents a collection of suggested topics for the Board to discuss and debate over the coming months.

This is in addition to the routine list of reports to be considered by the Board and the intention is to build additional time into the agendas of forthcoming meetings to enable sufficient time for discussion of these topics.

REPORT RECOMMENDATION:

The Board is asked to:

- RECEIVE the schedule of Board topics for the coming year

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		

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

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

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

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

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:

Executive Team in February 2022.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

ROYAL ORTHOPAEDIC HOSPITAL - BOARD TOPICS – 2022/23

TOPIC	LEAD	TIMING	COMMENTS
Patient Pathway	JW (All Execs)	June 2022	To encapsulate the patient journey from referrals to discharge and outpatient care, including use of technology and operational processes Approach and terms of reference for May Board meeting
(R)EDI action plan (a) In light of CQC feedback (b) General strategy to improve inclusivity and diversity at all levels	SM	Quarterly updates on inclusion to Board	Also links to work with networks Action plan to April 2022 Board
IT strategy and action plan	SW	Sept 2022	System/ROH plan
Digitising (or digitalising) our service offer	SW/PB	Sept 2022	How to use technology more smartly to improve the experience for patients and staff in addition to plans to upgrade infrastructure and digital technology
Estates strategy and plan	PB	July 2022	
Staff engagement strategy and plan (a) Timing and focus re planned events for year	JW/SM	May 2022	Wider than events – this is about visibility and involving staff in change. Creating formal engagement processes where possible.
HR strategy And succession planning And 'War for talent' – recruiting and retaining staff in a post-Covid world	SM	May 2022 June 2022 June 2022	Includes innovative offerings to ensure that staff feel valued, rewarded and are retained

TOPIC	LEAD	TIMING	COMMENTS
Workforce plan		July 2022	
Green Board/ climate change agenda (a) Carbo strategy	PB	June 2022	Wider than the recent debate around the Green Plan. To pick up Environmental, Governance and Social aspects of the plan.
Public Enquiry (Covid) – preparing the groundwork	SGL	May 2022	Included comms to staff around 'Stop Notice'
Communications, marketing and promotion (a) Incl promoting role clarity within ICS	PB	May 2022	Including content of 'Team Brief' to all staff
Productivity – optimisation – 'perfect day' (a) How to achieve next 20 % efficiency gain (b) Innovation driven productivity	MP (Plus others)	June 2022	
NED contribution (a) NED development and role clarity (including the 'additional' roles)	SGL	June 2022	To include progress with succession planning and rationalisation of NED champions
Charity strategy and performance and plan	PB	July 2022	
Addressing inequalities in population health	GM/MP	April & May 2022	System approach and work Chief Operating Officer has undertaken on the waiting list
Private patients	MP	April 2022	Discussion re next steps/approach
Clinical strategy	MR	Feb 2023	Annual updates to provide
MSK leadership – strategy and plan for the region	MP/MR	May 2022	Agreed 6 months updates
Innovation, R&D	PB	May 2022 & quarterly	Clinical leads to attend the meeting

TOPIC	LEAD	TIMING	COMMENTS
Well led refresh	SGL	July 2022	
Deprivation of Liberties Safeguards – new regulations	GM	Separate session for Board as part of NED briefing	
Board effectiveness review and stocktake	SGL	June 2022	
Risk appetite	SGL	July 2022	

KEY:

JW	Jo Williams, Chief Executive
GM	Garry Marsh, Chief Nurse
PB	Phil Begg, Director of Strategy & Delivery
MR	Matthew Revell, Medical Director
SW	Steve Washbourne, Director of Finance
MP	Marie Peplow, Chief Operating Officer
SM	Sharon Malhi, Acting Associate Director of Workforce & OD
SG-L	Director of Corporate Affairs & Company Secretary

Finance and Performance Report

February 2022

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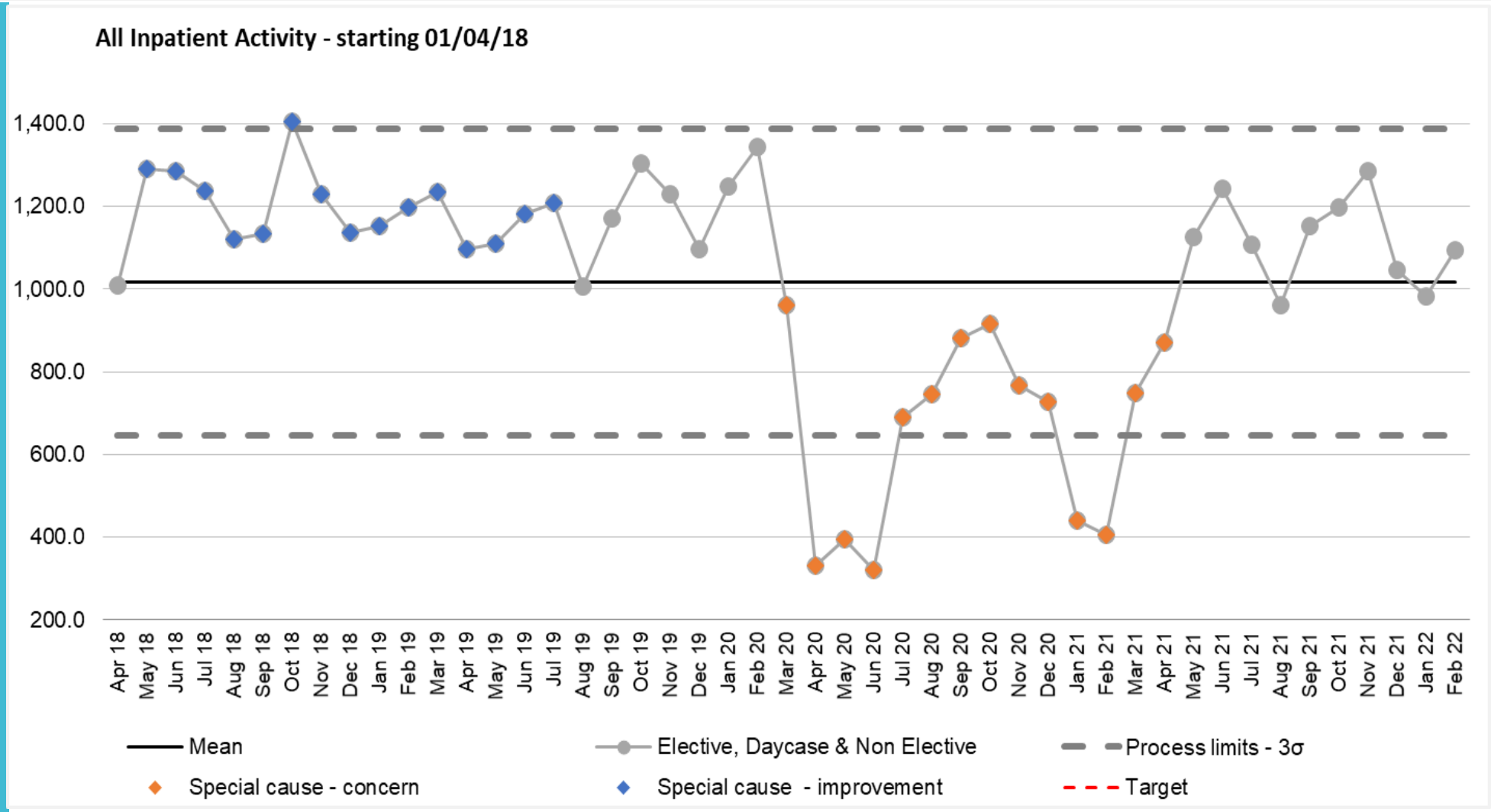
	Introduction
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6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
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Introduction

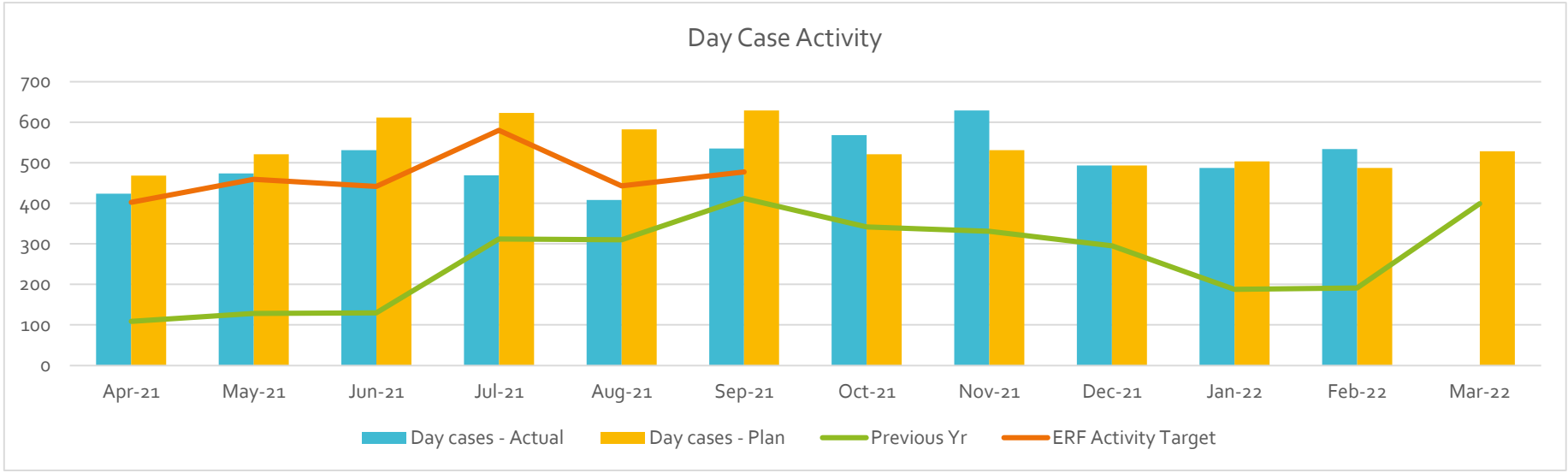
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

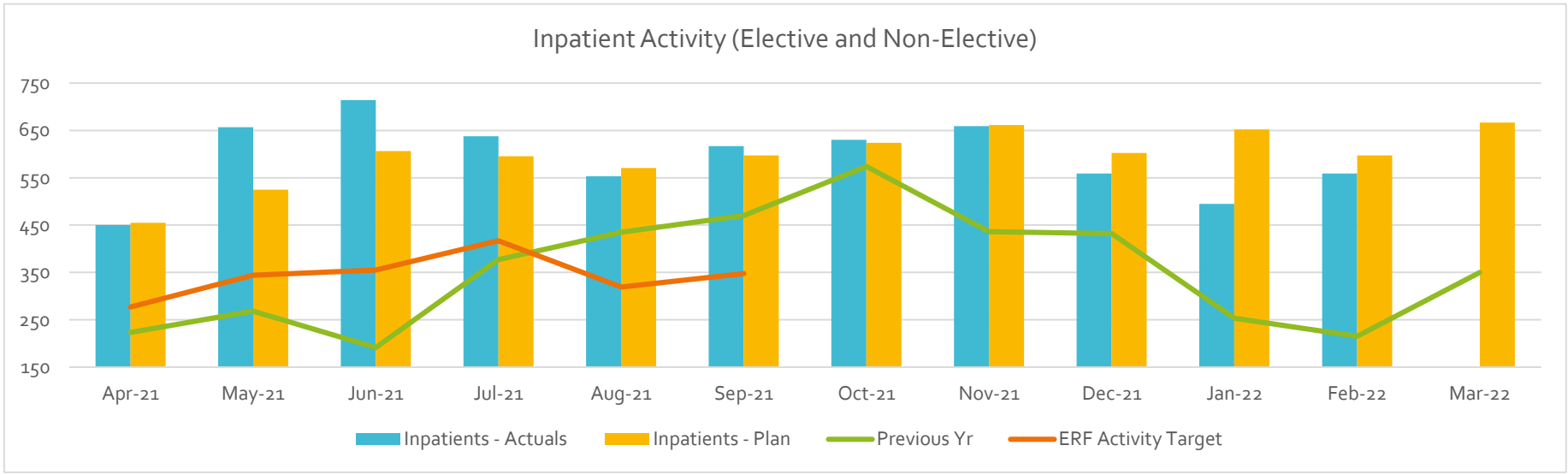
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

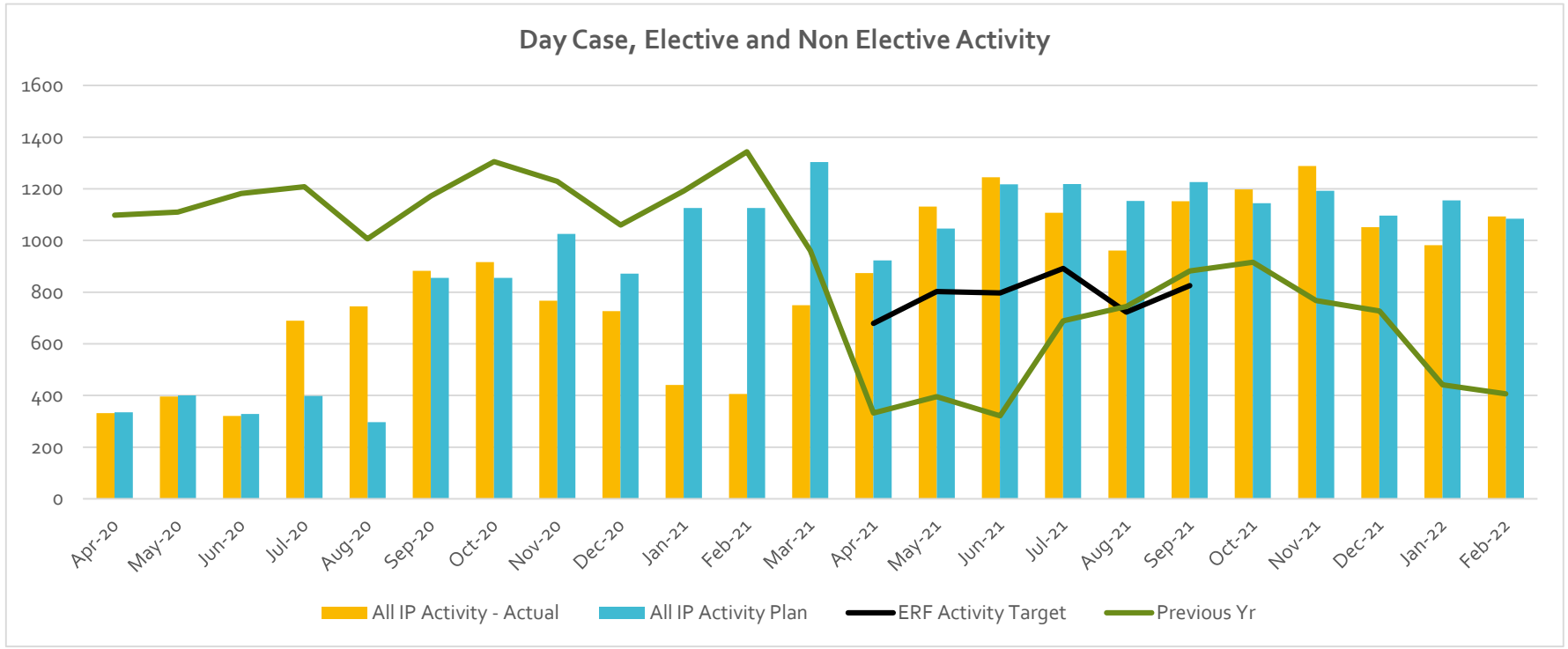


1. Activity Summary





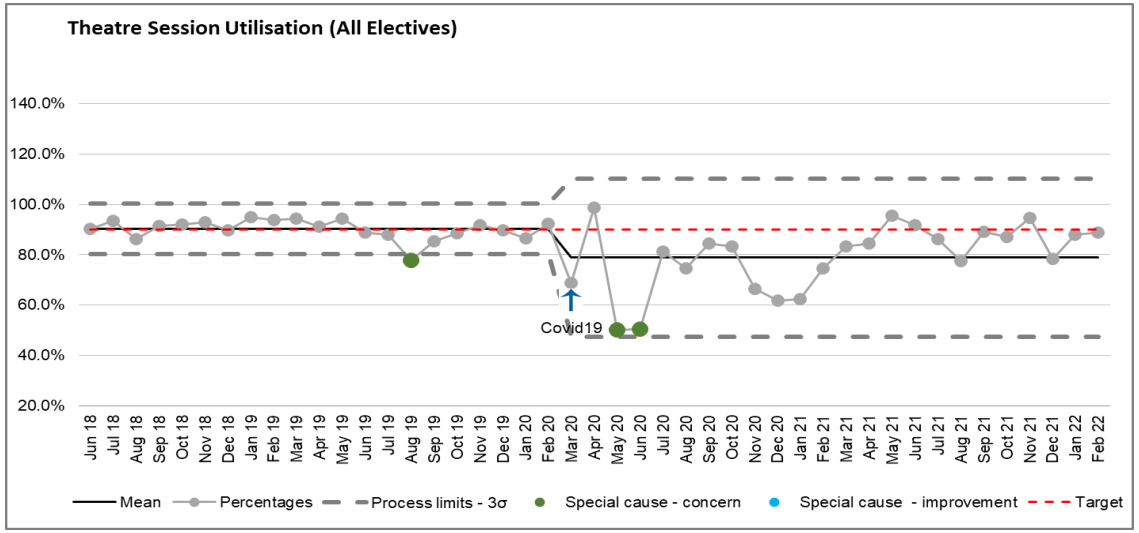
1. Activity Summary

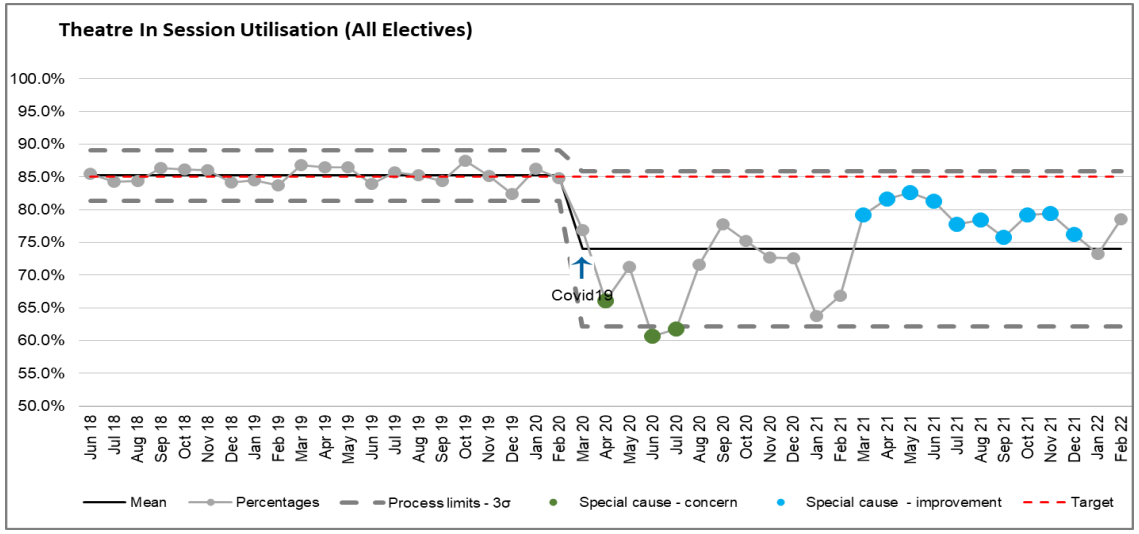


Activity for February over delivered against plan – actual 1093 v plan 1084.

Focus on March and year end activity delivery continues with weekend theatre lists and proactive recycling of in week sessions

2. Theatre Utilisation





Elective Session Utilisation (February 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	417	370	47	88.73%
UHB	110	98	12	89.09%
Totals	527	468	59	**88.80%**

Elective In Session Utilisation (February 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1639	1303	335	79.53%
UHB	444	331	113	74.64%
Totals	2083	1634	448	**78.49%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in February and was within target at 88.80%. Total In Session utilisation was 78.49% an increase on the previous month (73.19%) but below the required 85% minimum utilisation target.

A continuing theme of patients either being medically unfit/deferred or patients and/or staff testing positive for Covid impacting on in session utilisation was seen throughout February,

Any cancellations that took place as a result of staff absences followed a strict criteria ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected.

The provision of the system Rehab ward (25 beds) continued into the first week of February (ward reopened as normal 7th) which resulted in a reduction of elective surgery for the first week in February .

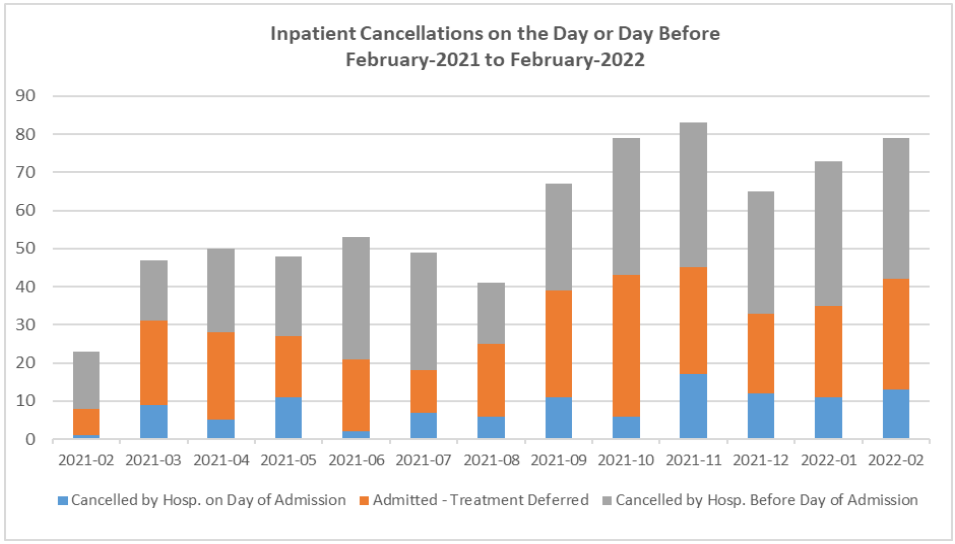
AREAS FOR IMPROVEMENT

Pre-populating of theatre lists at least 4 weeks in advance with contingency patients is now in place .

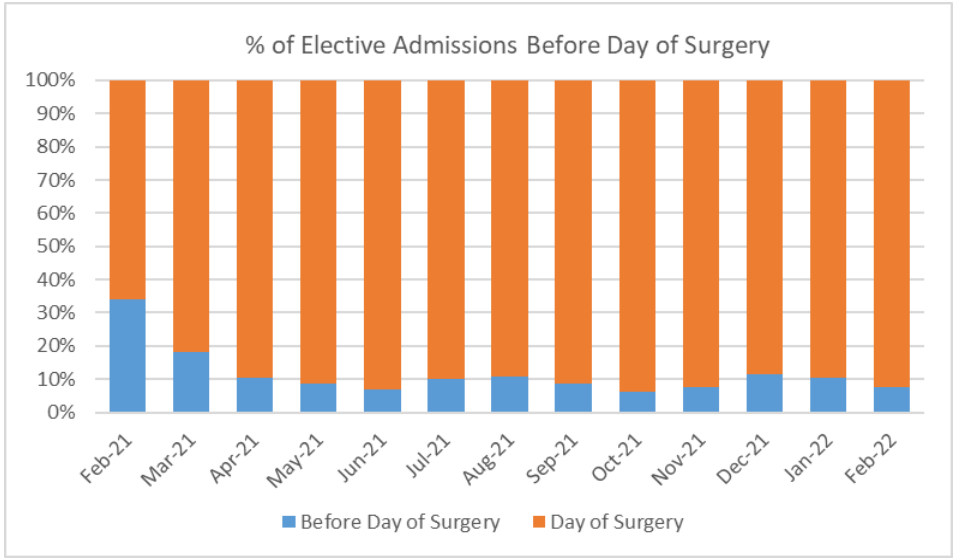
RISKS / ISSUES

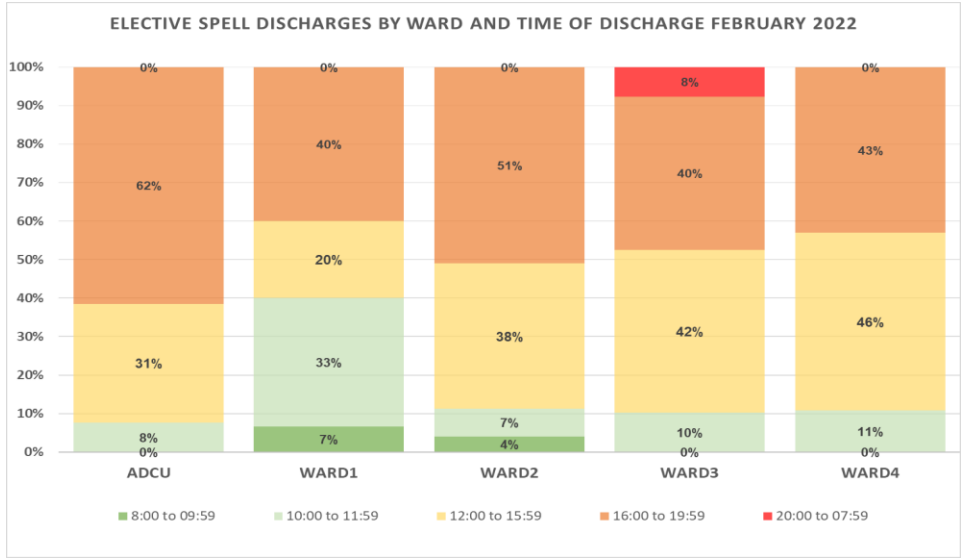
On going risks remaining with staff absence due to covid or patients either being medically unfit/deferred March still continue to see a high level of cancellations in particular related to covid related staff absence.

2. Theatre Utilisation/ Hospital Led Cancellations



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
2021-02	1	7	15	23	0
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
Total	**111**	**284**	**362**	**757**	**0**





2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 13 patients cancelled on the day in February with reasons detailed as follows;

All covid related issues relate to either staff or patients testing covid positive.

There were 29 patients admitted but where treatment was deferred, with reasons broken down as follows:

7 x Medically unfit / Clinical change in condition,
5 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
4 x lack of theatre time/beds
11 x covid related
2 x equipment issues

There were 37 patients cancelled by the hospital prior to date of admission.

17 x Medical deferrals due to complexity in co-morbidities found in POAC
8 x surgeon availability due to sickness
4 x due to provision of the rehab ward
1 x re-dated due to more urgent case
7 x patient choice to changes in tci dates.

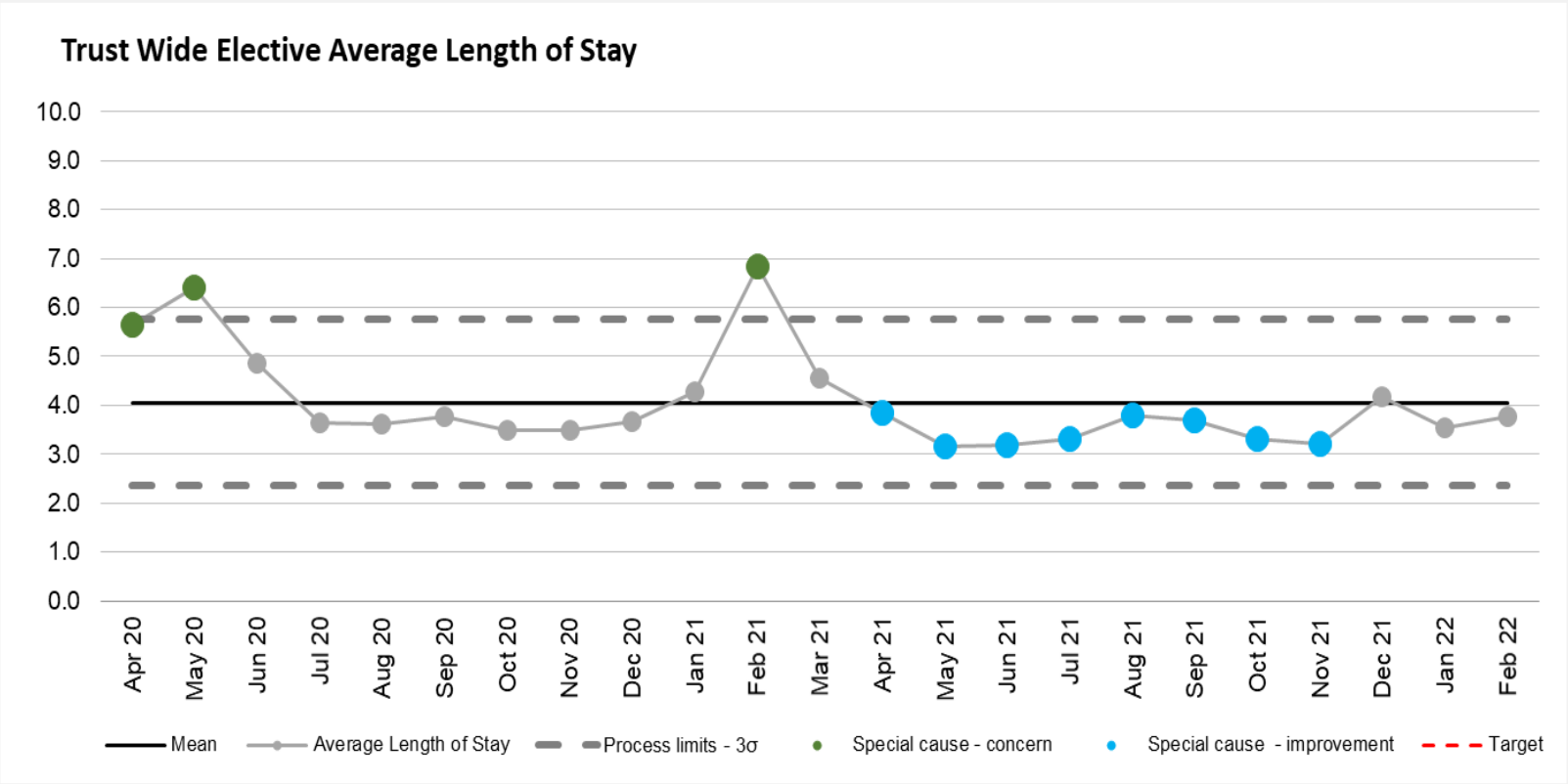
AREAS FOR IMPROVEMENT

Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process. There is however access to a stand alone emergency theatre should a patient present who requires urgent surgery.
Implementation of actions related to NHSE/I critical friend report continue to maximise theatre utilisation , monitored at 3PS board .

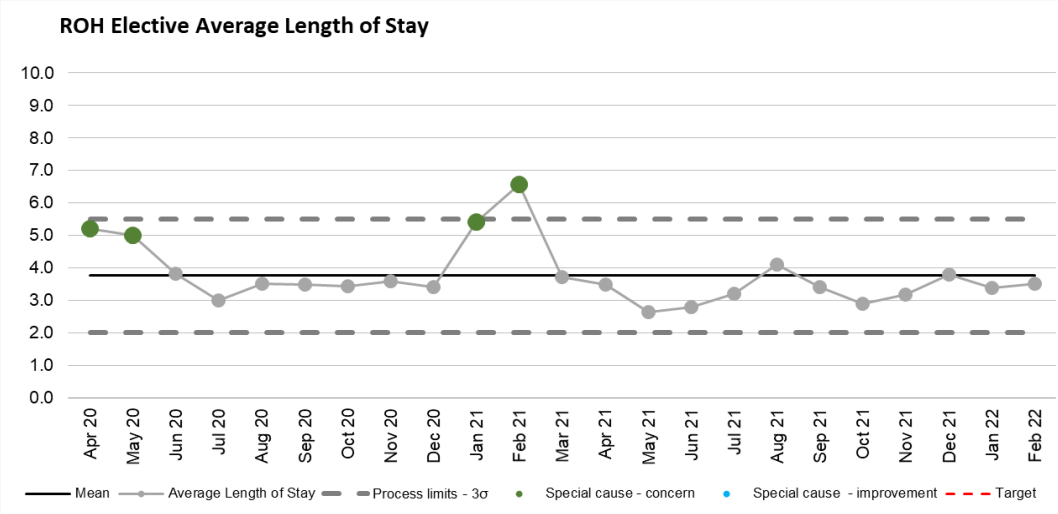
RISKS / ISSUES

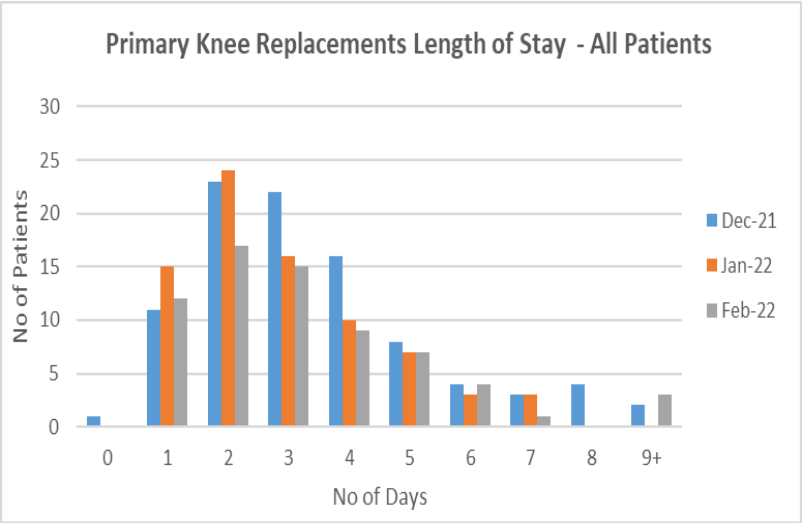
Impact of the prioritising of patients as per NHSI/RCS in order to support the system in delivering the most urgent patients procedures has resulted in patient deferrals which will require monitoring as services are recovered through the harm review process.

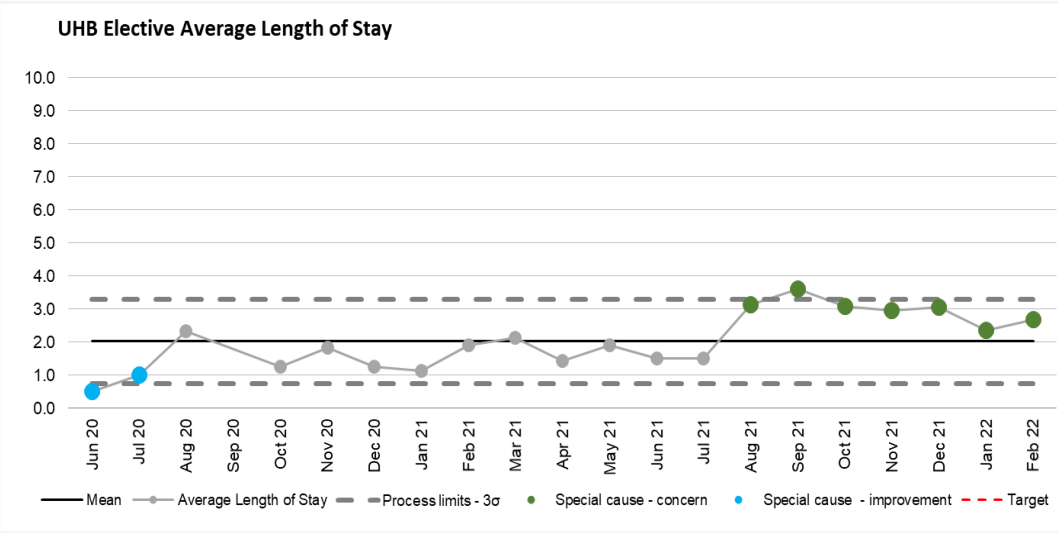
3. Length of Stay

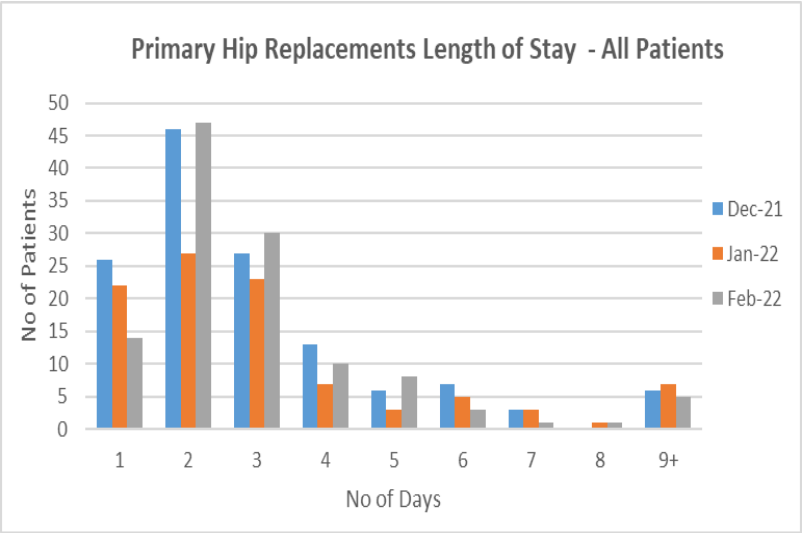


3. Length of Stay









3. Length of Stay

SUMMARY

The average length LOS for ROH patients from *all* specialities has increased in month to **3.76** (3.36 January).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.52** (3.17 January)
The average length of stay for UHB patients at ROH is **2.68** (2.23 January). As a result of the provision of the system Rehab Ward, it resulted in more day case procedures were booked to compensate in the reduced inpatient capacity.

February length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

- **13 UHB arthroplasty patients with LOS greater than 3 days. 6 with a length of stay greater than 5 days and 3 with a stay greater than 7 days.** (excludes Rehab). This is a significant improvement.
- **64 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 35 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 19 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days.**

In summary 9 ROH arthroplasty and oncology arthroplasty and 3 UHB arthroplasty patients had a length of stay greater than 7 days.

From day to day challenges and review of PICS data complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In January 143 patients were discharged via discharge lounge (February data not yet available) A roaming discharge service is being maintained to assist with progressing patients on wards.

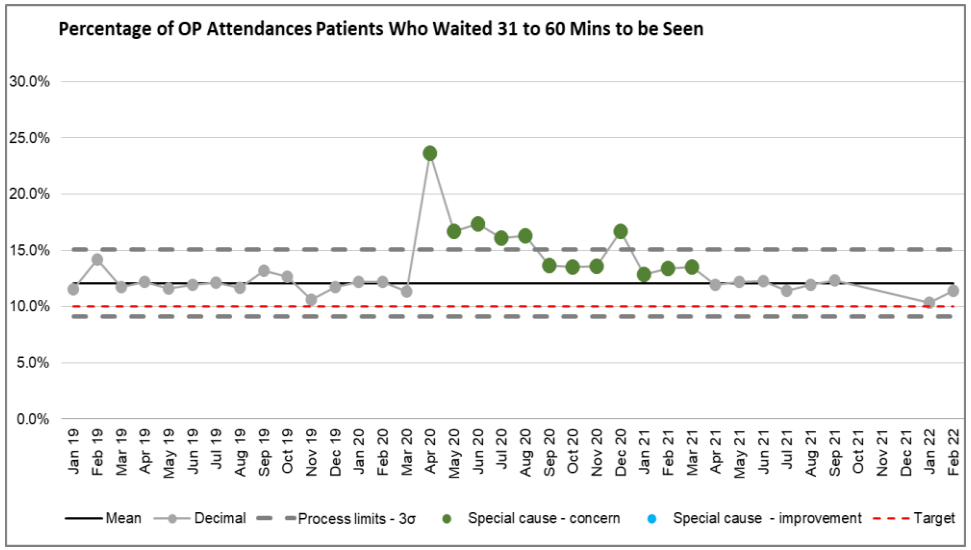
AREAS FOR IMPROVEMENT

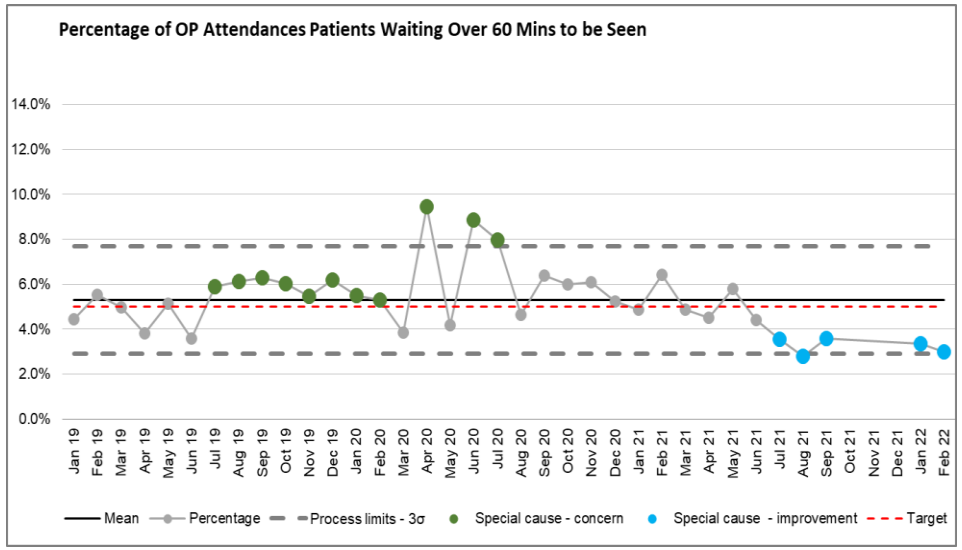
Repatriation of patients – difficulty continues in repatriation of some patients due to capacity issues at receiving Trust. Multi Agency Discharge Events with BSOL CCG lead has taken place and are providing support with escalation of delays. CEM books Sitrep being rolled out in March which will improve monitoring on LOS .

RISKS/ISSUES

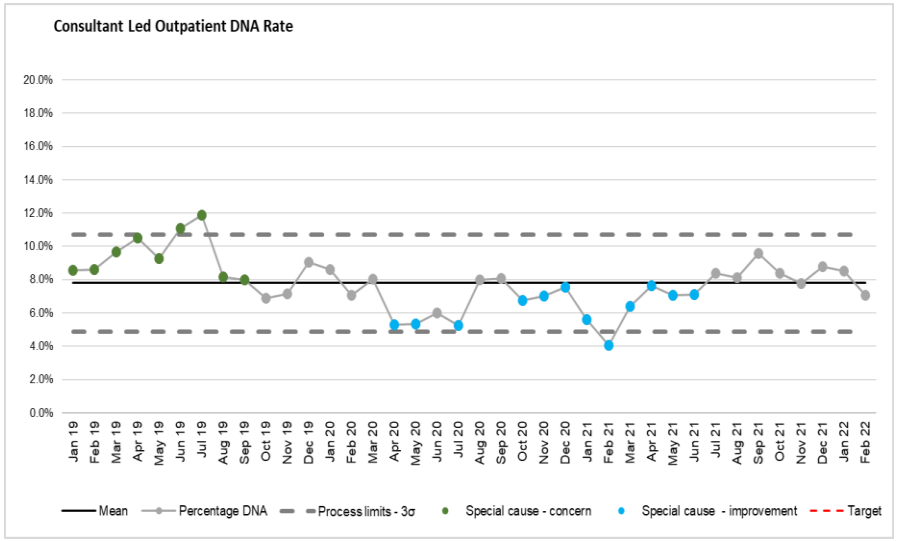
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

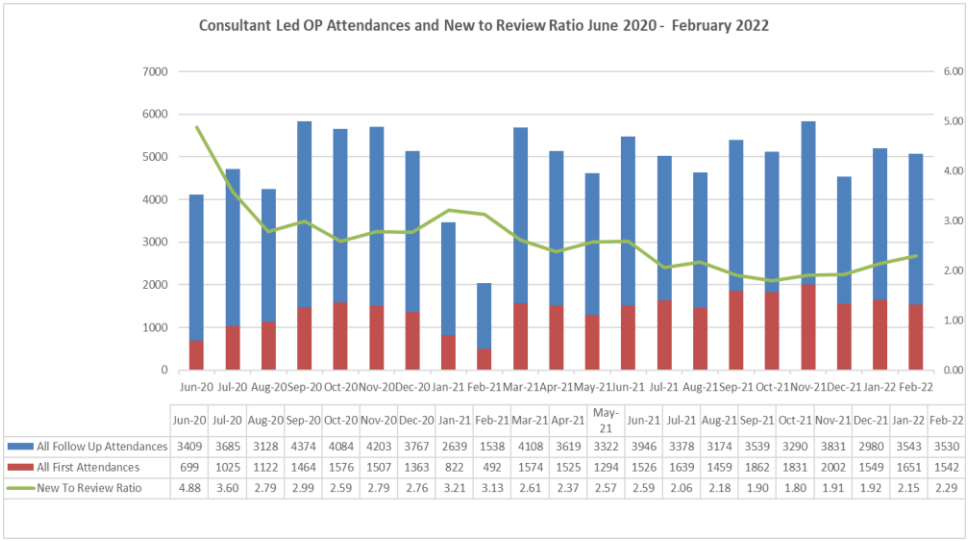
4. Outpatient efficiency



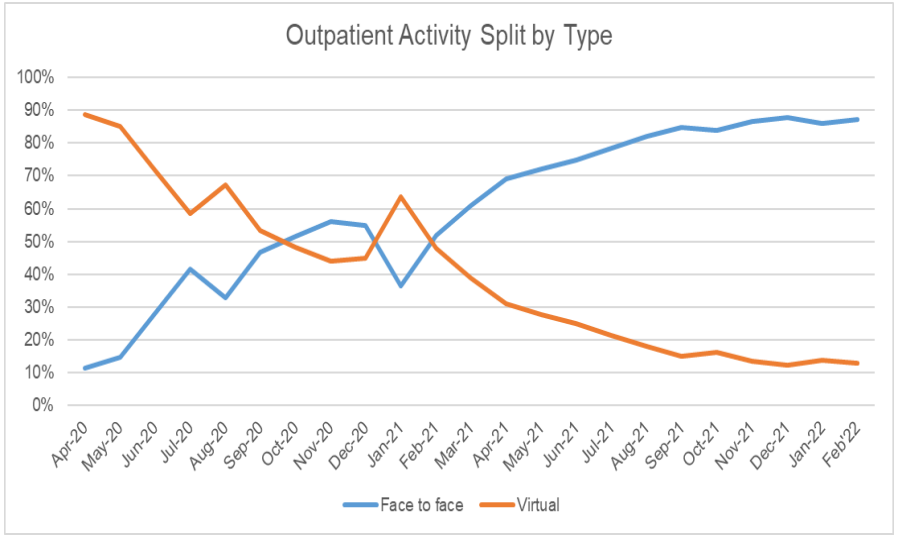


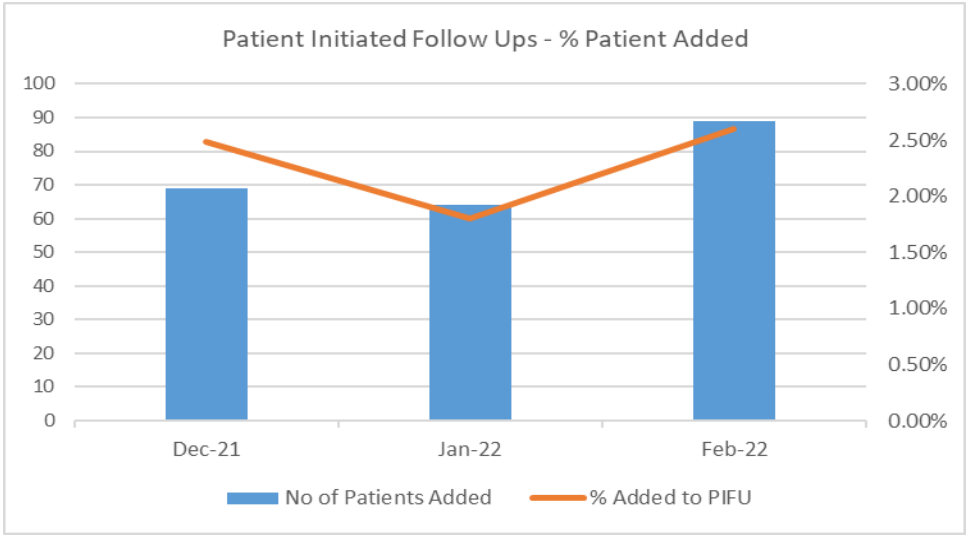
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29





4. Outpatient efficiency

SUMMARY

There were 4,239 face to face and 672 virtual appointments carried out in February (14% virtual). This remains below the virtual appointments target of 25% and is attributed to patients needing to be seen face to face post COVID. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams. An outpatient transformation workshop is planned for the end of March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the elective recovery plans and ensure our patients are seen in the appropriate setting at the right time.

PIFU Target for February achieved: plan **1.5%** - actual: **2.59%** - 89 patients out of 3430 (measured as a % of all outpatient activity**)**

AREAS FOR IMPROVEMENT

Clinic Delays:
30 minute delays - **11.4%** (Target **10%)**
60 minute delays – **3.0% (**Target **5%)**

An analysis of 30 minute delays has shown a deteriorated position this is largely down to the Oncology clinics and the complexity of patients. We are currently carrying out further work with Consultant clinic templates to support the ongoing improvements with clinic delays. The 60 minute delays still continue to be improving and supported by the escalation process in outpatients. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients.

The DNA rate for February is **7.07% , below trust target** and a decrease from **8.51**% in January – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward.
We are currently undergoing improvements to the appointments service and are working with IT to support the implementation of a new call centre to offer an improved experience for our patients. The New call centre project group has been set up with a lead time of completion within 6 weeks.

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 to achieve 15% of referral through advice and guidance.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for February.**

RISKS / ISSUES

Appointments Call centre upgrade is underway with completion due by the end of April at the latest.

5. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

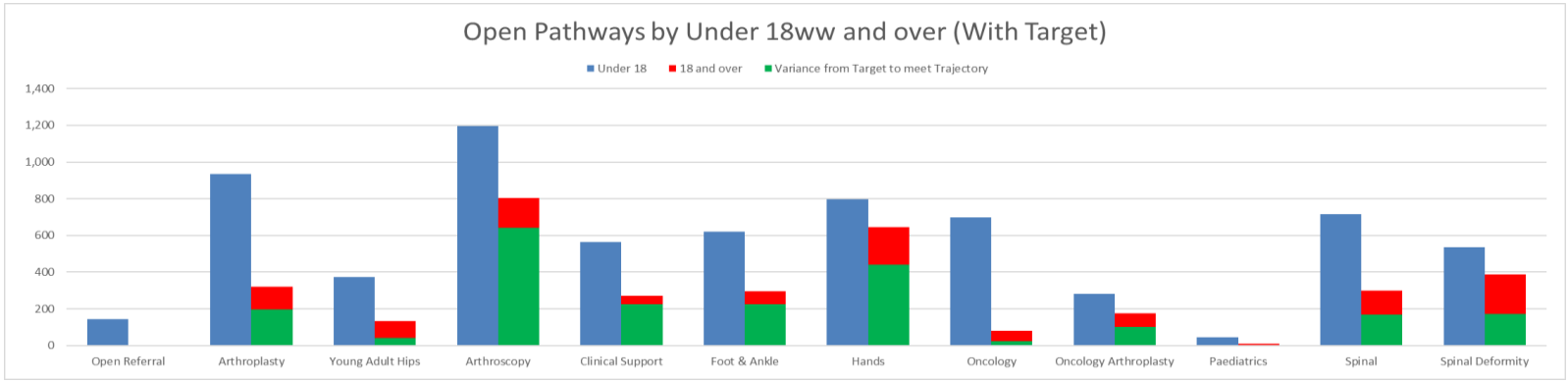
Est Over 18 Clock Stops Required		
To achieve	85.49%	2582
To achieve	83.14%	2320
To achieve	85.49%	2582

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,426**	136	560	193	508	248	330	337	343	114	32	335	290
7-13	**2,284**	9	248	125	460	214	191	292	231	116	9	249	140
14-17	**1,198**	0	128	57	227	103	98	167	124	52	5	132	105
18-26	**1,835**	0	216	85	358	198	175	327	51	88	5	156	176
27-39	**1,215**	0	99	38	325	63	101	228	23	75	2	92	169
40-47	**293**	1	4	8	101	8	19	66	6	9	1	32	38
48-51	**43**	0	0	2	16	1	0	14	0	0	0	9	1
52 weeks and over	**32**	1	0	0	4	0	1	11	0	2	0	9	4
Total	**10,326**	147	1,255	508	1,999	835	915	1,442	778	456	54	1,014	923

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,908**	145	936	375	1,195	565	619	796	698	282	46	716	535
18 and over	**3,418**	2	319	133	804	270	296	646	80	174	8	298	388
Current Month End RTT %	**66.90%**	**98.64%**	**74.58%**	**73.82%**	**59.78%**	**67.66%**	**67.65%**	**55.20%**	**89.72%**	**61.84%**	**85.19%**	**70.61%**	**57.96%**

28/02/2022 Trajectory RTT %	85.49%	100.00%	88.45%	80.61%	88.07%	92.52%	89.65%	79.56%	92.47%	79.67%	92.16%	84.59%	71.09%
Target for RTT Trajectory	1,173	0	122	90	162	46	71	204	57	72	4	130	218
Variance from Target to meet Trajectory	2245	2	197	43	642	224	225	442	23	102	4	168	170



5. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

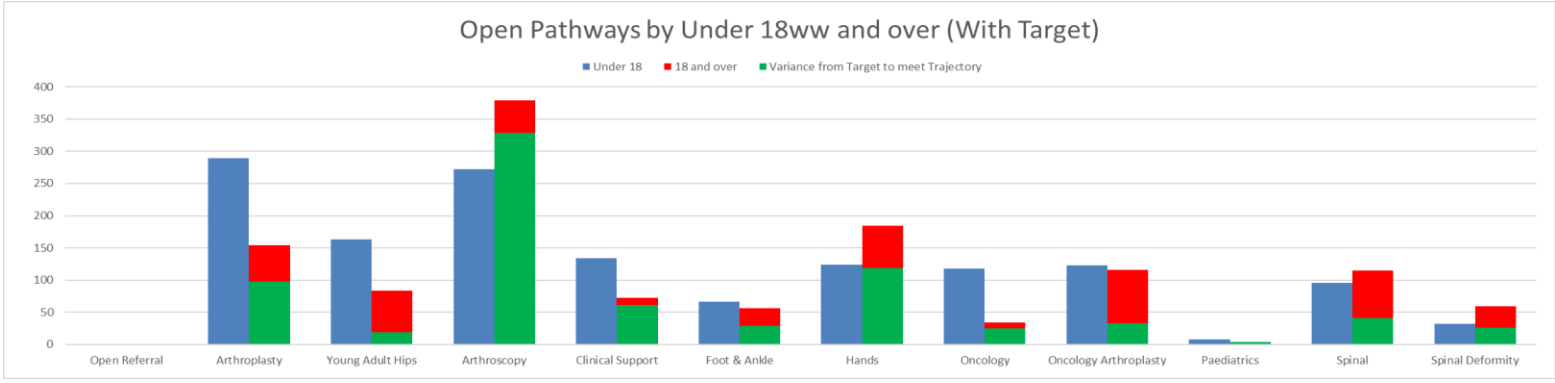
Est Over 18 Clock Stops Required		
To achieve	76.85%	951
To achieve	83.14%	1112
To achieve	85.49%	1166

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**643**	0	143	70	127	59	25	48	59	52	6	39	15
7-13	**476**	0	94	59	80	43	25	42	41	48	1	31	12
14-17	**306**	0	52	34	65	32	16	34	18	23	1	26	5
18-26	**608**	0	96	51	138	53	28	89	18	57	3	59	16
27-39	**473**	0	58	25	161	15	24	68	12	50	1	30	29
40-47	**134**	0	0	6	68	3	3	16	4	7	0	15	12
48-51	**22**	0	0	1	11	1	0	5	0	0	0	4	0
52 weeks and over	**19**	0	0	0	1	0	1	6	0	2	0	7	2
Total	**2,681**	0	443	246	651	206	122	308	152	239	12	211	91

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,425**	0	289	163	272	134	66	124	118	123	8	96	32
18 and over	**1,256**	0	154	83	379	72	56	184	34	116	4	115	59
Current Month End RTT %	**53.15%**	n/a	**65.24%**	**66.26%**	**41.78%**	**65.05%**	**54.10%**	**40.26%**	**77.63%**	**51.46%**	**66.67%**	**45.50%**	**35.16%**

28/02/2022 Trajectory RTT %	76.85%	100.00%	83.73%	71.93%	84.30%	92.50%	71.23%	65.68%	92.70%	59.83%	93.33%	56.64%	49.09%
Target for RTT Trajectory	429	0	56	64	51	11	27	65	9	83	1	73	33
Variance from Target to meet Trajectory	827	0	98	19	328	61	29	119	25	33	3	42	26



5. Referral to Treatment

Referral to Treatment Snapshot as 28th February 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

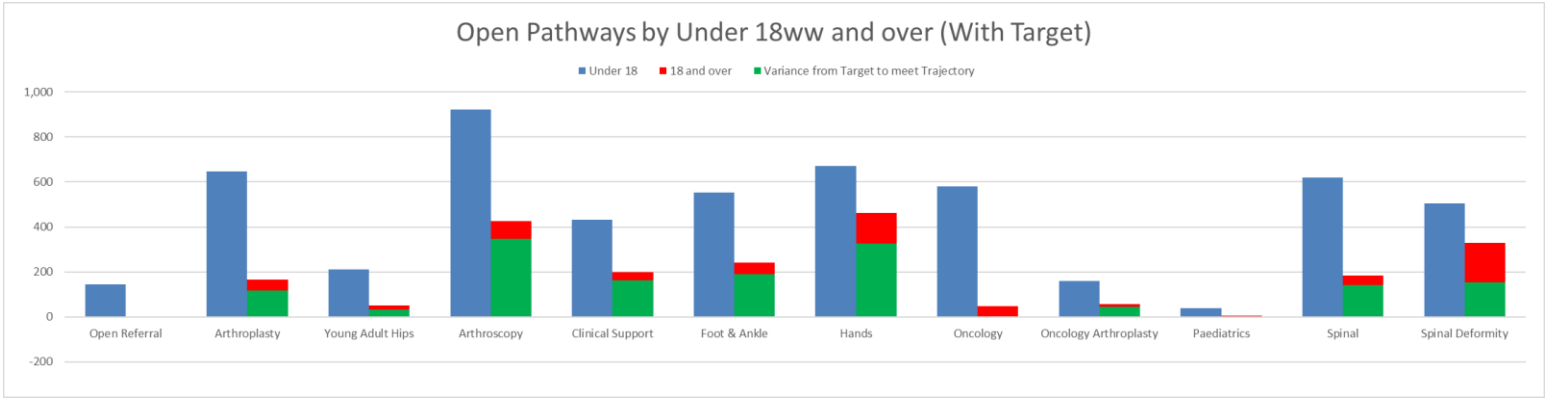
Est Over 18 Clock Stops Required		
To achieve	89.33%	1733
To achieve	83.14%	1208
To achieve	85.49%	1416

Select Pathway Type: Non Admitted

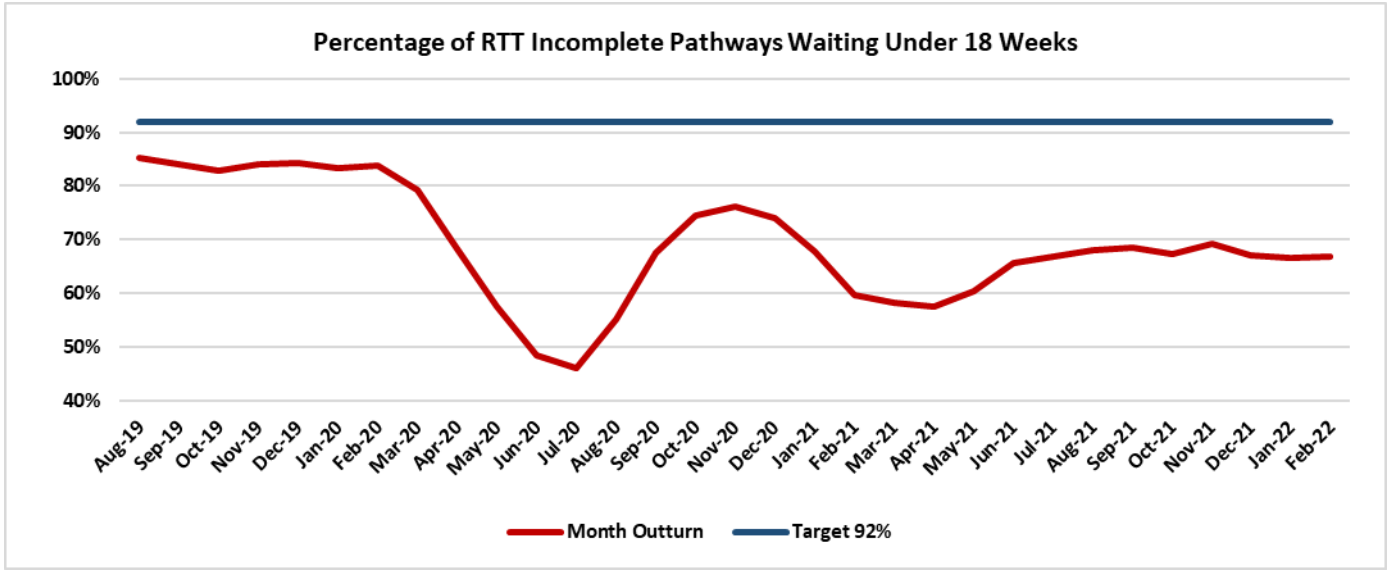
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,783**	136	417	123	381	189	305	289	284	62	26	296	275
7-13	**1,808**	9	154	66	380	171	166	250	190	68	8	218	128
14-17	**892**	0	76	23	162	71	82	133	106	29	4	106	100
18-26	**1,227**	0	120	34	220	145	147	238	33	31	2	97	160
27-39	**742**	0	41	13	164	48	77	160	11	25	1	62	140
40-47	**159**	1	4	2	33	5	16	50	2	2	1	17	26
48-51	**21**	0	0	1	5	0	0	9	0	0	0	5	1
52 weeks and over	**13**	1	0	0	3	0	0	5	0	0	0	2	2
Total	**7,645**	147	812	262	1,348	629	793	1,134	626	217	42	803	832

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,483**	145	647	212	923	431	553	672	580	159	38	620	503
18 and over	**2,162**	2	165	50	425	198	240	462	46	58	4	183	329
Current Month End RTT %	**71.72%**	98.64%	**79.68%**	**80.92%**	**68.47%**	**68.52%**	**69.74%**	**59.26%**	92.65%	**73.27%**	**90.48%**	**77.21%**	**60.46%**

28/02/2022 Trajectory RTT %	89.33%	100.00%	92.90%	92.72%	92.15%	92.53%	91.64%	83.21%	92.43%	92.20%	92.05%	93.49%	74.09%
Target for RTT Trajectory	655	0	49	17	79	35	50	136	48	13	3	43	176
Variance from Target to meet Trajectory	1507	2	116	33	346	163	190	326	-2	45	1	140	153



5. Referral to Treatment



ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for February is **66.90%** against the National Constitutional Target of 92%. This is an increase of 0.35% compared to January reporting at **66.55%.**

There are **32** patients over 52 weeks, a decrease from **70 in January.**

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **336** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2681 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,136** (79%) referrals received in February 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

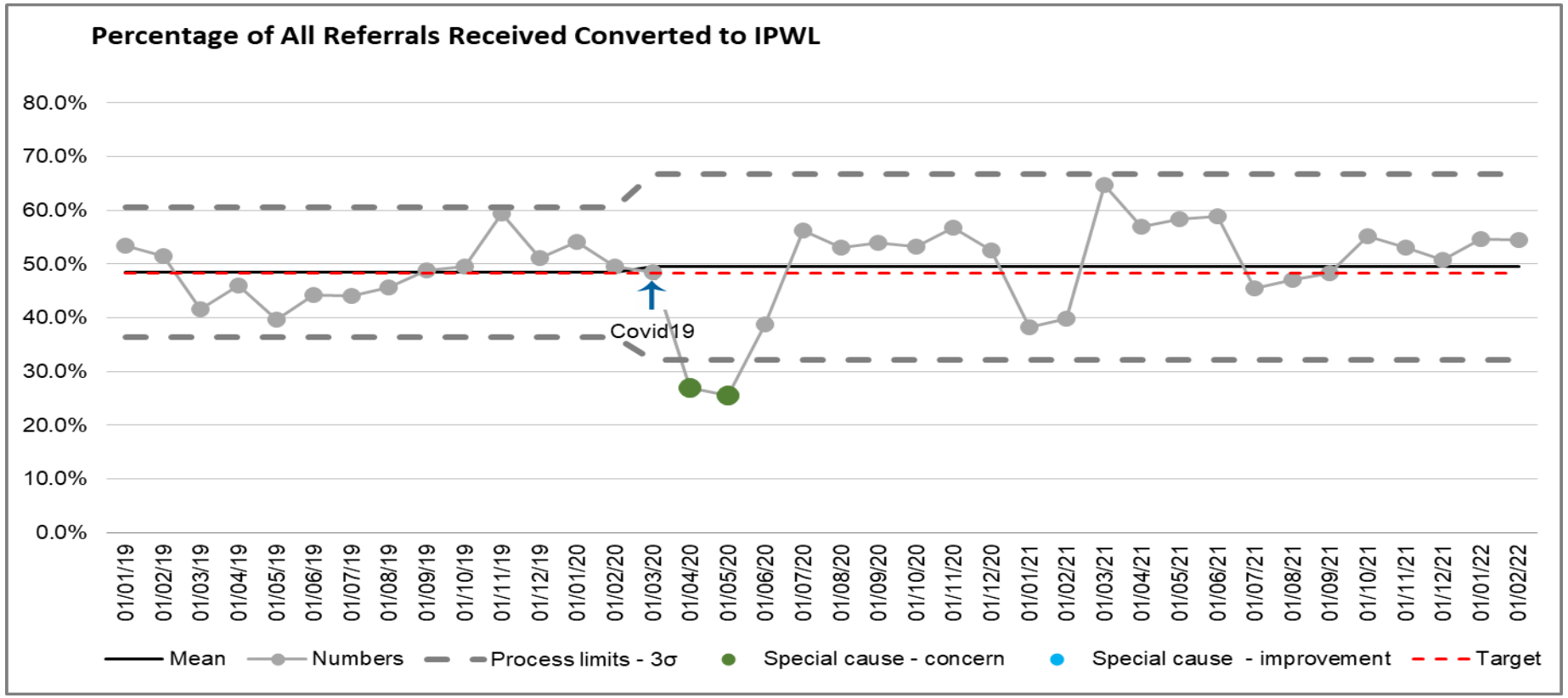
AREAS FOR IMPROVEMENT

Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways. A focus for April will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

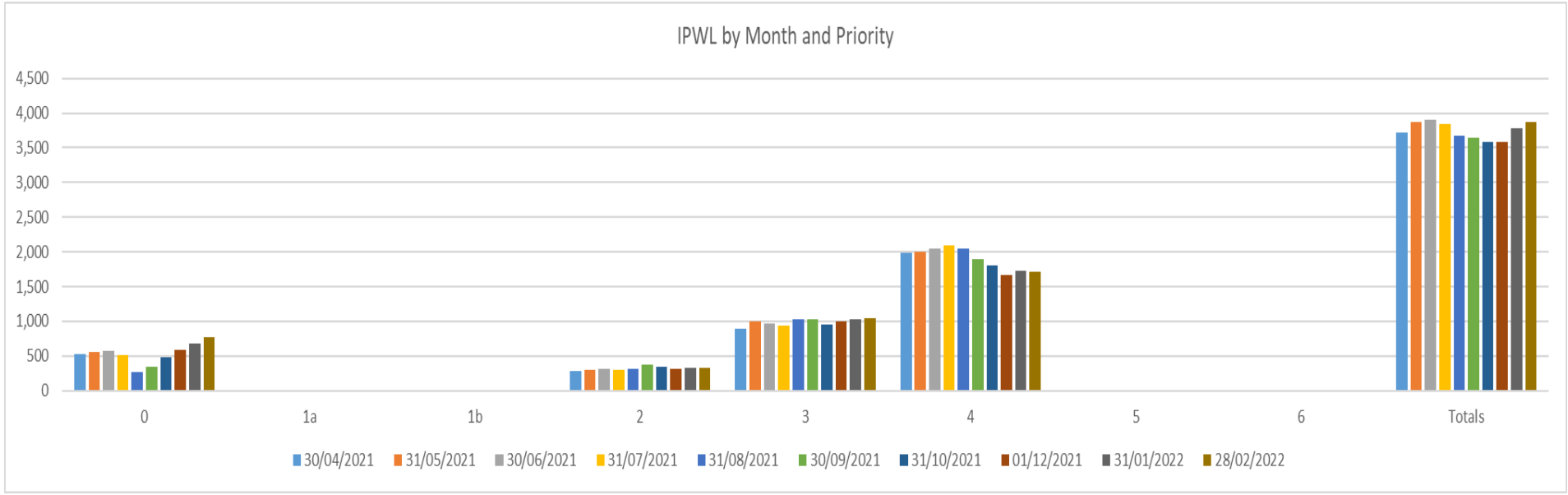
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH

5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%

5. Referral to Treatment

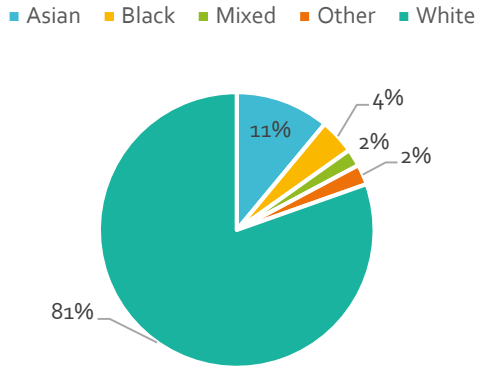


	Number of IP waiting as at	% of IP waiting as at
Priority	28/02/2022	28/02/2022
0	777	20.1%
1a		0.0%
1b	3	0.1%
2	328	8.5%
3	1043	26.9%
4	1718	44.4%
5	2	0.1%
6		0.0%
Total	3871	100%

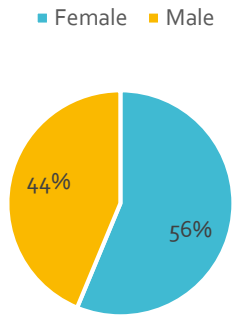
February remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

5. PTL Patient Demographics

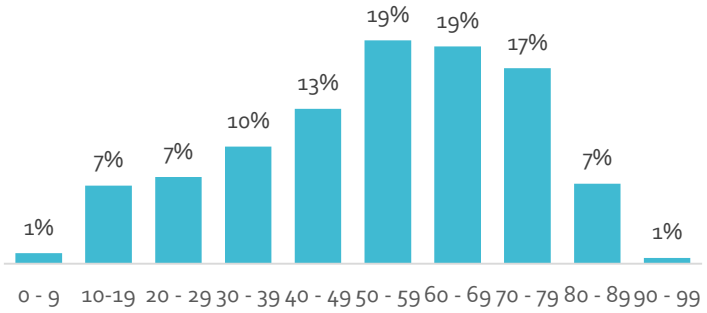
Live PTL patients totals waiting by ethnicity



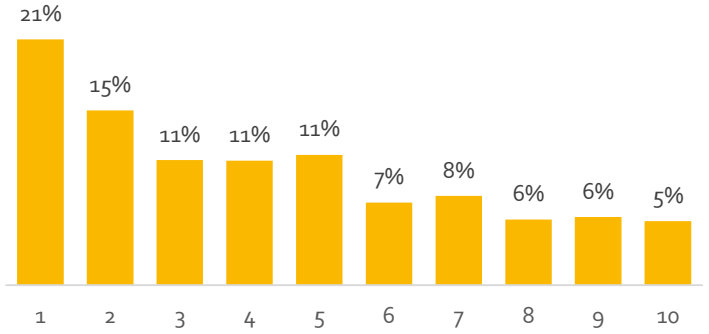
Live PTL patients totals waiting by gender



Live PTL patients totals waiting by 10 year age bands



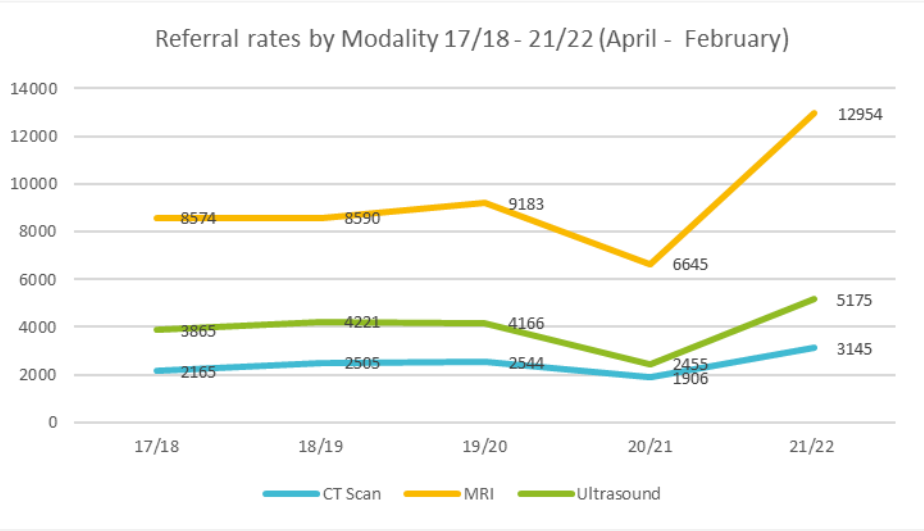
Live PTL patients totals waiting by Multiple Deprivation Index

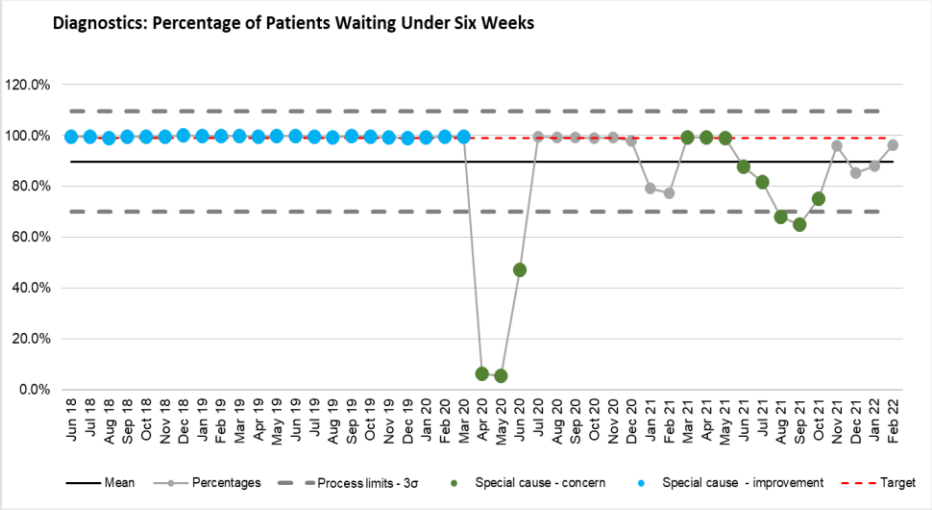


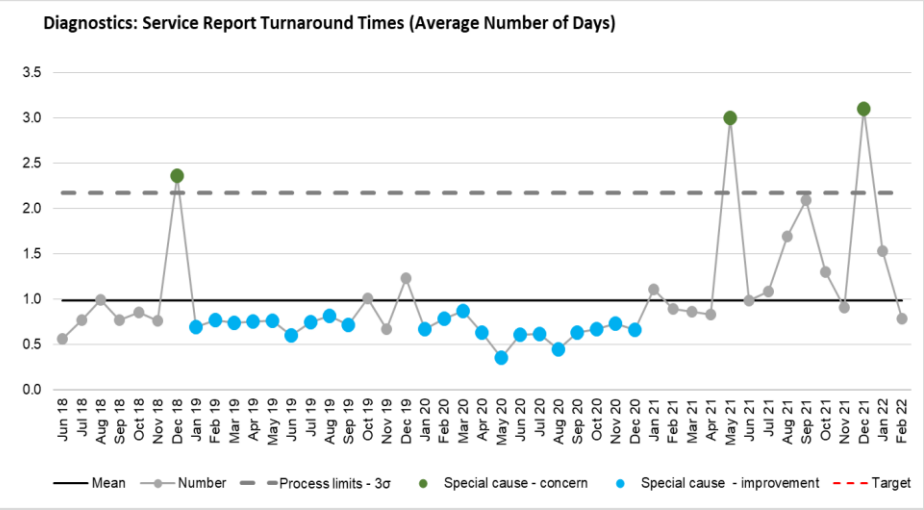
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in February reporting 96.2%, however it was an increase on the previous months' performance. Referrals continue to remain high specifically for MRI when compared to January 19/20. Activity levels across the 3 modalities (CT,US,MRI) were also at the highest figure since December 2020.

An contract for additional mobile MRI van capacity to support the clearance of the MRI backlog is being scoped following the capacity and demand modelling being completed to deliver a trajectory of recovery for this particular modality target.

Reporting times in February remained on track

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNAS .
Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

February Cancer Performance – January 2022 Submission

Standard	Target	Total patients	Accountable patients to ROH	Compliant	Non-compliant	Percentage
2WW	93%	61	61	60	1	98.40%
31 day first	96%	14	14	11	3	78.57%
31 day subsequent	94%	5	5	3	2	60%
62 day	85%	5	4	3	1	75.00%
Upgrade	No target	12	8.5	6.5	2	76.47%
28 FDS	75%	74	74	62	12	83.80%
Patients waiting over 104 days	0	2				N/A

Performance:

104 day standard:

PATIENT 1 – tertiary referral into ROH with diagnosis, complex diagnostic pathway requiring repeat biopsies. Once diagnosed required multiple surgeons from the ROH pelvic team and the RPS team from QE which delayed surgery due to availability and the number of other patients requiring complex surgery

PATIENT 2 – patient was scheduled for surgery at ROH before 62 day target however upon admission the patient was not fit for surgery due to complexity of co-morbidities and was subsequently requiring surgery at QE. Following further extensive clinical investigations the patients pathway converted to active monitoring rather than surgery

62 day standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

31 day first treatment standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

PATIENT 2 – patient tested positive for Covid, initial two surgery dates had to be rescheduled and subsequently patient breached 31 day target. Patient treated day 36

PATIENT 3– required pelvic surgery requiring multiple consultants and due to demand on this service the patient was treated on day 83

31 day subsequent standard:

PATIENT 1 – surveillance patient with a recurrence, required Oncology and plastics team and due to other patients more clinical urgent this patient was treated on day 41

PATIENT 2 – patient planned to be treated within target however on the day of surgery it was deemed her condition had worsened and this changed her prognosis and treatment plan. Patient treated day 57

8. Overall Financial Performance

SUMMARY

The Trust delivered a surplus year to date of £773k against a planned deficit of £76k, generating a favourable variance of £849k.

Income year to date is performing better than plan by £4,802k. This primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Pay and non pay expenditure overspent against plan year to date by £3,671k.

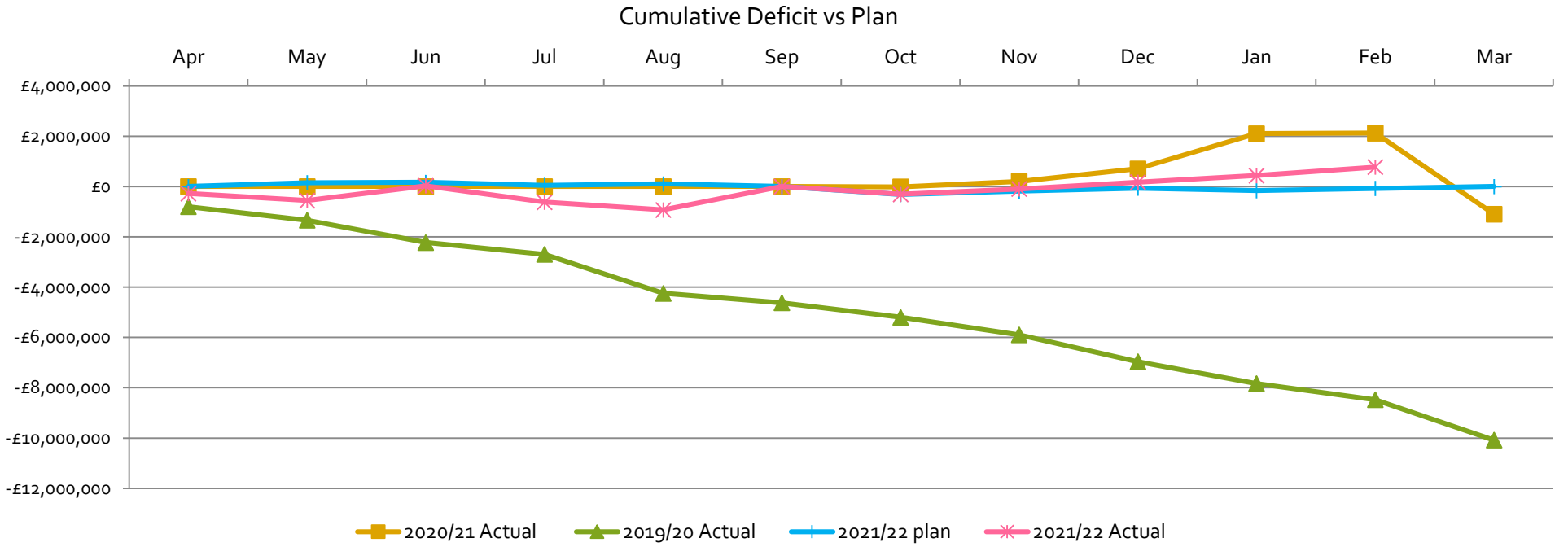
Capital expenditure to date is overspent by £132k with £2,804k spent against a plan of £2,672k.

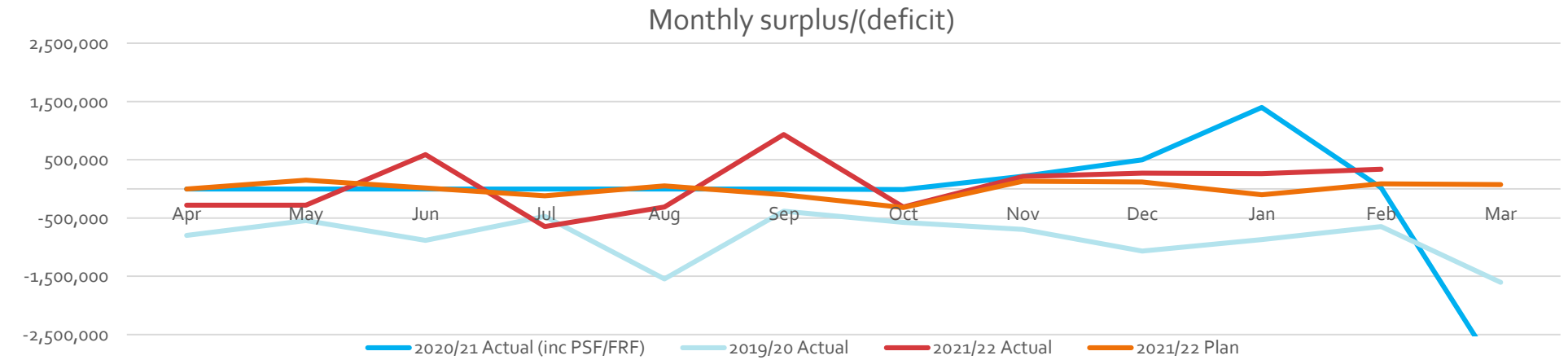
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£4,802	-£2,459	-£1,212	-£281	£849
Year to date plan	£98,130	-£55,006	-£42,132	-£1,069	-£76
Year to date actual	£102,932	-£57,464	-£43,344	-£1,350	£773
Actual compared previous month	↑ £497	↓ -£384	↑ £132	→ £5	↑ £249
Forecast Variance	£4,723	-£2,667	-£590	-£306	£1,160

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	94,424	98,364	3,940
Other Operating Income (Excluding top up)	3,706	4,568	861
Employee Expenses (inc. Agency)	(55,006)	(57,464)	(2,459)
Other operating expenses	(42,132)	(43,344)	(1,212)
Operating Surplus	993	2,123	1,131
Net Finance Costs	(1,103)	(1,127)	(24)
Net surplus/(deficit)	(110)	997	1,107
Remove donated asset I&E impact	34	(224)	(258)
Adjusted financial performance	**(76)**	**773**	**849**
Non recurrent funding	(20,088)	(24,642)	4,554
Underlying surplus/(deficit)	**(20,164)**	**(23,869)**	**5,403**

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is performing better than plan by £4,802k. This primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Private patient income is performing £868k above plan year to date.

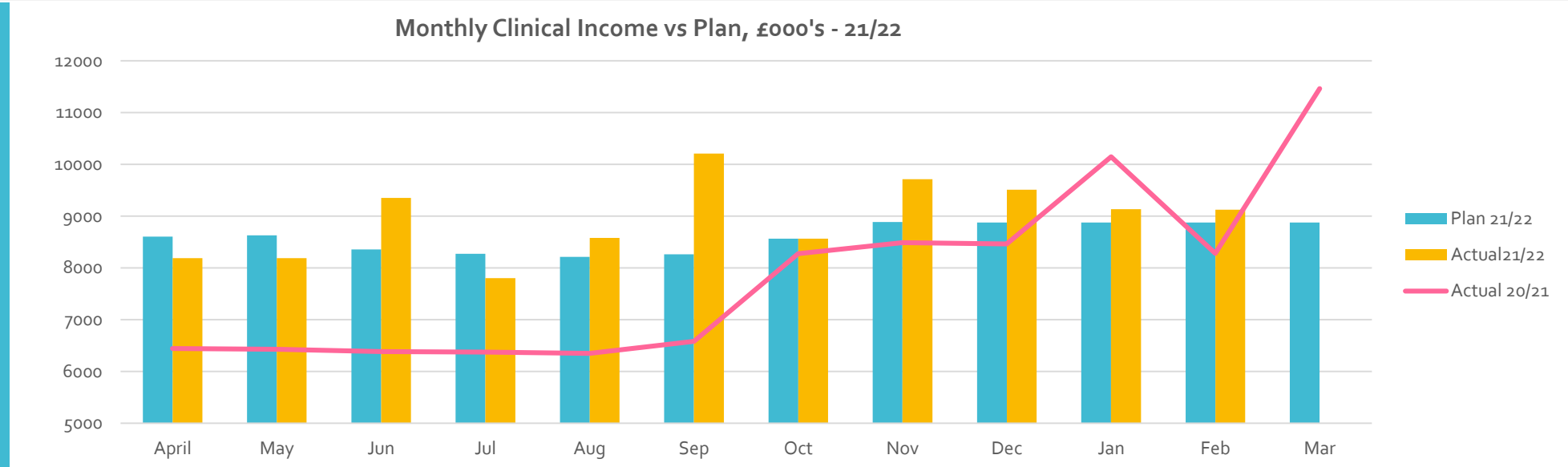
AREAS FOR IMPROVEMENT

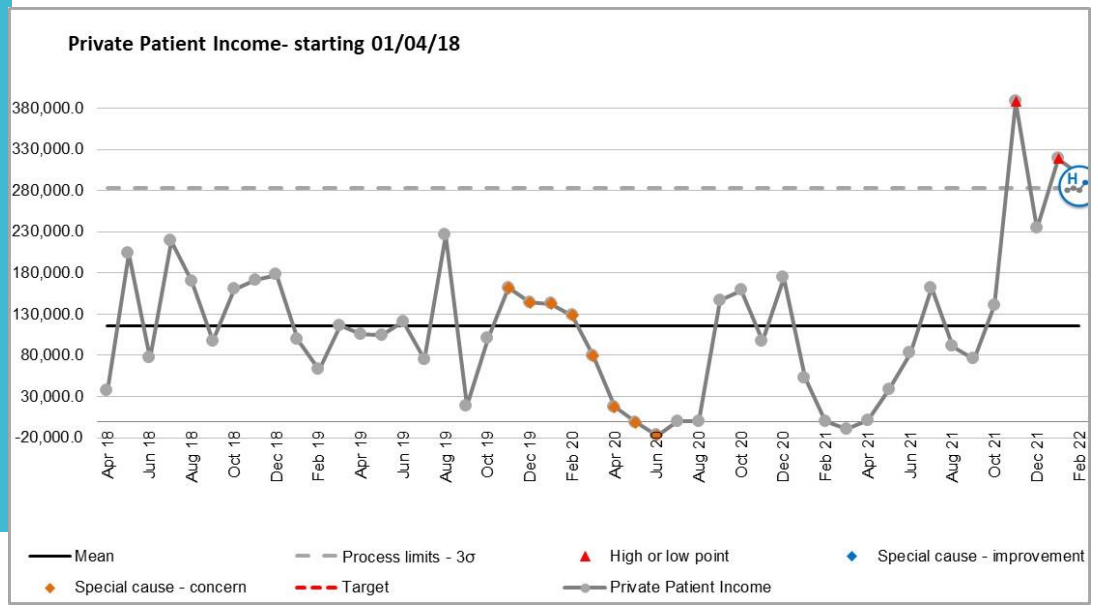
Other income, whilst above plan, is still below 2019/20 levels. This includes income for car parking, catering and accommodation.

RISKS / ISSUES

Non recurrent funding has been received in both H1 and H2, generating an underlying financial risk for 2022/23. Discussions continue with ICS partners to finalise an income allocation methodology for funding allocations currently held in reserves for 2022/23.

9. Income


Monthly Clinical Income vs Plan, £000's - 21/22
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 21/22
Actual21/22
Actual 20/21


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
Jun 18
Aug 18
Oct 18
Dec 18
Feb 19
Apr 19
Jun 19
Aug 19
Oct 19
Dec 19
Feb 20
Apr 20
Jun 20
Aug 20
Oct 20
Dec 20
Feb 21
Apr 21
Jun 21
Aug 21
Oct 21
Dec 21
Feb 22
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent against plan year to date by £3,671k, which has been driven by increased activity against original plan.

Overall pay spend is higher than plan with substantive, agency and bank all overspending year to date. Agency spend has increase in month to £503k, with the increase being across all staff groups except for nursing which has seen a sharp reduction as a result of reduced vacant shifts.

Overall non pay spend is lower in month compared with previous month correlating with the decrease in activity during the month.

AREAS FOR IMPROVEMENT

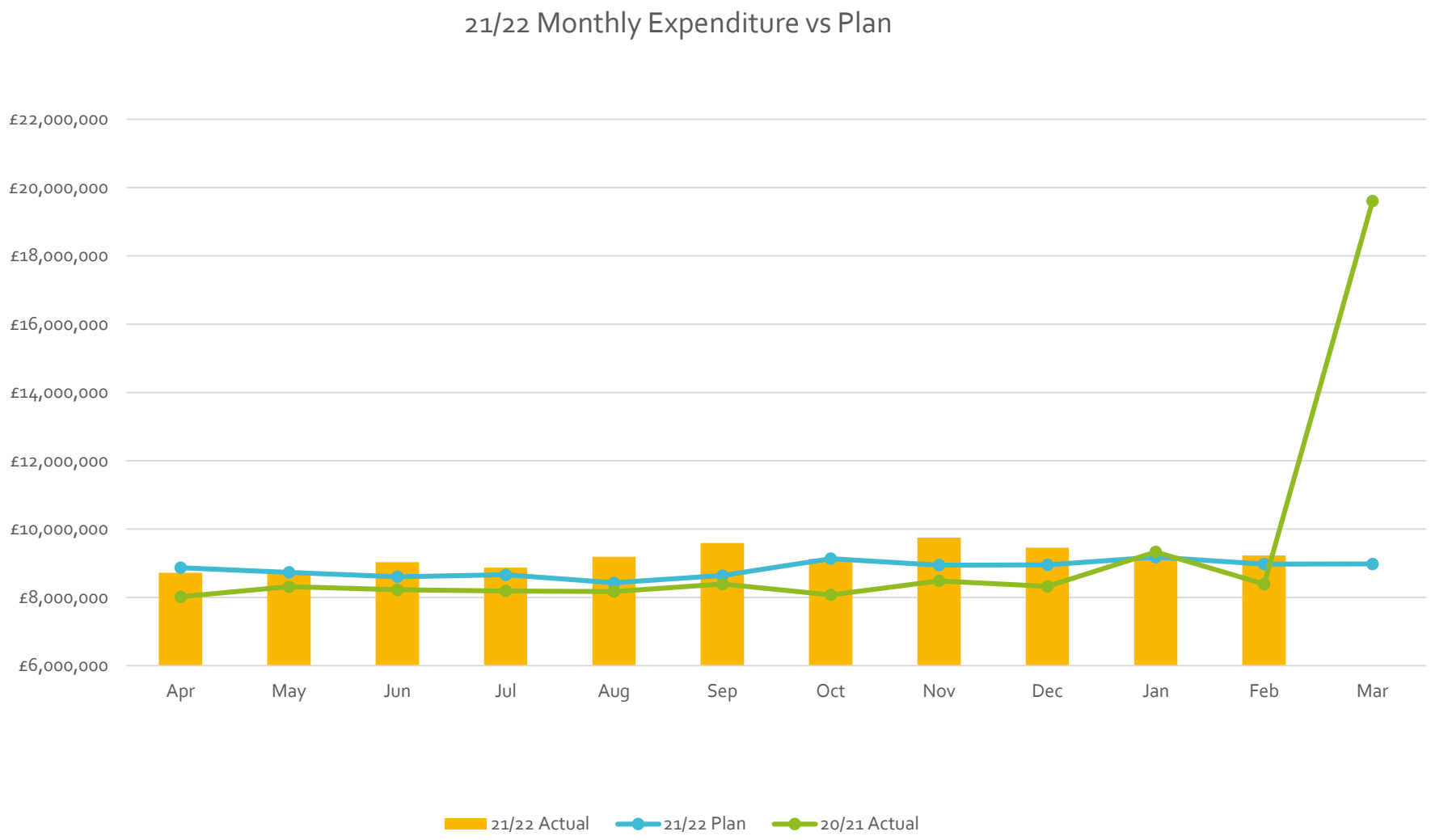
Agency spend is above plan year to date by £594k, and bank spend above plan by £566k year to date.

Agency costs as a percentage of total staff costs year to date has increased compared to last month at 9.1% in February compared to 6.7% in January, although Bank costs have reduced from 9.8% in January to 9.2% in February.

RISKS / ISSUES

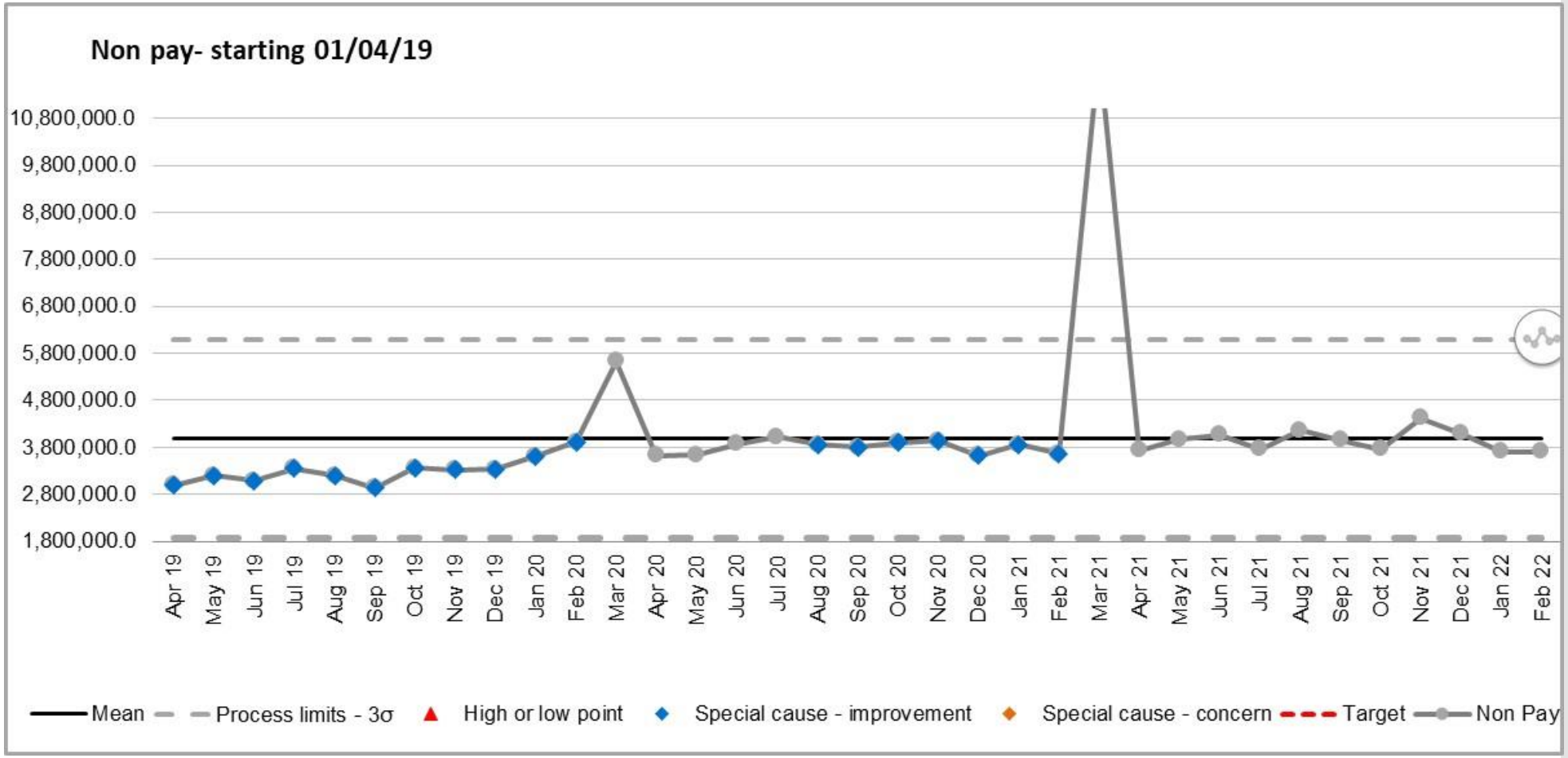
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



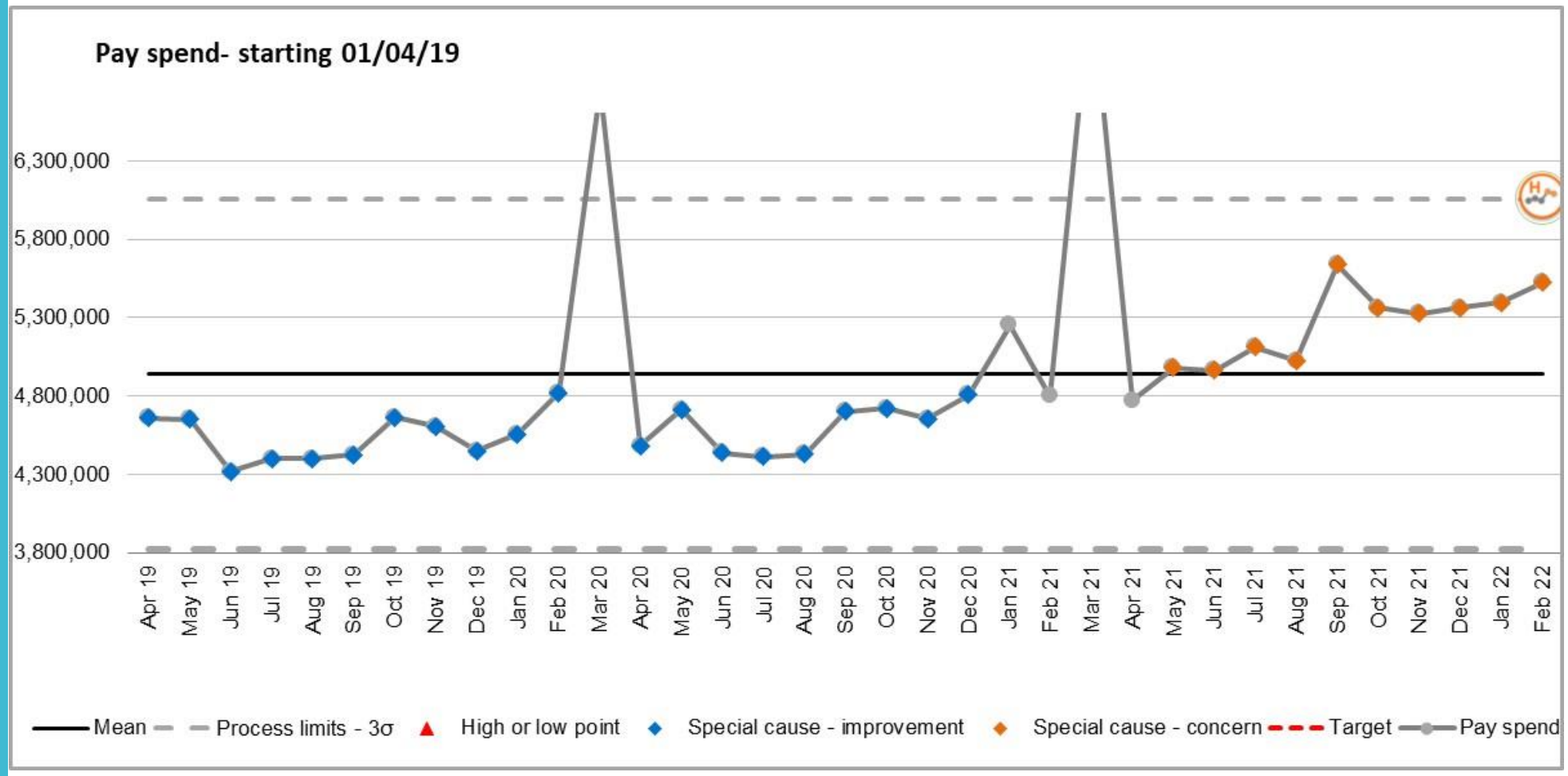
9. Non Pay Expenditure

Non-pay expenditure

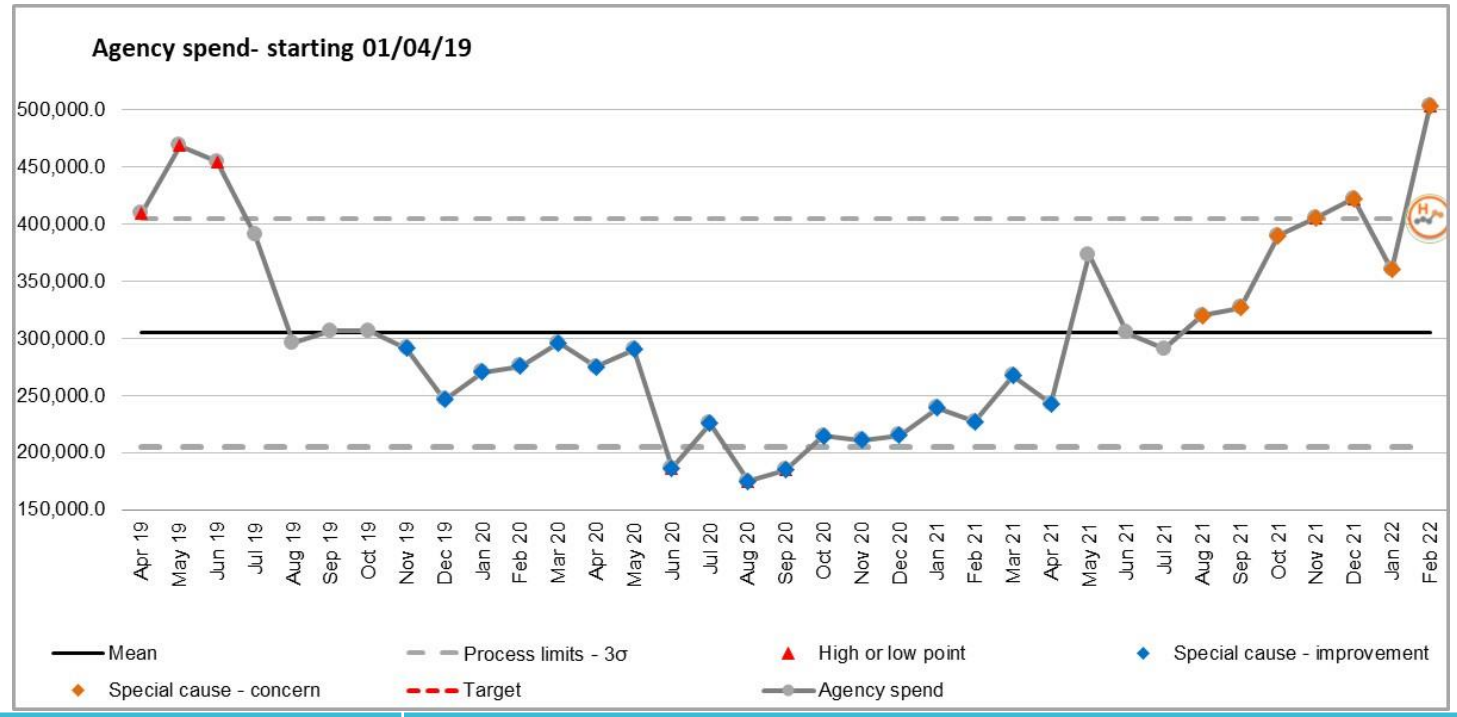


9. Pay Expenditure

Pay expenditure

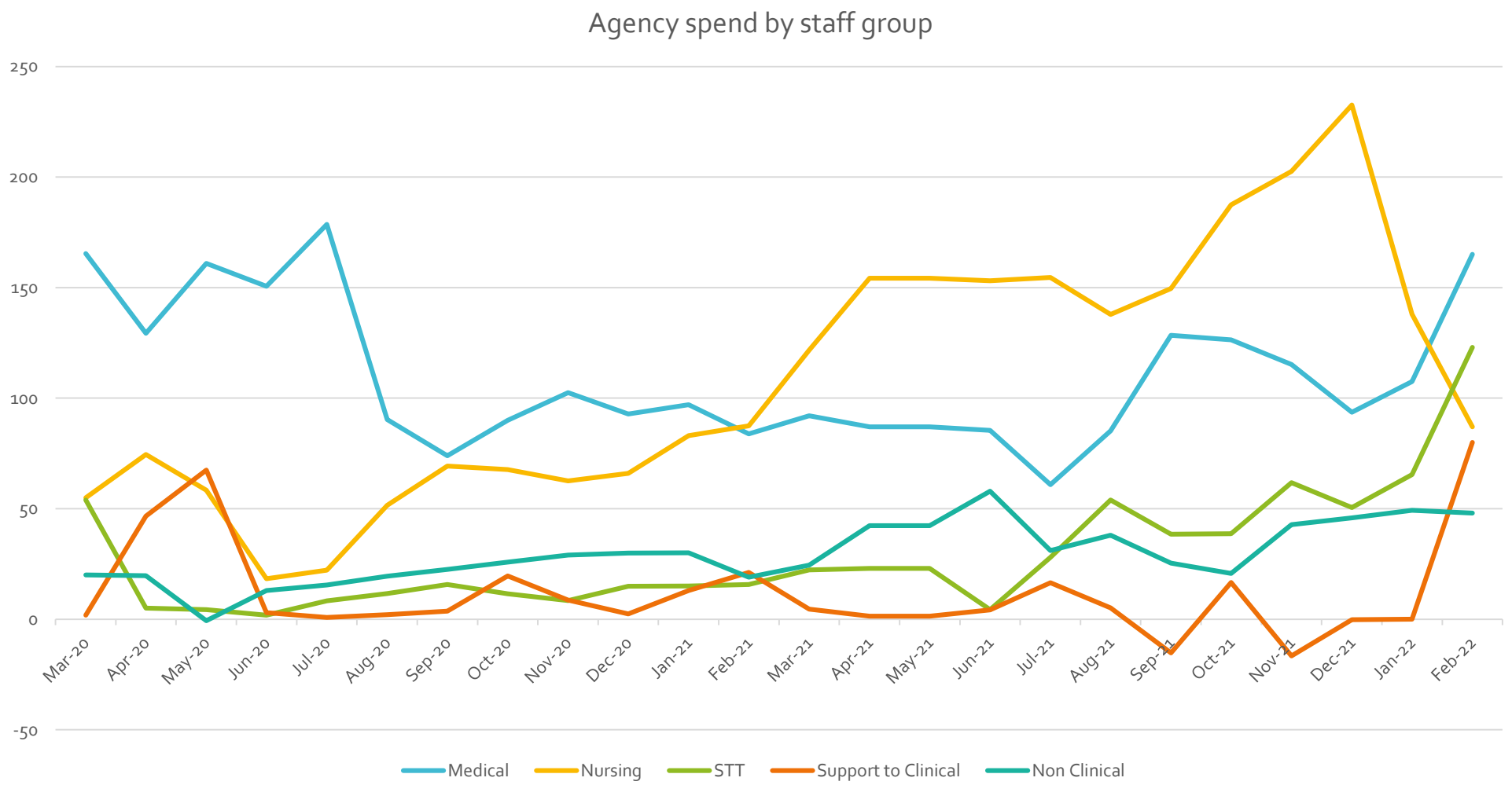


11. Agency Expenditure



	Year to date Spend (£'000s)			
	Agency	Bank	Substantive	Total
Medical staff	1,142	662	14,018	15,822
Clinical Staff (exc medical staff)	2,355	2,506	20,875	25,736
Non clinical staff	444	1,362	13,903	15,709
Total	3,940	4,530	48,796	57,266

11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Efficiencies totalling £1,440k have been recognised year to date with £1,512k expected to be delivered in total during 2021/22. The most significant scheme delivering savings to date is non pay procurement savings.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£242	£103	-£139	£103
Non pay	£1,951	£1,350	-£601	£1,398
Income	£189	£547	£358	£576
Grand Total	**£2,382**	**£2,000**	-£382	**£2,077**

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual	Forecast
Procurement - Birmingham Hospital Alliance Collaborative	4- Execution	Med	£420	£650	£691
Private patient service expansion	4- Execution	High	£110	£514	£534
Medical Agency Reduction - Direct Engagement	5- Review	Med	£242	£103	£103
Microsoft 365 Licence review	5- Review	High		£96	£96
DNA Rate Reduction - Outpatients	5- Review	Med	£46	£33	£42
Managed Patient Communications via Synertec	5- Review	High	£0	£26	£28
Pharmacy	1 - Idea	n/a	£0	£17	£18
Employee benefits scheme - VIVUP scheme - expansion to car scheme	4- Execution	Med		£2	£2
Botox service review	1 - Idea	n/a		£0	£0
Minimisation of medical agency spend - Agency commission rates	3- Planning	Med	£0	£0	£0
Theatre administration system	2- Feasibility	(blank)		£0	£0
Clinical lab rental income	1 - Idea	n/a	£0	£0	£0
Overtime and Bank Costs (Appointments and Validation)	5- Review	Med	£0	£0	£0
Coffee Pod	1 - Idea	n/a	£0	£0	£0
SLA review	1 - Idea	n/a		£0	£0
Consultant pa reduction	2- Feasibility	(blank)		£0	£0
Catering - Restaurant	5- Review	Low	£0	£0	£0

13. Statement of Financial Position

SUMMARY

The cash balance has increased in comparison to the year end, largely due to an expected credit note being received from a supplier.

Fixed assets shows an increase due to the amount of investment undertaken during the year.

	2020/21 M12	2021/22 M11	Movement
	(£'000)		
Intangible Assets	1,255	1,028	-227
Tangible Assets	45,798	46,417	619
Total Non Current Assets	**47,053**	**47,445**	**392**
Inventories	1,800	1,809	9
Trade and other current assets	8,492	4,858	-3,634
Cash	5,703	12,200	6,497
Total Current Assets	**15,995**	**18,866**	**2,871**
Trade and other payables	-11,396	-11,277	119
Borrowings	-877	-366	511
Provisions	-2,758	-4,655	-1,897
Other Liabilities	-344	-1,447	-1,103
Total Current Liabilities	**-15,375**	**-17,679**	**-2,304**
Borrowings	-1,009	-905	104
Provisions	-1,029	-1,029	0
Total Non Current Liabilities	**-2,038**	**-1,934**	**104**
Total Net Assets Employed	**45,635**	**46,299**	**664**
Total Taxpayers' and Others' Equity	**45,635**	**46,299**	**664**

14. ICS financial summary

SUMMARY

Revenue

The system is reporting a £26.92m surplus. The forecast position at month 11 has moved from the £29.4m position in Month 10 to £29.34m.

Capital

There is currently a £12m underspend against the system envelope driven largely by BSMHT, BCHC and UHB. Outside of the envelope we see large underspends on ACAD along with the Salix grant at UHB. These are both forecast to breakeven by year end.

Adjusted financial performance surplus / (deficit)	H1			H2 Year to date			Annual Year to date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	0	20	20	0	2,100	2,100	0	2,121	2,121	0	2,000	2,000
B'ham Community Healthcare NHSFT	0	0	0	2	754	752	2	754	752	0	0	0
B'ham Women's and Children's NHSFT	0	393	393	-2	8,095	8,097	-2	8,488	8,490	0	10,238	10,238
Royal Orthopaedic Hospital NHSFT	0	0	0	-76	772	849	-76	773	849	0	1,159	1,160
University Hospitals B'ham NHSFT	0	412	412	146	14,129	13,983	146	14,541	14,395	0	16,000	16,000
B'ham and Solihull CCG	0	0	0	0	247	247	0	247	247	0		0
System Total	**0**	**826**	**826**	**70**	**26,098**	**26,028**	**70**	**26,924**	**26,854**	**0**	**29,397**	**29,398**

15. Workforce

SUMMARY

In February, 86% of staff had completed their mandatory training within the last 12 months which is a slight drop from January. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 15.34% which is the highest it has been since 2018.

The percentage of staff attendance in the month has risen above 94%.

There were 159 agency breaches in February, a increase of 20 compared to 139 in January. The entirety of this was medical usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

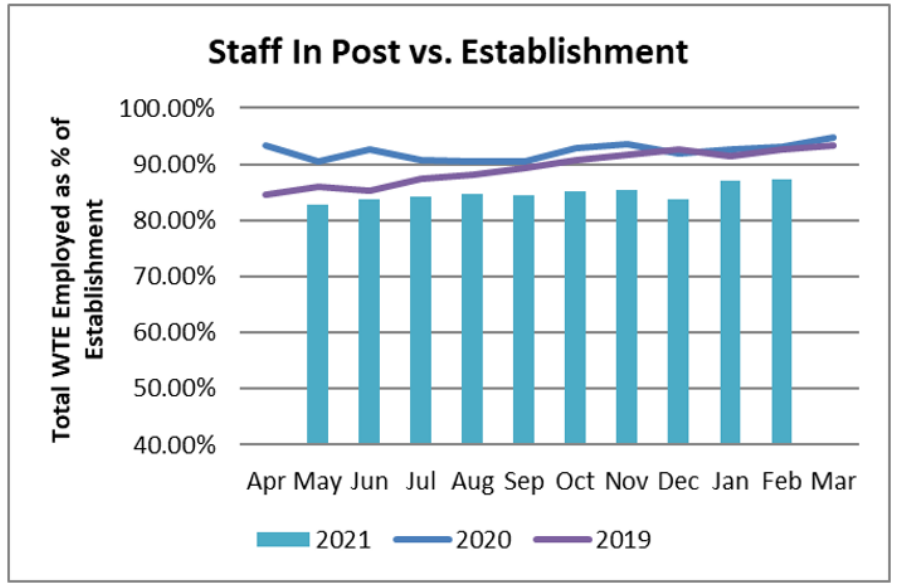
RISKS / ISSUES

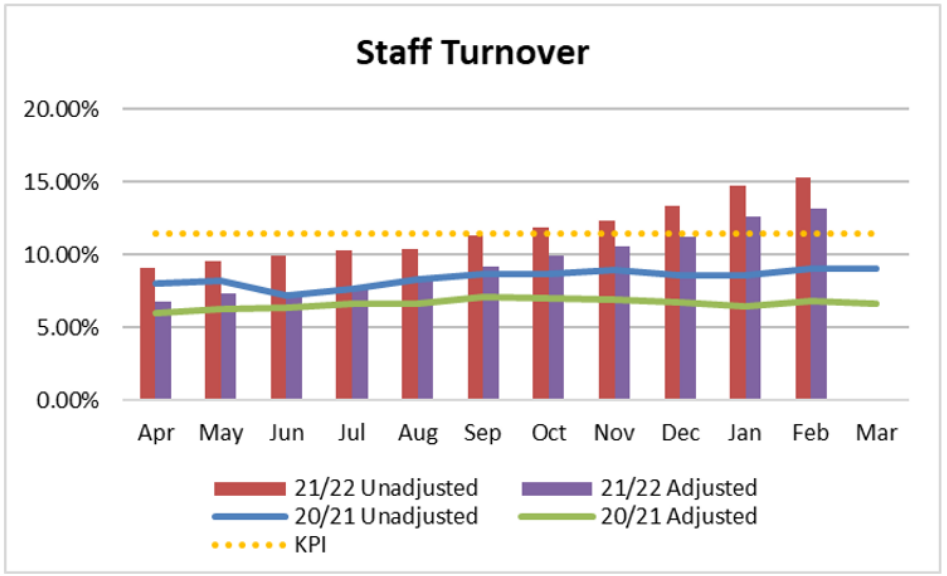
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

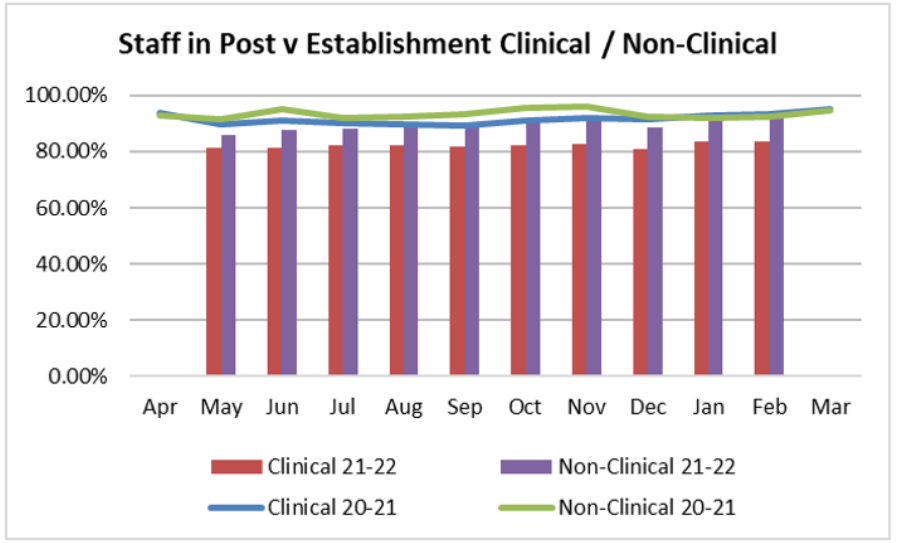
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

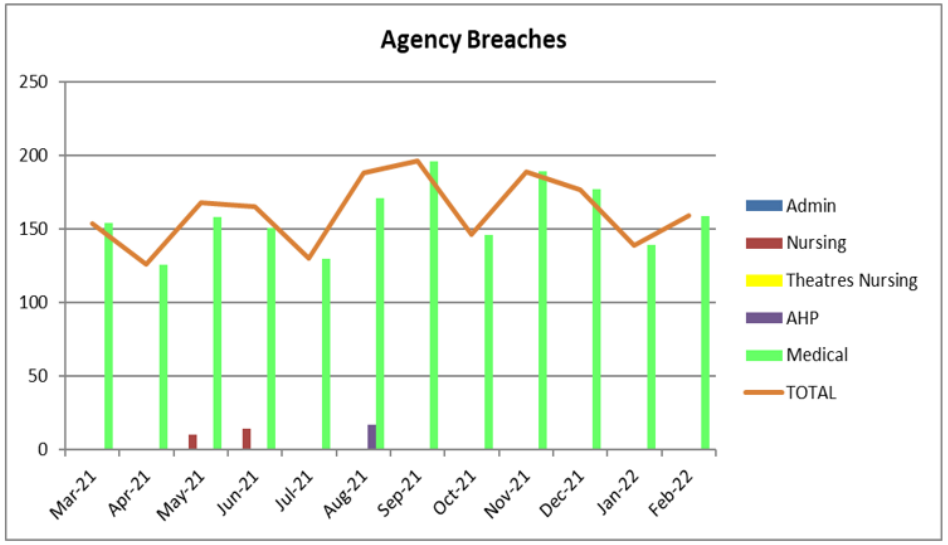
We anticipate that over the next few months, attendance will stay stable as we come into the spring months. Staff are being encouraged to have their Wellbeing days and Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

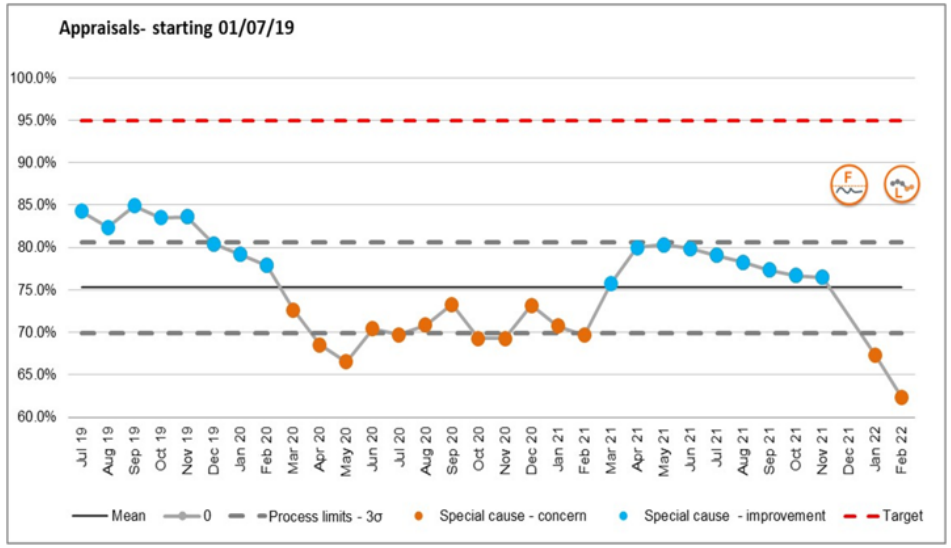


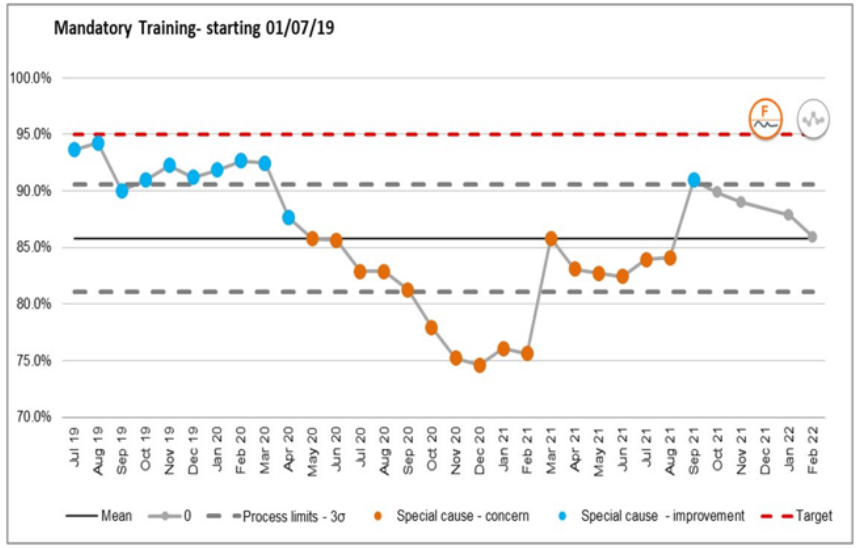


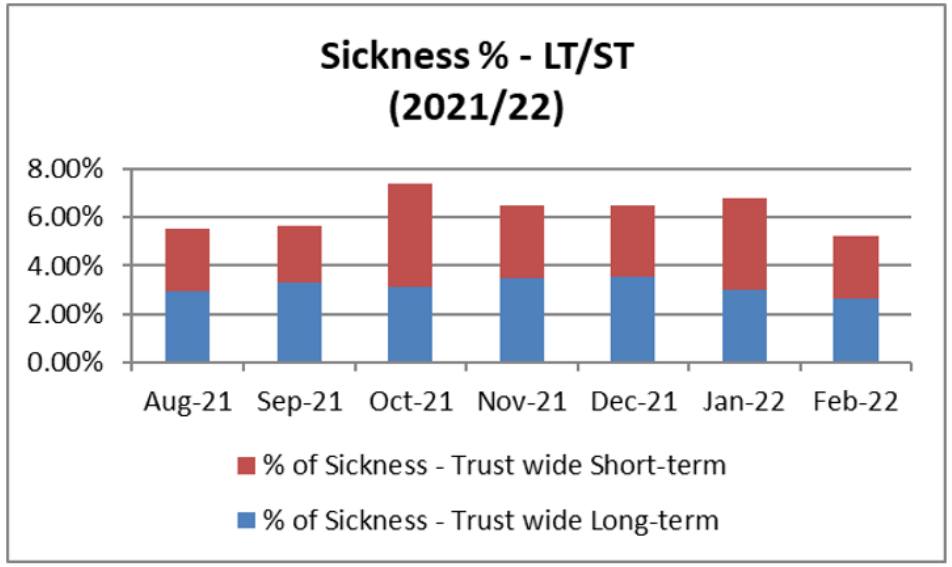


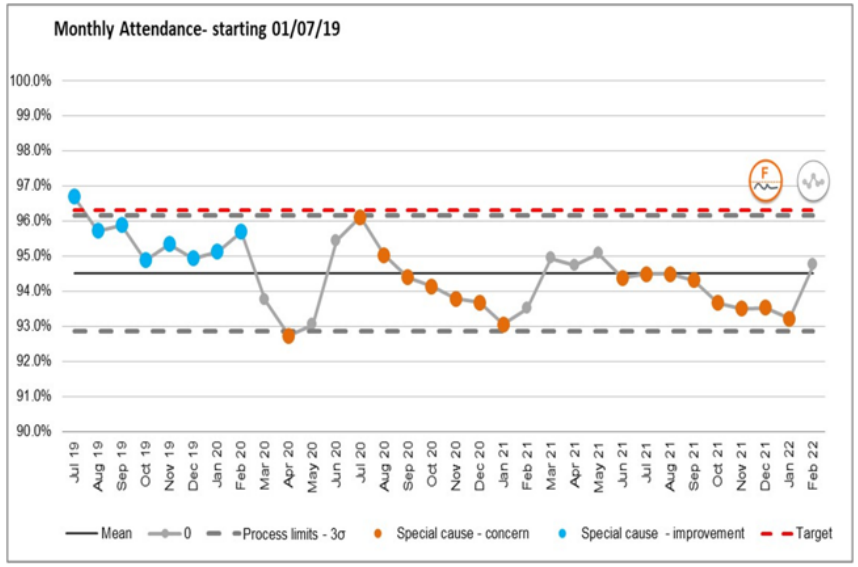


15. Workforce









15. Workforce

Trust Workforce Metrics	Jan-22	Feb-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1256	1244	-12	-	-
Staff In Post - Full Time Equivalent	1114.07	1103.98	-10.09	-	-
Staf Turnover % - Unadjusted	14.75%	15.34%	0.59%	↑	<=11.5%
Staf Turnover % - Adjusted	12.62%	13.17%	0.55%	↑	<=11.5%
Total WTE Employed as % of Establishment	87.00%	87.28%	0.27%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	83.38%	83.33%	-0.06%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	93.62%	94.51%	0.89%	↑	>=96%
% Of Attendance	93.21%	94.74%	1.53%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.86%	94.74%	0.88%	↓	>=96.3%
% Staff received mandatory training last 12 months	87.83%	85.89%	-1.94%	↓	>=93%
% Staff received formal PDR/appraisal last 12 months	67.30%	62.30%	-4.99%	↓	>=95%
% of Sickness - Trust wide Long-term	3.02%	2.61%	-0.41%	↓	-
% of Sickness - Trust wide Short-term	3.76%	2.65%	-1.11%	↓	-
Return To Work Completion %	39.39%	55.61%	16.22%	↑	>=80%

Quality Report February 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
4 x Moderate Harms reported in month **1 x In-hospital death reported** **7 x deaths out of hospital deaths reported** 7 deaths reported after the patients has been discharged from the ROH (within 30 days) – Learning from deaths reviews underway **1 x RCA underway for Low harm Incident – Steroid injected in wrong patient**	**Tissue Viability (TV) improvements** - workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. The TV Lead is developing a business plan for another Band 6 for the team. In the meantime an internal 6-month secondment Band 6 has been appointed and started the 3rd January 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
No Serious Incidents reported **Patient falls** There is a notable decrease in the number of in-patient falls reported this month, from 15 in January 2022 to 5 in February 2022. It was identified that the majority of falls last month occurred on ward 12, which was being utilised for patients from QEH at the time **Friends and Family test** The Trust had its highest completion rate of 58% within the mandatory areas. The patient experience team have been working closely to support the clinical areas to complete and improve the completion rate.	**None**

Quality Report – February 2022 (January 2022 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308	282	274 (↓)		
Serious Incidents	1	0	0	0	1	0	2	1	2	6	0 (↓)	13	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2	0	4 (↑)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	0	0	1	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6	15	5 (↓)	84	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	1	0	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	3	8	4	2	3	4	6	4	5	3 (↓)	45	57(Total)
PALS	47	62	68	90	61	39	41	38	39	50	26 (↓)		
Compliments	5	5	5	7	3	0	3	6	2	5	3 (↓)		
FFT Score %	97	96	98	98	99	99	99	100	99	98.79	98.11 (↓)		
FFT Response %	29	33	28	33	41	36	44	43	42	31	58 (↑)		
Duty of Candour	10	12	16	20	15	12	12	9	9	9	13 (↑)		
Litigation (New)	0	0	1	0	0	0	0	0	0	2	2		
Coroners	0	0	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	0	1 (↑)	6	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

March 2022 (February 2022 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Chief Nurse
AUTHOR:	Ash Tullett	Head of Clinical Governance

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10	Duty of Candour
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12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
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1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

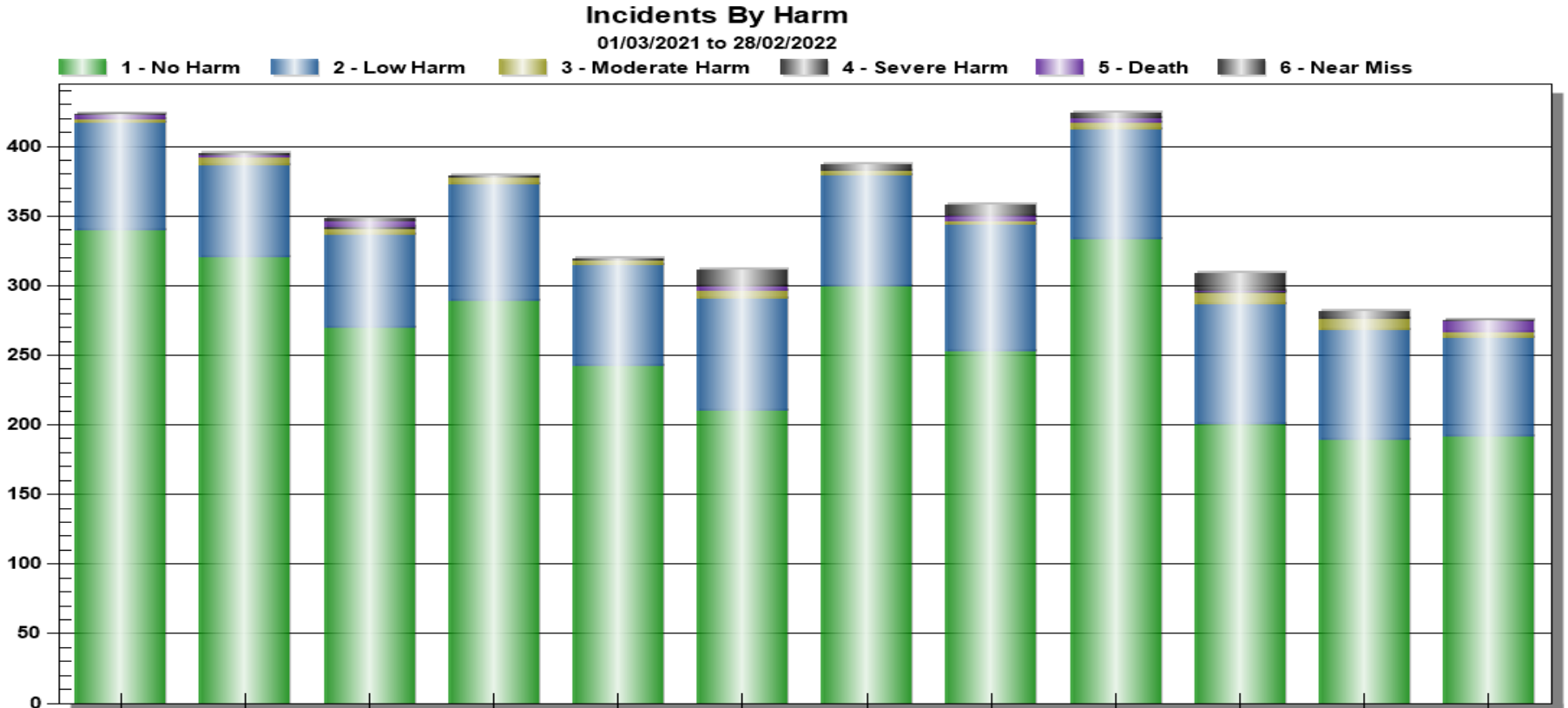
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**



Month and Year	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
1 - No Harm	339	320	269	289	242	210	299	252	333	200	189	191
2 - Low Harm	78	66	67	83	72	80	80	91	79	86	79	71
3 - Moderate Harm	2	6	4	5	4	6	3	3	5	8	8	4
4 - Severe Harm	0	0	2	0	0	0	0	0	0	1	0	0
5 - Death	3	1	4	0	0	3	0	4	3	1	0	8
6 - Near Miss	1	2	2	2	1	12	5	8	4	13	5	1

Data source – Ulysses

INFORMATION

In the month of February 2022, there were a total of 274 Incidents reported on the Ulysses incident management system.
The breakdown of those incidents is as follows;
191 – No Harm
71 - Low Harm
4 - Moderate Harms
0 - Severe Harm
1 – Near Miss
8 – Death

Provisional Harms Recorded;

Downgraded Incidents
Currently 0 of the reported harm in the previous Quality report (February 2022) have been downgraded.

Near Miss Incidents
The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process.

Patient Contacts
In February 2022, there were a total of 8538 patient contacts. There were 274 incidents reported, which amounts to 3.2 percent of the total patient contacts. Of those 274 reported incidents, 83 incidents resulted in harm which is 0.9 per cent of the total patient contact.

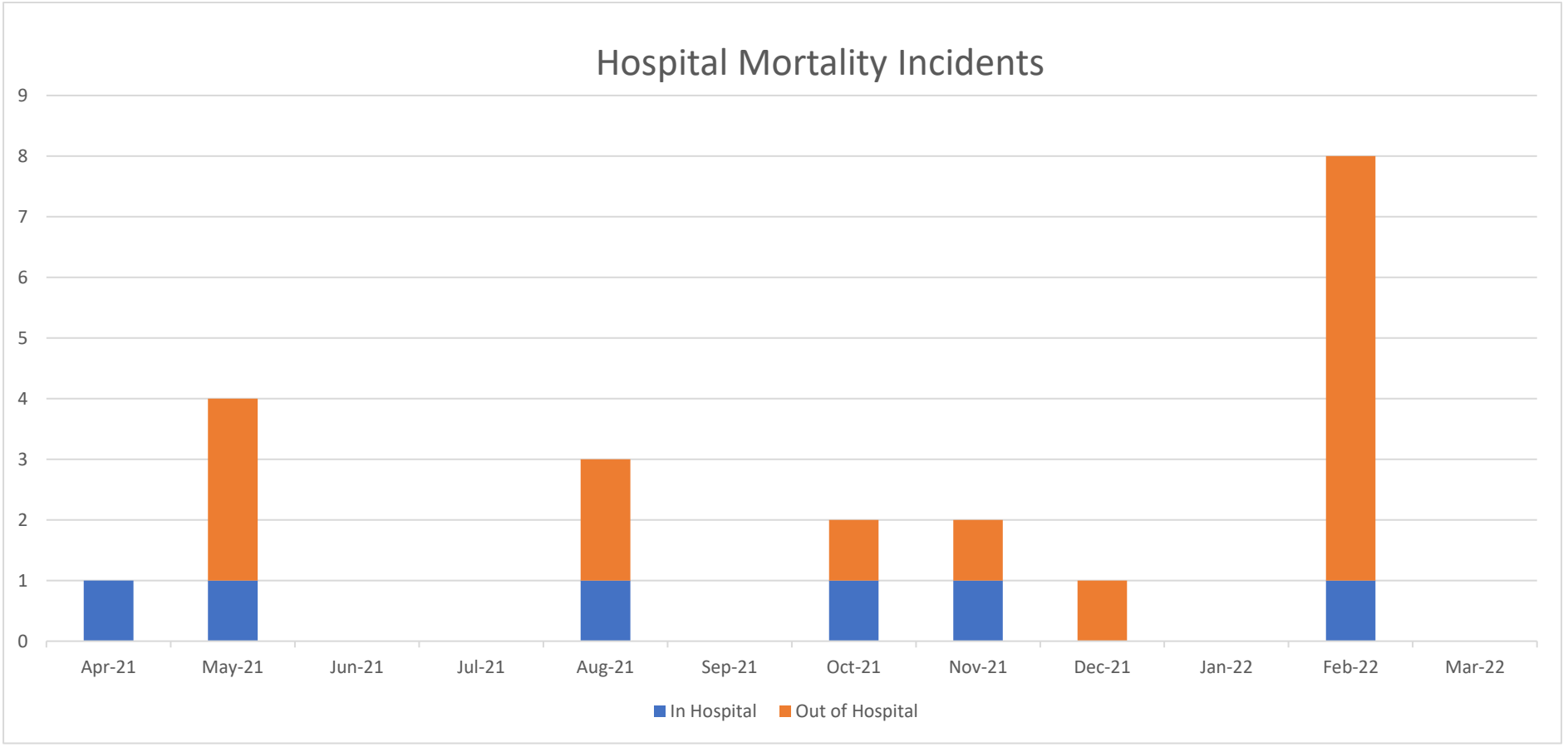
ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

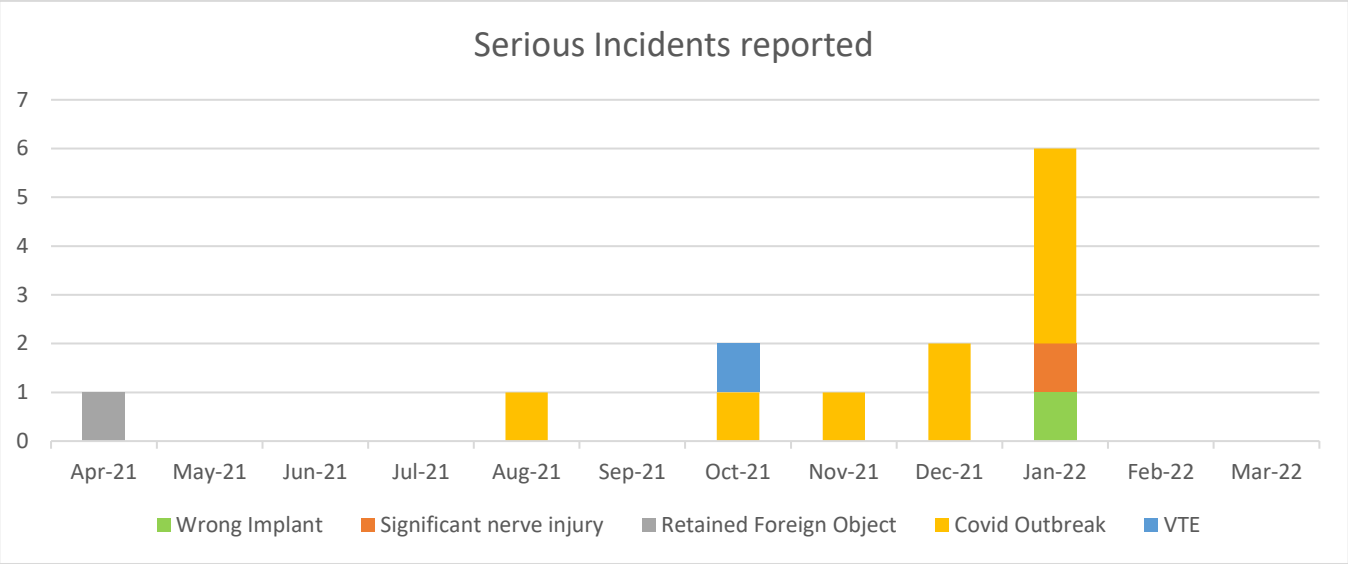
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
8 deaths were reported in February 2022. 7 of these were reported after the patients has been discharged from the ROH within 30 days. One In-Hospital death was also reported in February 2022. One Death Occurred in Hospital
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**



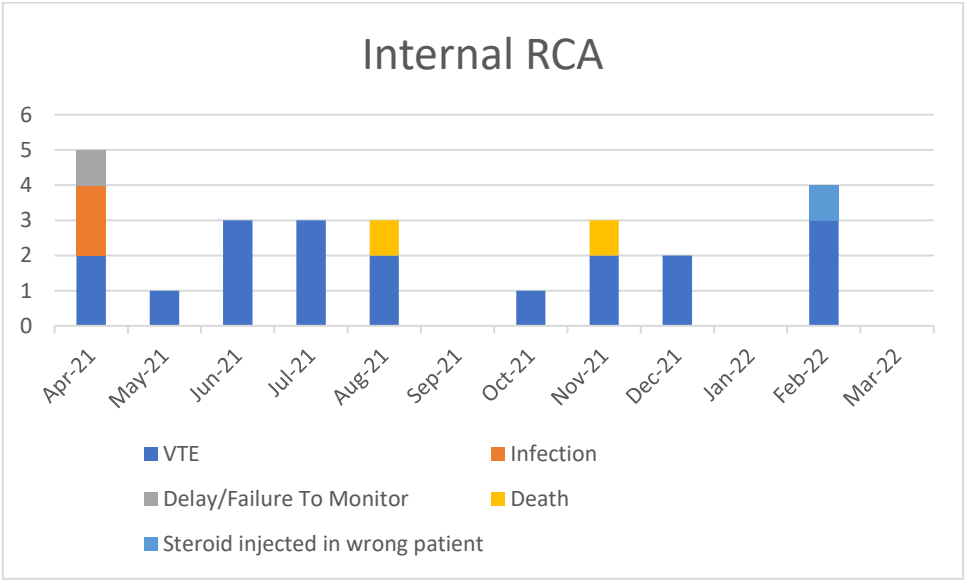
Year Totals	
20/21	11
21/22	13

Data Source – STEIS

INFORMATION
No Serious Incidents reported

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
One Serious Incident has taken longer than 60 days to complete. This is due to the discussions around the level of investigation needed to review Covid Outbreaks. The 60 day deadline is no longer used by the CCG and is removed in the new SI framework due to be released July 2022.

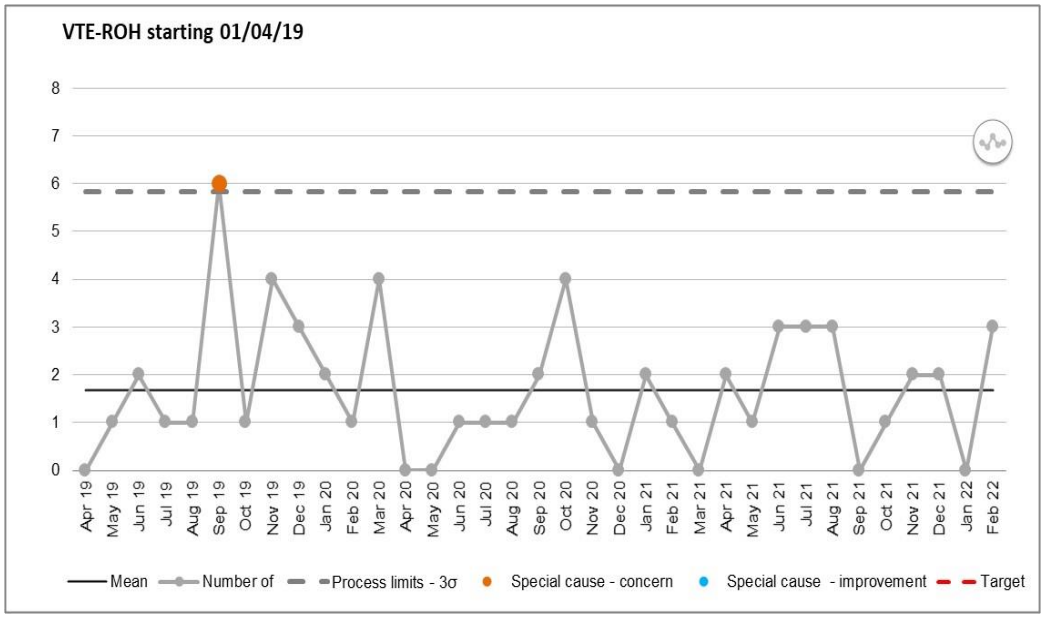
4. **Internal RCAs - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

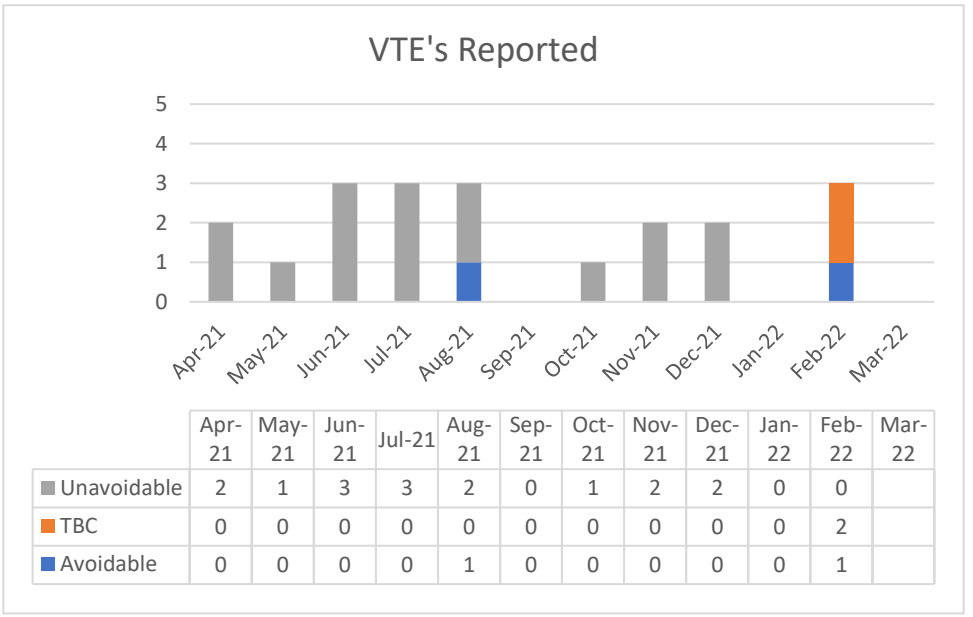


Data Source – Internal RCA tracker

INFORMATION
4 incidents reporting in February 2022 will be subject to an internal RCA.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCA's closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	2	2	0	0	
TBC	0	0	0	0	0	0	0	0	0	0	2	
Avoidable	0	0	0	0	1	0	0	0	0	0	1	

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	1	20

Data Source – Ulysses and VTE leads

INFORMATION

3 ROH associated VTEs incidents were reported in February 2022.

On admission assessment

Total possible	816
Total assessed	808
%	99.02%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to: (update is on the agenda for the Quality and Safety Committee in February 2022.

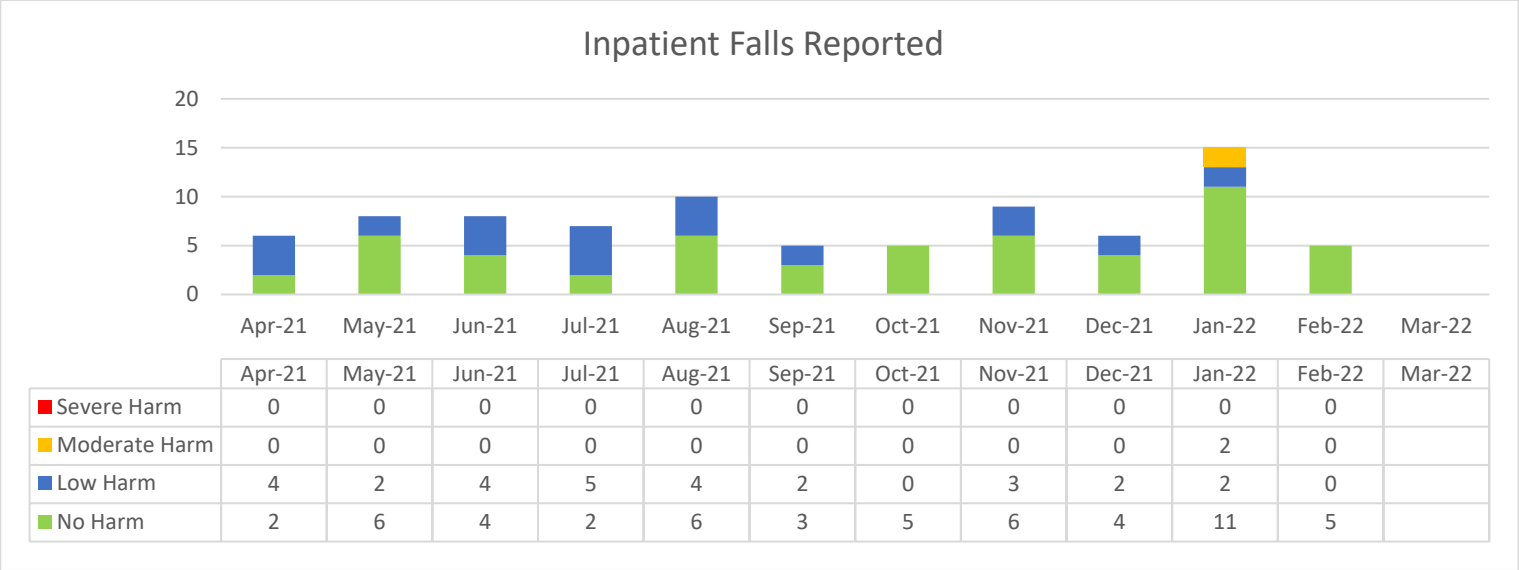
Review wording of standard. NICE ng89 2018; states Reassess all medical, surgical and trauma patients for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes opposed to specifically 24 hours. The wording has been agreed and the policy is currently being updated.

Re-audit has been planned in December/January 2021 and will be presented at the March 2022 Quality and Safety Committee.

RISKS / ISSUES

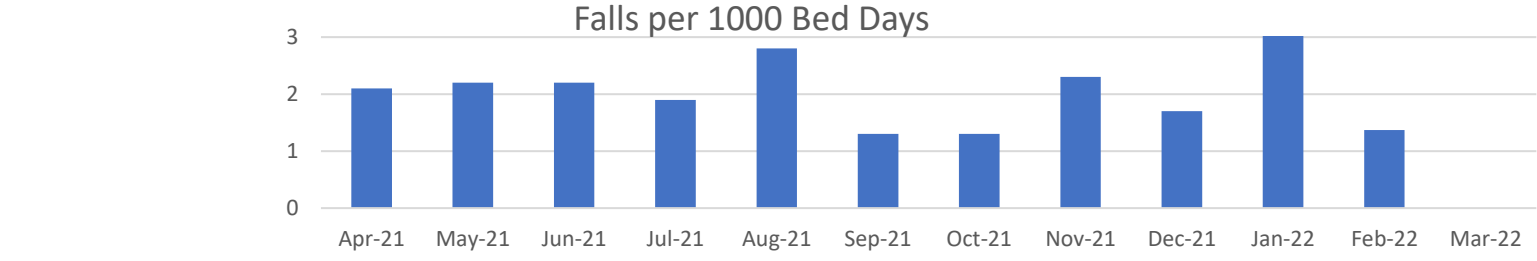
- None

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

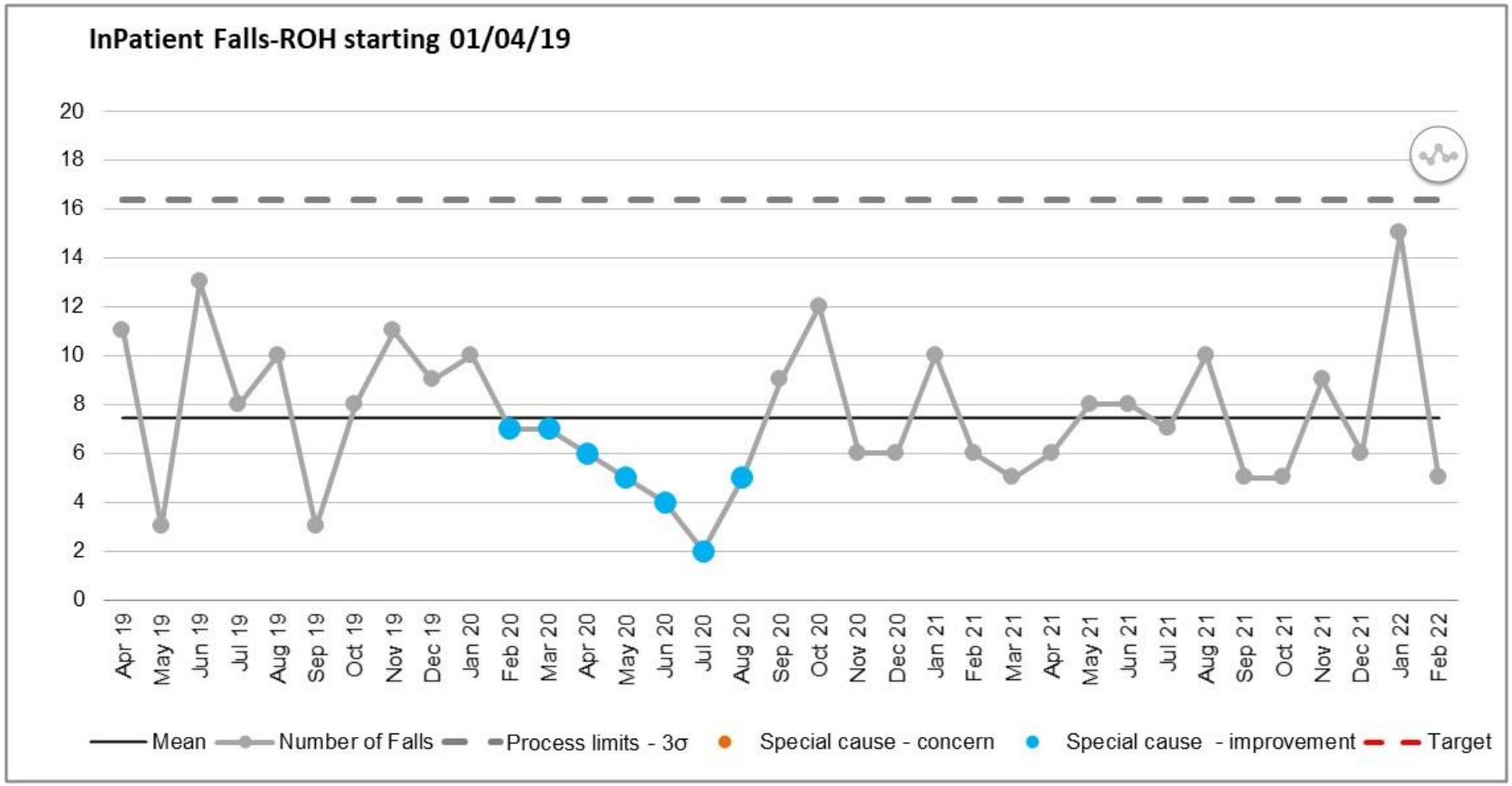


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	
Moderate Harm	0	0	0	0	0	0	0	0	0	2	0	
Low Harm	4	2	4	5	4	2	0	3	2	2	0	
No Harm	2	6	4	2	6	3	5	6	4	11	5	

Year Totals	
20/21	76
21/22	84



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7	4.05	1.37	



Data Source – Ulysses and Falls Group

INFORMATION

There were 5 incidents reported across the Trust in February 2022 relating to inpatient Falls:

5 x In-Patient Incidents

There is a notable decrease in the number of in-patient falls reported this month, from 15 in January 2022 to 5 in February 2022. It was identified that the majority of falls last month occurred on ward 12, which was being utilised for patients from QEH at the time. This cohort of patients were generally more dependent in their care needs than those normally seen at the Trust, and a number of the patients had a history of dementia. These patients were not necessarily able to follow advice, and therefore at greater risk of falling. It can be observed that from February 2022, ward 12 was no longer being used for patients from QEH and there has been a subsequent drop in the number of in-patient falls.

ACTIONS FOR IMPROVEMENTS / LEARNING

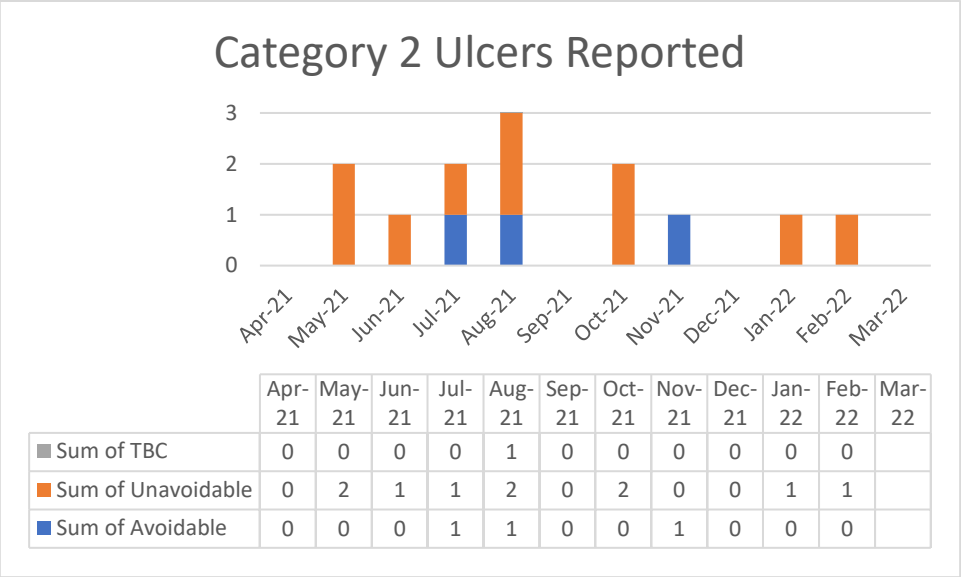
Actions

- Plan to survey patients regarding views & experiences relating to falls.
- Detailed review of falls on ward 12 in January 2022, to identify any trends other than those already observed, and ensure no gaps in quality of care given. This is due to be presented at the April 2022 Clinical Quality Group.
- Reviewing paperwork for falls risk assessment for injection patients within out-patients

RISKS / ISSUES

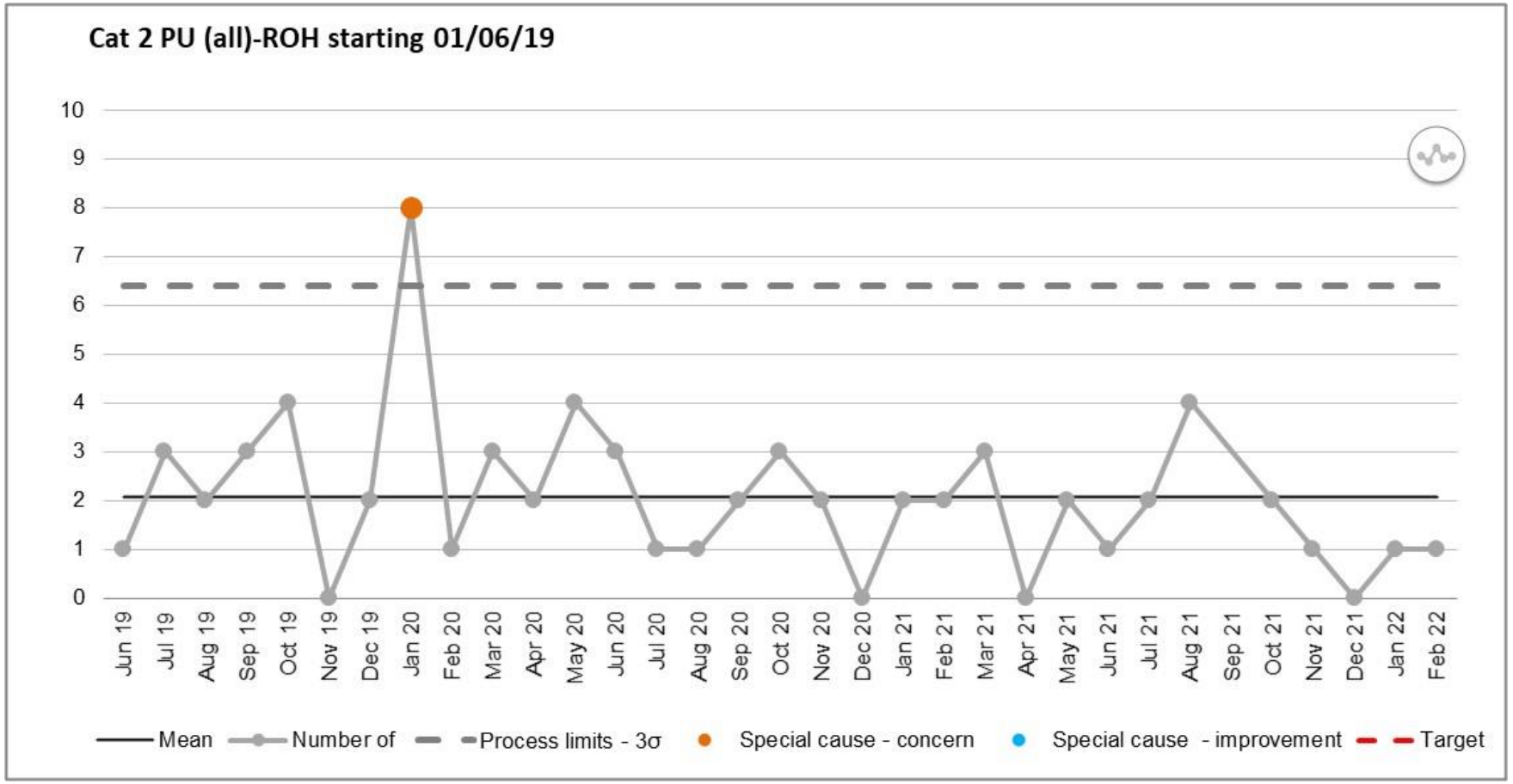
None

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	0	0	0	0	0	
Sum of Unavoidable	0	2	1	1	2	0	2	0	0	1	1	
Sum of Avoidable	0	0	0	1	1	0	0	1	0	0	0	

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	13	0



Data Source – Ulysses and TV team

INFORMATION

February 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	1 – Unavoidable
Category – 2 (Device)	0
Category – 1	1 – did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 1 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 3 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 - 1 PU admitted with Cat 2 x 2 Both from home - did not deteriorate PU admitted with DTIs at least a Cat 3 – Unstageable x1 home PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

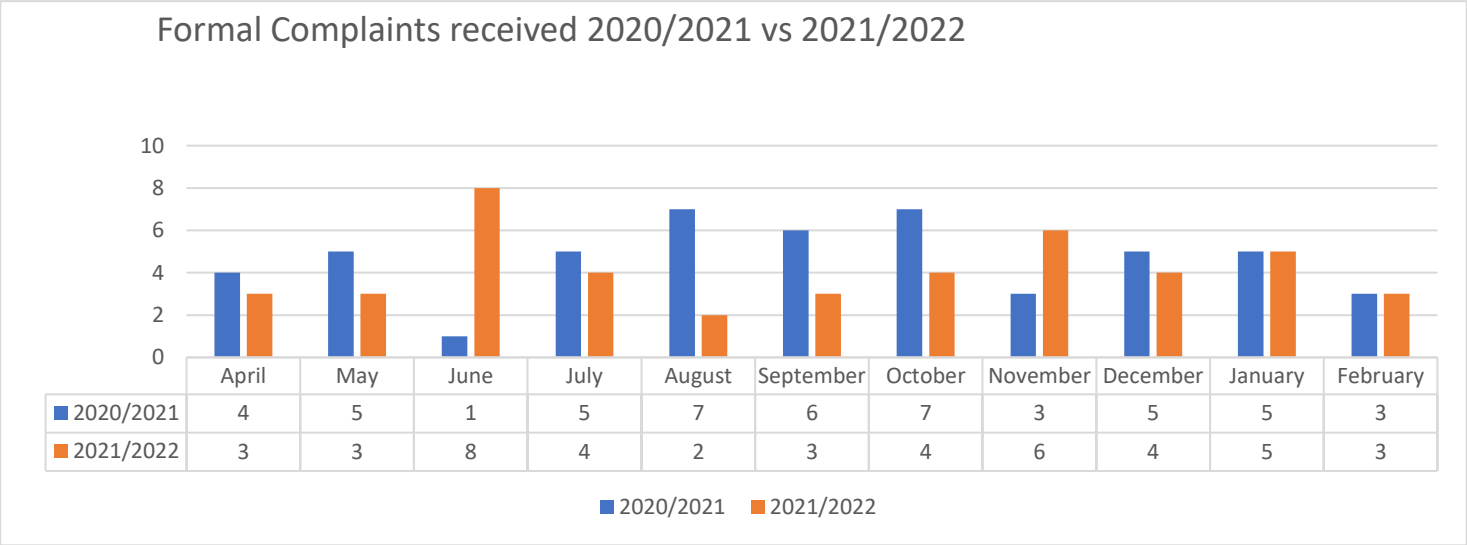
ACTIONS FOR IMPROVEMENTS / LEARNING

- TV workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. TV Lead developing a business plan for another Band 6 for TV team. In the meantime an internal 6-month secondment Band 6 has been appointed, started 3rd January 2022.
- PU Policy being updated to reflect diversity in skin tones.
- ROH included in BSOL lower limb group. HCP can refer direct to Vascular clinic. This will help prevent previous delays and enable our patients to get expert care regarding healing of their lower limb wounds and delays in surgery.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



	April	May	June	July	August	September	October	November	December	January	February
2020/2021	4	5	1	5	7	6	7	3	5	5	3
2021/2022	3	3	8	4	2	3	4	6	4	5	3

Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	45

INFORMATION

Complaints

- The Trust received 3 formal complaints in February 2022.

Category Types and Categories of formal complaints

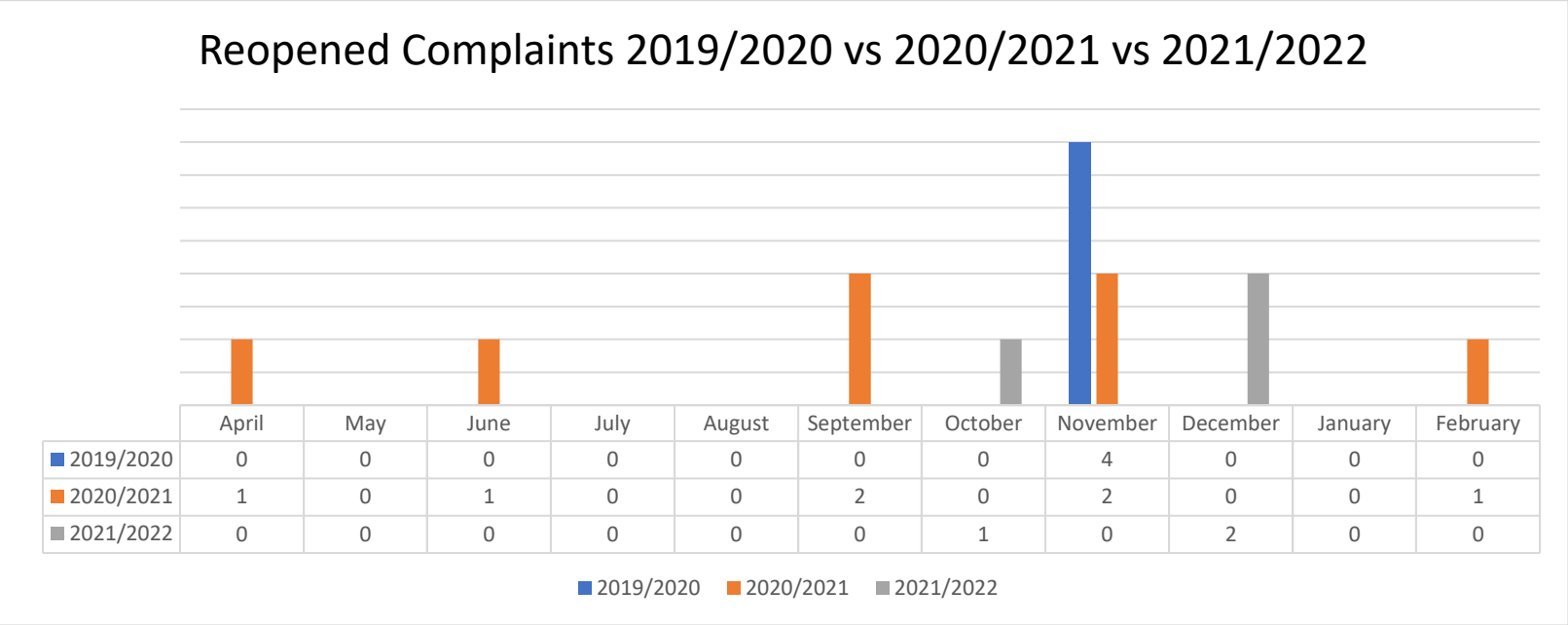
Category Types/Categories	
Clinical Query	**1**
Clinical Treatment	1
Consent To Treatment	**1**
Patient Did Not Consent For Pr	1
Values & Behaviours	**1**
Attitude Of Staff - Medical	1

In February 2022 the Trust closed 4 Formal complaints within the agreed time frame with the complainant.

- At the time of producing this report (03rd March 2022) The Trust have 7 open formal complaints.

Reopened Complaints

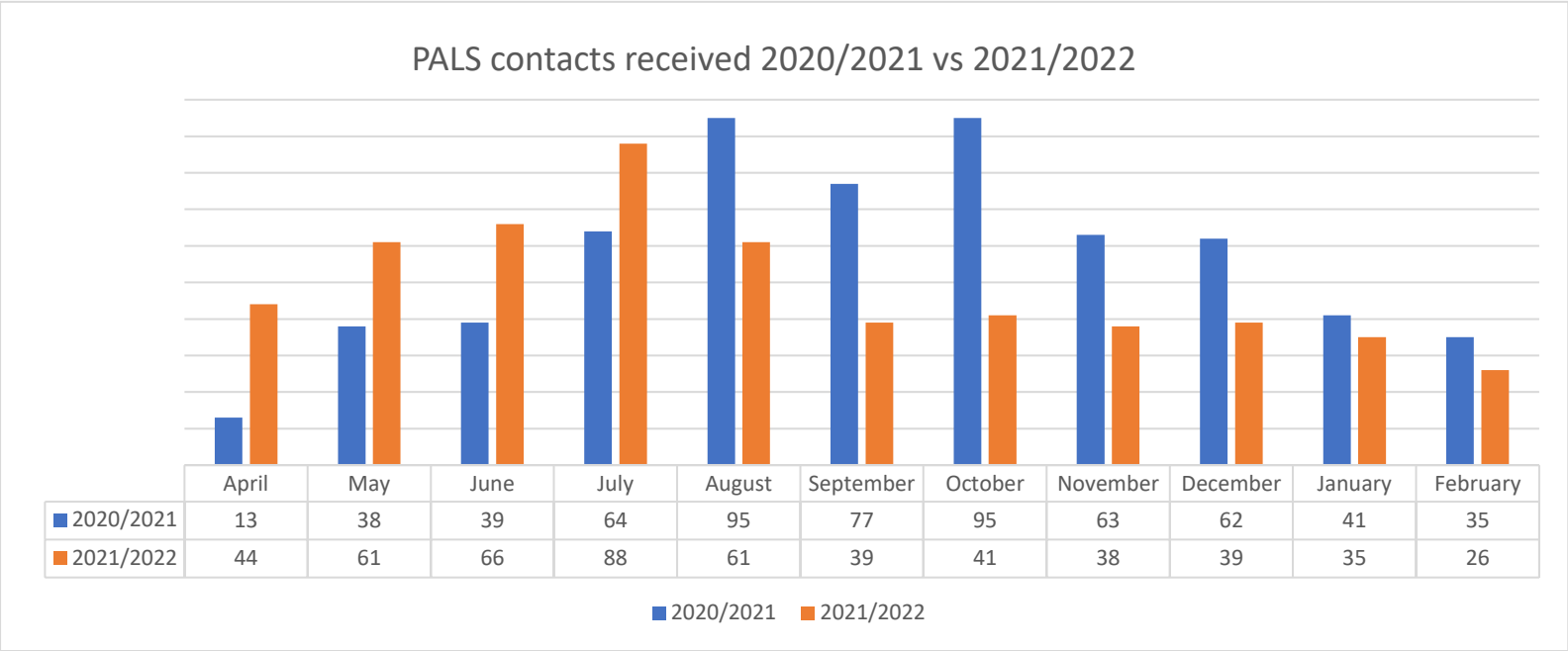
- In February 2022 the Trust reopened 0 formal complaints and it closed no reopened complaints
- From April 2021 – February 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.



	April	May	June	July	August	September	October	November	December	January	February
2019/2020	0	0	0	0	0	0	0	4	0	0	0
2020/2021	1	0	1	0	0	2	0	2	0	0	1
2021/2022	0	0	0	0	0	0	1	0	2	0	0

Patient Advice and Liaison service – PALS

- In February 2022 the PALS department handled 26 contacts of which 21 were classified as PALS concerns and 5 as PALS enquiries. This is a decrease in contacts from February 2021 (35)



	April	May	June	July	August	September	October	November	December	January	February
2020/2021	13	38	39	64	95	77	95	63	62	41	35
2021/2022	44	61	66	88	61	39	41	38	39	35	26

- The main themes in the PALS data relate to Clinical Query **(8)** and Communication **(4)**
- The Trust has set an internal target of 2 working days to respond to enquiries and 5 working days to respond to concerns in 80% of cases. In February 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPI's for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Clinical Query	**8**
Appointment Not Satisfactory	1
Clinical Treatment	1
Delays With Treatment	4
Operation - Outcome Not As Exp	1
Request For A Second Opinion	1
Communication	**4**
Communication With Relatives/c	1
Communication/Info to Patients	2
Method/Style of Communication	1
Appointments	**3**
Booked Incorrectly	1
Delay	1
Virtual Clinic - Call Not Received	1

Patient experience KPI from April 2021

Complaints & PALS KPI were hit in February 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100
Feb-22	100	100	100

Compliments

There were 3 compliments recorded on Ulysses for February 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

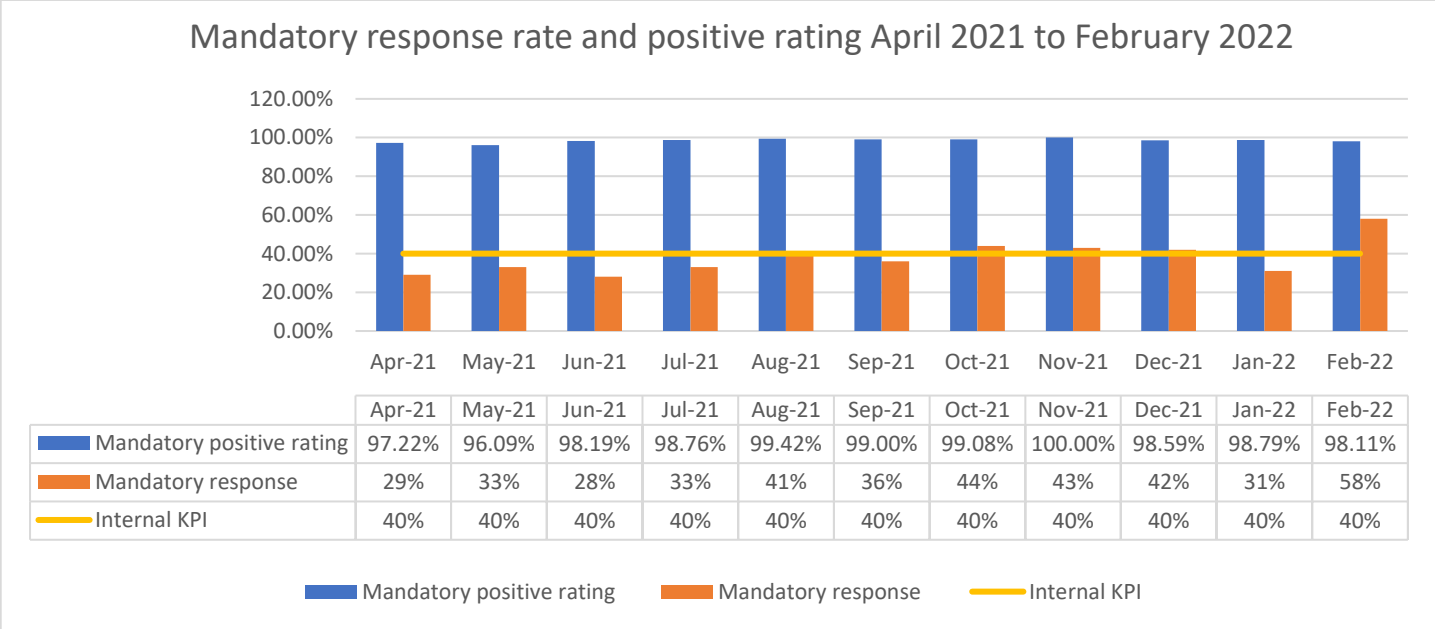
None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• Friends and Family test The Trust had its highest completion rate of 58% within the mandatory areas. • The Smiley Faces feedback system is underway and should be live from April 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in February 2022
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 13 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

New claims

2 new claims against the Trust were received in February 2022.

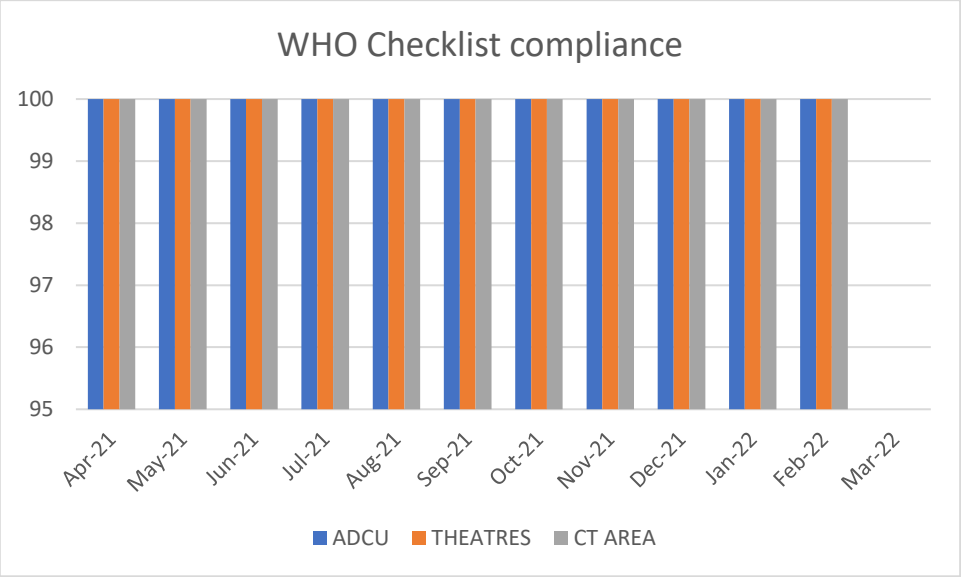
Pre-Application Disclosure

3 new requests for Pre-Application Disclosure of medical records were received in February 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in January 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 743

The total WHO compliance for Theatres in February 2022= 100%

CT area

Total cases = 88

The total WHO compliance for CT February 2022= 100%

ADCU

The total WHO compliance for ADCU in February 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The new patient safety lead is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

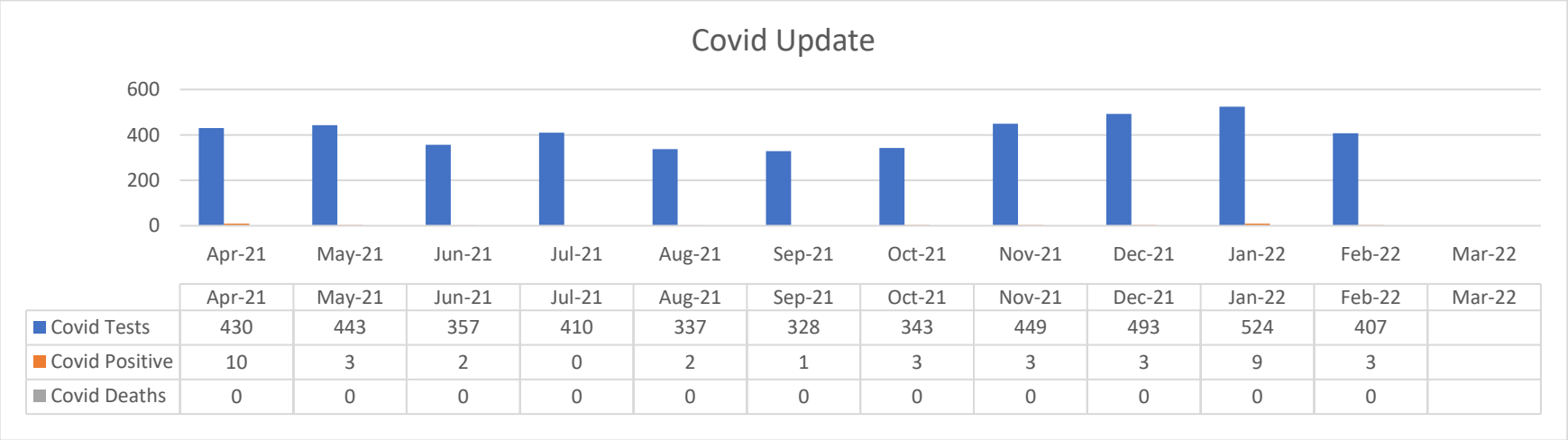
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	February 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	5
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493	524	407	
Covid Positive	10	3	2	0	2	1	3	3	3	9	3	
Covid Deaths	0	0	0	0	0	0	0	0	0	0	0	

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

ALL CAS ALERTS

CAS ALERTS (January 2022)

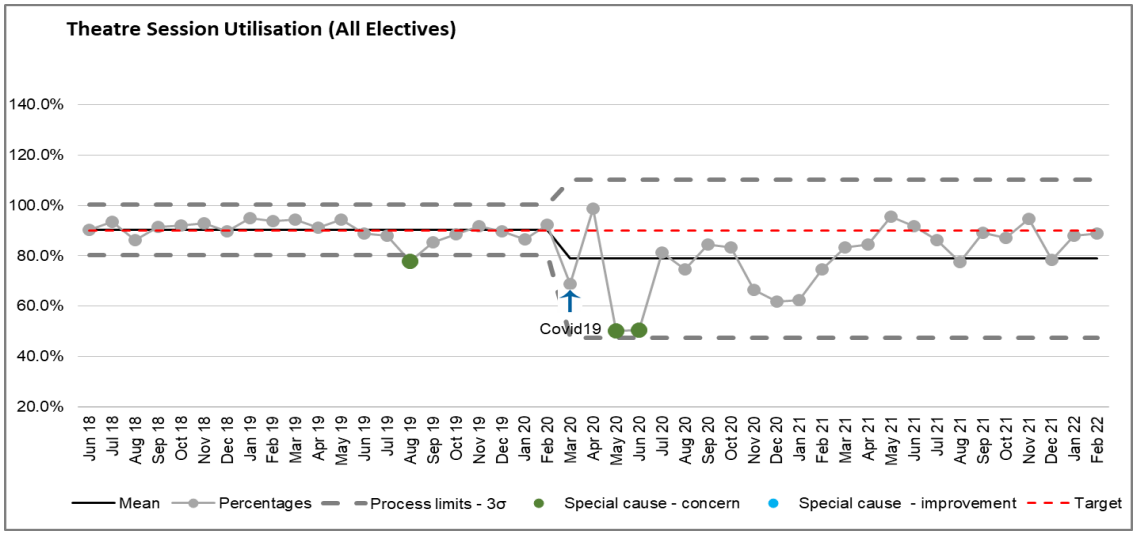
Reference	Alert Title	Originated By	Issue Date	Response	Deadline
CHT/2022/001	**Update from the CAS Helpdesk**: Change in communication for medicines supply issues. From 14th February 2022 'Supply Disruption Alerts' in relation to medical supply issues will cease. From this date supply issues that carry a patient safety risk will be issued as 'National Patient Safety Alerts' (NatPSA). Medicine supply issues that do not meet the NatPSA criteria will continue to be issued via other communication pathways. All NatPSAs need executive level oversight (or the equivalent in organisations without executive boards) of governance systems that provide evidence that the required actions have been fully completed before any NatPSA is recorded as 'action completed' on CAS.	CAS Helpdesk	17 Feb 2022	No response required.	n/a

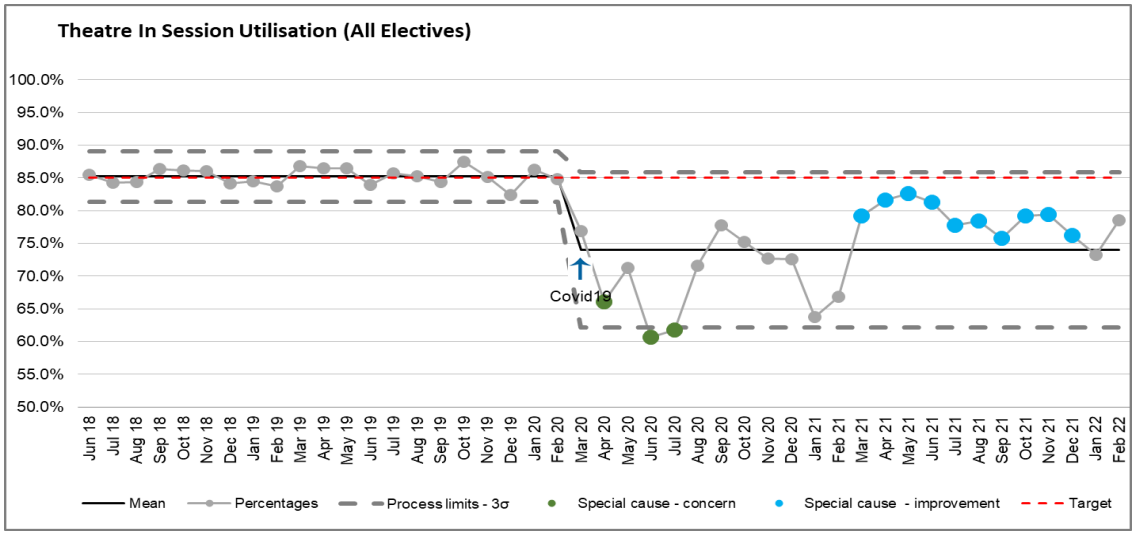
	Each NatPSA is designated as either 'complex' or 'straightforward', and providers are required to take a different approach to each: • 'Complex' alerts require actions that cannot be delivered by any single division or professional group within an organisation and will require the organisation's executive leader to nominate a senior clinical leader relevant to the alert to coordinate delivery. • 'Straightforward' alerts may be actioned on behalf of the whole organisation by agreed senior leaders (for example, an agreement that the chief pharmacist will ensure all stocks throughout the organisation are checked for a NatPSA requiring removal of a specific drug batch). It is anticipated that most medicine supply issue related NatPSAs will be complex in nature.				

15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb 22
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32	37	32
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%	94.39%	94.30%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%	85.40%	87.15%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%	80%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%	93.98%	93.87%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%	86.97	86.93%
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%	93.08%	94.15%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%	93%	94.15%
Prevent	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82	82.12%	90.86%
WRAP																
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8	11	8
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2	2	0
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations



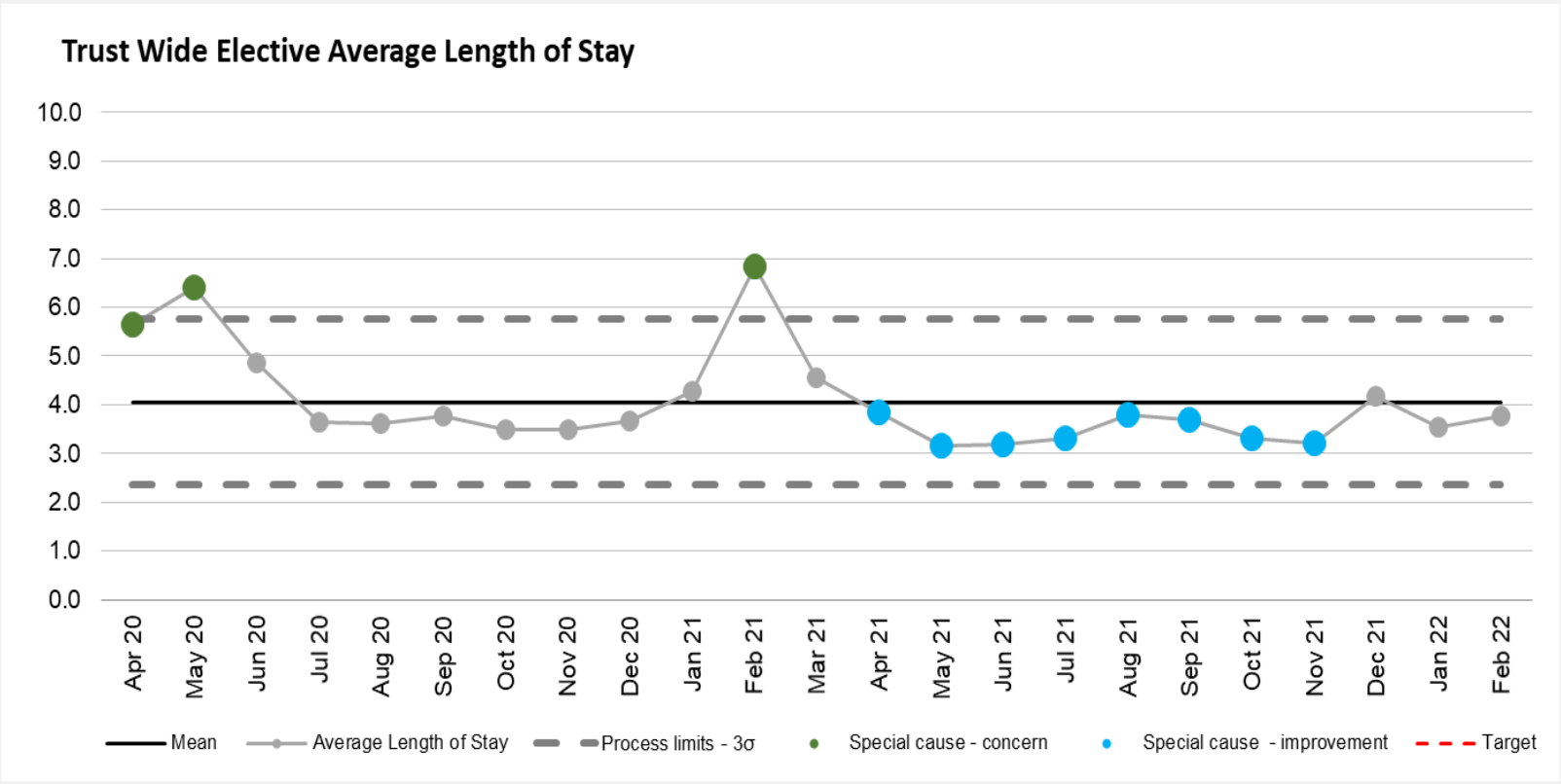


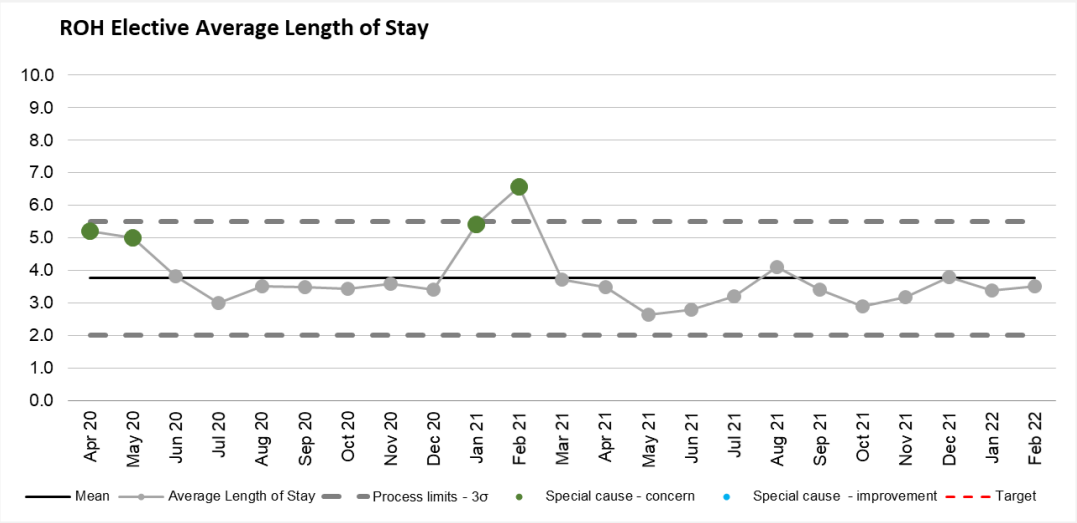
Elective Session Utilisation (February 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	417	370	47	88.73%
UHB	110	98	12	89.09%
Totals	527	468	59	**88.80%**

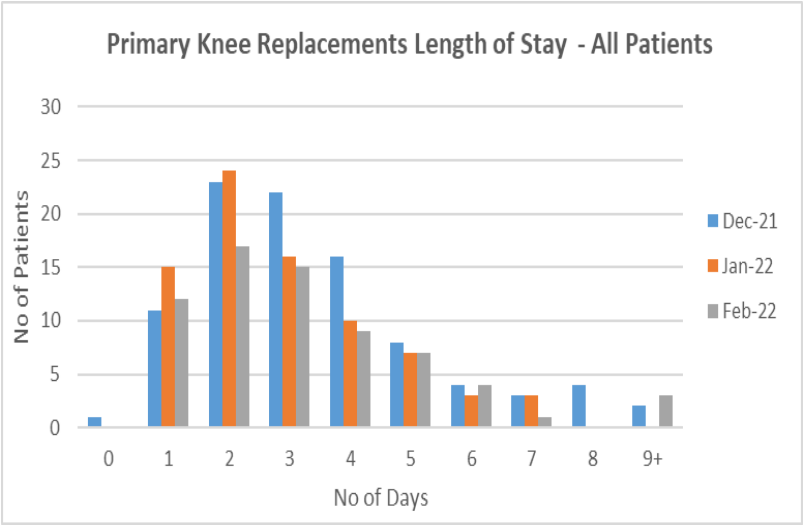
Elective In Session Utilisation (February 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1639	1303	335	79.53%
UHB	444	331	113	74.64%
Totals	2083	1634	448	**78.49%**

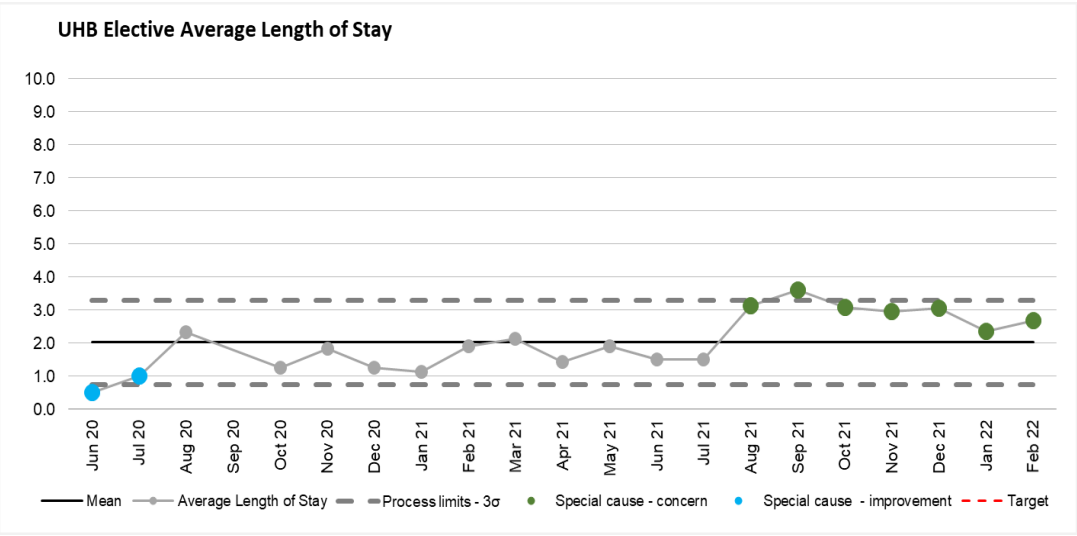
INFORMATION
Overall theatre utilisation improved in February and was within target at 88.80%. Total In Session utilisation was 78.49% an increase on the previous month (73.19%) but below the required 85% minimum utilisation target. A continuing theme of patients either being medically unfit/deferred or patients and/or staff testing positive for Covid impacting on in session utilisation was seen throughout February, Any cancellations that took place as a result of staff absences followed strict criteria ensuring any cancer patients, P2s, very long waiters and any patients that were cancelled previously were protected. The provision of the system Rehab ward (25 beds) continued into the first week of February (ward reopened as normal 7th) which resulted in a reduction of elective surgery for the first week in February.
ACTIONS FOR IMPROVEMENTS / LEARNING
Pre-populating of theatre lists at least 4 weeks in advance with contingency patients is now in place .
RISKS / ISSUES
Ongoing risks remaining with staff absence due to Covid or patients either being medically unfit/deferred March still continue to see a high level of cancellations in particular related to Covid related staff absence.

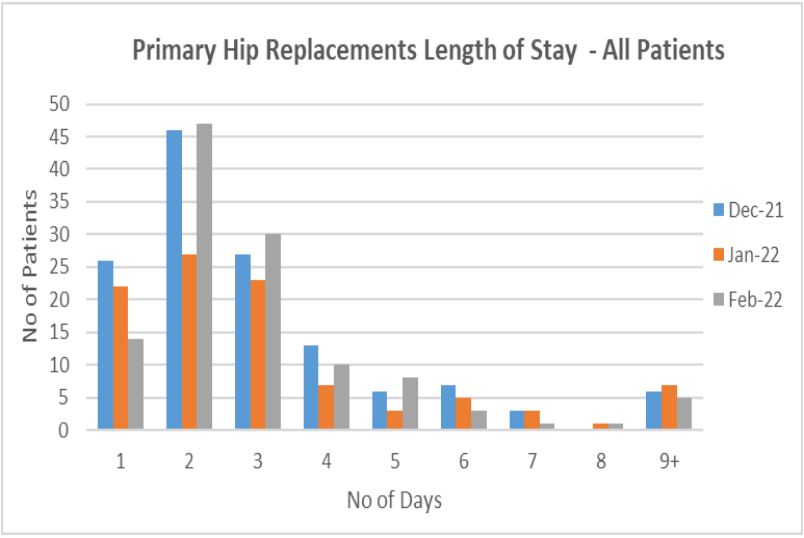
17. Length of Stay




ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Knee Replacements Length of Stay - All Patients
No of Patients
30
25
20
15
10
5
0
0
1
2
3
4
5
6
7
8
9+
No of Days
Dec-21
Jan-22
Feb-22


UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Hip Replacements Length of Stay - All Patients
No of Patients
50
45
40
35
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9+
No of Days
Dec-21
Jan-22
Feb-22

INFORMATION

The average length LOS for ROH patients from all specialities has increased in month to 3.76 (3.36 January).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is 3.52 (3.17 January)
The average length of stay for UHB patients at ROH is 2.68 (2.23 January). As a result of the provision of the system Rehab Ward, it resulted in more day case procedures were booked to compensate in the reduced inpatient capacity.

February length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

13 UHB arthroplasty patients with LOS greater than 3 days. 6 with a length of stay greater than 5 days and 3 with a stay greater than 7 days. (Excludes Rehab). This is a significant improvement.
64 ROH patients (arthroplasty and oncology arthroplasty) with a LOS greater than 3 days. 35 (arthroplasty and oncology arthroplasty) with a length of stay greater than 5 days (arthroplasty and oncology arthroplasty), 19 (arthroplasty and oncology arthroplasty) with a length of stay greater than 7 days.

In summary 9 ROH arthroplasty and oncology arthroplasty and 3 UHB arthroplasty patients had a length of stay greater than 7 days.

From day to day challenges and review of PICS data complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In January 143 patients were discharged via discharge lounge (February data not yet available) A roaming discharge service is being maintained to assist with progressing patients on wards.

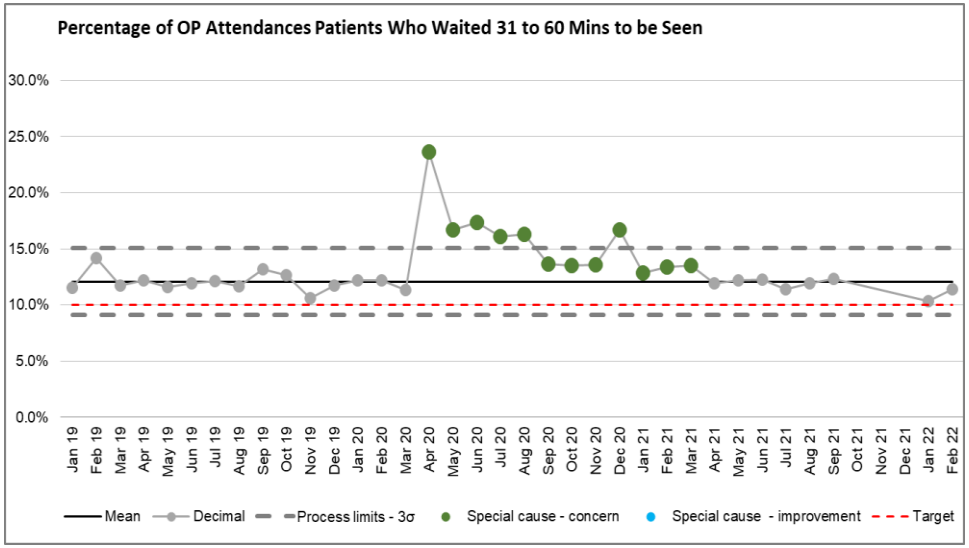
ACTIONS FOR IMPROVEMENTS / LEARNING

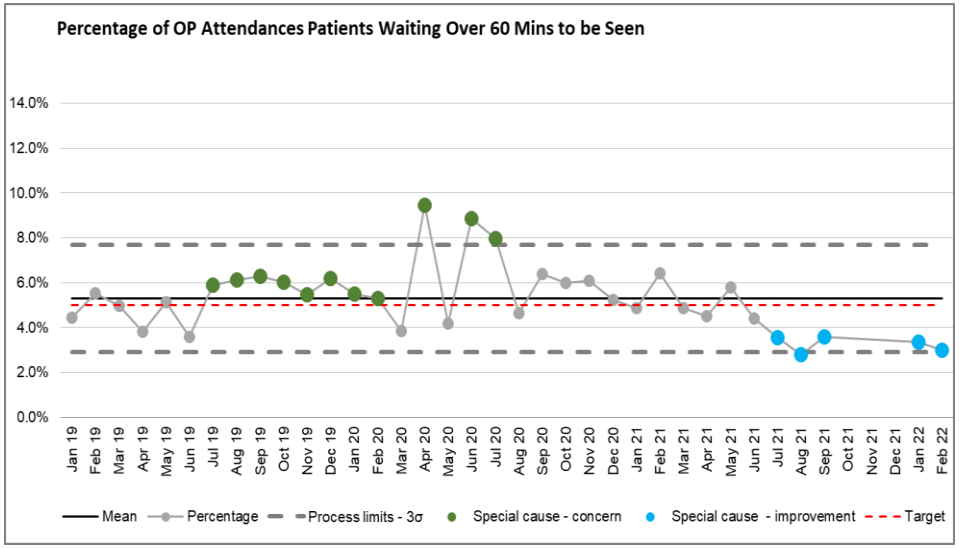
Repatriation of patients – difficulty continues in repatriation of some patients due to capacity issues at receiving Trust. Multi Agency Discharge Events with BSOL CCG lead has taken place and are providing support with escalation of delays. CEM books Sitrep being rolled out in March which will improve monitoring on LOS .

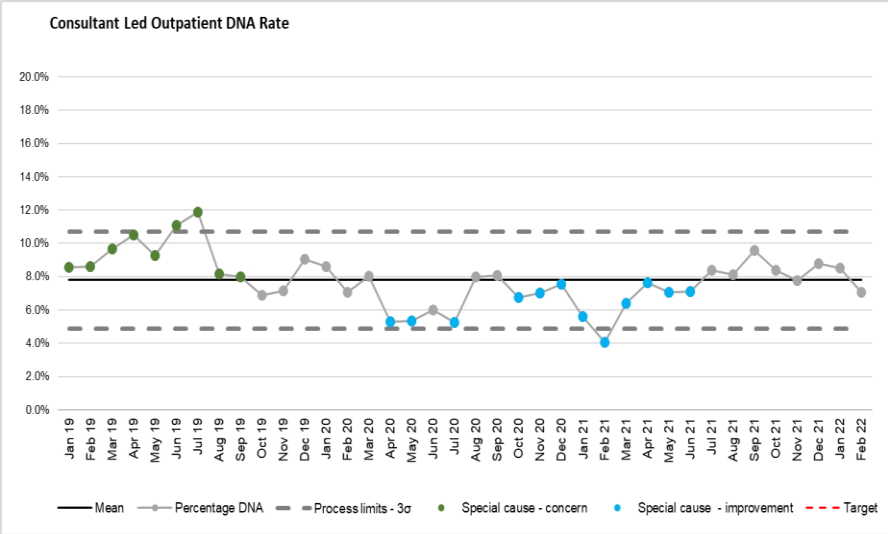
RISKS / ISSUES

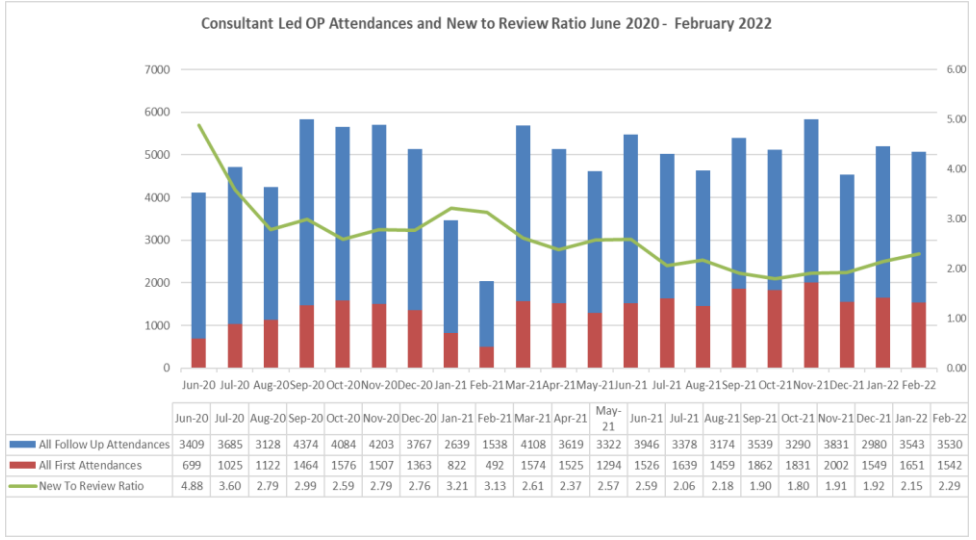
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

18. Outpatient efficiency

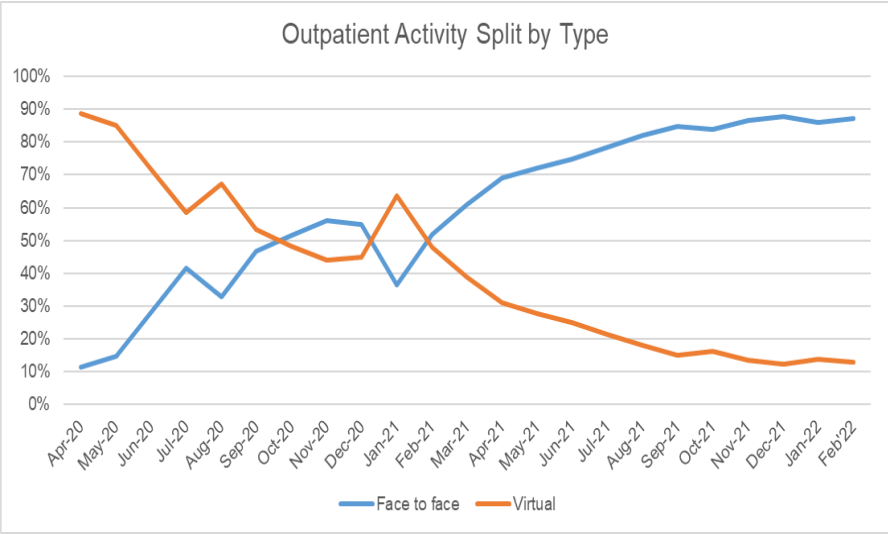


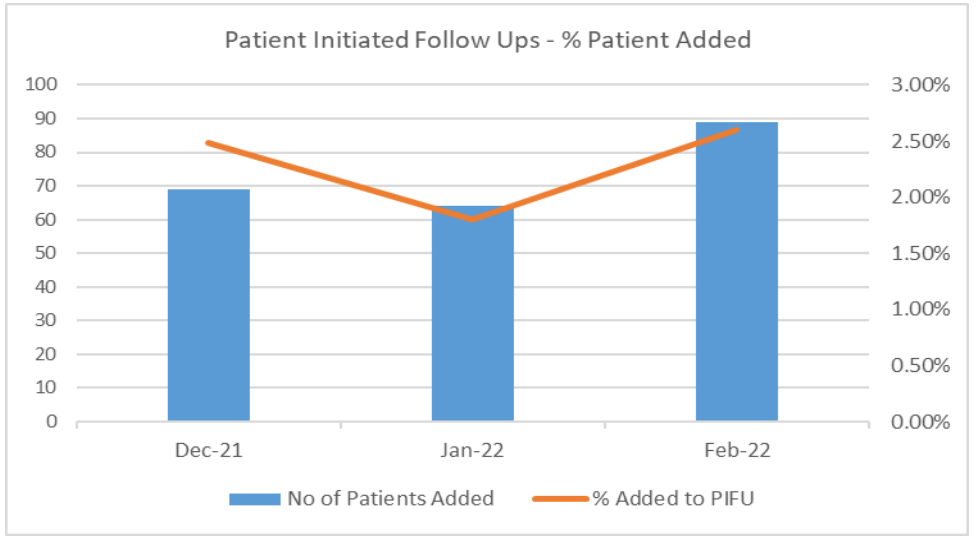






	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29





INFORMATION

There were 4,239 face to face and 672 virtual appointments carried out in February (14% virtual). This remains below the virtual appointments target of 25% and is attributed to patients needing to be seen face to face post COVID. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams. An outpatient transformation workshop is planned for the end of March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the elective recovery plans and ensure our patients are seen in the appropriate setting at the right time. PIFU Target for February achieved: plan 1.5% - actual: 2.59% - 89 patients out of 3430 (measured as a % of all outpatient activity)

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - 11.4% (Target 10%)
60 minute delays – 3.0% (Target 5%)

An analysis of 30 minute delays has shown a deteriorated position this is largely down to the Oncology clinics and the complexity of patients. We are currently carrying out further work with Consultant clinic templates to support the ongoing improvements with clinic delays. The 60 minute delays still continue to be improving and supported by the escalation process in outpatients. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients.

The DNA rate for February is 7.07% , below trust target and a decrease from 8.51% in January – the Trust target is 8%. Monthly analysis of the DNA's continues to drive the improvement going forward. We are currently undergoing improvements to the appointments service and are working with IT to support the implementation of a new call centre to offer an improved experience for our patients. The New call centre project group has been set up with a lead time of completion within 6 weeks.

Advice and Guidance (A and G) is already operational however the national ambition is to expand the uptake of advice and guidance in 2022/23 to achieve 15% of referral through advice and guidance. We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – we are currently at 100% response rate for February.

RISKS / ISSUES

Appointments Call centre upgrade is underway with completion due by the end of April at the latest.

19. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

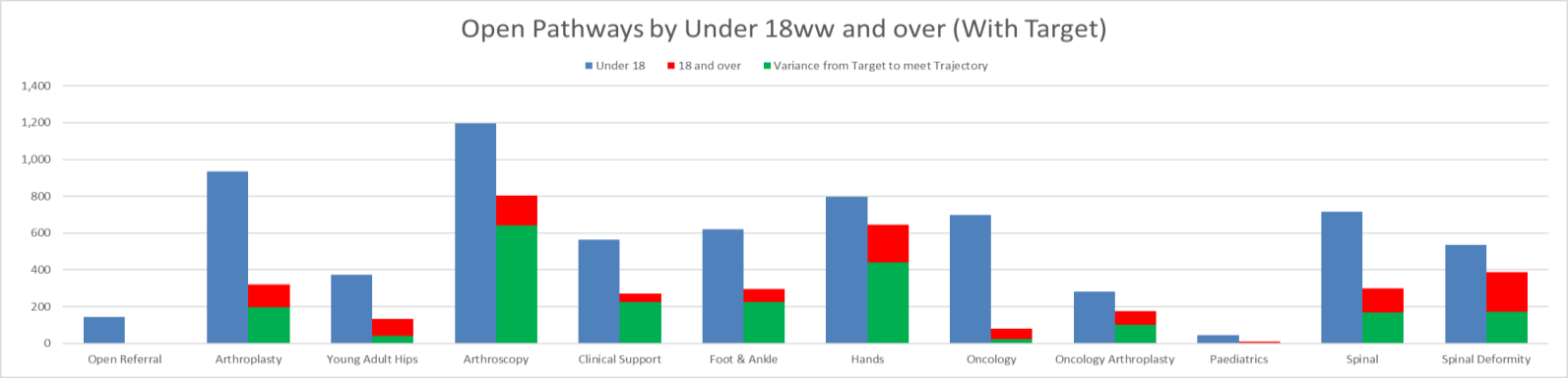
Est Over 18 Clock Stops Required		
To achieve	85.49%	2582
To achieve	83.14%	2320
To achieve	85.49%	2582

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,426**	136	560	193	508	248	330	337	343	114	32	335	290
7-13	**2,284**	9	248	125	460	214	191	292	231	116	9	249	140
14-17	**1,198**	0	128	57	227	103	98	167	124	52	5	132	105
18-26	**1,835**	0	216	85	358	198	175	327	51	88	5	156	176
27-39	**1,215**	0	99	38	325	63	101	228	23	75	2	92	169
40-47	**293**	1	4	8	101	8	19	66	6	9	1	32	38
48-51	**43**	0	0	2	16	1	0	14	0	0	0	9	1
52 weeks and over	**32**	1	0	0	4	0	1	11	0	2	0	9	4
Total	**10,326**	147	1,255	508	1,999	835	915	1,442	778	456	54	1,014	923

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,908**	145	936	375	1,195	565	619	796	698	282	46	716	535
18 and over	**3,418**	2	319	133	804	270	296	646	80	174	8	298	388
Current Month End RTT %	**66.90%**	**98.64%**	**74.58%**	**73.82%**	**59.78%**	**67.66%**	**67.65%**	**55.20%**	**89.72%**	**61.84%**	**85.19%**	**70.61%**	**57.96%**

28/02/2022 Trajectory RTT %	85.49%	100.00%	88.45%	80.61%	88.07%	92.52%	89.65%	79.56%	92.47%	79.67%	92.16%	84.59%	71.09%
Target for RTT Trajectory	1,173	0	122	90	162	46	71	204	57	72	4	130	218
Variance from Target to meet Trajectory	2245	2	197	43	642	224	225	442	23	102	4	168	170



Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

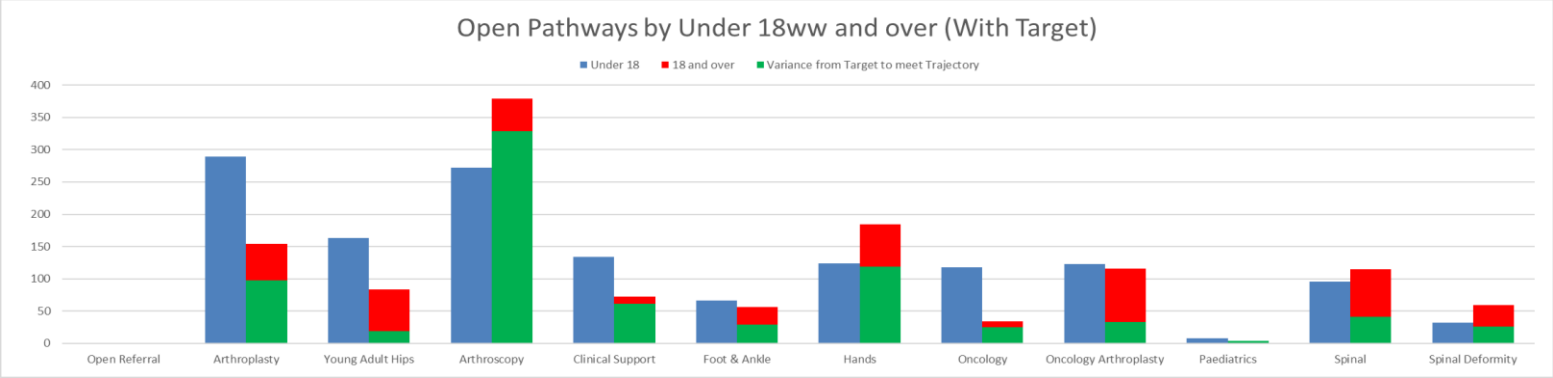
Est Over 18 Clock Stops Required		
To achieve	76.85%	951
To achieve	83.14%	1112
To achieve	85.49%	1166

Select Pathway Type: **Admitted**

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**643**	0	143	70	127	59	25	48	59	52	6	39	15
7-13	**476**	0	94	59	80	43	25	42	41	48	1	31	12
14-17	**306**	0	52	34	65	32	16	34	18	23	1	26	5
18-26	**608**	0	96	51	138	53	28	89	18	57	3	59	16
27-39	**473**	0	58	25	161	15	24	68	12	50	1	30	29
40-47	**134**	0	0	6	68	3	3	16	4	7	0	15	12
48-51	**22**	0	0	1	11	1	0	5	0	0	0	4	0
52 weeks and over	**19**	0	0	0	1	0	1	6	0	2	0	7	2
Total	**2,681**	0	443	246	651	206	122	308	152	239	12	211	91

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,425**	0	289	163	272	134	66	124	118	123	8	96	32
18 and over	**1,256**	0	154	83	379	72	56	184	34	116	4	115	59
Current Month End RTT %	**53.15%**	n/a	**65.24%**	**66.26%**	**41.78%**	**65.05%**	**54.10%**	**40.26%**	**77.63%**	**51.46%**	**66.67%**	**45.50%**	**35.16%**

28/02/2022 Trajectory RTT %	76.85%	100.00%	83.73%	71.93%	84.30%	92.50%	71.23%	65.68%	92.70%	59.83%	93.33%	56.64%	49.09%
Target for RTT Trajectory	429	0	56	64	51	11	27	65	9	83	1	73	33
Variance from Target to meet Trajectory	827	0	98	19	328	61	29	119	25	33	3	42	26



Referral to Treatment Snapshot as 28th February 22 (Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 28/02/2022

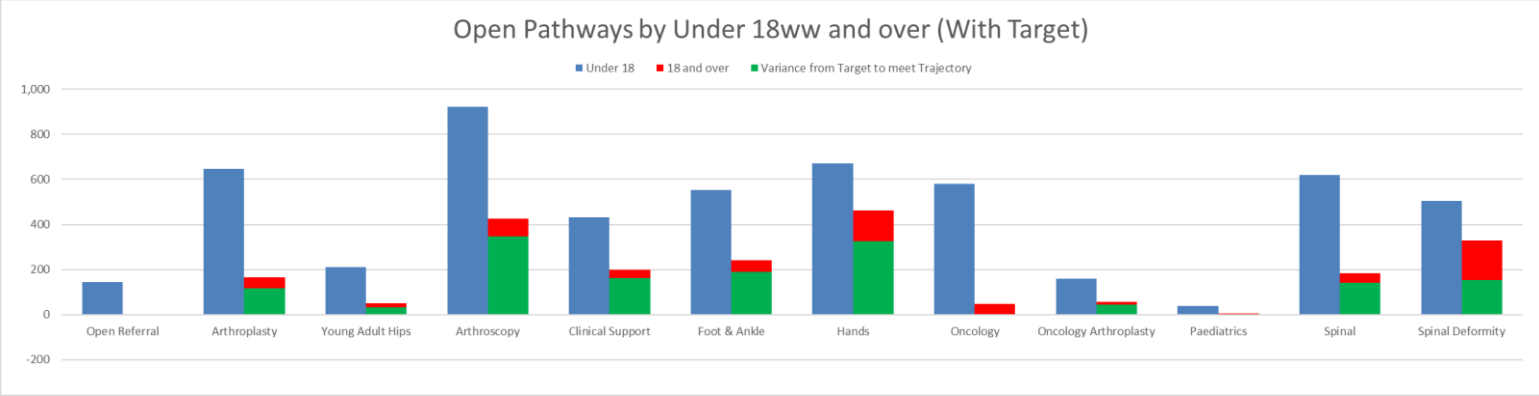
Est Over 18 Clock Stops Required		
To achieve	89.33%	1733
To achieve	83.14%	1208
To achieve	85.49%	1416

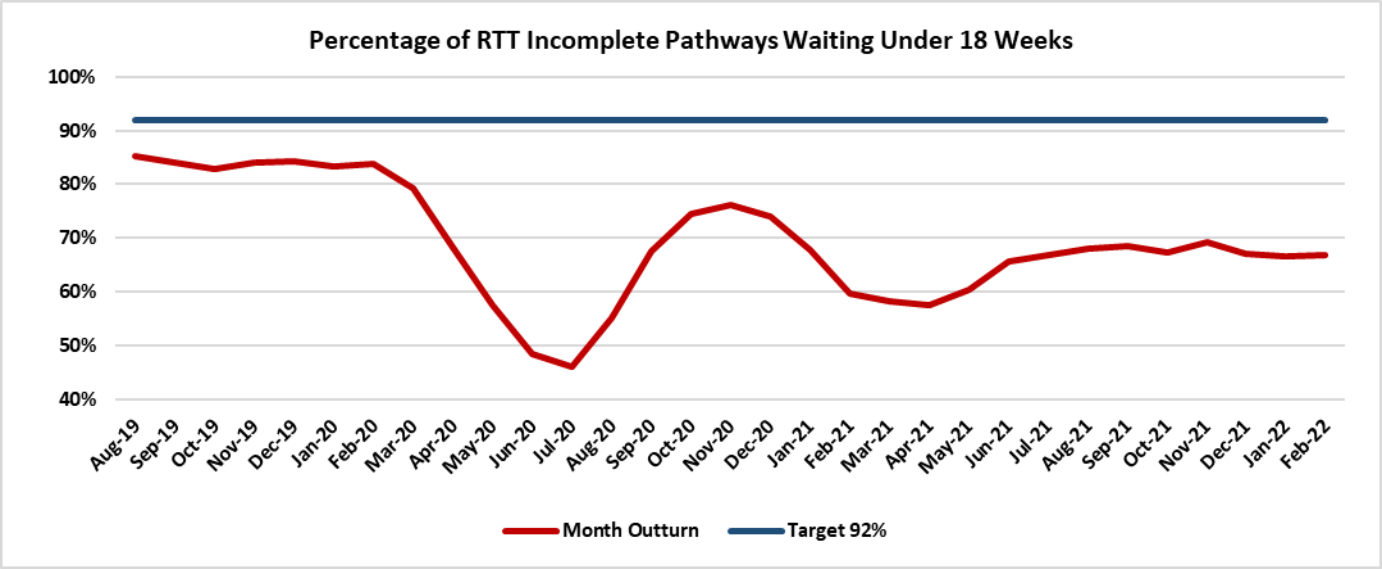
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,783**	136	417	123	381	189	305	289	284	62	26	296	275
7-13	**1,808**	9	154	66	380	171	166	250	190	68	8	218	128
14-17	**892**	0	76	23	162	71	82	133	106	29	4	106	100
18-26	**1,227**	0	120	34	220	145	147	238	33	31	2	97	160
27-39	**742**	0	41	13	164	48	77	160	11	25	1	62	140
40-47	**159**	1	4	2	33	5	16	50	2	2	1	17	26
48-51	**21**	0	0	1	5	0	0	9	0	0	0	5	1
52 weeks and over	**13**	1	0	0	3	0	0	5	0	0	0	2	2
Total	**7,645**	147	812	262	1,348	629	793	1,134	626	217	42	803	832

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,483**	145	647	212	923	431	553	672	580	159	38	620	503
18 and over	**2,162**	2	165	50	425	198	240	462	46	58	4	183	329
Current Month End RTT %	**71.72%**	98.64%	**79.68%**	**80.92%**	**68.47%**	**68.52%**	**69.74%**	**59.26%**	92.65%	**73.27%**	**90.48%**	**77.21%**	**60.46%**

28/02/2022 Trajectory RTT %	89.33%	100.00%	92.90%	92.72%	92.15%	92.53%	91.64%	83.21%	92.43%	92.20%	92.05%	93.49%	74.09%
Target for RTT Trajectory	655	0	49	17	79	35	50	136	48	13	3	43	176
Variance from Target to meet Trajectory	1507	2	116	33	346	163	190	326	-2	45	1	140	153





ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION

The Referral To Treatment (RTT) position for February is **66.90%** against the National Constitutional Target of 92%. This is an increase of 0.35% compared to January reporting at **66.55%.**

There are **32** patients over 52 weeks, a decrease from **70 in January.**

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **336** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2681 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,136** (79%) referrals received in February 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

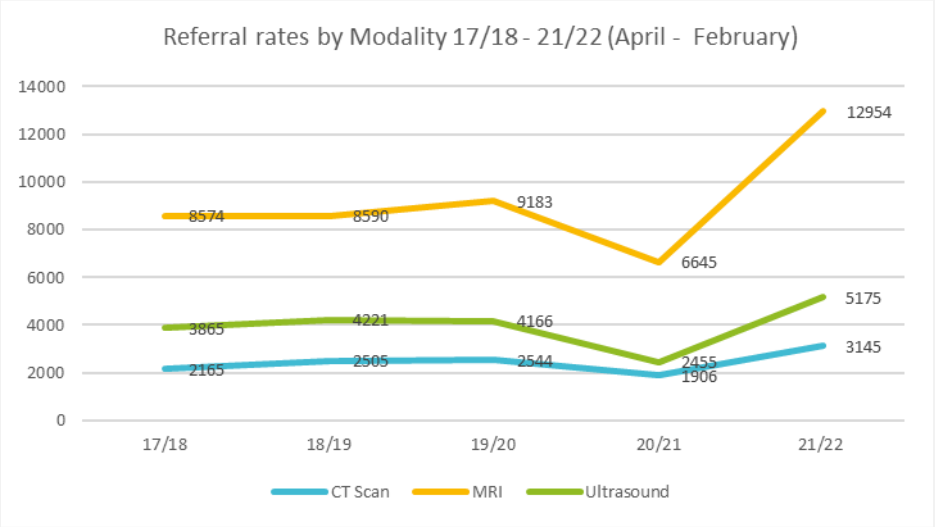
Weekly PTL meetings and Activity monitoring meetings are in place to monitor compliance against the RTT Trajectory and Activity plan and to ensure we are actively progressing patients through their pathways. A focus for April will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

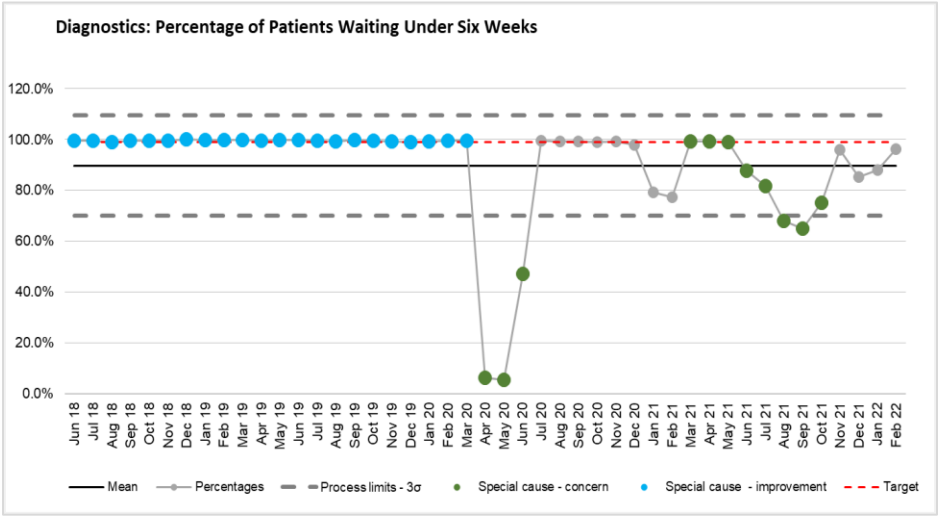
RISKS / ISSUES

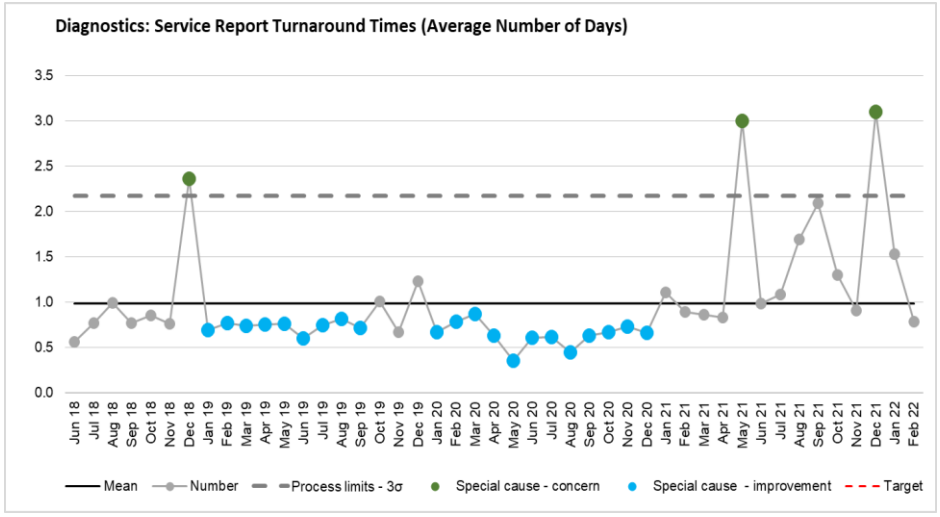
System support for 104 weeks may impact on the delivery of the RTT trajectory as well as the wider support for the PMBTS service at RJAH

Diagnostic Performance

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834







INFORMATION
Imaging did not meet the diagnostic target in February reporting 96.2%, however it was an increase on the previous months' performance. Referrals continue to remain high specifically for MRI when compared to January 19/20. Activity levels across the 3 modalities (CT,US,MRI) were also at the highest figure since December 2020. An contract for additional mobile MRI van capacity to support the clearance of the MRI backlog is being scoped following the capacity and demand modelling being completed to deliver a trajectory of recovery for this particular modality target. Reporting times in February remained on track
ACTIONS FOR IMPROVEMENTS / LEARNING
To continue to ensure all capacity is fully utilised and minimise DNAS . Implementation of the recently approved 7 day working for imaging services will further increase capacity
RISKS / ISSUES
The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

20. Cancer Performance

Standard	Target	Total patients	Accountable patients to ROH	Compliant	Non-compliant	Percentage
2WW	93%	61	61	60	1	98.40%
31 day first	96%	14	14	11	3	78.57%
31 day subsequent	94%	5	5	3	2	60%
62 day	85%	5	4	3	1	75.00%
Upgrade	No target	12	8.5	6.5	2	76.47%
28 FDS	75%	74	74	62	12	83.80%
Patients waiting over 104 days	0	2				N/A

Performance:

104 day standard:

PATIENT 1 – tertiary referral into ROH with diagnosis, complex diagnostic pathway requiring repeat biopsies. Once diagnosed required multiple surgeons from the ROH pelvic team and the RPS team from QE which delayed surgery due to availability and the number of other patients requiring complex surgery

PATIENT 2 – patient was scheduled for surgery at ROH before 62 day target however upon admission the patient was not fit for surgery due to complexity of co-morbidities and was subsequently requiring surgery at QE. Following further extensive clinical investigations the patients pathway converted to active monitoring rather than surgery

62 day standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

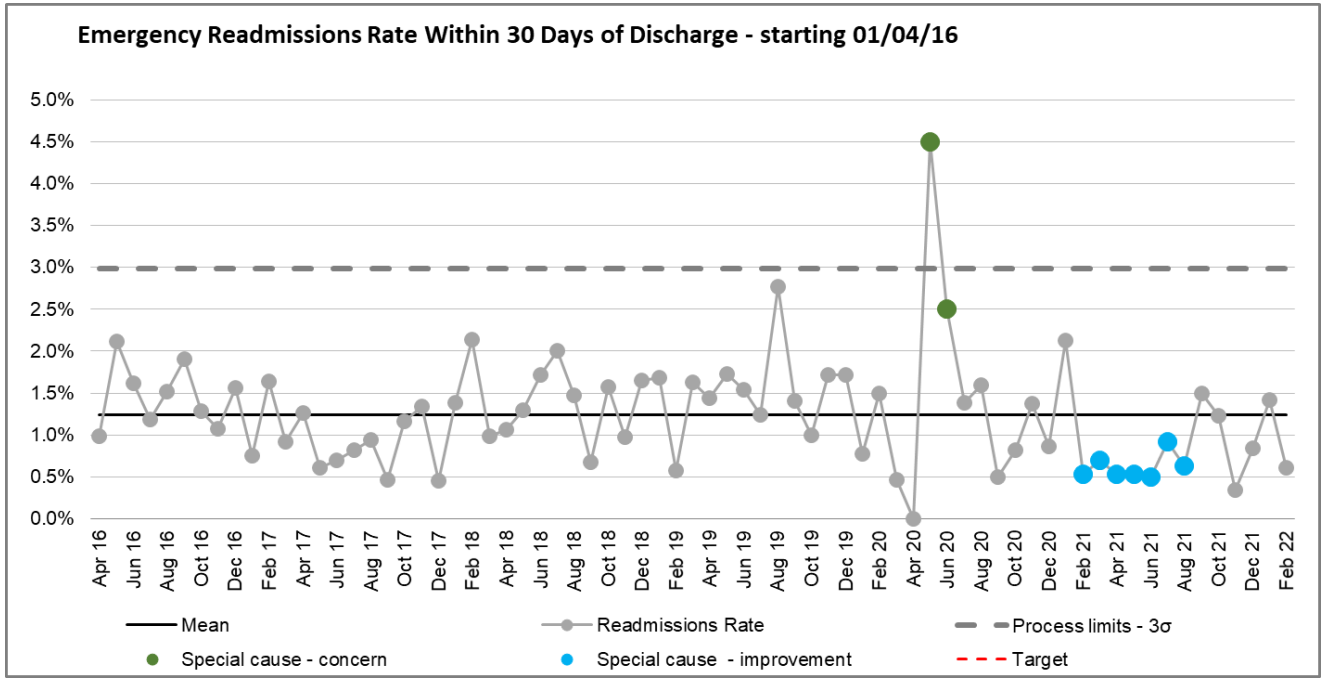
31 day first treatment standard:

PATIENT 1 – patient required several repeat biopsies and required pelvic surgery with joint consultants. Treated day 87 due to volume of oncology cases requiring pelvic surgery and multiple consultants

PATIENT 2 – patient tested positive for Covid, initial two surgery dates had to be rescheduled and subsequently patient breached 31 day target. Patient treated day

21. Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

Current Year YTD Apr 15 – February 22



	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
No of Readmissions	2	2	3	3	4	3	8	7	2	4	6	3
Denominator	287	373	567	602	544	478	530	567	589	469	423	494
% Readmissions	0.7%	0.5%	0.5%	0.5%	0.7%	0.6%	1.5%	1.2%	0.3%	0.9%	1.4%	0.6%

ROHTB (4/22) 013

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Dec 2021

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Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in November, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

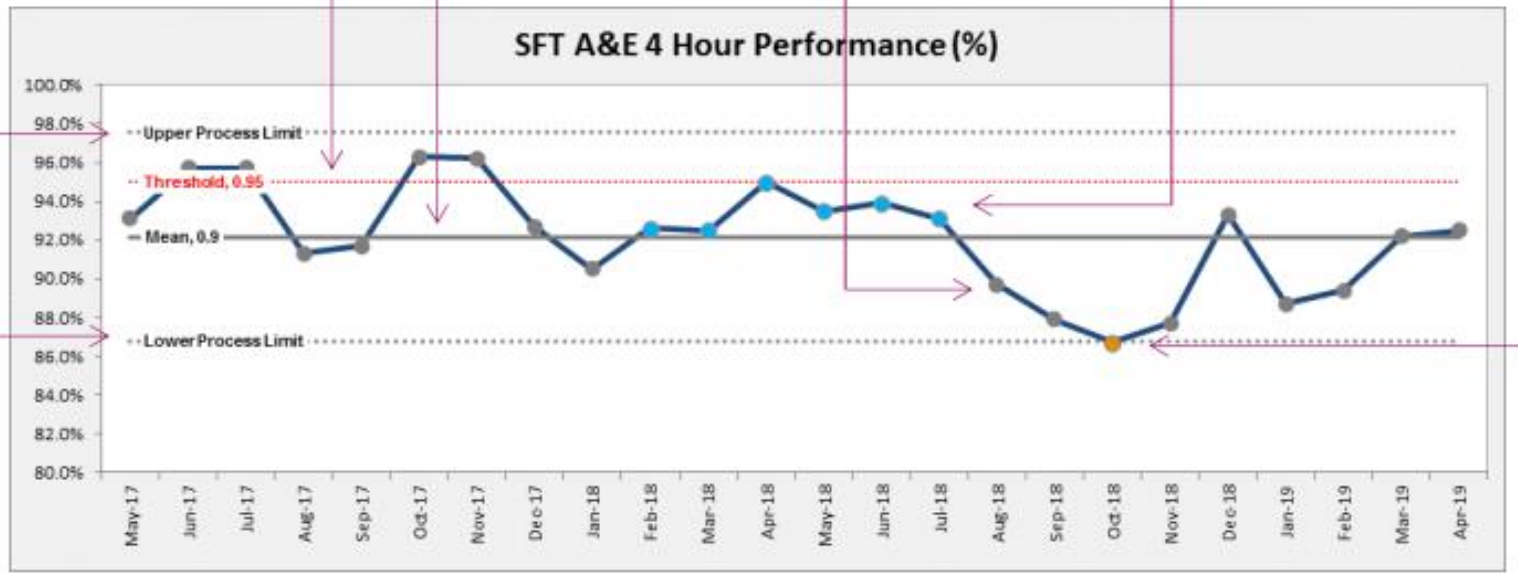
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

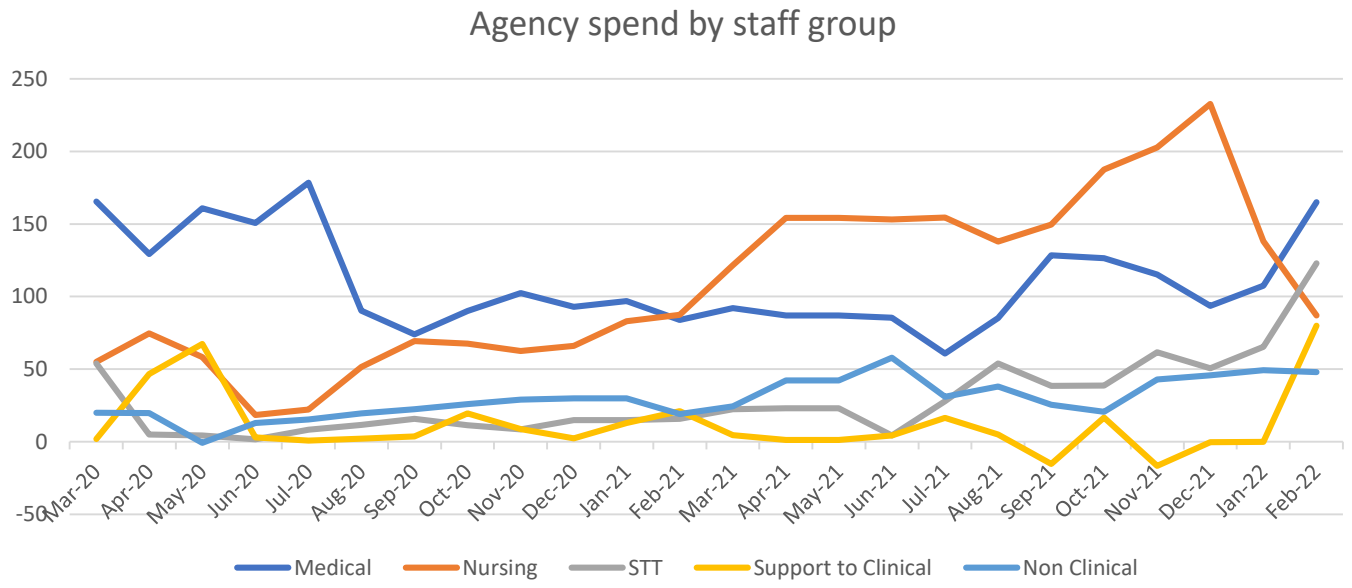
Workforce Monthly Snapshot Overview

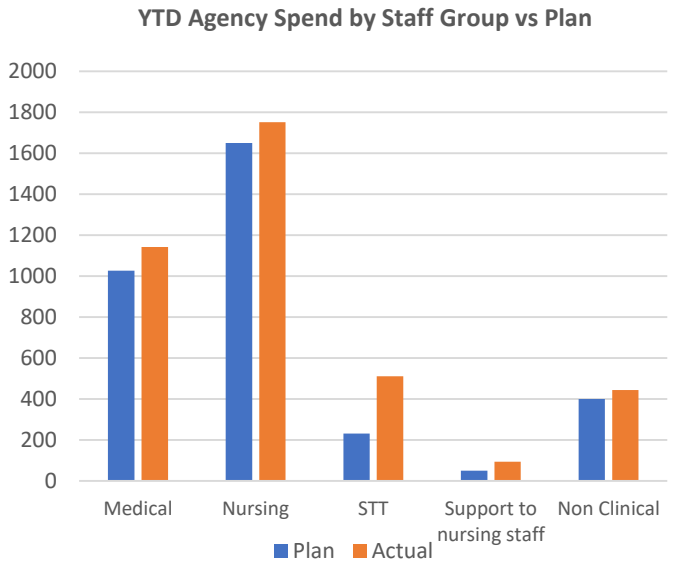
The Royal Orthopaedic Hospital NHS Foundation Trust

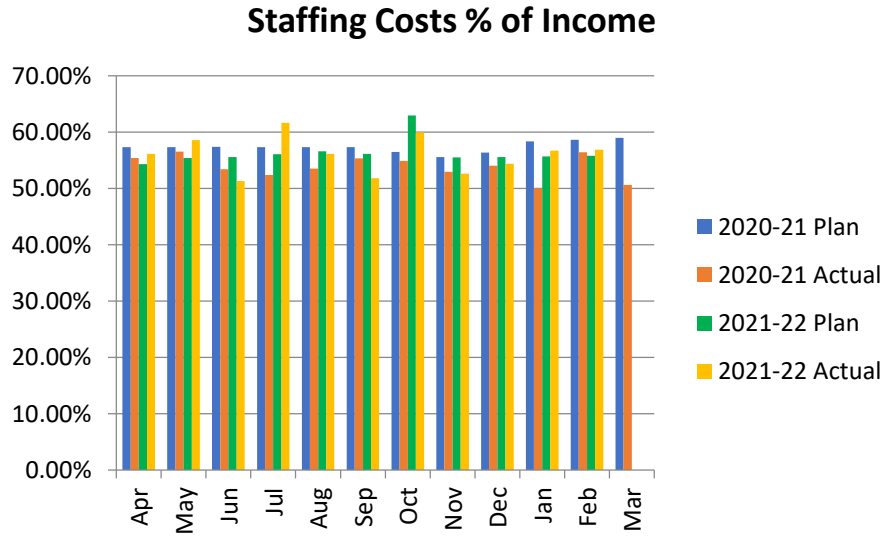
Trust Workforce Metrics	Jan-22	Feb-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1256	1244	-12	-	-
Staff In Post - Full Time Equivalent	1114.07	1103.98	-10.09	-	-
Staf Turnover % - Unadjusted	14.75%	15.34%	0.59%	⇧	<=11.5%
Staf Turnover % - Adjusted	12.62%	13.17%	0.55%	⇧	<=11.5%
Total WTE Employed as % of Establishment	87.00%	87.28%	0.27%	⇧	>=93%
Total WTE Employed as % of Establishment - Clinical	83.38%	83.33%	-0.06%	⇩	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	93.62%	94.51%	0.89%	⇧	>=96%
% Of Attendance	93.21%	94.74%	1.53%	⇧	>=96.3%
% Of 12 mth MAA Attendance	93.86%	94.74%	0.88%	⇩	>=96.3%
% Staff received mandatory training last 12 months	87.83%	85.89%	-1.94%	⇩	>=93%
% Staff received formal PDR/appraisal last 12 months	67.30%	62.30%	-4.99%	⇩	>=95%
% of Sickness - Trust wide Long-term	3.02%	2.61%	-0.41%	⇩	-
% of Sickness - Trust wide Short-term	3.76%	2.65%	-1.11%	⇩	-
Return To Work Completion %	39.39%	55.61%	16.22%	⇧	>=80%

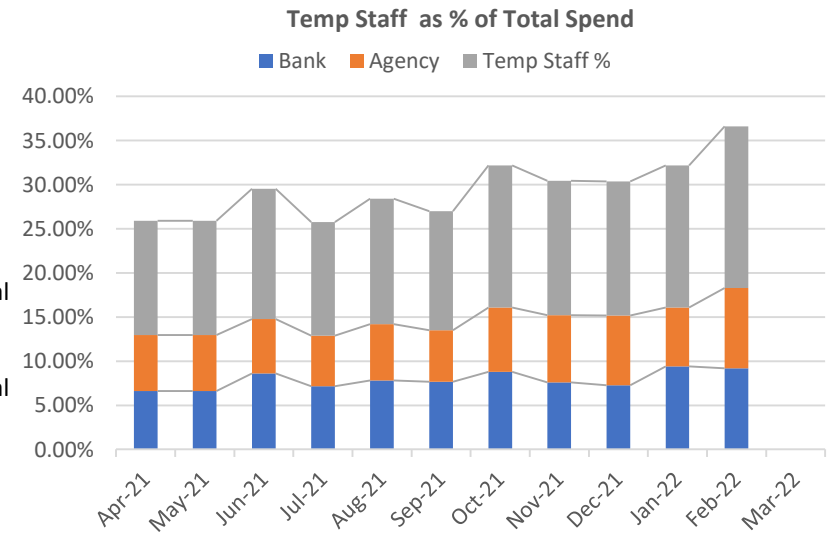
Workforce Composition & Cost

Feb-22		
Pay Cost Analysis		
	£'000's	Variance
Planned Income YTD	98131	
Actual Income YTD	102934	104.89%
Planned Pay Staffing Costs (YTD)	55276	
Actual Pay Staffing Costs (YTD)	57463	104%
Planned Substantive Pay Costs (YTD)	47491	
Actual Substantive Pay Costs (YTD)	48796	103%
Planned Bank Pay Costs (YTD)	3999	
Actual Bank Pay Costs (YTD)	4530	113%
Planned Agency Pay Costs (YTD)	3356	
Actual Pay Costs (YTD) Agency Staff	3938	117%
Planned Agency Pay Costs as % of total Pay costs (YTD)		6.07%
Actual Agency Pay Costs as % of total Pay costs (YTD)		6.85%









Workforce Establishment

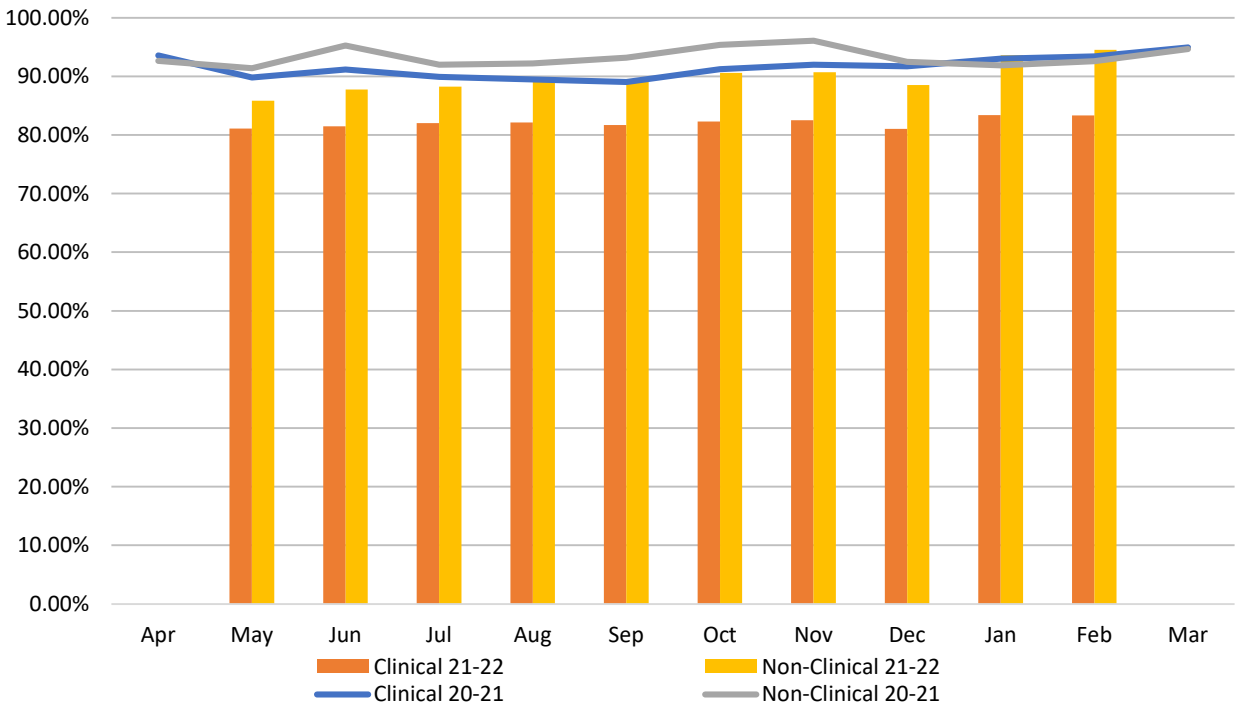
The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

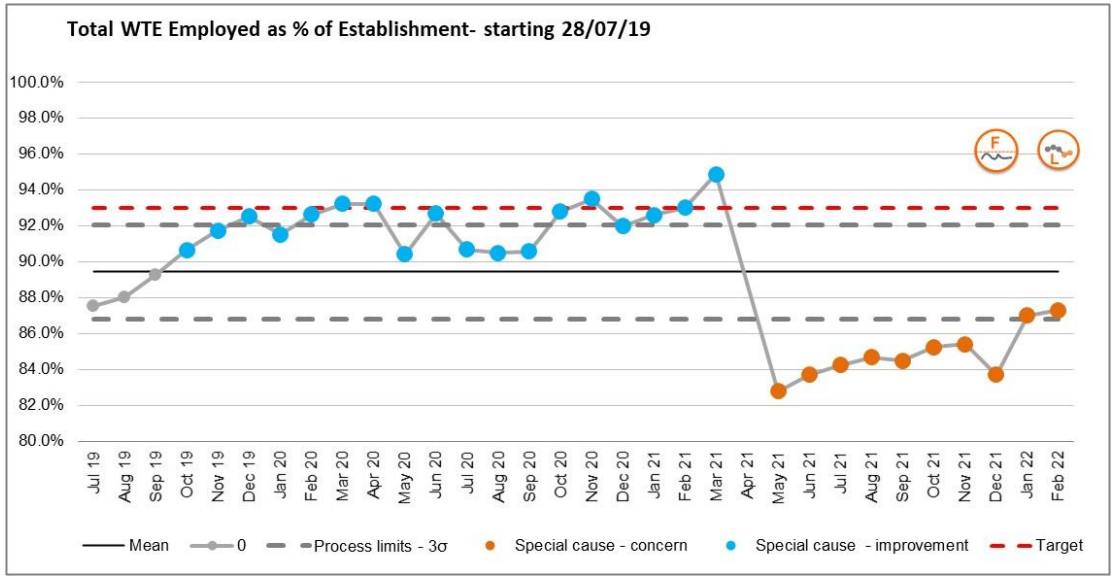
At the end of February, the number of staff on payroll stood at 1244 (WTE 1103.982) which is a decrease of **10.09 WTE** from January.

The Total WTE Employed as a % of the Establishment this month was **87.28%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

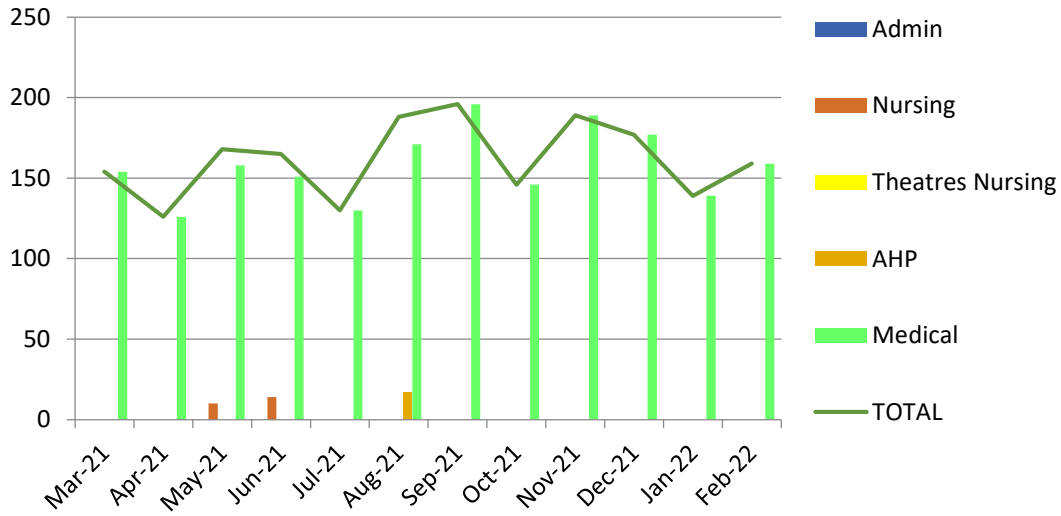
Staff in Post v Establishment Clinical / Non-Clinical



Total WTE Employee as a % of Establishment



Agency Breaches



Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **15.34%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **20.12%** in February 2022 and **20.09%** in January 2022. Division 1 turnover has remained over 11.5% this month at **13.45%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Allied Health Professionals staff group, closely followed by Additional Clinical Services which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 5 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

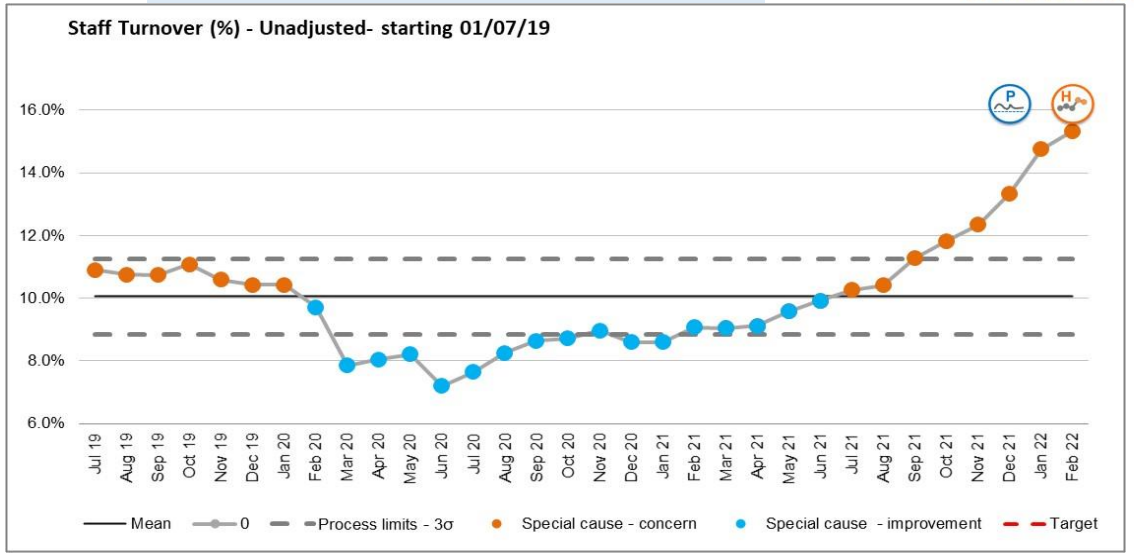
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	8.95%
Additional Clinical Services	19.74%
Administrative and Clerical	15.23%
Allied Health Professionals	21.36%
Estates and Ancillary	8.27%
Medical and Dental	5.03%
Nursing and Midwifery Registered	18.32%

*Data From Feb 22

	Top 3 Leaving Reasons (Jan22- Feb22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of training opportunities
2	End of Fixed Term Contract	Lack of feedback in relation to my PDR
3	Voluntary Resignation - Relocation	Lack of recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months. From the exit questionnaires, there is very limited returns on this 6 for Feb 22.

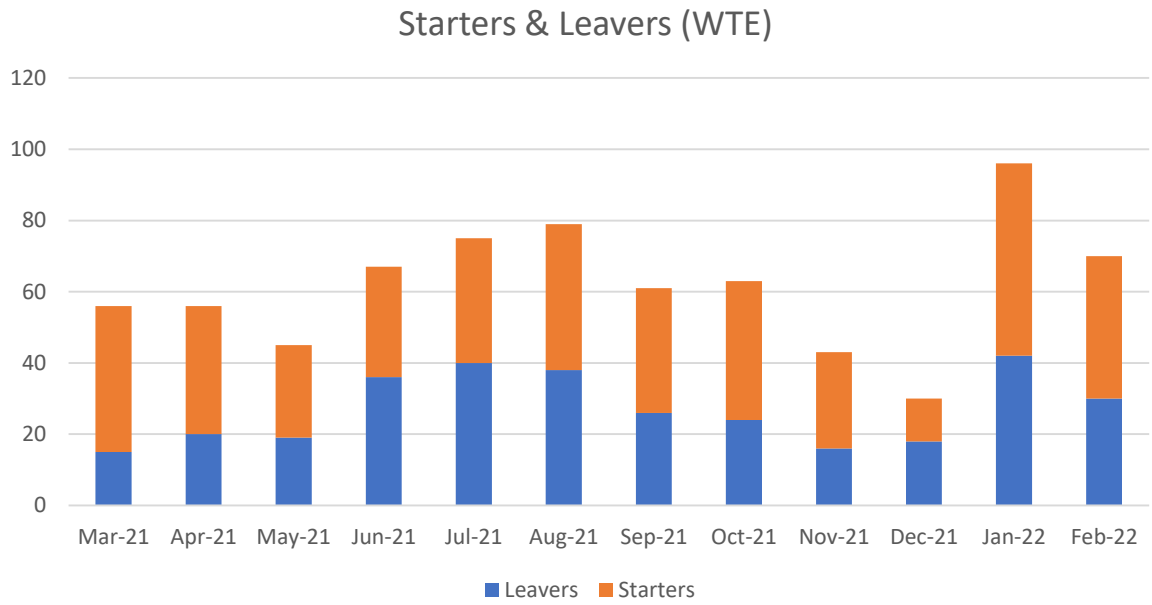
90.28% of leavers in Jan & Feb 22 were with the Trust for less than 5 years, this is an increase from Decembers report which was 75%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





***Data From Jan 21 – Feb 22**

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **94.74%** (sickness absence % = 5.26%) and Attendance for the rolling past 12 months was **94.74%.** This currently sit below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£2,023,859.51**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of February 2022, there were 26 staff on long term sickness, where 7 of the these staff members have been absent for longer than 6 months.

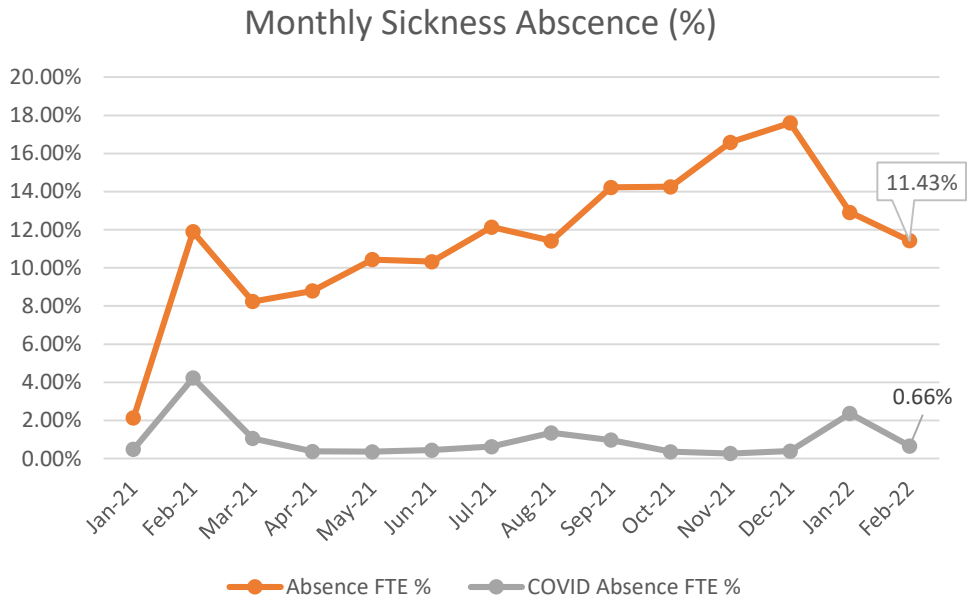
COVID Related Absence

This month COVID-related sickness made up **0.66%** of all sickness absence within the Trust. Compared to this time last year, the figures are lower than January.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £202,907.06. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews increased to **55.61%** in February, compared to **39.39%** in January. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	236	7402.01	£ 654,764.33
Cold, Cough, Flu - Influenza	422	2801.25	£ 262,978.77
Musculoskeletal problems	125	3130.29	£ 243,825.20
Gastrointestinal problems	403	1574.10	£ 142,374.31
Back Problems	98	1326.29	£ 110,660.42

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

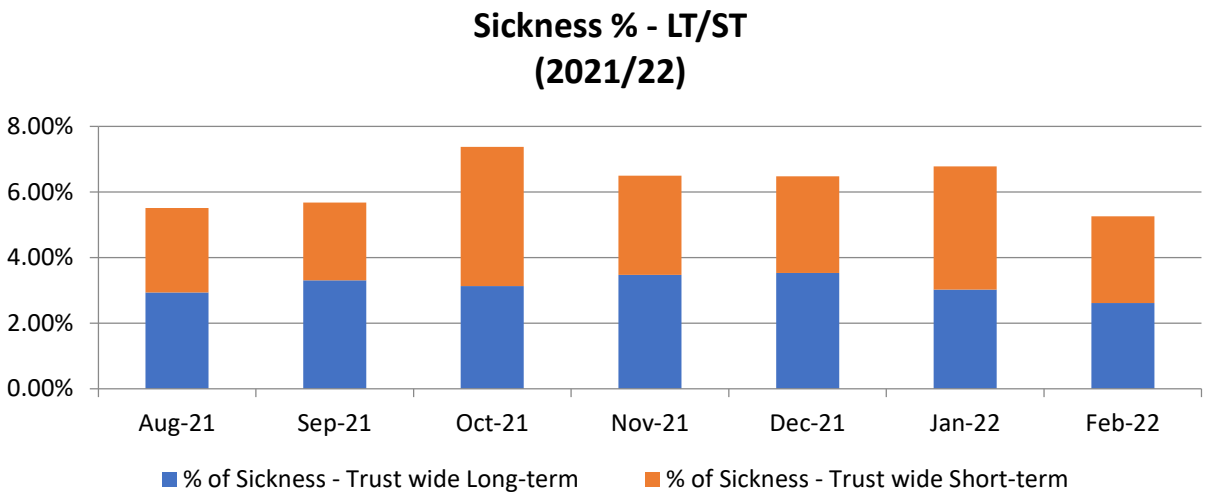
Actions

HR will continue to monitor sickness data, undertaking sickness deep dives in areas with high levels of sickness episodes and sickness reasons that cite one of the Trust's top 3 sickness reasons for sickness absence. HR will continue to liaise with the Trust Communications Team to ensure the Intranet is up to date in respect of wellbeing support services. HR will continue to report and escalate sickness episodes where return to work meetings have not been completed.

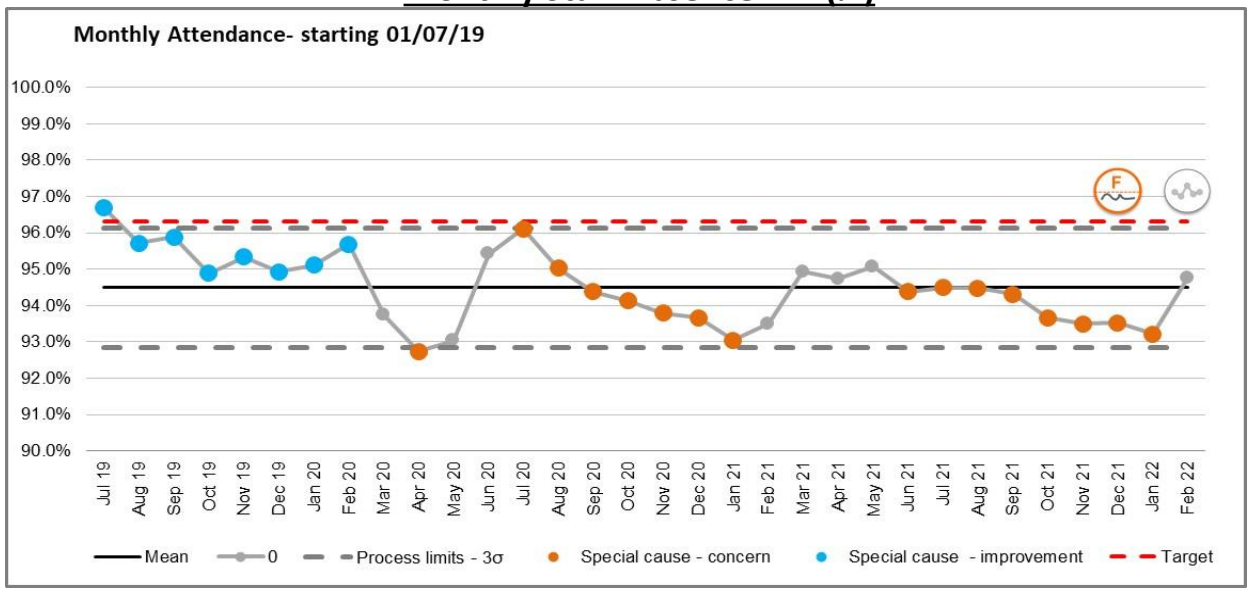
Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

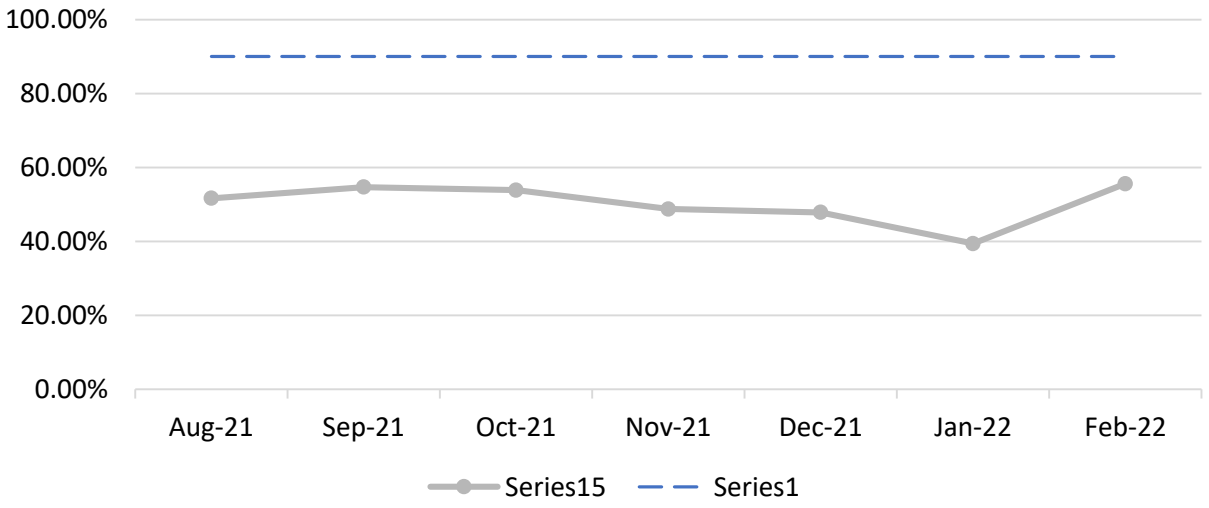
Long Term / Short Term Absence FTE (%)



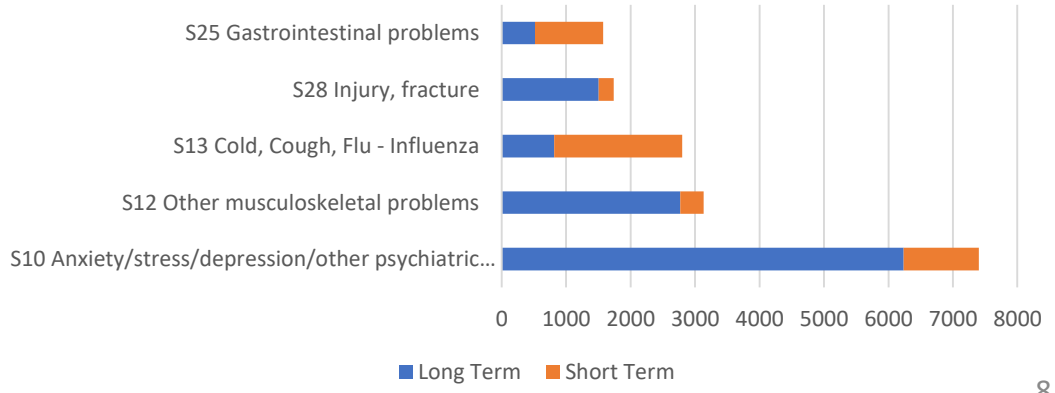
Monthly Staff Absence FTE (%)



Monthly Return To Work %



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Aug 21 – Feb 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

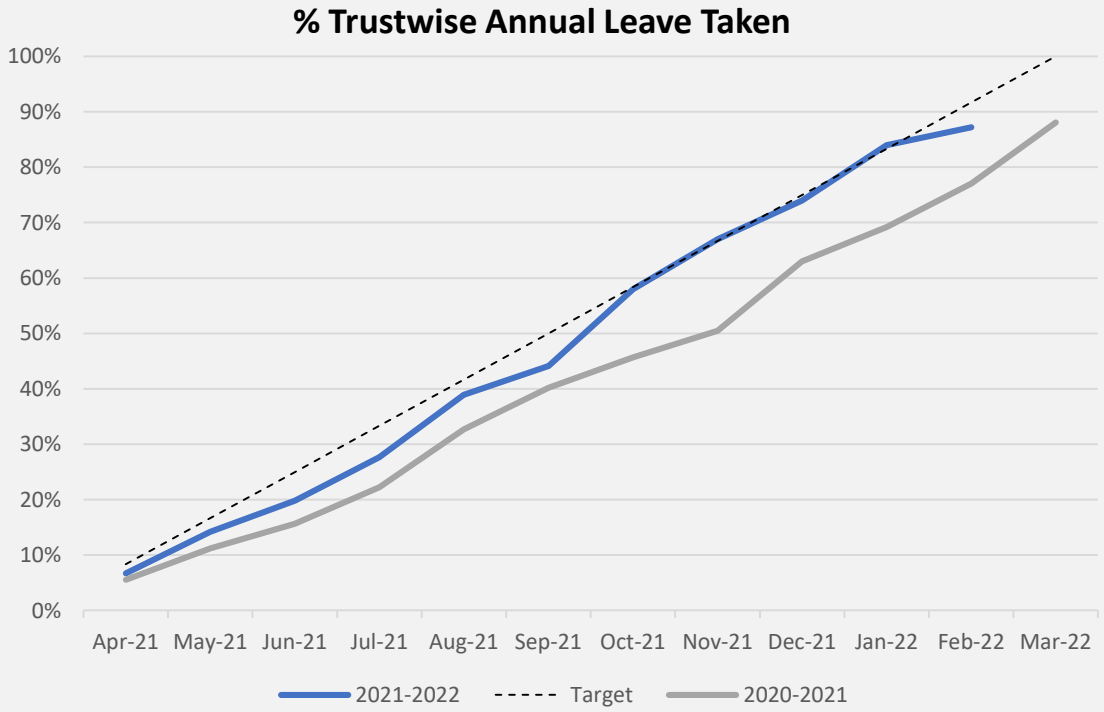
Summary and Actions

At the end of February 2022, there was no formal Capability or Disciplinary cases. All live cases have been closed.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the end of Q3 (Dec 21) for the financial year, AfC staff have taken **87.21%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 91% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st December 2021

Division	% Annual Leave Taken
303 Corporate Directorate	89.89%
303 Covid-19 Division	75.55%
303 Division 1 - Patient Services	86.22%
303 Division 2 - Patient Support	85.43%
303 Division 4 - Estates and Facilities	94.48%
Trust Total	**87.22%**

Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	78.67%
Additional Clinical Services	86.83%
Administrative and Clerical	91.78%
Allied Health Professionals	89.79%
Estates and Ancillary	92.82%
Nursing and Midwifery Registered	85.75%

Wellbeing Day

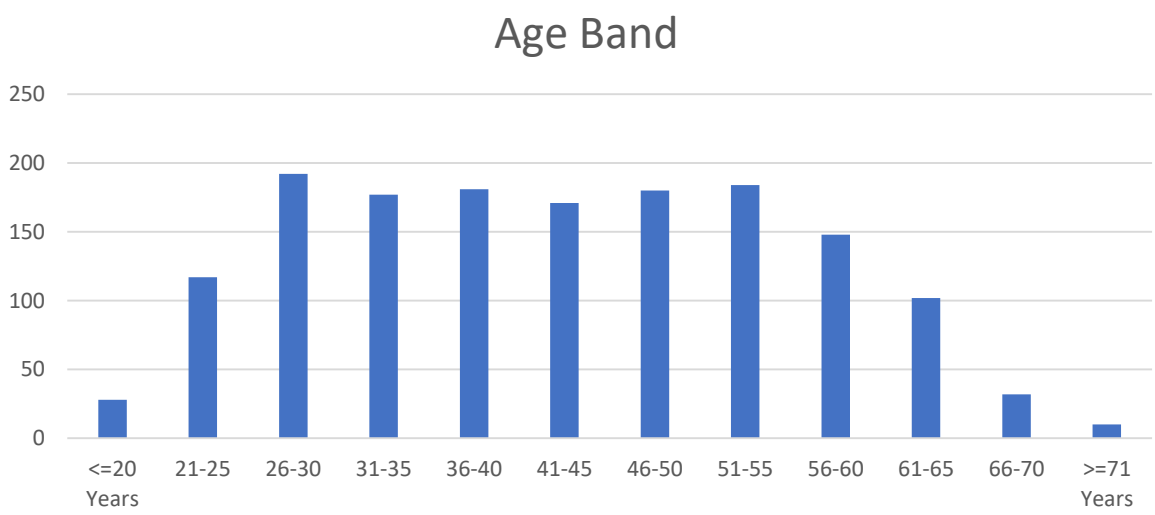
At the end of February, **43%** of eligible staff have taken their wellbeing day. There are a further 5**%** of staff so far who have this booked in the coming financial year. Staff are continually being encouraged to their wellbeing days in line with regular annual leave which has been agreed locally as some staff have been unable to take their day due to operational pressures.

Workforce Demographics

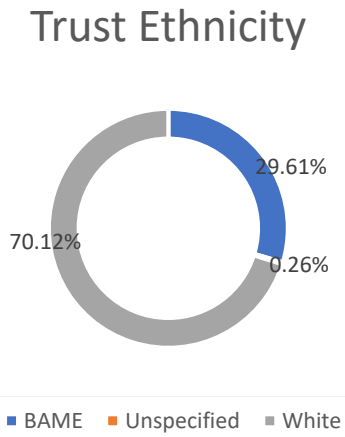
Summary

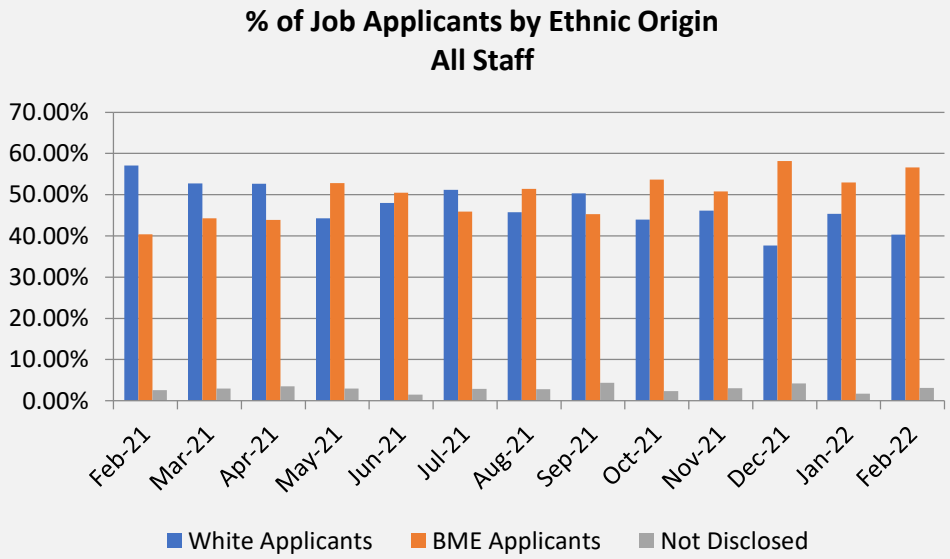
The Trust (including bank staff) is made up of 71.5% female and 28.5 % male staff

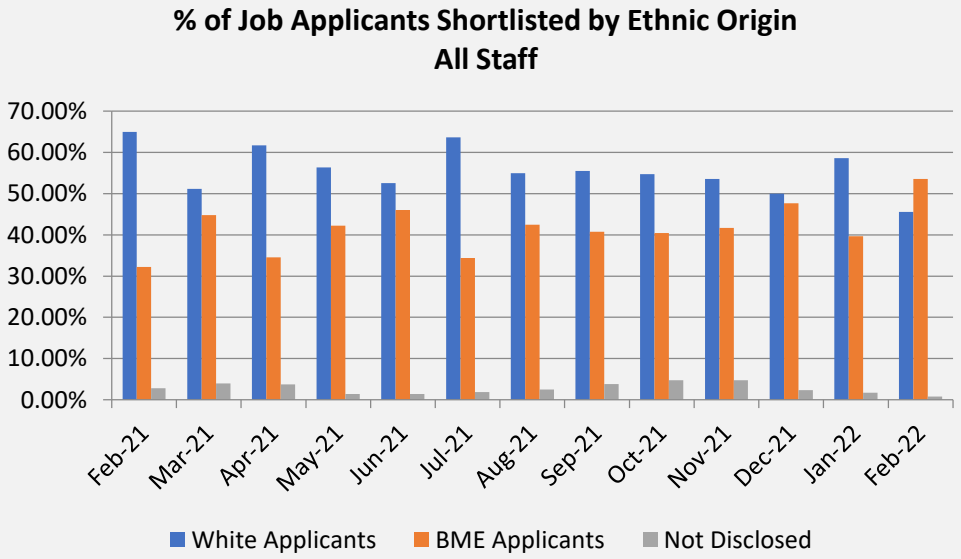
Our current status of staff with a disability is 4.66% with **14.5%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record



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2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

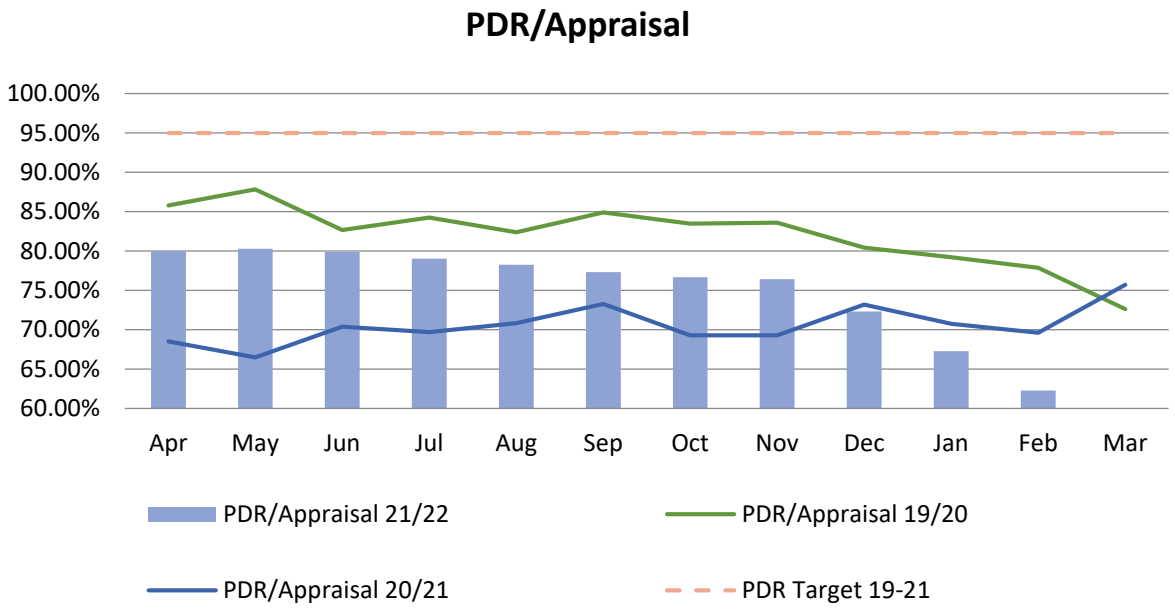
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

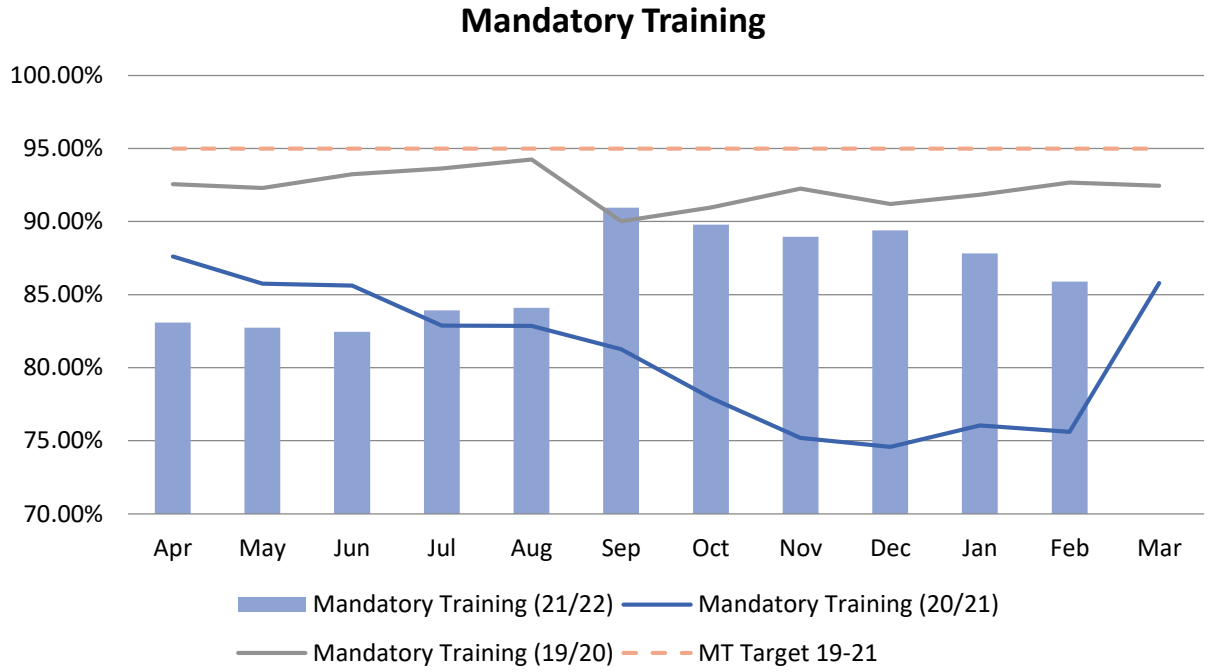
Over the last few months, the percentage of staff not disclosing their ethnic background has decreased to 0.26% of all applicants, which is positive.

Applications from BME staff made up 56% of all applications made in February

53.60% of shortlisted candidate were from a BME background, with 0.8% undisclosed

Training and Development





Appraisals

Appraisal completion decreased by 4.99% to **62.30%** in February and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

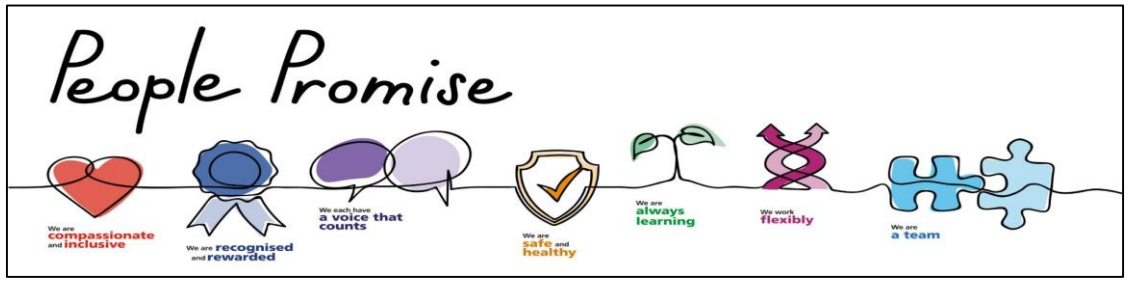
Mandatory training increased by 1.94**%** to **85.89%** in February, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

Workforce – Experience and Engagement

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))

The results for the restarted People Pulse survey 21/22 Q4 have been shared with colleagues across the Trust and will be integrated into the National Survey results. All future work and analysis of results will be aligned to the People Promise, all future work with the on the staff survey will be aligned to this framework. The next People Pulse 22/23 Q1 will start on April 4th. It will run for the month of April and will include all permanent staff and bank staff.



National Staff survey (NSS)

The national staff survey results are currently being reviewed and Communications will start when the embargo is lifted on March 30th

Inclusion Work

The actions from the CQC BAME Focus group have been confirmed with support form the Multi Minority Ethnic Group (MMEG) network and are integrated into the ROH Inclusion Plan.

The EPIC Programme has commenced in March 2022, with over 16 colleagues attending the course. The EPIC programme is enabling colleagues to be Inclusive Champions for colleagues, teams and patients across the ROH Trust.

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future. The workshops will start in June 2022 for mentors and mentees

Work is progressing for the first Me as Manager programme in April 2022. This is an awareness session designed for all manager to understand the lifecycle of their employees. The session will be run face to face with an action planning and support material to upskills managers in key areas

Our intern on the NHS 10000 Black Intern programme will be starting in the Trust in early June for six weeks. We have made contact with the individual Kiosha Sukie and will be organising meeting for colleagues to meet Kiosha in preparation for the internship starting. Kiosha will be supported by the OD and Inclusion Team and staff networks and a programme will be set up of areas that Kiosha will work in

disability confident LEADER

The Trust has successfully completed Disability Confident Level 3 Leader accreditation and will continue progress through feedback from the assessment and with the inclusive recruitment project work.

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through Wellbeing information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The next Health and Wellbeing days will take place in May 2022. Planning has started for this event to include support from colleagues around the Trust include staff networks and mental health support colleagues
- The funding for the BSol Wellbeing initiative of £27000 is still to be received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level.
- Financial wellbeing support is being offer to staff via comms messages and a staff focus group is taking place to learn what support staff need.

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Notice of Trust Board Meeting in Public on Wednesday 4 May 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 4 May 2022 commencing at **0900h** in the Rednal Room at the Westmead Hotel, Hopwood, Birmingham, B48 7AL.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Westmead Hotel, Hopwood, Birmingham, B48 7AL **Date** 4 May 2022: 0900h – 1300h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Mrs Alicia Stanton	Programme Manager, Strategy and Delivery	(AS)	[Item 7]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies – Sharon Malhi	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 6 April 2022: *for approval*	ROHTB (4/22) 023	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (4/22) 023 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (5/22) 001 ROHTB (5/22) 001 (a)	TP/JW
0925h	6	Mapping the patient pathway: terms of reference: *for assurance*	ROHTB (5/22) 002 ROHTB (5/22) 002 (a)	JW
0935h	7	JointCare update: *for assurance*	Presentation	MP/AS
1000h	8	COVID-19 outbreak update: *for assurance*	ROHTB (5/22) 003 ROHTB (5/22) 003 (a)	GM

MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1010h	9	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Audit Committee	ROHTB (5/22) 004 ROHTB (5/22) 005 ROHTB (5/22) 006 ROHTB (5/22) 007	
	10	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (5/22) 008 ROHTB (5/22) 019 ROHTB (5/22) 010	
BREAK				
CONFIDENTIAL SESSION				
1030h	11	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 1 June 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO APRIL 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓										
Kathryn Sallah	✓										
Richard Phillips	✓										
David Gourevitch	A										
Simone Jordan	✓										
Gianjeet Hunjan	✓										
Ayodele Ajose	✓										
Les Williams	✓										
Jo Williams	✓										
Matthew Revell	✓										
Garry Marsh	✓										
Phil Begg	A										
Marie Peplow	✓										
Stephen Washbourne	✓										
Sharon Malhi	✓										
Simon Grainger-Lloyd	✓										

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board (in Public) - DRAFT Version 0.2

Venue Symphony Hall, Birmingham **Date** 6 April 2022: 0900h – 1430h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Ms Laura Tilley-Hood	Wellbeing Officer	(LT-H)
Mrs Clare Mair	Head of OD & Inclusion	(CM)
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)
Mrs Sharon Malhi	Chief People Officer	(SMa)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	**Paper Reference**
1 Apologies	**Verbal**
Apologies were received from Prof David Gourevitch and Prof Phil Begg.	
2 Declarations of Interest	**Verbal**
It was noted that the register of interests was available on request from the Company Secretary.	
3 Minutes of Board Meeting held in Public on 2 March 2022: *for approval*	**ROHTB (3/22) 027**

The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
3.1 Actions from previous meetings in public: *for assurance*	**ROHTB (3/22) 027 (a)**
There were noted to be no matters requiring escalation.	
4 Questions from members of the public	**Verbal**
There were no questions from members of the public received.	
5 Chair's and Chief Executive's update: *for information and assurance*	**ROHTB (4/22) 001** **ROHTB (4/22) 001 (a)**
The Chief Executive thanked the team who had been involved in the process for the appointment of the Chief People Officer. Congratulations were extended to Sharon Malhi for her success in this appointment. The process for the Blue Heart awards was discussed and it was reported that 518 nominations had been received. In terms of shortlisting, a panel had been arranged and would meet shortly. It was agreed that the list of nominations would be circulated to Non Executive Directors. It was reported that the Ockenden report findings would be reviewed through Quality & Safety Committee to understand where there were any implications for the ROH. Kathryn Sallah suggested that there was much in the report around culture but the accountability for the failure was not clear. She underlined the need for the governance in the Trust to be robust enough to pick up learning from failures such as this. The drivers for the failure needed to be understood and learned. It was suggested that the penetration of the learning into speciality levels and the robustness of the speak up arrangements needed to be reviewed. The Chair suggested that a report back to the Board was needed. The Chief Executive advised that human factors training would be delivered through Birmingham City University (BCU). The Chief Executive advised that Transgender day had been celebrated and she had been asked to join an alliance to support this agenda. Some work would also be undertaken in the Trust. The national staff survey had been released, however it was noted that the country was in purdah (pre-election period) and therefore comparisons between the results of the ROH and others were not permitted at this time. It was reported that the Trust had supported University Hospitals Birmingham NHSFT (UHB) with an Osseointegrated implant service. The team had treated some military veterans and the work had been praised by the consultants from UHB for this work and support.	

Thank you was extended from the Chief Executive to Stakeholder Governor, Hannah Abbott to for the visit to BCU School of Life Sciences. There was work planned with BCU around the development and training of physiotherapists and Operating Department Practitioners in the future. The Chair advised that the new leaders of the Shrewsbury and Telford maternity hospital were present at a meeting with Sir Jim Mackey, elective recovery lead at NHS Improvement. A key message from this meeting was how treating staff well translated into how staff treated patients. There had been a meeting with Ed Smith, Chair of Birmingham Health Partners and the ROH had been invited to join the partnership as a permanent member. The University of Birmingham (UoB) was also a member which created some opportunities for collaboration and there was more work possible with other educational establishments through this arrangement. There was reported to have been some good discussions with the Integrated Care System and the Chair and Chief Executive of UHB which clarified the role of the ROH in the system.	
ACTION: **JW to circulate the list of Blue Heart nominations to the Non Executive Directors** **ACTION:** **GM to present a summary report of the findings from the Ockenden report and the implications for the ROH at a future meeting**	
6 Discussion: Staff wellbeing update: *for information and assurance* • **The ROH as the Wellbeing Hospital** • **Supporting staff through the cost of living crisis**	**Presentation**
The Board was joined by Clare Mair, Head of OD & Inclusion and Laura Tilley-Hood, Wellbeing Officer. The Chief Executive thanked the team for joining the Board and highlighted that the establishment of the ROH as the Wellbeing Hospital remained a key ambition of hers. The key work undertaken to date towards this aspiration was outlined for the Board. It was noted that there was a significant number of staff on Agenda for Change Band 2 (£16-18k) therefore it was likely that the current cost of living crisis may be impacting heavily on a large proportion of the Trust's staff. Les Williams asked for details of the 'Too Good to Go' initiative. He was advised that this was an 'app' linked to restaurants and supermarkets which made available excess food that would otherwise be destroyed. There was a plan to enquire to establish if the ROH could sign up to this. The Chair suggested that there needed to be a link with Sainsburys in Northfield in this respect. Richard	

Phillips noted that a promotion on healthy food linked to pay dates had been a national initiative. It was reported that the 'Knit and Natter' initiative would restart and link in with Northfield Community Partnership. It was suggested that a weekday special could be offered at Café Royale. The food was agreed by staff and patients to be good and the chefs would be approached to help with the initiative. The Director of Finance suggested that the offering of a pasta-based dish which would be nutritious but economical would be worth considering. The outcome of the Cost of Living focus group was outlined. The focus group would be insightful and provide more than just a focus on cost of living. Ayodele Ajose was thanked for her work as the Wellbeing Guardian. She noted that the positive comments received on the initiatives were very positive. She suggested however that financial advice needed to be made more widely available to staff. The Chief Executive advised that the Trade Union Side (TUS) could help support the work and the Communications team had a key role. The Wellbeing champions also had a role in delivering the key messages. Ayodele Ajose suggested that the Board should role model some of the wellbeing initiatives, a position which was agreed by other Board members. Simone Jordan suggested that an organisation-specific 'app' could be used and that one of the university partners could map the postcodes to understand the supply of the workforce. The Chief People Officer noted that there was an opportunity to use some of the technology which was currently used to communicate with patients but emphasised that this needed to be confidential. It was suggested that the approach to wellbeing needed to be linked to workforce planning to ensure that the structure offered career development and aided retention. Kathryn Sallah suggested that there should be a focus on health information linked to ethnicity assessment. The Chief Operating Officer noted that there was some good work at Milton Keynes Hospital and they had created a shop as a supermarket for staff in the organisation. She suggested that subsided food and 'grab bags' in the organisation would be welcome. It was noted that the exercise and taster sessions in wellbeing week had been well received. There was also work with health prevention and promotion. The Deputy Director of Strategy noted that there was work with the Birmingham Voluntary Services Council and to link this work to post codes. It was suggested that some pieces to camera and would be good to promote the ROH as a centre	

for staff wellbeing. Ayodele Ajose suggested that debt management support was needed. She was advised that the Trust was already working with an organisation around this which offered competitive rates for those wishing to take a personal loan. Co-operative banking would also be investigated. The Chief Nurse suggested that child care needed to be built into the plans and there was a need to think through flexible working. He suggested that car parking was a key consideration, as was petrol costs for community nursing teams. This was reported to be being reviewed nationally with the current approach being at local discretion. Kathryn Sallah suggested that the use of Charitable Funds may be useful. The Chief Executive noted that there was a responsibility on the Trust for the education of staff and patients. There was a good culture of staff asking for help when needed however. A clothing swap shop was already in place and this initiative would be extended. It was noted that the Trust had frozen car parking when partners had not and also offered a wellbeing day. It was suggested that fuel cards could be used for community staff. It was noted that as much progress was needed as speedily possible. Some decisions needed Board support however, such as such as car parking charges given that they had significant financial impact on the Trust. A further update on progress with the work was agreed to be need for a future meeting.	
ACTION: **SGL to schedule in a further discussion around the cost of living crisis and staff wellbeing into a future meeting**	
7 COVID-19 infection prevention and control update: *for assurance*	
7.1 Outbreak summary: *for assurance*	**ROHTB (4/22) 002** **ROHTB (4/22) 002 (a)**
The Chief Nurse reported that the Ward 2 outbreak was open but would close shortly. There have been no new outbreaks since January 2022.	
7.2 NHS England IPC Board Assurance Framework: *for assurance*	**ROHTB (4/22) 003** **ROHTB (4/22) 003 (a)**
It was reported that another version of the NHS England IPC Board Assurance Framework would be issued shortly. In terms of key risks, it was noted that there had been a slight increase in compliance with use of FFP3 masks. The ventilation element had also improved as a ventilation group was now established. There was one area without ventilation,	

Ward 10 and a risk assessment would be undertaken. New guidance on social distancing was expected.	
7.3 Patient visiting arrangements: *for assurance*	**Verbal**
The Chief Nurse advised that national guidance suggested that visiting should have been widened, however the ROH there remained restricted visiting to a set of vulnerable patients until such time as guidance around mask wearing was issued. It was noted that visiting arrangements had not been changed at University Hospitals Birmingham NHSFT (UHB) due to the high community prevalence.	
8 Learning from Deaths and Mortality report: *for assurance*	**ROHTB (4/22) 005** **ROHTB (4/22) 005 (a)**
The Medical Director advised that the Learning from Deaths and Mortality report had been reviewed by Quality & Safety Committee previously. Kathryn Sallah noted that this information would be useful to consider as part of the Ockenden review. Deaths through the lens of deprivation had reviewed and there was noted to be a linkage. It was suggested that this needed to be captured within the inequalities work and shared with the West Midlands Combined Authority. The Chief Executive noted that there had been some good work through the Business Intelligence team around access on an inequalities point of view. The Medical Director was asked how staff morale was after the high mortality rates seen during the height of the COVID-19 pandemic. He advised that there had been some good learning around this and staff had acted professionally and with compassion through the period. Simone Jordan commented that the report was excellent.	
9 Medical Director's annual report: *for assurance*	**ROHTB (4/22) 006** **ROHTB (4/22) 006 (a)**
The Medical Director presented a Trustwide report through the lens of his role. Much of the work outlined in the paper was noted to have been seen by the Board before in other reports and fora. There was noted to have been some good multidisciplinary working over the last year in particular. In terms of appraisals and revalidation, the impact on other colleagues in the Trust needed to be understood. The Workforce team was supportive of the process and offered pastoral support. There was a focus on clinical leadership and driving the Clinical Service Leads (CSLs) to work as leaders was underway. This would need maturing.	

Kathryn Sallah noted that the Medical Director had ensured that his reports demonstrated outcomes and thanked him for this. In terms of the patient harm in association with the case referred to the General Medical Council there had been none identified.	
10 Board Assurance Framework: *for assurance*	**ROHTB (4/22) 007** **ROHTB (4/22) 007 (a)**
The Director of Corporate Affairs & Company Secretary presented the updated Board Assurance Framework which he noted had been refreshed. The Board was advised that Internal Audit had completed their annual review of risk management which had provided significant assurance but had suggested some changes to the format of the Board Assurance Framework so this would be worked through over the summer. In terms of risk WF24, it was reported that the risk score had reduced as there had been a reduction in overall sickness absence. Regarding the risk around Operation Sawmill, it was noted that there was a potential vulnerability to cybercrime, however patching was nearly completed. The Chief Operating Officer advised that regarding risk 770 the annual theatre maintenance programme had started and therefore the consequence of the risk would be reduced. The changes proposed were approved.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
11 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**ROHTB (4/22) 008** **ROHTB (4/22) 009** **ROHTB (4/22) 010**
Richard Phillips advised that in terms of discussions by the Finance & Performance Committee, there had been good performance against the activity plan despite some key absences. There had been a discussion on financial planning. In terms of virtual clinics, the current level was 14% of all appointments, however this was in line with other specialist trusts and system partners. The demographics of patients on a waiting list had been reviewed. The Chief Executive noted that there was good work to clear the 52-week waits. The overall activity performance was 1% down against the plan, however it was agreed that this was a good position given that the Trust had needed to offer	

support and theatre space to the system. The Chief Operating Officer advised that work had been done to clear the remaining cases but it may extend into May. Kathryn Sallah noted that from the Quality & Safety Committee, there were no major concerns but lots of good assurance had been provided. It had been reported that there had been a deterioration in the time that patients were required to be Nil By Mouth prior to surgery and therefore this position was to be revisited. The incident around the inappropriate administration of a steroid injection was to be reviewed. Reports of pressure ulcers had reduced. Benchmarking had been suggested against the Model Hospital data. It was suggested that the JointCare and Primary Hips and Knees information needed to be refreshed. Simone Jordan advised that there had been a deterioration in the headcount position. Sickness absence was reducing although stress and anxiety was a key risk. There was a good level of positive assurance around staff. Data was better due to the improved workforce team. The quality of the reporting was also improved. The Deputy Director of Strategy noted that there had been a higher proportion of Musculo Skeletal (MSK) conditions and funding to support this and the Occupational Health service was being revisited.	
12 Performance reports: *for assurance* • **Finance & Performance** ○ **Impact of rising costs of energy prices** • **Quality & Safety** • **Workforce**	**ROHTB (4/22) 011** **Verbal** **ROHTB (4/22) 012** **ROHTB (4/22) 013**
The performance reports were received and noted. It was noted that the forecast year end surplus had increased.	
13 Board topics 2022/23	**ROHTB (4/22) 014** **ROHTB (4/22) 014 (a)**
The Board considered a list of proposed items for discussion by the Board in the coming months. The Chief Executive noted that in terms of the patient pathway, this would be from GP back to the community. The terms of reference for this work would be developed. Some assessment of where good performance was being achieved would be undertaken. Given that the topics were congregated into a few short months rather than being spread across the full calendar year, it was suggested that the timing of the workplan needed to be revisited. It was suggested that the term 'war for talent' should not be used given the current worldwide unrest. It was agreed that Board meetings should be extended to be able to allow	

sufficient time for discussion and debate of the topics.	
ACTION: **Executive Team to revisit the Board Topics list to ensure that proposed timings were realistic**	
Date of next meeting: Wednesday, 4 May 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 4 May 2022, Westmead Hotel, Birmingham

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 29.04.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.126	JointCare update	Presentation	02/11/2021	Arrange for a regular update on JointCare to be presented to the Finance & Performance Committee	MP	~~25/01/2022~~ 26/04/2022	Deferred to the April meeting of FPC in reflection of the change in operational model during the Omicron wave of the COVID-19 pandemic **PROPOSE CLOSURE: Presentation to Trust Board in May and performance against key metrics also included in Finance Overview**	C-19
ROHTBACT.121	Progress with delivery of the five year strategy	ROHTB (9/21) 002 ROHTB (9/21) 002 (a)	01/09/2021	Present the revised strategy during Quarter 4 2021/22	PB	31-Mar-22	Refreshed Board strategy to be presented in May 2022. **PROPOSE CLOSURE: Presentation to Trust Board in May**	
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	~~30/03/2022~~ 25/05/2022	To be considered at the ~~April~~ May meeting of the Quality & Safety Committee.	
ROHTBACT.134	Staff story	Presentation	02/02/2022	Provide an update on the patient story (February 22 Trust Board) investigation at a future meeting	GM	~~06/04/2022~~ 1/06/2022	To be presented as a comprehensive update summarising updates of patient stories considered during 2021/22 at the ~~May~~ June meeting. **Rescheduled to June to allow feedback from the patient experience week to be included.**	
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	~~06/04/2022~~ 01/06/2022	Rescheduled to the ~~May~~ June 2022 meeting as per the Board Topics update	
ROHTBACT.138	Patient story	Presentation	02/03/2022	Provide the Board with a summary of lessons learned from the patient case at a future meeting	GM	~~06/04/2022~~ 1/06/2022	See action ROHTBACT.134	

ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	~~04/05/2022~~ 06/07/2022	Initial discussions planned through June with a view to a recommended scorecard for agreement at the July Board meeting	
ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	ACTION NOT YET DUE	
ROHTBACT.144	Chair's and Chief Executive's update	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	06/04/2022	Present a summary report of the findings from the Ockenden report and the implications for the ROH at a future meeting	GM	06-Jul-22	To be considered by Quality & Safety Committee in June and Trust Board in July 2022	
ROHTBACT.145	Staff wellbeing update	Presentation	06/04/2022	Schedule in a further discussion around the cost of living crisis and staff wellbeing into a future meeting	SGL	06-Jul-22	ACTION NOT YET DUE	
ROHTBACT.146	Board topics 2022/23	ROHTB (4/22) 014 ROHTB (4/22) 014 (a)	06/04/2022	Revisit the Board Topics list to ensure that proposed timings were realistic	Execs	04-May-22	Revisited and rescheduled some of the workforce and strategy & delivery priorities	
ROHTBACT.141	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Provide an assessment of the impact of the rising energy costs at the next meeting	SW	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.142	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Schedule in a discussion at the next meeting around the support to staff through the current cost of living crisis	SGL	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.143	Chair's and Chief Executive's update	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	06/04/2022	Circulate the list of Blue Heart nominations to the Non Executive Directors	JW	30-Apr-22	Circulated as requested	

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**4 May 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Public Trust Board on 4th May 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 6th April from the Chief Executive's position; this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system recovery plan. System calls continue with the Chief Operating Officers (COOs) across all providers meeting daily to agree the operational changes required to address the system backlog for adults across BSol. Throughout the Easter and Bank Holiday period, system Gold calls were reinstated daily to manage the pressures across the urgent care pathway. Over the last two weeks, the ROH has freed up capacity to treat over 70 ambulatory trauma patients and we will continue to review the demand across the system over the Bank holiday period and assist as required.

2.2 This year, Her Majesty the Queen, will become the first British Monarch to celebrate a Platinum Jubilee after 70 years of service and many celebrations are planned across the country from Beacon lighting on the 2 June and a Big Jubilee Lunch on Sunday 5 June. We are extremely proud of our royal heritage and we are planning our own celebrations commencing on Monday 30 May 2022. An outdoor "Big Lunch" is planned for all our colleagues between 12pm-2pm with vendors, music, and activities planned for the event.

On Thursday evening, 2nd June at 9.45pm, the ROH will be taking part in the ceremony as beacons are lit throughout the United Kingdom, Channel Islands, Isle of Man, UK Overseas Territories and within each of the Commonwealth countries.

On Thursday 14th April 2022, I was delighted to be invited to the Tower of London to welcome the arrival of The Commonwealth Nations Globe. The Globe, which will be kept in the Tower until the 2nd June, will be transferred to Buckingham Palace where it will be used to light the principal beacon.

2.3 On Monday 25th April, we reopened Ward 2, Theatres 5, 6 and 7 following the refurbishment of the Ward and routine maintenance of the Theatres. I would like to thank all the teams involved in the programme and especially all those who worked over the weekend to get the areas cleaned and operational. It was a fantastic team effort.

2.4 On Tuesday 26th April, colleagues from MMEG (multi minority ethnic group) presented to the Trust Executives the proposal for a mentoring programme, which will commence in June 2022. This aims to support and inspire colleagues from ethnic minority backgrounds to develop their

careers positively in a working environment where they may be under-represented or disadvantaged. I am looking forward to seeing how the programme develops and I hope it helps to raise the confidence of colleagues from ethnic minority backgrounds to empower and support ethnic minority ROH staff in their professional careers.

2.5 I am delighted to share that the Trust has agreed to commence its accreditation programme and affirmed its support to the armed forces community and over the coming months we will formally sign the Armed Forces Covenant. The Trust will commit to upholding the key principles of the Armed Forces Covenant, which are:

-no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen; and

-in some circumstances, special treatment may be appropriate, especially for the injured or bereaved.

It also means the Trust will demonstrate its support for example by:

-promoting the fact that we are an armed forces-friendly organisation

-seeking to support the employment of veterans young and old

-striving to support the employment of service spouses and partners

-endeavouring to offer a degree of flexibility in granting leave for service spouses and partners before, during and after a partner's deployment

-seeking to support our employees who choose to be members of the reserve forces, including by accommodating their training and deployment where possible

-offering support to our local cadet units, either in our local community or in local schools, where possible

-aiming to actively participate in Armed Forces Day

-ensuring quick and easy access to healthcare services, and in some cases 'fast tracking' treatment where symptoms are as a result of military service or related experience.

2.6 I would like to formally confirm that the Trust has been invited to join Birmingham Health Partners (BHP) from 1st May 2022. BHP is a strategic alliance between the University of Birmingham, the West Midlands Academic Health Science Network, Birmingham Women's and Children's NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, and Sandwell and West Birmingham NHS Trust, with members collaborating to bring healthcare innovations through to clinical application. Its unique ecosystem enables the full spectrum of translational medicine to be discussed, encompassing health data; an established local health system; academic excellence; and an extensive clinical trials capability and by enabling integrated, multidisciplinary working, BHP aims to help answers to complex healthcare issues for the direct benefit of people worldwide.

I'm looking forward to joining the first Board meeting in June 2022 where I am confident that the ROH can contribute to the BHP purpose and we know that it is only working collaboratively

together will we unleash the incredible strengths and talent within our health system to improve the health and economic benefit for our citizens

3 BSol ICS (Integrated Care System) Update

3.1 The BSol ICS Executive recruitment process has concluded and the following Board Director appointments have been made:

Lisa Stalley-Green, Deputy Chief Executive, and Chief Nursing Officer
In both her current and previous roles, and as Vice Chair for the Local Maternity and Neonatal System, Lisa has shown a strong commitment and enthusiasm for system leadership. In her most recent role, as Executive Chief Nurse at University Hospitals Birmingham (UHB), Lisa has demonstrated her leadership expertise in care quality and improvement, driven by a passion for patient engagement and experience and staff experience and wellbeing. Lisa grew up in Birmingham and is looking forward to serving our diverse communities.

Paul Athey, Chief Finance Officer
Paul has been Chief Finance Officer for the CCG for the last three years, and as ICS Finance Lead has been instrumental in the development of a finance and investment strategy to support the delivery of the ICB's core aims. Paul's portfolio will also include responsibility for strategy and strategic commissioning.

Clara Day, Chief Medical Officer
Drawing on her experience in a range of clinical leadership roles, Clara has been providing clinical leadership to our emergent ICS over recent months, alongside her system lead role for outpatient recovery and as Medical Director for the COVID-19 vaccination programme. Clara is a practicing renal consultant at University Hospitals Birmingham.

Mandy Nagra, Chief Delivery Officer
Currently Chief Executive of Wythenshawe, Trafford, Withington and Altrincham Hospitals, Mandy has led various large-scale transformation and improvement programmes including her involvement with the development of the Wythenshawe Masterplan alongside the day-to-day leadership of the hospitals that form a part of the Group, within the Greater Manchester ICS. Her extensive experience of 28 years working in health and care has been gained at local, regional and national levels, including within several large ICSs, and spans provider, commissioning and regulator.

Paul Sherriff, Chief Officer for Partnerships and Integration
Paul has worked for the CCG since 2013, recently leading GP provider strategy development, and system delivery, focused on collaborative working. This has included leading the development of innovative models of care and vaccination programme. Paul will continue as executive lead for Primary Care and Place.

All colleagues will officially take up their new roles from Tuesday 3 May 2022. Karen Helliwell will remain as Accountable Officer for the CCG until the ICB is formally established on 1 July 2022. Karen will also work with the Executive Team post-July as Transition Director, supporting the ICS through the coming months as they continue to transition and develop into the new ways of working. Recruitment to two further roles is expected to commence in May 2022: the executive lead for people and executive lead for digital to join the Executive Team

and will be announced in due course. I would like to offer my congratulations to all the Director's appointed and we look forward to working with them as we work together to collaboratively develop our ICS.

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

4.2 On Thursday 28th April, I joined Chief Executive colleagues across the country with Amanda Pritchard Chief Executive of NHE, and national colleagues to discuss both the immediate operational and strategic objectives for 2022/23, and where we were given an opportunity to feed into work, which has commenced on updating the NHS Long Term Plan (LTP). It was a great opportunity to hear about the some of the work being undertaken across the NHS and discuss how we work together over the coming months. Whilst no one underestimates the challenges we have as NHS leadership team as we come out of the pandemic, there was a palpable sense of the enormous pride, which we all have in our teams and their incredible commitment, compassion and agility shown over the last two years.

4.3 On Wednesday, 28 April 2022, the Health and Care Bill received Royal Assent by Her Majesty The Queen, enacting the most significant health legislation in a decade into law. The Act introduces measures to tackle the Covid backlogs and rebuild health and social care services from the pandemic, backed by £36 billion over the next three years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

The Health and Care Act builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating valuable lessons learnt from the pandemic to benefit both staff and patients.

It marks an important step for the health and care agenda, setting up systems and structures to reform how health and adult social care work together, tackle long waiting lists built up during the pandemic, and address some of the long-term challenges faced by the country including a growing and ageing population, chronic conditions and inequalities in health outcomes.

5 POLICY APPROVAL

5.1 Since the Trust Board last sat, no corporate policies have been approved by the Chief Executive on the advice of the Executive Team:

- Private Patient Policy
- Decontamination policy
- Isolation policy

- Hand hygiene policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

29 April 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**The Perfect Pathway – Terms of reference**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Rebecca Lloyd, Deputy Director of Strategy**
DATE OF MEETING:	**4 May 2022**

EXECUTIVE SUMMARY:

Patient experience within healthcare is often made up of a vast array of entry routes. There are interactions that take place prior to patients attending a GP appointment, right through to rehabilitation and supported self-management. The way in which those interactions take place can be through written information, a telephone call, a face to face discussion, a digital app, a visit to a new environment

This will uncover areas of best practice to be replicated, alongside areas of improvement. It will require active involvement from all directorates, as well as patients and service users. This will be led by a 'Pathway Group'.

'The Perfect Pathway' is our opportunity to use quality & service improvement methodology to conduct a comprehensive stakeholder engagement exercise to gather this information, and collate it within one extensive end-to-end process map.

We know that effective leadership and a receptive, open culture is paramount in delivery of high quality healthcare and using this culture to facilitate the analysis and improvement of pathways. The aim of the group is to ensure that through its engagement and participation across the ROH we incorporate and align any key strategies and work programmes.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and ACCEPT this update
- NOTE and DISCUSS the approach of the programme

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

All 'Ps' within the Trust's strategy

PREVIOUS CONSIDERATION:

None.

The Royal Orthopaedic Hospital NHS Foundation Trust

TERMS OF REFERENCE | THE PERFECT PATHWAY

Prepared by	Date	Executive Sponsor
Rebecca Lloyd	04/05/2022	Jo Williams

Background Information			
Aim	To produce a complete end-to-end pathway that covers the multiple 'touchpoints' that patients have with the ROH, from community through to tertiary care.		
Rationale	The patient experience within healthcare is often made up of a vast array of entry routes. There are interactions that take place prior to patients attending a GP appointment, right through to rehabilitation and supported self-management. The way in which those interactions take place can be through written information, a telephone call, a face to face discussion, a digital app, a visit to a new environment. Our challenge at the ROH is to understand: • What those entry routes are • Whether we are meeting patient expectations • How we collect patient feedback at each 'touchpoint' • Where are our areas of improvement • What can we do to materially improve our patient experience and how can we measure this 'The Perfect Pathway' is our opportunity to use quality & service improvement methodology to conduct a comprehensive stakeholder engagement exercise to gather this information, and collate it within one extensive end-to-end process map. This will uncover areas of best practice to be replicated, and areas of improvement. It will require active involvement from all directorates, as well as patients and service users. This will be led by a 'Pathway Group' (details below).		
Key Area of Focus	• **Patient experience and feedback**: what is the patient journey, from information received in the community (i.e. health promotion), through primary care, into secondary/tertiary care, and back into the community? • **Physical environment**: what is the environment that the patient comes into contact with i.e. what are the facilities available, and how does it feel when entering the ROH site? • **Administrative processes**: what are the patient-facing administrative processes as well as those that must take place to enable the patient to seamlessly transition between services? • **Digital systems**: what are the digital solutions in place to improve patient experience and efficient pathways? • **Workforce model**: who do patients come into contact with, and when?		
Start Date	May 2022	**Projected End Date**	September 2022

Milestone	Start Out	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share
SEPTEMBER 2022	MAY 2022	MAY 2022	MAY 2022	JUNE – JULY 2022	AUGUST 2022	SEPTEMBER 2022

Proposed governance

Pathway Group (meeting monthly)

DIRECTORATE	REPRESENTATION
Operations	• Division 1 CSL / CSM / Administrator • Division 2 CSL/ CSM / Administrator
Medical Workforce	• Clinical Programme Lead (MSK) • Medical Directorate Business Manager
Nursing & Clinical Governance	• Head of Patient Experience • Division 1 Nursing Representative • Division 2 Nursing Representative
Strategy & Delivery	• Clinical Service Improvement Lead • Digital Programme Manager • Head of Communications • Research Representative
Finance & Performance	• Deputy Director of Finance – Planning, Performance & Improvement
HR & OD	• OD Lead
Corporate Governance	• Risk & Litigation Lead
Executive Lead	• TBC

Workshops (TBC)

STAKEHOLDER	REPRESENTATION
Patient representatives	• Representation across community, primary, secondary and tertiary experience of care at ROH
Public representatives	• Members • Service users • Partners
Patient Experience	• Patient Experience team • Appointments • Medical secretaries • Volunteers • Ward clerks • Outpatient / POAC / ADCU reception staff
Physical environment	• Facilities • Estates
Administrative	• Administrative teams across breadth of services • Communications
Digital, Data & Tech	• Digital team • IT • Business intelligence
Workforce	• Representation across workforce ‘groups’

Accountability and reporting arrangements

The Pathway Group will be accountable directly to Trust Board. Reporting will take place bi-monthly.

Administration

The Pathway Group will be supported by the Service Improvement Team.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**COVID-19 Outbreak Summary**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Ashleigh Tullett, Head of Clinical Governance**
DATE OF MEETING:	**4 May 2022**

EXECUTIVE SUMMARY:

This paper gives a summary of the COVID outbreaks that have occurred within the Trust and their key causative factors.

The paper outlines the Governance framework in which the Trust manages outbreaks.

REPORT RECOMMENDATION:

The Trust Board is asked to note:

- The national definition of an outbreak.
- The management of outbreaks is managed in accordance with the national guidance.
- The Trust had no mortality in any of the outbreaks.
- That outbreaks are managed in according to the quality governance processes of the Trust.
- That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF)
- Although the Trust has closed beds/wards as appropriate, no service has been ceased as a result of an outbreak.
- The Trust has reported 9 patients that were probable or definite hospital acquired COVID-19 since April 2021.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Compliance with The Hygiene Code Compliance with Care Quality Commission Regulations
PREVIOUS CONSIDERATION:
All outbreaks have been scrutinised at the statutory Outbreak meetings and the Infection Prevention Control Committee. The detail is also included within the monthly Quality report scrutinised at the Quality & Safety Committee

OUTBREAK SUMMARY

REPORT TO TRUST BOARD IN PUBLIC – 4 MAY 2022

1. Summary

1.1. This paper provides a summary of the outbreaks that have occurred at the Trust linked to COVID-19. This paper has been updated since the April 2022 Trust Board to include one new outbreak.

1.2. The Trust has had no outbreaks associated with any other infections.

1.3. An outbreak is defined as two or more linked cases of the same illness; or a situation where the observed number of cases exceeds the expected number.

1.4. When an outbreak is declared, the Trust adheres to the national guidance in its approach to managing the outbreak with the key action being the investigation of the outbreak. Meetings are attended by both internal and external experts in Infection Prevention and Control.

1.5. These meetings are chaired by the Chief Nurse or Deputy Chief Nurse, with the wider Executive team briefed at the daily Incident Management meetings.

1.6. The Trust declares all outbreaks as Serious Incidents as narrated by the local commissioners.

1.7. An outbreak is open for 28 days after the last diagnosis. A final outbreak closure meeting is then held and attended by NHS Improvements/NHS England, Public Health, and the local Commissioners.

1.8. The Trust has not had any outbreaks not closed at these meetings.

1.9. The detailed Root Cause Analysis of the outbreak is presented internally at the Infection Prevention and Control Committee and the Trust's Quality and Safety Committee. Learning is shared with the immediate teams and wider learning is included in the daily comms bulletins and Team brief. The Trust also attends a daily BSOL Infection Prevention and Control meeting where learning from outbreaks is shared from all Trusts in the area.

2. Outbreaks

2.1. In 2020/21 the Trust saw seven COVID-19-related outbreaks declared of which three were in relation to patient outbreaks and four were staff outbreaks.

2.2. The 2021/22 outbreaks are detailed in the Graph overleaf.

Month	Patients	Staff
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0

Month	Patients	Staff
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 12)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3) 1 (Ward 2)	1 (Appointments Department)
February 2022	0	0
March 2022	0	0
April 2022	1 (Ward 3)	0
Current 2021/22 Total	**5**	**6**

2.3. No mortality has occurred in any of the staff or patient outbreaks and no patients required any level of escalation in their care to Critical Care.

2.4. The Trust has complied with the CQC regulation 20 and delivered its Duty of Candour.

2.5. The Trust has had no cases that have required reporting under the RIDDOR regulation to the Health and Safety Executive.

3. Outbreak and key causation table.

Outbreak Department	Causation
Porters - July 2021	**3+ve staff** **7 staff tested** Porters lodge lacks space for number of porters accessing the room (breach of department risk assessment). Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 29th July 2021**
Ward 1 - September 2021	**3 +ve patients** • Day 19

Outbreak Department	Causation
	• Day 18 • Day 14 **4 patient contacts** **0 +ve staff** **0 staff tested** Two cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 9th December 2021**
Human Resources - November 2021	**2+ve staff** **4 staff tested** **0 patient contacts** Breaches in COVID-19 precautions within office. **Outbreak closure date: 9th December 2021**
Ward 12 - December 2021	**2+ve patients** • Day 1 • Day 12 **6 patient contacts** **2+ve staff** **18 staff tested** Three patients positive. Cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 31st January 2022**
IT department - December 2021	**3+ve staff** **3 staff contacts** **23 of 25 staff tested** Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Housekeeping - December 2021	**6+ve staff** **18 staff tested** Common link between cases is the Environmental cleaners had been on their works night out. It is to be noted that no PPE was required at the venue.

Outbreak Department	Causation
	Outbreak closure date: 31st January 2022
Porters - December 2021	**6+ve staff** **18 staff tested** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Ward 3 - January 2022	**2+ve patient** • Day 1 • Day 56 **6+ve staff linked to outbreak** **10+ve staff not linked to outbreak** **64 staff tested** Two patients and eight members of staff tested positive for COVID-19. Patient 1 was admitted for same day surgery with negative swab. The patient did not declare house member symptomatic/positive on admission. Nine cases tested positive during a whole ward screening exercise following the identification of positive staff and one patient. **Outbreak closure Date: 23rd February 2022**
Appointments Department – January 2022	**3+ve staff** **11 staff tested** **0 patient contacts** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 16th February 2022**
Ward 2 – January/February 2022	**Ongoing outbreak:** **Total:** **9 Staff** **11 Staff** Two separate outbreaks linked by time and location.

Outbreak Department	Causation
	Initially 5 patients and 10 staff tested positive for COVID-19 during January 2022. Linked to bay 9 ward 2 – patient to patient transmission likely. No breaches in PPE identified by staff. Staff positive cases identified from mass staff testing. There were some links to community transmission amongst staff. During the 28 days since the last positive of the outbreak above, an additional 4 patients were identified as COVID-19 positive and 1 staff member. Again, this was linked by location, bay, however there is no link to the original outbreak above. **Outbreak closure date: Thursday 7th April 2022**
Ward 3 – April 2022	**Ongoing outbreak:** **Total:** **3 Patients** **6 Staff** All patients isolated throughout admission and before identification of COVID-19 positive. Linked by time (all within a 28-day period) and location (ward 3). 2 definite hospital onset COVID-19 cases (day 64 and day 15) both require a post infection review to investigate cases. 1 indeterminate hospital onset case (day 4). Staff cases identified due to symptomatic testing and incidental findings through asymptomatic routine testing. Initial outbreak declared with 2 cases (case A and B). Mass inpatient testing as part of outbreak management found an additional 1 case (case C).

3.1. Patient onset classification for hospital acquired COVID-19 from 1st April 2021 to date is described in the table below.

Onset Classification (days from admission to positive result)
0-2 days (unlikely) (30 patients)

3-7 days (indeterminate) (8 patients)
8-14 days (Probable) (2 patients)
>14 days (Definite) (7 patients)

3.2. Since April 2021, The Trust has reported 2 patients that were probable hospital acquired COVID-19 and 7 patients that were definite hospital acquired COVID-19.

3.3. It is to note that since December 2021, the Trust has seen an increase in outbreaks. This is possibly due to the emergence of a more transmissible COVID-19 variant (Omicron) and an increase in community infections. Although the Trust cannot confirm this as the typing of PCR tests is only undertaken in major outbreaks and not in controlled outbreaks. The increase in outbreaks is comparable to other organisations in the NHS.

3.4. For each case a detailed analysis has been undertaken as previously described in section 1.4 to identify any learning.

4. Recommendations

The Trust Board are to note:

4.1. The national definition of an outbreak.

4.2. The management of outbreaks is managed in accordance with the national guidance.

4.3. The Trust had no mortality in any of the outbreaks.

4.4. That outbreaks are managed in according to the quality governance processes of the Trust.

4.5. That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].

4.6. Although the Trust has closed beds/wards as appropriate, no service has been ceased as a result of an outbreak.

4.7. The Trust has reported 9 patients that were probable or definite hospital acquired COVID-19 since April 2021.

Ashleigh Tullett

Head of Clinical Governance
April 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 26 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In session theatre utilisation remained lower than desired, this being associated with the high level of cancellations due to sickness absence. • Staff sickness absence had been high during the month and at one point nine consultants had been absent due to COVID-related sickness. • The virtual clinics formed 11% of outpatient appointments against a national target of 25%, although there was confidence that this position could be improved further in the coming year. A workshop had been held to consider the use of virtual clinics as part of specific pathways. • There continued to be a high level of referrals for diagnostic procedures. There was an expectation that this position would be sustained for the future, however additional capacity and flexibilities within the Imagining services would ensure that performance was maintained appropriately. • The Committee was advised that there was a widening gap against the Trust's funded establishment and some focussed work was underway with the Chief Nurse and Chief Operating Officer to address this. Turnover and sickness absence was noted to be high at present.	• Information on patient demographics to be developed further and presented at the next meeting. • Work was reported to be underway to refresh the performance management and appraisal approach. • A proposal to implement a new Electronic Patient Record would be presented to the Board in May 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• There was reported to have been a strong performance against the activity plan for the month, this being above plan and higher than the same period during the previous year. • The JointCare performance information showed that case levels had returned to levels delivered prior to the start of the pandemic. The processes and services that had supported this pathway previously	• None specifically.

would be reintroduced, such as seven day physiotherapy and an early ward shift. • Outpatient delays were noted to be low and within the Trust's target. • Performance against cancer targets was reported to have been strong, although there had been two breaches of the 31-day target associated with the complexity of the cases. • A patient call centre would be implemented shortly which would create a better experience for patients contacting the Trust. The Committee was apprised of a particular case where there had been challenges with rearranging an appointment due to difficulties contacting the Trust, which it was noted would be alleviated through the use of the new patient call centre processes. • There had been a further reduction in the number of patients waiting in excess of 52 weeks for treatment, although due to absences last month this position may increase temporarily and be reported in the next update. • A financial surplus of £422k was reported to have been achieved against a forecast break even position. This was reported to be driven by a higher than forecast income received including elective stretch funding, elective recovery fund and support for the national pay award. • £2.2m of cost improvement efficiencies had been delivered for the year although this was slightly below plan. It was agreed that the robustness of the Cost Improvement Programme was much improved on that in place in previous years, with sound methodology being used for identifying and managing schemes. • An update on the work to develop the 2022/23 financial and operational plan was presented. It was noted that the latest view suggested a more optimistic end of year financial position for the next year. • An update on the options and plan to implement a new Electronic Patient Record was provided. It was agreed that the patient perspective needed to be built into the plans.	

• It was reported that a new member of staff had been recruited to support the work to strengthen the work around cybersecurity.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been focussed and there had been a high level of assurance in terms of grip on operational and financial matters.

ROHTB (5/22) 005

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 27 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There had been another *C.difficile* infection reported. It was noted that the higher level of these infections reflected the changed cohort of patients being treated and therefore a discussion was required with commissioners around the tolerable limit of infections set. • The higher number of serious incidents reported during the year was noted to reflect that COVID-19 outbreaks were required to be reported as serious incidents. • There had been a high number of cancelled operations during the month, this being associated with sickness of both staff and patients who were infected with COVID-19. • The virtual clinics formed 11% of outpatient appointments against a national target of 25%, although there was confidence that this position could be improved further in the coming year.	• A gap analysis against the Patient Safety Strategy to be presented in May 2022. • Further work was underway to progress the Quality Standards for Imaging accreditation. • Some triangulation was underway around the concerns raised through the Freedom to Speak Up route around staffing levels, with the information in the Safe Staffing report considered by the Committee. It was agreed that enhanced communications around the position were needed to ensure that staff understood the position more clearly and the plans to address any staffing shortages. • Work was requested to determine where the Trust was positioned in relation to other organisations nationally reading the national inpatient survey. • An Open Day for the Princes Trust was planned to encourage a younger cohort of individuals to join the ROH. • The Quality & Safety Executive had agreed that a reassessment against the existing CQC Key Lines of Enquiry (KLoEs) would be undertaken.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The number of falls had reduced. It was noted however, that there were a number of incidents associated with patients mobilising against clinical advice. It was noted that work was planned particularly for patients experiencing dementia, to strengthen the processes to remind patients not to mobilise and to use call bells when they needed to. • There had been a reduction in the number of formal complaints received during the year. • Outpatient delays were noted to be low and within the Trust's target.	• The Committee accepted the recommendation from the Quality & Safety Executive to suspend the routine reporting against the VTE assessment position pending the improvements to the functionality of the Prescribing Information & Communications System (PICS). Assurances were provided that there were mechanisms to detect any issues or deterioration should they occur.

• Performance against cancer targets was reported to have been strong, although there had been two breaches of the 31-day target associated with the complexity of the cases. • A patient call centre would be implemented shortly which would create a better experience for patients contacting the Trust. • There had been a further reduction in the number of patients waiting in excess of 52 weeks for treatment. • An update on the Trust's harm prevention framework was delivered which showed that the Trust had robust processes in place to review patients who were waiting longer than desired for treatment with a view to detecting any harm that may arise as a result. A questionnaire health check was also used which canvassed on a regular basis, any changes to the patients' clinical condition which would be used to inform the clinical prioritisation work. • It was agreed that the report on Patient Reported Outcome Measures (PROMs) provided good visualisation of the clinical outcomes achieved when treated at the ROH. • The Committee was joined by the Head of Imaging who provided a positive update on the work of the Imaging department, including the recent review by the 'Getting it Right First Time' which commended the work of the Trust. There had been no reportable radiation incidents at the time of the presentation of the report. • It was reported that the Patient Engagement and Experience Group was working well and now involved a greater number of patients. There was also a higher number of volunteers supporting the Trust including a number of younger individuals. Patient experience tours would be introduced shortly. • The outcome of a series of audits concerning the Safeguarding function was reported to be positive. It was noted that the new Liberty Protection Safeguards would likely come into effect in 2023. A new dementia nurse specialist had been appointed with a background in social care. The recent review by the Clinical Commissioning Group noted that the ROH had an excellent reporting system for safeguarding concerns.	

• In terms of mandatory training, consent training uptake had improved and there was anticipation that there would be improvement across a number of other modules which reflected the recent theatres 'down time' for routine maintenance. • It was reported that there were no concerns raised in connection with safe staffing. A new theatre matron had been recruited.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and had included some good challenge around assurance that had been provided.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 27 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There were noted to be c. 20 members of staff identified as needing to receive some adjustment to their current level of pay to realign it to the national living wage. This work would be undertaken shortly. • There was noted to have been a further reduction in headcount and turnover remained high. Completion of exit questionnaires was reported to be poor at present. It was suggested that some work may be needed to assess the 'staff in post' position against the revised establishments set over the last few months. • There was noted to have been an increase in staff sickness absence, although the number of days per episode had reduced. Long term sickness absence was reported to be being well managed with few cases currently being handled. The reasons for sickness absence were noted to relate to stress & anxiety; musculoskeletal issues and injury & fracture.	• Work was reported to be planned to capture the staff demographic of those attending Trust courses and events such as the Cost of Living focus group to ensure that those needing the advice most and those able to most appropriately contribute to the suggestions and decisions were attending the sessions. • An action plan outlining the work to support staff through the Cost of Living crisis was requested for the next meeting. • Clarity on actions to address agency breaches was requested for the next meeting. • Information was requested around those staff accessing development courses and the breakdown of budgets associated with this attendance. • Further work was reported to be planned to refine the sickness absence, retention and recruitment reports to be able to strengthen the level of assurance to the Committee.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was joined by a Graduate Trainee who had spent both an operational and strategic placement with the Trust. She described her experience of working at the ROH in this capacity and the Committee agreed that there was much learning to be harnessed from the individual's time in post. The Committee was pleased to have been appointed as a substantive Service Improvement Manager at the Trust. • Sharon Malhi was congratulated on her appointment as the Trust's Chief People Officer. • It was noted that the Resourcing Officer post had been filled in the HR team. • It was noted that relationships with the Trade Union function were much improved and there had been some good joint working with these colleagues.	• Workforce risk register to be considered as the first agenda item in future. • Purpose and recommendations from the reports to be included on the agenda in future.

• It was noted to be anticipated that the compliance rate for mandatory training would improve given the recent theatre close down for routine maintenance. • There was reported to be a higher rate of completion of the staff Pulse Survey. • Plans were reported to be in place to commence a Multi Minority Ethnic Group mentoring programme from June 2022. • The Committee agreed that the new sickness absence report was welcome and further comments would be offered outside of the meeting. • The recruitment team was congratulated on the significantly higher number of individuals recruited over the past year compared to previous years. • A presentation on the Staff Survey results from the Medical Directorate was received which demonstrated that there had been significantly better engagement and a higher completion rate for the area. The actions to respond to the results were reported to be being developed into a medical workforce strategy. It was agreed that the merits of engaging the medical staff on a 121 basis vs. a group basis needed to be thought through as part of the plans. • In the national Workforce Race Equality Standards assessment, it had been highlighted that the ROH performed well in two categories: one of the top performing trusts; and one of the trusts showing sustained, long term improvement. • The Committee considered the feedback from the recent Undergraduate clinical education monitoring visit by the University of Birmingham. It was noted that more students would be hosted by the Trust in the coming years. • The 100 day induction initiative would recommence from August and the induction course would include a patient story.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and the improved completion of the Executive summaries had assisted the Committee navigate the agenda.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 29 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In view of the stringent financial regime for 2022/23, it was agreed that there would be additional focus on ensuring that the Trust's financial control framework was as tight as possible, including the process for accruals and deferred income. • The Committee was concerned at the level of instances where there had been a breach of the Trust's Standing Financial Instructions (SFI) and instances where an invoice was received before a purchase order had been generated. The Committee underlined the need for such cases to be minimised and if needed, linked into HR processes such as appraisal for those involved.	• The Service Level Agreement with University Hospitals Birmingham NHSFT would be signed over the next couple of weeks and the Audit Committee are to be advised when this action is completed. • A review of the Trust's contracts is to take place over the coming few months and will be linked to work to develop a contracts database. • Agree the way in which internal audit may contribute to the pathway mapping work currently underway. • The process to finalise the evidence base behind some of the recommendations on the trackers was currently being finalised. • It was noted that the Board Assurance Framework would be redesigned in line with guidance from Internal Audit over the summer.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Three internal audit reviews were presented: compliance with the Data Security and Protection Toolkit; Risk and Board Assurance Framework; and General IT controls (including the TIARA database). While each of the reviews provided an overall positive level of assurance, there were actions highlighted that needed to be completed to ensure that a more positive position was achieved for each area. The Executives present were able to clearly articulate the work planned to address any shortfalls identified or work required. • The Committee considered the draft internal audit plan and was supportive of this, although suggested that it would be useful to include a review of pathways across shared service providers. • It was agreed that the work of the Trust's internal audit function (KPMG) had been fruitful and had been engaging in style and the team was thanked for their helpful and supportive approach. • Good progress with the Counterfraud workplan was reported. It was noted that the Counterfraud contract had been extended for a	• Approved the annual internal audit plan. • Subject to minor amendment, the Committee approved its annual workplan.

further year, however a competitive tendering process for the service would be organised for later this year. • A summary of lessons learned from the 2020/21 audit was considered which provided good assurance that considerations from the last audit would be taken into account for the 2021/22 audit due to start shortly. • The Committee received a presentation on the draft accounts which suggested that the unaudited end of year financial outturn was a surplus. • The timetable for the finalisation and approval of the annual report and accounts was considered. • The draft annual governance statement was considered which provided a high level of assurance that the Trust's system of internal control was strong and had been strengthened during the year, despite the pressures posed by the pandemic.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had allowed a good level of challenge but also recognition where needed. There was no request between Committee members and the auditors.

Finance and Performance Report

March 2022

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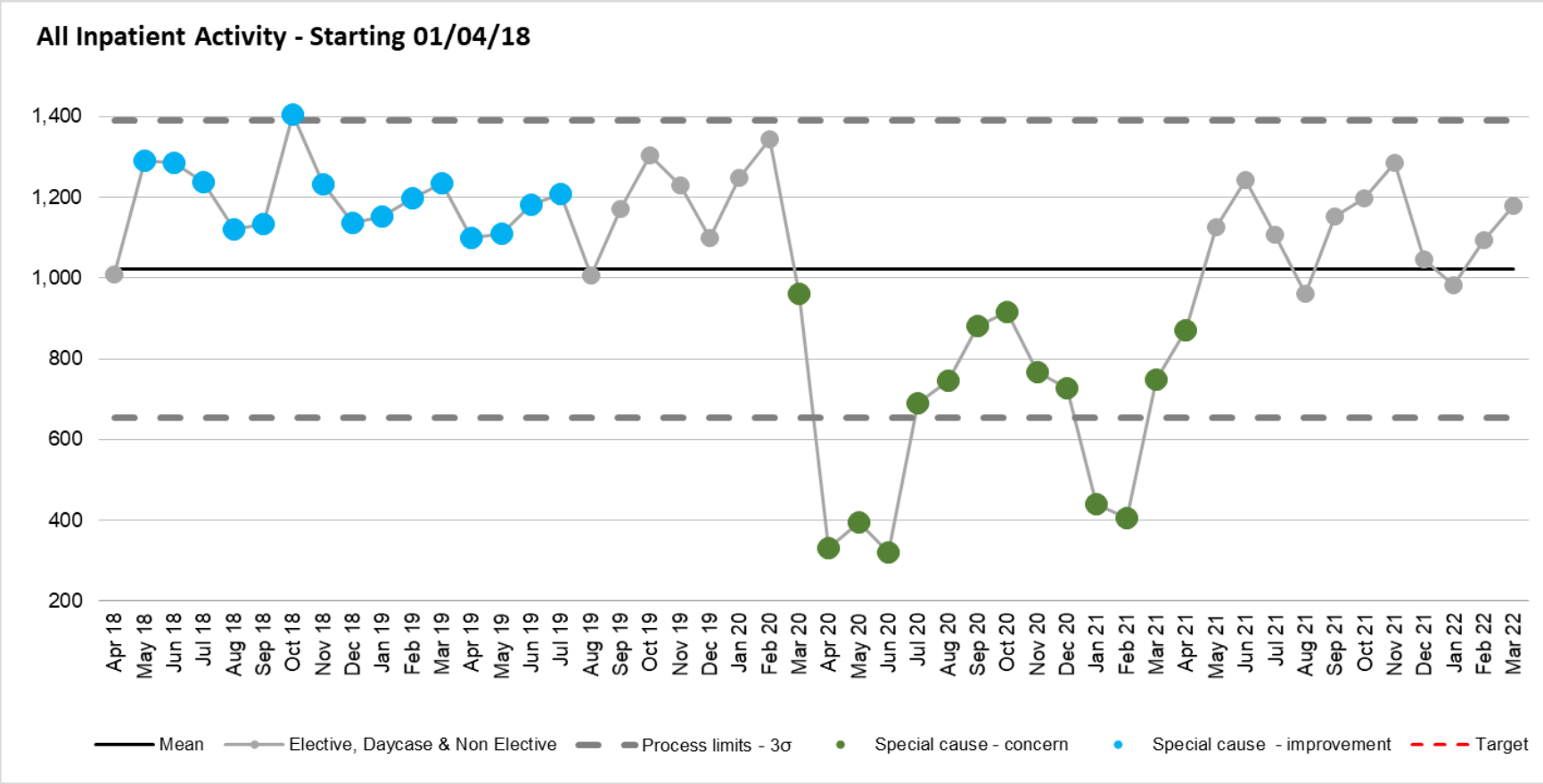
	Introduction
1	Activity Summary
2	Theatre Utilisation
3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
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11	Agency Expenditure
12	Cost Improvement Programme
13	Liquidity & Balance Sheet analysis
14	ICS Financial Analysis
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Introduction

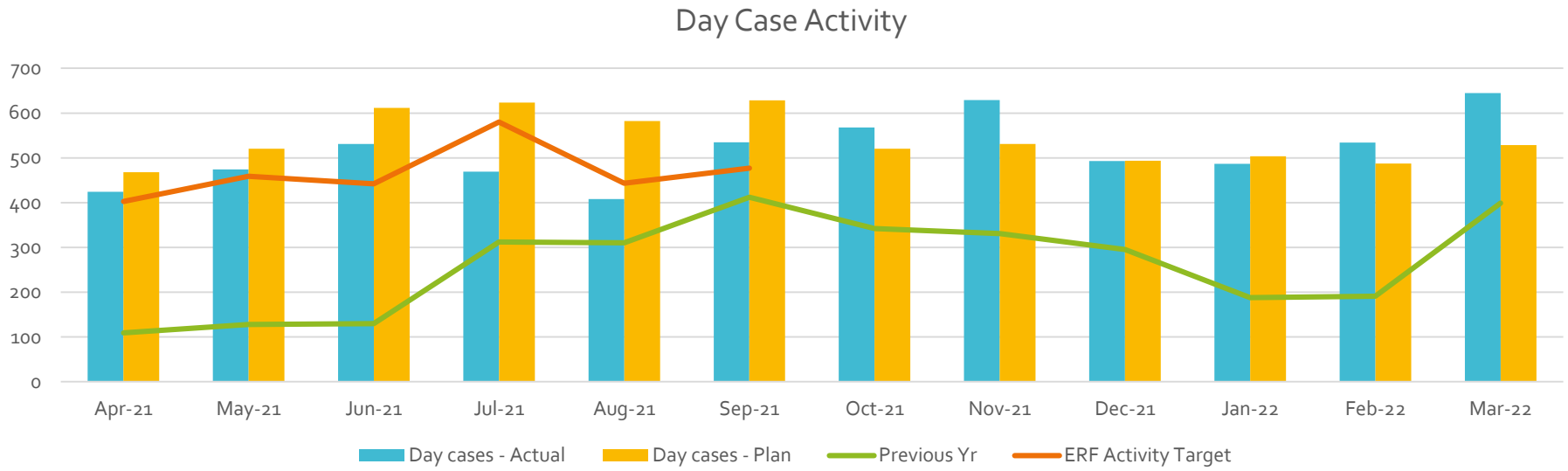
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

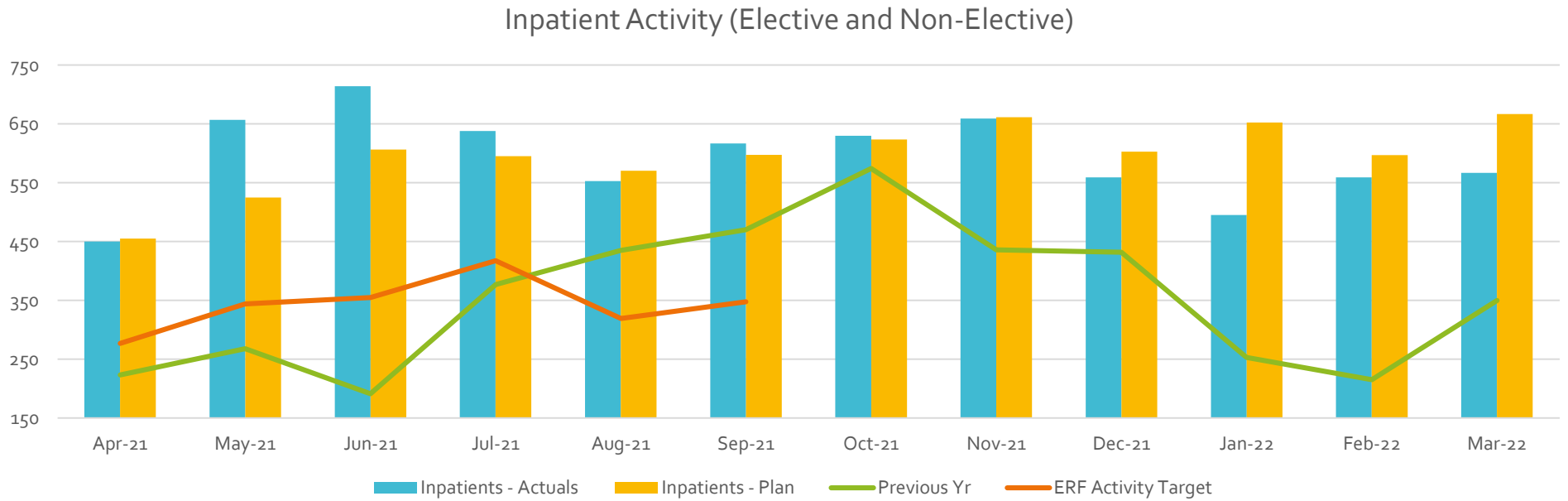
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

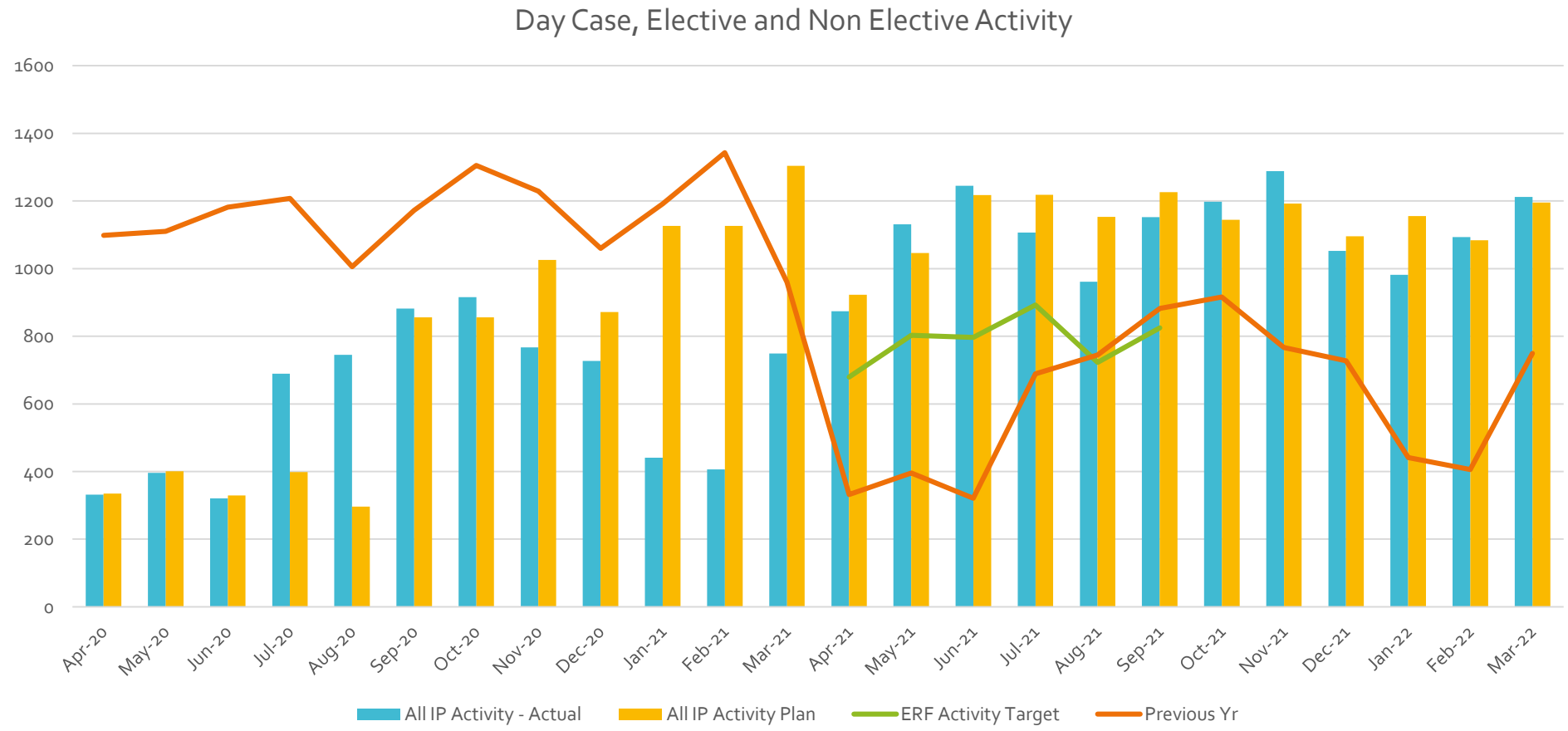


1. Activity Summary





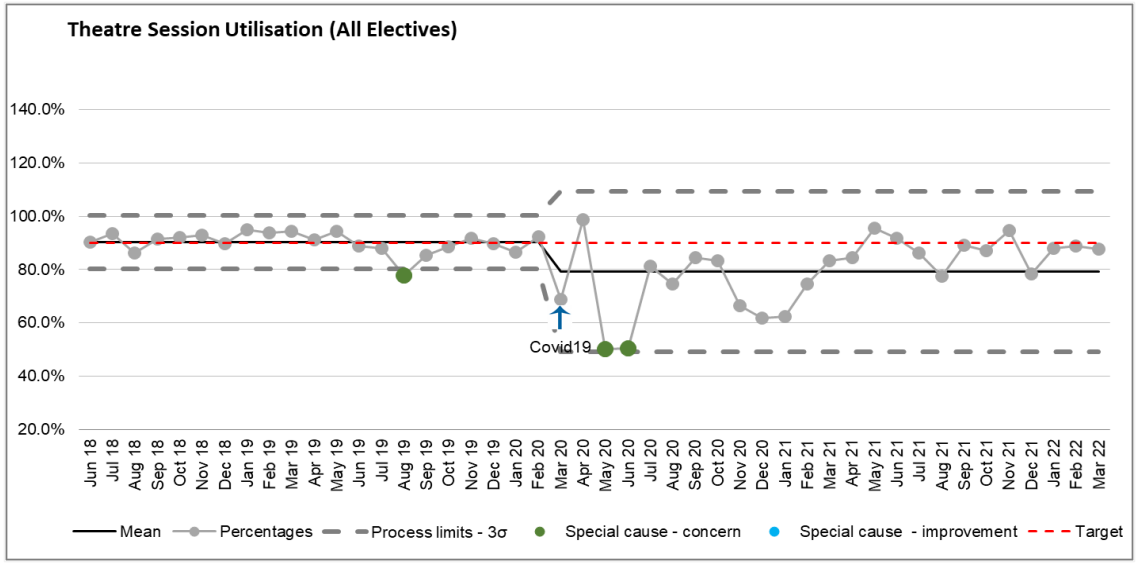
1. Activity Summary

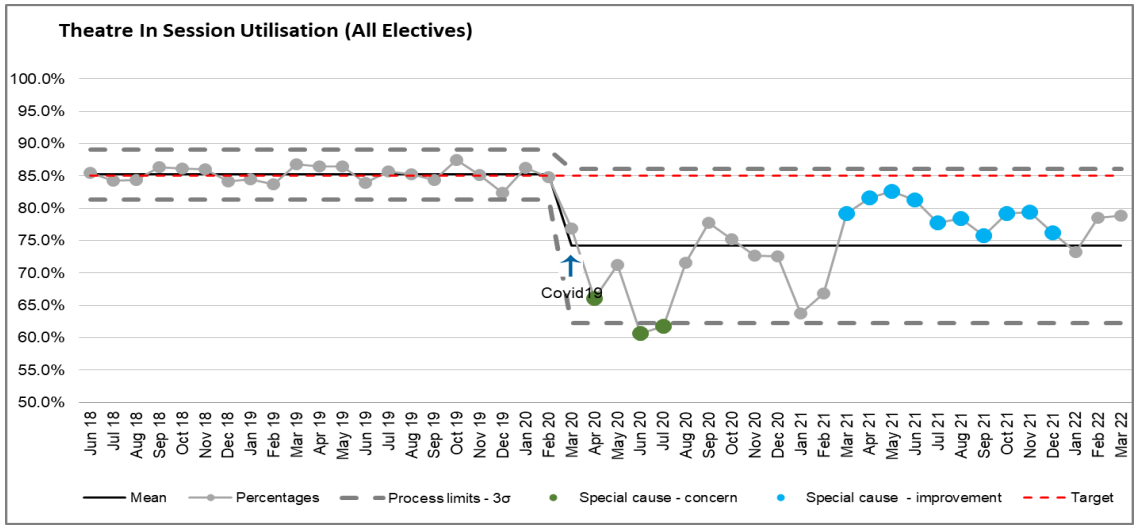


Activity for March was above plan – actual 1212 v plan 1195. Year position 13411 actual v 13571 plan (-1%)

The focus is on delivering activity for 22/23 with fully utilised lists, weekend theatre lists and proactive recycling of in week sessions. The Operational team have therefore set an aspirational plan which will be monitored in parallel to the system plan.

2. Theatre Utilisation





Elective Session Utilisation (March 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	464	414	50	89.22%
UHB	138	113	25	81.88%
Totals	602	527	75	**87.54%**

Elective In Session Utilisation (March 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1840	1462	378	79.47%
UHB	510	391	119	76.68%
Totals	2349	1853	497	**78.86%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in March and was within target at 87.54%. Total In Session utilisation was 78.86% a slight increase on the previous month (78.49%) but below the required 85% minimum utilisation target.

March saw a significant impact on both list and in session utilisation as a direct result of staff, including consultants being affected by covid/sickness, which at its peak resulted in 9 Consultants being unavailable. This is an area that is being closely monitored as covid rates continue to remain high in early April. Where possible, patients are either transferred to other lists on the day, other Consultants stepping in where possible or patients being re-dated as soon as possible.

Any cancellations that took place as a result of staff absences followed a consistent operational procedure ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected .

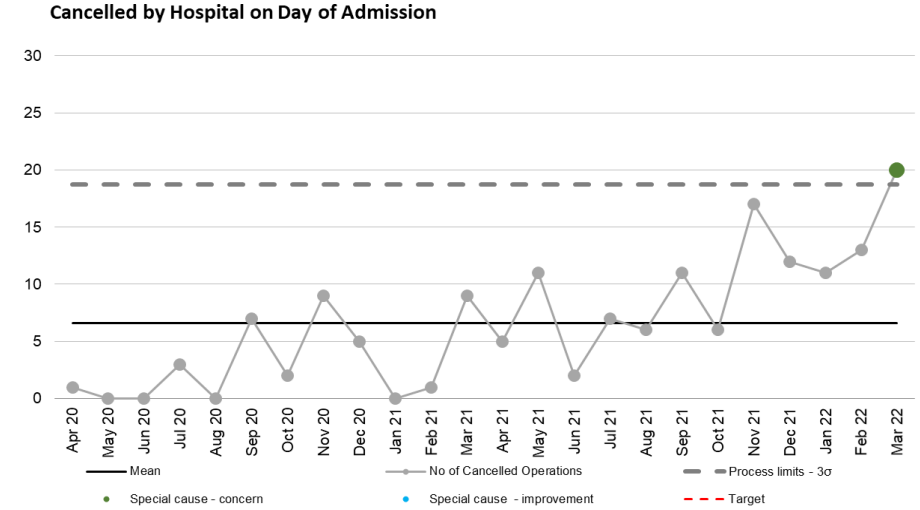
AREAS FOR IMPROVEMENT

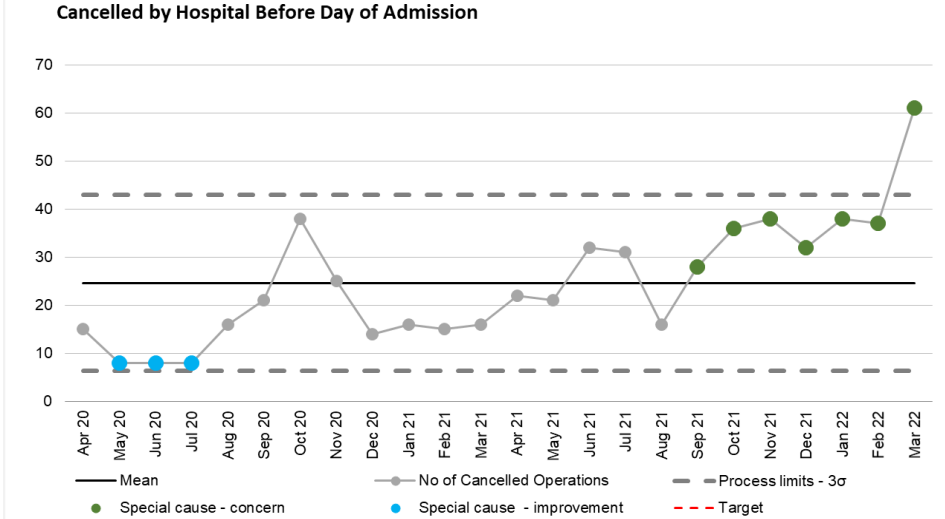
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

RISKS / ISSUES

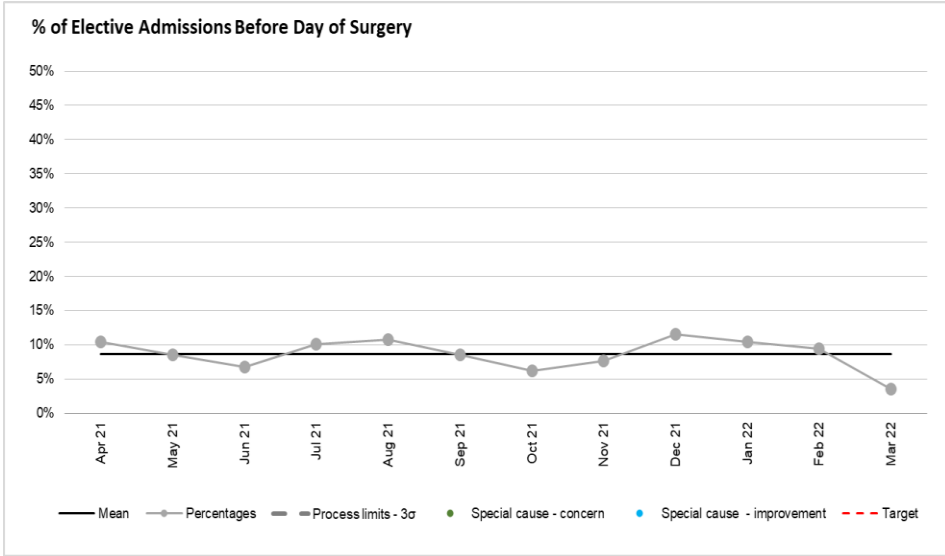
On going risks remaining with staff absence due to covid/sickness or patients either being medically unfit/deferred. Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible . These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Chief Nurse to give appropriate support and focus in this area.

2. Theatre Utilisation/ Hospital Led Cancellations





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
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	1
Total	**130**	**305**	**408**	**843**	**1**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 20 patients cancelled on the day in March with reasons detailed as follows;

11 x availability of staff due to sickness
6 x patients covid + / medically deferred
2 x admin errors (Not cancellations on validation)
1 x treatment deferred to following day

There were 28 patients admitted but where treatment was deferred, with reasons broken down as follows:

12 x Medically unfit / Clinical change in condition,
9 x availability of staff due to sickness
4 x lack of theatre time/beds
2 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x admins error pt admitted previous day

There were 61 patients cancelled by the hospital prior to date of admission.

30 x availability of staff due to sickness
27 x patients covid + / medically deferred
3 x changes in TC date
1 x patient DNA'd appointments

12 patients were admitted prior to their day of surgery with the majority under oncology and this was due to the patients living long distance and/or patients requiring clinical intervention ahead of surgery e.g blood transfusions etc.

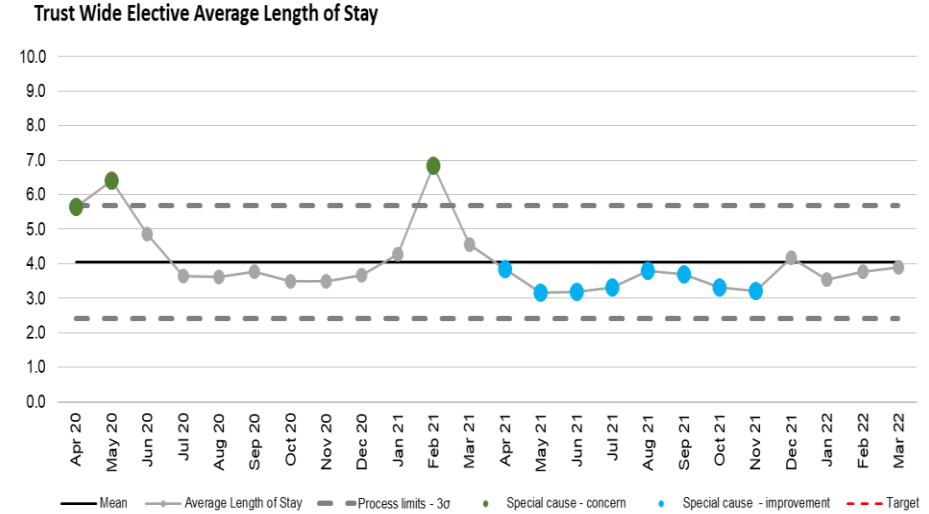
AREAS FOR IMPROVEMENT

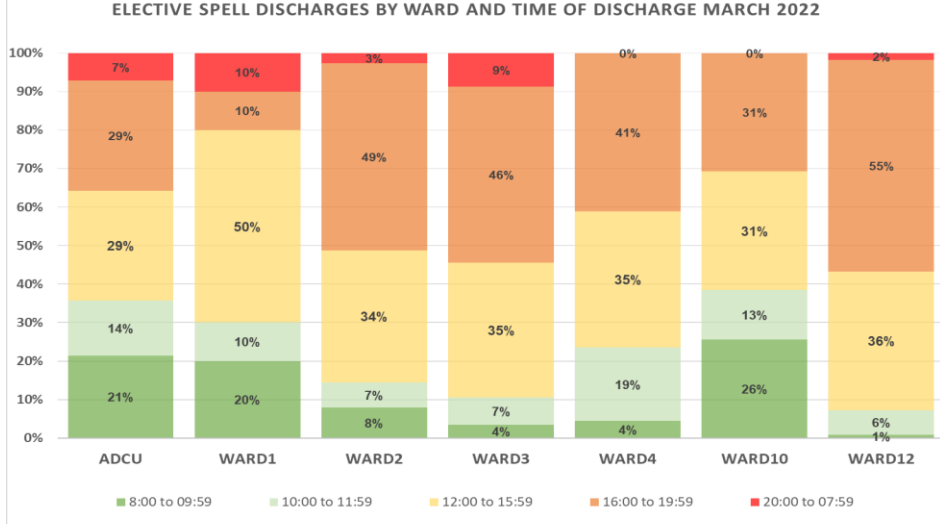
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.

RISKS / ISSUES

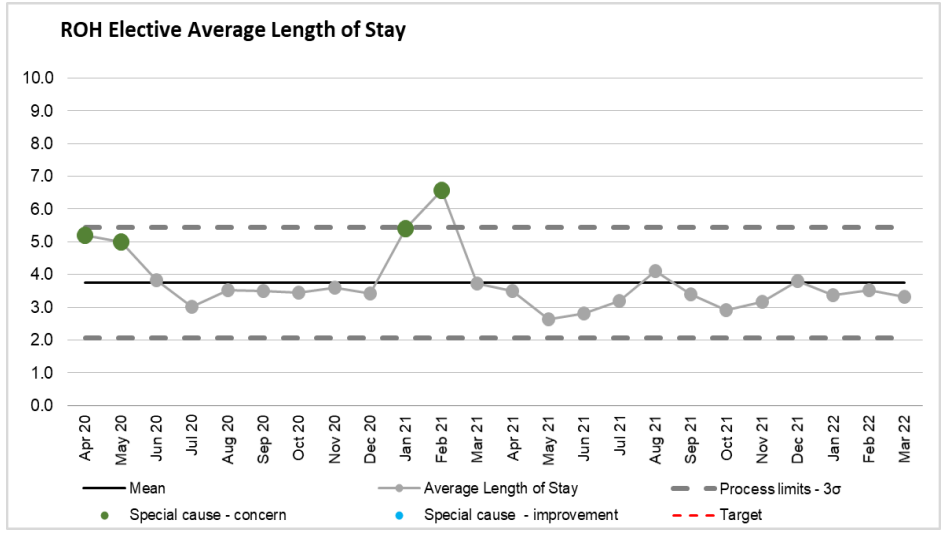
Impact of the continuation in high Covid rates impacting on both patients and staff

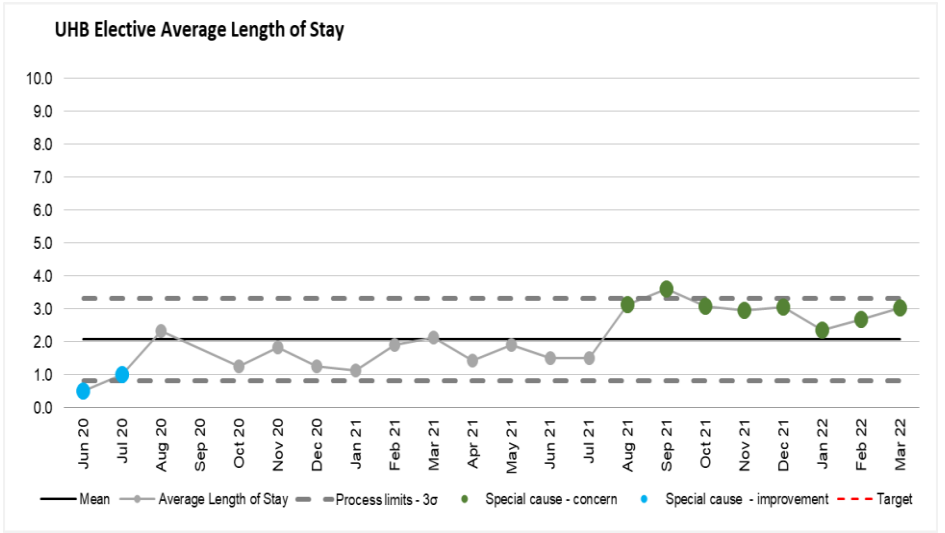
3. Length of Stay

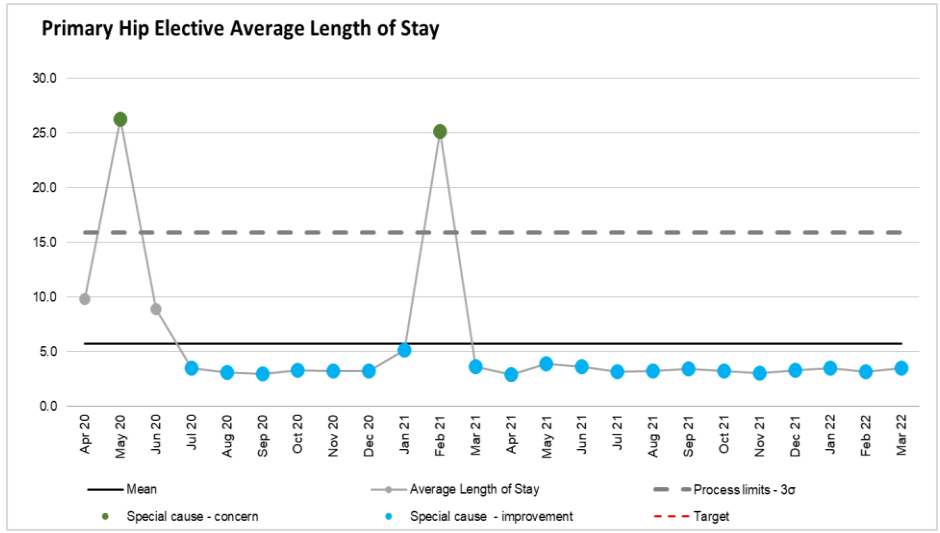


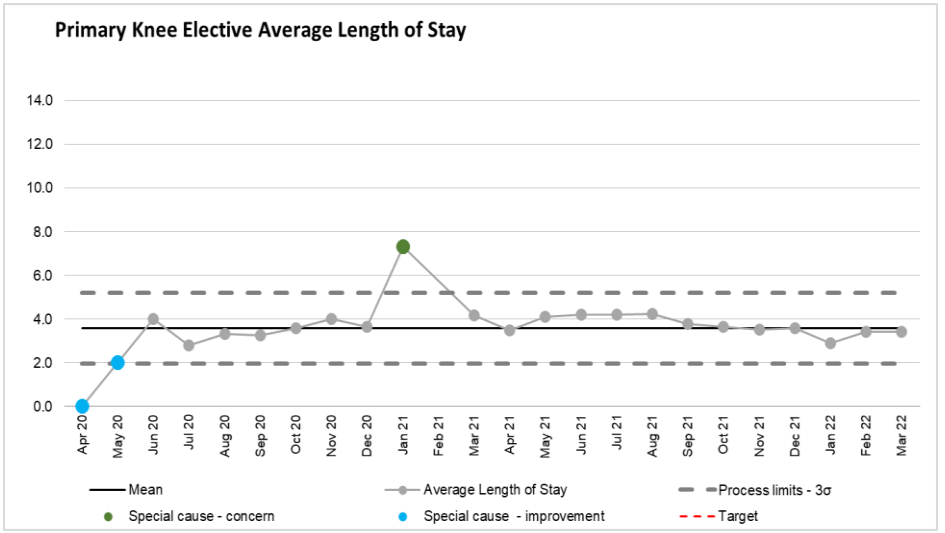


3. Length of Stay





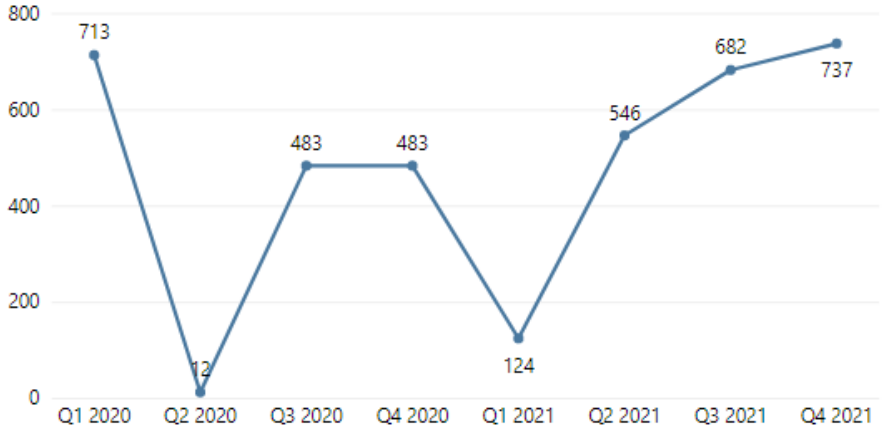




3. Length of Stay

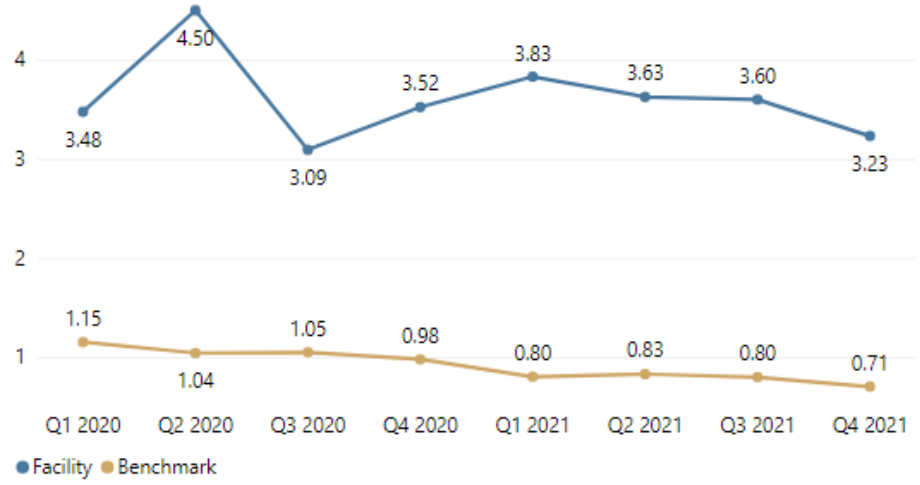
JointCare Data: Pre to post COVID comparison

Volume: Primary hip and knee arthroplasty



- Pre COVID activity has been restored in hip and knee arthroplasty

Length of Stay (days): Primary hip and knee arthroplasty



- Following the Refresh and Recover programme, average length of stay is now lower than pre pandemic
- Length of stay for both primary hip and knee arthroplasty has consistently decreased through 2021

3. Length of Stay

SUMMARY

The average length LOS for ROH patients from all specialities has increased in month to **3.90** (3.76 February).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.33** (3.49 February)
The average length of stay for UHB arthroplasty patients at ROH is **3.03** (2.68 February).

March length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

17 (13 February) UHB arthroplasty patients with LOS greater than 3 days. **11** (6 February) with a length of stay greater than 5 days and **6** (10 February) with a stay greater than 7 days. (excludes Rehab).

64 (64 February) ROH patients, arthroplasty and oncology arthroplasty, with a length of stay greater than 3 days. **32** (35 February) with a length of stay greater than 5 days, **21** (19 February) with a length of stay greater than 7 days.

In summary 21 ROH arthroplasty and oncology arthroplasty and 6 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In February 168 patients went home via the discharge lounge. In addition number of patients discharged home before lunch increased from **19%** in January to **32.14%** in February. (March data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

AREAS FOR IMPROVEMENT

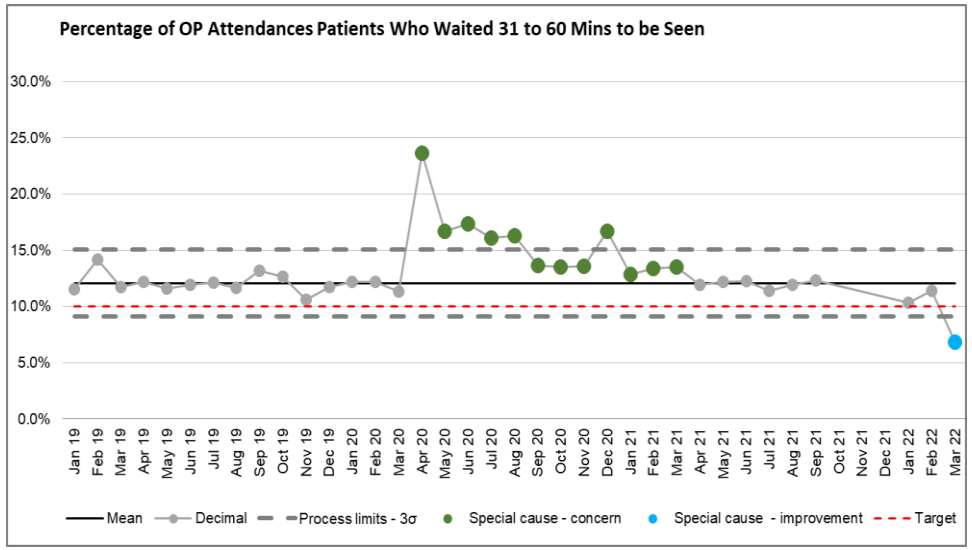
Joint Care Group feedback:

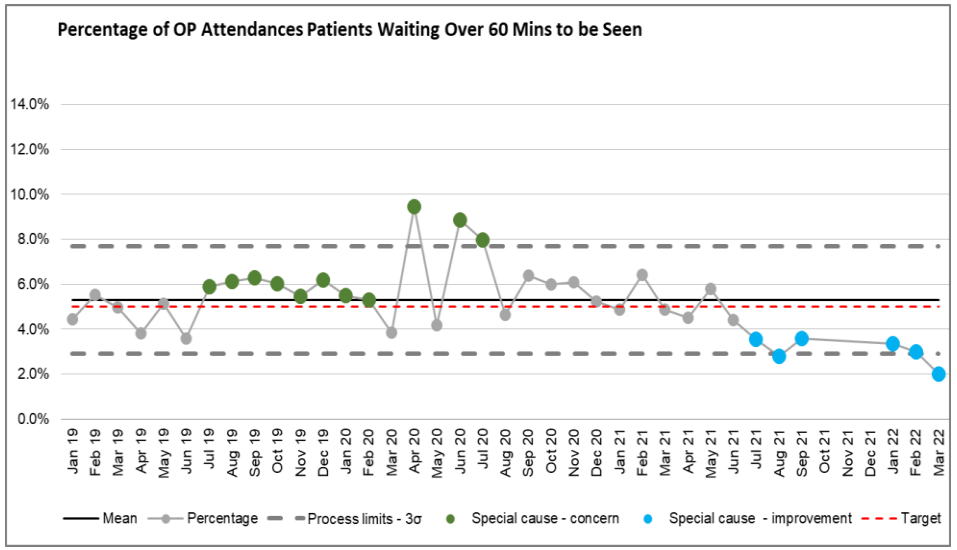
- An audit of patients undergoing surgery on a Friday or Saturday and the impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.
- Discharge Lead/Matron/HoN to review monitoring and escalation protocols relating to complex discharge and Delayed Transfesr of Care to establish if any area for improvement

RISKS/ISSUES

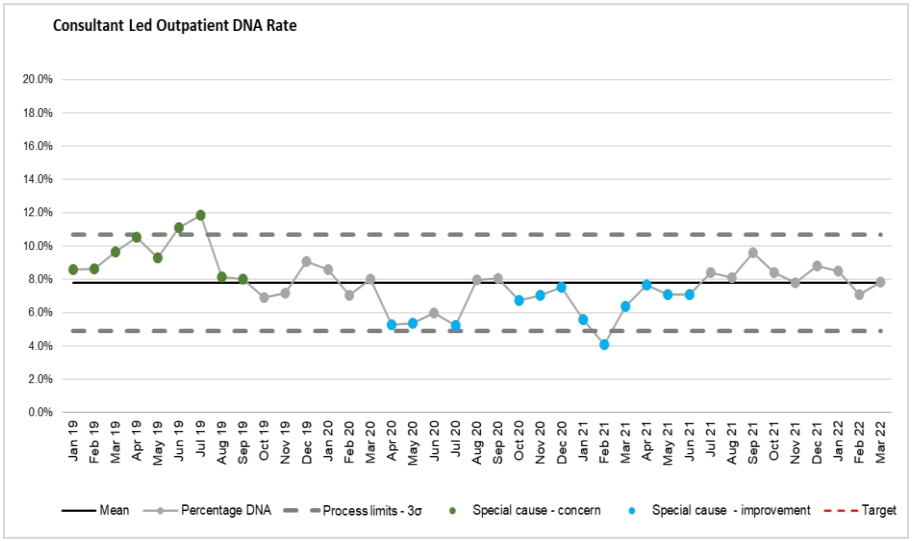
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

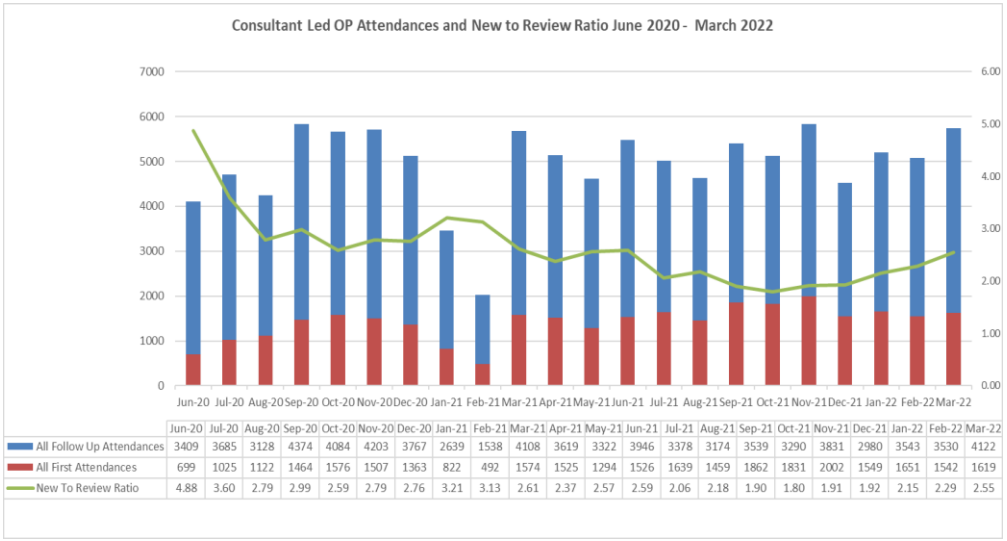
4. Outpatient efficiency



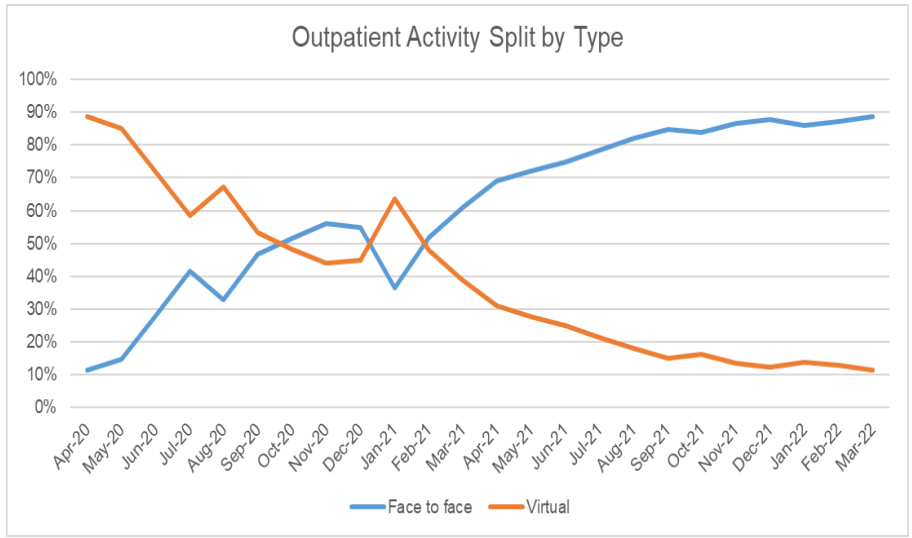


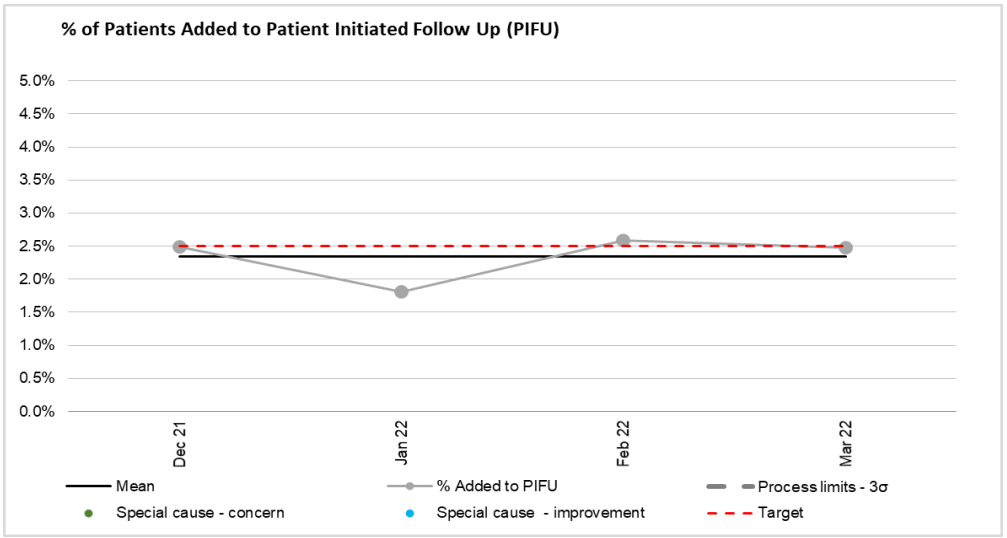
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55





4. Outpatient efficiency

SUMMARY

There were 4,886 face to face and 648 virtual appointments carried out in March (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform to support virtual clinics going forward.

PIFU Target for March: plan **2.5%** - actual: **2.49%** - 97 patients out of 3917 (measured as a % of all outpatient activity**)**

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **6.8%** (Target **10%)**
60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown a improvement from February to March with just 6.8% of appointments being delayed more than 30 minutes. Also delays of 60 minutes or more have also dropped in March to 2%. A trial of electronic outcomes is being planned in Young Adult Hips which will mean the clinician is entering the time stamping making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. A new intranet based x-ray walking referral form and waiting list has helped to manage flow and reduce delays.

The DNA rate for March is **7.83% , below trust target** but an increase from **7.07**% in February – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. The Operational Team are working closely with Business Intelligence to provide more information regarding DNA's including ethnicity, age, gender, notice period provided and previous DNA history.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In March 117 referrals for advice and guidance were received against a GP referral total of 1464 gives a total of **8%** for advice and guidance.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for March.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and is due to be completed by the end of May. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

5. Referral to Treatment

Referral to Treatment Snapshot as at 31st March 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

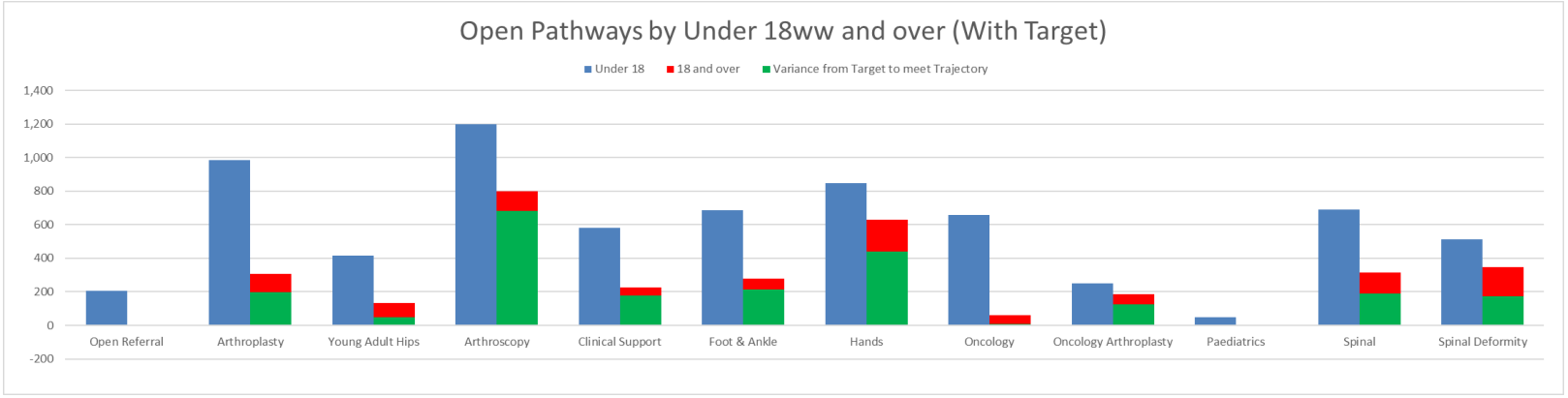
Est Over 18 Clock Stops Required		
To achieve	87.56%	2612
To achieve	89.10%	2773
To achieve	89.94%	2858

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,531**	204	534	200	539	273	334	393	347	91	31	321	264
7-13	**2,268**	0	334	144	408	202	231	256	191	84	16	227	175
14-17	**1,273**	0	115	72	250	107	120	197	120	76	3	140	73
18-26	**1,709**	0	181	86	347	154	145	306	45	98	3	183	161
27-39	**1,175**	1	116	39	302	61	112	227	14	63	0	100	140
40-47	**304**	0	8	7	118	6	19	67	2	18	0	23	36
48-51	**65**	0	0	1	27	2	1	20	1	3	0	3	7
52 weeks and over	**23**	0	0	0	5	1	1	9	0	2	0	4	1
Total	**10,348**	205	1,288	549	1,996	806	963	1,475	720	435	53	1,001	857

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,072**	204	983	416	1,197	582	685	846	658	251	50	688	512
18 and over	**3,276**	1	305	133	799	224	278	629	62	184	3	313	345
Current Month End RTT %	**68.34%**	99.51%	**76.32%**	**75.77%**	**59.97%**	**72.21%**	**71.13%**	**57.36%**	**91.39%**	**57.70%**	94.34%	**68.73%**	**59.74%**

31/03/2022 Trajectory RTT %	87.56%	100.00%	90.32%	83.17%	91.15%	92.52%	91.26%	81.82%	92.47%	80.97%	92.16%	84.59%	75.06%
Target for RTT Trajectory	1,005	0	105	84	116	47	66	188	54	59	4	125	170
Variance from Target to meet Trajectory	2271	1	200	49	683	177	212	441	8	125	-1	188	175



5. Referral to Treatment

Referral to Treatment Snapshot as at 31st March 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

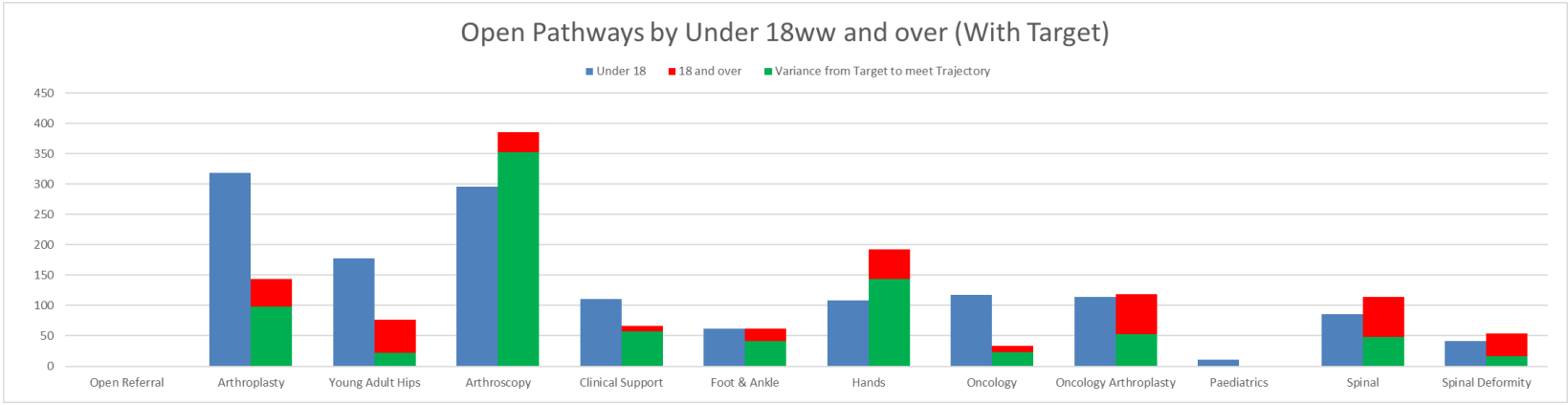
Est Over 18 Clock Stops Required		
To achieve	80.93%	1044
To achieve	89.10%	1232
To achieve	89.94%	1250

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**644**	0	137	71	155	55	26	41	51	38	8	45	17
7-13	**503**	0	123	74	99	39	16	39	41	39	2	22	9
14-17	**296**	0	58	33	42	17	20	28	25	37	1	19	16
18-26	**566**	0	74	43	140	46	27	84	24	58	1	59	10
27-39	**485**	1	67	27	151	16	28	80	7	45	0	36	27
40-47	**144**	0	3	6	70	2	7	16	2	11	0	14	13
48-51	**41**	0	0	1	22	2	0	7	0	3	0	2	4
52 weeks and over	**12**	0	0	0	2	0	0	5	0	2	0	3	0
Total	**2,691**	1	462	255	681	177	124	300	150	233	12	200	96

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,443**	0	318	178	296	111	62	108	117	114	11	86	42
18 and over	**1,248**	1	144	77	385	66	62	192	33	119	1	114	54
Current Month End RTT %	**53.62%**	**0.00%**	**68.83%**	**69.80%**	**43.47%**	**62.71%**	**50.00%**	**36.00%**	**78.00%**	**48.93%**	**91.67%**	**43.00%**	**43.75%**

31/03/2022 Trajectory RTT %	80.93%	100.00%	87.55%	76.47%	90.23%	92.50%	74.61%	68.97%	92.70%	63.22%	93.33%	56.64%	52.72%
Target for RTT Trajectory	340	0	45	55	32	9	21	49	9	66	1	66	38
Variance from Target to meet Trajectory	908	1	99	22	353	57	41	143	24	53	0	48	16



5. Referral to Treatment

Referral to Treatment Snapshot as 31st March 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

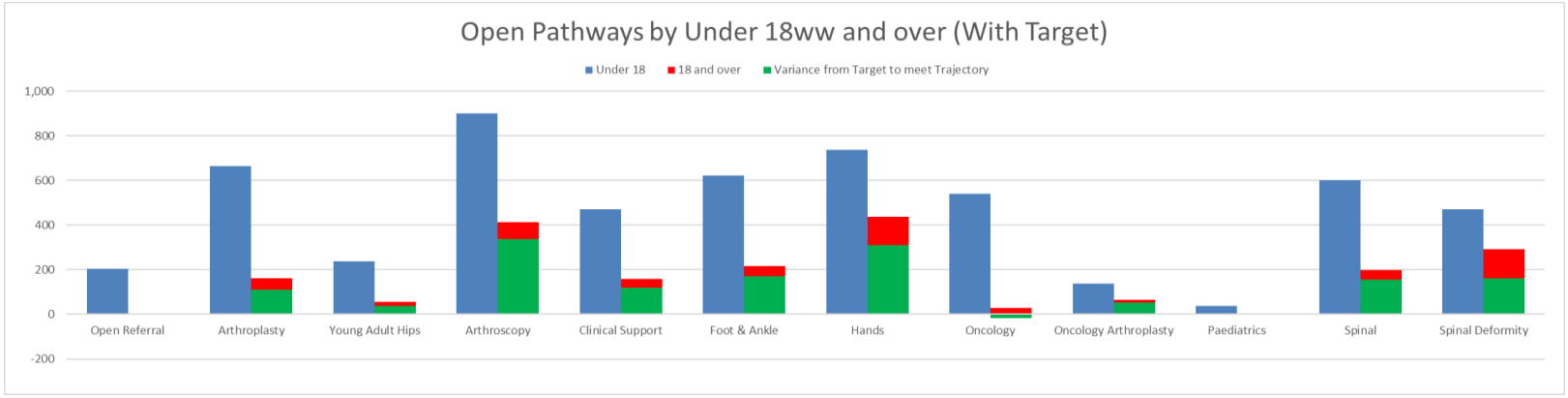
Est Over 18 Clock Stops Required		
To achieve	90.53%	1655
To achieve	89.10%	1541
To achieve	89.94%	1608

Select Pathway Type: Non Admitted

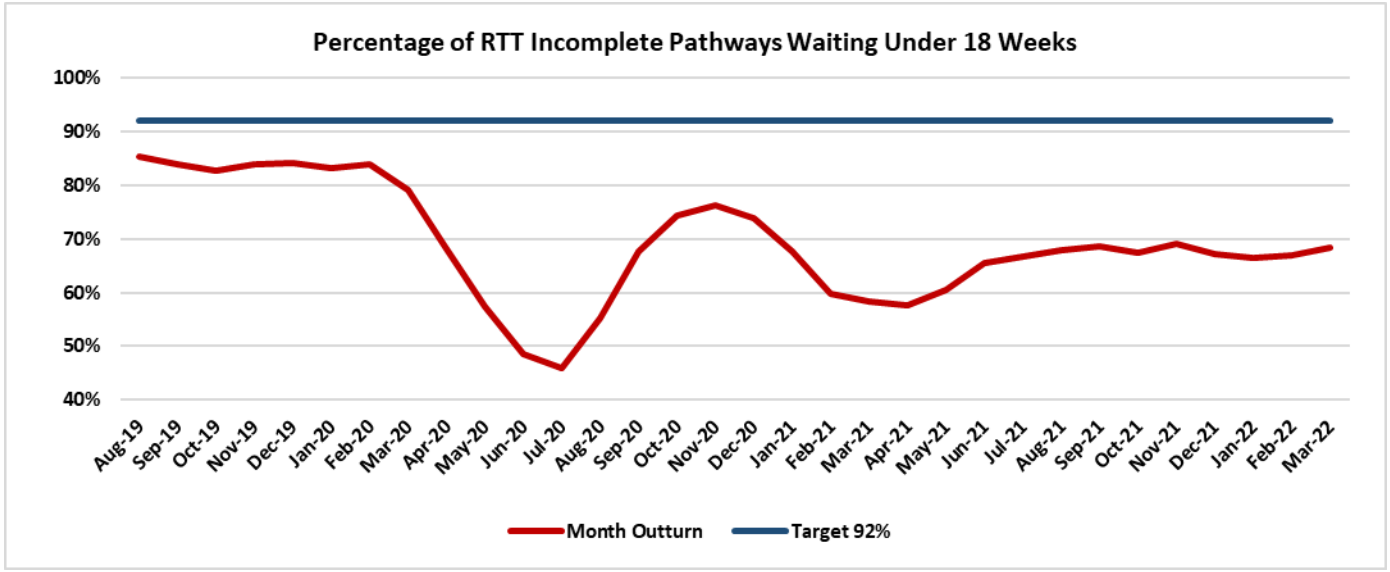
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,887**	204	397	129	384	218	308	352	296	53	23	276	247
7-13	**1,765**	0	211	70	309	163	215	217	150	45	14	205	166
14-17	**977**	0	57	39	208	90	100	169	95	39	2	121	57
18-26	**1,143**	0	107	43	207	108	118	222	21	40	2	124	151
27-39	**690**	0	49	12	151	45	84	147	7	18	0	64	113
40-47	**160**	0	5	1	48	4	12	51	0	7	0	9	23
48-51	**24**	0	0	0	5	0	1	13	1	0	0	1	3
52 weeks and over	**11**	0	0	0	3	1	1	4	0	0	0	1	1
Total	**7,657**	204	826	294	1,315	629	839	1,175	570	202	41	801	761

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,629**	204	665	238	901	471	623	738	541	137	39	602	470
18 and over	**2,028**	0	161	56	414	158	216	437	29	65	2	199	291
Current Month End RTT %	**73.51%**	**100.00%**	**80.51%**	**80.95%**	**68.52%**	**74.88%**	**74.26%**	**62.81%**	**94.91%**	**67.82%**	**95.12%**	**75.16%**	**61.76%**

31/03/2022 Trajectory RTT %	90.53%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	85.32%	92.43%	92.20%	92.05%	93.49%	78.38%
Target for RTT Trajectory	589	0	51	19	77	38	47	127	44	12	3	42	130
Variance from Target to meet Trajectory	1439	0	110	37	337	120	169	310	-15	53	-1	157	161



5. Referral to Treatment



ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for March is **68.34%** against the National Constitutional Target of 92%. This is an increase of 1.44% compared to February reporting at **66.90%.**

There are **23** patients over 52 weeks, a decrease from 32 in February. However due to the impact on activity in March due to patients and consultants having Covid/unwell we are anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **369** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2691 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,365** (87%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

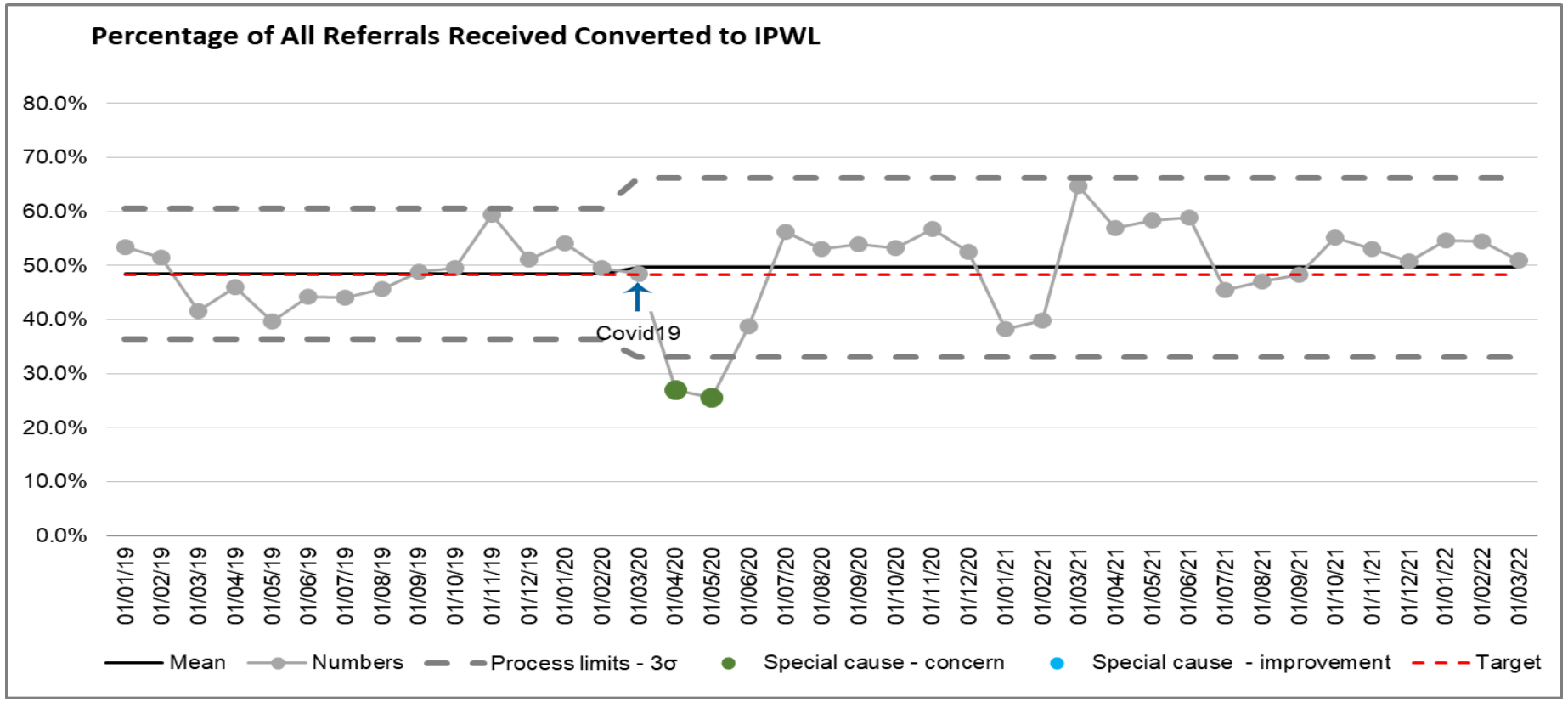
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

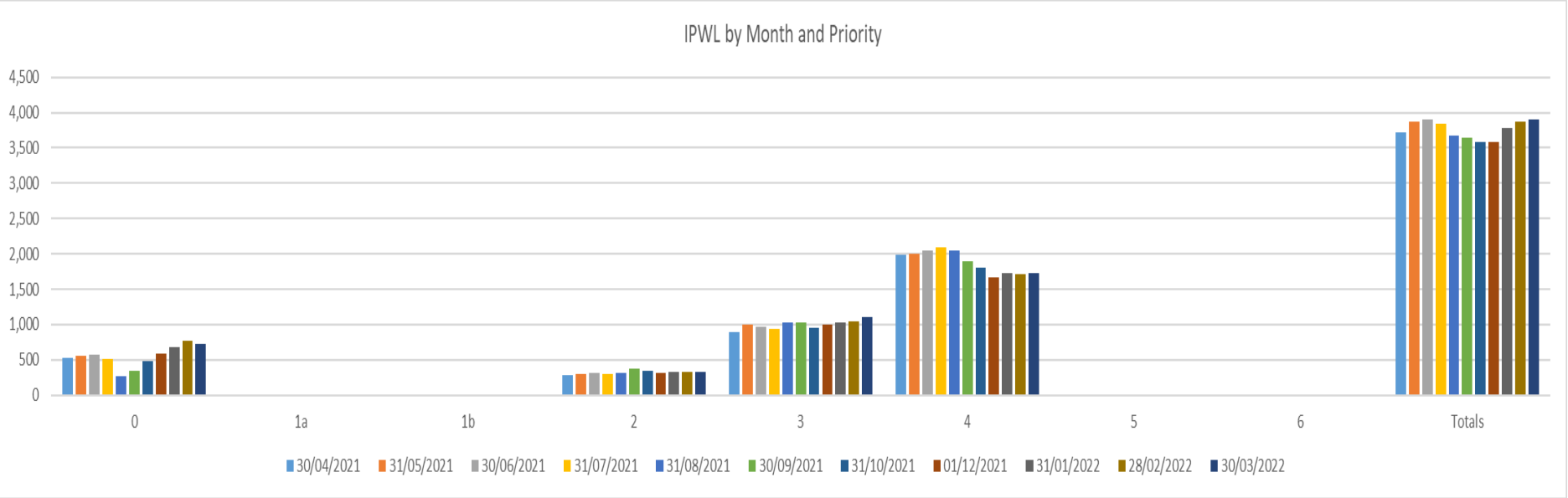
System support for 104 weeks and Covid surges may impact on the delivery of the RTT target

5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%	50.95%

5. Referral to Treatment



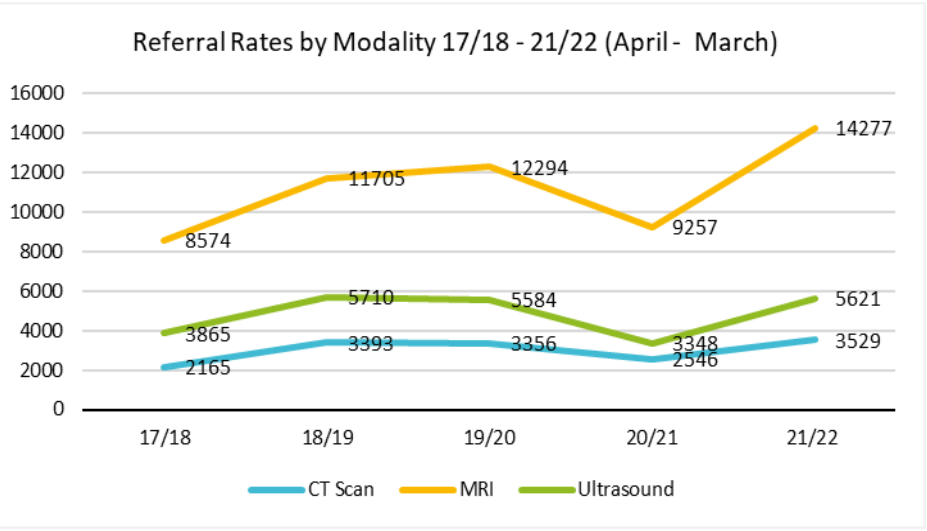
	Number of IP waiting as at	% of IP waiting as at
Priority	30/03/2022	30/03/2022
0	731	18.7%
1a		0.0%
1b	7	0.2%
2	330	8.4%
3	1109	28.4%
4	1728	44.2%
5	2	0.1%
6		0.0%
Total	3907	100%

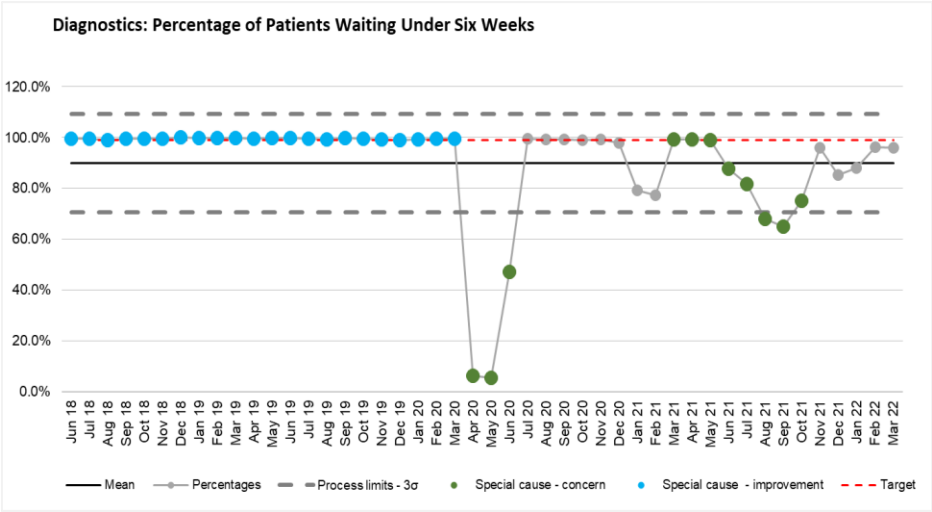
March remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

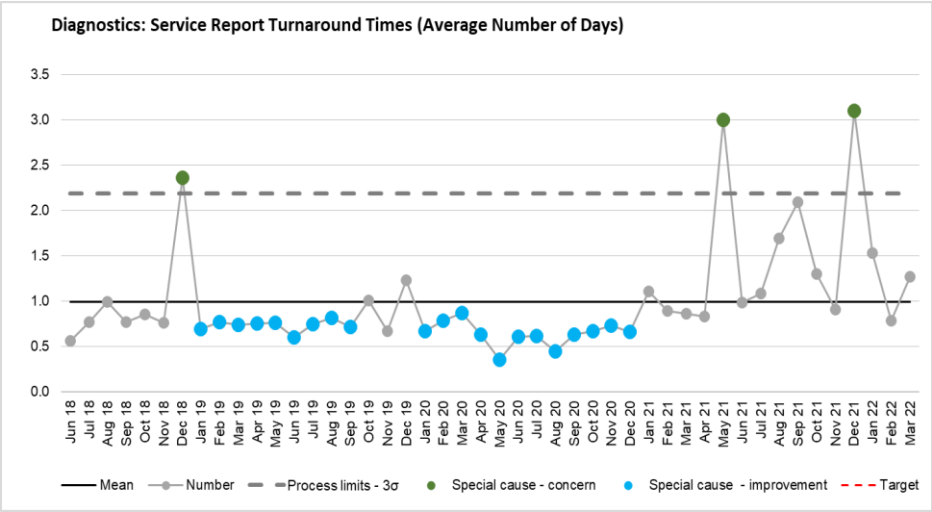
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in March reporting 96%. Referrals continue to remain high specifically for MRI with a referral rate of 145% in March when compared to the same period in 19/20. Ultrasound and CT remain in target.

A formal contract request for additional mobile MRI van capacity via NHS Supply Chain has result in 3 companies responding and is currently going through due process but it is expected that this extra capacity will become available in May which will have a positive impact on the clearance of the backlog within MRI. Meanwhile adhoc capacity is also being sourced.

Dr Dr (patient text messaging service) is also expected to come on line by the end of April which will support the reduction in the DNA rates which is currently averaging 10-12%.

Reporting times in March remained on target

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's .
Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

February Cancer Performance – February 2022 Submission

		Feb-22				
Target Name	National Standard	%	In target	Breach	Accountable patients	Total Patients
2ww	93%	96%	69.0	3.0	72.0	72.0
31 day first treatment	96%	85%	11.0	2.0	13.0	13.0
31 day subsequent (surgery)	94%	100%	3	0	3	3
62 day (traditional)	85%	100%	4.5	0	4.5	6
62 day (Cons Upgrade)	n/a	76%	6.5	2.0	8.5	11.0
28 day FDS REPORTED	75%	84%	65.0	12.0	77.0	77.0
Patients over 104 days				1		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breach reasons:
2 x 31 day subsequent – delay to scheduling surgery as the patients required multi-disciplinary surgical team including the plastics specialists. One patient also had an inconclusive diagnosis from the referring Trust which resulted in a delay to a definitive diagnosis
1 x 62 day (upgrade) - delay in diagnosis requiring several repeat biopsies and patient requiring thinking time due to life changing decision for treatment
1 x 62 day (upgrade) - patient required 2 x biopsies and 1 x open biopsy and was discussed at both the UHB and ROH MDT. There was difficulty in diagnosing the patient as the radiology suggested TB although tests were negative. Patient eventually diagnosed and referred to Christies for Proton Therapy on day 163

Operational Update

- Work continues on the 2WW referral pathway with Bsol CCG.
- The RJAH support SLA has ceased going into the new financial year.

8. Overall Financial Performance

SUMMARY

The Trust delivered a full year surplus £422k against a planned breakeven position.

Income for the year performed better than plan by £8.1m. This primarily relates to £2.4m of pension income, elective stretch monies recognised in H2, ERF income during H1 and funding of the pay award.

Pay and non pay expenditure overspent in the year by £7.5m.

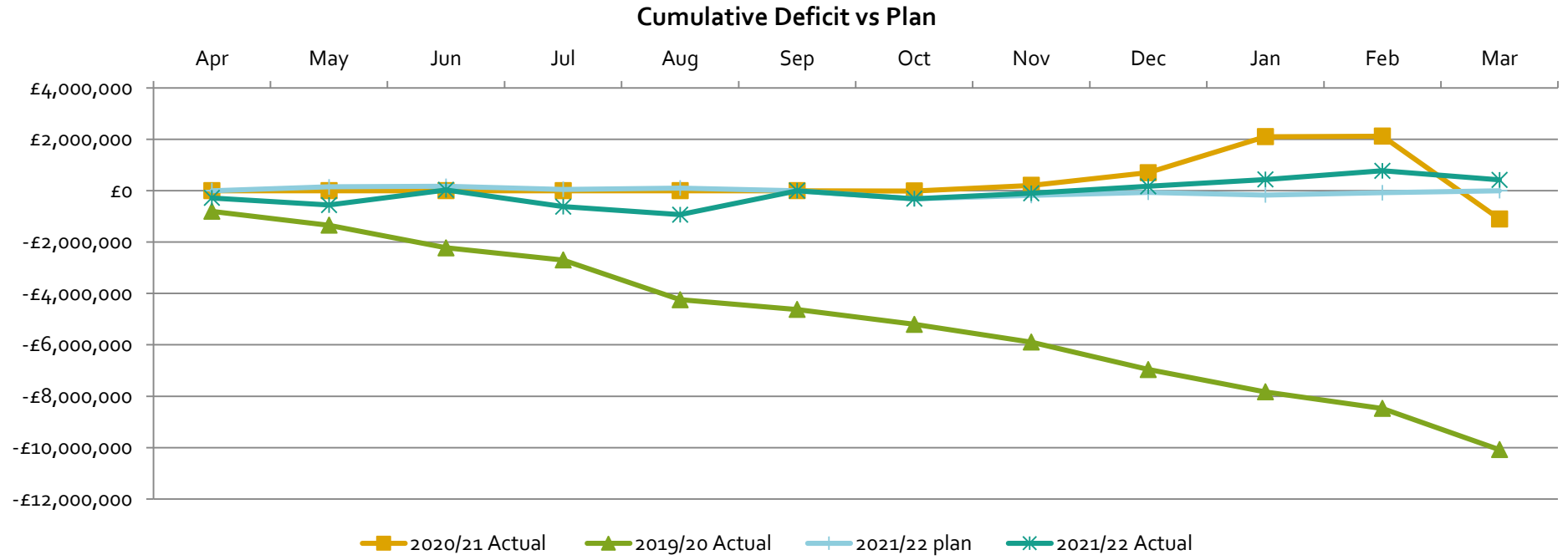
Capital expenditure for the year overspent by £357k due to an agreed allowed system overspend.

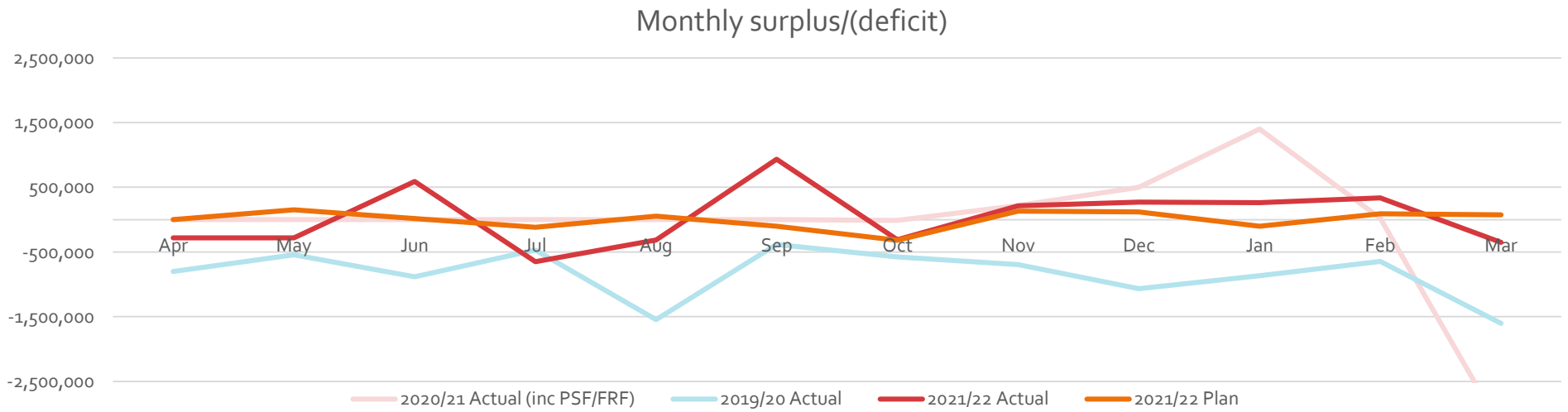
	£'000s				
	Income	Pay	Non Pay	Finance costs, impairment and capital donation	Total
Full year Variance	£8,100	(£4,988)	(£2,636)	(£55)	£422
Full year plan	£107,327	(£60,144)	(£45,974)	(£1,209)	-
Full year actual	£115,428	(£65,131)	(£48,610)	(£1,266)	£421
Month 12	£12,496	(7,667)	(5,266)	£85	(£352)

8. Overall Financial Performance

	Plan	Actual	Variance
	Full year (£'000)		
Operating Income from Patient Care Activities	103,302	109,533	6,231
Other Operating Income (Excluding top up)	4,025	5,895	1,869
Employee Expenses (inc. Agency)	(60,144)	(65,131)	(4,988)
Other operating expenses	(45,974)	(48,610)	(2,636)
Operating Surplus	**1,210**	**1,686**	**477**
Net Finance Costs	(1,244)	(1,408)	(164)
Net surplus/(deficit)	(34)	278	312
Remove impairments of land and buildings	-	361	361
Remove donated asset I&E impact	34	(218)	(252)
Adjusted financial performance	**-**	**421**	**421**
Non recurrent funding	(20,088)	(26,664)	(6,576)
Underlying surplus/(deficit)	**(20,088)**	**(26,423)**	**(6,335)**

8. Overall Financial Performance





9. Income

SUMMARY

Income for the year performed better than plan by £8,100k. The most significant movement in month relates to pension funding. Year to date variance primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Private patient income performed £973k above plan for the full year.

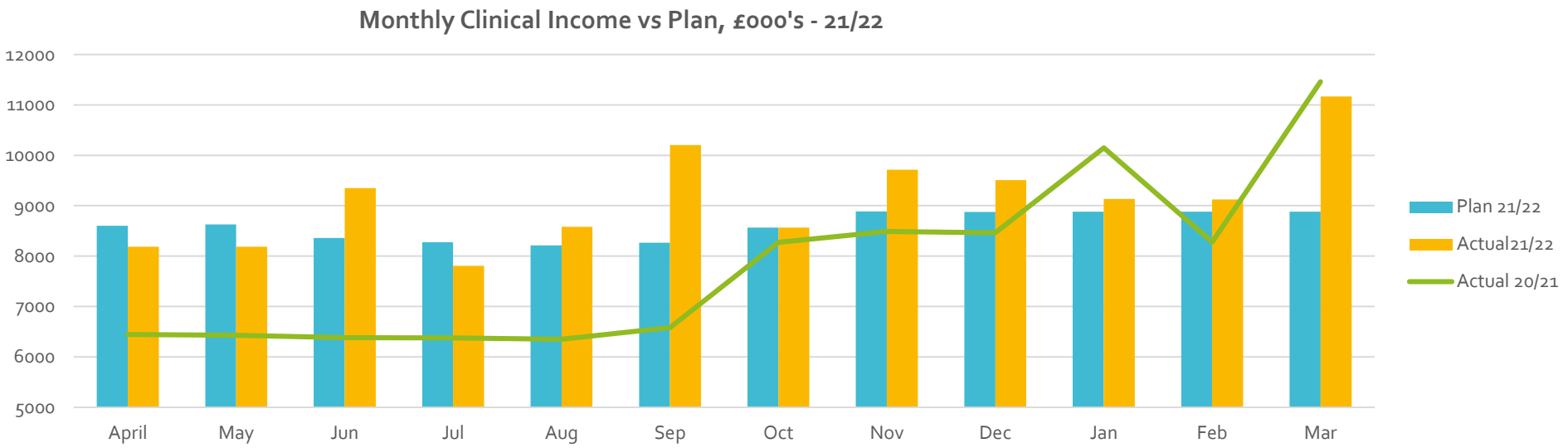
AREAS FOR IMPROVEMENT

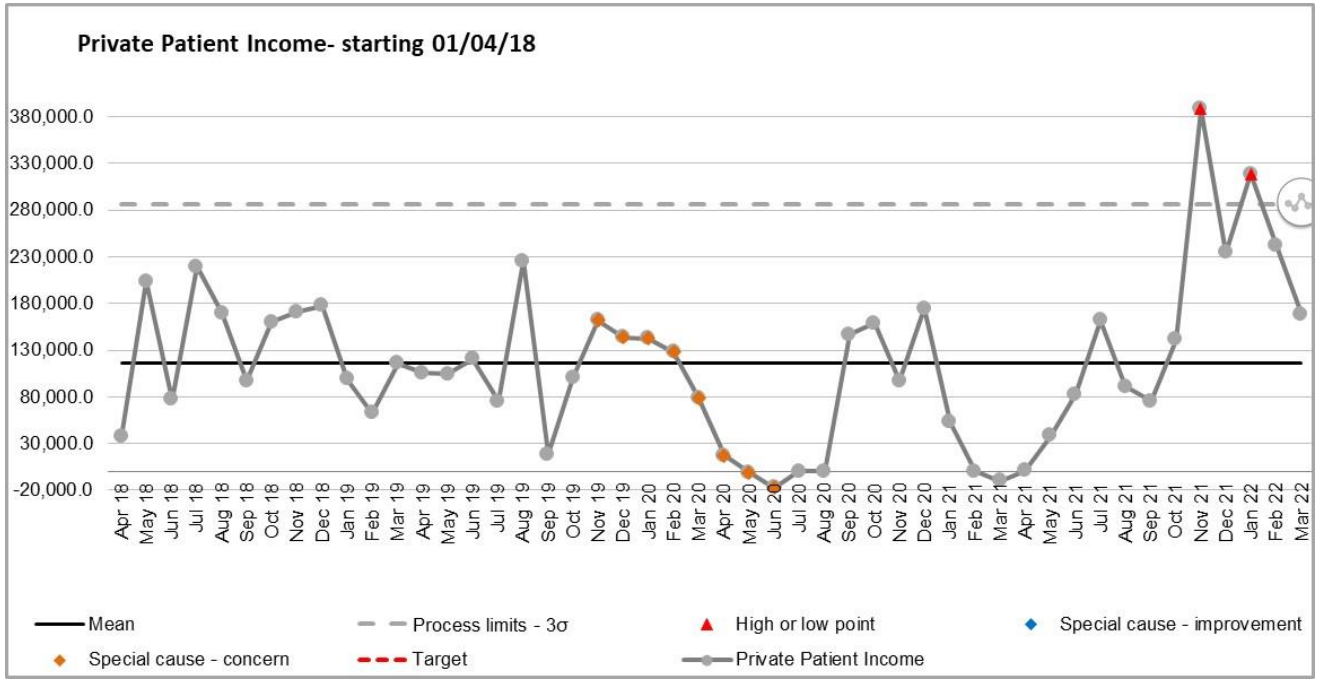
Other income, whilst above plan, was still below 2019/20 levels. This category of income car parking, catering and accommodation.

RISKS / ISSUES

Non recurrent funding has been received in both H1 and H2, generating an underlying financial risk for 2022/23.

9. Income


Monthly Clinical Income vs Plan, £000's - 21/22
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 21/22
Actual21/22
Actual 20/21


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
Jun 19
Jul 19
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Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent against plan year to date by £7.5m, which has been driven by £2.4m additional pension costs and increased activity against original plan.

Overall pay spend is higher than plan with substantive, agency and bank all overspending year to date. Agency spend has remained stable at £504k, although there is an increase in nursing spend and a reduction in medical.

Overall non pay spend is higher in month as a result of the revaluation of the estate, recognition of the expenditure related to donated PPE (again offset with income), a review of balance sheet areas such as prepayments and accruals, and year end stock count adjustments.

AREAS FOR IMPROVEMENT

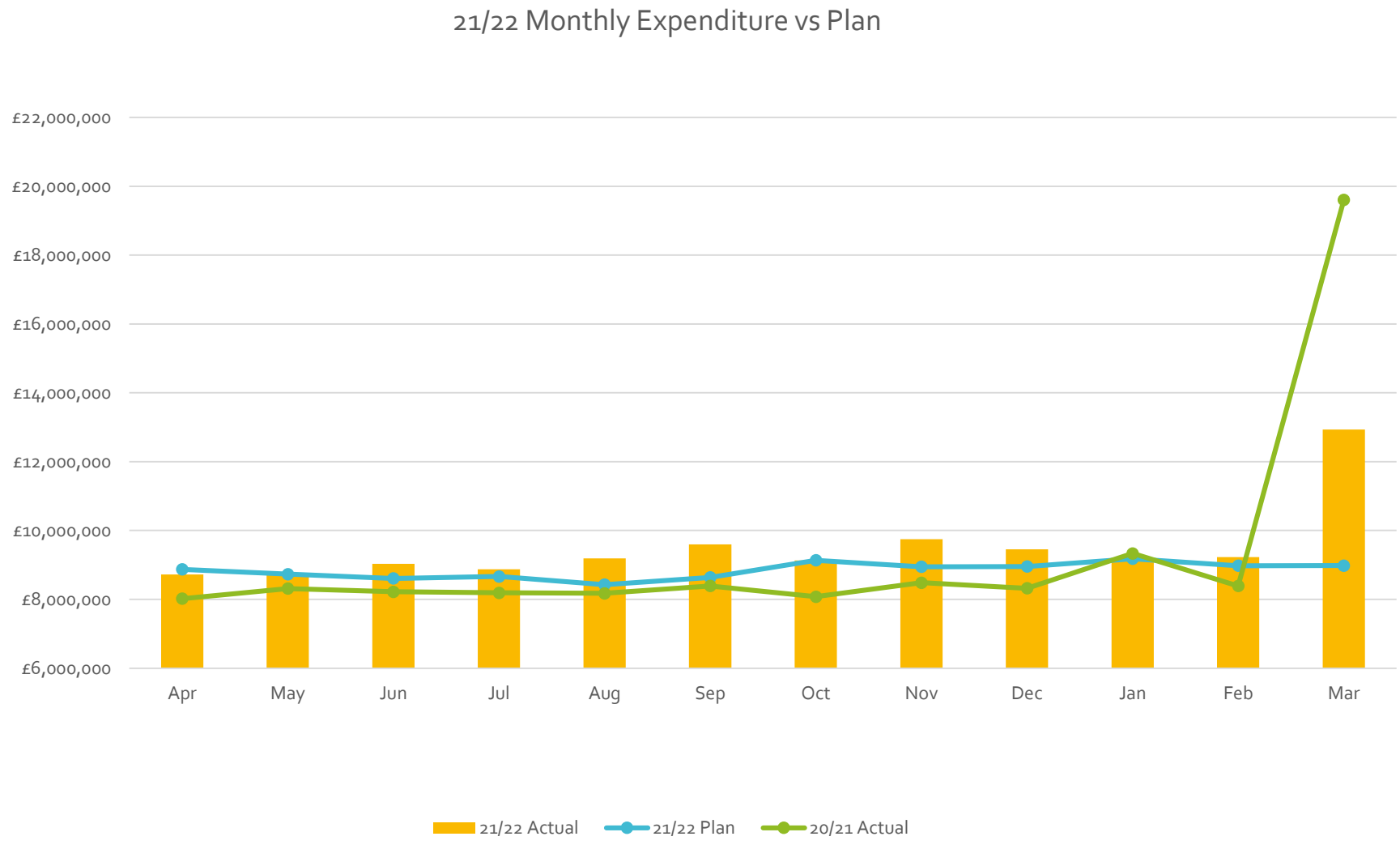
Agency spend is above plan year to date by £594k, and bank spend above plan by £566k year to date.

Agency costs as a percentage of total staff costs year to date has decreased compared to last month at 6.6% compared to 9.1% in February, but remains above plan of 6.1%.

RISKS / ISSUES

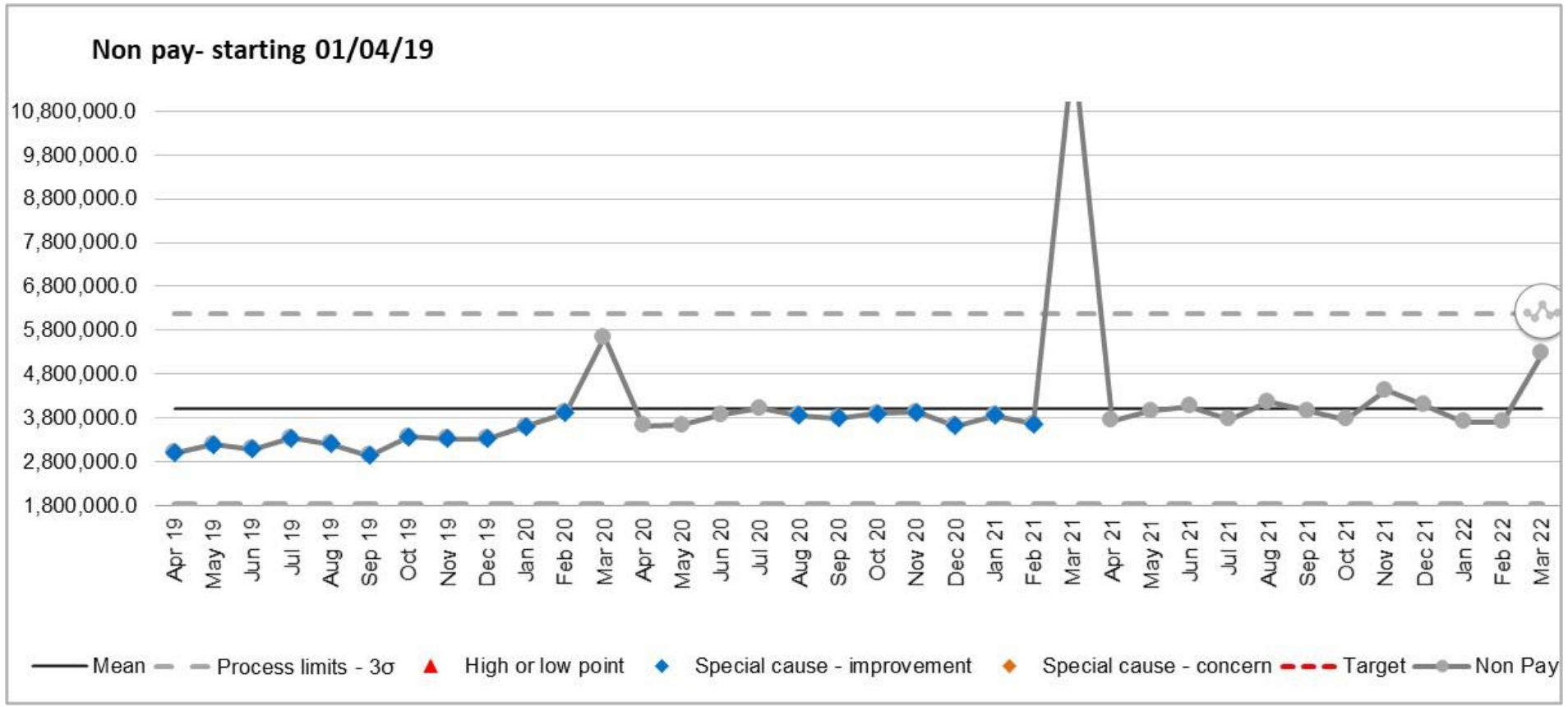
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



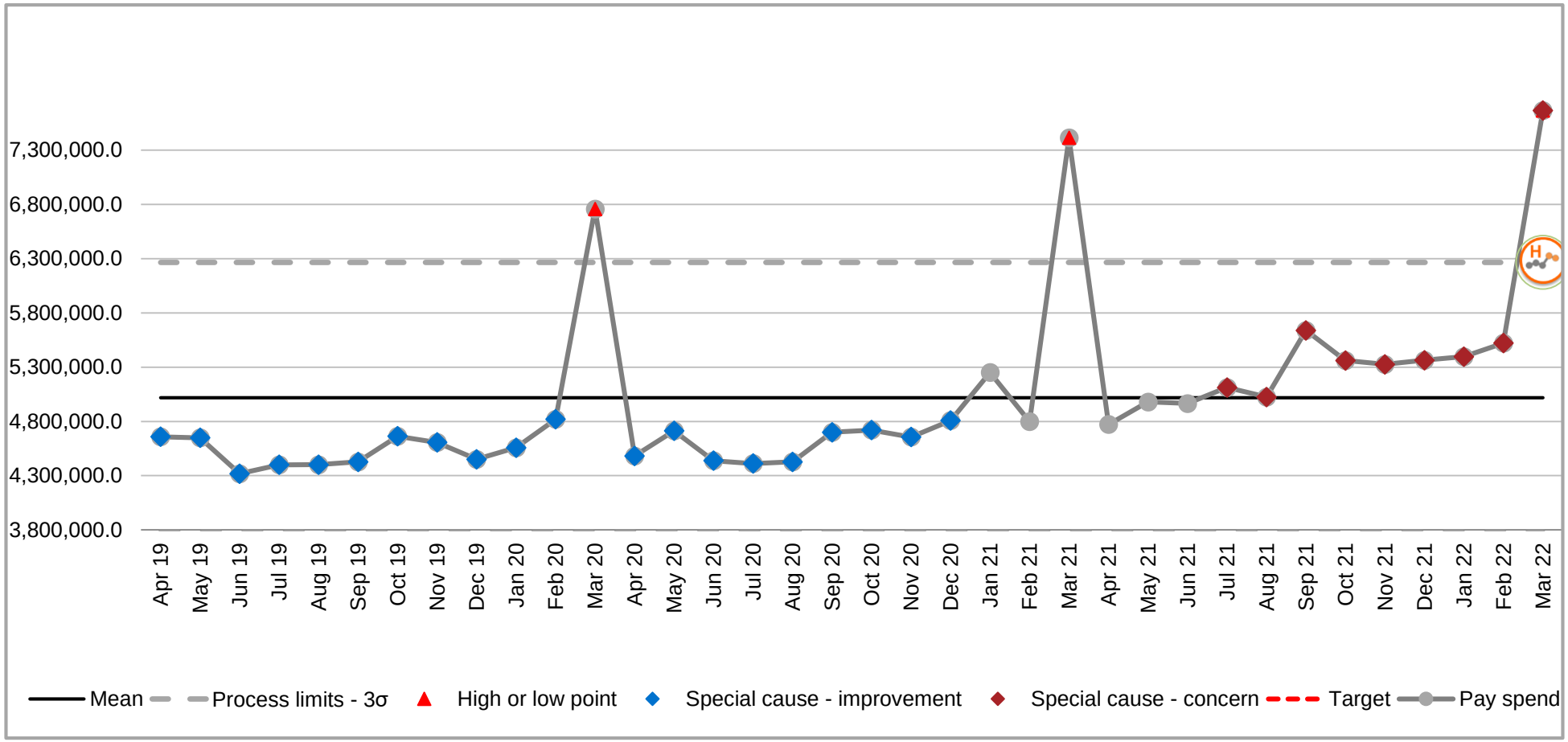
9. Non Pay Expenditure

Non-pay expenditure

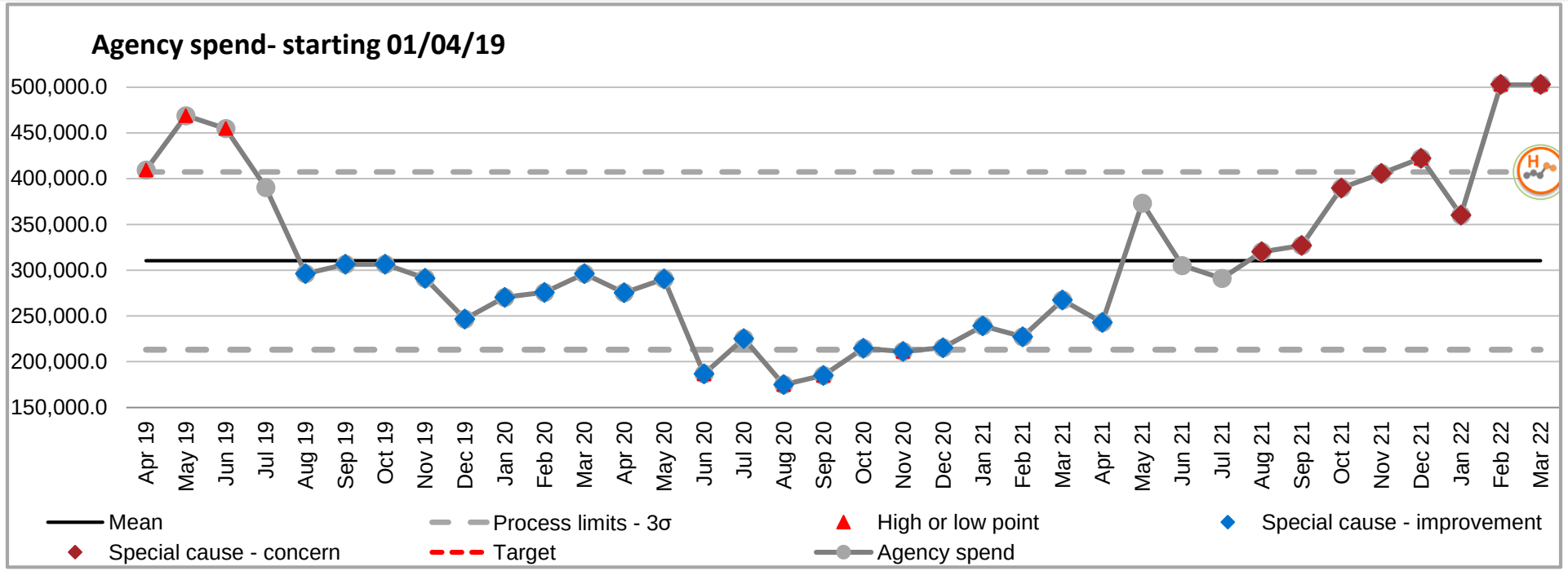


9. Pay Expenditure

Pay expenditure

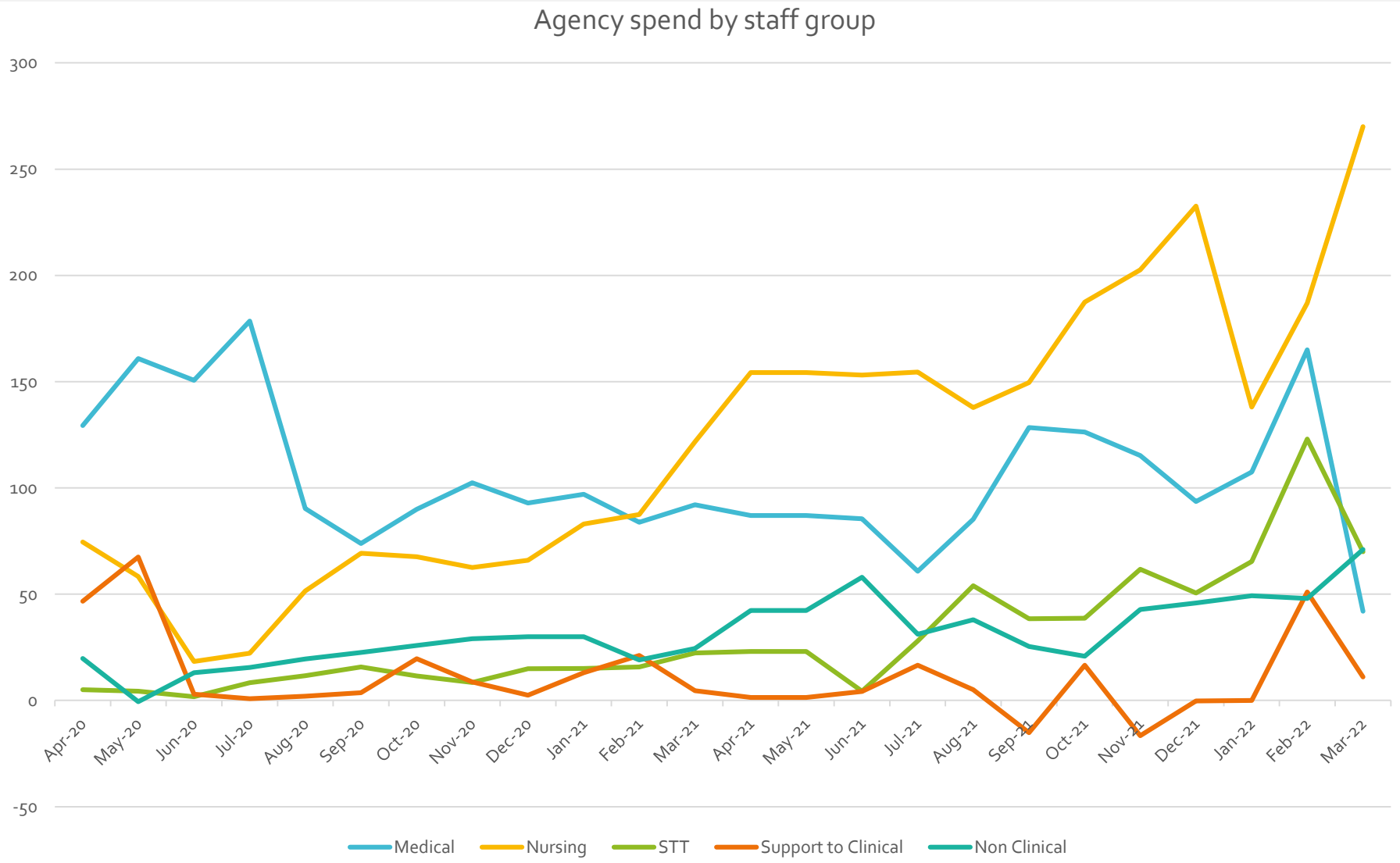


11. Agency Expenditure



	Full year Spend (£'000s)			
	Agency	Bank	Substantive	Total
Medical staff	1,183	777	15,541	17,501
Clinical Staff (exc medical staff)	2,745	3,029	23,847	29,621
Non clinical staff	515	1,575	15,701	17,791
Total	**4,443**	**5,381**	**55,088**	**64,913**

11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Efficiencies totalling £2,197k have been recognised year to date. The most significant scheme delivering savings to date is non pay procurement savings and private patient income above plan.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£264	£103	-£161	
Non pay	£2,119	£1,079	-£1,040	
Income	£203	£1,015	£811	
Grand Total	**£2,586**	**£2,197**	-£389	

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual	Forecast
Private patient service expansion	**4- Execution**	High	£120	£973	
Procurement - Birmingham Hospital Alliance Collaborative	**4- Execution**	Med	£458	£752	
Medical Agency Reduction - Direct Engagement	**5- Review**	Med	£264	£103	
Microsoft 365 Licence review	**5- Review**	High	£0	£96	
DNA Rate Reduction - Outpatients	**5- Review**	Med	£50	£42	
Managed Patient Communications via Synertec	**5- Review**	High	£0	£28	
Pharmacy – drug reviews	**1 - Idea**	n/a	£0	£18	
Employee benefits scheme - VIVUP scheme	**4- Execution**	Med	£0	£2	
Spinal Implant Rationalisation & Modernisation	**3- Planning**	Med	£90	£0	
MSC - Loan kit review	**1 - Idea**	n/a	£0	£0	
Clinical lab rental income	**1 - Idea**	n/a	£0	£0	
Theatre tray rationalisation	**1 - Idea**	n/a	£0	£0	
Consultant pa reduction	**2- Feasibility**	(blank)	£0	£0	
Aston University income	**1 - Idea**	n/a	£0	£0	
Daycase Hip Replacement	**1 - Idea**	n.a	£0	£0	
ADH Standardisation and policy review	**1 - Idea**	n/a	£0	£0	
Daycase Knee Replacement	**4- Execution**	High	£0	£0	
Robotic Process Automation (RPA)	**4- Execution**	Med	£0	£0	

13. Statement of Financial Position

SUMMARY

The cash balance has increased in comparison to the year end, largely due to an expected credit note being received from a supplier.

Inventories has reduced and prepayments have increased (included under trade and other current assets) as a result of the year end stock count and the continued expected transition of inventories to prepayments as the trust stock balance is utilised and replaced by the managed service provider.

	2020/21 M12	2021/22 M12	Movement
	(£'000)		
Intangible Assets	1,255	1,536	281
Tangible Assets	45,798	45,449	-349
Total Non Current Assets	**47,053**	**46,985**	**-68**
Inventories	1,800	360	-1,440
Trade and other current assets	8,492	9,959	1,467
Cash	5,703	11,147	5,444
Total Current Assets	**15,995**	**21,466**	**5,471**
Trade and other payables	-11,396	-13,204	-1,808
Borrowings	-877	-152	725
Provisions	-2,758	-6,584	-3,826
Other Liabilities	-344	-744	-400
Total Current Liabilities	**-15,375**	**-20,684**	**-5,309**
Borrowings	-1,009	-905	104
Provisions	-1,029	-1,029	0
Total Non Current Liabilities	**-2,038**	**-1,934**	**104**
Total Net Assets Employed	**45,635**	**45,832**	**197**
Total Taxpayers' and Others' Equity	**45,635**	**45,832**	**197**

14. ICS financial summary

SUMMARY

Revenue
The system is reporting a £19m surplus for the year.

Capital
The final capital position was a £1.2m underspend, driven mainly by an underspend at BWCH of £1m.

Adjusted financial performance surplus / (deficit)	H1			H2 Year to date			Annual Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	0	20	20	0	1,250	1,250	0	1,270	1,270
B'ham Community Healthcare NHSFT	0	0	0	0	57	57	0	57	57
B'ham Women's and Children's NHSFT	0	393	393	0	5,150	5,150	0	5,543	5,543
Royal Orthopaedic Hospital NHSFT	0	0	0	0	421	421	0	421	421
University Hospitals B'ham NHSFT	0	412	412	0	11,023	11,023	0	11,435	11,435
B'ham and Solihull CCG	0	0	0	0	276	276	0	276	276
System Total	**0**	**826**	**826**	**0**	**18,176**	**18,176**	**0**	**19,002**	**19,002**

15. Workforce

SUMMARY

In March, 85% of staff had completed their mandatory training within the last 12 months which is a slight drop from February. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 15.48% which is the highest it has been since 2018.

The percentage of staff attendance in the month has continued above 94%.

There were 161 agency breaches in March, a increase of 2 compared to 159 in February. The entirety of this was medical usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

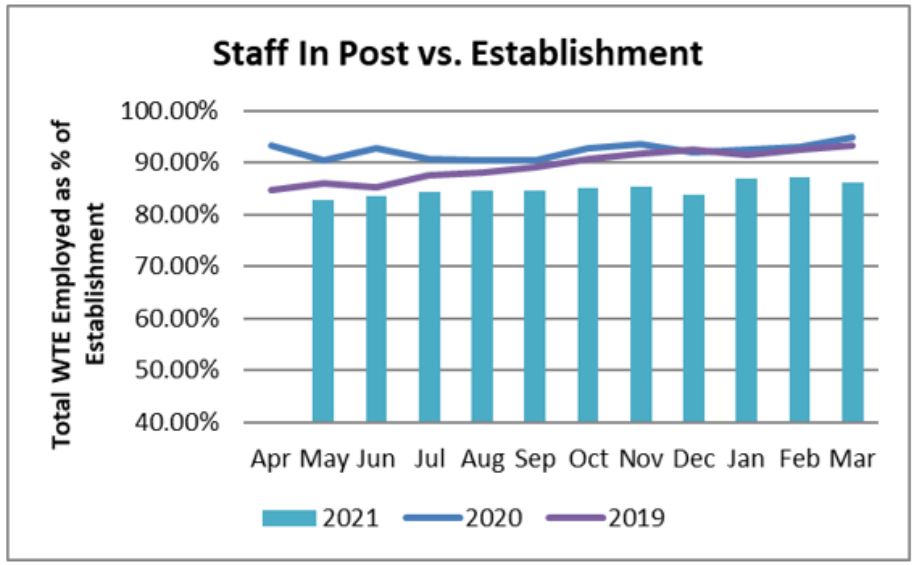
RISKS / ISSUES

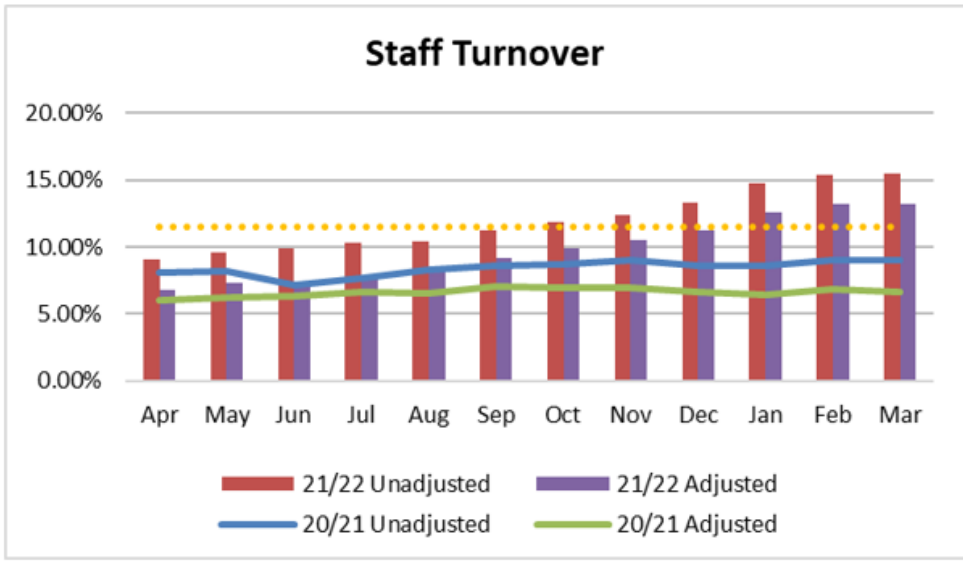
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

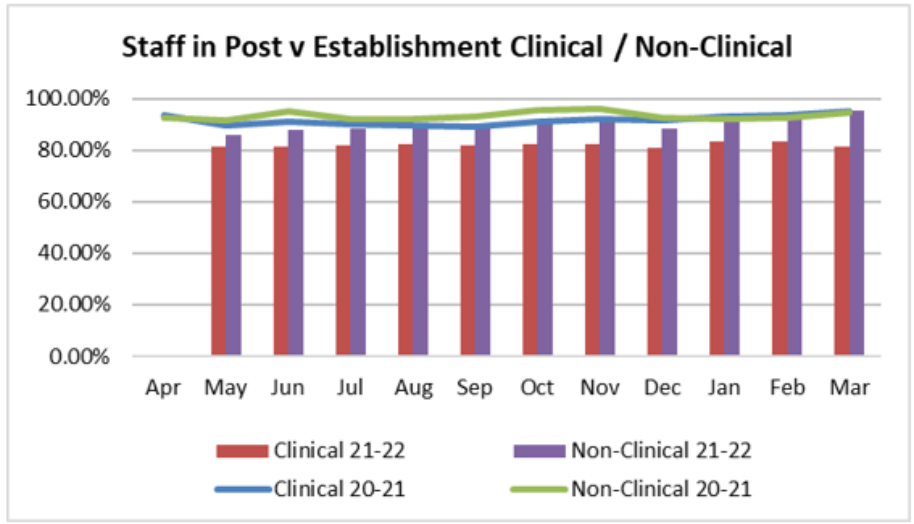
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

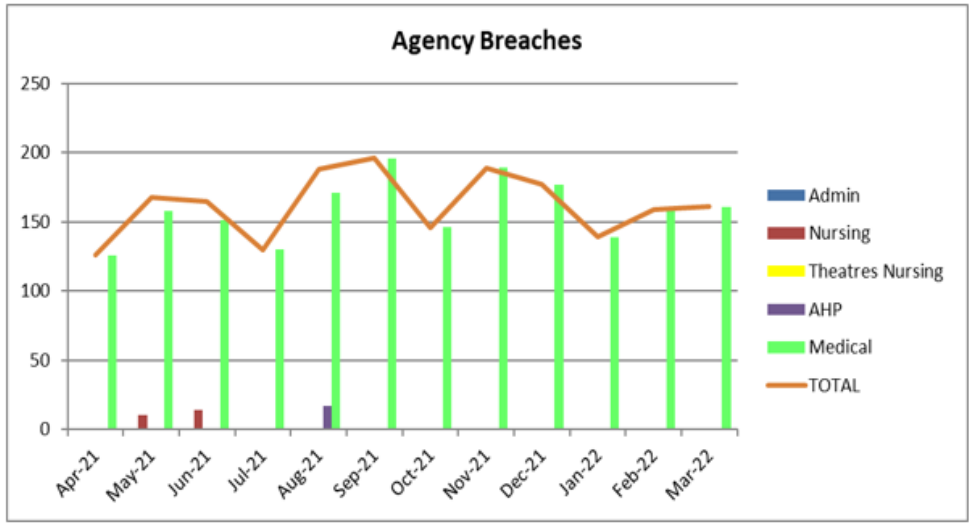
We anticipate that over the next few months, attendance may drop as we come through the spring months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

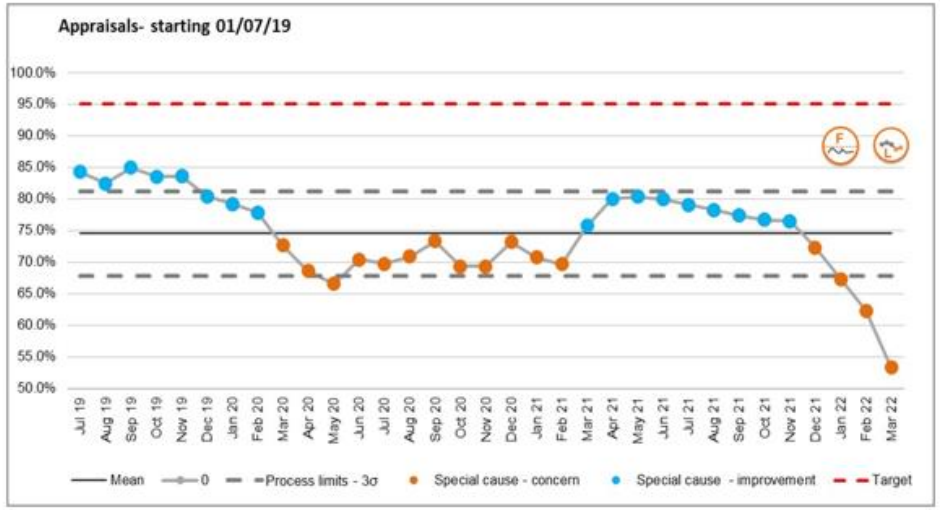


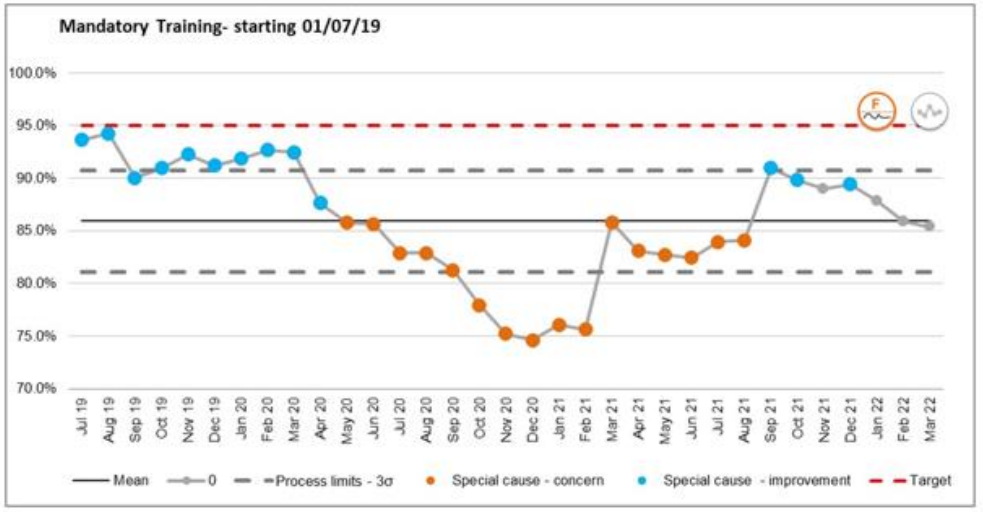


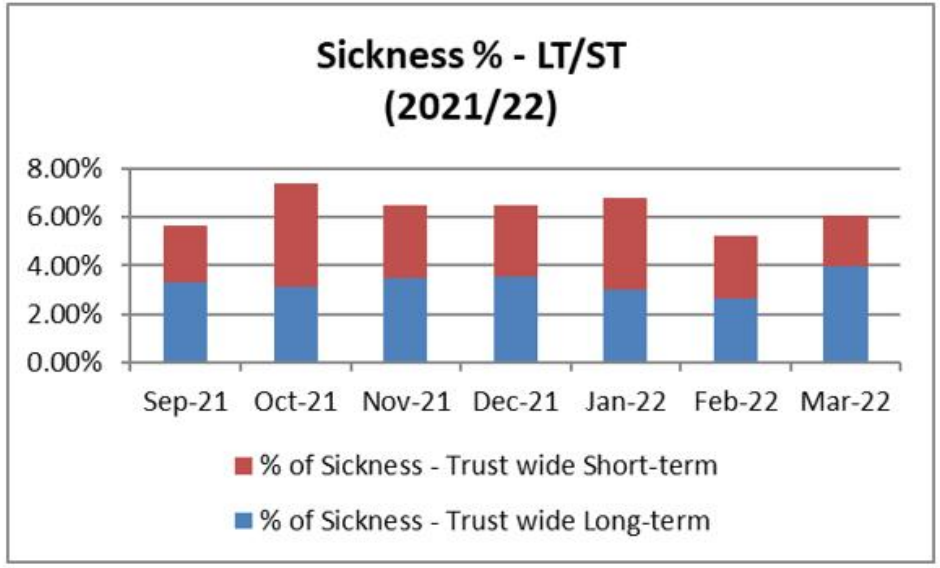


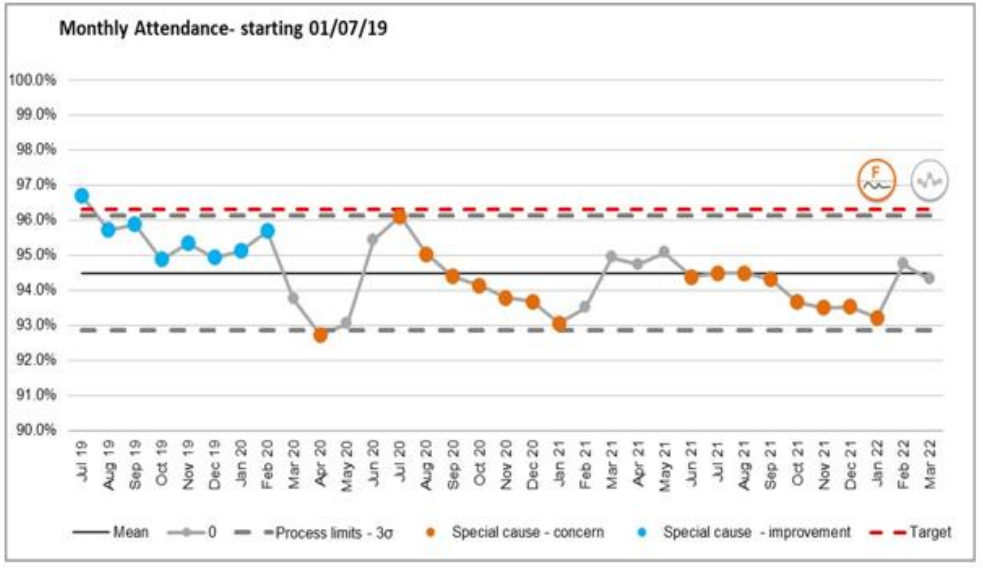


15. Workforce









15. Workforce

Trust Workforce Metrics	Feb-22	Mar-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1244	1239	-5	-	-
Staff In Post - Full Time Equivalent	1103.98	1093.53	-10.44804	-	-
Staf Turnover % - Unadjusted	15.34%	15.48%	0.14%	↕	<=11.5%
Staf Turnover % - Adjusted	13.17%	13.24%	0.07%	↕	<=11.5%
Total WTE Employed as % of Establishment	87.28%	86.15%	-1.13%	↕	>=93%
Total WTE Employed as % of Establishment - Clinical	83.33%	81.13%	-2.20%	↕	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	94.51%	95.40%	0.89%	↕	>=96%
% Of Attendance	94.74%	94.30%	-0.44%	↕	>=96.3%
% Of 12 mth MAA Attendance	94.74%	93.90%	-0.84%	↕	>=96.3%
% Staff received mandatory training last 12 months	85.89%	85.38%	-0.51%	↕	>=93%
% Staff received formal PDR/appraisal last 12 months	62.30%	53.27%	-9.04%	↕	>=95%
% of Sickness - Trust wide Long-term	2.61%	3.96%	1.35%	↕	-
% of Sickness - Trust wide Short-term	2.65%	2.13%	-0.52%	↕	-
Return To Work Completion %	55.61%	38.62%	-16.99%	↕	>=80%

QUALITY REPORT – APRIL 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
4 Moderate harm incidents reporting in March 2022. All 4 of these incident were in relation to infections.	**Nothing specific to highlight – key actions are included in the report**
POSITIVE ASSURANCES TO PROVIDE No Mortality reported No Serious Incidents reported No incident requiring internal RCA reported No hospital acquired VTEs reported **VTE reassessment -** Re-audit was undertaken in January 2021 and was presented at the March 2022 Quality and Safety Committee. The audit revealed high compliance with the VTE prevention policy when electronic and paper records were audited. **Reduction in the number of Falls reported** **Reduction in Category 2 Pressure ulcers in 2021/2022 and no Category 3 Pressure ulcers reported** **Reduction in complaints for 2021/2022**	**DECISIONS MADE** **Nothing specific to highlight – key decisions are included in the report**

Quality Report – April 2022 (March 2022 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	Mar 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308	282	274	300 (↑)		
Serious Incidents	1	0	0	0	1	0	2	1	2	6	0	0	13	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2	0	4	0 (↓)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	0	1	0 (↓)	2	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6	15	5	5	91	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	1	0	0	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	3	8	4	2	3	4	6	4	5	3	3	51	57(Total)
PALS	47	62	68	90	61	39	41	38	39	50	26	61 (↑)		
Compliments	5	5	5	7	3	0	3	6	2	5	3	3		
FFT Score %	97	96	98	98	99	99	99	100	99	98.79	98.11	99.23 (↑)		
FFT Response %	29	33	28	33	41	36	44	43	42	31	58	44 (↓)		
Duty of Candour	10	12	16	20	15	12	12	9	9	9	13	10 (↓)		
Litigation (New)	0	0	1	0	0	0	0	0	0	2	2	2		
Coroners	0	0	0	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	0	1	1	7	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

April 2022 (March 2022 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Chief Nurse
AUTHOR:	Ash Tullett	Head of Clinical Governance

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2	Incidents and Mortality
3	Serious Incidents
4	Internal RCA investigations
5	VTEs
6	Falls
7	Pressure Ulcers
8	Patient Experience
9	Friends & Families Test and Iwantgreatcare
10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
16	Theatre Utilisation/ Hospital Led Cancellations
17	Process & Flow efficiencies
18	Length of stay
19	Outpatient efficiency
20	Treatment targets
21	Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged

1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

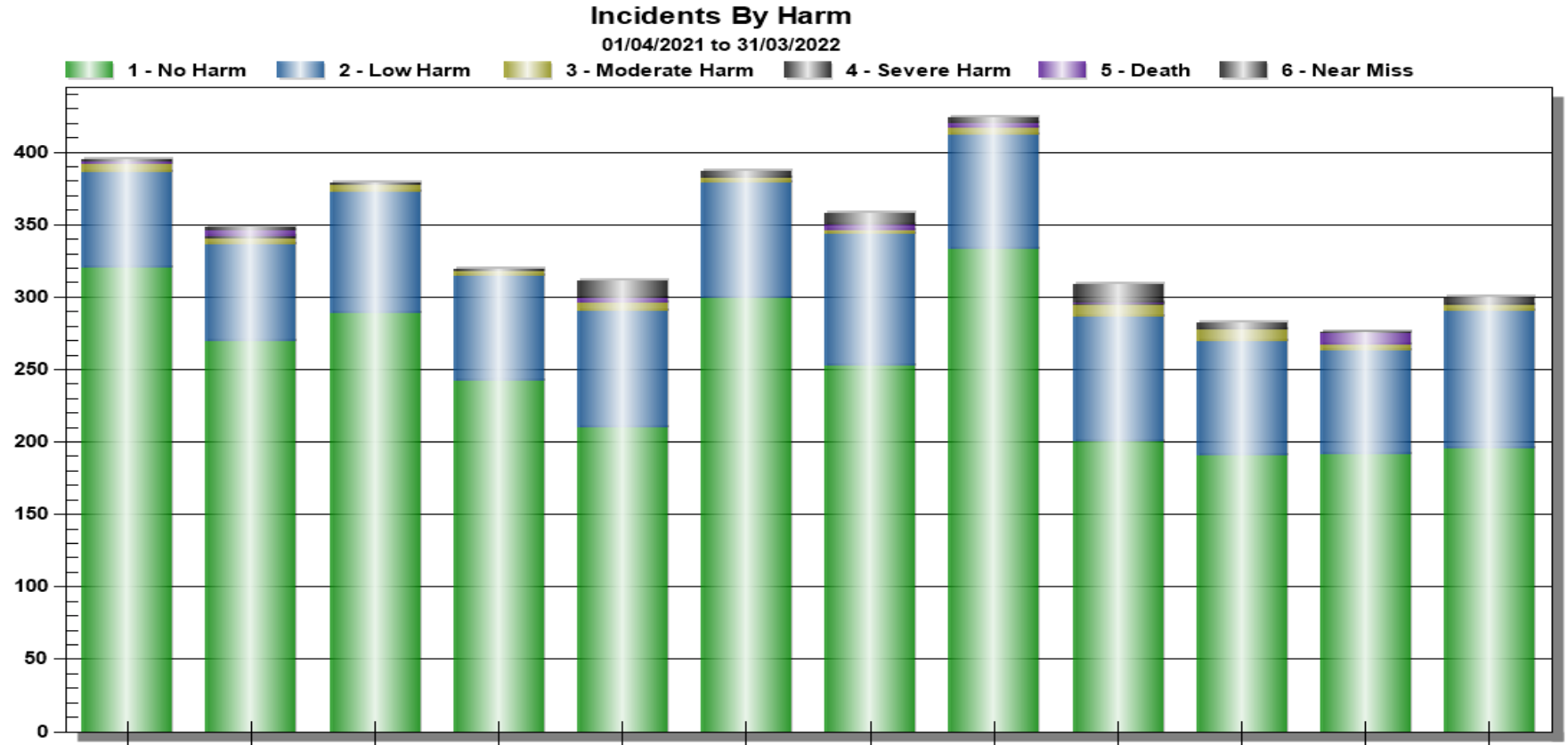
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.

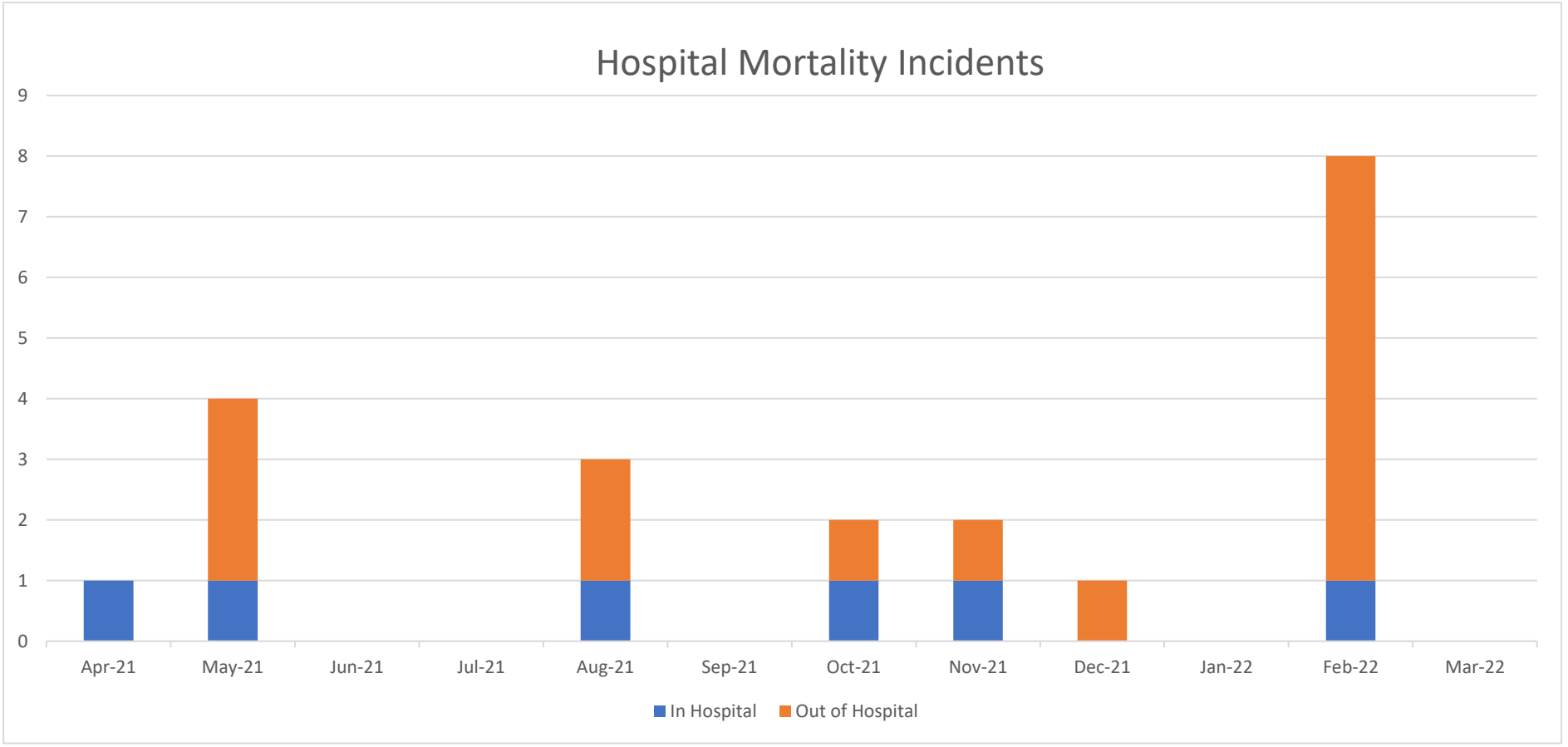


Month and Year	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
1 - No Harm	320	269	289	242	210	299	252	333	200	190	191	195
2 - Low Harm	66	67	83	72	80	80	91	79	86	79	72	95
3 - Moderate Harm	6	4	5	4	6	3	3	5	8	8	4	4
4 - Severe Harm	0	2	0	0	0	0	0	0	1	0	0	0
5 - Death	1	4	0	0	3	0	4	3	1	0	8	0
6 - Near Miss	2	2	2	1	12	5	8	4	13	5	1	6

Data source – Ulysses

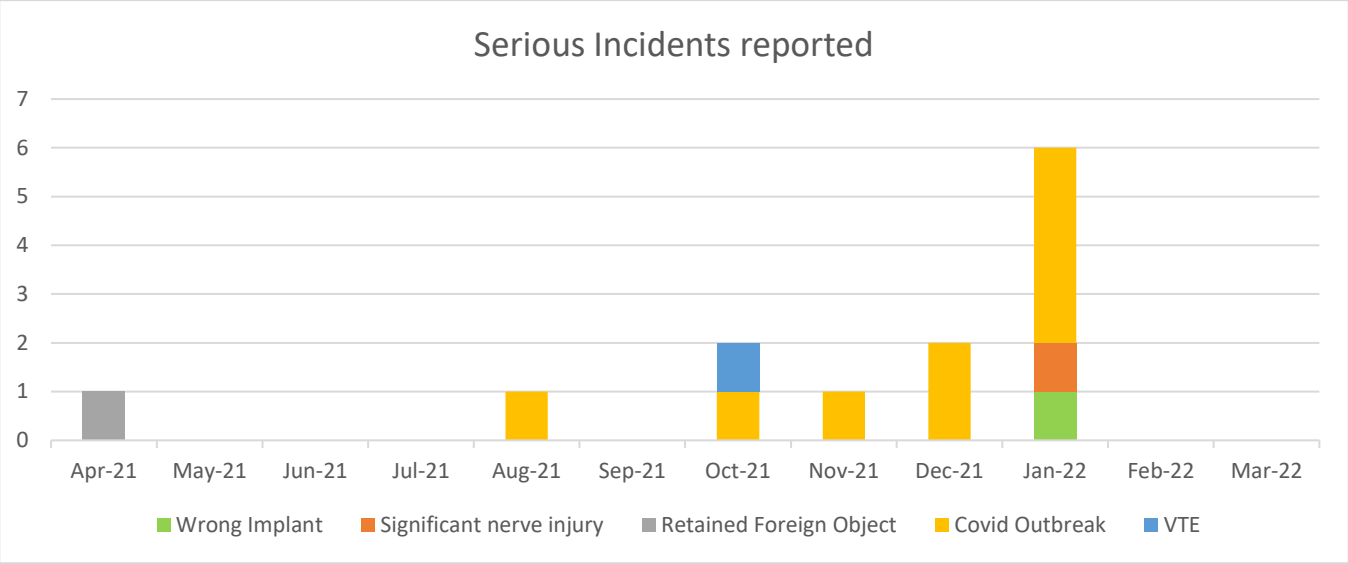
INFORMATION
In the month of March 2022, there were a total of 300 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows; 194 – No Harm 95 - Low Harm 5 - Moderate Harms 0 - Severe Harm 6 – Near Miss 0 – Death **Downgraded Incidents** Currently 0 of the reported harm in the previous Quality report (March 2022) have been downgraded. **Near Miss Incidents** The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process. A report of the last 3 months Near misses will be reported as a separate agenda item at the Quality and Safety Meeting in May 2022. **Patient Contacts** In March 2022, there were a total of 9354 patient contacts. There were 300 incidents reported, which amounts to 3.2 percent of the total patient contacts. Of those 300 reported incidents, 99 incidents resulted in harm which is 1.05 per cent of the total patient contact.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No in hospital or out of hospital deaths were reported in March 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**

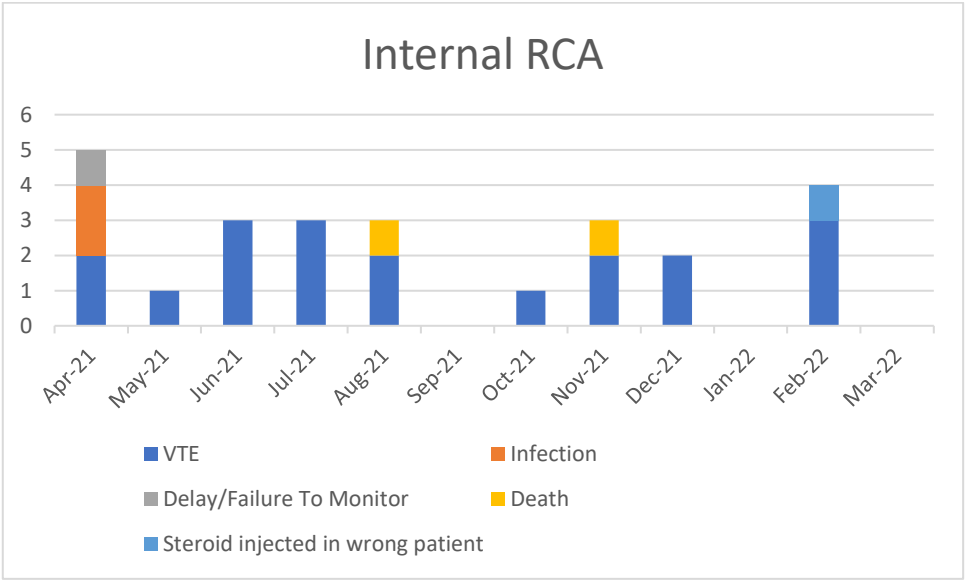


Year Totals	
20/21	11
21/22	13

Data Source – STEIS

INFORMATION
No Serious Incidents reported in March 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

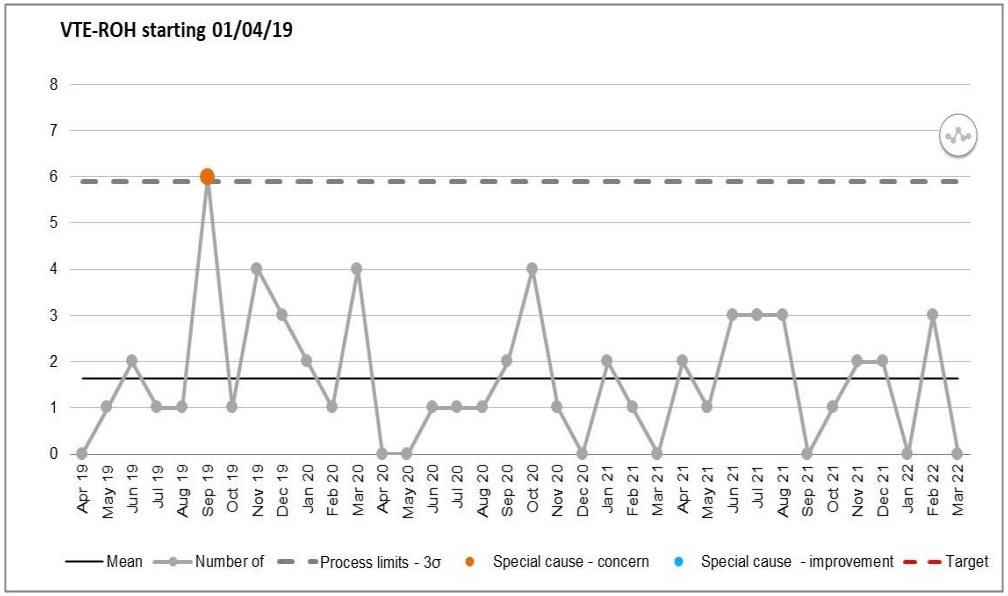
4. **Internal RCAs - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

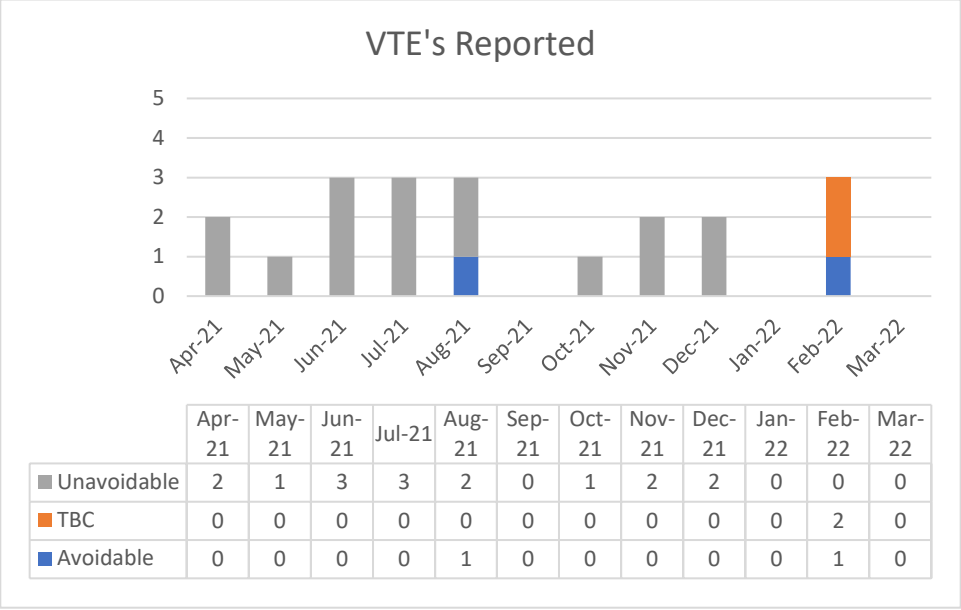


Data Source – Internal RCA tracker

INFORMATION
No incidents reporting in March 2022 will be subject to an internal RCA.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCAs closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	2	2	0	0	0
TBC	0	0	0	0	0	0	0	0	0	0	2	0
Avoidable	0	0	0	0	1	0	0	0	0	0	1	0

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20

INFORMATION

No ROH associated VTE's incidents were reported in March 2022.

On admission assessment

Total possible	943
Total assessed	933
%	98.94%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to: (update is on the agenda for the Quality and Safety Committee in February 2022.

Re-audit was undertaken in January 2021 and was presented at the March 2022 Quality and Safety Committee. The audit revealed high compliance with the VTE prevention policy when electronic and paper records were audited. This is in keeping with the previous audit conducted by the VTE advisory group and presented to the committee. The escalation pathway is to be used to ensure that cases of non-compliance are addressed constructively. The following recommendations were agreed.

1. VTE advisory group to repeat manual audit at regular intervals to ensure safe, well documented practice

2. Escalation pathway for non-compliance

a. Junior staff: VTE advisory group to notify the clinical tutor and clinical lead for mid-level providers who continue to ensure junior staff receive clear advice on induction and feedback for non-compliance. Repeated non-compliance to be escalated to the Medical Director and the Deanery

b. Consultant Staff: Non-compliance with policy to be incident reported through the VTE advisory group. Escalation and feedback all non-compliance to the clinical service lead and Division 1 governance. Repeated non-compliance to be escalated to the Medical Director

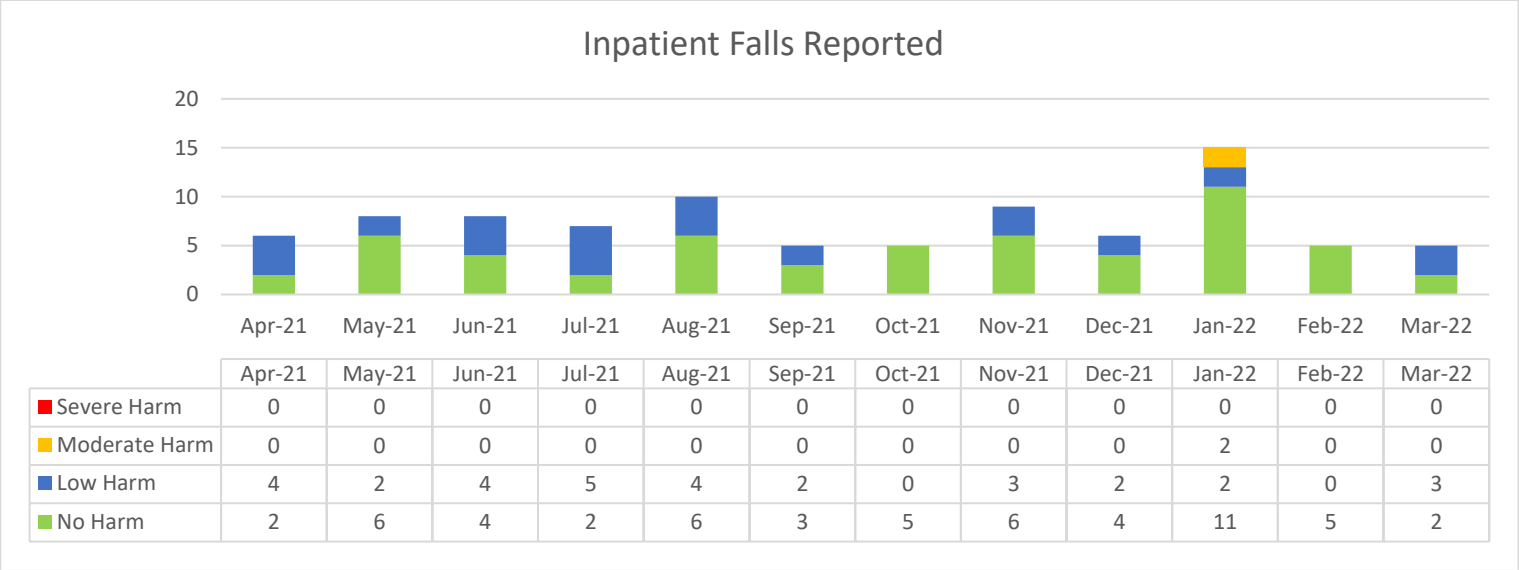
c. Omission of a required VTE assessment should be escalated in real time by any clinical staff who are aware of the omission as part of the normal standard of care. This includes escalation to clinical executives if necessary. There is a clear pathway and failure to do so could jeopardise professional reputations or even registration.

3. VTE advisory group to communicate advice and these changes to all relevant staff through the communications department.

RISKS / ISSUES

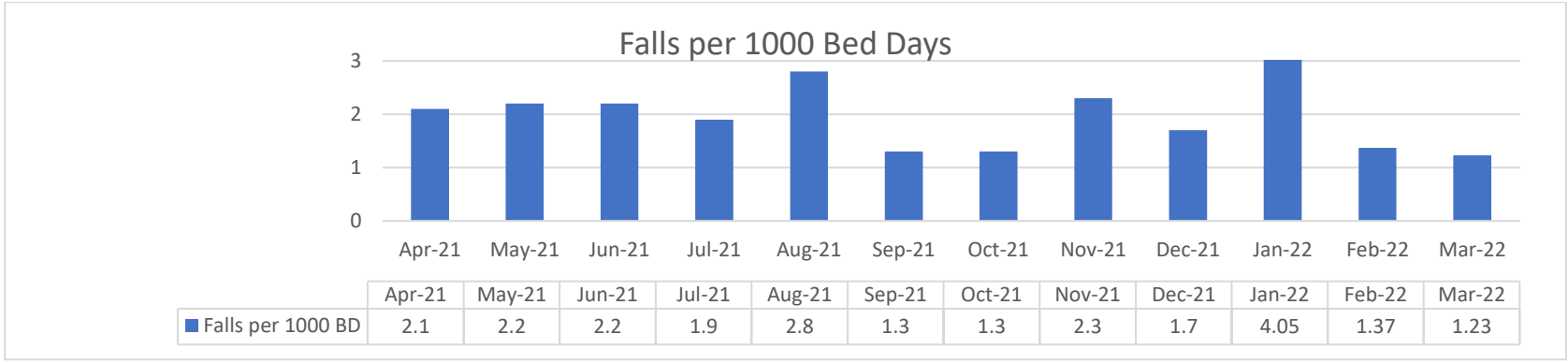
- None

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

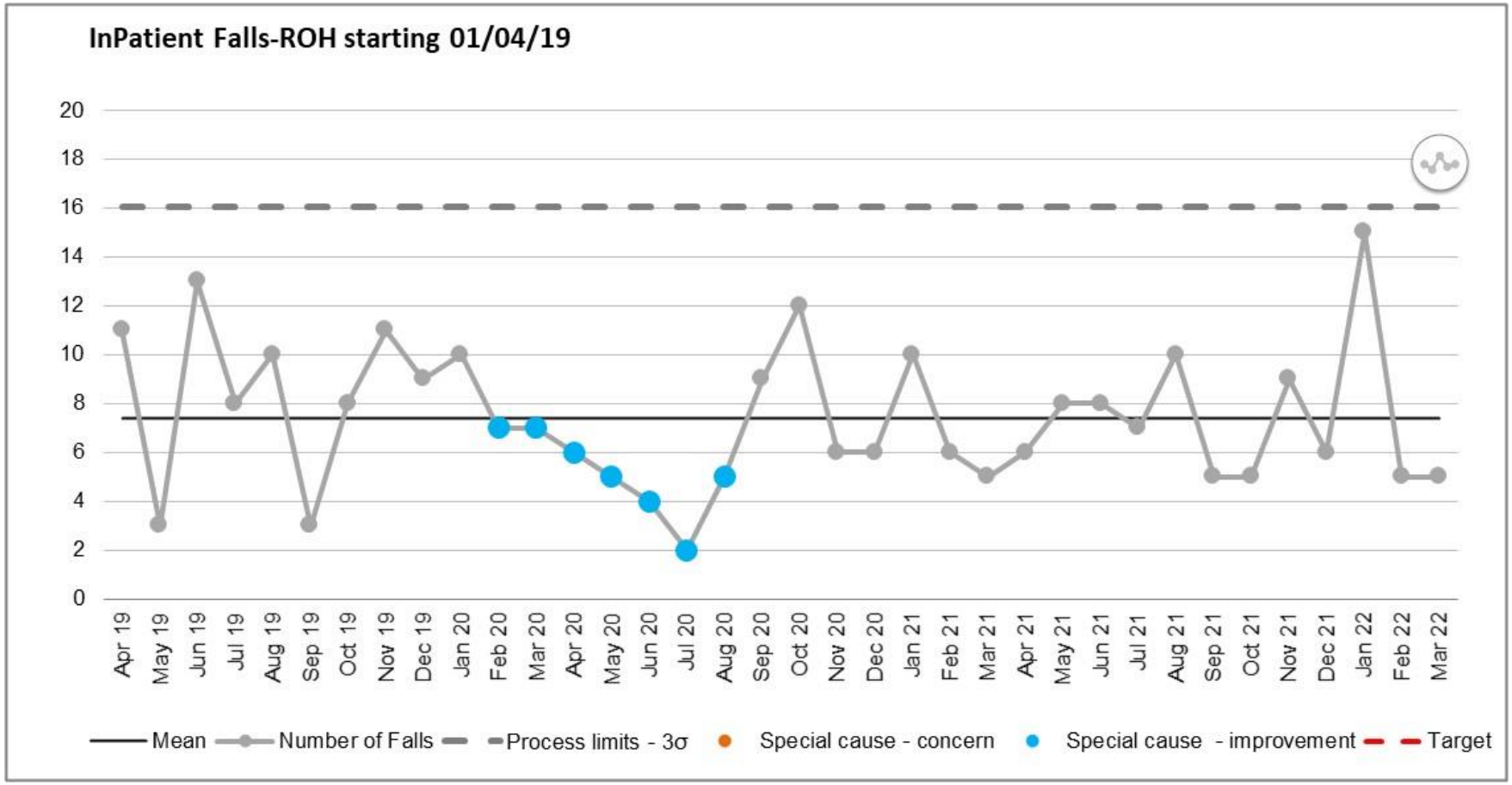


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	0
Moderate Harm	0	0	0	0	0	0	0	0	0	2	0	0
Low Harm	4	2	4	5	4	2	0	3	2	2	0	3
No Harm	2	6	4	2	6	3	5	6	4	11	5	2

Year Totals	
20/21	76
21/22	91



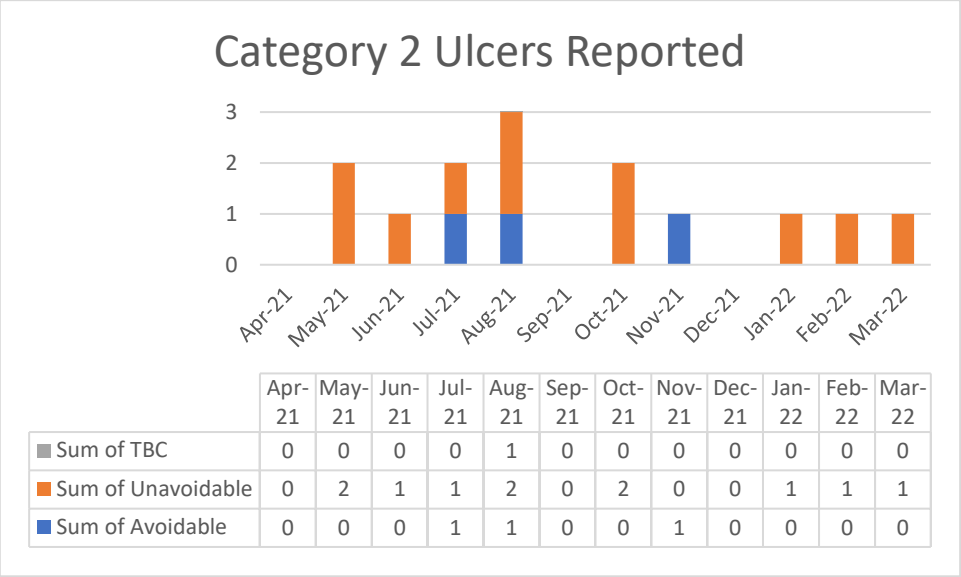
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7	4.05	1.37	1.23



Data Source – Ulysses and Falls Group

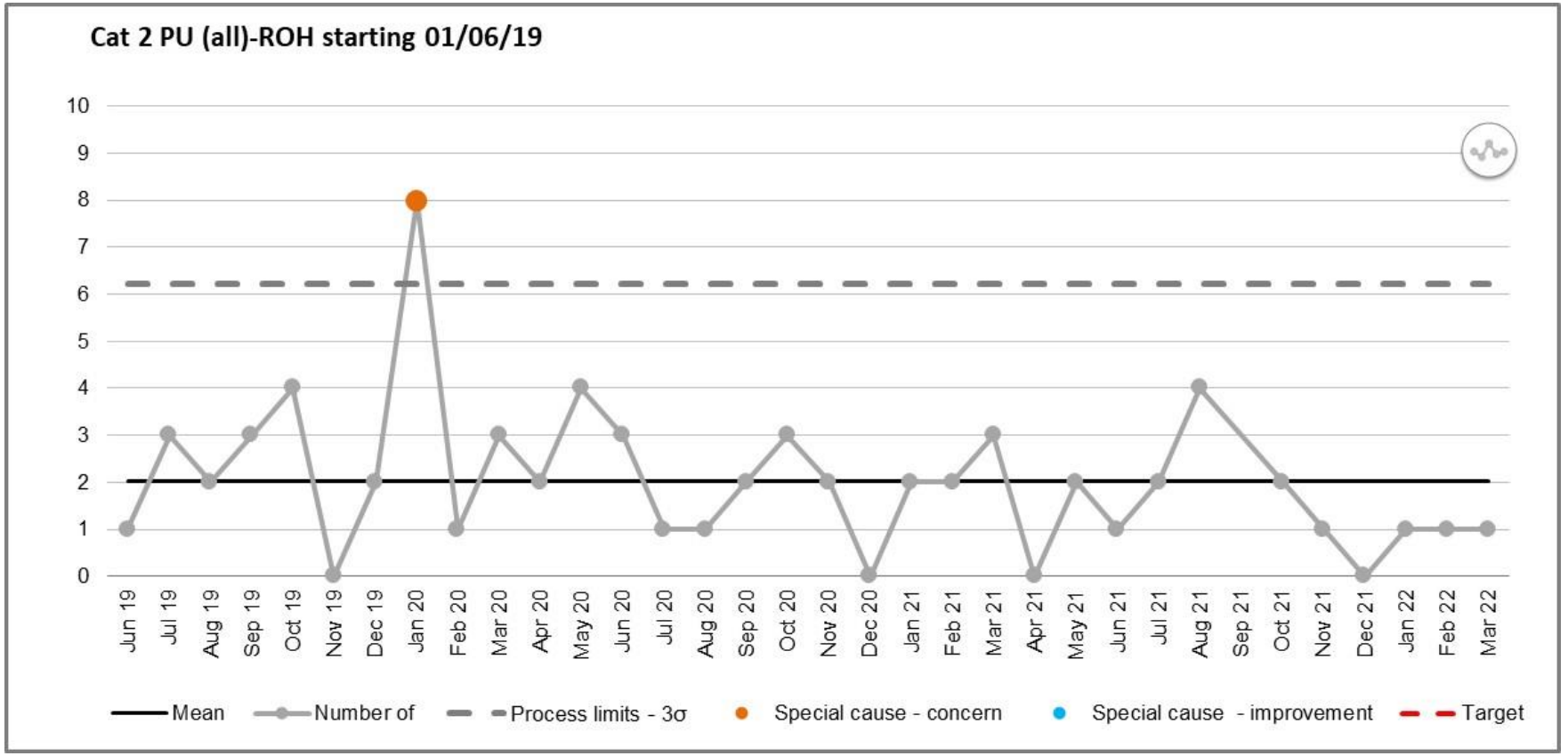
INFORMATION
There were 6 incidents reported across the Trust in March 2022 relating to Falls, note 7 incident forms were submitted but 2 related to the same incident: **5 x In-Patient Incidents.** There is a significant reduction in the number of in-patient falls reported this month. There are also no identifiable trends in falls.
ACTIONS FOR IMPROVEMENTS / LEARNING
Actions • Plan to survey patients regarding views & experiences relating to falls. • Reviewing paperwork for falls risk assessment for injection patients within out-patients
RISKS / ISSUES
None

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	0	0	0	0	0	0
Sum of Unavoidable	0	2	1	1	2	0	2	0	0	1	1	1
Sum of Avoidable	0	0	0	1	1	0	0	1	0	0	0	0

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0



Data Source – Ulysses and TV team

INFORMATION

March 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	1 – No lapses in care identified.
Category – 2 (Device)	0
Category – 1	2 – did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 2 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 - 1 PU admitted with Cat 2 x 4 All from home - did not deteriorate PU admitted with DTIs at least a Cat 3 PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

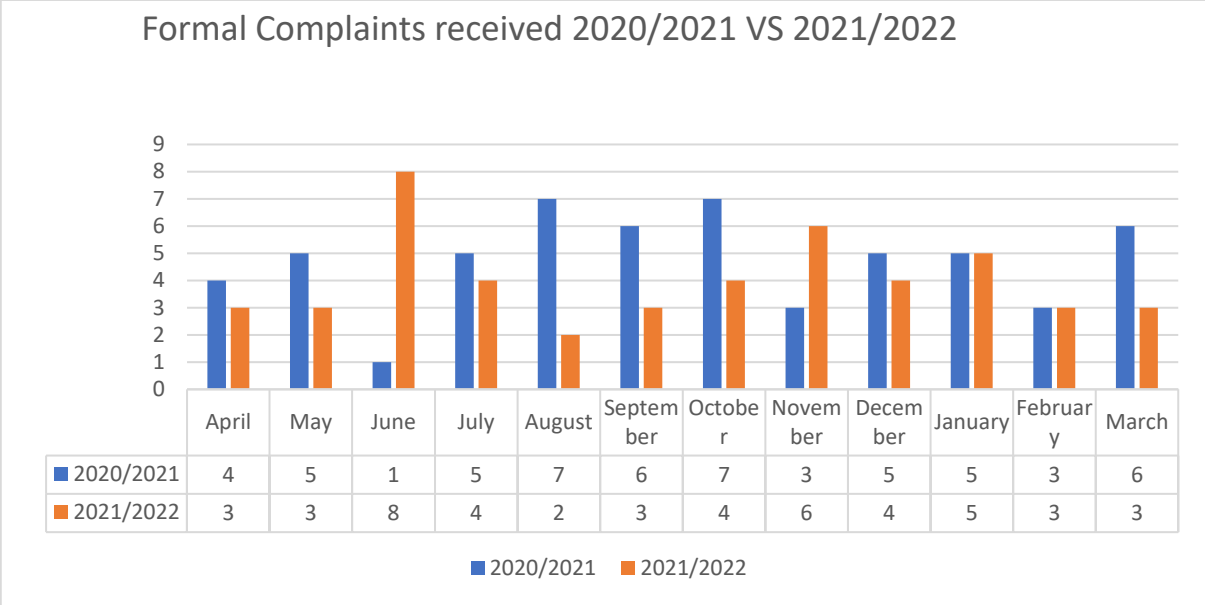
ACTIONS FOR IMPROVEMENTS / LEARNING

- TV workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. TV Lead developing a business plan for another Band 6 for TV team. In the meantime, an internal 6-month secondment Band 6 has been appointed, started 3rd January 2022.
- PU Policy being updated to reflect diversity in skin tones.
- ROH included in BSOL lower limb group. HCP can refer direct to Vascular clinic. This will help prevent previous delays and enable our patients to get expert care regarding healing of their lower limb wounds and delays in surgery.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



	April	May	June	July	August	September	October	November	December	January	February	March
2020/2021	4	5	1	5	7	6	7	3	5	5	3	6
2021/2022	3	3	8	4	2	3	4	6	4	5	3	3

Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	51

INFORMATION

Complaints

- The Trust received 3 formal complaints in March 2022.

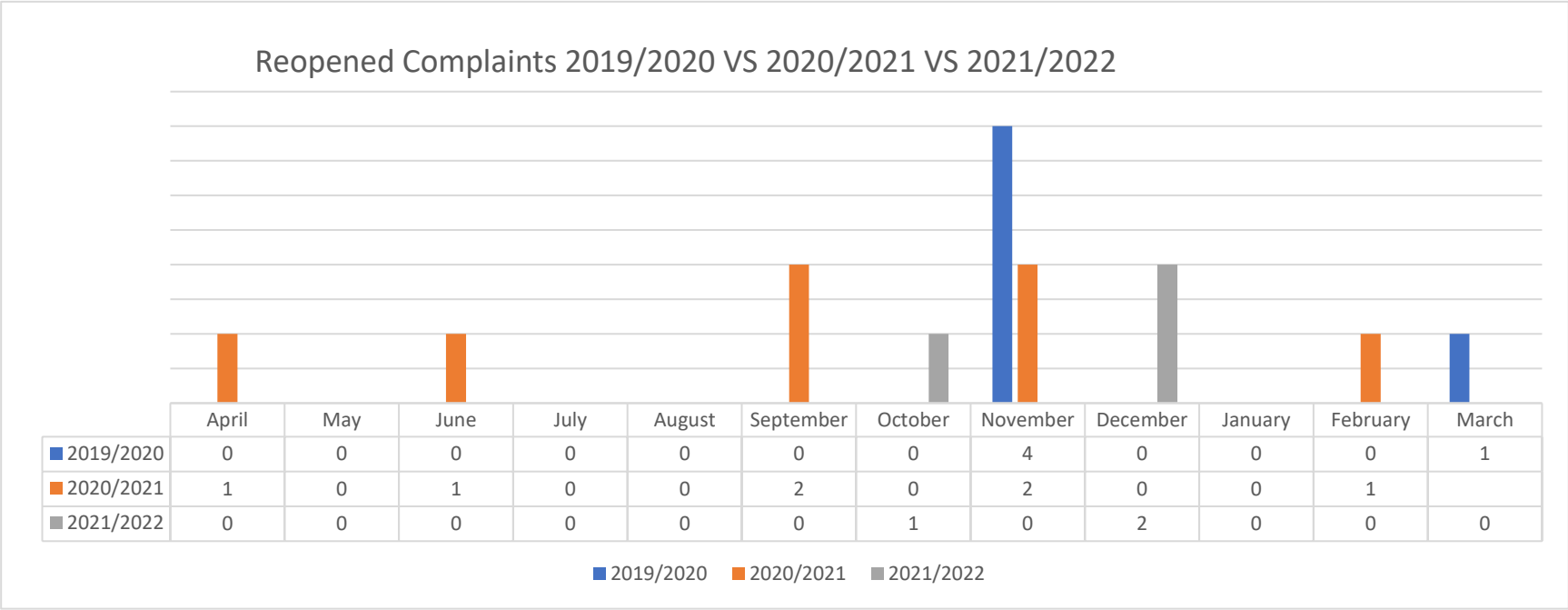
Category Types and Categories of formal complaints

Category Types/Categories	
Appointments	**1**
Booked Incorrectly	1
Discharge	**2**
Discharge Arrangements	2

- In February 2022 the Trust closed 3 Formal complaints within the agreed time frame with the complainant.
- At the time of producing this report (13th April 2022) we have 7 open formal complaints.

Reopened Complaints

- From April 2021 – March 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.
- In March 2022 The trust reopened 0 formal complaints and it closed no reopened complaints



	April	May	June	July	August	September	October	November	December	January	February	March
2019/2020	0	0	0	0	0	0	0	4	0	0	0	1
2020/2021	1	0	1	0	0	2	0	2	0	0	1	
2021/2022	0	0	0	0	0	0	1	0	2	0	0	0

Patient Advice and Liaison service – PALS

In March 2022 the PALS department handled 61 contacts of which 42 were classified as PALS concerns and 13 as PALS enquiries.

- The main themes in the PALS data relate to Clinical Query **(19)** Appointments **(15) Admissions (9)**
- The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases. In March 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPIs for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Admissions	**9**
Admission Arrangements	3
Care Needs Not Adequately Met	1
Waiting For Surgery Date	5
Appointments	**15**
Appointment Cancelled	3
Appointment Rescheduled	2
Availability	1
Booked Incorrectly	1
Confirmation Of Appointment	1
Delay	4
Delay To Be Seen In Hospital	1
Failure To Provide Follow Up	1
Time Not Suitable	1
Clinical Query	**19**
Appointment Not Satisfactory	4
Clinical Treatment	2
Delay In Obtaining Results	3
Delay Or Failure To Diagnose	1
Delays With Treatment	6
Dispute Over Diagnosis/Treatme	1
Incorrect Information In Clinic	1
Operation - Outcome Not As Exp	1

Patient experience KPI from April 2021

Complaints & PALS KPIs were met in March 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100
Feb-22	100	100	100
Mar-22	100	100	100

Compliments

There were 3 compliments recorded on Ulysses for March 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

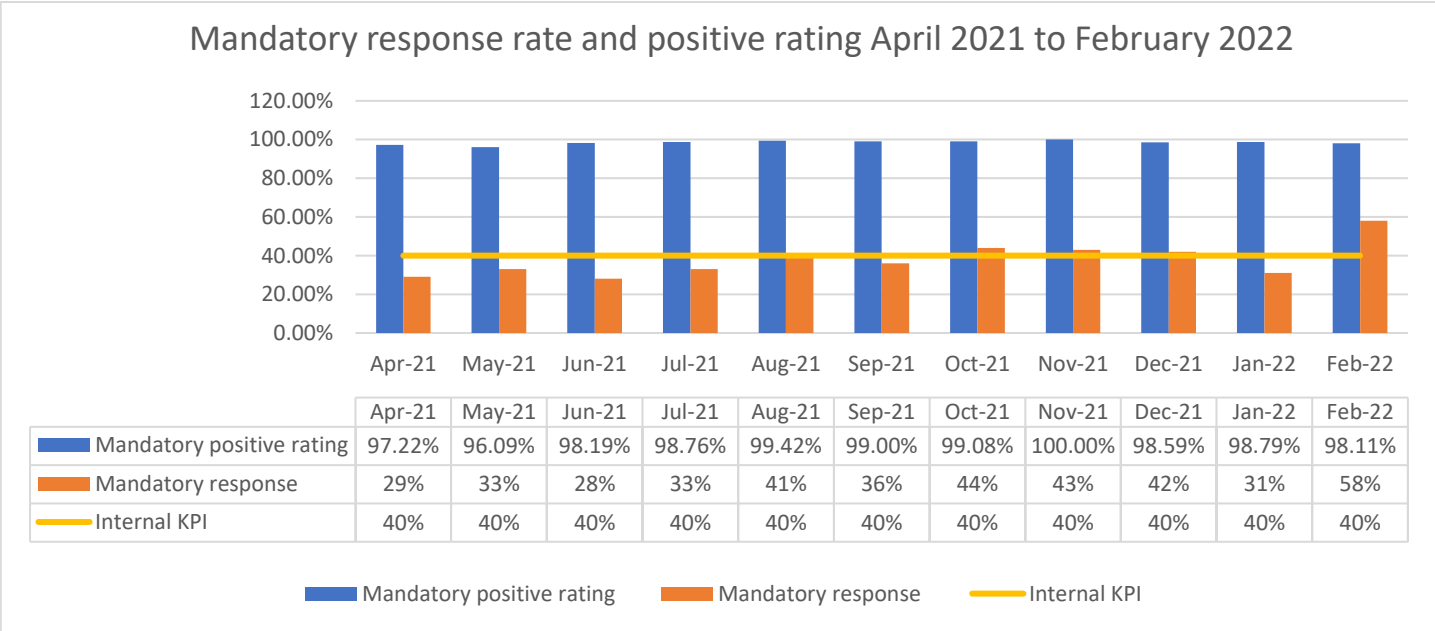
None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• Friends and Family test The Trust had its highest completion rate of 58% within the mandatory areas. • The Smiley Faces feedback system is underway and should be live from April 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in February 2022
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 10 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

<u>New claims</u>

2 new claims against the Trust were received in March 2022.

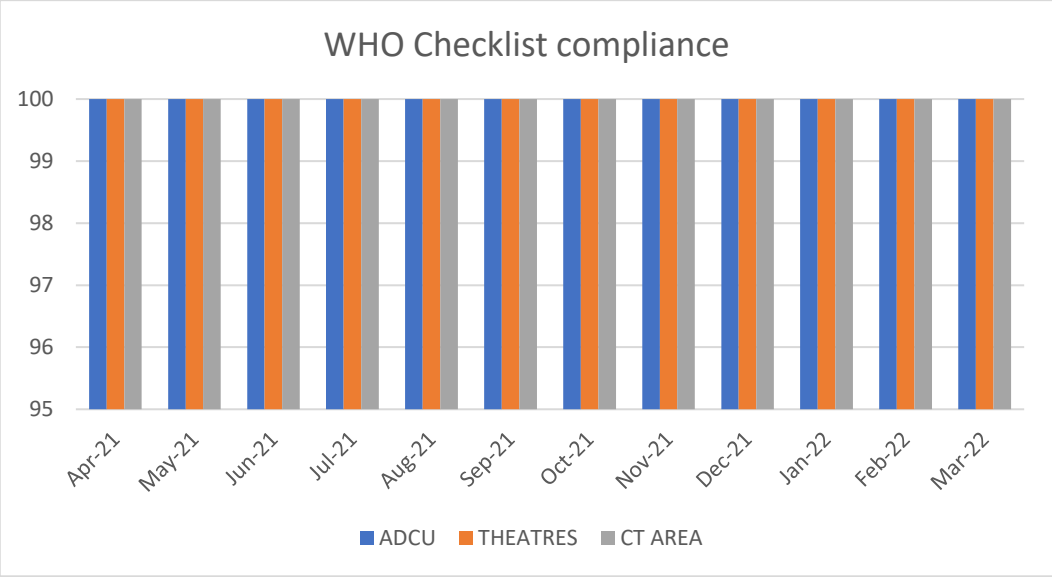
<u>Pre-Application Disclosure</u>

4 new requests for Pre-Application Disclosure of medical records were received in March 2022

<u>Coroner's Inquests</u>

0 Inquests in which the Trust was an 'interested person' were held in March 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 743

The total WHO compliance for Theatres in March 2022= 100%

CT area

Total cases = 88

The total WHO compliance for CT March 2022= 100%

ADCU

The total WHO compliance for ADCU in March 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The new patient safety lead is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

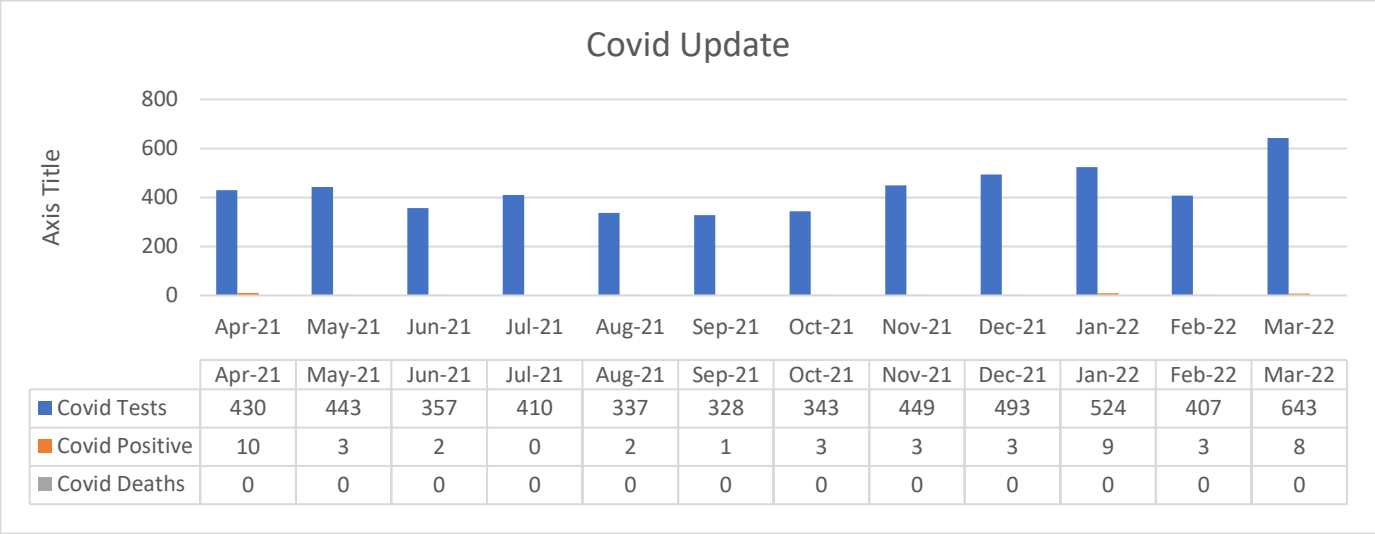
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	March 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	6
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493	524	407	643
Covid Positive	10	3	2	0	2	1	3	3	3	9	3	8
Covid Deaths	0	0	0	0	0	0	0	0	0	0	0	0

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

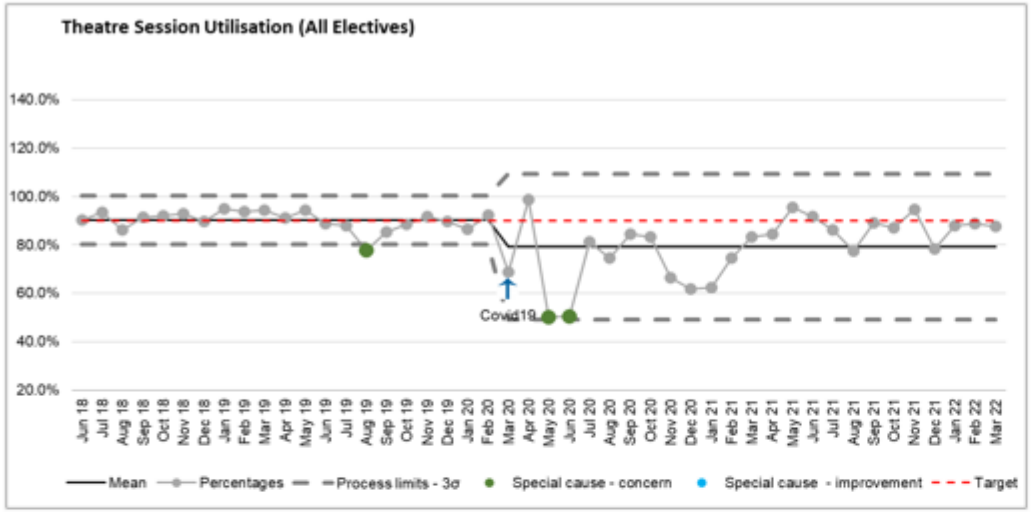
INFORMATION UNAVAILABLE THIS MONTH

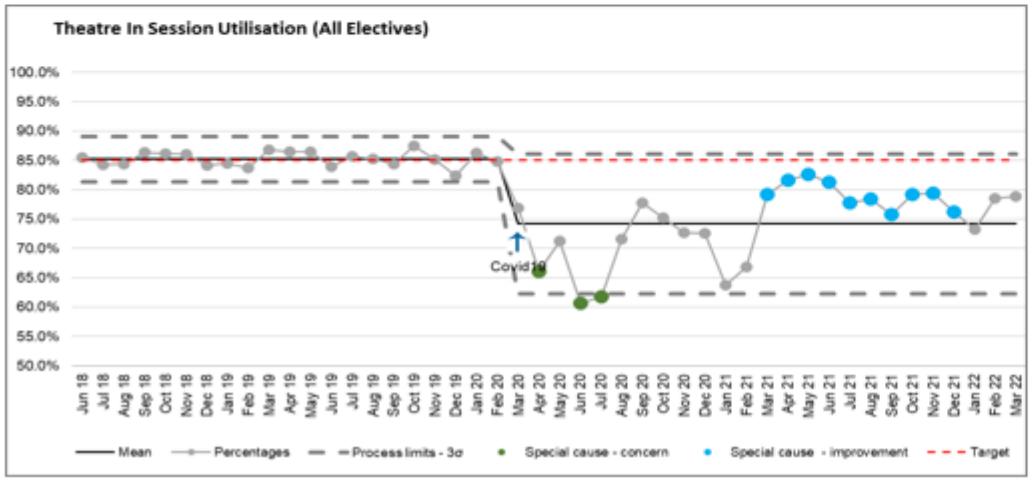
15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb 22	Mar 22
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32	37	32	28
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%	94.39%	94.30%	93.32%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%	85.40%	87.15%	88.73%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%	80%	80%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%	93.98%	93.87%	93.07%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%	86.97	86.93%	88.73%
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%	93.08%	94.15%	93.04%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%	93%	94.15%	92.96%
Prevent	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82	82.12%	90.86%	92.43%
WRAP																	
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8	11	8	8
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2	2	0	5
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations

INFORMATION





Elective Session Utilisation (March 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	464	414	50	89.22%
UHB	138	113	25	81.88%
Totals	602	527	75	**87.54%**

Elective In Session Utilisation (March 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1840	1462	378	79.47%
UHB	510	391	119	76.68%
Totals	2349	1853	497	**78.86%**

Overall theatre utilisation improved in March and was within target at 87.54%. Total In Session utilisation was 78.86% a slight increase on the previous month (78.49%) but below the required 85% minimum utilisation target.

March saw a significant impact on both list and in session utilisation as a direct result of staff, including consultants being affected by Covid/sickness, which at its peak resulted in 9 Consultants being unavailable. This is an area that is being closely monitored as Covid rates continue to remain high in early April. Where possible, patients are either transferred to other lists on the day, other Consultants stepping in where possible or patients being re-dated as soon as possible.

Any cancellations that took place as a result of staff absences followed a consistent operational procedure, ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected.

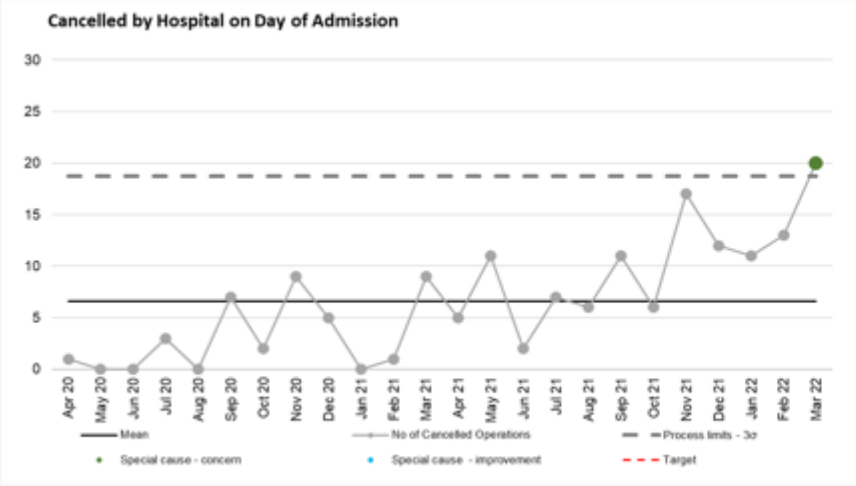
ACTIONS FOR IMPROVEMENTS / LEARNING

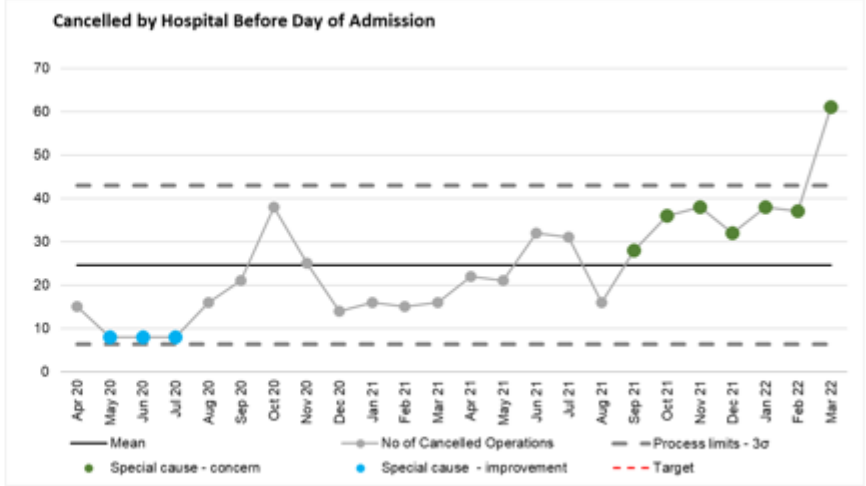
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

RISKS / ISSUES

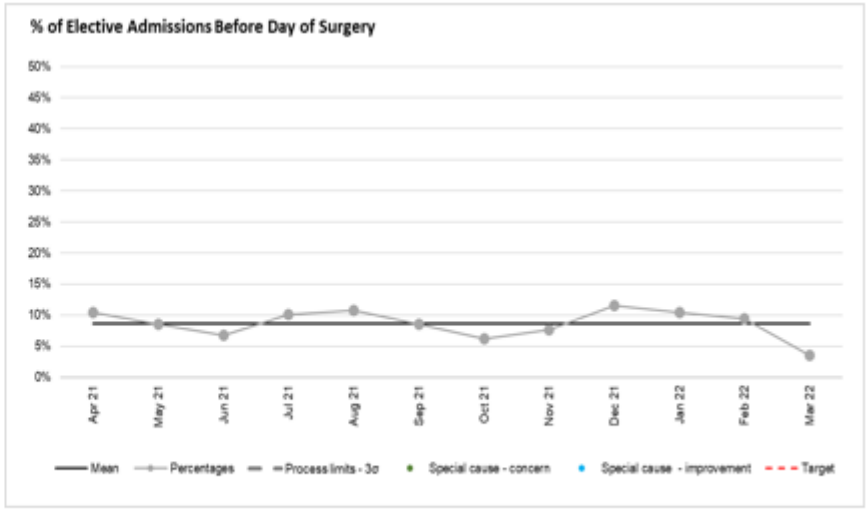
Ongoing risks remaining with staff absence due to Covid/sickness or patients either being medically unfit/deferred. Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of nursing to give appropriate support and focus in this area.

INFORMATION





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
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	1
Total	130	305	408	843	1



The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 20 patients cancelled on the day in March with reasons detailed as follows:

11 x availability of staff due to sickness
6 x patients covid + / medically deferred
2 x admin errors (Not cancellations on validation)
1 x treatment deferred to following day

There were 28 patients admitted but where treatment was deferred, with reasons broken down as follows:

12 x Medically unfit / Clinical change in condition,
9 x availability of staff due to sickness
4 x lack of theatre time/beds
2 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x admins error pt admitted previous day

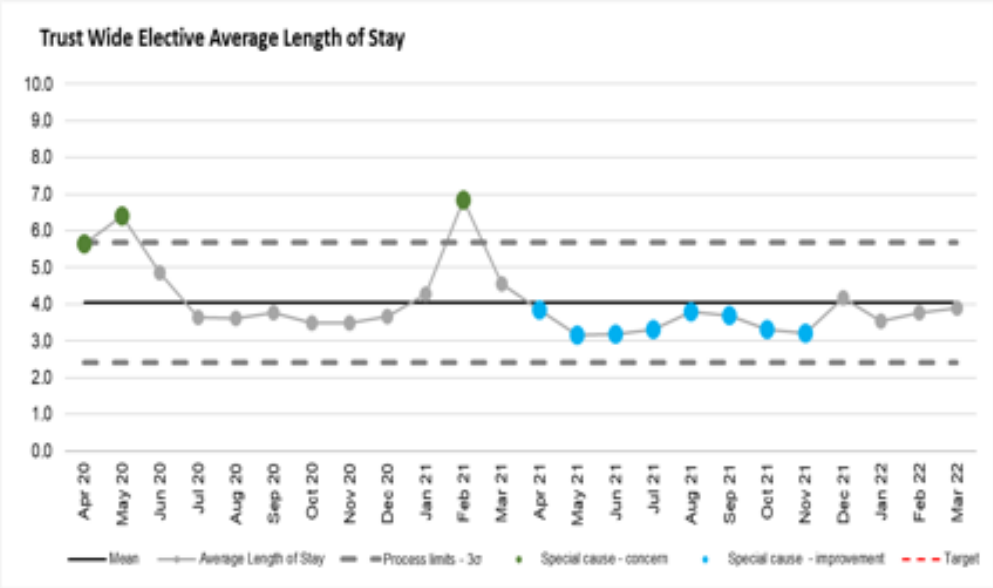
There were 61 patients cancelled by the hospital prior to date of admission.
30 x availability of staff due to sickness
27 x patients Covid + / medically deferred
3 x changes in TC date
1 x patient DNA appointments

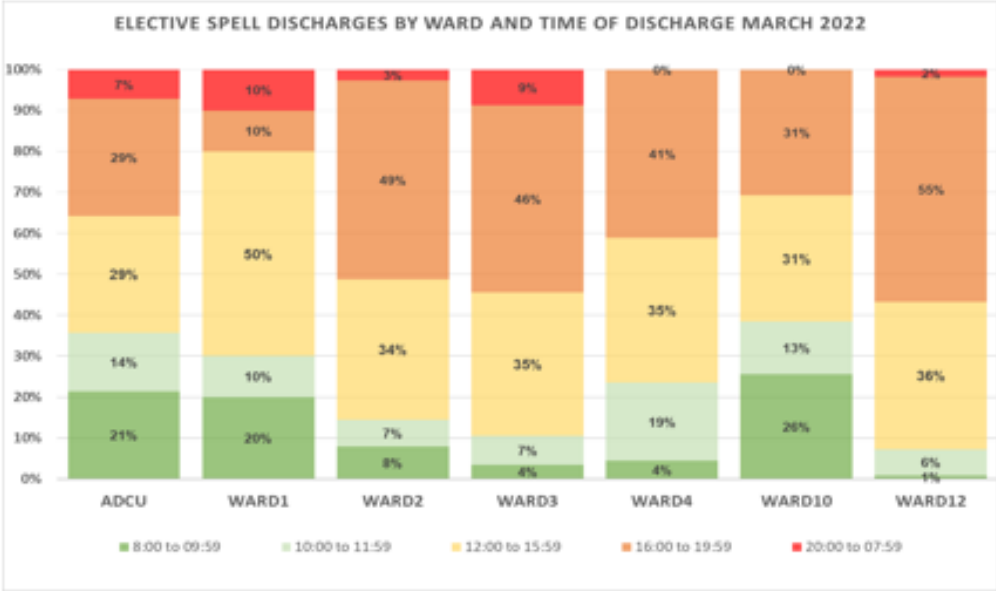
12 patients were admitted prior to their day of surgery with the majority under oncology and this was due to the patients living long distance and/or patients requiring clinical intervention ahead of surgery e.g blood transfusions etc.

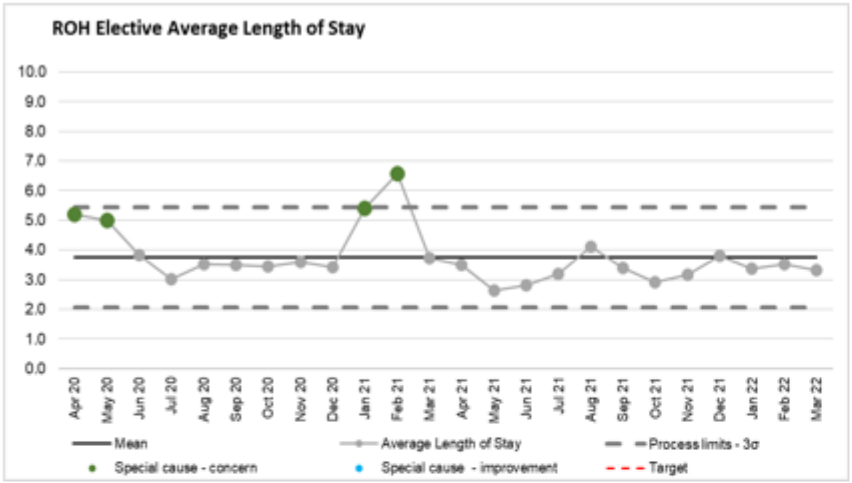
ACTIONS FOR IMPROVEMENTS / LEARNING
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.
RISKS / ISSUES
Impact of the continuation in high Covid rates impacting on both patients and staff

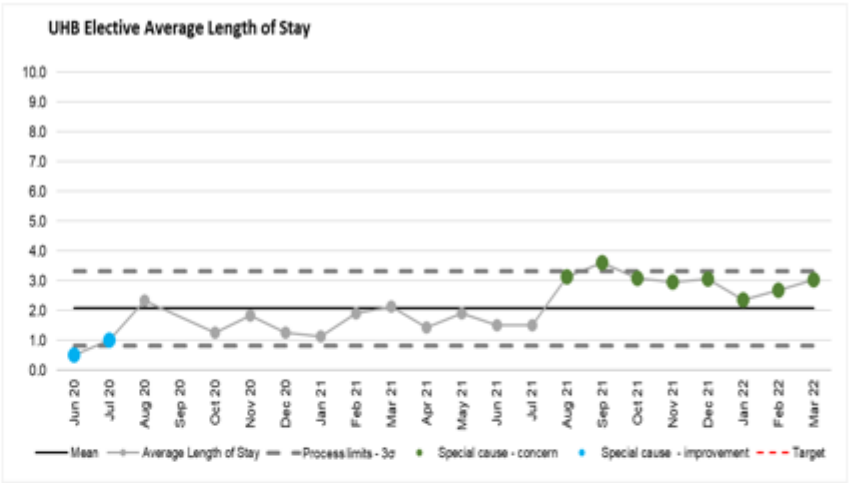
17. Length of Stay

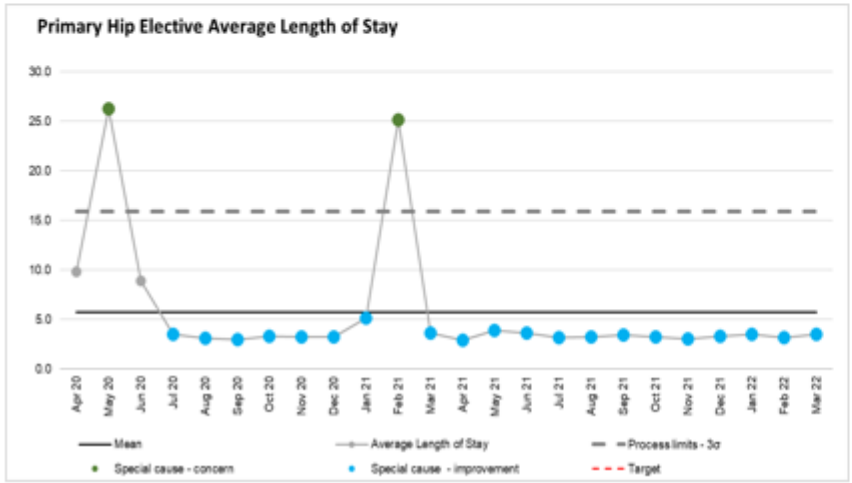
INFORMATION

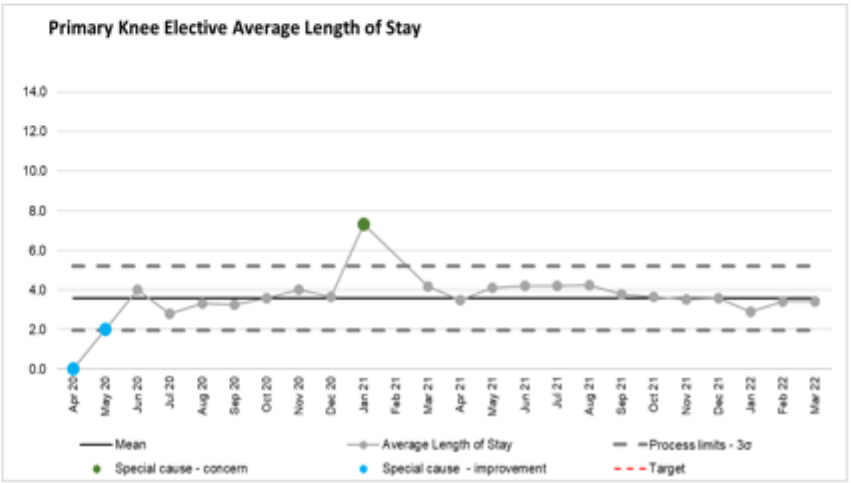





ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Hip Elective Average Length of Stay
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Knee Elective Average Length of Stay
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

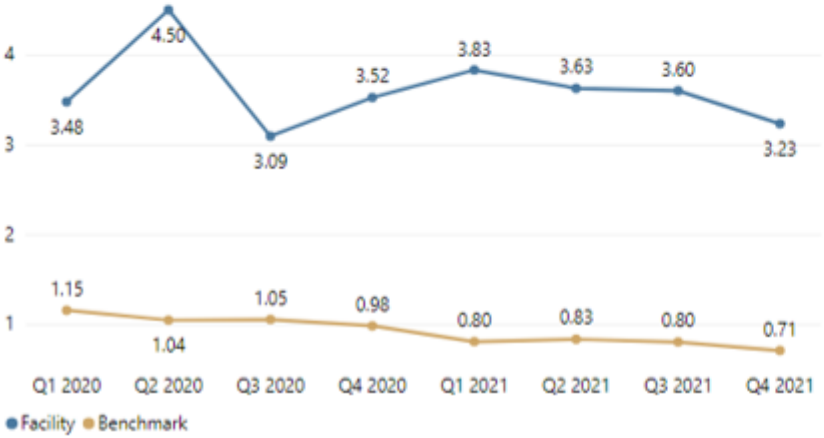
JointCare Data: Pre to post COVID comparison

Volume: Primary hip and knee arthroplasty



- Pre COVID activity has been restored in hip and knee arthroplasty

Length of Stay (days): Primary hip and knee arthroplasty



- Following the Refresh and Recover programme, average length of stay is now lower than pre pandemic
- Length of stay for both primary hip and knee arthroplasty has consistently decreased through 2021

The average length LOS for ROH patients from all specialities has increased in month to **3.90** (3.76 February).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.33** (3.49 February)
The average length of stay for UHB arthroplasty patients at ROH is **3.03** (2.68 February).

March length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

17 (13 February) UHB arthroplasty patients with LOS greater than 3 days. **11** (6 February) with a length of stay greater than 5 days and **6** (10 February) with a stay greater than 7 days. (excludes Rehab).

64 (64 February) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. **32** (35 February) with a length of stay greater than 5 days, **21** (19 February) with a length of stay greater than 7 days.

In summary 21 ROH arthroplasty and oncology arthroplasty and 6 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In February 168 patients went home via the discharge lounge. In addition, number of patients discharged home before lunch increased from **19%** in January to **32.14%** in February. (March data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

ACTIONS FOR IMPROVEMENTS / LEARNING

Joint Care Group feedback:

- An audit of patients undergoing surgery on a Friday or Saturday and the impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.

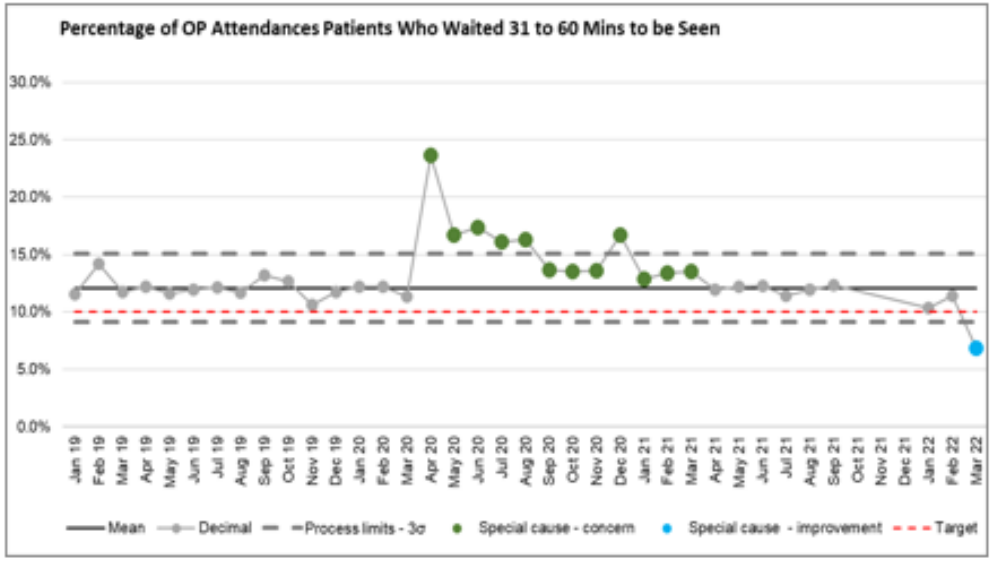
- Discharge Lead/Matron/Head of Nursing to review monitoring and escalation protocols relating to complex discharge and Delayed Transfers of Care to establish if any area for improvement

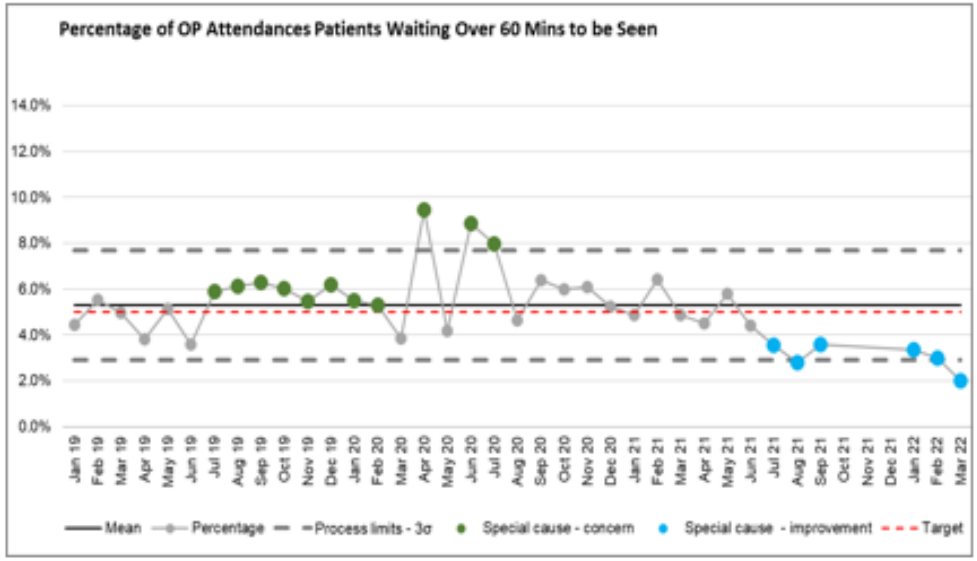
RISKS / ISSUES

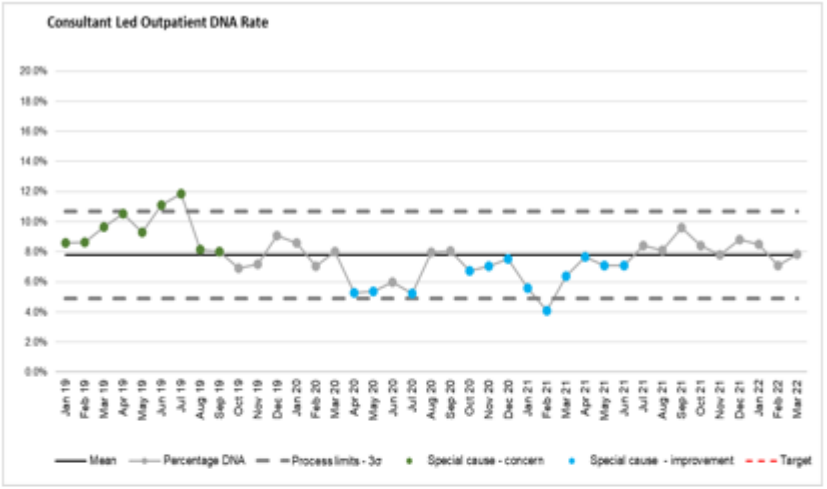
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

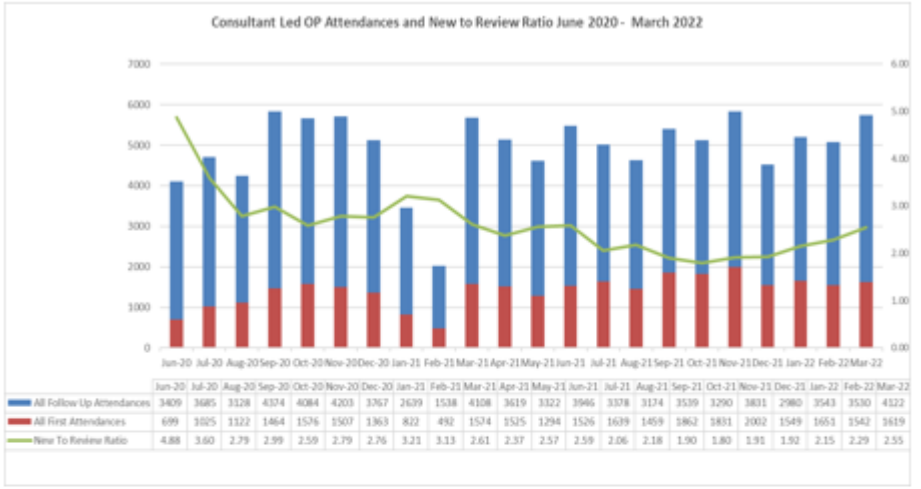
18. Outpatient efficiency

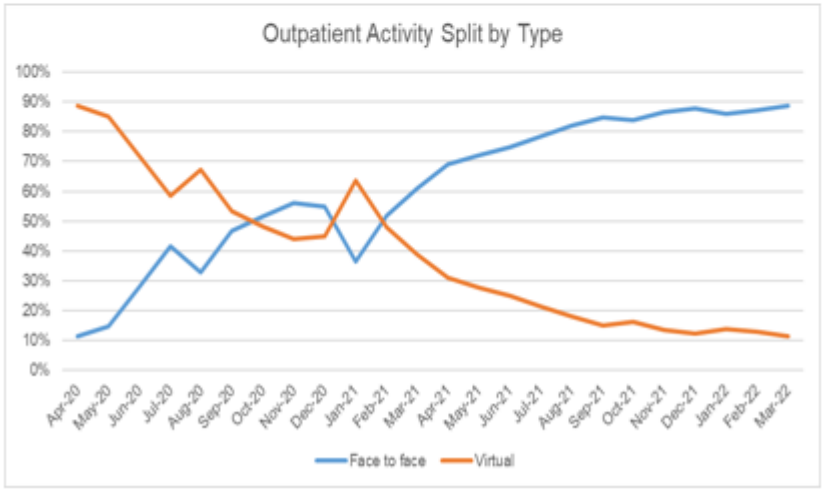
INFORMATION

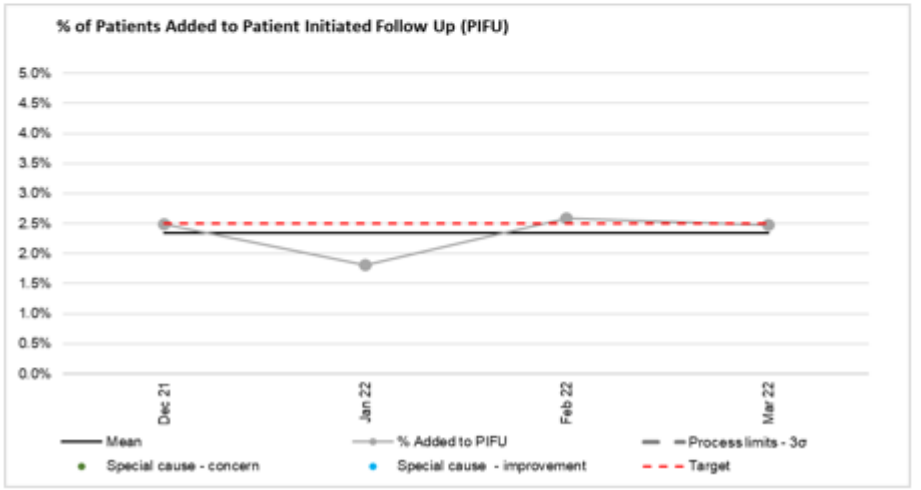












There were 4,886 face to face and 648 virtual appointments carried out in March (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice

and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform to support virtual clinics going forward.

PIFU Target for March: plan **2.5%** - actual: **2.49%** - 97 patients out of 3917 (measured as a % of all outpatient activity**)**.

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - **6.8%** (Target **10%)**

60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown an improvement from February to March with just 6.8% of appointments being delayed more than 30 minutes. Also delays of 60 minutes or more have also dropped in March to 2%. A trial of electronic outcomes is being planned in Young Adult Hips which will mean the clinician is entering the time stamping making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. A new intranet based x-ray walking referral form and waiting list has helped to manage flow and reduce delays.

The DNA rate for March is **7.83%, below trust target** but an increase from **7.07**% in February – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. The Operational Team are working closely with Business Intelligence to provide more information regarding DNA's including ethnicity, age, gender, notice period provided and previous DNA history.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In March 117 referrals for advice and guidance were received against a GP referral total of 1464 gives a total of **8%** for advice and guidance.

We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for March.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and is due to be completed by the end of May. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

19. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

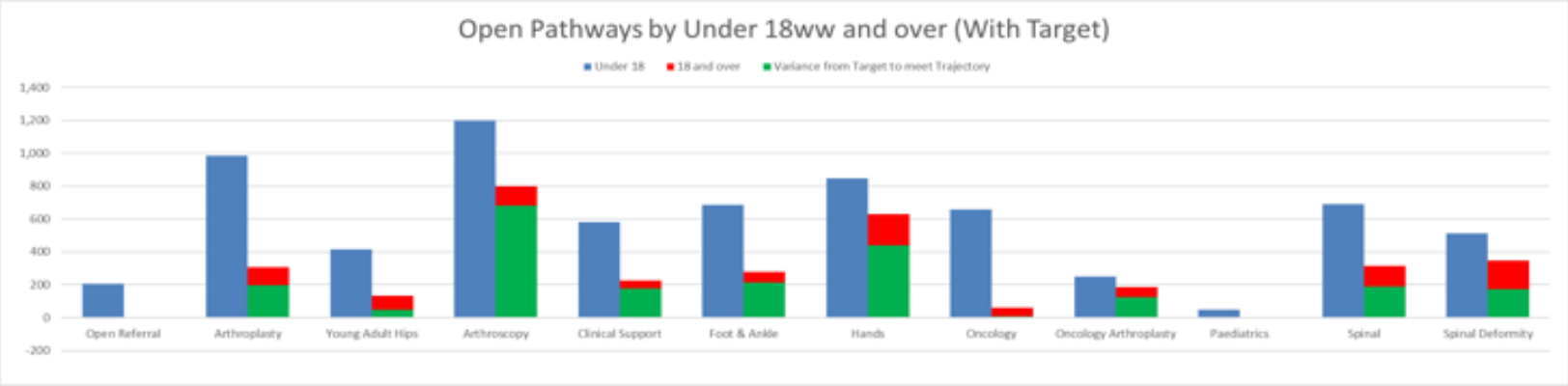
Est Over 18 Clock Stops Required		
To achieve	87.56%	2612
To achieve	89.10%	2773
To achieve	89.94%	2858

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	3,531	204	534	200	539	273	334	393	347	91	31	321	264
7-13	2,268	0	334	144	408	202	231	256	191	84	16	227	175
14-17	1,273	0	115	72	250	107	120	197	120	76	3	140	73
18-26	1,709	0	181	86	347	154	145	306	45	98	3	183	161
27-39	1,175	1	116	39	302	61	112	227	14	63	0	100	140
40-47	304	0	8	7	118	6	19	67	2	18	0	23	36
48-51	65	0	0	1	27	2	1	20	1	3	0	3	7
52 weeks and over	23	0	0	0	5	1	1	9	0	2	0	4	1
Total	10,348	205	1,288	549	1,996	806	963	1,475	720	435	53	1,001	857

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	7,072	204	983	416	1,197	582	685	846	658	251	50	688	512
18 and over	3,276	1	305	133	799	224	278	629	62	184	3	313	345
Current Month End RTT%	**68.34%**	**99.51%**	**76.32%**	**75.77%**	**59.97%**	**72.21%**	**71.13%**	**57.36%**	**91.39%**	**57.70%**	**94.34%**	**68.73%**	**59.74%**

31/03/2022 Trajectory RTT%	87.56%	100.00%	90.32%	83.17%	91.15%	92.52%	91.26%	81.82%	92.47%	80.97%	92.16%	84.59%	75.06%
Target for RTT Trajectory	1,005	0	105	84	116	47	66	188	54	59	4	125	170
Variance from Target to meet Trajectory	2271	1	200	49	683	177	212	441	8	125	-1	188	175



Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant led Open Pathways as at 31/03/2022

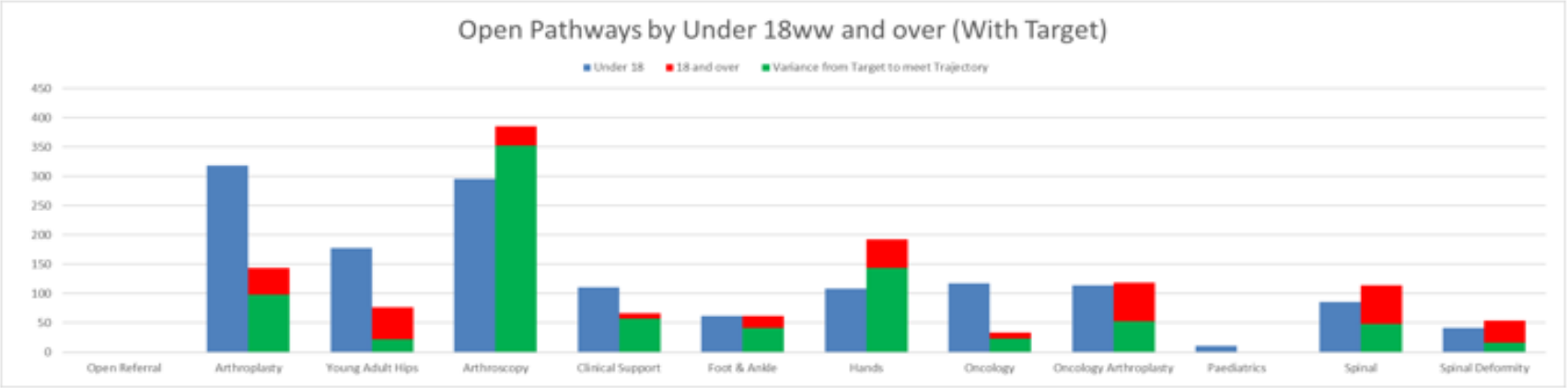
Est Over 18Clock Stops Required		
To achieve	80.93%	1044
To achieve	89.10%	1232
To achieve	89.94%	1250

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	644	0	137	71	155	55	26	41	51	38	8	45	17
7-13	503	0	123	74	99	39	16	39	41	39	2	22	9
14-17	296	0	58	33	42	17	20	28	25	37	1	19	16
18-26	566	0	74	43	140	46	27	84	24	58	1	59	10
27-39	485	1	67	27	151	16	28	80	7	45	0	36	27
40-47	144	0	3	6	70	2	7	16	2	11	0	14	13
48-51	41	0	0	1	22	2	0	7	0	3	0	2	4
52 weeks and over	12	0	0	0	2	0	0	5	0	2	0	3	0
Total	2,691	1	462	255	681	177	124	300	150	233	12	200	96

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,443	0	318	178	296	111	62	108	117	114	11	86	42
18 and over	1,248	1	144	77	385	66	62	192	33	119	1	114	54
Current Month End RTT %	53.62%	0.00%	68.83%	69.80%	43.47%	62.71%	50.00%	36.00%	78.00%	48.93%	91.67%	43.00%	43.75%

31/03/2022 Trajectory RTT %	80.93%	100.00%	87.55%	76.47%	90.23%	92.50%	74.61%	68.97%	92.70%	63.22%	93.33%	56.64%	52.72%
Target for RTT Trajectory	340	0	45	55	32	9	21	49	9	66	1	66	38
Variance from Target to meet Trajectory	908	1	99	22	353	57	41	143	24	53	0	48	16



Referral to Treatment Snapshot as 28th February 22 (Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

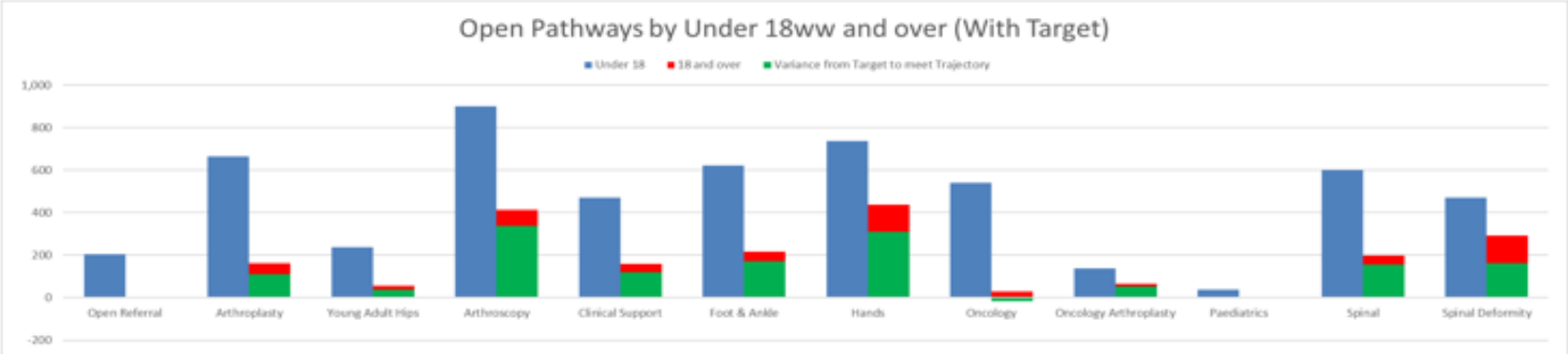
Est Over 18 Clock Stops Required		
To achieve	90.53%	1655
To achieve	89.10%	1541
To achieve	89.94%	1608

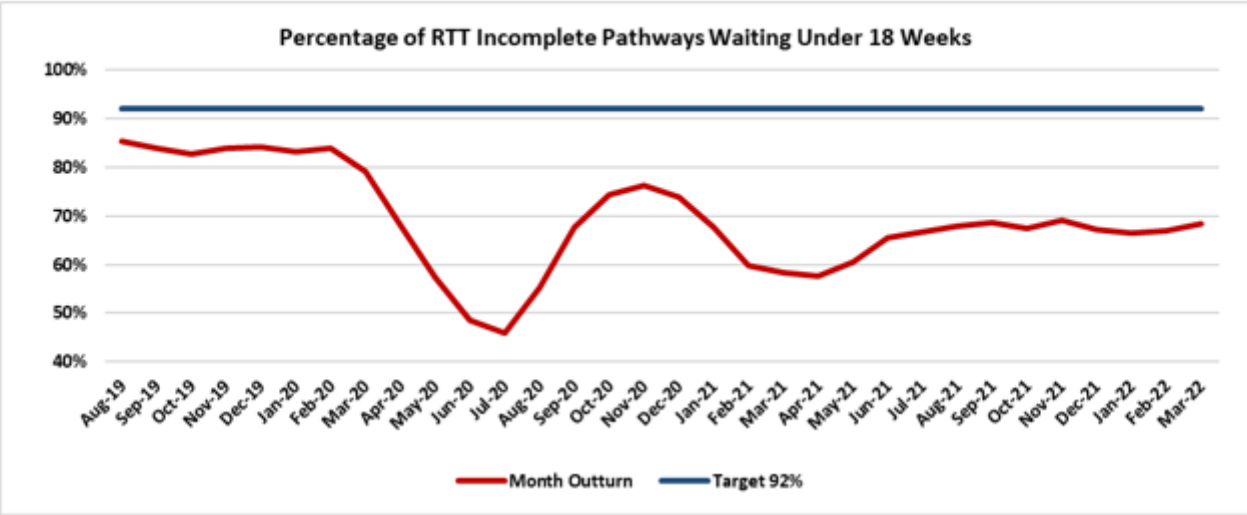
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	2,887	204	397	129	384	218	308	352	296	53	23	276	247
7-13	1,765	0	211	70	309	163	215	217	150	45	14	205	166
14-17	977	0	57	39	208	90	100	169	95	39	2	121	57
18-26	1,143	0	107	43	207	108	118	222	21	40	2	124	151
27-39	690	0	49	12	151	45	84	147	7	18	0	64	113
40-47	160	0	5	1	48	4	12	51	0	7	0	9	23
48-51	24	0	0	0	5	0	1	13	1	0	0	1	3
52 weeks and over	11	0	0	0	3	1	1	4	0	0	0	1	1
Total	7,657	204	826	294	1,315	629	839	1,175	570	202	41	801	761

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	5,629	204	665	238	901	471	623	738	541	137	39	602	470
18 and over	2,028	0	161	56	414	158	216	437	29	65	2	199	291
Current Month End RTT %	73.51%	100.00%	80.51%	80.95%	68.52%	74.88%	74.26%	62.81%	94.91%	67.82%	95.12%	75.16%	61.76%

31/03/2022 Trajectory RTT %	90.53%	100.00%	92.90%	92.72%	92.15%	92.53%	93.01%	85.32%	92.63%	92.20%	92.05%	93.49%	78.38%
Target for RTT Trajectory	589	0	51	19	77	38	47	127	44	12	3	42	130
Variance from Target to meet Trajectory	1439	0	110	37	337	120	169	310	-15	53	-1	157	161





ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION

The Referral To Treatment (RTT) position for March is **68.34%** against the National Constitutional Target of 92%. This is an increase of 1.44% compared to February reporting at **66.90%.**

There are **23** patients over 52 weeks, a decrease from 32 in February. However due to the impact on activity in March due to patients and consultants having Covid/unwell we are anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **369** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2691 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

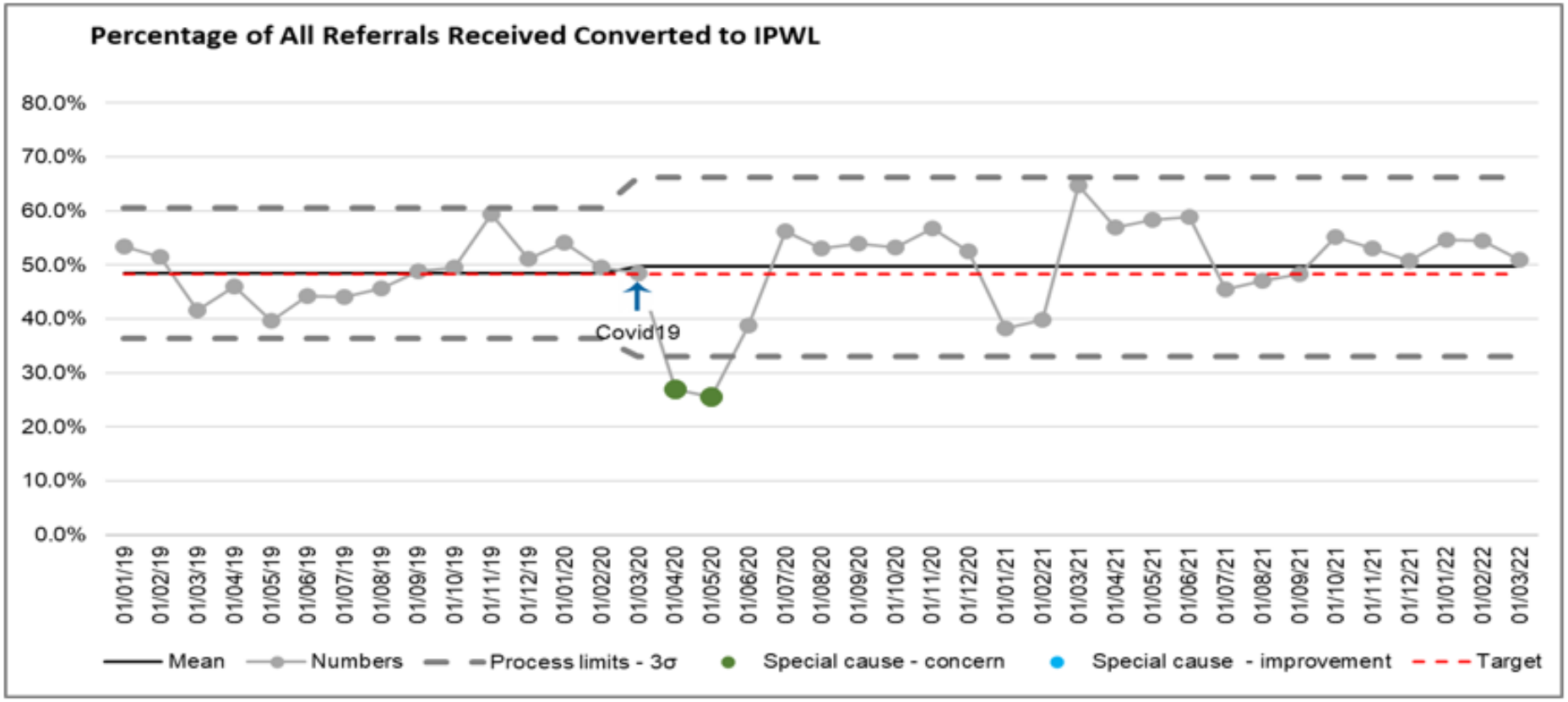
Referrals continue to move towards Pre-Covid levels with **2,365** (87%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704) We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

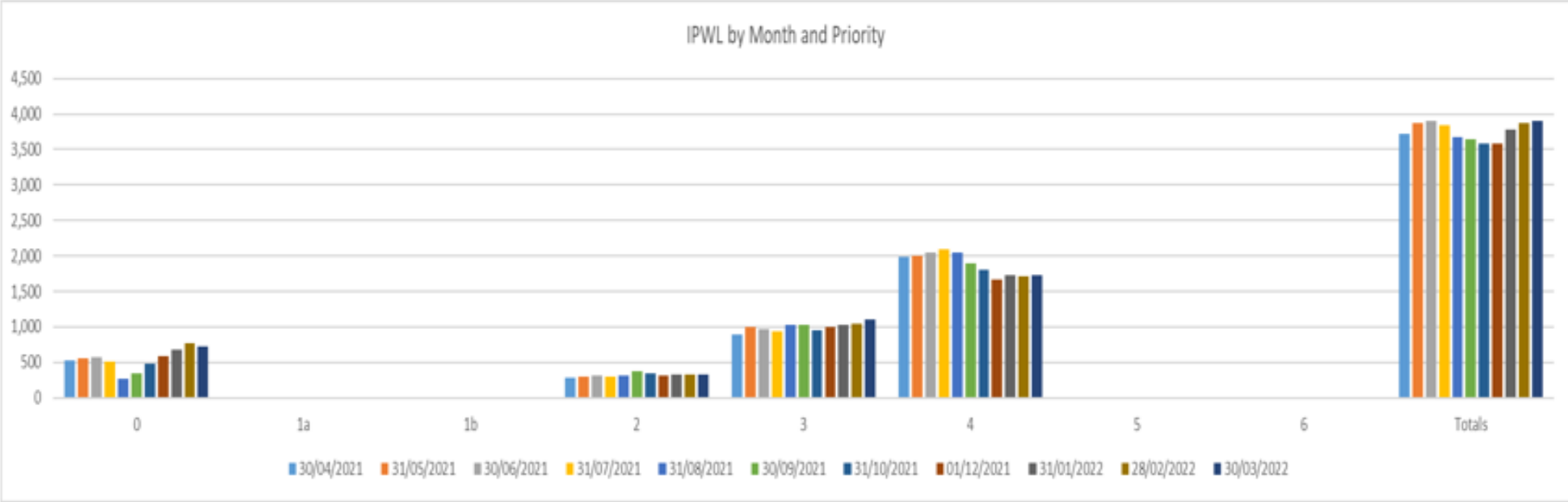
Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

System support for 104 weeks and coved surges may impact on the delivery of the RTT target



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%	50.95%



	Number of IP waiting as at	% of IP waiting as at
Priority	30/03/2022	30/03/2022
0	731	18.7%
1a		0.0%
1b	7	0.2%
2	330	8.4%
3	1109	28.4%
4	1728	44.2%
5	2	0.1%
6		0.0%
Total	3907	100%

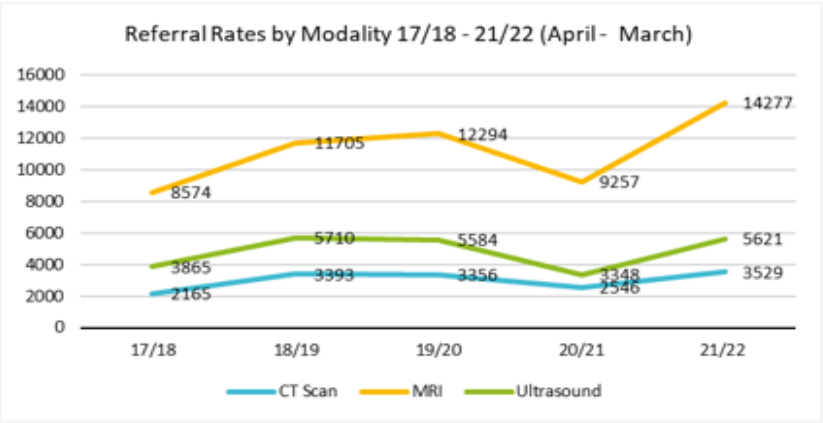
March remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

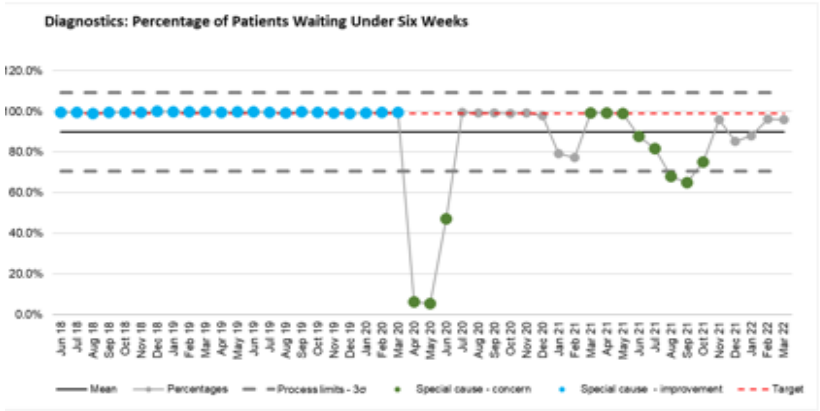
20. Diagnostic Performance

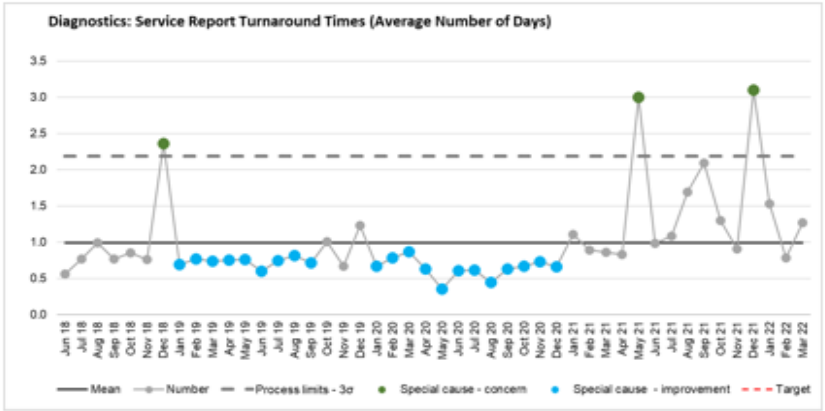
INFORMATION

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941







Imaging did not meet the diagnostic target in March reporting 96%. Referrals continue to remain high specifically for MRI with a referral rate of 145% in March when compared to the same period in 19/20. Ultrasound and CT remain in target.

A formal contract request for additional mobile MRI van capacity via NHS Supply Chain has result in 3 companies responding and is currently going through due process but it is expected that this extra capacity will become available in May which will have a positive impact on the clearance of the backlog within MRI. Meanwhile ad hoc capacity is also being sourced.

Dr Dr (patient text messaging service) is also expected to come on line by the end of April which will support the reduction in the DNA rates which is currently averaging 10-12%.

Reporting times in March remained on target

ACTIONS FOR IMPROVEMENTS / LEARNING

To continue to ensure all capacity is fully utilised and minimise DNA's .

Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

20. Cancer Performance

February Cancer Performance – February 2022 Submission

		Feb-22				
Target Name	National Standard	%	In target	Breach	Accountable patients	Total Patients
2ww	93%	96%	69.0	3.0	72.0	72.0
31 day first treatment	96%	85%	11.0	2.0	13.0	13.0
31 day subsequent (surgery)	94%	100%	3	0	3	3
62 day (traditional)	85%	100%	4.5	0	4.5	6
62 day (Cons Upgrade)	n/a	76%	6.5	2.0	8.5	11.0
28 day FDS REPORTED	75%	84%	65.0	12.0	77.0	77.0
Patients over 104 days				1		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breach reasons:
2 x 31 day subsequent – delay to scheduling surgery as the patients required multi-disciplinary surgical team including the plastics specialists. One patient also had an inconclusive diagnosis from the referring Trust which resulted in a delay to a definitive diagnosis
1 x 62 day (upgrade) - delay in diagnosis requiring several repeat biopsies and patient requiring thinking time due to life changing decision for treatment
1 x 62 day (upgrade) - patient required 2 x biopsies and 1 x open biopsy and was discussed at both the UHB and ROH MDT. There was difficulty in diagnosing the patient as the radiology suggested TB although tests were negative. Patient eventually diagnosed and referred to Christies for Proton Therapy on day 163

Operational Update

- Work continues on the 2WW referral pathway with Bsol CCG.
- The RJAH support SLA has ceased going into the new financial year.

21. **Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.**

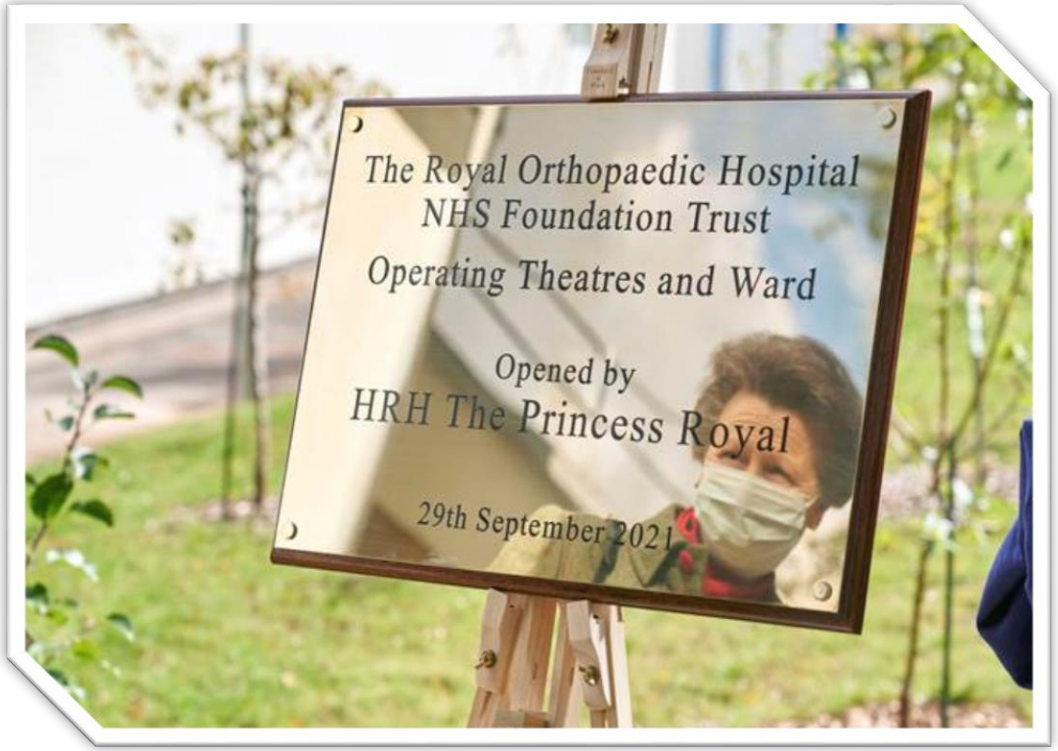
INFORMATION TO BE PROVIDED NEXT MONTH

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Mar 2022

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Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in March, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

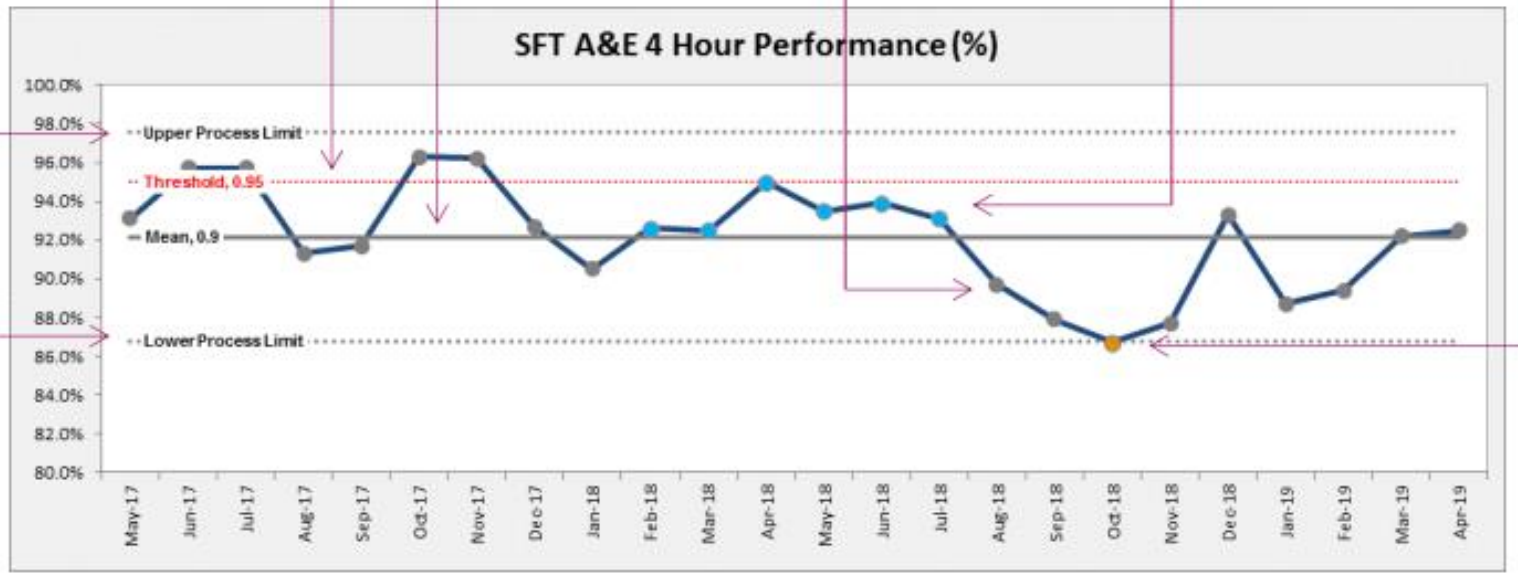
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

Workforce Monthly Snapshot Overview

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Trust Workforce Metrics	Feb-22	Mar-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1244	1239	-5	-	-
Staff In Post - Full Time Equivalent	1103.98	1093.53	-10.44804	-	-
Staf Turnover % - Unadjusted	15.34%	15.48%	0.14%	⇕	<=11.5%
Staf Turnover % - Adjusted	13.17%	13.24%	0.07%	⇕	<=11.5%
Total WTE Employed as % of Establishment	87.28%	86.15%	-1.13%	⇓	>=93%
Total WTE Employed as % of Establishment - Clinical	83.33%	81.13%	-2.20%	⇓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	94.51%	95.40%	0.89%	⇑	>=96%
% Of Attendance	94.74%	94.30%	-0.44%	⇓	>=96.3%
% Of 12 mth MAA Attendance	94.74%	93.90%	-0.84%	⇓	>=96.3%
% Staff received mandatory training last 12 months	85.89%	85.38%	-0.51%	⇓	>=93%
% Staff received formal PDR/appraisal last 12 months	62.30%	53.27%	-9.04%	⇓	>=95%
% of Sickness - Trust wide Long-term	2.61%	3.96%	1.35%	⇑	-
% of Sickness - Trust wide Short-term	2.65%	2.13%	-0.52%	⇓	-
Return To Work Completion %	55.61%	38.62%	-16.99%	⇓	>=80%

Workforce Establishment

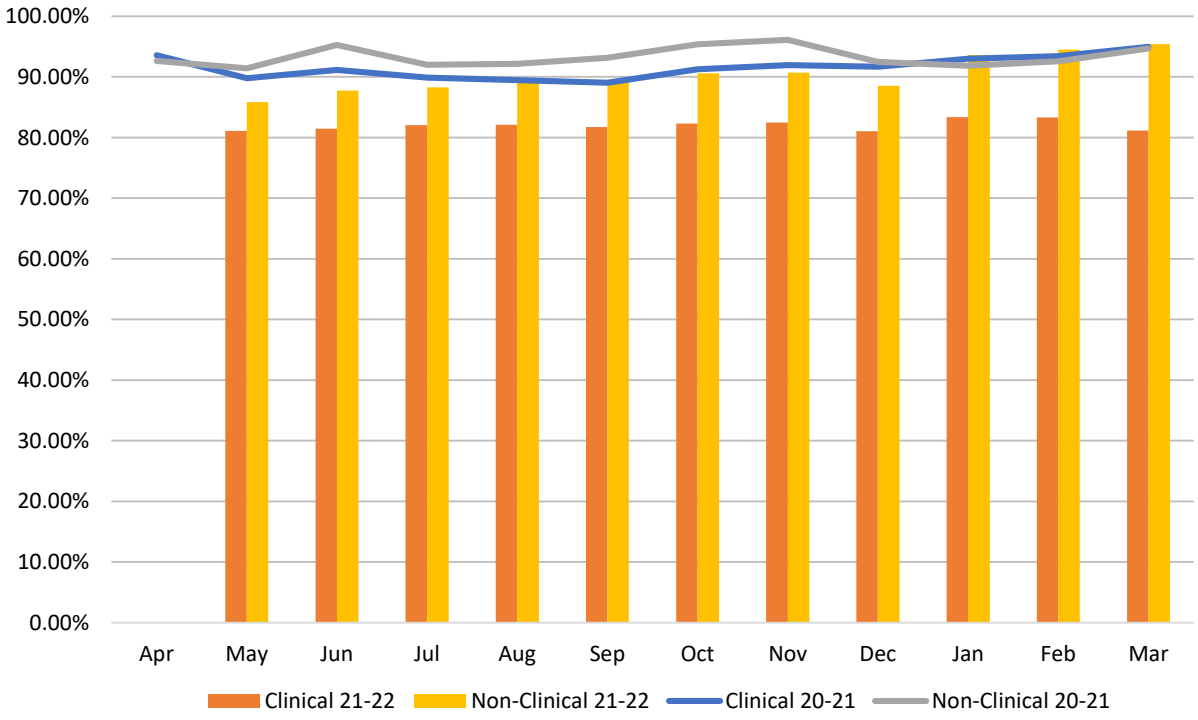
The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

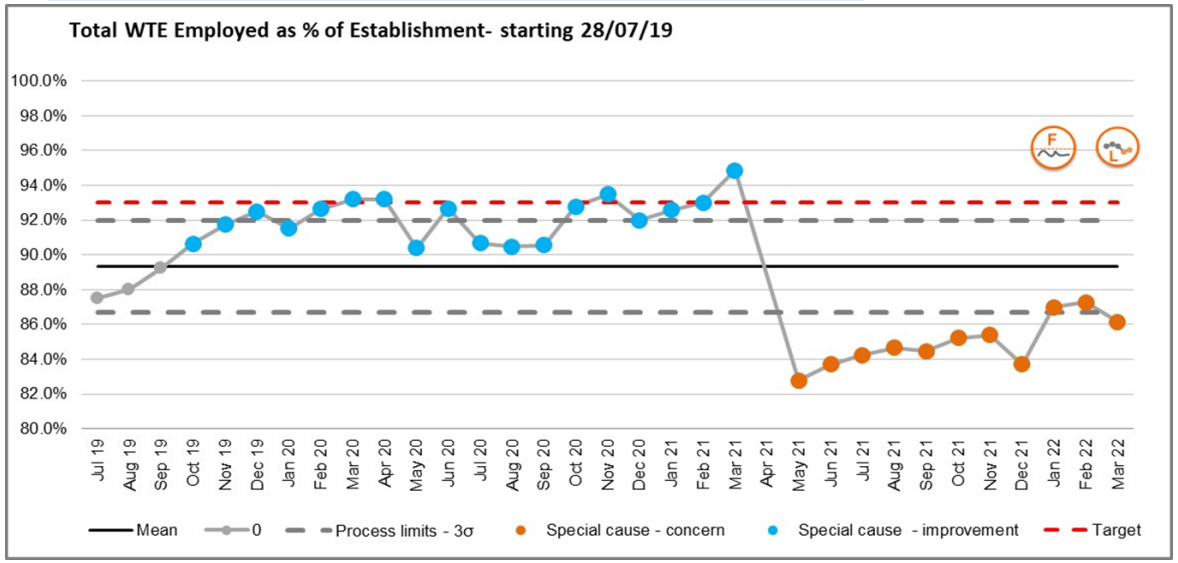
At the end of March, the number of staff on payroll stood at 1239 (WTE 1093.53) which is a decrease of **10.44 WTE** from February.

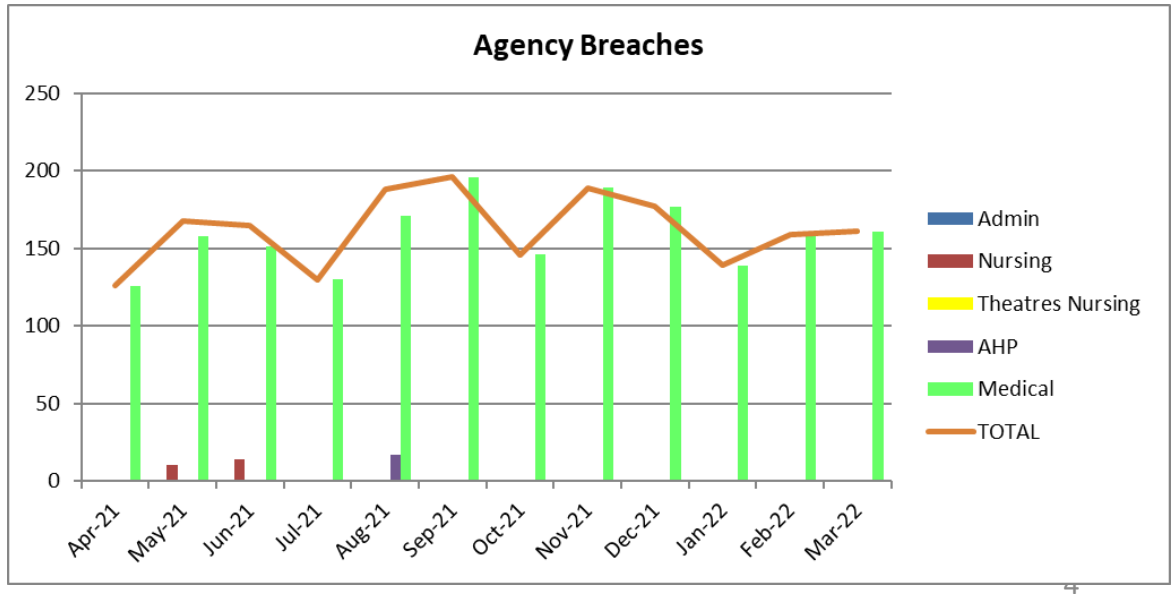
The Total WTE Employed as a % of the Establishment this month was **86.15%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

Staff in Post v Establishment Clinical / Non-Clinical



Total WTE Employee as a % of Establishment





Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **15.48%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **20.50%** in March 2022 and **20.12%** in February 2022. Division 1 turnover has remained over 11.5% this month at **16.90%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Additional Clinical Services staff group, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 6 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

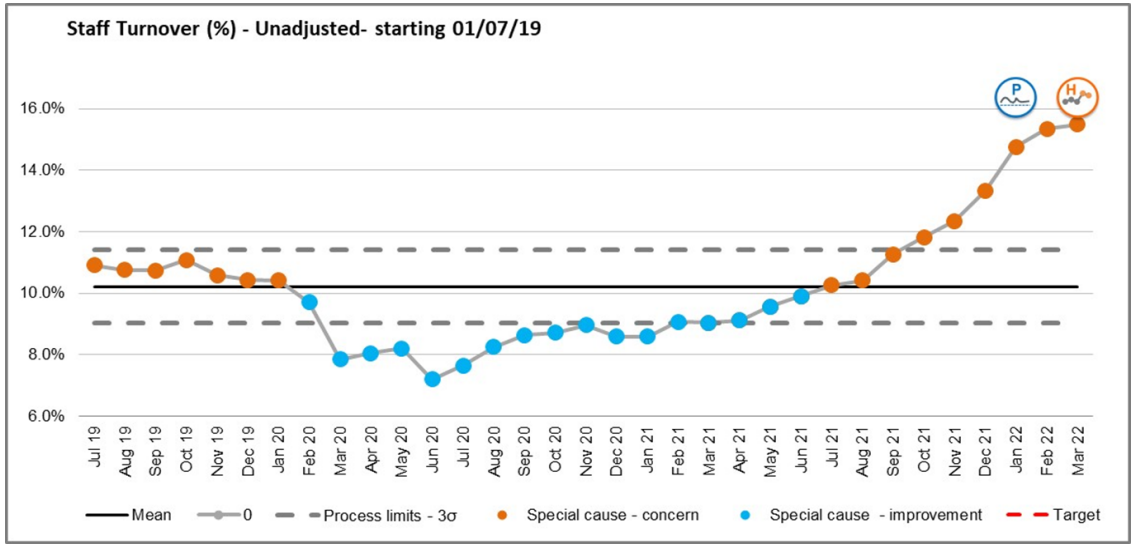
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	9.04%
Additional Clinical Services	20.89%
Administrative and Clerical	15.76%
Allied Health Professionals	19.30%
Estates and Ancillary	7.27%
Medical and Dental	5.16%
Nursing and Midwifery Registered	18.33%

*Data From Mar 22

	Top 3 Leaving Reasons (Feb22- Mar22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of Training Opportunities
2	Voluntary Resignation - Work Life Balance	Lack of Feedback in relation to my PDR
3	End of Fixed Term Contract	Lack of Recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

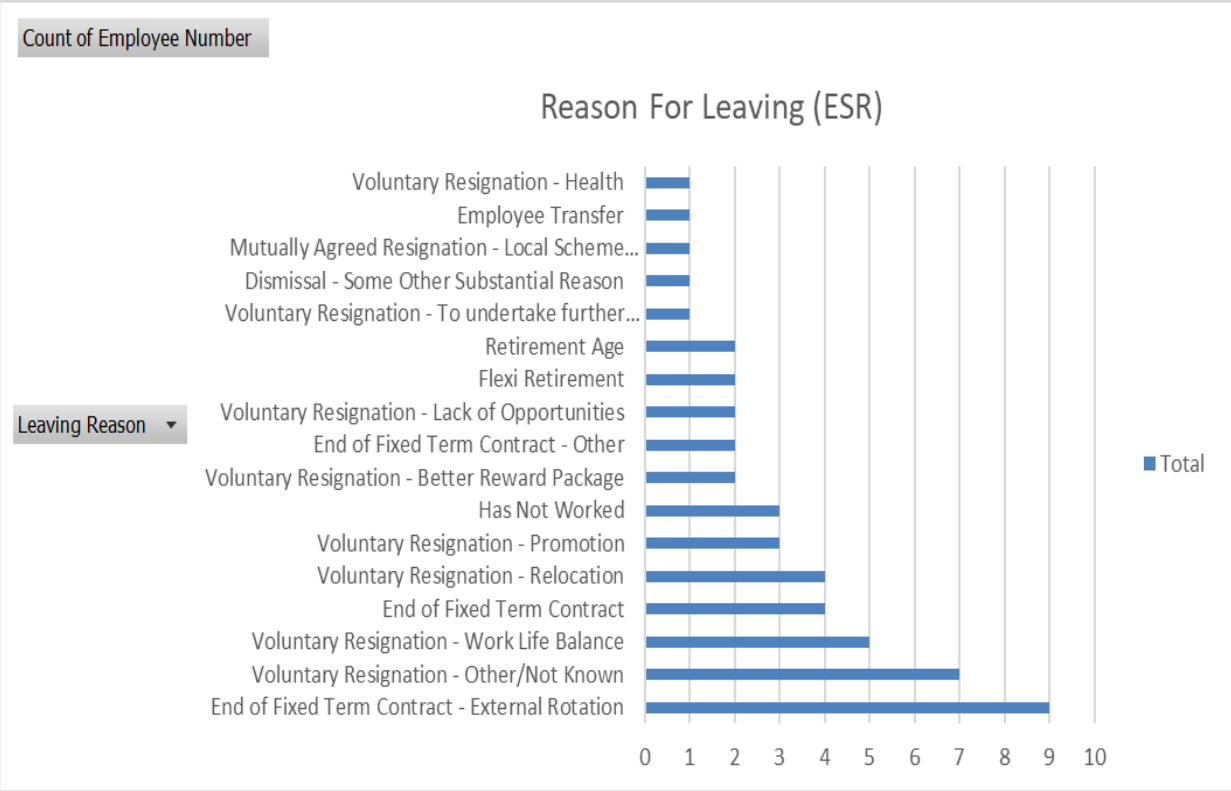
Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months. From the exit questionnaires, there is very limited returns on this 6 for Mar 22.

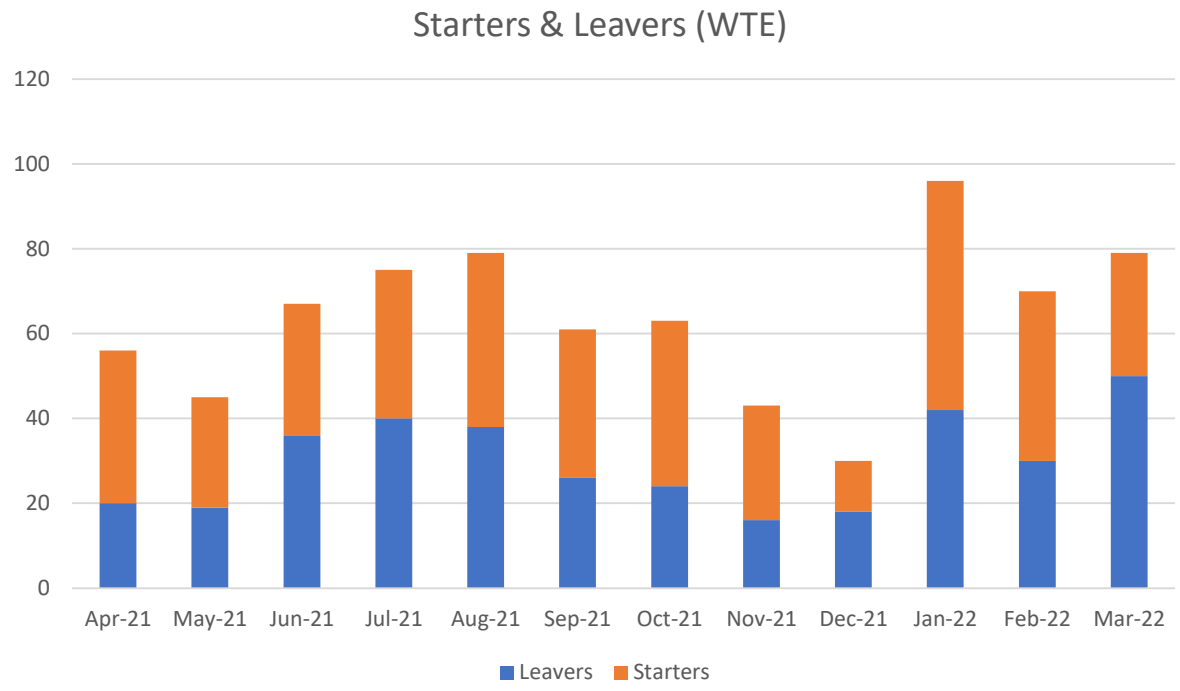
74.00% of leavers in Feb & Mar 22 were with the Trust for less than 5 years, this is an increase from February's report which was 90%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





***Data From Jan 21 – Feb 22**

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **94.30%** (sickness absence % = 5.70%) and Attendance for the rolling past 12 months was **93.90%.** This currently sit below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£1,962,057.66**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of March 2022, there were 26 staff on long term sickness, where 3 of the these staff members have been absent for longer than 6 months.

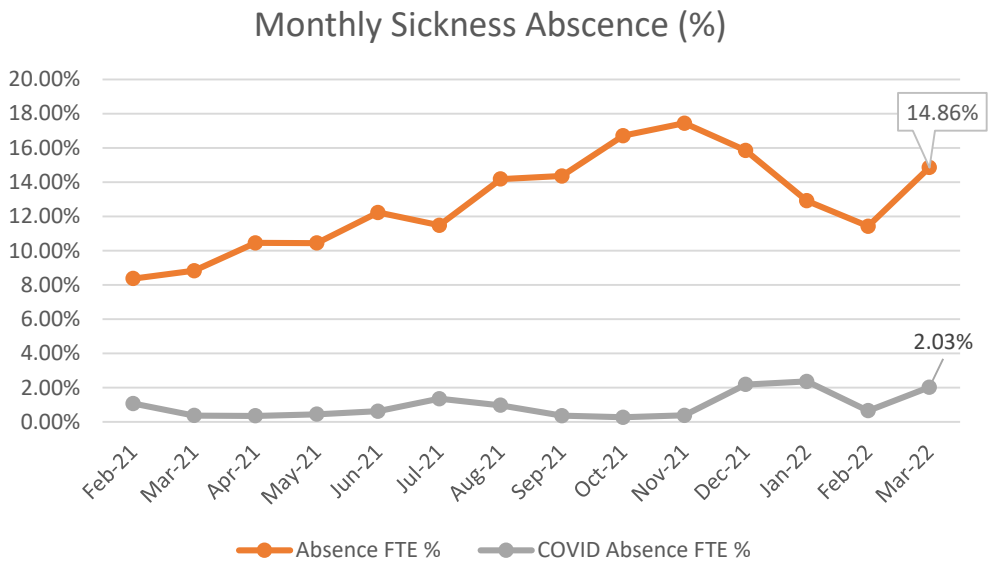
COVID Related Absence

This month COVID-related sickness made up **2.03%** of all sickness absence within the Trust. Compared to this time last year, the figures are higher than February.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £31,034.55. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP. A drop in the estimated cost is mainly due to the Testing and Isolation changes.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews decreased to **38.62%** in March, compared to **55.61 %** in February. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	228	6667.25986	£592,613.34
Cold, Cough, Flu - Influenza	470	2972.31439	£308,019.69
Musculoskeletal problems	133	2743.34804	£221,641.23
Gastrointestinal problems	423	1676.49016	£152,255.59
Injury, fracture	65	1521.30689	£109,513.60

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

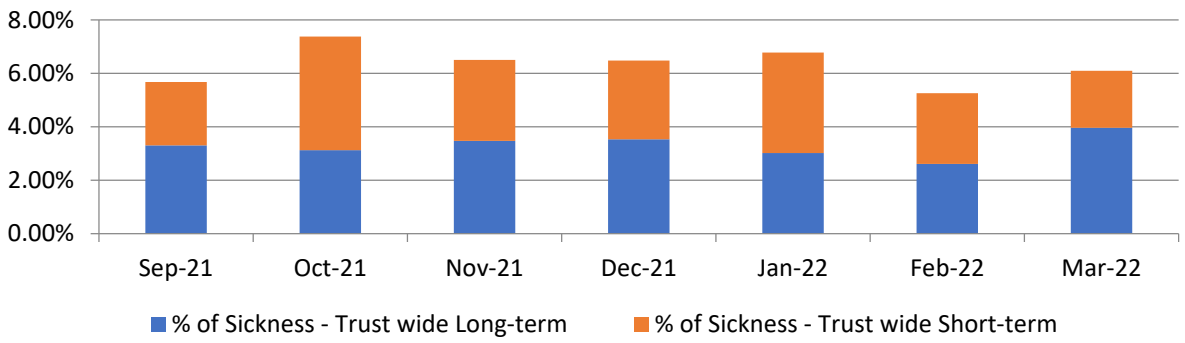
Actions

HR are continuing to support managers with ensuring that absence meetings are taking place in a timely manner and staff are being supported throughout their absence.

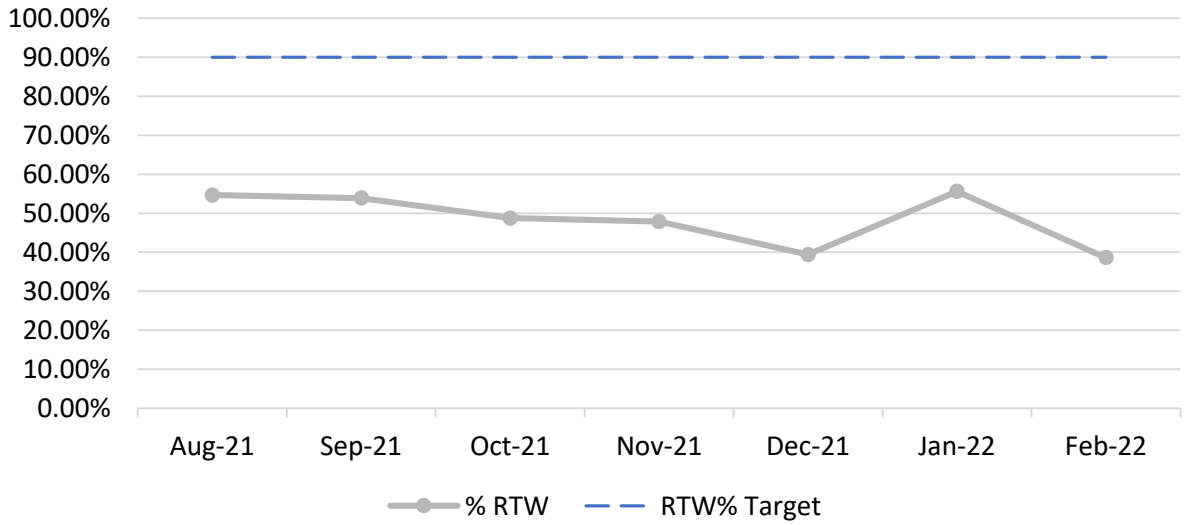
Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

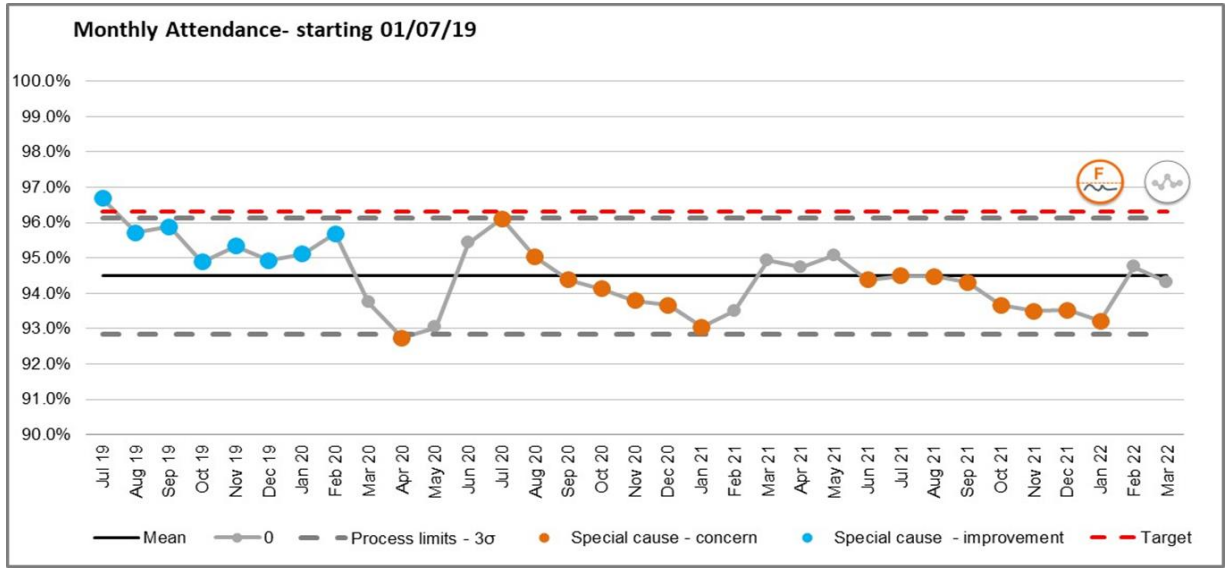
Long Term / Short Term Absence FTE (%)



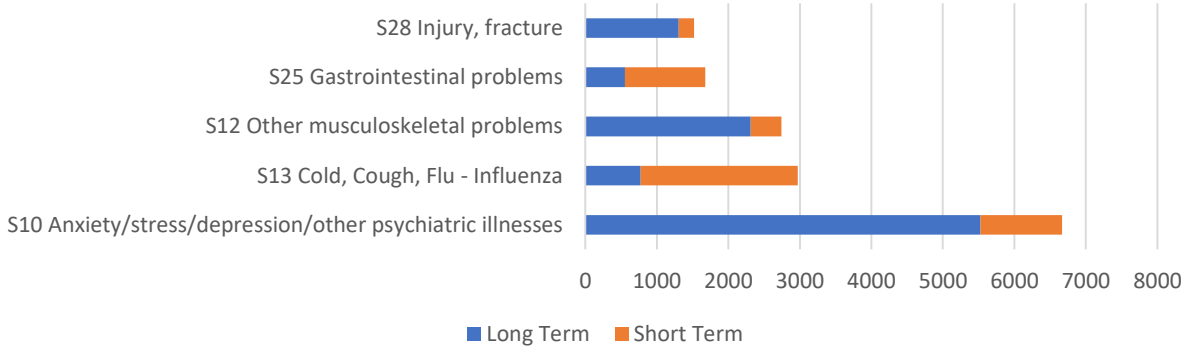
Monthly Return To Work %



Monthly Staff Absence FTE (%)



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Sep 21 – Mar 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

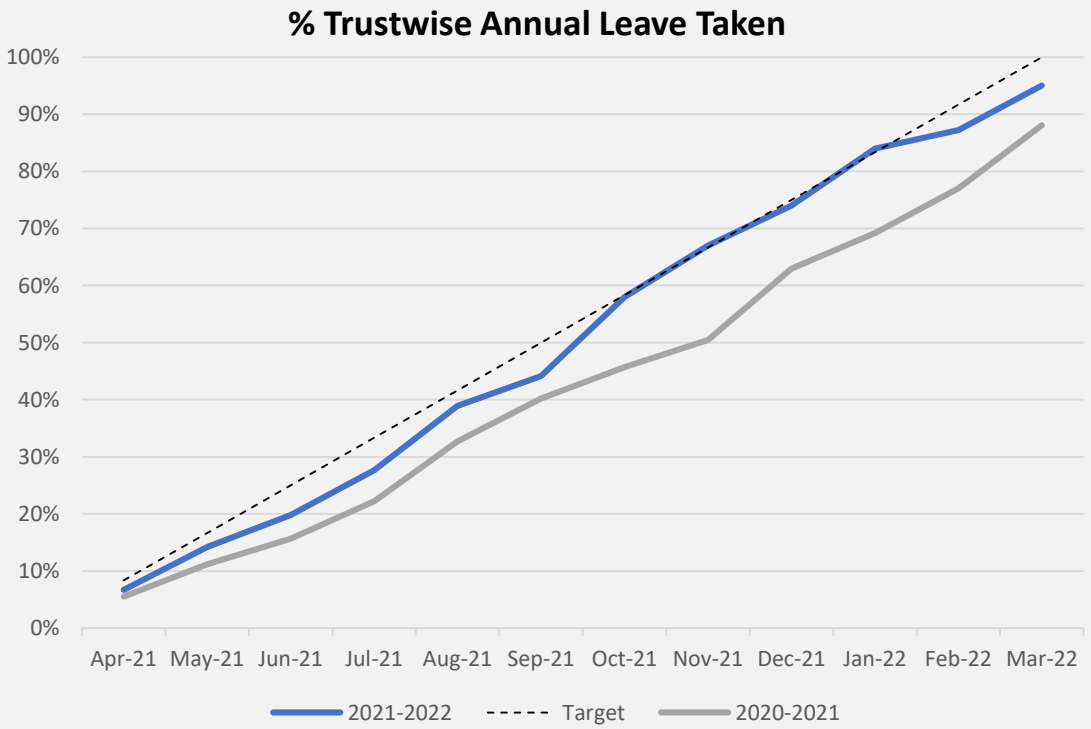
Summary and Actions

At the end of March, there were no formal capability cases and **3** formal conduct cases.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the end of Q4 (Mar 22) for the financial year, AfC staff have taken **95.28%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 100% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st March 2022

Division	% Annual Leave Taken	Staff Group	% Annual Leave Taken
303 Corporate Directorate	96.72%	Add Prof Scientific and Technic	85.25%
303 Covid-19 Division	86.43%	Additional Clinical Services	98.50%
303 Division 1 - Patient Services	95.34%	Administrative and Clerical	97.29%
303 Division 2 - Patient Support	94.05%	Allied Health Professionals	97.99%
303 Division 4 - Estates and Facilities	98.53%	Estates and Ancillary	97.82%
Trust Total	**95.28%**	Nursing and Midwifery Registered	96.27%

Wellbeing Day

At the end of March, **50%** of eligible staff have taken their wellbeing day. This option has now finished and no further Wellbeing days will be able to be booked.

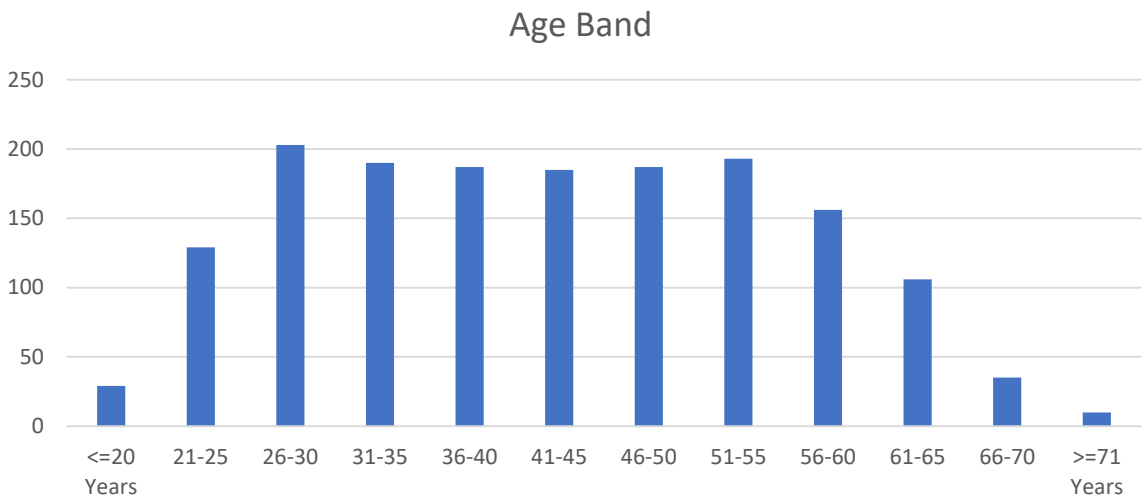
Workforce Demographics

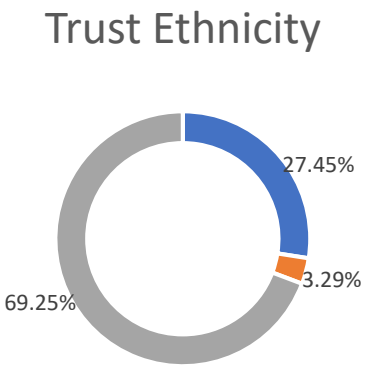
The Royal Orthopaedic Hospital NHS Foundation Trust

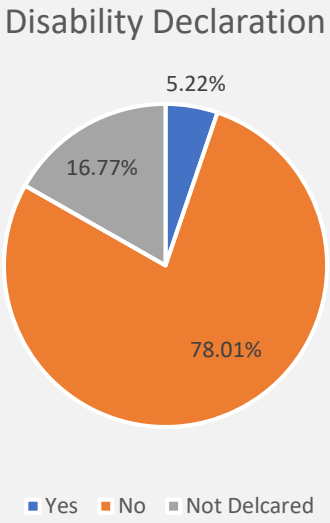
Summary

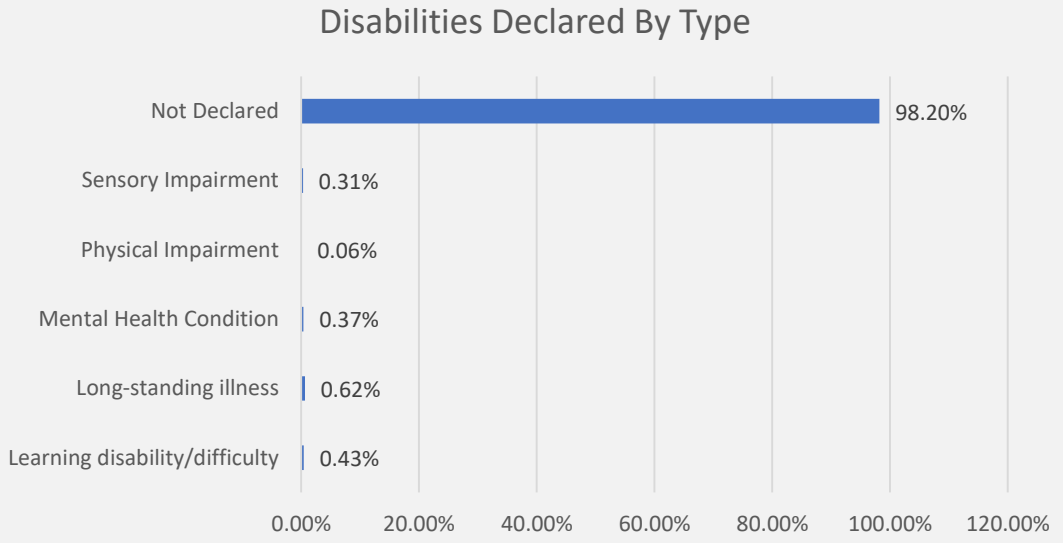
The Trust (including bank staff) is made up of 71.8% female and 28.2 % male staff

Our current status of staff with a disability is 5.22% with **16.77%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record









2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

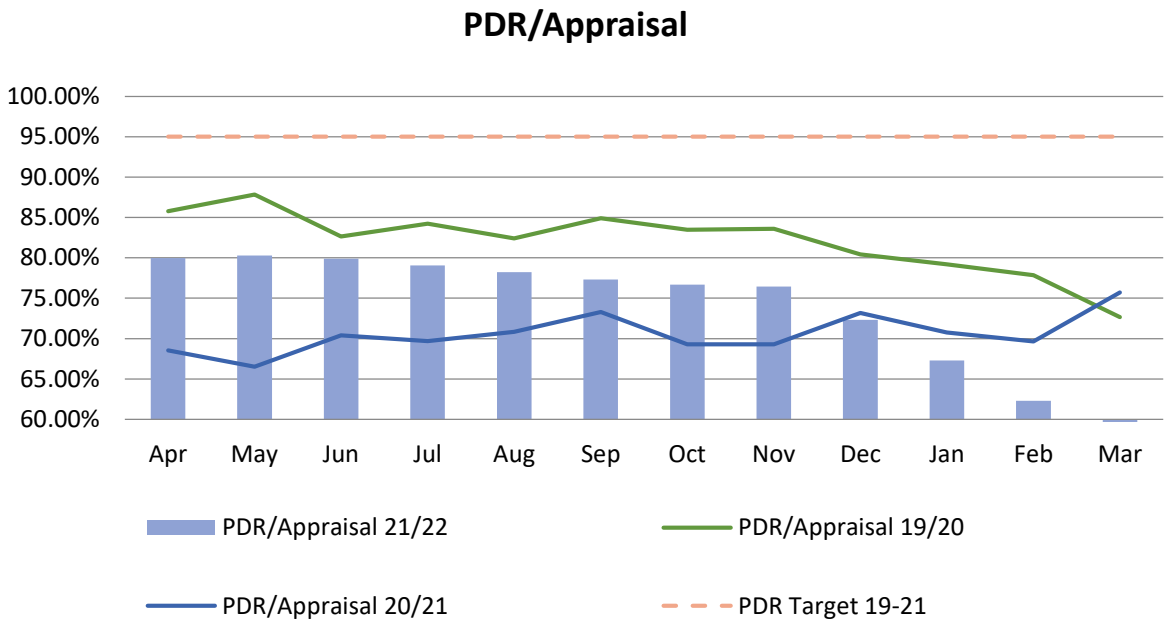
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

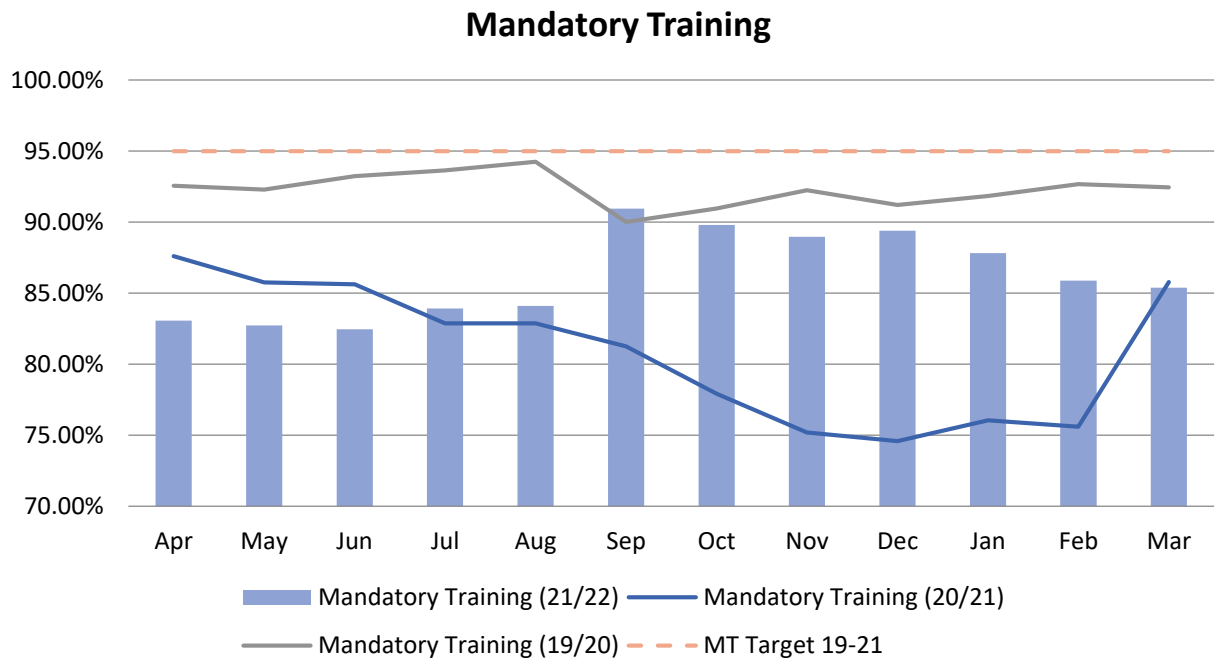
Over the last few months, the percentage of staff not disclosing their ethnic background has increased to 3.29% of all applicants

Applications from BME staff made up 56% of all applications made in March

53.60% of shortlisted candidate were from a BME background, with 0.8% undisclosed

Training and Development





Appraisals

Appraisals completions decreased by 9.04% to **53.27%** in March and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

Mandatory training increased by 0.51**%** to **85.38%** in March, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

KNOWLEDGE HUB EDUCATION

The Royal Orthopaedic Hospital NHS Foundation Trust

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

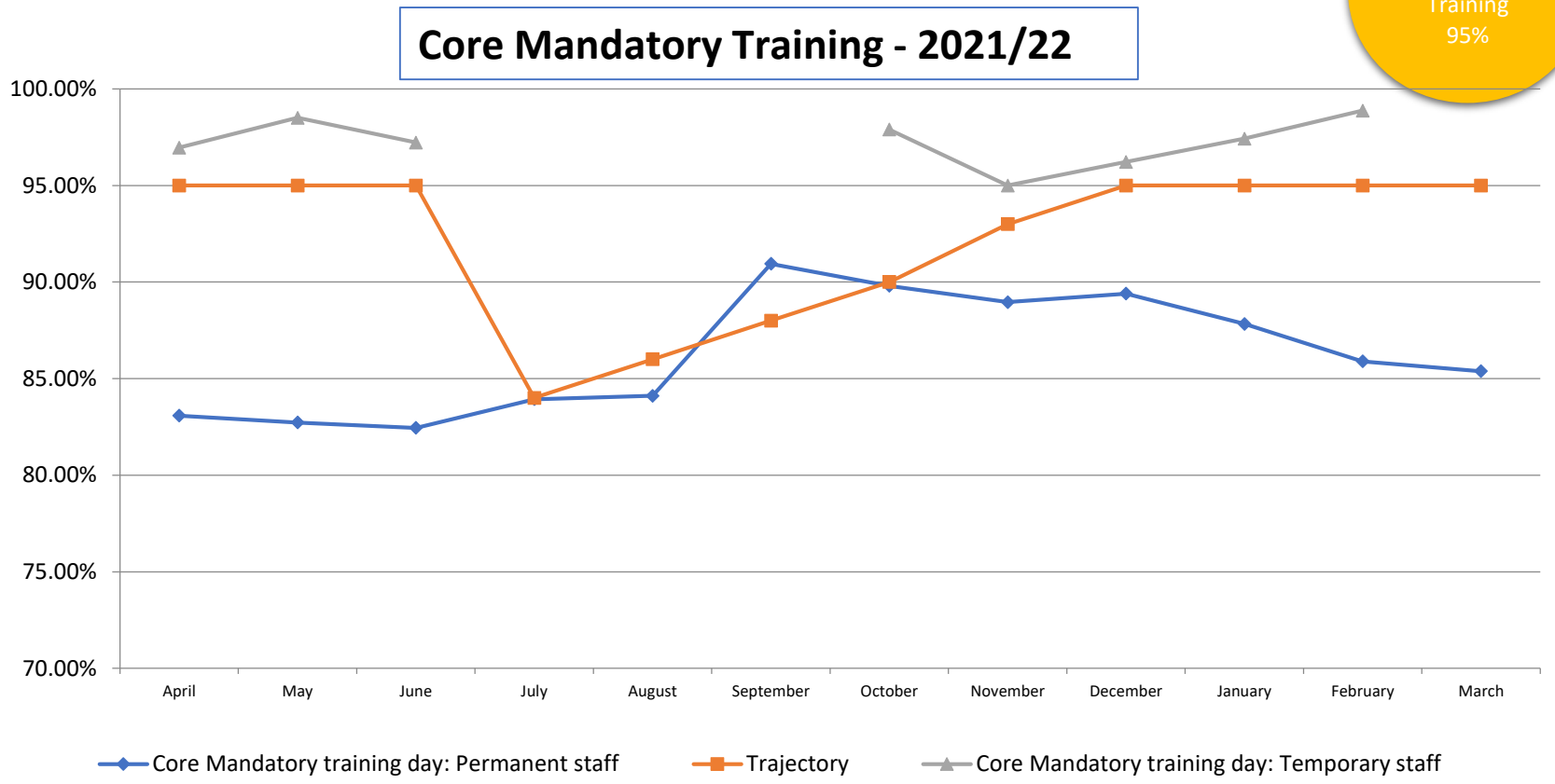
Monthly review of mandatory training compliance from

1st April 21 to 31st March 2022

3 Workforce Learning and Development

3b Core Mandatory Training Modules

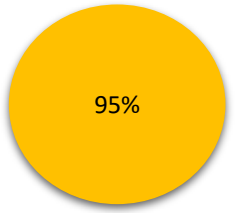
Core Mandatory Training 95%

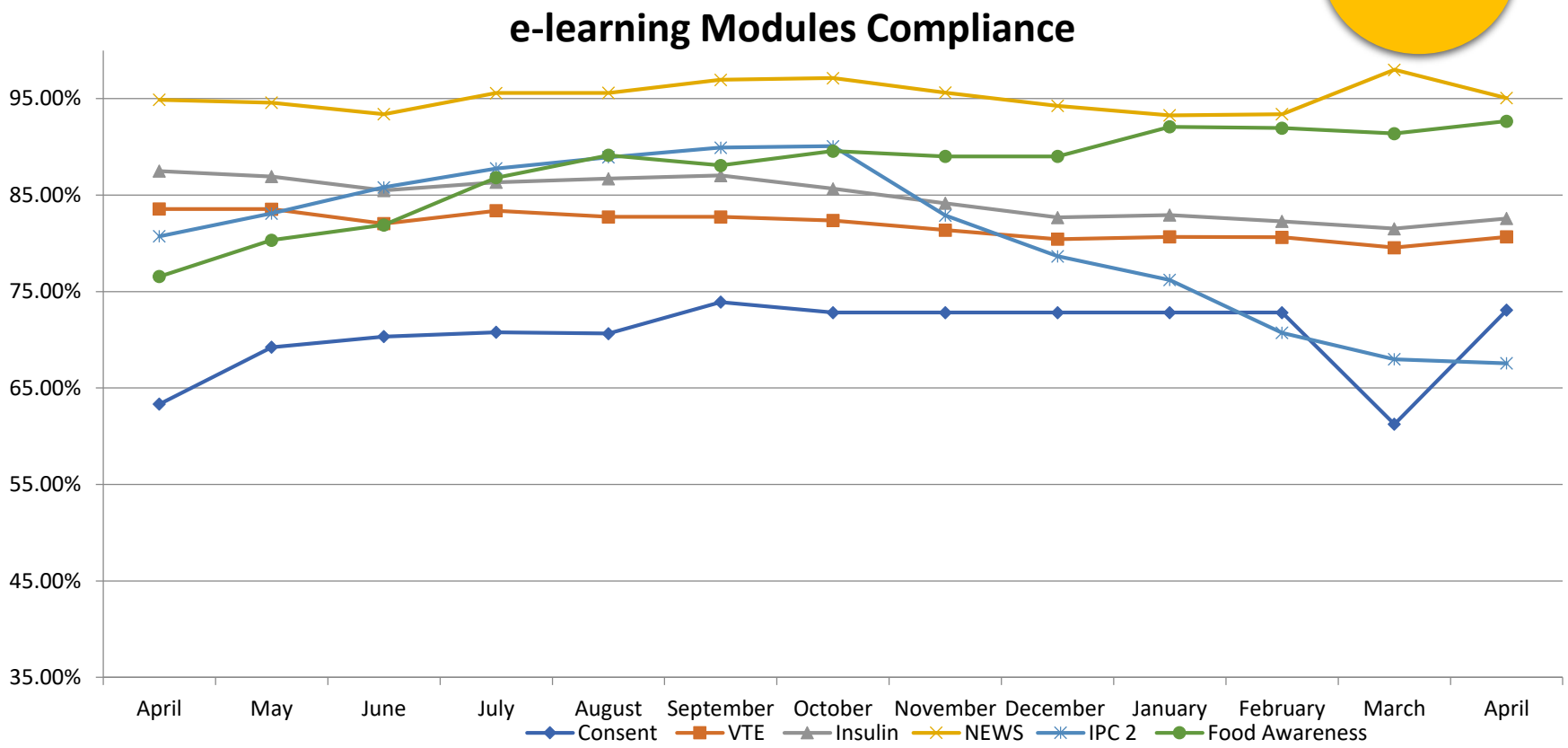


Comments:
Since Having hovered below 90% since October we have dipped to just above 85%. Coming out of the pandemic all staff need to prioritise their compliance and focus on achieving the 95% CCG target. Training guides are available to support staff with enrolling onto the elearning certifications. In line with the Core Skills Training Framework staff are required to complete the following:- 1 yearly – Fire Safety/Information Governance & Data Security/Infection Control and 3 yearly – Safeguarding Level 2 Adults & Children, Basic Prevent Awareness, Equality & Diversity, Health & Safety and Manual Handling.

3 Workforce Learning and Development

3c E-Learning Module Compliance



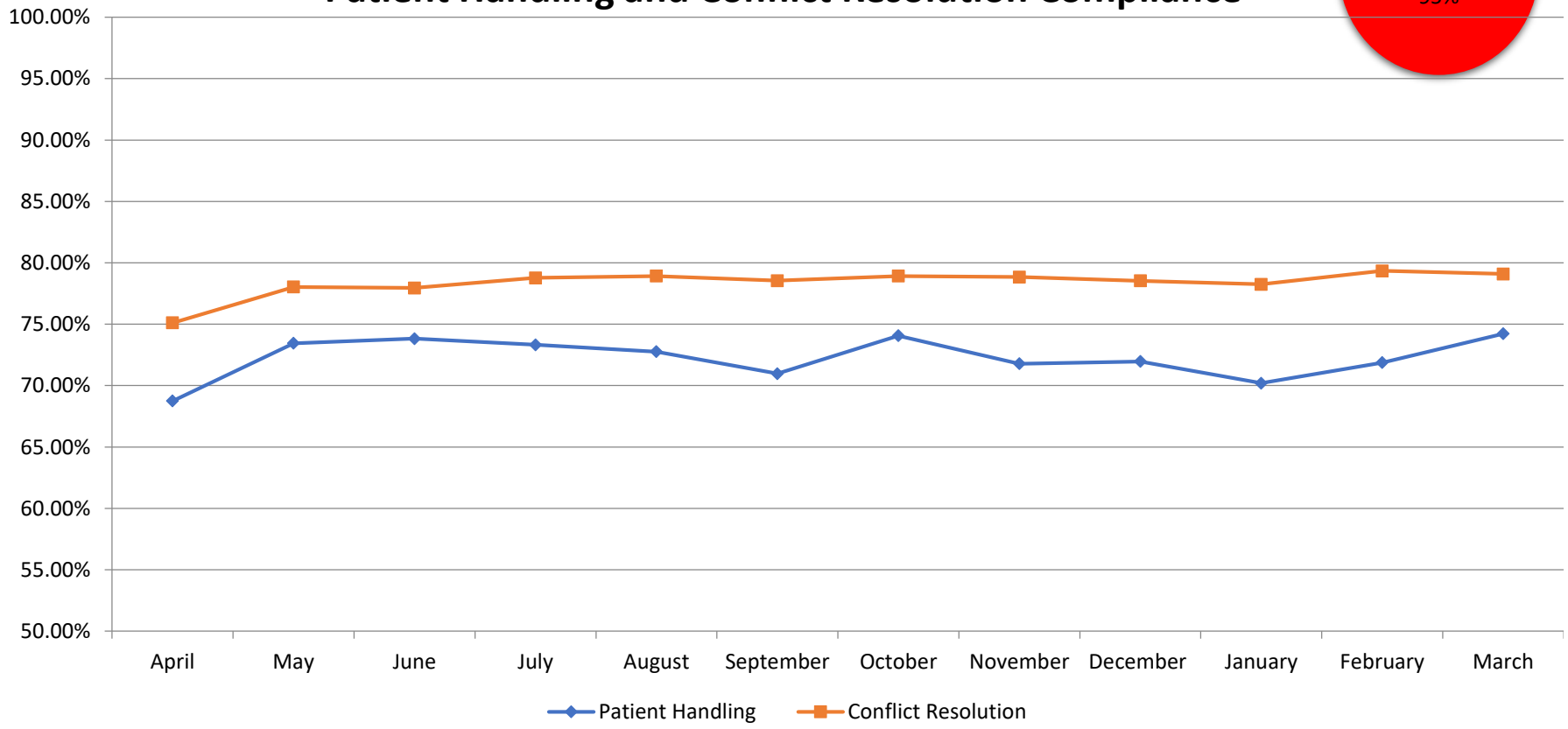


Comments: Recently the Consent module switched from free content on BMJ to charged. All Consultants have been updated on the new requirement, signified by the jump for Consent from 61.25% in February to 73% in March. ESR reminders continue to be issued to staff 3 months ahead of role specific compliance being out of date.

3 Workforce Learning and Development

3d Patient Handling and Conflict Resolution Compliance

PH and Cr Target 95%

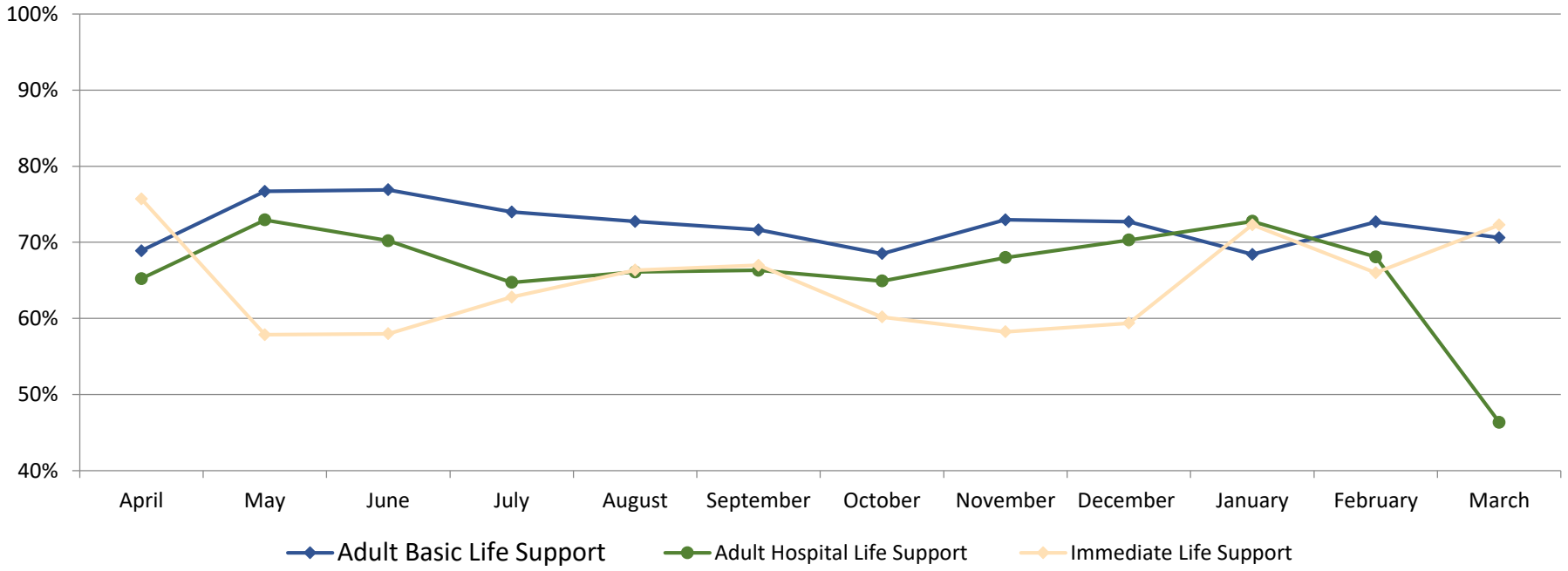


Comments: Since January Patient Handling compliance has not shifted above 75%. In part this is due to restrictions of numbers attending training due to covid, the course is restricted to six participants. Additional sessions for Theatres have taken place in April so we would hope to see compliance increase above 75% . We are working with the new lead trainer to agree the training schedule and review numbers.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Adult Resuscitation Training

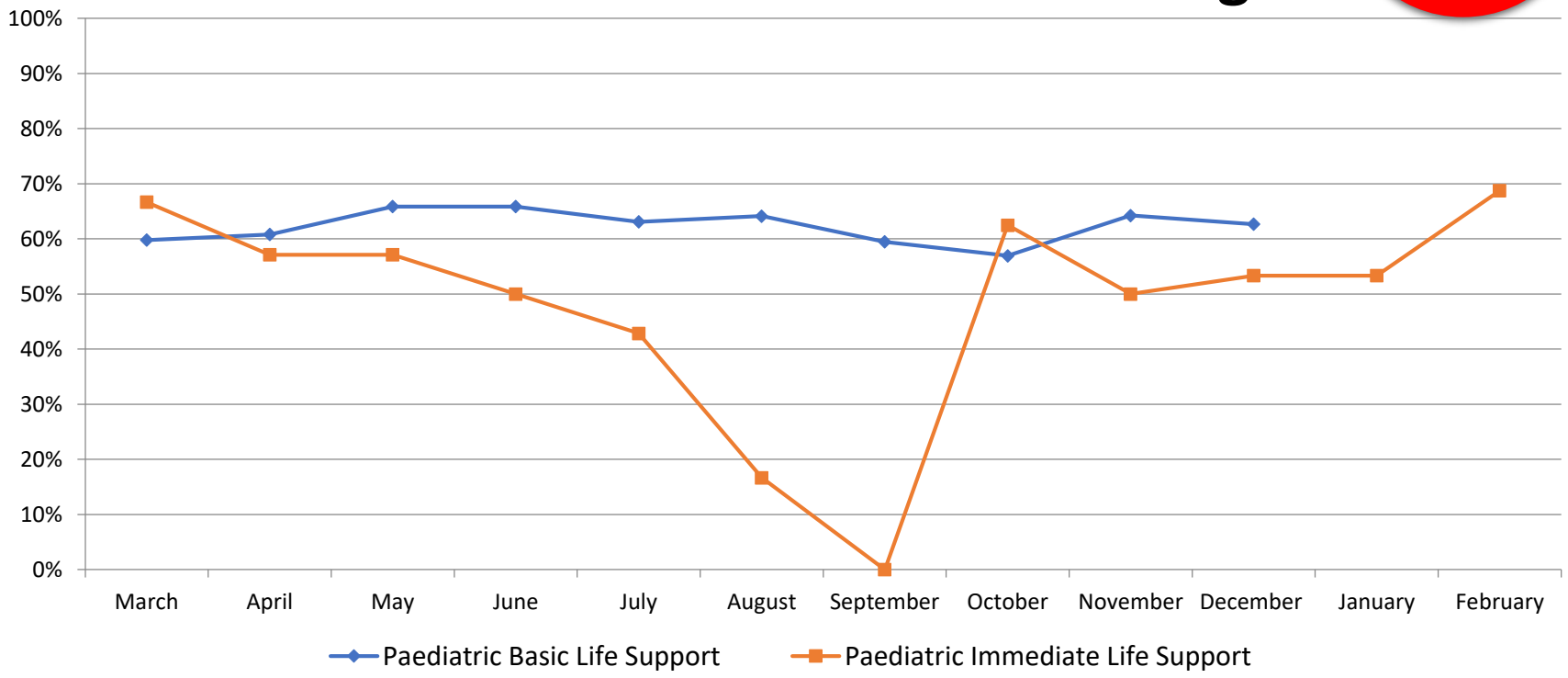


Comments: We are shifting our approach with Resus training and anticipate changes over the next couple of months to shift our compliance. However, we are still experiencing high rates of DNAs due to staff absences. Additional training sessions for Theatres in April should support an increase in compliance. With HLS now being the required Resus training for all clinical staff the pool has increased; whilst HCAs attend this training we should see compliance improve.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Paediatric Resuscitation Training



Comments: With the shift to HLS we will cease reporting on PBLS. We anticipate that Resus reporting will be updated to meet the changing needs in time for April 2022 data. We have seen a positive increase in PILS compliance but need to review with the Resus Officer the compliance gap.

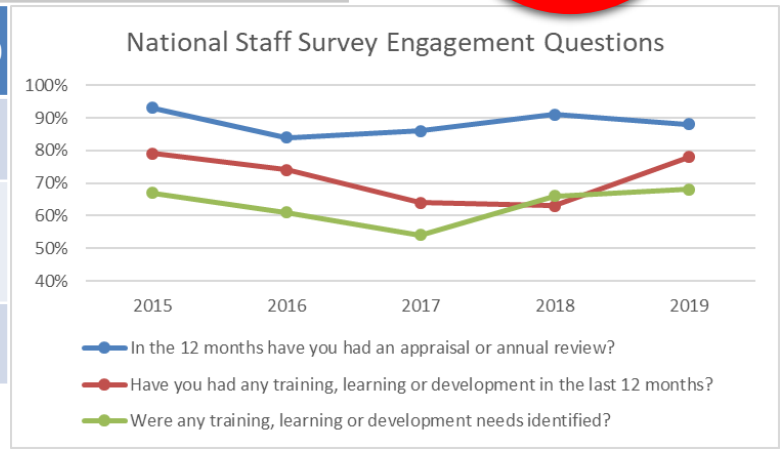
Performance and Development Review 95%

3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019	2020
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%	N/A
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%	N/A
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%	N/A

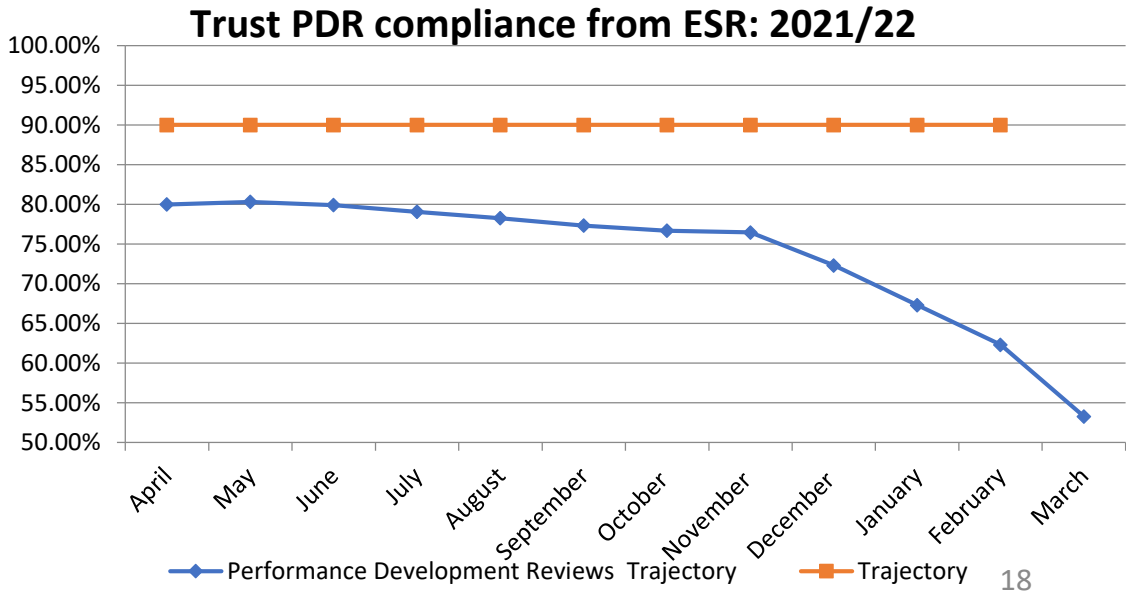
Data is colour coded according to comparison against Specialist Acute Trust
- Below; Equal; Above; Not benchmarked to date



Staff survey results in 2019, show that there has been a 15% increase in staff reporting they have had access to learning and development opportunities over the last 12 months. This positive response reflects the time and investment the trust has put into providing and promoting training opportunities, including access to apprenticeships and functional skills training, Band 6 Nursing and AHP programmes, Management skills programmes and Specialist orthopaedic modules for nursing.

During 2020 the Trust is revising its Performance Management and appraisal process, with the aim of improving these outcomes.

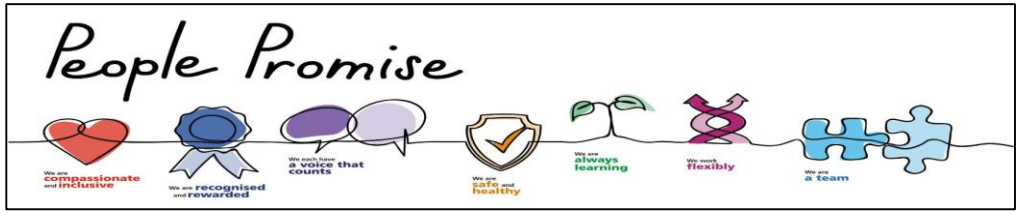
During the COVID-19 outbreak there was an initial decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. However this has gradually increased over the last 12 months despite additional waves.



Workforce – Experience and Engagement

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))

The results for the restarted People Pulse survey 21/22 Q4 have been shared with colleagues across the Trust and will be integrated into the National Survey results. All future work and analysis of results will be aligned to the People Promise. The People Pulse 22/23 Q1 was launched on the on April 5th and will run until 29th April. The People Pulse will include all permanent staff and bank staff.



National Staff survey (NSS)

The national staff survey results are currently being reviewed and key results have been shared with colleagues across the Trust. Focus groups continue will to be run on the 26th April & 4th May 2022.

OD and Inclusion Work

The actions from the CQC BAME Focus group have been confirmed with support form the Multi Minority Ethnic Group (MMEG) network and are now integrated into the ROH Inclusion Plan.

The EPIC Programme commenced on the 1st March 2022, with over 16 colleagues attending the course. The EPIC programme is enabling colleagues to be Inclusive Champions for colleagues, teams and patients across the ROH Trust. A post evaluation of the programme will take place after the final Module in July.

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future. The Mentor and Mentees workshops will commence on the 28th June & 18th August 2022 with Activity Group.

Our intern on the NHS 10000 Black Intern programme will be starting in the Trust in early June for six weeks. We have made contact with the individual Kiosha Sukie and will be organising meeting for colleagues to meet Kiosha in preparation for the internship starting. Kiosha will be supported by the OD and Inclusion Team and staff networks and a programme will be set up of areas that Kiosha will work in

The Me as a Manager programme is launching on the 27th April and so far 9 managers have signed up for the face to face session. This is an awareness session designed for all manager to understand the lifecycle of their employees. Action planning and support material to upskill managers in key areas will be provided.

The OD and Inclusion Team supported on the first module of Nursing and AHP Leadership programme which covered Inclusive Leadership

disability confident LEADER

The Trust has successfully completed Disability Confident Level 3 Leader accreditation in March and will continue progress through feedback from the assessment and with the inclusive recruitment project work.

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The team will completing the NHS Wellbeing diagnostic with support from the Wellbeing Guardian
- The next Health and Wellbeing event will take place on 3rd and 5th May 2022. Planning has started for this event to include support from colleagues around the Trust include staff networks and mental health support colleagues
- The funding for the BSol Wellbeing initiative of £27,000 has now been received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level
- A cost of living session was run for staff to feedback on ideas for supporting staff members who may be facing financial hardship in the coming months
- The Wellbeing Guardian attended the April Trust Wellbeing Implementation Group (TWIG) meeting to hear more about staff priorities linked to the NHS wellbeing diagnostic

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Westmead Hotel, Hopwood, Birmingham, B48 7AL **Date** 4 May 2022: 0900h – 1300h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Mrs Alicia Stanton	Programme Manager, Strategy and Delivery	(AS)	[Item 7]
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies – Sharon Malhi	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 6 April 2022: *for approval*	ROHTB (4/22) 023	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (4/22) 023 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (5/22) 001 ROHTB (5/22) 001 (a)	TP/JW
0925h	6	Mapping the patient pathway: terms of reference: *for assurance*	ROHTB (5/22) 002 ROHTB (5/22) 002 (a)	JW
0935h	7	JointCare update: *for assurance*	Presentation	MP/AS
1000h	8	COVID-19 outbreak update: *for assurance*	ROHTB (5/22) 003 ROHTB (5/22) 003 (a)	GM

MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1010h	9	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Audit Committee	ROHTB (5/22) 004 ROHTB (5/22) 005 ROHTB (5/22) 006 ROHTB (5/22) 007	
	10	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (5/22) 008 ROHTB (5/22) 019 ROHTB (5/22) 010	
BREAK				
CONFIDENTIAL SESSION				
1030h	11	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 1 June 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO APRIL 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓										
Kathryn Sallah	✓										
Richard Phillips	✓										
David Gourevitch	A										
Simone Jordan	✓										
Gianjeet Hunjan	✓										
Ayodele Ajose	✓										
Les Williams	✓										
Jo Williams	✓										
Matthew Revell	✓										
Garry Marsh	✓										
Phil Begg	A										
Marie Peplow	✓										
Stephen Washbourne	✓										
Sharon Malhi	✓										
Simon Grainger-Lloyd	✓										

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

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Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance

Mrs Alicia Stanton	Programme Manager, Strategy and Delivery	(AS)	[Item 8]
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mr Matthew Maycock	Head of IP Operations	(MM)	
Mr Liam Maiden	Technical Projects Manager (IT)	(LM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

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1000h	8	COVID-19 outbreak update: *for assurance*	ROHTB (5/22) 003 ROHTB (5/22) 003 (a)	GM

MATTERS TO BE TAKEN BY EXCEPTION ONLY			
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	10	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (5/22) 008 ROHTB (5/22) 019 ROHTB (5/22) 010
BREAK			

CONFIDENTIAL SESSION				
1030h	11	Exclusion of the press and public	Verbal	Chair
	12	Declarations of interest on any matters in the private session	Verbal	ALL
	13	Minutes of the previous meeting in private held on 6 April 2022: *for approval*	ROHTB (4/22) 023 (P)	Chair
	13.1	Actions from previous meetings in private: *for assurance*	ROHTB (4/22) 023 (a) (P)	SGL
1035h	14	Chair and Chief Executive update on any confidential matters: *for information and assurance*	Verbal	TP/JW
	14.1	Provider Collaborative and Birmingham and Solihull ICS update	ROHTB (5/22) 011 (P) ROHTB (5/22) 011 (a) (P)	TP/JW
	14.2	Plans for the Site Safety Team	Verbal	JW/GM
1105h	15	Preparation for the COVID-19 public inquiry: *for assurance*	ROHTB (5/22) 012 (P) ROHTB (5/22) 012 (a) (P)	SG-L
1115h	16	Updated national guidance on Infection Prevention and Control: *for discussion*	ROHTB (5/22) 013 (P) ROHTB (5/22) 013 (a) (P)	GM
1125h	17	MSK transformation update: *for information*	ROHTB (5/22) 014 (P) ROHTB (5/22) 014 (a) (P)	MP/RL
1145h	18	Trust strategy refresh: *for assurance*	ROHTB (5/22) 015 (P) ROHTB (5/22) 015 (a) (P)	PB
1200h	19	Cloud migration update: *for information*	ROHTB (5/22) 016 (P) ROHTB (5/22) 016 (a) (P)	MM/ LM
1220h	20	Electronic Patient Record plans: *for assurance*	ROHTB (5/22) 017 (P) ROHTB (5/22) 017 (a) (P)	SW
1235h	21	Financial and operations plan 2022/23: *for assurance*	ROHTB (5/22) 018 (P) ROHTB (5/22) 018 (a) (P)	SW
MATTERS FOR INFORMATION				
1250h	22	Committee minutes: • Quality & Safety Committee • Finance & Performance Committee • Staff Experience & OD Committee • Audit Committee	ROHTB (5/22) 019 (P) ROHTB (5/22) 020 (P) ROHTB (5/22) 021 (P) ROHTB (5/22) 022 (P)	

1300h	23	Any Other Business	Verbal	ALL
	24	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 1 June 2022 @ 0900h			

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Phil Begg	A										
Marie Peplow	✓										
Stephen Washbourne	✓										
Sharon Malhi	✓										
Simon Grainger-Lloyd	✓										

KEY:

✓	Attended	A	Apologies tendered
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The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board (in Public) - DRAFT Version 0.2

Venue Symphony Hall, Birmingham **Date** 6 April 2022: 0900h – 1430h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Ms Laura Tilley-Hood	Wellbeing Officer	(LT-H)
Mrs Clare Mair	Head of OD & Inclusion	(CM)
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)
Mrs Sharon Malhi	Chief People Officer	(SMa)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	**Paper Reference**
1 Apologies	**Verbal**
Apologies were received from Prof David Gourevitch and Prof Phil Begg.	
2 Declarations of Interest	**Verbal**
It was noted that the register of interests was available on request from the Company Secretary.	
3 Minutes of Board Meeting held in Public on 2 March 2022: *for approval*	**ROHTB (3/22) 027**

The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
3.1 Actions from previous meetings in public: *for assurance*	**ROHTB (3/22) 027 (a)**
There were noted to be no matters requiring escalation.	
4 Questions from members of the public	**Verbal**
There were no questions from members of the public received.	
5 Chair's and Chief Executive's update: *for information and assurance*	**ROHTB (4/22) 001** **ROHTB (4/22) 001 (a)**
The Chief Executive thanked the team who had been involved in the process for the appointment of the Chief People Officer. Congratulations were extended to Sharon Malhi for her success in this appointment. The process for the Blue Heart awards was discussed and it was reported that 518 nominations had been received. In terms of shortlisting, a panel had been arranged and would meet shortly. It was agreed that the list of nominations would be circulated to Non Executive Directors. It was reported that the Ockenden report findings would be reviewed through Quality & Safety Committee to understand where there were any implications for the ROH. Kathryn Sallah suggested that there was much in the report around culture but the accountability for the failure was not clear. She underlined the need for the governance in the Trust to be robust enough to pick up learning from failures such as this. The drivers for the failure needed to be understood and learned. It was suggested that the penetration of the learning into speciality levels and the robustness of the speak up arrangements needed to be reviewed. The Chair suggested that a report back to the Board was needed. The Chief Executive advised that human factors training would be delivered through Birmingham City University (BCU). The Chief Executive advised that Transgender day had been celebrated and she had been asked to join an alliance to support this agenda. Some work would also be undertaken in the Trust. The national staff survey had been released, however it was noted that the country was in purdah (pre-election period) and therefore comparisons between the results of the ROH and others were not permitted at this time. It was reported that the Trust had supported University Hospitals Birmingham NHSFT (UHB) with an Osseointegrated implant service. The team had treated some military veterans and the work had been praised by the consultants from UHB for this work and support.	

Thank you was extended from the Chief Executive to Stakeholder Governor, Hannah Abbott to for the visit to BCU School of Life Sciences. There was work planned with BCU around the development and training of physiotherapists and Operating Department Practitioners in the future. The Chair advised that the new leaders of the Shrewsbury and Telford maternity hospital were present at a meeting with Sir Jim Mackey, elective recovery lead at NHS Improvement. A key message from this meeting was how treating staff well translated into how staff treated patients. There had been a meeting with Ed Smith, Chair of Birmingham Health Partners and the ROH had been invited to join the partnership as a permanent member. The University of Birmingham (UoB) was also a member which created some opportunities for collaboration and there was more work possible with other educational establishments through this arrangement. There was reported to have been some good discussions with the Integrated Care System and the Chair and Chief Executive of UHB which clarified the role of the ROH in the system.	
ACTION: **JW to circulate the list of Blue Heart nominations to the Non Executive Directors** **ACTION:** **GM to present a summary report of the findings from the Ockenden report and the implications for the ROH at a future meeting**	
6 Discussion: Staff wellbeing update: *for information and assurance* • **The ROH as the Wellbeing Hospital** • **Supporting staff through the cost of living crisis**	**Presentation**
The Board was joined by Clare Mair, Head of OD & Inclusion and Laura Tilley-Hood, Wellbeing Officer. The Chief Executive thanked the team for joining the Board and highlighted that the establishment of the ROH as the Wellbeing Hospital remained a key ambition of hers. The key work undertaken to date towards this aspiration was outlined for the Board. It was noted that there was a significant number of staff on Agenda for Change Band 2 (£16-18k) therefore it was likely that the current cost of living crisis may be impacting heavily on a large proportion of the Trust's staff. Les Williams asked for details of the 'Too Good to Go' initiative. He was advised that this was an 'app' linked to restaurants and supermarkets which made available excess food that would otherwise be destroyed. There was a plan to enquire to establish if the ROH could sign up to this. The Chair suggested that there needed to be a link with Sainsburys in Northfield in this respect. Richard	

Phillips noted that a promotion on healthy food linked to pay dates had been a national initiative. It was reported that the 'Knit and Natter' initiative would restart and link in with Northfield Community Partnership. It was suggested that a weekday special could be offered at Café Royale. The food was agreed by staff and patients to be good and the chefs would be approached to help with the initiative. The Director of Finance suggested that the offering of a pasta-based dish which would be nutritious but economical would be worth considering. The outcome of the Cost of Living focus group was outlined. The focus group would be insightful and provide more than just a focus on cost of living. Ayodele Ajose was thanked for her work as the Wellbeing Guardian. She noted that the positive comments received on the initiatives were very positive. She suggested however that financial advice needed to be made more widely available to staff. The Chief Executive advised that the Trade Union Side (TUS) could help support the work and the Communications team had a key role. The Wellbeing champions also had a role in delivering the key messages. Ayodele Ajose suggested that the Board should role model some of the wellbeing initiatives, a position which was agreed by other Board members. Simone Jordan suggested that an organisation-specific 'app' could be used and that one of the university partners could map the postcodes to understand the supply of the workforce. The Chief People Officer noted that there was an opportunity to use some of the technology which was currently used to communicate with patients but emphasised that this needed to be confidential. It was suggested that the approach to wellbeing needed to be linked to workforce planning to ensure that the structure offered career development and aided retention. Kathryn Sallah suggested that there should be a focus on health information linked to ethnicity assessment. The Chief Operating Officer noted that there was some good work at Milton Keynes Hospital and they had created a shop as a supermarket for staff in the organisation. She suggested that subsided food and 'grab bags' in the organisation would be welcome. It was noted that the exercise and taster sessions in wellbeing week had been well received. There was also work with health prevention and promotion. The Deputy Director of Strategy noted that there was work with the Birmingham Voluntary Services Council and to link this work to post codes. It was suggested that some pieces to camera and would be good to promote the ROH as a centre	

for staff wellbeing. Ayodele Ajose suggested that debt management support was needed. She was advised that the Trust was already working with an organisation around this which offered competitive rates for those wishing to take a personal loan. Co-operative banking would also be investigated. The Chief Nurse suggested that child care needed to be built into the plans and there was a need to think through flexible working. He suggested that car parking was a key consideration, as was petrol costs for community nursing teams. This was reported to be being reviewed nationally with the current approach being at local discretion. Kathryn Sallah suggested that the use of Charitable Funds may be useful. The Chief Executive noted that there was a responsibility on the Trust for the education of staff and patients. There was a good culture of staff asking for help when needed however. A clothing swap shop was already in place and this initiative would be extended. It was noted that the Trust had frozen car parking when partners had not and also offered a wellbeing day. It was suggested that fuel cards could be used for community staff. It was noted that as much progress was needed as speedily possible. Some decisions needed Board support however, such as such as car parking charges given that they had significant financial impact on the Trust. A further update on progress with the work was agreed to be need for a future meeting.	
ACTION: **SGL to schedule in a further discussion around the cost of living crisis and staff wellbeing into a future meeting**	
7 COVID-19 infection prevention and control update: *for assurance*	
7.1 Outbreak summary: *for assurance*	**ROHTB (4/22) 002** **ROHTB (4/22) 002 (a)**
The Chief Nurse reported that the Ward 2 outbreak was open but would close shortly. There have been no new outbreaks since January 2022.	
7.2 NHS England IPC Board Assurance Framework: *for assurance*	**ROHTB (4/22) 003** **ROHTB (4/22) 003 (a)**
It was reported that another version of the NHS England IPC Board Assurance Framework would be issued shortly. In terms of key risks, it was noted that there had been a slight increase in compliance with use of FFP3 masks. The ventilation element had also improved as a ventilation group was now established. There was one area without ventilation,	

Ward 10 and a risk assessment would be undertaken. New guidance on social distancing was expected.	
7.3 Patient visiting arrangements: *for assurance*	**Verbal**
The Chief Nurse advised that national guidance suggested that visiting should have been widened, however the ROH there remained restricted visiting to a set of vulnerable patients until such time as guidance around mask wearing was issued. It was noted that visiting arrangements had not been changed at University Hospitals Birmingham NHSFT (UHB) due to the high community prevalence.	
8 Learning from Deaths and Mortality report: *for assurance*	**ROHTB (4/22) 005** **ROHTB (4/22) 005 (a)**
The Medical Director advised that the Learning from Deaths and Mortality report had been reviewed by Quality & Safety Committee previously. Kathryn Sallah noted that this information would be useful to consider as part of the Ockenden review. Deaths through the lens of deprivation had reviewed and there was noted to be a linkage. It was suggested that this needed to be captured within the inequalities work and shared with the West Midlands Combined Authority. The Chief Executive noted that there had been some good work through the Business Intelligence team around access on an inequalities point of view. The Medical Director was asked how staff morale was after the high mortality rates seen during the height of the COVID-19 pandemic. He advised that there had been some good learning around this and staff had acted professionally and with compassion through the period. Simone Jordan commented that the report was excellent.	
9 Medical Director's annual report: *for assurance*	**ROHTB (4/22) 006** **ROHTB (4/22) 006 (a)**
The Medical Director presented a Trustwide report through the lens of his role. Much of the work outlined in the paper was noted to have been seen by the Board before in other reports and fora. There was noted to have been some good multidisciplinary working over the last year in particular. In terms of appraisals and revalidation, the impact on other colleagues in the Trust needed to be understood. The Workforce team was supportive of the process and offered pastoral support. There was a focus on clinical leadership and driving the Clinical Service Leads (CSLs) to work as leaders was underway. This would need maturing.	

Kathryn Sallah noted that the Medical Director had ensured that his reports demonstrated outcomes and thanked him for this. In terms of the patient harm in association with the case referred to the General Medical Council there had been none identified.	
10 Board Assurance Framework: *for assurance*	**ROHTB (4/22) 007** **ROHTB (4/22) 007 (a)**
The Director of Corporate Affairs & Company Secretary presented the updated Board Assurance Framework which he noted had been refreshed. The Board was advised that Internal Audit had completed their annual review of risk management which had provided significant assurance but had suggested some changes to the format of the Board Assurance Framework so this would be worked through over the summer. In terms of risk WF24, it was reported that the risk score had reduced as there had been a reduction in overall sickness absence. Regarding the risk around Operation Sawmill, it was noted that there was a potential vulnerability to cybercrime, however patching was nearly completed. The Chief Operating Officer advised that regarding risk 770 the annual theatre maintenance programme had started and therefore the consequence of the risk would be reduced. The changes proposed were approved.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
11 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**ROHTB (4/22) 008** **ROHTB (4/22) 009** **ROHTB (4/22) 010**
Richard Phillips advised that in terms of discussions by the Finance & Performance Committee, there had been good performance against the activity plan despite some key absences. There had been a discussion on financial planning. In terms of virtual clinics, the current level was 14% of all appointments, however this was in line with other specialist trusts and system partners. The demographics of patients on a waiting list had been reviewed. The Chief Executive noted that there was good work to clear the 52-week waits. The overall activity performance was 1% down against the plan, however it was agreed that this was a good position given that the Trust had needed to offer	

support and theatre space to the system. The Chief Operating Officer advised that work had been done to clear the remaining cases but it may extend into May. Kathryn Sallah noted that from the Quality & Safety Committee, there were no major concerns but lots of good assurance had been provided. It had been reported that there had been a deterioration in the time that patients were required to be Nil By Mouth prior to surgery and therefore this position was to be revisited. The incident around the inappropriate administration of a steroid injection was to be reviewed. Reports of pressure ulcers had reduced. Benchmarking had been suggested against the Model Hospital data. It was suggested that the JointCare and Primary Hips and Knees information needed to be refreshed. Simone Jordan advised that there had been a deterioration in the headcount position. Sickness absence was reducing although stress and anxiety was a key risk. There was a good level of positive assurance around staff. Data was better due to the improved workforce team. The quality of the reporting was also improved. The Deputy Director of Strategy noted that there had been a higher proportion of Musculo Skeletal (MSK) conditions and funding to support this and the Occupational Health service was being revisited.	
12 Performance reports: *for assurance* • **Finance & Performance** ○ **Impact of rising costs of energy prices** • **Quality & Safety** • **Workforce**	**ROHTB (4/22) 011** **Verbal** **ROHTB (4/22) 012** **ROHTB (4/22) 013**
The performance reports were received and noted. It was noted that the forecast year end surplus had increased.	
13 Board topics 2022/23	**ROHTB (4/22) 014** **ROHTB (4/22) 014 (a)**
The Board considered a list of proposed items for discussion by the Board in the coming months. The Chief Executive noted that in terms of the patient pathway, this would be from GP back to the community. The terms of reference for this work would be developed. Some assessment of where good performance was being achieved would be undertaken. Given that the topics were congregated into a few short months rather than being spread across the full calendar year, it was suggested that the timing of the workplan needed to be revisited. It was suggested that the term 'war for talent' should not be used given the current worldwide unrest. It was agreed that Board meetings should be extended to be able to allow	

sufficient time for discussion and debate of the topics.	
ACTION: **Executive Team to revisit the Board Topics list to ensure that proposed timings were realistic**	
Date of next meeting: Wednesday, 4 May 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 4 May 2022, Westmead Hotel, Birmingham

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 29.04.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.126	JointCare update	Presentation	02/11/2021	Arrange for a regular update on JointCare to be presented to the Finance & Performance Committee	MP	~~25/01/2022~~ 26/04/2022	Deferred to the April meeting of FPC in reflection of the change in operational model during the Omicron wave of the COVID-19 pandemic **PROPOSE CLOSURE: Presentation to Trust Board in May and performance against key metrics also included in Finance Overview**	C-19
ROHTBACT.121	Progress with delivery of the five year strategy	ROHTB (9/21) 002 ROHTB (9/21) 002 (a)	01/09/2021	Present the revised strategy during Quarter 4 2021/22	PB	31-Mar-22	Refreshed Board strategy to be presented in May 2022. **PROPOSE CLOSURE: Presentation to Trust Board in May**	
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	~~30/03/2022~~ 25/05/2022	To be considered at the ~~April~~ May meeting of the Quality & Safety Committee.	
ROHTBACT.134	Staff story	Presentation	02/02/2022	Provide an update on the patient story (February 22 Trust Board) investigation at a future meeting	GM	~~06/04/2022~~ 1/06/2022	To be presented as a comprehensive update summarising updates of patient stories considered during 2021/22 at the ~~May~~ June meeting. **Rescheduled to June to allow feedback from the patient experience week to be included.**	
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	~~06/04/2022~~ 01/06/2022	Rescheduled to the ~~May~~ June 2022 meeting as per the Board Topics update	
ROHTBACT.138	Patient story	Presentation	02/03/2022	Provide the Board with a summary of lessons learned from the patient case at a future meeting	GM	~~06/04/2022~~ 1/06/2022	See action ROHTBACT.134	

ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	~~04/05/2022~~ 06/07/2022	Initial discussions planned through June with a view to a recommended scorecard for agreement at the July Board meeting	
ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	ACTION NOT YET DUE	
ROHTBACT.144	Chair's and Chief Executive's update	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	06/04/2022	Present a summary report of the findings from the Ockenden report and the implications for the ROH at a future meeting	GM	06-Jul-22	To be considered by Quality & Safety Committee in June and Trust Board in July 2022	
ROHTBACT.145	Staff wellbeing update	Presentation	06/04/2022	Schedule in a further discussion around the cost of living crisis and staff wellbeing into a future meeting	SGL	06-Jul-22	ACTION NOT YET DUE	
ROHTBACT.146	Board topics 2022/23	ROHTB (4/22) 014 ROHTB (4/22) 014 (a)	06/04/2022	Revisit the Board Topics list to ensure that proposed timings were realistic	Execs	04-May-22	Revisited and rescheduled some of the workforce and strategy & delivery priorities	
ROHTBACT.141	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Provide an assessment of the impact of the rising energy costs at the next meeting	SW	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.142	Upward assurance reports	Hard copy ROHTB (3/22) 009 ROHTB (3/22) 010	02/03/2022	Schedule in a discussion at the next meeting around the support to staff through the current cost of living crisis	SGL	06-Apr-22	Included on the agenda of the April 22 meeting	
ROHTBACT.143	Chair's and Chief Executive's update	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	06/04/2022	Circulate the list of Blue Heart nominations to the Non Executive Directors	JW	30-Apr-22	Circulated as requested	

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**4 May 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Public Trust Board on 4th May 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 6th April from the Chief Executive's position; this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system recovery plan. System calls continue with the Chief Operating Officers (COOs) across all providers meeting daily to agree the operational changes required to address the system backlog for adults across BSol. Throughout the Easter and Bank Holiday period, system Gold calls were reinstated daily to manage the pressures across the urgent care pathway. Over the last two weeks, the ROH has freed up capacity to treat over 70 ambulatory trauma patients and we will continue to review the demand across the system over the Bank holiday period and assist as required.

2.2 This year, Her Majesty the Queen, will become the first British Monarch to celebrate a Platinum Jubilee after 70 years of service and many celebrations are planned across the country from Beacon lighting on the 2 June and a Big Jubilee Lunch on Sunday 5 June. We are extremely proud of our royal heritage and we are planning our own celebrations commencing on Monday 30 May 2022. An outdoor "Big Lunch" is planned for all our colleagues between 12pm-2pm with vendors, music, and activities planned for the event.

On Thursday evening, 2nd June at 9.45pm, the ROH will be taking part in the ceremony as beacons are lit throughout the United Kingdom, Channel Islands, Isle of Man, UK Overseas Territories and within each of the Commonwealth countries.

On Thursday 14th April 2022, I was delighted to be invited to the Tower of London to welcome the arrival of The Commonwealth Nations Globe. The Globe, which will be kept in the Tower until the 2nd June, will be transferred to Buckingham Palace where it will be used to light the principal beacon.

2.3 On Monday 25th April, we reopened Ward 2, Theatres 5, 6 and 7 following the refurbishment of the Ward and routine maintenance of the Theatres. I would like to thank all the teams involved in the programme and especially all those who worked over the weekend to get the areas cleaned and operational. It was a fantastic team effort.

2.4 On Tuesday 26th April, colleagues from MMEG (multi minority ethnic group) presented to the Trust Executives the proposal for a mentoring programme, which will commence in June 2022. This aims to support and inspire colleagues from ethnic minority backgrounds to develop their

careers positively in a working environment where they may be under-represented or disadvantaged. I am looking forward to seeing how the programme develops and I hope it helps to raise the confidence of colleagues from ethnic minority backgrounds to empower and support ethnic minority ROH staff in their professional careers.

2.5 I am delighted to share that the Trust has agreed to commence its accreditation programme and affirmed its support to the armed forces community and over the coming months we will formally sign the Armed Forces Covenant. The Trust will commit to upholding the key principles of the Armed Forces Covenant, which are:

-no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen; and

-in some circumstances, special treatment may be appropriate, especially for the injured or bereaved.

It also means the Trust will demonstrate its support for example by:

-promoting the fact that we are an armed forces-friendly organisation

-seeking to support the employment of veterans young and old

-striving to support the employment of service spouses and partners

-endeavouring to offer a degree of flexibility in granting leave for service spouses and partners before, during and after a partner's deployment

-seeking to support our employees who choose to be members of the reserve forces, including by accommodating their training and deployment where possible

-offering support to our local cadet units, either in our local community or in local schools, where possible

-aiming to actively participate in Armed Forces Day

-ensuring quick and easy access to healthcare services, and in some cases 'fast tracking' treatment where symptoms are as a result of military service or related experience.

2.6 I would like to formally confirm that the Trust has been invited to join Birmingham Health Partners (BHP) from 1st May 2022. BHP is a strategic alliance between the University of Birmingham, the West Midlands Academic Health Science Network, Birmingham Women's and Children's NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, and Sandwell and West Birmingham NHS Trust, with members collaborating to bring healthcare innovations through to clinical application. Its unique ecosystem enables the full spectrum of translational medicine to be discussed, encompassing health data; an established local health system; academic excellence; and an extensive clinical trials capability and by enabling integrated, multidisciplinary working, BHP aims to help answers to complex healthcare issues for the direct benefit of people worldwide.

I'm looking forward to joining the first Board meeting in June 2022 where I am confident that the ROH can contribute to the BHP purpose and we know that it is only working collaboratively

together will we unleash the incredible strengths and talent within our health system to improve the health and economic benefit for our citizens

3 BSol ICS (Integrated Care System) Update

3.1 The BSol ICS Executive recruitment process has concluded and the following Board Director appointments have been made:

Lisa Stalley-Green, Deputy Chief Executive, and Chief Nursing Officer
In both her current and previous roles, and as Vice Chair for the Local Maternity and Neonatal System, Lisa has shown a strong commitment and enthusiasm for system leadership. In her most recent role, as Executive Chief Nurse at University Hospitals Birmingham (UHB), Lisa has demonstrated her leadership expertise in care quality and improvement, driven by a passion for patient engagement and experience and staff experience and wellbeing. Lisa grew up in Birmingham and is looking forward to serving our diverse communities.

Paul Athey, Chief Finance Officer
Paul has been Chief Finance Officer for the CCG for the last three years, and as ICS Finance Lead has been instrumental in the development of a finance and investment strategy to support the delivery of the ICB's core aims. Paul's portfolio will also include responsibility for strategy and strategic commissioning.

Clara Day, Chief Medical Officer
Drawing on her experience in a range of clinical leadership roles, Clara has been providing clinical leadership to our emergent ICS over recent months, alongside her system lead role for outpatient recovery and as Medical Director for the COVID-19 vaccination programme. Clara is a practicing renal consultant at University Hospitals Birmingham.

Mandy Nagra, Chief Delivery Officer
Currently Chief Executive of Wythenshawe, Trafford, Withington and Altrincham Hospitals, Mandy has led various large-scale transformation and improvement programmes including her involvement with the development of the Wythenshawe Masterplan alongside the day-to-day leadership of the hospitals that form a part of the Group, within the Greater Manchester ICS. Her extensive experience of 28 years working in health and care has been gained at local, regional and national levels, including within several large ICSs, and spans provider, commissioning and regulator.

Paul Sherriff, Chief Officer for Partnerships and Integration
Paul has worked for the CCG since 2013, recently leading GP provider strategy development, and system delivery, focused on collaborative working. This has included leading the development of innovative models of care and vaccination programme. Paul will continue as executive lead for Primary Care and Place.

All colleagues will officially take up their new roles from Tuesday 3 May 2022. Karen Helliwell will remain as Accountable Officer for the CCG until the ICB is formally established on 1 July 2022. Karen will also work with the Executive Team post-July as Transition Director, supporting the ICS through the coming months as they continue to transition and develop into the new ways of working. Recruitment to two further roles is expected to commence in May 2022: the executive lead for people and executive lead for digital to join the Executive Team

and will be announced in due course. I would like to offer my congratulations to all the Director's appointed and we look forward to working with them as we work together to collaboratively develop our ICS.

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

4.2 On Thursday 28th April, I joined Chief Executive colleagues across the country with Amanda Pritchard Chief Executive of NHE, and national colleagues to discuss both the immediate operational and strategic objectives for 2022/23, and where we were given an opportunity to feed into work, which has commenced on updating the NHS Long Term Plan (LTP). It was a great opportunity to hear about the some of the work being undertaken across the NHS and discuss how we work together over the coming months. Whilst no one underestimates the challenges we have as NHS leadership team as we come out of the pandemic, there was a palpable sense of the enormous pride, which we all have in our teams and their incredible commitment, compassion and agility shown over the last two years.

4.3 On Wednesday, 28 April 2022, the Health and Care Bill received Royal Assent by Her Majesty The Queen, enacting the most significant health legislation in a decade into law. The Act introduces measures to tackle the Covid backlogs and rebuild health and social care services from the pandemic, backed by £36 billion over the next three years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

The Health and Care Act builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating valuable lessons learnt from the pandemic to benefit both staff and patients.

It marks an important step for the health and care agenda, setting up systems and structures to reform how health and adult social care work together, tackle long waiting lists built up during the pandemic, and address some of the long-term challenges faced by the country including a growing and ageing population, chronic conditions and inequalities in health outcomes.

5 POLICY APPROVAL

5.1 Since the Trust Board last sat, no corporate policies have been approved by the Chief Executive on the advice of the Executive Team:

- Private Patient Policy
- Decontamination policy
- Isolation policy

- Hand hygiene policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

29 April 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**The Perfect Pathway – Terms of reference**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Rebecca Lloyd, Deputy Director of Strategy**
DATE OF MEETING:	**4 May 2022**

EXECUTIVE SUMMARY:

Patient experience within healthcare is often made up of a vast array of entry routes. There are interactions that take place prior to patients attending a GP appointment, right through to rehabilitation and supported self-management. The way in which those interactions take place can be through written information, a telephone call, a face to face discussion, a digital app, a visit to a new environment

This will uncover areas of best practice to be replicated, alongside areas of improvement. It will require active involvement from all directorates, as well as patients and service users. This will be led by a 'Pathway Group'.

'The Perfect Pathway' is our opportunity to use quality & service improvement methodology to conduct a comprehensive stakeholder engagement exercise to gather this information, and collate it within one extensive end-to-end process map.

We know that effective leadership and a receptive, open culture is paramount in delivery of high quality healthcare and using this culture to facilitate the analysis and improvement of pathways. The aim of the group is to ensure that through its engagement and participation across the ROH we incorporate and align any key strategies and work programmes.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and ACCEPT this update
- NOTE and DISCUSS the approach of the programme

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

All 'Ps' within the Trust's strategy

PREVIOUS CONSIDERATION:

None.

The Royal Orthopaedic Hospital NHS Foundation Trust

TERMS OF REFERENCE | THE PERFECT PATHWAY

Prepared by	Date	Executive Sponsor
Rebecca Lloyd	04/05/2022	Jo Williams

Background Information			
Aim	To produce a complete end-to-end pathway that covers the multiple 'touchpoints' that patients have with the ROH, from community through to tertiary care.		
Rationale	The patient experience within healthcare is often made up of a vast array of entry routes. There are interactions that take place prior to patients attending a GP appointment, right through to rehabilitation and supported self-management. The way in which those interactions take place can be through written information, a telephone call, a face to face discussion, a digital app, a visit to a new environment. Our challenge at the ROH is to understand: • What those entry routes are • Whether we are meeting patient expectations • How we collect patient feedback at each 'touchpoint' • Where are our areas of improvement • What can we do to materially improve our patient experience and how can we measure this 'The Perfect Pathway' is our opportunity to use quality & service improvement methodology to conduct a comprehensive stakeholder engagement exercise to gather this information, and collate it within one extensive end-to-end process map. This will uncover areas of best practice to be replicated, and areas of improvement. It will require active involvement from all directorates, as well as patients and service users. This will be led by a 'Pathway Group' (details below).		
Key Area of Focus	• **Patient experience and feedback**: what is the patient journey, from information received in the community (i.e. health promotion), through primary care, into secondary/tertiary care, and back into the community? • **Physical environment**: what is the environment that the patient comes into contact with i.e. what are the facilities available, and how does it feel when entering the ROH site? • **Administrative processes**: what are the patient-facing administrative processes as well as those that must take place to enable the patient to seamlessly transition between services? • **Digital systems**: what are the digital solutions in place to improve patient experience and efficient pathways? • **Workforce model**: who do patients come into contact with, and when?		
Start Date	May 2022	**Projected End Date**	September 2022

Milestone	Start Out	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share
SEPTEMBER 2022	MAY 2022	MAY 2022	MAY 2022	JUNE – JULY 2022	AUGUST 2022	SEPTEMBER 2022

Proposed governance

Pathway Group (meeting monthly)

DIRECTORATE	REPRESENTATION
Operations	• Division 1 CSL / CSM / Administrator • Division 2 CSL/ CSM / Administrator
Medical Workforce	• Clinical Programme Lead (MSK) • Medical Directorate Business Manager
Nursing & Clinical Governance	• Head of Patient Experience • Division 1 Nursing Representative • Division 2 Nursing Representative
Strategy & Delivery	• Clinical Service Improvement Lead • Digital Programme Manager • Head of Communications • Research Representative
Finance & Performance	• Deputy Director of Finance – Planning, Performance & Improvement
HR & OD	• OD Lead
Corporate Governance	• Risk & Litigation Lead
Executive Lead	• TBC

Workshops (TBC)

STAKEHOLDER	REPRESENTATION
Patient representatives	• Representation across community, primary, secondary and tertiary experience of care at ROH
Public representatives	• Members • Service users • Partners
Patient Experience	• Patient Experience team • Appointments • Medical secretaries • Volunteers • Ward clerks • Outpatient / POAC / ADCU reception staff
Physical environment	• Facilities • Estates
Administrative	• Administrative teams across breadth of services • Communications
Digital, Data & Tech	• Digital team • IT • Business intelligence
Workforce	• Representation across workforce ‘groups’

Accountability and reporting arrangements

The Pathway Group will be accountable directly to Trust Board. Reporting will take place bi-monthly.

Administration

The Pathway Group will be supported by the Service Improvement Team.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**COVID-19 Outbreak Summary**
SPONSOR (EXECUTIVE DIRECTOR):	**Garry Marsh, Chief Nurse**
AUTHOR:	**Ashleigh Tullett, Head of Clinical Governance**
DATE OF MEETING:	**4 May 2022**

EXECUTIVE SUMMARY:

This paper gives a summary of the COVID outbreaks that have occurred within the Trust and their key causative factors.

The paper outlines the Governance framework in which the Trust manages outbreaks.

REPORT RECOMMENDATION:

The Trust Board is asked to note:

- The national definition of an outbreak.
- The management of outbreaks is managed in accordance with the national guidance.
- The Trust had no mortality in any of the outbreaks.
- That outbreaks are managed in according to the quality governance processes of the Trust.
- That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF)
- Although the Trust has closed beds/wards as appropriate, no service has been ceased as a result of an outbreak.
- The Trust has reported 9 patients that were probable or definite hospital acquired COVID-19 since April 2021.

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

Note and accept	Approve the recommendation	Discuss
X		X

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

Financial		Environmental		Communications & Media	
Business and market share		Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Compliance with The Hygiene Code Compliance with Care Quality Commission Regulations
PREVIOUS CONSIDERATION:
All outbreaks have been scrutinised at the statutory Outbreak meetings and the Infection Prevention Control Committee. The detail is also included within the monthly Quality report scrutinised at the Quality & Safety Committee

OUTBREAK SUMMARY

REPORT TO TRUST BOARD IN PUBLIC – 4 MAY 2022

1. Summary

1.1. This paper provides a summary of the outbreaks that have occurred at the Trust linked to COVID-19. This paper has been updated since the April 2022 Trust Board to include one new outbreak.

1.2. The Trust has had no outbreaks associated with any other infections.

1.3. An outbreak is defined as two or more linked cases of the same illness; or a situation where the observed number of cases exceeds the expected number.

1.4. When an outbreak is declared, the Trust adheres to the national guidance in its approach to managing the outbreak with the key action being the investigation of the outbreak. Meetings are attended by both internal and external experts in Infection Prevention and Control.

1.5. These meetings are chaired by the Chief Nurse or Deputy Chief Nurse, with the wider Executive team briefed at the daily Incident Management meetings.

1.6. The Trust declares all outbreaks as Serious Incidents as narrated by the local commissioners.

1.7. An outbreak is open for 28 days after the last diagnosis. A final outbreak closure meeting is then held and attended by NHS Improvements/NHS England, Public Health, and the local Commissioners.

1.8. The Trust has not had any outbreaks not closed at these meetings.

1.9. The detailed Root Cause Analysis of the outbreak is presented internally at the Infection Prevention and Control Committee and the Trust's Quality and Safety Committee. Learning is shared with the immediate teams and wider learning is included in the daily comms bulletins and Team brief. The Trust also attends a daily BSOL Infection Prevention and Control meeting where learning from outbreaks is shared from all Trusts in the area.

2. Outbreaks

2.1. In 2020/21 the Trust saw seven COVID-19-related outbreaks declared of which three were in relation to patient outbreaks and four were staff outbreaks.

2.2. The 2021/22 outbreaks are detailed in the Graph overleaf.

Month	Patients	Staff
April 2021	0	0
May 2021	0	0
June 2021	0	0
July 2021	0	1 (Porters Department)
August 2021	0	0
September 2021	1 (Ward 1)	0

Month	Patients	Staff
October 2021	0	0
November 2021	0	1 (Human Resources Department)
December 2021	1 (Ward 12)	1 (IT Department) 1 (Housekeeping Department) 1 (Porters Department)
January 2022	1 (Ward 3) 1 (Ward 2)	1 (Appointments Department)
February 2022	0	0
March 2022	0	0
April 2022	1 (Ward 3)	0
Current 2021/22 Total	**5**	**6**

2.3. No mortality has occurred in any of the staff or patient outbreaks and no patients required any level of escalation in their care to Critical Care.

2.4. The Trust has complied with the CQC regulation 20 and delivered its Duty of Candour.

2.5. The Trust has had no cases that have required reporting under the RIDDOR regulation to the Health and Safety Executive.

3. Outbreak and key causation table.

Outbreak Department	Causation
Porters - July 2021	**3+ve staff** **7 staff tested** Porters lodge lacks space for number of porters accessing the room (breach of department risk assessment). Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 29th July 2021**
Ward 1 - September 2021	**3 +ve patients** • Day 19

Outbreak Department	Causation
	• Day 18 • Day 14 **4 patient contacts** **0 +ve staff** **0 staff tested** Two cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 9th December 2021**
Human Resources - November 2021	**2+ve staff** **4 staff tested** **0 patient contacts** Breaches in COVID-19 precautions within office. **Outbreak closure date: 9th December 2021**
Ward 12 - December 2021	**2+ve patients** • Day 1 • Day 12 **6 patient contacts** **2+ve staff** **18 staff tested** Three patients positive. Cases were linked as the patients shared the same bay. All patients admitted with negative swabs. Routine testing as per guidance picked up the positive cases. **Outbreak closure date: 31st January 2022**
IT department - December 2021	**3+ve staff** **3 staff contacts** **23 of 25 staff tested** Breaches in COVID-19 precautions within office. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Housekeeping - December 2021	**6+ve staff** **18 staff tested** Common link between cases is the Environmental cleaners had been on their works night out. It is to be noted that no PPE was required at the venue.

Outbreak Department	Causation
	Outbreak closure date: 31st January 2022
Porters - December 2021	**6+ve staff** **18 staff tested** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 31st January 2022**
Ward 3 - January 2022	**2+ve patient** • Day 1 • Day 56 **6+ve staff linked to outbreak** **10+ve staff not linked to outbreak** **64 staff tested** Two patients and eight members of staff tested positive for COVID-19. Patient 1 was admitted for same day surgery with negative swab. The patient did not declare house member symptomatic/positive on admission. Nine cases tested positive during a whole ward screening exercise following the identification of positive staff and one patient. **Outbreak closure Date: 23rd February 2022**
Appointments Department – January 2022	**3+ve staff** **11 staff tested** **0 patient contacts** Breaches in COVID-19 precautions. Staff attending work with symptoms. **Outbreak closure date: 16th February 2022**
Ward 2 – January/February 2022	**Ongoing outbreak:** **Total:** **9 Staff** **11 Staff** Two separate outbreaks linked by time and location.

Outbreak Department	Causation
	Initially 5 patients and 10 staff tested positive for COVID-19 during January 2022. Linked to bay 9 ward 2 – patient to patient transmission likely. No breaches in PPE identified by staff. Staff positive cases identified from mass staff testing. There were some links to community transmission amongst staff. During the 28 days since the last positive of the outbreak above, an additional 4 patients were identified as COVID-19 positive and 1 staff member. Again, this was linked by location, bay, however there is no link to the original outbreak above. **Outbreak closure date: Thursday 7th April 2022**
Ward 3 – April 2022	**Ongoing outbreak:** **Total:** **3 Patients** **6 Staff** All patients isolated throughout admission and before identification of COVID-19 positive. Linked by time (all within a 28-day period) and location (ward 3). 2 definite hospital onset COVID-19 cases (day 64 and day 15) both require a post infection review to investigate cases. 1 indeterminate hospital onset case (day 4). Staff cases identified due to symptomatic testing and incidental findings through asymptomatic routine testing. Initial outbreak declared with 2 cases (case A and B). Mass inpatient testing as part of outbreak management found an additional 1 case (case C).

3.1. Patient onset classification for hospital acquired COVID-19 from 1st April 2021 to date is described in the table below.

Onset Classification (days from admission to positive result)
0-2 days (unlikely) (30 patients)

3-7 days (indeterminate) (8 patients)
8-14 days (Probable) (2 patients)
>14 days (Definite) (7 patients)

3.2. Since April 2021, The Trust has reported 2 patients that were probable hospital acquired COVID-19 and 7 patients that were definite hospital acquired COVID-19.

3.3. It is to note that since December 2021, the Trust has seen an increase in outbreaks. This is possibly due to the emergence of a more transmissible COVID-19 variant (Omicron) and an increase in community infections. Although the Trust cannot confirm this as the typing of PCR tests is only undertaken in major outbreaks and not in controlled outbreaks. The increase in outbreaks is comparable to other organisations in the NHS.

3.4. For each case a detailed analysis has been undertaken as previously described in section 1.4 to identify any learning.

4. Recommendations

The Trust Board are to note:

4.1. The national definition of an outbreak.

4.2. The management of outbreaks is managed in accordance with the national guidance.

4.3. The Trust had no mortality in any of the outbreaks.

4.4. That outbreaks are managed in according to the quality governance processes of the Trust.

4.5. That the Trust Board has oversight of all outbreaks as described in line 14 of the Infection Prevention and Control Board Assurance Framework (IPC BAF) [Item 7.2].

4.6. Although the Trust has closed beds/wards as appropriate, no service has been ceased as a result of an outbreak.

4.7. The Trust has reported 9 patients that were probable or definite hospital acquired COVID-19 since April 2021.

Ashleigh Tullett

Head of Clinical Governance
April 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 26 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In session theatre utilisation remained lower than desired, this being associated with the high level of cancellations due to sickness absence. • Staff sickness absence had been high during the month and at one point nine consultants had been absent due to COVID-related sickness. • The virtual clinics formed 11% of outpatient appointments against a national target of 25%, although there was confidence that this position could be improved further in the coming year. A workshop had been held to consider the use of virtual clinics as part of specific pathways. • There continued to be a high level of referrals for diagnostic procedures. There was an expectation that this position would be sustained for the future, however additional capacity and flexibilities within the Imagining services would ensure that performance was maintained appropriately. • The Committee was advised that there was a widening gap against the Trust's funded establishment and some focussed work was underway with the Chief Nurse and Chief Operating Officer to address this. Turnover and sickness absence was noted to be high at present.	• Information on patient demographics to be developed further and presented at the next meeting. • Work was reported to be underway to refresh the performance management and appraisal approach. • A proposal to implement a new Electronic Patient Record would be presented to the Board in May 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• There was reported to have been a strong performance against the activity plan for the month, this being above plan and higher than the same period during the previous year. • The JointCare performance information showed that case levels had returned to levels delivered prior to the start of the pandemic. The processes and services that had supported this pathway previously	• None specifically.

would be reintroduced, such as seven day physiotherapy and an early ward shift. • Outpatient delays were noted to be low and within the Trust's target. • Performance against cancer targets was reported to have been strong, although there had been two breaches of the 31-day target associated with the complexity of the cases. • A patient call centre would be implemented shortly which would create a better experience for patients contacting the Trust. The Committee was apprised of a particular case where there had been challenges with rearranging an appointment due to difficulties contacting the Trust, which it was noted would be alleviated through the use of the new patient call centre processes. • There had been a further reduction in the number of patients waiting in excess of 52 weeks for treatment, although due to absences last month this position may increase temporarily and be reported in the next update. • A financial surplus of £422k was reported to have been achieved against a forecast break even position. This was reported to be driven by a higher than forecast income received including elective stretch funding, elective recovery fund and support for the national pay award. • £2.2m of cost improvement efficiencies had been delivered for the year although this was slightly below plan. It was agreed that the robustness of the Cost Improvement Programme was much improved on that in place in previous years, with sound methodology being used for identifying and managing schemes. • An update on the work to develop the 2022/23 financial and operational plan was presented. It was noted that the latest view suggested a more optimistic end of year financial position for the next year. • An update on the options and plan to implement a new Electronic Patient Record was provided. It was agreed that the patient perspective needed to be built into the plans.	

• It was reported that a new member of staff had been recruited to support the work to strengthen the work around cybersecurity.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been focussed and there had been a high level of assurance in terms of grip on operational and financial matters.

ROHTB (5/22) 005

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 27 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There had been another *C.difficile* infection reported. It was noted that the higher level of these infections reflected the changed cohort of patients being treated and therefore a discussion was required with commissioners around the tolerable limit of infections set. • The higher number of serious incidents reported during the year was noted to reflect that COVID-19 outbreaks were required to be reported as serious incidents. • There had been a high number of cancelled operations during the month, this being associated with sickness of both staff and patients who were infected with COVID-19. • The virtual clinics formed 11% of outpatient appointments against a national target of 25%, although there was confidence that this position could be improved further in the coming year.	• A gap analysis against the Patient Safety Strategy to be presented in May 2022. • Further work was underway to progress the Quality Standards for Imaging accreditation. • Some triangulation was underway around the concerns raised through the Freedom to Speak Up route around staffing levels, with the information in the Safe Staffing report considered by the Committee. It was agreed that enhanced communications around the position were needed to ensure that staff understood the position more clearly and the plans to address any staffing shortages. • Work was requested to determine where the Trust was positioned in relation to other organisations nationally reading the national inpatient survey. • An Open Day for the Princes Trust was planned to encourage a younger cohort of individuals to join the ROH. • The Quality & Safety Executive had agreed that a reassessment against the existing CQC Key Lines of Enquiry (KLoEs) would be undertaken.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The number of falls had reduced. It was noted however, that there were a number of incidents associated with patients mobilising against clinical advice. It was noted that work was planned particularly for patients experiencing dementia, to strengthen the processes to remind patients not to mobilise and to use call bells when they needed to. • There had been a reduction in the number of formal complaints received during the year. • Outpatient delays were noted to be low and within the Trust's target.	• The Committee accepted the recommendation from the Quality & Safety Executive to suspend the routine reporting against the VTE assessment position pending the improvements to the functionality of the Prescribing Information & Communications System (PICS). Assurances were provided that there were mechanisms to detect any issues or deterioration should they occur.

• Performance against cancer targets was reported to have been strong, although there had been two breaches of the 31-day target associated with the complexity of the cases. • A patient call centre would be implemented shortly which would create a better experience for patients contacting the Trust. • There had been a further reduction in the number of patients waiting in excess of 52 weeks for treatment. • An update on the Trust's harm prevention framework was delivered which showed that the Trust had robust processes in place to review patients who were waiting longer than desired for treatment with a view to detecting any harm that may arise as a result. A questionnaire health check was also used which canvassed on a regular basis, any changes to the patients' clinical condition which would be used to inform the clinical prioritisation work. • It was agreed that the report on Patient Reported Outcome Measures (PROMs) provided good visualisation of the clinical outcomes achieved when treated at the ROH. • The Committee was joined by the Head of Imaging who provided a positive update on the work of the Imaging department, including the recent review by the 'Getting it Right First Time' which commended the work of the Trust. There had been no reportable radiation incidents at the time of the presentation of the report. • It was reported that the Patient Engagement and Experience Group was working well and now involved a greater number of patients. There was also a higher number of volunteers supporting the Trust including a number of younger individuals. Patient experience tours would be introduced shortly. • The outcome of a series of audits concerning the Safeguarding function was reported to be positive. It was noted that the new Liberty Protection Safeguards would likely come into effect in 2023. A new dementia nurse specialist had been appointed with a background in social care. The recent review by the Clinical Commissioning Group noted that the ROH had an excellent reporting system for safeguarding concerns.	

• In terms of mandatory training, consent training uptake had improved and there was anticipation that there would be improvement across a number of other modules which reflected the recent theatres 'down time' for routine maintenance. • It was reported that there were no concerns raised in connection with safe staffing. A new theatre matron had been recruited.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and had included some good challenge around assurance that had been provided.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 27 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There were noted to be c. 20 members of staff identified as needing to receive some adjustment to their current level of pay to realign it to the national living wage. This work would be undertaken shortly. • There was noted to have been a further reduction in headcount and turnover remained high. Completion of exit questionnaires was reported to be poor at present. It was suggested that some work may be needed to assess the 'staff in post' position against the revised establishments set over the last few months. • There was noted to have been an increase in staff sickness absence, although the number of days per episode had reduced. Long term sickness absence was reported to be being well managed with few cases currently being handled. The reasons for sickness absence were noted to relate to stress & anxiety; musculoskeletal issues and injury & fracture.	• Work was reported to be planned to capture the staff demographic of those attending Trust courses and events such as the Cost of Living focus group to ensure that those needing the advice most and those able to most appropriately contribute to the suggestions and decisions were attending the sessions. • An action plan outlining the work to support staff through the Cost of Living crisis was requested for the next meeting. • Clarity on actions to address agency breaches was requested for the next meeting. • Information was requested around those staff accessing development courses and the breakdown of budgets associated with this attendance. • Further work was reported to be planned to refine the sickness absence, retention and recruitment reports to be able to strengthen the level of assurance to the Committee.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was joined by a Graduate Trainee who had spent both an operational and strategic placement with the Trust. She described her experience of working at the ROH in this capacity and the Committee agreed that there was much learning to be harnessed from the individual's time in post. The Committee was pleased to have been appointed as a substantive Service Improvement Manager at the Trust. • Sharon Malhi was congratulated on her appointment as the Trust's Chief People Officer. • It was noted that the Resourcing Officer post had been filled in the HR team. • It was noted that relationships with the Trade Union function were much improved and there had been some good joint working with these colleagues.	• Workforce risk register to be considered as the first agenda item in future. • Purpose and recommendations from the reports to be included on the agenda in future.

• It was noted to be anticipated that the compliance rate for mandatory training would improve given the recent theatre close down for routine maintenance. • There was reported to be a higher rate of completion of the staff Pulse Survey. • Plans were reported to be in place to commence a Multi Minority Ethnic Group mentoring programme from June 2022. • The Committee agreed that the new sickness absence report was welcome and further comments would be offered outside of the meeting. • The recruitment team was congratulated on the significantly higher number of individuals recruited over the past year compared to previous years. • A presentation on the Staff Survey results from the Medical Directorate was received which demonstrated that there had been significantly better engagement and a higher completion rate for the area. The actions to respond to the results were reported to be being developed into a medical workforce strategy. It was agreed that the merits of engaging the medical staff on a 121 basis vs. a group basis needed to be thought through as part of the plans. • In the national Workforce Race Equality Standards assessment, it had been highlighted that the ROH performed well in two categories: one of the top performing trusts; and one of the trusts showing sustained, long term improvement. • The Committee considered the feedback from the recent Undergraduate clinical education monitoring visit by the University of Birmingham. It was noted that more students would be hosted by the Trust in the coming years. • The 100 day induction initiative would recommence from August and the induction course would include a patient story.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and the improved completion of the Executive summaries had assisted the Committee navigate the agenda.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 29 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In view of the stringent financial regime for 2022/23, it was agreed that there would be additional focus on ensuring that the Trust's financial control framework was as tight as possible, including the process for accruals and deferred income. • The Committee was concerned at the level of instances where there had been a breach of the Trust's Standing Financial Instructions (SFI) and instances where an invoice was received before a purchase order had been generated. The Committee underlined the need for such cases to be minimised and if needed, linked into HR processes such as appraisal for those involved.	• The Service Level Agreement with University Hospitals Birmingham NHSFT would be signed over the next couple of weeks and the Audit Committee are to be advised when this action is completed. • A review of the Trust's contracts is to take place over the coming few months and will be linked to work to develop a contracts database. • Agree the way in which internal audit may contribute to the pathway mapping work currently underway. • The process to finalise the evidence base behind some of the recommendations on the trackers was currently being finalised. • It was noted that the Board Assurance Framework would be redesigned in line with guidance from Internal Audit over the summer.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Three internal audit reviews were presented: compliance with the Data Security and Protection Toolkit; Risk and Board Assurance Framework; and General IT controls (including the TIARA database). While each of the reviews provided an overall positive level of assurance, there were actions highlighted that needed to be completed to ensure that a more positive position was achieved for each area. The Executives present were able to clearly articulate the work planned to address any shortfalls identified or work required. • The Committee considered the draft internal audit plan and was supportive of this, although suggested that it would be useful to include a review of pathways across shared service providers. • It was agreed that the work of the Trust's internal audit function (KPMG) had been fruitful and had been engaging in style and the team was thanked for their helpful and supportive approach. • Good progress with the Counterfraud workplan was reported. It was noted that the Counterfraud contract had been extended for a	• Approved the annual internal audit plan. • Subject to minor amendment, the Committee approved its annual workplan.

further year, however a competitive tendering process for the service would be organised for later this year. • A summary of lessons learned from the 2020/21 audit was considered which provided good assurance that considerations from the last audit would be taken into account for the 2021/22 audit due to start shortly. • The Committee received a presentation on the draft accounts which suggested that the unaudited end of year financial outturn was a surplus. • The timetable for the finalisation and approval of the annual report and accounts was considered. • The draft annual governance statement was considered which provided a high level of assurance that the Trust's system of internal control was strong and had been strengthened during the year, despite the pressures posed by the pandemic.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had allowed a good level of challenge but also recognition where needed. There was no request between Committee members and the auditors.

Finance and Performance Report

March 2022

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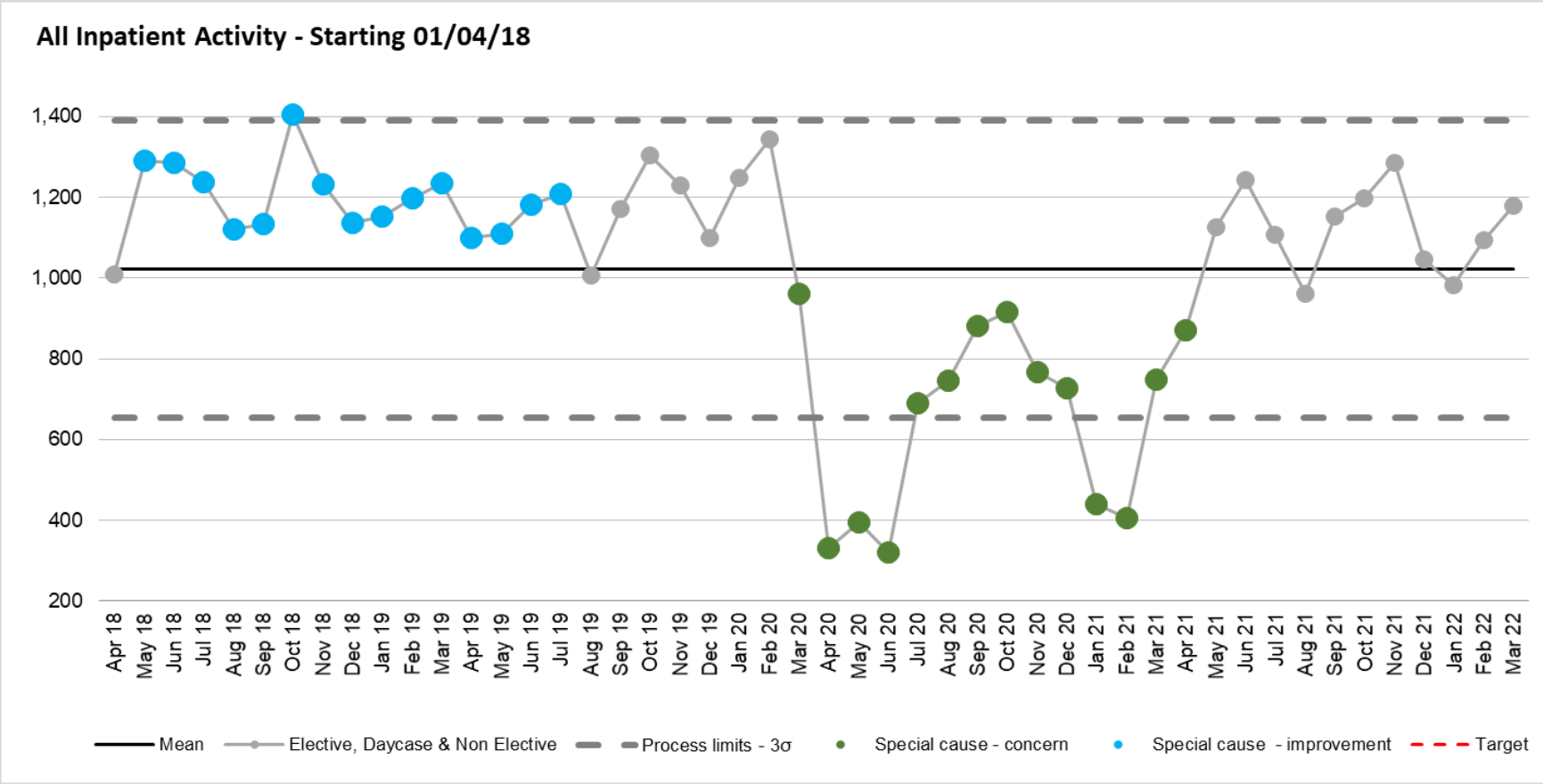
	Introduction
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Introduction

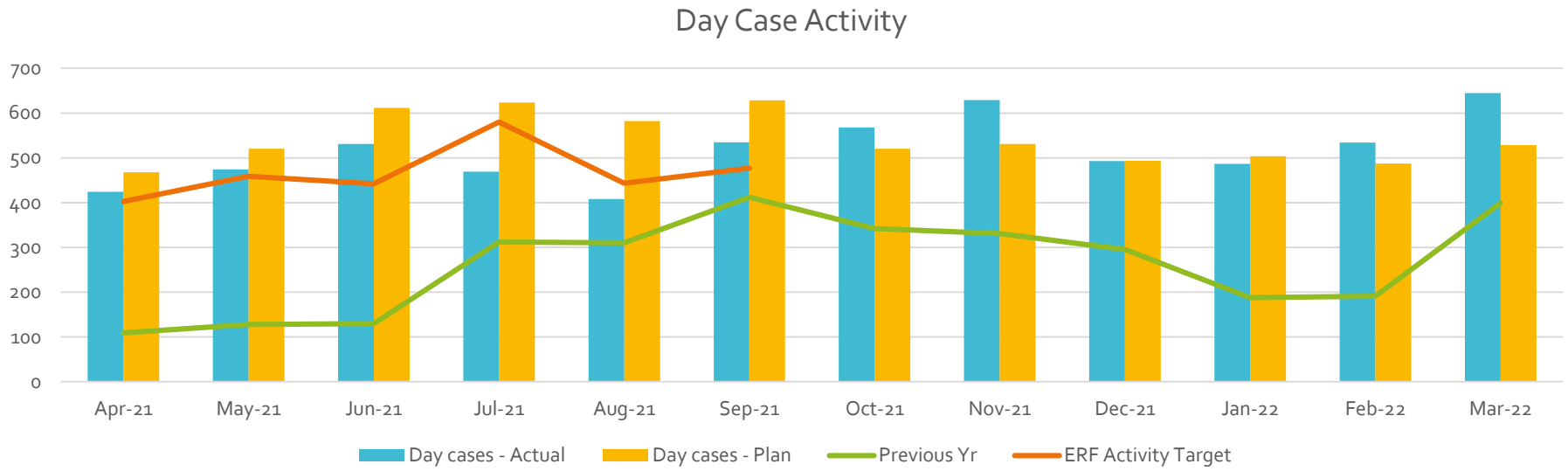
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

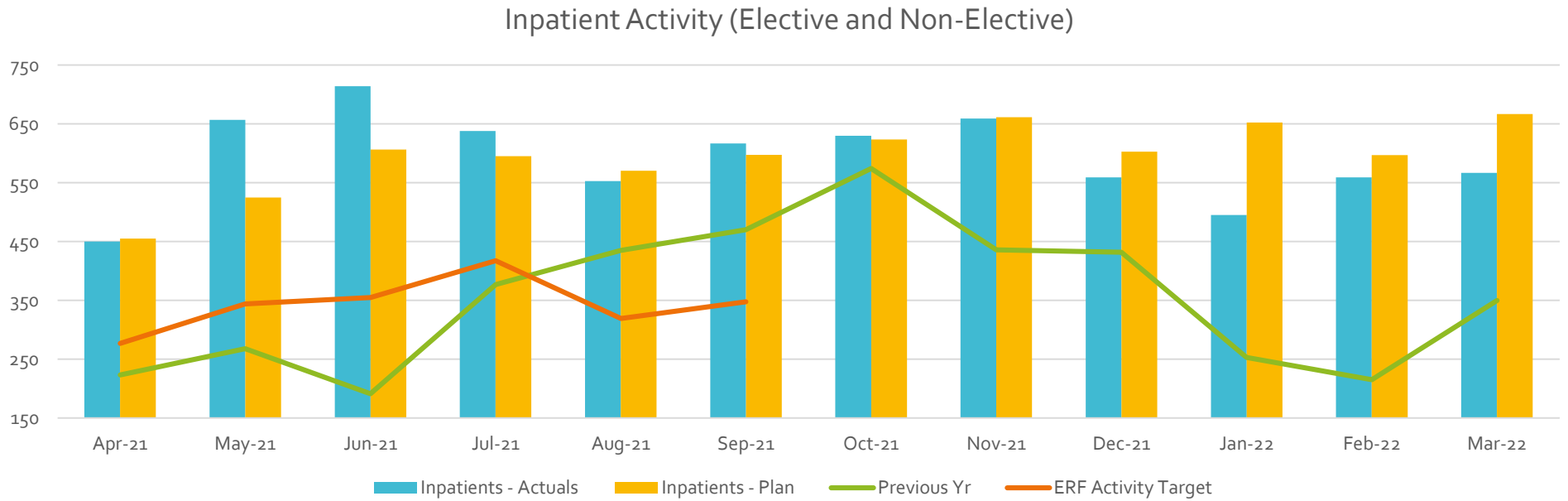
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

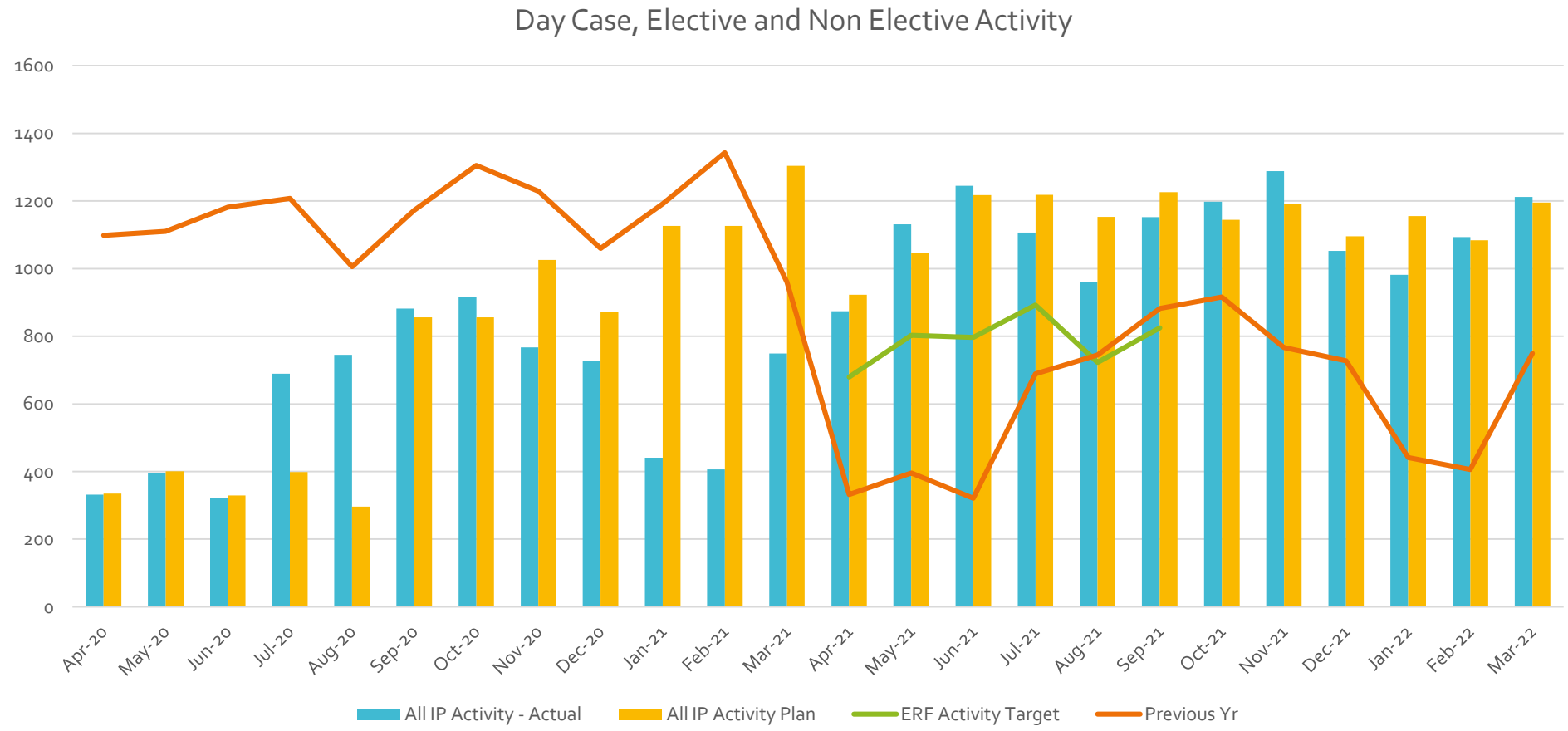


1. Activity Summary





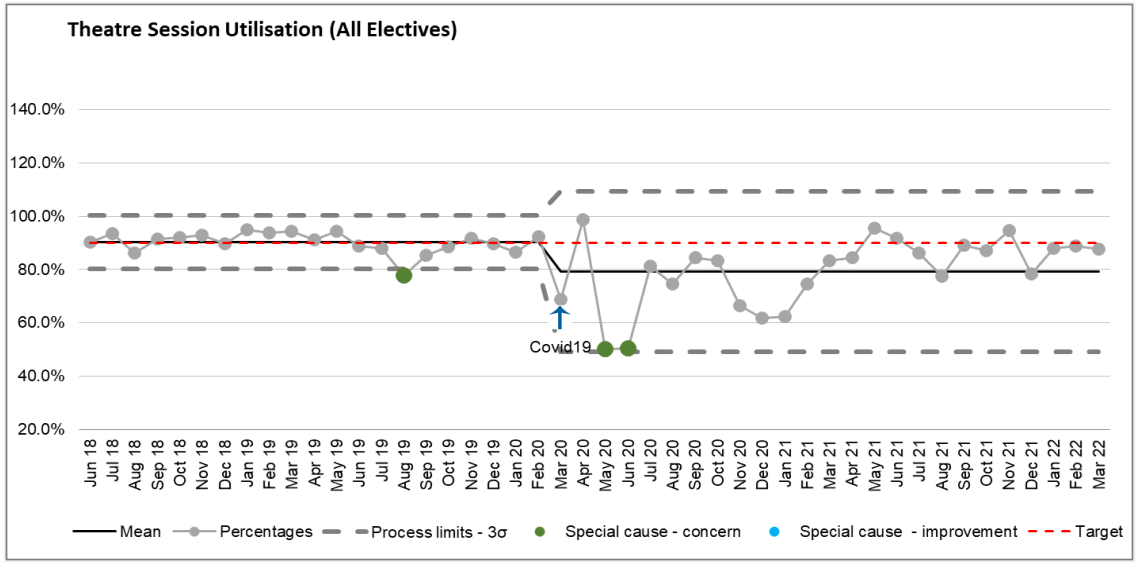
1. Activity Summary

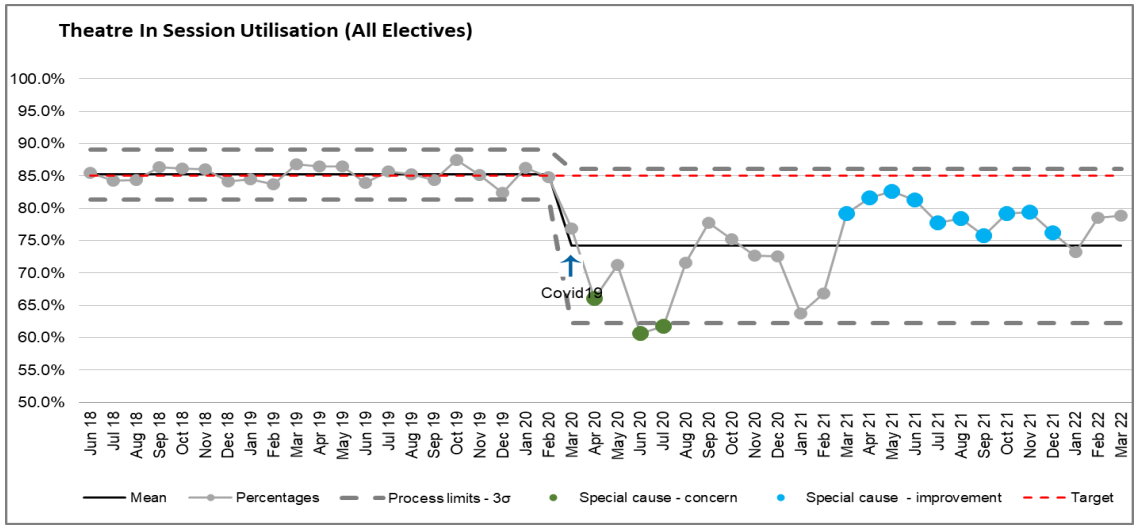


Activity for March was above plan – actual 1212 v plan 1195. Year position 13411 actual v 13571 plan (-1%)

The focus is on delivering activity for 22/23 with fully utilised lists, weekend theatre lists and proactive recycling of in week sessions. The Operational team have therefore set an aspirational plan which will be monitored in parallel to the system plan.

2. Theatre Utilisation





Elective Session Utilisation (March 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	464	414	50	89.22%
UHB	138	113	25	81.88%
Totals	602	527	75	**87.54%**

Elective In Session Utilisation (March 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1840	1462	378	79.47%
UHB	510	391	119	76.68%
Totals	2349	1853	497	**78.86%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in March and was within target at 87.54%. Total In Session utilisation was 78.86% a slight increase on the previous month (78.49%) but below the required 85% minimum utilisation target.

March saw a significant impact on both list and in session utilisation as a direct result of staff, including consultants being affected by covid/sickness, which at its peak resulted in 9 Consultants being unavailable. This is an area that is being closely monitored as covid rates continue to remain high in early April. Where possible, patients are either transferred to other lists on the day, other Consultants stepping in where possible or patients being re-dated as soon as possible.

Any cancellations that took place as a result of staff absences followed a consistent operational procedure ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected .

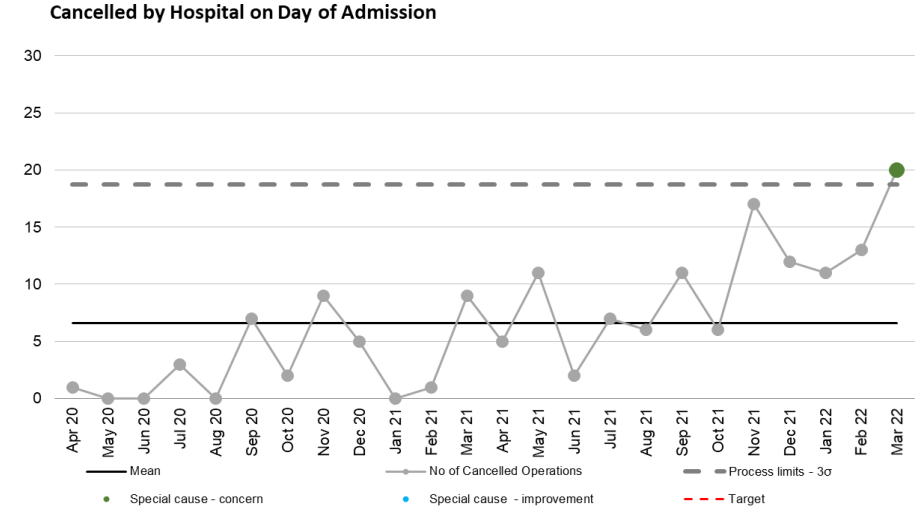
AREAS FOR IMPROVEMENT

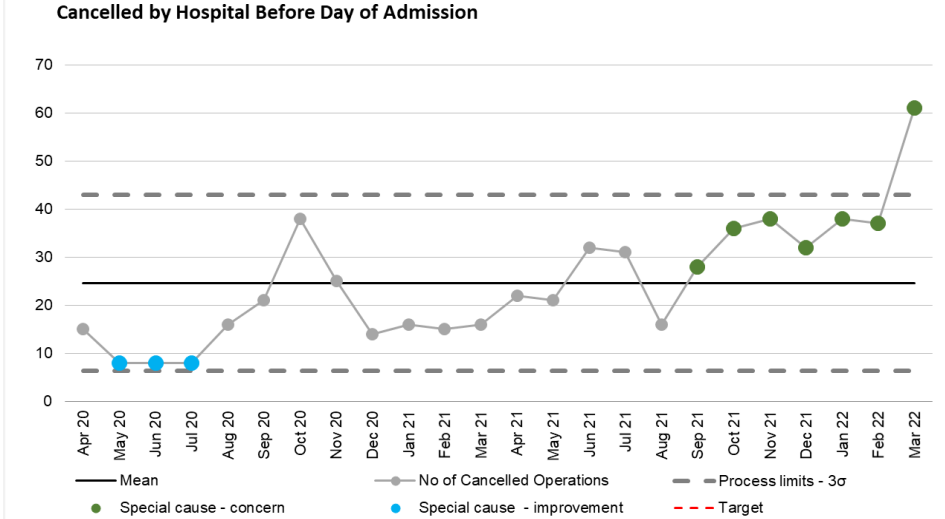
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

RISKS / ISSUES

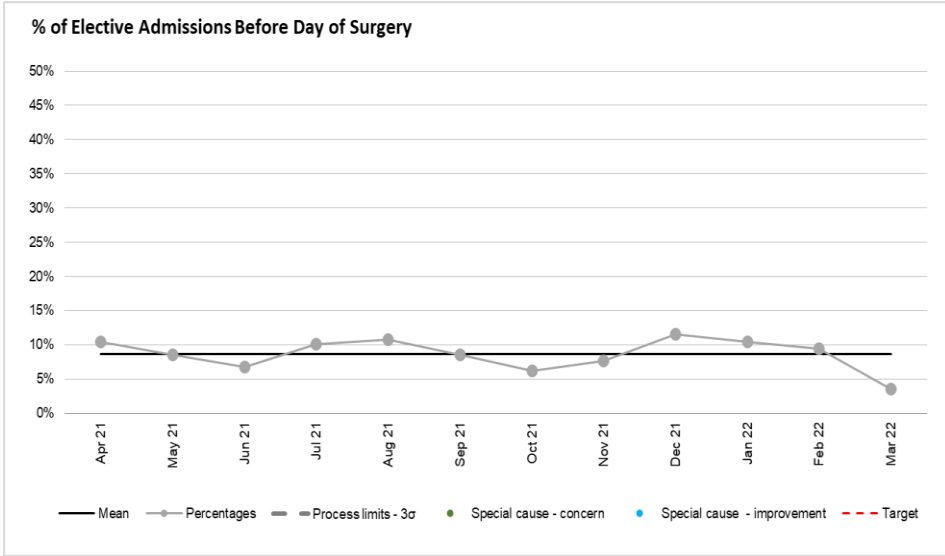
On going risks remaining with staff absence due to covid/sickness or patients either being medically unfit/deferred. Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible . These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Chief Nurse to give appropriate support and focus in this area.

2. Theatre Utilisation/ Hospital Led Cancellations





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
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	1
Total	**130**	**305**	**408**	**843**	**1**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 20 patients cancelled on the day in March with reasons detailed as follows;

11 x availability of staff due to sickness
6 x patients covid + / medically deferred
2 x admin errors (Not cancellations on validation)
1 x treatment deferred to following day

There were 28 patients admitted but where treatment was deferred, with reasons broken down as follows:

12 x Medically unfit / Clinical change in condition,
9 x availability of staff due to sickness
4 x lack of theatre time/beds
2 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x admins error pt admitted previous day

There were 61 patients cancelled by the hospital prior to date of admission.

30 x availability of staff due to sickness
27 x patients covid + / medically deferred
3 x changes in TC date
1 x patient DNA'd appointments

12 patients were admitted prior to their day of surgery with the majority under oncology and this was due to the patients living long distance and/or patients requiring clinical intervention ahead of surgery e.g blood transfusions etc.

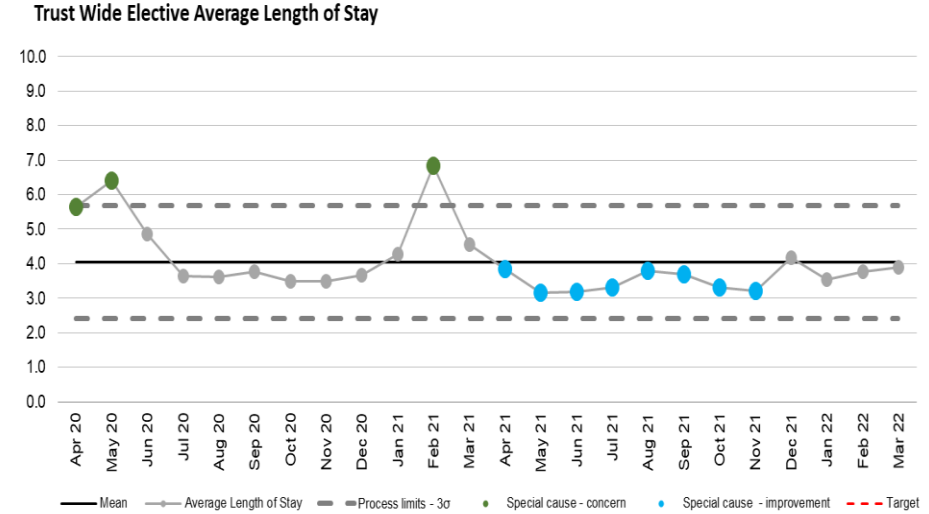
AREAS FOR IMPROVEMENT

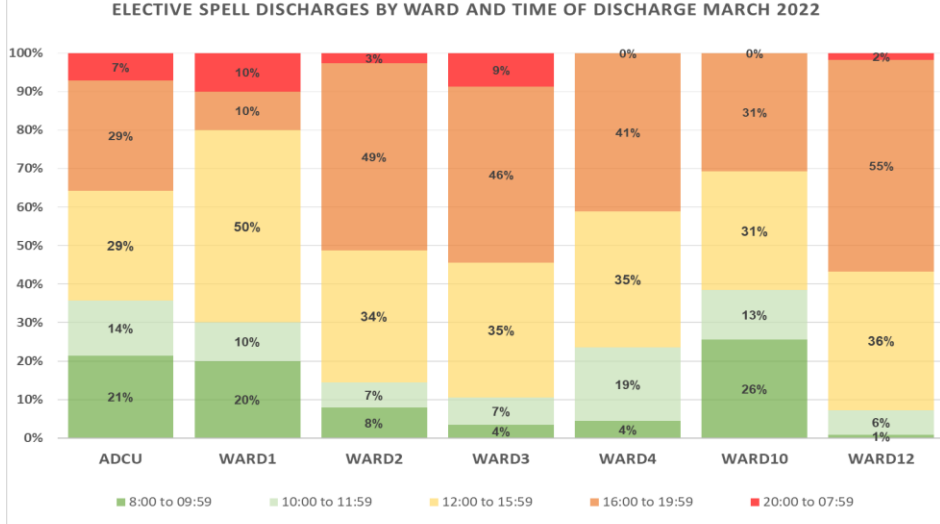
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.

RISKS / ISSUES

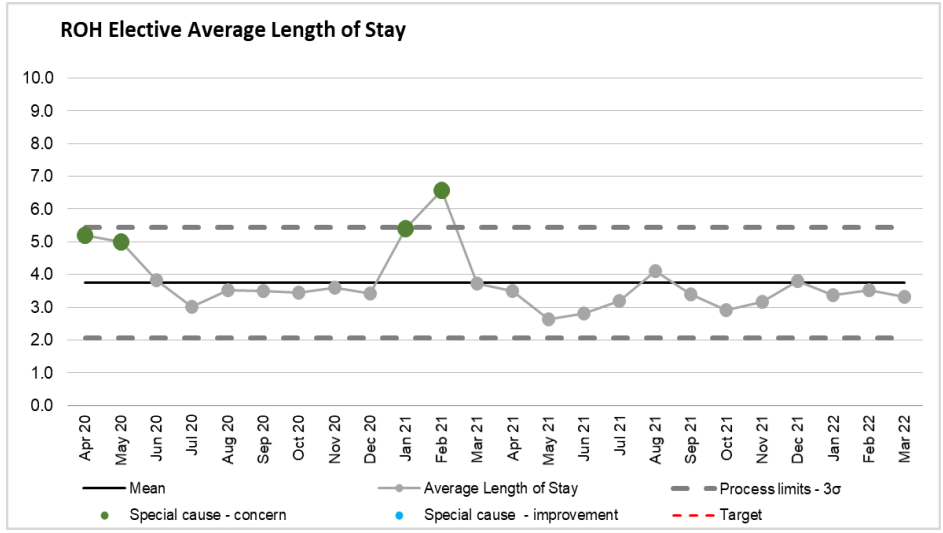
Impact of the continuation in high Covid rates impacting on both patients and staff

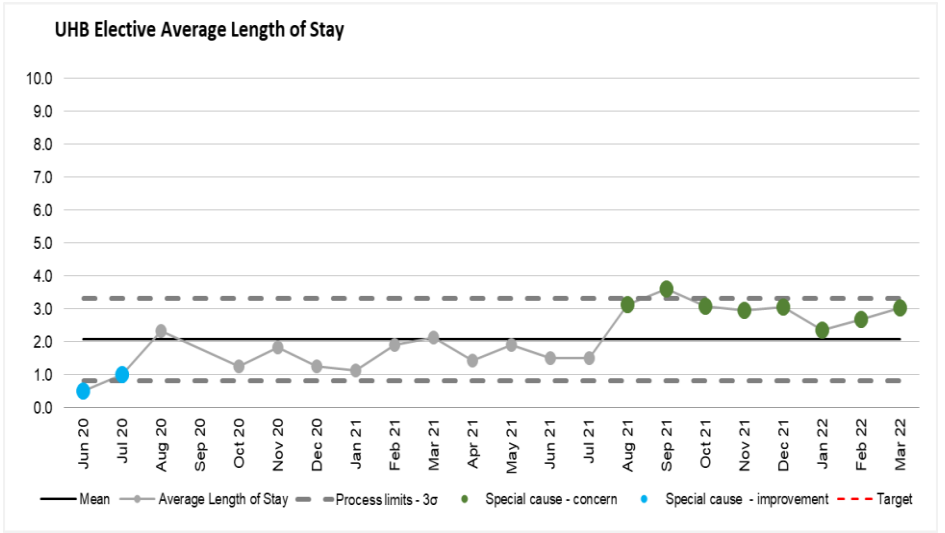
3. Length of Stay

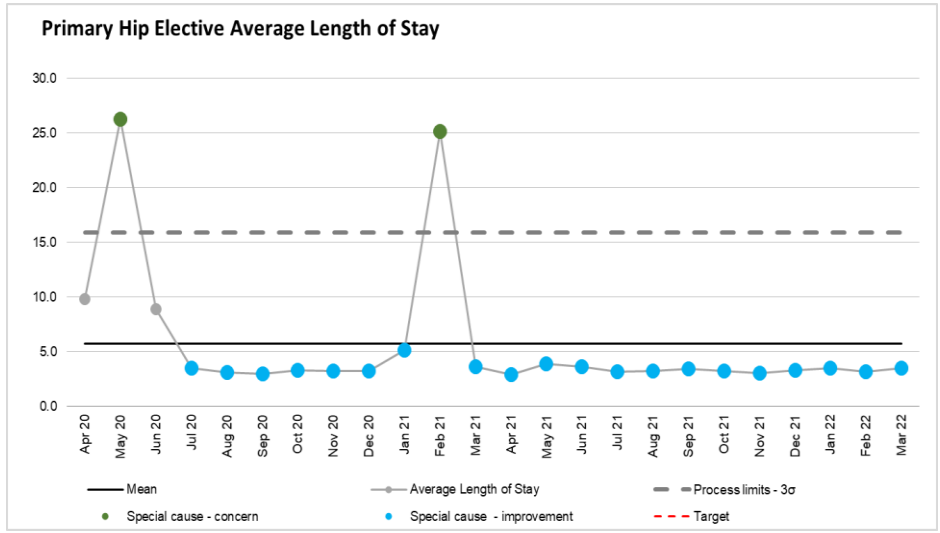


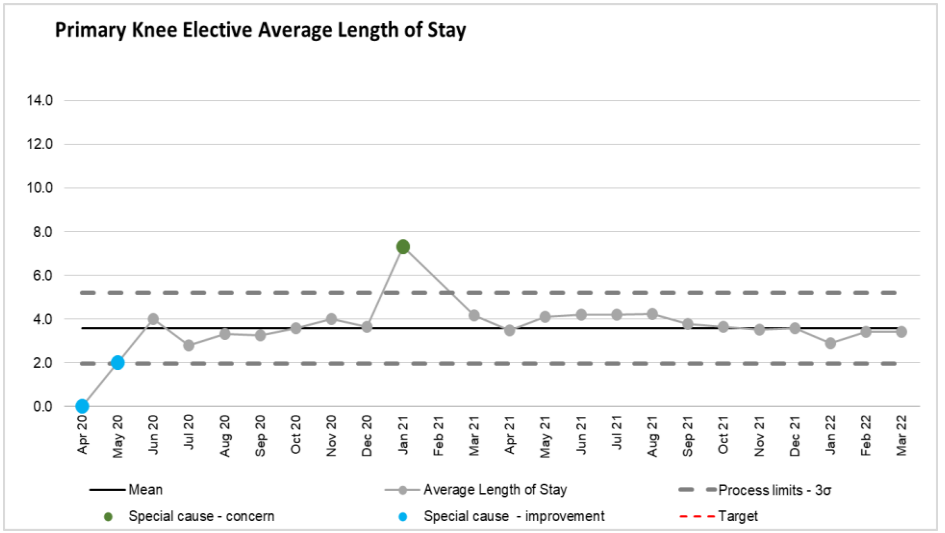


3. Length of Stay





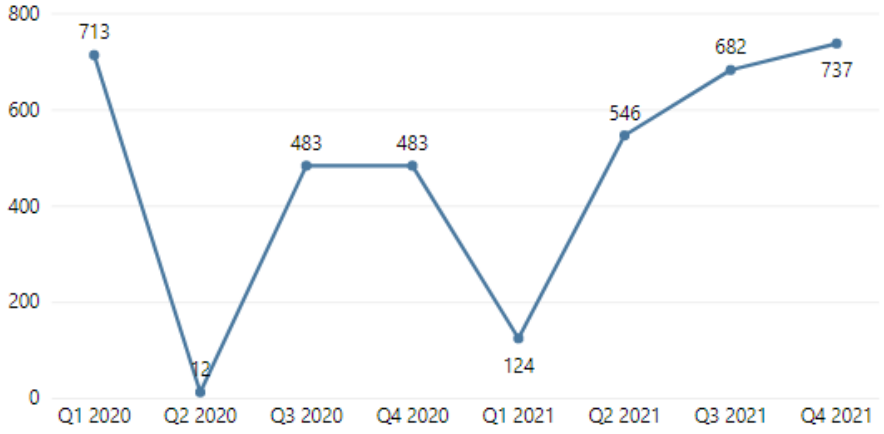




3. Length of Stay

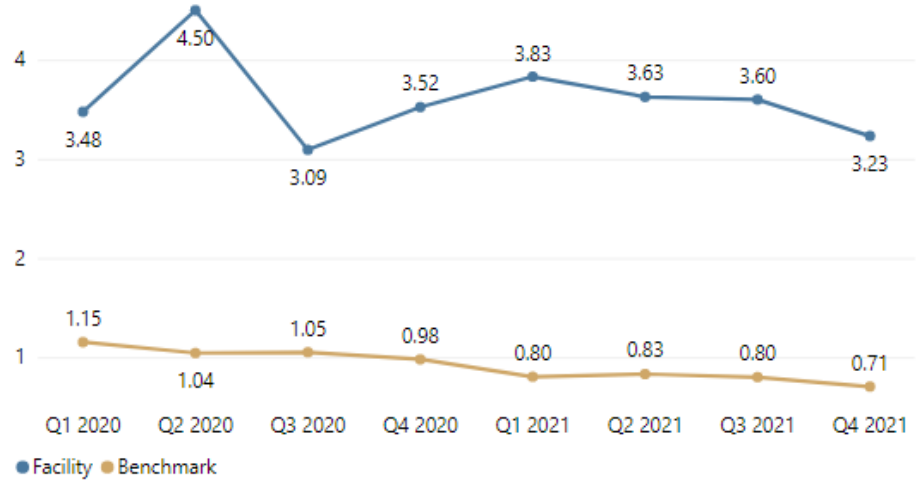
JointCare Data: Pre to post COVID comparison

Volume: Primary hip and knee arthroplasty



- Pre COVID activity has been restored in hip and knee arthroplasty

Length of Stay (days): Primary hip and knee arthroplasty



- Following the Refresh and Recover programme, average length of stay is now lower than pre pandemic
- Length of stay for both primary hip and knee arthroplasty has consistently decreased through 2021

3. Length of Stay

SUMMARY

The average length LOS for ROH patients from all specialities has increased in month to **3.90** (3.76 February).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.33** (3.49 February)
The average length of stay for UHB arthroplasty patients at ROH is **3.03** (2.68 February).

March length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

17 (13 February) UHB arthroplasty patients with LOS greater than 3 days. **11** (6 February) with a length of stay greater than 5 days and **6** (10 February) with a stay greater than 7 days. (excludes Rehab).

64 (64 February) ROH patients, arthroplasty and oncology arthroplasty, with a length of stay greater than 3 days. **32** (35 February) with a length of stay greater than 5 days, **21** (19 February) with a length of stay greater than 7 days.

In summary 21 ROH arthroplasty and oncology arthroplasty and 6 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In February 168 patients went home via the discharge lounge. In addition number of patients discharged home before lunch increased from **19%** in January to **32.14%** in February. (March data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

AREAS FOR IMPROVEMENT

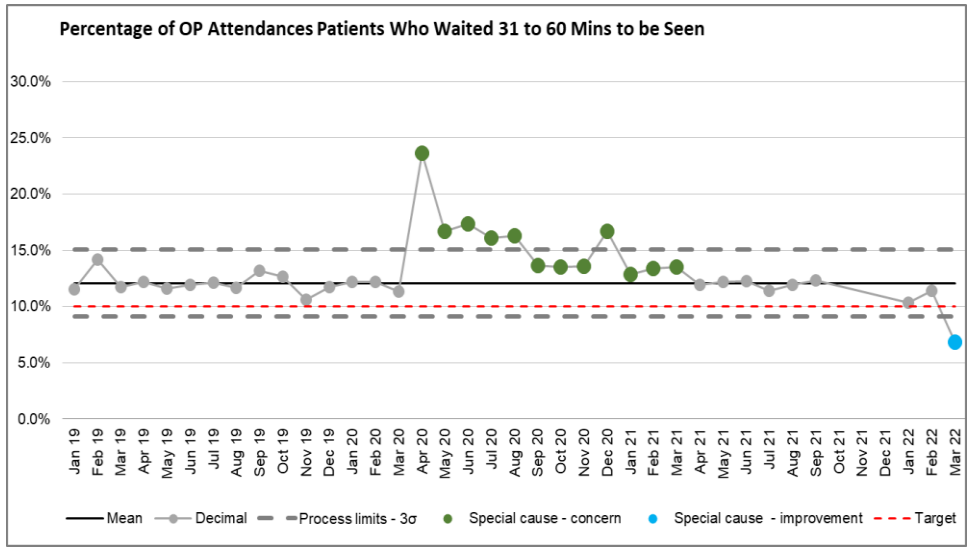
Joint Care Group feedback:

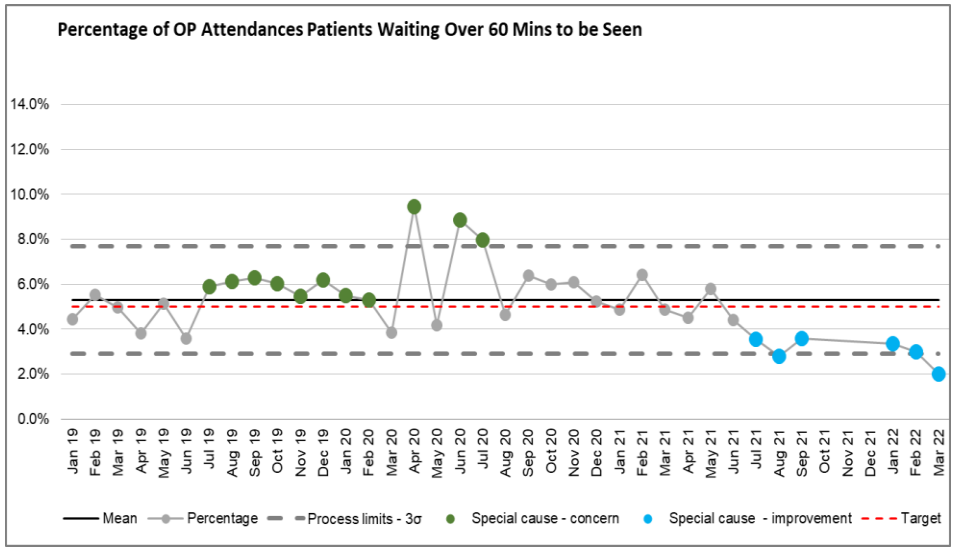
- An audit of patients undergoing surgery on a Friday or Saturday and the impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.
- Discharge Lead/Matron/HoN to review monitoring and escalation protocols relating to complex discharge and Delayed Transfesr of Care to establish if any area for improvement

RISKS/ISSUES

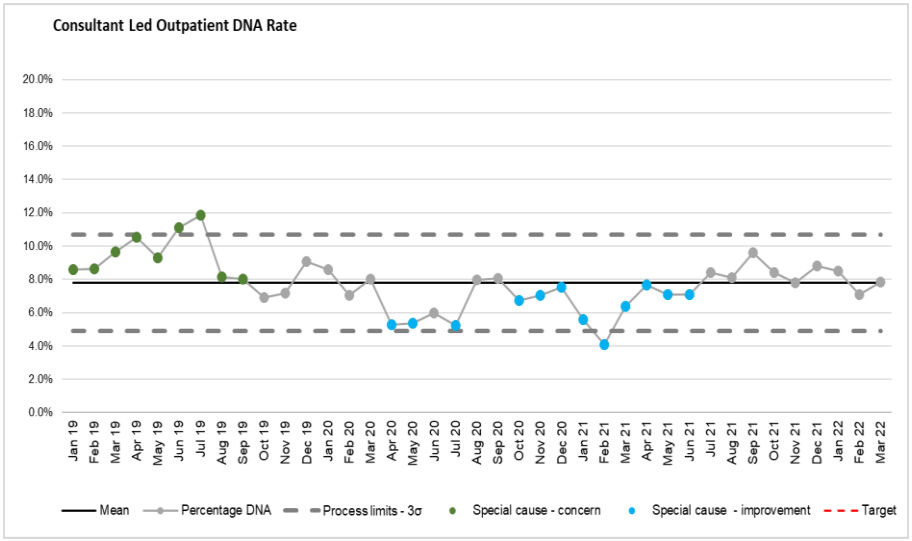
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

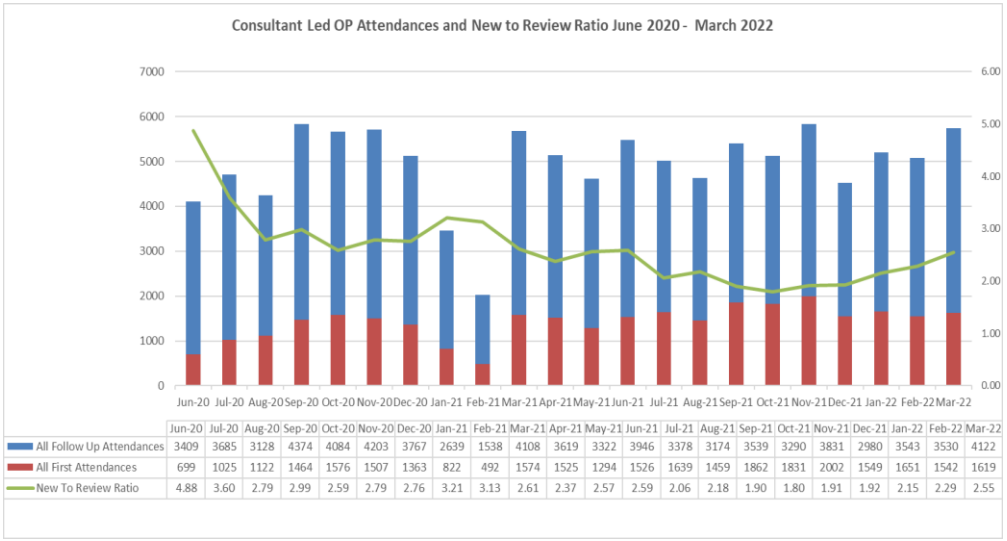
4. Outpatient efficiency



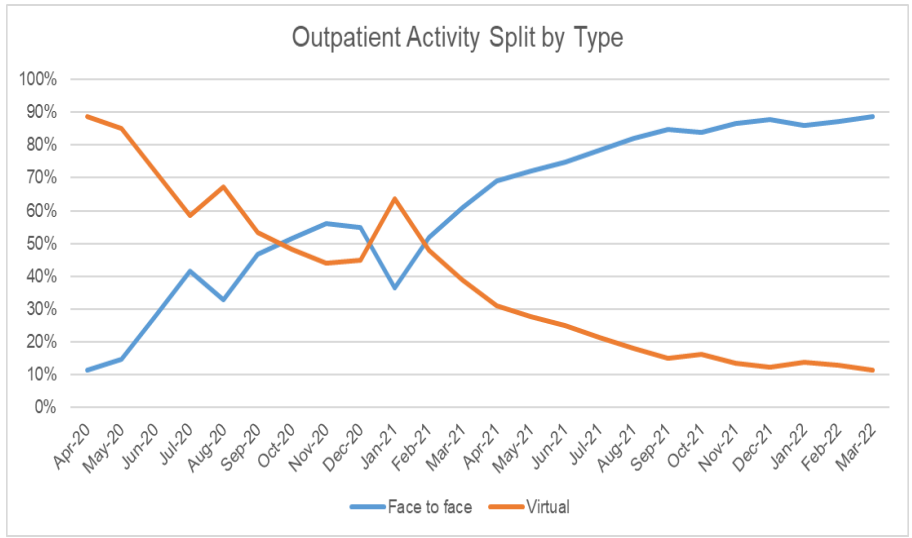


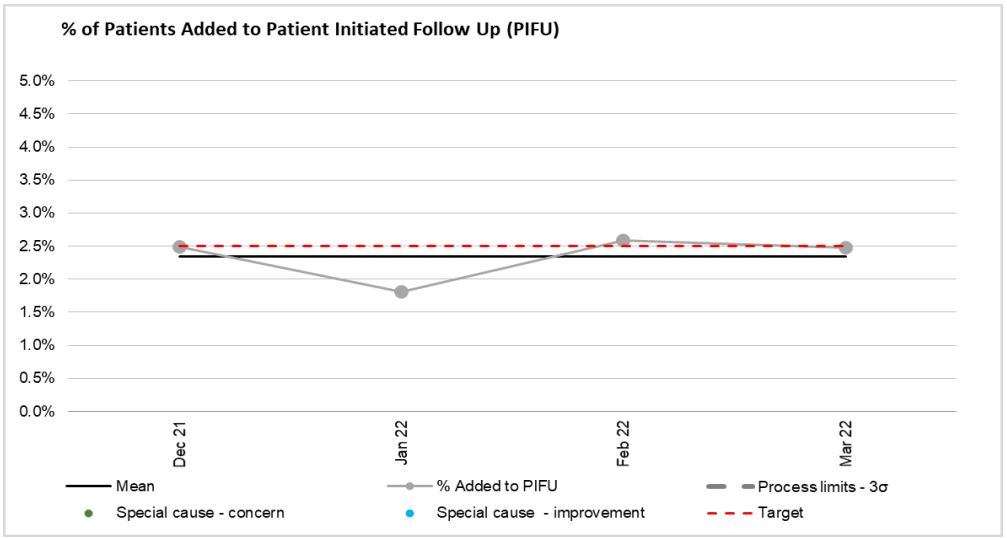
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55





4. Outpatient efficiency

SUMMARY

There were 4,886 face to face and 648 virtual appointments carried out in March (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform to support virtual clinics going forward.

PIFU Target for March: plan **2.5%** - actual: **2.49%** - 97 patients out of 3917 (measured as a % of all outpatient activity**)**

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **6.8%** (Target **10%)**
60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown a improvement from February to March with just 6.8% of appointments being delayed more than 30 minutes. Also delays of 60 minutes or more have also dropped in March to 2%. A trial of electronic outcomes is being planned in Young Adult Hips which will mean the clinician is entering the time stamping making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. A new intranet based x-ray walking referral form and waiting list has helped to manage flow and reduce delays.

The DNA rate for March is **7.83% , below trust target** but an increase from **7.07**% in February – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. The Operational Team are working closely with Business Intelligence to provide more information regarding DNA's including ethnicity, age, gender, notice period provided and previous DNA history.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In March 117 referrals for advice and guidance were received against a GP referral total of 1464 gives a total of **8%** for advice and guidance.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for March.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and is due to be completed by the end of May. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

5. Referral to Treatment

Referral to Treatment Snapshot as at 31st March 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

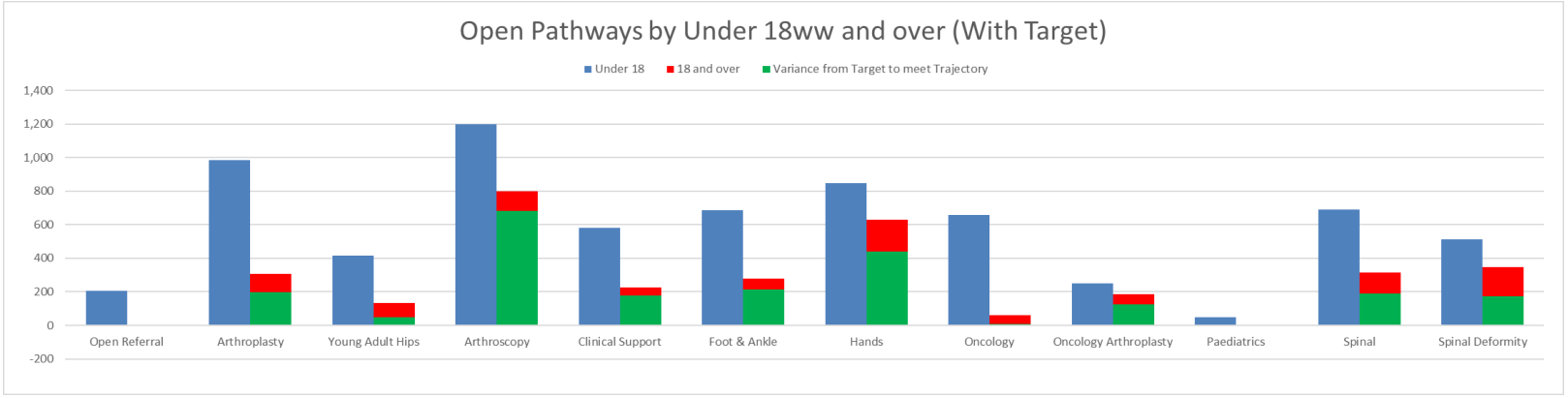
Est Over 18 Clock Stops Required		
To achieve	87.56%	2612
To achieve	89.10%	2773
To achieve	89.94%	2858

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,531**	204	534	200	539	273	334	393	347	91	31	321	264
7-13	**2,268**	0	334	144	408	202	231	256	191	84	16	227	175
14-17	**1,273**	0	115	72	250	107	120	197	120	76	3	140	73
18-26	**1,709**	0	181	86	347	154	145	306	45	98	3	183	161
27-39	**1,175**	1	116	39	302	61	112	227	14	63	0	100	140
40-47	**304**	0	8	7	118	6	19	67	2	18	0	23	36
48-51	**65**	0	0	1	27	2	1	20	1	3	0	3	7
52 weeks and over	**23**	0	0	0	5	1	1	9	0	2	0	4	1
Total	**10,348**	205	1,288	549	1,996	806	963	1,475	720	435	53	1,001	857

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,072**	204	983	416	1,197	582	685	846	658	251	50	688	512
18 and over	**3,276**	1	305	133	799	224	278	629	62	184	3	313	345
Current Month End RTT %	**68.34%**	99.51%	**76.32%**	**75.77%**	**59.97%**	**72.21%**	**71.13%**	**57.36%**	**91.39%**	**57.70%**	94.34%	**68.73%**	**59.74%**

31/03/2022 Trajectory RTT %	87.56%	100.00%	90.32%	83.17%	91.15%	92.52%	91.26%	81.82%	92.47%	80.97%	92.16%	84.59%	75.06%
Target for RTT Trajectory	1,005	0	105	84	116	47	66	188	54	59	4	125	170
Variance from Target to meet Trajectory	2271	1	200	49	683	177	212	441	8	125	-1	188	175



5. Referral to Treatment

Referral to Treatment Snapshot as at 31st March 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

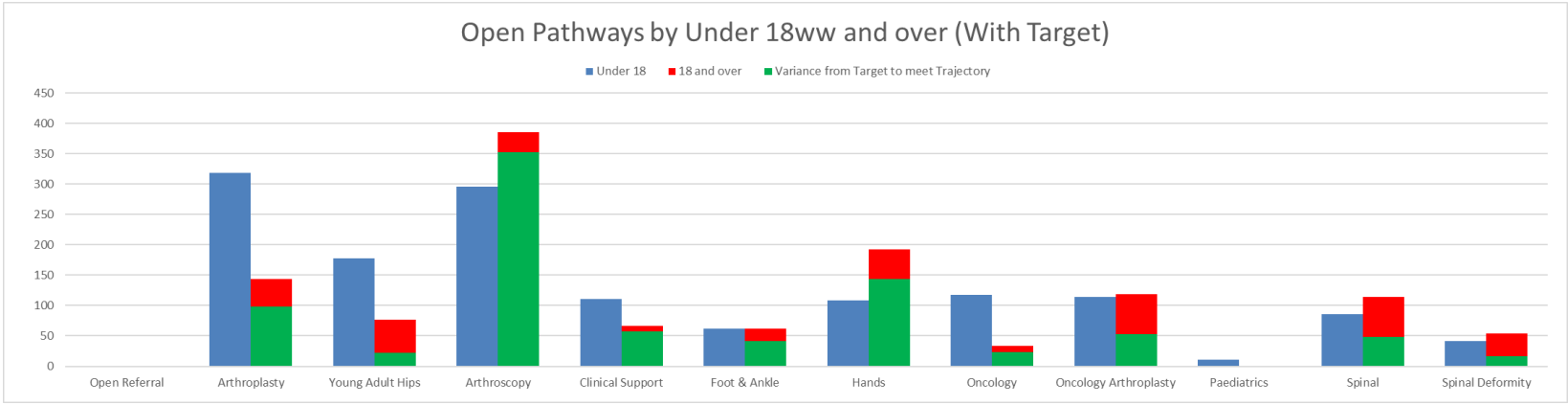
Est Over 18 Clock Stops Required		
To achieve	80.93%	1044
To achieve	89.10%	1232
To achieve	89.94%	1250

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**644**	0	137	71	155	55	26	41	51	38	8	45	17
7-13	**503**	0	123	74	99	39	16	39	41	39	2	22	9
14-17	**296**	0	58	33	42	17	20	28	25	37	1	19	16
18-26	**566**	0	74	43	140	46	27	84	24	58	1	59	10
27-39	**485**	1	67	27	151	16	28	80	7	45	0	36	27
40-47	**144**	0	3	6	70	2	7	16	2	11	0	14	13
48-51	**41**	0	0	1	22	2	0	7	0	3	0	2	4
52 weeks and over	**12**	0	0	0	2	0	0	5	0	2	0	3	0
Total	**2,691**	1	462	255	681	177	124	300	150	233	12	200	96

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,443**	0	318	178	296	111	62	108	117	114	11	86	42
18 and over	**1,248**	1	144	77	385	66	62	192	33	119	1	114	54
Current Month End RTT %	**53.62%**	**0.00%**	**68.83%**	**69.80%**	**43.47%**	**62.71%**	**50.00%**	**36.00%**	**78.00%**	**48.93%**	**91.67%**	**43.00%**	**43.75%**

31/03/2022 Trajectory RTT %	80.93%	100.00%	87.55%	76.47%	90.23%	92.50%	74.61%	68.97%	92.70%	63.22%	93.33%	56.64%	52.72%
Target for RTT Trajectory	340	0	45	55	32	9	21	49	9	66	1	66	38
Variance from Target to meet Trajectory	908	1	99	22	353	57	41	143	24	53	0	48	16



5. Referral to Treatment

Referral to Treatment Snapshot as 31st March 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

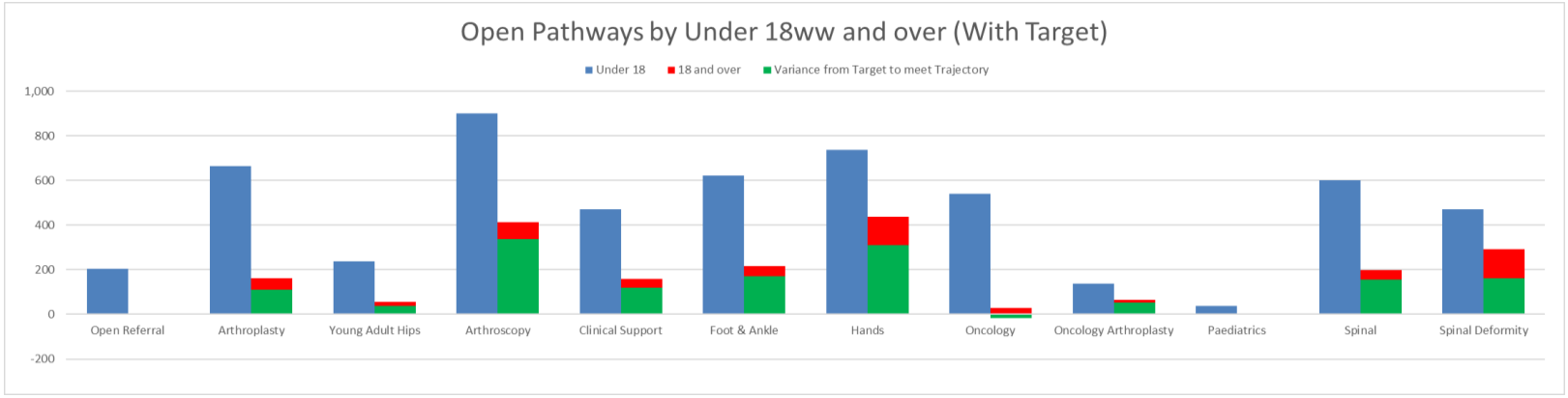
Est Over 18 Clock Stops Required		
To achieve	90.53%	1655
To achieve	89.10%	1541
To achieve	89.94%	1608

Select Pathway Type: Non Admitted

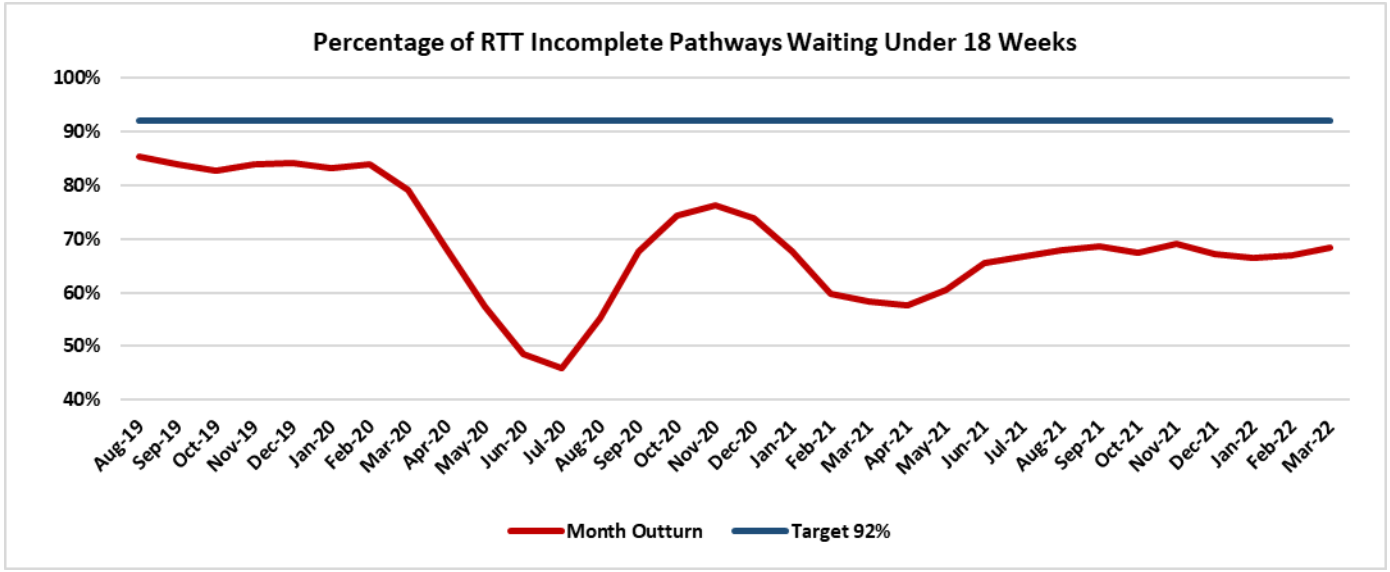
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,887**	204	397	129	384	218	308	352	296	53	23	276	247
7-13	**1,765**	0	211	70	309	163	215	217	150	45	14	205	166
14-17	**977**	0	57	39	208	90	100	169	95	39	2	121	57
18-26	**1,143**	0	107	43	207	108	118	222	21	40	2	124	151
27-39	**690**	0	49	12	151	45	84	147	7	18	0	64	113
40-47	**160**	0	5	1	48	4	12	51	0	7	0	9	23
48-51	**24**	0	0	0	5	0	1	13	1	0	0	1	3
52 weeks and over	**11**	0	0	0	3	1	1	4	0	0	0	1	1
Total	**7,657**	204	826	294	1,315	629	839	1,175	570	202	41	801	761

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,629**	204	665	238	901	471	623	738	541	137	39	602	470
18 and over	**2,028**	0	161	56	414	158	216	437	29	65	2	199	291
Current Month End RTT %	**73.51%**	**100.00%**	**80.51%**	**80.95%**	**68.52%**	**74.88%**	**74.26%**	**62.81%**	**94.91%**	**67.82%**	**95.12%**	**75.16%**	**61.76%**

31/03/2022 Trajectory RTT %	90.53%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	85.32%	92.43%	92.20%	92.05%	93.49%	78.38%
Target for RTT Trajectory	589	0	51	19	77	38	47	127	44	12	3	42	130
Variance from Target to meet Trajectory	1439	0	110	37	337	120	169	310	-15	53	-1	157	161



5. Referral to Treatment



ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for March is **68.34%** against the National Constitutional Target of 92%. This is an increase of 1.44% compared to February reporting at **66.90%.**

There are **23** patients over 52 weeks, a decrease from 32 in February. However due to the impact on activity in March due to patients and consultants having Covid/unwell we are anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **369** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2691 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,365** (87%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

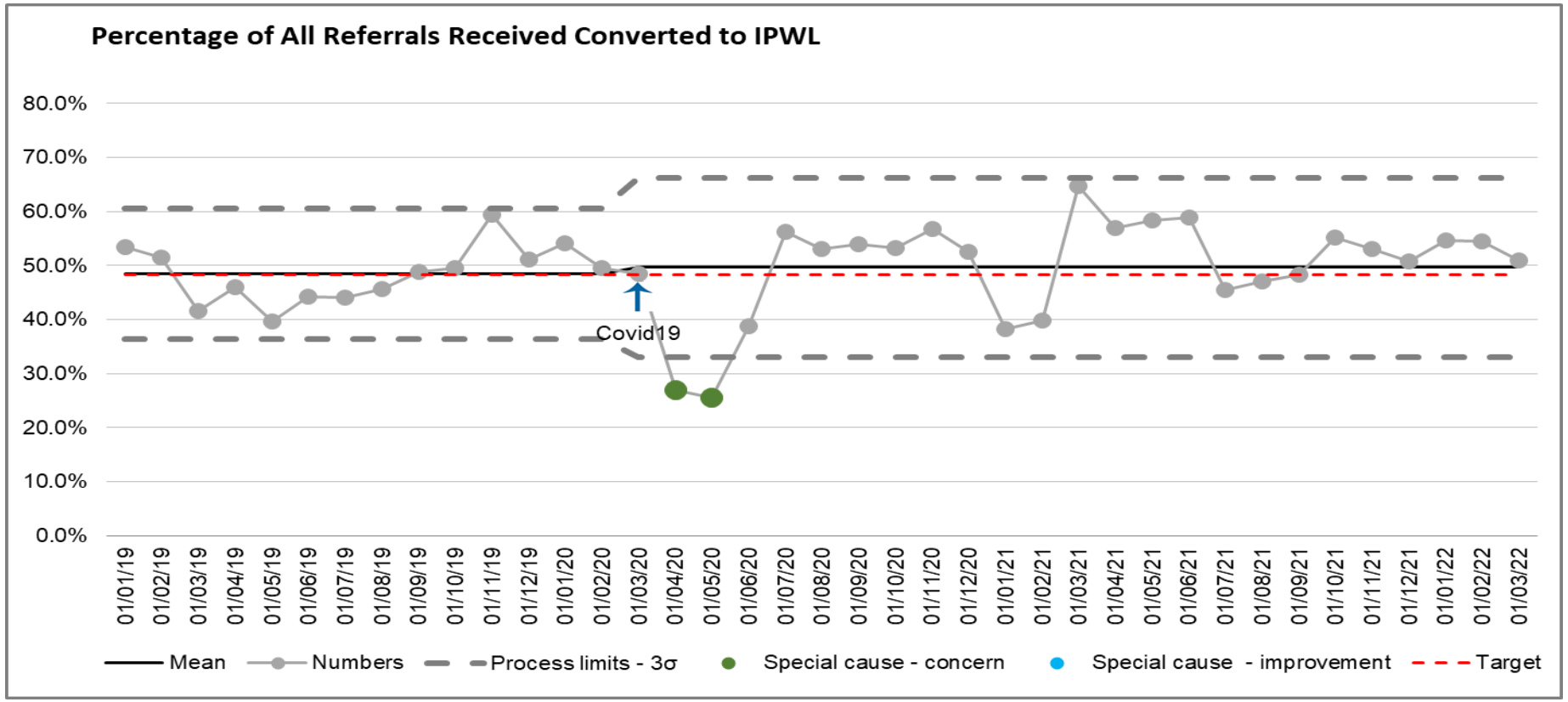
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

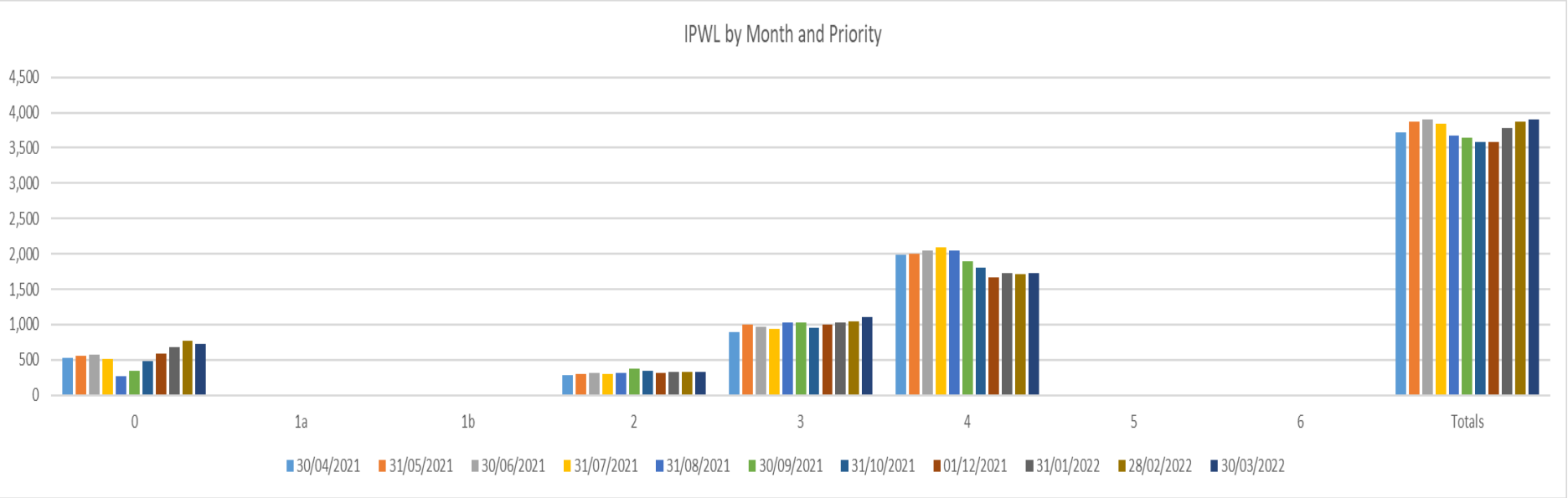
System support for 104 weeks and Covid surges may impact on the delivery of the RTT target

5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%	50.95%

5. Referral to Treatment



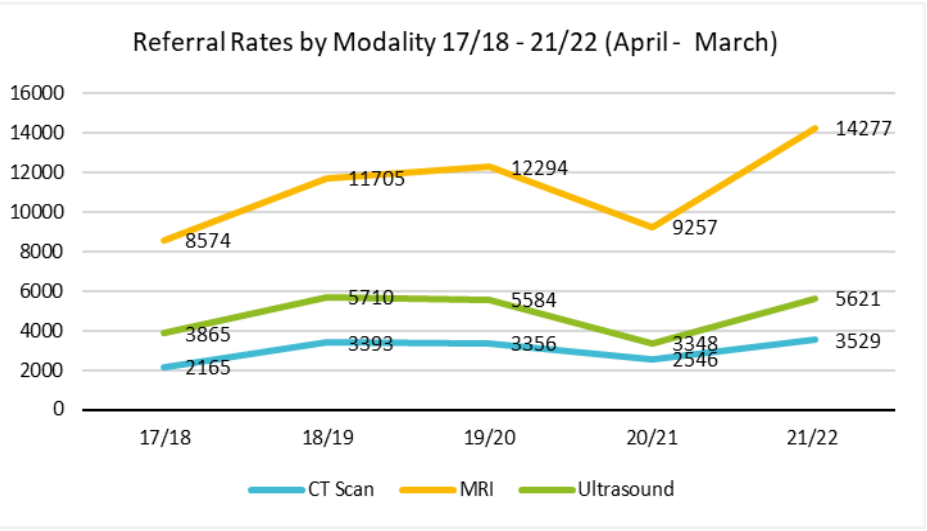
	Number of IP waiting as at	% of IP waiting as at
Priority	30/03/2022	30/03/2022
0	731	18.7%
1a		0.0%
1b	7	0.2%
2	330	8.4%
3	1109	28.4%
4	1728	44.2%
5	2	0.1%
6		0.0%
Total	3907	100%

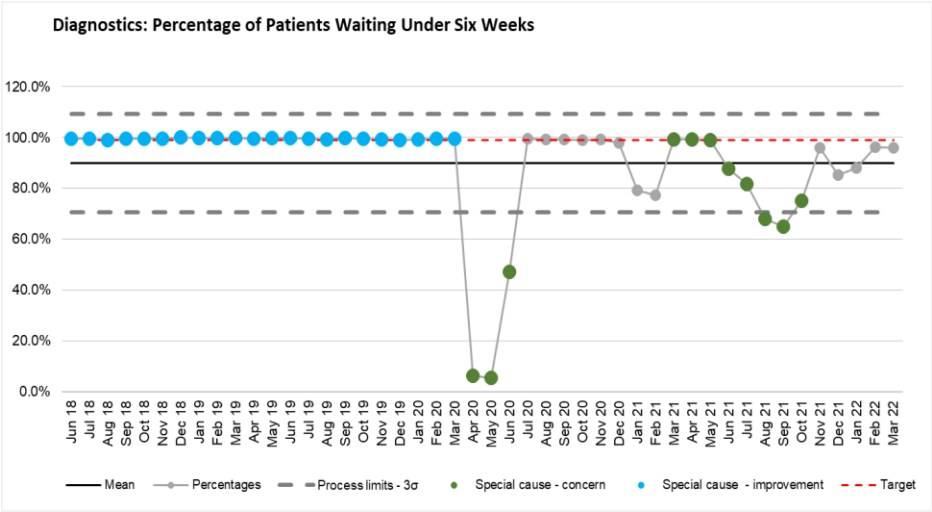
March remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

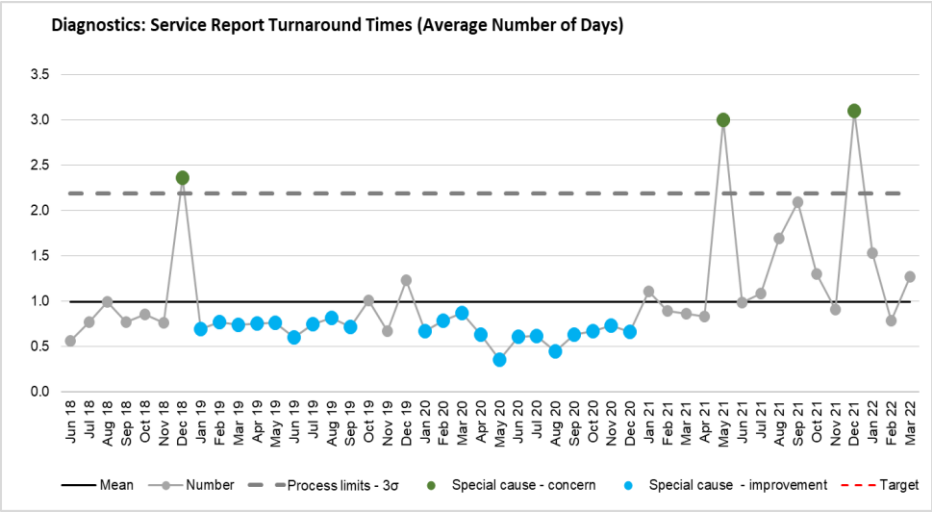
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in March reporting 96%. Referrals continue to remain high specifically for MRI with a referral rate of 145% in March when compared to the same period in 19/20. Ultrasound and CT remain in target.

A formal contract request for additional mobile MRI van capacity via NHS Supply Chain has result in 3 companies responding and is currently going through due process but it is expected that this extra capacity will become available in May which will have a positive impact on the clearance of the backlog within MRI. Meanwhile adhoc capacity is also being sourced.

Dr Dr (patient text messaging service) is also expected to come on line by the end of April which will support the reduction in the DNA rates which is currently averaging 10-12%.

Reporting times in March remained on target

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's .
Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

February Cancer Performance – February 2022 Submission

		Feb-22				
Target Name	National Standard	%	In target	Breach	Accountable patients	Total Patients
2ww	93%	96%	69.0	3.0	72.0	72.0
31 day first treatment	96%	85%	11.0	2.0	13.0	13.0
31 day subsequent (surgery)	94%	100%	3	0	3	3
62 day (traditional)	85%	100%	4.5	0	4.5	6
62 day (Cons Upgrade)	n/a	76%	6.5	2.0	8.5	11.0
28 day FDS REPORTED	75%	84%	65.0	12.0	77.0	77.0
Patients over 104 days				1		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breach reasons:
2 x 31 day subsequent – delay to scheduling surgery as the patients required multi-disciplinary surgical team including the plastics specialists. One patient also had an inconclusive diagnosis from the referring Trust which resulted in a delay to a definitive diagnosis
1 x 62 day (upgrade) - delay in diagnosis requiring several repeat biopsies and patient requiring thinking time due to life changing decision for treatment
1 x 62 day (upgrade) - patient required 2 x biopsies and 1 x open biopsy and was discussed at both the UHB and ROH MDT. There was difficulty in diagnosing the patient as the radiology suggested TB although tests were negative. Patient eventually diagnosed and referred to Christies for Proton Therapy on day 163

Operational Update

- Work continues on the 2WW referral pathway with Bsol CCG.
- The RJAH support SLA has ceased going into the new financial year.

8. Overall Financial Performance

SUMMARY

The Trust delivered a full year surplus £422k against a planned breakeven position.

Income for the year performed better than plan by £8.1m. This primarily relates to £2.4m of pension income, elective stretch monies recognised in H2, ERF income during H1 and funding of the pay award.

Pay and non pay expenditure overspent in the year by £7.5m.

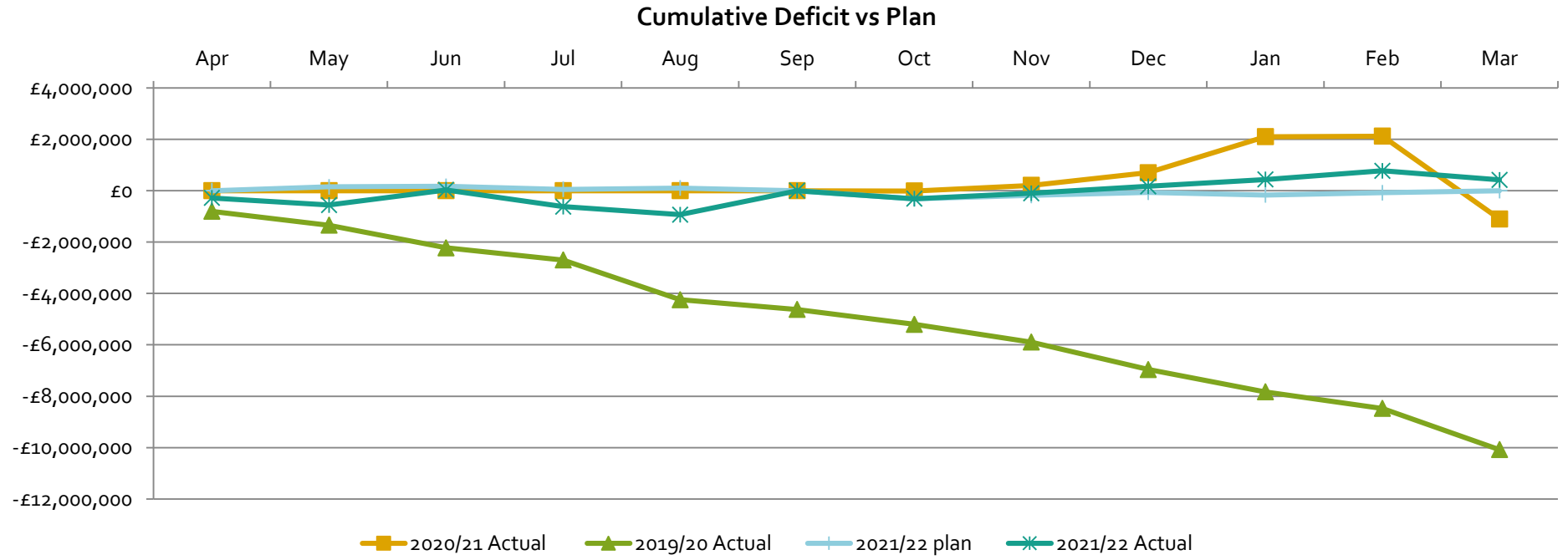
Capital expenditure for the year overspent by £357k due to an agreed allowed system overspend.

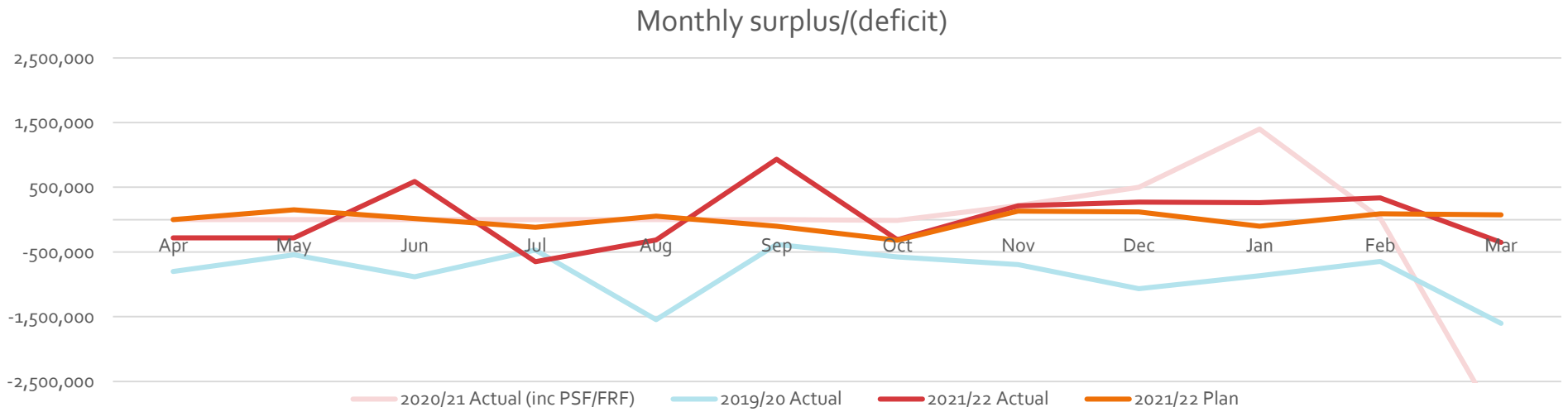
	£'000s				
	Income	Pay	Non Pay	Finance costs, impairment and capital donation	Total
Full year Variance	£8,100	(£4,988)	(£2,636)	(£55)	£422
Full year plan	£107,327	(£60,144)	(£45,974)	(£1,209)	-
Full year actual	£115,428	(£65,131)	(£48,610)	(£1,266)	£421
Month 12	£12,496	(7,667)	(5,266)	£85	(£352)

8. Overall Financial Performance

	Plan	Actual	Variance
	Full year (£'000)		
Operating Income from Patient Care Activities	103,302	109,533	6,231
Other Operating Income (Excluding top up)	4,025	5,895	1,869
Employee Expenses (inc. Agency)	(60,144)	(65,131)	(4,988)
Other operating expenses	(45,974)	(48,610)	(2,636)
Operating Surplus	**1,210**	**1,686**	**477**
Net Finance Costs	(1,244)	(1,408)	(164)
Net surplus/(deficit)	(34)	278	312
Remove impairments of land and buildings	-	361	361
Remove donated asset I&E impact	34	(218)	(252)
Adjusted financial performance	**-**	**421**	**421**
Non recurrent funding	(20,088)	(26,664)	(6,576)
Underlying surplus/(deficit)	**(20,088)**	**(26,423)**	**(6,335)**

8. Overall Financial Performance





9. Income

SUMMARY

Income for the year performed better than plan by £8,100k. The most significant movement in month relates to pension funding. Year to date variance primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Private patient income performed £973k above plan for the full year.

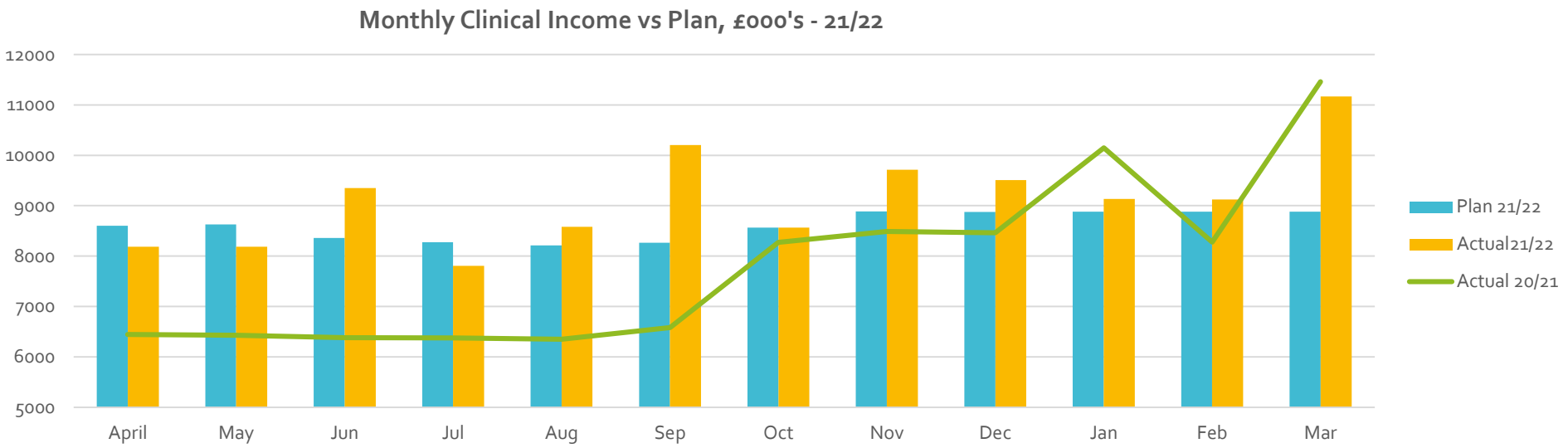
AREAS FOR IMPROVEMENT

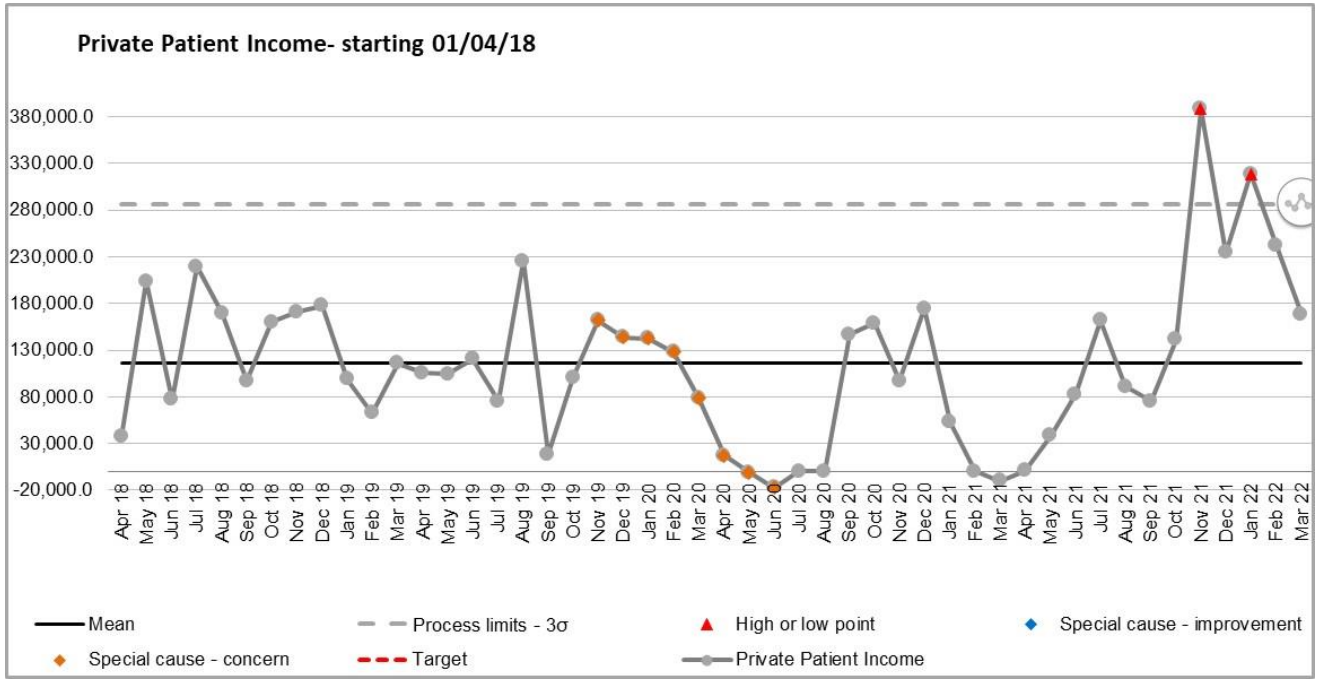
Other income, whilst above plan, was still below 2019/20 levels. This category of income car parking, catering and accommodation.

RISKS / ISSUES

Non recurrent funding has been received in both H1 and H2, generating an underlying financial risk for 2022/23.

9. Income


Monthly Clinical Income vs Plan, £000's - 21/22
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 21/22
Actual21/22
Actual 20/21


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
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Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent against plan year to date by £7.5m, which has been driven by £2.4m additional pension costs and increased activity against original plan.

Overall pay spend is higher than plan with substantive, agency and bank all overspending year to date. Agency spend has remained stable at £504k, although there is an increase in nursing spend and a reduction in medical.

Overall non pay spend is higher in month as a result of the revaluation of the estate, recognition of the expenditure related to donated PPE (again offset with income), a review of balance sheet areas such as prepayments and accruals, and year end stock count adjustments.

AREAS FOR IMPROVEMENT

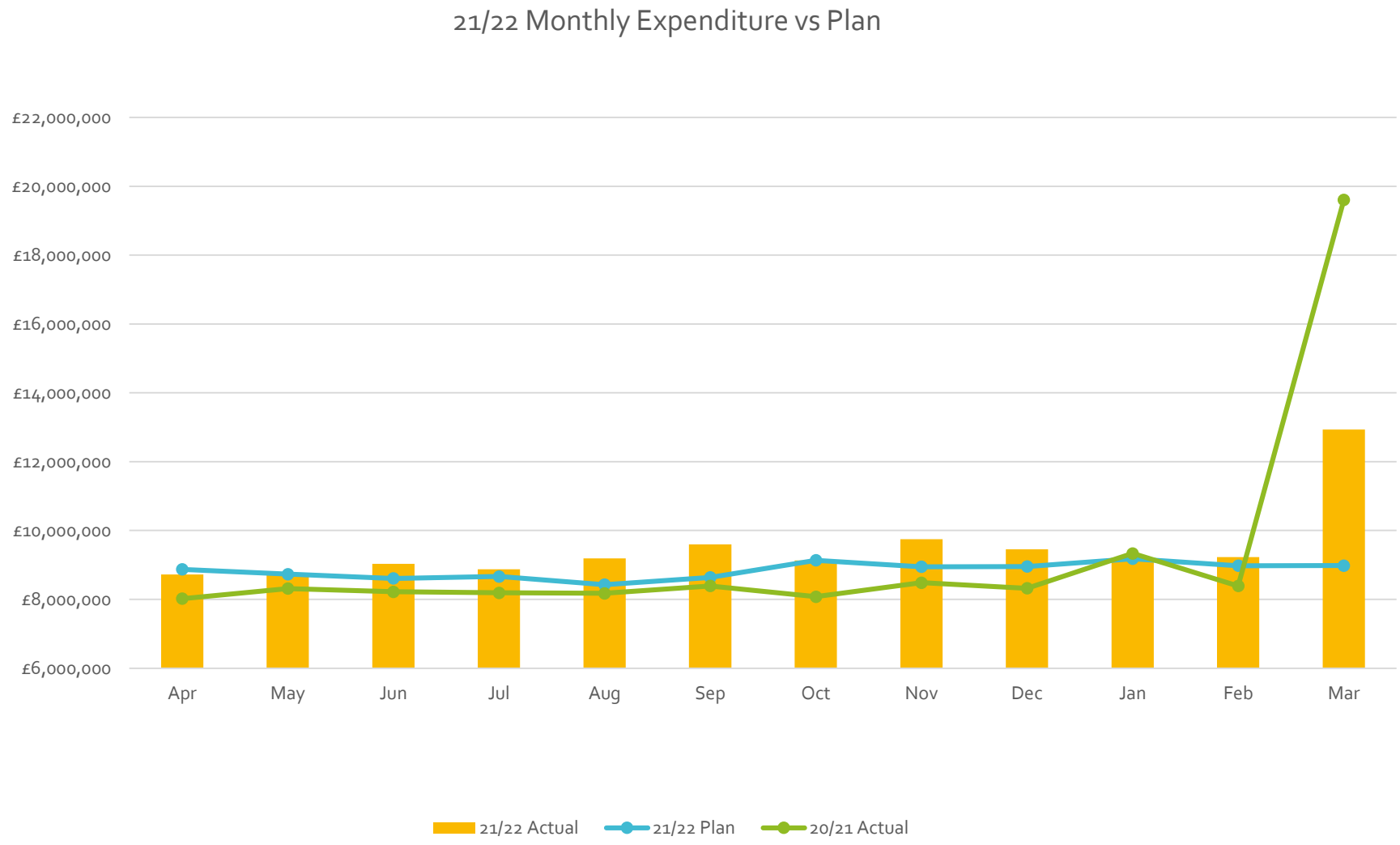
Agency spend is above plan year to date by £594k, and bank spend above plan by £566k year to date.

Agency costs as a percentage of total staff costs year to date has decreased compared to last month at 6.6% compared to 9.1% in February, but remains above plan of 6.1%.

RISKS / ISSUES

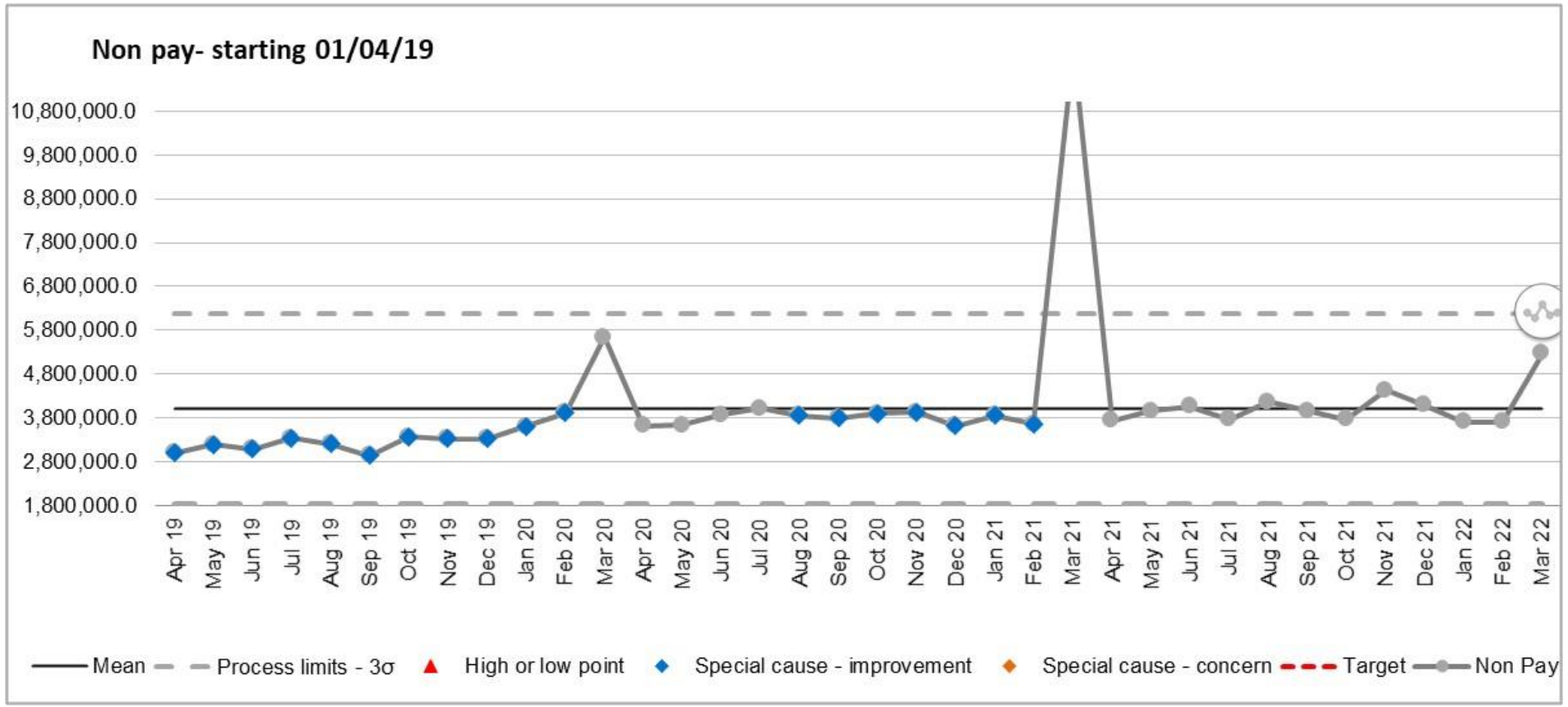
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



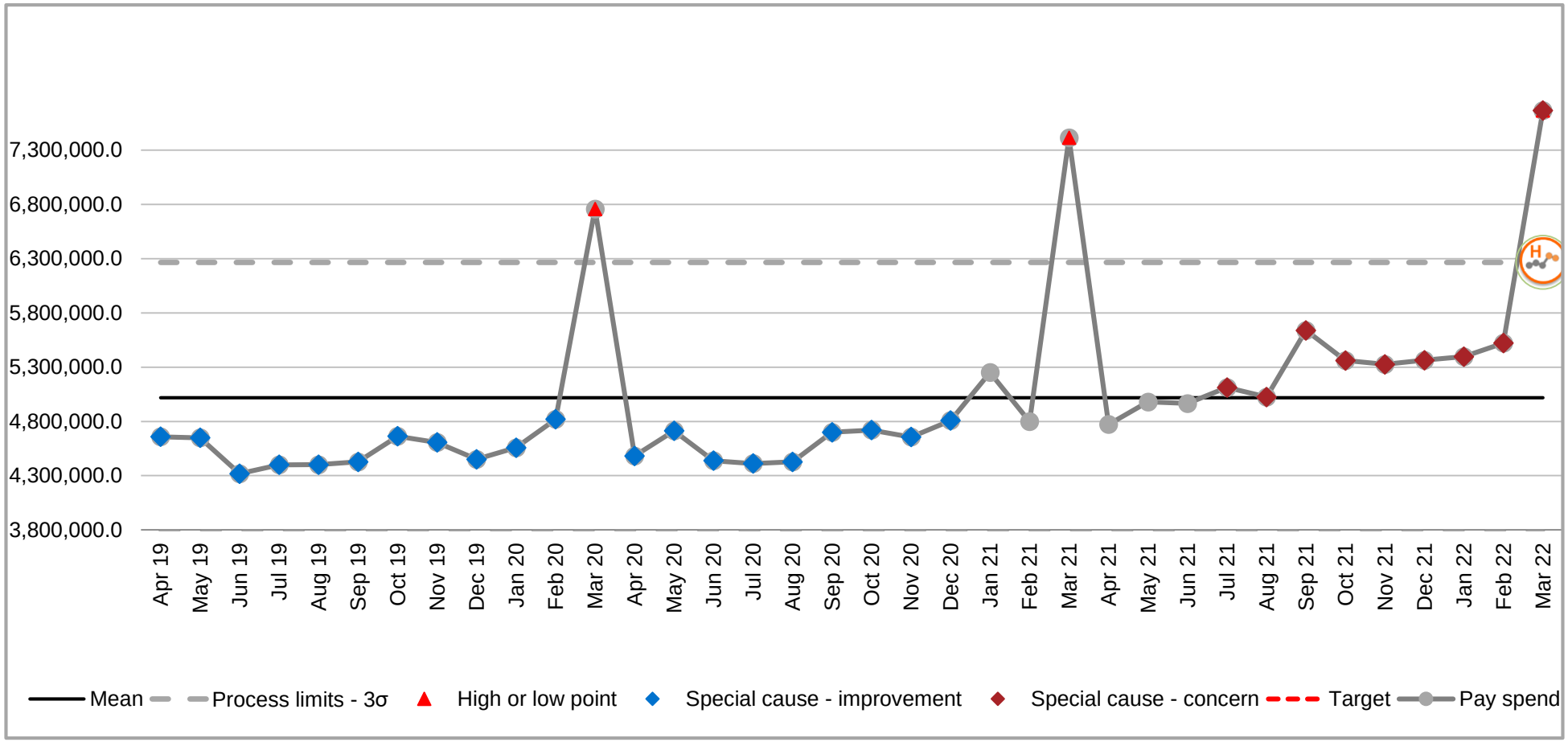
9. Non Pay Expenditure

Non-pay expenditure

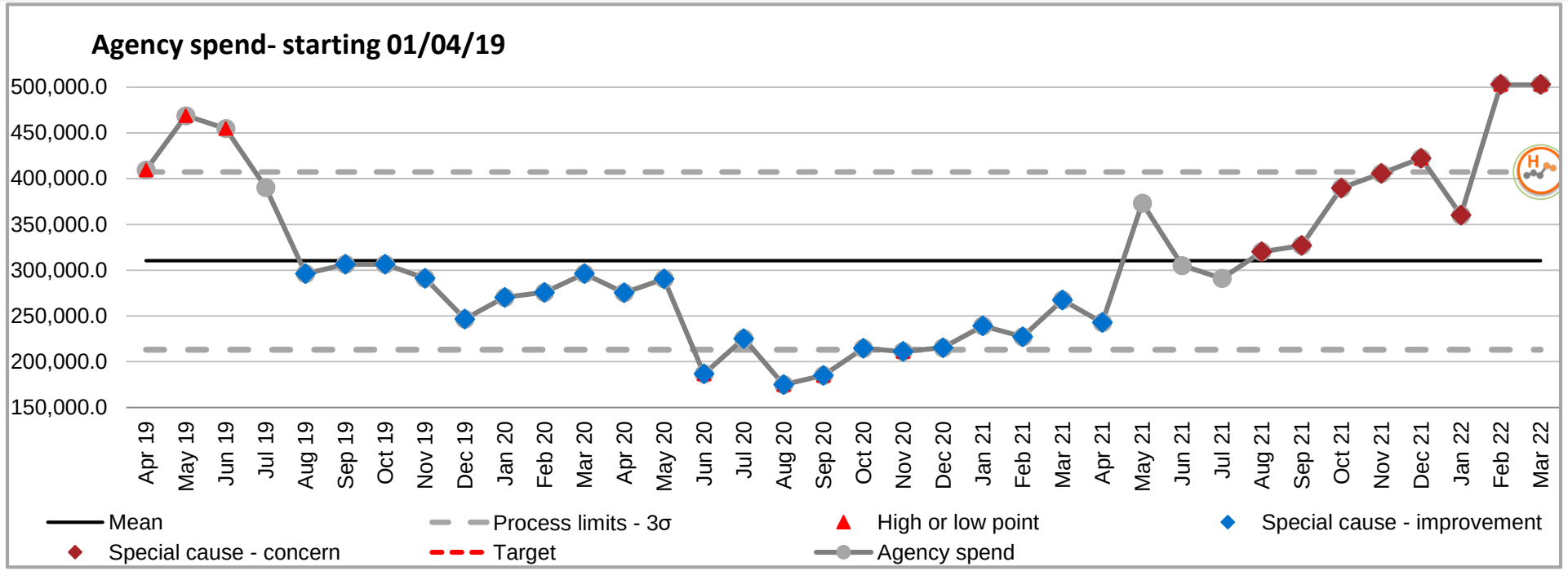


9. Pay Expenditure

Pay expenditure

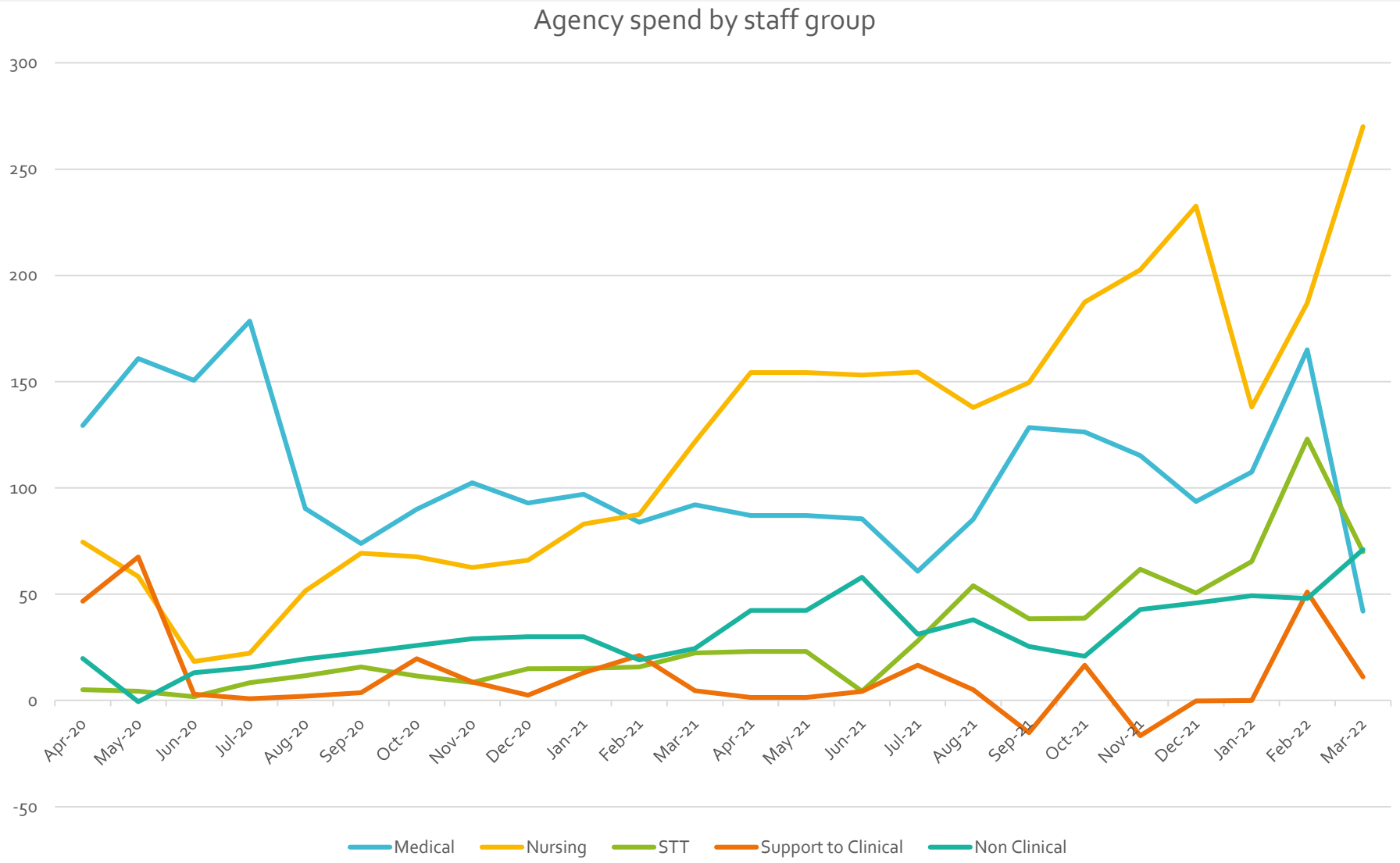


11. Agency Expenditure



	Full year Spend (£'000s)			
	Agency	Bank	Substantive	Total
Medical staff	1,183	777	15,541	17,501
Clinical Staff (exc medical staff)	2,745	3,029	23,847	29,621
Non clinical staff	515	1,575	15,701	17,791
Total	**4,443**	**5,381**	**55,088**	**64,913**

11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Efficiencies totalling £2,197k have been recognised year to date. The most significant scheme delivering savings to date is non pay procurement savings and private patient income above plan.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£264	£103	-£161	
Non pay	£2,119	£1,079	-£1,040	
Income	£203	£1,015	£811	
Grand Total	**£2,586**	**£2,197**	-£389	

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual	Forecast
Private patient service expansion	**4- Execution**	High	£120	£973	
Procurement - Birmingham Hospital Alliance Collaborative	**4- Execution**	Med	£458	£752	
Medical Agency Reduction - Direct Engagement	**5- Review**	Med	£264	£103	
Microsoft 365 Licence review	**5- Review**	High	£0	£96	
DNA Rate Reduction - Outpatients	**5- Review**	Med	£50	£42	
Managed Patient Communications via Synertec	**5- Review**	High	£0	£28	
Pharmacy – drug reviews	**1 - Idea**	n/a	£0	£18	
Employee benefits scheme - VIVUP scheme	**4- Execution**	Med	£0	£2	
Spinal Implant Rationalisation & Modernisation	**3- Planning**	Med	£90	£0	
MSC - Loan kit review	**1 - Idea**	n/a	£0	£0	
Clinical lab rental income	**1 - Idea**	n/a	£0	£0	
Theatre tray rationalisation	**1 - Idea**	n/a	£0	£0	
Consultant pa reduction	**2- Feasibility**	(blank)	£0	£0	
Aston University income	**1 - Idea**	n/a	£0	£0	
Daycase Hip Replacement	**1 - Idea**	n.a	£0	£0	
ADH Standardisation and policy review	**1 - Idea**	n/a	£0	£0	
Daycase Knee Replacement	**4- Execution**	High	£0	£0	
Robotic Process Automation (RPA)	**4- Execution**	Med	£0	£0	

13. Statement of Financial Position

SUMMARY

The cash balance has increased in comparison to the year end, largely due to an expected credit note being received from a supplier.

Inventories has reduced and prepayments have increased (included under trade and other current assets) as a result of the year end stock count and the continued expected transition of inventories to prepayments as the trust stock balance is utilised and replaced by the managed service provider.

	2020/21 M12	2021/22 M12	Movement
	(£'000)		
Intangible Assets	1,255	1,536	281
Tangible Assets	45,798	45,449	-349
Total Non Current Assets	**47,053**	**46,985**	**-68**
Inventories	1,800	360	-1,440
Trade and other current assets	8,492	9,959	1,467
Cash	5,703	11,147	5,444
Total Current Assets	**15,995**	**21,466**	**5,471**
Trade and other payables	-11,396	-13,204	-1,808
Borrowings	-877	-152	725
Provisions	-2,758	-6,584	-3,826
Other Liabilities	-344	-744	-400
Total Current Liabilities	**-15,375**	**-20,684**	**-5,309**
Borrowings	-1,009	-905	104
Provisions	-1,029	-1,029	0
Total Non Current Liabilities	**-2,038**	**-1,934**	**104**
Total Net Assets Employed	**45,635**	**45,832**	**197**
Total Taxpayers' and Others' Equity	**45,635**	**45,832**	**197**

14. ICS financial summary

SUMMARY

Revenue
The system is reporting a £19m surplus for the year.

Capital
The final capital position was a £1.2m underspend, driven mainly by an underspend at BWCH of £1m.

Adjusted financial performance surplus / (deficit)	H1			H2 Year to date			Annual Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	0	20	20	0	1,250	1,250	0	1,270	1,270
B'ham Community Healthcare NHSFT	0	0	0	0	57	57	0	57	57
B'ham Women's and Children's NHSFT	0	393	393	0	5,150	5,150	0	5,543	5,543
Royal Orthopaedic Hospital NHSFT	0	0	0	0	421	421	0	421	421
University Hospitals B'ham NHSFT	0	412	412	0	11,023	11,023	0	11,435	11,435
B'ham and Solihull CCG	0	0	0	0	276	276	0	276	276
System Total	**0**	**826**	**826**	**0**	**18,176**	**18,176**	**0**	**19,002**	**19,002**

15. Workforce

SUMMARY

In March, 85% of staff had completed their mandatory training within the last 12 months which is a slight drop from February. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 15.48% which is the highest it has been since 2018.

The percentage of staff attendance in the month has continued above 94%.

There were 161 agency breaches in March, a increase of 2 compared to 159 in February. The entirety of this was medical usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

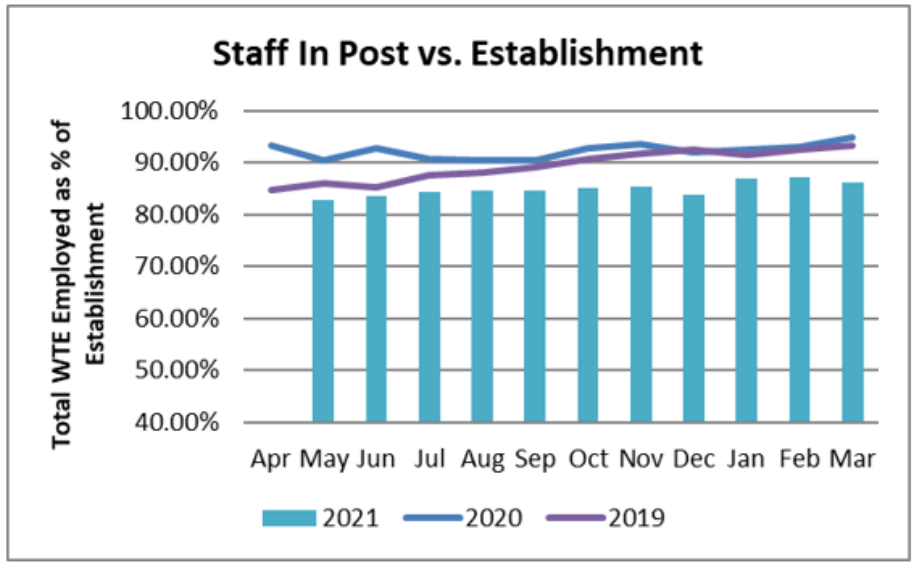
RISKS / ISSUES

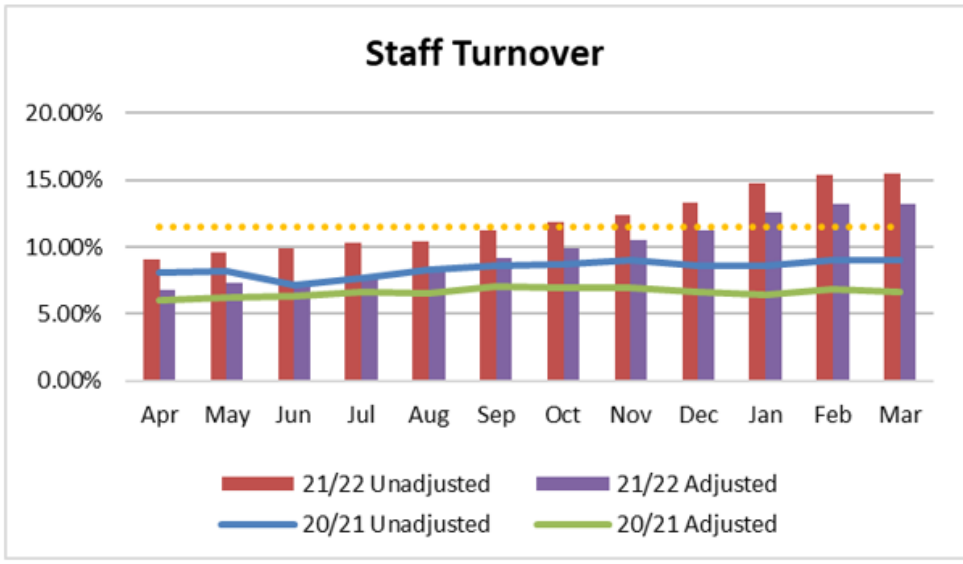
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

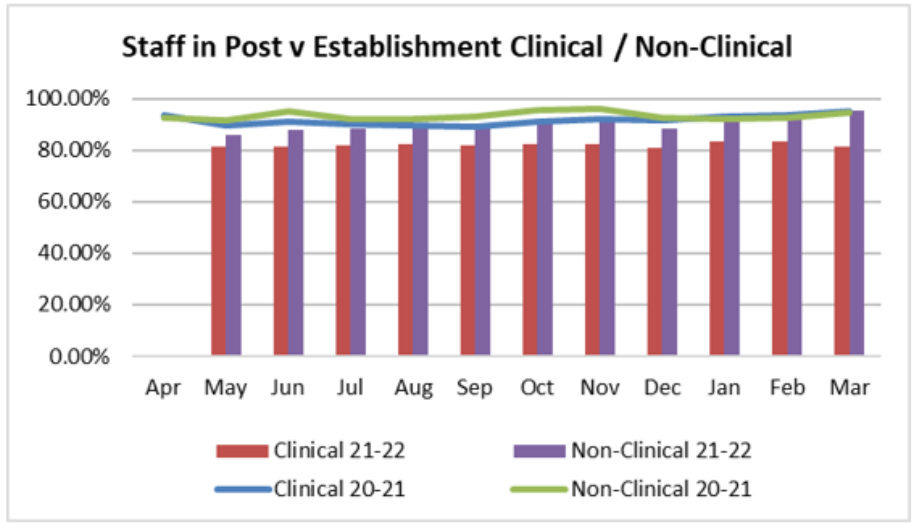
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

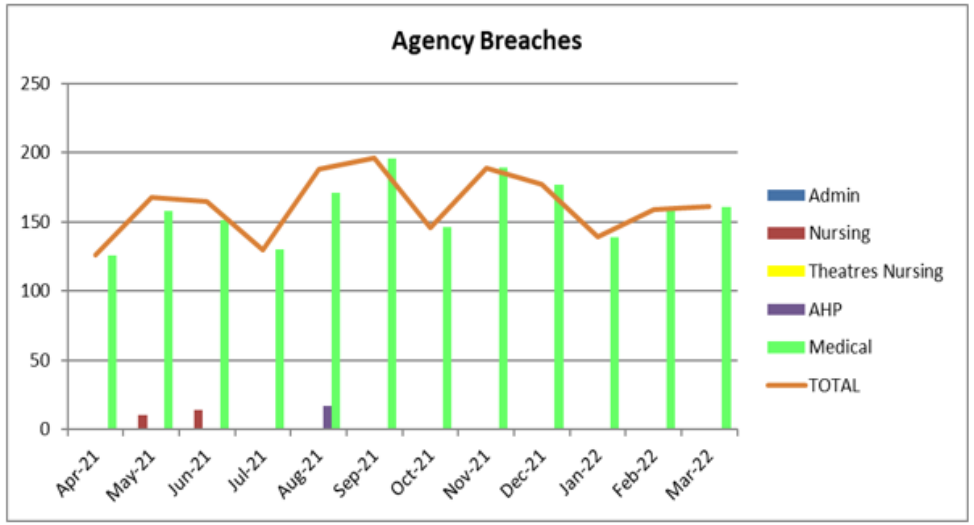
We anticipate that over the next few months, attendance may drop as we come through the spring months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

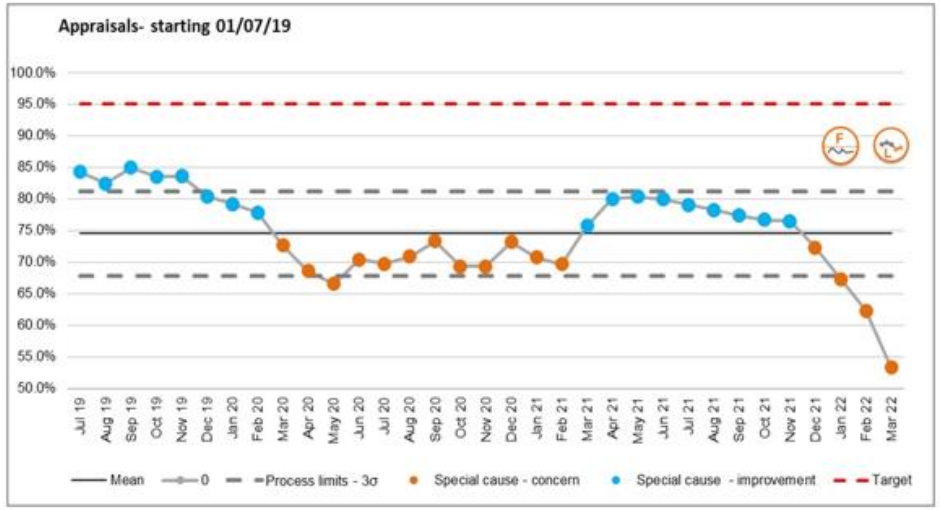


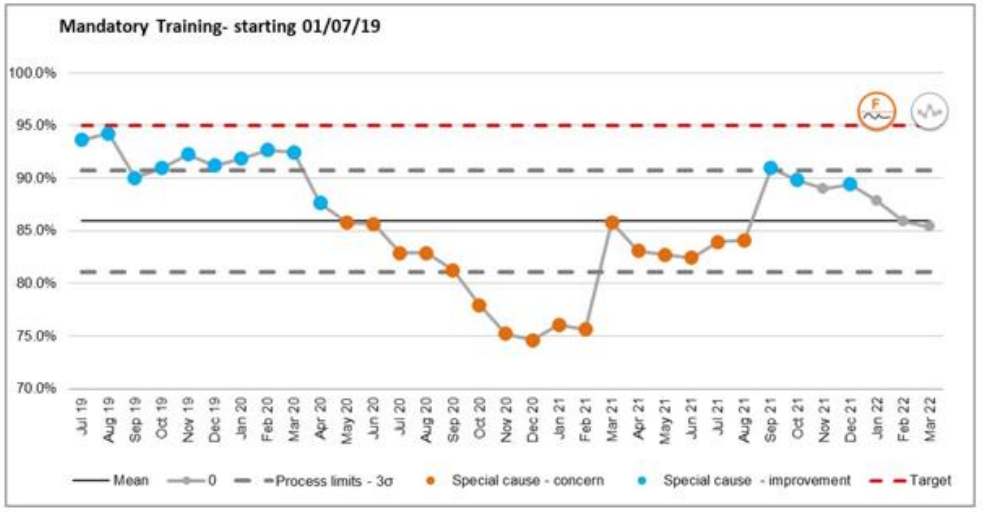


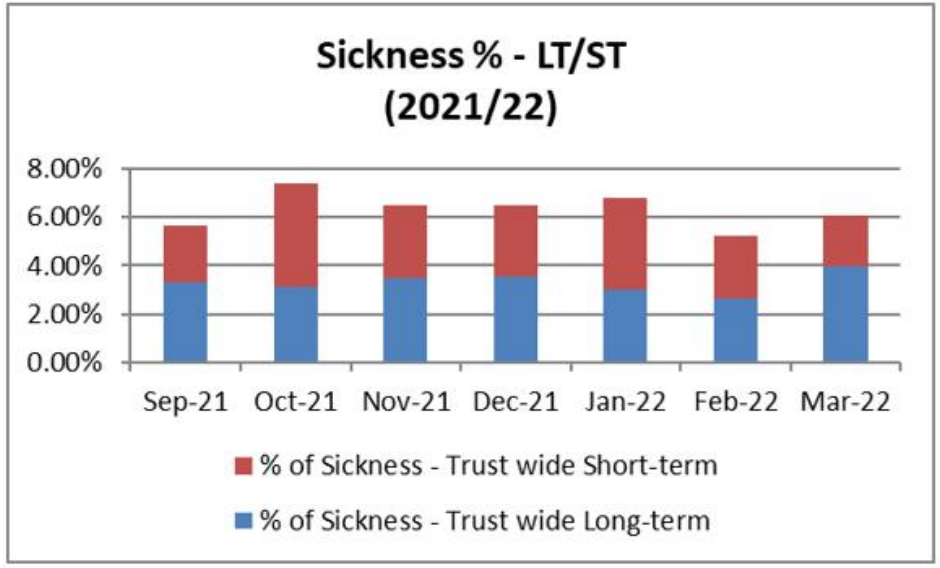


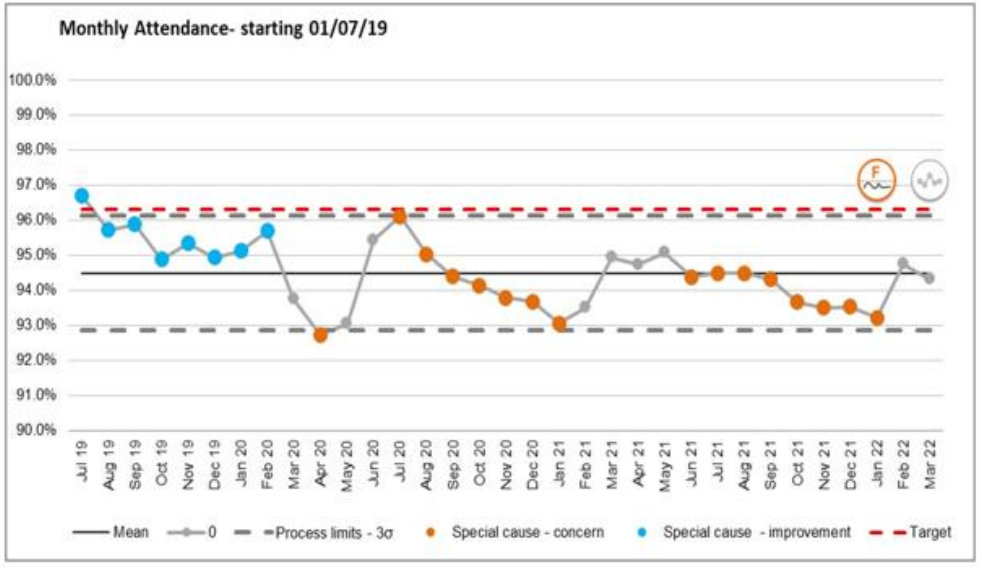


15. Workforce









15. Workforce

Trust Workforce Metrics	Feb-22	Mar-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1244	1239	-5	-	-
Staff In Post - Full Time Equivalent	1103.98	1093.53	-10.44804	-	-
Staf Turnover % - Unadjusted	15.34%	15.48%	0.14%	↕	<=11.5%
Staf Turnover % - Adjusted	13.17%	13.24%	0.07%	↕	<=11.5%
Total WTE Employed as % of Establishment	87.28%	86.15%	-1.13%	↕	>=93%
Total WTE Employed as % of Establishment - Clinical	83.33%	81.13%	-2.20%	↕	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	94.51%	95.40%	0.89%	↕	>=96%
% Of Attendance	94.74%	94.30%	-0.44%	↕	>=96.3%
% Of 12 mth MAA Attendance	94.74%	93.90%	-0.84%	↕	>=96.3%
% Staff received mandatory training last 12 months	85.89%	85.38%	-0.51%	↕	>=93%
% Staff received formal PDR/appraisal last 12 months	62.30%	53.27%	-9.04%	↕	>=95%
% of Sickness - Trust wide Long-term	2.61%	3.96%	1.35%	↕	-
% of Sickness - Trust wide Short-term	2.65%	2.13%	-0.52%	↕	-
Return To Work Completion %	55.61%	38.62%	-16.99%	↕	>=80%

QUALITY REPORT – APRIL 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
4 Moderate harm incidents reporting in March 2022. All 4 of these incident were in relation to infections.	**Nothing specific to highlight – key actions are included in the report**
POSITIVE ASSURANCES TO PROVIDE No Mortality reported No Serious Incidents reported No incident requiring internal RCA reported No hospital acquired VTEs reported **VTE reassessment -** Re-audit was undertaken in January 2021 and was presented at the March 2022 Quality and Safety Committee. The audit revealed high compliance with the VTE prevention policy when electronic and paper records were audited. **Reduction in the number of Falls reported** **Reduction in Category 2 Pressure ulcers in 2021/2022 and no Category 3 Pressure ulcers reported** **Reduction in complaints for 2021/2022**	**DECISIONS MADE** **Nothing specific to highlight – key decisions are included in the report**

Quality Report – April 2022 (March 2022 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	Mar 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308	282	274	300 (↑)		
Serious Incidents	1	0	0	0	1	0	2	1	2	6	0	0	13	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2	0	4	0 (↓)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	0	1	0 (↓)	2	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6	15	5	5	91	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	1	0	0	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	3	8	4	2	3	4	6	4	5	3	3	51	57(Total)
PALS	47	62	68	90	61	39	41	38	39	50	26	61 (↑)		
Compliments	5	5	5	7	3	0	3	6	2	5	3	3		
FFT Score %	97	96	98	98	99	99	99	100	99	98.79	98.11	99.23 (↑)		
FFT Response %	29	33	28	33	41	36	44	43	42	31	58	44 (↓)		
Duty of Candour	10	12	16	20	15	12	12	9	9	9	13	10 (↓)		
Litigation (New)	0	0	1	0	0	0	0	0	0	2	2	2		
Coroners	0	0	0	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	0	1	1	7	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

April 2022 (March 2022 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Chief Nurse
AUTHOR:	Ash Tullett	Head of Clinical Governance

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10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
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14	CAS Alerts
15	Safeguarding
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1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

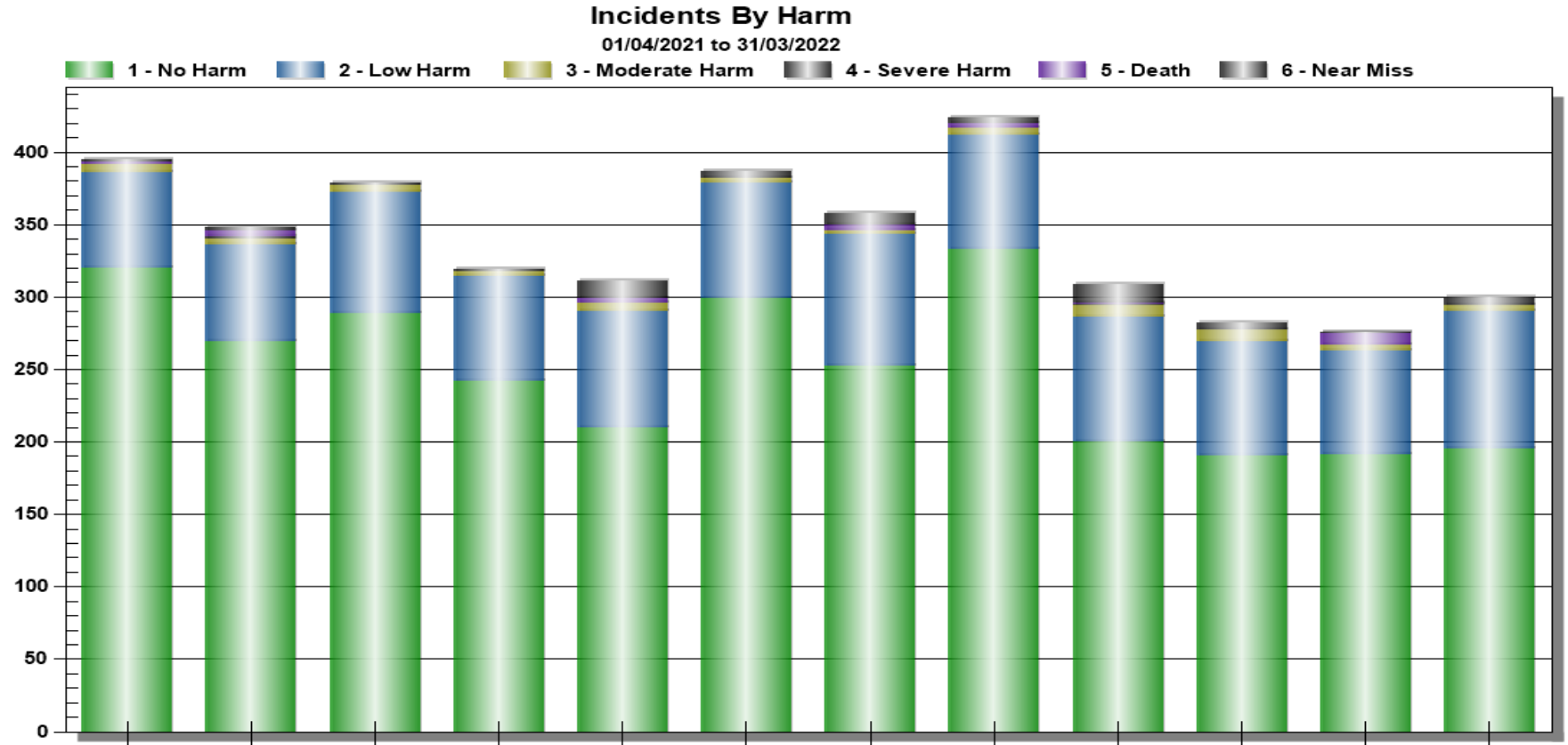
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.

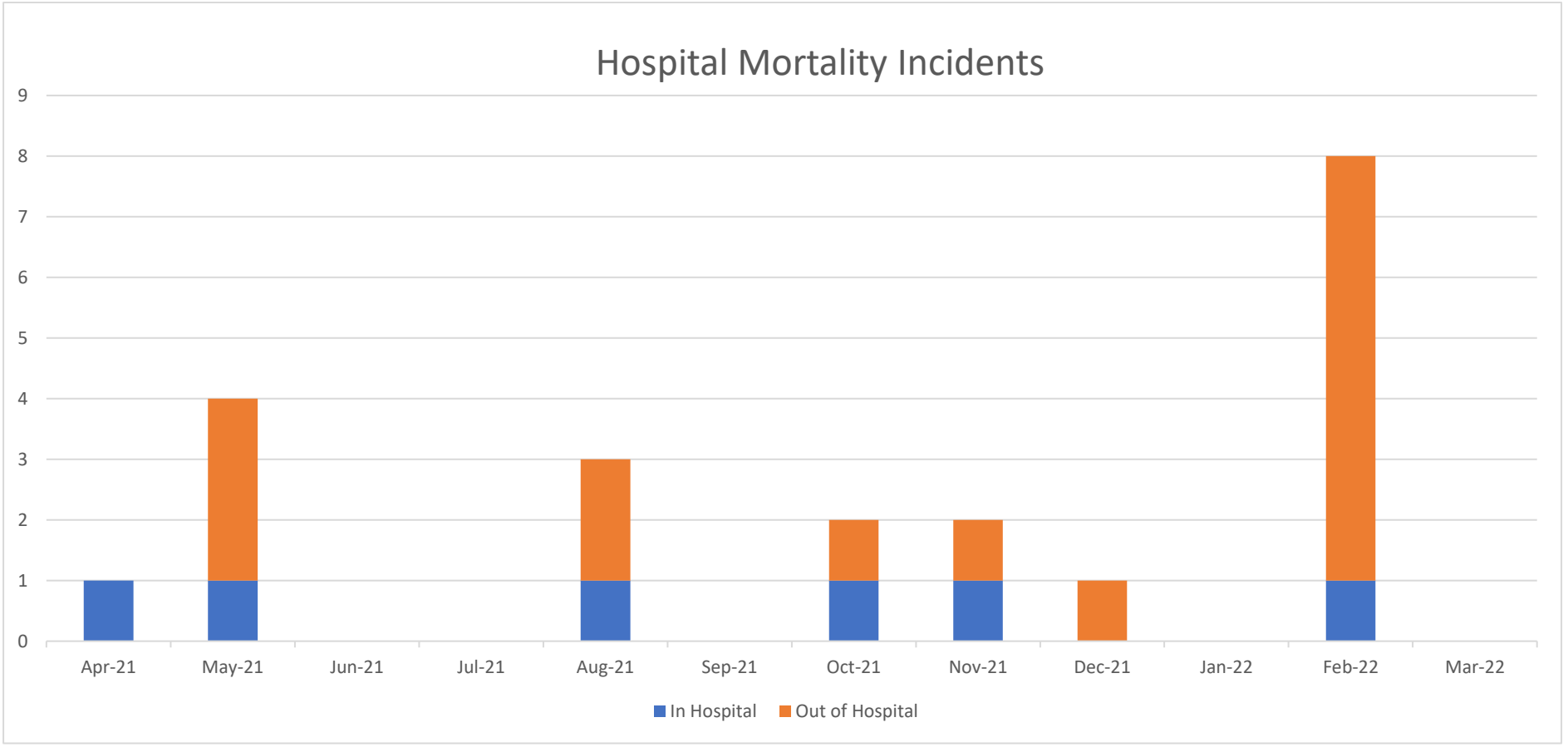


Month and Year	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
1 - No Harm	320	269	289	242	210	299	252	333	200	190	191	195
2 - Low Harm	66	67	83	72	80	80	91	79	86	79	72	95
3 - Moderate Harm	6	4	5	4	6	3	3	5	8	8	4	4
4 - Severe Harm	0	2	0	0	0	0	0	0	1	0	0	0
5 - Death	1	4	0	0	3	0	4	3	1	0	8	0
6 - Near Miss	2	2	2	1	12	5	8	4	13	5	1	6

Data source – Ulysses

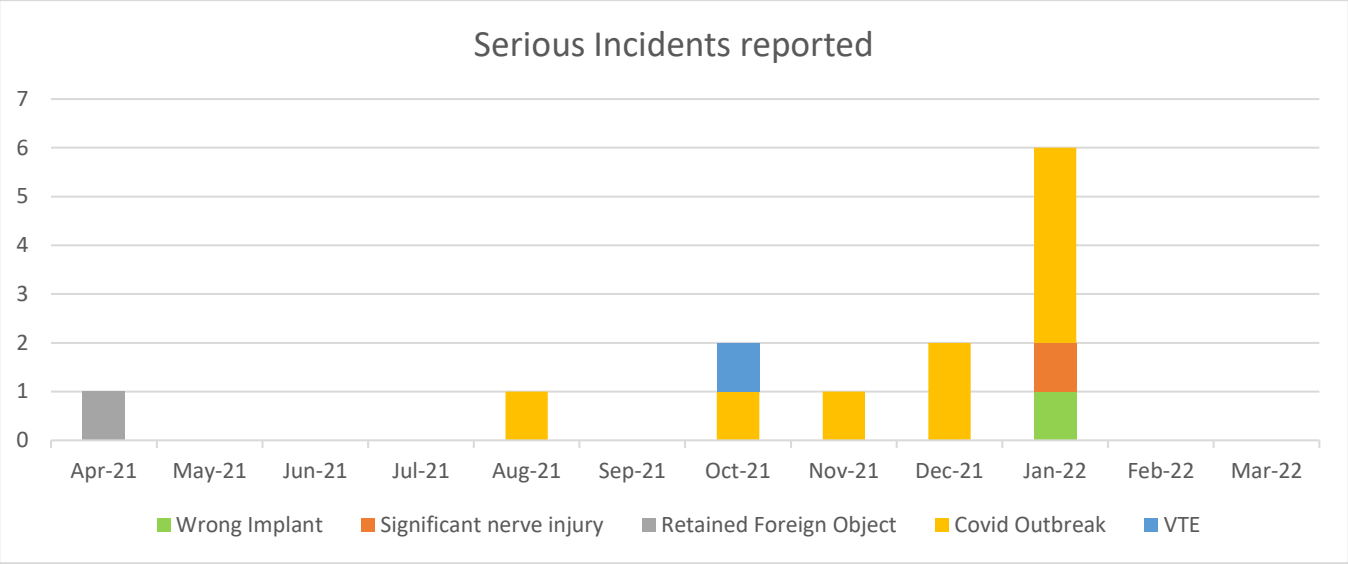
INFORMATION
In the month of March 2022, there were a total of 300 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows; 194 – No Harm 95 - Low Harm 5 - Moderate Harms 0 - Severe Harm 6 – Near Miss 0 – Death **Downgraded Incidents** Currently 0 of the reported harm in the previous Quality report (March 2022) have been downgraded. **Near Miss Incidents** The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process. A report of the last 3 months Near misses will be reported as a separate agenda item at the Quality and Safety Meeting in May 2022. **Patient Contacts** In March 2022, there were a total of 9354 patient contacts. There were 300 incidents reported, which amounts to 3.2 percent of the total patient contacts. Of those 300 reported incidents, 99 incidents resulted in harm which is 1.05 per cent of the total patient contact.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No in hospital or out of hospital deaths were reported in March 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**

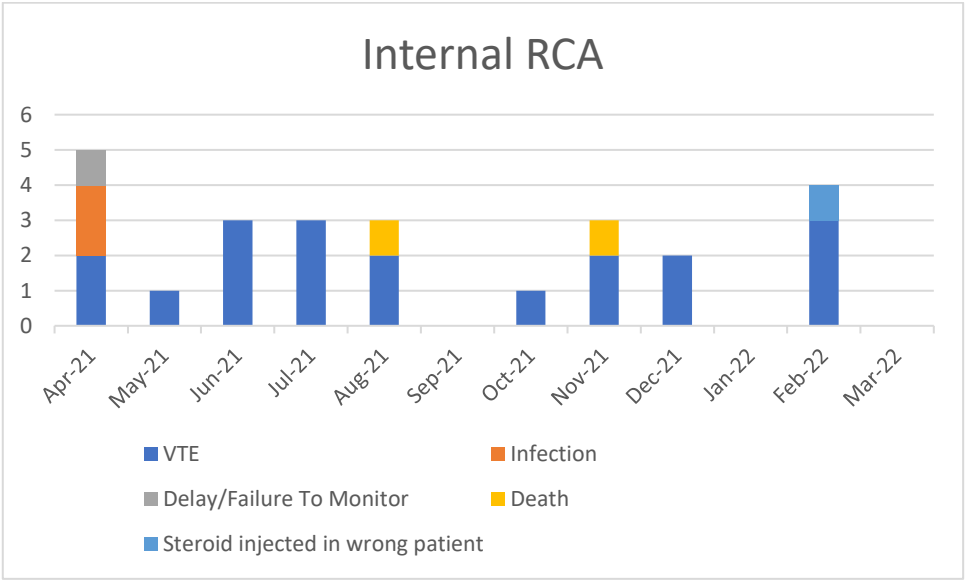


Year Totals	
20/21	11
21/22	13

Data Source – STEIS

INFORMATION
No Serious Incidents reported in March 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

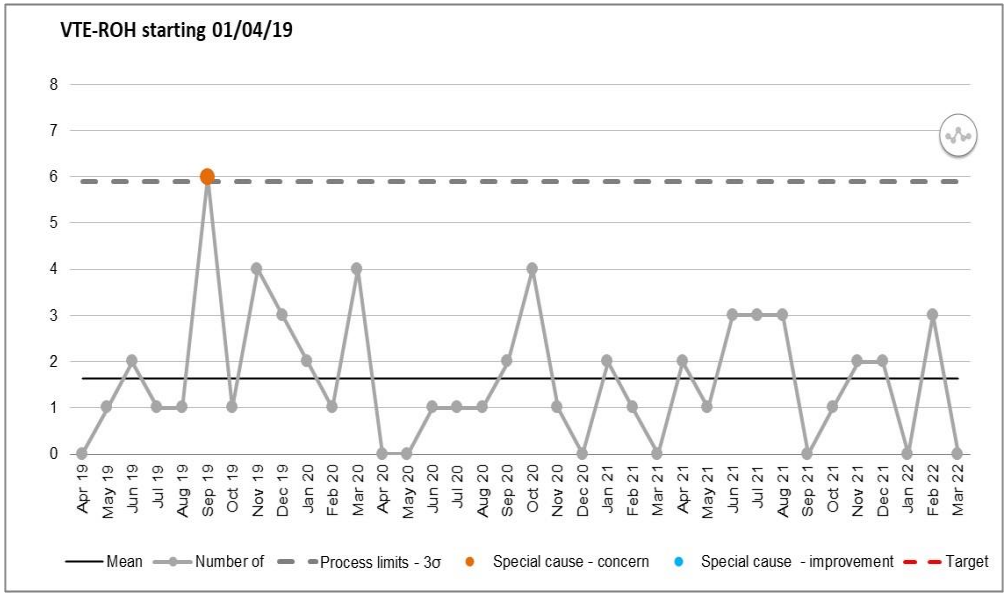
4. **Internal RCAs - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

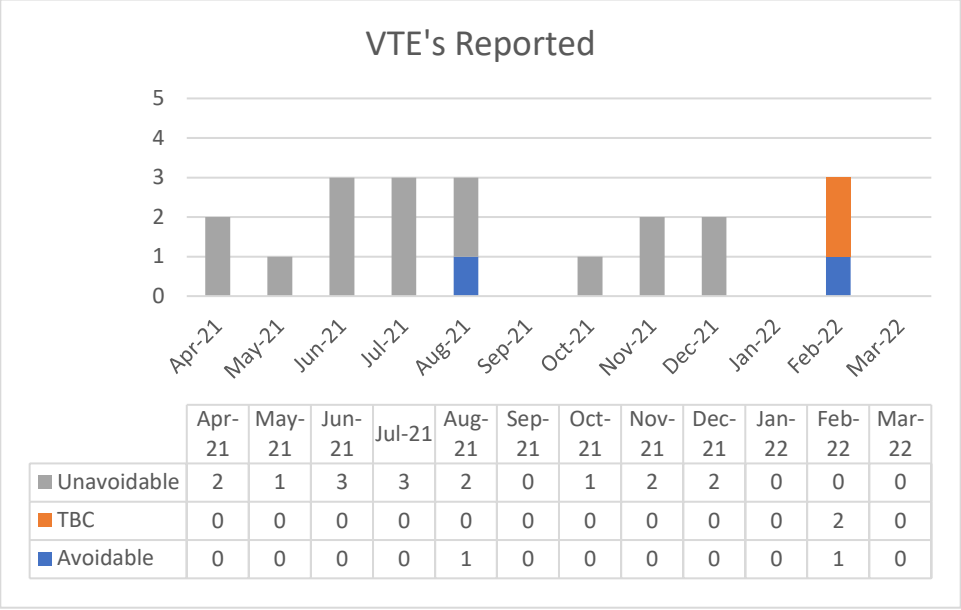


Data Source – Internal RCA tracker

INFORMATION
No incidents reporting in March 2022 will be subject to an internal RCA.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCAs closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	2	2	0	0	0
TBC	0	0	0	0	0	0	0	0	0	0	2	0
Avoidable	0	0	0	0	1	0	0	0	0	0	1	0

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20

INFORMATION

No ROH associated VTE's incidents were reported in March 2022.

On admission assessment

Total possible	943
Total assessed	933
%	98.94%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to: (update is on the agenda for the Quality and Safety Committee in February 2022.

Re-audit was undertaken in January 2021 and was presented at the March 2022 Quality and Safety Committee. The audit revealed high compliance with the VTE prevention policy when electronic and paper records were audited. This is in keeping with the previous audit conducted by the VTE advisory group and presented to the committee. The escalation pathway is to be used to ensure that cases of non-compliance are addressed constructively. The following recommendations were agreed.

1. VTE advisory group to repeat manual audit at regular intervals to ensure safe, well documented practice

2. Escalation pathway for non-compliance

a. Junior staff: VTE advisory group to notify the clinical tutor and clinical lead for mid-level providers who continue to ensure junior staff receive clear advice on induction and feedback for non-compliance. Repeated non-compliance to be escalated to the Medical Director and the Deanery

b. Consultant Staff: Non-compliance with policy to be incident reported through the VTE advisory group. Escalation and feedback all non-compliance to the clinical service lead and Division 1 governance. Repeated non-compliance to be escalated to the Medical Director

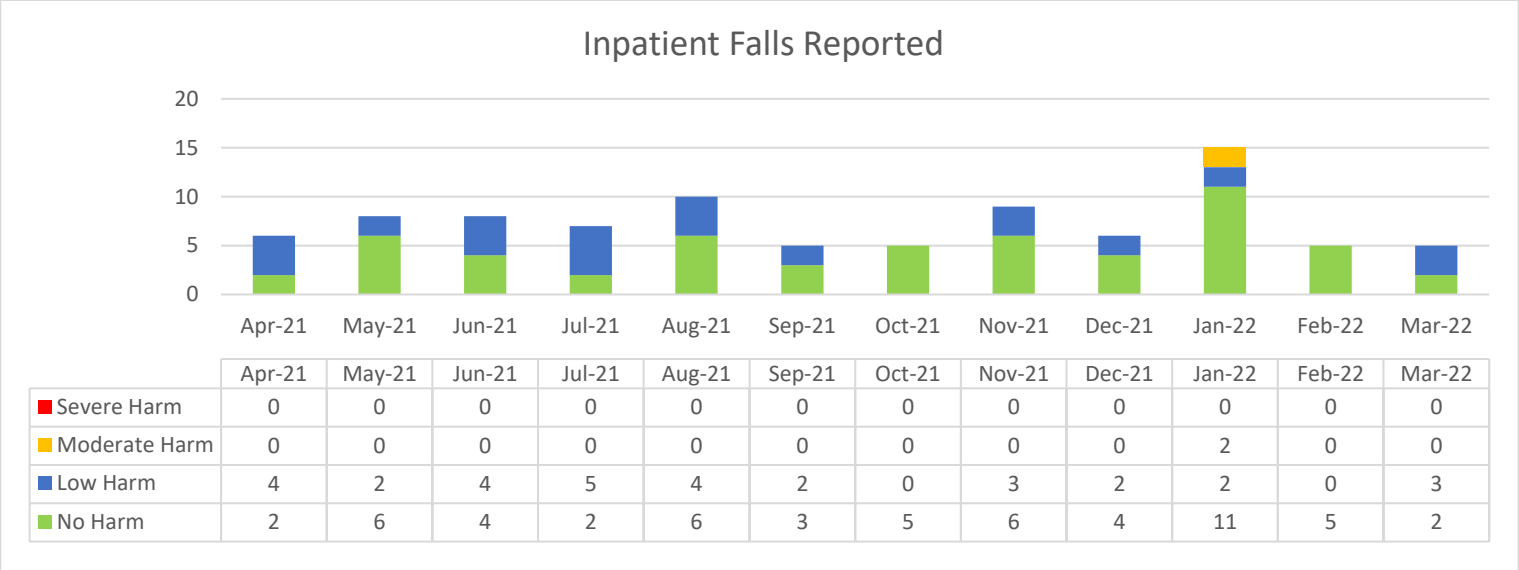
c. Omission of a required VTE assessment should be escalated in real time by any clinical staff who are aware of the omission as part of the normal standard of care. This includes escalation to clinical executives if necessary. There is a clear pathway and failure to do so could jeopardise professional reputations or even registration.

3. VTE advisory group to communicate advice and these changes to all relevant staff through the communications department.

RISKS / ISSUES

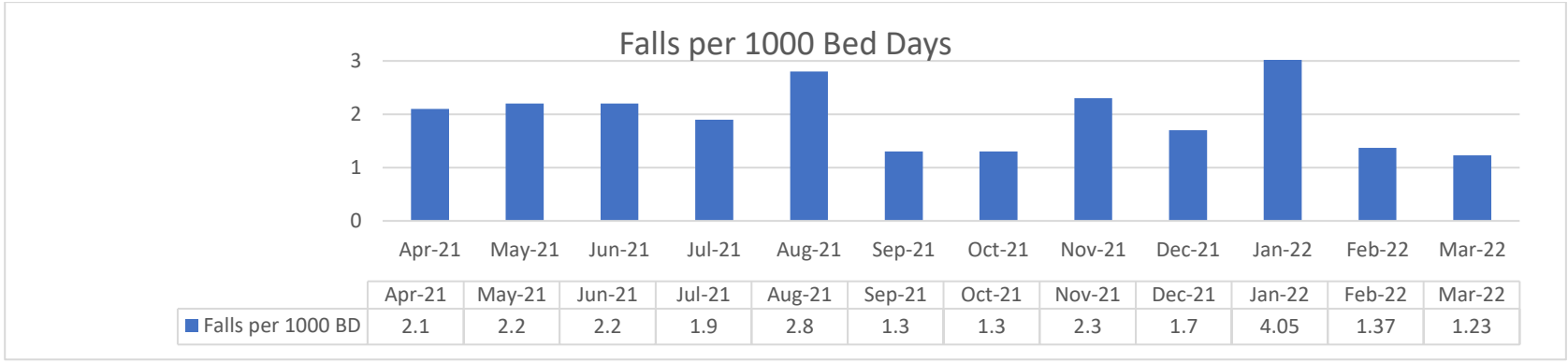
- None

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

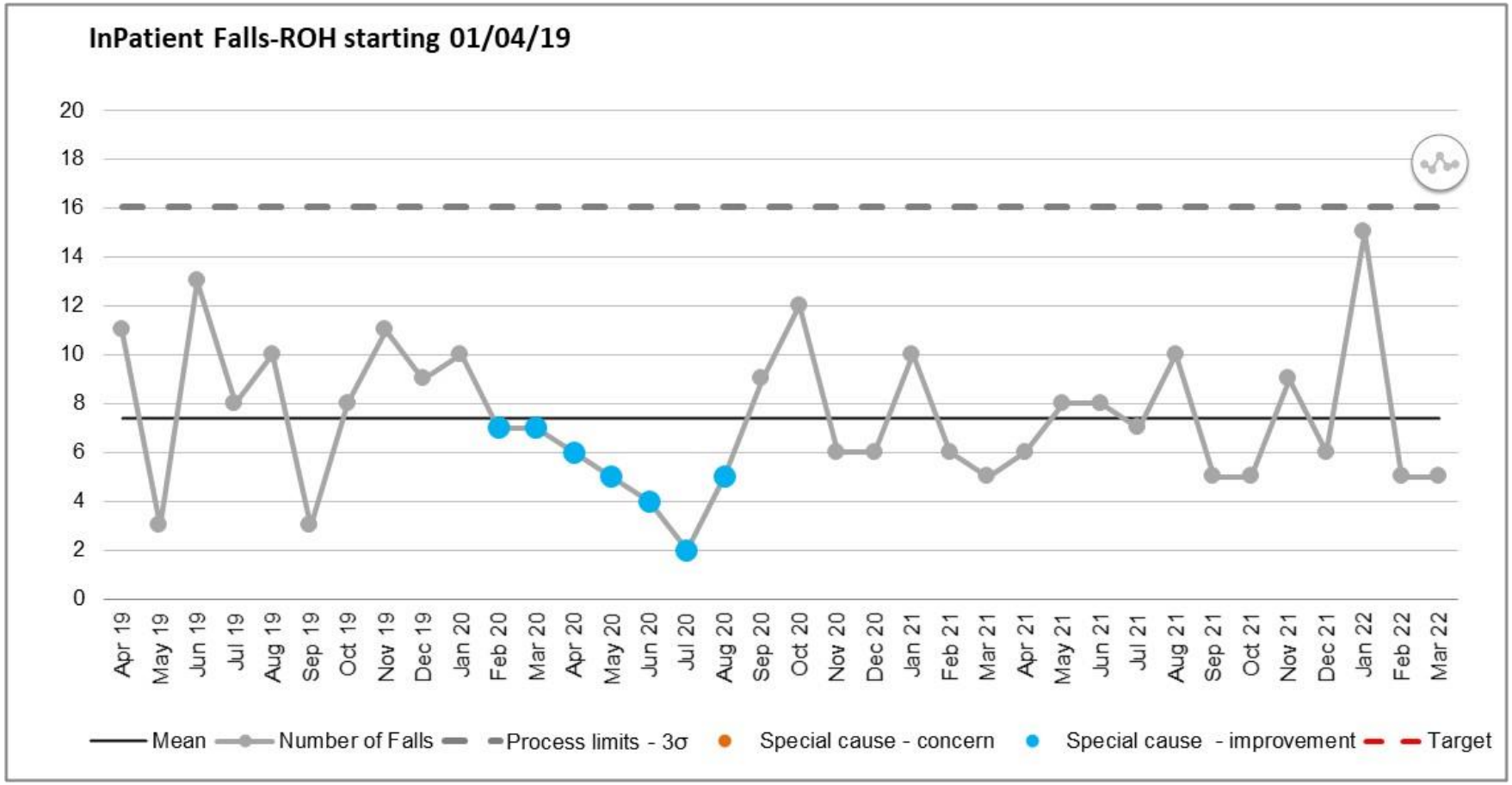


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	0
Moderate Harm	0	0	0	0	0	0	0	0	0	2	0	0
Low Harm	4	2	4	5	4	2	0	3	2	2	0	3
No Harm	2	6	4	2	6	3	5	6	4	11	5	2

Year Totals	
20/21	76
21/22	91



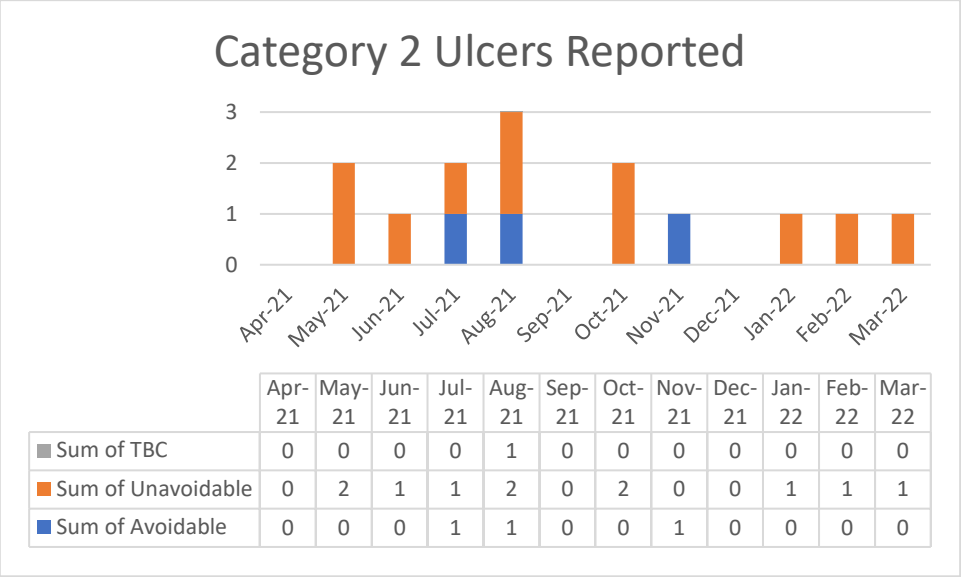
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7	4.05	1.37	1.23



Data Source – Ulysses and Falls Group

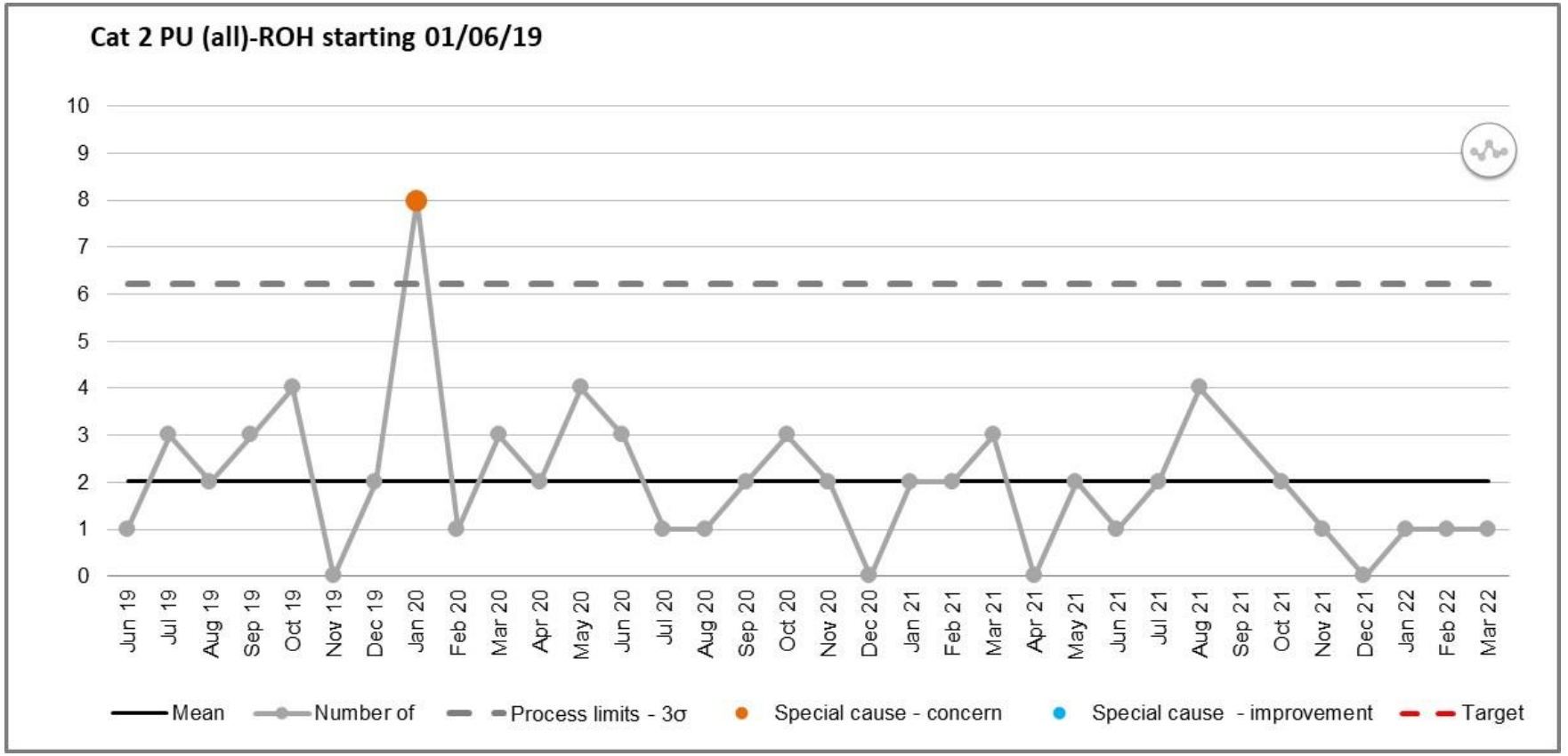
INFORMATION
There were 6 incidents reported across the Trust in March 2022 relating to Falls, note 7 incident forms were submitted but 2 related to the same incident: **5 x In-Patient Incidents.** There is a significant reduction in the number of in-patient falls reported this month. There are also no identifiable trends in falls.
ACTIONS FOR IMPROVEMENTS / LEARNING
Actions • Plan to survey patients regarding views & experiences relating to falls. • Reviewing paperwork for falls risk assessment for injection patients within out-patients
RISKS / ISSUES
None

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	0	0	0	0	0	0
Sum of Unavoidable	0	2	1	1	2	0	2	0	0	1	1	1
Sum of Avoidable	0	0	0	1	1	0	0	1	0	0	0	0

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0



Data Source – Ulysses and TV team

INFORMATION

March 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	1 – No lapses in care identified.
Category – 2 (Device)	0
Category – 1	2 – did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 2 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 - 1 PU admitted with Cat 2 x 4 All from home - did not deteriorate PU admitted with DTIs at least a Cat 3 PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

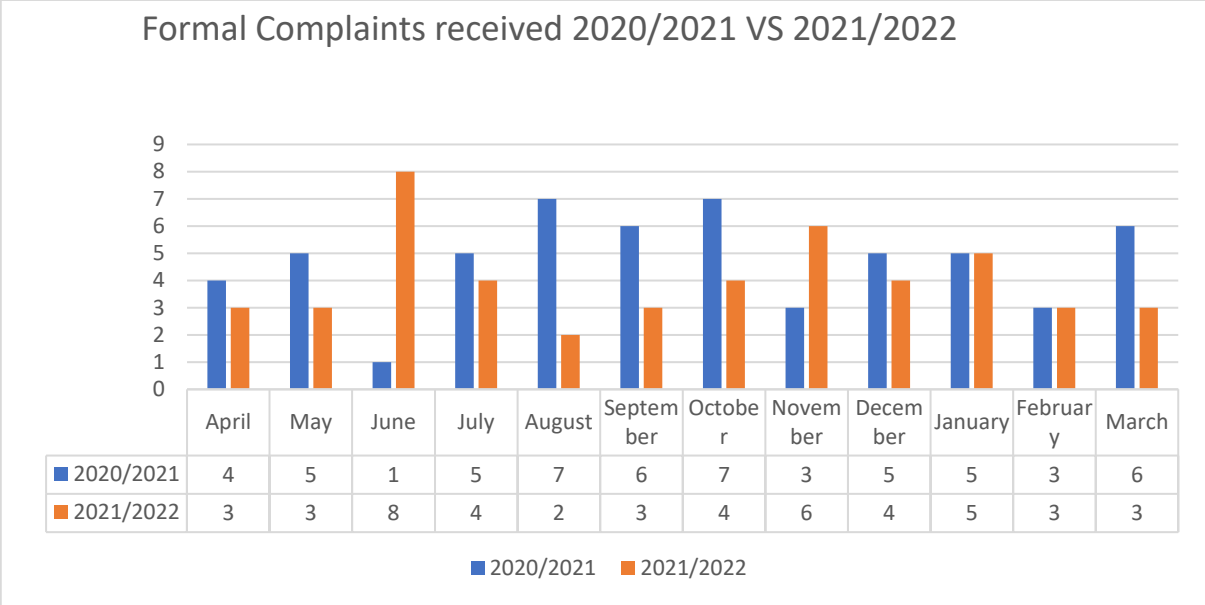
ACTIONS FOR IMPROVEMENTS / LEARNING

- TV workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. TV Lead developing a business plan for another Band 6 for TV team. In the meantime, an internal 6-month secondment Band 6 has been appointed, started 3rd January 2022.
- PU Policy being updated to reflect diversity in skin tones.
- ROH included in BSOL lower limb group. HCP can refer direct to Vascular clinic. This will help prevent previous delays and enable our patients to get expert care regarding healing of their lower limb wounds and delays in surgery.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



	April	May	June	July	August	September	October	November	December	January	February	March
2020/2021	4	5	1	5	7	6	7	3	5	5	3	6
2021/2022	3	3	8	4	2	3	4	6	4	5	3	3

Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	51

INFORMATION

Complaints

- The Trust received 3 formal complaints in March 2022.

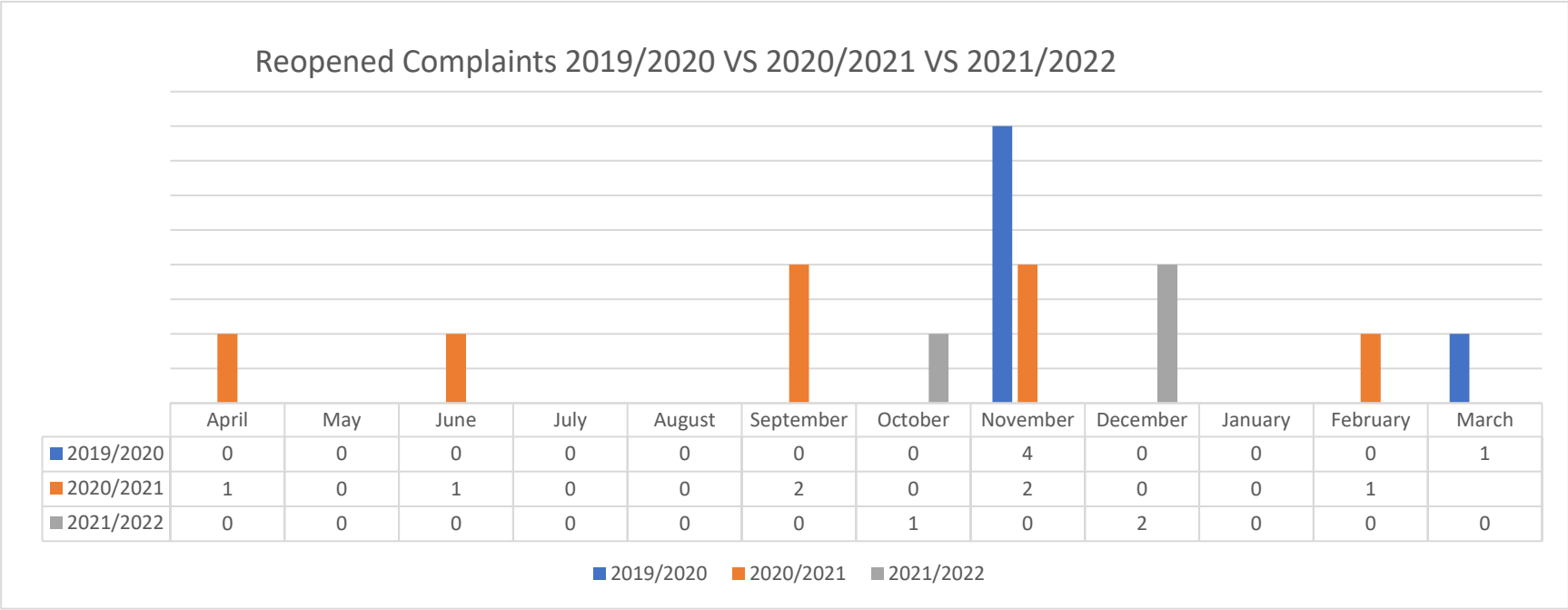
Category Types and Categories of formal complaints

Category Types/Categories	
Appointments	**1**
Booked Incorrectly	1
Discharge	**2**
Discharge Arrangements	2

- In February 2022 the Trust closed 3 Formal complaints within the agreed time frame with the complainant.
- At the time of producing this report (13th April 2022) we have 7 open formal complaints.

Reopened Complaints

- From April 2021 – March 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.
- In March 2022 The trust reopened 0 formal complaints and it closed no reopened complaints



	April	May	June	July	August	September	October	November	December	January	February	March
2019/2020	0	0	0	0	0	0	0	4	0	0	0	1
2020/2021	1	0	1	0	0	2	0	2	0	0	1	
2021/2022	0	0	0	0	0	0	1	0	2	0	0	0

Patient Advice and Liaison service – PALS

In March 2022 the PALS department handled 61 contacts of which 42 were classified as PALS concerns and 13 as PALS enquiries.

- The main themes in the PALS data relate to Clinical Query **(19)** Appointments **(15) Admissions (9)**
- The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases. In March 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPIs for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Admissions	**9**
Admission Arrangements	3
Care Needs Not Adequately Met	1
Waiting For Surgery Date	5
Appointments	**15**
Appointment Cancelled	3
Appointment Rescheduled	2
Availability	1
Booked Incorrectly	1
Confirmation Of Appointment	1
Delay	4
Delay To Be Seen In Hospital	1
Failure To Provide Follow Up	1
Time Not Suitable	1
Clinical Query	**19**
Appointment Not Satisfactory	4
Clinical Treatment	2
Delay In Obtaining Results	3
Delay Or Failure To Diagnose	1
Delays With Treatment	6
Dispute Over Diagnosis/Treatme	1
Incorrect Information In Clinic	1
Operation - Outcome Not As Exp	1

Patient experience KPI from April 2021

Complaints & PALS KPIs were met in March 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100
Feb-22	100	100	100
Mar-22	100	100	100

Compliments

There were 3 compliments recorded on Ulysses for March 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

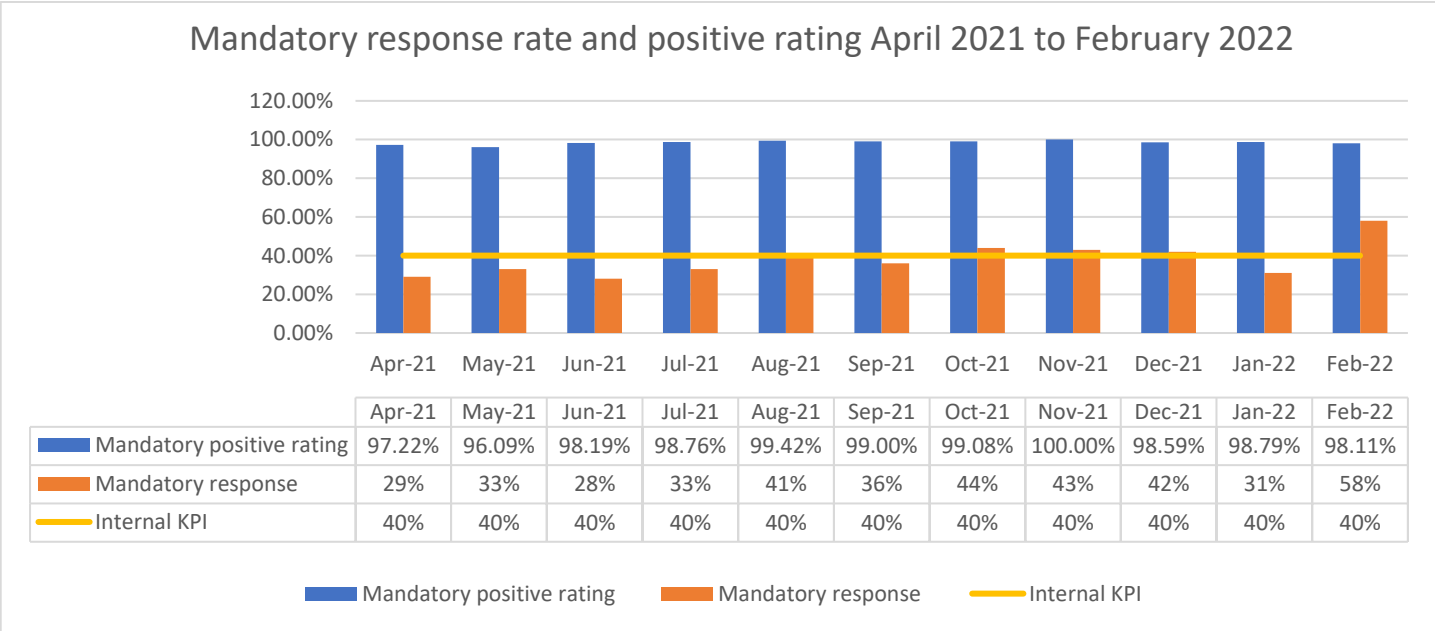
None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• Friends and Family test The Trust had its highest completion rate of 58% within the mandatory areas. • The Smiley Faces feedback system is underway and should be live from April 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in February 2022
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 10 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

<u>New claims</u>

2 new claims against the Trust were received in March 2022.

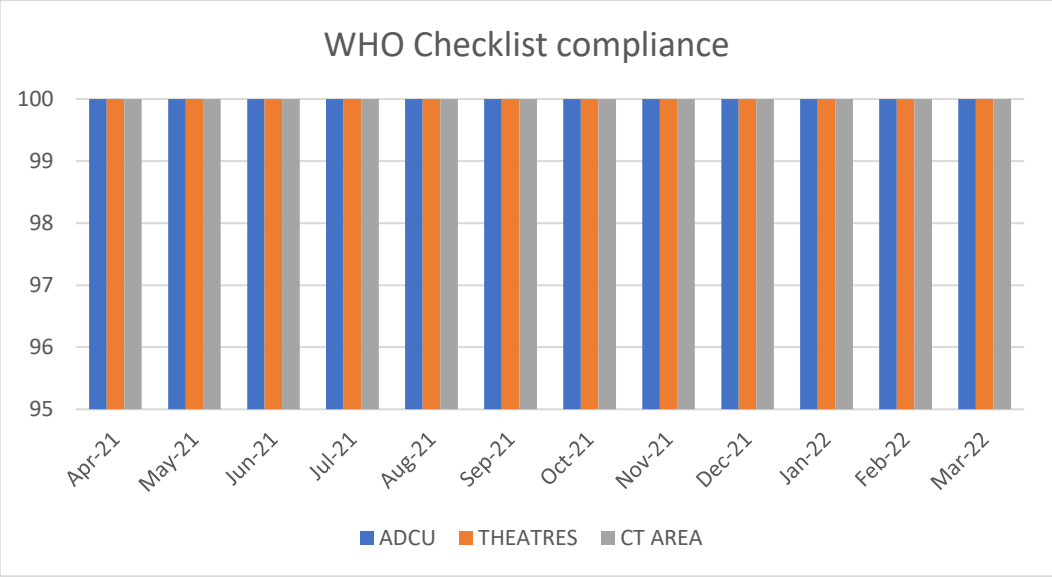
<u>Pre-Application Disclosure</u>

4 new requests for Pre-Application Disclosure of medical records were received in March 2022

<u>Coroner's Inquests</u>

0 Inquests in which the Trust was an 'interested person' were held in March 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 743

The total WHO compliance for Theatres in March 2022= 100%

CT area

Total cases = 88

The total WHO compliance for CT March 2022= 100%

ADCU

The total WHO compliance for ADCU in March 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The new patient safety lead is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

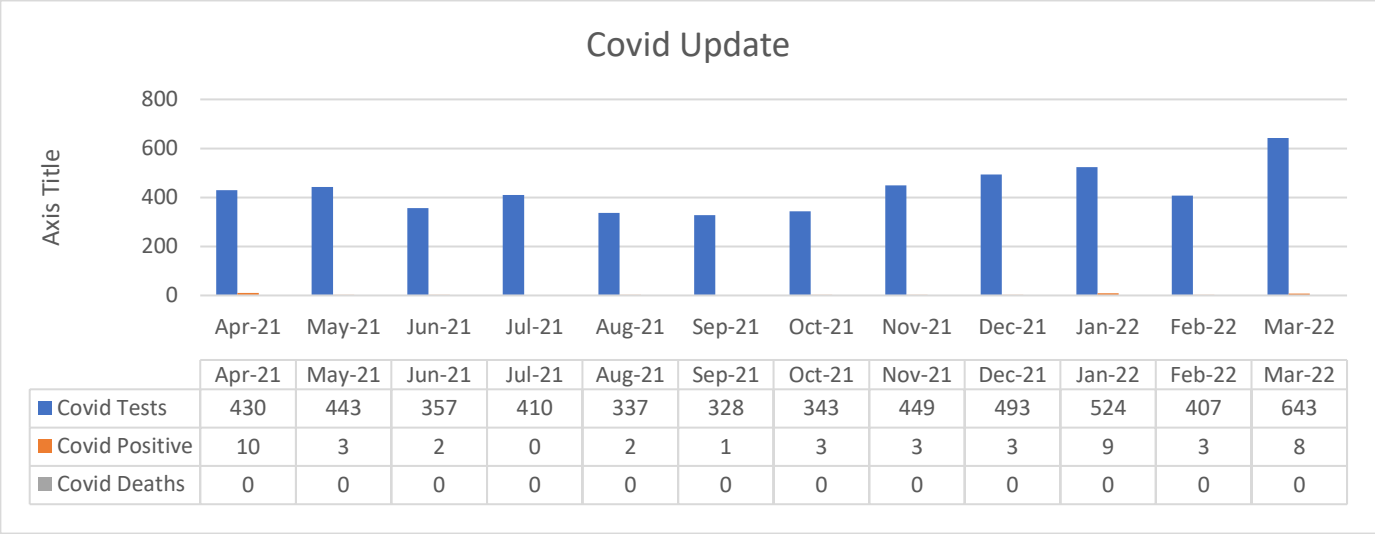
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	March 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	6
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493	524	407	643
Covid Positive	10	3	2	0	2	1	3	3	3	9	3	8
Covid Deaths	0	0	0	0	0	0	0	0	0	0	0	0

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

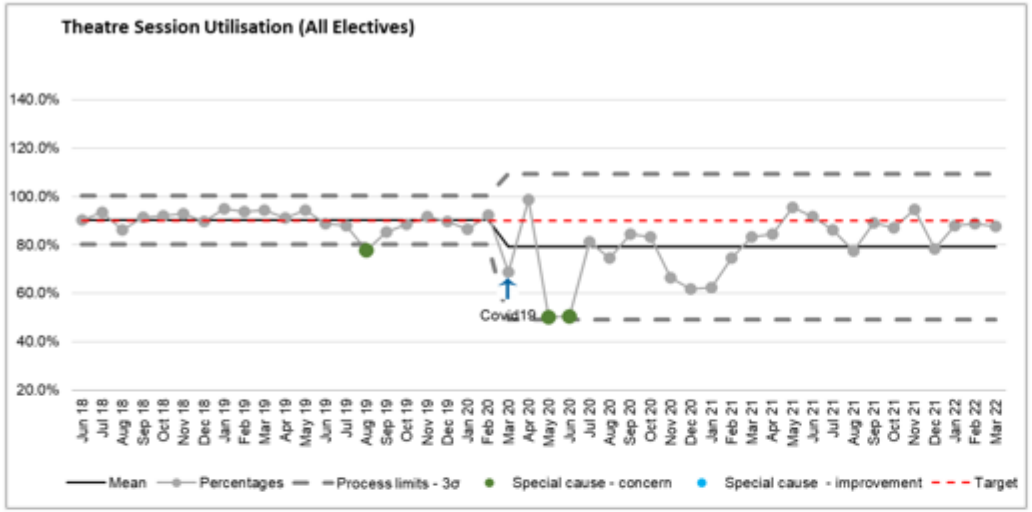
INFORMATION UNAVAILABLE THIS MONTH

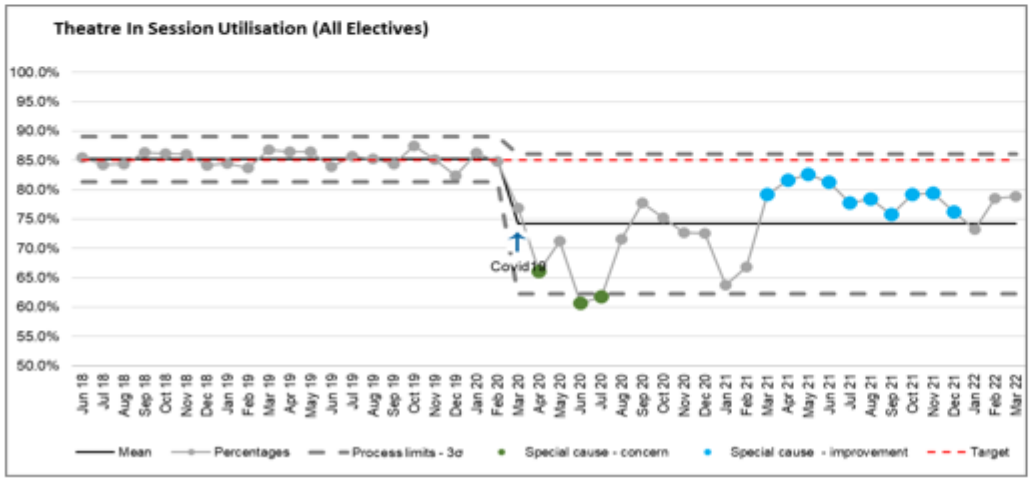
15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb 22	Mar 22
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32	37	32	28
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%	94.39%	94.30%	93.32%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%	85.40%	87.15%	88.73%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%	80%	80%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%	93.98%	93.87%	93.07%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%	86.97	86.93%	88.73%
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%	93.08%	94.15%	93.04%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%	93%	94.15%	92.96%
Prevent	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82	82.12%	90.86%	92.43%
WRAP																	
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8	11	8	8
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2	2	0	5
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations

INFORMATION





Elective Session Utilisation (March 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	464	414	50	89.22%
UHB	138	113	25	81.88%
Totals	602	527	75	**87.54%**

Elective In Session Utilisation (March 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1840	1462	378	79.47%
UHB	510	391	119	76.68%
Totals	2349	1853	497	**78.86%**

Overall theatre utilisation improved in March and was within target at 87.54%. Total In Session utilisation was 78.86% a slight increase on the previous month (78.49%) but below the required 85% minimum utilisation target.

March saw a significant impact on both list and in session utilisation as a direct result of staff, including consultants being affected by Covid/sickness, which at its peak resulted in 9 Consultants being unavailable. This is an area that is being closely monitored as Covid rates continue to remain high in early April. Where possible, patients are either transferred to other lists on the day, other Consultants stepping in where possible or patients being re-dated as soon as possible.

Any cancellations that took place as a result of staff absences followed a consistent operational procedure, ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected.

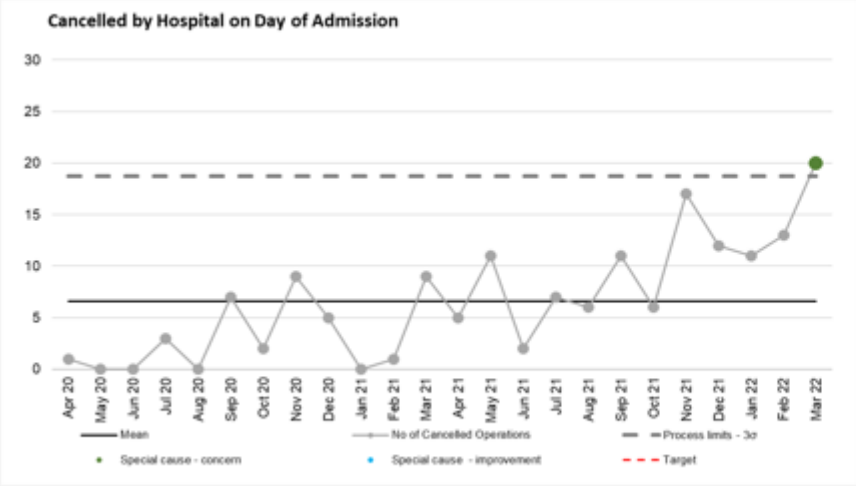
ACTIONS FOR IMPROVEMENTS / LEARNING

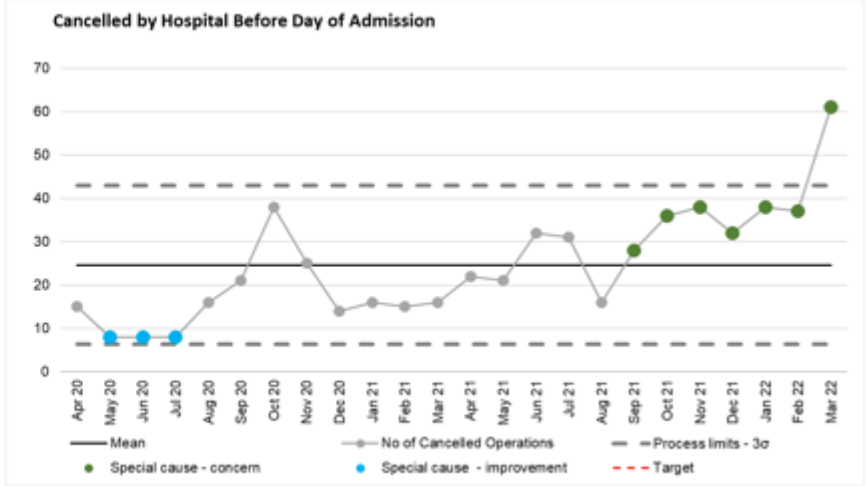
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

RISKS / ISSUES

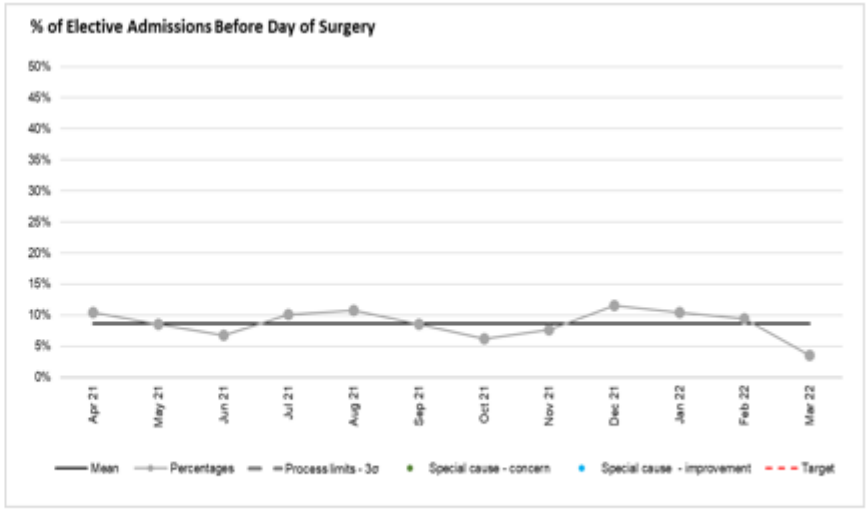
Ongoing risks remaining with staff absence due to Covid/sickness or patients either being medically unfit/deferred. Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of nursing to give appropriate support and focus in this area.

INFORMATION





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
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	1
Total	130	305	408	843	1



The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 20 patients cancelled on the day in March with reasons detailed as follows:

11 x availability of staff due to sickness
6 x patients covid + / medically deferred
2 x admin errors (Not cancellations on validation)
1 x treatment deferred to following day

There were 28 patients admitted but where treatment was deferred, with reasons broken down as follows:

12 x Medically unfit / Clinical change in condition,
9 x availability of staff due to sickness
4 x lack of theatre time/beds
2 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x admins error pt admitted previous day

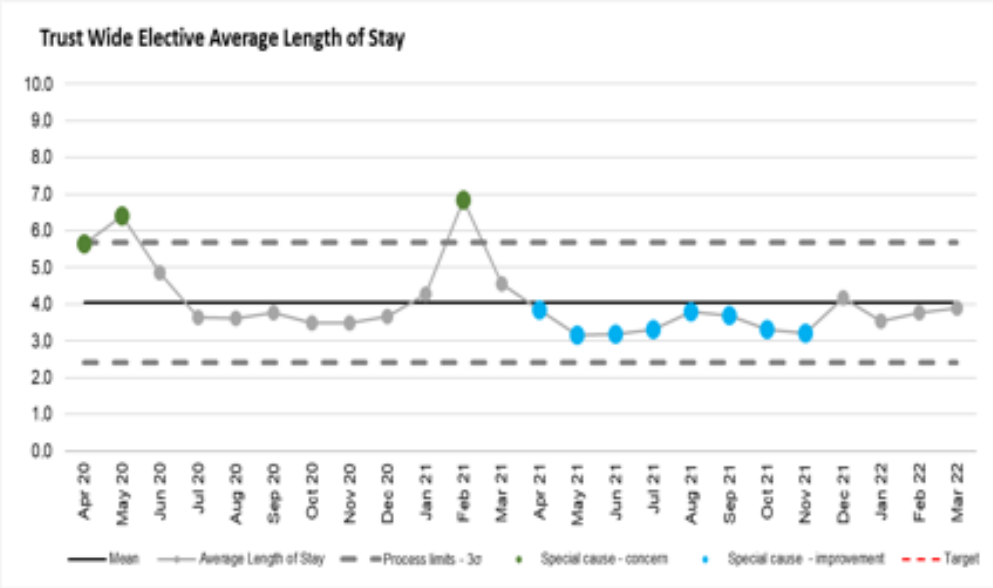
There were 61 patients cancelled by the hospital prior to date of admission.
30 x availability of staff due to sickness
27 x patients Covid + / medically deferred
3 x changes in TC date
1 x patient DNA appointments

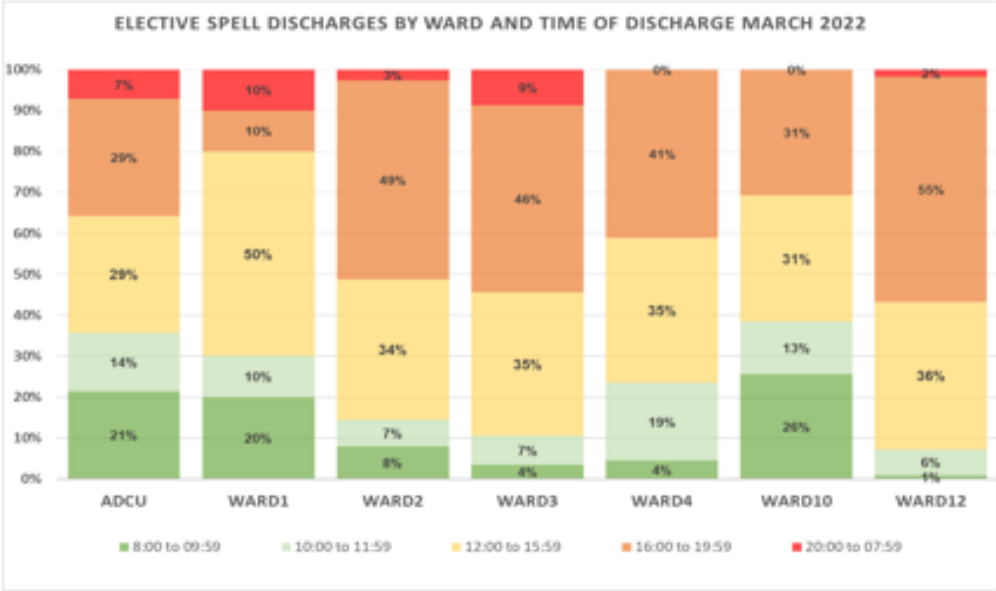
12 patients were admitted prior to their day of surgery with the majority under oncology and this was due to the patients living long distance and/or patients requiring clinical intervention ahead of surgery e.g blood transfusions etc.

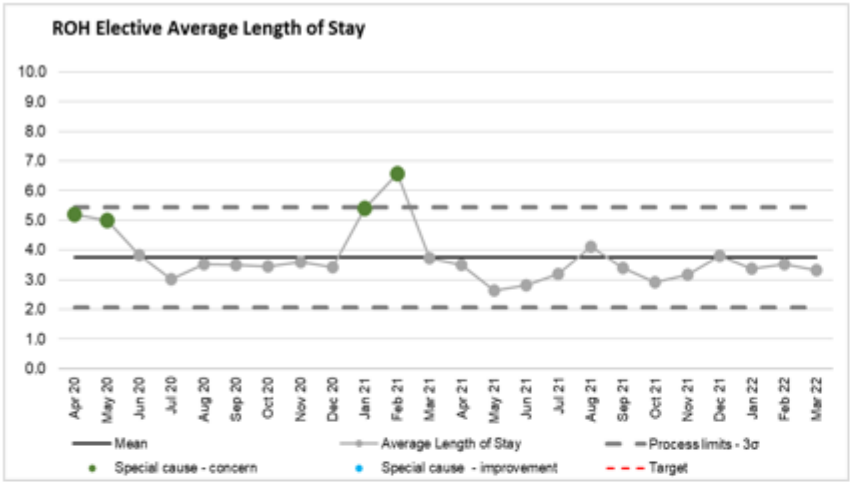
ACTIONS FOR IMPROVEMENTS / LEARNING
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.
RISKS / ISSUES
Impact of the continuation in high Covid rates impacting on both patients and staff

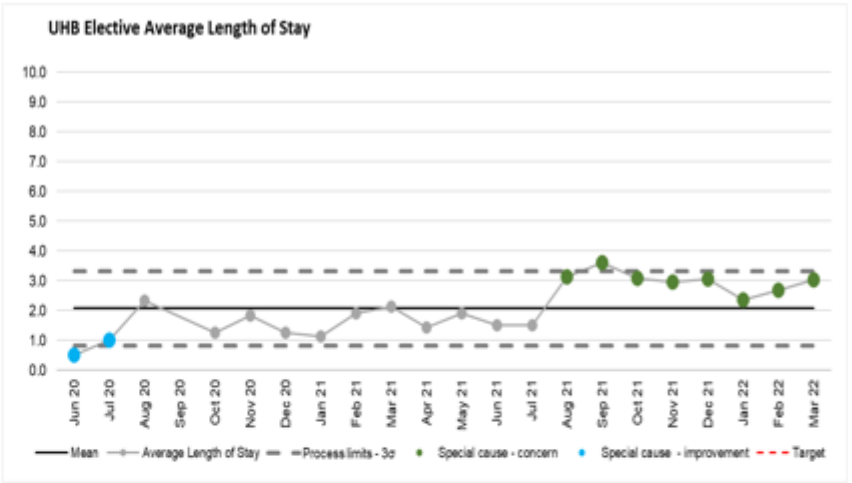
17. Length of Stay

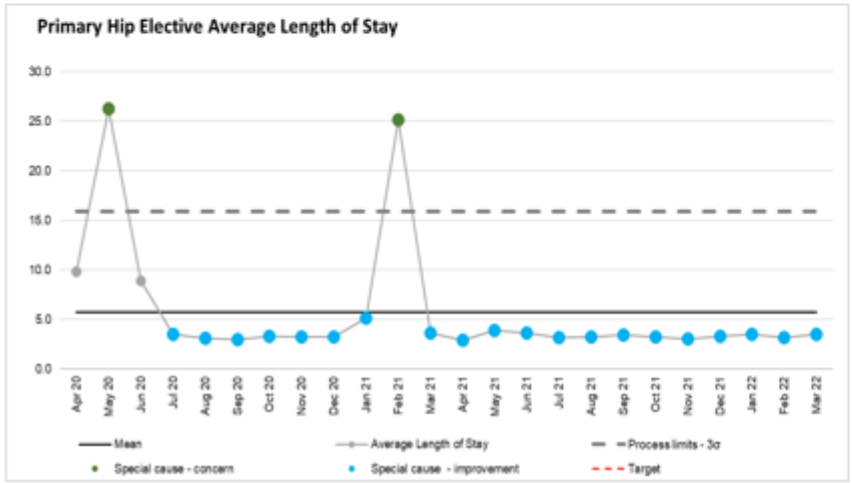
INFORMATION

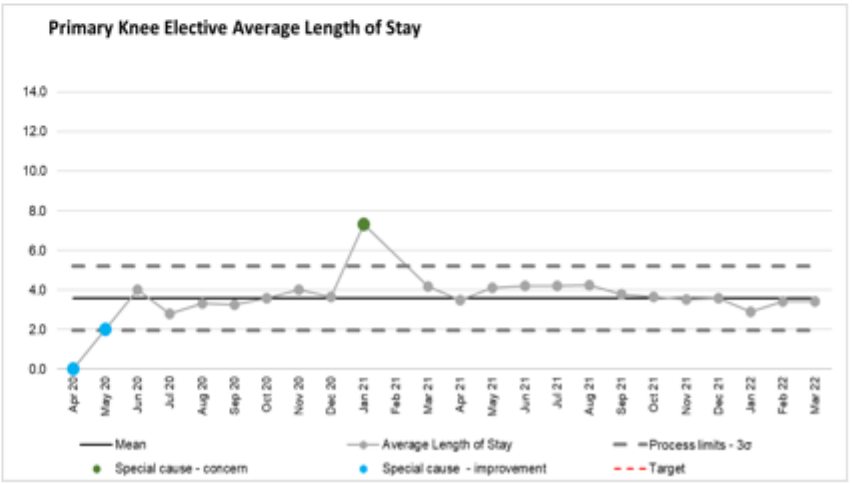





ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Hip Elective Average Length of Stay
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Knee Elective Average Length of Stay
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

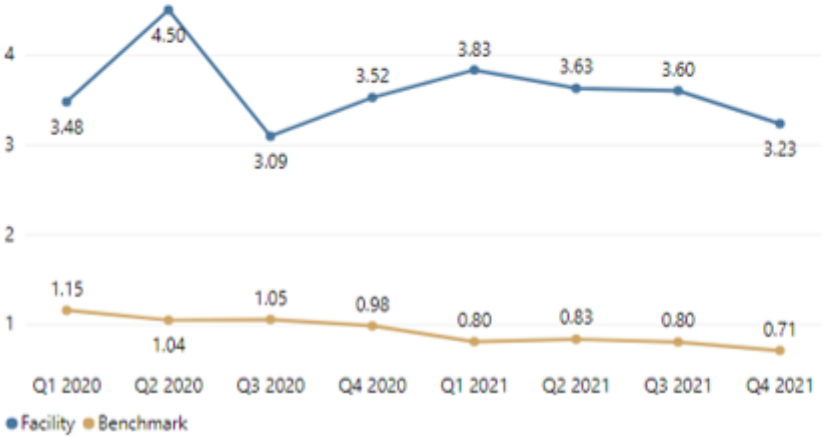
JointCare Data: Pre to post COVID comparison

Volume: Primary hip and knee arthroplasty



- Pre COVID activity has been restored in hip and knee arthroplasty

Length of Stay (days): Primary hip and knee arthroplasty



- Following the Refresh and Recover programme, average length of stay is now lower than pre pandemic
- Length of stay for both primary hip and knee arthroplasty has consistently decreased through 2021

The average length LOS for ROH patients from all specialities has increased in month to **3.90** (3.76 February).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.33** (3.49 February)
The average length of stay for UHB arthroplasty patients at ROH is **3.03** (2.68 February).

March length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

17 (13 February) UHB arthroplasty patients with LOS greater than 3 days. **11** (6 February) with a length of stay greater than 5 days and **6** (10 February) with a stay greater than 7 days. (excludes Rehab).

64 (64 February) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. **32** (35 February) with a length of stay greater than 5 days, **21** (19 February) with a length of stay greater than 7 days.

In summary 21 ROH arthroplasty and oncology arthroplasty and 6 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In February 168 patients went home via the discharge lounge. In addition, number of patients discharged home before lunch increased from **19%** in January to **32.14%** in February. (March data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

ACTIONS FOR IMPROVEMENTS / LEARNING

Joint Care Group feedback:

- An audit of patients undergoing surgery on a Friday or Saturday and the impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.

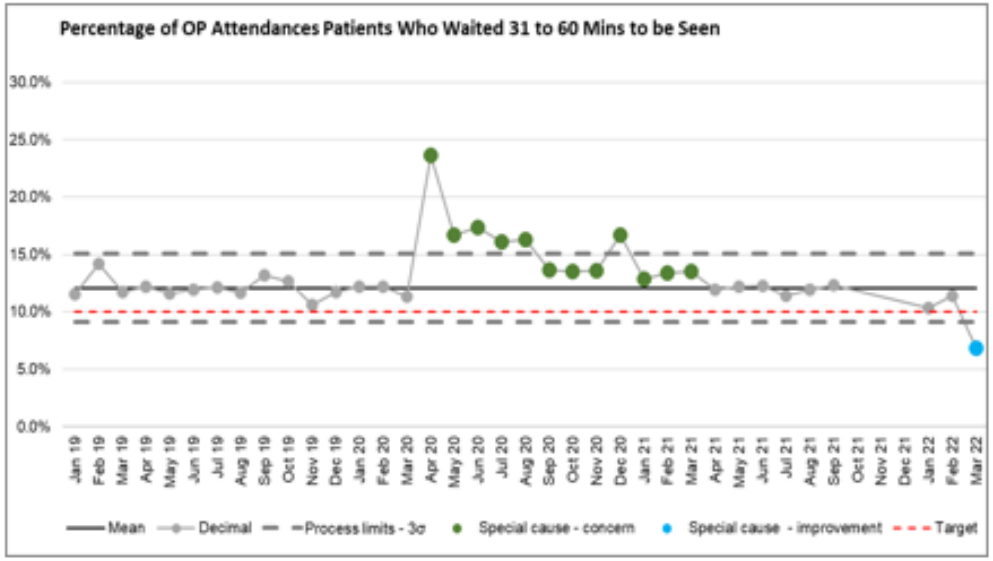
- Discharge Lead/Matron/Head of Nursing to review monitoring and escalation protocols relating to complex discharge and Delayed Transfers of Care to establish if any area for improvement

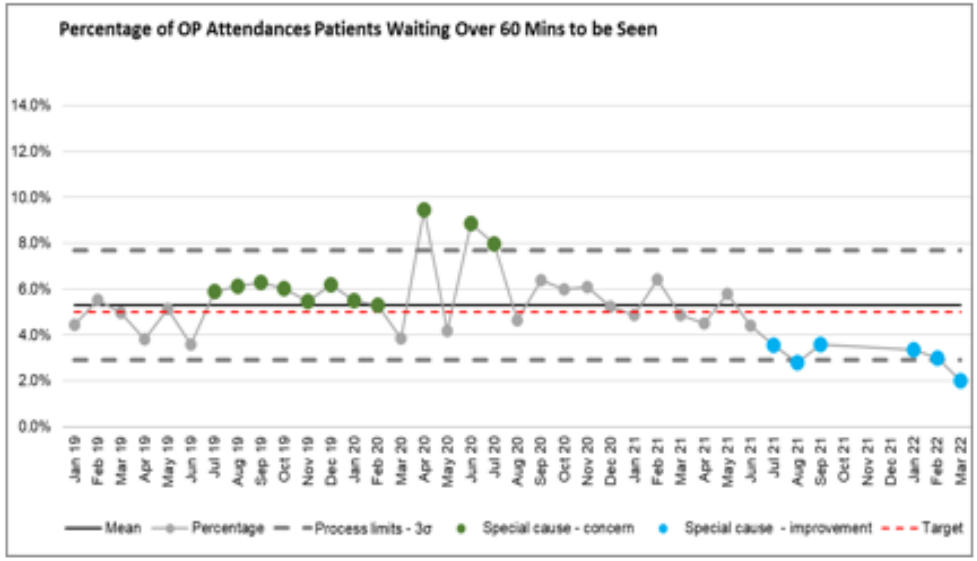
RISKS / ISSUES

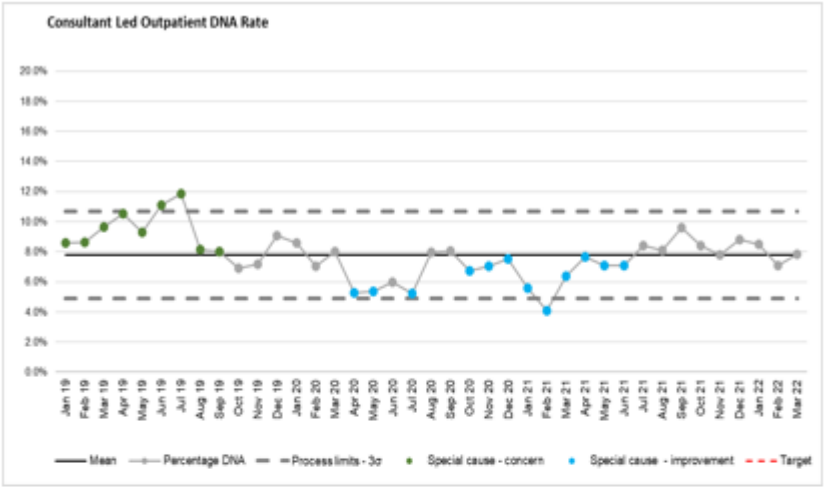
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

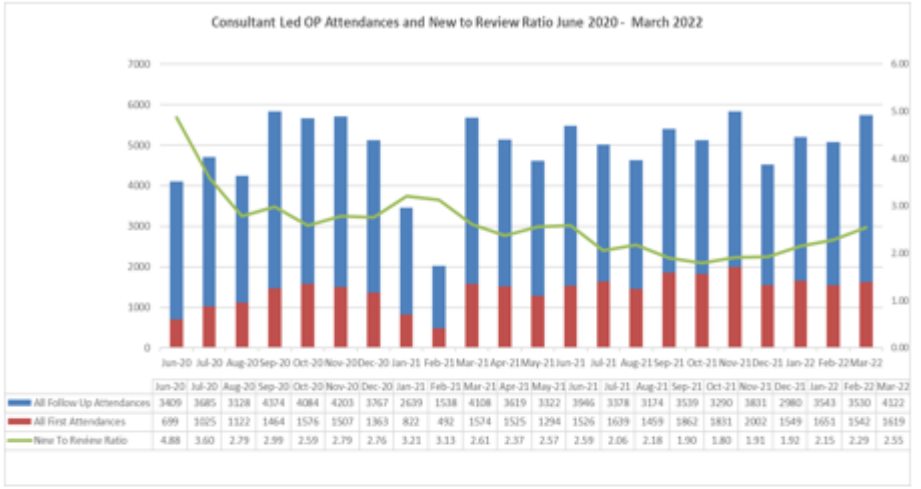
18. Outpatient efficiency

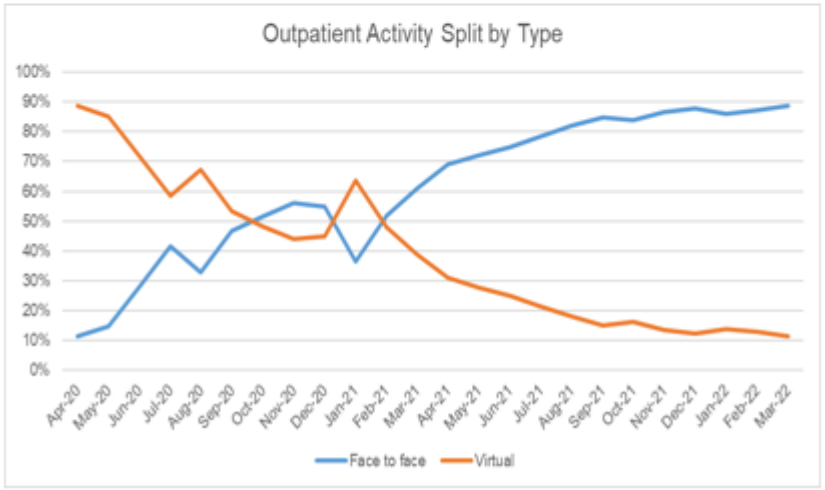
INFORMATION

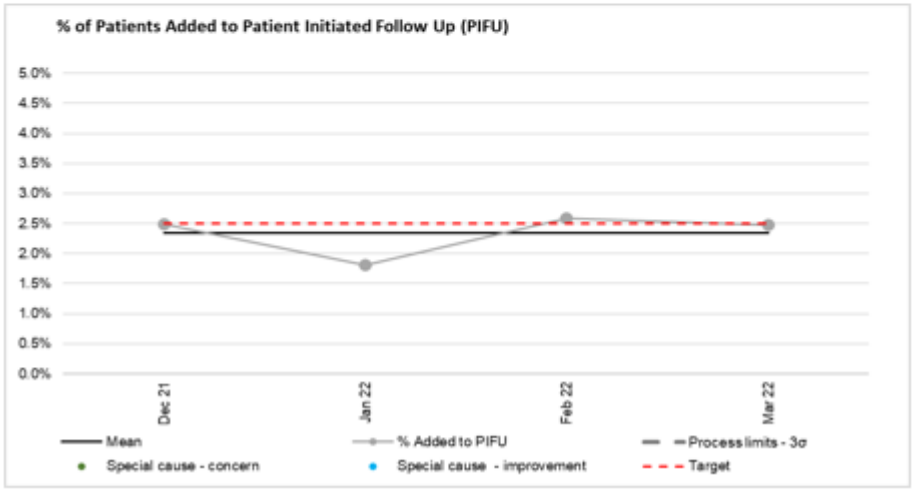












There were 4,886 face to face and 648 virtual appointments carried out in March (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice

and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform to support virtual clinics going forward.

PIFU Target for March: plan **2.5%** - actual: **2.49%** - 97 patients out of 3917 (measured as a % of all outpatient activity**)**.

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - **6.8%** (Target **10%)**

60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown an improvement from February to March with just 6.8% of appointments being delayed more than 30 minutes. Also delays of 60 minutes or more have also dropped in March to 2%. A trial of electronic outcomes is being planned in Young Adult Hips which will mean the clinician is entering the time stamping making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. A new intranet based x-ray walking referral form and waiting list has helped to manage flow and reduce delays.

The DNA rate for March is **7.83%, below trust target** but an increase from **7.07**% in February – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. The Operational Team are working closely with Business Intelligence to provide more information regarding DNA's including ethnicity, age, gender, notice period provided and previous DNA history.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In March 117 referrals for advice and guidance were received against a GP referral total of 1464 gives a total of **8%** for advice and guidance.

We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for March.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and is due to be completed by the end of May. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

19. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

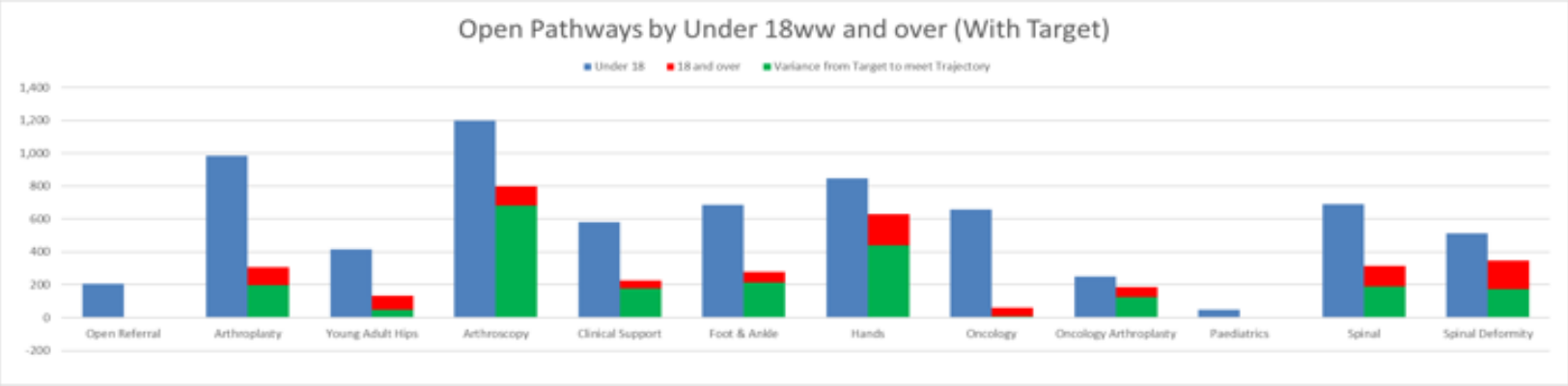
Est Over 18 Clock Stops Required		
To achieve	87.56%	2612
To achieve	89.10%	2773
To achieve	89.94%	2858

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	3,531	204	534	200	539	273	334	393	347	91	31	321	264
7-13	2,268	0	334	144	408	202	231	256	191	84	16	227	175
14-17	1,273	0	115	72	250	107	120	197	120	76	3	140	73
18-26	1,709	0	181	86	347	154	145	306	45	98	3	183	161
27-39	1,175	1	116	39	302	61	112	227	14	63	0	100	140
40-47	304	0	8	7	118	6	19	67	2	18	0	23	36
48-51	65	0	0	1	27	2	1	20	1	3	0	3	7
52 weeks and over	23	0	0	0	5	1	1	9	0	2	0	4	1
Total	10,348	205	1,288	549	1,996	806	963	1,475	720	435	53	1,001	857

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	7,072	204	983	416	1,197	582	685	846	658	251	50	688	512
18 and over	3,276	1	305	133	799	224	278	629	62	184	3	313	345
Current Month End RTT%	**68.34%**	**99.51%**	**76.32%**	**75.77%**	**59.97%**	**72.21%**	**71.13%**	**57.36%**	**91.39%**	**57.70%**	**94.34%**	**68.73%**	**59.74%**

31/03/2022 Trajectory RTT%	87.56%	100.00%	90.32%	83.17%	91.15%	92.52%	91.26%	81.82%	92.47%	80.97%	92.16%	84.59%	75.06%
Target for RTT Trajectory	1,005	0	105	84	116	47	66	188	54	59	4	125	170
Variance from Target to meet Trajectory	2271	1	200	49	683	177	212	441	8	125	-1	188	175



Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant led Open Pathways as at 31/03/2022

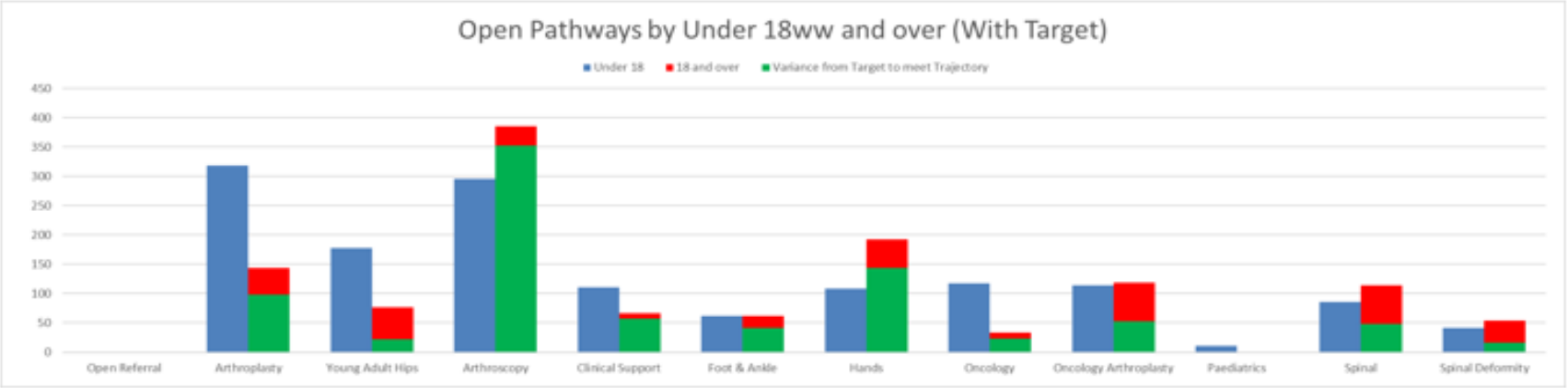
Est Over 18Clock Stops Required		
To achieve	80.93%	1044
To achieve	89.10%	1232
To achieve	89.94%	1250

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	644	0	137	71	155	55	26	41	51	38	8	45	17
7-13	503	0	123	74	99	39	16	39	41	39	2	22	9
14-17	296	0	58	33	42	17	20	28	25	37	1	19	16
18-26	566	0	74	43	140	46	27	84	24	58	1	59	10
27-39	485	1	67	27	151	16	28	80	7	45	0	36	27
40-47	144	0	3	6	70	2	7	16	2	11	0	14	13
48-51	41	0	0	1	22	2	0	7	0	3	0	2	4
52 weeks and over	12	0	0	0	2	0	0	5	0	2	0	3	0
Total	2,691	1	462	255	681	177	124	300	150	233	12	200	96

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,443	0	318	178	296	111	62	108	117	114	11	86	42
18 and over	1,248	1	144	77	385	66	62	192	33	119	1	114	54
Current Month End RTT %	53.62%	0.00%	68.83%	69.80%	43.47%	62.71%	50.00%	36.00%	78.00%	48.93%	91.67%	43.00%	43.75%

31/03/2022 Trajectory RTT %	80.93%	100.00%	87.55%	76.47%	90.23%	92.50%	74.61%	68.97%	92.70%	63.22%	93.33%	56.64%	52.72%
Target for RTT Trajectory	340	0	45	55	32	9	21	49	9	66	1	66	38
Variance from Target to meet Trajectory	908	1	99	22	353	57	41	143	24	53	0	48	16



Referral to Treatment Snapshot as 28th February 22 (Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

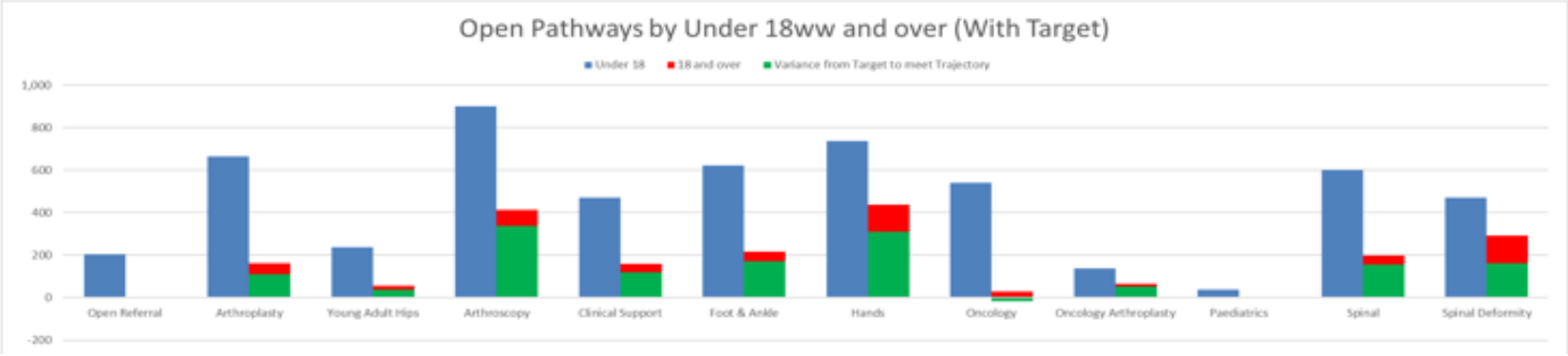
Est Over 18 Clock Stops Required		
To achieve	90.53%	1655
To achieve	89.10%	1541
To achieve	89.94%	1608

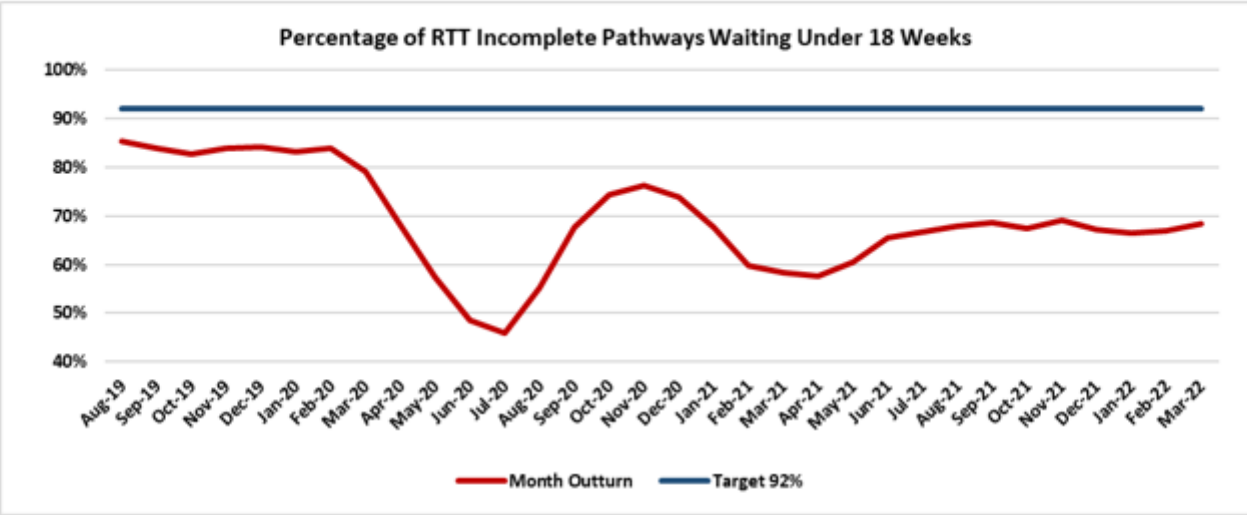
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	2,887	204	397	129	384	218	308	352	296	53	23	276	247
7-13	1,765	0	211	70	309	163	215	217	150	45	14	205	166
14-17	977	0	57	39	208	90	100	169	95	39	2	121	57
18-26	1,143	0	107	43	207	108	118	222	21	40	2	124	151
27-39	690	0	49	12	151	45	84	147	7	18	0	64	113
40-47	160	0	5	1	48	4	12	51	0	7	0	9	23
48-51	24	0	0	0	5	0	1	13	1	0	0	1	3
52 weeks and over	11	0	0	0	3	1	1	4	0	0	0	1	1
Total	7,657	204	826	294	1,315	629	839	1,175	570	202	41	801	761

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	5,629	204	665	238	901	471	623	738	541	137	39	602	470
18 and over	2,028	0	161	56	414	158	216	437	29	65	2	199	291
Current Month End RTT %	73.51%	100.00%	80.51%	80.95%	68.52%	74.88%	74.26%	62.81%	94.91%	67.82%	95.12%	75.16%	61.76%

31/03/2022 Trajectory RTT %	90.53%	100.00%	92.90%	92.72%	92.15%	92.53%	93.01%	85.32%	92.63%	92.20%	92.05%	93.49%	78.38%
Target for RTT Trajectory	589	0	51	19	77	38	47	127	44	12	3	42	130
Variance from Target to meet Trajectory	1439	0	110	37	337	120	169	310	-15	53	-1	157	161





ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION

The Referral To Treatment (RTT) position for March is **68.34%** against the National Constitutional Target of 92%. This is an increase of 1.44% compared to February reporting at **66.90%.**

There are **23** patients over 52 weeks, a decrease from 32 in February. However due to the impact on activity in March due to patients and consultants having Covid/unwell we are anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **369** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2691 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

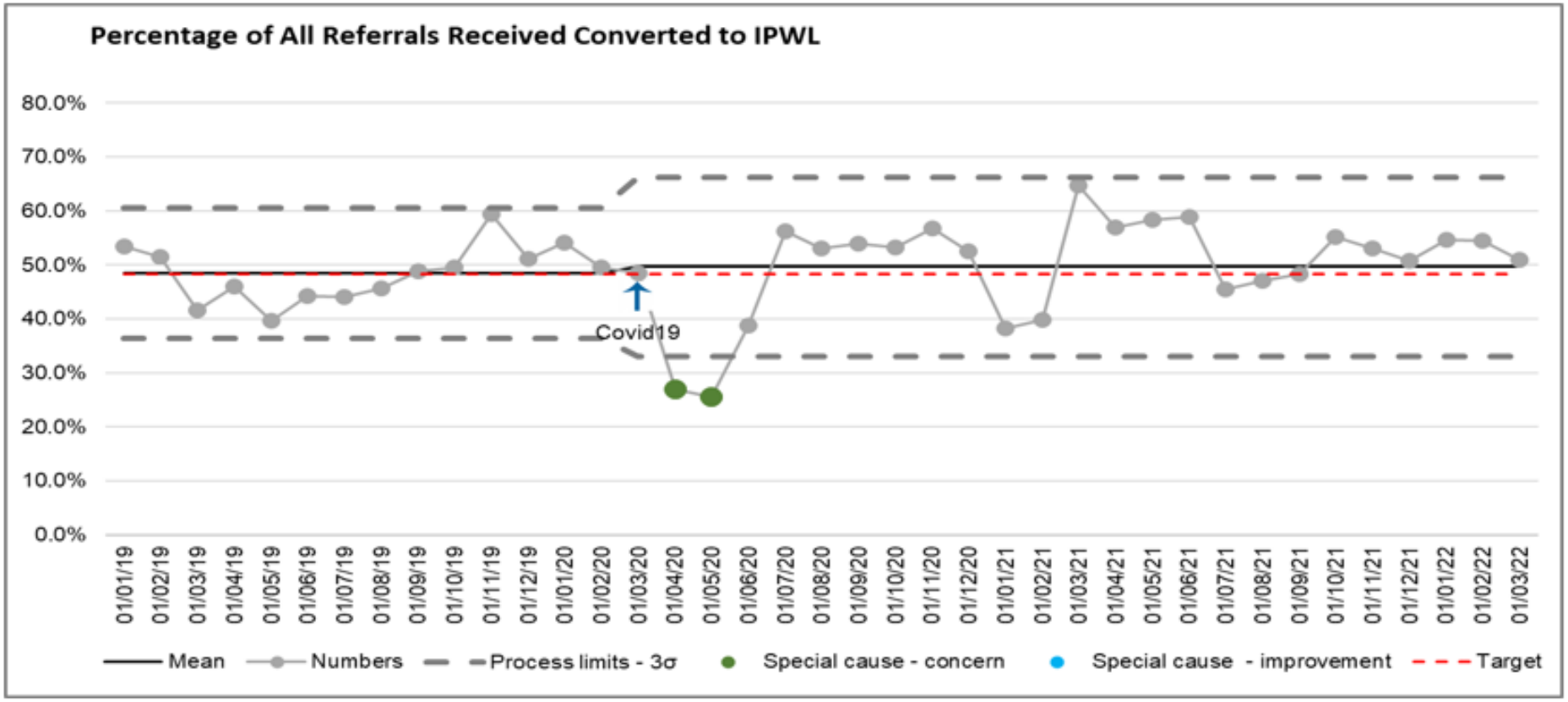
Referrals continue to move towards Pre-Covid levels with **2,365** (87%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704) We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

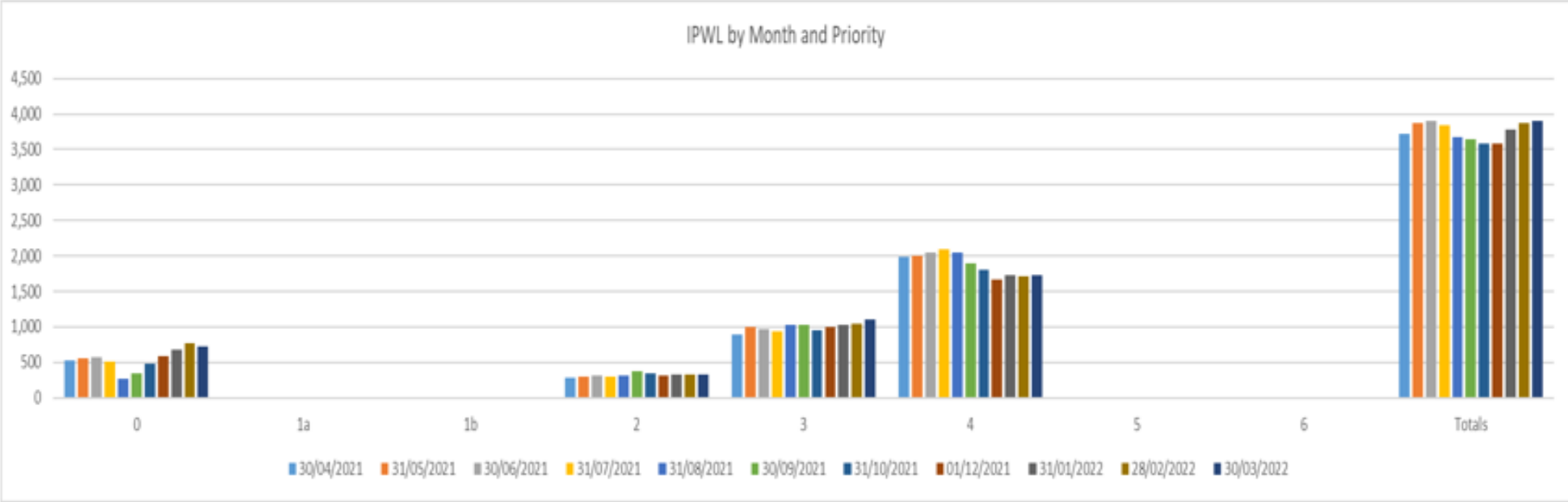
Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

System support for 104 weeks and coved surges may impact on the delivery of the RTT target



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%	50.95%



	Number of IP waiting as at	% of IP waiting as at
Priority	30/03/2022	30/03/2022
0	731	18.7%
1a		0.0%
1b	7	0.2%
2	330	8.4%
3	1109	28.4%
4	1728	44.2%
5	2	0.1%
6		0.0%
Total	3907	100%

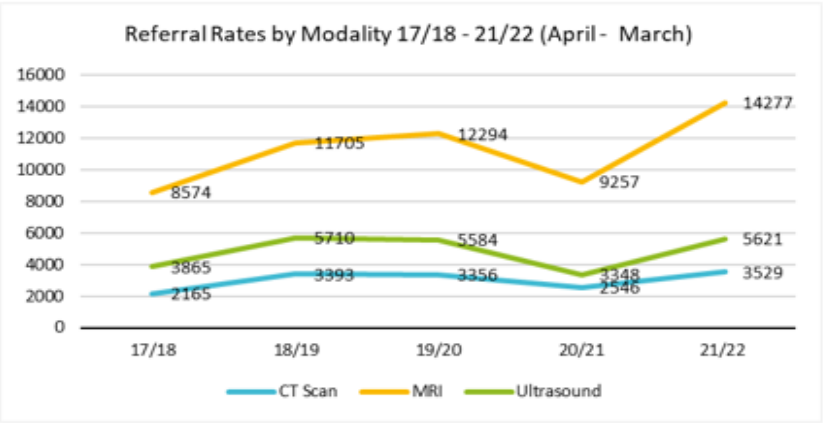
March remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

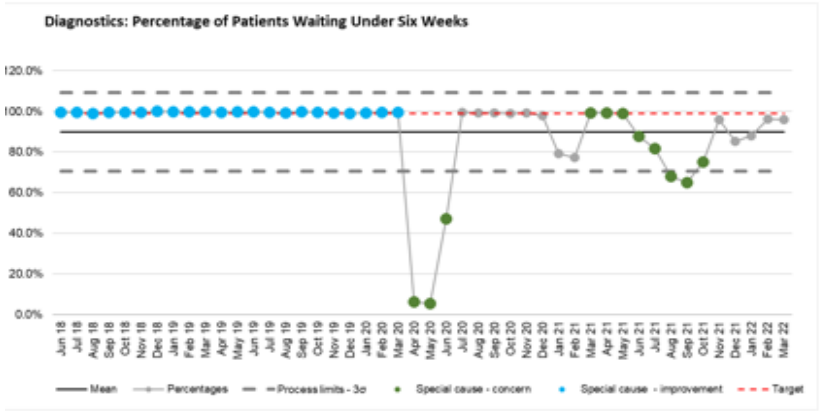
20. Diagnostic Performance

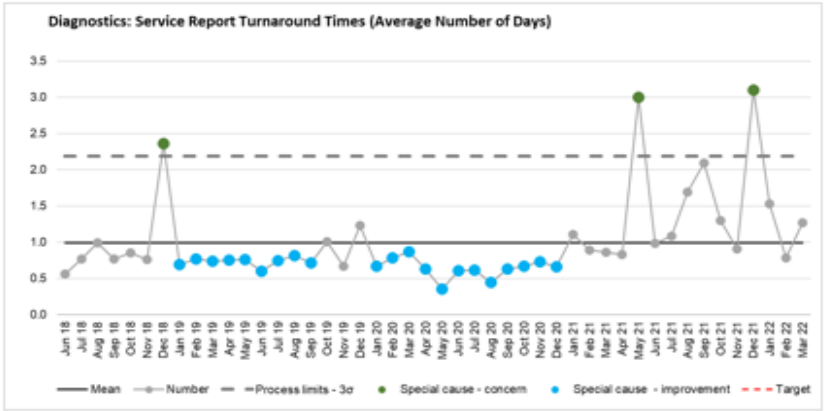
INFORMATION

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941







Imaging did not meet the diagnostic target in March reporting 96%. Referrals continue to remain high specifically for MRI with a referral rate of 145% in March when compared to the same period in 19/20. Ultrasound and CT remain in target.

A formal contract request for additional mobile MRI van capacity via NHS Supply Chain has result in 3 companies responding and is currently going through due process but it is expected that this extra capacity will become available in May which will have a positive impact on the clearance of the backlog within MRI. Meanwhile ad hoc capacity is also being sourced.

Dr Dr (patient text messaging service) is also expected to come on line by the end of April which will support the reduction in the DNA rates which is currently averaging 10-12%.

Reporting times in March remained on target

ACTIONS FOR IMPROVEMENTS / LEARNING

To continue to ensure all capacity is fully utilised and minimise DNA's .

Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

20. Cancer Performance

February Cancer Performance – February 2022 Submission

		Feb-22				
Target Name	National Standard	%	In target	Breach	Accountable patients	Total Patients
2ww	93%	96%	69.0	3.0	72.0	72.0
31 day first treatment	96%	85%	11.0	2.0	13.0	13.0
31 day subsequent (surgery)	94%	100%	3	0	3	3
62 day (traditional)	85%	100%	4.5	0	4.5	6
62 day (Cons Upgrade)	n/a	76%	6.5	2.0	8.5	11.0
28 day FDS REPORTED	75%	84%	65.0	12.0	77.0	77.0
Patients over 104 days				1		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breach reasons:
2 x 31 day subsequent – delay to scheduling surgery as the patients required multi-disciplinary surgical team including the plastics specialists. One patient also had an inconclusive diagnosis from the referring Trust which resulted in a delay to a definitive diagnosis
1 x 62 day (upgrade) - delay in diagnosis requiring several repeat biopsies and patient requiring thinking time due to life changing decision for treatment
1 x 62 day (upgrade) - patient required 2 x biopsies and 1 x open biopsy and was discussed at both the UHB and ROH MDT. There was difficulty in diagnosing the patient as the radiology suggested TB although tests were negative. Patient eventually diagnosed and referred to Christies for Proton Therapy on day 163

Operational Update

- Work continues on the 2WW referral pathway with Bsol CCG.
- The RJAH support SLA has ceased going into the new financial year.

21. **Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.**

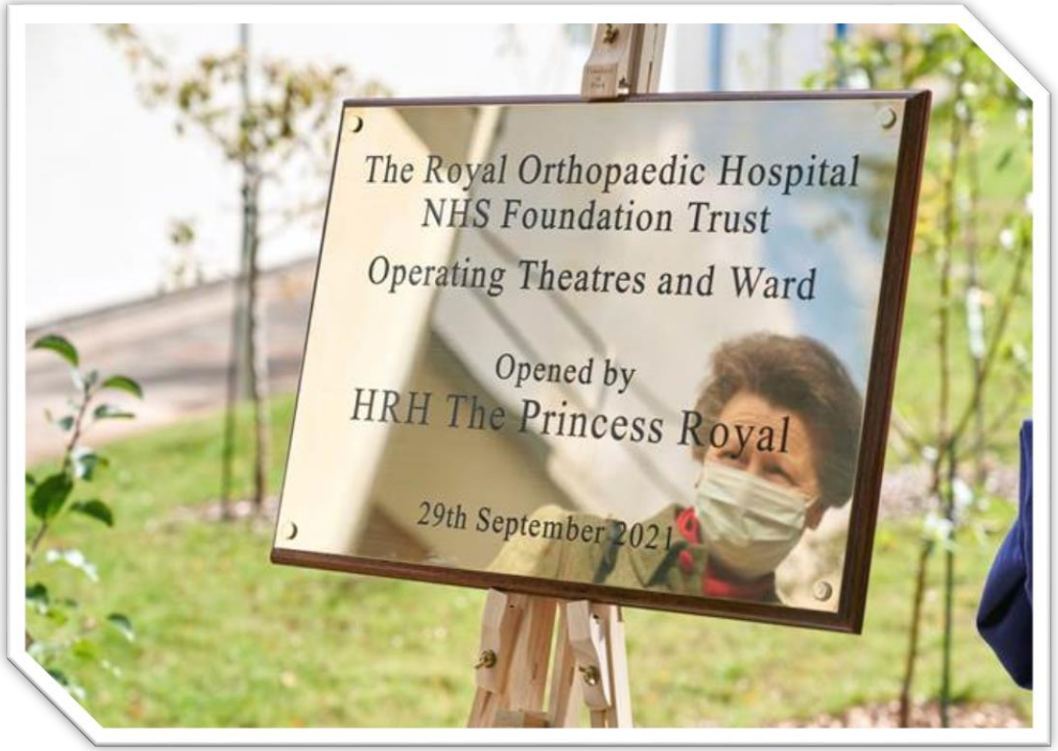
INFORMATION TO BE PROVIDED NEXT MONTH

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Mar 2022

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Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in March, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

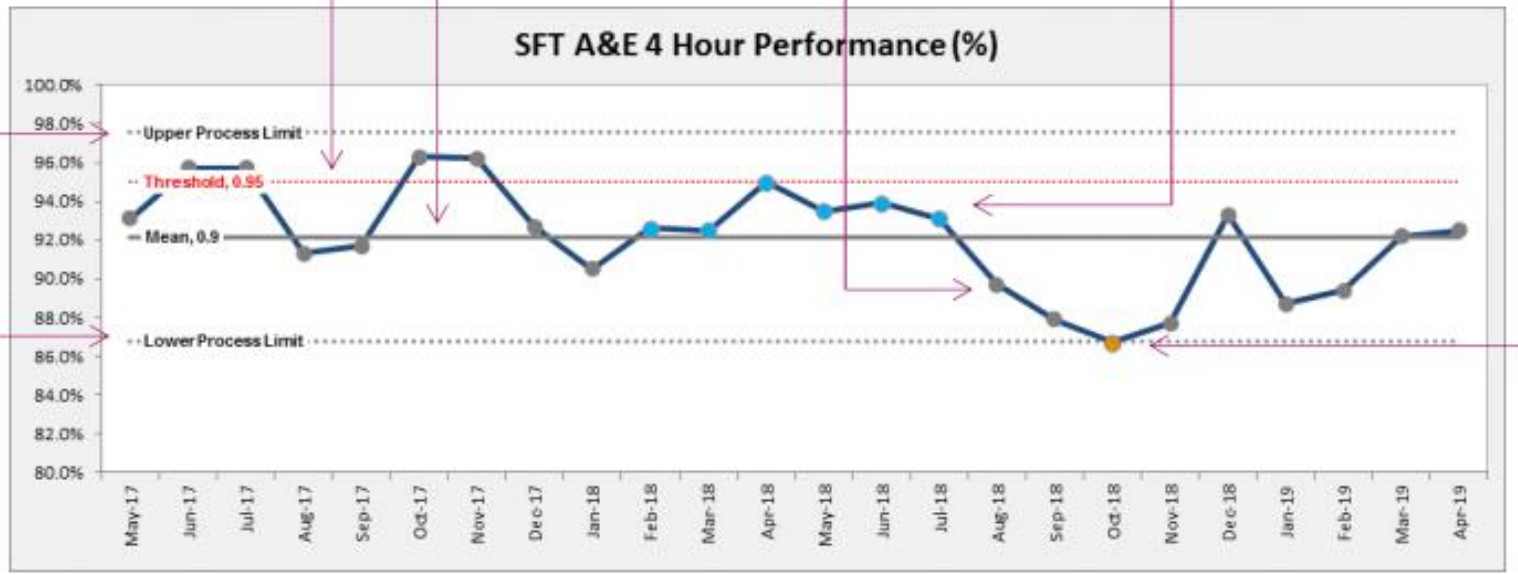
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

Workforce Monthly Snapshot Overview

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Trust Workforce Metrics	Feb-22	Mar-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1244	1239	-5	-	-
Staff In Post - Full Time Equivalent	1103.98	1093.53	-10.44804	-	-
Staf Turnover % - Unadjusted	15.34%	15.48%	0.14%	⇕	<=11.5%
Staf Turnover % - Adjusted	13.17%	13.24%	0.07%	⇕	<=11.5%
Total WTE Employed as % of Establishment	87.28%	86.15%	-1.13%	⇓	>=93%
Total WTE Employed as % of Establishment - Clinical	83.33%	81.13%	-2.20%	⇓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	94.51%	95.40%	0.89%	⇑	>=96%
% Of Attendance	94.74%	94.30%	-0.44%	⇓	>=96.3%
% Of 12 mth MAA Attendance	94.74%	93.90%	-0.84%	⇓	>=96.3%
% Staff received mandatory training last 12 months	85.89%	85.38%	-0.51%	⇓	>=93%
% Staff received formal PDR/appraisal last 12 months	62.30%	53.27%	-9.04%	⇓	>=95%
% of Sickness - Trust wide Long-term	2.61%	3.96%	1.35%	⇑	-
% of Sickness - Trust wide Short-term	2.65%	2.13%	-0.52%	⇓	-
Return To Work Completion %	55.61%	38.62%	-16.99%	⇓	>=80%

Workforce Establishment

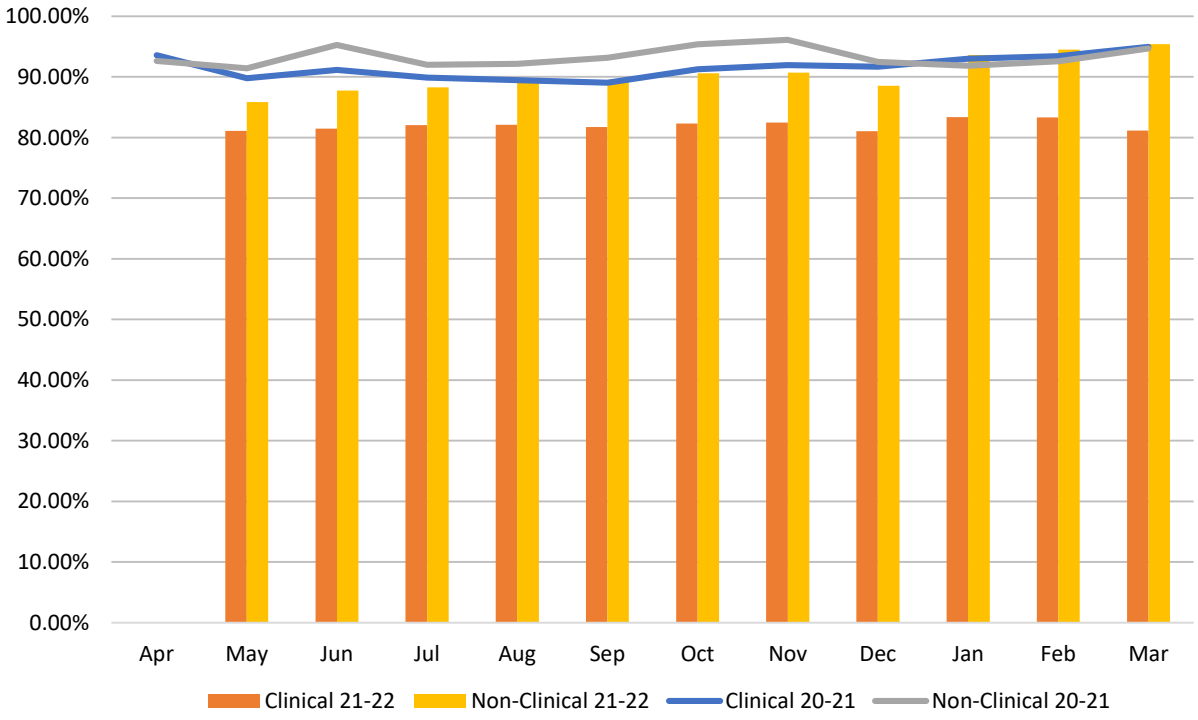
The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

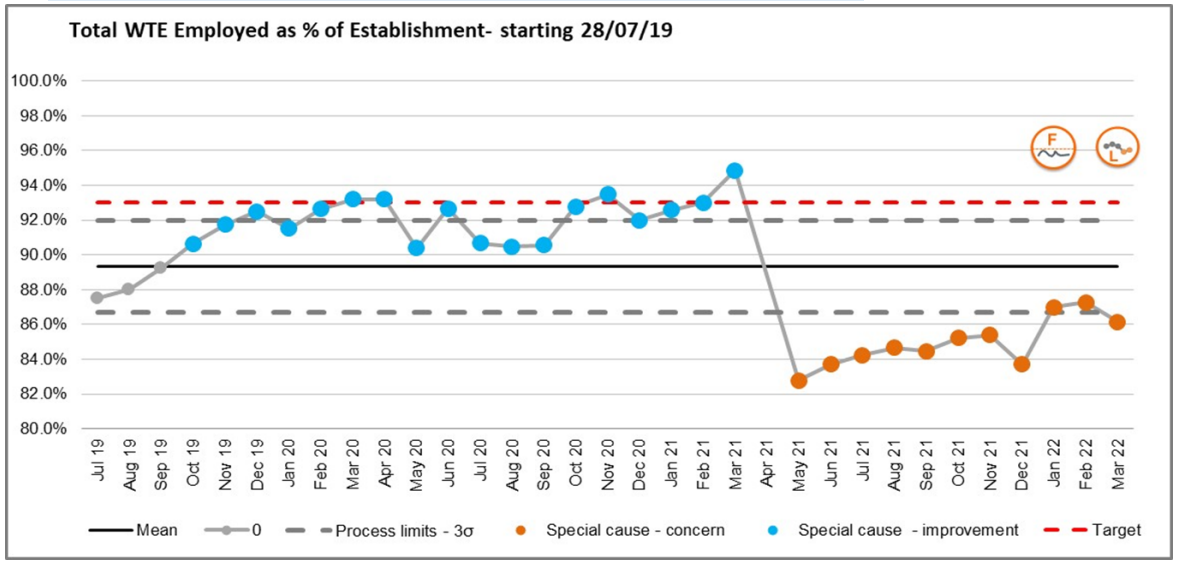
At the end of March, the number of staff on payroll stood at 1239 (WTE 1093.53) which is a decrease of **10.44 WTE** from February.

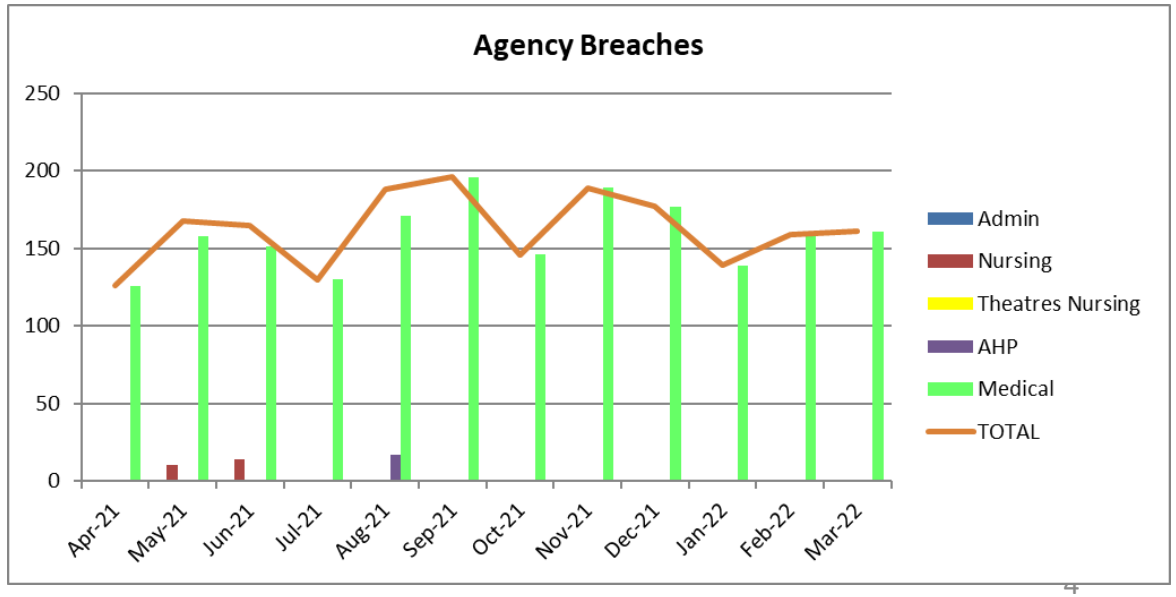
The Total WTE Employed as a % of the Establishment this month was **86.15%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

Staff in Post v Establishment Clinical / Non-Clinical



Total WTE Employee as a % of Establishment





Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **15.48%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **20.50%** in March 2022 and **20.12%** in February 2022. Division 1 turnover has remained over 11.5% this month at **16.90%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Additional Clinical Services staff group, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 6 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

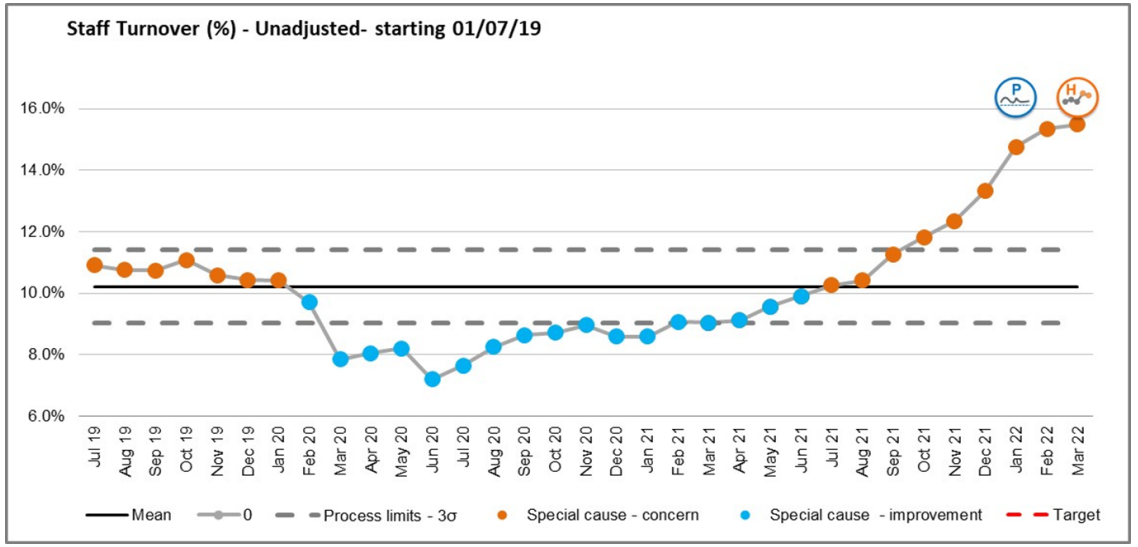
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	9.04%
Additional Clinical Services	20.89%
Administrative and Clerical	15.76%
Allied Health Professionals	19.30%
Estates and Ancillary	7.27%
Medical and Dental	5.16%
Nursing and Midwifery Registered	18.33%

*Data From Mar 22

	Top 3 Leaving Reasons (Feb22- Mar22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of Training Opportunities
2	Voluntary Resignation - Work Life Balance	Lack of Feedback in relation to my PDR
3	End of Fixed Term Contract	Lack of Recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

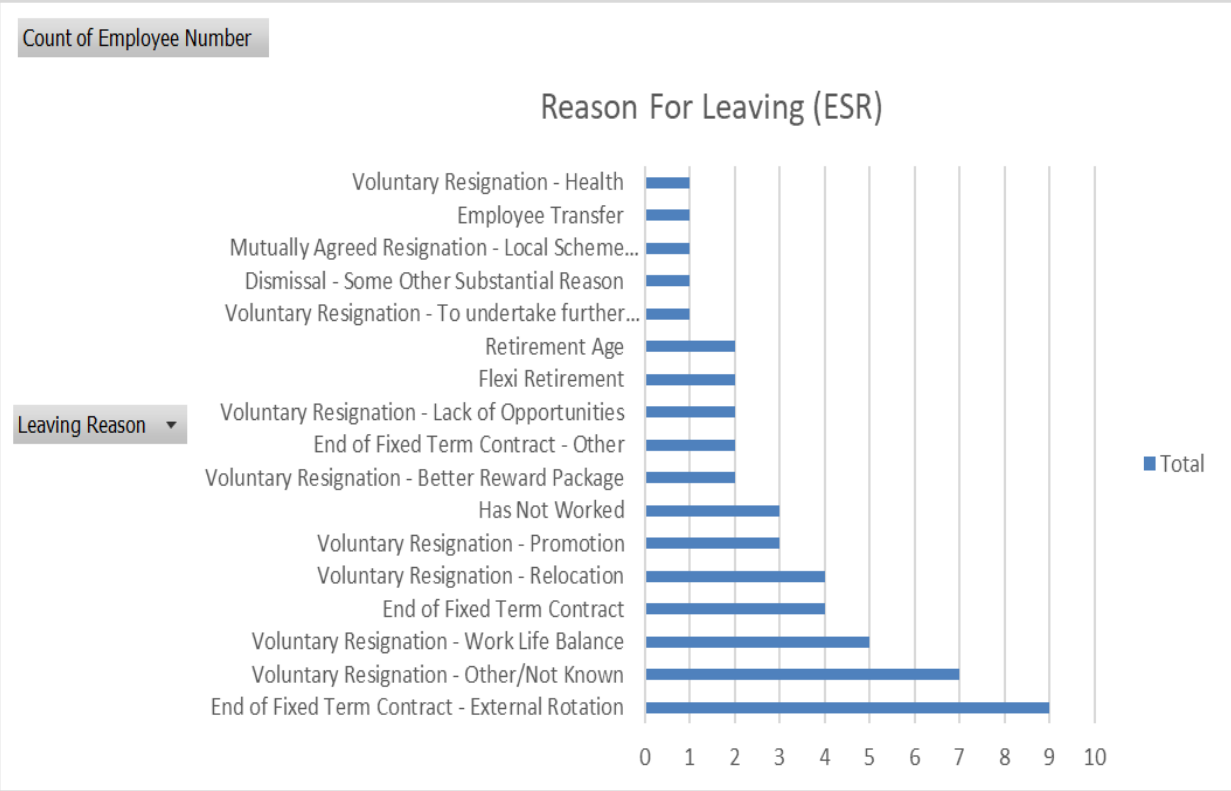
Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months. From the exit questionnaires, there is very limited returns on this 6 for Mar 22.

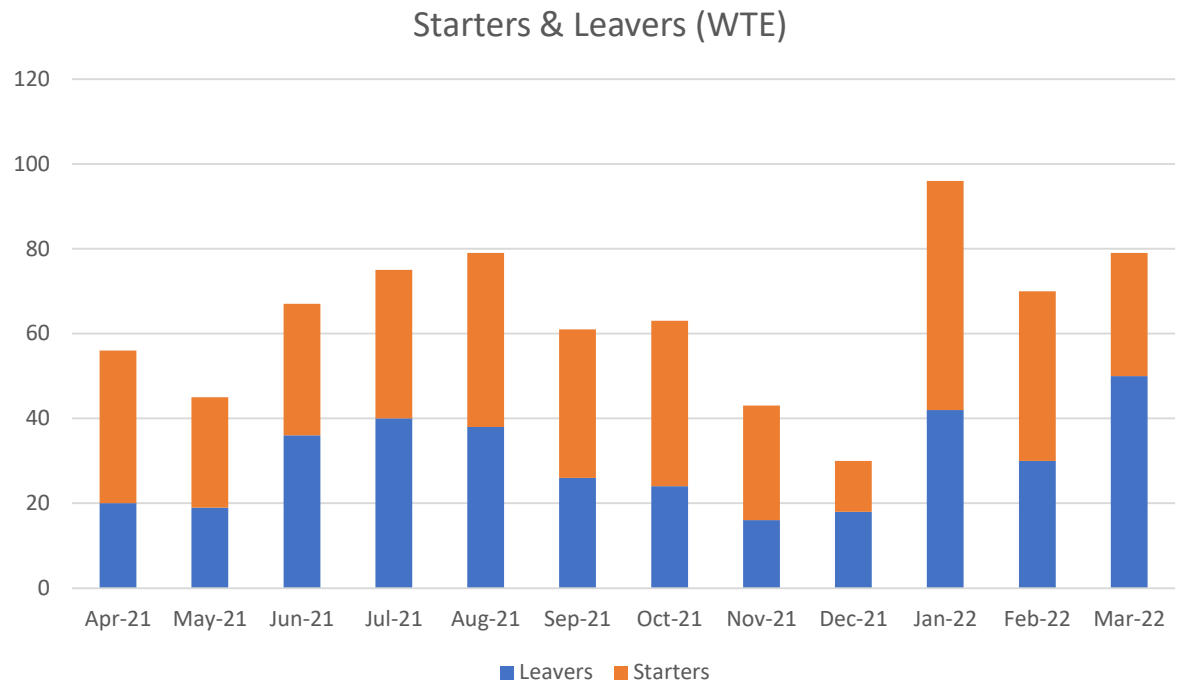
74.00% of leavers in Feb & Mar 22 were with the Trust for less than 5 years, this is an increase from February's report which was 90%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





***Data From Jan 21 – Feb 22**

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **94.30%** (sickness absence % = 5.70%) and Attendance for the rolling past 12 months was **93.90%.** This currently sit below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£1,962,057.66**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of March 2022, there were 26 staff on long term sickness, where 3 of the these staff members have been absent for longer than 6 months.

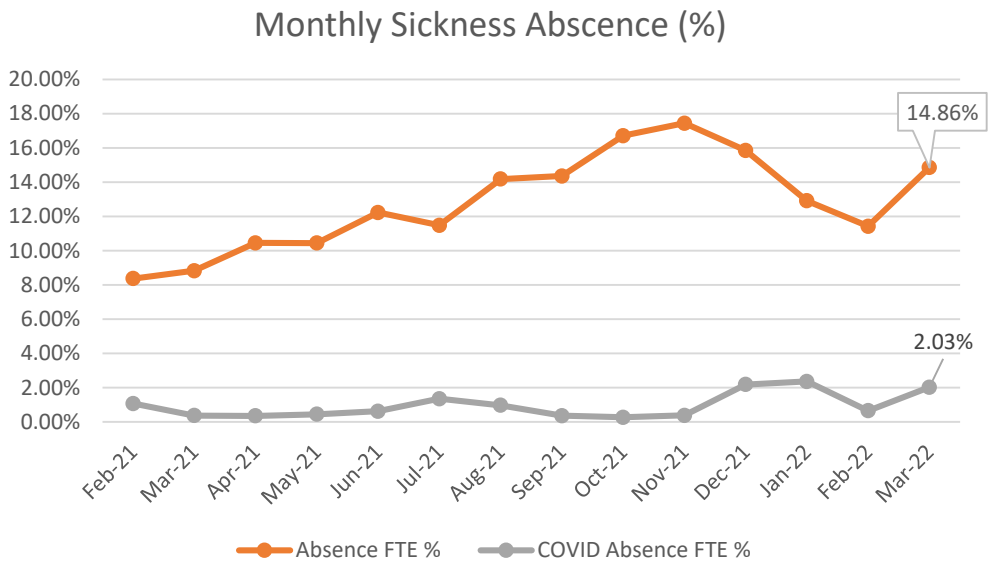
COVID Related Absence

This month COVID-related sickness made up **2.03%** of all sickness absence within the Trust. Compared to this time last year, the figures are higher than February.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £31,034.55. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP. A drop in the estimated cost is mainly due to the Testing and Isolation changes.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews decreased to **38.62%** in March, compared to **55.61 %** in February. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	228	6667.25986	£592,613.34
Cold, Cough, Flu - Influenza	470	2972.31439	£308,019.69
Musculoskeletal problems	133	2743.34804	£221,641.23
Gastrointestinal problems	423	1676.49016	£152,255.59
Injury, fracture	65	1521.30689	£109,513.60

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

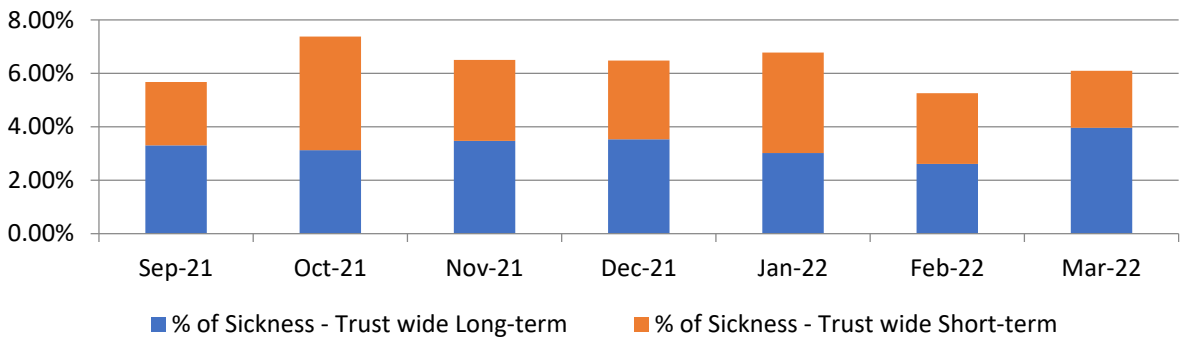
Actions

HR are continuing to support managers with ensuring that absence meetings are taking place in a timely manner and staff are being supported throughout their absence.

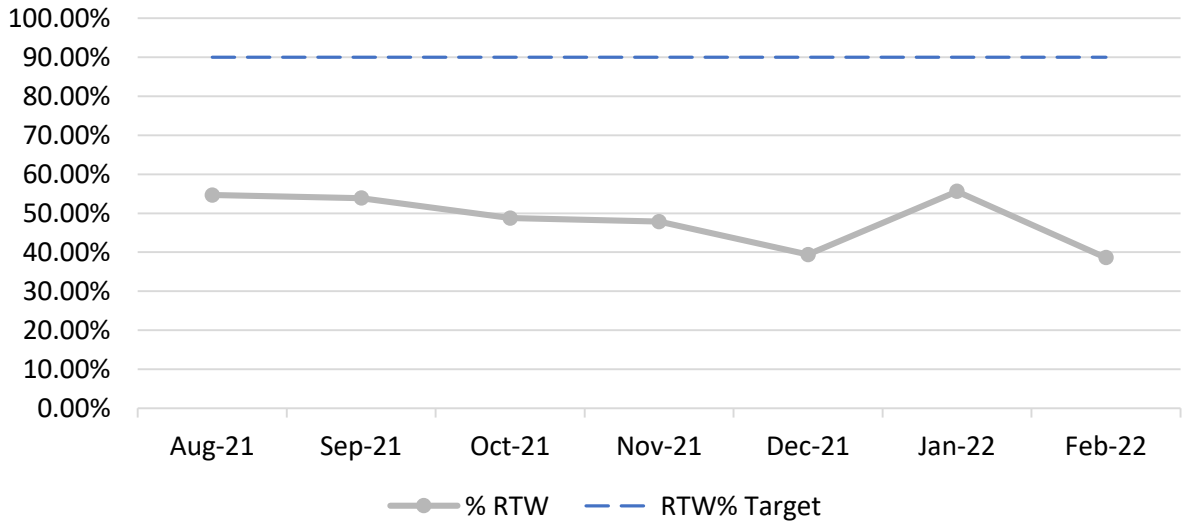
Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

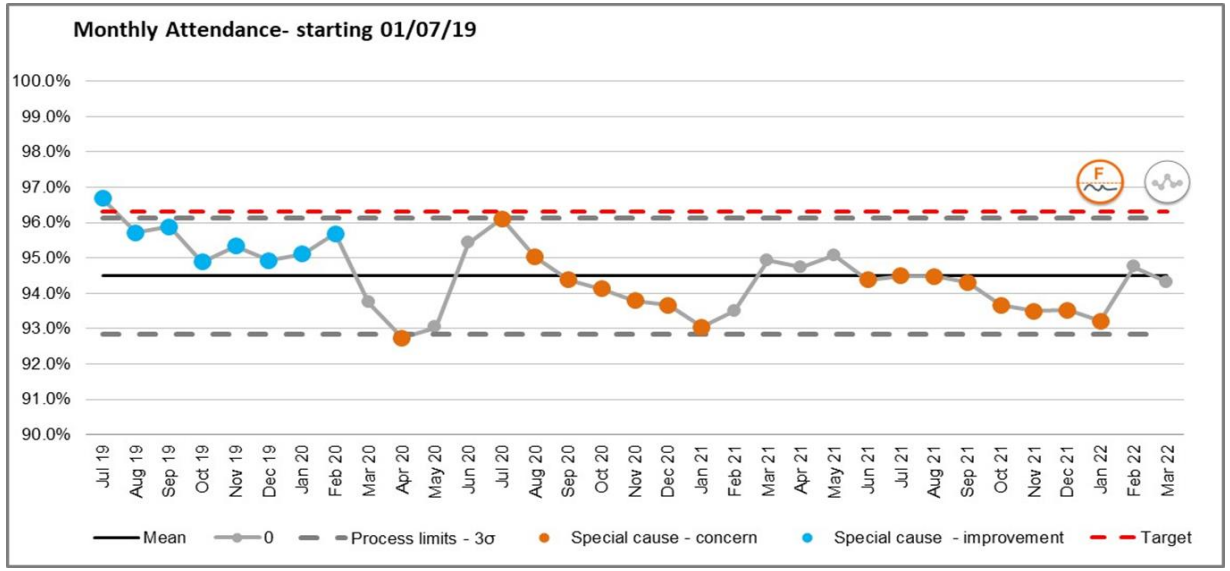
Long Term / Short Term Absence FTE (%)



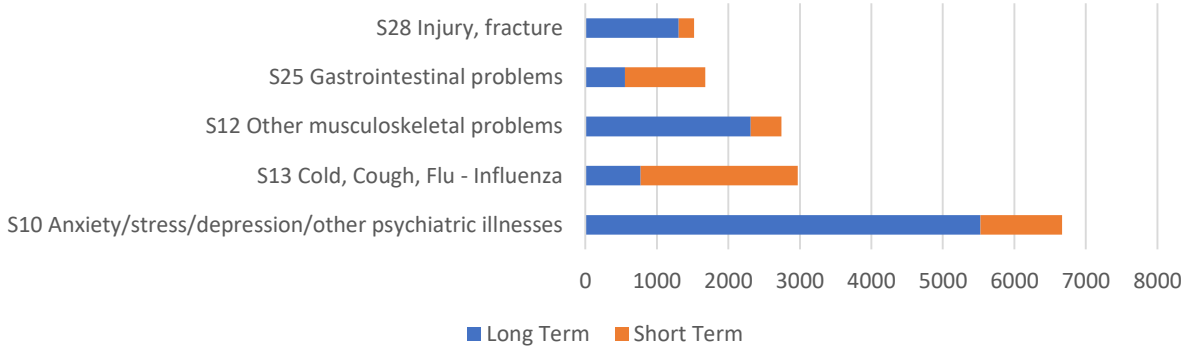
Monthly Return To Work %



Monthly Staff Absence FTE (%)



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Sep 21 – Mar 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

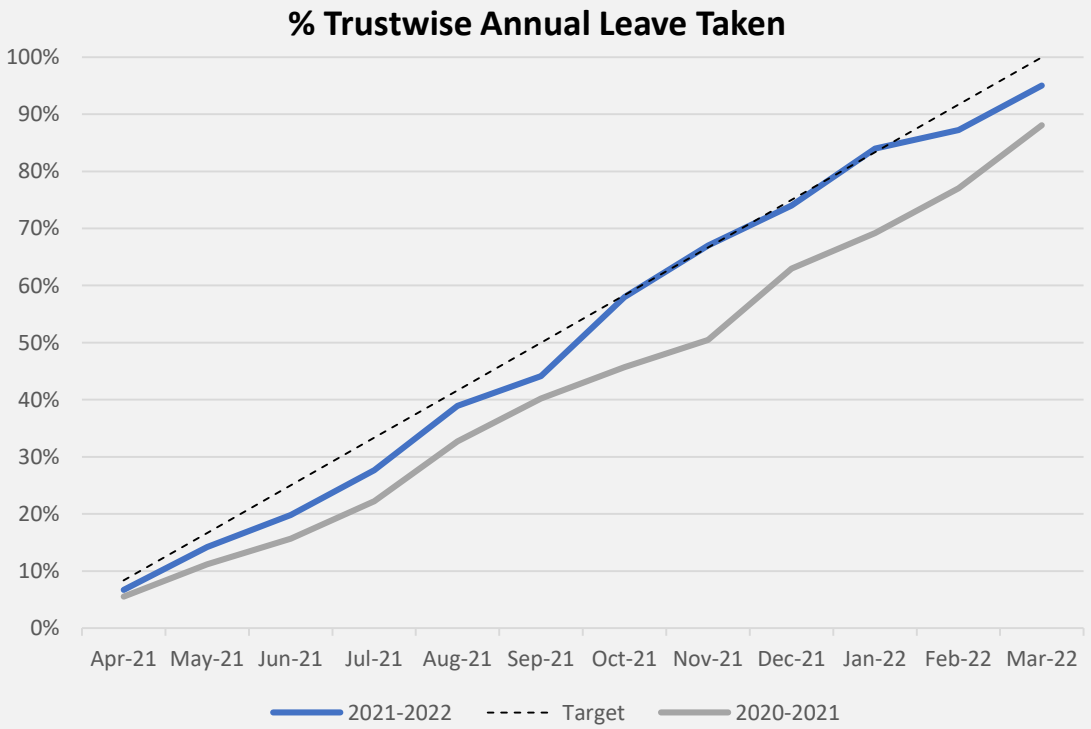
Summary and Actions

At the end of March, there were no formal capability cases and **3** formal conduct cases.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the end of Q4 (Mar 22) for the financial year, AfC staff have taken **95.28%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 100% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st March 2022

Division	% Annual Leave Taken	Staff Group	% Annual Leave Taken
303 Corporate Directorate	96.72%	Add Prof Scientific and Technic	85.25%
303 Covid-19 Division	86.43%	Additional Clinical Services	98.50%
303 Division 1 - Patient Services	95.34%	Administrative and Clerical	97.29%
303 Division 2 - Patient Support	94.05%	Allied Health Professionals	97.99%
303 Division 4 - Estates and Facilities	98.53%	Estates and Ancillary	97.82%
Trust Total	**95.28%**	Nursing and Midwifery Registered	96.27%

Wellbeing Day

At the end of March, **50%** of eligible staff have taken their wellbeing day. This option has now finished and no further Wellbeing days will be able to be booked.

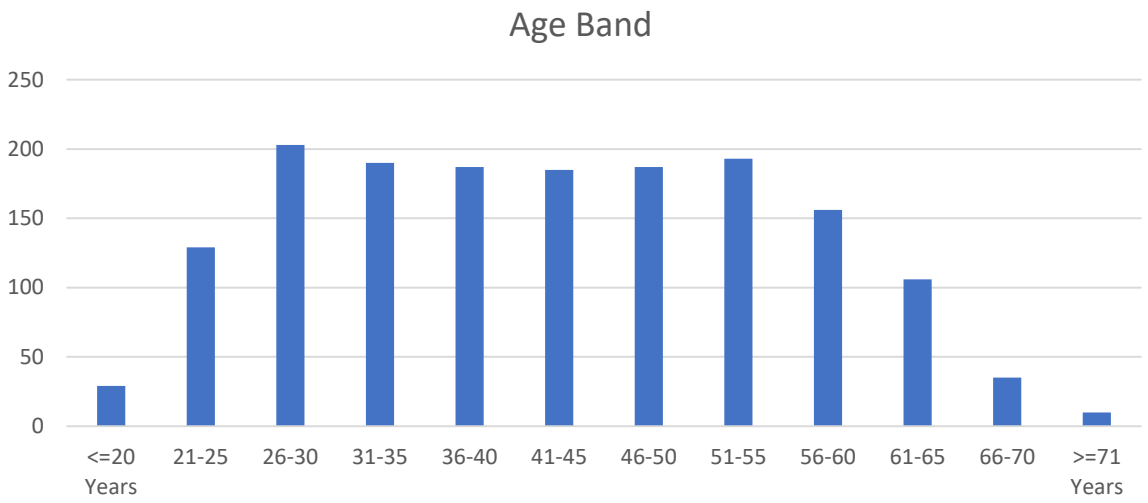
Workforce Demographics

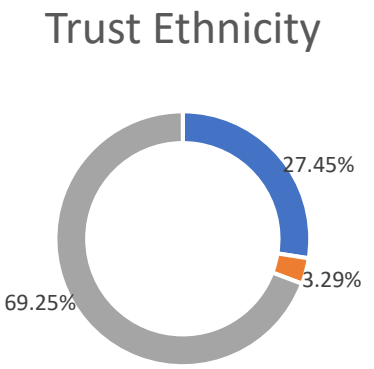
The Royal Orthopaedic Hospital NHS Foundation Trust

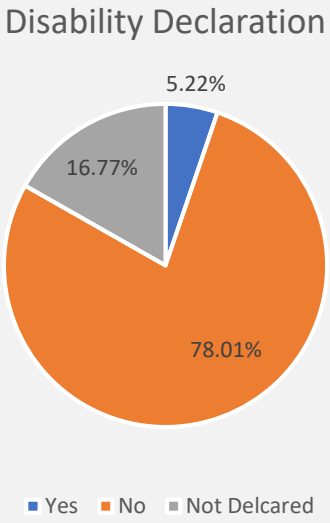
Summary

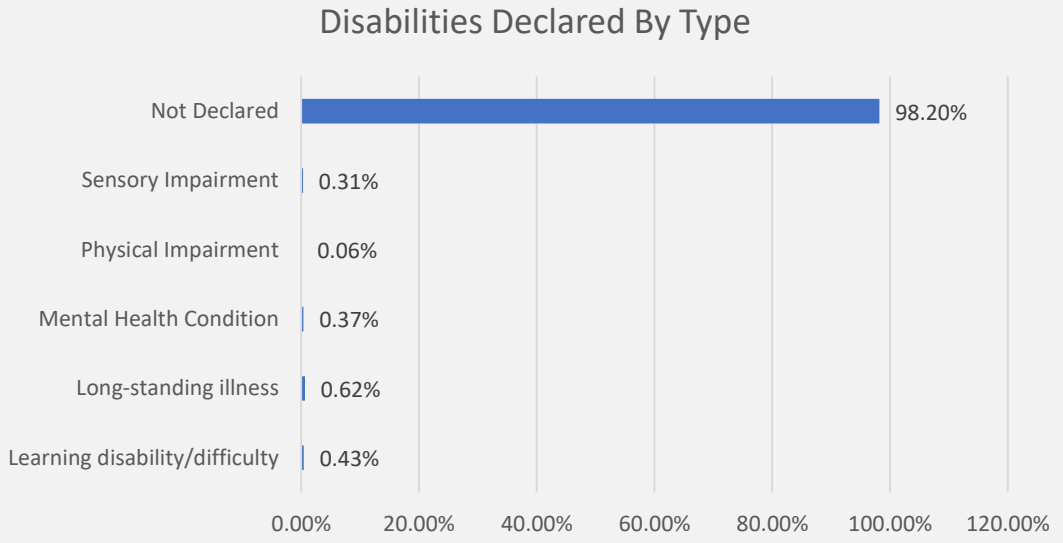
The Trust (including bank staff) is made up of 71.8% female and 28.2 % male staff

Our current status of staff with a disability is 5.22% with **16.77%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record









2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

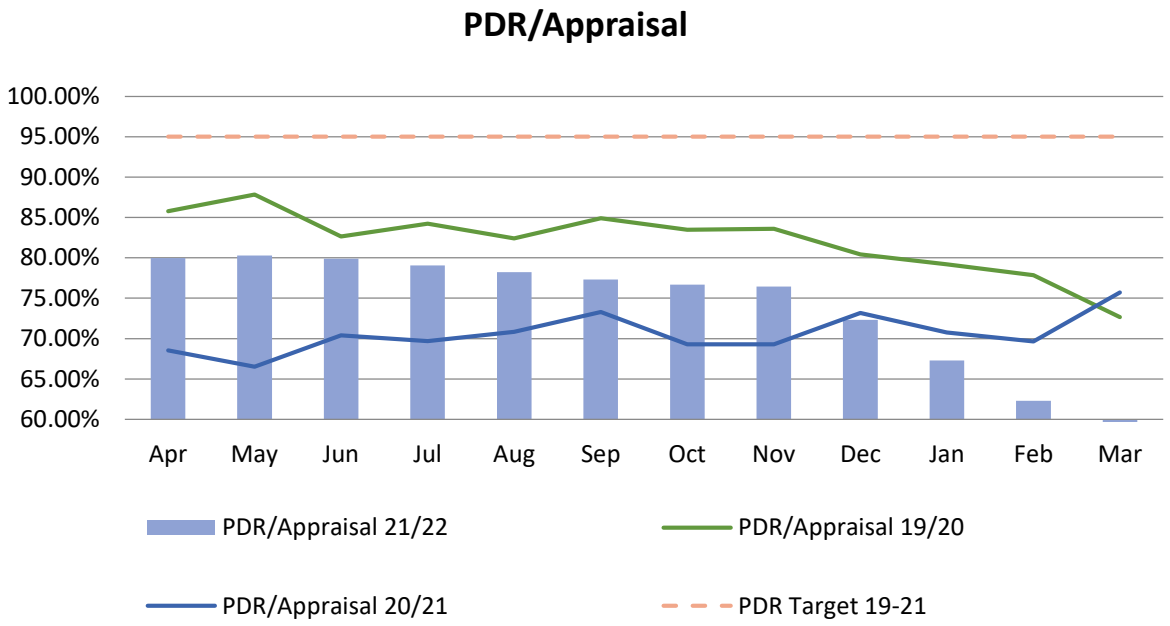
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

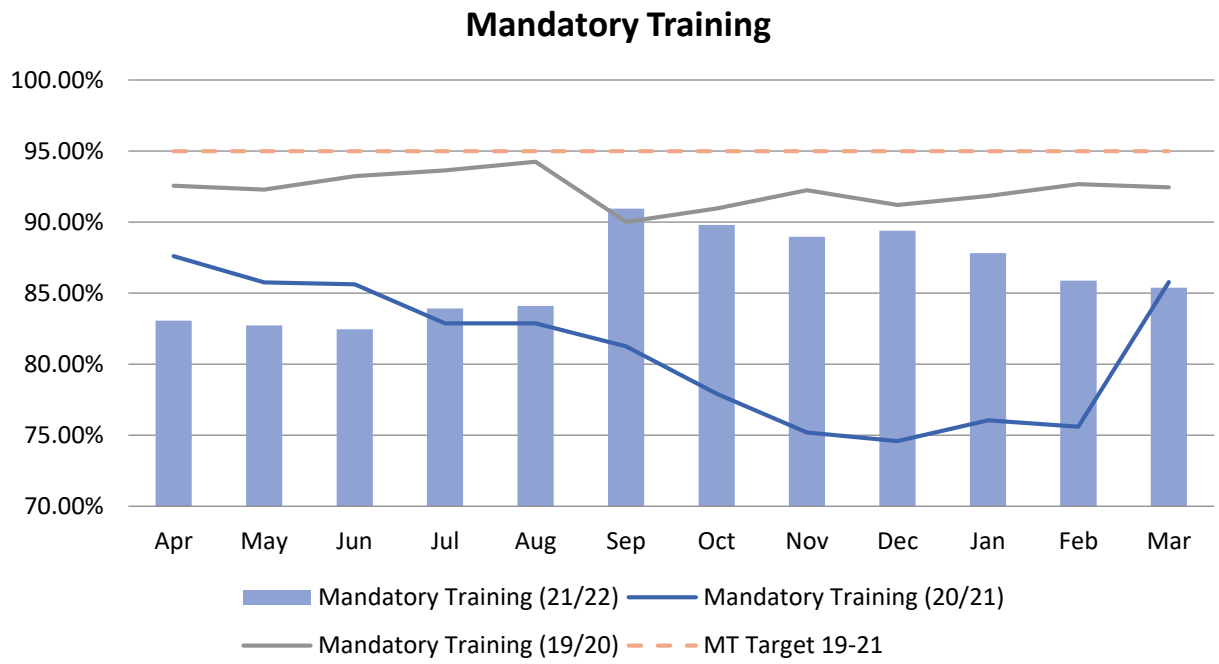
Over the last few months, the percentage of staff not disclosing their ethnic background has increased to 3.29% of all applicants

Applications from BME staff made up 56% of all applications made in March

53.60% of shortlisted candidate were from a BME background, with 0.8% undisclosed

Training and Development





Appraisals

Appraisals completions decreased by 9.04% to **53.27%** in March and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

Mandatory training increased by 0.51**%** to **85.38%** in March, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

KNOWLEDGE HUB EDUCATION

The Royal Orthopaedic Hospital NHS Foundation Trust

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

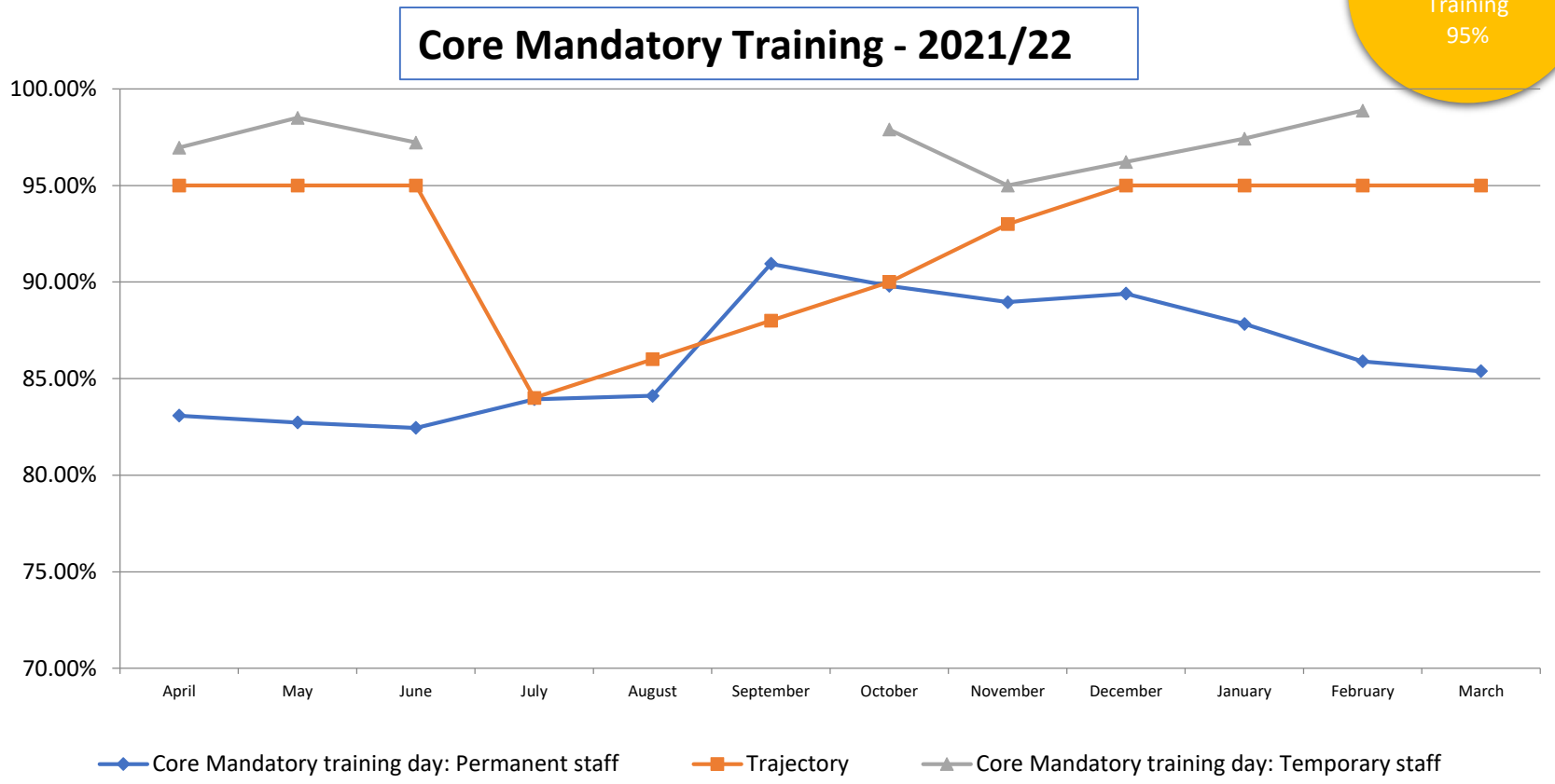
Monthly review of mandatory training compliance from

1st April 21 to 31st March 2022

3 Workforce Learning and Development

3b Core Mandatory Training Modules

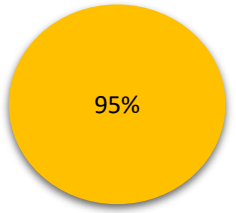
Core Mandatory Training 95%

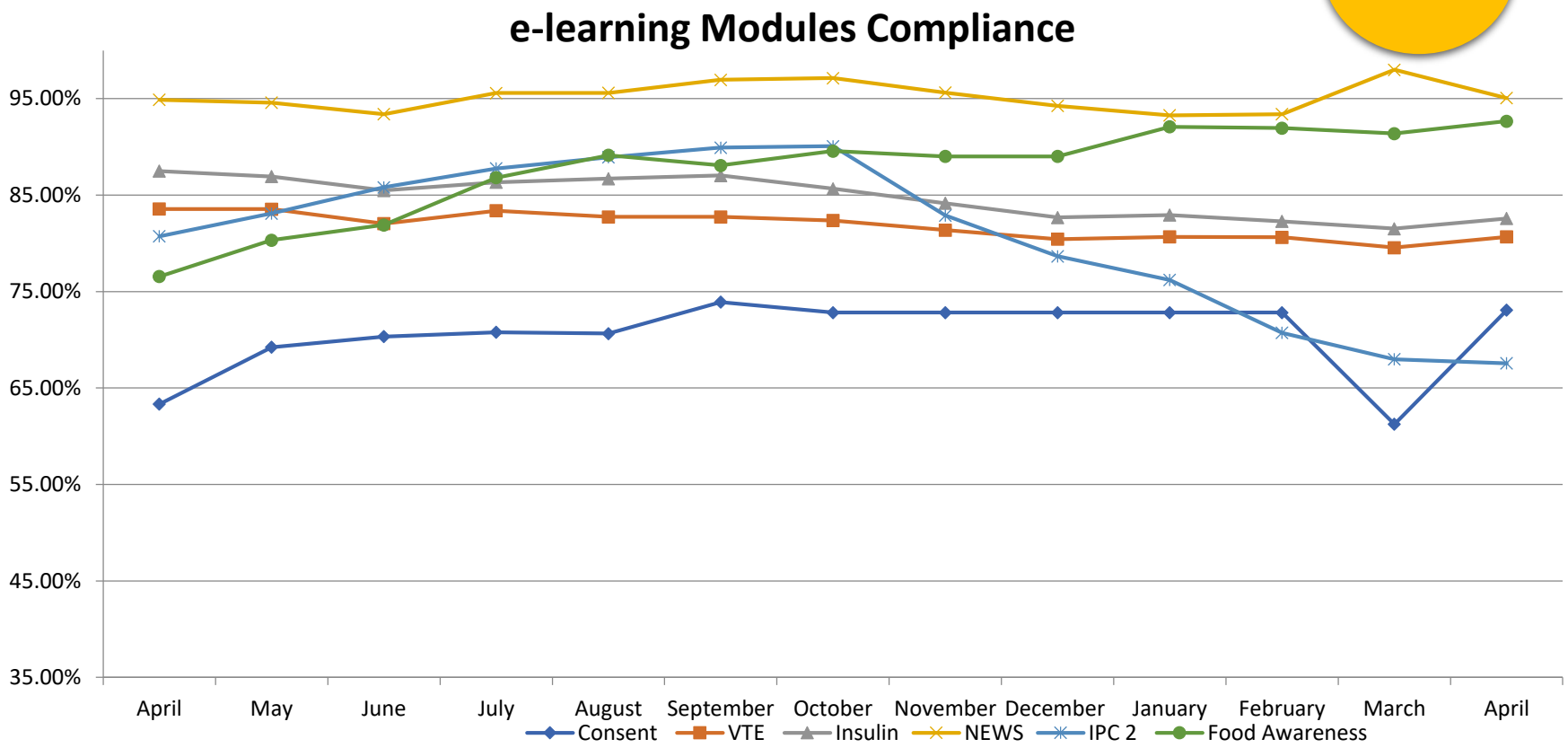


Comments:
Since Having hovered below 90% since October we have dipped to just above 85%. Coming out of the pandemic all staff need to prioritise their compliance and focus on achieving the 95% CCG target. Training guides are available to support staff with enrolling onto the elearning certifications. In line with the Core Skills Training Framework staff are required to complete the following:- 1 yearly – Fire Safety/Information Governance & Data Security/Infection Control and 3 yearly – Safeguarding Level 2 Adults & Children, Basic Prevent Awareness, Equality & Diversity, Health & Safety and Manual Handling.

3 Workforce Learning and Development

3c E-Learning Module Compliance



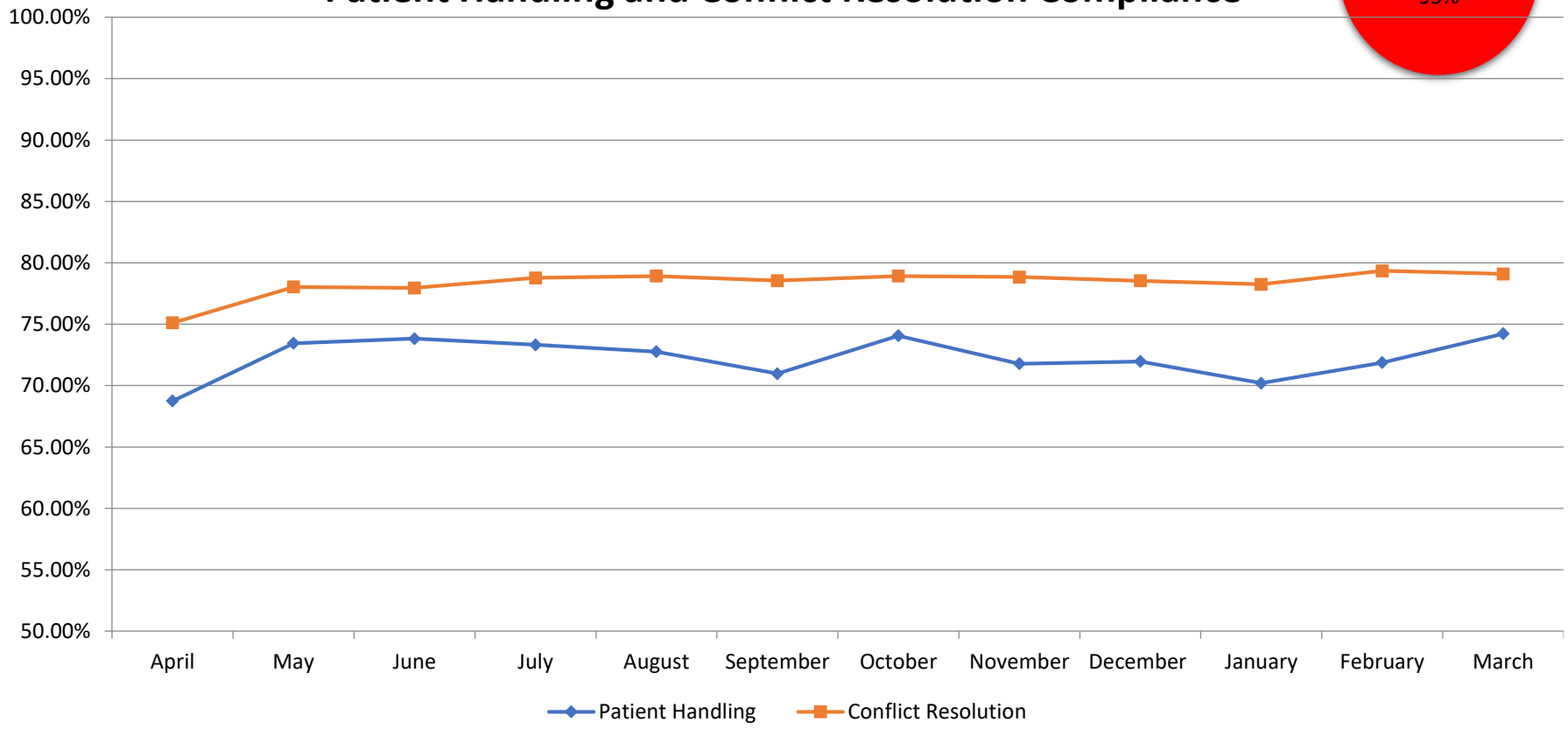


Comments: Recently the Consent module switched from free content on BMJ to charged. All Consultants have been updated on the new requirement, signified by the jump for Consent from 61.25% in February to 73% in March. ESR reminders continue to be issued to staff 3 months ahead of role specific compliance being out of date.

3 Workforce Learning and Development

3d Patient Handling and Conflict Resolution Compliance

PH and Cr Target 95%

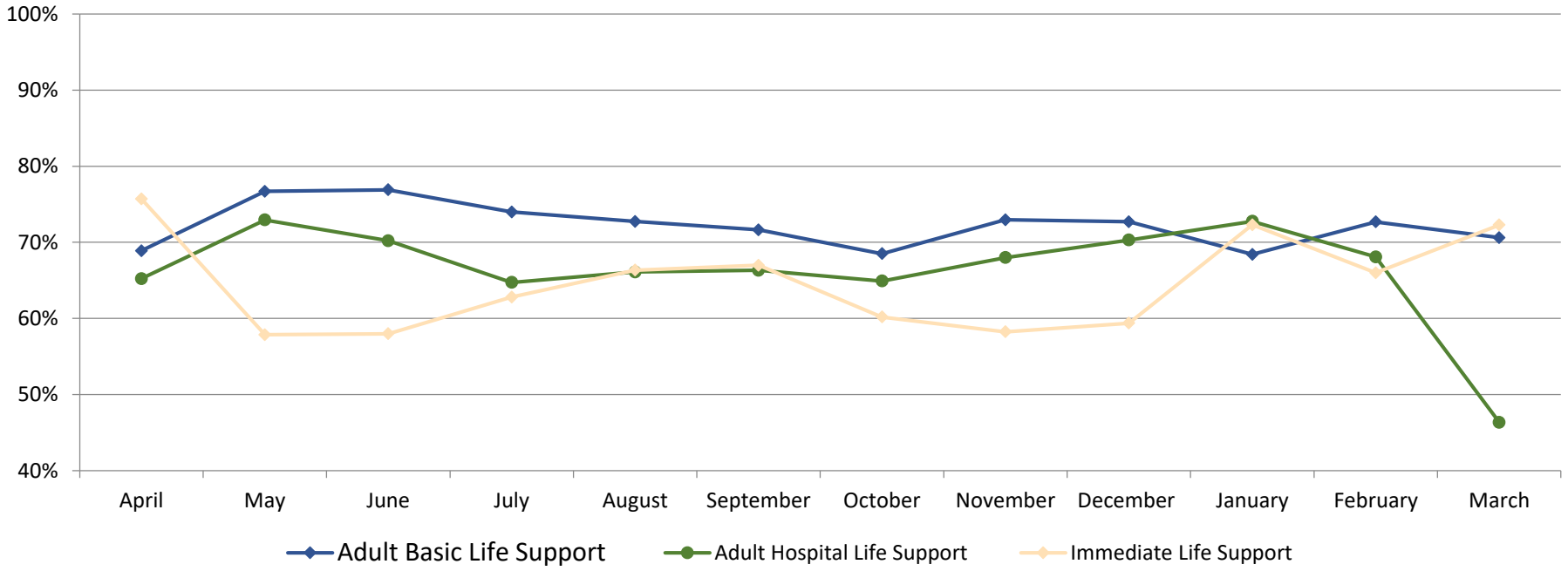


Comments: Since January Patient Handling compliance has not shifted above 75%. In part this is due to restrictions of numbers attending training due to covid, the course is restricted to six participants. Additional sessions for Theatres have taken place in April so we would hope to see compliance increase above 75% . We are working with the new lead trainer to agree the training schedule and review numbers.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Adult Resuscitation Training

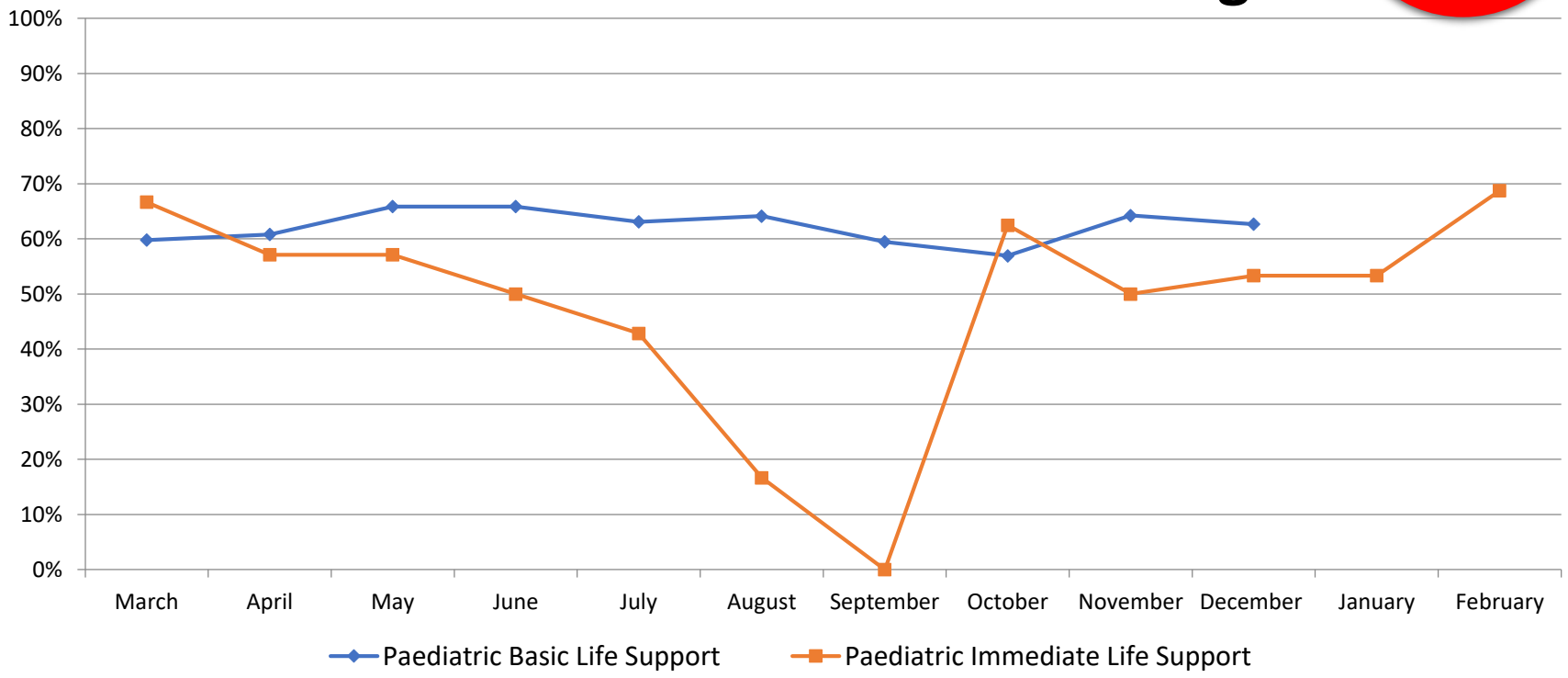


Comments: We are shifting our approach with Resus training and anticipate changes over the next couple of months to shift our compliance. However, we are still experiencing high rates of DNAs due to staff absences. Additional training sessions for Theatres in April should support an increase in compliance. With HLS now being the required Resus training for all clinical staff the pool has increased; whilst HCAs attend this training we should see compliance improve.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Paediatric Resuscitation Training



Comments: With the shift to HLS we will cease reporting on PBLS. We anticipate that Resus reporting will be updated to meet the changing needs in time for April 2022 data. We have seen a positive increase in PILS compliance but need to review with the Resus Officer the compliance gap.

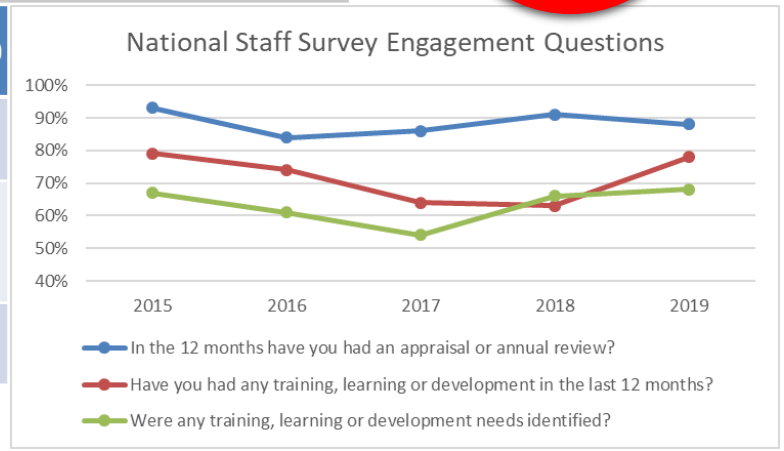
Performance and Development Review 95%

3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019	2020
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%	N/A
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%	N/A
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%	N/A

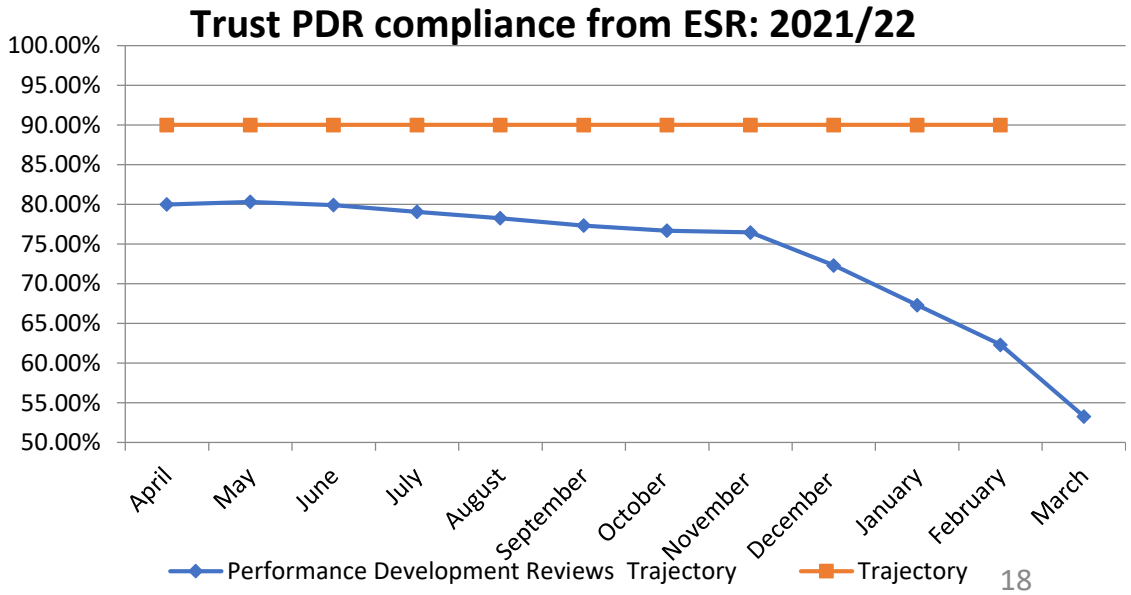
Data is colour coded according to comparison against Specialist Acute Trust
- Below; Equal; Above; Not benchmarked to date



Staff survey results in 2019, show that there has been a 15% increase in staff reporting they have had access to learning and development opportunities over the last 12 months. This positive response reflects the time and investment the trust has put into providing and promoting training opportunities, including access to apprenticeships and functional skills training, Band 6 Nursing and AHP programmes, Management skills programmes and Specialist orthopaedic modules for nursing.

During 2020 the Trust is revising its Performance Management and appraisal process, with the aim of improving these outcomes.

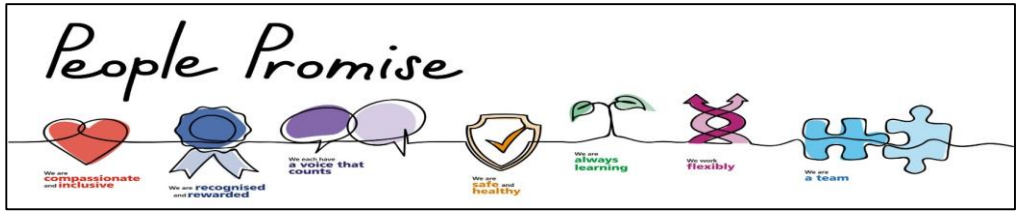
During the COVID-19 outbreak there was an initial decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. However this has gradually increased over the last 12 months despite additional waves.



Workforce – Experience and Engagement

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))

The results for the restarted People Pulse survey 21/22 Q4 have been shared with colleagues across the Trust and will be integrated into the National Survey results. All future work and analysis of results will be aligned to the People Promise. The People Pulse 22/23 Q1 was launched on the on April 5th and will run until 29th April. The People Pulse will include all permanent staff and bank staff.



National Staff survey (NSS)

The national staff survey results are currently being reviewed and key results have been shared with colleagues across the Trust. Focus groups continue will to be run on the 26th April & 4th May 2022.

OD and Inclusion Work

The actions from the CQC BAME Focus group have been confirmed with support form the Multi Minority Ethnic Group (MMEG) network and are now integrated into the ROH Inclusion Plan.

The EPIC Programme commenced on the 1st March 2022, with over 16 colleagues attending the course. The EPIC programme is enabling colleagues to be Inclusive Champions for colleagues, teams and patients across the ROH Trust. A post evaluation of the programme will take place after the final Module in July.

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future. The Mentor and Mentees workshops will commence on the 28th June & 18th August 2022 with Activity Group.

Our intern on the NHS 10000 Black Intern programme will be starting in the Trust in early June for six weeks. We have made contact with the individual Kiosha Sukie and will be organising meeting for colleagues to meet Kiosha in preparation for the internship starting. Kiosha will be supported by the OD and Inclusion Team and staff networks and a programme will be set up of areas that Kiosha will work in

The Me as a Manager programme is launching on the 27th April and so far 9 managers have signed up for the face to face session. This is an awareness session designed for all manager to understand the lifecycle of their employees. Action planning and support material to upskill managers in key areas will be provided.

The OD and Inclusion Team supported on the first module of Nursing and AHP Leadership programme which covered Inclusive Leadership

disability confident LEADER

The Trust has successfully completed Disability Confident Level 3 Leader accreditation in March and will continue progress through feedback from the assessment and with the inclusive recruitment project work.

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The team will completing the NHS Wellbeing diagnostic with support from the Wellbeing Guardian
- The next Health and Wellbeing event will take place on 3rd and 5th May 2022. Planning has started for this event to include support from colleagues around the Trust include staff networks and mental health support colleagues
- The funding for the BSol Wellbeing initiative of £27,000 has now been received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level
- A cost of living session was run for staff to feedback on ideas for supporting staff members who may be facing financial hardship in the coming months
- The Wellbeing Guardian attended the April Trust Wellbeing Implementation Group (TWIG) meeting to hear more about staff priorities linked to the NHS wellbeing diagnostic

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Date: Monday 9 May 2022

Notice of a meeting of the Council of Governors

Notice is hereby given to all members of the Council of Governors of the Royal Orthopaedic Hospital NHS Foundation Trust that a meeting of the Council of Governors will be held by MSTeams on Thursday 12 May 2022 at 1400h to transact the business detailed on the attached agenda.

The MSTeams link to the meeting is:

Click here to join the meeting

Members of the press and public are welcome to attend the public part of the agenda, which starts at 1430h.

Questions for the Council of Governors should be received by the Director of Corporate Affairs & Company Secretary no later than 24hrs prior to the meeting by post or e-mail to Simon Grainger-Lloyd, Trust Headquarters or via email s.grainger-lloyd@nhs.net

Tim Pile

Chair

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Council of Governors reserves the right to exclude, by Resolution, the Press and Public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the Resolution.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

AGENDA

COUNCIL OF GOVERNORS

Venue Virtual via MSTeams **Date** 12 May 2022: 1400h – 1545h

TIME	ITEM	TITLE	PAPER REF	LEAD
1400h	1	Exclusion of the press and public	Verbal	Chair
1402h	2	Non Executive appraisals	Verbal	Chair
1420h	3[#1]	DRAFT Annual Governance Statement and Accounts	ROHGO (5/22) 001 ROHGO (5/22) 001 (a) ROHGO (5/22) 001 (b)	SGL/ SW
1435h	4	Apologies and welcome	Verbal	Chair
1437h	5	Declarations of interest	Verbal	ALL
	6	Minutes of previous meetings on 7 October 2021	ROHGO (10/21) 012	Chair
	7	Update on actions arising from previous meetings	Verbal	SGL
1440h	8	Chair and Chief Executive's update	ROHGO (5/22) 002 ROHGO (5/22) 002 (a) ROHGO (5/22) 002 (b)	TP/JW
1500h	9	Preparation for the COVID-19 public inquiry	ROHGO (5/22) 003 ROHGO (5/22) 003 (a)	SGL
1510h	10	Quality Account Priorities for 2022/23	Presentation	NB/ AM
1520h	11	Non Executive recruitment plans	ROHGO (5/22) 004	TP
1525h	12	Updates from the Board and Board Committees	ROHGO (5/22) 005 - ROHGO (5/22) 010	Chair & NEDs
1535h	13	Governor updates		
	13.1	Lead Governor appointment	ROHGO (5/22) 011	SGL

[#1] Public, CEO and Non Executives join meeting

	13.2	ICS implications for governors	ROHGO (5/22) 012 ROHGO (5/22) 012 (a)	SGL
	13.3	Governor elections update	Verbal	SGL
1545h	14	For information: • Finance & performance update • Quality & Patient Safety update • Workforce update • Board Assurance Framework	ROHGO (5/22) 013 ROHGO (5/22) 014 ROHGO (5/22) 015 ROHGO (5/22) 016	Chair
	Date of next meeting: Thursday 20 October 2022 @ 1400h – 1600h in Trust Headquarters			

[#1] Public, CEO and Non Executives join meeting

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Council of Governors - Version 0.2

Venue Virtual Via MS Teams **Date** 7 October 2021 @ 1400 - 1630h

Members present

Tim Pile	Chairman	TP
Brian Toner	Lead Governor	BT
Lindsey Hughes	Public Governor	LH
Petro Nicolaides	Public Governor	PN
Tony Thomas	Public Governor	TT
Anne Waller	Public Governor	AW
Julia Liddle	Public Governor	JL
Arthur Hughes	Public Governor	AH
Gavin Newman	Staff Governor	GN
David Richardson	Staff Governor	DR
Wilson Thomas	Staff Governor	WT
Andrew McQueen	Staff Governor	AM
Maxine Shanahan	Stakeholder Governor	MS
David Robinson	Stakeholder Governor	PS
Liz Clements	Stakeholder Governor	LC
Dagmar Scheel-Toellner	Stakeholder Governor	DS-T

In attendance

Gerard Hanratty	Head of Health, Browne Jacobson LLP	GH	[Item 4]
Matthew Revell	Executive Medical Director	MR	[Item 5]
Kathryn Sallah	Non Executive Director	KS	
Simone Jordan	Non Executive Director	SJ	
David Gourevitch	Non Executive Director	DG	
Gianjeet Hunjan	Non Executive Director	GH	
Jo Williams	Chief Executive	JW	
Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	SGL	[Secretariat]

Minutes	**Paper Ref**
1 Apologies and welcome	**Verbal**
Apologies were received from Hannah Abbott and Pat Clark. New staff governors Andrew McQueeen and Wilson Thomas were welcomed to the meeting. Congratiulations were also extended to Gavin Newman, Petro	

Nicolaides and Arthur Hughes who had been re-elected as governors.	
2 Minutes of previous meeting	**ROHGO (6/21) 004**
The minutes of the previous meeting were accepted as a true and accurate record of discussions held.	
3 Actions from previous meeting	**Verbal**
It was reported that the Medical Director would join the Council later in the meeting to present the update on the Clinical Strategy.	
4 Legal View of ICS & Implications – Garard Hanratty, Browne Jacobson	**Presentation**
Gerard Hanratty, Head of Health from Browne Jacobson LLP provided an overview of the legal basis relating to the development of Integrated Care Systems (ICS) . Simone Jordan suggested that in order to develop a highly functioning ICS there needed to be some work undertaken to identify what was working well elsewhere. Gianjeet Hunjan commented that there appeared to be challenges evident across the country and there were variations in terms of the apoproach adopted by ICSs. It was suggested that some of the work with Greater Manchester would be good learning for the BSol ICS. It was noted that some of the pathways, processes and structures had not yet been clarified in national guidance which, when set, would help decide how best to take forward the approach. It was noted that in terms of social care and funding some of the new procurement rules were awaited but the boundaries between social care and health were blurred. It was reported that a Committee will be created to support the Place functionality and social care would be invited to join this. There would be a greater ability to share functions but it was suggested that this needed to be replicated in local authorities. The Council of Governors noted that it would be challenging to meet the timetable to formally establish ICSs as legal entities given the ongoing impact of the pandemic and winter. It was suggested that the ICS needed to be patient-focussed without adding bureacrasy. There was noted to be lack of clarity around the decision-making framework and agreement as to how the funding would flow and there needed to be a mapping of need to infom commissioning intentions. It was suggested that Health Inequalities needed to be part of the discussions. It was also suggested that the Mayor of the West Midlands needed to sit on the Integrated Care Board when it was established. It was noted that Health and Wellbeing Boards would remain and the partnership relationship was important. It was noted that there was a period of time allocated to allow the system to become embedded. The Chief Executive also noted that the balance of decisions	

taken at provider level versus system level needed to be worked through. Examples were provided to illustrate this. The Lead Governor suggested that the priorities for the ICS needed to be made transparent. He also expressed a view that a Lead Provider model may be seen as unhelpful in some ICSs where there was a dominant provider already. In this case the Provider Leadership Board may be a more helpful. It was noted that the single biggest issue facing the ICS was the backlog of elective care and orthopaedics was central to this. The ROH in turn was a critical player for this work. Wilson Thomas suggested that the plans for the ICS needed to be shared with the organisation. The Chief Executive reminded him of the meeting with the consultants and staff side for this purpose. As more information was received then other workshops and Team Brief could be used to disseminate the material. Mr Hanratty was thanked for his presentation.	
5 Summary of Clinical Strategy	**Presentation**
The Medical Director joined the Council of Governors and noted that the clinical strategy had been developed in a multidisciplinary way. The strategy was focussed on the qualities that defined the ROH and its excellence, which included Musculo Skeletal (MSK) 'Know How' and 'Show How'. The 'Show How' was already strong and this had been evident by the COVID response and system working, however the balance of thr work across the various specialities needed to be given attention. In terms of 'Know How', through the Audit Quality Improvement Learning & Analysis (AQILA) panel there was a plan to build continuous improvement into practice and health information would be analysed to identify opportunities sooner. There was a plan to develop an MSK academy to attract a developing committed workforce. Networks would be maximised and could inform a plan ahead for a multi professional 'think tank'. The biggest intention of the strategy was around the ROH directly reaching out to support patients every step of the way, speaking to them in their own context around the delivery of their care. The Chair commented that the strategy delivered the broader ROH vision and the delivery of a branded service. The offering to patients was excellent and would enhance the information support. The Chief Executive added that the strategy built in the prevention agenda especially given that MSK was the reason for a significant number of absences. This also included a health and wellbeing offering, including links to the Commonwealth Games.	
6 CEO & Chair's Update	**ROHGO (10/21) 001** **ROHGO (10/21) 001 (a)**

The Chief Executive advised that on 27 September 2021, the Trust had been shortlisted for Trust of the Year and the presentation to the shortlisting panel had been delivered by the Chair of the Multi Minority Ethnic Group (MMEG), the Chief Operating Officer and herself. It was noted that the staff awards had been cancelled on the basis of the COVID pressures in the system. An alternative event would be held in November 2021. The staff survey had been launched and a target response rate of 70% had been set. The COVID booster would be delivered in November, which would be a Pfizer vaccination. Black History month was reported to be underway. It was noted that the Trust had been visited by HRH The Princess Royal to formally open the new operating theatre facilities. It was noted that the cleaning team had prepared hard to ready the site for the special visit and the hospital looked impressive. There had been a positive vibe across the Trust as a result. The Chair added that the event had been well organised and he had been proud of the journey and achievements over the past few years. The Chief Executive advised that a certificate had been received in recognition of the Trust as being one of the world's best orthopaedic hospitals.	
7 Fit & Property Person's update – Non Executives	**ROHGO (10/21) 002**
The Director of Corpoirate Affairs & Company Secretary advised that In line with the Trust's Fit and Proper Persons Test (FPPT) Policy, the Council of Governors was required to receive an annual report that provided assurance that all those covered by the regulation meet the required standards. The report advised that all Board and Executive Team members had completed their annual self-declaration that they were Fit and Proper, with no shortfalls in compliance identified.	
8 Report back from Committee Chairs	**ROHGO (10/21) 003** **ROHGO (10/21) 004** **ROHGO (10/21) 005** **ROHGO (10/21) 006**
The Council of Governors considered the latest upward reports from the Board Committees, with the following highlights being drawn out: • There were financial and operational pressures expected in the second half of the year. The Elective Recovery Funding was to be decided with the ICS. There was much work was underway to recover the activity plan. • Quality & Safety systems and processes have strengthened, with the	

Quality & Safety Executive and AQILA supporting the process. The Chief Executive added that in terms of COVID patients treated since February, there had only been two. • Work was planned to outline the full range of organisational development initiatives, with the impact and intended outcome being clear. A staff story was continued to be received at the beginning of each meeting. The last meeting had received an update from an anaesthetic registrar. The most recent staff walkabouts had been very positive. • The annual report and accounts process had been discussed by the Audit Committee. The draft annual accounts had been submitted on time. The Value for Money element had taken longer than initially envisaged The audited Annual Accounts and Report would be submitted shortly. A number of internal audit recommendations had been closed. • The Charitable Funds Committee was reported to be functioning well and the Fundraising Manager, Ali Gray, was undertaking some positive work. The charity would change its name as part of a refresh of the branding. The quantum of funds had increased in value.	
9 Progress with governor sponsored Quality Priority	**ROHGO (10/21) 007** **ROHGO (10/21) 007 (a)**
Kathryn Sallah reported that the use of volunteers as part of recruitment work was being considered. They were also critical in terms of the workforce planning work being led by the Deputy Director of Nursing. It was suggested that staff needed to understand the potential and value of these roles. There was noted to be one outstanding issue, this being to create a hub for easy access. Lindsey Hughes asked for details of the numbers of volunteers and the make up of the cadre in terms of protected characteristics and ethnicity; this would be provided at the next meeting. It was agreed that the offer should be available for a range of young people and others.	
10 Governor Matters	**Verbal**
There were no matters of significance that governors wished to raise.	
11 Performance Reports – for information • **Finance & Performance** • **Quality & Safety** • **Workforce** • **Board Assurance Framework**	**ROHGO (10/21) 008** **ROHGO (10/21) 009** **ROHGO (10/21) 010** **ROHGO (10/21) 011**
The performance reports were received and noted.	

12 Any other business	**Verbal**
Petro Nicolaides asked for the Executive and other ROH teams to be thanked for their ongoing work and for the maintainance of standards. The Chief Executive advised that the second MRI scanner work was completed and that it would be opened shortly. A submission to Inclusive Companies had been made. It was suggested that a site visit should be arranged. Lindsey Hughes noted that the general atmosphere in the Trust was positive	
13 Date of next meeting: The next meeting is planned for Thursday 20 January 2022, 1400h to 1600h, venue to be confirmed. (Pre-meet with the Lead Governor and Chairman @ 1300h).	

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Chair and Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chair**
AUTHOR:	**Jo Williams, Chief Executive and Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**12 May 2022**

EXECUTIVE SUMMARY:

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

A separate briefing is provided on Provider Collaboratives, which will be presented by the Chair in the context of local discussions.

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

Trust Board on 4 May 2022.

FOR INFORMATION

ROHGO (5/22) 002 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Council of Governors on 12th May 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 6th April from the Chief Executive's position; this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We continue to support our partners across the BSol (Birmingham and Solihull) region with the Trust focusing on our role supporting the system recovery plan. System calls continue with the Chief Operating Officers (COOs) across all providers meeting daily to agree the operational changes required to address the system backlog for adults across BSol. Throughout the Easter and Bank Holiday period, system Gold calls were reinstated daily to manage the pressures across the urgent care pathway. Over the last two weeks, the ROH has freed up capacity to treat over 70 ambulatory trauma patients and we will continue to review the demand across the system over the Bank holiday period and assist as required.

2.2 This year, Her Majesty the Queen, will become the first British Monarch to celebrate a Platinum Jubilee after 70 years of service and many celebrations are planned across the country from Beacon lighting on the 2 June and a Big Jubilee Lunch on Sunday 5 June. We are extremely proud of our royal heritage and we are planning our own celebrations commencing on Monday 30 May 2022. An outdoor "Big Lunch" is planned for all our colleagues between 12pm-2pm with vendors, music, and activities planned for the event.

On Thursday evening, 2nd June at 9.45pm, the ROH will be taking part in the ceremony as beacons are lit throughout the United Kingdom, Channel Islands, Isle of Man, UK Overseas Territories and within each of the Commonwealth countries.

On Thursday 14th April 2022, I was delighted to be invited to the Tower of London to welcome the arrival of The Commonwealth Nations Globe. The Globe, which will be kept in the Tower until the 2nd June, will be transferred to Buckingham Palace where it will be used to light the principal beacon.

2.3 On Monday 25th April, we reopened Ward 2, Theatres 5, 6 and 7 following the refurbishment of the Ward and routine maintenance of the Theatres. I would like to thank all the teams involved in the programme and especially all those who worked over the weekend to get the areas cleaned and operational. It was a fantastic team effort.

2.4 On Tuesday 26th April, colleagues from MMEG (multi minority ethnic group) presented to the Trust Executives the proposal for a mentoring programme, which will commence in June 2022. This aims to support and inspire colleagues from ethnic minority backgrounds to develop their

careers positively in a working environment where they may be under-represented or disadvantaged. I am looking forward to seeing how the programme develops and I hope it helps to raise the confidence of colleagues from ethnic minority backgrounds to empower and support ethnic minority ROH staff in their professional careers.

2.5 I am delighted to share that the Trust has agreed to commence its accreditation programme and affirmed its support to the armed forces community and over the coming months we will formally sign the Armed Forces Covenant. The Trust will commit to upholding the key principles of the Armed Forces Covenant, which are:

-no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen; and

-in some circumstances, special treatment may be appropriate, especially for the injured or bereaved.

It also means the Trust will demonstrate its support for example by:

-promoting the fact that we are an armed forces-friendly organisation

-seeking to support the employment of veterans young and old

-striving to support the employment of service spouses and partners

-endeavouring to offer a degree of flexibility in granting leave for service spouses and partners before, during and after a partner's deployment

-seeking to support our employees who choose to be members of the reserve forces, including by accommodating their training and deployment where possible

-offering support to our local cadet units, either in our local community or in local schools, where possible

-aiming to actively participate in Armed Forces Day

-ensuring quick and easy access to healthcare services, and in some cases 'fast tracking' treatment where symptoms are as a result of military service or related experience.

2.6 I would like to formally confirm that the Trust has been invited to join Birmingham Health Partners (BHP) from 1st May 2022. BHP is a strategic alliance between the University of Birmingham, the West Midlands Academic Health Science Network, Birmingham Women's and Children's NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, and Sandwell and West Birmingham NHS Trust, with members collaborating to bring healthcare innovations through to clinical application. Its unique ecosystem enables the full spectrum of translational medicine to be discussed, encompassing health data; an established local health system; academic excellence; and an extensive clinical trials capability and by enabling integrated, multidisciplinary working, BHP aims to help answers to complex healthcare issues for the direct benefit of people worldwide.

I'm looking forward to joining the first Board meeting in June 2022 where I am confident that the ROH can contribute to the BHP purpose and we know that it is only working collaboratively

together will we unleash the incredible strengths and talent within our health system to improve the health and economic benefit for our citizens

3 BSol ICS (Integrated Care System) Update

3.1 The BSol ICS Executive recruitment process has concluded and the following Board Director appointments have been made:

Lisa Stalley-Green, Deputy Chief Executive, and Chief Nursing Officer
In both her current and previous roles, and as Vice Chair for the Local Maternity and Neonatal System, Lisa has shown a strong commitment and enthusiasm for system leadership. In her most recent role, as Executive Chief Nurse at University Hospitals Birmingham (UHB), Lisa has demonstrated her leadership expertise in care quality and improvement, driven by a passion for patient engagement and experience and staff experience and wellbeing. Lisa grew up in Birmingham and is looking forward to serving our diverse communities.

Paul Athey, Chief Finance Officer
Paul has been Chief Finance Officer for the CCG for the last three years, and as ICS Finance Lead has been instrumental in the development of a finance and investment strategy to support the delivery of the ICB's core aims. Paul's portfolio will also include responsibility for strategy and strategic commissioning.

Clara Day, Chief Medical Officer
Drawing on her experience in a range of clinical leadership roles, Clara has been providing clinical leadership to our emergent ICS over recent months, alongside her system lead role for outpatient recovery and as Medical Director for the COVID-19 vaccination programme. Clara is a practicing renal consultant at University Hospitals Birmingham.

Mandy Nagra, Chief Delivery Officer
Currently Chief Executive of Wythenshawe, Trafford, Withington and Altrincham Hospitals, Mandy has led various large-scale transformation and improvement programmes including her involvement with the development of the Wythenshawe Masterplan alongside the day-to-day leadership of the hospitals that form a part of the Group, within the Greater Manchester ICS. Her extensive experience of 28 years working in health and care has been gained at local, regional and national levels, including within several large ICSs, and spans provider, commissioning and regulator.

Paul Sherriff, Chief Officer for Partnerships and Integration
Paul has worked for the CCG since 2013, recently leading GP provider strategy development, and system delivery, focused on collaborative working. This has included leading the development of innovative models of care and vaccination programme. Paul will continue as executive lead for Primary Care and Place.

All colleagues will officially take up their new roles from Tuesday 3 May 2022. Karen Helliwell will remain as Accountable Officer for the CCG until the ICB is formally established on 1 July 2022. Karen will also work with the Executive Team post-July as Transition Director, supporting the ICS through the coming months as they continue to transition and develop into the new ways of working. Recruitment to two further roles is expected to commence in May 2022: the executive lead for people and executive lead for digital to join the Executive Team

and will be announced in due course. I would like to offer my congratulations to all the Director's appointed and we look forward to working with them as we work together to collaboratively develop our ICS.

4 NHS England/Improvement (NHSE/I) National updates

4.1 Fortnightly briefing calls remain in place with NHS Improvement with the focus being on the vaccination programme and restoration & recovery of elective activity across the Midlands and East region.

4.2 On Thursday 28th April, I joined Chief Executive colleagues across the country with Amanda Pritchard Chief Executive of NHE, and national colleagues to discuss both the immediate operational and strategic objectives for 2022/23, and where we were given an opportunity to feed into work, which has commenced on updating the NHS Long Term Plan (LTP). It was a great opportunity to hear about the some of the work being undertaken across the NHS and discuss how we work together over the coming months. Whilst no one underestimates the challenges we have as NHS leadership team as we come out of the pandemic, there was a palpable sense of the enormous pride, which we all have in our teams and their incredible commitment, compassion and agility shown over the last two years.

4.3 On Wednesday, 28 April 2022, the Health and Care Bill received Royal Assent by Her Majesty The Queen, enacting the most significant health legislation in a decade into law. The Act introduces measures to tackle the Covid backlogs and rebuild health and social care services from the pandemic, backed by £36 billion over the next three years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

The Health and Care Act builds on the proposals for legislative change set out by NHS England in its Long Term Plan, while also incorporating valuable lessons learnt from the pandemic to benefit both staff and patients.

It marks an important step for the health and care agenda, setting up systems and structures to reform how health and adult social care work together, tackle long waiting lists built up during the pandemic, and address some of the long-term challenges faced by the country including a growing and ageing population, chronic conditions and inequalities in health outcomes.

5 POLICY APPROVAL

5.1 In April 2022, the following corporate policies were approved by the Chief Executive on the advice of the Executive Team:

- Private Patient Policy
- Decontamination policy
- Isolation policy

- Hand hygiene policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

29 April 2022

PROVIDER COLLABORATIVES UPDATE – FORM, FUNCTION AND INTENDED OUTCOMES

UPDATE TO THE COUNCIL OF GOVERNORS – 12 MAY 2022

1.0 INTRODUCTION

1.1 From July 2022, all NHS trusts providing acute and mental health services will need to join a provider collaborative. NHS community and ambulance trusts and non-NHS providers, such as voluntary, community and social enterprise (VCSE) sector organisations or independent providers, will be offered the opportunity to take part where this will benefit patients and makes sense for the providers. Individual providers may be involved in more than one collaborative. This is different from previous initiatives because collaboration is now mandated, rather than encouraged, and provider collaboratives will become a universal part of the health and care landscape across England.

1.2 However, how these arrangements develop will vary significantly across the country. They may take different forms and will vary in their scale and scope: some will be 'vertical' collaboratives involving organisations that provide different services (eg, collaboratives bringing together primary care, community, local acute, mental health and social care providers); others will be 'horizontal' collaboratives that bring together providers that offer similar services (eg, a chain of acute hospitals or mental health services).

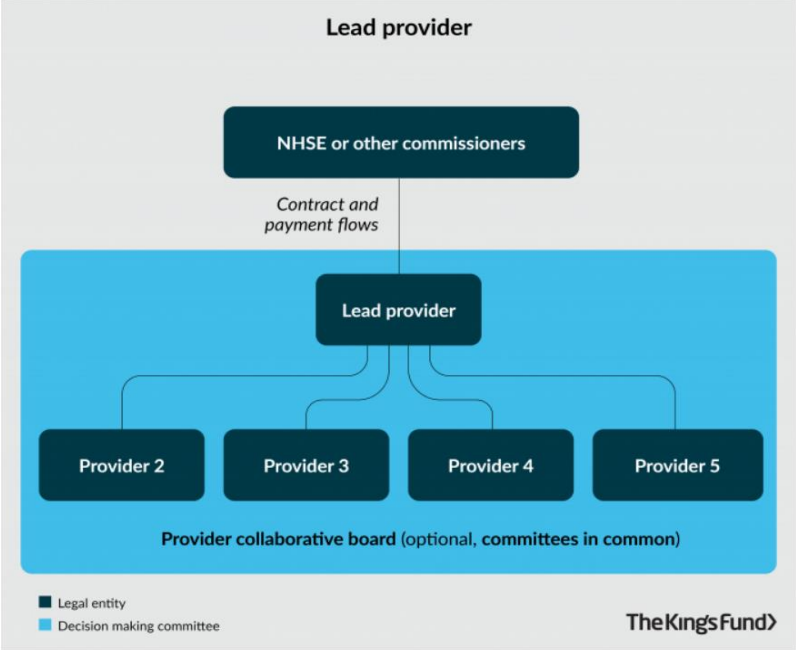
2.0 GUIDING PRINCIPLES OF PROVIDER COLLABORATIVES

2.1 NHS England has set out a number of guiding principles that should underpin the chosen arrangement. The two most fundamental of these are:

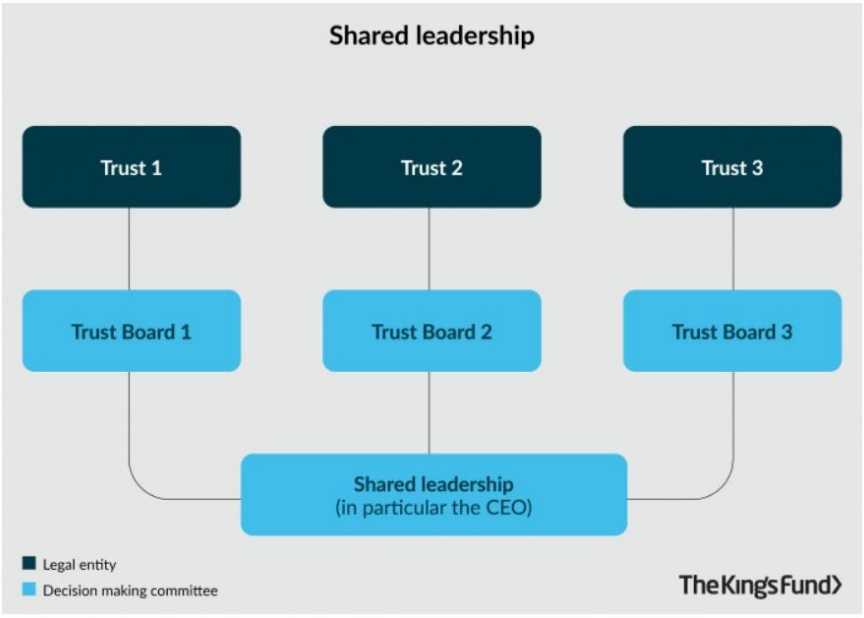
- Acting as a key component of system working, Provider Collaboratives provide a means for providers to work together to plan, deliver and transform services.
- By working effectively at scale, Provider Collaboratives provide opportunities to tackle unwanted variation, making improvements and delivering the best care for patients and communities.

3.0 PROVIDER COLLABORATIVE MODELS

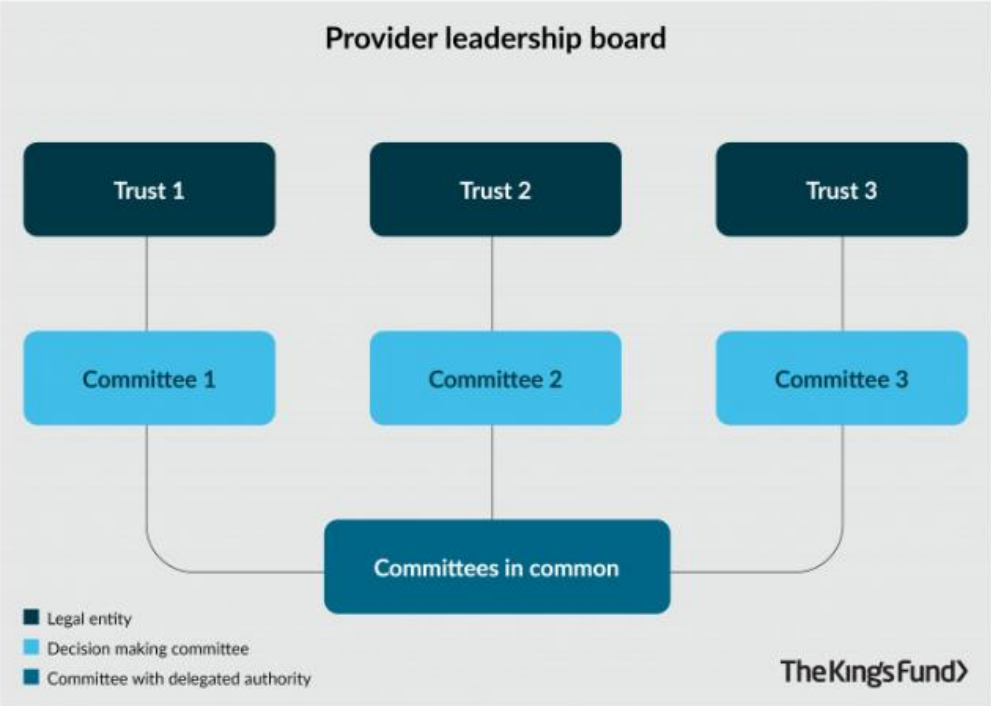
3.1 **Lead provider** – a single trust takes the responsibility, and contract, to deliver a set of services on behalf of the provider collaborative. This is underpinned by a partnership agreement between the collaborative members. This model means there is a single point of contact for the commissioner, but all members of the collaborative are contributing to the shared delivery of the service.



3.2 **Shared leadership** – the same person fills the chief executive posts at all the trusts involved in the collaborative, and sometimes this may also extend to the chairs and other executive posts. Alternatively, the boards of the individual providers can delegate responsibilities within the remit of the provider collaborative to a committee made up of members of another trust's leadership team.



3.3 **Provider leadership board** – with approval from their respective boards, the chief executives or other directors of participating trusts come together to tackle areas of common concern and deliver a shared agenda on behalf of the collaborative members and their system partners.



4.0 INTENDED OUTCOMES FROM PROVIDER COLLABORATIVES

4.1 Providers, as with other organisations in the health and care system, are expected to look beyond their organisational priorities to focus on system-wide aims and improving outcomes for the communities they serve. Working at scale, standardisation and sharing are three themes that encapsulate a number of the opportunities identified by NHS England for what provider collaboratives can offer as part of systems.

4.2 **Efficiency savings through operating at scale** - NHS England argues that scale can be deployed in several different ways, one example being through trusts working together to reduce the cost of back-office functions, for example, by employing a central procurement team, which then leverages the purchasing power of several hospitals and increases volume to drive costs down. This could potentially lead to financial savings across the collaborative but would also standardise the products used across an area, reducing variation and potential adverse events. The potential for efficiency savings could be particularly pertinent in the context of the increased efficiency targets with trusts being asked to make savings as high as 5 per cent of their total costs.

Similarly, on learning and development for staff, a collaborative has both a much larger pool of staff and greater resources to invest, which means that creating shared programmes could generate a better training and development offer. Scale also enables the specialisation and consolidation of services where appropriate.

4.3 **Standardisation** - A key driver of NHS England's support for provider collaboratives centres around their role in working at scale to reduce unwarranted variation in outcomes and access to services, including a focus on reducing health inequalities. This is where standardisation of pathways, protocols and policies can be leveraged to improve outcomes and patient experience.

4.4 **Sharing** - Sharing between providers underpins NHS England's concept of collaboratives and the benefits of working at scale. This means that capacity is viewed in a combined sense rather than on an organisational footprint. The opportunities this presents can be illustrated by the example of 'passporting' staff between NHS trusts, an initiative pursued by more mature collaboratives, which allows more flexible working for staff and can address gaps in staffing. Working in this way is also becoming increasingly important as providers tackle the backlog of care, with Humber Coast and Vale acute provider collaborative agreeing an elective recovery plan based on joint capacity and managing patient lists across the area, rather than on an organisational basis.

4.5 **Patient experience** - Collaborative partnerships can organise around the needs of people living in the area, rather than planning at individual organisational level, enabling them to deliver more joined-up, high-quality care for patients. This type of collaboration could deliver the ability to change models of care for patients, which could mean more effective use of resources for providers and better outcomes for patients through improved staffing and concentrated expertise.

- Continue systemwide discussions to ensure that any evidence of joint decision-making is captured where relevant. The Integrated Care System and extant Clinical Commissioning Group will have a key role in providing documentation and evidence from its tactical and strategic fora that have been stood up at periods over the course of the pandemic.

5 NEXT STEPS

5.1 Collaboration is the foundation of the new health and care system and provider collaboratives represent one of a number of ways for working together to use all the clinical and managerial power available to a system to address its priorities. While there are opportunities to be found with providers collaborating in this way, there are still some unresolved questions that could limit the impact, or at least the pace, of implementation.

5.2 The next year will be a critical period for the development of provider collaboratives, and for the structures around them, including ICSs and place-based partnerships. However, these arrangements will be implemented at a time of great change for the system and with the prospect of further change to follow as a result of the integration White Paper and other potential reforms. The Secretary of State has referred to existing provider collaboratives, such as South West London Elective Orthopaedic Centre, as key 'partnerships for reform' and signalled that he wants to see what trusts working in these partnerships could do with 'greater freedoms'. This

suggests that providers will continue to be a focus of national policy, which is still evolving, and we can expect further developments in this area.

6 Recommendation

6.1 The Council of Governors is asked to:

- RECEIVE and ACCEPT this update for information

Simon Grainger-Lloyd
Director of Corporate Affairs & Company Secretary

28 April 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**COVID-19 Public Inquiry – National Update and Internal Preparation**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary and Internal Public Inquiry Co-ordinator**
DATE OF MEETING:	**12 May 2022**

EXECUTIVE SUMMARY:

This report provides an update to the Council of Governors on the national developments in respect of the planned COVID-19 Public Inquiry.

The paper also sets out progress with and plans for the Trust's response to the Public Inquiry.

Ordinarily, this update will be provided in the public section of the Trust Board agenda, however the timing of this meeting means that the country remains within the purdah (pre-election) period and therefore the Board is asked to consider this as part of the confidential section of the meeting.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- RECEIVE and ACCEPT this update for information at this stage.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

Requirement to adhere to the legal obligations under the terms of the COVID-19 Public Inquiry.

PREVIOUS CONSIDERATION:

Trust Board on 4 May 2022.

Update on and Preparation for the Public Inquiry (Health & Government response to COVID-19)

UPDATE TO THE COUNCIL OF GOVERNORS – 12 MAY 2022

1.0 Introduction

1.1 The Board in its private session in December 2021, received from the Chief Executive, a briefing on the latest position concerning the planned Public Inquiry into the Government's response to the COVID-19 pandemic.

1.2 This paper is to provide an update on the progress with the plans for the Public Inquiry from a national perspective and to highlight some key steps that the Trust will take or has taken to date to support the response should it be needed.

2.0 Background refresh

2.1 On the 11th May 2021 the Prime Minister announced that there would be a Public Inquiry into the Government handling of the COVID-19 pandemic which will be launched in Spring 2022. The Inquiry will incorporate the entire HM Government response (23 ministerial department, 20 non-ministerial and 413 agencies) with over 400 NHS organisations in England and the three devolved administrations. The Inquiry will be held in public and it can compel its own witnesses with every NHS organisation its own legal entity within the inquiry (i.e. there will be no mandate from NHSEI). The Inquiry seeks to expose lessons learnt and not to allocate blame.

3.0 Progress update

3.1 On 15 December the Prime Minister announced the appointment of the Rt Hon Baroness Heather Hallett DBE as Chair of the forthcoming Public Inquiry into the COVID-19 pandemic.

3.2 The draft terms of reference for the Inquiry were published on 11 March 2022. The publication of a final version of the terms of reference is expected shortly given that the consultation on these with the public, including with bereaved families and other affected groups concluded on 7 April 2022.

3.3 Following the conclusion of the consultation and public engagement, Baroness Hallett issued a note to advise that she hoped to make her final recommendations on the UK COVID-19 Inquiry's Terms of Reference to the Prime Minister in May. He will then make his final decision on the Terms of Reference. Once this decision has been received, the Inquiry will begin its work formally.

In the meantime, Baroness Hallett and team is working to analyse the many issues that the Inquiry will have to cover and produce a plan covering the way the team intends to work and gather evidence. Evidence gathering will commence as soon as possible after the Inquiry has been formally established.

In addition, a Listening Project is planned which will be launched in the autumn. Many of the bereaved have told the Inquiry team about the loss of their loved ones, their grief and the effect on their mental health. Through the Listening Project the Inquiry will seek to understand more about how the pandemic has affected people, in a less formal setting than a public hearing

4.0 Trust Response

4.1 Although it is unclear as to whether the Trust will be called upon to provide evidence or a response to the Public Inquiry, the following actions have been taken or are planned:

- **An Inquiry co-ordinator has been appointed**, this being Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary.

- **Develop a clear set of communications around the Trust's plan to prepare for the Public Inquiry.** This includes a Document Preservation Notice ('stop notice') so all are clear on the requirement to preserve any documents, records, e-mails or other such material that may be crucial evidence to demonstrate the Trust's response to the pandemic. A set of Frequently Asked Questions (FAQ) will be developed, together with details of where staff can access support and advice. Updates will be provided on the Trust's intranet and also within the monthly Team Brief sessions.

- **Locations of all existing potential evidence identified and a categorisation system to be developed.** For the ROH, the Trust's 'P' drive is the key source of material and when the initial emergency response to the pandemic was considered, a separate COVID-19 folder was established in which all SitReps and record of the Trust's Incident Management Team meetings are held. Work will be undertaken however, to map the relevant material from the Board, Committee and Trustwide governance groups so that in the event that material is requested to support the Inquiry then it can be located swiftly.

- **A review of any decisions made by the Board and the substructure of the Board that may be cited as evidence to demonstrate the ROH's response.** A timeline of Board decisions will be mapped out over the summer. Key documents to provide this view include those considered at the May 2020 meeting where a paper detailing the Trust's response to the COVID-19 pandemic was considered and agreed for the first wave of the pandemic. The Board papers from then onwards have contained regular updates on the ongoing work and decisions to be taken in relation to the Trust's response and these too will be key documents evidencing the decision-making framework.

- Attending webinars held by NHSE/I that update the health service on progress and developments with the establishment of the Inquiry

- Continue systemwide discussions to ensure that any evidence of joint decision-making is captured where relevant. The Integrated Care System and extant Clinical Commissioning Group will have a key role in providing documentation and evidence from its tactical and strategic fora that have been stood up at periods over the course of the pandemic.

5 Recommendation

5.1 The Council of Governors is asked to:

- RECEIVE and ACCEPT this update for information at this stage.

Simon Grainger-Lloyd
Director of Corporate Affairs & Company Secretary

28 April 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Non Executive recruitment update**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Trust Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**12 May 2022**

EXECUTIVE SUMMARY:

The terms of office of three of the Trust's Non Executive Directors conclude within the next 12 months and in accordance with the Trust's constitution, the existing members are unable to be reappointed if they have completed two full terms (each being three years) apart from in exceptional circumstances.

As such, a recruitment campaign is due to start shortly, supported by Saxton-Bamflyde, which will initially focus on the recruitment of two new clinical Non Executives to step into the roles currently occupied by Kathryn Sallah and David Gourevitch.

It is anticipated that the recruitment search and appointment will conclude by mid summer 2022 to allow for some overlap with Kathryn and David when they depart.

Governors, as usual, will be invited to play a role in this process, particularly as part of the shortlisting and interview process.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- RECEIVE and ACCEPT this update for information at this stage noting that further information will be issued in due course.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

Succession planning for Board members.

PREVIOUS CONSIDERATION:

None.

Update from the Trust Board on 2 March 2022



- ✓ Patient story relayed by the Head of Patient Experience –pain control identified as an issue and a review around this was planned
- ✓ CEO report updated the Board on development of ICS, system operational matters and the national plan for tackling the backlog of elective cases
- ✓ Update on COVID outbreaks at the ROH was given
- ✓ Presentation given on outcome of national patient survey, outcome of the Patient Experience Network visit and the plans to address the recommendations from this
- ✓ Positive update from the Freedom to Speak Up Guardian was delivered which highlighted good impact and linkage with network activity
- ✓ Benefits of the Model Hospital Club discussions highlighted particularly in terms of benchmarking



- ✓ Disparity in the gender pay gap position highlighted which is attributed to the balance of males in senior positions at the ROH – a national issue with the orthopaedics speciality
- ✓ Increasing risk nationally around cybersecurity was highlighted



- ✓ Board portal being sourced to better manage Board papers
- ✓ Update on the impact of the current cost of living crisis to be scheduled for discussion in April



- ✓ Annual report on litigation to be presented to the Board



- ✓ Off site venue used – Woodbrooke Centre in Bournville
- ✓ Board meeting in April to be extended to the full day to cover a wider range of topics and allow discussion



- ✓ Continued thanks to all at a time when there were continued operational pressures while at the same time changing, improving and adapting!

Update from the Trust Board on 6 April 2022



- ✓ Presentation on staff wellbeing and the work underway to support staff though the current cost of living crisis. The Board was encouraged to role model the work proposed.
- ✓ There had been no new COVID outbreaks.
- ✓ Strengthened framework for the Medical Director's portfolio Strong performance on activity and financial control.
- ✓ Positive staff survey results and response rate
- ✓ Presentation on the plans to establish a Major Revision Centre for hips and knees
- ✓ Strengthened and more engaging business planning process
- ✓ Positive update on inclusion with evidence of good progress on key actions



- ✓ Concerns or uncertainty over:
  - Deterioration in the time patients are Nil By Mouth prior to surgery
  - Staff turnover
  - Financial regime for the future



- ✓ Implementation of additional measures to support staff wellbeing
- ✓ Consider additional action to improve staff survey response rate further
- ✓ Summary of changes to the inclusion action plan is needed
- ✓ Patient pathway from GP to community discharge to be developed



- ✓ Board wished to see a business plan summary document for sign off
- ✓ List of Board topics for future agendas signed off



- ✓ Off site venue used
- ✓ Board meetings in future to be extended to cover a wider range of topics and allow discussion



- ✓ Personal reflection and comments from the Board
- ✓ Better creation and use of data is evident

ROHGO (5/22) 007

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 27 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There had been another *C.difficile* infection reported. It was noted that the higher level of these infections reflected the changed cohort of patients being treated and therefore a discussion was required with commissioners around the tolerable limit of infections set. • The higher number of serious incidents reported during the year was noted to reflect that COVID-19 outbreaks were required to be reported as serious incidents. • There had been a high number of cancelled operations during the month, this being associated with sickness of both staff and patients who were infected with COVID-19. • The virtual clinics formed 11% of outpatient appointments against a national target of 25%, although there was confidence that this position could be improved further in the coming year.	• A gap analysis against the Patient Safety Strategy to be presented in May 2022. • Further work was underway to progress the Quality Standards for Imaging accreditation. • Some triangulation was underway around the concerns raised through the Freedom to Speak Up route around staffing levels, with the information in the Safe Staffing report considered by the Committee. It was agreed that enhanced communications around the position were needed to ensure that staff understood the position more clearly and the plans to address any staffing shortages. • Work was requested to determine where the Trust was positioned in relation to other organisations nationally reading the national inpatient survey. • An Open Day for the Princes Trust was planned to encourage a younger cohort of individuals to join the ROH. • The Quality & Safety Executive had agreed that a reassessment against the existing CQC Key Lines of Enquiry (KLoEs) would be undertaken.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The number of falls had reduced. It was noted however, that there were a number of incidents associated with patients mobilising against clinical advice. It was noted that work was planned particularly for patients experiencing dementia, to strengthen the processes to remind patients not to mobilise and to use call bells when they needed to. • There had been a reduction in the number of formal complaints received during the year. • Outpatient delays were noted to be low and within the Trust's target.	• The Committee accepted the recommendation from the Quality & Safety Executive to suspend the routine reporting against the VTE assessment position pending the improvements to the functionality of the Prescribing Information & Communications System (PICS). Assurances were provided that there were mechanisms to detect any issues or deterioration should they occur.

• Performance against cancer targets was reported to have been strong, although there had been two breaches of the 31-day target associated with the complexity of the cases. • A patient call centre would be implemented shortly which would create a better experience for patients contacting the Trust. • There had been a further reduction in the number of patients waiting in excess of 52 weeks for treatment. • An update on the Trust's harm prevention framework was delivered which showed that the Trust had robust processes in place to review patients who were waiting longer than desired for treatment with a view to detecting any harm that may arise as a result. A questionnaire health check was also used which canvassed on a regular basis, any changes to the patients' clinical condition which would be used to inform the clinical prioritisation work. • It was agreed that the report on Patient Reported Outcome Measures (PROMs) provided good visualisation of the clinical outcomes achieved when treated at the ROH. • The Committee was joined by the Head of Imaging who provided a positive update on the work of the Imaging department, including the recent review by the 'Getting it Right First Time' which commended the work of the Trust. There had been no reportable radiation incidents at the time of the presentation of the report. • It was reported that the Patient Engagement and Experience Group was working well and now involved a greater number of patients. There was also a higher number of volunteers supporting the Trust including a number of younger individuals. Patient experience tours would be introduced shortly. • The outcome of a series of audits concerning the Safeguarding function was reported to be positive. It was noted that the new Liberty Protection Safeguards would likely come into effect in 2023. A new dementia nurse specialist had been appointed with a background in social care. The recent review by the Clinical Commissioning Group noted that the ROH had an excellent reporting system for safeguarding concerns.	

• In terms of mandatory training, consent training uptake had improved and there was anticipation that there would be improvement across a number of other modules which reflected the recent theatres 'down time' for routine maintenance. • It was reported that there were no concerns raised in connection with safe staffing. A new theatre matron had been recruited.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and had included some good challenge around assurance that had been provided.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 27 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There were noted to be c. 20 members of staff identified as needing to receive some adjustment to their current level of pay to realign it to the national living wage. This work would be undertaken shortly. • There was noted to have been a further reduction in headcount and turnover remained high. Completion of exit questionnaires was reported to be poor at present. It was suggested that some work may be needed to assess the 'staff in post' position against the revised establishments set over the last few months. • There was noted to have been an increase in staff sickness absence, although the number of days per episode had reduced. Long term sickness absence was reported to be being well managed with few cases currently being handled. The reasons for sickness absence were noted to relate to stress & anxiety; musculoskeletal issues and injury & fracture.	• Work was reported to be planned to capture the staff demographic of those attending Trust courses and events such as the Cost of Living focus group to ensure that those needing the advice most and those able to most appropriately contribute to the suggestions and decisions were attending the sessions. • An action plan outlining the work to support staff through the Cost of Living crisis was requested for the next meeting. • Clarity on actions to address agency breaches was requested for the next meeting. • Information was requested around those staff accessing development courses and the breakdown of budgets associated with this attendance. • Further work was reported to be planned to refine the sickness absence, retention and recruitment reports to be able to strengthen the level of assurance to the Committee.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was joined by a Graduate Trainee who had spent both an operational and strategic placement with the Trust. She described her experience of working at the ROH in this capacity and the Committee agreed that there was much learning to be harnessed from the individual's time in post. The Committee was pleased to have been appointed as a substantive Service Improvement Manager at the Trust. • Sharon Malhi was congratulated on her appointment as the Trust's Chief People Officer. • It was noted that the Resourcing Officer post had been filled in the HR team. • It was noted that relationships with the Trade Union function were much improved and there had been some good joint working with these colleagues.	• Workforce risk register to be considered as the first agenda item in future. • Purpose and recommendations from the reports to be included on the agenda in future.

• It was noted to be anticipated that the compliance rate for mandatory training would improve given the recent theatre close down for routine maintenance. • There was reported to be a higher rate of completion of the staff Pulse Survey. • Plans were reported to be in place to commence a Multi Minority Ethnic Group mentoring programme from June 2022. • The Committee agreed that the new sickness absence report was welcome and further comments would be offered outside of the meeting. • The recruitment team was congratulated on the significantly higher number of individuals recruited over the past year compared to previous years. • A presentation on the Staff Survey results from the Medical Directorate was received which demonstrated that there had been significantly better engagement and a higher completion rate for the area. The actions to respond to the results were reported to be being developed into a medical workforce strategy. It was agreed that the merits of engaging the medical staff on a 121 basis vs. a group basis needed to be thought through as part of the plans. • In the national Workforce Race Equality Standards assessment, it had been highlighted that the ROH performed well in two categories: one of the top performing trusts; and one of the trusts showing sustained, long term improvement. • The Committee considered the feedback from the recent Undergraduate clinical education monitoring visit by the University of Birmingham. It was noted that more students would be hosted by the Trust in the coming years. • The 100 day induction initiative would recommence from August and the induction course would include a patient story.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and the improved completion of the Executive summaries had assisted the Committee navigate the agenda.

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 29 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In view of the stringent financial regime for 2022/23, it was agreed that there would be additional focus on ensuring that the Trust's financial control framework was as tight as possible, including the process for accruals and deferred income. • The Committee was concerned at the level of instances where there had been a breach of the Trust's Standing Financial Instructions (SFI) and instances where an invoice was received before a purchase order had been generated. The Committee underlined the need for such cases to be minimised and if needed, linked into HR processes such as appraisal for those involved.	• The Service Level Agreement with University Hospitals Birmingham NHSFT would be signed over the next couple of weeks and the Audit Committee are to be advised when this action is completed. • A review of the Trust's contracts is to take place over the coming few months and will be linked to work to develop a contracts database. • Agree the way in which internal audit may contribute to the pathway mapping work currently underway. • The process to finalise the evidence base behind some of the recommendations on the trackers was currently being finalised. • It was noted that the Board Assurance Framework would be redesigned in line with guidance from Internal Audit over the summer.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Three internal audit reviews were presented: compliance with the Data Security and Protection Toolkit; Risk and Board Assurance Framework; and General IT controls (including the TIARA database). While each of the reviews provided an overall positive level of assurance, there were actions highlighted that needed to be completed to ensure that a more positive position was achieved for each area. The Executives present were able to clearly articulate the work planned to address any shortfalls identified or work required. • The Committee considered the draft internal audit plan and was supportive of this, although suggested that it would be useful to include a review of pathways across shared service providers. • It was agreed that the work of the Trust's internal audit function (KPMG) had been fruitful and had been engaging in style and the team was thanked for their helpful and supportive approach. • Good progress with the Counterfraud workplan was reported. It was noted that the Counterfraud contract had been extended for a	• Approved the annual internal audit plan. • Subject to minor amendment, the Committee approved its annual workplan.

further year, however a competitive tendering process for the service would be organised for later this year. • A summary of lessons learned from the 2020/21 audit was considered which provided good assurance that considerations from the last audit would be taken into account for the 2021/22 audit due to start shortly. • The Committee received a presentation on the draft accounts which suggested that the unaudited end of year financial outturn was a surplus. • The timetable for the finalisation and approval of the annual report and accounts was considered. • The draft annual governance statement was considered which provided a high level of assurance that the Trust's system of internal control was strong and had been strengthened during the year, despite the pressures posed by the pandemic.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had allowed a good level of challenge but also recognition where needed. There was no request between Committee members and the auditors.

ROHGO (5/22) 010

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 26 April 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• In session theatre utilisation remained lower than desired, this being associated with the high level of cancellations due to sickness absence. • Staff sickness absence had been high during the month and at one point nine consultants had been absent due to COVID-related sickness. • The virtual clinics formed 11% of outpatient appointments against a national target of 25%, although there was confidence that this position could be improved further in the coming year. A workshop had been held to consider the use of virtual clinics as part of specific pathways. • There continued to be a high level of referrals for diagnostic procedures. There was an expectation that this position would be sustained for the future, however additional capacity and flexibilities within the Imagining services would ensure that performance was maintained appropriately. • The Committee was advised that there was a widening gap against the Trust's funded establishment and some focussed work was underway with the Chief Nurse and Chief Operating Officer to address this. Turnover and sickness absence was noted to be high at present.	• Information on patient demographics to be developed further and presented at the next meeting. • Work was reported to be underway to refresh the performance management and appraisal approach. • A proposal to implement a new Electronic Patient Record would be presented to the Board in May 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• There was reported to have been a strong performance against the activity plan for the month, this being above plan and higher than the same period during the previous year. • The JointCare performance information showed that case levels had returned to levels delivered prior to the start of the pandemic. The processes and services that had supported this pathway previously	• None specifically.

would be reintroduced, such as seven day physiotherapy and an early ward shift. • Outpatient delays were noted to be low and within the Trust's target. • Performance against cancer targets was reported to have been strong, although there had been two breaches of the 31-day target associated with the complexity of the cases. • A patient call centre would be implemented shortly which would create a better experience for patients contacting the Trust. The Committee was apprised of a particular case where there had been challenges with rearranging an appointment due to difficulties contacting the Trust, which it was noted would be alleviated through the use of the new patient call centre processes. • There had been a further reduction in the number of patients waiting in excess of 52 weeks for treatment, although due to absences last month this position may increase temporarily and be reported in the next update. • A financial surplus of £422k was reported to have been achieved against a forecast break even position. This was reported to be driven by a higher than forecast income received including elective stretch funding, elective recovery fund and support for the national pay award. • £2.2m of cost improvement efficiencies had been delivered for the year although this was slightly below plan. It was agreed that the robustness of the Cost Improvement Programme was much improved on that in place in previous years, with sound methodology being used for identifying and managing schemes. • An update on the work to develop the 2022/23 financial and operational plan was presented. It was noted that the latest view suggested a more optimistic end of year financial position for the next year. • An update on the options and plan to implement a new Electronic Patient Record was provided. It was agreed that the patient perspective needed to be built into the plans.	

• It was reported that a new member of staff had been recruited to support the work to strengthen the work around cybersecurity.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been focussed and there had been a high level of assurance in terms of grip on operational and financial matters.

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Lead Governor appointment**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Trust Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**12 May 2022**

EXECUTIVE SUMMARY:

Brian Toner currently acts as the Trust's Lead Governor. His term of office as both a public governor and as the lead governor will end at the end of May 2022.

Brian is due to seek re-election as a public governor for the Rest of England and Wales constituency and has also offered to continue his work as the Lead Governor, should he be successfully elected for a third and final term of office.

All other governors and the Chair have been asked for views to support Brian's continuance in the role as Lead Governor and unanimous support for this has been received, with many very positive comments on his leadership so far.

In the event that Brian is not elected for a third term of office, a process for nominations will be organised among the remaining public governors. Given that the timing of this meeting means that there will not be another formal opportunity to approve Brain's appointment as the Lead Governor before October, the Council is provided with a recommendation that they formally approve this at the May meeting.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- APPROVE the appointment of Brian Toner as Lead Governor, subject to re-election as a public governor.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		

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

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

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

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

None specifically.

PREVIOUS CONSIDERATION:

None.

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**System working and collaboration - The role of foundation trust councils of governors**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Trust Chair**
AUTHOR:	**NHS Providers**
DATE OF MEETING:	**12 May 2022**

EXECUTIVE SUMMARY:

Attached is a set of slides prepared by NHS Providers setting out some context to the development of the Integrated Care Systems as a result of the changes to the Health and Social Care Act which has now received Royal Assent.

Governors are asked to note some changes planned, not to the statutory duties of governors, but to the overriding principles of the role.

Governors will note that further iterations of the longstanding 'Guide for Governors' is planned in the form of an addendum which will set out the detail of the required changes.

REPORT RECOMMENDATION:

The Council of Governors is asked to:

- RECEIVE the update for information at this stage and ACCEPT that a further update, including the implications on the current Code of FT Governance and the model constitution, be received at the next meeting.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

Compliance with the Health and Social Care Act.

PREVIOUS CONSIDERATION:

None.

System working and collaboration - The role of foundation trust councils of governors

11 April 2022

NHS England and NHS Improvement

Why integrated care?

- The population the NHS serves has changed significantly since it was introduced in 1948.
- To meet the challenges of today, new ways of delivering health and care services are needed.
- Integration will improve the NHS's ability to meet a range of challenges and improve experience and outcomes for patients in a number of ways. These include:
  - Enabling different health, care and other service providers to provide **joined up care** that meets the increasingly **complex needs** of individuals.
  - **Improving the patient experience**, for example by treating patients in the most appropriate setting and reducing the number of appointments they need to attend.
  - Helping to tackle the **elective backlog** that has grown during the pandemic.
  - **Reducing health inequalities**, including by working with other services outside of health and care such as housing or community services.



What are Integrated Care Systems?

The purpose of the ICS is to bring together
- ✓ NHS provider organisations (primary and secondary),
- ✓ commissioners,
- ✓ local authorities

across 42 geographical areas in England.

The ICS comprises:
- ✓ an Integrated Care Board (local NHS organisations)
- ✓ an Integrated Care Partnership (NHS organisations and local authorities)

Four core aims:
- ✓ improve outcomes in population health & healthcare
- ✓ tackle inequalities in outcomes, experience & access
- ✓ enhance productivity & value for money
- ✓ help NHS support broader social & economic development.

ICSs are made up of places.

Places are made up of smaller neighbourhoods.

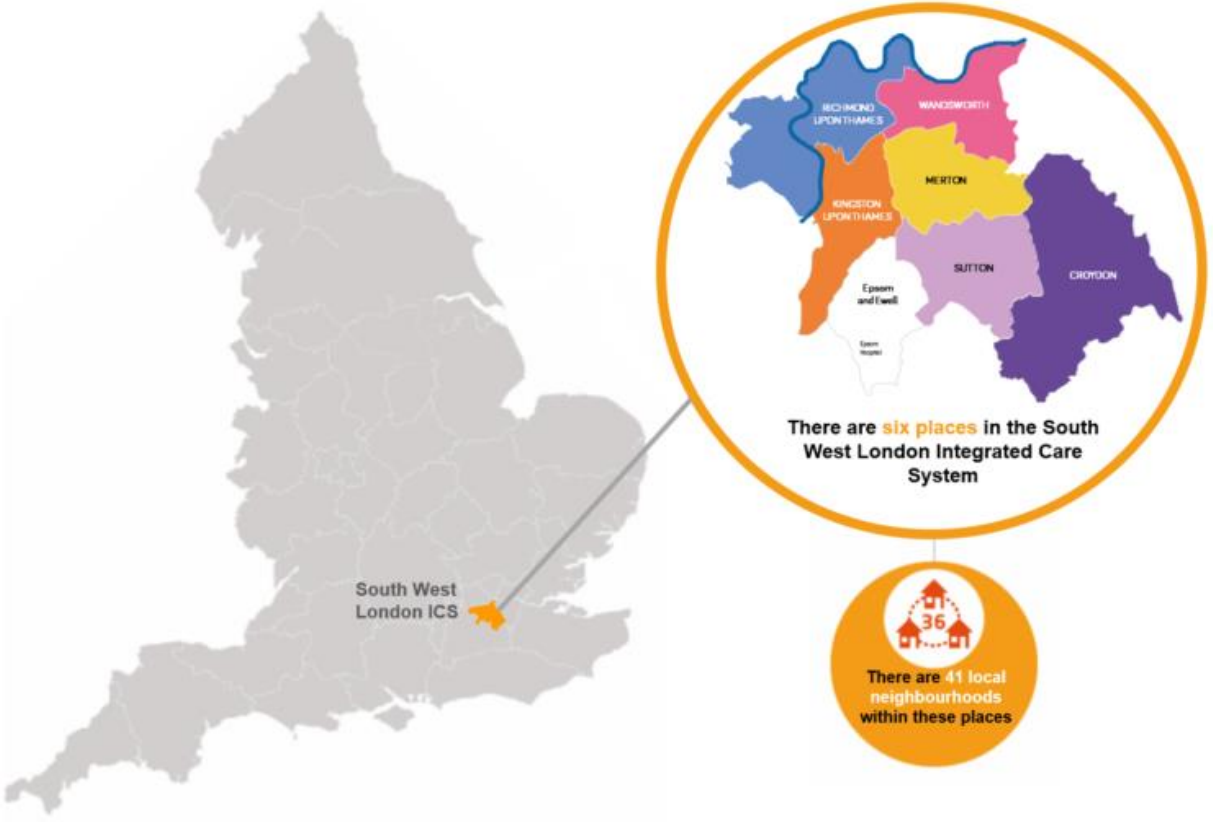


Image: South West London Health & Care Partnership

Examples of good practice in integrated care

Mental Health - Somerset ICS
The Open Mental Health partnership established by the ICS has brought together doctors, nurses, psychologists and charities and has provided thousands of people in need of support with their mental health with faster, joined up care.



Children's care - South Yorkshire and Bassetlaw ICS
630 children in South Yorkshire who needed emergency surgery during the COVID-19 pandemic received fast, joined-up care because hospitals, GPs and ambulance services worked together effectively to direct patients to the most appropriate service.

Care for older people – Surrey Heartlands ICS
The ICS has worked with providers to identify patients over 65 who were on four or more waiting lists. Over 3,000 patients across Guildford and Waverley were identified and the system can offer patients appointments that involve multiple specialists, often virtually, to reduce the number of appointments needed and improve the patient experience.

Integrated Care Systems – what have we done so far?



July 2017 NHSE announced 10 areas to become the first ICSs

Four more were chosen in 2018

Other systems evolved from old Sustainability and Transformation Partnerships

April 2021 every area of England covered by an ICS

July 2022 the Health and Care Bill will create the legal structures for ICSs

Health and Care Bill



The Health and Care Bill currently in parliament will remove outdated rules about competition and enable collaboration between health and care providers, to support integrated care.

It is designed to put into practice many of the proposals in the government's *Integration and Innovation White Paper*, published in February 2021.

A key purpose of the new legislation is removing barriers to integration. It is designed to support NHS organisations, local authorities and other services in working together to improve health outcomes.

The bill will make Integrated Care Boards and Integrated Care Partnerships that together comprise the ICS into statutory organisations that will have responsibility for receiving money, planning and leading care in their area.

The bill specifies how ICSs should be set up and the role of the integrated care board (ICB) and integrated care partnership (ICP).

What does this mean for providers?

- As Integrated Care Systems develop, providers are not only expected to provide high-quality care and operate efficiently, but to consider the effects of their decisions on:
  - the **health and wellbeing of the people of England** (including inequalities in that health and wellbeing)
  - the **quality of services provided or arranged** by both themselves and other relevant bodies (including inequalities in benefits from those services)
  - the **sustainable and efficient use of resources** by both themselves and other relevant bodies
- Individual organisations will increasingly be judged against their contribution to the objectives of the ICS, alongside existing duties to deliver safe and effective care.
- Trusts are also expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall.
- Foundation trusts will remain independent legal entities, accountable to: **Members** via council of Governors, the **Integrated Care Board** via contracts, the **Care Quality Commission** as quality regulator and **NHS England** via the licence (Monitor will be abolished). They will, however:
  - be required to prepare a joint system plan with local partners
  - have capital spending plans approved by the Integrated Care Board
  - provide the Integrated Care Board with any information it requires







What does this mean for governors?

Updating the guide for governors



- There is no change to the statutory duties of foundation trust governors in the 2012 Act.
- The ICS design framework (2021) commits to an update to the Guide for Governors, to help providers work collaboratively.
- We have been developing an ‘addendum’ to the Guide for Governors – to be read alongside the main document.
- It applies to council of governors’ role **within its own foundation trust’s governance**.

Guiding principles



- Councils of governors will continue to represent the interests of the members of the NHS foundation trust and the public.
- Representing **‘the public’** is wider than patients and the public local to the trust or those from governors’ own electorates.
- To support collaboration between organisations and the delivery of better, joined up care, **councils of governors are required to form a rounded view of the interests of the ‘public at large’.**
- This includes the whole population of the Integrated Care System.

How does this affect governors?



- Councils of governors will need to evaluate the consequences of a decision on other NHS partners in their system, and the impact on the public at large.
- This will mainly affect:

✓ **Holding the non-executive directors individually and collectively to account for the performance of the board of directors.**

✓ **Representing the interests of the members of the NHS foundation trust and the public.**

✓ **Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions.**

Holding non-executive directors individually and collectively to account for the performance of the board

General considerations

- Overall the responsibility for running a foundation trust sits with the boards of directors.
- The council of governors is the collective body through which directors explain and justify their actions.
- Holding to account is about **assurance, not performance management of individual directors or the board.**
- Councils of governors may not always agree with decisions taken by directors, and directors do not have to adhere to the council's preferences - but the board does have to consider its views.

Additional considerations as a result of system-working

- A trust's contribution to ICS objectives, is now a key way to measure its success.
- When governors hold non-executives to account for the performance of the board, they should consider:
  - ✓ The trust's contribution to system plans and their delivery
  - ✓ How open the trust is to collaborating with others
  - ✓ Whether the board's decision making reflects the public at large
  - ✓ Whether the trust has been fulfilling its 'triple aim' duty of:
    - ➢ Better health and wellbeing for everyone
    - ➢ Better quality of health services for all individuals
    - ➢ Sustainable use of NHS resources
- Councils of governors can also demonstrate the interests of the public at large to the board if they feel it's not operating in the public's interests

Illustrative scenario: What might this look like?



The council of governors may already:

- ✓ observe the contributions of the non-executive directors at board meetings and during meetings with governors
- ✓ gather information on the performance of the board against its strategy and plans
- ✓ receive the trust's quality report and accounts and questioning the non-executive directors on their content.

To consider the trust's role in its ICS, the council of governors may also:

- ✓ Look to understand the arrangements for the trust's participation across the system – eg in the Integrated Care Board, the Integrated Care Partnership, place-based partnerships, provider collaboratives – and how the interests of patients and the public are considered.
- ✓ Request information on system plans, programmes and performance from the board to understand how the trust's plans and performance relate to the ICS's.
- ✓ Receive assurance from non-executive directors that the board's decisions consider the 'triple aim' duty and have the opportunity to question the non-executive directors about this.
- ✓ Seek out information from the Integrated Care Board and Integrated Care Partnership about the trust's performance, to supplement internally generated views.
- ✓ Be provided with appropriate information by the trust, and given opportunities to meet the board to raise questions about the trust's role within the system(s) it's part of.

Representing the interests of the members of the NHS foundation trust and the public

General considerations

- This duty underpins all elements of a governors' role.
- A council of governors should interact regularly with members of the trust and the public to ensure it understands their views, and clearly communicate non-confidential information on trust performance and planning in return.
- A number of different bodies and organisations (such as Healthwatch or health and social care charities) represent the interests of the public. Governors should work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.

Additional considerations as a result of system-working

- Councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust.
- Governors are required to take account of the interests of the 'public at large'. This includes the population of the local system of which the trust is part.
- Governors should use their trust's facilities to engage widely, and not limit engagement to the public and patients in their electorate or personal networks. This will allow them to make decisions based on relevant evidence of what represents the overall public interest.
- Councils of governors must follow their trust's communications or media policies when engaging and communicating with the public.

Illustrative scenario: What might this look like?



The council of governors may already use:

- ✓ Governor drop-in events where members and the public can meet governors.
- ✓ A dedicated page on the foundation trust's website to share information and surveys to gather members' and the public's views.
- ✓ Agreed routes for feeding views back to the board, such as regular reports or presentations at council meetings.

To consider the views of the wider public, the council of governors may also:

- ✓ Work with the trust to use technology to engage with members and the public eg: adding to face-to-face interactions with virtual engagement via online events.
- ✓ Consider how it can engage with other stakeholders, eg local branches of Healthwatch and voluntary sector organisations. Governors may also work with their trust to build relationships with organisations that can help gather the views of seldom heard groups.
- ✓ Receive a breakdown of data by key demographic group as part of the performance data that the trust already provides its governors (for example a breakdown of cancer waiting times by ethnicity), along with the population health data that underpins the ICS's planning. This helps the council of governors see the impact of trust actions on health inequalities, and where the trust may need to work with ICS partners to address wider factors.

Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions

General considerations

- Members of a council of governors need to vote to approve their foundation trust entering into any signification transaction, mergers, acquisition, separation or dissolution.
- The board of directors is responsible for deciding whether a transaction should proceed.
- Councils of governors are responsible for assuring themselves that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction, and that it has appropriately considered the interests of members and the public as part of the decision-making process.
- As long as they are assured, governors should not withhold their consent. They can disagree with a decision but still consent if due diligence was followed.
- They should consider the implications of withholding consent in terms of the key risks the transaction was designed to address.

Additional considerations as a result of system-working

- Governors need to be assured that the interests of the ‘public at large’ were considered.
- All transaction proposals need to demonstrate a clear case for change to meet NHS England and NHS Improvement’s assurance requirements. This includes how they will result in improvements to the quality of services.
- Benefits from the transaction could be to the patients served by the trust or to the wider public. This means councils of governors may be expected to consent to decisions that benefit the public across the system, but may not be of immediate advantage to their foundation trust.
- Consent should not be given for decisions that benefit the NHS foundation trust without regard for the effect on other NHS organisations, or the overall position of a wider footprint such as an ICS.

Illustrative scenario: What might this look like?



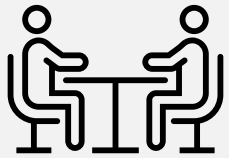
A council of governors may be asked to consider a significant transaction that does not immediately benefit their foundation trust, but is expected to benefit the population of the wider area.

Some governors might disagree with the transaction, but the full council will give consent if all processes have been followed, the interests of the public at large have been considered and assurance has been received.

To reach this decision:

- ✓ The board would provide the council of governors with appropriate information on the proposed transaction, including:
  - the benefits for patients and the public in the wider ICS
  - the impact on quality of services
  - system performance
  - system's financial position.
- ✓ The board would be open about any risks and opportunities for the NHS foundation trust and how these would be addressed.
- ✓ The board would provide evidence that the interests of the public were appropriately considered, and effective engagement processes were followed.
- ✓ The council of governors would be given the opportunity to challenge the processes and to ask the non-executive directors questions around any key areas of concern.

How boards and councils of governors can work together to support systems



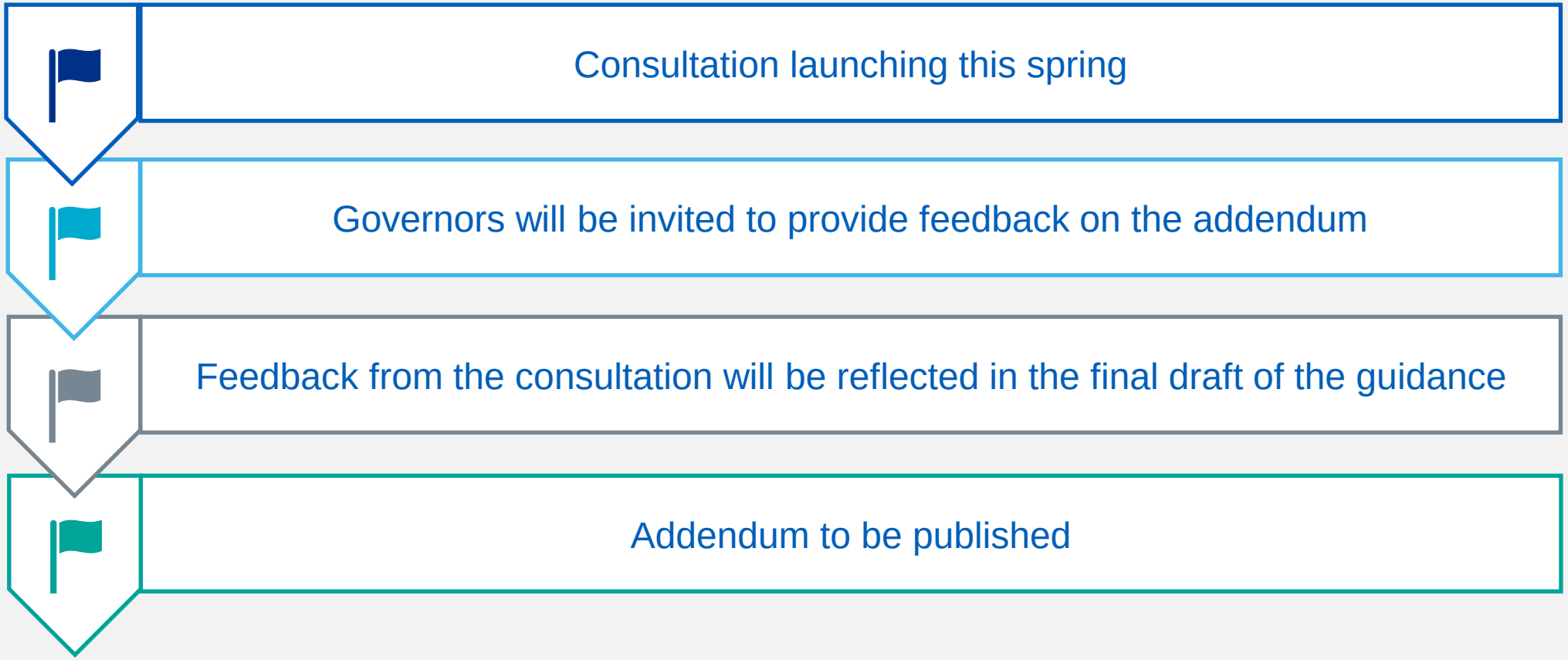
- The addendum includes suggested approaches for how boards and governors can work together to support systems, along with examples of activities already being done by trusts.
- Includes lists of key relationships governors will foster, and sets out expectations around communications and engagement organised by the trust, from these two perspectives:
  - **Supporting governors to fulfil the duties of a council of governors**
  - **Supporting governors to understand their duties in the context of ICSs and system working**

Practical tips

Trusts should work with governors to understand the following:

- ✓ What is the foundation trust's ICS footprint?
- ✓ Who are the key partners in the system?
- ✓ What is the membership of the Integrated Care Partnership?
- ✓ What is the membership of the board and committees of the Integrated Care Board?
- ✓ How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?
- ✓ How is the trust fulfilling the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?
- ✓ How can the council of governors support the trust in leading in or contributing to its ICS?
- ✓ How can the council of governors best communicate the ICS plans to the trust members and public?

The consultation and next steps



Documents referenced

Health and Care Bill 2021

Integration and Innovation White Paper February 2021

ICS Design Framework 2021

Your statutory duties A reference guide for NHS foundation trust governors 2013

Finance and Performance Report

March 2022

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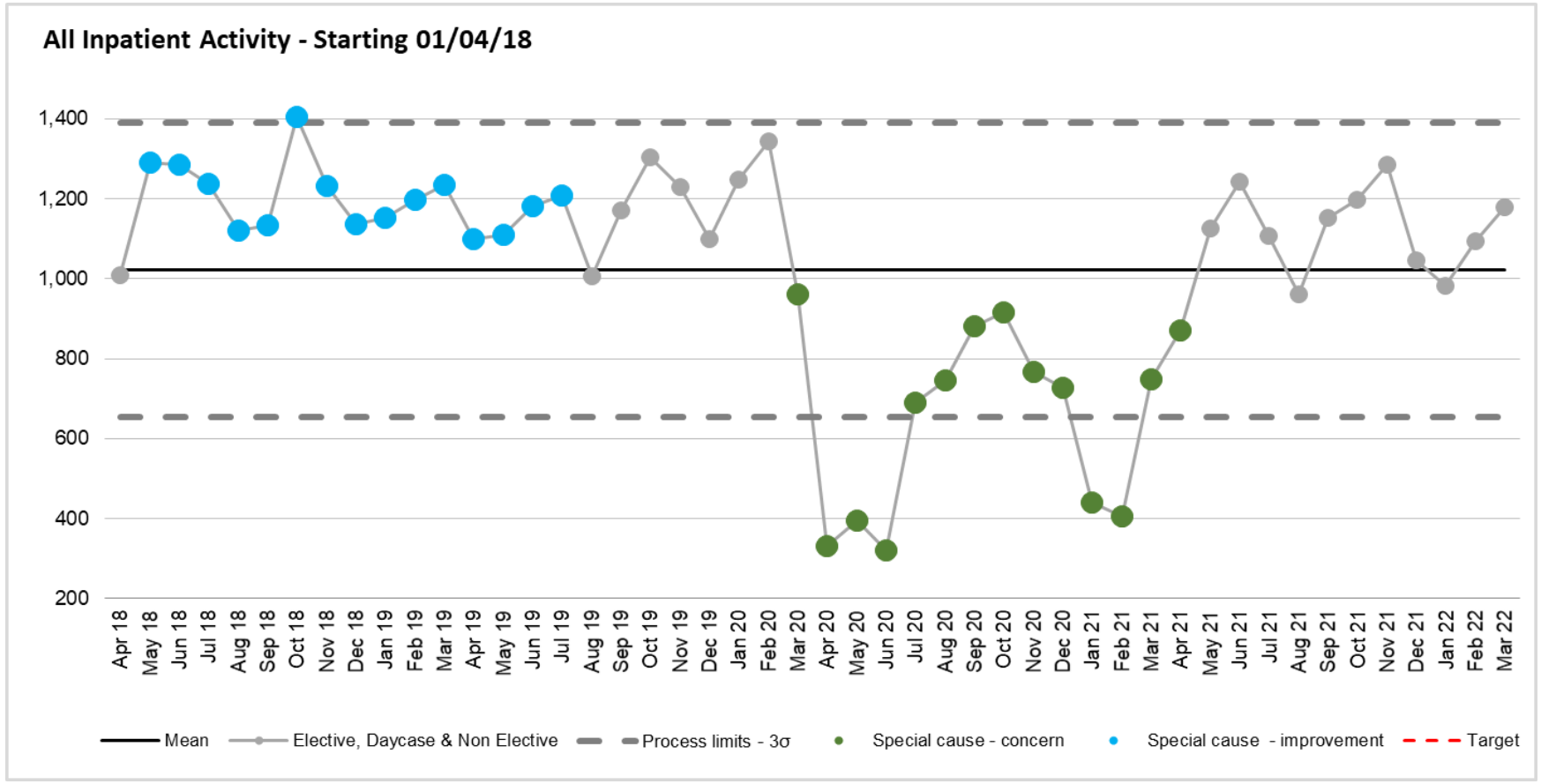
	Introduction
1	Activity Summary
2	Theatre Utilisation
3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
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15	Workforce

Introduction

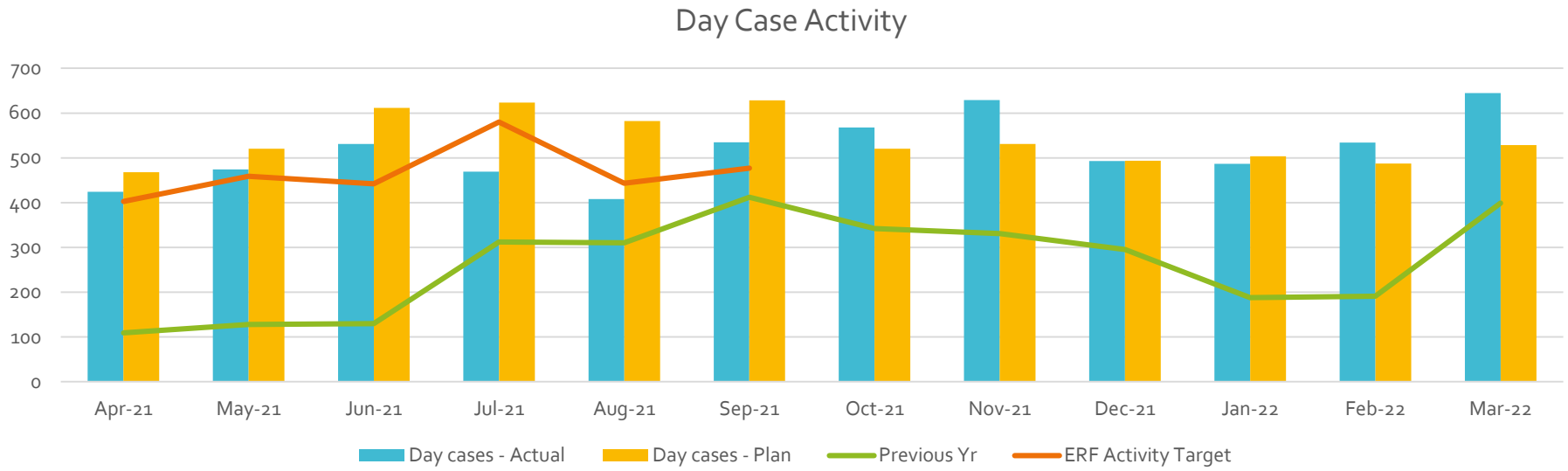
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

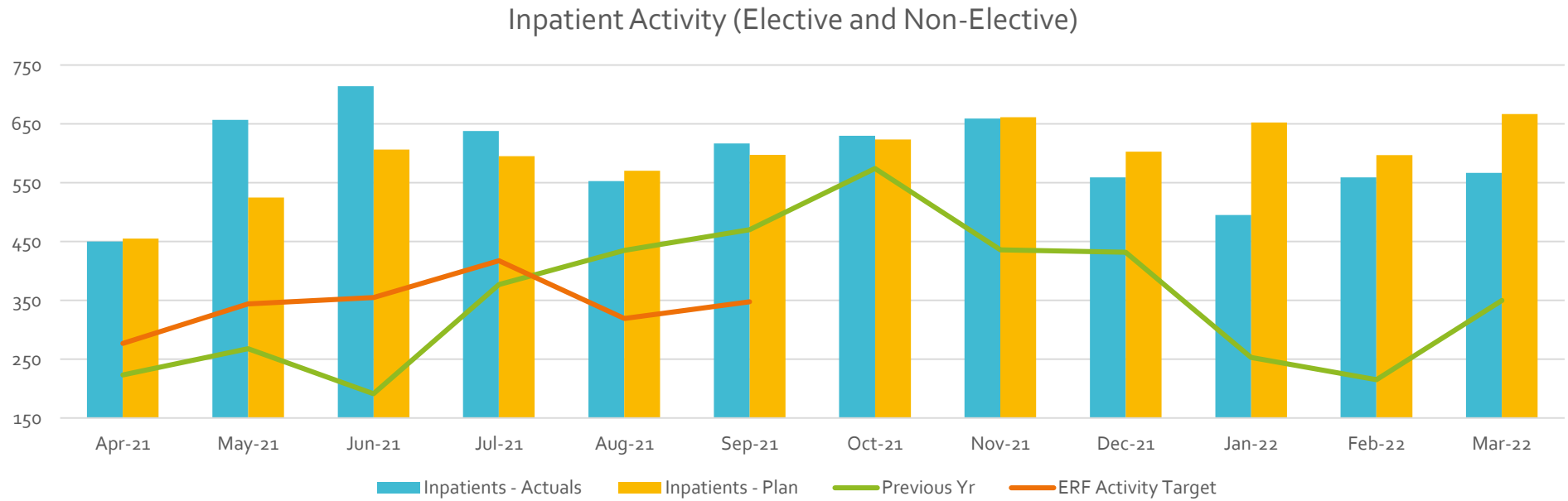
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

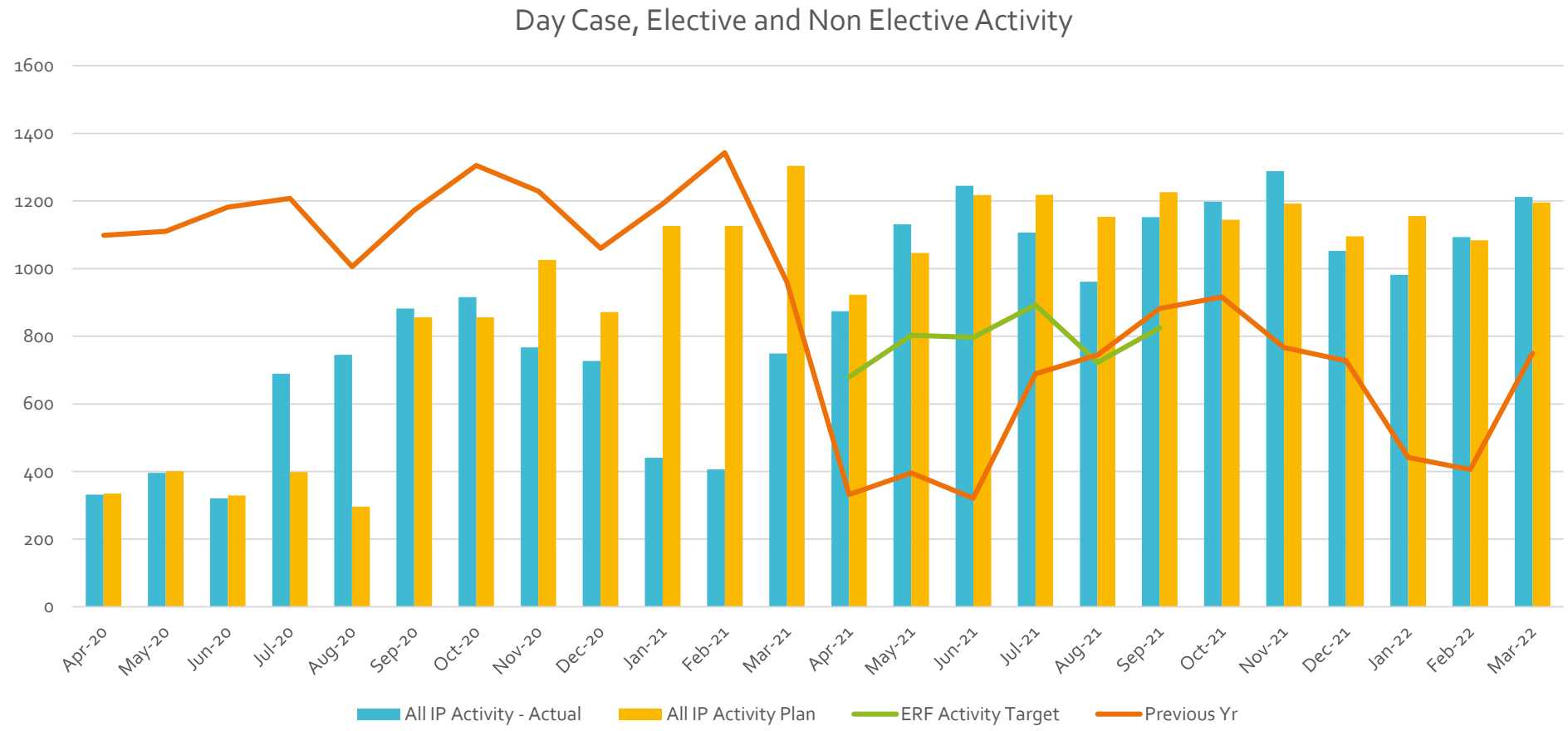


1. Activity Summary





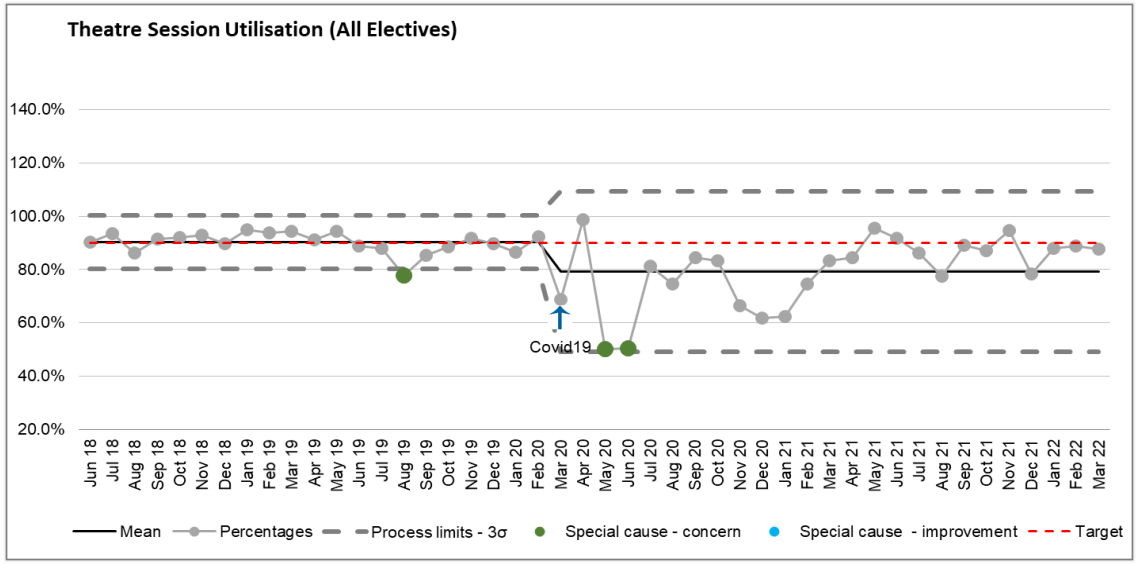
1. Activity Summary

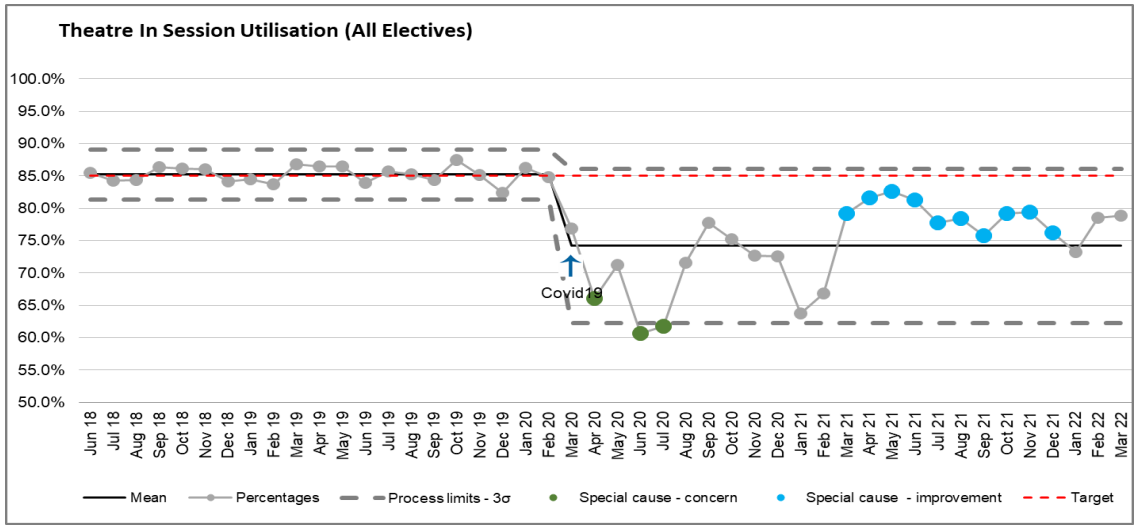


Activity for March was above plan – actual 1212 v plan 1195. Year position 13411 actual v 13571 plan (-1%)

The focus is on delivering activity for 22/23 with fully utilised lists, weekend theatre lists and proactive recycling of in week sessions. The Operational team have therefore set an aspirational plan which will be monitored in parallel to the system plan.

2. Theatre Utilisation





Elective Session Utilisation (March 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	464	414	50	89.22%
UHB	138	113	25	81.88%
Totals	602	527	75	**87.54%**

Elective In Session Utilisation (March 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1840	1462	378	79.47%
UHB	510	391	119	76.68%
Totals	2349	1853	497	**78.86%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in March and was within target at 87.54%. Total In Session utilisation was 78.86% a slight increase on the previous month (78.49%) but below the required 85% minimum utilisation target.

March saw a significant impact on both list and in session utilisation as a direct result of staff, including consultants being affected by covid/sickness, which at its peak resulted in 9 Consultants being unavailable. This is an area that is being closely monitored as covid rates continue to remain high in early April. Where possible, patients are either transferred to other lists on the day, other Consultants stepping in where possible or patients being re-dated as soon as possible.

Any cancellations that took place as a result of staff absences followed a consistent operational procedure ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected .

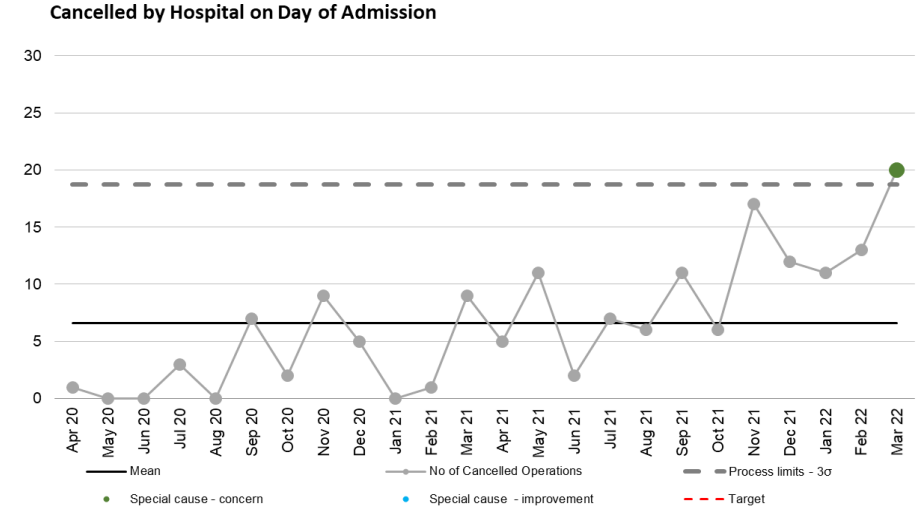
AREAS FOR IMPROVEMENT

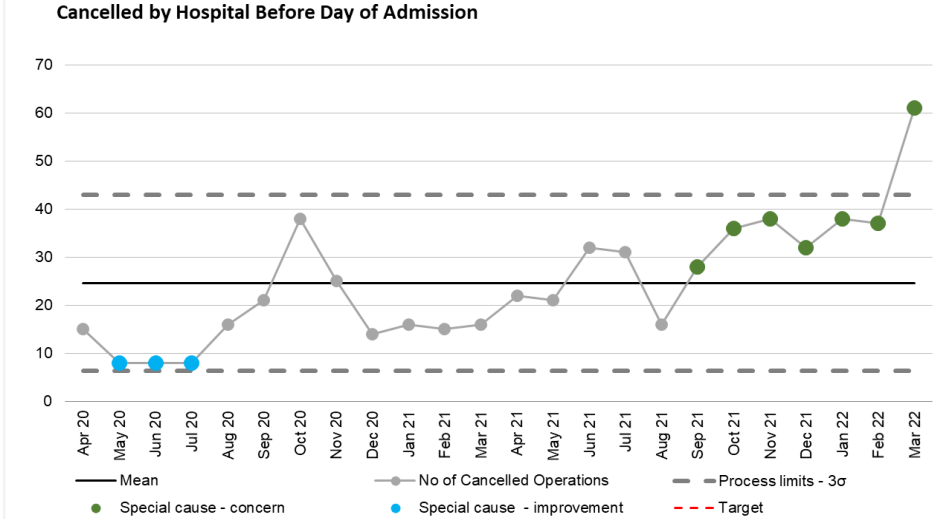
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

RISKS / ISSUES

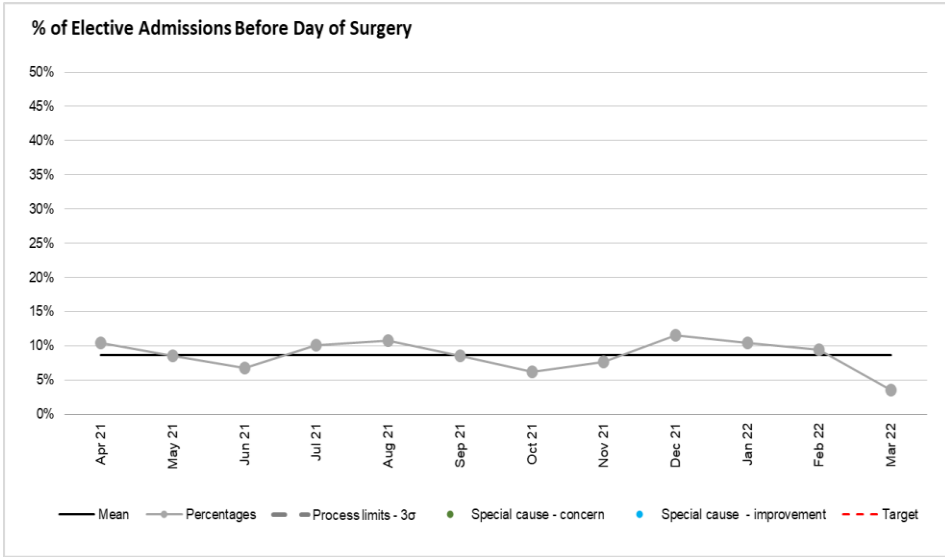
On going risks remaining with staff absence due to covid/sickness or patients either being medically unfit/deferred. Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible . These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Chief Nurse to give appropriate support and focus in this area.

2. Theatre Utilisation/ Hospital Led Cancellations





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
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	1
Total	**130**	**305**	**408**	**843**	**1**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 20 patients cancelled on the day in March with reasons detailed as follows;

11 x availability of staff due to sickness
6 x patients covid + / medically deferred
2 x admin errors (Not cancellations on validation)
1 x treatment deferred to following day

There were 28 patients admitted but where treatment was deferred, with reasons broken down as follows:

12 x Medically unfit / Clinical change in condition,
9 x availability of staff due to sickness
4 x lack of theatre time/beds
2 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x admins error pt admitted previous day

There were 61 patients cancelled by the hospital prior to date of admission.

30 x availability of staff due to sickness
27 x patients covid + / medically deferred
3 x changes in TC date
1 x patient DNA'd appointments

12 patients were admitted prior to their day of surgery with the majority under oncology and this was due to the patients living long distance and/or patients requiring clinical intervention ahead of surgery e.g blood transfusions etc.

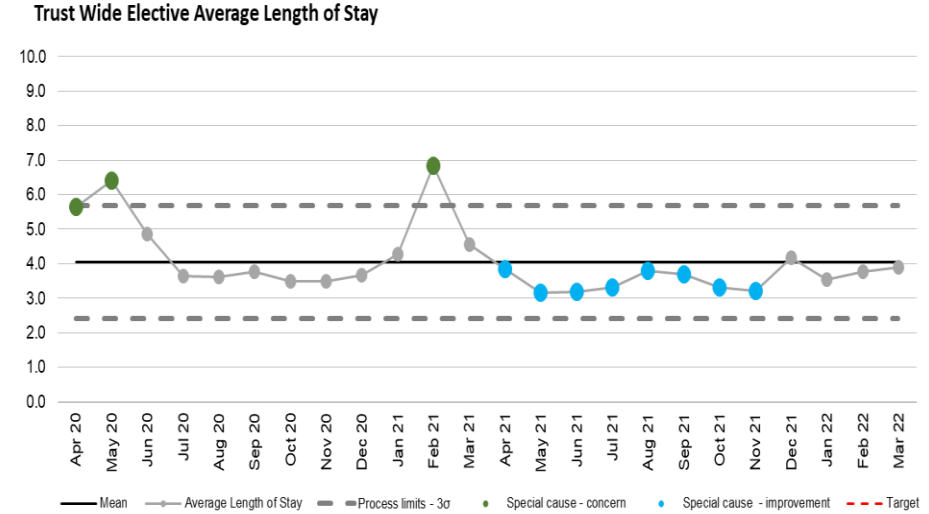
AREAS FOR IMPROVEMENT

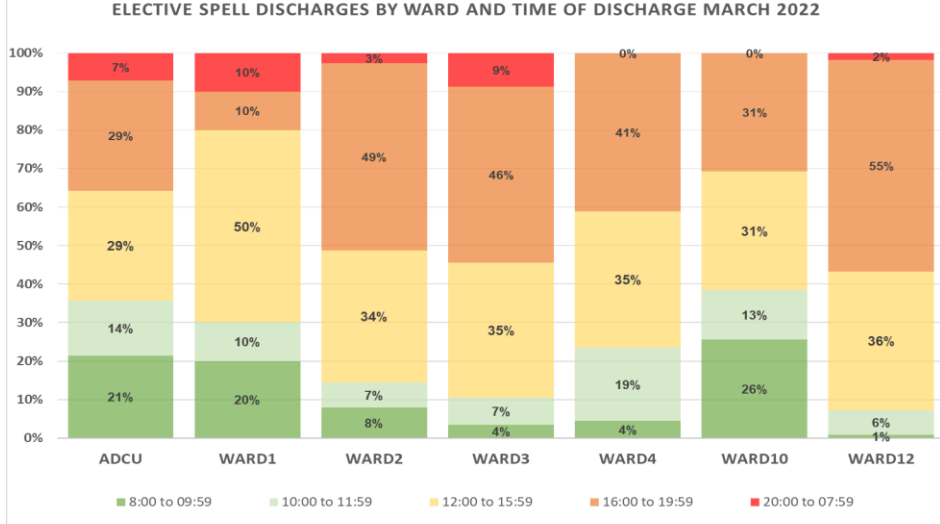
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.

RISKS / ISSUES

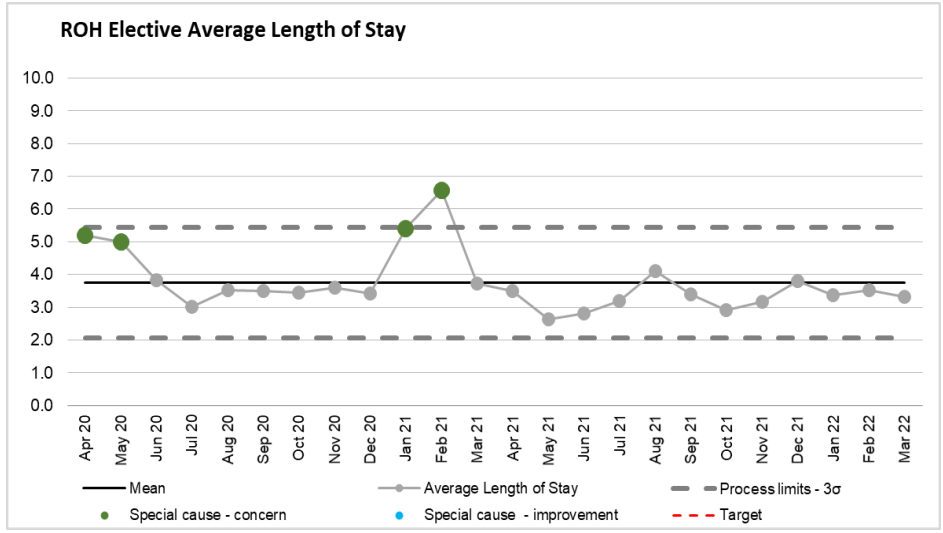
Impact of the continuation in high Covid rates impacting on both patients and staff

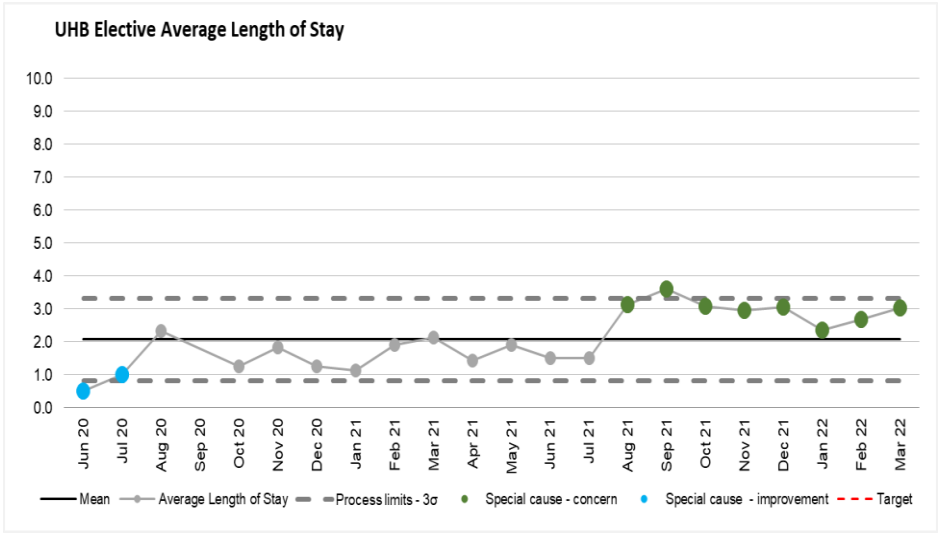
3. Length of Stay

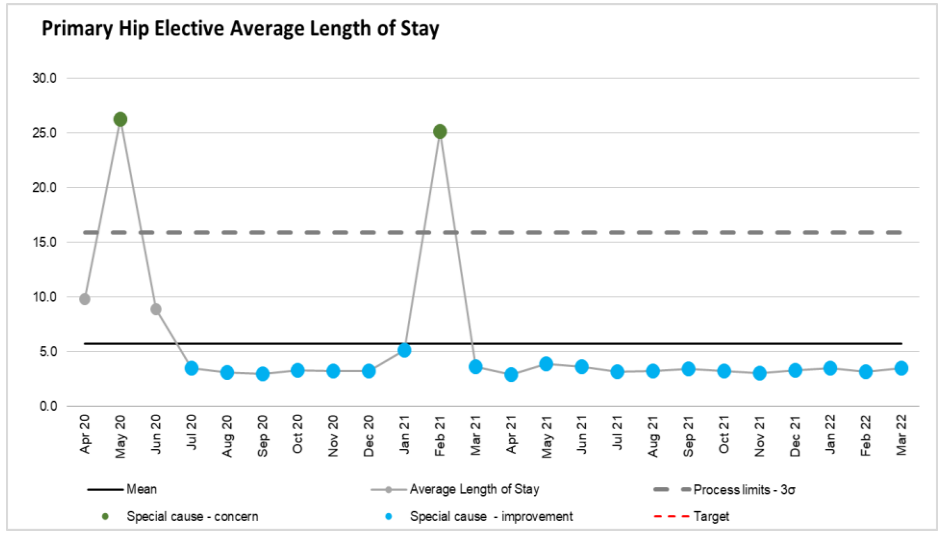


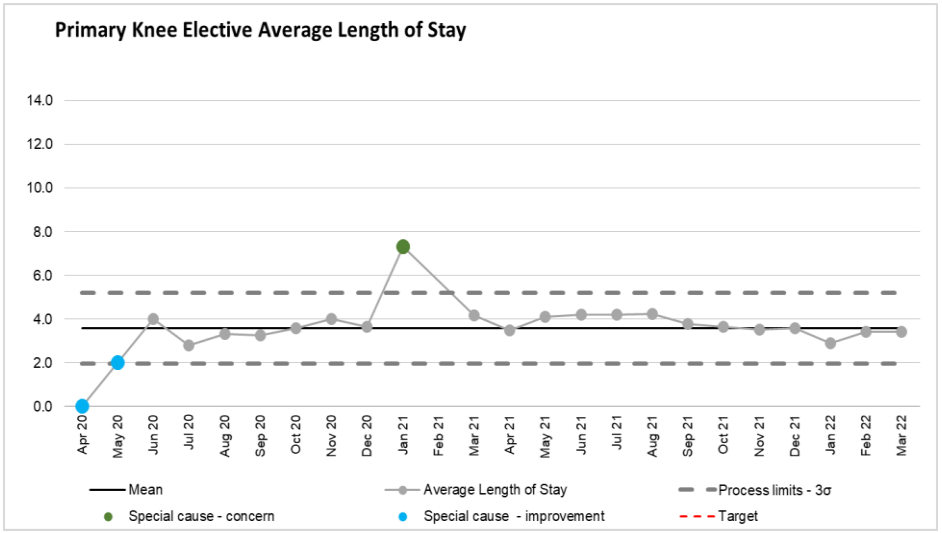


3. Length of Stay





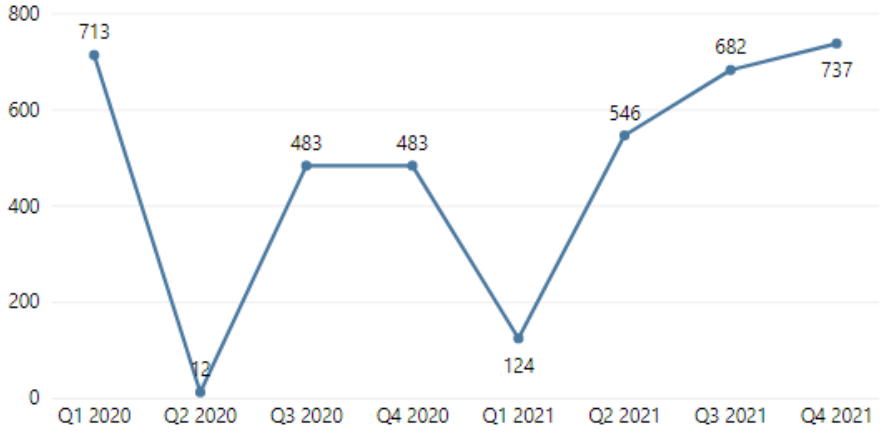




3. Length of Stay

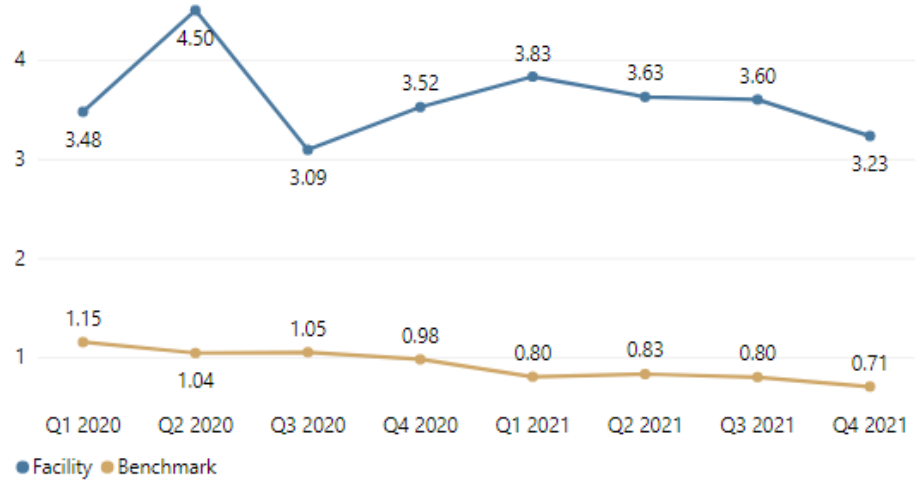
JointCare Data: Pre to post COVID comparison

Volume: Primary hip and knee arthroplasty



- Pre COVID activity has been restored in hip and knee arthroplasty

Length of Stay (days): Primary hip and knee arthroplasty



- Following the Refresh and Recover programme, average length of stay is now lower than pre pandemic
- Length of stay for both primary hip and knee arthroplasty has consistently decreased through 2021

3. Length of Stay

SUMMARY

The average length LOS for ROH patients from all specialities has increased in month to **3.90** (3.76 February).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.33** (3.49 February)
The average length of stay for UHB arthroplasty patients at ROH is **3.03** (2.68 February).

March length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

17 (13 February) UHB arthroplasty patients with LOS greater than 3 days. **11** (6 February) with a length of stay greater than 5 days and **6** (10 February) with a stay greater than 7 days. (excludes Rehab).

64 (64 February) ROH patients, arthroplasty and oncology arthroplasty, with a length of stay greater than 3 days. **32** (35 February) with a length of stay greater than 5 days, **21** (19 February) with a length of stay greater than 7 days.

In summary 21 ROH arthroplasty and oncology arthroplasty and 6 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In February 168 patients went home via the discharge lounge. In addition number of patients discharged home before lunch increased from **19%** in January to **32.14%** in February. (March data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

AREAS FOR IMPROVEMENT

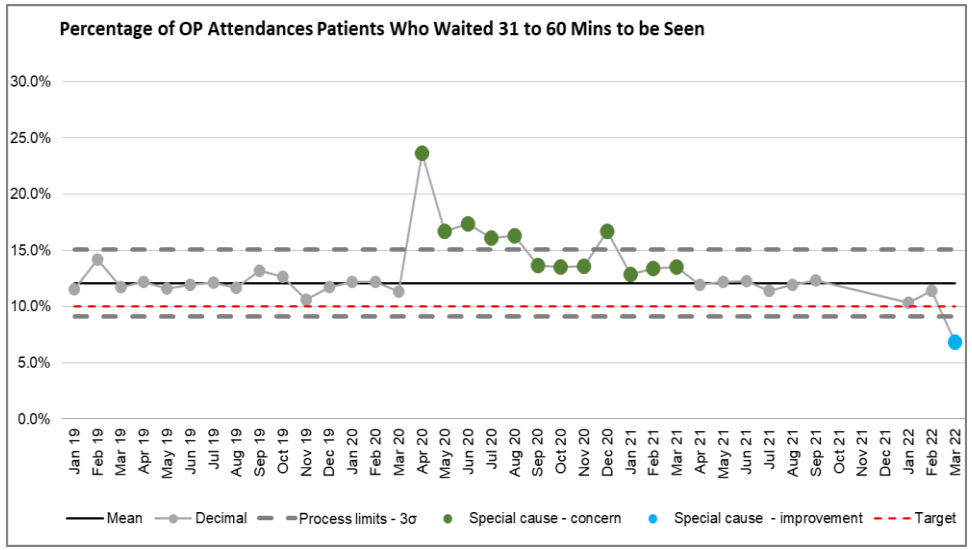
Joint Care Group feedback:

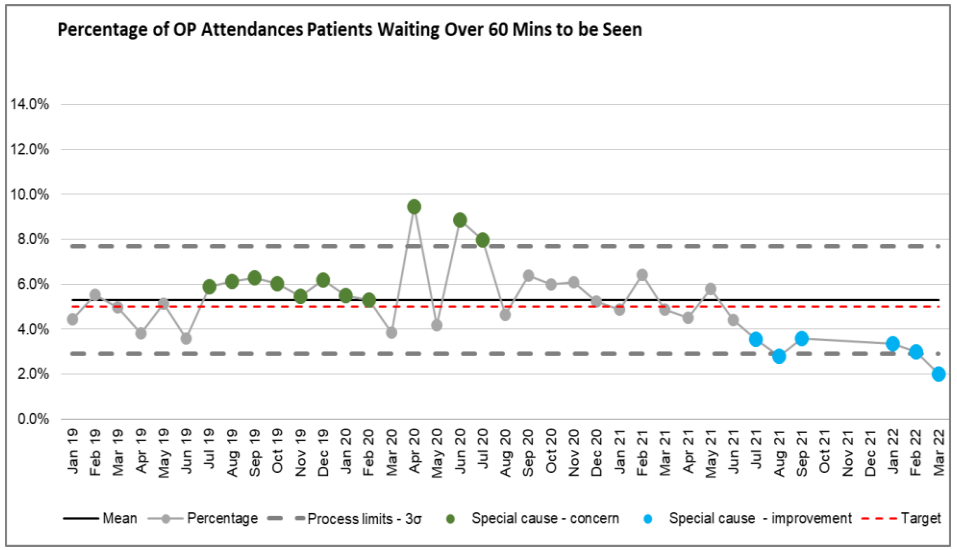
- An audit of patients undergoing surgery on a Friday or Saturday and the impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.
- Discharge Lead/Matron/HoN to review monitoring and escalation protocols relating to complex discharge and Delayed Transfesr of Care to establish if any area for improvement

RISKS/ISSUES

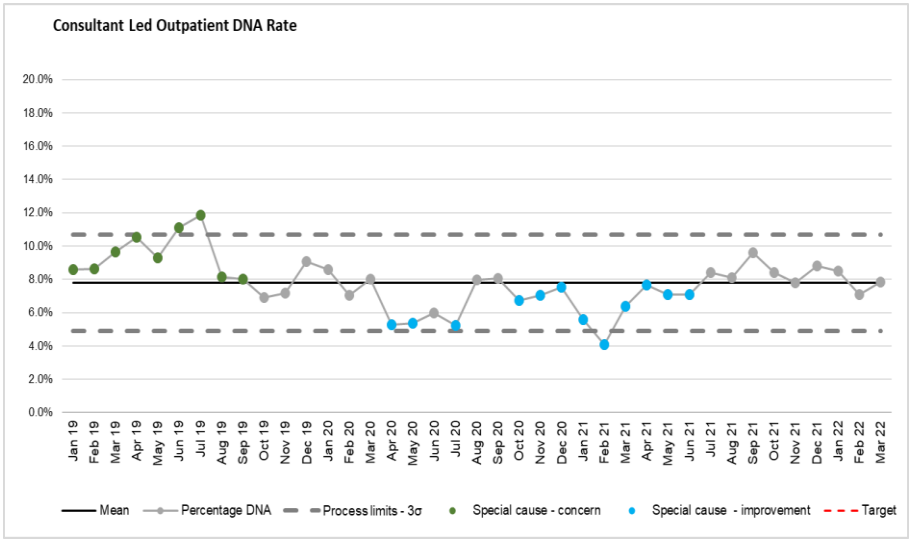
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

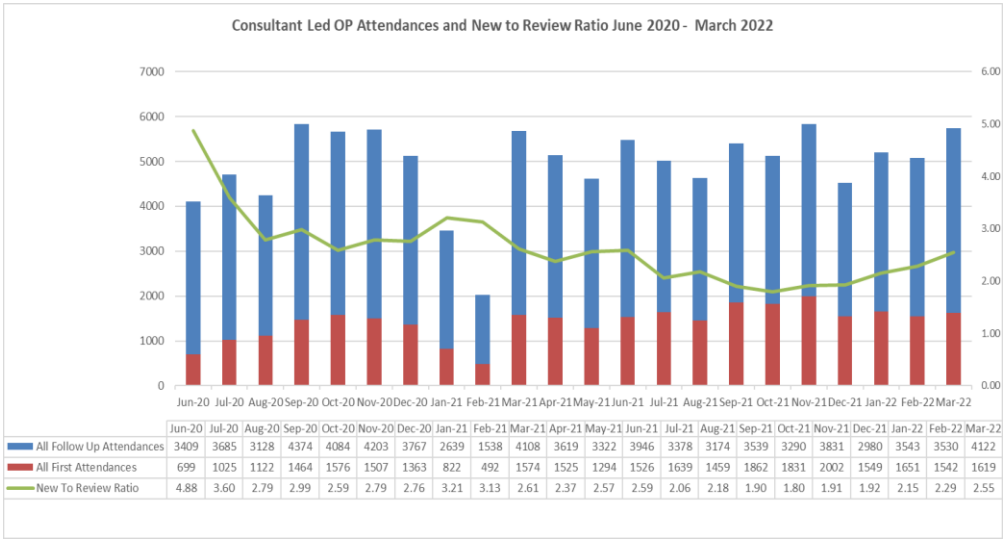
4. Outpatient efficiency



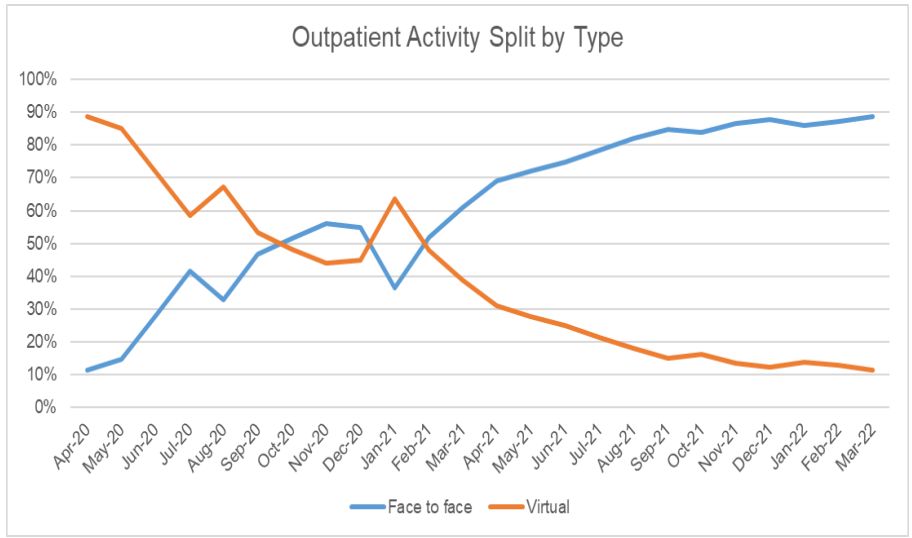


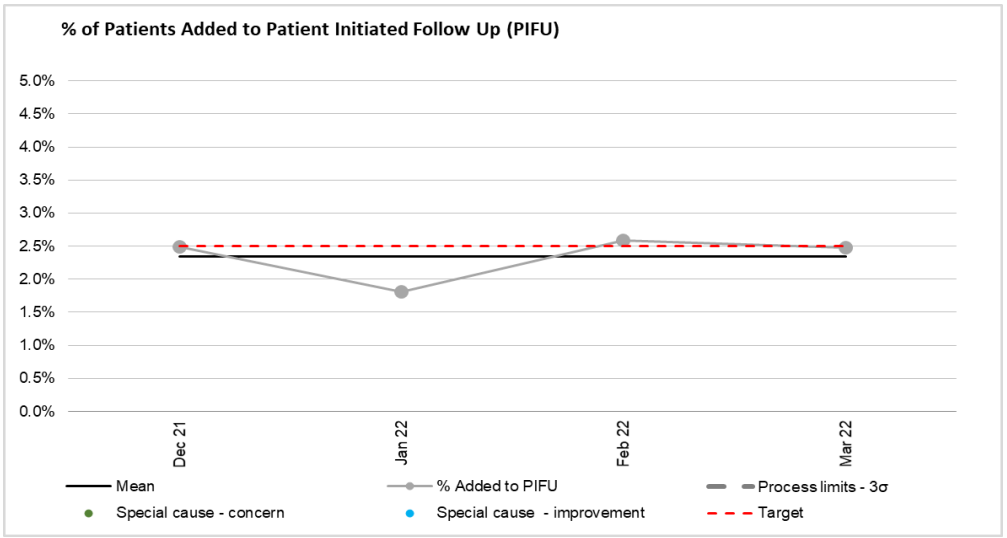
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55





4. Outpatient efficiency

SUMMARY

There were 4,886 face to face and 648 virtual appointments carried out in March (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform to support virtual clinics going forward.

PIFU Target for March: plan **2.5%** - actual: **2.49%** - 97 patients out of 3917 (measured as a % of all outpatient activity**)**

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **6.8%** (Target **10%)**
60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown a improvement from February to March with just 6.8% of appointments being delayed more than 30 minutes. Also delays of 60 minutes or more have also dropped in March to 2%. A trial of electronic outcomes is being planned in Young Adult Hips which will mean the clinician is entering the time stamping making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. A new intranet based x-ray walking referral form and waiting list has helped to manage flow and reduce delays.

The DNA rate for March is **7.83% , below trust target** but an increase from **7.07**% in February – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. The Operational Team are working closely with Business Intelligence to provide more information regarding DNA's including ethnicity, age, gender, notice period provided and previous DNA history.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In March 117 referrals for advice and guidance were received against a GP referral total of 1464 gives a total of **8%** for advice and guidance.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for March.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and is due to be completed by the end of May. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

5. Referral to Treatment

Referral to Treatment Snapshot as at 31st March 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

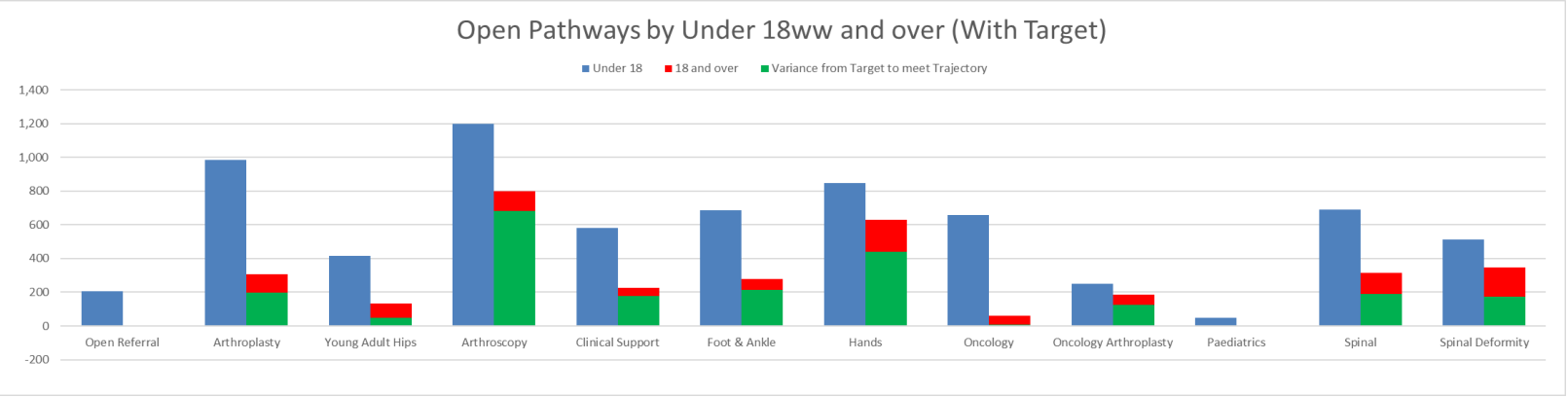
Est Over 18 Clock Stops Required		
To achieve	87.56%	2612
To achieve	89.10%	2773
To achieve	89.94%	2858

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,531**	204	534	200	539	273	334	393	347	91	31	321	264
7-13	**2,268**	0	334	144	408	202	231	256	191	84	16	227	175
14-17	**1,273**	0	115	72	250	107	120	197	120	76	3	140	73
18-26	**1,709**	0	181	86	347	154	145	306	45	98	3	183	161
27-39	**1,175**	1	116	39	302	61	112	227	14	63	0	100	140
40-47	**304**	0	8	7	118	6	19	67	2	18	0	23	36
48-51	**65**	0	0	1	27	2	1	20	1	3	0	3	7
52 weeks and over	**23**	0	0	0	5	1	1	9	0	2	0	4	1
Total	**10,348**	205	1,288	549	1,996	806	963	1,475	720	435	53	1,001	857

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,072**	204	983	416	1,197	582	685	846	658	251	50	688	512
18 and over	**3,276**	1	305	133	799	224	278	629	62	184	3	313	345
Current Month End RTT %	**68.34%**	99.51%	**76.32%**	**75.77%**	**59.97%**	**72.21%**	**71.13%**	**57.36%**	**91.39%**	**57.70%**	94.34%	**68.73%**	**59.74%**

31/03/2022 Trajectory RTT %	87.56%	100.00%	90.32%	83.17%	91.15%	92.52%	91.26%	81.82%	92.47%	80.97%	92.16%	84.59%	75.06%
Target for RTT Trajectory	1,005	0	105	84	116	47	66	188	54	59	4	125	170
Variance from Target to meet Trajectory	2271	1	200	49	683	177	212	441	8	125	-1	188	175



5. Referral to Treatment

Referral to Treatment Snapshot as at 31st March 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

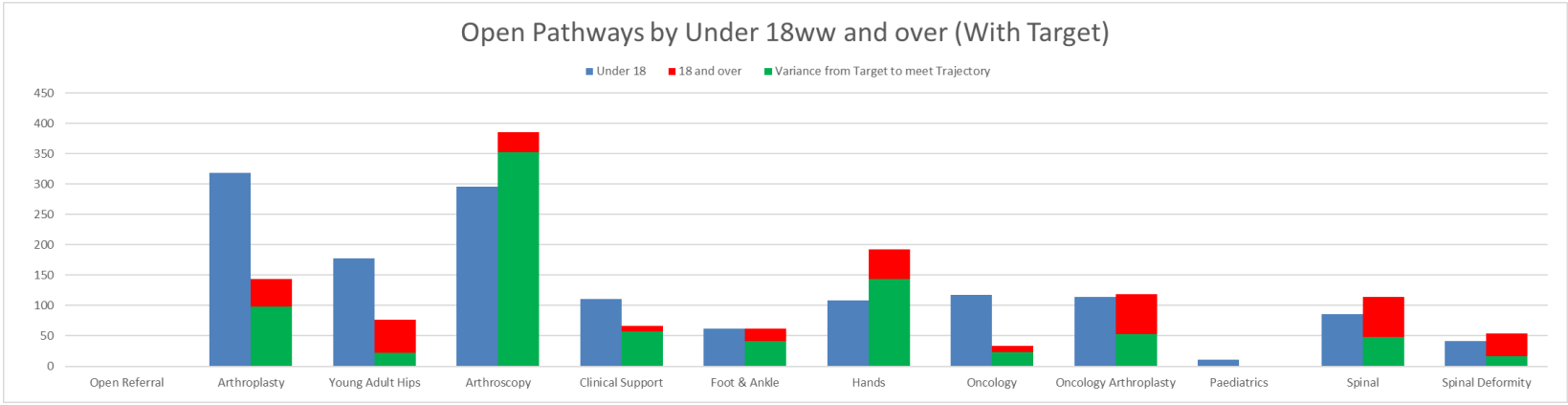
Est Over 18 Clock Stops Required		
To achieve	80.93%	1044
To achieve	89.10%	1232
To achieve	89.94%	1250

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**644**	0	137	71	155	55	26	41	51	38	8	45	17
7-13	**503**	0	123	74	99	39	16	39	41	39	2	22	9
14-17	**296**	0	58	33	42	17	20	28	25	37	1	19	16
18-26	**566**	0	74	43	140	46	27	84	24	58	1	59	10
27-39	**485**	1	67	27	151	16	28	80	7	45	0	36	27
40-47	**144**	0	3	6	70	2	7	16	2	11	0	14	13
48-51	**41**	0	0	1	22	2	0	7	0	3	0	2	4
52 weeks and over	**12**	0	0	0	2	0	0	5	0	2	0	3	0
Total	**2,691**	1	462	255	681	177	124	300	150	233	12	200	96

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,443**	0	318	178	296	111	62	108	117	114	11	86	42
18 and over	**1,248**	1	144	77	385	66	62	192	33	119	1	114	54
Current Month End RTT %	**53.62%**	**0.00%**	**68.83%**	**69.80%**	**43.47%**	**62.71%**	**50.00%**	**36.00%**	**78.00%**	**48.93%**	**91.67%**	**43.00%**	**43.75%**

31/03/2022 Trajectory RTT %	80.93%	100.00%	87.55%	76.47%	90.23%	92.50%	74.61%	68.97%	92.70%	63.22%	93.33%	56.64%	52.72%
Target for RTT Trajectory	340	0	45	55	32	9	21	49	9	66	1	66	38
Variance from Target to meet Trajectory	908	1	99	22	353	57	41	143	24	53	0	48	16



5. Referral to Treatment

Referral to Treatment Snapshot as 31st March 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

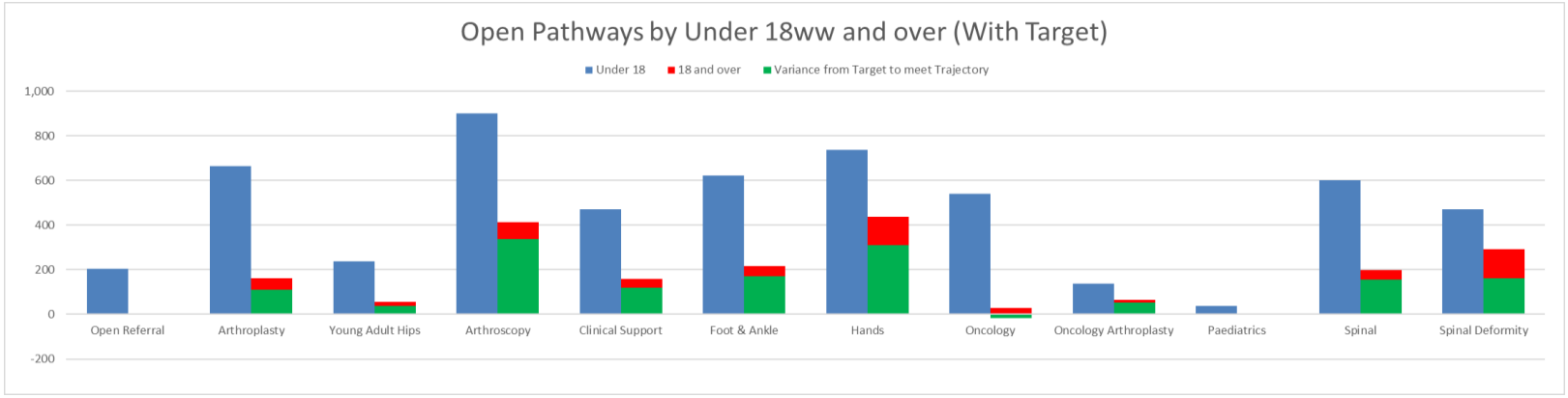
Est Over 18 Clock Stops Required		
To achieve	90.53%	1655
To achieve	89.10%	1541
To achieve	89.94%	1608

Select Pathway Type: Non Admitted

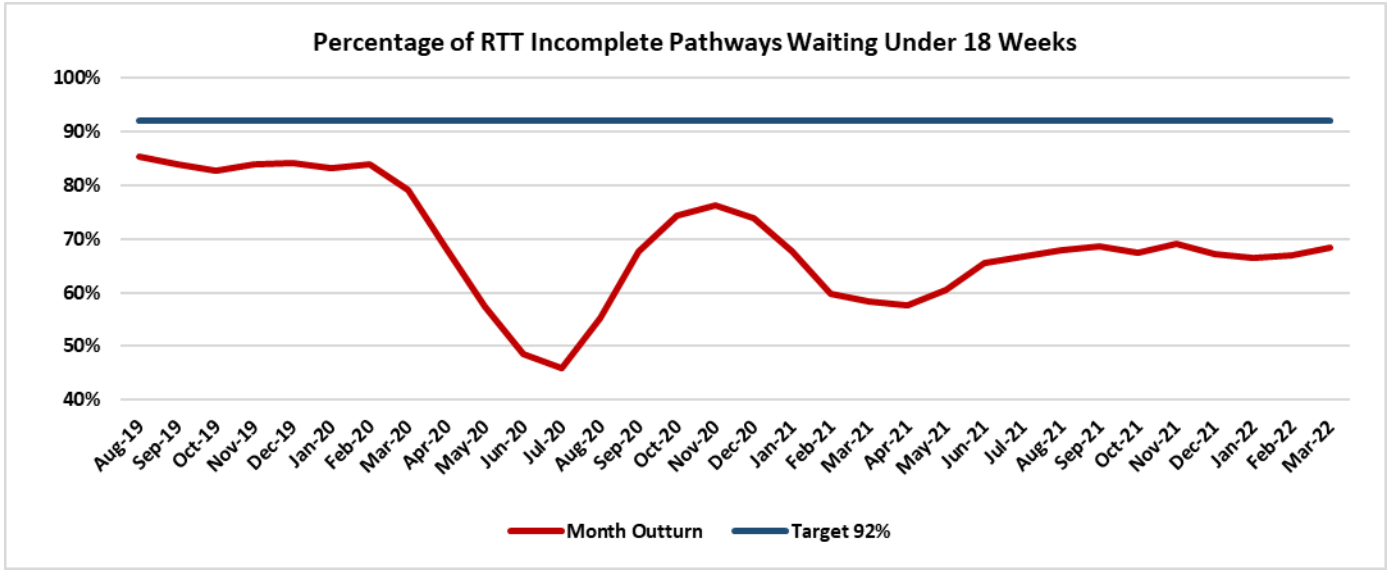
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,887**	204	397	129	384	218	308	352	296	53	23	276	247
7-13	**1,765**	0	211	70	309	163	215	217	150	45	14	205	166
14-17	**977**	0	57	39	208	90	100	169	95	39	2	121	57
18-26	**1,143**	0	107	43	207	108	118	222	21	40	2	124	151
27-39	**690**	0	49	12	151	45	84	147	7	18	0	64	113
40-47	**160**	0	5	1	48	4	12	51	0	7	0	9	23
48-51	**24**	0	0	0	5	0	1	13	1	0	0	1	3
52 weeks and over	**11**	0	0	0	3	1	1	4	0	0	0	1	1
Total	**7,657**	204	826	294	1,315	629	839	1,175	570	202	41	801	761

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,629**	204	665	238	901	471	623	738	541	137	39	602	470
18 and over	**2,028**	0	161	56	414	158	216	437	29	65	2	199	291
Current Month End RTT %	**73.51%**	**100.00%**	**80.51%**	**80.95%**	**68.52%**	**74.88%**	**74.26%**	**62.81%**	**94.91%**	**67.82%**	**95.12%**	**75.16%**	**61.76%**

31/03/2022 Trajectory RTT %	90.53%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	85.32%	92.43%	92.20%	92.05%	93.49%	78.38%
Target for RTT Trajectory	589	0	51	19	77	38	47	127	44	12	3	42	130
Variance from Target to meet Trajectory	1439	0	110	37	337	120	169	310	-15	53	-1	157	161



5. Referral to Treatment



ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for March is **68.34%** against the National Constitutional Target of 92%. This is an increase of 1.44% compared to February reporting at **66.90%.**

There are **23** patients over 52 weeks, a decrease from 32 in February. However due to the impact on activity in March due to patients and consultants having Covid/unwell we are anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **369** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2691 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,365** (87%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

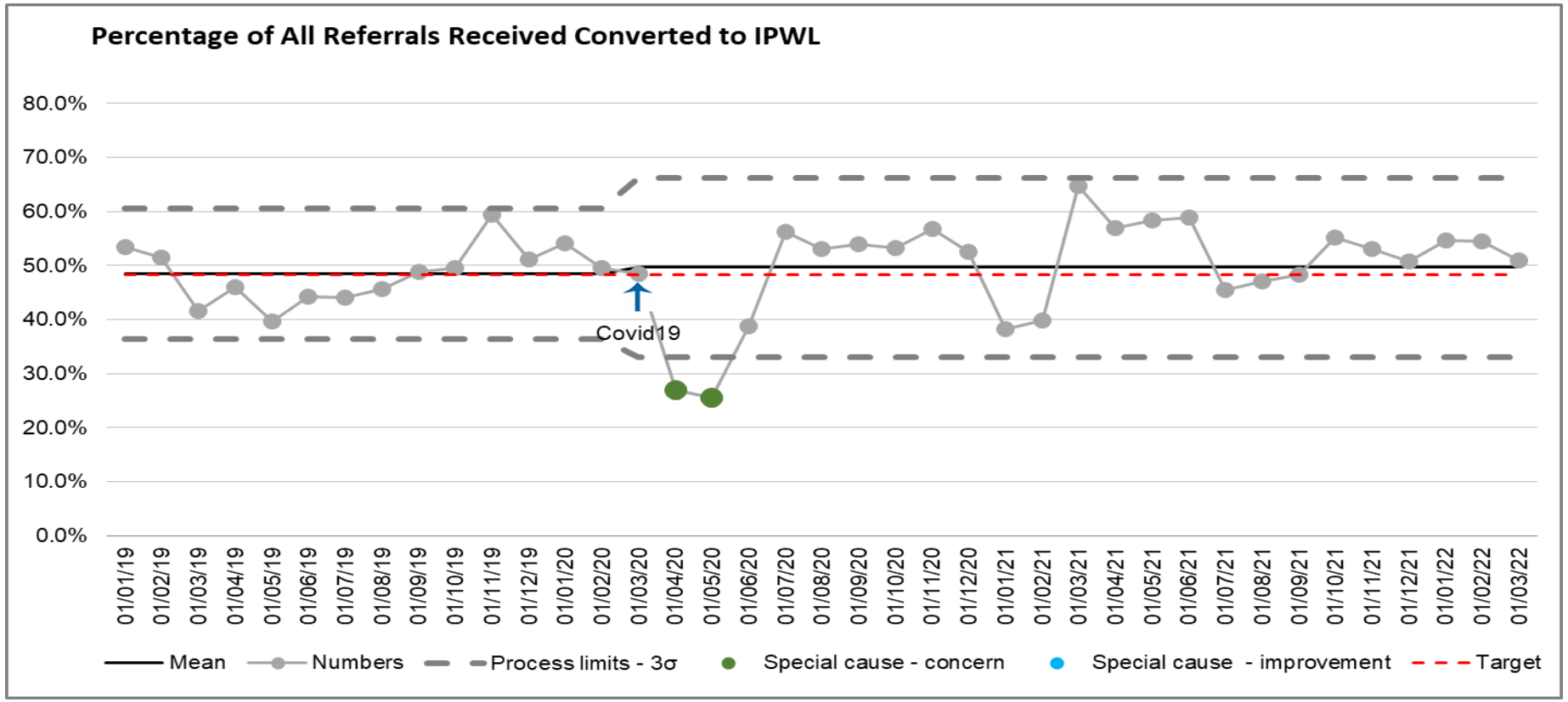
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

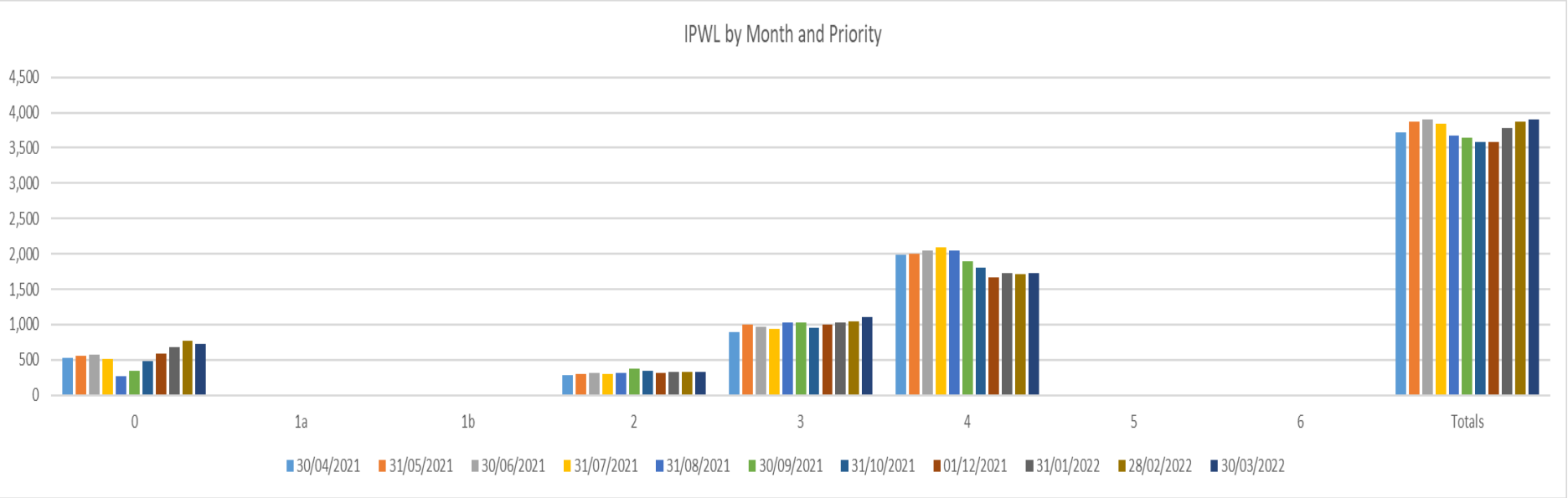
System support for 104 weeks and Covid surges may impact on the delivery of the RTT target

5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205
Percentage of All Referrals Received Converted to IPWL	**26.91%**	**25.56%**	**38.75%**	**56.28%**	**52.99%**	**53.89%**	**53.24%**	**56.74%**	**52.53%**	**38.31%**	**39.80%**	**64.72%**	**56.92%**	**58.43%**	**58.90%**	**45.42%**	**47.05%**	**48.37%**	**55.15%**	**53.14%**	**50.88%**	**54.72%**	**54.40%**	**50.95%**

5. Referral to Treatment



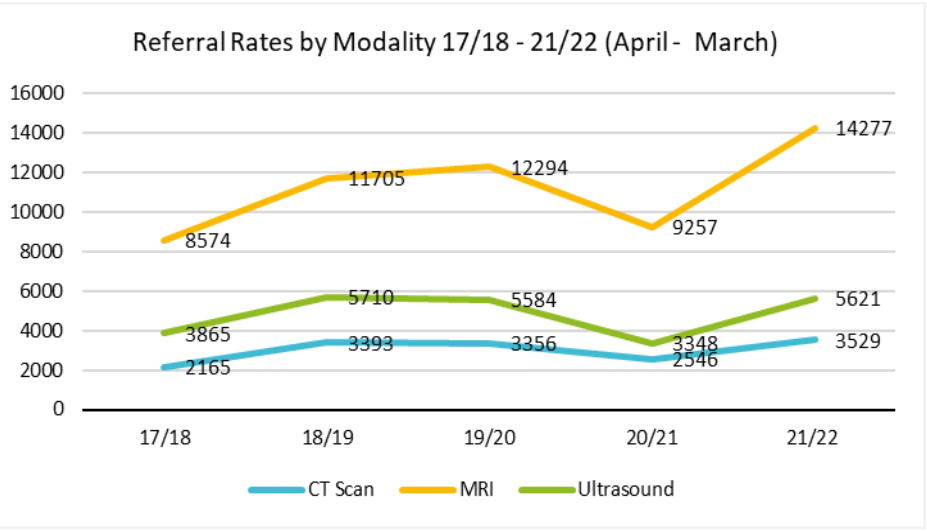
	Number of IP waiting as at	% of IP waiting as at
Priority	30/03/2022	30/03/2022
0	731	18.7%
1a		0.0%
1b	7	0.2%
2	330	8.4%
3	1109	28.4%
4	1728	44.2%
5	2	0.1%
6		0.0%
Total	3907	100%

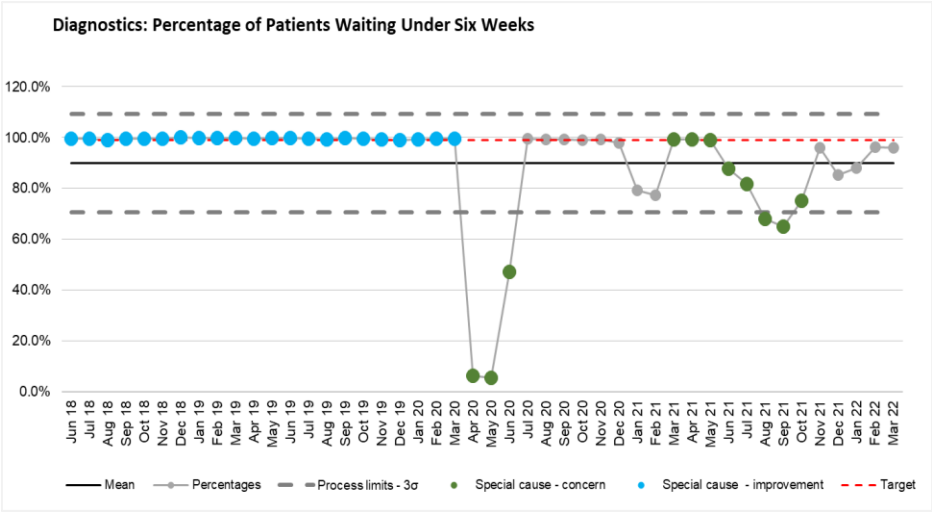
March remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

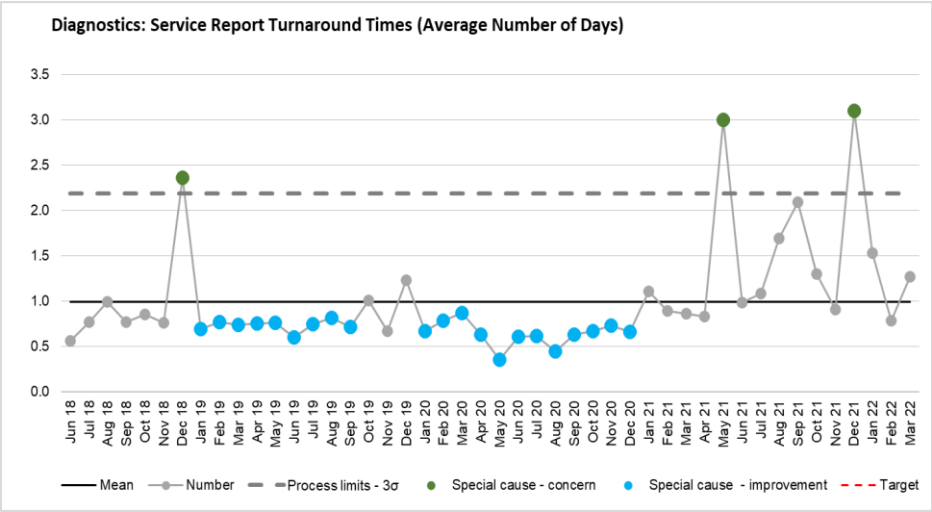
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in March reporting 96%. Referrals continue to remain high specifically for MRI with a referral rate of 145% in March when compared to the same period in 19/20. Ultrasound and CT remain in target.

A formal contract request for additional mobile MRI van capacity via NHS Supply Chain has result in 3 companies responding and is currently going through due process but it is expected that this extra capacity will become available in May which will have a positive impact on the clearance of the backlog within MRI. Meanwhile adhoc capacity is also being sourced.

Dr Dr (patient text messaging service) is also expected to come on line by the end of April which will support the reduction in the DNA rates which is currently averaging 10-12%.

Reporting times in March remained on target

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's .
Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

February Cancer Performance – February 2022 Submission

		Feb-22				
Target Name	National Standard	%	In target	Breach	Accountable patients	Total Patients
2ww	93%	96%	69.0	3.0	72.0	72.0
31 day first treatment	96%	85%	11.0	2.0	13.0	13.0
31 day subsequent (surgery)	94%	100%	3	0	3	3
62 day (traditional)	85%	100%	4.5	0	4.5	6
62 day (Cons Upgrade)	n/a	76%	6.5	2.0	8.5	11.0
28 day FDS REPORTED	75%	84%	65.0	12.0	77.0	77.0
Patients over 104 days				1		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breach reasons:
2 x 31 day subsequent – delay to scheduling surgery as the patients required multi-disciplinary surgical team including the plastics specialists. One patient also had an inconclusive diagnosis from the referring Trust which resulted in a delay to a definitive diagnosis
1 x 62 day (upgrade) - delay in diagnosis requiring several repeat biopsies and patient requiring thinking time due to life changing decision for treatment
1 x 62 day (upgrade) - patient required 2 x biopsies and 1 x open biopsy and was discussed at both the UHB and ROH MDT. There was difficulty in diagnosing the patient as the radiology suggested TB although tests were negative. Patient eventually diagnosed and referred to Christies for Proton Therapy on day 163

Operational Update

- Work continues on the 2WW referral pathway with Bsol CCG.
- The RJAH support SLA has ceased going into the new financial year.

8. Overall Financial Performance

SUMMARY

The Trust delivered a full year surplus £422k against a planned breakeven position.

Income for the year performed better than plan by £8.1m. This primarily relates to £2.4m of pension income, elective stretch monies recognised in H2, ERF income during H1 and funding of the pay award.

Pay and non pay expenditure overspent in the year by £7.5m.

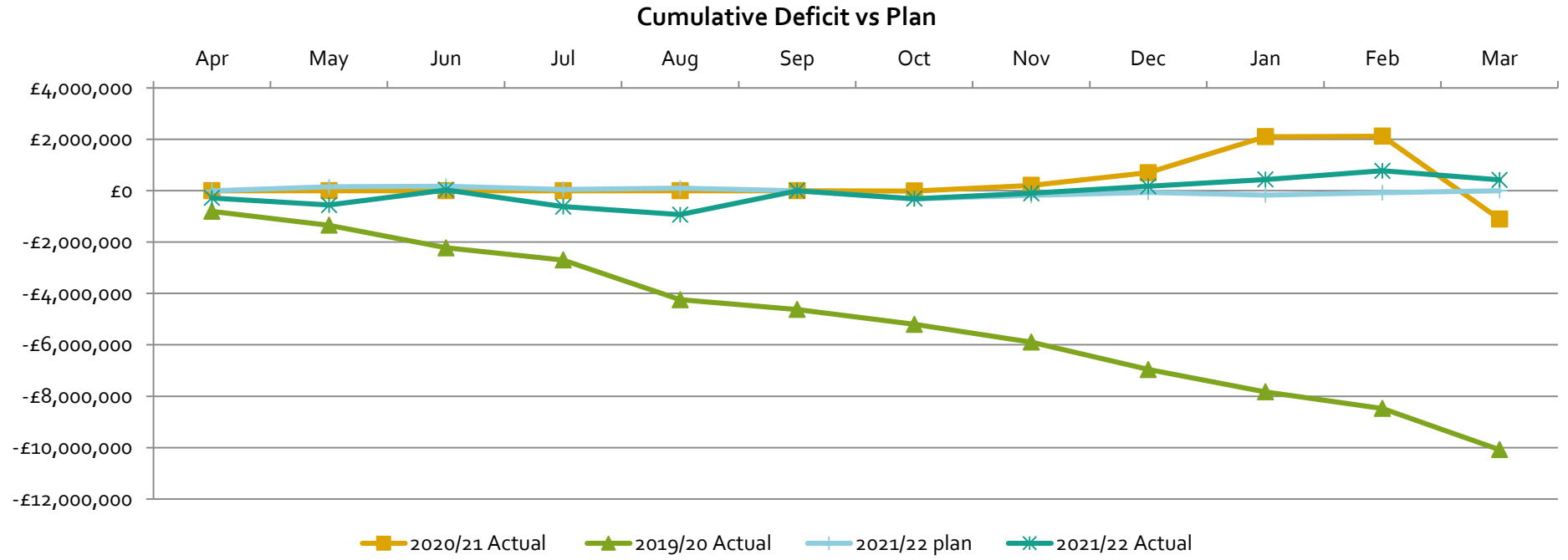
Capital expenditure for the year overspent by £357k due to an agreed allowed system overspend.

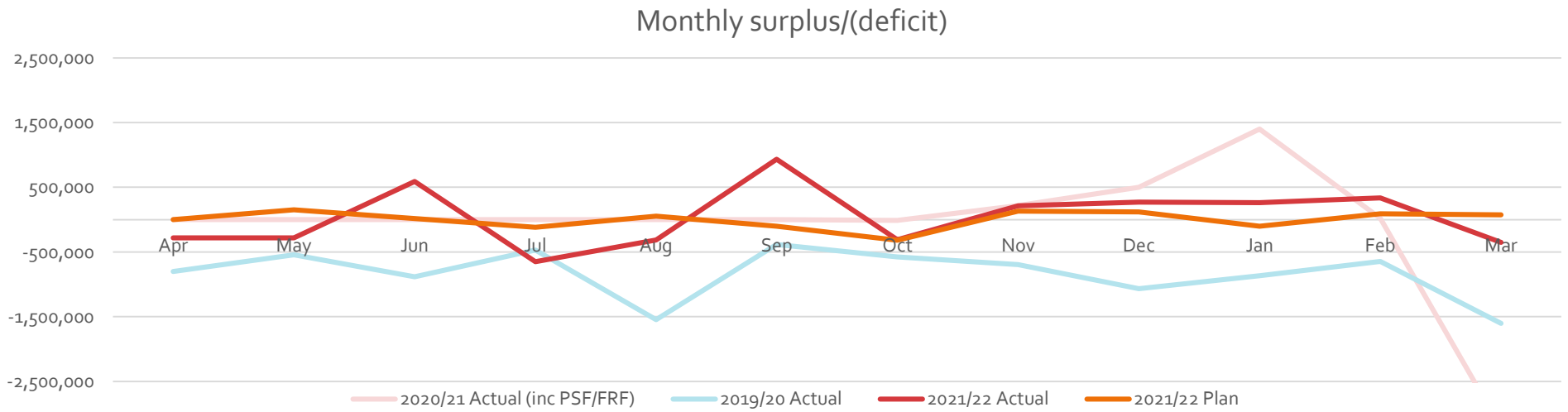
	£'000s				
	Income	Pay	Non Pay	Finance costs, impairment and capital donation	Total
Full year Variance	£8,100	(£4,988)	(£2,636)	(£55)	£422
Full year plan	£107,327	(£60,144)	(£45,974)	(£1,209)	-
Full year actual	£115,428	(£65,131)	(£48,610)	(£1,266)	£421
Month 12	£12,496	(7,667)	(5,266)	£85	(£352)

8. Overall Financial Performance

	Plan	Actual	Variance
	Full year (£'000)		
Operating Income from Patient Care Activities	103,302	109,533	6,231
Other Operating Income (Excluding top up)	4,025	5,895	1,869
Employee Expenses (inc. Agency)	(60,144)	(65,131)	(4,988)
Other operating expenses	(45,974)	(48,610)	(2,636)
Operating Surplus	**1,210**	**1,686**	**477**
Net Finance Costs	(1,244)	(1,408)	(164)
Net surplus/(deficit)	(34)	278	312
Remove impairments of land and buildings	-	361	361
Remove donated asset I&E impact	34	(218)	(252)
Adjusted financial performance	**-**	**421**	**421**
Non recurrent funding	(20,088)	(26,664)	(6,576)
Underlying surplus/(deficit)	**(20,088)**	**(26,423)**	**(6,335)**

8. Overall Financial Performance





9. Income

SUMMARY

Income for the year performed better than plan by £8,100k. The most significant movement in month relates to pension funding. Year to date variance primarily relates to Elective stretch monies recognised in H2, ERF income during H1 and funding of pay award.

Private patient income performed £973k above plan for the full year.

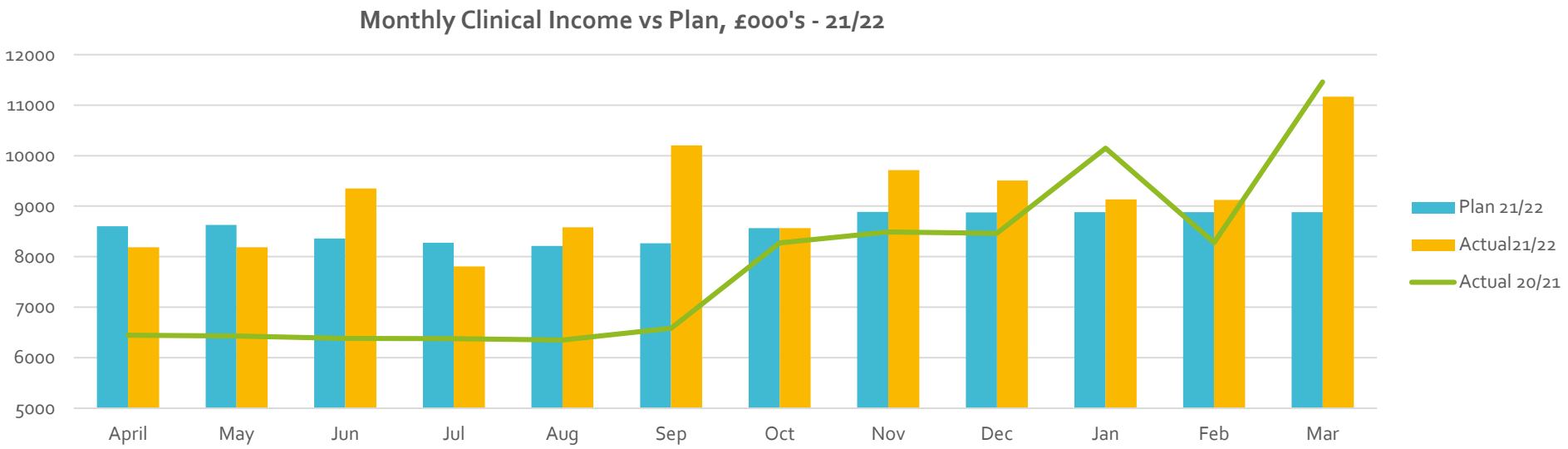
AREAS FOR IMPROVEMENT

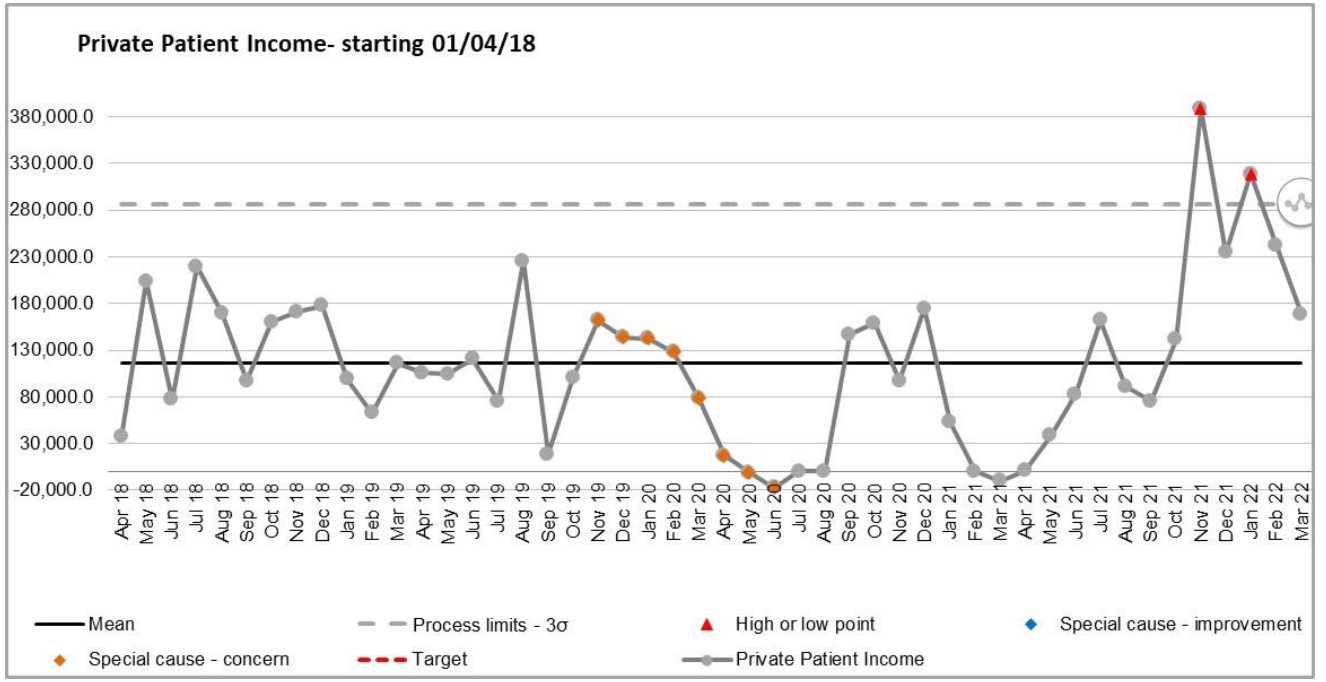
Other income, whilst above plan, was still below 2019/20 levels. This category of income car parking, catering and accommodation.

RISKS / ISSUES

Non recurrent funding has been received in both H1 and H2, generating an underlying financial risk for 2022/23.

9. Income


Monthly Clinical Income vs Plan, £000's - 21/22
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 21/22
Actual21/22
Actual 20/21


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
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Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent against plan year to date by £7.5m, which has been driven by £2.4m additional pension costs and increased activity against original plan.

Overall pay spend is higher than plan with substantive, agency and bank all overspending year to date. Agency spend has remained stable at £504k, although there is an increase in nursing spend and a reduction in medical.

Overall non pay spend is higher in month as a result of the revaluation of the estate, recognition of the expenditure related to donated PPE (again offset with income), a review of balance sheet areas such as prepayments and accruals, and year end stock count adjustments.

AREAS FOR IMPROVEMENT

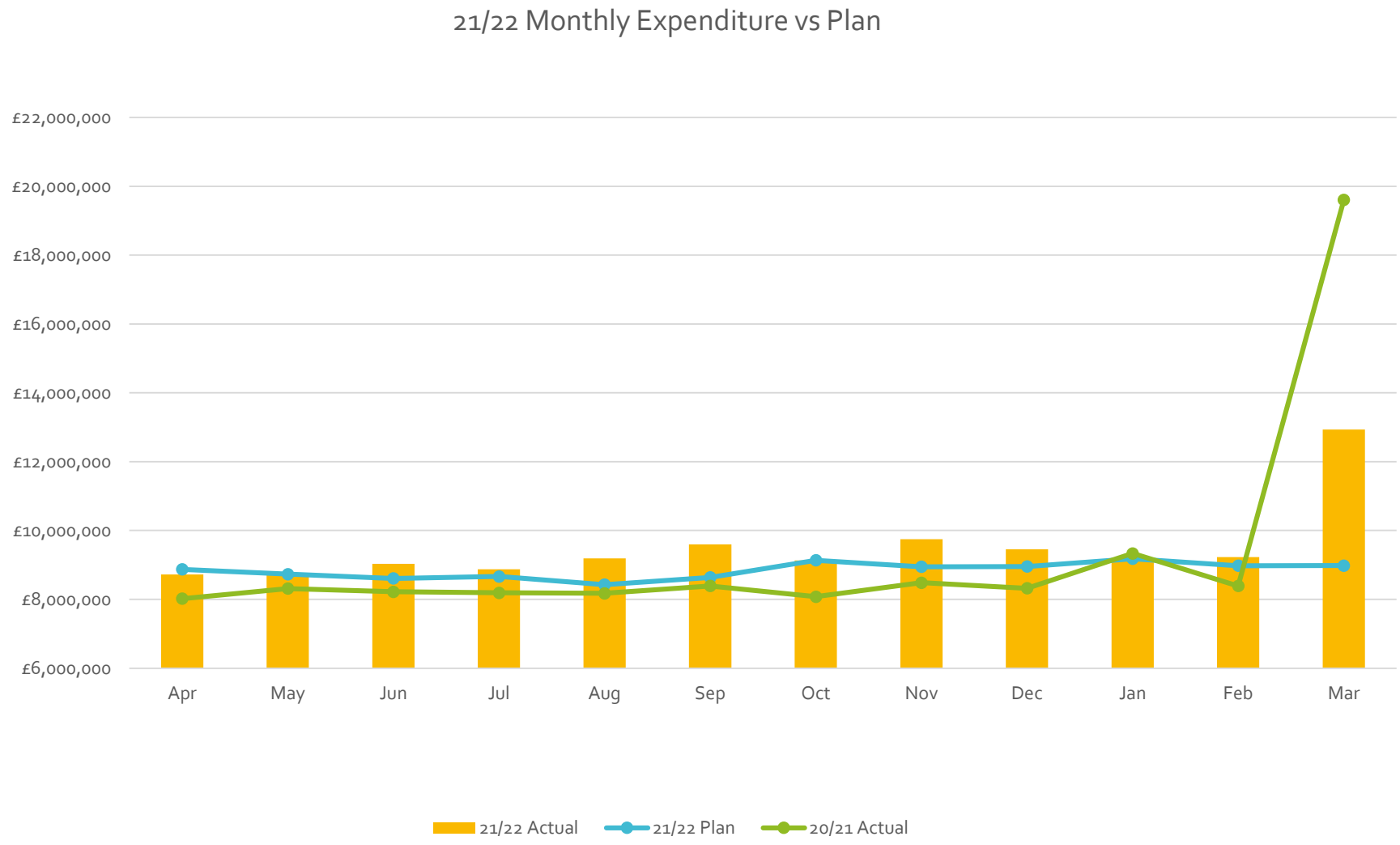
Agency spend is above plan year to date by £594k, and bank spend above plan by £566k year to date.

Agency costs as a percentage of total staff costs year to date has decreased compared to last month at 6.6% compared to 9.1% in February, but remains above plan of 6.1%.

RISKS / ISSUES

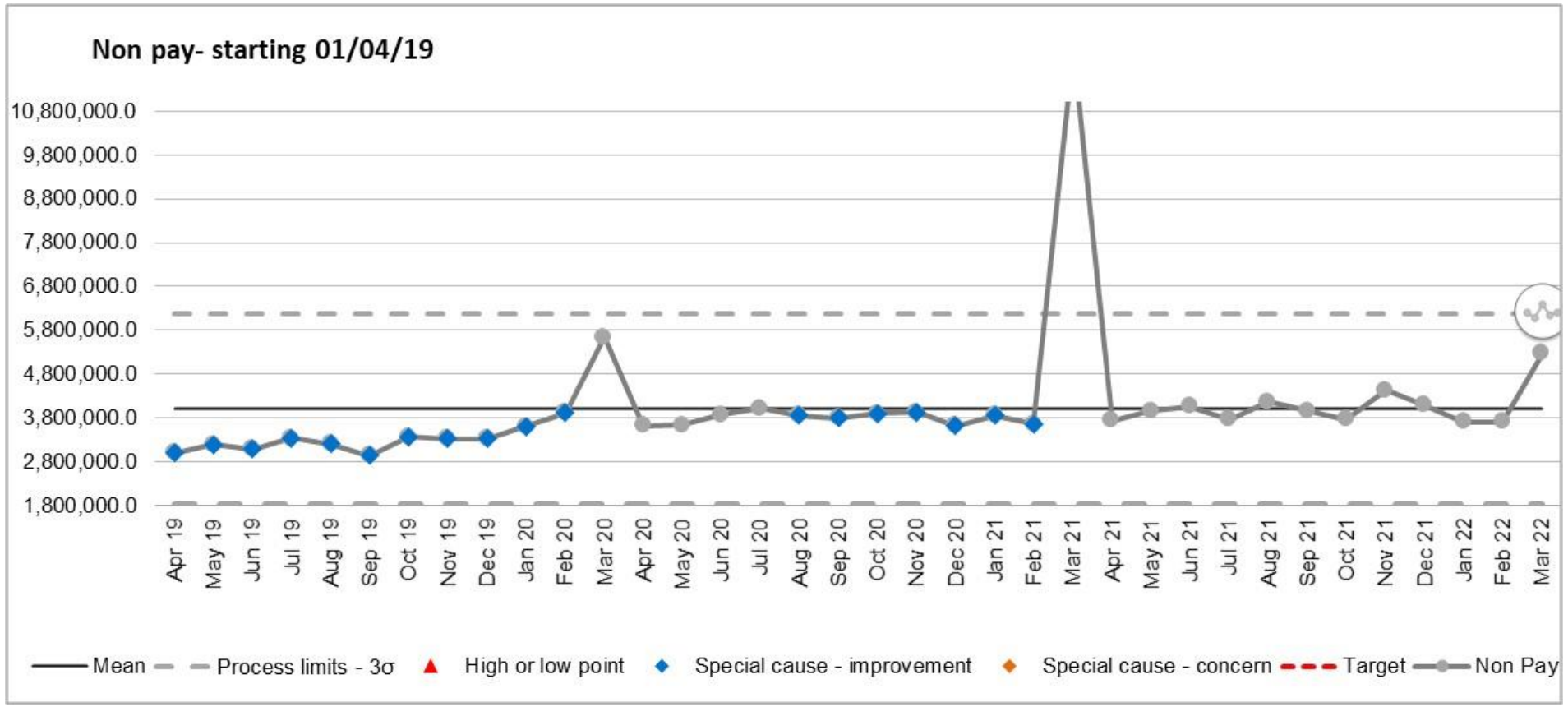
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure

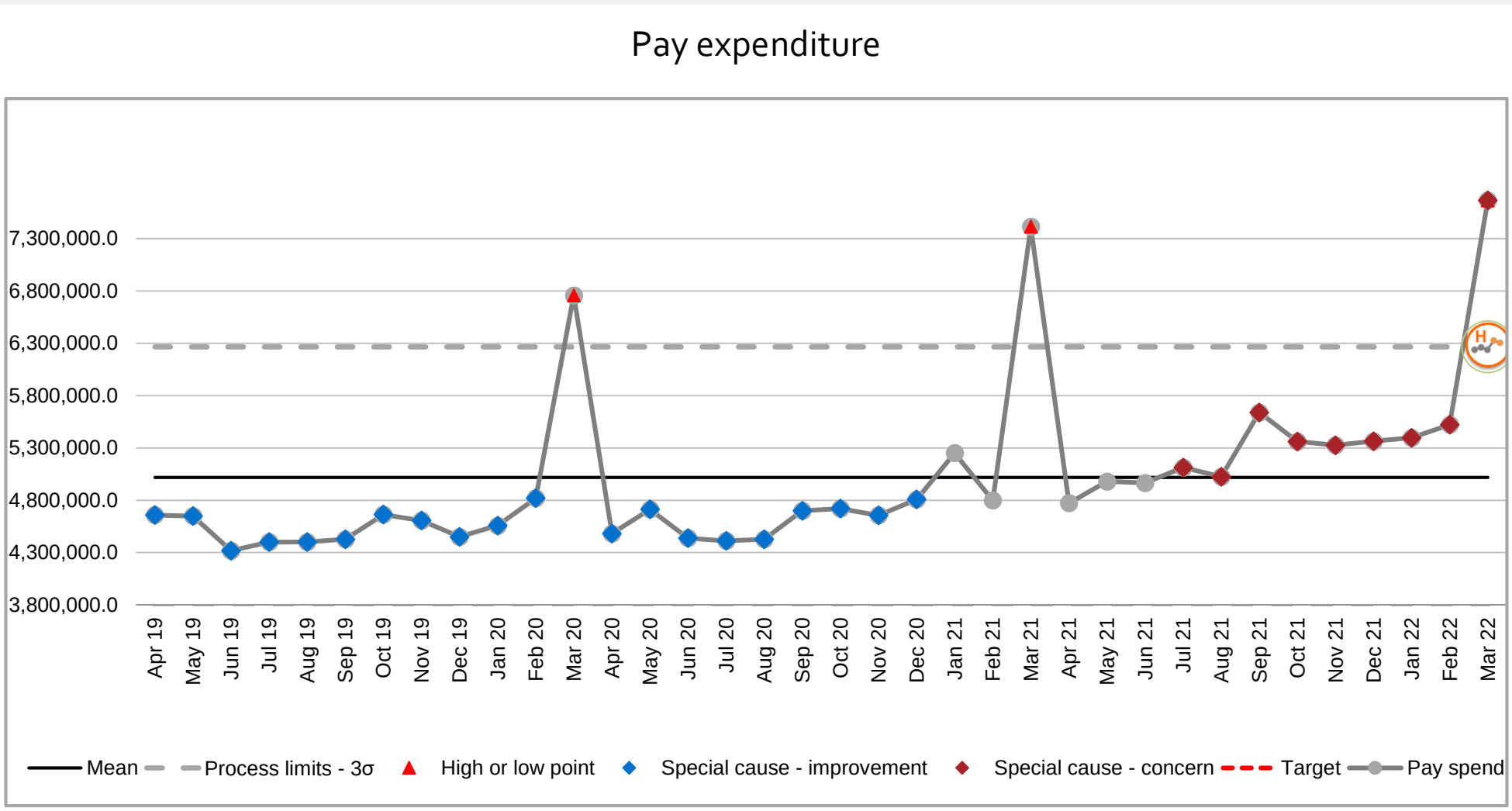


9. Non Pay Expenditure

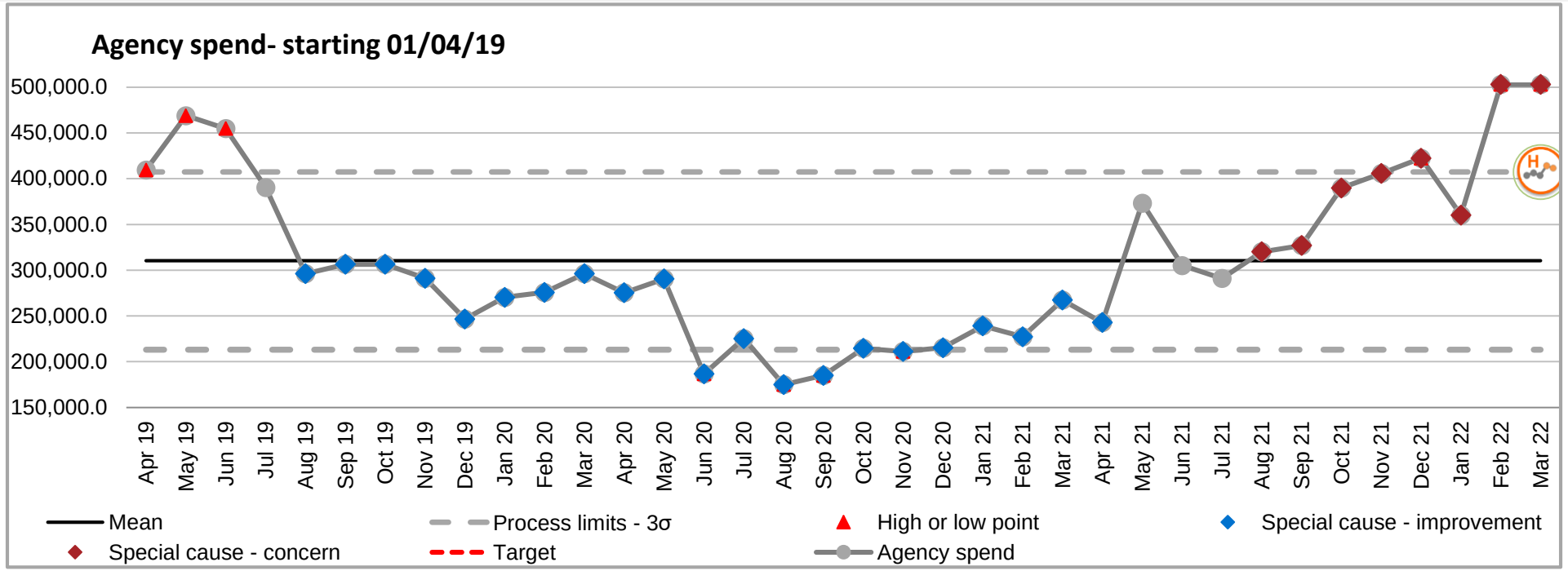
Non-pay expenditure



9. Pay Expenditure

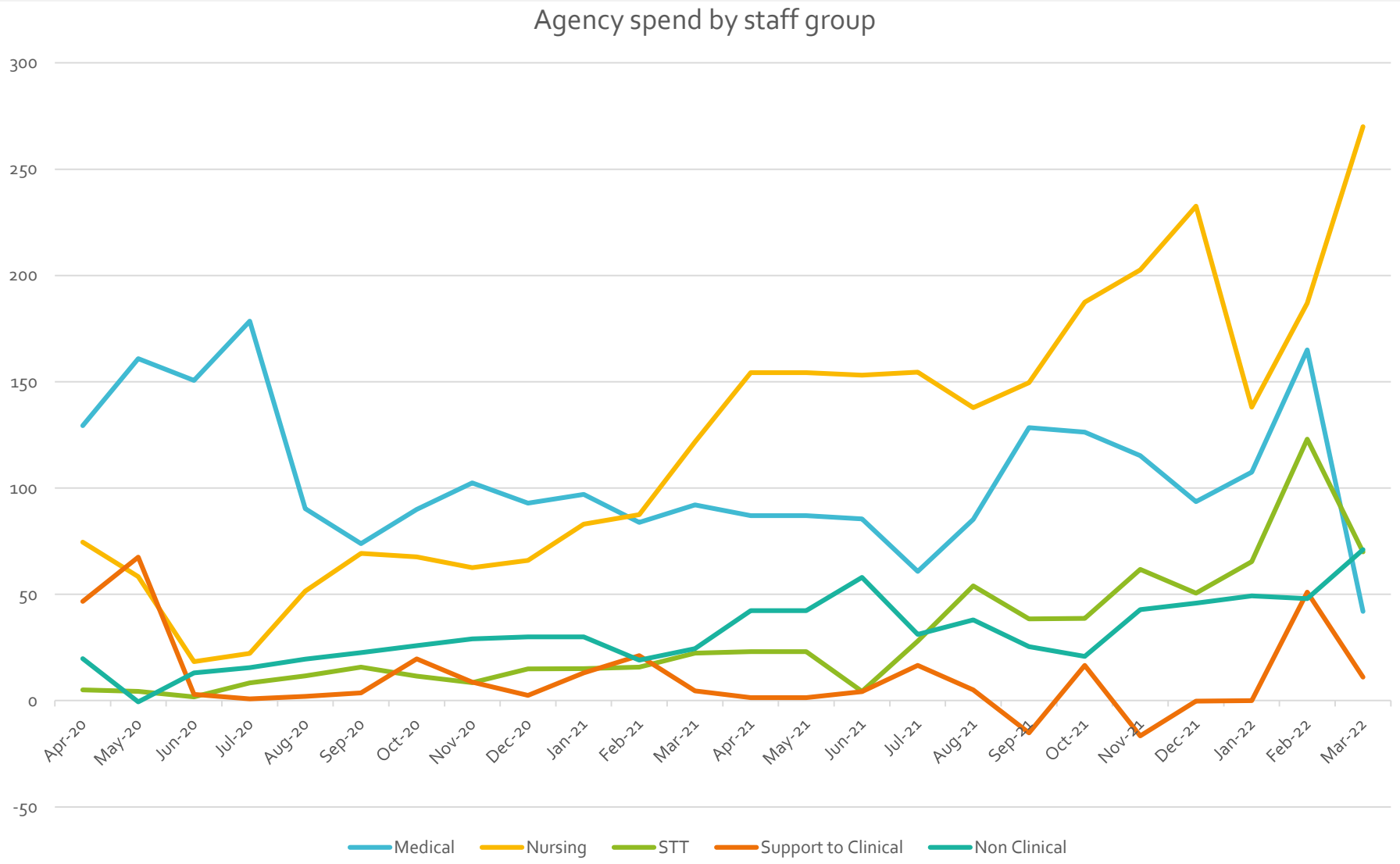


11. Agency Expenditure



	Full year Spend (£'000s)			
	Agency	Bank	Substantive	Total
Medical staff	1,183	777	15,541	17,501
Clinical Staff (exc medical staff)	2,745	3,029	23,847	29,621
Non clinical staff	515	1,575	15,701	17,791
Total	**4,443**	**5,381**	**55,088**	**64,913**

11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Efficiencies totalling £2,197k have been recognised year to date. The most significant scheme delivering savings to date is non pay procurement savings and private patient income above plan.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£264	£103	-£161	
Non pay	£2,119	£1,079	-£1,040	
Income	£203	£1,015	£811	
Grand Total	**£2,586**	**£2,197**	-£389	

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual	Forecast
Private patient service expansion	**4- Execution**	High	£120	£973	
Procurement - Birmingham Hospital Alliance Collaborative	**4- Execution**	Med	£458	£752	
Medical Agency Reduction - Direct Engagement	**5- Review**	Med	£264	£103	
Microsoft 365 Licence review	**5- Review**	High	£0	£96	
DNA Rate Reduction - Outpatients	**5- Review**	Med	£50	£42	
Managed Patient Communications via Synertec	**5- Review**	High	£0	£28	
Pharmacy – drug reviews	**1 - Idea**	n/a	£0	£18	
Employee benefits scheme - VIVUP scheme	**4- Execution**	Med	£0	£2	
Spinal Implant Rationalisation & Modernisation	**3- Planning**	Med	£90	£0	
MSC - Loan kit review	**1 - Idea**	n/a	£0	£0	
Clinical lab rental income	**1 - Idea**	n/a	£0	£0	
Theatre tray rationalisation	**1 - Idea**	n/a	£0	£0	
Consultant pa reduction	**2- Feasibility**	(blank)	£0	£0	
Aston University income	**1 - Idea**	n/a	£0	£0	
Daycase Hip Replacement	**1 - Idea**	n.a	£0	£0	
ADH Standardisation and policy review	**1 - Idea**	n/a	£0	£0	
Daycase Knee Replacement	**4- Execution**	High	£0	£0	
Robotic Process Automation (RPA)	**4- Execution**	Med	£0	£0	

13. Statement of Financial Position

SUMMARY

The cash balance has increased in comparison to the year end, largely due to an expected credit note being received from a supplier.

Inventories has reduced and prepayments have increased (included under trade and other current assets) as a result of the year end stock count and the continued expected transition of inventories to prepayments as the trust stock balance is utilised and replaced by the managed service provider.

	2020/21 M12	2021/22 M12	Movement
	(£'000)		
Intangible Assets	1,255	1,536	281
Tangible Assets	45,798	45,449	-349
Total Non Current Assets	**47,053**	**46,985**	**-68**
Inventories	1,800	360	-1,440
Trade and other current assets	8,492	9,959	1,467
Cash	5,703	11,147	5,444
Total Current Assets	**15,995**	**21,466**	**5,471**
Trade and other payables	-11,396	-13,204	-1,808
Borrowings	-877	-152	725
Provisions	-2,758	-6,584	-3,826
Other Liabilities	-344	-744	-400
Total Current Liabilities	**-15,375**	**-20,684**	**-5,309**
Borrowings	-1,009	-905	104
Provisions	-1,029	-1,029	0
Total Non Current Liabilities	**-2,038**	**-1,934**	**104**
Total Net Assets Employed	**45,635**	**45,832**	**197**
Total Taxpayers' and Others' Equity	**45,635**	**45,832**	**197**

14. ICS financial summary

SUMMARY

Revenue
The system is reporting a £19m surplus for the year.

Capital
The final capital position was a £1.2m underspend, driven mainly by an underspend at BWCH of £1m.

Adjusted financial performance surplus / (deficit)	H1			H2 Year to date			Annual Year to date		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
B'ham and Solihull MH NHSFT	0	20	20	0	1,250	1,250	0	1,270	1,270
B'ham Community Healthcare NHSFT	0	0	0	0	57	57	0	57	57
B'ham Women's and Children's NHSFT	0	393	393	0	5,150	5,150	0	5,543	5,543
Royal Orthopaedic Hospital NHSFT	0	0	0	0	421	421	0	421	421
University Hospitals B'ham NHSFT	0	412	412	0	11,023	11,023	0	11,435	11,435
B'ham and Solihull CCG	0	0	0	0	276	276	0	276	276
System Total	**0**	**826**	**826**	**0**	**18,176**	**18,176**	**0**	**19,002**	**19,002**

15. Workforce

SUMMARY

In March, 85% of staff had completed their mandatory training within the last 12 months which is a slight drop from February. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 15.48% which is the highest it has been since 2018.

The percentage of staff attendance in the month has continued above 94%.

There were 161 agency breaches in March, a increase of 2 compared to 159 in February. The entirety of this was medical usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

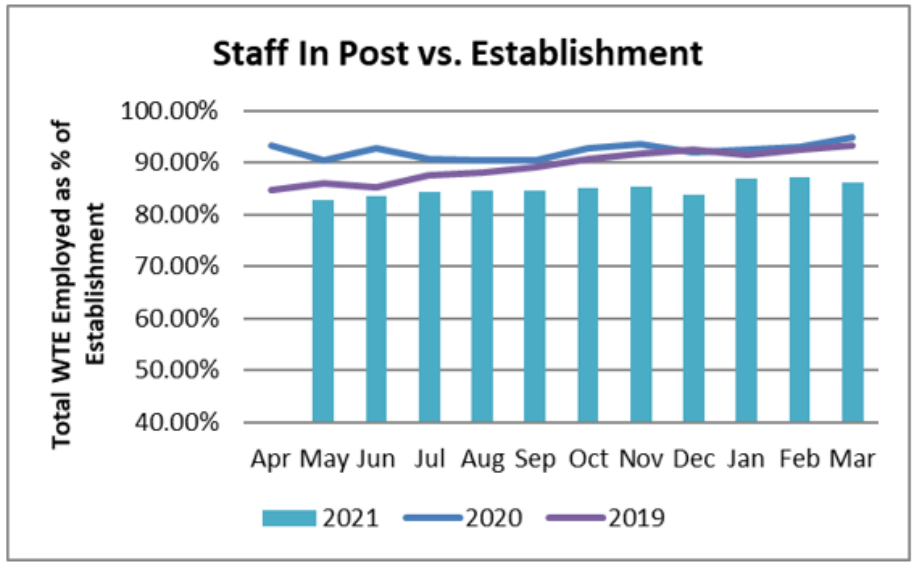
RISKS / ISSUES

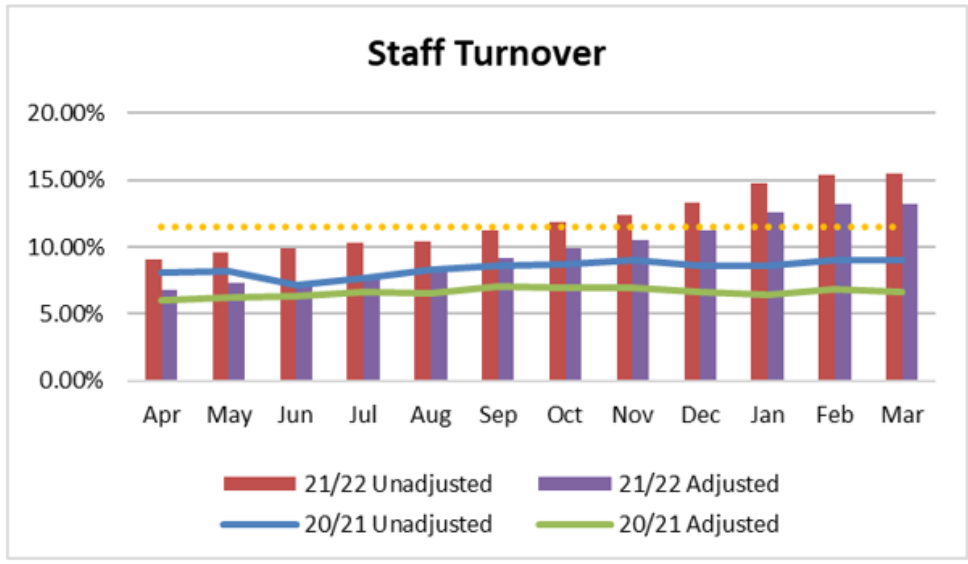
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

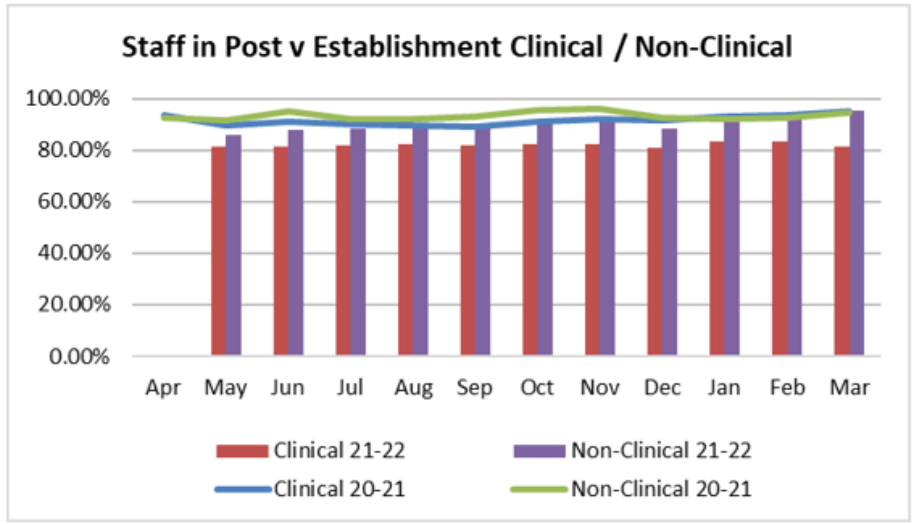
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

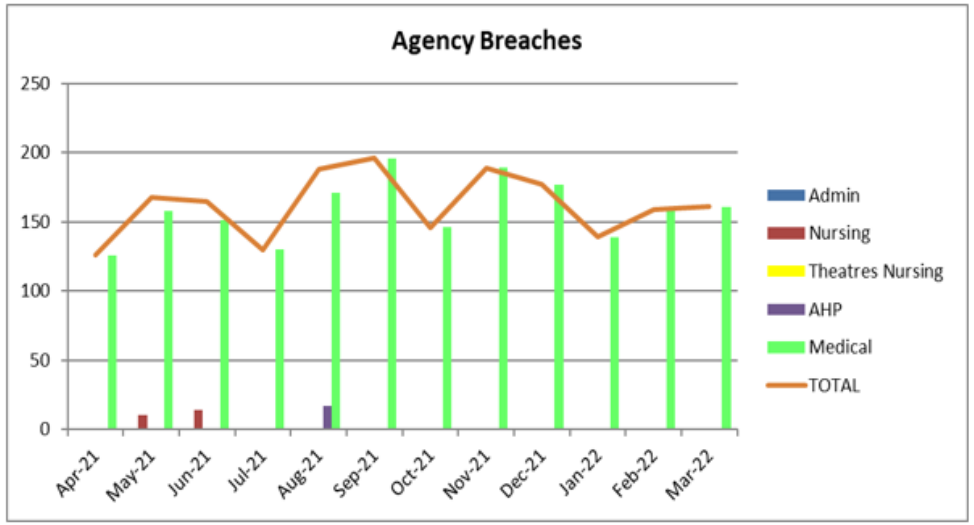
We anticipate that over the next few months, attendance may drop as we come through the spring months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

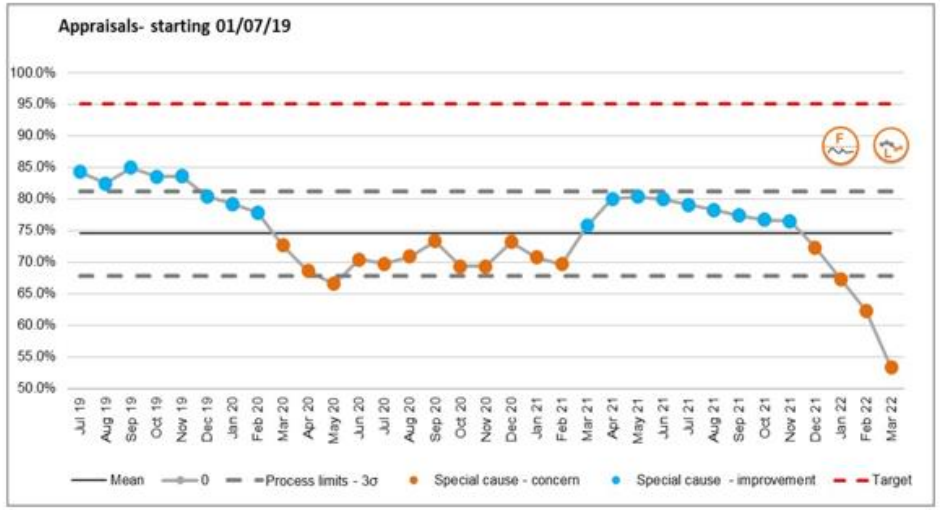


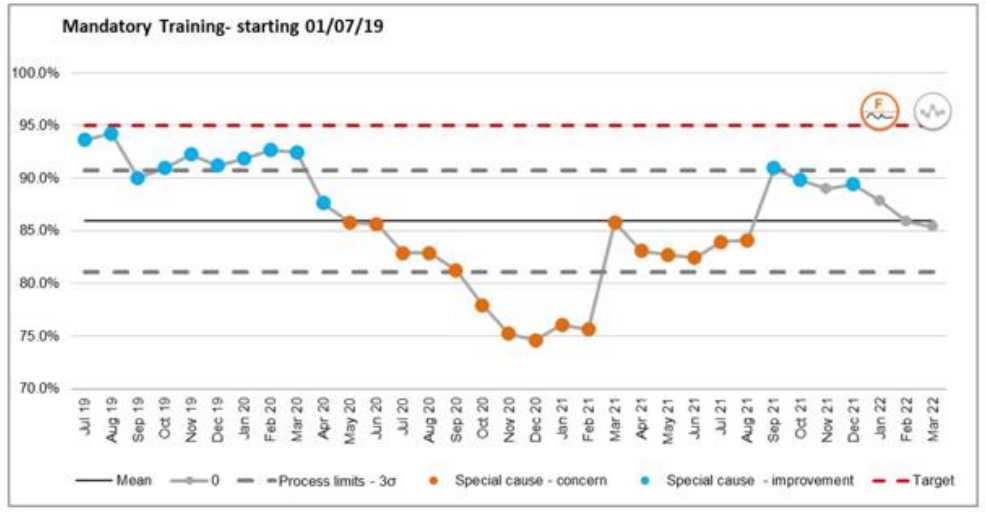


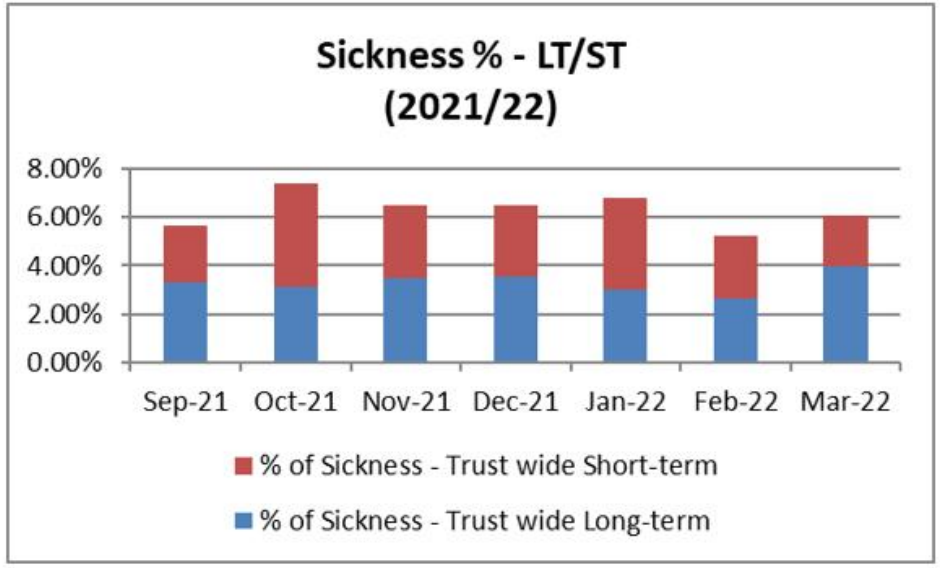


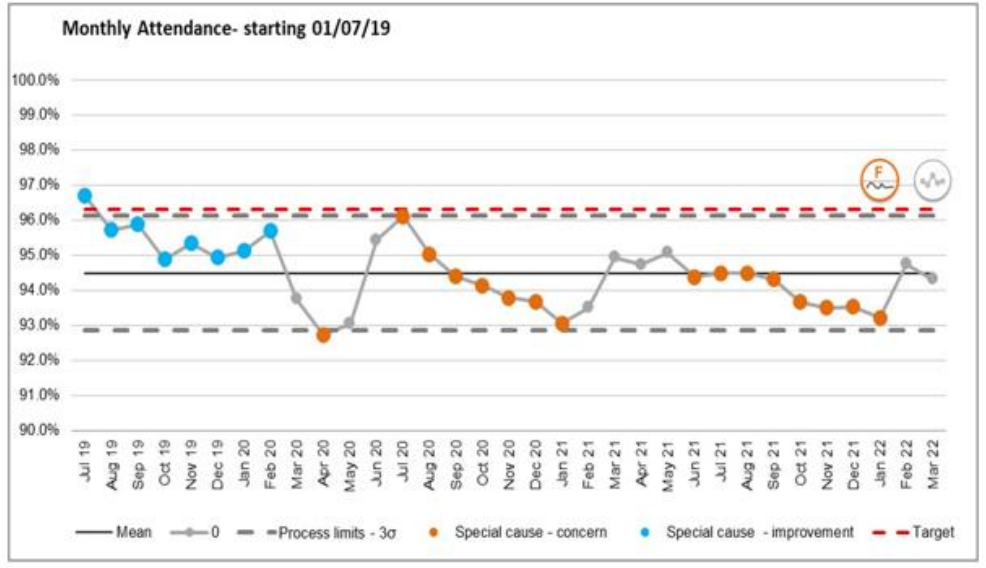


15. Workforce









15. Workforce

Trust Workforce Metrics	Feb-22	Mar-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1244	1239	-5	-	-
Staff In Post - Full Time Equivalent	1103.98	1093.53	-10.44804	-	-
Staf Turnover % - Unadjusted	15.34%	15.48%	0.14%	↕	<=11.5%
Staf Turnover % - Adjusted	13.17%	13.24%	0.07%	↕	<=11.5%
Total WTE Employed as % of Establishment	87.28%	86.15%	-1.13%	↕	>=93%
Total WTE Employed as % of Establishment - Clinical	83.33%	81.13%	-2.20%	↕	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	94.51%	95.40%	0.89%	↕	>=96%
% Of Attendance	94.74%	94.30%	-0.44%	↕	>=96.3%
% Of 12 mth MAA Attendance	94.74%	93.90%	-0.84%	↕	>=96.3%
% Staff received mandatory training last 12 months	85.89%	85.38%	-0.51%	↕	>=93%
% Staff received formal PDR/appraisal last 12 months	62.30%	53.27%	-9.04%	↕	>=95%
% of Sickness - Trust wide Long-term	2.61%	3.96%	1.35%	↕	-
% of Sickness - Trust wide Short-term	2.65%	2.13%	-0.52%	↕	-
Return To Work Completion %	55.61%	38.62%	-16.99%	↕	>=80%

QUALITY REPORT – APRIL 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
4 Moderate harm incidents reporting in March 2022. All 4 of these incident were in relation to infections.	**Nothing specific to highlight – key actions are included in the report**
POSITIVE ASSURANCES TO PROVIDE No Mortality reported No Serious Incidents reported No incident requiring internal RCA reported No hospital acquired VTEs reported **VTE reassessment -** Re-audit was undertaken in January 2021 and was presented at the March 2022 Quality and Safety Committee. The audit revealed high compliance with the VTE prevention policy when electronic and paper records were audited. **Reduction in the number of Falls reported** **Reduction in Category 2 Pressure ulcers in 2021/2022 and no Category 3 Pressure ulcers reported** **Reduction in complaints for 2021/2022**	**DECISIONS MADE** **Nothing specific to highlight – key decisions are included in the report**

Quality Report – April 2022 (March 2022 Data) – Front Cover and Dashboard

	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	Mar 2022	2021/2022	2020/2021 YTD
Incidents	391	345	376	317	308	387	365	422	308	282	274	300 (↑)		
Serious Incidents	1	0	0	0	1	0	2	1	2	6	0	0	13	10(Total)
Internal RCA investigations	5	1	3	4	3	0	1	3	2	0	4	0 (↓)		
VTEs (Avoidable)	0	0	0	0	0	0	1	0	0	0	1	0 (↓)	2	1(Avoidable)
Falls	6	8	8	7	10	5	5	9	6	15	5	5	91	76(Total)
Pressure Ulcers: Cat 2 (Avoidable)	0	0	0	1	1	0	0	1	0	1	0	0	3	10(Avoidable)
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0	0	0	0	0	0	0	0(Avoidable)
Complaints	3	3	8	4	2	3	4	6	4	5	3	3	51	57(Total)
PALS	47	62	68	90	61	39	41	38	39	50	26	61 (↑)		
Compliments	5	5	5	7	3	0	3	6	2	5	3	3		
FFT Score %	97	96	98	98	99	99	99	100	99	98.79	98.11	99.23 (↑)		
FFT Response %	29	33	28	33	41	36	44	43	42	31	58	44 (↓)		
Duty of Candour	10	12	16	20	15	12	12	9	9	9	13	10 (↓)		
Litigation (New)	0	0	1	0	0	0	0	0	0	2	2	2		
Coroners	0	0	0	0	0	0	0	0	0	0	0	0		
WHO %	100	100	100	100	100	100	100	100	100	100	100	100		
Infections	0	1	1	0	1	2	0	0	0	0	1	1	7	3 (Total)

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

April 2022 (March 2022 Data)

EXECUTIVE DIRECTOR:	Garry Marsh	Chief Nurse
AUTHOR:	Ash Tullett	Head of Clinical Governance

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10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
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1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

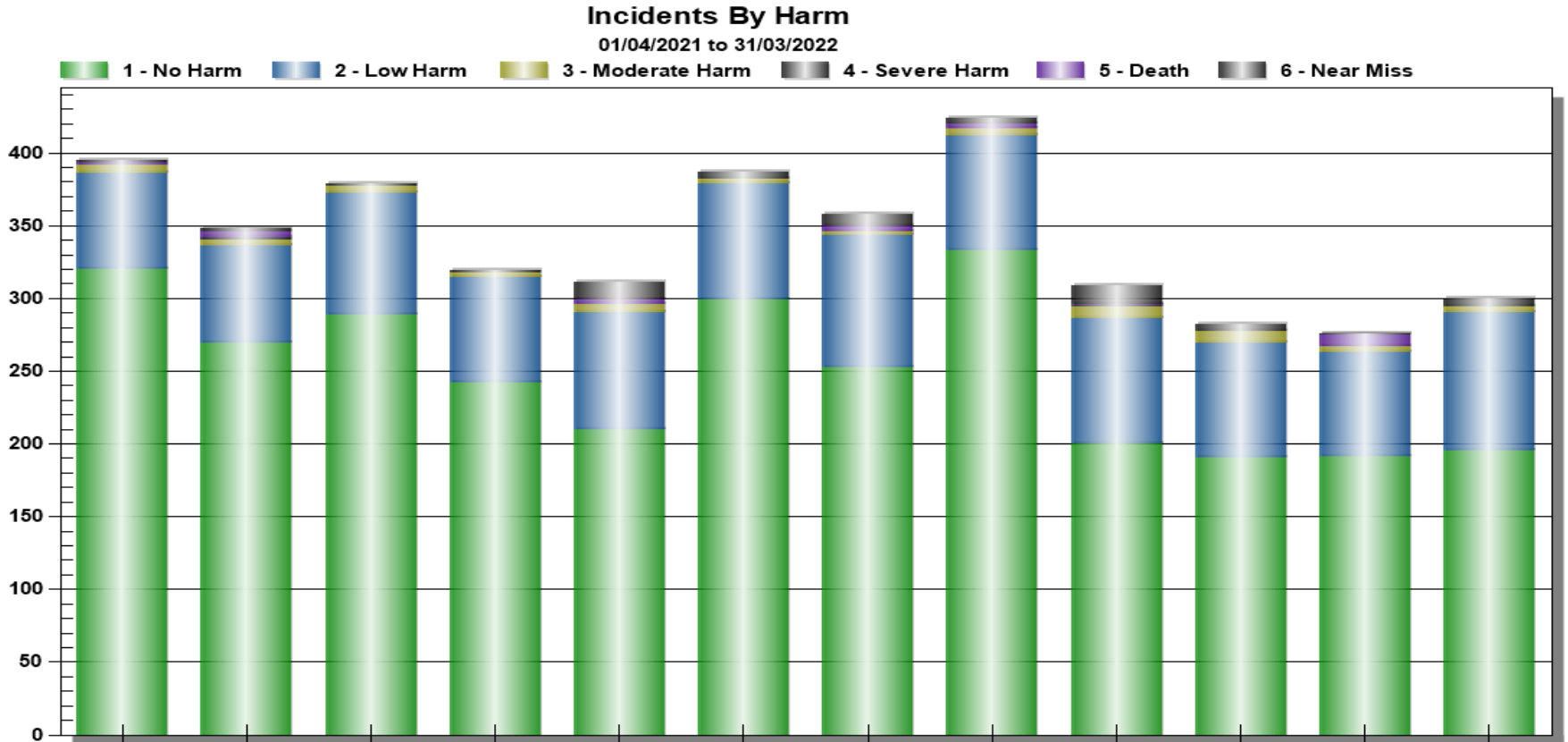
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**

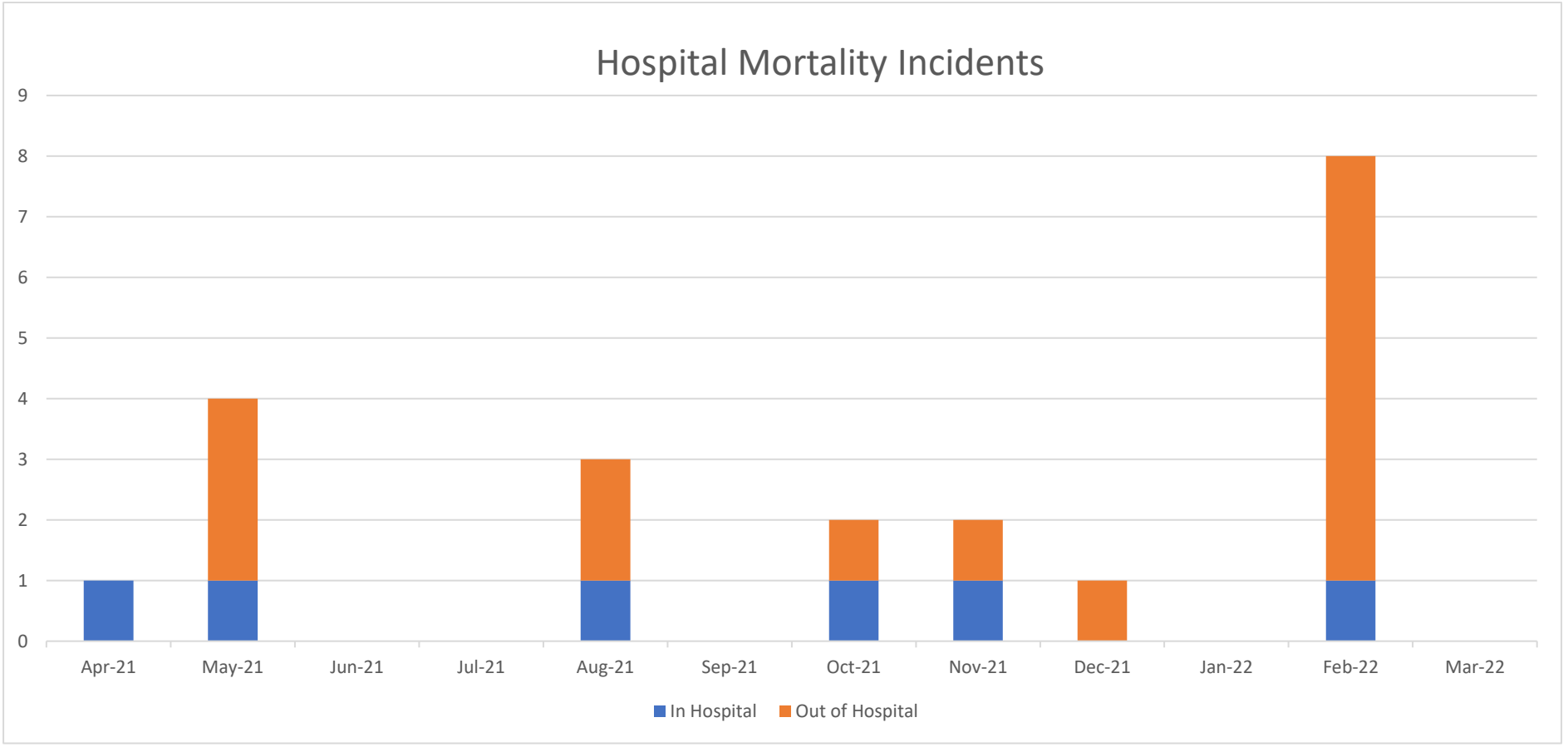


Month and Year	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
1 - No Harm	320	269	289	242	210	299	252	333	200	190	191	195
2 - Low Harm	66	67	83	72	80	80	91	79	86	79	72	95
3 - Moderate Harm	6	4	5	4	6	3	3	5	8	8	4	4
4 - Severe Harm	0	2	0	0	0	0	0	0	1	0	0	0
5 - Death	1	4	0	0	3	0	4	3	1	0	8	0
6 - Near Miss	2	2	2	1	12	5	8	4	13	5	1	6

Data source – Ulysses

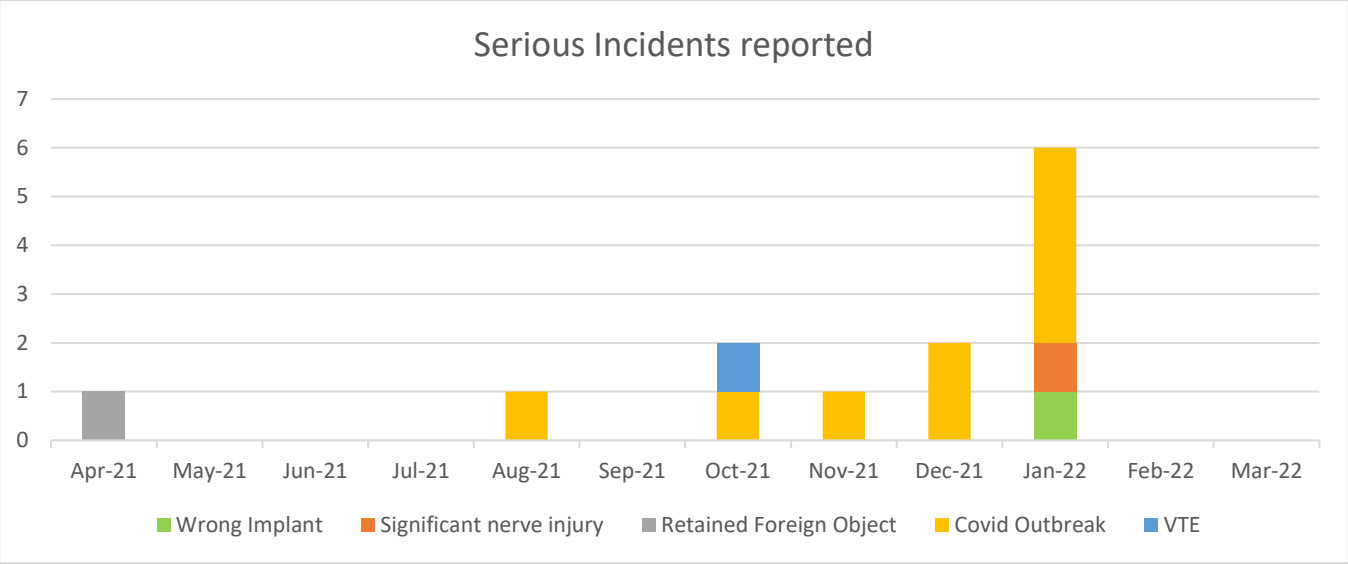
INFORMATION
In the month of March 2022, there were a total of 300 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows; 194 – No Harm 95 - Low Harm 5 - Moderate Harms 0 - Severe Harm 6 – Near Miss 0 – Death **Downgraded Incidents** Currently 0 of the reported harm in the previous Quality report (March 2022) have been downgraded. **Near Miss Incidents** The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process. A report of the last 3 months Near misses will be reported as a separate agenda item at the Quality and Safety Meeting in May 2022. **Patient Contacts** In March 2022, there were a total of 9354 patient contacts. There were 300 incidents reported, which amounts to 3.2 percent of the total patient contacts. Of those 300 reported incidents, 99 incidents resulted in harm which is 1.05 per cent of the total patient contact.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No in hospital or out of hospital deaths were reported in March 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**

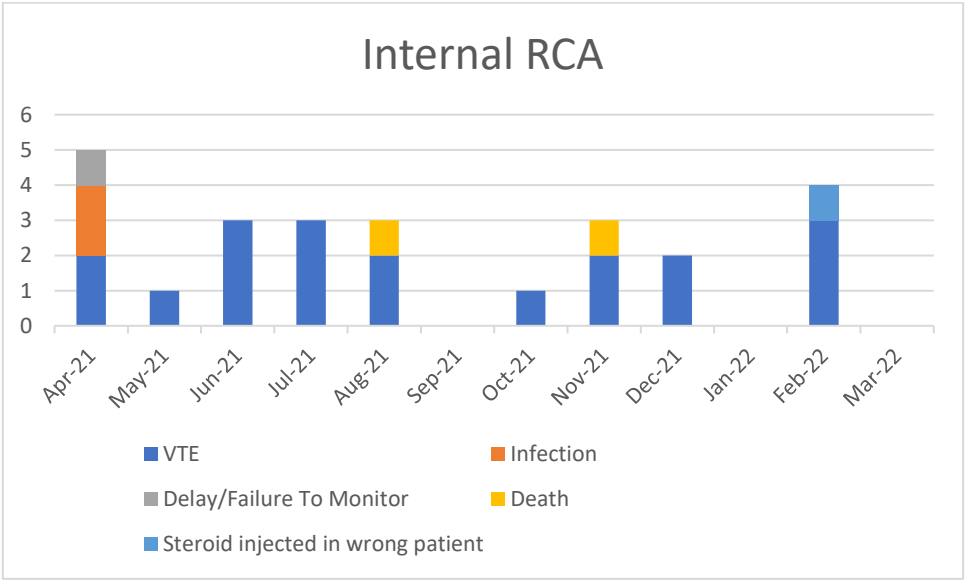


Year Totals	
20/21	11
21/22	13

Data Source – STEIS

INFORMATION
No Serious Incidents reported in March 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

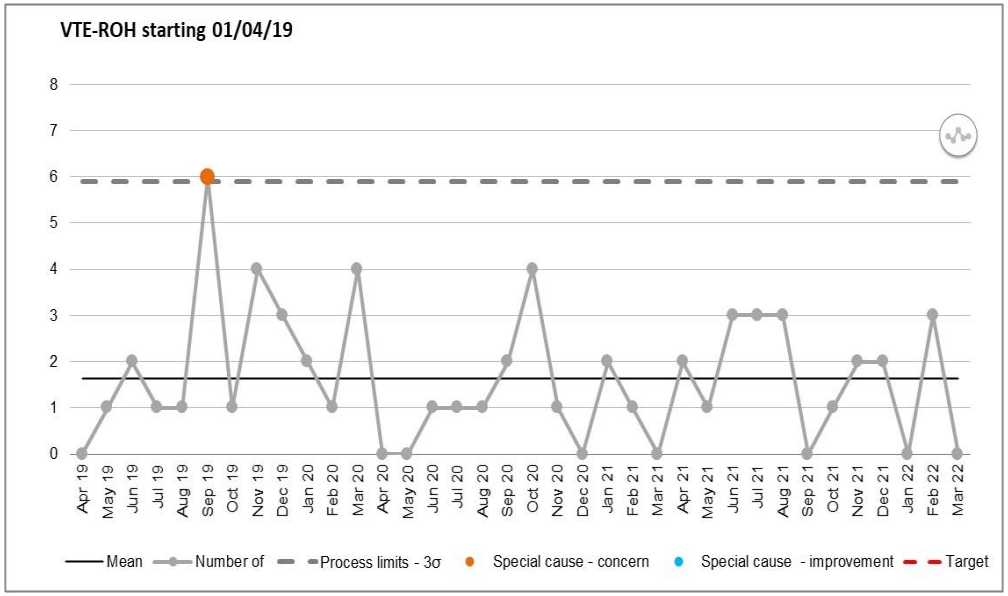
4. **Internal RCAs - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

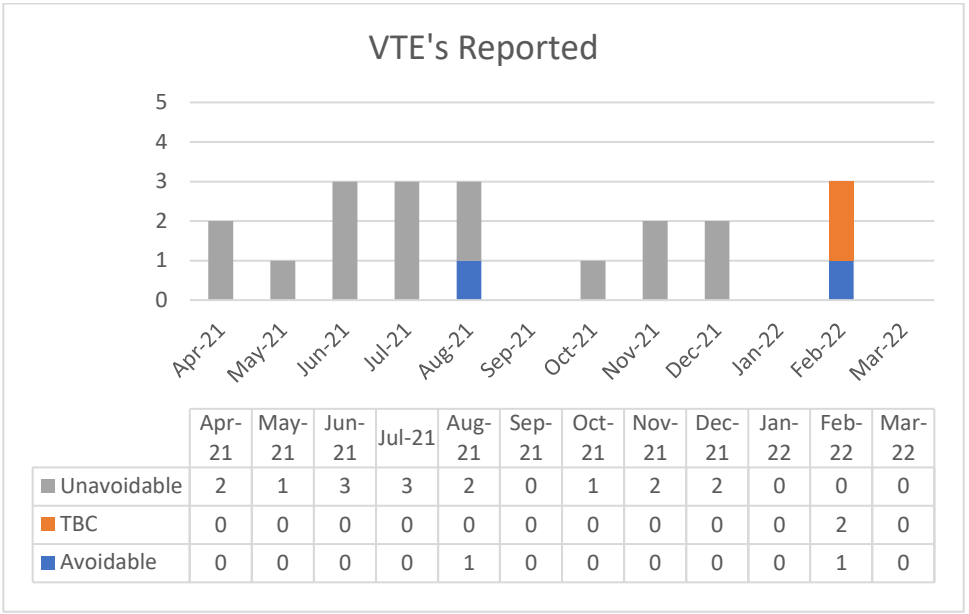


Data Source – Internal RCA tracker

INFORMATION
No incidents reporting in March 2022 will be subject to an internal RCA.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCAs closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTE's (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Unavoidable	2	1	3	3	2	0	1	2	2	0	0	0
TBC	0	0	0	0	0	0	0	0	0	0	2	0
Avoidable	0	0	0	0	1	0	0	0	0	0	1	0

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20

Data Source – Ulysses and VTE leads

INFORMATION

No ROH associated VTE's incidents were reported in March 2022.

On admission assessment

Total possible	943
Total assessed	933
%	98.94%

ACTIONS FOR IMPROVEMENTS / LEARNING

- **Compliance with mandatory 24-hour re-assessment** Actions are underway to: (update is on the agenda for the Quality and Safety Committee in February 2022.

Re-audit was undertaken in January 2021 and was presented at the March 2022 Quality and Safety Committee. The audit revealed high compliance with the VTE prevention policy when electronic and paper records were audited. This is in keeping with the previous audit conducted by the VTE advisory group and presented to the committee. The escalation pathway is to be used to ensure that cases of non-compliance are addressed constructively. The following recommendations were agreed.

1. VTE advisory group to repeat manual audit at regular intervals to ensure safe, well documented practice

2. Escalation pathway for non-compliance

a. Junior staff: VTE advisory group to notify the clinical tutor and clinical lead for mid-level providers who continue to ensure junior staff receive clear advice on induction and feedback for non-compliance. Repeated non-compliance to be escalated to the Medical Director and the Deanery

b. Consultant Staff: Non-compliance with policy to be incident reported through the VTE advisory group. Escalation and feedback all non-compliance to the clinical service lead and Division 1 governance. Repeated non-compliance to be escalated to the Medical Director

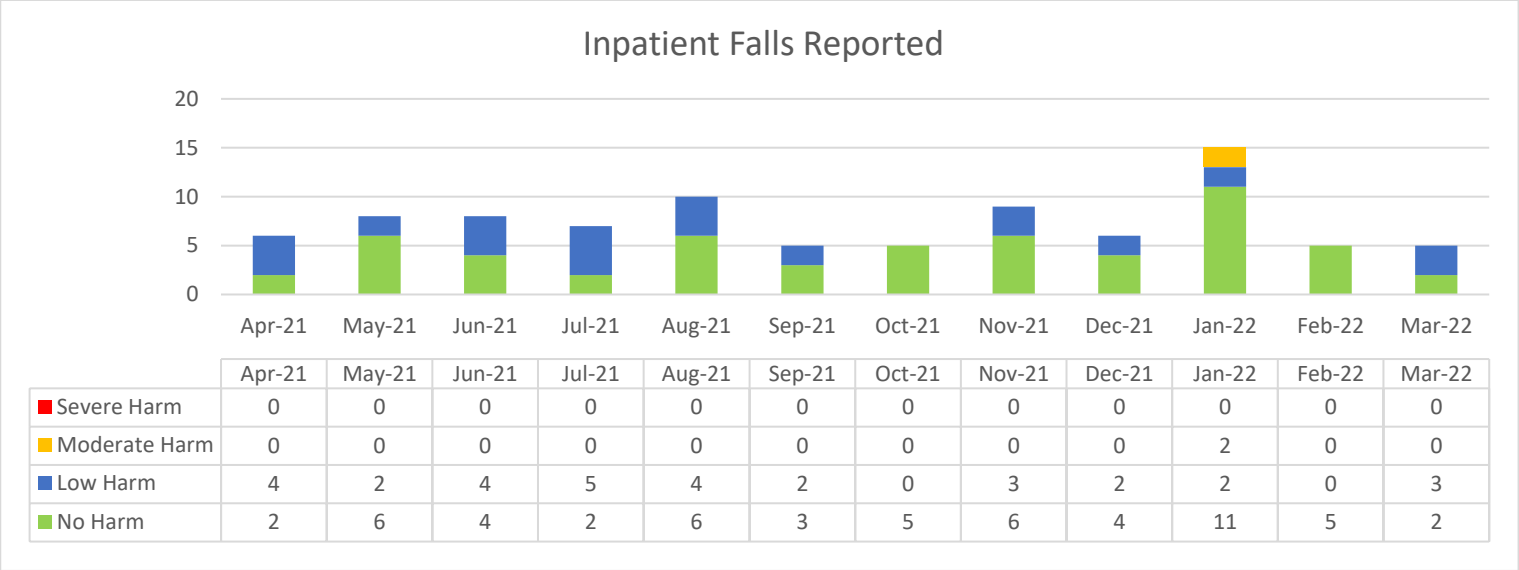
c. Omission of a required VTE assessment should be escalated in real time by any clinical staff who are aware of the omission as part of the normal standard of care. This includes escalation to clinical executives if necessary. There is a clear pathway and failure to do so could jeopardise professional reputations or even registration.

3. VTE advisory group to communicate advice and these changes to all relevant staff through the communications department.

RISKS / ISSUES

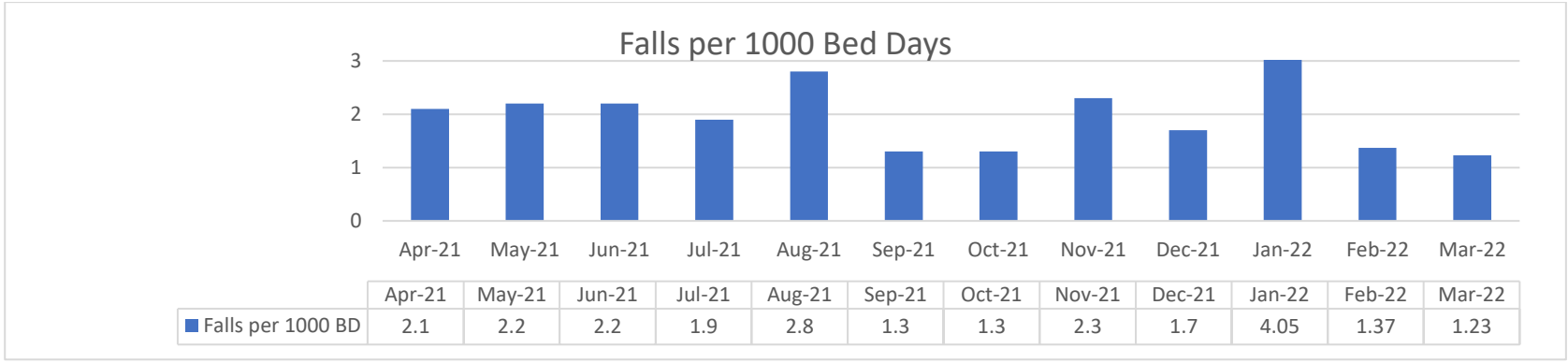
- None

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

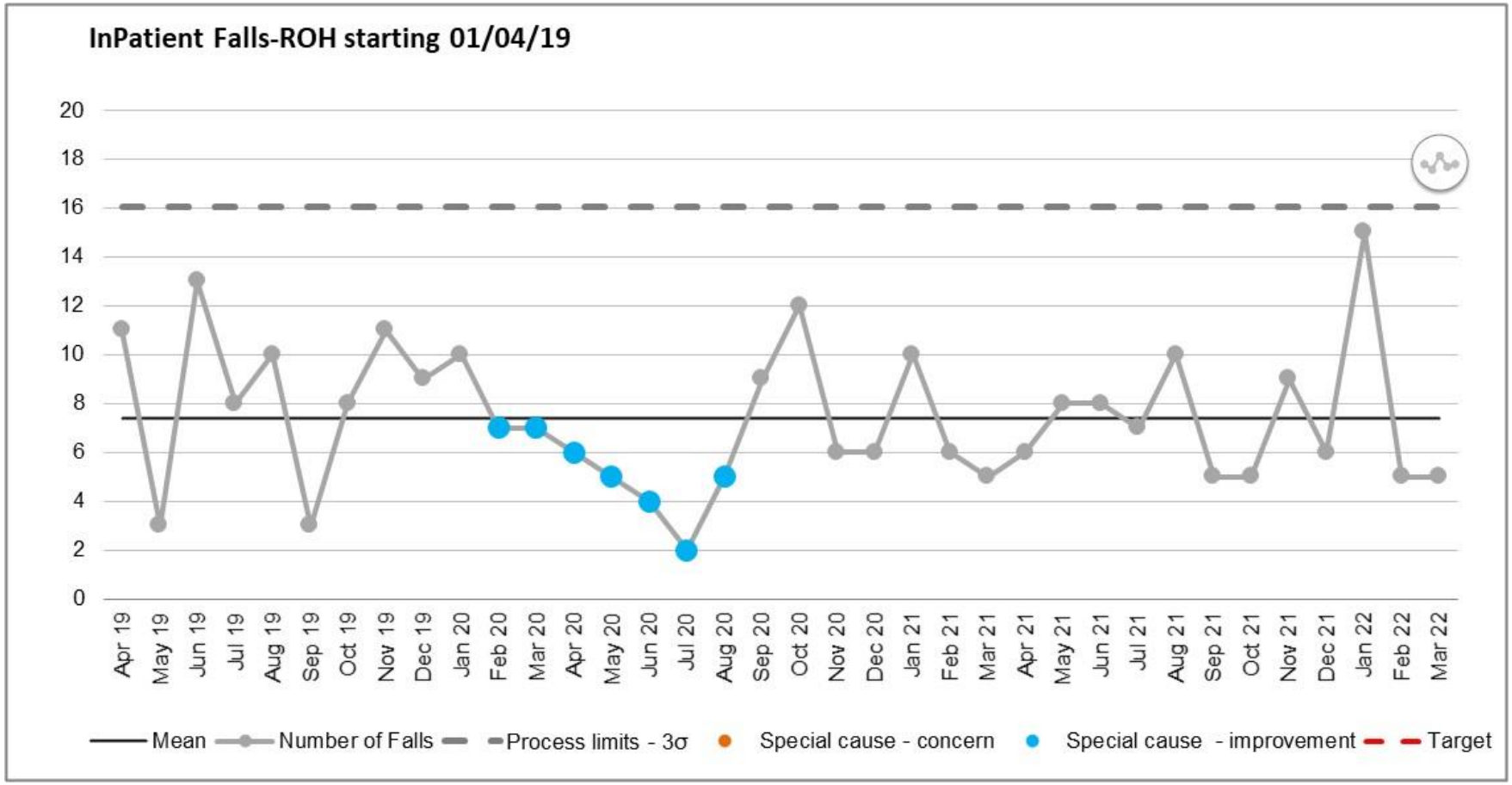


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Severe Harm	0	0	0	0	0	0	0	0	0	0	0	0
Moderate Harm	0	0	0	0	0	0	0	0	0	2	0	0
Low Harm	4	2	4	5	4	2	0	3	2	2	0	3
No Harm	2	6	4	2	6	3	5	6	4	11	5	2

Year Totals	
20/21	76
21/22	91



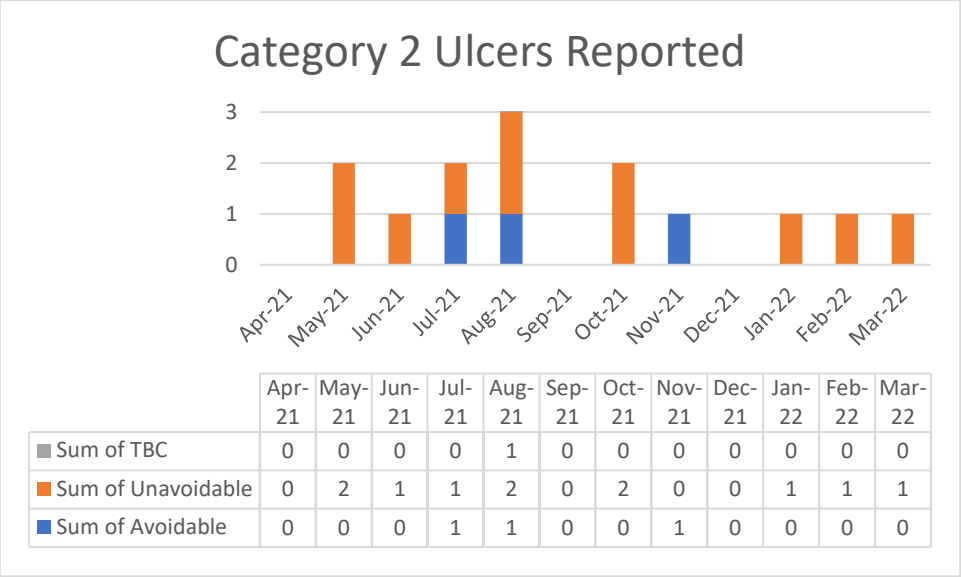
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Falls per 1000 BD	2.1	2.2	2.2	1.9	2.8	1.3	1.3	2.3	1.7	4.05	1.37	1.23



Data Source – Ulysses and Falls Group

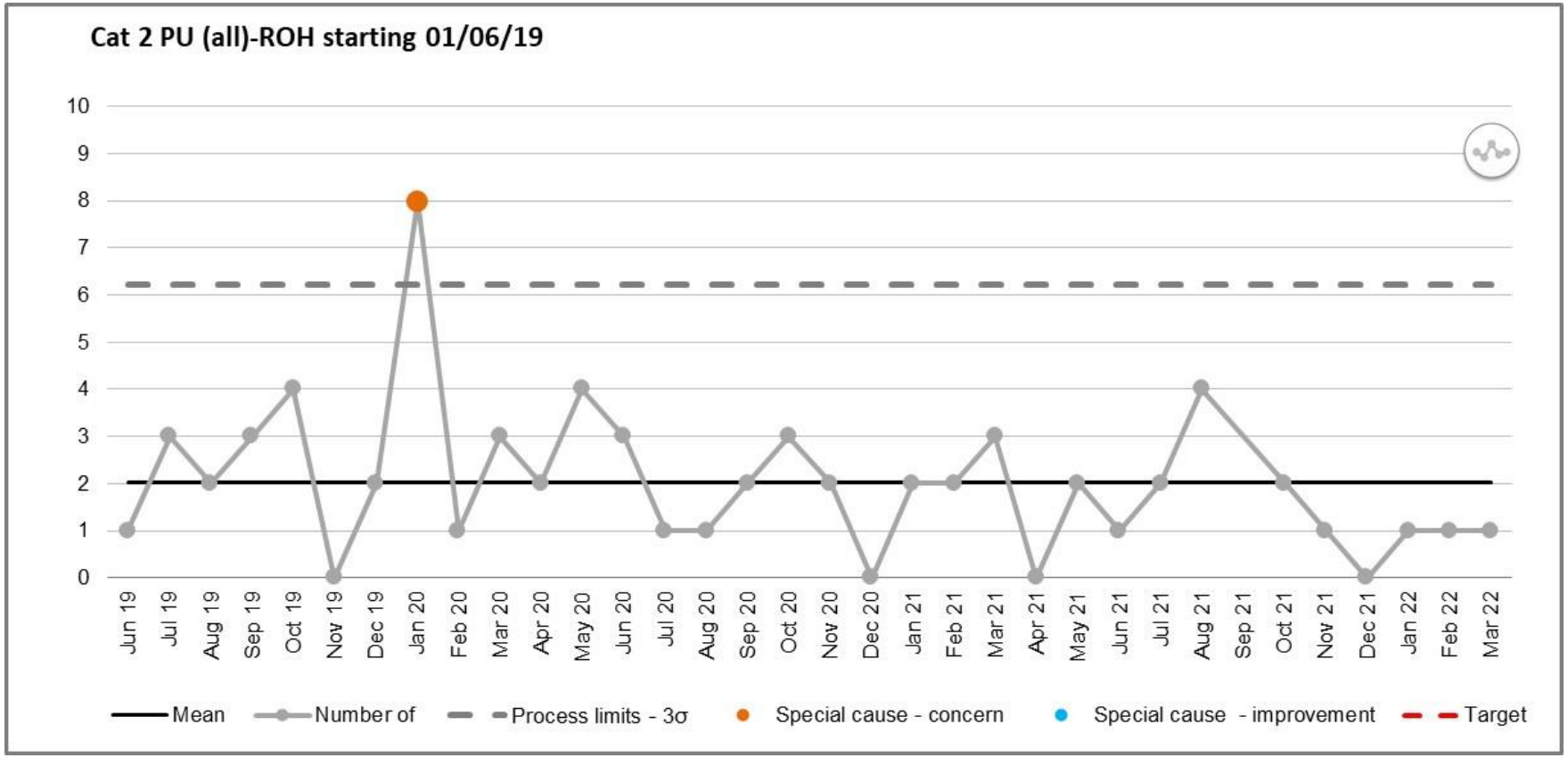
INFORMATION
There were 6 incidents reported across the Trust in March 2022 relating to Falls, note 7 incident forms were submitted but 2 related to the same incident: **5 x In-Patient Incidents.** There is a significant reduction in the number of in-patient falls reported this month. There are also no identifiable trends in falls.
ACTIONS FOR IMPROVEMENTS / LEARNING
Actions • Plan to survey patients regarding views & experiences relating to falls. • Reviewing paperwork for falls risk assessment for injection patients within out-patients
RISKS / ISSUES
None

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sum of TBC	0	0	0	0	1	0	0	0	0	0	0	0
Sum of Unavoidable	0	2	1	1	2	0	2	0	0	1	1	1
Sum of Avoidable	0	0	0	1	1	0	0	1	0	0	0	0

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0



Data Source – Ulysses and TV team

INFORMATION

March 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	1 – No lapses in care identified.
Category – 2 (Device)	0
Category – 1	2 – did not deteriorate
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 2 MASD admitted with Intertriginous dermatitis - Nil

Patients admitted with PU's	PU admitted with Cat 1 - 1 PU admitted with Cat 2 x 4 All from home - did not deteriorate PU admitted with DTIs at least a Cat 3 PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2020/2021	
Avoidable Grade 2 pressure Ulcers limit of 12	10
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

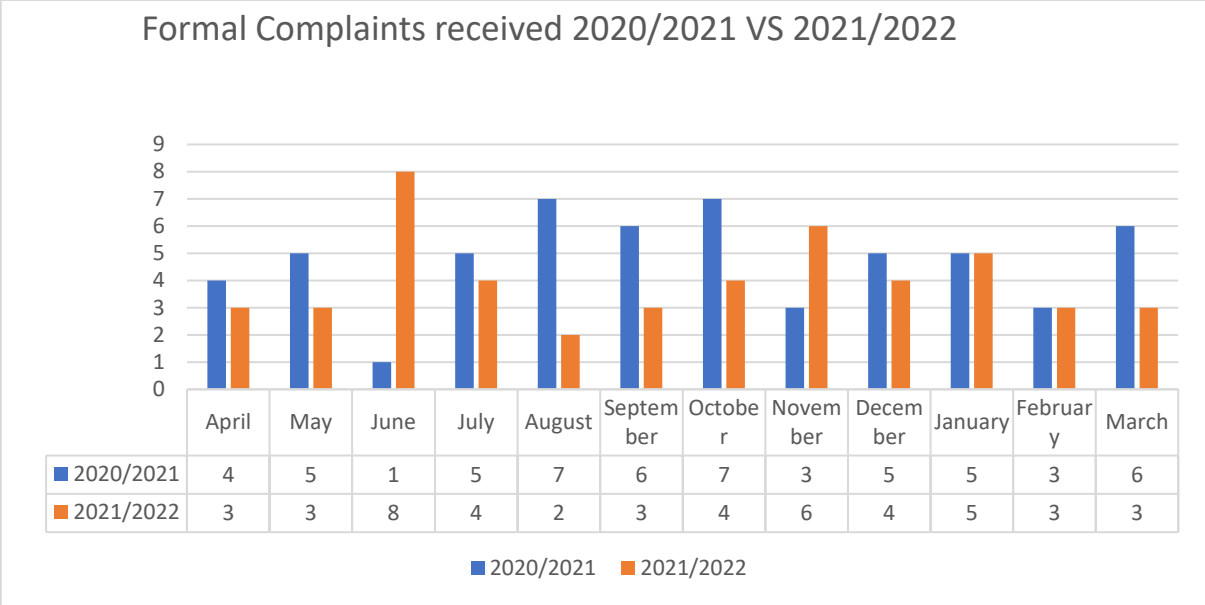
ACTIONS FOR IMPROVEMENTS / LEARNING

- TV workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. TV Lead developing a business plan for another Band 6 for TV team. In the meantime, an internal 6-month secondment Band 6 has been appointed, started 3rd January 2022.
- PU Policy being updated to reflect diversity in skin tones.
- ROH included in BSOL lower limb group. HCP can refer direct to Vascular clinic. This will help prevent previous delays and enable our patients to get expert care regarding healing of their lower limb wounds and delays in surgery.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



	April	May	June	July	August	September	October	November	December	January	February	March
2020/2021	4	5	1	5	7	6	7	3	5	5	3	6
2021/2022	3	3	8	4	2	3	4	6	4	5	3	3

Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	51

INFORMATION

Complaints

- The Trust received 3 formal complaints in March 2022.

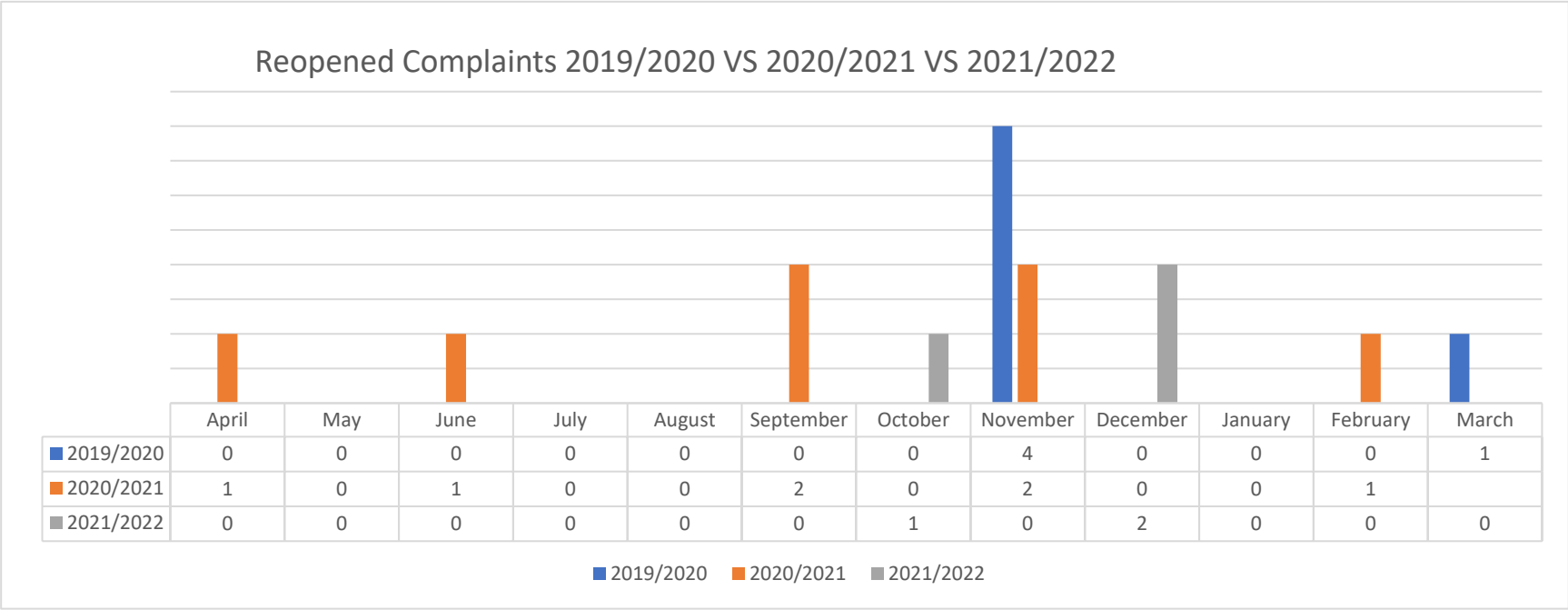
Category Types and Categories of formal complaints

Category Types/Categories	
Appointments	**1**
Booked Incorrectly	1
Discharge	**2**
Discharge Arrangements	2

- In February 2022 the Trust closed 3 Formal complaints within the agreed time frame with the complainant.
- At the time of producing this report (13th April 2022) we have 7 open formal complaints.

Reopened Complaints

- From April 2021 – March 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.
- In March 2022 The trust reopened 0 formal complaints and it closed no reopened complaints



	April	May	June	July	August	September	October	November	December	January	February	March
2019/2020	0	0	0	0	0	0	0	4	0	0	0	1
2020/2021	1	0	1	0	0	2	0	2	0	0	1	
2021/2022	0	0	0	0	0	0	1	0	2	0	0	0

Patient Advice and Liaison service – PALS

In March 2022 the PALS department handled 61 contacts of which 42 were classified as PALS concerns and 13 as PALS enquiries.

- The main themes in the PALS data relate to Clinical Query **(19)** Appointments **(15) Admissions (9)**
- The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases. In March 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPIs for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Admissions	**9**
Admission Arrangements	3
Care Needs Not Adequately Met	1
Waiting For Surgery Date	5
Appointments	**15**
Appointment Cancelled	3
Appointment Rescheduled	2
Availability	1
Booked Incorrectly	1
Confirmation Of Appointment	1
Delay	4
Delay To Be Seen In Hospital	1
Failure To Provide Follow Up	1
Time Not Suitable	1
Clinical Query	**19**
Appointment Not Satisfactory	4
Clinical Treatment	2
Delay In Obtaining Results	3
Delay Or Failure To Diagnose	1
Delays With Treatment	6
Dispute Over Diagnosis/Treatme	1
Incorrect Information In Clinic	1
Operation - Outcome Not As Exp	1

Patient experience KPI from April 2021

Complaints & PALS KPIs were met in March 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100
Feb-22	100	100	100
Mar-22	100	100	100

Compliments

There were 3 compliments recorded on Ulysses for March 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

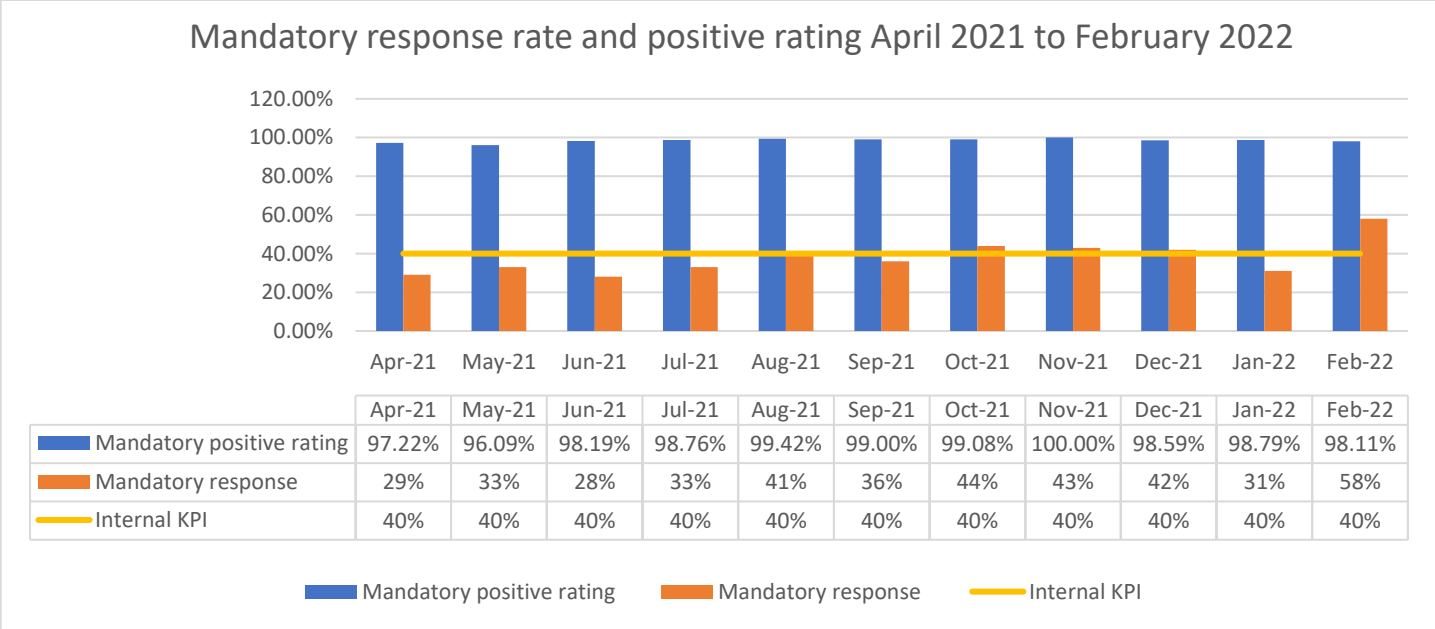
None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION
• Friends and Family test The Trust had its highest completion rate of 58% within the mandatory areas. • The Smiley Faces feedback system is underway and should be live from April 2022
ACTIONS FOR IMPROVEMENTS / LEARNING
New KPIs for FFT and the Outpatient areas will be discussed on the CQG in February 2022
RISKS / ISSUES
None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 10 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

New claims

2 new claims against the Trust were received in March 2022.

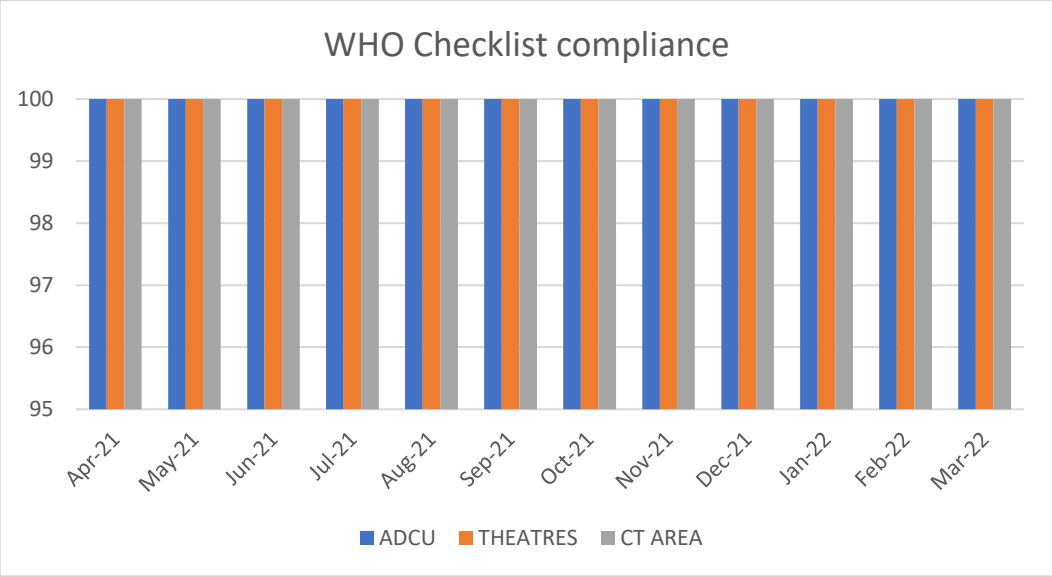
Pre-Application Disclosure

4 new requests for Pre-Application Disclosure of medical records were received in March 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in March 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 743

The total WHO compliance for Theatres in March 2022= 100%

CT area

Total cases = 88

The total WHO compliance for CT March 2022= 100%

ADCU

The total WHO compliance for ADCU in March 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

The new patient safety lead is undertaking a review on the WHO checklist audits. This will include how we retrospectively review and change the compliance results based on the observational audits.

RISKS / ISSUES

None

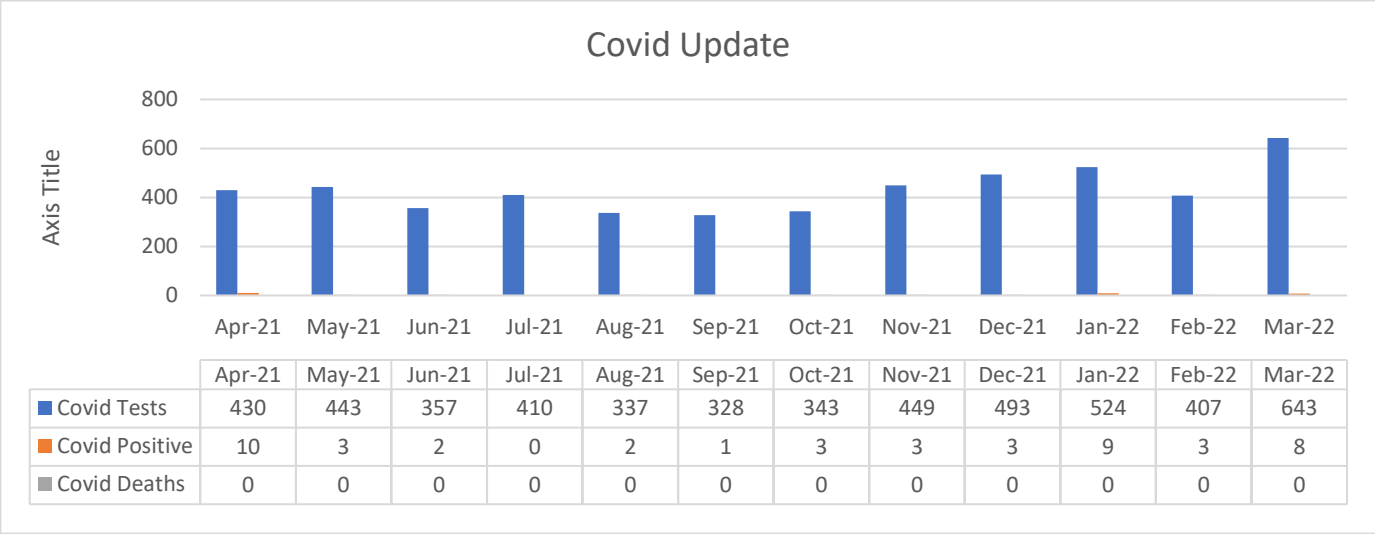
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	March 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	6
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid Tests	430	443	357	410	337	328	343	449	493	524	407	643
Covid Positive	10	3	2	0	2	1	3	3	3	9	3	8
Covid Deaths	0	0	0	0	0	0	0	0	0	0	0	0

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

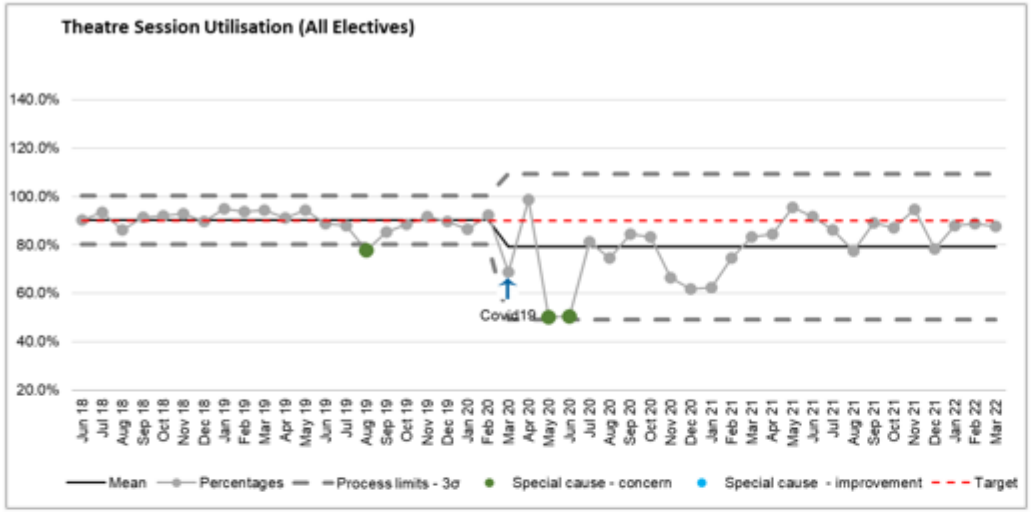
INFORMATION UNAVAILABLE THIS MONTH

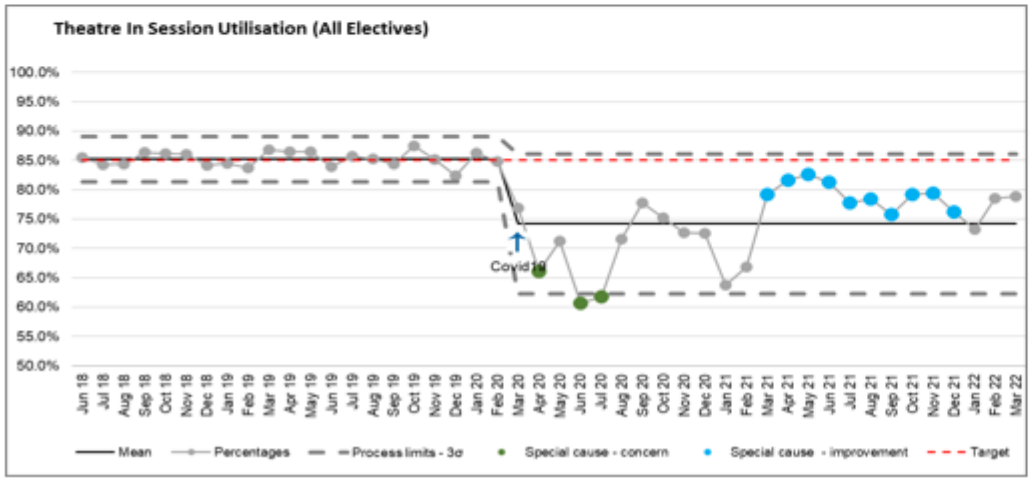
15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb 22	Mar 22
Safeguarding Adult Notifications	29	32	40	35	40	37	36	49	22	36	37	28	37	32	37	32	28
Adult Level 2	98.20%	97.48%	98.12%	98.33%	98.45%	98.09%	97.84%	97.49%	97.35%	97.62%	97.16%	96.29%	96.03%	96.06%	94.39%	94.30%	93.32%
Adult Level 3	85%	85.75%	84.77%	84.63%	86.04%	87.07%	86.88%	85.65%	84.45%	86.03%	86.15%	84.13%	87.31%	84.79%	85.40%	87.15%	88.73%
Level 4	80%	80%	100%	100%	100%	100%	100%	85.71%	80%	80%	80%	80%	80.00%	80%	80%	80%	80%
Child Level 2	97.92%	97.30%	97.93%	98.24%	98.27%	97.91%	97.66%	97.40%	97.08%	97.18%	96.72%	96.12%	95.69%	95.71%	93.98%	93.87%	93.07%
Child Level 3	86.45%	86.71%	85.51%	85.34%	86.56%	87.38%	87.41%	85.91%	84.67%	86.07%	86.20%	83.89%	86.97%	84.22%	86.97	86.93%	88.73%
Mental Capacity Act MCA	95.41%	93.93%	97.51%	92.79%	95.65%	96.23%	96.65	96.45%	96.34%	94.58%	94.17%	94.04%	93.83%	93.89%	93.08%	94.15%	93.04%
Deprivation of Liberty Safeguards DoLs	95.27%	93.76%	97.44%	95.68%	95.91%	96.50%	96.75%	96.72%	96.43%	95.20%	94.52%	94.12%	93.91%	93.95%	93%	94.15%	92.96%
Prevent	85.96%	86.88%	83.68%	82.65%	84.14%	82.92%	88.48%	87.50%	88.52%	88.37%	89.84%	88.41%	87.12%	86.82	82.12%	90.86%	92.43%
WRAP																	
FGM	0	1	0	0	2	0	0	0	0	1	1	0	0	0	0	0	0
DOLS	5	6	20	21	6	4	6	8	4	7	3	2	5	8	11	8	8
MCA	1	1	3	0	0	0	5	2	5	0	3	4	3	2	2	0	5
PIPOT cases	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
PREVENT Notifications	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

16. Theatre Utilisation/ Hospital Led Cancellations

INFORMATION





Elective Session Utilisation (March 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	464	414	50	89.22%
UHB	138	113	25	81.88%
Totals	602	527	75	**87.54%**

Elective In Session Utilisation (March 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1840	1462	378	79.47%
UHB	510	391	119	76.68%
Totals	2349	1853	497	**78.86%**

Overall theatre utilisation improved in March and was within target at 87.54%. Total In Session utilisation was 78.86% a slight increase on the previous month (78.49%) but below the required 85% minimum utilisation target.

March saw a significant impact on both list and in session utilisation as a direct result of staff, including consultants being affected by Covid/sickness, which at its peak resulted in 9 Consultants being unavailable. This is an area that is being closely monitored as Covid rates continue to remain high in early April. Where possible, patients are either transferred to other lists on the day, other Consultants stepping in where possible or patients being re-dated as soon as possible.

Any cancellations that took place as a result of staff absences followed a consistent operational procedure, ensuring any cancer patients, P2's, very long waiters and any patients that were cancelled previously were protected.

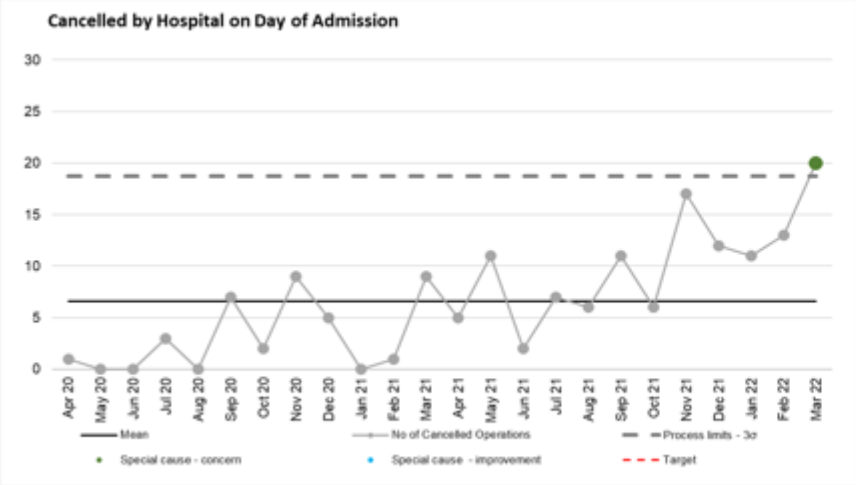
ACTIONS FOR IMPROVEMENTS / LEARNING

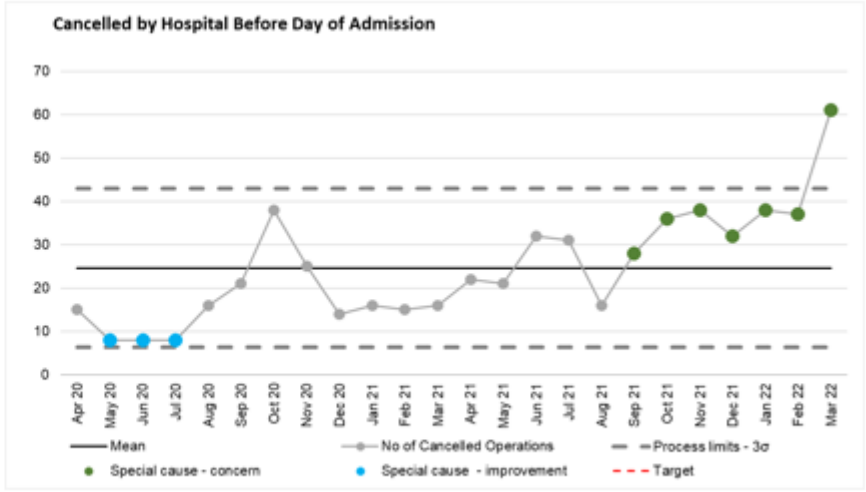
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

RISKS / ISSUES

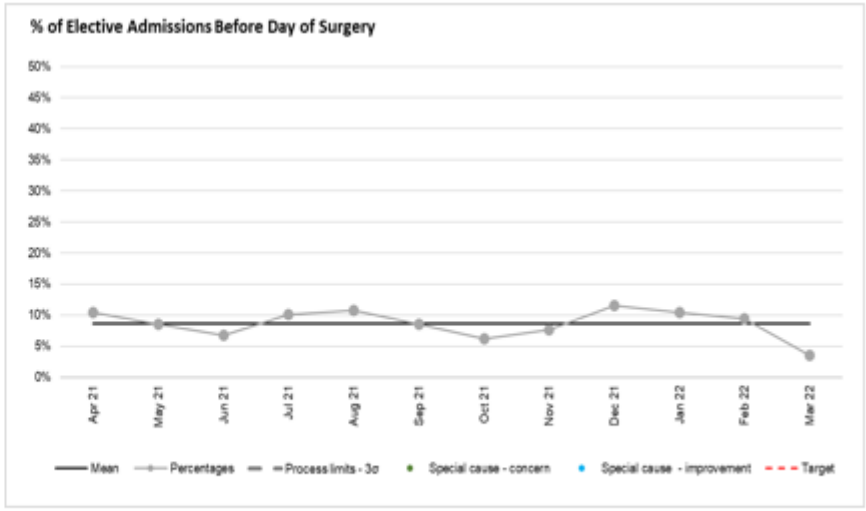
Ongoing risks remaining with staff absence due to Covid/sickness or patients either being medically unfit/deferred. Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of nursing to give appropriate support and focus in this area.

INFORMATION





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
2021-03	9	22	16	47	0
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	1
Total	130	305	408	843	1



The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 20 patients cancelled on the day in March with reasons detailed as follows:

11 x availability of staff due to sickness
6 x patients covid + / medically deferred
2 x admin errors (Not cancellations on validation)
1 x treatment deferred to following day

There were 28 patients admitted but where treatment was deferred, with reasons broken down as follows:

12 x Medically unfit / Clinical change in condition,
9 x availability of staff due to sickness
4 x lack of theatre time/beds
2 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x admins error pt admitted previous day

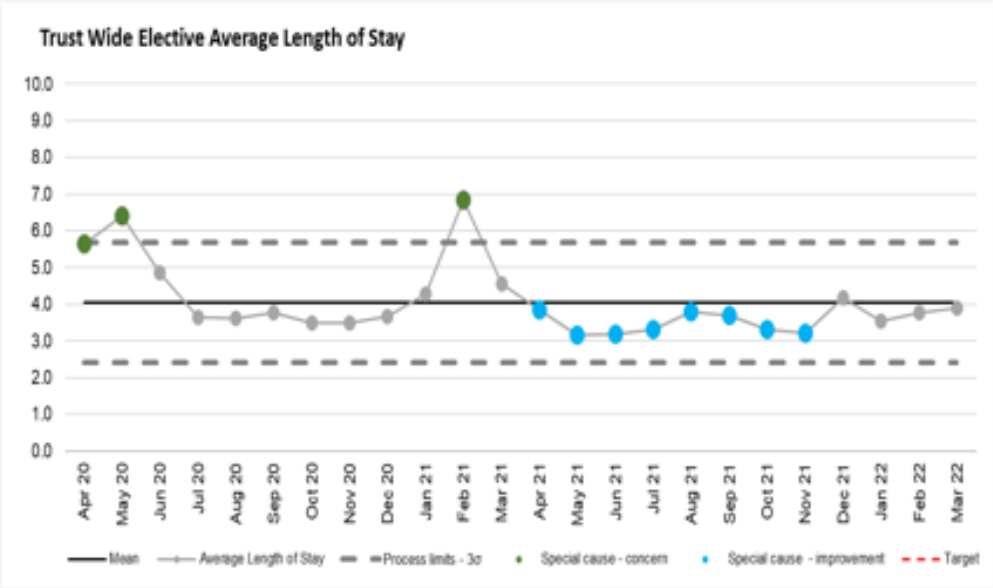
There were 61 patients cancelled by the hospital prior to date of admission.
30 x availability of staff due to sickness
27 x patients Covid + / medically deferred
3 x changes in TC date
1 x patient DNA appointments

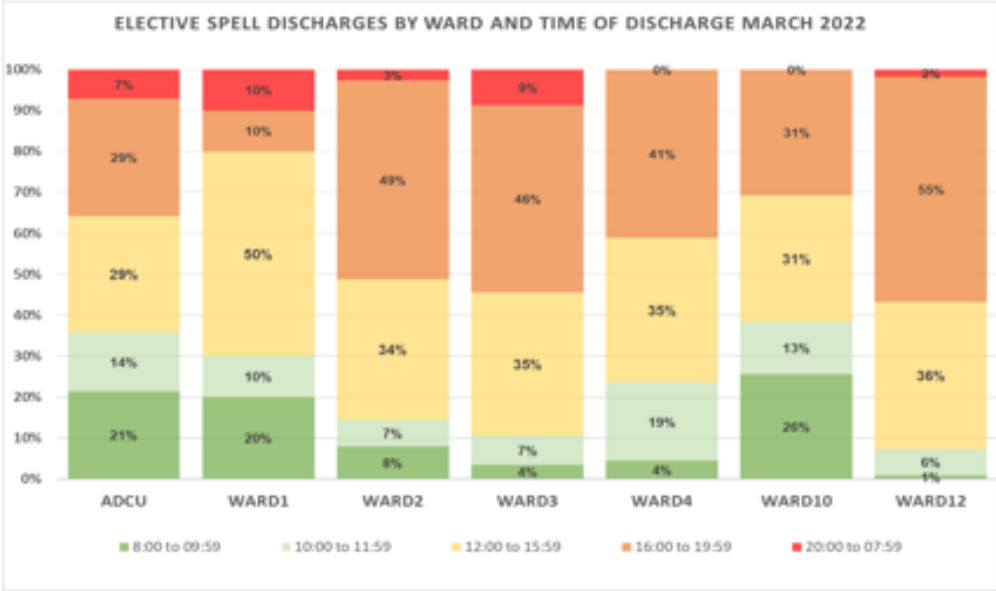
12 patients were admitted prior to their day of surgery with the majority under oncology and this was due to the patients living long distance and/or patients requiring clinical intervention ahead of surgery e.g blood transfusions etc.

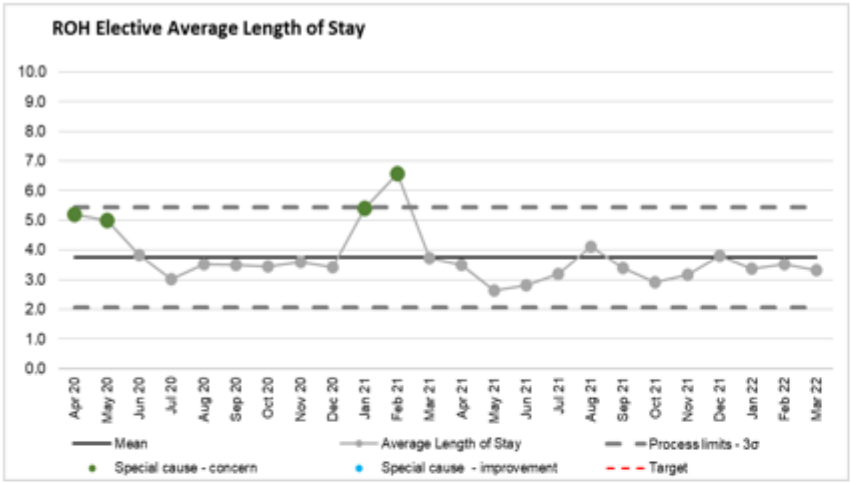
ACTIONS FOR IMPROVEMENTS / LEARNING
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.
RISKS / ISSUES
Impact of the continuation in high Covid rates impacting on both patients and staff

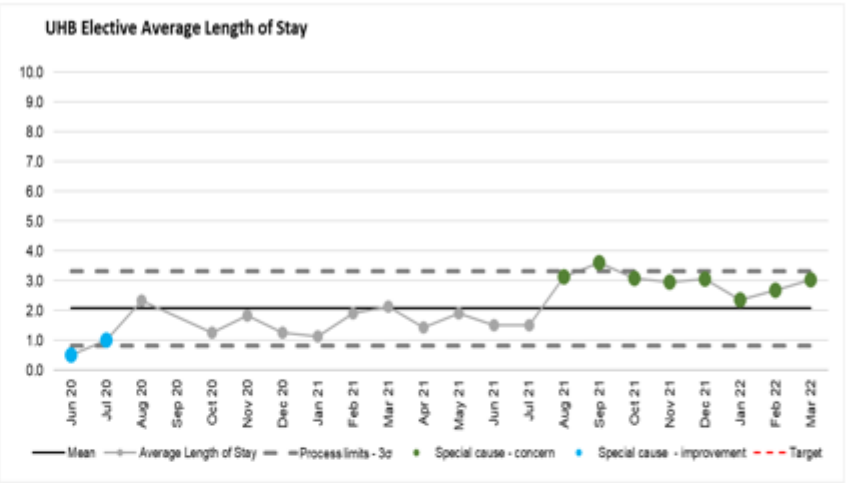
17. Length of Stay

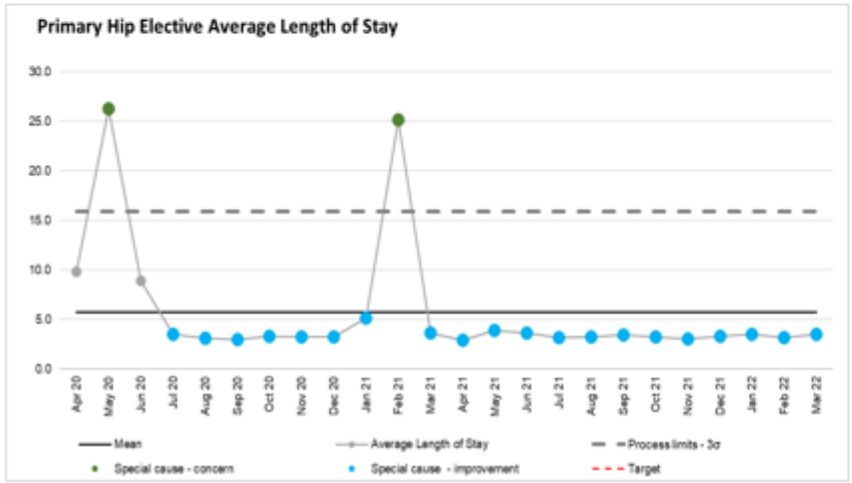
INFORMATION

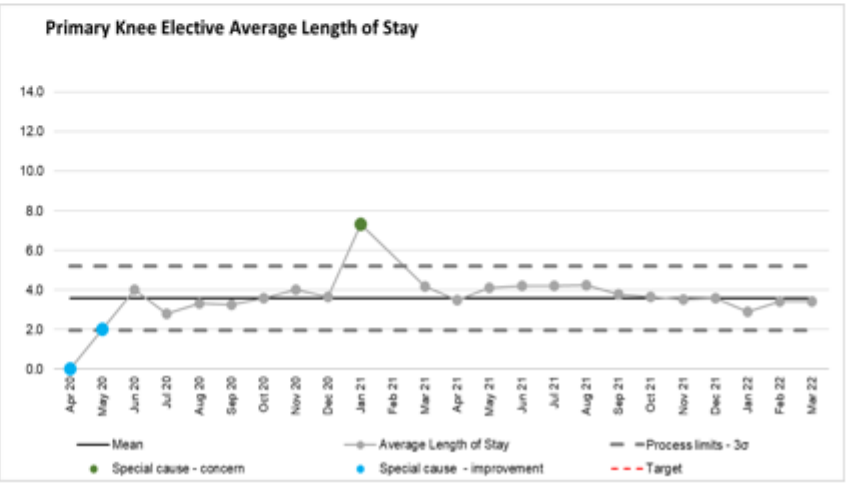





ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

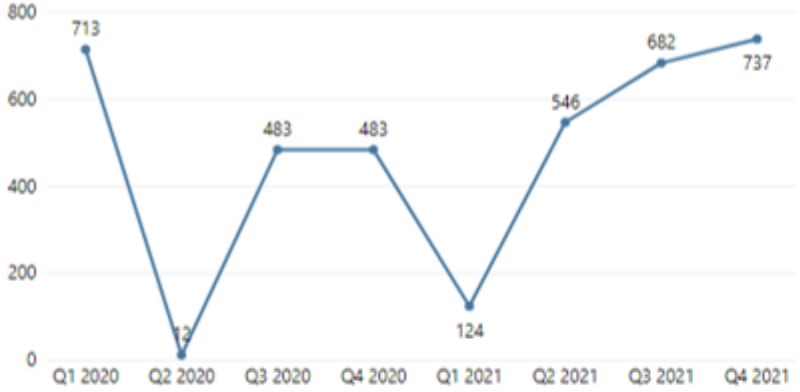

UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Hip Elective Average Length of Stay
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Knee Elective Average Length of Stay
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

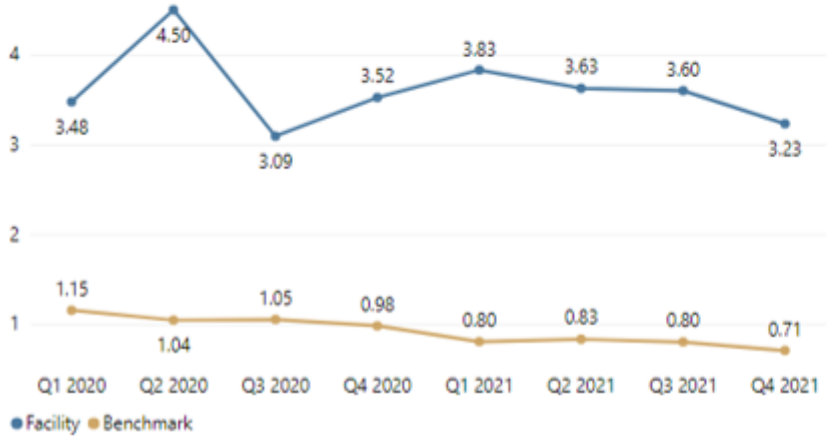
JointCare Data: Pre to post COVID comparison

Volume: Primary hip and knee arthroplasty



- Pre COVID activity has been restored in hip and knee arthroplasty

Length of Stay (days): Primary hip and knee arthroplasty



- Following the Refresh and Recover programme, average length of stay is now lower than pre pandemic
- Length of stay for both primary hip and knee arthroplasty has consistently decreased through 2021

The average length LOS for ROH patients from all specialities has increased in month to **3.90** (3.76 February).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.33** (3.49 February)
The average length of stay for UHB arthroplasty patients at ROH is **3.03** (2.68 February).

March length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

17 (13 February) UHB arthroplasty patients with LOS greater than 3 days. **11** (6 February) with a length of stay greater than 5 days and **6** (10 February) with a stay greater than 7 days. (excludes Rehab).

64 (64 February) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. **32** (35 February) with a length of stay greater than 5 days, **21** (19 February) with a length of stay greater than 7 days.

In summary 21 ROH arthroplasty and oncology arthroplasty and 6 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or social care requirements are the significant contributory factors in this.

The Discharge Lounge is operational with reduced capacity due to COVID social distancing requirements. In February 168 patients went home via the discharge lounge. In addition, number of patients discharged home before lunch increased from **19%** in January to **32.14%** in February. (March data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

ACTIONS FOR IMPROVEMENTS / LEARNING

Joint Care Group feedback:

- An audit of patients undergoing surgery on a Friday or Saturday and the impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.

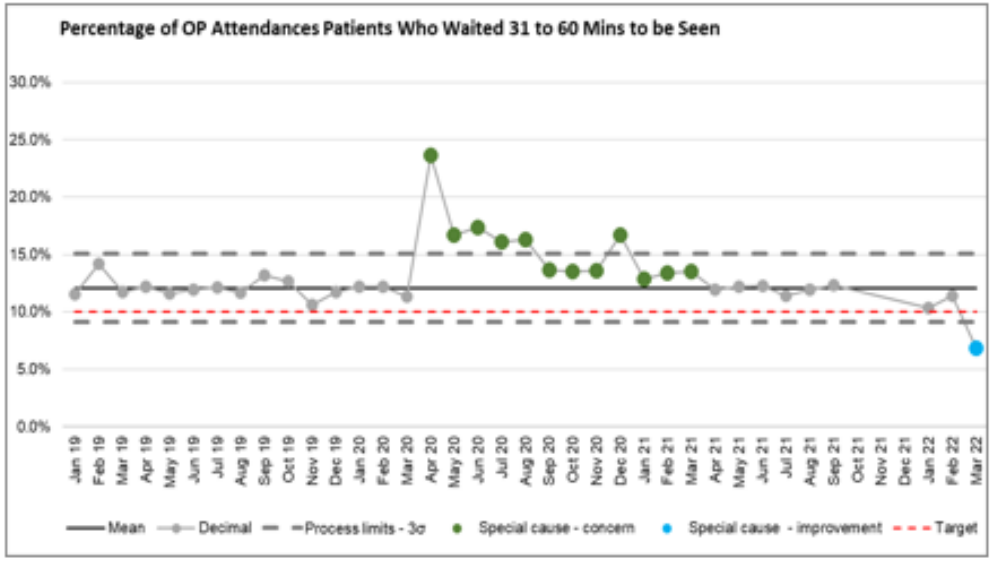
- Discharge Lead/Matron/Head of Nursing to review monitoring and escalation protocols relating to complex discharge and Delayed Transfers of Care to establish if any area for improvement

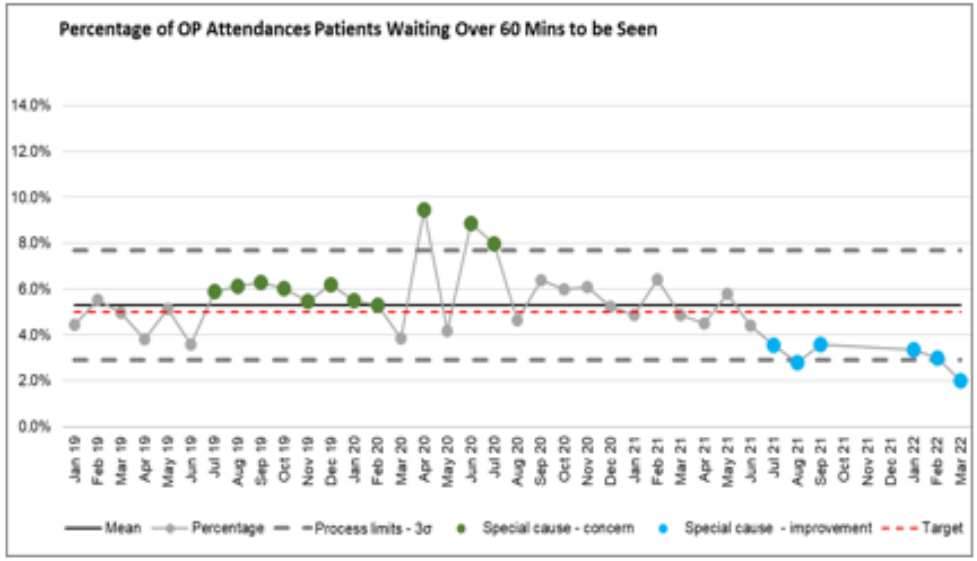
RISKS / ISSUES

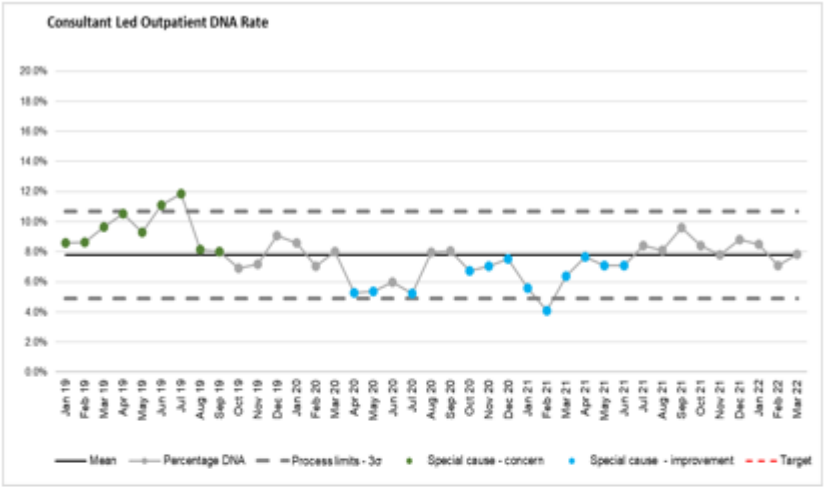
Bed modelling continues to be reviewed on a regular basis to consider the complexity of patients which have a greater length of stay than routine joint care arthroplasty.

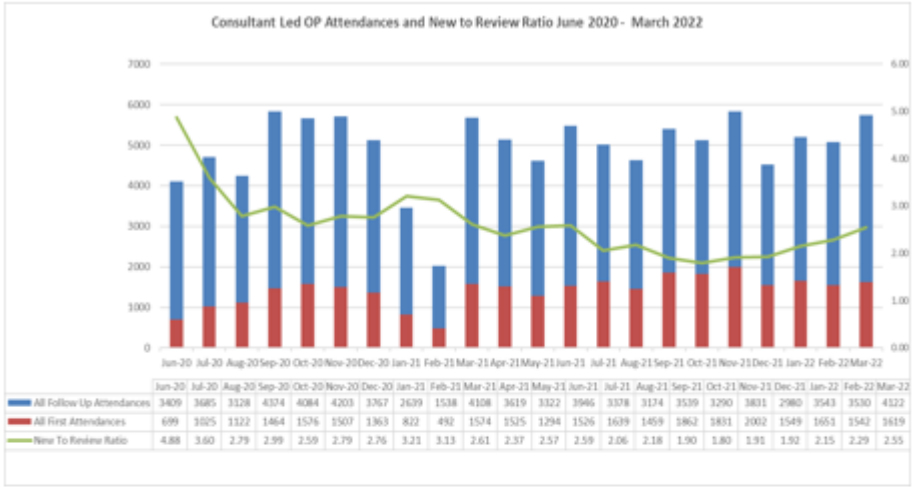
18. Outpatient efficiency

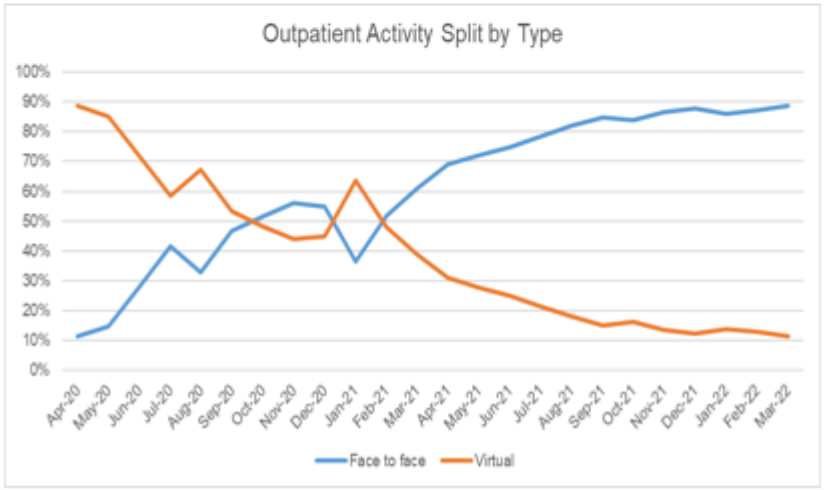
INFORMATION

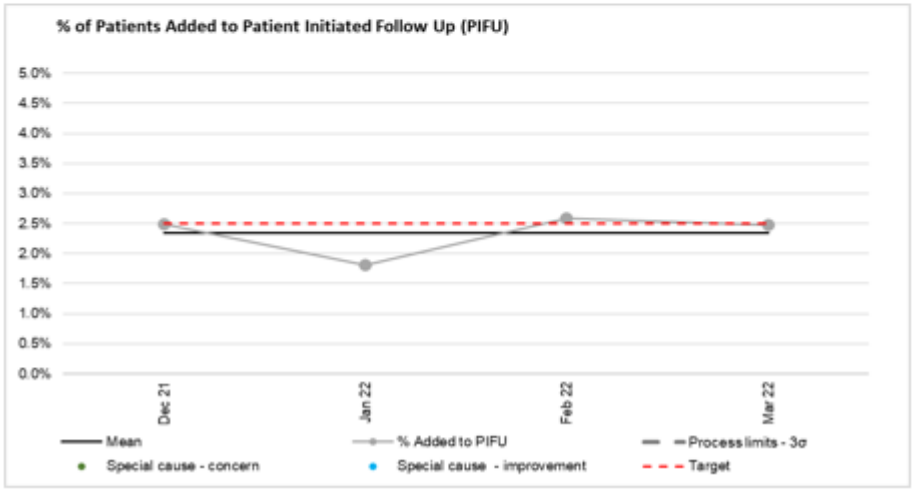












There were 4,886 face to face and 648 virtual appointments carried out in March (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice

and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform to support virtual clinics going forward.

PIFU Target for March: plan **2.5%** - actual: **2.49%** - 97 patients out of 3917 (measured as a % of all outpatient activity**)**.

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - **6.8%** (Target **10%)**

60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown an improvement from February to March with just 6.8% of appointments being delayed more than 30 minutes. Also delays of 60 minutes or more have also dropped in March to 2%. A trial of electronic outcomes is being planned in Young Adult Hips which will mean the clinician is entering the time stamping making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. A new intranet based x-ray walking referral form and waiting list has helped to manage flow and reduce delays.

The DNA rate for March is **7.83%, below trust target** but an increase from **7.07**% in February – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. The Operational Team are working closely with Business Intelligence to provide more information regarding DNA's including ethnicity, age, gender, notice period provided and previous DNA history.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In March 117 referrals for advice and guidance were received against a GP referral total of 1464 gives a total of **8%** for advice and guidance.

We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **we are currently at 100% response rate for March.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and is due to be completed by the end of May. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

19. Referral to Treatment

Referral to Treatment Snapshot as at 28th February 22 (Combined)

Est Over 18 Clock Stops Required		
To achieve	87.56%	2612
To achieve	89.10%	2773
To achieve	89.94%	2858

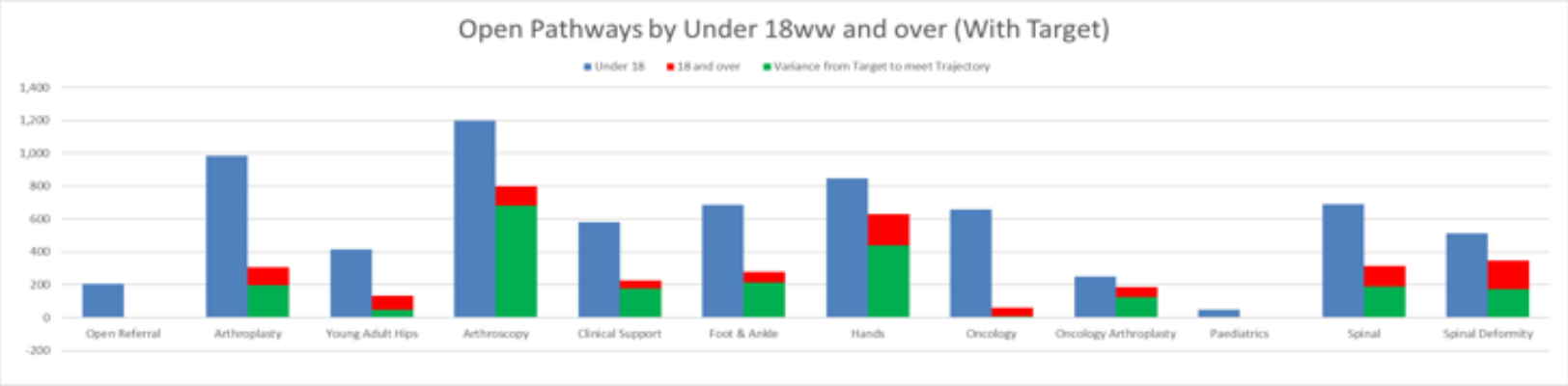
Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	3,531	204	534	200	539	273	334	393	347	91	31	321	264
7-13	2,268	0	334	144	408	202	231	256	191	84	16	227	175
14-17	1,273	0	115	72	250	107	120	197	120	76	3	140	73
18-26	1,709	0	181	86	347	154	145	306	45	98	3	183	161
27-39	1,175	1	116	39	302	61	112	227	14	63	0	100	140
40-47	304	0	8	7	118	6	19	67	2	18	0	23	36
48-51	65	0	0	1	27	2	1	20	1	3	0	3	7
52 weeks and over	23	0	0	0	5	1	1	9	0	2	0	4	1
Total	10,348	205	1,288	549	1,996	806	963	1,475	720	435	53	1,001	857

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	7,072	204	983	416	1,197	582	685	846	658	251	50	688	512
18 and over	3,276	1	305	133	799	224	278	629	62	184	3	313	345
Current Month End RTT%	68.34%	99.51%	76.32%	75.77%	59.97%	72.21%	71.13%	57.36%	91.39%	57.70%	94.34%	68.73%	59.74%

31/03/2022 Trajectory RTT%	87.56%	100.00%	90.32%	83.17%	91.15%	92.52%	91.26%	81.82%	92.47%	80.97%	92.16%	84.59%	75.06%
Target for RTT Trajectory	1,005	0	105	84	116	47	66	188	54	59	4	125	170
Variance from Target to meet Trajectory	2271	1	200	49	683	177	212	441	8	125	-1	188	175



Referral to Treatment Snapshot as at 28th February 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant led Open Pathways as at 31/03/2022

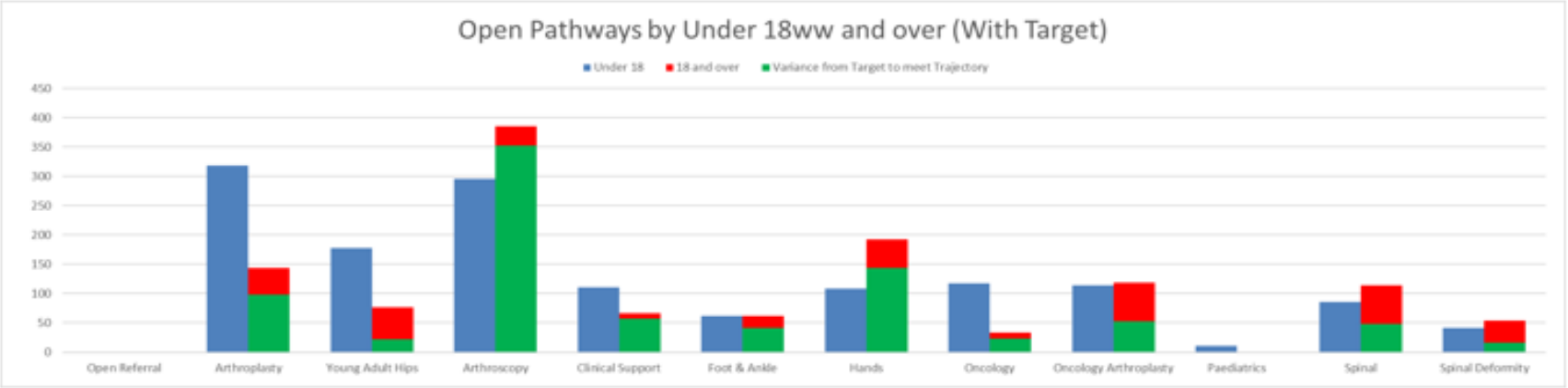
Est Over 18Clock Stops Required		
To achieve	80.93%	1044
To achieve	89.10%	1232
To achieve	89.94%	1250

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	644	0	137	71	155	55	26	41	51	38	8	45	17
7-13	503	0	123	74	99	39	16	39	41	39	2	22	9
14-17	296	0	58	33	42	17	20	28	25	37	1	19	16
18-26	566	0	74	43	140	46	27	84	24	58	1	59	10
27-39	485	1	67	27	151	16	28	80	7	45	0	36	27
40-47	144	0	3	6	70	2	7	16	2	11	0	14	13
48-51	41	0	0	1	22	2	0	7	0	3	0	2	4
52 weeks and over	12	0	0	0	2	0	0	5	0	2	0	3	0
Total	2,691	1	462	255	681	177	124	300	150	233	12	200	96

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	1,443	0	318	178	296	111	62	108	117	114	11	86	42
18 and over	1,248	1	144	77	385	66	62	192	33	119	1	114	54
Current Month End RTT %	**53.62%**	**0.00%**	**68.83%**	**69.80%**	**43.47%**	**62.71%**	**50.00%**	**36.00%**	**78.00%**	**48.93%**	**91.67%**	**43.00%**	**43.75%**

31/03/2022 Trajectory RTT %	80.93%	100.00%	87.55%	76.47%	90.23%	92.50%	74.61%	68.97%	92.70%	63.22%	93.33%	56.64%	52.72%
Target for RTT Trajectory	340	0	45	55	32	9	21	49	9	66	1	66	38
Variance from Target to meet Trajectory	908	1	99	22	353	57	41	143	24	53	0	48	16



Referral to Treatment Snapshot as 28th February 22 (Non Admitted

Est Over 18 Clock Stops Required		
To achieve	90.53%	1655
To achieve	89.10%	1541
To achieve	89.94%	1608

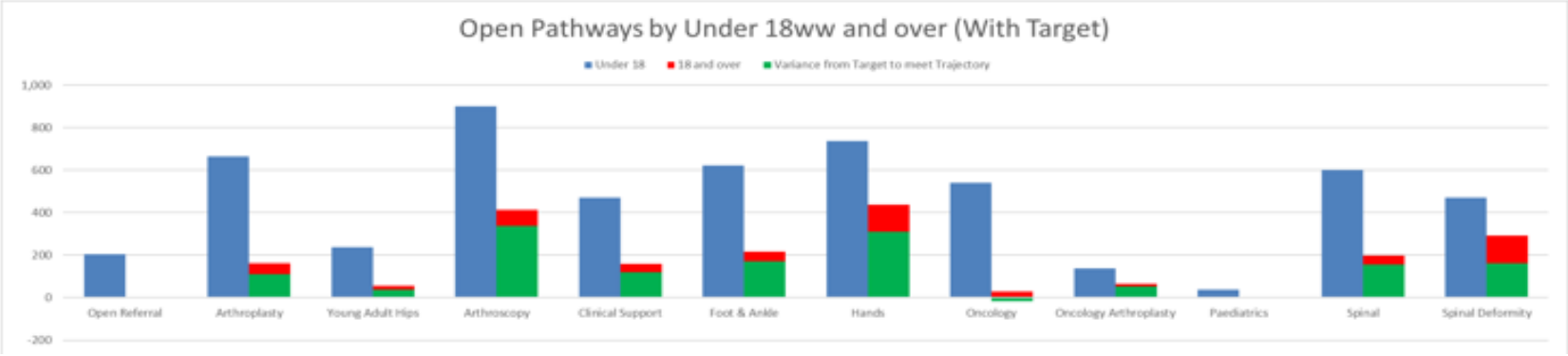
Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/03/2022

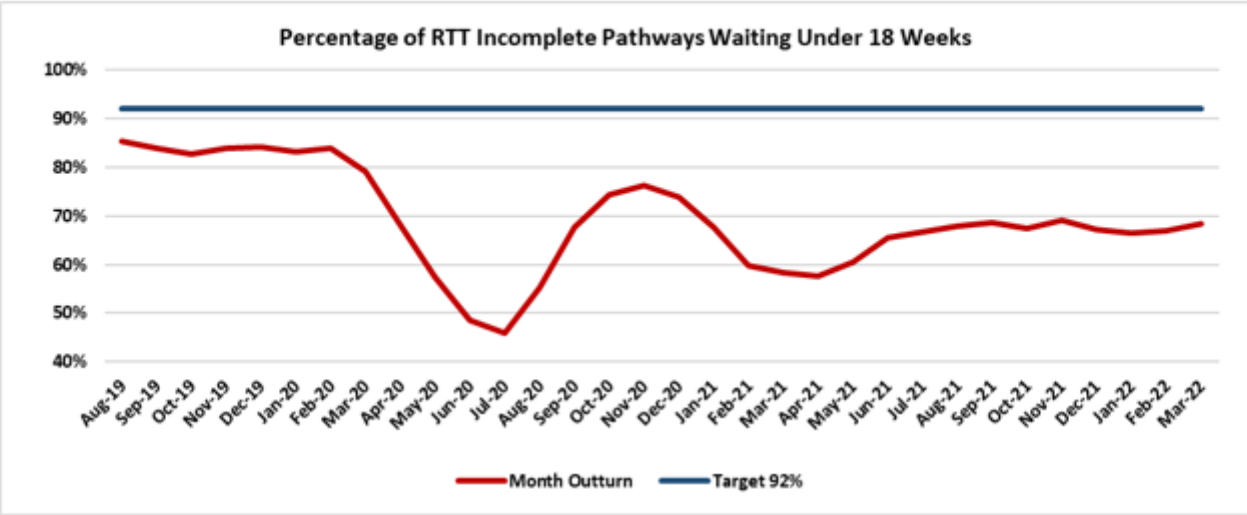
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	2,887	204	397	129	384	218	308	352	296	53	23	276	247
7-13	1,765	0	211	70	309	163	215	217	150	45	14	205	166
14-17	977	0	57	39	208	90	100	169	95	39	2	121	57
18-26	1,143	0	107	43	207	108	118	222	21	40	2	124	151
27-39	690	0	49	12	151	45	84	147	7	18	0	64	113
40-47	160	0	5	1	48	4	12	51	0	7	0	9	23
48-51	24	0	0	0	5	0	1	13	1	0	0	1	3
52 weeks and over	11	0	0	0	3	1	1	4	0	0	0	1	1
Total	7,657	204	826	294	1,315	629	839	1,175	570	202	41	801	761

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	5,629	204	665	238	901	471	623	738	541	137	39	602	470
18 and over	2,028	0	161	56	414	158	216	437	29	65	2	199	291
Current Month End RTT %	73.51%	100.00%	80.51%	80.95%	68.52%	74.88%	74.26%	62.81%	94.91%	67.82%	95.12%	75.16%	61.76%

31/03/2022 Trajectory RTT %	90.53%	100.00%	92.90%	92.72%	92.15%	92.53%	93.01%	85.32%	92.43%	92.20%	92.05%	93.49%	78.38%
Target for RTT Trajectory	589	0	51	19	77	38	47	127	44	12	3	42	130
Variance from Target to meet Trajectory	1439	0	110	37	337	120	169	310	-15	53	-1	157	161





ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

INFORMATION

The Referral To Treatment (RTT) position for March is **68.34%** against the National Constitutional Target of 92%. This is an increase of 1.44% compared to February reporting at **66.90%.**

There are **23** patients over 52 weeks, a decrease from 32 in February. However due to the impact on activity in March due to patients and consultants having Covid/unwell we are anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **369** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2691 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

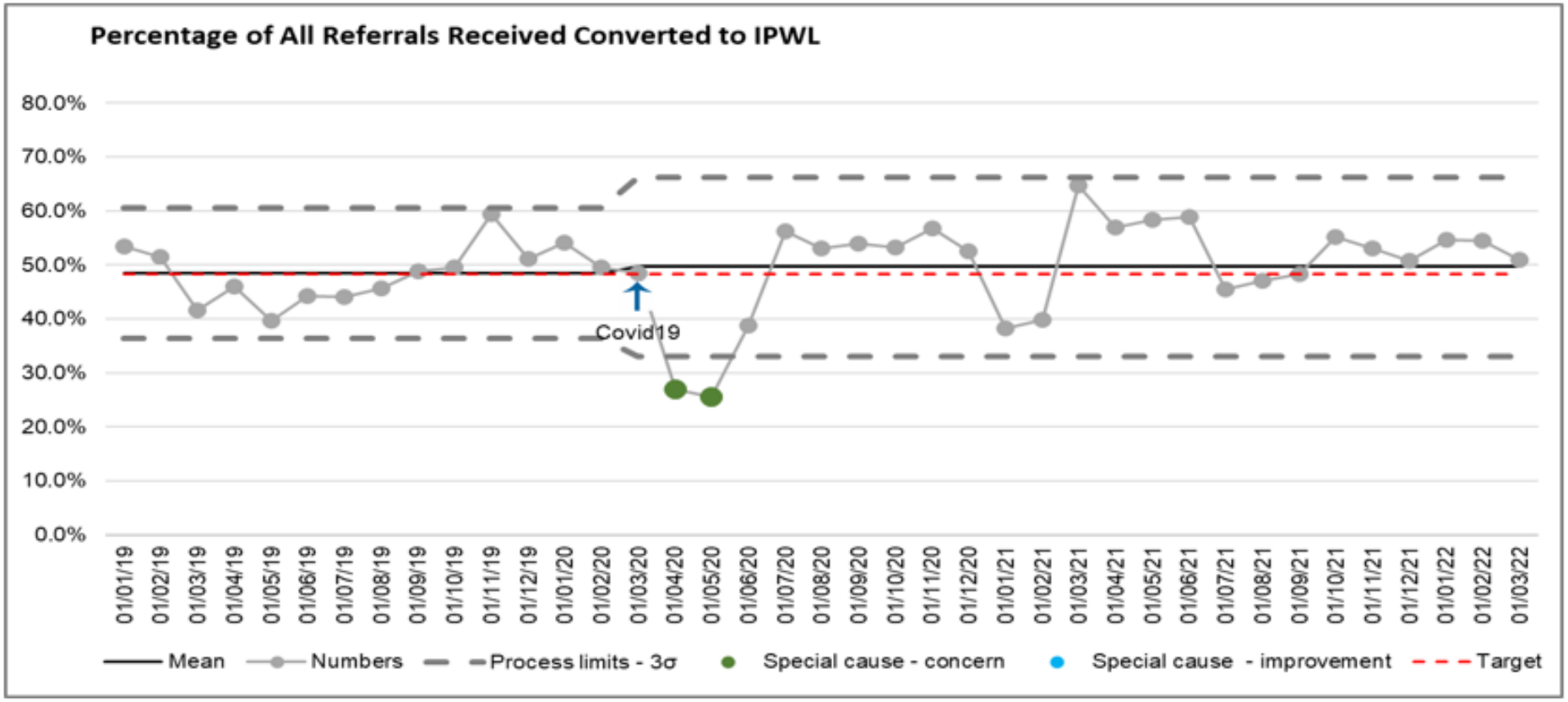
Referrals continue to move towards Pre-Covid levels with **2,365** (87%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704) We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

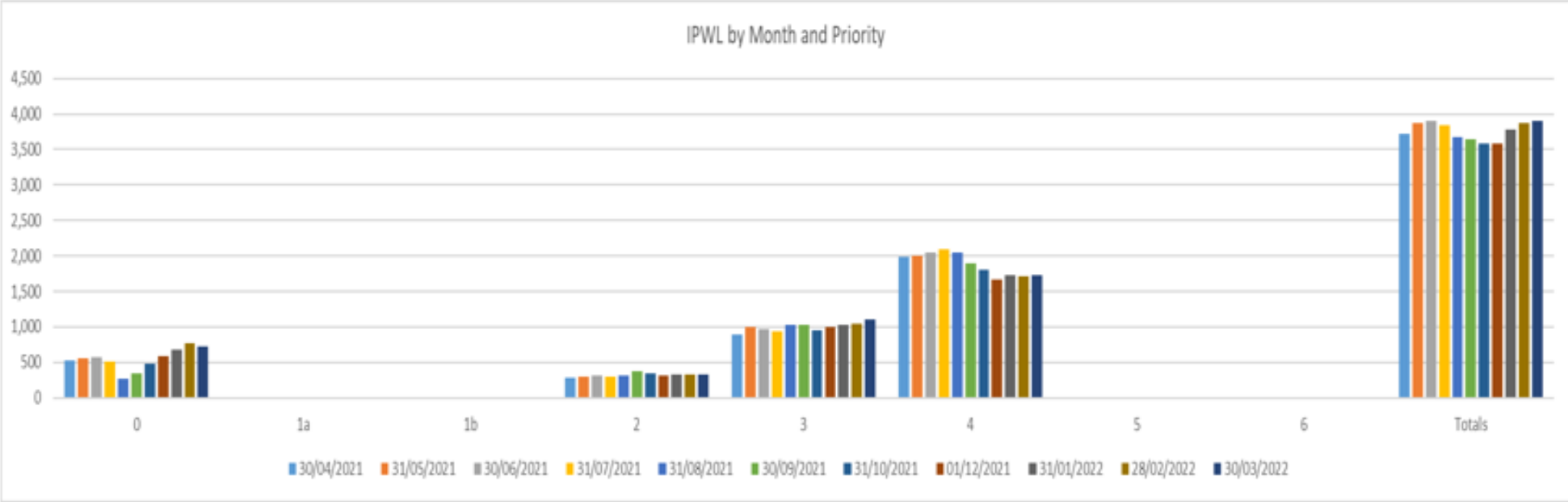
Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

System support for 104 weeks and coved surges may impact on the delivery of the RTT target



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%	50.95%



	Number of IP waiting as at	% of IP waiting as at
Priority	30/03/2022	30/03/2022
0	731	18.7%
1a		0.0%
1b	7	0.2%
2	330	8.4%
3	1109	28.4%
4	1728	44.2%
5	2	0.1%
6		0.0%
Total	3907	100%

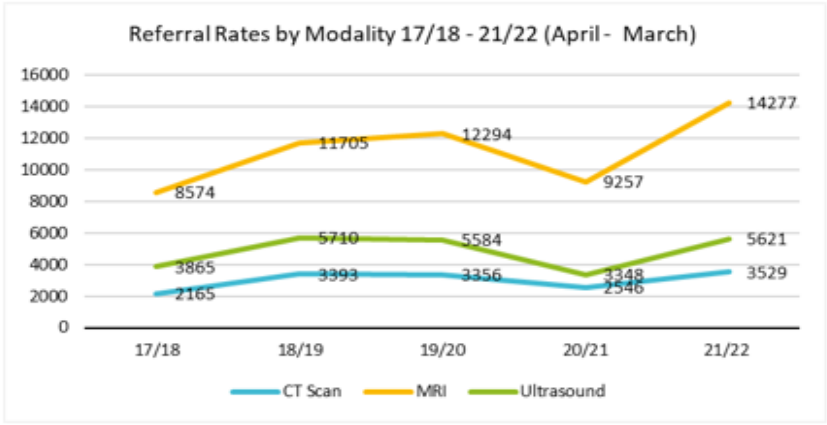
March remains a stable position for P2 and P3 and P4 patients and the overall admitted waiting list . The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients.
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

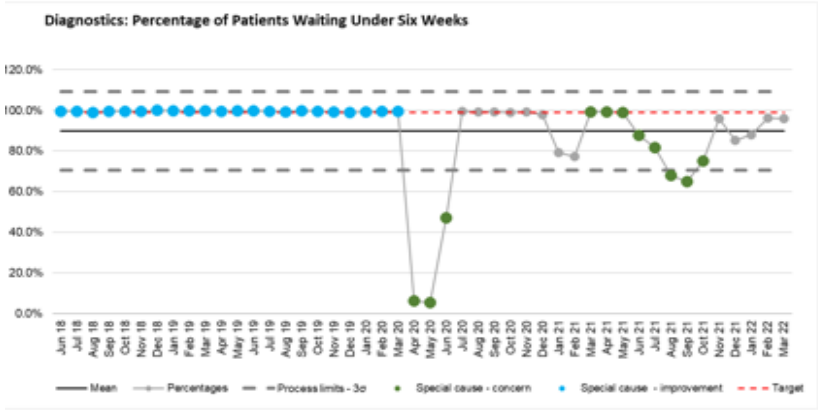
20. Diagnostic Performance

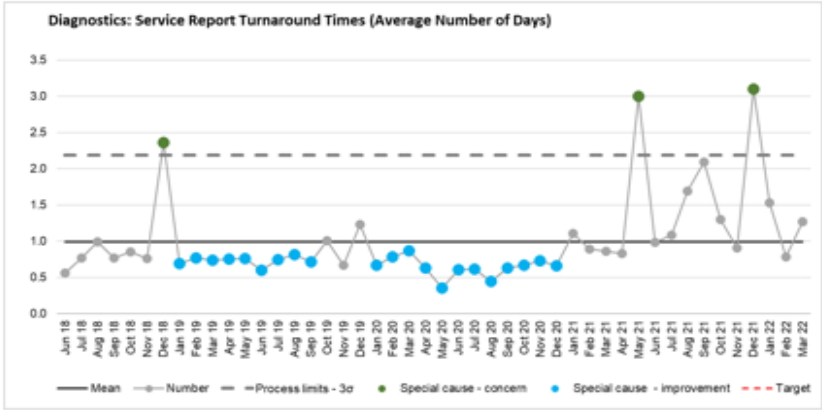
INFORMATION

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Dec-20	941	139	200	1280	25	1255	98.0%	787	206	319	1312
Jan-21	815	110	196	1121	232	889	79.3%	759	214	182	1155
Feb-21	533	37	127	697	159	538	77.2%	583	205	234	1022
Mar-21	645	61	174	880	6	874	99.3%	804	197	284	1285
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941







Imaging did not meet the diagnostic target in March reporting 96%. Referrals continue to remain high specifically for MRI with a referral rate of 145% in March when compared to the same period in 19/20. Ultrasound and CT remain in target.

A formal contract request for additional mobile MRI van capacity via NHS Supply Chain has result in 3 companies responding and is currently going through due process but it is expected that this extra capacity will become available in May which will have a positive impact on the clearance of the backlog within MRI. Meanwhile ad hoc capacity is also being sourced.

Dr Dr (patient text messaging service) is also expected to come on line by the end of April which will support the reduction in the DNA rates which is currently averaging 10-12%.

Reporting times in March remained on target

ACTIONS FOR IMPROVEMENTS / LEARNING

To continue to ensure all capacity is fully utilised and minimise DNA's .

Implementation of the recently approved 7 day working for imaging services will further increase capacity.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

20. Cancer Performance

February Cancer Performance – February 2022 Submission

		Feb-22				
Target Name	National Standard	%	In target	Breach	Accountable patients	Total Patients
2ww	93%	96%	69.0	3.0	72.0	72.0
31 day first treatment	96%	85%	11.0	2.0	13.0	13.0
31 day subsequent (surgery)	94%	100%	3	0	3	3
62 day (traditional)	85%	100%	4.5	0	4.5	6
62 day (Cons Upgrade)	n/a	76%	6.5	2.0	8.5	11.0
28 day FDS REPORTED	75%	84%	65.0	12.0	77.0	77.0
Patients over 104 days				1		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breach reasons:
2 x 31 day subsequent – delay to scheduling surgery as the patients required multi-disciplinary surgical team including the plastics specialists. One patient also had an inconclusive diagnosis from the referring Trust which resulted in a delay to a definitive diagnosis
1 x 62 day (upgrade) - delay in diagnosis requiring several repeat biopsies and patient requiring thinking time due to life changing decision for treatment
1 x 62 day (upgrade) - patient required 2 x biopsies and 1 x open biopsy and was discussed at both the UHB and ROH MDT. There was difficulty in diagnosing the patient as the radiology suggested TB although tests were negative. Patient eventually diagnosed and referred to Christies for Proton Therapy on day 163

Operational Update

- Work continues on the 2WW referral pathway with Bsol CCG.
- The RJAH support SLA has ceased going into the new financial year.

21. **Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.**

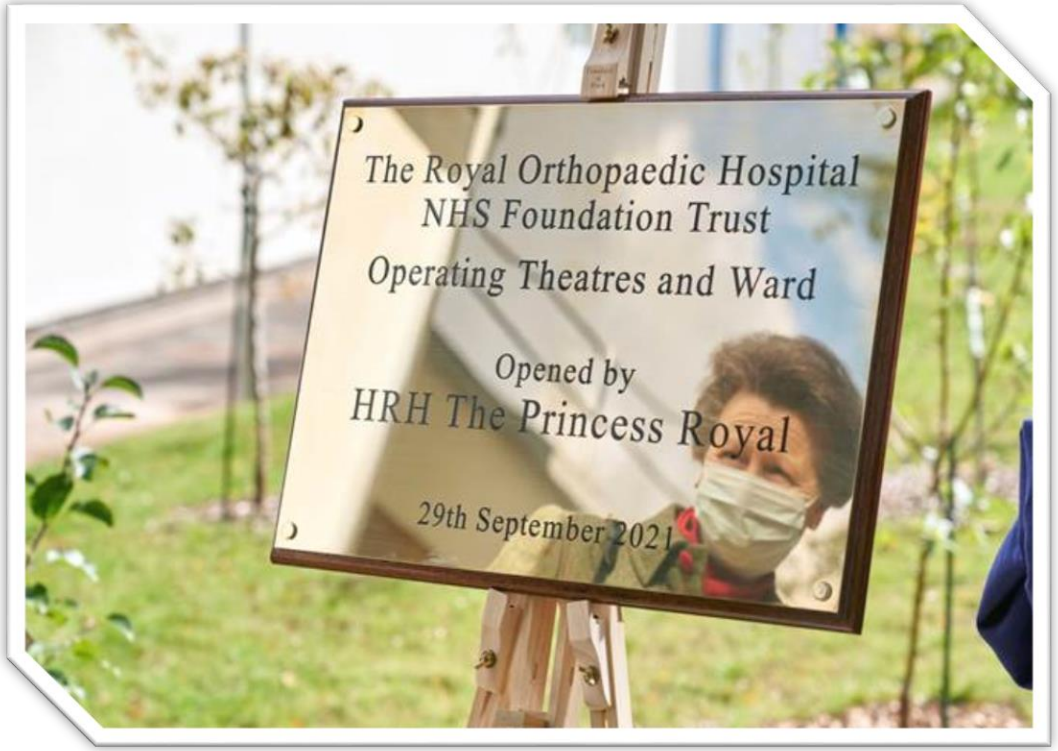
INFORMATION TO BE PROVIDED NEXT MONTH

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Mar 2022

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Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in March, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

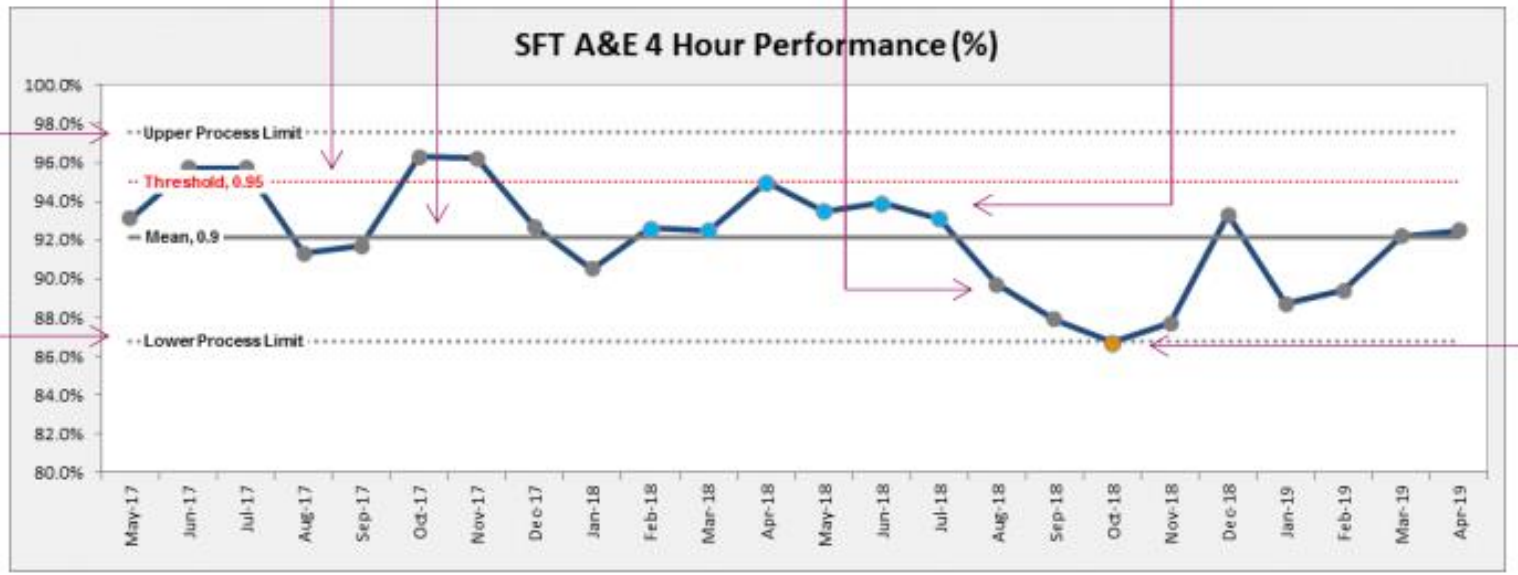
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

Workforce Monthly Snapshot Overview

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Trust Workforce Metrics	Feb-22	Mar-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1244	1239	-5	-	-
Staff In Post - Full Time Equivalent	1103.98	1093.53	-10.44804	-	-
Staf Turnover % - Unadjusted	15.34%	15.48%	0.14%	⇧	<=11.5%
Staf Turnover % - Adjusted	13.17%	13.24%	0.07%	⇧	<=11.5%
Total WTE Employed as % of Establishment	87.28%	86.15%	-1.13%	⇩	>=93%
Total WTE Employed as % of Establishment - Clinical	83.33%	81.13%	-2.20%	⇩	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	94.51%	95.40%	0.89%	⇧	>=96%
% Of Attendance	94.74%	94.30%	-0.44%	⇩	>=96.3%
% Of 12 mth MAA Attendance	94.74%	93.90%	-0.84%	⇩	>=96.3%
% Staff received mandatory training last 12 months	85.89%	85.38%	-0.51%	⇩	>=93%
% Staff received formal PDR/appraisal last 12 months	62.30%	53.27%	-9.04%	⇩	>=95%
% of Sickness - Trust wide Long-term	2.61%	3.96%	1.35%	⇧	-
% of Sickness - Trust wide Short-term	2.65%	2.13%	-0.52%	⇩	-
Return To Work Completion %	55.61%	38.62%	-16.99%	⇩	>=80%

Workforce Establishment

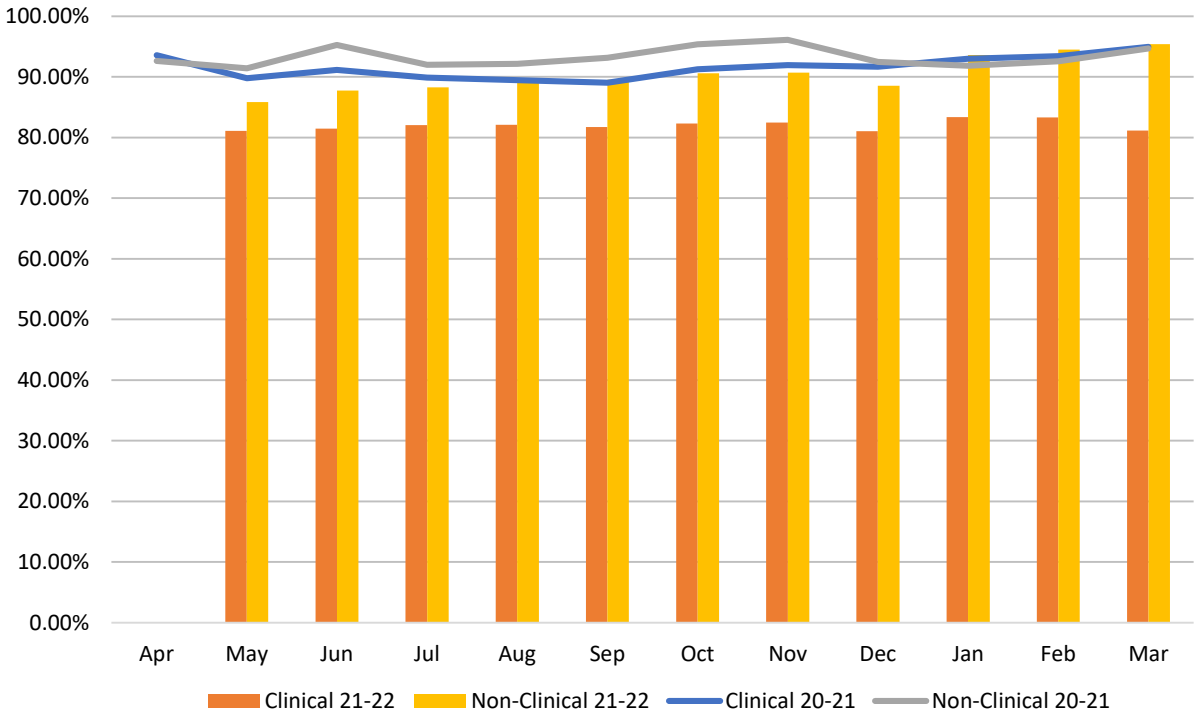
The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

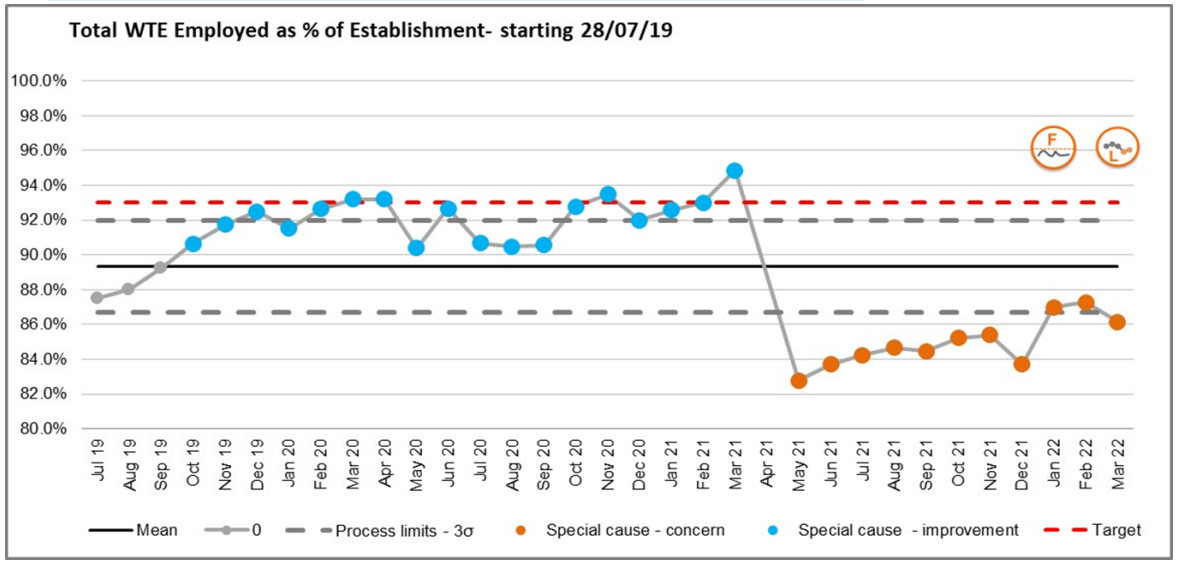
At the end of March, the number of staff on payroll stood at 1239 (WTE 1093.53) which is a decrease of **10.44 WTE** from February.

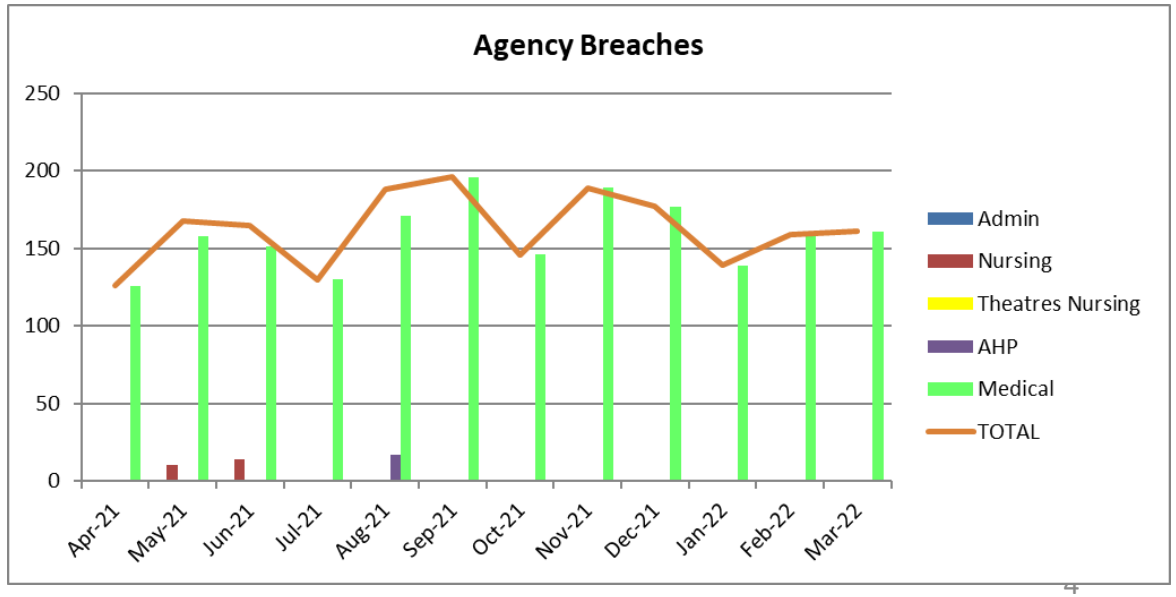
The Total WTE Employed as a % of the Establishment this month was **86.15%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

Staff in Post v Establishment Clinical / Non-Clinical



Total WTE Employee as a % of Establishment





Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **15.48%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **20.50%** in March 2022 and **20.12%** in February 2022. Division 1 turnover has remained over 11.5% this month at **16.90%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Additional Clinical Services staff group, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 6 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

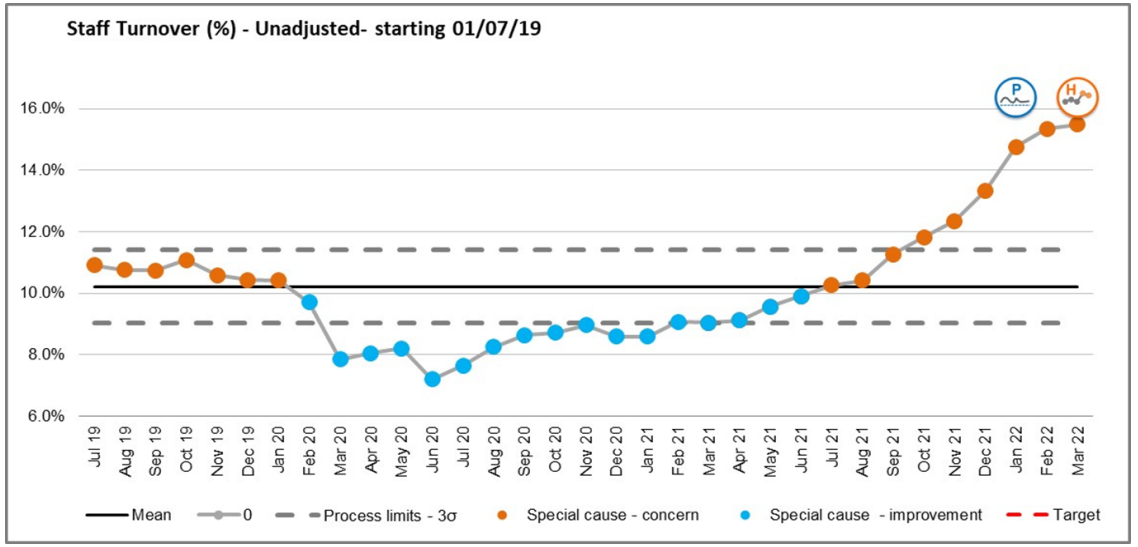
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	9.04%
Additional Clinical Services	20.89%
Administrative and Clerical	15.76%
Allied Health Professionals	19.30%
Estates and Ancillary	7.27%
Medical and Dental	5.16%
Nursing and Midwifery Registered	18.33%

*Data From Mar 22

	Top 3 Leaving Reasons (Feb22- Mar22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of Training Opportunities
2	Voluntary Resignation - Work Life Balance	Lack of Feedback in relation to my PDR
3	End of Fixed Term Contract	Lack of Recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

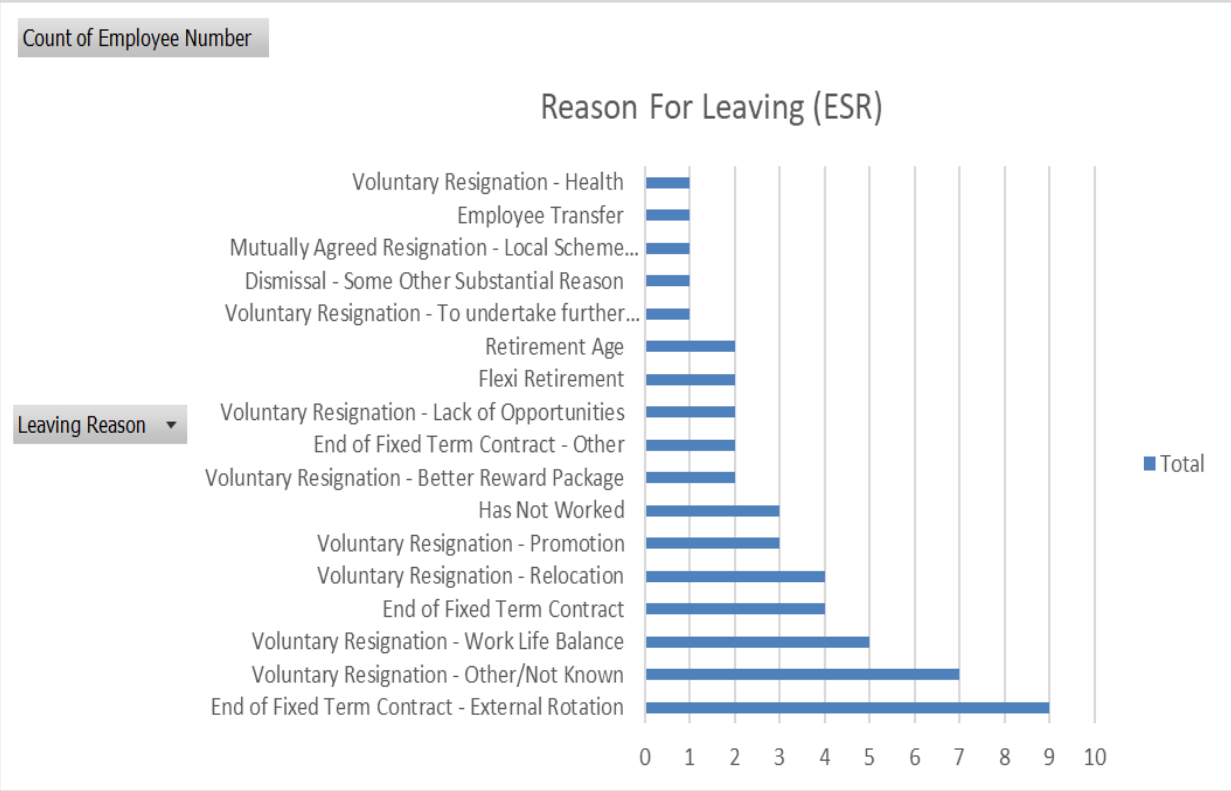
Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months. From the exit questionnaires, there is very limited returns on this 6 for Mar 22.

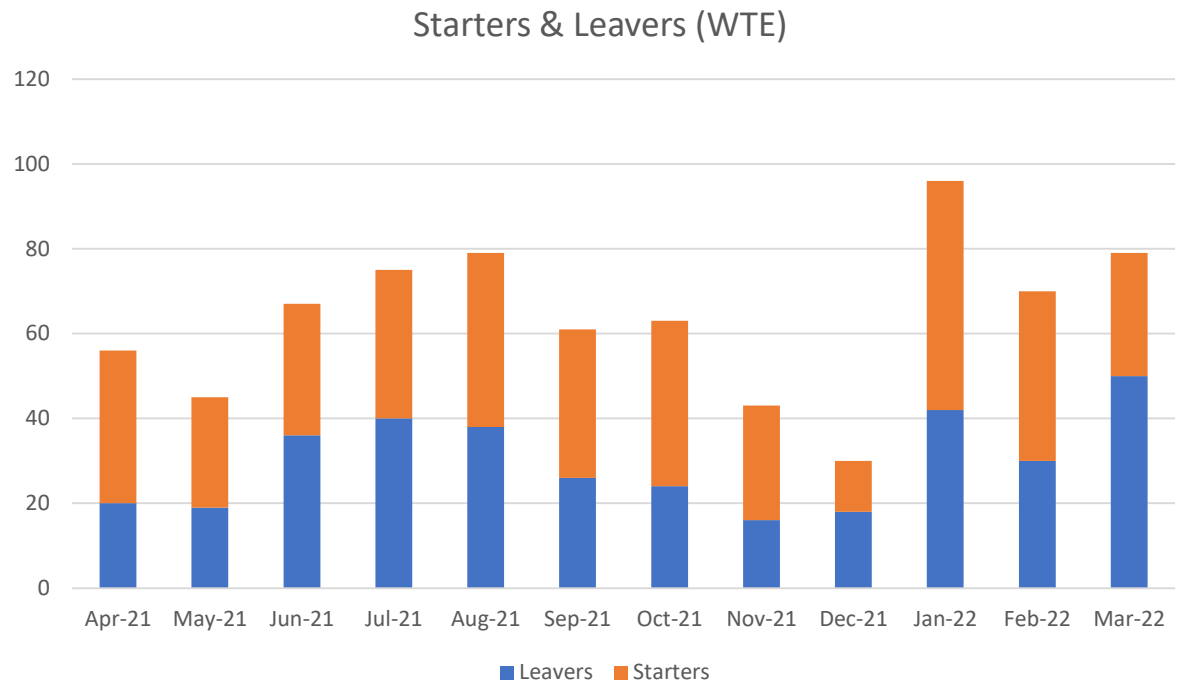
74.00% of leavers in Feb & Mar 22 were with the Trust for less than 5 years, this is an increase from February's report which was 90%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





***Data From Jan 21 – Feb 22**

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **94.30%** (sickness absence % = 5.70%) and Attendance for the rolling past 12 months was **93.90%.** This currently sit below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£1,962,057.66**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of March 2022, there were 26 staff on long term sickness, where 3 of the these staff members have been absent for longer than 6 months.

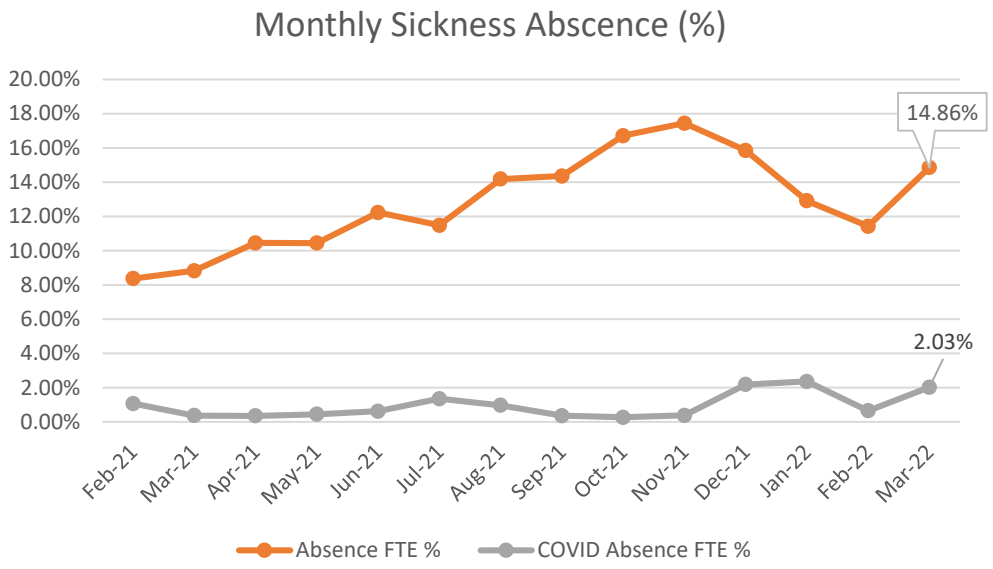
COVID Related Absence

This month COVID-related sickness made up **2.03%** of all sickness absence within the Trust. Compared to this time last year, the figures are higher than February.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £31,034.55. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP. A drop in the estimated cost is mainly due to the Testing and Isolation changes.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews decreased to **38.62%** in March, compared to **55.61 %** in February. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	228	6667.25986	£592,613.34
Cold, Cough, Flu - Influenza	470	2972.31439	£308,019.69
Musculoskeletal problems	133	2743.34804	£221,641.23
Gastrointestinal problems	423	1676.49016	£152,255.59
Injury, fracture	65	1521.30689	£109,513.60

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

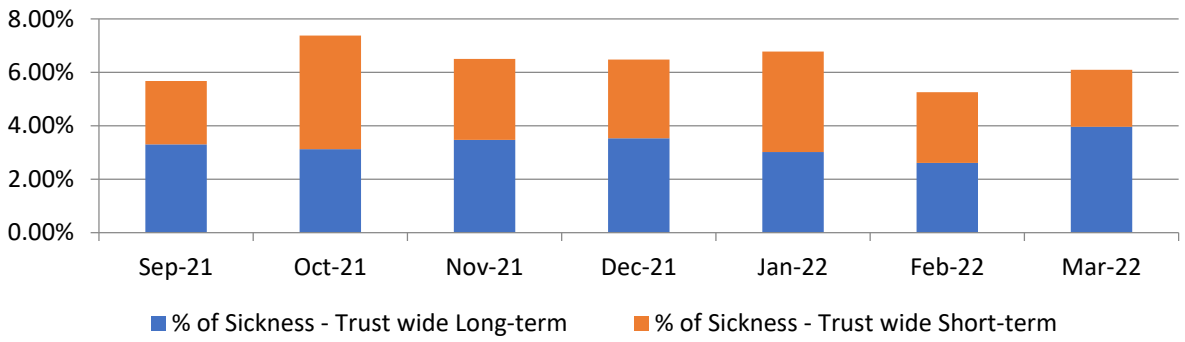
Actions

HR are continuing to support managers with ensuring that absence meetings are taking place in a timely manner and staff are being supported throughout their absence.

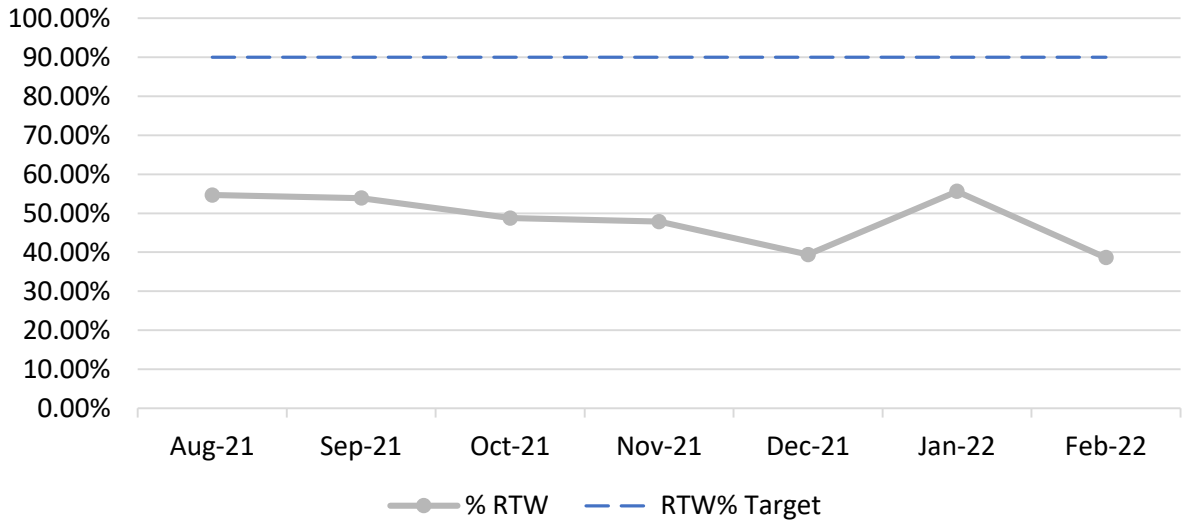
Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

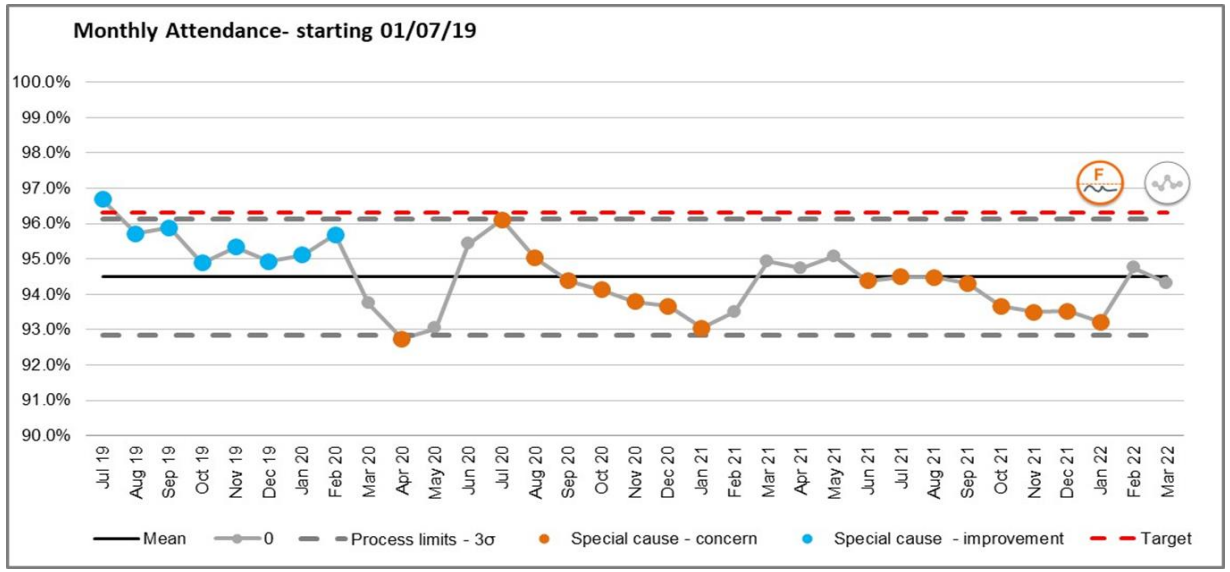
Long Term / Short Term Absence FTE (%)



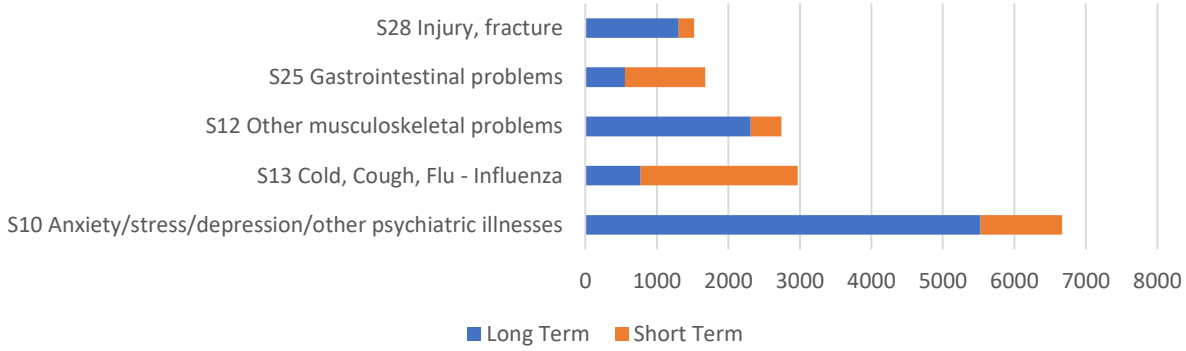
Monthly Return To Work %



Monthly Staff Absence FTE (%)



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Sep 21 – Mar 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

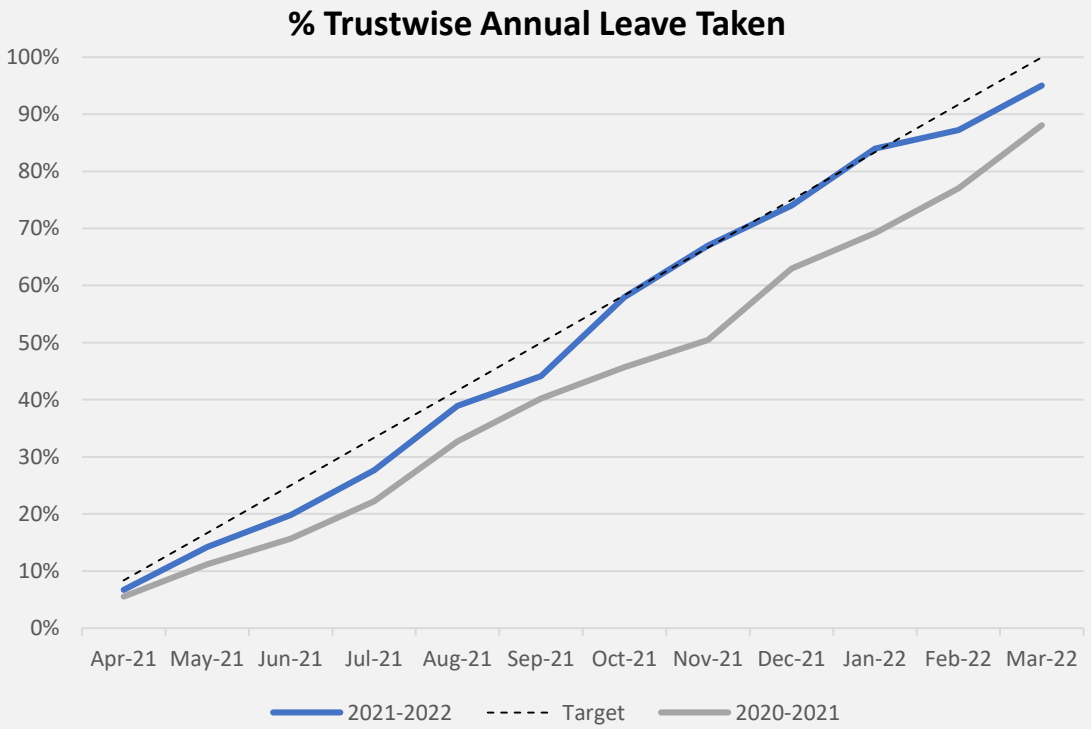
Summary and Actions

At the end of March, there were no formal capability cases and **3** formal conduct cases.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the end of Q4 (Mar 22) for the financial year, AfC staff have taken **95.28%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 100% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st March 2022

Division	% Annual Leave Taken	Staff Group	% Annual Leave Taken
303 Corporate Directorate	96.72%	Add Prof Scientific and Technic	85.25%
303 Covid-19 Division	86.43%	Additional Clinical Services	98.50%
303 Division 1 - Patient Services	95.34%	Administrative and Clerical	97.29%
303 Division 2 - Patient Support	94.05%	Allied Health Professionals	97.99%
303 Division 4 - Estates and Facilities	98.53%	Estates and Ancillary	97.82%
Trust Total	**95.28%**	Nursing and Midwifery Registered	96.27%

Wellbeing Day

At the end of March, **50%** of eligible staff have taken their wellbeing day. This option has now finished and no further Wellbeing days will be able to be booked.

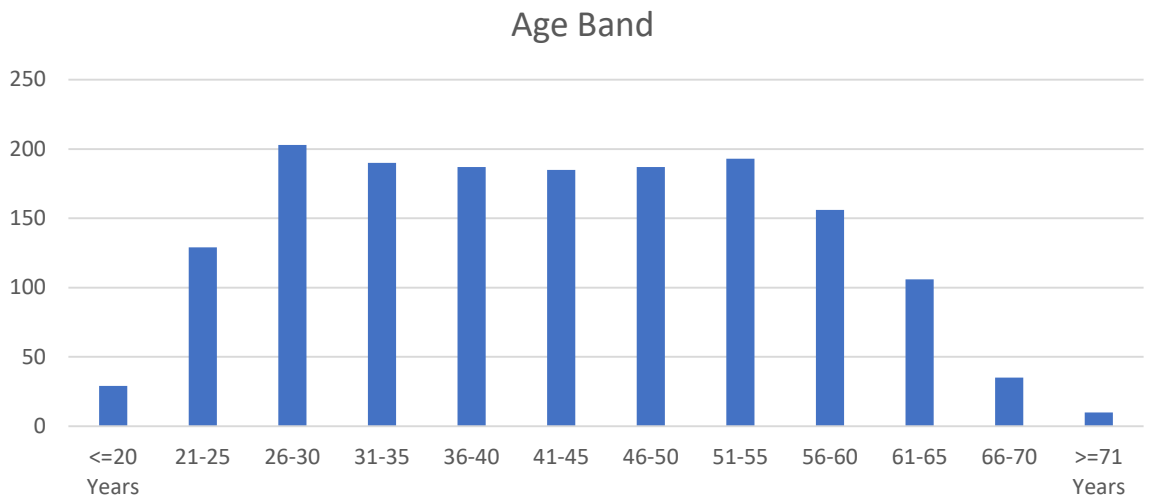
Workforce Demographics

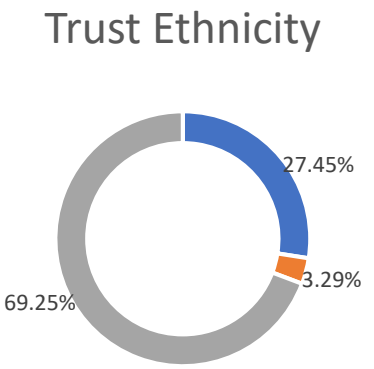
The Royal Orthopaedic Hospital NHS Foundation Trust

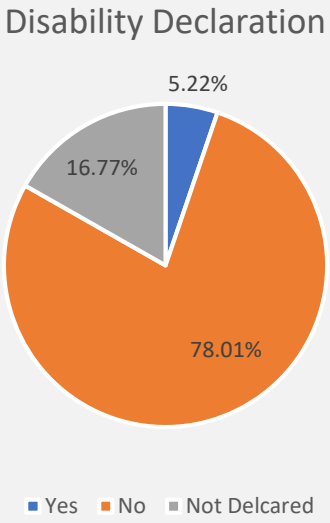
Summary

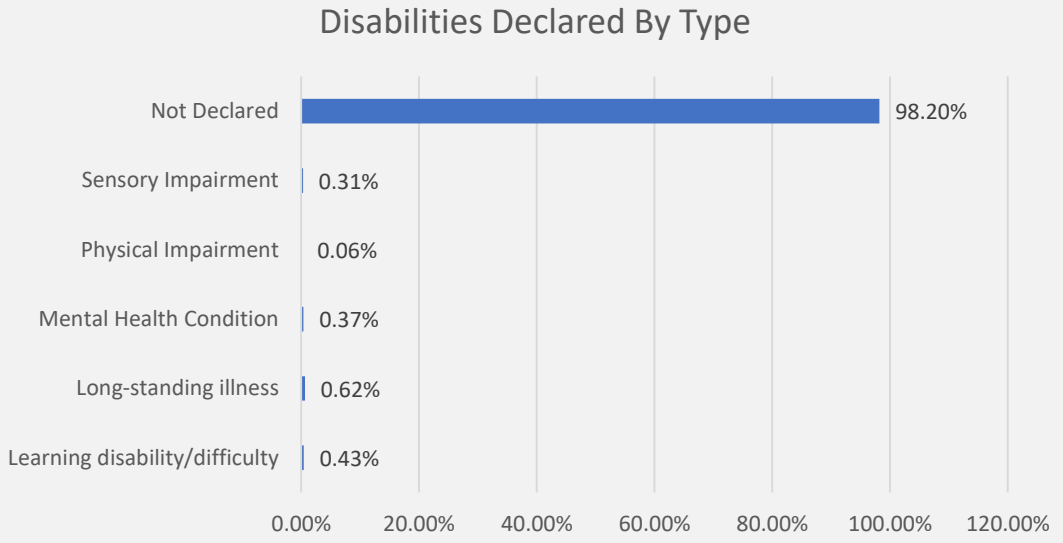
The Trust (including bank staff) is made up of 71.8% female and 28.2 % male staff

Our current status of staff with a disability is 5.22% with **16.77%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record









2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

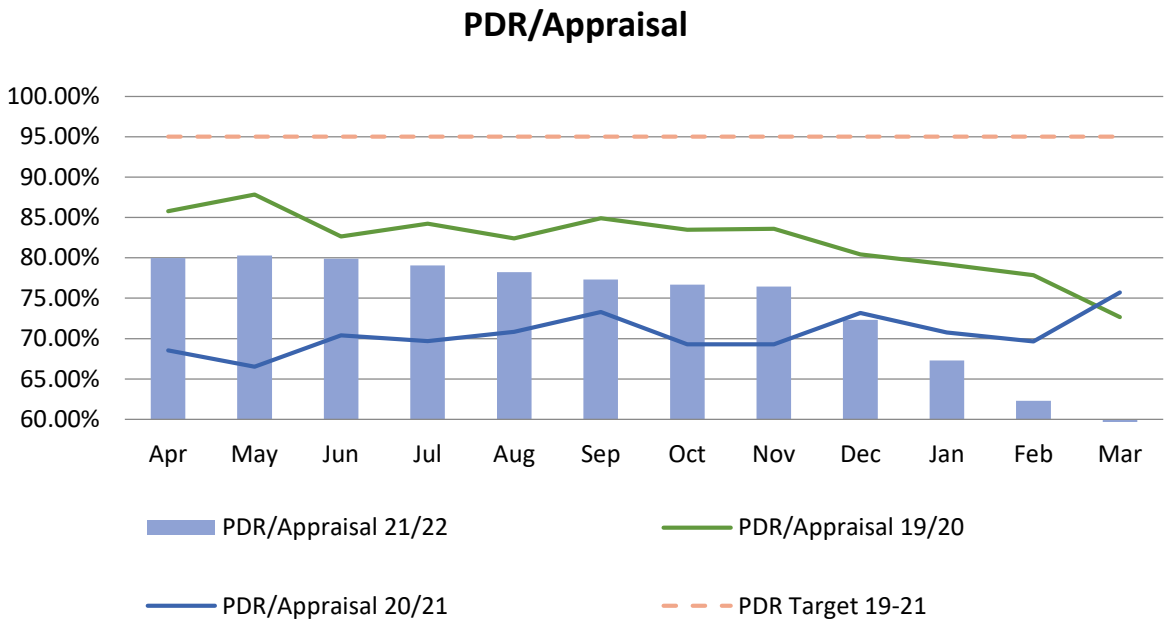
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

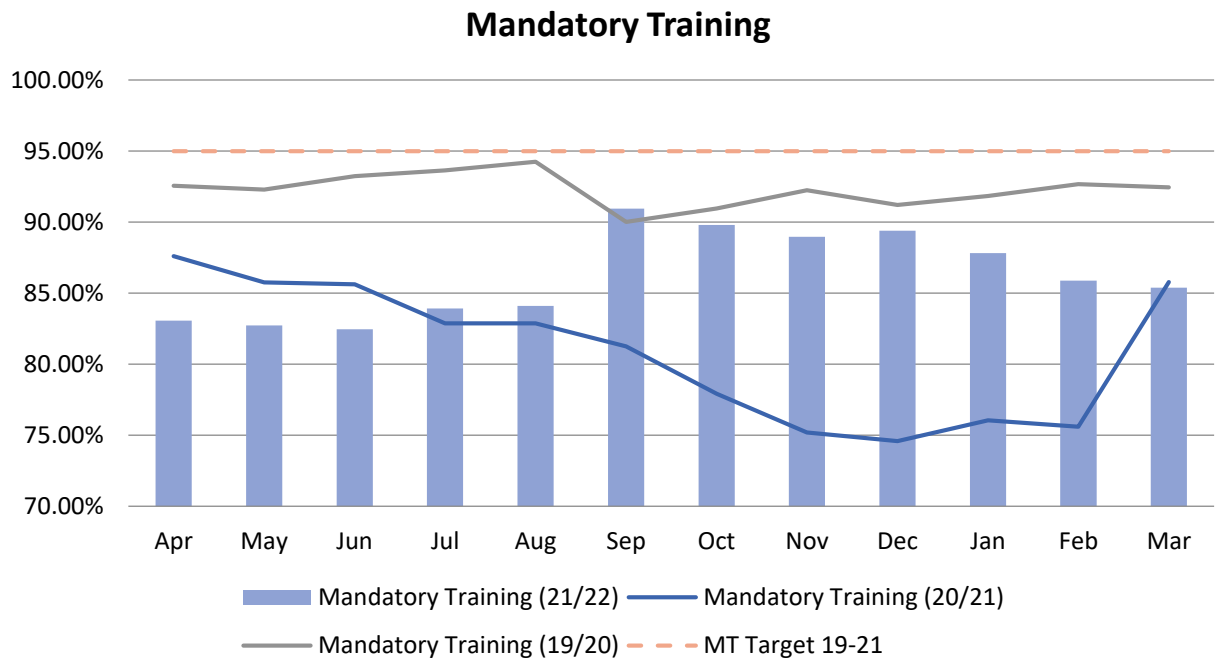
Over the last few months, the percentage of staff not disclosing their ethnic background has increased to 3.29% of all applicants

Applications from BME staff made up 56% of all applications made in March

53.60% of shortlisted candidate were from a BME background, with 0.8% undisclosed

Training and Development





Appraisals

Appraisals completions decreased by 9.04% to **53.27%** in March and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

Mandatory training increased by 0.51**%** to **85.38%** in March, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

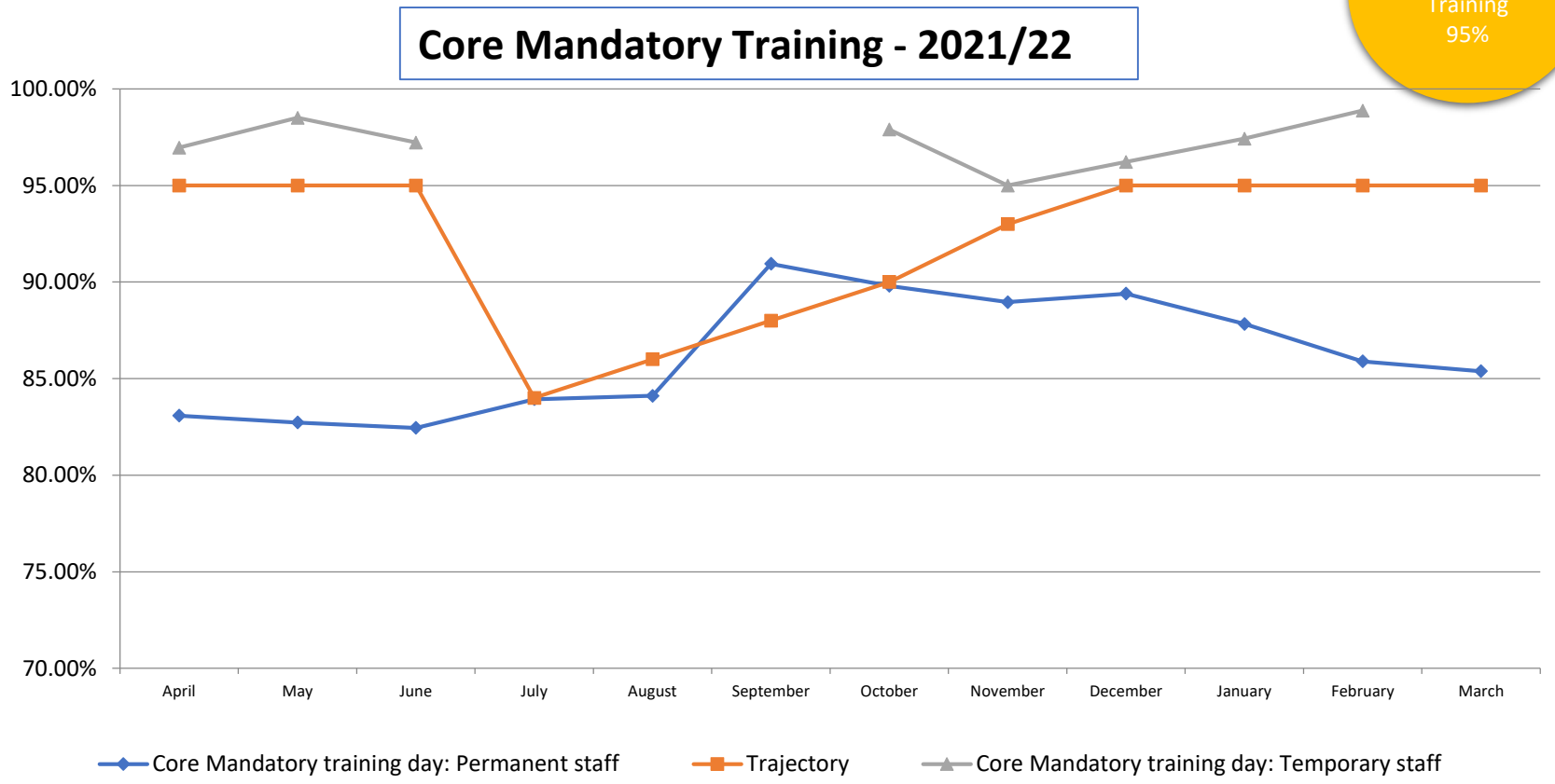
Monthly review of mandatory training compliance from

1st April 21 to 31st March 2022

3 Workforce Learning and Development

3b Core Mandatory Training Modules

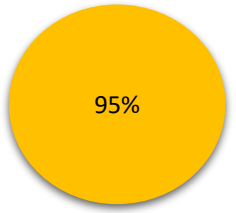
Core Mandatory Training 95%

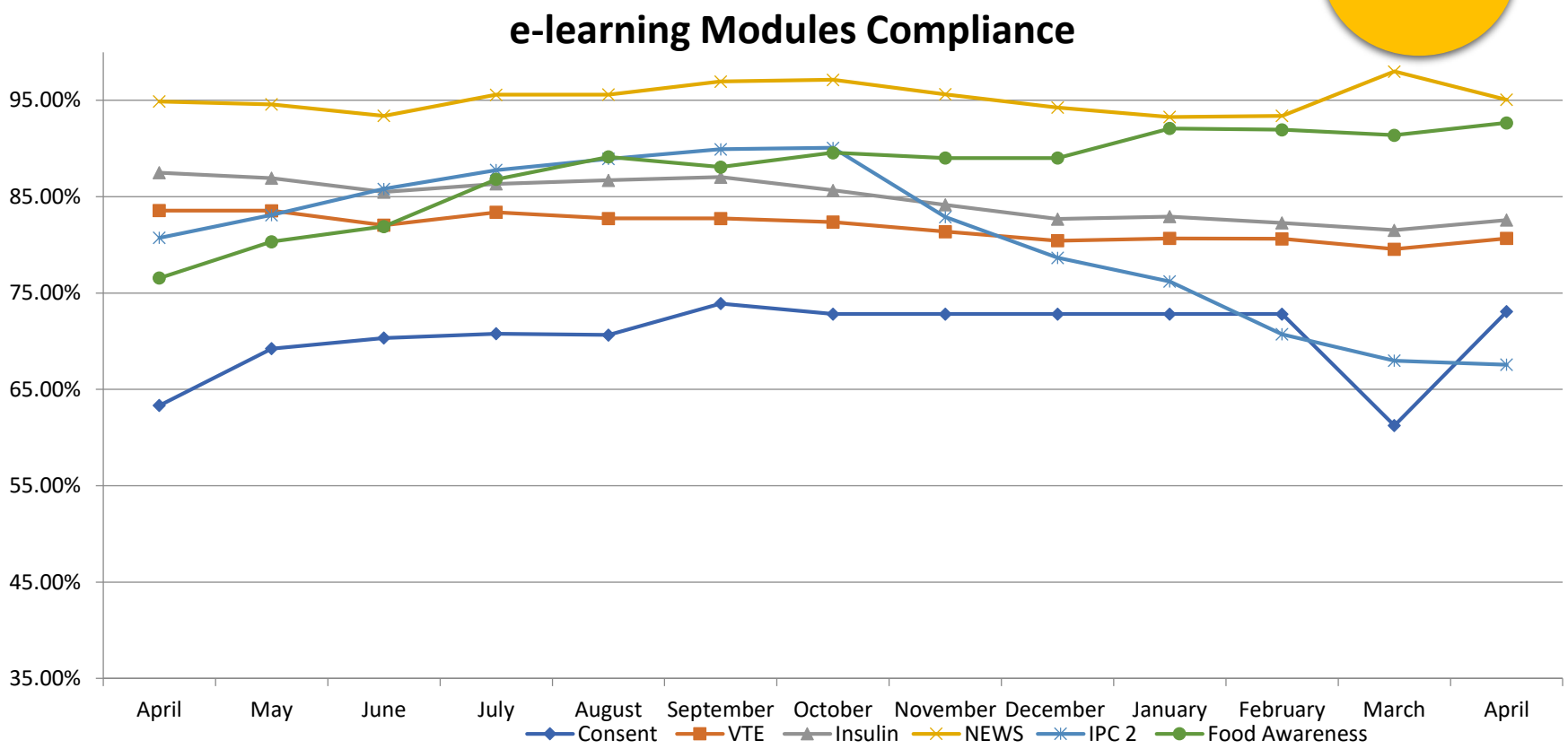


Comments:
Since Having hovered below 90% since October we have dipped to just above 85%. Coming out of the pandemic all staff need to prioritise their compliance and focus on achieving the 95% CCG target. Training guides are available to support staff with enrolling onto the elearning certifications. In line with the Core Skills Training Framework staff are required to complete the following:- 1 yearly – Fire Safety/Information Governance & Data Security/Infection Control and 3 yearly – Safeguarding Level 2 Adults & Children, Basic Prevent Awareness, Equality & Diversity, Health & Safety and Manual Handling.

3 Workforce Learning and Development

3c E-Learning Module Compliance



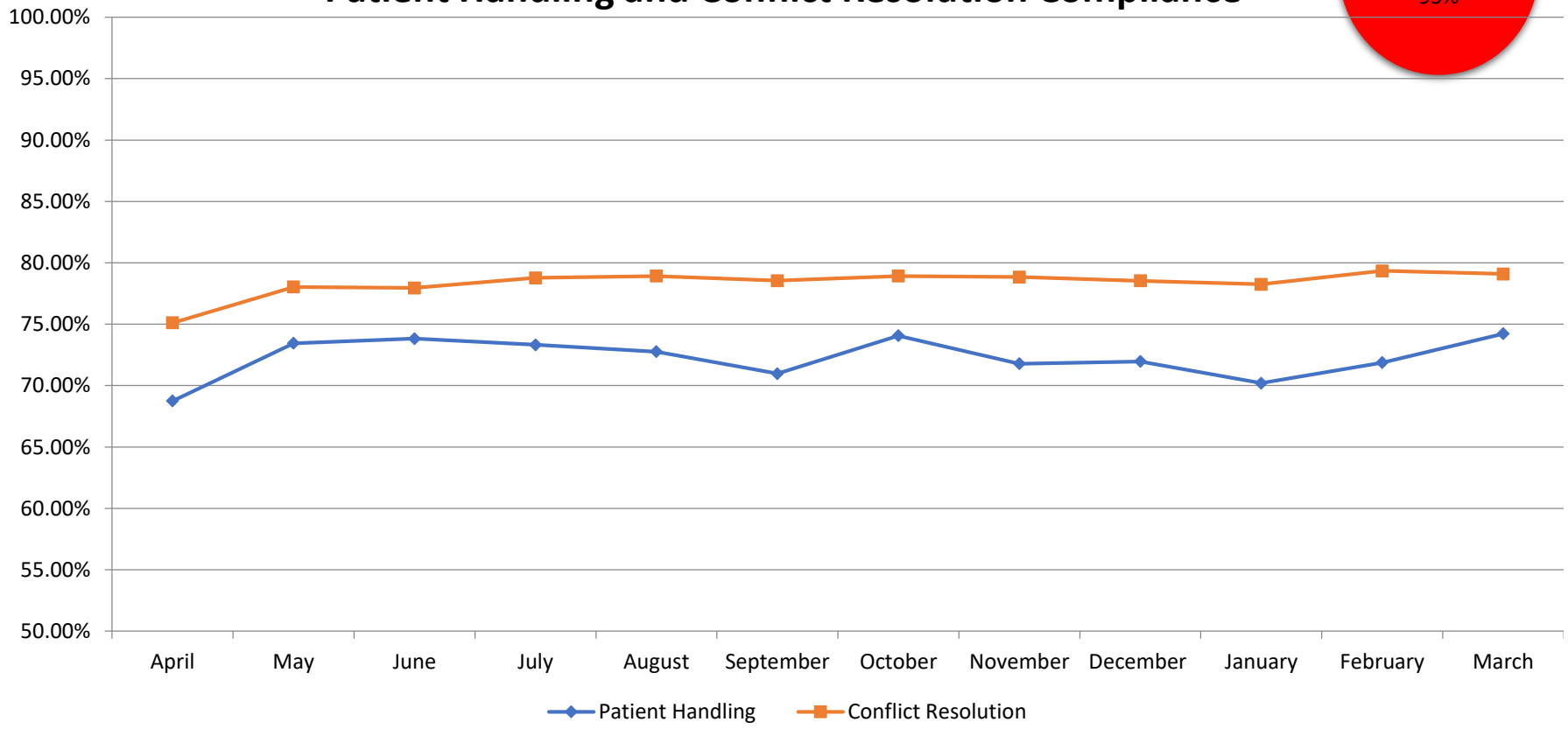


Comments: Recently the Consent module switched from free content on BMJ to charged. All Consultants have been updated on the new requirement, signified by the jump for Consent from 61.25% in February to 73% in March. ESR reminders continue to be issued to staff 3 months ahead of role specific compliance being out of date.

3 Workforce Learning and Development

3d Patient Handling and Conflict Resolution Compliance

PH and Cr Target 95%

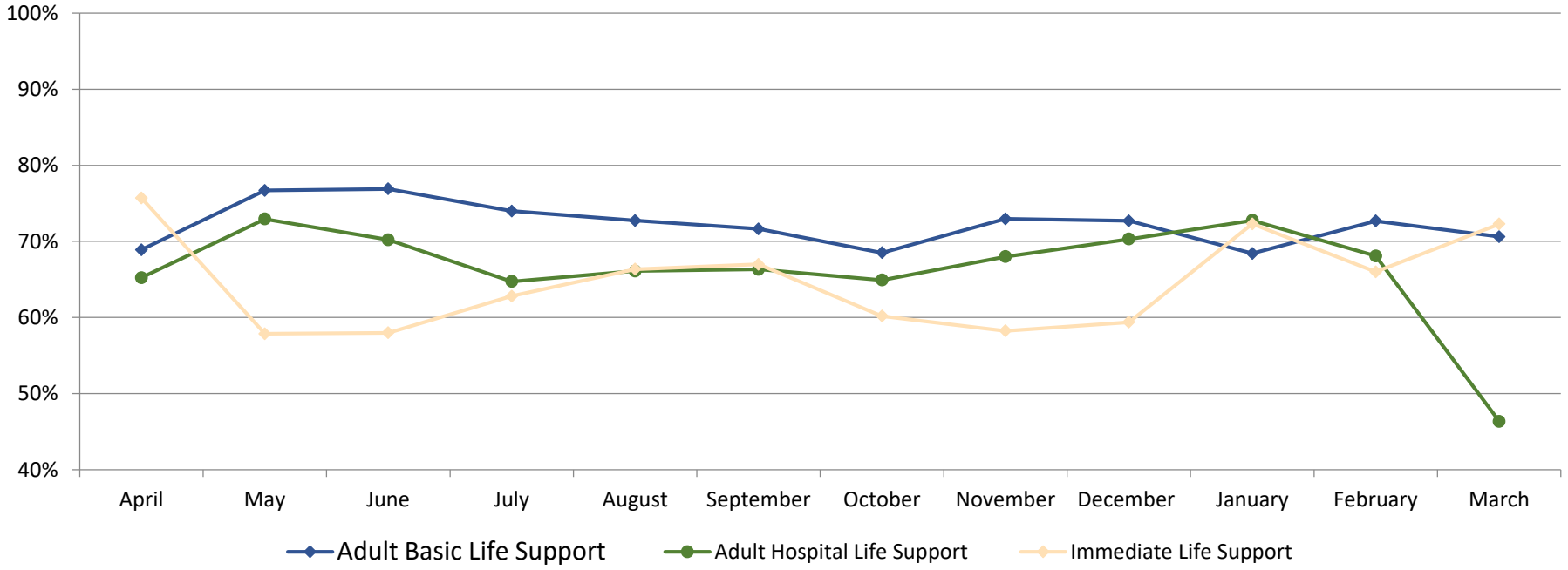


Comments: Since January Patient Handling compliance has not shifted above 75%. In part this is due to restrictions of numbers attending training due to covid, the course is restricted to six participants. Additional sessions for Theatres have taken place in April so we would hope to see compliance increase above 75% . We are working with the new lead trainer to agree the training schedule and review numbers.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Adult Resuscitation Training

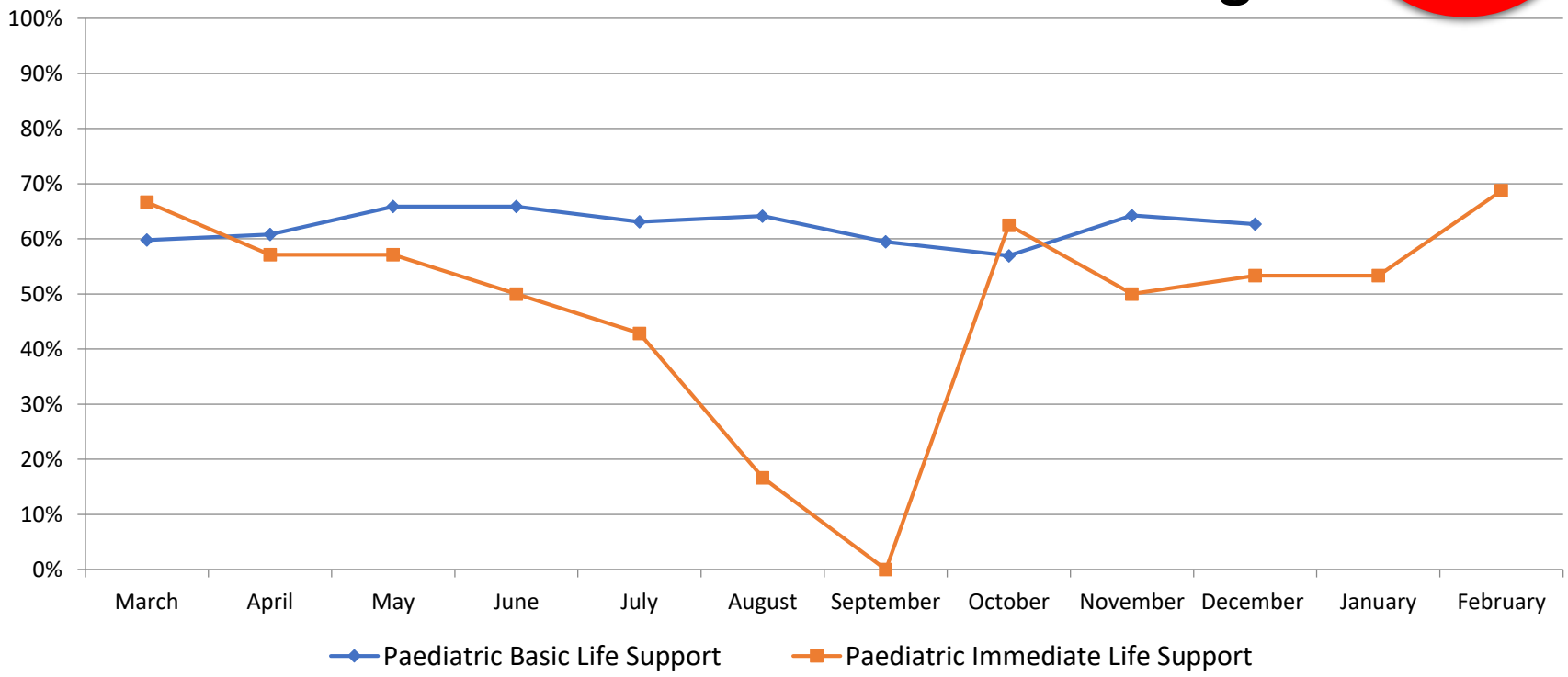


Comments: We are shifting our approach with Resus training and anticipate changes over the next couple of months to shift our compliance. However, we are still experiencing high rates of DNAs due to staff absences. Additional training sessions for Theatres in April should support an increase in compliance. With HLS now being the required Resus training for all clinical staff the pool has increased; whilst HCAs attend this training we should see compliance improve.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Paediatric Resuscitation Training



Comments: With the shift to HLS we will cease reporting on PBLS. We anticipate that Resus reporting will be updated to meet the changing needs in time for April 2022 data. We have seen a positive increase in PILS compliance but need to review with the Resus Officer the compliance gap.

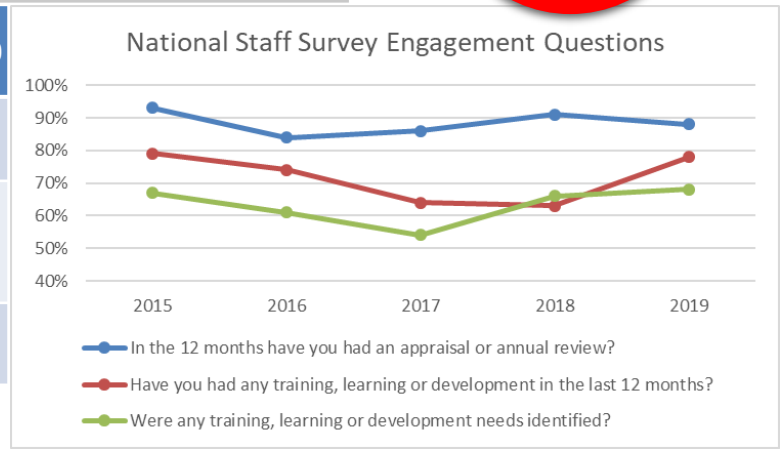
Performance and Development Review 95%

3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019	2020
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%	N/A
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%	N/A
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%	N/A

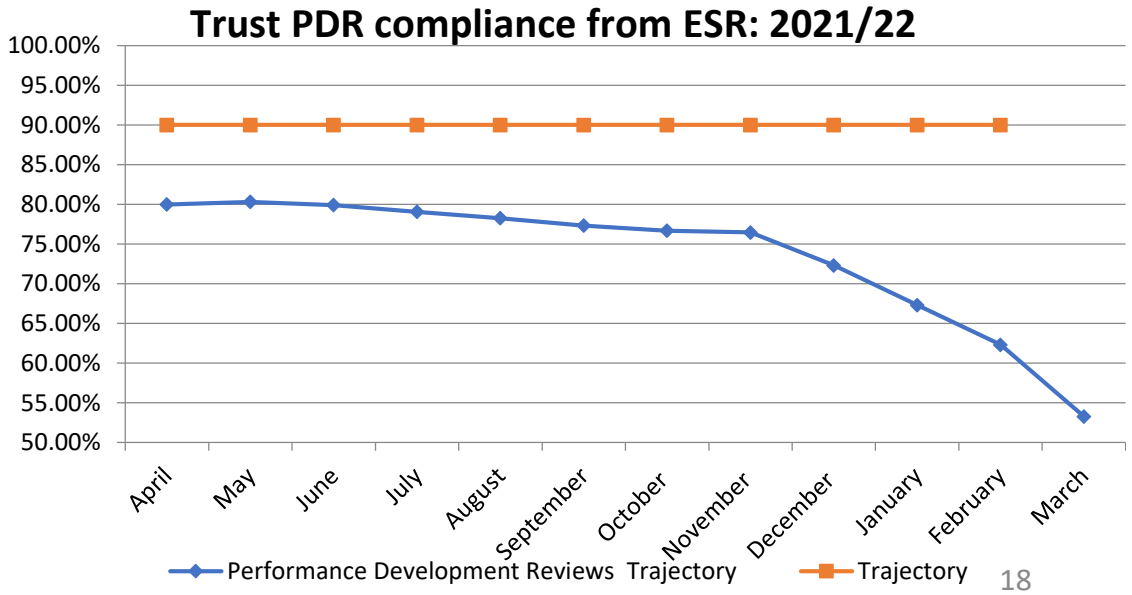
Data is colour coded according to comparison against Specialist Acute Trust
- Below; Equal; Above; Not benchmarked to date



Staff survey results in 2019, show that there has been a 15% increase in staff reporting they have had access to learning and development opportunities over the last 12 months. This positive response reflects the time and investment the trust has put into providing and promoting training opportunities, including access to apprenticeships and functional skills training, Band 6 Nursing and AHP programmes, Management skills programmes and Specialist orthopaedic modules for nursing.

During 2020 the Trust is revising its Performance Management and appraisal process, with the aim of improving these outcomes.

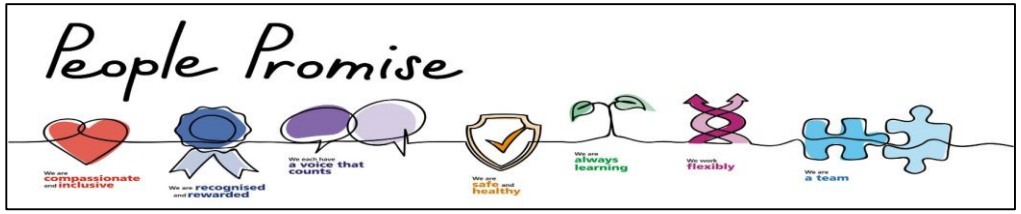
During the COVID-19 outbreak there was an initial decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. However this has gradually increased over the last 12 months despite additional waves.



Workforce – Experience and Engagement

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))

The results for the restarted People Pulse survey 21/22 Q4 have been shared with colleagues across the Trust and will be integrated into the National Survey results. All future work and analysis of results will be aligned to the People Promise. The People Pulse 22/23 Q1 was launched on the on April 5th and will run until 29th April. The People Pulse will include all permanent staff and bank staff.



National Staff survey (NSS)

The national staff survey results are currently being reviewed and key results have been shared with colleagues across the Trust. Focus groups continue will to be run on the 26th April & 4th May 2022.

OD and Inclusion Work

The actions from the CQC BAME Focus group have been confirmed with support form the Multi Minority Ethnic Group (MMEG) network and are now integrated into the ROH Inclusion Plan.

The EPIC Programme commenced on the 1st March 2022, with over 16 colleagues attending the course. The EPIC programme is enabling colleagues to be Inclusive Champions for colleagues, teams and patients across the ROH Trust. A post evaluation of the programme will take place after the final Module in July.

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future. The Mentor and Mentees workshops will commence on the 28th June & 18th August 2022 with Activity Group.

Our intern on the NHS 10000 Black Intern programme will be starting in the Trust in early June for six weeks. We have made contact with the individual Kiosha Sukie and will be organising meeting for colleagues to meet Kiosha in preparation for the internship starting. Kiosha will be supported by the OD and Inclusion Team and staff networks and a programme will be set up of areas that Kiosha will work in

The Me as a Manager programme is launching on the 27th April and so far 9 managers have signed up for the face to face session. This is an awareness session designed for all manager to understand the lifecycle of their employees. Action planning and support material to upskill managers in key areas will be provided.

The OD and Inclusion Team supported on the first module of Nursing and AHP Leadership programme which covered Inclusive Leadership

disability confident LEADER

The Trust has successfully completed Disability Confident Level 3 Leader accreditation in March and will continue progress through feedback from the assessment and with the inclusive recruitment project work.

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The team will completing the NHS Wellbeing diagnostic with support from the Wellbeing Guardian
- The next Health and Wellbeing event will take place on 3rd and 5th May 2022. Planning has started for this event to include support from colleagues around the Trust include staff networks and mental health support colleagues
- The funding for the BSol Wellbeing initiative of £27,000 has now been received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level
- A cost of living session was run for staff to feedback on ideas for supporting staff members who may be facing financial hardship in the coming months
- The Wellbeing Guardian attended the April Trust Wellbeing Implementation Group (TWIG) meeting to hear more about staff priorities linked to the NHS wellbeing diagnostic

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	4	4	16	↔	March 2022 Associate Director of Workforce and OD: No change in scores - The Trust continues to reiterate messages around the requirements for PPE for all staff. Requirement for risk assessments for unvaccinated staff continues to be reinforced. Risk assessment process being reviewed with support from IPC since revocation of mandatory vaccinations.	Ongoing	2	4	8	Mar-22
WF24	Workforce	Chief Executive	BAF and CRR There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	3	4	12	↓	March 2022 - Associate Director of Workforce and OD: During February there has been a decline in absence rates with a reduction of circa 27 long term absence cases across the Trust since January 2022. Stress related absence still the biggest cause for sickness absence and further work being undertaken in conjunction with local managers and wellbeing team to identify ways in which to further support the psychological wellbeing of staff.	Ongoing	2	4	8	Mar-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full. Full annual maintenance plan now in place commencing April 2022.	Estates maintenance schedule	4	5	20	↔	March 2022 Executive Chief Operating Officer update: 1st phase of Theatre maintenance to commence in April 2022. Risk will be reviewed with the Director of Estates once work has been completed.	Jan-22	1	5	5	Mar-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line. **March 2022 - Update: Trust now moving forward with Solution from Doctor Dr which will be provided through Clnical Portal. Web-based version available to use during interim.**	Apr-21	2	3	6	Mar-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	3	4	12	↔	March 2022 Executive Chief Operating Officer update: No change to risk due to OMICRON wave of pandemic and associated system support / capacity surge plans	Ongoing	2	4	8	Mar-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	March 2022 Chief Operating Officer update: UHB elective operating capacity at ROH continues. Spinal divert remains in place. Work with RJAH ceases on April 1st 2022 risk score will be reviewed following this transition back to BAU.	Ongoing	2	4	8	Mar-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:- 1.Lack of patching and monitoring 2.Presence of unsupported Systems 3.Poor access and password audit and management 4.Inadequate and untested incident management and disaster recovery processes 5.Poor cyber security user awareness and training.		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Full update on Cyber Security prepared and submitted to Finance & Performance Committee on March 26th. Improving Cyber Security Resilience Report has been prepared to provide assurances on critical controls to reduce the risks of ransomware and denial of service attacks as recommended by NCSC. \\gamma.local\users$\root\Washbournes\	Ongoing	2	4	8	Mar-22

1719	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	↔	Risk was added to BAF in January 2022.	Ongoing	2	3	6	Jan-22
PERFORMANCE																						
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic		Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	March 2022 Executive Chief Operating Officer update: February 66.90% - increased RTT since January 2022 and decrease in 52 weeks to 24. Trajectory to be reviewed/revised once activity plans agreed in April 2022.	Dec-21	3	3	9	Mar-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years		With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Draft Plan submitted to System is showing £12m organisational deficit within system deficit of £48m, prior to the allocation of reserves. Underlying deficit still remains at circa £23m deficit	Proposed for Closure/de-escalation	3	4	12	Mar-22

RISK CATEGORIES
- Financial health and sustainability
- Clinical excellence
- Patient safety
- Patient experience
- Workforce capacity, capability and engagement
- Systems, information and processes
- Regulatory compliance and national targets
- Equipment & estates
- Strategy and system alignment
- Reputation and brand

UPDATED: MARCH 2022

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday 1 June 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 1 June 2022 commencing at 0900h in the The Composers' Room at the Edgbaston Park Hotel, Edgbaston, Birmingham, B15 2RS.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Edgbaston Park Hotel, Birmingham, B15 2RS **Date** 1 June 2022: 0900h – 11000h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mrs Nicola Brockie	Acting Executive Chief Nurse	(NB)

In attendance

Mr Roko Skocic	Head of Patient Experience	(RS)	
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 4 May 2022: *for approval*	ROHTB (5/22) 022	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (5/22) 022 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (6/22) 001 ROHTB (6/22) 001 (a)	TP/JW
	5.1	Update from the Council of Governors meeting: 12 May 2022	Verbal	TP or SGL
0925h	6	Patient Experience update: *for assurance*	ROHTB (6/22) 002 ROHTB (6/22) 002 (a)	RS/NB
0940h	7	Outcome of patient stories 2021/22: for assurance	ROHTB (6/22) 003 ROHTB (6/22) 003 (a)	RS

0950h	8	Net Zero update: *for assurance*	ROHTB (6/22) 004 ROHTB (6/22) 004 (a)	PB
1030h	9	Non Executive succession, championships & engagement: *for assurance and approval*	ROHTB (6/22) 007 ROHTB (6/22) 007 (a)	SGL
1040h	10	Declaration to NHS Improvement – General Condition 6 – systems for compliance with licence conditions: *for approval*	ROHTB (6/22) 008 ROHTB (6/22) 008 (a) ROHTB (6/22) 008 (b)	SGL
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1050h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	ROHTB (6/22) 009 ROHTB (6/22) 010 ROHTB (6/22) 011	
	12	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (6/22) 012 ROHTB (6/22) 013 ROHTB (6/22) 014	
	13	COVID-19 outbreak conclusion	ROHTB (6/22) 015	
BREAK				
CONFIDENTIAL SESSION				
1115h	14	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 6 July 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO MAY 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓									
Kathryn Sallah	✓	✓									
Richard Phillips	✓	✓									
David Gourevitch	A	✓									
Simone Jordan	✓	✓									
Gianjeet Hunjan	✓	✓									
Ayodele Ajose	✓	✓									
Les Williams	✓	✓									
Jo Williams	✓	✓									
Matthew Revell	✓	✓									
Garry Marsh	✓	✓									
Phil Begg	A	✓									
Marie Peplow	✓	✓									
Stephen Washbourne	✓	✓									
Sharon Malhi	✓	A									
Simon Grainger-Lloyd	✓	✓									

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Edgbaston Park Hotel, Birmingham, B15 2RS **Date** 1 June 2022: 0900h – 11000h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mrs Nicola Brockie	Acting Executive Chief Nurse	(NB)

In attendance

Mr Roko Skocic	Head of Patient Experience	(RS)	[Items 6 & 7]
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 4 May 2022: *for approval*	ROHTB (5/22) 022	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (5/22) 022 (a)	SGL
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (6/22) 001 ROHTB (6/22) 001 (a)	TP/JW
	5.1	Update from the Council of Governors meeting: 12 May 2022	Verbal	SGL
0925h	6	Patient Experience update: *for assurance*	ROHTB (6/22) 002 ROHTB (6/22) 002 (a)	RS/NB
0940h	7	Outcome of patient stories 2021/22: for assurance	ROHTB (6/22) 003 ROHTB (6/22) 003 (a)	RS

0955h	8	Net Zero update: *for assurance*	ROHTB (6/22) 004 ROHTB (6/22) 004 (a)	PB
1010h	9	Non Executive succession, championships & engagement: *for assurance and approval*	ROHTB (6/22) 007 ROHTB (6/22) 007 (a)	SGL
1020h	10	Declaration to NHS Improvement – General Condition 6 – systems for compliance with licence conditions: *for approval*	ROHTB (6/22) 008 ROHTB (6/22) 008 (a) ROHTB (6/22) 008 (b)	SGL
		MATTERS TO BE TAKEN BY EXCEPTION ONLY		
1025h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	ROHTB (6/22) 009 ROHTB (6/22) 010 ROHTB (6/22) 011	
	12	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (6/22) 012 ROHTB (6/22) 013 ROHTB (6/22) 014	
	13	COVID-19 outbreak conclusion	ROHTB (6/22) 015	
		BREAK		
		CONFIDENTIAL SESSION		
1115h	14	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 6 July 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO MAY 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓									
Kathryn Sallah	✓	✓									
Richard Phillips	✓	✓									
David Gourevitch	A	✓									
Simone Jordan	✓	✓									
Gianjeet Hunjan	✓	✓									
Ayodele Ajose	✓	✓									
Les Williams	✓	✓									
Jo Williams	✓	✓									
Matthew Revell	✓	✓									
Garry Marsh	✓	✓									
Phil Begg	A	✓									
Marie Peplow	✓	✓									
Stephen Washbourne	✓	✓									
Sharon Malhi	✓	A									
Simon Grainger-Lloyd	✓	✓									

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Edgbaston Park Hotel, Birmingham, B15 2RS **Date** 1 June 2022: 0900h – 1230h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mrs Nicola Brockie	Acting Executive Chief Nurse	(NB)

In attendance

Mr Roko Skocic	Head of Patient Experience	(RS)	[Items 6 & 7]
Mr Amos Mallard	Head of Communications	(AM)	[Item 18]
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

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0925h	6	Patient Experience update: *for assurance*	ROHTB (6/22) 002 ROHTB (6/22) 002 (a)	RS/NB
0940h	7	Outcome of patient stories 2021/22: for assurance	ROHTB (6/22) 003 ROHTB (6/22) 003 (a)	RS

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MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1025h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	ROHTB (6/22) 009 ROHTB (6/22) 010 ROHTB (6/22) 011	
	12	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (6/22) 012 ROHTB (6/22) 013 ROHTB (6/22) 014	
	13	COVID-19 outbreak conclusion	ROHTB (6/22) 015	
BREAK				

CONFIDENTIAL SESSION				
1045h	14	Exclusion of the press and public	Verbal	Chair
	15	Declarations of interest on any matters in the private session	Verbal	ALL
	16	Minutes of the previous meeting in private held on 4 May 2022: *for approval*	ROHTB (5/22) 022 (P)	Chair
	16.1	Actions from previous meetings in private: *for assurance*	ROHTB (5/22) 022 (a) (P)	SGL
1050h	17	Chair and Chief Executive update on any confidential matters: *for information and assurance*	Verbal	TP/JW
1100h	17.1	Provider Collaborative and Birmingham and Solihull ICS update: *for information*	Verbal	TP/JW
1115h	18	Communications, marketing and promotion strategy: *for assurance*	Presentation	PB/ AM
1135h	19	Electonic Patient Record strategic outline plan: *for information*	Verbal	SW
1145h	20	Startpoint budgets 2022/23: *for approval*	ROHTB (6/22) 016 (P) ROHTB (6/22) 016 (a) (P)	SW
1155h	21	Oncology 'Refer a Patient' incident briefing: *for information*	ROHTB (6/22) 017 (P) ROHTB (6/22) 017 (a) (P)	SGL
1205h	22	Cloud migration update: *for information*	ROHTB (6/22) 018 (P)	SW
MATTERS FOR INFORMATION				
1210h	23	Committee minutes: • Quality & Safety Committee • Finance & Performance Committee • Staff Experience & OD Committee	ROHTB (5/22) 019 (P) ROHTB (5/22) 020 (P) ROHTB (5/22) 021 (P)	
1215h	24	Any Other Business	Verbal	ALL
	25	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 6 July 2022 @ 0900h			

Notes

Quorum

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Tim Pile (Ch)	✓	✓									
Kathryn Sallah	✓	✓									
Richard Phillips	✓	✓									
David Gourevitch	A	✓									
Simone Jordan	✓	✓									
Gianjeet Hunjan	✓	✓									
Ayodele Ajose	✓	✓									
Les Williams	✓	✓									
Jo Williams	✓	✓									
Matthew Revell	✓	✓									
Garry Marsh	✓	✓									
Phil Begg	A	✓									
Marie Peplow	✓	✓									
Stephen Washbourne	✓	✓									
Sharon Malhi	✓	A									
Simon Grainger-Lloyd	✓	✓									

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board (in Public) - DRAFT Version 0.4

Venue Westmead Hotel, Birmingham **Date** 4 May 2022: 0900h – 1430h

Members attending:

Mr Tim Pile	Chairman	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mr Garry Marsh	Executive Chief Nurse	(GM)

In attendance:

Mrs Alicia Stanton	Programme Manager, Strategy & Delivery	(AS)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	**Paper Reference**
1 Apologies	**Verbal**
Apologies were received from Sharon Malhi.	
2 Declarations of Interest	**Verbal**
It was noted that the register was available on request from the Company Secretary.	
3 Minutes of Board Meeting held in Public on 6 April 2022: *for approval*	**ROHTB (4/22) 023**
The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	

3.1 Actions from previous meetings in public: *for assurance*	**ROHTB (4/22) 023 (a)**
It was noted that there were no matters requiring escalation.	
4 Questions from members of the public	**Verbal**
There were none.	
5 Chair's and Chief Executive's update: *for information and assurance*	**ROHTB (5/22) 001** **ROHTB (5/22) 001 (a)**
It was reported that mutual aid had been requested for the system over the last few months in the form of ambulatory trauma. The Board was advised that this service had now been repatriated. Silver and Gold Command calls remained in place seven days per week given the ongoing operational pressures, particularly around Urgent & Emergency Care. The plan to celebrate the Platinum Jubilee was outlined and would link into the wellbeing events. Gianjeet Hunjan asked in terms of the Jubilee celebration whether Non Executives were invited. The Chief Executive advised that there would be a beacon lit on site and a ceremony was planned to which Non Executives were invited. The order was noted to be prescriptive as it was part of the wider commonwealth celebration. It was noted that the Chief Executive had attended a celebration at the Tower of London which had outlined the plans. There was reported to have been refurbishment of Ward 2 which was noted to now look impressive. There was reported to be some mentoring for candidates from the Multi Minority Ethnicity Group (MMEG) planned. There had been a discussion around this by the Executive Team. Gianjeet Hunjan welcomed this and offered her support. The accreditation for the armed forces covenant was being progressed. The Trust had joined the Birmingham Health Partners scheme. It was reported that the appointments to the Integrated Care Board's Executive posts had concluded and all were wished well with their tenure. There had been a joint meeting with all Chairs and Chief Executives of the NHS with the Chief Executive of NHS England to help develop and share plans. There was a sense that the public was disenchanted with the NHS at present given the operational performance overall and a national drive to address the backlog was planned which it was hoped would restore public confidence. The long term plan would be published in terms of progress, which included centralisation of procurement. It was suggested that a representative from NHSE/I join the Board to present the long term plan at an appropriate time.	

It was reported that 518 nominations had been received for the Blue Heart staff awards and a shortlisting process had been undertaken recently. The Chair and Chief Executive hosted the long service awards. There had been a meeting with Neil Ward, the new lead partner from Mills and Reeve LLP, the Trust's legal services provider. There had been a discussion on Provider Collaboratives recently and how this work would occur with between University Hospitals Birmingham NHSFT and Birmingham Community Healthcare NHSFT. The Chair advised that Non Executive appraisals would start on 5 May 2022, with a presentation to the Council of Governors planned for 12 May 2022.	
ACTION: **SG-L to work with colleagues to arrange for a member of NHSE/I to present an update on the long term plan to the Trust Board**	
6 Mapping the patient pathway: terms of reference: *for assurance*	**ROHTB (5/22) 002** **ROHTB (5/22) 002 (a)**
The Chief Executive presented the terms of reference for mapping the patient pathway, which encompassed the communications and marketing plans. A pathway group had been established and would include all of the Executive Team to provide oversight and input to the full approach. Various stakeholder groups would be involved with the work. This work would report to the Board. Les Williams asked if the work would pick up disadvantaged groups and asked if Primary Care and Public Health were involved in the work. Kathryn Sallah noted that quality and inequalities needed to be built into the pathway. It was agreed that these suggestions would be considered. Simone Jordan noted that effectiveness of patient interactions with professionals needed to be built into the plans. She was advised that patient experience was central to the plans. The Service Improvement Team capacity was suggested to be a key consideration for the delivery of the work. There was however, good expertise to deliver the work in terms of use of the Quality Service Improvement & Redesign methodology. In terms of cost, this would be assessed as part of the planning, particularly in terms of digital. The programme itself did not require funding. There would be a further progress update in September 2022. The Integrated Care System (ICS) would also be updated with the plans.	
ACTION: **JW to present an update on the Patient Pathway mapping work**	

at the September 2022 meeting	
7 JointCare update: *for assurance*	**Presentation**
The Board welcomed Alicia Stanton, Transformation Programme Manager to the meeting, who presented an update on the JointCare pathway, the work on which would feed into the Service Improvement Board. The Medical Director thanked Alicia for building such resilience into the primary hip and knee pathway and for the development of the improved service. Kathryn Sallah suggested that in terms of length of stay, Social Care could be factored into the processes to ensure that delays were minimised. She was advised that there was some work to understand of the packages of care needed on discharge prior to patients attending for treatment. The pre-operative work need to be linked into pathways and this process would be undertaken in a venue outside of the hospital. In terms of governance, it was noted that the work reported through into the Finance & Performance Committee and was detailed in the performance pack. It was suggested that additional staff may be needed to support the work around pharmacy and ward processes. The Chief Nurse noted that the 'Coffee Catch Up' initiative created an impetus for others to adopt this practice. The day case offering needed to be grown organically. It was noted that business cases had been approved to improve processes across the seven day week which would support the work. There had been recruitment to the management physiotherapists and by August/September there would be additional resource in post. It was suggested that visualisation of some of the investment around this work was needed. The Chief Executive noted that there had been some work to drive a greater level of efficiency and flow. It was noted that the Service Improvement Board would assist with this and created a level of challenge. With clear targets and the right level of data, there would be a drive for change. The Director of Strategy & Delivery thanked Alicia for her work and suggested that the ultimate aim was for the roll out to move into business as usual. David Gourevitch asked in terms of theatre start times, why starts were not as precise and timely as they should be. Alicia advised that there were delays in sending for patients and other processes and readiness presented a difficulty in finishing within the half an hour allowed prior to the first patient's procedure. This was echoed by the Chief Operating Officer who advised that there needed to be clarity on what needed to happen at what time as part of the preparation for theatre starting. There was learning from other industries needed and also some	

cultural changes required. The Chair noted that the presentation was excellent but noted that there was a set of activities that needed to be completed and he asked the Chief Nurse and Medical Director what the key interventions were seen to be. He was advised that the day case learning was important for the process and building normative behaviour. In terms of the nursing workforce the re-education of temporary and new staff on the requirements and behaviour was needed. David Gourevitch asked for a view in terms of the complexity of patients being treated overall at the ROH. The Medical Director noted that it was difficult to prove that there was a more complex level of patients, however an indication would be provided based on the complexity of coding; this was deeper in terms of diagnosis and procedure when compared to other district general hospitals or peers. Thanks were given to Alicia for her presentation and it was agreed that an update would be provided at the end of the year.	
ACTION: **MP to organise a further update of Joint Care to be presented at a future meeting**	
8 COVID-19 outbreak update: *for assurance*	**ROHTB (5/22) 003** **ROHTB (5/22) 003 (a)**
The Chief Nurse advised that there had been a COVID-19 outbreak on Ward 3 and the ward had been closed for four days. This had involved six members of staff and three patients, two of which would be classed as a nosocomial infections. All patients were asymptomatic. The outbreak would be closed. In terms of Ward 2, this had also been closed. Public Health England had complimented the ROH on the quality of the outbreak closure summary delivered. It was noted that the Clinical Commissioning Group would continue to use the national definition of an outbreak as applied to COVID-19 instances.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
9 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee** • **Audit Committee**	 **ROHTB (5/22) 004** **ROHTB (5/22) 005** **ROHTB (5/22) 006** **ROHTB (5/22) 007**
On behalf of the Finance & Performance Committee, Richard Phillips reported that the number of virtual clinics remained low and there was more work to do to address this. The Chief Operating Officer advised that this was due to the higher clinical appetite for physical appointments. Kathryn Sallah suggested that a cost	

and benefit analysis was needed to ensure that follow up appointments were standardised. There was also work being undertaken to ensure that any virtual clinics were captured across all specialities. It was noted that the ROH was not an outlier with its virtual clinic position. The Chief Executive noted that the clinical staff had a responsibility to decide how a patient should be seen in the context of the harm review process. Advice and Guidance and Patient Initiated Follow Up were also available and would drive the improvement.

There was reported to be continuing pressure on diagnostics, however there was some planning and capacity/demand assumptions being thought through to address this.

There had been strong performance against the activity plan despite the high level of 'Did Not Attend' cases and sickness levels.

The Trust had reported a financial surplus although this had been driven by non-recurrent funding and there remained an underlying deficit.

On behalf of the Quality & Safety Committee, Kathryn Sallah advised that the Medical Director had presented an outline of the Harm Review process at the Quality & Safety Committee. In summary, the Board was advised that the Trust had robust processes in place to review patients who were waiting longer than desired for treatment with a view to detecting any harm that may arise as a result. A questionnaire health check was also used which canvassed a view on whether the patient's condition had deteriorated on a regular basis and any changes to the patients' clinical condition would be used to inform the clinical prioritisation work. This work was triangulated to incidents and complaints. The Chief Executive noted that this was in the context of the constitutional standards which was known to the public, which together with the prioritisation framework added a level of complexity. The Trust was seen to be transparent through this approach.

Simone Jordan advised on behalf of the Staff Experience & OD Committee that the work around the Cost of Living crisis was underway. Sickness and turnover was a concern.

There had been a good presentation by a graduate trainee, which showed much opportunity for learning.

The staff survey response by the Medical Directorate had been considered.

It was noted that there had been an approach from another organisation in connection with the ROH's position against the Workforce Race Equality Standards (WRES) to understand what key interventions had been delivered to improve the position at the ROH.

On behalf of the Audit Committee, Gianjeet Hunjan noted that a formal lessons

learned report around the appointment of the auditors last year had been considered. There had been a discussion around the counterfraud return that had been made. The work around the draft annual report and account process was positive and there were timely discussions. It was noted that there was some time for scrutiny of the annual report and accounts before the final approval date of 14 June 2022.	
10 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	 **ROHTB (5/22) 008** **ROHTB (5/22) 009** **ROHTB (5/22) 010**
The performance reports were received and noted.	
CONFIDENTIAL SESSION	
11 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
Date of next meeting: Wednesday, 1 June 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 1 June 2022, Edgbaston Park Hotel, Birmingham

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 27.05.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.129	National Patient Safety strategy	ROHTB (12/21) 002	01/12/2021	Present the gap analysis against the Patient Safety strategy to the Quality & Safety Committee	GM	~~30/03/2022~~ 25/05/2022	**PROPOSE CLOSURE:** Considered at the ~~April~~ May meeting of the Quality & Safety Committee.	
ROHTBACT.134	Staff story	Presentation	02/02/2022	Provide an update on the patient story (February 22 Trust Board) investigation at a future meeting	GM	~~06/04/2022~~ 1/06/2022	**PROPOSE CLOSURE:** To be presented as a comprehensive update summarising updates of patient stories considered during 2021/22 at the ~~May~~ June meeting. **Rescheduled to June to allow feedback from the patient experience week to be included. Included on the agenda of the June 2022 meeting**	
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	~~06/04/2022~~ 01/06/2022	Rescheduled to the ~~May~~ June 2022 meeting as per the Board Topics update. **'Proof of Concept' considered at the May meeting of the Staff Experience & OD Committee where it was agreed that further work was needed to align to and include other workforce-related strategies. Due for presentation at the July 2022 meeting.**	
ROHTBACT.138	Patient story	Presentation	02/03/2022	Provide the Board with a summary of lessons learned from the patient case at a future meeting	GM	~~06/04/2022~~ 1/06/2022	See action ROHTBACT.134. **PROPOSE CLOSURE**	
ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	~~04/05/2022~~ 06/07/2022	Initial discussions planned through June with a view to a recommended scorecard for agreement at the July Board meeting	
ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	**See action ROHTBACT.137**	

ROHTBACT.144	Chair's and Chief Executive's update	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	06/04/2022	Present a summary report of the findings from the Ockenden report and the implications for the ROH at a future meeting	GM	06-Jul-22	To be considered by Quality & Safety Committee in June and Trust Board in July 2022	
ROHTBACT.145	Staff wellbeing update	Presentation	06/04/2022	Schedule in a further discussion around the cost of living crisis and staff wellbeing into a future meeting	SGL	06-Jul-22	ACTION NOT YET DUE	
ROHTBACT.146	Board topics 2022/23	ROHTB (4/22) 014 ROHTB (4/22) 014 (a)	06/04/2022	Revisit the Board Topics list to ensure that proposed timings were realistic	Execs	04-May-22	**Revisited and rescheduled some work more evenly across the year. SGL to recirculate the revised list.**	
ROHTBACT.147	Chair's and Chief Executive's update	ROHTB (5/22) 001 ROHTB (5/22) 001 (a)	04/05/2022	Work with colleagues to arrange for a member of NHSE/I to present an update on the long term plan to the Trust Board	SGL	07-Sep-22	ACTION NOT YET DUE	
ROHTBACT.148	Mapping the patient pathway: terms of reference	ROHTB (5/22) 002 ROHTB (5/22) 002 (a)	04/05/2022	Present an update on the Patient Pathway mapping work at the September 2022 meeting	JW	07-Sep-22	ACTION NOT YET DUE	
ROHTBACT.149	JointCare update	Presentation	04/05/2022	Organise a further update of Joint Care to be presented at a future meeting	MP	07-Dec-22	ACTION NOT YET DUE	

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**1 June 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		X

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

ROHTB (6/22) 001 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Public Trust Board on 1st June 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 4th May 2022 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We are looking forward to celebrating with colleagues at our two Jubilee events on site at the ROH: the Big Jubilee lunch on Monday 30 May 2022 held between 12pm-2pm with vendors, music, and activities and the Jubilee Beacon lighting, which is planned for the evening of 2nd June at 8pm-10pm. I am very grateful to our Jubilee planning group who have worked so hard to make sure both events are very special and our catering team who have designed a themed menu for Wednesday 2nd June 2022.

2.3 On Tuesday 23rd May 2022 we came together to celebrate and thank Mr David Marks, Consultant Spinal Surgeon for his incredible and dedicated service to the ROH and scoliosis spinal surgery as he retires from the ROH. His passion and commitment to his specialty, patients and families is truly inspirational and he has dedicated his career to Children's scoliosis since he was appointed in 1995. We are extremely proud and thankful for his remarkable contribution and we are grateful that he will continue to support colleagues at BWC (Birmingham Women's and Children's NHSFT) once he has returned from a well-deserved break!

2.4 On Wednesday 23rd May 2022, Garry Marsh, our Executive Chief Nurse commenced as Chief Nurse at University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) for 6 months. This is a fantastic opportunity for Garry and I am very grateful to Garry for offering to support UHDB. I am proud that his talent and expertise has been recognised outside of the ROH; this is a real testament to him and everything that he has achieved at the ROH. In the interim, we have asked Nikki Brockie, Deputy Chief Nurse to act up and Nikki has advertised a secondment opportunity to backfill the Deputy Chief Nurse role. I have also asked Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary to oversee and lead the Clinical Governance portfolio over this period. Thank you to both colleagues for stepping up and supporting the interim plans.

2.5 The annual appraisal process is due to conclude for the Executive Team with a summary report presented at the Nominations and Remunerations Committee in June 2022. This year's process has been hugely valuable, not only to reflect on our collection ambition and objectives for 2022/2023 but the enormity of what our teams have delivered over the last 12months whilst supporting our system partners and dealing with the COVID-19 pandemic.

2.6 On Friday 13th May 2022, I attended part of the Arthroplasty team away day and it was good to have an opportunity to listen to their ideas and plans, which the team have for the next 12months. I would like to thank the team for the invitation, it was great atmosphere and it was fantastic to see how the team work together.

3. BSol ICS (Integrated Care System) Updates

3.1 The ICS has organised a briefing on 14th June 2022 for governors across the Birmingham and Solihull area to receive a presentation from NHS Providers and NHSE/I on the planned refocus of the role of the governors at the new Health and Social Care Act comes into force. The key change at this stage appears to require the governors to represent the public as a whole within the area covered by their ICS rather than by individual constituencies, however the guidance is still evolving.

4 NHS England/Improvement (NHSE/I) National updates

4.1 On Thursday 19th May 2022, we received notification following the NHS England and NHS Improvement Board that the COVID response to the pandemic would be reclassified from a Level 4 (National) to a Level 3 (Regional) Incident on the national Emergency Preparedness Resilience & Response framework. We are reminded that the NHS needs to remain vigilant, and that local systems will need to ensure their resilience and capability to re-establish full incident responses in the event this is warranted. It is important that we now take this opportunity to 'step across' all our resources from a COVID-19 response to the recovery of patient access, outcomes and experience, and to reform for the future, with a clear focus on integrated care systems (ICSs) taking a lead in building on the lessons of the pandemic to do things in a better way.

5 POLICY APPROVAL

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

- VTE Prevention Policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

25 May 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Patient Experience update**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Acting Chief Nurse**
AUTHOR:	**Roko Skocic, Head of Patient Experience**
DATE OF MEETING:	**1 June 2022**

EXECUTIVE SUMMARY:

The attached presented shared progress with the development of the patient experience framework within the Trust.

It includes the governance for patient experience, from the patient through to Trust Board and highlights the various methods were test the patient's view of the care they have received at the ROH.

It also shared with the Board the successes of the recent Patient Experience week.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and note the update.

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

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

Compliance with legislation around complaints handling.

PREVIOUS CONSIDERATION:

The last update was provided to the Board on 2 March 2022.

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Patient Experience Department



Executive Sponsor: Nikki, Acting Chief Nurse

What is Patient Experience

- Patient experience is what the process of receiving care feels like for the patients.
- Understanding patient experience can be achieved through a range of activities that capture direct feedback from patients, service users, carers and wider communities. These are used alongside information on clinical outcomes and other intelligence to inform quality improvements, the way local services are designed and reshaped, and contractual arrangements with providers.
- We are ALL the Patient Experience. – YouTube





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Hello, we are Patient Experience Team



Ellie, Patient Experience Facilitator



Mirranda, Patient Experience Facilitator



Roko, Head of Patient Experience



Melissa, Patient Experience Assistant



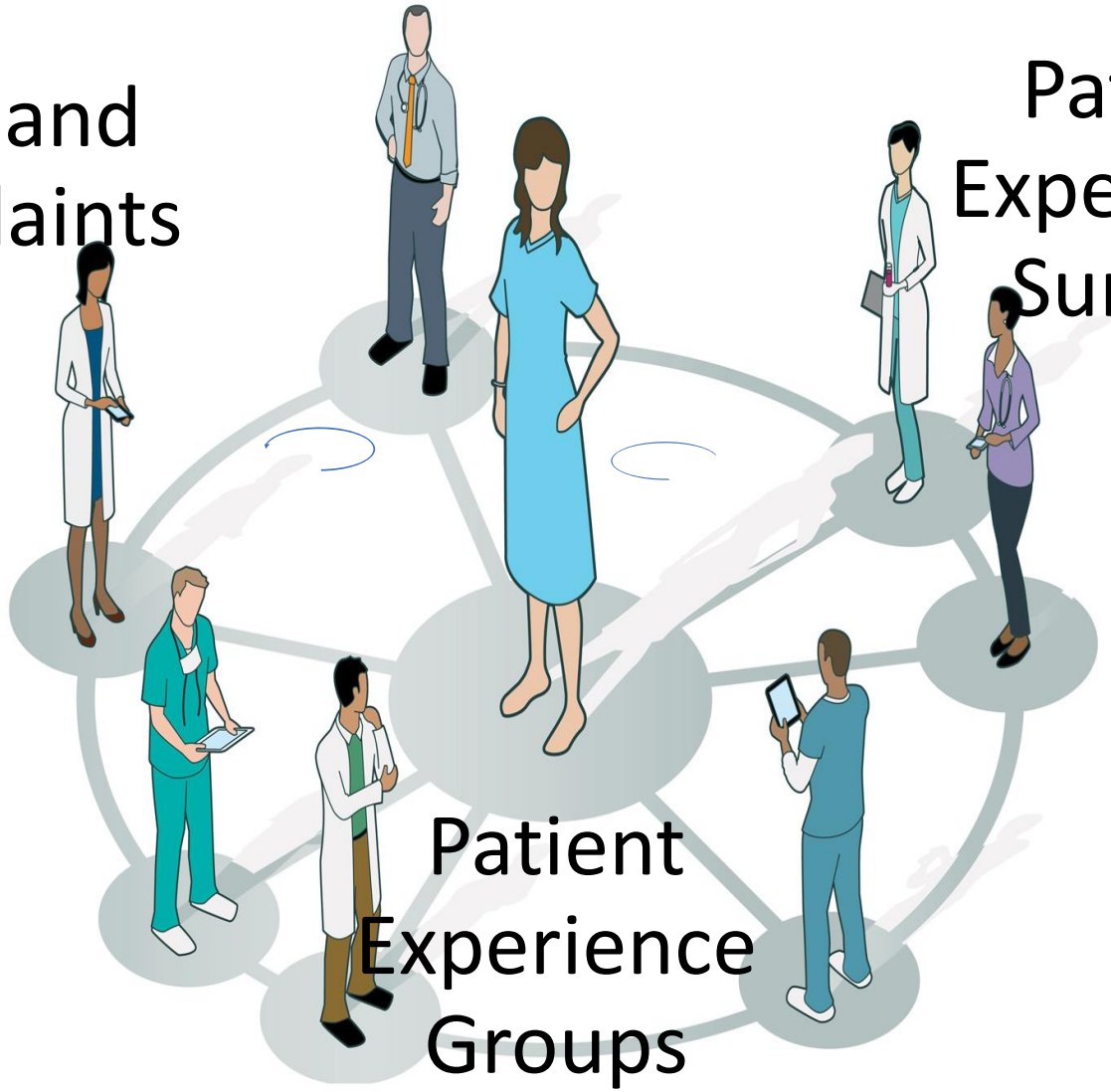
Sally, Volunteer Coordinator



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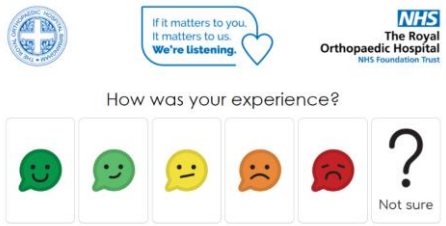
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How do we collect Patient Experience Feedback



Patient Experience Surveys

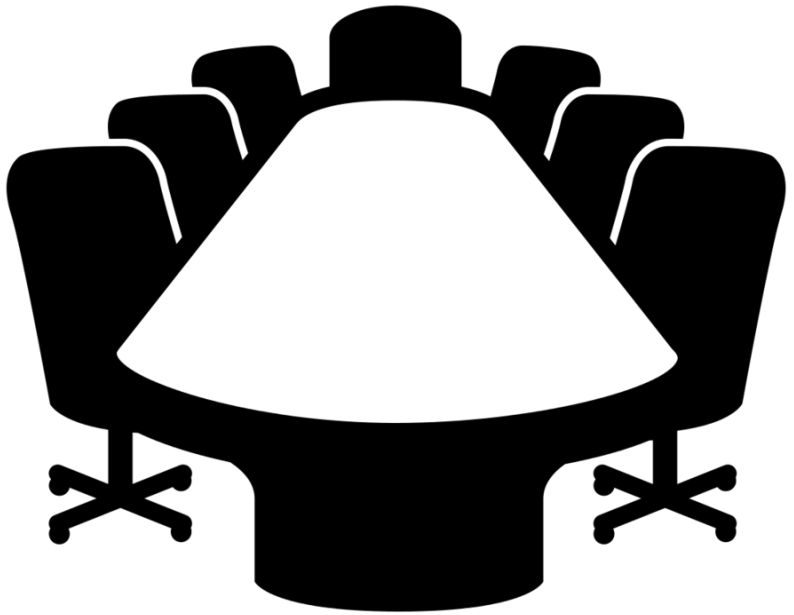






- Friends and Family Test
- Smiley Faces Feedback
- In-depth outpatient surveys
- CQC Adult Inpatient Survey
- 15 Step Challenge
- In-depth inpatient surveys

Patient Experience Groups



- Coffee Catch up- JointCare, Spinal, Oncology
- Youth Forum
- Learning and Disability and Autism Forum
- Patient Participation Group
- Patient Experience and Engagement Group



PALS and Complaints

- Feedback and comments from our patients
- PALS Enquiries
- PALS Concerns
- Informal Complaints
- Formal complaints







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''You Said ; We Did''



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Divisional Management Board

- Divisional Governance Meeting
- Action Plans
- PALS and Complaints

Patient Feedback

- Coffee Catch Up
- Smiley Faces Feedback
- FFT
- Surveys
- Patient Voice
- PALS and Complaints

Patient Engagement and Experience Group

- Patient Participation Group
- Young People Forum (First meeting in July 22)
- Learning Disability and Autism Group (First meeting in July 22)
- Patient Feedback

Quality and Safety Committee

- Quality and Safety Group
- Patient Engagement and Experience Group

Trust Board

- Annual Complaints and Patient Experience Report
- Patient Story

Public

- ''You said We did''
- Internet
- Reports
- posters

A Patient

Patient Experience Week April 2022

- The Patient Experience Team on the week of the 25th April 2022, had a stand in the Outpatient Department and outside The Café Royale promoting and celebrating Patient Experience.
- The team have promoted Coffee Catch up, Patient Participation Group, Youth Forum, Learning Disability and Autism Forum
- The team have handed over 400 business cards, 200 leaflets, 200 pens and notepads with the Patient Experience information
- The Trust have rolled out Smiley Faces feedback devices and In-depth surveys in all outpatient departments
- Bags with our Patient Experience pen, note pads, sweets, trolley coin and survey, wordsearch and PALS leaflet were given to all of the inpatients throughout the Patient Experience week

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When patients were asked, why is Patient Experience important, these were some of the responses we received

Patient Experience is the feeling that a patient has at the end of their time in the hospital and whether I feel better for it

Aids better and faster recovery and makes people want to come back

Patient Experience is easing up the intense/stressed feeling for patients and allowing them to feel their voices and opinions are heard and appreciated

So you get other people to use the hospital

To make them happy ☺

Patients Experience is important to me as we have one chance to get it right!



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When staff were asked, why is Patient Experience important, these were some of the responses we received

To make them happy ☺

Its why were here!
Delivering patient centred care. So knowing the land of experience they have had, helps us review and improve on the care we give to them.

Patient Experience is important to me because I will and have been a patient myself & to be dealt with efficiently and promptly uphill's confidence in our service & ensures the patient is treated accordingly.

We have one chance to make a great first impression!

To ensure they are provided with the best care and outcome

-To maintain and promote the good work and reputation of the Trust
-For our personal pride and achievement

If it is a good experience they will be happy and at ease. I could be the patient one day



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Work that was undertaken in the last year

GAP analysis on CQC Regulation 19.0. Receiving and responding on complaints

GAP analysis on new PHSO NHS Complaints standards

PALS Leaflets and PALS Posters translated on 5 main spoken languages spoken within our patient cohort

Smiley Faces Feedback survey rolled out

Close relationship was established with the Healthwatch Birmingham

Patient Groups have been established

The Trust have celebrated Patient Experience week

Annual Complaints Report and Patient Experience report 2021/2022

Patient Engagement and Experience Strategy 2018 to 2021 90% actions closed



Thank you

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Patient Stories 2021/22**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Acting Chief Nurse**
AUTHOR:	**Roko Skocic, Head of Patient Experience**
DATE OF MEETING:	**1 June 2022**

EXECUTIVE SUMMARY:

A routine part of the Trust Board agenda is to hear stories from our patients about their experience of care at the ROH.

An action was raised at a future meeting to summarise for the Board the actions that had been taken following the experiences reported, including lessons that may have been learned.

The slide deck attached provides the Board with a reminder as to the stories received during the previous financial year and details of the follow up activity as requested.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and note the update.

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

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

Good governance and demonstration of a learning culture.

PREVIOUS CONSIDERATION:

Board stories for 2021/22.



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Board Patient Stories 2021/2022

Author: Roko Skocic, Head of Patient Experience

Executive Sponsor: Nicola Brockie, Acting Chief Nurse



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June 2021- End of Life Audit in the Context of Covid 19 April- June 2020

Situation

- In the period April to June 2020, 21 patients died on a number of different wards
- There were immense pressures on staff working through a pandemic and caring for dying patients
- Five patients were identified for inclusion in the audit of end of life care; they were cared for in a number of locations. 100% of patients' documentation met the required standard in 10 of the 12 criteria for end of life documentation.
- There was evidence of multi-disciplinary working and decision making
- There was evidence of extraordinary efforts made to ensure families were able to be in communication with patients when visiting was not possible due to Covid-19 restrictions and staff supporting grieving families in every possible way.

Areas of improvement

- In one case there was no evidence of MDT discussion
- In one case there was no evidence of capacity assessment
- In one case there was no evidence of bereavement information being given
- None of the patients records included the End of Life Care Plan document

Recommendations and actions

- The End of Life Care Guidelines be reviewed and updated to include the new end of life care documentation 'Optimising Care at the End of Life'.
- Staff training in End of life care be available on e- learning via ESR

Lessons Learned



Guidelines reviewed, optimising care at the end of life included, submitted and awaiting final approval from CQG



E-learning for health training modules identified & piloted by McMillan Nurse Matron, tested by Ward staff, now on ESR for easily accessible training, Ward Managers and Matrons aware



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September 2021- Patient seen in the POAC following Outpatient Appointment

Situation

- Patient said they were having thoughts of harming the assessment nurse
- The patient made it clear that they did not want to act on these thoughts but was worried they might
- Patient had a history of violence and had been in prison as result
- They were able to tell the nurse medical history which demonstrated a range of social care issues
- The patient did not have close family or friends to relay on for help
- A reduction in benefits had lead to the decease in their mental and physical health

Action

- Staff excused themselves from the assessment room and advised staff of the situation
- They spoke with the ward mental health first aider staff contacted his GP, social worker, community mental health worker and RAID (rapid assessment, interface and discharge) mental health team.

Outcome

- The patient was informed and consented to being seen by RAID saying he really wanted help
- The patient was transferred to UHB and assessed
- The patient had a medication review
- His benefits were reviewed which allowed him the care he needed
- He came back and had the surgery he needed

Lessons Learned



Most staff had never had to involve the emergency services for a patient experiencing an episode such as this



There were complex social aspects that had to be worked through which was upsetting for the team but there were some resolutions put in place immediately



Staff discussed how they placed themselves between the door and the patient for their safety and this also led to a review of desk placements in other assessing rooms as it became clear that some placements meant that the staff member could be trapped in a room by a patient, this was easily rectifiable but had not been highlighted as a risk prior to seeing this patient



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October 2021- Contextual Safeguarding and Young Adult Patient who was at risk of exploitation

Highlight of story → **Situation**

- The story highlighted the difficulties young people can face when transitioning into adult services.
- When they reach the age of 18 years the support networks and agencies they are familiar with or access cease to exist as they do not meet the criteria for Children's Services support any longer.
- It was focused on the difficulty all agencies can have when a patient does not engage with them, but how information sharing and multi-agency working is important .

- 18-year-old with unstable Type 1 Diabetes was initially reviewed in OPD in July 2020 when they were 17 years old and the first contact form indicated that they were under social services on a child in need plan.
- At the time the social worker indicated no current concerns. However, it was identified that they had "missing episodes", lack of parental supervision and "risky" friendship groups. These concerns are indicators of child exploitation. Professionals indicated that they struggle to engage her with services.



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What could have been done better?

- When patient attended main outpatient's department first time, it was identified that they were on a child in need plan and the Social Worker was contacted and agreed to email the plan to hospital. This was never received or recorded in patient documentation.
- Highlighted the "cliff edge" that there is for young adults when they reach the age of 18 years old.
- Harm and its effects do not abruptly end at 18, however professional support may do. Transition to adulthood is a particularly challenging and vulnerable time, young people may need care and support without having care and support needs
- Lack of engagement should not conclude in closing cases particularly if the person is still at risk of harm.
- It could be argued that due to the young adult experiencing child exploitation for years that they may not have the capacity to make informed decisions as the continue to be coerced and controlled.



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What will we do to avoid a repeat of this event or to promote care and improved patient experience regarding safeguarding?

- Sharing of good practice via relevant meetings using patient story.
- Lessons from Serious Case Reviews highlight the importance of early planning and preparation for transitions / independence.
- A recurring theme was a lack of clarity for young people regarding their future living situation due to upcoming move or transition to adult services.
- Safeguarding Named Nurse has requested that training for staff around transition to be included in Safeguarding Champions



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How did we embed learning across the organisation ?

- Patient story shared by Transition CNS at Safeguarding Champions Day June 2021 and 'Admin Matters' Forum in February 2022
- Details of patient story included in Transition quarterly report to CYP Board.
- Contextual Safeguarding and difficulties included in Transition Champions study day September 2021 with external speaker presenting.



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December 2021- The ROH involvement in some domestic abuse

Situation

- Elderly patient disclosed she was experiencing coercive control, financial and emotional abuse by her two adult children during her inpatient stay following a hip replacement. Patient had capacity and made the decision to return home to live with her children. Although, this is what appeared to be an "unwise" decision, Discharge liaison sister, named nurse and staff nurses worked together to ensure when she returns to the community she has support. This required multiple internal and external professional discussions to reduce risks for patient before discharge. Patient praised us on discharge stating she was extremely grateful for the wonderful care, kindness and support we provided to her.

Issues Raised

- Issues raised was around time needed to ensure patients with complex safeguarding concerns. The Safeguarding team have seen a 73% rise in the last year of safeguarding concerns being raised. It was acknowledged by the board that consideration for additional support to be provided to the safeguarding team which could include: restorative supervision for safeguarding team following distressing cases to manage their wellbeing and consideration for funding for additional staff to join safeguarding team.

Actions

- Safeguarding Lead currently working on a business plan to request investment in the safeguarding team for more staff.
- Director of Corporate Affairs and Company Secretary offered support for investment for restorative supervision
- Named Nurse and SG lead to gather further information in terms of costs



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How did we embed learning across the organisation?

- Domestic Abuse audit undertaken by Named Nurse this year to provide assurance around staff awareness and understanding in responding to victims of Domestic Abuse
- 68 Domestic Abuse champions have been trained across the Trust (clinical and non-clinical)
- All Domestic Abuse Policies and guidance have been updated
- The direct question to patients regarding Domestic Abuse is now imbedded into key areas such as: POAC, ADCU, Physiotherapy and OPD



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February 2022- Patient Journey tough preoperative to postoperative experience and care

Situation

- Patient was referred to the ROH in 2019 following refusal of other 2 hospital due to the complex knee surgery and problems
- Patient have had a knee surgery in 2021
- Patient have a history of other complex health issues
- Patient felt intense pain postoperatively, the staff did not recognised symptoms of pulmonary embolism and treatment was not provided in that instance

Action

- Patient was reviewed in the first instance by on-call SHO, SHO believed to be focal seizures as symptoms improved following medications
- Patient was discussed with the haematology consultant in QE and advised to continue medication as per protocol, patient was discharged home
- The ROCS Team visited patient and contact ambulance as patient did not feel well
- The VTE RCA was undertaken and the patient case was fully investigated

Outcome

- Following medical notes review and the VTE RCA undertaken by Trainee Advanced Clinical Practitioner in Spines the outcome was that the patient VTE was unavoidable
- Action plan was developed to try and stop this situations of happening again

What did we as the Trust do to improve this patients stay in hospital?

Patient did not need to start a formal complaint or investigation, as the ROH have undertaken VTE RCA

The RCA has had some errors but has been completed quickly and the follow up has been good as the patient was invited to have meeting to discus their concerns.

Patient no longer feel that any benefit would be gained by progressing a SORI or commencing action for Clinical Negligence.

Patient was invited to the Coffee Catch up following surgery , where they shared their experience and patient is now active member of the Patient Experience and Engagement Group where they help us improve our services

Learning from this incident

- Haematology input preoperatively for patients with known clotting disorders in order to ascertain the risk for each patient individually and appropriately risk assess them regarding VTE prophylaxis.
- Review the process of Clinical review of chest pain and shortness of breath with reduced saturations. This is an area for learning and where the diagnosis and treatment of this patients VTE could have occurred in a timelier manner. It would not have prevented the VTE.
- The lack of the patient's previous medical history within the VTE risk assessment did not affect the patients outcome in this case but there is further learning for the teams involved as in a future patients case it could.



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March 2022- Patient Journey throughout 2 surgeries at the ROH

- 2015 was first time the patient spent time in hospital since small child. The overall experience was excellent most of the time.
- Staff were incredibly caring.
- The food was really good
- The ward and facility were always clean.
- The ability to have hydrotherapy certainly helped recovery.
- 2021 was during the Covid crisis. It was understandable that there would be an impact on the service.
- Even though staff were obviously over stretched and tired, they continued to be professional and on the whole very caring.
- The food remained very good, with a good selection. This was more important on this stay than last, because without visitors there was no incoming supplies.
- Patient was more lucid on this visit, so was more aware of being transported around the hospital for different services. Even our non-medical staff go above and beyond, being incredibly friendly and talkative



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Situation

- Patient had had two operations at the ROH, one in 2015 and one in 2021
- Both surgeries had been complex knee replacement
- Patient have had mostly positive experience whilst in the ROH
- Negative experiences were about staff not listening to her and her pain experiences as disabled patient

Outcome

- Patient was invited to the JointCare Coffee Catch up following surgery
- Patient have shared their story on the JointCare and her experience was feedback to all Ward staff to reflect



Thank you

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Net Zero update**
SPONSOR (EXECUTIVE DIRECTOR):	**Phil Begg, Director of Strategy & Delivery**
AUTHOR:	**Stuart Lovack, Deputy Director of Delivery**
DATE OF MEETING:	**1 June 2022**

EXECUTIVE SUMMARY:

This report provides an update on progress with key activities to deliver the Trust's Net Zero strategy that was considered by the Trust Board earlier in the year.

REPORT RECOMMENDATION:

The Trust Board is asked to receive and note the update.

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

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

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

Compliance with the overall NHS Net Zero strategy

PREVIOUS CONSIDERATION:

February 2022.



A Greener and sustainable NHS

ROHTB (6/22) 004 (a) Professor Phil Begg, Executive Director of Strategy and Delivery

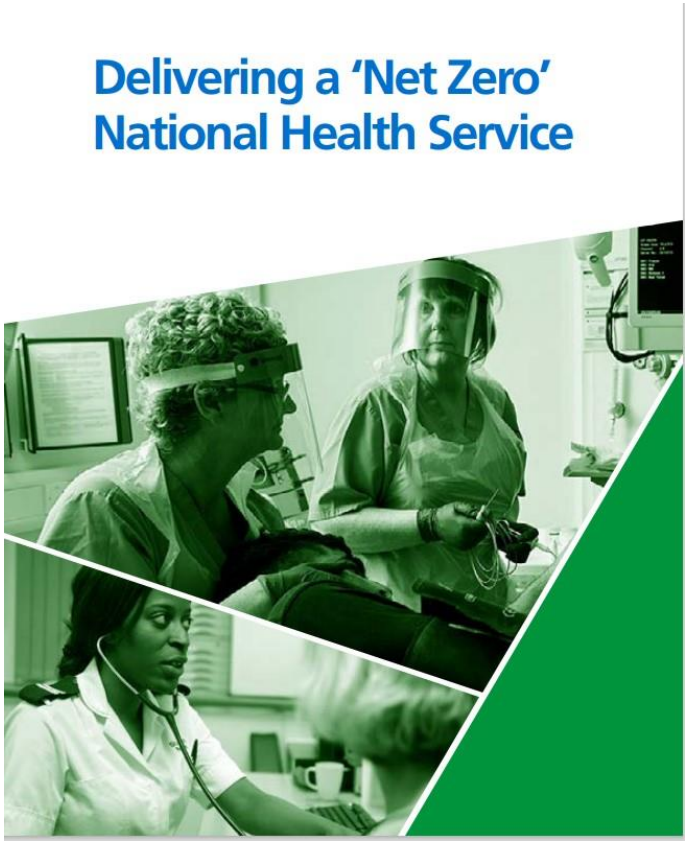
The NHS Net Zero Strategy (Oct 2020)

- **Our aim is to be the world's first net zero national health service.**

- We have set two targets:

  – For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;

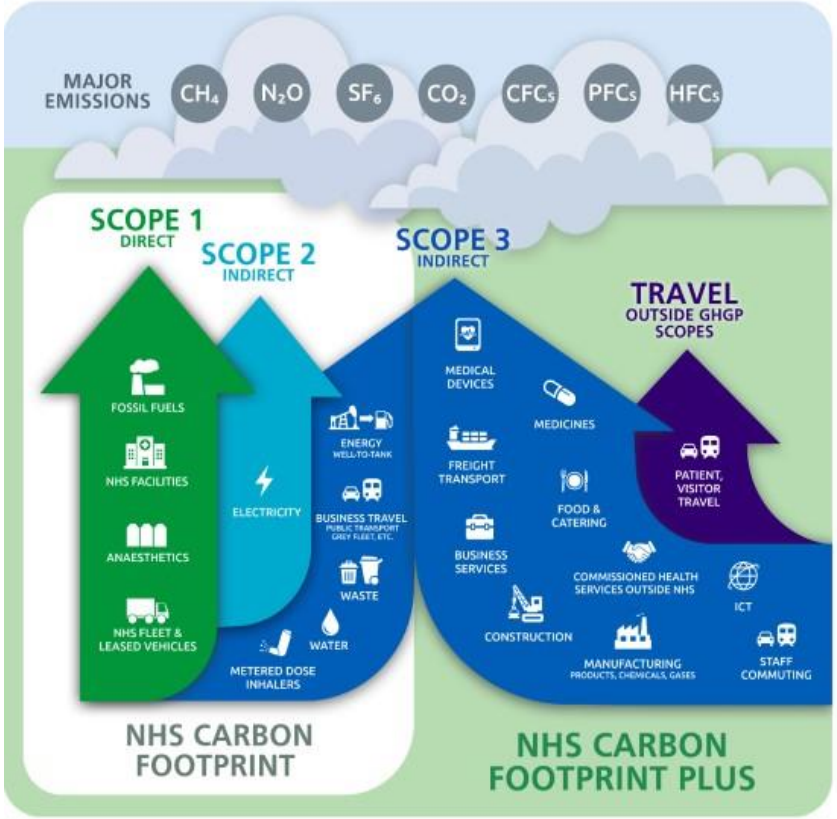
  – For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.



What is in scope?

The Greenhouse Gas Protocol (GHGP)25 scopes cover a wider set emissions, and support international comparison and transparency:

- GHGP scope 1: Direct emissions from owned or directly controlled sources, on site
- GHGP scope 2: Indirect emissions from the generation of purchased energy, mostly electricity
- GHGP scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.



The NHS Decarbonisation Plan

- **A number of early steps will be taken to decarbonise:**
- **Our care**: By developing a framework to evaluate carbon reduction associated with new models of care being considered and implemented as part of the NHS Long Term Plan.
- **Our medicines and supply chain**: By working with our suppliers to ensure that all of them meet or exceed our commitment on net zero emissions before the end of the decade.
- **Our transport and travel:** By working towards road-testing for what would be the world's first zero-emission ambulance by 2022, with a shift to zero emission vehicles by 2032 feasible for the rest of the fleet.
- **Our innovation:** By ensuring the digital transformation agenda aligns with our ambition to be a net zero health service, and implementing a net zero horizon scanning function to identify future pipeline innovations.
- **Our hospitals:** By supporting the construction of 40 new 'net zero hospitals' as part of the government's Health Infrastructure Plan with a new Net Zero Carbon Hospital Standard.
- **Our heating and lighting:** By completing a £50 million LED lighting replacement programme, which, expanded across the entire NHS, would improve patient comfort and save over £3 billion during the coming three decades.
- **Our adaptation efforts:** By building resilience and adaptation into the heart of our net zero agenda, and vice versa, with the third Health and Social Care Sector Climate Change Adaptation Report in the coming months.
- **Our values and our governance**: By supporting an update to the NHS Constitution to include the response to climate change, launching a new national programme For a greener NHS, and ensuring that every NHS organisation has a board-level net zero lead, making it clear that this is a key responsibility for all our staff.

Figure 2: Sources of carbon emissions by proportion of NHS Carbon Footprint Plus

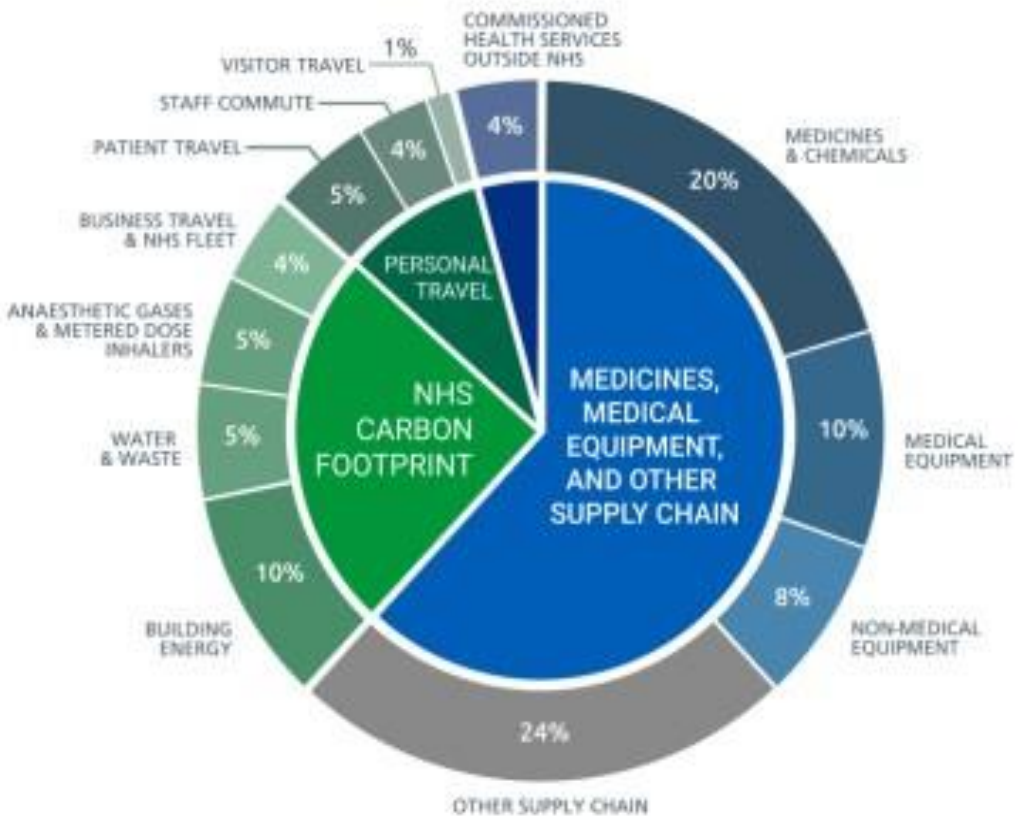
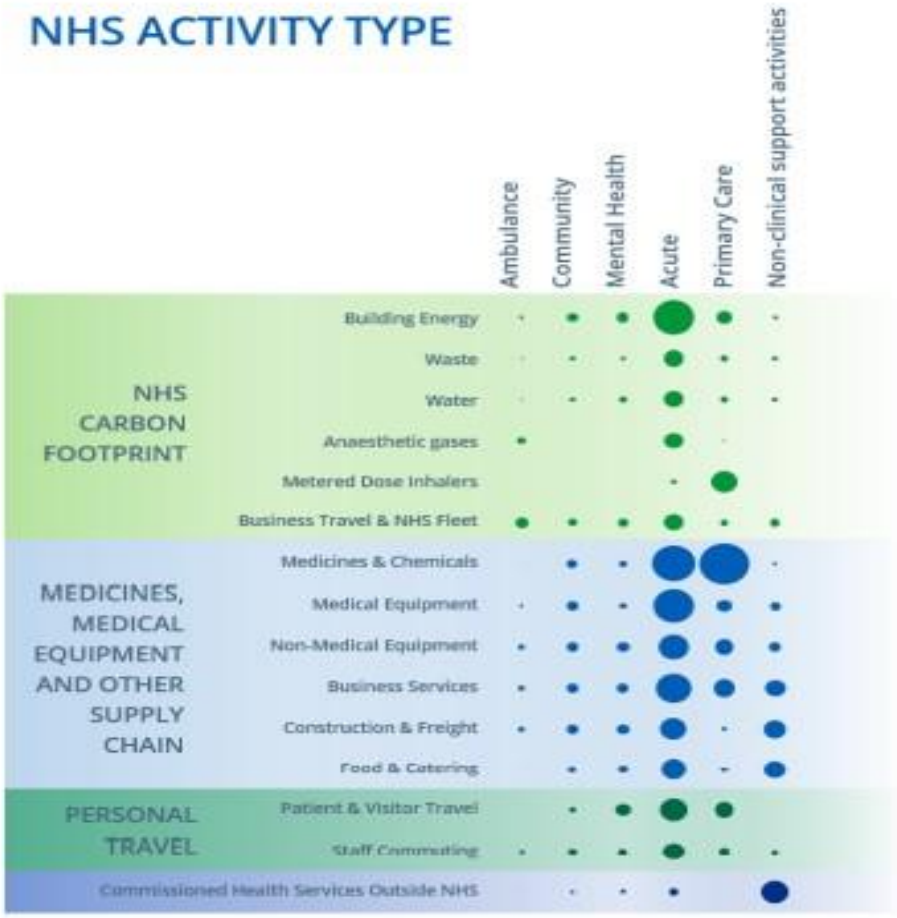


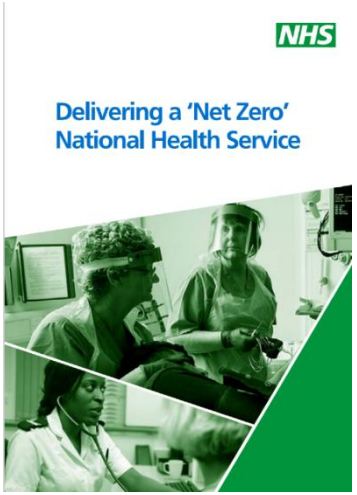
Figure 3: Sources of carbon emissions by activity type and setting of care



A Greener, Net Zero NHS

- Medicines and medical devices represent about 25% of the NHS's carbon footprint and half of procurement emissions (4.5 million tonnes)
- A small number of medicines account for a large portion of the emissions, where these occur at the 'point of use'
  - anaesthetic gases - 2% of emissions
  - Metered dose inhalers - 3% of emissions
- The remaining 20% of emissions are primarily found in the manufacturing and freight inherent in the supply chain
- The NHS Long Term Plan set targets for the transformation of inhalers and anaesthetic gases





Inhaled Anaesthetic Gases

- Inhalation anaesthetics are greenhouse gases (GHG) and contribute to climate change
- The impact of a GHG on climate change depends on three main factors:
  - How much is in the atmosphere
  - How long it stays in the atmosphere
  - How strongly it impacts on the atmosphere
- A combination of these three factors is used to calculate the Global Warming Potential (GWP)
- GWP_{100} is the GWP of a gas compared to carbon dioxide over a 100 year period

Anaesthetic Gas	Ozone Depleter	Greenhouse Gas	Atmospheric Lifetime	Global Warming Potential (GWP_{100})
Nitrous Oxide	✓	✓	114 years	**298**
Isoflurane	✓	✓	2.6 - 5.9 years	**510**
Sevoflurane		✓	1.1 - 5.2 years	**130**
Desflurane		✓	8.9 - 21.0 years	**2540**

Adapted from: McGain F et al. British Journal of Anaesthesia, 125 (5): 680e692 (2020)
Varughese S, Ahmed R. Anesthesia & Analgesia: April 15 2021

Greener Anaesthesia

Association of Anaesthetists

- Avoid nitrous oxide wherever possible, use oxygen/air as a carrier gas
- Avoid use of desflurane except for rare occasions when its use is really necessary
- Use low flow anaesthesia (max 1.5 l/min) during maintenance in all cases
- Use a total intravenous anaesthesia technique
- Use central neuraxial block or regional anaesthesia



Royal College of Anaesthetists Anaesthetic Impact Calculator – available from iOS and Android

eLearning for Health online module

Net Zero Supplier Roadmap

From April 2023: the NHS will adopt the Government's 'Taking Account of Carbon Reduction Plans' (PPN 06/21), requiring all suppliers with new contracts for goods, services, and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions

From April 2024, the NHS will expand this requirement for all new contracts, irrespective of value

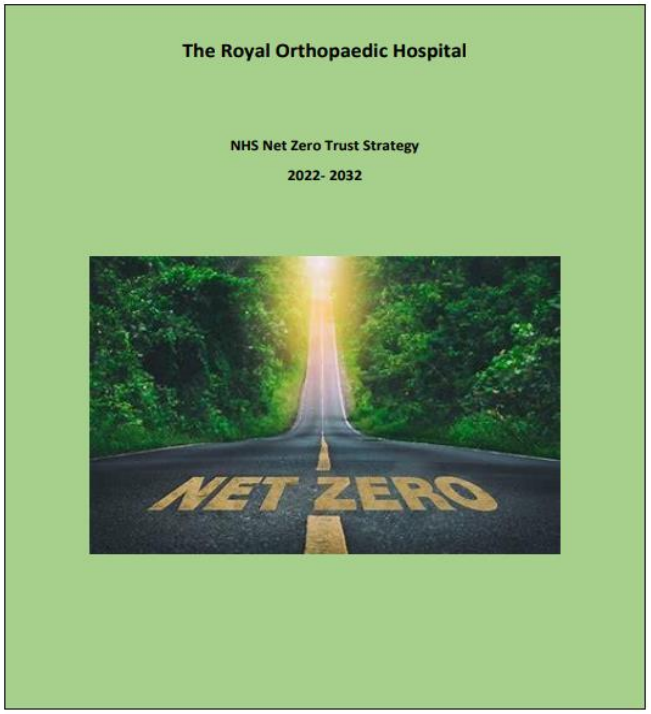
From April 2027: all suppliers with contracts for goods, services, and/or works for any value, will be expected to publish a carbon reduction plan that takes into account the suppliers' direct and indirect emissions.

From April 2028: new requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.

From 2030: suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework. (Source: "Delivering a net zero National Health Service – NHS England and Improvement)

The ROH Net Zero Strategy

- In February of 2022 the ROH Trust Board approved the ROH NHS Net Zero Trust Strategy
- 10 Work streams
  - Workforce and system working
  - Sustainable Models of Care
  - Digital Transformation
  - Travel and Transportation
  - Estates and Facilities
  - Medicines and Anaesthetics
  - Supply Chain and Procurement
  - Food and Nutrition
  - Adaptations
  - Communications
- A 10 year ambitious Plan



This Year (Year 1)

- Formal Launch
  - July 2022
  - Sustainability week
  - Targeted activities
    - Switch it off
    - Travel Plan
    - Using Technology
    - Helping the NHS meet its targets







Achievements to date 2022/23

- 10 Electric car charging points across staff and public car parking;
- 2 dedicated Electric fleet vehicle car charging points;
- All new and refurbished buildings have either LED lighting and/or PIR sensors;

  Ward 2 – complete

  POAC – complete

  Second MRI - complete

  Knowledge Hub – complete

  Ward 1 – August 2022

Achievements to date 2022/23

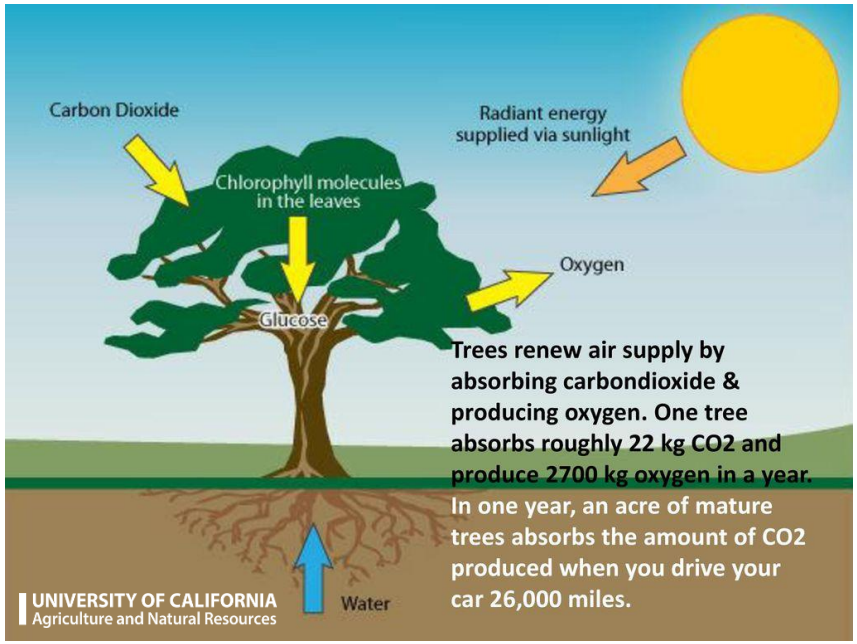
- New solar panels on OPD roof, providing hot water for Outpatients Department;
- Installation of modern plate heater exchanger in ADCU plant room;
- Food sourcing closer to hospital;
- Appointment of a dedicated Waste Manager;
- Reduction in food waste;
- Increased recycling of all other waste;

Achievements to date 2022/23

- Active review of inhaled medical gases with Pharmacy and Anaesthetic teams;
- Review of Nitrous Oxide gas usage

Cont……

- Our campus ecology
  - 76 trees on The Woodlands Site in 2021;
  - 40 new fruit trees planted in the past year;
  - Herb garden created;
  - Bird boxes installed;
  - Bug boxes installed;
  - Wildflower meadow planned



The ROH Green Group

- Good representation but needs to be expanded to a wider audience;
- Executive sponsors agreed for each workstream;
- Each workstream will have a work plan for the next 10 years
- Board oversight
  - F&P
  - Trust Board
- Annual Report will include update from 2023 onwards

The Financial Challenge !

- The ROH Estates Strategy needs to address sustainability;
- The ROH Estates Strategy needs to include the demolition of old building stock;
- The ROH needs to invest in alternative energy solutions;
- The ROH needs to invest in new energy efficient buildings;

The ROH Challenge !

- What can you do as an individual ?
- What can we achieve collectively ?
- Are there somethings you can change in your everyday clinical practice ?
- What corporate ideas do you have for the Trust to help reduce our carbon emissions?

Resources

- Delivering-a-net-zero-national-health-service.pdf (england.nhs.uk)
- NHS England and NHS Improvement. Greener NHS campaign to tackle climate ‘health emergency'. 2020.
- Salas RN, Shultz JM, Solomon CG. The Climate Crisis and Covid-19 - A Major Threat to the Pandemic Response. N Engl J Med 2020; 383(110: e70.
- Belesova K, Heymann DL, Haines A. Integrating climate action for health into covid19 recovery plans. BMJ 2020; 370: m316.
- UNFCCC. Paris Agreement. 2015.
- World Health Organization. Climate and health country profile - 2015 United Kingdom. 2015.
- NHS Sustainable Development Unit. Reducing the use of natural resources in health and social care. 2018.
- NHS Sustainable Development Unit, Stockholm Environment Institute. NHS England carbon emissions carbon footprinting report. 2008.
- World Business Council for Sustainable Development, World Resources Institute. The Greenhouse Gas Protocol: a corporate accounting and reporting standard (revised edition). 2015.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Non Executive Succession, Championship and Engagement**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**1 June 2022**

EXECUTIVE SUMMARY:

This paper covers three subjects related to the operation of our Non Executives:

- The plan for succession of those Non Executives whose terms of office are due to expire incoming months, most notably, those of the clinical Non Executives
- A suggested approach to the rationalisation of Non Executive championship roles, based on guidance from NHS England
- Activities, particularly associated with engagement of Non Executives, planned over coming months

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and ACCEPT this report
- NOTE the planned approach to Non Executive succession planning and recruitment
- APPROVE the proposed approach to Non Executive championships
- SUPPORT the proposed approach to Non Executive activity and engagement

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

Note and accept	Approve the recommendation	Discuss
X	X	

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

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

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

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

Compliance with the terms of the Trust's Constitution and Code of FT Governance

PREVIOUS CONSIDERATION:

June 2021

NON EXECUTIVE DIRECTOR SUCCESSION, CHAMPIONSHIP AND ENGAGEMENT

Report to the Trust Board in public on 1 June 2022

1 BACKGROUND

1.1 The last update to the Board on the role of the Non Executive contingent of the Trust Board was in June 2021 when the process for the appointment of the Vice Chair and Senior Independent Director roles had been completed. Since then, there has been a period of stability on the Board, however this is likely to change given that the terms of office of a number of Non Executives are due to conclude within the next 6-9 months. Succession planning and recruitment into key Non Executive roles will therefore be critical. The approach being taken is outlined in this report

1.2 As had been trailed for a number of months, NHS England/Improvement opined in December 2021, on what was becoming an increasingly burdensome set of additional responsibilities and championships that Non Executives were being asked to shoulder in an increasingly complex regulatory and risk-conscious environment. This report will summarise the conclusions to this piece of work and outline a proposed approach for the Board to consider.

1.2 Finally, ongoing pressures of the COVID-19 pandemic have presented challenges for the Non Executives in terms of seeking assurance around the performance and 'temperature' of the organisation using traditional means such as walkabouts, informal visits and by joining some of the corporate fora to triangulate the information they receive at Board and Committee meetings. As the country and the NHS learn to 'live with COVID', processes will evolve or revert to practices in place prior to the pandemic and this report makes some indications as to how this may look in coming weeks and months.

2 NON EXECUTIVE SUCCESSION

2.1 According to our Constitution, as it is for most other NHS foundation trusts, Non Executive Directors are employed for an initial term of three years, with the option to be reappointed on agreement by the Council of Governors, for a further term of three years. There is an option to extend the contracts of the Non Executives by a further year on year basis thereafter, providing that the Council of Governors are satisfied that the individuals remain independent and there is a compelling need for the extension, such as in times where there is a need for overriding stability or to maintain continuity of oversight on a particular issue. This approach has been supported by our Council of Governors from time to time, particularly when the organisation was subject to performance undertakings set by NHS Improvement some years ago.

2.2 A table summarising the terms of office for Non Executive Directors is attached as Appendix A which shows that the terms of office for three Non Executives conclude in early 2023, including those of our two clinical Non Executives, Kathryn Sallah and David Gourevitch.

2.3 Given the imperative for continuity of clinical oversight, in spring of this year, the Trust, with the support of the Council of Governors, engaged Saxton-Bamfylde to lead the recruitment process for two new clinical Non Executives. The process to choose the recruitment agency followed due process and alternative providers were considered.

2.4 The recruitment advertisement for the new clinical Non Executives makes it clear that one of the individuals will be the successor Chair of the Quality & Safety Committee, a role that has been undertaken by Kathryn Sallah since 2015.

2.5 The recruitment process culminates in a selection process in July/early August which involves the Council of Governors, given their statutory role in approving the appointments of Non Executives. This timing will allow an opportunity for the individuals to embed themselves and participate in a handover prior to the departure of the existing clinical Non Executives.

2.6 Although priority has been given to the recruitment of replacement clinical Non Executives, consideration is also being given to the post currently occupied by Richard Phillips whose term of office is also due to conclude in January 2023. The overriding consideration with this role will be the need to ensure that the skill set, composition and experience of the Board is appropriate for the future direction of the Trust.

2.7 Other Non Executives and the Chair are currently working through their first term of office, although some have undertaken previous roles on the Board as Associate Non Executives or in the case of the Chair, as a Non Executive Board member.

3 CHAMPIONSHIPS

3.1 There have been a range of issues which at various times, have required additional Board-level focus to respond to and learn from high-profile failings in care or leadership. This has resulted in several reviews and reports establishing a requirement for trust boards to designate Non Executive champions for specific issues to deliver change. This led to an increasing number of roles spanning quality, finance and workforce.

3.2 The number of Non Executive champion roles started to make it challenging for trusts to discharge them all effectively, particularly with a limited number of Non Executives (the ROH Constitution permits no more than seven Non Executives plus the Chair) and many do not have formal guidance or a job description to set out how these duties may be carried out making it difficult to understand the requirement or measure the impact on delivering change.

3.3 This issue was highlighted in the last Board paper on Non Executives in June 2021, however since then NHSE/I has worked with various stakeholders to rationalise the championships, with a proposal that many responsibilities and oversight of specific issues be delegated through the Board and its committee structure, rather than through individuals. This also has the benefit of reducing the risk of Non Executives becoming too involved in the operational detail, thereby maintaining their independence.

3.4 The guidance from NHSE/I on this issue is recommended but not mandatory. The Board is asked however, based on the rationale above to support the approach.

3.5 The table below sets out the NED champion roles that were in the scope of this review and their status under the new approach.

ROLES TO BE RETAINED				
Maternity board safety champion	Wellbeing Guardian	Freedom to Speak Up	Doctors disciplinary	Security management
ROLES TO TRANSITION OVERSIGHT TO THE BOARD AND ITS COMMITTEES				
Hip fracture, falls and dementia	Learning from Deaths	Patient Safety & risk	Palliative and end of life care	Health & Safety
Children and Young People	Resuscitation	Cybersecurity	Emergency preparedness	Safeguarding
Counterfraud	Procurement	Security management – violence and aggression		

3.6 Of those championships retained, two are already identified on the Board, these being the Wellbeing Guardian, Ayodele Ajose and Freedom to Speak Up, Gianjeet Hunjan. The doctor's disciplinary and security management roles are yet to be assigned and will be agreed over the forthcoming weeks between Non Executive colleagues and the Chair.

3.7 Of the roles that transition to oversight by the Board and its Committees, there is confidence that there is oversight of these through the ROH's existing corporate governance structure as part of the terms of reference and workplans of the various corporate fora. In some cases however, there may be a need to strengthen visibility of the work up to the Board and its committees. This will be a matter under consideration by the Executive in coming weeks.

As a point of assurance, a map of these topics to the corporate groups is set out overleaf.

OVERSIGHT TOPIC	BOARD OR COMMITTEE	METHOD OF OVERSIGHT
Hip fracture, falls and dementia	Quality & Safety Committee	• Detail in the monthly quality report • Dementia strategy
Learning from Deaths	Trust Board and Quality & Safety Committee	• Quarterly Learning from Deaths/mortality update
Patient Safety & risk	Trust Board and Quality & Safety Committee	• Detail in the monthly quality report • Board Assurance Framework • Committee extracts of Corporate Risk Register
Palliative and end of life care	Trust Board and Quality & Safety Committee	• Period end of life updates however as an elective trust this is not a significant area of oversight
Health & Safety	Trust Board	• Annual Health & Safety report • Updates to Quality & Safety Executive and then upward to Quality & Safety Committee
Children and Young People	Quality & Safety Committee	• Upward reports from Children's Board
Resuscitation	Quality & Safety Committee	• Routine updates through monthly Quality Report • Updates on life support training
Cybersecurity	Finance & Performance Committee and Audit Committee	• Data Protection and Security Toolkit updates • Routine updates on cybersecurity • Cloud migration updates
Emergency preparedness	Trust Board and Finance & Performance Committee	• Updates from the Accountable Officer for Emergency Preparedness • Routine COVID-19 response updates
Safeguarding	Quality & Safety Committee	• Upward report from Safeguarding Group
Counterfraud	Audit Committee	• Reports from Local Counterfraud Specialist
Procurement	Finance & Performance Committee and Audit Committee	• Updates from Director of Finance on Procurement activity and reports on single tender actions/waivers
Security management – violence and aggression	Trust Board	• Part of annual Health & Safety report • Updates to Quality & Safety Executive and then upward to Quality & Safety Committee • Staff survey entries on violence and aggression

4 NON EXECUTIVE ACTIVITY AND ENGAGEMENT

4.1 In addition to attending formal Board and Committee meetings, Non Executives have traditionally sought opportunities to gain additional assurance on the performance of the Trust and to gain a view of the culture & morale of staff, often through opportunities to either formally or informally visit areas of the Trust. With imposed social distancing requirements and limited access to healthcare settings as a result of the COVID-19 pandemic, this has been difficult over recent times. As the restrictions are lifted however, opportunities will reopen. Below sets out a number of activities in which the Non Executives will participate over coming months.

4.2 ***Staff walkabouts*** – Non Executives of the ROH have routinely undertaken staff walkabouts by physically visiting by rotation areas of the Trust and talking to groups of staff about their experience of working at the ROH. Through the pandemic, the process moved to a virtual platform, with some success, although there was a feeling at times that the experience could not compete with the richness of a physical visit and discussion. In recent months, physical walkabouts have resumed and at the Staff Experience & OD Committee held on 25 May 2022, the Committee chair outlined a revised approach to these walkabouts to reduce the bureaucracy of these visits and to move to a more informal approach. Feedback from these visits will be picked up and communicated back as themes for the Executive to consider as part of corporate plans.

4.3 ***Quality Assurance walkabouts*** – Prior to the pandemic, a monthly visit would be organised to clinical areas, with the visit simulating to some degree the approach taken by the CQC as part of their inspection regime. The visiting team was multi disciplinary and was led by a senior nurse, but also included Non Executives, managers and governors. With the lifting of restrictions, there is a plan for these visits to resume, this time being based on the established '15 steps' methodology.

4.4 ***Awards and events*** – The ROH is renowned for its celebrations and events marking key achievements. As with all NHS organisations, the opportunity to hold largescale events has been limited over the last two years however and therefore Non Executives have had little chance to celebrate with staff. A scaled back staff awards ceremony was held in Autumn 2021 hosted by the Chair and Chief Executive which was well received, but there is an appetite to return to more formal events that invite a wider group of staff over coming months. Non Executive attendance at these will be important and is welcomed by the staff, starting with the Blue Heart awards ceremony planned for 8 July 2022. Non Executives, alongside Executive colleagues will play a key role in making the awards on the evening to congratulate the successful teams and individuals. There are more events planned in coming months where Non Executives will play a key role in the proceedings, marking a move towards a more normalised way of celebrating with staff at the hospital.

4.5 ***Relationship with the Council of Governors*** – the interaction between the Non Executives and the governors is critical, especially given the statutory duty of the

governors to hold the Non Executives to account for the performance of the Board. As with many corporate meetings, those of the Council of Governors have moved onto a virtual platform for the last few months, often for briefing purposes rather than for formal meetings, stymieing these lines of accountability. Over the coming months, face to face meetings of the Council of Governors will resume which operate to usual governance arrangements and will provide an opportunity to develop the fruitful relationships between the Non Executives and governors which the Trust has enjoyed previously.

4.6 ***Board and Committee meetings*** – Board and Committee meetings will continue or resume as face to face events, providing a better opportunity to operate more effectively as unitary bodies.

4.7 ***CQC preparation*** – work is planned over the next few months to reassess the Trust's position against the CQC's current Key Lines of Enquiry. A number of the Non Executives on the Trust Board have not participated in the process for preparing for and undergoing an inspection by the CQC and therefore as part of this refresh and self-assessment the opportunity will be taken to educate and prepare Non Executives for a regulatory inspection.

4.8 ***Linkage into the Integrated Care System*** – the majority of the approach described to date in this paper has been inwardly focussing, however given the maturing governance arrangements defining the Integrated Care System, there will inevitably be more of a requirement for the ROH's Non Executives to be outwardly focussed and linking into arrangements and networks established by the Birmingham and Solihull ICS.

5 RECOMMENDATION

5.1 The Trust Board is asked to:

- RECEIVE and ACCEPT this report
- NOTE the planned approach to Non Executive succession planning and recruitment
- APPROVE the proposed approach to Non Executive championships
- SUPPORT the proposed approach to Non Executive activity and engagement

Simon Grainger-Lloyd
Director of Corporate Affairs & Company Secretary

26 May 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Declaration to NHS Improvement – General Condition 6 – systems for compliance with licence conditions**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive & Tim Pile, Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**1 June 2022**

EXECUTIVE SUMMARY:

The Board of Directors is required to make a set of declarations on an annual basis.

The attached (main appendix) presents the proposed declaration to confirm or otherwise that the Trust has in place systems to enable compliance with its licence conditions.

On this basis of the commentary and evidence base behind the statement of compliance for each condition, it is proposed that the Trust states 'CONFIRMED' to the following:

'***Following a review for the purpose of Paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in order the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and had regard for the NHS Constitution***'

The requirements of the declaration stipulate that it must have 'had regard to the views of governors' and therefore the proposed declaration and evidence base has been circulated to governors for comments.

The remaining declarations will be presented to the Board at its July meeting.

REPORT RECOMMENDATION:

The Board is asked to approve the G6 declaration.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments: [*elaborate on the impact suggested above*]					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Compliance with the Self-certification: guidance for NHS FTs and specifically compliance with the Trust's licence to operate.
PREVIOUS CONSIDERATION:
Circulated to the Council of Governors for comments

ROHTB (6/22) 008 (a) - Evidence for ROH Compliance with Monitor Licence Conditions 2021-22

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1 Section 1 – General Conditions

1.1 *Condition G1 – Provision of information*

1. Subject to paragraph 3, and in addition to obligations under other Conditions of this Licence, the Licensee shall furnish to NHS Improvement such information and documents, and shall prepare or procure and furnish to NHS Improvement such reports, as NHS Improvement may require for any of the purposes set out in section 96(2) of the 2012 Act.

2. Information, documents and reports required to be furnished under this Condition shall be furnished in such manner, in such form, at such place and at such times as NHS Improvement may require.

3. In furnishing information documents and reports pursuant to paragraphs 1 and 2 the Licensee shall take all reasonable steps to ensure that:

   (a) in the case of information or a report, it is accurate, complete and not misleading;

   (b) in the case of a document, it is a true copy of the document requested; and

4. This Condition shall not require the Licensee to furnish any information, documents or reports which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.

Lead Exec	Compliant	Comment	Evidence
SW/SGL	Y	All NHS Improvement returns have been prepared in the required format and delivered on time. There has been no adverse comment from NHS Improvement re late or incomplete returns. A copy of the audited annual reports and accounts for 2020/21 was submitted by the required deadline. All returns are reviewed buy at least one other person than the author.	• NHS Improvement monthly performance reports • Confirmation receipts of declarations & AR & Accts from NHSI portal

1.2 *Condition G2 – Publication of information*

1. The Licensee shall comply with any direction from NHS Improvement for any of the purposes set out in section 96(2) of the 2012 Act to publish information about health care services provided for the purposes of the NHS and as to the manner in which such information should be published.

2. For the purposes of this condition "publish" includes making available to the public, to any section of the public or to individuals.

Lead Exec	Compliant	Comment	Evidence
SW/SGL	Y	FT Code of Governance requirements to publish on the website have been complied with, largely in the form of the Trust's annual report	• Screen shot of licence included on the Trust's internet • Screen shot of annual report on website

1.3 *Condition G3 – Payment of fees to NHS Improvement*

1. The Licensee shall pay fees to NHS Improvement in each financial year of such amount as NHS Improvement may determine for each such year or part thereof in respect of the exercise by NHS Improvement of its functions for the purposes set out in section 96(2) of the 2012 Act.

2. The Licensee shall pay the fees required to be paid by a determination by NHS Improvement for the purpose of paragraph 1 no later than the 28th day after they become payable in accordance with that determination.

Lead Exec	Compliant	Comment	Evidence
SW	Y	No fees have been levied by NHS Improvement during 2021/22.	None

1.4 *Condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)*

1. The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor, except with the approval in writing of NHS Improvement.

2. The Licensee shall not appoint as a Director any person who is an unfit person, except with the approval in writing of NHS Improvement.

3. The Licensee shall ensure that its contracts of service with its Directors contain a provision permitting summary termination in the event of a Director being or becoming an unfit person. The Licensee shall ensure that it enforces that provision promptly upon discovering any Director to be an unfit person, except with the approval in writing of NHS Improvement.

4. If NHS Improvement has given approval in relation to any person in accordance with paragraph 1, 2, or 3 of this condition the Licensee shall notify NHS Improvement promptly in writing of any material change in the role required of or performed by that person.

5. In this Condition an unfit person is: (a)

an individual;

(i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or

(ii) who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or

(iii) who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or

(iv) who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986; or

(b) a body corporate, or a body corporate with a parent body corporate

(i) where one or more of the Directors of the body corporate or of its parent body corporate is an unfit person under the provisions of sub- paragraph (a) of this paragraph, or

(ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or

(iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking, or

(iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or

(v) which passes any resolution for winding up, or

(vi) which becomes subject to an order of a Court for winding up.

Lead Exec	Compliant	Comment	Evidence
SGL	Y	The Trust has continued the annual review of those who are required to meet the FPPT, and to apply the Trust policy. All required members of the Board completed a self-declaration in 2021 and new starter Mr Les Williams completed pre-employment check and the self-declaration in regard to FPPT. The annual round of self-declarations is underway as of June 2022. DBS checks for Board members have been refreshed during the year.	• FPPT policy • FPPT declarations • Personal files

1.5 *Condition G5 – NHS Improvement guidance*

1 Without prejudice to any obligations in other Conditions of this Licence, the Licensee shall at all times have regard to guidance issued by NHS Improvement for any of the purposes set out in section 96(2) of the 2012 Act.

2 In any case where the Licensee decides not to follow the guidance referred to in paragraph 1 or guidance issued under any other Conditions of this licence, it shall inform NHS Improvement of the reasons for that decision.

Lead Exec	Compliant	Comment	Evidence
SW/SGL	Y	FT Code of Governance requirements have been complied with as detailed in the annual report under the "comply or explain" section. The Trust adheres to the requirements of the Single Oversight Framework (ROH is Rated 2), albeit there has been a move this year to adopt the requirements of the System Oversight Framework (BSol ICS is Rated 3) New guidance to come into force from 1 July 2022 requiring a duty on Providers to collaborate and form part of a Provider Collaborative – will be reflected more fully in next year's declarations	• Annual report 2021/22 • Finance & Performance Report, and Quality & Safety Report • Agency staffing information included in Finance & Performance papers and the Workforce Overview • New Health and Social Care Act requirements around collaboration and establishment of Integrated Care Systems

1.6 *Condition G6 – Systems for compliance with licence conditions and related obligations*

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

   (a) the Conditions of this Licence,

   (b) any requirements imposed on it under the NHS Acts, and

   (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and

(b) regular review of whether those processes and systems have been implemented and of their effectiveness.

3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHS Improvement a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to NHS Improvement in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

Lead Exec	Compliant	Comment	Evidence
PART 1			
SW/SGL/GM re (a) and (b)	Y	(A) Controls relating to this are described in the whole of this appendix (B) The Trust is registered with the CQC and the HTA as per the NHS Acts. The Director of Strategy & Delivery holds the post of HTA designated individual. (C) The Board is not aware of any other significant requirements under the NHS Acts.	• This appendix • CQC registration certificate • HTA registration certificate
CEO	Y	The NHS constitution establishes the principles and values of the NHS in England. The constitution can be broken down into 6 key areas, 4 of which apply to requirements for the organisation: guiding principles, NHS values, rights of patients & public and rights for staff. The Trust's five year strategy, approved in Autumn 2019, echoes the guiding principles in the NHS constitution including putting the patient at the heart of everything the organisation does, working across organisational boundaries and aspiring to achieve the highest standards of excellence & professionalism. The strategy also provides a set of values that are	• Five year forward strategy and strategy refresh • Strategy refresh presented to the Board in May 2022. • Finance & Performance overview • Quality & Patient Safety report • Workforce overview • Annual complaints report

Lead Exec	Compliant	Comment	Evidence
		consistent with those in the NHS constitution including promoting respect & dignity, commitment to quality of care and being compassionate. The measurement of the outcomes of these indicators is through consideration of a suite of reports received by the Board and its Committees and at an Executive level by reports to the weekly Executive meeting.	• National Staff Survey results • Quality Account • Quality & Safety Committee meeting papers • Finance & Performance Committee meeting papers • Staff Experience & OD Committee papers
		In terms of compliance with the constitutional requirements relating to the rights of the public and patients, compliance is demonstrated through performance against the range of nationally commissioned targets set out in the Quality Account & Annual Report. The specific relating to confidentiality & consent are monitored respectively by an IG Group and by the Quality & Safety Committee. In terms of complaints and redress, the Trust has made improvements to its processes for complaints handling during the year and strengthened adherence to Regulation 20: Duty of Candour guidance. A spot audit undertaken during the previous financial year shows complete compliance with cases reviewed. The right to drugs and treatments can be demonstrated by the Joint Formulary available on the internet. The Trust was inspected by the CQC in Quarter 3 2019/20 and maintained its regulatory rating as 'Good' across all domains. The Trust has seen a deterioration in the performance against the national Referral to Treatment Time standards as a result of the cessation of elective activity in line with the national response to the Covid-19 pandemic and the need to support system partners with restoration & recovery. As elective activity resumes it is planned that	• Quality Account 2020/21 • Annual Report 2020/21 • Data security toolkit toolkit submission and internal audit report • Minutes of Quality & Safety Committee • Annual complaints reports to Quality & Safety Committee and Trust Board • Duty of Candour updates as part of Quality & Patient Safety report Quality & Safety Committee • CQC report and CQC action plan • Screenshot of joint formulary • Duty of Candour audit • NICE guidance internal audit and action plan • Performance against access targets included in

Lead Exec	Compliant	Comment	Evidence
		the situation will be improved. The Trust has worked with AccessAble to ensure that the estate of the Trust assists those requiring additional support with navigating the hospital to be provided with visuals and a step by step guide to accessing the hospital. There has been no regulatory enforcement action during the year or any undertakings imposed. Regarding the rights of staff, the Trust has policies and procedures in place to support staff and ensure that their needs are met appropriately. The Trust has a Freedom to Speak Up policy in place and has undertaken an assessment against the WRES and WDES standards which has flagged some work to do to improve the Trust's regard for equality & diversity matters. An equality and diversity network and a Multi Minority Ethnic Group (MMEG) are in place in addition to a 'BeMySelf' forum and a Disability forum. The Trust has in place a Freedom to Speak Up Guardian who reports to the Director of Corporate Affairs & Company Secretary. The Trust Board is supported by a Committee, the Staff Experience &OD Committee, which seeks assurance on the Trust's adherence to staff-related policies, workforce matters and organisational development. The Committee also received regular updates from staff where they are able to describe the experience of working at the ROH and air any concerns they have around their employment circumstances and environment. The Health and Safety Group reviews any issues likely to impact on the staff's working environment from a legal perspective.	the Finance and Performance report • AccessAble narrative in workforce reports. • Health and Safety Group minutes. • Workforce policies, including Freedom to Speak Up • Establishment of the Equality & Diversity network • Schwartz Round information • WRES assessment to Staff Experience & OD Committee • Freedom to Speak Up presentation to Trust Board • Freedom to Speak Up Guardian role description • Staff Experience & OD Committee terms of reference • National staff survey results
PART 2			
SGL	Y	The Trust has further improved its risk management processes over 2021/22, including a refresh of some of the risk registers of the Trust's major committees and groups. Further work is underway to improve the framework further which is set out in a risk improvement plan which is monitored by the Audit Committee and	• Annual Governance Statement • Board Assurance Framework • Corporate Risk Register • Risk improvement plan

Lead Exec	Compliant	Comment	Evidence
		Executive Team. The Annual Governance Statement for 2021/22 sets out the framework of risk management within the Trust and provides an assessment of the effectiveness of these systems and processes. The Head of Internal Audit Opinion for 2021/22 confirms that the Trust has adequate internal control mechanisms, however there is further work to do. This is articulated further in the internal audit into the BAF and risk management undertaken in q4 201/22. The CQC inspection and the external well led inspections in 2019 did not highlight any weaknesses in the Trust's risk management framework.	• Internal audit review of BAF and risk management • Risk management policy • HOIA 2019/20
PART 3			
SGL	Y	The approval and publication of the 2021/22 declaration will meet the required timetable.	• Trust Board paper which is published on the Trust's website in readiness for the Board meeting on 1 June.

1.7 *Condition G7 – Registration with the Care Quality Commission*

1. The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able lawfully to provide the services authorised to be provided by this Licence.

2. The Licensee shall notify NHS Improvement promptly of:

   (a) any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or

   (b) the cancellation by the Care Quality Commission for any reason of its registration by that Commission.

3. A notification given by the Licensee for the purposes of paragraph 2 shall: (a)

   be made within 7 days of:

   (i) the making of an application in the case of paragraph (a), or

   (ii) becoming aware of the cancellation in the case of paragraph (b), and

(b) contain an explanation of the reasons (in so far as they are known to the Licensee) for:

(i) the making of an application in the case of paragraph (a), or

(ii) the cancellation in the case of paragraph (b).

Lead Exec	Compliant	Comment	Evidence
GM	Y	The ROH was registered with CQC throughout the financial year. The ROH is registered without conditions currently. The Executive Lead for the CQC is the Chief Nurse. The Nominated Individual for the CQC is the CEO.	• Screenshot of CQC website • CQC acute insight reports • CQC inspection reports from 2019

1.8 *Condition G8 - Patient eligibility and Selection criteria*

1. The Licensee shall:

(a) set transparent eligibility and selection criteria,

(b) apply those criteria in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee, and

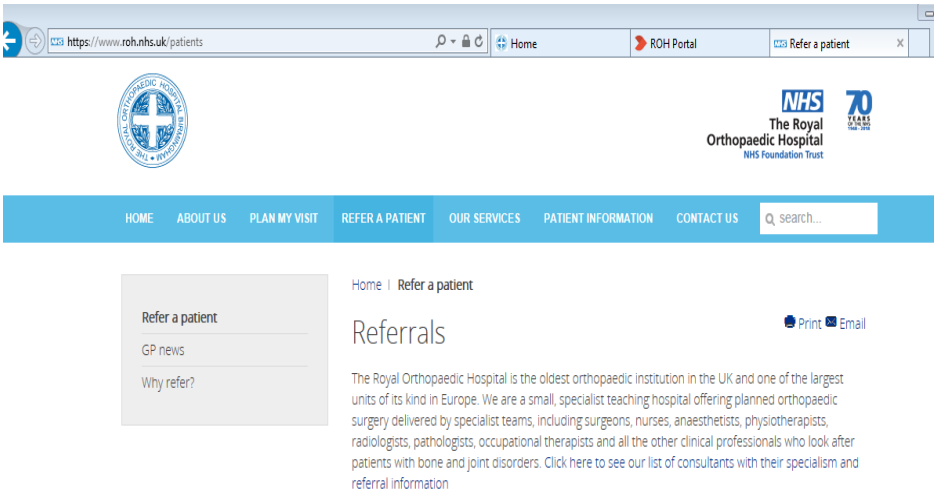
(c) publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.

2. "Eligibility and selection criteria" means criteria for determining:

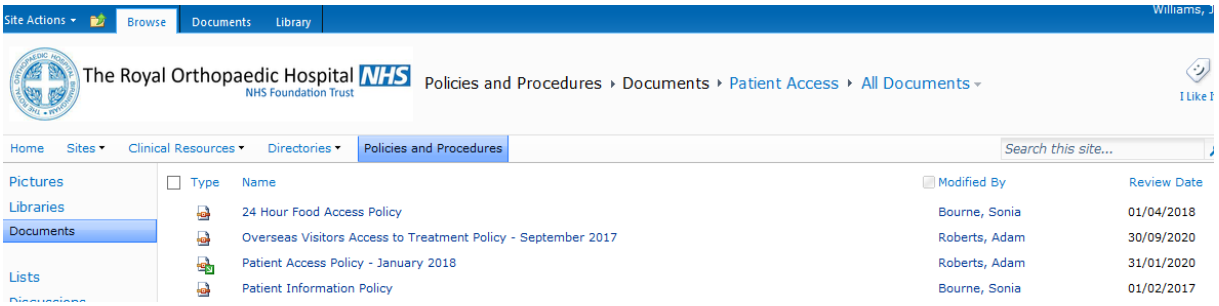
(a) whether a person is eligible, or is to be selected, to receive health care services provided by the Licensee for the purposes of the NHS, and

(b) if the person is selected, the manner in which the services are provided to the person.

ROHTB (6/22) 008 (a) - Evidence for ROH Compliance with Monitor Licence Conditions 2021-22



Lead Exec	Compliant	Comment	Evidence
JW	Y	The Trust has in place a policy for patient access which has been approved both internally and by the CCG). Application of this policy is overseen by the Clinical Services Manager (Patient Access, Performance and Outpatients Department) who reports directly to the Chief Operating Officer (COO). The policy is currently undergoing a refresh but there is no suggestion that it contains outdated guidance and therefore remains accurate and relevant. The Trust has also implemented the Royal College of Surgeons 'Clinical guide for surgical prioritisation during the Coronavirus pandemic' when triaging patients for surgery.	• Patient Access policy • Screen shot of patient access policy on intranet • Screens shot of referral page on internet site



1.9 *Condition G9 – Application of Section 5 (Continuity of Services)*

1. The Conditions in Section 5 shall apply:

   (a) whenever the Licensee is subject to a contractual or other legally enforceable obligation to provide a service which is a Commissioner Requested Service, and

   (b) from the commencement of this Licence until the Licensee becomes subject to an obligation of the type described in sub-paragraph (a), if the Licensee is an NHS foundation trust which:

      (i) was not subject to such an obligation on commencement of this Licence, and

      (ii) was required to provide services, or was party to an NHS contract to provide services, as described in paragraph 2(a) or 2(b);

for the avoidance of doubt, where Section 5 applies by virtue of this subparagraph, the words "Commissioner Requested Service" shall be read to include any service of a description falling within paragraph 2(a) or 2(b).

2. A service is a Commissioner Requested Service if, and to the extent that, it is:

   (a) any service of a description which the Licensee, being an NHS foundation trust with an authorisation date on or before 31 March 2013, was required to provide in accordance with condition 7(1) and Schedule 2 in the terms of its authorisation by NHS Improvement immediately prior to the commencement of this Licence, or

   (b) any service of a description which the Licensee, being an NHS foundation trust with an authorisation date on or after 1 April 2013, was required to provide pursuant to an NHS contract immediately before its authorisation date, or

   (c) any other service which the Licensee has contracted with a Commissioner to provide as a Commissioner Requested Service.

3. A service is also a Commissioner Requested Service if, and to the extent that, not being a service within paragraph 2:

   (a) it is a service which the Licensee may be required to provide to a Commissioner under the terms of a contract which has been entered into between them, and

(b) the Commissioner has made a written request to the Licensee to provide that service as a Commissioner Requested Service, and either

(c) the Licensee has failed to respond in writing to that request by the expiry of the 28th day after it was made to the Licensee by the Commissioner, or

(d) the Commissioner, not earlier than the expiry of the [28th] day after making that request to the Licensee, has given to NHS Improvement and to the Licensee a notice in accordance with paragraph 4, and NHS Improvement, after giving the Licensee the opportunity to make representations, has issued a direction in writing in accordance with paragraph 5.

4. A notice in accordance with this paragraph is a notice:

(a) in writing,

(b) stating that the Licensee has refused to agree to a request to provide a service as a Commissioner Requested Service, and

(c) setting out the Commissioner's reasons for concluding that the Licensee is acting unreasonably in refusing to agree to that request to provide a service as a Commissioner Requested Service

5. A direction in accordance with this paragraph is a direction that the Licensee's refusal to provide a service as a Commissioner Requested Service in response to a request made under paragraph 3(b) is unreasonable.

6. The Licensee shall give NHS Improvement not less than [28] days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to a Commissioner for which no extension or renewal has been agreed.

7. If any contractual obligation of a Licensee to provide a Commissioner Requested Service expires without extension or renewal having been agreed between the Licensee and the Commissioner who is a party to the contract, the Licensee shall continue to provide that service on the terms of the contract (save as agreed with that Commissioner), and the service shall continue to be a Commissioner Requested Service, for the period from the expiry of the contractual obligation until NHS Improvement issues either:

(a) a direction of the sort referred to in paragraph 8, or

(b) a notice in writing to the Licensee stating that it has decided not to issue such a direction.

8. If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, NHS Improvement issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then for that period the service shall continue to be a Commissioner Requested Service.

9. No service which the Licensee is subject to a contractual or other legally enforceable obligation to provide shall be regarded as a Commissioner Requested Service and, as a consequence, no Condition in Section 5 shall be of any application, during any period for which there is in force a direction in writing by NHS Improvement given for the purposes of this condition and of any equivalent condition in any other current licence issued under the 2012 Act stating that no health care service provided for the purposes of the NHS is to be regarded as a Commissioner Requested Service.

10. A service shall cease to be a Commissioner Requested Service if:

(a) all current Commissioners of that service as a Commissioner Requested Service agree in writing that there is no longer any need for the service to be a Commissioner Requested Service, and NHS Improvement has issued a determination in writing that the service is no longer a Commissioner Requested Service, or

(b) NHS Improvement has issued a determination in writing that the service is no longer a Commissioner Requested Service; or

(c) it is a Commissioner Requested Service by virtue only of paragraph 2(a) above and 3 years have elapsed since the commencement of this Licence; or

(d) it is a Commissioner Requested Service by virtue only of paragraph 2(b) above and either 3 years have elapsed since 1 April 2013 or 1 year has elapsed since the commencement of this Licence, whichever is the later; or

(e) the contractual obligation pursuant to which the service is provided has expired and NHS Improvement has issued a notice pursuant to paragraph 7(b) in relation to the service; or

(f) the period specified in a direction by NHS Improvement of the sort referred to in paragraph 8 in relation to the service has expired.

11. The Licensee shall make available free of charge to any person who requests it a statement in writing setting out the description and quantity of services which it is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services.

12. Within [28] days of every occasion on which there is a change in the description or quantity of the services which the Licensee is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services, the Licensee shall provide to NHS Improvement in writing a notice setting out the description and quantity of all the services it is obliged to provide as Commissioner Requested Services.

13. Unless it is proposes to cease providing the service, the Licensee shall not make any application to NHS Improvement for a determination in accordance with paragraph 10(b):

    (a) in the case of a service which is a Commissioner Requested Service by virtue only of paragraph 2(a) above, in the period of 3 years since the commencement of this Licence or

    (b) in the case of a service which is a Commissioner Requested Service by virtue only of paragraph 2(b), in the period until the later of 1 April 2016 or 1 year from the commencement of this Licence.

14. In this Condition "NHS contract" has the meaning given to that term in Section 9 of the 2006 Act.

Lead Exec	Compliant	Comment	Evidence
SW	Y	As a result of Covid, NHS commissioners and NHS Trusts/NHS Foundation Trusts were not required to sign contracts between them for 2021/22.	• NHS Finance and Contracting Guidance 2021/22

2 Section 2 – Pricing

2.1 *Condition P1 – Recording of information*

1. If required in writing by NHS Improvement, and only in relation to periods from the date of that requirement, the Licensee shall:

   (a) obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information, and

   (b) establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information,

   as are necessary to enable it to comply with the following paragraphs of this Condition.

2. From the time of publication by NHS Improvement of Approved Reporting Currencies the Licensee shall maintain records of its costs and of other relevant information broken down in accordance with those Currencies by allocating to a record for each such Currency all costs expended by the Licensee in providing health care services for the purposes of the NHS within that Currency and by similarly treating other relevant information.

3. In the allocation of costs and other relevant information to Approved Reporting Currencies in accordance with paragraph 2 the Licensee shall use the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.

4. If the Licensee uses sub-contractors in the provision of health care services for the purposes of the NHS, to the extent that it is required to do so in writing by NHS Improvement the Licensee shall procure that each of those sub-contractors:

   (a) obtains, records and maintains information about the costs which it expends in the course of providing services as sub-contractor to the Licensee, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of that information, in a manner that complies with paragraphs 2 and 3 of this Condition, and

   (b) provides that information to NHS Improvement in a timely manner.

5. Records required to be maintained by this Condition shall be kept for not less than six years.

6. In this Condition:

"the Approved Guidance"	means such guidance on the obtaining, recording and maintaining of information about costs and on the breaking down and allocation of costs by reference to Approved Reporting Currencies as may be published by NHS Improvement;
"Approved Reporting Currencies"	means such categories of cost and other relevant information as may be published by NHS Improvement;
"other relevant information"	means such information, which may include quality and outcomes data, as may be required by NHS Improvement for the purpose of its functions under Chapter 4 (Pricing) in Part 3 of the 2012 Act.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The annual National Cost Collection (NCC) is now implemented and Mandated replacing the previous Reference Cost collection. The Trust is adhering to the National Costing Guidance and providing detailed Patient level information to NHSE/I achieving a 100% score within NHSI's costing assurance tool against a national average of 81%. The direction of travel from NHSE/I is to implement quarterly collections to understand the complex costs of services within the NHS during the Covid-19 pandemic and future state. The Trust continues to develop and improve the way in which costs are being reported and allocated in conjunction with Clinicians.	• NCC return

2.2 *Condition P2 – Provision of information*

1. Subject to paragraph 3, and without prejudice to the generality of Condition G1, the Licensee shall furnish to NHS Improvement such information and documents, and shall prepare or procure and furnish to NHS Improvement such reports, as NHS Improvement may require for the purpose of performing its functions under Chapter 4 in Part 3 of the 2012 Act.

2. Information, documents and reports required to be furnished under this Condition shall be furnished in such manner, in such form, at such place and at such times as NHS Improvement may require.

3. In furnishing information documents and reports pursuant to paragraphs 1 and 2 the

Licensee shall take all reasonable steps to ensure that:

(a) in the case of information or a report, it is accurate, complete and not misleading;

(b) in the case of a document, it is a true copy of the document requested; and

4. This Condition shall not require the Licensee to furnish any information, documents or reports which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust has completed all required information with regards to monthly, quarterly and annual performance data. In addition, the Trust has provided ad-hoc information as requested.	• Confirmatory emails from NHS Improvement

2.3 *Condition P3 – Assurance report on submissions to NHS Improvement*

1. If required in writing by NHS Improvement the Licensee shall, as soon as reasonably practicable, obtain and submit to NHS Improvement an assurance report in relation to a submission of the sort described in paragraph 2 which complies with the requirements of paragraph 3.

2. The descriptions of submissions in relation to which a report may be required under paragraph 1 are:

(a) submissions of information furnished to NHS Improvement pursuant to Condition P2, and

(b) submissions of information to third parties designated by NHS Improvement as persons from or through whom cost information may be obtained for the purposes of setting or verifying the National Tariff or of developing non-tariff pricing guidance.

3. An assurance report shall meet the requirements of this paragraph if all of the following conditions are met:

(a) it is prepared by a person approved in writing by NHS Improvement or qualified to act as auditor of an NHS foundation trust in accordance with paragraph 23(4) in Schedule 7 to the 2006 Act;

(b) it expresses a view on whether the submission to which it relates:

(i) is based on cost records which have been maintained in a manner which complies with paragraph 2 in Condition P1;

(ii) is based on costs which have been analysed in a manner which complies with paragraph 3 in Condition P1, and

(iii) provides a true and fair assessment of the information it contains.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust has complied fully with an externally commissioned audit of our costing and coding systems and outputs that took place in January / February 2015. No similar reviews since.	• Audit report • E-mail exchanges confirming externally commissioned audit occurred

2.4 *Condition P4 – Compliance with the National Tariff*

1. Except as approved in writing by NHS Improvement, the Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by NHS Improvement, in accordance with section 116 of the 2012 Act.

2. Without prejudice to the generality of paragraph 1, except as approved in writing by NHS Improvement, the Licensee shall comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the national tariff published by NHS Improvement in accordance with, section 116 of the 2012 Act, wherever applicable.

Lead Exec	Compliant	Comment	Evidence
SW	Y	Due to Covid the NHS introduced block payments for all Trusts to provide certainty for all organisations providing NHS-funded services under the NHS Standard Contract. This minimised the burden of formal contract documentation and contract management processes, so that staff could focus fully on the COVID-19 response. The Trust has continued throughout 2021/22 to submit accurate activity and tariff submissions to Commissioners.	• Standard contract

2.5 *Condition P5 – Constructive engagement concerning local tariff modifications*

1. The Licensee shall engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of the 2012 Act, in any case in which it is of the view that the price payable for the provision of a service for the purposes of the NHS in certain circumstances or areas should be the price determined in accordance with the national tariff for that service subject to modifications.

Lead Exec	Compliant	Comment	Evidence
SW	Y	No additional changes have been requested locally for 2021/22.	• Standard contract • NHSE contract for specialised services

3 Section 3 – Choice and Competition

3.1 *Condition C1- The right of patients to make choices*

1. Subsequent to a person becoming a patient of the Licensee and for as long as he or she remains such a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information about that choice can be found.

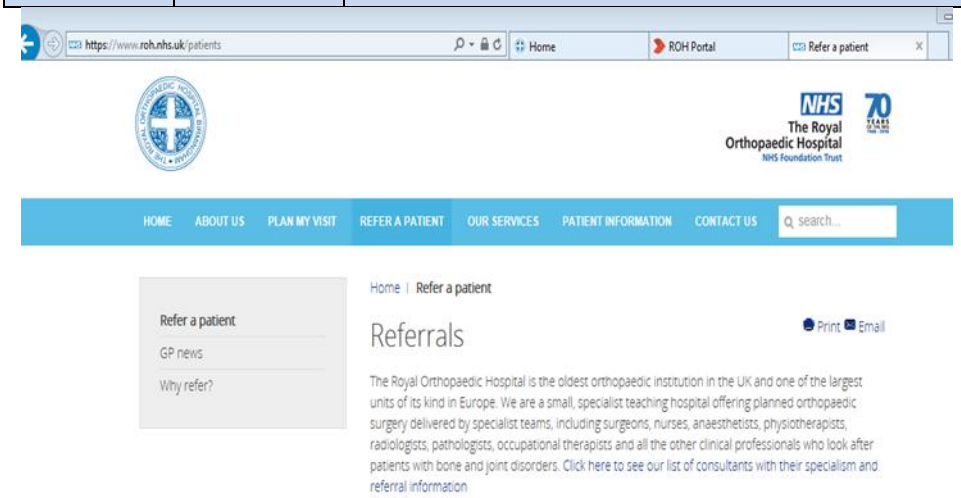
2. Information and advice about patient choice of provider made available by the Licensee shall not be misleading.

3. Without prejudice to paragraph 2, information and advice about patient choice of provider made available by the Licensee shall not unfairly favour one provider over another and shall be presented in a manner that, as far as reasonably practicable, assists patients in making well informed choices between providers of treatments or other health care services.

4. In the conduct of any activities, and in the provision of any material, for the purpose of promoting itself as a provider of health care services for the purposes of the NHS the Licensee shall not offer or give gifts, benefits in kind, or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services.

Lead Exec	Compliant	Comment	Evidence
MP	Y	Pre-Covid 19 pandemic all patients accessing services are offered two reasonable dates with three weeks' notice as part of their referral process, and subsequently a choice of operation date where applicable. As a routine part of our consenting documentation a record of clinical procedural options is made and narrative discussion recorded, determined by consultant In response to the Covid 19 pandemic elective surgery was ceased. Patient choice in regard to outpatient appointments was therefore limited to virtual appointments Post Covid, processes have been developed to offer a blended model of face to face & virtual appointments (via telephone and/or via the attend anywhere digital platform) with the aim of ensuring those patients who are not digitally enabled remain able to choose how to access Trust services in a way	• Referral page on internet • Consent policy • Access policy

		that suits their preferences and personal requirements. The Trust offer virtual appointment via telephone or its video platform, Dr Doctor. This means that virtual appointments are available even to patients who are not digitally enabled to undertake video consultation. There is work underway to see if old IT equipment held by the Trust could be used to bridge any gaps created by digital poverty. Virtual appointments are the default consultation media where ever clinically appropriate. This is to ensure the Trust is working towards the Department of Health target of virtual appointments. If a patient would rather be seen face to face for whatever reason their needs would be accommodated by the Trust wherever possible.	



3.2 *Condition C2 – Competition oversight*

1. The Licensee shall not:

   (a) enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS, or

   (b) engage in any other conduct which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS,

   to the extent that it is against the interests of people who use health care services.

Lead Exec	Compliant	Comment	Evidence
MP	Y	The ROH has never knowingly done anything anti-competitive.	• Standing Financial Instructions • Birmingham Hospitals Alliance Procurement Collaborative agreement

4 Section 4 – Integrated care

4.1 *Condition IC1 – Provision of integrated care*

1. The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of such services by others with a view to achieving one or more of the objectives referred to in paragraph 4.

2. The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of health-related services or social care services by others with a view to achieving one or more of the objectives referred to in paragraph 4.

3. The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling it to co-operate with other providers of health care services for the purposes of the NHS with a view to achieving one or more of the objectives referred to in paragraph 4.

4. The objectives referred to in paragraphs 1, 2 and 3 are:

   (a) improving the quality of health care services provided for the purposes of the NHS (including the outcomes that are achieved from their provision) or the efficiency of their provision,

   (b) reducing inequalities between persons with respect to their ability to access those services, and

   (c) reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

5. The Licensee shall have regard to such guidance as may have been issued by NHS Improvement from time to time concerning actions or behaviours that might reasonably be regarded as against the interests of people who use health care services for the purposes of paragraphs 1, 2 or 3 of this Condition.

Lead Exec	Compliant	Comment	Evidence
MP/GM	Y	The Trust has an Accessible Information Standard policy and has a forum that monitors its ongoing compliance with the standard, although due to the COVID-19 pandemic there had been a pause with this forum meeting. There is an Accessible Information Standard internet page for patients to obtain information about how to request communications in different formats and inform them what the Trusts obligations are The interactive text messaging service makes it easier for patients to request a reschedule or cancellation of appointment. Data on which patients are and are not accessing these services will be used to identify areas of potential digital exclusion Appointment letters are now available electronically which allows patients to be able to increase font size as well as us read aloud software and potentially internet based translation software The Trust is currently working with Synertec to enable sending letters in other formats such as braille, large print, extra large print and easy read The Trust has access to interpreting services 24/7 via telephone and can be face to face if required At our outpatient desks the Trust has the loop up system for individuals with hearing loss For patients with complex needs the Trust has; A dementia strategy; A Learning Disability strategy; A Mental health policy Staff are trained in a range of forums to ensure compliance against theses polices The Trust has in place a Patient Engagement & Experience Group and regularly holds 'Coffee Catch Up' events to aid patient engagement, for which the scope, which currently includes joint care services, is to be expanded to include all orthopaedic specialties. The Trust has also introduce 'Smiley Face' around the hospital in key areas to encourage feedback. In addition, on-going work is underway to refresh and reinvigorate the Patient Engagement framework in the Trust which will is supported by the Deputy Chief Nurse.	• Accessible Information Standard • AccessAble • Dr Doctor interactive text messaging system • Electronic letters • Synertec • Learning Disabilities Strategy • Dementia Strategy • Mental Health policy • Patient Experience & Engagement Strategy • ICS development documents • Governance documents supporting the UHB restoration and recovery pathway • Citizen engagement summary • Expansion of the Patient Experience team.

		The Trust has in place a Learning Disability User Group. The Trust has worked in partnership with AccessAble to create Detailed Access Guides to facilities, wards and departments at the ROH. The Guides are 100% facts, figures and photographs and give patients useful information to plan their visit to the hospital and assure them that we are accessible and have considered their needs. The free Accessibility Guide is for staff and visitors and is available at www.roh.nhs.uk and www.AccessAble.co.uk and on the AccessAble App. Throughout the pandemic there was positive patient engagement on a range of matters but most notably on virtual clinic appointments. The Safeguarding team were intimately involved in designing the service to ensure that those most vulnerable patients and clinically urgent patients were provided with face to face appointments as a priority. The Trust is a key member of the developing Integrated Care System to allow the shaping of seamless services within the City and is working collaboratively particularly with University Hospitals Birmingham NHSFT to deliver region wide restoration and recovery. The Trust has a joint governance forum with BWCH to oversee patients cared on pathway between the two providers. Inequalities Metrics regarding waiting lists are currently included in the sub board / board committee papers to support the monitoring of inequalities and explore the patient waiting list (PTL) across a range of measures. This will be refined throughout 22/23 supported by a detailed health population needs assessement due to be published in May 22/23	• Terms of reference for Inequalities Group

5 Section 5 – Continuity of Services

5.1 *Condition CoS1 – Continuing provision of Commissioner Requested Services*

1. The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service otherwise than in accordance with the following paragraphs of this Condition.

2. If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, or during any period when this condition applies by virtue of Condition G9(1)(b), NHS Improvement issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then the Licensee shall provide the service for that period in accordance with the direction.

3. The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except:

   (a) with the agreement in writing of all Commissioners to which the Licensee is required by a contractual or other legally enforceable obligation to provide the service as a Commissioner Requested Service; or

   (b) at any time when this condition applies by virtue of Condition G9(1)(b), with the agreement in writing of all Commissioners to which the Licensee provides, or may be requested to provide, the service as a Commissioner Requested Service; or

   (c) if required to do so by, or in accordance with the terms of its authorisation by, any body having responsibility pursuant to statute for regulating one or more aspects of the provision of health care services in England and which has been designated by NHS Improvement for the purposes of this condition and of equivalent conditions in other licences granted under the 2012 Act.

4. If the specification or means of provision of a Commissioner Requested Service is altered as provided in paragraph 3 the Licensee, within [28] days of the alteration, shall give to NHS Improvement notice in writing of the occurrence of the alteration with a summary of its nature.

5. For the purposes of this Condition an alteration to the specification or means of provision of any Commissioner Requested Service is material if it involves the delivery

or provision of that service in a manner which differs from the manner specified and described in:

(a) the contract in which it was first required to be provided to a Commissioner at or following the coming into effect of this Condition; or

(b) if there has been an alteration pursuant to paragraph 3, the document in which it was specified on the coming into effect of that alteration; or

(c) at any time when this Condition applies by virtue of Condition G9(1)(b), the contract, or NHS contract, by which it was required to be provided immediately before the commencement of this Licence or the Licensee's authorisation, as the case may be.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust has not had cause to cease to provide, or materially alter the specification or means of delivery of any Commissioner Requested Services. Any issues with regards to existing services, or proposals for new services, are discussed constructively through the Joint Clinical Commissioning Group meetings or other such key stakeholder meetings which include clinical and managerial representation from the Trust and its commissioners.	• Schedule of commissioning meetings • Minutes of commissioning meetings

5.2 *Condition CoS2 – Restriction on the disposal of assets*

1. The Licensee shall establish, maintain and keep up to date, an asset register which complies with paragraphs 2 and 3 of this Condition ("the Asset Register")

2. The Asset Register shall list every relevant asset used by the Licensee for the provision of Commissioner Requested Services.

3. The Asset Register shall be established, maintained and kept up to date in a manner that reasonably would be regarded as both adequate and professional.

4. The obligations in paragraphs 5 to 8 shall apply to the Licensee if NHS Improvement has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern.

5. The Licensee shall not dispose of, or relinquish control over, any relevant asset except:

   (a) with the consent in writing of NHS Improvement, and

   (b) in accordance with the paragraphs 6 to 8 of this Condition.

6. The Licensee shall furnish NHS Improvement with such information as NHS Improvement may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset.

7. Where consent by NHS Improvement for the purpose of paragraph 5(a) is subject to conditions, the Licensee shall comply with those conditions.

8. Paragraph 5(a) of this Condition shall not prevent the Licensee from disposing of, or relinquishing control over, any relevant asset where:

   (a) NHS Improvement has issued a general consent for the purposes of this Condition (whether or not subject to conditions) in relation to:

      (i) transactions of a specified description; or

      (ii) the disposal of or relinquishment of control over relevant assets of a specified description, and

   the transaction or the relevant assets are of a description to which the consent applies and the disposal, or relinquishment of control, is in accordance with any conditions to which the consent is subject; or the Licensee is required by the Care Quality Commission to dispose of a relevant asset.

9. In this Condition:

"disposal"	means any of the following: (a) a transfer, whether legal or equitable, of the whole or any part of an asset (whether or not for value) to a person other than the Licensee; or (b) a grant, whether legal or equitable, of a lease, licence, or loan of (or the grant of any other right of possession in relation to) that asset; or (c) the grant, whether legal or equitable, of any mortgage, charge, or other form of security over that asset; or (d) if the asset is an interest in land, any transaction or event that is capable under any enactment or rule of law of affecting the title to a registered interest in that land, on the assumption that the title is registered, and references to "dispose" are to be read accordingly;
"relevant asset"	means any item of property, including buildings, interests in land, equipment (including rights, licences and consents relating to its use), without which the Licensee's ability to meet its obligations to provide Commissioner Requested Services would reasonably be regarded as materially prejudiced;
"relinquishment of control"	includes entering into any agreement or arrangement under which control of the asset is not, or ceases to be, under the sole management of the Licensee, and "relinquish" and related expressions are to be read accordingly.

10. The Licensee shall have regard to such guidance as may be issued from time to time by NHS Improvement regarding:

(a) the manner in which asset registers should be established, maintained and updated, and

(b) property, including buildings, interests in land, intellectual property rights and equipment, without which a licence holder's ability to provide Commissioner Requested Services should be regarded as materially prejudiced.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust maintains an up-to-date asset register, which is audited as part of the annual audit of the accounts. The Trust has a policy in place regarding the disposal of all assets, which includes the process for the disposal of relevant assets. Asset disposal forms are completed and authorised for any asset disposals.	• Asset register • Asset disposal policy • Asset disposal forms • Annual accounts – asset disposal

5.3 *Condition CoS3 – Standards of corporate governance and financial management*

1. The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:

   (a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and

   (b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.

2. In its determination of the systems and standards to adopt for the purpose of paragraph 1, and in the application of those systems and standards, the Licensee shall have regard to:

   (a) such guidance as NHS Improvement may issue from time to time concerning systems and standards of corporate governance and financial management;

   (b) the Licensee's rating using the risk rating methodology published by NHS Improvement from time to time, and

   (c) the desirability of that rating being not less than the level regarded by NHS Improvement as acceptable under the provisions of that methodology.

Lead Exec	Compliant	Comment	Evidence
SW for financial management	Y	The Trust has a range of financial policies and controls in place to meet this licence condition. These policies and controls are audited annually by our Internal Auditors	• Financial policies • Internal audit reviews of

		and recommendations and actions are monitored by Audit Committee. The Trust was subject to a block contract arrangement during the year set out into two six monthly segments (H1 and H2) in line with the national response to the global COVID-19 pandemic.	financial management • Audit Committee minutes • Annual Report
SGL for corporate governance	Y	The Trust's segmental rating remained at 2 during the year. The Trust during the year implemented some interim governance arrangements in line with the mandate from NHS England issued at the start of the last calendar year while the NHS responded to the Omicron wave of the pandemic.	• Single Oversight Framework segment correspondence from NHSI • Annual Governance Statement

5.4 *Condition CoS4 – Undertaking from the ultimate controller*

1. The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee, in the form specified by NHS Improvement, that the ultimate controller ("the Covenantor"):

   (a) will refrain for any action, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will refrain from any action, which would be likely to cause the Licensee to be in contravention of any of its obligations under the 2012 Act or this Licence, and

   (b) will give to the Licensee, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will give to the Licensee, all such information in its possession or control as may be necessary to enable the Licensee to comply fully with its obligations under this Licence to provide information to NHS Improvement.

2. The Licensee shall obtain any undertaking required to be procured for the purpose of paragraph 1 within 7 days of a company or other person becoming an ultimate controller of the Licensee and shall ensure that any such undertaking remains in force for as long as the Covenantor remains the ultimate controller of the Licensee.

3. The Licensee shall:

(a) deliver to NHS Improvement a copy of each such undertaking within seven days of obtaining it;

(b) inform NHS Improvement immediately in writing if any Director, secretary or other officer of the Licensee becomes aware that any such undertaking has ceased to be legally enforceable or that its terms have been breached, and

(c) comply with any request which may be made by NHS Improvement to enforce any such undertaking.

4. For the purpose of this Condition, subject to paragraph 5, a person (whether an individual or a body corporate) is an ultimate controller of the Licensee if:

(a) directly, or indirectly, the Licensee can be required to act in accordance with the instructions of that person acting alone or in concert with others, and

(b) that person cannot be required to act in accordance with the instructions of another person acting alone or in concert with others.

5. A person is not an ultimate controller if they are:

(a) a health service body, within the meaning of section 9 of the 2006 Act;

(b) a Governor or Director of the Licensee and the Licensee is an NHS foundation trust;

(c) any Director of the Licensee who does not, alone or in association with others, have a controlling interest in the ownership of the Licensee and the Licensee is a body corporate; or

(d) a trustee of the Licensee and the Licensee is a charity.

Lead Exec	Compliant	Comment	Evidence
SW/SGL	Y	The ROH is a health service body so this is not applicable	• None

5.5 *Condition CoS5 – Risk pool levy*

1. The Licensee shall pay to NHS Improvement any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the 2012 Act, including sums payable

by way of levy imposed under section 139(1) and any interest payable under section 143(10), by the dates by which they are required to be paid.

2. In the event that no date has been clearly determined by which a sum referred to in paragraph 1 is required to be paid, that sum shall be paid within 28 days of being demanded in writing by NHS Improvement.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust has not been required to make any risk pool levies during 2021/22	• None

5.6 *Condition CoS6 – Co-operation in the event of financial stress*

1. The obligations in paragraph 2 shall apply if NHS Improvement has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern.

2. When this paragraph applies the Licensee shall:

(a) provide such information as NHS Improvement may direct to Commissioners and to such other persons as NHS Improvement may direct;

(b) allow such persons as NHS Improvement may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them, and

(c) co-operate with such persons as NHS Improvement may appoint to assist in the management of the Licensee's affairs, business and property.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust has not received any such notice from NHS Improvement during the financial year.	• Finance and performance overview

5.7 *Condition CoS7 – Availability of resources*

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.

2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.

3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS Improvement a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:

   (a) "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate."

   (b) "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services".

   (c) "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".

4. The Licensee shall submit to NHS Improvement with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.

5. The statement submitted to NHS Improvement in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.

6. The Licensee shall inform NHS Improvement immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.

7. The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.

8. In this Condition:

"distribution"	includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital;
"Financial Year"	means the period of twelve months over which the Licensee normally prepares its accounts;
"Required Resources"	means such: (a) management resources, (b) financial resources and financial facilities, (c) personnel, (d) physical and other assets including rights, licences and consents relating to their use, and (e) working capital as reasonably would be regarded as sufficient to enable the Licensee at all times to provide the Commissioner Requested Services.

Lead Exec	Compliant	Comment	Evidence
SW	Y	The Trust Board approved the Trust's financial and operational plan for 2021/22 that evidences that the financial resources and working capital required to deliver sustainable services are in place. The Board also approved the 2021/22 capital plan which reviewed the physical assets required for this purpose. With regard to the availability of sufficient personnel there remain some risks in relation to sufficient clinical staffing, although this is an improving position, and this risk is not believed to be sufficiently serious to impact upon NHS Improvement's license requirements as arrangements are in place to ensure sufficient safe staffing.	• Operational plan considered by the Finance & Performance Committee

6 Section 6 – NHS Foundation Trust Conditions

6.1 *Condition FT1 – Information to update the register of NHS foundation trusts*

1. The obligations in the following paragraphs of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall ensure that NHS Improvement has available to it written and electronic copies of the following documents:

   (a) the current version of Licensee's constitution;

   (b) the Licensee's most recently published annual accounts and any report of the auditor on them, and

   (c) the Licensee's most recently published annual report,

   and for that purpose shall provide to NHS Improvement written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted and of the documents referred to in sub-paragraphs (b) and (c) within 28 days of being published.

3. Subject to paragraph 4, the Licensee shall provide to NHS Improvement written and electronic copies of any document that is required by NHS Improvement for the purpose of Section 39 of the
   2006 Act within 28 days of the receipt of the original document by the Licensee.

4. The obligation in paragraph 3 shall not apply to:

   (a) any document provided pursuant to paragraph 2; (b)

   any document originating from NHS Improvement; or

   (c) any document required by law to be provided to NHS Improvement by another person.

5. The Licensee shall comply with any direction issued by NHS Improvement concerning the format in which electronic copies of documents are to be made available or provided.

6. When submitting a document to NHS Improvement for the purposes of this Condition, the Licensee shall provide to NHS Improvement a short written statement describing the document and specifying its electronic format and advising NHS Improvement that the document is being sent for the purpose of updating the register of NHS foundation trusts maintained in accordance with section 39 of the 2006 Act.

Lead Exec	Compliant	Comment	Evidence
SGL	Y	There were some amendments to the Constitution proposed to the Council of Governors at their meeting in January 2020. There have been no further amendments made during the last financial year. The audited annual report and accounts for 2020/21 were provided to NHSI according to the required timetable.	• Annual report & accounts • Paper to Council of Governors proposing changes to the Constitution.

6.2 *Condition FT2 – Payment to NHS Improvement in respect of registration and related costs*

1. The obligations in the following paragraph of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. Whenever NHS Improvement determines in accordance with section 50 of the 2006 Act that the Licensee must pay to NHS Improvement a fee in respect of NHS Improvement's exercise of its functions under sections 39 and 39A of that Act the Licensee shall pay that fee to NHS Improvement within
28 days of the fee being notified to the Licensee by NHS Improvement in writing.

Lead Exec	Compliant	Comment	Evidence
SW	Y	No fees have been levied by NHS Improvement during 2021/22	• None

6.3 *Condition FT3 – Provision of information to advisory panel*

1. The obligation in the following paragraph of this Condition applies if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall comply with any request for information or advice made of it under

Section 39A(5) of the 2006 Act.

Lead Exec	Compliant	Comment	Evidence
SGL	Y	No request for a referral to the advisory panel was received from members of the Council in the financial year.	• None

6.4 *Condition FT4 – NHS foundation trust governance arrangements*

1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:

   (a) have regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time; and

   (b) comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

   (a) effective board and committee structures;

   (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and

   (c) clear reporting lines and accountabilities throughout its organisation.

5. The Licensee shall establish and effectively implement systems and/or processes:

   (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

   (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;

(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions

(d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

(h) to ensure compliance with all applicable legal requirements.

6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;

(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;

(c) the collection of accurate, comprehensive, timely and up to date information on quality of care;

(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;

(e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

(f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

8. The Licensee shall submit to NHS Improvement within three months of the end of each financial year:

(a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and

(b) if required in writing by NHS Improvement, a statement from its auditors either:

(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or

(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

Lead Exec	Compliant	Comment	Evidence
SGL	Y	The corporate governance framework is set out within the Trust's annual report and specifically within the Annual Governance Statement. The Director's report within the Accountability Report outlines the Board composition and skills and also references the architecture of the Board & its committees. The Performance report section outlines the performance against a range of quality metrics.	• Annual Report • Safe staffing reports • Presentation to the CQC for the virtual well led assessment • Head of Internal Audit opinion

		The safe staffing report seen at Quality & Safety Committee provides assurance to the Board that there is adequate nurse staffing cover to maintain a safe level of care for patients. The Corporate Governance Declaration will be published by 30 June 2022 as required and will be presented at the Board meeting on 6 July for ratification. The Trust has not received any regulatory enforcement action or undertakings applied during the year. During the year, the Trust underwent a virtual assessment against the CQC well led framework which did not raise any concerns or lead to a formal inspection. The end of year assessment from the Head of Internal Audit was that there were no matters of significance to include within the section of the annual report concerning lapses in internal control.	

7 Section 7 – Interpretation and Definitions

7.1 *Condition D1 – Interpretation and Definitions*

1. In this Licence, except where the context requires otherwise, words or expressions set out in the left hand column of the following table have the meaning set out next to them in the right hand column of the table.

"the 2006 Act"	the National Health Service Act 2006 c.41;
"the 2008 Act"	the Health and Social Care Act 2008 c.14;
"the 2009 Act"	the Health Act 2009 c.21;
"the 2012 Act"	the Health and Social Care Act 2012 c.7;
"the Care Quality Commission"	the Care Quality Commission established under section 1 of the 2008 Act;
"clinical commissioning group"	a body corporate established pursuant to section 1F and Chapter A of Part 2 of the 2006 Act;
"Commissioner Requested Service"	a service of the sort described in paragraph 2 or 3 of condition G9 which has not ceased to be such a service in accordance with paragraph 9 of that condition;
"Commissioners"	includes the NHS Commissioning Board and any clinical commissioning group;
"Director"	includes any person who, in any organisation, performs the functions of, or functions equivalent or similar to those of, a director of: (i) an NHS foundation trust, or (ii) a company constituted under the Companies Act 2006;
"Governor"	includes any person who, in any organisation, performs the functions of, or functions equivalent or

	similar to those of, a Governor of an NHS foundation trust as specified by statute;
"the NHS Acts"	the 2006 Act, the 2008 Act, the 2009 Act and the 2012 Act;
"NHS Commissioning Board"	the body corporate established under section 1E of, and Schedule A1 to, the 2006 Act;
"NHS foundation trust"	a public benefit corporation established pursuant to section 30 of, and Schedule 7 to, the 2006 Act.

2. Any reference in this Licence to a statutory body shall be taken, unless the contrary is indicated, to be a reference also to any successor to that body.

3. Unless the context requires otherwise, words or expressions which are defined in the 2012 Act shall have the same meaning for the purpose of this Licence as they have for the purpose of that Act.

4. Any reference in the Licence to any provision of a statute, statutory instrument or other regulation is a reference, unless the context requires otherwise, to that provision as currently amended.

Self-Certification Template - Conditions G6 and CoS7

The Royal Orthopaedic Hospital NHS Foundation Trust

Foundation Trusts and NHS trusts are required to make the following declarations to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These Declarations are set out in this template.

Templates should be returned via the Trust portal.

How to use this template
1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.		Please Respond

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		Please Respond

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Jo Williams	**Name**	Tim Pile
Capacity	Chief Executive	**Capacity**	Chair
Date	01 June 2022	**Date**	01 June 2022

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

ROHTB (6/22) 009

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 24 May 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There had been a high number of cancelled procedures on the day due to COVID-related sickness absence in both staff and patients. • Length of stay had increased, this being reflective of the higher complexity of patients being treated. Performance for primary hip and knee procedures however remained within target. • The level of virtual clinics overall remained low; this however was consistent with other Provider organisations in the region and the position was further impacted by the elimination of any clinically unnecessary follow up appointments. • The Cost Improvement Programme for 2022/23 required the identification of £2.7m of efficiencies and savings. To date £2.0m had been identified, with a further number of schemes to be financially evaluated. • There remained a concern over turnover, vacancy rates and sickness absence levels, which presented a risk to the delivery of the Trust's activity plan for the coming year. • The financial regime for managing the Elective Recovery Fund within the system was reported to be uncertain at present.	• A month by month view of planned activity numbers was requested. • A number of ROH and system recruitment programmes were reported to be underway which would assist with addressing the position in some challenging areas such as theatres, recovery and Admission and Day Case Unit. This included targeting individuals from disadvantaged backgrounds, younger people and apprentices. • Detailed update on demographic and health inequalities information to be considered at a future meeting. • Strategic outline case for the Electronic Patient Record to be considered by the Board on 1 June 2022.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Delivery of activity was reported to be above plan for April and there was work towards the ROH stretch plan for the rest of the year. • Some focussed work to deliver an enhanced level of activity over the forthcoming 6-8 weeks was planned. • There were reported to be planned changes to the anaesthetic protocols for day cases, which would likely deliver an improved length of stay position. • Outpatient clinic performance targets had been met. • Virtual clinics would be organised for shoulder procedures.	• None specifically.

• There was reported to be good progress with addressing 52-week waits with a number of specialities having cleared all cases. • A small financial surplus had been generated for Month 1. • Pay expenditure was lower than plan, although this was reflective of the challenges with meeting the funded establishment for the organisation. • Performance against all constitutional cancer targets was reported to be strong. • Delivery against the Elective Recovery Fund target was reported to be positive for the ROH.	

Chair's comments on the effectiveness of the meeting: The meeting was noted to have been concise due to the early stage in the financial year.

ROHTB (6/22) 010

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 25 May 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There was reported to have been two deaths during the month; one in hospital and one within 30 days of discharge. A Root Cause Analysis was underway for the second of these deaths and they would be reviewed through the Learning from Death process. • The incident concerning an incomplete instrument tray was undergoing a Root Cause Analysis. • There had been a high level of cancellations during the month, this being associated with COVID-related sickness absence of patients and staff. With the revised COVID testing regime, it was noted that there was better opportunity to fill vacant slots however. • There was noted to have been a 12-day delay for a histology result, although it was reported that this has been expected due to the nature of the case. • The Trust remained below the national target for virtual clinics, although it was noted that much work was being undertaken with specialities to assess where uptake could be higher. • A briefing was given concerning an incident relating to 'Refer a Patient' for Oncology patients. A further update would be provided for the Trust Board and subsequent meetings of the Quality & Safety Committee and Quality & Safety Executive.	• A view of Did Not Attend cases through an inequalities lens to be presented at a future meeting. • Objectives for the Dementia Lead to be set and shared with the Committee.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• There had been a change to the assessment of compliance with the WHO checklist, where instead of being reliant on information from Theatreman, observational audits were used. It was noted that there was further work planned to improve the rate of compliance and instil more rigour into theatre processes. • There was further work planned to reduce length of stay through robust discharge processes, led by the Clinical Site Management	• None specifically.

team. This would help assist the position in terms of discharges that were currently delayed as a result of lack of social care provision. • Outpatient clinic targets were reported to have been met. • There were reported to be four specialities which had cleared 52 week waits. • An operational performance lead was reported to have been appointed. • Further work is planned to visualise Near Miss incidents and to share the learning from these, moving the organisation to a preventative culture from a reactive one. • The draft Quality Account was considered which would be refined before being presented to the Trust Board in June. • An update on the work to deliver the patient safety strategy was presented. It was suggested that the objectives needed to be crystallised and refined. • An update on the key actions arising from the national inpatient survey was provided which included a 'buzzer' audit; addressing delays due to social care; and perception of staffing levels. • It was reported that there had been positive feedback from the recent inspection by the Human Tissue Authority with no shortfalls identified. • It was noted that the dementia lead role had been filled. • There was reported to have been an improvement in the training rates for life support. • The safe staffing report highlighted that the care hours delivered were within the accepted ranges.	

Chair's comments on the effectiveness of the meeting: The meeting operated using a slim but focussed agenda.

ROHTB (6/22) 011

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 25 May 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The workforce risks were due to be reframed and would include clear mitigating actions to address some of the concerns that the Committee had been discussing such as turnover and sickness absence. • Turnover had increased further to in excess of 15% and sickness absence was reported to be 6.39%. A systemwide retention project was reported to be underway which may support the turnover position. • At 45%, it was agreed that return to work interviews were disappointing.	• It was agreed that 'Cost of Living' should form a key element of each agenda going forward. • There was work planned to triangulate sickness absence to the incidents and accidents reported. • Invite the physiotherapist with responsibility for Patient Handling training to the Committee to share her staff story. • Present the NHS Wellbeing Framework at a future meeting. • Comments on the draft HR & OD strategy to be offered to the Chief People Officer as soon as convenient. • Consider rationalising the various workforce strategies.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received an update from the Sister for Children and Young People's Outpatients Department who shared her story of working at the ROH. A particular highlight for her had been the opportunity to pursue a role training and educating staff, which she had enjoyed. She had also been instrumental in introducing some key policies such as 'Was Not Brought' and the development of a 'first contact' process. • A HR & OD 'away day' had been held which was positive and had been well received by the team. It had informed the delivery plan for the Trust's People Plan. • Headcount against the funded establishment had improved slightly, although it was noted that there was further work planned to validate the position and correlate to investment business cases. • Training rates overall were reported to have improved due to the theatres and ward 'shut down' for maintenance. It was noted however, that compliance rates for those modules requiring annual completion remained low and therefore further work was planned to address the position.	• The Committee approved the Medical Workforce strategy.

• The Black Intern Programme placement had commenced and would share their story with the Committee in July. • The mentoring programme for the Multi Minority Ethnic Group was reported to have started. • The Medical Workforce strategy was presented by the Medical Workforce Lead which set a clear direction for development of an equitable medical workforce from a gender perspective, alongside robust plans for a valuable induction, onboarding, appraisal and reward process. The strategy set out the plans for developing collaborations and partnerships to progress the Trust's ambition to be the leading provider of Orthopaedics and MSK services. • The draft HR & OD strategy was presented which was aligned to the overall Trust strategy. • 86.5% of the apprenticeship levy target had been achieved last year, with an ambition to achieve this fully for the current year. There was a target of 28 apprentices set, including a cohort of staff undertaking a Management Skills Programme (MSP). • The Trust's staff survey outcomes were celebrated as the leading results in the Birmingham and Solihull system. The response rate was higher than other providers and there was an ambition to improve this further. Meeting packs had been prepared for each Executive Lead which would be shared with their teams and action plans developed. • A new approach to staff walkabouts was reported to be planned which would adopt a more informal process than previously. • A draft engagement strategy was presented for comments. It was agreed that some of the work achieved needed to be showcased as part of the Trust's forthcoming AGM. • The Committee received a positive update on the International Recruitment plans. 35 staff would join the ROH through this scheme. • It was reported that the previous Pharmacy area had been refurbished and had been offered to the Portering team for their rest space.	

• There had been a visit to meet the next cohort of the EPIC programme who were energised and enthusiastic about culture change and improvement.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and that the staff story had been particularly enjoyable.

Finance and Performance Report

April 2022

CONTENTS

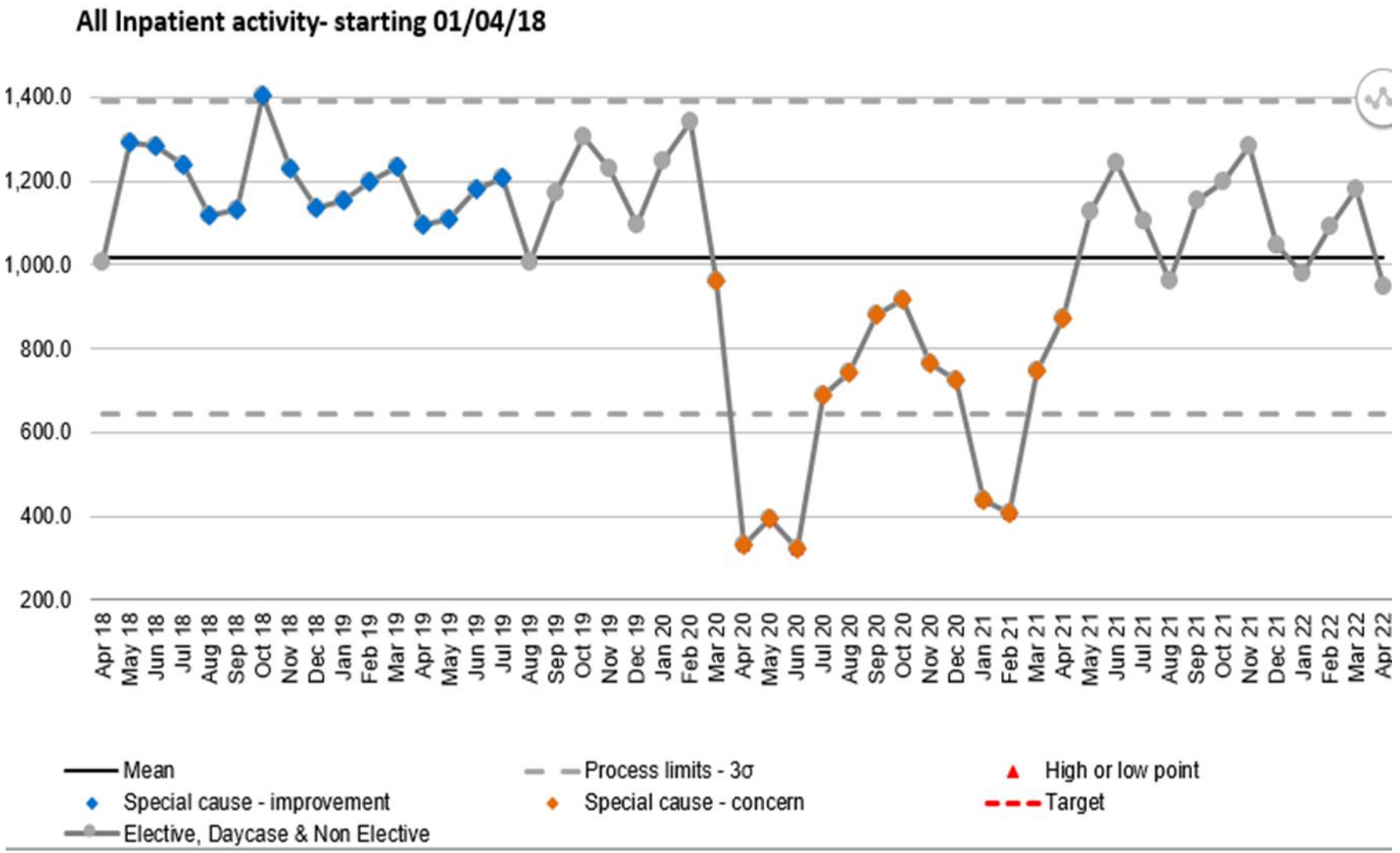
	Introduction
1	Activity Summary
2	Theatre Utilisation
3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
9	Income
10	Expenditure
11	Agency Expenditure
12	Cost Improvement Programme
13	Liquidity & Balance Sheet analysis
14	ICS Financial Analysis
15	Workforce

Introduction

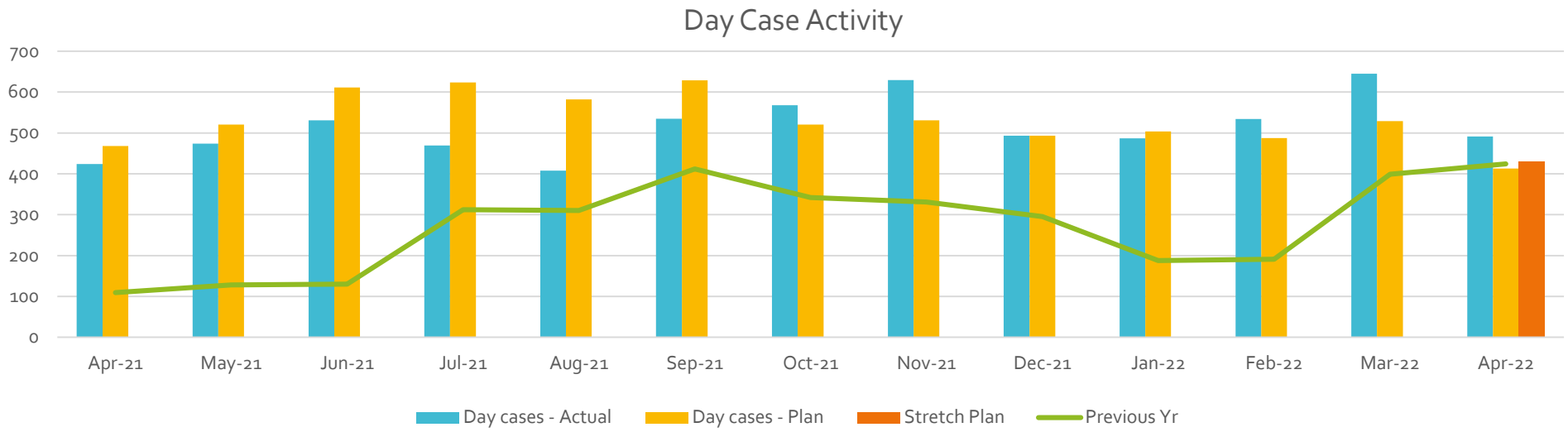
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

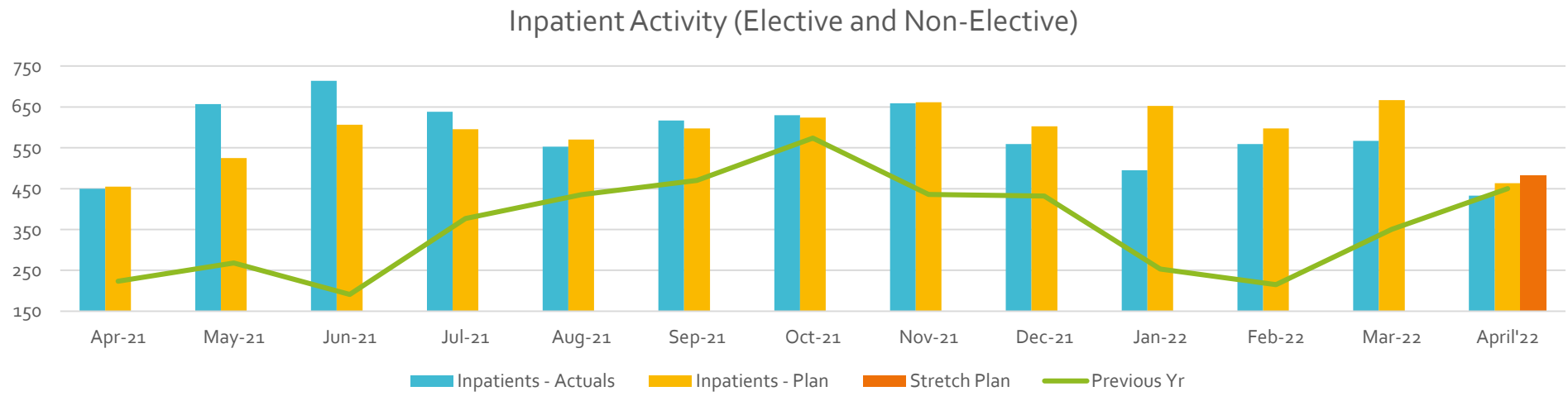
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

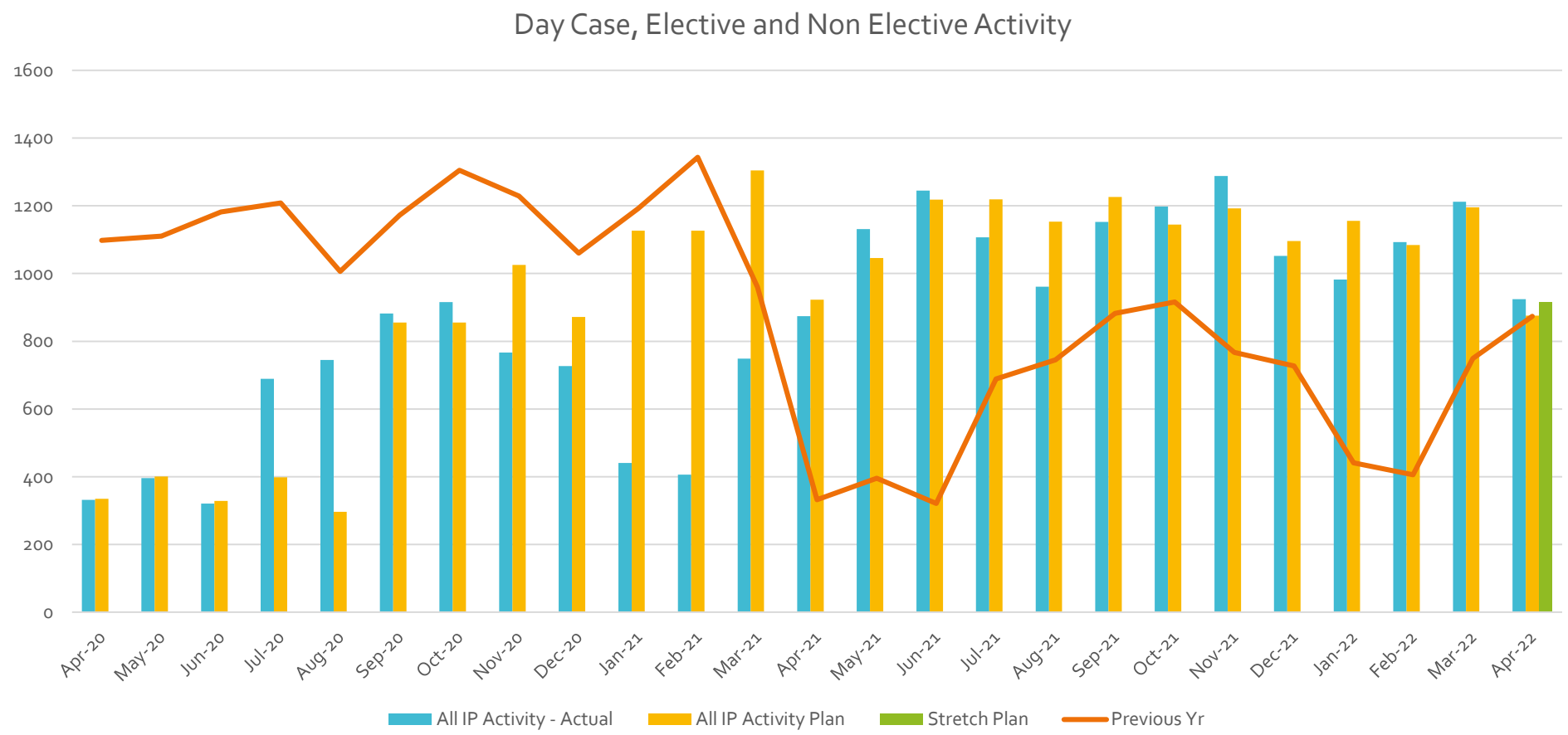


1. Activity Summary





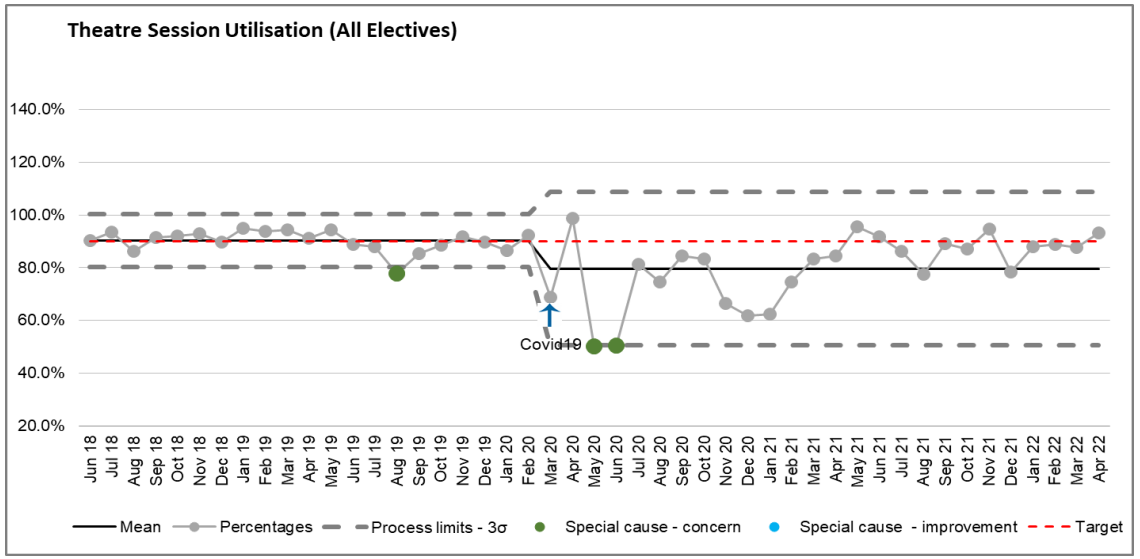
1. Activity Summary

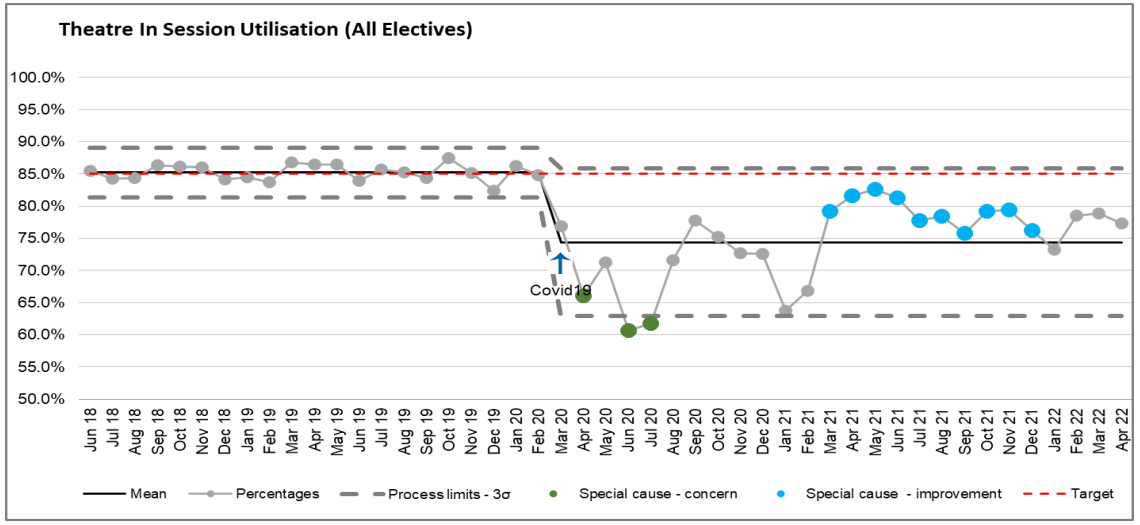


Activity for April was above plan:
System plan – actual 924 v plan 874
Stretch plan – actual 924 v plan 914
NB : Plan profiled lower for April due to theatre refurbishment – loss of 3 theatres for 3 weeks and 1 ward hence higher day case activity

The focus is on delivering activity for 22/23 with fully utilised lists, weekend theatre lists and proactive recycling of in week sessions. The Operational team have therefore set an aspirational stretch plan which will be monitored in parallel to the system plan.

2. Theatre Utilisation





Elective Session Utilisation (April 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	315	296	19	93.97%
UHB	86	78	8	90.70%
Totals	401	374	27	**93.27%**

Elective In Session Utilisation (April 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1322	1025	297	77.54%
UHB	348	266	82	76.47%
Totals	1670	1291	379	**77.32%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in April and was within target at 93.27%. Total In session utilisation was 77.32% a slight decrease on the previous month (78.86%).

April saw a continuing improvement in list utilisation, however in session utilisation remained stable . This was mainly due to the impact of a ward closure as a result of a covid outbreak, and the resulting cancellations due to a lack of beds. This was compounded by the pre-planned closure of a ward as part of the theatre / ward maintenance works that took place in the month.(IE 2/6 wards unavailable)

Mutual aid was also provided in the form of converting UHB elective lists to ambulatory trauma for a two week period to support capacity pressures within the system over Easter . This resulted in a number of elective cases being deferred, impacting on in session utilisation as a result of changing cases mixes. A full breakdown of cancellations can be viewed further on in the pack.

All theatre lists that were impacted were triaged by colleagues to ensure any cancer patients, P2's, very long waiters and any patients that were cancelled previously were prioritised.

AREAS FOR IMPROVEMENT

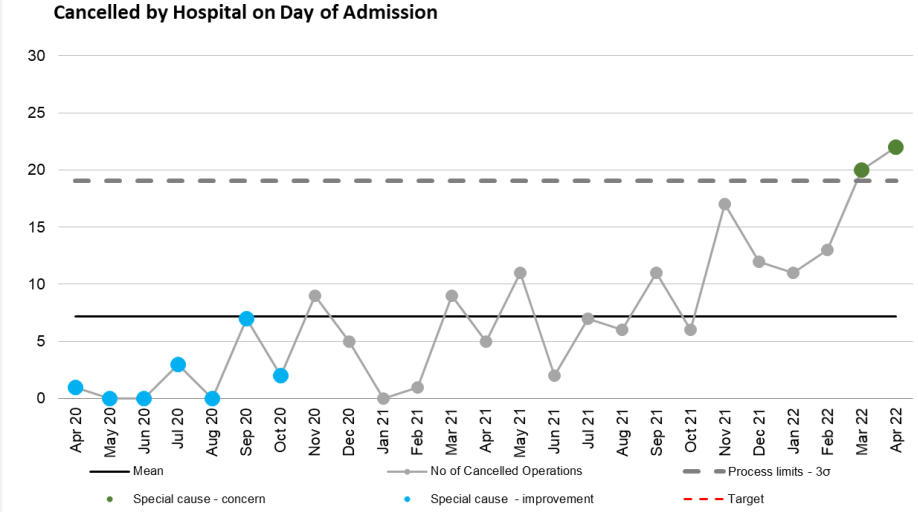
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

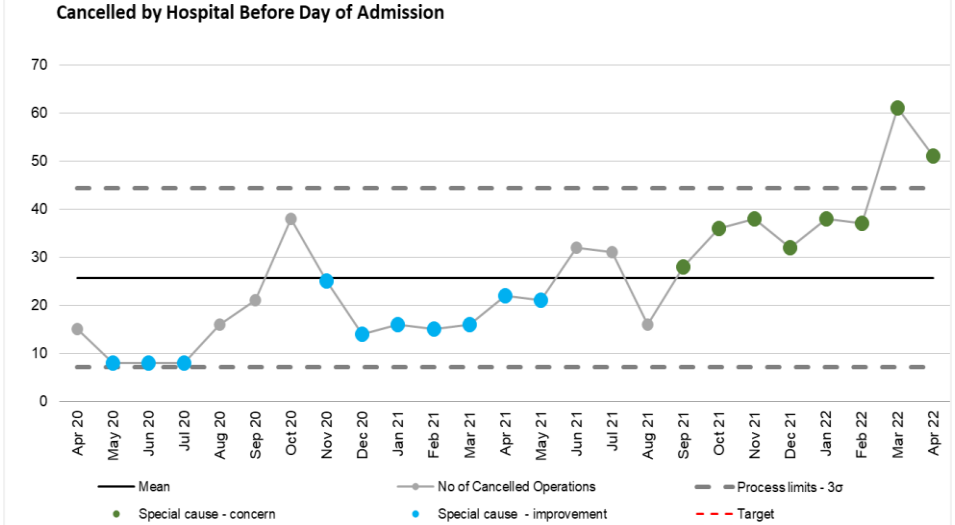
RISKS / ISSUES

Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible . These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of Nursing to give appropriate support and focus in this area.

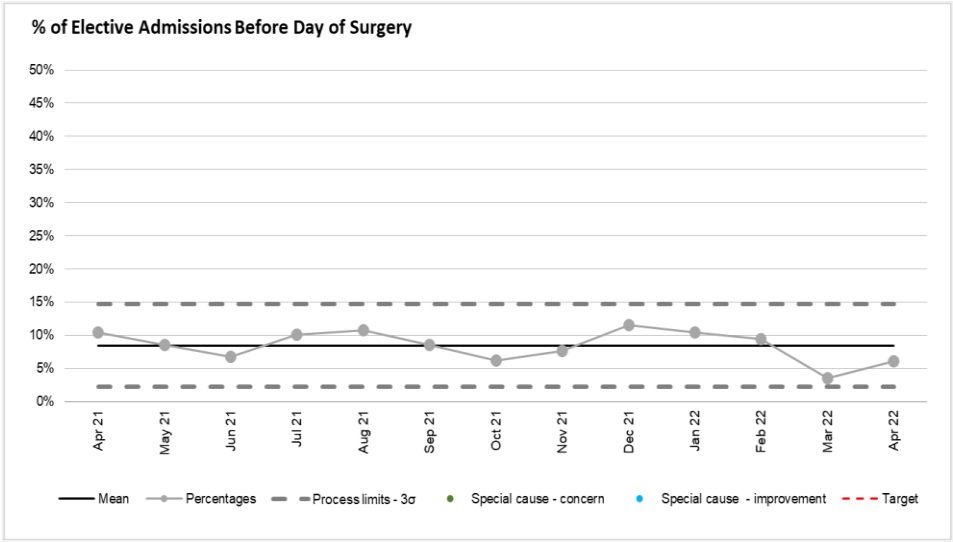
A theatre specific recruitment open day has been arranged for the 26th June where applicants will have a tour of our theatre facilities and on the day interviews with job offers will be made. This is also being supported by Consultant colleagues who be in attendance along with HR/OPS colleagues.

2. Theatre Utilisation/ Hospital Led Cancellations





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
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	0
2022-04	22	25	51	98	2
Total	**143**	**308**	**443**	**894**	**2**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 22 patients cancelled on the day in April with reasons detailed as follows;
16 x lack of theatre time/beds
1 x Medically unfit / Clinical change in condition,
1 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
3 x availability of staff due to sickness
1 x patient had transport issues

There were 25 patients admitted but where treatment was deferred, with reasons broken down as follows:
12 x lack of theatre time/beds
9 x Medically unfit / Clinical change in condition,
3 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x availability of staff due to sickness

There were 51 patients cancelled by the hospital prior to date of admission.
26 x patients covid + / medically deferred
9 x replaced by emergency/urgent case
9 x availability of staff due to sickness
4 x changes in TCI date –Patient Choice
2 x lack of beds
1 x patient DNA'd appointment

The 2 patients cancelled and not treated within 28 days were cancelled due to the Consultant covid+, the patients were offered new TCI dates within 28 days however due to a family emergency and patient choice the patients declined the offer to be treated within 28 days and were rebook for the following month.

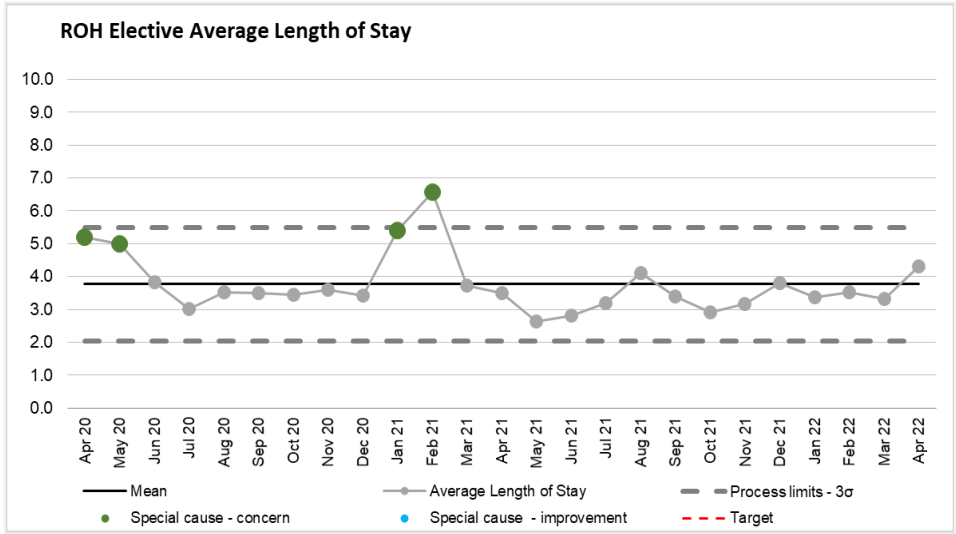
AREAS FOR IMPROVEMENT

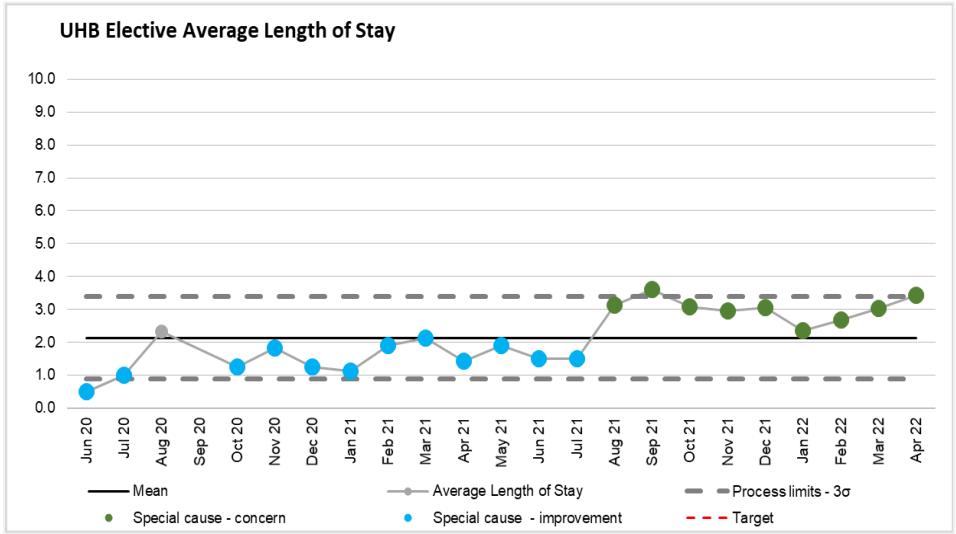
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.

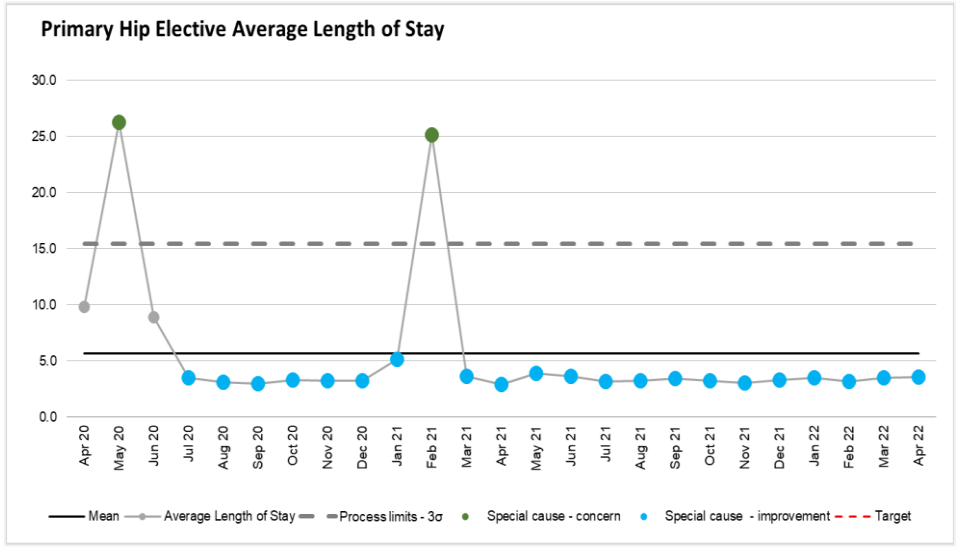
RISKS / ISSUES

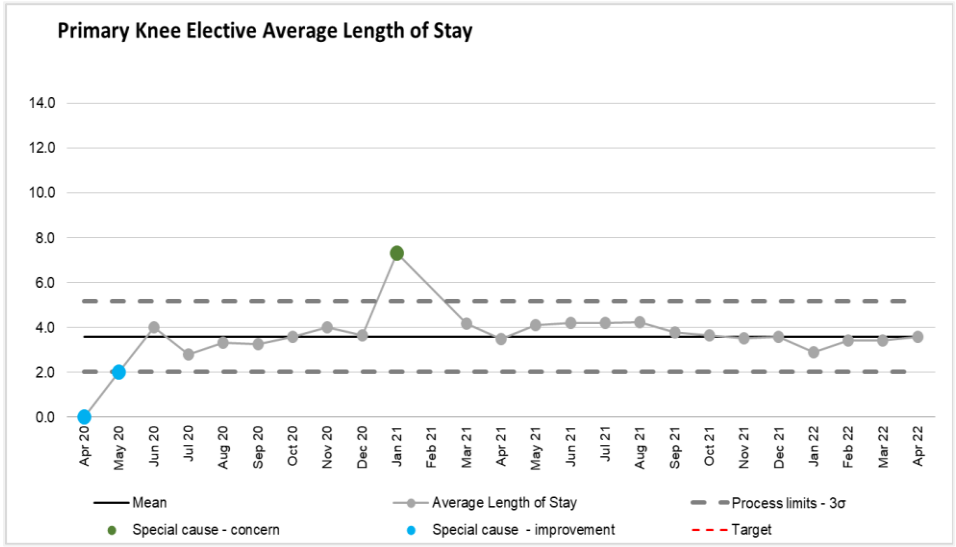
Impact of the continuation in high Covid rates impacting on both patients and staff

3. Length of Stay









3. Length of Stay

SUMMARY

The average length LOS for ROH patients from all specialities has increased in month to **5.11** (3.66 March).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **4.31** (3.31 March)
The average length of stay for UHB arthroplasty patients at ROH is **3.42** (3.06 March).

April length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

14 (17 March) UHB arthroplasty patients with LOS greater than 3 days. **7** (11 March) with a length of stay greater than 5 days and **4** (6 March) with a stay greater than 7 days. (excludes Rehab).
67 (64 March) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 38 (32 March) with a length of stay greater than 5 days, 26 (21 March) with a length of stay greater than 7 days.

In summary 4 ROH arthroplasty and oncology arthroplasty and 26 UHB arthroplasty patients had a length of stay greater than 7 days.

Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors in this. We also operated on the first four Osseointegration implant patients who all stayed approximately 7 days and this will have impacted on the overall LOS figure.

In March 160 patients went home via the discharge lounge. Discharge Lounge capacity is currently under review in light of changes to social distancing guidelines. In addition number of patients discharged home before lunch increased again from **32.14%** in February to **35%** in March. (April data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

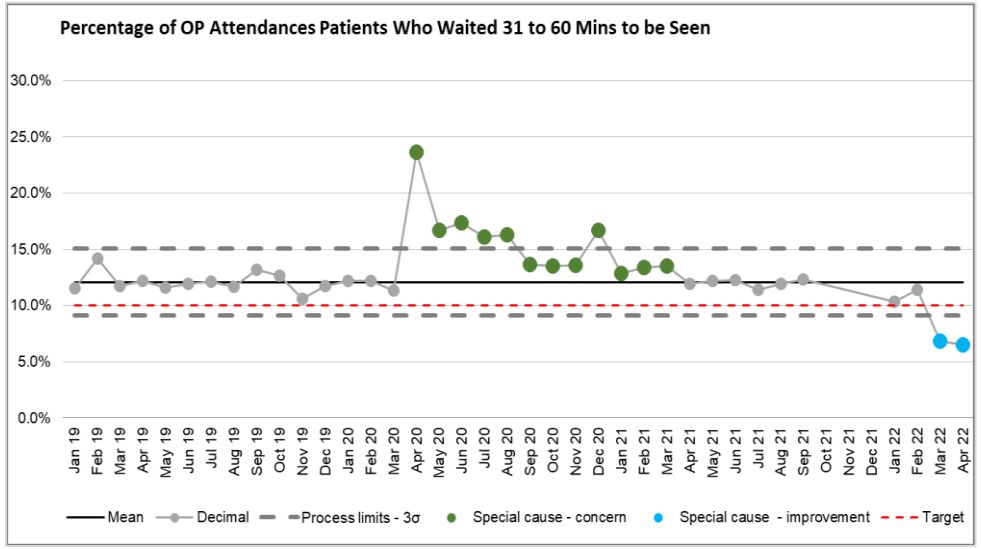
AREAS FOR IMPROVEMENT

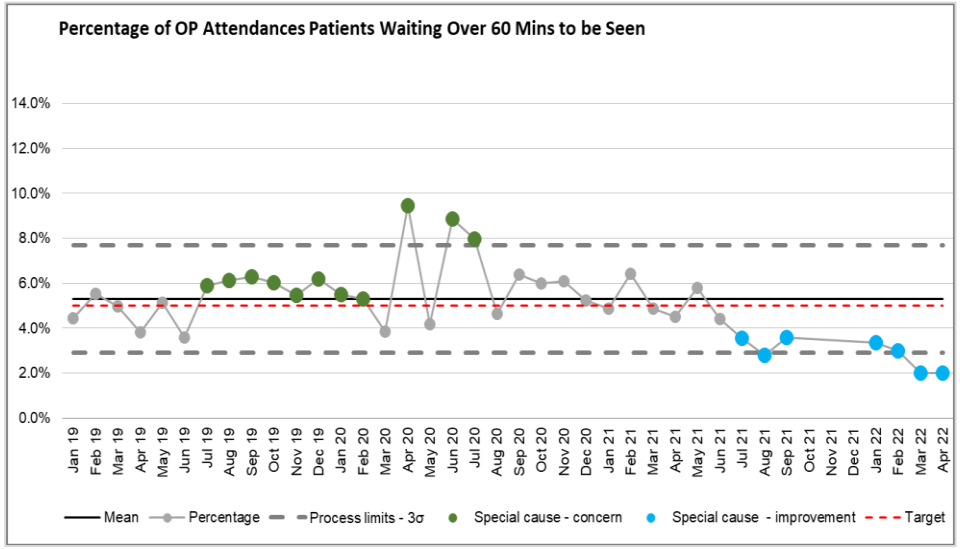
Recommendations being reviewed within service improvement group:

- Audit patients undergoing surgery on a Friday or Saturday and whether this impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.
- Review anaesthetic technique. Feedback from Consultant surgeon that use of GA and block in TKRs impacts on LOS
- Business case for 23 hr LOS June 2022

RISKS/ISSUES

4. Outpatient efficiency





DNA Analysis

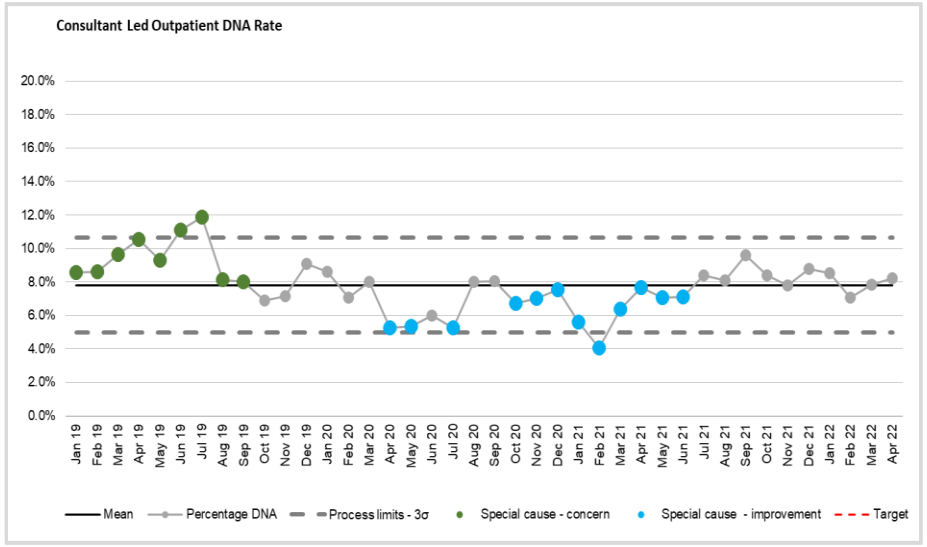
There were 662 DNAs in April and of these 80% were booked with 3 weeks notice or more. An audit of 80 DNAs has been carried out with the following results:

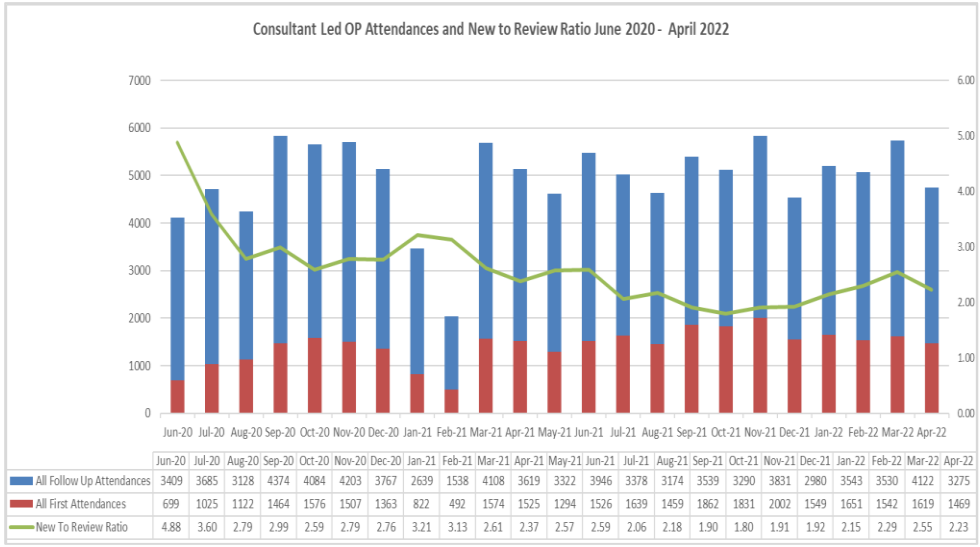
Audit of 80 DNAs	Number
Patient was unable to get through to the call centre to cancel	25
Patient DNA - Forgot to cancel	21
Patient told appointment was cancelled	1
Unaware of appointment	33
Grand Total	**80**

Data for all 662 DNAs	
Over 3 weeks notice	79.60%
Male	50.30%
Female	49.70%

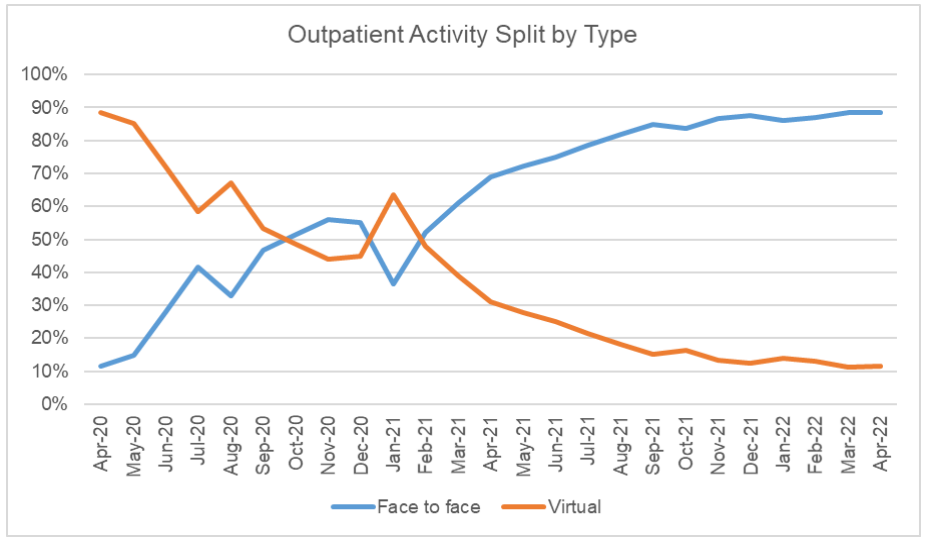
- of the 80 audited 33 patients reported that they were not aware of their appointment, however 16 patients had been sent and received a text message about their appointment.
- of the 662 DNA's there was no statistical difference in gender
- patients who were unable to contact the call centre to cancel their appointments due to the issues with the current system. The new voice over internet protocol (VOIP) system 8 X 8 will go live on 6 June. Staff are currently undergoing training in preparation for the go live date.

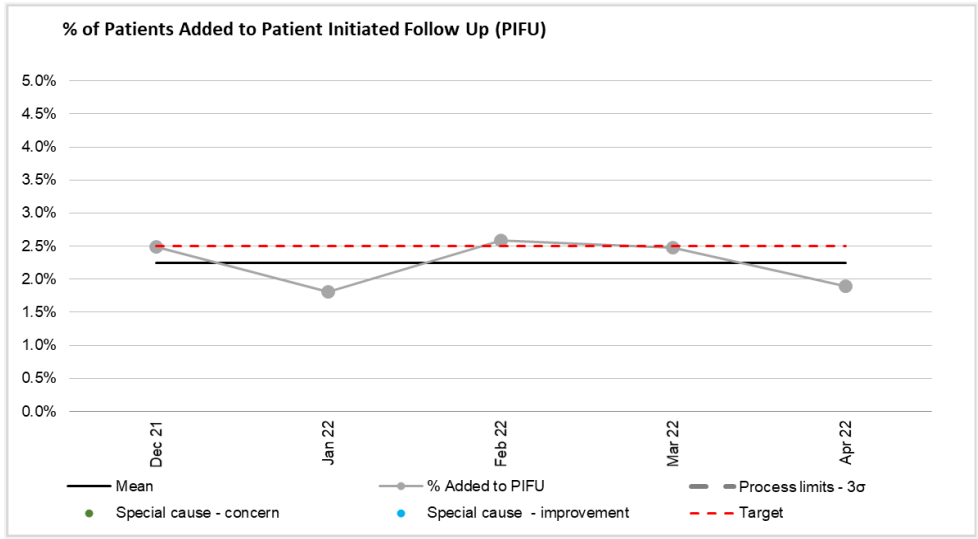
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122	3275
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619	1469
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55	2.23





4. Outpatient efficiency

SUMMARY

There were 4,065 face to face and 524 virtual appointments carried out in April (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. The latest data is not yet available for the region but data from February showed Robert Jones and Agnes Hunt at 9% for Trauma and Orthopaedic services, UHB at 8%, Sandwell at 12% and ROH at 14%.
An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform (DrDoctor) to support virtual clinics going forward.

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **6.5%** (Target **10%)**
60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown a improvement from March to April with just 6.5% of appointments being delayed more than 30 minutes. Delays of 60 minutes or more have remained the same as March at 2%. A trial of electronic outcomes is being planned in Young Adult Hips and Back Pain / Clinical Support resulting in the clinician is entering the time stamps making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. The intranet based x-ray walking referral form and waiting list continues to help reduce delays for patients that are referred to imaging on the day of their appointment.

The DNA rate for April is **8.24%, below trust target** but an increase from **7.83**% in March – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. Additional analysis is now being carried out on the DNA data to provide more information including gender, notice period provided and previous DNA history. This analysis will continue to grow including more information such as ethnicity and if text alerts were sent to the patient.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In April 115 referrals for advice and guidance were received against a GP referral total of 1362 gives a total of **8.4%** for advice and guidance.
We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **the response rate for April was 93%.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and will go live on 6th June. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

5. Referral to Treatment

Referral to Treatment Snapshot as at 30th April 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2022

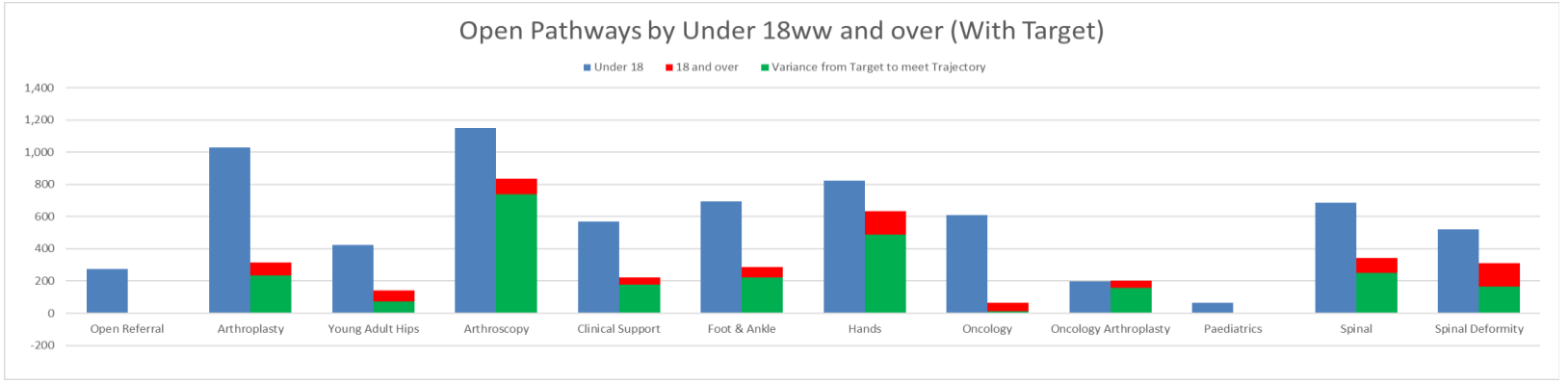
To achieve	89.10%	2869
To achieve	89.10%	2869
To achieve	89.94%	2953

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,250**	261	461	222	473	228	319	333	306	78	34	285	250
7-13	**2,784**	13	426	142	482	251	297	354	239	82	24	275	199
14-17	**1,003**	1	141	60	193	89	78	137	64	36	6	125	73
18-26	**1,707**	1	164	96	392	126	150	307	47	99	3	180	142
27-39	**1,224**	0	134	36	293	87	111	236	11	66	2	123	125
40-47	**330**	1	12	7	112	8	20	65	5	29	0	29	42
48-51	**57**	0	2	3	25	2	3	9	0	5	0	5	3
52 weeks and over	**37**	0	1	1	12	0	1	17	0	1	0	4	0
Total	**10,392**	277	1,341	567	1,982	791	979	1,458	672	396	69	1,026	834

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,037**	275	1,028	424	1,148	568	694	824	609	196	64	685	522
18 and over	**3,355**	2	313	143	834	223	285	634	63	200	5	341	312
Current Month End RTT %	**67.72%**	99.28%	**76.66%**	**74.78%**	**57.92%**	**71.81%**	**70.89%**	**56.52%**	**90.63%**	**49.49%**	92.75%	**66.76%**	**62.59%**

30/04/2022 Trajectory RTT %	89.10%	100.00%	92.82%	85.97%	92.20%	92.52%	91.73%	84.86%	92.47%	81.74%	92.16%	88.27%	78.00%
Target for RTT Trajectory	861	0	79	69	97	46	63	147	50	44	5	91	147
Variance from Target to meet Trajectory	2494	2	234	74	737	177	222	487	13	156	0	250	165



5. Referral to Treatment

Referral to Treatment Snapshot as at 30th April 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2022

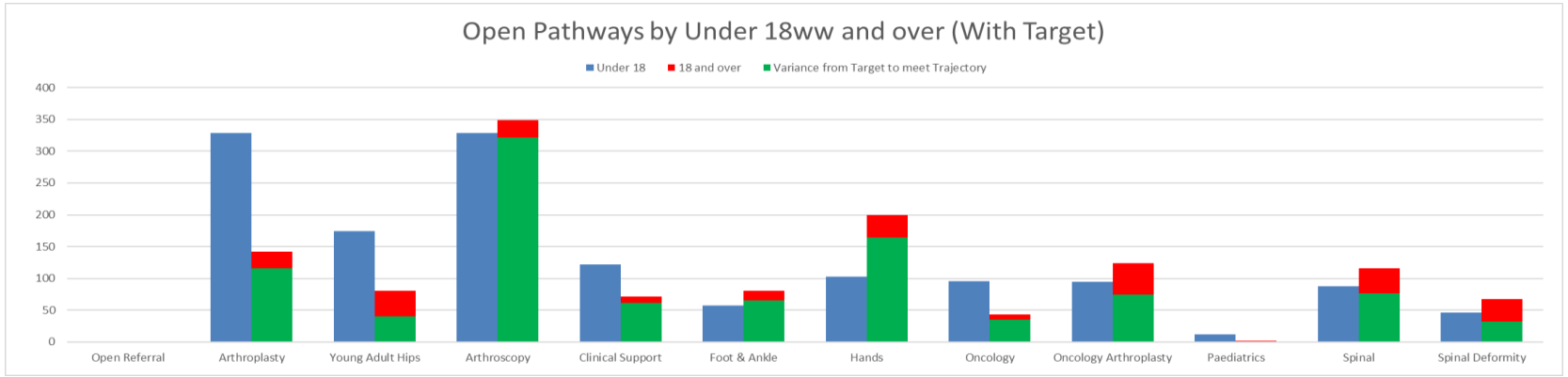
Est Over 18 Clock Stops Required		
To achieve	84.55%	1159
To achieve	89.10%	1260
To achieve	89.94%	1277

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**546**	0	97	78	135	47	22	36	42	28	4	35	22
7-13	**640**	0	163	64	142	52	31	41	39	45	7	36	20
14-17	**265**	0	69	32	52	23	4	26	15	22	1	17	4
18-26	**572**	0	72	51	118	42	36	84	33	58	1	53	24
27-39	**490**	0	63	21	136	27	32	85	7	43	1	44	31
40-47	**167**	0	6	5	74	1	12	23	3	21	0	12	10
48-51	**29**	0	0	2	17	1	0	2	0	1	0	4	2
52 weeks and over	**15**	0	1	1	4	0	0	5	0	1	0	3	0
Total	**2,724**	0	471	254	678	193	137	302	139	219	14	204	113

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,451**	0	329	174	329	122	57	103	96	95	12	88	46
18 and over	**1,273**	0	142	80	349	71	80	199	43	124	2	116	67
Current Month End RTT %	**53.27%**	n/a	**69.85%**	**68.50%**	**48.53%**	**63.21%**	**41.61%**	**34.11%**	**69.06%**	**43.38%**	**85.71%**	**43.14%**	**40.71%**

30/04/2022 Trajectory RTT %	84.55%	100.00%	92.73%	81.24%	92.24%	92.50%	79.50%	74.54%	92.70%	65.58%	93.33%	68.99%	56.51%
Target for RTT Trajectory	265	0	26	40	28	10	15	35	8	50	1	40	35
Variance from Target to meet Trajectory	1008	0	116	40	321	61	65	164	35	74	1	76	32



5. Referral to Treatment

Referral to Treatment Snapshot as 30th April 22 (Non Admitted)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2022

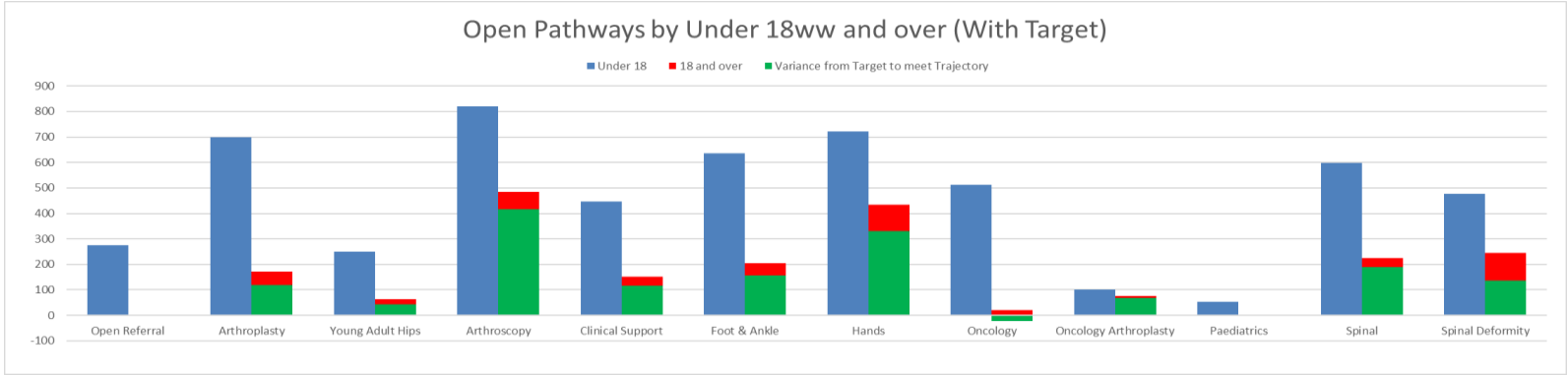
Est Over 18 Clock Stops Required		
To achieve	91.12%	1768
To achieve	89.10%	1609
To achieve	89.94%	1676

Select Pathway Type: Non Admitted

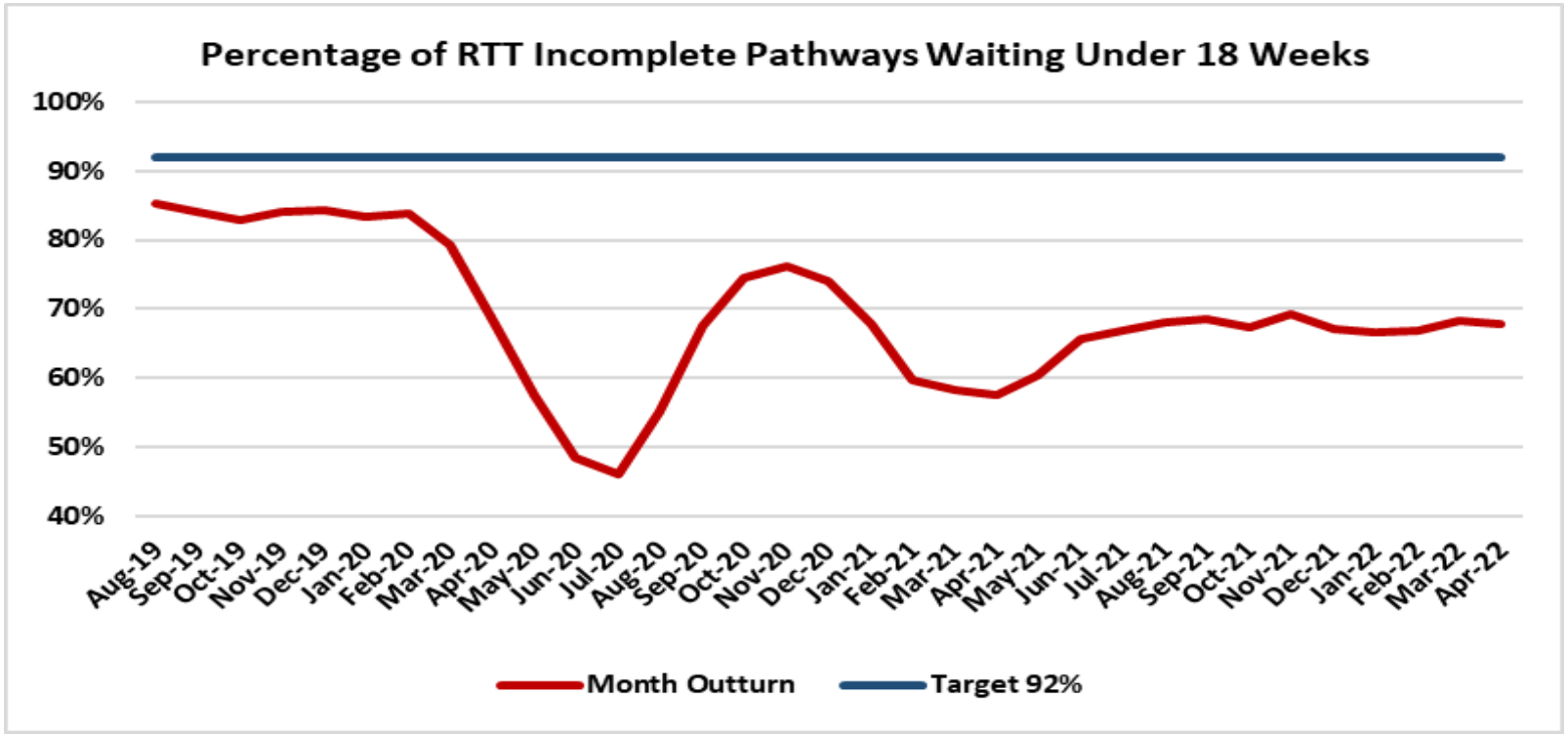
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,704**	261	364	144	338	181	297	297	264	50	30	250	228
7-13	**2,144**	13	263	78	340	199	266	313	200	37	17	239	179
14-17	**738**	1	72	28	141	66	74	111	49	14	5	108	69
18-26	**1,135**	1	92	45	274	84	114	223	14	41	2	127	118
27-39	**734**	0	71	15	157	60	79	151	4	23	1	79	94
40-47	**163**	1	6	2	38	7	8	42	2	8	0	17	32
48-51	**28**	0	2	1	8	1	3	7	0	4	0	1	1
52 weeks and over	**22**	0	0	0	8	0	1	12	0	0	0	1	0
Total	**7,668**	277	870	313	1,304	598	842	1,156	533	177	55	822	721

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,586**	275	699	250	819	446	637	721	513	101	52	597	476
18 and over	**2,082**	2	171	63	485	152	205	435	20	76	3	225	245
Current Month End RTT %	**72.85%**	99.28%	**80.34%**	**79.87%**	**62.81%**	**74.58%**	**75.65%**	**62.37%**	96.25%	**57.06%**	94.55%	**72.63%**	**66.02%**

30/04/2022 Trajectory RTT %	91.12%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	87.48%	92.43%	92.20%	92.05%	94.35%	81.35%
Target for RTT Trajectory	545	0	53	20	70	36	48	103	42	9	4	36	109
Variance from Target to meet Trajectory	1537	2	118	43	415	116	157	332	-22	67	-1	189	136



5. Referral to Treatment



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for April is **67.72%** against the National Constitutional Target of 92%. This is an decrease of 0.63% compared to March reporting at **68.34%.**

There are **37** patients over 52 weeks, an increase from 23 in March. However due to the impact on activity in March and April due to patients and consultants having Covid/unwell we had anticipating an increase in the number of 52 weeks at the end of April.

All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. **387** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2724 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,164** (80%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

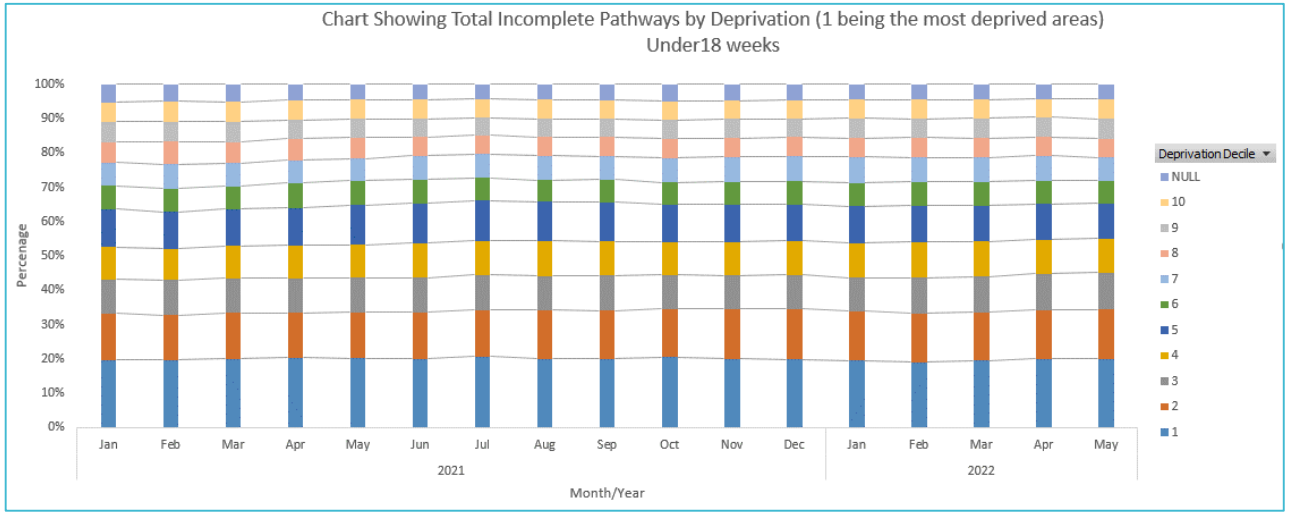
AREAS FOR IMPROVEMENT

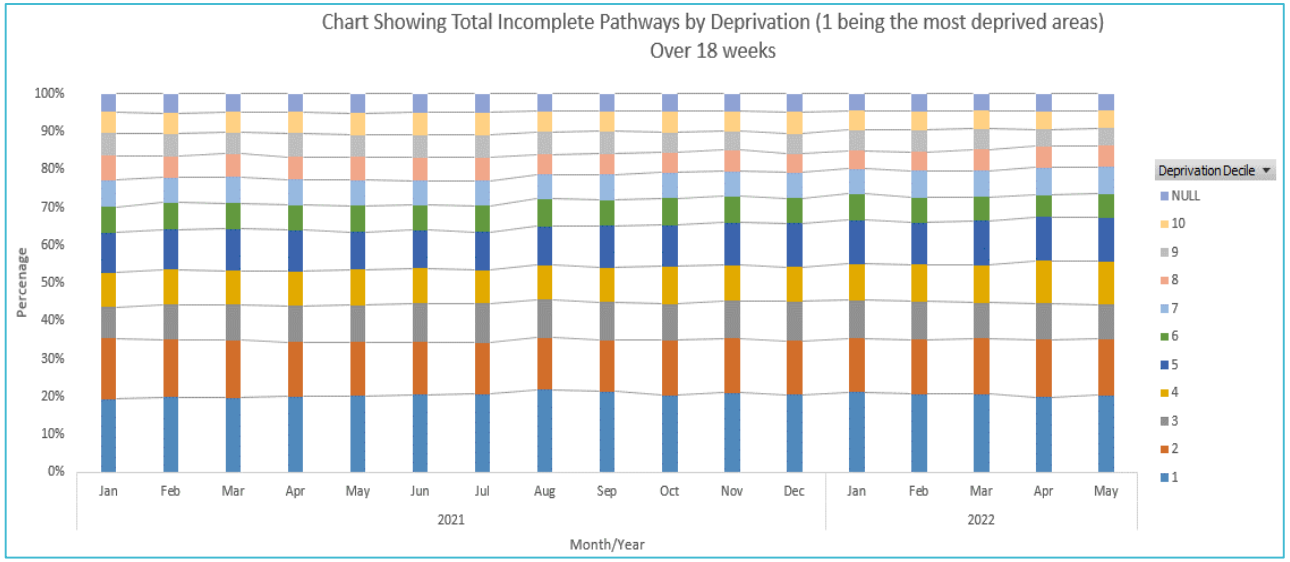
Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

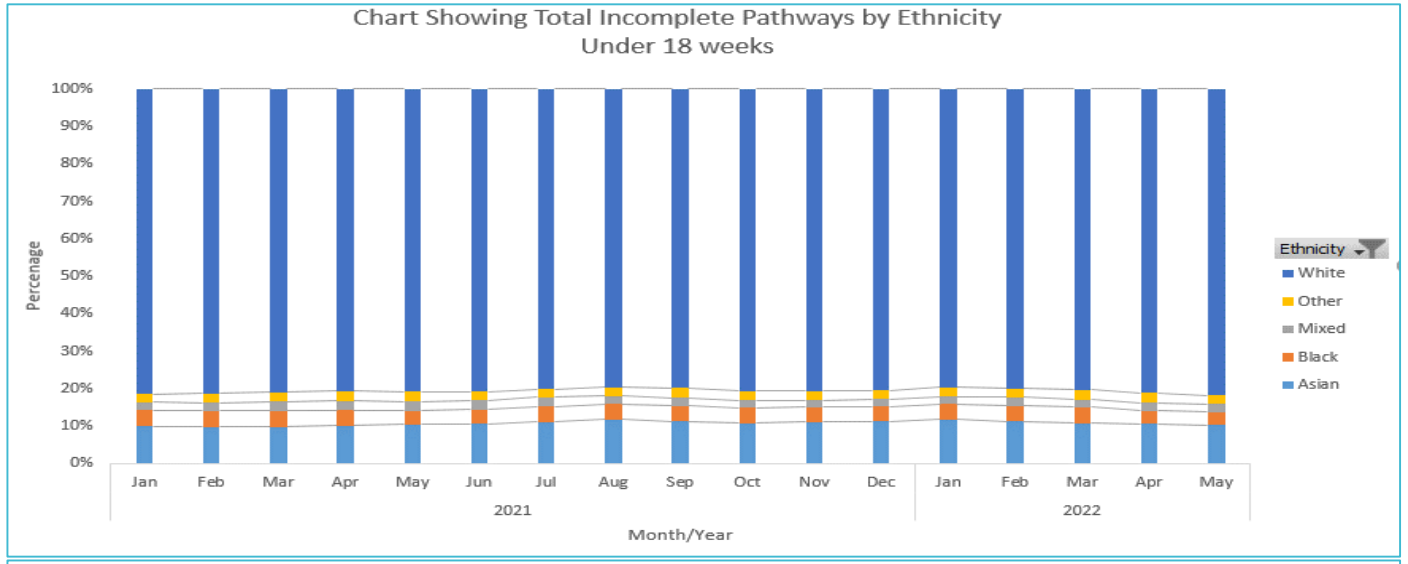
System support for 104 weeks and covid surges may impact on the delivery of the RTT target , requests have been received from 3 centres for support which are being considered by the clinical teams.

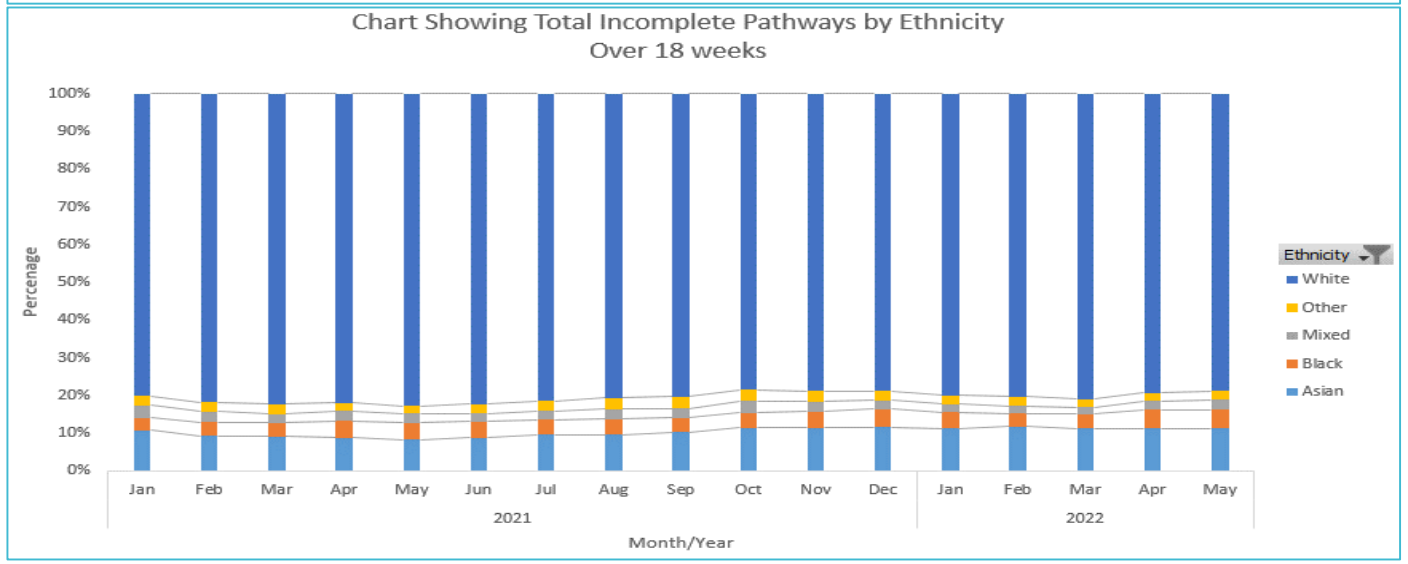
5. PTL Trend by Deprivation Under 18 weeks and Over 18 weeks



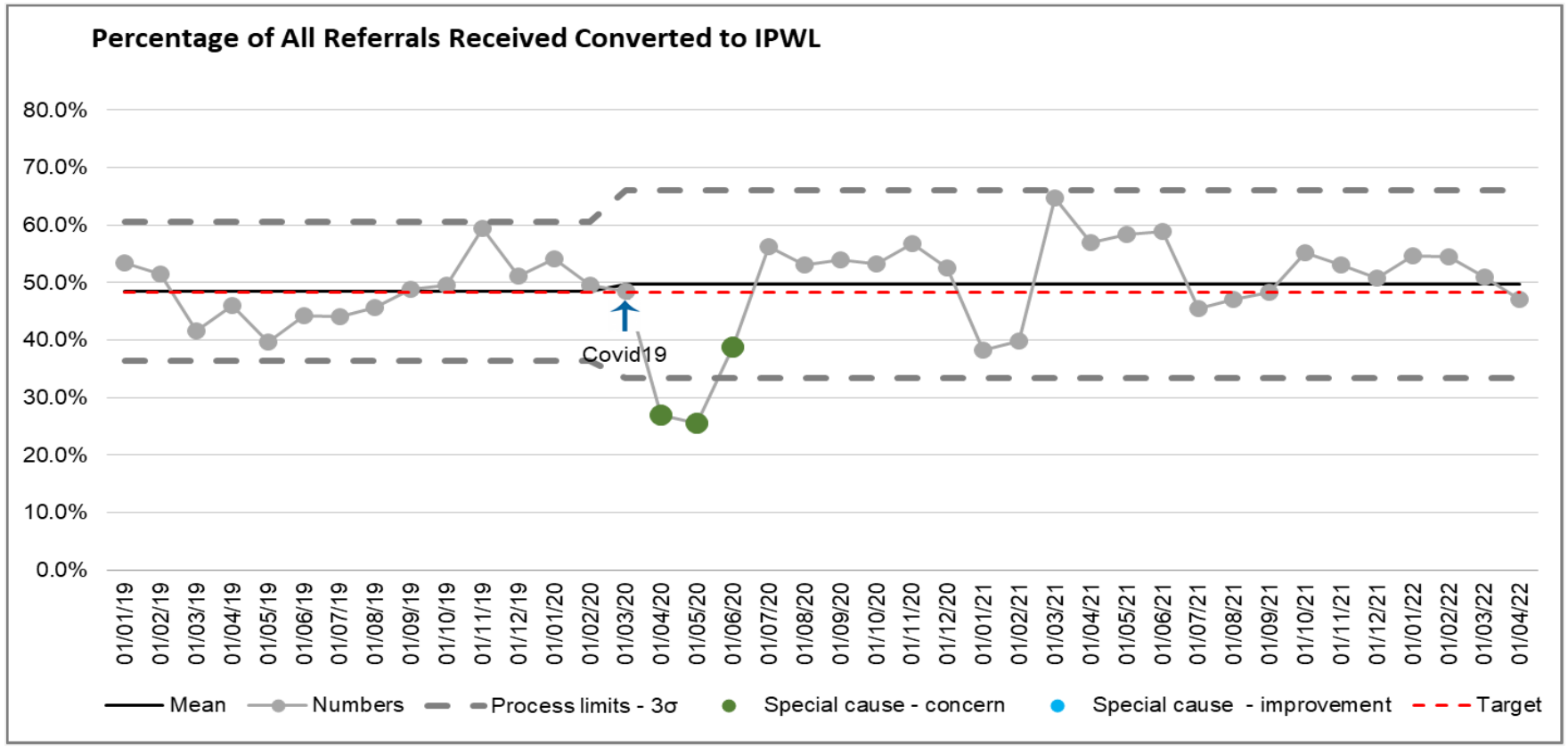


5. PTL Trend by Ethnicity Under 18 weeks and Over 18 weeks



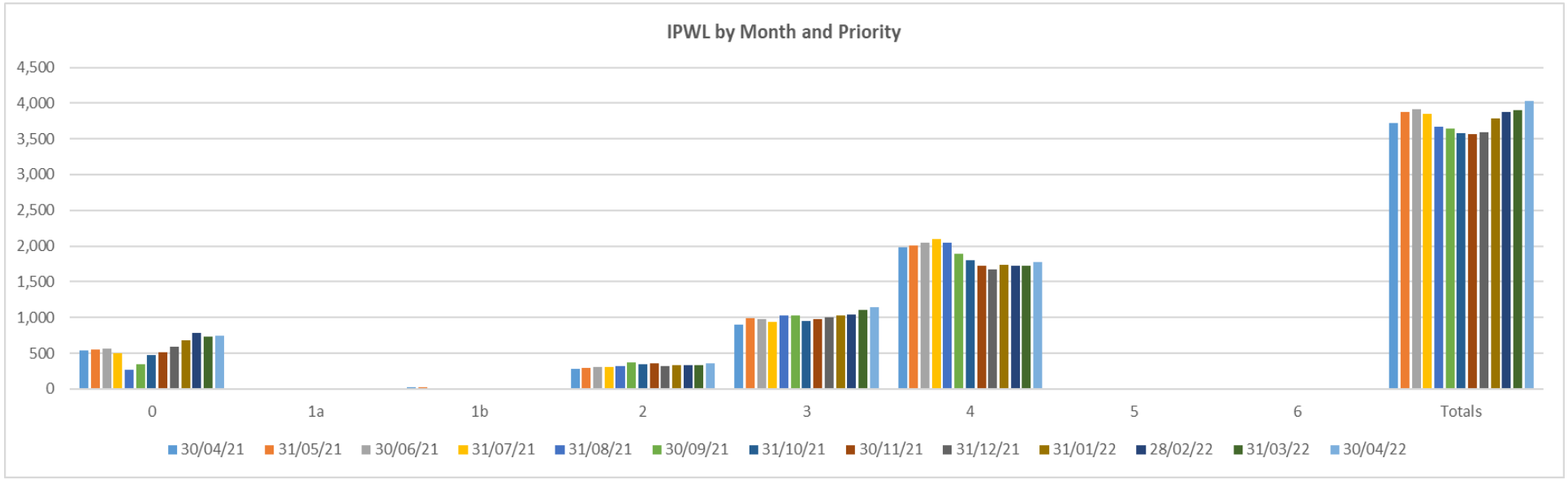


5. Referral to Treatment



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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
Number of Referrals	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164
Number of IPWL Additions	268	295	470	887	806	1095	1075	1019	894	598	570	1266	1340	1341	1522	1105	1070	1229	1232	1286	1040	1164	1162	1205	1019
Percentage of All Referrals Received Converted to IPWL	26.91%	25.56%	38.75%	56.28%	52.99%	53.89%	53.24%	56.74%	52.53%	38.31%	39.80%	64.72%	56.92%	58.43%	58.90%	45.42%	47.05%	48.37%	55.15%	53.14%	50.88%	54.72%	54.40%	50.95%	47.09%

5. Referral to Treatment



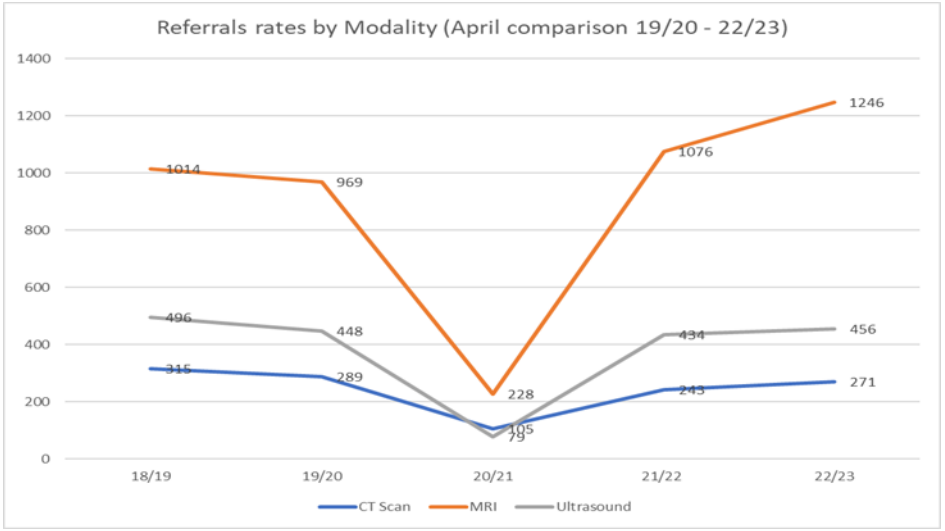
	Number of IP waiting as at	% of IP waiting as at
Priority	30/04/22	30/04/22
0	751	19%
1a		0%
1b	2	0%
2	353	9%
3	1150	29%
4	1778	44%
5		0%
6		0%
Total	4034	100%

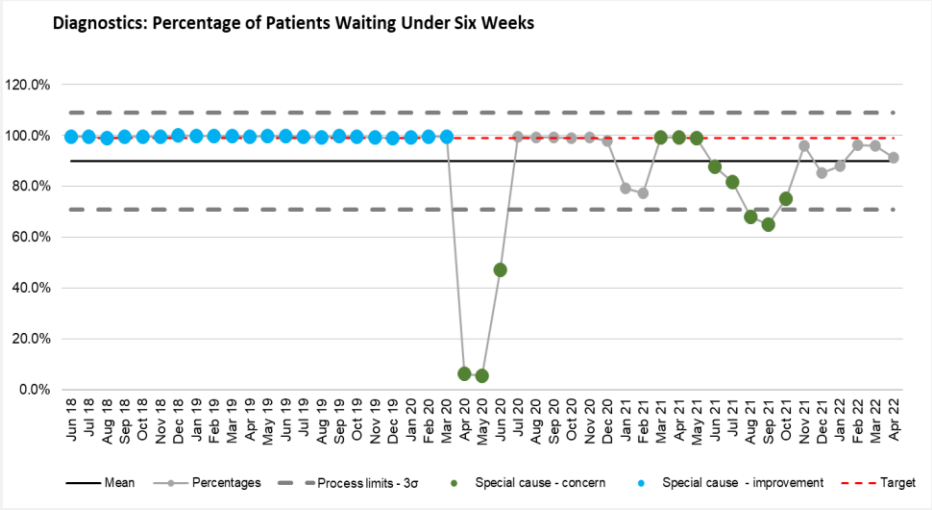
The focus continues on ensuring the urgent patients are treated in line with the RCS guidance however this impacts on the competing priority to ensure the continued reduction in long waiting patients and is therefore a balanced approach to delivery which adds to the complexity of waiting list management .
This requires detailed weekly pro active management via the PTL Meeting and Harm review framework.

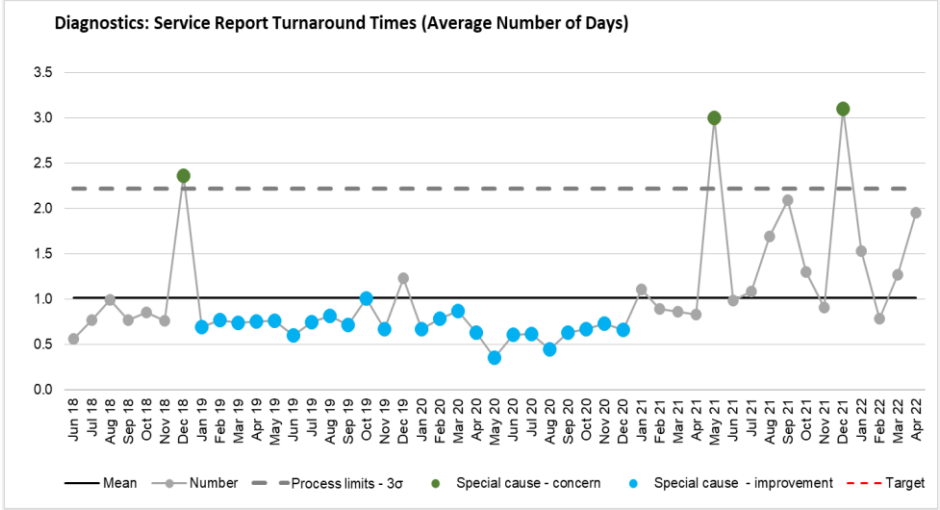
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376







6. Diagnostic Performance

SUMMARY

Imaging did not meet the diagnostic target in April reporting 91.3%. The main area of challenge remains MRI with referrals at 116% when compared to April 2021. Both US and CT remaining compliant

Additional mobile MRI capacity has been confirmed for dates in May, June and July. This will support the clearance of the MRI backlog and ensure compliance of the diagnostic target from June.

Reporting times in April remained on target

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's .

The imaging department have been successful in recruiting radiographers, with MRI being fully staffed once new colleagues have arrived and other posts in the main x-ray department have also been filled.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

March Cancer Performance – March 2022 Submission

		March 2022				
Target Name	National Standard	Percentage	In Target	Breach	Accountable Patients	Total Patients
2ww	93%	97.9%	93	2	95	95
31 day first treatment	96%	100.0%	11	0	11	11
31 day subsequent (surgery)	94%	100.0%	8	0	8	8
62 day (traditional)	85%	90%	4.5	0.5	5	7
62 day (Cons Upgrade)	n/a	37.5	1.5	2.5 (0.5 incorrectly attributed)	4	6
28 day Faster Diagnosis	75%	79.1%	87	23	110	110
Number over 104 days				0.5		

Performance

The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons.

Breaches:
62 day standard – 0.5 shared breach - treated on day 145: the root cause of the delay to this patient's pathway was a late tertiary referral into the ROH from Warwick Hospital on day 95 of the patient's pathway. On review of the patient's diagnostics, the disease was progressed and the only viable option was amputation.

62 day upgrade – 1 breach - treated day 67: the root cause of this breach was due to the frailty of the patient. The patient was unfit for two biopsy TCIs which caused a 21 day delay between upgrade to biopsy. There was then a 12 day wait for the histology report followed by a 22 day wait for a local CT (Sheffield). Following diagnosis the patient was for conversative treatment and transferred to their local trust on day 67.

62 day upgrade – 1 breach – Treated on day 71:the root cause of the delay to this patient's pathway was that the patient required major surgery which involved the pelvic team and the RPS team. Due to the extensive planning required with the surgical team and confirming a surgery date where the specialists were available the patient was delayed by 9 days over CWT target.

Operational Update

- We continue to work on the 2WW referral pathway with Bsol ICS partners .

8. Overall Financial Performance

SUMMARY

The Trust delivered a surplus of £8k against a planned £19k deficit, and is therefore currently £27k ahead of plan.

Income in month performed just slightly behind plan, with that underperformance being split between clinical and non-clinical income.

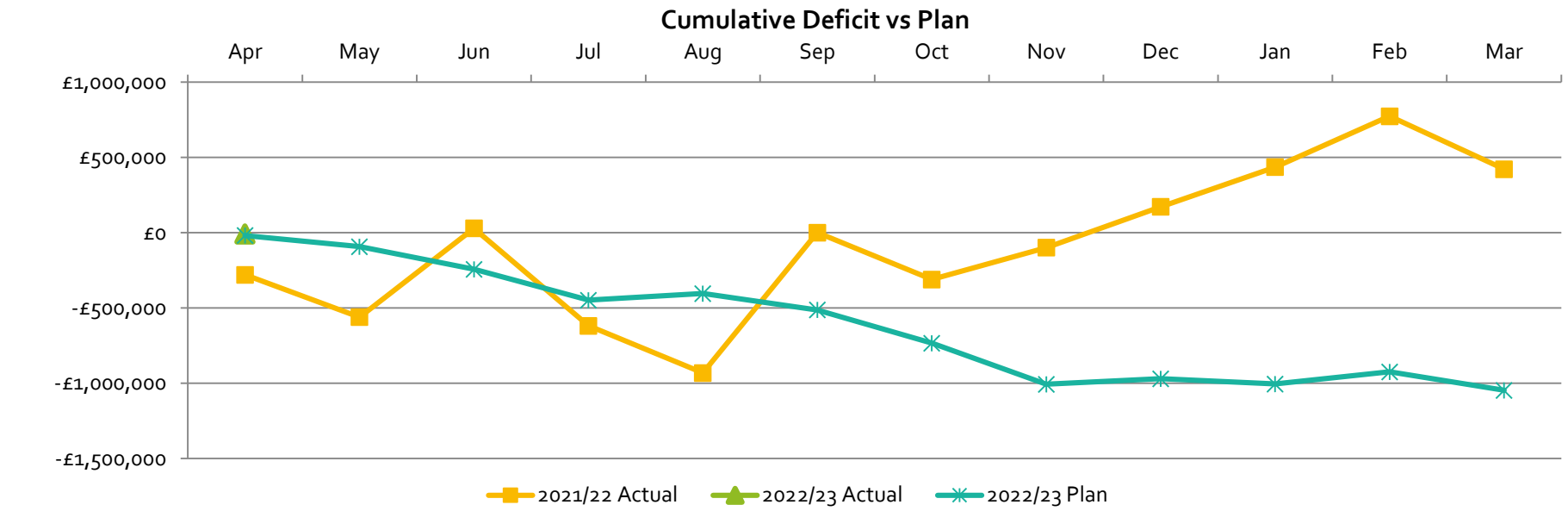
Pay and non pay expenditure underspent in month by £101k, with an overspend on non-pay and an underspend on pay.

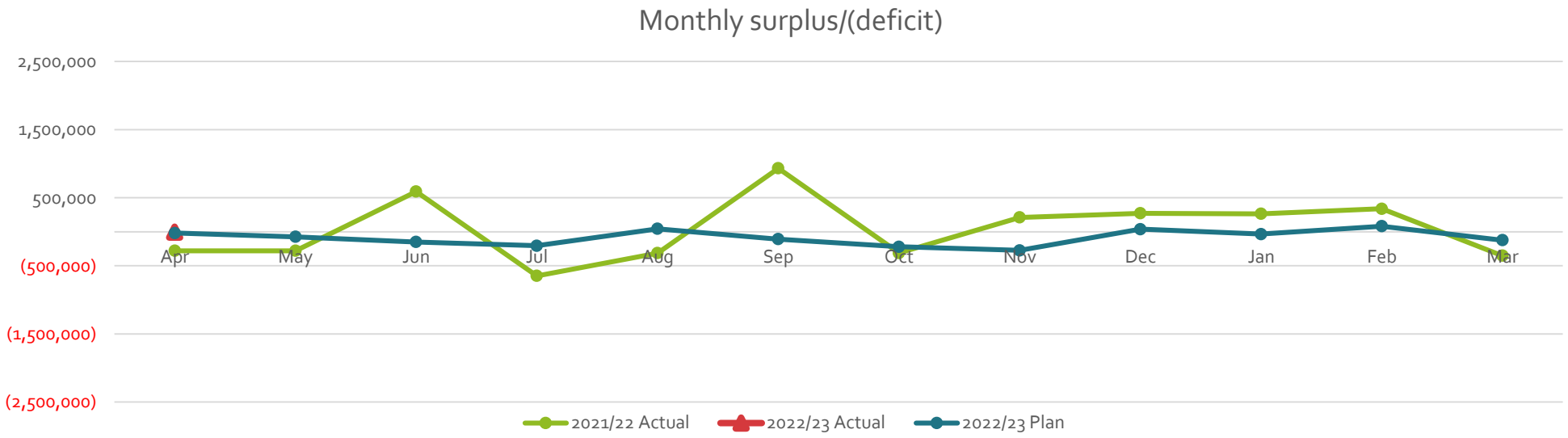
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	(75)	290	(189)	1	27
Year to date plan	9,596	(5,473)	(4,050)	(92)	(19)
Year to date actual	9,521	(5,183)	(4,239)	(91)	8

8. Overall Financial Performance

	Plan	Actual	Variance
	Full year (£'000)		
Operating Income from Patient Care Activities	9,234	9,201	-33
Other Operating Income (Excluding top up)	362	320	-42
Employee Expenses (inc. Agency)	-5,473	-5,183	290
Other operating expenses	-4,050	-4,239	-189
Operating Surplus	**73**	**99**	**26**
Net Finance Costs	-97	-91	6
Net surplus/(deficit)	**-24**	**8**	**32**
Remove impairments of land and buildings	-	-	-
Remove donated asset I&E impact	5	-	-5
Adjusted financial performance	**-19**	**8**	**27**

8. Overall Financial Performance





9. Income

SUMMARY

Income in month performed just slightly behind plan (by £75k), with that underperformance being split between clinical and non-clinical income.

The Trust have been notified in the past couple of days of changes in the income allocations across the NHS, with an additional £1.5bn being provided across the NHS. The trust are currently working through our revised allocations to understand the financial impact on the organisation.

Private patient income performed £65k above plan for the month.

AREAS FOR IMPROVEMENT

Other income, whilst above plan, was still below 2019/20 levels. This category of income includes car parking, catering and accommodation.

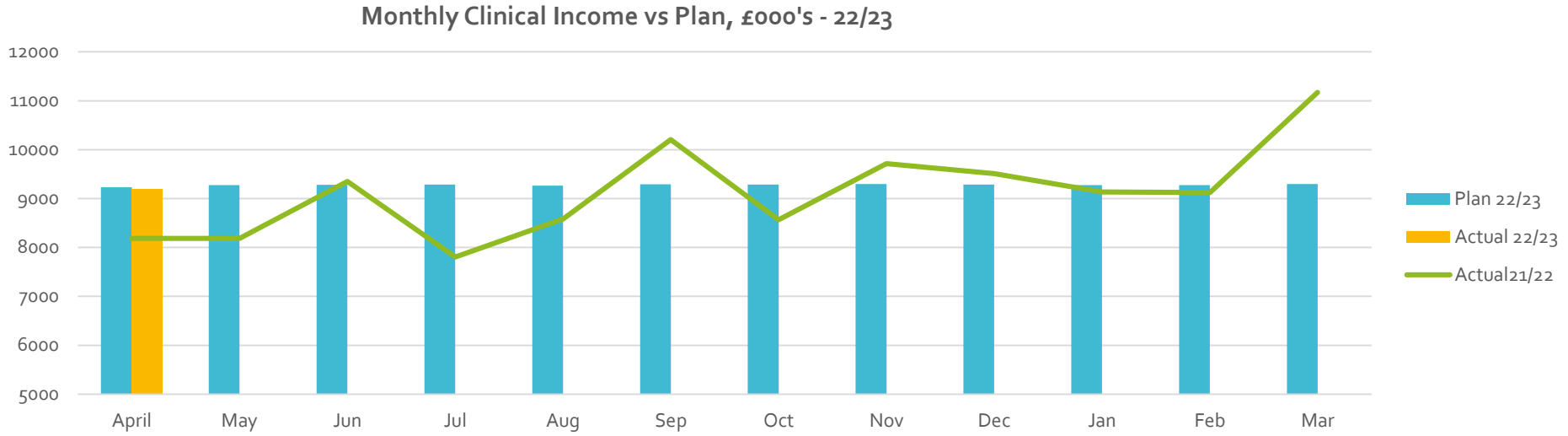
RISKS / ISSUES

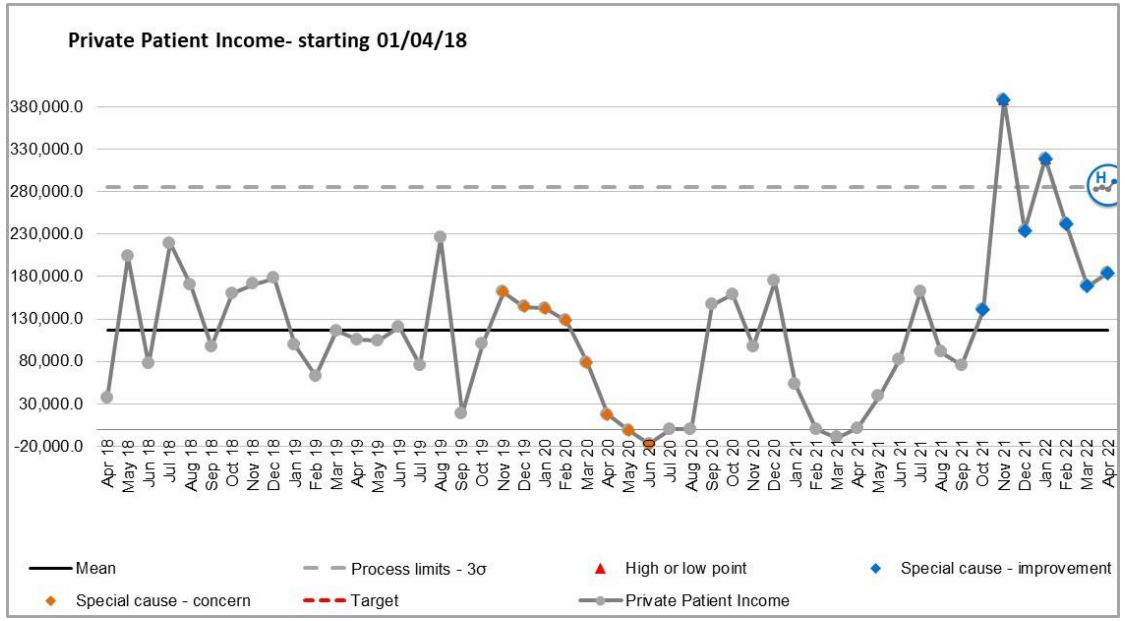
Initial data suggest that the Trust has met its ERF target in Month 1, and as such, the Trust has assumed it will still receive its ERF allocation. However, initial view of the system performance suggests that the system has not met the target overall, and therefore may be required to return some of the allocation previously received.

The system have not yet agreed how internal performance against ERF will be managed, and how overperformance against a provider target could be incentivised, within a system break-even or underperformance position.

Non recurrent funding has, and will continue to be, received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

9. Income


Monthly Clinical Income vs Plan, £000's - 22/23
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 22/23
Actual 22/23
Actual21/22


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure underspent in month by £101k.

Overall pay spend is lower than plan. Agency spend has increased slightly by £26k in month, with the increase thought to be due to a combination of continued high sickness, additional activity, and the Easter holiday period.

Overall non pay spend is higher in month largely as a result of the additional non-pay costs of delivery the activity ahead of plan.

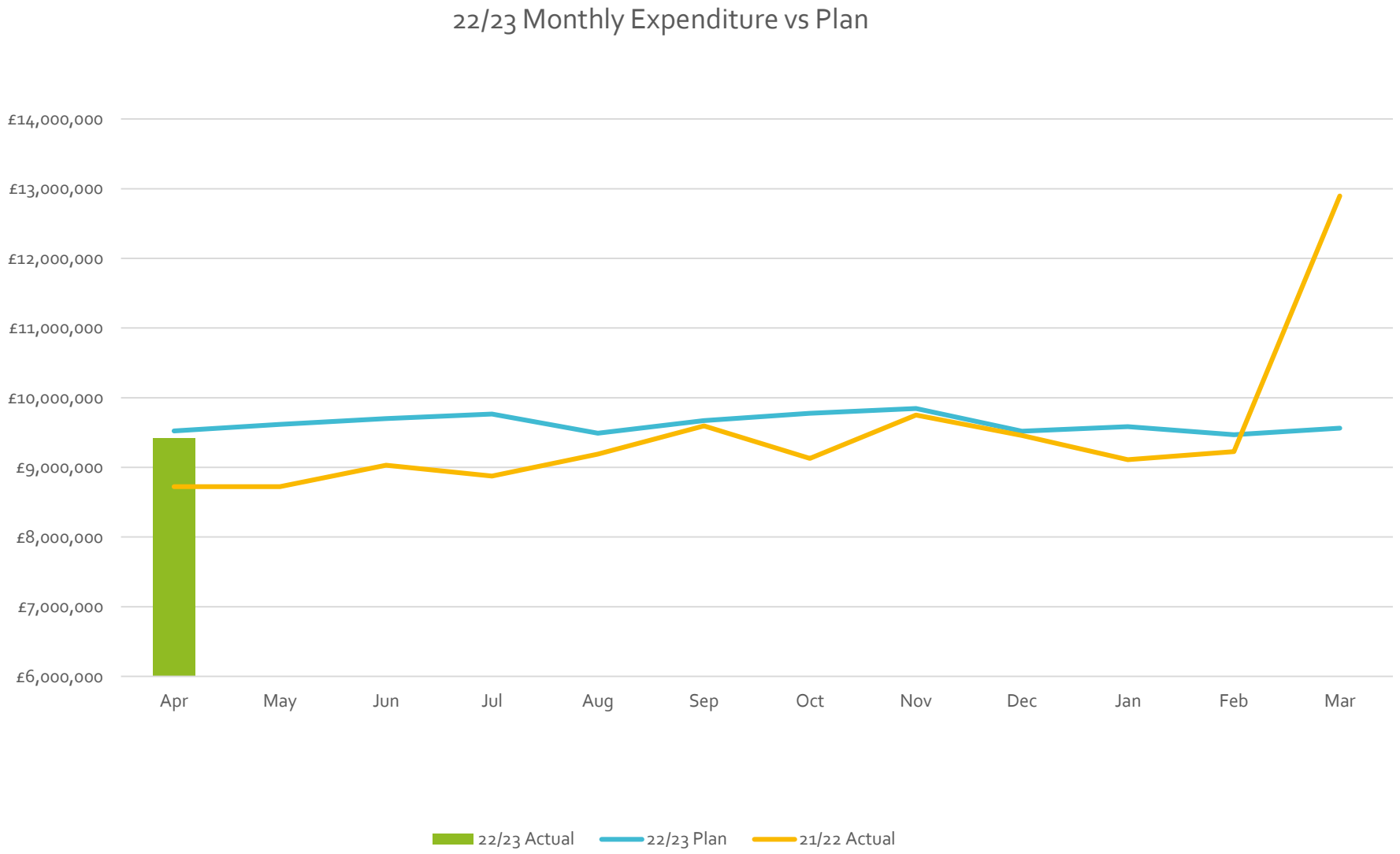
AREAS FOR IMPROVEMENT

Agency spend is above plan year to date by £169k.

RISKS / ISSUES

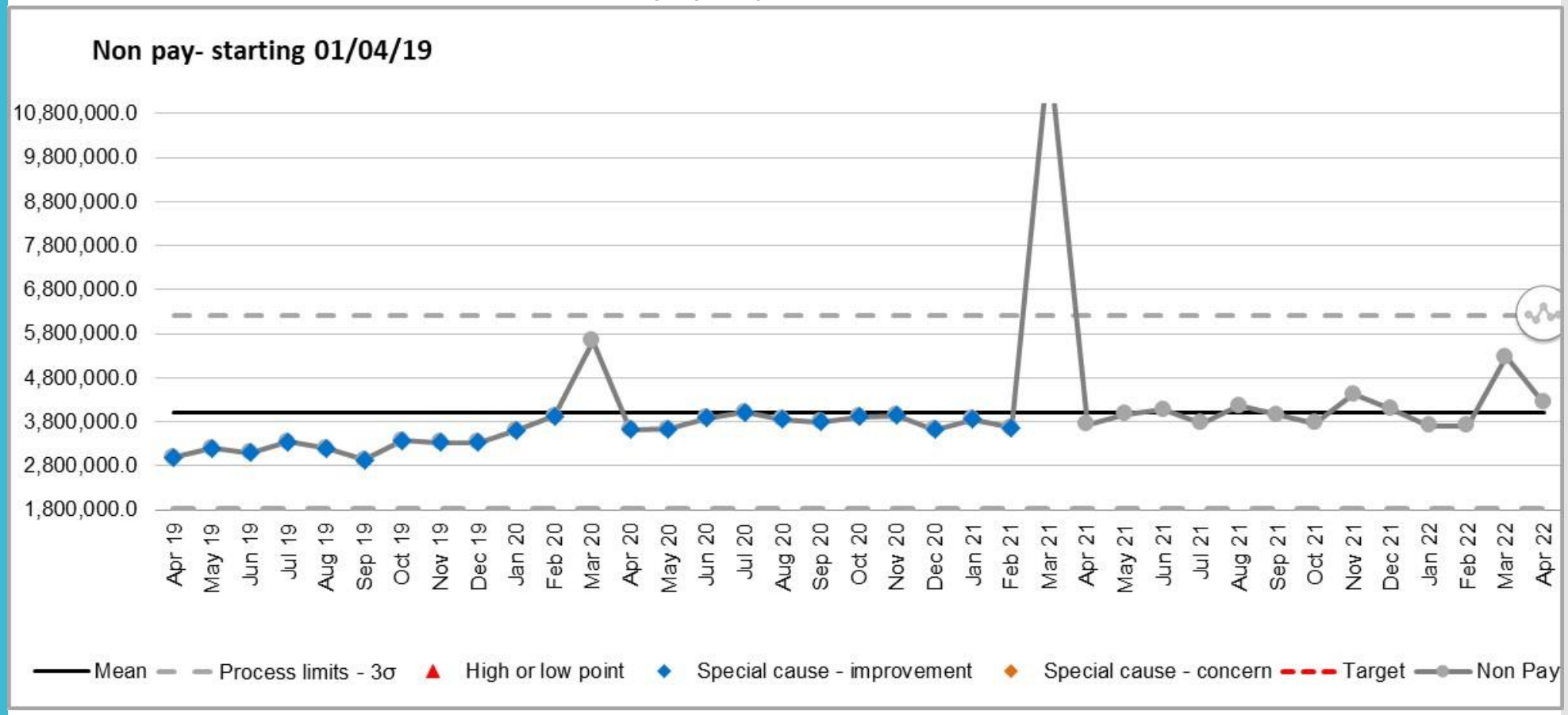
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



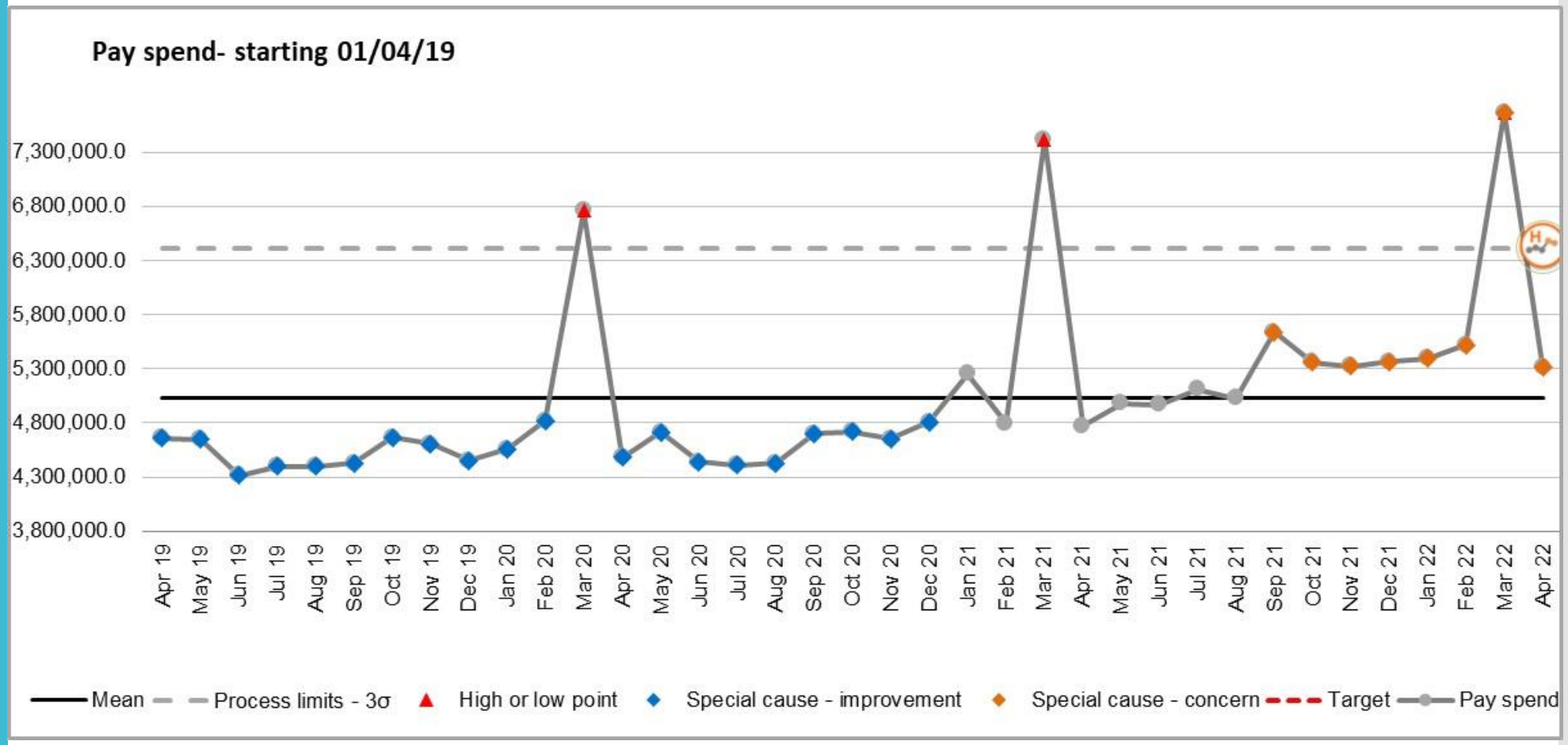
9. Non Pay Expenditure

Non-pay expenditure

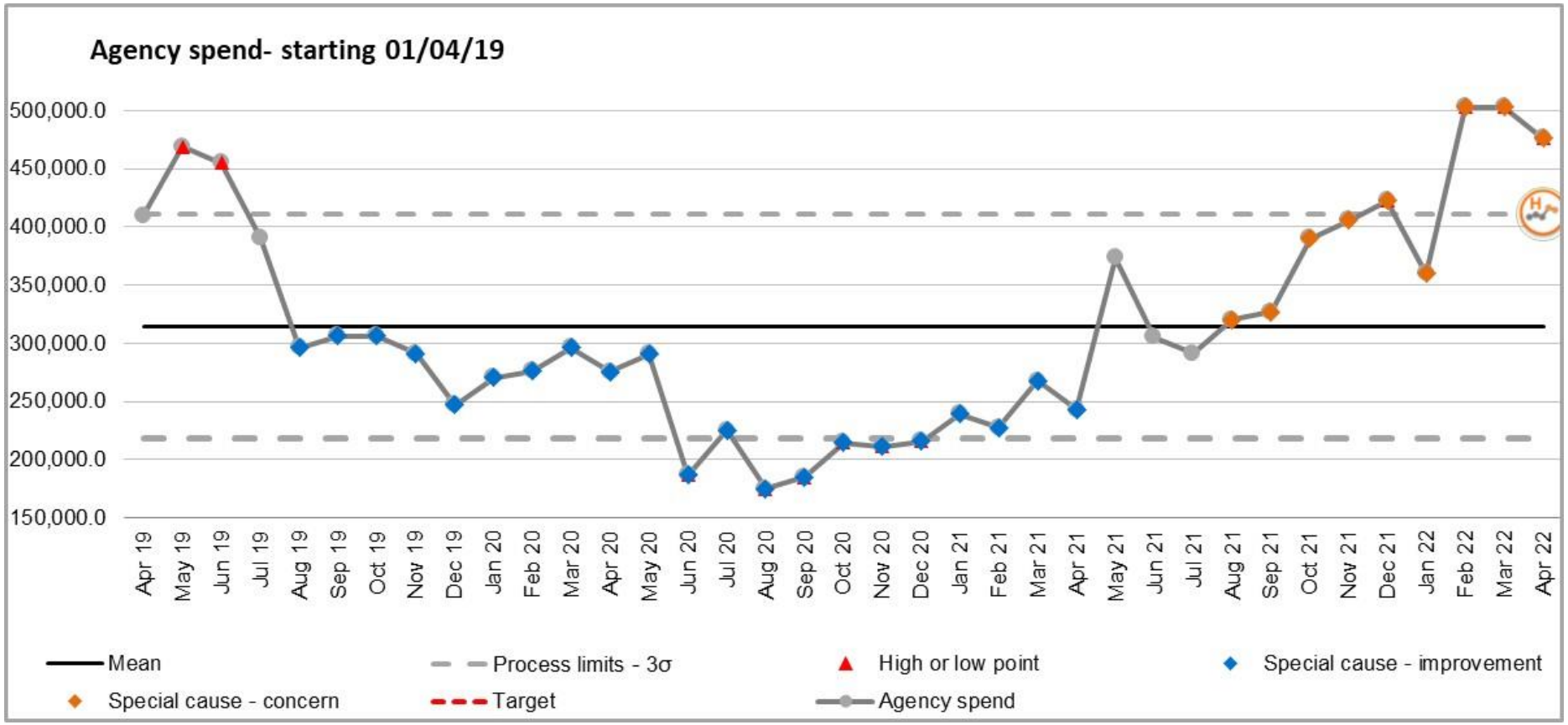


9. Pay Expenditure

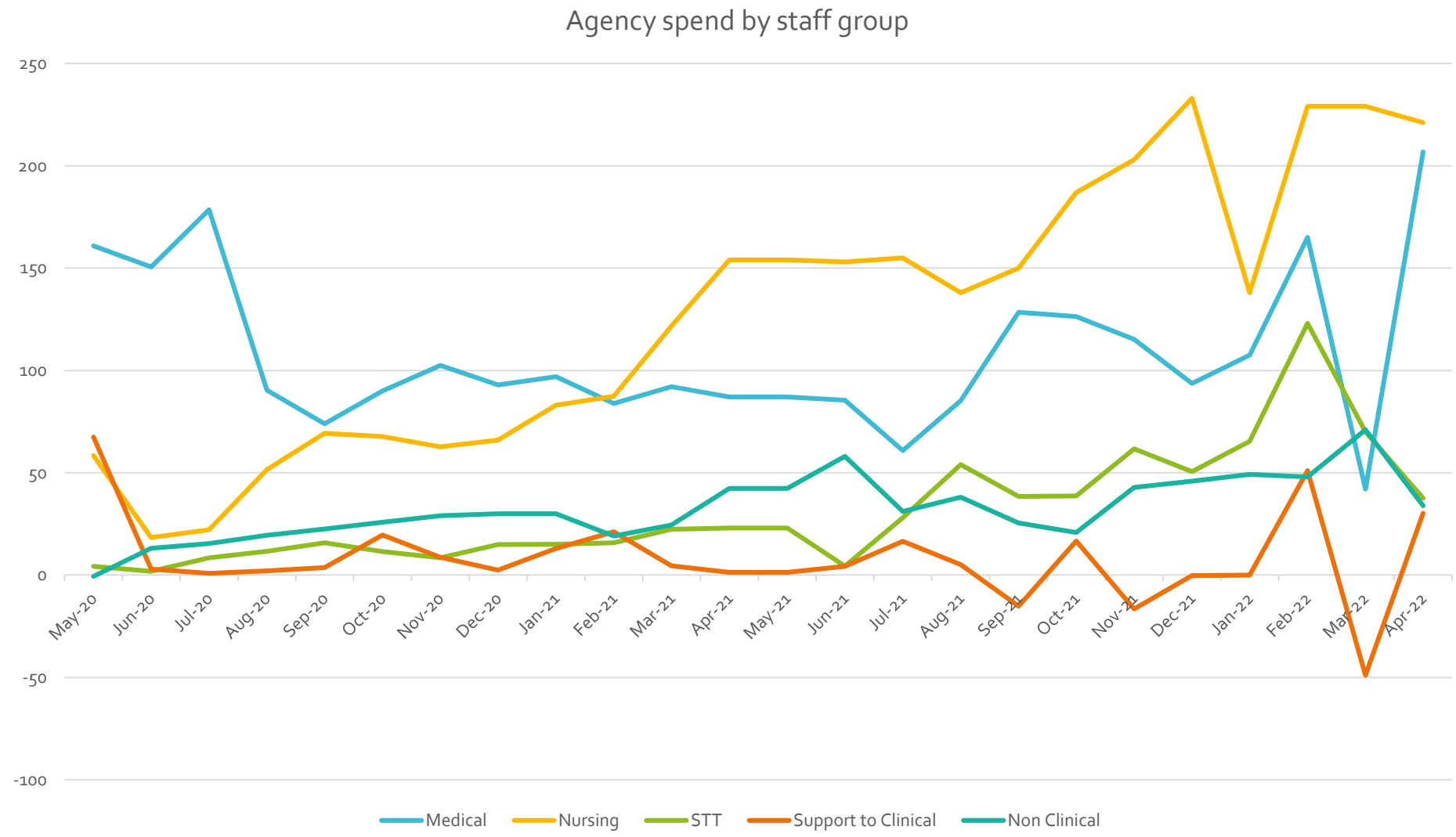
Pay expenditure



11. Agency Expenditure



11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

2022/23 efficiency target of £2.7m has been agreed. Schemes totalling £2m have been identified to date with another 54 schemes still awaiting financial targets to be set.

Scheme	CIP Stage (1-5)	Confidence level	Full year plan
Private patient service expansion	4- Execution	High	£973
Procurement - Birmingham Hospital Alliance Collaborative	4- Execution	Med	£752
Medical Agency Reduction - Direct Engagement	5- Review	Med	£103
Microsoft 365 Licence review	5- Review	High	£96
DNA Rate Reduction - Outpatients	5- Review	Med	£42
Managed Patient Communications via Synertec	5- Review	High	£28
Pharmacy	1 - Idea	n/a	£18
Employee benefits scheme - VIVUP scheme - expansion to car scheme	4- Execution	Med	£2
Robotic Process Automation (RPA) - Review manual process to automate	4- Execution	Med	£0
Outpatient utilisation improvement	2- Feasibility	Low	£0
Trust wIde Staff retention rates	1 - Idea	n/a	£0
Clinical lab rental income	1 - Idea	n/a	£0
ADH Standardisation and policy review	1 - Idea	n/a	£0
Coffee Pod	1 - Idea	n/a	£0
Telephony upgrade	1 - Idea	n/a	£0
Consultant pa reduction	2- Feasibility	(blank)	£0
Substantive recruitment of POAC medics	3- Planning	(blank)	
Daycase Hip Replacement	1 - Idea	n.a	£0
Payslip reduction	1 - Idea	n/a	£0
Daycase Knee Replacement	4- Execution	High	£0
Rental to RVS shop	1 - Idea	n/a	£0
Diagnostics agency reduction	3- Planning	(blank)	£0
Spinal Implant Rationalisation & Modernisation	3- Planning	Med	£0
Digital Pre Op assessments	1 - Idea	n/a	£0
Theatre tray rationalisation	1 - Idea	n/a	£0
DNA Rate Reduction - Diagnostics	3- Planning	(blank)	£0
Catering - Restaurant	5- Review	Low	£0
Bone Graft cost reduction - contract review	1 - Idea	n/a	£0
Electronic referral Management system	5- Review	Med	£0
Docman / EDT Connect implementation - move to paperless processes	5- Review	Med	£0
Overtime and Bank Costs (Appointments and Validation)	5- Review	Med	£0
Energy efficiency schemes	1 - Idea	n/a	£0
Catering - Patient Meals	5- Review	High	£0
Enhanced Voice Recognition - Digital Dictation	3- Planning	Med	£0
Alternative Workforce Models (Nursing Associates and TAP's)	1 - Idea	n/a	£0
Hips & Knees Implant Rationalisation / contract negotiation	5- Review	Med	
Robotic joint replacement review - MAKO	1 - Idea	n/a	£0
In house AIM course development	1 - Idea	n/a	£0
SLA review	1 - Idea	n/a	£0
In-house printing for patient communications	5- Review	High	£0
Substantive Nursing recruitment	5- Review	Med	£0
Interpreting via telephone	3- Planning	Med	£0
Theatre administration system	2- Feasibility	(blank)	£0
IOM (Spinal Cord Monitoring) & Neurophysiology Redesign/partnerships	1 - Idea	n/a	£0
Theatres stock management - H-trak Barcoding System Benefits	5- Review	Med	£0
Large Joints - Advanced Care Practitioner (ACP) business case	1 - Idea	n/a	£0
Alternative Workforce plans (ANP/ACP/PA's)	1 - Idea	n/a	£0
Training Nurse Associates (TNA)	4- Execution	Med	
Substantive Medical recruitment - reduce medical agency spend	5- Review	High	£0
MSC - Loan kit review	1 - Idea	n/a	£0
Botox service review	1 - Idea	n/a	£0
MSC - VAT recovery on Consumables and Prosthesis	5- Review	High	£0
MSC -Reduced stock write off and purchasing efficiencies	1 - Idea	n/a	
Food wastage	1 - Idea	n/a	
Electronic outcomes implementation in Outpatients	2- Feasibility	Low	£0
Medical Gases	1 - Idea	(blank)	£0
Aston University income	1 - Idea	n/a	£0
Daycase shoulders	1 - Idea	(blank)	£0
Overseas visitors income generation	1 - Idea	(blank)	
Minimisation of medical agency spend - Agency commission rates	3- Planning	Med	£0
2nd MRI Scanner (1.5T) - Hire out Days/Radiographers (within STP)	1 - Idea	n/a	£0
OT SLA Utilisation	1 - Idea	n.a	£0
Grand Total			£2,014

13. Statement of Financial Position

SUMMARY

The trade debtors balance has increased due to timing differences of receipts and trade payables similarly has reduced due to supplier balances being cleared in month. The resulting impact of those two working capital movements have resulted in the reduction in cash.

*Note that the current figures do not incorporate the impact of IFRS 16 which is currently being audited as part of the opening SOFP disclosure in the 2021/22 accounts.

	2021/22 M12	2022/23 M1	Movement
	(£'000)		
Intangible Assets	1,536	1,508	-28
Tangible Assets	45,449	45,564	115
Total Non Current Assets	**46,985**	**47,072**	**87**
Inventories	359	359	0
Trade and other current assets	9,804	11,169	1,365
Cash	11,147	8,397	-2,750
Total Current Assets	**21,310**	**19,925**	**-1,385**
Trade and other payables	-13,386	-12,134	1,252
Borrowings	-1,057	-1,071	-14
Provisions	-7,613	-7,613	0
Other Liabilities	-744	-759	-15
Total Liabilities	**-22,800**	**-21,577**	**1,223**
Total Net Assets Employed	**45,494**	**45,420**	**-74**
Total Taxpayers' and Others' Equity	**45,494**	**45,420**	**-74**

15. Workforce

SUMMARY

In April, 86% of staff had completed their mandatory training within the last 12 months which is a slight increase from March. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 15.89% which is the highest it has been since 2018.

The percentage of staff attendance in the month has dropped to 93.6%.

There were 136 agency breaches in April, a decrease of 25 compared to 161 in March. The entirety of this was medical usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

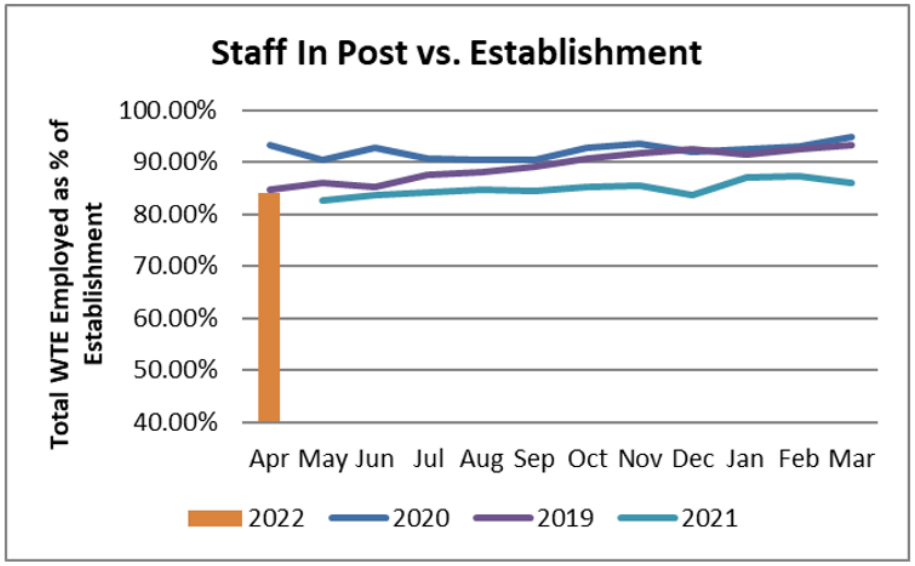
RISKS / ISSUES

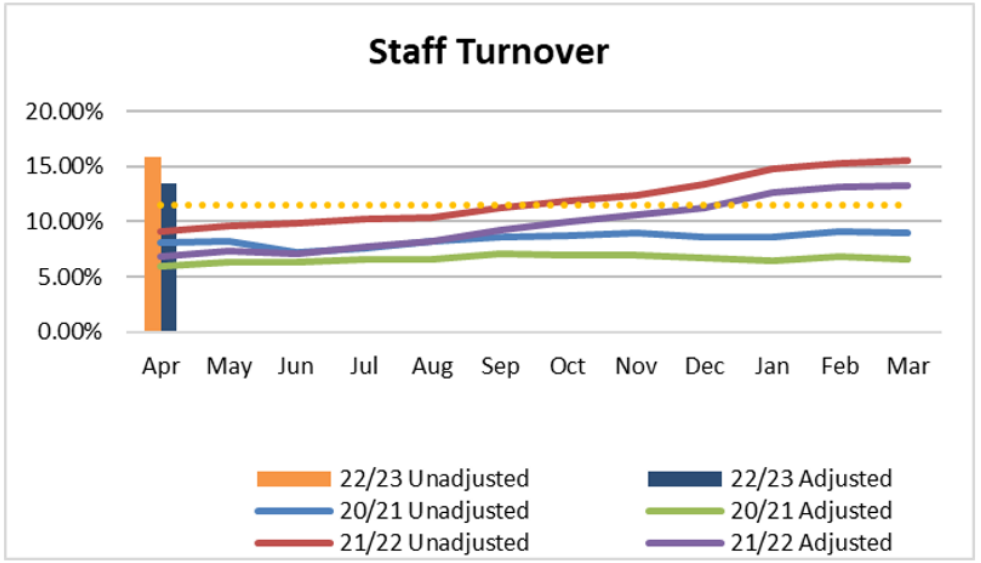
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

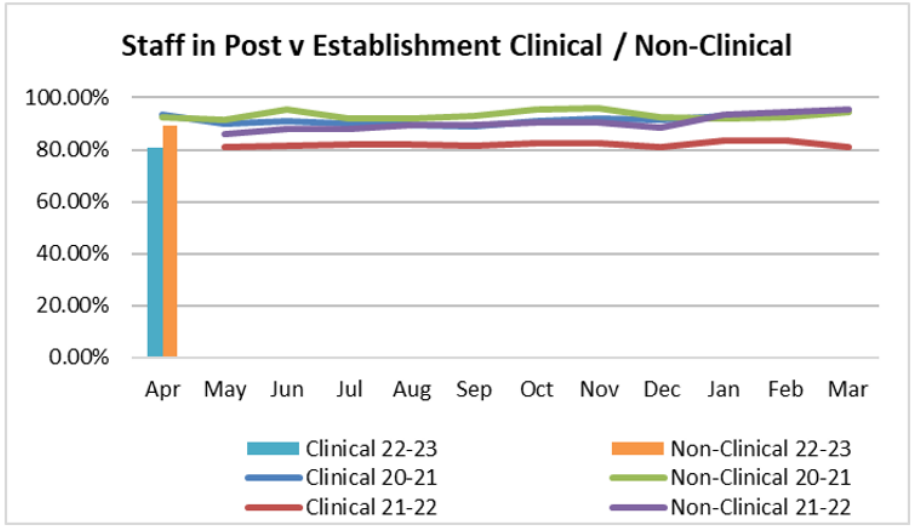
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

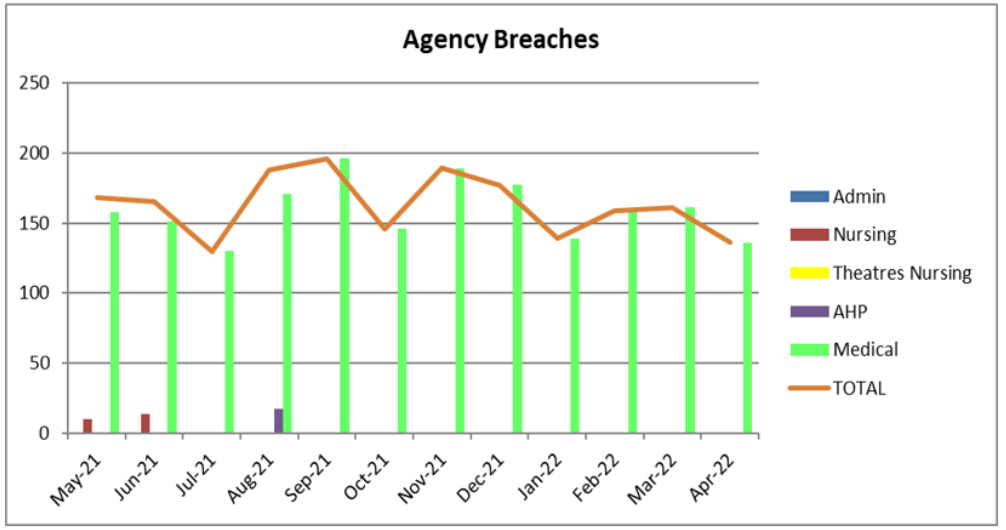
We anticipate that over the next few months, attendance may drop as we come through the summer months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

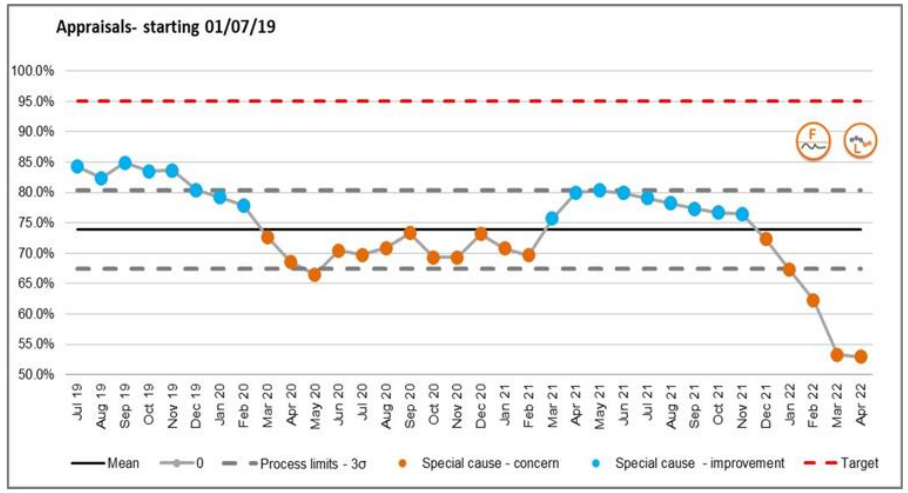


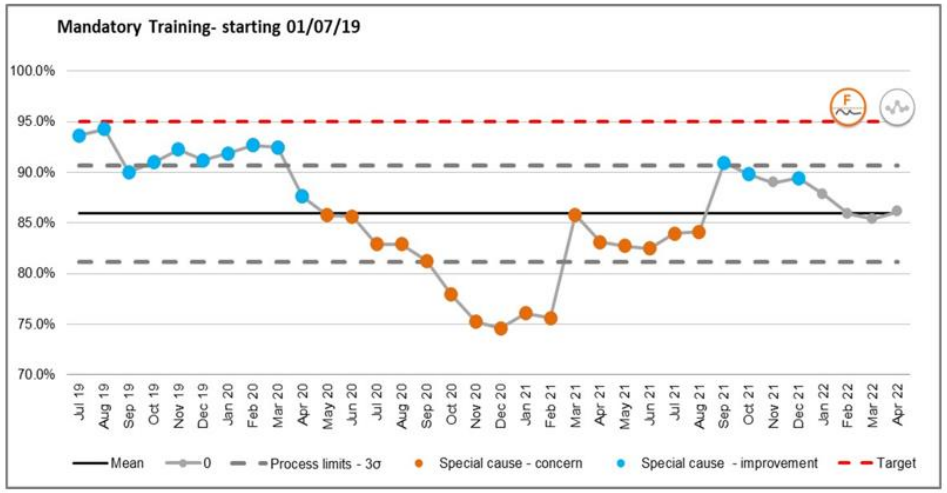


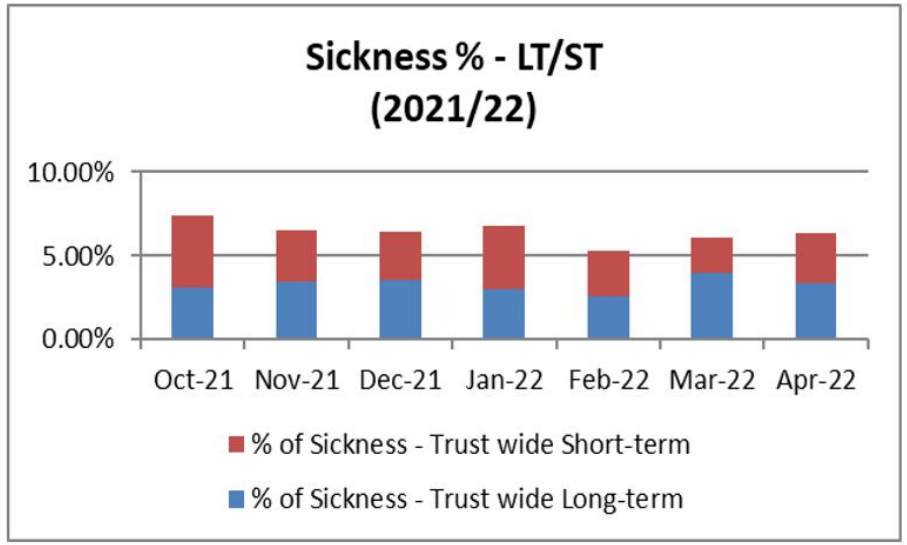


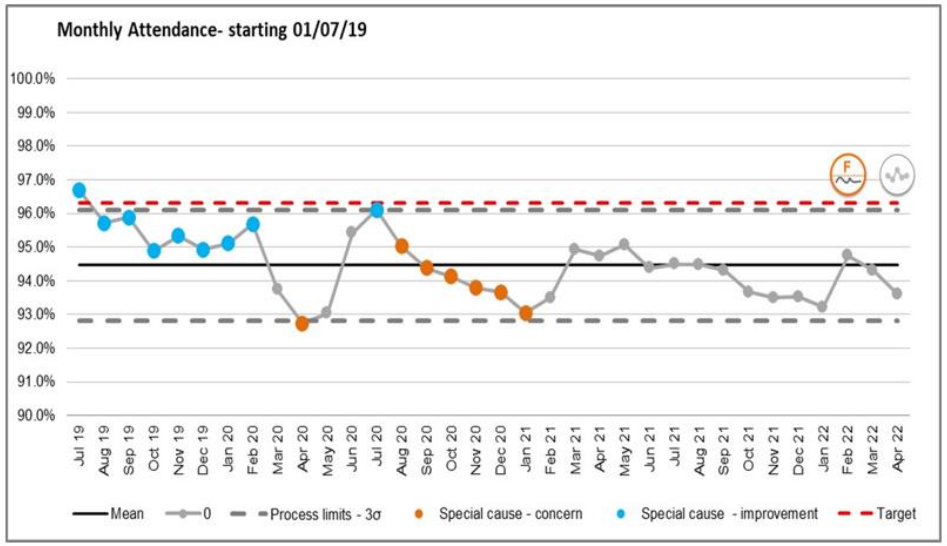


15. Workforce









15. Workforce

Trust Workforce Metrics	Mar-22	Apr-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1239	1248	9	-	-
Staff In Post - Full Time Equivalent	1093.53	1100.44	6.90546	-	-
Staf Turnover % - Unadjusted	15.48%	15.89%	0.41%	↑	<=11.5%
Staf Turnover % - Adjusted	13.24%	13.51%	0.27%	↑	<=11.5%
Total WTE Employed as % of Establishment	86.15%	83.98%	-2.17%	↓	>=93%
Total WTE Employed as % of Establishment - Clinical	81.13%	81.02%	-0.11%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	95.40%	89.25%	-6.15%	↓	>=96%
% Of Attendance	94.30%	93.61%	-0.69%	↓	>=96.3%
% Of 12 mth MAA Attendance	93.90%	93.84%	-0.06%	↓	>=96.3%
% Staff received mandatory training last 12 months	85.38%	86.10%	0.72%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	53.27%	52.91%	-0.36%	↓	>=95%
% of Sickness - Trust wide Long-term	3.96%	3.32%	-0.64%	↓	-
% of Sickness - Trust wide Short-term	2.13%	3.06%	0.93%	↑	-
Return To Work Completion %	38.62%	48.00%	9.38%	↑	>=80%

QUALITY REPORT – MAY 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
5 Moderate Harm Incidents reported in April 2022 **2 Deaths reported** **The Trust received 6 formal complaints in April 2022.**	**WHO checklist Review conducted by Patient Safety Lead.** Based on the recommendations from the report conducted by the Patient Safety Lead, the WHO surgical Safety Visual Audit has been revised to incorporate some elements of the full end to end process, of the Five steps to Safer Surgery, as recommend by the Association of Perioperative Practitioners.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
No ROH acquired Pressure Ulcers reported in month **FFT mandatory response rate at 48% completion** **No reportable infections**	**None**

Quality Report – May 2022 (April 2022 Data) – Front Cover and Dashboard

	Mar 2022	April 2022	2021/2022	2022/2023
Incidents	300	308 (↑)		
Serious Incidents	0	1 (↑)	13 (Total)	1
Internal RCA investigations	0	3 (↑)		
VTEs (Avoidable)	0	3 (↑)	2 (Avoidable)	0
Falls	5	9 (↑)	91 (Total)	9
Pressure Ulcers: Cat 2 (Avoidable)	0	0	3 (Avoidable)	0
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0 (Avoidable)	0
Complaints	3	6 (↑)	51 (Total)	6
PALS	61	57 (↓)		
Compliments	3	3		
FFT Score %	99.23	99.39 (↑)		
FFT Response %	44	48 (↑)		
Duty of Candour	10	12 (↑)		
Litigation (New)	2	0 (↓)		
Coroners	0	0		
WHO %	100	99 (↓)		
Infections	1	0 (↓)	7 (Total)	0

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

May 2022 (April 2022 Data)

EXECUTIVE DIRECTORS:	Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary
	Nikki Brockie	Acting Chief Nurse
AUTHOR:	Ash Tullett	Head of Clinical Governance

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1	Introduction
2	Incidents and Mortality
3	Serious Incidents
4	Internal RCA investigations
5	VTEs
6	Falls
7	Pressure Ulcers
8	Patient Experience
9	Friends & Families Test and Iwantgreatcare
10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
16	Theatre Utilisation/ Hospital Led Cancellations
17	Process & Flow efficiencies
18	Length of stay
19	Outpatient efficiency
20	Treatment targets
21	Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged

1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

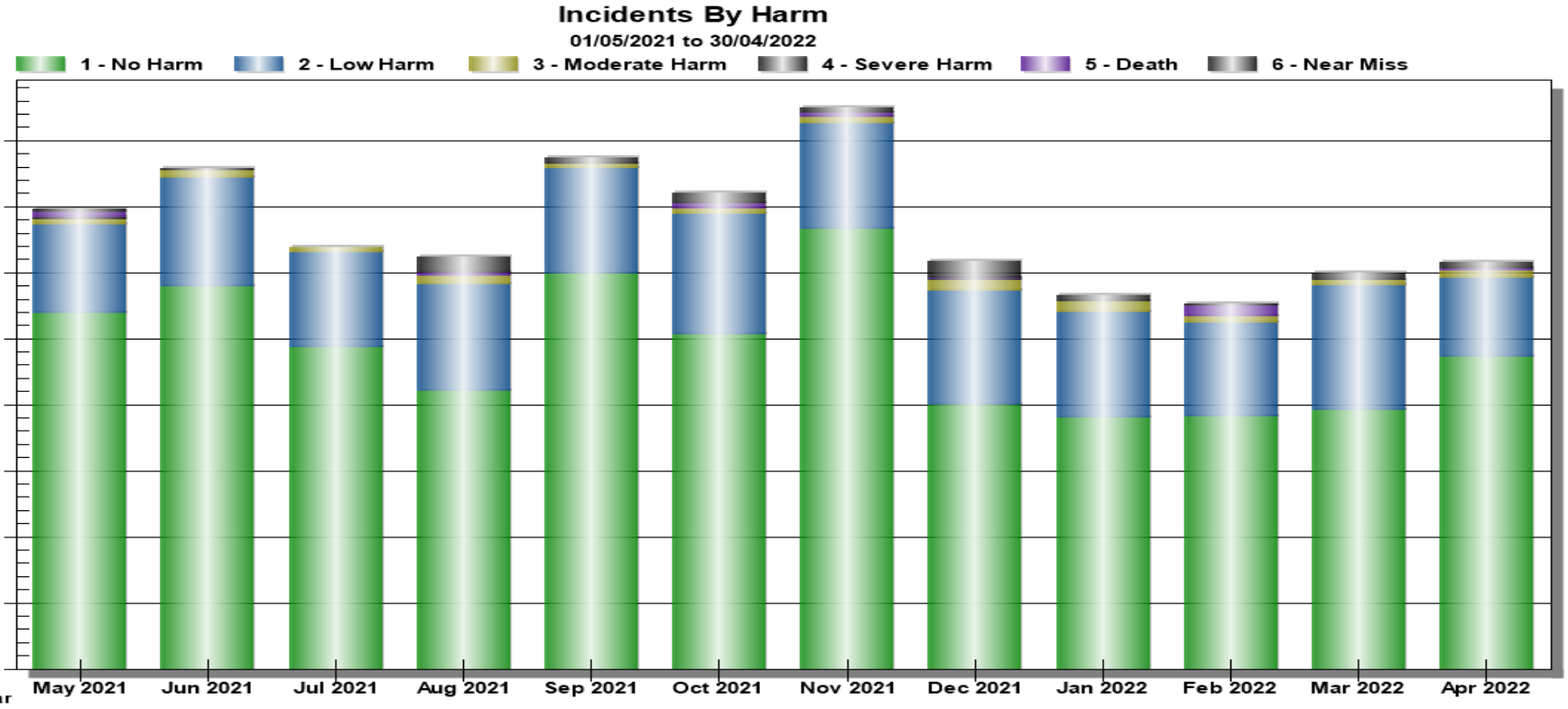
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**



Month and Year	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
1 - No Harm	269	289	243	210	299	253	333	200	190	191	196	236
2 - Low Harm	67	83	72	81	80	91	80	86	80	71	94	60
3 - Moderate Harm	4	5	4	6	3	4	5	8	8	5	4	5
4 - Severe Harm	2	0	0	0	0	0	0	1	0	0	0	0
5 - Death	4	0	0	3	0	4	3	1	0	8	0	2
6 - Near Miss	2	2	0	12	5	8	4	13	5	1	6	5

Data source – Ulysses

INFORMATION

In the month of April 2022, there were a total of 308 Incidents reported on the Ulysses incident management system.
The breakdown of those incidents is as follows;
236 – No Harm
59 - Low Harm
6 - Moderate Harms
0 - Severe Harm
5 – Near Miss
2 – Death

Downgraded Incidents

Currently none of the reported harm incidents in the previous Quality report (April 2022) have been downgraded.

Near Miss Incidents

The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process. A review has been undertaken into the last 6 months of Near Miss incidents. This reviewed concluded there was no trends or themes. All of the incidents were managed appropriately and closed.

Patient Contacts

In April 2022, there were a total of 7785 patient contacts. There were 308 incidents reported, which amounts to 4 percent of the total patient contacts. Of those 308 reported incidents, 72 incidents resulted in harm which is 0.9 per cent of the total patient contact.

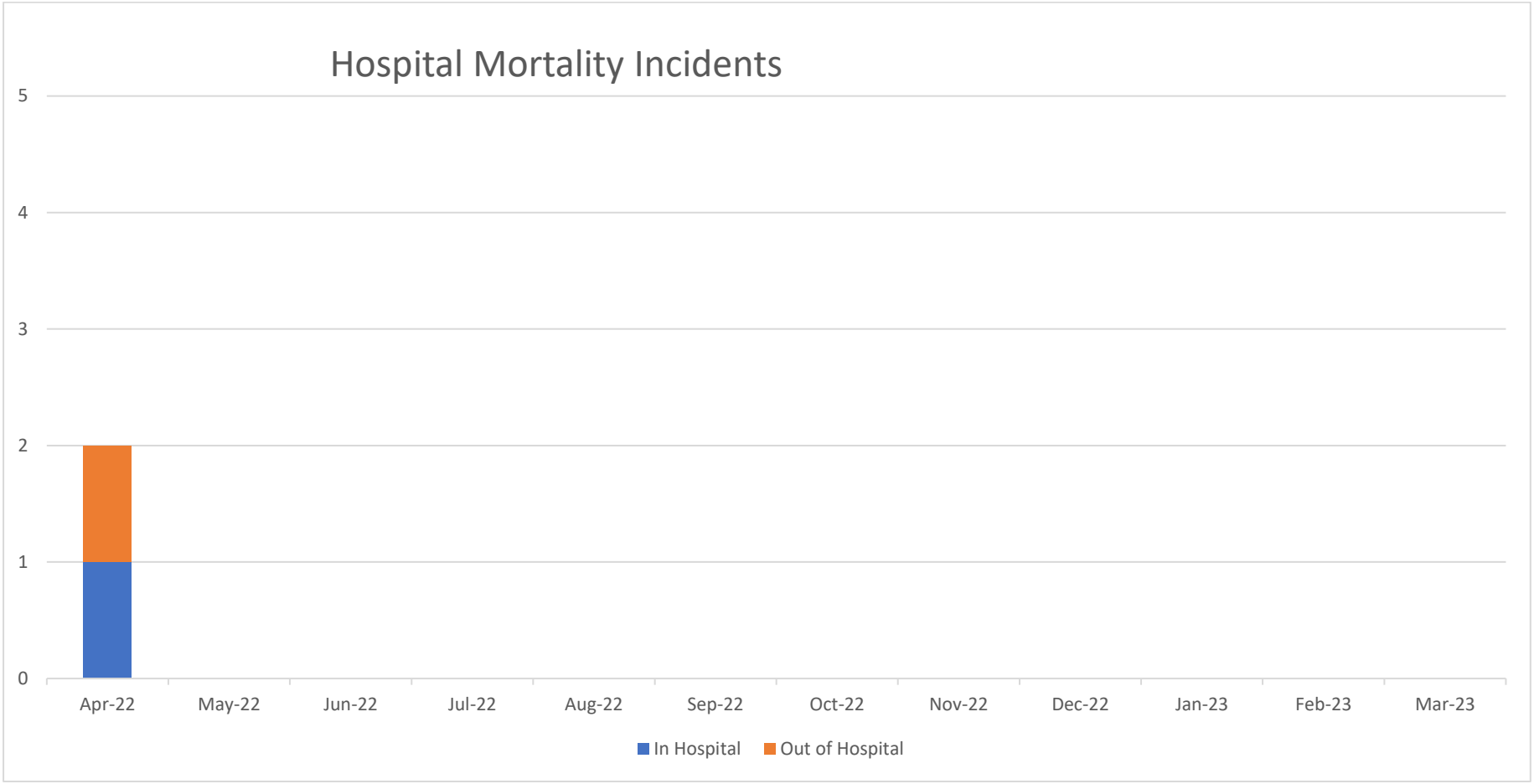
ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

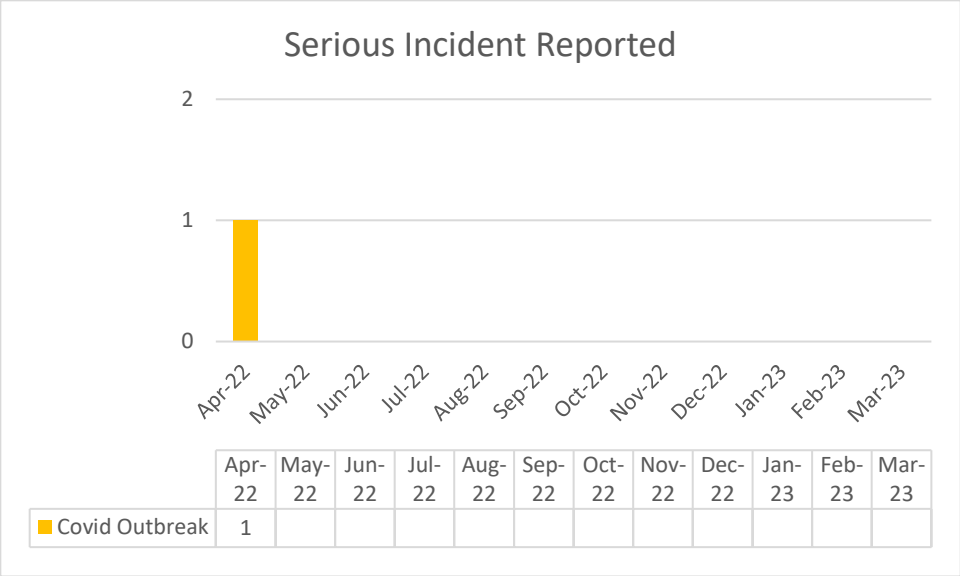
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No in hospital or out of hospital deaths were reported in April 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**

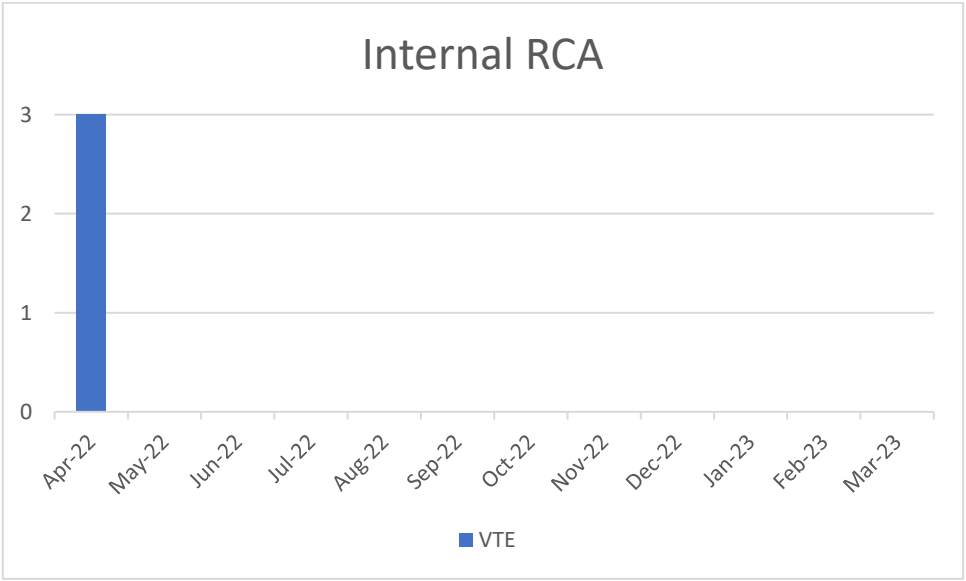


Year Totals	
20/21	11
21/22	13
22/23	1

Data Source – STEIS

INFORMATION
One Serious Incident was reported in April 2022. This was a Covid 19 outbreak on Ward 3. A Post Infection Review (PIR) and outbreak meeting are both underway.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

4. **Internal Root Cause Analyses (RCAs) - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCA's incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

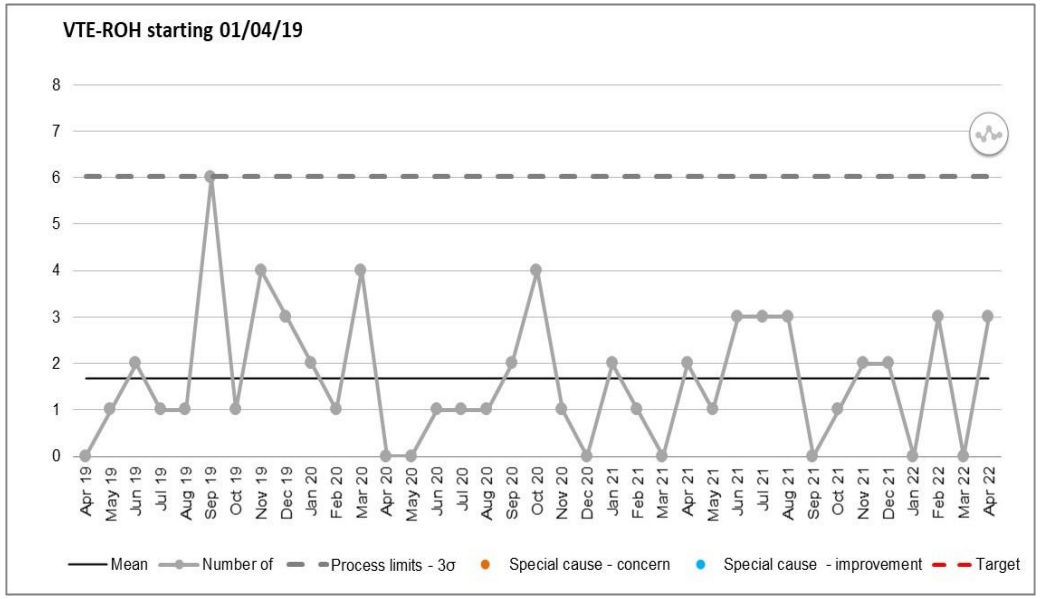


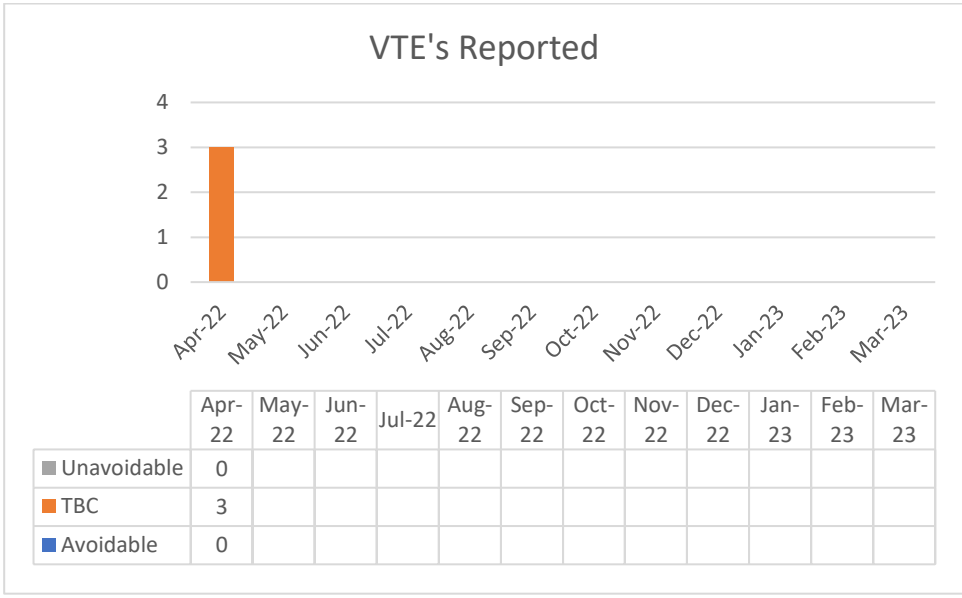
Data Source – Internal RCA tracker

INFORMATION
3 incidents reporting in April 2022 will be subject to an internal RCA. All of these are in relation to VTEs.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCA's closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5.

6. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTEs (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Unavoidable	0											
TBC	3											
Avoidable	0											

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	3

INFORMATION

Three ROH associated VTEs incidents were reported in April 2022.

On admission assessment

Total possible	890
Total assessed	834
%	93.71%

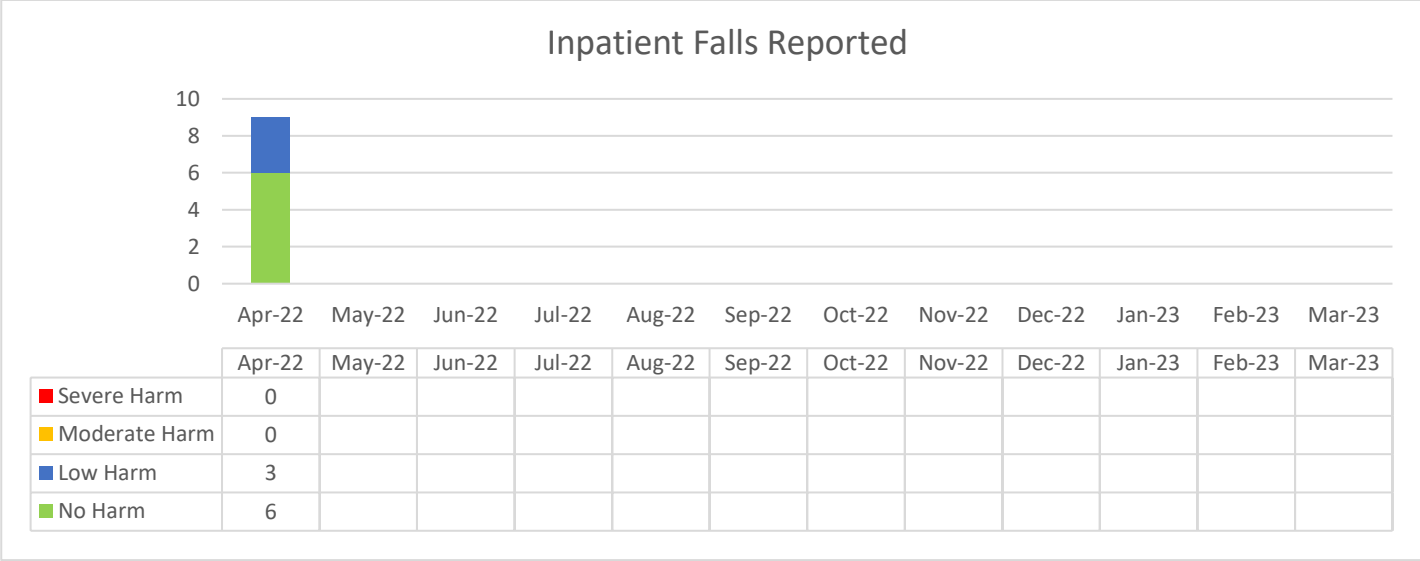
ACTIONS FOR IMPROVEMENTS / LEARNING

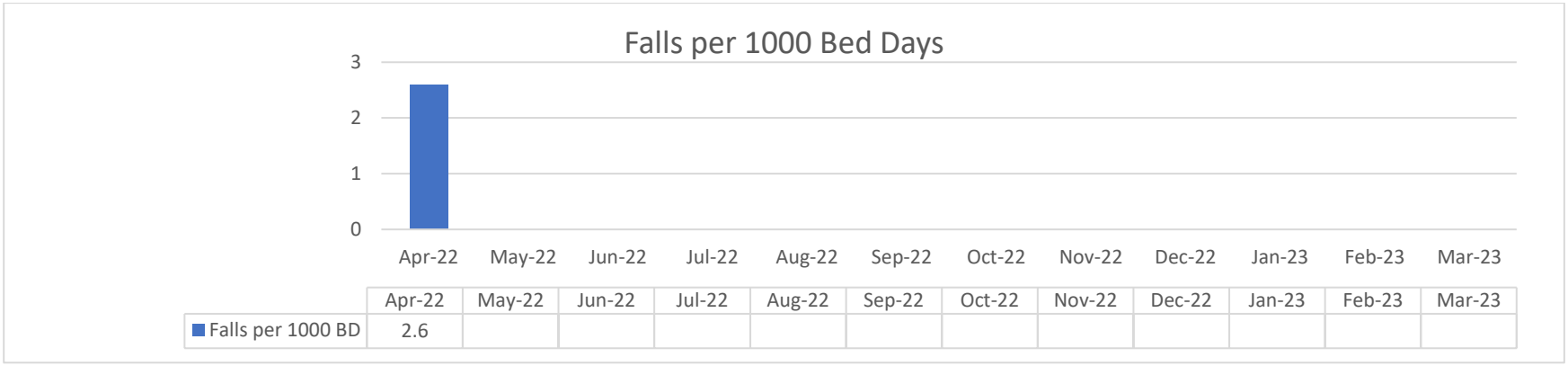
- Compliance with mandatory 24-hour re-assessment - Re-assessment audit methodology reviewed and presented to Q&S Committee in March 2022 where it was agreed that current reporting approach would be paused. On-going requirement to be discussed by Quality & safety Executive
- VTE awareness sessions continue to be delivered on all clinical update days for HCAs and student teaching programmes. New doctors receive a session delivered by Medical VTE Lead on induction.
- Exemplar site status due renewal. Date for review being agreed with network.

RISKS / ISSUES

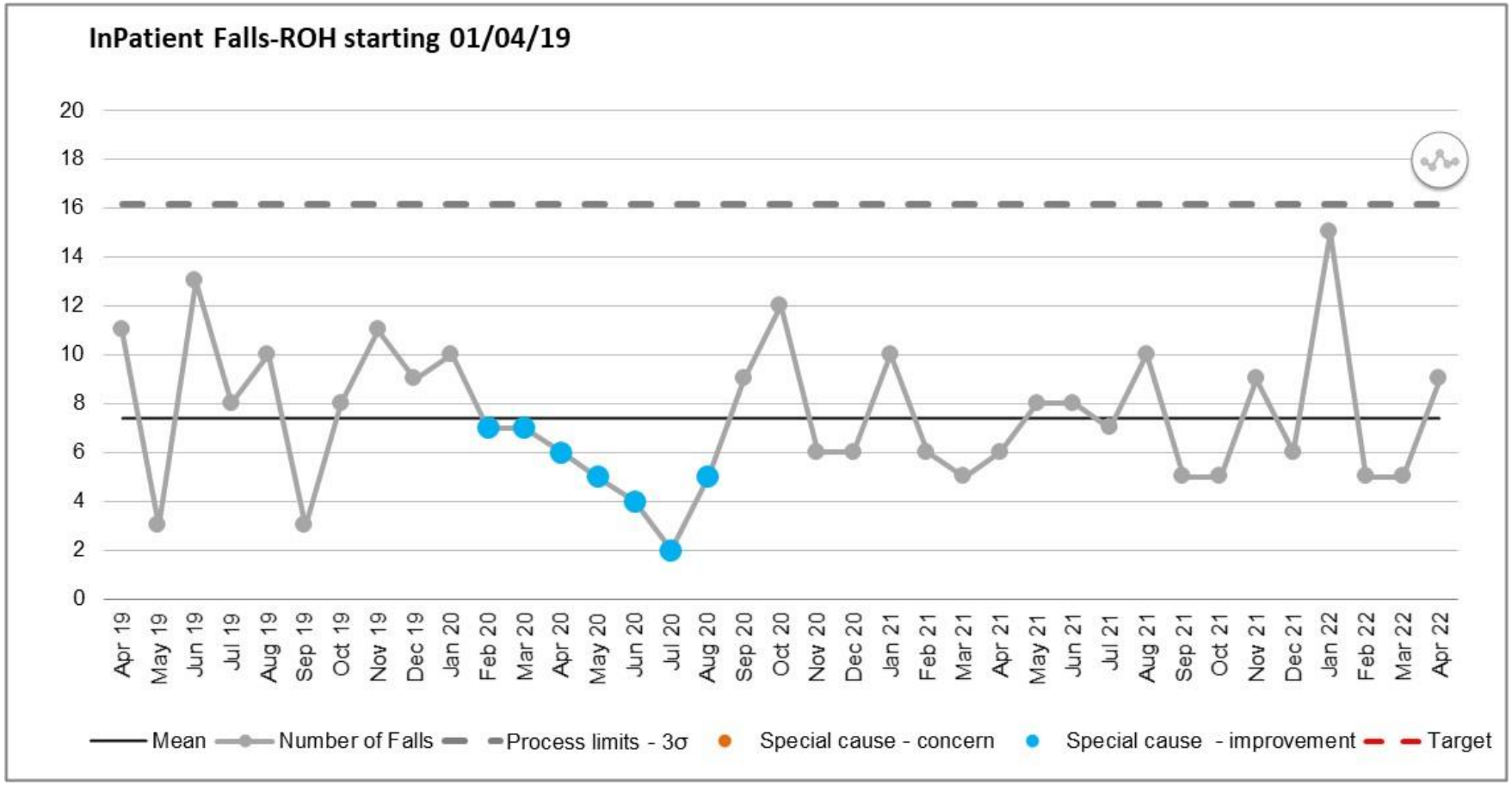
Management of suspected/Positive VTE Policy-approval delayed whilst awaiting decision re Alteplase.

7. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**





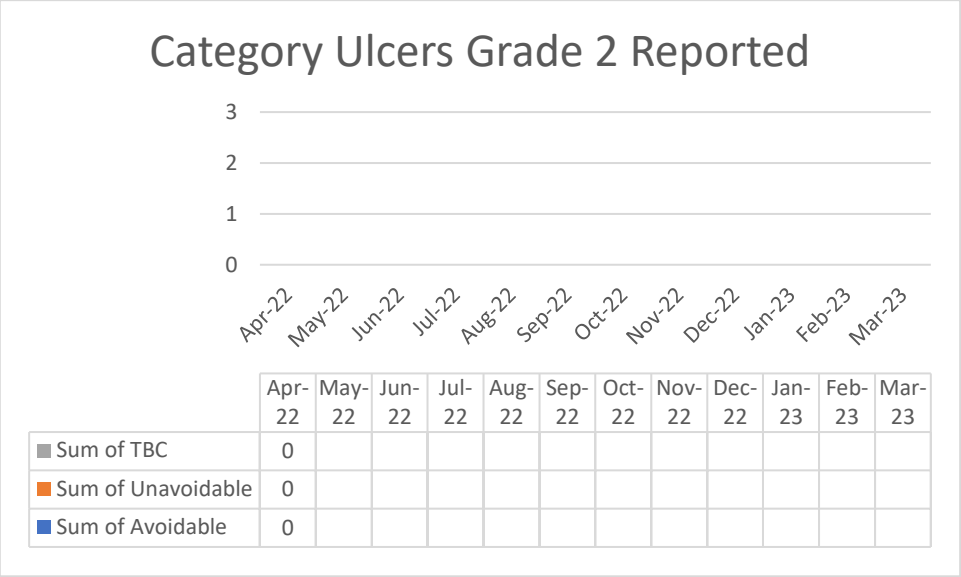
Year Totals	
20/21	76
21/22	91
22/23	9



Data Source – Ulysses and Falls Group

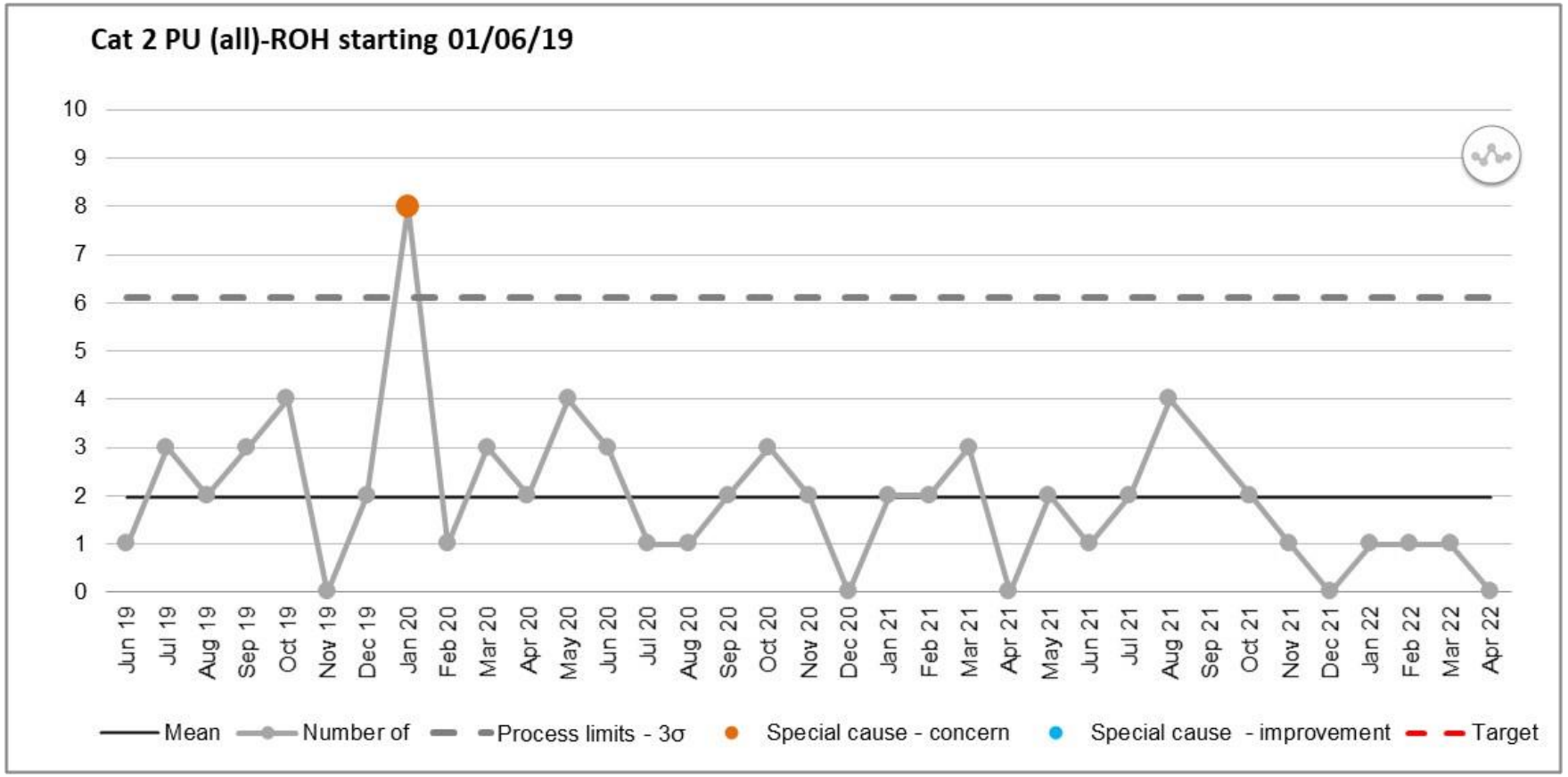
INFORMATION
There were 15 incidents reported across the Trust in April 2022 relating to Falls: **9 x In-Patient Incidents** **6 x Lowered to Floor Incidents:** There is an increase in the number of patients who were lowered to the floor rather than actually falling. There are no particular identifiable themes to the incidents where patients have fallen.
ACTIONS FOR IMPROVEMENTS / LEARNING
Actions Developing questionnaire to survey patients regarding views & experiences relating to falls. Reviewing policy/pathway of care for patients that fall in out-patients.
RISKS / ISSUES
None

8. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Sum of TBC	0											
Sum of Unavoidable	0											
Sum of Avoidable	0											

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	0	0



Data Source – Ulysses and TV team

INFORMATION

April 2022 Incidents – Hospital acquired

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	0
Category – 2 (Device)	0
Category – 1	0
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 3 MASD admitted with Intertriginous dermatitis - 1

Patients admitted with Pressure Ulcers	PU admitted with Cat 1 – 1 – did not deteriorate PU admitted with Cat 2 x 1 home PU admitted with Cat 3 x2 PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2022/2023	
Avoidable Grade 2 pressure Ulcers limit of 12	0
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

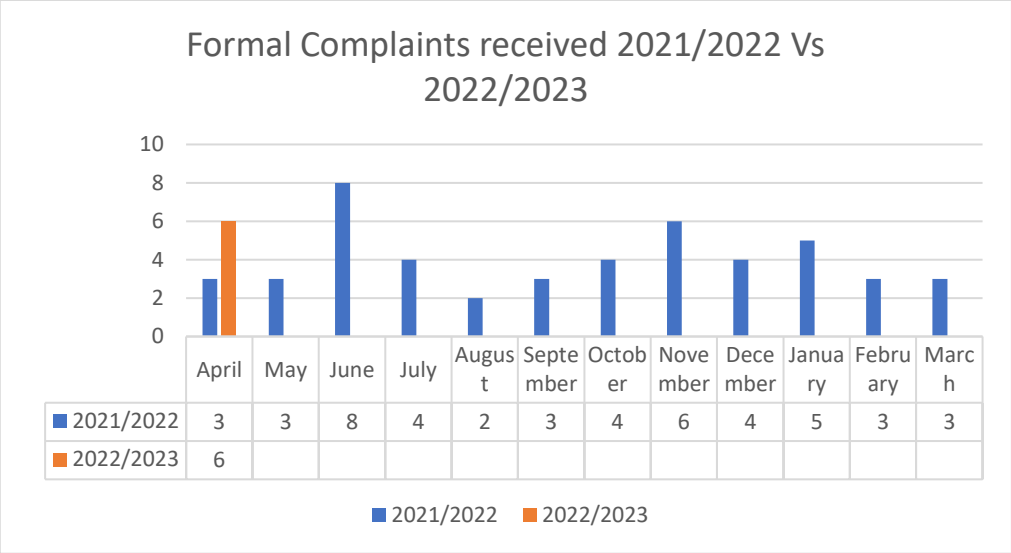
ACTIONS FOR IMPROVEMENTS / LEARNING

- Tissue Viability (TV) workload and referrals increased significantly over last 2 years – Oncology, Plastics and ROCS patients. Business plan for another Band 6 for TV team approved. In the meantime an internal 6-month secondment Band 6 has been appointed, started 3rd January 2022.
- PU Policy being updated to reflect diversity in skin tones.
- ROH included in BSOL lower limb group. HCP can refer direct to Vascular clinic. This will help prevent previous delays and enable our patients to get expert care regarding healing of their lower limb wounds and delays in surgery.

RISKS / ISSUES

None

9. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	51
22/23	6

INFORMATION

Complaints

- The Trust received 6 formal complaints in April 2022.
- Below are the top four categories and subcategories of formal complaints received

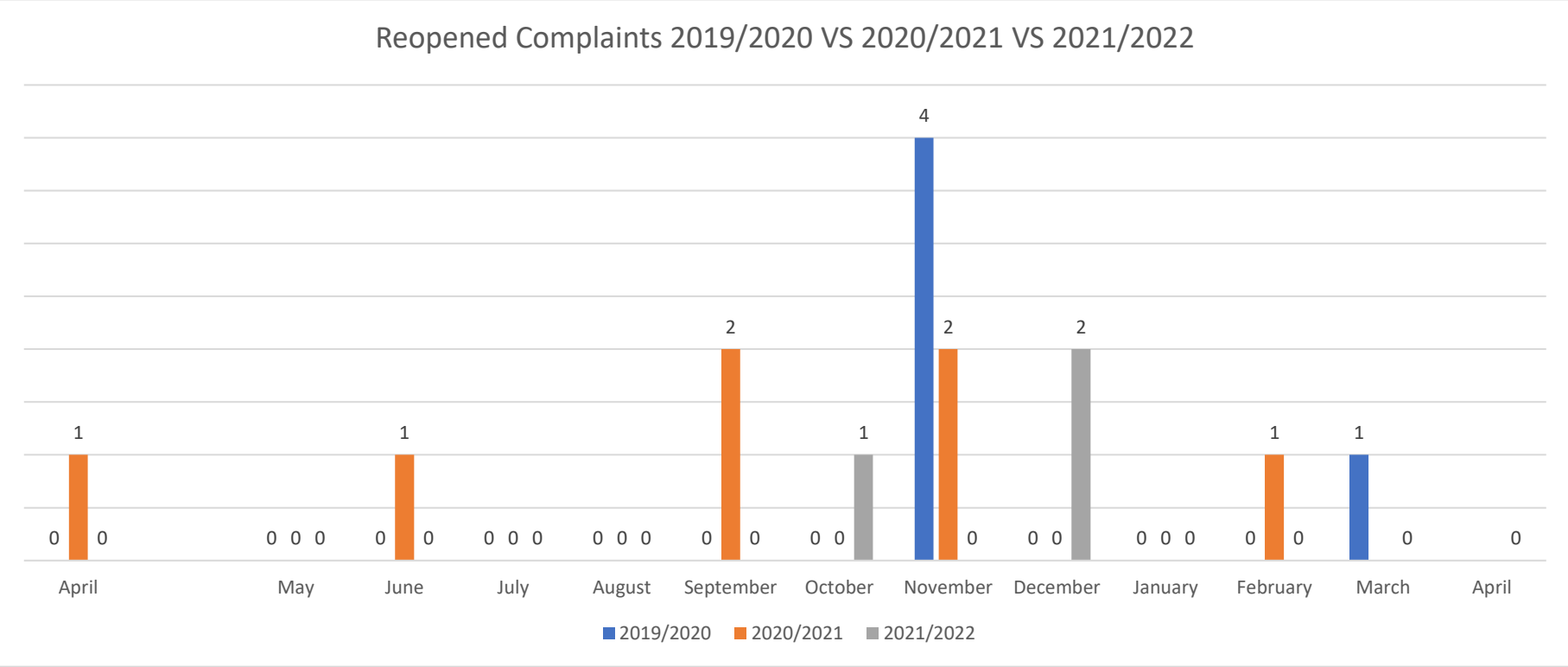
Category Types and Categories of formal complaints

Category Types/Categories	
Appointments	**1**
Delay	1
Clinical Query	**2**
Delays With Treatment	1
Injury Sustained During Treatm	1
Trust Administration	**1**
Calls/Messages Not Returned	1
Values & Behaviours	**2**
Attitude Of Staff - Facilities	1
Data Breach	1

In April 2022 the Trust closed 0 Formal complaints
At the time of producing this report (12th April 2022) we have 6 open formal complaints.

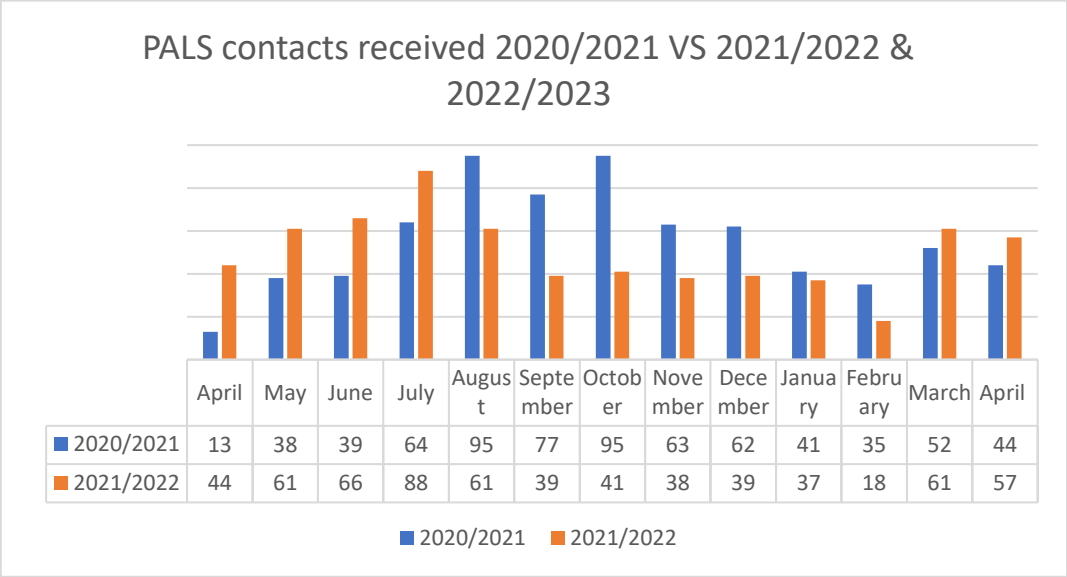
Reopened Complaints

- From April 2021 – March 2022 the Trust had 3 reopened complaints and have all been closed successfully within the agreed timeframe with the complainant.
- In April 2022 The trust reopened 0 formal complaints and it closed no reopened complaints



Patient Advice and Liaison service – PALS

In April 2022 2022 the PALS department handled 57 contacts of which 35 were classified as PALS concerns and 22 as PALS enquiries.



	April	May	June	July	August	September	October	November	December	January	February	March	April
2020/2021	13	38	39	64	95	77	95	63	62	41	35	52	44
2021/2022	44	61	66	88	61	39	41	38	39	37	18	61	57

- The main themes in the PALS data relate to Clinical Query **(23)** Appointments **(12)** Values and Behaviours **(6)**
- The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases. In April 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPI's for the month.

Top 3 categories and subcategories of PALS Contacts for January 2022

Appointments	**12**
Appointment Cancelled	1
Appointment Rescheduled	2
Confirmation Of Appointment	1
Delay	3
Delay To Be Seen In Hospital	4
Virtual Clinic - Call Not Rece	1
Clinical Query	**23**
Appointment Not Satisfactory	2
Availability	1
Clinical Treatment	5
Delay In Obtaining Results	2
Delays With Treatment	5
Dispute Over Diagnosis/Treatment	1
Inappropriate Treatment	1
Injury Sustained During Treatment	1
Lack Of Updates On Treatment	1
Operation - Outcome Not As Exp	1
Request For A Second Opinion	1
Requesting Update On Results	2
Values & Behaviours	**6**
Attitude Of Staff - Facilities	2
Attitude Of Staff - Medical	2
Attitude Of Staff - Nursing	1
Data Breach	1

Patient experience KPI from April 2021

Complaints & PALS KPI were hit in April 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
Apr-21	100	99.69	100
May-21	100	100	100
Jun-21	100	100	100
Jul-21	100	94	89
Aug-21	100	100	99.8
Sept-21	67%	100	100
Oct -21	100	100	100
Nov-21	100	100	100
Dec-21	100	100	100
Jan-22	100	100	100
Feb-22	100	100	100
Mar-22	100	100	100
April -22	100	100	100

Compliments

There were 3 compliments recorded on Ulysses for April 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

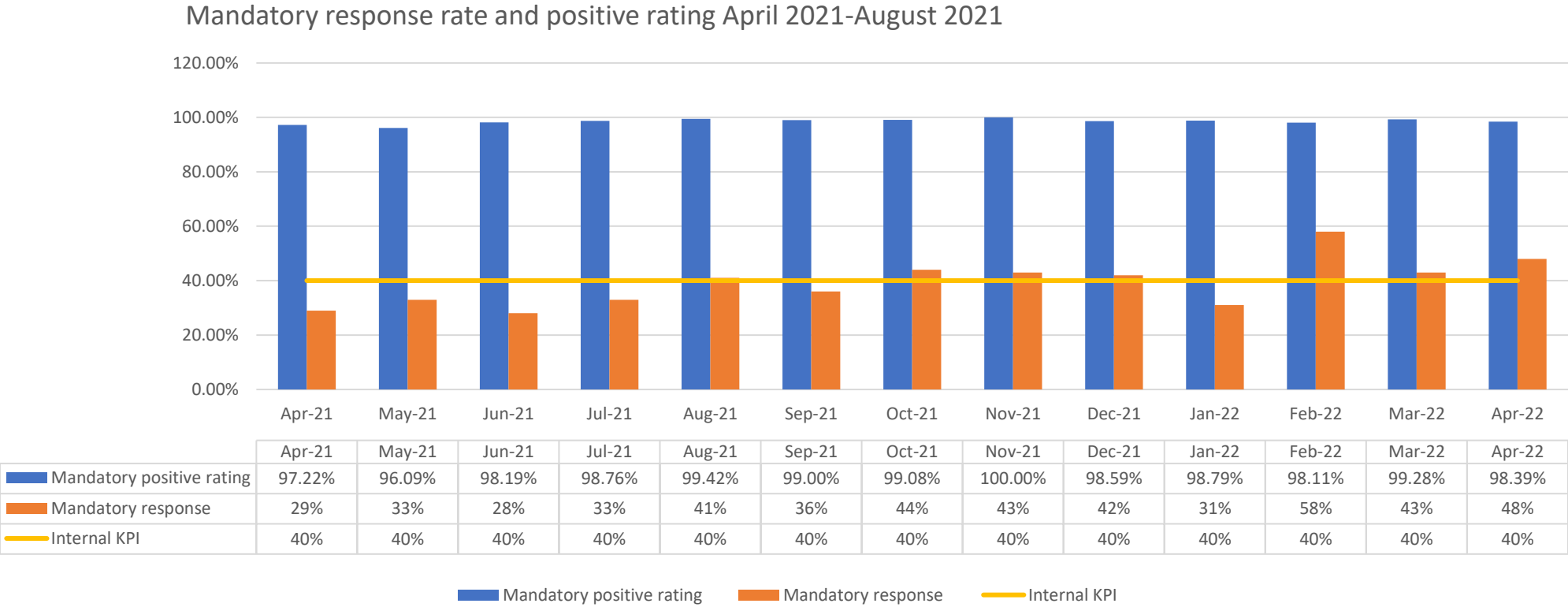
None

COMEBACK COMPLAINTS

None

10. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	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
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%	99.28%	98.39%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%	43%	48%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

INFORMATION

- The Public Engagement Team have created a Complaint and PALS Electronic Forms for The ROH website, this will then mean the PALS Department will then be fully paperless. The Electronic Forms have been approved by the PEEG group and waiting for them to be implemented onto the ROH website
- The Public Engagement team completed Patient Experience week which was well received. We received good feedback, and all enjoyed receiving our free pens and note pads.

- The Volunteer Coordinator has created a stall and poster board to advertise the Volunteering Services and to promote recruitment within the Trust. This will be displayed during week 25th-31st May 2022.
- A new external internet page has been created for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience. Work is still being done to our page
- The Smiley Faces feedback system has now been placed in outpatient departments around the trust. And are up and running.
- The 15 steps challenge the first walkabout took place on 11th May 2022. All went well, report is being put together and will discuss when the next one will take place. We plan on covering all areas of the hospital.
- Volunteer appreciation day will be taking place on the 31st May 2022 at Woodbrooke, held by the volunteer coordinator and the Head of Patient Experienc

ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

None

11. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There are currently 12 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

12. **Litigation and Coroners**

New claims

0 new claims against the Trust were received in April 2022.

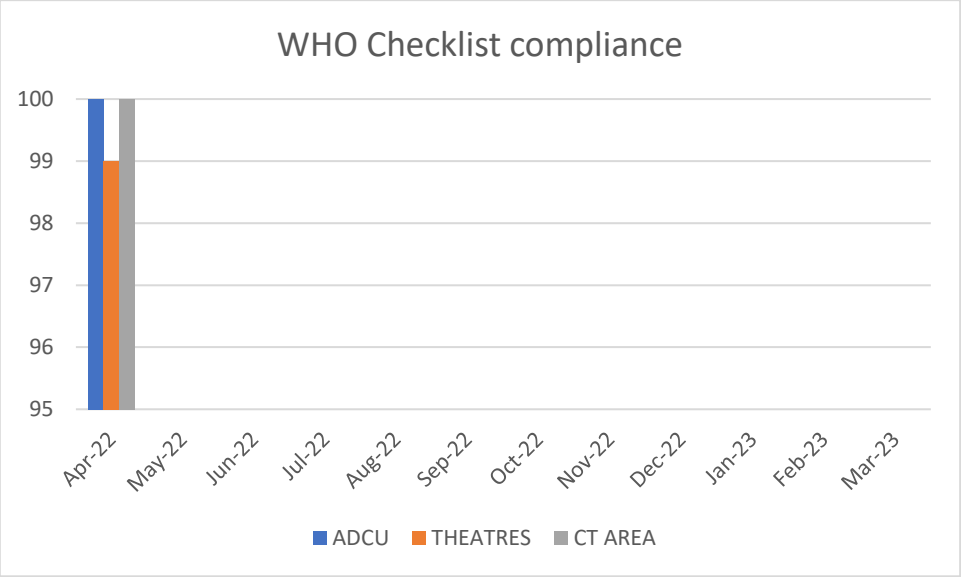
Pre-Application Disclosure

8 new requests for Pre-Application Disclosure of medical records were received in April 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in April 2022

13. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 627

The total WHO compliance for Theatres in April 2022= 99%

All non-compliance is in relation to the Debrief not being completed

CT area

Total cases = 88

The total WHO compliance for CT April 2022= 100%

ADCU

The total WHO compliance for ADCU in April 2022= 100%

ACTIONS FOR IMPROVEMENTS / LEARNING

WHO checklist review

The Chief Nurse of ROH asked the Patient Safety Lead to conduct a review of the current WHO audit process used in the operating theatre department.

Currently the method being used to capture audit results is applied in retrospect. The results are reported on an electronic system called Theatreman. All the results are reviewed on a monthly basis for all operations that took place that month; this is approximately 960 audits. Theatreman functionality is basic and binary as it does not allow the user to move on until the section is completed as a 'yes' answers, which in return produces 100% compliance.

Based on the recommendations from the report conducted by the Patient Safety Lead, the WHO surgical Safety Visual Audit has been revised to incorporate some elements of the full end to end process of the Five steps to Safer Surgery, as recommended by the Association of Perioperative Practitioners.

Therefore, the recommendation based on the review following the report, would be for audits results to be provided using the WHO surgical Safety Visual Audit. The frequency of the audits is done over a two-week period as demonstrated below in the Audit Tool Guidelines giving a result of 28 snapshot audits being

conducted in a month period. The audit will be conducted by independent observer and not by a member of the 'core team' which was picked up on the review of the audit process. The audit result for March 2022 was 70.60% and April 2022 was 95%. The likelihood will be a decrease in compliance by utilising this method.

Once trends and themes are captured from the visual audits, a responsive action plan will be put into place to improve the WHO checklist compliance in Theatres.

RISKS / ISSUES

None

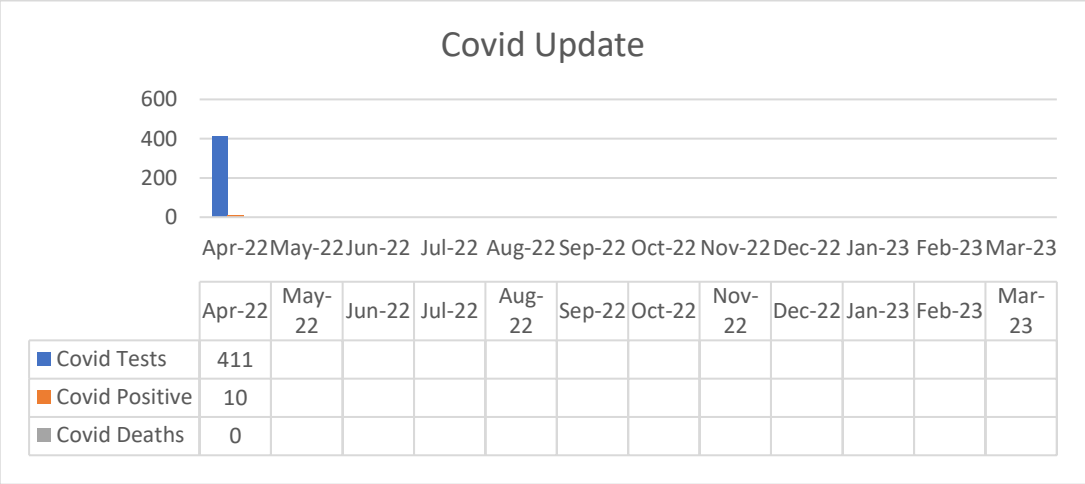
14. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	April 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	0	0
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	0
Pseudomonas aeruginosa BSI cases	0	0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Covid Tests	411											
Covid Positive	10											
Covid Deaths	0											

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

15. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

ALL CAS ALERTS

CAS ALERTS

CAS ALERTS (1-30 April 2022)

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2022/003/NHSPS	Inadvertent oral administration of potassium permanganate. Potassium permanganate is supplied in concentrated forms, either as a 'tablet' or a solution, which requires dilution before use. These concentrated forms resemble an oral tablet or drink and if ingested are highly toxic. The alert asks both secondary and primary care providers to take action to assess if use of potassium permanganate can be reduced; to ensure safer prescribing and labelling, and to ensure it is stored safely.	National Patient Safety Alert - NHS England & NHS Improvement	05-Apr-22	Action not required.	04-Oct-22

OUTSTANDING ALERTS FROM PREVIOUS MONTHS

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2022/002/MHRA	Philips Health Systems V60, V60 Plus and V680 ventilators - potential unexpected shutdown leading to complete loss of ventilation. In March 2022 Philips Health Systems informed the MHRA of an important safety issue due to potential unexpected shutdowns of all of their V60 and V60 Plus non-invasive ventilators. All V680 invasive ventilators used in critical care settings are also affected. V60 and V60 Plus devices are designed for in-hospital use. They can be used to provide average volume-assured pressure support (AVAPS), pressure-controlled ventilation (PCV), continuous positive airway pressure (CPAP), and positive pressure ventilation (PPV) treatment to patients in critical care and high-dependency unit (HDU) settings. The safety concern identified relates to a number of electrical faults in the devices, which can result in an unexpected shutdown, leading to loss of ventilation. There are two ways in which this shutdown can occur: The first will sound a warning to alert the user that the machine is shutting down. This will let the user know they	National Patient Safety Alert - MHRA	29-Mar-22	**EBME**: "*ROH has a number of affected devices*". The Trust have already purchased replacements and are awaiting arrival date. Philips are currently working on another notice that should be issued shortly. Philips could not provide a date when this new notice would be issued as they must first speak to all regulatory bodies globally - it seems every country	31-May-22

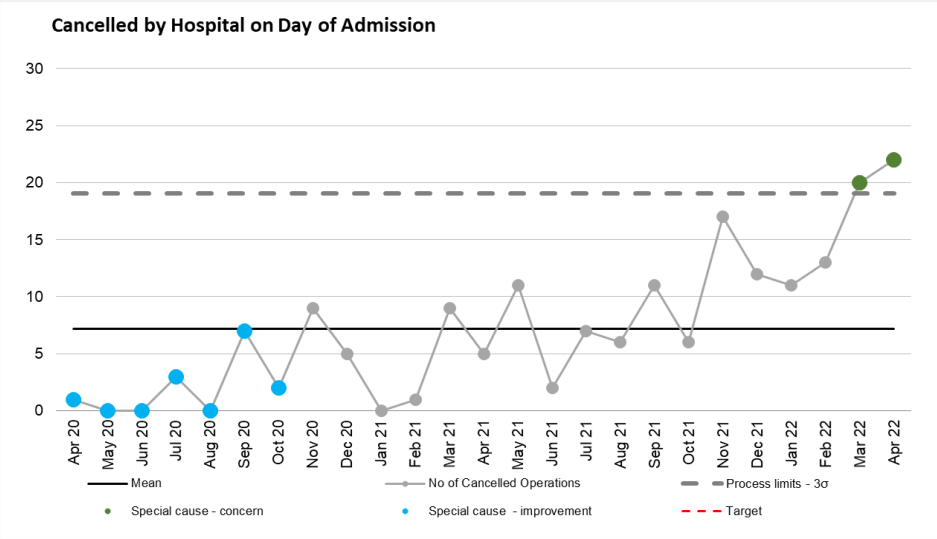
	need to switch to an alternative source of ventilation. There is a risk that the patient will be unventilated while this second source of ventilation is prepared. The second failure mode will cause the device to shut down with no warning alarm. If a ventilator fails in use and does not alarm, the patient will be unventilated until the clinician becomes aware and responds. If unnoticed by healthcare professionals, ventilation failure can have a severe health impact on patients. This can include hypoxia, which can result in long-term cognitive impairment to the patient. There is also a risk of death if a patient is without ventilation for a sustained period of time Philips has no permanent solution to correct this issue and as such we are issuing this alert to help hospitals manage the risk. Note: This is a different alert to the one previously published on 23/09/2020 by the MHRA for a similar range of devices. This alert should be acted on immediately.			is approaching this differently. Philips advised that they will be looking at recommending monitoring is made available for patients when on these ventilators, which would alarm should anything occur with the ventilators. UHB are working through a plan of action. Also looking at the oxygen monitoring systems that are being recommended. EBME will hasten Philips to see if there are any further updates –	

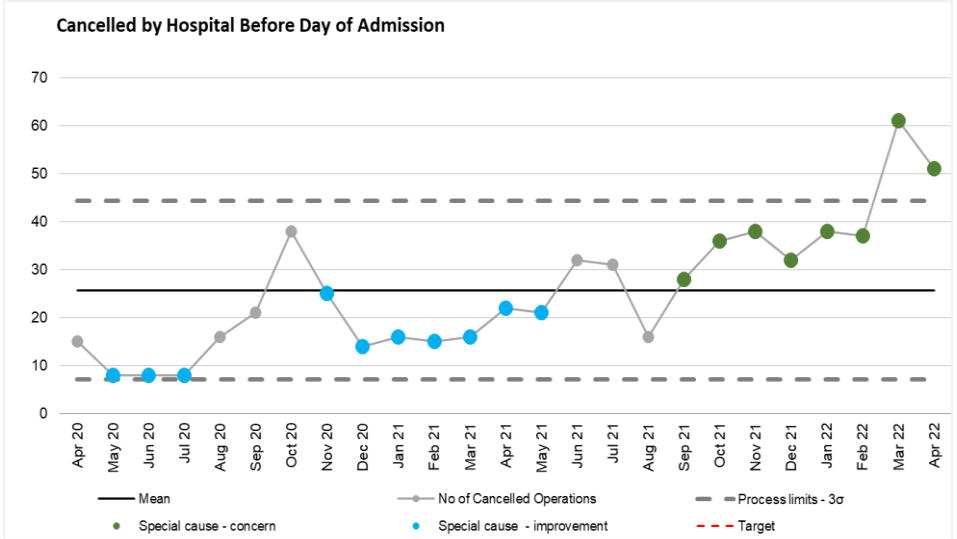
				"will keep you updated". UHB have not yet decided on purchasing alternative ventilators. Although they are looking at the NKV -330 ventilator manufactured by Nihon Kohden.	

15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

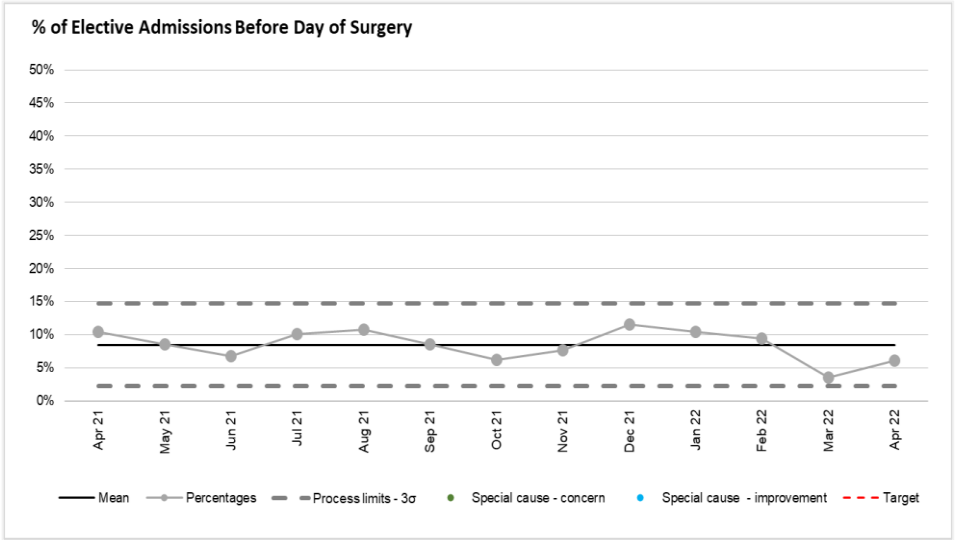
KPI	April 2022
Safeguarding Adult Notifications	26
Adult Level 2	91.90%
Adult Level 3	88.63%
Level 4	80%
Child Level 2	91.64%
Child Level 3	88.57%
Mental Capacity Act MCA	91.47%
Deprivation of Liberty Safeguards DoLs	91.39%
Prevent	93.22
WRAP	83.98
FGM	0
DOLS	1
MCA	2
PIPOT cases	0
PREVENT Notifications	0

16. Theatre Utilisation/ Hospital Led Cancellations





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
2021-04	5	23	22	50	0
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	0
2022-04	22	25	51	98	2
Total	**143**	**308**	**443**	**894**	**2**



INFORMATION

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.

There were 22 patients cancelled on the day in April with reasons detailed as follows;
16 x lack of theatre time/beds
1 x Medically unfit / Clinical change in condition,
1 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
3 x availability of staff due to sickness
1 x patient had transport issues

There were 25 patients admitted but where treatment was deferred, with reasons broken down as follows:
12 x lack of theatre time/beds
9 x Medically unfit / Clinical change in condition,
3 x procedure no longer required/Pt no longer wanted surgery/Procedure abandoned
1 x availability of staff due to sickness

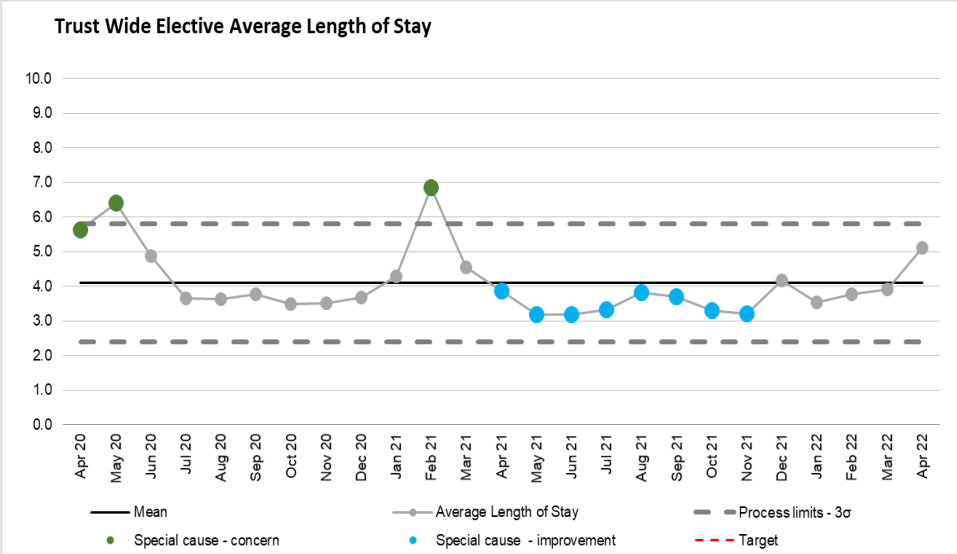
There were 51 patients cancelled by the hospital prior to date of admission.
26 x patients covid + / medically deferred
9 x replaced by emergency/urgent case
9 x availability of staff due to sickness
4 x changes in TCI date
2 x lack of beds
1 x patient DNA'd appointment

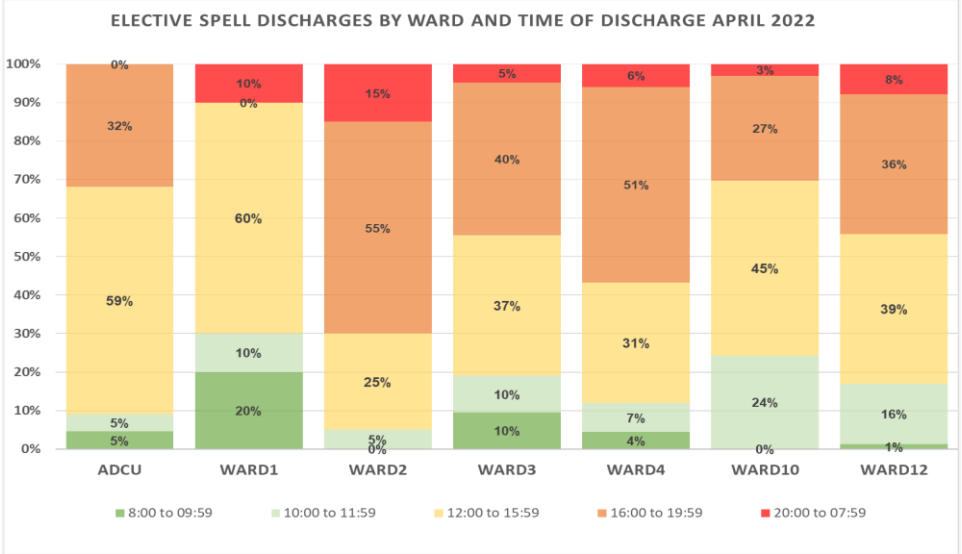
ACTIONS FOR IMPROVEMENTS / LEARNING

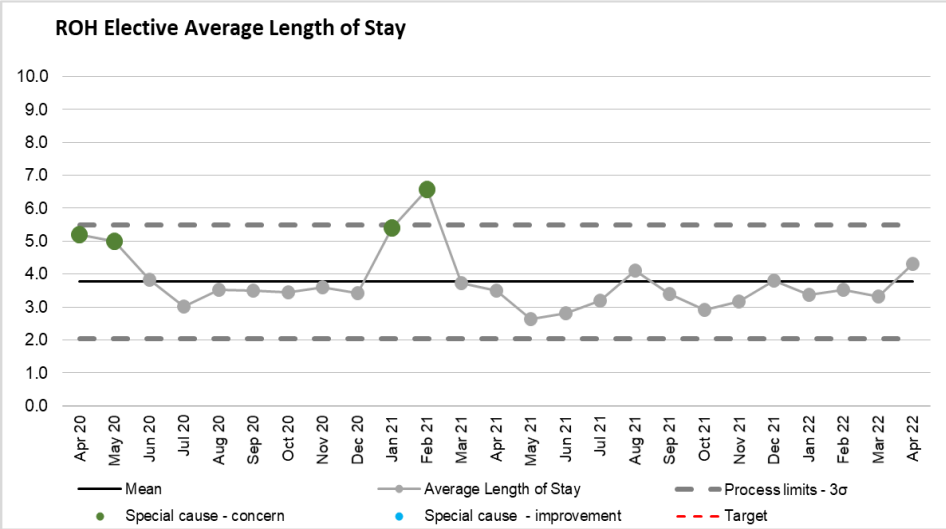
Review of data errors being made is an area of focus via the Data Quality Group and validation teams with any gaps in training being identified and rectified where required.

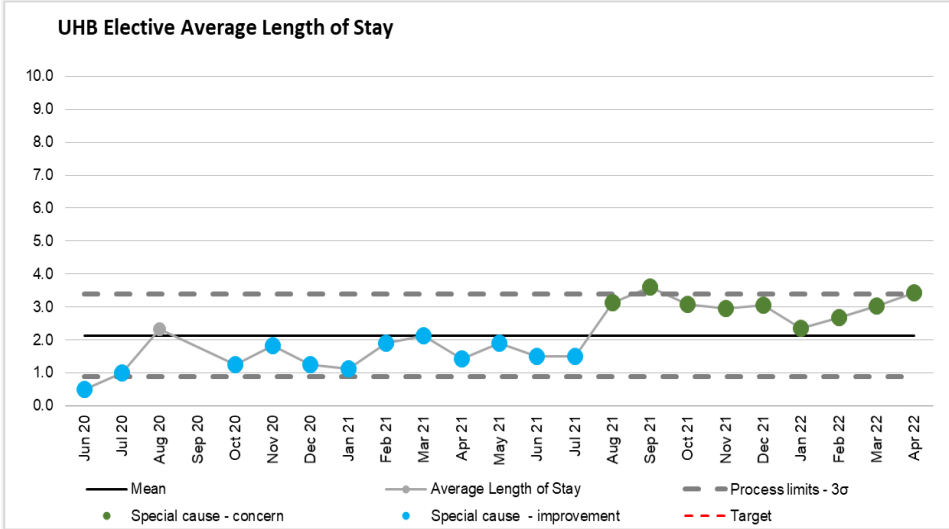
RISKS / ISSUES
Impact of the continuation in high Covid rates impacting on both patients and staff

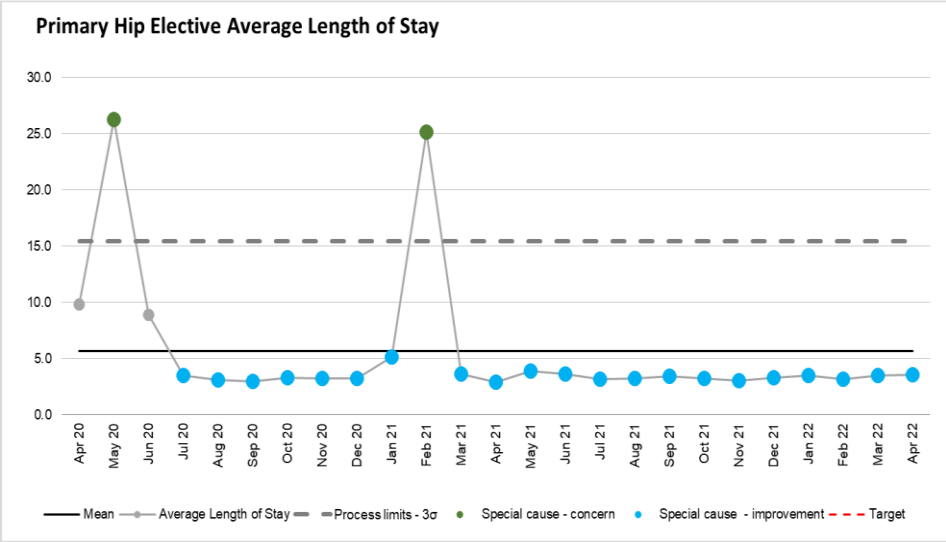
17. Length of Stay

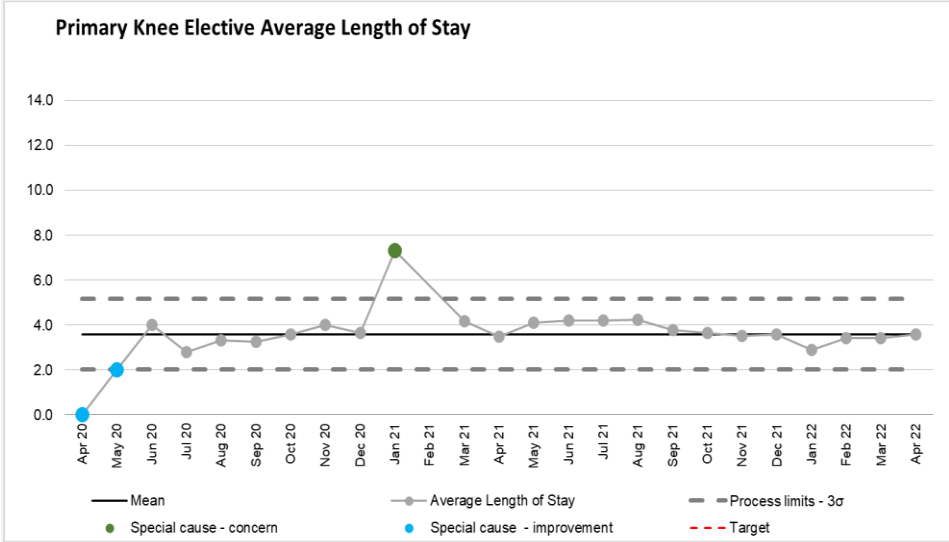





ROH Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Apr 21
May 21
Jun 21
Jul 21
Aug 21
Sep 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


UHB Elective Average Length of Stay
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
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
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Hip Elective Average Length of Stay
30.0
25.0
20.0
15.0
10.0
5.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
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
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Primary Knee Elective Average Length of Stay
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
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
Mean
Average Length of Stay
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

INFORMATION

The average length LOS for ROH patients from all specialities has increased in month to 5.11 (3.66 March).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is 4.31 (3.31 March)
The average length of stay for UHB arthroplasty patients at ROH is 3.42 (3.06 March).

April length of stay data produced for UHB and ROH, has been reviewed and the following observations made:
14 (17 March) UHB arthroplasty patients with LOS greater than 3 days. 7 (11 March) with a length of stay greater than 5 days and 4 (6 March) with a stay greater than 7 days. (excludes Rehab).
67 (64 March) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 38 (32 March) with a length of stay greater than 5 days, 26 (21 March) with a length of stay greater than 7 days.

In summary 4 ROH arthroplasty and oncology arthroplasty and 26 UHB arthroplasty patients had a length of stay greater than 7 days.
Review of PICS data and day to day observation suggests complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors in this. 1 patient with a LOS of 54 days due to complex discharge issues. We also operated on the first four Osseointegration implant patients who all stayed approximately 7 days and this will have impacted on the overall LOS figure.

In March 160 patients went home via the discharge lounge. Discharge Lounge capacity is currently under review in light of changes to social distancing guidelines. In addition number of patients discharged home before lunch increased again from 32.14% in February to 35% in March. (April data not yet available) A roaming discharge service has also been maintained to assist with progressing patients on wards.

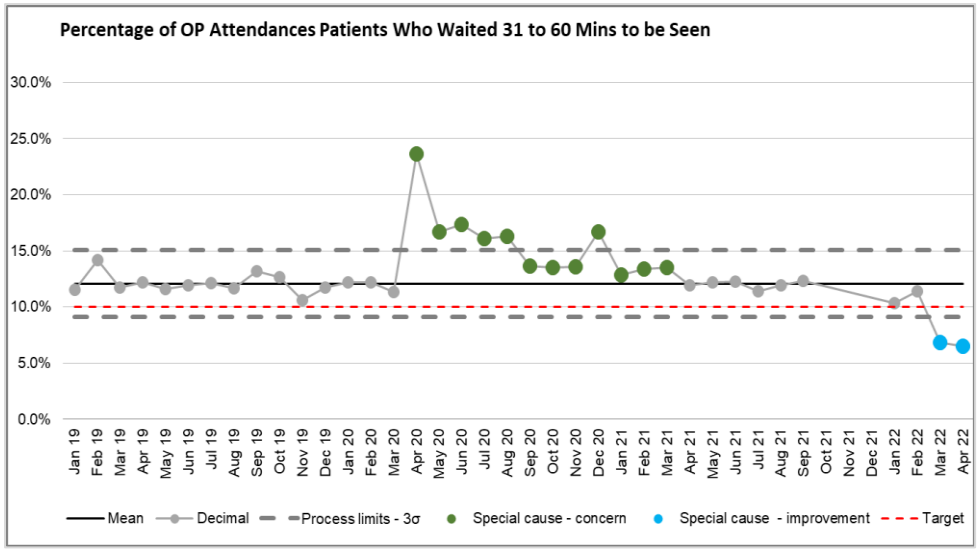
ACTIONS FOR IMPROVEMENTS / LEARNING

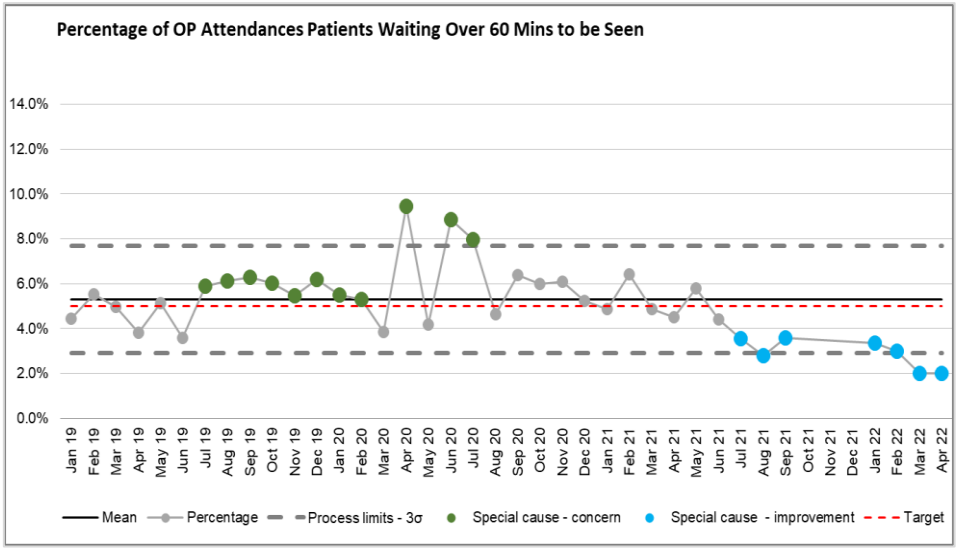
Recommendations for Joint Care Group:

- Audit patients undergoing surgery on a Friday or Saturday and whether this impact on LOS.
- Physiotherapy provision to be reviewed for evenings and weekends to enable early mobilisation.
- Review anaesthetic technique. Feedback from Consultant surgeon that use of GA and block in TKRs negatively affects LOS

RISKS / ISSUES

18. Outpatient efficiency

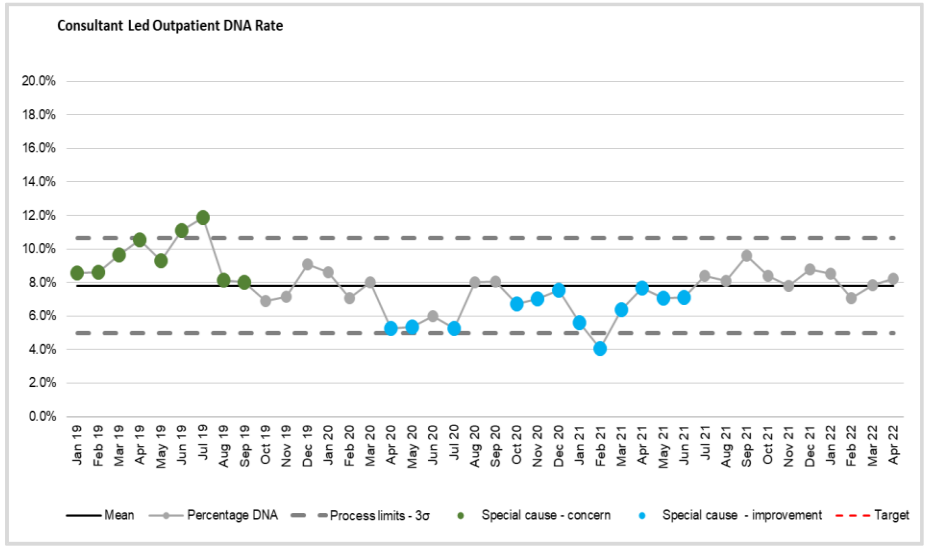


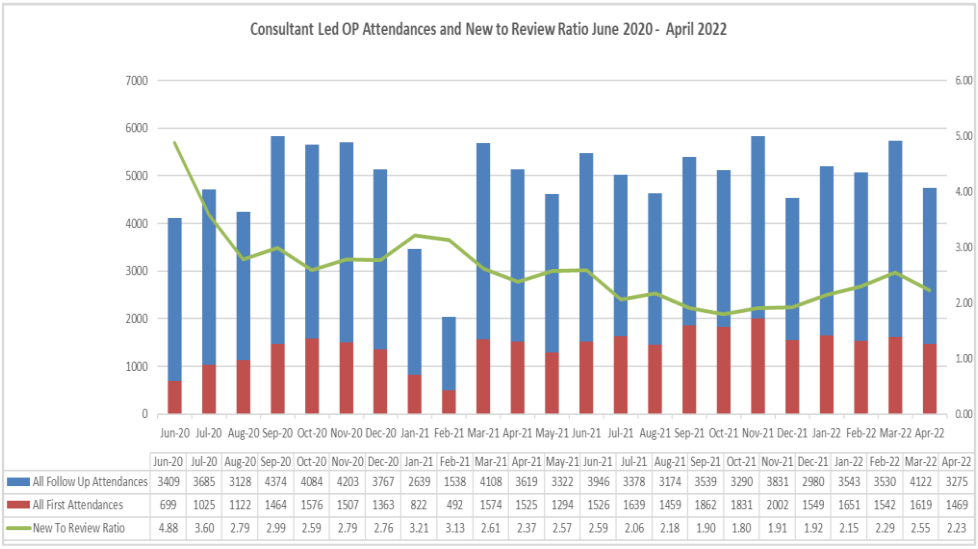


DNA Analysis

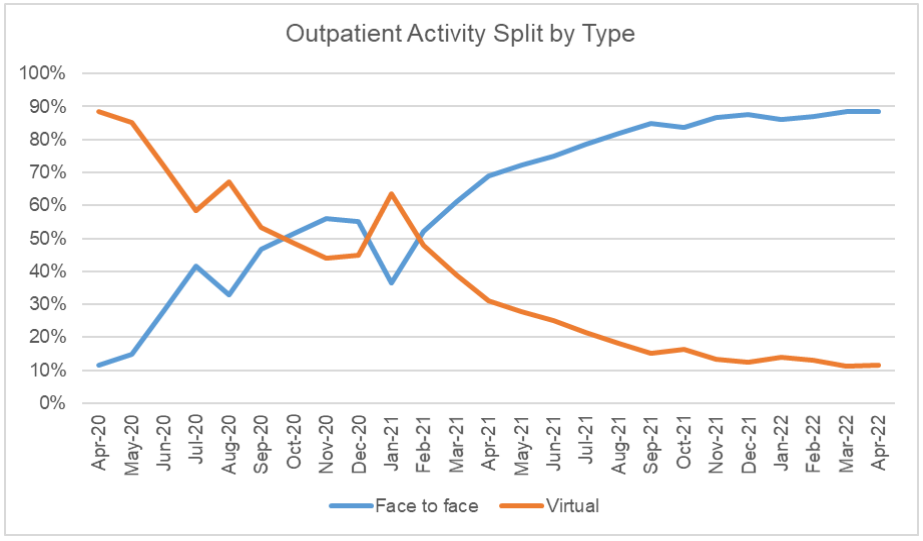
There were 662 DNAs in April and of these 80% were booked with 3 weeks notice or more. An audit of 80 DNAs has been carried out with the following results:

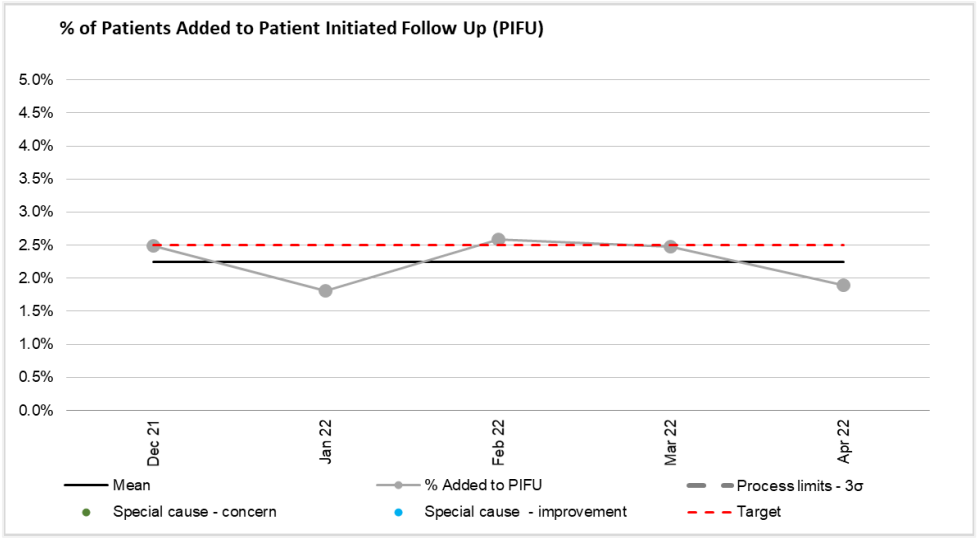
- of the 80 audited 33 patients reported that they were not aware of their appointment, however 16 patients had been sent and received a text message about their appointment.
- of the 662 DNA's there was no statistical difference in gender
- patients who were unable to contact the call centre to cancel their appointments due to the issues with the current system. The new voice over internet protocol (VOIP) system 8 X 8 will go live on 6 June. Staff are currently undergoing training in preparation for the go live date.





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122	3275
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619	1469
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55	2.23





INFORMATION

There were 4,065 face to face and 524 virtual appointments carried out in April (11% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. Work is ongoing with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform (DrDoctor) to support virtual clinics going forward.

PIFU Target for April: plan 2.5 increasing to 5% by March 2023 **%** - actual: **1.9%** - 87 patients out of 4590 (measured as a % of all outpatient activity**)**

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - **6.5%** (Target **10%)**

60 minute delays – **2.0% (**Target **5%)**

An analysis of 30 minute delays has shown a improvement from March to April with just 6.5% of appointments being delayed more than 30 minutes. Delays of 60 minutes or more have remained the same as March at 2%. A trial of electronic outcomes is being planned in Young Adult Hips and Back Pain / Clinical Support resulting in the clinician is entering the time stamps making the data more accurate. The Operational and Nursing Teams continue to host the Outpatient Huddle which takes place daily to manage themes and escalations of clinic delays which is having a positive impact on team communication and the flow through Outpatients. The intranet based x-ray walking referral form and waiting list continues to help reduce delays for patients that are referred to imaging on the day of their appointment.

The DNA rate for April is **8.24%, below trust target** but an increase from **7.83**% in March – the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. Additional analysis is now being carried out on the DNA data to provide more information including gender, notice period provided and previous DNA history. This analysis will continue to grow including more information such as ethnicity and if text alerts were sent to the patient.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In April 115 referrals for advice and guidance were received against a GP referral total of 1362 gives a total of **8.4%** for advice and guidance.

We are currently reviewing our Directory of Service, engaging with the clinicians around pathways appropriate for advice and guidance. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **the response rate for April was 93%.**

RISKS / ISSUES

The Appointments Call Centre upgrade is underway (to voice over internet protocol) and will go live on 6th June. This will improve patient experience and provide monitoring against KPIs.

- patients will know where they are in the queue or the average waiting time to answer
- call centre staff will be able to see how many patients are waiting in the queue
- patients will have a clear message where they have called and the opening times for the call centre
- patients will not be lost in the current loop system we have which the results in them being cut off

19. Referral to Treatment

20. Referral to Treatment Snapshot as at 30th April 22 (Combined)

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2022

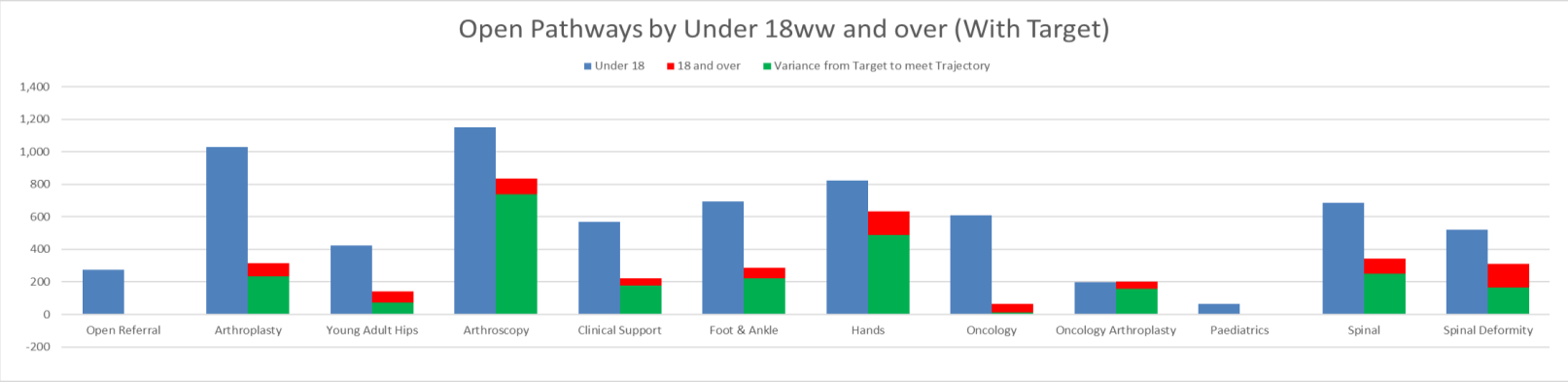
To achieve	89.10%	2869
To achieve	89.10%	2869
To achieve	89.94%	2953

Select Pathway Type: **Both**

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,250**	261	461	222	473	228	319	333	306	78	34	285	250
7-13	**2,784**	13	426	142	482	251	297	354	239	82	24	275	199
14-17	**1,003**	1	141	60	193	89	78	137	64	36	6	125	73
18-26	**1,707**	1	164	96	392	126	150	307	47	99	3	180	142
27-39	**1,224**	0	134	36	293	87	111	236	11	66	2	123	125
40-47	**330**	1	12	7	112	8	20	65	5	29	0	29	42
48-51	**57**	0	2	3	25	2	3	9	0	5	0	5	3
52 weeks and over	**37**	0	1	1	12	0	1	17	0	1	0	4	0
Total	**10,392**	277	1,341	567	1,982	791	979	1,458	672	396	69	1,026	834

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,037**	275	1,028	424	1,148	568	694	824	609	196	64	685	522
18 and over	**3,355**	2	313	143	834	223	285	634	63	200	5	341	312
Current Month End RTT %	**67.72%**	99.28%	**76.66%**	**74.78%**	**57.92%**	**71.81%**	**70.89%**	**56.52%**	**90.63%**	**49.49%**	92.75%	**66.76%**	**62.59%**

30/04/2022 Trajectory RTT %	89.10%	100.00%	92.82%	85.97%	92.20%	92.52%	91.73%	84.86%	92.47%	81.74%	92.16%	88.27%	78.00%
Target for RTT Trajectory	861	0	79	69	97	46	63	147	50	44	5	91	147
Variance from Target to meet Trajectory	2494	2	234	74	737	177	222	487	13	156	0	250	165



Referral to Treatment Snapshot as at 30th April 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2022

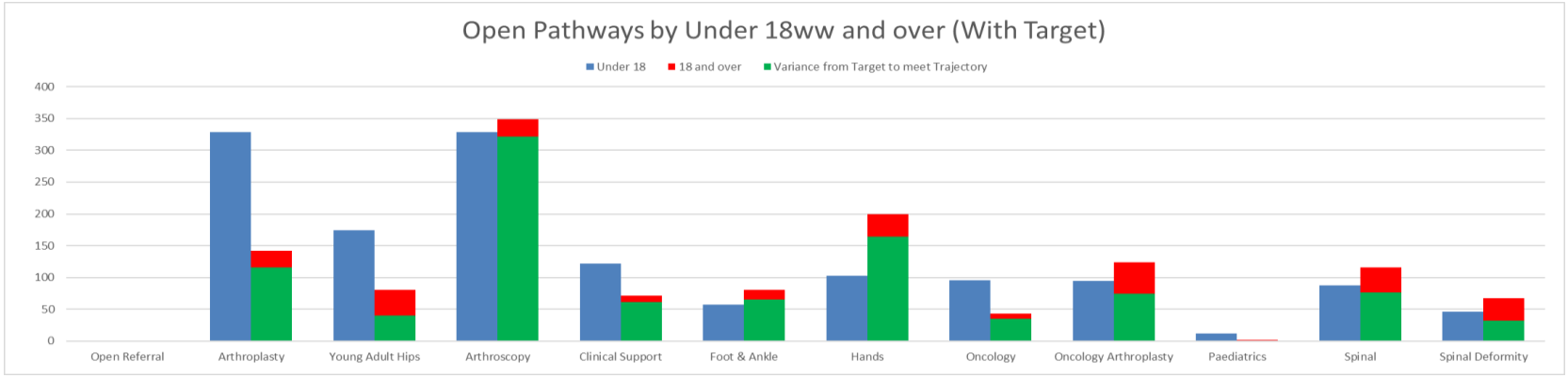
Est Over 18 Clock Stops Required		
To achieve	84.55%	1159
To achieve	89.10%	1260
To achieve	89.94%	1277

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**546**	0	97	78	135	47	22	36	42	28	4	35	22
7-13	**640**	0	163	64	142	52	31	41	39	45	7	36	20
14-17	**265**	0	69	32	52	23	4	26	15	22	1	17	4
18-26	**572**	0	72	51	118	42	36	84	33	58	1	53	24
27-39	**490**	0	63	21	136	27	32	85	7	43	1	44	31
40-47	**167**	0	6	5	74	1	12	23	3	21	0	12	10
48-51	**29**	0	0	2	17	1	0	2	0	1	0	4	2
52 weeks and over	**15**	0	1	1	4	0	0	5	0	1	0	3	0
Total	**2,724**	0	471	254	678	193	137	302	139	219	14	204	113

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,451**	0	329	174	329	122	57	103	96	95	12	88	46
18 and over	**1,273**	0	142	80	349	71	80	199	43	124	2	116	67
Current Month End RTT %	**53.27%**	n/a	**69.85%**	**68.50%**	**48.53%**	**63.21%**	**41.61%**	**34.11%**	**69.06%**	**43.38%**	**85.71%**	**43.14%**	**40.71%**

30/04/2022 Trajectory RTT %	84.55%	100.00%	92.73%	81.24%	92.24%	92.50%	79.50%	74.54%	92.70%	65.58%	93.33%	68.99%	56.51%
Target for RTT Trajectory	265	0	26	40	28	10	15	35	8	50	1	40	35
Variance from Target to meet Trajectory	1008	0	116	40	321	61	65	164	35	74	1	76	32



Referral to Treatment Snapshot as 30th April 22 (Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/04/2022

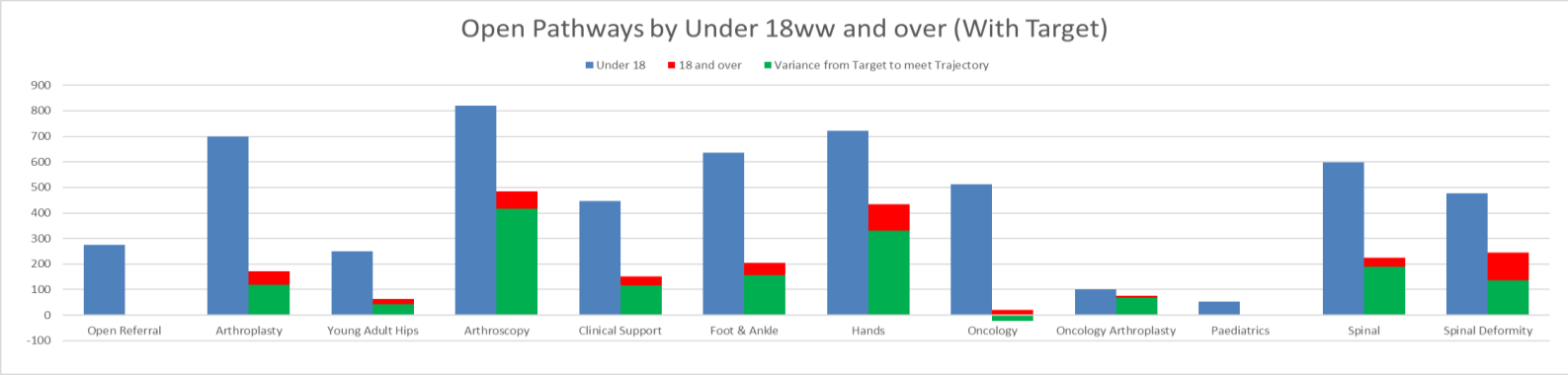
Est Over 18 Clock Stops Required		
To achieve	91.12%	1768
To achieve	89.10%	1609
To achieve	89.94%	1676

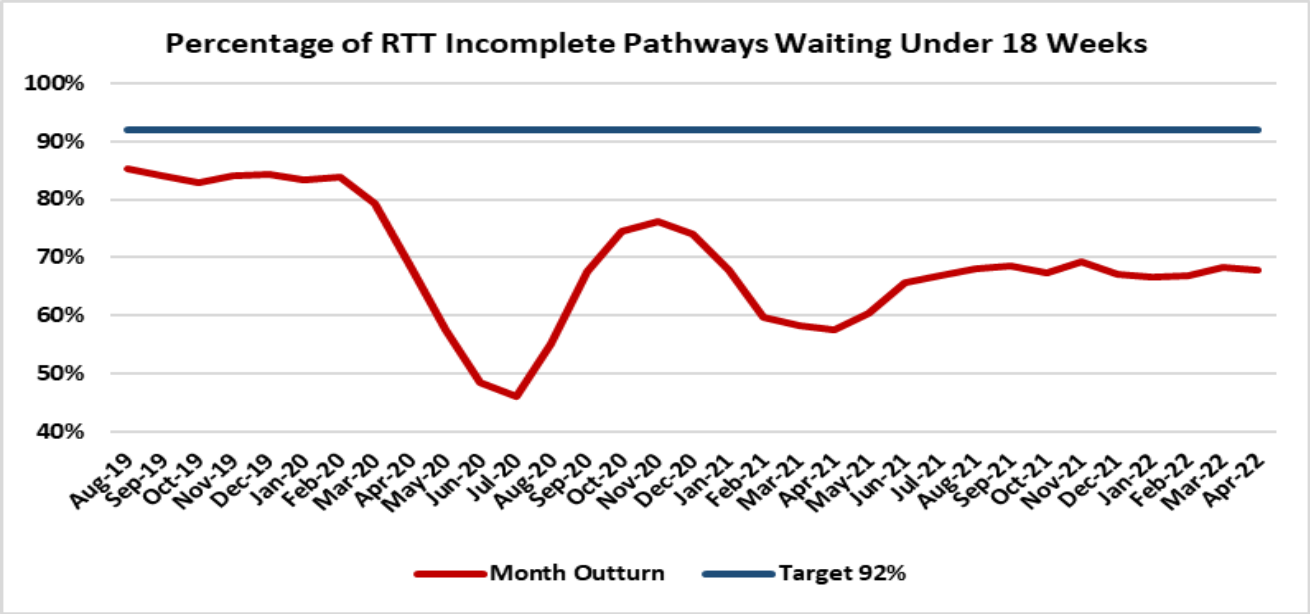
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,704**	261	364	144	338	181	297	297	264	50	30	250	228
7-13	**2,144**	13	263	78	340	199	266	313	200	37	17	239	179
14-17	**738**	1	72	28	141	66	74	111	49	14	5	108	69
18-26	**1,135**	1	92	45	274	84	114	223	14	41	2	127	118
27-39	**734**	0	71	15	157	60	79	151	4	23	1	79	94
40-47	**163**	1	6	2	38	7	8	42	2	8	0	17	32
48-51	**28**	0	2	1	8	1	3	7	0	4	0	1	1
52 weeks and over	**22**	0	0	0	8	0	1	12	0	0	0	1	0
Total	**7,668**	277	870	313	1,304	598	842	1,156	533	177	55	822	721

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**5,586**	275	699	250	819	446	637	721	513	101	52	597	476
18 and over	**2,082**	2	171	63	485	152	205	435	20	76	3	225	245
Current Month End RTT %	**72.85%**	99.28%	**80.34%**	**79.87%**	**62.81%**	**74.58%**	**75.65%**	**62.37%**	96.25%	**57.06%**	94.55%	**72.63%**	**66.02%**

30/04/2022 Trajectory RTT %	91.12%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	87.48%	92.43%	92.20%	92.05%	94.35%	81.35%
Target for RTT Trajectory	545	0	53	20	70	36	48	103	42	9	4	36	109
Variance from Target to meet Trajectory	1537	2	118	43	415	116	157	332	-22	67	-1	189	136



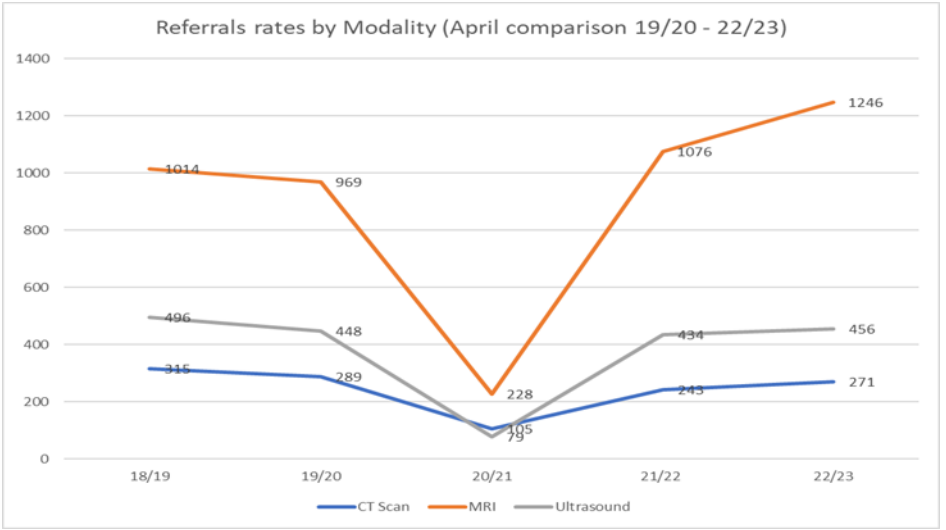


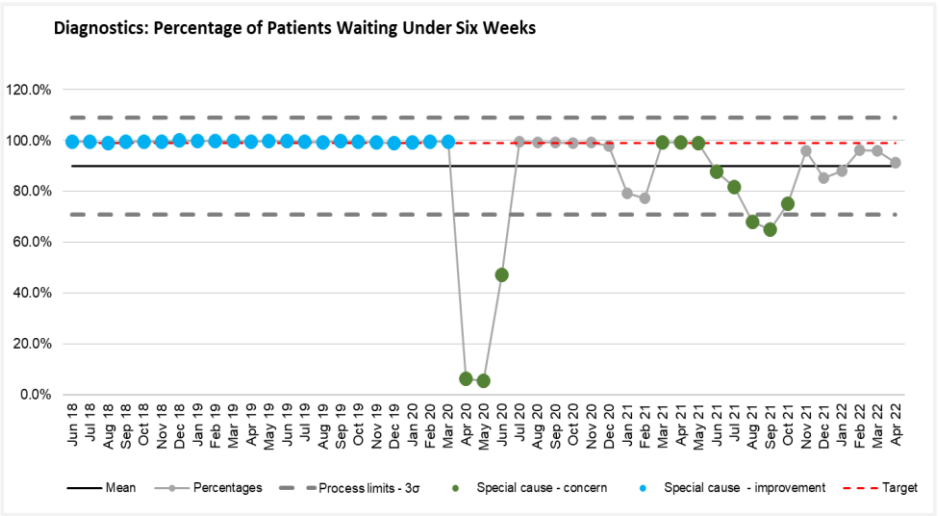
ALL Pathways	RTT Trajectory as at:																	
	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022	30/04/2022	31/05/2022	30/06/2022	31/07/2022	31/08/2022	30/09/2022	31/10/2022	31/11/2022	31/12/2022
Under 18 Weeks	6,747	6,861	7,420	7,832	8,143	8,423	8,749	9,033	9,282	9,375	9,448	9,523	9,578	9,605	9,625	9,629	9,639	9,648
18 Weeks and Over	3,367	3,227	2,966	2,644	2,288	1,967	1,774	1,533	1,318	1,147	1,057	964	902	859	821	798	778	768
Total ALL Pathways	10,114	10,087	10,386	10,476	10,431	10,391	10,523	10,567	10,601	10,522	10,505	10,487	10,479	10,463	10,446	10,427	10,417	10,416
ALL RTT %	66.71%	68.01%	71.45%	74.76%	78.07%	81.07%	83.14%	85.49%	87.56%	89.10%	89.94%	90.81%	91.40%	91.79%	92.14%	92.35%	92.53%	92.63%
Month % Movement	3.30%	1.30%	3.43%	3.31%	3.31%	3.00%	2.08%	2.35%	2.07%	1.54%	0.84%	0.87%	0.59%	0.40%	0.35%	0.20%	0.18%	0.10%

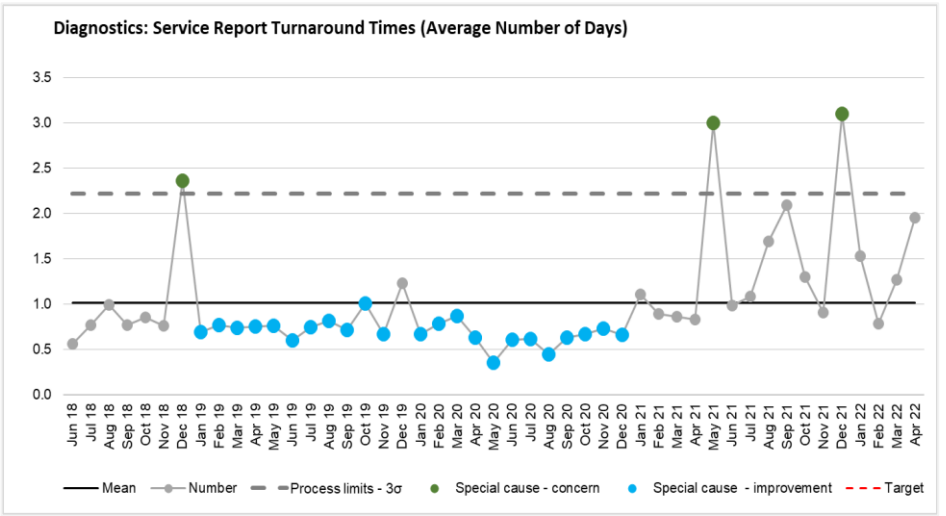
INFORMATION
The Referral To Treatment (RTT) position for April is 67.72% against the National Constitutional Target of 92%. This is an decrease of 0.63% compared to March reporting at 68.34%. There are 37 patients over 52 weeks, an increase from 23 in March. However due to the impact on activity in March and April due to patients and consultants having Covid/unwell we had anticipating an increase in the number of 52 weeks at the end of April. All patients over 52 weeks have or will be reviewed through the harm review process. No harm has been concluded on all patients to date. 387 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis. 2724 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery. Referrals continue to move towards Pre-Covid levels with 2,164 (80%) referrals received in March 2022, the average monthly referrals received Pre-Covid (2,704) We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.
ACTIONS FOR IMPROVEMENTS / LEARNING
Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for May will be to reduce the number of 52 week waits to 0 where possible and this is progressing well with plans for most patients over 52 weeks now in place.
RISKS / ISSUES
System support for 104 weeks and covid surges may impact on the delivery of the RTT target

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Apr-21	776	68	182	1026	8	1018	99.2%	770	233	298	1301
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376







INFORMATION
Imaging did not meet the diagnostic target in April reporting 91.3%. The main area of challenge remains MRI with referrals at 116% when compared to April 2021. Both US and CT remaining compliant Additional mobile MRI capacity has been confirmed for dates in May, June and July. This will support the clearance of the MRI backlog and ensure compliance of the diagnostic target from June. Reporting times in April remained on target
ACTIONS FOR IMPROVEMENTS / LEARNING
To continue to ensure all capacity is fully utilised and minimise DNA's . The imaging department have been successful in recruiting radiographers, with MRI being fully staffed once new colleagues have arrived and other posts in the main x-ray department have also been filled
RISKS / ISSUES
The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

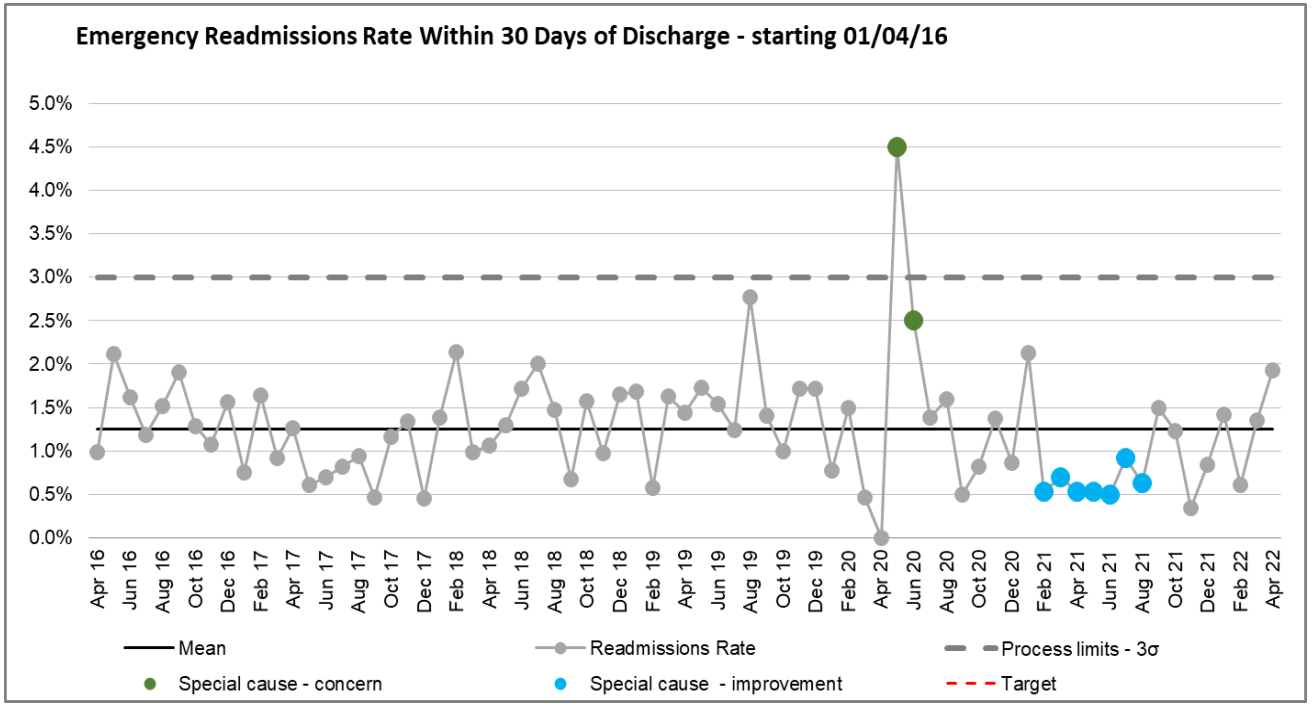
21. Cancer Performance

		March 2022				
Target Name	**National Standard**	**Percentage**	**In Target**	**Breach**	**Accountable Patients**	**Total Patients**
2ww	93%	97.9%	93	2	95	95
31 day first treatment	96%	100.0%	11	0	11	11
31 day subsequent (surgery)	94%	100.0%	8	0	8	8
62 day (traditional)	85%	90%	4.5	0.5	5	7
62 day (Cons Upgrade)	n/a	37.5	1.5	2.5 (0.5 incorrectly attributed)	4	6
28 day Faster Diagnosis	75%	79.1%	87	23	110	110
Number over 104 days				0.5		

INFORMATION
The volume of referrals and complexity of patients remains a challenge to the delivery of the cancer targets, in particular due to late diagnosis of patients due to the complexity of cases and patients requiring input from multiple surgeons. **Breaches:** 62 day standard – 0.5 shared breach - treated on day 145 62 day upgrade – 1 breach - treated day 67 62 day upgrade – 1 breach – Treated on day 71
ACTIONS FOR IMPROVEMENTS / LEARNING
• We have 1 WTE consultant vacancy, 2 WTE fellowship vacancies, 1 nurse vacancy and a number of administrative vacancies, active recruitment is ongoing. • We continue to work on the 2WW referral pathway with Bsol CCG.
RISKS / ISSUES

22. Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

Current Year YTD Apr 15 – April 22



	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
No of Readmissions	3	3	4	3	8	7	2	4	5	3	7	8
Denominator	567	603	544	478	530	567	589	469	423	494	514	415
% Readmissions	0.5%	0.5%	0.7%	0.6%	1.5%	1.2%	0.3%	0.9%	1.2%	0.6%	1.4%	1.9%

ROHTB (6/22) 014

The Royal Orthopaedic Hospital NHS Foundation Trust

Workforce Performance Report Month End Apr 2022

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Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in November, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

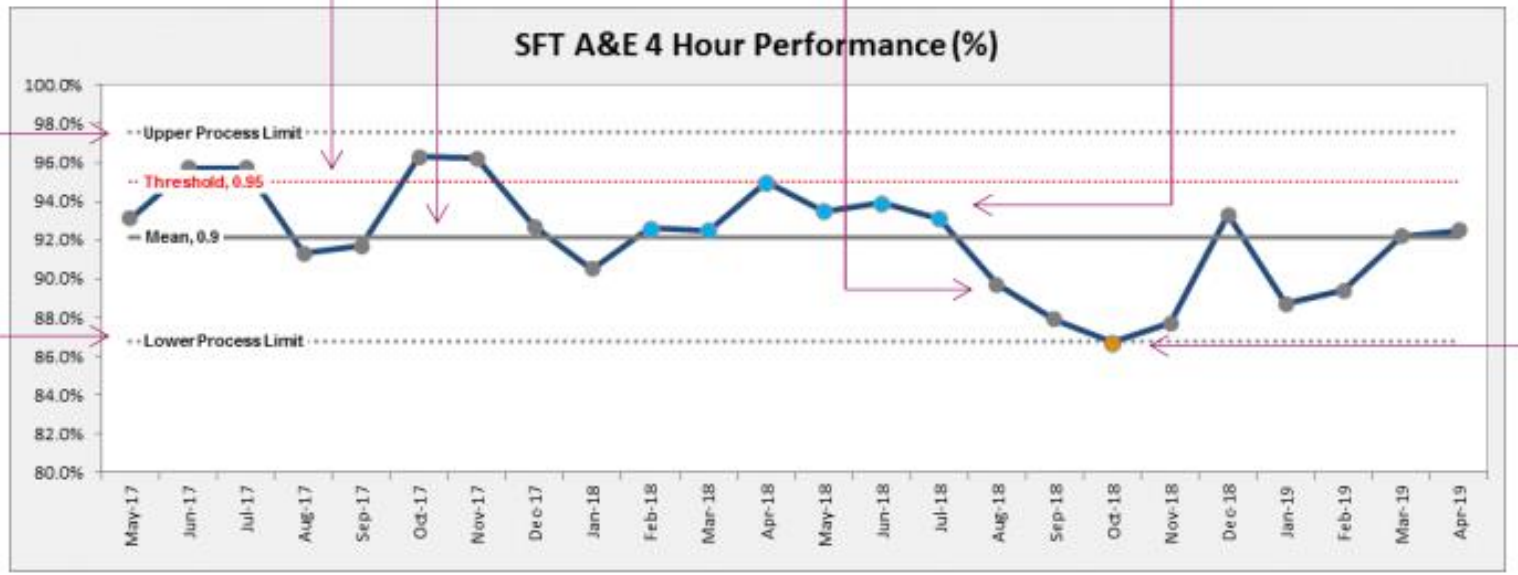
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

Workforce Monthly Snapshot Overview

The Royal Orthopaedic Hospital NHS Foundation Trust

Trust Workforce Metrics	Mar-22	Apr-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1239	1248	9	-	-
Staff In Post - Full Time Equivalent	1093.53	1100.44	6.90546	-	-
Staf Turnover % - Unadjusted	15.48%	15.89%	0.41%	↑	<=11.5%
Staf Turnover % - Adjusted	13.24%	13.51%	0.27%	↑	<=11.5%
Total WTE Employed as % of Establishment	86.15%	83.98%	-2.17%	↓	>=93%
Total WTE Employed as % of Establishment - Clinical	81.13%	81.02%	-0.11%	↓	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	95.40%	89.25%	-6.15%	↓	>=96%
% Of Attendance	94.30%	93.61%	-0.69%	↓	>=96.3%
% Of 12 mth MAA Attendance	93.90%	93.84%	-0.06%	↓	>=96.3%
% Staff received mandatory training last 12 months	85.38%	86.10%	0.72%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	53.27%	52.91%	-0.36%	↓	>=95%
% of Sickness - Trust wide Long-term	3.96%	3.32%	-0.64%	↓	-
% of Sickness - Trust wide Short-term	2.13%	3.06%	0.93%	↑	-
Return To Work Completion %	38.62%	48.00%	9.38%	↑	>=80%

Workforce Establishment

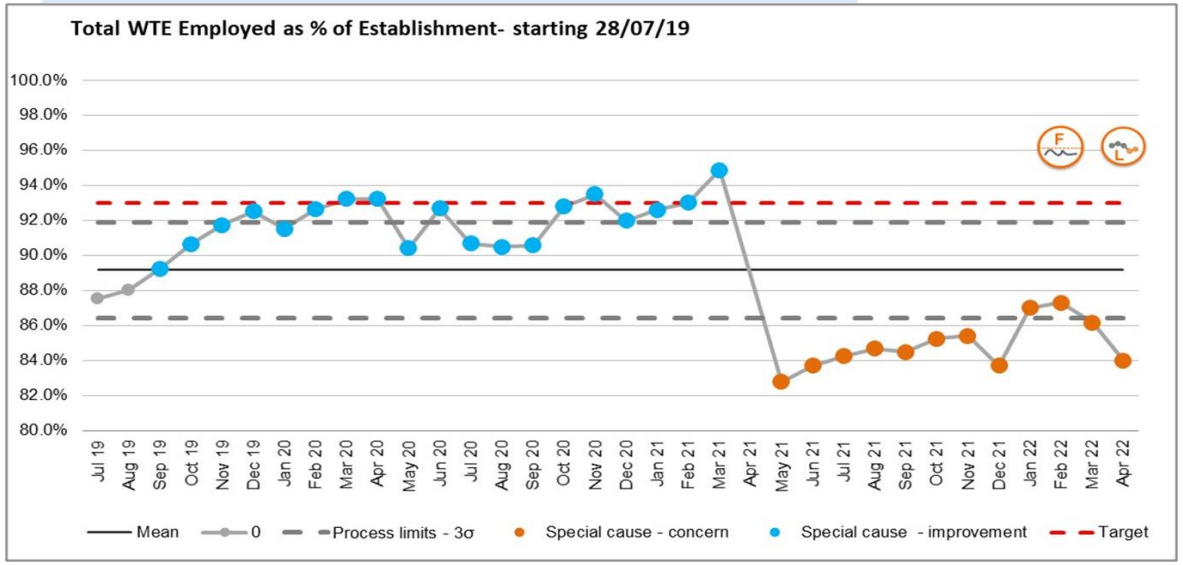
The Royal Orthopaedic Hospital NHS Foundation Trust

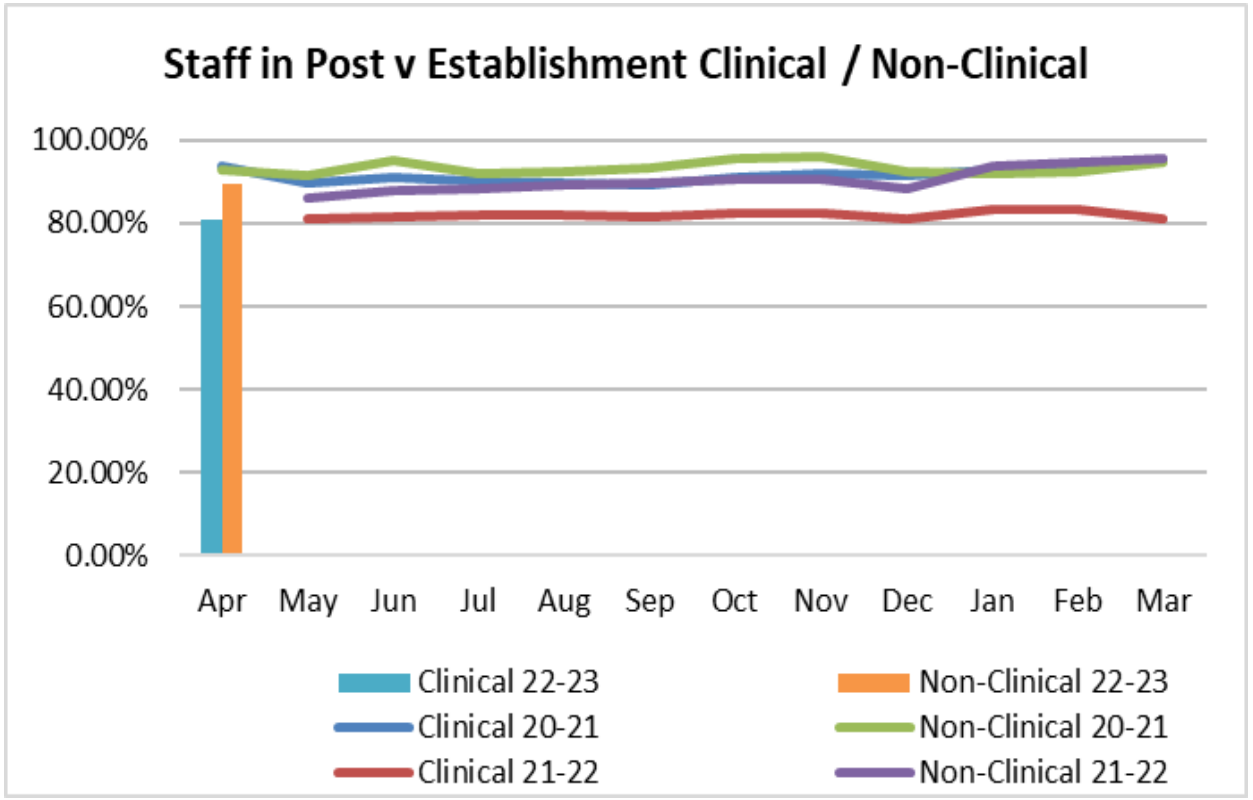
Summary

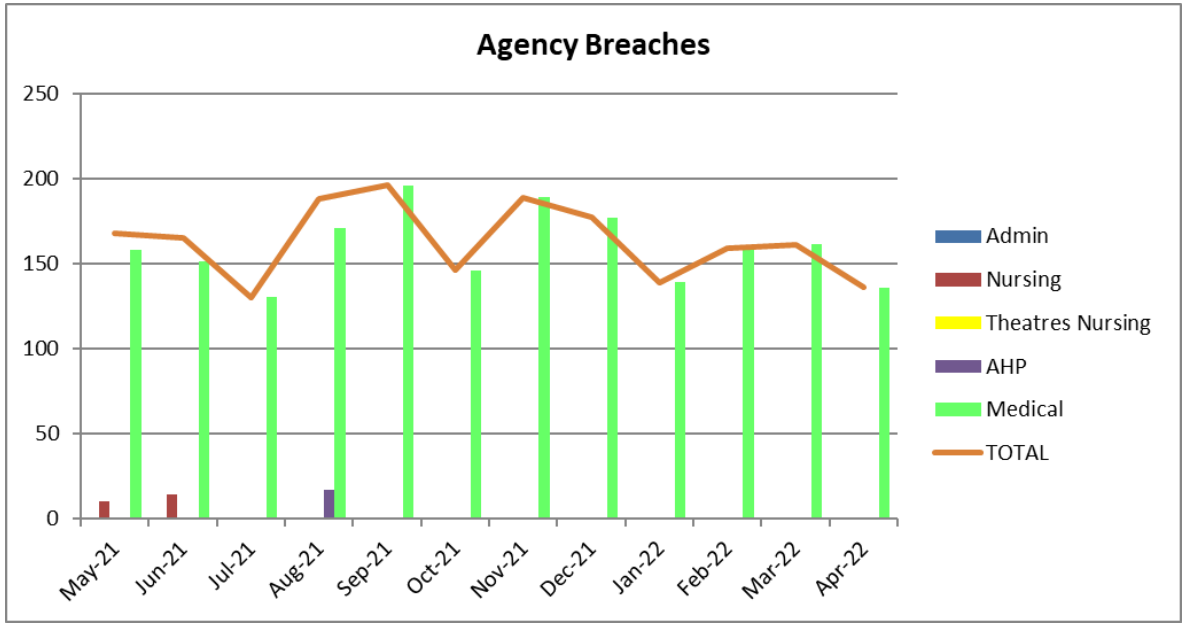
At the end of April, the number of staff on payroll stood at 1248 (WTE 1100.44) which is a increase of **6.9 WTE** from March.

The Total WTE Employed as a % of the Establishment this month was **83.98%** which rests below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

Total WTE Employee as a % of Establishment







Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **15.89%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **20.71%** in April 2022 and **20.50%** in March 2022. Division 1 turnover has remained over 11.5% this month at **17.33%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Additional Clinical Services staff group, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 7 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

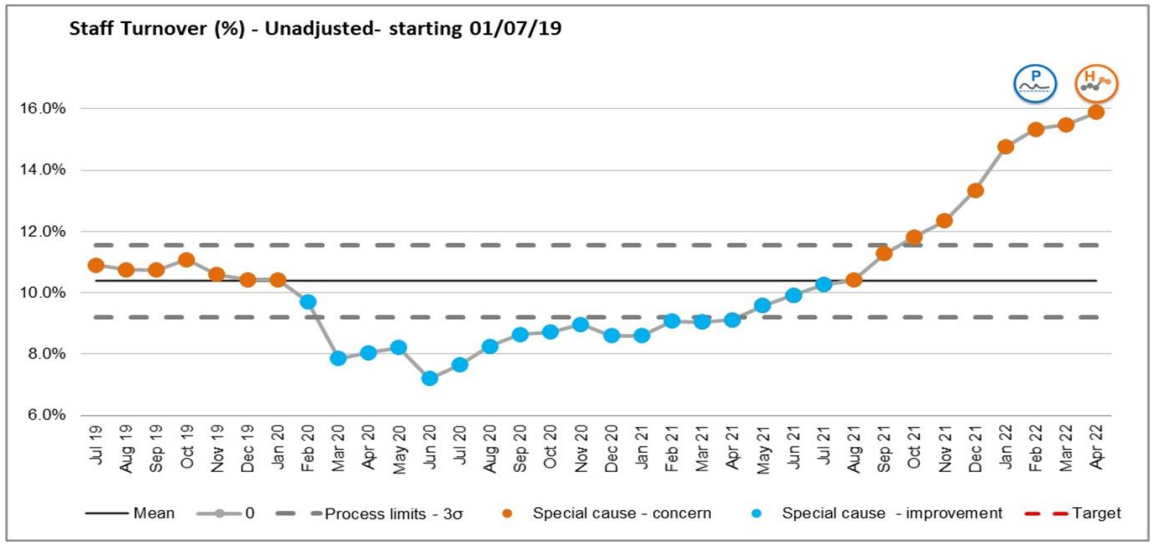
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	14.24%
Additional Clinical Services	22.02%
Administrative and Clerical	14.90%
Allied Health Professionals	20.35%
Estates and Ancillary	6.05%
Medical and Dental	6.30%
Nursing and Midwifery Registered	19.12%

***Data From Apr 22**

	Top 3 Leaving Reasons (Mar22- Apr22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of Training Opportunities
2	Voluntary Resignation - Work Life Balance	Lack of Feedback in relation to my PDR
3	Voluntary Resignation - Better Reward Package	Lack of Recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

Over the last 12 months, the main reasons for staff leaving (according to ESR data) were other not known, End of Fixed Term and relocation which is similar to previous months. From the exit questionnaires, there is very limited returns on this 6 for Feb 22.

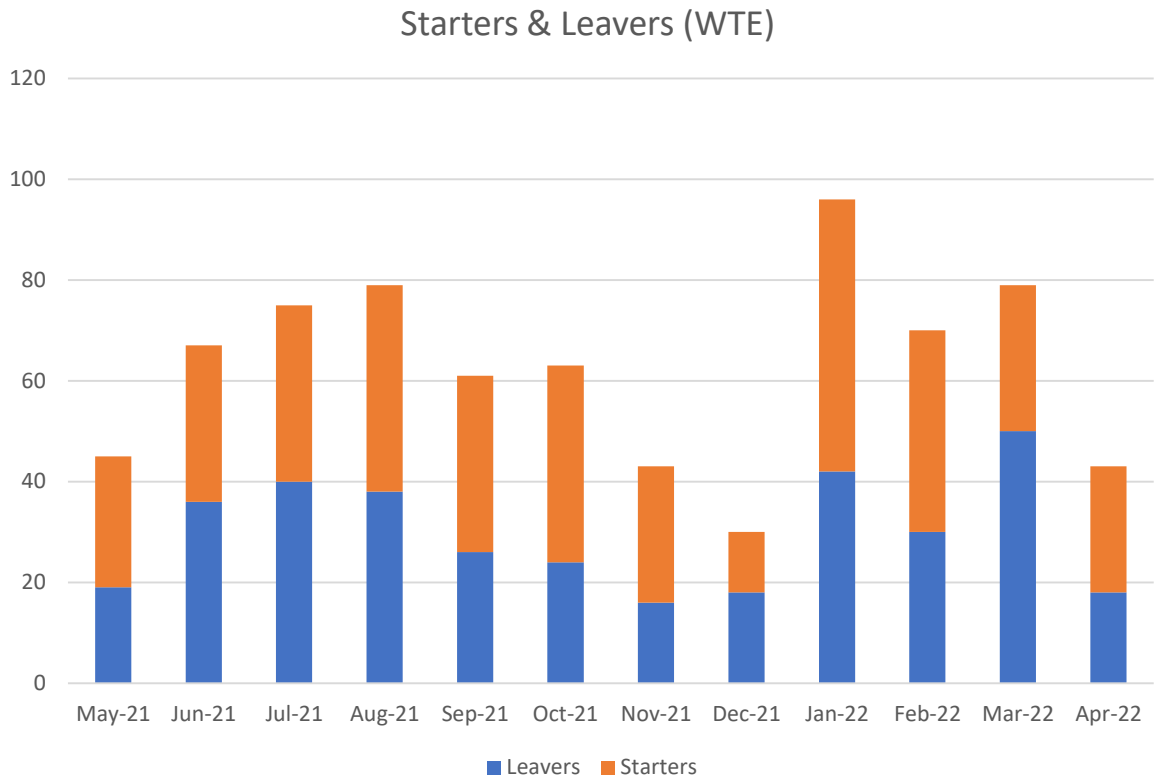
86.49% of leavers in Mar & Apr 22 were with the Trust for less than 5 years, this is an decrease from March's report which was 90%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





*Data From Mar 22

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **93.61%** (sickness absence % = 6.39%) and Attendance for the rolling past 12 months was **93.84%.** This currently sits below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£2,117,013.89**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

At the end of April 2022, there were 30 staff on long term sickness, where 5 of the these staff members have been absent for longer than 6 months.

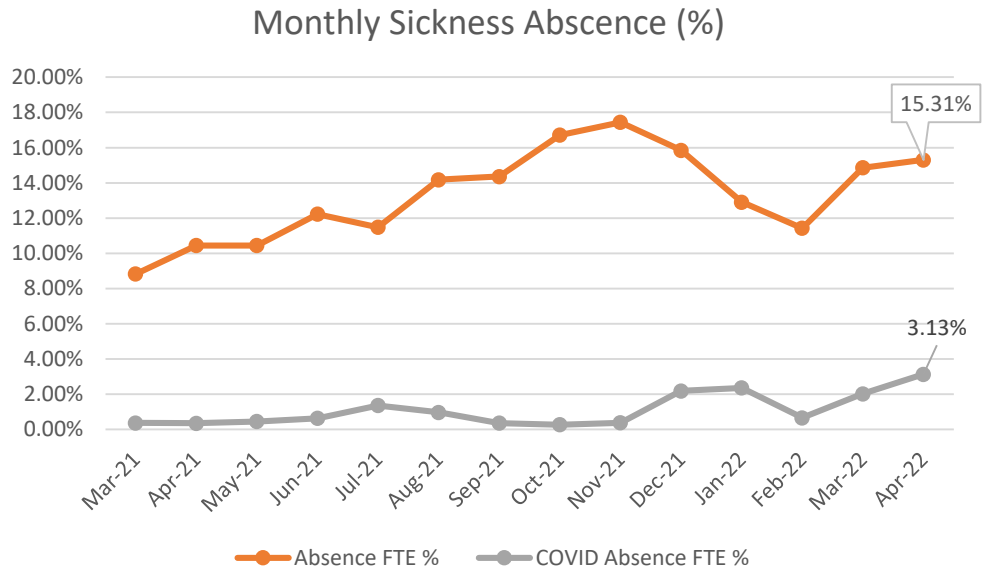
COVID Related Absence

This month COVID-related sickness made up **3.13%** of all sickness absence within the Trust. Compared to this time last year, the figures are higher than March.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately £36,794.14. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP. A drop in the estimated cost is mainly due to the Testing and Isolation changes.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews increased to **48.00%** in April, compared to **38.62%** in March. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	226	6944.7533	£ 616,822.84
Cold, Cough, Flu - Influenza	527	3522.2435	£ 360,159.95
Musculoskeletal problems	133	3162.7078	£ 251,510.59
Gastrointestinal problems	433	1610.1702	£ 147,185.52
Injury, fracture	65	1668.7203	£ 119,843.31

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

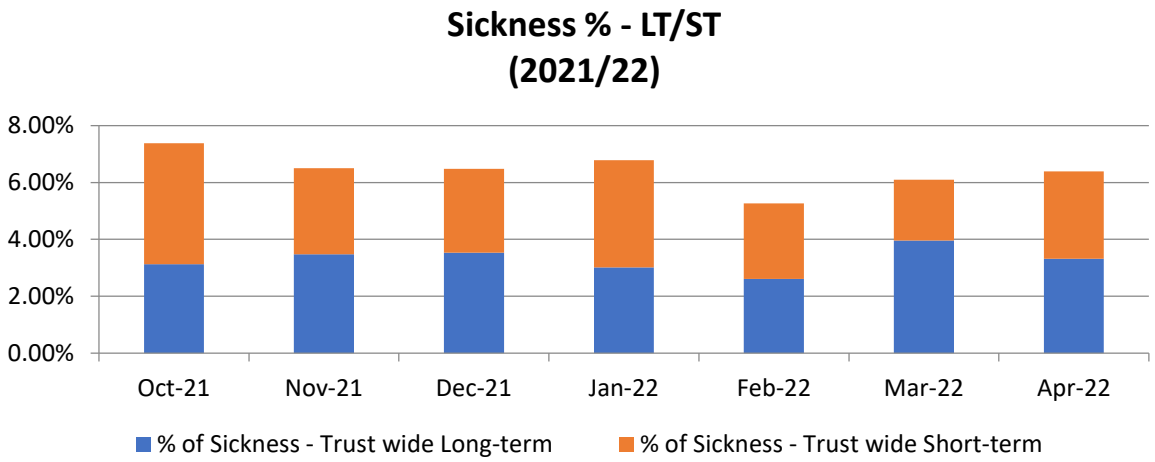
Actions

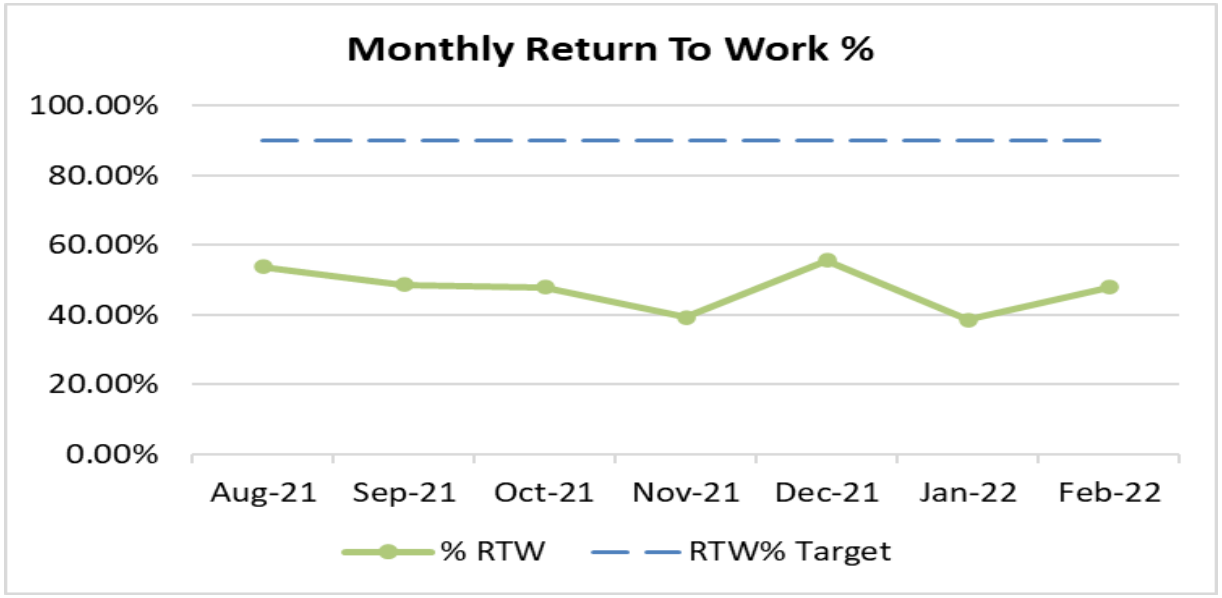
HR are continuing to support managers with ensuring that absence meetings are taking place in a timely manner and staff are being supported throughout their absence.

Workforce Attendance & Sickness Absence

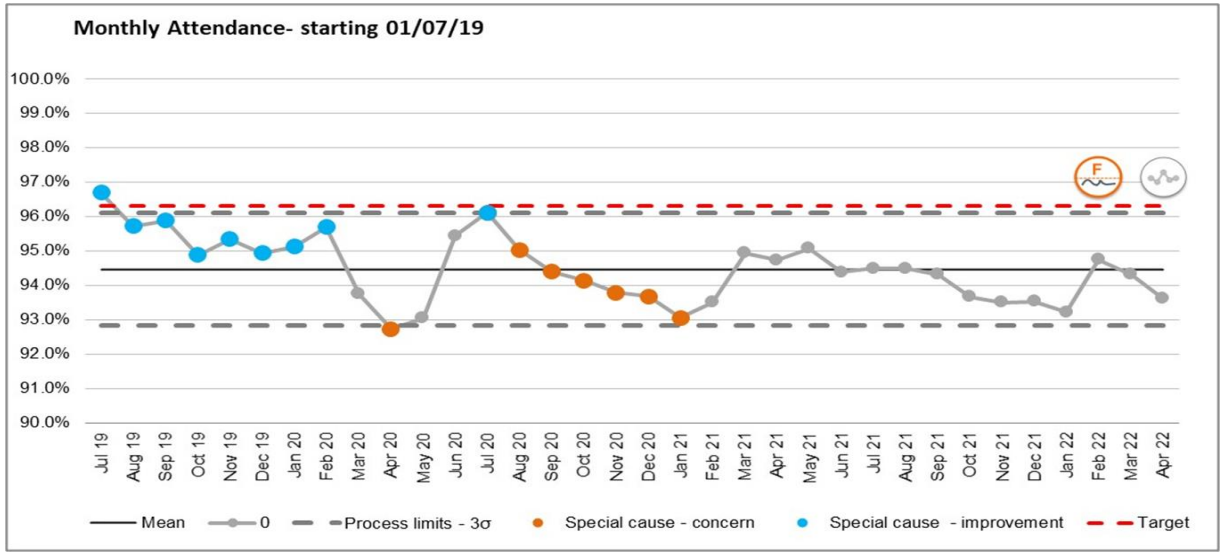
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Long Term / Short Term Absence FTE (%)

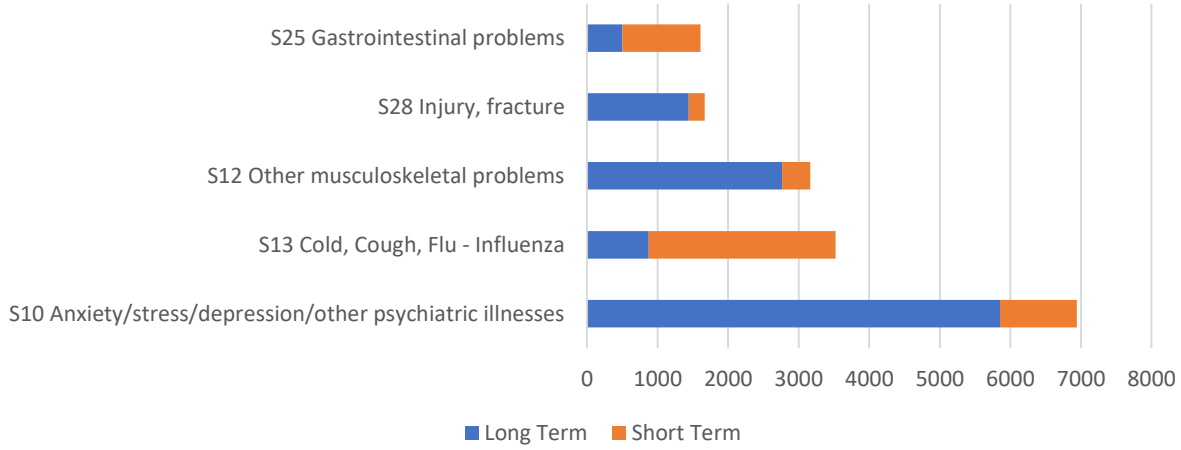




Monthly Staff Absence FTE (%)



FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Oct 21 – Mar 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

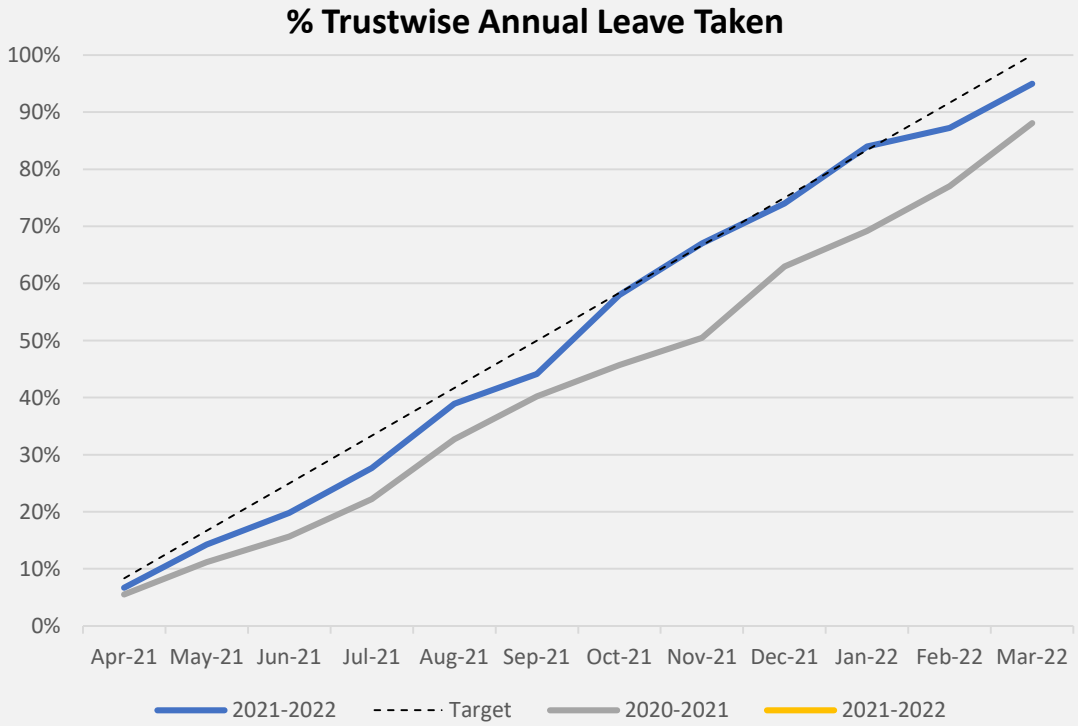
Summary and Actions

At the end of March, there were no formal capability cases and **3** formal conduct cases.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the start of Q1 (Apr 22) for the financial year, AfC staff have taken **10.08%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 7% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 30th April 2022

Division	% Annual Leave Taken
303 Corporate Directorate	11.18%
303 Covid-19 Division	5.32%
303 Division 1 - Patient Services	10.43%
303 Division 2 - Patient Support	9.88%
303 Division 4 - Estates and Facilities	8.73%
Trust Total	**10.08%**

Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	11.52%
Additional Clinical Services	9.01%
Administrative and Clerical	12.87%
Allied Health Professionals	10.49%
Estates and Ancillary	8.28%
Nursing and Midwifery Registered	8.48%

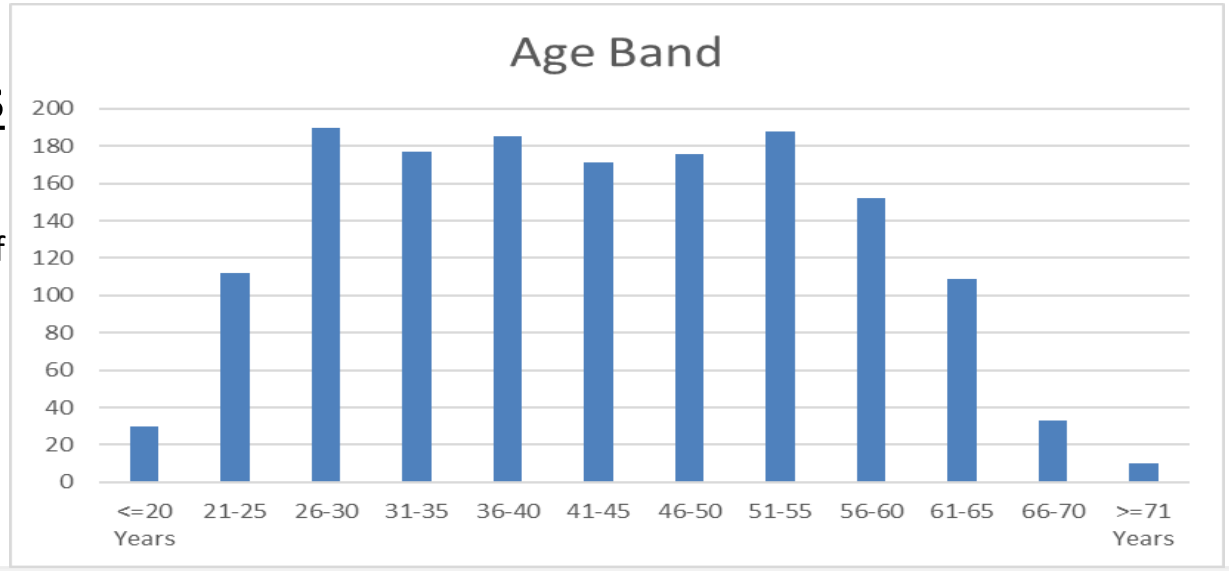
Workforce Demographics

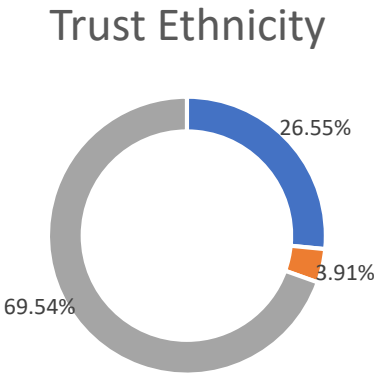
The Royal Orthopaedic Hospital NHS Foundation Trust

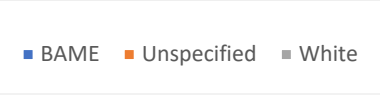
Summary

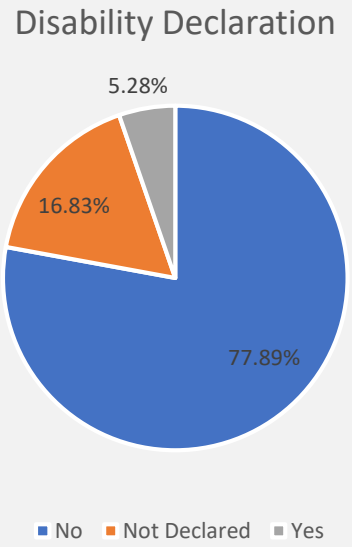
The Trust (including bank staff) is made up of 71.7% female and 28.3 % male staff

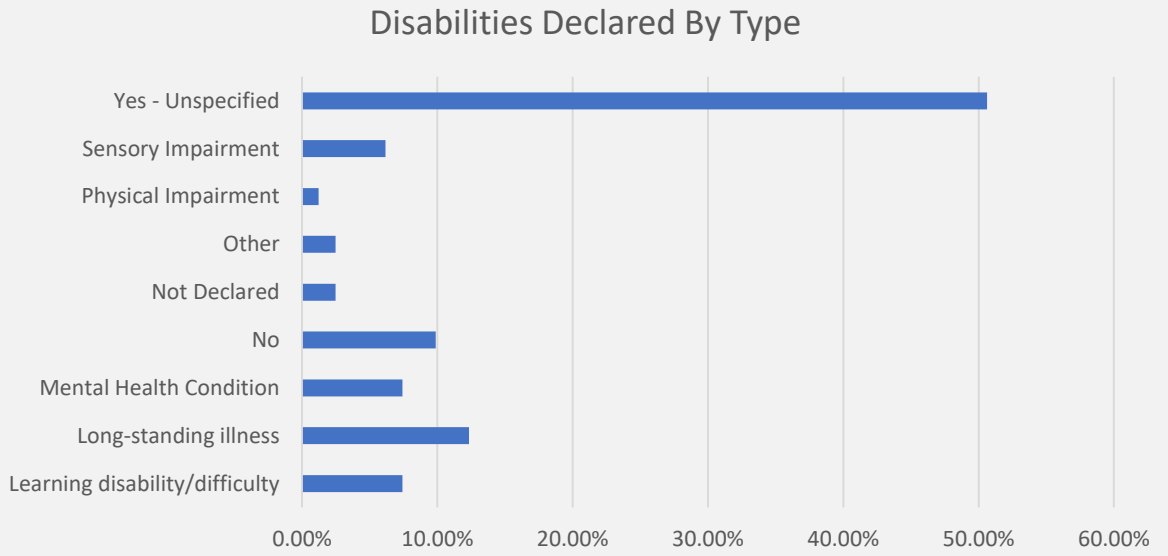
Our current status of staff with a disability is 5.28% with **16.83%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record









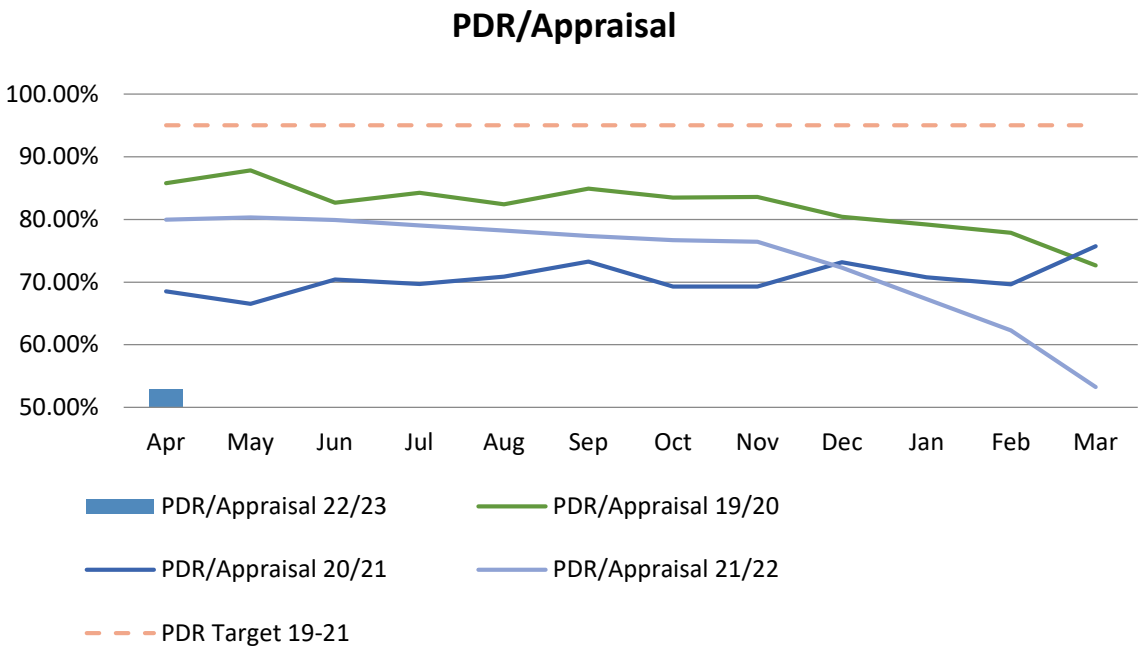


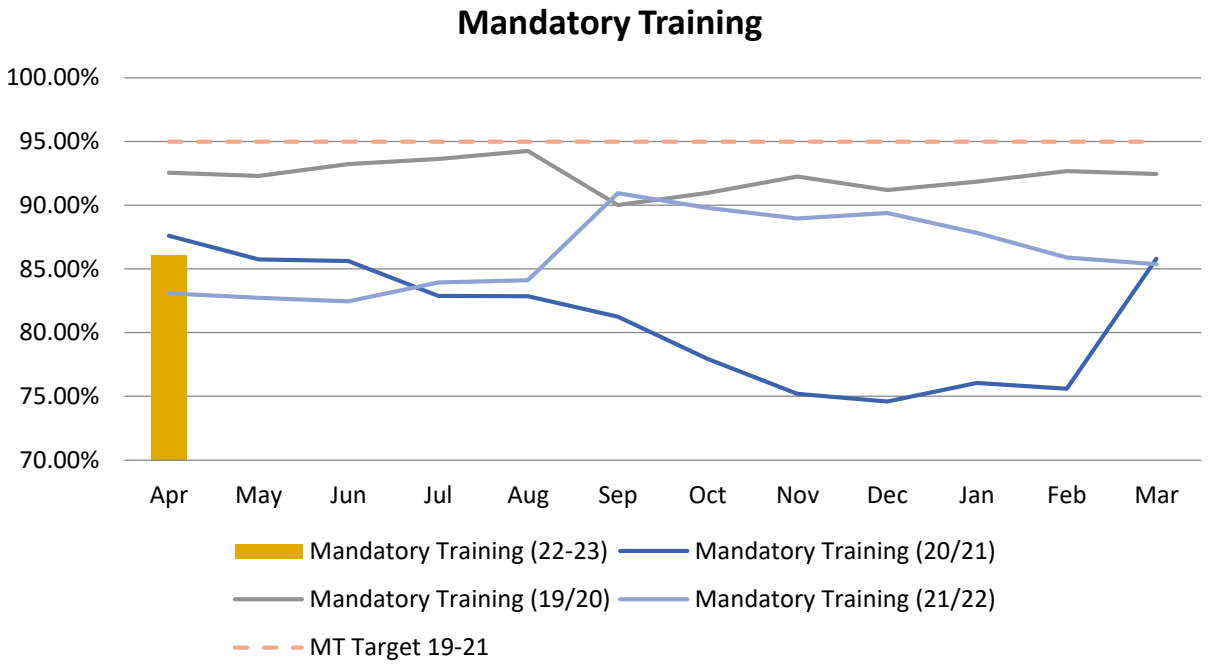
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

Over the last few months, the percentage of staff not disclosing their ethnic background has increased to 3.29% of all applicants

2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

Training and Development





Appraisals

Appraisals completions decreased by 0.36% to **52.91%** in April and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

Mandatory training increased by 0.72**%** to **86.10%** in April, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

KNOWLEDGE HUB EDUCATION

The Royal Orthopaedic Hospital NHS Foundation Trust

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

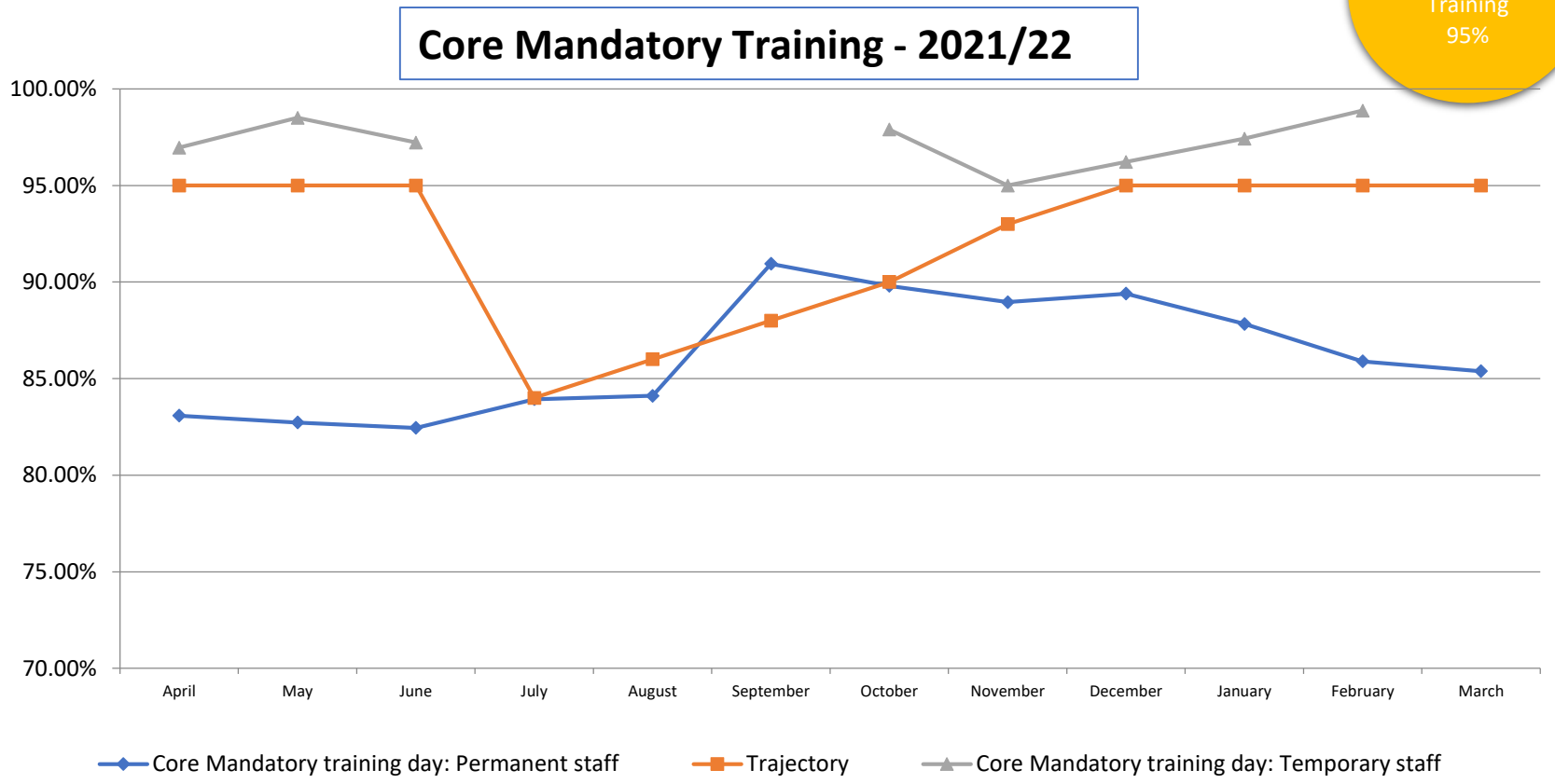
Monthly review of mandatory training compliance from

1st April 21 to 31st March 2022

3 Workforce Learning and Development

3b Core Mandatory Training Modules

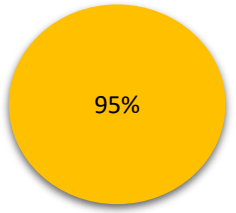
Core Mandatory Training 95%

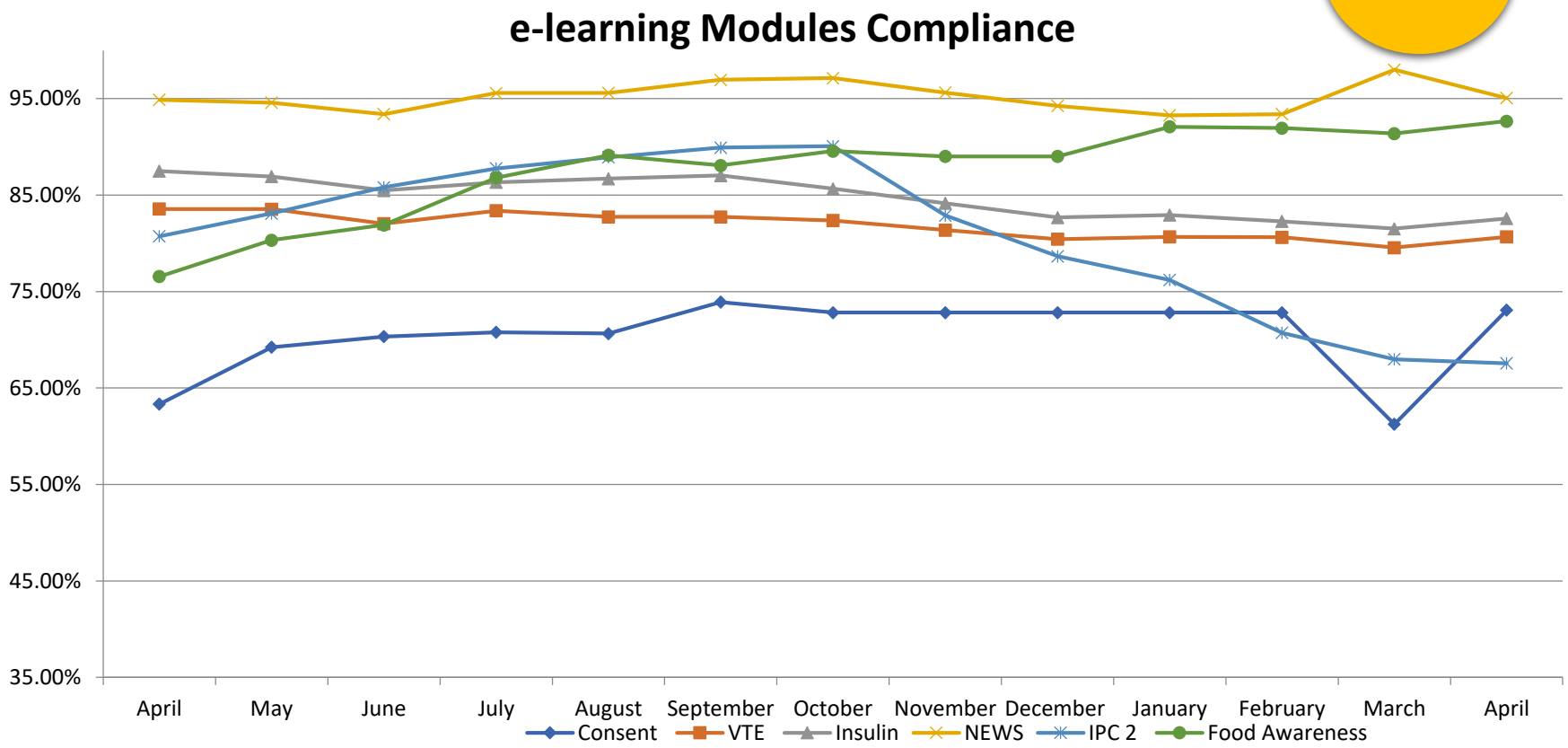


Comments:
Since Having hovered below 90% since October we have dipped to just above 85%. Coming out of the pandemic all staff need to prioritise their compliance and focus on achieving the 95% CCG target. Training guides are available to support staff with enrolling onto the elearning certifications. In line with the Core Skills Training Framework staff are required to complete the following:- 1 yearly – Fire Safety/Information Governance & Data Security/Infection Control and 3 yearly – Safeguarding Level 2 Adults & Children, Basic Prevent Awareness, Equality & Diversity, Health & Safety and Manual Handling.

3 Workforce Learning and Development

3c E-Learning Module Compliance



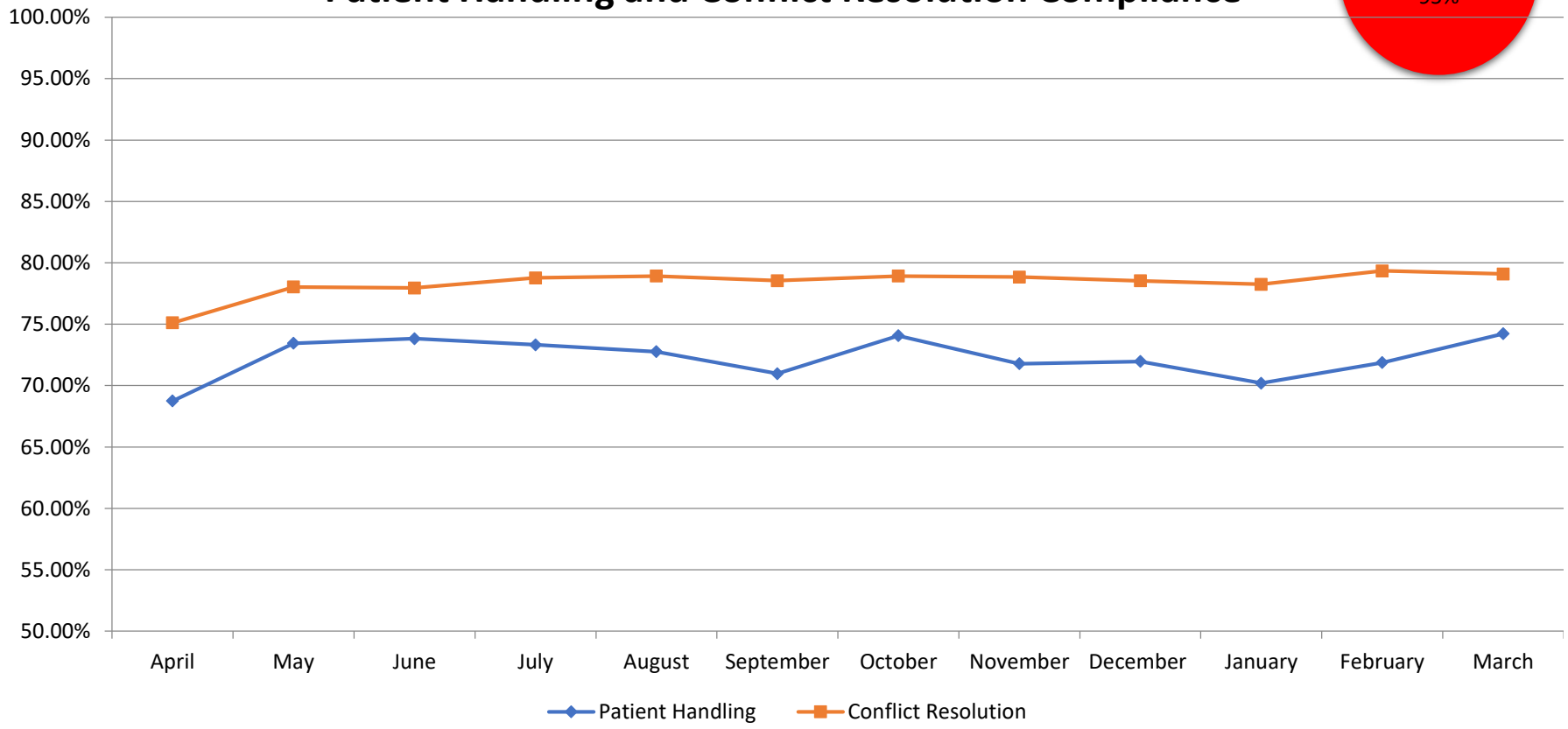


Comments: Recently the Consent module switched from free content on BMJ to charged. All Consultants have been updated on the new requirement, signified by the jump for Consent from 61.25% in February to 73% in March. ESR reminders continue to be issued to staff 3 months ahead of role specific compliance being out of date.

3 Workforce Learning and Development

3d Patient Handling and Conflict Resolution Compliance

PH and Cr Target 95%

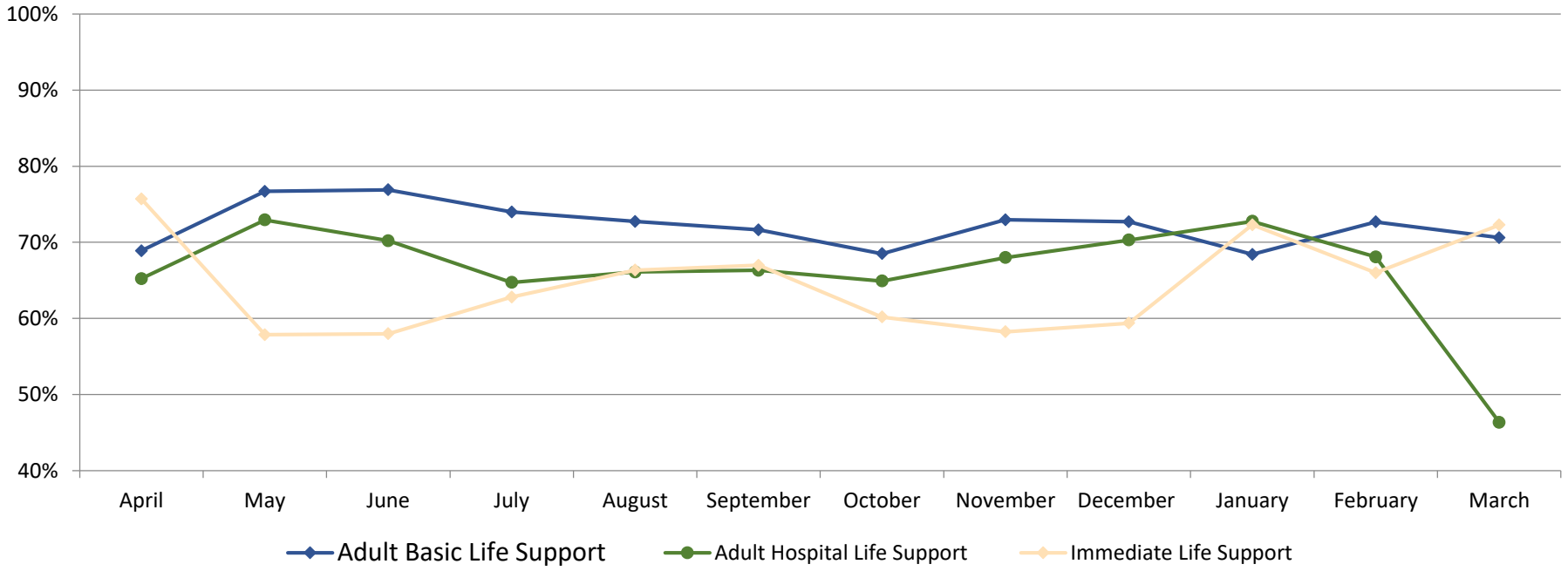


Comments: Since January Patient Handling compliance has not shifted above 75%. In part this is due to restrictions of numbers attending training due to covid, the course is restricted to six participants. Additional sessions for Theatres have taken place in April so we would hope to see compliance increase above 75% . We are working with the new lead trainer to agree the training schedule and review numbers.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Adult Resuscitation Training

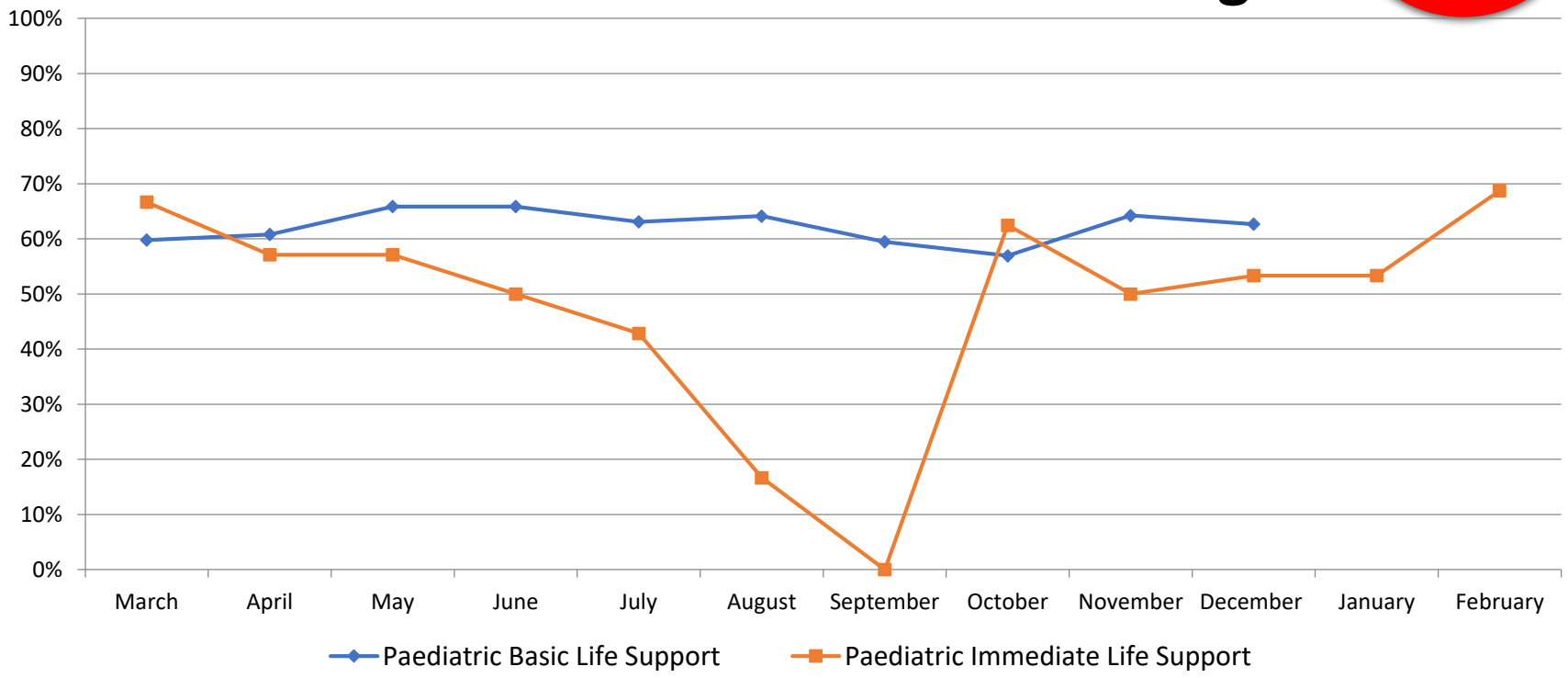


Comments: We are shifting our approach with Resus training and anticipate changes over the next couple of months to shift our compliance. However, we are still experiencing high rates of DNAs due to staff absences. Additional training sessions for Theatres in April should support an increase in compliance. With HLS now being the required Resus training for all clinical staff the pool has increased; whilst HCAs attend this training we should see compliance improve.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Paediatric Resuscitation Training



Comments: With the shift to HLS we will cease reporting on PBLS. We anticipate that Resus reporting will be updated to meet the changing needs in time for April 2022 data. We have seen a positive increase in PILS compliance but need to review with the Resus Officer the compliance gap.

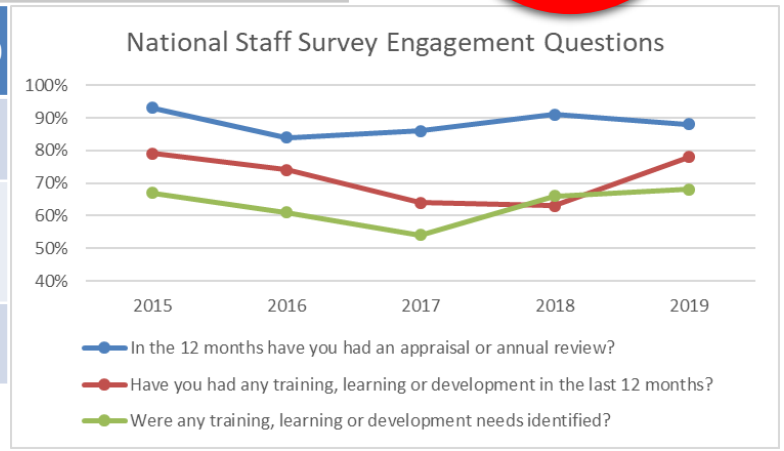
Performance and Development Review 95%

3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019	2020
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%	N/A
18a	Have you had any training, learning or development in the last 12 months?	79%	74%	64%	63%	78%	N/A
19f	Were any training, learning or development needs identified?	67%	61%	54%	66%	68%	N/A

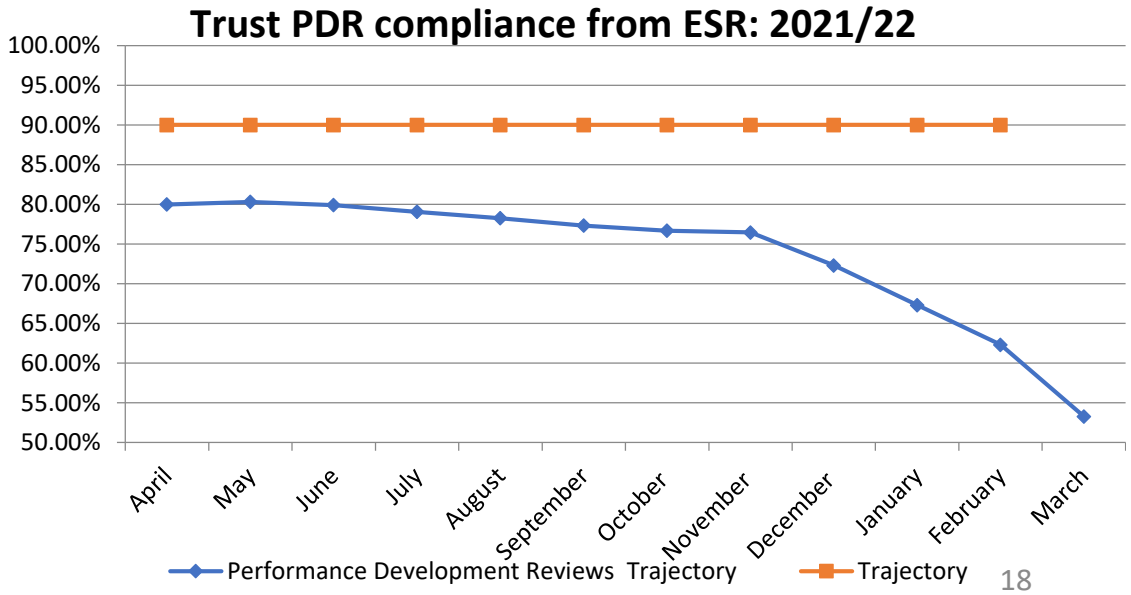
Data is colour coded according to comparison against Specialist Acute Trust
- Below; Equal; Above; Not benchmarked to date



Staff survey results in 2019, show that there has been a 15% increase in staff reporting they have had access to learning and development opportunities over the last 12 months. This positive response reflects the time and investment the trust has put into providing and promoting training opportunities, including access to apprenticeships and functional skills training, Band 6 Nursing and AHP programmes, Management skills programmes and Specialist orthopaedic modules for nursing.

During 2020 the Trust is revising its Performance Management and appraisal process, with the aim of improving these outcomes.

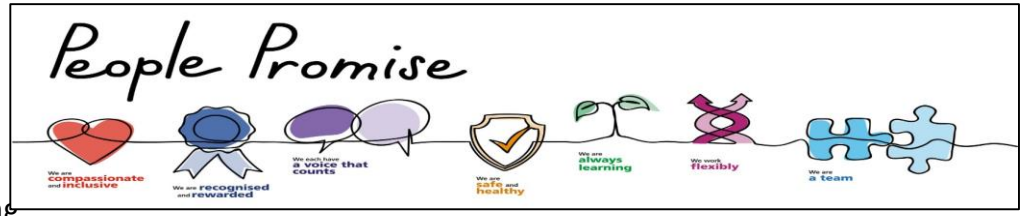
During the COVID-19 outbreak there was an initial decrease in reported appraisal completions, due to staff not being able to meet on a face to face basis. However this has gradually increased over the last 12 months despite additional waves.



Workforce – Experience and Engagement

Quarterly NHS Staff survey (previously Friends and Family Test (FFT))

The results for the restarted People Pulse survey 21/22 Q4 have been shared with colleagues across the Trust and will be integrated into the National Survey results. All future work and analysis of results will be aligned to the People Promise. The People Pulse 22/23 Q1 was launched on the on April 5th and ran until 29th April. The People Pulse includes all permanent staff and bank staff.



National Staff survey (NSS)

The national staff survey results have been reviewed and information is currently being sent out Executives, to then be shared with their Directorates. Focus groups were run on the 11th, 26th April & 4th May 2022 and key themes have been included in the feedback information

Inclusion Work

The actions from the CQC BAME Focus group have been confirmed with support form the Multi Minority Ethnic Group (MMEG) network and are integrated into the ROH Inclusion Plan.

The EPIC Programme continues and three modules have been completed. The EPIC programme is enabling colleagues to be Inclusive Champions for colleagues, teams and patients across the ROH Trust. A post evaluation of the programme will take place after the final Module in July.

The MMEG Mentoring project team have selected a training provider to run the career mentoring workshop. Staff from different diverse groups will be able to access this training programme in the future. The Mentor and Mentees workshops will commence on the 28th June & 18th August 2022 with Activity Group.

The Me as a Manager programme launched on the 27th April and with managers from across the Trust attending. A feedback session is currently being planned. This is an awareness session designed for all manager to understand the lifecycle of their employees. Action planning and support material to upskill managers in key areas will be provided.

Our intern on the NHS 10000 Black Intern programme will be starting in the Trust in early June for six weeks. We have made contact with the individual Kiosha Sukie and will be organising meeting for colleagues to meet Kiosha in preparation for the internship starting. Kiosha will be supported by the OD and Inclusion Team and staff networks and a programme will be set up of areas that Kiosha will work in. Kiosha will undertake a project in the Strategy Team.

disability confident LEADER

The Trust has successfully completed Disability Confident Level 3 Leader accreditation in March and a project team has now been formed to progress actions

Workforce – Experience and Engagement

The Royal Orthopaedic Hospital NHS Foundation Trust

Health and Wellbeing

The work around **Health and Wellbeing** is now focussed on supporting staff through the recovery phase for Covid-19. Information is currently available through information packs on the intranet and in departments, one to one meetings and manager calls. Key work includes:

- Thrive at work Bronze accreditation was achieved in December 2021. The team is currently working through the accreditation report to implement some of the recommendations from West Midland Combined Authority (WMCA). The key metrics are also being confirmed in preparation for the Silver accreditation
- Health and Wellbeing Champions – work continues to develop the champions in different areas of the Trust to provide local support for staff
- Wellbeing room – work is underway to review the usage of the room and a future schedule to fit the needs of all staff members
- Targeted work is taking place to support Junior Doctor for their induction and wellbeing support
- The new NHS Health and Wellbeing framework was released in January 2022 and the team are reviewing how current and future work needs to align with this framework, along with the Thrive at Work accreditation
- The Health and Wellbeing week took take place in May 2022 with good attendance from across the Trust
- The funding for the BSol Wellbeing initiative of £27,000 has now been received. This funding will be used to created an outdoor wellbeing space at ROH which will include an outdoor dome
- TWIG (Trust Wellbeing and Implementation Group Meeting) – continues to meet on a monthly basis and will support the next steps with the Thrive at Work accreditation at Silver level

Ward 3 April 2022 COVID-19 Outbreak Closure Meeting

Ulysees Ref: 39612 (Internal)

Outbreak Reporting System Ref (NHSI): OUT 19548 (External)

UKHSA Ref: 1177624 (External)

Date: 13th of May 2022

Initial Outbreak Information and Actions.

- 11th of April 2022 the IPCT was informed of multiple COVID-19 positive patients (2) and staff (4) on Ward 3. This was then escalated to an outbreak and reported on the relevant systems both internally and externally. Initial snapshot IPC environmental and practice audits were carried out and daily audits continued until the ward was reopened and then stepped down to 3 times a week until the outbreak closed. All patients in the outbreak were all in side rooms prior to the outbreak.

- Ward 3 was closed to admissions on Monday 11th of April 2022 by IPCT while a review of the current patients and urgent mass testing of staff and patients was carried out. A deep clean of empty bed spaces and areas on the ward was also requested and facilities staff supported the ward with extra terminal and enhanced cleaning of identified area. Positive patients remain isolated in side rooms.

- 12th of April 2022 the first Outbreak Control Group (OCG) meeting was carried out to review the management of the outbreak that has been initiated by IPCT on the 11th of April. Another patient was reported positive and only identified as part of the mass testing that was carried out on the 11th . Positive patient contacts on the ward and outside the ward were identified and a decision was made to transfer 2 patients that were due to return to Ward 3 from HDU to CYPHDU while the ward remain closed to admissions. It was also noted that the ward closure did not impact negatively on admissions as there has been no cancellations at this stage. The Chief Executive and the rest of the executives were duly updated by the DIPC of the outbreak situation and management.

- 13th of April 2022 a second OCG meeting took place and it was agreed that any further positive cases would be isolated on the ward in side rooms. The ward closure did result in cancellation of patient surgeries although priority was given to oncology patients. The ward remained closed while the Head of Nursing – Div 1 worked closely with the operations team to ensure patients were prioritised accordingly.

- 21st of April 2022 at the previous day's OCG meeting it was decided that the ward should be reopened to admissions as the 3 positive patients were now past their 10 days isolation period and remained asymptomatic. The ward received additional terminal cleans using the UV decontamination robot and staff continued to do twice weekly LFD tests prior to their shifts. The ward was closed for approximately 10 days and some admissions were diverted to other wards following assessment by the operation teams and Clinical Site Mangers.

Initial Outbreak Information and Actions cont.

- As the ward reopened to admissions on the 21st of April, the results of the mass testing for staff and patients were reported and no new positive cases were identified since the 11th of April. The ward continue to receive additional support from Facilities and IPCT while patients that were fit for discharge were discharged. Patients that were part of the outbreak remained in side rooms while new admissions were cohorted separately from existing patients.

- As locked down eased regionally, the ward had a voluntary night out on 02/04/22 and 2 members of staff that attended the night out tested positive to COVID-19 on the 7th and 8th of April (48-72 hours after the first patient tested positive). 2 other members of staff that did not attend the night out tested positive on the 10th and 11th April. All other members of staff tested during the mass testing were reported negative and were all advised to continue to report their twice weekly LFD result on the national database. No other staff or patients were symptomatic or tested positive since the 11th of April.

- In total 38 staff and 19 patients were screened during the mass testing. 1 staff member and one patient were identified during the mass testing. 2 of the patients were classed as definite hospital onset and 1 as an intermediate hospital onset of COVID-19. All patients had duty of candour completed as soon as it was deemed reasonable to do so and all relevant people (next of kins) were also duly informed.

- Before the closure date all the positive patients were discharged to their respective discharge destinations safely and provided with all relevant information. All identified contacts during the outbreak were also informed and given all relevant information at discharge. Ventilation of the ward was paramount and staff continued to open rooms and bays windows intermittently or as weather permitted. All other areas in the hospital also received communication to ensure good ventilation is in place especially in all clinical and non clinical areas.

- Timeline of Ward 3 P:\Infection Prevention\COVID-19\COVID-19 Outbreaks\COVID OUTBREAKS 2022\April 2022 Ward 3\Ward 3 COVID-19 Outbreak Timeline April 2022 Annonymised.xlsx

The Royal Orthopaedic Hospital
NHS Foundation Trust

Timeline

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION

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COVID-19 Outbreak Ward 3 - Outbreak declared: 11/04/22
Ulysses Ref: 39522 Outbreak Reporting System Ref: OUT 19568 UKHSA Ref: 1177624

PATIENTS

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
A	SW	Admitted 31/03/2022, transferred to various depts, and beds since admission has been on ward 3 since 11/03/22 Onset - Day 64 (Definite HO)	Symptoms/ Updates																						
			COVID-19 Swabs		PCR Neg			PCR Pos			Result known?															
			Movements	Ward 3 - SR 4																					
				Isolation																					

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
B	TA	No contact with knowncases prior to admission- no ingt contacts from theatre recovery Triple vaccinated Onset - Day 4 (Indeterminate HO)	Symptoms/ Updates																						
			COVID-19 Swabs					PCR Neg				PCR Pos														
			Movements					Admitted to Ward 3 SR 5		went to theatre	Transferred back to Ward 3 SR 5															
												Isolation												Discharged Home		

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
C	LI	Admitted 27/03/2022 Triple vaccinated Onset - Day 15 (Definite HO)	Symptoms/ Updates											Mass Testing											
			COVID-19 Swabs			PCR Neg			PCR Neg			PCR Neg		PCR Pos												
			Movements	Transferred to Ward 3 SR 6 from HDU																						
														Isolation											

STAFF

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
A	EE	HCA Double vaccinated	Symptoms/ Updates								lethargy - post shift														
			COVID-19 Swabs								LFD POS														
			Movements/ Areas worked	Day Off	Day Off	Day Off	Day Off	LD	LD	Day Off	LD	Isolating									due back today				
					Ward night out																				

Case	Initials	Vaccination/Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
B	OR	TNA Double vaccinated	Symptoms/ Updates							SOB, headache - pre work															
			COVID-19 Swabs							LFD POS															
			Movements/ Areas worked	Study Day	Day Off	Day Off	LD	E	Day Off	Isolating										returned to work					
					Ward night out																				

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
C	BD	HCA Triple vaccinated	Symptoms/ Updates										Lethargic												
			COVID-19 Swabs										LFD POS												
			Movements/ Areas worked	N	N	N	Day Off	LD	Study Day	E	AL	Day Off	Isolating													

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
D	SA	RN	Symptoms/ Updates						Cold symptoms						Feeling better										
			COVID-19 Tests						LFD NEG	LFD NEG	LFD NEG	LFD NEG	LFD NEG	LFD NEG	LFD NEG	LFD NEG										
			Movements/ Areas worked	N	Day Off	Day Off	LD	LD	Day Off	Off Sick	Off Sick	Off Sick	Off Sick	Off Sick	Off Sick	Off Sick	Day Off	LD								

Case	Initials	Notes		Fri 01/04/2022	Sat 02/04/2022	Sun 03/04/2022	Mon 04/04/2022	Tue 05/04/2022	Wed 06/04/2022	Thur 07/04/2022	Fri 08/04/2022	Sat 09/04/2022	Sun 10/04/2022	Mon 11/04/2022	Tue 12/04/2022	Wed 13/04/2022	Thur 14/04/2022	Fri 15/04/2022	Sat 16/04/2022	Sun 17/04/2022	Mon 18/04/2022	Tue 19/04/2022	Wed 20/04/2022	Thu 21/04/2022	Fri 22/04/2022	Sat 23/04/2022
E	BK	RN vaccination status to be confirmed	Symptoms/ Updates													husband LFD positive today , staff member has a headache									
			COVID-19 Tests													LFT neg									
			Movements/ Areas worked								Day off	N	N	Day off	Day off	Day off	LD								

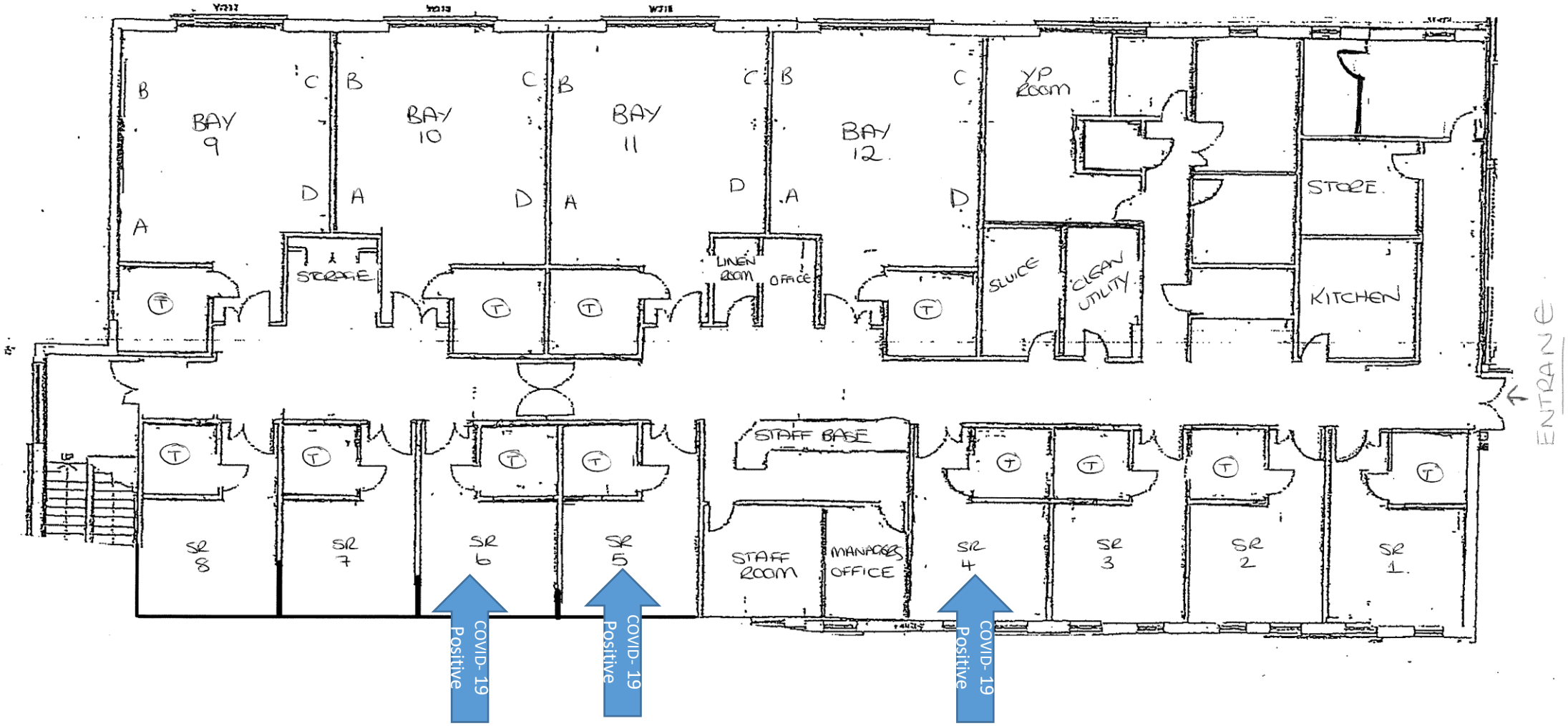
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F	RS	Student Physiotherapist	Symptoms/ Updates											non-symptomatic											
			COVID-19 Swabs											LFD POS											
			Movements/ Areas worked								Last In	Day off	Day off	Isolating				Placement ended, not returning to ROH							

Summary of Outbreak .

	Ward 3 April 2022
№ of +ve patients	**3**
№ of patient contacts, all patients on the ward were screened on 11/04/22 and identified contacts on other wards screened as well.	**19**
№ of +ve staff	**4**
№ of staff tested	**38**

	Ward 3 April 2022
№ of patients who are (diagnosed at 0-2 days)	**0**
№ of patients who are indeterminate (diagnosed at 3-7 days)	**1**
№ of patients who are probable healthcare onset (diagnosed at 8-14 days)	**0**
№ of patients who are definite healthcare onset (diagnosed at 15+days)	**2**

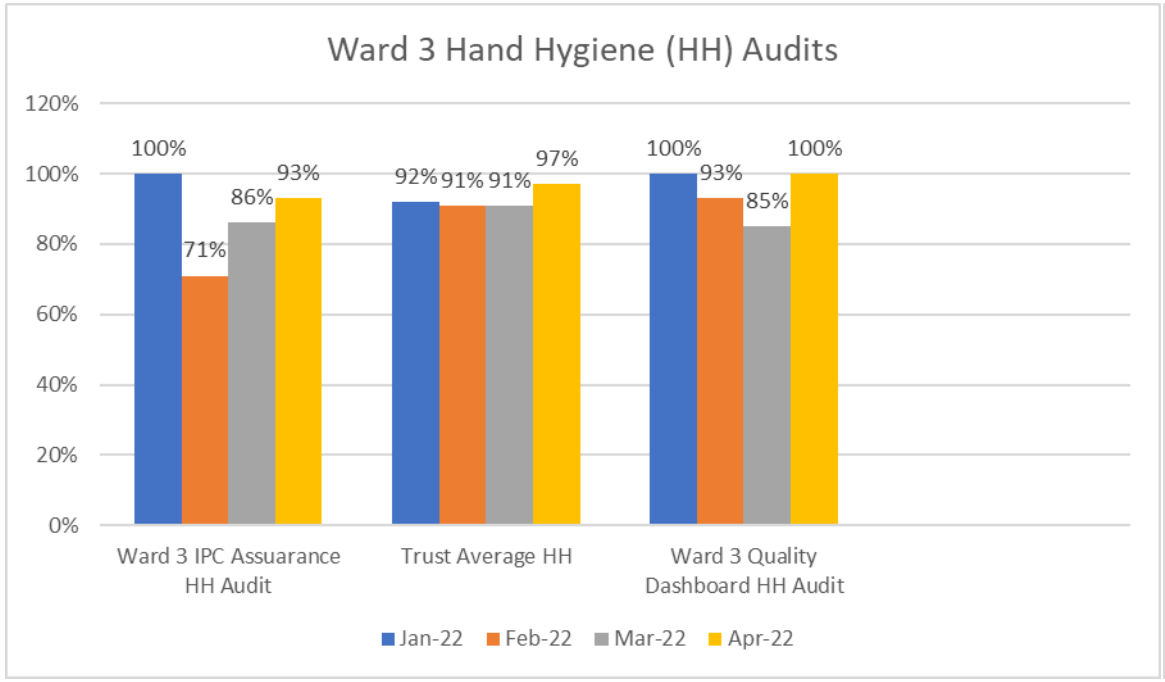
Ward 3 floor plan

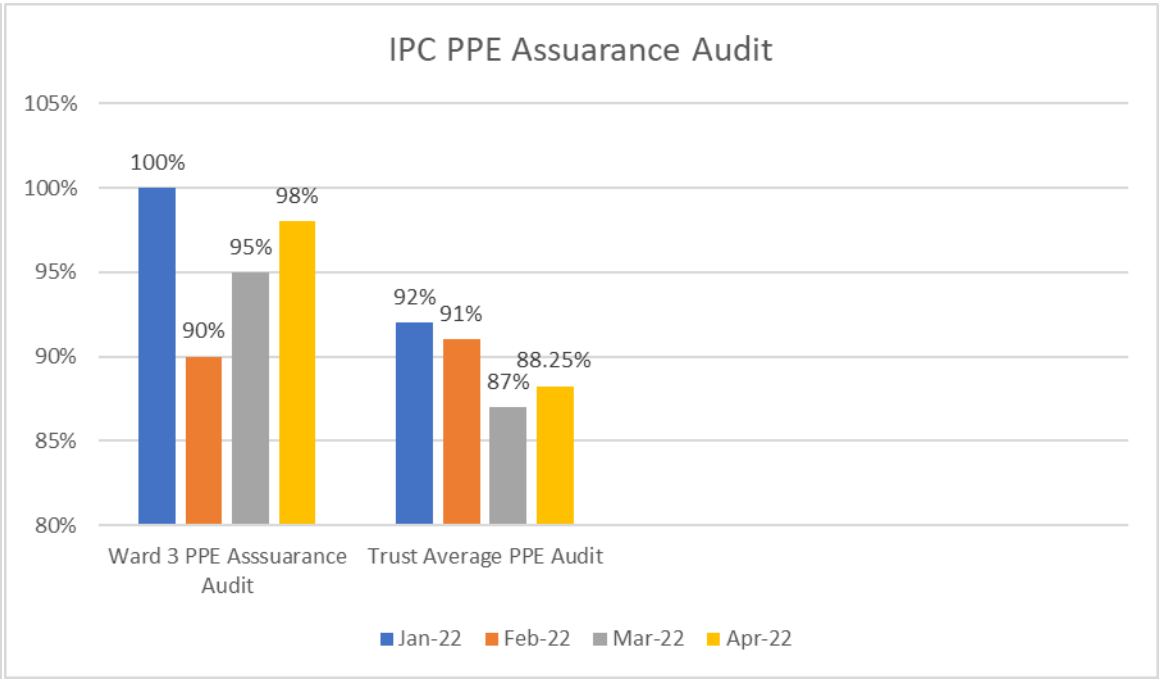


Ward 3 Cleaning for Credit Scoring and Cleaning Hours

Month	% Audit Score	No. of terminal cleans
January 2022	99.76%	29
February 2022	99.75%	6
March 2022	98.31%	13
April 2022	99.73%	18
	Pre Outbreak	Post Outbreak
Cleaning Hrs	100	154
Additional Supported Hrs	0	27
Total Cleaning hrs	100	181
Touch point cleans	3 times daily.	

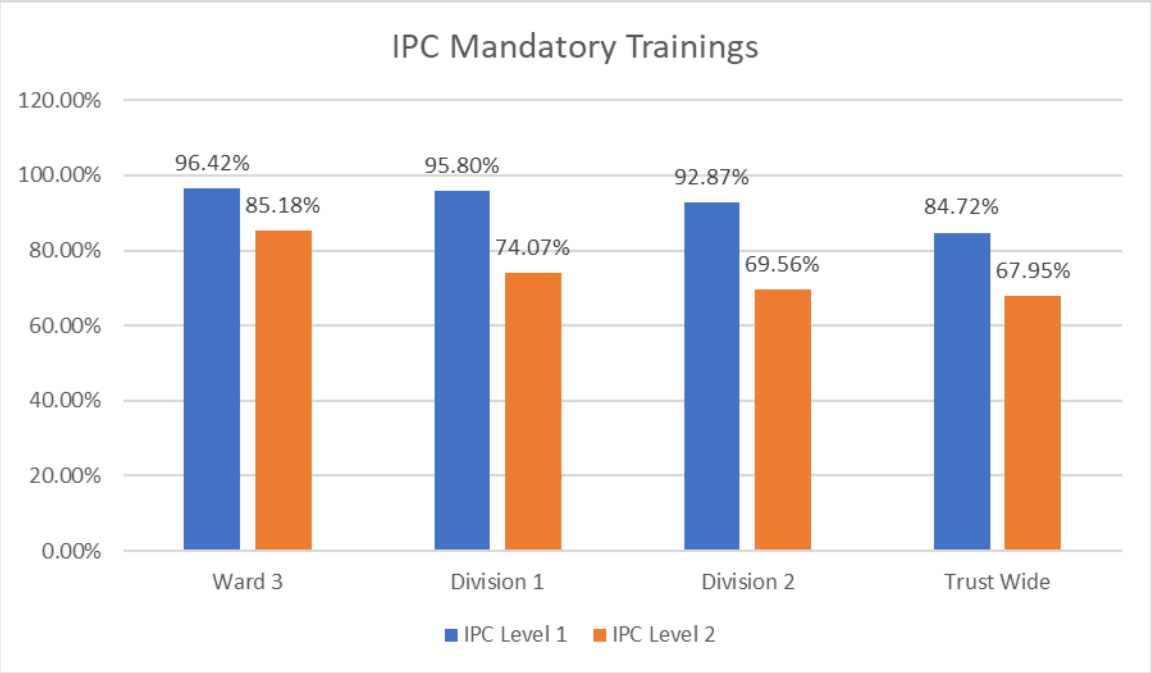
Infection Control Information





- All HH non-compliance sighted during and after the audits were addressed and the ward continued to receive support from IPCT at all time.
- Personal Protective Equipment (PPE) assurance audit has been carried by the IPCT and non-compliance was reported only for face shields (Visors) and not for face masks (Fluid Resistant Surgical Masks)

Infection Control Information



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IPC Mandatory Trainings	Level 1	Level2
Ward 3	96.42%	85.18%
Div 1	95.80%	74.07%
Div 2	92.87%	69.56%
Trust Wide	84.72%	67.95%

INFECTION CONTROL AUDIT TOOL	
WARD	Ward 3
AUDIT DATE	17/12/2021
OVERALL RESULT	95%

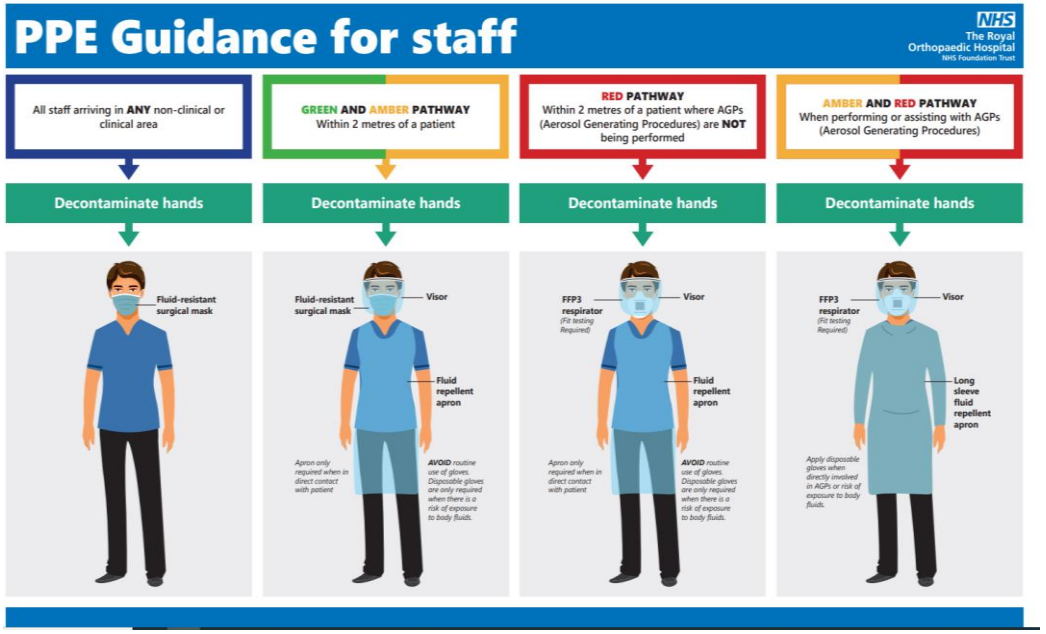
Last IPC audit for the ward.

Internal communications undertaken

Fit testing for night staff

A fit tester will be available from Wednesday 27 April to Friday 29 April from 5pm – 11pm for night staff who require testing. Book your test in the April spreadsheet located on the public drive: *P:\Public\COVID19\Infection Prevention and Control\Fit test booking\2022*

The testing will take place in the old POAC by Ward 3.



News Flash

www.roh.nhs.uk | First choice for orthopaedic care

Following COVID outbreaks in both clinical and office environments, please remember the fundamentals of infection prevention

We're getting closer to beating this virus. Management of COVID has improved and the majority of the Trust has been vaccinated, but please continue to observe the fundamentals of infection prevention. The risk of contracting COVID remains for staff and the vulnerable people they are in contact with.

- Wear your mask at all times
- When eating or on a break, you must socially distance – you must not share food or sit within 2 metres of others without a mask.
- Regularly wash and sanitise your hands
- Sanitise shared touch points like kettles, printers and computers – be aware of the shared touch points where the virus can be transmitted
- Read the latest IPC update
- You can find the latest government guidelines on working safely during COVID-19 here: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres

Risk assessments: if you are a Line Manager, please review and update your risk assessment

All updated risk assessments are now saved on the P drive:
P:\Public\COVID19\Department Risk Assessments\Updated risk assessments

Please review and update your risk assessment on a regular basis.

Conclusions

- All patients received information at pre-op and on admission on face mask use, however some of the patients choose not to wear masks while some of the patients would have been exempted from wearing face masks. Patients that are moved round the hospital wear face masks during transfers and all patients are provided with fluid resistant surgical face masks.

- Index case tested positive on day 64 of admission and was in a side room for most part of her admission (only nursed in a bay between the 12th of February and the 18th of February). This patient could not tolerate mask at any times and one also nursed 1 to 1 for most part of her admission. It was concluded at the Post Infection Review (PIR) that the acquisition of the infection was an hospital acquired infection. Potential staff to patient transmission could have occurred but this was immediately curtailed when the ward was closed and all staff and patients on the ward were screened. Hence no further case was identified since the last reported case on the 11th of April (Mass testing of staff and patients on the ward). 2nd patient was positive on day 4 of admission and 3rd patient was day 15 of admission.

- Cleaning and decontamination of the ward was also prioritised and the ward received additional cleaning supports as the outbreak was declared. High touch point areas also received additional cleaning times.

- The relaxation of lockdown rules nationally and the transmissibility concern of the Omicron Variant could also be a major contributory factor to this outbreak. Though there was a ward social outing around the time of the outbreak, only 2 staff that attended the outing were part of this outbreak. 6 staff added to the timeline and only 4 staff tested positive on LFD, 1 has a household member that was positive at the time of the outbreak and 1 had symptoms but tested negative on multiple occasion. Although this is the 2nd COVID-19 outbreak on this ward since beginning of the year, there is no link to previous outbreak but only commonality is both has definite hospital acquired COVID-19 and both outbreak could be attributed to the high transmission rate of the omicron variant.
- Compliance with IPC mandatory training is receiving attention especially for Level 2 but this has not contributed to this outbreak.

- As a Trust we have also ensured staff have access to appropriate Respiratory Protective Equipment (RPE) and additional fit testing hours were added for night staff. Respirator Hoods are also available on all wards (for staff that fail fit testing).

- The impact of this outbreak was on admission of elective patients and this was managed proportionately by the operation teams and clinical site managers.

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD (IN PUBLIC)

Venue Woodbrooke Centre, Selly Oak, B29 6LJ **Date** 6 July 2022: 0900h – 1100h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance

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Mr Roko Skocic	Head of Patient Experience	(RS)	[Item 8]
Miss Ali Gray	Charity Manager	(AGr)	[Item 9]
Mr Jamie McKenzie	Guardian of Safe Working Hours	(JM)	[Item 10]
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

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	6.1	Governor workshop – 27 July 2022	Verbal	SG-L
0950h	7	Supporting staff with financial wellbeing: *for assurance*	ROHTB (7/22) 002 ROHTB (7/22) 002 (a)	JW

1005h	8	Annual complaints report: *for approval*	ROHTB (7/22) 003 ROHTB (7/22) 003 (a)	RS
1015h	9	Charity update: *for assurance*	Presentation	AGr
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1045h	12	Board Assurance Framework Q1 2022/23: *for approval*	ROHTB (7/22) 007 ROHTB (7/22) 007 (a)	Execs
		MATTERS TO BE TAKEN BY EXCEPTION ONLY		
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		BREAK		
		CONFIDENTIAL SESSION		
1115h	15	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 7 September 2022 @ 0900h			

Notes

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NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

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Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mrs Nicola Brockie	Acting Executive Chief Nurse	(NB)

In attendance

Ms Christine Tedds	Admissions and Day Case Manager	(CT)	[Item 1]
Mr Roko Skocic	Head of Patient Experience	(RS)	[Item 8]
Miss Ali Gray	Charity Manager	(AGr)	[Item 9]
Mr Jamie McKenzie	Guardian of Safe Working Hours	(JM)	[Item 10]
Prof Ed Davis	Consultant Surgeon	(ED)	[Item 19]
Mr Gavin Newman	Digital Programme Manager	(GN)	[Item 21]
Mrs Amanda Gaston	Deputy Director of Finance	(AGa)	[Item 21]
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Patient Story – Admissions and Day Case Unit	Presentation	CT
0920h	2	Apologies – David Gourevitch	Verbal	Chair
0922h	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 1 June 2022: *for approval*	ROHTB (6/22) 022	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (6/22) 022 (a)	SG-L
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (7/22) 001 ROHTB (7/22) 001 (a) ROHTB (7/22) 001 (b)	TP/JW
	6.1	Governor workshop – 27 July 2022	Verbal	SG-L

0950h	7	Supporting staff with financial wellbeing: *for assurance*	ROHTB (7/22) 002 ROHTB (7/22) 002 (a)	JW
1005h	8	Annual complaints report: *for approval*	ROHTB (7/22) 003 ROHTB (7/22) 003 (a)	RS
1015h	9	Charity update: *for assurance*	Presentation	AGr
1030h	10	Guardian of Safe Working Hours update: *for assurance*	ROHTB (7/22) 005 ROHTB (7/22) 005 (a)	JM
1040h	11	Declaration to NHS Improvement – General Condition FT4 – corporate governance statement: *for approval*	ROHTB (7/22) 006 ROHTB (7/22) 006 (a) - ROHTB (7/22) 006 (c)	SGL
1045h	12	Board Assurance Framework Q1 2022/23: *for approval*	ROHTB (7/22) 007 ROHTB (7/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1055h	13	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Charitable Funds Committee	ROHTB (7/22) 008 ROHTB (7/22) 009 ROHTB (7/22) 010 ROHTB (7/22) 011	
	14	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (7/22) 012 ROHTB (7/22) 013 ROHTB (7/22) 014	
BREAK				

CONFIDENTIAL SESSION				
1115h	15	Exclusion of the press and public	Verbal	Chair
	16	Declarations of interest on any matters in the private session	Verbal	ALL
	17	Minutes of the previous meeting in private held on 1 June and 14 June 2022: *for approval*	ROHTB (6/22) 022 (P) ROHTB (6/22) 023 (P)	Chair
	17.1	Actions from previous meetings in private: *for assurance*	ROHTB (6/22) 022 (a) (P)	SGL
1120h	18	Chair and Chief Executive update on any confidential matters: *for information and assurance*	Verbal	TP/JW
1130h	18.1	Provider Collaborative and Birmingham and Solihull ICS update: *for information*	Verbal	TP/JW
1135h	19	Robotics strategy: *for assurance*	Presentation	MR/ED
1200h	20	Estates strategy and plan: *for assurance*	Presentation	PB
1225h	21	Electronic Patient Record strategic outline plan: *for approval*	ROHTB (7/22) 015 (P) ROHTB (7/22) 015 (a) (P) ROHTB (7/22) 015 (b) (P)	GN/AG
1245h	22	Oncology 'Refer a Patient' incident update: *for information*	Verbal	SGL
1250h	23	Cloud migration update: *for information*	ROHTB (7/22) 016 (P)	SW
MATTERS FOR INFORMATION				
1255h	24	Committee minutes: • Quality & Safety Committee • Finance & Performance Committee • Staff Experience & OD Committee • Charitable Funds Committee	ROHTB (7/22) 017 (P) ROHTB (7/22) 018 (P) ROHTB (7/22) 019 (P) ROHTB (7/22) 020 (P)	
1300h	25	Any Other Business	Verbal	ALL
	26	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 7 September 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO JUNE 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓	✓								
Kathryn Sallah	✓	✓	✓								
Richard Phillips	✓	✓	✓								
David Gourevitch	A	✓	✓								
Simone Jordan	✓	✓	✓								
Gianjeet Hunjan	✓	✓	✓								
Ayodele Ajose	✓	✓	A								
Les Williams	✓	✓	✓								
Jo Williams	✓	✓	✓								
Matthew Revell	✓	✓	✓								
Garry Marsh	✓	✓	✓								
Nikki Brockie			✓								
Phil Begg	A	✓	✓								
Marie Peplow	✓	✓	✓								
Stephen Washbourne	✓	✓	✓								
Sharon Malhi	✓	A	✓								
Simon Grainger-Lloyd	✓	✓	✓								

KEY:

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

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

MINUTES

Trust Board (in Public) - DRAFT Version 0.2

Venue Edgbaston Park Hotel, Birmingham **Date** 1 June 2022: 0900h – 1100h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mr Leslie Williams	Non Executive Director	(LW)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mrs Nicola Brockie	Acting Executive Chief Nurse	(NB)

In attendance:

Mr Roko Skocic	Head of Patient Experience	(RS)	[Items 6&7]
Mrs Sharon Malhi	Chief People Office	(SM)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

Minutes	**Paper Reference**
1 Apologies	**Verbal**
Apologies were received from Ayodele Ajose. It was noted that this was Nikki Brockie's first Board meeting as Acting Chief Nurse. Garry Marsh was in attendance at the meeting.	
2 Declarations of Interest	**Verbal**
It was noted that the register was available on request from the Company Secretary. Gianjeet Hunjan advised that she had accepted a voluntary role to support the preparation for the Commonwealth Games. It was noted that this	

did not present any conflicts of interest with her Non Executive role at the ROH.	
3 Minutes of Board Meeting held in Public on 4 May 2022: *for approval*	**ROHTB (5/22) 022**
Gianjeet Hunjan suggested that there was a need to amend the reference to the 'lessons learned' report considered by the Audit Committee. This related to the year end close down position for 2020/21, rather than the appointment of the auditors. The Board agreed that this amendment should be made. Other than this, the minutes were accepted as a true and accurate reflection of discussions held.	
3.1 Actions from previous meetings in public: *for assurance*	**ROHTB (5/22) 022 (a)**
There were reported to be no matters requiring escalation.	
4 Questions from members of the public	**Verbal**
There were none.	
5 Chairman's and Chief Executive's update: *for information and assurance*	**ROHTB (6/22) 001** **ROHTB (6/22) 001 (a)**
The Chief Executive highlighted that there had been Trustwide lunch held to celebrate the Platinum Jubliee which had been well received. The energy that had been devoted to making the Jubilee celebrations special was noted to be incredible and this had been important given the royal patronage of the hospital. It was reported that Garry Marsh, the Chief Nurse, had been seconded to Derby and Burton NHSFT for an initial period of six months. It was noted that it had been a quiet time for the Integrated Care System with no significant events held in which the ROH had been required to participate. There had been a notification from NHSE/I that there was a move to 'step across' the COVID-19 response with a clear focus on elective recovery over the coming months. The Chair reported that he had joined the Jubilee lunch which he agreed had been a very uplifting event. There had been a session with Birmingham Health Partners, of which the Trust was now a member. This was noted to be important for the hospital's status and reputation. There had also been a volunteers 'thank you' lunch which had celebrated their work. The volunteer team was thanked for all their efforts. There had been badges given out to the team. It was noted that there were a good number of	

younger volunteers now.	
5.1 Update from the Council of Governors meeting: 12 May 2022	**Verbal**
The Director of Corporate Affairs & Company Secretary reported that at the recent meeting of the Council of Governors, the following had been discussed: • The draft annual report and accounts, which he had presented, together with the Director of Finance • Summary of Non Executive appraisals, which had been presented by the Chair • An update on Trustwide activities and the work of the Integrated Care System by the Chief Executive • The Trust's preparation for the Public Inquiry into the government's handling of the COVID-19 pandemic • The suggested Quality Priorities for 2022/23, of which the governors had chosen the 'Bereavement Priority' as the one they would sponsor this year • Clinical Non Executive recruitment plans • An update on the round of governor elections which was underway for three public governors and a clinical staff governor • Proposed changes to the overriding focus of the governor role following the new Health & Social Care Act from July 2022 • Updates from the Non Executives on their work and that of their committees The Chief Executive suggested that a tour of the site could be offered to the governors before the next meeting. It was noted that Janet Campbell, Director Support Manager, usually led these tours, however she would retire on 30 June 2022 after a longstanding career at the ROH. The Board asked that their good wishes and thanks be offered to Janet.	
6 Patient Experience update: *for assurance*	**ROHTB (6/22) 002** **ROHTB (6/22) 002 (a)**
The Board was joined by Roko Skocic, Head of Patient Experience who described the recent work to improve the Trust's patient experience framework. This included the Patient Experience week that had been held and the various patient surveys and methods of feedback were also outlined. The Chief Executive thanked Roko for the presentation and commented that she welcomed the new logo and rebranding. She noted that there was an ambition	

around the plans for achieving an 'Outstanding' rating under the CQC's 'Caring' domain. The Director of Corporate Affairs commented that there had been a clear move from what had felt like an ad hoc approach to patient experience in previous times to a structured one over the past few years and thanked Roko for his work to achieve this. It was noted that the Trust's patients were the best individuals to market the Trust. This started from the experience at the GPs and continued throughout the patient journey. It was suggested that there needed to be consideration to plotting the entire pathway; the Chief Executive advised that this piece of work was underway and reminded the Board of the terms of reference for this that had been shared in April 2022. It was suggested that this work could involve patients and staff. Simone Jordan asked whether staff were included in the patient experience groups. She was advised that they were included in the 'Coffee Catch Up' meetings in particular. They were also core members of some of the other groups. It was noted that the quality of engagement between staff and patients was good. Les Williams asked how the work was prioritised and decisions made. He was advised that data was analysed and discussed through the Patient Experience and Engagement Group (PEEG) where priorities and the workplan were decided. The Patient Participation Group was also a forum that made decisions and created a focus. There was noted be a live report from the 'Smiley Faces' technology that indicated if there were issues that needed to be addressed rapidly. In terms of the diversity of patients using this technology, this was not yet clear. There was however, good diversity of patients who attended PEEG. Kathryn Sallah asked whether patients were being engaged with estates work and design of services. The Director of Strategy & Delivery advised that this was the case.	
7 Outcome of patient stories 2021/22: *for assurance*	**ROHTB (6/22) 003** **ROHTB (6/22) 003 (a)**
The Head of Patient Experience recapped on the various patient stories that had been received by the Board over the past year and provided a summary of the points of learning from these and the actions undertaken as a result of the stories. The Chief Operating Officer noted that the learning was a powerful tool and that the governance had been strengthened to ensure that an action plan for every complaint was in place.	

The Director of Corporate Affairs asked what the plan was for the Board to see patients at the Board meetings in future. He was advised that there was a schedule for patients to present to the Board being developed; the next presentation was due in July. It was suggested that the work needed to be presented to the Integrated Care System where appropriate. It was noted that there was a connection with other patient experience departments in the region. It was suggested that a method was needed to reaudit and to check that the actions taken in response to the patient feedback were sustained. Gianjeet Hunjan asked what support was provided for the individuals due to present to the Trust Board. She was advised that there was a comprehensive briefing in place and the Director of Corporate Affairs advised that he also met with the individuals to talk through expectations and how the Board meetings worked.	
8 Net Zero update: *for assurance*	**ROHTB (6/22) 004** **ROHTB (6/22) 004 (a)**
The Director of Strategy & Delivery presented an update on the progress with the delivery of the 'Net Zero' programme. He advised that there was a plan to launch a 'Switch It Off' campaign, which encouraged staff to douse lights and turn off computers when not required to avoid using excess energy. Travel plans to promote walking and cycling had been developed and a review of car parking was intended. The achievements to date were described, including the installation of electric car parking and charging stations. The new and refurbished buildings were reported to benefit from new, more efficient, lighting. New solar panels were installed in Outpatients and a heat exchanger was in place. Sourcing food close to home was undertaken with the intention of reducing food miles. There was noted to be significant food waste at present and this would be addressed. There was an active view of medical gases with the intention of reducing harmful emissions. There had been an increase in the foliage canopy on the site, which impacted on the Trust's carbon emissions. The governance of the work was discussed. Les Williams noted that the relationship with suppliers was key and asked if they were supportive of the 'Net Zero' work. He was advised that some companies undertook their own carbon reduction programme. The Trust's current fleet was being replaced with more environmentally friendly vehicles. Gianjeet Hunjan asked if there were any opportunities to create some consistency across the system. She was advised that this was achieved through	

the system procurement hub. It was suggested that laundry and linen could use this approach. Sterile services may also be a consideration, although there was an impact on economies of scale. OrderComms would be used to reduce the reliance on paper-based records. The Chief Operating Officer noted that there was good energy around this work across the Trust. From a health inequalities point of view there was a link between procurement and the local economy. The reporting structure for the work was noted to be through Finance and Performance Committee and directly to the Board. The Chair asked that measurement and targets be clarified. It was noted that in private industry share prices were impacted by organisations' approaches to sustainability. Assessment also needed to be considered. It was noted that there was considerable funding and knowledge directed into the work. Thanks were given the Executive Team for their support.	
9 Non Executive succession, champions & engagement: *for assurance and approval*	**ROHTB (6/22) 007** **ROHTB (6/22) 007 (a)**
The Director of Corporate Affairs and Company Secretary presented an overview of the current plans to recruit two new Clinical Non Executives as part of the Board's succession plan. The rationalisation of Non Executive championship roles was also described, with two roles requiring support at the ROH: Doctors' disciplinary and Security Management. Finally the plans for re-engaging the Non Executive Directors more fully in the organisation given the lifting of the COVID-19 restrictions was described. The Board supported the plans.	
ACTION: SGL to work with the Chair to identify Non Executives for the Doctors' disciplinary and Security Management champion roles	
10 Declaration to NHS Improvement – General Condition 6 – systems for compliance with licence conditions: *for approval*	**ROHTB (6/22) 008** **ROHTB (6/22) 008 (a)** **ROHTB (6/22) 008 (b)**
The Director of Corporate Affairs and Company Secretary advised that the Board of Directors was required to make a set of declarations on an annual basis. A report was considered which presented the proposed declaration to confirm or otherwise that the Trust had in place systems to enable compliance with its licence conditions. On the basis of the commentary and evidence base behind the statement of compliance for each condition provided, it was proposed that the Trust stated	

'CONFIRMED' to the following: '***Following a review for the purpose of Paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in order the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and had regard for the NHS Constitution***' The requirements of the declaration stipulated that it must have 'had regard to the views of governors' and therefore the proposed declaration and evidence base had been circulated to governors for comments. All comments received to date supported the proposed declaration. Les Williams suggested that the evidence based should reflect the collaboration with Robert Jones & Agnes Hunt NHSFT. The Board approved the proposed declaration.	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
11 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**ROHTB (6/22) 009** **ROHTB (6/22) 010** **ROHTB (6/22) 011**
Richard Phillips reported that the last meeting of the Finance & Performance Committee had been concise. The Trust was reported to be ahead of plan financially and operationally at present. The level of virtual clinics was reported to remain low for both the ROH and across the system; there was a plan to address this. There had been a request to see the numbers month by month in terms of the activity plan. Data on health inequalities had been provided and there was work to assess the waiting list against the indices of deprivation. The financial planning for 2022/23 was continuing. There had been full recovery for Elective Recovery Fund in Month 1 for the ROH but at a system level this was below plan. The way in which this would be addressed was as yet unclear. It was suggested that there needed to be a view of the impact of the clinical prioritisation on health inequalities. This would be developed through the Business Intelligence function. There was reported to be some additional work on waiting lists being undertaken by the University of Aston. Kathryn Sallah suggested that Public Health input was needed to the work. David Gourevitch suggested there needed to be caution with the approach outlined on the basis that some individuals may experience negative discrimination. This was agreed to be a transformational piece of work but it was noted that there was a requirement set by NHSE/I to consider the impact of prioritisation and the	

urgent need to improve the elective waiting list position. The Director of Finance noted that the national strategy unit considered access and it had been noted that the pandemic had increased inequalities. Referrals had increased for those areas with least deprivation. There were therefore options around 'levelling up' or equalising being considered. It was noted that at the September 2022 Finance & Performance Committee there would be an in depth analysis of the inequality data and it was agreed that a longer term view was needed rather than a monthly picture. David Gourevitch updated the Board on the discussions at the recent meeting of the Quality & Safety Committee. He advised that an incident had been reported around an incomplete instrument tray in theatres that had impacted on surgery. The pack had not been checked prior to the procedure starting. In terms of the Staff Experience & OD Committee, Simone Jordan noted that there was more work to refresh the risk register. There had been a report on turnover and sickness considered which presented a concerning picture. There was a proposal to change the approach to staff walkabouts to revert to a less structured model and to feed themes back to the Executives in a more informal way. There would be a focus on cost of living at each meeting going forward.	
12 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	**ROHTB (6/22) 012** **ROHTB (6/22) 013** **ROHTB (6/22) 014**
These were received and noted.	
13 COVID-19 outbreak conclusion	**ROHTB (6/22) 015**
The update was received and noted.	
CONFIDENTIAL SESSION	
14 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
Date of next meeting: Wednesday, 6 July 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 6 July 2022, Woodbrooke Centre, Birmingham

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 1.07.2022

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	~~06/04/2022~~ 01/06/2022	Rescheduled to the ~~May~~ June 2022 meeting as per the Board Topics update. **'Proof of Concept' considered at the May meeting of the Staff Experience & OD Committee where it was agreed that further work was needed to align to and include other workforce-related strategies. Due for presentation at the July 2022 meeting.**	
ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	~~04/05/2022~~ 06/07/2022	Initial discussions planned through June with a view to a recommended scorecard for agreement at the July Board meeting	
ROHTBACT.144	Chair's and Chief Executive's update	ROHTB (4/22) 001 ROHTB (4/22) 001 (a)	06/04/2022	Present a summary report of the findings from the Ockenden report and the implications for the ROH at a future meeting	GM	~~6/07/2022~~ 7/09/2022	To be considered by Quality & Safety Committee in ~~June~~ July and Trust Board in ~~July~~ September 2022	
ROHTBACT.136	Nurse staffing update	Presentation	02/02/2022	Organise for a comprehensive workforce plan to be received by the Trust Board	SM	01-Jun-22	**See action ROHTBACT.137**	
ROHTBACT.147	Chair's and Chief Executive's update	ROHTB (5/22) 001 ROHTB (5/22) 001 (a)	04/05/2022	Work with colleagues to arrange for a member of NHSE/I to present an update on the long term plan to the Trust Board	SGL	07-Sep-22	ACTION NOT YET DUE	
ROHTBACT.148	Mapping the patient pathway: terms of reference	ROHTB (5/22) 002 ROHTB (5/22) 002 (a)	04/05/2022	Present an update on the Patient Pathway mapping work at the September 2022 meeting	JW	07-Sep-22	ACTION NOT YET DUE	
ROHTBACT.149	JointCare update	Presentation	04/05/2022	Organise a further update of Joint Care to be presented at a future meeting	MP	07-Dec-22	ACTION NOT YET DUE	

ROHTBACT.150	Non Executive succession, champions & engagement	ROHTB (6/22) 007 ROHTB (6/22) 007 (a)	01/06/2022	Work with the Chair to identify Non Executives for the Doctors' disciplinary and Security Management champion roles	SGL	01-Sep-22	ACTION NOT YET DUE	
ROHTBACT.145	Staff wellbeing update	Presentation	06/04/2022	Schedule in a further discussion around the cost of living crisis and staff wellbeing into a future meeting	SGL	06-Jul-22	**PROPOSE CLOSURE:** Included on the agenda of the July 2022 meeting	

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**6 July 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		x

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

FOR INFORMATION

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Report to the Public Trust Board on 6th July 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 1st June 2022 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 We are looking forward to celebrating with 250 colleagues on Friday 8th July 2022 at our Blue Heart staff awards being held at the Botanical Gardens in Birmingham. I would like to thank Yasmin Brown our Communication Officer who has overseen all the arrangements and I have no doubt that it will be a fantastic evening.

2.3 On Thursday 30th June 2022 we came together to celebrate and thank Janet Campbell, Directorate Services Manager, for her incredible and dedicated service to the ROH. Janet joined the ROH in 2002 and has led a number of transformation projects across the Trust and also many initiatives including supporting welcoming our international colleagues as they have joined the ROH over the years. Janet is a very valued member of the team and we wish her the very best for her retirement.

2.4 On Friday 17th June 2022, Garry Marsh, our Executive Chief Nurse who is on secondment at University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) was substantively appointed to the role of Chief Nurse at UHDB. I am absolutely delighted for Garry, it is a fantastic appointment and truly well deserved. His contribution, impact, dedication and leadership can be seen throughout the Trust and in the care we deliver across our clinical areas. It has been an absolute pleasure working with him, we all wish him every success in his new role and I know he will be fantastic

2.5 On Sunday 26th June 2022 we received the sad news that our friend and colleague Maureen Milligan had passed away. Maureen was our Chief Pharmacist, joining the Trust in June 2009, beginning her NHS service 35 years ago in 1987. Under her leadership, the Pharmacy Department has grown in both size and reputation. Maureen was a talented, knowledgeable, professional and pragmatic Pharmacist and colleague, always ready to support her own team and anyone in need.

Personally, Maureen was a close friend to many and will be dearly missed. She was generous with her time and expertise. She was compassionate, selfless, wise and well known for her wonderful sense of humour. Many will know that Maureen faced a diagnosis of cancer with incredible bravery, even using her illness as an opportunity to raise awareness of the impact of hidden disability as part of the 'Beyond the Stigma' exhibition. The resoluteness and dignity with which she faced cancer was an inspiration to many and she leaves a legacy at ROH in so many different ways and with so many different people. Losing Maureen is a significant loss for the ROH family.

2.6 The ROH together with communities across the UK and Commonwealth celebrated the Platinum Jubilee with colleagues. We were thrilled to be able to hold this once in a lifetime event and to pay tribute to the Queen as part of the official Platinum Jubilee weekend of celebrations. Thank you to colleagues and members of the public who joined us as part of the lighting of the Jubilee Beacon complete with town crier, bugler and piper! It was a fantastic evening and I am very grateful to colleagues who gave up their Bank Holiday to make the event so special.

2.7 On 15th and 16th June I attended NHS Confederation (Confed) Expo conference held in Liverpool which was the first face to face Confed since the pandemic. Whilst at the Confed I had an opportunity to listen to Amanda Pritchard's first speech at the conference where she set out her vision for the NHS, her 4 R's which Amanda described are:-

*"**Recovery**, using the lessons from and the can-do spirit seen during the pandemic to continue your incredible efforts to ensure that people who need care, tests, and treatment can get it as quickly as possible"*

***"Reforming** for the future, making the most of the opportunities presented by system working, and technology and data, to provide more effective, more convenient and more preventative services"*

*"Building **resilience** to the shocks of the future, including working to ensure we have the right numbers of staff, the right physical and community capacity, and the right approach to urgent and emergency care in particular"*

***"Respect** for those whose sacrifices have supported the NHS through the last 900 days – continuing to look after our existing staff, providing the best possible value for taxpayers, and ensuring that all patients are treated as equal partners in their care, and their needs and opinions are central to how we plan, deliver and improve services"*

Amanda's speech can be seen in full in Appendix 1 or watch on the following link NHS England » Amanda Pritchard speech to NHS ConfedExpo 2022 Conference

There was also an opportunity to hear the Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care address the Confed and his speech can be seen in Appendix 2 or via the link Health and Social Care Secretary NHS ConfedExpo speech - GOV.UK (www.gov.uk). The Secretary of State set out his 4 building blocks for our future around Prevention, Personalisation, Performance and People.

2.8 On 8th June 2022, General Sir Gordon Messenger and Dame Linda Pollard published their final report on the review of leadership and management in the health and social care sector, as commissioned by the Secretary of State for Health and Social Care in October 2021 (known as the Messenger Review). The report acknowledges the complexity of the emerging system and its structure, as well as the pressures all parts of the NHS currently faces in tackling a backlog in care against the backdrop of significant staff shortages. It also recognises the important relationship between driving improvement in leadership and the positive effects on productivity and efficiency.

The report points out the gaps in support for leaders and what more can be done to ensure we deliver a consistent approach to leadership development at all levels within the NHS. This includes the need for a more consistent and substantive career development pathway from recruitment through to mid-career and beyond. It also talks about the value that needs to be placed on leaders and managers and the rewarding of collaborative behaviour as we move to system working.

The report acknowledges and is rightly critical that we have much still to do to create a more diverse leadership in the NHS, and the need for tangible, purposeful action and change to ensure this happens. The report is clear that all too often, staff from ethnic minority backgrounds are still not being provided with the support they need to progress to leadership roles. We need to see a greater commitment to act on improving diversity in senior leadership, including making Equality & Diversity a core aspect of the CQC inspection regime.

The review makes the seven following recommendations:

- **Targeted interventions on collaborative leadership and organisational values**

- A new, national entry-level induction for all who join health and social care.

- A new, national mid-career programme for managers across health and social care.

- **Positive equality, diversity and inclusion (EDI) action**

- Embed inclusive leadership practice as the responsibility of all leaders.

- Commit to promoting equal opportunity and fairness standards.

- More stringently enforce existing measures to improve equal opportunities and fairness.

- Enhance the Care Quality Commission's role in ensuring improvement in EDI outcomes.

- **Consistent management standards delivered through accredited training**

- A single set of unified, core leadership and management standards for managers.

- Training and development bundles to meet these standards.

- **A simplified, standard appraisal system for the NHS**

- A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system.

- **A new career and talent management function for managers**

- Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers.

- **More effective recruitment and development of non-executive director's**

- Establishment of an expanded, specialist non-executive talent and appointments team.

- **Encouraging top talent into challenged parts of the system**.

  - Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles.

I welcome the recommendations and we continue to recognise the incredible leadership which our own managers and leaders, demonstrate daily especially following a very difficult last two years. They show incredible resilience, skill and dedication. I also recognise we still have work to do and whilst many of the initiatives are national, our Staff Experience and Organisation Development Committee (SE & OD)will review and consider the recommendations and any areas, which we need to address.

2.9 In June, the Equality and Human Rights Commission (EHRC) published the final report on its inquiry into the experiences of lower-paid ethnic minority workers in health and social care in England, Scotland and Wales. The inquiry was launched in 2020 due to the disproportionate impact of COVID-19 on ethnic minority and lower paid staff in frontline roles. The report finds evidence, as seen in the recent NHS staff survey and Workforce Race Equality Standard (WRES) reports, that there is still much work to be done to tackle workplace bullying, harassment and discrimination and to address race inequalities.

The report contains three recommendations for Trusts, Local Authority partners and integrated care systems:

- Trusts must 'take account' of racial inequalities experienced by lower paid ethnic minority staff, including those who are working in outsourced roles. This should include improving data collection and working with staff to increase disclosure rates while ensuring there is psychological safety to do so.

- Trusts must take ownership of public sector equality duties (PSED) when making decisions on workforce outsourcing. This should involve completing and making publicly available equality impact assessments (EIAs) that consider the impact of outsourcing decisions on staff with protected characteristics. This recommendation also calls for Trusts to work with contractors to ensure the provision of required workforce data and to create a procurement strategy that is equality impact assessed. As part of this, Trusts should also work to assess how existing procurement policies and duties can be utilised to improve compliance with the general duty of the PSED.

- Trusts, and specifically Trust leaders, should create working cultures that instil confidence in staff to speak up about their concerns. This includes making EDI a priority. The report also calls on Trusts to work with trade unions and employer bodies to ensure lower-paid staff (including outsourced roles) are able to share concerns and feedback, take part in workplace surveys and join staff networks, if not already in place. The review also recommends that Trusts remove any barriers that may prevent lower-paid ethnic minority and migrant staff from openly speaking up.

The report is a difficult read and clearly highlights the importance of data capture and the need to improve. Our Multi Minority Ethnic Group (MMEG) working with our Trust People & OD Group will review the recommendations in full and develop relevant actions to ensure we comply with the recommendations.

2.10 We continue to review daily the number of cases of COVID-19 in the community and within the Trust. Infection control guidance has been reviewed and masks are being worn in all clinical areas by staff and visitors.

3. BSol ICS (Integrated Care System) Updates

3.1 The 1 July 2022 marks the beginning of a new era for health and care in Birmingham and Solihull (BSol), and across the country in the form of Integrated Care Board (ICB) and Integrated Care Systems (ICS). Working together we have an opportunity to truly shape our local NHS and social care services, with a united vision to make Birmingham and Solihull the healthiest place to live and work, driving equity in life chances and health outcomes for everyone. The first Board meeting of the newly formed ICS is scheduled on Friday 1st July 2022.

4 NHS England National updates

4.1 As the 42 integrated care systems are legally formed on 1st July it also sees the formal merger of NHS England and NHS Improvement to become NHS England.

5 POLICY APPROVAL

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

- Decontamination policy
- Hand hygiene policy
- Isolation policy
- VTE Prevention policy

Further work is planned over coming weeks through the leadership of the Director of Corporate Affairs to ensure that all policies remain within their set period of validity and are reviewed in a timely way.

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

1st July 2022

Appendix 1 – ROHTB (7/22) 001 (b)

Amanda Pritchard speech to NHS ConfedExpo 2022 Conference

Good morning everybody, and thank you, Victor, thank you, Richard.

So, Victor's just introduced me by saying I've had a long career in the NHS, and this September, will be 25 years since I started in the NHS.

I know that, to many colleagues, I'm still a relative newcomer, but clocking up 9,000 days does, I think, give you the right to look back, at least briefly, I promise.

1997 was very different to today in lots of ways.

We've made so much progress in so many areas of healthcare since then.

But some of the challenges and the ambitions for that time will be familiar to everyone in this room.

Do you remember The New NHS White Paper, published that year, talking about promoting more integrated care, preventing ill-health, reducing health inequalities, and harnessing the transformative potential of information technology?

Well on all of those things and more, we have absolutely come miles. We have done a huge amount over the last 25 years, but there has always been further we can go.

And it's perhaps that which defines the NHS and its staff the most.

It's that constant drive to – yes, do the very best job you can for those patients in front of you now – but also, to find and create new opportunities to do better in future.

There are always challenges.

But there are always things to be excited about too, to spur you forward, to spur us forward.

That is the great renewable energy of the NHS.

I felt it on my first day in 1997, and I feel it today too.

I know lots of you here today – and hopefully all of you – will feel the same.

And I strongly believe that is because of the unique nature of our National Health Service, the people it brings together, and the benefits it can deliver for patients and for communities.

In all my 9,000-plus days, I've never seen that more clearly at work than I have during the almost-900 days since Covid was first reported.

Before I explain why – just as Richard did, just as Victor has – I just want to take a moment to thank all of you for the role you have played over the last 900 days.

For lots of our colleagues, COVID has brought with it real difficulty, whether personally, professionally or both, and we know that doesn't just go away overnight.

But it is also true that, collectively, we have achieved remarkable things together.

And it was the benefits of a national health service, an agile network of organisations, bound by a shared mission, able to innovate, and to build partnerships quickly, locally and nationally, which helped us achieve them.

It is because we are the NHS that we were able to rapidly create the capacity needed to prepare for the unknown quantity that was the first wave.

It was co-ordinated action, clinical leadership, and, frankly, sheer effort from all of our many different staff groups, which meant the NHS has been able to provide care for three quarters of a million COVID-positive patients in hospital, and of course many, many more in the community.

It is because we are the NHS, that we were also able to lead the global fightback.

The RECOVERY trial was able to quickly connect 177 sites and datasets across the UK, turbo-charging research.

Because of that, we were able to quickly establish the evidence for dexamethasone, which is thought now of course to have saved over a million lives worldwide.

And importantly, when that evidence was available and it was approved for use, two years ago this week, because we are the NHS we could roll it out across the country the same day.

And it is because we are the NHS, that we were able to deliver that decisive blow.

We've already talked about it. Being the first health system in the world to deliver the Pfizer vaccine was a moment of hope for the nation.

But it was the roll out that followed where we showed our value, creating a national network of vaccine centres, using data to ensure we were targeting doses to where they could save the most lives, and using our relationships to address inequalities in uptake.

124 million vaccine doses delivered, well over 100,000 lives saved, and the foundations laid for the Government to lift restrictions, bringing huge benefits for our economy and society – and of course, by the way, enabling us to be here today.

Of course, the NHS was never a COVID-only service, with at least twice as many inpatients in hospitals for other reasons, and tens of millions of non-COVID appointments, tests and treatments taking place.

And it was, again, because we are the NHS, that we were able to rapidly adapt to provide as much care as possible, safely, whether through creating surgical and cancer hubs, or rolling out mental health crisis hotlines, video consultations for outpatient clinics, or at home monitors, and of course so much more besides

Life-saving and world-leading achievements.

All delivered over the last 900 days, because we are the NHS.

That is our story, or at least the last 900 days of it.

But what of our future?

We certainly faced challenges in 2019, we go back before the pandemic, many of those challenges, which are set out in the NHS Long Term Plan, are actually not just still with us, but have been further exacerbated by the experience of the last two years.
We have delivered many of our LTP commitments early in response to the pandemic, but we know that many of the challenges will have been exacerbated, and we have new challenges on top of those.

So, obesity, alcohol and smoking – they're still the biggest causes of preventable illnesses.

Cancer Research UK estimate that by 2040, well over a third of the population will be obese.

Because we are the NHS we have already provided over 600,000 adults with support to manage their weight through the Diabetes Prevention Programme and other initiatives.

But as many people as we can offer this secondary prevention to, we do know that, without wider action to reverse the trend, we will continue to store up problems for the future.

We also see the need for mental health services growing.

Because we are the NHS, we have been able to fast track new services like mental health teams in schools, 24/7 crisis lines, and digital tools.

And we are now taking action to increase the ability of primary care teams to provide first-line support, with funding for up to 2,500 additional mental health practitioners across the country.

But the scale of the challenge is such that demand continues to outstrip capacity, a reminder that the NHS and NHS treatment cannot be the only answer to our national mental health challenge.

And we have new challenges like Long COVID, too.

Because we are the NHS, we have been able to open rapidly 90 clinics and 14 hubs for children and young people, and at least 45,000 people have had an initial assessment.

But we know there are many, many more who will need these services and other ongoing support as a direct result of COVID infection.

The post-pandemic climate is bringing further challenges, still.

The rising cost of living will be felt most by those who are already living with or vulnerable to poorer physical or mental health.

Cold homes, debt and financial insecurity, barriers to accessing care – experience tells us these factors and more will show up through NHS services over the coming months.

These external challenges have a direct bearing on the internal questions the NHS always grapples with, and always has in my last 25 years.

Access.

How can we make sure the people who need it can get care in a timely and convenient way, something we know is particularly important in addressing health inequalities.

Quality.

When they do access it, how do we ensure the care they get is safe, that it's clinically effective and early enough to prevent more extensive care later, and also treats them as an individual.

And the third is financial sustainability.

Not just how do we balance the books from year to year, but find the headroom to invest and improve services and save money in the future.

There are more challenges of course.

But I know there is the determination in this room, and in colleagues across the country, to take every opportunity to meet those challenges.

And we do have particular opportunities now. I've set out some of the scale of the challenge, but we have:

- the huge amount of innovation and learning from the last 900 days
- the demonstrated promise of data and technology – Richard's just mentioned it
- the power of the relationships formed and strengthened by common purpose
- and now, in the Health and Care Act, the legislative backing for greater collaboration locally.

The crucial part, of course, is to turn those opportunities into improvements for patients.

The Secretary of State, who is on later, has described his vision for reform – people, prevention, performance and personalisation – they are all important.

But I want just to take a slightly wider view, and set out my reflections on the wider challenges and opportunities for the coming years around four Rs: recovery, reform, resilience and respect.

So, starting with recovery.

No services were untouched by the impact of COVID.

But every service has emerged with useful learning and innovation we need to lock in.

I just mentioned mental health services a moment ago, but the same can be said of learning disability, maternity, community services, and screening and immunisation services.

But I want to focus on three service areas now.

I'll begin with electives, because it is here where we are most visibly applying the lessons and the can-do spirit of the pandemic response.

We have the shared goal to tackle the inevitable COVID backlog.

We have a clear national plan, drawing on the successes colleagues were able to achieve over the last 900 days.

And, crucially, we do have a significant amount of investment to deliver it.

Because we are the NHS, we have other huge advantages, like the ability to collaborate across providers, regions and nationally to deliver patient choice and speedier care, to rapidly spread proven innovations, so patients everywhere can benefit, and to use technology and data to identify those who need treatment the quickest.

And it's working.

We have already reduced the number of people who have been waiting 104 weeks for treatment by two thirds, putting us on track to meet our first milestone of eradicating two year waits over the coming weeks, other than for patient choice or very complex cases.

I've been lucky enough to see lots of this for myself over the last few months.

I think everyone's visiting Blackburn, but I saw up there how they had remodelled their intensive care unit so they could use it more flexibly across emergency and planned care…

At Lymington New Forest Hospital, they showed me how they are linking up other services with their Community Diagnostic Centre to deliver thousands of additional tests…

And in Norwich, I talked to staff about how they are using robotic surgery, virtual wards and personalised outpatients to maximise their capacity for treatment.

We see the same in cancer care, too.

We know the crucial factor in good outcomes is catching cancer early.

It's fantastic that more people than ever before are coming forward for cancer checks.

And because we are the NHS, we won't rest in finding new ways to ensure more people with worrying symptoms can get checked sooner.

There are two main lessons we learned rolling out the COVID vaccine.

Number one, good communication and engagement, and our latest cancer symptoms campaign is already paying dividends.

But the second lesson was convenience, and that means services being in more places.

From liver trucks travelling around the country to genetic testing and high street checks, we want to make it as easy as possible for those most at risk to get vital, life-saving tests.

So today I can announce a new pilot programme, enlisting high street pharmacies in the fight against cancer.

We will be supporting and investing in pharmacists to have more conversations with people who have potential cancer symptoms, and if the pharmacist is worried that it might be cancer, they will be able to refer them directly for specialist checks.

These plans have the power to transform the way we find and treat cancer, and ultimately spare thousands of patients and their families from avoidable pain and loss.

And wider than that, they can be a great example of how the NHS can and should make every contact with the public count.

It's that kind of approach – going to the right places, making every contact count – we need to replicate now for finding and preventing other conditions.

And then finally Primary care

This pilot is also another way in which the role of community pharmacy is being recognised as a vital part of NHS primary and community care.

But it can't be the only part of the solution to how we improve access to primary care.

General practice will always be the bedrock of the NHS.

GPs and the rapidly growing team of other primary care professionals provide treatment, advice and support to more than a million patients every day.

But it's clear, isn't it, the current model of general practice isn't working as well as it could.

That's why I commissioned Claire Fuller to do a stocktake, to ensure that as we join up services through Integrated Care Systems, we make it as convenient as possible for everyone to get the right care for their needs at the right time, and that we can deliver more personalised and preventative care in the community, as well as immediate access.

Claire did a very impressive job, but it's now our job – mine and yours – to take that forward.

So that's part of the plan for recovery.

But as you'll have picked up, key to delivering recovery will be reform.

And central to reform will be ever-deeper collaboration.

Victor's talked about it already.

Integrated Care Systems are the most obvious expression of that, and we are all looking forward to July 1.

They're not, though, are they, ends in themselves, but they are important means, and are going to be the primary drivers of delivery of better health and services for every community.

So it's my job, and the job of my colleagues at NHS England, to provide them with the right support and incentives to be successful.

And that is our primary focus as we work through – myself and my team – the coming-together of NHS England and NHS Improvement with Health Education England and NHS Digital.

One of the most important ways we will be doing that, we'll be supporting ICSs and we'll be supporting you is in making the most of the opportunities offered by data and technology.

I won't restate just how much they contributed to the pandemic response and the vaccine rollout, because you've heard that already.

The task is now to get the infrastructure and the ways of working in place that makes that kind of utility the norm.

And because we are the NHS, we are at a huge advantage when it comes to taking these opportunities on a national scale.

Data is already case-finding for preventative treatment for conditions like heart disease.

It's already being used to identify opportunities for proactive, pre-emptive care, it is already helping us ensure we are reducing health inequalities, and it is already helping to drive recovery and performance, too.

Importantly it can also be used to deliver a personalised patient offer for those who want it.

At-home monitoring, virtual wards, outpatient video consultations have already brought more services into people's homes.

And through expansion and improvement of the NHS App and NHS.uk over the coming years, we will increasingly be in people's pockets, too.

A world-leading ambition, deliverable on a national scale, because we are the NHS.

Our unique ability to collect real-world, population level clinical data, combined with our increasingly confident relationship with the medtech and life sciences sector, is also already putting NHS patients at the front of the global queue for more effective and personalised tests, treatments and therapies.

And today I can announce that the NHS is using its purchasing clout and unique infrastructure to help tackle the global challenge of antimicrobial resistance.

Until now, innovation in antibiotics has been limited, despite the serious and growing risk of drug-resistant infections.

But through our world-first NHS subscription scheme, we have a real chance of turning the tide.

By providing guaranteed payments at fair rates for the taxpayer, we can give the life sciences sector the confidence to develop new and effective drugs and we can make those drugs available rapidly for NHS patients who need them now, while, crucially, stewarding their use, so they can remain effective for as long as possible.

This world-leading agreement is another example of how, because we are the NHS, we can make, and are making, England one of the best places in the world to undertake research.

And by doing that, we will not just provide better care for our patients, but also make a significant contribution to the economy.

So recovery and reform, the obvious forward-facing priorities.

But we can't ignore the fact that resilience is fundamental to maintaining improvements.

Having the people we need is a major part of that.

We have more staff working for the NHS than ever before.

But we also have over 100,000 vacancies.

We are using the advantages of being the NHS to do what we can do now, through training record numbers, recruiting to new roles, supporting Trusts to recruit from overseas, and improving retention.

But we know that having the right number of people, with the right skills in the right jobs, remains a key question mark over our future plans.

That's why we are now working with Health Education England to develop a Workforce Plan – not just to come up with numbers, but also the right approaches to how we can best deploy people to deliver the new kinds of care patients want and need, over the next five, 10, 15 years.

So if step one is people, step two is places.

The NHS has long had one of the lowest bed bases among comparable health systems, and in many respects this reflects on our efficiency and our drives to deliver better care in the community.

But it was true before the pandemic, and it remains true now, that we have passed the point at which that efficiency, actually becomes inefficient.

So the point has come where we need to review how we right-size our capacity across the NHS.

That will of course look at the whole picture of hospital, community and virtual capacity.

Most people would much prefer being in the comfort of their own home than being in hospital if that was an option.

And because we are the NHS, we have the ability to give that option to patients who would benefit, wherever they live across the country.

Collectively we have already rolled out 53 virtual wards to cover every part of the country, freeing up 2,500 bed spaces for those who definitely do need them, and providing a better experience for those patients who can recover at home.

I was at Alder Hey and Liverpool Heart and Chest yesterday where they were telling me about some of the success they have had, and the positive feedback from patients and families.

So rapidly expanding this innovation will make a major contribution to our resilience, but also to improve patient experience too.

But alone, they are not the whole solution.

And we know we will need to make more progress before winter.

Frankly, the situation we see at the moment in emergency departments and ambulance services is as challenging as any winter before the pandemic.

To those colleagues, to those of you who are immersed in this every day, let me assure you: when you tell us about the immense pressure you are under, we hear you.

April was the busiest ever for ambulance services in terms of calls and Category 1 incidents, and the second busiest for Accident and Emergency Departments.

But demand isn't the whole story here.

The unacceptable rise in 12 hour waits for admission from A&E underlines that the issue, as you know, is flow.

You can trace the line from delayed discharges to A&E crowding, all the way through to slower ambulance response times.

It's difficult to see social care capacity being significantly expanded ahead of winter.

So the NHS must do everything in its power to tackle this.

We are working on an Urgent and Emergency Care Strategy by the Autumn.

But right now, we need to continue doing those things we can do because we are the NHS

- working as whole systems to ensure people are treated in the right place for them
- making maximum use of Urgent Community Response teams, Urgent Treatment Centres, and community pharmacy

- fully reinstating things like same day emergency care and acute frailty services,
- and making sure we are doing everything we can to speed up those discharges which are to other NHS services rather than social care.

The daily news is also a reminder that we need to be more resilient in terms of our energy use, and we have already had to find, as you know, an additional £1.5 billion this year to deal with the rising costs of energy and fuel, as well as wider inflation.

Because we are the NHS, we already have a world-leading drive to reach Net Zero by 2045, leveraging the ingenuity of our colleagues locally, binding in supply chains, and securing hundreds of millions of pounds of capital to support local energy reduction plans.

Continuing this incredible progress is a 'must do' if we want a resilient health service for the future.

So recovery and reform, underpinned by greater resilience against the shocks of the future.

But we also need to talk about respect.

Respect for all those who have made sacrifices over the last 900 days, and are still making sacrifices today.

Our existing workforce, firstly, who have faced such a tough couple of years.

We have learned a lot from the pandemic.

Because we are the NHS, we were able to rapidly roll out national offers to complement those provided by individual employers to support staff.

Dedicated staff mental health and wellbeing hubs, bespoke support for critical care staff, 24/7 text support services and free access to apps, they have all played an important role and supported tens of thousands of colleagues.

This kind of support needs to be part of an ongoing offer, increasingly tailored to what staff tell us they want and need.

And as part of that we know we still need to tackle the unequal experience of working in the NHS that many of our colleagues face, as shown in today's survey from the BMA, and as spoken about powerfully by Victor earlier.

Last week's report from Gordon Messenger and Linda Pollard was a timely reminder that tackling discrimination should be every leader's business, from ward to board.

We remain committed to continuing progress in this area, because we know that if we are to meet our goals for patients, then we must meet the ambitions of the NHS People Plan for our colleagues, too.

Secondly, respect for the taxpaying public, who have been asked to contribute more for the NHS over the next couple of years.

We must continue to take very seriously our responsibility to deliver the maximum possible benefit to patients for every pound of funding.

The NHS is already one of the world's most efficient health systems.

Just 2 pence in the NHS pound is spent on administration.

In France, it's double that, and in the USA, it's 4 times that amount.

We have shown time and again that, because we are the NHS, we deliver ever greater value for money, too.

In the decade before the pandemic, our average annual growth in productivity was more than double that of the wider public sector, and seven times that of the wider economy.

But we have, of course, needed significant extra funding to see us through the pandemic.

But now as we transition back to business as usual, and with residual COVID costs and inflation to deal with, we need to press on with delivering the best possible return for the public's investment.

At 2.2%, we have already set very ambitious efficiency targets.

Because we are the NHS we have an advantage over many other health systems in meeting them.

We can move as one in reigning in agency and consultancy spend.

We can negotiate the best rates for the whole service when it comes to new and effective medicines, and access to independent hospitals for tests and for treatments.

And we can use our buying data and power to find and deliver savings on the everyday items that our services need, and in how we use our estate.

But we must be realistic.

So far, we have absorbed the current inflation spike.

But budgets can only ever stretch so far.

Thirdly, respect for patients, who have given us their understanding and their support as we have responded to the pandemic.

Cost is one part of the value equation.

Improving quality is the other, and this has been one of the NHS' guiding principles since 1948.

A little over a year after I started my NHS career, the Government published A first class service: Quality in the new NHS.

In his foreword, the then-Health Secretary, Frank Dobson, wrote:

"Fair and prompt access to modern and dependable treatment, should be the goal. And it must be delivered with courtesy and a real understanding of patients' fears and worries."

Now, that's not quite how we would express it today, but the fundamentals are right.

Patient experience is as much a part of quality as effectiveness and safety.

So we should acknowledge that individual patient experience has not always been what we would have wanted it to be in the last 900 days.

Often this has been for very legitimate reasons, to prevent infection and save lives.

And we've all seen and heard of the incredible compassion that colleagues have shown to patients and their families separated by those measures.

But now, with IPC measures relaxed, we need to get back on with rolling back remaining restrictions.

An important example is allowing visitors for inpatients, as well as loved ones accompanying those attended planned appointments, and that really does need to become the norm again.

There have always been examples of where we need to balance safety considerations.

But the starting point has to be: what do patients want and need?

And the vast majority of people who are in hospital will want and need to see visitors.

And it's that ethos which needs to guide how we develop services for the future.

Not asking "what's the matter with you", but instead, "what matters to you".

Because by giving people a better experience, we can give them more effective care, too.

I heard a great example of this on Friday, when I visited the Sickle Cell and Thalassaemia service at the Whittington.

They have redesigned their pathways based on what their patient community told them really mattered, resulting in a far more personalised care plan for their patients.

But I also heard really powerful stories from patients living with sickle cell disease about their experience of the wider health service, how they have been treated appallingly when they have needed to go to A&E in crisis, so much so that they told me they often have to think twice and delay coming forward for care when they need it.

And this brings us back around to tackling health inequalities.

One of the patients I spoke to asked: "If I was white, would I be treated like this?"

She didn't trust that the NHS as a whole viewed her as an equal.

That has to change.

I'm determined that we need to make things better for that particular patient group and we'll be saying more this weekend about some of the things we need to do.

But this also speaks to how we need to improve experiences for all patients, and earn the trust needed to ensure that every individual feels able to seek help when they need it, and feels they will be listed to if they tell us something isn't right.

Safety is an issue in every health and care system in every country.

The NHS comes into contact with literally millions of patients every week.

And not everything will go right every time.

What's important is that we listen to patients, and staff, when they raise concerns, and that we use what we learn to improve for the future.

Because we are the NHS, we are already the largest learning organisation in the world.

But the recent Ockenden report, and the experience of families in Nottingham, shows that we still don't get it right, quickly enough, all the time.

So as we go forward, we need to ensure that we are truly hearing the voice of patients, and being respectful of their experience, and that that is central to everything we do.

So those are my four 'R's:

- recovering from the inevitable impact of the pandemic
- reforming and improving care for the future
- building resilience to future shocks
- and doing all of that with a guiding principle of respect for all our staff, our patients, and the wider public who support us.

That is our mission, and that is what the plans we have already published and are developing now, including an update to the NHS Long Term Plan, will all support.

The last 900 days have been tough.

I think the next 900 could be tougher still in many ways.

But the pandemic experience has not only shown us that the NHS can weather a storm.

It has shown us that when we work in partnership with communities, and when we take full advantage of the opportunities available to us because we are the NHS, we can lead the world.

We can make an unrivalled contribution, not just to the health of the country, but the wealth of the country, too.

And we can justify the public's continued faith in who we are, what we do, and what we stand for.

Because we are the NHS, I know that we can do all of those things.

And I have confidence that, because we are the NHS, we will.

Appendix 2

Health and Social Care Secretary NHS ConfedExpo speech

The Health and Social Care Secretary gave a speech at the NHS ConfedExpo on Wednesday 15 June 2022

It's great to be with you all in person and to be part of the new format. The NHS Confederation has always had an awesome ability to bring people together and this expo is an incredible example of just that.

The last time I saw a crowd this size was at the Platinum Jubilee. We came together that week to celebrate an institution we've all grown up with. And I think these kinds of moments matter because they make us look forward as well as back. Few can match Her Majesty the Queen's record of sacrifice and service, but the NHS can make a very fair claim. Like the monarchy, its success stems from continually reinventing itself for the times we live in.

In nearly 74 years, the NHS has reigned over the greatest uplift in health in British history. And 50 of those years were spent safely in Conservative hands. I'm so proud to be the latest custodian of our health and social care system, working in partnership with Amanda, who – I think you'll agree – has been a real force for good.

Later this month, I'll mark my first year in the job. It's just the blink of an eye when you consider our history, but it's been a remarkable year – our roadmap to recovery; Omicron, and our fightback against it; and our COVID-19 elective recovery plan. There have been so many unprecedented achievements of which you should be fiercely proud.

In just a short time, I've experienced more highs and lows than in any other job – and I've had a few!

Highs – like how we rose to meet the challenge of Omicron. Highs – like the way so many of you moved mountains to run a remarkable booster campaign. Highs – like how the social care workforce helped to safely open care homes so family members could visit again.

But the lows have been profound too. Like receiving Donna Ockenden's report on maternity failings in Shrewsbury and Telford. Like meeting heartbroken families, bereaved by painfully similar tragedies in Nottingham. Or learning of the allegations about the North East Ambulance Service.

My experiences of health and care are like so many people's across the country. We've all borne witness to phenomenal bravery and dedication, all while knowing things still need to get much, much better.

It is possible to love the NHS and still demand change. There's no contradiction there.

Like most of us, I watched that recent video from the A&E at Princess Alexandra Hospital in Harlow with a mixture of emotions. Horror, at the thought of how would I feel if it was me in that room? Or one of my children? But also respect. Respect for the colleague who had to deliver that difficult message and her poise in the face of unimaginable pressure.

We all know that people working in health and care have one of the most difficult jobs in Britain today. So to her, and to everyone else working in health and care, I want to thank you for everything you're doing in such difficult circumstances.

And I'm under no illusion about the challenges we face.

Our COVID-19 recovery plan is ramping up to deliver a huge increase in activity, embedding new ways of working. Our new community diagnostics centres are bringing life-saving tests, checks and scans closer to people's homes. It's a vast effort of which we should all be enormously proud.

Yet the scale of the challenge is equally vast. We know that some 11 to 13 million people stayed away from the NHS because of the pandemic. Many of those people are now rightly coming forward – and many of them to A&E.

Omicron was also a setback, with an additional 16,000 COVID-positive people in hospitals. And we know the number of people on waiting lists is continuing to rise.

Not only that, but the COVID-19 backlog sits atop a broader set of generational challenges.

Improved life expectancy is one of the great triumphs of the modern age, and in so many ways an NHS triumph. But it also comes with its own challenges.

The Resolution Foundation has projected that this decade is likely to see the fastest pace of ageing in any decade from the 1960s to the 2040s. As our population gets older, more and more people are living with increasingly complex long-term conditions. Treating an 80-year-old is around 4 times more expensive than treating a 50-year-old.

At the start of this century, in 2000, health spending represented around 27% of day-to-day public service spending. By 2024, that figure is set to rise to 44%.

This government will always make sure our health and care system has what it needs to face the future with confidence. We've put in record levels of funding in recent years, including raising billions more through the new Health and Social Care Levy.

But funding will only ever be part of the answer. Growing health spending at double the rate of economic growth over the next decade, as I've heard some propose, is neither sustainable, desirable, nor necessary.

I don't want anyone's children to grow up in a country where more than half of our national budget is taken up by healthcare, at the expense of everything from housing to education. That's not a fair deal for the British people – particularly young people.

Obviously, we face many structural challenges – from an ageing population to multiple long-term conditions. But demanding spending growth of this kind suggests that we will fail to reduce demand through prevention, early diagnosis and more effective care – as well as fail to increase health and care productivity with improved use of capital, skills, management, data and innovative models of care. I refuse to countenance such failures.

I know that – when it comes to improving productivity and quality over the next decade – there's no one more ambitious than you. Indeed, it's one of the 4 key objectives which Matthew set out for this conference, which I very much welcome.

When reports came out of Cabinet last week that I'd described the NHS as like "Blockbuster in the age of Netflix", it caused a bit of a stir. But it's because I believe in the NHS and its founding principles that I want to focus minds on why some organisations keep pace while others get left behind.

Before entering Parliament, I had the privilege to live and work around the world. I can tell you: the NHS is unique. It's not there to make a profit – and it never will be.

But it's also not immune to the same basic choices that face organisations right across the world. We need to be smarter with our capital; digitise and transform our use of data. We need to grow the workforce, improve leadership and management and prevent problems from escalating in the first place. We need to accelerate the development of new, innovative models of care and build a more personalised service in a way that people now come to expect.

Can you imagine any multinational without access to levers like workforce planning? Or any big supermarket chain without a consistent leadership and management programme? Or any FTSE 100 company with its digital functions outside of its own organisation? I believe there are a great many things still to do before we even think about turning to taxpayers again. And it was great to hear what Amanda said just now about making the best use of taxpayers' money.

What we've done

Together with all of you here today, a lot of this work is already under way. Let's just take a quick look at some of the things we've worked on in the last year alone.

We've built new institutions, like the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID) to redefine how we do public health in this country.

We've strengthened existing institutions, like NHS England (NHSE), by bringing workforce and digital transformation into the heart of the NHS.

We've announced how we'll improve the provision of social care, something successive governments have ducked for far too long.

We've set out ambitious public targets to slash long waits in the coming years through the COVID-19 elective recovery plan, and we're projected to meet the first of these targets by next month.

We've published our integration white paper, a blueprint for how we provide better care for patients and better value for taxpayers.

In March, in a speech at the Royal College of Physicians (RCP), I laid out the building blocks for our future around Prevention, Personalisation, Performance and People. I did note Amanda's '4 Rs' earlier, which I also very much agree with.

On Monday, I announced our new data strategy, called 'Data saves lives', to bridge the digital divides between health and social care and ensure we use people's data safely and responsibly so we can take the public with us on this exciting journey.

And next month the bulk of the new Health and Care Act comes into force, including our statutory integrated care systems (ICSs). It's certainly not been a quiet first year in the job!

But I've been determined we keep moving forward, because this moment in time we dare not lose. It's a moment when we can combine valuable lessons from the pandemic, with incredible new technology and innovative ways of working, which when taken together help us face the challenges of the future.

It's a small window of time where we can make a big difference.

Leadership review

For me, an important recent moment was when General Sir Gordon Messenger and Dame Linda Pollard published their landmark review into health and social care leadership.

I remember Gordon saying: "For a report like this to really have an impact… it has to be supportive and honest." I think we can all agree, that's what we got. And I'm pleased it has been welcomed by the NHS Confederation, NHS Providers and many more.

I'm so grateful to Gordon and Linda for their work, and I'm pleased to accept their recommendations in full. They found countless examples of great leadership, not just at the top but at all levels. More than that, they found great leadership under considerable stress.

They found that where there's better leaders, there's better teams. And where there's better teams, there's better outcomes. I've seen this for myself, in countless visits around the country, including this morning on my visit to the Royal Liverpool University Hospital.

But this kind of exceptional leadership isn't embedded everywhere. The review had some really important insights.

First, on collaboration. We know that for years people have worked tirelessly to do the right things for patients – doing their best to work across the walls that have kept us apart. The walls between health and care. The walls between neighbouring trusts. The walls between one organisation and another.

We've chipped away at these walls for a while now. And through the pandemic we sent whole sections crumbling down – for instance, the incredible way that we rolled out the vaccine, the incredible job the NHS did. No one wants the walls to go back up, so now we're bringing more and more walls down. From the changes to NHSE to the new integrated care boards, colleagues can collaborate as never before.

Implementing the recommendations of the review will support more collaborative leadership: one where we're working across the divides where the walls once stood and embracing a 'connection culture'.

I was also moved by the insights on culture in the workplace. They found "too many reports to ignore" of poor behaviour and that we've reached a point where – in some parts of the system – bullying and discrimination are, and I quote, "almost normalised". All of us know, from our own careers, just how toxic that can be. Because when even just a tiny minority behave that way it can be contagious for behaviour and morale.

We will have zero-tolerance on discrimination, bullying and blame cultures. And that of course includes racism – which was highlighted by the British Medical Association's report yesterday.

We know that, if we tolerate it, it doesn't just make health and care a worse place to work, it makes this country a worse place to live. The examples of Shrewsbury and Telford and Mid Staffordshire show the extremes where this behaviour can take us. Standards not met. Complaints ignored. Lives needlessly lost.

Let me be clear: the actions of the few should take nothing away from the values of the many. In fact, it's because of the incredible professionalism of the overwhelming majority of colleagues in health and care that we should be even more determined to get it right.

And the good news is this: just as Gordon and Linda found that bad behaviour was contagious, they found that great leadership was contagious too. It works best when everyone – even those without the word 'leader' in their job title – feels like a leader.

Other recommendations around training, standards and management will support this effort, helping the workforce at all levels by creating the conditions for everyone to thrive.

And when I say everyone, I mean everyone everywhere. Not just those in leafy pockets of England, but where people need it most.

We know that in some regions poor leadership is a constant challenge. That's an injustice we're just not prepared to tolerate. We need the best people doing the hardest jobs – and getting the right leaders in the right places takes the right incentives.

One of the first things I did in this job was to read Sir Chris Whitty's report on the serious health and social challenges in coastal communities. And I've seen them first-hand. I did my first speech in Blackpool on health disparities. And I was recently in Clacton as part of my Road to Recovery tour, where they have the second highest mental health need of anywhere in the country. So I'll make no apologies for encouraging top talent to areas facing the biggest problems, especially some of our most deprived communities.

I'm committed to making these changes: to supporting the leadership our colleagues in the NHS and social care deserve – and the leadership everyone everywhere deserves.

What's to come

The year ahead promises to be no less busy. We'll shortly be publishing: our digital health and care plan; our health disparities white paper; our 10-year plans on cancer, dementia and mental health; our update of the NHS long-term plan after COVID; the Health Education England workforce framework which, later in the year, will be followed by the NHS's first-ever 15-year workforce strategy.

I also recognise that primary care is going to be a crucial part of the puzzle. It's the front door to health and care – and I'm grateful to all the primary care staff who make a difference every single day.

But I don't think our current model of primary care is working. That won't be a surprise to you. I know. You know. Patients know. And everyone working in primary care knows: we need a plan for change.

We are starting with pharmacy – and I will be setting out my plans shortly.

I'm grateful to Dr Claire Fuller for her recent review on how we can improve patient access to primary care. I'm confident her recommendations will improve access, including for those with the most complex needs, and, ultimately, help us tackle the COVID backlog and help people live healthier lives for longer.

I'm determined that when we look back on these years – on this window of change we have right now – that we can say we did all we could to secure the future of health and care for the generations that come after as.

Reform partnerships

So today I want to focus on one more thing our new Health and Care Act can help us achieve.

The pressure of the pandemic produced some powerful partnerships. With the ingenuity of people on the front line, including so many of you, walls that had seemed so rigid came crumbling down. As we face the challenges of recovery, those ways of working can work again.

Back at the RCP in March, I talked about the potential power of 'partnerships for reform'. Now, we have a legislative framework that encourages it. For ICSs to fulfil their full potential – and make the changes truly worthwhile – I want to see the creation of many more of these reform partnerships.

This is already happening. We've already taken forward the provider collaborative model where a group of providers of acute or mental health services agree to work together to improve the care pathway of their local population.

For example, there are currently 47 NHS-led provider collaboratives for mental health, learning disabilities and autism. We've seen the success of this approach in London, where the South London Health and Community Partnership has been able to bring out-of-area patients down by a third, and readmissions down by two-thirds.

There are also some 50 acute trust collaboratives and mixed collaboratives, bringing together acute, specialist, mental health and community providers. It's about listening to the innovators already doing incredible things within the system – then giving them a platform to do it.

They've already shown that when we partner like this, challenges that appear intractable in one place can be resolved in another. These partnerships work. They deliver for patients. And they're helping us to tackle the COVID backlog.

So for me, the logical next step is to think about how we can use these kinds of partnerships to support underperforming trusts.

Earlier I talked about using incentives to get the right leaders in the right places – places that have been let down for too long.

Reform partnerships will be a central way we can spread good leadership to those places. So as part of the work on reform partnerships, I want to explore whether we make being part of a reform partnership a requirement for underperforming trusts.

I believe this could be a powerful way to ensure that the leadership we need doesn't stay in the walled gardens of England's best performing trusts, but is there to help turn trusts round, and with it the health and happiness of those who live there.

So I'm looking forward to working with all of you on these plans.

I know you've faced – and continue to face – the most unimaginable kinds of pressures. And you continue to do so with passion and innovation.

You have not just my admiration, but my full support. I'm proud to work with you and call you my colleagues. Because if there's a theme that unites all of this work, it's this: that the ideas and the ways of working we need are already here – with so many of you in the room today.

I believe we can continue to reinvent ourselves for the times we live in, for this institution we've all grown up with to be the one we grow old with – with dignity and with good health.

And the moment to do it is now. We have no time to lose. We have a small window of time to make a very big difference.

Let's keep breaking down the walls between us, to meet the challenges before us, so that together we can deliver better health and care for everyone everywhere.

Thank you all very much.

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	Cost of Living update
SPONSOR (EXECUTIVE DIRECTOR):	Sharon Malhi - Chief People Officer
AUTHOR:	Clare Mair, Head of OD and Inclusion Laura Tilley Hood, Engagement and Wellbeing Officer
DATE OF MEETING:	6 July 2022

EXECUTIVE SUMMARY:

This report gives an update on the progress and key outcomes around work being completed on cost of living and financial wellbeing across the Trust.

The presentation gives an overview of key data published in April on how the cost of living continues to impact individuals. It shows work that has started as a result of the first Cost of Living workshops and outlines other projects in progress.

Positive assurance

Work continuing around cost of living, financial wellbeing and support for staff. The focus groups are still well attended allowing the Wellbeing team to listening to staff about what the Trust can do to support them to ensure actions are put in place.

Union representatives have highlighted that the Trust is engaging well with staff on issues linked to the Cost of Living.

Current issues

Ensuring all staff can access signposting information and support in all departments. The additional pressures experienced by individuals linked to financial pressures in the UK.

Next steps

Continue to work with regional and national colleagues around the cost of living.
Continue to signpost and support staff via weekly wellbeing email, wellbeing intranet pages, posters and comms emails.
Ensure staff continue to engage in Cost of Living Focus Groups; the last session was held on Thursday 30th June.
Ensure that the work is closely aligned to the NHS Health and Wellbeing Diagnostic tool with metrics and clear impact data.
Ensure patients, visitors and volunteers have an opportunity to also benefit from this work

REPORT RECOMMENDATION:

The Board is asked to take assurance from the actions underway to support staff during the Cost of Living crisis.

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

Accept	Approve the recommendation	Discuss
x		x

The Royal Orthopaedic Hospital NHS Foundation Trust

KEY AREAS OF IMPACT *(Indicate with 'x' all those that apply):*					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments:					

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
Cost of Living to be added to the Corporate Risk Register as agreed at the May 2022 meeting of the Staff Experience & OD Committee.

ALIGNMENT TO PEOPLE & OD STRATEGY *(Indicate with 'x' all those that apply and comment to illustrate):*		
Focus on engagement and wellbeing	x	
Developing our workforce	x	
Diverse and Inclusive place to work	x	
Managing Performance	x	
New ways of working	x	

PREVIOUS CONSIDERATION:
Staff Experience & OD Committee on 29 June 2022

Supporting staff with financial wellbeing

Laura Tilley-Hood
Engagement and Wellbeing Officer

Clare Mair
Head of OD and Inclusion

Overview



The presentation will give an update on:

- Data on additional pressures for households announced since the presentation at Trust Board
- Reminder of the ROH employees by pay band
- Update on the work that has been undertaken following focus groups
- Next steps

Further financial pressures since the last meeting



- Nationally bills have increased
- Significant increase in fuel prices (June 2003 - 74p, June 2008 - 116p, March 2022 - 165p and June - 2022 182p
- Interest rise to 1.25% (five rate rises in six months)
- Pressures of school holidays including carer responsibilities
- Changes to NHS parking fees following original Parliamentary paper in January 2021
- Inflation rate rise to 9.1%, highest rate in 40 years

What does this mean?

- Poverty drives chronic stress as a result of worrying about how to afford living costs day to day
- Difficulty affording nutritious food – also means those living in poverty are more likely to experience health problems
- People feeling like they have no support or anyone to talk to

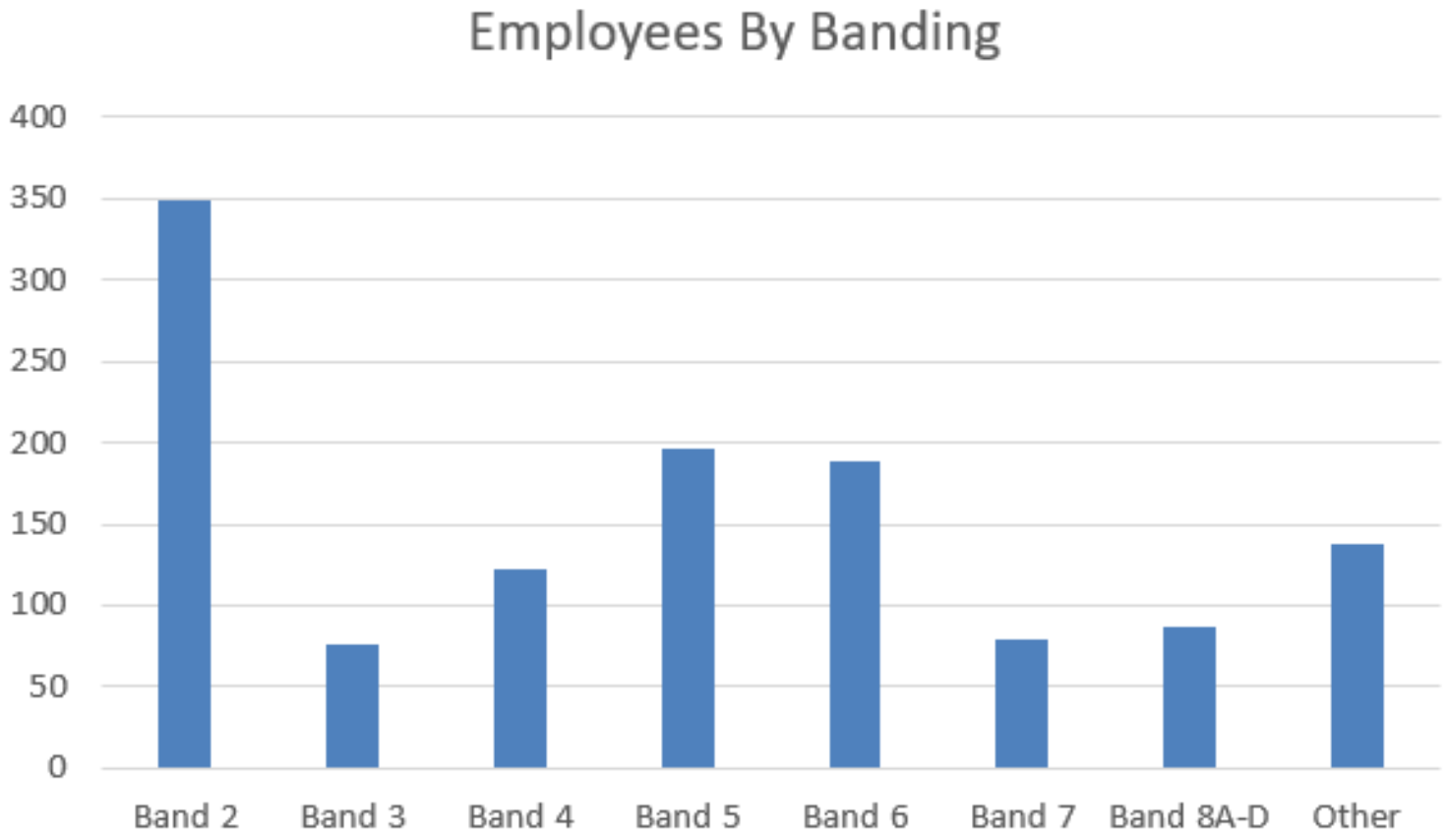
Additional information from Census 2021



- 9 in 10 (87%) adults reported an increase in their cost of living over the previous month in March 2022 (16 to 27 March 2022), an increase of 25 percentage points compared with around 6 in 10 (62%) adults in November 2021 (3 to 14 November 2021).
- 23% of adults reported that it was very difficult or difficult to pay their usual household bills in the last month, compared with a year ago, in March 2022 (16 to 27 March 2022); an increase from 17% in November 2021 (3 to 14 November 2021).
- Focusing on the latest period, among those who pay energy bills, around 4 in 10 (43%) reported that it was very or somewhat difficult to afford their energy bills in March 2022 (16 to 27 March 2022).
- Of adults currently paying off a mortgage and/or loan, or rent, or shared ownership, 30% reported that it was very or somewhat difficult to afford housing costs, and 3% claimed to be behind on rent or mortgage payments, in March 2022 (16 to 27 March 2022).
- Among all adults, 17% reported borrowing more money or using more credit than they did a year ago, in March 2022 (16 to 27 March 2022).
- Among all adults, 43% reported that they would not be able to save money in the next 12 months, in March 2022 (16 to 27 March 2022); this is the highest this percentage has been since this question was first asked in March 2020 (27 March to 6 April 2020).

Census information March 2022

Employees by banding at ROH



Two Cost of Living Focus Groups

Café Royale

Affordable hot pasta meal daily £1. Served **30** portions per day in May and **5** portions per day in June

Work around out of hours food provision - Project Team assigned

Layered salad options **started** following feedback

Salary Finance

Affordable loans - **17** staff accessing Salary finance borrow and save products

Savings tools - **17** staff accessing Salary finance borrow and save products

Education around finances – awaiting report on staff access

Letters to be sent out – planned for **July 2022**

Weekly Wellbeing email all **c1000** staff

Wellbeing Intranet **61** views on financial section

Retirement

Pension seminars promoted

Maternity

Weekly Wellbeing email – maternity forecast sent out to all c**1000** employees every week to be shared with teams

Financial Wellbeing Signposting

Weekly Wellbeing email c**1000** employees every week to be shared with teams

Wellbeing Intranet

Car Parking

Review of eligibility in the first instance





Cost of Living Work

Signposting and Support

Wellbeing Days in May – Finance stand with support, budget recipes and shared ideas. Survey to be sent out **29th June** for feedback and to plan for September's Wellbeing Week.

Posters around the trust, Salary Finance and Financial Support

Intranet updates

Weekly Wellbeing email

Wellbeing Intranet – **90** views on wellbeing resources

ROH Foodbank

New posters following feedback from Wellbeing Days

200 meals distributed to local outreach during the Jubilee weekend

TWIG – Trust Wellbeing and Implementation Group

Team continues to report to group in monthly meeting. Wellbeing champions now added to the meeting invite.

Wellbeing Guardian – continued work with the guardian

Regular meetings

Working with regional and national colleagues

MSK project discussion at regional level

Rubery Swap Shop

1 additional wheelie bin donated and promotion of service for staff in June

Vivup – Electric car scheme

Scheme was launched in May. **242** Views on the intranet





Reminder of continued Wellbeing work

- Actions from Thrive at Work
- Future review of NHS Wellbeing framework
- Continued Cost of Living Focus Groups will be a future priority
- Wellbeing Days and events planned for further support
- TWIG – Trust Wellbeing and Implementation Group – continue to report to group
- Wellbeing Guardian – continued work with the guardian
- Health and Wellbeing Champions – more across the trust in all areas
- Data from National Staff Survey and People Pulse Survey
- Working with regional colleagues
- Working with national guidance
- Re launch for 1:1 Wellbeing Conversations on managers call/email **17th June**

Next Steps

- Further Cost of Living focus groups – next session 30th June
- Continuing to work on actions from focus groups
- Align work to the NHS Wellbeing diagnostic framework
- Continue to look at different and existing ways to communicate the information
- Work with regional and national wellbeing colleagues to update on best practice and future projects and programmes
- Look at further opportunities and communication channels for staff to use Salary Finance offering through metrics on access and activity

BE WELL STAFF WELLBEING

5 Ways to Wellbeing at ROH

The 'five ways' are a well-established framework for understanding the different domains of wellbeing, that people need to consider in order to feel happy, fulfilled and content. Our wellbeing programme is structured around this framework.



Be Mindful



Keep Learning



Give



Connect



Be Active

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Annual Complaints and Patient Experience report 2021/2022**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Acting Chief Nurse**
AUTHOR:	**Roko Skocic, Head of Patient Experience**
DATE OF MEETING:	**6 July 2022**

EXECUTIVE SUMMARY:

The Trust deals with complaints in accordance with its PALS and Complaints Policy and the NHS Complaints Regulations of 2009.

This report provides information with regards to complaints received by the Royal Orthopaedic Hospital NHS Foundation Trust between 1 April 2021 to 31 March 2022. It provides data in regard to the number of complaints received and identifies trends in relation to issues raised with the Trust.

The Trust treated a total of 52,651 patients, and they used our services 104,516 between 1st April 2021 to the 31st of March 2022 (2021/2022). The percentage of formal complaints, compared to the activity, was 0.03% (46) complaints for the year, Patient Advice & Liaison Service (PALS) concerns, compared to the activity, was 0.39% (410), PALS enquiries, compared to the activity, was 0.19% (194) and informal complaints, compared to the activity, was 0.010%. (10).

Overall, The Trust has received fewer formal complaints and PALS contacts in 2021/2022 compared to the last 3 years.

REPORT RECOMMENDATION:

The Trust is asked to approve the Annual report and agree to its publication on the Trust's internet.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

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

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:
CQC compliance and compliance with NHS Complaints Regulations of 2009.
PREVIOUS CONSIDERATION:
Executive Team on 28 June 2022 and Quality & Safety Committee on 29 June 2022.

ROHTB (7/22) 003 (a)

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

If it matters to you,
It matters to us.
We're listening.



Annual Complaints and Patient Experience Report 2021/2022

Author: Roko Skocic, Head of Patient Experience
Executive Director: Nikki Brockie, Acting Chief Nurse

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Preface from Nicola Brockie, Acting Chief Nurse



The Royal Orthopaedic Hospital is committed to delivering the best possible patient experience. I'm very proud of the experience patients have at our Trust which, according to our patient feedback, is consistently positive and among the best in the whole NHS. However, sometimes we get things wrong or fail to meet expectation - and this may result in a complaint. One of our core Trust values is openness, and it is this value which guides how we manage complaints at The Royal Orthopaedic Hospital.

Complaints are always an opportunity to learn, and I believe this report demonstrates that we are an organisation who learn and focus on continuous improvement. Complaints are a valuable source of feedback and help inform how we develop and deliver our services and support the mitigation of risk. We have undertaken work in the past year to help embed learning from complaints and continue to refine our processes in order to be as efficient as possible.

I'm proud of the work our complaints department do; providing people with support throughout the process, ensuring they have a clear understanding of the process and possible outcomes, and helping them understand where to seek help and advice. Good complaints handling is essential, and I believe we have robust processes in place to expedite resolution wherever possible.

While we have achieved much, there is still work to do. Ultimately, our ambition is to give people confidence that they will be fully supported when making a complaint and that there will be a constructive outcome. This relies as much on process as it does on culture and values. As interim Chief Nurse, I'm pleased to report that our Trust is focussed on both and people who directly or indirectly use our services should be reassured that we are here to work with them and provide the best experience possible.

Nicola Brockie
Acting Executive Chief Nurse and DIPC

Preface From Roko Skocic, Head of Patient Experience about partnership with the Healthwatch Birmingham



Healthwatch Birmingham is a vitally important partner to The Royal Orthopaedic Hospital, connecting us with voices across the city and supporting our efforts to ensure everything we do is person-centred.

The support of the Healthwatch Birmingham team has been invaluable; the reports they write are informative, their networks are inclusive and pro-active, and they support us to connect with local people. A member of the Healthwatch Birmingham team sits on our Patient Experience and Engagement Group which has helped to support its development. Healthwatch Birmingham also serve as a critical friend, helping us liaise with citizens who may need support or have queries about the services we provide. We work with the Healthwatch Birmingham team monthly, hosting a rolling roadshow which allows them to talk to our patients and collect experience data and insight.

We are ambitious about patient experience and patient safety and our partnership with Healthwatch Birmingham is supporting these ambitions. As our services develop and grow, we want to listen to people who use then and work with them co-productively to ensure we meet their needs. Our strategy for the future is to deliver more prevention-focussed support and share our musculoskeletal knowledge in our communities. We believe that Healthwatch Birmingham will be an important agent in enabling us to do this well and meet the diverse needs of as many people as we can.

Roko Skocic
Head of Patient Experience

Preface From Dr Chipiliro Kalebe-Nyamongo, Research and Policy Manager, Healthwatch Birmingham



Strengthening our working relationship with The Royal Orthopaedic Hospital (ROH) over the years has been crucial for Healthwatch Birmingham. Particularly, in ensuring that the experiences of those who use ROH's services are key to decision-making within the Trust.

The Royal Orthopaedic Hospital has opened up a space for Healthwatch Birmingham to enable this by co-opting us into its patient and public facing forums/groups. We currently attend the ROH's patient experience, and patient participation group where we have been able to use patient experience, views, and insights to inform plans and actions. Helping focus discussions on how well these actions and plans can improve outcomes and be implemented in a way that does not lead to health inequality.

The ROH's commitment to improving patient experience has been exemplary. Through the patient experience forum, we have learnt of the many engagement initiatives (e.g., smiley faces touchscreens and participation surveys) that ensure that the Trust is offering varied ways for people to share their experiences of care. This includes enabling Healthwatch Birmingham to collect feedback directly from the Trusts patients every fortnight.

The ROH has shown commitment to acting on patients, carers and families experience of care within its services. In response to Healthwatch Birmingham's report into PALS, the Trust took several actions to address the findings of the report. Key was the translation of PALS information into the main languages spoken by the Trusts patients.

The Trust has invited Healthwatch Birmingham to be a part of the learning disability and autism forum, as well as the youth forum. We look forward to continuing working with the Trust, including through these new forums which will enable us to continue to raise the issues that matter to patients, service users and members of the public. In addition, ensure that there is a stronger focus on those seldom heard within health care.

Dr Chipiliro Kalebe-Nyamongo
Research and Policy Manager
Healthwatch Birmingham

Patient Quotes

When patients were asked, 'Why is Patient Experience important to them' they told us:

- '*Patient Experience is the feeling that a patient has at the end of their time in the hospital and whether they feel better for it'.*
- *'Aids better and faster recovery and makes people want to come back'.*
- *'Patient Experience is easing up the intense and stressed feeling for patients and allowing them to feel their voices and opinions are heard and appreciated'.*
- *'Patient Experience is important to me as you have once chance to get it right!'*
- *'If it is a good experience, we will be happy and at ease'.*
- *'You have one chance to make a great first impression!'.*
- *'To be dealt with efficiently and promptly uphill's confidence in the service and ensures we are being treated accordingly*'.

Staff Quotes

When staff were asked, 'Why is Patient Experience important to them and what does patient Experience mean to them' they told us:

- *'To make patients happy'.*
- *'It's why we're here! Delivering patient centred care'.*
- *'To ensure they are provided with the best care and outcome'.*
- *'To maintain and promote the good work and reputation of the Trust'.*
- *'For our personal pride and achievement.'*
- *'If it is a good experience, they will be happy and at ease. I could be the patient one day'.*
- *'Patient Experience is important to me because I will and have been a patient myself & to be dealt with efficiently and promptly uphill's confidence in our service & ensures the patient is treated accordingly'.*

1.0 Executive summary

The Royal Orthopaedic Hospital NHS Foundation Trust (Trust) is committed to improving our services and learning from complaints, feedback, comments and compliments raised by our patients, their carers, their family & friends and members of public. The Trust is dedicated to continuously improving our services by listening to concerns, enquiries, feedback, comments, and compliments. Whilst ensuring we are acting from the feedback we receive.

Complaints made to the Trust are managed and dealt with in accordance with the Managing of Complaints Policy and the NHS Complaints Regulations (2009). The fundamental objective is to resolve each complaint with the complainant through discussion, explanation, or a written response to their satisfaction within the agreed timescale. Section 6.0. of this document outlines the statutory requirement that the Trust is measured against.

The Trust treated a total of 52,651 patients, and they used our services 104,516 between 1st April 2021 to the 31st of March 2022 (2021/2022). The percentage of formal complaints, compared to the activity, was 0.03% (46) complaints for the year, Patient Advice & Liaison Service (PALS) concerns, compared to the activity, was 0.39% (410), PALS enquiries, compared to the activity, was 0.19% (194) and informal complaints, compared to the activity, was 0.010%. (10).

Overall, The Trust has received fewer formal complaints and PALS contacts in 2021/2022 compared to the last 3 years.

In 2021/2022, the Trust was measured against two contractual complaint key performance indicators (KPIs) which were reported to the Trust Board and commissioners via the Quality Report as part of the monthly reporting cycle. In 2021/2022, the Trust acknowledged 100% of all complaint letters received within 3 working days. In addition, 97% of all formal complaints were responded to within the timescale agreed with the complainant (KPI target 80%, the contractual requirement). Compliance against these KPIs is outlined in section 6.0.

Under the Local Authority Social Service and National Health Service Complaints (England) Regulations (2009), the Trust must prepare an annual learning from complaints report each year. The report must specify the number of complaints received and number of complaints that the Trust decided were well-founded. It must also summarise the subject matter of complaints and any matters of general importance arising from those complaints. It must include the way in which the complaints have been managed and any actions that have been taken to improve services because of those complaints. This report will be publicly available on the Trust web site https://www.roh.nhs.uk/ .

In July 2021 and August 2021, the Trust appointed two Patient Experience Facilitators and one Patient Experience Assistant into the Patient Experience team. With the strengthening of the Patient Experience Team, we have seen a decrease of formal complaints, PALS concerns, PALS enquiry and strengthened Patient experience across the Trust, including rebranding of department and making sure that the Governance structure is in place for other departments to include patients in the decision making.

1.1. Definitions Within this Report

1.1.1. Type of Complaint

- **Formal Complaint**: Any expression of dissatisfaction, where the complainant wishes to have a fully investigated response in writing. These are likely to take longer than 5 working days to resolve, but may also include issues that are resolvable quickly, where the complainant expresses a wish for the complaint to be dealt with formally.

- **Informal Complaint:** A concern that is raised by the complainant where the issue can be resolved either immediately or to the complainant's satisfaction within 48 hours. It also applies to issues raised verbally through the Patient Advice and Liaison Service, or the Complaints Department where the complainant indicates he/she does not require a written response from the Trust or does not wish to proceed with a formal complaint, once resolved to their satisfaction. These are not formally reported via the complaints data to NHS England.

- **PALS Enquiry:** A general enquiry that does not raise any matters of concern, but the individual merely requires information. These are not formally reported to NHS England and are resolved within 2 working days.

- **PALS Concern:** An enquiry that requires contact with other members of staff to resolve and a response is required verbally or in writing to the individual providing answers to specified questions. These are not formally reported to NHS England and are resolved within 5 working days.

1.1.2. Formal Complaints Outcome Decision

- **Upheld:** If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.
- **Partially upheld**: If a complaint is made regarding more than one issue, and one or more of these issues (but not all) are upheld, the complaint should be recorded as partially upheld.
- **Not upheld:** Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

2.0. The PALS and Complaints Team

From 1st March 2020 to April 2021 (2020/2021), the team comprised 2.0 WTE, the Patient Relation Service Manager and Patient Experience Facilitator. During 2020/2021 the team experienced changes in staff turnover within the department and the team have had 1.0 WTE Deputy Head of Patient Experience and 0.5 WTE PALS Administrator for some time. Following a business case delivered by the Deputy Head of Patient experience and approval from the Executive Directors at the end of 2020/2021 the Patient Experience team strength team with below structure.

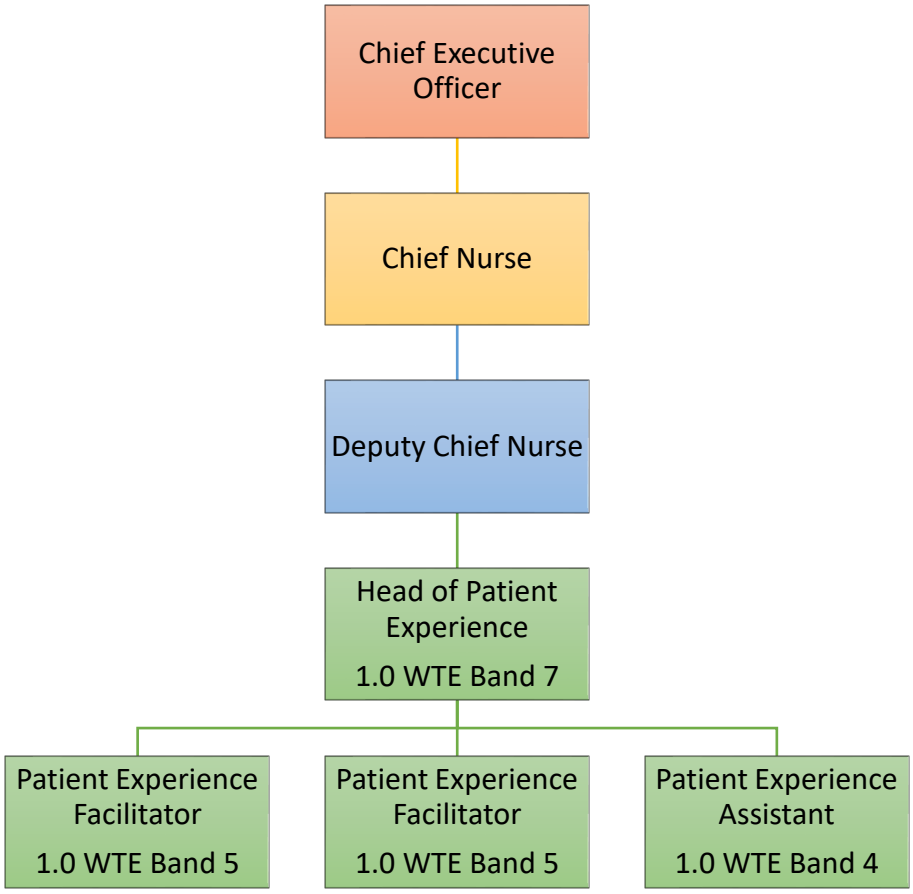


Figure 1: PALS and Complaints Team Structure during 2021/2022

- 2.0 WTE Patient Experience Facilitators were appointed into post in July 2021 and August 2021.
- 1.0 WTE Patient Experience Assistant was appointed into the post in January 2022.
- The department currently has no open vacancies.
- The 3 members of staff which were appointed into the Patient Experience Team were a good investment for the Trust. They have strengthened the Patient Experience Team and improved patient's experience. This allows the team to respond effectively to the patient and ensures excellent Patient Experience is being implemented throughout the Trust.

2.1. Roles and Responsibilities Within the Structural Team Tree

2.1.1. Chief Executive Officer (CEO)

- Named officer with responsibility for ensuring that the Trust complies with statutory obligations made under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. Ensuring that actions are taken depending on the outcome of complaints.
- The CEO or nominated deputy in his/her absence will read and review all complaint responses and provide a signed cover letter.

2.1.2. Chief Nurse

- Has overall responsibility, delegated from the CEO, for ensuring that effective systems and processes are in place to deal with patient and service users' feedback and to ensure that this is shared and acted upon in order to continually improve the quality of care.
- Presentation of an Annual Complaints Report to the Board of Directors.

2.1.3. Deputy Chief Nurse

Is responsible for: -

- Providing the Quality and Safety Committee with a quarterly report regarding complaints activity, the actions taken and an evaluation of the effectiveness of the action.
- Agreeing actions to be taken when complaints are presented after the statutory 12-month period.
- Ensuring detailed procedures are developed, agreed and implemented.
- Ensuring key performance indicators (KPIs) are monitored and reported to Divisions, Clinical Quality Group and Quality and Safety Committee.

2.1.4. Head of Patient Experience

Is responsible for: -

- Day-to-day management and provision of a patient advice and support service in relation to feedback and complaints.
- Managing the procedures for handling and considering complaints and acts as a 'complaints manager' under The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- Interpretation of NHS Complaints Procedure and developing and reviewing associated local policy and procedures.
- Execution his/her duties as described in the associated procedural documents.
- Providing quality assurance of complaint responses for complaints risk rated amber, yellow or green.
- Managing the administrative process for Parliamentary Health Service Ombudsman investigations.
- Providing training in relation to the management of Complaints and PALS.
- Monitoring concerns and complaints key performance indicators (KPIs) analysing

complaints information and provide data and information for Divisional. Governance Board, Clinical Quality Group, Quality and Safety Committee and the annual complaints report to Trust Board.

- Informing the Communications Manager of any potential media interest.
- Providing support to the Divisional leads as required.
- Development of an Annual Complaints Report for presentation to the Board of Directors by the Chief Nurse.
- Responsible for improving the Patient Advice and Liaison Service (PALS) and complaint services on a regular basis.

2.1.5. Patient Experience Team

- Is designated by the Trust to listen and to facilitate the handling of complaints appropriately and in a timely manner.
- Is responsible for maintaining accurate PALS records of contacts and outcomes that can be used for the identification of trends and for sharing learning across the Trust.
- Will report any issues of concern to the Head of Patient Experience.
- Is responsible for providing written reports detailing PALS activity and outcomes to the Head of Patient Experience on a monthly basis in order to enable production of monthly quality report.

3.0. Governance Structure

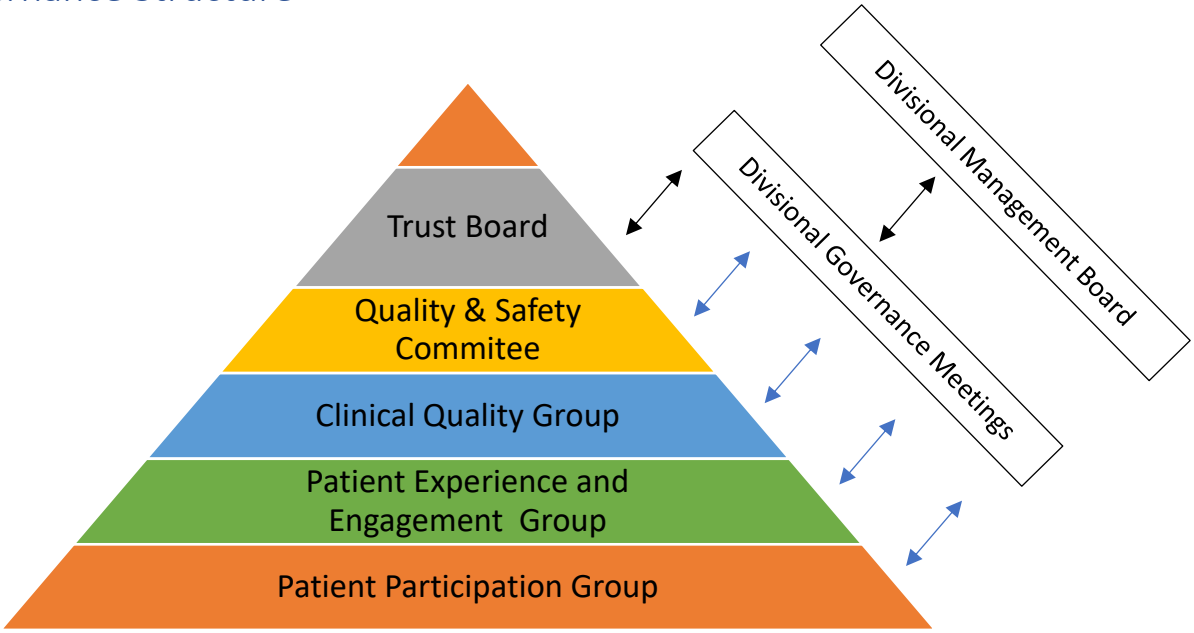


Figure 2: PALS and Complaints Governance Structure for Reporting

3.1. Roles and Responsibilities within Governance Structure

3.1.1. Trust Board

- Receives assurance that robust systems are in place that enables feedback to be heard, actioned and lessons learned in order to provide the best possible care and experience to patients and service users.
- The Trust Board will receive information on the number of complaints and timeliness of response in the Integrated Performance Report.
- The Trust Board will receive and approve the Annual Complaints Report.

3.1.2. Quality and Safety Committee

- Will receive quarterly assurance reports about complaint numbers, timeliness of responses, themes and trends, risk grading of initial complaint, number upheld, partially upheld or not upheld.
- Number and percentage responded to in time agreed with complainant, complaint outcomes and learning identified, evidence of how learning has been shared across the Trust, number referred to Parliamentary Health Services Ombudsman (PHSO) and outcome, number and percentage of re-opened and criteria for re-opening, details of measure of complaint satisfaction sought via survey or proactive feedback process and summary of training undertaken in respect of learning from complaints. This report will also include details of concerns and compliments received by the Trust.

3.1.3. Clinical Quality Group

- Will receive monthly assurance reports about complaint and PALS numbers, timeliness of response, themes and trends, risk grading of initial complaint, number upheld, partially upheld or not upheld.
- Number and percentage responded to in time agreed with complainant, complaint outcomes and learning identified, evidence of how learning has been shared across the Trust, number referred to Parliamentary and Health Service Ombudsman (PHSO) and outcome, number and percentage of re-opened and criteria for re-opening, details of measure of complaint satisfaction sought via survey or proactive feedback process, summary of training undertaken in respect of learning from complaints. This report will also include details of concerns and compliments received by the Trust.
- Has overall responsibility for ensuring that complaint action plans are monitored and closed at Divisional level.
- Has responsibility for ensuring that learning from complaints is shared across the Trust.

3.1.4 Patient Experience and Engagement Group

- The purpose of this group is to provide assurance to the Quality and Safety Committee of patient, public and carer involvement, and experience within the Trust.
- The Patient Engagement and Experience Group is responsible for setting its own annual work plan in agreement with the Quality and Safety Committee and be accountable for delivering and evaluating its key tasks and responsibilities.
- Is responsible to ensure there is a clear Involvement, Experience and Volunteering Strategy in place with a work plan aligned to ensure implementation.
- Is responsible to oversee compliance with standards set by the Care Quality Commission and NHS.

3.1.5. Patient Participation Group

- The Patient Participation Group helps the Trust look at ways to improve patient experience. The group will discuss issues that patients and carers raise and consider actions that need to be taken to resolve them.

- This group will be used to help us gain a better understanding of the priorities and concerns of service users.
- Meetings take place every 6 weeks.

3.1.6. Divisional Management Board

- Are responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy.
- Will monitor and oversee closure of complaint action plans and ensure that learning is widely shared across the Division.
- Will receive Bi-monthly reports with trends of PALS contacts (enquiries, comments or concerns) and Formal complaints covering the whole year from April to March, together with main trends from the month before.

3.1.7. Divisional Governance meeting

- Are responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy.
- Will review an open Formal complaints tracker, PALS contacts and PALS trends for that month.
- Ensuring that all divisional complaints or concern actions are closed and track their process.

4.0 Data Collection and Analysis

All data from the PALS concerns, PALS enquiries, compliments and formal complaints are entered and collected via the Customer Service Module within Ulysses Safeguard System (USS). This has enabled more accurate and responsive trend and theme analysis across all Patient Experience data and allowed the team to work closely with the Divisional teams to improve the recording of actions and learning taken as a result of complaints.

The PALS and Complaints department produce reports on weekly, monthly and quarterly basis to ensure that Divisions are aware of any issues and themes within their departments.

5.0. Formal Complaints Process

Complaints are a rich source of patient feedback, and this should be regarded as such by all staff members. From time to time, the experience of our service users is not as good as it should be and as a consequence there is an opportunity for us to learn from our mistakes.

The PALS & Complaints process gives the Divisions full ownership and oversight of the formal complaints that are connected to their division. The Triumvirate has full oversight of all complaints that are received by the Trust; identify the lead and provide divisional sign off complaint before it goes to the Executive Director and Chief Executive Officer approval.



Figure 3. Formal complaints process hierarchy

5.1. Roles and Responsibilities within Formal Complaints Process

5.1.1. Patient Experience Facilitator

- Will receive complaint and act as a first point of contact to the complainant.
- Is responsible for reading and extracting the questions from the complaint, to allow timely review, responding and reading of the complainant.
- Facilitates all processes for the formal complaint and makes sure that the complaint response is sent within the agreed timescale with the complainant.

5.1.2. Triumvirate - Deputy Medical Director, Deputy Chief Operating Officer and Head of Nursing

- Are responsible for identifying a named individual to lead the complaint response.
- Are responsible for identifying a lead and identification of an immediate action.
- Are responsible for approving the draft response for a formal complaint before it goes to a director.
- Quality assures all complaint responses and ensures all aspects of the complaint have been addressed and the response has been written in line with the guidance on writing response letters.
- Review and approve any changes within PALS and Complaints processes or system.

5.1.3. Response Lead

- That all identified staff have received relevant training and understand their responsibilities when responding to the specific needs/requests of patients and service users. Staff should aim to resolve issues locally wherever possible.
- Undertake local investigation into complaints as requested.
- Meet with complainants as required to enable local resolution of concerns/complaints.

5.1.4. Executive Director

- Is responsible for approval of the final complaint response before CEO approval.
- Executive Director will sign off all complaints within their portfolio.

5.1.5. Chief Executive Officer

- Is the named officer with responsibility for ensuring that the Trust complies with statutory obligations made under The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and in particular ensuring that action is taken, if necessary, in the light of the outcome of a complaint.
- The CEO or nominated deputy in his/her absence will read, review, and approve all complaint responses and provide a signed cover letter.

5.2. Governance Structure for Approval of the Formal Complaints

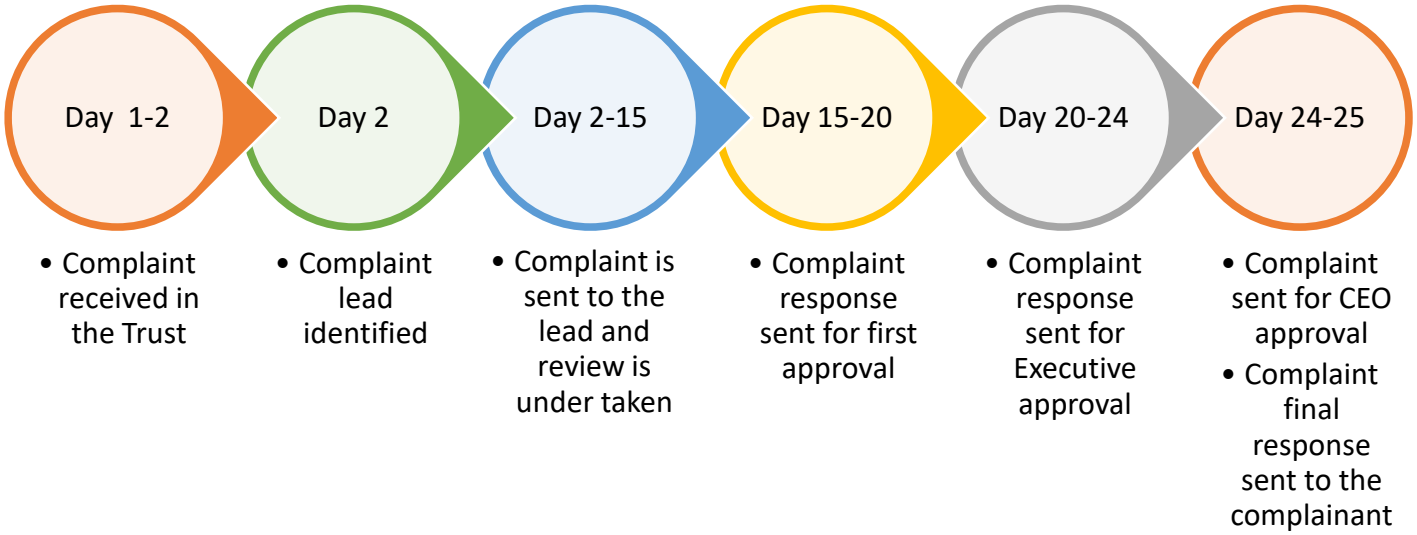


Figure 4. Formal Complaint Governance Process

5.2.1. Days 1 and 2 - Complaint Received in the Trust

- Complaints team will read the complaint letter and extract key elements.
- Complaints team phone the complainant to discuss key elements of the complaint and discuss complaint letter and extracted questions with complainant.
- Complaints team offer the complainant a telephone call and meeting with an investigation lead.
- Complaints team will email the Triumvirate requesting that they identify a lead for the complaint, provide the questions that the complainant would like to answer and advise the method of response requested.

5.2.2. Day 2 - Complaint Lead Identified

- Triumvirate to complete an immediate action plan, initial risk rating and identifies lead for the complaint.
- Complaints department will forward the complaint to the response lead (the following will also be copied into the correspondence: the patient's Consultant, Clinical Service Manager and Clinical Service Lead who will contribute to the response if applicable) asking them to respond as per instructions.

5.2.3. Days 2 to 15 – Complaint Sent for Investigation

- Response lead to phone the complainant if instructed to do so, within 5 working days and notify Complaints team of the outcome of that conversation. Telephone response must be followed up with a written response, outlining the discussion with complainant.

- Complaint's lead has 15 working days to respond in the format of a letter.

5.2.4. Days 15 to 20 - Complaint Response Sent for First Approval

- Complaint version 1 draft response created and sent to Complaints team, together with final risk rating and final Action plan.
- Complaints team will proofread complaint version 1 response letter.
- Complaints team will notify Triumvirate that version 1 draft response has been created and it is ready for them to review, make comments/amendments or approve.
- Once a complaint draft response is approved by Triumvirate it will be sent for Director approval.

5.2.5. Days 20 to 24 Complaint Response Sent for Executive Directors Approval

- Complaints team will send a draft version of the response and final action plan to the Executive Director to review, make comments or approve.
- Executive Director approves draft response, and it is then sent for CEO approval.

5.2.6. Days 24 And 25 - Complaint is Sent for CEO Approval and to the Complainant

- CEO reviews draft response for the complaint and once it has been approved it becomes a final response.
- In the cover letter, the CEO will offer the complainant an opportunity to meet with key managers to discuss the outcome of the complaint.
- Final response letter and CEO cover letter is then scanned, and a copy saved on Ulysses.
- Complaint final letter sent to the patient and complaint closed.

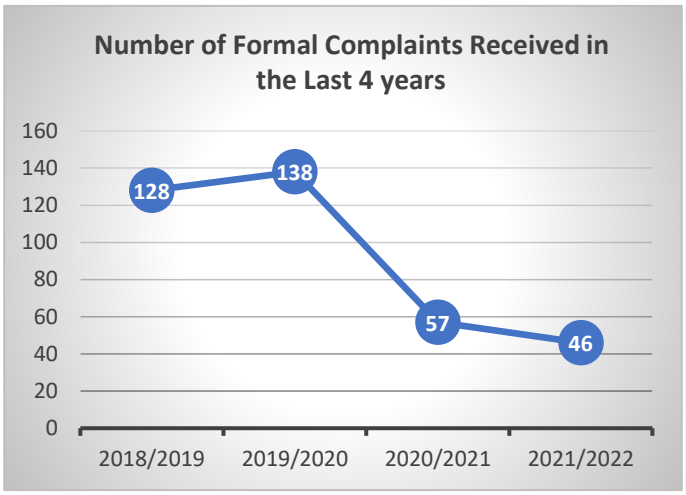
6.0. Complaints Received

This section is a statutory requirement for the Trust under the Local Authority Social Service and National Health Service Complaints (England) Regulations 2009.

From 1 April 2021 to 31 March 2022 (2021/2022), the Trust had a footfall of 146,416 patients throughout all services. We received 50 formal complaints. However, four complaints were withdrawn, leaving a total of 46 complaints which were formally responded to within the agreed time frame with the complainant. Although, four complaints have been withdrawn, the Trust have reviewed them to see if there was any learning from them.

For comparison in the 2020/2021, the Trust had a footfall of 72,220 patients throughout all services. The Trust received 59 formal complaints. Two were withdrawn, leaving a total of 57 complaints which were responded to.

In 2021/2022, 0.04% service users have raised a formal complaint to the Trust compared to 2020/2021 when 0.8% of all patients raised a formal complaint. The Trust saw a 0.04% decrease in the formal complaints raised compared to the year before, this is an overall drop of 0.07% decrease in the last 3 years.



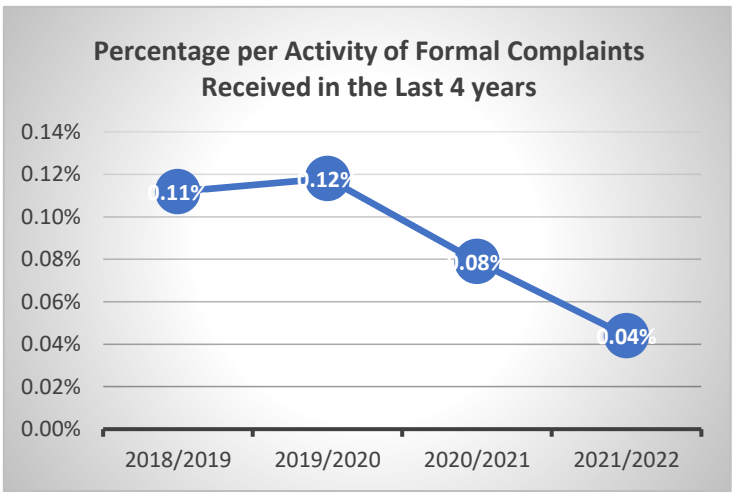


Figure 5 and 6. Number and Percentage of Formal Complaints Received Over the Last 4 Years

The data above shows that the Trust has had a decrease in the formal complaints received in the last 4 years. The Trust has had more contacts and cases open in the Patient Advice and Liaison Service (PALS) over last 4 years and it is believed that early prevention, intervention, and resolution has avoided our service users deciding to proceed to a formal complaint; this is outlined in the section 7.0. of this document.

In addition, 2 out of the 46 complaints that were received in 2021/2022 were complaints in connection to the COVID-19 pandemic. These complaints were received in May and June of 2021.

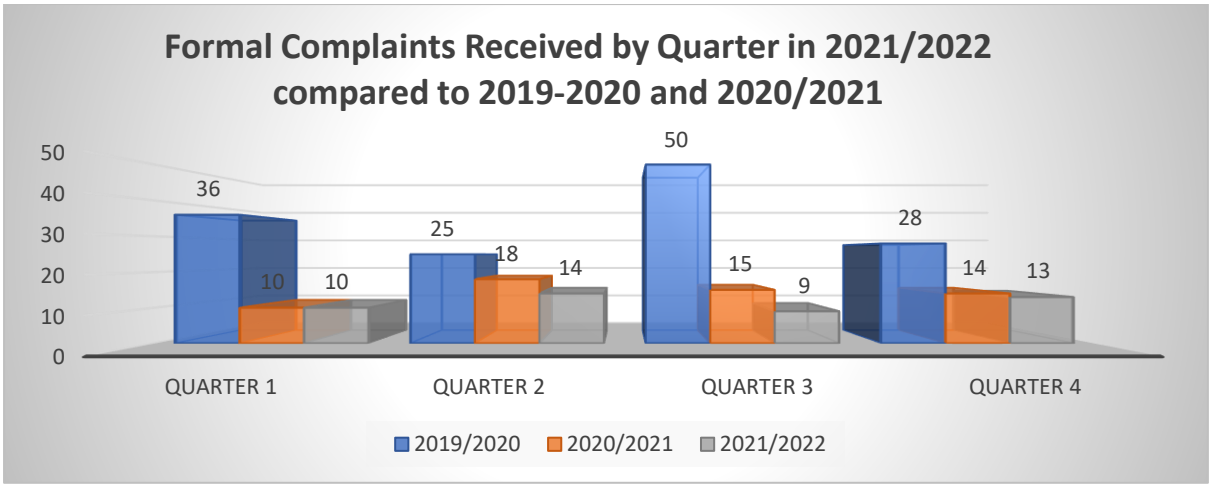


Figure 7 - Formal Complaints Received by Quarter

Figure 7 above details the number of complaints received by quarter in 2021/2022 with the previous year's data for comparison.

6.1. Themes of Formal Complaints 2021/2022

Listed below are the themes arising out of the formal complaints received during 2021/2022. compared to 2020/2021, 2018/2019 and 2019/2020.

Complaint Category types	2018/2020	2019/2020	2020/2021	**2021/2022**
Access To Treatment	14	8	6	1
Admissions & Discharges	7	5	3	9
Appointments	14	27	11	4
Cancellation Of Surgery	0	0	1	1
Clinical Query	34	36	20	12
Communication	5	9	4	4
COVID-19	0	0	2	2
Patient Care Including Nutrition/Hydration	10	8	1	0
Privacy, Dignity and Wellbeing	3	2	2	0
Trust Administration	5	9	3	0
Values & Behaviours	20	17	3	9
Waiting Times	9	13	1	0
Facilities	0	1	0	2
Consent to treatment	1	0	0	0
Transport	1	0	0	0
Other	1	1	0	0

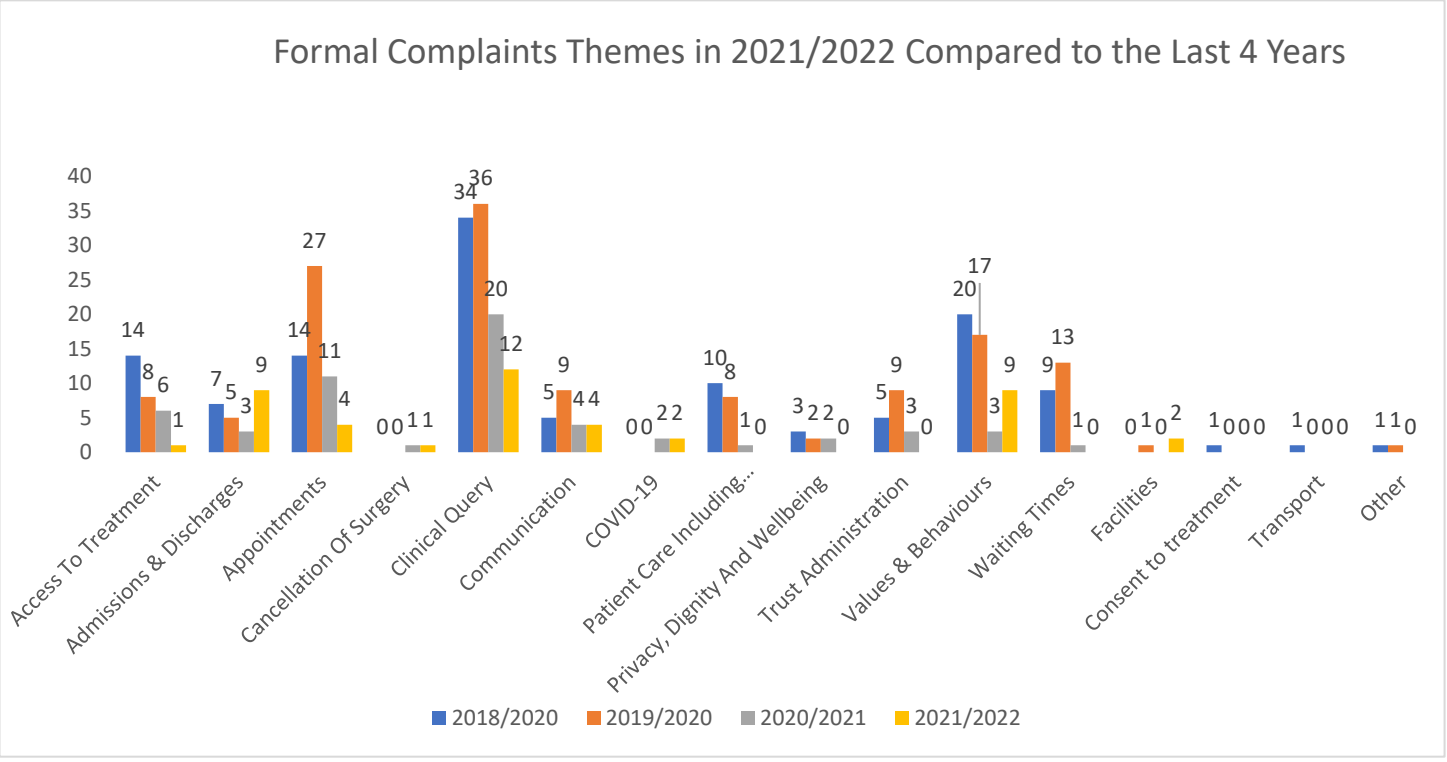
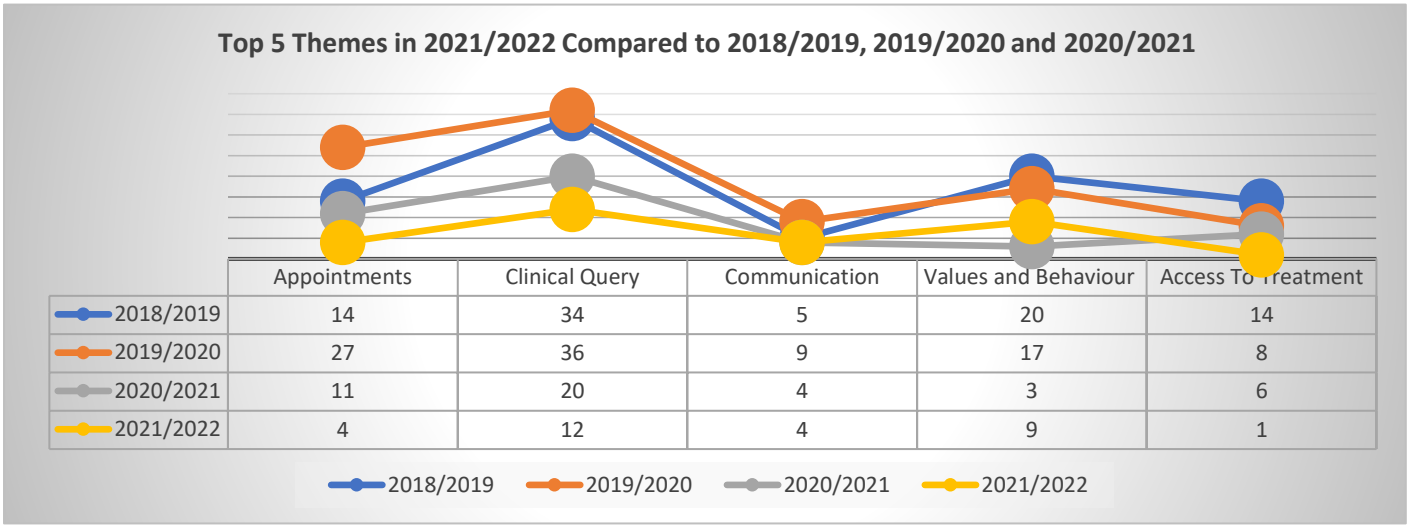


Figure 8. Formal Complaint's Themes Compared to the Last 4 Years

The top five themes of formal complaints received in 2021/2022 were:

- Clinical query; including clinical treatment, delay to be seen by doctor, delays with treatment and dispute over diagnosis.

- Appointments: including cancellation, delay, error, failure to provide follow up, letter not issued.
- Communication: including failure to communicate between departments and information given to patients.
- Values and behaviour; including attitude of medical, nursing or admin staff.
- Access to treatment; including access to physiotherapy services operation.
    - The Trust saw drastic decrease in Access to treatment formal complaints raised by the patients in 2021/2022.



	Appointments	Clinical Query	Communication	Values and Behaviour	Access To Treatment
2018/2019	14	34	5	20	14
2019/2020	27	36	9	17	8
2020/2021	11	20	4	3	6
2021/2022	4	12	4	9	1

Figure 9. Top Five Themes in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

The top five themes for 2021/2022 were the same as the last 4 years (2018/2019, 2019/2020, 2020/2021). There has been a decrease in numbers from this year according to the last 4 years in four out of five themes. This is due to the actions that have been set in place to improve our services, which is reflected in the overall decrease in number of complaints.

The Trust have received more complaints about the attitude of staff in the 2021/2022 than previous year. A new theme has been added which is Values & Behaviours. We have noticed there has been a significant drop in terms of amount received compared to 2018/2019 & 2019/2020. This then decreased by 17.65% in 2020/2021 compared to the year before. However, this has increased by 33.33% in 2021/2022 compared to last year. This is something the Patient Experience Team is continually working with the Divisions about, to ensure this number continues to drop and to ensure we receive minimal complaints regarding the Values & Behaviours of staff.

6.2. Complaints per Division

Division 1 oversees the Ward areas, Main Outpatient department, Spinal Services, Large and Small Joints Services, Oncology Services, Patient access, discharge lounge, ROCS, CYP OPD and phlebotomy.

Division 2 oversees Therapy Services, Theatres, Preoperative Assessment, Admission and Day-Case Unit, Imaging and Pharmacy, HDU and rapid response.

Division 4 oversees Estates and Facilities.

The table below represents formal complaints received per Division in 2021/2022 compared to 2018/2019, 2019/2020 & 2020/2021.

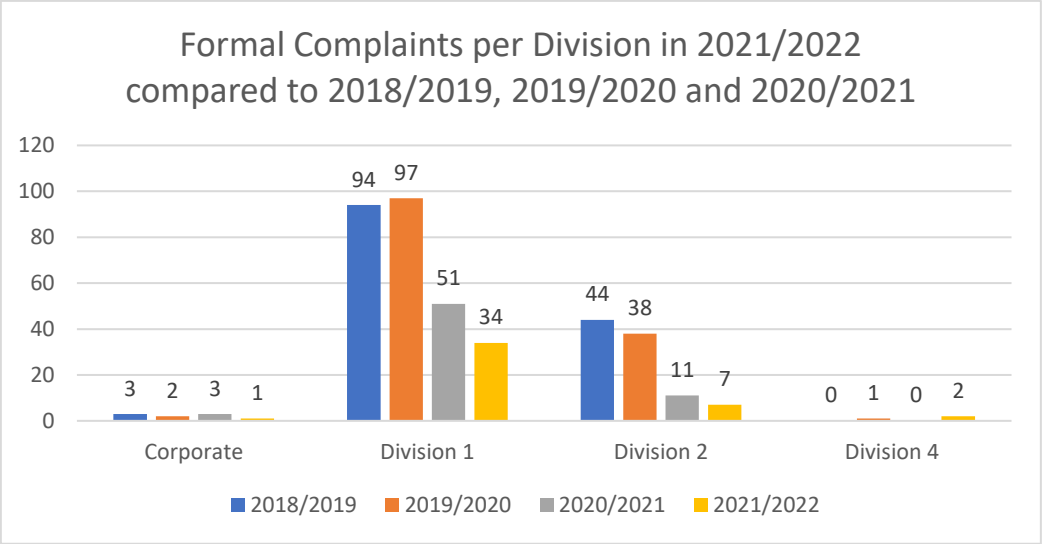


Figure 10. Formal Complaints per Division in 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

Division 1 received most of the complaints at 77% which is reflective of the size and nature of the Division.

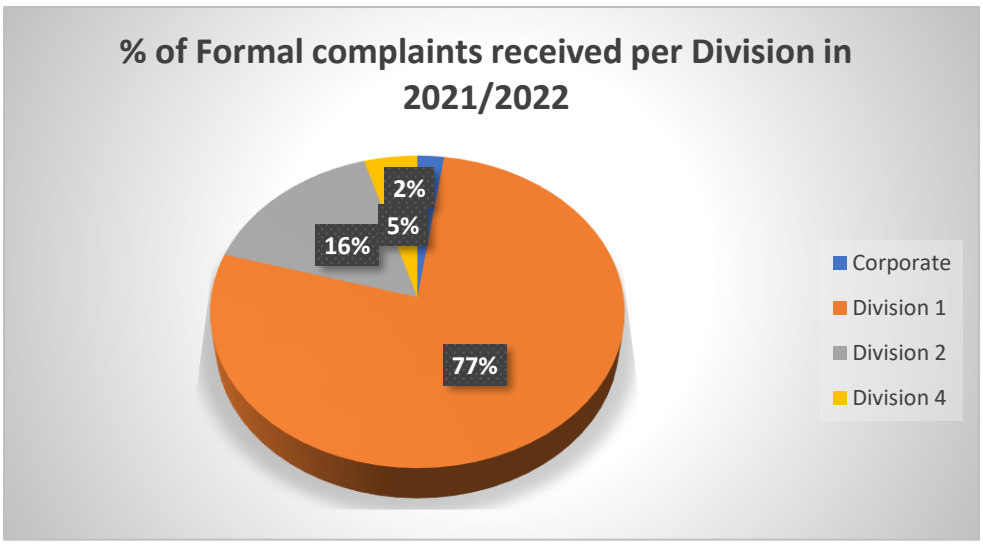


Figure 11. % Of Formal Complaints Received per Division in 2021/2022

6.2.1. Division 1 and 2 Complaints by Area

The majority of complaints in 2021/2022 were in relation to Division 1 this has decreased by 1% compared to last year (2020/2021) and this has increased by 7% from 2019/2020 and 10% from 2018/2019. Division 2 saw a decrease of 1% this year compared to last year. Corporate have had a decrease of 3% compared to the last year.

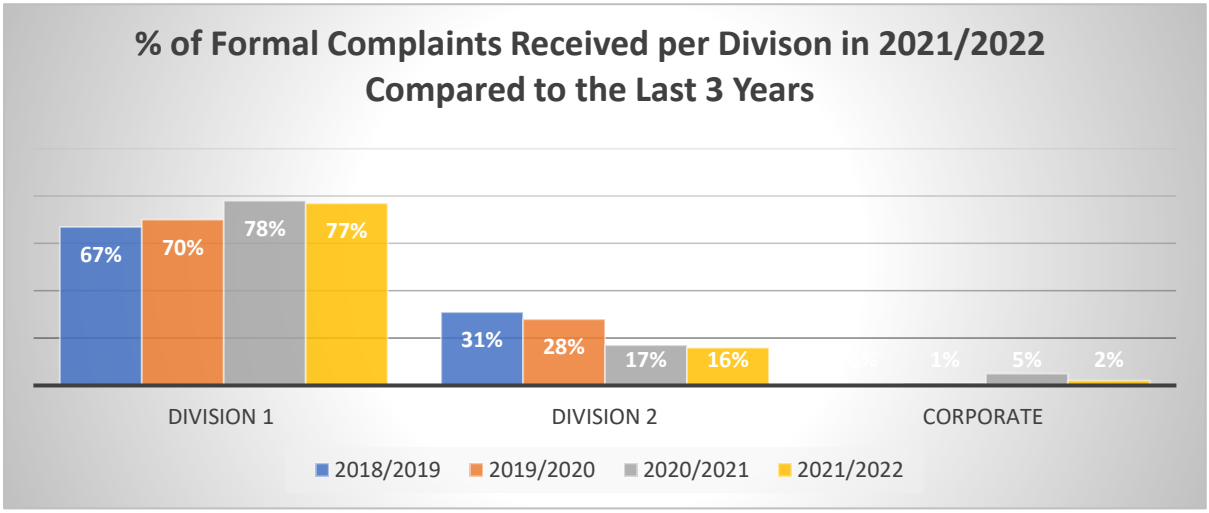
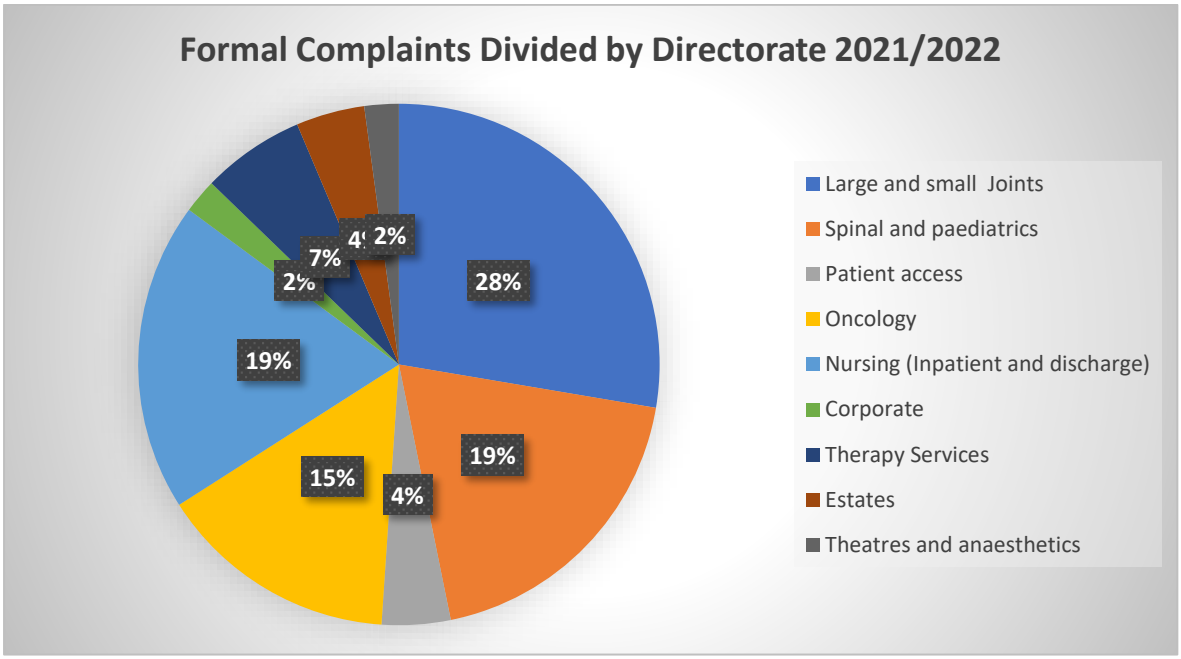


Figure 12. Formal Complaints Received in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

The largest number of complaints received relates to concerns about Large and Small Joint Services Directorate (28%), Spinal and Paediatrics (20%) and Inpatient Services (20%). Large & Small Joints and Spinal and Paediatric concerns related to all aspects of service, including cancellation of appointment, delay with the clinical treatment and administration processes.

Inpatient Services concerns related to, attitude of staff, nursing and admin, catheter care, clinical treatment, delayed admission, delayed discharge and COVID 19.



Directorate	2020/2021	2021/2022
Large and small Joints	22	12
Spinal and paediatrics	13	9
Patient access	2	2
Oncology	6	7
Nursing (Inpatient and discharge)	6	9
Corporate	3	1
Therapy Services	5	3
Estates	0	2
Theatres and anaesthetics	0	1

Figure 13 and 14. Formal Complaints Divided by Area 2021/2022

6.2.2. Division 1 and 2 Divided by Speciality

Large and small joints directorate and inpatient areas have received the majority of formal complaints in 2021/2022, this is to be expected as directorates cover majority of specialities provided by the trust. Majority of those complaints have been under the oncology speciality 11.23% (11 complaints). However, this does not mean that an oncology directorate was leading on the complaint investigation, it means that the majority of formal complaints raised have been under the oncology speciality in 2021/2022.

Directorate/Speciality	Count
Directorate - Large And Small	**12**
Arthroplasty	3
Arthroscopy	2
Foot & Ankle	1
Hands	2
Oncology	2
Young Adult Hip	2
Directorate - Oncology	**7**
Oncology	7
Directorate - OPD And Support	**2**
Other	1
Spinal Deformity	1
Directorate - Spinal Services	**9**
Spinal Deformity	3
Spinal Deformity- Paediatrics	2
Spinal Degen	4
Directorate - Theatres, Anaest	**1**
Arthroplasty	1
Directorate- Inpatient Service	**9**
Arthroplasty	1
Arthroscopy	2
Foot & Ankle	1
Oncology	2
UHB Ambulatory Trauma	3
Directorate- Therapy Services	4
MSK And Back Pain	1
Pain Management	2
Therapy Services	1
Estates & Facilities	**2**
Other	1
Therapy Services	1

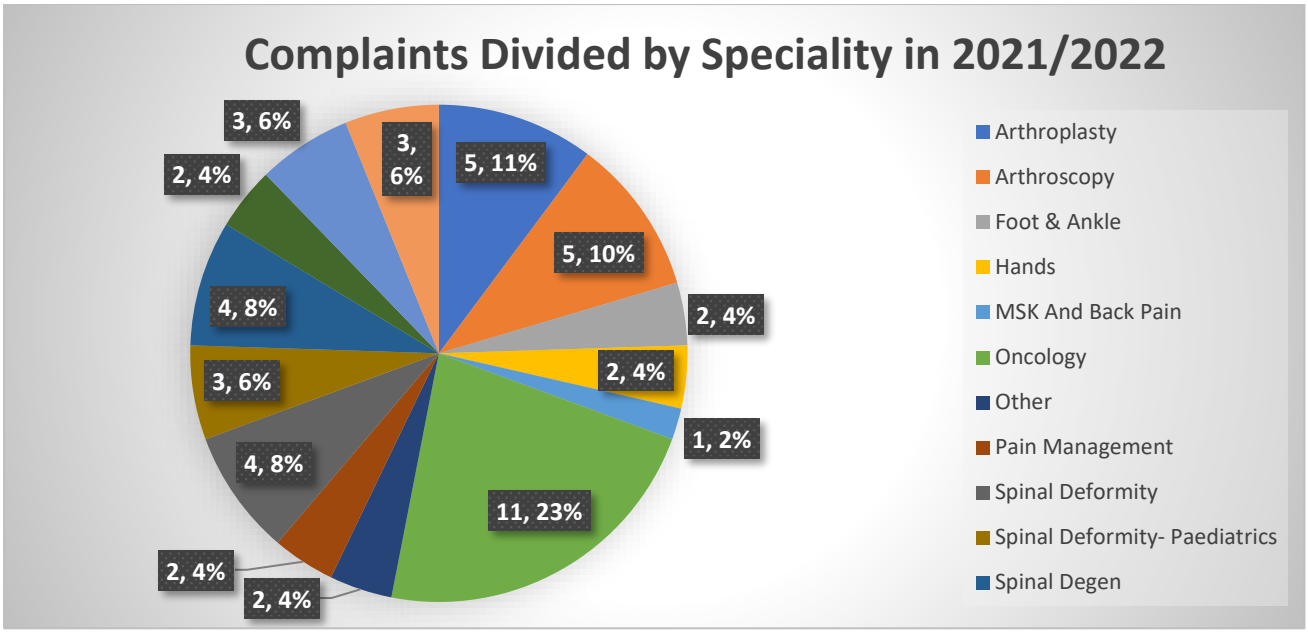


Figure 15. Formal Complaints Divided by Area 2021/2022

It is not possible to compare this data with the previous years as the Trust started collecting data for specialities in 2021/2022.

6.2.3. Complaints by Ward

Complaints about aspects of Ward care or treatment has been mentioned in 20% of complaints this year, which is a 8% increase this year compared to the 2020/2021 (12%).

The data is scrutinised, together with other ward performance data in Clinical Quality Group meetings and forms part of the quality dashboard completed each month. These are also discussed with Senior Nurses and Ward Managers at their respective meetings. The Trust believes that this approach enables changes to be made earlier, thereby allowing significant improvement to be maintained. This also demonstrates that the Trust has strengthened learning from complaints.

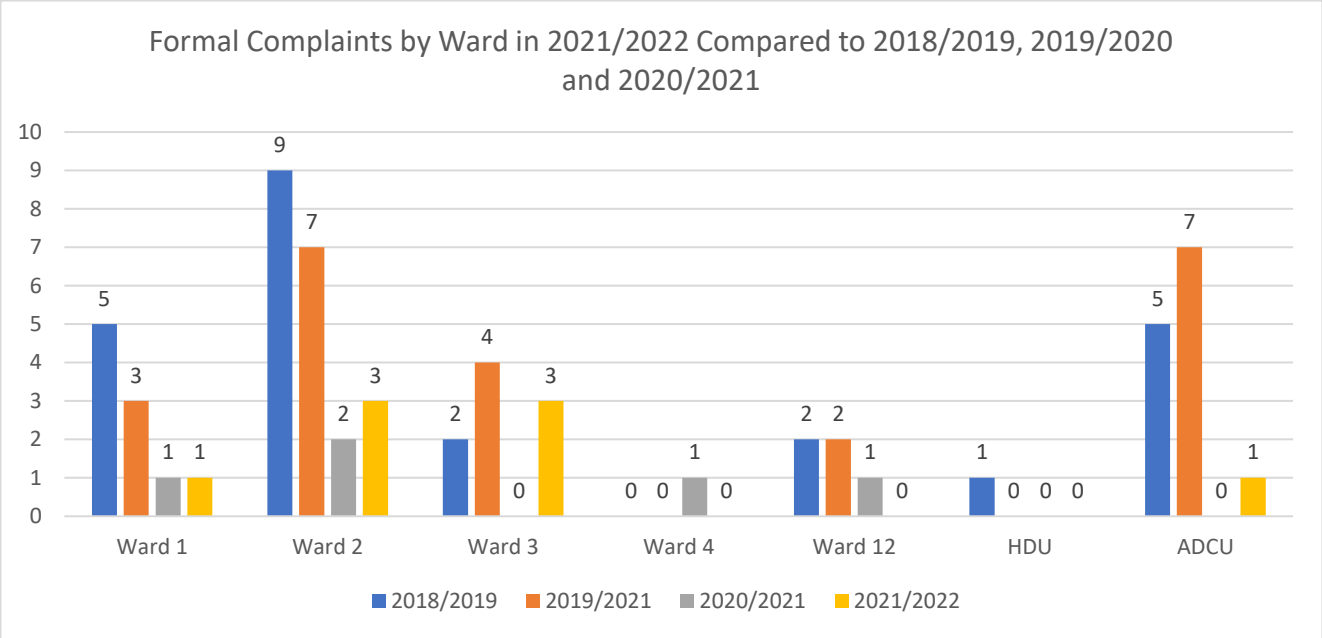


Figure 16. Formal Complaints by Ward in 2020/2021 Compared to 2018/2019, 2019/2020 & 2021/2022

6.2.4. Complaints by Large and Small Joints

Complaints about aspects of Large and Small Joints has been mentioned in 28% of complaints this year, this is a decrease of 11% this year compared to the 2020/2021 (39%). The Trust received 13 complaints for Large & Small Joints Directorate which 9 complaints were in relation to Large Joints services and 3 to the small joint services.

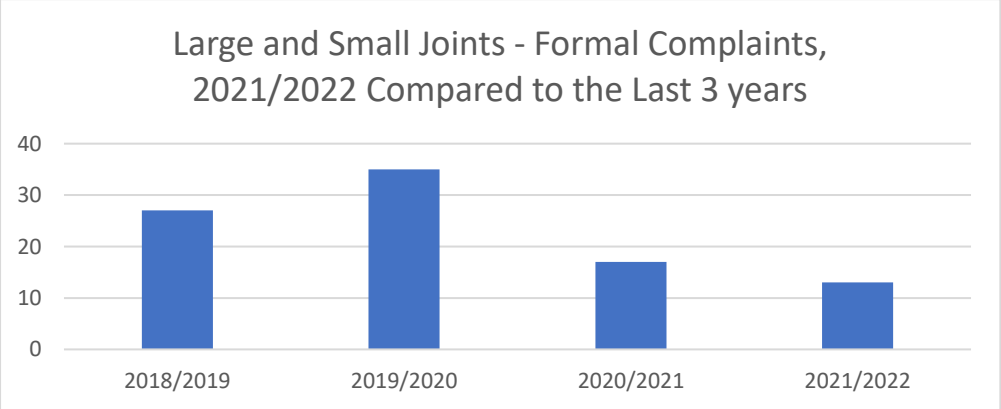


Figure 17. Large and Small Joints - Formal Complaints, 2021/2022 Compared to the Last 3 years

6.3. Acknowledgment of Complaints

The Local Authority Social Service and National Health Service Complaints (England) Regulations 2009 and the Trust PALS and Complaints Policy states that an acknowledgement should be made within three working days of receipt by any method.

The Trust's Policy states that all attempts should be made to contact the complainant by telephone within the first two days of receipt and this conversation informs the acknowledgement letter sent out by day three. If there is no telephone number available, or the complainant does not answer/return the calls, then the letter is sent within the same timescale.

In, 2021/2022 the Trust responded to 100% of complaint letters within the correct timescale, thereby meeting the standard. This is the second year a 100% completion rate has been achieved.

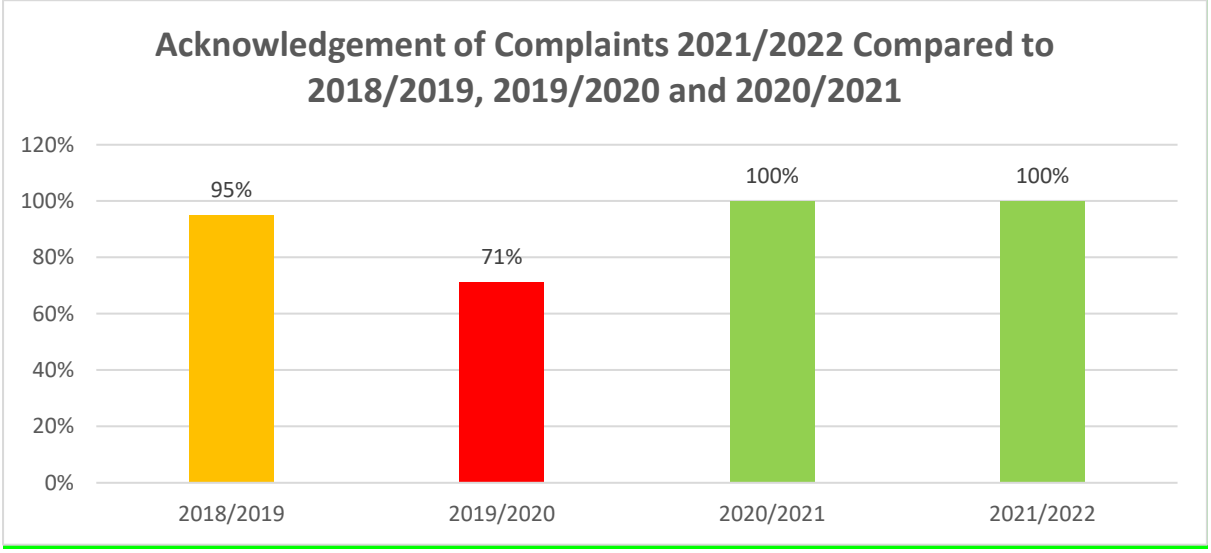


Figure 18. Acknowledgement of Complaints in 2021/2022 Compared to the last 3 years

6.3.1. Responding to Complaints within the Agreed Timescale

The PALS and Complaints Policy states that the timescale for response should be agreed with the complainant. However, in the event of not being able to contact the complainant and speak to them directly, the Trust sets a provisional response date of 25 working days for routine/lower risk complaints and 40 working days for complex/higher risk complaints (dependent on discussion with the Deputy Director of Nursing, the Designated Complaint lead, and the Complainant as to the complexity of work required).

In line with the Policy, it is permissible to discuss an extension with the complainant, particularly if there is significant delay with review, such as due to the unavailability of staff that are crucial in giving their statements or based on the complexity of case. If they agree with the extension, the complaint will be deemed to have been completed within agreed timescales. Any complaint timescale can only be extended once.

Annual compliance with the contractual reporting requirement of 80% for the year has been met at 97%. One formal complaint breached the agreed date with the complainant; however this have been communicated with the complainant and the complaint was send day after agreed date.

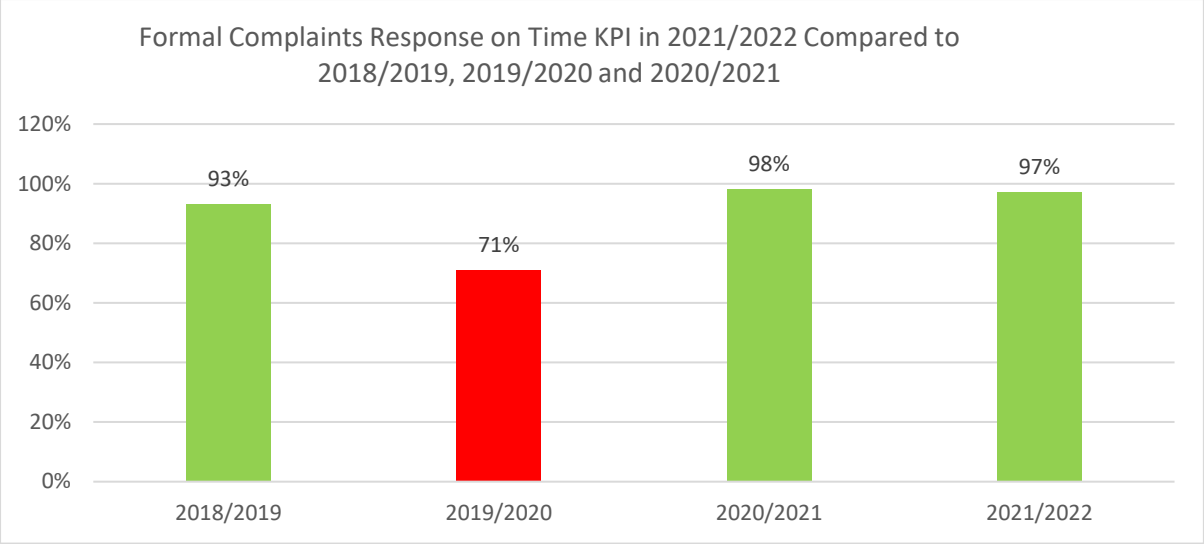


Figure 19. Formal Complaints Response on Time KPI in 2020/2021 Compared to 2018/2019 & 2019/2020

6.4. Risk Ratings of Formal Complaints in 2021/2022

The Trust has a robust system of tracking and monitoring complaints. Part of this tracking involves the logging of an initial risk rating. The Head of Patient Experience monitors these risk ratings, and the Triumvirate reviews all complaints, to ensure Duty of Candour requirements have been discussed and met where required.

	SEVERITY				
LIKELIHOOD	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25

Green = LOW risk Yellow = MODERATE risk Amber = MEDIUM risk Red = HIGH risk

Figure 20. Trust Risk Rating Matrix

The results of this monitoring clearly show that most of the complaints that represent a lower risk to the Trust are handled via different processes within the Trust, such as PALS or informally, as the number of complaints assessed as green or low risk are few. A review of the formal complaints assessed in the lower risk categories shows that in each case, the complainant had expressed a preference for their concerns to be made formal. This is indicative that the Trust is handling complaints in accordance with the Department of Health Complaint Regulations 2012 – that the complainant is able to determine how their concerns are managed.

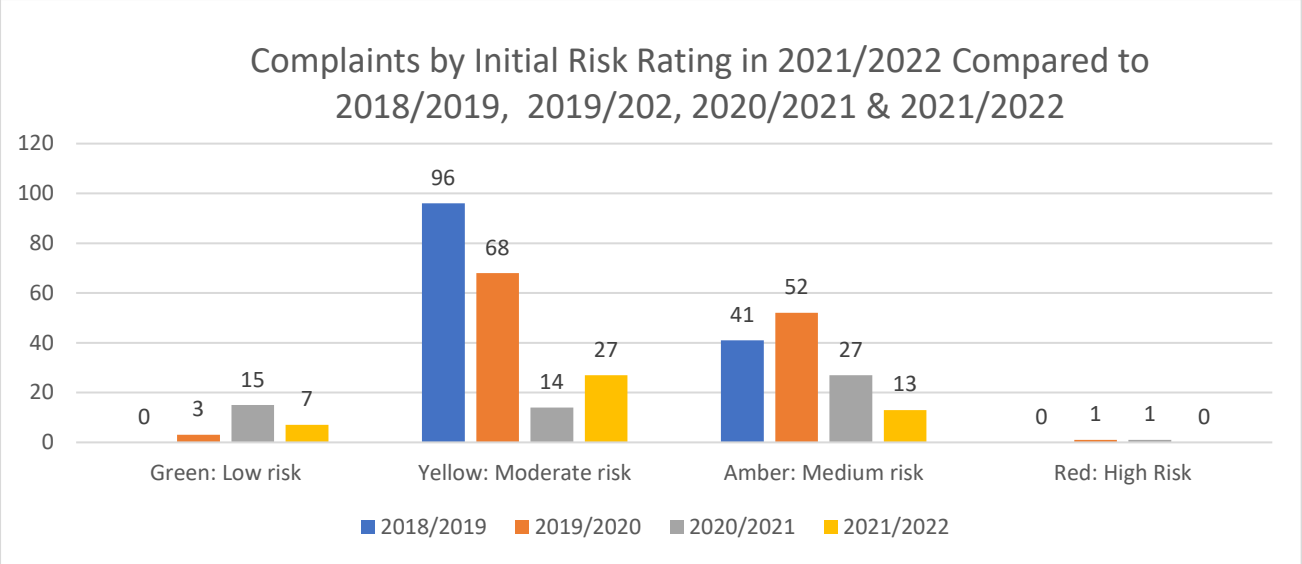


Figure 21. Number of Complaints by Initial Risk Rating in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

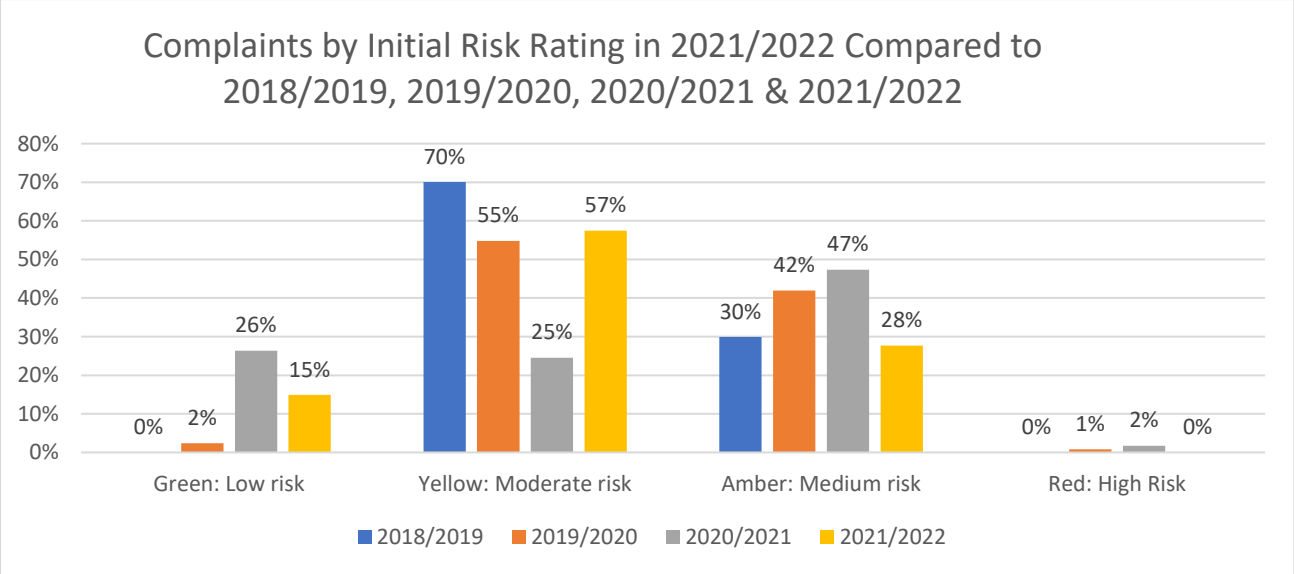


Figure 22. Percentage of Complaints by Initial Risk Rating in 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

The percentage of initial risk rating for low-risk complaints went up for 15%, for moderate risk went down for 13%, for medium risk went down for 2% and for High Risk went down to 0% in the last 4 years.

It is believed that the reason for this is that during 2018/2019 and the first 3 quarters of 2019/2020, the Complaints department held the responsibility for initially risk rating formal complaints and as of the last quarter of 2019/2020 and the whole of 2020/2021 & financial year, the Divisions took on the role of risk rating a formal complaint.

6.5. Complaints Referred to the Parliamentary Health Service Ombudsman (PHSO)

The Trust aims to resolve complaints by undertaking a thorough investigation, providing a comprehensive response, and offering all complainants the opportunity to discuss further concerns. Generally, the Trust is successful with this, but sometimes it is not always possible to achieve a resolution which satisfies the complainant.

Under the NHS Complaint Regulations, any complainant who remains dissatisfied with the response has the right to request an independent review of their case with the PHSO. Every response contains this information together with the contact details for the PHSO.

During 2021/2022, the PHSO requested information for one complaint that was raised with the Trust in 2019/2020. The Trust is waiting for the outcome of PHSO investigation.

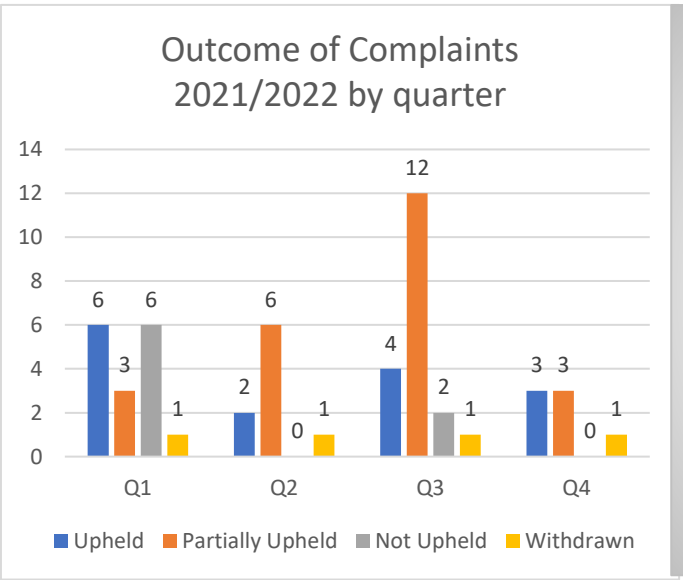
6.6. Number of Complaints per 1000 Beds

Complaints per 1000 Bed Days
2021/2022

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
OBDs	3071	3895	4023	4193	3889	4086	4063	4149	3699	3976	4044	4331	47419
per 1000 OBDs ratio	3.071	3.895	4.023	4.193	3.889	4.086	4.063	4.149	3.699	3.976	4.044	4.331	47.419
Number of Complaints	3	3	8	4	2	3	4	6	3	5	2	3	46
Number of Complaints Per 1000 OBDs	0.97688	0.77022	1.98857	0.95397	0.51427	0.73421	0.98449	1.44613	0.81103	1.25755	0.49456	0.69268	0.97008

6.7. Outcome of Complaints

The Trust upheld 29%, partly upheld 47% and did not uphold 16% and 4 complaints were withdrawn so they are 8% of the complaints made in this year.



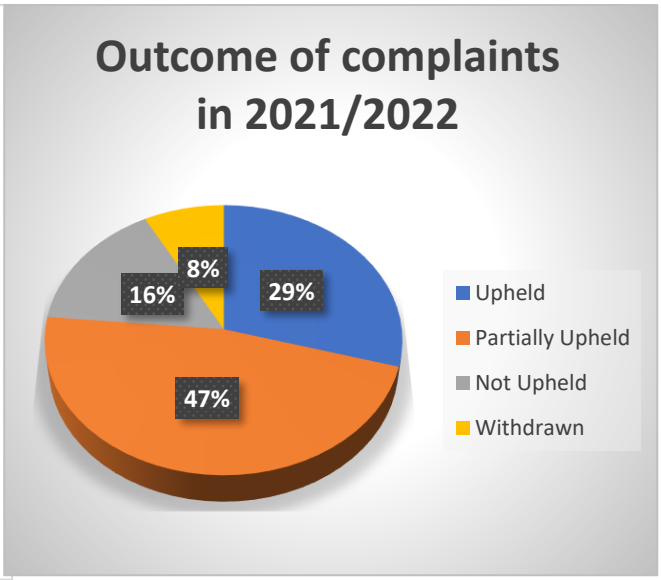


Figure 23. Outcome of Complaints 2021/2022 & Figure 24. Outcome of Complaints 2021/2022 by Quarter

In 2021/2022, 29% off the complaints received were upheld which is lower than 2020/2021 (30%) and lower than 2019/2020 (56%). Complaints are coded in line with the guidance from NHS Digital and there may be more than one aspect in each complaint. The decisions about whether to uphold or not are taken from the results of the investigation and discussion with the complaint Lead and triumvirate if this is not explicitly clear in the report. The Trust believes that these figures show robust investigation and clearer expectations of good service provision across the Trust, which is being defined by the changes to the operational structure, the transformation agenda, and the quality agenda priorities.

6.7.7. Reopened Complaints

The Trust offers meetings to the complainant in the verbal and written acknowledgement and in the response letter. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint.

Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.

During a period of four years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and a better quality of response letter.

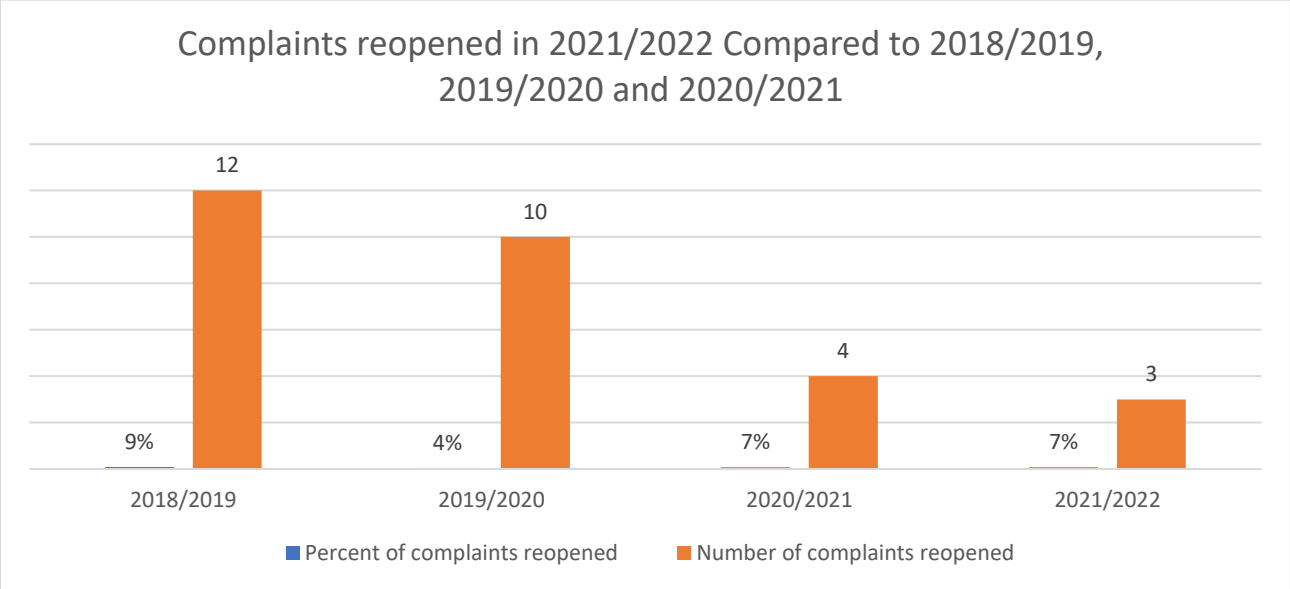


Figure 25. Reopened Complaints in 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

6.7.8. Actions Taken

Individual action plans are created for any actions that are specific to an individual complaint. Were actions form part of a larger work plan; complainants are informed of this in their response. This ensures that complaint action plans remain targeted and relevant.

In 2021/2022, 73 individual action plans were created and almost all complaints had actions that were completed prior to the response being sent. This is 8 more actions added compared to the same time last year 2020/2021.

The Trust is now learning from complaints as opposed to responding to them without any follow up. Action plans are now required from the complaint lead and will not be sent to the approving executive director without an action plan.

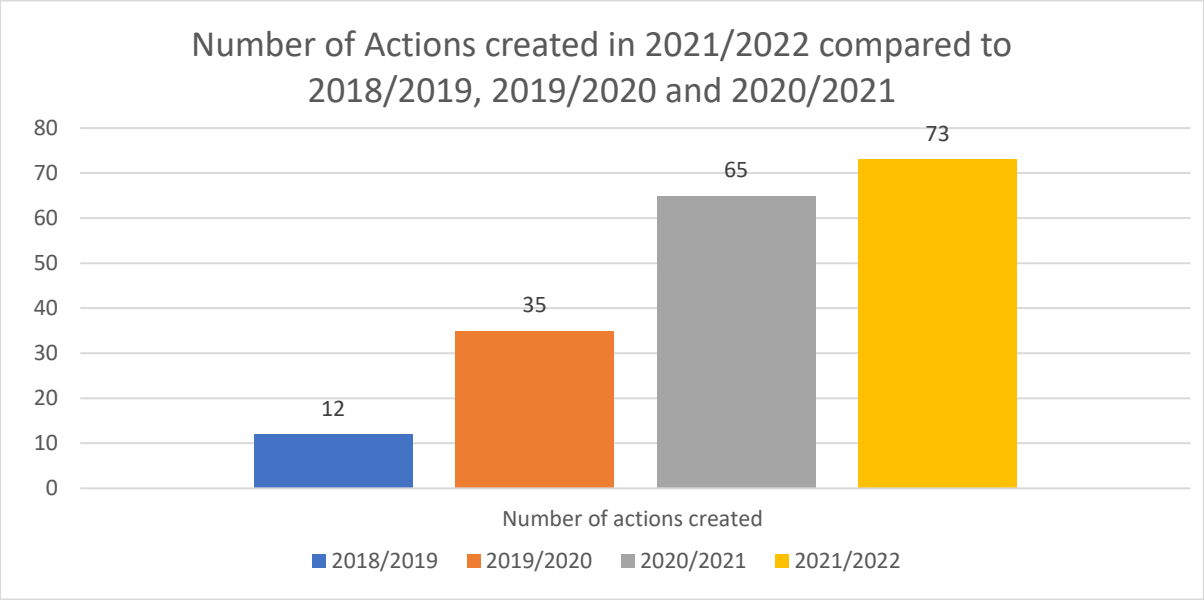


Figure 26. Number of Actions Created in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

7.0. Patient Advice and Liaison Service 2021/2022

The Patient Advice and Liaison Service (PALS) offers confidential advice, support. They provide a point of contact for patients, their families, and their carers. In 2021/2022 the PALS department have rolled out new leaflets which are translated on 5 main spoken languages within our cohort and new translated PALS posters are displayed on over 200 locations around Trust asking patients to give us their feedback, comment, raise complaint or concern. The PALS and Complaints services are now offered on patients first language. The team have worked on branding of department during this year. The department now have its own logo, pens, notepads, new modernised webpage with the QR code connected and roller banner to promote patient experience.





How the PALS Team can help

The Patient Advice and Liaison Services (PALS) Team is independent, confidential and free. PALS exist to support patients and improve patient experience. The PALS Team can:

- Offer advice and guidance to support you and your loved ones
- Resolve issues regarding your hospital experience
- Listen to your feedback and suggestions
- Share your compliments
- Support your complaints

Sharing your experience

Your feedback helps us understand what we do well and where we can improve. You can share your feedback in the following ways:

- Contact the PALS team via phone, email or post and share your feedback
- Complete our 'Friends and Family' survey - it's quick and easy. Scan the QR code in this leaflet, visit **roh.nhs.uk** or speak to a member of staff who can provide you with a paper form.

Resolving issues

If you or your family are unhappy with your care, please talk to the person in charge of the department. Our clinical team can usually resolve your issue immediately. If you are still unhappy, please contact the PALS Team who can help you resolve the issue.

Making a formal complaint

You may wish to raise a formal complaint. This should be done within 12 months of the incident occurring, or within 12 months of discovering you have cause to complain.

If you wish to make a formal complaint, please contact the Complaints Team via telephone, email or letter:

The Complaints Team
The Royal Orthopaedic Hospital
Bristol Road South
Birmingham
B31 2AP

0121 685 4000 extension 55811

roh-tr.Complaints@nhs.net

We aim to resolve complaints quickly and efficiently. Patient safety and experience are our highest priorities.

Finding other support

There's lots of support when you need it:

POhWER
A charity providing free advocacy,information and advice.

0300 456 2370
pohwer@pohwer.net
Hertlands House, Primett Road, Stevenage, Hertfordshire, SG1 3EE

Parliamentary and Health Service Ombudsman
The PHSO help make final decisions on complaints that have not been resolved.

0345 015 4033
phso.enquiries@ombudsman.org.uk
Millbank Tower, London SW1P 4QP

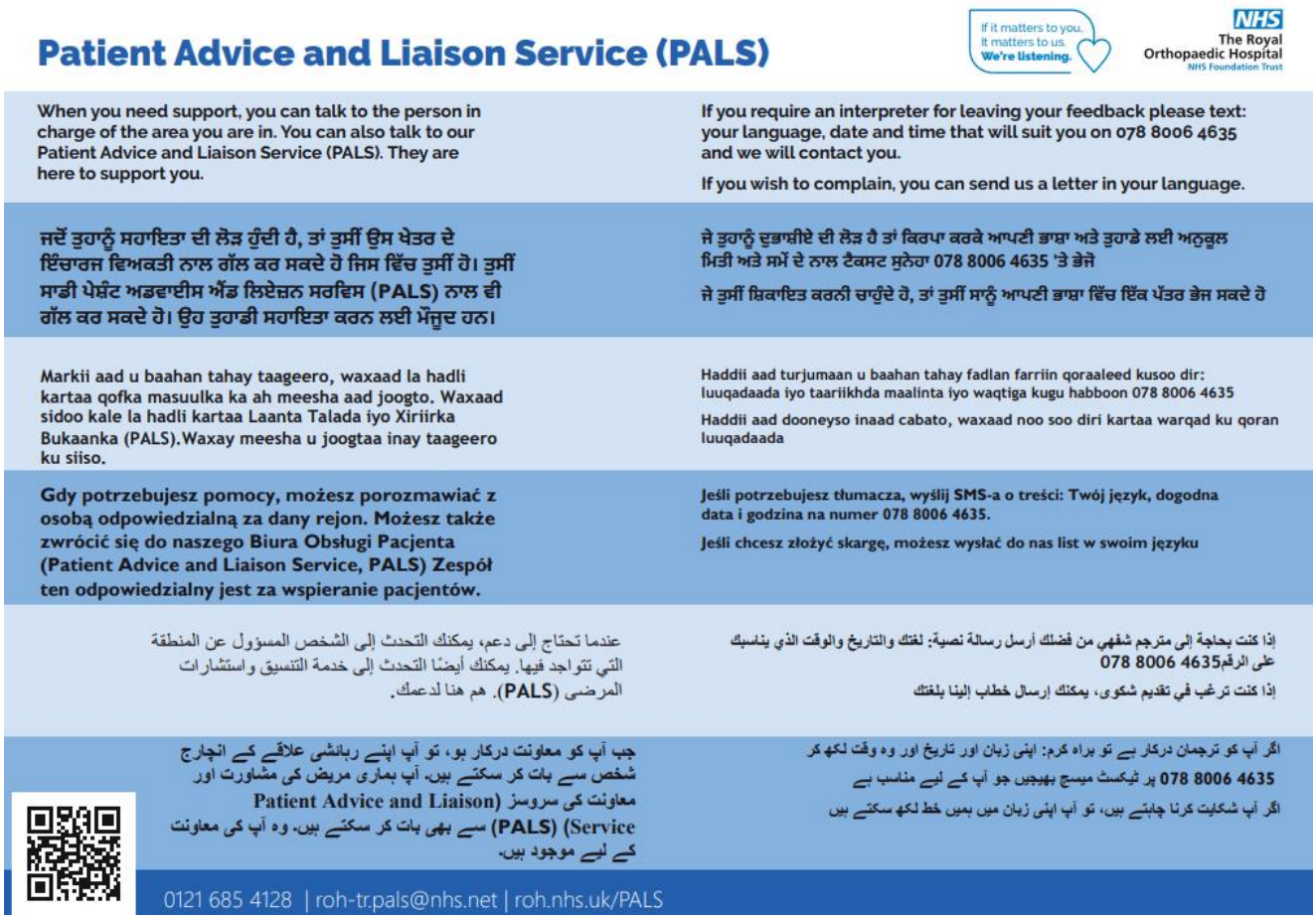
Healthwatch Birmingham
An independent service advocating for which health and social care services users.

03000 683 000
enquiries@healthwatch.co.uk
83 Hagley Road, Birmingham B16 8QG

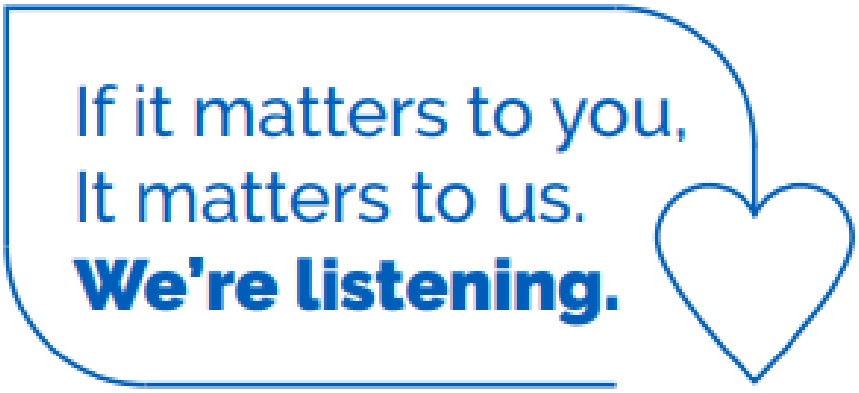
The Patients Association
A charity dedicated to supporting patients

0800 345 7115
helpline@patients-association.org.uk
The Patients Association, PO Box 935, Harrow, Middlesex, HA1 3YJ

Picture 1&2. PALS Leaflet Front and Back Page



Picture 3. PALS Poster

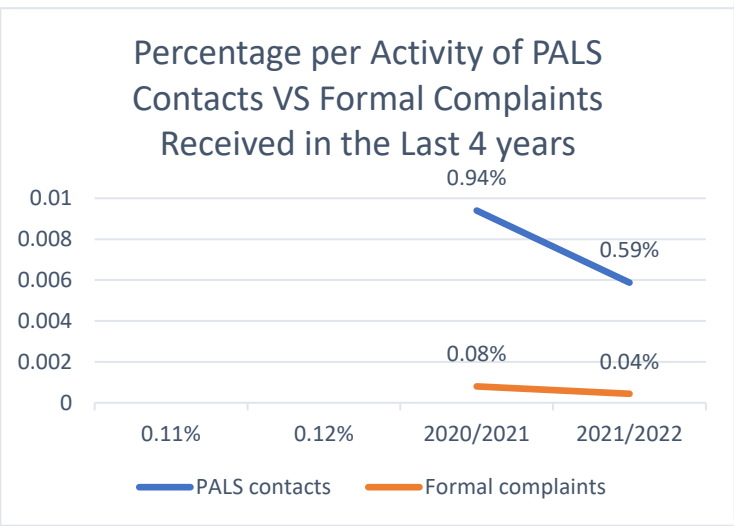


Picture 4. Patient Experience Logo



Picture 5. Patient Experience Pen

The PALS department has handled 614 individual contacts in 2021/2022 which is decrease of 63 contacts compared to 2020/2021 (667). It is believed that this is due to the better escalation processes within departments, resolving issues locally and most importantly due to the actions that have been set in place following previous complaints, concerns, feedback and comments from patients, their family members and members of public. However, when the PALS contacts are compared against activity in 2021/2022 0.35% less patients have contacted PALS than in 2020/2021



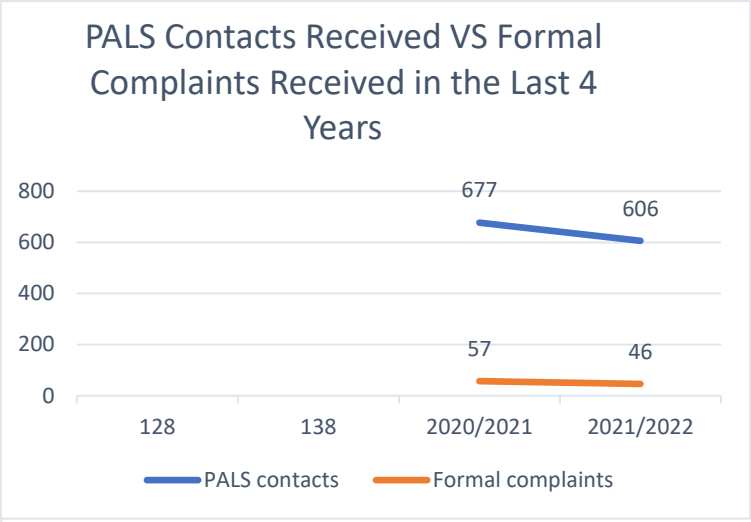
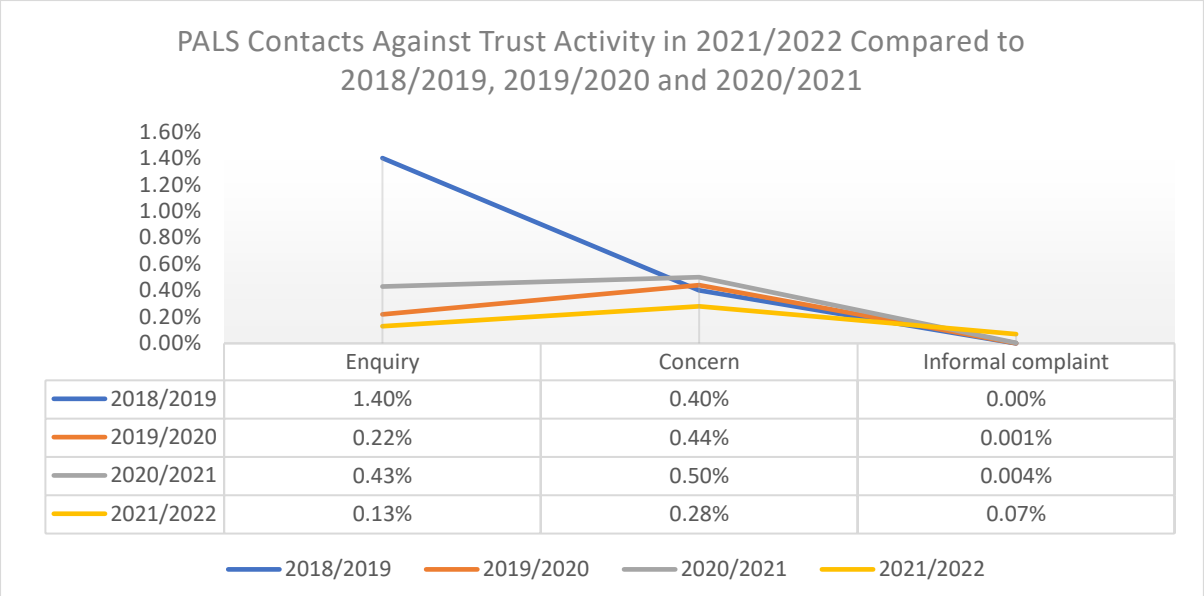


Figure 27 & 28. Percentage and Number per Activity of PALS contacts Compared to Complaints in the Last 4 Years

7.1. Contact Type

In 2021/2022 the Trust received 194 PALS contacts that were classed as an enquiry, 410 Concerns and 10 informal complaints which is 115 less enquiries, 47 more concerns and 7 more informal complaints compared to the last year.



	Enquiry	Concern	Informal complaint
2018/2019	1.40%	0.40%	0.00%
2019/2020	0.22%	0.44%	0.001%
2020/2021	0.43%	0.50%	0.004%
2021/2022	0.13%	0.28%	0.07%

Figure 29. PALS Contacts Divided by Contact Type 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

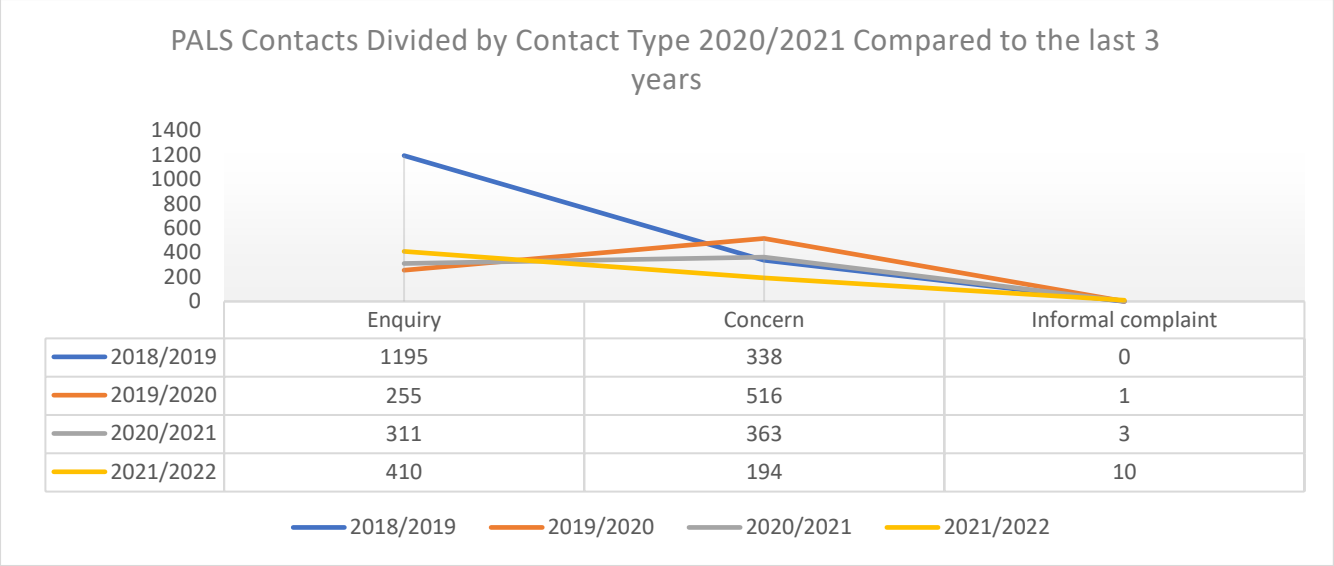


Figure 30. PALS Contacts Against Trust Activity in 2021/2022 Compared to 2018/2019, 2019/2020 and 2020/2021

7.2. Themes of PALS Contacts

Listed below are the themes arising out of the PALS contacts received during 2021/2022 compared to 2018/2019, 2019/2020 and 2020/2021

Theme/Financial year	2018/2019	2019/2020	2020/2021	2021/2022
Access To Treatment Or Drugs	9	28	30	3
Admissions & Discharges	27	27	48	84
Appointments	145	304	312	197
Clinical Query	82	124	91	123
Communication	18	44	64	55
Consent To Treatment	1		1	1
Facilities	5	19	9	0
Other	13	31	17	0
Patient Care Including Nutrition/Hydration	3	13	9	0
Transport	2	2	4	1
Trust Administration	55	46	45	8
Values & Behaviours	22	20	21	47
Waiting Times	16	55	8	0
Not stated	1132	58	2	11
Privacy, Dignity And Wellbeing	0	1	2	2
Brexit	0	0	1	0
COVID-19	0	0	11	4
Inpatient Survey	0	0	1	0
Commissioning Services	1	0	1	1
Cancellation of Surgery	N/A	N/A	N/A	14
Claims	N/A	N/A	N/A	4
Car Parking	N/A	N/A	N/A	2

Hospital Grounds	N/A	N/A	N/A	3
Medical Records	N/A	N/A	N/A	1
Nursing	N/A	N/A	N/A	4
Partial Booking	N/A	N/A	N/A	1
Protective Characteristics	N/A	N/A	N/A	2
Referral	N/A	N/A	N/A	37

Figure 31. PALS Contacts Themes 2021/2022 Compared to 2018/2019 & 2019/2020 & 2020/2021

In 2021/2022 the PALS and Complaints department have enhanced and improved category types on the Ulysses system for easier identifying issues arising, hence last 10 Category types have PALS contacts in 2021/2022.

The top four themes in PALS during 2021/2022 were:

- Clinical Query; including clinical treatment, delay to be seen by a doctor, delays with the treatment, dispute over diagnosis.
- Appointments: including cancellation, delay, error, failure to provide follow up, letter not issued.
- Admission and Discharge; including arrangements, queries and cancellation on the day.
- Communication: including failure to communicate between departments and information to the patients.

The Trust received 7% more PALS contacts for Admission and Discharge compared to the same time last year. 14% less PALS contacts for Appointments, 7% more for the Clinical query and the same amount for Communication. However, we received 606 contacts in 2021/2022 and 677 contacts in 2020/2021 and so the communication category has gone down compared to last year.

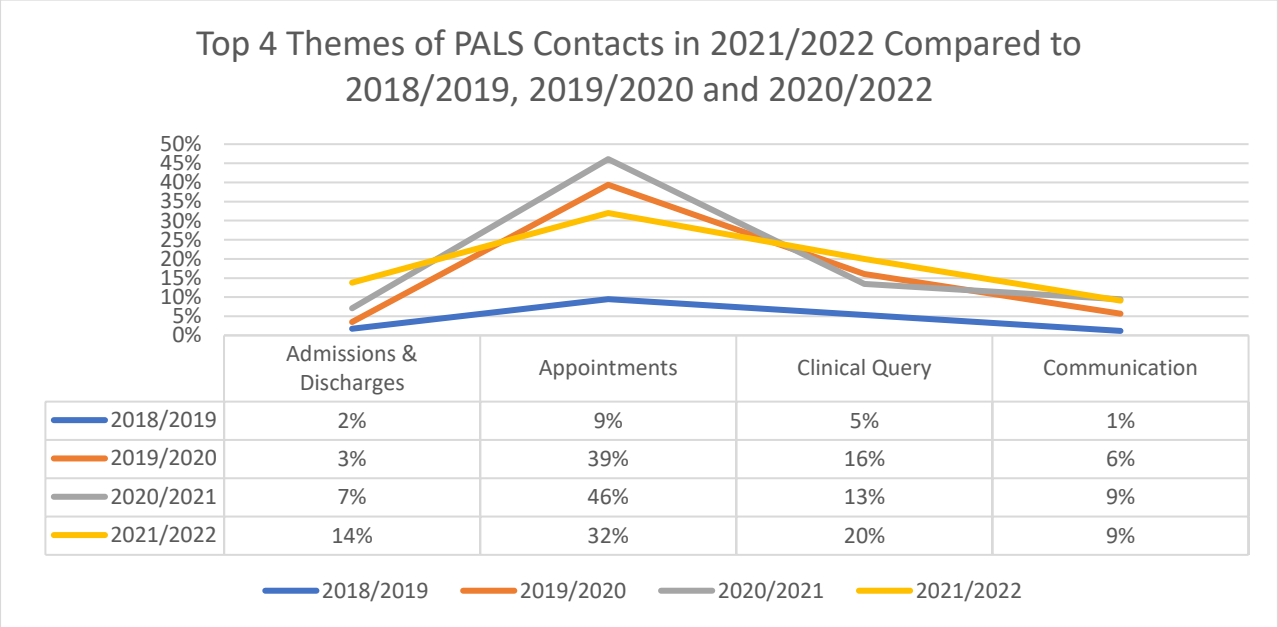


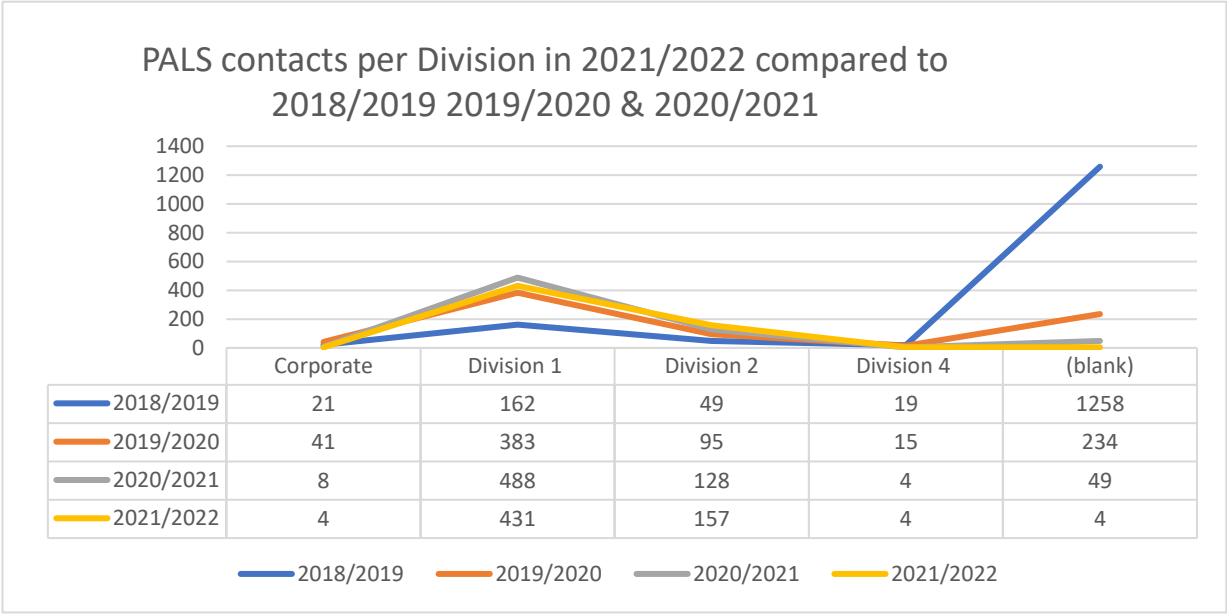
Figure 32. Top 4 Themes in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

7.3. PALS Contacts by Department

The table below represent PALS contacts received per Division in 2021/2022 compared to 2018/2019, 2019/2020 & 2020/2021

During the COVID 19 pandemic in 2020/2021, outpatients suspended all face to face. Appointments were cancelled to enable to Trust to provide mutual support within the Birmingham and Solihull integrated Care System and to adhere to lockdown restrictions. In 2021/2022 face to face appointments have been brought back. The non-urgent or the ones who do not require face to face appointments are still held over the telephone.

Partial booking was implemented in April 2021 with appointments being booked 6 weeks ahead reducing the rescheduling of outpatient appointments by up to 80%., this has greatly improved the patient experience and provides assurance patients are seen in a timely manner as determined by the clinician.



	Corporate	Division 1	Division 2	Division 4	(blank)
2018/2019	21	162	49	19	1258
2019/2020	41	383	95	15	234
2020/2021	8	488	128	4	49
2021/2022	4	431	157	4	4

Figure 33. PALS Contacts per Division in 2020/2021 Compared to 2018/2019 & 2019/2020

The majority of PALS contacts (72%) relate to Division 1, which is to be expected since Division 1 oversees the majority of services.

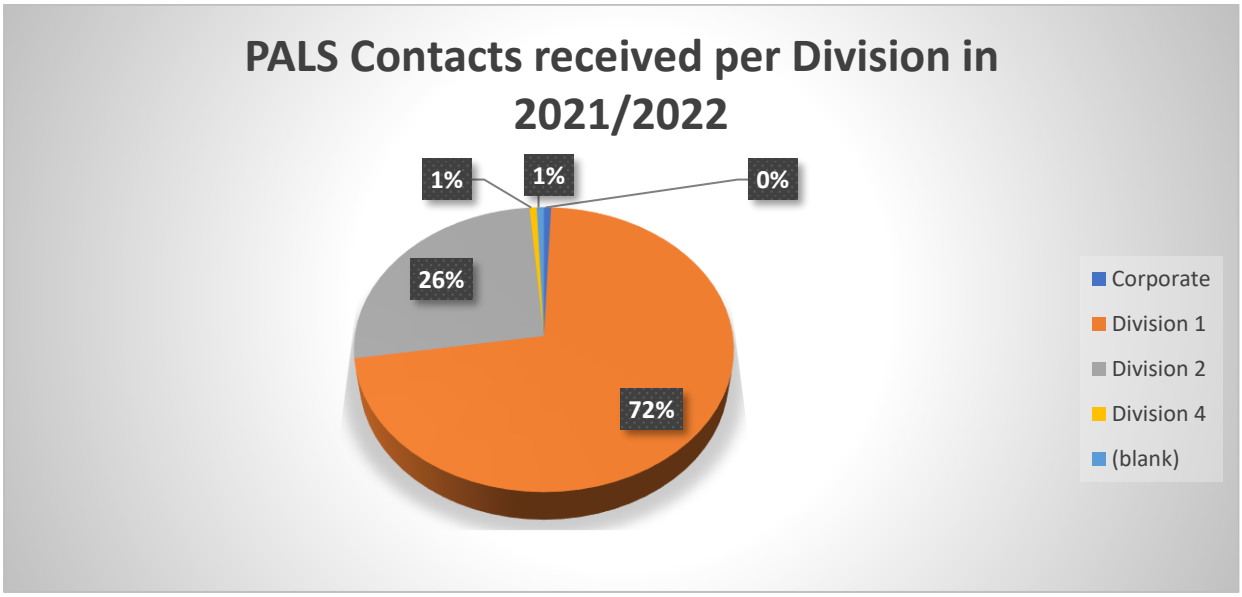


Figure 34. PALS Contacts Received per Division in 2021/2022

7.3.1. Division 1 and 2 PALS Contacts by Area

The majority of complaints in 2021/2022 were in relation to Division 1 which is a decrease of 1% compared to the same time last year. Division 2 had an increase of 7% compared to the same time last year. Please note that 2018/2019 had 82% of PALS contacts marked as blank. In the last 4 years there was a decrease of 81% in blank Division field within Ulysses system where PALS are recorded.

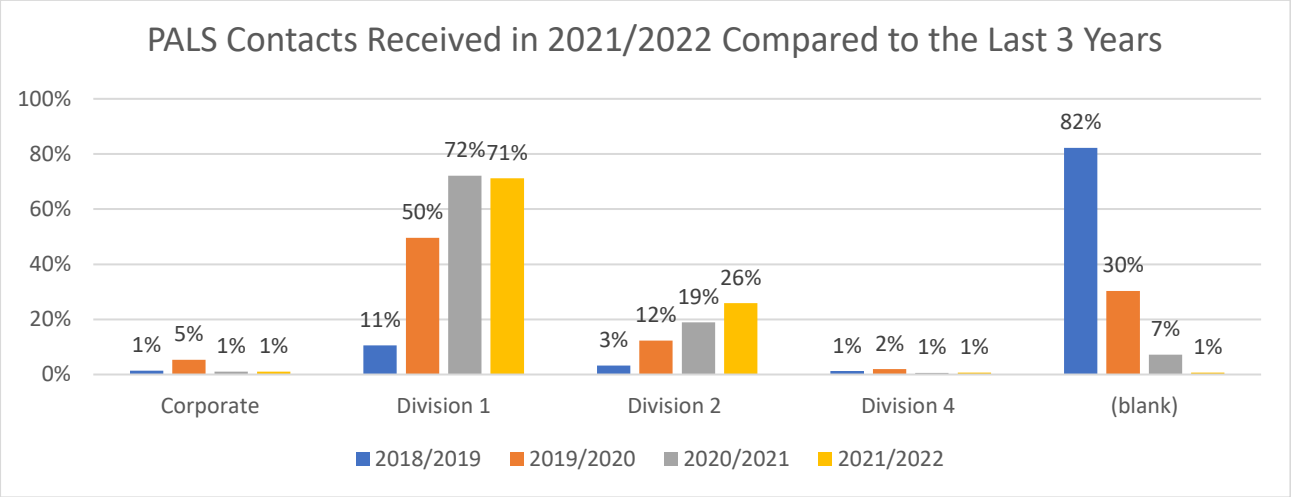


Figure 35. PALS Contacts Received in 2021/2022 Compared to 2018/2019, 2019/2020 & 2020/2021

Top 3 services with the largest number of PALS contacts received are related to concerns about Large & Small Joints Services (175 of which 139 are about Large Joints and 29 about Small Joints), Spinal Services (129) and Appointments (64). Large & Small joints.

These related to all aspects of service.

Directorate	2020/2021	2021/2022
Admissions & Day Case Unit	5	11
Appointments Department	121	64
Children's & Young Person Centre	6	1
Corporate	9	9
Discharge Lounge	1	0
Facilities	2	1
Large and Small Joints	115	175
Spinal	41	128
Medical Records	12	0
Therapy Service	59	64
Oncology	41	31
Main Outpatient Department	43	37
POAC	11	5
Patients Home	2	0
ROCS	1	1
Other	2	6
Theatres	4	2
Nursing Inpatients	46	33
Imaging	102	40

Estates	0	3
Anaesthetics	0	2
Governance	0	2
Infection Control	0	1

Figure 36. PALS Contacts Divided by Area in 2021/2022Compared to 2020/2021

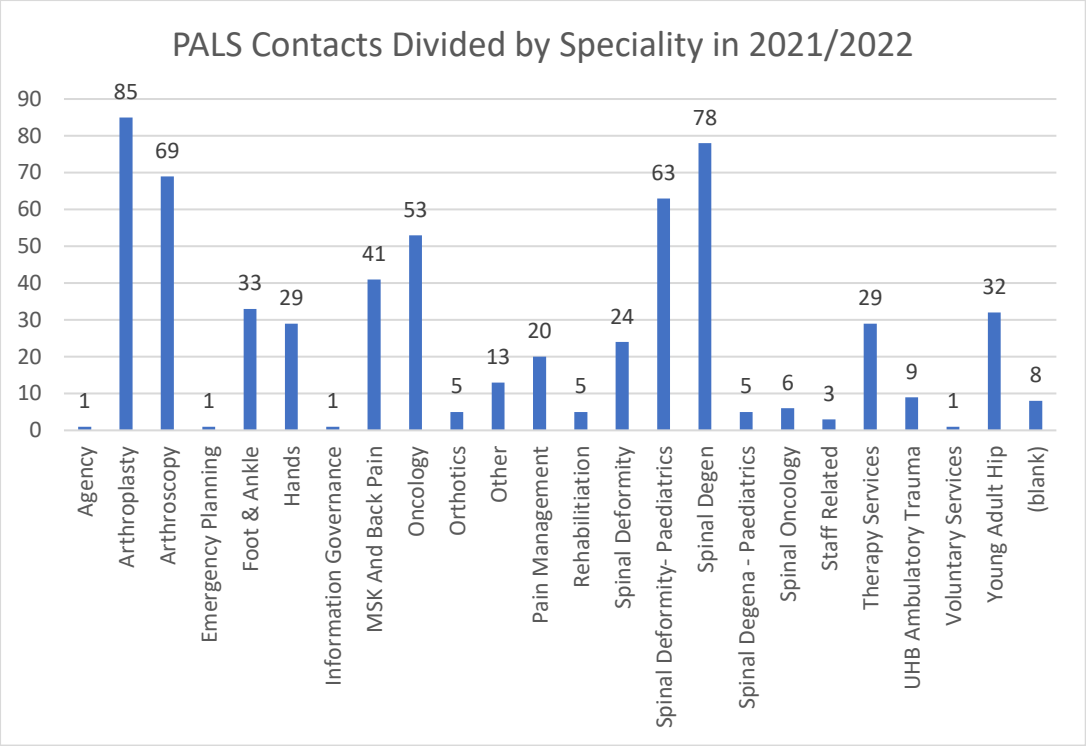


Figure 37. PALS Contacts Divided by Speciality in 2021/2022

7.4. Performance Against Key Performance Indicators

In line with the PALS and Complaints Policy, PALS Concerns must be responded to within 5 working days, PALS enquiries within 2 working days and Informal complaints up to 10 working days. Annual compliance with the contractual reporting requirement of 80% for the year has been met at 99%. The Trust met its internal KPIs again for the second year in a row.

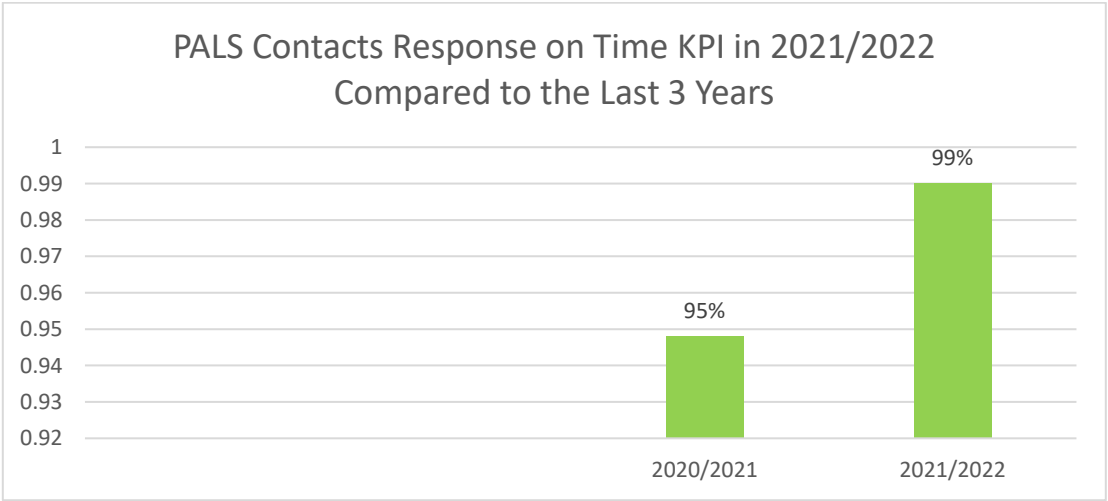


Figure 38. PALS contacts Response on Time KPI in 2021/2022 Compared to 2018/2019, 2019/2020 and 2020/2021

8.0. Demographics of Formal Complaints and PALS contacts in 2021/2022

The main priority of the Trust is to provide the best care and services to the patients. To do that, the Trust first needs to understand who the community is that it serves. The information that the Trust collects regarding patients and complainants' demographics tells us a lot about their needs, allowing better care and a better patient experience to be provided.

Collecting sex, age and ethnicity data can help improve the quality of care for all patients because it helps to identify and address differences in care for specific populations and distinguishes which populations do not achieve optimal interventions.

The Trust started to collect demographics of complainants in 2020/2021, therefore there is not a comparison with 2018/2019 and 2019/2020.

8.1. Complainant Type

A Complainant type (Person type) that has complained tells us who had raised a complaint or PALS concerns with the Trust. It can be an adult patient, patient's member of family or friend, or it can be a paediatric patient. If a member of family or friend raises a complaint, concern or enquiry on behalf of the patient they will need to have a signed consent form from the complainant and verbal consent for PALS contact.

Using this data, the Trust can understand who has raised more complaints, concerns or enquiries. In 2021/2022, 73% of all PALS contacts and complaints were made by adult patients, 6% paediatric patients (16-25 years old) and 21% were made by the patient's member of family or friend.

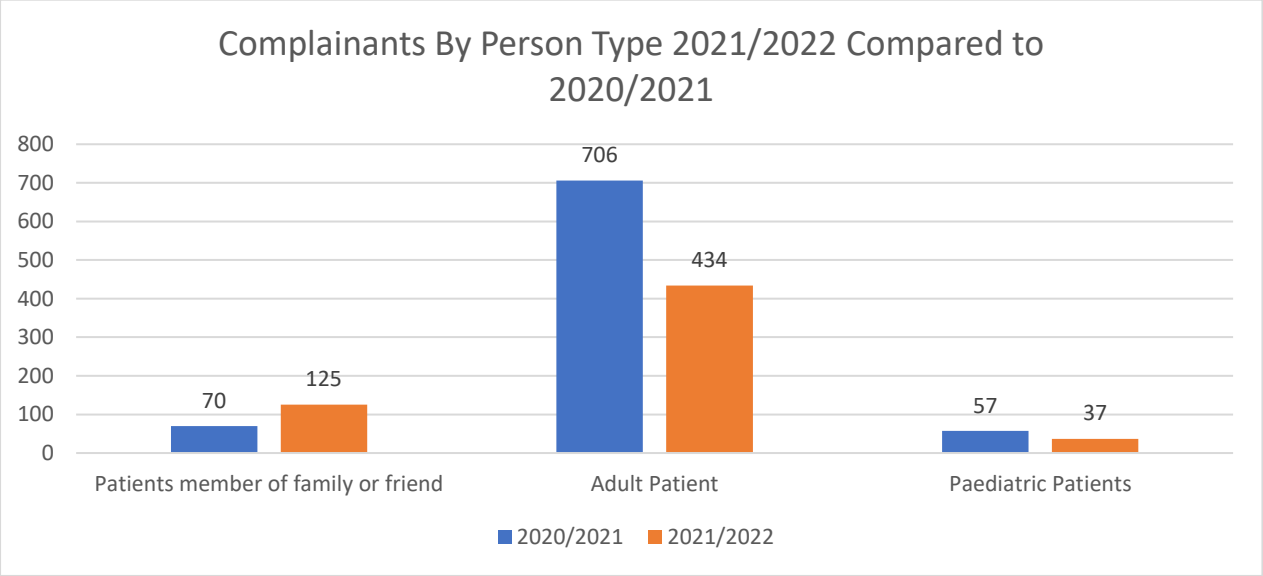


Figure 38. Complainants Person Type 2021/2022

8.2. Age

Figure 39 shows the number of complaints or PALS contacts received per age group in 2021/2022. Figure 40 shows the percentage of complaints or PALS contacts received by each age group against the activity of the patients within the same age groups.

The top three age groups with the most complaints in 2021/2022 were 71-75 years old (69 contacts), 66-70 years old (66 contacts) and 56-60 years old (56 contacts). The PALS and Complaints department did not have information concerning the age of 77 complainants; this may be due to the patient's member of family or friend contacting the PALS and Complaints Department rather than the patient themselves which made it more difficult for staff to collect this information.

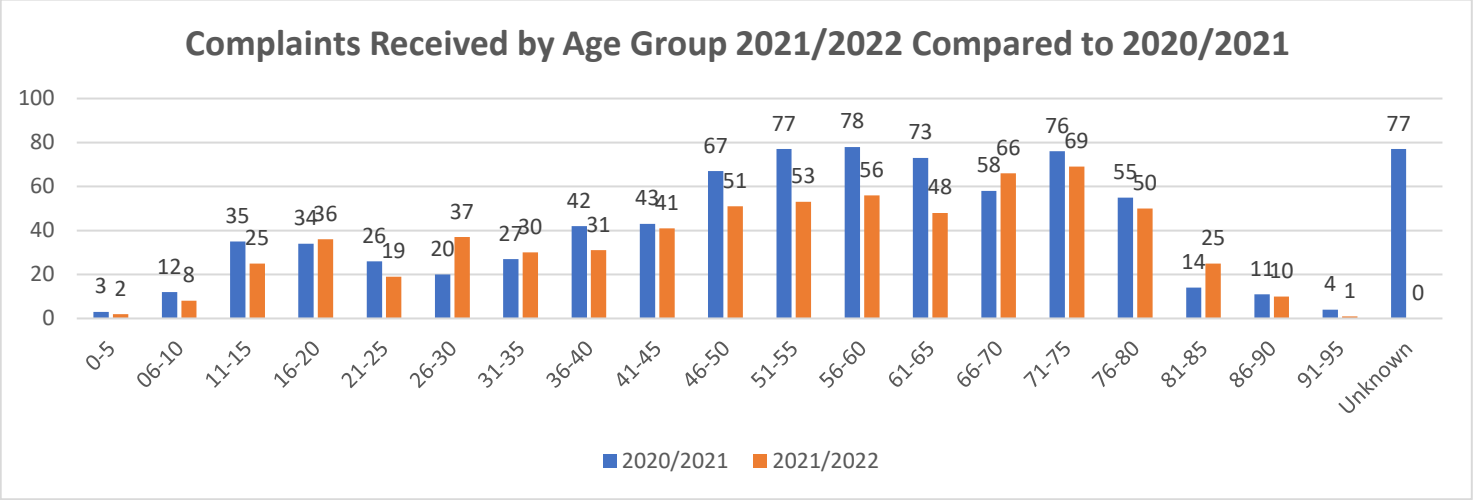


Figure 39. Complaints Received by Age Group 2021/2022 Compared to 2020/2021

The top three age groups with the most complaints in 2021/2022 against activity were 11-15 years old (1.42%) (these were presumably outpatients, given that the Trust does not treat inpatient paediatrics patients and those PALS contacts or complaints would have been made by the parents of the individuals) 26-30 years old (1.41%) and 6-10 years old (1.22 %).

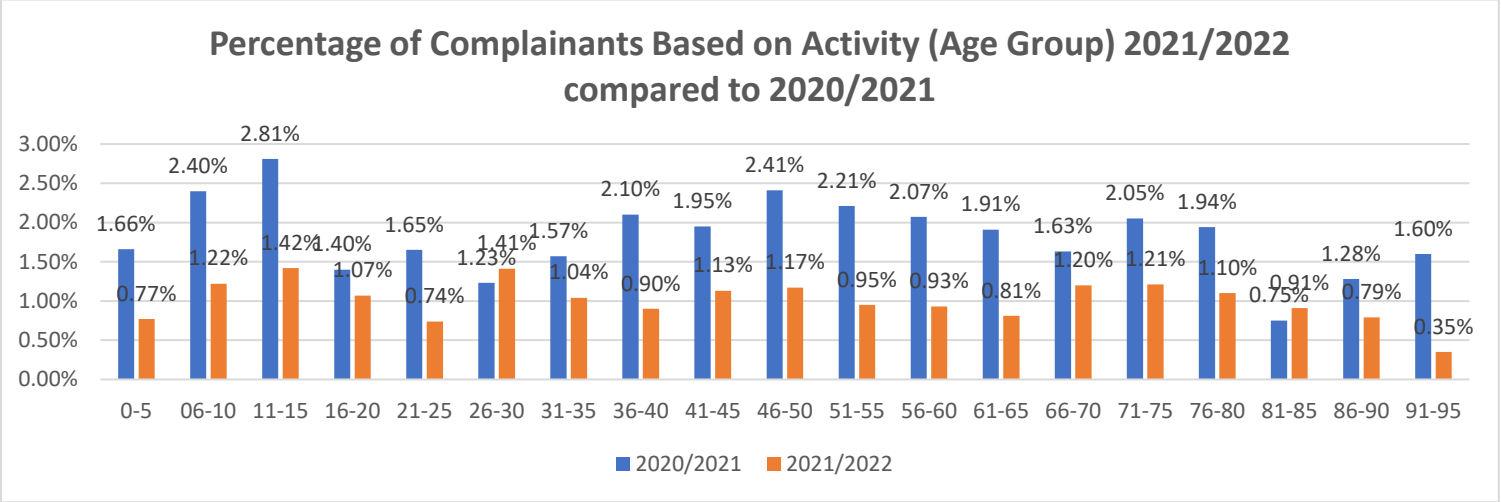


Figure 40. Percentage of Complainants Based on Activity (Age Group) 2021/2022 compared to 2020/2021

8.3 Ethnicity

Ethnic monitoring is an important issue for the Trust as it provides services to a diverse and multi-cultural community. The Trust collect this information so that it can better meet patients cultural, religious and language needs. It is important to collect ethnicity data to understand the needs of patients from different groups and provide better and more appropriate services and identifies patients at risk – some groups are more at risk of specific diseases or conditions. It is required in legislation that all NHS Trusts collect ethnicity data, as per the Race Relations (Amendment) Act 2000, which gives public authorities a duty to promote race equality. It is legislative requirement to monitor the ethnic group of all patients to identify who might be at a greater risk from conditions and to ensure that race discrimination is not taking place.

Collection of ethnicity data during the COVID 19 pandemic was challenging as self-check-in kiosks in outpatients could not be used and this is a source of a large amount of data. Collection of ethnicity data is a high priority for the Trust and reports are available which are monitored through the Data Quality Group chaired by the Chief Operating Officer.

Figure 41 shows the percentage of complaints or PALS contacts received per ethnic group in 2021/2022 compared to 2020/2021. Figure 42 shows the percentage of complaints or PALS contacts received by each ethnic group against the activity of the patients within the same ethnic groups in 2021/2022 compared to 2020/2021.

The top three ethnic groups with the most complaints in 2021/2022 were British White 295 contacts), Other Ethnic Category (10 contacts) and Irish White (9 contacts). There were 375 complainants that have not stated their ethnic group on the Patient Access System (PAS), where the PALS and Complaints department collects demographics.

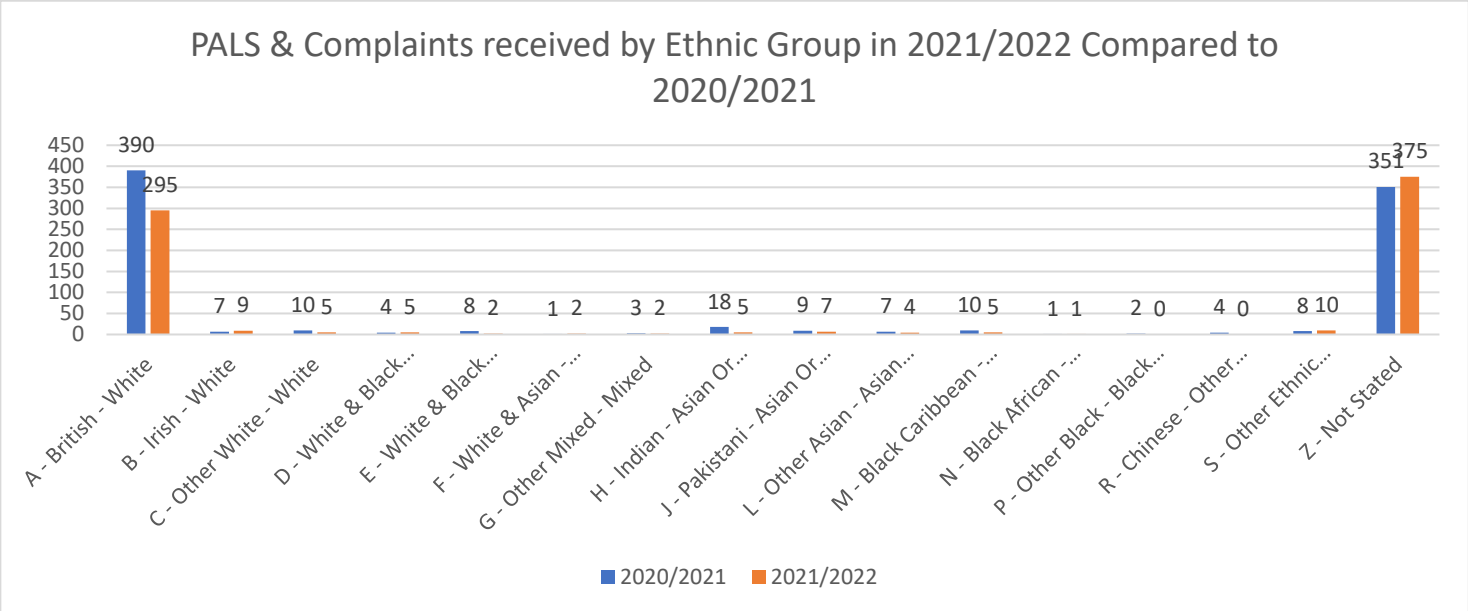


Figure 41. Complaints received by ethnicity group 2021/2022 compared to 2020/2021

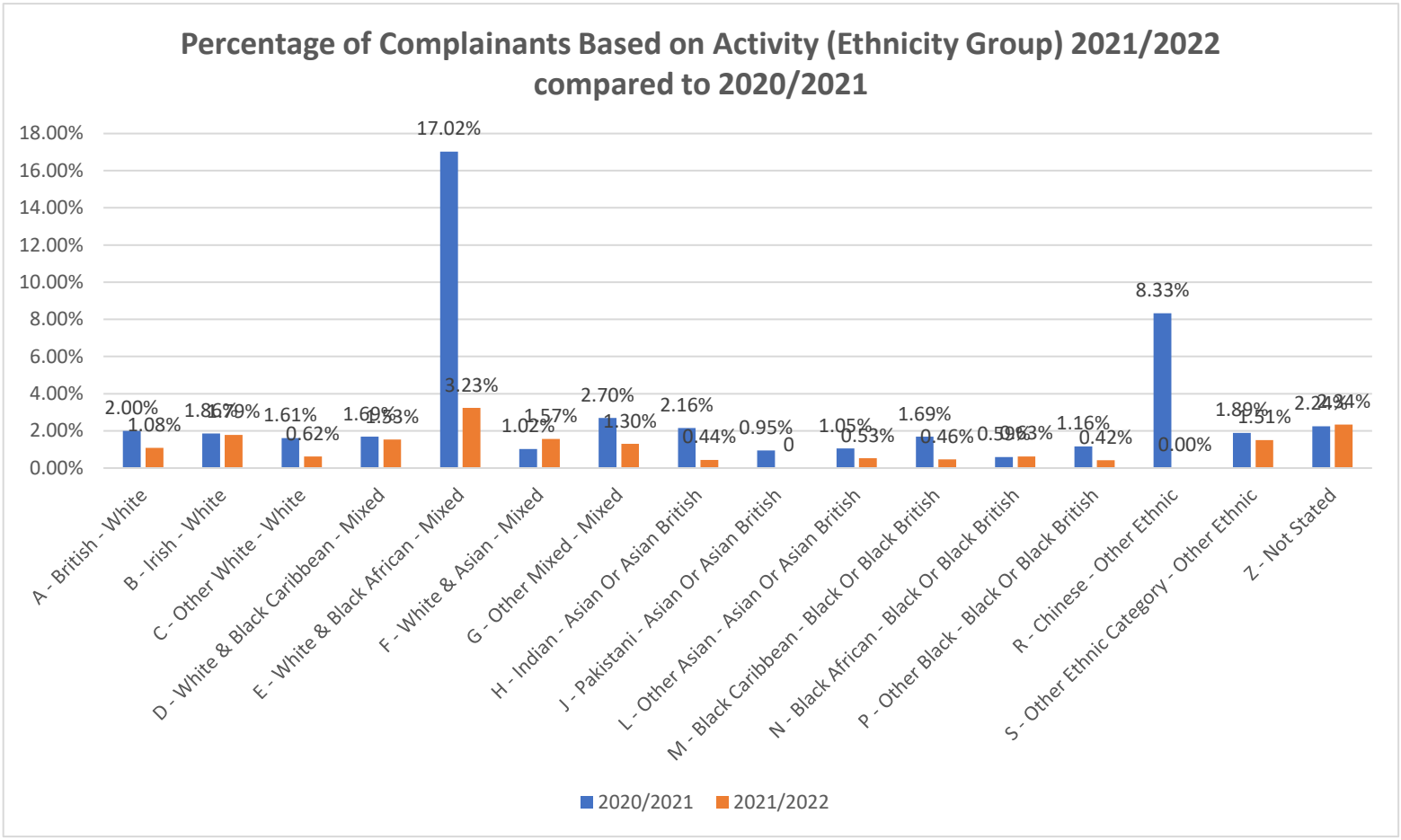


Figure 42. Percentage of Complainants Based on Activity (Ethnicity Group) 2021/2022 compared to 2020/2021

8.4. Sex

Figure 43. shows the percentage of complaints or PALS contacts received per sex group in 2021/2022 compared to 2020/2021. Figure 41. shows the percentage of complaints received by each sex group against the activity of the patients within the same sex groups.

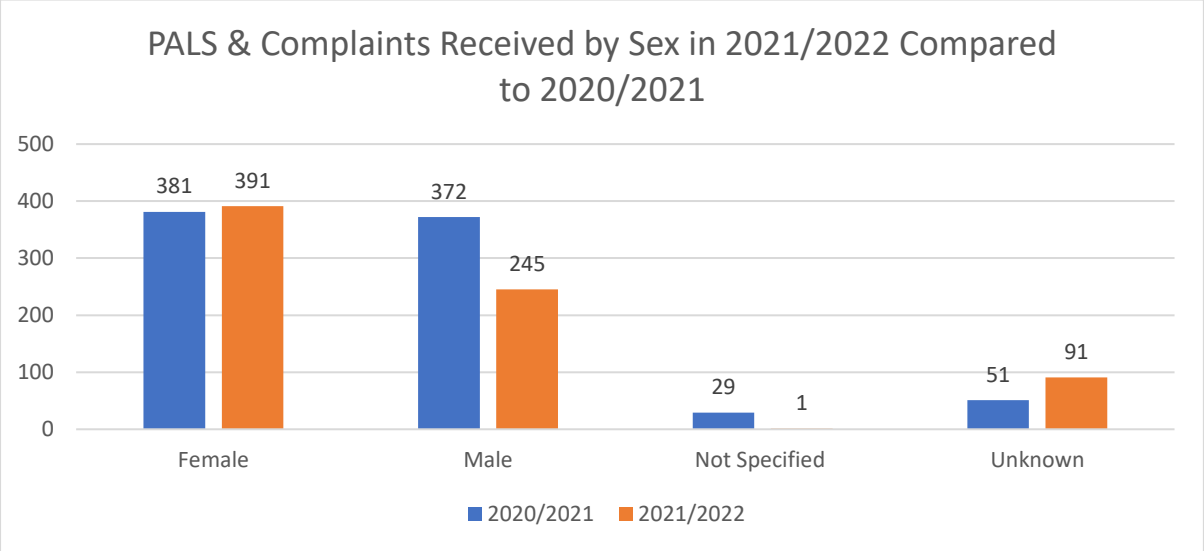


Figure 43. Complaints Received by Sex Group 2021/2022 compared to 2020/2021

In 2021/2022 most complaints were female (1.10% against activity); the sex group for 1 complainant were unspecified and for 91 complainants were unknown.

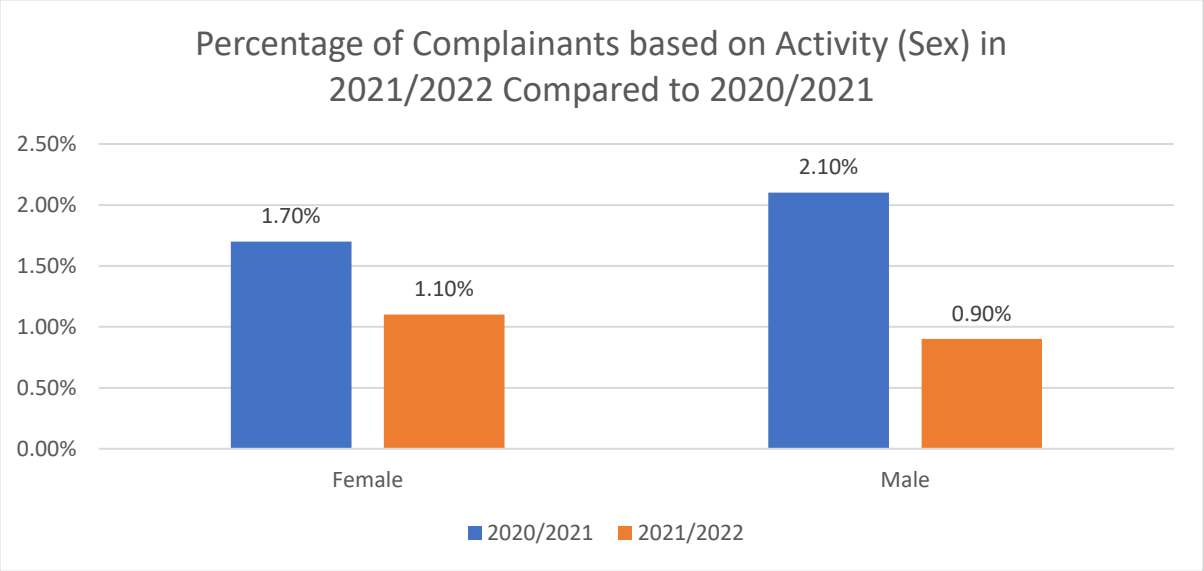


Figure 44. Percentage of Complainants Based on Activity (Sex Group) 2021/2022 compared to 2020/2021

9.0. PALS and Complaints Satisfaction Survey

Following Contact with the complainant the PALS and Complaints team are sending out PALS/Complaints Satisfaction survey to evaluate and tell us if there is anything we did goo and if there is anything we could improve for future patients within PALS and Complaints.

9.1. PALS and Complaints Satisfaction Survey Results

The PALS and Complaints Satisfaction Survey was conducted with the aim of allowing patients, carers or their friends and family to give their feedback and opinions on how they felt PALS and Complaints team dealt with their case. This report will show you the data from Q1 & Q2 compared to Q3 & Q4. In total the PALS and Complaints team have sent out 578 PALS and Complaints satisfaction surveys from April 2021 to March 2022. In total, we have received 101 completed surveys back.

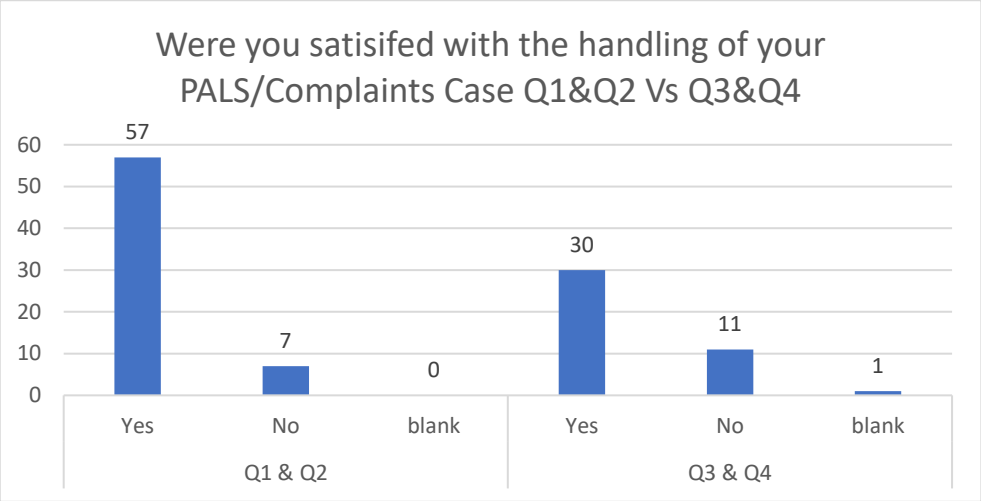


Figure 45. Response on Question 1

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Prompt, helpful service. Empathetic and provided regular updates.*
- *I was very satisfied with my interaction with PALS. Roko was incredibly supportive, professional, and reassuring. Ellie was swift and efficient to help, also very pleasant. Both are an absolute credit to ROH PALS.*
- *PALS were very helpful when I was in the hospital waiting for my husband.*

No

- *Nothing has been done.*
- *You took too long to provide information, some of it has not been provided.*
- *Just like to add Doctor feels I was unhappy that it was not a face to face which is very untrue, I was unhappy being told I could possibly be in pain till I was 60 as they would not touch my knees until then.*

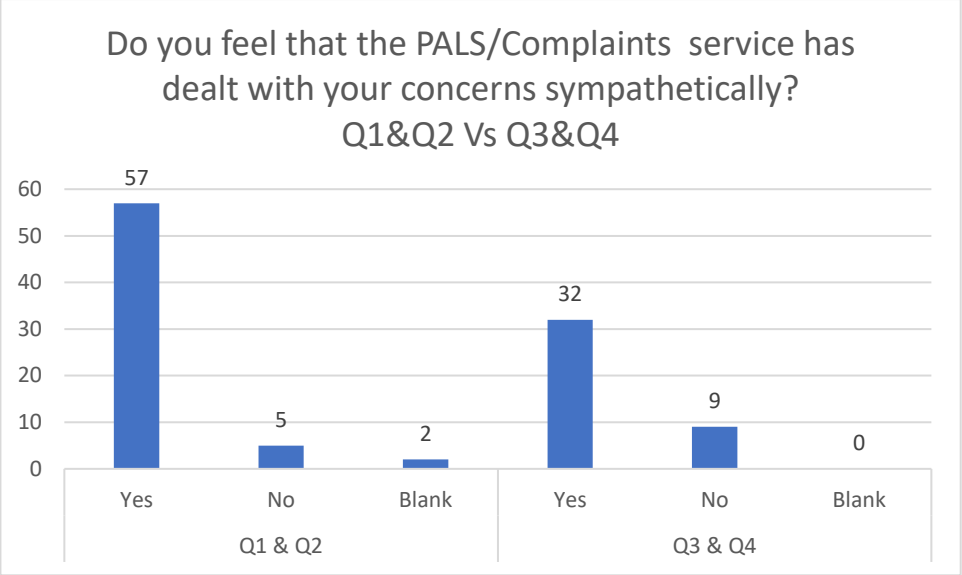


Figure 46. Response on Question 2

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Yes – She was very good and understanding and took notes.*
- *On the phone they are very sympathetic.*
- *They were very sympathetic with me.*

No

- *After my initial conversation I was not contacted by PALS again.*
- *No call back as arranged.*
- *Yes, but not adequately.*

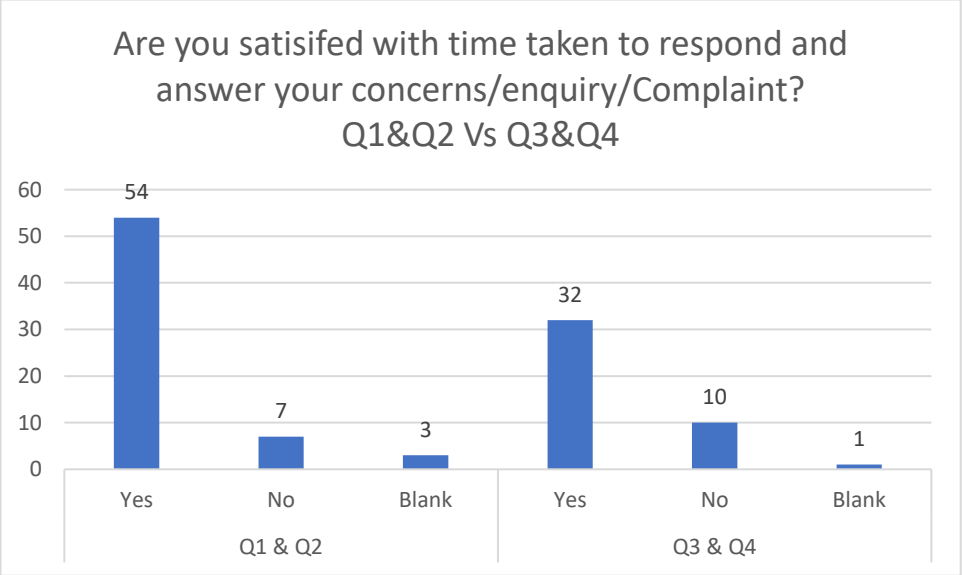


Figure 47. Response on Question 3

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- We had a quick response.
- The response from yourself was quick.
- Yes

No

- *I don't know who funds you but as far i the patient who yet again had the most horrendous aftercare by I assume agency nurses, but you were no help what so ever.*
- *The response from yourself was quick, but now still waiting and in pain.*
- *No*

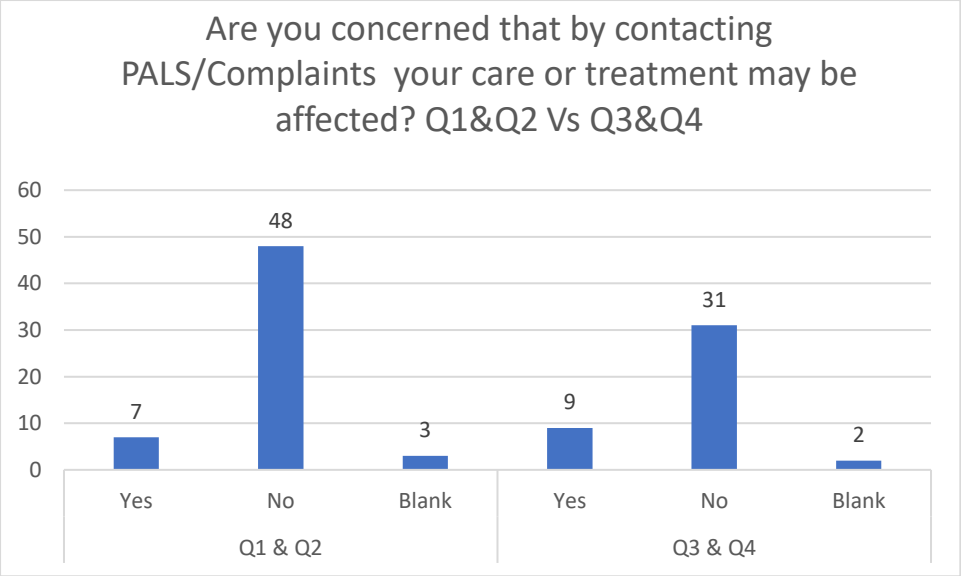


Figure 48. Response on Question 4

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *It has been.*
- *My treatment has already been affected so no worries there.*
- *Because the service isn't the best that you receive.*

No

- *I was under the impression that you were there to help, not punish through treatment and I was correct. Thank you.*
- *I was worried it might affect the way I was treated, but so far there has been no reason for concern.*
- *I was but they put me at ease and explained I was not in the wrong for telling them.*

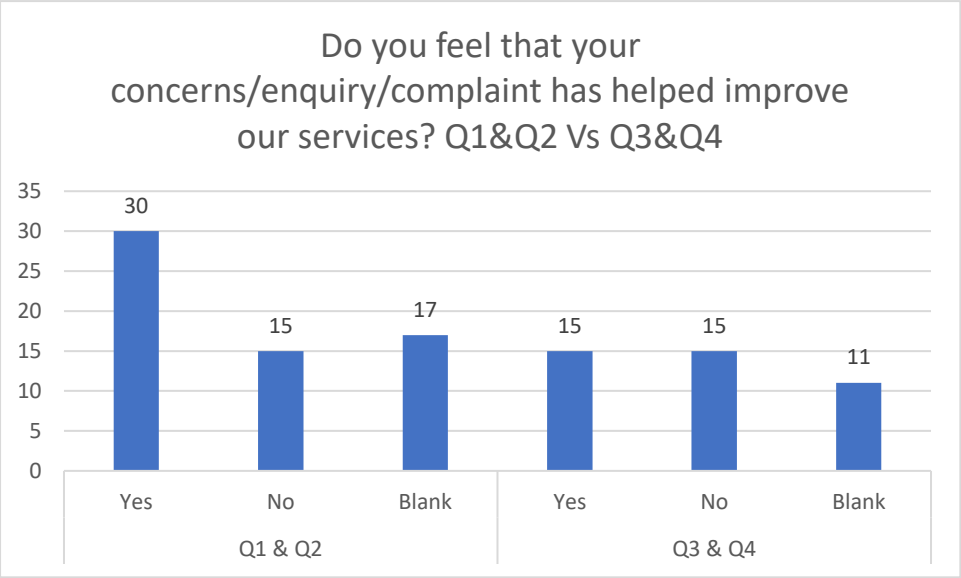


Figure 49. Response on Question 5

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Without your help I don't think I would ever have been seen.*
- *Possibly, PALS rang appointments phoneline and they couldn't get through either.*
- *As my concerns/dissatisfaction was conveyed anonymously I did not request a follow up, but I very much trusted the information would be investigated and addressed by Roko.*

No

- *I think it adds to knowledge of issue, but nothing to change long term from it.*
- *Can't give comments as I have no way of knowing either way.*
- *Unfortunately, I do not believe that there will be any lessons learned from this.*

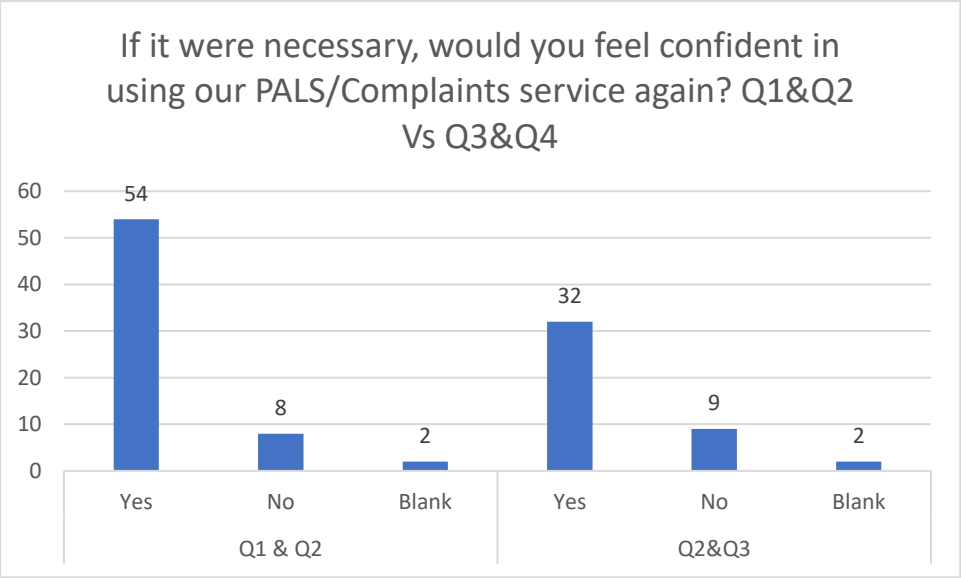


Figure 50. Response on Question 6

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *Absolutely*
- *Yes*
- *Yes*

No

- *Not after waiting 5 months for a call back*
- *No*
- *Definitely*

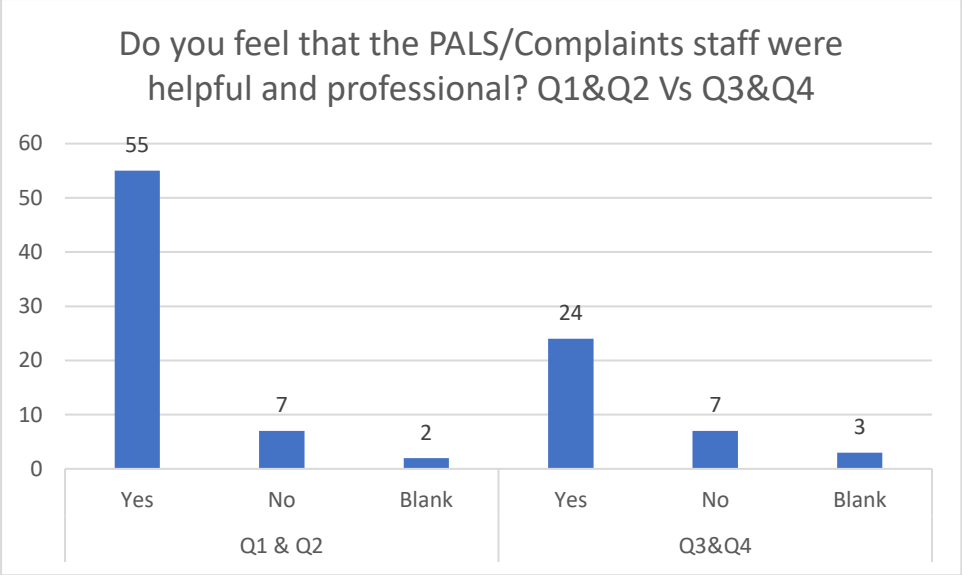


Figure 51. Response on Question 7

Comments

Below are the top three comments for those who selected Yes & No:

Yes

- *PALS is so crucial to a patient when they are in need of help.*
- *After several phone calls both to ROH and my own GP to get an appointment sorted. I felt I was being told untruth by call centre as to my appointment also there was a mix up with the consultant which led to a longer waiting time. On contacting PALS it was settled immediately. THANKS TO THIS TEAM.*
- *The lady who dealt with my concerns was both courteous and very helpful and went the extra mile to sort the problem out.*

No

- *Did not speak to anyone.*
- *Waste of time.*
- *No*

Overall Findings

- The team believe the PALS and Complaints satisfaction survey has been a success. It has shown us how patients feel we deal with their cases, but also areas we may need to improve in.
- Very much like the Q1 and Q2 satisfaction survey, it has been identified that the questions were not interpreted in the way we would have hoped. The main responses we received where about what patients/carers were concerned or complaining about and not how they felt the PALS team handled their case. Because of this response the PALS and Complaints Department will roll out new satisfaction Surveys in 2022/2023.

10.0. Friends and Family Test (FFT)

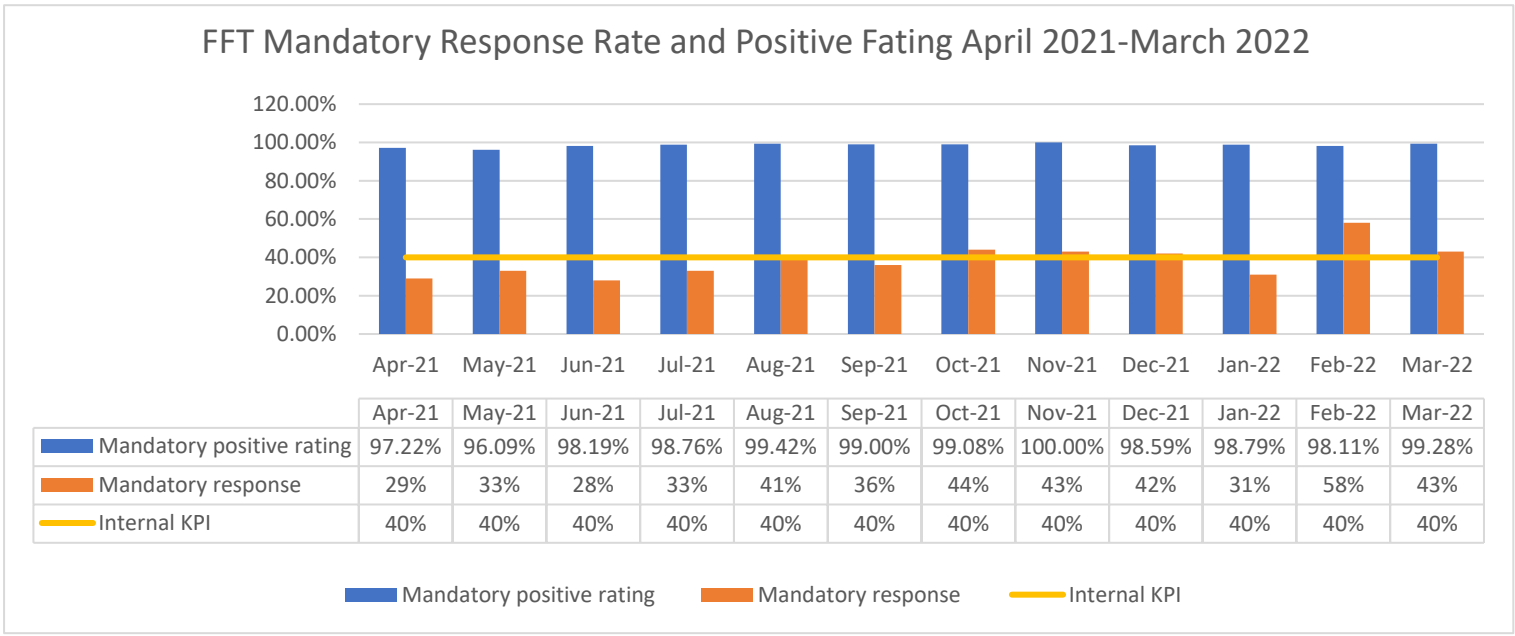
The NHS Friends and Family Test (FFT) was created to help service providers and Commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for the service users to provide views after receiving NHS care or treatment.

9.1. Friends and Family Test at the Trust

The Trust collects data for mandatory areas set by NHS England that includes all inpatient areas and non-mandatory areas which includes all outpatients' departments. The Trust reports FFT data for the mandatory areas on a monthly basis to the NHS England.

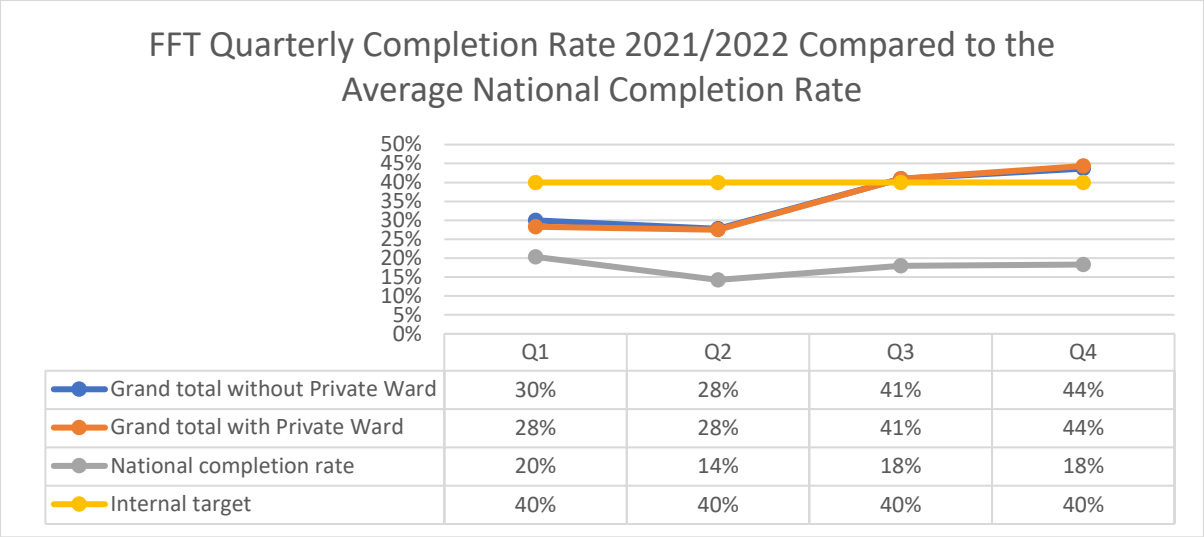
- In September 2020, the focus of the FFT questions were changed by NHS England to focus on the patients experience at the Trust, rather than the previous focus on how highly service users would recommend the Trust.
- NHS England discontinued collection of the FFT during April and May 2020 due to the COVID-19 pandemic. The Trust restarted the reporting and collection of the FFT in June 2020.
- In September 2021 the NHS England has discontinued mandatory KPI of 35% completion rate. The Trust have set its own KPI of 40% completion rate for all mandatory areas.
- The Trust did not set KPIs for non-mandatory areas, but it still continued to collect data and act upon receiving good or bad feedback. The Trust is looking in purchasing Smiley Faces Feedback System and In-Depth Surveys for collecting patient feedback in outpatient's areas.

9.1.1. FFT Mandatory Reporting



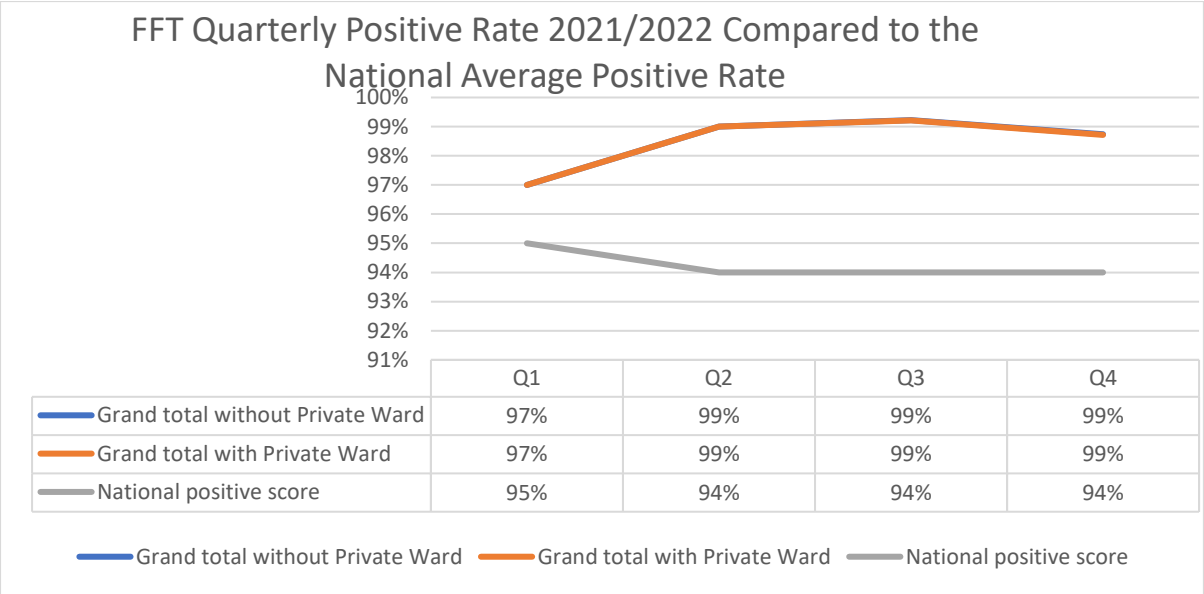
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Mandatory positive rating	97.22%	96.09%	98.19%	98.76%	99.42%	99.00%	99.08%	100.00%	98.59%	98.79%	98.11%	99.28%
Mandatory response	29%	33%	28%	33%	41%	36%	44%	43%	42%	31%	58%	43%
Internal KPI	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%

Figure 52. Mandatory Positive and Response FFT Rate and Mandatory Positive FFT Experience and Response Rate



	Q1	Q2	Q3	Q4
Grand total without Private Ward	30%	28%	41%	44%
Grand total with Private Ward	28%	28%	41%	44%
National completion rate	20%	14%	18%	18%
Internal target	40%	40%	40%	40%

Figure 53. FFT Quarterly Completion Rate 2021/2022 Compared to the Average National Completion Rate



	Q1	Q2	Q3	Q4
Grand total without Private Ward	97%	99%	99%	99%
Grand total with Private Ward	97%	99%	99%	99%
National positive score	95%	94%	94%	94%

Figure 54. FFT Quarterly Positive Rate 2021/2022 Compared to the Average National Positive Rate

9.1.2. FFT Non-Mandatory Reporting

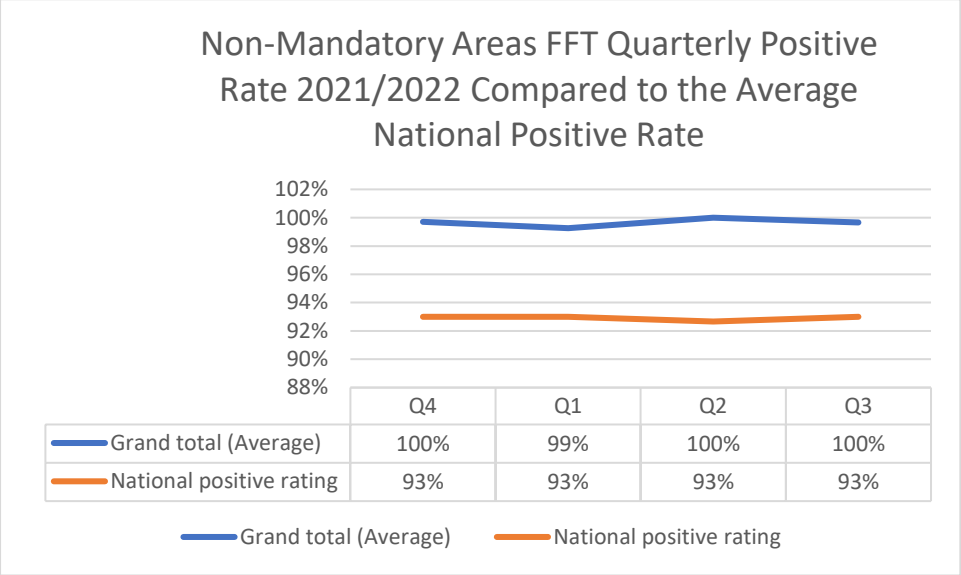


Figure 55. Non-Mandatory Areas FFT Quarterly Positive Rate 2021/2022 Compared to the Average National Positive Rate

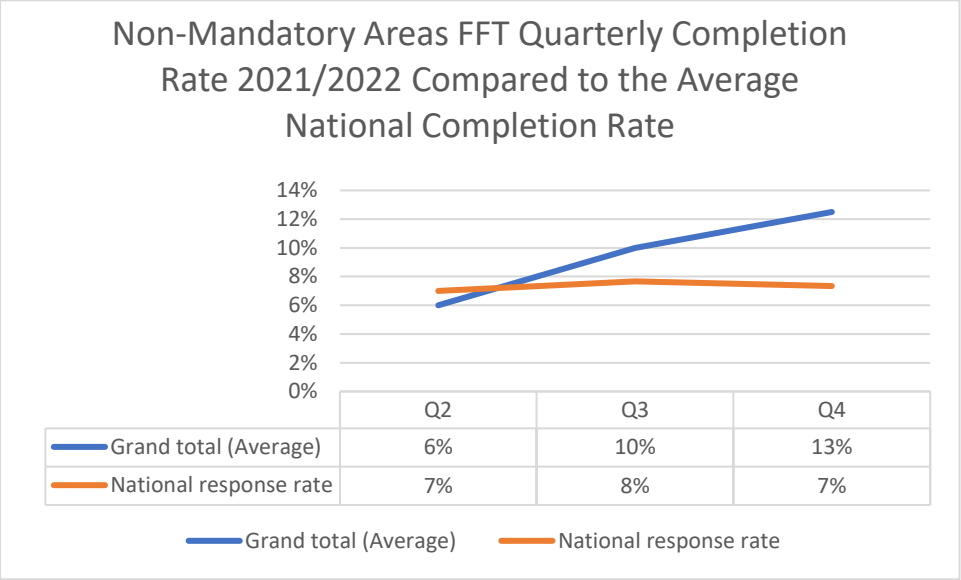


Figure 56. Non-Mandatory Areas FFT Quarterly Completion Rate 2021/2022 Compared to the Average National Completion Rate

Please note that the Trust did not record completion rate for non- mandatory areas during first quarter and 2 months of second quarter due to the challenges and improvement work with the mandatory areas.

9.1.3. FFT Statistical Process Control (SPC) Chart

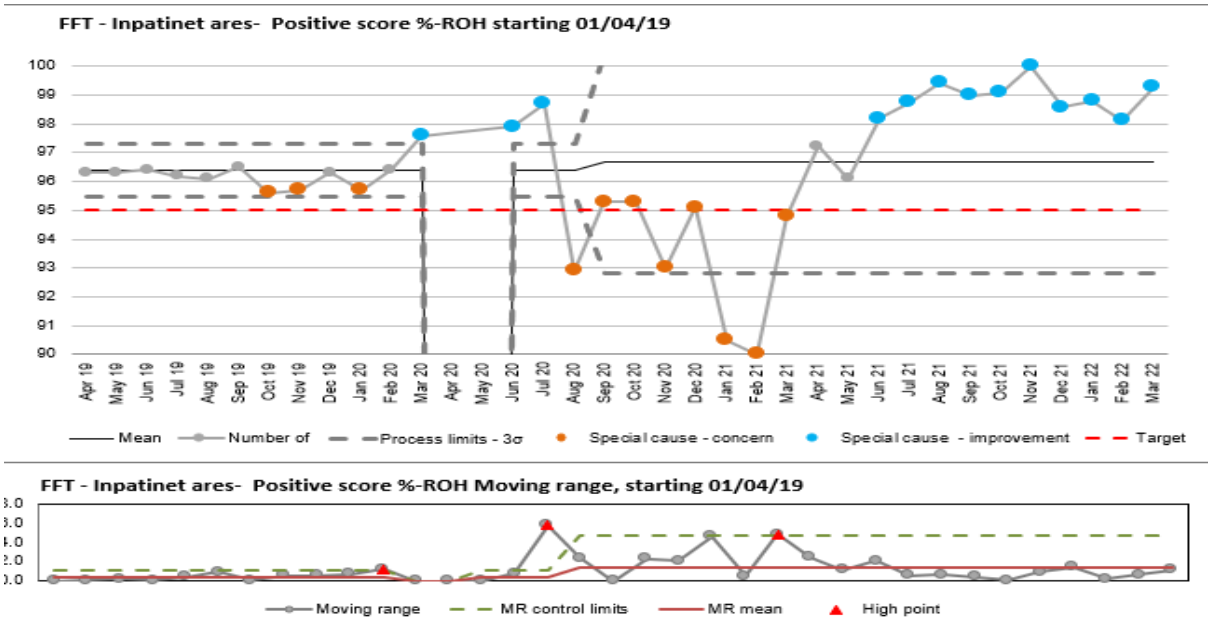


Figure 57. SPC chart of the Mandatory Areas for FFT Positive Score

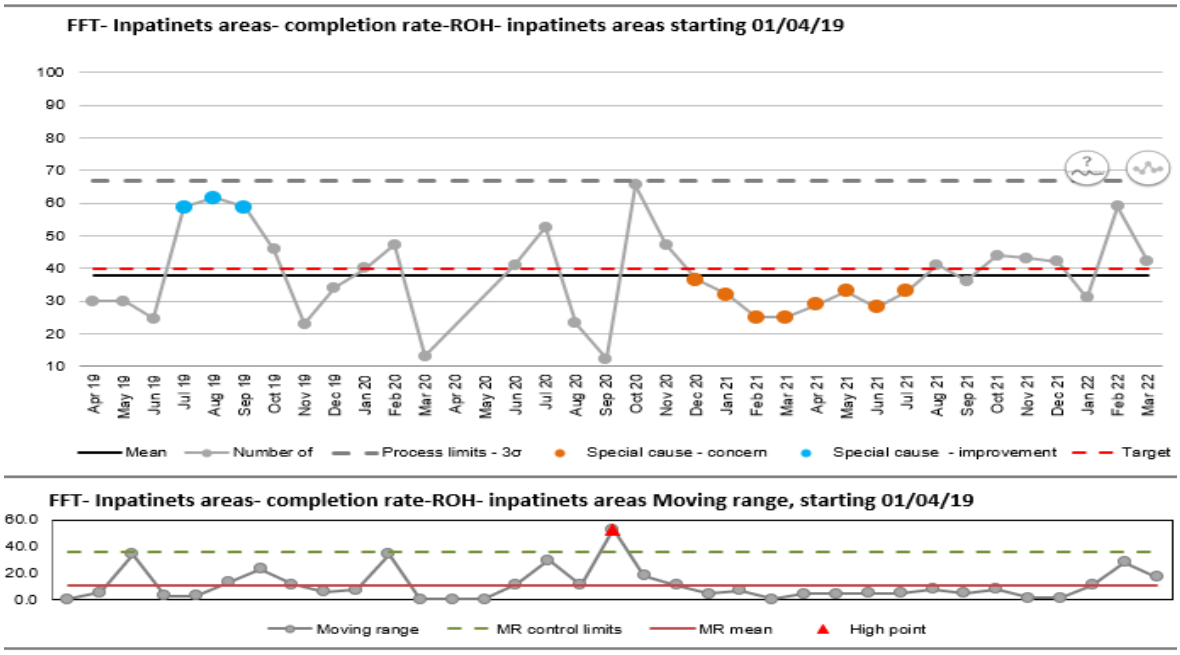


Figure 58. SPC chart of the Mandatory Areas for FFT Completion Rate

10.0. Listening and learning - Coffee Catch-Up

Since May 2019, as part of the award-winning Trusts JointCare pathway for hip and knee replacement surgery, all patients on the pathway are invited to attend a Coffee Catchups. These events were organised to give patients the chance to provide detailed feedback on their whole patient experience, giving staff a valuable insight into what they do well, and perhaps even more importantly, what they could do better. With over 500 attendees, these events have been hugely important to the Trust's continuous improvement programmes

With it looking very unlikely that face to face meetings would be able to resume in the months ahead, when elective surgery restarted, the team decided to move the events onto a virtual platform. This enabled patients to still give feedback and let the team know how their recovery is going at a time when patient experience is perhaps more important than ever, all from the comfort and safety of their own homes.

In January 2022 the Trust have rolled out Coffee Catch-up onto Spinal Services. A total of 200 patients (who had undergone elective lumbar degenerative surgery by the ROH spinal surgical team between June – August 2021) were invited to virtually attend the first spinal coffee catch up ran by the trust on the 8th of December 2021.

Out of the 200 patients invited to attend, 6 patients virtually attended the session, and we received 7 written feedback responses. Overall, from the virtual attendees and the written responses, the feedback of the patient experience of having had their spinal surgery at the ROH was excellent.

During 2021/2022 the Trust sent invites to more than 2000 patients between JointCare and Spinal Services, patients were asked to consider the following questions:

1) **How well did we prepare you for surgery?**
2) **What went well?**
3) **What could have gone better?**
4) **How was your care after discharge (considering the services from the Royal Orthopaedic Community Service (ROCS), outpatient physiotherapy, clinic)?**
5) **What advice would you give to a friend/family member coming to us for a joint replacement?**

Out of the 1006 patients that were invited and received a question, 78 attended a virtual meeting and a further 76 have provided the Trust with their feedback.

The feedback received was overwhelmingly positive, which provided a much-needed morale boost for the staff taking part. Comments included:

Quotes to support this include:

- *"I am delighted to tell you that the operation has been a complete success with all the pains in the backs of my legs removed, so that I can walk normally again."*
- *"I would just like to say that all the medical professionals that I've had dealings with have been excellent, caring and thorough…. thank you for everyone's efforts in such a difficult time in the world."*
- *"Considering all aspects of my experience, I can only say that I received a full professional service and would have no hesitation in saying to anyone who has attended the ROH …. Fear not you are in good hands!"*
- *"I've got my life back"*

The feedback is circulated to all relevant teams and departments to ensure all staff involved in the pathway are reminded of the great care they are providing.

10.1. Patient Engagement During 2021/2022

The Trust has undertaken a number of patient engagement initiatives through the pandemic and post pandemic, which has helped shape the changes and service offerings, including:

- ✓ The Trust has rolled out Coffee Catch-Up Patient Engagement methodology to the Spinal Service.
- ✓ The Trust has recruited patients to be members of our Patient Engagement and Experience Group and have been included in all decisions made by the Group.
- ✓ New PALS and Complaints leaflets and posters have been created and translated in 6 common spoken languages within the community we serve.
- ✓ A new PALS and Complaints external internet page has been created and is still under construction.
- ✓ #Hellomynameis badges have been introduced into the Trust and all staff members wear their badges.
- ✓ Patient Participation Group has commenced with over 5000 invites sent out to patients. Posters have been created and introduced around the Trust.
- ✓ A new PALS & Complaints logo has been created with the slogan 'if it matters to you, it matters to us' this is now on all of the PALS & Complaints correspondence to the patients/complainants.
- ✓ The Trust was one of Pilot sites for PHSO NHS new Complaints Standards.
- ✓ All patient satisfaction surveys now have governance of approving and feeding back to the system.
- ✓ The department is actively using Trusts social media to promote patient experience and engagement.

11.0. Working with Partners and Patients to Improve our Services

The Trust continued to strengthen connections with various external companies and NHS Trusts during 2021/2022 through the Head of Patient Experience's network and research. The Trust continued to work closely with Orthopaedic Specialist Trusts and with Healthwatch Birmingham.

During 2020/2021, the Patients and Carers Forum was paused due to the impact of the COVID-19 pandemic as all meetings started to be held online. The Trust tried to hold meetings online, but it was unsuccessful, so the Trust adapted new ways to fulfil role of the forum. These new ways included sending feedback forms to the members, leaflets to review and using social media such as Facebook, Instagram, and Twitter to ask members of public and patients to leave their comments and feedback. The Trust have now rolled out new group for patients called Patient Participation Group with first meeting to take place in 2022.

12.0. Improvements made

The PALS and Complaints team has continued to work with the nursing and operational colleagues to identify more effective ways of working that benefit all and improve patient experience.

The priorities for the PALS and Complaints service during 2021/20222 were agreed and achieved as listed below:

Actions for 2021/2022 set out from the Annual Complaints and Patient Experience Report 2020-2021			
Key:	Not Achieved	In progress	Achieved
Financial Year	Priority	Progress made:	Status- Update
2021/2022	The patient experience and engagement strategy 2019 to 2021 will be enhanced with a new strategy for the next 4 years and the associated action plan will be refreshed	**November 2021**- Action plan updated- majority of actions were completed as per strategy, actions that have been started will be carried forward to new start edgy **December 2021**- action plan was presented on Patient Experience and Engagement Group- members of group did not make any comments on the action plan	**November 2021-** Meeting with Deputy Director of Strategy to start with new strategy **November 2021/December 2021- 2019-2021 s**trategy workplan have been made into the action plan and actions have been reviewed. Following review actions were closed where appropriate (with evidence) and updated strategy will need to be created and planned roll out will be in 2022/2023 **March 2022-** Strategy will be completed following Patient Participation Group Meeting, taking into the consideration patient views

2021/2022	The Trust will undertake a peer review of the Patient Experience and produce a responsive action plan.	**October 2021-** Patient Experience Network have undertaken a peer review of the patient experience within the Trust. Following peer review PEN have created report. Executive summary of the report was presented on Executive meeting and PEEG. **January 2022**- creation of the action plan is in the process by Deputy Chief Nurse and Head of Patient Experience, this action plan will include finding from the PEN report, CQC National Inpatient Report 2020 and Annual Complaints & patient Experience report 2020/2021 as all 3 reports have same/Similar themes **March 2022-** Triangulated data have been [presented on the Trust Board meeting	Fully Achieved
2021/2022	The Trust will roll out the Coffee Catch-Up patient engagement methodology to the Spinal Service.	**October 2021-** First Coffee Catch up for Spinal service users have been rolled out, 6 patients attended. Coffee Catch up for the Spinal services will be held every quarter	Fully Achieved
2021/2022	The Trust will engage with diverse groups of the community that the ROH serve, to understand their views and to improve their experience.	**September 2021-** the PALS and complaints department sent a PALS survey to all patients that have contacted department in first 2 quarters, with the survey all patients have been asked if they wish to be members of the Patients Engagement and Experience Group, couple of the patients contacted. **November 2021-** PALS posters have been translated on 5 main spoken languages within our patents- the Trust now offers to all patinates to leave their feedback, compliment, comment or raise concern on their own	Fully Achieved

		language. **March 2022-**The Trust have established Patient Participation Group and sent open invite to all patients and members of the Trust, inviting them to join to our patinate groups and forums	
2021/2022	The PALS and complaints team will further improve the Ulysses system to get more precise data for the directorates so that the operational team can focus on the specialities that receive most complaints and PALS contacts.	**January 2022-** the PALS and Complaints have started to input specialities data for all contacts. The department produces reports on Weekly, monthly and quarterly basis	Fully Achieved
2021/2022	A responsive action plan will be produced off the back of this annual report to look more closely into themes of the complaints and PALS contacts, demographics of the complainants and departments.	**September 2021-** following review of all cases opened by the ethnic minorities the Head of Patient Experience did not see any themes **January 2022**- creation of the action plan is in the process by Deputy Chief Nurse and Head of Patient Experience, this action plan will include finding from the PEN report, CQC National Inpatient Report 2020 and Annual Complaints & patient Experience report 2020/2021 as all 3 reports have same/Similar themes **December 2021 -** Following reports form PEN and CQC national inpatient survey, Chief Nurse would like to see an action plan covering all 3 reports **March 2022-** Triangulated rolling action plan and data have been presented to the Trust Board	Fully Achieved

2021/2022	The Trust will work on the process of collecting compliments from the other departments so it can be tracked by the Ulysses system and disseminated accordingly.	**December 2021-** Patient Experience Facilitator have sent a proposed tracker to the Head of nursing for approval, FFT compliments are shared with staff and departments accordingly.	Fully Achieved
2021/2022	The Trust will recruit patients to be members of our Patient Engagement and Experience Group and will be included in all decisions made by the Group.	**September 2021 -**Work is underway, Patient Participation Group will be reinstated in first quarter of 2022/2023 and this forum will be run by the patients. **December 2021-** The Trust recruited 3 patients in PEEG-PALS and complaints department is still actively seeking patients to join the group. **March 2022-** First meeting will commence on the 1st June 2022,; agenda and adverts are ready **March 2022**- First meeting is set to commence on 1st June 2022- active patients have received their invitations and Trust is advertising on the social media for this event, business cards with QR code have been developed	**Fully Achieved**
2021/2022	New PALS and Complaints leaflets and posters will be created and translated in 6 common spoken languages with the community we serve.	**December 2021**- POSTERS and PALS leaflets have been created and translated on 5 main spoken languages within our patients. **January 2022-** PALS leaflets and posters have been approved and sent for printing. **February 2022-**Over 200 posters with 5 language translation about PALS and Complaints have been disseminated across Trust	**Fully Achieved**
2021/2022	A new PALS and Complaints external internet page will be created which will include quarterly reports of the patient experience and a pop-up chat box on the Trust external internet page will be introduced.	**December 2021-** Internet page approved by the PEEG members, and it have been launched	**Fully Achieved**

2021/2022	#Hellomynameis badges to be introduced within the Trust.	**June 2021-** #Hellomynameis badges have been rolled out throughout the Trust	**Fully Achieved**
2021/2022	The PALS and Complaints department will have a meeting room to meet with complainants and patients that wish to give us feedback.	**October 2021-** Request for space have been completed and submitted to Estates department	Awaiting Estates department to confirm new office if appropriate

Figure 59. Progress against 2021/2022 Priorities for the PALS and Complaints Department

The PALS and Complaints department made improvements that were not included in the last year's priorities as it continues to improve services for our service users, the changes that were made are as follows:

- The Trust was Pilot site for the new PHSO NHS Complaints standards.
- The PALS and Complaints department undertook GAP Analysis on the CQC Regulation 16.0 – Receiving and responding on Complaints and created responsive action plan which has been fully achieved and closed.
- The Trust have formed close relationship with the Healthwatch Birmingham.
- The PALS and Complaints department have its own logo and branding.

13.0. Looking ahead to 2022/2023

The Trust will continue to improve the PALS and Complaints services and the Patient Experience in the 2022/2023. Improvements planned for the next financial year are as follows:

- The Patient Experience and Engagement Strategy 2019 to 2021 will be enhanced with a new strategy for the next 4 years and the associated action plan will be refreshed.
- The Trust will roll out the Coffee Catch-Up patient engagement methodology to the Oncology Services.
- The Trust will continue engage with diverse groups of the community that the ROH serve, to understand their views and to improve their experience.
- A responsive action plan will be produced off the back of this annual report to look more closely into themes of the complaints and PALS contacts, demography of the complainants and departments.
- #CallMe campaign to be introduced within the Trust.
- Smiley Faces Feedback Devices will be rolled out.
- In-Depth Survey for Outpatient and Inpatient departments will be rolled out.
- Head of Patient Experience will work on Business Case to enhance the team engagement with patients.
- Youth Forum and Learning Disability & Autism Forum will be rolled out.
- The Trust will have at least one patient in a quarter sharing their story to the Trust Board Members.
- Fifteen Step Challenge will be introduced and rolled out.
- The Trust will celebrate Patient Experience Week.
- New PHSO NHS Complaints standards will be fully rolled out in the Trust.
- The Healthwatch Birmingham will be on site at least once a month undertaking patient experience surveys July.
- The PALS and Complaints team will roll out training on PALS, Complaints and Patient Experience.

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	**Update from the Guardian of Safe Working**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive Officer**
AUTHORS:	**Jamie McKenzie, Guardian for Safe Working** **Matthew Revell, Executive Medical Director** **Nas Uddin, Interim Deputy Chief Operating Officer**
DATE OF MEETING:	**6th July 2022**

EXECUTIVE SUMMARY:

The Guardian for Safe working has confirmed no concerns for the last quarter with respect to the safety of postgraduate doctors.

The document describes the team overseeing postgraduate doctors working and the current work in progress to improve both patient and employee experience.

REPORT RECOMMENDATION:

The Trust Board is asked to:
RECEIVE and ACCEPT the assurances provided by the report
SUPPORT the following intentions:

- To provide continued support for the key individuals working to support postgraduate doctors working conditions.
- Encourage further engagement with the Postgraduate Doctors' Forum meeting.

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

Accept	Approve the report	Discuss
X	**x**	

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

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

Comments:

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

Aligned to Trust Objectives

BAF Risk WF21 – Failure to attract and retain the skills and number of staff to secure financial sustainability

The Royal Orthopaedic Hospital NHS Foundation Trust

PREVIOUS CONSIDERATION:
November 2021

The Royal Orthopaedic Hospital NHS Foundation Trust

FOR ASSURANCE

UPDATE FROM THE GUARDIAN OF SAFE WORKING

REPORT TO THE TRUST BOARD – July 2022

1.0 Situation

1.0.1 The Guardian for Safe Working is required to raise concerns about Safe Working for postgraduate (previously known as junior doctors) doctors by exception. Exception reports are the mechanism by which postgraduate doctors record unscheduled episodes of work outside their normal working pattern. As of 1st July 2022, there have been no exception reports raised in the last quarter.

2.0 Background

2.1 Leadership Team

The current team looking after middle grade doctors has extensive input from the clinical service managers.

2.1.1 Clinical rotas are prepared by the Administrative Specialist Registrar (SpR) (nominated 6-monthly by the Regional Training Programme Director, currently Mr Wasim). Mr Newton Ede and Mr Politis support the Administrative SpR balancing the educational and training opportunities with the service requirement of the organisation. Through regular contact and meetings with trainees and management, the leadership team ensure safe, effective and rewarding postgraduate training. This is monitored by the leadership team and a rapid and effective response is insured when concerns challenges and opportunities are identified. Formal feedback via the GMC trainee-satisfaction survey and the Job Evaluation Survey Tool (JEST) (now NETS – National Education and Training Survey) is similarly monitored and responded to.

2.1.2 The current consultant staff post holders are:

Mr Matthew Newton-Ede	Postgraduate Clinical Tutor	All postgraduate medical and surgical trainees (ST1+) at the Royal Orthopaedic Hospital
Dr James Brunning	Tutor	Anaesthetics
Mr Angelos Politis	Clinical Lead for Mid-Level Care Providers	Locum doctors & Fellows
Mr Jamie McKenzie	Guardian for Safe Working	Safe working conditions of trainee doctors
Mr Khalid Baloch	Training Programme Director	SpRs in T&O

2.1.3 There are regular medical workforce meetings arranged as part of normal operations. In addition, there is a regular Postgraduate Doctors' Forum attended by the leadership team and all postgraduate doctors are invited.

2.1.4 The Post Graduate Medical Director (PGMD), Medical Director and Safeguarding Lead provide input to the doctors' induction meetings. The Medical Director and Post Graduate Clinical Tutor each have 2-monthly meetings with the GP trainees and contribute to the training programme as speakers and medical educators.

2.1.5 All clinical supervisors and allocated educational supervisors are accredited as per the GMC and Academy of Medical Educators directive. Maintenance of accreditation is appraisee-led and recorded via the annual appraisal process. Consultants will be supported via a designated Educational Support Committee.

3.0 Junior Doctor Establishment

3.1 *Specialist Registrars (SpRs) and Fellows Training in Orthopaedic Surgery*

3.1.1 There is presently a combination of Specialist Registrars and Fellows on the Royal Orthopaedic Hospital roster. All contribute significantly to the safe working of the Trust on a day-to-day basis, being timetabled for ward-round cover, theatres and outpatient clinics. Fellows take part in the on-call rota during working hours only.

3.1.2 12 new T&O SpR trainees started in Feb 2022. Face to face teaching is on-going. The next rotation will take place on 3 August, with 13 Birmingham trainees and 2 Warwick trainees allocated.

3.1.3 There have been issues with difficulty filling gaps in the on-call rota due to the hourly rate for SpRs undertaking additional shifts which does not compare favourably with local Trusts

3.2 *GP Trainees*

3.2.1 There are a variable number of GP trainees at the ROH. The Trust has been allocated 4 GP trainees for the next rotation. Interviews have taken place for the Junior Doctor Fellow roles to replace existing locums and 4 individuals have accepted posts. Locum staff will be asked to remain if there are any gaps in the GP trainee rota). GP trainees get three formal teaching sessions per week including release for their regional teaching. Additionally, they are supported to attend their awayday residential teaching. They are timetabled for weekly teaching clinics and operating lists, and cover is in place to maximise their educational exposure. Training sessions are strongly encouraged but not always utilised.

3.2.2 Remaining posts at Senior House Officer level are filled with locums or, more preferably, substantive mid-level care providers (MLCPs) where possible. The aim is to reduce the reliance on locum cover by appointing doctors into 2-year fixed appointments when possible.

4.0 Postgraduate Doctor's Forum (formerly *Junior* Doctors' Forum)

4.1 The Postgraduate Doctor's Forum meetings provide a forum for the leadership team, including management, to discuss and plan improvements. Encouraging trainees and other medics to attend is a priority.

4.2 Wellbeing has been raised as an import issue. This is being addressed in several fora, including at induction for all medical staff, with Angelos Politis as lead. There is a suggestion box in the junior doctor's lounge – suggestions are being acted upon already.

4.3 The induction process is constantly being improved, often due to direct input at the Postgraduate Doctors' Forum. It is proposed that clinical fellows join the main trainee induction while still completing some oversubscribed training prior to this.

4.4 Other issues that are being addressed include the workload on Ward 3 (for which a further postgraduate doctor may be allocated) and a further audit of the handover process, given recent updates to this.

5.0 About the Guardian for Safe Working Role

5.1 During negotiations on the postgraduate doctor contract, agreement was reached on the introduction of a 'Guardian of Safe Working Hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for postgraduate doctors.

5.2 The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the postgraduate doctors employed by it. It should report into different management structures, including the Joint Local Negotiating Committee (JLNC) and the Trust Board, but will also have a regular input into Postgraduate Doctors' Forum meeting. Regular liaison with the Director of Medical Education (DME), educational supervisors and the champion of flexible working is required.

5.3 The guardian is responsible for overseeing compliance with the safeguards outlined in the 2016 terms and conditions of service (TCS) for doctors and dentists in training. The post holder is to identify and either resolve or escalate problems, and act as a champion of safe working hours for postgraduate doctors.

5.4 The guardian provides assurance to the employer or host organisation, that issues of compliance with safe working hours will be addressed, as they arise.

5.5 The guardian is accountable to the board and should not hold any other role within the management structure of the employer. The line management arrangements for the guardian should be independent of the Medical Director and other medical managers to ensure appropriate independence. The reporting line should be to the appropriate Executive Director or equivalent, who will contribute to the annual appraisal of the guardian, in line with appraisal policy.

5.6 The post holder should have regular meetings with doctors in training, the champion of flexible training, the DME and any associate DMEs, educational, clinical and academic supervisors, the postgraduate dean, other senior staff within the HEE area office/deanery, the JLNC, the Postgraduate Doctors' Forum, and both executive and non-executive Board members. In some locations the guardian may need to liaise with colleagues undertaking similar roles for other local organisations which employ fewer than 10 trainees.

5.7 The guardian has a page on the ROH external website with contact details and a description of the role. The role is explained at postgraduate doctors' induction and leaflets are distributed with further details. The guardian attends the Postgraduate Doctors' Forum meetings and is easily accessible.

6.0 Recommendations and Ongoing Work

The Trust Board is asked to:

RECEIVE and ACCEPT the assurances provided by the report
SUPPORT the following intentions:

- To provide continued support for the key individuals working to support junior doctors' working conditions, especially those involved directly in health and wellbeing.
- Broad focus on improving induction for all doctors
- Improving focus on well-being for junior doctors

Jamie McKenzie, Guardian for Safe Working
Matthew Revell, Executive Medical Director
Nas Uddin, Interim Deputy Chief Operating Officer – Division 2

1st July 2022

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Declaration to NHS Improvement – General Condition FT4 – corporate governance statement**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive & Tim Pile, Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary**
DATE OF MEETING:	**7 July 2022**

EXECUTIVE SUMMARY:

It is a requirement of the governance condition of the Trust's licence that the Trust publishes a statement within three months of the end of the financial year setting out whether it believes it has complied with the required governance arrangements of its licence (Condition FT4 (8)).

The governance condition requires the Trust Board to confirm:

- Compliance with the governance condition at the date of the statement; and
- Forward compliance with the governance condition for the current financial year, specifying (i) risks to compliance and (ii) any actions proposed to manage such risks

Appendix A outlines the rationale and core evidence that the Board can rely on in order to confirm or otherwise the statements relating to the Corporate Governance statement and other declaration.

It is proposed to declare '**Confirmed**' to the statement that the provider has complied with required governance arrangements.

NHS Improvement also requires the Board to make a declaration regarding:

- The provision of necessary training to governors, pursuant to Section 151(5) of the Health & Social Care Act 2012. The Board is recommended to make a declaration of '**Confirmed**' in respect of Governor training.

Foundation trusts are also required to make annual declarations to NHSI regarding their systems for compliance with provider licence conditions (General Condition G6). The licence condition declaration was discussed at the meeting on 1 June, but is attached as Appendix C for completeness. It has been published on the Trust's internet site as required.

All of these declarations must be made 'having regard to the views of governors'. The Board is asked to note that the proposed declarations were circulated to the Council of Governors for comment.

REPORT RECOMMENDATION:

The Board is asked to:

- Review the list of evidence available to support the Corporate Governance Statement and Governor training
- Approve in declarations proposed
- Note the licence conditions declaration which was agreed on 1 June 2022.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	X	

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

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

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

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

Compliance with NHS improvement's self-certification guidance and specifically compliance with the Trust's licence to operate.

PREVIOUS CONSIDERATION:

The licence condition declaration was discussed at the meeting of the Trust Board on 1 June 2022. The declaration of compliance with General Condition 6 has been circulated to the Council of Governors for any views.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

The Royal Orthopaedic Hospital NHS Foundation Trust

Insert name of organisation

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration"

Financial Year to which self-certification relates 2018/19 Please Respond

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	There are no foreseen risks identified to compliance with this statement.	#REF!
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	There are no foreseen risks identified to compliance with this statement.	#REF!
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	There are no foreseen risks identified to compliance with this statement.	#REF!
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	There are no foreseen risks identified to compliance with this statement.	#REF!
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	There are no foreseen risks identified to compliance with this statement.	#REF!
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	There are no foreseen risks identified to compliance with this statement.	#REF!

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature _____ **Signature** _____

Name Jo Williams **Name** Tim Plie

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A Please Respond

Worksheet "Training of governors"

Financial Year to which self-certification relates Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Jo Williams	**Name**	Tim Pile
Capacity	Chief Executive	**Capacity**	Chairman
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A

The Royal Orthopaedic Hospital NHS Foundation Trust

NHS IMPROVEMENT ANNUAL STATEMENTS & SELF-CERTIFICATION – EVIDENCE FOR STATEMENT OF COMPLIANCE

DECLARATION	SUB REQUIREMENT	RATIONALE AND CORE EVIDENCE	LEAD
CORPORATE GOVERNANCE STATEMENT			
The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	None	• **Annual Governance Statement which outlines the key controls in place to ensure that the Trust's governance arrangements are sound and effective.** • **Annual Report contents in 'Accountability Report' summarises how the Trust complies with the Code of Governance.** • **Judgements under the Single Oversight Framework by NHS Improvement.** Currently Segment 2 • **Head of Internal Audit Opinion 2021/22** which concludes that there is '**significant assurance with minor improvements required**' regarding the Trust's Internal control and risk management framework • Further progress during the year with strengthening the use of the Board Assurance Framework and risk management systems & processes. **Trust Board agendas showing how items link to entries on the Board Assurance Framework and how the BAF is organised to be in line with the Trust's strategic priorities. Internal audit into Risk Management and BAF (Quarter 4 2021/22). Reports to Audit Committee on the delivery of the Risk Improvement Plan.**	DCA&CS
The Board has regard to such		• **CEO reports to Board highlighting new guidance issued.**	DCA&CS

DECLARATION	SUB REQUIREMENT	RATIONALE AND CORE EVIDENCE	LEAD
guidance on good corporate governance as may be issued by NHS Improvement from time to time		• **Plethora of guidance received during the year in response to the COVID-19 pandemic and the operational requirements throughout the year.** • **Annual report 2021/22 which outlines the Trust's response to the pandemic in terms of clinical prioritisation and internal governance adaptations.** • Routine bulletins from NHS Improvement and NHS Providers 'On the Day' briefings are received and reviewed by the Executive Team and Trust Board – **bulletins**	
The Board is satisfied that the Trust implements:	(a) Effective board and committee structures;	• The Committee structure has been reviewed during the year, with some changes to the operation of these in line with the national mandate to reduce administration burden as a result of the pandemic. **Committee structure in the Annual Governance Statement.** • The **terms of reference for the Committees** have been reviewed and amended during the year • All Committees report back at each Board meeting on key highlights and matters needing to be escalated via an **assurance report or briefing note**. • **Annual Governance Statement** 2021/22 outlines the Board & Committee structure. • The Board and Committees have **annual workplans**. • The **meetings structure chart** has been revised during the year to include Quality & Safety Executive, a new development to enhance the oversight of the quality agenda • **Committee agendas and minutes** showing where items have been remitted to the Board or other committees.	DCA&CS
	(b) Clear responsibilities	• The Trust has a **Scheme of Delegation** in place which sets out the matters reserved to the Board.	DCA&CS

DECLARATION	SUB REQUIREMENT	RATIONALE AND CORE EVIDENCE	LEAD
	for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees;	• The **terms of reference for the Committees** have been reviewed and amended during the year. • **External well led assessment** in 2019/20 presented a positive view of the Trust's internal control and governance arrangements. This remains current and another external review is not yet required. • **CQC report** highlights that the governance arrangements in respect of the Board and its Committees is overall sound. **CQC action plan to show how any shortfalls are being addressed.** • The **Quality & Safety Committee workplan** includes reports from the clinical governance committees that present by rotation including the newly constituted Quality & Safety Executive. • Executive Team weekly meeting is the main advisory group to the Chief Executive. **Agendas of Executive Team business meetings** • Guests of the Board and Committees undergo a briefing session with the Director of Corporate Affairs & Company Secretary. **A Guide to presenting to the Board** and its Committees is in place.	

	(c) Clear reporting lines and accountabilities throughout its organisation.	• The structure of the Executive team and the portfolios of the Executive Directors have remained static during the year. The recruitment of a Chief People Officer took place during 2021/22, with the final outcome in April 22. **Job descriptions for Executive Directors. Objectives of the Executive Directors. Minutes of the Nominations and Remuneration Committee. Job Description for the Chief People Officer.** • The Director of Corporate Affairs & Company Secretary holds responsibility for risk management and policy governance as well as more traditional elements of support to the Board & Chairman. **Job description for Director of Corporate Affairs & Company Secretary. Objectives of the Director of Corporate Affairs & Company Secretary.** • The Trust has an established divisional structure in place for clear accountability and this is supported by two Deputy Chief Operating Officers, a Deputy Medical Director and a Deputy Director of Nursing. **Job descriptions and divisional management structures may be used to evidence compliance with this requirement.** • **Corporate governance framework** • **Board and committee workplans.** • **Team brief slides** providing updates on the responsibilities between the Executive portfolios	CE
The Board is satisfied that the Trust effectively implements systems and/or processes:	(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;	• **Internal and External Audit opinions considered by Audit Committee** • **Going Concern statement in Annual Report and paper to Audit Committee on Going Concern.** • **Finance & Performance Committee meeting papers** demonstrating the detail considered to assess efficiency and effectiveness. • **Papers on partnership working and ICS development.**	DOF/CE

		• **Cost Improvement Programme updates.** • **Litigation updates** demonstrating a reduction in CNST premia year on year • **Model Hospital** updates • **Annual Report and Accounts 2021/22 showing that the Trust ended the year performing slightly better than planned and achieved a surplus for the first time in some years**	
	(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;	• **Board cycle of business** and the **workplans of the Board Committees** ensure that there is comprehensive oversight of key matters. • **Board meeting agendas.**	Ch/ DCA&CS

	(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;	• **CQC:** Assurance is obtained routinely on compliance with CQC registration requirements through Directors and Senior Managers of the Trust having specific responsibilities in respect of CQC standards and more generally in maintaining internal control systems to support those standards. The Trust last underwent a full inspection in 2019, where it remained rated as 'Good' overall, with a 'Good' rating in each of the five CQC domains. An action plan to address any areas of shortfall identified by the CQC was developed and progress is monitored through the Quality & Safety Committee, Executive Team meetings and Clinical Quality Group. The CQC undertook an assurance review of Imaging and a well led assessment in the 2021/22 financial year which did not highlight any deficiencies. **Monthly CQC insight reports**. • **NHS Commissioning Board**: The Trust works in partnership with the Clinical Commissioning Groups and NHS England. Assurance of compliance with Quality Standards and Constitutional Imperatives is measured and gained through the **Patient Safety & Quality Report** scrutinised at Quality & Safety Committee. • **Board and Statutory Regulators of health care professionals**: All registered NHS professionals are bound to their code of conduct and the rules and requirements of their registration therein. Failure to comply with their expected professional standards would lead to disciplinary action via the Trust's disciplinary policy and in some cases removal from their professional register. Assurance is obtained routinely on compliance with professional member registration requirements through Directors and Senior Managers of the Trust having specific responsibilities in respect to members of staff working within their specific areas and more generally in maintaining internal control systems such as annual PDR, and re-validation processes. **Appraisal and revalidation reports to Trust Board and Nurse staffing updates to Quality & Safety Committee. Workforce overview to Staff Experience & OD Committee.**	CE/CN/ COO
	(d) For effective financial decision-	• The Trust Board approves the **annual budget and operational plan.**	DOF

	making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);	• Budget meetings are held with Divisions and Corporate areas. **Diary invites of these meetings may be used to evidence this.** • Financial performance is discussed and challenged at every Board meeting and in detail by the Finance & Performance Committee. **Minutes of Board & Finance & Performance Committee and Trust Board.** • Performance meetings held between Executive and Divisions ensure appropriate challenge and control; these meetings will be reinvigorated during 2022/23. **Agendas and minutes for these meetings may be used to evidence this.** • The Audit Committee considers Going Concern status and recommends statements for the annual report and accounts. **Going Concern paper to Audit Committee.** • The Trust has **Standing Financial Instructions** in place and any breaches of these are reported to the Audit Committee as part of its annual workplan**. Papers to Audit Committee.** • Governors are required to approve 'significant transactions' although have not been required to do so during the year. **Governor induction handbook** and **Monitor Guide to the Responsibilities of Governors.** • The Trust uses the services of a Counter Fraud specialist to monitor and investigate any potential fraudulent practice and report back to the Audit Committee. **Updates to Audit Committee.**	
	(e) To obtain and disseminate accurate, comprehensive, timely and up to date	• The Board makes every effort to ensure that reports to both the Board and its Committees contain relevant timely and accurate information. • The Board met formally on eleven occasions during the year. **Board minutes** and **agendas**	Ch

	information for Board and Committee decision-making;	• The sequencing of Board Committees is configured such that they meet prior to the Trust Board and can provide appropriate upwards assurance on matters of detail considered. **Meeting schedule. Assurance reports.** • **Workplans for the Board & its Board Committees** ensure that there is a forward view of matters needing to be considered several months ahead.	
	(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	• **Declaration approved by the Board on 1 June 2022, confirming how the Trust operates to meet the conditions of its licence.** • Material risks are considered through the **Board Assurance Framework** which has been refreshed a number of times during the year. • The Corporate Risk Register is considered by the Executive Team and the elements of this relevant to each Board committee are also considered monthly, the most serious of which are included on the Board Assurance Framework. **Corporate Risk Register.**	Ch/ DCA&CS
	(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and	• Trust Board approves the **annual budget and operational plan**. • Performance discussed and challenged at every Board meeting and in detail by the Finance & Performance Committee. **Minutes from Board and Finance & Performance Committee.** • Business planning process has been strengthened this year with all areas presenting to the Executive Team. **Presentations to Executive Team and overall presentation to the Trust Board in April 2022** outlining the process and key highlights • Internal Audit review key areas of interest and report findings to Audit Committee. **Internal Audit plan. Internal Audit progress reports.**	ALL

	their delivery; and	• Delivery of audit recommendations is monitored at Audit Committee via **recommendation tracking reports.** There have concerns raised about the robustness of closing these recommendations largely as a result of the priority to handle the operational response to the pandemic, therefore the previous practice will be refreshed to ensure that executives attend the Audit Committee by rotation to present progress with actions in their respective areas. • A summary of the internal audit plan and the level of assurance that the reviews have found is considered at the May meeting of the Audit Committee as part of the Head of Internal Audit's opinion. **Paper to the May 2021 meeting. Annual Governance Statement.**	
	(h) To ensure compliance with all applicable legal requirements.	• The Trust uses the services of an established law firm to provide legal advice on request. • The **Trust's constitution** reflects the legal requirements governing the operation of the foundation trust. • The Board is not aware of any other material issues that would place it in contravention of any legal requirements. • **A quarterly report on open claims and related litigation** is received by the Quality & Safety Committee.	ALL
"The Board is satisfied that the systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or	(a) That there is sufficient capability at Board level to provide effective organisational leadership on	• The Board keeps the balance of its skills and competencies under review to ensure completeness and appropriateness for the requirements of the Trust. Within the year, the Trust Board's membership has been refreshed and was joined by a new member with a financial, commissioning and strategic skill set and experience. The Chief People Officer recruitment process took place largely in 2021/22. **Board member profiles in annual report.** • The Board's composition includes a Medical Director who is a practicing clinician, a registered nurse and two Non Executives with a clinical background. The process for	Ch

processes to ensure:	the quality of care provided;	succession planning for the clinical element of the Non Executive cadre started with the 2021/22 year **Board structure in annual report.**	
	(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;	• Many public Board meetings include a Patient Story. **Minutes and agendas of Board meetings.** • The Quality & Safety Committee provides a written update on its work at each Board meeting. **Assurance reports from Quality & Safety Committee.** • Progress with the delivery of the **CQC action plan** has been considered by the Board and the Quality & Safety Committee during the year. • CIP schemes are quality impact assessed, and the process has been strengthened during the year under the remit of the Deputy Director of Finance for Financial Delivery. **CIP QIA register** and **minutes of the CIP Programme Board.** • Quality Service Improvement and Redesign (QSIR) methodology is now embedded into the organisation which systematises a review of quality considerations for projects and initiatives within the organisation. **QSIR and 'Perfecting Pathways' Programme Board papers.** • The **Quality Account** includes a set of quality priorities, delivery of which will be monitored by the Clinical Quality Group and Quality & Safety Committee on a quarterly basis.	CN
	(c) The collection of accurate, comprehensive, timely and up to date	• The Quality & Safety Committee receives a monthly **Patient Safety & Quality report**, the highlights of which are reported up to the Board as part of the assurance report from the Committee. • Detailed reports into specific quality indicators are considered by the Quality & Safety Committee. **WHO compliance, VTE reports, infection prevention and control, mortality reports, consent and NICE guidance implementation**.	CN

	information on quality of care;	• The Board considers a monthly **Finance & Performance Overview**, which includes a set of metrics including key constitutional standards and regulatory requirements. • A **Workforce Overview** which provides a suite of information is scrutinised by the Staff Experience & OD Committee on alternate months. • Work has occurred during 2021/22 to develop a new integrated dashboard which provides a standard set of metrics to be considered by each of the Board Committees. **Presentation on the Integrated Dashboard** • The suite of information considered by the Board and its committees has been enhanced this year by the development of sets of data which provide a demographic analysis which supports discussions around Health Inequalities. **Demographic information in the Finance & Performance packs.**	
	(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;	• The Quality & Safety Committee receives a monthly **Patient Safety & Quality report,** the highlights of which are reported up to the Board as part of the assurance report from the Committee. • Detailed reports into specific quality indicators are considered by the Quality & Safety Committee. • The Quality & safety Committee's workplan includes service presentations, where key clinical leads provide an update on the work of their service. **Updates to Qualkity & Safety Committee and Committee minutes.** • The Board has received an update from the Freedom to Speak Up Guardian during the year which has outlined some key areas of concern over patient care and the actions planned to address them. **Presentation to Trust Board in February 2022.**	CN

	(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and	• Data is reported through into the **Patient Safety & Quality Report** which includes PALS contacts, friends and family test results, compliments and complaints. • Patient stories are shared at the Board. **Minutes from Board meetings**. • Governors and patient representatives are included on some of the Trust's committees and groups. **Patient Experience and Engagement Group, Charitable Funds Committee minutes.** • Significant engagement with patients and public has been undertaken during the year despite the pandemic restrictions. **Citizen engagement summary.** • Despite the pandemic restrictions, some virtual patient walkabouts have occurred during the year which have included participation by one of the clinical Non Executives. **Diary invitations.** • A Patient Experience & Engagement Group provides a strategic focus on matters which involve patients as part of a planned refresh. **Terms of reference.** • Coffee Catch Up initiatives have provided a rich source of patient feedback and opportunities for engagement. **Presentation to the Board on JointCare in May 2022** • The 'Chat and Check' initiative had provided closer connection between the Executive Team and the various functions of the organisation. **Feedback in 'Team Brief' and Chief Executive's public report to Trust Board.**	CN
	(f) That there is clear accountability for quality of care throughout the	• As described within the **Annual Governance Statement**; • The Board receives assurance on the Quality of Care through the oversight of the Quality & Safety Committee which is chaired by a Non Executive with a clinical background and attended by the Executive Chief Nurse, the Medical Director, the Chief	CN

	Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate	Operating Officer and the Chief Executive. **Terms of Reference for Quality & Safety Committee.** • Biweekly meetings of the Medical Director, Chief Operating Officer and Chief Nurse have been introduced to provide additional oversight of incidents, Root Cause Analysis at a divisional and corporate level. **Papers from Executive Governance meetings** • The Trust has in place a Clinical Quality Group, chaired by the Deputy Chief Nurse which is attended by a range of clinical and non-clinical senior staff from across the Trust. **Agendas and terms of reference for Clinical Quality Group.** • The Quality & Safety Committee in turn receives more detailed reports from subgroups covering particular aspects of quality. This supports the process of escalation of risk related to quality throughout the Trust. **Quality & Safety Committee workplan.** • During the year the Quality & Safety Executive has met to strengthen the underlying quality oversight by the Executive Team and this upwardly reports to the Quality & Safety Committee on a monthly basis. **Upward reports from Quality & safety Executive. Terms of Reference.** • The Executive Team holds monthly briefings with Heads of Department & other senior managers for dissemination to teams. **Team Brief.** • The AQILA panel has gathered together a number of clinically focused processes, including Outcomes, Effectiveness and Audit. **Upward reports to Quality & Safety Committee from AQILA and terms of reference.**	
The Board is satisfied that there are systems to ensure that the Trust has in place		• The Board keeps the balance of its skills and competencies under review to ensure completeness and appropriateness for the requirements of the Trust.	Ch/CE

personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		• The Board includes a Non Executive Director with specific skills in workforce and improvement. The processes to recruit a Chief People Officer largely occurred during 2021/22. **Board structure in annual report. Chief People Officer Job Description.** • The Quality & Safety Committee has considered during the year a **nurse staffing update** which shows where there have been gaps in nurse staffing, the mitigations that have been applied to address these. Any incidents associated with nurse staffing are also reviewed in the same report. • Further work has been undertaken this year to underpin the resources and skill set below the Executive Team. **Business cases approved by the Executive Team.**	

GOVERNOR TRAINING			
The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.		New governors receive induction during which any specific training issues are identified and addressed. Bespoke training is provided in-house each year for all Governors on topics identified by them as the norm, although the ability to undertake this has been limited this year due to the restrictions posed by the pandemic. A session was held in October 2021 to outline the legal basis for the establishment of the ICSs and the governors involvement in these; this was facilitated by the Senior Healthcare Partner from Browne Jacobson LLP. New governors appointed or elected during the year have been offered and participated in an induction meeting with the Chair, Company Secretary and Lead Governor. Governor briefings have been held between formal meetings to keep them apprised of the work of the Trust as it handled the operational response and governance changes in response to the pandemic. Further work is planned during 2022/23 to strengthen the partnerships with governors of other peer organisations and within the Integrated Care System and to formalise a training plan through the work of the Head of Clinical Governance & Assurance **Minutes from Council of Governors meetings. Training material on the establishment of the ICS legislative framework**	DCA&CS

KEY:

Abbreviation	Job Title
CEO	Chief Executive Officer
COO	Chief Operating Officer
DOF	Director of Finance
CN	Chief Nurse
DCA&CS	Director of Corporate Affairs and Company Secretary
Emboldened text indicates evidence available to confirm compliance	

Self-Certification Template - Conditions G6 and CoS7

The Royal Orthopaedic Hospital NHS Foundation Trust

Foundation Trusts and NHS trusts are required to make the following declarations to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These Declarations are set out in this template.

Templates should be returned via the Trust portal.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.		Please Respond

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		Please Respond

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Jo Williams	**Name**	Tim Pile
Capacity	Chief Executive	**Capacity**	Chair
Date	01 June 2022	**Date**	01 June 2022

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework – Quarter 1 2022/23**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chair**
AUTHOR:	**Executive Team**
DATE OF MEETING:	**6 July 2022**

EXECUTIVE SUMMARY:

Attached is the refreshed Board Assurance Framework.

Risk proposed for adding to the Board Assurance Framework:

- Risk of clinical harm due to longer waiting times for treatment following the Covid-19 pandemic resulting in sub-optimal clinical outcomes, reputational and financial loss. This risk has been added by the Medical Director.

Risks proposed for closure:

- No risks have been proposed for closure.

Risks reduced in current risk score:

- Covid-19-033 – interventions are in place to manage the impact of Covid 19 on individuals from a BAME background and impact is being monitored.
- OP4 – current risk score has been reduced due to change in guidance with a view to ongoing monitoring taking place.

Risks increased in current risk score:

- WF24 – risk score has been increased due to there being a higher prevalence of anxiety, stress and depression related absences. SE and OD Committee will be receiving a report in June 2022 to consider this.

Below risks have been reviewed by appropriate Executive Director. No movement to current risk scores noted for:

- 770
- FP8
- OP6
- 1298
- 1719
- 1089
- CE1

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the proposed changes to the Board Assurance Framework

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	x	

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

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: [*elaborate on the impact suggested above*]					

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

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:

Board meeting in April 2022

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	3	4	12	↓	June 2022 Associate Director of Workforce and OD: Current risk score reduced to 12 (3Lx4C) interventions in place to manage the impact of Covid on individuals from a BAME background. The impact on this staff group continues to be monitored on an onging basis.	Ongoing	2	4	8	Jun-22
WF24	Workforce	Chief Executive	BAF and CRR There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	4	4	16	↑	June 2022 - Associate Director of Workforce and OD: Current risk score has been increased to 16 (4Lx4C) due to there being a higher prevelance of anxiety, stress and depression related absences. SE and OD Committe to receive a report in June 2022 to consider this.	Ongoing	2	4	8	Jun-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full. Full annual maintenance plan now in place commencing April 2022.	Estates maintenance schedule	4	5	20	↔	June 2022 Executive Chief Operating Officer update: 1st phase of Theatre maintenance was successfully completed in April 2022 (Theatres 5, 6 and 7 and Ward 2). Second phase is scheduled to take place in August (Theatres 9 and 10 and Ward 1). Further work scheduled for April 2023 (Theatres 11, 12, 14 and 15 and Ward 3), August 2023 (Theatres 3 and 8 and Ward 4) and November 2023 (Theatres 1, 2 and 4 and Ward 10/12). Risk will be reviewed with Director of Estates once work has been completed.	Jan-22	1	5	5	Jun-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line. March 2022 - Update: Trust now moving forward with Solution from Doctor Dr which will be provided through Clnical Portal. Web-based version available to use during interim. **June 2022: DoctorDr development is continuing HSCN line has been replaced.**	Apr-21	2	3	6	Jun-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	2	4	8	↓	**June 2022 Executive Chief Operating Officer update: Current risk score has been reduced and now meets target score due to change in guidance and low impact at present on operational delivery . This will be reviewed in September 2022 in light of current increase in prevalence of covid 19 in the community and potential impact.**	Ongoing	2	4	8	Jun-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	3	4	12	↔	June 2022 Chief Operating Officer update: ROH continues to support UHB and mutual aid work. This will continue to the end of quarter 3 2022. Risk score will be reviewed in quarter 2 to assess impact of repatriation.	Ongoing	2	4	8	Jun-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR **There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:-** **1.Lack of patching and monitoring** **2.Presence of unsupported Systems** **3.Poor access and password audit and management** **4.Inadequate and untested incident management and disaster recovery processes** **5.Poor cyber security user awareness and training.**		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Full update on Cyber Security prepared and submitted to Finance & Performance Committee on March 26th. Improving Cyber Security Resilience Report has been prepared to provide assurances on critical controls to reduce the risks of ransomware and denial of service attacks as recommended by NCSC. June 2022: Further work continues re DSP toolkit, Cyber Security Consultant has been employed to develop Trust's plans.	Ongoing	2	4	8	Jun-22

1719	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.	🟡 ⚫	Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	↔	Risk was added to BAF in January 2022. June 2022 Executive Director of Finance update: Last few servers and end point devices are currently being patched (we have reached 99% completion). These are rather complex remaining ones but we are planning to complete these by the end of the month.	Ongoing	2	3	6	Jun-22
PERFORMANCE																					
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic	🔵	Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	June 2022 Chief Operating Officer update: May RTT 71.90% increasing from February reported at 66.90% - increased RTT since January 2022 and currently 17 patients at 52 weeks. Activity plans agreed in April 2022. Trajectory has been developed and awaiting final sign off (July 2022).	Dec-21	3	3	9	Jun-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years	🔴 🟢 🔴 🔵	With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	June 2022 Executive Director Finance and Performance update: After receipt of additional national allocation, both the Trust and System have submitted balanced financial plans. However, given a significant amount of funding is linked to Elective Recovery, there is a significant amount of risk in delivery. There is still a significant underlying deficit for the Trust and System.	Proposed for Closure/de-escalation	3	4	12	Jun-22
		Medical Director	There is a risk of clinical harm due to longer waiting times for treatment following the Covid pandemic resulting in sub-optimal clinical outcomes, reputational and financial loss	🔵 🟡 🟣	Safe and efficient processes that are patient-centred	Trust Board	3	4	12	Harm Prevention Framework designed Summer 2021 Harm Prevention Tracker in use from January 2022 > mitigates risk by identifying clinical priority of patients listed for surgery		3	4	12	New risk escalated by Medical Director 03.05.2022 following discussions at Execs Governance and Q&S	May 2022: Medical Director update: Trust continuing to provide mutual aid in order to mitigate the same risk at system level and to provide access for patients within BSol who would otherwise have none. Trust continues to work to national constitutional targets. June 2022: this risk has also been discussed in Division 1 Governance. Spinal CSL has met and discussed the risk with Deputy Medical Director and Spinal CSM and this risk has now been removed from Division 1 Risk Register. Risk and Policy Officer has requested assurances from Spinal CSM.		2	4	8	Jun-22

RISK CATEGORIES

- 🔴 Financial health and sustainability
- 🟣 Clinical excellence
- 🔵 Patient safety
- 🟡 Patient experience
- 🟢 Workforce capacity, capability and engagement
- 🟠 Systems, information and processes
- 🔷 Regulatory compliance and national targets
- ⚫ Equipment & estates
- 🩷 Strategy and system alignment
- ⚪ Reputation and brand

UPDATED: JUNE 2022

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 28 June 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Cancellations were reported to be high due to COVID sickness absence as community prevalence was noted to be rising at present. On the day cancellations had reduced however. • The level of virtual clinics was reported to remain low at 10% against a national imperative of 25%. The ROH position was in line with other organisations in the region. • There was a higher number of clinic delays in the month due to some complex Oncology cases seen in Outpatients. • Overall expenditure was higher than planned due to the high levels of activity handled during the month. • Agency staffing costs remained high due to sickness absence and high levels of vacancies being carried. • There remained concerns over the achievability of the high level of Cost Improvement savings required this year, although c. £2m of schemes had been identified to date. • The overall system position was discussed which was noted to be challenging – a year end breakeven position was required, however overall the system remained in deficit. • There remained workforce concerns in terms of effectiveness of recruitment, retention and levels of Mandatory Training and therefore work would be undertaken to identify and target 'hot spots'.	• Trust Board to consider the draft SOC for an EPR. • There had been further work to develop a view of the Trust's activity by demographic including ethnicity and deprivation scores. • Health inequalities to be considered by the Board in September 2022. • A targeted view of agency spend to be considered at the next meeting. • A self-assessment on sustainability would be undertaken over the summer which would be validated by the Trust's audit function. This would be presented at the July 2022 meeting. • Provide an update on the funding for Health and Wellbeing at the next meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Board considered the draft Strategic Outline Case (SOC) for a new Electronic Patient Record (EPR). There were noted to be various forms and means of securing a new system that could be considered based on the options appraisal. The governance of the approvals process was outlined. • There had been strong performance against the activity plan.	• None specifically.

• The Seamless Surgery initiative would be held in July which aimed to maximise activity and throughput and create excellent patient experience. • The number of patients waiting above 52 weeks had reduced to 17 and was expected to be cleared by July 2022. • There had been some positive work with GPs undertaken with a GP education day planned. • The diagnostics target had been met for the month and there had been strong performance against the cancer targets. • The recent theatres open day had been successful with eight candidates appointed and a further five in the pipeline. • A surplus of £85k had been achieved during the month against a forecast deficit. • An interim Deputy Chief Operating Officer had been appointed. • There was a plan to refresh and enhance the JointCare offering over the summer. • The Board received upward reports from the Information Governance Group and the Perfecting Pathways Programme Board. • The Chief Executive reported that she had joined the Integrated Care System's Finance & Performance Committee. She had also been invited to join a national improvement initiative where she had taken the opportunity to outline the JointCare pathway.	
Chair's comments on the effectiveness of the meeting: The meeting was noted to have been effective and focused well on the key challenges.	

ROHTB (7/22) 009

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 29 June 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There had been two pressure ulcers reported in month, which had identified some learning around current practices. • The level of virtual clinics remained lower than desired at 10% against a national imperative of 25%. There were multiple reasons for this cited, including patient choice, surgeon preference and the type of speciality. • There had been an increase in the number of *C.difficile* infections reported, however much work was reported to be underway to prevent any in-hospital transmission and to tighten the procedures to identify the infection early. It was noted that there was a rise nationally in the level of infections reported. • Two key posts were noted to be being vacated: resuscitation officer and the named nurse for Safeguarding. Recruitment was underway for both posts. • An update on the 'Refer a Patient' incident was provided. • Agency staffing was reported to be high at present as a result of sickness absence and to cover some vacancies in the establishment.	• Provide an overview of low harm incidents at the next meeting given that the number of these appeared to have increased during the month. • Provide the demographic data around patient access at the next meeting. • Present the annual complaints report to the Trust Board. • Numbers of claims per speciality as a proportion of activity handled to be developed.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received a positive presentation around the plan to run a Seamless Surgery initiative during July which focussed on maximising efficiency of the theatres processes and drove throughput. The work was designed to make the patient experience as positive as possible but also to focus on wellbeing for staff. The patient safety strategy would also be launched during this period. • There had been some good work undertaken to prevent patients mobilising against clinical advice, including undertaking a call bell audit to monitor that patients were receiving timely attention when needed. The assessments undertaken by the physiotherapy team pre and post surgery would also inform the mobilisation plans.	• It was agreed that thanks and bets wishes should be communicated from the Committee to Garry Marsh, the former Chief Nurse, for his work to improve the governance of the Quality & Safety Committee.

• The new WHO audit methodology was reported to be in place which was based on observational audits. • The new 8x8 telephony system was reported to have been launched. • The number of 52 week waits was noted to have reduced to 17. • The diagnostics target had been met. • The Committee was presented with the annual complaints report for 2021/22 which provided excellent assurance that processes to handle complaints were sound and that any legislative and regulatory requirements were met. The link to the improved patient experience framework was noted. • A positive update on the Trust's current open claims was presented which highlighted that the majority of cases were now settled below the expected sum. There had been good engagement with clinicians as part of the claims handling process and the Trust's Clinical Negligence Scheme for Trusts (CNST) premiums this year had reduced significantly as a result of good processes for handling claims. • The Committee received upward reports from the Quality & Safety Executive, the Cancer Board and the Children and Young People's Group. • The plan to develop a CQC Readiness plan was described which included assessment at a corporate and divisional level against the Key Lines of Enquiry; development of an 'Outstanding' file; awareness raising for Board members; and evidence collection. • The harm review process was noted to be working well. • Nursing Care Hours delivered by the Trust was reported to be adequate.	

Chair's comments on the effectiveness of the meeting: The meeting was reported to have been balanced with a mixture of presentations and good quality assurance reports.

ROHTB (7/22) 010

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 29 June 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Turnover was reported to remain high and the position against the budgeted establishment was lower than desired. It was reported that the 100-day induction programme would be relaunched, which it was anticipated would alleviate some of the turnover issues. It was noted that rebanding some posts to create equity across the system was being considered. This issue remains a matter of significant concern • Agency spend was noted to be high and a detailed report was to be considered at the next meeting of the Finance & Performance Committee. • Mandatory training rates were reported to be below the acceptable level and a focussed piece of work was reported to be planned with divisions to drive improvement. This included consideration of different solutions for the provision of e-learning and reminding colleagues of their professional obligations to stay up to date	• Establish the role of Health Education England (HEE) in the Trust's workforce planning work. • A systematic focus on retirements as part of workforce planning to be considered, as well as a firmer grip on workforce capacity planning across all divisions • Work is underway with line managers to encourage them to register return to work interviews on the Electronic Staff Record (ESR). • An upward report was agreed to be needed from the People & OD Group to provide assurance around the scrutiny of workforce performance metrics, particularly at a divisional level. • It was agreed that the actions taken in response to the analysis of sickness absence/turnover needed to be presented at a future meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received an interesting overview from an orthopaedic registrar who described her experience of working at the ROH as a female surgeon. She noted that she had received excellent support from her Clinical Service Lead in developing some adaptations to allow her to perform her role as effectively as possible. The Committee was also made aware of some shortfalls in her experience however, particularly some hostility and a lack of credibility with some colleagues and patients. There were also some challenges with the equipment and uniform that she was expected to use as part of her role given that it was tailored to individuals who were male and/or of a different physical build.	• None specifically.

• The recent theatres open day was noted to have been successful and eight appointments had been made with a further five in the pipeline. • A 'deep dive' into sickness absence and turnover was received by the Committee. • A positive presentation was delivered by the Chief Operating Officer which summarised the results of the staff survey for the Operations area. The actions taken in response to the survey were described, the majority taking the form of the 'You Said…We Did' approach. These were around four key themes: communication; work environment; health & wellbeing/safety; and career progression. • The Pulse Survey was reported to be working well and as a result of the good evidence of staff engagement at the ROH, the Trust was participating in a national improvement piece of work. • An update on the continued work to support staff through the Cost of Living crisis was presented. The staff focus groups continued to meet and provide suggestions and oversight of the work. • The draft Annual Equality & Diversity report was considered which included enhanced information. • The inclusion action plan was considered which showed continued good progress with delivery. The influence of the networks on declarations around protected characteristics was noted to be pleasing. • The Chief Executive reported that she had met with the candidate from the black intern programme which had been enlightening and positive. • The Committee remembered Maureen Milligan, Chief Pharmacist, who had sadly passed away recently. She had participated in the 'Beyond the Stigma' campaign and she was commended for the very significant contribution that she had made to the ROH during her years at the Trust.	

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had been balanced and that the staff story had been particularly enjoyable.

ROHTB (7/22) 011

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Group or Board met: 8 June 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• It was noted that there was some tension with the use of funds received that were regarded as general purpose but mentioned specific individuals and departments. Education and training for fundholders would be picked up to clarify how general purpose funds were to be used. • There were some funds that remained unspent despite the requirement to use the funds in accordance with the charity's regulations. It was agreed that a spending plan would be developed to ensure that funds were spent in a timely and appropriate way.	• A Charity Poster Competition is being organised to support more bids of under £5,000 for the Charity. • Christmas party has been organised and final details will be shared in due course. • Head of Communications will revisit a future Charitable Funds meeting to outline the plans for rebranding the Charity. • Invitations are underway for NHS Birthday and Big Tea Celebrations on 5 July 2022. • The Dubrowsky Research Project continues. • Members received a first draft of the Charity's Annual Report & Accounts understanding that part of the Trust's accounts are currently being audited. • Work will be underway in respect of the 75th Anniversary of the NHS and it is hoped that the Charity will be able to fund these celebrations. Bids and proposals will be submitted at a future meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received positive feedback regarding changes to the investment in terms of the position with regard to the Pandemic and Ukraine situation. The previously reported reduction had now almost recovered and showed an increase. • Positive 6 month updates were received for information in respect of the bid for Investment in Learning/Charitable Funds for Bands 1-4 Staff and for Staff Wellbeing. • CEO thanked the Charity for funding the Jubilee Beacon celebrations.	• The Charitable Funds Committee agreed to continue with the Contactless Payment Units for a further 12 months to give this a fair trial in the hope that the footfall will increase and donation figures will improve. Committee members will then revisit the outcome after this agreed period.

Chair's comments on the effectiveness of the meeting: The meeting was noted to have been effective and focused well on the key challenges.



NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

Finance and Performance Report

May 2022

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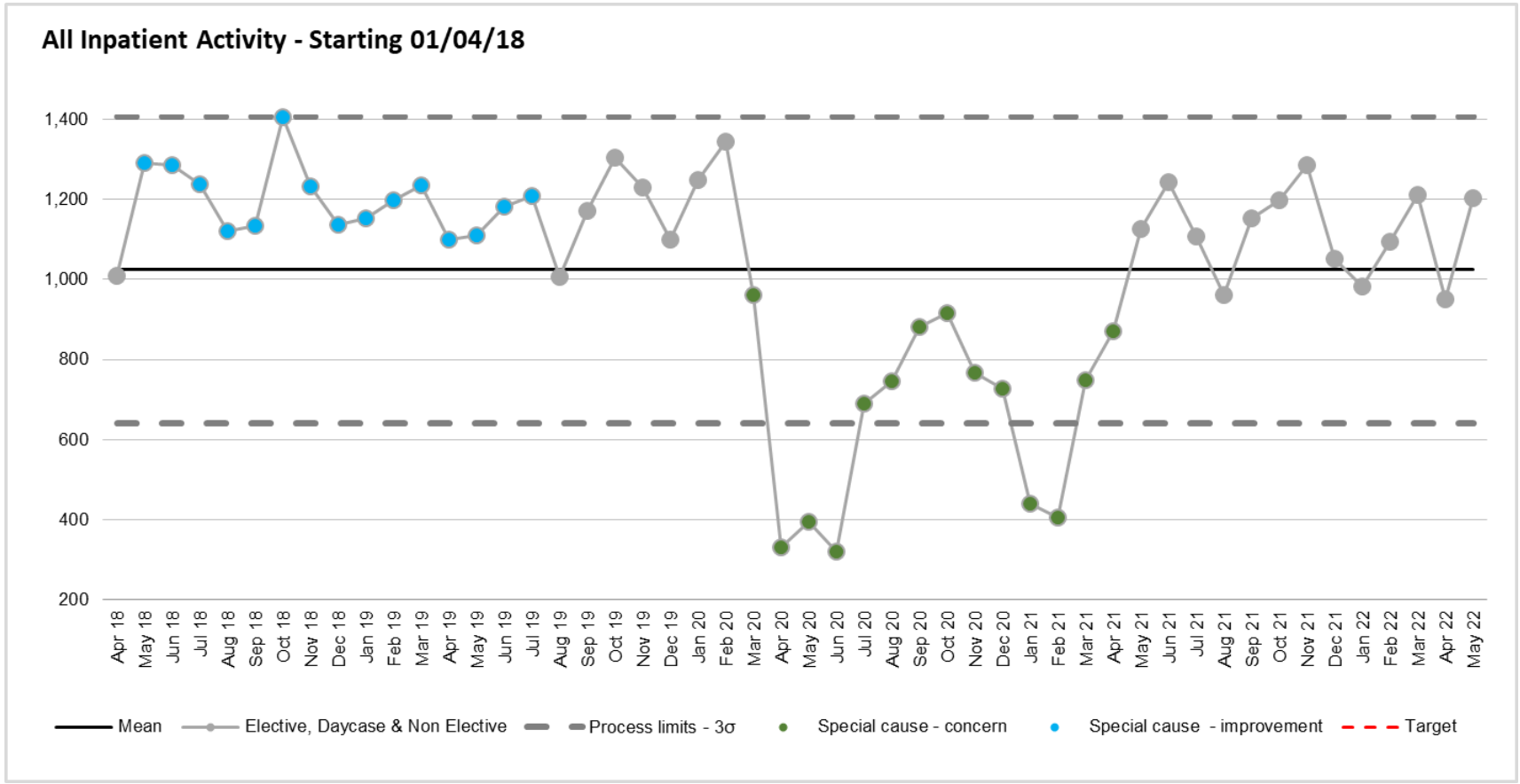
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Introduction

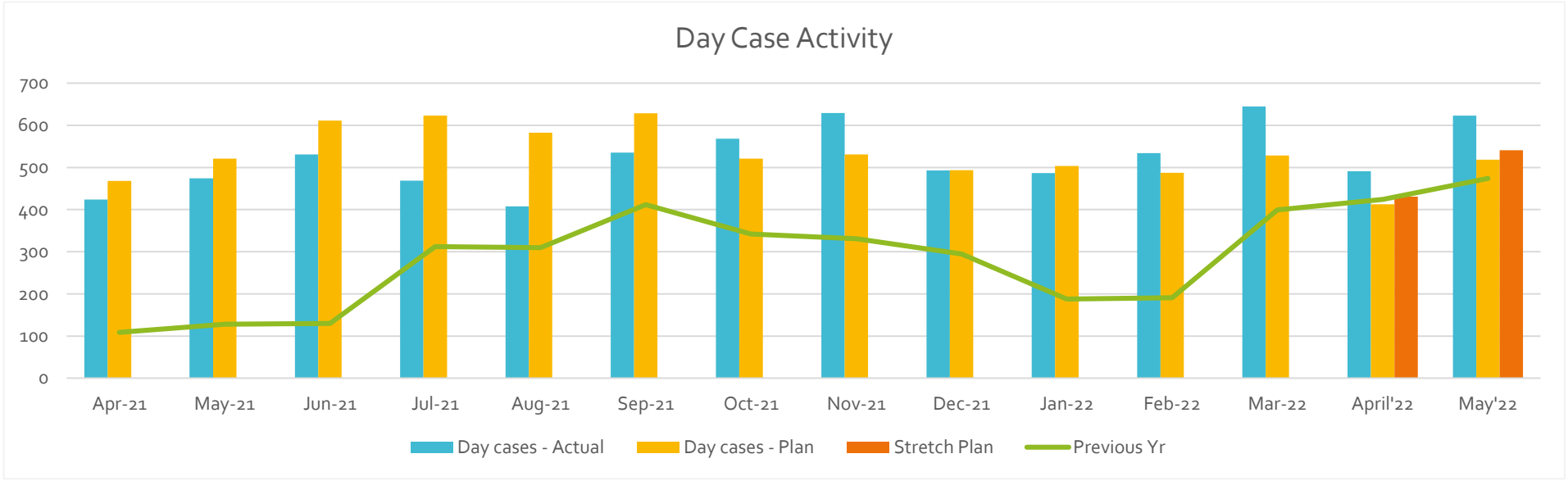
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

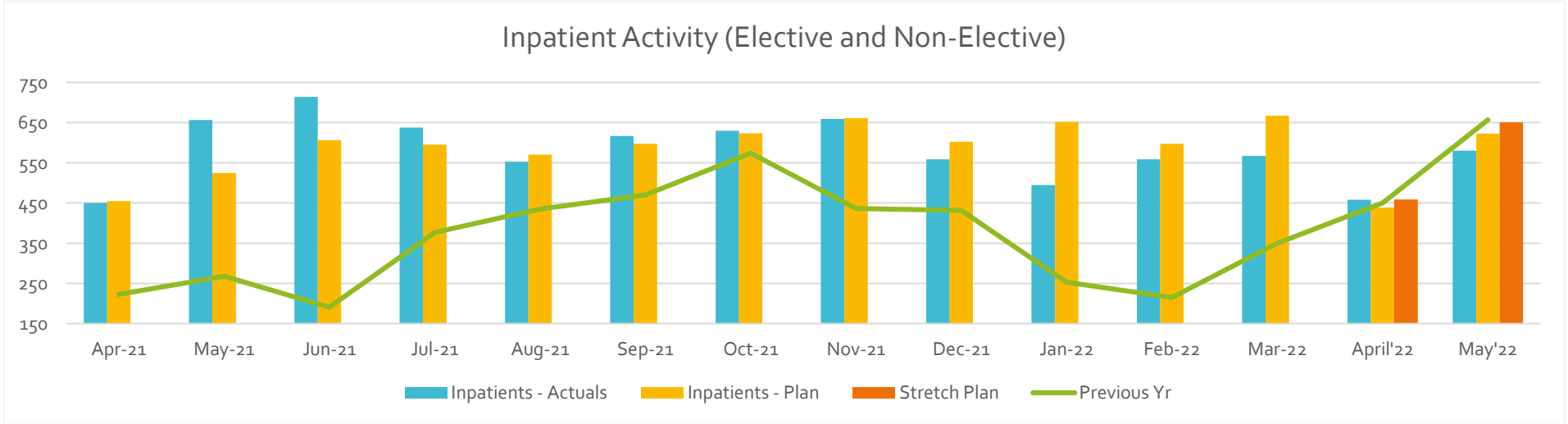
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

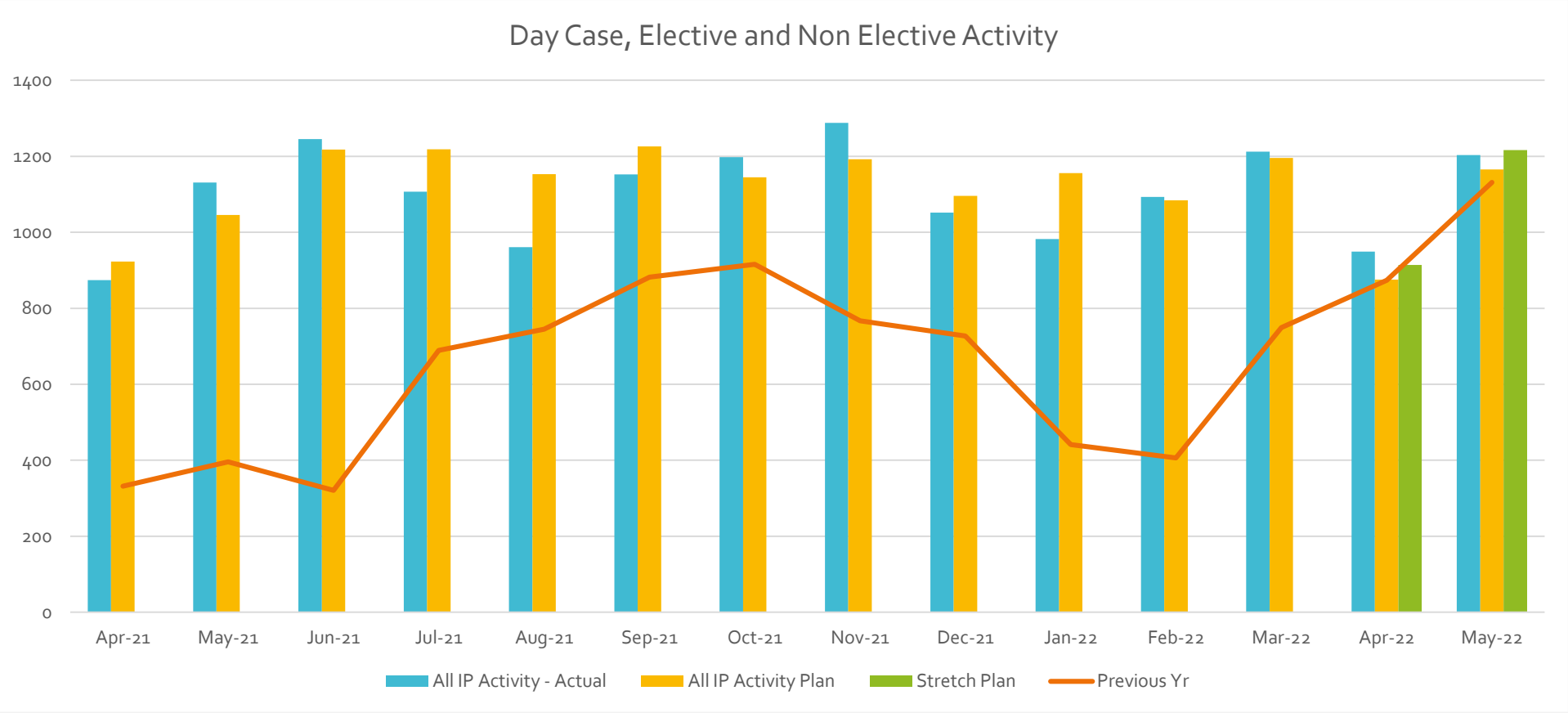


1. Activity Summary





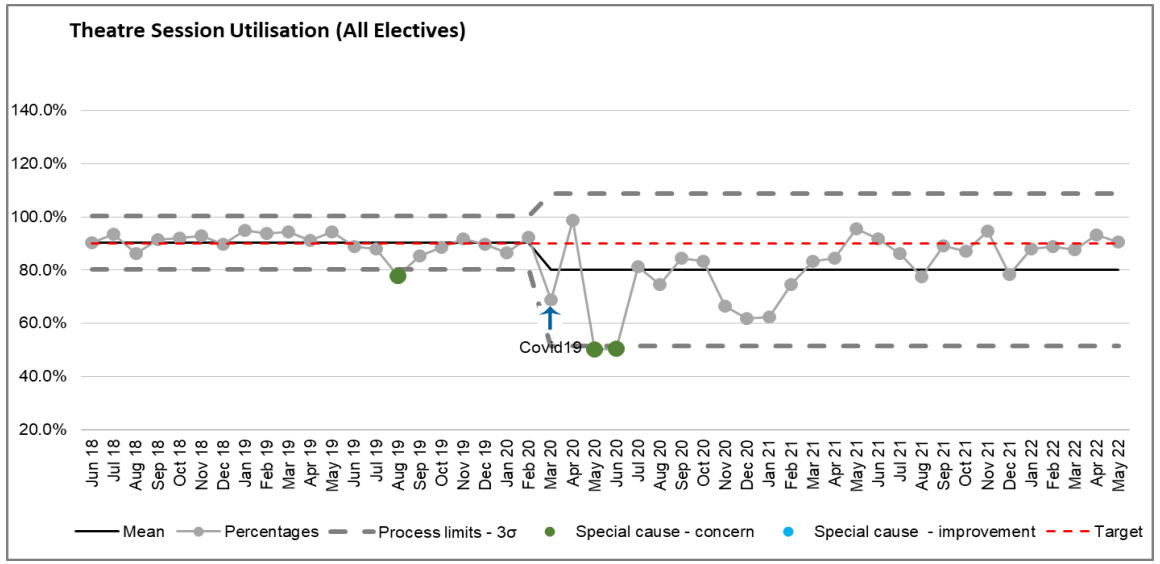
1. Activity Summary

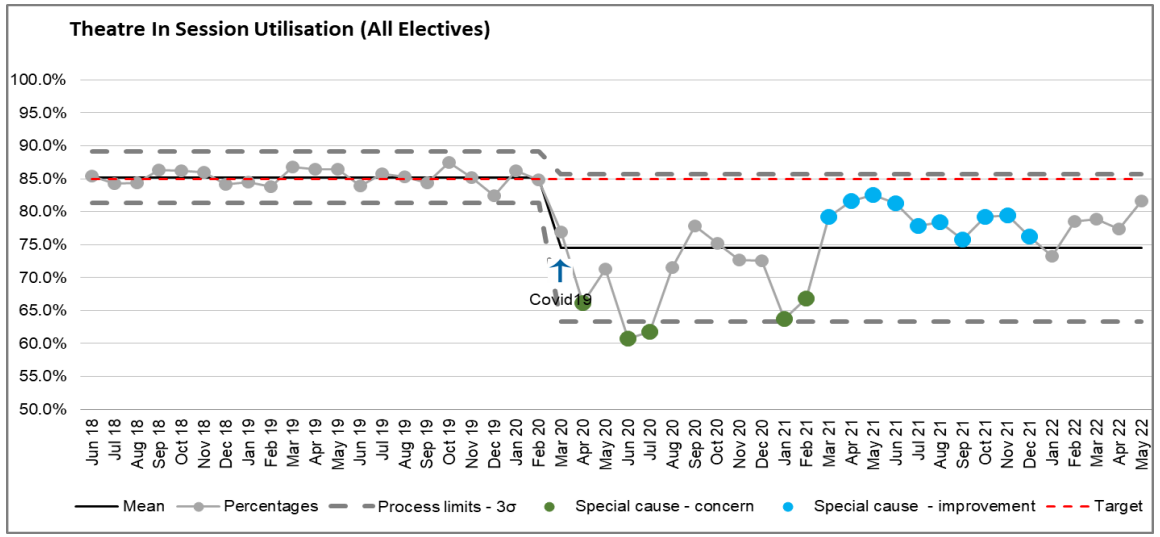


Activity for May was above plan:
System plan – actual 1204 v plan 1165
Stretch plan – actual 1204 v plan 1216

NB : System plan achieved in month stretch plan position (-14) However , we remain ahead of the system and stretch plan in our YTD position across April and May. To support the delivery of the aspirational stretch plan weekly activity monitoring meetings have been introduced with the specialties to help support activity delivery and Seamless surgery week is planned for week commencing 11/7/22

2. Theatre Utilisation





Elective Session Utilisation (May 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	428	384	44	89.72%
UHB	120	112	8	93.33%
Totals	548	496	52	**90.51%**

Elective In Session Utilisation (May 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1703	1421	282	83.44%
UHB	507	383	124	75.45%
Totals	2210	1804	407	**81.61%**

2. Theatre Utilisation

SUMMARY

Overall theatre utilisation improved in May and was within target at **90.51%.** Total In session utilisation was **81.61%** an increase on the previous month (**77.32%**).
May 2022 saw a continuing improvement in list utilisation including a 4.29% increase of theatre in-session utilisation.

Focus for June 2022 and Q2 will be to increase both theatre utilisation and drive greater efficiency and productivity to support the continued increase of in-session utilisation.

The daily theatre huddle has been re-energised to proactively support constructive decision-making by managing and mitigating any quality, safety, or operational risks proactively. The meeting stakeholders have been extended to wider groups to ensure any issues or queries are managed and addressed appropriately.

Our 'seamless surgery- lets have a perfect week' initiative will take place w/c 11th July 2022 focusing on ensuring we have right patient, right kit at the right time…. 'The perfect week. '
More details to follow in full presentation to Quality and Safety Committee.

AREAS FOR IMPROVEMENT

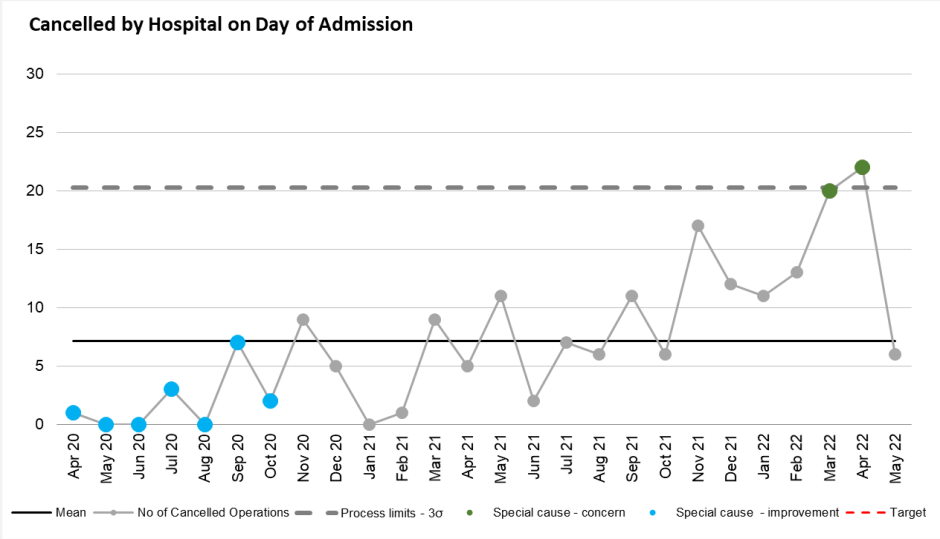
Pre-populating of theatre lists at least 4 weeks in advance is still a main area of focus with the ability to quickly re-date cancelled patients as result of staff absence remaining a priority.

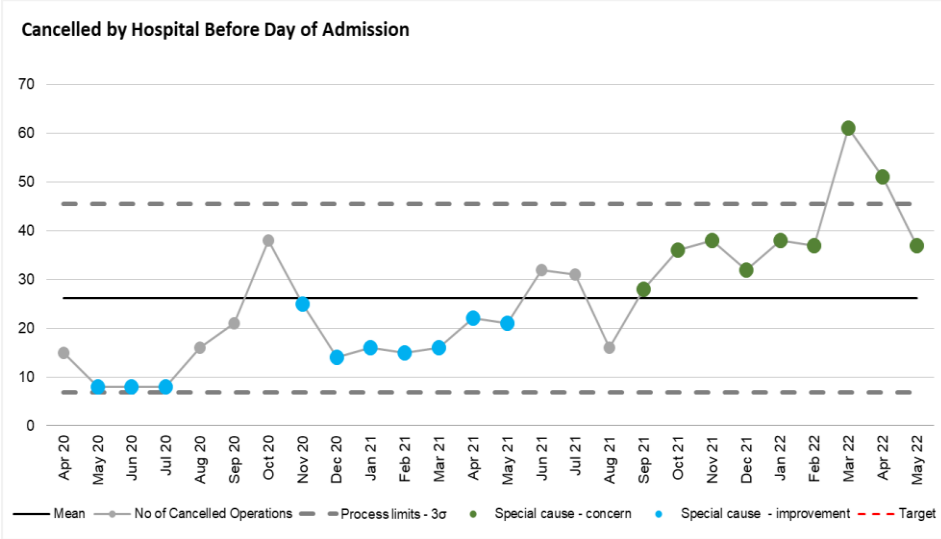
RISKS / ISSUES

Vacancy levels in theatre are also a risk to maximising operational activity with clear plans in place to mitigate where possible . These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of Nursing to give appropriate support and focus in this area.

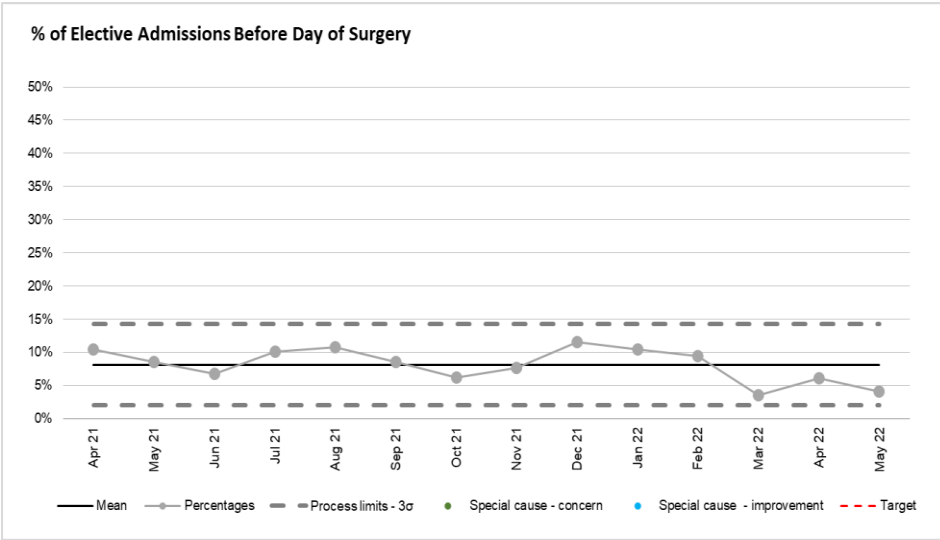
A theatre specific recruitment open day has been arranged for the 26th June where applicants will have a tour of our theatre facilities and on the day interviews with job offers will be made. This is also being supported by Consultant colleagues who be in attendance along with HR/OPS colleagues.
The increase in Covid 19 prevalence still continues to constitute a risk for patients and staff related cancellations
.

2. Theatre Utilisation/ Hospital Led Cancellations





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
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	0
2022-04	23	25	52	100	2
2022-05	6	40	37	83	1
Total	**145**	**325**	**459**	**929**	**3**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed remains high however on the day cancellations were reduced in May , supporting an increased in session utilisation. This does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked :.

There **were only 6 patients** cancelled on the day in May 2022 with reasons detailed as follows;
4 x Medically unfit / Clinical change in condition,
1 x patient cancelled to another clinically urgent case
1 x patient choice due to late notification of TCI.

There **were 47 patients** admitted but where treatment was deferred, with reasons broken down as follows:
17 x Medically unfit / Clinical change in condition,
10 x lack of theatre time/beds
3 x As per surgeon
5 x Bed related issues
1 x lack of HDU bed provision on the day
1 x Patient requires further investigation
7 x Patient choice not to proceed .
3 x availability of staff due to sickness

There were 34 patients cancelled by the hospital prior to date of admission.
20 x patients covid + / medically deferred
7 x as per surgeon decision (Clinical change)
4 x Replaced by medically urgent cases
1 x Patient felt they did not receive sufficient notice
1x Due to lack of theatre time
1x Cancelled due to bed related issue

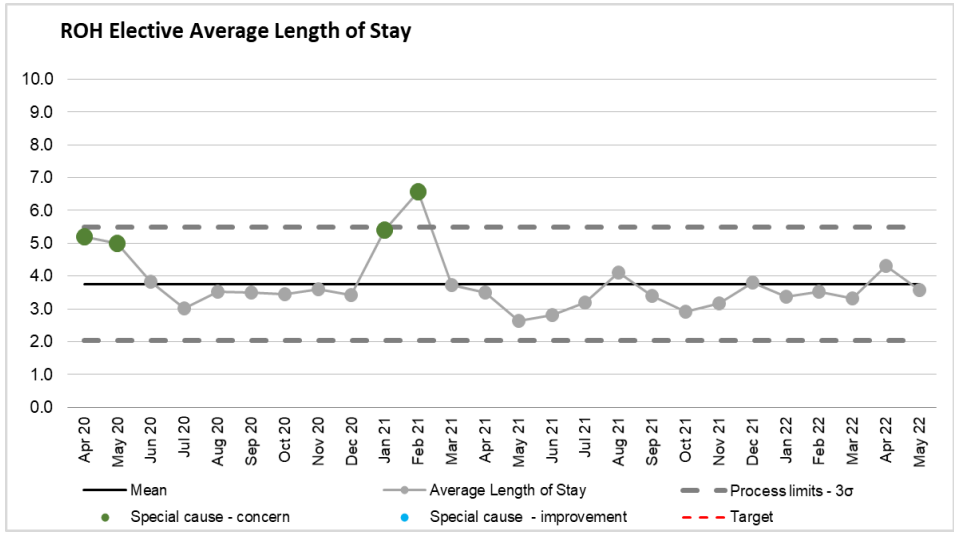
AREAS FOR IMPROVEMENT

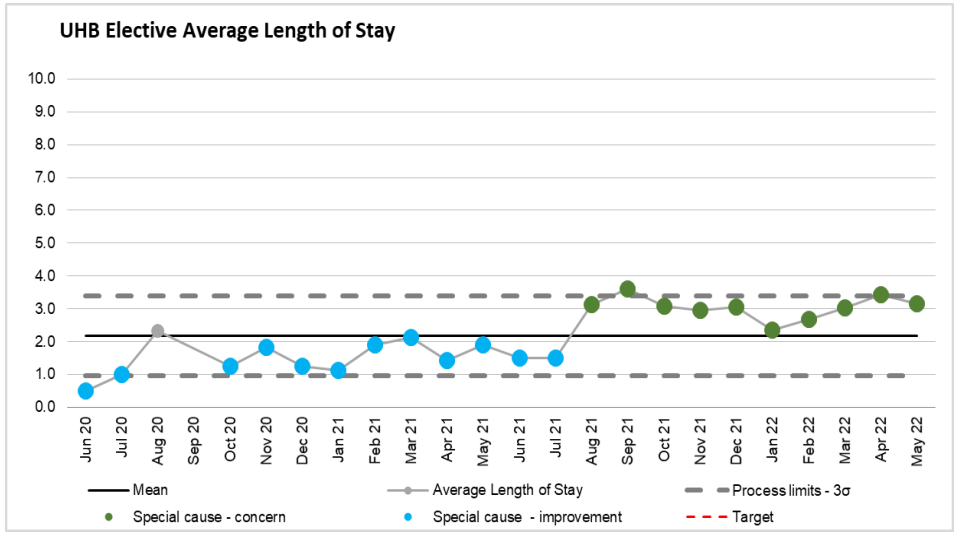
.
Focus on theatre start times to drive the theatre efficiency and reduce any cases cancelled due to lack of theatre time /theatre over runs

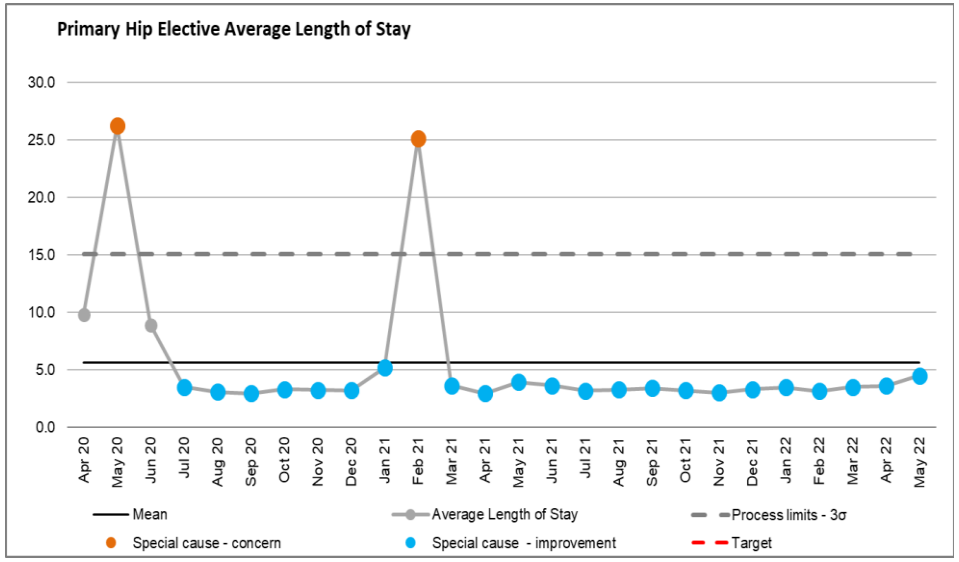
RISKS / ISSUES

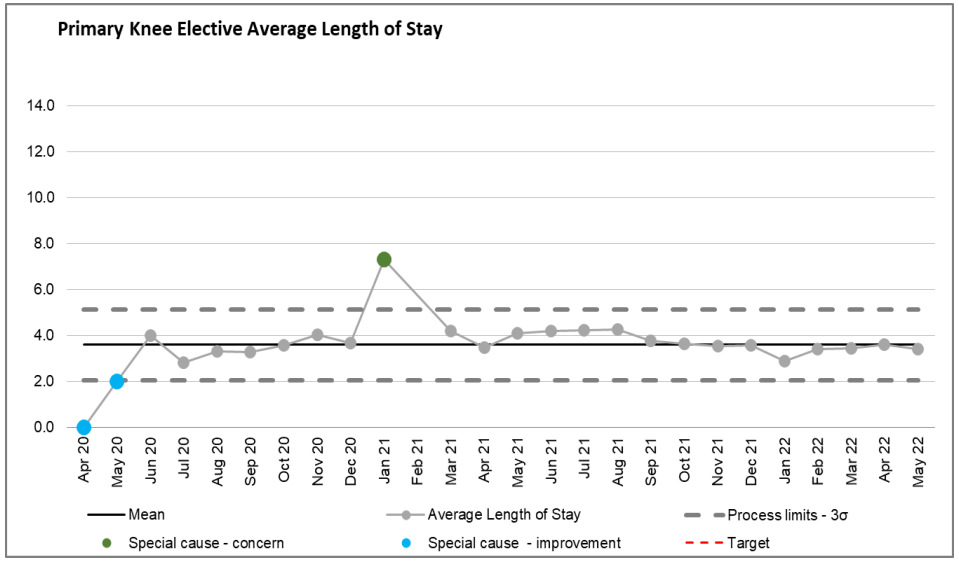
Impact of the continuation in high Covid rates impacting on both patients and staff

3. Length of Stay









3. Length of Stay

SUMMARY

The average length LOS for ROH patients from all specialities has increased in month to **3.71** (5.05 April).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.57** (4.05 April)
The average length of stay for UHB arthroplasty patients at ROH is **3.16** (3.42 April).

April length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

9 (14 April) UHB arthroplasty patients with LOS greater than 3 days. **3** (7 April) with a length of stay greater than 5 days and **3** (4 April) with a stay greater than 7 days. (excludes Rehab).
76 (67 April) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 39 (38 April) with a length of stay greater than 5 days, 20 (26 April) with a length of stay greater than 7 days.

In summary 20 ROH arthroplasty and oncology arthroplasty and 3 UHB arthroplasty patients had a length of stay greater than 7 days. It should be noted that there was significantly greater number of ROH arthroplasty cases than UHB in month.

Review of PICS data identifies that the UHB patients with longest LOS =>20 days were all BIS patients. Day to day observation suggests complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors increased LOS.

In April 129 patients went home via the discharge lounge. This was a reduction, however should be noted Ward 2 was closed for 3 weeks in month. Discharge Lounge capacity currently 11 and will increase to pre COVID level of 14, once chairs arrive. Number of patients discharged home before lunch reduced from **35%** in March to **32.14%** in April. (May data not yet available). This is felt to be due to a combination of suitability of patients for the lounge, discharge lounge sickness and reduced number of patients due to Ward 2 closure for 3 weeks.

AREAS FOR IMPROVEMENT

Recommendations being reviewed within operational delivery service improvement board chaired by COO:
- Audit patients undergoing surgery on a Friday or Saturday and whether this impact on LOS.
- Physiotherapy provision in place for evenings and weekends to enable early mobilisation.
- Review anaesthetic technique. Feedback from Consultant surgeon that use of GA and block in TKRs impacts on LOS

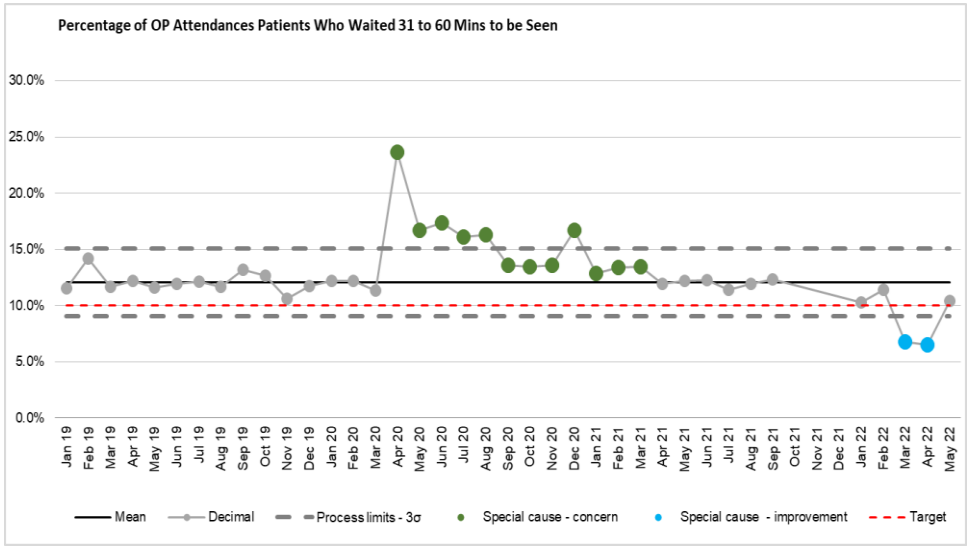
JointCare and Day Case Arthroplasty Aspirations:
- Average LOS for primary arthroplasty patients of 2 days
- Development and roll out of Day Case pathway – anticipating 20% of arthroplasty patients will be treated on this pathway

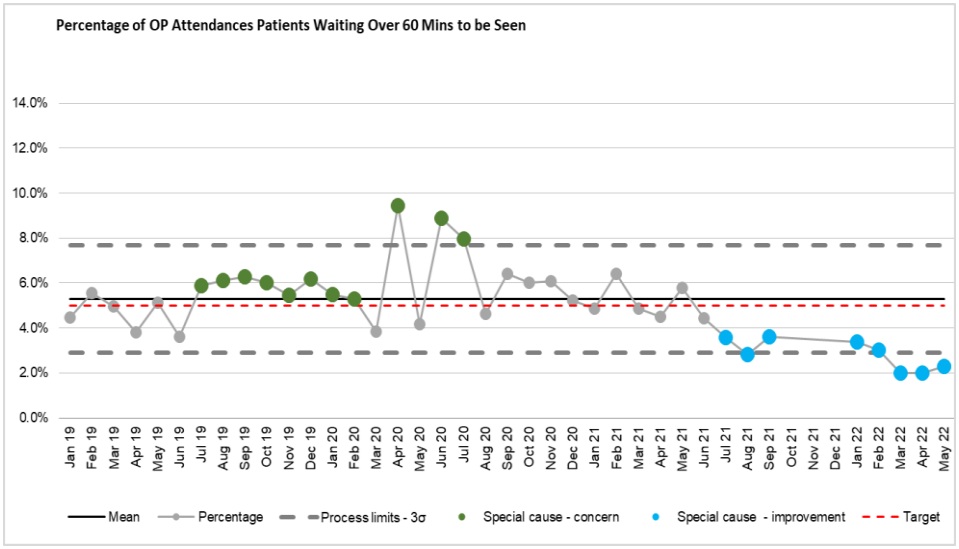
All aspects of the JointCare pathway are currently being reinstated, and 'refresher' training sessions for clinical staff are underway
Day Case anaesthetic protocol currently under review by the Anaesthetic team in collaboration with the Project team

RISKS/ISSUES

Major Revision Centre/BIS work may lead to increased number of long stay patients. Consider how this data will be presented in the future , when the service is fully established.

4. Outpatient efficiency





DNA Analysis

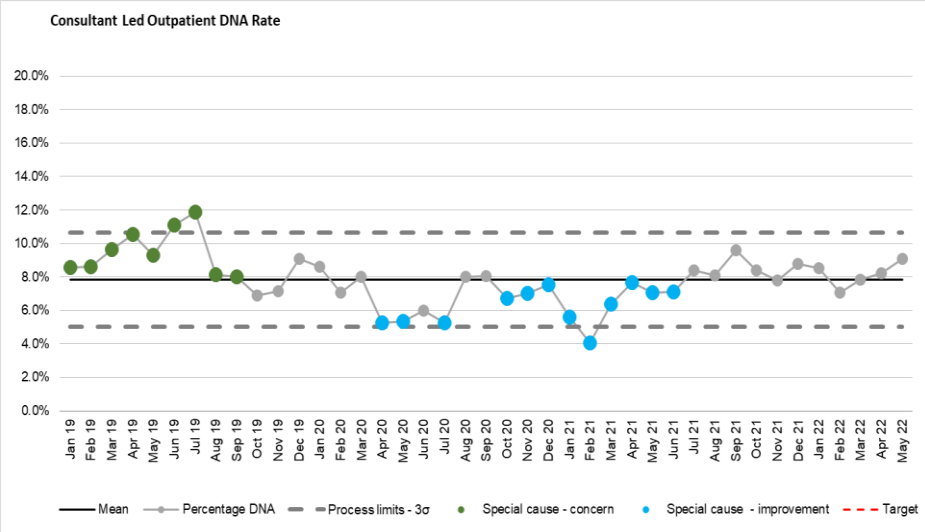
There were 641 DNAs in May and of these 79% were booked with 3 weeks notice or more. An audit of 80 DNAs has been carried out with the following results:

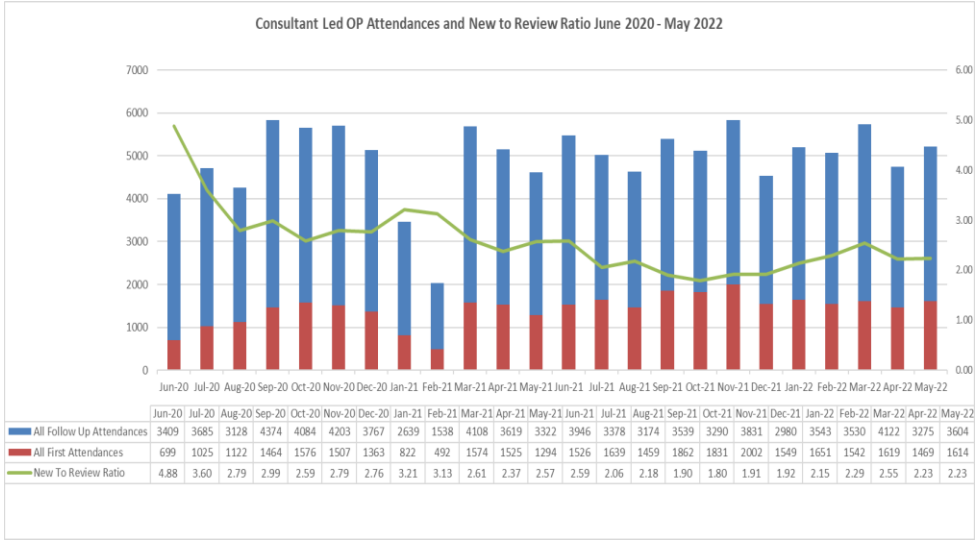
Audit of 80 DNAs	Number
Patient was unable to get through to the call centre to cancel	2
Patient DNA - Forgot to cancel	45
Cancellation request via DrDoctor at short notice	6
Unaware of appointment	24
Other	3
Grand Total	**80**

Data for all 641	
Over 3 weeks notice	79%
Male	47%
Female	53%

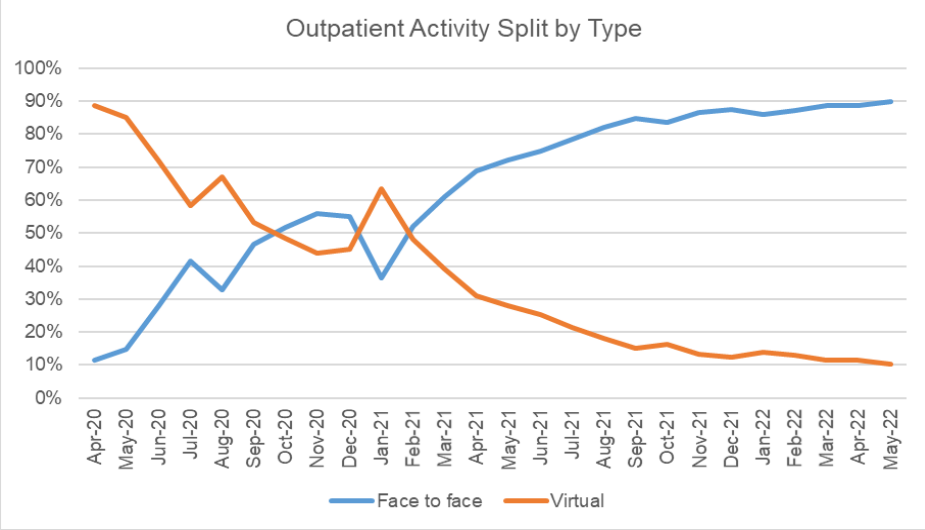
- Of the 80 audited 24 patients reported that they were not aware of their appointment, however 16 patients had been sent and received a text message about their appointment.
- Of the 641 DNA's there was no statistical difference in gender
- Patient's who were unable to contact the call centre to cancel their appointments due to the issues with the current system. The new voice over internet protocol (VOIP) system 8 X 8 has now gone live
- 96% of the patients that Did not Attend had a mobile phone number registered on the system and had received text messages.
- Analysis relating to Index of Multiple deprivation will be developed for further analysis to understand any themes to support improved patient experience.

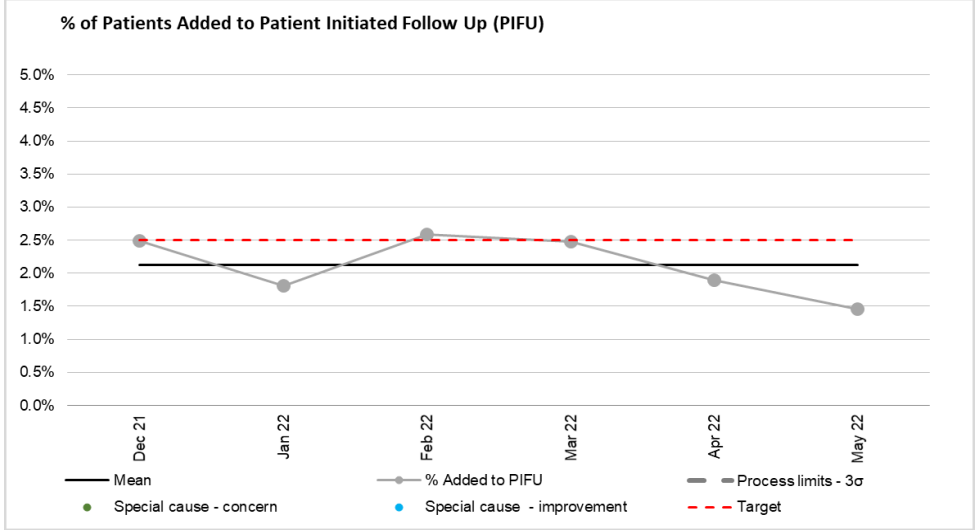
4. Outpatient efficiency





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122	3275	3604
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619	1469	1614
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55	2.23	2.23





4. Outpatient efficiency

SUMMARY

There were **4,662** face to face and **526** virtual appointments carried out in **May (10% virtual).** This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. The latest data is not yet available for the region but data from March showed Robert Jones and Agnes Hunt at 8% for Trauma and Orthopaedic services, UHB at 9%, Sandwell at 12% and ROH at 12%.
An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. There are currently **834** PIFU pathways on the PAS system 73 added in May which is **1.46%** of all OP activity. Work continues with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform (DrDoctor) to support virtual clinics going forward. A new Interim manager has been brought it to support this and other Outpatient Transformation projects.

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **10.4%** (Target **10%)**
60 minute delays – **2.3% (**Target **5%)**
An analysis of 30 minute delays has shown an increase from **April 6.5%** to **May** with **10.4%** of appointments being delayed more than 30 minutes. Delays of 60 minutes or more have increased slightly from April at **2%** to **May 2.3%**. This increase is due to increased activity in May compared to April and levels of delay were high in Arthroplasty, Arthroscopy and Oncology compared to the previous month. The majority of delays have been due to increased complexity of patients. A trial of electronic outcomes is being planned in Young Adult Hips and Back Pain / Clinical Support by the end of June. resulting in the clinician is entering the time stamps making the data more accurate. A new Outpatient Activity and Performance Group has been set up to run every Thursday. The intranet based x-ray walking referral form and waiting list continues to help reduce delays for patients that are referred to imaging on the day of their appointment.

The DNA rate for **May is 9.19%, above trust target** and an increase from **8.24**% in April– the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. Additional analysis is now being carried out on the DNA data to provide more information including gender, notice period provided and previous DNA history. Of all the patients that DNA 96% had a mobile number recorded on PAS and 79% of patients were booked with 3 weeks notice or more.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In May 118 referrals for advice and guidance were received against a GP referral total of 1477 gives a total of 7.3% for advice and guidance.
All Directories of service have been reviewed to ensure A&G pathways are available for all services. Engagement with colleagues at UHB is underway as their performance is higher than ROH. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **the response rate for May was 100%.**

RISKS / ISSUES

The Appointments Call Centre upgrade is now complete. This will improve patient experience and provide monitoring against KPIs. This data will be presented and analysed next month which will include Call volumes, Call duration, Missed calls and time taken to answer.
Benefits are:

- Patients will know where they are in the queue or the average waiting time to answer
- Call centre staff will be able to see how many patients are waiting in the queue
- Patients will have a clear message where they have called and the opening times for the call centre
- Patients will not be lost in the current loop system we have which the results in them being cut off

5. Referral to Treatment

Referral to Treatment Snapshot as at 31st May 22 - Combined

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2022

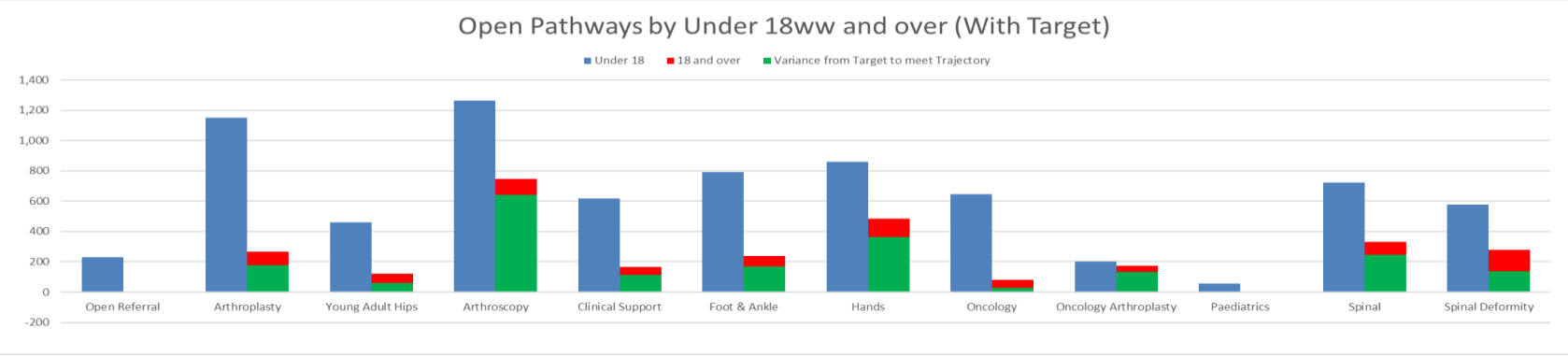
Est Over 18 Clock Stops Required		
To achieve	89.94%	2355
To achieve	89.10%	2264
To achieve	89.94%	2355

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,447**	179	561	226	541	269	345	360	316	72	29	308	241
7-13	**2,883**	49	416	170	492	260	323	328	217	82	22	280	244
14-17	**1,235**	0	171	64	228	87	124	172	111	46	5	134	93
18-26	**1,481**	1	145	87	351	83	125	239	61	81	2	185	121
27-39	**1,091**	0	108	28	269	69	88	193	15	76	0	117	128
40-47	**255**	0	14	2	97	9	20	44	4	12	2	24	27
48-51	**50**	0	1	2	20	2	3	7	2	5	0	4	4
52 weeks and over	**17**	0	0	1	10	1	0	3	0	1	0	1	0
Total	**10,459**	229	1,416	580	2,008	780	1,028	1,346	726	375	60	1,053	858

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,565**	228	1,148	460	1,261	616	792	860	644	200	56	722	578
18 and over	**2,894**	1	268	120	747	164	236	486	82	175	4	331	280
Current Month End RTT %	**72.33%**	**99.56%**	**81.07%**	**79.31%**	**62.80%**	**78.97%**	**77.04%**	**63.89%**	**88.71%**	**53.33%**	**93.33%**	**68.57%**	**67.37%**

31/05/2022 Trajectory RTT %	89.94%	100.00%	92.82%	88.24%	92.20%	92.52%	92.10%	87.56%	92.47%	82.79%	92.16%	89.58%	80.09%
Target for RTT Trajectory	846	0	89	61	107	50	68	122	52	42	5	84	144
Variance from Target to meet Trajectory	2048	1	179	59	640	114	168	364	30	133	-1	247	136



5. Referral to Treatment

Referral to Treatment Snapshot as at 31st May 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2022

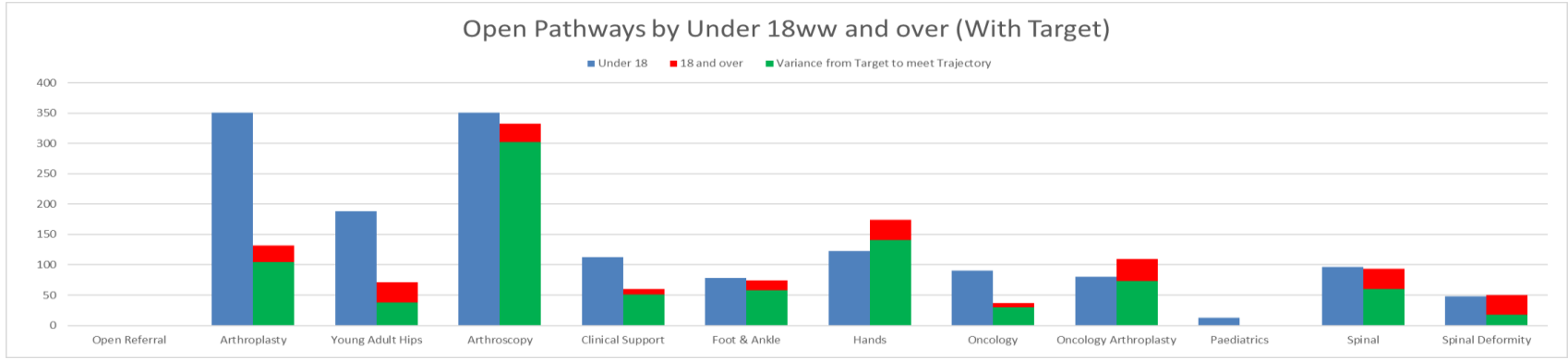
Est Over 18 Clock Stops Required		
To achieve	86.24%	1023
To achieve	89.10%	1089
To achieve	89.94%	1107

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**561**	0	106	77	122	50	25	55	45	19	5	39	18
7-13	**658**	0	172	79	154	44	36	44	31	35	5	35	23
14-17	**312**	0	73	32	75	19	17	24	14	26	3	22	7
18-26	**507**	0	78	50	109	35	29	70	22	50	0	43	21
27-39	**458**	0	44	19	142	22	29	80	11	50	0	41	20
40-47	**141**	0	10	2	67	3	15	20	3	6	1	6	8
48-51	**21**	0	0	0	11	0	1	1	1	4	0	2	1
52 weeks and over	**7**	0	0	0	3	0	0	3	0	0	0	1	0
Total	**2,665**	0	483	259	683	173	152	297	127	190	14	189	98

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,531**	0	351	188	351	113	78	123	90	80	13	96	48
18 and over	**1,134**	0	132	71	332	60	74	174	37	110	1	93	50
Current Month End RTT %	**57.45%**	n/a	**72.67%**	**72.59%**	**51.39%**	**65.32%**	**51.32%**	**41.41%**	**70.87%**	**42.11%**	**92.86%**	**50.79%**	**48.98%**

31/05/2022 Trajectory RTT %	86.24%	100.00%	92.73%	85.15%	92.24%	92.50%	83.39%	78.81%	92.70%	68.42%	93.33%	74.56%	59.48%
Target for RTT Trajectory	244	0	28	33	30	9	16	33	7	37	1	33	33
Variance from Target to meet Trajectory	890	0	104	38	302	51	58	141	30	73	0	60	17



5. Referral to Treatment

Referral to Treatment Snapshot as 31st May 22 - Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2022

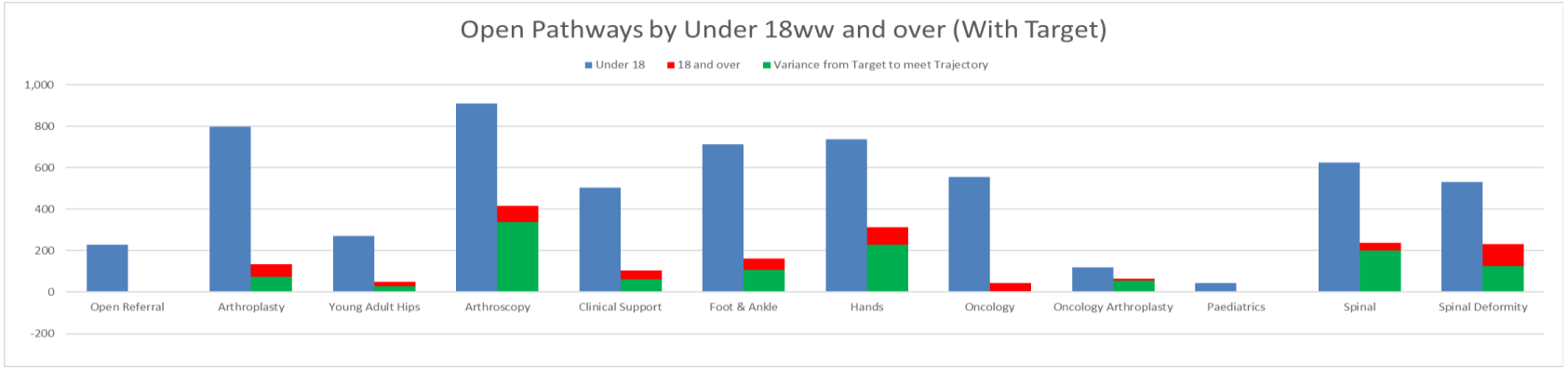
Est Over 18 Clock Stops Required		
To achieve	91.58%	1386
To achieve	89.10%	1175
To achieve	89.94%	1248

Select Pathway Type: Non Admitted

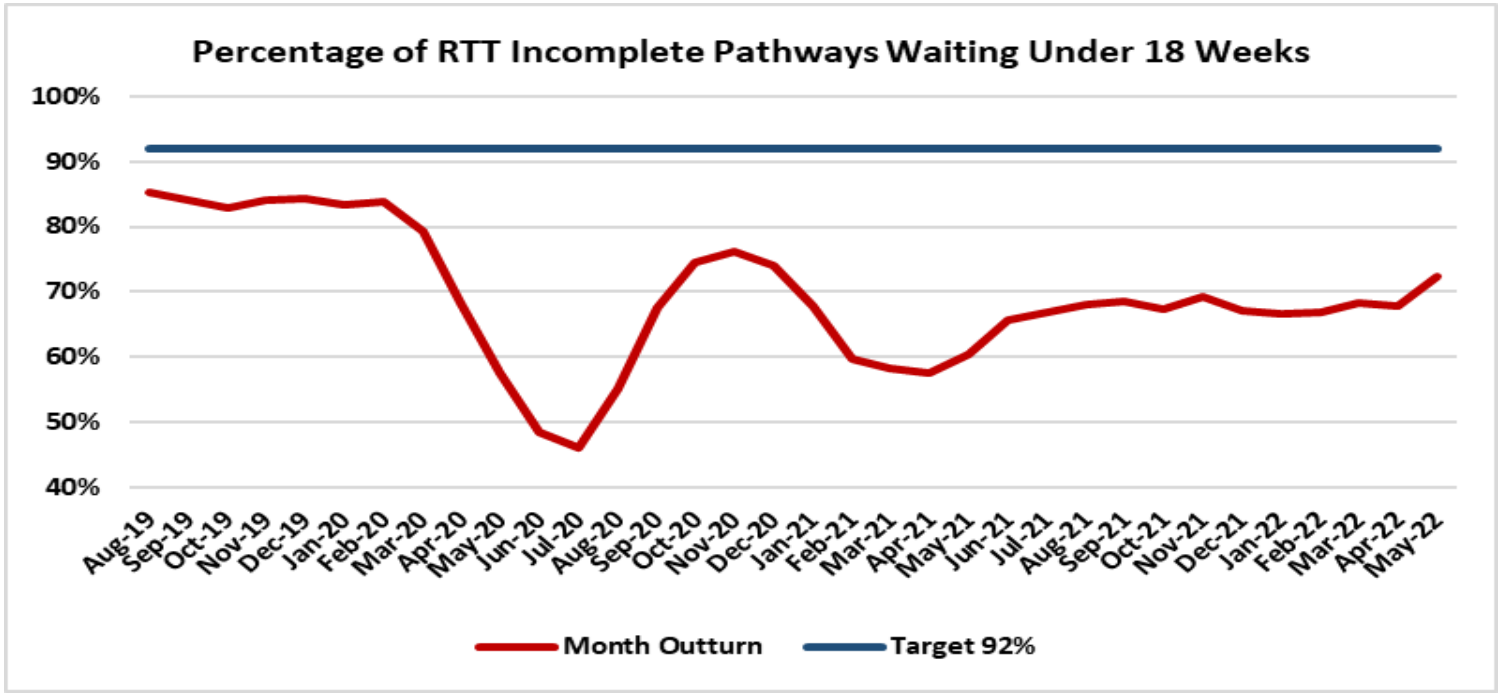
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,886**	179	455	149	419	219	320	305	271	53	24	269	223
7-13	**2,225**	49	244	91	338	216	287	284	186	47	17	245	221
14-17	**923**	0	98	32	153	68	107	148	97	20	2	112	86
18-26	**974**	1	67	37	242	48	96	169	39	31	2	142	100
27-39	**633**	0	64	9	127	47	59	113	4	26	0	76	108
40-47	**114**	0	4	0	30	6	5	24	1	6	1	18	19
48-51	**29**	0	1	2	9	2	2	6	1	1	0	2	3
52 weeks and over	**10**	0	0	1	7	1	0	0	0	1	0	0	0
Total	**7,794**	229	933	321	1,325	607	876	1,049	599	185	46	864	760

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,034**	228	797	272	910	503	714	737	554	120	43	626	530
18 and over	**1,760**	1	136	49	415	104	162	312	45	65	3	238	230
Current Month End RTT %	**77.42%**	99.56%	**85.42%**	**84.74%**	**68.68%**	**82.87%**	**81.51%**	**70.26%**	92.49%	**64.86%**	93.48%	**72.45%**	**69.74%**

31/05/2022 Trajectory RTT %	91.58%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	89.75%	92.43%	92.20%	92.05%	94.35%	83.33%
Target for RTT Trajectory	554	0	61	21	78	41	53	84	45	10	4	37	106
Variance from Target to meet Trajectory	1206	1	75	28	337	63	109	228	0	55	-1	201	124



5. Referral to Treatment



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for May is **72.33%** against the National Constitutional Target of 92%. This is an increase of 4.61% compared to April reporting at **67.72%.**

There are **17** patients over 52 weeks, a decrease from 37 in March. There are still a cohort of over 52 week patients which we are managing closely this is largely due to Covid and support services involving UHB. It is anticipated that numbers at June month end will rise marginally (circa 25) due to covid recovery period which has impacted some patients and surgeon covid related sickness.
The trajectory to have 0 52 week waits (Exempting any clinical related issues) is still end of July 22

All patients over 52 weeks will be reviewed through the harm review process. No harm has been concluded on all patients to date. **305** patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2665 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with **2,330** (**86.17%)** referrals received in May 2022, the average monthly referrals received Pre-Covid (2,704)
We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

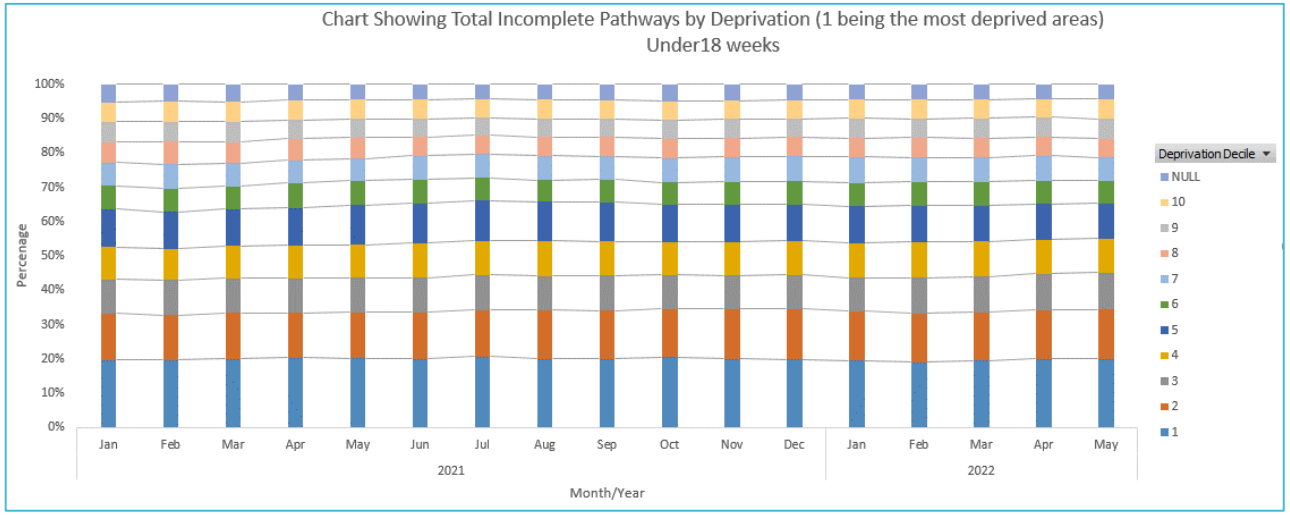
AREAS FOR IMPROVEMENT

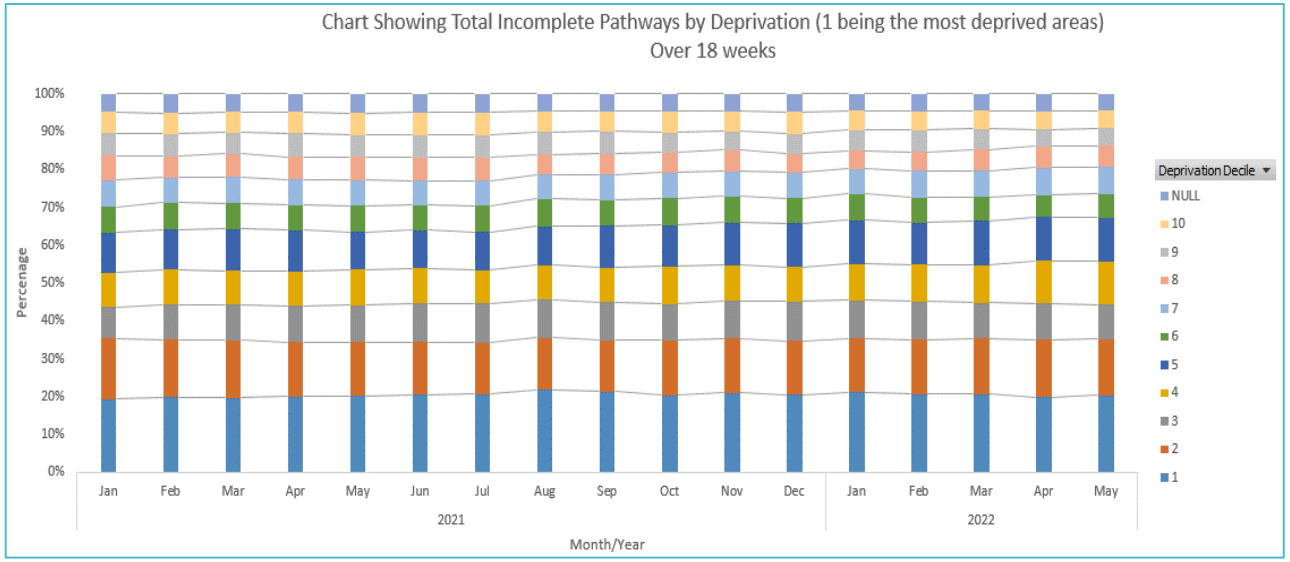
Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for June will be to reduce the number of 52 week waits where possible and this is progressing well with plans for most patients over 52 weeks now in place.

RISKS / ISSUES

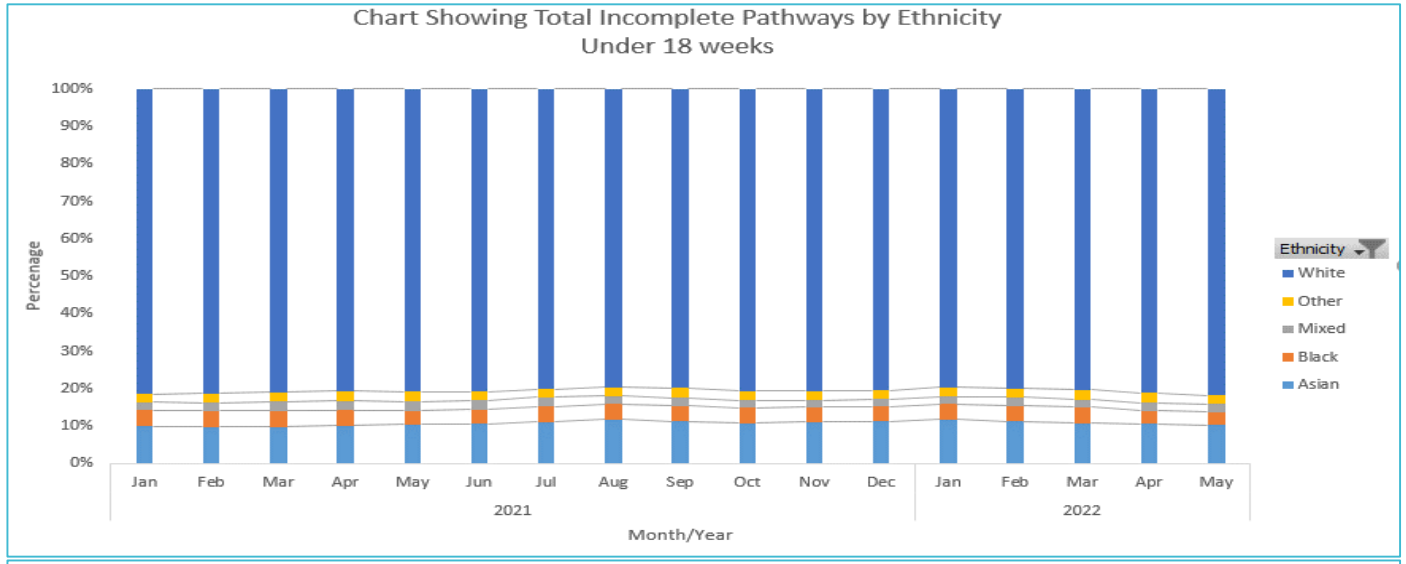
System support for 104 weeks and covid surges may impact on the delivery of the RTT target, we are now offering mutual aid support to other Providers such as RJAH and UHB.

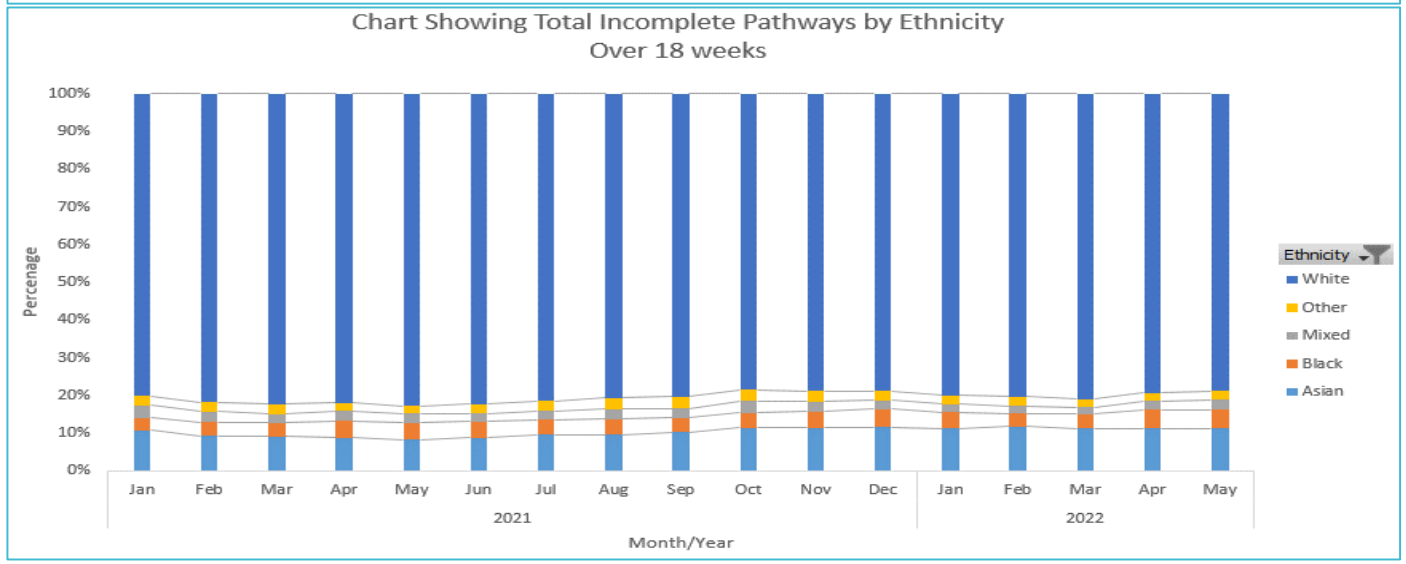
5. PTL Trend by Deprivation Under 18 weeks and Over 18 weeks



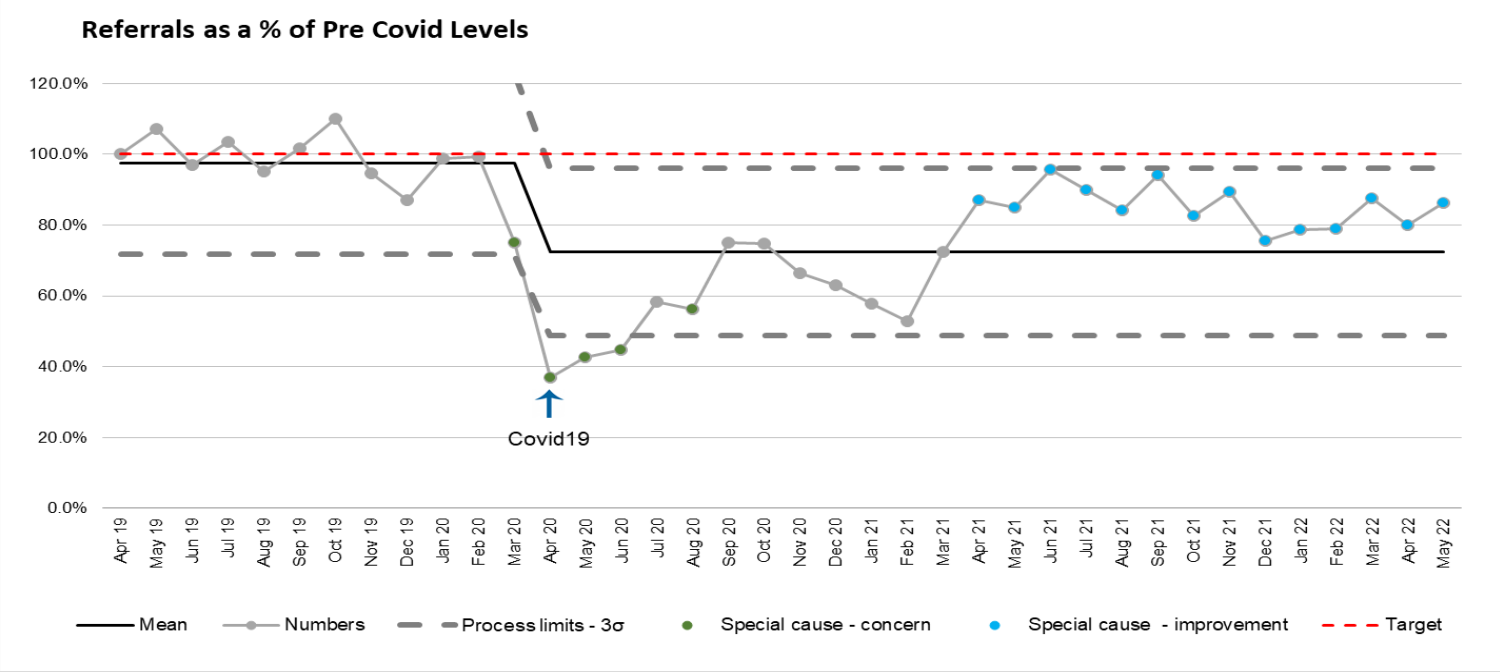


5. PTL Trend by Ethnicity Under 18 weeks and Over 18 weeks





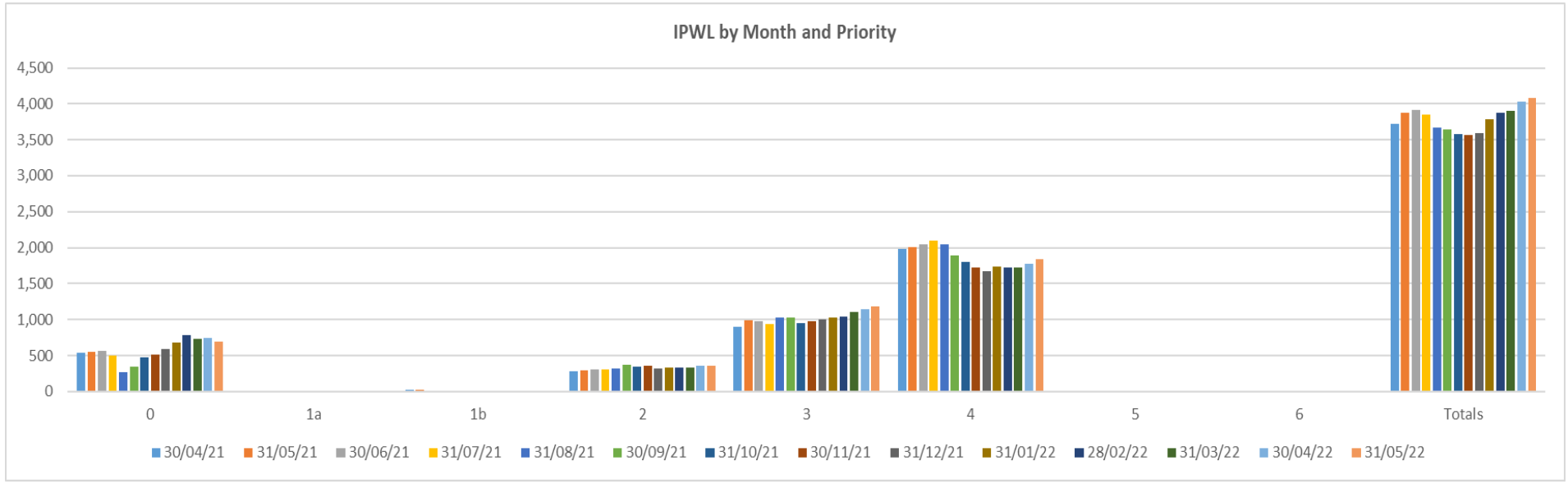
5. Referral to Treatment



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%

5. Referral to Treatment



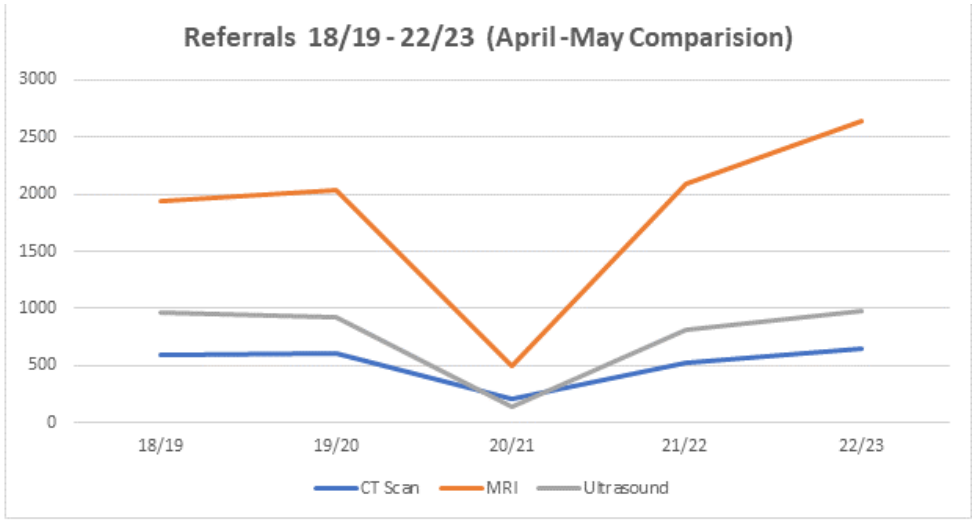
	Number of IP waiting as at	% of IP waiting as at
Priority	31/05/22	31/05/22
0	691	17%
1a		0%
1b	2	0%
2	359	9%
3	1179	29%
4	1846	45%
5		0%
6		0%
Total	4077	100%

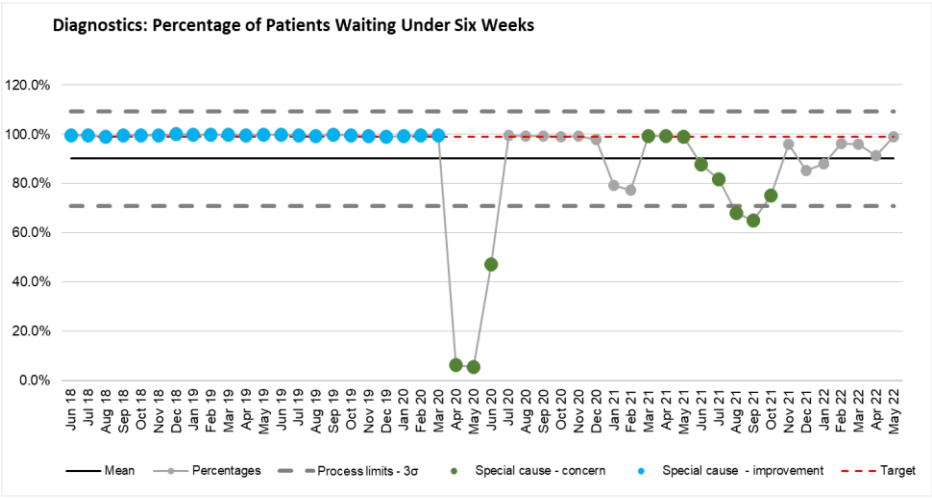
We have seen a gradual increase in the number of P2,P3 and P4 Patients and in the overall admitted waiting list size. We continue to review these patients in the weekly PTL meetings and the harm review framework is followed. No harm has been concluded on all patients to date.

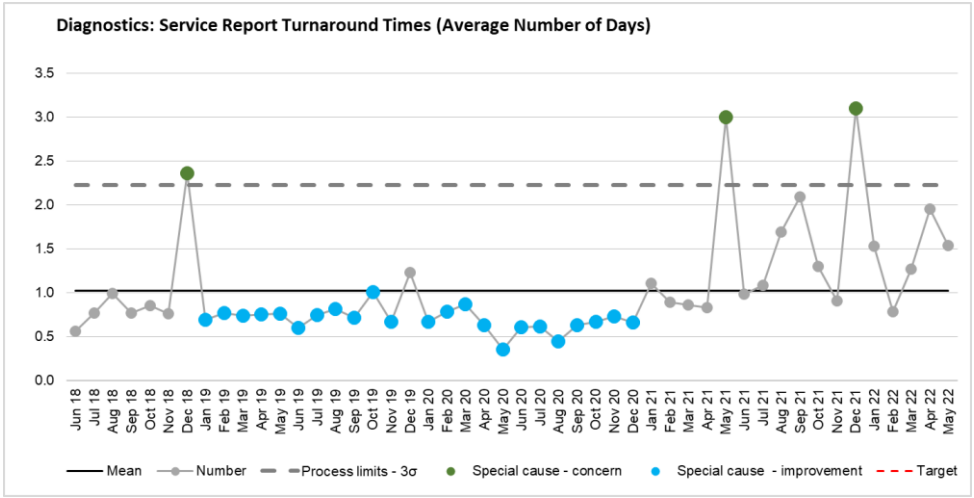
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376
May-22	825	75	92	992	9	983	99.1%	947	236	329	1512







6. Diagnostic Performance

SUMMARY

Imaging met the diagnostic target in May reporting 99.1%. The main area of challenge remains MRI with referrals at 117% when compared to May 2021. Both US and CT remaining compliant

Additional mobile MRI capacity has been confirmed for dates in June and July. This will support the clearance of the MRI backlog and ensure compliance of the diagnostic target from June.

Reporting times in May remained on target

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's - awaiting DrDoctor implementation

The imaging department have been successful with recruiting radiographers, with MRI being fully staffed once new colleagues have arrived and other posts in the main x-ray department are also been filled with continued recruitment.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

May Cancer Performance – April 2022 Submission

		April 2022 (Provisional reported position)				
Target Name	National Standard	Percentage	In Target	Breach	Accountable Patients	Total Patients
2ww	93%	94.64%	53	3	56	56
31 day first treatment	96%	85.71%	6	1	7	7
31 day subsequent (surgery)	94%	100.00%	7	0	7	7
62 day (traditional)	85%	60.00%	1.5	1	2.5	4
62 day (Cons Upgrade)	n/a	57.14%	2	1.5	3.5	6
28 day Faster Diagnosis	75%	75.38%	49	16	65	65
Number over 104 days				1.5		

		March 2022 (Final Position)				
Target Name	National Standard	Percentage	In Target	Breach	Accountable Patients	Total Patients
2ww	93%	97.90%	93	2	95	95
31 day first treatment	96%	100.00%	11	0	11	11
31 day subsequent (surgery)	94%	100.00%	8	0	8	8
62 day (traditional)	85%	90.00%	4.5	0.5	5	7
62 day (Cons Upgrade)	n/a	37.50%	1.5	2.5	4	6
28 day Faster Diagnosis	75%	79.81%	87	22	109	109
Number over 104 days				0.5		

Performance

- Trends for breaches to the CWT standards for April include: shared pathways involving late tertiary referrals both into the ROH and to other treatment providers, delays resulting from patient fitness, positive covid results, complex pelvic and multi-surgeon cases. We continue to see these trends in May and June.
- Referrals into the service reduced in April compared to previous months however this has risen again in May.
- There is a slight correction to the 62 day target as a 0.5 breach is incorrectly allocated to the ROH. This will be corrected at quarter end when the submissions are finalised.

Risks /actions ongoing

- 1 WTE consultant vacancy, 2 WTE fellowship vacancies, Recruitment in process (Consultant interviews planned for August 2023)
- Work continues the 2WW referral pathway with Bsol CCG

CONTENTS

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1	Activity Summary
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3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
9	Income
10	Expenditure
11	Agency Expenditure
12	Cost Improvement Programme
13	Liquidity & Balance Sheet analysis
14	ICS Financial Analysis
15	Workforce

Introduction

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

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

8. Overall Financial Performance

SUMMARY

The Trust delivered a surplus of £85k against a planned £93k deficit, and is therefore currently £178k ahead of plan.

Income year to date is £362k better than plan, as a result of recognising Month 1 and Month 2 additional inflationary income allocation.

Pay and non pay expenditure overspent year to date by £187k, with an overspend on non-pay and an underspend on pay.

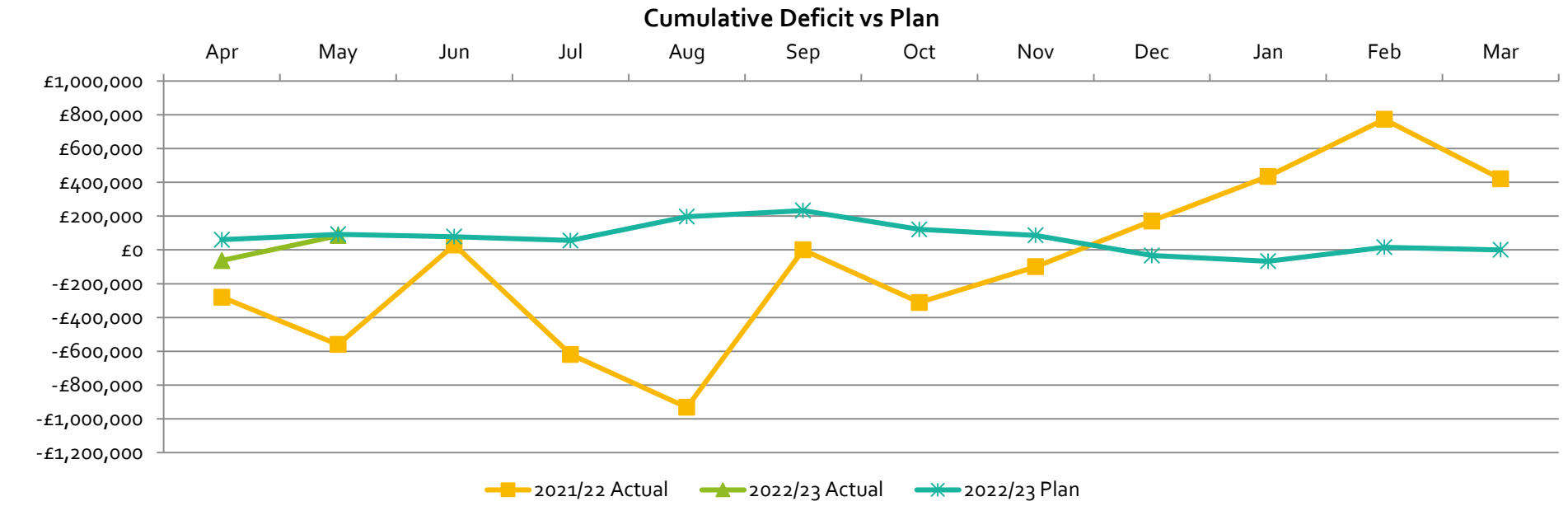
Agency spend remains a key focus with agency overspending by £309k year to date.

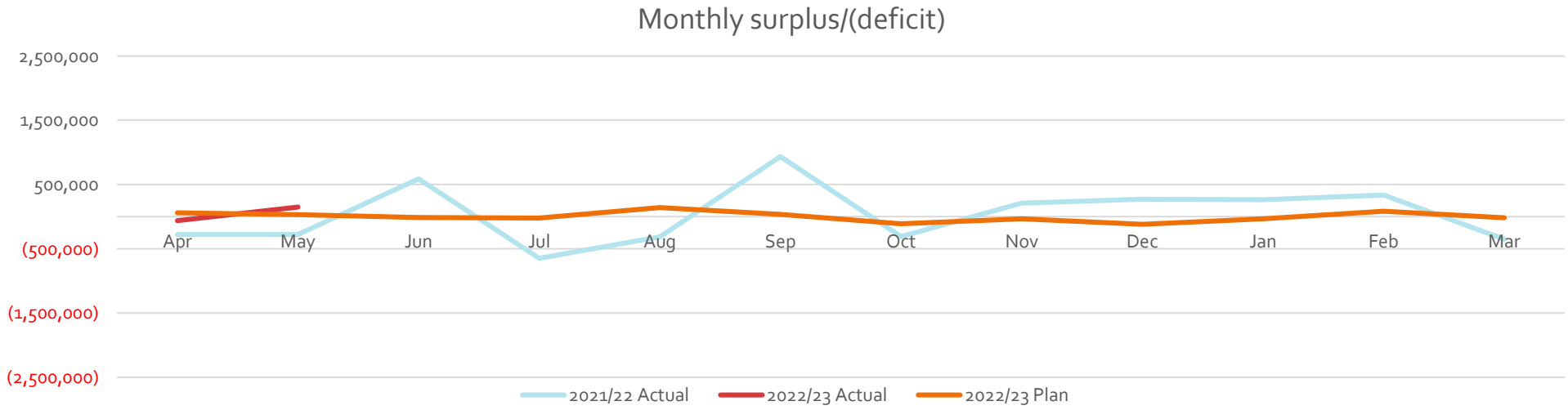
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£362	£198	-378	-8	178
Year to date plan	19,232	-11,051	-8,090	-184	-93
Year to date actual	19,594	-10,853	-8,468	-188	85
Variance compared previous month	↑ £437	↓ -£92	↓ -£189	→ -£9	↑ £151

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	18,508	18,770	262
Other Operating Income (Excluding top up)	724	823	99
Employee Expenses (inc. Agency)	(11,051)	(10,853)	198
Other operating expenses	(8,090)	(8,468)	(378)
Operating Surplus	91	273	182
Net Finance Costs	(194)	(202)	(8)
Net surplus/(deficit)	(103)	71	174
Remove donated asset I&E impact	10	14	4
Adjusted financial performance	(93)	85	178

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is £362k better than plan, as a result of recognising Month 1 and Month 2 additional inflationary income allocation.

Additional inflationary income of £1m for 22/23 has been allocated, this totals £167k for Months 1 and 2.

Private patient income performed £142k above plan year to date.

AREAS FOR IMPROVEMENT

Other income, whilst above plan by £36k year to date, was still below 2019/20 levels. This category of income includes car parking, catering and accommodation.

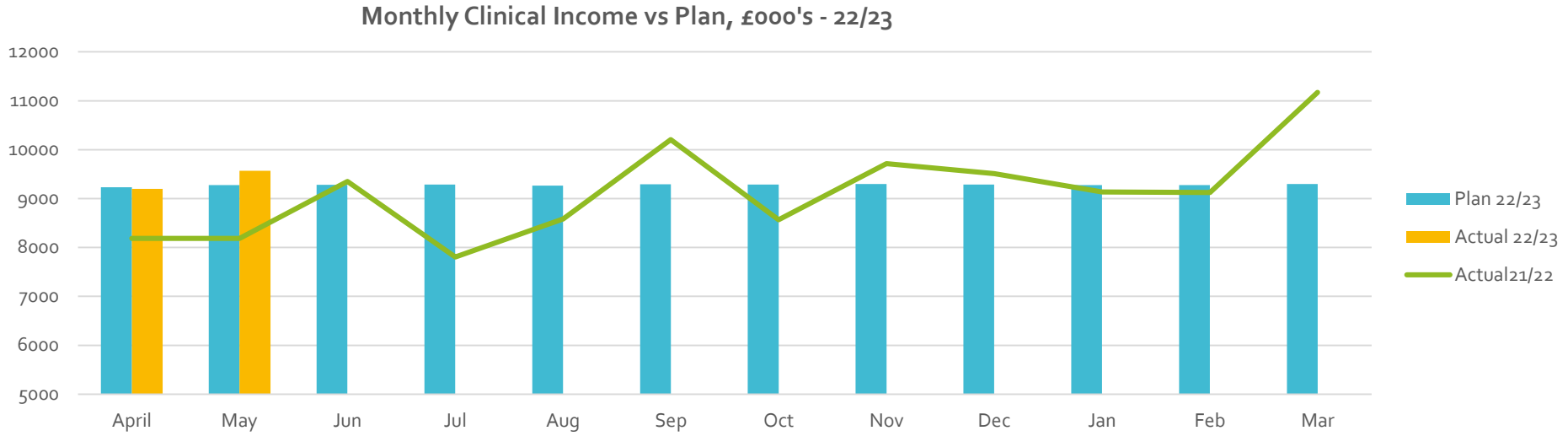
RISKS / ISSUES

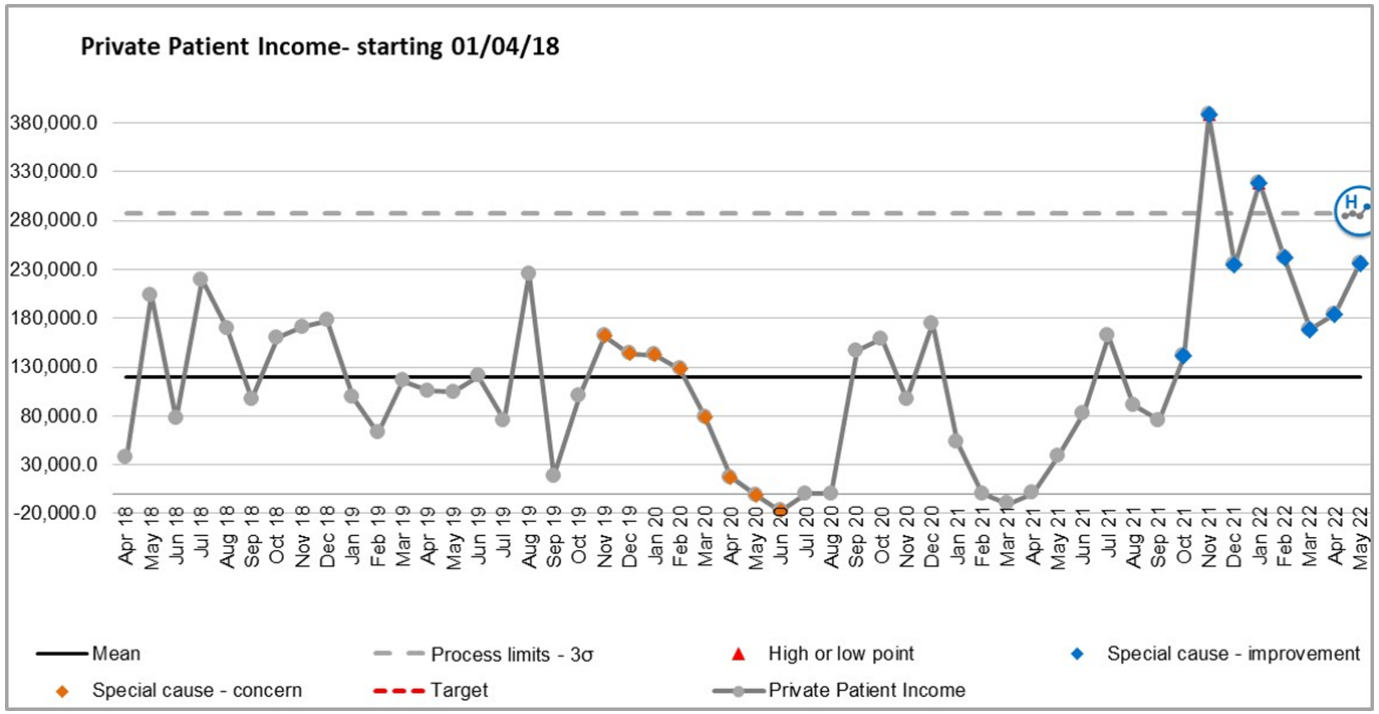
Initial data suggest that the Trust has performed slightly below plan for ERF target in Months 1 and 2, and as such, the Trust has included a provision within the reported position for this income to be recovered. Initial view of the system performance suggests that the system is significantly below target, and therefore all other providers within the system have included provisions for recovery of income.

The system have not yet agreed how internal performance against ERF will be managed, and how overperformance against a provider target could be incentivised, within a system break-even or underperformance position.

Non recurrent funding has, and will continue to be, received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

9. Income


Monthly Clinical Income vs Plan, £000's - 22/23
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 22/23
Actual 22/23
Actual21/22


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent year to date by £187k, with an overspend on non-pay and an underspend on pay.

Overall pay spend is lower than plan year to date by £198k. Agency spend is £309k overspent with the key drivers increase in activity, continued high sickness, and continuation of vacancies.

Overall non pay spend is higher in month largely as a result of the additional non-pay costs of delivery the activity ahead of plan.

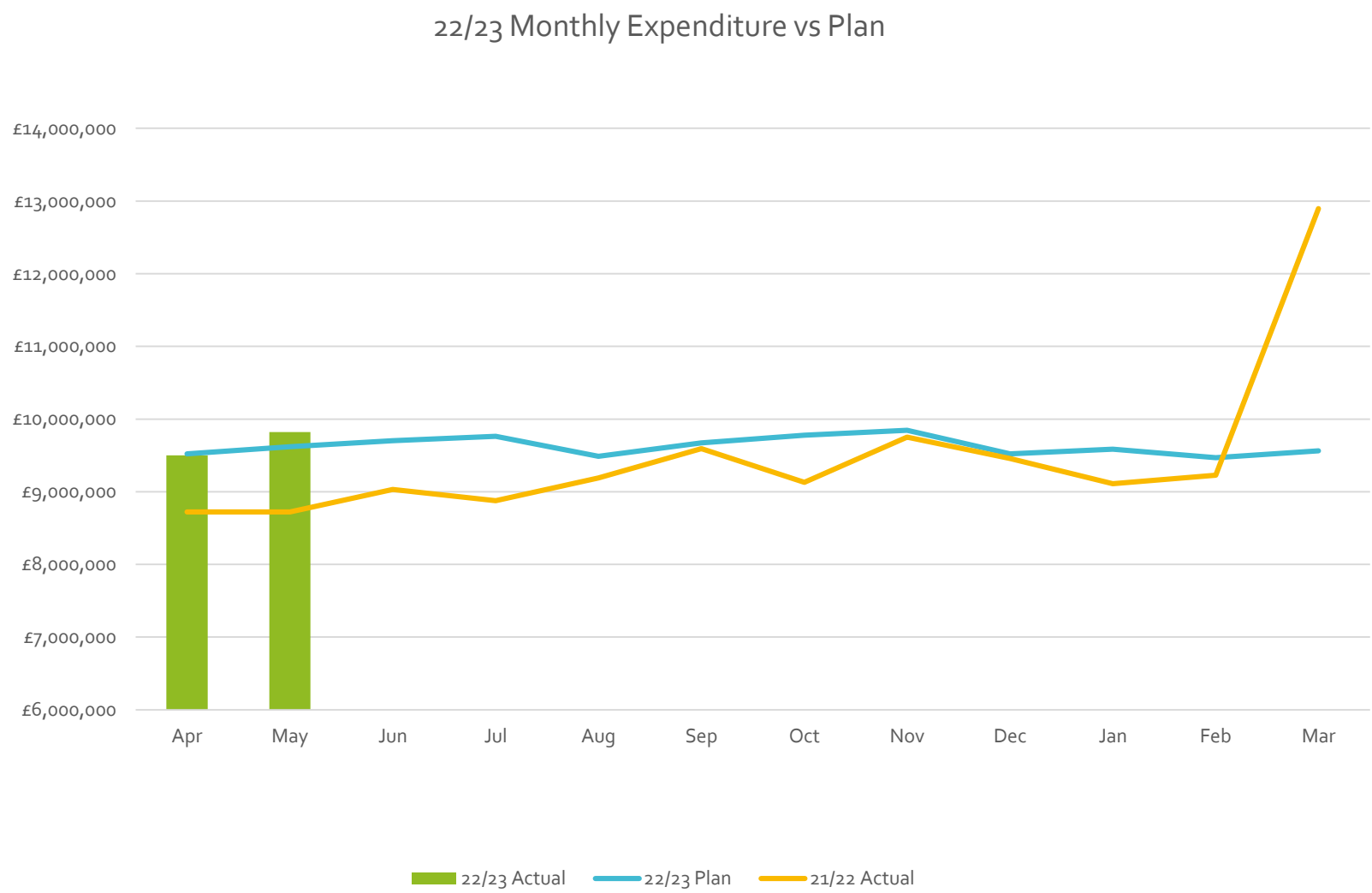
AREAS FOR IMPROVEMENT

Agency spend is above plan year to date by £309k.

RISKS / ISSUES

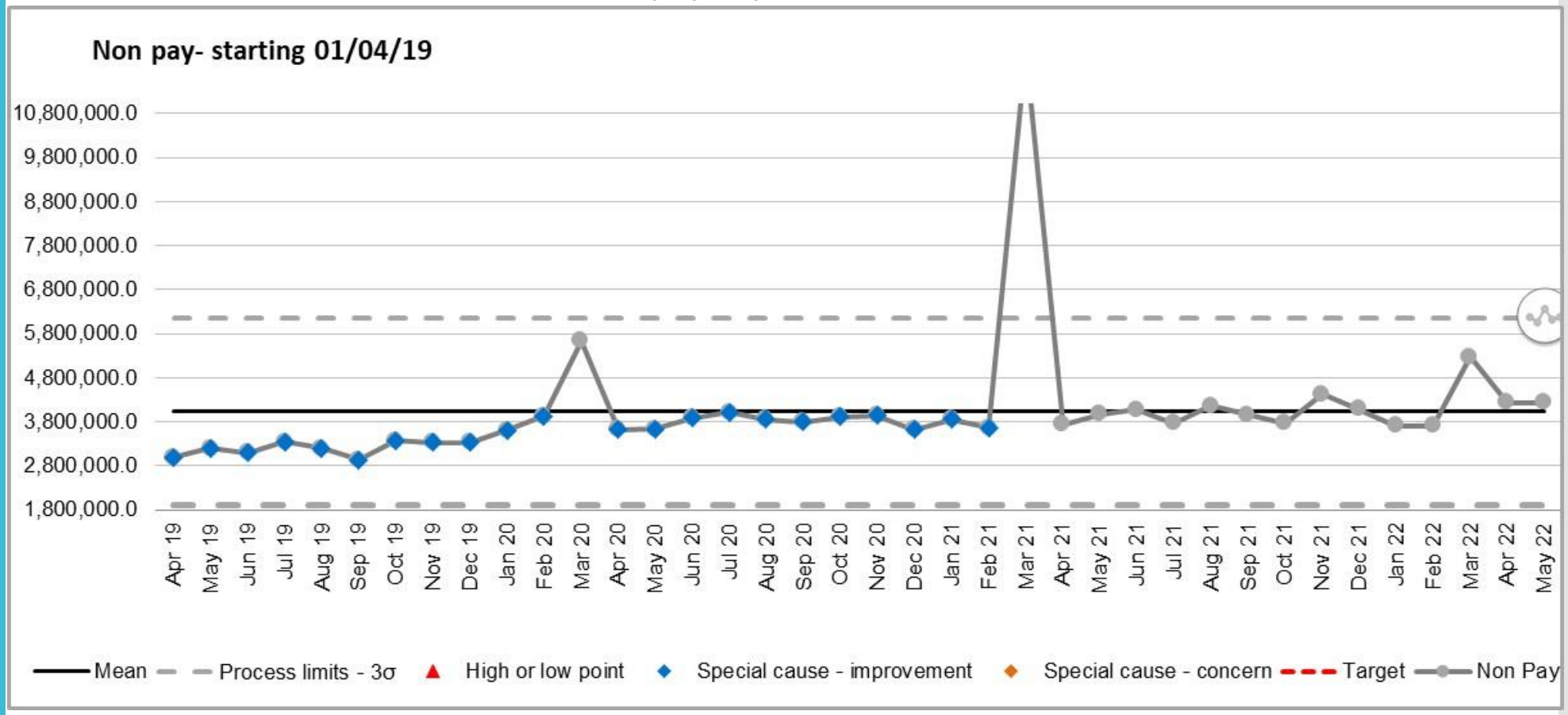
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



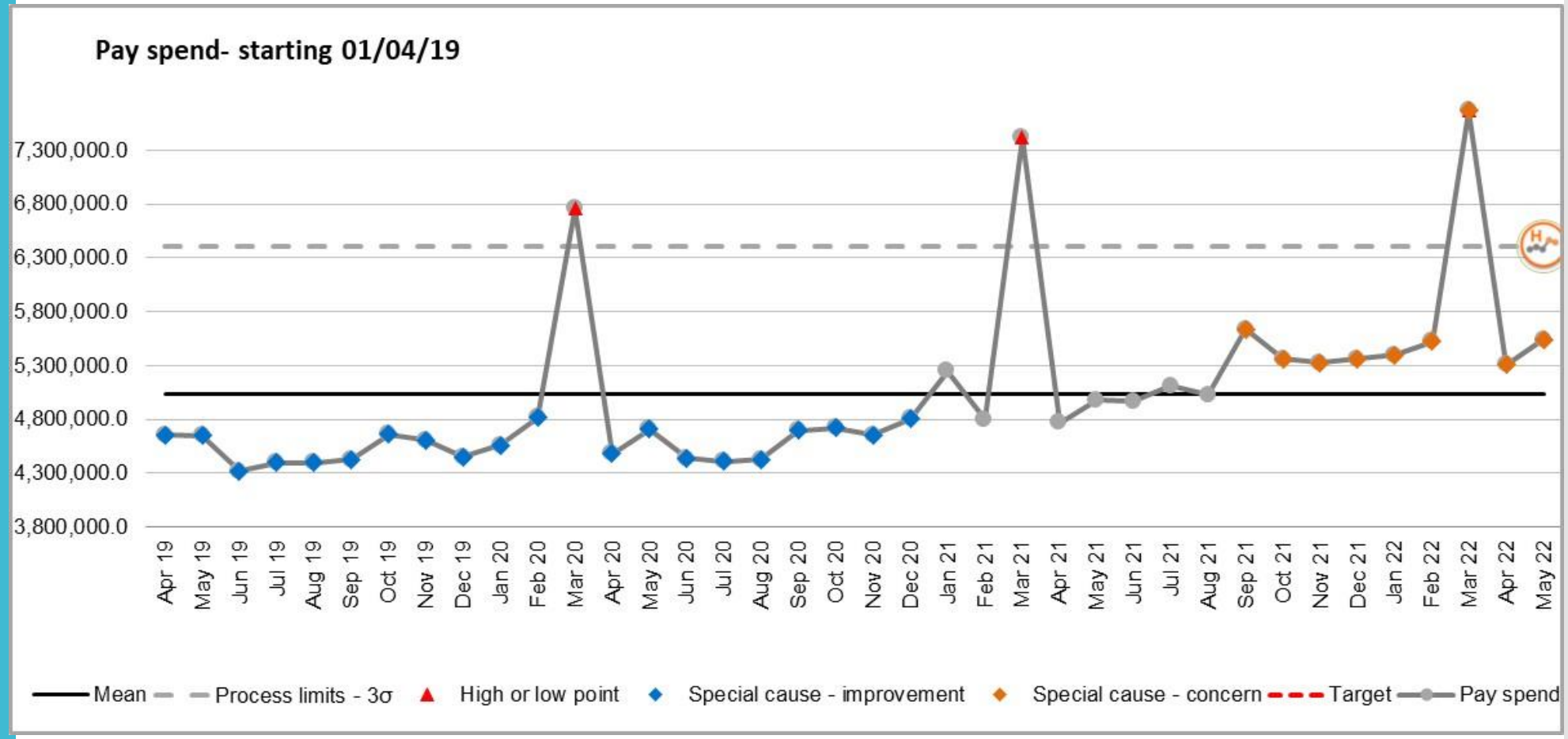
9. Non Pay Expenditure

Non-pay expenditure

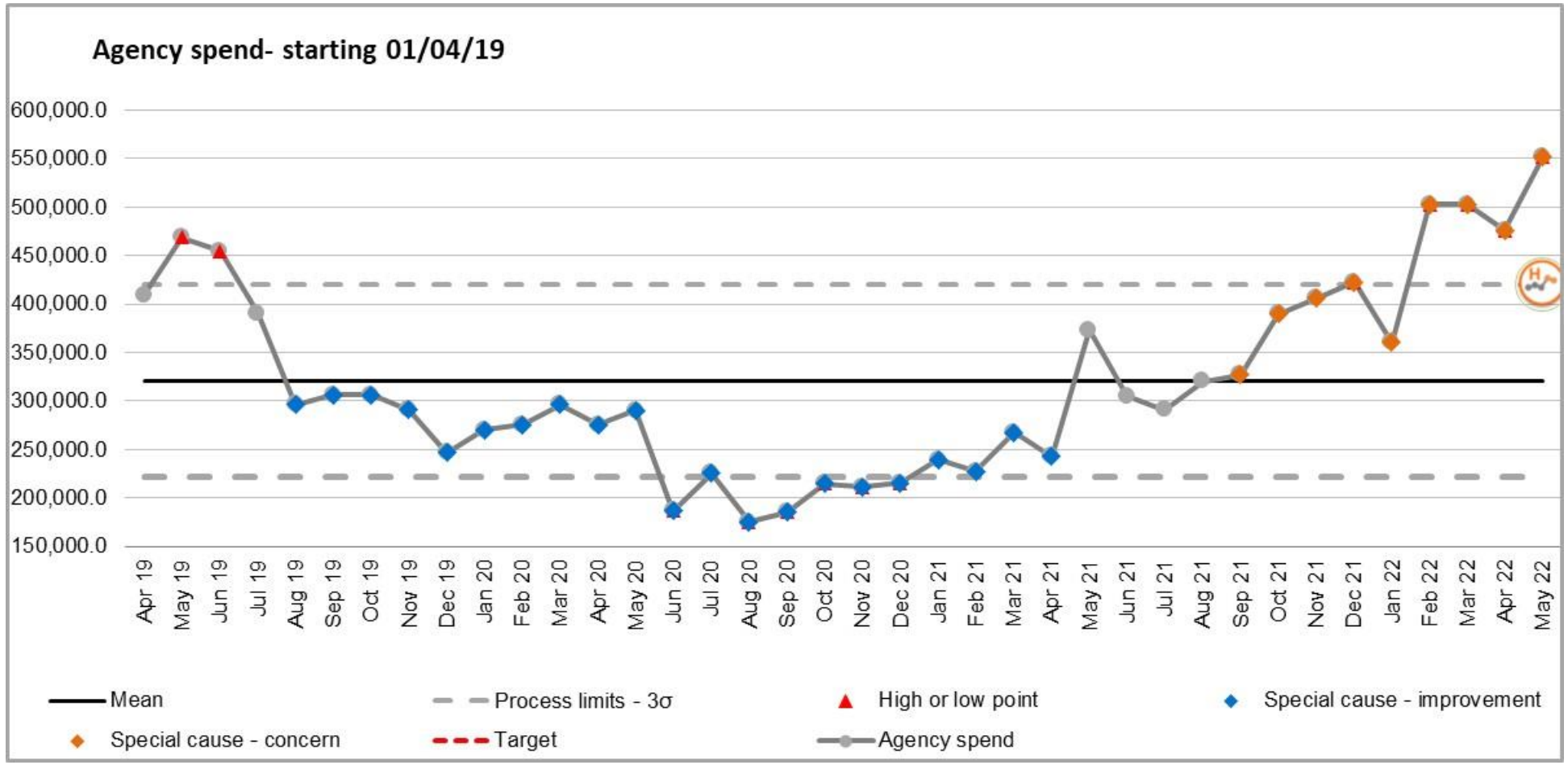


9. Pay Expenditure

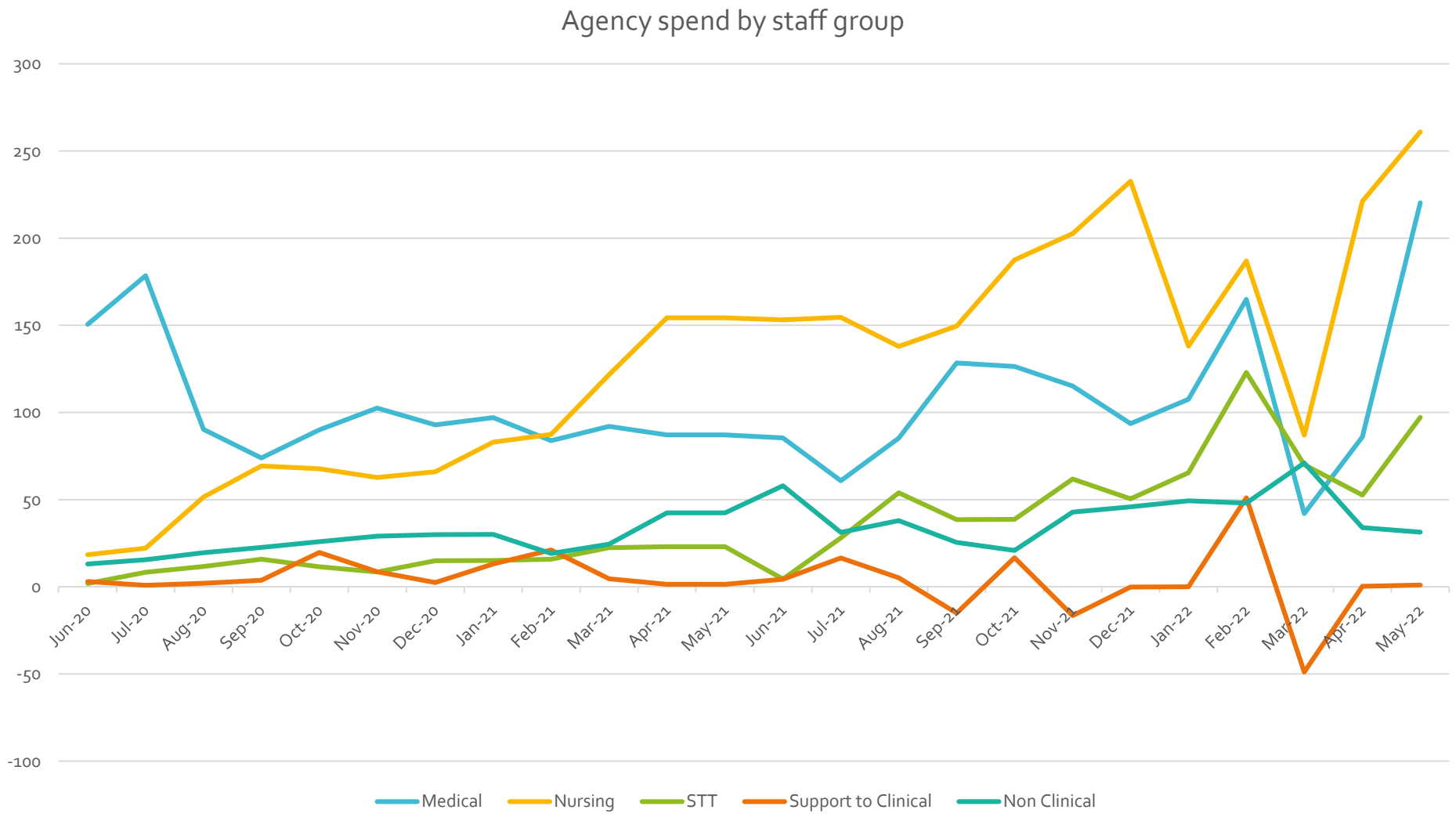
Pay expenditure



11. Agency Expenditure



11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

2022/23 efficiency target of £2.7m has been agreed. Schemes totalling £2m have been identified to date with another 54 schemes still awaiting financial targets to be set.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£24	£11	-£13	£388
Non pay	£156	£132	-£24	£1,904
Income	£28	£105	£77	£203
Grand Total	**£208**	**£248**	£40	**£2,495**

Scheme	CIP Stage (1-5)	Confidence level of delivery	YTD Plan	YTD Actual
Private patient service expansion	4- Execution	High	£20	£105
Procurement - Birmingham Hospital Alliance Collaborative	4- Execution	Med	£69	80
Hips & Knees Implant Rationalisation / contract negotiation	5- Review	Med	£51	52
Medical Agency Reduction - Direct Engagement	5- Review	Med	£18	11
In-house printing for patient communications	5- Review	High	£0	0
Microsoft 365 Licence review	5- Review	High	0	0
Substantive Medical recruitment - reduce medical agency spend	5- Review	High	£0	0
MSC - VAT recovery on Consumables and Prosthesis	5- Review	High	£0	0
Catering - Restaurant	5- Review	Low	£0	0
Docman / EDT Connect implementation - move to paperless processes	5- Review	Med	£0	0
Theatres stock management - H-trak Barcoding System Benefits	5- Review	Med	£0	0
Daycase Knee Replacement	4- Execution	High	£0	0
Substantive Medical recruitment - reduce medical agency spend	5- Review	High	£0	0
Outpatient utilisation improvement	2- Feasibility	Low	£0	0
Electronic outcomes implementation in Outpatients	2- Feasibility	Low	£0	0

13. Statement of Financial Position

SUMMARY

The trade debtors balance has increased due to timing differences of receipts and trade payables similarly has reduced due to supplier balances being cleared in month. The resulting impact of those two working capital movements have resulted in the reduction in cash.

*Note that the current figures do not incorporate the impact of IFRS 16 which is currently being audited as part of the opening SOFP disclosure in the 2021/22 accounts.

	2022/23 M1	2022/23 M2	Movement
	(£'000)		
Intangible Assets	1,508	1,474	-34
Tangible Assets	45,564	45,515	-49
Total Non Current Assets	**47,072**	**46,989**	**-83**
Inventories	359	360	1
Trade and other current assets	11,169	12,298	1,129
Cash	8,397	9,136	739
Total Current Assets	**19,925**	**21,794**	**1,869**
Trade and other payables	-12,134	-12,536	-402
Borrowings	-1,071	-1,067	4
Provisions	-7,613	-7,593	20
Other Liabilities	-759	-994	-235
Total Liabilities	**-21,577**	**-22,190**	**-613**
Total Net Assets Employed	**45,420**	**45,564**	**144**
Total Taxpayers' and Others' Equity	**45,420**	**45,564**	**144**

14. System Financial Performance

SUMMARY

System deficit of £15.5m, which is ;

- £10.2m greater than the planned year to date deficit included in the April Plan submission (which was £35.8m deficit for the year)
- £16.1m greater than the planned year to date in the recent June revised submission (which is breakeven for the year)

System is underspending against its capital allocation by £4.9m for the year to date.

Cash reduced by £26.7m compared with the opening cash balances.

System has delivered £8m of efficiencies year to date, which equates to 62% of the YTD Plan.

Adjusted financial performance surplus / (deficit)	Revenue position against April Plan				Revenue position against revised June Plan			
	Annual	Year to date			Annual	Year to date		
	Plan £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Plan £000s	Actual £000s	Variance £000s
B'ham and Solihull MH NHSFT	-2,661	-444	-800	-356	0	0	-800	-800
B'ham Community Healthcare NHSFT	-2,910	94	-194	-288	0	578	-194	-772
B'ham Women's and Children's NHSFT	-4,275	-716	-300	416	0	0	-300	-300
Royal Orthopaedic Hospital NHSFT	-1,047	-93	85	178	0	92	85	-7
University Hospitals B'ham NHSFT	-16,030	-2,672	-12,839	-10,167	0	0	-12,839	-12,839
B'ham and Solihull CCG	-8,852	-1,476	-1,419	57	0	0	-1,419	-1,419
System Total	**-35,775**	**-5,307**	**-15,466**	**-10,159**	**0**	**670**	**-15,466**	**-16,136**

15. Workforce

SUMMARY

In May, 86% of staff had completed their mandatory training within the last 12 months which is the same as April. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting. Classroom sessions have now started back up.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 16.66% which is the highest it has been since 2018.

The percentage of staff attendance in the month has dropped to 93.5%.

There were 176 agency breaches in May, an increase of 40 compared to 136 in April. This was made up of Medical and AHP usage.

AREAS FOR IMPROVEMENT

Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

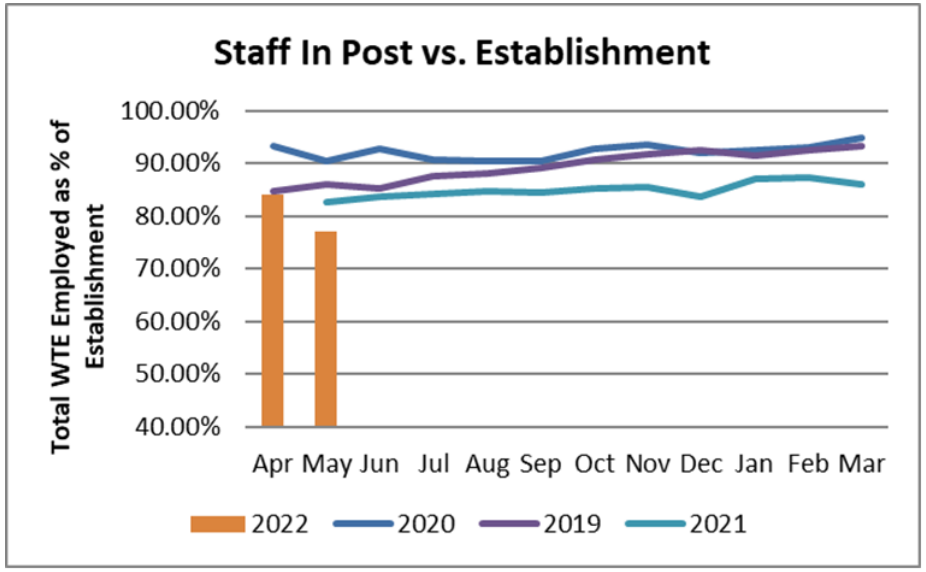
RISKS / ISSUES

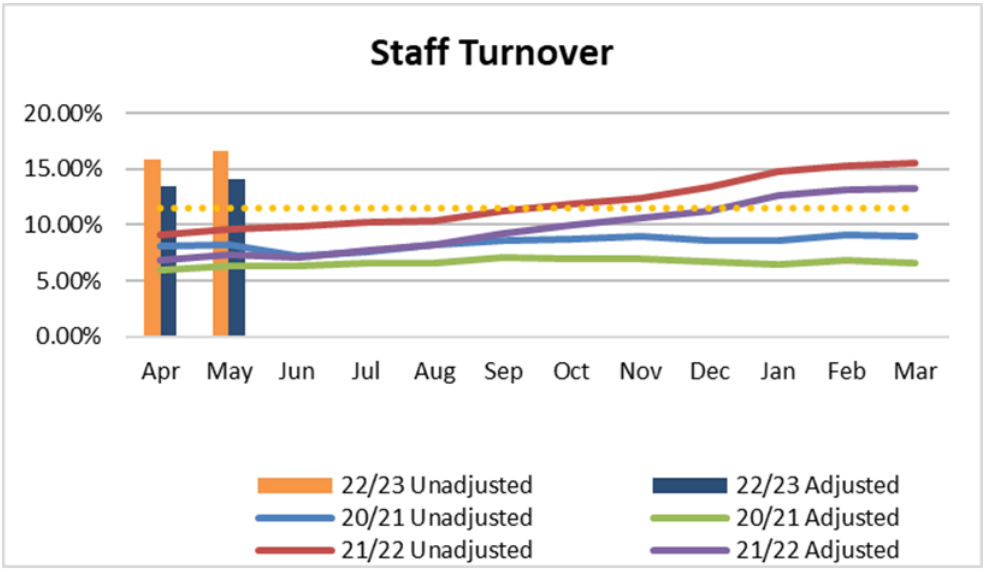
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

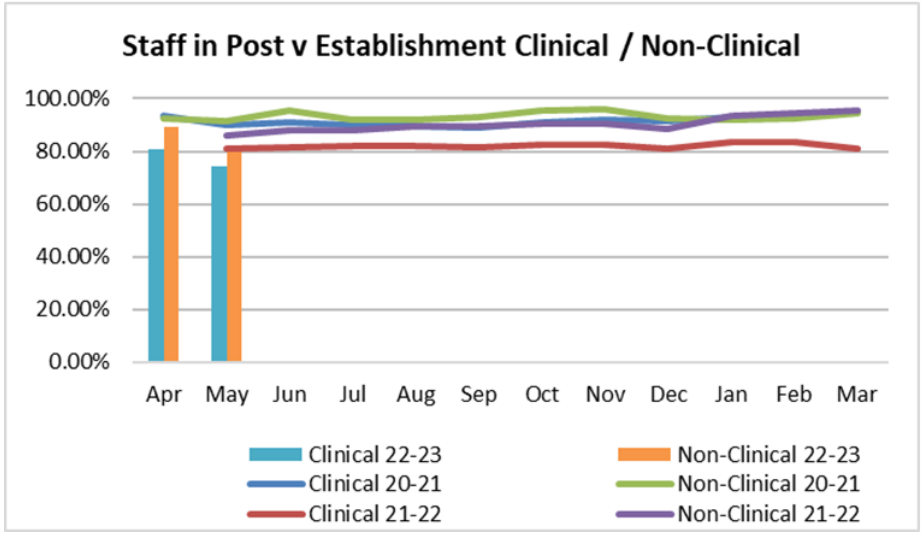
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

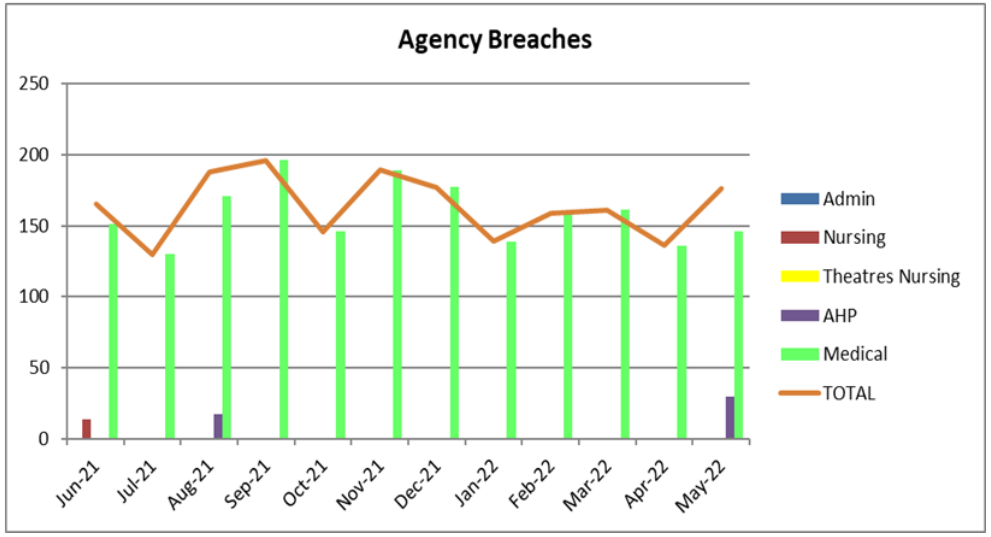
We anticipate that over the next few months, attendance may drop as we come through the summer months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

15. Workforce

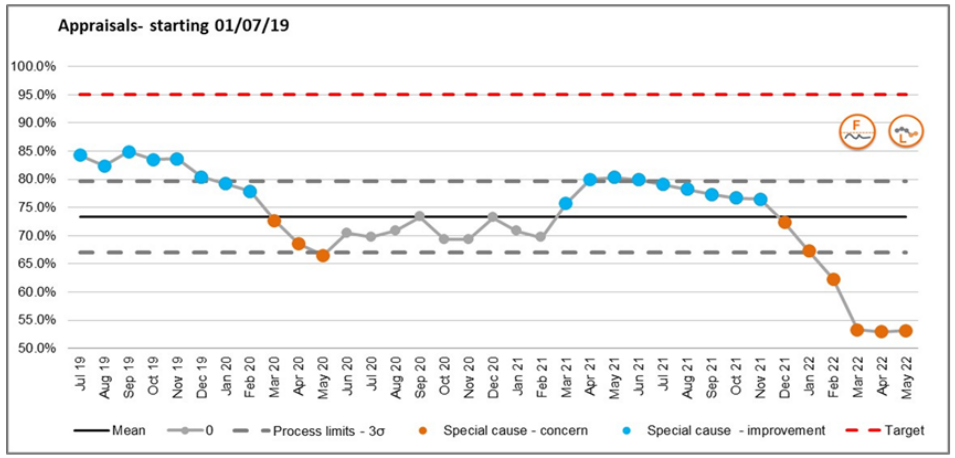


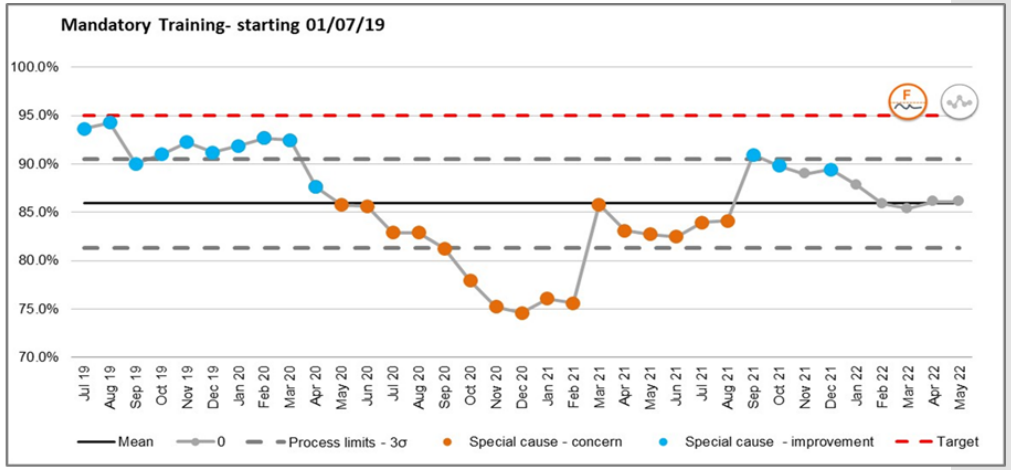


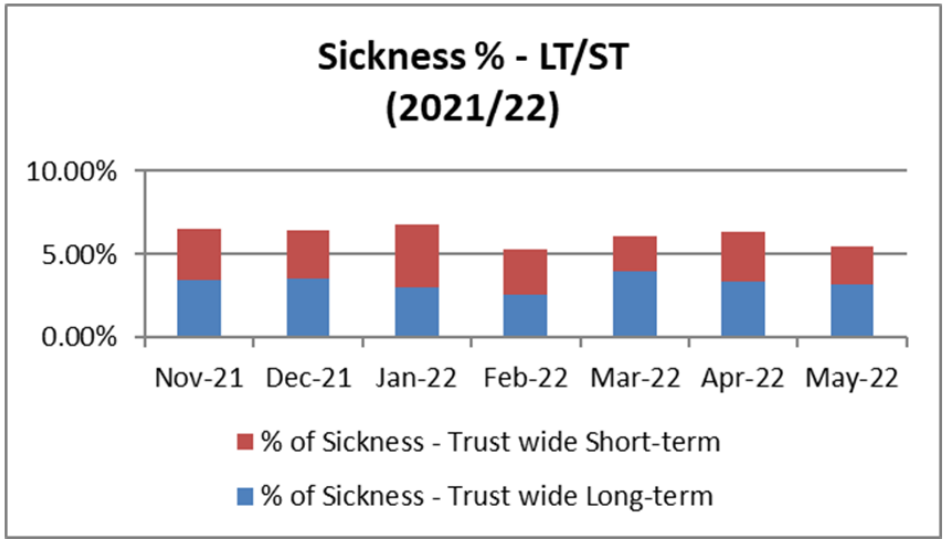


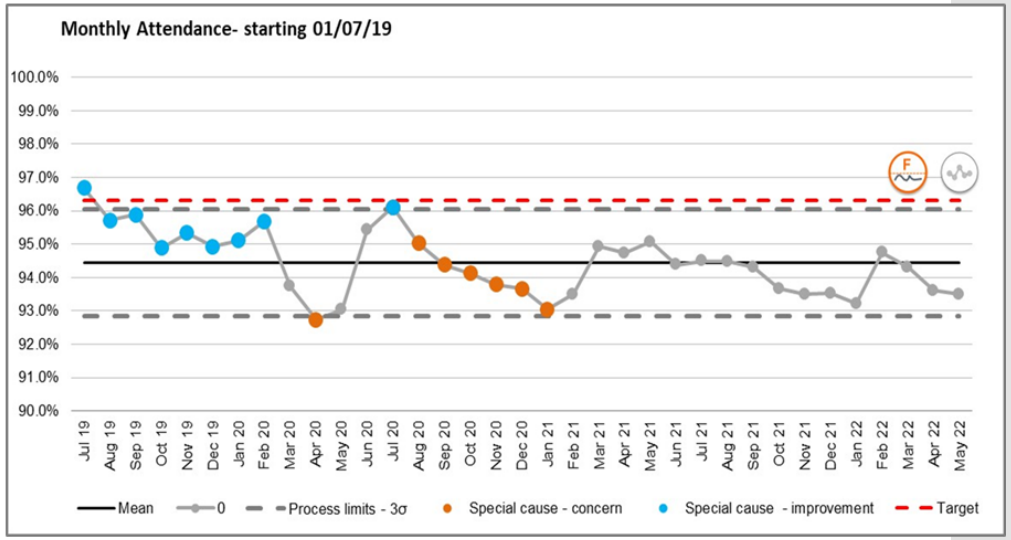


15. Workforce









15. Workforce

Trust Workforce Metrics	Apr-22	May-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1248	1252	4	-	-
Staff In Post - Full Time Equivalent	1100.44	1102.165	1.7272	-	-
Staf Turnover % - Unadjusted	15.89%	16.66%	0.77%		<=11.5%
Staf Turnover % - Adjusted	13.51%	14.10%	0.59%		<=11.5%
Total WTE Employed as % of Establishment	83.98%	77.08%	-6.90%		>=93%
Total WTE Employed as % of Establishment - Clinical	81.02%	74.39%	-6.63%		>=92%
Total WTE Employed as % of Establishment - Non-Clinical	89.25%	81.97%	-7.28%		>=96%
% Of Attendance	93.61%	93.50%	-0.11%		>=96.3%
% Of 12 mth MAA Attendance	93.84%	93.79%	-0.05%		>=96.3%
% Staff received mandatory training last 12 months	86.10%	86.07%	-0.03%		>=93%
% Staff received formal PDR/appraisal last 12 months	52.91%	53.16%	0.25%		>=95%
% of Sickness - Trust wide Long-term	3.32%	3.19%	-0.14%		-
% of Sickness - Trust wide Short-term	3.06%	2.31%	-0.76%		-
Return To Work Completion %	48.00%	38.71%	-9.29%		>=80%

2022/23 final financial plan

Amanda Gaston, Deputy Director of Finance – Financial Planning, Performance and Improvement
June 2022

1. Final financial plan 2022/23

This report aims to outline the final financial plan for 2022/23, showing the key movements between the previous submission in April 2022 and the final submission in June 2022.

The System has received additional income allocation which has been distributed between system partners, and a system breakeven position is now expected. The Trust has received additional allocation allowing a movement from a planned deficit of £1,047 to breakeven position;

	April submission	June Submission	Movement
Operating income from patient care activities	111,363	112,844	1,481
Other operating income	4,349	4,409	60
Employee expenses	(66,194)	(66,530)	(336)
Operating expenses excluding employee expenses	(49,330)	(49,503)	(173)
Operating Surplus/(Deficit)	188	1,220	1,032
Net finance costs	(1,300)	(1,300)	0
Donated asset adjustment	65	80	15
Adjusted financial performance	**(1,047)**	**0**	**1,047**

QUALITY REPORT – JUNE 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
3 x Category two Pressure Ulcers — All incidents under investigation 10 x Moderate Harms reported	
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
No mortality reported No Serious Incidents reported The Trust averaged 2.5 falls per 1,000 bed days in May 2022 compared to Recent UK data shows an average of 6.63 falls per 1,000 occupied bed days. National Audit of Inpatient Falls (2015) and Morris, R., & O'Riordan, S. (2017).	None

Quality Report – June 2022 (May 2022 Data) – Front Cover and Dashboard

	April 2022	May 2022	2021/2022	2022/2023
Incidents	308	387(↑)		
Serious Incidents	1	0(↓)	13 (Total)	1
Internal RCA investigations	3	4 (↑)		
VTEs (Avoidable)	0	0	2 (Avoidable)	0
Falls	9	10 (↑)	91 (Total)	19
Pressure Ulcers: Cat 2 (Avoidable)	0	3 (↑)	3 (Avoidable)	3
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0 (Avoidable)	0
Complaints	6	7 (↑)	51 (Total)	13
PALS	57	54 (↓)		
Compliments	3	1 (↓)		
FFT Score %	99.39	98.88 (↓)		
FFT Response %	48	30 (↓)		
Duty of Candour	12	10 (↓)		
Litigation (New)	0	0		
Coroners	0	0		
WHO %	99	99		
Infections	0	1 (↑)	7 (Total)	0

(↑) (↓)(↔) Symbolise the trend from the previous month.

The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY REPORT

June 2022 (May 2022 Data)

EXECUTIVE DIRECTORS:	Nikki Brockie	Chief Nurse
	Marie Peplow	Chief Operating Officer
	Simon Grainger-Lloyd	Director of Corporate Affairs
AUTHOR:	Ash Tullett	Head of Clinical Governance

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3	Serious Incidents
4	Internal RCA investigations
5	VTEs
6	Falls
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8	Patient Experience
9	Friends & Families Test and Iwantgreatcare
10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
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17	Process & Flow efficiencies
18	Length of stay
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20	Treatment targets
21	Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged

1. INTRODUCTION

This integrated Quality Report aims to provide a Trust-wide overview and assurance relating to the quality of care, patient safety, and patient experience activity at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to Birmingham and Solihull Clinical Commissioning Group to satisfy contractual information requirements and the CQC for routine engagement visits.

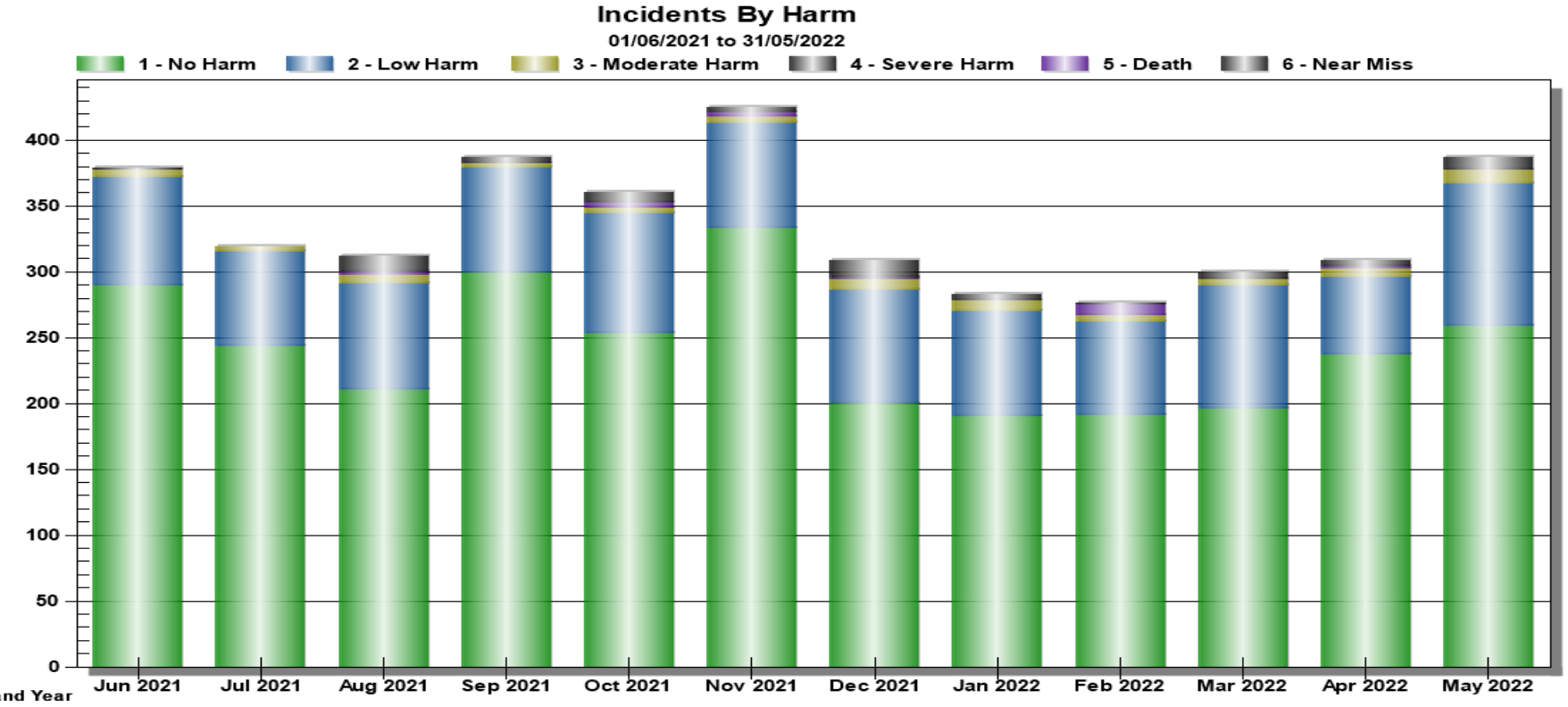
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. **Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.**



Month and Year	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022
1 - No Harm	289	243	210	299	253	333	200	190	191	196	237	259
2 - Low Harm	83	72	81	80	91	80	86	80	71	93	59	108
3 - Moderate Harm	5	4	6	3	4	5	8	8	5	5	6	10
4 - Severe Harm	0	0	0	0	0	0	1	0	0	0	0	0
5 - Death	0	0	3	0	4	3	1	0	8	0	2	0
6 - Near Miss	2	0	12	5	8	4	13	5	1	6	5	10

Data source – Ulysses

INFORMATION

In the month of May 2022, there were a total of 387 Incidents reported on the Ulysses incident management system.
The breakdown of those incidents is as follows;

259 – No Harm
108 - Low Harm
10 - Moderate Harms
0 - Severe Harm
10 – Near Miss
0 – Death

Downgraded Incidents

Currently none of the reported harm incidents in the previous Quality report (May 2022) have been downgraded.

Near Miss Incidents

The Head of Clinical Governance has reviewed all of the Near Miss Incidents reported in month and none require escalation. The Incidents will be reviewed and monitored using the Trusts incidents management process.

Patient Contacts

In May 2022, there were a total of 8814 patient contacts. There was 387 incidents reported, which amounts to 4.3 percent of the total patient contacts. Of those 387 reported incidents, 118 incidents resulted in harm which is 1.3 per cent of the total patient contact.

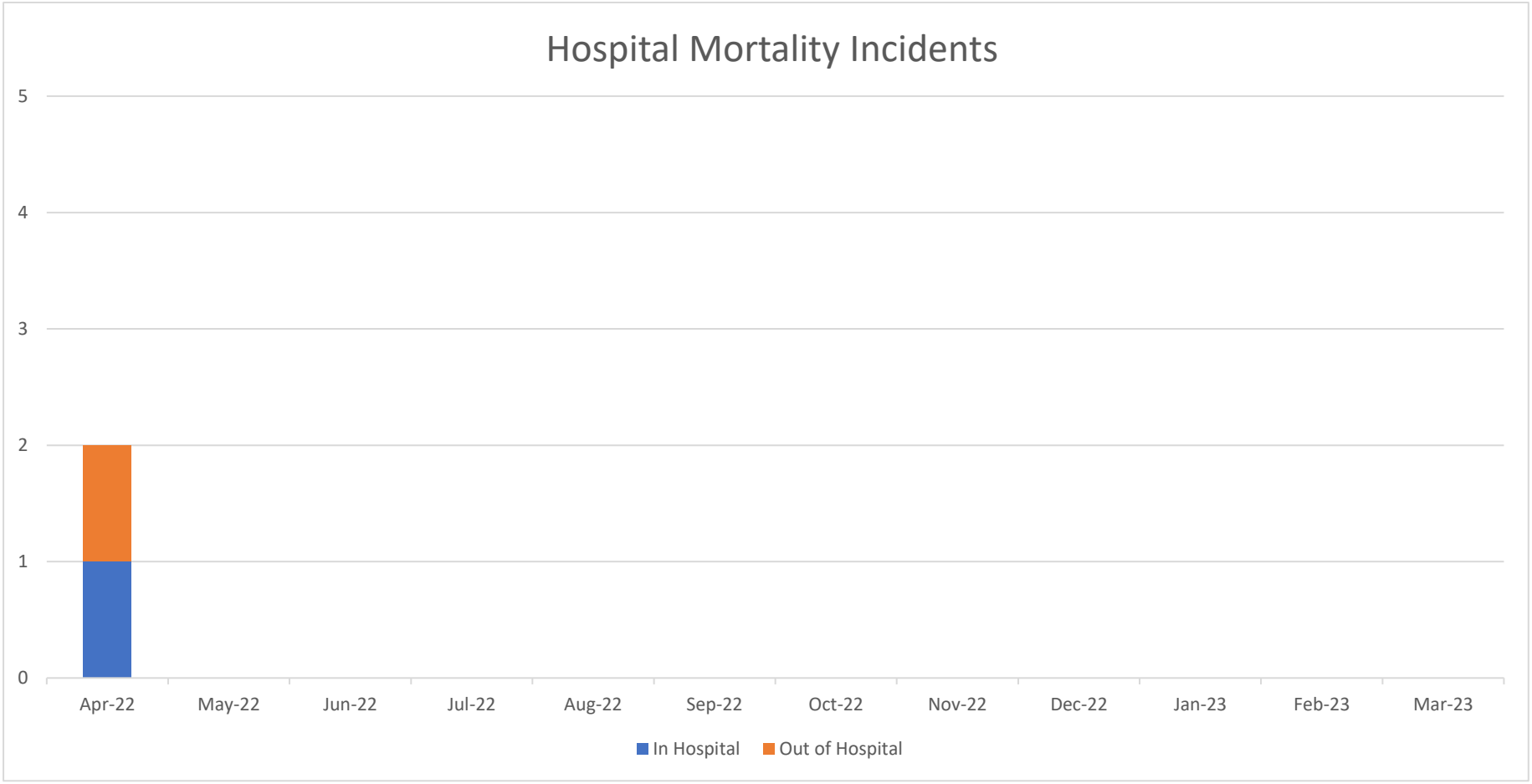
ACTIONS FOR IMPROVEMENTS / LEARNING

None

RISKS / ISSUES

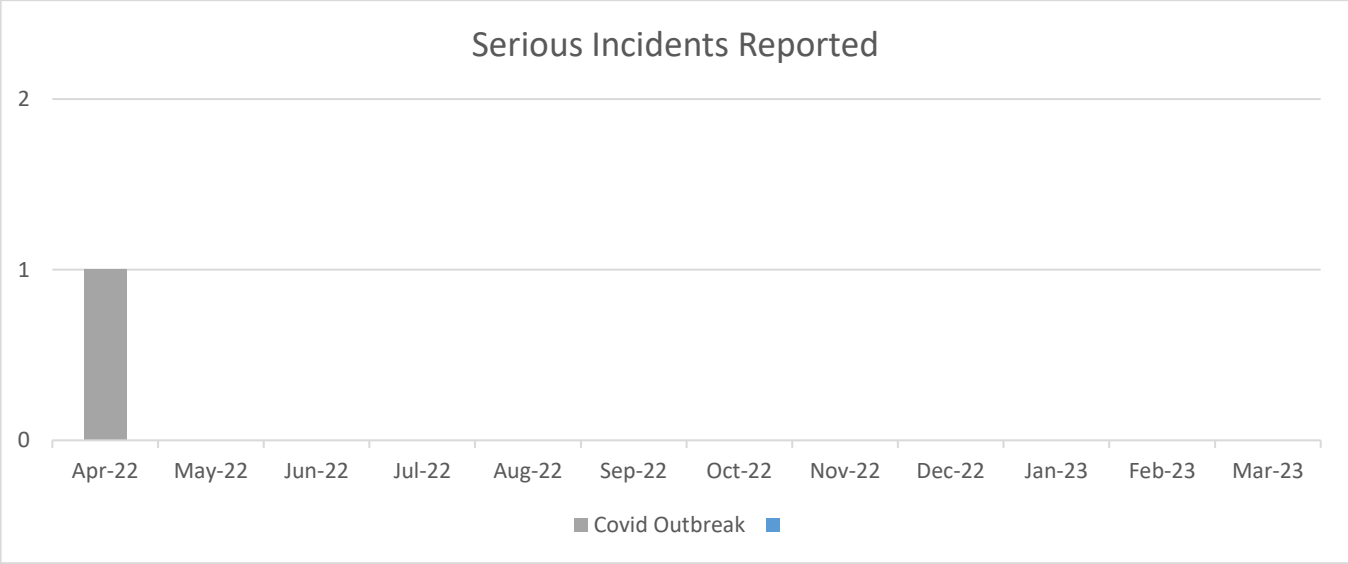
None

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



INFORMATION
No in hospital or out of hospital deaths were reported in May 2022.
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

3. **Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.**

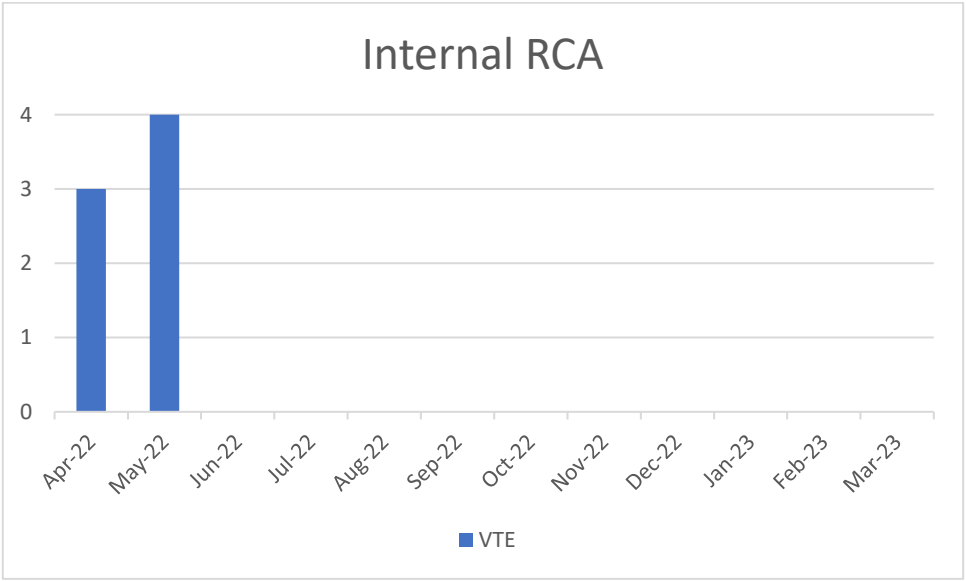


Year Totals	
20/21	11
21/22	13
22/23	1

Data Source – STEIS

INFORMATION
No Serious Incidents reported in Month
ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

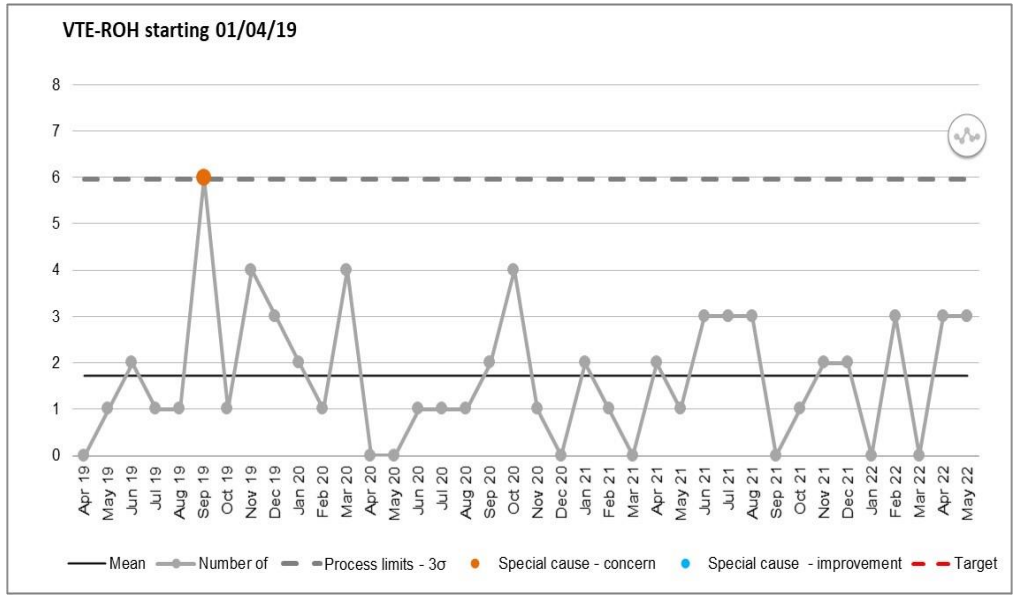
4. **Internal Root Cause Analyses (RCAs) - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCAs incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.**

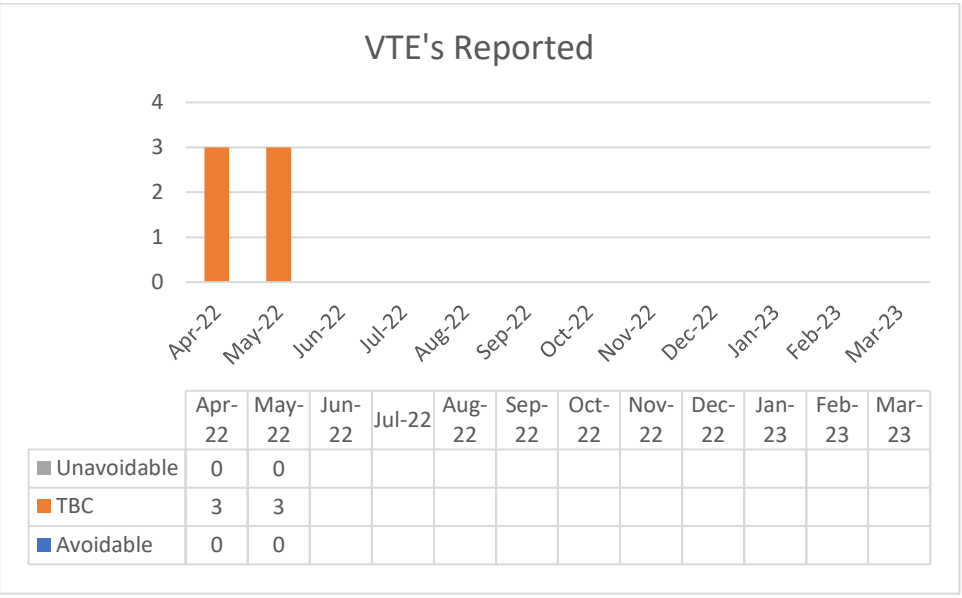


Data Source – Internal RCA tracker

INFORMATION
4 incidents reporting in May 2022 will be subject to an internal RCA.
ACTIONS FOR IMPROVEMENTS / LEARNING
2 RCAs were closed in January 2022 – All of the RCAs closed were deemed as unavoidable and therefore no learning identified.
RISKS / ISSUES
None

5. **A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTEs (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)**





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Unavoidable	0	0										
TBC	3	3										
Avoidable	0	0										

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	6

INFORMATION

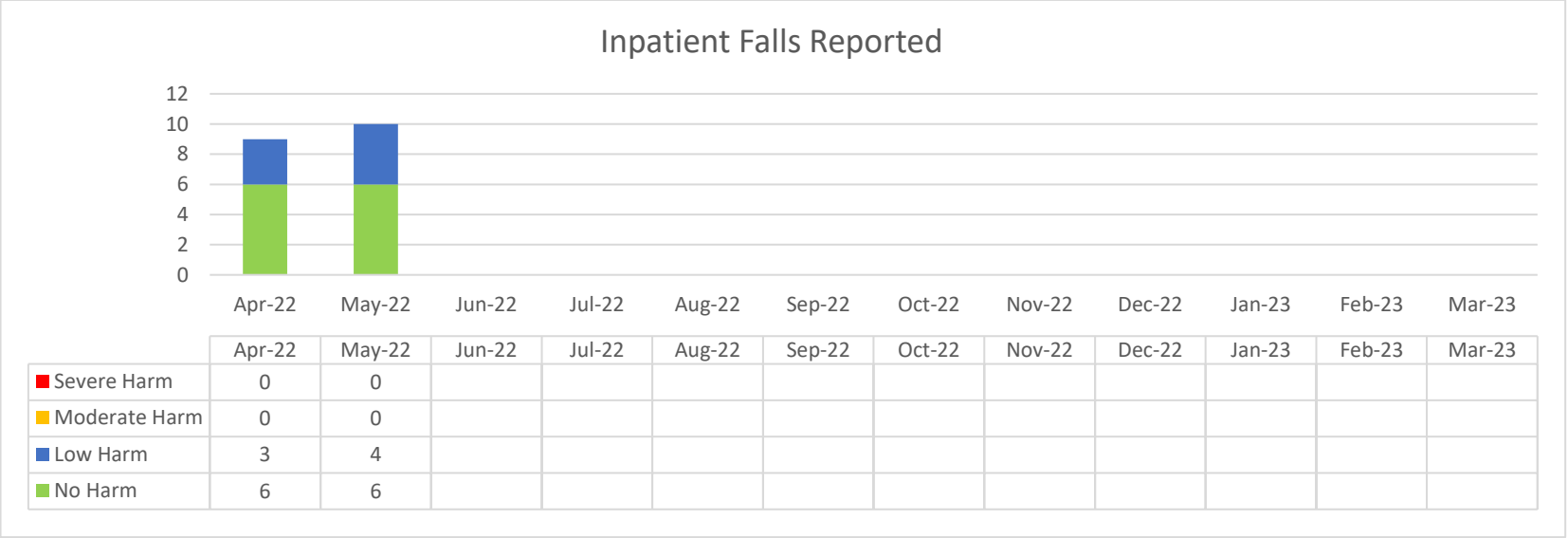
Three ROH associated VTEs incidents were reported in May 2022.

On admission assessment

Total possible	1193
Total assessed	1123
%	94.13%

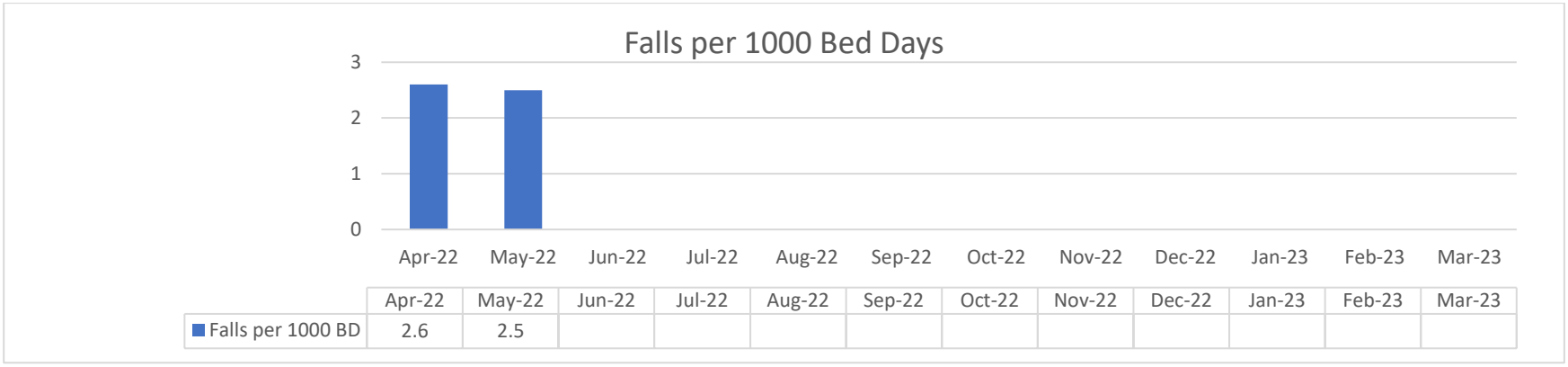
ACTIONS FOR IMPROVEMENTS / LEARNING
• Compliance with mandatory 24-hour re-assessment - Re-assessment audit methodology reviewed and presented to Q&S Committee in March 2022 where it was agreed that current reporting approach would be paused. On-going requirement agreed at Quality and Safety Executive with regular quarterly audits report presented. • VTE awareness sessions continue to be delivered on all clinical update days for HCAs and student teaching programmes. New doctors receive a session delivered by Medical VTE Lead on induction. • Exemplar site status due renewal. Date for review being agreed with network.
RISKS / ISSUES
Management of suspected/Positive VTE Policy-approval delayed whilst awaiting decision re Alteplase.

6. **Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.**

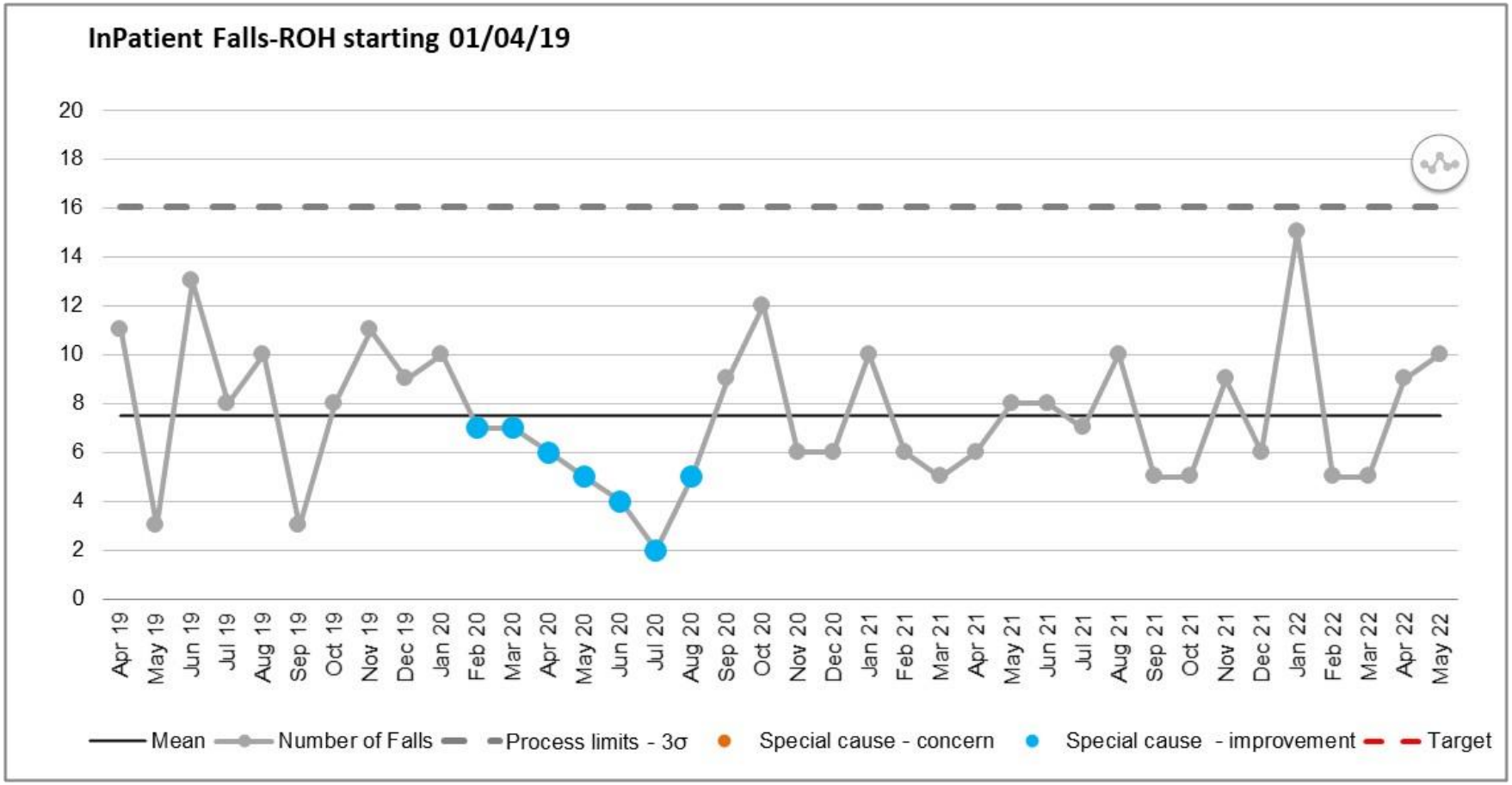


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Severe Harm	0	0										
Moderate Harm	0	0										
Low Harm	3	4										
No Harm	6	6										

Year Totals	
20/21	76
21/22	91
22/23	19



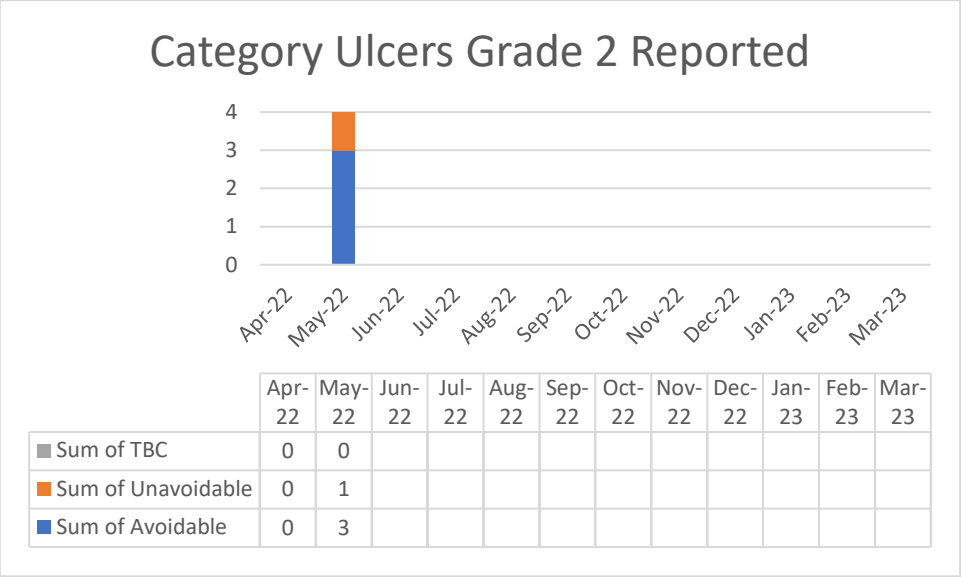
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Falls per 1000 BD	2.6	2.5										



Data Source – Ulysses and Falls Group

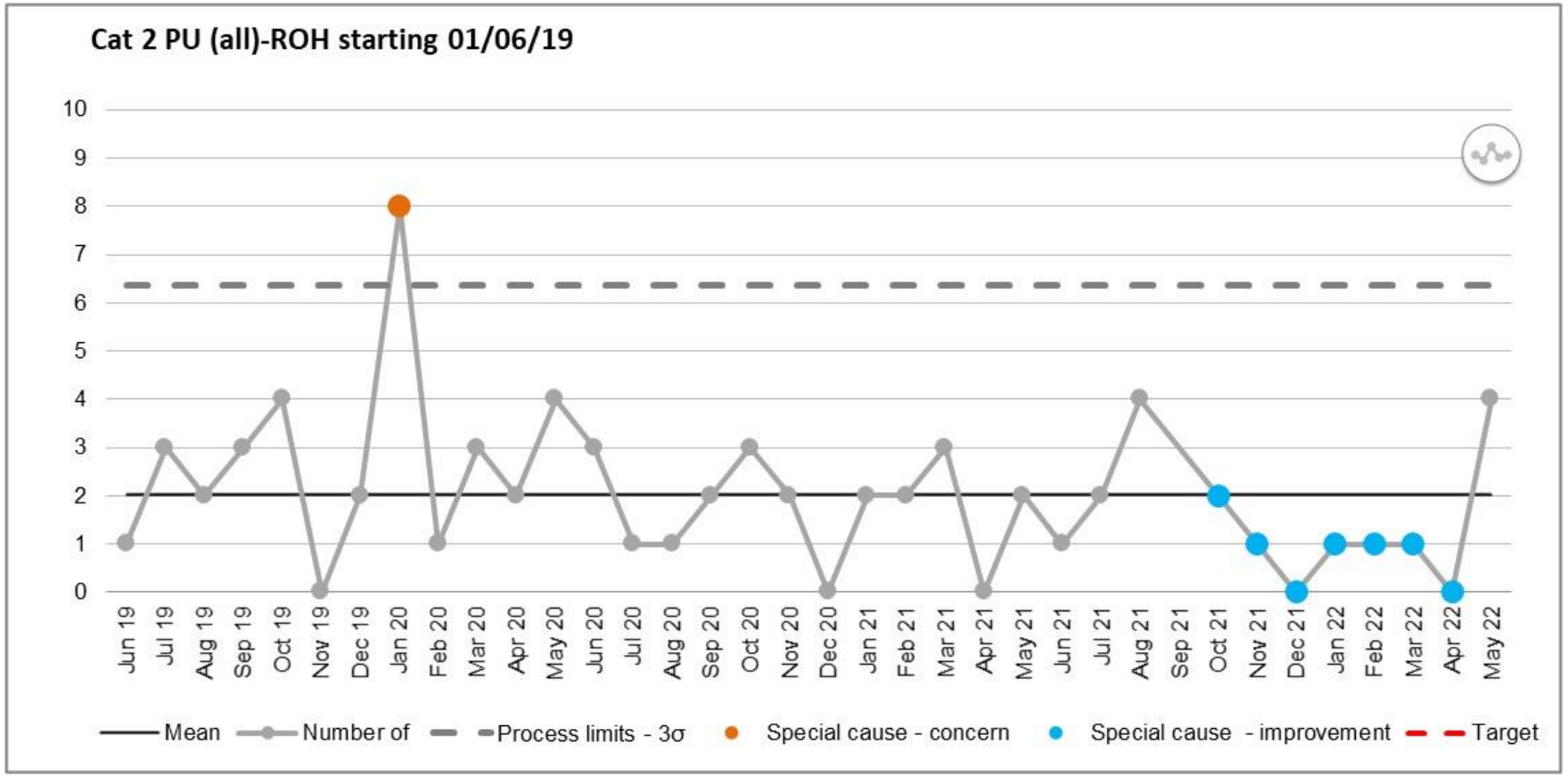
INFORMATION
There were 14 incidents reported across the Trust in May 2022 relating to Falls: The Trust averaged 2.5 falls per 1,000 bed days in May 2022 compared to Recent UK data shows an average of 6.63 falls per 1,000 occupied bed days. National Audit of Inpatient Falls (2015) and Morris, R., & O'Riordan, S. (2017). 10 x In-Patient Incidents 3 x Lowered to Floor Incidents: 1 x Staff Incident: The number of in-patient falls remains static. Around half of falls occur in the bathroom, with the cause predominantly being a loss of balance by the patient**.**
ACTIONS FOR IMPROVEMENTS / LEARNING
Actions Developing questionnaire to survey patients regarding views & experiences relating to falls. Reviewing policy/pathway of care for patients that fall in out-patients.
RISKS / ISSUES
None

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Sum of TBC	0	0										
Sum of Unavoidable	0	1										
Sum of Avoidable	0	3										

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	4	0



Data Source – Ulysses and TV team

INFORMATION

May 2022 Incidents – Hospital acquired

3 ROH Category 2's all with lapses in care. TV team have held discussion with all 3 ward managers. All have had discussions with their staff. The TV team will discuss with ward teams and attend ward meetings with shared learning. Pressure Ulcer RCA'

Category – 4	0
Category – 3	0
Category – 2 (Non-Device)	X 3
Category – 2 (Device)	X 1
Category – 1	X 1
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 0 MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 1 MASD admitted with Intertriginous dermatitis - 1

Patients admitted with PUs	PU admitted with Cat 1 – 2 PU admitted with Cat 2 x 2 PU admitted with DTI – at least a Cat 3 PU admitted with SDTI – Nil

Avoidable only Pressure Ulcer CCG Contracts KPI

2021/2022 – Contract to be confirmed.

2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0

2022/2023	
Avoidable Grade 2 pressure Ulcers limit of 12	3
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

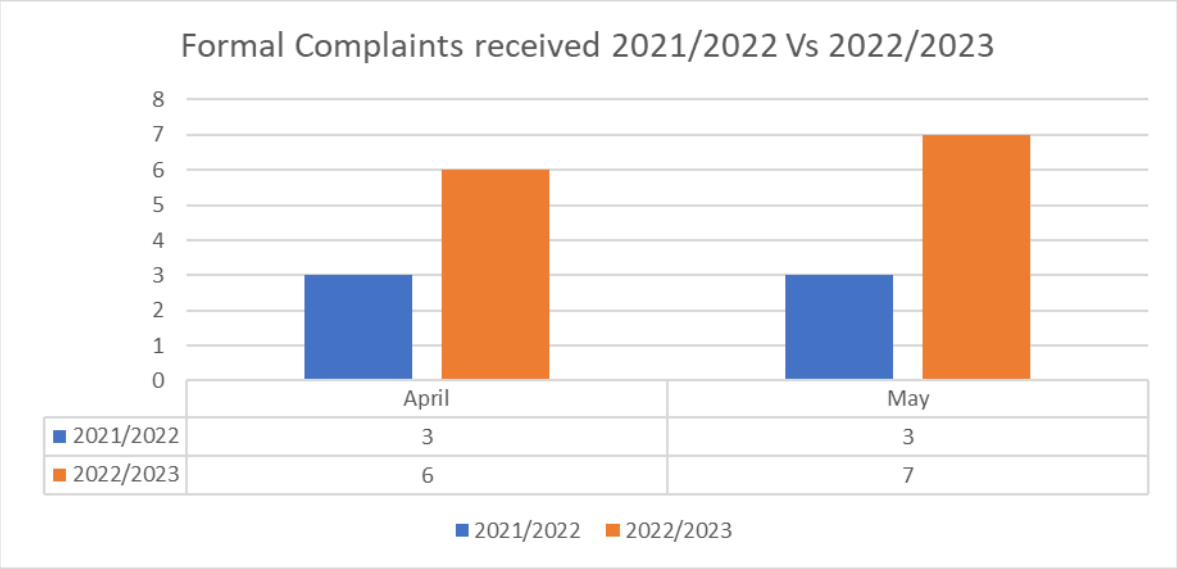
ACTIONS FOR IMPROVEMENTS / LEARNING

- NPWT/iNPWT guidelines are amended. Updated care record/care plan in line with ROH. Commenced 30/5/22. Will trial for one month.
- Executive team approved a business plan for another Band 6 for
- TV team. In the meantime an internal 6-month secondment Band 6 enabling the TV team to focus on quality rather than fight fire.
- New starter and TV Link Nurses wound care and pressure ulcer management competencies to be undertaken via the HLE/ National Wound Care Strategy Programme (NWCSP). This is in line with the NWCSP.

RISKS / ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.



Data Source – Patient Experience team

Complaint Year Totals	
20/21	57
21/22	51
22/23	13

INFORMATION

Complaints

- The Trust received 7 formal complaints in May 2022. 1 complaint has been reopened from last year (2021/2022)
- Below are the top four categories and subcategories of formal complaints received

Category Types and Categories of formal complaints

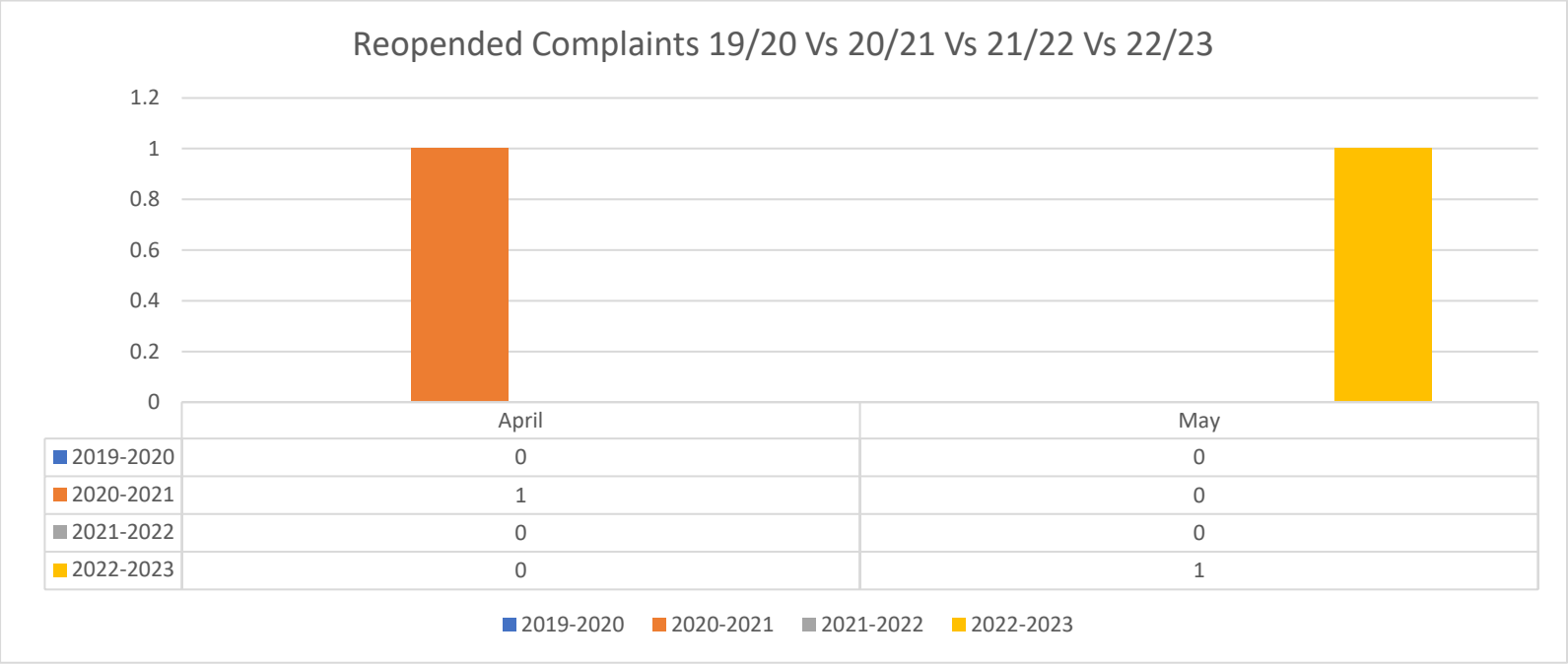
Category Types/Categories	
Clinical Query	**3**
Conflicting Clinical Opinions	1
Delays With Treatment	1
Injury Sustained During Treat	1
Consent To Treatment	**1**
Patient Did Not Consent For Pr	1
Values & Behaviours	**2**
Attitude Of Staff - Medical	2
Nursing	**1**
Patient did not get help to mobilise	1

In May 2022 the Trust closed 3 Formal complaints within agreed date with the complainant

At the time of producing this report (22nd June 2022) we have 5 open formal complaints of which one was extended with agreement from complainant

Reopened Complaints

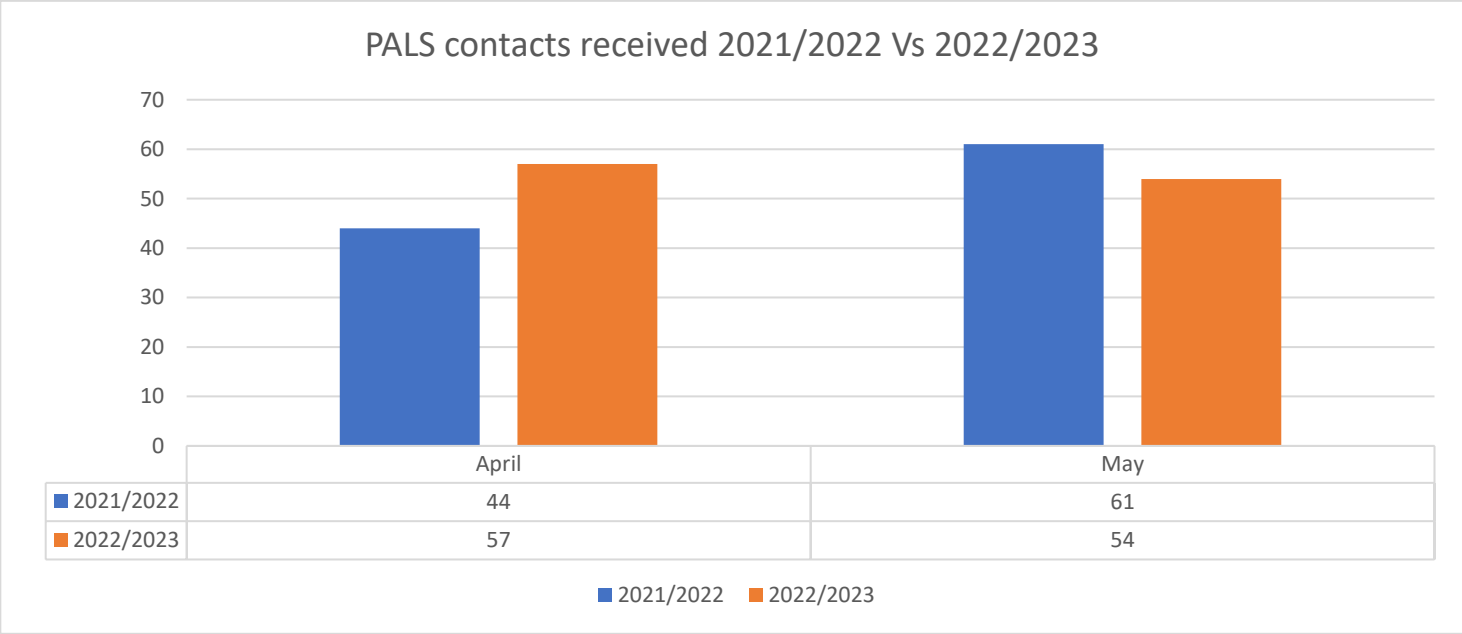
- So far for this year (Apr 22 – May 22) The Trust has received 1 reopened complaint



	April	May
2019-2020	0	0
2020-2021	1	0
2021-2022	0	0
2022-2023	0	1

Patient Advice and Liaison service – PALS

In May 2022 the PALS department handled 54 contacts of which 29 were classified as PALS concerns and 25 as PALS enquiries.



- The main themes in the PALS data relate to **Clinical Query (24), Communication (10) and Appointments (6)**
- The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases. In May 2022, 100% of enquires and 100% of concerns were handled within the agreed timescales with patients and we did not breach any KPI's for the month.

Top 3 categories and subcategories of PALS Contacts for May 2022

Appointments	**6**
Appointment Cancelled	3
Appointment Request	2
Booked Incorrectly	1
Clinical Query	**24**
Appointment Not Satisfactory	2
Appointment Request	5
Availability	1
Clinical Treatment	4
Communication/Info to Patients	1
Conflicting Clinical Opinions	1
Delay In Obtaining Results	1
Delay Or Failure to Diagnose	1
Delays With Treatment	5
Injury Sustained During Treatment	1
Nursing Care	1
Request For A Second Opinion	1
Communication	**10**
Communication Failure Between	2
Communication/Info to Patients	8

Patient experience KPI from April 2022 – May 2022

Complaints & PALS KPI were hit in May 2022

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
April -22	100	100	100
May - 22	100	100	100

Compliments

There was 1 compliment recorded on Ulysses for May 2022

ACTIONS FOR IMPROVEMENTS / LEARNING

A new external internet page is under construction for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience.

RISKS / ISSUES

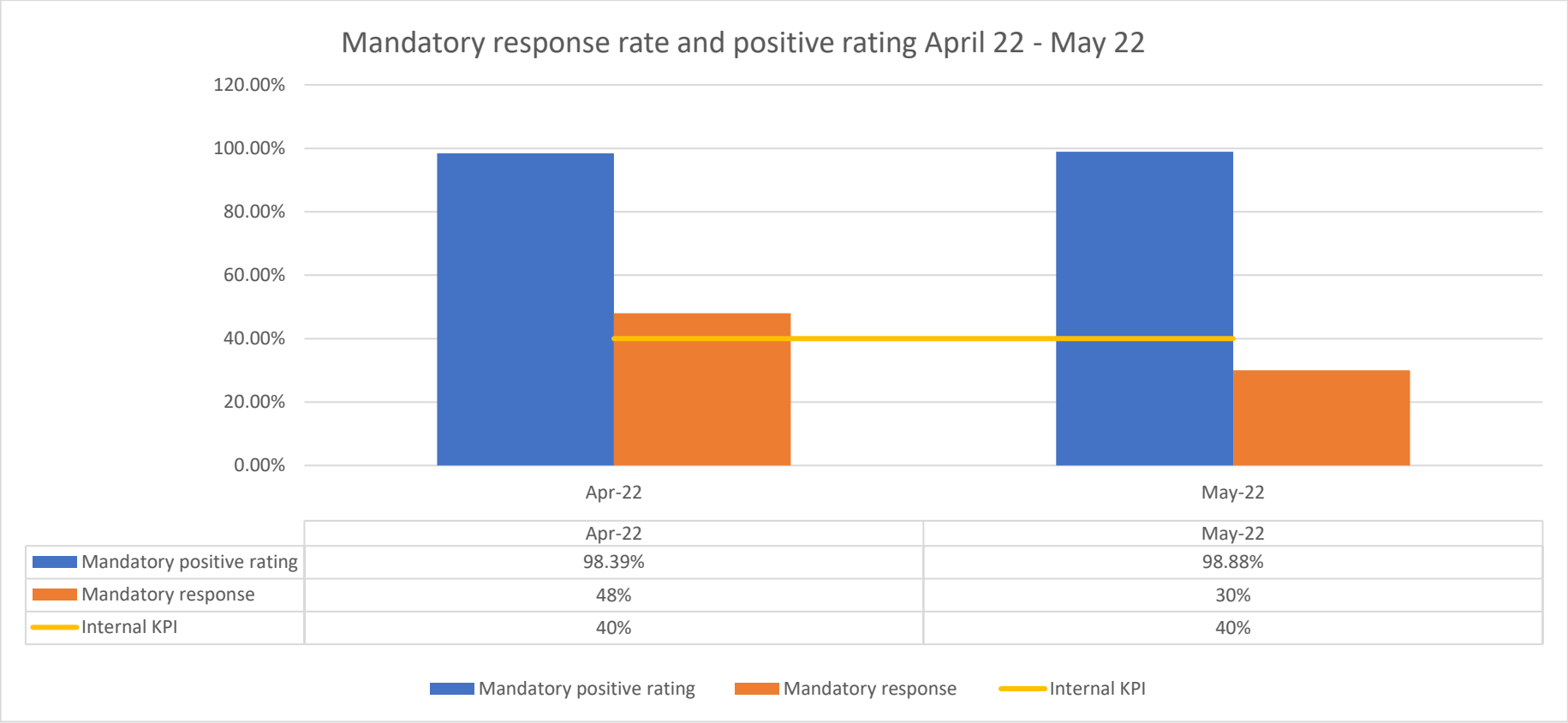
None

COMEBACK COMPLAINTS

None

9. Friends and Family Test Results (collected in the iwantgreatcare system). FFT Mandatory Reporting

FFT Mandatory (inpatient areas) Reporting



	Apr-22	May-22
Mandatory positive rating	98.39%	98.88%
Mandatory response	48%	30%
Internal KPI	40%	40%

INFORMATION

- The Public Engagement Team have created a Complaint and PALS Electronic Forms for The ROH website, this will then mean the PALS Department will then be fully paperless, however the PALS and complaints Department will still offer traditional ways of raising concerns, compliments and enquiries. The Electronic Forms have been approved by the PEEG group and have now been implemented onto the Trusts website.
- The Public Engagement team completed Patient Experience week and Volunteer Week. All went very well. We received good feedback, and all enjoyed receiving our free pens and note pads.
- A new external internet page has been created for the Public Engagement Department and its focus will be on the PALS, Complaints and Patient Experience. Work is still being done to our page
- The Smiley Faces feedback system has now been placed in outpatient departments around the Trust and are up and running, first data will be presented in Quality Reports
- The first walkabout for the 15step challenge took place on 11th May 2022. All went well, a report is being put in place together with the actions for department. Next 15 Steps Challenge will take place in July
- Volunteer appreciation day took place on the 31st May 2022 at Woodbrooke, held by the volunteer coordinator and the Head of Patient Experience. This day was much appreciated by the volunteers, and all went well.
- The roll out of the Patient Participation Group will be held on the 1st June 2022 where over 5000 invites have been sent out. The aim of this group helps us look at ways to improve patient experience at the hospital. The group will discuss issues that patients and carers raise and consider actions that need to be taken to resolve them.

ACTIONS FOR IMPROVEMENTS / LEARNING

- There was only 1 compliment reported on the Ulysses system in May 2022 and the team is working with the Divisions to collect all other compliments that are received across the Trust and reported on Divisional Management Board
- The Trust did not hit internal KPI of 40% in inpatients areas on FFT, the divisions are producing Action plan to hit the target in June 2022

RISKS / ISSUES

None

10. **Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.**

There is currently 10 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. **Litigation and Coroners**

New claims

0 new claims against the Trust were received in May 2022.

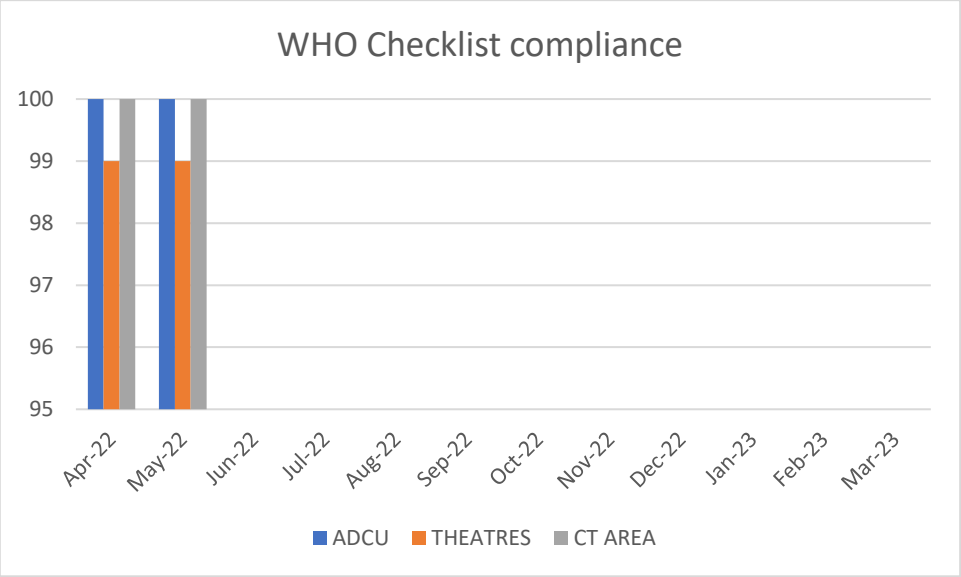
Pre-Application Disclosure

2 new requests for Pre-Application Disclosure of medical records were received in May 2022

Coroner's Inquests

0 Inquests in which the Trust was an 'interested person' were held in May 2022

12. **WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.**



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

- Form evident in notes
- Sign in Section
- Timeout section
- Sign out section

Theatres

Total cases = 842

The total WHO compliance for Theatres in May 2022= 99%

All non-compliance is in relation to the Debrief not being completed

CT area

Total cases = 97

The total WHO compliance for CT May 2022= 100%

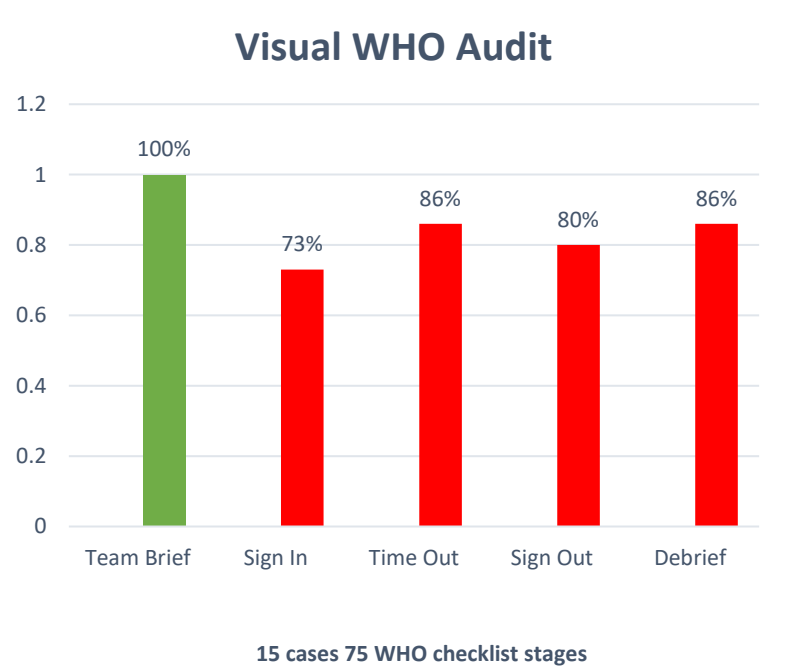
ADCU

The total WHO compliance for ADCU in May 2022= 100%

WHO Visual Audit Results

WHO CHECKLIST STAGE	REASON FOR NON-COMPLIANCE
Team brief	N/A (100%)
Sign In	Patient not seen by surgeon before induction X4
Time Out	LA case anaesthetist not required x2

Sign Out	Sign out after first count x1 Sign out occurred between scrub practitioner and surgeon x1 No one person leading the sign out x1
Debrief	List overran, late team took over the case x1 Auditor missed debrief x1



ACTIONS FOR IMPROVEMENTS / LEARNING
WHO checklist review The Chief Nurse of ROH asked the Patient Safety Lead to conduct a review of the current WHO audit process used in the operating theatre department. Once trends and themes are captured from the visual audits, a responsive action plan will be put into place to improve the WHO checklist compliance in Theatres.
RISKS / ISSUES
None

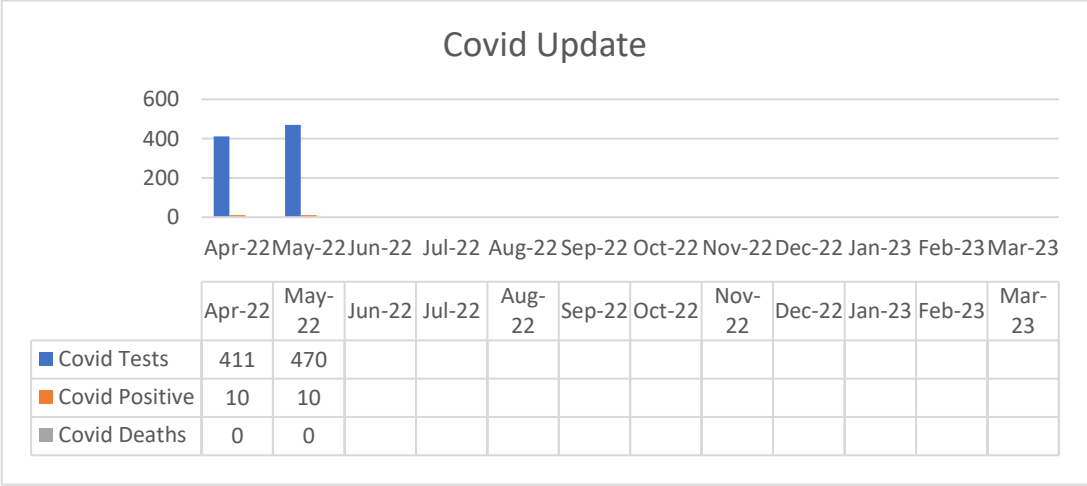
13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

INFORMATION

The graph below details the reportable infections reported in month and year to date.

Infections Recorded in month and Year to Date (YTD)	May 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)		0
Post 72-hour Clostridium difficile infection (CDI)		1
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)		0
E.coli BSI		0
Klebsiella spp. BSI cases		0
Pseudomonas aeruginosa BSI cases		0

The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Covid Tests	411	470										
Covid Positive	10	10										
Covid Deaths	0	0										

ACTIONS FOR IMPROVEMENTS / LEARNING
None
RISKS / ISSUES
None

***Data Source – IPC team and Ulysses**

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

ALL CAS ALERTS

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2022/004/MHRA	NovoRapid PumpCart in the Roche Accu-Chek Inight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	National Patient Safety Alert - MHRA	26-May-22	Assessed. Not relevant.	26 Nov 22
CEM/CMO/2022/008	Immediate actions in response to cases of Monkeypox Virus in the UK with no known travel history. This safety message contains immediate actions for the NHS following seven confirmed cases of monkeypox virus. The actions are: Providers to ensure that they have appropriate PPE for the assessment and treatment of patients presenting with possible monkeypox virus. https://www.gov.uk/guidance/monkeypox#infection-prevention-and-control Services should consider a differential diagnosis of monkeypox virus in any patient who meets the possible case definition in the attachment.	CMO Messaging	16-May-22	Response not required. Disseminated to IPC and Acting Chief Nurse	n/a

CAS

	Inform local IPC teams and infectious disease/microbiology/virology consultants if a diagnosis of monkeypox virus is being considered so that appropriate testing and infection control measures can be implemented.				

OUTSTANDING ALERTS FROM PREVIOUS MONTHS

Reference	Alert Title	Originated By	Issue Date	Response	Deadline
NatPSA/2022/002/MHRA	Philips Health Systems V60, V60 Plus and V680 ventilators - potential unexpected shutdown leading to complete loss of ventilation. In March 2022 Philips Health Systems informed the MHRA of an important safety issue due to potential unexpected shutdowns of all of their V60 and V60 Plus non-invasive ventilators. All V680 invasive ventilators used in critical care settings are also affected. V60 and V60 Plus devices are designed for in-hospital use. They can be used to provide average volume-assured pressure support (AVAPS), pressure-controlled ventilation (PCV), continuous positive airway pressure (CPAP), and positive pressure ventilation (PPV) treatment to patients in critical care and high-dependency unit (HDU) settings. The safety concern identified relates to a number of electrical faults in the devices, which can result in an unexpected shutdown, leading to loss of ventilation. There are two ways in which this shutdown can occur: The first will sound a warning to alert the user that the machine is shutting down. This will let the user know they	National Patient Safety Alert - MHRA	29-Mar-22	**EBME**: "*ROH has a number of affected devices*". Philips are currently working on another notice that should be issued shortly. Philips could not provide a date when this new notice would be issued as they must first speak to all regulatory bodies globally - it seems every country is approaching this differently.	31-May-22

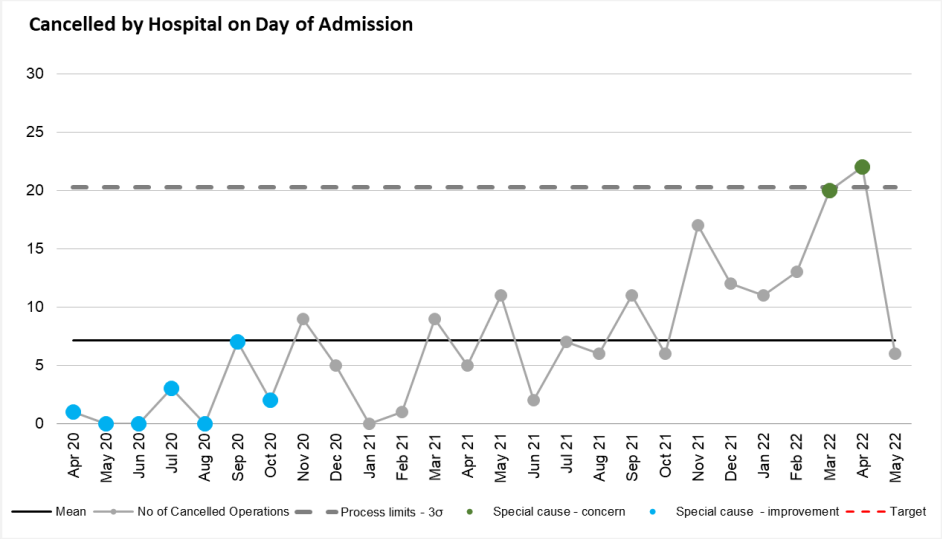
	need to switch to an alternative source of ventilation. There is a risk that the patient will be unventilated while this second source of ventilation is prepared. The second failure mode will cause the device to shut down with no warning alarm. If a ventilator fails in use and does not alarm, the patient will be unventilated until the clinician becomes aware and responds. If unnoticed by healthcare professionals, ventilation failure can have a severe health impact on patients. This can include hypoxia, which can result in long-term cognitive impairment to the patient. There is also a risk of death if a patient is without ventilation for a sustained period of time Philips has no permanent solution to correct this issue and as such we are issuing this alert to help hospitals manage the risk. Note: This is a different alert to the one previously published on 23/09/2020 by the MHRA for a similar range of devices. This alert should be acted on immediately.			Philips advised that they will be looking at recommending monitoring is made available for patients when on these ventilators, which would alarm should anything occur with the ventilators. UHB are working through a plan of action. Also looking at the oxygen monitoring systems that are being recommended. EBME will hasten Philips to see if there are any further updates – "*will keep you updated*".	

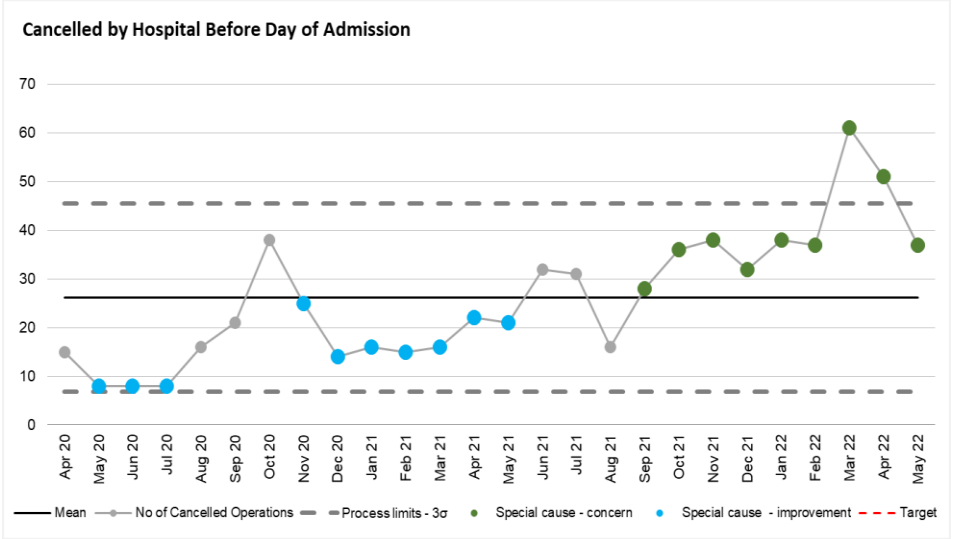
				UHB have not yet decided on purchasing alternative ventilators. Although they are looking at the NKV -330 ventilator manufactured by Nihon Kohden.	

15 Safeguarding – Below details the Key perfomance indicators and metrics in relation to Safeguarding compliance within the Trust. The statutory KPIS below are disucssed in detail at the Safeguarding Committee and are included within this report for awareness

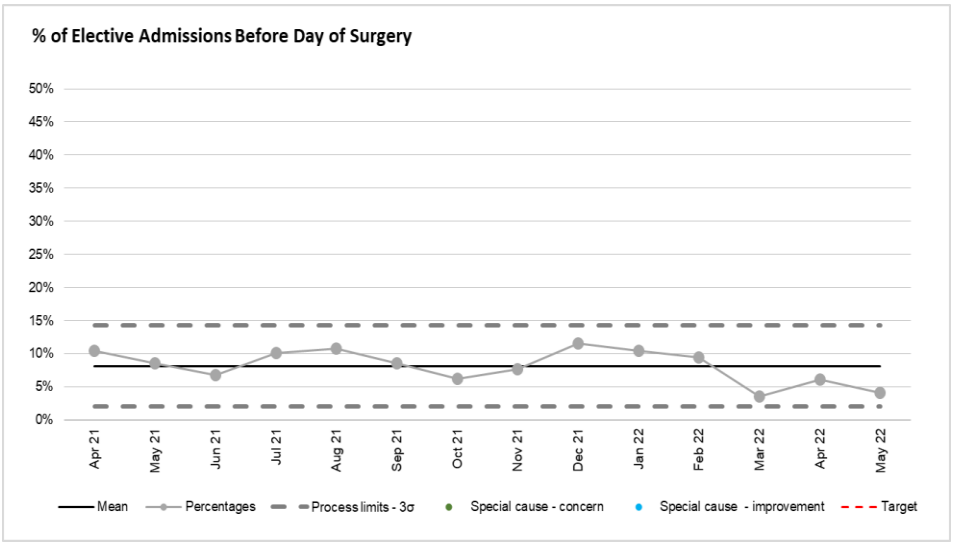
KPI	April 2022	May 2022
Safeguarding Adult Notifications	26	44
Adult Level 2	91.90%	91.06%
Adult Level 3	88.63%	88.84%
Level 4	80%	80%
Child Level 2	91.64%	90.81%
Child Level 3	88.57%	88.84%
Mental Capacity Act MCA	91.47%	4
Deprivation of Liberty Safeguards DoLs	91.39%	6
Prevent	93.22	93.71
WRAP	83.98	84.71
FGM	0	0
DOLS	1	6
MCA	2	4
PIPOT cases	0	0
PREVENT Notifications	0	0

16. Theatre Utilisation/ Hospital Led Cancellations





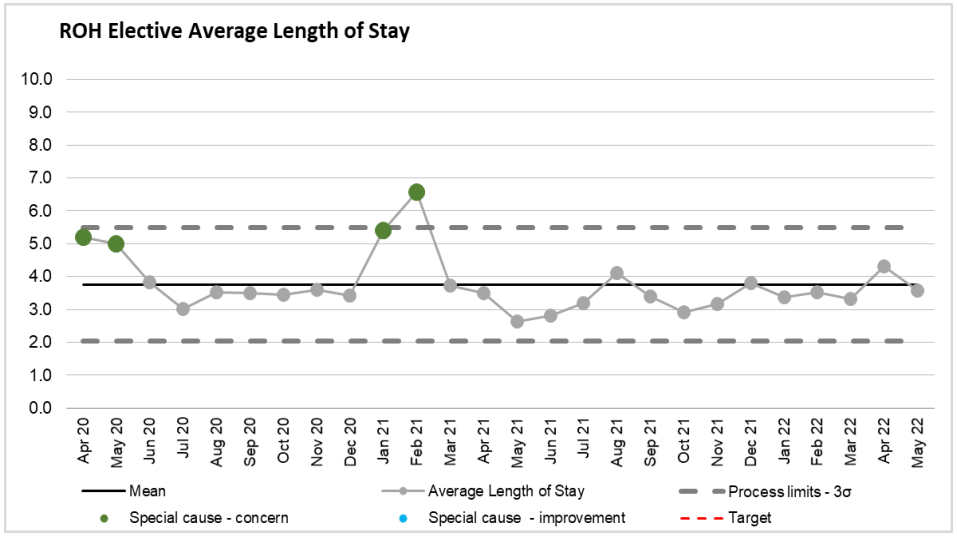
Year - Month	Cancelled by Hosp. on Day of Admission	Admitted - Treatment Deferred	Cancelled by Hosp. Before Day of Admission	Grand Total	Cancelled Ops Not Seen Within 28 Days
2021-05	11	16	21	48	0
2021-06	2	19	32	53	0
2021-07	7	11	31	49	0
2021-08	6	19	16	41	0
2021-09	11	28	28	67	0
2021-10	6	37	36	79	0
2021-11	17	28	38	83	0
2021-12	12	21	32	65	0
2022-01	11	24	38	73	0
2022-02	13	29	37	79	0
2022-03	20	28	61	109	0
2022-04	23	25	52	100	2
2022-05	6	40	37	83	1
Total	**145**	**325**	**459**	**929**	**3**

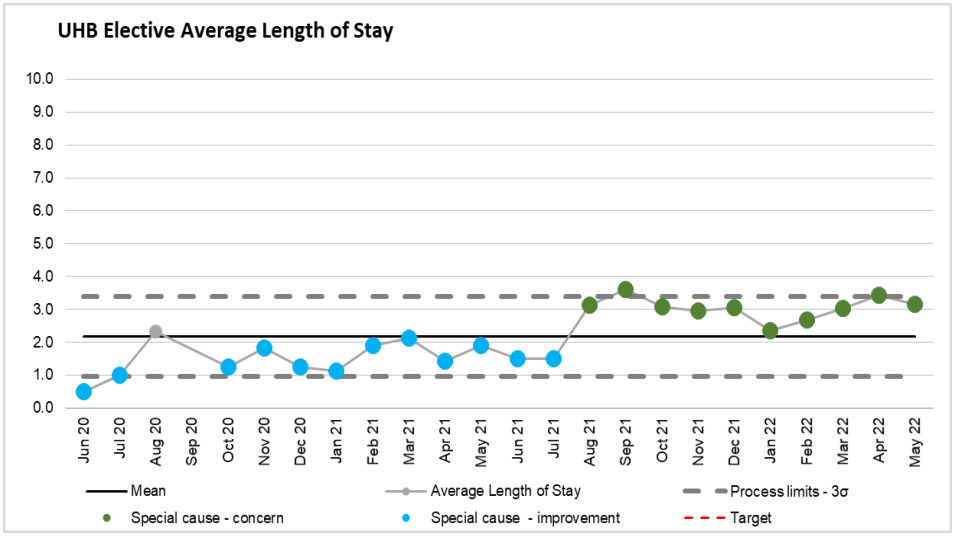


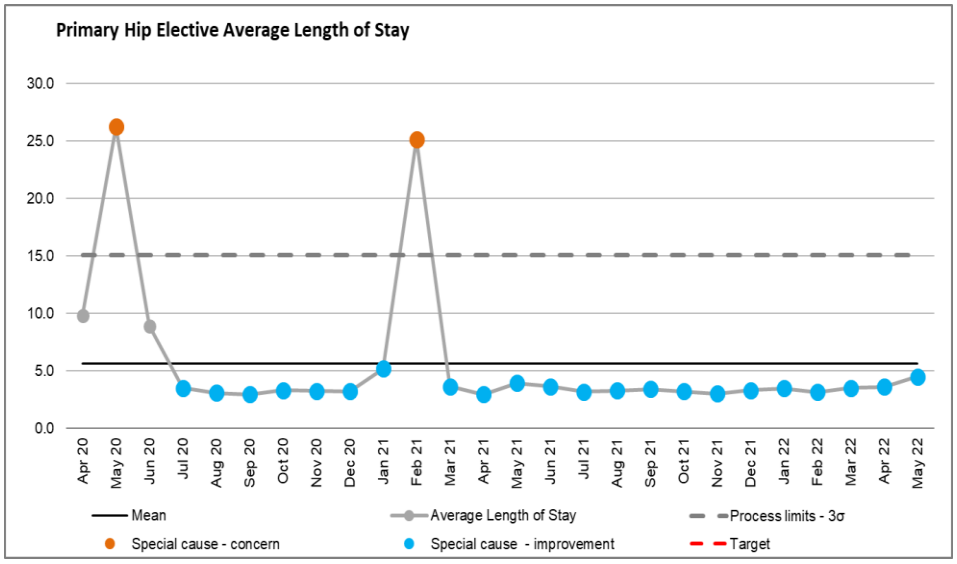
INFORMATION
The number of cancellations / deferrals detailed remains high however on the day cancellations were reduced in May , supporting an increased in session utilisation. This does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked :. There were only 6 patients cancelled on the day in May 2022 with reasons detailed as follows; 4 x Medically unfit / Clinical change in condition, 1 x patient cancelled to another clinically urgent case 1 x patient choice due to late notification of TCI. There were 47 patients admitted but where treatment was deferred, with reasons broken down as follows: 17 x Medically unfit / Clinical change in condition, 10 x lack of theatre time/beds 3 x As per surgeon 5 x Bed related issues 1 x lack of HDU bed provision on the day 1 x Patient requires further investigation 7 x Patient choice not to proceed . 3 x availability of staff due to sickness There were 34 patients cancelled by the hospital prior to date of admission. 20 x patients covid + / medically deferred 7 x as per surgeon decision (Clinical change) 4 x Replaced by medically urgent cases 1 x Patient felt they did not receive sufficient notice 1x Due to lack of theatre time

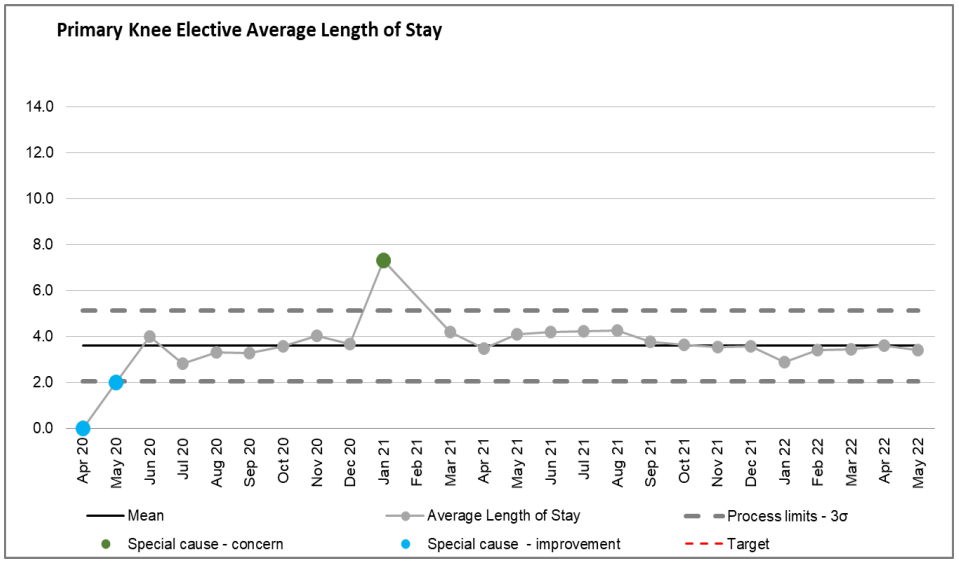
1x Cancelled due to bed related issue
ACTIONS FOR IMPROVEMENTS / LEARNING
Focus on theatre start times to drive the theatre efficiency and reduce any cases cancelled due to lack of theatre time /theatre over runs
RISKS / ISSUES
Impact of the continuation in high Covid rates impacting on both patients and staff

17. Length of Stay









INFORMATION

The average length LOS for ROH patients from all specialities has increased in month to 3.71 (5.05 April).
The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is 3.57 (4.05 April)
The average length of stay for UHB arthroplasty patients at ROH is 3.16 (3.42 April).

April length of stay data produced for UHB and ROH, has been reviewed and the following observations made:

9 (14 April) UHB arthroplasty patients with LOS greater than 3 days. 3 (7 April) with a length of stay greater than 5 days and 3 (4 April) with a stay greater than 7 days. (excludes Rehab).
76 (67 April) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 39 (38 April) with a length of stay greater than 5 days, 20 (26 April) with a length of stay greater than 7 days.

In summary 20 ROH arthroplasty and oncology arthroplasty and 3 UHB arthroplasty patients had a length of stay greater than 7 days. It should be noted that there was significantly greater number of ROH arthroplasty cases than UHB in month.

Review of PICS data identifies that the UHB patients with longest LOS =>20 days were all BIS patients. Day to day observation suggests complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors increased LOS.

In April 129 patients went home via the discharge lounge. This was a reduction, however should be noted Ward 2 was closed for 3 weeks in month. Discharge Lounge capacity currently 11 and will increase to pre COVID level of 14, once chairs arrive. Number of patients discharged home before lunch reduced from 35% in March to 32.14% in April. (May data not yet available). This is felt to be due to a combination of suitability of patients for the lounge, discharge lounge sickness and reduced number of patients due to Ward 2 closure for 3 weeks.

ACTIONS FOR IMPROVEMENTS / LEARNING

Recommendations being reviewed within operational delivery service improvement board chaired by COO:
Audit patients undergoing surgery on a Friday or Saturday and whether this impact on LOS.
Physiotherapy provision in place for evenings and weekends to enable early mobilisation.
Review anaesthetic technique. Feedback from Consultant surgeon that use of GA and block in TKRs impacts on LOS

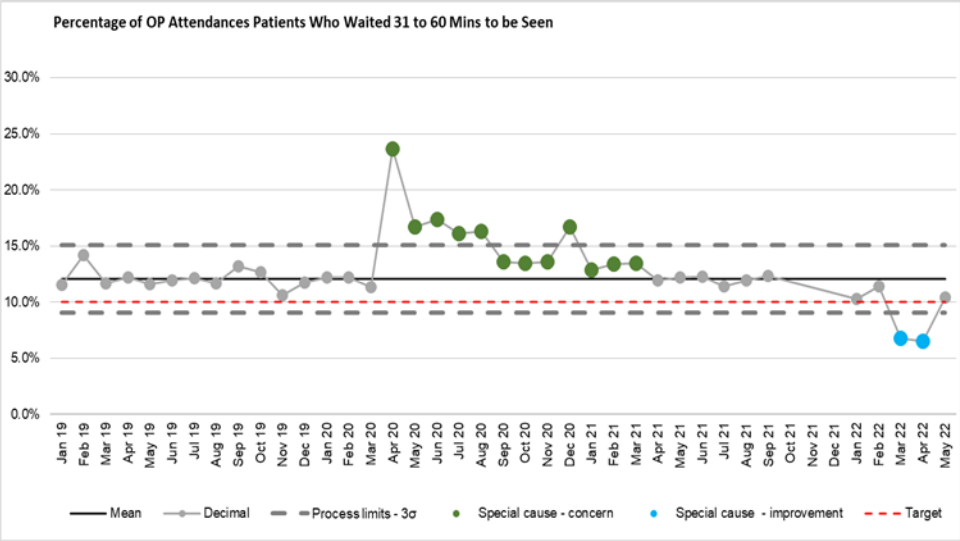
JointCare and Day Case Arthroplasty Aspirations:

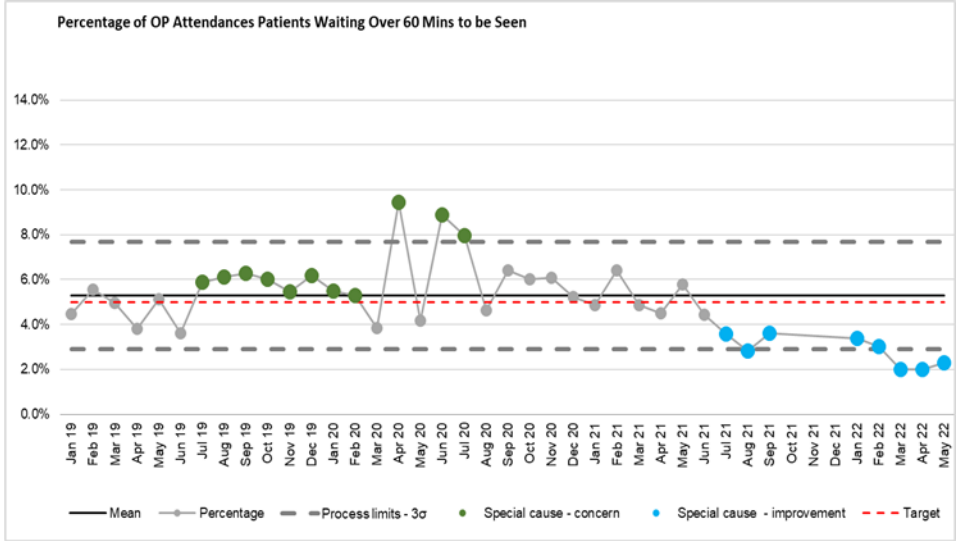
Average LOS for primary arthroplasty patients of 2 days
Development and roll out of Day Case pathway – anticipating 20% of arthroplasty patients will be treated on this pathway
All aspects of the JointCare pathway are currently being reinstated, and 'refresher' training sessions for clinical staff are underway
Day Case anaesthetic protocol currently under review by the Anaesthetic team in collaboration with the Project team

RISKS / ISSUES

Major Revision Centre/BIS work may lead to increased number of long stay patients. Consider how this data will be presented in the future , when the service is fully established.

19. Outpatient efficiency





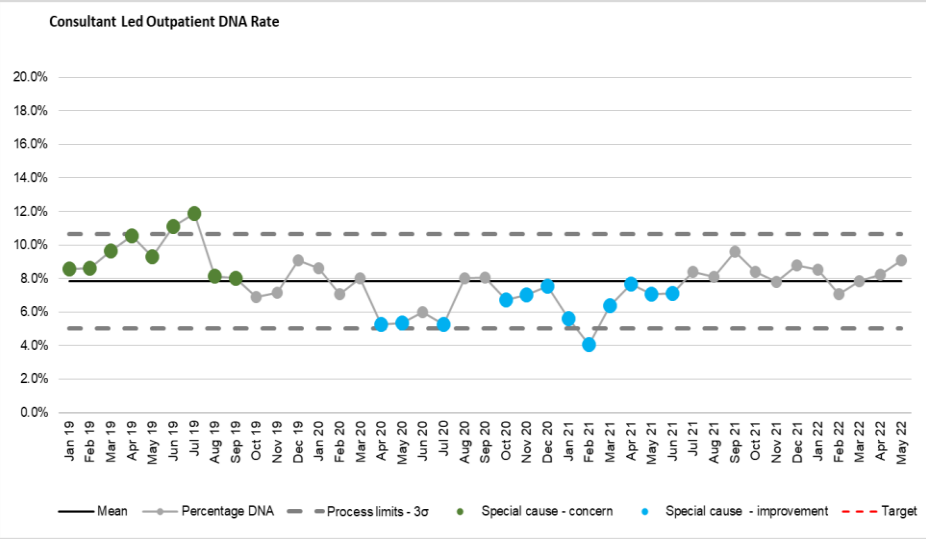
DNA Analysis

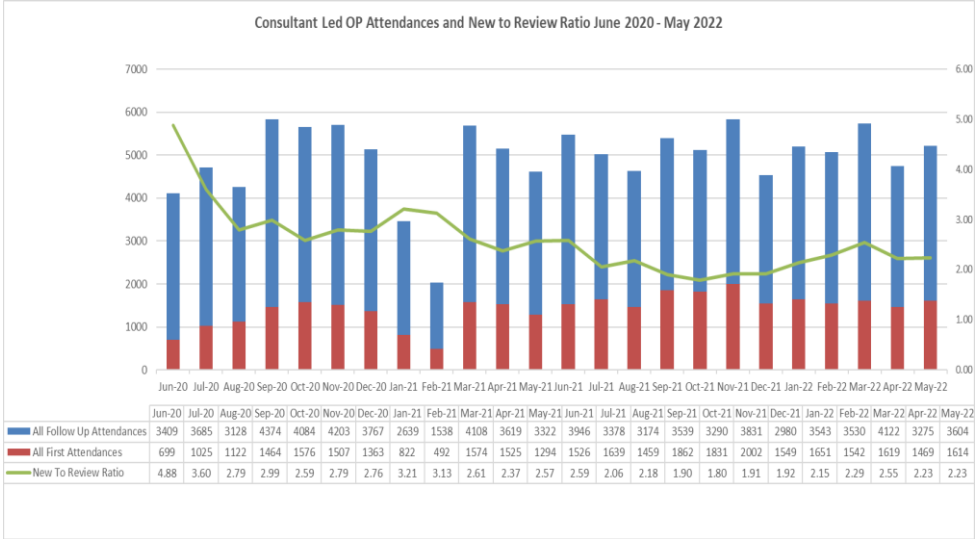
There were 641 DNAs in May and of these 79% were booked with 3 weeks notice or more. An audit of 80 DNAs has been carried out with the following results:

Audit of 80 DNAs	Number
Patient was unable to get through to the call centre to cancel	2
Patient DNA - Forgot to cancel	45
Cancellation request via DrDoctor at short notice	6
Unaware of appointment	24
Other	3
Grand Total	**80**

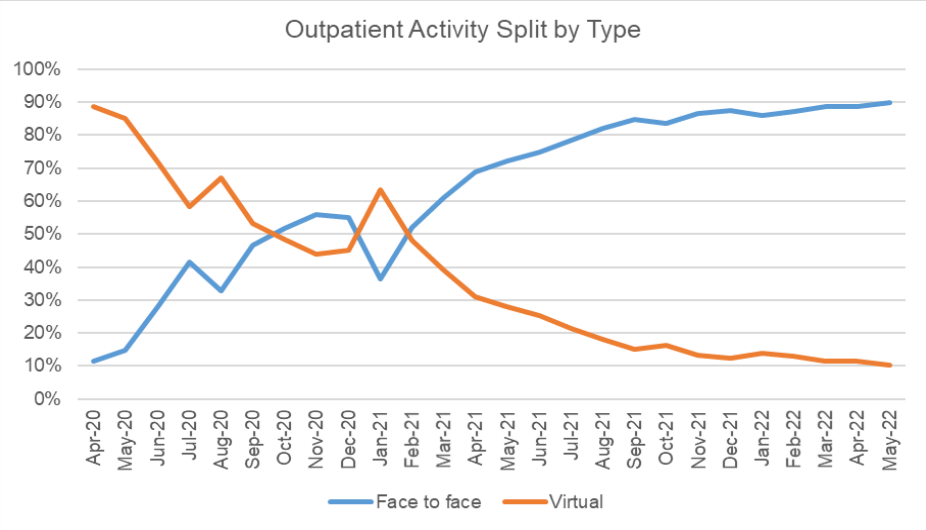
Data for all 641	
Over 3 weeks notice	79%
Male	47%
Female	53%

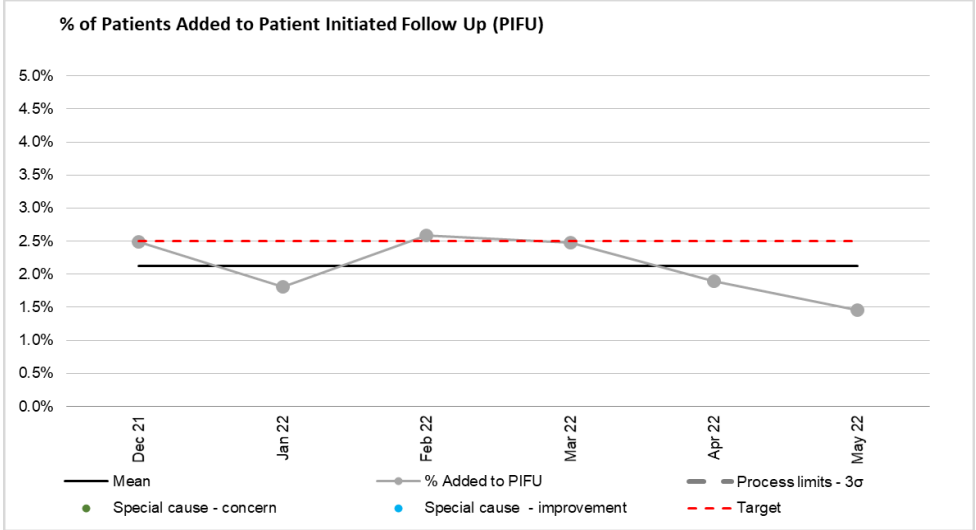
- Of the 80 audited 24 patients reported that they were not aware of their appointment, however 16 patients had been sent and received a text message about their appointment.
- Of the 641 DNA's there was no statistical difference in gender
- Patient's who were unable to contact the call centre to cancel their appointments due to the issues with the current system. The new voice over internet protocol (VOIP) system 8 X 8 has now gone live
- 96% of the patients that Did not Attend had a mobile phone number registered on the system and had received text messages.
- Analysis relating to Index of Multiple deprivation will be developed for further analysis to understand any themes to support improved patient experience.





	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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
All Follow Up Attendances	3409	3685	3128	4374	4084	4203	3767	2639	1538	4108	3619	3322	3946	3378	3174	3539	3290	3831	2980	3543	3530	4122	3275	3604
All First Attendances	699	1025	1122	1464	1576	1507	1363	822	492	1574	1525	1294	1526	1639	1459	1862	1831	2002	1549	1651	1542	1619	1469	1614
New To Review Ratio	4.88	3.60	2.79	2.99	2.59	2.79	2.76	3.21	3.13	2.61	2.37	2.57	2.59	2.06	2.18	1.90	1.80	1.91	1.92	2.15	2.29	2.55	2.23	2.23





INFORMATION

There were 4,662 face to face and 526 virtual appointments carried out in May (10% virtual). This remains below the virtual appointments target of 25% but is in line with Trauma and Orthopaedics in other regional centres. The latest data is not yet available for the region but data from March showed Robert Jones and Agnes Hunt at 8% for Trauma and Orthopaedic services, UHB at 9%, Sandwell at 12% and ROH at 12%.
An outpatient transformation workshop was held in March to focus on Virtual Clinics, PIFU and Advice and Guidance to support the operational and elective recovery plans. There are currently 834 PIFU pathways on the PAS system 73 added in May which is 1.46% of all OP activity. Work continues with the Clinical Service Leads and the Clinical Teams to define virtual appointment pathways and encourage greater uptake by the clinical teams, the Trust has moved to a new video consultation platform (DrDoctor) to support virtual clinics going forward. A new Interim manager has been brought it to support this and other Outpatient Transformation projects.

ACTIONS FOR IMPROVEMENTS / LEARNING

Clinic Delays:

30 minute delays - **10.4%** (Target **10%)**

60 minute delays – **2.3% (**Target **5%)**

An analysis of 30 minute delays has shown an increase from **April 6.5%** to **May** with **10.4%** of appointments being delayed more than 30 minutes. Delays of 60 minutes or more have increased slightly from April at **2%** to **May 2.3%**. This increase is due to increased activity in May compared to April and levels of delay were high in Arthroplasty, Arthroscopy and Oncology compared to the previous month. The majority of delays have been due to increased complexity of patients. A trial of electronic outcomes is being planned in Young Adult Hips and Back Pain / Clinical Support by the end of June. resulting in the clinician is entering the time stamps making the data more accurate. A new Outpatient Activity and Performance Group has been set up to run every Thursday. The intranet based x-ray walking referral form and waiting list continues to help reduce delays for patients that are referred to imaging on the day of their appointment.

The DNA rate for **May is 9.19%, above trust target** and an increase from **8.24**% in April– the Trust target is **8%**. Monthly analysis of the DNA's continues to drive the improvement going forward. Additional analysis is now being carried out on the DNA data to provide more information including gender, notice period provided and previous DNA history. Of all the patients that DNA 96% had a mobile number recorded on PAS and 79% of patients were booked with 3 weeks notice or more.

Advice and Guidance (A and G) is already operational and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In May 118 referrals for advice and guidance were received against a GP referral total of 1477 gives a total of 7.3% for advice and guidance.

All Directories of service have been reviewed to ensure A&G pathways are available for all services. Engagement with colleagues at UHB is underway as their performance is higher than ROH. The current target for advice and guidance referrals response time are that 80% will be responded to within 48 hours – **the response rate for May was 100%.**

RISKS / ISSUES

The Appointments Call Centre upgrade is now complete. This will improve patient experience and provide monitoring against KPIs. This data will be presented and analysed next month which will include Call volumes, Call duration, Missed calls and time taken to answer.

Benefits are:

Patients will know where they are in the queue or the average waiting time to answer

Call centre staff will be able to see how many patients are waiting in the queue

Patients will have a clear message where they have called and the opening times for the call centre

Patients will not be lost in the current loop system we have which the results in them being cut off

20. Referral to Treatment

Referral to Treatment Snapshot as at 31st May 22 - Combined

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2022

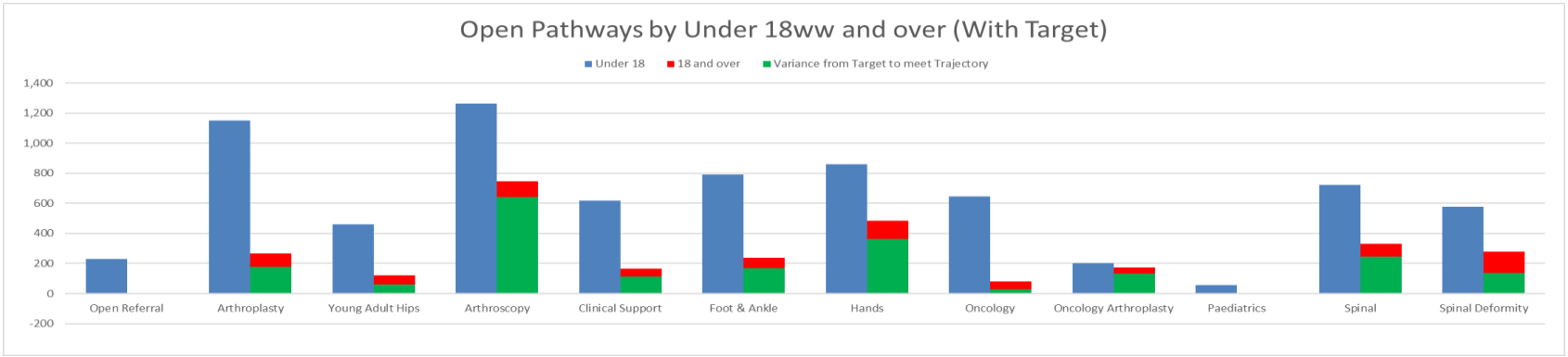
Est Over 18 Clock Stops Required		
To achieve	89.94%	2355
To achieve	89.10%	2264
To achieve	89.94%	2355

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,447**	179	561	226	541	269	345	360	316	72	29	308	241
7-13	**2,883**	49	416	170	492	260	323	328	217	82	22	280	244
14-17	**1,235**	0	171	64	228	87	124	172	111	46	5	134	93
18-26	**1,481**	1	145	87	351	83	125	239	61	81	2	185	121
27-39	**1,091**	0	108	28	269	69	88	193	15	76	0	117	128
40-47	**255**	0	14	2	97	9	20	44	4	12	2	24	27
48-51	**50**	0	1	2	20	2	3	7	2	5	0	4	4
52 weeks and over	**17**	0	0	1	10	1	0	3	0	1	0	1	0
Total	**10,459**	229	1,416	580	2,008	780	1,028	1,346	726	375	60	1,053	858

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**7,565**	228	1,148	460	1,261	616	792	860	644	200	56	722	578
18 and over	**2,894**	1	268	120	747	164	236	486	82	175	4	331	280
Current Month End RTT %	**72.33%**	**99.56%**	**81.07%**	**79.31%**	**62.80%**	**78.97%**	**77.04%**	**63.89%**	**88.71%**	**53.33%**	**93.33%**	**68.57%**	**67.37%**

31/05/2022 Trajectory RTT %	89.94%	100.00%	92.82%	88.24%	92.20%	92.52%	92.10%	87.56%	92.47%	82.79%	92.16%	89.58%	80.09%
Target for RTT Trajectory	846	0	89	61	107	50	68	122	52	42	5	84	144
Variance from Target to meet Trajectory	2048	1	179	59	640	114	168	364	30	133	-1	247	136



Referral to Treatment Snapshot as at 31st May 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2022

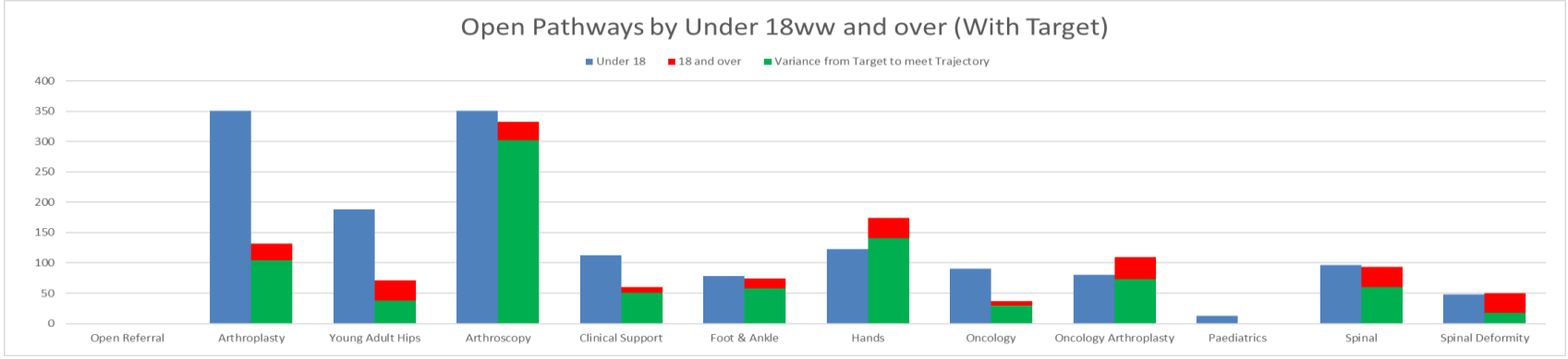
Est Over 18 Clock Stops Required		
To achieve	86.24%	1023
To achieve	89.10%	1089
To achieve	89.94%	1107

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**561**	0	106	77	122	50	25	55	45	19	5	39	18
7-13	**658**	0	172	79	154	44	36	44	31	35	5	35	23
14-17	**312**	0	73	32	75	19	17	24	14	26	3	22	7
18-26	**507**	0	78	50	109	35	29	70	22	50	0	43	21
27-39	**458**	0	44	19	142	22	29	80	11	50	0	41	20
40-47	**141**	0	10	2	67	3	15	20	3	6	1	6	8
48-51	**21**	0	0	0	11	0	1	1	1	4	0	2	1
52 weeks and over	**7**	0	0	0	3	0	0	3	0	0	0	1	0
Total	**2,665**	0	483	259	683	173	152	297	127	190	14	189	98

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,531**	0	351	188	351	113	78	123	90	80	13	96	48
18 and over	**1,134**	0	132	71	332	60	74	174	37	110	1	93	50
Current Month End RTT %	**57.45%**	n/a	**72.67%**	**72.59%**	**51.39%**	**65.32%**	**51.32%**	**41.41%**	**70.87%**	**42.11%**	**92.86%**	**50.79%**	**48.98%**

31/05/2022 Trajectory RTT %	86.24%	100.00%	92.73%	85.15%	92.24%	92.50%	83.39%	78.81%	92.70%	68.42%	93.33%	74.56%	59.48%
Target for RTT Trajectory	244	0	28	33	30	9	16	33	7	37	1	33	33
Variance from Target to meet Trajectory	890	0	104	38	302	51	58	141	30	73	0	60	17



Referral to Treatment Snapshot as 31st May 22 - Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 31/05/2022

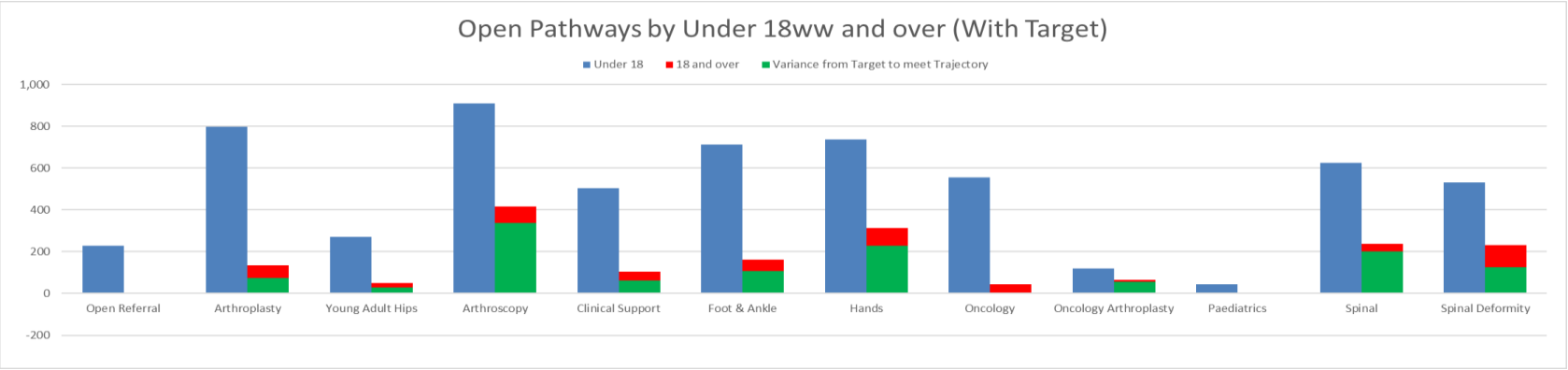
Est Over 18 Clock Stops Required		
To achieve	91.58%	1386
To achieve	89.10%	1175
To achieve	89.94%	1248

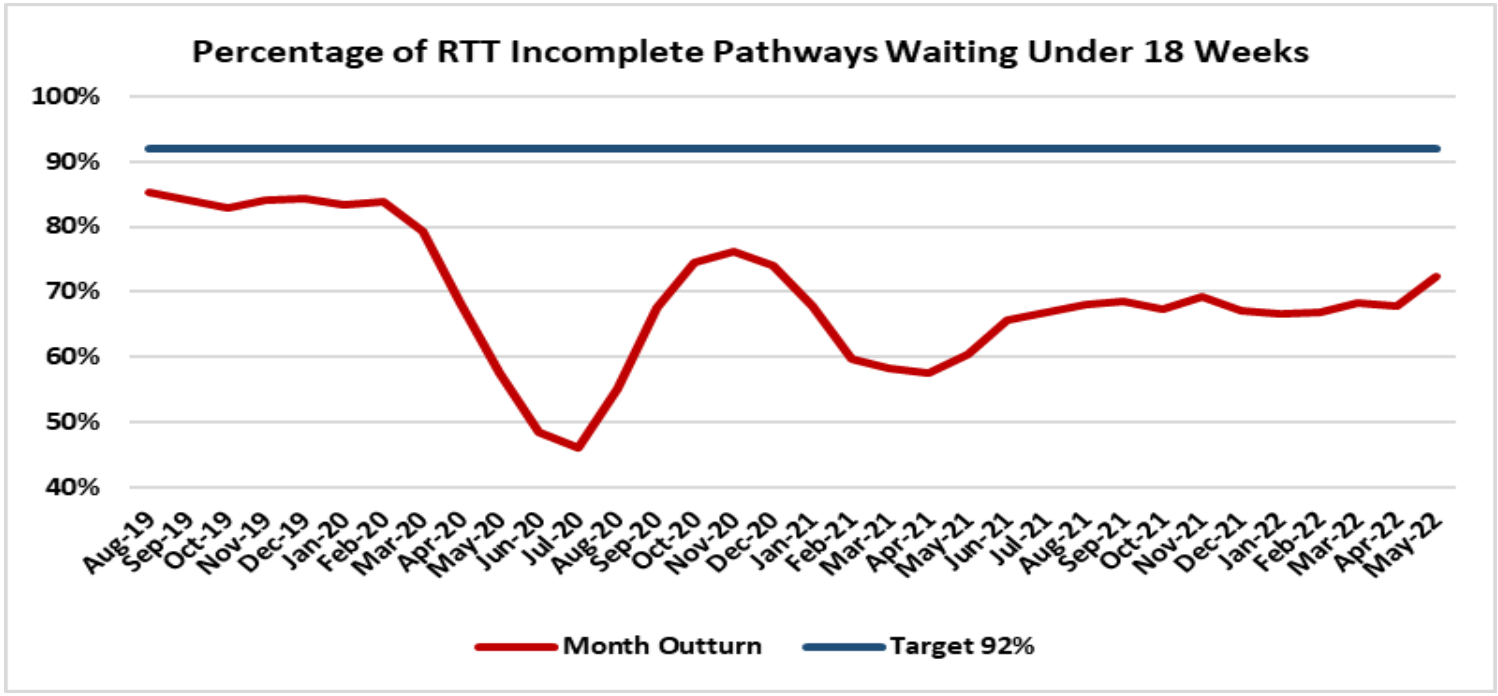
Select Pathway Type: Non Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**2,886**	179	455	149	419	219	320	305	271	53	24	269	223
7-13	**2,225**	49	244	91	338	216	287	284	186	47	17	245	221
14-17	**923**	0	98	32	153	68	107	148	97	20	2	112	86
18-26	**974**	1	67	37	242	48	96	169	39	31	2	142	100
27-39	**633**	0	64	9	127	47	59	113	4	26	0	76	108
40-47	**114**	0	4	0	30	6	5	24	1	6	1	18	19
48-51	**29**	0	1	2	9	2	2	6	1	1	0	2	3
52 weeks and over	**10**	0	0	1	7	1	0	0	0	1	0	0	0
Total	**7,794**	229	933	321	1,325	607	876	1,049	599	185	46	864	760

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,034**	228	797	272	910	503	714	737	554	120	43	626	530
18 and over	**1,760**	1	136	49	415	104	162	312	45	65	3	238	230
Current Month End RTT %	**77.42%**	99.56%	**85.42%**	**84.74%**	**68.68%**	**82.87%**	**81.51%**	**70.26%**	92.49%	**64.86%**	93.48%	**72.45%**	**69.74%**

31/05/2022 Trajectory RTT %	91.58%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	89.75%	92.43%	92.20%	92.05%	94.35%	83.33%
Target for RTT Trajectory	554	0	61	21	78	41	53	84	45	10	4	37	106
Variance from Target to meet Trajectory	1206	1	75	28	337	63	109	228	0	55	-1	201	124




Percentage of RTT Incomplete Pathways Waiting Under 18 Weeks
100%
90%
80%
70%
60%
50%
40%
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
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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
Month Outturn
Target 92%

INFORMATION

The Referral To Treatment (RTT) position for May is 72.33% against the National Constitutional Target of 92%. This is an increase of 4.61% compared to April reporting at 67.72%.

There are 17 patients over 52 weeks, a decrease from 37 in March. There are still a cohort of over 52 week patients which we are managing closely this is largely due to Covid and support services involving UHB. It is anticipated that numbers at June month end will rise marginally (circa 25) due to covid recovery period which has impacted some patients and surgeon Covid-related sickness.
The trajectory to have 0 52 week waits (Exempting any clinical related issues) is still end of July 22

All patients over 52 weeks will be reviewed through the harm review process. No harm has been concluded on all patients to date. 305 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis.

2665 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals continue to move towards Pre-Covid levels with 2,330 (86.17%) referrals received in May 2022, the average monthly referrals received Pre-Covid (2,704)
We are continuing to working closely with the CCG and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in regular contact and update the CCG and GP's on the current position and mutual aid support being provided.

ACTIONS FOR IMPROVEMENTS / LEARNING

Weekly PTL meetings and waiting list monitoring meetings are in place to monitor compliance against the 92% target and activity plans and to ensure we are actively progressing patients through their pathways. A focus for June will be to reduce the number of 52 week waits where possible and this is progressing well with plans for most patients over 52 weeks now in place.

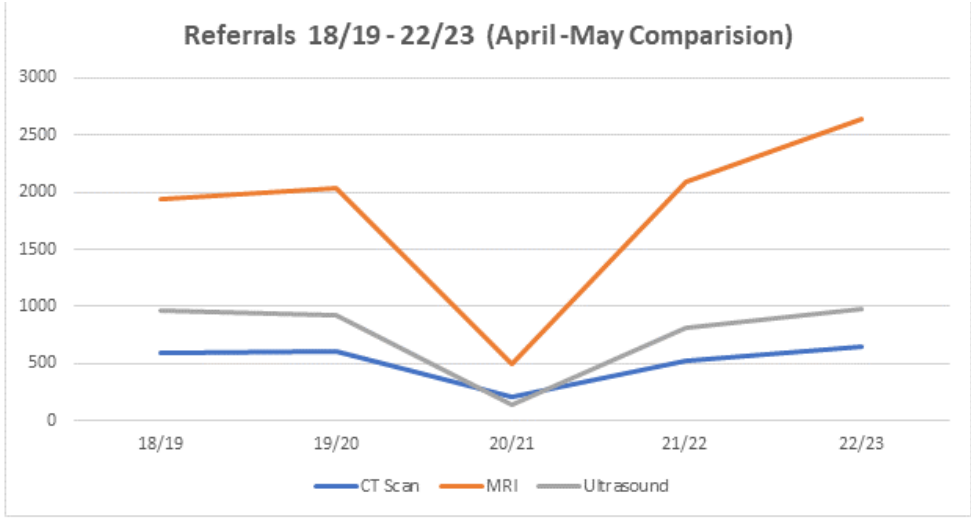
RISKS / ISSUES

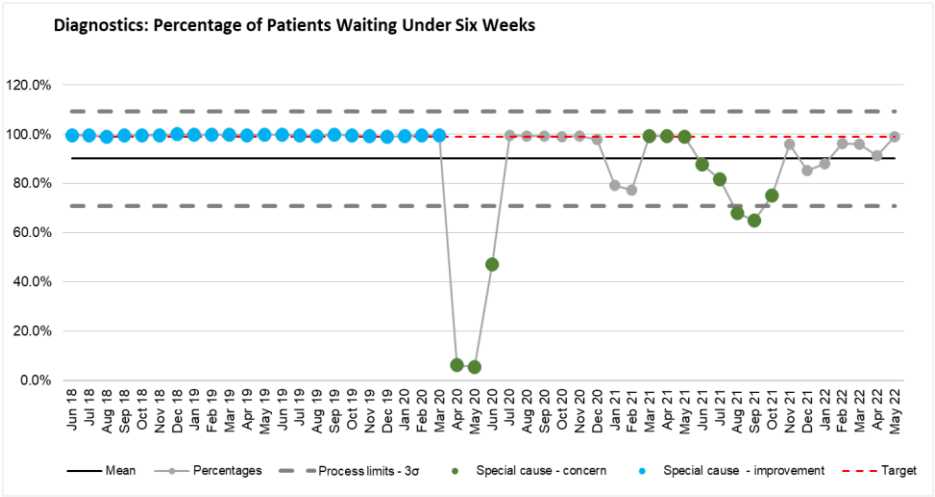
System support for 104 weeks and covid surges may impact on the delivery of the RTT target, we are now offering mutual aid support to other Providers such as RJAH and UHB.

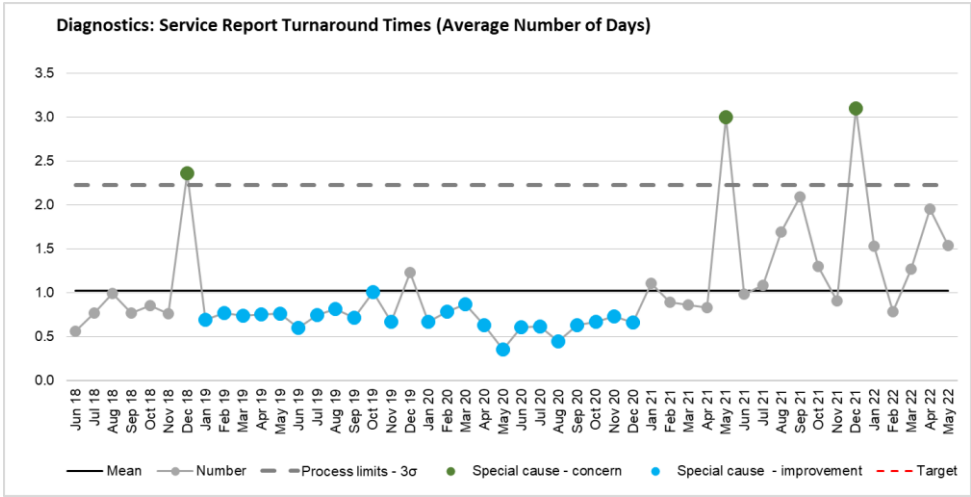
Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
May-21	956	93	353	1402	14	1388	99.0%	599	166	299	1064
Jun-21	1268	64	287	1619	201	1418	87.6%	807	248	391	1446
Jul-21	1390	53	317	1760	324	1436	81.6%	911	212	318	1441
Aug-21	1492	54	376	1922	613	1309	68.1%	768	186	277	1231
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376
May-22	825	75	92	992	9	983	99.1%	947	236	329	1512







INFORMATION
Imaging met the diagnostic target in May reporting 99.1%. The main area of challenge remains MRI with referrals at 117% when compared to May 2021. Both US and CT remaining compliant Additional mobile MRI capacity has been confirmed for dates in June and July. This will support the clearance of the MRI backlog and ensure compliance of the diagnostic target from June. Reporting times in May remained on target
ACTIONS FOR IMPROVEMENTS / LEARNING
To continue to ensure all capacity is fully utilised and minimise DNA's - awaiting DrDoctor implementation The imaging department have been successful with recruiting radiographers, with MRI being fully staffed once new colleagues have arrived and other posts in the main x-ray department are also been filled with continued recruitment.
RISKS / ISSUES
The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

21. Cancer Performance

May Cancer Performance – April 2022 Submission

		April 2022 (Provisional reported position)				
Target Name	National Standard	Percentage	In Target	Breach	Accountable Patients	Total Patients
2ww	93%	94.64%	53	3	56	56
31 day first treatment	96%	85.71%	6	1	7	7
31 day subsequent (surgery)	94%	100.00%	7	0	7	7
62 day (traditional)	85%	60.00%	1.5	1	2.5	4
62 day (Cons Upgrade)	n/a	57.14%	2	1.5	3.5	6
28 day Faster Diagnosis	75%	75.38%	49	16	65	65
Number over 104 days				1.5		

		March 2022 (Final Position)				
Target Name	National Standard	Percentage	In Target	Breach	Accountable Patients	Total Patients
2ww	93%	97.90%	93	2	95	95
31 day first treatment	96%	100.00%	11	0	11	11
31 day subsequent (surgery)	94%	100.00%	8	0	8	8
62 day (traditional)	85%	90.00%	4.5	0.5	5	7
62 day (Cons Upgrade)	n/a	37.50%	1.5	2.5	4	6
28 day Faster Diagnosis	75%	79.81%	87	22	109	109
Number over 104 days				0.5		

Performance

- Trends for breaches to the CWT standards for April include: shared pathways involving late tertiary referrals both into the ROH and to other treatment providers, delays resulting from patient fitness, positive covid results, complex pelvic and multi-surgeon cases. We continue to see these trends in May and June.
- Referrals into the service reduced in April compared to previous months however this has risen again in May.
- There is a slight correction to the 62 day target as a 0.5 breach is incorrectly allocated to the ROH. This will be corrected at quarter end when the submissions are finalised.

Risks /actions ongoing

- 1 WTE consultant vacancy, 2 WTE fellowship vacancies, Recruitment in process (Consultant interviews planned for August 2023)
- Work continues the 2WW referral pathway with Bsol CCG

22. Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged - The 30 day readmissions as defined by Monitor for the Quality Accounts. The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

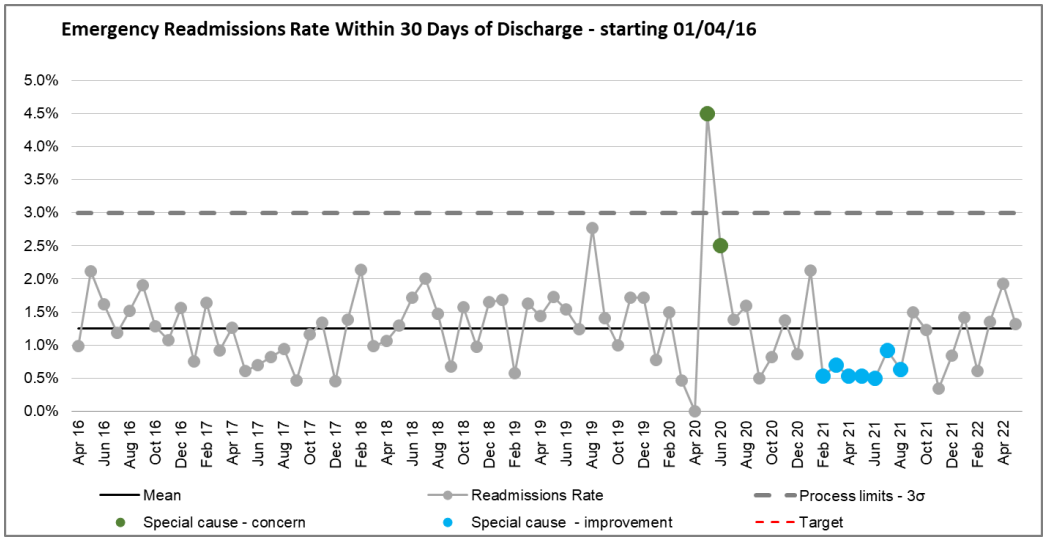
The 30 day readmissions as defined by Monitor for the Quality Accounts

The percentage of patients aged who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

Average Length of Stay
All finished spells in the period excluding day cases

Results

Current Year YTD Apr 15 – May 22



ROHTB (7/22) 014

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NHS Foundation Trust

Workforce Performance Report Month End Apr 2022

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BLUE HEART AWARDS

Please be aware that the information included in this report relies upon the timely update of information into ESR and Healthroster, this report is based on data as at the last working day in May, please note the figures are likely to change if information is input into the systems after the cut-off date.

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

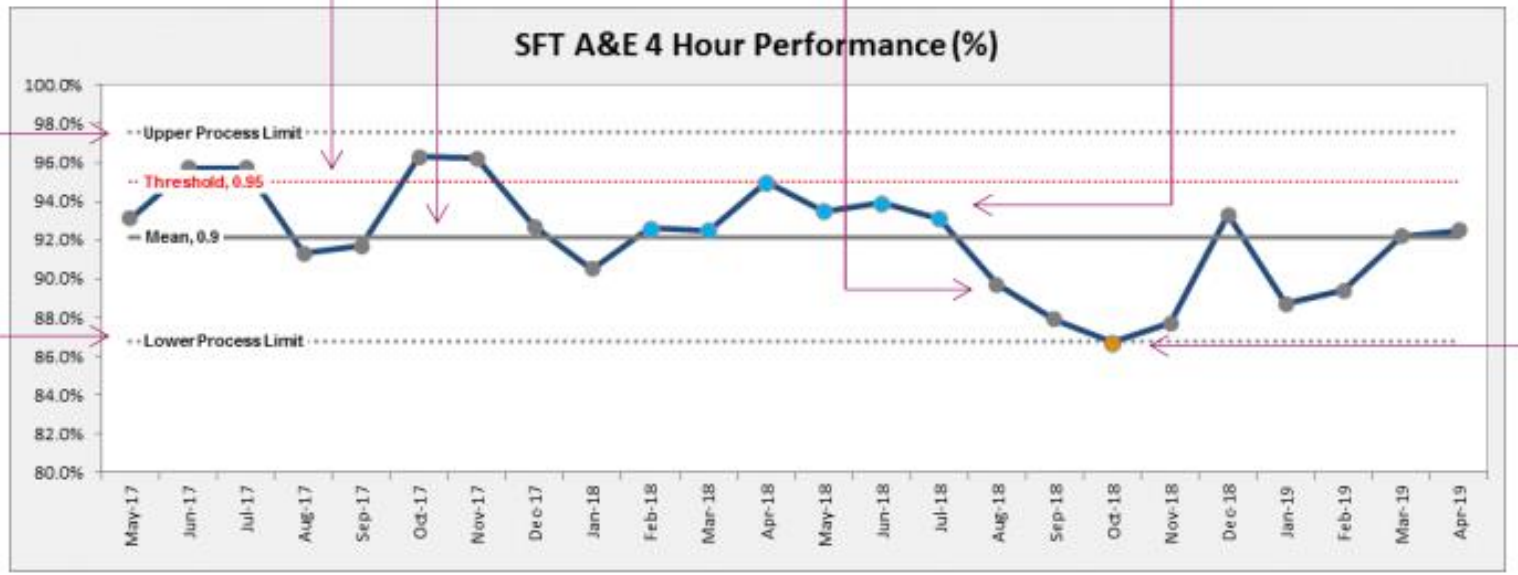
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

Workforce Monthly Snapshot Overview

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Trust Workforce Metrics	Apr-22	May-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1248	1252	4	-	-
Staff In Post - Full Time Equivalent	1100.44	1102.165	1.7272	-	-
Staf Turnover % - Unadjusted	15.89%	16.66%	0.77%	↕	<=11.5%
Staf Turnover % - Adjusted	13.51%	14.10%	0.59%	↕	<=11.5%
Total WTE Employed as % of Establishment	83.98%	77.08%	-6.90%	↕	>=93%
Total WTE Employed as % of Establishment - Clinical	81.02%	74.39%	-6.63%	↕	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	89.25%	81.97%	-7.28%	↕	>=96%
% Of Attendance	93.61%	93.50%	-0.11%	↕	>=96.3%
% Of 12 mth MAA Attendance	93.84%	93.79%	-0.05%	↕	>=96.3%
% Staff received mandatory training last 12 months	86.10%	86.07%	-0.03%	↕	>=93%
% Staff received formal PDR/appraisal last 12 months	52.91%	53.16%	0.25%	↕	>=95%
% of Sickness - Trust wide Long-term	3.32%	3.19%	-0.14%	↕	-
% of Sickness - Trust wide Short-term	3.06%	2.31%	-0.76%	↕	-
Return To Work Completion %	48.00%	38.71%	-9.29%	↕	>=80%

Workforce Establishment

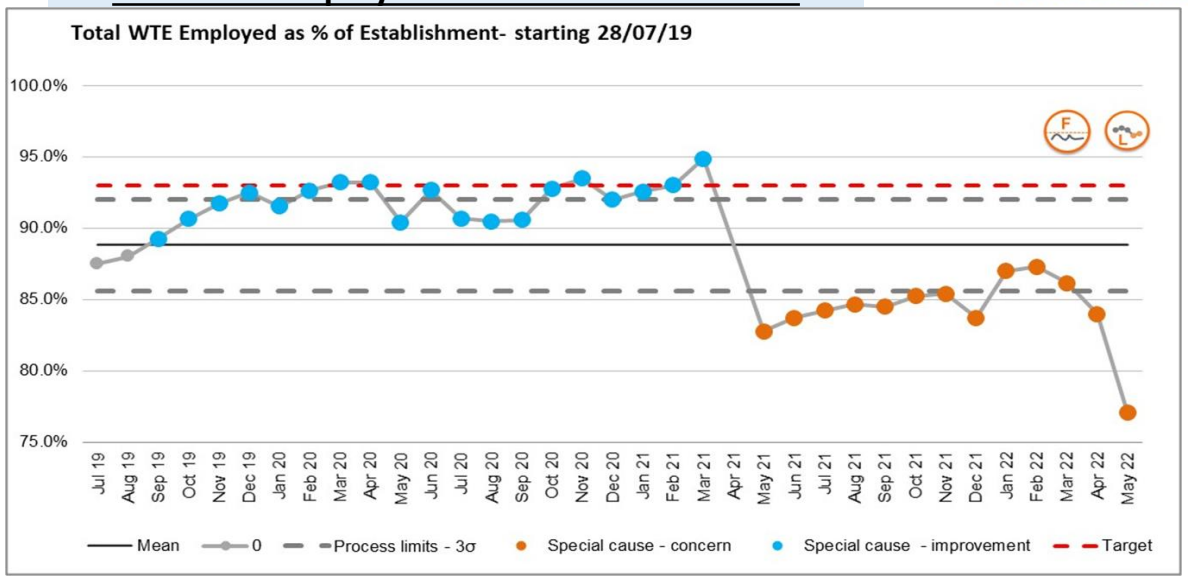
The Royal Orthopaedic Hospital NHS Foundation Trust

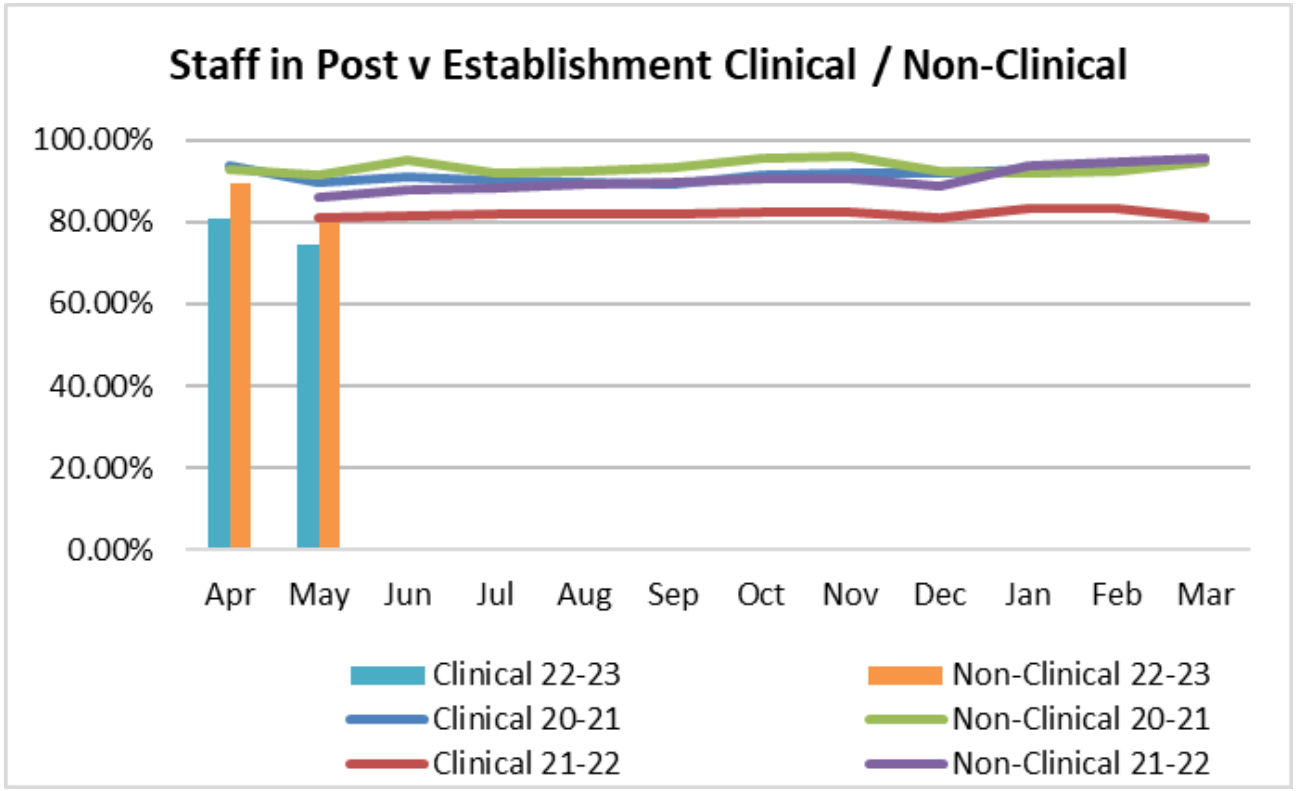
Summary

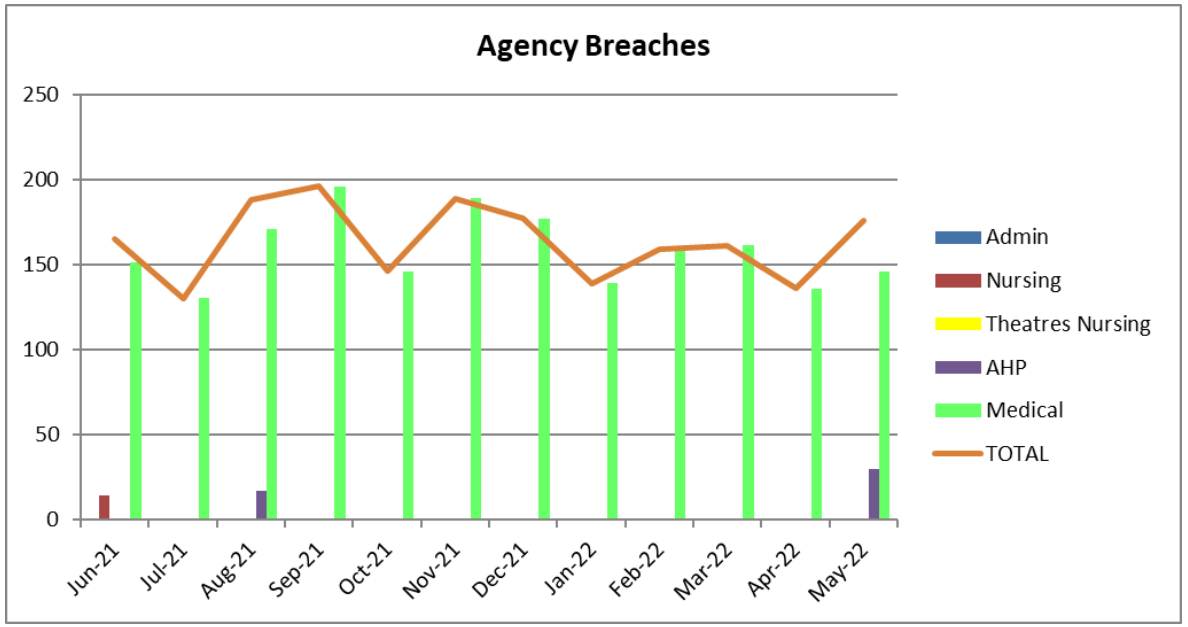
At the end of May, the number of staff on payroll stood at 1252 (WTE 1102.17) which is a increase of **1.7 WTE** from April.

The Total WTE Employed as a % of the Establishment this month was **77.08%** which rests well below the Trust Target 93%. Following the start point budgets for the financial year being reset in April, the establishment has increased since December.

Total WTE Employee as a % of Establishment







Workforce Turnover

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Unadjusted turnover (all leavers excluding rotational doctors) for this month was **16.66%** which is well above the Trust target of 11.5%. The Corporate Division continues to have the highest turnover of all divisions this month at **21.54%** in May 2022 and **20.71 %** in April 2022. Division 1 turnover has remained over 11.5% this month at **18.10%** which should be monitored as an area of concern against the Trust targets.

For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Additional Clinical Services staff group, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Risk / Issues

Overall the Turnover of staff has breached the Trust target for 8 months in a row. As a trust we need to have a look into staff retention and work with the system to see how we can support each other in this.

Actions

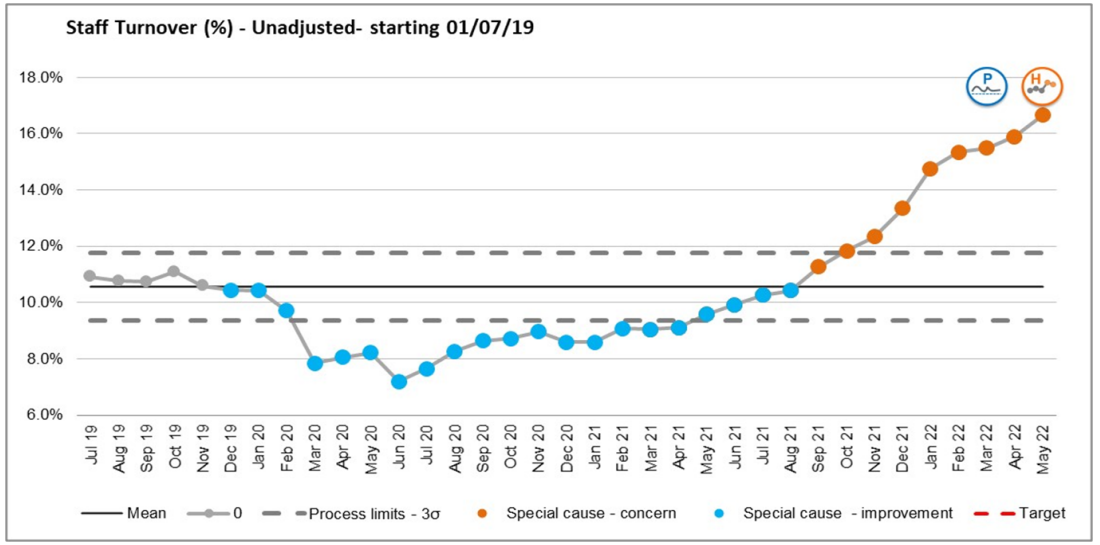
Analysis should be undertaken of exit questionnaires / interviews to understand and establish any themes contributing to higher turnover in the Additional Clinical Services, and Allied Health Professional's which should then help to understand the higher turnover in the Corporate Division & Division 1 respectively.

Staff Group	FTE
Add Prof Scientific and Technic	16.25%
Additional Clinical Services	22.56%
Administrative and Clerical	16.82%
Allied Health Professionals	19.93%
Estates and Ancillary	7.13%
Medical and Dental	7.39%
Nursing and Midwifery Registered	18.71%

*Data From May 22

	Top 3 Leaving Reasons (Apr22- May22)	
	ESR Data	Exit Questionnaire
1	Voluntary Resignation - Other/Not Known	Lack of Training Opportunities
2	Voluntary Resignation - Relocation	Lack of Feedback in relation to my PDR
3	Retirement Age	Lack of Recognition

Staff Turnover Unadjusted (%)



Leaving Reasons

Summary

Over the last 2 months, the main reasons for staff leaving (according to ESR data) were other not known, Relocation and retirement which is different to previous months.

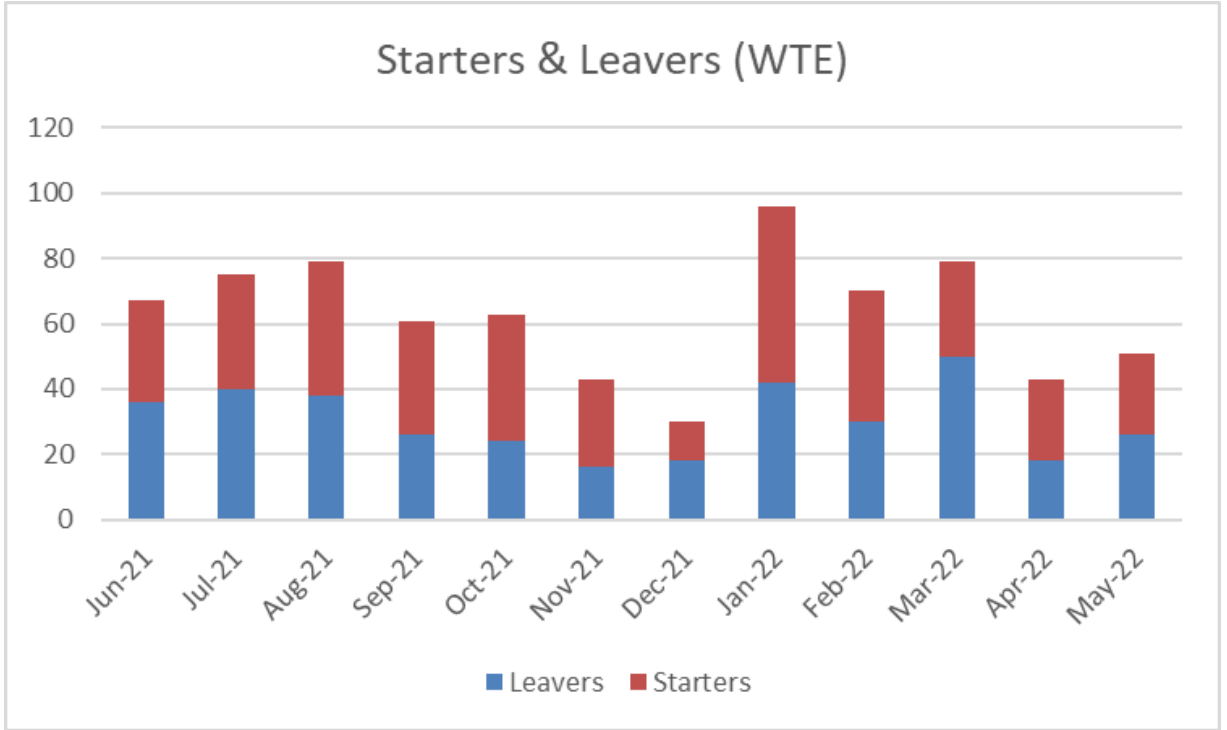
86.36% of leavers in Apr & May 22 were with the Trust for less than 5 years, this is a slight decrease from April's report which was 86.49%.

Actions

HR will continue to encourage managers to select more specific leaving reasons when doing terminations through ESR where possible. HR need to review usage of the Survey Monkey Questionnaire, this is due to ESR having one purposely built and reportable from BI.

Workforce Turnover - Starters and Leavers Data





*Data From May 22

Workforce Attendance & Sickness Absence

The Royal Orthopaedic Hospital NHS Foundation Trust

Summary

Attendance & Sickness Absence

Attendance for this month was **93.50%** (sickness absence % = 5.50%) and Attendance for the rolling past 12 months was **93.79%.** This currently sits below the Trust target of 96.3% and has remained fairly consistent over the past few months.

Over the last 12 months, sickness absence has cost the Trust approximately **£2,145,132.467**

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

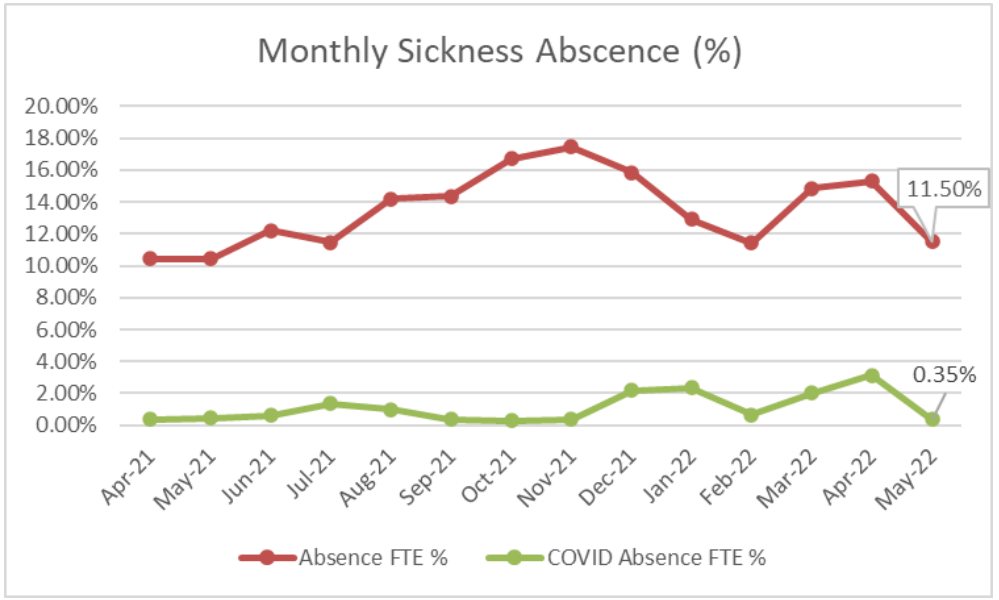
COVID Related Absence

This month COVID-related sickness made up **0.35%** of all sickness absence within the Trust. Compared to this time last year, the figures are lower than April.

Furthermore, over the last 12 months, COVID related sickness absence has cost the Trust approximately **£243,620.09**. COVID-related absence data is reported daily to NHS England and weekly to the BSOL STP. A drop in the estimated cost is mainly due to the Testing and Isolation changes.

Return To Work Discussion Meetings Following Sickness Absence

Trustwide Return To Work (RTW) interviews decreased to **38.71%** in May, compared to **48.00%** in April. This still remains below the Trust Target of 80%.



Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Anxiety/stress/depression	225	6801.22647	£ 601,953.34
Cold, Cough, Flu - Influenza	558	3719.24263	£ 385,219.92
Musculoskeletal problems	131	3195.85432	£ 258,262.56
Gastrointestinal problems	437	1590.18371	£ 143,286.77
Injury, fracture	66	1678.20029	£ 124,421.96

Risks / Issues

There is a risk that Return to Work meetings following sickness absence are not happening in a timely manner / being recorded on the system accurately

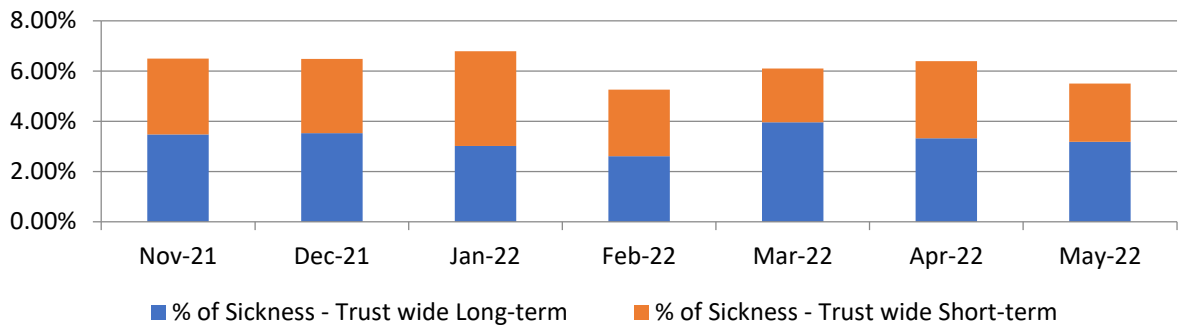
Actions

HR are continuing to support managers with ensuring that absence meetings are taking place in a timely manner and staff are being supported throughout their absence.

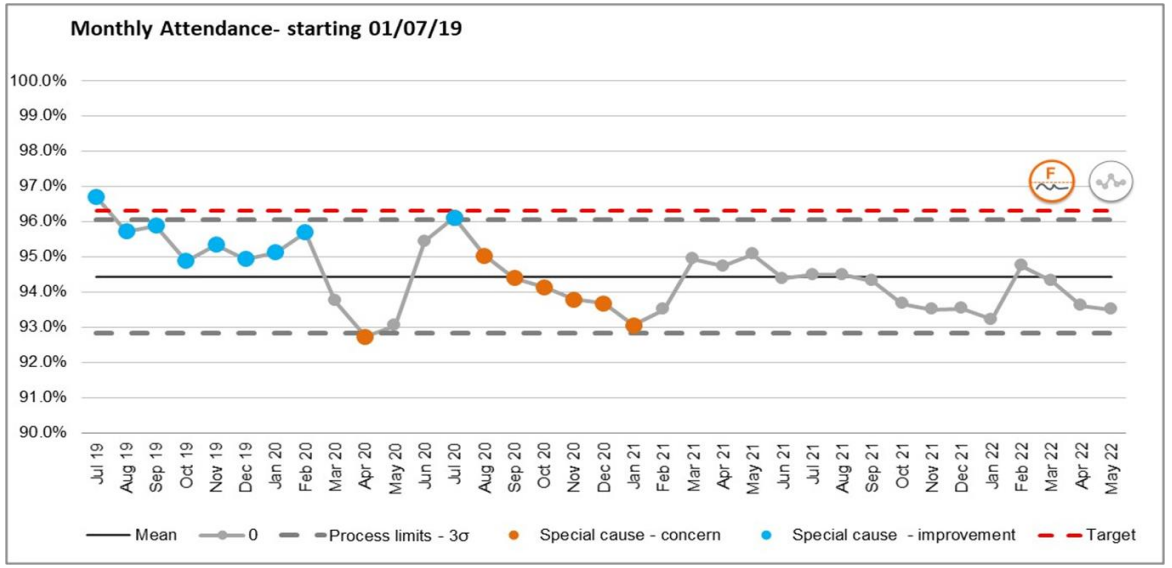
Workforce Attendance & Sickness Absence

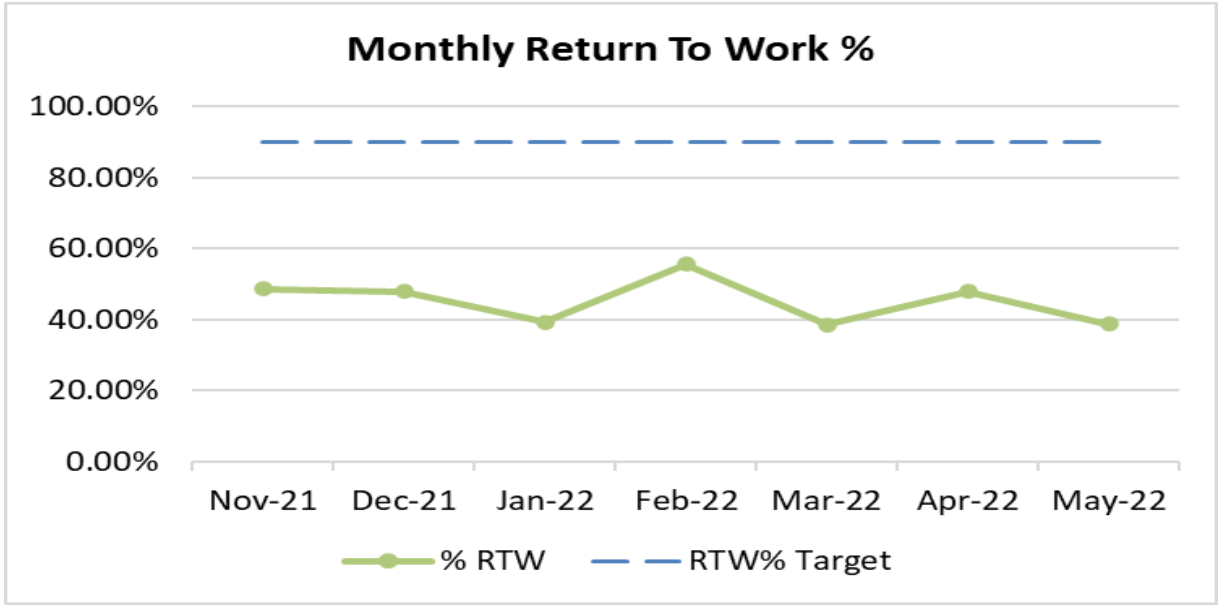
The Royal Orthopaedic Hospital NHS Foundation Trust

Long Term / Short Term Absence FTE (%)

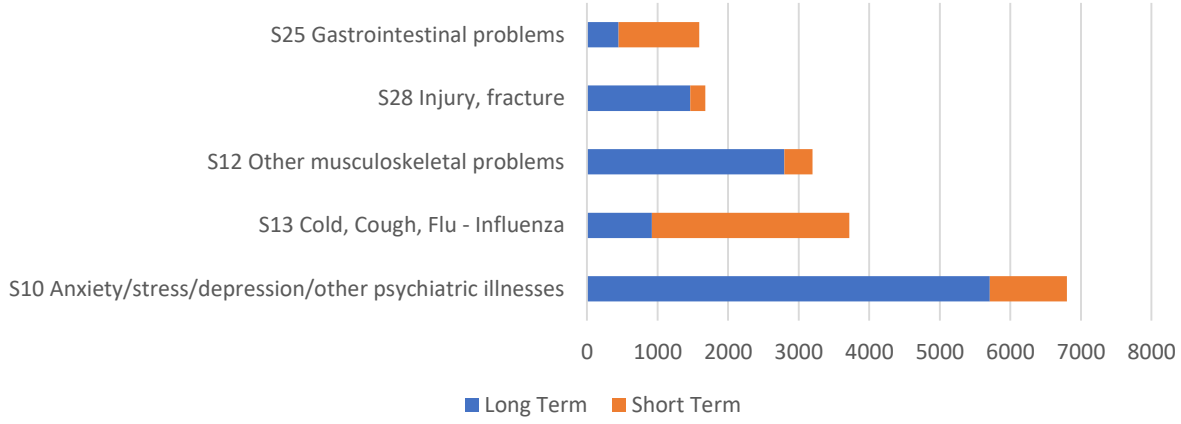


Monthly Staff Absence FTE (%)





FTE Days Lost (12 Months) - Top 5 Absence Reasons



***Data From Nov 21 – May 22**

Formal Capability / Disciplinary Processes

The Royal Orthopaedic Hospital NHS Foundation Trust

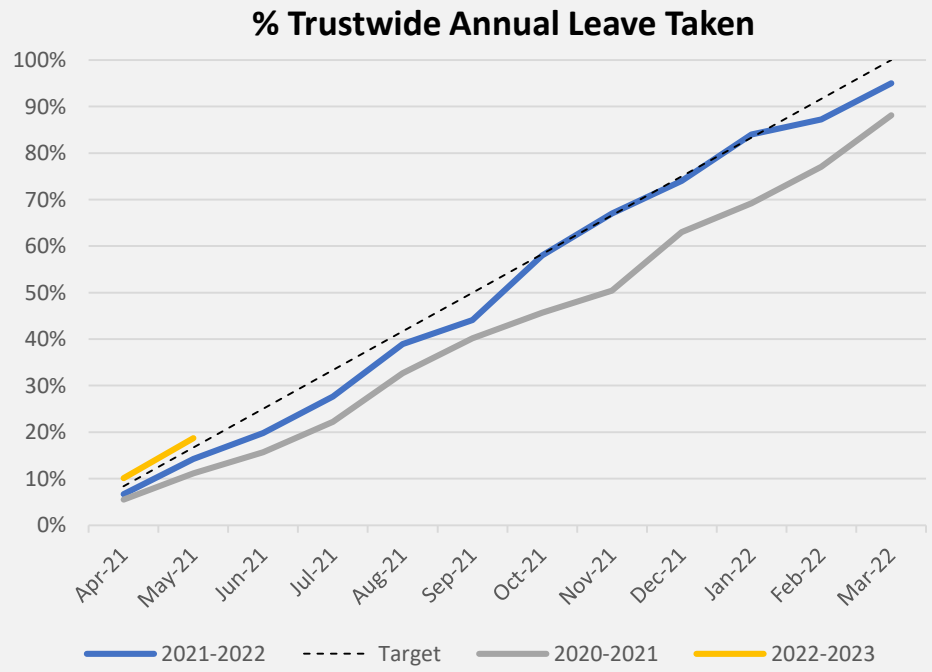
Summary and Actions

At the end of May, there were no formal capability cases and **3** formal conduct cases.

Actions

Further work is needed to be undertaken with colleagues across the Trust to ensure that HR are being kept informed of any informal processes to ensure we can anticipate potential future formal cases and appropriate action/measures that needs to be considered.

Workforce Wellbeing



Annual Leave

At the start of Q1 (Apr/May 22) for the financial year, AfC staff have taken **18.70%** of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 14% of their annual leave entitlement, to support staff in having regular rest breaks

% Annual Leave Taken as at 31st May 2022

Division	% Annual Leave Taken
303 Corporate Directorate	20.71%
303 Covid-19 Division	18.55%
303 Division 1 - Patient Services	18.87%
303 Division 2 - Patient Support	18.03%
303 Division 4 - Estates and Facilities	17.90%
Trust Total	**18.70%**

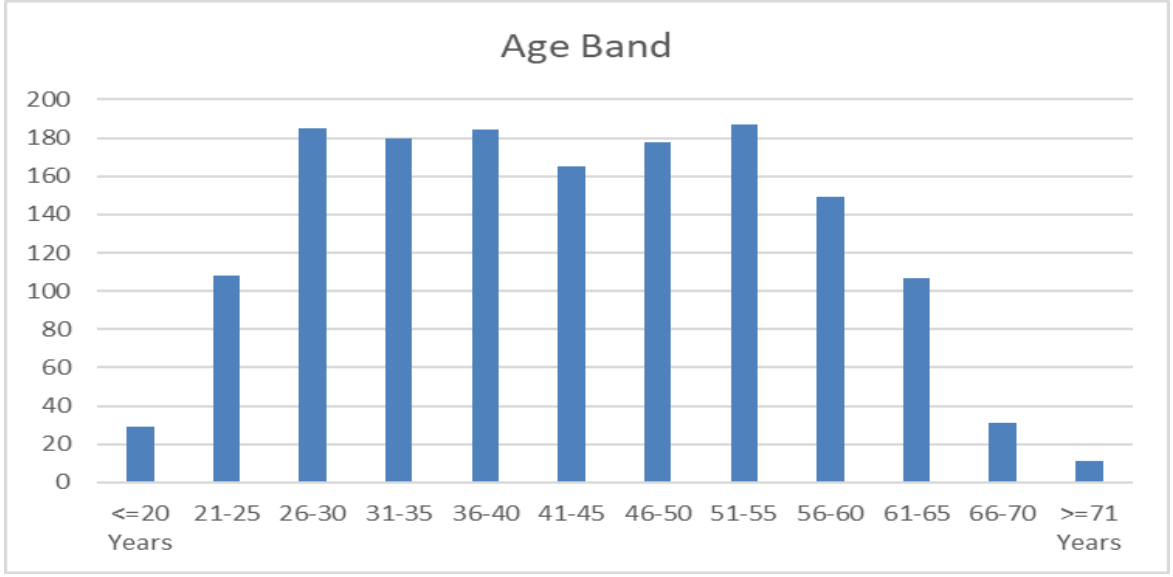
Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	19.55%
Additional Clinical Services	16.59%
Administrative and Clerical	23.15%
Allied Health Professionals	20.10%
Estates and Ancillary	17.29%
Nursing and Midwifery Registered	16.02%

Workforce Demographics

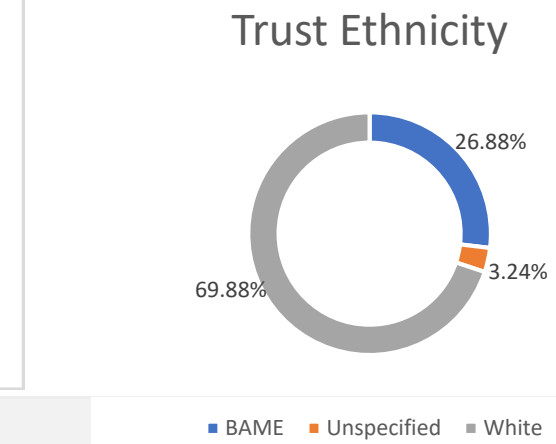
Summary

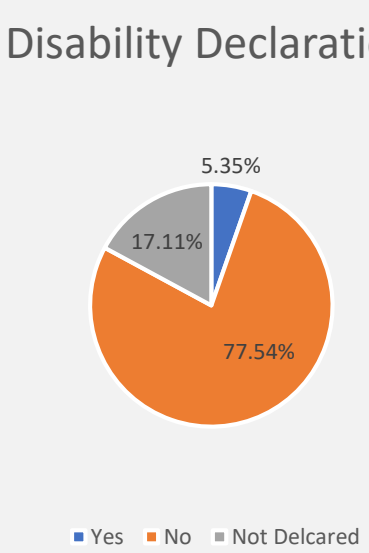
The Trust (including bank staff) is made up of 71.7% female and 28.3 % male staff

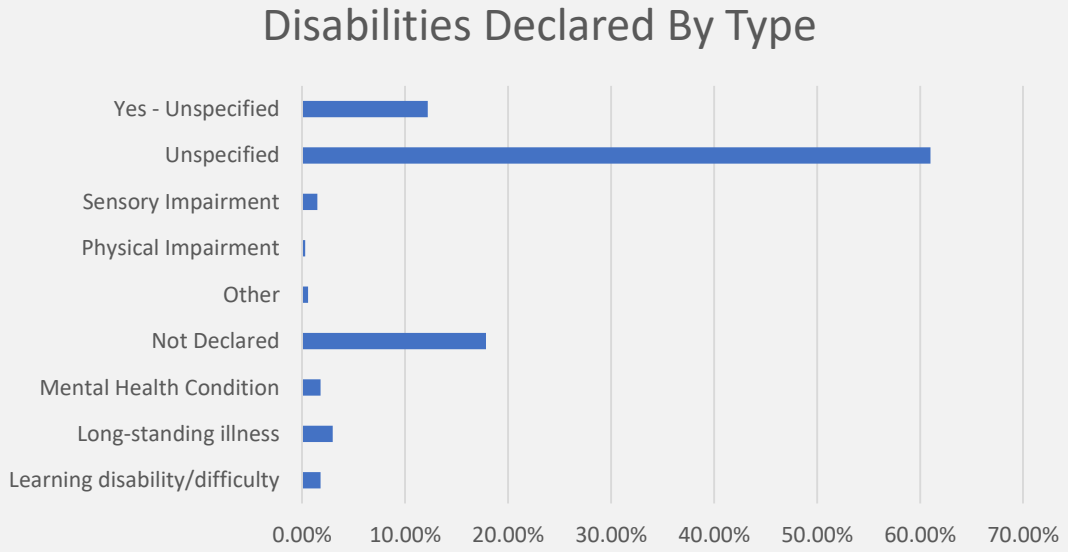
Our current status of staff with a disability is 5.35% with **17.11%** of staff still to declare their disability status. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record



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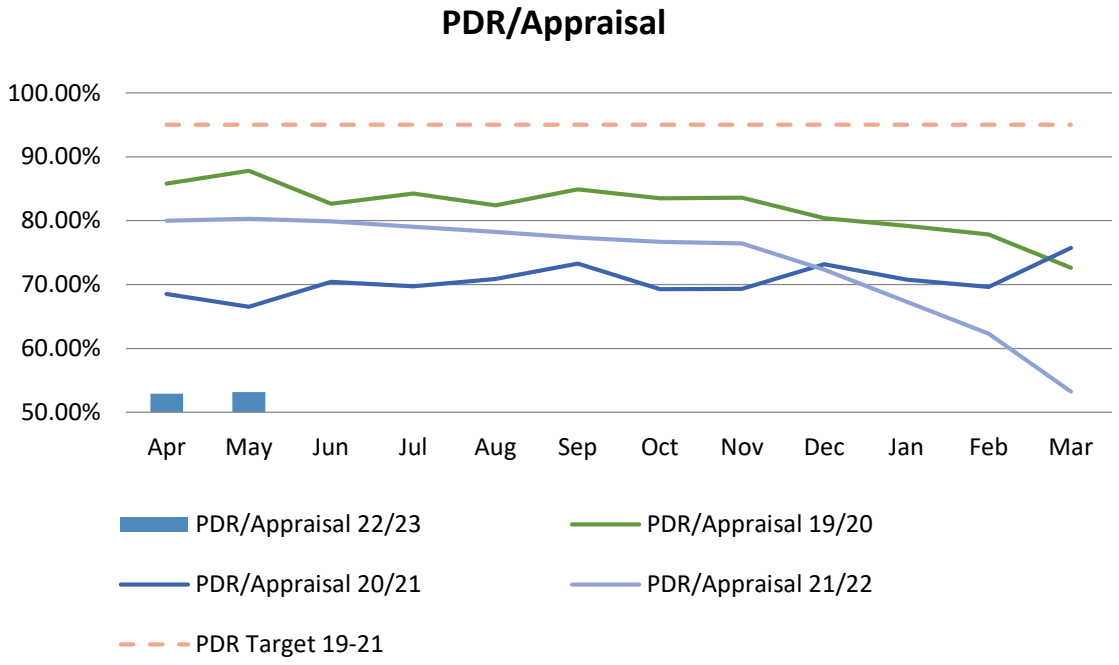


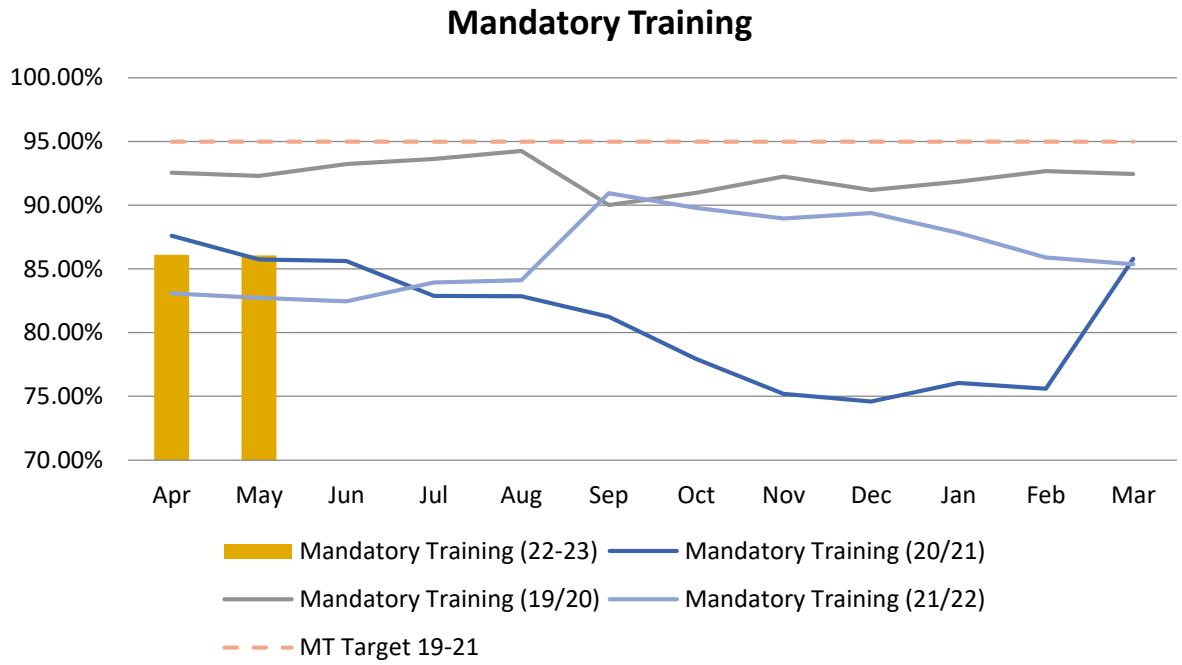
WRES Indicator 2 – Relative Likelihood of BME Appointment From Shortlisted Candidates

During recent months the % of people declaring their ethnicity has slightly improved.

2021	2020	2019	2018	2017	2016	National Benchmark
1.64	1.36	1.70	1.64	1.45	1.99	1.60

Training and Development





Appraisals

Appraisals completions increased by 0.25% to **53.16%** in May and retains it's red status against the Trust target of **95%**

The ESR & HR Teams are continuing to liaise directly with teams where there is continual non-compliance and also support managers with ensuring the information is accurately recorded on ESR in a timely manner.

Mandatory Training

Mandatory training decreased by 0.03**%** to **86.07%** in May, staying in the amber status against the Trust's target of **95%.** This has declined since September 2021 that staff have been more than 90% compliant in this.

Staff are still actively being encouraged to complete their mandatory training via e-Learning. New starters are also being supported with completing their mandatory training prior to starting.

MANDATORY TRAINING MONTHLY COMPLIANCE SUMMARY

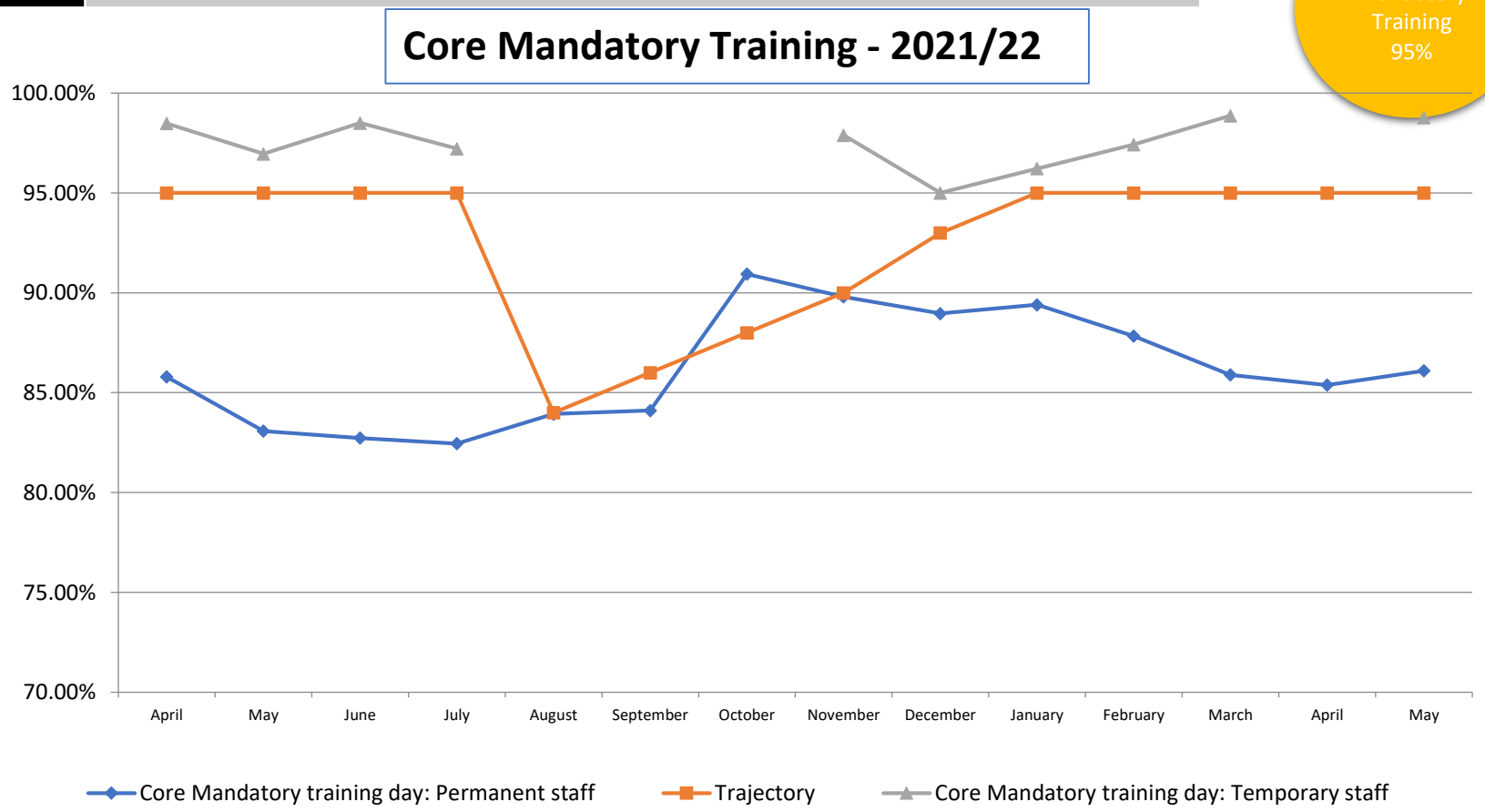
Monthly review of mandatory training compliance from

1st June to 31st May 2022

3 Workforce Learning and Development

3b Core Mandatory Training Modules

Core Mandatory Training 95%

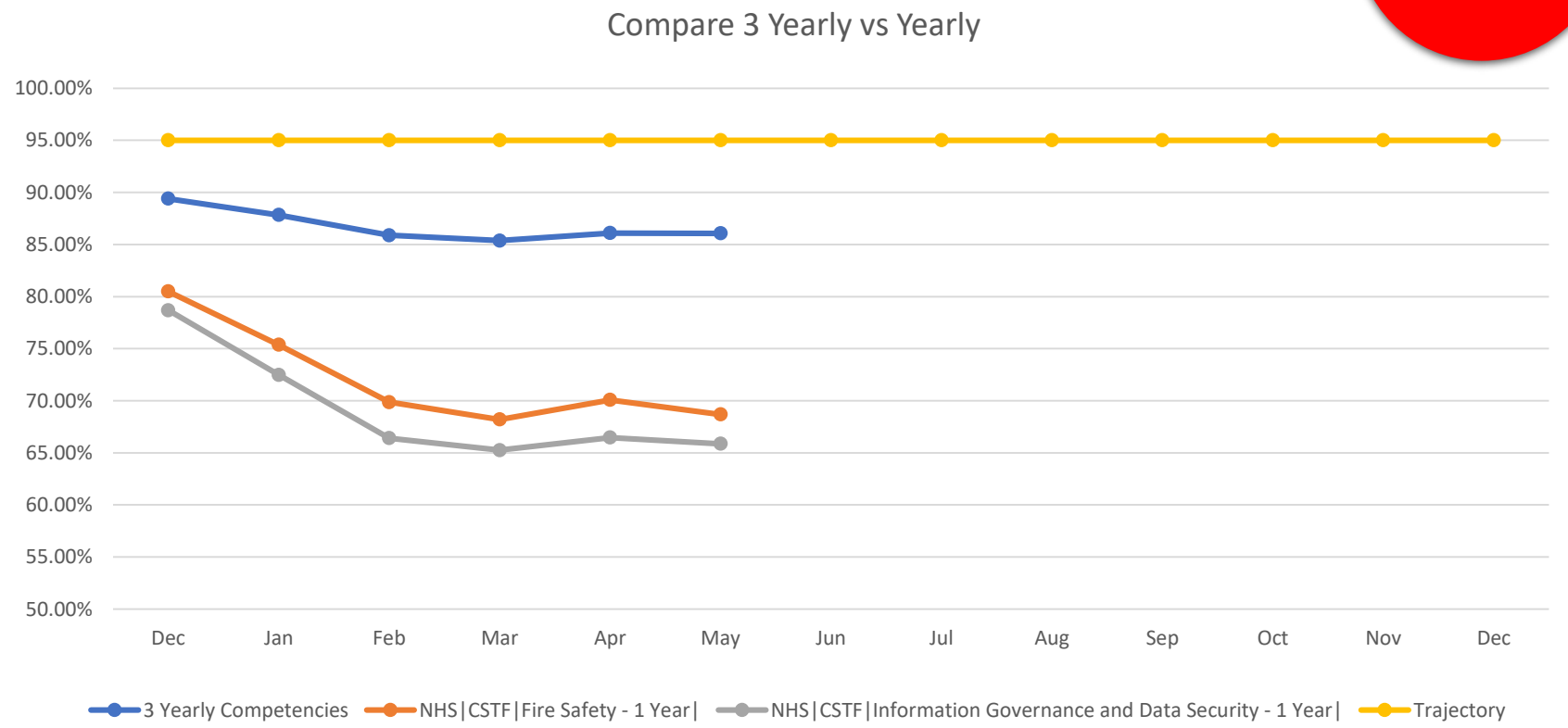


Comments:
Since October we have hovered below 90% and coming out of the pandemic we need to aim for all staff to be compliant with the core mandatory training and focus on achieving the target. Training guides are available to support staff with enrolling onto the elearning certifications and we have significantly reduced the time required to complete the training through adopting the Core Skills Training Framework frequencies of 1 yearly – Fire Safety/Information Governance & Data Security/Infection Control and 3 yearly – Safeguarding Level 2 Adults & Children, Basic Prevent Awareness, Equality & Diversity, Health & Safety and Manual Handling.

3 Workforce Learning and Development

3 Yearly Competencies versus 3 Yearly Competencies

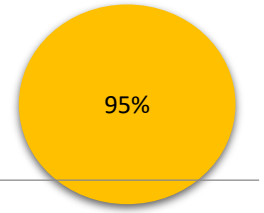
Resuscitation Training 95%

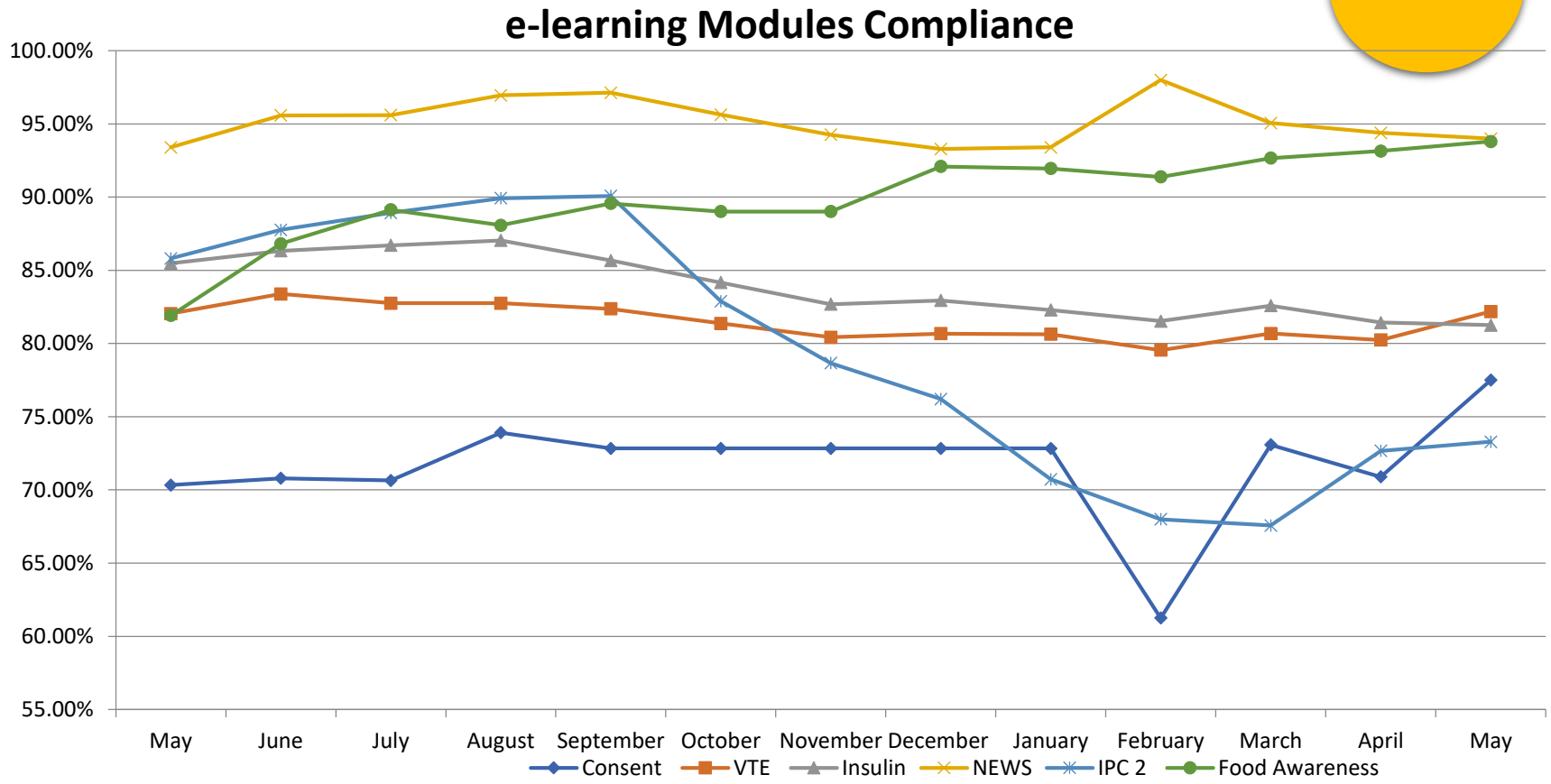


Comments: Since the alignment to the national Core Skills Training Framework in September 2021, where we aligned the refresher periods to annual or 3 yearly dependant on the national standards, we have seen a steady decrease in the overall compliance rating for the core mandatory training modules. On deeper analysis it has been identified that this decrease is mainly due to the compliance levels of the modules requiring annual refreshers. These both can be completed via ESR e-learning or during the monthly face to face sessions.

3 Workforce Learning and Development

3c E-Learning Module Compliance



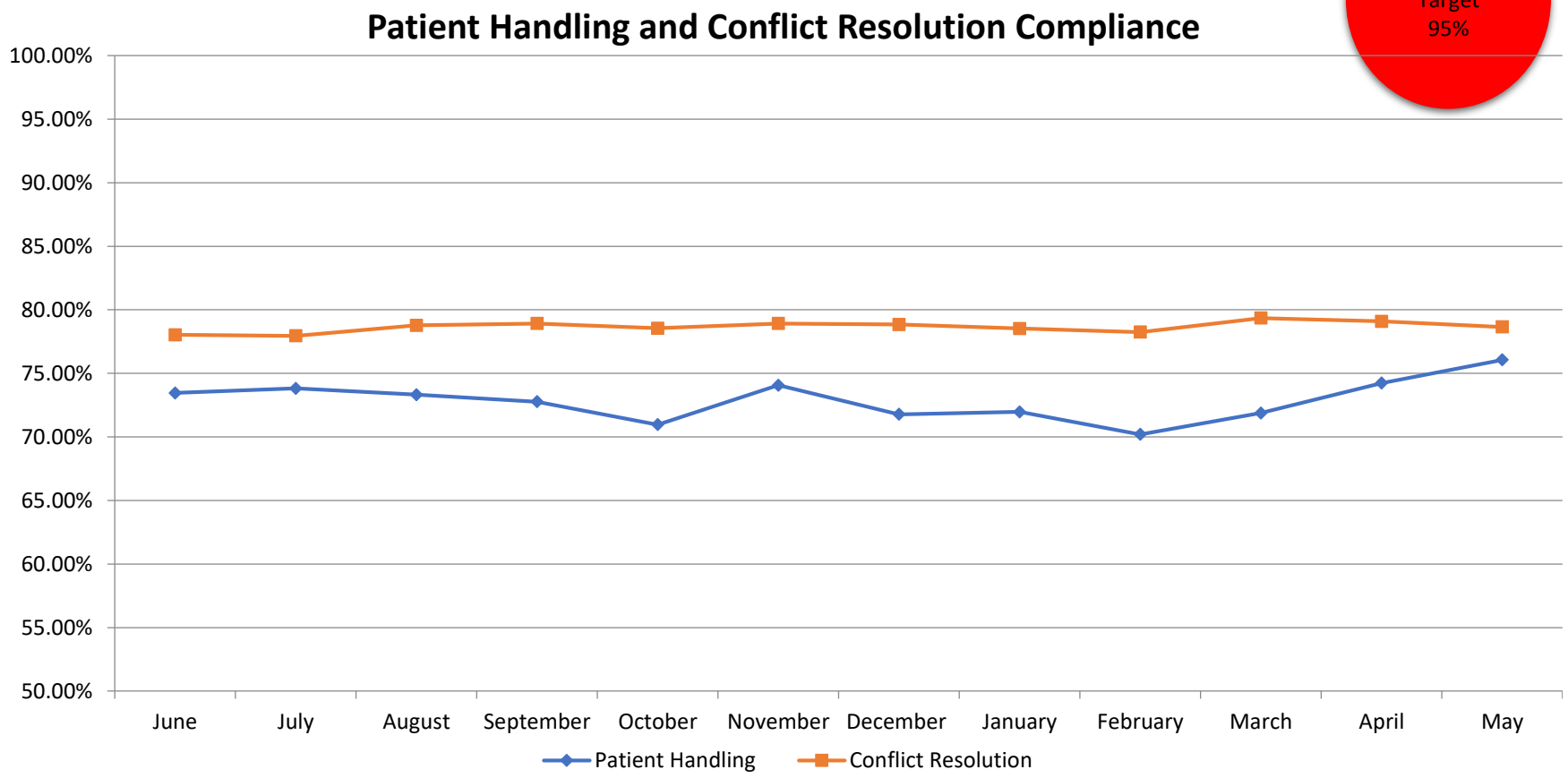


Comments: ESR reminders continue to be issued to staff 3 months ahead of compliance being out of date. Whilst News2 and Food Awareness are very near to the target of 95%, Consent and IPC 2 are recovering but further reminders for role specific training will support this.

3 Workforce Learning and Development

3d Patient Handling and Conflict Resolution Compliance

PH and Cr Target 95%

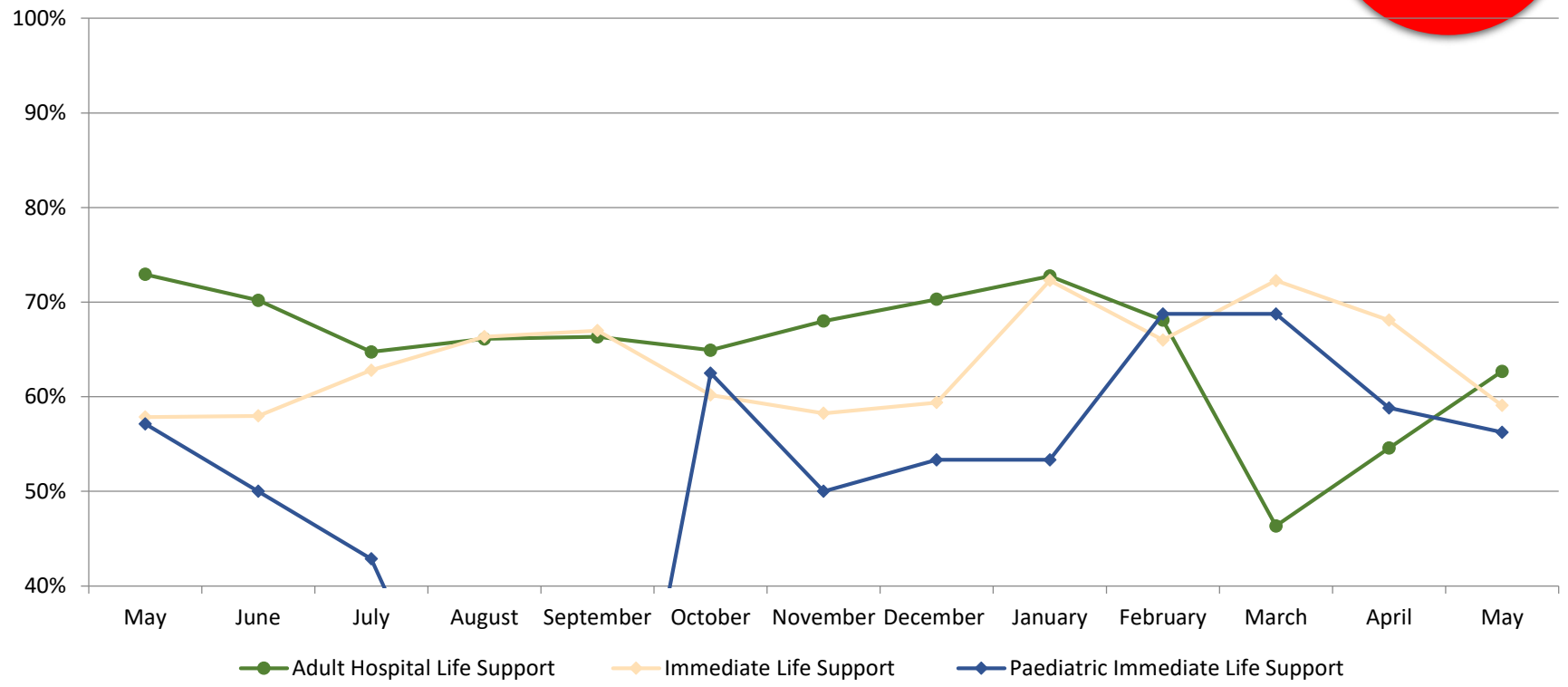


Comments: Patient Handling compliance has gone above 75% for the first time since January. We have increased capacity now to 8 max per session. We have added to the trainer pool and we will continue to work with the Therapies team who manage this service to improve compliance and trajectories into 2022. We will be working with the new lead trainer to agree the training schedule and review numbers. Conflict resolution is an elearning course so can be completed relatively quickly to improve compliance.

3	Workforce Learning and Development
3e	Resuscitation Training

Resuscitation Training 95%

Resuscitation Training



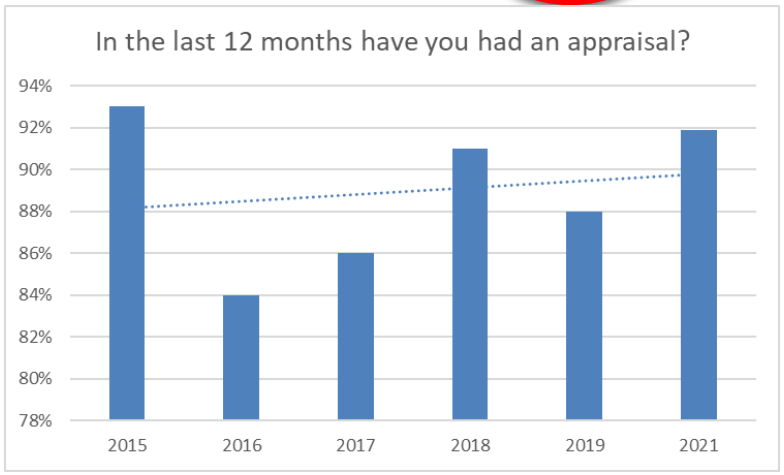
Comments: We are shifting our approach with Resus training and anticipate changes over the next couple of months to shift our compliance. However, we are still experiencing high rates of DNAs due to staff absences. Training dates are on the training calendar and staff out of date should attend training as soon as possible.

Performance and Development Review 95%

3 Workforce Learning and Development

3a Performance and Development Review

NSS Engagement Reference	NSS Engagement Questions	2015	2016	2017	2018	2019	2020	2021
19a	In the 12 months have you had an appraisal or annual review?	93%	84%	86%	91%	88%	N/A	91.9%

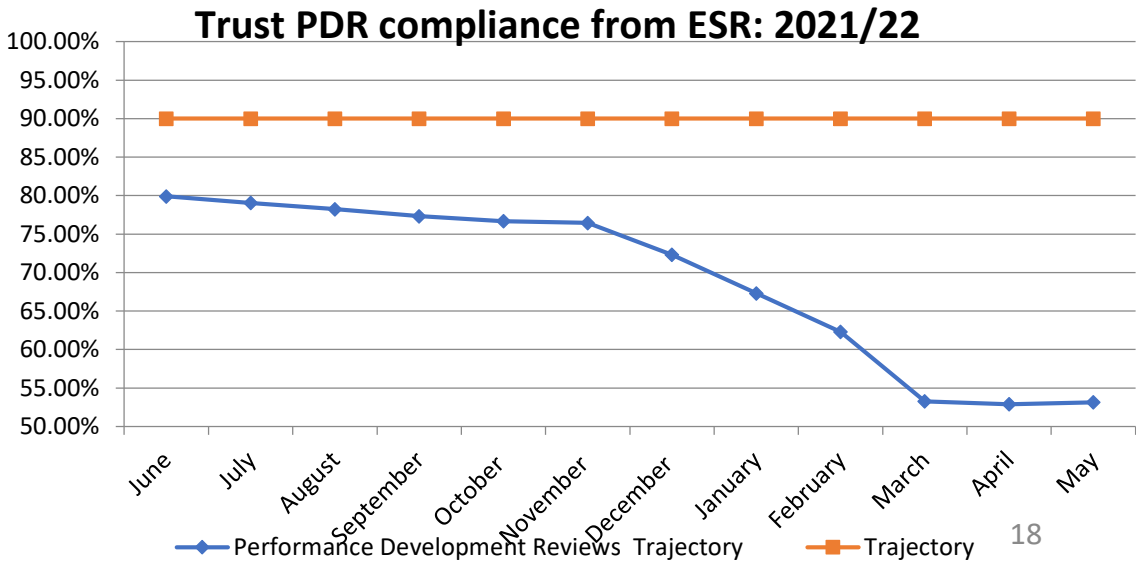


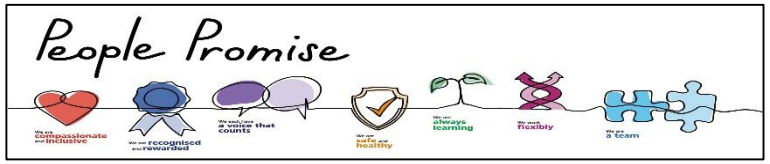
Staff survey results in 2021, show that 62.7% staff felt that 'I am able to access the right learning and development opportunities when I need to' The highest score amongst specialist acute trust was 64.4% .

As the Trust moves back to more face to face training there will be more opportunities for staff to get involved with programmes such as apprenticeships and functional skills training, Management skills programmes, team learning, coaching sessions and Specialist orthopaedic modules.

There are also a number of new Inclusion sessions that all colleagues are able to attend

During 2022 the Trust is revising its Performance Management and appraisal process, with the aim of improving these outcomes which should have an impact on learning plans for colleagues





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Workforce – Experience and Engagement

Sample of metrics for future reporting

Inclusion

Tracking of Disability Declaration rates (DDR)

DDR 2022				
Jan	Mar	June	Sept	Dec
4.0	5.2	5.3		

Engagement

Comparison of National Staff Survey (NSS) and National Quarterly Pulse survey (NQPS)

Key Engagement questions	ROH NQPS – 22/23 Q1	ROH NQPS – 21/22 Q4	ROH NSS	National
I look forward to going to work	54.0%	52.0%	57.9%	52.5%
I am enthusiastic about my job	67.0%	65.0%	72.4%	67.4%
Time passes quickly when I am working	68.0%	66.0%	70.0%	72.8%
There are frequent opportunities for me to show initiative in my role	66.0%	69.0%	76.0%	72.3%
I am able to make suggestions to improve work	66.0%	65.0%	74.9%	70.2%
I am able to make improvements happen in my area of work	59.0%	57.0%	58.4%	53.1%
Care of patients/service users is a top priority at my organisation	78.0%	79.0%	83.8%	75.6%
I would recommend my organisation as a place to work	66.0%	71.0%	73.5%	59.4%
If a friend or relative needed treatment, I would recommend my organisation as a place for treatment	86.0%	87.0%	89.6%	67.8%

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday 7 September 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 7 September 2022 commencing at **0900h**.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Westmead Hotel, Hopwood, Birmingham, B48 7AL **Date** 7 September 2022: 0900h – 1130h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mrs Kathryn Sallah	Non Executive Director & Senior Independent Director	(KS)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Chrstine Fearns	Non Executive Director	(CF)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Nikki Brockie	Acting Chief Nurse	(NB)

In attendance

Mrs Sharon Malhi	Chief People Officer	(SM)	
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Patient Story	Presentation	NB
0920h	2	Apologies – Les Williams; Phil Begg	Verbal	Chair
0922h	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 6 July 2022: *for approval*	ROHTB (7/22) 022	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (7/22) 022 (a)	SG-L
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chairman's and Chief Executive's update: *for information and assurance*	ROHTB (9/22) 001 ROHTB (9/22) 001 (a)	TP/JW
0940h	7	Summary of the Fuller Stocktake report	ROHTB (9/22) 002 ROHTB (9/22) 002 (a) - ROHTB (9/22) 002 (c)	JW
0950h	8	Update on the national position and plans to prepare for the Public Inquiry into the government's handling of the COVID-19 pandemic	ROHTB (9/22) 003 ROHTB (9/22) 003 (a) ROHTB (9/22) 003 (b)	SGL

1000h	9	Response to national inquiries		
	9.1	Ockenden: *for assurance*	ROHTB (9/22) 004 ROHTB (9/22) 004 (a)	SGL
	9.2	Arthur Labinjo-Hughes and Star Hobson: *for assurance*	ROHTB (9/22) 005 ROHTB (9/22) 005 (a)	NB
1015h	10	Safeguarding annual report: *for approval*	ROHTB (9/22) 006 ROHTB (9/22) 006 (a)	NB
1025h	11	Update on supporting staff with financial wellbeing: *for assurance*	ROHTB (9/22) 007 ROHTB (9/22) 007 (a)	SM
1035h	12	Equality & Diversity annual report: *for approval*	ROHTB (9/22) 008 ROHTB (9/22) 008 (a)	SM
1045h	13	Update on proposed changes to the Code of Governance for foundation trusts: *for information*	ROHTB (9/22) 009 ROHTB (9/22) 009 (a)	SGL
1055h	14	Planned changes to the Trust's Constitution and outcome of recent Public governor elections: *for assurance*	ROHTB (9/22) 010	SGL
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1100h	15	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Audit Committee	ROHTB (9/22) 011 ROHTB (9/22) 012 ROHTB (9/22) 013 ROHTB (9/22) 014	
	16	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (9/22) 015 ROHTB (9/22) 016 ROHTB (9/22) 017	
BREAK				
CONFIDENTIAL SESSION				
1130h	17	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 5 October 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO JULY 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓							
Kathryn Sallah	✓	✓	✓	✓							
Richard Phillips	✓	✓	✓	✓							
David Gourevitch	A	✓	✓	A							
Simone Jordan	✓	✓	✓	✓							
Gianjeet Hunjan	✓	✓	✓	✓							
Ayodele Ajose	✓	✓	A	✓							
Les Williams	✓	✓	✓	✓							
Jo Williams	✓	✓	✓	✓							
Matthew Revell	✓	✓	✓	✓							
Garry Marsh	✓	✓	✓								
Nikki Brockie			✓	A							
Phil Begg	A	✓	✓	✓							
Marie Peplow	✓	✓	✓	✓							
Stephen Washbourne	✓	✓	✓	✓							
Sharon Malhi	✓	A	✓	✓							
Simon Grainger-Lloyd	✓	✓	✓	✓							

KEY:

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

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday 5 October 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 5 October 2022 at Westmead Hotel, Hopwood, Birmingham, B48 7AL commencing at **0900h**.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Westmead Hotel, Hopwood, Birmingham, B48 7AL **Date** 5 October 2022: 0900h – 1030h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Les Williams	Non Executive Director	(LW)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Chrstine Fearns	Non Executive Director	(CF)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Nikki Brockie	Acting Chief Nurse	(NB)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance

Dr Ian Reckless	Non Executive Director Designate	(IR)	
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Apologies	Verbal	Chair
0902h	2	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	3	Minutes of Board Meeting held in Public on 7 September 2022: *for approval*	ROHTB (9/22) 026	Chair
	3.1	Actions from previous meetings in public: *for assurance*	ROHTB (9/22) 026 (a)	SG-L
0905h	4	Questions from members of the public	Verbal	Chair
0907h	5	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (10/22) 001 ROHTB (10/22) 001 (a)	TP/JW
0925h	6	Update on supporting staff with financial wellbeing: *for assurance*	ROHTB (10/22) 002 ROHTB (10/22) 002 (a)	SM
0940h	7	Outbreak update: *for assurance*	ROHTB (10/22) 003 ROHTB (10/22) 003 (a)	NB

MATTERS TO BE TAKEN BY EXCEPTION ONLY			
0950h	8	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee	 ROHTB (10/22) 004 ROHTB (10/22) 005 ROHTB (10/22) 006
	9	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	 ROHTB (10/22) 007 ROHTB (10/22) 008 ROHTB (10/22) 009
	Date of next meeting: Wednesday, 2 November 2022 @ 0900h		

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO SEPTEMBER 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓						
Kathryn Sallah	✓	✓	✓	✓	✓						
Christine Fearns					✓						
Richard Phillips	✓	✓	✓	✓	✓						
David Gourevitch	A	✓	✓	A	✓						
Simone Jordan	✓	✓	✓	✓	✓						
Gianjeet Hunjan	✓	✓	✓	✓	✓						
Ayodele Ajose	✓	✓	A	✓	✓						
Les Williams	✓	✓	✓	✓	A						
Jo Williams	✓	✓	✓	✓	✓						
Matthew Revell	✓	✓	✓	✓	✓						
Garry Marsh	✓	✓	✓								
Nikki Brockie			✓	A	✓						
Phil Begg	A	✓	✓	✓	A						
Marie Peplow	✓	✓	✓	✓	✓						
Stephen Washbourne	✓	✓	✓	✓	✓						
Sharon Malhi	✓	A	✓	✓	✓						
Simon Grainger-Lloyd	✓	✓	✓	✓	✓						

KEY:

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

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday 2 November 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 2 November 2022 at The Woodbrooke Centre, Bournville, Birmingham, B29 6LJ commencing at **0900h**.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Woodbrooke Centre, Bournville, B29 6LJ **Date** 2 November 2022: 0900h – 1200h

Members attending

Mr Tim Pile	Chair	(TP)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Les Williams	Non Executive Director	(LW)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Christine Fearns	Non Executive Director	(CF)
Dr Ian Reckless	Non Executive Director	(IR)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance

Ms Anita Killingworth	Consultant Nurse Specialist	(AK)	[Item 1]
Ms Florence Dowling	Learning Disabilities Lead	(FD)	[Item 8]
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Ms Tracey James	Interim Deputy Chief Nurse	(TJ)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Patient story - Oncology	ROHTB (11/22) 001	AK
0920h	2	Apologies – Simone Jordan & Nikki Brockie	Verbal	Chair
	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 5 October 2022: *for approval*	ROHTB (10/22) 016	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (10/22) 016 (a)	SG-L
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (11/22) 002 ROHTB (11/22) 002 (a) ROHTB (11/22) 002 (b)	TP/JW
0940h	7	Update on supporting staff with financial wellbeing: *for assurance*	ROHTB (11/22) 003 ROHTB (11/22) 003 (a)	SM
0950h	8	Learning Disabilities strategy: *for approval*	ROHTB (11/22) 004 ROHTB (11/22) 004 (a) – (c)	FD

1000h	9	Learning from Deaths and Mortality report: *for assurance*	ROHTB (11/22) 005 ROHTB (11/22) 005 (a)	MR
1010h	10	'Flu vaccination update: *for assurance*	ROHTB (11/22) 006 ROHTB (11/22) 006 (a)	TJ
1015h	11	Board Assurance Framework – Quarter 2 update: *for assurance*	ROHTB (11/22) 007 ROHTB (11/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1025h	12	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Audit Committee and Internal Audit Plan	ROHTB (11/22) 008 ROHTB (11/22) 009 ROHTB (11/22) 010 ROHTB (11/22) 011 & 011 (a)	
	13	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (11/22) 012 ROHTB (11/22) 013 ROHTB (11/22) 014	
BREAK				
CONFIDENTIAL SESSION				
1045h	14	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 7 December 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO SEPTEMBER 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓					
Kathryn Sallah	✓	✓	✓	✓	✓						
Christine Fearns					✓	✓					
Richard Phillips	✓	✓	✓	✓	✓	✓					
David Gourevitch	**A**	✓	✓	**A**	✓	**A**					
Simone Jordan	✓	✓	✓	✓	✓	✓					
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓					
Ayodele Ajose	✓	✓	**A**	✓	✓	✓					
Les Williams	✓	✓	✓	✓	**A**	✓					
Jo Williams	✓	✓	✓	✓	✓	✓					
Matthew Revell	✓	✓	✓	✓	✓	✓					
Garry Marsh	✓	✓	✓								
Nikki Brockie			✓	**A**	✓	✓					
Phil Begg	**A**	✓	✓	✓	**A**	✓					
Marie Peplow	✓	✓	✓	✓	✓	✓					
Stephen Washbourne	✓	✓	✓	✓	✓	✓					
Sharon Malhi	✓	**A**	✓	✓	✓	✓					
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓					

KEY:

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

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

Venue Woodbrooke Centre, Bournville, B29 6LJ **Date** 2 November 2022: 0900h – 1200h

Members attending

Mr Tim Pile	Chair	(TP)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Les Williams	Non Executive Director	(LW)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Christine Fearns	Non Executive Director	(CF)
Dr Ian Reckless	Non Executive Director	(IR)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance

Ms Anita Killingworth	Consultant Nurse Specialist	(AK)	[Item 1]
Ms Florence Dowling	Learning Disabilities Lead	(FD)	[Item 8]
Ms Janette Carveth	Information Governance Manager	(JC)	[Item 19]
Mrs Sharon Malhi	Chief People Officer	(SM)	
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)	
Ms Tracey James	Interim Deputy Chief Nurse	(TJ)	
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0900h	1	Patient story - Oncology	ROHTB (11/22) 001	AK
0920h	2	Apologies – Simone Jordan & Nikki Brockie	Verbal	Chair
	3	Declarations of Interest *Register available on request from Company Secretary*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 5 October 2022: *for approval*	ROHTB (10/22) 016	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (10/22) 016 (a)	SG-L
0925h	5	Questions from members of the public	Verbal	Chair
0927h	6	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (11/22) 002 ROHTB (11/22) 002 (a) – (c)	TP/JW
0940h	7	Update on supporting staff with financial wellbeing: *for assurance*	ROHTB (11/22) 003 ROHTB (11/22) 003 (a)	SM

0950h	8	Learning Disabilities strategy: *for approval*	ROHTB (11/22) 004 ROHTB (11/22) 004 (a) – (c)	FD
1000h	9	Learning from Deaths and Mortality report: *for assurance*	ROHTB (11/22) 005 ROHTB (11/22) 005 (a)	MR
1010h	10	'Flu vaccination update: *for assurance*	ROHTB (11/22) 006 ROHTB (11/22) 006 (a)	TJ
1015h	11	Board Assurance Framework – Quarter 2 update: *for assurance*	ROHTB (11/22) 007 ROHTB (11/22) 007 (a)	Execs
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
1025h	12	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Audit Committee and Internal Audit Plan	ROHTB (11/22) 008 ROHTB (11/22) 009 ROHTB (11/22) 010 ROHTB (11/22) 011 & 011 (a)	
	13	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (11/22) 012 ROHTB (11/22) 013 ROHTB (11/22) 014	
BREAK				
CONFIDENTIAL SESSION				
1045h	14	Exclusion of the press and public	Verbal	Chair
	15	Declarations of interest on any matters in the private session	Verbal	ALL
	16	Minutes of the previous meeting in private held on 7 September 2022: *for approval*	ROHTB (10/22) 016 (P)	Chair
	16.1	Actions from previous meetings in private: *for assurance*	ROHTB (10/22) 016 (a) (P)	SGL
1050h	17	Chair's and Chief Executive's update on any confidential matters to include Birmingham and Solihull ICB update: *for information and assurance*	ROHTB (11/22) 015 (P) ROHTB (11/22) 015 (a) (P) - ROHTB (11/22) 015 (g) (P)	TP/JW
1110h	18	Board strategy day – follow up and steps: *for assurance*	ROHTB (11/22) 016 (P) ROHTB (11/22) 016 (a) (P)	RL
1125h	19	Data security update	ROHTB (11/22) 017 (P) ROHTB (11/22) 017 (a) (P)	JC

1135h	20	Cloud migration – progress report: *for information*	ROHTB (11/22) 018 (P) ROHTB (11/22) 018 (a) (P)	SW
		MATTERS FOR INFORMATION		
1140h	21	Committee minutes: • Quality & Safety Committee • Finance & Performance Committee • Staff Experience & OD Committee • Charitable Funds Committee	ROHTB (11/22) 019 (P) ROHTB (11/22) 020 (P) ROHTB (11/22) 021 (P) ROHTB (11/22) 022 (P)	
1145h	22	Any Other Business	Verbal	ALL
	23	Meeting effectiveness	Verbal	ALL
	Date of next meeting: Wednesday, 7 December 2022 @ 0900h			
	CYBER SECURITY BOARD AWARENESS SESSION FOLLOWS			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO SEPTEMBER 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓					
Kathryn Sallah	✓	✓	✓	✓	✓						
Christine Fearns					✓	✓					
Richard Phillips	✓	✓	✓	✓	✓	✓					
David Gourevitch	**A**	✓	✓	**A**	✓	**A**					
Simone Jordan	✓	✓	✓	✓	✓	✓					
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓					
Ayodele Ajose	✓	✓	**A**	✓	✓	✓					
Les Williams	✓	✓	✓	✓	**A**	✓					
Jo Williams	✓	✓	✓	✓	✓	✓					
Matthew Revell	✓	✓	✓	✓	✓	✓					
Garry Marsh	✓	✓	✓								
Nikki Brockie			✓	**A**	✓	✓					
Phil Begg	**A**	✓	✓	✓	**A**	✓					
Marie Peplow	✓	✓	✓	✓	✓	✓					
Stephen Washbourne	✓	✓	✓	✓	✓	✓					
Sharon Malhi	✓	**A**	✓	✓	✓	✓					
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓					

KEY:

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



If it matters to you,
It matters to us.
We're listening.

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Patient's Experience at the ROH

Board Patient Story, November 2022

Author and presenter: Anita Killingworth, Macmillan Oncology Nurse Consultant

Sponsor: Roko Skocic, Head Of Patient Experience

Executive sponsor and presenter: Nicola Brockie, Acting Chief Nurse

Patients Journey

- The patient is from Caerphilly, Cardiff
- treated for 'sciatica' - pain in left buttock, hip and leg for some time by GP, MRI scan of lower back showed no abnormalities
- In January 2021 patient fell and experienced excruciating pain and attended A&E. Returned home and remained immobile on floor until fire service lifted me onto reclining chair 10 days later
- In late April 2021 , after several MRI scans a diagnosis of fracture at head of femur in an area of tumour



Patients journey at the ROH

Patient referred to the ROH on 29/04/2021 and in May 2021 attended ROH for biopsy and formulation of plan of treatment.

Diagnosis of osteosarcoma. Discussion with ROH consultant surgeon - chemotherapy to be carried out at Velindre in Cardiff

The surgery took place in September 2021 and the

Experience at the ROH- What went well?

- on both visits to Birmingham, I felt well cared for by doctors, nurses and support staff
- excellent help to mobilise compared to other hospitals (the exception being the orthopaedic ward at the Grange.)
- communication between nursing staff and doctors at Birmingham was better than at the Grange and Velindre
- staff very caring
- excellent communication between Birmingham and my local Social Services physiotherapy and OT service
- very good support from Birmingham specialist oncology nurses both by telephone and in person
- excellent Wi-Fi at Birmingham unlike the Welsh hospitals - this was especially important as Covid restrictions did not allow visitors, so keeping in touch with family was vital



Experience at the ROH- What could be improved?

Transport home

- Although I have a wheelchair adapted vehicle the hospital wanted me to go home on a stretcher to conserve the integrity of my new hip - the NHS ambulance that turned up was only a wheelchair vehicle. Therefore, the hospital ordered a private ambulance with a stretcher. Unfortunately, this proved exceedingly uncomfortable. The mattress was very thin, and the support attendant was very young and inexperienced, making me feel very vulnerable. It was a three-hour journey. They also had no way of getting me off the ambulance. Luckily, I have a very practical partner who was able to transfer me to a Molift and into a wheelchair.

Follow-up appointments have been late afternoons:

- Because of the travelling distance it would be better if the appointments were late morning or early afternoons, allowing time to travel up and back.'



Experience at the ROH- Overall



'I was very pleased to know I was going to be treated at a Centre of Excellence. I found this very encouraging because what was going to happen was such a scary experience. The staff at Birmingham were so kind and supportive and their clever and talented surgeons have given me a chance of living a cancer-free and pain-free life.'



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Thank you

The Royal Orthopaedic Hospital NHS
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MINUTES

Trust Board - DRAFT Version 0.3

Venue Westmead Hotel, Hopwood, Birmingham B48 7AL **Date** 5 October 2022: 0900h – 1030h

Members attending:

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Non Executive Director & Vice Chair	(SJ)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Christine Fearns	Non Executive Director	(CF)
Mrs Jo Williams	Chief Executive	(JW)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Mrs Nikki Brockie	Acting Chief Nurse	(NB)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)

In attendance:

Dr Ian Reckless	Non Executive Director Designate	(IR)
Mrs Sharon Malhi	Chief People Officer	(SM)
Mrs Rebecca Lloyd	Deputy Director of Strategy	(RL)
Mr Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	(SGL) [Secretariat]

Minutes	**Paper Reference**
1 Apologies	**Verbal**
Apologies were received from David Gourevitch. Ian Reckless was welcomed to his first meeting. He would join the Board formally from 1 November 2022.	
2 Declarations of Interest	**Verbal**
It was noted that the register was available on request from Company Secretary.	
3 Minutes of Board Meeting held in Public on 7 September 2022: *for approval*	**ROHTB (9/22) 026**

The minutes of the previous meeting were accepted as a true and accurate reflection of discussions held.	
3.1 Actions from previous meetings in public: *for assurance*	**ROHTB (9/22) 026 (a)**
The Director of Corporate Affairs & Company Secretary guided the Board through the action log and the actions proposed for closure were agreed.	
4 Questions from members of the public	**Verbal**
There were none.	
5 Chairman's and Chief Executive's update: *for information and assurance*	**ROHTB (10/22) 001** **ROHTB (10/22) 001 (a)**
The Chief Executive reported that the CQC had rated the national staff survey results for the ROH as 'Much Better than Expected'. It was agreed that this was testament to the work that had been undertaken across the organisation over the previous year. The full results would be shared when purdah was lifted. It was reported that 1000 patients had been transferred from the University Hospital Birmingham NHSFT (UHB) waiting list onto the ROH's list as part of a mutual aid arrangement for the Integrated Care System. A further 1000 patients would also be taken onto the ROH waiting list in December 2022. Appointments would be made for this new cohort of patients and a harm review would be organised for those patients fitting the criteria for this review. It was noted that this would impact on the Trust's current 52-week position and all patients who had waited above 78 weeks needed to be cleared. The intention of the arrangement was to equalise waiting times across the system. It was noted that there was no plan to accept medical patients to the ROH for care. Daily calls for system partners were noted to be in place with specific focus on discharges and urgent & emergency care. It was noted that the Chair had thanked the administration teams who had worked through the bank holiday and the Board's thanks would be communicated in a similar way through the Chief Operating Officer. The Chief Executive advised that she had attended a NHS Providers event where the Chief Executive of NHS England had shared her experience of working with the new Health Secretary. The Chair advised that he had visited to Griffin Brook and College Green facilities. College Green would be finished at the end of January 2022 ready for occupation in February 2023. Griffin Brook would act as a community hub. The patient experience at the facility was noted to be interesting and interactions were more	

conversational. It was noted that there was some work with Birmingham Community Healthcare NHSFT to determine where the next community hub would be located.	
6 Update on supporting staff with financial wellbeing: *for assurance*	**ROHTB (10/22) 002** **ROHTB (10/22) 002 (a)**
The Chief People Officer reported that the Trust was making continued positive progress on delivering wellbeing support for staff. The 'Wellbeing Week' was noted to have moved due to the period of national mourning. Wellbeing domes would be installed shortly, the first being adjacent to the Knowledge Hub. In terms of the 'Wellbeing Week', much material would be available on line for staff to access. It was noted that it could also be difficult to release some staff groups to participate in the work, so there would be a 'roadshow' organised. The Chair asked if the financial concerns for staff were continuing. He was advised that the current offer was being reviewed and would include financial coaching in future. It was noted that there was also a plan to move some staff on lower bands onto the Real Living Wage and there was already some work underway on Band 2 and 3 roles. It was noted that NHS Providers had reported that 68% of staff leaving the NHS were joining the hospitality industries where they could be paid a higher salary. The Board agreed that there was a need to rapidly consider action to move to offering salaries on the Real Living Wage and consider the balance of doing so with apprenticeships and education. It was noted that apprenticeships could be delivered even if the Real Living Wage was honoured. It was reported that the Trust hosted 28 apprenticeships and had a track record of success with these roles. After some discussion, the Board agreed that there should be a move to the Real Living Wage as a policy for the ROH; this would form a key element of the Trust's retention and recruitment plans. It was reported that the national People Plan remained awaited and national guidance would be welcomed which it was anticipated would assist retention. Chris Fearns commended the amount of work that had been and was being undertaken and asked that the teams responsible be thanked.	
7 Outbreak update: *for assurance*	**ROHTB (10/22) 003** **ROHTB (10/22) 003 (a)**
The Acting Chief Nurse advised that since the last report, there had been three further COVID outbreaks which had coincided with the decision to remove mask wearing in some areas of the Trust. These had been in Research & Development, the Communications Team and Theatres. All expected actions had been undertaken. It was noted that the incidence of COVID was on the increase. It was suggested that learning and themes would be interesting to note for the Board at a future meeting.	

It was reported that the COVID immunisation programme would be starting on Monday 10 October 2022. There was a programme of training for those delivering immunisations. It was noted that a Board immunisation programme was planned.	
ACTION: **NB to present the learning and themes from COVID outbreaks at a future meeting**	
MATTERS TO BE TAKEN BY EXCEPTION ONLY	
8 Upward assurance reports: • **Finance & Performance Committee** • **Quality & Safety Committee** • **Staff Experience & OD Committee**	**ROHTB (10/22) 004** **ROHTB (10/22) 005** **ROHTB (10/22) 006**
Richard Phillips asked that the Finance and Performance assurance report be received and noted. He highlighted that the delivery of the Cost Improvement Programme (CIP) was looking positive but was significantly reliant on the Private Patient income. Chris Fearns asked if the achievement of the CIP was reliant on non-current schemes. She was advised that the CIP was comprised of a majority of recurrent schemes, although some were non-recurrent. Expenditure in some areas was noted to be subject to significant pressure, such as energy. The 'Seamless Surgery' week was reported to have been well received. Chris Fears advised that from a Quality & Safety Committee perspective, overall there was a positive position to report. It was highlighted that there was some concern over the level of *C.difficile* infections, however there was good management of these cases. The Learning Disabilities strategy was noted to have been very positive. In terms of IR(ME)R regulations, there had been significant assurance of compliance and there had also been good evidence of compliance with the Human Tissue Authority licence. In terms of Staff Experience & Organisational Development Committee, there had been a positive presentation from the Director of the Birmingham Orthopaedics Training Programme (BOTP). The long sighted view of workforce supply had been discussed. It was noted that turnover and sickness absence were key concerns and risks. The Chair agreed that the presentation from the BOTP Director had been well received and echoed Simone Jordan's assessment that there needed to be grip on the pipeline of workforce supply. GP trainee numbers were noted to be reduced compared to previous years. There had been some discussions with the deanery. The Medical Director advised that the length of training had shortened so there were less GP trainees available to take up placements. Nonetheless, there was a plan to return to hosting circa six GP trainees at the ROH in future. The feedback from the trainees was good. It was agreed that the Trust needed to	

be proactive in terms of education and the role of the Programme Director would pick this up. The internal and external branding of the trainees was noted to be important for them to promote the ROH as an employer and for the standards of its education. It was suggested that a view of the movements of the medical workforce including number of consultants forecast to join the organisation needed to be visualised and presented at a future meeting. Gianjeet Hunjan noted that the financial sustainability review would be discussed at the next Audit Committee meeting. It was suggested that the Board see the internal audit schedule at the next meeting as an appendix to the upward report.	
ACTION: **MP to present an overview of medical workforce staffing movements at a future meeting** **ACTION:** **GH to present the Internal Audit schedule at the next meeting**	
9 Performance reports: *for assurance* • **Finance & Performance** • **Quality & Safety** • **Workforce**	**ROHTB (10/22) 007** **ROHTB (10/22) 008** **ROHTB (10/22) 009**
The reports were received and noted.	
Date of next meeting: Wednesday, 2 November 2022 @ 0900h	

PUBLIC SESSION

Next Meeting: 2 November 2022, Woodbrooke Centre, Bournville

ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST - TRUST BOARD

Updated: 28.10.22

Reference	Item	Paper ref	Date raised	Action	Owner	Completion	Response submitted/progress update	Status
ROHTBACT.137	The Future of Human Resources & OD	ROHTB (2/22) 006 ROHTB (2/22) 006 (a)	02/02/2022	Present the ROH People Plan to the Board in April 2022	SM	~~06/04/2022~~ ~~01/06/2022~~ 30/04/2023	Rescheduled to the ~~May~~ June 2022 meeting as per the Board Topics update. 'Proof of Concept' considered at the May meeting of the Staff Experience & OD Committee where it was agreed that further work was needed to align to and include other workforce-related strategies. **Update: Wider engagement with plan taking place across Trust; plan to launch people strategy with trust strategy April 23**	
ROHTBACT.139	Patient story	Presentation	02/03/2022	Arrange for the Board to discuss and agree a balanced scorecard at a future meeting	SGL	~~04/05/2022~~ ~~06/07/2022~~ 31/12/2022	Initial discussions planned through June with a view to a recommended scorecard for agreement at the July Board meeting. **To be informed by the outcome of the Board strategy day on 5 October 2022**	
ROHTBACT.148	Mapping the patient pathway: terms of reference	ROHTB (5/22) 002 ROHTB (5/22) 002 (a)	04/05/2022	Present an update on the Patient Pathway mapping work at the September 2022 meeting	JW	~~07/09/2022~~ 31/01/2023	To be informed by the outcome of the Board strategy day on 5 October 2022	
ROHTBACT.150	Non Executive succession, champions & engagement	ROHTB (6/22) 007 ROHTB (6/22) 007 (a)	01/06/2022	Work with the Chair to identify Non Executives for the Doctors' disciplinary and Security Management champion roles	SGL	~~01/09/2022~~ 01/10/2022	**PROPOSE CLOSURE:** Plan agreed with Chair and Council of Governors. To be discussed as part of NED pre-meet on 2 November and update to the Board as part of Chair's update.	
ROHTBACT.153	Guardian of Safe Working Hours update	ROHTB (7/22) 005 ROHTB (7/22) 005 (a)	06/07/2022	Arrange for the Guardian of Safe Working Hours to join the Board at a future meeting	SGL	~~02/11/2022~~ 7/12/2022	GSWH unavailable to attend November meeting. Rescheduled for December.	
ROHTBACT.149	JointCare update	Presentation	04/05/2022	Organise a further update of Joint Care to be presented at a future meeting	MP	07-Dec-22	**ACTION NOT YET DUE**	

ROHTBACT.155	Chair's and Chief Executive's update	ROHTB (9/22) 001 ROHTB (9/22) 001 (a)	07/09/2022	Include an item around system performance on the public Board agenda going forward	SGL	02-Nov-22	**PROPOSE CLOSURE**: To be included from the November 2022 meeting - Included within the finance and performance reports considered by the Trust Board in public. System Quality discussions included as part of QSC agenda and Finance discussions as part for FPC agenda. CPO upward report to the SE&ODC includes system workforce discussions.	
ROHTBACT.157	Response to national inquires - Ockenden	ROHTB (9/22) 004 ROHTB (9/22) 004 (a)	07/09/2022	Present an update on progress with the actions in response to the Ockenden review to the Trust Board in six months	SGL	01-Mar-23	**ACTION NOT YET DUE**	
ROHTBACT.158	Response to national inquires - Baby Arthur and Star	ROHTB (9/22) 005 ROHTB (9/22) 005 (a)	07/09/2022	Present an update on progress with the actions in response to the Baby Arthur and Star inquiry to the Trust Board in six months	NB	01-Mar-23	**ACTION NOT YET DUE**	
ROHTBACT.159	Safeguarding annual report	ROHTB (9/22) 006 ROHTB (9/22) 006 (a)	07/09/2022	Present an update on Liberty Protection Safeguards at a future meeting	NB	By 31-Mar-23	**ACTION NOT YET DUE**	
ROHTBACT.160	Outbreak update	ROHTB (10/22) 003 ROHTB (10/22) 003 (a)	05/10/2022	Present the learning and themes from COVID outbreaks at a future meeting	NB	07-Dec-22	**ACTION NOT YET DUE**	
ROHTBACT.161	Staff Experience & OD Committee assurance report	ROHTB (10/22) 006	05/10/2022	Present an overview of medical workforce staffing movements at a future meeting	MP	07-Dec-22	**ACTION NOT YET DUE**	
ROHTBACT.162	Staff Experience & OD Committee assurance report	ROHTB (10/22) 006	05/10/2022	Present the Internal Audit schedule at the next meeting	GH	02-Nov-22	**PROPOSE CLOSURE:** Included on the agenda of the November 2022 meeting	

KEY:

	Verbal update at meeting
	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 that has been completed since the last meeting

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**2 November 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

The Board is asked to note and discuss the contents of this report

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		x

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

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

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

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

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

PREVIOUS CONSIDERATION:

None

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC - 2 NOVEMBER 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 5th October 2022 from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 Thank you to colleagues who volunteered to set up and worked in our vaccination hub to deliver the Autumn/Winter Covid booster campaign alongside the annual flu vaccination programme, the uptake for flu vaccination is currently 55%.

2.2 October was Black History Month (BHM) which is an annual national celebration to recognise the contributions of NHS staff from Black backgrounds. The theme this year was '**Time for change: action not words'.** I would like to thank all colleagues who have either planned or attended the events throughout the month. Our Multi Minority Ethnic Group (MMEG) staff network has continued to work incredibly hard supporting multiple events to ensure we further develop our inclusive and diverse culture, ensuring that it is supportive and welcoming for all working at the ROH.

Thank you to Falon Paris-Caines MMEG Chair and Communications Manager who kindly wrote a guest slot in my weekly briefing at the start of October. Falon reflected on her grandfather who was due to turn 100 and was part of the Windrush Generation, a pioneering group of Caribbean and African men, women and children who helped to rebuild Britain after WWII and helped to establish the NHS. She said that "I think of the nearly 100 years he has lived and while I acknowledge and am thankful for how far we have come, I think the theme for this year's Black History Month is apt – something we can all get involved with in our own way as ROH continues on its inclusion journey.

October was also 'Freedom to Speak Up' month and Claudette Jones, our Freedom to Speak Up Guardian organised a calendar of events to raise awareness of the Speak Up processes at the ROH. Our nine newly appointed Freedom to Speak Up Champions also underwent their formal induction and celebration of their appointment in an event hosted by Gianjeet Hunjan, Non Executive Director and Simon Grainger-Lloyd, Director of Governance, the Board-level Freedom to Speak Up sponsors. We thank the Champions for taking on such important roles for the organisation to improve the ROH's culture of openness and safety.

2.3 As part of the ongoing support for mutual aid for the system, the team is currently treating and reviewing the 1000 patients who have been transferred for treatment. We have agreed

to review this support in early November 2022 to advise if we have capacity to take a further 1000 patients. Following a direct request via NHS England we have also agreed to take a number of long wait spinal patients from Robert Jones Agnes Hunt Hospital (RJAH).

2.4 On Wednesday 19 October 2022, I attended and officially opened the National Orthopaedics Alliance (NOA) annual conference held in Birmingham. It was an opportunity for NOA partners across the country to share achievements, address shared challenges and discuss what is in store for musculoskeletal services (MSK) in the coming year. It was great again this year to have Andrew Bennett, the National Clinical Director for MSK, opening the conference. The day was a fantastic celebration of MSK and thank you to everyone who attend and contributed to the day. It was great to hear from a range of national leaders who discussed the national position and strategy and it was great to see how we are aligned at the ROH.

2.5 On Friday 7 October 2022, Gary Sambrook, MP for Northfield, visited our Community Health Hub and the new premises for Physiotherapy at Bournville Gardens due to open next year. He was clearly impressed with the range of facilities and support offered to our patients and is looking forward to seeing the new department open. Thank you to colleagues who supported the visit.

2.6 On 18 October 2022 we celebrated World Menopause Day on site to continue to share support available for colleagues and continue to raise awareness across the Trust.

2.7 I was shocked and delighted to hear that I had been shortlisted for the HR Excellence Awards (hosted by HR Magazine) for the 'Best People Focussed Chief Executive' category. Thank you to colleagues who have taken the time to nominate me, albeit it has and continues to be, an entire team effort to ensure that our people are at the heart of our organisation and decisions.

3. BSol ICS (INTEGRATED CARE SYSTEM) AND EXTERNAL UPDATES

3.1 On Monday 10th October the Integrated Care Board (ICB) held its Board meeting at the ROH. The Chair and I presented and welcomed Board members to the ROH. Thank you to colleagues who all helped, on the day, to facilitate a tour and ensure that members of the ICB were looked after whilst at the Trust. The tour was not pre-planned and as I guided the ICB Board members around the Trust, I could not be prouder of the all the staff we met and of all the departments we visited. Everyone was welcoming and spoke of amazing patient care, providing examples of system working, compassion, dedication. Our values shone across the day - thank you!

3.2 The ICB held a workshop instead of a formal meeting in October 2022, therefore no papers have been shared for the day where the focus was on Urgent and Emergency Care.

3.3 We have received confirmation that Aston University has joined Birmingham Health Partners (BHP) and will be represented on the Board by Professor Aleks Subic the Vice Chancellor and Chief Executive. Joining the Executive group will be Professor Anthony Hilton Pro-Vice-Chancellor & Executive Dean College of Health and Life Sciences. Birmingham Health Partners (BHP) is a cluster of contrasting, complementary organisations, sharing the common goal of achieving health and economic impact through the purposeful use of knowledge and expertise. It is a strategic alliance between organisations who collaborate to bring healthcare innovations through to clinical application.

included in the group alongside the ROH and Aston University is:

- University of Birmingham (UOB)
- University Hospitals Birmingham NHS Foundation Trust (UHB)
- Birmingham Women's and Children's Hospitals NHS Foundation Trust (BWCH)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- West Midlands Academic Health Science Network (WMAHSN)

Included in Appendix A is the Activity report for 2020-2022 detailing the work of BHP and its purpose.

4 NHS ENGLAND NATIONAL UPDATES

4.1 On 13th October 2022, all Provider and ICB Chief Executives attended the Leaders briefing with the NHSE Executive Team to discuss the priorities, hear about shared learning and provide an update on expectations over the coming weeks.

4.2 On 12th October 2022, the revised operating framework was published which sets out how NHSE we will operate in the new structure created by the 2022 Health and Care Act. The framework describes the roles that NHS England, integrated care boards (ICBs) and NHS providers will now play, working alongside our partners in the wider health and care system. It shows how accountabilities and responsibilities will be allocated to improve local health and care outcomes in a way that maximises taxpayer value for money. The framework was co-created with 300 system leaders, organisations and stakeholders, including Health Education England and NHS Digital. The full document which we are currently reviewing is included in **Appendix 2,** NHS England » NHS England operating framework.

4.3 Monthly briefing calls remain in place with Regional NHSE with the focus being on the Emergency activity, ambulance Handovers, recovery and delivery of elective activity across the Midlands and East region.

5 POLICY APPROVAL

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

- Pre-operative fasting policy
- Long service awards policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

26th October 2022

Birmingham Health Partners

Collaboration. Innovation. Application.

Birmingham Health Partners

Report of Activity 2020 – 2022

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Glossary

ABHI	Association of the British HealthTech Industries
ABPI	Association of the British Pharmaceutical Industry
ATTC	Advanced Therapy Treatment Centre
BHP	Birmingham Health Partners
BSoL ICS	Birmingham and Solihull Integrated Care Service
BWC	Birmingham Women's and Children's NHS Foundation Trust
CBI	Confederation of British Industry
CPD	Continuing professional development
CRF	Clinical Research Facility
CTIMP	Clinical Trial of an Investigational Medicinal Product
HDR UK	Health Data Research UK
HEIs	Higher Education Institutions
HSMC	Health Services Management Centre, University of Birmingham
ITM	Institute of Translational Medicine
MDS	College of Medical and Dental Sciences, University of Birmingham
MPMS	Metchley Park Medical Society
MW-ATTC	Midlands-Wales Advanced Therapy Treatment Centre
NIHR	National Institute for Health and Care Research
NIHR Birmingham BRC	NIHR Birmingham Biomedical Research Centre
NIHR CRF	NIHR Clinical Research Facility
OLS	Office for Life Sciences
PVC	Pro-Vice-Chancellor
RD&I	Research, development and innovation
ROH	The Royal Orthopaedic Hospital NHS Foundation Trust
SWBH	Sandwell and West Birmingham Hospitals NHS Trust
UCL	University College London
UHB	University Hospitals Birmingham NHS Foundation Trust
UKRI	UK Research & Innovation
UKRI QR Funding	UKRI Quality-related Research funding
UoB	University of Birmingham
Wellcome ISSF	Wellcome Institutional Strategic Support Fund
WMAHSN	West Midlands Academic Health Sciences Network

Introduction

Our Board is delighted to publish this report summarising the work of Birmingham Health Partners covering the period from September 2020 to August 2022. In publishing this report for our member institutions, stakeholders and influencers in the West Midlands and further afield, we want to highlight the progress made by BHP in aligning the strategic objectives of our NHS and university partners to address major health challenges faced by our region and beyond. This report sets out who we are, what we do and what we have achieved over the period with a look forward to the coming years.

> By integrating shared capabilities unselfishly and collaboratively, BHP is forming a powerful regional cluster to address health inequalities

Our starting point has been to create a values-based partnership with key organisations in the city-region that allows us to deploy our research, innovation and healthcare capabilities to deal with major health issues. The problems encountered by the large socially- and ethnically-diverse population of the Birmingham region are similar to those faced nationally and globally, with health inequalities – driven by social determinants – leading to multimorbidity and chronic physical and mental ill-health. To address such deep-seated problems, it is increasingly recognised that we need health science clusters, based in large regional populations, that harness research and innovation to patient care. By integrating shared capabilities unselfishly and collaboratively, BHP is forming a powerful regional cluster to address health inequalities while also driving economic development – thereby contributing to both UK and global knowledge-based outcomes.

During last 12 months, we have expanded our membership from the original partners of the University of Birmingham (UoB), University Hospitals Birmingham (UHB), Birmingham Women's and Children's Hospitals (BWC) and the West Midlands Academic Health Sciences Network (WMAHSN) to include two further NHS trusts – Sandwell and West Birmingham Hospitals (SWBH) and the Royal Orthopaedic Hospital (ROH). This means that we now encompass acute and elective trusts covering a population of 2.5m. We intend to expand further in the coming years, allowing us to be even more inclusive and engaged with the West Midlands health ecosystem. In recognition of the expanded collaborative membership, we have embarked on a review of our governance to ensure it continues to be effective, inclusive and accountable for the resources and delivery within our remit which is set out in the report.

We hope that readers of this report will understand both the role played by BHP and the opportunities the partnership provides to support health innovation in our region. We aim to enhance the endeavours of individuals, teams and organisations by focussing on collaborating across institutional boundaries. As this report sets out, we have made substantial contributions over the last year including on training, funding, and health data and digital delivery. We are also proud of our convening role which brings together wide-ranging multidisciplinary expertise to deliver research that matters for our population and which promotes a wider innovation landscape.

The Board is grateful to all of the participants in the BHP collaboration and to the Executive group, the External Advisory Board and our core team for what has been achieved over the two years. Our expectation is for more in the years ahead – with a focus on impact, outcomes and accountability.



Ed Smith
BHP Chair



Prof David Adams
BHP Director

The purpose of Birmingham Health Partners

A research and innovation cluster with a clearly articulated purpose:

Born well, live well, die well.

Who are we

We are a group of organisations that share the common goal of seeking to achieve health and economic impact for our communities. We do so through the knowledge and expertise of our people and the communities that we serve.

University of Birmingham · west midlands Academic Health Science Network · NHS Birmingham Women's and Children's NHS Foundation Trust · NHS Sandwell and West Birmingham Hospitals NHS Trust · NHS The Royal Orthopaedic Hospital NHS Foundation Trust · NHS University Hospitals Birmingham NHS Foundation Trust

What do we do

1. We are major employers, educators and skills providers.
2. We make use of our shared capabilities in research and innovation to deliver impacts on the health, wealth and wellbeing of our region, our nation and our world.
3. We adopt the principles of system leadership to unlock opportunities and address the complex challenges faced in our region, our nation and the world.



Addressing complex challenges through systems change

The 2030 Sustainable Development Agenda includes 17 inter-related Sustainable Development Goals (SDGs), each representing complex systems - such as climate, food, health, cities - with myriad stakeholders. Achieving progress on this agenda requires a departure from traditional top-down, hierarchical, and linear approaches to implementing change. Instead, it requires innovative and adaptive approaches that engage broad networks of diverse stakeholders to advance progress toward a shared vision for systemic change. This approach is called Systems Leadership.

Systems Leadership: a tool for out times

Systems Leadership is a set of skills and capabilities that any individual or organisation can use to catalyse, enable and support the process of systems-level change. It is comprised of three interconnected elements:

The individual: the skills of collaborative leadership to enable learning, trust-building and empowered action among stakeholders who share a common goal

The community: the tactics of coalition building and advocacy to develop alignment and mobilise action among stakeholders in the system, both within and between organisations

The System: an understanding of the complex systems shaping the challenge to be addressed



The CLEAR framework for leading Systems Change

Convene and commit
Key stakeholders engage in moderated dialogue to address a complex issue of mutual concern. They define shared interests and goals, and commit to working together in new ways to create systemic change

Look and learn
Through system mapping, stakeholders jointly build a shared understanding of the components, actors, dynamics, and influences that create the system and its current outcomes, generating new insights and ideas.

Engage and energize
Diverse stakeholders are engaged through continuous communication to build trust, commitment, innovation and collaboration. Inspiration, incentives and milestones help drive progress and maintain momentum.

Act with accountability
Shared goals and principles set the direction of the initiative, while measurement frameworks help track progress. Coordination and governance structures can be developed as initiatives mature.

Review and revise
Stakeholders review progress regularly and adapt their strategy accordingly. Adopting an agile, flexible, innovative and learning-centered approach allows for evolution and experimentation.

Board commitment

As a Board, we have committed to supporting and enabling our people to unlock the research and innovation capabilities of our institutions, through enhanced collaborative working across organisations and the wider region.

This will allow us to better address the major health issues faced by our population. Many of these are driven by health inequalities and social determinants that affect all age groups, hence our strategic focus on an ageless approach.

OUR VISION: BORN WELL, LIVE WELL, DIE WELL

Gateway to a community that harnesses the machinery of discovery, acceleration and adoption to deliver the benefits of research and innovation across the life course

AGELESS	PRENATAL / BIRTH	EARLY YEARS / ADOLESCENCE	ADULTHOOD	AGED / END OF LIFE
OUR PRIORITIES	WOMENS AND MATERNAL HEALTH			
	CANCER			
	CHRONIC DISEASE			
	ACUTE MEDICINE			
	MENTAL HEALTH AND WELLBEING			

Innovation and adoption



Membership and Governance

A purpose-led collaboration

We are a purpose-led collaboration underpinned by a shared set of principles that focus on delivering health and economic benefits to the city-region. In order to do this, we have evolved our membership and governance to ensure that we make the most of our substantial health and life sciences capabilities.

In the last two years we have reshaped our governance structure by:

- Appointing an independent Chair and an independent NED as part of a stronger and inclusive Board
- Establishing a BHP Executive with representation of key individuals for partner organisations who have the authority to deliver on the Board's agreed actions.
- Appointing a world class External Advisory Board, chaired by Sir Robert Lechler, a NED, to advise on and scrutinise our work.
- Appointing two senior academics to lead our strategy development and system level engagement
- Welcoming SWBH and ROH to be part of BHP
- Worked with Aston University to enable them to be part of BHP by the final quarter of 2022

Current membership can be found at appendix 1.

Strategic growth

As we have grown, our work has become increasingly visible to the wider Birmingham community leading to a number of approaches from organisations seeking to become part of BHP. These approaches will be actively explored in the coming year recognising that further expansion will necessitate:

- careful consideration of our purpose and objectives, and our focus on delivery
- our desire to be agile in our actions and to avoid duplicating existing regional structures.

A governance review currently underway and due to complete by the end of the calendar year will consider the optimal shape and oversight for BHP.



Summary Financial Information

We have developed a shared cost model that reflects our common purpose and commitment to BHP's mission. We have put in place a lean and efficient structure, keeping the core BHP team small, and maximising our use existing resources. We have benefitted from in-kind resource and input from across the partnership to work at pace and scale. It is acknowledged these resources have an indirect cost to partner organisations.

During the last year in particular, BHP has secured new funding sources to support activity and output.

Table 1 shows a summary of direct and indirect income to BHP in 2021/22 and Table 2 shows shared costs in 2021/22.

Funding source	Activity	Value
New direct income 2021/22 for BHP led activity		
BSoL ICS	Evaluation of Fairer Futures Fund projects	145,000
UHB	Evaluation of local implementation of virtual wards project	150,000
UKRI QR funding	Evaluations of remote consultations phase 2 (phase 1 awarded 2020)	21, 250
Metchley Park Medical Society	Contribution to BHP post-doctoral fellows (CARP)	100,000
UoB	Contribution to BHP post-doctoral fellows (CARP)	50,000
Metchley Park Medical Society	Contribution to BHP pre-doctoral fellows (Starter) Cohort 7	140,000
Wellcome ISSF funds	Contribution to BHP pre-doctoral fellows (Starter) Cohort 7	140,000
UoB	Contribution to BHP pre-doctoral fellows (Starter) Cohort 8	70,000
Metchley Park Medical Society	Contribution to BHP pre-doctoral fellows (Starter) Cohort 8	210,000
UHB/BWC	BHP Leadership Training (pilot cohort)	24,000
UKRI QR funding	Contribution to BHP Fellows	46, 389
Total		**739,000**
New indirect income to the wider partnership 2021/22*		
NIHR	Birmingham BRC	30.7m
NIHR	CRF	12.9m

Table 2: Shared costs in 2021/22

Partner Direct Contributions **		
UoB, UHB and BWC	Core team costs	260,000
UoB, UHB and BWC	Seed fund pilot	300,000
Direct costs to each BHP partner organisation in 2021/22		
N / A	Core costs of BHP team	86,000
N / A	Seed Fund contribution	100,000

*** SWBH and ROH have not been asked to contribute during this reporting period*



Our shared work in 2021/22

BHP - People

Enabling and supporting educational development and training of our workforce is one of the central building blocks of the Birmingham Health Partners alliance. If we are to address the problems facing us, we need a flexible, highly-trained workforce that includes those with research and entrepreneurial skills as well as outstanding clinical abilities.

This area of our work is being led by Professor Lorraine Harper, BHP Director of Research, Innovation and Health Impact, who has a national leadership role developing academic training programmes for both clinicians and NMAHPs (nurses, midwives and allied health professionals). We are committed to supporting training with the ultimate aim of increasing the capabilities of our workforce to undertake research and to upskill our future clinical leaders.

BHP has developed a bespoke set of tools to support multiple professional groups, including for the first time, a scheme targeting experienced clinicians who wish to return to research. Read more.



BHP/MPMS Clinical Academic Research Partnership (CARP)

The BHP/MPMS Clinical Academic Research Partnership (CARP) is a new postdoctoral fellowship for clinically-qualified staff who have completed clinical training and do not have research time allocated in their job plans. After a rigorous competition four individuals have been appointed to the scheme.

BHP has been fortunate to be able to work with a number of local partners over the years who have provided significant financial support. For example, funding from UHB Charities, Metchley Park Medical Society, University of Birmingham, BWC and NIHR Wellcome Trust CRF has underpinned the BHP Starter Fellowship.

Successful applicants' projects have covered 16 speciality areas and fellows have been based in hospitals throughout BHP sites. 21 clinical fellows have been appointed since 2014; with 16 individuals progressing to external competitive fellowships with grant income of greater than £1.5million from prestigious funders including the British Heart Foundation, Wellcome Trust, Medical Research Council and Cancer Research UK.

Clinical Service Leads Development programme

The delivery of research and innovation requires informed leaders and since 2021 BHP has been working in partnership with the UoB Health Services Management Centre (HSMC) and UHB, to develop a bespoke learning programme for current NHS Clinical Service Leads. The programme allows them to explore and develop their individual management and leadership roles including a better understanding of the importance of research and innovation to clinical leadership. The focus is on practical and applied activities.

Case study
BHP Starter Fellowship

Dr Anna Price, ST3 in Renal Medicine at the Queen Elizabeth Hospital Birmingham, undertook a BHP Starter Fellowship in 2015-2016 and is currently undertaking a PhD at University of Birmingham. We spoke to Anna about her thoughts on her fellowship experience.

During my undergraduate intercalation I became involved in cardio renal research. I thoroughly enjoyed it and knew from that point on I wanted to do a PhD. After completing an Academic Foundation Programme I was unsuccessful obtaining an Academic Clinical Fellowship. In Core Medical Training the clinical workload was naturally busy and the MRCP and medical curriculum became all consuming. Research projects became squeezed into early mornings and late nights. I was fortunate enough to meet my current supervisor in my cardiology rotation and we made an application to the British Heart Foundation but unfortunately this was unsuccessful.

I applied for speciality training in Renal Medicine but felt like the opportunities to do research were dwindling away. I became resigned to a career without research when the BHP fellowship flyer was emailed to me. The fellowship was a unique opportunity to gain independent funding to complete a PhD on a topic of my choosing. It gave me the break I had been waiting for.

The BHP fellowship gave me dedicated time to make several funding applications and successfully fund my study consumables and time out of programme for three years. Within my BHP fellowship year I was awarded three grants including a personal British Heart Foundation Clinical Training Fellowship totalling £249,000. I have had the time to set up my study protocol, gain ethical approval, buy equipment and learn the skills required to hit the ground running.

> My confidence has grown, and I have more self-belief that I can work through challenges and find my own solutions

The fellowship has taught me perseverance and persistence. My confidence has grown, and I have more self-belief that I can work through challenges and find my own solutions. I approach research papers in a completely different way now. I am more critical of the methodology used and I don't take findings at face value. It has reaffirmed my desire to have a career in Academic Medicine. Completing a PhD is the first step in achieving that goal.

Being involved in an established research group has given me experience in clinical trials and multi-centre studies. I have been lucky enough to work with some of the best academics in their field. I have really enjoyed aspects of research that I didn't think I would such as statistics. I have also been able to explore sub specialities such as hypertension which I hadn't considered before.

Developing an integrated health and life sciences ecosystem

Success in 2022

The successful renewal in 2022 of two major NIHR infrastructure awards for translational research the Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) reinforces the core of our experimental medicine/translational research capability. The awards reflect, and have been driven by, collaborative working between HEIs and the NHS over the last 30 years that led to the establishment of BHP.

Renewal of core support

Birmingham Clinical Research Facility (CRF)



Birmingham CRF was one of a number of pioneer CRFs established in the early 2000s by a significant capital investment from the Wellcome Trust, alongside core funding from what has now become NIHR. UoB and UHB co-own and manage the CRF and have invested significant resource into the facility to sustain its success.

The CRF has consistently attracted further capital and core investment over the past 20 years that has enabled both the growth of the existing facility and the development of a children's CRF hosted by BWC enabling an approach that has:

- Delivered new treatments to over 150K patients from babies to old age
- Driven an increase in the number of people participating in research year on year
- Delivered multiple COVID-19 studies including every affected child into COVID-19 research
- Maintained a pipeline of approx. 500 non-Covid studies including 25 first in human studies

The renewal of the core NIHR award - £12.9m under the unifying leadership and management of BHP – will provide patients with opportunities to participate in experimental medicine research projects alongside their routine clinical care. As a general CRF, we manage a diverse portfolio of activity with key areas of strength including cancer, liver disease, metabolic and endocrine, renal and cardiovascular thereby meeting our population's needs. We will be increasing research opportunities to under-served disease areas (mental health, neonates, women's health), therapies (advanced therapies, vaccines, medical devices/technologies), geography (new NHS sites) and populations underserved by innovation.

In addition, our CRF is a vital facility for enabling healthy volunteer studies and first in human trials for the advancement of new treatments and will continue to deliver this important work over the next five years. During the past two years we have been excited by the opportunity of working closely with the CRF established at Sandwell Hospital by our new BHP member SWBH. This extends the reach and capabilities of our CRFs across the whole city.

Case study

We have discovered the first effective treatments for a common liver disease

Non-alcoholic fatty liver disease (NAFLD) is the commonest liver disease in Western Europe/US. It is particularly widespread in people who are overweight and/or have type 2 diabetes. In NAFLD, fat builds up in the liver, causing injury. This can cause cirrhosis (scarring) and ultimately death from liver failure. There is no treatment for NAFLD.

> If successful, this will lead to the first-ever approved drug for the 1 million patients with advanced NAFLD in the UK.

We experimented in the lab with using the obesity drug Liraglutide (GLP-1 drug) to treat NAFLD. We demonstrated that Liraglutide directly reduces the production of fat inside the liver and reduces liver inflammation. This substantially reduces the patient's chances of serious illness or death.

We followed this with a clinical trial of Liraglutide across the UK. This showed Liraglutide was able to reverse fatty liver in 40% of patients – a major breakthrough. We built on this by leading a global study of Semaglutide (a drug from the same 'family'). This trial demonstrated that Semaglutide reverses fatty liver in 60% of patients. This drug is now the front-runner treatment for patients with NAFLD. We have now been asked to lead the global phase 3 drug registration trial.

If successful, this will lead to the first-ever approved drug for the 1 million patients with advanced NAFLD in the UK.

Our success has been recognised by further major grants to study NAFLD and its treatment. We expect this will lead to even better treatment for NAFLD in the future.

Renewal of core support

Birmingham Biomedical Research Centre

The NIHR Birmingham Biomedical Research Centre has evolved over the last decade as the level of NIHR support has increased. It is the driver of experimental medicine research in BHP which builds the infrastructure and resources initially put in place by UHB and UoB, and now added to by BWC, SWBH and the ROH.

The BRC brings together established strengths in inflammation biology and experimental medicine to create a process-driven, pathway-focused approach to the study and management of inflammatory diseases. The pathway is underpinned by a number of cross-cutting activities that reflect our strengths in trial design and delivery, devices and diagnostic tests, entrepreneurship and commercialisation. The BRC has used the BHP ecosystem to deliver substantial growth in research excellence, capacity and reach over the last five years culminating in a successful bid to increase our funding and allow us to bring in other BHP partners to expand our capabilities. Read more.

Case study

Birmingham leadership in UK cell therapy research, translation, production and innovation

- The use of human cells as medical treatments is one of the most important scientific breakthroughs of the last twenty years. Cell therapies offer hope for injuries and common diseases that have never had any effective treatment, including liver diseases, blood cancers and arthritis. Birmingham is a key component of the UK's leadership in this exciting and important area.
- Birmingham's scientific laboratories have discovered and tested a broad range of cell therapies. Our laboratory studies include cells that help to control the immune system (and so reduce inflammation), cells that break down scar tissue and cells that help the body's immune system to fight cancer.
- After such successful experiments, we have delivered large numbers of early phase clinical trials, where we used tailored cells for patients with liver cirrhosis (scarring), liver cancer, inflammatory liver disease, blood cancers, arthritis and COVID pneumonia. We manufacture these cell therapies in-house at the Birmingham Advanced Therapies Facility.
- Our leadership and success was recognised by our successful bid to lead one of the UK's three Advanced Therapy Treatment Centres (ATTC)– these are strategic national resources dedicated to cell therapy research, production and clinical use. Our Midlands & Wales-ATTC serves a population of 10 million, enabling hospitals across the Midlands and Wales to offer advanced therapies and building expertise across the NHS workforce.
- A key part of the MW-ATTC is our Cell Therapy Trials Acceleration Platform for running new clinical trials in cell therapies. This is enormously useful for companies with new ideas for cell therapies, who want to translate them into patient treatments. The Platform and the ATTC have attracted researchers and companies to the Birmingham region, creating new jobs and offering world-first access to new treatments, to our patients.
- Notably, UHB/UoB delivered 32% of all UK advanced therapy trials in 2019.
- For the future, we are training the cell therapy workforce of tomorrow in our national Advanced Skills Training Network (one of just three in the UK). Jointly with Oxford, we are delivering a new NIHR Blood and Transplant Research Unit in Precision Therapeutics (Cell therapies). Our new Birmingham Health Innovation Campus will further extend our cell therapy manufacturing facilities.
- Patients have been at the heart this success, throughout. We work closely with dedicated patient groups to understand their priorities, to inform them of new discoveries, and to actively contribute to new trials and discoveries.

Against this backdrop, our successful renewal has seen an almost doubling of NIHR investment into the Birmingham BRC which will allow us to expand the institutional footprint of the BRC bringing it into closer alignment with BHP physically and strategically.

Research themes now include six illness-specific themes (arthritis, infection and acute care, liver, metabolic health in women, oncology and oral, intestinal and systemic health) underpinned by innovative methodologies in data science and patient reported outcomes, tests and biomarkers, and next generation therapies.

Precision Health Technologies Accelerator (PHTA)

Birmingham Health Innovation Campus

Birmingham Health Innovation Campus (BHIC) is due to open in 2023, with the launch of the Precision Health Technologies Accelerator (PHTA). The PHTA will offer industry partners access to leading academics and clinicians as well as cutting-edge innovation facilities, building on BHP's strengths in healthcare data, genomics medicine and diagnostics, medical technologies and clinical trials. Accessing the BHP ecosystem will create opportunities for transformative collaborations between businesses, the University and NHS partners.

As these examples show, BHP is a critical driver of the Birmingham region's aim to make a significant contribution to the delivery of the UK's ambition to be a health and life sciences 'superpower'. Given the strength of its partners, infrastructure and capabilities, BHP is well placed to attract the inward investments needed to accelerate the development and adoption of healthcare innovations thereby transforming the health of our citizens, in Birmingham and beyond.

Find out more here: phta.co.uk



Convening and commissioning in 2021/22

University of Birmingham wide co-ordination of research

BHP has convened groups of leading academics and clinicians to identify opportunities that can bring together UoB and NHS partners to help achieve BHP's goal of achieving health and economic impact in the following areas

Humanities

We worked with the UoB College of Arts and Law to identify areas of expertise in the arts, humanities and law that could contribute to a multi-disciplinary approach to health inequalities. Three broad interdisciplinary areas were identified:

- Health law and human rights
- Language, communication, storytelling
- Artistic performance and creativity, and creative spaces

Work is now underway to take develop these areas further with our NHS partners.

Engineering

Researchers in the UoB College of Engineering and Physical Sciences work extensively with colleagues drawn from across BHP. The colocation of research space within the BHP-Institute of Translational Medicine have enabled the development of a flourishing collaborative environment in the form of the Healthcare Technologies Institute (HTI). The main areas of collaboration are:

- Biomaterials
- Additive manufacturing
- Regenerative medicine
- Sensors and diagnostics
- Data Science - maths and computer science

Examples of the research programmes can be found here.

PHTA/BHIC offers the opportunity to build on this success and accelerate progress in advancing this this work towards the point of patient use and commercialisation. A number of spin-outs from UoB have been funded to commercialise medical technologies including:

- Healome Therapeutics
- Tagomics
- 4D materials
- Chromatwist
- Quest Meat

These companies - with others at the point of spin-out - will help to lay the foundations for future commercial exploitation and potential implementation of innovation across BHP.



Mental health

BHP has a critical role to play catalysing relationships with both the mental health and community trusts to ensure many of the childhood mental health problems and neurodevelopmental disorders managed within community paediatrics are able to benefit participation in research studies. BHP member, BWC, delivers the largest NHS 0-25 Youth Mental Health service in the country – and collaborations with third sector groups can facilitate research with specific marginalised groups.

Colleagues from the Institute for Mental Health (IMH), an interdisciplinary UoB centre identified three broad areas of research that align with local and national priorities:

1. What are the causes of the sharp increase of mental health problems in young people?
2. What new interventions and services can be implemented to improve the lives of young people with mental health problems?
3. How can we ensure that societies tackle, and do not contribute to, the mental health problem?

Embedding mental health as a strategic priority for BHP will be critical to the development of a clinical and research vision that offers a coherent, broad, inclusive, and interdisciplinary conceptualisation of health and illness. Creating this integrated environment (and including social care, education, third sector, areas of strength across our University partners) will generate a powerful route to real innovation in an area that has long been overlooked.

This will be a focus of our work over the next 12 months.

Public health

UoB has a strong public health community reflected in its regional leadership of the NIHR School for Public Health Research. A cross-cutting theme across all public health work is a focus on reducing inequalities, a central issue for BHP. Core research areas are:

- Maternal and child health
- Behaviour change research
- Methodological innovation and data science

New and emergent areas point to opportunities for the development of an innovative BHP public/ population health strategy.

Themes including food systems research, air quality improvement and carbon reduction strategies and interventions. Studies to evaluate the impacts of digital technology and social media use on children's physical and mental health point to the opportunity for building new collaborations.

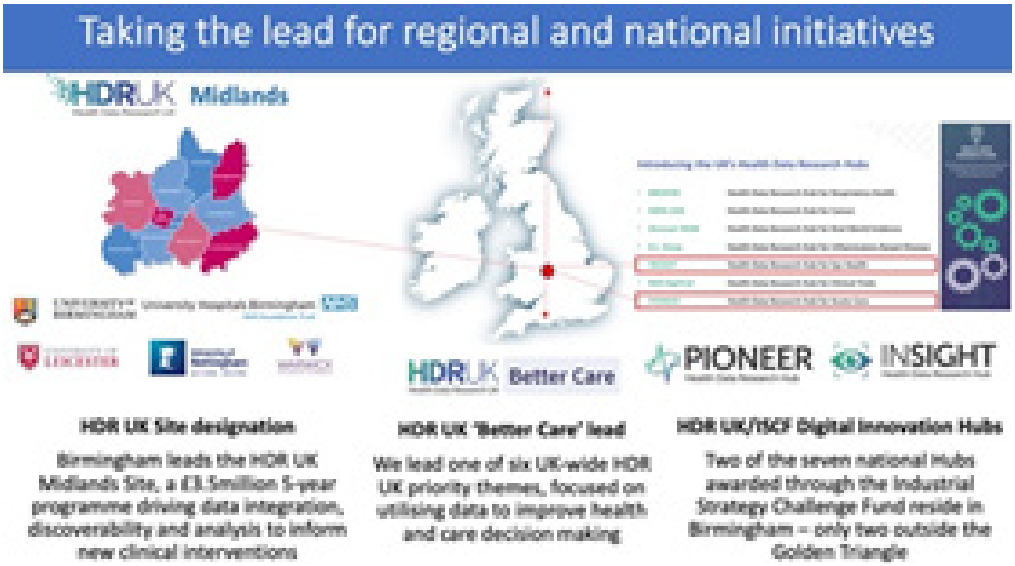
These themes will be explored over the next 12 months.

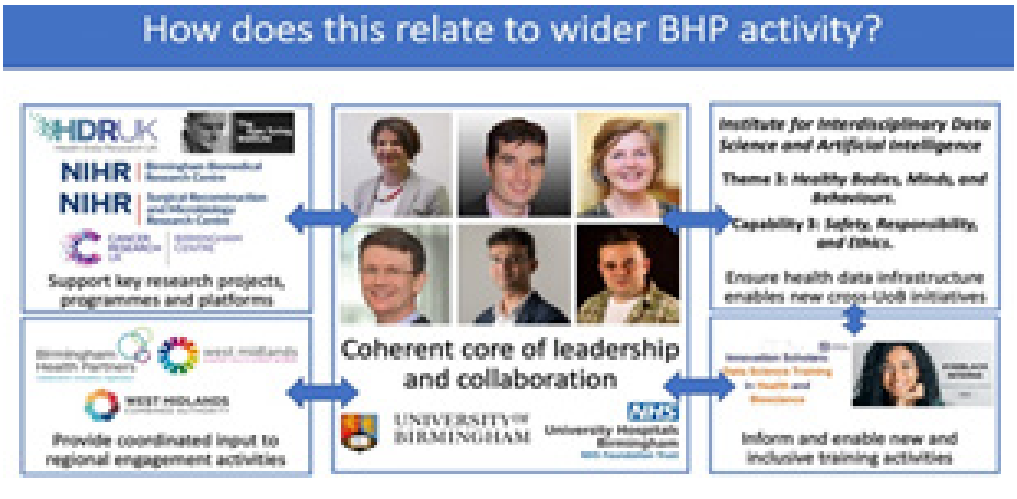
Data science

Thanks to the significant leadership and investment of UHB, BHP provides a focal point for our regional strength in the use of health data. UHB along with UoB have led the development and implementation of the Health Data Research UK Midlands Site under the leadership of Simon Ball (Director of HDRUK Midlands) as well as of the two of the seven Health Data Research UK hubs (the only two substantively led outside the Golden Triangle).

We are now in the process of establishing a BHP Centre for Health Data Science and Digital Epidemiology that will enhance our shared leadership in the health data science arena. It will be one of the building blocks that will help to harness the full potential of BHP health data science capabilities.

A strategy is being prepared that outlines our ambition to build a leading health data cluster that will drive quality improvement, evidenced uptake of innovation and high-quality research to deliver better care for patients.





Our sponsored studies

A key part of BHP's work is to identify and take advantage of new opportunities. We have supported five proposals across a range of different topics and activities in the last 18 months:

Place-based investments in health-related RD&I to stimulate regional growth

Working with the City/WM-Regional Economic Development Institute (REDI) and MetroDynamics consultancy, BHP is supporting a study of the ability of place-based investments in health-related RD&I to stimulate regional growth and reduce inequalities. The work will enable a better understanding of the economic benefits of targeted local investment to support innovation and 'clustering' of life sciences businesses. This is particularly relevant for levelling up, and the need to rebalance local economies in order to truly address health inequalities.

Rapid evaluation of remote consultations

BHP has commissioned work led by Prof Judith Smith (UoB and BHP Director of Health Services Research), Tanya Pankhurst (UHB) and Ally Davies (BWC) which has examined the shift from face-to-face to remote outpatient consultations during the pandemic, and whether this should be sustained longer term. The team worked with clinicians and managers to explore facilitators of and barriers to sustaining the pandemic use of remote consultations. The evaluation tests the hypothesis that, without specific actions, the shift from face-to-face outpatient consultations during the COVID-19 pandemic may prove to be temporary, and that there will be renewed demand from some patients, policy makers, health managers and clinicians for in-person appointments.

Policy commission focused on 'Effective, Safe and Accessible Medicines in Pregnancy'

BHP supported the 'Healthy Baby, Healthy Mum, Healthy Future' report from a Policy Commission that focused on 'Effective, Safe and Accessible Medicines in Pregnancy'. The launch event in Westminster received significant support alongside media coverage in The Guardian, BBC, BMJ and other media. Subsequent engagement has included meetings with Dame Lesley Regan (Women's Health Ambassador), Baroness Finlay of Llandaff and the Maternity Disparities Taskforce and ABPI. We are working with the Academy of Medical Sciences to develop a FORUM event focusing on developing novel medicines in pregnancy in December 2022, and we continue to engage with Professor Lucy Chappell (Head of NIHR and Director General OLS) to map out a delivery and oversight plan for implementation of recommendations.

BHP's Centre for Regulatory Science and Innovation

BHP has supported the establishment of a Centre for Regulatory Science and Innovation that has led and supported a wide range of national initiatives over the need for evidence-based policymaking in regulation of healthcare and life sciences. These include work underpinning the Regulatory Horizons Council's recommendations to Government on future UK regulation of medical devices; and work with trade associations including CBI, ABPI and ABHI.

Partnership working with outside bodies

Working with outside bodies has helped raise the profile of BHP in recent times:

BHP-Association of the British Pharmaceutical Industry

The ABPI and BHP share the ambition that Birmingham and the West Midlands is recognised as a leading location for translational research of relevance to the wider Pharma sector. We came together to focus on four key regional health challenges that have national and international relevance and that take advantage of the region's combination of expertise, capabilities and integrated translational eco-system to create a genuinely differential offering and potential for significant economic impact. These are:

- Improving cancer outcomes
- Addressing maternal and paediatric health
- Tackling multimorbidity in an ageing population
- Rapid, validated assessment of biological endpoints of new, patient-focussed drug development

We are currently reviewing the relationship with a view to extending it to ensure we maximise impact on the health of our population.

ABPI/CBI/BHP review of West Midlands Life Sciences ecosystem in 2021/22

Regional life sciences innovation clusters are vital to the UK's future as global leader in life sciences. To understand better how the BHP can become the regional health and life sciences cluster for the West and wider Midlands, we worked in partnership with the ABPI and CBI to review the regional offer. The report set out recommendations that if implemented in full, could help ensure BHP plays a significant role in delivering the government's Life Sciences Vision of making UK a leading global hub for life sciences:

1. Attract more R&D investment
2. Address health inequalities
3. Leverage our pandemic response
4. Join up our leadership
5. Develop a clear identity
6. Collaborate effectively

Academy of Medical Sciences/FORUM

BHP is an active participant in the Academy of Medical Sciences FORUM group which provides a neutral and independent platform for individuals from across academia, industry, the NHS and Government, and the charity, regulatory and wider healthcare sector, to meet and take forward national discussions on scientific opportunities, technology trends and associated strategic choices for healthcare. We are working with the Academy of Medical Sciences to develop a FORUM event focusing on developing novel medicines in pregnancy in December 2022.

Forward look 2022/23 and beyond

Following the adoption of a new governance model in March 2020, the last two years have seen the groundwork put in place that will enable BHP to be a more inclusive and effective voice for health and life sciences in our region. We have built a pipeline of shared activity that will start to deliver benefits that extend beyond our members. These includes the following activities:

BHP Rapid Evaluation Service

BHP Rapid Evaluation Service: If the NHS is to achieve effective innovation implementation it will require an evaluation service to determine whether the intervention has been successful which is as agile and flexible as the environment that innovation now inhabits. Drawing upon existing expertise across BHP a programme of evaluation methods will be provided that can be tailored to the bespoke learning and evidence needs of partner organisations and external collaborators.

BHP Research FIRST

Delivered through BHP and the Institute of Translational Medicine (ITM), Research FIRST provides a flexible and innovate approach to supporting non-CTIMP research and other projects (for example, Clinical Audits, Service Evaluations and Management Databases). This service will be offered to all BHP partners.

BHP Health Data Strategy

A BHP strategy for Health Data will be developed to help to strengthen our leadership in how we make effective use of health data.



BHP Seed Fund

The BHP seed fund is intended to pump-prime short-term innovative projects to address challenges common to all parties. The seed fund is intended to foster interdisciplinary innovation through bringing together healthcare professionals, academics, students, innovators/makers and entrepreneurs will build new challenge-focused communities, that look to deliver the initial steps towards implementable solutions. Over thirty expressions of interest have been received and the level of visibility of BHP and our work has been increased across our partners. Awards with be made later this year.

BHP Clinical Trials Working group

The group is working to streamline the clinical trial grant development and setup processes involving UoB and our NHS organisations. In addition to streamlining our processes, the group is creating and implementation of guidelines to support all aspects of clinical trial application development. Its work will help create greater working alignment and cohesion between our organisations and support the development of our investigator community.

BHP Events and Seminars

Following a successful seminar series in 2022, we are planning increased numbers of events, seminars and CPD offers to raise the profile of BHP with both internal and external audiences.

Our shared future

We have developed BHP to the point where it is beginning to demonstrate the benefits of collaboration across our organisations. The addition of new members and the emergence of integrated care systems together with changes in the funder landscape offer new opportunities for BHP to continue to develop and promote our collaborative purpose.

The year ahead will see us undergo a governance and strategy review, the outcome of which will be a critical enabler of how BHP will set and deliver a new strategic framework. This will be focussed on making sure we enhance the ability of our researchers to exploit the outstanding infrastructure that is now in place across the city to deliver innovation and improved outcomes in health care. The Board and Executive are both excited and optimistic about the contribution that BHP will make to addressing the profound health inequalities across the city and region.



Appendix 1

Birmingham Health Partners Board

Member	
Ed Smith	Chair
Prof Adam Tickell	Vice-Chancellor UoB
Harry Reilly	Interim Chair, UHB
Prof Sir Bruce Keogh	Chair, BWC
Prof Michael Sheppard	Chair, WMASHN
Prof Sir David Nicholson	Chair, SWBH
Tim Pile	Chair, ROH
Prof Sir Robert Lechler	Non-Executive Director
Prof David Adams	PVC and Head of College Medical and Dental Sciences
Sarah-Jane Marsh	Chief Executive, BWC
David Rosser	Chief Executive, UHB
Richard Beeken	Chief Executive, SWBH
Jo Williams	Chief Executive, ROH
In attendance	
Dr John Williams	BHP Managing Director
Sarah Turner	Secretariat

Birmingham Health Partners Executive

Member	
John Williams	BHP Managing Director and Chair
Prof David Adams	BHP Director
Dr Kate Bishop	Director of Operations MDS
Prof Tim Jones	Provost UoB
Tim Jones	Chief Innovation Officer UHB

Continued overleaf...

Member	
Hilary Fanning	Director of Research and Development UHB
Matt Boazman	Chief Innovation Officer, BWC
Tony Davis	Chief Executive, WMAHSN
Prof David Carruthers	R&D lead SWBH
Prof Phil Begg	R&D lead ROH
Prof Stephen Jarvis	PVC and Head of College Engineering and Physical Sciences
Prof Mike Lewis	UoB
Dr Clara Day	Medical Director, BSoL Integrated Care System
Prof Lorraine Harper	BHP Director of Research, Innovation and Health Impact
Prof Judith Smith	BHP Director of Health Services Research
In attendance	
Sarah Turner/Karen McNaughton	Secretariat

BHP External Advisory Board

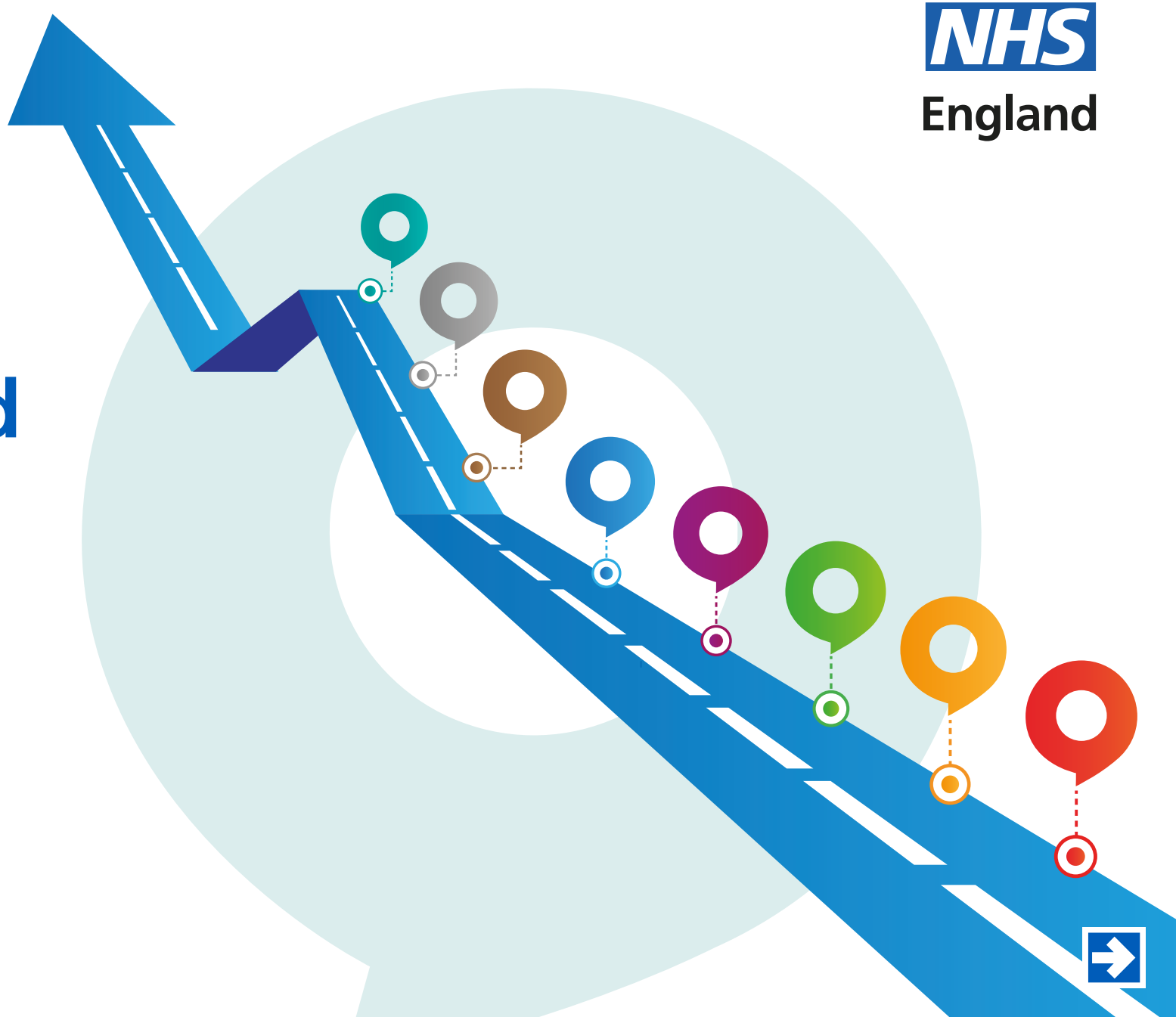
Member	
Prof Sir Robert Lechler	BHP Non-Executive Director and Chair
Larry Turka MD	Chief Scientific Officer, Rubius Therapeutics
Prof Ibrahim Abubakar,	Director of UCL Institute for Global Health
Prof Andrew Morris	Director HDRUK
Prof Anita Charlesworth	Director of Research, The Health Foundation
Prof Reza Razavi	Vice-President and Vice-Principal King's College London
In attendance	
Prof David Adams	BHP Director
Dr John Williams	BHP Managing Director
Sarah Turner	Secretariat



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Operating framework

for NHS England



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Introduction

- **On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing.** This brought together the different partner organisations within an ICS – across the NHS and local government, working with the Voluntary, Community and Social Enterprise sector and other partners – to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.
- The establishment of ICSs and the new statutory framework, means that **NHS England is changing the way that we work (our operating framework) to best empower and support local system partners to deliver on their responsibilities.** This requires a cultural and behavioural shift towards partnership-based working; creating NHS policy, strategy, priorities and delivery solutions with national partners and with system stakeholders; and giving system leaders the agency and autonomy to identify the best way to deliver agreed priorities in their local context.
- As NHS England, **we will focus on what we are uniquely placed to do as a national organisation, increasingly using our resources to provide practical support to colleagues within systems**, in order to deliver on the commitments outlined in the NHS Long Term Plan annual planning guidance, the mandate from government and our statutory responsibilities. We will continue to agree the mandate with government, with input from Integrated Care Boards (ICBs), and then support systems to deliver their part of this. Whilst many of the formal powers and accountabilities that we (or our predecessor national bodies) have held historically will remain broadly the same, it is how we deliver these – the behavioural change - that will be the fundamental difference in future.
- **This document sets out in more detail how we will work as NHS England and with systems.** It outlines our purpose and behaviours, how we will add value, our medium-term priorities and the accountabilities and responsibilities of the different organisations in the NHS, as well as how we will work with our partners across the health and care system. It will inform how we develop as an organisation in order to become more agile and reduce duplication and help the NHS to deliver the priorities identified within the NHS Long Term Plan alongside the actions needed to respond to the pandemic and wider pressures. Regions have been working with their systems to develop ways of working with and in each system to align with the overarching principles of our operating framework and it is intended that this document should further support this. We will continue to evaluate and refine our framework as we implement it.
- **The operating framework will be a key input into the design of the new NHS England.** This will be further developed alongside the operating models and statutory responsibilities of our new partners, Health Education England and NHS Digital, as part of the new NHS England change programme.

What is an operating framework

What is our NHS England operating framework?

- Our operating framework sets out "**how we do things around here**" – the ways of working that will enable us to deliver our purpose. We previously referred to this as our 'operating model' but have changed to 'framework' as it sets out the parameters for how we will work in NHS England.

- There are four core foundations to our new operating framework, these include our:
  Purpose – why we are here
  Areas of value – how we deliver value
  Leadership behaviours and accountabilities – how we work
  Medium-term priorities and long-term aims – what we are working to achieve.

- These foundations in turn underpin how our organisation will be designed and how decisions will be made.

- **The focus of this document is on the core foundations of our operating framework and their influence on the structures and our approach to change.**

Why do we need to change?

- **The changes to our operating framework are part of a cultural reset for the NHS, to reflect the change to system-based approaches to improvement and stronger partnership working.**

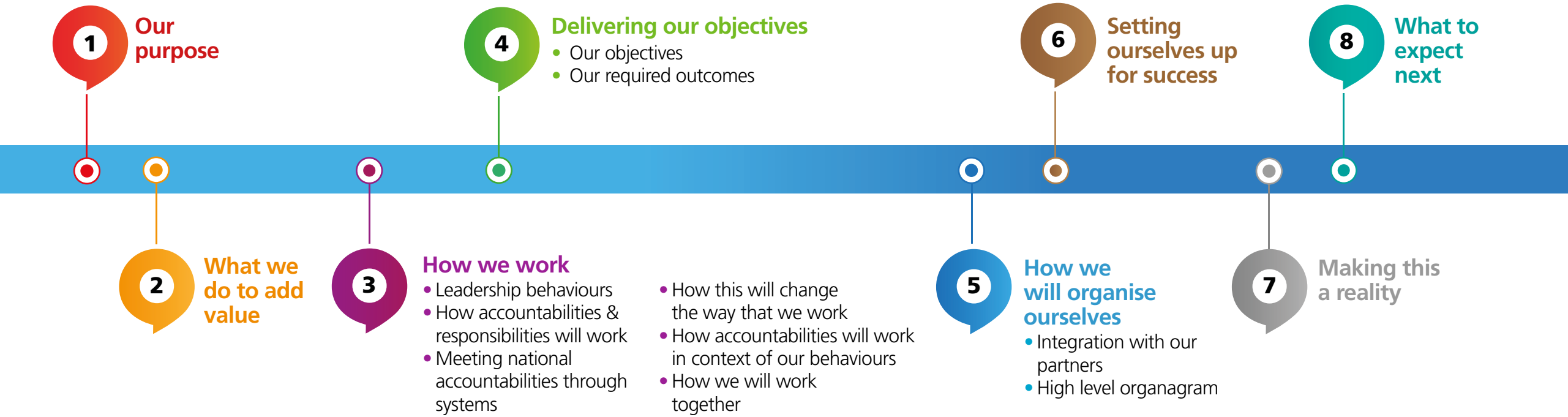
- There are two main reasons for the change:
  1. The need to work and behave differently following the establishment of ICSs and the new statutory framework.

  2. The proposals to create a new organisation by bringing together NHS England, Health Education England and NHS Digital. This will require us to develop a new culture and structural design. We have established a new NHS England change programme to deliver this, with the operating framework a key part of that programme, alongside the operating models and statutory responsibilities of Health Education England and NHS Digital.

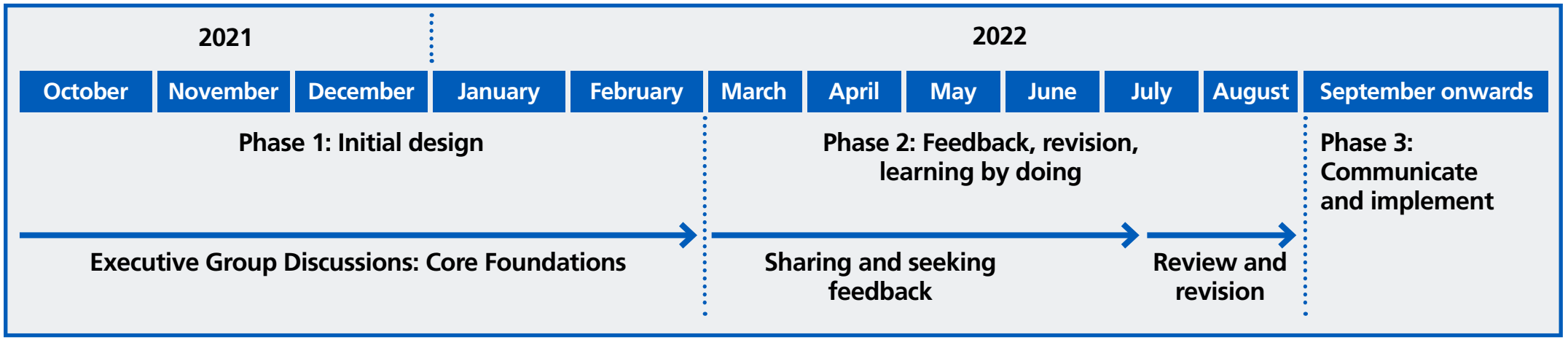
An update on our progress towards developing an operating framework for the new NHS England

To support the changes made in legislation on 1 July 2022, we have been working together as an organisation and with our partners to clarify our role in the new system and how we best deliver our objectives. This document aims to share what we have described to date and work that is yet to be done. Some of these elements, for example, our purpose, have been agreed alongside our new partners Health Education England and NHS Digital, whilst other elements need to continue to be developed together as part of the new NHS England change programme, for example, our behaviours.

The illustration below shows how many elements of our high level operating framework have developed and what we need to do next. **Further detail on each element can be accessed by clicking on the topic of interest.**



Our work to date



- The development of the core foundations of the NHS England operating framework began in 2021, through a series of NHS England and NHS Improvement Executive Group sessions as well as discussions with NHS England and NHS Improvement, Health Education England and NHS Digital Board members.
- In March 2022, we began to seek wider input and have run engagement sessions with almost 300 colleagues both within our organisation and with ICB leaders, provider leaders, local government colleagues and other partners, to capture feedback and refine the operating framework for the new NHS England, supporting the principles of co-creation, inclusivity and collaboration.
- We are now entering the implementation phase, which will focus on embedding these ways of working in all our activities, learning as we are doing this and refining our operating framework further as is needed.
- The operating framework core foundations will be a key input into the design of the new organisation, through the integration of NHS England, Health Education England and NHS Digital.

1. Our purpose

To lead the NHS in England to deliver high-quality services for all.

We will achieve this purpose by:

- **enabling local systems and providers** to improve the health of their people and patients and reduce health inequalities;
- **making the NHS a great place to work**, where our people can make a difference and achieve their potential;
- **working collaboratively** to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care;
- **optimising the use of digital technology, research and innovation**; and
- **delivering value for money.**

Our purpose statement, provides clarity on **what NHS England is seeking to achieve**, this drives both 'what' we do (how we add value and what our priorities are) as well as 'how' we operate (our values, behaviours and accountabilities, and structures). The purpose statement is agreed between NHS England, Health Education England and NHS Digital and will continue to drive our organisation as part of the new NHS England change programme.

2. What we do to add value

To achieve our purpose, we need to be clear on how we, as NHS England, can deliver value to support the wider health and care system. At NHS England, we will focus our activities on eight key ways that we are uniquely placed to add value. Our organisation; **(1) Sets direction; (2) Allocates resources; (3) Ensures accountability; (4) Supports and develops people; (5) Mobilises expert networks; (6) Enables improvement; (7) Delivers services;** and **(8) Drives transformation.**

1: Set direction

- Develop and set national policy and strategy
- Manage relationship with government
- Agree the mandate with government, coordinating input from ICBs
- Determine NHS priorities, subject to the mandate
- Provide thought leadership and subject matter expertise for national priorities
- Provide leadership on NHS contribution to reducing health inequalities

2: Allocate resources

- Work with partners to develop strategy and plans to ensure we have the right workforce capacity across the NHS
- Lead on national workforce innovation
- Set financial structures and incentives
- Be responsible for financial stewardship of the NHS
- Contribute to the UK economy

3: Ensure accountability

- Define accountability structures
- Set standards for performance
- Monitor, assure and hold to account for performance on quality, finance and access
- Assure direct commissioning
- Provide support, guidance and oversight in relation to information processing
- Perform health protection functions

4: Support and develop people

- Establish our leadership culture
- Role model our culture and behaviours
- Create the conditions for a fully inclusive and diverse NHS
- Deliver workforce, training and education functions of Health Education England
- Ensure we have a structured approach to identify leadership talent and support their development

5: Mobilise expert networks

- Bring together expert knowledge to support service improvement
- Support delivery of improved outcomes and provide benchmarks for services
- Enable the spread of best practice
- Secure access to new tests, products and treatments
- Manage relationships across national and professional bodies
- Enable and support the development of systems and ICBs

6: Enable improvement

- Support delivery of quality and operational performance improvement
- Deploy resources to support challenged organisations and systems where required
- Perform regulatory intervention when required and run the Recovery Support Programme
- Provide national services to improve quality or reduce cost

7: Deliver services

- Drive the digital agenda
- Provide specific data and analytics services
- Offer centralised commercial and procurement support
- Commission a number of services directly

8: Drive transformation

- Support delivery of medium-term priorities (e.g. secondary prevention and earlier diagnosis)
- Drive development of key enablers of transformation (for example, digital; diagnostic infrastructure)
- Create the environment for innovation and transformation, including partnership with life sciences industry
- Lead the NHS's contribution to population health and prevention

How each of the component parts of NHS England support Integrated Care Systems and providers in their roles

Regions

- Set direction
- Allocate resources
- Ensure accountability
- Support and develop people
- Enable expert networks
- Enable improvement
- Deliver services
- Drive transformation

- Act as the main voice to ICSs and the primary interaction between NHS England and systems
- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed
- Agree 'local strategic priorities' with individual ICSs
- Provide oversight to ICBs and agree oversight arrangements for place-based systems and organisations
- Develop leadership within ICBs and providers
- Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities
- Develop mechanisms for systematically collating and sharing good practice and lessons learnt
- Manage regional level relationships including, regional government
- Provide support to ICSs to enable delivery

Integrated Care Systems and Providers

National Programmes

- Set direction
- Allocate resources
- Ensure accountability
- Support and develop people
- Enable expert networks
- Enable improvement
- Deliver services
- Drive transformation

- Create the evidence based strategy for transformation
- Act as a central hub of subject matter expertise that can be drawn down
- Articulate the value of change and suggest the most appropriate approach to implementation
- Help ensure national funding is aligned with agreed goals and develop a national approach to resource deployment
- Set expectations and guidance on data standards so that we can measure progress consistently and coordinate a national view
- Ensure people implications are considered
- Manage the programme specific relationships with external stakeholders, e.g. professional bodies, arms length bodies and national charities
- With regions, facilitate supportive interventions to improve performance and outcomes
- Embed digital and data in our programmes
- Develop guidance to support front line services in transforming services

Integrated Care Systems and Providers

Corporate functions

- Set national strategy, priorities and incentives to improve standards of care and reduce unwarranted variation and create the conditions for a fully inclusive and diverse NHS
- Lead and represent the NHS with Government, and nationally with partners and the public
- Work with government to ensure the NHS has the resources it needs, and allocate resources
- Set national frameworks including the Financial Framework; System Oversight Framework; People Plan; Digital maturity expectations etc.
- Account to HM Treasury and Department of Health and Social Care for delivery, performance and mandate progress
- Foster strategic relationships across national arms length bodies, royal colleges and professional bodies
- Foster productive relationships with trade unions and professional bodies, and lead contract negotiations for primary care providers
- Trigger regulatory intervention when required and run the Recovery Support Programme
- Provide technology architecture and policies, operate backbone systems, set minimum standards (for example, in cyber security and privacy) and promote interoperability and reuse
- Directly commission certain services

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

Integrated Care Systems and Providers

3. How we work

Leadership behaviours

To deliver our purpose in the context of system-working will require a new approach not just to 'what' we do but in 'how' we do it. We have set out on the right **12 leadership behaviours** aligned to six key values linked to the NHS Constitution, which can act as a guide for our interactions. **As part of the new NHS England change programme between NHS England, Health Education England and NHS Digital, we will work to develop a shared set of behaviours for the new organisation.**

By consistently living these behaviours we aim in the new NHS England to:

- **Work as 'one team' across the NHS (ICBs, providers and NHS England) with our partners, being collaborative and empowering each other** – but also being clear about who is accountable for what.
- **Seek co-creation and co-ownership** of our strategy, priorities and support offers – both within the NHS team and with partners - and demonstrate collaborative leadership.
- **Be inclusive and value diversity** – make sure that no one feels excluded and listen to all perspectives.
- **Work at pace when appropriate and be agile** – streamlining how we make decisions, avoiding duplication and multiple layers where we can.
- **Learn by doing** – acting, evaluating and continuously improving.
- **Be transparent and honest** – in all our interactions and activities.

Working to improve lives

1. **Driven by the people and communities we serve**
2. **Focussed on clear outcomes**

We are inclusive - everyone counts

3. **Inclusive and diverse**
4. **Collaborating, co-producing, co-owning, being a great partner**

Working as one team

5. **Accountability to role and team**
6. **Trusting and empowering each other**

Getting things done

7. **Working at pace when appropriate, with agility and courage**
8. **Being ambitious and can-do**

Learning and improving

9. **Learning by doing, cycles of change**
10. **Data-driven and evidence-based**

Compassion and respect

11. **Hard on problems and supportive of people**
12. **Transparent, honest and authentic**

How accountabilities and responsibilities will work

The tables below set out the **accountabilities and responsibilities for NHS England, ICBs and providers given the changes to legislation and shift to system based working*.** Whilst this sets out a form of hierarchy, we expect ways of working to be agreed locally so that collaboration is at the fore of transformation in systems.

	NHS Providers	Integrated Care Boards	NHS England
Accountability (What do they need to deliver?)	• Statutory responsibilities for safe, effective, efficient, high-quality services • Effective system working and delivery of their contribution to ICS strategies and plans • Financial performance and requirements set out in NHS planning guidance, including quality and access • Compliance with provider licence, Care Quality Commission standards • Reducing unwarranted variation, especially through collaboratives (collaboratives can support and enable the delivery of some of these accountabilities and responsibilities).	• Effective system leadership which balances immediate and longer term priorities • Overseeing NHS delivery of these strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. • Overseeing the budget for NHS services in their system. • Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties • Work with local authorities to act as the stewards of local population health outcomes and equity.	• Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources • National NHS performance and transformation as set out in NHS mandate and constitution • National and regional NHS contribution to effective system working and delivery • Foster relationship and alignment with government • Stewards of the NHS • Set strategy for the future • Foster productive relationships with partners and major stakeholders.
	Joint plans/contracts		Memorandum of understanding

*This does not capture the full accountability framework for ICSs. The purpose of this document is to set out the operating framework for NHS England and therefore accountabilities and responsibilities are focused on NHS partners.

NHS Providers	Integrated Care Boards	NHS England
Accountability (Who do they 'account'/provide assurance to?)		
Operationally within the NHS: • ICBs for 'business as usual' delivery of services and performance and their agreed contribution to the system strategy & plan • NHS England national commissioners of specialised services • NHS England as regulator (with associated statutory powers) - by escalation/ exception or agreement with ICB • Care Quality Commission for leadership, quality and safety of services. **Locally:** • People, communities and service users; all ICS partners; Foundation Trusts to Board of Governors (and members).	**Operationally within the NHS:** • NHS England, via Regional Directors – including for delivery of the outcomes and priorities expressed in the Joint Forward Plans • NHS England, as regulator (with associated statutory powers) • Care Quality Commision as part of ICS (not as individual organisations) for leadership, quality, safety and integration of services. **Locally:** • People, communities and service users.	• Parliament, via the Secretary of State • People, communities and service users.

Joint plans/contracts

Memorandum of understanding

NHS Providers	Integrated Care Boards	NHS England
Roles (What is done day-to-day?)		
• Delivering services • Setting organisational strategy and plans • Education and training • Monitoring and improving service performance and finance • Working with system partners to deliver wider ICS strategies, plans and shared functions • Research and innovation.	• Working with partners to set system-level strategy and plans • Working with partners to ensure effective arrangements in place across system for joint working to deliver plans, performance, outcomes and transformation • Commissioning, agreeing and managing contracts, delegation and partnership agreements with providers and primary care • Contribute to long term workforce planning • Help inform national goals and mandate • Delivery of Integrated Care Partnership strategies and joint 5 year forward plan.	• Shaping and setting national policy, strategy, plans and priorities for the NHS in England, including in collaboration with ICBs • Providing support for systems and providers to achieve those priorities, including statutory intervention if required • Delivering 'shared services' to the NHS • Providing national oversight and assurance of NHS delivery and performance • Ensuring NHS organisations work effectively with partners at system and place base level.

Joint plans/contracts

Memorandum of understanding

NHS Providers	Integrated Care Boards	NHS England
Role in oversight, support and intervention (Who and what do they oversee?)		
• Self-assessment • Input to regulator assessment • Liaison with / escalation of issues to ICB(s) • Peer review and support.	• First line oversight of health providers across the ICS to oversee performance and contribution to overarching plans • Coordinate/help tailor any support for providers • Assurance/input to regulator assessment • Liaison/escalation of issues to NHS England.	• Oversight of ICBs' delivery of plans and performance • By exception and generally in agreement with ICB - direct oversight of providers' delivery of NHS performance and contribution to effective system working* • Lead on support for organisations in segmentation three and four of our Oversight Framework • Joint working with other regulators e.g. CQC.

Joint plans/contracts

Memorandum of understanding

*Detailed agreement on working arrangements between ICBs and NHS England to be set out in Memorandums of Understanding.

NHS Providers	Integrated Care Boards	NHS England
Specific legal powers in relation to other bodies (Formal or statutory functions)		
• In relation to other providers and partners, as per contracts, delegation and joint working agreements • Agree joint 5 year forward plan and joint capital plan with partner ICB.	• In relation to providers and partners, as per contracts, delegation and joint working agreements • Agree joint 5 year forward plan and joint capital plan with partner trusts.	• Appoint ICB and trust (not Foundation Trust) chairs and Chief Executive Officers • Establish and annually assess each ICB, agree its constitution and any changes to this and determine its allocations • Set financial objectives for systems • Conduct annual assessment of each ICB • Determine the need for enforcement action with respect to ICBs and providers aligned with Oversight Framework and Enforcement Guidance. Interventions with providers will happen with the awareness of the relevant ICB.

Joint plans/contracts

Memorandum of understanding

Meeting national accountabilities through systems

How will we meet national accountabilities?

- **ICBs are responsible for developing and overseeing the implementation of joint strategies and plans with their partners to meet national commitments**, as well as any additional local priorities for health service, social care and public health improvement that are agreed within each ICS strategy and ICB/provider joint forward plan.
- **Individual providers are responsible for delivering safe, effective, efficient, high quality services in line with universal required standards and commitments, their statutory duties and their contracts and agreements with ICBs and NHS England**, and for delivering any agreed wider contribution to implementing the Integrated Care Partnership strategy and joint-forward plan.
- **NHS England is responsible for supporting ICBs, NHS providers and their local partners** to deliver their plans and make their full contribution to the ICS strategy, and for intervening if the NHS's national commitments are at risk or are not being met. NHS England's approach to supporting performance improvement and delivery (for the purposes of improved health of local populations) will be to set clear objectives, ask system and provider leaders to identify how they will best achieve them in their local context and provide or facilitate access to support where needed to address particular challenges. Solutions and support will draw on evidence of best practice and root-cause analysis, with NHS England contributing as a system partner alongside other local stakeholders.
- **NHS England is also responsible to Parliament for NHS performance and has regulatory powers supporting this**. Therefore, while we will not determine the day-to-day working relationships between leaders, it is important to be clear on the formal accountability lines between NHS organisations under the new arrangements. These regulatory powers include the ability to intervene and direct both ICBs and NHS providers that are failing or at risk of failing to meet required standards or perform their functions and duties.

NHS Oversight Framework

- Our national approach to ongoing monitoring of progress and performance against universal NHS standards and commitments and agreed local priorities, for identifying support needs and intervening to secure improvement when required is set out in the **NHS Oversight Framework**.
- The arrangements for applying this within each ICS area will be agreed and set out in a **Memorandum of Understanding** between each ICB and the relevant NHS England regional team, alongside other details of their agreed ways of working. This will provide clarity of oversight arrangements for each provider, avoiding duplication.

How this will change the way that we work

Many of the formal powers and accountabilities that NHS England (or our predecessor national bodies) have held historically remain broadly the same. It is how we deliver these that will be different – some examples of how we will work are outlined on the right, with specific illustrations of the change on the next page.

- **Proportionate and streamlined:** ICBs and NHS England will ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined, and do not create duplication or unnecessary bureaucracy and reporting requirements for providers.
  - NHS England will describe a single set of national priorities, and metrics to track performance against them, in the Oversight Framework and will oversee this through a single mechanism.
- **Devolved:** For both ICBs and their partner NHS providers the primary relationship with NHS England will be through the relevant regional team.
  - Where national teams need to interact directly with ICBs and NHS providers, this will be done in conjunction with the relevant regional team, to ensure interactions are coordinated.
  - The arrangements between regional teams, ICBs and providers will be agreed locally, and set out in the Memorandum of Understanding. This will be discussed and agreed by all partners in the ICB and will be clearly communicated to partners in the system.
- **No surprises:** relationships between NHS England, ICBs and providers will be mature, respectful and collegiate, underpinned with effective lines of communication and a 'one team' philosophy, so there are 'no surprises' regarding the actions of each party.
- **ICB annual assessments:** NHS England has a duty to annually assess ICBs across a number of domains. The first annual assessment of ICBs will be completed in Q1 23/24 and will use a variety of evidence, but a key part of the process will be ICB self-reflection and dialogue between the ICB and NHS England over the course of the year.

How accountabilities will work in context of our behaviours

Below are examples to illustrate how activities might change as part of the new approach. They show how many of the formal powers and accountabilities remain the same, but how we implement them will be different. It is worth noting that how responsibilities and roles are applied will depend on the circumstances and there will need to be some exceptions to the general rule as we implement the new approach and learn as we go.

	From	To
Appointment of Foundation Trust Chair	Accountability and powers: **Trust Governors** Trust Governors have responsibility for appointing the Chair. The appointment process may or may not include external stakeholders.	Accountability and powers: **Trust Governors** Trust Governors continue to have responsibility for the appointment. The appointment processes should consistently seek the views and input of relevant partners, such as ICB leaders (e.g., ICB chair).
Oversight Framework Segmentation (Provider)	Accountability and powers: **NHS England** Oversight of providers carried out by NHS England regional teams and decision on segmentation and support requirements made by NHS England.	Accountability and powers: **NHS England** NHS England will remain accountable for decisions on segmentation and mandated support for providers. NHS England regional teams will oversee ICBs and work with them to advise on provider segmentation decisions. ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at SOF 3. NHS England regional and national teams will lead on support and intervention at SOF 4.

Behaviours

- **Collaborating, co-producing, co-owning, being a great partner.**
- **Accountability to role and team.**
- **Trusting and empowering each other.**
- **Hard on problems and supportive of people.**

How we will work together

Within NHS England, some roles will increasingly focus on providing practical support to colleagues within systems.
The table below outlines at a high-level how different parts of our organisation will function.

Regions	National programme teams	NHS England corporate functions
Focus and ways of working		
Regions will act as the coordinating point between NHS England and systems and the point of access to tailored support and advice. • The central focus of regional teams will be to support local system partners to implement their plans. • Regions will bring together multi-disciplinary teams to inform and co-develop national strategy and policy, working with systems to reflect local realities. They will translate national strategy and policy to fit local circumstances and ensure this addresses local health inequalities and priorities. • Regions will need to work with their systems to develop the ways of working within their region to align with the overarching principles of this operating framework.	**NHS England programme teams will work with and through regional teams to:** • Co-create the evidence based strategy for transformation and improvement for their programme; • Agree expectations on outcomes with and through regions; and • Provide the subject matter expertise that systems can use to support implementation and provide intensive improvement support if needed. We are currently reviewing the national programmes that will form part of the new NHS England in order to streamline activities to ensure more effective coordination and interaction both across NHSE and with systems.	**Regions and programme teams will in turn be supported by NHS England corporate functions.** • These teams will set the overarching strategy, standards and incentives which enable the whole NHS to focus on its core priorities, ensuring support and guidance offered to the system is coherent. There will continue to be things that are best done 'once', such as ensuring the NHS has the staff it needs, modernising how we use technology and data to improve population health and access and NHS-wide campaigns. • Internal corporate support will provide a range of internal advice and support services for the new NHS England, for example, communications and engagement, finance, commercial, governance and legal, HR, estates, corporate social responsibility, corporate IT and internal strategy.

For both ICBs and their partner NHS providers, the primary relationship with NHS England will be through the relevant regional team. National teams will only work directly with ICBs and individual providers to request information or plans, or to offer or mandate support, by agreement with the relevant regional team (other than in exceptional circumstances).

4. Delivering our objectives

Our objectives

In order to deliver our purpose and value-add for the health and care system, **we have set out on the right five transformational priorities for the medium-term (next 3-5 years).** Agreeing medium-term transformational priorities represents a shift in how we operate and will enable us to focus on interim objectives to help frame and achieve our long-term goals. This will also enable us to more effectively address the challenges we face today.

1. STOP avoidable illness & intervene early

I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.

2. SHIFT to digital and community

When I need it, I get the right care in the right place and I don't have to wait too long.

3. SHARE the best

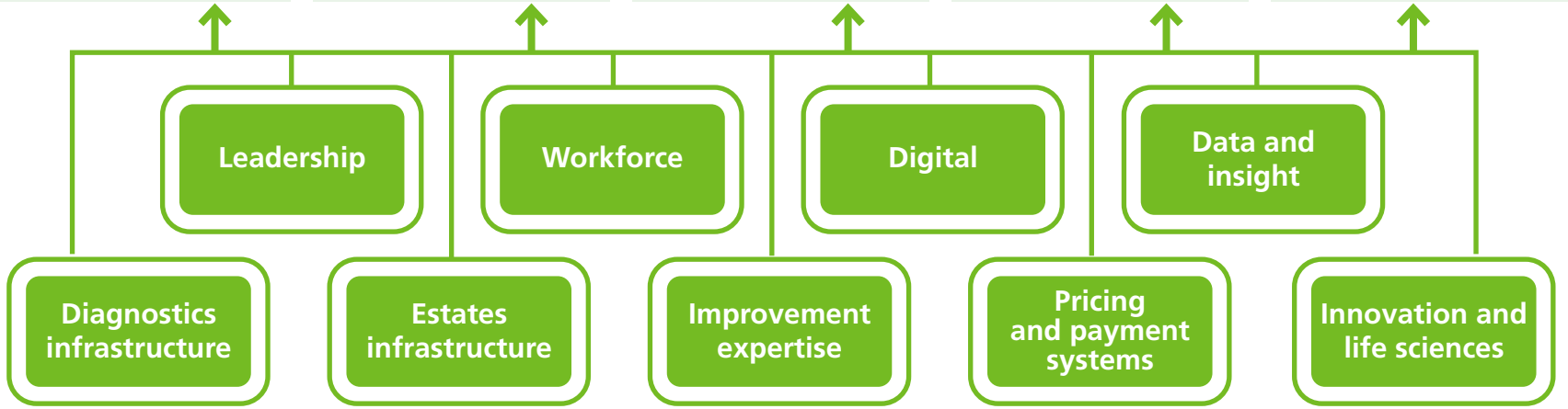
I always get the best of the NHS wherever I am cared for – and I get good value for my money as a taxpayer.

4. STRENGTHEN the hands of the people we serve

I am involved in all decisions about my treatment and care and am more in charge of my own health.

5. SUPPORT our local partners

Everyone works together in my local community to make things better, with me in mind.



The medium-term priorities are underpinned by nine key enablers, which support delivery of each priority.

Each of the five medium-term, transformational priorities contribute to delivery of our urgent priorities and our long-term aims, as illustrated below. As part of embedding these priorities in our activities, measurable outcomes will be aligned to each so that we can monitor delivery over time.

1. **STOP** avoidable illness & intervene early	2. **SHIFT** to digital and community	3. **SHARE** the best	4. **STRENGTHEN** the hands of the people we serve	5. **SUPPORT** our local partners
I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.	When I need it, I get the right care in the right place and I don't have to wait too long.	I always get the best of the NHS wherever I am cared for - and I get good value for my money as a taxpayer.	I am involved in all decisions about my treatment and care and am more in charge of my own health.	Everyone works together in my local community to make things better, with me in mind.

Examples of actions we take to support urgent priorities

- Take action to avoid unnecessary illness and stop conditions escalating now. This should improve access to Urgent and Emergency Care services and outcomes for patients.
- Take action to decompress the acute system now, which should help release acute capacity to support improvements to patient flow.
- Take action to adapt and adopt best practice to improve consistency of care now.
- Take action to provide patients with the information they need to choose the right care in the right place.
- Take action to ensure the successful establishment of new ICSs now.

Examples of actions we take to ensure we keep building towards the long-term

- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.
- Work to build out of hospital capacity and different models for the longer-term.
- Work to build greater standardisation by embedding best practice and separation of urgent and elective care at scale.
- Work to create a fundamental shift in the balance of power to give people more control in shaping their own health and care, enabled by technology and data.
- Work to build strong and sustainable local systems and partnerships.

Our required outcomes

Our six longer-term aims

- **Longer healthy life expectancy**
- **Excellent quality, safety and outcomes**
- **Excellent access and experience**
- **Equity of healthy life expectancy, quality, safety, outcomes, access and experience**
- **Value for taxpayers' money**
- **Support to society, economy and environment**

5. How we will organise ourselves

Integration with our partners

- **The proposed merger of NHS England, Health Education England and NHS Digital on 1 April 2023, provides a unique opportunity to create a 'new' NHS England,** putting workforce, data, digital and technology at the heart of our plans to transform the NHS.

- This operating framework will be a key input into the design of the new combined organisation. **The new NHS England change programme will seek to use the principles of the operating framework to ensure the new organisation maximises the potential of our move to system working; streamlining what we do nationally to give systems the space to lead and ensuring we focus our efforts on what we are uniquely placed to do at a national level.** This will include being clear on interdependencies between regional and national functions in order to deliver our accountabilities.

- Part of our commitment in the creation of a new NHS England is to develop a new culture for the organisation, supported by a set of behaviours which we will co-develop and refine as part of the integration process.

High level organogram

At the top level, the proposed design for the new NHS England will integrate Health Education England and NHS Digital with the NHS England structure, with clear national, regional and internal accountabilities. The top level structure is shown below. Our regions will continue to hold the primary relationship with systems, supporting delivery of priorities locally as well as influencing national policy development by providing local context input.

You can find our latest organogram here.

NHS Chief Executive - Amanda Pritchard

National Directorates

National teams from across the organisations will come together to deliver the core functions of the new NHS England through 10 Directorates.

- Commercial
- Delivery
- Finance
- Medical
- Nursing
- Operations
- Strategy
- Transformation
- Vaccinations
- Workforce, Training and Education

Programmes

Programmes will be consolidated and operate through more streamlined delivery models, facilitated through greater central coordination

Internal Corporate Support

Internal corporate services (for example, Finance, HR, Estates) will be integrated across the three organisations. Support will be delivered through a blend of shared and directorate-aligned functional teams.

Regional Teams

Regional teams from NHS England and Health Education England will be integrated and seven regions will remain. Regions will look for opportunities to transfer more accountabilities to ICB level.

- East of England
- London
- Midlands
- North East & Yorkshire
- North West
- South East
- South West

6. Setting ourselves up for success

We have developed a common framework and discipline for how we approach change programmes in NHS England. As part of our development of the operating framework our Executive identified five components to ensure that these change programmes are successful. We engaged with stakeholders to refine this as part of the operating framework conversations. The output of this is outlined below. The impact of this approach is multiplicative, if one of the five components is zero then the net effect is zero. **We will aim to consistently embed these into our change approaches in future.**

1. Clear direction, priorities and measures of success

- An inspiring goal that puts mission first
- Short-term, medium-term and long-term ambitions, goals and strategy
- Sharp prioritisation and focus ("if everything is a priority then nothing is")
- Clarity in advance on measures of success and expected benefits

.

2. The right leadership and people

- Excellent system leaders
- Co-development with residents, partners and key stakeholders
- Visible clinical leaders with ownership
- Diversity of perspectives
- Design by those who will deliver
- Clear accountabilities
- The right supporting talent
- The right ethos and behaviours

.

3. The right tools, support and resources

- Hyper-local/highly granular data and analytics
- An enabling structure/ subsidiarity/ local ability to act (and authority at level of accountability)
- Improvement skills and resources
- Deliberative engagement with service users
- Digital enablers
- The right culture and tone
- Adequate financial resources

4. Aligned incentives and consequences

- Aligned payment systems/ clear consequences for resources
- Aligned "soft" incentives (e.g., what the culture values)
- Mutually supporting agendas with non NHS partners
- Courage to confront issues of both performance and behaviour

.

5. Effective monitoring, learning & course correction

- Excellent data on progress
- Excellent monitoring processes
- Effective feedback mechanisms and transparency of data to enable sharing of best practice
- Limited "performance management overhead"
- Use of real time learning to course correct and adapt
- Intensive expert support available if required.

7. Making this a reality

We have set out the foundations of our ways of working for the new NHS England; **we now need to consistently embed these ways of working in all our activities and interactions.**

There are a number of objectives that we will implement through the new NHS England change programme:

1. **Doing what only we can do and focusing on how we deliver value**
2. **Adding value at the right place**
3. **Providing a single voice and clearer interactions with the system**
4. **Adapting ourselves to support the development of ICSs**
5. **A simpler and better coordinated organisation**
6. **Integrating the wisdom of frontline services in everything we do**

It will take time to implement these changes and there will be a programme of work to support this over the coming years.

8. What to expect next

- **We have started a programme of work to enable us to deliver our immediate next steps and objectives as part of the new NHS England change programme.** These actions will take place over the coming year ahead of the organisations coming together on 1 April 2023 to form the new NHS England, subject to Parliament's approval of the necessary regulations.
- Whilst the formal merger will take place on 1 April 2023, further work will continue into 2023/24 as we implement an organisation design programme to transform our ways of working.
- This will enable us to add further detail to this document and to develop the operating framework for the new NHS England with Health Education England and NHS Digital, some of which we will start to put into practice before the merger date as we work closely together with our partners. Key amongst these will be in the development of the four high impact areas of cross-cutting design and a revised Executive governance meeting structure.
- An Organisational Development and Transformation programme will be established to support this beyond the merger date, recognising these changes will take time.
- We will evaluate this over time, collaboratively and in partnership with system leaders and stakeholders.

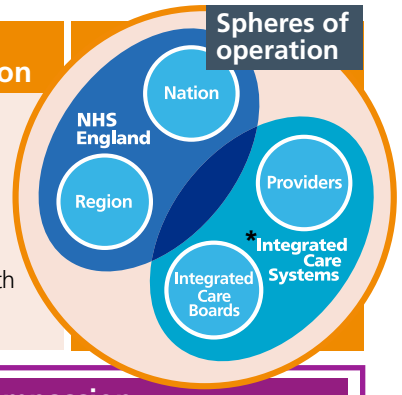
The NHS England operating framework: the foundations

NHS England

1 Why we are here — To lead the NHS in England to deliver high-quality services for all

2 What we do to add value

Set direction	Allocate resources	Ensure accountability	Support and develop people	Mobilise expert networks	Enable improvement	Deliver services	Drive transformation
• Policy and strategy • Relationship with government • Agree mandate • Set annual planning guidance and priorities • Provide leadership.	• Plan workforce strategy with partners • Workforce innovation • Financial structures and incentives • Financial stewardship of NHS • Financial allocation.	• Accountability • Standards • Goals and expectations • Monitoring and assurance • Regulation • Health protection.	• Leadership culture and development • Culture and behaviours • Inclusion and diversity • Training and education.	• Expert knowledge and consensus • Outcomes • Benchmarks • Best practices • New products and services • National stakeholders • System development.	• Support improvement • Deploy improvement support • Intensive support • Regulatory intervention.	• Digital • Data and analytics • Commercial & procurement support • Direct commissioning.	• Medium-term priorities • Transformation enablers • Partner with life sciences • Population health and prevention.



3 How we do it

Leadership behaviours: Working to improve lives | We are inclusive - everyone counts | Working as one team | Getting things done | Learning and improving | Compassion and respect

Accountabilities and responsibilities

Providers	ICBs	NHS England
• Statutory responsibilities for safe, effective, efficient, high-quality services • Effective system working and delivery of their contribution to ICS strategies and plans • Financial performance and requirements set out in NHS planning guidance, including quality and access • Compliance with provider licence, Care Quality Commission standards • Reducing unwarranted variation, especially through Provider Collaboratives.	• Effective system leadership which balances immediate and longer term priorities • Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. • Overseeing the budget for NHS services in their system • Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties • Work with local authorities to act as the stewards of local population health outcomes and equity.	• Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources • National NHS performance and transformation as set out in NHS mandate and constitution • Contribution to effective system working and delivery, including statutory intervention if required • Foster relationship and alignment with government • Stewards of the NHS • Set strategy for the future • Foster productive relationships with partners and major stakeholders.

4 What we need to achieve

Medium term objectives: **STOP** avoidable illness and intervene early | **SHIFT** to digital and community | **SHARE** the best | **STRENGTHEN** the hands of the people we serve | **SUPPORT** our local partners

Outcomes

- **Longer healthy life expectancy**
- **Excellent quality, safety and outcomes**
- **Excellent access and experience**
- **Equity of healthy life expectancy, quality, safety, outcomes, access and experience**
- **Value for taxpayers' money**
- **Support to society, economy and environment**

* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD	
DOCUMENT TITLE:	**Health and Wellbeing including Cost of Living**
SPONSOR (EXECUTIVE DIRECTOR):	**Sharon Malhi, Chief People Officer**
AUTHOR:	**Clare Mair (Head of OD and Inclusion) & Laura Tilley-Hood (Health and Wellbeing Officer)**
DATE OF MEETING:	**2 November 2022**

EXECUTIVE SUMMARY:

This report provides an update to the Board in relation to the current interventions taking place to support the wellbeing of our colleagues.

Positive assurances

- The Health and Wellbeing Week has been rescheduled to take place from the 14th November 2022 with a variety of interventions planned
- The team are taking steps to ensure that they are visiting areas where it may be challenging for staff to attend events outside of the department – we are taking 'wellbeing to them'
- A broad range of wellbeing support for staff during half term week has been promoted including free events and also places where discounted food is available
- A revised £1 menu is being launched in Café Royale with the view of improving nutrition at reduced cost
- Work is underway to increase Band 2 pay as agreed at the last Trust Board meeting with the view to ensuring that no employee at the Trust is paid below the Living Wage
- Meetings have taken place with VIVUP (Employee Assistance Programme) to review consider ways in which we can increase uptake of support available from the EAP particularly in relation to stress/mental health
- We are currently reviewing our provision of Mental Health First Aiders across the Trust who will solely focus on support for colleagues in times of crisis
- Ground works are underway to install the Trusts first Wellbeing Dome
- We will be receiving our Bronze Award for Thrive at Work in November 2022

Potential risks

- None to report

Current issues

- None to report

Next steps

- Finalise payments for staff on band 2 in relation to the agreement to pay the living wage
- Continue to progress work to formalise the Trusts Health and Wellbeing Strategy
- Ensure that the cost-of-living focus groups continue to take place and we continue to be responsive in relation to ideas and suggestions for support/improvement
- Progress Period Dignity work

- Progress out of hours food provision project

REPORT RECOMMENDATION:

The Board is asked to NOTE and ACCEPT the report

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

Accept	Approve the recommendation	Discuss
X		

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

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

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

Linked to risks around retention and staff turnover

PREVIOUS CONSIDERATION:

Staff Experience & OD Committee on 26 October 2022

Health and Wellbeing including Cost of Living – Monthly update

Trust Board October 2022

Laura Tilley-Hood
Engagement and Wellbeing Officer

Clare Mair
Head of OD and Inclusion

Health and Wellbeing Week - New date14th – 17th November

Health and Wellbeing Week

Date: November 14 – 17
Time: 10-2pm daily(and see below for other activities)
Location: In the Knowledge Hub

We can come to you! Contact laura.tilley-hood@nhs.net for help with any of the below

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Date	Monday 14 Nov	Tuesday 15 Nov	Wednesday 16 Nov	Thursday 17 Nov	Online: Friday 18 Nov
Freebie	Fresh fruit	Free snacks	Free snacks	Free snacks	Free snacks
Active	• Physio advice and support 12.30-1 Yoga with Jools 4.45-5.15 in the Seminar Room and MS Teams	• Physio advice and support 12.30-1 each day (change of time) • Lunchtime Pilates with Harriet 12-12.30 in the Seminar Room and on MS Teams	• Physio advice and support 12.30-1 each day (change of time) • Bike challenge outside Café Royale 1-3 • Morning Pilates with Harriet 8-8.30 in the Seminar Room or on MS Teams	• Physio advice and support 12.30-1 each day (change of time) • Lunchtime Yoga with Jools in the Seminar Room in the Knowledge Hub and on teams 12.15 – 12.45pm	• Lunchtime walk at midday – meet Amy and Jeeves outside Café Royale
Connect	• Tough Enough to Care – Male's Mental Health • Digital Wellbeing with Stacey • Meet the networks 10-12	• Meet a Health and Wellbeing Champion 12-1	• Meet a Health and Wellbeing Champion 11-12	• Meet a H&WB Champion • Bike Maintenance 10-2 - Bring your bike along for a maintenance check, outside Outpatients by the Amazon lockers. • Digital Wellbeing with Stacey.	• Learn about our staff networks on the Hub.
Give	• Give a values card to a colleague	• Bring in a donation for the ROH Foodbank – drop off in the Knowledge Hub	• Meet the Charity	• Bring in a donation for Rubery Swap Shop	• Bring in a donation for the ROH Foodbank – drop off in the library
Mindful	• Meet a H&WB Champion 11-12	• Hand or shoulder massage	• Mindfulness Session in the Wellbeing Room 7.30-8	• Mental Health First Aiders	• Lead your own mindfulness session with your team or independently, see the Wellbeing Hub for examples.
Learn	• Menopause Support 1-2pm • Cost of Living Support	• Cost of living support	• Cost of living support	• Cost of living support • Learning and Development and Career Pathway 11-2	• Cost of living support, visit the Wellbeing Hub to learn more

Development opportunities!

- Learning and Development Carer Tool Pathway: speak with the team and use the tool
- Apprenticeship: learn more about them and see how the team can help
- Management Skills Programme: take a step towards management and register your interest
- Personal Development Courses: visit the intranet to find out more

For more information, please contact **laura.tilley-hood@nhs.net**

ROH BE WELL STAFF WELLBEING

CONNECT BE MINDFUL GIVE KEEP LEARNING BE ACTIVE

Cost of Living Work



Focus Groups – continuing to run focus groups to engage and share information with colleagues. Slides with cost of living support have been shared on the hub, managers call and weekly wellbeing email. We are currently creating a booklet which is more user friendly with all of the information from the groups for all colleagues by the 7th November. This booklet will be distributed across all departments at the Trust

Stands – Financial Wellbeing Conversations and Handouts

27th April –	**Admin Professionals Day** – Admin Matters
3rd and 5th May –	**Health and Wellbeing Days**
29th June –	**TBALD – Theatres** – all theatre staff approximately 90 colleagues
3rd August -	**Post Graduate Doctors Stand and Fellows** – 12 PGD and 6 Fellows
28th July -	**Northfield Beach** – 65 visitors to stand
11th October -	**National Work Life Week** – Stand outside Café – 25 visits to stand Visited Ward's 1, 2, 3, 4,10,12 Facilities, Pharmacy, PA office, Vaccination Hub, Operation offices and stopped in the in the corridors. 74 views on Hub
10th & 17th Oct-	**Super October in Outpatients** – stand to promote Wellbeing. Leaflets put in staff rooms and visits to induvial pods to talk to staff
14th-17th Nov-	**Health and Wellbeing week** with an increased focus on cost of living

Financial Wellbeing on The Hub (intranet) 173 views

Every three weeks-	**Managers email** – distributed to 228 managers every three weeks
Every week-	**Weekly Wellbeing Email** – distributed to all colleagues

Information shared for Half Term – October

Bizarre Bugs and Creepy Crafts at Botanical Gardens 24th October 2022
Where? Birmingham Botanical, Westbourne Road, Edgbaston, B15 3TR
How much? £7 per ticket. For more information follow the link.

Family Workshop | Celebrate the Seasons: Illuminated Calendars at the Barber Institute 25th October 2022
Where? The Barber Institute of Fine Arts, University of Birmingham, B15 2TS
How much? FREE. For more information follow the link.

Museum of the Moon at Lichfield Cathedral 26th October 2022
Where? Lichfield Cathedral, WS13 7LD
How much? FREE. For more information follow the link.

'Witches and Fairies' Spooktacular Trail at Manor Farm Fruits 29th October 2022
Where? Manor Farm Fruits, Watling Street, B78 3DF
How much? Children £5.50 and Adults £2.50. For more information follow the link.

Halloween Fun at the Coffin Works 30th October 2022
Where? The Coffin Works, 13-15 Fleet Street, Jewellery Quarter, Birmingham, B3 1JP
How much? FREE entry for children in costume (must be accompanied by a paying adult).
For more information follow the link.

Herboween 26th October 2022 12-4pm
Where? Herbert's Yard, 49 Austin Way, Longbridge. (Digbeth Dining Club C.I.C)
How much? FREE (donations welcome)
Crafts, food, workshops and disco for children.

Information shared for Half Term – October



Eat DRINK AND be SCARY

PLACES WHERE KIDS EAT FREE (OR FOR £1) DURING THE OCTOBER HALF TERM 2022

COURTESY OF MONEY SAVING CENTRAL

ASDA CAFE
Kids eat for £1 all day, every day with no adult spend until the end of 2022

TOBY CARVERY
The Kids Eat For £1 offer will be available from October 24th to 28th with the App

FRANKIE & BENNY'S
Adults Eat Free with every under 11 child throughout all the UK Half terms

PAUSA CAFE @ DUNELM
Kids get 1 mini main, 2 snacks & a drink FREE with every £4 spend after 3pm

WHITBREAD INNS
Two kids under 16 eat for FREE with every adult breakfast purchased

FUTURE INNS
Under 12's eat for free with any adult meal. During the school holidays

TABLE TABLE
Two children under 16 can get a free breakfast every day with one paying adult!

THE REAL GREEK
Kids eat FREE every Sunday for every £10 spent by an adult

SIZZLING PUBS
Every Monday to Friday, 3 - 7pm, kids' mains are £1 with every adult meal.

BEEFEATER & BREWERS FAYRE
Two children under 16 can get a free breakfast every day with one paying adult!

TESCO CAFES
Kids Eat Free with any purchase of fresh fruit by an adult throughout all the UK Half Terms

MORRISONS
Spend £4.99 after 3pm daily & get one free kids meal (usually all day during half term)

HUNGRY HORSE
Kids eat breakfast free with every adult breakfast, daily from 9am - 12pm.

PRETO
Kids up to age 10 eat free all day, every day with paying adults at Preto during Half Terms

FARMHOUSE INNS
Kids eat for £1 when you sign up to their email list before October 26th 2022

YO! SUSHI
Kid's eat free all day, Monday to Thursday until 29th October 2022

SA BRAINS PUBS
Children can eat for £1 with any adult main. Only valid Wednesdays but on all day

IKEA
From October 11th kids get a meal for 95p or £1.50 from 11am - All day, every day.

ANGUS STEAKHOUSE
One free children's meal per paid adult meal 12-5pm daily throughout the holidays

BELLA ITALIA
Children eat for £1 with any adult main. The offer is valid 4-6pm Monday to Thursday

Copyright of MONEY SAVING CENTRAL

Future plans



Health and Wellbeing Week – Monday 14th – Thursday 17th November
Wellbeing support, cost of living information, physio information, bike challenge, staff networks, fitness classes, step challenge, men's charity, menopause support, freebies and more.

Café Royale
New £1 food option available for autumn, awaiting menu.
Colleagues in Café Royale have created Budget Meal Recipe Cards for colleagues, these will be launching and shared at the H&WB Week

Out of Hours Food Provision
Exploring with the charity around subsidisation of a meal for colleagues who work out of hours. This would be a complete frozen meal which can be stored in a freezer.

Cost Of Living Focus Groups
Groups to continue, next one 10th November and continue to share wellbeing financial support to all colleague in different formats

Sharing information :
To share Wellbeing information (including financial) to colleagues via comms, Weekly Wellbeing, Managers Calls, team meetings, posters and Team Brief. To also ensure the information is shared with job applicants and also as part of the 100 days programme.

Period Dignity:
Comparing menstruation products/services from different companies to find the best option for colleagues. We are looking to provide free products for colleagues in need.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	The Learning Disability and Autism Strategy 2022-2025
SPONSOR (EXECUTIVE DIRECTOR):	Nikki Brockie Acting Chief Nurse
AUTHOR:	Florence Dowling – Learning Disabilities Nurse
DATE OF MEETING:	2 November 2022

EXECUTIVE SUMMARY:

The Learning Disability and Autism Strategy was initially presented to Safeguarding Committee in September 2021 for consideration. However, it was noted that due to Covid, limited interaction with staff and patients had been possible, therefore it was agreed to delay the policy to allow wider engagements and to ensure the voice of the patient is embed in the fabric of the strategy.

The engagement activity has taken the form of:

- Two patient surveys have been carried out
- Audit of the previous strategy (2017-2020)
- Staff survey
- Presentation to the Patient Experience & Engagement Group
- Presentation to the Safeguarding Committee

The strategy pledges:

- We will provide outstanding care
- We will listen
- We will have the skills
- We will have positive partnerships

Also attached are the easy read versions and a summary document.

REPORT RECOMMENDATION:

The Trust Board is asked to approved the Learning Disability and Autism Strategy

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

Note and accept	Approve the recommendation	Discuss
x	**x**	

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

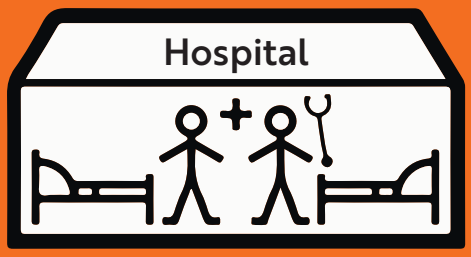
Financial		Environmental		Communications & Media	x
Business and market share		Legal & Policy	x	Patient Experience	**x**
Clinical	**x**	Equality and Diversity	x	Workforce	**x**
Comments:					

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

Patient, Process and People elements of the overall Trust strategy.

PREVIOUS CONSIDERATION:

The strategy was presented to the Safeguarding Committee on 21 September 2022, prior to being presented to Quality & Safety Committee on 28 September 2022.



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Learning Disability and Autism Strategy 2022-2025

The Royal Orthopaedic Hospital

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05 Definitions

06 The Learning Disability and Autism Strategy (2017-2020)

07 Feedback

08 The goals of our strategy

08 Next steps

08 Useful resources

09 How to find support

10 References



Introduction

This strategy sets out the strategic vision for The Royal Orthopaedic Hospital NHS Foundation Trust (ROH), outlining how patients with learning disabilities or autistic patients can access high quality care with positive health outcomes within the ROH.

This document aims to build on the progress that has been seen since the introduction of the Learning Disability Strategy in 2017 as well as reiterating the commitment of the Trust's board to the ongoing development and improvement of the learning disability and autism service.

This updated strategy will encompass autism alongside learning disabilities in line with the Learning Disability Improvement Standards (NHS Improvement, 2018) and the Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) Policy (2021). Valuing People (2001) outlined the four key principles of choice, rights, independence, and inclusion which should underpin good quality care for people with learning disabilities.

In line with the above, responsibilities outlined in the Equality Act (2010), the Learning Disability Improvement Standards (2018) and the Trust values, the Royal Orthopaedic Hospital must ensure that services are accessible with reasonable adjustments being made. The Trust provides a specialist learning disability service which also offers support for autistic patients.

This strategy aims to identify that this cohort of patients have a wide and varying range of needs, requiring a flexible and personalised approach and through application of the principles of learning disability practice and appropriate adjustments equal access to good quality care can be achieved.

This strategy was developed collaboratively with input from patients, parents/ carers and staff, as well as demonstrating that key reports, lessons learned and examples of best practice have been acknowledged to provide a clear framework for the delivery of the best quality care.



Context



There are approximately 1.5 million people with a learning disability in the UK (ONS, 2020; PHE, 2020) and approximately 700,000 people diagnosed with autism (National Autistic Society, 2018). Within the West Midlands there are 23,800 (2.3%) people registered as having a learning disability (Office for National Statistics, 2011), with 60,000 people diagnosed with autism (Autism West Midlands, 2021).

As a Trust we offer services for children, young people, and adults, with those aged 16 and above being admitted for procedures. The Trust also employs people with a learning disability with staff being encouraged to share diagnoses and needs to receive appropriate support.

The most recent LeDeR (Learning from Lives and Deaths) Annual Report published in July 2022 identified that men with a learning disability die 22 years sooner than the general population, and women 26 years sooner. People with learning disabilities are more likely to die from an avoidable premature death due to healthcare inequalities where needs have been unmet or unrecognised (LeDeR Annual Report, 2022). This is even greater for those from a minority ethnic background, so diversity of needs must be taken into consideration when providing a service (LeDeR Annual Report, 2021).

Autistic people have poorer health outcomes than that of the general population and face health and care inequalities (HM Government, 2021).

People with learning disabilities are more likely to be affected by a number of health conditions or co-morbidities, or experience diagnostic overshadowing (SUDEP Action, 2020; Emerson and Baines, 2011). People with learning disabilities are more vulnerable in acute hospitals than the general population (NPSA, 2004).

The Department of Health have found that when people with a learning disability or autism are admitted to NHS Trusts, staff demonstrate a lack of confidence, lack of knowledge and skills, lack of understanding and the patient is often segregated away from patients who do not have additional needs (DOH, 2019).

People with learning disabilities and/ or autism must have the same equal access to high quality, responsive healthcare as the rest of the population that is free from discrimination with barriers to care removed (Equality Act, 2010; Convention on the Rights of Persons with Disabilities, 2006).

Definitions

What is a learning disability?

A learning disability is an impairment of the brain starting before adulthood which affects development and causes a significantly reduced ability to understand complex information or learn new skills (Valuing People, 2001).

It means that an individual has a reduced intellectual ability and difficulty with everyday activities that affects someone for their whole life. This impairs social functioning and means that the person may have difficulty completing activities of daily living.

The level of support someone may require varies widely as a learning disability can be classed as mild, moderate, severe or profound. It is important to remember that with the right support an individual with a learning disability can live an independent life (Mencap, 2020).

All people with a learning disability should be on their GP's learning disability register, ensuring they have an annual health check.

What is autism?

Autism is a lifelong developmental condition affecting how a person may communicate and interact with other people and the world around them. Autism is often referred to as a spectrum with every individual having different strengths, struggles, needs and will experience the world differently (HM Government, 2021; National Autistic Society, 2021). Autistic people may prefer to be referred to as neurodiverse, an increasingly common term covering a range of neurological conditions.

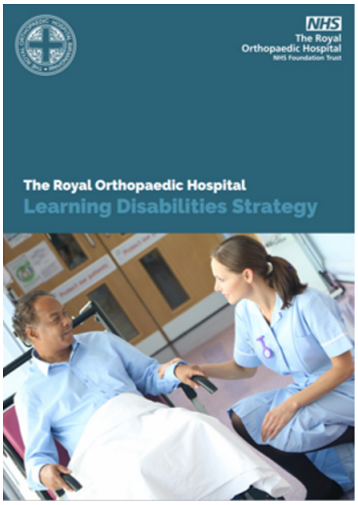
This strategy will also cover autism as it is widely recognised that healthcare services can do more to support autistic patients in line with recently published policies and guidance.

The NHS Long Term Plan (2019), NHS Learning Disability Improvement Standards (2018) and LeDeR policy (2021) have all recognised the importance of autism being included alongside learning disabilities. Whilst they are very different and varied diagnoses, the support offered is similar as individualised care is required with appropriate reasonable adjustments being made.

What is a learning difficulty?

A learning difficulty is not a learning disability. A learning difficulty does not affect intellect, with strategies and tools used to make the processing of information or managing situations more easily (Mental Health Foundation, 2021). Examples of a learning difficulty include dyslexia, dyspraxia or ADHD.

The Learning Disability Strategy 2017-2020



Since the learning disability strategy was implemented in 2017 there have been several improvements in learning disability care across the Trust, which was echoed by the 2018 CQC report.

- Mandatory awareness training was introduced, both online and face to face with 78% of staff attending learning disability and autism awareness training by 2022
- The Trust signed up to the annual benchmarking project in conjunction with NHS England (NHSE) and NHS Improvement (NHSI) to measure Trusts performance against the Learning Disability Improvement Standards
- Introduction of hospital passports
- Introduction of the internal learning disability notification system for staff to submit following contact with a patient
- Specialist support given for appointments and admissions
- Introduction of a basic recording system with the view to develop a database
- Implementation of reasonable adjustments e.g. first appointments

There is work outstanding which will be encompassed into this updated strategy:

- Rollout of regular face to face forums
- Information leaflet for patients
- Communication boxes for all wards and department areas
- Readily available easy read information
- Patient feedback survey

Development of The Learning Disability

To update the strategy, a staff audit was carried out in April 2021 in a questionnaire format which was completed by 82 members of ROH staff. As well as this, during learning disability week 2022 staff were asked to make suggestions regarding changes they would like to see within the service. Data collated from these inform the priorities and actions laid out in this strategy.

To ensure the patient voice was heard and implemented throughout the strategy, a survey was sent out to patients to complete. The responses were analysed and reflected within the priorities and actions.

Data was also used from the annual benchmarking report published by NHS England and NHS Improvement showing how the Trust performs against the Learning Disability Standards. This includes a patient and a staff survey as well as organisational level data collection.

Reasonable adjustments suggested by the ROH team

- Facilitating visit prior to TCI
- Admitting early
- Combining appointments / procedures
- Appropriate equipment available
- First / last appointment
- Meeting with staff involved
- Longer appointment times
- Offering adapted options
- Quiet waiting place
- Accompanying parent / carer
- Adapting communication
- Adjusting environment

Feedback

Some of the feedback we received is listed below. We're comitted to ensuring the voice of our patients helps drive our strategy development and service delivery.

"Outstanding care! She had an extremely positive experience. It's so important that staff understand learning disabilities or complex needs"

Carer of a patient with learning disabilities, July 2021

"Staff actually listened and made the adjustments needed for his autism."

Parent of a patient with learning disabilities, December 2021

"The support has been invaluable!"

Parent of a patient with learning disabilities, November 2021

"Thank you so much for looking after me, you are amazing"

Autistic patient, February 2022

"The service offered is amazing and I've never had this kind of support elsewhere."

Patient with Asperger's, February 2022

"He was treated with such kindness and dignity"

Family member of a patient with learning disabilities, July 2022

"It has been fantastic at the ROH and we really appreciate the support."

Parent of an autistic patient, December 2021

The goals of our strategy



WE WILL PROVIDE OUTSTANDING CARE



WE WILL LISTEN



WE WILL HAVE THE SKILLS



WE WILL HAVE POSITIVE PARTNERSHIPS

Goal	How it will be achieved	How will it be monitored
We will provide outstanding care	• Ensure the patient is at the centre of every decision regarding their care • Involve important people around the individual in decision making • Increase awareness and use of hospital passports • Increase awareness, understanding and implementation of reasonable adjustments • Communication strategies and appropriate assessments will be used • Learning disability notifications will be submitted following contact • Forward-looking document used to proactively plan • Development of a 'reasonable adjustments flag' by NHS Digital • Smooth detailed handover and discharge • Development of a learning disability database • Ensure effective safeguarding arrangements are in place to ensure any restrictions placed on a patient are proportionate, necessary and regularly reviewed	• Bimonthly Safeguarding Committee • Annual learning disability audit • Annual benchmarking project • Patient Engagement and Experience Group
We will listen	• Face to face learning disability and autism forum to be launched • Patient and parent/carer feedback to be gathered proactively • Involvement of experts by experience in training delivery • Information leaflets about the learning disability service to be developed • Easier access to easy read information • Learn from excellence and best practice	• Bimonthly Safeguarding Committee • Patient Engagement and Experience Group • Annual benchmarking project
We will have the skills	• All staff to attend mandatory learning disability and autism training sessions • Mandatory autism e-learning to be added on ESR • Training to be regularly reviewed and updated to reflect new guidance and best practice • The ROH is committed to rolling out the Oliver McGowan Mandatory Training in Learning Disability and Autism once it has been developed • Staff to utilise the ROH Hub and access information, support and 'how to' guides	• Bimonthly Safeguarding Committee • Annual benchmarking project • Annual learning disability audit
We will have positive partnerships	• Appropriate sharing of information between departments • Partnership working between services • Tailor relationships with patients to support them effectively • Collaboratively work as part of a multidisciplinary team • Appropriate support available for staff	• Annual learning disability audit

Next steps

Communicating our strategy

A one-page summary will be launched alongside the strategy to allow for ease of reference. There will be an action plan reflecting the actions laid out in the strategy outlining the steps and realistic timeline to achieve them.

Aligning our strategy

This strategy will align with the Learning Disability Improvement Standards and corresponding action plan to demonstrate commitment to the implementation and development of improved services for patients with learning disabilities or autistic patients.

Measuring outcomes

Outcomes against these standards will be measured by the annual benchmarking project, with recommendations feeding back into the service.

Annual review

This strategy is an evolving plan which will be formally reviewed annually to ensure it is fit for purpose with further actions or steps to achieving our priorities and actions being identified if required. Commitment and effective implementation will also be measured through annual audit.

Maintaining progress

To ensure effective rollout and monitoring of progress quarterly reporting and review will be conducted at the Trust's Safeguarding Committee. The Trust board will also be kept up to date through upward report via the Trust Quality and Safety Committee.

Useful resources

nhs.uk/conditions/learning-disabilities
nhs.uk/conditions/autism
easyhealth.org.uk

How to find support

Florence Dowling
Learning Disabilities Nurse
f.dowling1@nhs.net
07341123385



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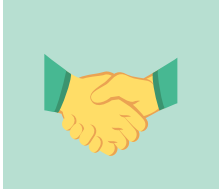


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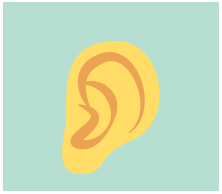
Learning Disability and Autism Strategy
roh.nhs.uk
roh.comms@nhs.net

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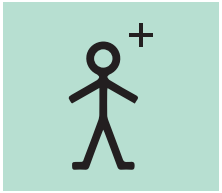
We will give the very best care to people with learning disabilities and autism.



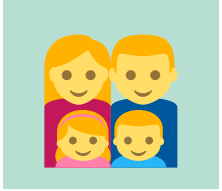
We will provide the best care by making decisions with you.



We will always listen to you.



We will make sure our team know how to care for people with learning disabilities or autism.



We will work with your family, your carer and other people who look after you.

If you want to ask a question about your care, please visit roh.nhs.uk or scan the QR code. You can also call 07341123385

Learning Disability and Autism Strategy

We will give the very best care to people with learning disabilities and autism.

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RESPECT COMPASSION EXCELLENCE PRIDE OPENNESS INNOVATION

THE GOALS OF OUR STRATEGY

We will provide outstanding care

By putting the patient at the centre of every decision made about their care

We will always listen

By listening to the people we care for and ensuring their voices are heard by everyone



We will have the right skills to help

By providing excellent training and resources to our team to help them deliver the best care

We will build positive partnerships

By working in our Trust and with patients, families and carers and with other agencies

MAKING OUR STRATEGY WORK

Alignment

This strategy will align with the Learning Disability Improvement Standards and the wider Trust Strategy.

Engagement

We will work with our teams to help them understand their roles and we will help patients understand what to expect from us.

Outcomes

We will measure outcomes through an annual benchmarking project, which feeds recommendations back into the service.

Review

We will review our strategy every year to ensure it reflects patient and staff feedback and helps to meet people's needs.

FIND OUT MORE

THE ROYAL ORTHOPAEDIC HOSPITAL BIRMINGHAM

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Learning Disabilities Nurse
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07341123385

Ask a question

Resources to support you

Read the full strategy

ROHTB (10/22) 005

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TRUST BOARD

DOCUMENT TITLE:	Learning From Deaths and Mortality Report
SPONSOR (EXECUTIVE DIRECTOR):	Matthew Revell, Executive Medical Director
AUTHOR:	John Va Faye: Associate Medical Director Angharad MacGregor: Medical Directorate Manager
DATE OF MEETING:	2 November 2022

EXECUTIVE SUMMARY:

This report summarises the Trusts Learning from Deaths (LfD) activity to October 2022.

Section 1 Describes the learning from deaths process, reviews key learning elements and the hospital dashboard

Section 2 Is a mortality review using data from the Health Evaluation Data (HED) tool managed by University Hospital Birmingham (UHB) and the Trust's Patient Administration System (PAS).

The Learning from Deaths team report that review process are functioning well; the group continue to refine both the policy and the LfD methodology.

Developments since last report:

- The national framework for medical examiners is undergoing changes that mean the service now has to support investigation of deaths in primary care. The annual figure in terms of eligible mortality for the UHB service will rise from about 6000 to 12000 per year. UHB have served notice on the current SLA with this Trust. Cases that need to be reviewed by the coroner will be supported by a basic service of advice around death certification (the majority). Other cases, not discussed with the coroner, will continue through the medical examiner system.
- A pharmacy lead will attend the meetings to advise about medication related issues, from now on. This approach is as a result of learning from the Gosport report.

Highlights:

- The deaths reviewed in the latest period (FY2022-23 to date) were judged to be unavoidable deaths.
- The learning from deaths group have not identified any recent deaths as a result of medicines errors or medicines reconciliation
- The new patient safety lead for the Trust is also joining the group to support the Associate Medical Director and governance lead for the process.

REPORT RECOMMENDATION:

The Trust Board is asked to receive note the assurances from this update.

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

Accept	Approve the recommendation	Discuss
X		

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

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

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

Patient element of the Trust strategy

PREVIOUS CONSIDERATION:

September 2021 at Trust Board and Quality & Safety Committee on 26 October 2022

LEARNING FROM DEATHS AND MORTALITY UPDATE

REPORT TO THE TRUST BOARD – 2 NOVEMBER 2022

Section 1 – Learning From deaths.

Summary of Process in Brief

The Learning from Deaths (LfD) process is a screening tool to identify cases which need more detailed investigation. A sample of deaths are taken first through a Structured Judgement Review; a clinician, who has not been involved with the patient, examines the case notes and creates a series of *value judgement statements* about each phase of patient care. These statements are collated and translated into numerical grades. This then informs a decision, by a separate adjudicator, who identifies learning from the case and can trigger further governance process (eg a root cause analysis) if the need arises.

Our Approach as a Trust

For our Trust, all deaths within 30 days of surgery are enrolled into the Learning from Deaths process, regardless of whether the death is in hospital or outside our hospital.

Step 1
The clinician caring for the patient and/or the AMD completes a form for the cause of death. This initial form also indicates whether the case may need to be referred to the coroner and highlights if there has been any possibility of a safeguarding issue.

Step 2
The clinical service lead and/or AMD then completes a screening tool, designed to establish if there has been any concern in the delivery of care. This step is known as a "Front Line Review".

Step 3
The Associate Medical Director (Corporate) examines the written records, breaking the analysis down by phases of care. In the last 2 years, if a death occurred in hospital, there has also been a consideration by the External Medical Examiner. The process is about to be modified due to national legislation that means the Medical Examiner service has a new statutory obligation to review deaths in community. From late Autumn 2022, deaths at ROH which are referred to the coroner will not be eligible for Medical Examiner reports. For each phase of care examined, a judgement statement is made for any notable features of care – good and bad. The assessor reaches a verdict about the quality of care for each phase and the care overall. They also identify whether there was any aspect of avoidability in the death. If there was an aspect of avoidability, then a Root Cause Analysis (RCA) is commissioned.

The Governance department is responsible for maintaining the LFD tracker that ensures the process is completed in a timely way. The AMD and governance together ensure that cases are presented by clinicians in the monthly combined clinical morbidity and mortality meeting.

The Learning from Deaths screen complements and supports the Divisional governance framework. Lessons and actions from the Learning from Deaths process are taken through the divisional governance route as well as the presentations at the clinical morbidity and mortality meeting. When an SJR is prepared, the AMD provides a summary to the consultant in charge and the CSL for individual reflective practice and team learning.

Deaths outside the ROH must be actively chased and there can sometimes be challenges both the completeness of information and the timeliness of any return. The responsibility for doing this is shared by clinicians, governance and informatics. The Trust uses the Patient Administration System return to identify unknown deaths to the clinical and governance teams.

Trusts are required publicly to display their data in a dashboard provided by NHSEI. The current ROH dashboard is shown in Figure 1.

Findings from the Learning from Deaths Tracker for the Current Period (FY 2022-2023)

8 patients are on the annual tracker to date.
1 case has been referred for a full RCA
3 other cases were judged unavoidable, and care was graded as excellent

4 cases are currently open

Oncology Arthroplasty Service
RCA has been triggered by the divisional review process after a safeguarding alert received from University Hospital Birmingham. The LfD are therefore supporting.

Foot & Ankle Service
Patient died at another hospital after contracting Covid-19 at ROH. The patient had a background of MS. Has already been reviewed through the Covid outbreak surveillance group. Provisionally unavoidable, pending report finalisation.

Arthroscopy Service
Patient died of a myocardial infarction and LfD team awaiting a pharmacy review

Hand Service
Patient became short of breath in ADCU without having undergone a procedure. Died at University Hospital Birmingham. Provisional cause of death Aspiration pneumonia.

Thematic learning

Two of the deaths were covid related
The Associate Medical Director Corporate identified peri-operative blood loss as a theme for a prospective audit on the basis of recent themes across the last couple of years.
Death outside the trust within 30 days of their admission at ROH did not reveal any new thematic causes. The main groups were palliative oncology cases and deaths resulting from ischaemic heart disease.

Case-Led example

One patient had a radiologically guided biopsy for a lesion that was later confirmed as infective in origin. The patient had risk factors for infection and was subsequently admitted with systemic signs to Warwick Hospital. Despite care on ITU there, the patient subsequently died of multiorgan failure. There was a delay in ambulance services taking patient to the acute trust for clinical management. Although care at ROH was good overall, an RCA has been recommended to understand if all aspects of infection prevention were optimal across all providers. The patient touched 3 acute Trusts and the ambulance service. The review was triggered to ensure that there were no deficiencies because of gaps between providers.

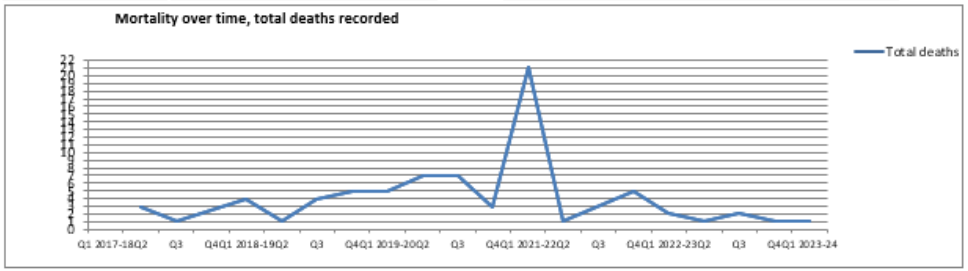
NHS The Royal Orthopaedic NHS Foundation Trust : Learning from Deaths Dashboard - August 2022-23 — Department of Health

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	7	1	1	0
This Quarter (QTD	Last Quarter	This Quarter (QTD	Last Quarter	This Quarter (QTD	Last Quarter
1	1	8	7	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1	27	15	27	0	1

Time Series: Start da 2017-18 Q1 End date 2022-23 Q1



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	0.0%	This Month	0	0.0%	This Month	1	12.5%	This Month	0	0.0%	This Month	0	0.0%	This Month	7	87.5%
This Quarter (Q	0	0.0%	This Quarter (Q	0	0.0%	This Quarter (QTI	1	10.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (Q	9	90.0%
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	5.9%	This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	16	94.1%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD	Last Quarter	This Quarter (QTD	Last Quarter	This Quarter (QTD	Last Quarter
0	0	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
0	0	0	0	0	0

Time Series: Start da 2017-18 Q1 End date 2018-19 Q1

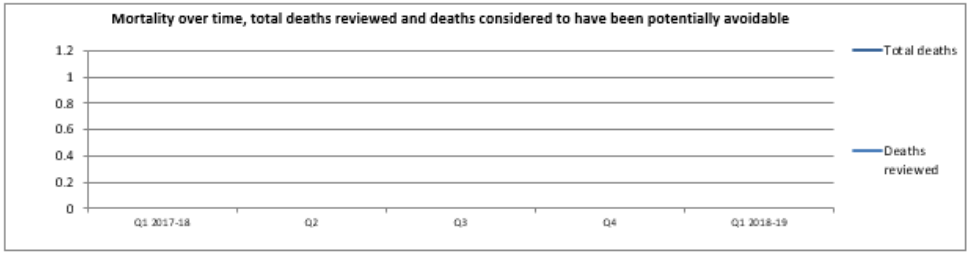


Figure 1 Extract From Learning From Deaths Dashboard Accessed 17/05/2022 at https://www.roh.nhs.uk/about-us/publications/reports/learning-from-deaths

Section 2 – Mortality Review

Crude in Hospital Mortality

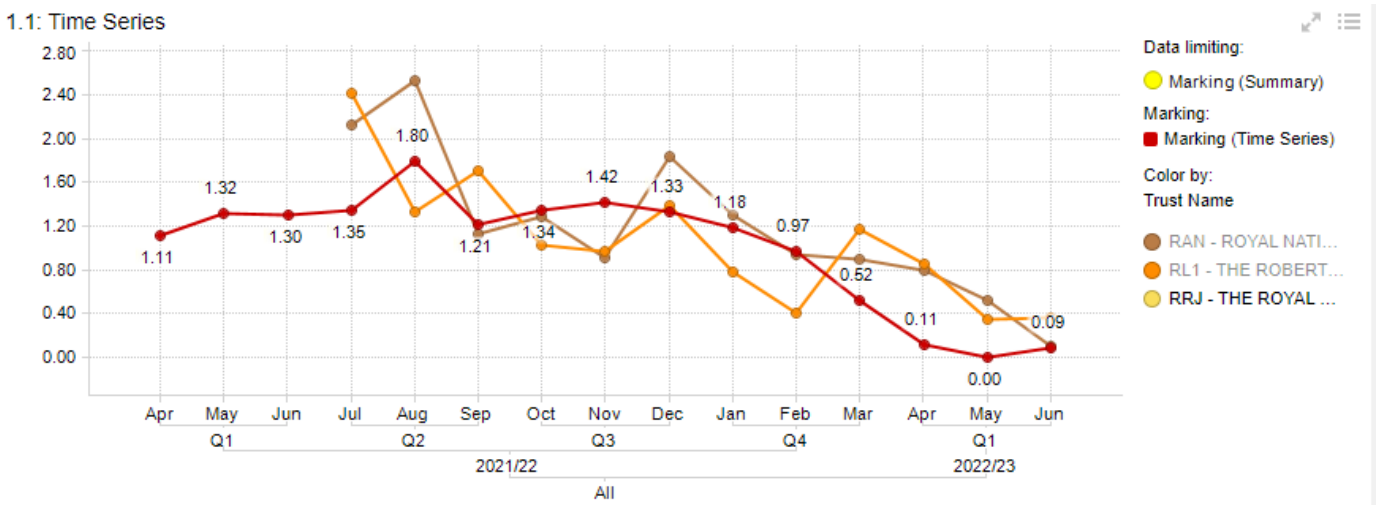
Method

The Trust's Crude mortality rate is calculated by taking the number of in hospital deaths and dividing by the number of discharges. Figure 2 shows the crude mortality for the Trust over time in tabular and graphical form. Figure 3 shows crude mortality aggregated by quarter and benchmarked against other stand-alone orthopaedic trusts. Figure 4 shows mortality outcome for the Trust (this is the term used on the HED tool to describe the interval between discharge from hospital and death)

A prominent rise in in hospital deaths during the first wave of the Covid-19 pandemic remains visible on trackers and was related to a change in case mix (particularly patients with fractured hips) as well as the pandemic challenge. This has been discussed fully at Trust Board previously. Benchmarking confirmed that this pattern was seen in similar Trusts and demonstrates a recovery.

Further clinical intelligence data around mortality is included in the Appendix (Figs 5-12).

Figure 2 ROH Crude Mortality over Time Benchmarked against Standalone Orthopaedic Trusts (Source HED Oct 22)



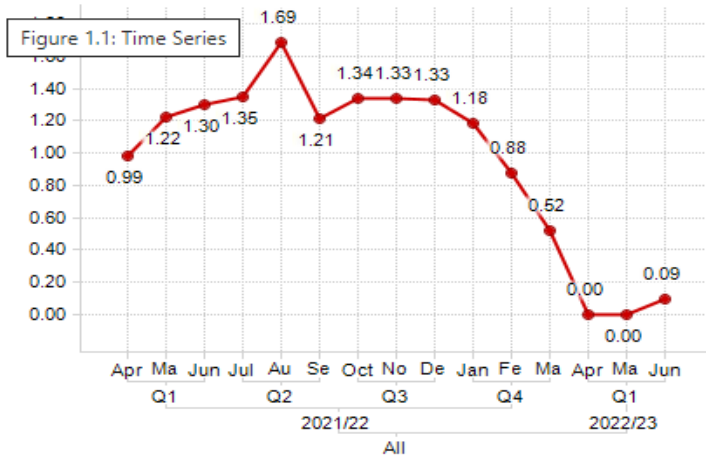


Figure 3 ROH Crude out of hospital Death Percentage (Source HED Oct 22)

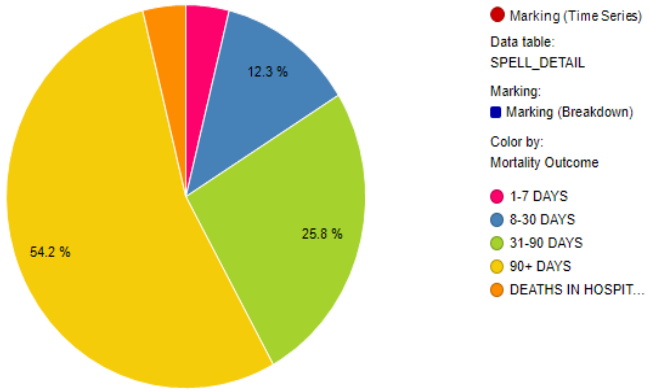


Figure 4 Crude Mortality Outcome as a Percentage of Total Deaths at ROH (Source HED)

Conclusions

The Trust's learning from deaths process continues to support the divisional governance process, clinical morbidity and mortality reviews, individual and service level learning. Benchmarking of in hospital mortality shows trends in line with other stand-alone orthopaedic Trusts.

Sources of assurance:

The Trust has an established and maintained Learning from Deaths Policy which describes the process in fuller detail.
The Trust maintained a high-quality review of all deaths throughout the pandemic.
The Trust approach exceeds the national requirement in a) scope (all deaths up to 30 days are reviewed) and (b) in the forensic detail of the review process.
The process supports not only the statutory requirement to maintain a public tracker, but also the presentation of cases at the monthly combined clinical morbidity and mortality meeting.
The tracker is regularly triangulated with a clinical informatics feed (see Mortality Review and Appendix) and will continue to report through AQILA to Quality and Safety.

Next steps:

There are two:
Firstly, during the pandemic, the corporate AMD has supported clinical unit and divisional teams flexibly and proactively in the early process steps. Post pandemic, the demonstrating the full engagement of the divisional and clinical service teams during the initial data collection steps. Re-instigating the regular review of the LfD tracker at the fortnightly divisional governance meeting will monitor this and ensure that the core requirement of the LfD process (to screen for cases that may carry additional learning) is completed in a timely way that supports the divisional governance processes.
Secondly, we do not want to lose the forensic value that the LfD team have developed or the emerging multiprofessional expert interest group that has evolved examining cases in fuller detail. The need for this will be greater, given the loss of medical examiner support for coroner cases. The LfD team will work with the divisions to ensure that these efforts remain timely and supportive. In those cases where a Root Cause Analysis is required, the output from LfD will support the divisionally led governance process. In all cases the output will support clinical teams in presenting at the combined morbidity and mortality meeting.

Appendix – Further Clinical Intelligence Around 30-Day Mortality at the ROH

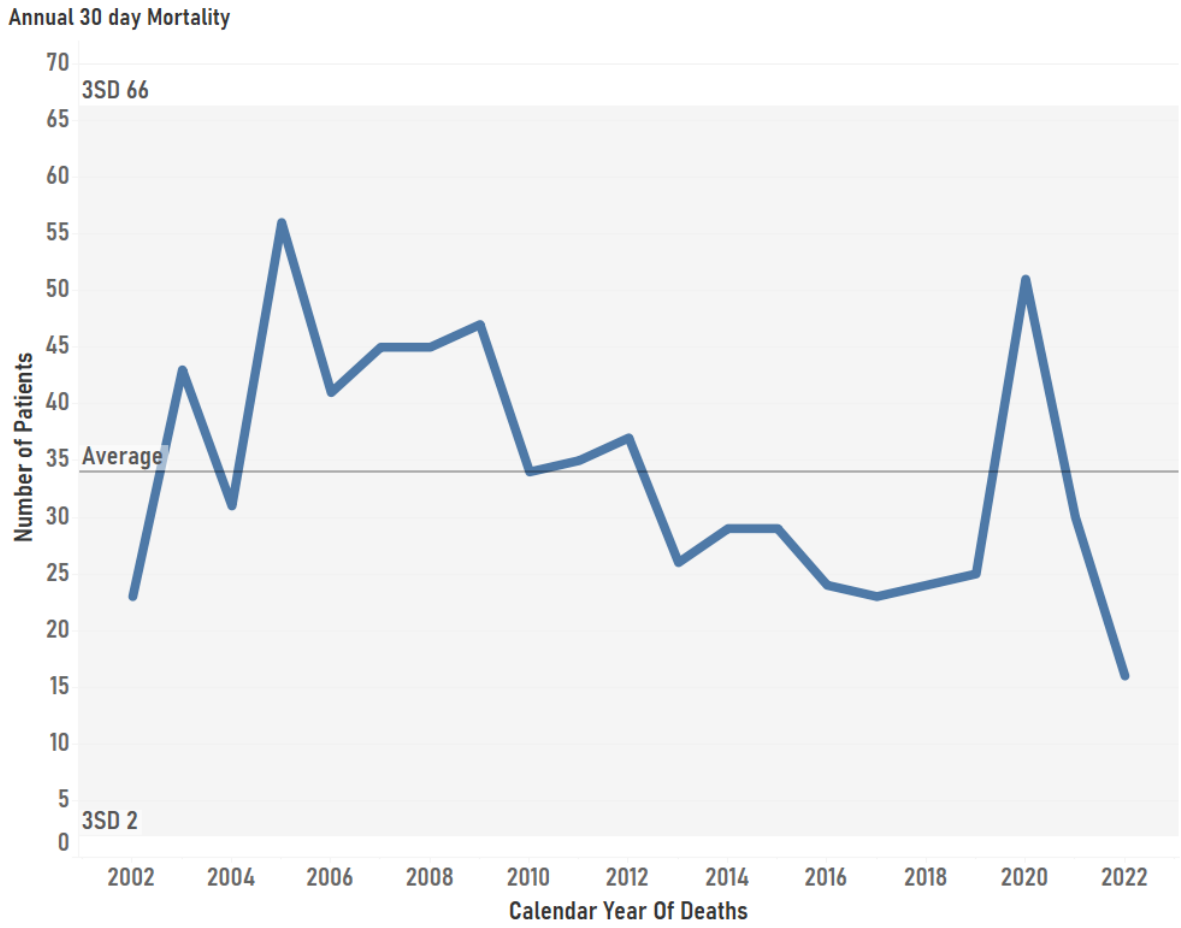


Figure 5 Annual Time Trend of 30-Day Mortality Apr 2002-2022 (ROH Informatics Database Accessed Oct 22)

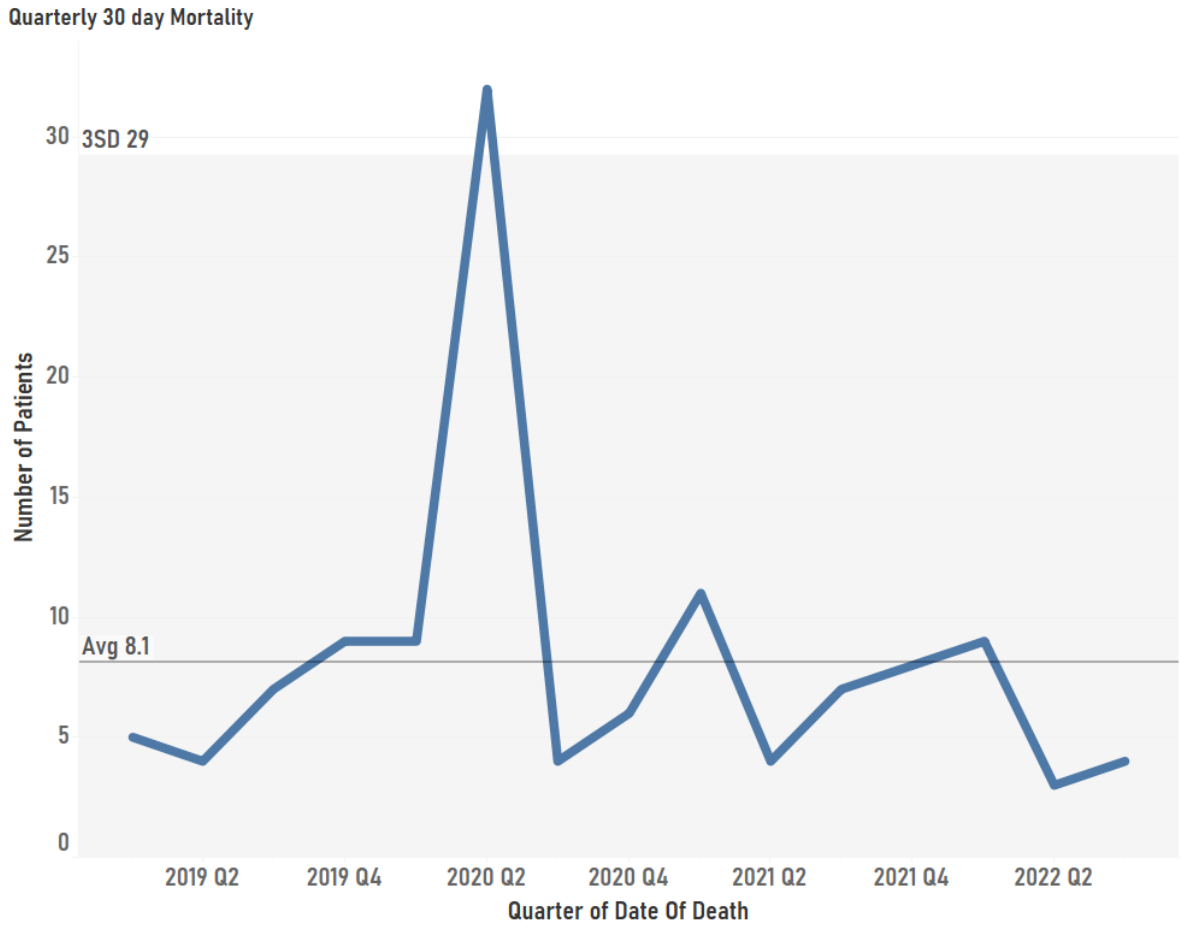


Figure 6 Quarterly Time Trend of 30-Day Mortality Apr 2019-2022 (ROH Informatics Database Accessed Oct 22)

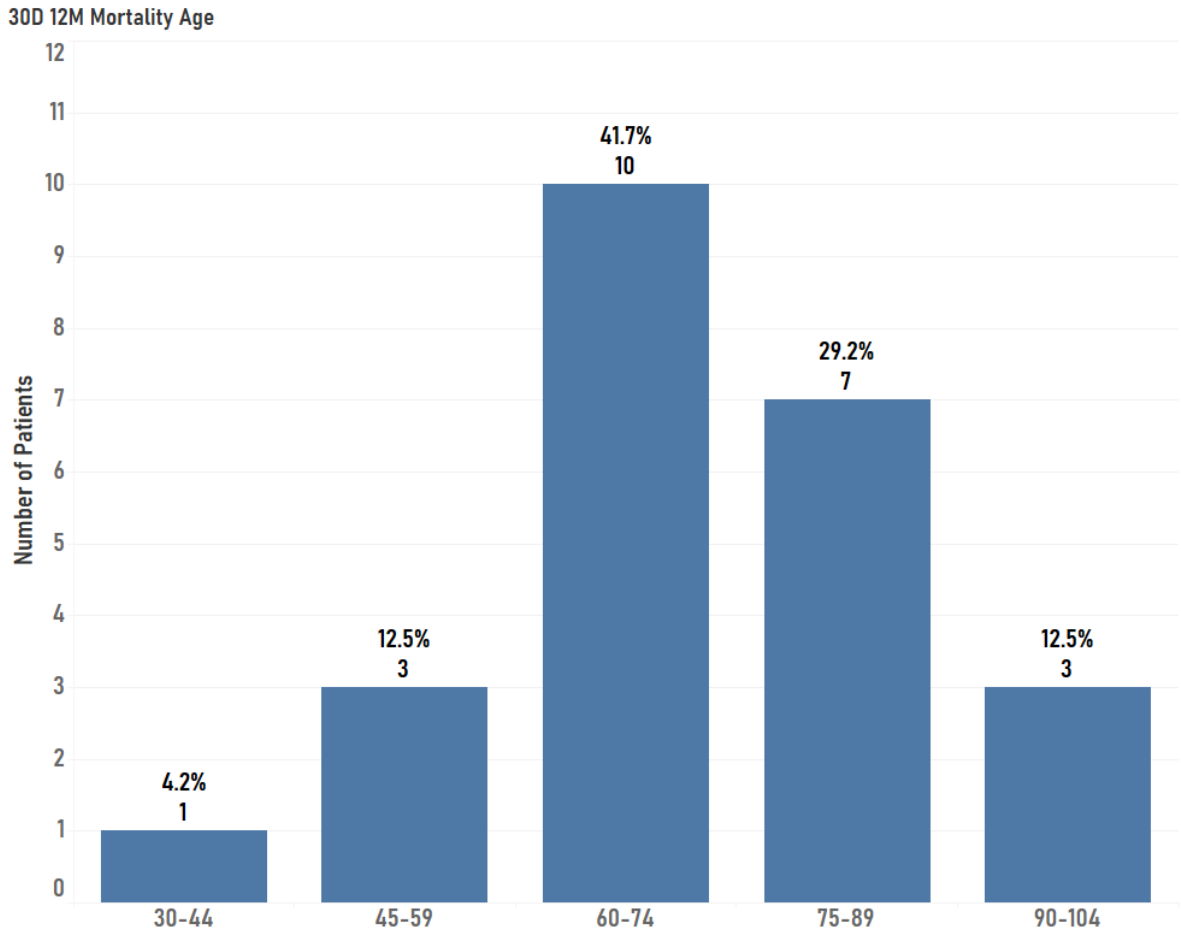


Figure 7 Age Distribution of Patients who Died within 30 days of discharge from 1st Oct 21

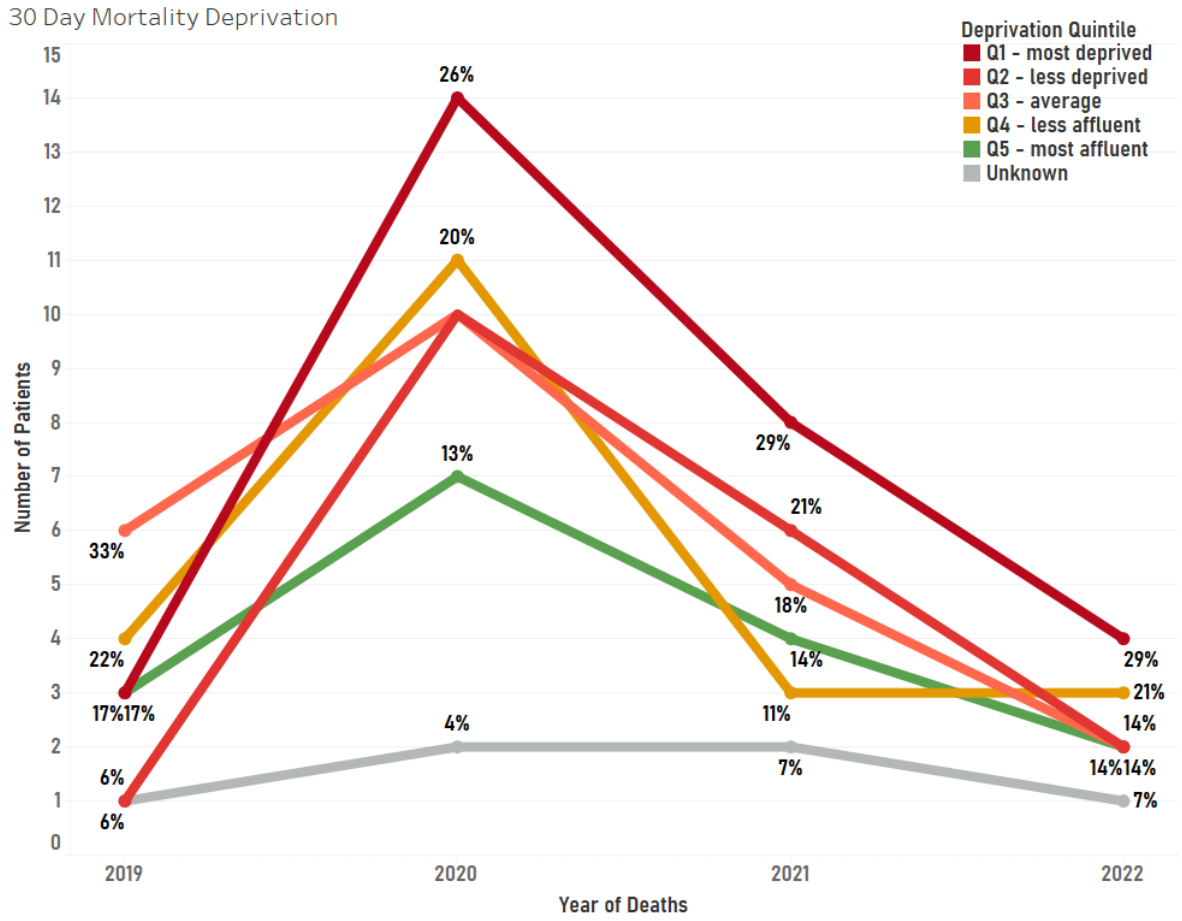


Figure 8 Deprivation of Patients who Died within 30 days of Discharge 2019-2022 to date

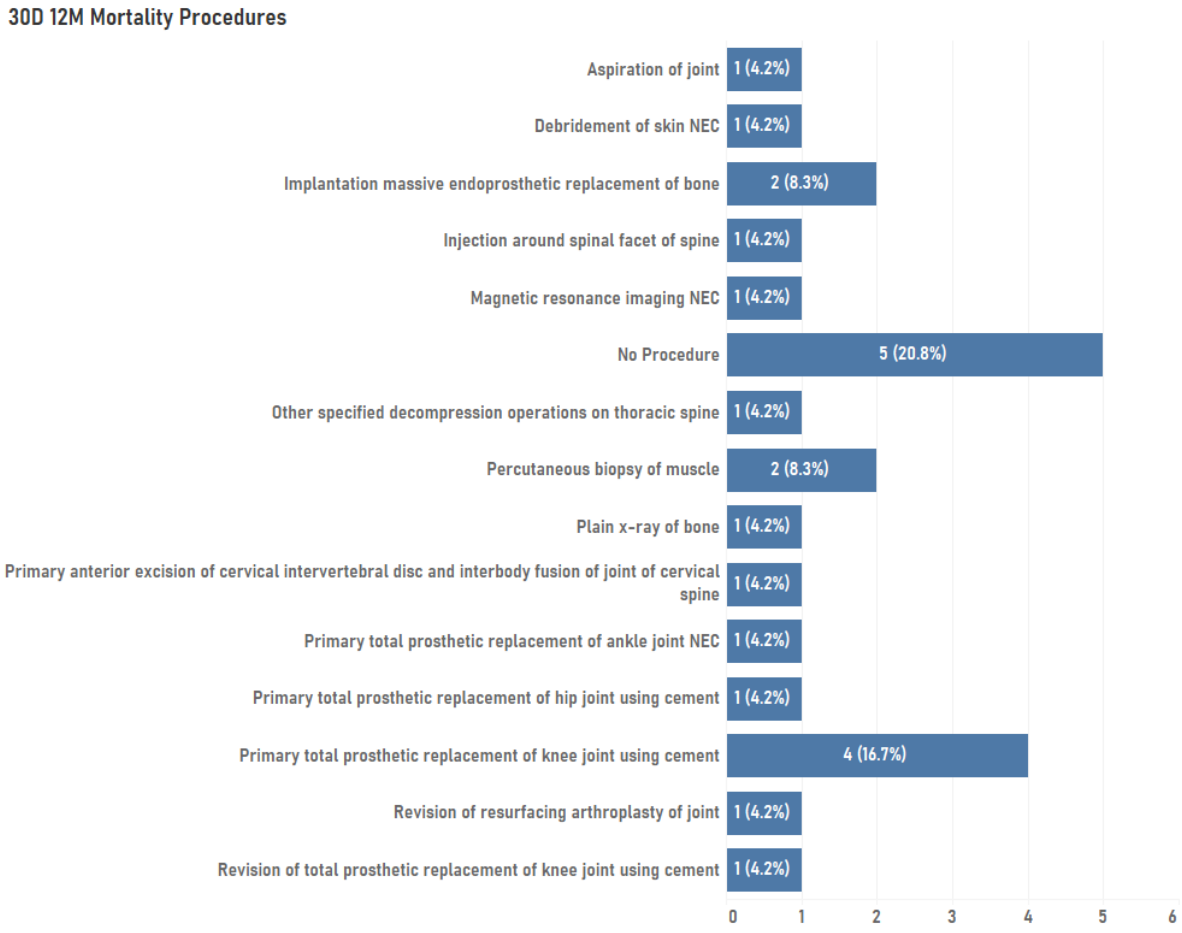


Figure 9 Procedures of Patients who Died within 30 days of Discharge From 1 Oct 2021

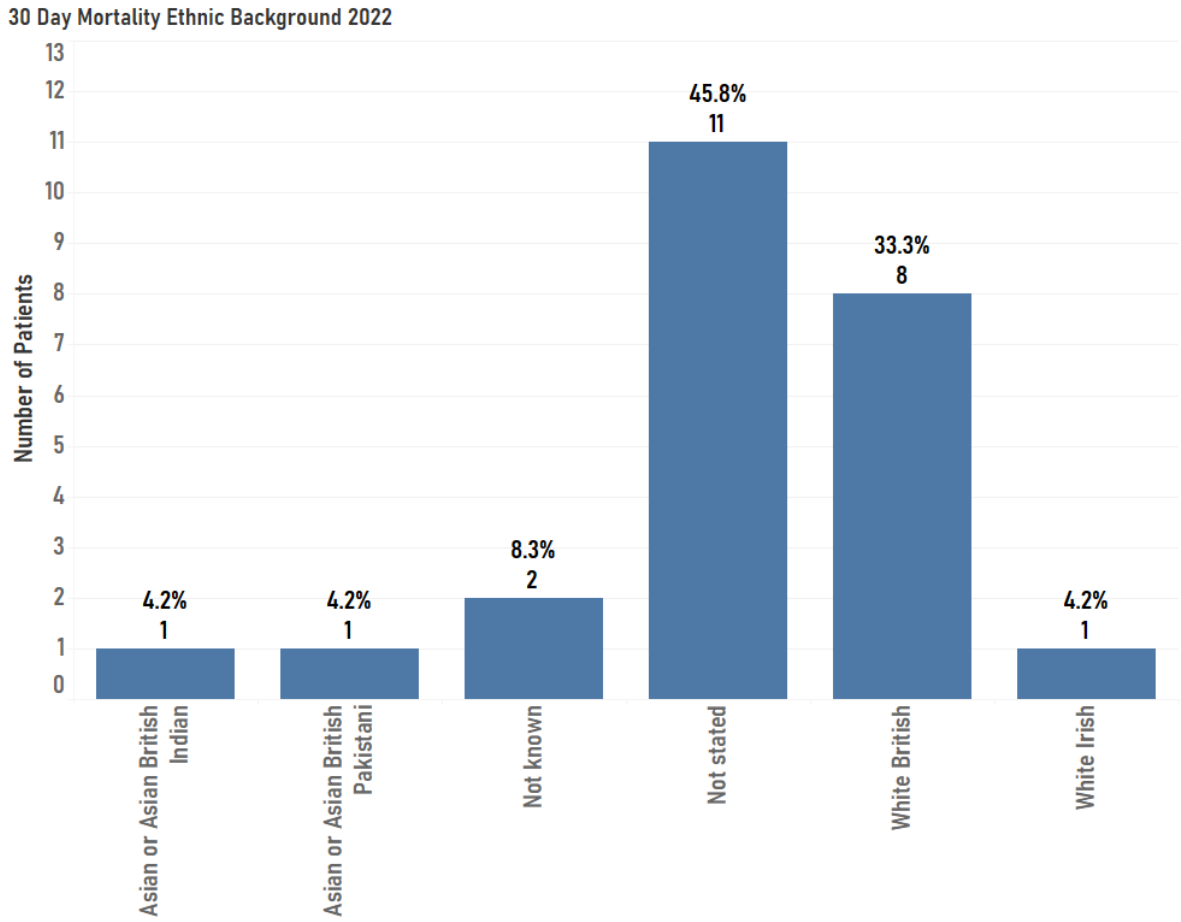


Figure 10 Ethnic Background of Patients who Died within 30 days of Discharge from 1 Oct 21

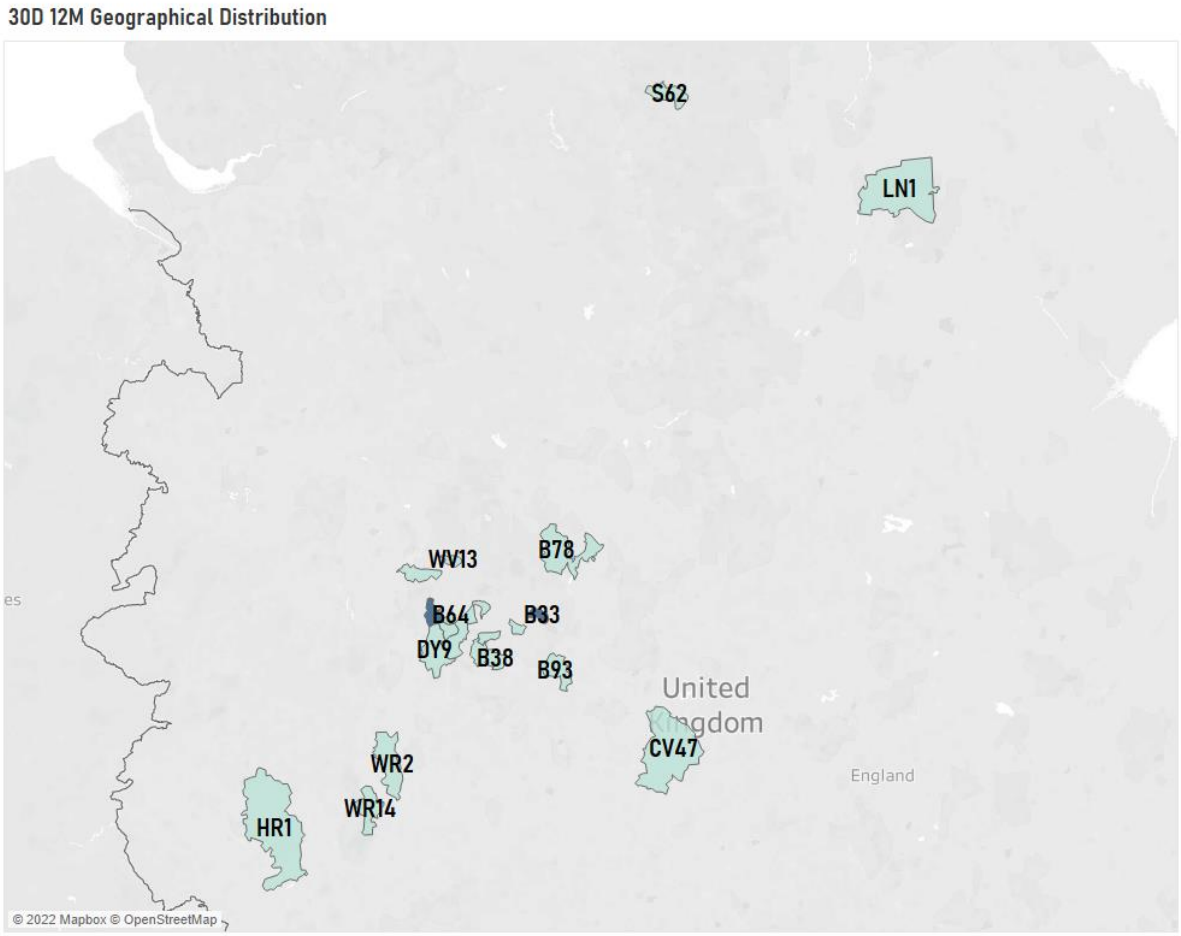


Figure 11 Geographical Distribution of Patients who Died within 30 days of Discharge From Oct 21

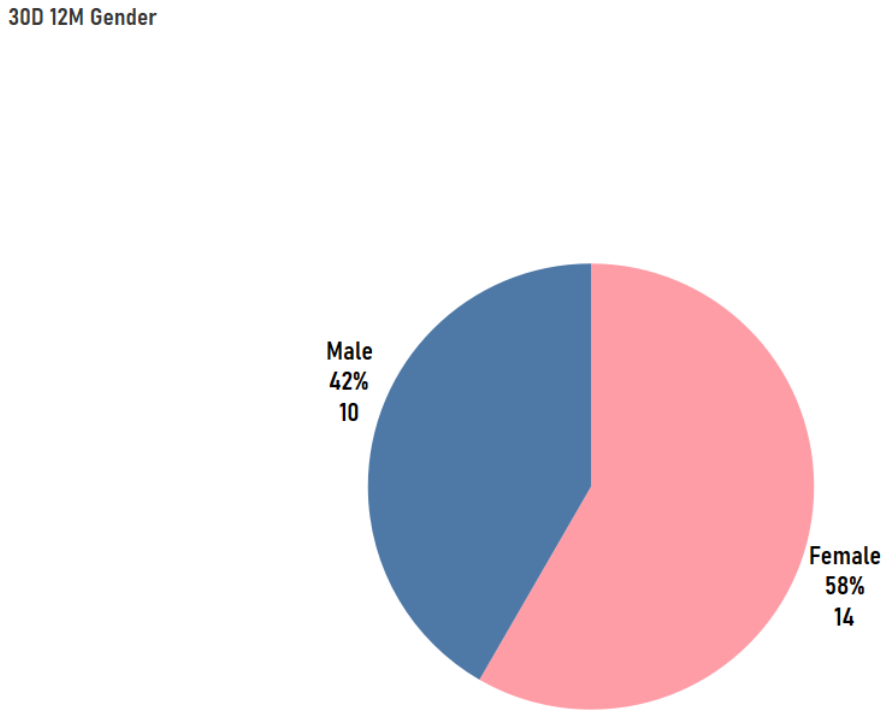


Figure 12 Gender of Patients who Died within 30 Days of Discharge from Oct 21

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Flu Vaccinations for Frontline Workers - CQUIN**
SPONSOR (EXECUTIVE DIRECTOR):	**Nicola Brockie, Acting Chief Nurse**
AUTHOR:	**Nicola Brockie, Acting Chief Nurse**
DATE OF MEETING:	**2 November 2022**

EXECUTIVE SUMMARY:

The Trust is embracing the CQUIN set around 'flu vaccinations for frontline workers. This CQUIN will run for quarters 3 and 4 only, from 1st September 2022 to 28th February 2023.

This paper outlines progress with the CQUIN, highlights key activities and risks to the achievement of the target.

REPORT RECOMMENDATION:

The Committee is asked to receive the report for assurance.

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
X		

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

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

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

CQUIN CCG1

PREVIOUS CONSIDERATION:

Infection Prevention and Control Committee and Executive Team is routinely updated with progress.
Quality & Safety Committee on 26 October 2022.

CCG1: Flu Vaccinations for Frontline Workers

Commissioning for Quality and Improvement (CQUIN)

2022/23 Update

1.1. This CQUIN will run for quarters 3 and 4 only, from 1st September 2022 to 28th February 2023.

1.2. The CQUIN lead is Victoria Clewer, Lead IPC Nurse and the Executive Lead is Steve Washbourne – Executive Director of Finance and Performance.

2. CQUIN Details

2.1. The aim is to achieve 90% uptake of flu vaccinations by frontline staff with patient contact. The minimum uptake required to achieve the CQUIN is 70%. Payment is made based on the whole period (September 2022 to February 2023).

2.2. Achievement of the CQUIN will be calculated from the specified numerator and denominator. The numerator is the number of staff who receive their flu vaccination. The denominator is made up of the total number of frontline healthcare workers in the Trust between 1st September 2022 and 28th February 2023 who are eligible to receive the vaccine.

2.3. In line with the widened definition of frontline healthcare workers used during the 2021/22 flu season, eligible staff includes non-clinical staff who have contact with patients.

2.4. Exclusions – the following staff/groups are to be excluded from the denominator:

- Staff working in an office area with no patient contact
- Social care workers
- Staff out of the Trust for the whole of the flu vaccination period (e.g., maternity leave, long term sickness).

2.5. The Trust are required to submit data monthly (between 1st September 2022 and 28th February 2023) to UKHSA via ImmForm. Data will be made publicly available approximately six weeks after each quarter.

3. Improvement Priorities

3.1. The Royal Orthopaedic Hospital Foundation Trust (ROHFT) is committed to offering 100% of employees the influenza vaccination during 2022-23. This goes above and beyond the requirement to vaccinate frontline healthcare workers who have patient contact.

4. Quarter 1 and 2 Updates

4.1. The Influenza vaccination Management Group has been set up and meet weekly since 16th September 2022 to plan and organise the 2022/23 campaign.

4.2. A self-assessment against the UKHSA best practice checklist has been completed (see Appendix B). The checklist has been developed based on the four key components (Committed leadership, Communications, Accessibility, and Incentives) of developing an effective influenza vaccination programme; there is a requirement to share the completed checklist in public board papers at the start of the flu season which will be undertaken by the executive lead.

4.3. Committed leadership

4.3.1. All Board members will be offered the influenza vaccination during the first week of the 2022-23 campaign.

4.3.2. The 2022-23 Influenza Campaign Management Group (ICMG) is formed by representatives including:

- Board Champion (Chair)
- Lead of Campaign (responsible for supplying up to date information on vaccination progress and action plan)
- All Divisions including Corporate (responsible for increasing uptake of the vaccinations in their area)
- Pharmacy (responsible for ensuring the vaccine is available)
- Communications (responsible for delivering the Communications Plan)

4.3.3. A full progress update will be provided to the Executive Team every fortnight throughout the campaign by the CQUIN Executive lead.

4.4. Communications Plan

4.4.1. The Trust Communication Team will lead the development of the 2022-23 Influenza Campaign Communication Plan.

4.4.2. A system-wide approach is being taken across Birmingham and Solihull with all Communication Leads working together to deliver a joined-up seasonal influenza vaccination communications and engagement campaign for all health and social care workers in all settings. The Trust is leading the system Influenza Communications Group and will ensure the campaign at ROHFT has the same look, feel and voice as other organisations in the system to ensure a unified approach.

4.5. Flexible accessibility

4.5.1. There are plans to train and develop as many 'peer' vaccinators as possible – which is the preferred method as set out in national guidance. This will include:

- Matrons and ward/dept. managers to lead vaccinations for their areas.
- A new team of flu vaccinators (available for bookings).
- 'Old POAC' will be used as a base to provide a manned area for vaccinations.
- Hubs will be set up in high footfall areas such as outside Café Royale, entrances etc.
- A rota for 'roving vaccinators' will be created to take vaccinations to staff who are unable to leave their departments.
- Sessions will be provided for theatres, acknowledging the large group of staff who may struggle to leave the department to obtain their vaccination elsewhere.

4.6. Incentives

4.6.1. Incentives for the 2022/23 vaccination programme are yet to be finalised but due to the success and positive reception of the vaccination incentives from the 2021/22 programme, these are likely to be adopted again for this year's campaign.

4.7. Vaccination window

4.7.1. The Trust will be vaccinating as many staff as possible in the first two months of the campaign working hard to ensure staff have access to the vaccine at a time that suits them.

4.7.2. Vaccinations will be available from Monday 3rd October 2022 until February 2023.

5. Outstanding actions/risks

5.1. Ongoing actions and best practice management checklist (Appendix A) are monitored weekly by the influenza vaccination management group.

6. Recommendation

6.1 The Trust Board is asked to:

RECEIVE and ACCEPT the update

Nikki Brockie
Acting Chief Nurse

October 2022

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

For public assurance via Trust Board by November 2022

Status Key

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

A	Committed leadership	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers (both clinical and non-clinical staff who have contact with patients)	
A2	Trust has ordered and provided a quadrivalent (QIV) influenza vaccine for healthcare workers	
A3	Board receives an evaluation of the influenza programme 2021 to 2022, including data, successes, challenges, and lessons learnt	
A4	Agree on a board champion for influenza campaign	
A5	All board members receive influenza vaccination and publicise this	
A6	Influenza team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Influenza team to meet regularly from September 2022	
B	**Communications plan**	
B1	Rationale for the influenza vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Influenza vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters, and social media	
B6	Weekly feedback on percentage uptake for directorates, teams, and professional groups	
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate, and empowered	
C2	Schedule for easy access drop-in clinics agreed	
C3	Schedule for 24-hour mobile vaccinations to be agreed	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	

D2	Success to be celebrated weekly	

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

TRUST BOARD

DOCUMENT TITLE:	**Board Assurance Framework**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive and Tim Pile, Chairman**
AUTHOR:	**Executive Team**
DATE OF MEETING:	**2 November 2022**

EXECUTIVE SUMMARY:

Attached is the refreshed Board Assurance Framework.

There are no risks proposed for adding to the Board Assurance Framework:

Risks proposed for closure:

- Covid-19-033 – risk score has been reduced and now meets target score of 8 (2Lx4C). The Trust continues to carry out Tier 1 risk assessments for all staff to identify any mitigation which may reduce the impact of Covid-19.
- FP8 – Director of Finance and Performance has proposed that this risk be closed from the Board Assurance Framework as this is now business as usual.

Risks reduced in current risk score:

- 770 - discussion took place in June to keep the current risk score at 20, but following completion of Phase 1 and Phase 2 of the Theatre works this score has now been reduced to 16 (4Lx4C) to reflect the work carried out to date to control the risk.
- OP6 – risk score has been reduced to 16 (4Lx4C) as capacity remains stable and additional UHB patients are being scheduled within ROH theatre capacity.

No risks have increased in current risk score.

Below risks have been reviewed by appropriate Executive Director. No movement to current risk scores noted for:

- WF24
- OP4
- 1298
- 1719
- 1089
- CE1
- CE2

The Board is asked to note that there is ongoing work by the Director of Governance and team to refresh the format of the BAF in line with the internal audit recommendations discussed previously. The timing of this refresh is to co-incide with the current work to revitalise and redefine the Trust's strategy.

REPORT RECOMMENDATION:

The Board is asked to:

- APPROVE the proposed changes to the Board Assurance Framework

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
	x	

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

Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity	x	Workforce	x
Comments: [*elaborate on the impact suggested above*]					

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

Aligns to all strategic objectives.

PREVIOUS CONSIDERATION:

June 2022

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	2	4	8	↓	September 2022 Associate Director of Workforce and OD: Current risk score reduced to 8 (2Lx4C) the Trust continues to carry out Tier 1 risk assessments for all staff to identify any mitigation which may reduce the impact of Covid 19. Propose this risk for closure.		2	4	8	Sep-22
WF24	Workforce	Chief Executive	There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	4	4	16	↔	September 2022 - Associate Director of Workforce and OD: Report submitted to June SE&OD tro be reviewed.	Ongoing	2	4	8	Sep-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full. Full annual maintenance plan now in place commencing April 2022.	Estates maintenance schedule	4	4	16	↓	September 2022 Executive Chief Operating Officer update: 1st phase of Theatre maintenance was successfully completed in April 2022 (Theatres 5, 6 and 7 and Ward 2). Second phase was successfully completed in August 2022 (Theatres 9 and 10 and Ward 1). Further work scheduled for April 2023 (Theatres 11, 12, 14 and 15 and Ward 3), August 2023 (Theatres 3 and 8 and Ward 4) and November 2023 (Theatres 1, 2 and 4 and Ward 10/12). Risk will be reviewed with Director of Estates once work has been completed. Current risk score has been reduced to reflect work carried out to date to control the risk.	Jan-22	1	5	5	Sep-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line. March 2022 - Update: Trust now moving forward with Solution from Doctor Dr which will be provided through Clnical Portal. Web-based version available to use during interim. June 2022: DoctorDr development is continuing HSCN line has been replaced. **September 2022 - Executive Director Finance and Performance has suggested that this risk be removed from the BAF as this is now business as usual.**	Apr-21	2	3	6	Sep-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	2	4	8	↔	September 2022 Executive Chief Operating Officer update: Current risk score was reduced in June 2022 to meet target risk score, however local guidelines have been reduced, wearing of masks in non-clinical areas is no longer necessary and patients no longer carry out lateral flow/PCR tests prior to surgery. We have seen an increase in Covid cases locally which has impacted operationally. Risk to remain open coming into Winter months. No outbreaks have been reported since new guidance has been implemented.	Ongoing	2	4	8	Sep-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	4	4	16	↓	September 2022 Chief Operating Officer update: ROH has now taken an additional 1000 patients from UHB as part of mutual aid support to provide quicker access for patients within the BSol region and to equalize the waiting lists across the system. Capacity remains stable and UHB patients are being scheduled within ROH theatre capacity, which remains.	Ongoing	2	4	8	Sep-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:- 1.Lack of patching and monitoring 2.Presence of unsupported Systems 3.Poor access and password audit and management 4.Inadequate and untested incident management and disaster recovery processes 5.Poor cyber security user awareness and training.		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Full update on Cyber Security prepared and submitted to Finance & Performance Committee on March 26th. Improving Cyber Security Resilience Report has been prepared to provide assurances on critical controls to reduce the risks of ransomware and denial of service attacks as recommended by NCSC. June 2022: Further work continues re DSP toolkit, Cyber Security Consultant has been employed to develop Trust's plans.	Ongoing	2	4	8	Jun-22

1719	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	↔	Risk was added to BAF in January 2022. June 2022 Executive Director of Finance update: Last few servers and end point devices are currently being patched (we have reached 99% completion). These are rather complex remaining ones but we are planning to complete these by the end of the month.	Ongoing	2	3	6	Jun-22
PERFORMANCE																						
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic		Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	September 2022 Chief Operating Officer update: September RTT changed as the Trust accepted 1000 patients from UHB, at end of Novembner for support, as part of BSol ICB mutual aid agreement. The impact of this has been a decrease of 8% against overall performance for the Trust. 52 week patients increased from 13 to 456 and performance is currently at 65.96%. A large number of the cohort of patients transferred from UHB to ROH have currently been waiting over 52 weeks for their 1st appointment which means waiting lists at ROH have increased significantly and patients at ROH will be further delayed. Current risk score is now above the the identified risk score due to system pressures and increased risk to patients.	Ongoing	3	3	9	Sep-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years		With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	September 2022 Executive Director Finance and Performance update: After receipt of additional national allocation, both the Trust and System have submitted balanced financial plans. However, given a significant amount of funding is linked to Elective Recovery, there is a significant amount of risk in delivery. There is still a significant underlying deficit for the Trust and System.		3	4	12	Sep-22
CE2		Medical Director	There is a risk of clinical harm due to longer waiting times for treatment following the Covid pandemic resulting in sub-optimal clinical outcomes, reputational and financial loss		Safe and efficient processes that are patient-centred	Trust Board	3	4	12	Harm Prevention Framework designed Summer 2021 Harm Prevention Tracker in use from January 2022 > mitigates risk by identifying clinical priority of patients listed for surgery		3	4	12	↔	June 2022: this risk has also been discussed in Division 1 Governance. Spinal CSL has met and discussed the risk with Deputy Medical Director and Spinal CSM and this risk has now been removed from Division 1 Risk Register. Risk and Policy Officer has requested assurances from Spinal CSM. September 2022 Medical Director update: Clinical priority continues to be tracked and fed back to clinical units monthly as well as clinicians. Tracked at CSL meetings and Executive Quality and Safety meetings. Inpatient clinical priority wait continues to be balanced against RTT associated risk and wider system contribution to improving accedss and mutual aid. New parallel measures being put in place as ROH takes on 1000 patients from UHB maintaining the facility for no and mild harm to be overseen and managed with clinical units and individual clinician level, with the requirement and mechanism to escalate moderate or severe harm.		2	4	8	Sep-22

RISK CATEGORIES

- Financial health and sustainability
- Clinical excellence
- Patient safety
- Patient experience
- Workforce capacity, capability and engagement
- Systems, information and processes
- Regulatory compliance and national targets
- Equipment & estates
- Strategy and system alignment
- Reputation and brand

UPDATED: SEPTEMBER 2022

ROHTB (11/22) 008

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 25 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Activity for the month, although higher than in August, was below plan, this having been impacted by cancellations, the additional bank holiday in September and sickness absence. • There remain a high number of vacancies in theatres although much work was underway to address this including benchmarking pay grades at the ROH compared with those elsewhere. In some areas recognised inequity with pay rates had already been adjusted, with plans underway for other areas. • 'Did Not Attend' rates had increased, some of which was due to patients not receiving postal reminders due to the Royal Mail strikes. • The diagnostics target had not been met at 98.5% (vs. 99%) due to a shortfall of twelve patients. The ongoing use of paper referrals was noted to be creating some delay in some diagnostic procedures; the issue would be addressed through the roll out of the Prescribing Information & Communications System (PICS). • An in month deficit of £210k had been reported, however a year end break even position remained forecast. • Energy spend was noted to be a significant pressure and agency staffing spend remained high. A national return had been requested by NHS England to outline the plan to address agency spend at a system level. • The Trust remained non-compliant with some elements of the Data Security and Protection toolkit. There was however, further work underway on disaster recovery and mitigations to unsupported systems were being arranged. Training levels were also being improved.	• Much work was underway to ensure that any delayed discharged were avoided due to social care or personal circumstances, such as poor heating or support at home. • Work was underway to clinically prioritise a cohort of patients accepted from University Hospitals Birmingham NHSFT (UHB) as part of a mutual aid arrangement. Robert Jones and Agnes Hunt NHSFT was also being supported by accepting some complex patients. These patients would be shown based on their trust of origin in future waiting list number analyses. • It was agreed that CIP scheme analysis would include whether schemes were recurrent or non-recurrent in nature. • Plan to address agency spend to be provided for the next meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The JointCare pathway had been relaunched and new staff had been trained in the process which it was hoped would drive down	• Remit closer discussion on vacancy rates and turnover to the Staff Experience & OD Committee.

length of stay. The JointCare 'app' would be launched in November 2022. • The Outpatient waiting times (30 and 60 minute) were below the Trust target. • The virtual clinic level was reported to have improved slightly. • The shoulder service was now bookable directly by patients as a pilot, which would improve the timeliness of consultation for patients needing access to clinical opinion. • The mutual aid arrangement for the Birmingham & Solihull system was noted to be working well. • All cancer targets had been met aside from the 62-day standard which was due to the complexity of the tertiary referrals. The ROH had been commended by the Strategic Oversight Group for its management of cancer patients. • It was noted that private patient income was above plan. • The Trust was ahead of plan in terms of delivery of its Cost Improvement Plan. It was likely to be more challenging to achieve this for the forthcoming year. • Short and long term sickness absence was noted to have reduced. • The Committee received and noted the Operational Delivery Plan.	

Chair's comments on the effectiveness of the meeting: It was noted that there was significant challenge for the Executive Team to deliver the range of national and operational targets in the light of the ongoing politically unstable environment and the team was thanked for their persistence. The meeting had run to time and included some valuable discussions which focussed on assurance.

ROHTB (11/22) 009

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 26 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• It was noted that there remained a gap around the nursing cover for paediatric patients seen by the organisation. A Service Level Agreement is to be signed with Birmingham Women's and Children's NHSFT for support, with further work to do to understand the provision to meet the CQC requirements for 24/7 access to advice. • The national shortage of blood products had been discussed by the Quality & Safety Executive, which was given oversight by the new Associate Medical Director. The process to risk-assess forthcoming cases was described by the Chief Operating Officer. • The Committee was apprised of the high number of vacancies in theatres and the efforts to address this were outlined. The matter was under close scrutiny by the Staff Experience & OD Committee. • It was reported that the Trust had reached it contractual threshold for *C.difficile* infections. It was noted that there were some emerging concerns from an Infection Prevention & Control perspective that were currently being reviewed. • Levels of resuscitation training were reported to be lower than desired at present although there was further work underway to address this and a new resuscitation lead had been recruited. Assurance was provided around the current level of proficiency of staff with life support processes. • It was noted that a high level of agency staff was being used at present. Assurance was provided around the mitigations to this position including the induction programmes for agency staff, the use of block bookings and training in the use of the Prescribing Information & Communications System (PICS).	• Report to be provided on incidents that had been reported as being associated with disparate IT and paper-based systems. Report to include progress with implementation of OrderComms (electronic diagnostic referral system) **January 2023** • Agreed that a report into the vulnerability of services from a workforce perspective would be presented to the Committee in **January 2023** and onwards to Trust Board. • An analysis of 'near miss' incidents to be provided, in addition to some longer term trends of incidents and lessons learned within the Quality Report. Target for the revisions to the report to include this is **Quarter 4 2022/23**. • Outcome of the Root Cause Analysis into the moderate harm incident to be presented **in January 2023**. • Further update on falls to be presented in **February 2023** to include learning from other organisations and benchmark information. • Assurance report on Infection Prevention & Control concerns to be presented at the **January 2023** meeting. • Present the Terms of Reference for the Integrated Care System's Quality Committee at a future meeting when they had been finalised. In the meantime the minutes of the meetings be circulated by **November 2022**.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• An assurance update was provided into the rationale for grading a provisional moderate harm incident. It was noted that the	• None specifically other than above.

investigation remained ongoing at present and the outcome would be reported back the new year. • It was noted that the Trust was actively providing mutual aid to providers within the Birmingham & Solihull Integrated Care System (ICS) and to Robert Jones & Agnes Hunt NHSFT. The additional cohorts of patients would be subject to usual clinical prioritisation and harm review processes. • A themes review into falls was presented. It was noted that the spike in Quarter 4 2021/22 was likely to have been reflective of the different cohort of patients that was being treated at the ROH. These were more frail with a higher risk of falling. Daily huddles were now in place to enhance processes for sharing the risk assessments around patients being treated. • A report into readmissions within 90 days of discharge was received which showed that there had been an increase in cases, although the majority appeared not to result in an inpatient stay. The Trust was not reported to be an outlier. Readmissions were being reviewed as a system and at the ROH enhanced protocols were being introduced to review patients prior to discharge. • A Learning from Deaths and mortality update was presented which showed that the level of deaths had normalised following the peak at the height of the COVID pandemic when the ROH had treated trauma patients. Further work was reported to be underway to strengthen the governance processes to support the mortality analyses. • Good performance was reported against the CQUIN related to Shared Decision Making. The learning and best practice discussed at the recent National Orthopaedic Alliance conference would be built into Trust processes. • It was reported that a new Children's and Young Persons' forum had been established and was working well. A transition nurse would be appointed shortly, the process by which would include a Youth Panel. • An update from the recent meeting of the Integrated Care System's Quality Committee was provided.	

• Good progress with the uptake of the 'flu vaccination was reported. The CQUIN for this was 70% of patient facing staff.	

Comments on the effectiveness of the meeting: It was agreed that the agendas for committee meetings needed to be balanced in terms of guest attendance. The overlap between discussions at the different Board Committees needed to be refined to reduce some of the duplication. The upward reporting processes were noted to work well. It was suggested that the reports needed to focus more on assurances offered and better highlight this for Committee members. The Committee would also benefit from being able to monitor improvement or deterioration of underperformance over time not solely in real time.

ROHTB (11/22) 010

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 26 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• A statutory ballot of the Royal College of Nursing was noted to be due to take place and the impact of the likely industrial action was being gauged at present. • Turnover was reported to have continued to deteriorate. A retention steering group had been established to work through measures to address this. This included the strengthening of the '100 day' induction process and acting on feedback received at the reunion events. • Some difficulties with the approach that some trainees were adopting and displaying in a 'post-COVID' world were described and being fed back to the educational institutions where these were of concern. • There was noted to have been a deterioration in performance against some of the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES). There was reported to be an action plan in place to address this position. It was noted that this may also reflect an increased willingness to speak up about concerns in the organisation.	• More work is planned to understand the reasons for leaving and improve uptake and logging of exit questionnaires. • Further validation and triangulation of the leavers data to be undertaken. • A new performance management policy was reported to be under development.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was joined by a Physiotherapist who described her journey through the organisation and highlighted in particular, how she had championed a 'call to action' in line with the aspirations of the Black Lives Matter movement. She had subsequently delivered anti-racism training which had been well received, both within the Trust and at a national level. The member of staff described her positive experience of participating in the Enabling a Productive and Inclusive Culture (EPIC) programme but noted that there was further work to do to embed understanding around this and its intention within the Trust. The individual had also taken on responsibility for	• None specifically

manual handling training which had improved compliance with the training target for this module. • The Committee was informed of the good work to celebrate Black History month, Freedom to Speak Up month, Domestic Abuse week and Menopause support. • The disability forum was reported to be working well. • Sickness absence was noted to be reducing. • The report into statutory and mandatory training showed an increase in compliance with targets. The lower figure for resuscitation training was being addressed through a refined programme. The Committee agreed that the new Statistic Process Charts (SPC) provided a higher level of assurance. • There was continued work to support staff through the Cost of Living Crisis and the wellbeing week had been rescheduled to November 2022. • There was reported to be a plan to upgrade Café Royale over the coming months. • There was good work to prepare for the higher levels of trainees from Aston University and the University of Birmingham expected next year. • An evaluation of the EPIC programme was presented. The benefits of the course to those attending were recognised by the Committee and it was noted that masterclasses were to be introduced for those unable to commit to the full course. • There had been a good start to the uptake of the national staff survey. • The Committee received a positive evaluation around the experience of one of the 10,000 black interns who had joined the Trust for a period.	
Chair's comments on the effectiveness of the meeting: It was noted that a key theme throughout some of the reports and discussions was around the differing attitudes, expectations and behaviours of individuals in the evolving context and from different backgrounds and ages.	

ROHTB (11/22) 011

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 14 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There remained an outstanding Service Level Agreement to be signed with University Hospitals Birmingham NHSFT for the provision of financial services by a group of staff who had moved under TUPE transfer. There remained no issue concerning service provision however and the signing of the formal document to agree the arrangement would be escalated. • It was noted that there was some instability in relation to the external audit environment at a national level, however there was anticipation that this would be resolved under new leadership.	• Work was reported to be underway to review the counterfraud contract. • Work to train staff in mechanisms to ensure compliance with Standing Financial Instructions to be outlined at the next meeting • Consideration to be made around including the clinical audit process within the remit of the Audit Committee. • Work was reported to be underway to develop a single platform to capture strategic service improvement • Agreed that the internal audit plan be appended to the upward report as requested at the last Trust Board meeting
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• It was reported that the financial sustainability assessment review was progressing well and to the national timescales. • The draft workforce planning report was presented which would need to be considered by the Executive Team prior to the final version being reviewed at the January 2023 meeting of the Audit Committee. The report picked up areas where there was good practice but also made some draft recommendations around improvements required, including those needing system support and management. • It was reported that the Data Security and Protection Toolkit had been submitted and the action plan to address the areas of shortfall had been approved.	• The Committee approved the terms of reference for the 'Improving NHS Financial Sustainability' internal audit • The Committee agreed that there were no changes to its terms of reference which required to be made

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had allowed a good level of challenge but also recognition where needed. There was no request between Committee members and the auditors to meet privately.

KPMG

Internal Audit plan 2022/23

The Royal Orthopaedic Hospital NHS Foundation Trust

KPMG Internal Audit, Risk & Compliance Services

July 2022



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Audit Committee

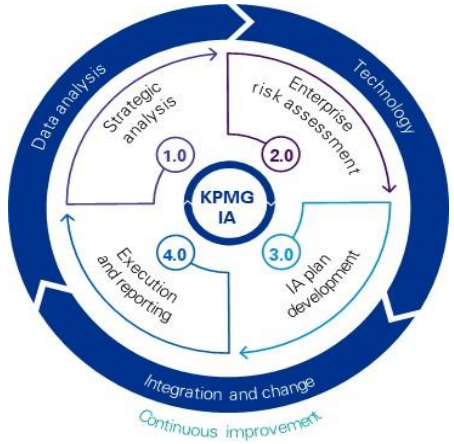
How we prepare the Internal Audit plan 2022/23

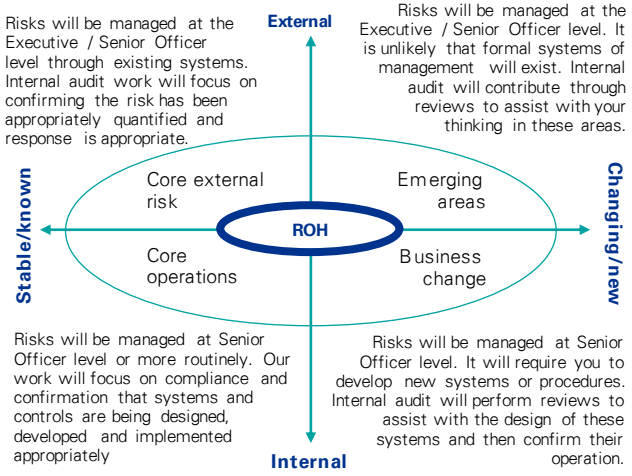
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Our Internal Audit plan is devised by understanding the strategy and objectives of Royal Orthopaedic Hospital Foundation Trust (ROH), its risk profile (whether strategic, operational, or change risks), considering the other forms of management and independent assurance and, therefore, agreeing what internal audit work is required. We have summarised this process opposite and provided details below:

1. **Strategic analysis** In developing our risk assessment and plan for 2022/23 we review your vision and mission, as set out below, as well as your strategy.
2. **Enterprise risk assessment** Drawing on your risk register, our knowledge of the systems you operate, the audit work performed in prior years, and our wider knowledge of the health sector we use the approach shown opposite to categorise your auditable systems.
3. **IA plan development** We have combined our assessment of the overall risks you face with a more traditional internal audit assessment of inherent risk, control risk and materiality to identify the sequence in which we will perform our work. To ensure that we track the type of work we are performing we have identified whether the work is based on a cyclical review of your systems to provide the Head of Internal Audit Opinion, or in response to a one off risk within ROH.
4. **Execution and reporting** At the conclusion of our planning process we also provide an initial summary of the scope of each review we are proposing and the timing of our work. These details are finalised in advance of the detailed fieldwork being completed as part of the Terms of Reference process we complete with audit sponsors (we have an Executive Sponsor for each review) and auditees (those who will be involved in more detail with our fieldwork). At the conclusion of our planning process we also provide an initial summary of the scope of each review we are proposing and the timing of our work. These details are finalised in advance of the detailed fieldwork being completed as part of the Terms of Reference process we complete with audit sponsors (we have an Executive Sponsor for each review) and auditees (those who will be involved in more detail with our fieldwork).

   We produce risk rated reports for each internal audit to highlight the findings and seek management agreement on the factual content, and obtain comments on all of our proposed management actions. These reports, and individual findings, are rag rated to help you focus your resources on control/risk issues identified in priority order. We also produce regular progress reports for members of the Audit Committee, summarising the results of our work, status of the plan, and provide comment on how lessons learnt from our internal audits are shared across the organisation.





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Summary of the Internal Audit plan 2022/23

02

We set out below the proposed schedule for delivering the Internal Audit plan 2022/23. This schedule has been aligned with the planned dates of the Audit Committee to ensure a smooth and balanced cycle of reporting throughout the year.

		June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
01/22	General IT Controls	■	■									
02/22	Workforce Planning		■	■								
03/22	Health Inequalities				■	■						
04/22	Key Financial Controls						■	■				
05/22	Theatre Utilisation / Productivity							■	■			
06/22	DSP Toolkit								■	■		
07/22	BAF and Risk Management									■	■	
08/22	Contingency											
Audit Committee Dates			❖			❖			❖			❖

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Detailed Internal Audit plan 2022/23

03

We set out below the proposed schedule for delivering the Internal Audit plan 2022/23. This schedule has been aligned with the planned dates of the Audit Committee to ensure a smooth and balanced cycle of reporting throughout the year.

#	Name	Rationale for inclusion and scope	Sponsor
01/22	General IT Controls	**This is a core review to inform our Head of Internal Audit opinion.** We will review the general I.T. controls in place around specific I.T. systems in use at the Trust. Our audit will include an assessment of a range of logical and physical access controls, governance controls and computer operations controls.	Executive Director of Finance & Performance
02/22	Workforce Planning	**Risk Based Review** Workforce planning remains a key risk to the Trust. Balancing the Trust's workforce productivity agenda, with staff culture, recruitment and retention is a key challenge faced by the Trust. Along with having in place a credible medium workforce plan which is sufficiently resilient.	Chief People Officer
03/22	Health Inequalities	**Risk Based Review** Health inequalities have been articulated as part of the NHS Longer Term plan and NHS England's Covid-19 Phase 3, Restoration and Recovery Phase. This is a large piece of work for the NHS as a whole, and as such, we will consider the steps that are being taken at a Trust level to work towards identifying and tackling prevailing inequalities across the patient population.	Executive Director of Strategy and Delivery

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Detailed Internal Audit plan 2022/23

#	Name	Rationale for inclusion and scope	Sponsor
04/22	Key Financial Controls	**This is a core review to inform our Head of Internal Audit opinion.** We will assess the design of controls in place to support the production of accurate and timely underlying financial records. This will include consideration of all financial systems including general ledger, treasury management, budgetary control, payroll income and expenditure, creditors and fixed assets. We will use data analysis techniques to test the operation of key controls over the financial systems. This is our second year and the Trust's Internal Auditors, as such we will include consideration of previous agreed actions within the review. Through our discussions with external audit, we will ensure that maximum reliance can be placed on our work.	Executive Director of Finance & Performance
05/22	Theatre Utilisation / Productivity	**Risk Based Review** We will assess the processes for developing theatre lists in order to ensure that most efficient use possible is made of available theatre capacity. We will consider how timings of procedures are assessed to help plan use of the theatre and staffing required. We will review processes for the release of theatre lists where they will not be used as planned to seek to utilise the theatre capacity. We will review the processes for collecting and reporting theatre utilisation data to assess whether sufficient controls have been developed to ensure the accurate reporting of performance. We will undertake sample testing to assess the accuracy of reported data during the year.	Executive Chief Operating Officer

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Detailed Internal Audit plan 2022/23

#	Name	Rationale for inclusion and scope	Sponsor
06/22	Data Security Protection (DSP) Toolkit	**This is a core review to inform our Head of Internal Audit opinion.** We will review the processes for the collation of information from across the organisation for the assessment of the DSPT scores. This review will be in line with the requirements of NHS Digital. Our review will consider the progress made in preparing the evidence for the Toolkit submission to provide assurance that evidence supports the Trust's anticipated level and help identify gaps in evidence available to support the self-assessed level. On the assumption that there are no changes made to the reporting programme by NHS Digital for 2022/23, Royal Orthopaedic Hospital NHS Foundation Trust is required to make a performance update in October 2022, and this will be used as a baseline for our review. The timing of our review is such to allow the Trust ample time to make any refinements required prior to the final submission as at 31 March 2023.	Executive Director of Finance & Performance
07/22	BAF and Risk Management	**This is a core review to inform our Head of Internal Audit opinion.** We will review the consistency of BAF and risk documentation, monitoring and reporting across the Trust. This is our second year as the Trust's Internal Auditor, as such our review will include consideration of agreed actions raised within the previous IA review in 2021/22. Our review will also give consideration to the processes in place for risk management across the Trust by ascertaining the framework in place, reviewing the Trust-wide approach to identifying operational and corporate risks, reviewing and commenting on the risk map, risk management strategy and risk management policies against best practice, and reviewing the arrangements for reporting risk throughout the Trust. This review will also incorporate our soft controls framework in order to understand how a culture of risk is embedded across the Trust through a workshop with Trust Officers.	Director of Corporate Affairs and Company Secretary

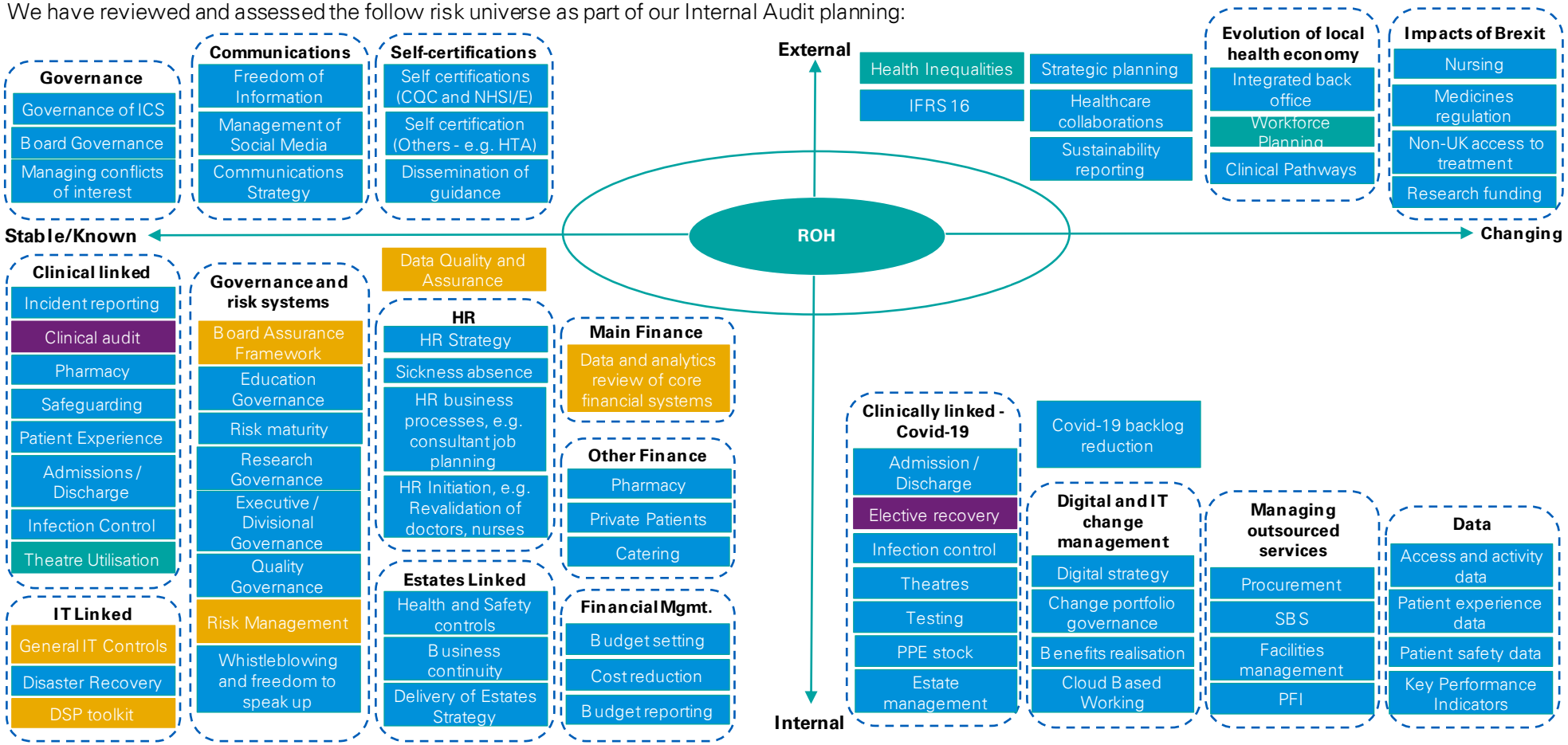
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Strategic Internal Audit plan 2021-2024

04

We have reviewed and assessed the follow risk universe as part of our Internal Audit planning:



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Strategic Internal Audit plan 2021-2024

Following our identification of the auditable systems and consideration of how these link to your strategy we have then developed our strategic plan to consider the audit risk and therefore the work to be completed within the remaining years of the strategy. We have set this out below:

Areas	Previous assurance	Forecast assurance	Audit type	Past high priority recs	Aggregate risk	2021/22	2022/23	2023/24
Auditable Area			Systems	1	Medium	✓		

The first part of our analysis shows which area is being reviewed and identifies past assurance (and the year it was awarded) levels. Further to this, we have also forecast the expected future assurance level for each area were it to be included in the current year audit plan. The previous assurance allows a judgement to be made on the organisational progress of assurance rating over time, and the level of improvements that have occurred during the audit cycle. Our forecast assurance rating is based upon our understanding of the operating environment, the controls in place and work completed since the previous audit or discussion which have taken place in formulating the revised strategic plan.

The second part of our analysis assesses audit category; All our audits are undertaken using a systems based audit methodology. However, some of those audits are focused on:

- **Core** content (such as those financial controls, risk management, governance or data control) which we need to undertake to provide a head of internal audit opinion.
- Consideration of value of money (**vfm**) or wider systems, which while a number of such review are required to issue an internal audit opinion a less prescriptive scope can be formulated.

The third part of our analysis considers our internal audit risk, which is the aggregate of the related material, inherent and control assessments. This risk reflects the internal audit risk and impact of controls, rather than the organisational risk, which is formulated to an alternative assessment of likelihood and impact criteria. We cross refer our operational plan to the Risk Register as part of the formation of that. We have also analysed how many high risk actions we have raised to date as part of our strategic Internal Audit plan.

The fourth part of our analysis timing of review for individual auditable system within the strategic plan. It shows when system have previously been reviewed and when they are next expected to be reviewed. The aim of this sequencing is to balance risk of systems, required internal audit standards and flow of work across the five years of the strategic plan.

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Strategic Internal Audit plan 2021-2024

Areas	Previous assurance	Forecast assurance	Audit type	Aggregate risk	2021/22	2022/23	2023/24
Core Risks							
Key Financial Controls	2021/22		Core, D&A	MEDIUM	✓	✓	✓
BAF and Risk Management	2021/22		Core, D&A	MEDIUM	✓	✓	✓
Data quality: KPI assurance	2021/22		Core, D&A	MEDIUM	✓		✓
General IT Controls	2021/22		Core	MEDIUM	✓	✓	✓
DSP Toolkit	2021/22		Core	MEDIUM	✓	✓	✓
Clinical Audit	2021/22		Risk Based	MEDIUM	✓		
Incident Reporting			Risk Based	LOW			
Risk Maturity			Risk Based	MEDIUM			
Divisional Grip			Risk Based	MEDIUM			
Delivery of Estates Strategy			Risk Based	MEDIUM			
Disaster Recovery/ Crisis Management			Risk Based	MEDIUM			
Business Continuity			Risk Based	MEDIUM			
Health and Safety Controls			Risk Based	MEDIUM			
Recruitment and Retention			Risk Based	MEDIUM			
Statutory and Mandatory Training			Risk Based	LOW			
Sickness absence management			Risk Based	MEDIUM			
Temporary staff management			Risk Based	MEDIUM			
Annual leave compliance			Risk Based	LOW			
Appraisals			Risk Based	LOW			

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Strategic Internal Audit plan 2021-2024

Areas	Previous assurance	Forecast assurance	Audit type	Aggregate risk	2021/22	2022/23	2023/24
Core Risks							
Pharmacy / Medicines Management			Risk Based	MEDIUM			✓
Patient Experience			Risk Based	LOW			
Cost Improvement Programme			Risk Based	MEDIUM			✓
Budget Setting			Risk Based	MEDIUM			
Budget Reporting			Risk Based	MEDIUM			
Core External Risks							
Governor's roles and responsibilities			Risk Based	LOW			
Divisional Governance			Risk Based	MEDIUM			
Governance of ROH Board			Risk Based	MEDIUM			
Managing conflicts of interest			Risk Based	MEDIUM			
Sustainability: Trust Approach			Risk Based	MEDIUM			
Freedom of Information Requests			Risk Based	MEDIUM			
Publicity, Reputational Risk and Stakeholder Management			Risk Based	MEDIUM			
Self Certification (second level – HTA, Blood and Transplant)			Risk Based	LOW			
CQC Clinical Care			Risk Based	MEDIUM			
CQC Action Plan Integrated Improvement Plan			Risk Based	LOW			
Research and Development Strategy and Governance			Risk Based	MEDIUM			
Safe Staffing Levels			Risk Based	MEDIUM			
Quality Governance			Risk Based	LOW			

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Strategic Internal Audit plan 2021-2024

Areas	Previous assurance	Forecast assurance	Audit type	Aggregate risk	2021/22	2022/23	2023/24
Emerging Areas							
Integrated back office			Risk Based	MEDIUM			✓
Workforce Strategy/Recruitment			Risk Based	LOW		✓	
Clinical Pathways			Risk Based	LOW			
Nursing Staff – Brexit Impact			Risk Based	MEDIUM			
Health Inequalities			Risk Based	MEDIUM		✓	
Medicines Regulation			Risk Based	MEDIUM			
Research Funding			Risk Based	LOW			
Sustainable Medium Term Financial Plans			Risk Based	MEDIUM			
Working with Commissioners – Birmingham and Solihull CCG			Risk Based	MEDIUM			
Strategic Partnerships – Birmingham and Solihull STP			Risk Based	MEDIUM			
Informatics: Service Review			Risk Based	MEDIUM			✓
Admission and Discharge			Risk Based	MEDIUM			
Infection Control			Risk Based	MEDIUM			
Theatre Utilisation / Productivity			Risk Based	MEDIUM		✓	
Covid-19: Testing			Risk Based	MEDIUM			
PPE Stock and Estates Management			Risk Based	MEDIUM			
Business Change							
Medical Staffing Productivity			Risk Based	MEDIUM			
Procurement			Risk Based	MEDIUM			

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Strategic Internal Audit plan 2021-2024

Areas	Previous assurance	Forecast assurance	Audit type	Aggregate risk	2021/22	2022/23	2023/24
Business Change							
Job Planning			Risk Based	LOW			✓
Medical Staffing (rota development, management & approval)			Risk Based	MEDIUM			
E-Rostering / Rostering Software			Risk Based	MEDIUM			
Staff health and wellbeing			Risk Based	MEDIUM			
Digital Trust Strategy			Risk Based	MEDIUM			
Cyber Security			Risk Based	MEDIUM			✓
Overseas Visitors			Risk Based	MEDIUM			
Clinical Coding			Risk Based	MEDIUM			
Patient Experience Data			Risk Based	LOW			
Patient Safety Data			Risk Based	MEDIUM			
Elective Recovery			Risk Based	MEDIUM	✓		
Electronic Patient Record System: Control & Design			Risk Based	MEDIUM			

Cost of internal audit reviews	£73,200
Actions follow up	£1,920
Audit planning	£1,920
Contract management, Progress Reports, Audit Committee Attendance	£5,760
Contingency for an additional risk based review in year	£7,200
Internal audit cost for 2022/23	£90,000

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Strategic Internal Audit plan 2021-2024

We have linked the internal audits to your most recent risk assessment:

Strategic risk description	Your risk rating	Planned internal audit report and explanation of timing of coverage	Internal Audit planned response		
			2021/22	2022/23	2023/24
1. BAME colleagues unintentionally placed at higher risk of impacts of Covid-19.	●	There is no review currently planned in respect of this risk area.			
2. Increased sickness absence as a result of staff exhaustion or emotional strain.	●	There is no review currently planned in respect of this risk area.			
3. Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure.	●	There is no review currently planned in respect of this risk area.			
4. Failure of IT systems to support the new ways of working developed during the Covid-19 response.	●	We have planned a number of reviews which address IT system risks throughout our internal audit plan 2021-24 including DSP Toolkit and General IT Controls reviews.	●	●	●
5. Increased virus transmission and reproduction rates.	●	Our internal audit plan address emerging risks from Covid-19, including our Elective Recovery review in 2021/22.	●		
6. Insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase.	●		●		
7. Failure to protect the Trust from a large and increasing growth in the number and type of malicious attempts to disrupt IT systems.	●	We have planned a number of reviews which address IT system risks throughout our internal audit plan 2021-24 including DSP Toolkit and General IT Controls reviews.		●	●
10. The Trust is exposed to increased cyber risk as a result of exploitation of a vulnerability within the Log4j library.	●			●	●

Continued overleaf

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Strategic Internal Audit plan 2021-2024

We have linked the internal audits to your most recent risk assessment:

Strategic risk description	Your risk rating	Planned internal audit report and explanation of timing of coverage	Internal Audit planned response		
			2021/22	2022/23	2023/24
11. Failure to meet the Referral To Treatment national target of 92% of patients within 52 weeks, increasing delay in patient treatment.	●	We have planned a number of reviews which address your approach to operational targets for our internal audit plan 2021-24, which include CQC action plans, staffing and data quality reviews.	●	●	
12. Financial modelling suggests the Trust (and ICS) has significant run-rate pressures over the next four years.	●	We have planned a number of reviews which address financial sustainability for our internal audit plan 2021-24, including a review into your Cost Improvement Programme.			●

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This report is provided pursuant to the terms of our engagement letter. Nothing in this report constitutes a valuation or legal advice. We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in our engagement letter. This report is for the sole benefit of The Royal Orthopaedic Trust (ROH) . In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Trust, even though we may have been aware that others might read this report. This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than ROH) for any purpose or in any context. Any party other than the Trust that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through the Trust's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Trust. Any disclosure of this report beyond what is permitted under our engagement letter may prejudice substantially our commercial interests. A request for our consent to any such wider disclosure may result in our agreement to these disclosure restrictions being lifted in part. If ROH receives a request for disclosure of the product of our work or this report under the Freedom of Information Act 2000 or the Freedom of Information (Scotland) Act 2002, having regard to these actionable disclosure restrictions the Trust should let us know and should not make a disclosure in response to any such request without first consulting KPMG LLP and taking into account any representations that KPMG LLP might make.

This report has been prepared solely for ROH in accordance with the terms and conditions set out in our engagement letter. We do not accept or assume any liability or duty of care for any other purpose or to any other party. This report should not be disclosed to any third party, quoted or referred to without our prior written consent.

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Finance and Performance Report

September 2022

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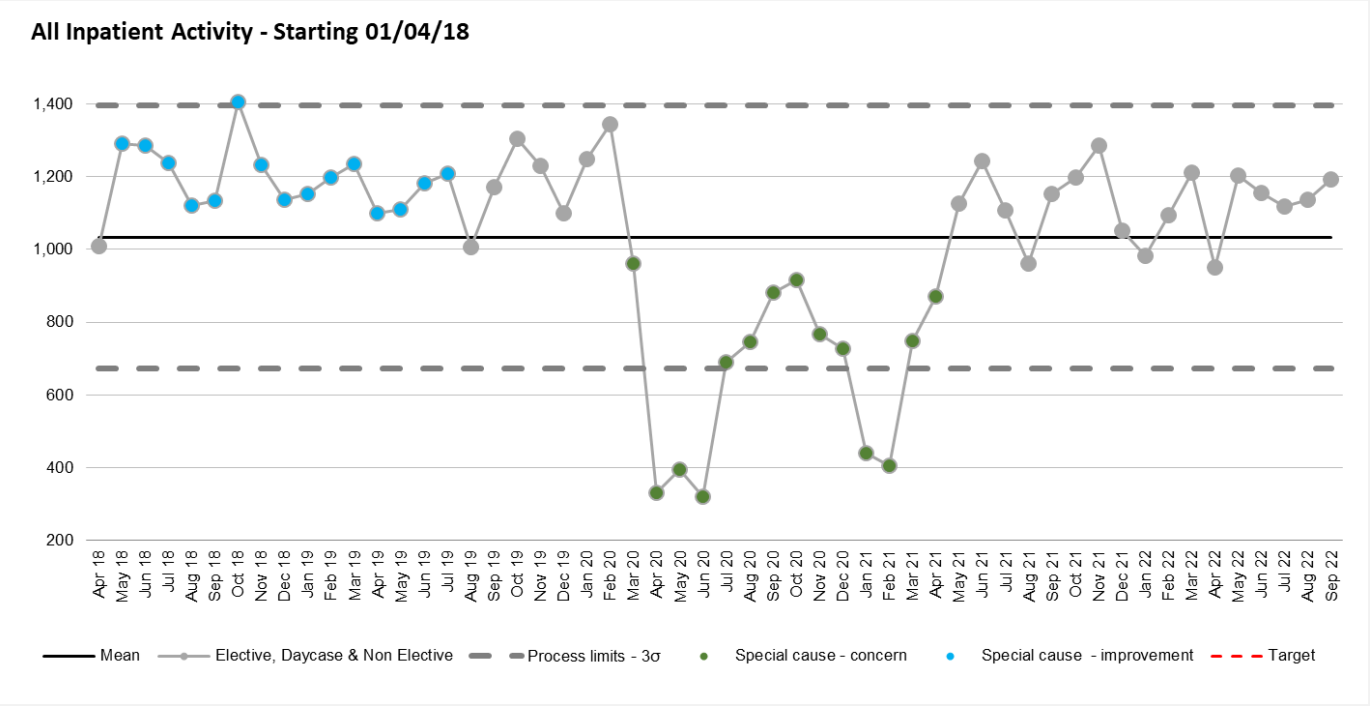
	Introduction
1	Activity Summary
2	Theatre Utilisation
3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
9	Income
10	Expenditure
11	Agency Expenditure
12	Cost Improvement Programme
13	Liquidity & Balance Sheet analysis
14	ICS Financial Analysis
15	Workforce

Introduction

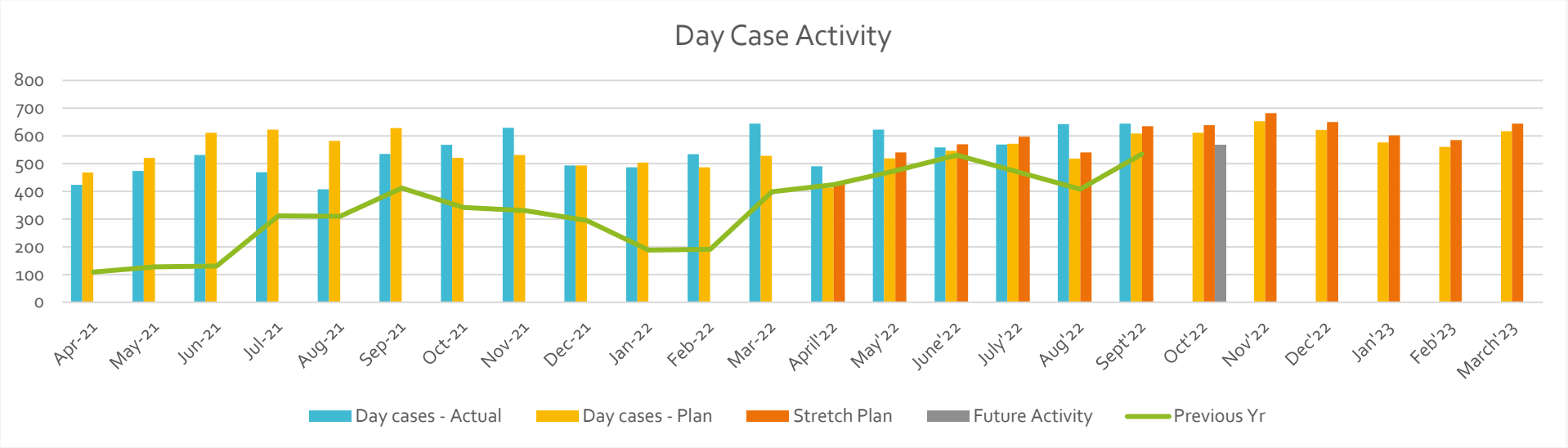
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

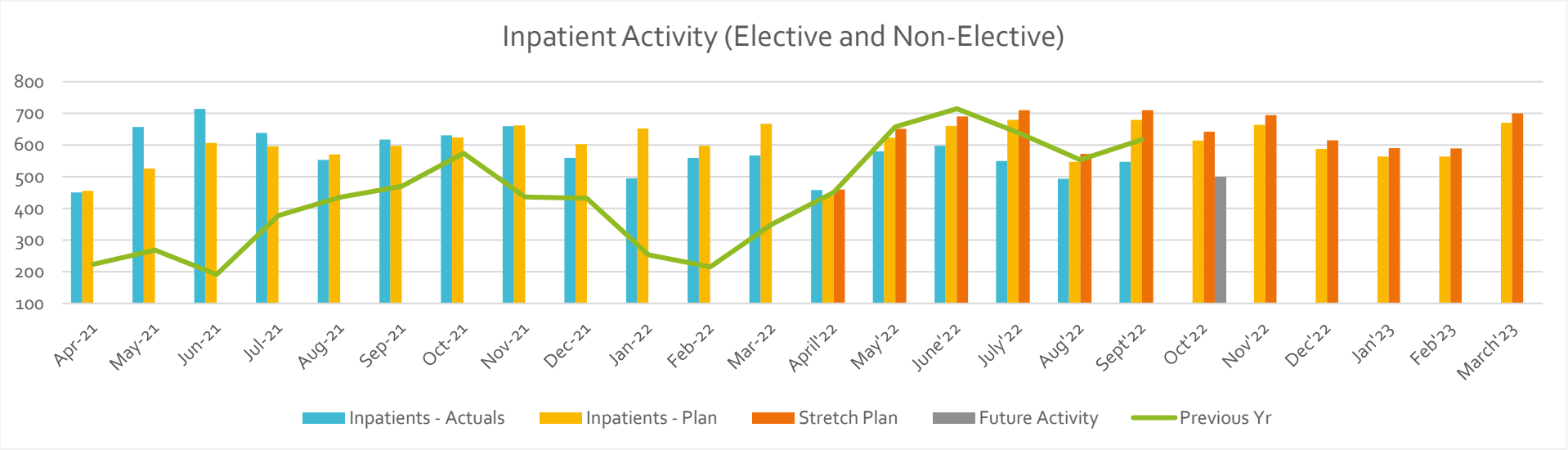
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

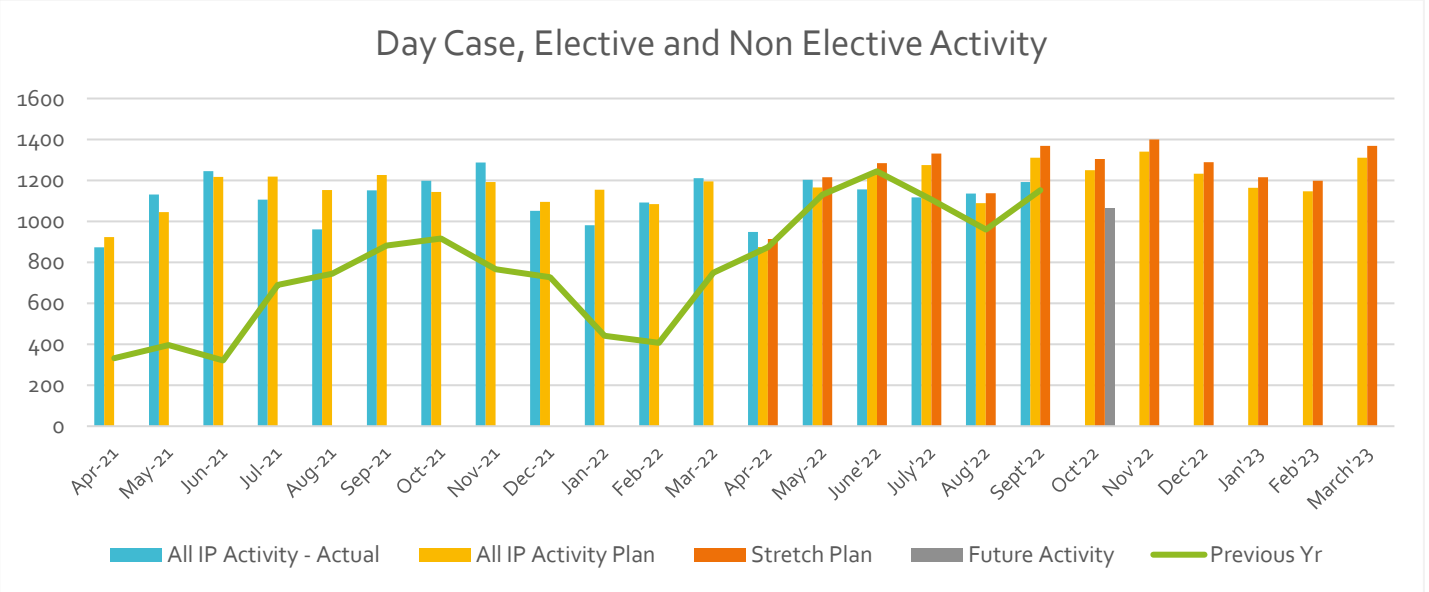


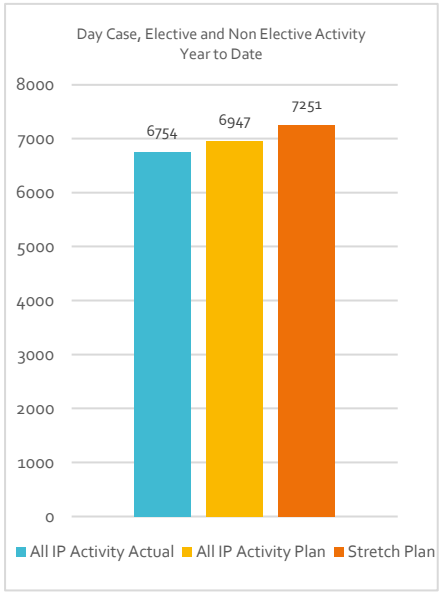
1. Activity Summary





1. Activity Summary





		Plan												Plan	Actual	% Achieved	Variance
	Activity Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year to Date	Year to Date	against plan	Year to Date
Trust Plan	Inpatient	439	623	660	679	547	679	614	664	588	564	563	670	3627	3053	84%	-574
	Daycase	413	519	546	572	518	608	612	653	622	577	561	617	3176	3530	111%	354
	NEL	24	24	24	24	24	24	24	24	24	24	24	24	144	171	119%	27
	All Activity	**876**	**1165**	**1230**	**1276**	**1089**	**1312**	**1250**	**1340**	**1234**	**1164**	**1148**	**1311**	**6947**	**6754**	**97%**	**-193**
Stretch Plan	Inpatient	459	651	690	710	572	710	642	694	615	590	589	700	3792	3053	81%	-739
	Daycase	431	541	570	597	541	635	639	682	650	602	585	645	3315	3530	106%	215
	NEL	24	24	24	24	24	24	24	24	24	24	24	24	144	171	119%	27
	All Activity	**914**	**1216**	**1284**	**1331**	**1137**	**1369**	**1305**	**1400**	**1289**	**1216**	**1198**	**1369**	**7251**	**6754**	**93%**	**-497**

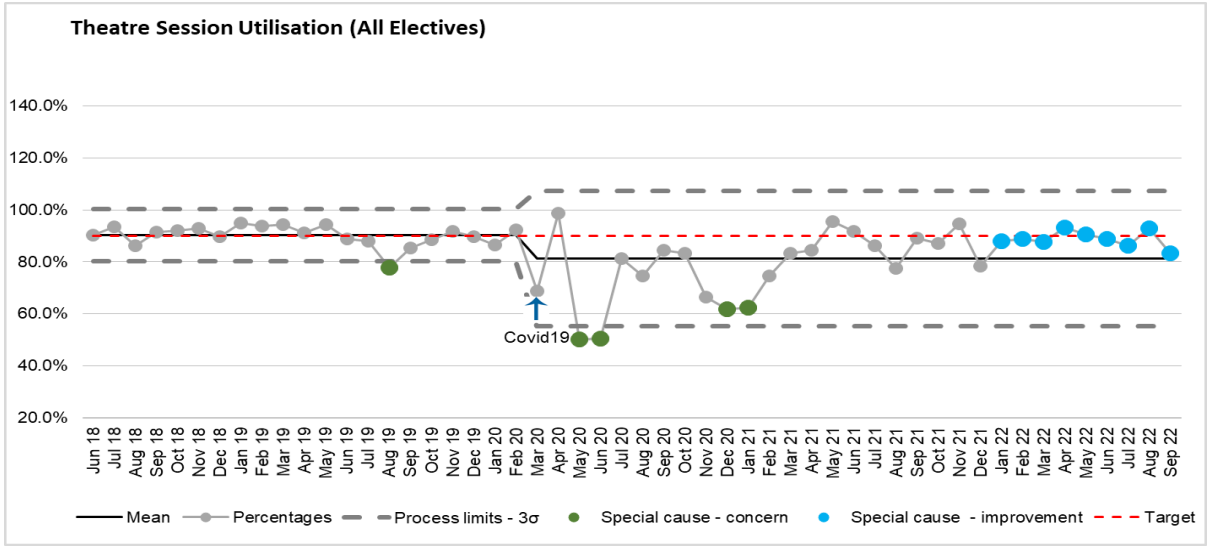
September 2022

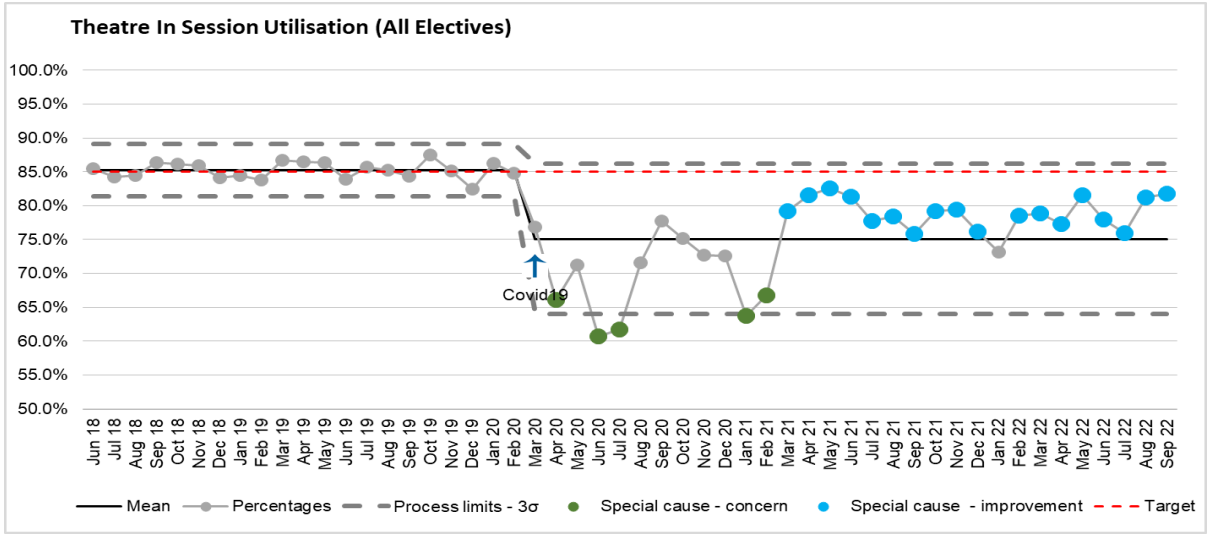
Trust Plan – Actual 1192 v Plan 1312

Stretch Plan – Actual 1192 v plan 1369

NB : The Trust plan plan was not achieved (-120). Key constraints included staff sickness, medically unfit patients and 19th September 2022 bank holiday.

2. Theatre Utilisation





Elective Session Utilisation (September 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	446	367	79	82.29%
UHB	113	98	15	86.73%
Totals	559	465	94	**83.18%**

Elective In Session Utilisation (September 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1610	1333	277	82.80%
UHB	426	331	95	77.74%
Totals	2035	1664	372	**81.74%**

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation was in September at 83.18% which was below the Trust target of 85%. Total In session utilisation was 81.74% an increase on the previous month (81.20%).

Overall theatre utilisation has been impacted by both patient and staff related covid absence. The bank holiday on Monday 19th September added to the impact on utilisation of our theatre session; resulting in the cancellation of 10 theatre sessions.

Focus for October 22 will be to continue efforts to improve theatre utilisation and drive greater efficiency and productivity. There will be a collective focus to move towards November's 'Seamless Surgery week' where will focus on all the learning from our 'Seamless Week' in July 2022 and build on the key agenda's for improvements in productivity.

Model Health System capped utilisation is at 83% which is showing continued improvement of our theatre utilisation across the system.

AREAS FOR IMPROVEMENT

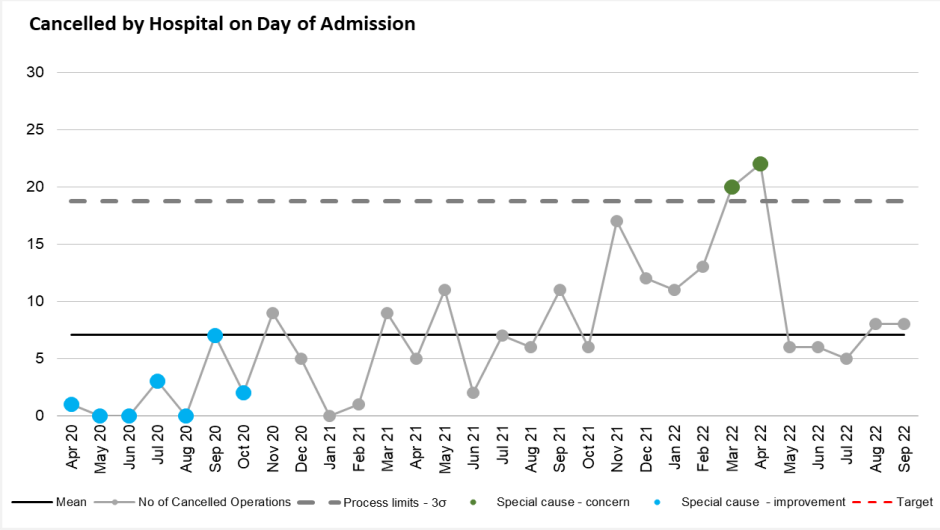
- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus on streamlining VTE pathway on admission and commencing a Block space pathway by end December 2022 to help support the high turnover lists.

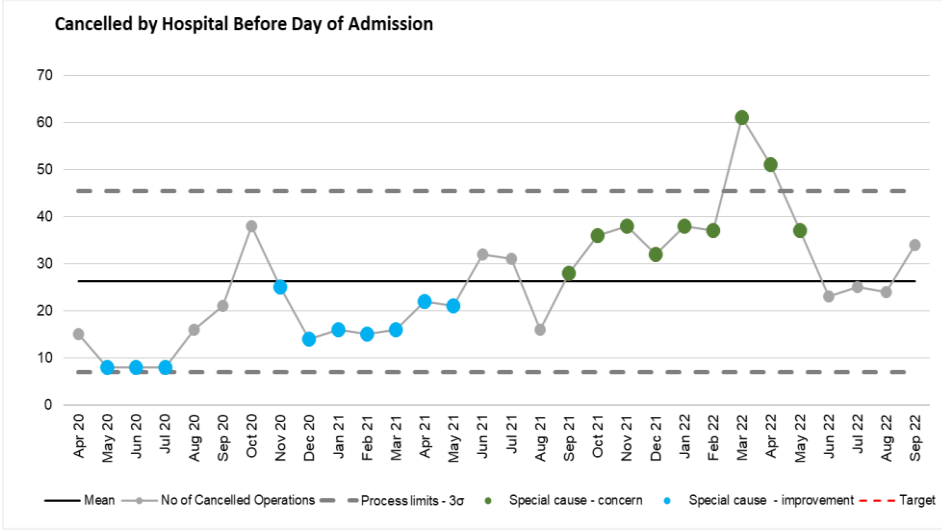
RISKS / ISSUES

Vacancy levels in theatre remain a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of Nursing to give appropriate support and focus in this area.

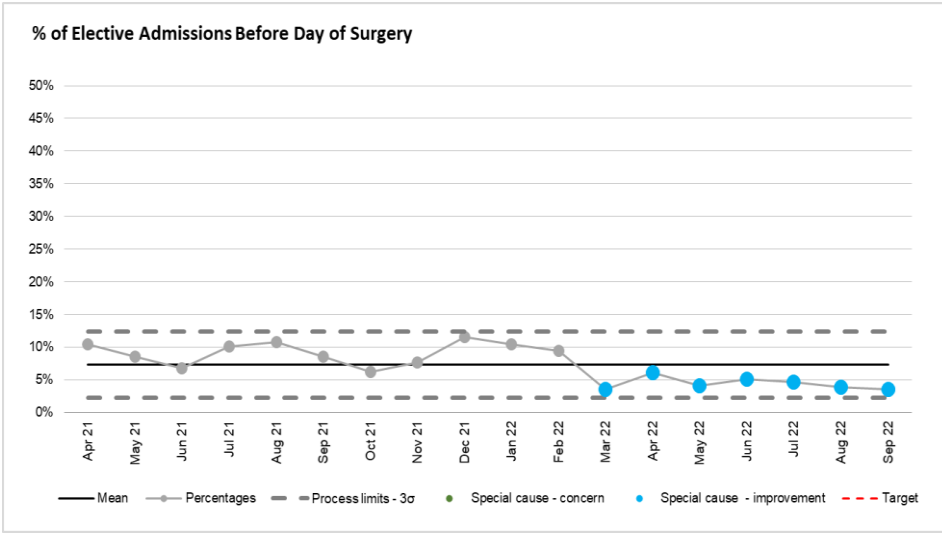
There is a wider review of pay structure and benchmarking to ensure that ROH remain a competitive and attractive choice of work for our theatre nurses and staff.

2. Theatre Utilisation/ Hospital Led Cancellations





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
Sep-21	11	28	28	67	0
Oct-21	6	37	36	79	0
Nov-21	17	28	38	83	0
Dec-21	12	21	32	65	0
Jan-22	11	24	38	73	0
Feb-22	13	29	37	79	0
Mar-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Total	**146**	**373**	**461**	**793**	**4**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.
There were 8 patients cancelled on the day in September 2022 with reasons detailed as follows;
3 x Lack of theatre staffing (sickness)
2 x Lack of theatre time to complete case
1 x Surgeon was unavailable (sickness)
1 x Medically unfit / Clinical change in condition, / covid related
1 x Kit not being available on the day of surgery (correct kit not identified by Surgeon)

There were 29 patients admitted but where treatment was deferred, with reasons broken down as follows:
14 x Medically unfit / Clinical change in condition / covid related
7 x Patient choice / Surgical choice
5 x Staffing related sickness
1 x Patient compliance
1 x Kit not being available on the day of surgery
1 x Lack of Theatre time

There were 32 patients cancelled by the hospital prior to date of admission.
11 x Medically unfit / Clinical change in condition, / covid related
13 x Staffing related sickness
6 x Surgeon was unavailable (to cover emergency list at UHB)
2 x Replaced by medically urgent cases

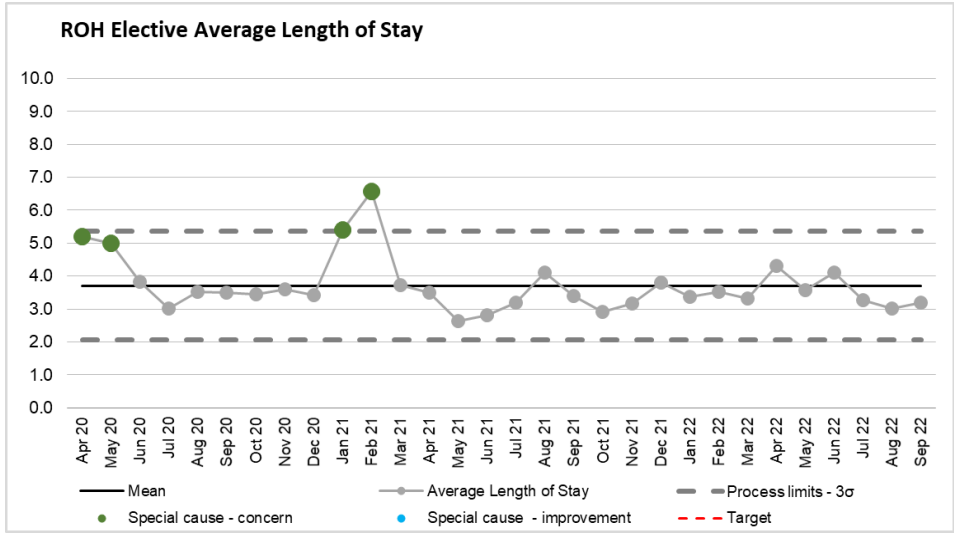
AREAS FOR IMPROVEMENT

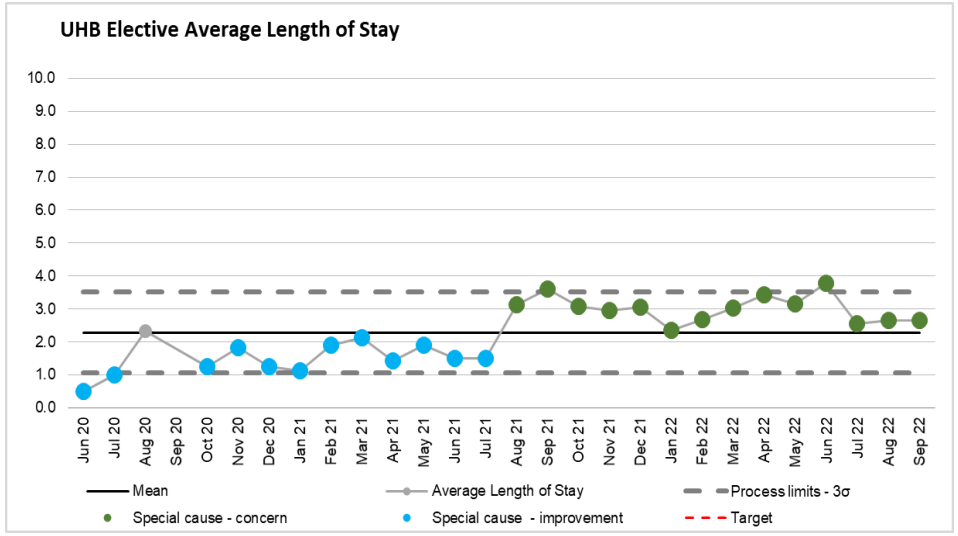
- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus around theatre productivity focused on streamlining VTE pathway on admission and commencing a Block space pathway to help support the high turnover lists.

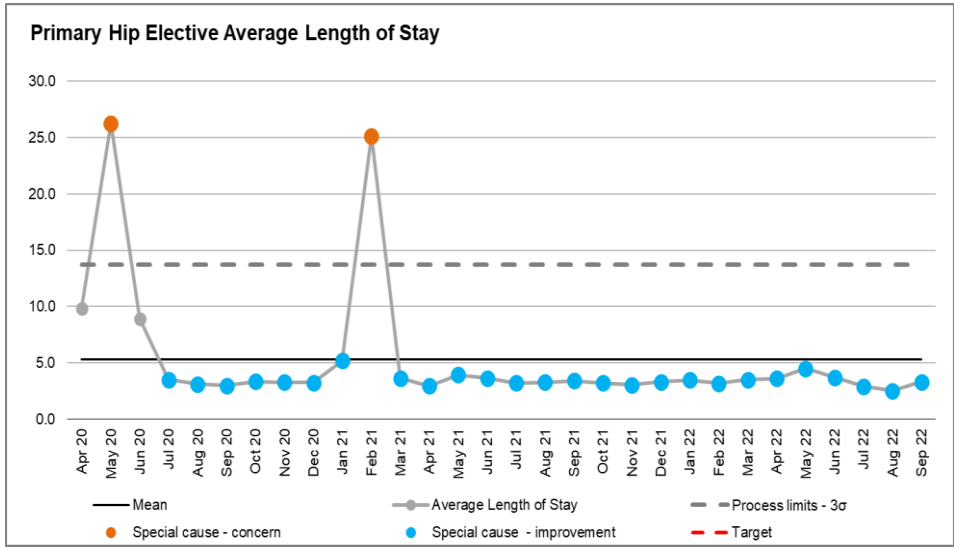
RISKS / ISSUES

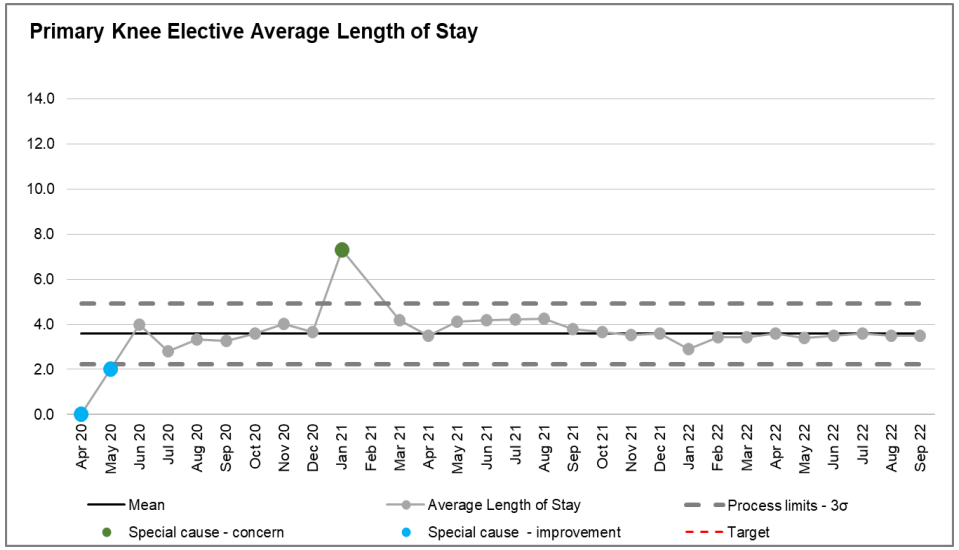
Impact of the continuation in Covid rates impacting on both patients and staff. Additionally the gap in 37.15 WTE of theatre staffing is impacting our ability to deliver of additional lists and a move towards a 6 day working in theatre.

3. Length of Stay









3. Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.19** (3.02 August)

The average length of stay for ROH primary Hips is at 3.3 days (2.7 days August 22) and primary Knees 3.5 days (3.6 August 22)

September length of stay data produced for UHB and ROH, has been reviewed and the following observations made:
10 (13 Aug) UHB arthroplasty patients with LOS greater than 3 days. 5 (5 Aug) with a length of stay greater than 5 days and 0 (0 Aug) with a stay greater than 7 days. (excludes Rehab).
62 (52 Aug) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 29 (23 Aug) with a length of stay greater than 5 days, 16 (13 Aug) with a length of stay greater than 7 days.

In summary 16 ROH arthroplasty and oncology arthroplasty and 0 UHB arthroplasty patients had a length of stay greater than 7 days.
Review of PICS data identifies that the patients with LOS > 7 days were all BIS or had clinical or social care reasons for extending stay. 7 of the 16 ROH patients with a length of stay > than 7days were Oncology arthroplasty patients. All had complex co morbidities, BIS or discharge needs.
Complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors in increased LOS.
In August 184 patients went home via the discharge lounge (159 July). Number of patients discharged home before lunch increased slightly to **33.15%** in August from **33%** in July. (September data not yet available).

AREAS FOR IMPROVEMENT

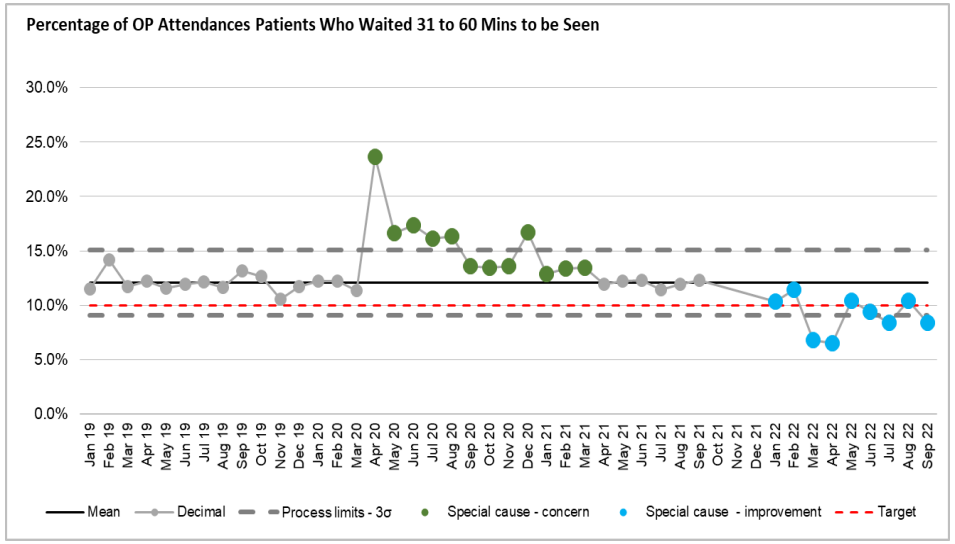
Recommendations being reviewed within operational delivery service improvement board chaired by COO:

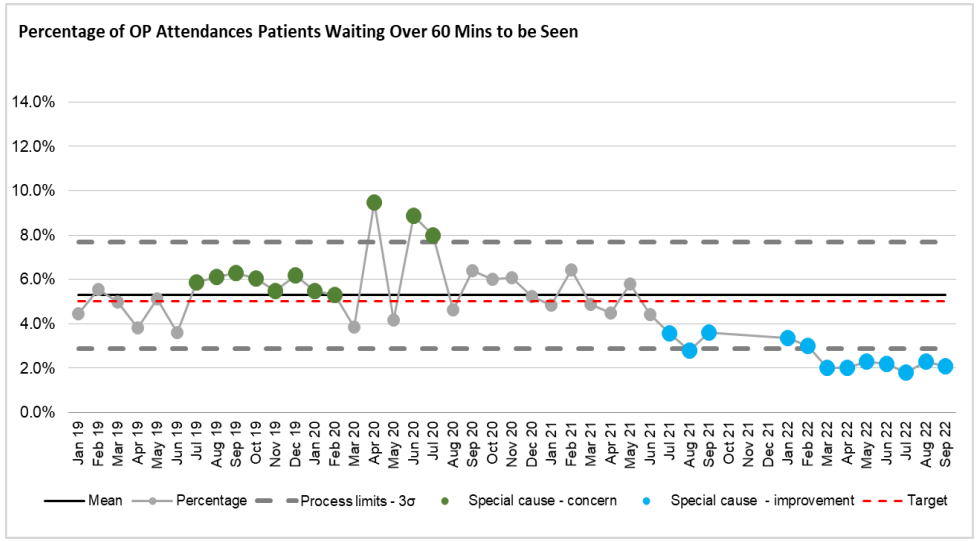
- Progress of physiotherapy provision in place for weekends to enable early mobilisation post management of change process.
- Joint Care and Day Case: Re-launch October 2022. Training completed with relevant staff groups and promoted at Team Brief
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days
- Development and roll out of Day Case pathway well underway– Sign off of Programme at September SIB anticipating 20% of arthroplasty patients will be treated on this pathway
- Progressive roll out of day case programme UKR, THR then TKR patients by March 2023
- Launch of Joint Care my recovery App November 2022 to improve preoperative education and preparation
- Improved preoperative optimisation for anaemic patients – preoperative anaemia iron infusion pathway for review at November SIB aim to reduce cancellation

RISKS/ISSUES

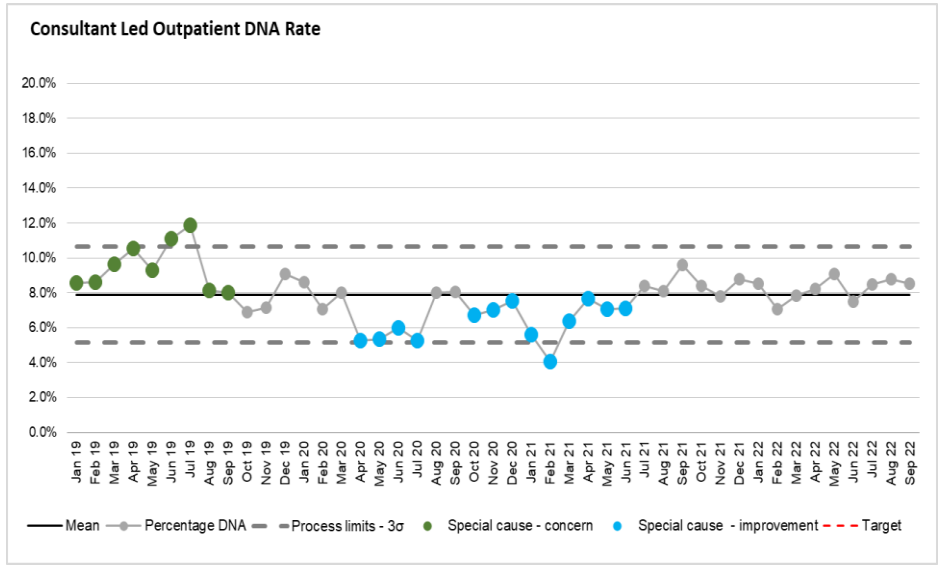
Major Revision Centre/BIS work - The Services are experiencing more complex cases which may lead to an increased length of stay for patients for Major Revision Centre and Bone Infection Unit cases. A service framework currently in development in association with the clinical teams and national programme .
Capacity at other hospital and community placements for repatriation or discharge to. DTOC discussed daily in 1pm meeting, lead by Site Team & Div 1 Matron.
Reports received 3 times a week by Head of Nursing to identify any support .

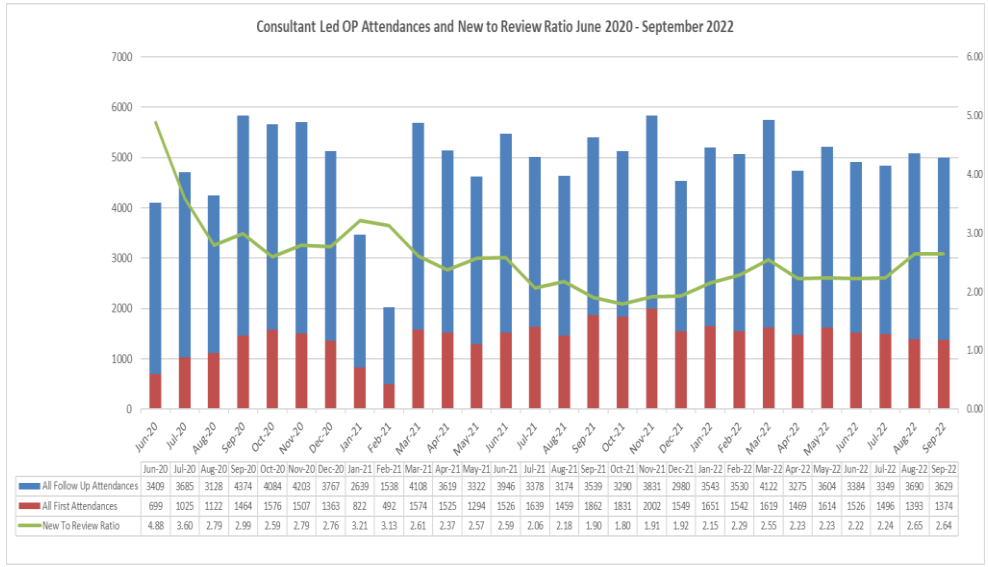
4. Outpatient efficiency

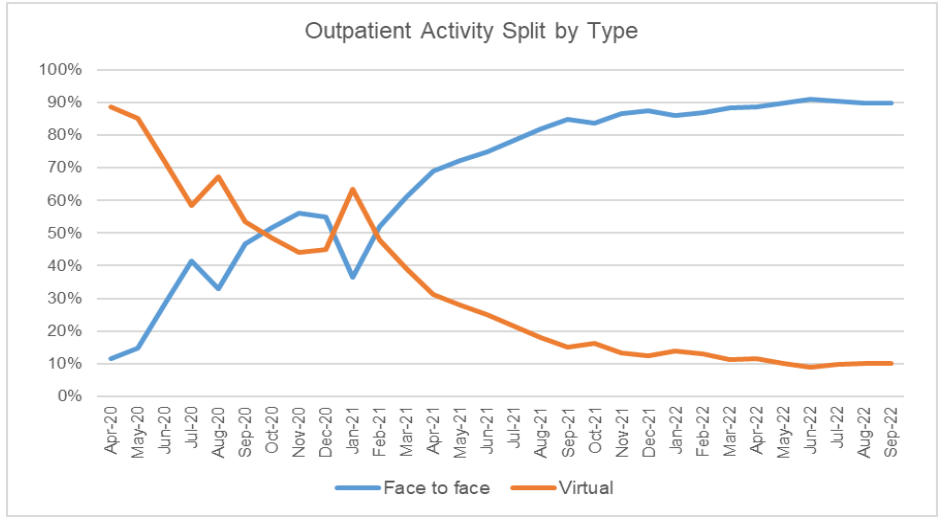


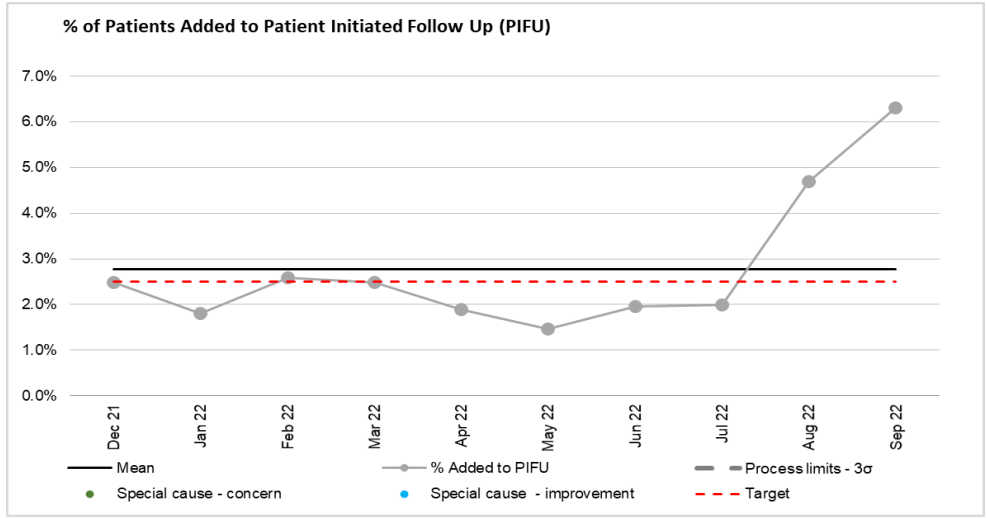


4. Outpatient efficiency









4. Outpatient efficiency

SUMMARY

There were 4443 face to face and 502 virtual appointments carried out in September (10.15% virtual). This is an improvement from August it is in line with Orthopaedics in other regional centres (RJAH currently at 8%). The outpatient modernisation project is focussing on increasing virtual appointments and meetings are being held with the individual specialty teams to increase this by reviewing pathways suitable for Virtual clinics .
The Trust has been running Super October, a regional initiative to maximise the activity through outpatients and focus on non admitted pathways. In the 2 Super October weeks an additional 64 sessions have been set up.
There are currently 1836 PIFU pathways on the PAS system 304 added in September which **is 6.30%** of all OP activity therefore above national target.
Activity data is being used to identify clinical teams with high utilisation to share learning with others

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **8.4%** (Target **10%)**
60 minute delays – **2.1% (**Target **5%)**
30 minute delays are below the Trust target of 10% and so are the 60 minute delays with levels of 2.1% well below the 5% threshold.
The Appointments Team is focusing on scheduling all clinics within the 6 week scheduling window and backfilling cancellations to maximise throughput. Empty appointment slots are monitored on a daily basis.
The DNA rate for September is 8.52 %- slightly above the Trust target which is 8%.
Monthly analysis of the DNA's continues to drive the improvement going forward. Appointments booked with under 3 weeks notice received a telephone call, a letter and a text reminder. Analysis will take place following Super October .
Advice and Guidance (A and G) is already operational, and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In September there were 150 referrals for advice and guidance were received, 10 more than in August, against a GP referral total of 1659 giving a total of 6.35% for advice and guidance.

The Trust have now published a shoulder service as directly bookable a trial which allows patients and GPs to book appointments directly. The intention of this is to improve the Trust's referral rate with consideration to our competitors, facilitate patient choice and improve the efficiency of our appointments team. If this demonstrates an improvement on referral rates more services may go live.

The Electronic Referral Triage system is now live across 14 ERS services and will be rolled out to all specialties by the end of October

RISKS / ISSUES

- Once data is available from the CRIS system this will be added to the outpatient waiting list patient tracking list report and will support the timely and effective booking of scan review appointments on PAS
- Reliance on paper systems is being reduced by the introduction of electronic outcome forms and Young Adult Hips and Clinical Support have both agreed to be part of the pilot when these reports are available

5. Referral to Treatment

Referral to Treatment Snapshot as at 30th September 22 - Combined

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

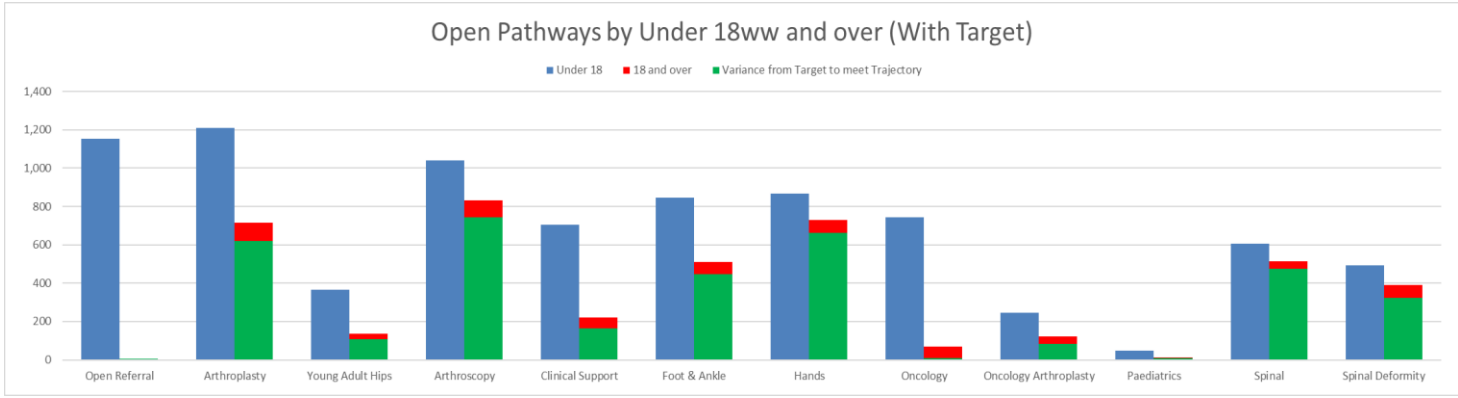
Est Over 18 Clock Stops Required		
To achieve	92.14%	4081
To achieve	92.35%	4105
To achieve	92.53%	4125

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,795**	1,021	512	158	415	223	322	355	359	117	21	162	130
7-13	**3,094**	121	497	149	426	309	374	328	267	108	16	269	230
14-17	**1,426**	10	200	57	200	171	149	184	117	20	11	176	131
18-26	**1,985**	6	267	79	340	173	261	275	52	51	9	274	198
27-39	**1,206**	0	126	47	288	39	118	187	16	46	5	187	147
40-47	**355**	0	58	8	82	6	23	57	2	22	0	51	46
48-51	**36**	0	5	0	13	2	2	11	0	2	0	1	0
52 weeks and over	**676**	0	259	2	107	0	108	200	0	0	0	0	0
Total	**12,573**	1,158	1,924	500	1,871	923	1,357	1,597	813	366	62	1,120	882

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**8,315**	1,152	1,209	364	1,041	703	845	867	743	245	48	607	491
18 and over	**4,258**	6	715	136	830	220	512	730	70	121	14	513	391
Current Month End RTT %	**66.13%**	**99.48%**	**62.84%**	**72.80%**	**55.64%**	**76.16%**	**62.27%**	**54.29%**	**91.39%**	**66.94%**	**77.42%**	**54.20%**	**55.67%**

30/09/2022 Trajectory RTT %	92.14%	100.00%	92.82%	92.65%	92.20%	92.52%	92.93%	92.63%	92.47%	87.08%	92.16%	93.90%	87.88%
Target for RTT Trajectory	709	0	93	29	88	57	64	69	60	36	4	39	68
Variance from Target to meet Trajectory	3549	6	622	107	742	163	448	661	10	85	10	474	323



5. Referral to Treatment

Referral to Treatment Snapshot as at 30th September 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

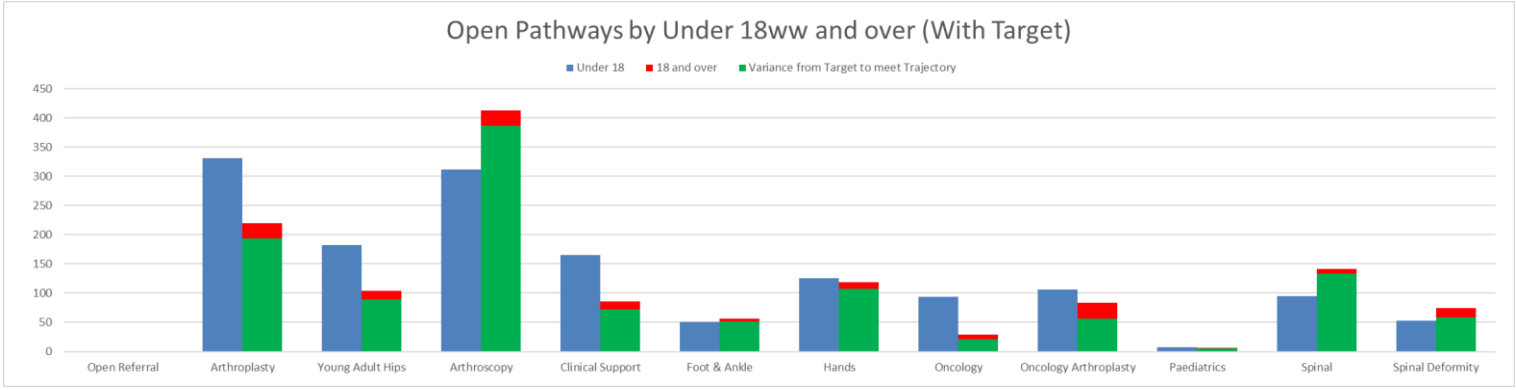
Est Over 18 Clock Stops Required		
To achieve	91.18%	1361
To achieve	92.35%	1386
To achieve	92.53%	1390

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**645**	0	140	78	127	61	21	66	37	54	3	40	18
7-13	**572**	0	112	74	122	62	21	40	39	43	2	36	21
14-17	**303**	0	79	30	63	42	8	19	18	9	2	19	14
18-26	**677**	0	164	63	165	65	26	45	19	33	2	67	28
27-39	**509**	0	54	38	181	18	27	54	8	38	4	55	32
40-47	**125**	0	2	3	52	3	3	17	2	11	0	18	14
48-51	**14**	0	0	0	11	0	0	1	0	1	0	1	0
52 weeks and over	**6**	0	0	0	4	0	0	2	0	0	0	0	0
Total	**2,851**	0	551	286	725	251	106	244	123	189	13	236	127

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,520**	0	331	182	312	165	50	125	94	106	7	95	53
18 and over	**1,331**	0	220	104	413	86	56	119	29	83	6	141	74
Current Month End RTT %	**53.31%**	n/a	**60.07%**	**63.64%**	**43.03%**	**65.74%**	**47.17%**	**51.23%**	**76.42%**	**56.08%**	**53.85%**	**40.25%**	**41.73%**

30/09/2022 Trajectory RTT %	91.18%	100.00%	92.73%	92.60%	92.24%	92.50%	92.00%	91.69%	92.70%	79.56%	93.33%	92.49%	76.95%
Target for RTT Trajectory	147	0	26	15	26	13	4	11	7	27	1	8	16
Variance from Target to meet Trajectory	1184	0	194	89	387	73	52	108	22	56	6	133	58



5. Referral to Treatment

Referral to Treatment Snapshot as 30th September 22 - Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

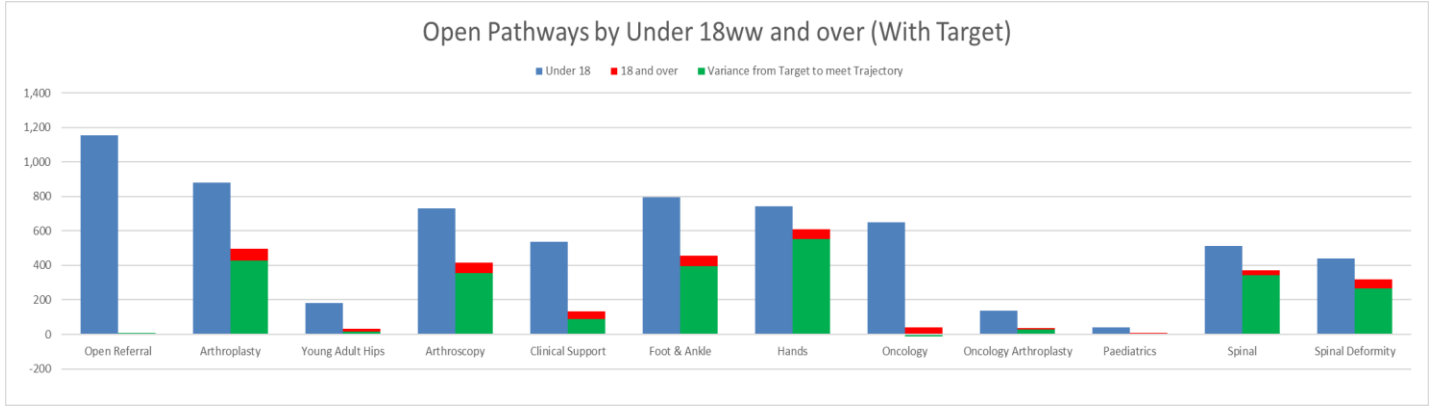
Est Over 18 Clock Stops Required		
To achieve	92.57%	2739
To achieve	92.35%	2719
To achieve	92.53%	2735

Select Pathway Type: Non Admitted

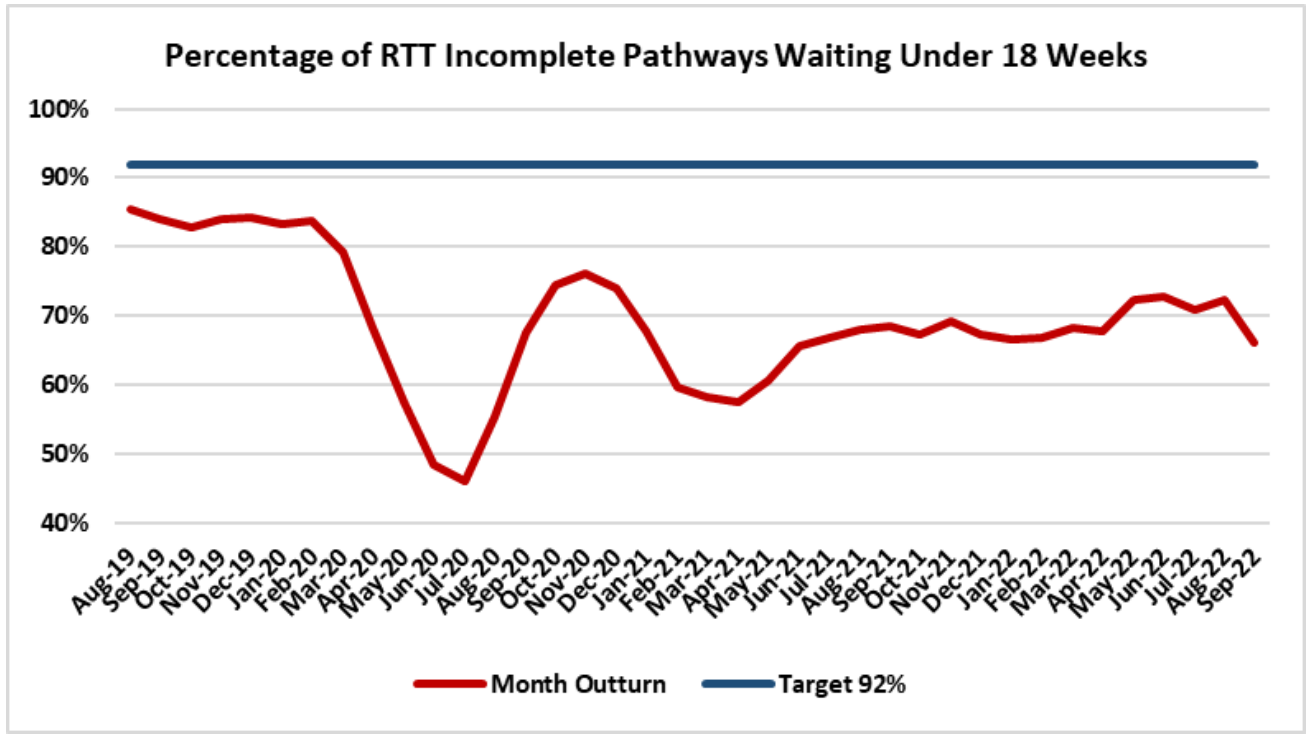
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,150**	1,021	372	80	288	162	301	289	322	63	18	122	112
7-13	**2,522**	121	385	75	304	247	353	288	228	65	14	233	209
14-17	**1,123**	10	121	27	137	129	141	165	99	11	9	157	117
18-26	**1,308**	6	103	16	175	108	235	230	33	18	7	207	170
27-39	**697**	0	72	9	107	21	91	133	8	8	1	132	115
40-47	**230**	0	56	5	30	3	20	40	0	11	0	33	32
48-51	**22**	0	5	0	2	2	2	10	0	1	0	0	0
52 weeks and over	**670**	0	259	2	103	0	108	198	0	0	0	0	0
Total	**9,722**	1,158	1,373	214	1,146	672	1,251	1,353	690	177	49	884	755

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,795**	1,152	878	182	729	538	795	742	649	139	41	512	438
18 and over	**2,927**	6	495	32	417	134	456	611	41	38	8	372	317
Current Month End RTT %	**69.89%**	99.48%	**63.95%**	**85.05%**	**63.61%**	**80.06%**	**63.55%**	**54.84%**	94.06%	**78.53%**	**83.67%**	**57.92%**	**58.01%**

30/09/2022 Trajectory RTT %	92.57%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	92.83%	92.43%	92.20%	92.05%	94.35%	89.60%
Target for RTT Trajectory	545	0	67	14	62	43	60	57	53	12	4	31	51
Variance from Target to meet Trajectory	2382	6	428	18	355	91	396	554	-12	26	4	341	266



5. Referral to Treatment



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for September is 66.13% of 92%.
This reflects the impact of the 1000 patients from UHB received via mutual aid.
There are **676 patients** over 52 weeks, of which there are 6 patients that were originally on the ROH waiting list, all of which will have been treated by the end of October.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on all patients to date. We have 391 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis and the services meet weekly for in-depth review of the PTL.

2851 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals are at 2,154 (79.66%) **when compared to pre covid levels** referrals received in September 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

We are currently scoping capacity to supply additional mutual aid support for patients from RJAH in the spinal specialty.

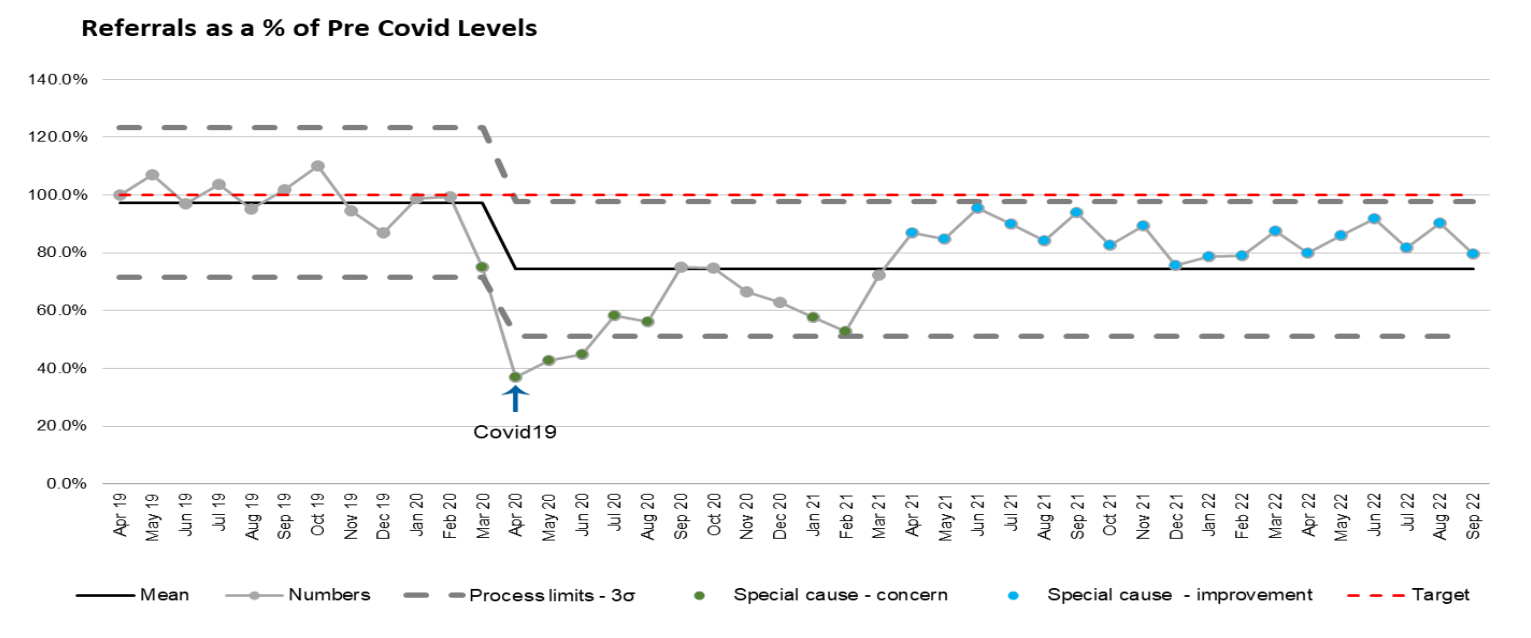
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to support the reduction in our patients waiting over 18 weeks. On-going development work underway to support the delivery of treating UHB mutual aid patients through a clear defined process on how we monitor and track the patients through their pathway, while we ensure we have a focus on clearing 52 week waiting patients.

RISKS / ISSUES

System support with UHB underway offering Mutual Aid for Non-admitted Outpatients: We have received 1000 new patients across large and small joints. To date all patients have been triaged, contacted and registered if they have accepted transfer to ROH from UHB. We are currently booking patients into outpatients and anticipate that a further cohort of 1000 patients will be instructed for transfer by the end of November. We are holding a weekly shared Mutual Aid Operational and Governance meeting with UHB colleagues with a monthly oversight group in place .

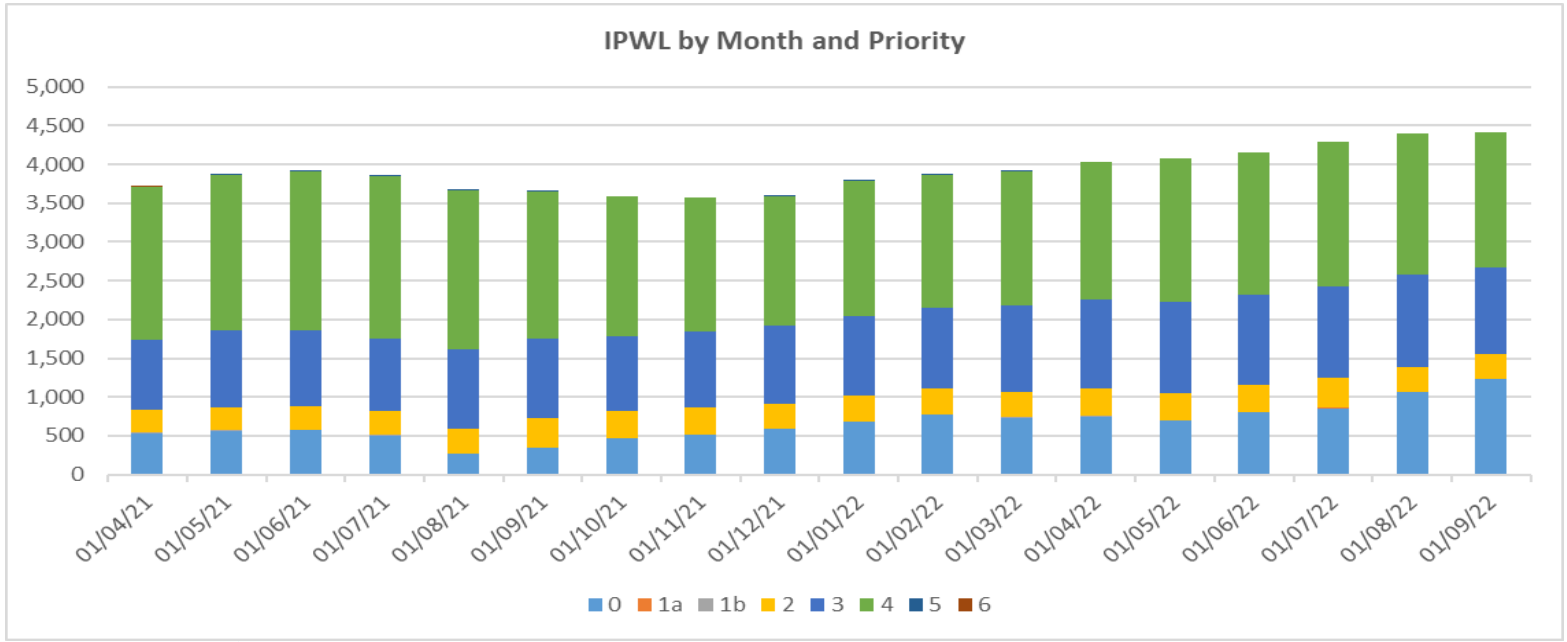
5. Referral to Treatment



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330	2483	2212	2440	2154						
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%	91.83%	81.80%	90.24%	79.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

5. Referral to Treatment



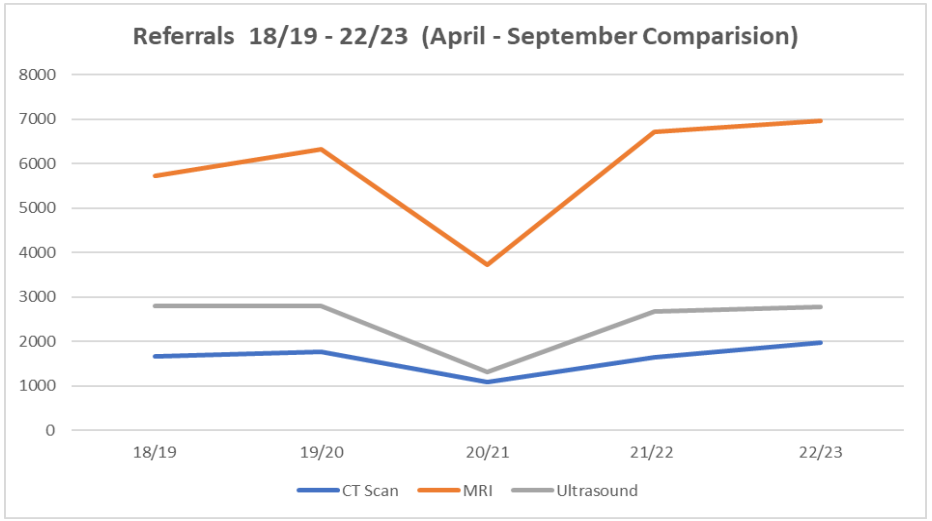
	Number of IP waiting as at	% of IP waiting as at
Priority	30/09/22	30/09/22
0	1226	28%
1a	2	0%
1b	2	0%
2	320	7%
3	1114	25%
4	1745	40%
5		0%
6		0%
Total	4409	100%

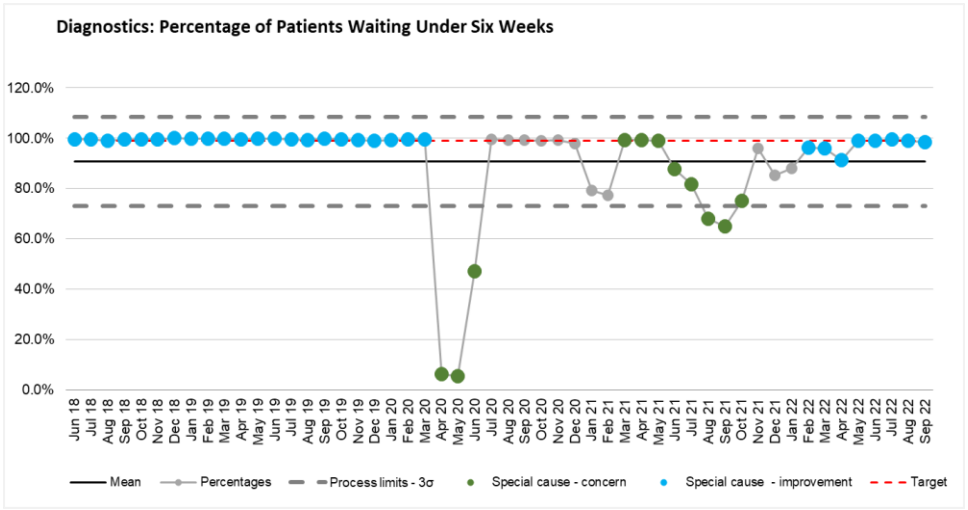
We have seen an increase in the number of patients without a priority status (p0) on our admitted waiting list. A meeting is underway with each speciality to agree an action plan to ensure that all patients have a priority status added on admission to waiting list. A weekly monitoring metric will now be added to the PTL to allow us to monitor improvements.

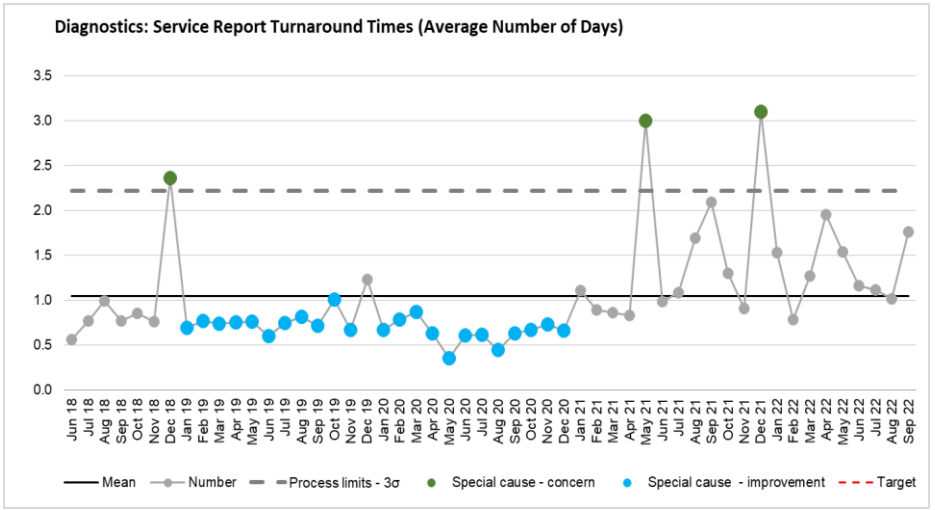
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376
May-22	825	75	92	992	9	983	99.1%	947	236	329	1512
Jun-22	752	93	101	946	9	937	99.0%	715	221	261	1197
Jul-22	619	137	107	863	5	858	99.4%	1114	238	383	1735
Aug-22	575	171	117	863	9	854	99.0%	1168	275	365	1808
Sep-22	582	113	128	823	12	811	98.5%	891	198	339	1428







6. Diagnostic Performance

SUMMARY

The Imaging service did not achieve the 99 % in September 2022 closing the month at 98.5%. The main area of challenge remains with paper based referrals being received late into the imaging Department. Patient choice has also impacted within the 12 patients who were outside of the 6 week standard.

National 22/23 operational target remains at 95% which ROH are achieving , however we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

October 22 report times remains on target and additional mobile MRI capacity has been confirmed in October 22 - March 23.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's. Awaiting DrDoctor implementation by end of the year (2022) to enable text messaging to support DNA reduction.

Order Comms to be implemented by December 2022 to ensure the timely transfer of outpatient referrals within the imaging department.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

Summary Performance Figures – August 2022 (October Submission)

		Aug-22					Jul-22				
	Target	Patients	Compliant	Breach	Total	%	Patients	Compliant	Breach	Total	%
2WW	93%	74	70	4	74	94.60%	73	68	5	73	93.20%
31 day 1st	96%	13	13	0	13	100%	9	9	0	9	100%
31 day sub	94%	9	9	0	9	100%	9	9	0	9	100%
62 days	85%	8	1.5	3.5	5	30%	10	3	4.5	7.5	40%
Upgrade	90%	14	7.5	2	9.5	78.90%	3	1.5	0	1.5	100%
28 day FDS	75%	85	65	20	85	76.50%	74	56	18	74	75.70%
104 days treated at ROH	0	0					0				

Performance

Performance has improved in August 2022 across all metrics and all standards have been met apart from the 62 day standard.

Breaches were reflective of the reduction in the 62 day backlog as patients have been treated. There was a combination of complex shared pathways between Trusts and tertiary referrals being received without a diagnosis. There were 5 pathway patients that had a non-cancer diagnosis after the treatment date which reduced the denominator from 10 to 5.

The pathology database transition has taken place in September and the team are working closely with informatics and pathology to anticipate any avoidable delays as teams become more familiar with the new system. This is managed closely through the weekly Cancer PTL review and escalation process.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery

8. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £210k against a planned £36k surplus. This is contributing towards a year to date deficit of £693k and £927k behind plan.

Income year to date is £2,058k better than plan, as a result of recognising additional inflationary income allocation and higher than planned private patient income. The year to date position now also excludes income provision for ERF clawback for underperformance against target.

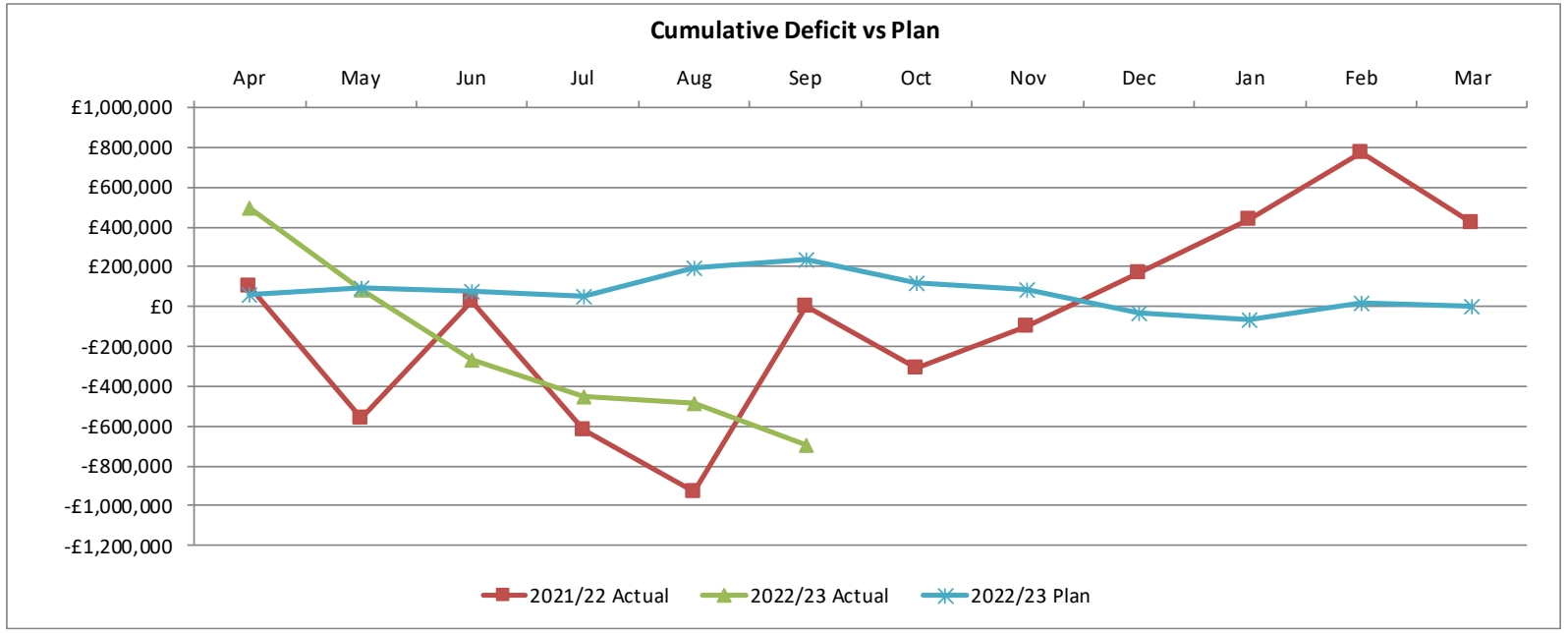
Pay and non pay expenditure overspent year to date by £2,974k, with an overspend on both non-pay and pay.

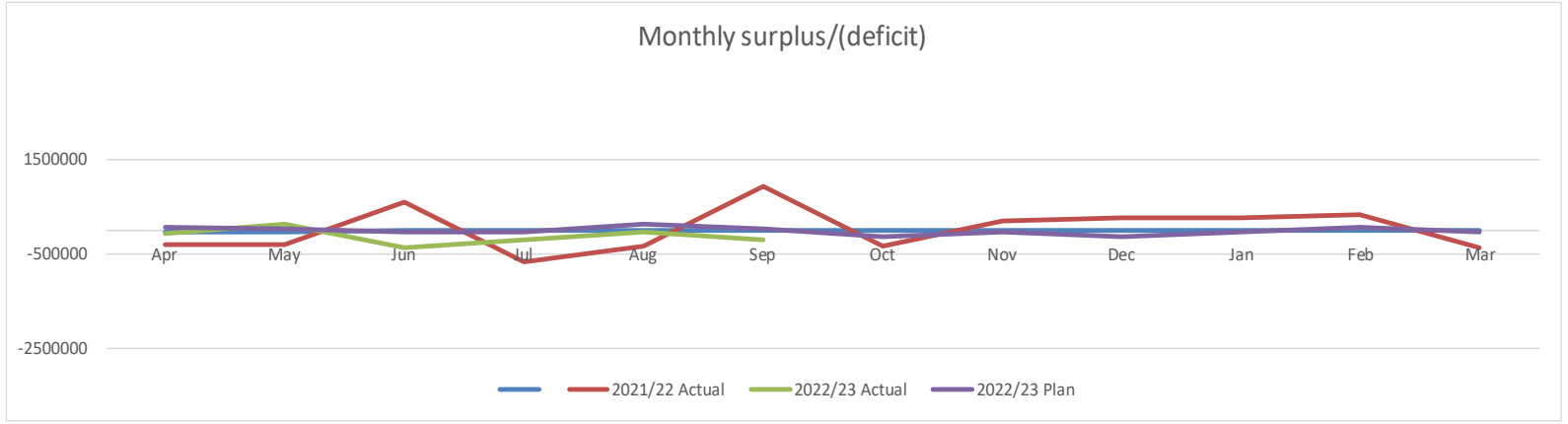
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£2,058	-£632	-£2,342	-£11	-£927
Year to date plan	£58,587	-£33,501	-£24,309	-£544	£233
Year to date actual	£60,645	-£34,133	-£26,651	-£554	-£693
Variance compared previous month	↑ £864	↓ -£824	→ -£293	↑ £7	↑ -£246
Forecast Variance	£2,829	-£989	-£1,963	£123	£0

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	£56,385	£58,119	£1,734
Other Operating Income (Excluding top up)	£2,202	£2,525	£323
Employee Expenses (inc. Agency)	-£33,501	-£34,133	-£632
Other operating expenses	-£24,309	-£26,651	-£2,342
Operating Surplus	**£777**	**-£139**	**-£916**
Net Finance Costs	-£584	-£595	-£11
Net surplus/(deficit)	**£193**	**-£734**	**-£927**
Remove donated asset I&E impact	£40	£41	£1
Adjusted financial performance	**£233**	**-£693**	**-£926**

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is £2,058k better than plan, as a result of recognising Month 1-6's additional inflationary income allocation and the pay award increase.

The year to date position excludes any assumption of ERF clawback for M1-6 underperformance against system activity targets following guidance from NHS England.

Private patient income performed £610k above plan year to date.

AREAS FOR IMPROVEMENT

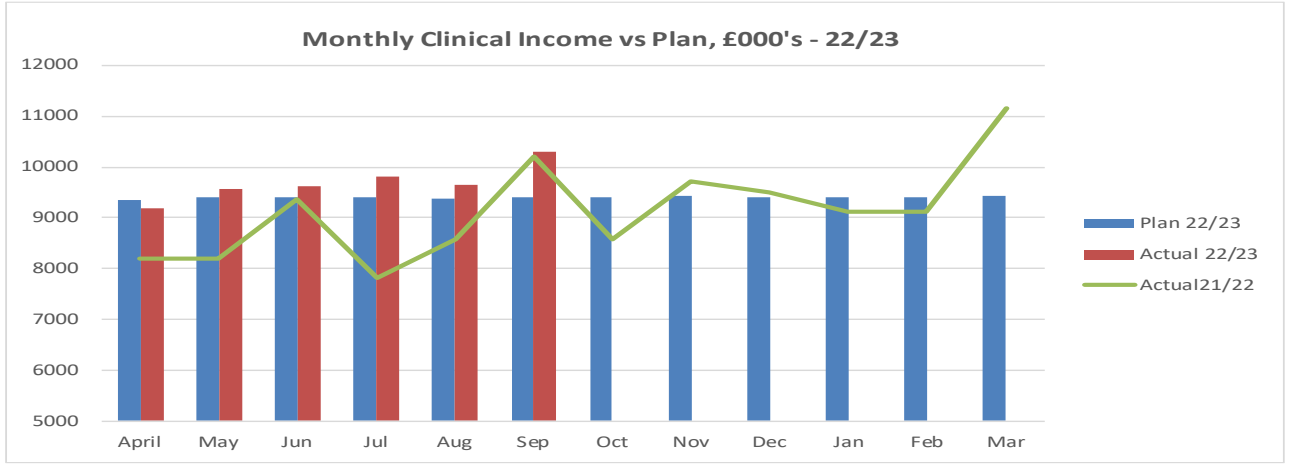
Other income, whilst above plan by £174k year to date, was still below 2019/20 levels. This category of income includes car parking, catering and accommodation.

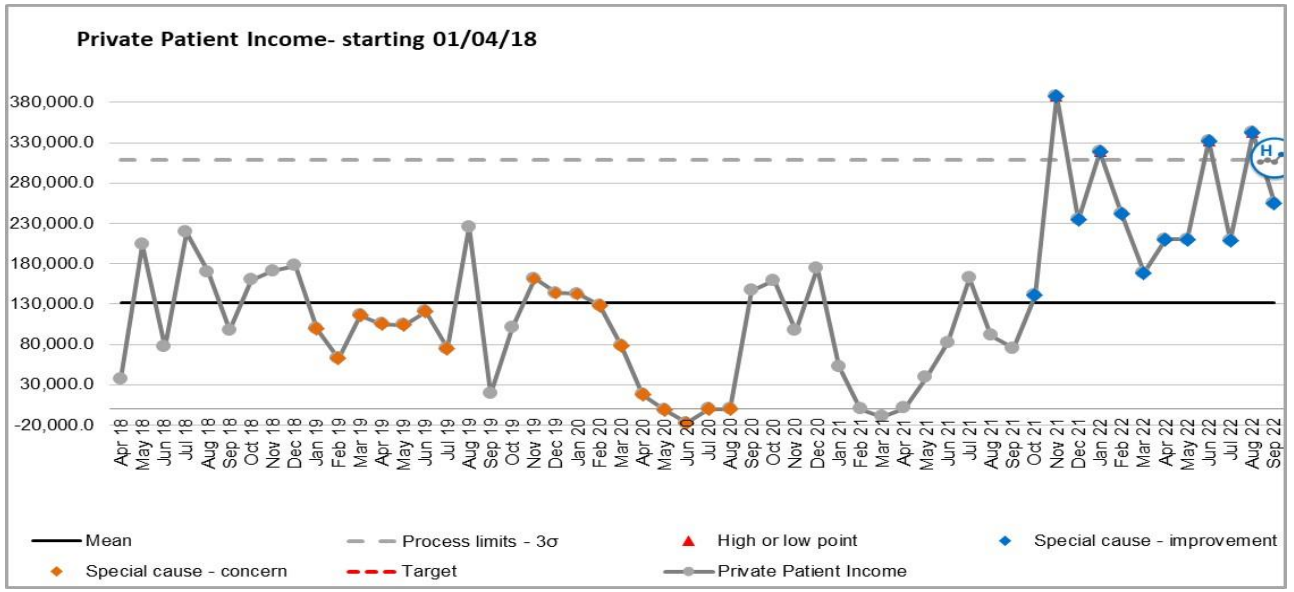
RISKS / ISSUES

Uncertainty remains around the implementation of the elective recovery funding (ESRF) clawback mechanism. The system are performing significantly below target against ESRF. The system have not yet agreed how internal performance against ERF will be managed, and how overperformance against a provider target could be incentivised, within a system break-even or underperformance position.

Non recurrent funding will continue to be received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

9. Income


Monthly Clinical Income vs Plan, £000's - 22/23
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 22/23
Actual 22/23
Actual21/22


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
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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
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent year to date by £2,974k, with overspends both on pay and non-pay.

Overall pay spend is higher than plan year to date by £632k. Agency spend is £1,048k overspent with the key drivers being increase in activity, continued high sickness, and long term continuation of vacancies. Overall agency spend increased in month, particularly in relation to nursing, with a reduction in medical agency. The overspend in agency is partially offset however, by a underspend in bank spend of £387k, and substantive pay of £42k.

Overall non pay spend is higher in month largely as a result of the additional non-pay costs of activity delivery, and inflationary pressures.

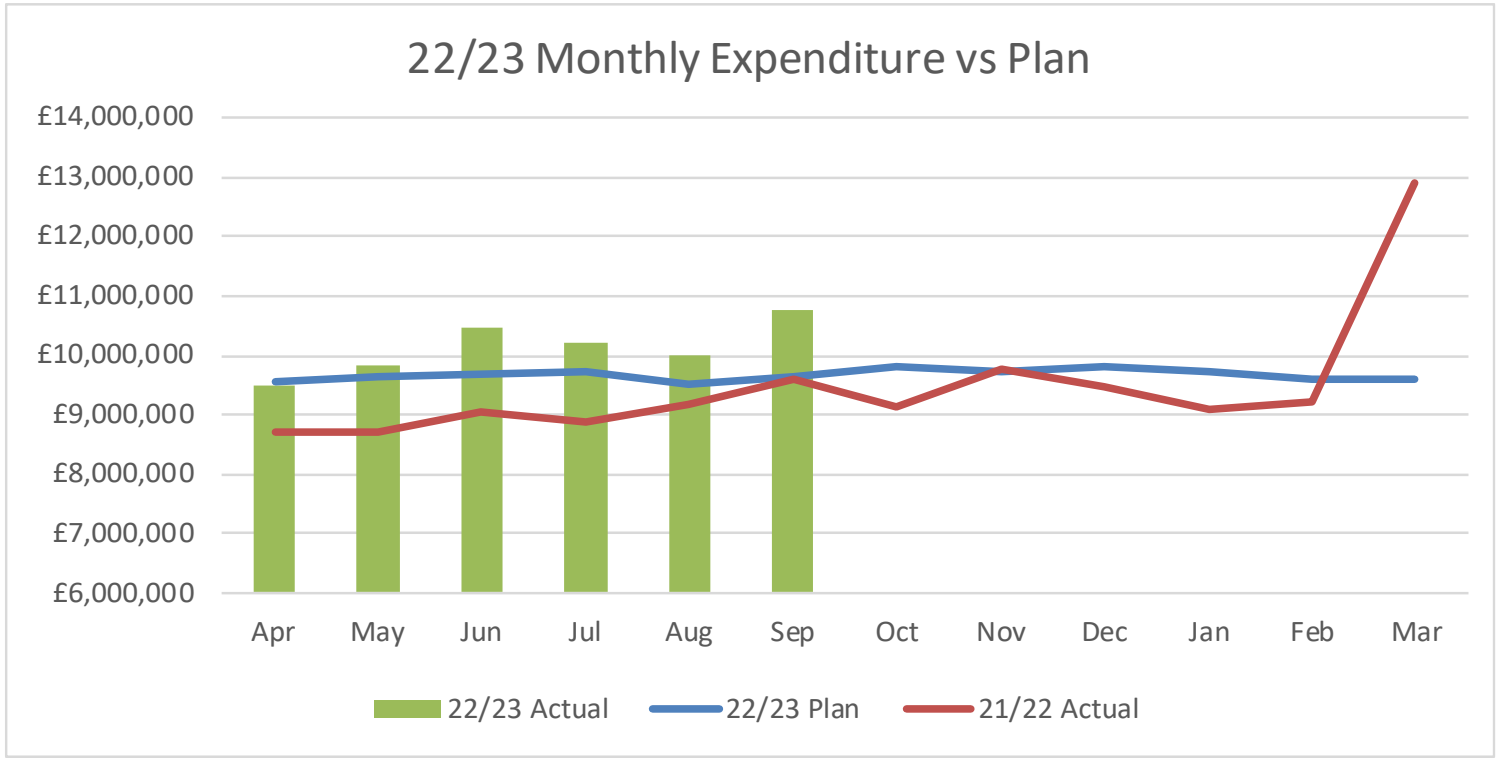
AREAS FOR IMPROVEMENT

Agency spend is above plan year to date by £1,048k. A greater focus by NHS England on agency controls is leading to greater scrutiny in this area of expenditure.

RISKS / ISSUES

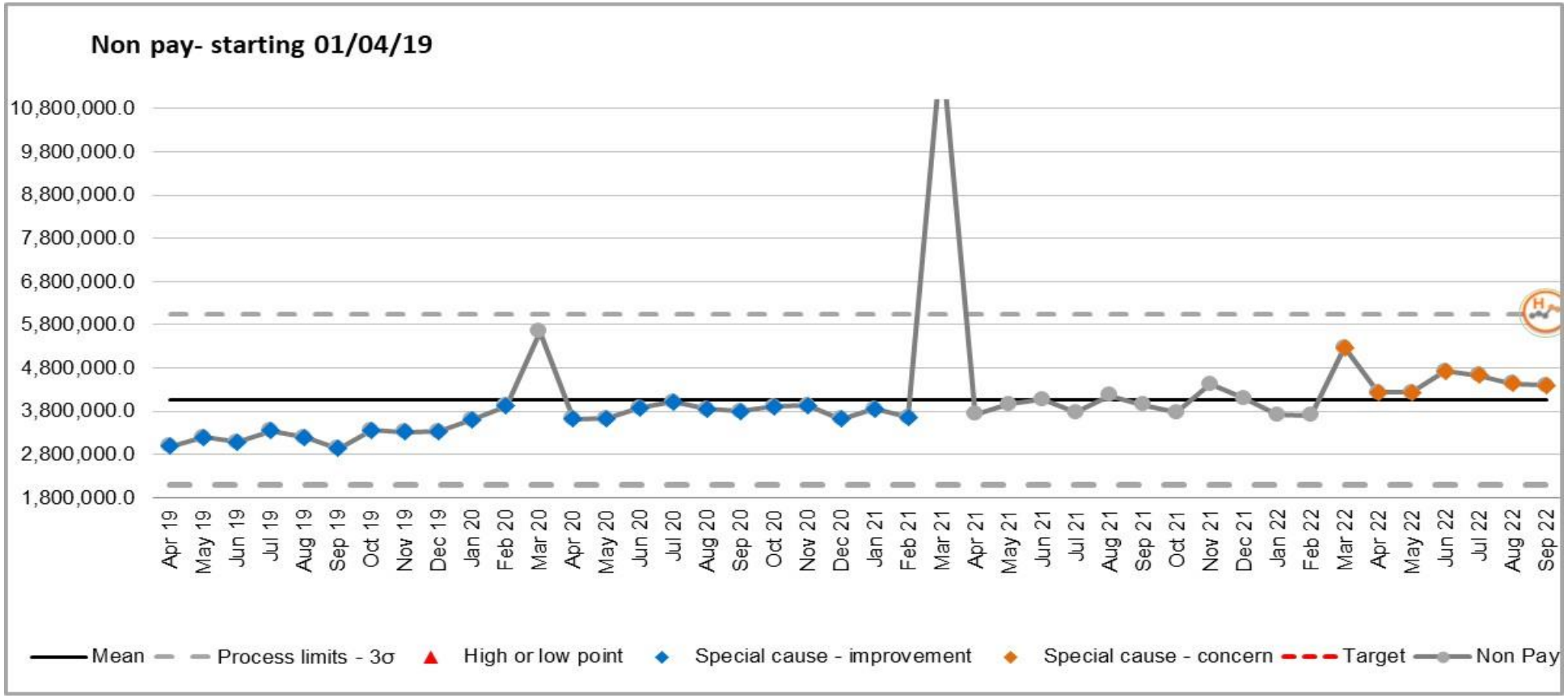
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



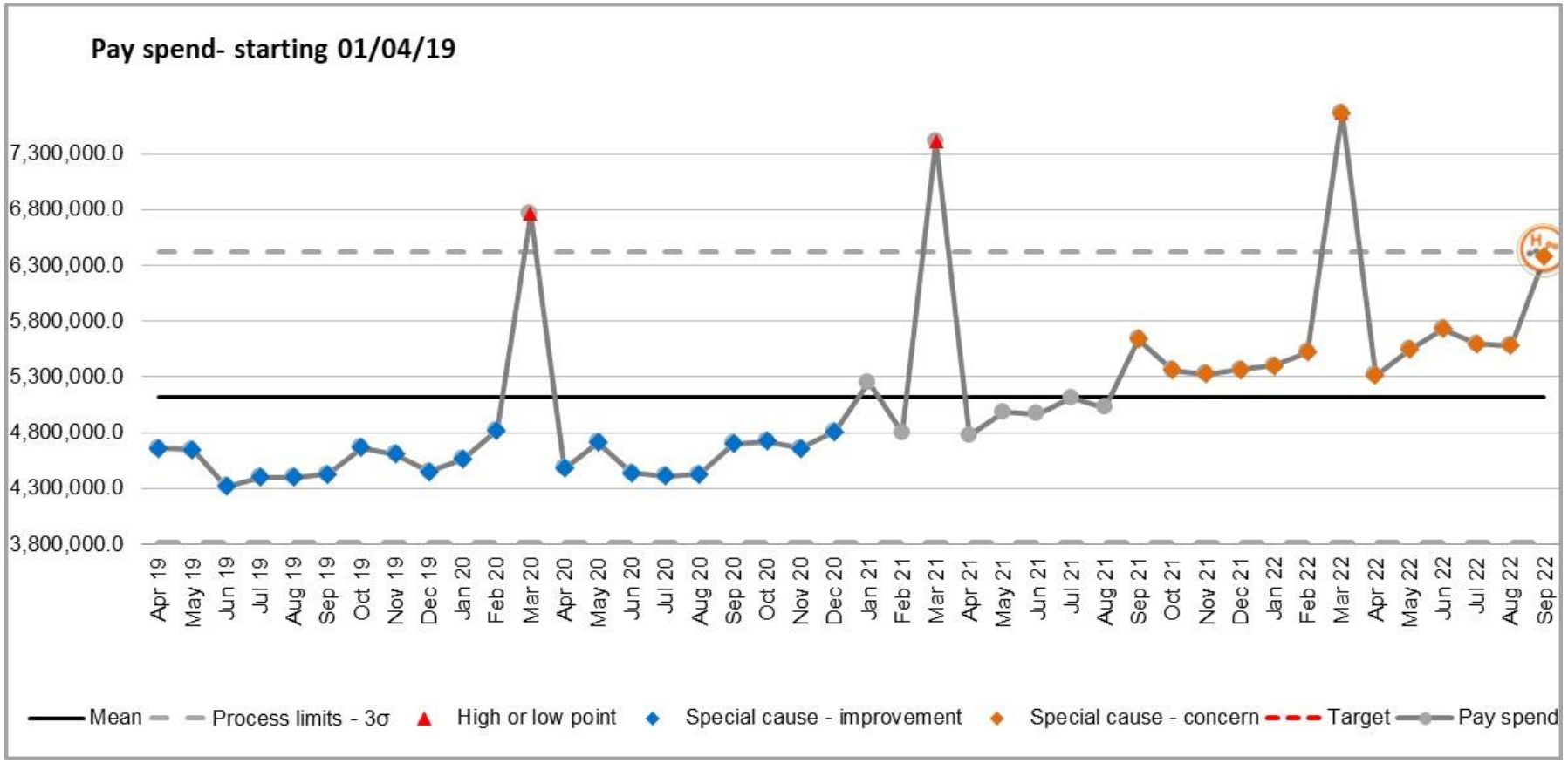
9. Non Pay Expenditure

Non-pay expenditure

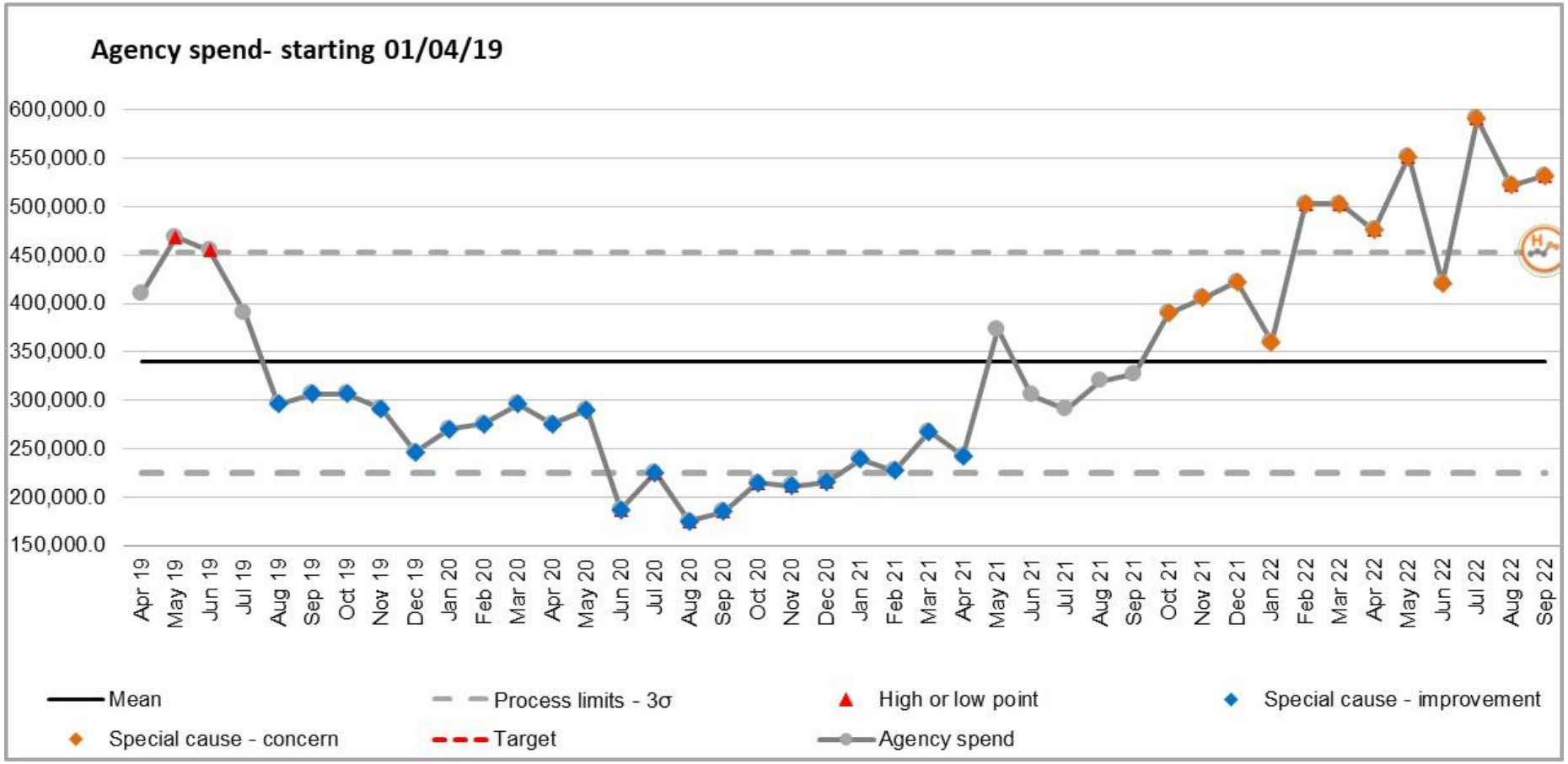


9. Pay Expenditure

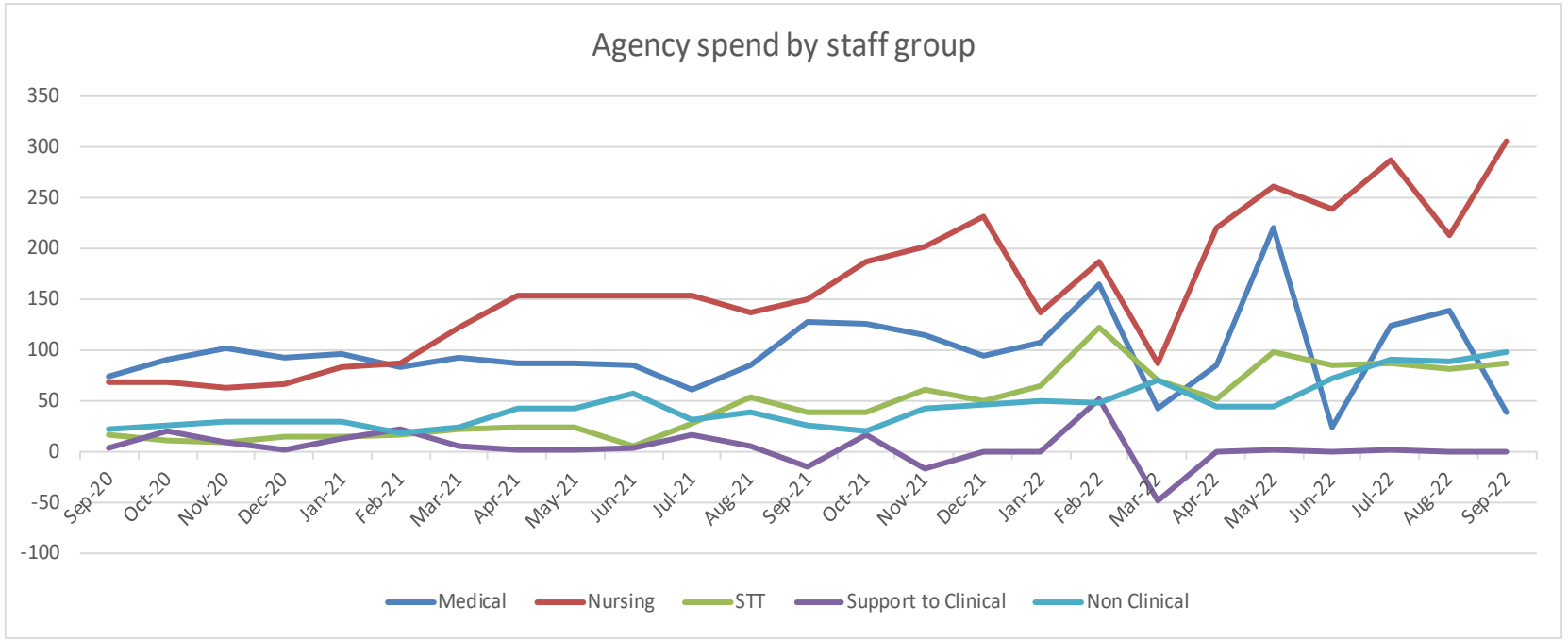
Pay expenditure



11. Agency Expenditure



11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Year to date savings of £1,098k have been delivered ahead of £967k plan generating a favourable variance of £131k.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£100	£13	-£87	£326
Non pay	£732	£625	-£108	£1,724
Income	£135	£461	£326	£717
Grand Total	**£967**	**£1,098**	**£131**	**£2,767**

Scheme		CIP Stage (1-5)	YTD Plan	YTD Actual	Variance
Private patient service expansion	**4- Execution**	High	£60	£461	£401
Procurement - Birmingham Hospital Alliance Collaborative	**4- Execution**	Med	£482	£232	-£250
Hips & Knees Implant Rationalisation / contract negotiation	**5- Review**	Med	£153	£218	£64
Medical Engineering contract reduction due to transfer to GENMED	**4 - Execution**	n/a	£0	£86	£86
Spinal Implant Rationalisation & Modernisation	**3- Planning**	Med	£15	£81	£66
Medical Agency Reduction - Direct Engagement	**5- Review**	Med	£58	£11	-£47
Northfield Shopping Centre - 50 car parking spaces handed back	**4 - Execution**	n/a	£0	£6	£6
Energy efficiency schemes	**1 - Idea**	n/a	£0	£2	£2
Gaffrey reduced PA's	**4 - Execution**	n/a	£0	£2	£2
Mortuary off site service provision	**1 - Idea**	n/a	£0	£0	£0
Training Nurse Associates (TNA)	**4- Execution**	Med	£0	£0	£0
Managed Patient Communications via Synertec	**5- Review**	High	£6	£0	-£6
2nd MRI Scanner (1.5T) - Hire out Days/Radiographers (within STP)	**1 - Idea**	n/a	£0	£0	£0

13. Statement of Financial Position

SUMMARY

The most significant movement on the balance sheet is the implementation of IFRS 16 which has resulted in a substantial uplift in tangible assets and an offsetting increase in borrowings, having an overall limited impact on net assets employed.

	2021/22 M12	2022/23 M6	Movement
	(£'000)		
Intangible Assets	£1,536	£1,320	-£216
Tangible Assets	£45,448	£62,071	£16,623
Total Non Current Assets	**£46,984**	**£63,391**	**£16,407**
Inventories	£359	£362	£3
Trade and other current assets	£9,946	£12,986	£3,040
Cash	£11,147	£11,744	£597
Total Current Assets	**£21,452**	**£25,091**	**£3,639**
Trade and other payables	-£13,323	-£14,468	-£1,145
Borrowings	-£1,057	-£17,986	-£16,929
Provisions	-£7,818	-£9,045	-£1,227
Other Liabilities	-£744	-£2,220	-£1,476
Total Liabilities	**-£22,942**	**-£43,719**	**-£20,777**
Total Net Assets Employed	**£45,494**	**£44,763**	**-£731**
Total Taxpayers' and Others' Equity	**£45,494**	**£44,763**	**-£731**

14. System Financial Performance

Adjusted financial performance surplus / (deficit)	Year to Date			Forecast			YTD Actual Movement
	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Annual Plan £000s	Outturn £000s	Forecast Variance £000s	£000s
B'ham and Solihull MH NHSFT	0	-1,570	-1,570	0	0	0	-279
B'ham Community Healthcare NHSFT	1,262	3,363	2,101	0	0	0	1,363
B'ham Women's and Children's NHSFT	0	3,590	3,590	0	4,590	4,590	1,659
Royal Orthopaedic Hospital NHSFT	233	-689	-922	0	0	0	-206
University Hospitals B'ham NHSFT	0	-15,862	-15,862	0	0	0	-1,358
Provider Total	1,495	-11,168	-12,663	0	4590	4590	1,178
B'ham and Solihull CCG	-100,543	0	100,543	-100,543	0	100,543	0
B'ham and Solihull ICB	100,543	259	-100,284	100,543	0	-100,543	72
Commissioner Total	0	259	259	0	0	0	72
System Total	1,495	-10,909	-12,404	0	4590	4590	1,250

SUMMARY

*Note the above figures are currently draft.

- Birmingham and Solihull ICS are reporting a year to date deficit of £10.9m, which is £12.4m worse than planned for the year to date, although the system is currently forecasting a overall surplus of £4.5m, driven by a movement in BWCH's forecast outturn.
- Capital expenditure on the system business as usual envelope is currently being reported as £10m below plan, whilst spend against the total CDEL allocation is £46m below plan. The forecast for year end is an underspend of £12.2m, driven by UHB's position.
- Providers continue to have strong cash balances at the end of September, with total cash balances £98m greater than planned for. The forecast position is a cash balance £8m ahead of plan.
- The system has delivered 103% of its planned efficiencies in the first six, however there is a significant proportion being delivered non-recurrently.
- The system has been issued with an agency cap, which it is being monitored against from 1st September 2022. This is currently being breached, and the forecast is a £22m overspend against cap.

Trust Workforce Metrics	Aug-22	Sep-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1247	1247	0	-	-
Staff In Post - Full Time Equivalent	1101.61	1101.277	-0.33256	-	-
Staf Turnover % - Unadjusted	18.22%	18.38%	0.16%	↑	<=11.5%
Staf Turnover % - Adjusted	15.32%	15.62%	0.30%	↑	<=11.5%
Total WTE Employed as % of Establishment	79.90%	82.02%	2.12%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	77.84%	79.70%	1.86%	↑	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	83.68%	86.42%	2.74%	↑	>=96%
% Of Attendance	93.86%	94.05%	0.19%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.62%	93.65%	0.03%	↑	>=96.3%
% Staff received mandatory training last 12 months	87.52%	87.54%	0.02%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	56.50%	55.88%	-0.62%	↓	>=95%
% of Sickness - Trust wide Long-term	4.10%	2.75%	-1.35%	↓	-
% of Sickness - Trust wide Short-term	4.69%	3.21%	-1.48%	↓	-
Return To Work Completion %	38.10%	40.00%	1.90%	↑	>=80%

Summary / Highlights

In September, 87.5% of staff had completed their mandatory training within the last 12 months which is a slight increase on August. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting. Classroom sessions have now started back up.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 18.38% which is the highest it has been since 2018.

The percentage of staff attendance in the month has increased to 94.05%.

The Establishment of WTE is still below target but has increased to 82.02% from 79.90% in August.

Risks / Issues

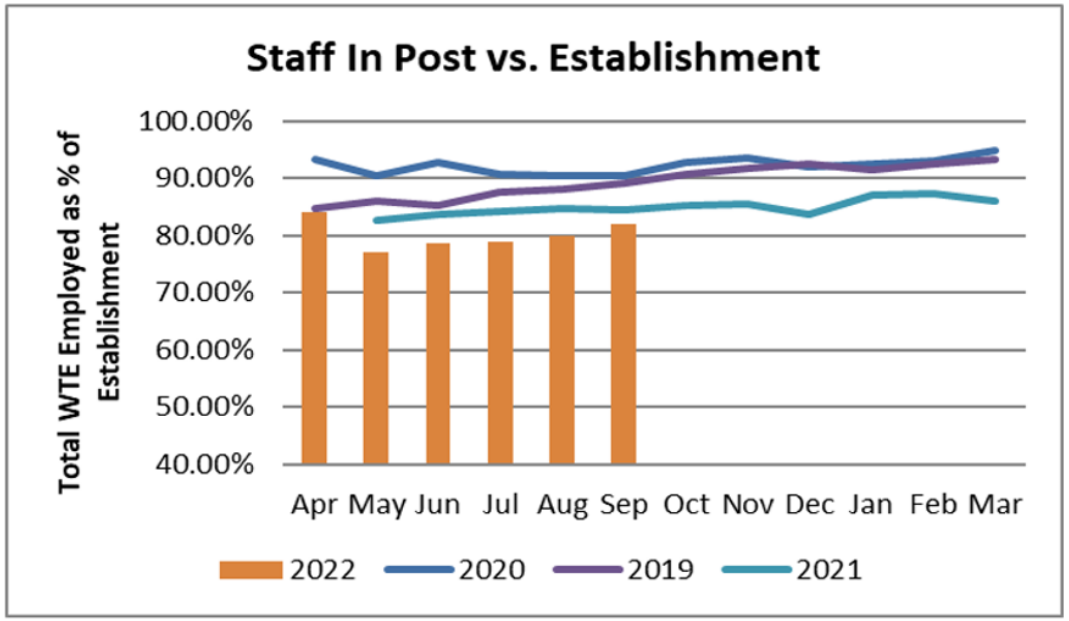
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

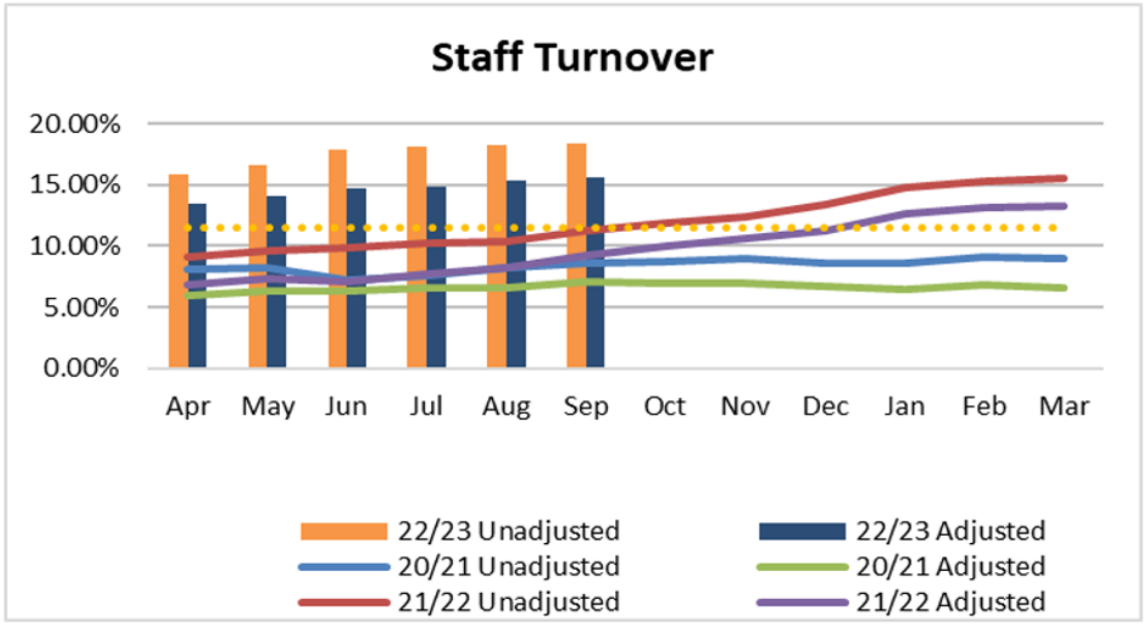
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

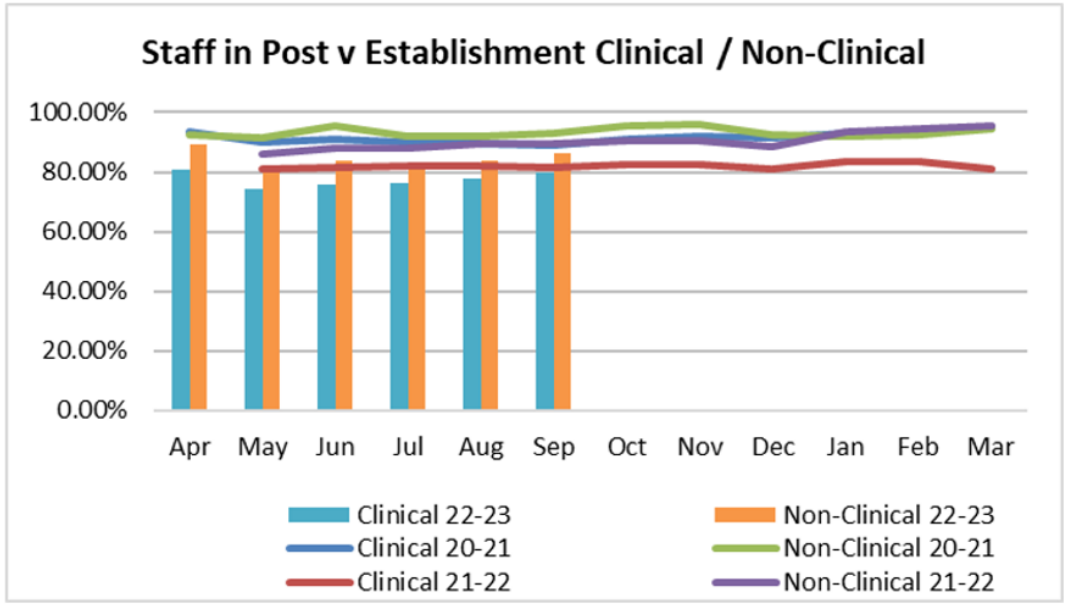
We anticipate that over the next few months, attendance may drop as we come through the winter months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

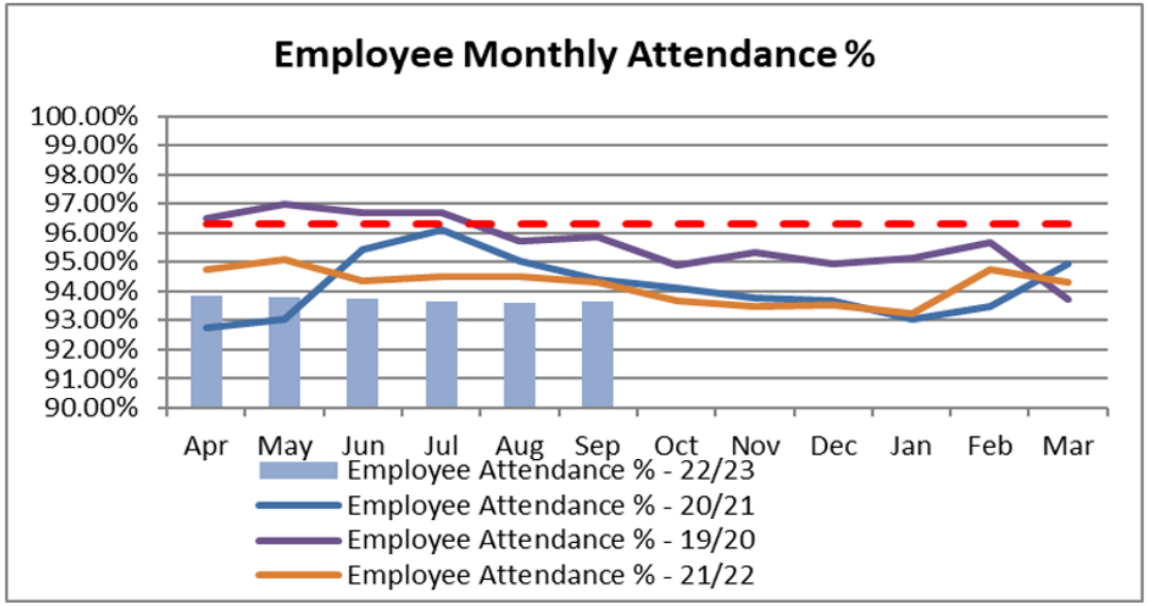
Actions

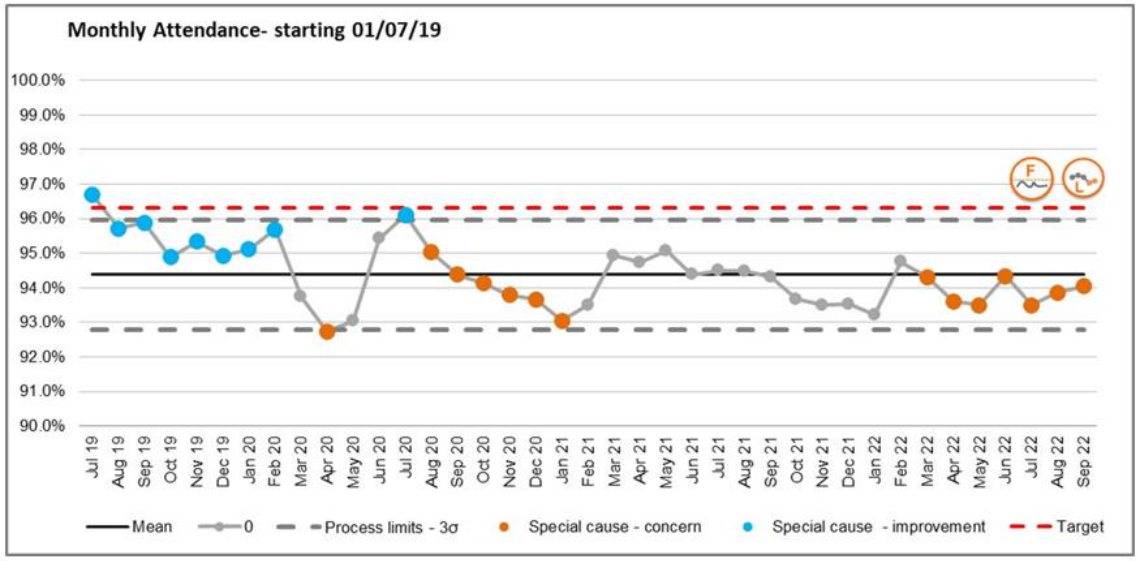
Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

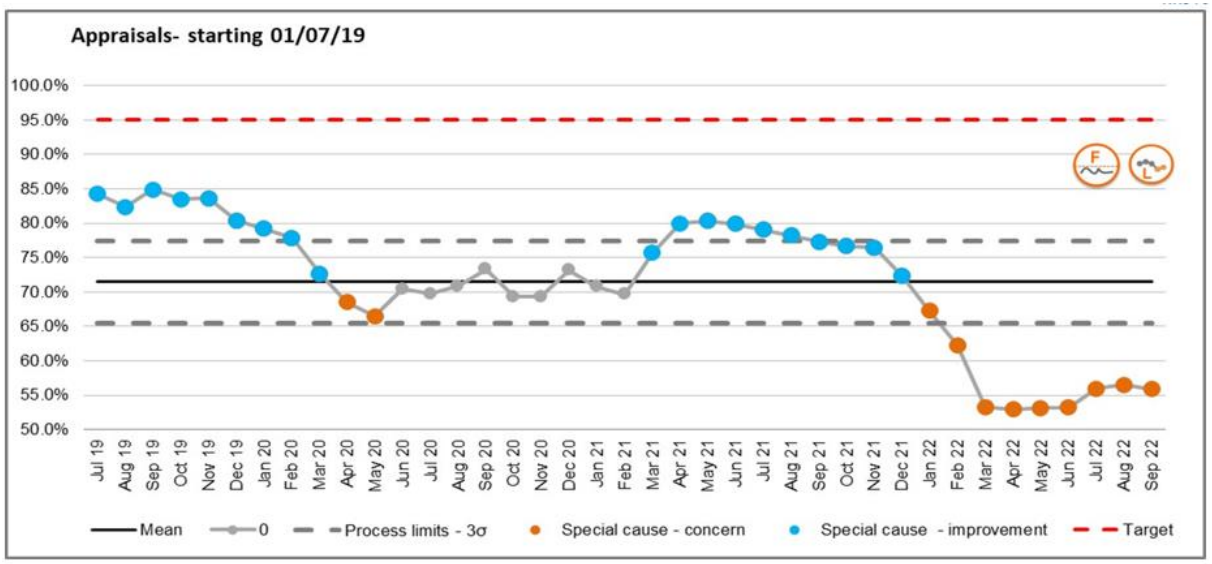

Staff In Post vs. Establishment
Total WTE Employed as % of Establishment
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2022
2020
2019
2021

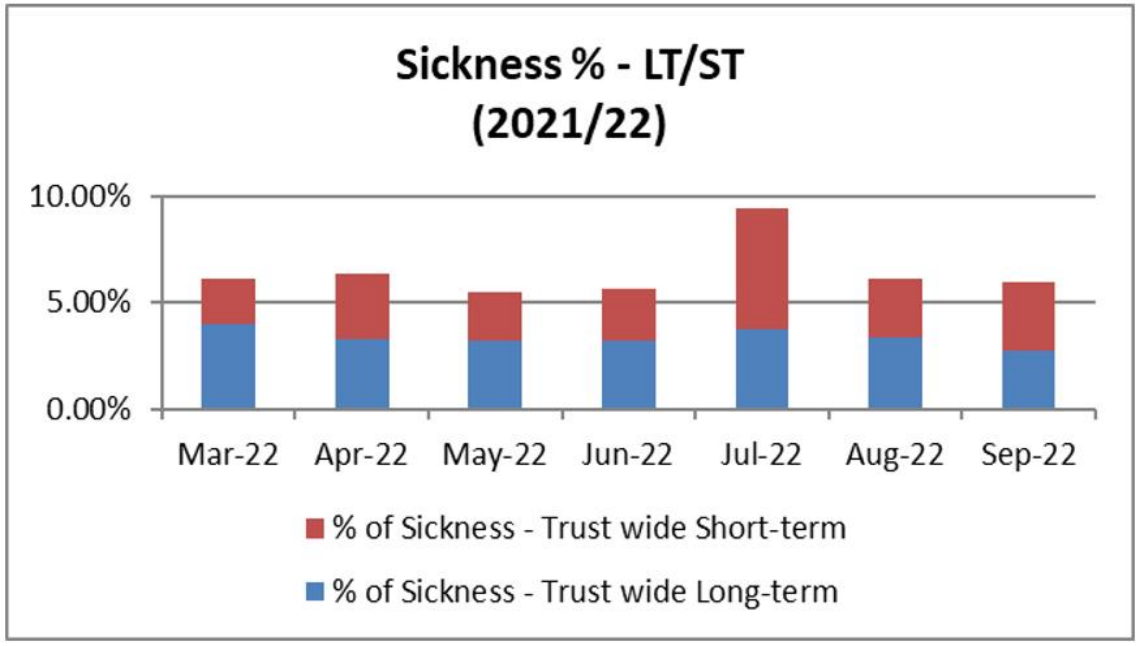

Staff Turnover
20.00%
15.00%
10.00%
5.00%
0.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
22/23 Unadjusted
22/23 Adjusted
20/21 Unadjusted
20/21 Adjusted
21/22 Unadjusted
21/22 Adjusted

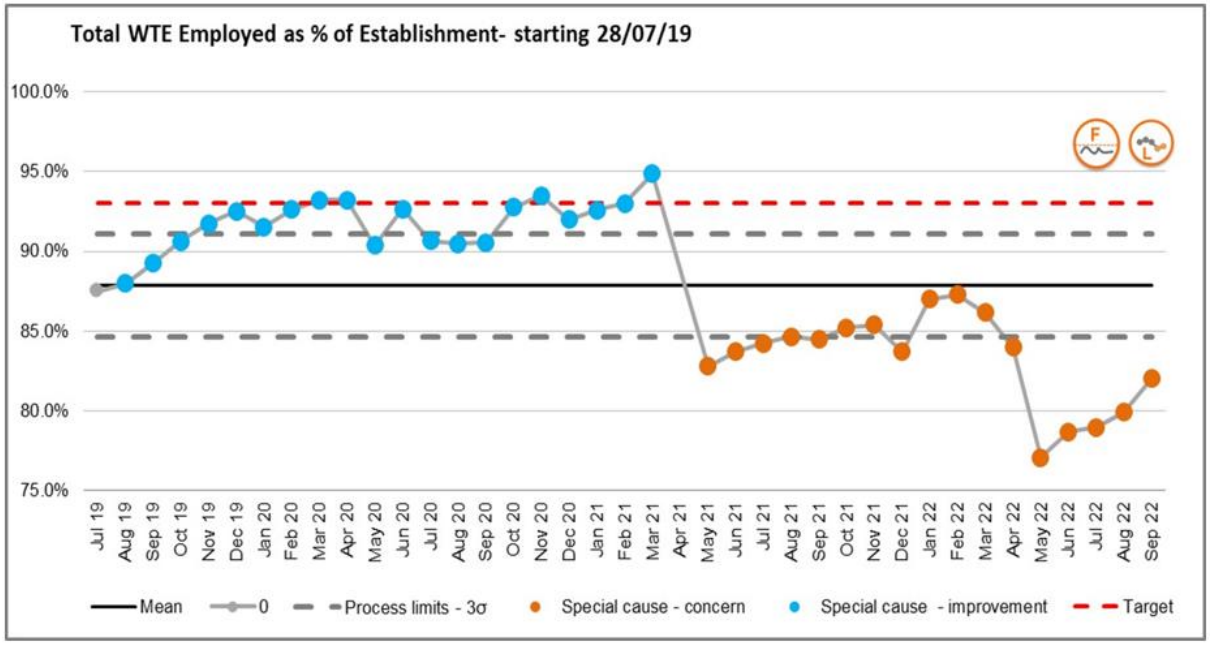

Staff in Post v Establishment Clinical / Non-Clinical
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Clinical 22-23
Clinical 20-21
Clinical 21-22
Non-Clinical 22-23
Non-Clinical 20-21
Non-Clinical 21-22


Employee Monthly Attendance %
100.00%
99.00%
98.00%
97.00%
96.00%
95.00%
94.00%
93.00%
92.00%
91.00%
90.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Employee Attendance % - 22/23
Employee Attendance % - 20/21
Employee Attendance % - 19/20
Employee Attendance % - 21/22


Monthly Attendance- starting 01/07/19
100.0%
99.0%
98.0%
97.0%
96.0%
95.0%
94.0%
93.0%
92.0%
91.0%
90.0%
Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 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
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Appraisals- starting 01/07/19
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 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
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Sickness % - LT/ST
(2021/22)
10.00%
5.00%
0.00%
Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22
% of Sickness - Trust wide Short-term
% of Sickness - Trust wide Long-term


Total WTE Employed as % of Establishment- starting 28/07/19
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 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
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY AND SAFETY REPORT

October 2022 (September 2022 Data)

EXECUTIVE DIRECTORS: Simon Grainger Lloyd, Director of Governance
Nikki Brockie, Acting Chief Nurse
Marie Peplow, Chief Operating Officer

AUTHOR: Ash Tullett, Head of Clinical Governance and Assurance

Quality Report – October 2022 (September 2022 Data) – Summary Dashboard

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	2021/2022	2022/2023
Incidents	308	387	304	289	280	296 (↑)		
Serious Incidents	1	0	1	2	0	1(↑)	13 (Total)	5
Internal RCA investigations	3	4	6	2	1	6(↑)		
VTEs (Avoidable)	0	0	0	0	0	0	2 (Avoidable)	0
Falls	9	10	4	3	5	3(↓)	91 (Total)	34
Pressure Ulcers: Cat 2 (Avoidable)	0	3	0	0	0	0	3 (Avoidable)	3
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0 (Avoidable)	0
Complaints	6	5	4	1	2	6(↑)	51 (Total)	25
PALS	57	54	42	51	57	62(↑)		
Compliments	3	1	4	4	3	2(↓)		
FFT Score %	99.39	98.88	98.68	97.82	97.93	98.34(↑)		
FFT Response %	48	30	38	51	42	45(↑)		
Duty of Candour	12	10	16	16	12	10(↓)		
Litigation (New)	0	0	0	1	2	0		
Coroners	0	0	0	0	0	0		
WHO %	99	99	100	100	100	100		
Infections	1	1	2	0	0	1(↑)	7 (Total)	4

CONTENTS

1	Introduction
2	Incidents and Mortality
3	Serious Incidents
4	Internal RCA investigations
5	VTEs
6	Falls
7	Pressure Ulcers
8	Patient Experience
9	Friends & Families Test and Iwantgreatcare
10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
16	Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged
17	Freedom to speak up
18	Theatre Utilisation/ Hospital Led Cancellations
19	Process & Flow efficiencies
20	Length of stay
21	Outpatient efficiency
22	Treatment targets
23	Glossary of terms

1. INTRODUCTION

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

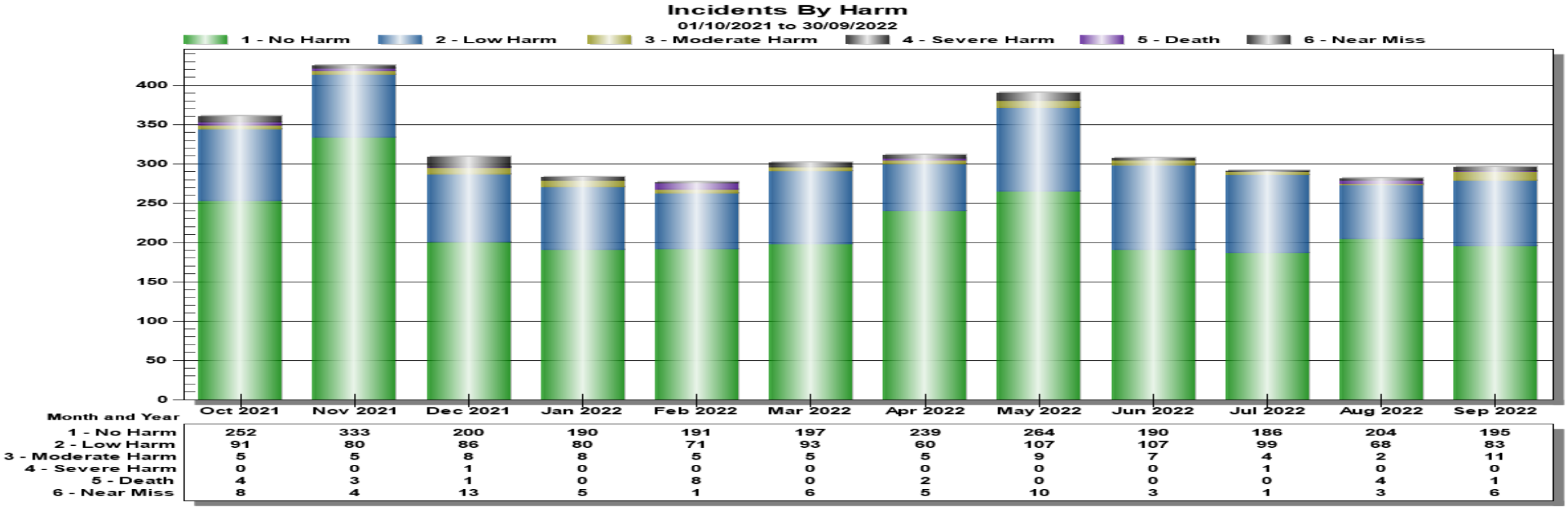
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.



Month and Year	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
1 - No Harm	252	333	200	190	191	197	239	264	190	186	204	195
2 - Low Harm	91	80	86	80	71	93	60	107	107	99	68	83
3 - Moderate Harm	5	5	8	8	5	5	5	9	7	4	2	11
4 - Severe Harm	0	0	1	0	0	0	0	0	0	1	0	0
5 - Death	4	3	1	0	8	0	2	0	0	0	4	1
6 - Near Miss	8	4	13	5	1	6	5	10	3	1	3	6

In the month of September 2022, there were a total of 296 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

195 – No Harm
83 - Low Harm
11 - Moderate Harms
0 - Severe Harm
6 – Near Miss
1 – Death

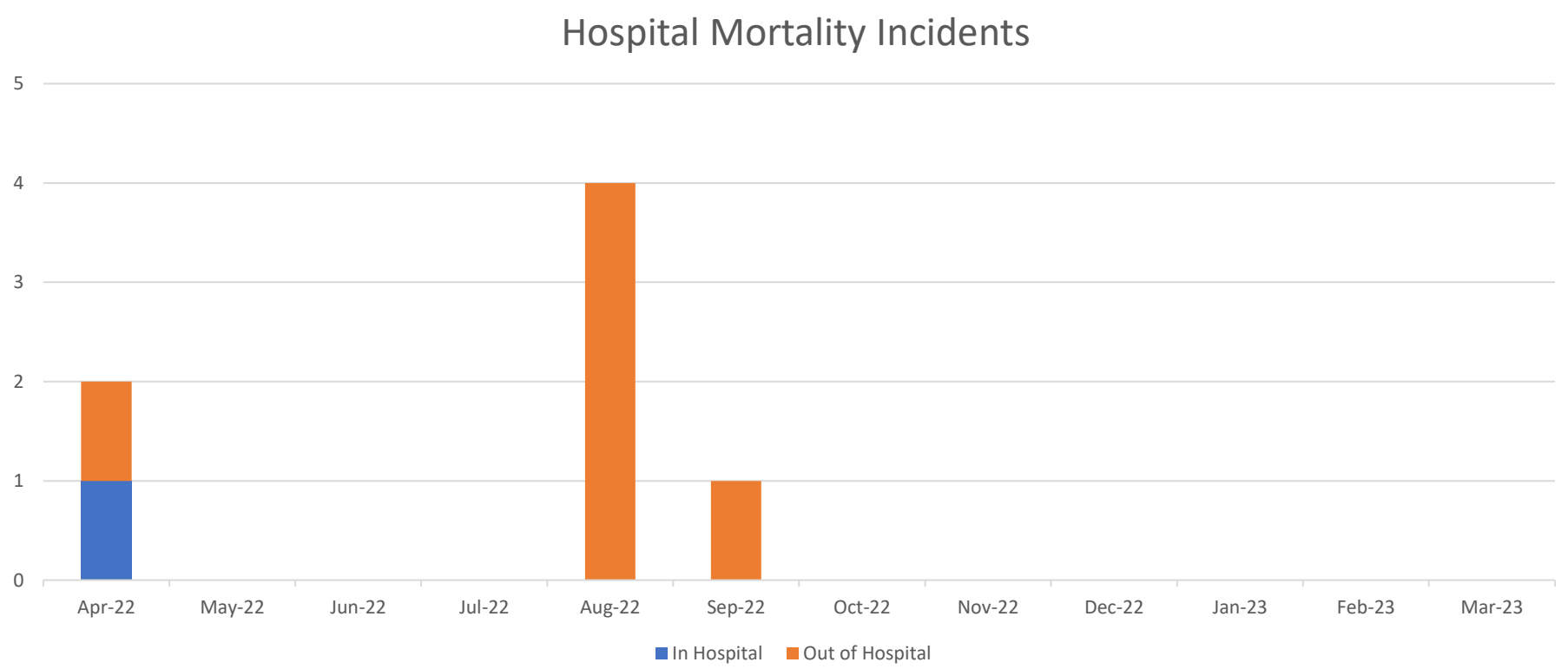
INFORMATION

11 Incidents were reported as Moderate Harm and one death was reported during the month. Three of the Moderate harms incidents reported are related to the death. All are progressing through the incident investigation process at present.

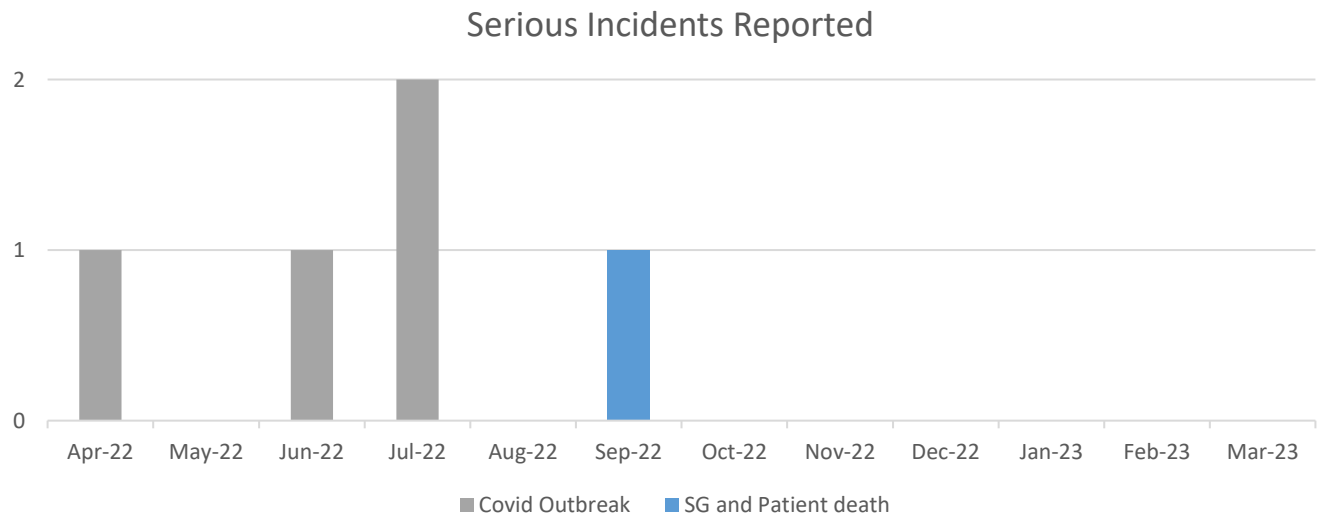
Downgraded Incidents
Currently none of the reported harm incidents in the previous Quality report (September 2022) have been downgraded.

Low Harm Incidents
The Trust has a process within the Incident management process to ensure that all staff are aware of and are following the correct procedure for managing 'no harm' and 'low harm' incidents. All incidents are reviewed at a local level and within the Quality and Safety Sub Groups. Its within these meetings that trends and themes are highlighted and then escalated up to the Clinical Quality Group and Divisional Governance meetings. In September 2022 there was no themes to note within these incidents. Moving forward trends and themes from low harm incidents will be included in the quality report.

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



3. Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.

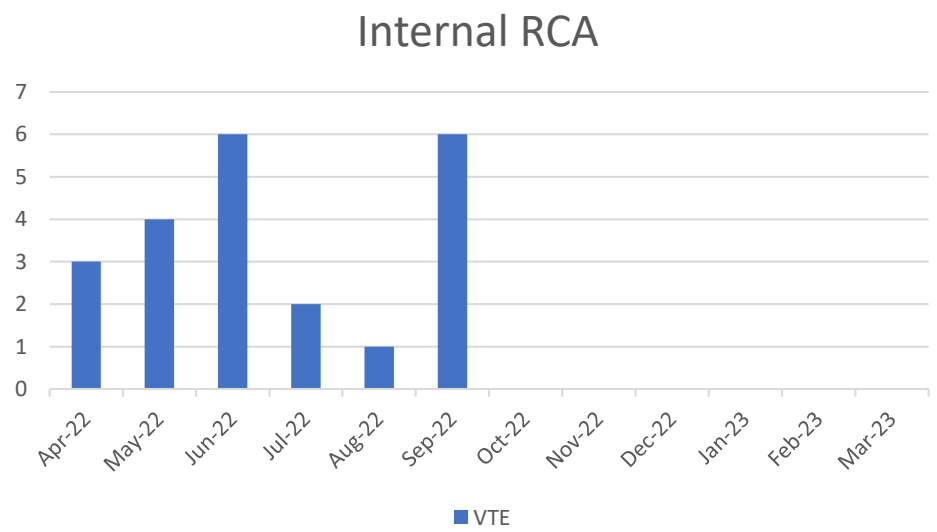


Year Totals	
20/21	11
21/22	13
22/23	5

Data Source – STEIS

INFORMATION
One serious incident was reported in September and is currently being investigated in line with usual Trust processes.
ACTIONS FOR IMPROVEMENT AND LEARNING
NHS England published the Patient Safety Incident Response Framework in August 2022 with a range of information and resources to support providers to prepare to implement the PSIRF. The first project group sat on 21st October 2022.
RISK AND ISSUES
None

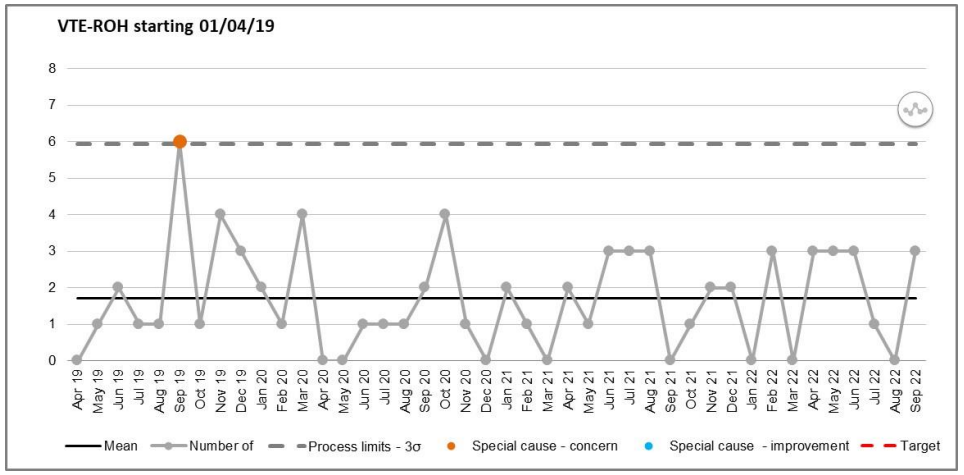
4. Internal Root Cause Analyses (RCAs) - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCAs incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.

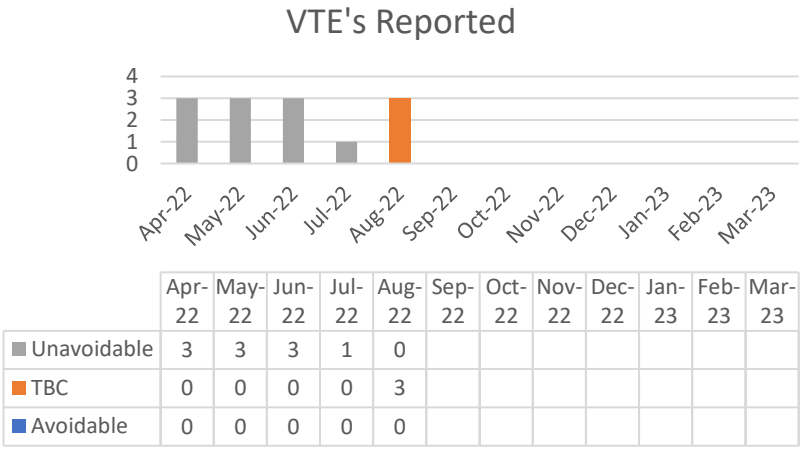


Data Source – Internal RCA tracker

SHARED LEARNING FROM RCA's
One RCAs was closed in September 2022. This related to a VTE and was deemed unavoidable
RISK AND ISSUES
None

5. A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTEs (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Unavoidable	3	3	3	1	0							
TBC	0	0	0	0	3							
Avoidable	0	0	0	0	0							

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	13

INFORMATION

3 ROH associated VTEs incidents were reported in September 2022.
These are detailed on page 7 and 8 of this report

On admission assessment

Total possible	**1154**
Total assessed	1122
%	97.23%

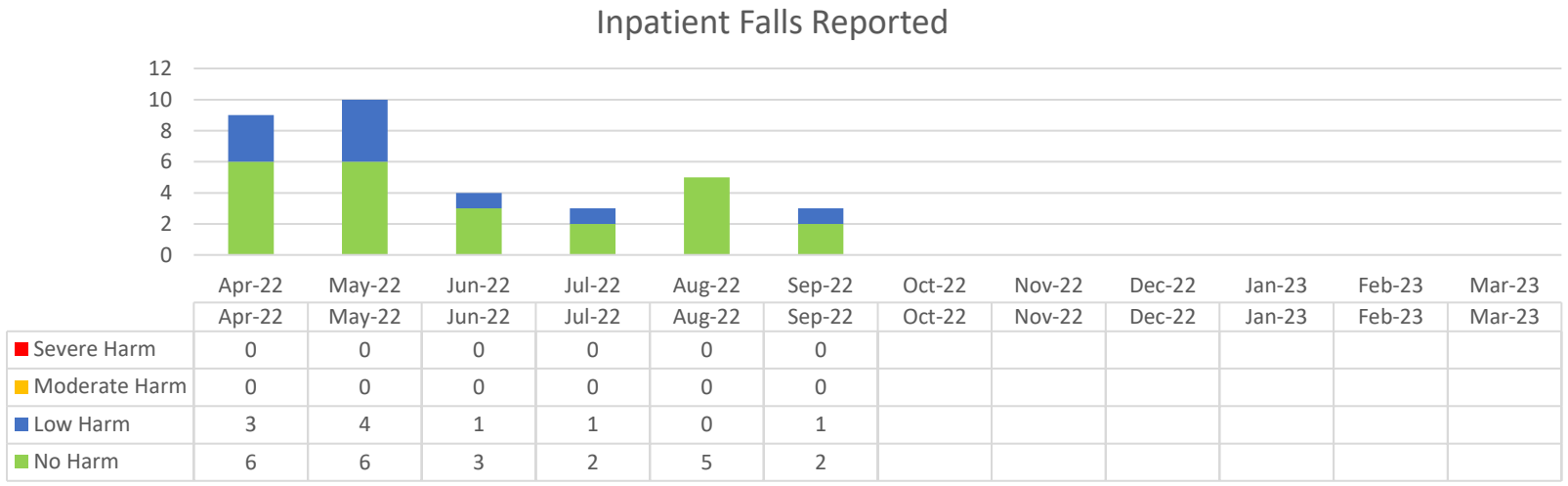
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

- VTE RCA template used to investigate VTES is currently under review to see if we can improve the tool further.
- Re-assessment re-audit to be undertaken by Medical VTE lead.
- Exemplar site- review delayed by the external assessment team. Plan for end of 2022/early 2023.

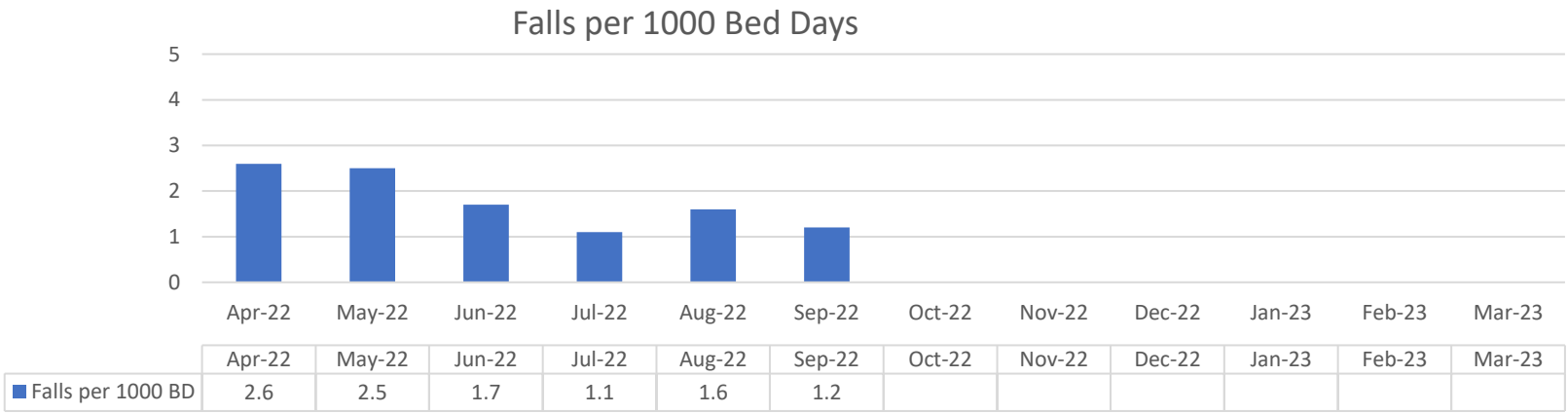
RISK AND ISSUES

None

6. Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.

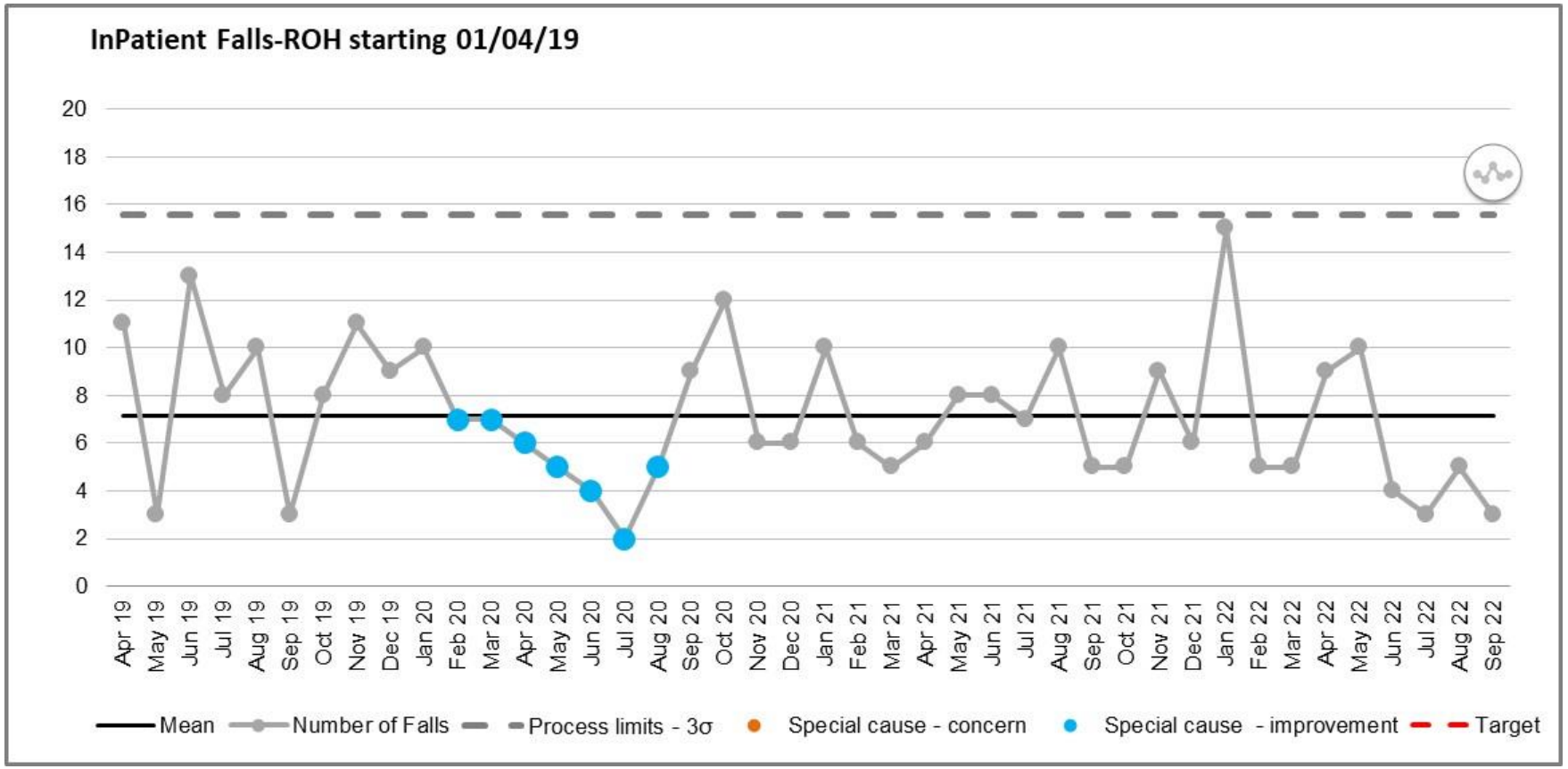


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Severe Harm	0	0	0	0	0	0						
Moderate Harm	0	0	0	0	0	0						
Low Harm	3	4	1	1	0	1						
No Harm	6	6	3	2	5	2						



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Falls per 1000 BD	2.6	2.5	1.7	1.1	1.6	1.2						

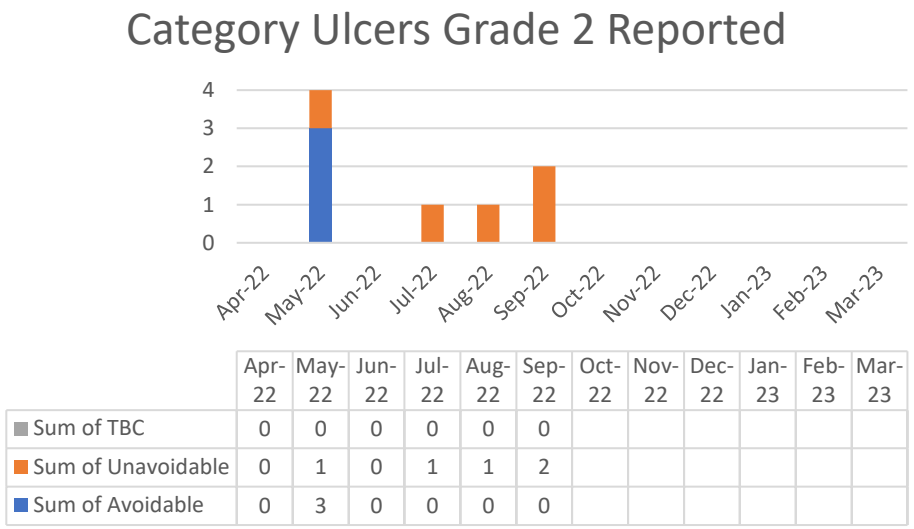
Year Totals	
20/21	76
21/22	91
22/23	34



Data Source – Ulysses and Falls Group

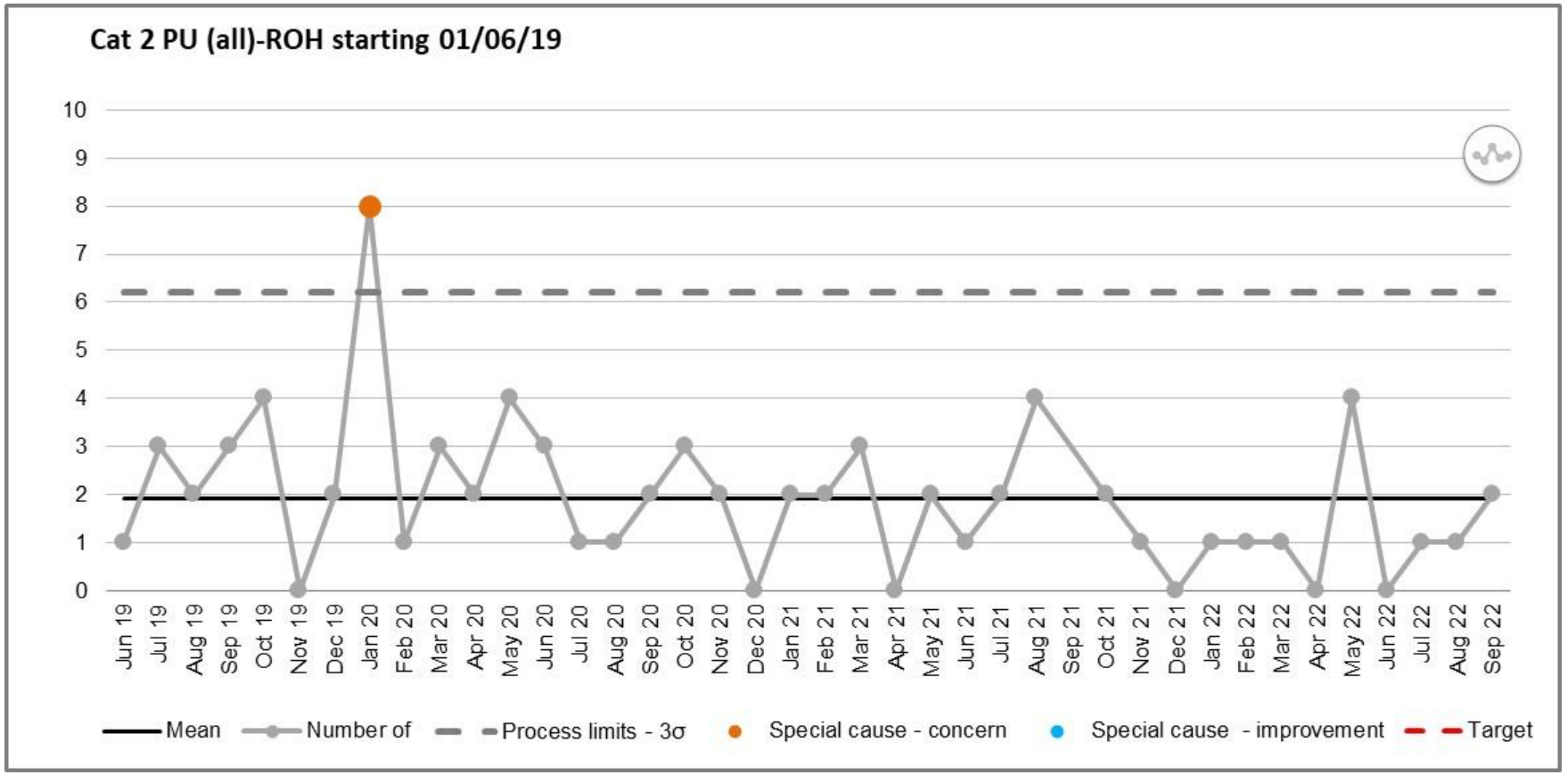
INFORMATION
There were 10 incidents reported across the Trust in September 2022 relating to Falls: 3 x In-Patient Incidents 3 x Lowered to Floor Incidents 4 x Staff/Visitor Incidents The number of in-patient falls remains very low this month, with no identifiable themes.
ACTIONS FOR IMPROVEMENT AND LEARNING
• Throne project remains ISQ from Estates perspective, new equipment has been ordered by wards to meet equipment requirements. • TOR & membership of Dementia & Falls working Group to be reviewed.
RISK AND ISSUES
Throne project ISQ, working party to be set up to review progress and aims of project.

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Sum of TBC	0	0	0	0	0	0						
Sum of Unavoidable	0	1	0	1	1	2						
Sum of Avoidable	0	3	0	0	0	0						

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	8	0


Cat 2 PU (all)-ROH starting 01/06/19
10
9
8
7
6
5
4
3
2
1
0
Jun 19
Jul 19
Aug 19
Sep 19
Oct 19
Nov 19
Dec 19
Jan 20
Feb 20
Mar 20
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
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
Mean
Number of
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

INFORMATION

September 2022 Incidents

Category – 4	**0**
Category – 3	0
Category – 2 (Non-Device)	2 – no lapses in care.
Category – 2 (Device)	0
Category – 1	X 1
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 2 (1 pt had C.diff) MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 1 MASD admitted with Intertriginous dermatitis x 1

INFORMATION

Patients admitted with PUs	**PU admitted with Cat 1 – 3 – did not deteriorate** **PU admitted with Cat 2 x 3 – 1 WMM, 1 home none deteriorated.** **PU admitted with Cat 3 – Nil** **PU admitted with SDTI – Nil**

Avoidable only Pressure Ulcer CCG Contracts KPI2021/2022 – Contract to be confirmed.	
2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0
2022/2023	
Avoidable Grade 2 pressure Ulcers limit of 12	3
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

ACTIONS FOR IMPROVEMENT AND LEARNING

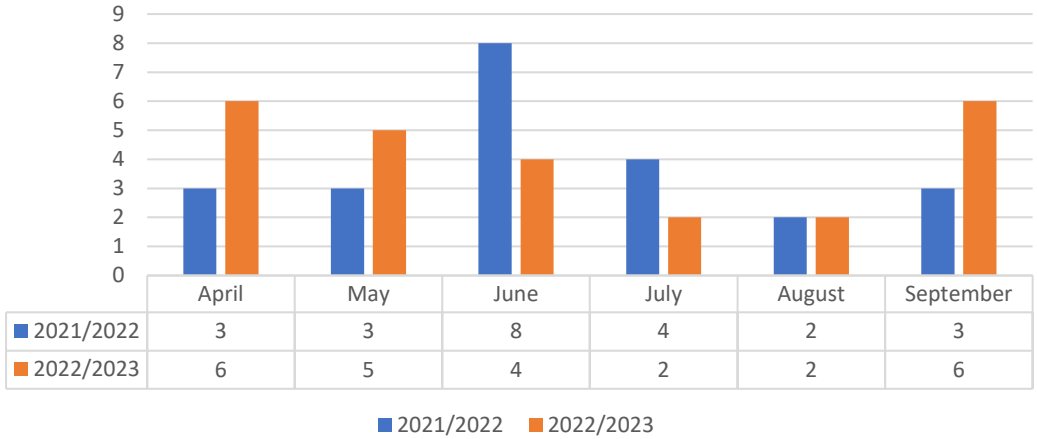
New starter and TV Link Nurses wound care and pressure ulcer management competencies to be undertaken via the HLE/ National Wound Care Strategy Programme (NWCSP). This is in line with the NWCSP.

RISK AND ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.

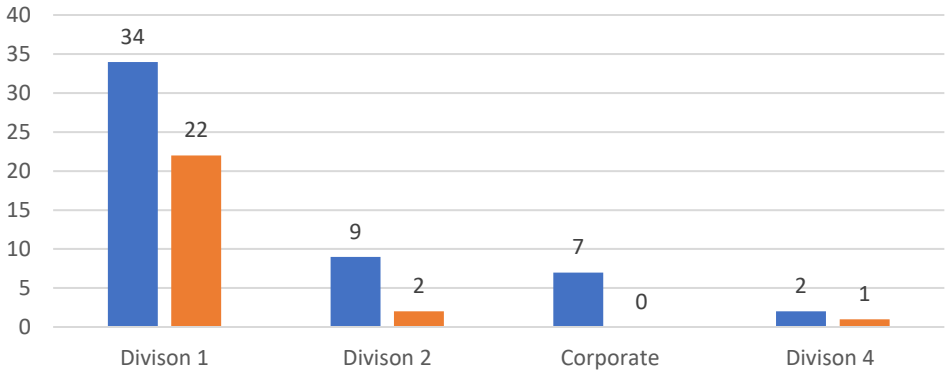
Formal Complaints received 2021/2022 Vs 2022/2023



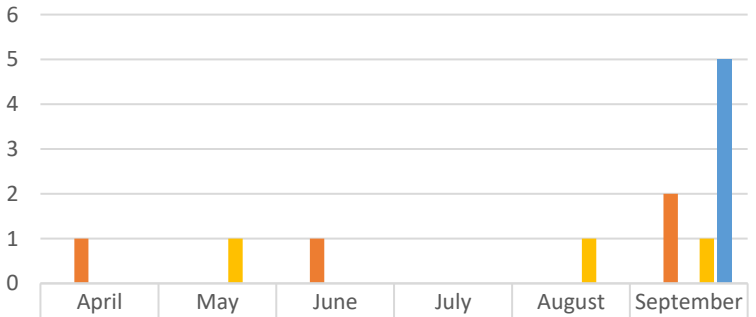
	April	May	June	July	August	September
2021/2022	3	3	8	4	2	3
2022/2023	6	5	4	2	2	6

2021/2022 2022/2023

Formal Complaints Receved per Division 2022/2023 Compared to 2021/2022



Reopended Complaints 2022/2023 Compared to the Last 3 years



	April	May	June	July	August	September
2019-2020	0	0	0	0	0	0
2020-2021	1	0	1	0	0	2
2021-2022	0	0	0	0	0	0
2022-2023	0	1	0	0	1	1
Meetings arranged 2022-23	0	0	0	0	0	5

2019-2020 2020-2021 2021-2022 2022-2023 Meetings arranged 2022-23

Complaint Year Totals	
April 2021 – March 2022	46
April 2022 – March 2023	25

Data Source – Patient Experience team

INFORMATION

The Trust received 6 formal complaints in September 2022
Below is the category and subcategories for formal complaints received.

Values & Behaviour	**1**
Clinical Query	**2**
Appointments	**1**
Communication	**1**
Referral	**1**

In September 2022 the Trust closed 1 formal complaint within the agreed timeframe with the complainant. This means, it gives a 100% completion rate and meets the expected KPI for the month.
At the time of producing this report (7th October 2022) we currently have 9 open formal complaints.

We are currently waiting for one verbal complaint to come back from the complainant and 1 consent form.

In September 2022, the Trust received one formal complaint for the Woodlands Suite

2

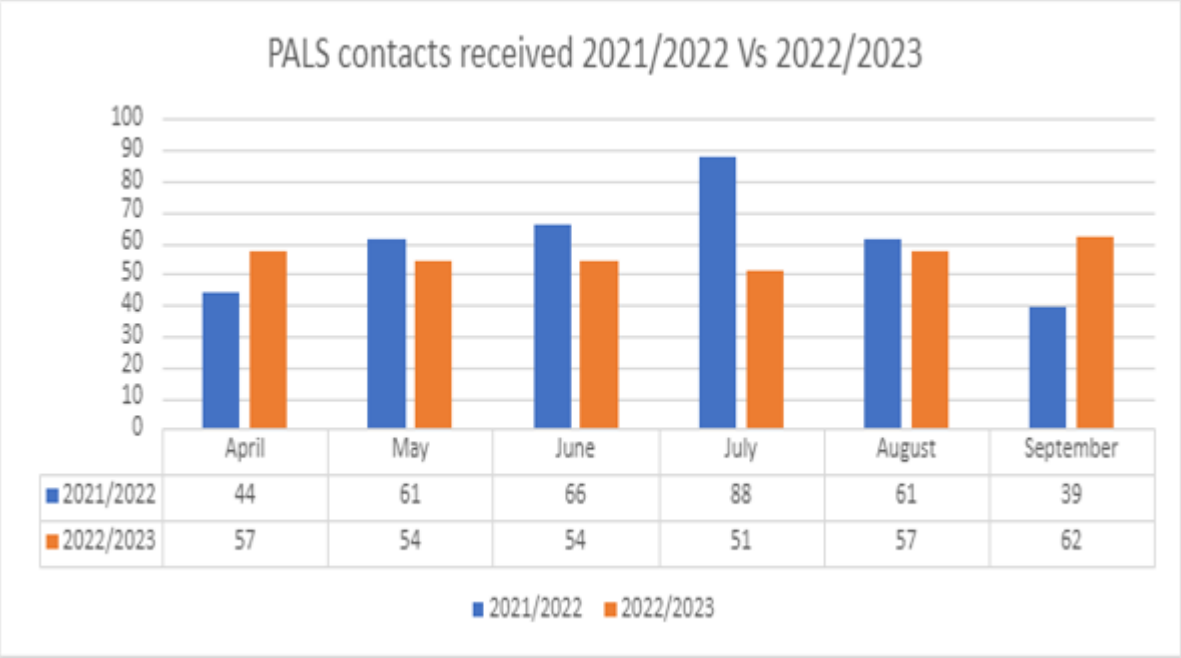
The Trust offers meetings to the complainant in the verbal and written acknowledgement and in the response letter. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint. Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.
During a period of four years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and a better quality of response letter
In September 2022 the Trust had received no reopened complaints. In September 2022 we received 3 meeting requests following responses to complaints.

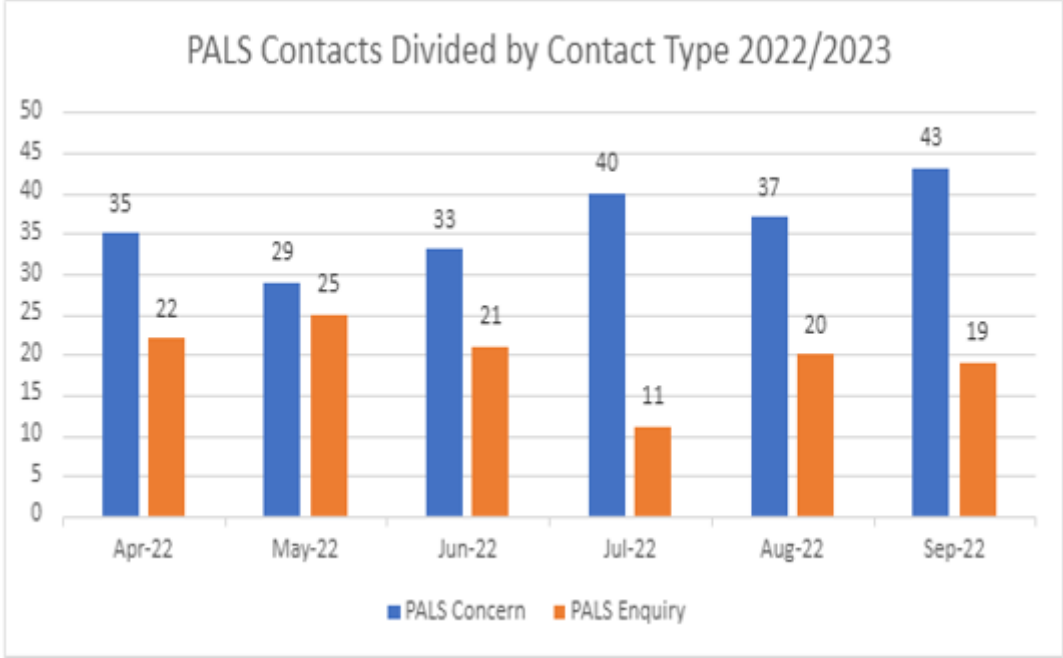
RISK AND ISSUES

None specifically

Patient Advice and Liaison Service – PALS

Below is the comparison of PALS contacts received in 2021/2022 and 2022/2023





INFORMATION

The main themes in the PALS data related to Appointments (22) Clinical Query (11) and Communication (10)
The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases.
In September 2022, 99 % of enquiries and concerns were handled meaning one case breached in Large Joints and passed the agreed timeframe. This was communicated to the complainant. However, overall KPIs were met for the month.

Appointments	**22**
Appointment Cancelled	5
Appointment Request	5
Appointment Rescheduled	4
Availability	1
Booked Incorrectly	1
Confirmation Of Appointment	1
Delay	1
Delay To Be Seen In Hospital	1
Failure To Provide Follow Up	1
Virtual Clinic - Call Not Rece	2
Clinical Query	**11**
Appointment Not Satisfactory	2
Appointment Request	1
Delay In Obtaining Results	1
Delay Or Failure To Diagnose	1
Delays With Treatment	2
Dispute Over Diagnosis/Treatme	1
Incorrect Information In Clini	1
Operation - Outcome Not As Exp	1
Request For A Second Opinion	1
Communication	**10**
Communication Failure Between	1
Communication With Relatives/c	1
Communication/Info To Patients	5
Conflicting Information	2
Method/Style Of Communication	1

ACTIONS FOR IMPROVEMENT AND LEARNING

4 case breached in September 2022, due to delayed response from divisions.

RISK AND ISSUES

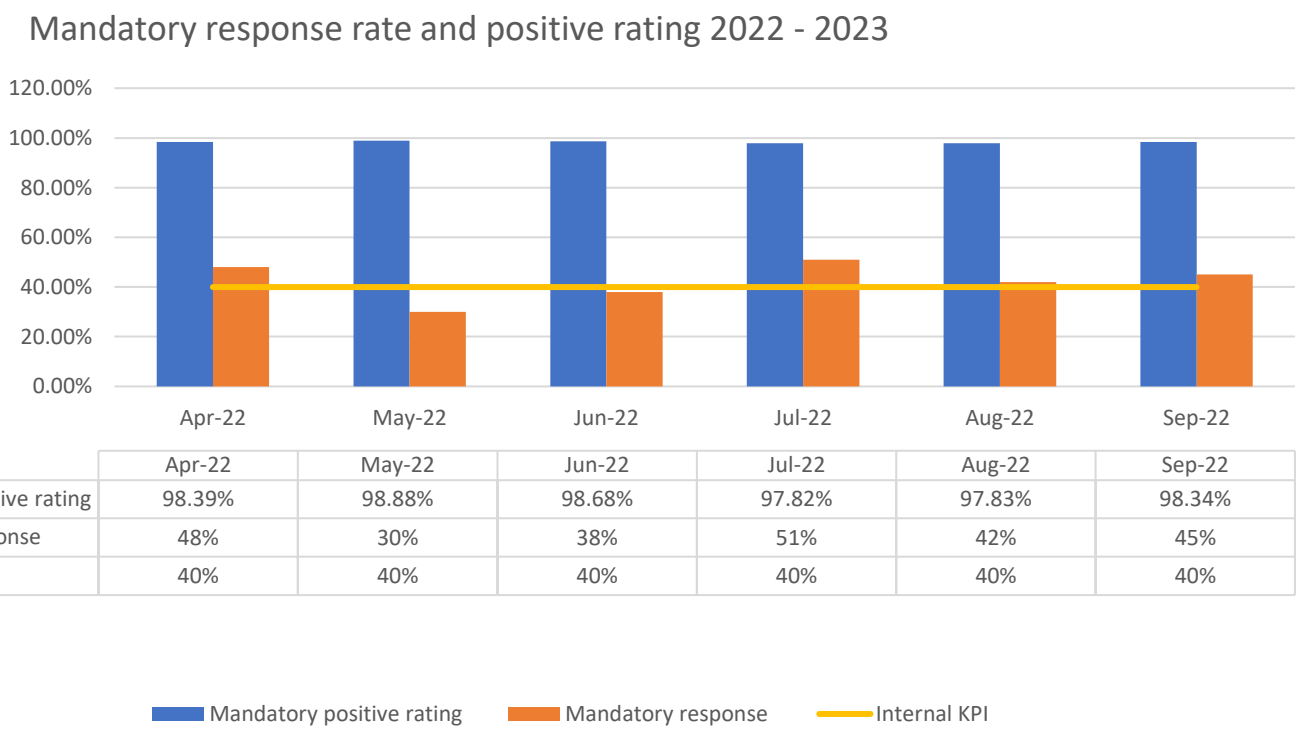
None

Patient Experience KPIs from April 2022 – September 2022

0%-79%
80%-90%
91%-100%

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
April -22	100	95	89
May - 22	100	94	85
June - 22	100	94	100
July – 22	100	87	100
August -22	100	86	100
Sept – 22	100	88	95

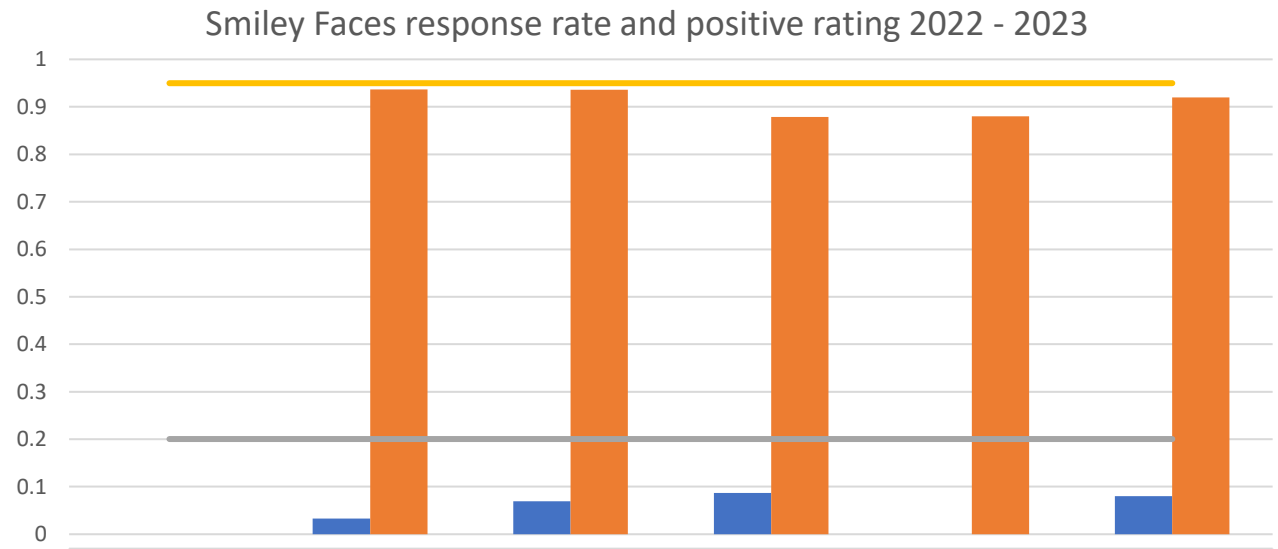
Friends and Family Test Results. FFT Mandatory Reporting FFT Mandatory (inpatient areas) Reporting



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Mandatory positive rating	98.39%	98.88%	98.68%	97.82%	97.83%	98.34%
Mandatory response	48%	30%	38%	51%	42%	45%
Internal KPI	40%	40%	40%	40%	40%	40%

Smiley Faces Report

The Trust has 10 smiley faces devices in all outpatient areas. Below are the results collected through May 2022 - September 2022. The devices were rolled out in May 2022



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Response Rate	0	3%	7%	9%	0%	8%
Positive Experience	0	94%	94%	88%	88%	92%
Positive Experience Target	95%	95%	95%	95%	95%	95%
Response Rate Target	20%	20%	20%	20%	20%	20%

10. Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.

There are currently 12 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. Litigation and Coroners

<u>New claims</u>

0 new claims against the Trust were received in Sept 2022.

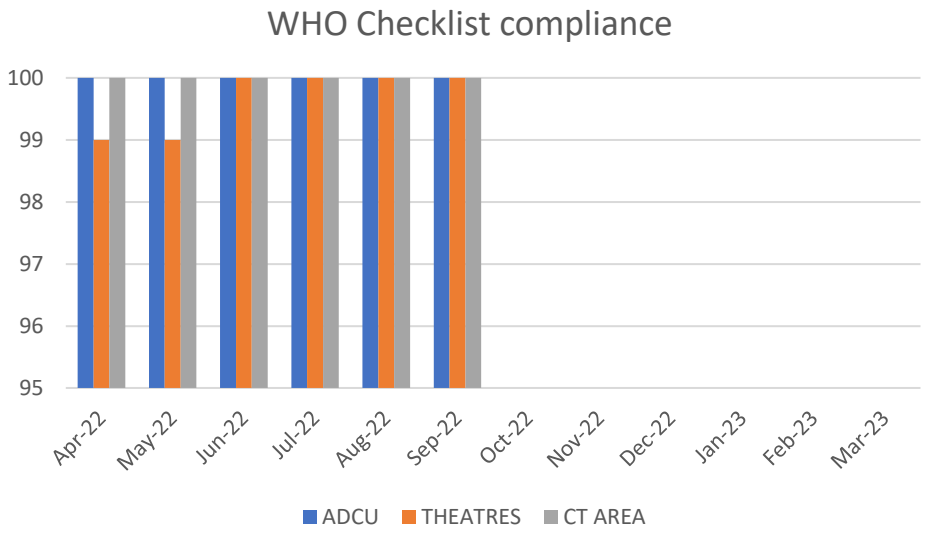
<u>Pre-Application Disclosure</u>

8 new requests for Pre-Application Disclosure of medical records were received in Sept 2022

<u>Coroner's Inquests</u>

0 Inquests in which the Trust was an 'interested person' were held in Sept 2022

12. WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

Form evident in notes
Sign in Section
Timeout section
Sign out section

Theatres
Total cases = 822

The total WHO compliance for Theatres in September 2022= 99%

CT area
Total cases = 95
The total WHO compliance for CT September 2022= 100%

ADCU
The total WHO compliance for September 2022= 100%

WHO Visual Audit Results
Overall compliance 97.4%

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

VISIUAL WHO AUDIT RESULTS SEPTEMBER:

24 patients audited

Overall compliance 97.4%

	Scores	Percentages		
Team Brief	24/24	100%		
Sign In	24/24	96%		
Time Out	24/24	100%		
Sign Out	24/24	100%		
Team Debrief	22/24	91%		
Total		97.4%		

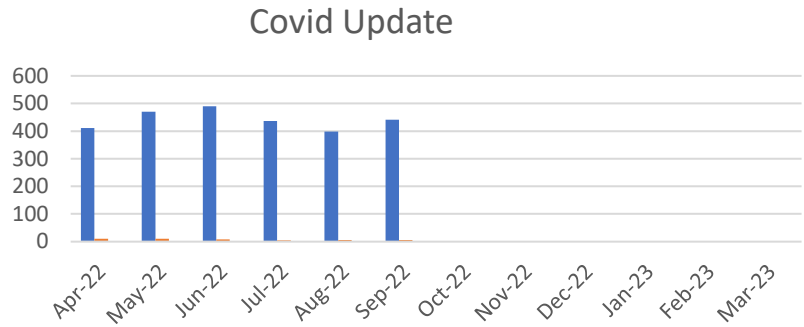
WHO STAGE	REASON FOR NON-COMPLIANCE
Team brief	Compliant
Sign In	Anaesthetist not present (not required LA cases) x3 Sign in not read out loud x1
Time Out	Compliant
Sign Out	Compliant
Debrief	Auditor not available for debrief x2

13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

Infections Recorded in month and Year to Date (YTD)	September 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	4
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

INFORMATION

The graph below details the reportable infections reported in month and year to date.
The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Covid Tests	411	470	490	437	398	441						
Covid Positive	10	10	8	4	5	5						
Covid Deaths	0	0	0	0	0	0						

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

None

RISK AND ISSUES

None

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

CAS ALERTS 1-30 SEPTEMBER 2022

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
CEM/CMO/2022/012	Tecovirimat as a treatment for patients hospitalised due to Monkeypox viral infection. Tecovirimat is now available to symptomatic patients hospitalised due to a severe or complicated monkeypox infection in line with the published UK interim clinical policy statement. Supply is being managed via specialist regional adult infectious diseases centres. Clinicians are actively encouraged to support recruitment of patients with laboratory confirmed monkeypox infection and with active skin or mucosal lesions, but who do not require hospital admission, to the PLATINUM trial. An observational study, MOSAIC, is exploring outcomes of patients with monkeypox infection across Europe.	CMO Messaging	20-Sep-22	Issued to pharmacy and IPC for info only.	Response not Required.

15. Safeguarding – Below details the Key performance indicators and metrics in relation to Safeguarding compliance within the Trust.

KPI	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Safeguarding Adult Notifications	26	44	29	33	44	36
Safeguarding Children Notifications	49	40	43	44	57	43
Adult Level 2	91.90%	91.06%	89.98%	87.99%	87.26%	86.01%
Adult Level 3	88.63%	88.84%	88.71%	87.97%	88.41%	86.52%
Level 4	80%	80%	75%	75%	75%	66.67%
Child Level 2	91.64%	90.81%	89.65%	87.66%	87.02%	85.87%
Child Level 3	88.57%	88.84%	88.21%	87.97%	88.41%	84.52%
Mental Capacity Act MCA	91.47%	90.27%	88.97%	87.58%	88.84%	85.78%
Deprivation of Liberty Safeguards DoLs	91.39%	90.27%	88.97%	87.58%	86.84%	85.87%
Prevent Awareness	93.22	93.71	93.34%	98.92%	92.44%	91.70%
WRAP (prevent level 3)	83.98	84.71	85.36%	83.84%	82.51	82.86%
FGM	0	0	1	0	1	0
DOLS	1	6	2	5	3	11
MCA	2	4	3	6	7	4
PIPOT cases	0	0	0	0	2	1
PREVENT Notifications	0	0	0	0	0	0

INFORMATION
The statutory KPIS above are discussed in detail at the Safeguarding Committee and are included within this report for awareness. The lead Nurse for Safeguarding is now remaining at the ROH. The Risk highlighted last month around vacancies can now be closed. The target for all training is 85% - Currently Wrap has fallen below this at 83.84%. It is to be noted that the Safeguarding Level 4 66.67% compliance is in relation to one member of staff.
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)
None
RISK AND ISSUES
WRAP 3 training compliance

16. Patients Readmitted to a Hospital Within 30 Days of Being Discharged

The 30 day readmissions as defined by Monitor for the Quality Accounts

The percentage of patients aged who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

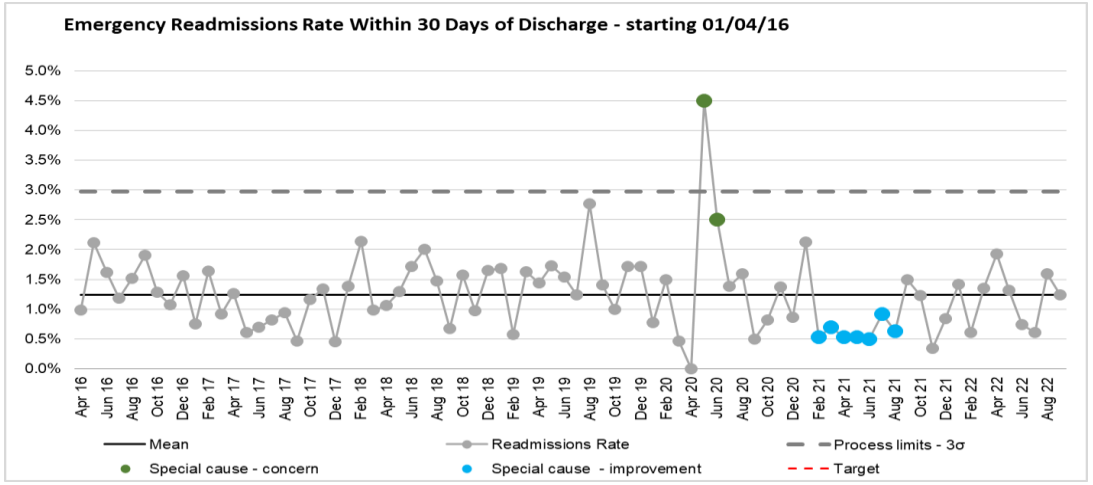
Average Length of Stay

All finished spells in the period excluding day cases

Results

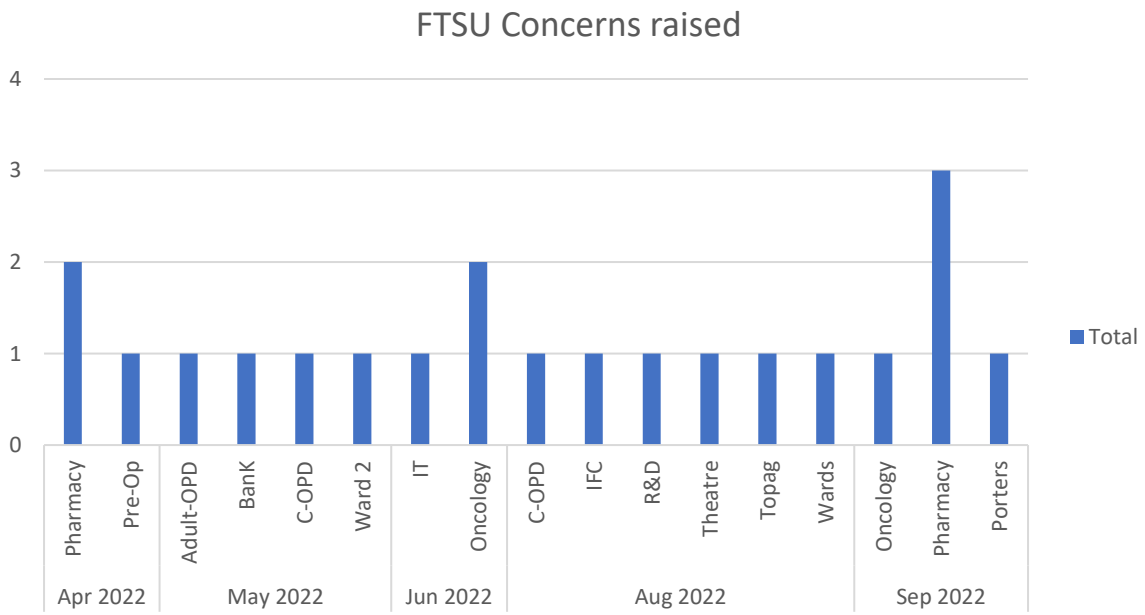
Current Year YTD Apr 15 – Sep 22

	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
No of Readmissions	7	2	4	5	3	7	8	7	4	3	7	6
Denominator	567	589	469	423	494	514	415	531	544	495	437	482
% Readmissions	1.2%	0.3%	0.9%	1.2%	0.6%	1.4%	1.9%	1.3%	0.7%	0.6%	1.6%	1.2%



17. Freedom to Speak Up Update

The safety of patients/service and colleagues are a top priority for the Trust. Our endeavour is to ensure that they feel able to speak up about anything which prevent them from doing a good job or improve our service.



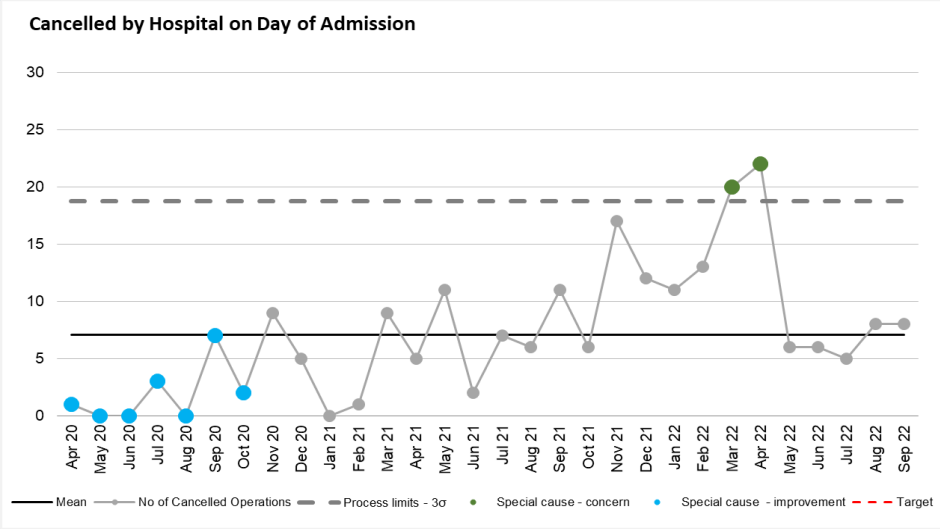


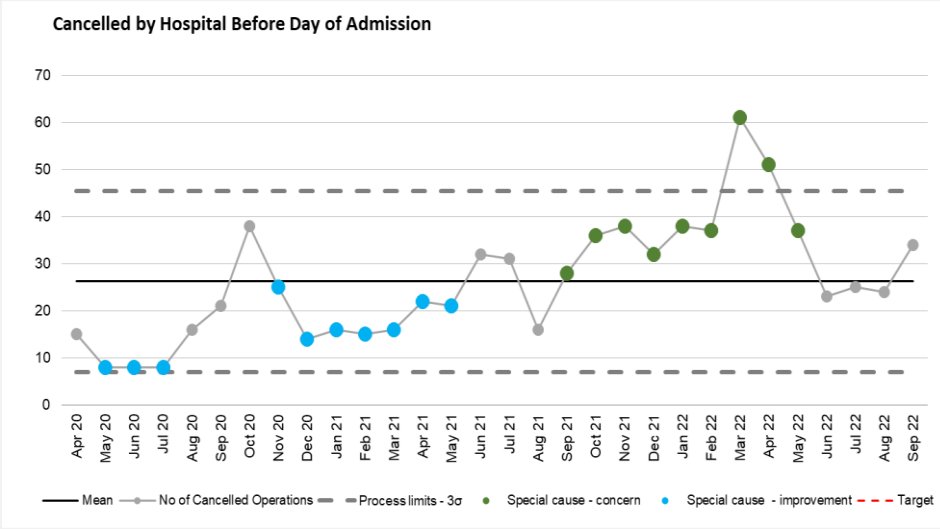
INFORMATION
There were 4 concerns raised in September 2022; these were in relation to the following; 1)Patient being missed due to emphasis on completing paper work as per request from manager 2) Absent from work on sick leave due to poor support from manager 3) Low staffing level and poor communication between departments 4) Poor staff retention resulting in low staffing level affecting patients appointments
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)
Every year during the month of October the National Guardian's Office, in partnership with Freedom to Speak Up guardians, various organisation and health sectors join together to celebrate Speak Up Month nationally. This October is the firth year, and it is celebrated under the theme "Freedom to Speak Up for Everyone". The ROH have undertaken a number of activities in October to promote and raise awareness of the Freedom to speak up model at the ROH. Freedom to Speak Up in the Trust this year has been extensive and impactful. We have recruited 9 Freedom to speak Up Champions from across the Organisation. Five of our Champions has now received best spoke training supported by NGO and delivered by our FTSUG. They have also received their Induction by member of the Trust Board who presented them with their certificates, Freedom to Speak Up lanyard and information pack regarding their roles and responsibilities. We are hoping to complete training and induction by the end of November 2022.
RISK AND ISSUES
None

Operational Performance Report

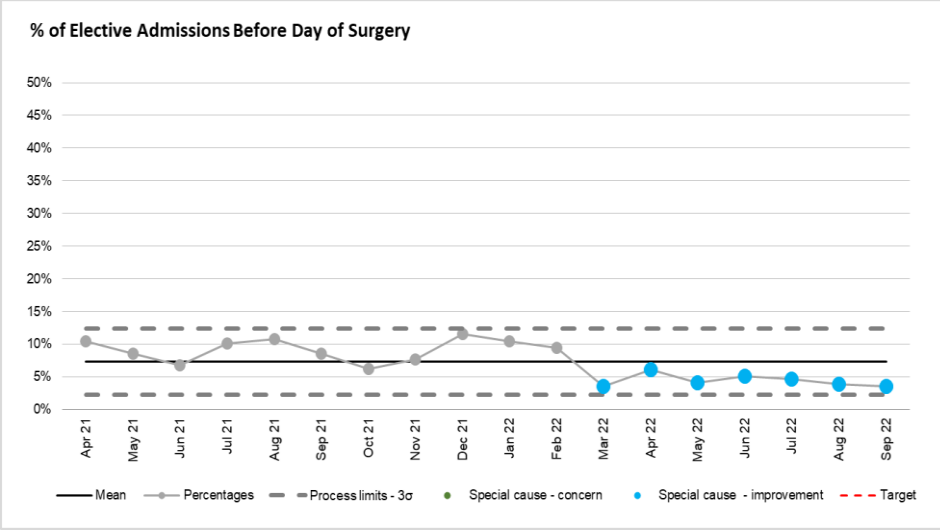
September 2022

18. Theatre Utilisation/ Hospital Led Cancellations





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
Sep-21	11	28	28	67	0
Oct-21	6	37	36	79	0
Nov-21	17	28	38	83	0
Dec-21	12	21	32	65	0
Jan-22	11	24	38	73	0
Feb-22	13	29	37	79	0
Mar-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Total	**146**	**373**	**461**	**793**	**4**



Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.
There were 8 patients cancelled on the day in September 2022 with reasons detailed as follows;
3 x Lack of theatre staffing (sickness)
2 x Lack of theatre time to complete case
1 x Surgeon was unavailable (sickness)
1 x Medically unfit / Clinical change in condition, / covid related
1 x Kit not being available on the day of surgery (correct kit not identified by Surgeon)

There were 29 patients admitted but where treatment was deferred, with reasons broken down as follows:
14 x Medically unfit / Clinical change in condition / covid related
7 x Patient choice / Surgical choice
5 x Staffing related sickness
1 x Patient compliance
1 x Kit not being available on the day of surgery
1 x Lack of Theatre time

There were 32 patients cancelled by the hospital prior to date of admission.
11 x Medically unfit / Clinical change in condition, / covid related
13 x Staffing related sickness
6 x Surgeon was unavailable (to cover emergency list at UHB)
2 x Replaced by medically urgent cases

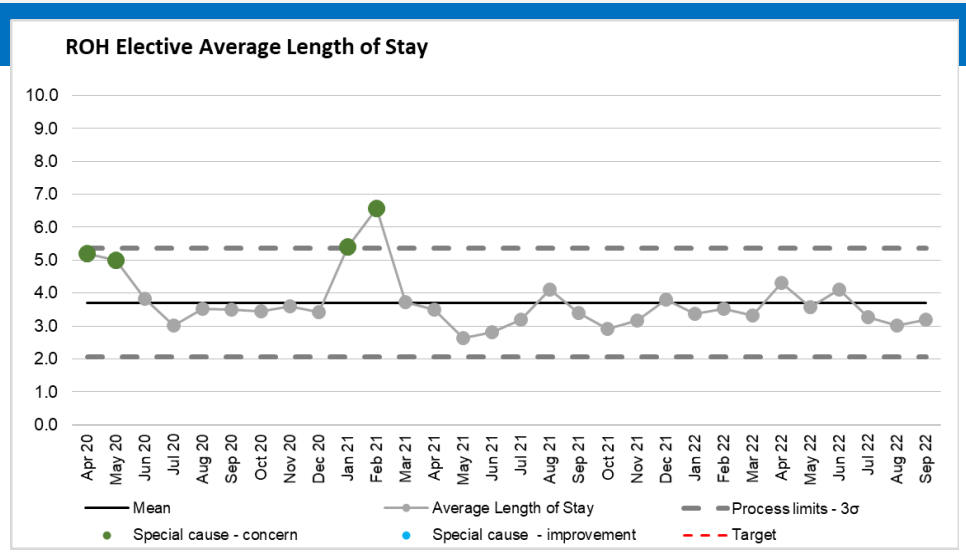
AREAS FOR IMPROVEMENT

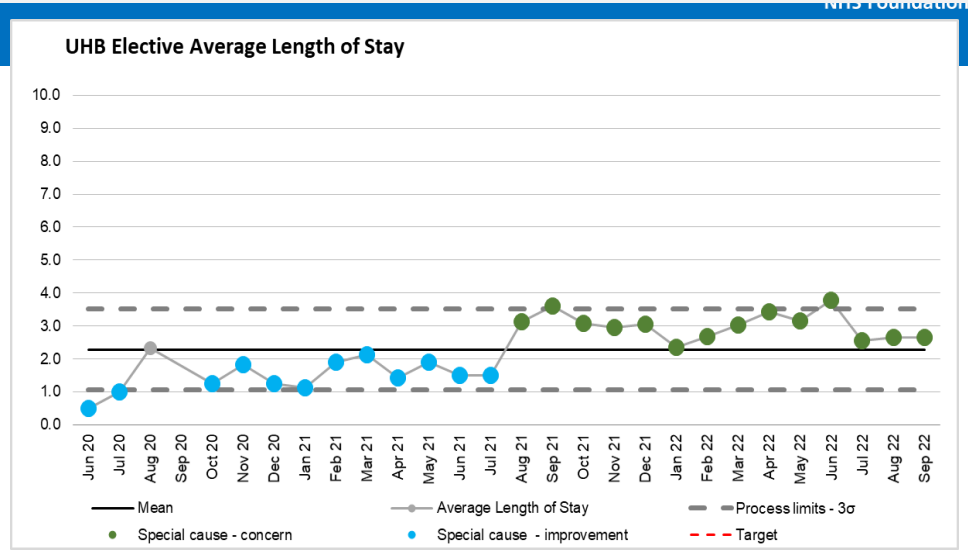
- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus around theatre productivity focused on streamlining VTE pathway on admission and commencing a Block space pathway to help support the high turnover lists.

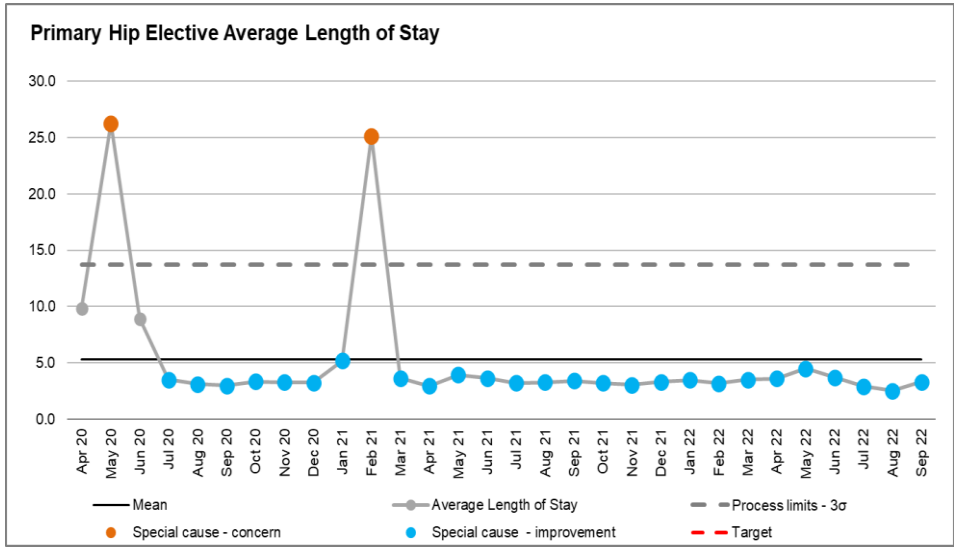
RISKS / ISSUES

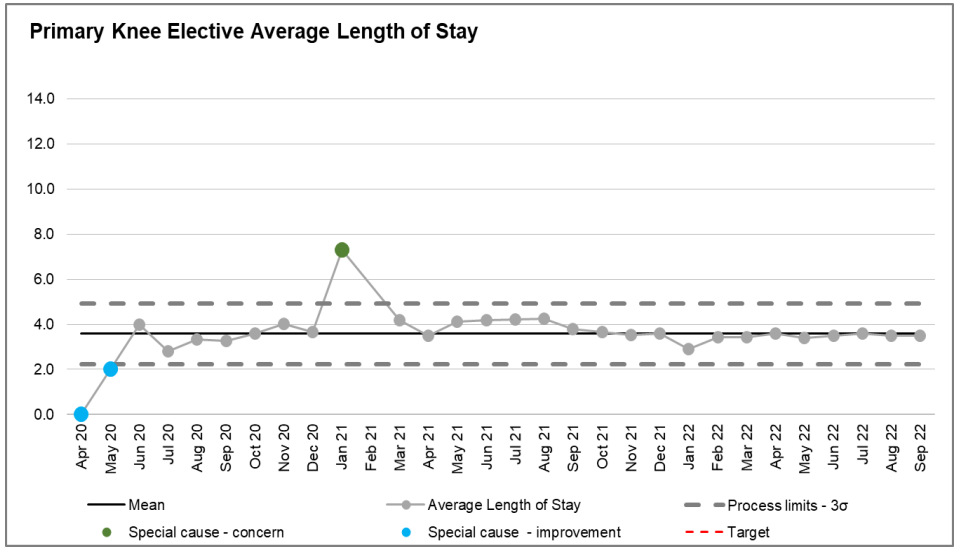
Impact of the continuation in Covid rates impacting on both patients and staff. Additionally the gap in 37.15 WTE of theatre staffing is impacting our ability to deliver of additional lists and a move towards a 6 day working in theatre.

19. Length of Stay









Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.19** (3.02 August)

The average length of stay for ROH primary Hips is at 3.3 days (2.7 days August 22) and primary Knees 3.5 days (3.6 August 22)

September length of stay data produced for UHB and ROH, has been reviewed and the following observations made:
10 (13 Aug) UHB arthroplasty patients with LOS greater than 3 days. 5 (5 Aug) with a length of stay greater than 5 days and 0 (0 Aug) with a stay greater than 7 days. (excludes Rehab).
62 (52 Aug) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 29 (23 Aug) with a length of stay greater than 5 days, 16 (13 Aug) with a length of stay greater than 7 days.

In summary 16 ROH arthroplasty and oncology arthroplasty and 0 UHB arthroplasty patients had a length of stay greater than 7 days.
Review of PICS data identifies that the patients with LOS > 7 days were all BIS or had clinical or social care reasons for extending stay. 7 of the 16 ROH patients with a length of stay > than 7days were Oncology arthroplasty patients. All had complex co morbidities, BIS or discharge needs.
Complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors in increased LOS.
In August 184 patients went home via the discharge lounge (159 July). Number of patients discharged home before lunch increased slightly to **33.15%** in August from **33%** in July. (September data not yet available).

AREAS FOR IMPROVEMENT

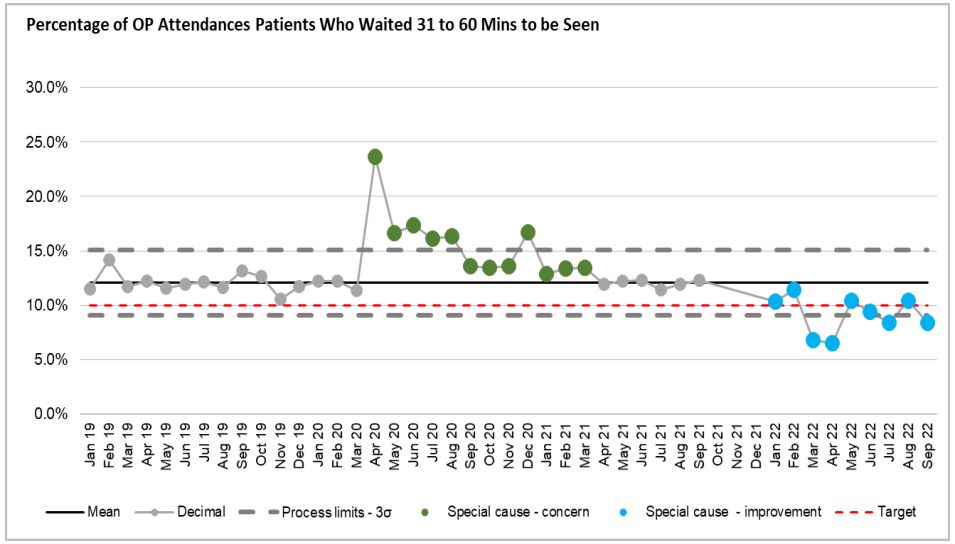
Recommendations being reviewed within operational delivery service improvement board chaired by COO: has this been refreshed from last month as it looks the same

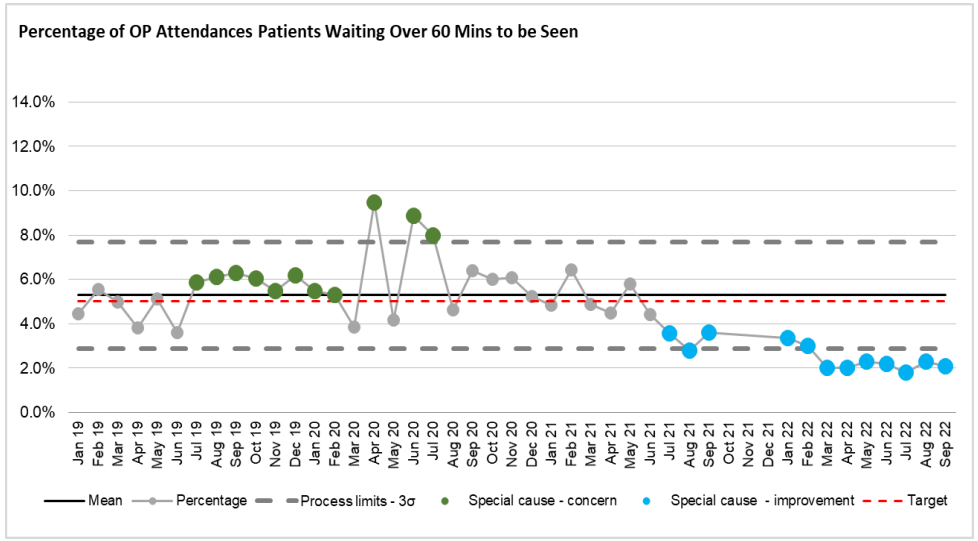
- Progress of physiotherapy provision in place for weekends to enable early mobilisation post management of change process.
- Joint Care and Day Case: Re-launch October 2022. Training completed with relevant staff groups and promoted at Team Brief
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days
- Development and roll out of Day Case pathway well underway– Sign off of Programme at September SIB anticipating 20% of arthroplasty patients will be treated on this pathway
- Progressive roll out of day case programme UKR, THR then TKR patients by March 2023
- Launch of Joint Care my recovery App November 2022 to improve preoperative education and preparation
- Improved preoperative optimisation for anaemic patients – preoperative anaemia iron infusion pathway for review at November SIB aim to reduce cancellation

RISKS/ISSUES

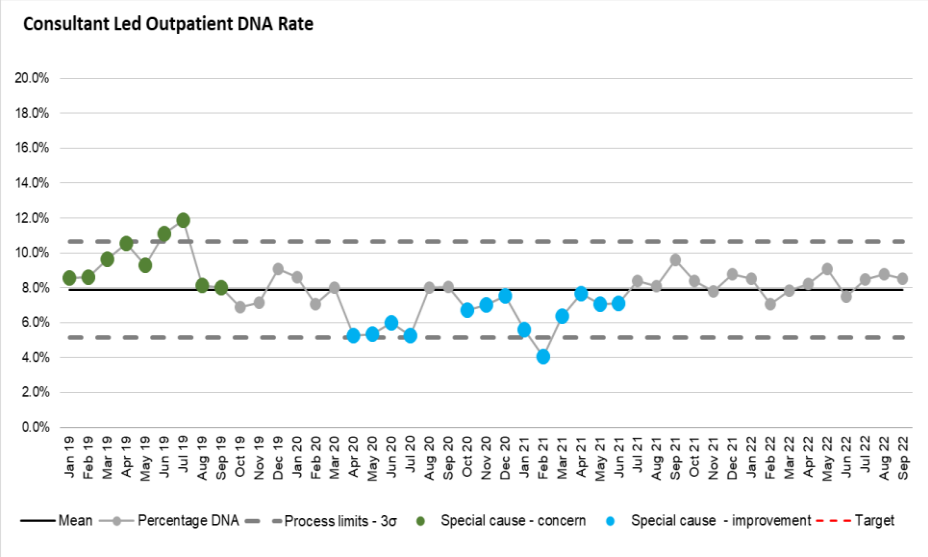
Major Revision Centre/BIS work - The Services are experiencing more complex cases which may lead to an increased length of stay for patients for Major Revision Centre and Bone Infection Unit cases. A service framework currently in development in association with the clinical teams and national programme .
Capacity at other hospital and community placements for repatriation or discharge to. DTOC discussed daily in 1pm meeting, lead by Site Team & Div 1 Matron.
Reports received 3 times a week by Head of Nursing to identify any support .

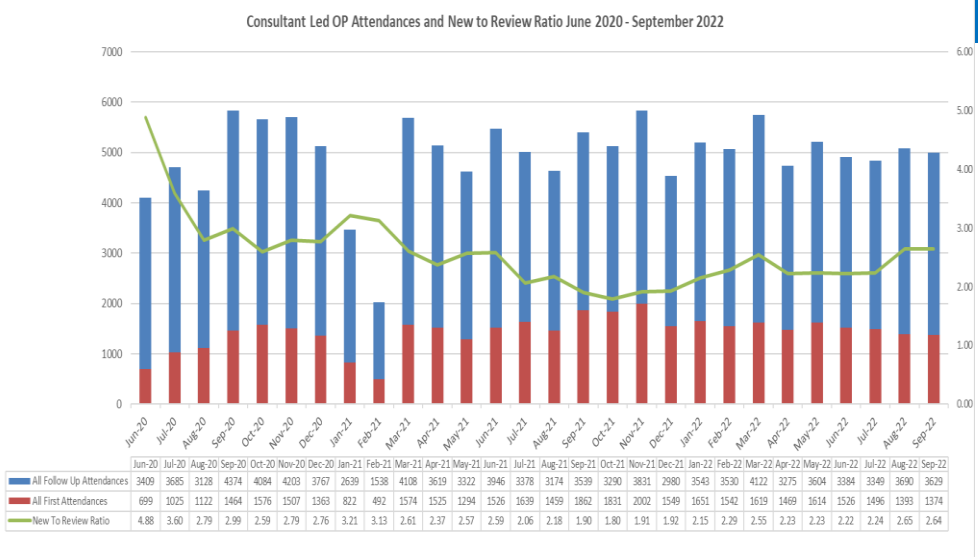
20. Outpatient efficiency

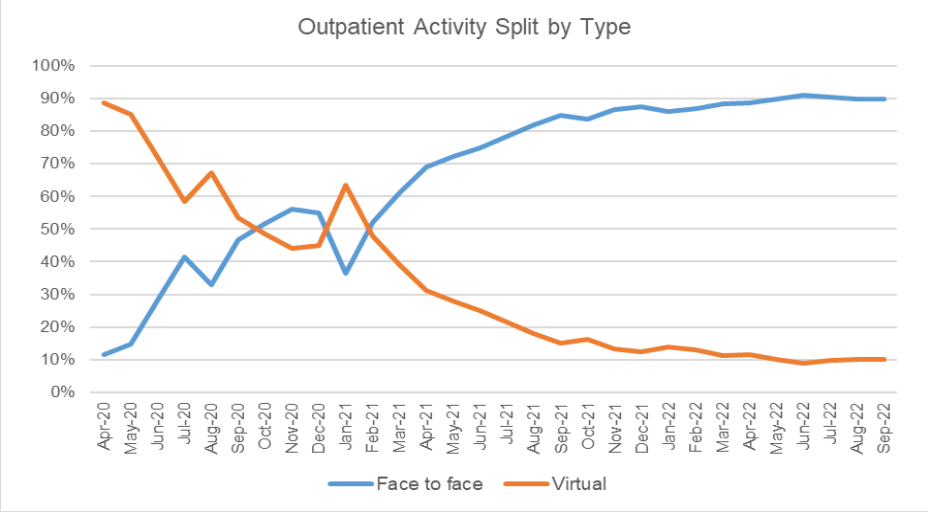


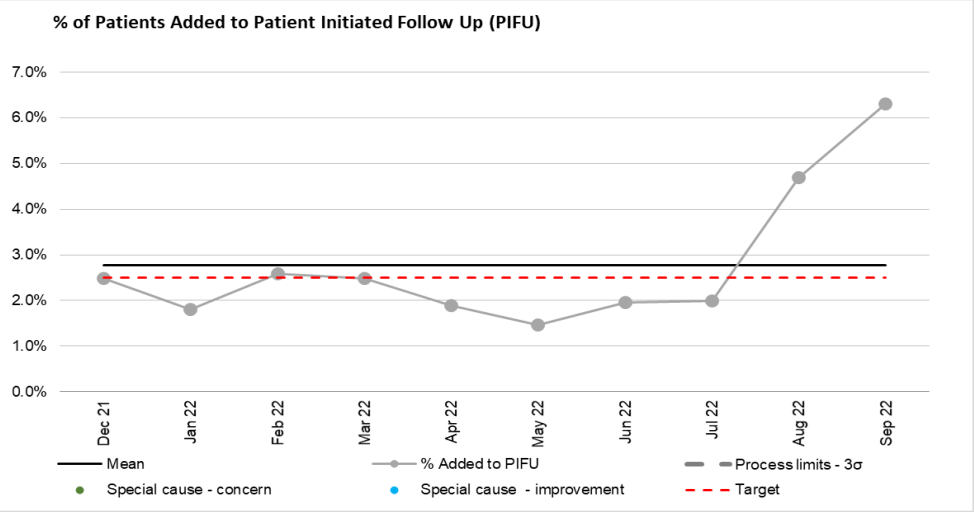


Outpatient efficiency









Outpatient efficiency

SUMMARY

There were 4443 face to face and 502 virtual appointments carried out in September (10.15% virtual). This is an improvement from August it is in line with Orthopaedics in other regional centres (RJAH currently at 8%). The outpatient modernisation project is focussing on increasing virtual appointments and meetings are being held with the individual specialty teams to increase this by reviewing pathways suitable for Virtual clinics .
The Trust has been running Super October, a regional initiative to maximise the activity through outpatients and focus on non admitted pathways. In the 2 Super October weeks an additional 64 sessions have been set up.
There are currently 1836 PIFU pathways on the PAS system 304 added in September which **is 6.30%** of all OP activity therefore above national target.
Activity data is being used to identify clinical teams with high utilisation to share learning with others

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **8.4%** (Target **10%)**
60 minute delays – **2.1% (**Target **5%)**
30 minute delays are below the Trust target of 10% and so are the 60 minute delays with levels of 2.1% well below the 5% threshold.
The Appointments Team is focusing on scheduling all clinics within the 6 week scheduling window and backfilling cancellations to maximise throughput. Empty appointment slots are monitored on a daily basis.
The DNA rate for September is 8.52 %- slightly above the Trust target which is 8%.
Monthly analysis of the DNA's continues to drive the improvement going forward. Appointments booked with under 3 weeks notice received a telephone call, a letter and a text reminder. Analysis will take place following Super October .
Advice and Guidance (A and G) is already operational, and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In September there were 150 referrals for advice and guidance were received, 10 more than in August, against a GP referral total of 1659 giving a total of 6.35% for advice and guidance.

The Trust have now published a shoulder service as directly bookable a trial which allows patients and GPs to book appointments directly. The intention of this is to improve the Trust's referral rate with consideration to our competitors, facilitate patient choice and improve the efficiency of our appointments team. If this demonstrates an improvement on referral rates more services may go live.

The Electronic Referral Triage system is now live across 14 ERS services and will be rolled out to all specialties by the end of October

RISKS / ISSUES

- Once data is available from the CRIS system this will be added to the outpatient waiting list patient tracking list report and will support the timely and effective booking of scan review appointments on PAS
- Reliance on paper systems is being reduced by the introduction of electronic outcome forms and Young Adult Hips and Clinical Support have both agreed to be part of the pilot when these reports are available

Referral to Treatment Snapshot as at 30th September 22 - Combined

21. Referral to Treatment

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

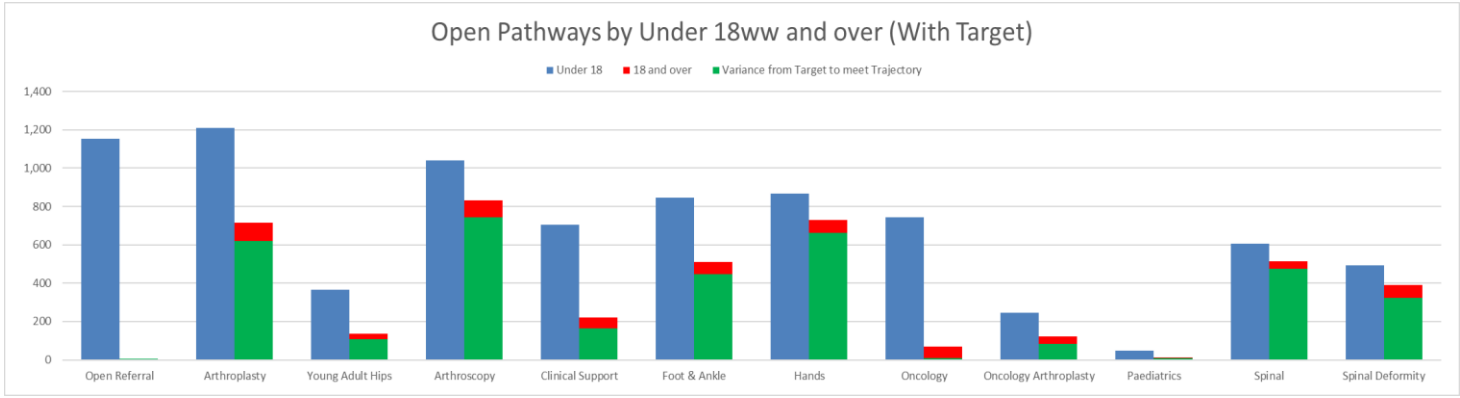
Est Over 18 Clock Stops Required		
To achieve	92.14%	4081
To achieve	92.35%	4105
To achieve	92.53%	4125

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,795**	1,021	512	158	415	223	322	355	359	117	21	162	130
7-13	**3,094**	121	497	149	426	309	374	328	267	108	16	269	230
14-17	**1,426**	10	200	57	200	171	149	184	117	20	11	176	131
18-26	**1,985**	6	267	79	340	173	261	275	52	51	9	274	198
27-39	**1,206**	0	126	47	288	39	118	187	16	46	5	187	147
40-47	**355**	0	58	8	82	6	23	57	2	22	0	51	46
48-51	**36**	0	5	0	13	2	2	11	0	2	0	1	0
52 weeks and over	**676**	0	259	2	107	0	108	200	0	0	0	0	0
Total	**12,573**	1,158	1,924	500	1,871	923	1,357	1,597	813	366	62	1,120	882

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**8,315**	1,152	1,209	364	1,041	703	845	867	743	245	48	607	491
18 and over	**4,258**	6	715	136	830	220	512	730	70	121	14	513	391
Current Month End RTT %	**66.13%**	**99.48%**	**62.84%**	**72.80%**	**55.64%**	**76.16%**	**62.27%**	**54.29%**	**91.39%**	**66.94%**	**77.42%**	**54.20%**	**55.67%**

30/09/2022 Trajectory RTT %	92.14%	100.00%	92.82%	92.65%	92.20%	92.52%	92.93%	92.63%	92.47%	87.08%	92.16%	93.90%	87.88%
Target for RTT Trajectory	709	0	93	29	88	57	64	69	60	36	4	39	68
Variance from Target to meet Trajectory	3549	6	622	107	742	163	448	661	10	85	10	474	323



Referral to Treatment Snapshot as at 30th September 22 - Admitted

22. Referral to Treatment

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

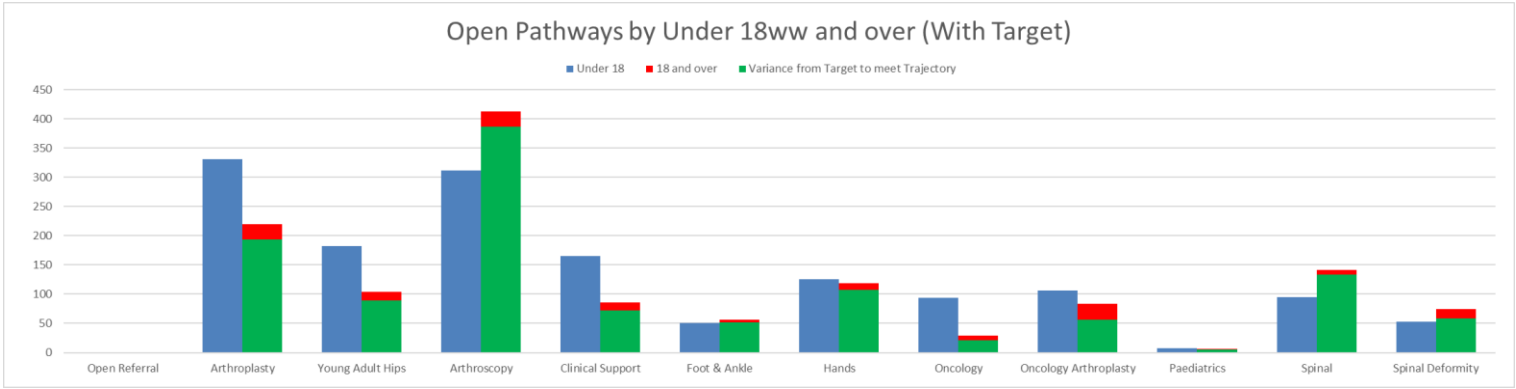
Est Over 18 Clock Stops Required		
To achieve	91.18%	1361
To achieve	92.35%	1386
To achieve	92.53%	1390

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**645**	0	140	78	127	61	21	66	37	54	3	40	18
7-13	**572**	0	112	74	122	62	21	40	39	43	2	36	21
14-17	**303**	0	79	30	63	42	8	19	18	9	2	19	14
18-26	**677**	0	164	63	165	65	26	45	19	33	2	67	28
27-39	**509**	0	54	38	181	18	27	54	8	38	4	55	32
40-47	**125**	0	2	3	52	3	3	17	2	11	0	18	14
48-51	**14**	0	0	0	11	0	0	1	0	1	0	1	0
52 weeks and over	**6**	0	0	0	4	0	0	2	0	0	0	0	0
Total	**2,851**	0	551	286	725	251	106	244	123	189	13	236	127

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,520**	0	331	182	312	165	50	125	94	106	7	95	53
18 and over	**1,331**	0	220	104	413	86	56	119	29	83	6	141	74
Current Month End RTT %	**53.31%**	n/a	**60.07%**	**63.64%**	**43.03%**	**65.74%**	**47.17%**	**51.23%**	**76.42%**	**56.08%**	**53.85%**	**40.25%**	**41.73%**

30/09/2022 Trajectory RTT %	91.18%	100.00%	92.73%	92.60%	92.24%	92.50%	92.00%	91.69%	92.70%	79.56%	93.33%	92.49%	76.95%
Target for RTT Trajectory	147	0	26	15	26	13	4	11	7	27	1	8	16
Variance from Target to meet Trajectory	1184	0	194	89	387	73	52	108	22	56	6	133	58



Referral to Treatment

Referral to Treatment Snapshot as 30th September 22 - Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

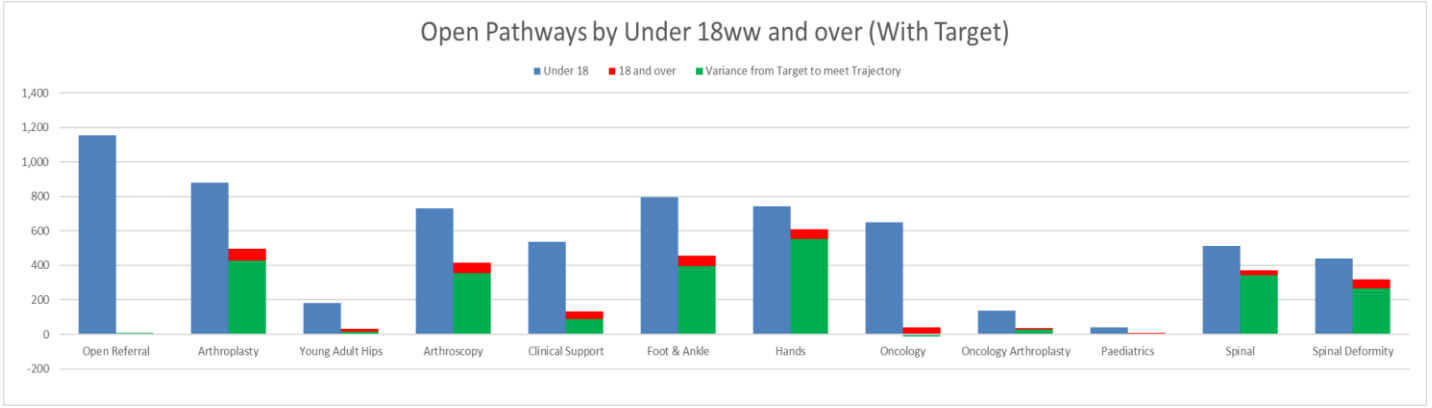
Est Over 18 Clock Stops Required		
To achieve	92.57%	2739
To achieve	92.35%	2719
To achieve	92.53%	2735

Select Pathway Type: Non Admitted

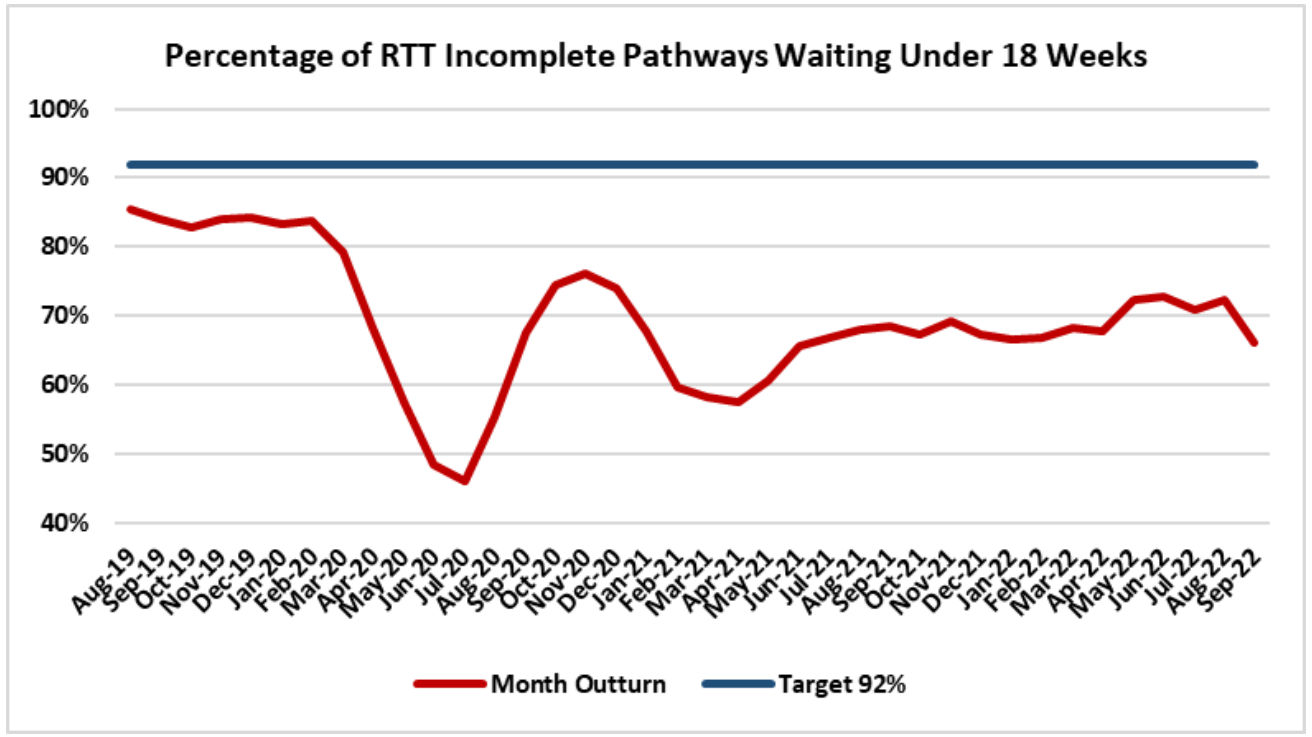
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,150**	1,021	372	80	288	162	301	289	322	63	18	122	112
7-13	**2,522**	121	385	75	304	247	353	288	228	65	14	233	209
14-17	**1,123**	10	121	27	137	129	141	165	99	11	9	157	117
18-26	**1,308**	6	103	16	175	108	235	230	33	18	7	207	170
27-39	**697**	0	72	9	107	21	91	133	8	8	1	132	115
40-47	**230**	0	56	5	30	3	20	40	0	11	0	33	32
48-51	**22**	0	5	0	2	2	2	10	0	1	0	0	0
52 weeks and over	**670**	0	259	2	103	0	108	198	0	0	0	0	0
Total	**9,722**	1,158	1,373	214	1,146	672	1,251	1,353	690	177	49	884	755

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,795**	1,152	878	182	729	538	795	742	649	139	41	512	438
18 and over	**2,927**	6	495	32	417	134	456	611	41	38	8	372	317
Current Month End RTT %	**69.89%**	**99.48%**	**63.95%**	**85.05%**	**63.61%**	**80.06%**	**63.55%**	**54.84%**	**94.06%**	**78.53%**	**83.67%**	**57.92%**	**58.01%**

30/09/2022 Trajectory RTT %	92.57%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	92.83%	92.43%	92.20%	92.05%	94.35%	89.60%
Target for RTT Trajectory	545	0	67	14	62	43	60	57	53	12	4	31	51
Variance from Target to meet Trajectory	2382	6	428	18	355	91	396	554	-12	26	4	341	266



Referral to Treatment



Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for September is 66.13% of 92%.
This reflects the impact of the 1000 patients from UHB received via mutual aid.
There are **676 patients** over 52 weeks.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on all patients to date. We have 391 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis and the services meet weekly for in-depth review of the PTL.

2851 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals are at 2,154 (79.66%) **when compared to pre covid levels** referrals received in September 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

We are currently scoping capacity to supply additional mutual aid support for patients from RJAH in the spinal specialty.

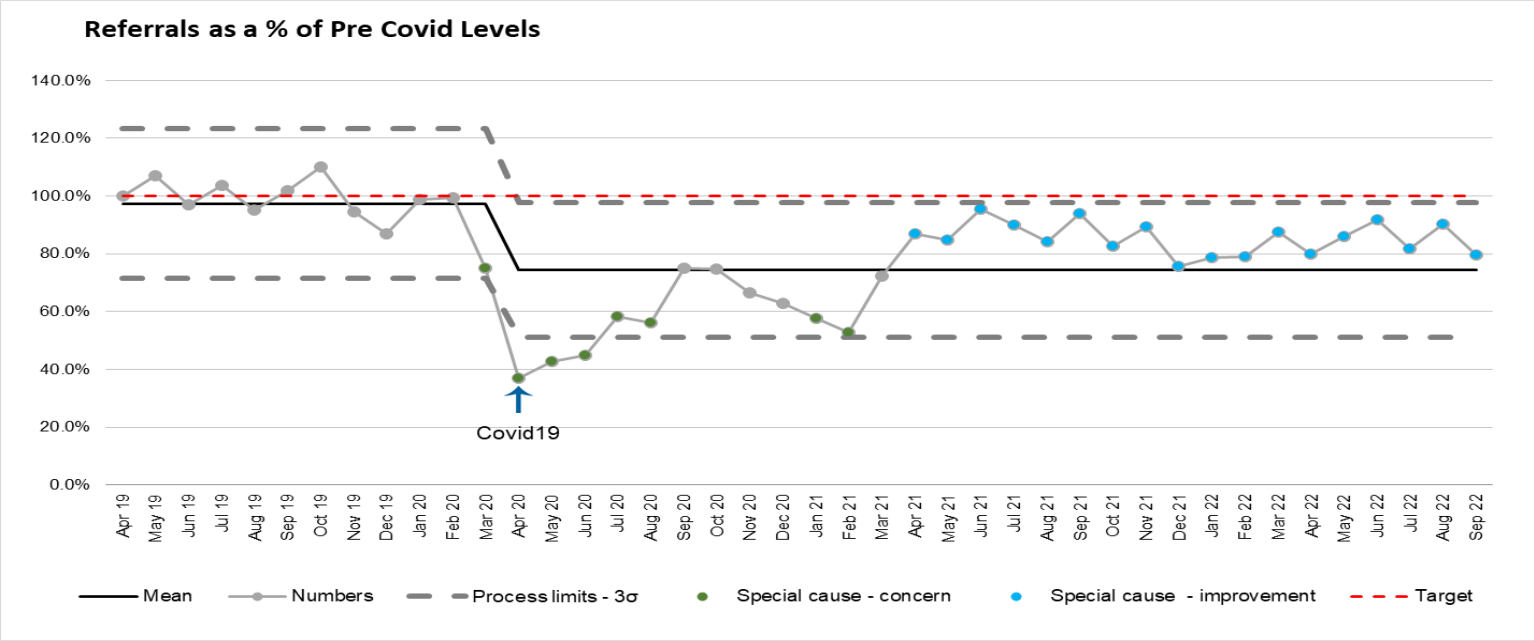
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to support the reduction in our patients waiting over 18 weeks. On-going development work underway to support the delivery of treating UHB mutual aid patients through a clear defined process on how we monitor and track the patients through their pathway, while we ensure we have a focus on clearing 52 week waiting patients.

RISKS / ISSUES

System support with UHB underway offering Mutual Aid for Non-admitted Outpatients: We have received 1000 new patients across large and small joints. To date all patients have been triaged, contacted and registered if they have accepted transfer to ROH from UHB. We are currently booking patients into outpatients and anticipate that a further cohort of 1000 patients will be instructed for transfer by the end of November. We are holding a weekly shared Mutual Aid Operational and Governance meeting with UHB colleagues with a monthly oversight group in place .

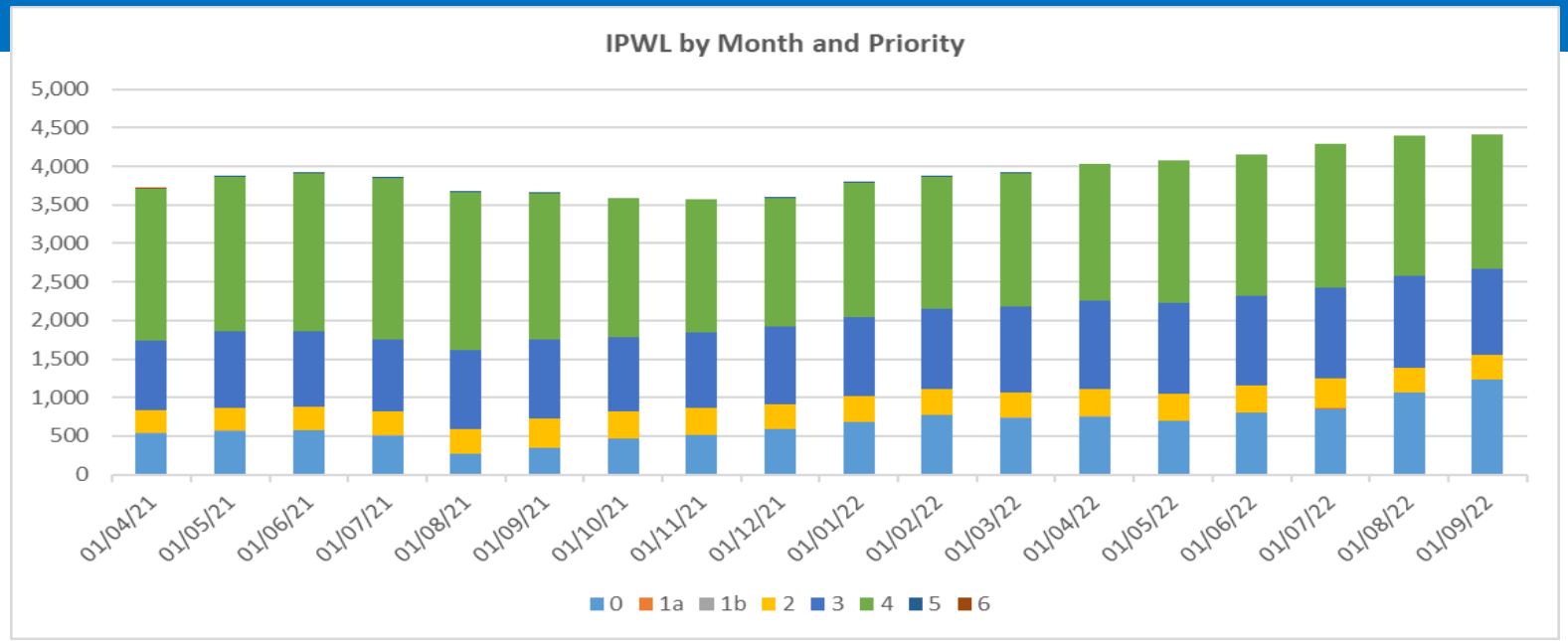
Referral to Treatment



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330	2483	2212	2440	2154						
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%	91.83%	81.80%	90.24%	79.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Referral to Treatment



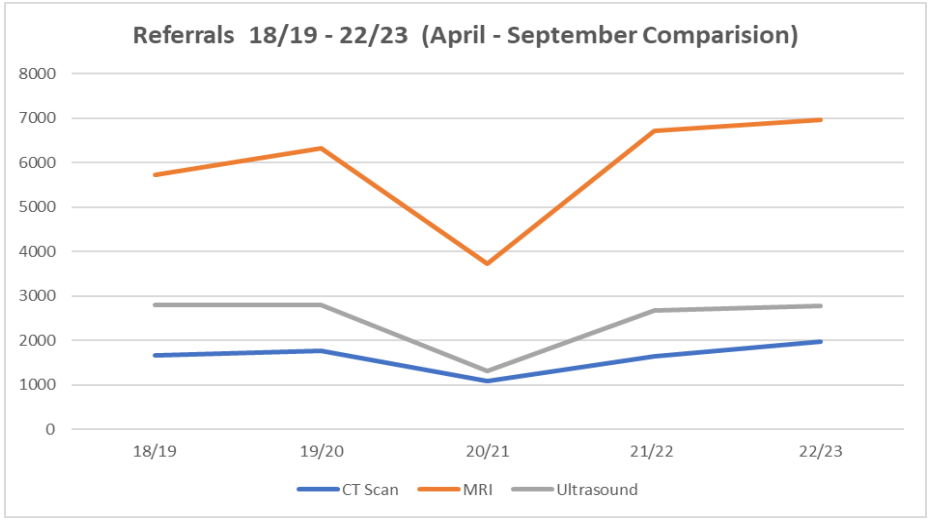
	Number of IP waiting as at	% of IP waiting as at
Priority	30/09/22	30/09/22
0	1226	28%
1a	2	0%
1b	2	0%
2	320	7%
3	1114	25%
4	1745	40%
5		0%
6		0%
Total	4409	100%

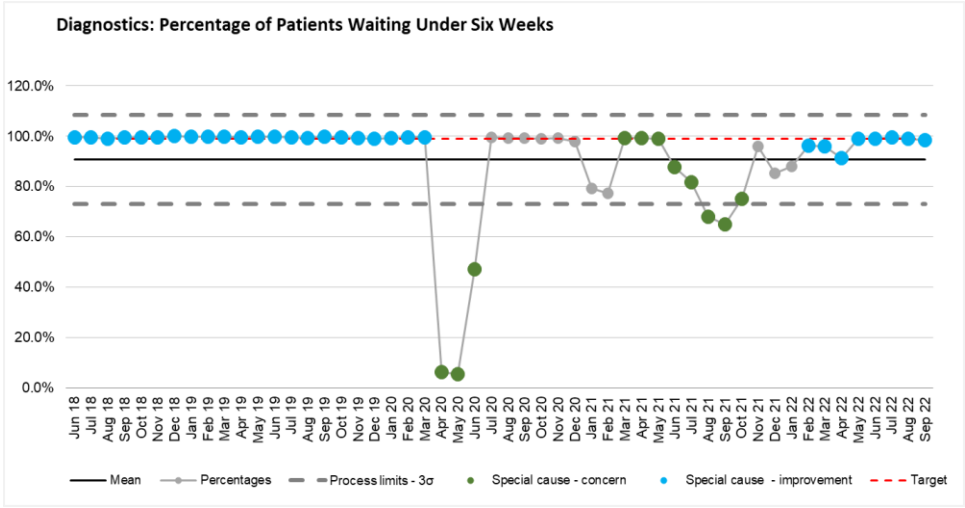
We have seen an increase in the number of patients without a priority status (p0) on our admitted waiting list. A meeting is underway with each speciality to agree an action plan to ensure that all patients have a priority status added on admission to waiting list. A weekly monitoring metric will now be added to the PTL to allow us to monitor improvements.

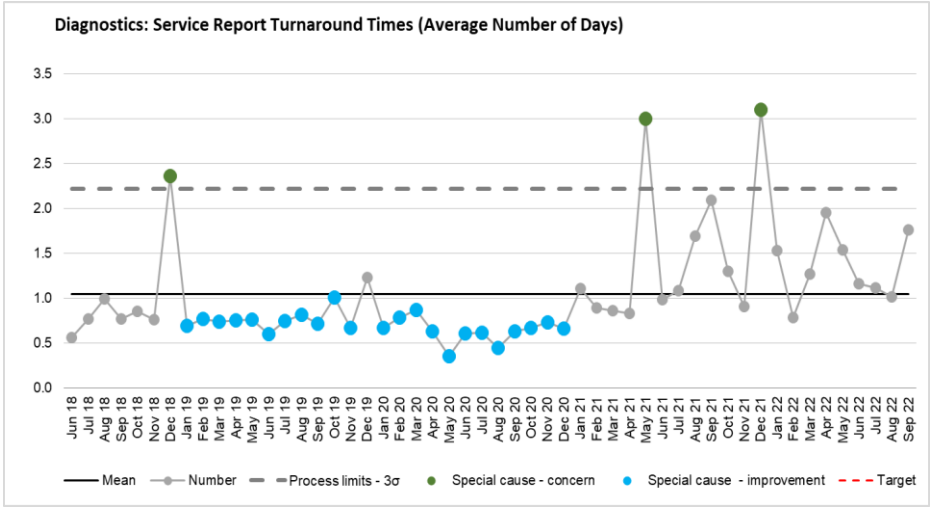
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%

22. Diagnostic Performance

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376
May-22	825	75	92	992	9	983	99.1%	947	236	329	1512
Jun-22	752	93	101	946	9	937	99.0%	715	221	261	1197
Jul-22	619	137	107	863	5	858	99.4%	1114	238	383	1735
Aug-22	575	171	117	863	9	854	99.0%	1168	275	365	1808
Sep-22	582	113	128	823	12	811	98.5%	891	198	339	1428







Diagnostic Performance

SUMMARY

The Imaging service did not achieve the 99 % in September 2022 closing the month at 98.5%. The main area of challenge remains with paper based referrals being received late into the imaging Department. Patient choice has also impacted within the 12 patients who were outside of the 6 week standard.

National 22/23 operational target remains at 95% which ROH are achieving , however we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

October 22 report times remains on target and additional mobile MRI capacity has been confirmed in October 22 - March 23.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's. Awaiting DrDoctor implementation by end of the year (2022) to enable text messaging to support DNA reduction.

Order Comms to be implemented by December 2022 to ensure the timely transfer of outpatient referrals within the imaging department.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

Summary Performance Figures – August 2022 (October Submission)

23 Cancer Performance

		Aug-22					Jul-22				
	Target	Patients	Compliant	Breach	Total	%	Patients	Compliant	Breach	Total	%
2WW	93%	74	70	4	74	94.60%	73	68	5	73	93.20%
31 day 1st	96%	13	13	0	13	100%	9	9	0	9	100%
31 day sub	94%	9	9	0	9	100%	9	9	0	9	100%
62 days	85%	8	1.5	3.5	5	30%	10	3	4.5	7.5	40%
Upgrade	90%	14	7.5	2	9.5	78.90%	3	1.5	0	1.5	100%
28 day FDS	75%	85	65	20	85	76.50%	74	56	18	74	75.70%
104 days treated at ROH	0	0					0				

Performance

Performance has improved in August 2022 across all metrics and all standards have been met apart from the 62 day standard.

Breaches were reflective of the reduction in the 62 day backlog as patients have been treated. There was a combination of complex shared pathways between Trusts and tertiary referrals being received without a diagnosis. There were 5 pathway patients that had a non-cancer diagnosis after the treatment date which reduced the denominator from 10 to 5.

The pathology database transition has taken place in September and the team are working closely with informatics and pathology to anticipate any avoidable delays as teams become more familiar with the new system. This is managed closely through the weekly Cancer PTL review and escalation process.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery

Glossary of terms

VTE	Venous thromboembolism (VTE)
UHB	University Hospitals Birmingham
PIR	Post Infection Review
ADCU	Admissions and Daycase Unit
BBRAUN	Medical manufacturer B. Braun Medical Ltd
CQC	Care Quality Commission
DAIR	The DAIR (debridement, antibiotics and implant retention) procedure for infected total knee replacement
STEIS	STEIS
RCA	Root Cause Analyses
OPD	Outpatient Department
CAS	Central Alerting System (CAS)

Monthly Workforce & OD Report

September 2022

CONTENTS

	Introduction
1	Workforce Overview
2	Establishment
3	Turnover & Retention
4	Starters and Leavers Data
5	Attendance & Sickness Absence
6	Workforce Demographics
7	Workforce Wellbeing – Annual Leave
8	Training & Education
9	Workforce Experience & Engagement

Introduction

This report will show the Workforce and OD information for the months of September 2022 compared with the previous month(s).

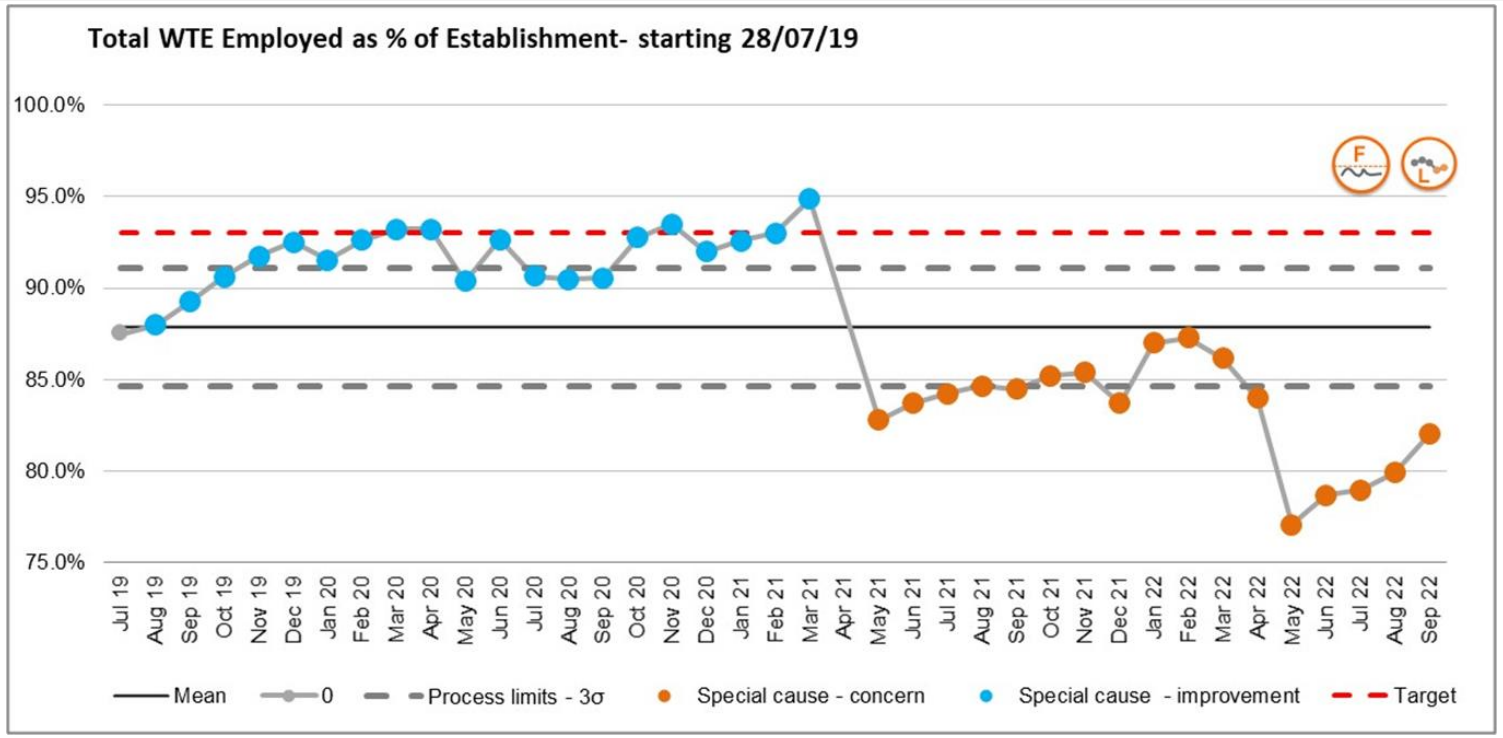
This information is as of the point when the reports are run and relies on the updates from managers and members of staff to keep the data up to date.

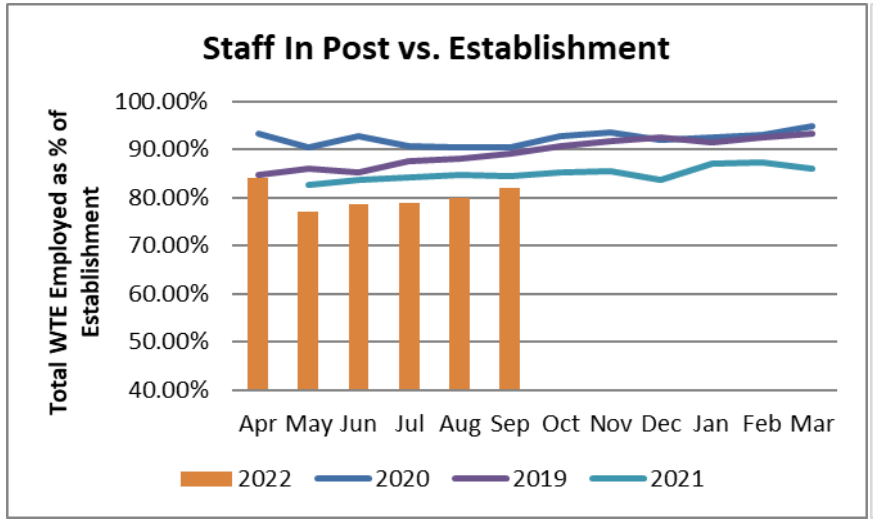
1. Workforce Overview

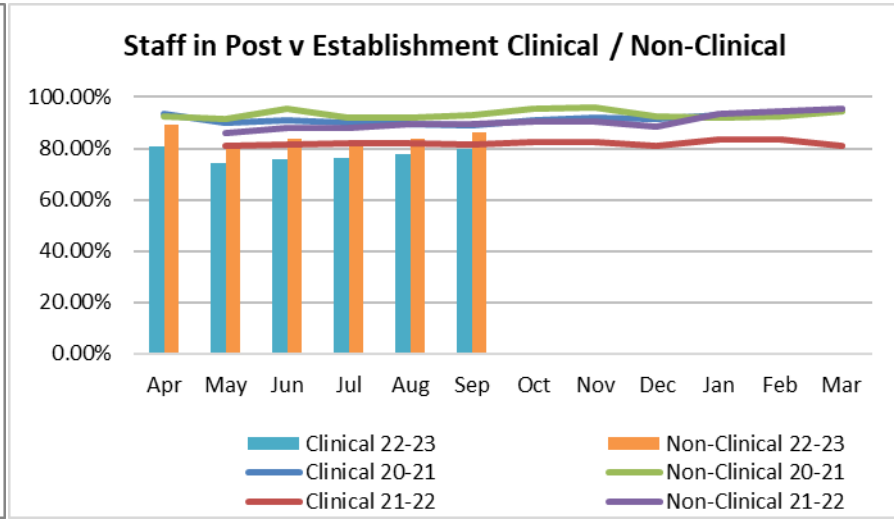
Trust Workforce Metrics	Aug-22	Sep-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1247	1247	0	-	-
Staff In Post - Full Time Equivalent	1101.61	1101.28	-0.33256	-	-
Staf Turnover % - Unadjusted	18.22%	18.38%	0.16%	⇧	<=11.5%
Staf Turnover % - Adjusted	15.32%	15.62%	0.30%	⇧	<=11.5%
Total WTE Employed as % of Establishment	79.90%	82.02%	2.12%	⇧	>=93%
Total WTE Employed as % of Establishment - Clinical	77.84%	79.70%	1.86%	⇧	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	83.68%	86.42%	2.74%	⇧	>=96%
% Of Attendance	93.86%	94.05%	0.19%	⇧	>=96.3%
% Of 12 mth MAA Attendance	93.62%	93.65%	0.03%	⇧	>=96.3%
% Staff received mandatory training last 12 months	87.52%	87.54%	0.02%	⇧	>=93%
% Staff received formal PDR/appraisal last 12 months	56.50%	55.88%	-0.62%	⇩	>=95%
% of Sickness - Trust wide Long-term	4.10%	2.75%	-1.35%	⇩	-
% of Sickness - Trust wide Short-term	4.69%	3.21%	-1.48%	⇩	-
Return To Work Completion %	38.10%	40.00%	1.90%	⇧	>=80%

2. Establishment

At the end of September, the number of staff on payroll stood at 1247 (WTE 1101.28) which is a decrease of 0.3 WTE from August.
The Total WTE Employed as a % of the Establishment this month was 82.02% which rests well below the Trust Target 93%.



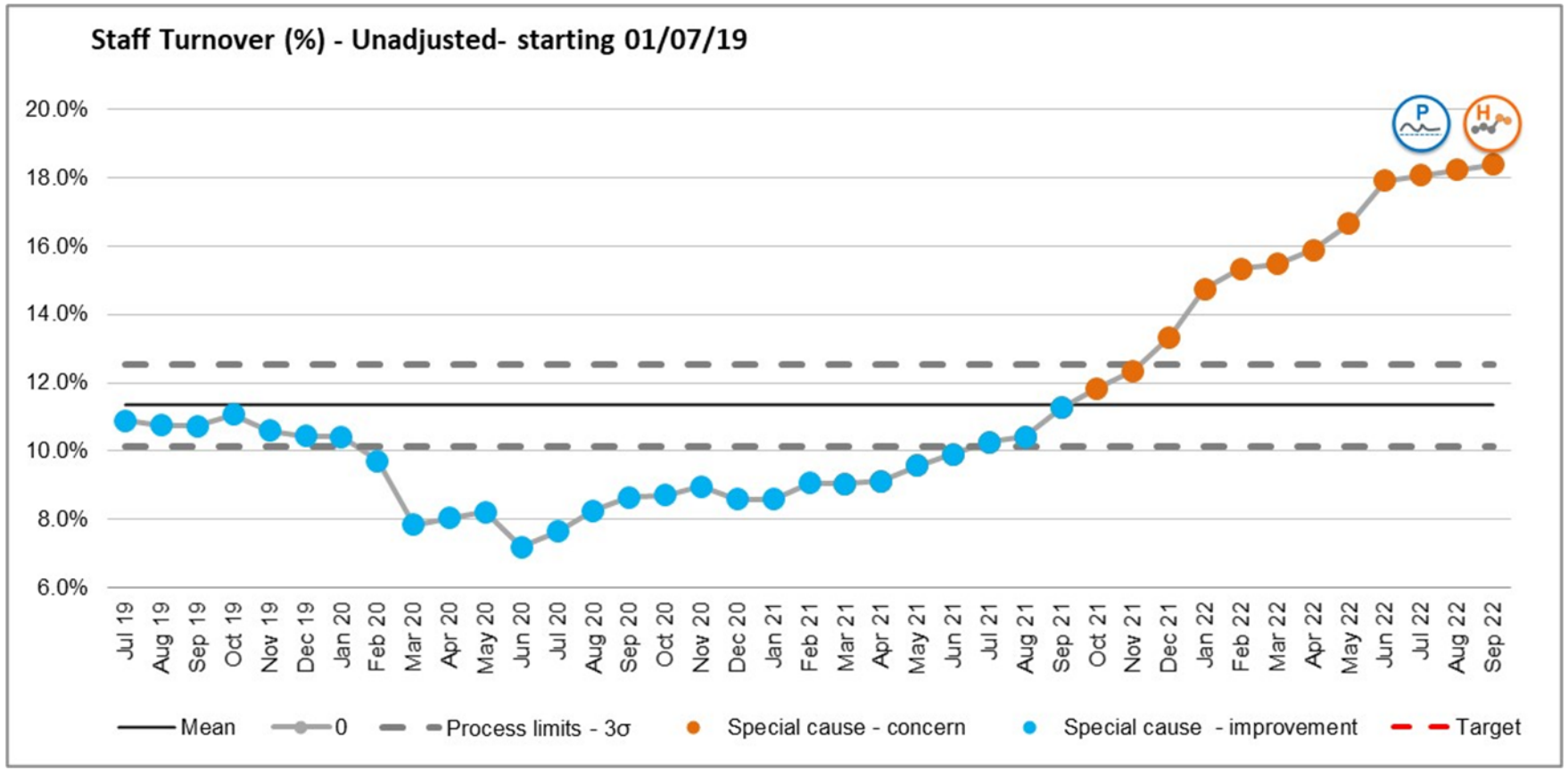




3. Turnover & Retention

Unadjusted turnover for **rolling twelve month reporting period** was 18.4% which is well above the Trust target of 11.5%. For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Add Prof Scientific and Nursing, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Work continues to look into the Recruitment & Retention of staff within the Trust. HR continue to work with Managers to review reasons why employees are leaving.



Staff Group	FTE
Add Prof Scientific and Technic	22.71%
Additional Clinical Services	18.78%
Administrative and Clerical	18.43%
Allied Health Professionals	18.90%
Estates and Ancillary	18.58%
Medical and Dental	9.09%
Nursing and Midwifery Registered	20.24%

Org L4	FTE
303 Corporate Directorate	23.28%
303 Division 1 - Patient Services	20.48%
303 Division 2 - Patient Support	15.22%
303 Division 4 - Estates and Facilities	10.24%

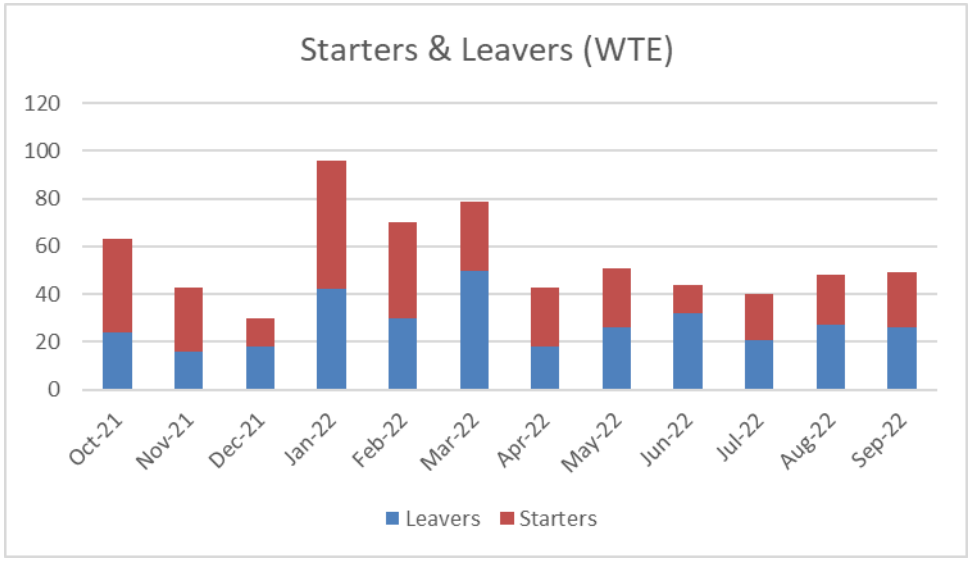
4. Starters & Leavers

Over the last 2 months, the main reasons for staff leaving (according to ESR data) were other not known, Promotion and work life balance which is different to previous months.

Managers need to gauge the reason why employees are leaving, Other/Not known should not be used.

As a Trust we need to find out why people are leaving for Promotions and not securing them within.

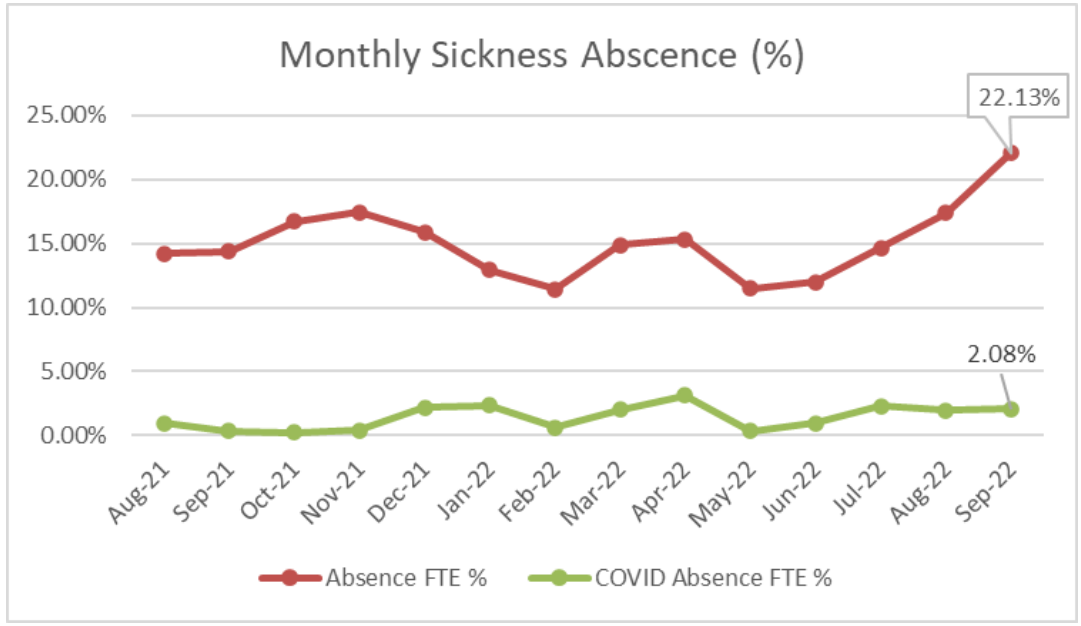




5. Attendance & Sickness

Attendance for this month was 94.05% (sickness absence % = 5.95%) and Attendance for the rolling past 12 months was 93.65%. This currently sits below the Trust target of 96.3% and has remained fairly consistent over the past few months.

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

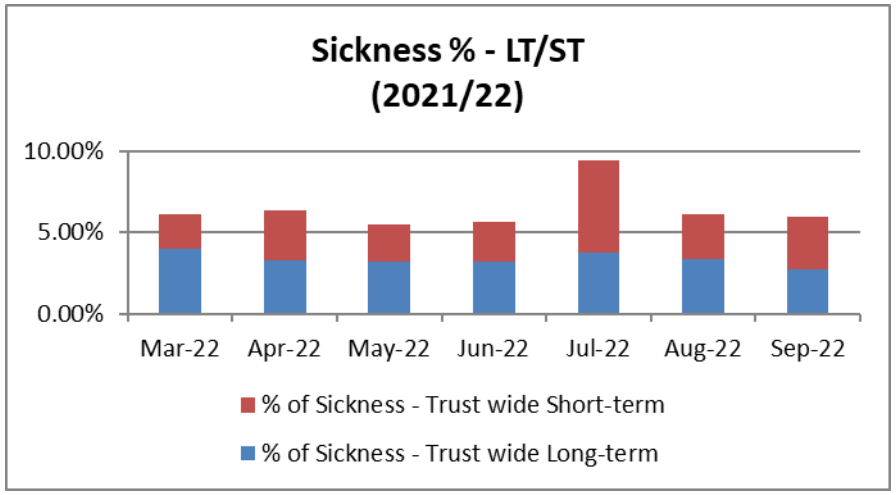


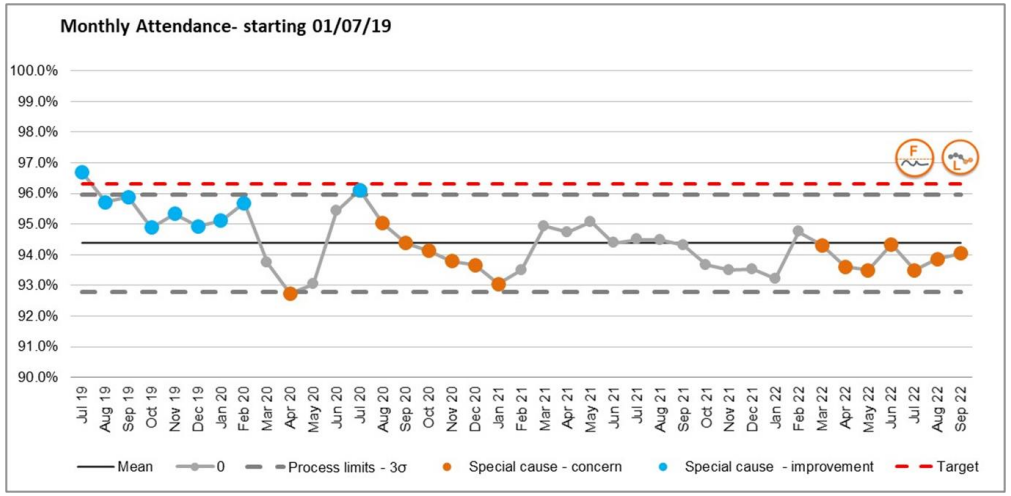
Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Cold, Cough, Flu - Influenza	749	5031.27486	£ 522,733.52
Anxiety/stress/depression	239	5595.43365	£ 514,167.17
Musculoskeletal problems	147	2973.61379	£ 268,973.24
Gastrointestinal problems	449	1639.8507	£ 143,677.22
Back Problems	96	1383.83986	£ 131,105.37

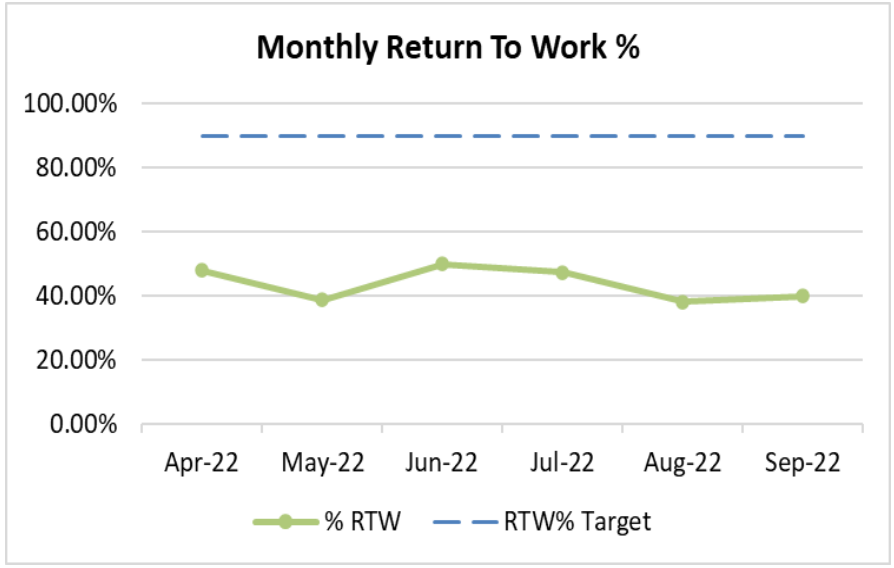
5. Attendance & Sickness

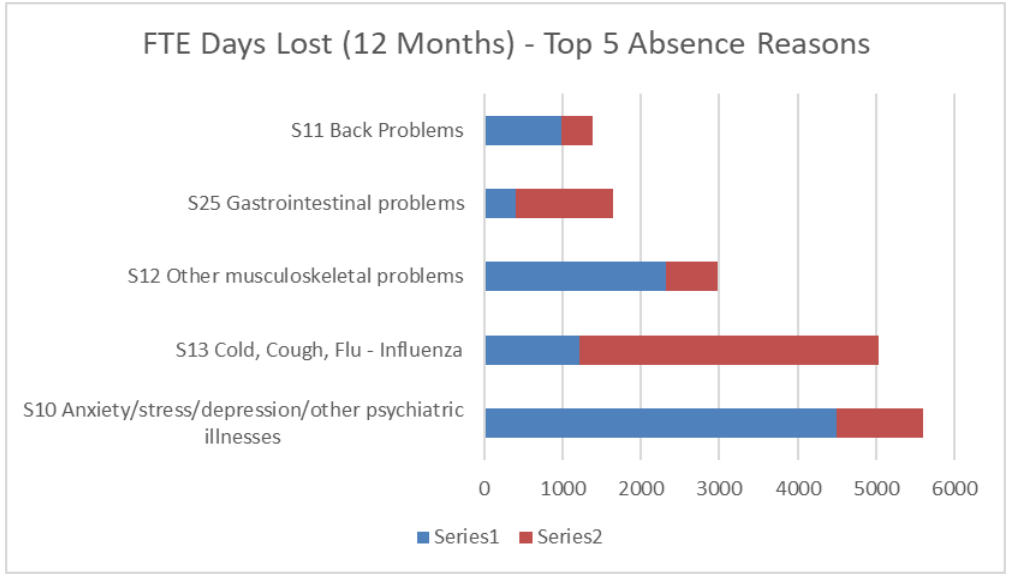
Return To Work Discussion Meetings Following Sickness Absence

Trust wide Return To Work (RTW) interviews increased to 40.00% in September, compared to 38.10% in August. This still remains below the Trust Target of 80%.



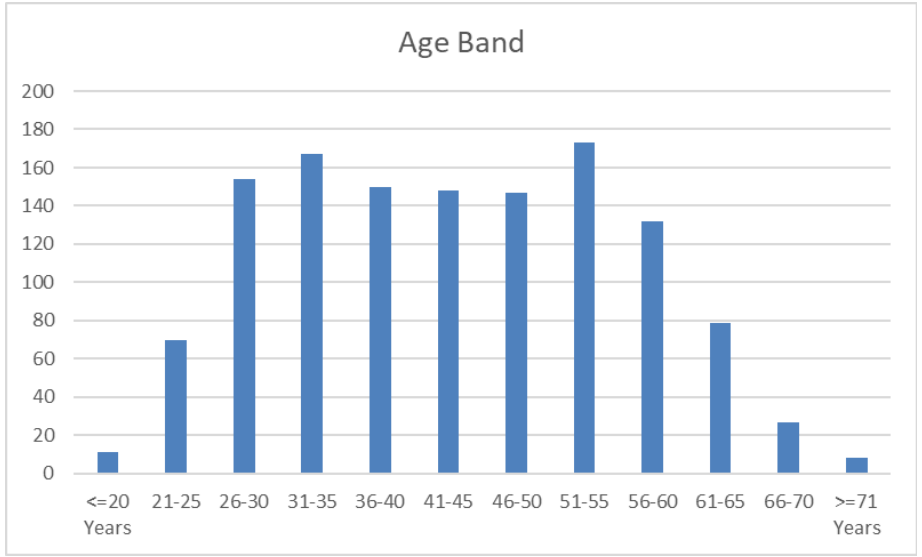


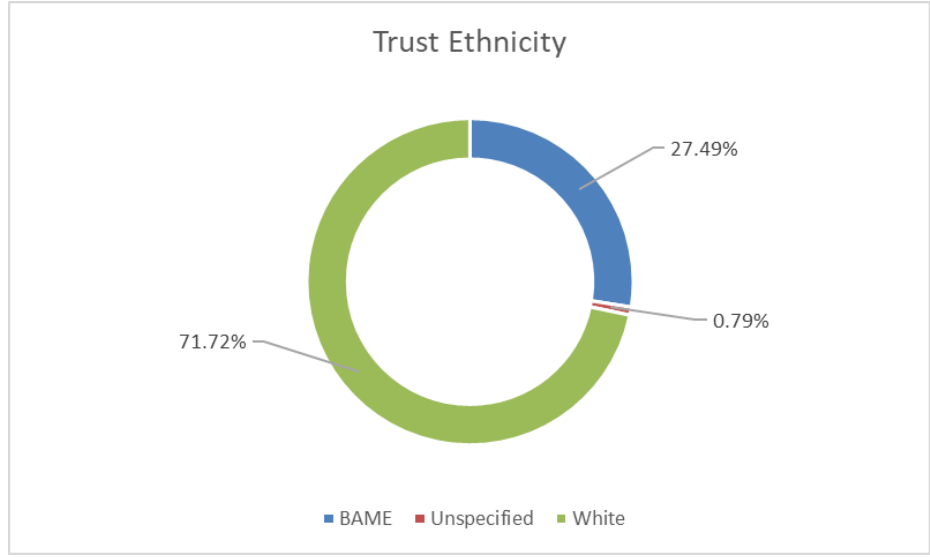


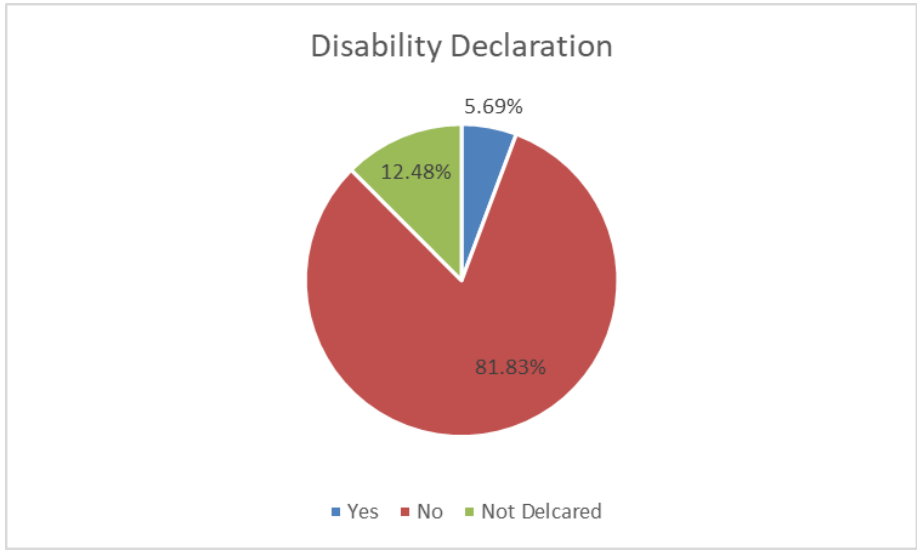


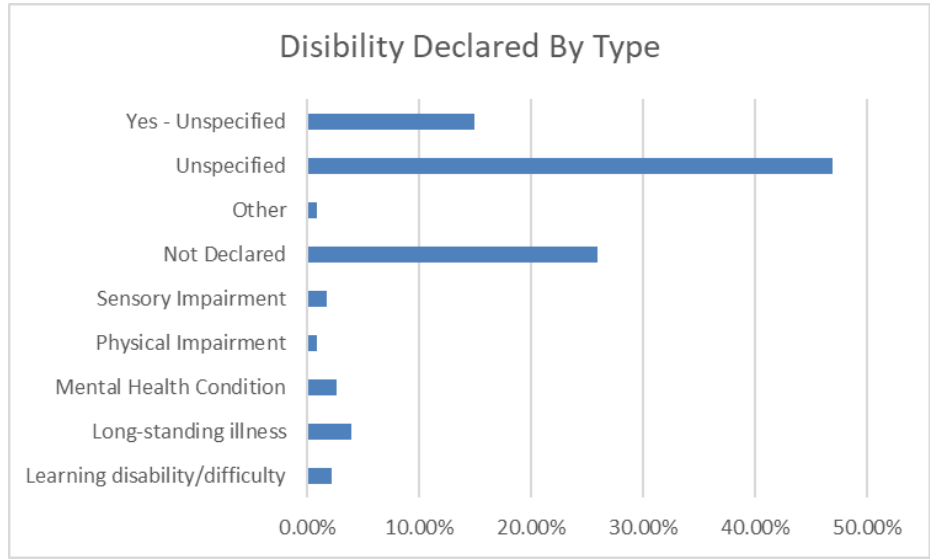
6. Workforce Demographics

The Trust is made up of 70.85% female and 29.15% male staff
Our current status of staff with a disability is 5.69% with 12.48% of staff still to declare their disability status, this has increased slightly due to a new form that asks for new staff members to add their status'. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record.



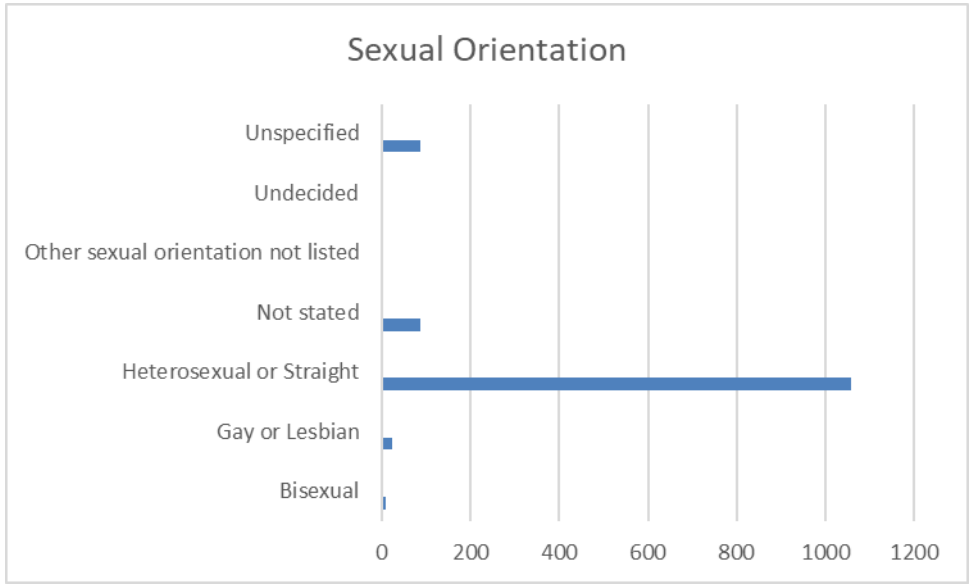


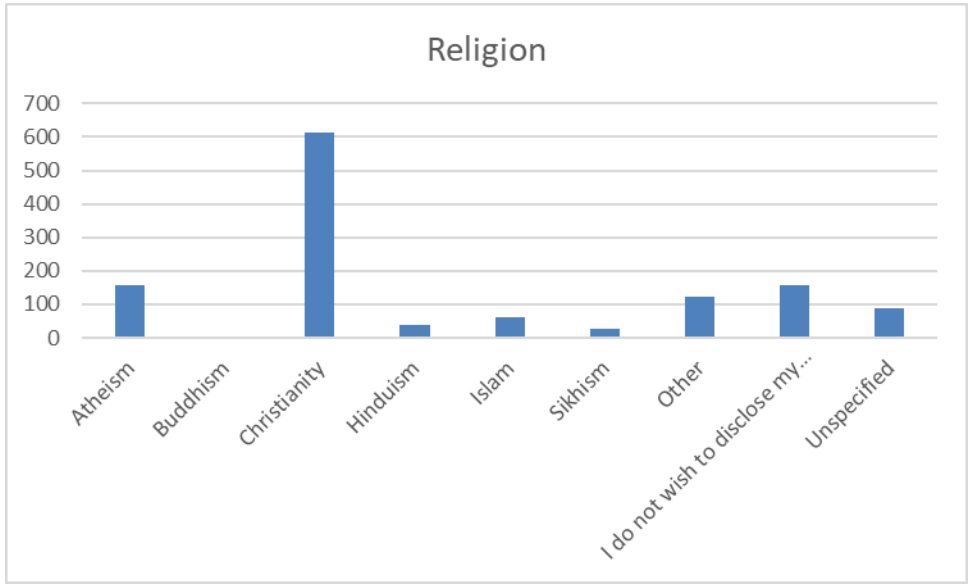


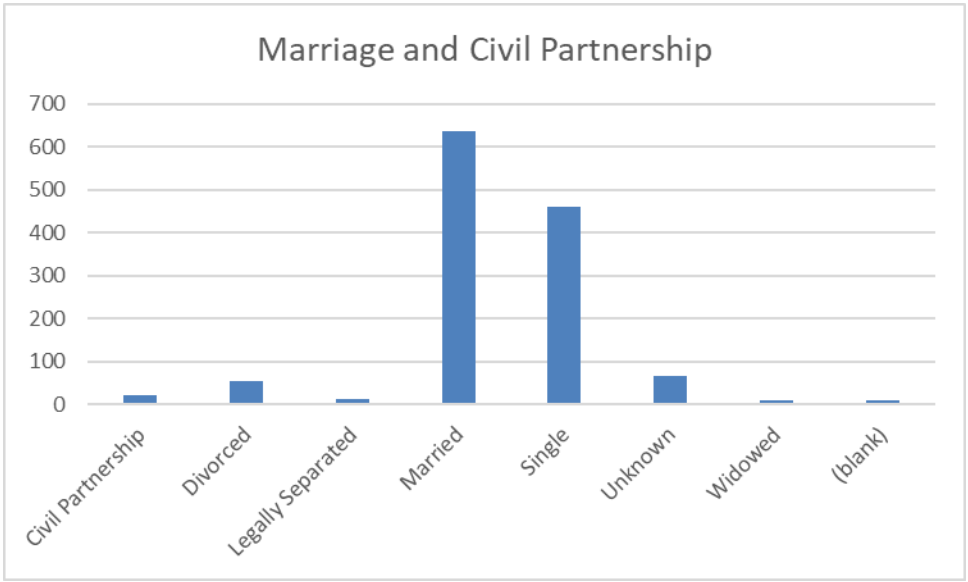


6. Workforce Demographics cont.

Currently in the Trust we have 21 staff members on Maternity or Adoption Leave





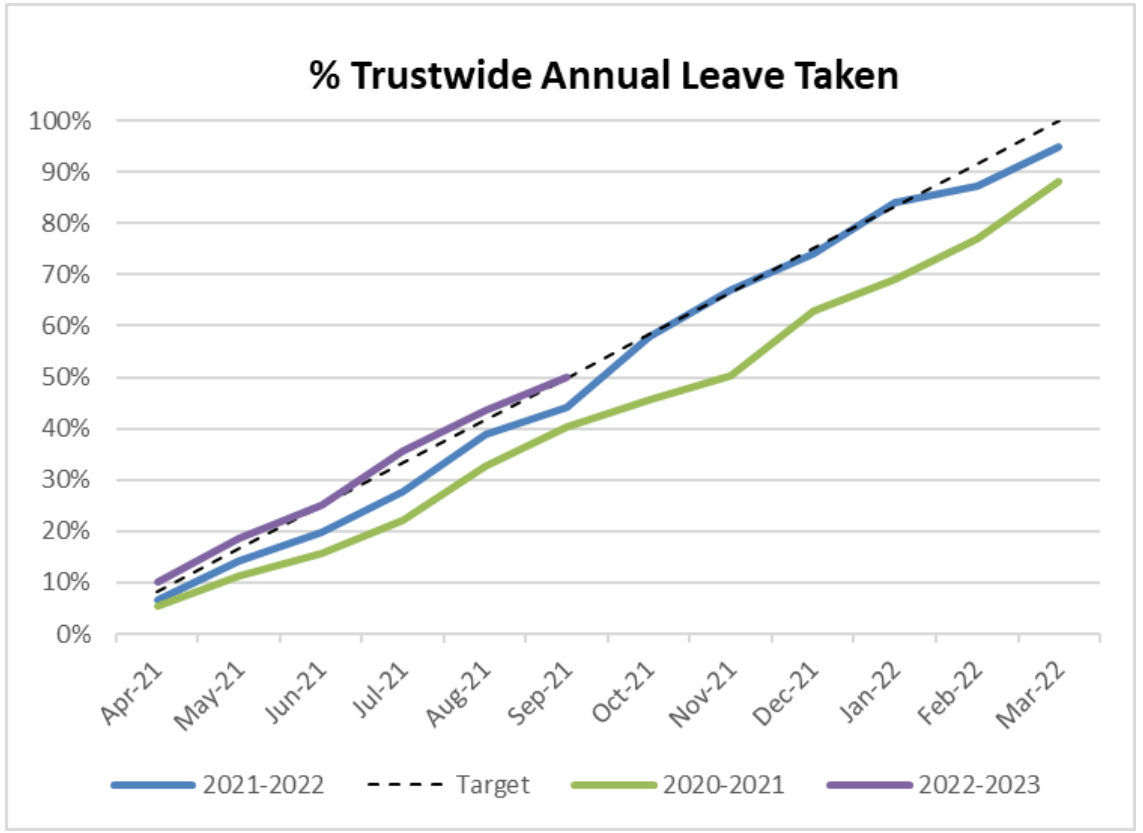


7. Workforce Wellbeing – Annual Leave

Annual Leave

At the end of Q1 (Jun 22) for the financial year, AfC staff have taken 49.95% of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 50% of their annual leave entitlement, to support staff in having regular rest breaks.

As a Trust we look on Target so far for 2022.



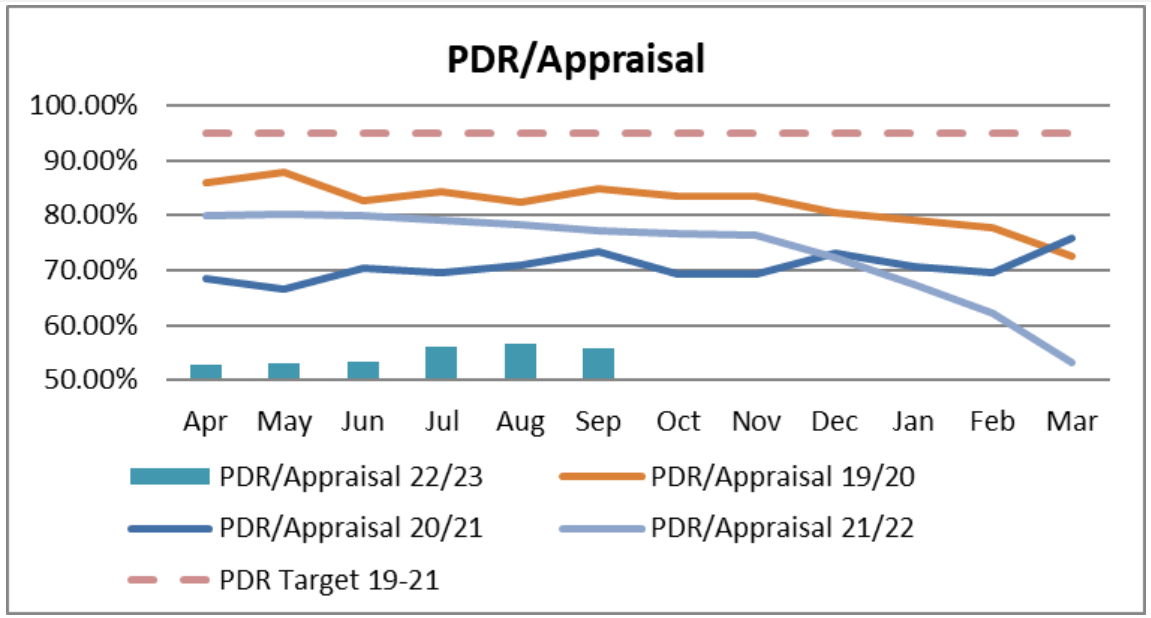
Division	% Annual Leave Taken
303 Corporate Directorate	47.04%
303 Covid-19 Division	48.72%
303 Division 1 - Patient Services	50.35%
303 Division 2 - Patient Support	49.62%
303 Division 4 - Estates and Facilities	53.91%
Trust Total	**49.95%**

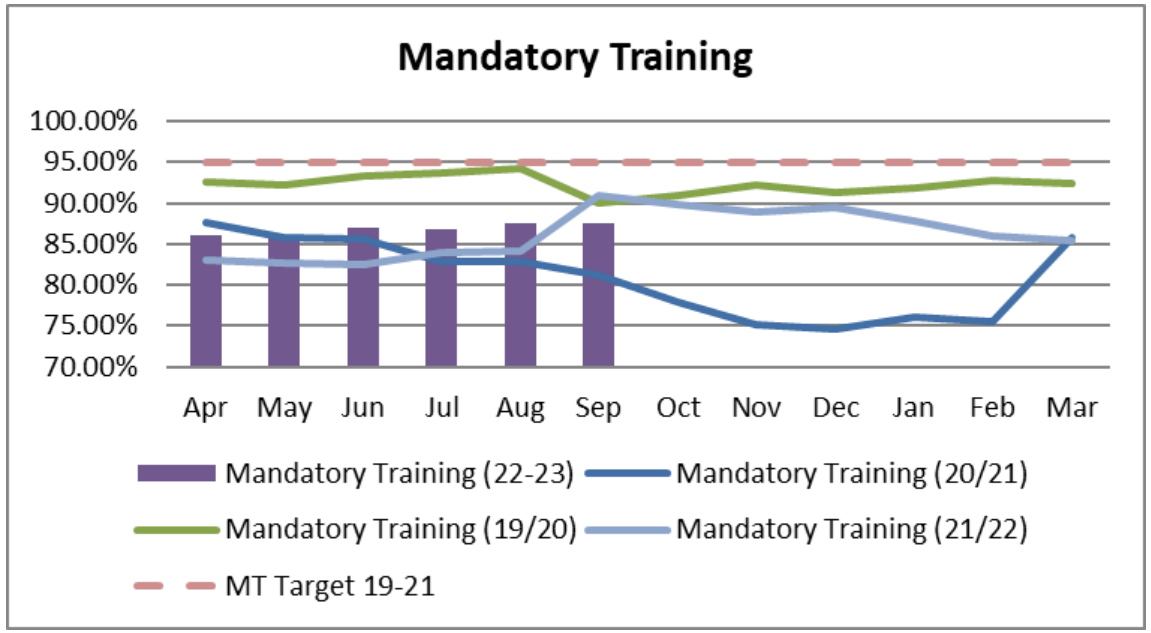
Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	48.53%
Additional Clinical Services	52.42%
Administrative and Clerical	50.77%
Allied Health Professionals	46.47%
Estates and Ancillary	53.72%
Nursing and Midwifery Registered	49.61%

8. Training & Education

Appraisals completions decreased by 0.62% to 55.88% in September and retains it's red status against the Trust target of 95%

Mandatory training increased by 0.02% to 87.54% in September, staying in the amber status against the Trust's target of 95%. This has declined since September 2021 that staff have been more than 90% compliant in this.





9. Workforce Experience & Engagement

Inclusion

Tracking of Disability Declaration rates (DDR)

DDR 2022				
Jan	Mar	June	Sept	Dec
4.0	5.2	5.3	4.3	

Engagement

Comparison of National Staff Survey (NSS) and National Quarterly Pulse survey (NQPS)

Results					
	People Pulse Quarter 2, 2022/2023	**People Pulse** Quarter 1, 2022/2023	**People Pulse** Quarter 4, 2021/2022	**ROH National Survey (NSS)** October – November 2021	**NSS National Results** October-November 2021
Overall Staff Engagement	**7.04**	**7.0**	**6.94**	**7.4**	**6.8**
Q1. I often/always look forward to going to work.	55%	54%	52%	58%	53%
Q2. I am often/always enthusiastic about my job.	**68%**	67%	65%	73%	67%
Q3. Time often/always passes quickly when I am working.	**68%**	68%	66%	70%	73%
Q4. There are frequent opportunities for me to show initiative in my role.	63%	66%	69%	76%	72%
Q5. I am able to make suggestions to improve the work team/department.	**67%**	66%	65%	75%	70%
Q6. I am able to make improvements happen in my area of work.	**59%**	59%	57%	58%	53%
Q7. Care of patients/service users is my organisations top priority.	**81%**	78%	79%	84%	76%
Q8. I would recommend my organisation as a place to work.	**68%**	66%	71%	74%	59%
Q9. If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.	**87%**	86%	87%	90%	68%

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Date: Wednesday, 16 November 2022

Notice of a meeting of the Council of Governors

Notice is hereby given to all members of the Council of Governors of the Royal Orthopaedic Hospital NHS Foundation Trust that a meeting of the Council of Governors will be held on Monday, 21 November 2022 at 1430h to transact the business detailed on the attached agenda.

The meeting will be held in the Max Harrison Lecture Theatre, Knowledge Hub, The Royal Orthopaedic Hospital, Bristol Road, Birmingham, B31 2AP.

Members of the press and public are welcome to attend.

Questions for the Council of Governors should be received by the Director of Governance no later than 24hrs prior to the meeting by post or e-mail to Simon Grainger-Lloyd, Trust Headquarters or via email s.grainger-lloyd@nhs.net



Tim Pile

Chair

Public Bodies (Admissions to Meetings) Act 1960

Members of the Public and Press are entitled to attend these meetings although the Council of Governors reserves the right to exclude, by Resolution, the Press and Public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the Resolution.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

AGENDA

COUNCIL OF GOVERNORS

Venue Lecture Theatre, Knowledge Hub **Date** 21 November 2022: 1430h – 1600h

TIME	ITEM	TITLE	PAPER REF	LEAD
1430h	1	Apologies and welcome	Verbal	Chair
1432h	2	Declarations of interest	Verbal	ALL
	3	Minutes of previous meetings on 12 May 2022	ROHGO (5/22) 0XX	Chair
	4	Update on actions arising from previous meetings	Verbal	SGL
1435h	5	Chair and Chief Executive's update	ROHGO (11/22) 001 ROHGO (11/22) 001 (a) ROHGO (11/22) 001 (b)	TP/JW
1450h	6	Wellbeing & Cost of Living update	ROHGO (11/22) 002 ROHGO (11/22) 002 (a)	JW
1500h	7	ICS 10-year strategy engagement	Presentation	RL
1520h	8	Statutory duties of governors update	ROHGO (11/22) 003 ROHGO (11/22) 003 (a)	SGL
1525h	9	Confirmation of changes to the Trust's Constitution	ROHGO (11/22) 004	SGL
1530h	10	Update on the progress with the governor-sponsored Quality Priority	ROHGO (11/22) 005 ROHGO (11/22) 005 (a)	SGL
1535h	11	Updates from the Board and Board Committees	ROHGO (11/22) 006 - ROHGO (11/22) 010	Chair & NEDs
1545h	12	Governor updates		
	12.1	Update from the Integrated Care Board governors session	Verbal	Govs
	12.2	Governor re-engagement	Verbal	SGL

	MATTERS FOR INFORMATION TO BE TAKEN BY EXCEPTION ONLY			
1555h	13	For information: • Finance & performance update • Quality & Patient Safety update • Workforce update • Board Assurance Framework	ROHGO (11/22) 011 ROHGO (11/22) 012 ROHGO (11/22) 013 ROHGO (11/22) 014	Chair
	Date of next meeting: Thursday 19 January 2023 @ 1400h – 1600h in Trust Headquarters			

MINUTES

Council of Governors - Version 0.3

Venue Virtual Via MS Teams **Date** 12 May 2022 @ 1400 - 1545h

Members present

Tim Pile	Chairman	TP
Brian Toner	Lead Governor	BT
Lindsey Hughes	Public Governor	LH
Petro Nicolaides	Public Governor	PN
Tony Thomas	Public Governor	TT
Julia Liddle	Public Governor	JL
Pat Clarke	Public Governor	PC
Arthur Hughes	Public Governor	AH
Gavin Newman	Staff Governor	GN
Matthew Maycock	Staff Governor	MM
David Robinson	Stakeholder Governor	PS
Dr Dagmar Scheel-Toellner	Stakeholder Governor	DS-T

In attendance

Kathryn Sallah	Non Executive Director	KS	
Simone Jordan	Non Executive Director	SJ	
Gianjeet Hunjan	Non Executive Director	GH	
Ayodele Ajose	Non Executive Director	AA	
Jo Williams	Chief Executive	JW	
Simon Grainger-Lloyd	Director of Corporate Affairs & Company Secretary	SGL	[Secretariat]

Minutes	**Paper Ref**
1 Exclusion of the press and public	**Verbal**
The Board resolved that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
2 Non Executive appraisals	**Verbal**
[redacted]	

[redacted]

[redacted]	
3 DRAFT Annual Governance Statement and Accounts	**ROHGO (5/22) 001** **ROHGO (5/21) 001 (a)** **ROHGO (5/21) 001 (b)**
[redacted]	

[redacted]	
4 Apologies and welcome	**Verbal**
Apologies were received from David Roy, Hannah Abbott, Wilson Thomas, Anne Waller, Liz Clements, David Gourevitch and Richard Phillips.	
5 Declarations of interest	**Verbal**
There were none notified.	
6 Minutes of previous meeting on 7 October 2021	**ROHGO (10/21) 012**
The Director of Corporate Affairs & Company Secretary advised that he had noticed some typographical errors which he would correct.	
7 Update on actions arising from previous meetings	**Verbal**
It was noted that there was an intention to schedule the meeting of the Council of Governors to an on site venue from the next meeting. Governors would also be invited on site for a tour of the facilities.	
8 Chair & Chief Executive's update	**ROHGO (5/22) 002** **ROHGO (5/22) 002 (a)** **ROHGO (5/22) 002 (b)**

The updated report from Trust Board was provided by the Chief Executive. It was noted that the governors had been invited to the ROH celebration of the Platinum Jubilee. A party was planned and beacon lighting would take place in the evening. It was noted that tickets needed to be booked as they were free to those expressing their interest on a 'first come, first served' basis. The Governors were advised that a mentoring programme for multi minority ethnic staff had started. There were already many people offering to be a mentor or mentee. The Trust was part of Birmingham Health Partners. It was noted that the first Board meeting was planned for June. There was reported to be some recruitment across the Integrated Care System (ICS) and some movement across the patch. The recruitment for the ICS Chief Executive was planned shortly. In terms of the Royal Assent this had been given to the Health and Social Care Act which would ensure that ICSs were confirmed as statutory bodies from July 2022. All Chief Executives had been invited to be addressed by Amanda Pritchard, Chief Executive of NHS England, around the long term plan. It was noted that visitors were now invited back on site. The wards were reported to be reverting back to be being speciality based rather than red, amber and green pathways. Masks need to be worn but this would be risk assessed shortly for non-clinical areas. A cost of living group had been established for staff and there had been good work with the Trade Unions around support for staff. A £1 pasta menu was offered each day in addition to the full menu. A Chief People Officer had been appointed and congratulations were extended to Sharon Malhi. The nominations for the Blue Heart awards was now closed and over 500 nominations had been received. The Staff Awards were planned for July 2022. The messages from the Ockenden review would be distilled and the lessons learned would be implemented. The staff survey had been published in March 2022, but it could not be celebrated yet due to purdah. The scores were reported to be very good compared to System partners. Within the Midlands region the ROH was towards the top of the ranking. In terms of the additional information, there was one COVID patient being treated on site which was an incidental case. Other organisations had struggled in terms of urgent care demand. Through Easter and the Bank Holiday, daily Gold calls were introduced to discuss the pressures. The Trust had been asked if the ROH could take medical patients which was not agreed but ambulatory	

trauma patients had been treated instead. The entire system remained 'warm'. The NHS remained at Emergency Preparedness & Resilience Response (EPRR) Level 4 which reflected the continued pace and hard work to address the waiting list. It was reported that Garry Marsh, Chief Nurse, would move the University Hospitals Derby & Burton NHSFT on secondment. The portfolio for Clinical Governance would move to Simon Grainger-Lloyd, Director of Corporate Affairs & Company Secretary and Nikki Brockie would act up into the post of Chief Nurse. This would be communicated widely to the organisation. The Chair highlighted that this support had been requested by NHSE/I from the Chief Executive and noted that the planning was good. The Chair reported that there had been a good Board meeting last week which had been constructive and the various pieces of work discussed showed that there was harmony with the work. It was noted that MSK was the defining opportunity for the hospital and was the ambition for the ROH systemwide and nationally. There had been a good presentation around Provider Collaborative which summarised where the organisation was in this respect. It was noted that every Trust needed to be part of a Provider Collaborative by July 2022. There were a number of models and the Provider Leadership Board was the preferred model to address a situation where Providers could work at scale to address a particular situation. The ROH was in lengthy conversation with colleagues at University Hospitals Birmingham NHSFT to address digital coherence across the system. This was in addition to the other collaborative work underway. Clarity remained needed on governance however, including how governors would work. There were lots of issues to be discussed and the required pace of change before July was significant. There was a need to be flexible and responsive.	
9 Preparation for the COVID-19 public inquiry	**ROHGO (5/22) 003** **ROHGO (5/22) 003 (a)**
The Director of Corporate Affairs & Company Secretary asked the governors to receive and note the update on the national work to prepare for the COVID-19 public inquiry and the ROH's response to this. The Director of Corporate Affairs & Company Secretary had been appointed as the investigation co-ordinator for the work.	
10 Quality Account Priorities for 2022/23	**Presentation**
The Council of Governors was joined by Nikki Brockie, Acting Chief Nurse who delivered a presentation on the progress with the achievement of the Quality Priorities for 2021/22 and the proposed Quality Priorities for the coming financial year, which were: 1. Embedding the Patient Safety Strategy across the Trust. With focus on VTE, safer Surgery Checklist; 2. Bereavement Services and Multi-faith Provision;	

3. Equitable care review Complete a review of outpatient DNA rates and inpatient waits based around demographic characteristics; 4. Learning Disability – implement the learning disability improvement standards for NHS Trusts; 5. Timely assessment and management of pain; and 6. Implement shared decision making - achieve 65% in monitoring and publish 10 + Major pathways The Governors accepted the recommendation that they sponsored the bereavement priority for the coming year.	
11 Non Executive recruitment plans	**ROHGO (5/22) 004**
The Director of Corporate Affairs & Company Secretary advised that Saxton-Bamfylde had been appointed to recruit two clinical Non Executives given that the terms of office of Kathryn Sallah and David Gourevitch would come to an end shortly. It was reported that the process would start shortly with the development of a longlist and the use of social media. The panel had been written to ask for their support. *Post meeting note:* the final interviews for the Non Executives occurred on 20 July 2022 and the governors accepted the recommendation from the panel that Christine Fearns and Ian Reckless be appointed. Approval was gained virtually through the circulation of the recommendation to all governors.	
12 Updates from the Board and Board Committees	**ROHGO (5/22) 005 – ROHGO (5/22) 010**
Kathryn Sallah on behalf of the Quality & Safety Committee noted that in matters of concern there were a number that related to the impact of the COVID pandemic, including sickness levels and cancelled operations. There was clearer information available in respect of Patient Reported Outcome Measures (PROMs) and patient engagement had been strengthened. The creation of a Quality & Safety Executive had made a positive difference to the Committee as it could now focus on an appropriate level of detail. The Committee continued to be strengthened. It was noted that presentations from clinical staff had been useful. There had been some work to keep in touch including the 'Coffee Catch Ups' and virtual walkabouts. Kathryn reported that she had been part of the tendering process for orthotics services and she was thanked by the Chair for this work. He noted that the 'Coffee Catchs Ups' were very worthwhile and provided a rich source of improvement advice. Arthur Hughes reported that he sat on the Patient Experience & Engagement Group (PEEG) and noted that this was a much improved forum. There was more feeding back into the system and he thanked Kathryn for instigating some of this work.	

Simone Jordan reported on behalf of the Staff Experience & OD Committee that Sharon Malhi had been appointed as the Chief People Officer. Cost of living focus groups were planned, linked with the Health and Wellbeing agenda. There was also a focus on turnover and sickness absence given the concerning trends and the information from exit interviews would be used. Staff stories at the start of each meeting continued to be helpful and at the last meeting a graduate trainee had delivered a presentation. The staff networks were reported to be working well and were linked into the staff survey results. The ownership of the work was excellent. The Trust was noted to performing well against Workforce Race Equality Standards (WRES) and the ROH had been asked to support other organisations. Staff walkabouts would change.

Gianjeet Hunjan advised, on behalf of the Audit Committee, that the process for the annual accounts was in hand and the process for accruals was being worked through. Breaches of Standing Financial Instructions (SFIs) was being given focus and the process needed to be strengthened and controls needed to be improved. Learning for other organisations would be brought to bear. KPMG Internal Auditors had issued draft reports and essentially showed a good level of assurance from these reports albeit there were some recommendations from these. The Audit Committee would seek assurance on the delivery of the actions raised. The Head of Internal Audit's opinion (HoIA) would be created ready for the year end processes. The Chair agreed that the appointment of internal auditors was working well. David Robinson asked for the detail of the instances of breaches to the Standing Financial Instructions. Gianjeet Hunjan advised that the majority were around single tender waivers for a single company when there were no alternative suppliers.

In terms of the Finance & Performance Committee, there had been high levels of sickness but activity levels had returned to pre-pandemic levels. The Committee had been concerned with virtual clinics given that the national target was 25% against a current rate at the ROH of 11%. The Cost Improvement Programme had been met largely. Brian Toner suggested that evidence base for this was needed but he thanked the team for the papers in this respect. In terms of cybersecurity, it was suggested that a summary of this needed. Matthew Maycock reported that the Trust was in a good place in terms of cybersecurity and training was mandatory for all members of staff. A company would provide an additional layer of support for the network on a 24/7 basis and dedicated resource had been recruited. It was suggested that there needed to be a balance in terms of actions to take based on risk. It was suggested that a simulated attack may need to be organised. Matthew Maycock noted that phising exercises were already undertaken. The Chief Executive noted that there had been a desktop exercise and there had been media training in terms of responding. Gianjeet Hunjan reported that the Audit Committee received updates from auditors around issues in this area and there was also information on fraud.

13 Governor updates

13.1 Lead Governor appointment	**ROHGO (5/22) 011**
The Director of Corporate Affairs & Company Secretary advised that it was a requirement of the Code of FT Governance that a lead governor be nominated. This had been undertaken by Brian Toner for the last 3.5 years who was happy to continue in this role providing he was successful in the forthcoming public governor elections. All governors had been approached for views who advised unanimously that they were content for Brian to continue in this role. *Post meeting note: Brian Toner was successfully appointed as a governor of Rest of England & Wales in the elections that took place over Summer 2022 and therefore is confirmed in post as Lead Governor for a period of three years from this appointment.*	
13.2 ICS implications for governors	**ROHGO (5/22) 012** **ROHGO (5/22) 012 (a)**
The Director of Corporate Affairs & Company Secretary advised that there were some changes proposed to the guiding principle of the governor role, not the statutory duties, as part of the new Health & Social Care Act and the creation of Integrated Care Boards. The proposal centred on a plan to widen the interests of the governors from just the constituency from which each was elected to represent the public at large. It was noted that the discussions at the ROH Council of Governor meetings included matters of wide importance and relevance, therefore there was little change expected around how the Council conducted itself as a result of the proposal. The NHS Improvement 'Guide for Governors' was noted to be being refreshed and when this was available then this would be disseminated.	
13.3 Governor elections update	**Verbal**
It was reported that elections for one clinical staff governor and three public governors were underway, with the results expected in July 2022.	
14 For information: • **Finance and performance update** • **Quality & Patient Safety update** • **Workforce update** • **Board Assurance Framework**	**ROHGO (5/22) 013** **ROHGO (5/22) 014** **ROHGO (5/22) 015** **ROHGO (5/22) 016**
These were received and noted.	
15 Any Other Business	**Verbal**
The governors supported the Governor award at the forthcoming Blue Hearts award as the school initiative. Another award could be put forward as the volunteer award.	

Noting that this was Kathryn Sallah's last meeting of the Council of Governors, the Chair recognised her passion, advocacy for the patient and staff voice and her dedication to the ROH and the NHS. It was noted that Kathryn had started in the NHS in September 1967.	
13 Date of next meeting: The next meeting is planned for Thursday 20 October 2022, 1400h to 1600h in Trust Headquarters. *Post meeting note:* The meeting was rearranged to 21 November 2022 given the delayed timetable for the laying of the Annual Report & Accounts before Parliament.	

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Chief Executive's update**
SPONSOR (EXECUTIVE DIRECTOR):	**Jo Williams, Chief Executive**
AUTHOR:	**Jo Williams, Chief Executive**
DATE OF MEETING:	**21 November 2022**

EXECUTIVE SUMMARY:

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

REPORT RECOMMENDATION:

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

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		x

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

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

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

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

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

PREVIOUS CONSIDERATION:

Trust Board on 2 November 2022.

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC - 21 NOVEMBER 2022

1 EXECUTIVE SUMMARY

1.1 This paper provides an update regarding some of the most noteworthy events and updates from the Chief Executive's position, this includes an overall update, ROH news and wider NHS updates.

2. OVERALL ROH UPDATE

2.1 Thank you to colleagues who volunteered to set up and worked in our vaccination hub to deliver the Autumn/Winter Covid booster campaign alongside the annual flu vaccination programme, the uptake for flu vaccination is currently 55%.

2.2 October was Black History Month (BHM) which is an annual national celebration to recognise the contributions of NHS staff from Black backgrounds. The theme this year was '**Time for change: action not words'.** I would like to thank all colleagues who have either planned or attended the events throughout the month. Our Multi Minority Ethnic Group (MMEG) staff network has continued to work incredibly hard supporting multiple events to ensure we further develop our inclusive and diverse culture, ensuring that it is supportive and welcoming for all working at the ROH.

Thank you to Falon Paris-Caines MMEG Chair and Communications Manager who kindly wrote a guest slot in my weekly briefing at the start of October. Falon reflected on her grandfather who was due to turn 100 and was part of the Windrush Generation, a pioneering group of Caribbean and African men, women and children who helped to rebuild Britain after WWII and helped to establish the NHS. She said that "I think of the nearly 100 years he has lived and while I acknowledge and am thankful for how far we have come, I think the theme for this year's Black History Month is apt – something we can all get involved with in our own way as ROH continues on its inclusion journey.

October was also 'Freedom to Speak Up' month and Claudette Jones, our Freedom to Speak Up Guardian organised a calendar of events to raise awareness of the Speak Up processes at the ROH. Our nine newly appointed Freedom to Speak Up Champions also underwent their formal induction and celebration of their appointment in an event hosted by Gianjeet Hunjan, Non Executive Director and Simon Grainger-Lloyd, Director of Governance, the Board-level Freedom to Speak Up sponsors. We thank the Champions for taking on such important roles for the organisation to improve the ROH's culture of openness and safety.

2.3 As part of the ongoing support for mutual aid for the system, the team is currently treating and reviewing the 1000 patients who have been transferred for treatment. We have agreed

to review this support in early November 2022 to advise if we have capacity to take a further 1000 patients. Following a direct request via NHS England we have also agreed to take a number of long wait spinal patients from Robert Jones Agnes Hunt Hospital (RJAH).

2.4 On Wednesday 19 October 2022, I attended and officially opened the National Orthopaedics Alliance (NOA) annual conference held in Birmingham. It was an opportunity for NOA partners across the country to share achievements, address shared challenges and discuss what is in store for musculoskeletal services (MSK) in the coming year. It was great again this year to have Andrew Bennett, the National Clinical Director for MSK, opening the conference. The day was a fantastic celebration of MSK and thank you to everyone who attend and contributed to the day. It was great to hear from a range of national leaders who discussed the national position and strategy and it was great to see how we are aligned at the ROH.

2.5 On Friday 7 October 2022, Gary Sambrook, MP for Northfield, visited our Community Health Hub and the new premises for Physiotherapy at Bournville Gardens due to open next year. He was clearly impressed with the range of facilities and support offered to our patients and is looking forward to seeing the new department open. Thank you to colleagues who supported the visit.

2.6 On 18 October 2022 we celebrated World Menopause Day on site to continue to share support available for colleagues and continue to raise awareness across the Trust.

2.7 I was shocked and delighted to hear that I had been shortlisted for the HR Excellence Awards (hosted by HR Magazine) for the 'Best People Focussed Chief Executive' category. Thank you to colleagues who have taken the time to nominate me, albeit it has and continues to be, an entire team effort to ensure that our people are at the heart of our organisation and decisions.

3. BSol ICS (INTEGRATED CARE SYSTEM) AND EXTERNAL UPDATES

3.1 On Monday 10th October the Integrated Care Board (ICB) held its Board meeting at the ROH. The Chair and I presented and welcomed Board members to the ROH. Thank you to colleagues who all helped, on the day, to facilitate a tour and ensure that members of the ICB were looked after whilst at the Trust. The tour was not pre-planned and as I guided the ICB Board members around the Trust, I could not be prouder of the all the staff we met and of all the departments we visited. Everyone was welcoming and spoke of amazing patient care, providing examples of system working, compassion, dedication. Our values shone across the day - thank you!

3.2 The ICB held a workshop instead of a formal meeting in October 2022, therefore no papers have been shared for the day where the focus was on Urgent and Emergency Care.

3.3 We have received confirmation that Aston University has joined Birmingham Health Partners (BHP) and will be represented on the Board by Professor Aleks Subic the Vice Chancellor and Chief Executive. Joining the Executive group will be Professor Anthony Hilton Pro-Vice-Chancellor & Executive Dean College of Health and Life Sciences. Birmingham Health Partners (BHP) is a cluster of contrasting, complementary organisations, sharing the common goal of achieving health and economic impact through the purposeful use of knowledge and expertise. It is a strategic alliance between organisations who collaborate to bring healthcare innovations through to clinical application.

included in the group alongside the ROH and Aston University is:

- University of Birmingham (UOB)
- University Hospitals Birmingham NHS Foundation Trust (UHB)
- Birmingham Women's and Children's Hospitals NHS Foundation Trust (BWCH)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- West Midlands Academic Health Science Network (WMAHSN)

Included in Appendix A is the Activity report for 2020-2022 detailing the work of BHP and its purpose.

4 NHS ENGLAND NATIONAL UPDATES

4.1 On 13th October 2022, all Provider and ICB Chief Executives attended the Leaders briefing with the NHSE Executive Team to discuss the priorities, hear about shared learning and provide an update on expectations over the coming weeks.

4.2 On 12th October 2022, the revised operating framework was published which sets out how NHSE we will operate in the new structure created by the 2022 Health and Care Act. The framework describes the roles that NHS England, integrated care boards (ICBs) and NHS providers will now play, working alongside our partners in the wider health and care system. It shows how accountabilities and responsibilities will be allocated to improve local health and care outcomes in a way that maximises taxpayer value for money. The framework was co-created with 300 system leaders, organisations and stakeholders, including Health Education England and NHS Digital. The full document which we are currently reviewing is included in **Appendix 2,** NHS England » NHS England operating framework.

4.3 Monthly briefing calls remain in place with Regional NHSE with the focus being on the Emergency activity, ambulance Handovers, recovery and delivery of elective activity across the Midlands and East region.

5 POLICY APPROVAL

5.1 During October 2022 the following corporate policies have been approved by the Chief Executive on the advice of the Executive Team:

- Pre-operative fasting policy
- Long service awards policy

6 RECOMMENDATION(S)

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

6.2 Note the contents of the report.

Jo Williams
Chief Executive

26th October 2022

Birmingham Health Partners

Collaboration. Innovation. Application.

Birmingham Health Partners

Report of Activity 2020 – 2022

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Glossary

ABHI	Association of the British HealthTech Industries
ABPI	Association of the British Pharmaceutical Industry
ATTC	Advanced Therapy Treatment Centre
BHP	Birmingham Health Partners
BSoL ICS	Birmingham and Solihull Integrated Care Service
BWC	Birmingham Women's and Children's NHS Foundation Trust
CBI	Confederation of British Industry
CPD	Continuing professional development
CRF	Clinical Research Facility
CTIMP	Clinical Trial of an Investigational Medicinal Product
HDR UK	Health Data Research UK
HEIs	Higher Education Institutions
HSMC	Health Services Management Centre, University of Birmingham
ITM	Institute of Translational Medicine
MDS	College of Medical and Dental Sciences, University of Birmingham
MPMS	Metchley Park Medical Society
MW-ATTC	Midlands-Wales Advanced Therapy Treatment Centre
NIHR	National Institute for Health and Care Research
NIHR Birmingham BRC	NIHR Birmingham Biomedical Research Centre
NIHR CRF	NIHR Clinical Research Facility
OLS	Office for Life Sciences
PVC	Pro-Vice-Chancellor
RD&I	Research, development and innovation
ROH	The Royal Orthopaedic Hospital NHS Foundation Trust
SWBH	Sandwell and West Birmingham Hospitals NHS Trust
UCL	University College London
UHB	University Hospitals Birmingham NHS Foundation Trust
UKRI	UK Research & Innovation
UKRI QR Funding	UKRI Quality-related Research funding
UoB	University of Birmingham
Wellcome ISSF	Wellcome Institutional Strategic Support Fund
WMAHSN	West Midlands Academic Health Sciences Network

Introduction

Our Board is delighted to publish this report summarising the work of Birmingham Health Partners covering the period from September 2020 to August 2022. In publishing this report for our member institutions, stakeholders and influencers in the West Midlands and further afield, we want to highlight the progress made by BHP in aligning the strategic objectives of our NHS and university partners to address major health challenges faced by our region and beyond. This report sets out who we are, what we do and what we have achieved over the period with a look forward to the coming years.

> By integrating shared capabilities unselfishly and collaboratively, BHP is forming a powerful regional cluster to address health inequalities

Our starting point has been to create a values-based partnership with key organisations in the city-region that allows us to deploy our research, innovation and healthcare capabilities to deal with major health issues. The problems encountered by the large socially- and ethnically-diverse population of the Birmingham region are similar to those faced nationally and globally, with health inequalities – driven by social determinants – leading to multimorbidity and chronic physical and mental ill-health. To address such deep-seated problems, it is increasingly recognised that we need health science clusters, based in large regional populations, that harness research and innovation to patient care. By integrating shared capabilities unselfishly and collaboratively, BHP is forming a powerful regional cluster to address health inequalities while also driving economic development – thereby contributing to both UK and global knowledge-based outcomes.

During last 12 months, we have expanded our membership from the original partners of the University of Birmingham (UoB), University Hospitals Birmingham (UHB), Birmingham Women's and Children's Hospitals (BWC) and the West Midlands Academic Health Sciences Network (WMAHSN) to include two further NHS trusts – Sandwell and West Birmingham Hospitals (SWBH) and the Royal Orthopaedic Hospital (ROH). This means that we now encompass acute and elective trusts covering a population of 2.5m. We intend to expand further in the coming years, allowing us to be even more inclusive and engaged with the West Midlands health ecosystem. In recognition of the expanded collaborative membership, we have embarked on a review of our governance to ensure it continues to be effective, inclusive and accountable for the resources and delivery within our remit which is set out in the report.

We hope that readers of this report will understand both the role played by BHP and the opportunities the partnership provides to support health innovation in our region. We aim to enhance the endeavours of individuals, teams and organisations by focussing on collaborating across institutional boundaries. As this report sets out, we have made substantial contributions over the last year including on training, funding, and health data and digital delivery. We are also proud of our convening role which brings together wide-ranging multidisciplinary expertise to deliver research that matters for our population and which promotes a wider innovation landscape.

The Board is grateful to all of the participants in the BHP collaboration and to the Executive group, the External Advisory Board and our core team for what has been achieved over the two years. Our expectation is for more in the years ahead – with a focus on impact, outcomes and accountability.



Ed Smith
BHP Chair



Prof David Adams
BHP Director

The purpose of Birmingham Health Partners

A research and innovation cluster with a clearly articulated purpose:

Born well, live well, die well.

Who are we

We are a group of organisations that share the common goal of seeking to achieve health and economic impact for our communities. We do so through the knowledge and expertise of our people and the communities that we serve.

University of Birmingham · west midlands Academic Health Science Network · NHS Birmingham Women's and Children's NHS Foundation Trust · NHS Sandwell and West Birmingham Hospitals NHS Trust · NHS The Royal Orthopaedic Hospital NHS Foundation Trust · NHS University Hospitals Birmingham NHS Foundation Trust

What do we do

1. We are major employers, educators and skills providers.
2. We make use of our shared capabilities in research and innovation to deliver impacts on the health, wealth and wellbeing of our region, our nation and our world.
3. We adopt the principles of system leadership to unlock opportunities and address the complex challenges faced in our region, our nation and the world.



Addressing complex challenges through systems change

The 2030 Sustainable Development Agenda includes 17 inter-related Sustainable Development Goals (SDGs), each representing complex systems - such as climate, food, health, cities - with myriad stakeholders. Achieving progress on this agenda requires a departure from traditional top-down, hierarchical, and linear approaches to implementing change. Instead, it requires innovative and adaptive approaches that engage broad networks of diverse stakeholders to advance progress toward a shared vision for systemic change. This approach is called Systems Leadership.

Systems Leadership: a tool for out times

Systems Leadership is a set of skills and capabilities that any individual or organisation can use to catalyse, enable and support the process of systems-level change. It is comprised of three interconnected elements:

The individual: the skills of collaborative leadership to enable learning, trust-building and empowered action among stakeholders who share a common goal

The community: the tactics of coalition building and advocacy to develop alignment and mobilise action among stakeholders in the system, both within and between organisations

The System: an understanding of the complex systems shaping the challenge to be addressed



The CLEAR framework for leading Systems Change

Convene and commit
Key stakeholders engage in moderated dialogue to address a complex issue of mutual concern. They define shared interests and goals, and commit to working together in new ways to create systemic change

Look and learn
Through system mapping, stakeholders jointly build a shared understanding of the components, actors, dynamics, and influences that create the system and its current outcomes, generating new insights and ideas.

Engage and energize
Diverse stakeholders are engaged through continuous communication to build trust, commitment, innovation and collaboration. Inspiration, incentives and milestones help drive progress and maintain momentum.

Act with accountability
Shared goals and principles set the direction of the initiative, while measurement frameworks help track progress. Coordination and governance structures can be developed as initiatives mature.

Review and revise
Stakeholders review progress regularly and adapt their strategy accordingly. Adopting an agile, flexible, innovative and learning-centered approach allows for evolution and experimentation.

Board commitment

As a Board, we have committed to supporting and enabling our people to unlock the research and innovation capabilities of our institutions, through enhanced collaborative working across organisations and the wider region.

This will allow us to better address the major health issues faced by our population. Many of these are driven by health inequalities and social determinants that affect all age groups, hence our strategic focus on an ageless approach.

OUR VISION: BORN WELL, LIVE WELL, DIE WELL

Gateway to a community that harnesses the machinery of discovery, acceleration and adoption to deliver the benefits of research and innovation across the life course

AGELESS	PRENATAL / BIRTH	EARLY YEARS / ADOLESCENCE	ADULTHOOD	AGED / END OF LIFE
OUR PRIORITIES	WOMENS AND MATERNAL HEALTH			
	CANCER			
	CHRONIC DISEASE			
	ACUTE MEDICINE			
	MENTAL HEALTH AND WELLBEING			

Innovation and adoption



Membership and Governance

A purpose-led collaboration

We are a purpose-led collaboration underpinned by a shared set of principles that focus on delivering health and economic benefits to the city-region. In order to do this, we have evolved our membership and governance to ensure that we make the most of our substantial health and life sciences capabilities.

In the last two years we have reshaped our governance structure by:

- Appointing an independent Chair and an independent NED as part of a stronger and inclusive Board
- Establishing a BHP Executive with representation of key individuals for partner organisations who have the authority to deliver on the Board's agreed actions.
- Appointing a world class External Advisory Board, chaired by Sir Robert Lechler, a NED, to advise on and scrutinise our work.
- Appointing two senior academics to lead our strategy development and system level engagement
- Welcoming SWBH and ROH to be part of BHP
- Worked with Aston University to enable them to be part of BHP by the final quarter of 2022

Current membership can be found at appendix 1.

Strategic growth

As we have grown, our work has become increasingly visible to the wider Birmingham community leading to a number of approaches from organisations seeking to become part of BHP. These approaches will be actively explored in the coming year recognising that further expansion will necessitate:

- careful consideration of our purpose and objectives, and our focus on delivery
- our desire to be agile in our actions and to avoid duplicating existing regional structures.

A governance review currently underway and due to complete by the end of the calendar year will consider the optimal shape and oversight for BHP.



Summary Financial Information

We have developed a shared cost model that reflects our common purpose and commitment to BHP's mission. We have put in place a lean and efficient structure, keeping the core BHP team small, and maximising our use existing resources. We have benefitted from in-kind resource and input from across the partnership to work at pace and scale. It is acknowledged these resources have an indirect cost to partner organisations.

During the last year in particular, BHP has secured new funding sources to support activity and output.

Table 1 shows a summary of direct and indirect income to BHP in 2021/22 and Table 2 shows shared costs in 2021/22.

Funding source	Activity	Value
New direct income 2021/22 for BHP led activity		
BSoL ICS	Evaluation of Fairer Futures Fund projects	145,000
UHB	Evaluation of local implementation of virtual wards project	150,000
UKRI QR funding	Evaluations of remote consultations phase 2 (phase 1 awarded 2020)	21, 250
Metchley Park Medical Society	Contribution to BHP post-doctoral fellows (CARP)	100,000
UoB	Contribution to BHP post-doctoral fellows (CARP)	50,000
Metchley Park Medical Society	Contribution to BHP pre-doctoral fellows (Starter) Cohort 7	140,000
Wellcome ISSF funds	Contribution to BHP pre-doctoral fellows (Starter) Cohort 7	140,000
UoB	Contribution to BHP pre-doctoral fellows (Starter) Cohort 8	70,000
Metchley Park Medical Society	Contribution to BHP pre-doctoral fellows (Starter) Cohort 8	210,000
UHB/BWC	BHP Leadership Training (pilot cohort)	24,000
UKRI QR funding	Contribution to BHP Fellows	46, 389
Total		**739,000**
New indirect income to the wider partnership 2021/22*		
NIHR	Birmingham BRC	30.7m
NIHR	CRF	12.9m

Table 2: Shared costs in 2021/22

Partner Direct Contributions **		
UoB, UHB and BWC	Core team costs	260,000
UoB, UHB and BWC	Seed fund pilot	300,000
Direct costs to each BHP partner organisation in 2021/22		
N / A	Core costs of BHP team	86,000
N / A	Seed Fund contribution	100,000

*** SWBH and ROH have not been asked to contribute during this reporting period*



Our shared work in 2021/22

BHP - People

Enabling and supporting educational development and training of our workforce is one of the central building blocks of the Birmingham Health Partners alliance. If we are to address the problems facing us, we need a flexible, highly-trained workforce that includes those with research and entrepreneurial skills as well as outstanding clinical abilities.

This area of our work is being led by Professor Lorraine Harper, BHP Director of Research, Innovation and Health Impact, who has a national leadership role developing academic training programmes for both clinicians and NMAHPs (nurses, midwives and allied health professionals). We are committed to supporting training with the ultimate aim of increasing the capabilities of our workforce to undertake research and to upskill our future clinical leaders.

BHP has developed a bespoke set of tools to support multiple professional groups, including for the first time, a scheme targeting experienced clinicians who wish to return to research. Read more.



BHP/MPMS Clinical Academic Research Partnership (CARP)

The BHP/MPMS Clinical Academic Research Partnership (CARP) is a new postdoctoral fellowship for clinically-qualified staff who have completed clinical training and do not have research time allocated in their job plans. After a rigorous competition four individuals have been appointed to the scheme.

BHP has been fortunate to be able to work with a number of local partners over the years who have provided significant financial support. For example, funding from UHB Charities, Metchley Park Medical Society, University of Birmingham, BWC and NIHR Wellcome Trust CRF has underpinned the BHP Starter Fellowship.

Successful applicants' projects have covered 16 speciality areas and fellows have been based in hospitals throughout BHP sites. 21 clinical fellows have been appointed since 2014; with 16 individuals progressing to external competitive fellowships with grant income of greater than £1.5million from prestigious funders including the British Heart Foundation, Wellcome Trust, Medical Research Council and Cancer Research UK.

Clinical Service Leads Development programme

The delivery of research and innovation requires informed leaders and since 2021 BHP has been working in partnership with the UoB Health Services Management Centre (HSMC) and UHB, to develop a bespoke learning programme for current NHS Clinical Service Leads. The programme allows them to explore and develop their individual management and leadership roles including a better understanding of the importance of research and innovation to clinical leadership. The focus is on practical and applied activities.

Case study
BHP Starter Fellowship

Dr Anna Price, ST3 in Renal Medicine at the Queen Elizabeth Hospital Birmingham, undertook a BHP Starter Fellowship in 2015-2016 and is currently undertaking a PhD at University of Birmingham. We spoke to Anna about her thoughts on her fellowship experience.

During my undergraduate intercalation I became involved in cardio renal research. I thoroughly enjoyed it and knew from that point on I wanted to do a PhD. After completing an Academic Foundation Programme I was unsuccessful obtaining an Academic Clinical Fellowship. In Core Medical Training the clinical workload was naturally busy and the MRCP and medical curriculum became all consuming. Research projects became squeezed into early mornings and late nights. I was fortunate enough to meet my current supervisor in my cardiology rotation and we made an application to the British Heart Foundation but unfortunately this was unsuccessful.

I applied for speciality training in Renal Medicine but felt like the opportunities to do research were dwindling away. I became resigned to a career without research when the BHP fellowship flyer was emailed to me. The fellowship was a unique opportunity to gain independent funding to complete a PhD on a topic of my choosing. It gave me the break I had been waiting for.

The BHP fellowship gave me dedicated time to make several funding applications and successfully fund my study consumables and time out of programme for three years. Within my BHP fellowship year I was awarded three grants including a personal British Heart Foundation Clinical Training Fellowship totalling £249,000. I have had the time to set up my study protocol, gain ethical approval, buy equipment and learn the skills required to hit the ground running.

> My confidence has grown, and I have more self-belief that I can work through challenges and find my own solutions

The fellowship has taught me perseverance and persistence. My confidence has grown, and I have more self-belief that I can work through challenges and find my own solutions. I approach research papers in a completely different way now. I am more critical of the methodology used and I don't take findings at face value. It has reaffirmed my desire to have a career in Academic Medicine. Completing a PhD is the first step in achieving that goal.

Being involved in an established research group has given me experience in clinical trials and multi-centre studies. I have been lucky enough to work with some of the best academics in their field. I have really enjoyed aspects of research that I didn't think I would such as statistics. I have also been able to explore sub specialities such as hypertension which I hadn't considered before.

Developing an integrated health and life sciences ecosystem

Success in 2022

The successful renewal in 2022 of two major NIHR infrastructure awards for translational research the Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) reinforces the core of our experimental medicine/translational research capability. The awards reflect, and have been driven by, collaborative working between HEIs and the NHS over the last 30 years that led to the establishment of BHP.

Renewal of core support

Birmingham Clinical Research Facility (CRF)



Birmingham CRF was one of a number of pioneer CRFs established in the early 2000s by a significant capital investment from the Wellcome Trust, alongside core funding from what has now become NIHR. UoB and UHB co-own and manage the CRF and have invested significant resource into the facility to sustain its success.

The CRF has consistently attracted further capital and core investment over the past 20 years that has enabled both the growth of the existing facility and the development of a children's CRF hosted by BWC enabling an approach that has:

- Delivered new treatments to over 150K patients from babies to old age
- Driven an increase in the number of people participating in research year on year
- Delivered multiple COVID-19 studies including every affected child into COVID-19 research
- Maintained a pipeline of approx. 500 non-Covid studies including 25 first in human studies

The renewal of the core NIHR award - £12.9m under the unifying leadership and management of BHP – will provide patients with opportunities to participate in experimental medicine research projects alongside their routine clinical care. As a general CRF, we manage a diverse portfolio of activity with key areas of strength including cancer, liver disease, metabolic and endocrine, renal and cardiovascular thereby meeting our population's needs. We will be increasing research opportunities to under-served disease areas (mental health, neonates, women's health), therapies (advanced therapies, vaccines, medical devices/technologies), geography (new NHS sites) and populations underserved by innovation.

In addition, our CRF is a vital facility for enabling healthy volunteer studies and first in human trials for the advancement of new treatments and will continue to deliver this important work over the next five years. During the past two years we have been excited by the opportunity of working closely with the CRF established at Sandwell Hospital by our new BHP member SWBH. This extends the reach and capabilities of our CRFs across the whole city.

Case study

We have discovered the first effective treatments for a common liver disease

Non-alcoholic fatty liver disease (NAFLD) is the commonest liver disease in Western Europe/US. It is particularly widespread in people who are overweight and/or have type 2 diabetes. In NAFLD, fat builds up in the liver, causing injury. This can cause cirrhosis (scarring) and ultimately death from liver failure. There is no treatment for NAFLD.

> If successful, this will lead to the first-ever approved drug for the 1 million patients with advanced NAFLD in the UK.

We experimented in the lab with using the obesity drug Liraglutide (GLP-1 drug) to treat NAFLD. We demonstrated that Liraglutide directly reduces the production of fat inside the liver and reduces liver inflammation. This substantially reduces the patient's chances of serious illness or death.

We followed this with a clinical trial of Liraglutide across the UK. This showed Liraglutide was able to reverse fatty liver in 40% of patients – a major breakthrough. We built on this by leading a global study of Semaglutide (a drug from the same 'family'). This trial demonstrated that Semaglutide reverses fatty liver in 60% of patients. This drug is now the front-runner treatment for patients with NAFLD. We have now been asked to lead the global phase 3 drug registration trial.

If successful, this will lead to the first-ever approved drug for the 1 million patients with advanced NAFLD in the UK.

Our success has been recognised by further major grants to study NAFLD and its treatment. We expect this will lead to even better treatment for NAFLD in the future.

Renewal of core support

Birmingham Biomedical Research Centre

The NIHR Birmingham Biomedical Research Centre has evolved over the last decade as the level of NIHR support has increased. It is the driver of experimental medicine research in BHP which builds the infrastructure and resources initially put in place by UHB and UoB, and now added to by BWC, SWBH and the ROH.

The BRC brings together established strengths in inflammation biology and experimental medicine to create a process-driven, pathway-focused approach to the study and management of inflammatory diseases. The pathway is underpinned by a number of cross-cutting activities that reflect our strengths in trial design and delivery, devices and diagnostic tests, entrepreneurship and commercialisation. The BRC has used the BHP ecosystem to deliver substantial growth in research excellence, capacity and reach over the last five years culminating in a successful bid to increase our funding and allow us to bring in other BHP partners to expand our capabilities. Read more.

Case study

Birmingham leadership in UK cell therapy research, translation, production and innovation

- The use of human cells as medical treatments is one of the most important scientific breakthroughs of the last twenty years. Cell therapies offer hope for injuries and common diseases that have never had any effective treatment, including liver diseases, blood cancers and arthritis. Birmingham is a key component of the UK's leadership in this exciting and important area.
- Birmingham's scientific laboratories have discovered and tested a broad range of cell therapies. Our laboratory studies include cells that help to control the immune system (and so reduce inflammation), cells that break down scar tissue and cells that help the body's immune system to fight cancer.
- After such successful experiments, we have delivered large numbers of early phase clinical trials, where we used tailored cells for patients with liver cirrhosis (scarring), liver cancer, inflammatory liver disease, blood cancers, arthritis and COVID pneumonia. We manufacture these cell therapies in-house at the Birmingham Advanced Therapies Facility.
- Our leadership and success was recognised by our successful bid to lead one of the UK's three Advanced Therapy Treatment Centres (ATTC)– these are strategic national resources dedicated to cell therapy research, production and clinical use. Our Midlands & Wales-ATTC serves a population of 10 million, enabling hospitals across the Midlands and Wales to offer advanced therapies and building expertise across the NHS workforce.
- A key part of the MW-ATTC is our Cell Therapy Trials Acceleration Platform for running new clinical trials in cell therapies. This is enormously useful for companies with new ideas for cell therapies, who want to translate them into patient treatments. The Platform and the ATTC have attracted researchers and companies to the Birmingham region, creating new jobs and offering world-first access to new treatments, to our patients.
- Notably, UHB/UoB delivered 32% of all UK advanced therapy trials in 2019.
- For the future, we are training the cell therapy workforce of tomorrow in our national Advanced Skills Training Network (one of just three in the UK). Jointly with Oxford, we are delivering a new NIHR Blood and Transplant Research Unit in Precision Therapeutics (Cell therapies). Our new Birmingham Health Innovation Campus will further extend our cell therapy manufacturing facilities.
- Patients have been at the heart this success, throughout. We work closely with dedicated patient groups to understand their priorities, to inform them of new discoveries, and to actively contribute to new trials and discoveries.

Against this backdrop, our successful renewal has seen an almost doubling of NIHR investment into the Birmingham BRC which will allow us to expand the institutional footprint of the BRC bringing it into closer alignment with BHP physically and strategically.

Research themes now include six illness-specific themes (arthritis, infection and acute care, liver, metabolic health in women, oncology and oral, intestinal and systemic health) underpinned by innovative methodologies in data science and patient reported outcomes, tests and biomarkers, and next generation therapies.

Precision Health Technologies Accelerator (PHTA)

Birmingham Health Innovation Campus

Birmingham Health Innovation Campus (BHIC) is due to open in 2023, with the launch of the Precision Health Technologies Accelerator (PHTA). The PHTA will offer industry partners access to leading academics and clinicians as well as cutting-edge innovation facilities, building on BHP's strengths in healthcare data, genomics medicine and diagnostics, medical technologies and clinical trials. Accessing the BHP ecosystem will create opportunities for transformative collaborations between businesses, the University and NHS partners.

As these examples show, BHP is a critical driver of the Birmingham region's aim to make a significant contribution to the delivery of the UK's ambition to be a health and life sciences 'superpower'. Given the strength of its partners, infrastructure and capabilities, BHP is well placed to attract the inward investments needed to accelerate the development and adoption of healthcare innovations thereby transforming the health of our citizens, in Birmingham and beyond.

Find out more here: phta.co.uk



Convening and commissioning in 2021/22

University of Birmingham wide co-ordination of research

BHP has convened groups of leading academics and clinicians to identify opportunities that can bring together UoB and NHS partners to help achieve BHP's goal of achieving health and economic impact in the following areas

Humanities

We worked with the UoB College of Arts and Law to identify areas of expertise in the arts, humanities and law that could contribute to a multi-disciplinary approach to health inequalities. Three broad interdisciplinary areas were identified:

- Health law and human rights
- Language, communication, storytelling
- Artistic performance and creativity, and creative spaces

Work is now underway to take develop these areas further with our NHS partners.

Engineering

Researchers in the UoB College of Engineering and Physical Sciences work extensively with colleagues drawn from across BHP. The colocation of research space within the BHP-Institute of Translational Medicine have enabled the development of a flourishing collaborative environment in the form of the Healthcare Technologies Institute (HTI). The main areas of collaboration are:

- Biomaterials
- Additive manufacturing
- Regenerative medicine
- Sensors and diagnostics
- Data Science - maths and computer science

Examples of the research programmes can be found here.

PHTA/BHIC offers the opportunity to build on this success and accelerate progress in advancing this this work towards the point of patient use and commercialisation. A number of spin-outs from UoB have been funded to commercialise medical technologies including:

- Healome Therapeutics
- Tagomics
- 4D materials
- Chromatwist
- Quest Meat

These companies - with others at the point of spin-out - will help to lay the foundations for future commercial exploitation and potential implementation of innovation across BHP.



Mental health

BHP has a critical role to play catalysing relationships with both the mental health and community trusts to ensure many of the childhood mental health problems and neurodevelopmental disorders managed within community paediatrics are able to benefit participation in research studies. BHP member, BWC, delivers the largest NHS 0-25 Youth Mental Health service in the country – and collaborations with third sector groups can facilitate research with specific marginalised groups.

Colleagues from the Institute for Mental Health (IMH), an interdisciplinary UoB centre identified three broad areas of research that align with local and national priorities:

1. What are the causes of the sharp increase of mental health problems in young people?
2. What new interventions and services can be implemented to improve the lives of young people with mental health problems?
3. How can we ensure that societies tackle, and do not contribute to, the mental health problem?

Embedding mental health as a strategic priority for BHP will be critical to the development of a clinical and research vision that offers a coherent, broad, inclusive, and interdisciplinary conceptualisation of health and illness. Creating this integrated environment (and including social care, education, third sector, areas of strength across our University partners) will generate a powerful route to real innovation in an area that has long been overlooked.

This will be a focus of our work over the next 12 months.

Public health

UoB has a strong public health community reflected in its regional leadership of the NIHR School for Public Health Research. A cross-cutting theme across all public health work is a focus on reducing inequalities, a central issue for BHP. Core research areas are:

- Maternal and child health
- Behaviour change research
- Methodological innovation and data science

New and emergent areas point to opportunities for the development of an innovative BHP public/ population health strategy.

Themes including food systems research, air quality improvement and carbon reduction strategies and interventions. Studies to evaluate the impacts of digital technology and social media use on children's physical and mental health point to the opportunity for building new collaborations.

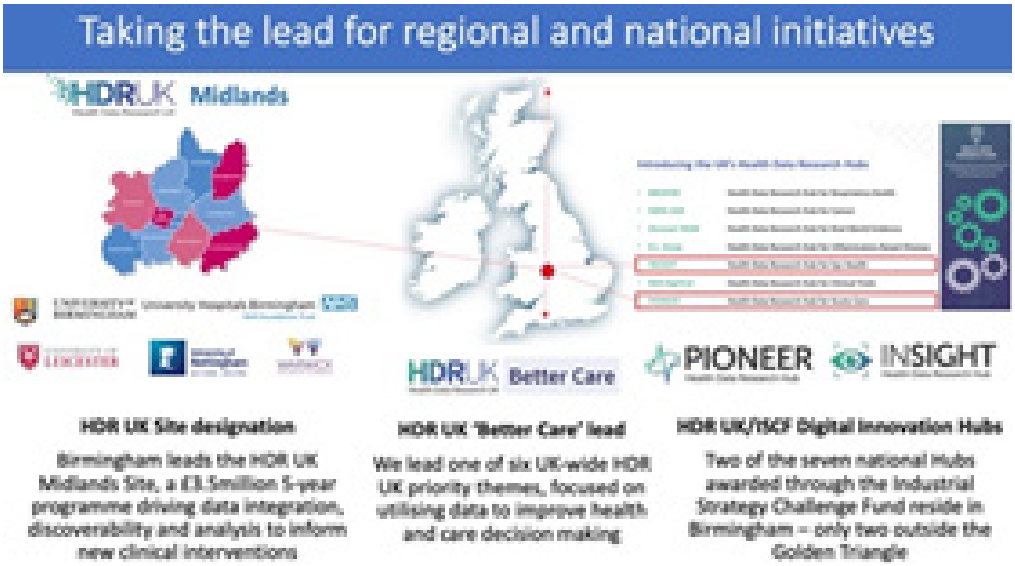
These themes will be explored over the next 12 months.

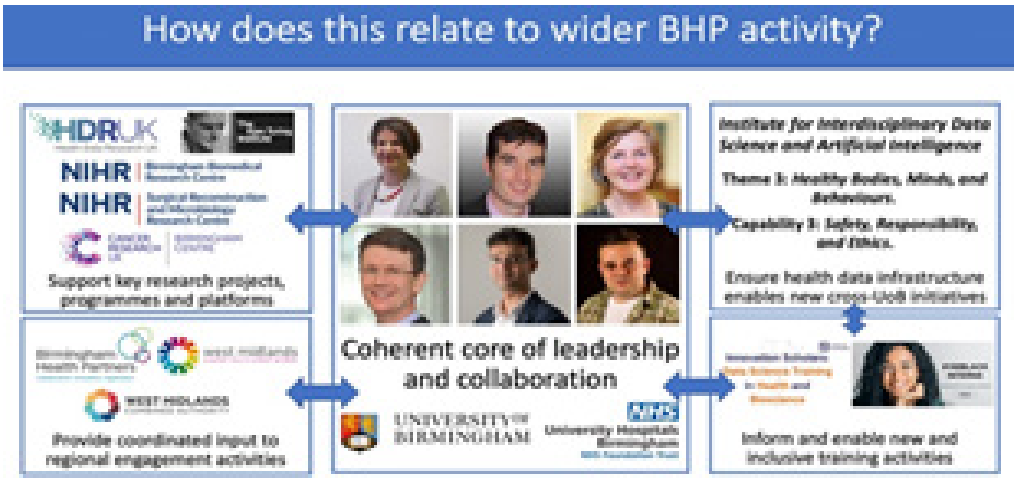
Data science

Thanks to the significant leadership and investment of UHB, BHP provides a focal point for our regional strength in the use of health data. UHB along with UoB have led the development and implementation of the Health Data Research UK Midlands Site under the leadership of Simon Ball (Director of HDRUK Midlands) as well as of the two of the seven Health Data Research UK hubs (the only two substantively led outside the Golden Triangle).

We are now in the process of establishing a BHP Centre for Health Data Science and Digital Epidemiology that will enhance our shared leadership in the health data science arena. It will be one of the building blocks that will help to harness the full potential of BHP health data science capabilities.

A strategy is being prepared that outlines our ambition to build a leading health data cluster that will drive quality improvement, evidenced uptake of innovation and high-quality research to deliver better care for patients.





Our sponsored studies

A key part of BHP's work is to identify and take advantage of new opportunities. We have supported five proposals across a range of different topics and activities in the last 18 months:

Place-based investments in health-related RD&I to stimulate regional growth

Working with the City/WM-Regional Economic Development Institute (REDI) and MetroDynamics consultancy, BHP is supporting a study of the ability of place-based investments in health-related RD&I to stimulate regional growth and reduce inequalities. The work will enable a better understanding of the economic benefits of targeted local investment to support innovation and 'clustering' of life sciences businesses. This is particularly relevant for levelling up, and the need to rebalance local economies in order to truly address health inequalities.

Rapid evaluation of remote consultations

BHP has commissioned work led by Prof Judith Smith (UoB and BHP Director of Health Services Research), Tanya Pankhurst (UHB) and Ally Davies (BWC) which has examined the shift from face-to-face to remote outpatient consultations during the pandemic, and whether this should be sustained longer term. The team worked with clinicians and managers to explore facilitators of and barriers to sustaining the pandemic use of remote consultations. The evaluation tests the hypothesis that, without specific actions, the shift from face-to-face outpatient consultations during the COVID-19 pandemic may prove to be temporary, and that there will be renewed demand from some patients, policy makers, health managers and clinicians for in-person appointments.

Policy commission focused on 'Effective, Safe and Accessible Medicines in Pregnancy'

BHP supported the 'Healthy Baby, Healthy Mum, Healthy Future' report from a Policy Commission that focused on 'Effective, Safe and Accessible Medicines in Pregnancy'. The launch event in Westminster received significant support alongside media coverage in The Guardian, BBC, BMJ and other media. Subsequent engagement has included meetings with Dame Lesley Regan (Women's Health Ambassador), Baroness Finlay of Llandaff and the Maternity Disparities Taskforce and ABPI. We are working with the Academy of Medical Sciences to develop a FORUM event focusing on developing novel medicines in pregnancy in December 2022, and we continue to engage with Professor Lucy Chappell (Head of NIHR and Director General OLS) to map out a delivery and oversight plan for implementation of recommendations.

BHP's Centre for Regulatory Science and Innovation

BHP has supported the establishment of a Centre for Regulatory Science and Innovation that has led and supported a wide range of national initiatives over the need for evidence-based policymaking in regulation of healthcare and life sciences. These include work underpinning the Regulatory Horizons Council's recommendations to Government on future UK regulation of medical devices; and work with trade associations including CBI, ABPI and ABHI.

Partnership working with outside bodies

Working with outside bodies has helped raise the profile of BHP in recent times:

BHP-Association of the British Pharmaceutical Industry

The ABPI and BHP share the ambition that Birmingham and the West Midlands is recognised as a leading location for translational research of relevance to the wider Pharma sector. We came together to focus on four key regional health challenges that have national and international relevance and that take advantage of the region's combination of expertise, capabilities and integrated translational eco-system to create a genuinely differential offering and potential for significant economic impact. These are:

- Improving cancer outcomes
- Addressing maternal and paediatric health
- Tackling multimorbidity in an ageing population
- Rapid, validated assessment of biological endpoints of new, patient-focussed drug development

We are currently reviewing the relationship with a view to extending it to ensure we maximise impact on the health of our population.

ABPI/CBI/BHP review of West Midlands Life Sciences ecosystem in 2021/22

Regional life sciences innovation clusters are vital to the UK's future as global leader in life sciences. To understand better how the BHP can become the regional health and life sciences cluster for the West and wider Midlands, we worked in partnership with the ABPI and CBI to review the regional offer. The report set out recommendations that if implemented in full, could help ensure BHP plays a significant role in delivering the government's Life Sciences Vision of making UK a leading global hub for life sciences:

1. Attract more R&D investment
2. Address health inequalities
3. Leverage our pandemic response
4. Join up our leadership
5. Develop a clear identity
6. Collaborate effectively

Academy of Medical Sciences/FORUM

BHP is an active participant in the Academy of Medical Sciences FORUM group which provides a neutral and independent platform for individuals from across academia, industry, the NHS and Government, and the charity, regulatory and wider healthcare sector, to meet and take forward national discussions on scientific opportunities, technology trends and associated strategic choices for healthcare. We are working with the Academy of Medical Sciences to develop a FORUM event focusing on developing novel medicines in pregnancy in December 2022.

Forward look 2022/23 and beyond

Following the adoption of a new governance model in March 2020, the last two years have seen the groundwork put in place that will enable BHP to be a more inclusive and effective voice for health and life sciences in our region. We have built a pipeline of shared activity that will start to deliver benefits that extend beyond our members. These includes the following activities:

BHP Rapid Evaluation Service

BHP Rapid Evaluation Service: If the NHS is to achieve effective innovation implementation it will require an evaluation service to determine whether the intervention has been successful which is as agile and flexible as the environment that innovation now inhabits. Drawing upon existing expertise across BHP a programme of evaluation methods will be provided that can be tailored to the bespoke learning and evidence needs of partner organisations and external collaborators.

BHP Research FIRST

Delivered through BHP and the Institute of Translational Medicine (ITM), Research FIRST provides a flexible and innovate approach to supporting non-CTIMP research and other projects (for example, Clinical Audits, Service Evaluations and Management Databases). This service will be offered to all BHP partners.

BHP Health Data Strategy

A BHP strategy for Health Data will be developed to help to strengthen our leadership in how we make effective use of health data.



BHP Seed Fund

The BHP seed fund is intended to pump-prime short-term innovative projects to address challenges common to all parties. The seed fund is intended to foster interdisciplinary innovation through bringing together healthcare professionals, academics, students, innovators/makers and entrepreneurs will build new challenge-focused communities, that look to deliver the initial steps towards implementable solutions. Over thirty expressions of interest have been received and the level of visibility of BHP and our work has been increased across our partners. Awards with be made later this year.

BHP Clinical Trials Working group

The group is working to streamline the clinical trial grant development and setup processes involving UoB and our NHS organisations. In addition to streamlining our processes, the group is creating and implementation of guidelines to support all aspects of clinical trial application development. Its work will help create greater working alignment and cohesion between our organisations and support the development of our investigator community.

BHP Events and Seminars

Following a successful seminar series in 2022, we are planning increased numbers of events, seminars and CPD offers to raise the profile of BHP with both internal and external audiences.

Our shared future

We have developed BHP to the point where it is beginning to demonstrate the benefits of collaboration across our organisations. The addition of new members and the emergence of integrated care systems together with changes in the funder landscape offer new opportunities for BHP to continue to develop and promote our collaborative purpose.

The year ahead will see us undergo a governance and strategy review, the outcome of which will be a critical enabler of how BHP will set and deliver a new strategic framework. This will be focussed on making sure we enhance the ability of our researchers to exploit the outstanding infrastructure that is now in place across the city to deliver innovation and improved outcomes in health care. The Board and Executive are both excited and optimistic about the contribution that BHP will make to addressing the profound health inequalities across the city and region.



Appendix 1

Birmingham Health Partners Board

Member	
Ed Smith	Chair
Prof Adam Tickell	Vice-Chancellor UoB
Harry Reilly	Interim Chair, UHB
Prof Sir Bruce Keogh	Chair, BWC
Prof Michael Sheppard	Chair, WMASHN
Prof Sir David Nicholson	Chair, SWBH
Tim Pile	Chair, ROH
Prof Sir Robert Lechler	Non-Executive Director
Prof David Adams	PVC and Head of College Medical and Dental Sciences
Sarah-Jane Marsh	Chief Executive, BWC
David Rosser	Chief Executive, UHB
Richard Beeken	Chief Executive, SWBH
Jo Williams	Chief Executive, ROH
In attendance	
Dr John Williams	BHP Managing Director
Sarah Turner	Secretariat

Birmingham Health Partners Executive

Member	
John Williams	BHP Managing Director and Chair
Prof David Adams	BHP Director
Dr Kate Bishop	Director of Operations MDS
Prof Tim Jones	Provost UoB
Tim Jones	Chief Innovation Officer UHB

Continued overleaf...

Member	
Hilary Fanning	Director of Research and Development UHB
Matt Boazman	Chief Innovation Officer, BWC
Tony Davis	Chief Executive, WMAHSN
Prof David Carruthers	R&D lead SWBH
Prof Phil Begg	R&D lead ROH
Prof Stephen Jarvis	PVC and Head of College Engineering and Physical Sciences
Prof Mike Lewis	UoB
Dr Clara Day	Medical Director, BSoL Integrated Care System
Prof Lorraine Harper	BHP Director of Research, Innovation and Health Impact
Prof Judith Smith	BHP Director of Health Services Research
In attendance	
Sarah Turner/Karen McNaughton	Secretariat

BHP External Advisory Board

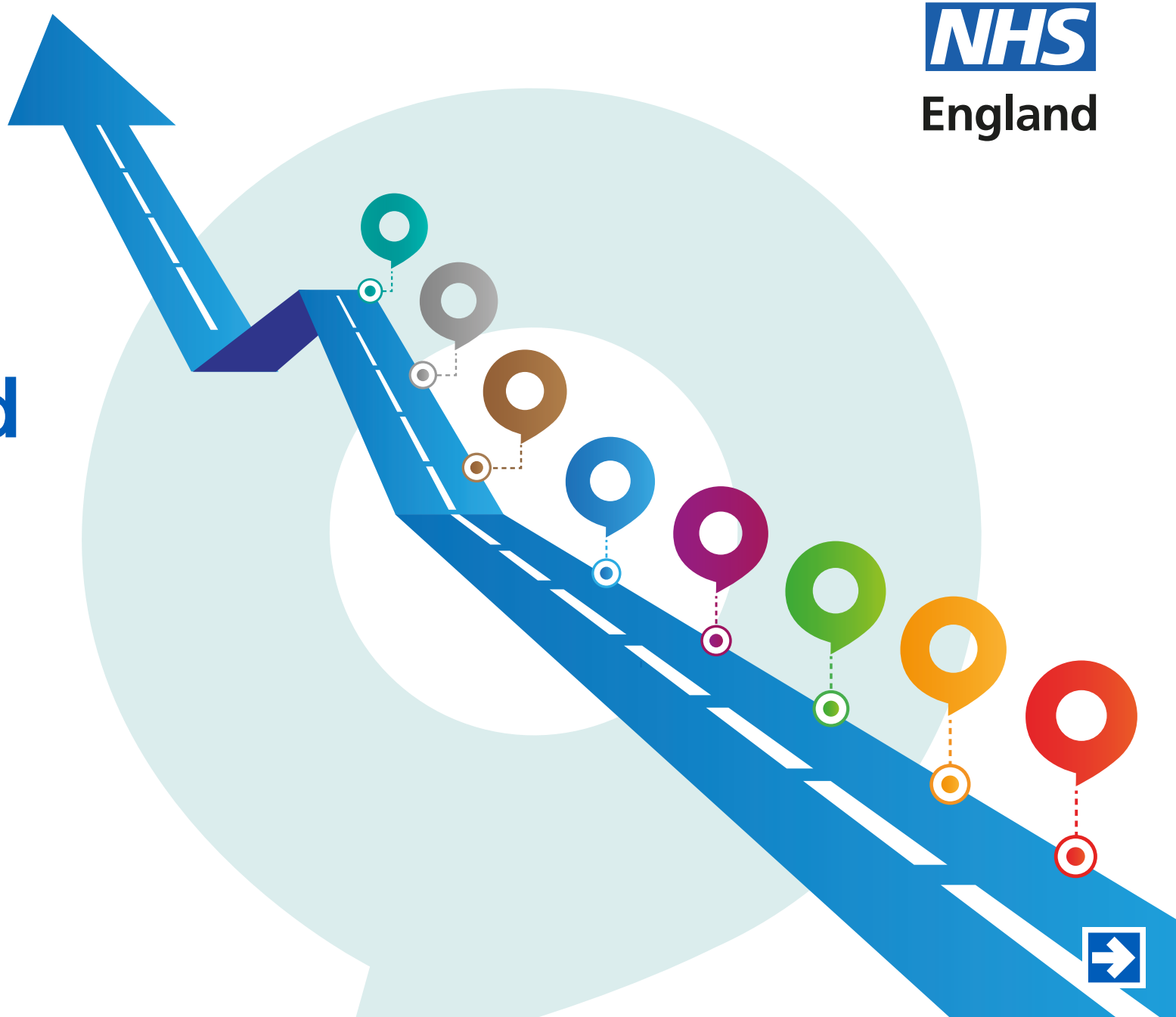
Member	
Prof Sir Robert Lechler	BHP Non-Executive Director and Chair
Larry Turka MD	Chief Scientific Officer, Rubius Therapeutics
Prof Ibrahim Abubakar,	Director of UCL Institute for Global Health
Prof Andrew Morris	Director HDRUK
Prof Anita Charlesworth	Director of Research, The Health Foundation
Prof Reza Razavi	Vice-President and Vice-Principal King's College London
In attendance	
Prof David Adams	BHP Director
Dr John Williams	BHP Managing Director
Sarah Turner	Secretariat



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enquiries@birminghamhealthpartners.co.uk

Operating framework

for NHS England



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Introduction

- **On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing.** This brought together the different partner organisations within an ICS – across the NHS and local government, working with the Voluntary, Community and Social Enterprise sector and other partners – to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.
- The establishment of ICSs and the new statutory framework, means that **NHS England is changing the way that we work (our operating framework) to best empower and support local system partners to deliver on their responsibilities.** This requires a cultural and behavioural shift towards partnership-based working; creating NHS policy, strategy, priorities and delivery solutions with national partners and with system stakeholders; and giving system leaders the agency and autonomy to identify the best way to deliver agreed priorities in their local context.
- As NHS England, **we will focus on what we are uniquely placed to do as a national organisation, increasingly using our resources to provide practical support to colleagues within systems**, in order to deliver on the commitments outlined in the NHS Long Term Plan annual planning guidance, the mandate from government and our statutory responsibilities. We will continue to agree the mandate with government, with input from Integrated Care Boards (ICBs), and then support systems to deliver their part of this. Whilst many of the formal powers and accountabilities that we (or our predecessor national bodies) have held historically will remain broadly the same, it is how we deliver these – the behavioural change - that will be the fundamental difference in future.
- **This document sets out in more detail how we will work as NHS England and with systems.** It outlines our purpose and behaviours, how we will add value, our medium-term priorities and the accountabilities and responsibilities of the different organisations in the NHS, as well as how we will work with our partners across the health and care system. It will inform how we develop as an organisation in order to become more agile and reduce duplication and help the NHS to deliver the priorities identified within the NHS Long Term Plan alongside the actions needed to respond to the pandemic and wider pressures. Regions have been working with their systems to develop ways of working with and in each system to align with the overarching principles of our operating framework and it is intended that this document should further support this. We will continue to evaluate and refine our framework as we implement it.
- **The operating framework will be a key input into the design of the new NHS England.** This will be further developed alongside the operating models and statutory responsibilities of our new partners, Health Education England and NHS Digital, as part of the new NHS England change programme.

What is an operating framework

What is our NHS England operating framework?

- Our operating framework sets out "**how we do things around here**" – the ways of working that will enable us to deliver our purpose. We previously referred to this as our 'operating model' but have changed to 'framework' as it sets out the parameters for how we will work in NHS England.

- There are four core foundations to our new operating framework, these include our:
  Purpose – why we are here
  Areas of value – how we deliver value
  Leadership behaviours and accountabilities – how we work
  Medium-term priorities and long-term aims – what we are working to achieve.

- These foundations in turn underpin how our organisation will be designed and how decisions will be made.

- **The focus of this document is on the core foundations of our operating framework and their influence on the structures and our approach to change.**

Why do we need to change?

- **The changes to our operating framework are part of a cultural reset for the NHS, to reflect the change to system-based approaches to improvement and stronger partnership working.**

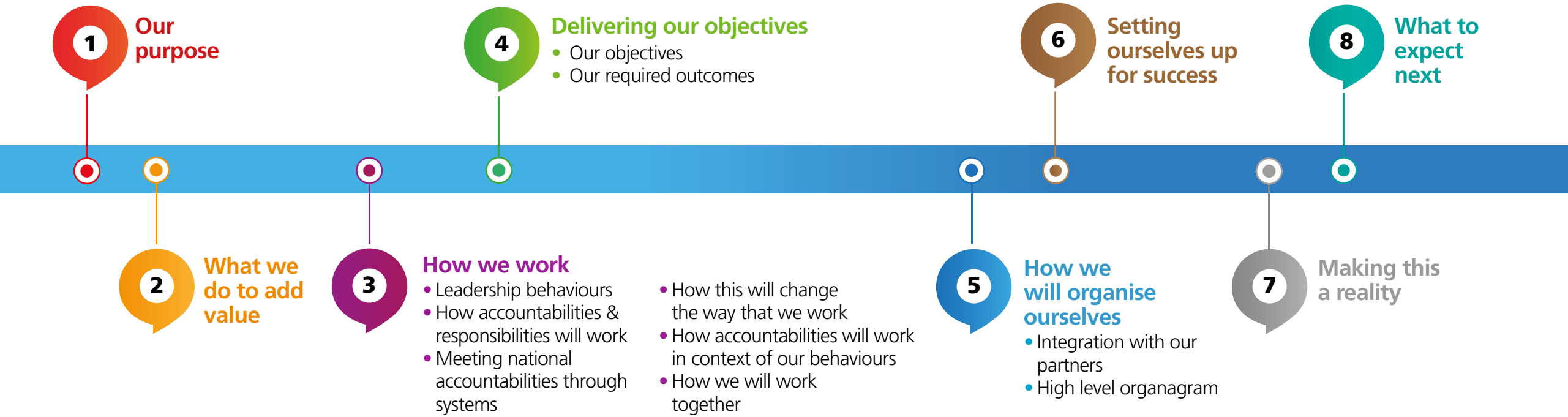
- There are two main reasons for the change:
  1. The need to work and behave differently following the establishment of ICSs and the new statutory framework.

  2. The proposals to create a new organisation by bringing together NHS England, Health Education England and NHS Digital. This will require us to develop a new culture and structural design. We have established a new NHS England change programme to deliver this, with the operating framework a key part of that programme, alongside the operating models and statutory responsibilities of Health Education England and NHS Digital.

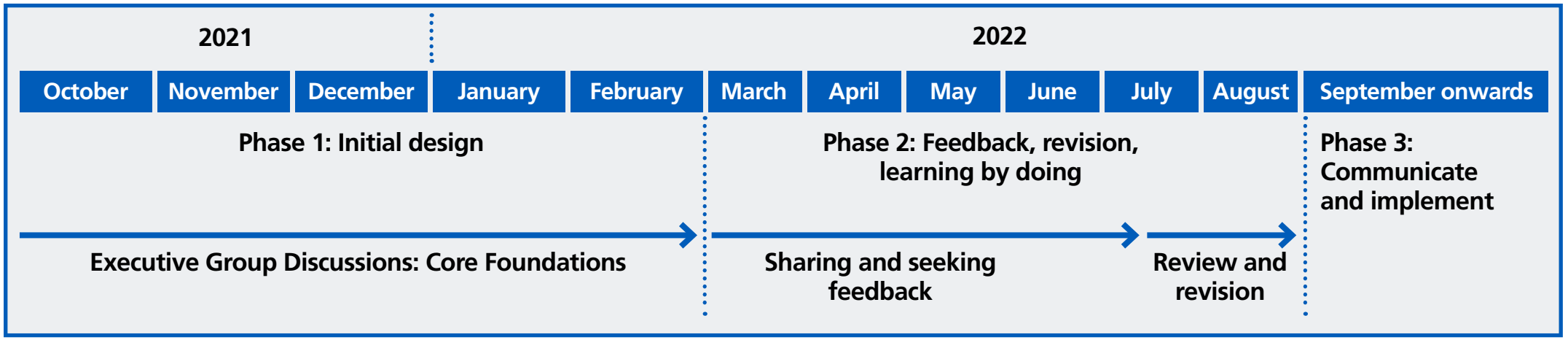
An update on our progress towards developing an operating framework for the new NHS England

To support the changes made in legislation on 1 July 2022, we have been working together as an organisation and with our partners to clarify our role in the new system and how we best deliver our objectives. This document aims to share what we have described to date and work that is yet to be done. Some of these elements, for example, our purpose, have been agreed alongside our new partners Health Education England and NHS Digital, whilst other elements need to continue to be developed together as part of the new NHS England change programme, for example, our behaviours.

The illustration below shows how many elements of our high level operating framework have developed and what we need to do next. **Further detail on each element can be accessed by clicking on the topic of interest.**



Our work to date



- The development of the core foundations of the NHS England operating framework began in 2021, through a series of NHS England and NHS Improvement Executive Group sessions as well as discussions with NHS England and NHS Improvement, Health Education England and NHS Digital Board members.
- In March 2022, we began to seek wider input and have run engagement sessions with almost 300 colleagues both within our organisation and with ICB leaders, provider leaders, local government colleagues and other partners, to capture feedback and refine the operating framework for the new NHS England, supporting the principles of co-creation, inclusivity and collaboration.
- We are now entering the implementation phase, which will focus on embedding these ways of working in all our activities, learning as we are doing this and refining our operating framework further as is needed.
- The operating framework core foundations will be a key input into the design of the new organisation, through the integration of NHS England, Health Education England and NHS Digital.

1. Our purpose

To lead the NHS in England to deliver high-quality services for all.

We will achieve this purpose by:

- **enabling local systems and providers** to improve the health of their people and patients and reduce health inequalities;
- **making the NHS a great place to work**, where our people can make a difference and achieve their potential;
- **working collaboratively** to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care;
- **optimising the use of digital technology, research and innovation**; and
- **delivering value for money.**

Our purpose statement, provides clarity on **what NHS England is seeking to achieve**, this drives both 'what' we do (how we add value and what our priorities are) as well as 'how' we operate (our values, behaviours and accountabilities, and structures). The purpose statement is agreed between NHS England, Health Education England and NHS Digital and will continue to drive our organisation as part of the new NHS England change programme.

2. What we do to add value

To achieve our purpose, we need to be clear on how we, as NHS England, can deliver value to support the wider health and care system. At NHS England, we will focus our activities on eight key ways that we are uniquely placed to add value. Our organisation; **(1) Sets direction; (2) Allocates resources; (3) Ensures accountability; (4) Supports and develops people; (5) Mobilises expert networks; (6) Enables improvement; (7) Delivers services;** and **(8) Drives transformation.**

1: Set direction

- Develop and set national policy and strategy
- Manage relationship with government
- Agree the mandate with government, coordinating input from ICBs
- Determine NHS priorities, subject to the mandate
- Provide thought leadership and subject matter expertise for national priorities
- Provide leadership on NHS contribution to reducing health inequalities

2: Allocate resources

- Work with partners to develop strategy and plans to ensure we have the right workforce capacity across the NHS
- Lead on national workforce innovation
- Set financial structures and incentives
- Be responsible for financial stewardship of the NHS
- Contribute to the UK economy

3: Ensure accountability

- Define accountability structures
- Set standards for performance
- Monitor, assure and hold to account for performance on quality, finance and access
- Assure direct commissioning
- Provide support, guidance and oversight in relation to information processing
- Perform health protection functions

4: Support and develop people

- Establish our leadership culture
- Role model our culture and behaviours
- Create the conditions for a fully inclusive and diverse NHS
- Deliver workforce, training and education functions of Health Education England
- Ensure we have a structured approach to identify leadership talent and support their development

5: Mobilise expert networks

- Bring together expert knowledge to support service improvement
- Support delivery of improved outcomes and provide benchmarks for services
- Enable the spread of best practice
- Secure access to new tests, products and treatments
- Manage relationships across national and professional bodies
- Enable and support the development of systems and ICBs

6: Enable improvement

- Support delivery of quality and operational performance improvement
- Deploy resources to support challenged organisations and systems where required
- Perform regulatory intervention when required and run the Recovery Support Programme
- Provide national services to improve quality or reduce cost

7: Deliver services

- Drive the digital agenda
- Provide specific data and analytics services
- Offer centralised commercial and procurement support
- Commission a number of services directly

8: Drive transformation

- Support delivery of medium-term priorities (e.g. secondary prevention and earlier diagnosis)
- Drive development of key enablers of transformation (for example, digital; diagnostic infrastructure)
- Create the environment for innovation and transformation, including partnership with life sciences industry
- Lead the NHS's contribution to population health and prevention

How each of the component parts of NHS England support Integrated Care Systems and providers in their roles

Regions

- Set direction
- Allocate resources
- Ensure accountability
- Support and develop people
- Enable expert networks
- Enable improvement
- Deliver services
- Drive transformation

- Act as the main voice to ICSs and the primary interaction between NHS England and systems
- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed
- Agree 'local strategic priorities' with individual ICSs
- Provide oversight to ICBs and agree oversight arrangements for place-based systems and organisations
- Develop leadership within ICBs and providers
- Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities
- Develop mechanisms for systematically collating and sharing good practice and lessons learnt
- Manage regional level relationships including, regional government
- Provide support to ICSs to enable delivery

Integrated Care Systems and Providers

National Programmes

- Set direction
- Allocate resources
- Ensure accountability
- Support and develop people
- Enable expert networks
- Enable improvement
- Deliver services
- Drive transformation

- Create the evidence based strategy for transformation
- Act as a central hub of subject matter expertise that can be drawn down
- Articulate the value of change and suggest the most appropriate approach to implementation
- Help ensure national funding is aligned with agreed goals and develop a national approach to resource deployment
- Set expectations and guidance on data standards so that we can measure progress consistently and coordinate a national view
- Ensure people implications are considered
- Manage the programme specific relationships with external stakeholders, e.g. professional bodies, arms length bodies and national charities
- With regions, facilitate supportive interventions to improve performance and outcomes
- Embed digital and data in our programmes
- Develop guidance to support front line services in transforming services

Integrated Care Systems and Providers

Corporate functions

- Set national strategy, priorities and incentives to improve standards of care and reduce unwarranted variation and create the conditions for a fully inclusive and diverse NHS
- Lead and represent the NHS with Government, and nationally with partners and the public
- Work with government to ensure the NHS has the resources it needs, and allocate resources
- Set national frameworks including the Financial Framework; System Oversight Framework; People Plan; Digital maturity expectations etc.
- Account to HM Treasury and Department of Health and Social Care for delivery, performance and mandate progress
- Foster strategic relationships across national arms length bodies, royal colleges and professional bodies
- Foster productive relationships with trade unions and professional bodies, and lead contract negotiations for primary care providers
- Trigger regulatory intervention when required and run the Recovery Support Programme
- Provide technology architecture and policies, operate backbone systems, set minimum standards (for example, in cyber security and privacy) and promote interoperability and reuse
- Directly commission certain services

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

Integrated Care Systems and Providers

3. How we work

Leadership behaviours

To deliver our purpose in the context of system-working will require a new approach not just to 'what' we do but in 'how' we do it. We have set out on the right **12 leadership behaviours** aligned to six key values linked to the NHS Constitution, which can act as a guide for our interactions. **As part of the new NHS England change programme between NHS England, Health Education England and NHS Digital, we will work to develop a shared set of behaviours for the new organisation.**

By consistently living these behaviours we aim in the new NHS England to:

- **Work as 'one team' across the NHS (ICBs, providers and NHS England) with our partners, being collaborative and empowering each other** – but also being clear about who is accountable for what.
- **Seek co-creation and co-ownership** of our strategy, priorities and support offers – both within the NHS team and with partners - and demonstrate collaborative leadership.
- **Be inclusive and value diversity** – make sure that no one feels excluded and listen to all perspectives.
- **Work at pace when appropriate and be agile** – streamlining how we make decisions, avoiding duplication and multiple layers where we can.
- **Learn by doing** – acting, evaluating and continuously improving.
- **Be transparent and honest** – in all our interactions and activities.

Working to improve lives

1. **Driven by the people and communities we serve**
2. **Focussed on clear outcomes**

We are inclusive - everyone counts

3. **Inclusive and diverse**
4. **Collaborating, co-producing, co-owning, being a great partner**

Working as one team

5. **Accountability to role and team**
6. **Trusting and empowering each other**

Getting things done

7. **Working at pace when appropriate, with agility and courage**
8. **Being ambitious and can-do**

Learning and improving

9. **Learning by doing, cycles of change**
10. **Data-driven and evidence-based**

Compassion and respect

11. **Hard on problems and supportive of people**
12. **Transparent, honest and authentic**

How accountabilities and responsibilities will work

The tables below set out the **accountabilities and responsibilities for NHS England, ICBs and providers given the changes to legislation and shift to system based working*.** Whilst this sets out a form of hierarchy, we expect ways of working to be agreed locally so that collaboration is at the fore of transformation in systems.

	NHS Providers	Integrated Care Boards	NHS England
Accountability (What do they need to deliver?)	• Statutory responsibilities for safe, effective, efficient, high-quality services • Effective system working and delivery of their contribution to ICS strategies and plans • Financial performance and requirements set out in NHS planning guidance, including quality and access • Compliance with provider licence, Care Quality Commission standards • Reducing unwarranted variation, especially through collaboratives (collaboratives can support and enable the delivery of some of these accountabilities and responsibilities).	• Effective system leadership which balances immediate and longer term priorities • Overseeing NHS delivery of these strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. • Overseeing the budget for NHS services in their system. • Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties • Work with local authorities to act as the stewards of local population health outcomes and equity.	• Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources • National NHS performance and transformation as set out in NHS mandate and constitution • National and regional NHS contribution to effective system working and delivery • Foster relationship and alignment with government • Stewards of the NHS • Set strategy for the future • Foster productive relationships with partners and major stakeholders.
	Joint plans/contracts		Memorandum of understanding

*This does not capture the full accountability framework for ICSs. The purpose of this document is to set out the operating framework for NHS England and therefore accountabilities and responsibilities are focused on NHS partners.

NHS Providers	Integrated Care Boards	NHS England
Accountability (Who do they 'account'/provide assurance to?)		
Operationally within the NHS: • ICBs for 'business as usual' delivery of services and performance and their agreed contribution to the system strategy & plan • NHS England national commissioners of specialised services • NHS England as regulator (with associated statutory powers) - by escalation/ exception or agreement with ICB • Care Quality Commission for leadership, quality and safety of services. **Locally:** • People, communities and service users; all ICS partners; Foundation Trusts to Board of Governors (and members).	**Operationally within the NHS:** • NHS England, via Regional Directors – including for delivery of the outcomes and priorities expressed in the Joint Forward Plans • NHS England, as regulator (with associated statutory powers) • Care Quality Commision as part of ICS (not as individual organisations) for leadership, quality, safety and integration of services. **Locally:** • People, communities and service users.	• Parliament, via the Secretary of State • People, communities and service users.

Joint plans/contracts

Memorandum of understanding

NHS Providers	Integrated Care Boards	NHS England
Roles (What is done day-to-day?)		
• Delivering services • Setting organisational strategy and plans • Education and training • Monitoring and improving service performance and finance • Working with system partners to deliver wider ICS strategies, plans and shared functions • Research and innovation.	• Working with partners to set system-level strategy and plans • Working with partners to ensure effective arrangements in place across system for joint working to deliver plans, performance, outcomes and transformation • Commissioning, agreeing and managing contracts, delegation and partnership agreements with providers and primary care • Contribute to long term workforce planning • Help inform national goals and mandate • Delivery of Integrated Care Partnership strategies and joint 5 year forward plan.	• Shaping and setting national policy, strategy, plans and priorities for the NHS in England, including in collaboration with ICBs • Providing support for systems and providers to achieve those priorities, including statutory intervention if required • Delivering 'shared services' to the NHS • Providing national oversight and assurance of NHS delivery and performance • Ensuring NHS organisations work effectively with partners at system and place base level.

Joint plans/contracts

Memorandum of understanding

NHS Providers	Integrated Care Boards	NHS England
Role in oversight, support and intervention (Who and what do they oversee?)		
• Self-assessment • Input to regulator assessment • Liaison with / escalation of issues to ICB(s) • Peer review and support.	• First line oversight of health providers across the ICS to oversee performance and contribution to overarching plans • Coordinate/help tailor any support for providers • Assurance/input to regulator assessment • Liaison/escalation of issues to NHS England.	• Oversight of ICBs' delivery of plans and performance • By exception and generally in agreement with ICB - direct oversight of providers' delivery of NHS performance and contribution to effective system working* • Lead on support for organisations in segmentation three and four of our Oversight Framework • Joint working with other regulators e.g. CQC.

Joint plans/contracts

Memorandum of understanding

*Detailed agreement on working arrangements between ICBs and NHS England to be set out in Memorandums of Understanding.

NHS Providers	Integrated Care Boards	NHS England
Specific legal powers in relation to other bodies (Formal or statutory functions)		
• In relation to other providers and partners, as per contracts, delegation and joint working agreements • Agree joint 5 year forward plan and joint capital plan with partner ICB.	• In relation to providers and partners, as per contracts, delegation and joint working agreements • Agree joint 5 year forward plan and joint capital plan with partner trusts.	• Appoint ICB and trust (not Foundation Trust) chairs and Chief Executive Officers • Establish and annually assess each ICB, agree its constitution and any changes to this and determine its allocations • Set financial objectives for systems • Conduct annual assessment of each ICB • Determine the need for enforcement action with respect to ICBs and providers aligned with Oversight Framework and Enforcement Guidance. Interventions with providers will happen with the awareness of the relevant ICB.

Joint plans/contracts

Memorandum of understanding

Meeting national accountabilities through systems

How will we meet national accountabilities?

- **ICBs are responsible for developing and overseeing the implementation of joint strategies and plans with their partners to meet national commitments**, as well as any additional local priorities for health service, social care and public health improvement that are agreed within each ICS strategy and ICB/provider joint forward plan.
- **Individual providers are responsible for delivering safe, effective, efficient, high quality services in line with universal required standards and commitments, their statutory duties and their contracts and agreements with ICBs and NHS England**, and for delivering any agreed wider contribution to implementing the Integrated Care Partnership strategy and joint-forward plan.
- **NHS England is responsible for supporting ICBs, NHS providers and their local partners** to deliver their plans and make their full contribution to the ICS strategy, and for intervening if the NHS's national commitments are at risk or are not being met. NHS England's approach to supporting performance improvement and delivery (for the purposes of improved health of local populations) will be to set clear objectives, ask system and provider leaders to identify how they will best achieve them in their local context and provide or facilitate access to support where needed to address particular challenges. Solutions and support will draw on evidence of best practice and root-cause analysis, with NHS England contributing as a system partner alongside other local stakeholders.
- **NHS England is also responsible to Parliament for NHS performance and has regulatory powers supporting this**. Therefore, while we will not determine the day-to-day working relationships between leaders, it is important to be clear on the formal accountability lines between NHS organisations under the new arrangements. These regulatory powers include the ability to intervene and direct both ICBs and NHS providers that are failing or at risk of failing to meet required standards or perform their functions and duties.

NHS Oversight Framework

- Our national approach to ongoing monitoring of progress and performance against universal NHS standards and commitments and agreed local priorities, for identifying support needs and intervening to secure improvement when required is set out in the **NHS Oversight Framework**.
- The arrangements for applying this within each ICS area will be agreed and set out in a **Memorandum of Understanding** between each ICB and the relevant NHS England regional team, alongside other details of their agreed ways of working. This will provide clarity of oversight arrangements for each provider, avoiding duplication.

How this will change the way that we work

Many of the formal powers and accountabilities that NHS England (or our predecessor national bodies) have held historically remain broadly the same. It is how we deliver these that will be different – some examples of how we will work are outlined on the right, with specific illustrations of the change on the next page.

- **Proportionate and streamlined:** ICBs and NHS England will ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined, and do not create duplication or unnecessary bureaucracy and reporting requirements for providers.
  - NHS England will describe a single set of national priorities, and metrics to track performance against them, in the Oversight Framework and will oversee this through a single mechanism.
- **Devolved:** For both ICBs and their partner NHS providers the primary relationship with NHS England will be through the relevant regional team.
  - Where national teams need to interact directly with ICBs and NHS providers, this will be done in conjunction with the relevant regional team, to ensure interactions are coordinated.
  - The arrangements between regional teams, ICBs and providers will be agreed locally, and set out in the Memorandum of Understanding. This will be discussed and agreed by all partners in the ICB and will be clearly communicated to partners in the system.
- **No surprises:** relationships between NHS England, ICBs and providers will be mature, respectful and collegiate, underpinned with effective lines of communication and a 'one team' philosophy, so there are 'no surprises' regarding the actions of each party.
- **ICB annual assessments:** NHS England has a duty to annually assess ICBs across a number of domains. The first annual assessment of ICBs will be completed in Q1 23/24 and will use a variety of evidence, but a key part of the process will be ICB self-reflection and dialogue between the ICB and NHS England over the course of the year.

How accountabilities will work in context of our behaviours

Below are examples to illustrate how activities might change as part of the new approach. They show how many of the formal powers and accountabilities remain the same, but how we implement them will be different. It is worth noting that how responsibilities and roles are applied will depend on the circumstances and there will need to be some exceptions to the general rule as we implement the new approach and learn as we go.

	From	To
Appointment of Foundation Trust Chair	Accountability and powers: **Trust Governors** Trust Governors have responsibility for appointing the Chair. The appointment process may or may not include external stakeholders.	Accountability and powers: **Trust Governors** Trust Governors continue to have responsibility for the appointment. The appointment processes should consistently seek the views and input of relevant partners, such as ICB leaders (e.g., ICB chair).
Oversight Framework Segmentation (Provider)	Accountability and powers: **NHS England** Oversight of providers carried out by NHS England regional teams and decision on segmentation and support requirements made by NHS England.	Accountability and powers: **NHS England** NHS England will remain accountable for decisions on segmentation and mandated support for providers. NHS England regional teams will oversee ICBs and work with them to advise on provider segmentation decisions. ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at SOF 3. NHS England regional and national teams will lead on support and intervention at SOF 4.

Behaviours

- **Collaborating, co-producing, co-owning, being a great partner.**
- **Accountability to role and team.**
- **Trusting and empowering each other.**
- **Hard on problems and supportive of people.**

How we will work together

Within NHS England, some roles will increasingly focus on providing practical support to colleagues within systems.
The table below outlines at a high-level how different parts of our organisation will function.

Regions	National programme teams	NHS England corporate functions
Focus and ways of working		
Regions will act as the coordinating point between NHS England and systems and the point of access to tailored support and advice. • The central focus of regional teams will be to support local system partners to implement their plans. • Regions will bring together multi-disciplinary teams to inform and co-develop national strategy and policy, working with systems to reflect local realities. They will translate national strategy and policy to fit local circumstances and ensure this addresses local health inequalities and priorities. • Regions will need to work with their systems to develop the ways of working within their region to align with the overarching principles of this operating framework.	**NHS England programme teams will work with and through regional teams to:** • Co-create the evidence based strategy for transformation and improvement for their programme; • Agree expectations on outcomes with and through regions; and • Provide the subject matter expertise that systems can use to support implementation and provide intensive improvement support if needed. We are currently reviewing the national programmes that will form part of the new NHS England in order to streamline activities to ensure more effective coordination and interaction both across NHSE and with systems.	**Regions and programme teams will in turn be supported by NHS England corporate functions.** • These teams will set the overarching strategy, standards and incentives which enable the whole NHS to focus on its core priorities, ensuring support and guidance offered to the system is coherent. There will continue to be things that are best done 'once', such as ensuring the NHS has the staff it needs, modernising how we use technology and data to improve population health and access and NHS-wide campaigns. • Internal corporate support will provide a range of internal advice and support services for the new NHS England, for example, communications and engagement, finance, commercial, governance and legal, HR, estates, corporate social responsibility, corporate IT and internal strategy.

For both ICBs and their partner NHS providers, the primary relationship with NHS England will be through the relevant regional team. National teams will only work directly with ICBs and individual providers to request information or plans, or to offer or mandate support, by agreement with the relevant regional team (other than in exceptional circumstances).

4. Delivering our objectives

Our objectives

In order to deliver our purpose and value-add for the health and care system, **we have set out on the right five transformational priorities for the medium-term (next 3-5 years).** Agreeing medium-term transformational priorities represents a shift in how we operate and will enable us to focus on interim objectives to help frame and achieve our long-term goals. This will also enable us to more effectively address the challenges we face today.

1. STOP avoidable illness & intervene early

I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.

2. SHIFT to digital and community

When I need it, I get the right care in the right place and I don't have to wait too long.

3. SHARE the best

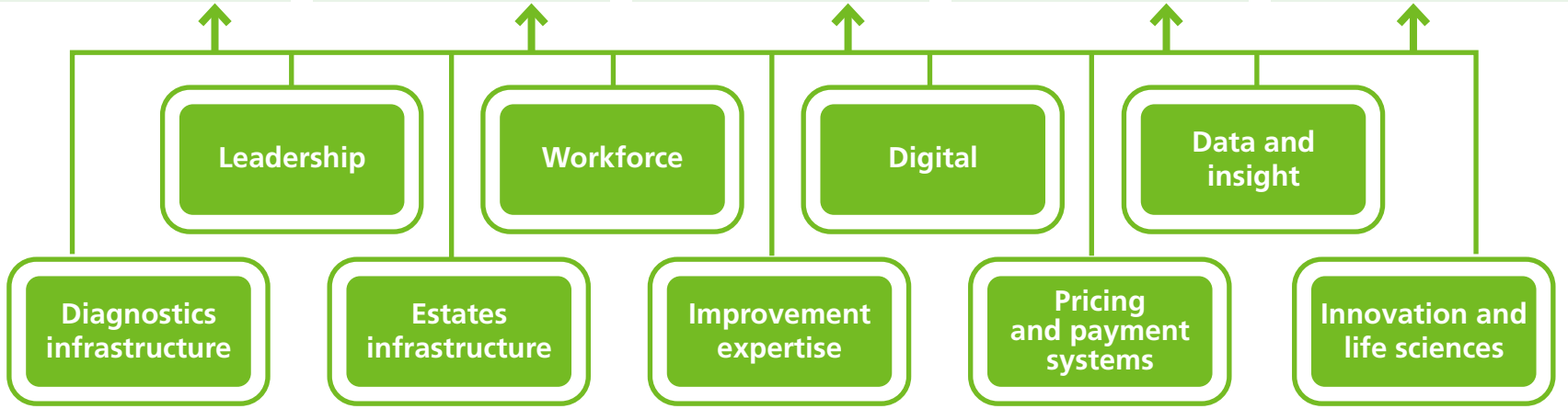
I always get the best of the NHS wherever I am cared for – and I get good value for my money as a taxpayer.

4. STRENGTHEN the hands of the people we serve

I am involved in all decisions about my treatment and care and am more in charge of my own health.

5. SUPPORT our local partners

Everyone works together in my local community to make things better, with me in mind.



The medium-term priorities are underpinned by nine key enablers, which support delivery of each priority.

Each of the five medium-term, transformational priorities contribute to delivery of our urgent priorities and our long-term aims, as illustrated below. As part of embedding these priorities in our activities, measurable outcomes will be aligned to each so that we can monitor delivery over time.

1. **STOP** avoidable illness & intervene early	2. **SHIFT** to digital and community	3. **SHARE** the best	4. **STRENGTHEN** the hands of the people we serve	5. **SUPPORT** our local partners
I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.	When I need it, I get the right care in the right place and I don't have to wait too long.	I always get the best of the NHS wherever I am cared for - and I get good value for my money as a taxpayer.	I am involved in all decisions about my treatment and care and am more in charge of my own health.	Everyone works together in my local community to make things better, with me in mind.

Examples of actions we take to support urgent priorities

- Take action to avoid unnecessary illness and stop conditions escalating now. This should improve access to Urgent and Emergency Care services and outcomes for patients.
- Take action to decompress the acute system now, which should help release acute capacity to support improvements to patient flow.
- Take action to adapt and adopt best practice to improve consistency of care now.
- Take action to provide patients with the information they need to choose the right care in the right place.
- Take action to ensure the successful establishment of new ICSs now.

Examples of actions we take to ensure we keep building towards the long-term

- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.
- Work to build out of hospital capacity and different models for the longer-term.
- Work to build greater standardisation by embedding best practice and separation of urgent and elective care at scale.
- Work to create a fundamental shift in the balance of power to give people more control in shaping their own health and care, enabled by technology and data.
- Work to build strong and sustainable local systems and partnerships.

Our required outcomes

Our six longer-term aims

- **Longer healthy life expectancy**
- **Excellent quality, safety and outcomes**
- **Excellent access and experience**
- **Equity of healthy life expectancy, quality, safety, outcomes, access and experience**
- **Value for taxpayers' money**
- **Support to society, economy and environment**

5. How we will organise ourselves

Integration with our partners

- **The proposed merger of NHS England, Health Education England and NHS Digital on 1 April 2023, provides a unique opportunity to create a 'new' NHS England,** putting workforce, data, digital and technology at the heart of our plans to transform the NHS.

- This operating framework will be a key input into the design of the new combined organisation. **The new NHS England change programme will seek to use the principles of the operating framework to ensure the new organisation maximises the potential of our move to system working; streamlining what we do nationally to give systems the space to lead and ensuring we focus our efforts on what we are uniquely placed to do at a national level.** This will include being clear on interdependencies between regional and national functions in order to deliver our accountabilities.

- Part of our commitment in the creation of a new NHS England is to develop a new culture for the organisation, supported by a set of behaviours which we will co-develop and refine as part of the integration process.

High level organogram

At the top level, the proposed design for the new NHS England will integrate Health Education England and NHS Digital with the NHS England structure, with clear national, regional and internal accountabilities. The top level structure is shown below. Our regions will continue to hold the primary relationship with systems, supporting delivery of priorities locally as well as influencing national policy development by providing local context input.

You can find our latest organogram here.

NHS Chief Executive - Amanda Pritchard

National Directorates

National teams from across the organisations will come together to deliver the core functions of the new NHS England through 10 Directorates.

- Commercial
- Delivery
- Finance
- Medical
- Nursing
- Operations
- Strategy
- Transformation
- Vaccinations
- Workforce, Training and Education

Programmes

Programmes will be consolidated and operate through more streamlined delivery models, facilitated through greater central coordination

Internal Corporate Support

Internal corporate services (for example, Finance, HR, Estates) will be integrated across the three organisations. Support will be delivered through a blend of shared and directorate-aligned functional teams.

Regional Teams

Regional teams from NHS England and Health Education England will be integrated and seven regions will remain. Regions will look for opportunities to transfer more accountabilities to ICB level.

- East of England
- London
- Midlands
- North East & Yorkshire
- North West
- South East
- South West

6. Setting ourselves up for success

We have developed a common framework and discipline for how we approach change programmes in NHS England. As part of our development of the operating framework our Executive identified five components to ensure that these change programmes are successful. We engaged with stakeholders to refine this as part of the operating framework conversations. The output of this is outlined below. The impact of this approach is multiplicative, if one of the five components is zero then the net effect is zero. **We will aim to consistently embed these into our change approaches in future.**

1. Clear direction, priorities and measures of success

- An inspiring goal that puts mission first
- Short-term, medium-term and long-term ambitions, goals and strategy
- Sharp prioritisation and focus ("if everything is a priority then nothing is")
- Clarity in advance on measures of success and expected benefits

.

2. The right leadership and people

- Excellent system leaders
- Co-development with residents, partners and key stakeholders
- Visible clinical leaders with ownership
- Diversity of perspectives
- Design by those who will deliver
- Clear accountabilities
- The right supporting talent
- The right ethos and behaviours

.

3. The right tools, support and resources

- Hyper-local/highly granular data and analytics
- An enabling structure/ subsidiarity/ local ability to act (and authority at level of accountability)
- Improvement skills and resources
- Deliberative engagement with service users
- Digital enablers
- The right culture and tone
- Adequate financial resources

4. Aligned incentives and consequences

- Aligned payment systems/ clear consequences for resources
- Aligned "soft" incentives (e.g., what the culture values)
- Mutually supporting agendas with non NHS partners
- Courage to confront issues of both performance and behaviour

.

5. Effective monitoring, learning & course correction

- Excellent data on progress
- Excellent monitoring processes
- Effective feedback mechanisms and transparency of data to enable sharing of best practice
- Limited "performance management overhead"
- Use of real time learning to course correct and adapt
- Intensive expert support available if required.

7. Making this a reality

We have set out the foundations of our ways of working for the new NHS England; **we now need to consistently embed these ways of working in all our activities and interactions.**

There are a number of objectives that we will implement through the new NHS England change programme:

1. **Doing what only we can do and focusing on how we deliver value**
2. **Adding value at the right place**
3. **Providing a single voice and clearer interactions with the system**
4. **Adapting ourselves to support the development of ICSs**
5. **A simpler and better coordinated organisation**
6. **Integrating the wisdom of frontline services in everything we do**

It will take time to implement these changes and there will be a programme of work to support this over the coming years.

8. What to expect next

- **We have started a programme of work to enable us to deliver our immediate next steps and objectives as part of the new NHS England change programme.** These actions will take place over the coming year ahead of the organisations coming together on 1 April 2023 to form the new NHS England, subject to Parliament's approval of the necessary regulations.
- Whilst the formal merger will take place on 1 April 2023, further work will continue into 2023/24 as we implement an organisation design programme to transform our ways of working.
- This will enable us to add further detail to this document and to develop the operating framework for the new NHS England with Health Education England and NHS Digital, some of which we will start to put into practice before the merger date as we work closely together with our partners. Key amongst these will be in the development of the four high impact areas of cross-cutting design and a revised Executive governance meeting structure.
- An Organisational Development and Transformation programme will be established to support this beyond the merger date, recognising these changes will take time.
- We will evaluate this over time, collaboratively and in partnership with system leaders and stakeholders.

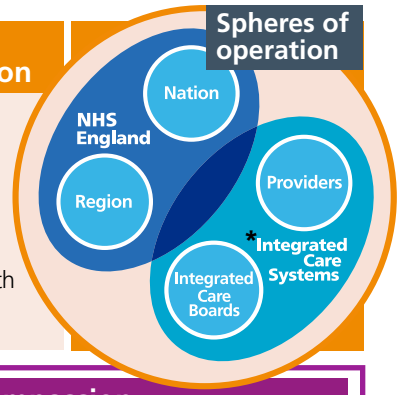
The NHS England operating framework: the foundations

NHS England

1 Why we are here — To lead the NHS in England to deliver high-quality services for all

2 What we do to add value

Set direction	Allocate resources	Ensure accountability	Support and develop people	Mobilise expert networks	Enable improvement	Deliver services	Drive transformation
• Policy and strategy • Relationship with government • Agree mandate • Set annual planning guidance and priorities • Provide leadership.	• Plan workforce strategy with partners • Workforce innovation • Financial structures and incentives • Financial stewardship of NHS • Financial allocation.	• Accountability • Standards • Goals and expectations • Monitoring and assurance • Regulation • Health protection.	• Leadership culture and development • Culture and behaviours • Inclusion and diversity • Training and education.	• Expert knowledge and consensus • Outcomes • Benchmarks • Best practices • New products and services • National stakeholders • System development.	• Support improvement • Deploy improvement support • Intensive support • Regulatory intervention.	• Digital • Data and analytics • Commercial & procurement support • Direct commissioning.	• Medium-term priorities • Transformation enablers • Partner with life sciences • Population health and prevention.



3 How we do it

Leadership behaviours: Working to improve lives | We are inclusive - everyone counts | Working as one team | Getting things done | Learning and improving | Compassion and respect

Accountabilities and responsibilities

Providers	ICBs	NHS England
• Statutory responsibilities for safe, effective, efficient, high-quality services • Effective system working and delivery of their contribution to ICS strategies and plans • Financial performance and requirements set out in NHS planning guidance, including quality and access • Compliance with provider licence, Care Quality Commission standards • Reducing unwarranted variation, especially through Provider Collaboratives.	• Effective system leadership which balances immediate and longer term priorities • Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. • Overseeing the budget for NHS services in their system • Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties • Work with local authorities to act as the stewards of local population health outcomes and equity.	• Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources • National NHS performance and transformation as set out in NHS mandate and constitution • Contribution to effective system working and delivery, including statutory intervention if required • Foster relationship and alignment with government • Stewards of the NHS • Set strategy for the future • Foster productive relationships with partners and major stakeholders.

4 What we need to achieve

Medium term objectives: **STOP** avoidable illness and intervene early | **SHIFT** to digital and community | **SHARE** the best | **STRENGTHEN** the hands of the people we serve | **SUPPORT** our local partners

Outcomes

- **Longer healthy life expectancy**
- **Excellent quality, safety and outcomes**
- **Excellent access and experience**
- **Equity of healthy life expectancy, quality, safety, outcomes, access and experience**
- **Value for taxpayers' money**
- **Support to society, economy and environment**

* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS	
DOCUMENT TITLE:	**Health and Wellbeing including Cost of Living**
SPONSOR (EXECUTIVE DIRECTOR):	**Sharon Malhi, Chief People Officer**
AUTHOR:	**Clare Mair (Head of OD and Inclusion) & Laura Tilley-Hood (Health and Wellbeing Officer)**
DATE OF MEETING:	**21 November 2022**

EXECUTIVE SUMMARY:

This report provides an update to the Council of Governors in relation to the current interventions taking place to support the wellbeing of our colleagues.

Positive assurances

- The Health and Wellbeing Week has been rescheduled to take place from the 14th November 2022 with a variety of interventions planned
- The team are taking steps to ensure that they are visiting areas where it may be challenging for staff to attend events outside of the department – we are taking 'wellbeing to them'
- A broad range of wellbeing support for staff during half term week has been promoted including free events and also places where discounted food is available
- A revised £1 menu is being launched in Café Royale with the view of improving nutrition at reduced cost
- Work is underway to increase Band 2 pay as agreed at the last Trust Board meeting with the view to ensuring that no employee at the Trust is paid below the Living Wage
- Meetings have taken place with VIVUP (Employee Assistance Programme) to review consider ways in which we can increase uptake of support available from the EAP particularly in relation to stress/mental health
- We are currently reviewing our provision of Mental Health First Aiders across the Trust who will solely focus on support for colleagues in times of crisis
- Ground works are underway to install the Trusts first Wellbeing Dome
- We will be receiving our Bronze Award for Thrive at Work in November 2022

Potential risks

- None to report

Current issues

- None to report

Next steps

- Finalise payments for staff on band 2 in relation to the agreement to pay the living wage
- Continue to progress work to formalise the Trusts Health and Wellbeing Strategy
- Ensure that the cost-of-living focus groups continue to take place and we continue to be responsive in relation to ideas and suggestions for support/improvement
- Progress Period Dignity work

- Progress out of hours food provision project

REPORT RECOMMENDATION:

The Council of Governors is asked to NOTE and ACCEPT the report

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

Accept	Approve the recommendation	Discuss
X		

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

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

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

Linked to risks around retention and staff turnover

PREVIOUS CONSIDERATION:

Staff Experience & OD Committee on 26 October 2022 and Trust Board on 2 November 2022

Health and Wellbeing including Cost of Living – Monthly update

Trust Board October 2022

Laura Tilley-Hood
Engagement and Wellbeing Officer

Clare Mair
Head of OD and Inclusion

Health and Wellbeing Week - New date14th – 17th November

Health and Wellbeing Week

Date: November 14 – 17
Time: 10-2pm daily(and see below for other activities)
Location: In the Knowledge Hub

We can come to you! Contact laura.tilley-hood@nhs.net for help with any of the below

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Date	Monday 14 Nov	Tuesday 15 Nov	Wednesday 16 Nov	Thursday 17 Nov	Online: Friday 18 Nov
Freebie	Fresh fruit	Free snacks	Free snacks	Free snacks	Free snacks
Active	• Physio advice and support 12.30-1 Yoga with Jools 4.45-5.15 in the Seminar Room and MS Teams	• Physio advice and support 12.30-1 each day (change of time) • Lunchtime Pilates with Harriet 12-12.30 in the Seminar Room and on MS Teams	• Physio advice and support 12.30-1 each day (change of time) • Bike challenge outside Café Royale 1-3 • Morning Pilates with Harriet 8-8.30 in the Seminar Room or on MS Teams	• Physio advice and support 12.30-1 each day (change of time) • Lunchtime Yoga with Jools in the Seminar Room in the Knowledge Hub and on teams 12.15 – 12.45pm	• Lunchtime walk at midday – meet Amy and Jeeves outside Café Royale
Connect	• Tough Enough to Care – Male's Mental Health • Digital Wellbeing with Stacey • Meet the networks 10-12	• Meet a Health and Wellbeing Champion 12-1	• Meet a Health and Wellbeing Champion 11-12	• Meet a H&WB Champion • Bike Maintenance 10-2 - Bring your bike along for a maintenance check, outside Outpatients by the Amazon lockers. • Digital Wellbeing with Stacey.	• Learn about our staff networks on the Hub.
Give	• Give a values card to a colleague	• Bring in a donation for the ROH Foodbank – drop off in the Knowledge Hub	• Meet the Charity	• Bring in a donation for Rubery Swap Shop	• Bring in a donation for the ROH Foodbank – drop off in the library
Mindful	• Meet a H&WB Champion 11-12	• Hand or shoulder massage	• Mindfulness Session in the Wellbeing Room 7.30-8	• Mental Health First Aiders	• Lead your own mindfulness session with your team or independently, see the Wellbeing Hub for examples.
Learn	• Menopause Support 1-2pm • Cost of Living Support	• Cost of living support	• Cost of living support	• Cost of living support • Learning and Development and Career Pathway 11-2	• Cost of living support, visit the Wellbeing Hub to learn more

Development opportunities!

- Learning and Development Carer Tool Pathway: speak with the team and use the tool
- Apprenticeship: learn more about them and see how the team can help
- Management Skills Programme: take a step towards management and register your interest
- Personal Development Courses: visit the intranet to find out more

For more information, please contact **laura.tilley-hood@nhs.net**

ROH BE WELL STAFF WELLBEING

CONNECT BE MINDFUL GIVE KEEP LEARNING BE ACTIVE

Cost of Living Work



Focus Groups – continuing to run focus groups to engage and share information with colleagues. Slides with cost of living support have been shared on the hub, managers call and weekly wellbeing email. We are currently creating a booklet which is more user friendly with all of the information from the groups for all colleagues by the 7th November. This booklet will be distributed across all departments at the Trust

Stands – Financial Wellbeing Conversations and Handouts

27th April –	**Admin Professionals Day** – Admin Matters
3rd and 5th May –	**Health and Wellbeing Days**
29th June –	**TBALD – Theatres** – all theatre staff approximately 90 colleagues
3rd August -	**Post Graduate Doctors Stand and Fellows** – 12 PGD and 6 Fellows
28th July -	**Northfield Beach** – 65 visitors to stand
11th October -	**National Work Life Week** – Stand outside Café – 25 visits to stand Visited Ward's 1, 2, 3, 4,10,12 Facilities, Pharmacy, PA office, Vaccination Hub, Operation offices and stopped in the in the corridors. 74 views on Hub
10th & 17th Oct-	**Super October in Outpatients** – stand to promote Wellbeing. Leaflets put in staff rooms and visits to induvial pods to talk to staff
14th-17th Nov-	**Health and Wellbeing week** with an increased focus on cost of living

Financial Wellbeing on The Hub (intranet) 173 views

Every three weeks-	**Managers email** – distributed to 228 managers every three weeks
Every week-	**Weekly Wellbeing Email** – distributed to all colleagues

Information shared for Half Term – October

Bizarre Bugs and Creepy Crafts at Botanical Gardens 24th October 2022
Where? Birmingham Botanical, Westbourne Road, Edgbaston, B15 3TR
How much? £7 per ticket. For more information follow the link.

Family Workshop | Celebrate the Seasons: Illuminated Calendars at the Barber Institute 25th October 2022
Where? The Barber Institute of Fine Arts, University of Birmingham, B15 2TS
How much? FREE. For more information follow the link.

Museum of the Moon at Lichfield Cathedral 26th October 2022
Where? Lichfield Cathedral, WS13 7LD
How much? FREE. For more information follow the link.

'Witches and Fairies' Spooktacular Trail at Manor Farm Fruits 29th October 2022
Where? Manor Farm Fruits, Watling Street, B78 3DF
How much? Children £5.50 and Adults £2.50. For more information follow the link.

Halloween Fun at the Coffin Works 30th October 2022
Where? The Coffin Works, 13-15 Fleet Street, Jewellery Quarter, Birmingham, B3 1JP
How much? FREE entry for children in costume (must be accompanied by a paying adult).
For more information follow the link.

Herboween 26th October 2022 12-4pm
Where? Herbert's Yard, 49 Austin Way, Longbridge. (Digbeth Dining Club C.I.C)
How much? FREE (donations welcome)
Crafts, food, workshops and disco for children.

Information shared for Half Term – October



Eat DRINK AND be SCARY

PLACES WHERE KIDS EAT FREE (OR FOR £1) DURING THE OCTOBER HALF TERM 2022

COURTESY OF MONEY SAVING CENTRAL

ASDA CAFE
Kids eat for £1 all day, every day with no adult spend until the end of 2022

TOBY CARVERY
The Kids Eat For £1 offer will be available from October 24th to 28th with the App

FRANKIE & BENNY'S
Adults Eat Free with every under 11 child throughout all the UK Half terms

PAUSA CAFE @ DUNELM
Kids get 1 mini main, 2 snacks & a drink FREE with every £4 spend after 3pm

WHITBREAD INNS
Two kids under 16 eat for FREE with every adult breakfast purchased

FUTURE INNS
Under 12's eat for free with any adult meal. During the school holidays

TABLE TABLE
Two children under 16 can get a free breakfast every day with one paying adult!

THE REAL GREEK
Kids eat FREE every Sunday for every £10 spent by an adult

SIZZLING PUBS
Every Monday to Friday, 3 - 7pm, kids' mains are £1 with every adult meal.

BEEFEATER & BREWERS FAYRE
Two children under 16 can get a free breakfast every day with one paying adult!

TESCO CAFES
Kids Eat Free with any purchase of fresh fruit by an adult throughout all the UK Half Terms

MORRISONS
Spend £4.99 after 3pm daily & get one free kids meal (usually all day during half term)

HUNGRY HORSE
Kids eat breakfast free with every adult breakfast, daily from 9am - 12pm.

PRETO
Kids up to age 10 eat free all day, every day with paying adults at Preto during Half Terms

FARMHOUSE INNS
Kids eat for £1 when you sign up to their email list before October 26th 2022

YO! SUSHI
Kid's eat free all day, Monday to Thursday until 29th October 2022

SA BRAINS PUBS
Children can eat for £1 with any adult main. Only valid Wednesdays but on all day

IKEA
From October 11th kids get a meal for 95p or £1.50 from 11am - All day, every day.

ANGUS STEAKHOUSE
One free children's meal per paid adult meal 12-5pm daily throughout the holidays

BELLA ITALIA
Children eat for £1 with any adult main. The offer is valid 4-6pm Monday to Thursday

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Future plans



Health and Wellbeing Week – Monday 14th – Thursday 17th November
Wellbeing support, cost of living information, physio information, bike challenge, staff networks, fitness classes, step challenge, men's charity, menopause support, freebies and more.

Café Royale
New £1 food option available for autumn, awaiting menu.
Colleagues in Café Royale have created Budget Meal Recipe Cards for colleagues, these will be launching and shared at the H&WB Week

Out of Hours Food Provision
Exploring with the charity around subsidisation of a meal for colleagues who work out of hours. This would be a complete frozen meal which can be stored in a freezer.

Cost Of Living Focus Groups
Groups to continue, next one 10th November and continue to share wellbeing financial support to all colleague in different formats

Sharing information :
To share Wellbeing information (including financial) to colleagues via comms, Weekly Wellbeing, Managers Calls, team meetings, posters and Team Brief. To also ensure the information is shared with job applicants and also as part of the 100 days programme.

Period Dignity:
Comparing menstruation products/services from different companies to find the best option for colleagues. We are looking to provide free products for colleagues in need.

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

DOCUMENT TITLE:	**Changes to NHS Governance Guidance**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Trust Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Governance**
DATE OF MEETING:	**21 November 2022**

EXECUTIVE SUMMARY:

In May 2022, NHS England announced that given the introduction of the Integrated Care Systems as a result of the revisions to the Health and Social Care Act, it was planning to propose some changes to the 'Code of Governance for NHS Provider trusts' and to also set out some recommended amendments to its guide 'Your Statutory Duties – A Guide for NHS Foundation Trust governors'. Finally, NHS England published 'draft guidance on good governance and publication'.

This paper summarises the changes to the 'Your Statutory Duties – A Guide for NHS Foundation Trust governors'.

REPORT RECOMMENDATION:

The Trust Board is asked to:

- RECEIVE and ACCEPT the update on the new national guidance on the role of the governor
- SUPPORT the proposal to receive a 'comply or complain' assessment detailing the Trust's position against the guidance at the January 2023 meeting

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

The receiving body is asked to receive, consider and:

Note and accept	Approve the recommendation	Discuss
x		

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

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

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

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

Requirement to adhere to the legal obligations under the terms of the Health and Social Care Act 2022.

PREVIOUS CONSIDERATION:

Trust Board in September 2022.

FOR INFORMATION

Changes to NHS Governance Guidance – Addendum to 'Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors'

BRIEFING TO THE COUNCIL OF GOVERNORS – 21 NOVEMBER 2022

1.0 Introduction

1.1 In May 2022, NHS England announced that given the introduction of the Integrated Care Systems as a result of the revisions to the Health and Social Care Act, it was planning to propose some changes to the 'Code of Governance for NHS Provider trusts' and to also set out some recommended amendments to its guide 'Your Statutory Duties – A Guide for NHS Foundation Trust governors'. NHS England also published 'draft guidance on good governance and publication'.

1.2 These draft documents and proposed amendments to the Your Statutory Duties – A Guide for NHS Foundation Trust governors' were published for consultation over the summer with the final update published on 27 October 2022.

1.3 This paper summarises the proposed changes and the new guidance.

2.0 'Your Statutory Duties – A Guide for NHS Foundation Trust governors'

2.1 The addendum to current guidance seeks to place the legal duties of councils of governors into the context of system working. It also provides clarity on three key functions of the governors: holding the non-executive directors (NEDs) to account for the performance of the board; representing the interests of trust members and the public; and approving or not, significant transactions, mergers, acquisitions, separations or dissolutions.

2.2 The addendum has two main sections in addition to the introduction: a) Updated considerations for the statutory duties of councils of governors and b) Working with the board.

2.2.1 *Section 1*, the introduction, addresses the rationale for updating the addendum. It explains what ICSs and Integrated Care Boards (ICBs) are and stresses that **the success of trusts and foundation trusts will be heavily influenced by their contribution to system working**. It emphasises how governors can support their foundation trust's contribution to a system by forming a rounded view in representing the interests of the public. It proposes that to support collaboration and system working **councils of governors will need to form a view of the interests of the public within a broader area than their immediate catchment area**.

2.2.2 *Section 2* 'Updated considerations for the statutory duties of councils of governors' stresses that '**holding to account'** does not mean that governors need feel they must

question every decision or plan, rather that 'holding to account' is one of assurances of the performance of the board and that therefore councils should assess key areas of enquiry and provide appropriate challenge on the following:

- whether due process is being followed
- whether the interests of the members and of the public are being considered in an appropriate manner
- whether there is evidence that the trust is at significant risk of breaching the conditions of its licence

The section makes it clear that holding to account is not about the performance of individual directors, nor performance management of the Board but it is the Council's role to:

- To consider the board's account of its performance against the criteria that the council has agreed with the board and based on the conditions in the provider licence.
- To question the board on its account and feedback in a considered manner based on the evidence presented (asking for more evidence if necessary and reasonable).
- In extreme cases, to raise difficult issues and, after listening to the account of the board, to consider contacting NHS England if it forms a reasonable belief that the trust is in danger of breaching the terms of its licence

This section also takes the opportunity to re-emphasise the need for councils to take a **broader view of the public interest** than just their constituencies or views of the public in their immediate area.

This section finally sets out the legal considerations and reassesses the **council's role in terms of transactions**, given the fact that all of the powers and duties of the trust must be exercisable by the board. The emphasis in this section is for councils to ensure that the board has followed due process, carried out due diligence and has engaged appropriately with the public, service users and system partners. As long as this has happened, the guidance proposes that councils should not unreasonably withhold their consent for a proposal to go ahead.

2.2.3 *Section 3* 'Working with the board' covers **key relationships and roles** however its key focus is on a suggestion that **the key relationships for governors with regard to system working, are with the chair and the chief executive of their trust**. It suggests that the chair should facilitate lines of communication and engagement between the ICB, the Integrated Care Partnership (ICP) and the council of governors. The rest of the advice in the section centres around the trust providing the council with information and briefings on system plans, decisions and delivery.

3 Next steps

3.1 An initial view of the way in which the Trust would meet its obligations under the supplementary guidance for governors suggests that the Trust is well placed to

comply. The Board, Committees and Council agendas and discussions already address a number of the additional or changed requirements.

3.2 To provide to the Council of Governors and Board additional assurance on the Trust's ability to comply with the new requirements, is proposed that a more detailed gap analysis is prepared using the established 'Comply or Explain' model for the Board to consider at its February 2023 meeting and the Council of Governors in January 2023. This will also detail any remedial or planned action that the Board will be asked to consider supporting in order to meet the new requirements.

4 Recommendation

4.1 The Trust Board is asked to:

- RECEIVE and ACCEPT the update on the new guidance around governor responsibilities.

- SUPPORT the proposal to receive a 'comply or explain' assessment detailing the Trust's position against the guidance at the January 2023 meeting

Simon Grainger-Lloyd
Director of Governance
16 November 2022

Classification: Official

Publication reference: PR2077

NHS England

Addendum to Your statutory duties – reference guide for NHS foundation trust governors

System working and collaboration: role of foundation trust councils of governors

27 October 2022

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Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

About this document

This addendum supplements existing guidance for NHS foundation trust governors and explains how the legal duties of foundation trust councils of governors support system working and collaboration.

Key points

- This addendum is based on the existing statutory duties in the 2006 Act, and the principles regarding collaboration and system working in the June 2021 Integrated care systems: design framework.
- To support collaboration between organisations and the delivery of better, joined-up care, councils of governors are required to form a rounded view of the interests of the 'public at large'.
- Updated considerations are set out in respect to the following legal duties of councils of governors: holding the non-executive directors to account, representing the interests of trust members and the public, and approving significant transactions, mergers, acquisitions, separations or dissolutions.
- This addendum only applies to a council of governors' statutory role within its own foundation trust's governance.

Action required

- NHS England expects councils of governors to act in line with the principles in this addendum.

Other guidance and resources

- Integrated care systems: design framework
- Working together at scale: guidance on provider collaboratives
- The wider suite of Integrated care systems: guidance

1. Introduction

This addendum to NHS England's Your statutory duties: A reference guide for NHS foundation trust governors (the guide for governors), originally published by Monitor, explains how the duties of NHS foundation trust councils of governors support system working and collaboration, and provides examples of good practice. It supplements (rather than replaces) the guide for governors, and the two documents should be used in conjunction.

The guide for governors lays out the statutory duties of NHS foundation trust councils of governors, as provided by the National Health Service Act 2006 (the 2006 Act) and amended by the Health and Social Care Act 2012. It is written for councils of governors (rather than trust boards). The legislation applies to councils of governors as a whole, not individual governors. Councils have no powers of delegation, so they can only take decisions in full council.

There is no change to the statutory duties for councils of governors, as outlined in the 2006 Act. For more details on any of the NHS foundation trust councils of governors' statutory duties and powers, please refer to the legislation or contact your trust secretary.

This addendum is based on the statutory duties in the 2006 Act and the principles regarding collaboration and system working in the June 2021 Integrated care systems: design framework and the Health and Care Act 2022. NHS England expects councils of governors to act in line with the principles in this addendum.

This addendum only applies to a council of governors' role **within its own foundation trust's governance**. It does not relate to the governance of the boards of integrated care boards (ICBs).

1.1 What has changed and why?

Background

A great deal has changed since the guide for governors was last updated in August 2013. With the publication of the NHS Long Term Plan (a 10-year plan outlining the

future of the NHS) in January 2019, the NHS set out its ambition to develop new ways of working based on the principles of co-design and collaboration.[1]

These principles are not new to the NHS, as 'working together for patients' has been a core part of the NHS Constitution since 2012. However, the importance of different parts of the health and care system working together in the best interests of patients and the public has been starkly demonstrated during the COVID-19 pandemic. The immediate and long-term challenges facing the NHS, such as an ageing population, increased demand for services and health inequalities, can only be solved by organisations working together and putting patients, service users and populations at the heart of decision-making.

A key milestone in achieving this was the establishment of integrated care systems (ICSs) across England. ICSs bring local health and care organisations together to deliver the priorities for the health and care system, including complying with the triple aim of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.[2] They do this over the defined geographical area, and depend on NHS organisations, local authorities and other partners that deliver health and care services working together to plan care that meets the needs of their population. This approach is often called 'system working'.

The Health and Care Act 2022 has removed legal barriers to collaboration and integrated care and put ICSs on a statutory footing by establishing for each ICS:

- An integrated care partnership (ICP), a statutory joint committee of the ICB and the responsible local authorities in the ICS, bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. Each partnership has been established by the NHS and local government as equal partners and has a duty to develop an integrated care strategy proposing how the NHS and local government should exercise their functions to integrate health and care and address the needs of the population identified in the local joint strategic needs assessment(s).
- An ICB, which brings the NHS together locally, to improve population health and care; its unitary board allocates NHS budget and commissions services, and – having regard to the ICP's integrated care strategy – produces a five-year joint

[1] NHS Long Term Plan, p110, 7.1.
[2] Integration and innovation: working together to improve health and social care for all p23, 3.11.

plan for health services and annual capital plan agreed with its partner NHS trusts and foundation trusts.

The ICP and ICB, together with other key elements of the new arrangements including place-based partnerships and provider collaboratives, will bring together all partners within an ICS.

As ICSs develop, organisations are not only expected to provide high-quality care and manage their own finances, but to take on responsibility for wider objectives relating to NHS resources and population health jointly with other providers. This means that system and place-based partnerships will plan and co-ordinate services in a way that improves population health and reduces inequalities.

The success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver safe, effective care and effective use of resources.[3] Trusts are also expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall.[4]

Forming a rounded view in representing 'the public'

The 2006 Act provides councils of governors with their statutory duties. Within those duties, councils of governors are legally responsible for representing the interests of the members of the NHS foundation trust and the public.[5]

While the meaning of 'the public' is not specified in legislation, councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the public within the vicinity of the trust or those who form governors' own electorates.

To support collaboration between organisations and the delivery of better, joined-up care, councils of governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which the NHS foundation trust is part. No organisation can operate in isolation, and each is dependent on the efforts of others.

[3] Integrated care systems: design framework, p30.
[4] NHS Long Term Plan, p112, 7.9.
[5] Paragraph 10A(b) of Schedule 7 to the NHS Act 2006.

While staff governors and patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public. Therefore, they are required to seek and form a view of the interests of the 'public at large'.

This expectation also extends to appointed governors.[6] The continued expectation of appointed governors is that they will work to further the relationship between their own organisation and the NHS foundation trust, but do so within the context of the system, of which they are part.

There is no requirement for trusts to appoint a governor from an ICB; however, they are free to do so, if they wish.

2. Updated considerations for the statutory duties of councils of governors

The statutory duties of councils of governors have not changed, and governors should not anticipate any material change to their day-to-day role.

However, the NHS' move to a new way of working will affect what councils of governors need to consider when performing their statutory duties. Councils of governors will need to be assured their foundation trust board has considered the consequences of decisions on other partners within their system, and the impact on the public at large.

This section provides clarity on the three statutory duties that will be most affected by the transition to system working, setting out additional considerations for each duty, that reflect the new context trusts are operating in:

a. Holding the non-executive directors individually and collectively to account for the performance of the board of directors.
b. Representing the interests of the members of the NHS foundation trust and the public.

[6] At least one governor is required to be appointed by a qualifying local authority and at least one by a university if the hospitals include a medical or dental school provided by a university. A foundation trust can decide whether to have any further appointing organisations, specifying as such in its constitution.

c. Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions.[7]

Chapter 3 of the guide for governors gives the complete statutory duties and powers of the council of governors.

2.1 General duties of the council of governors (Chapter 4 of the guide for governors)

a. Holding the non-executive directors to account

What are the legal requirements?

The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.

General considerations

The guide for governors stipulates: “Holding the non-executive directors to account for the performance of the board does not mean the governors should question every decision or every plan. The role of governors in ‘holding to account’ is one of assurance of the performance of the board.”[8] It suggests that the council of governors should therefore assess what it believes are the key areas of enquiry and provide appropriate challenge. These could be for example:

- due process is not being followed
- the interests of the members and of the public are not being appropriately represented
- the trust is at risk of breaching the conditions of its licence.

Councils of governors may not always agree with the decisions taken by the directors, and directors do not always have to adhere to the council’s preferences. However, the board of directors, as a whole, does have to give due consideration to the views of the council of governors, especially in relation to matters that concern the interests of the members of the NHS foundation trust and the public.[9]

[7] Your statutory duties – a reference guide for governors, p19.
[8] Your statutory duties – a reference guide for governors, p28.
[9] Ibid.

Chapter 4, section 4.1 of the guide for governors gives a complete description of this duty.

What is the role of councils of governors?

Overall responsibility for running an NHS foundation trust lies with the board of directors, and the council of governors is the collective body through which directors explain and justify their actions. Holding to account is therefore not about the performance of individual directors, nor performance management of the board – that is, the council's role is as follows:

1. To consider the board's account of its performance against the criteria that the council has agreed with the board and based on the conditions in the provider licence.
2. To question the board on its account and feedback in a considered manner based on the evidence presented (asking for more evidence if necessary and reasonable).
3. In extreme cases, to raise difficult issues and, after listening to the account of the board, to consider contacting NHS England if it forms a reasonable belief that the trust is in danger of breaching the terms of its licence.

Updated considerations for governors to discuss with their trust's board regarding system working

1. The success of an individual foundation trust will increasingly be judged against its contribution to the objectives of the ICS. This means the board's performance must now be seen in part as the trust's contribution to system-wide plans and their delivery, and its openness to collaboration with other partners, including with other providers through provider collaboratives. In holding non-executive directors to account for the performance of the board, NHS foundation trust councils of governors should consider whether the interests of the public at large have been factored into board decision-making, and be assured of the board's performance in the context of the system as a whole, and as part of the wider provision of health and social care.

   Councils of governors are permitted to demonstrate the interests of the public at large to the board if they feel that the board is not operating in the public's

interests. (For further detail, please see Section 2.1b: Representing the interests of trust members and the public.)

2. Consideration should also be given to how the trust board's decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources, as well as the role the trust is playing in reducing health inequalities in access, experience and outcomes.

3. The statutory duties of councils of governors have not changed, and the relationship of councils of governors remains with their own foundation trust board, the ICB or any other part of the system(s) their trust operates in. It remains the case that if governors are acting outside the context of a council meeting they do so solely as individuals, ie outside their statutory role as governor.

Illustrative scenario 1: A council of governors considers the role the NHS foundation trust has played within the ICS in holding the non-executive directors to account for the performance of the board

To hold the non-executive directors to account, the council of governors may already have a number of approaches in place, including:

1. Observing the contributions of the non-executive directors at board meetings and during meetings with governors.
2. Gathering information on the performance of the board against its strategy and plans.
3. Receiving the trust's quality report and accounts and questioning the non-executive directors on their content.

These allow the council of governors to determine its key areas of concern and provide appropriate challenge.

The council of governors is mindful that NHS England has now set a clear expectation that NHS foundation trusts will collaborate effectively with system partners to co-design and deliver plans, and that the failure of a trust to do so may be treated as a breach of governance licence conditions.

To form a view about the trust's contribution to system performance and development, the council of governors may need to adapt its approaches.

1. Seeking to understand the arrangements for the trust's contribution to shared planning and decision-making forums – eg system and place-based arrangements and provider collaboratives – and how the interests of patients and the public are considered.

2. Requesting information on the ICP's integrated care strategy and the ICB's five-year joint plan from the board to understand how the trust's plans relate to overarching system development.

3. Requesting information on the ICB's performance from the board to understand how the trust's performance relates to that of its system.

4. Receiving assurance from non-executive directors that the board's decisions comply with the triple aim duty – better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources – and have the opportunity to question the non-executive directors about this.

The trust is expected to ensure that the council of governors is provided with appropriate information, and that the governors are given opportunities to meet the board to raise questions about the trust's role within the system, or systems, of which it is part.

b. Representing the interests of trust members and the public

What are the legal requirements?

Under the 2006 Act, councils of governors have a duty to represent the interests of the members of the NHS foundation trust and the public.

General considerations

The general duty to represent the interests of members and the public includes (but is not limited to) all other statutory duties that councils of governors are expected to fulfil, and should underpin all elements of their role as outlined in the guide for governors and the NHS foundation trust's own constitution. The council of governors should therefore interact regularly with the members of the trust and the public to ensure it understands their views, and to clearly communicate information on trust and system performance and planning in return. However, governors should take care to disclose only those matters that the trust considers non-confidential.[10]

Councils of governors must be mindful that a number of different bodies and organisations (such as Healthwatch) represent the interests of the public, and governors should therefore work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.

It should be noted that while staff, patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public at large.

Chapter 4, section 4.2 of the guide for governors gives a complete description of this duty.

Updated considerations for governors to discuss with their trust's board regarding system working

1. Each ICB will be expected to build a range of engagement approaches into its activities at every level, and to prioritise engaging with groups affected by health inequalities in access, experience and outcomes, in a culturally competent way. This will be supported by a legal duty for each ICB to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements, and by a continuation of existing foundation trust duties relating to patient and public involvement, including the role of foundation trust governors.
2. Councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the

[10] Your statutory duties – a reference guide for governors, p31.

public within the vicinity of the trust or those who form governors' own electorates. To discharge this statutory duty, councils of governors are required to take account of the interests of the 'public at large'. This includes the population of the local system of which the trust is part.

3. **There is no expectation that the way governors undertake this duty should materially change.** However, councils of governors should be assured that their trust is engaging widely, and when engaging with the public themselves, councils of governors need not limit their engagement to the public and patients in their electorate or personal networks. They may also work with their board to consider how best to engage with other bodies and organisations in their system that represent the interests of the public at large (such as voluntary sector organisations and Healthwatch). Governors must also adhere to their trust's communications or media policies when engaging and communicating with the public.

4. In some cases, councils of governors will need to consider the interests of patients and the public in other parts of their system and beyond their own ICS. This can be because the trust:

    a. is located within a large ICS or is geographically distant from other system partners

    b. has a specialist service footprint

    c. is near a geographical boundary and may provide services to members and patients from other ICSs

    Governors should work with their board to consider how to represent the interests of the public across a wide geographical footprint or in other ICSs.

Illustrative scenario 2: An NHS foundation trust and its council of governors work together to strengthen mechanisms by which the council of governors can consider the views of the wider public

The council of governors may already have various ways through which it engages with members and the public. These may include governor drop-in events where members and the public can meet governors, a dedicated page on the foundation trust's website to share information and surveys to gather members' and the public's views. The council of governors may also have agreed routes for feeding views back to the board, such as regular reports or presentations at council meetings.

To strengthen mechanisms to consider the views of the wider public, the council of governors should take additional steps:

1. Working with the trust to use technology to engage with members and the public. This could include adding to face-to-face interactions with virtual engagement via online events, which could improve accessibility for some patient cohorts and the public.

2. Considering how it can engage with other stakeholders that have a role in promoting the interests of patients and the public, eg local branches of Healthwatch and voluntary sector organisations. Governors may also work with their trust to build relationships with organisations that can help gather the views of seldom heard groups.

3. Asking for information on how the trust intends to address health inequalities in both its own plan and contributing to that for the wider system. This could be supplemented as appropriate with the population health data (eg demographics and deprivation data) that underpins the ICB's planning, including the identification of unmet need. This helps the council of governors understand the impact of action taken by the trust to address health inequalities.

4. If the trust's footprint is wide, or even extends beyond its ICS (because it sits in a large ICS, provides specialist services or sits on a geographical boundary), the council of governors might work with its board to consider how best to represent the interests of members and the public; for example, by:

a. being aware of how the trust's services are used and accessed

b. being assured that the trust has considered the impact of any changes or decisions on the public using its services, irrespective of what system they are in

c. being assured that the trust has assessed the impact of its decisions on the care being provided to patients across the ICS.

2.2 Taking decisions on significant transactions, mergers, acquisitions, separations and dissolutions (Chapter 10 of the guide for governors)

c. Approving significant transactions, mergers, acquisitions, separations or dissolutions

Chapter 10 of the guide for governors explains what a 'significant transaction' is.

It may also be helpful to refer to Appendix 10: Legal and regulatory requirements for transactions of the Transactions guidance[11] for a more detailed and operational definition.

What are the legal requirements?

Under the 2012 Act:

- **More than half the members of the full council of governors of the trust voting** need to approve the foundation trust entering into any significant transaction, as specified in the trust's constitution. This means more than half the governors who are in attendance at the meeting and who vote at that meeting.
- **More than half the members of the full council of governors** must approve any application by the foundation trust to merge with or acquire another trust, to separate the trust into two or more new NHS foundation trusts or to dissolve the trust. This means more than half the total number of governors, not just half the number who attend the meeting at which the decision is taken. If the other party

[11] Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction.[12]

What are councils of governors asked to take a decision on?

The 2006 Act states that the foundation trust's constitution "must provide for all the powers of the organisation to be exercisable by the board of directors on its behalf".[13] As such it is the board of directors that must decide whether a transaction should proceed.

Councils of governors are responsible for assuring themselves that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction (that is, has undertaken due diligence), and that it has appropriately considered the interests of members and the public as part of the decision-making process.[14] As long as they are appropriately assured of this, governors should not unreasonably withhold their consent for a proposal to go ahead.[15] They should consider the implications of withholding consent in terms of the key risks the transaction was designed to address.

Given councils of governors have no power of delegation, they can only make decisions in full council. Hence, they should attempt to reach a consensus based on the broad views of the council members. In common with boards of directors, they should not allow themselves to be unduly influenced by the views of individuals, but instead should attempt to ensure that all voices are heard and considered.

The council of governors must obtain sufficient information from the board of directors on the proposed significant transaction, merger, acquisition, separation or dissolution to make an informed decision.[16]

Chapter 10 of the guide for governors gives a more complete description of this duty.

[12] Your statutory duties – a reference guide for governors, p60.
[13] Paragraph 15(2) of Schedule 7 to the NHS Act 2006.
[14] Your statutory duties – a reference guide for governors, p63–4.
[15] Ibid.
[16] Ibid.

Updated considerations for governors to discuss with their trust's board regarding system working

1. Governors need to be assured that the process undertaken by the board in reaching its decision was appropriate, and that the interests of the 'public at large' were considered. A council can disagree with the merits of a particular decision of the board on a transaction, but still give its consent because due diligence has been followed and assurance received. To withhold its consent, the council of governors would need to establish that appropriate due diligence was either not undertaken or properly factored into decision-making.

2. All transaction proposals need to demonstrate a clear case for change to meet NHS England's assurance requirements, including how they will result in material improvements to the quality of services. Benefits arising from the transaction could be for the patients served by the trust or the wider public, eg by impacting patients of other providers or reducing health inequalities across the population. In the context of the NHS' new way of working, this means that councils of governors may well be expected to consent to decisions that benefit the broader public interest while not being of immediate advantage to or creating some level of risk for their NHS foundation trust. Consent should not be given for decisions that benefit the NHS foundation trust without regard to the effect on other NHS organisations, or the overall position of a wider footprint such as an ICS.

Illustrative scenario 3: A council of governors approves a significant transaction that may not immediately benefit the individual trust but overall does benefit the population of the wider ICS

The council of governors provides consent because the board has adequately assured it that the appropriate process has been followed.

This significant transaction may not immediately benefit the individual NHS foundation trust but overall is expected to benefit the population of the wider ICS. Some governors disagreed with the merits of the board's proposed transaction, but the full

council gave consent because all processes have been followed, the interests of the public at large have been considered and assurance has been received.

To reach this decision:

1. The board provided the council of governors with appropriate information on the proposed transaction, including the benefits for patients and the public in the wider ICS, and the impact on quality of services, system performance and the system's financial position.
2. The board was open about any risks and opportunities for the NHS foundation trust and how these would be addressed.
3. The board provided evidence that the interests of the public were appropriately considered, and effective engagement processes were followed. The council of governors was given the opportunity to challenge the processes and to ask the non-executive directors questions around any key areas of concern.

3. Working with the board

This section contains suggested approaches to support better working between the council of governors and the board, along with examples of developmental activities already underway across trusts.

3.1 Building relationships and understanding roles

Key relationships

- Trust secretary/membership manager and governor liaison role
- Trust chair
- Trust non-executive directors
- Trust chief executive officer
- Trust board and/executive directors
- Foundation trust members

Practical tips

Governors will receive an induction from their organisation. They should familiarise themselves with the following documents, along with any others their trust secretary, membership manager or anyone in a governor liaison role signposts them to:

- trust's constitution
- Code of Conduct
- confidentiality and data protection policies
- conflict of interest policies
- communications policy
- Nolan principles.

These documents help governors understand the principles and processes by which their trust is governed, outline the composition and general duties of the board, and set out expectations of governor conduct.

It is important that trust boards and their governors act in line with the Nolan principles and are open and transparent with one another. Doing so creates a better environment for challenging conversations.

For more information please refer to Chapter 2 of Your statutory duties: A reference guide for NHS foundation trust governors which outlines the governance structure of NHS foundation trusts. Please also see your trust's own constitution for information that is specific to your own organisation.

3.2 Supporting governors to fulfil the duties of a council of governors

Key relationships

- Trust secretaries/membership manager and governor liaison role
- Trust chair
- Trust non-executive directors
- Trust chief executive officer
- Trust board/executive directors

Expectations: communications and engagement

Governors can expect to attend a variety of meetings organised by the trust, which intend to help inform their decision-making, and to support governors in fulfilling their duties. Formally, this will include council of governor meetings and annual members meetings. Governors should also be encouraged to attend public trust board meetings. The trust may also organise other meetings or forms of engagement such as:

- informal meetings such as Q&As with the chief executive or chair, and workshops with the non-executive directors or board
- regular briefings to members and governors from the chief executive or chair
- ad-hoc briefings or dissemination of information as an issue arises
- non-executive director updates at council of governor meetings.

The board should engage early with the governors about transaction plans. From the outset directors and governors should agree a process for engagement on the transaction, to include:

- the content and timing of information to be provided to governors and any training needs
- how the views of members will be sought and stakeholders kept informed
- how governors can get involved with developing the future governance model, eg by working on the constitution for the post-transaction foundation trust.[17]

3.3 Supporting governors to understand their duties in the context of ICSs and system working

Key relationships

- Trust chair
- Trust chief executive officer
- Trust board secretary/membership manager and governor liaison role

Expectations: communications and engagement

- The trust's chair should facilitate engagement between the ICB, the ICP and the trust's council of governors.

[17] Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

- The trust should also ensure governors are updated in a timely way on system plans, decisions and delivery.
- The trust should ensure governors receive information on the ICP's integrated care strategy and the ICB' five-year forward plan, as decisions and aspects of delivery that directly affect the trust and its patients.
- The council of governors should consider how it can support its board to engage with patients and the community across the geography of the ICS.

There is no agreed way that a trust should do this. Suggestions based on existing examples are:

- Attending public trust board meetings to listen to the discussion on ICS arrangements. This should also indicate whether the board is acting in the wider public interest and provides an opportunity to hear the types of questions non-executive directors are asking in this respect.
- Board members providing ICS updates at council meetings to ensure that governors are well informed and have an opportunity to ask questions.
- Governor engagement sessions arranged by the ICB or ICP to update on progress in the delivery of system plans.
- The chair cascading key messages after an ICP or ICB meeting.

Practical tips

Your trust should work with governors to understand the following:

- What is the foundation trust's ICS footprint?
- Who are the key partners in the system?
- What is the membership of the ICP?
- What is the membership of the board and committees of the ICB?
- How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?
- How is the trust's decision-making complying with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?
- How can the council of governors support the trust in leading in or contributing to its ICS?

- How can the council of governors best communicate the ICS plans to the trust members and public?

4. Further information

For national context:

- NHS Long Term Plan
- Integration and innovation: working together to improve health and social care for all
- Integrated care systems: design framework

Relevant NHS England guidance:

- Statutory transactions guidance
- Guidance on pay for very senior managers in NHS trusts and foundation trusts
- NHS Oversight Framework 2022/23
- Guidance on good governance and collaboration

Other resources for governors:

- Govern Well – NHS providers' national training programme for governors

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ROHGO (11/22) 004

COUNCIL OF GOVERNORS	
DOCUMENT TITLE:	**Changes to the Trust's Constitution**
SPONSOR (EXECUTIVE DIRECTOR):	**Tim Pile, Trust Chair**
AUTHOR:	**Simon Grainger-Lloyd, Director of Governance**
DATE OF MEETING:	**21 November 2022**

EXECUTIVE SUMMARY:

Over the summer, virtual approval was sought for some proposed changes to the Trust's existing Constitution.

The following were proposed:

1) All references to the 'Chairman or Vice Chairman' have been replaced by the 'Chair or Vice Chair' to update the title to accord with common parlance
2) To increase the number of governors that can be elected from the 'Rest of England and Wales' constituency to 5 from 4 – this is designed to reflect that the ambition and vision of the Trust has evolved to create a more national presence and service delivery model than just within the Birmingham & Solihull region but also to create parity with the 'Birmingham & Solihull' constituency which already allows representation by 5 governors
3) To update staff numbers in the clinical and non-clinical constituencies (the numbers provided in the latest annual report were provided for consistency)

To effect these changes, the Constitution required approved of a third of each of the Council of Governors and the voting cadre of the Trust Board which was gained via individuals replying to the e-mailed message seeking views on the changes.

The governors were asked to approve an additional proposal, that being to agree with the recommendation as per the Constitution's provision 8.1 in Annex 9 – FURTHER PROVISIONS, that being to fill the vacancy created by expanding the 'Rest of England and Wales' constituency, to '*take from the list of members who stood for election at the most recent election of Members of Council for the class or constituency in question whichever member who was not elected as a Member of Council at the recent election but had secured the next most votes at that time*.' In simple terms this meant that all three candidates who put themselves forward in the recent public governor election for this constituency be elected as governors. This had the advantage of avoiding the need to run another fresh election to fill the gap. Again, the governors approved this proposal.

In connection with these agreed changes, the following were successful in being elected into the roles of public governors in the recent elections:

Brian Toner, Rob Talboys and Robert Rowberry were all elected into vacancies within the 'Rest of England and Wales' constituency.

Rheya Dole was elected as a public governor in the 'Birmingham & Solihull' constituency.

All started their terms of office on 1 September 2022. Brian Toner will continue in his role as Lead Governor, as approved at the last formal meeting of the Council of Governors.

REPORT RECOMMENDATION:

The Council of Governors is asked to receive and note the approval gained to amend the Trust's Constitution and the individuals that have taken up posts as public governors from 1 September 2022.

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

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		

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

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

Comments:

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

Process follows the requirements set out in the Trust's Constitution.

PREVIOUS CONSIDERATION:

Approval sought over July and August 2022.

Trust Board on 7 September 2022.

ROHGO (11/22) 005

The Royal Orthopaedic Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS	
DOCUMENT TITLE:	**Quality Priority Update - Bereavement**
SPONSOR (EXECUTIVE DIRECTOR):	**Nikki Brockie, Acting Chief Nurse**
AUTHOR:	**Nikki Brockie, Acting Chief Nurse**
DATE OF MEETING:	**21 November 2022**

EXECUTIVE SUMMARY:

The Council at its meeting in May received a presentation from the Acting Chief Nurse on the key elements of the Quality Account 2021/22 and the proposed Quality Account priorities for 2022/23.

The governors agreed to sponsor the priority around Bereavement Services and Multi-faith Provision.

Attached is an update providing progress with the delivery of this Priority.

REPORT RECOMMENDATION:

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

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

Accept	Approve the recommendation	Discuss
x		

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

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

Comments:

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

Delivery of Quality Priority for 2022/23.

PREVIOUS CONSIDERATION:

None.

ROHGO (11/22) 005 (a)

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

Quality Priority update Q3

Governors Sponsored

Priority 2: Bereavement Services & Multi-Faith provision

Caring	**Bereavement Services & Multi-Faith provision**
Lead	Nikki Brockie, Chief Nurse Roko Skocic, Head of Patient Experience
Executive Lead	Nikki Brockie, Chief Nurse
Status of priority	This priority is split into two section bereavement which is being led by CNO and is making good progress. Multi-faith is being led by the HOE and is also well underway.
Background	Establishing a Bereavement Service for the families of our patients. Building on work in 2020/2021 related to end-of-life care, specifically end-of-life education, working with UHB and participating in the Faith Advocacy Group with a view to expand multi-faith provision at ROH. We will seek to explore managing our Bereavement Services under the UHB team provision and update our End-of-Life Care Policy to reflect these changes.
Improvement priorities	This priority has been split into two sections: Bereavement Services which is oversee by the Chief Nurse. Multi-Faith is being oversee by the xx
Initiatives for 2022/23	• Establishment of an SLA and moving care under UHB provision. • Expanding the multi-faith presentation through volunteers and the Faith Advocacy Group at the ROH. • Review service against Chaplaincy gap analysis. • Use charitable funds to address faith in the organisation including a review of the Faith Room to ensure it is inviting to all faiths. • Develop a Multi Faith education booklet to be shared with patients and staff.
How progress will be monitored, measured, and reported	• The ROH will monitor our compliance against Chaplaincy guidance and review feedback mechanisms such as PALS, complaints, incidents, and compliments to assess patient satisfaction.

	• This will be reported through the Patient Experience and Engagement Group and our Multi Ethnicity Group.
On track for Q3:	• The SLA for moving bereavement services and Mortuary services has been agreed in principle with a plan to go live in Q4. Pathways are being worked up for dissemination and communication plan. • The Multi-Faith religious booklet is in draft, planned roll out for January 2023. • The Trust has recruited there first Chaplaincy volunteer. With five more support patient well-being.
Outstanding action for Q4:	• Refresh and update multi-Faith room work to be delivered in Q4.

Update from the Trust Board on 2 November 2022



- ✓ Positive patient story of someone treated through Oncology
- ✓ Good progress with 'flu and COVID vaccination uptake
- ✓ NOA Conference had been a success
- ✓ Further work underway to support and develop Birmingham Health Partners forum
- ✓ Wellbeing support for staff was being well received – new £1 winter warmer menu
- ✓ Thrive at Work accreditation was being progressed
- ✓ Mortality levels had reverted back to pre-pandemic levels
- ✓ Board Assurance Framework had been refreshed
- ✓ Positive 'Freedom to Speak Up' month
- ✓ Data security update provided
- ✓ Cloud migration going to plan



- ✓ Key themes for forthcoming meetings of the Board to be agreed
- ✓ Further work underway to refine the format of the Board Assurance Framework
- ✓ Developing workstreams to progress work following the Board strategy day



- ✓ Off site venue used for the last time!
- ✓ Cybersecurity training session by ICS Lead provided



- ✓ Industrial action impact
- ✓ *C difficile* rates higher than previously due to community prevalence and ROH threshold had been reached
- ✓ High turnover and significant spend on agency staffing
- ✓ Deterioration in performance against the WRES/WDES



- ✓ Approved plan to adopt the Real Living Wage
- ✓ Learning Disabilities & Autism strategy approved
- ✓ Approved changes to the Board Assurance Framework



- ✓ Absolute commitment to supporting staff through the difficult times at the moment – wellbeing is critical
- ✓ Support at this challenging time while we provide mutual aid to the System

BOARD THEMES

The Trust Board held a strategy session on 5 October, which focussed on four key themes:

- Trust strategy
- Health Inequalities
- Making the ROH the best place to work
- Productivity

Arising from this session, a number of additional or adjunct themes have been identified, with the plan to create time to discuss these at each Board meeting from December 2022 in turn. These topics being:

- Branding and marketing
- Development of the day case service
- Demand and capacity modelling to maximise productivity
- Staff wellbeing
- Patient access in the4 context of health inequalities
- Development of the MSK ambition
- Equality, Diversity and Inclusion
- Delivery of the net zero plan

ROHGO (11/22) 007

UPWARD REPORT FROM FINANCE & PERFORMANCE COMMITTEE

Date Group or Board met: 25 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Activity for the month, although higher than in August, was below plan, this having been impacted by cancellations, the additional bank holiday in September and sickness absence. • There remain a high number of vacancies in theatres although much work was underway to address this including benchmarking pay grades at the ROH compared with those elsewhere. In some areas recognised inequity with pay rates had already been adjusted, with plans underway for other areas. • 'Did Not Attend' rates had increased, some of which was due to patients not receiving postal reminders due to the Royal Mail strikes. • The diagnostics target had not been met at 98.5% (vs. 99%) due to a shortfall of twelve patients. The ongoing use of paper referrals was noted to be creating some delay in some diagnostic procedures; the issue would be addressed through the roll out of the Prescribing Information & Communications System (PICS). • An in month deficit of £210k had been reported, however a year end break even position remained forecast. • Energy spend was noted to be a significant pressure and agency staffing spend remained high. A national return had been requested by NHS England to outline the plan to address agency spend at a system level. • The Trust remained non-compliant with some elements of the Data Security and Protection toolkit. There was however, further work underway on disaster recovery and mitigations to unsupported systems were being arranged. Training levels were also being improved.	• Much work was underway to ensure that any delayed discharged were avoided due to social care or personal circumstances, such as poor heating or support at home. • Work was underway to clinically prioritise a cohort of patients accepted from University Hospitals Birmingham NHSFT (UHB) as part of a mutual aid arrangement. Robert Jones and Agnes Hunt NHSFT was also being supported by accepting some complex patients. These patients would be shown based on their trust of origin in future waiting list number analyses. • It was agreed that CIP scheme analysis would include whether schemes were recurrent or non-recurrent in nature. • Plan to address agency spend to be provided for the next meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The JointCare pathway had been relaunched and new staff had been trained in the process which it was hoped would drive down	• Remit closer discussion on vacancy rates and turnover to the Staff Experience & OD Committee.

length of stay. The JointCare 'app' would be launched in November 2022. • The Outpatient waiting times (30 and 60 minute) were below the Trust target. • The virtual clinic level was reported to have improved slightly. • The shoulder service was now bookable directly by patients as a pilot, which would improve the timeliness of consultation for patients needing access to clinical opinion. • The mutual aid arrangement for the Birmingham & Solihull system was noted to be working well. • All cancer targets had been met aside from the 62-day standard which was due to the complexity of the tertiary referrals. The ROH had been commended by the Strategic Oversight Group for its management of cancer patients. • It was noted that private patient income was above plan. • The Trust was ahead of plan in terms of delivery of its Cost Improvement Plan. It was likely to be more challenging to achieve this for the forthcoming year. • Short and long term sickness absence was noted to have reduced. • The Committee received and noted the Operational Delivery Plan.	

Chair's comments on the effectiveness of the meeting: It was noted that there was significant challenge for the Executive Team to deliver the range of national and operational targets in the light of the ongoing politically unstable environment and the team was thanked for their persistence. The meeting had run to time and included some valuable discussions which focussed on assurance.

ROHGO (11/22) 008

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE

Date Group or Board met: 26 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• It was noted that there remained a gap around the nursing cover for paediatric patients seen by the organisation. A Service Level Agreement is to be signed with Birmingham Women's and Children's NHSFT for support, with further work to do to understand the provision to meet the CQC requirements for 24/7 access to advice. • The national shortage of blood products had been discussed by the Quality & Safety Executive, which was given oversight by the new Associate Medical Director. The process to risk-assess forthcoming cases was described by the Chief Operating Officer. • The Committee was apprised of the high number of vacancies in theatres and the efforts to address this were outlined. The matter was under close scrutiny by the Staff Experience & OD Committee. • It was reported that the Trust had reached it contractual threshold for *C.difficile* infections. It was noted that there were some emerging concerns from an Infection Prevention & Control perspective that were currently being reviewed. • Levels of resuscitation training were reported to be lower than desired at present although there was further work underway to address this and a new resuscitation lead had been recruited. Assurance was provided around the current level of proficiency of staff with life support processes. • It was noted that a high level of agency staff was being used at present. Assurance was provided around the mitigations to this position including the induction programmes for agency staff, the use of block bookings and training in the use of the Prescribing Information & Communications System (PICS).	• Report to be provided on incidents that had been reported as being associated with disparate IT and paper-based systems. Report to include progress with implementation of OrderComms (electronic diagnostic referral system) **January 2023** • Agreed that a report into the vulnerability of services from a workforce perspective would be presented to the Committee in **January 2023** and onwards to Trust Board. • An analysis of 'near miss' incidents to be provided, in addition to some longer term trends of incidents and lessons learned within the Quality Report. Target for the revisions to the report to include this is **Quarter 4 2022/23**. • Outcome of the Root Cause Analysis into the moderate harm incident to be presented **in January 2023**. • Further update on falls to be presented in **February 2023** to include learning from other organisations and benchmark information. • Assurance report on Infection Prevention & Control concerns to be presented at the **January 2023** meeting. • Present the Terms of Reference for the Integrated Care System's Quality Committee at a future meeting when they had been finalised. In the meantime the minutes of the meetings be circulated by **November 2022**.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• An assurance update was provided into the rationale for grading a provisional moderate harm incident. It was noted that the	• None specifically other than above.

investigation remained ongoing at present and the outcome would be reported back the new year. • It was noted that the Trust was actively providing mutual aid to providers within the Birmingham & Solihull Integrated Care System (ICS) and to Robert Jones & Agnes Hunt NHSFT. The additional cohorts of patients would be subject to usual clinical prioritisation and harm review processes. • A themes review into falls was presented. It was noted that the spike in Quarter 4 2021/22 was likely to have been reflective of the different cohort of patients that was being treated at the ROH. These were more frail with a higher risk of falling. Daily huddles were now in place to enhance processes for sharing the risk assessments around patients being treated. • A report into readmissions within 90 days of discharge was received which showed that there had been an increase in cases, although the majority appeared not to result in an inpatient stay. The Trust was not reported to be an outlier. Readmissions were being reviewed as a system and at the ROH enhanced protocols were being introduced to review patients prior to discharge. • A Learning from Deaths and mortality update was presented which showed that the level of deaths had normalised following the peak at the height of the COVID pandemic when the ROH had treated trauma patients. Further work was reported to be underway to strengthen the governance processes to support the mortality analyses. • Good performance was reported against the CQUIN related to Shared Decision Making. The learning and best practice discussed at the recent National Orthopaedic Alliance conference would be built into Trust processes. • It was reported that a new Children's and Young Persons' forum had been established and was working well. A transition nurse would be appointed shortly, the process by which would include a Youth Panel. • An update from the recent meeting of the Integrated Care System's Quality Committee was provided.	

• Good progress with the uptake of the 'flu vaccination was reported. The CQUIN for this was 70% of patient facing staff.	

Comments on the effectiveness of the meeting: It was agreed that the agendas for committee meetings needed to be balanced in terms of guest attendance. The overlap between discussions at the different Board Committees needed to be refined to reduce some of the duplication. The upward reporting processes were noted to work well. It was suggested that the reports needed to focus more on assurances offered and better highlight this for Committee members. The Committee would also benefit from being able to monitor improvement or deterioration of underperformance over time not solely in real time.

ROHGO (11/22) 009

UPWARD REPORT FROM STAFF EXPERIENCE & OD COMMITTEE

Date Group or Board met: 26 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• A statutory ballot of the Royal College of Nursing was noted to be due to take place and the impact of the likely industrial action was being gauged at present. • Turnover was reported to have continued to deteriorate. A retention steering group had been established to work through measures to address this. This included the strengthening of the '100 day' induction process and acting on feedback received at the reunion events. • Some difficulties with the approach that some trainees were adopting and displaying in a 'post-COVID' world were described and being fed back to the educational institutions where these were of concern. • There was noted to have been a deterioration in performance against some of the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES). There was reported to be an action plan in place to address this position. It was noted that this may also reflect an increased willingness to speak up about concerns in the organisation.	• More work is planned to understand the reasons for leaving and improve uptake and logging of exit questionnaires. • Further validation and triangulation of the leavers data to be undertaken. • A new performance management policy was reported to be under development.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was joined by a Physiotherapist who described her journey through the organisation and highlighted in particular, how she had championed a 'call to action' in line with the aspirations of the Black Lives Matter movement. She had subsequently delivered anti-racism training which had been well received, both within the Trust and at a national level. The member of staff described her positive experience of participating in the Enabling a Productive and Inclusive Culture (EPIC) programme but noted that there was further work to do to embed understanding around this and its intention within the Trust. The individual had also taken on responsibility for	• None specifically

manual handling training which had improved compliance with the training target for this module. • The Committee was informed of the good work to celebrate Black History month, Freedom to Speak Up month, Domestic Abuse week and Menopause support. • The disability forum was reported to be working well. • Sickness absence was noted to be reducing. • The report into statutory and mandatory training showed an increase in compliance with targets. The lower figure for resuscitation training was being addressed through a refined programme. The Committee agreed that the new Statistic Process Charts (SPC) provided a higher level of assurance. • There was continued work to support staff through the Cost of Living Crisis and the wellbeing week had been rescheduled to November 2022. • There was reported to be a plan to upgrade Café Royale over the coming months. • There was good work to prepare for the higher levels of trainees from Aston University and the University of Birmingham expected next year. • An evaluation of the EPIC programme was presented. The benefits of the course to those attending were recognised by the Committee and it was noted that masterclasses were to be introduced for those unable to commit to the full course. • There had been a good start to the uptake of the national staff survey. • The Committee received a positive evaluation around the experience of one of the 10,000 black interns who had joined the Trust for a period.	
Chair's comments on the effectiveness of the meeting: It was noted that a key theme throughout some of the reports and discussions was around the differing attitudes, expectations and behaviours of individuals in the evolving context and from different backgrounds and ages.	

ROHGO (11/22) 010

The Royal Orthopaedic Hospital NHS Foundation Trust

UPWARD REPORT FROM AUDIT COMMITTEE

Date Group or Board met: 14 October 2022

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There remained an outstanding Service Level Agreement to be signed with University Hospitals Birmingham NHSFT for the provision of financial services by a group of staff who had moved under TUPE transfer. There remained no issue concerning service provision however and the signing of the formal document to agree the arrangement would be escalated. • It was noted that there was some instability in relation to the external audit environment at a national level, however there was anticipation that this would be resolved under new leadership.	• Work was reported to be underway to review the counterfraud contract. • Work to train staff in mechanisms to ensure compliance with Standing Financial Instructions to be outlined at the next meeting • Consideration to be made around including the clinical audit process within the remit of the Audit Committee. • Work was reported to be underway to develop a single platform to capture strategic service improvement • Agreed that the internal audit plan be appended to the upward report as requested at the last Trust Board meeting
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• It was reported that the financial sustainability assessment review was progressing well and to the national timescales. • The draft workforce planning report was presented which would need to be considered by the Executive Team prior to the final version being reviewed at the January 2023 meeting of the Audit Committee. The report picked up areas where there was good practice but also made some draft recommendations around improvements required, including those needing system support and management. • It was reported that the Data Security and Protection Toolkit had been submitted and the action plan to address the areas of shortfall had been approved.	• The Committee approved the terms of reference for the 'Improving NHS Financial Sustainability' internal audit • The Committee agreed that there were no changes to its terms of reference which required to be made

Chair's comments on the effectiveness of the meeting: The Committee agreed that the meeting had allowed a good level of challenge but also recognition where needed. There was no request between Committee members and the auditors to meet privately.

DOCUMENTS FOR INFORMATION

Finance and Performance Report

September 2022

CONTENTS

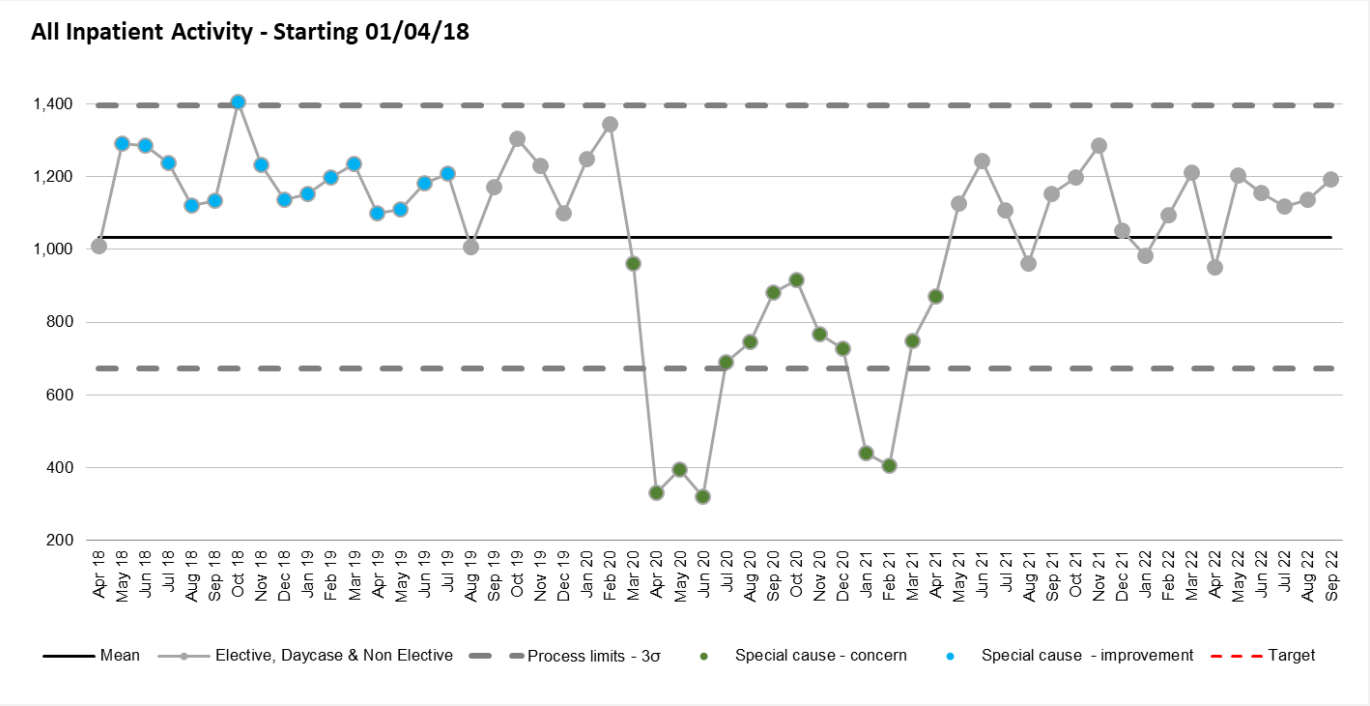
	Introduction
1	Activity Summary
2	Theatre Utilisation
3	Length of Stay
4	Outpatient Efficiency
5	Referral to Treatment Targets (RTT)
6	Diagnostic Performance
7	Cancer Performance
8	Overall Financial Performance
9	Income
10	Expenditure
11	Agency Expenditure
12	Cost Improvement Programme
13	Liquidity & Balance Sheet analysis
14	ICS Financial Analysis
15	Workforce

Introduction

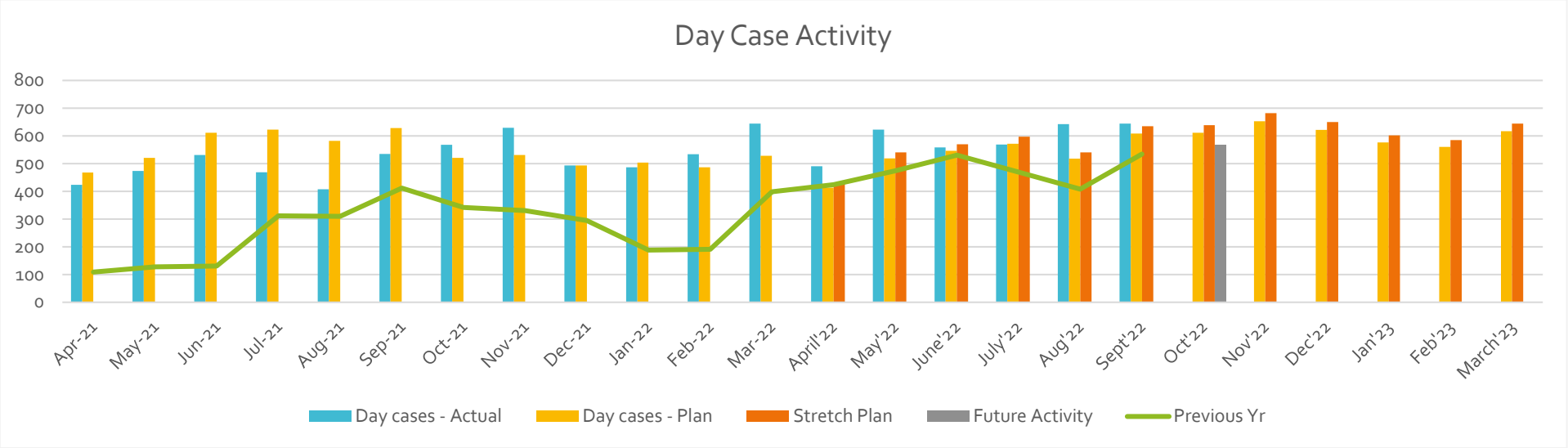
The Finance & Performance Report provides an overview of the Trust's performance against Key Performance Indicators (KPIs) that support the delivery of the Trust's Strategic Objectives.

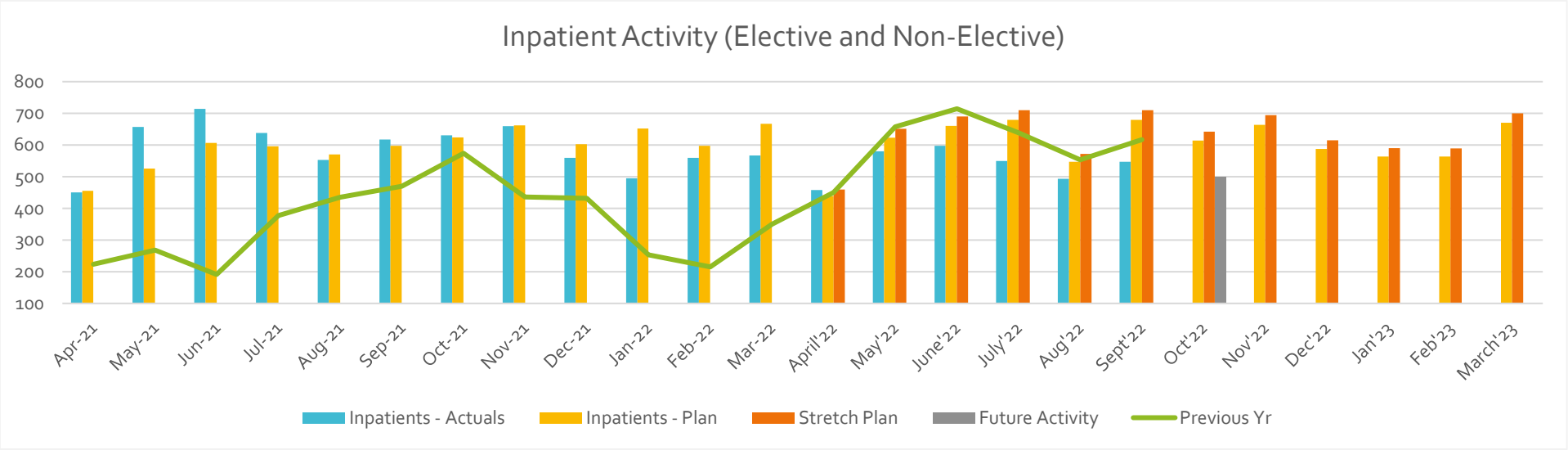
A range of metrics will be assessed to give assurance of performance related to; finance, activity, operational and workforce requirements. In month and annual performance will be assessed with a clear explanation around any findings, including actions for improvement, learning and any risks and/or issues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

1. Activity Summary

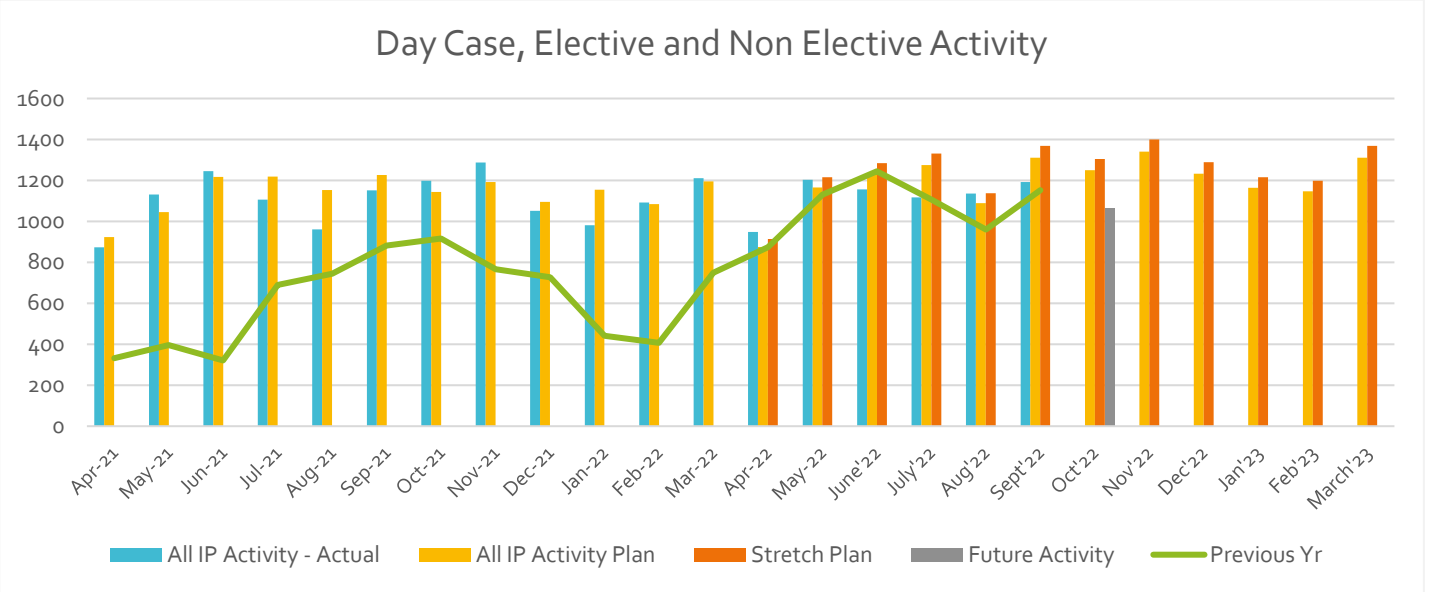


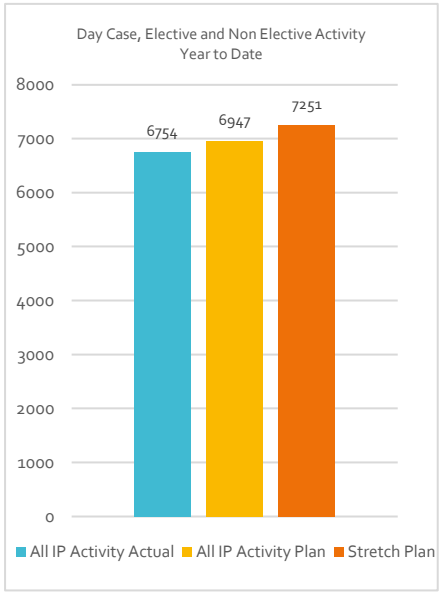
1. Activity Summary





1. Activity Summary





		Plan												Plan	Actual	% Achieved	Variance
	Activity Type	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year to Date	Year to Date	against plan	Year to Date
Trust Plan	Inpatient	439	623	660	679	547	679	614	664	588	564	563	670	3627	3053	84%	-574
	Daycase	413	519	546	572	518	608	612	653	622	577	561	617	3176	3530	111%	354
	NEL	24	24	24	24	24	24	24	24	24	24	24	24	144	171	119%	27
	All Activity	**876**	**1165**	**1230**	**1276**	**1089**	**1312**	**1250**	**1340**	**1234**	**1164**	**1148**	**1311**	**6947**	**6754**	**97%**	**-193**
Stretch Plan	Inpatient	459	651	690	710	572	710	642	694	615	590	589	700	3792	3053	81%	-739
	Daycase	431	541	570	597	541	635	639	682	650	602	585	645	3315	3530	106%	215
	NEL	24	24	24	24	24	24	24	24	24	24	24	24	144	171	119%	27
	All Activity	**914**	**1216**	**1284**	**1331**	**1137**	**1369**	**1305**	**1400**	**1289**	**1216**	**1198**	**1369**	**7251**	**6754**	**93%**	**-497**

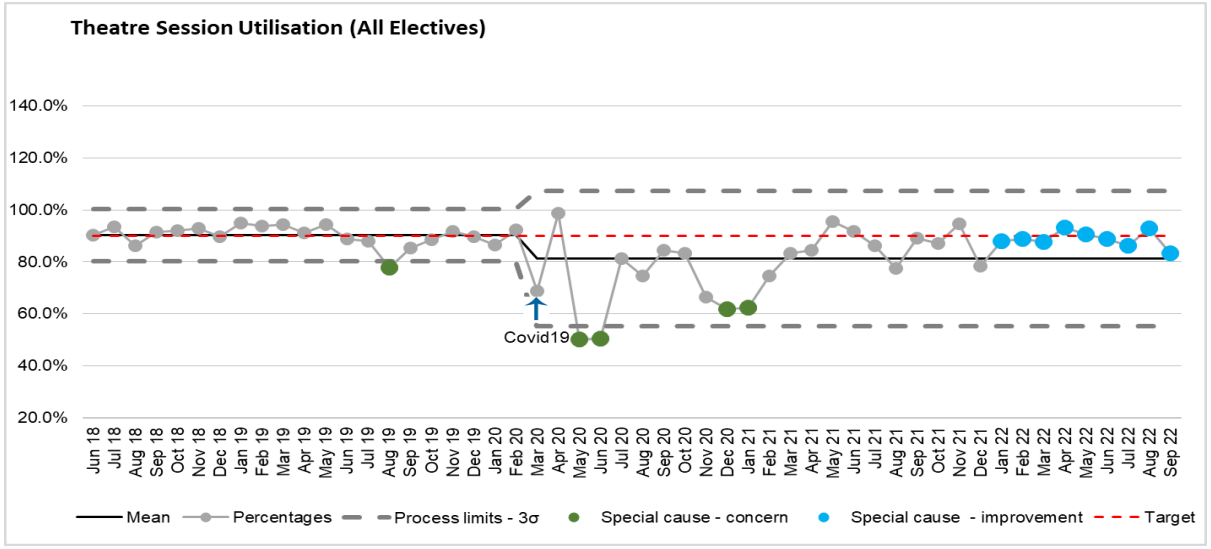
September 2022

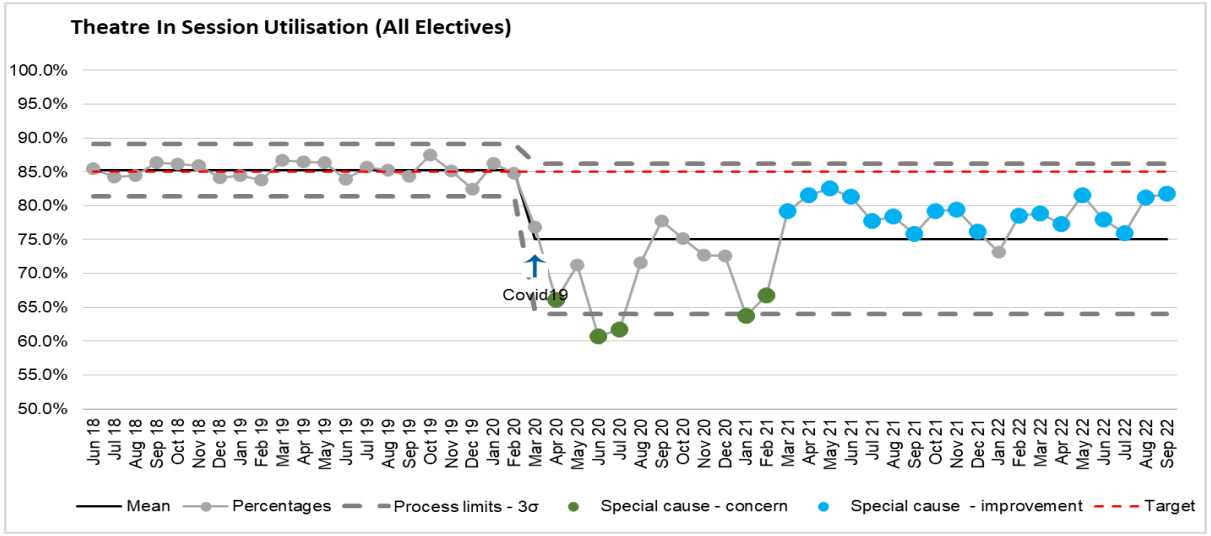
Trust Plan – Actual 1192 v Plan 1312

Stretch Plan – Actual 1192 v plan 1369

NB : The Trust plan plan was not achieved (-120). Key constraints included staff sickness, medically unfit patients and 19th September 2022 bank holiday.

2. Theatre Utilisation





Elective Session Utilisation (September 22)				
Trust	Planned Sessions	Utilised Sessions	Unused Sessions	% Utilisation
ROH	446	367	79	82.29%
UHB	113	98	15	86.73%
Totals	559	465	94	**83.18%**

Elective In Session Utilisation (September 22)				
Trust	Planned Hours	Utilised Hours	Unused Hours	% In Session Utilisation
ROH	1610	1333	277	82.80%
UHB	426	331	95	77.74%
Totals	2035	1664	372	**81.74%**

2. Theatre Utilisation

SUMMARY

Overall theatre session utilisation was in September at 83.18% which was below the Trust target of 85%. Total In session utilisation was 81.74% an increase on the previous month (81.20%).

Overall theatre utilisation has been impacted by both patient and staff related covid absence. The bank holiday on Monday 19th September added to the impact on utilisation of our theatre session; resulting in the cancellation of 10 theatre sessions.

Focus for October 22 will be to continue efforts to improve theatre utilisation and drive greater efficiency and productivity. There will be a collective focus to move towards November's 'Seamless Surgery week' where will focus on all the learning from our 'Seamless Week' in July 2022 and build on the key agenda's for improvements in productivity.

Model Health System capped utilisation is at 83% which is showing continued improvement of our theatre utilisation across the system.

AREAS FOR IMPROVEMENT

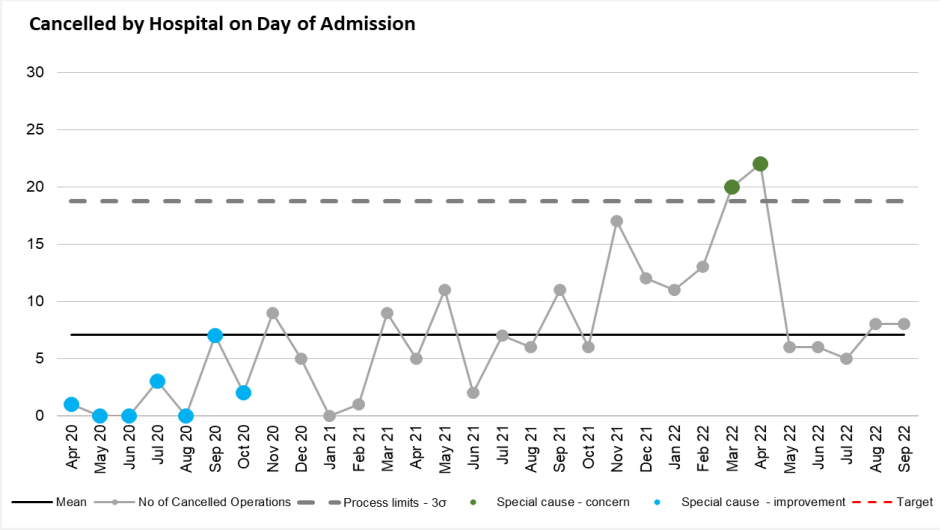
- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus on streamlining VTE pathway on admission and commencing a Block space pathway by end December 2022 to help support the high turnover lists.

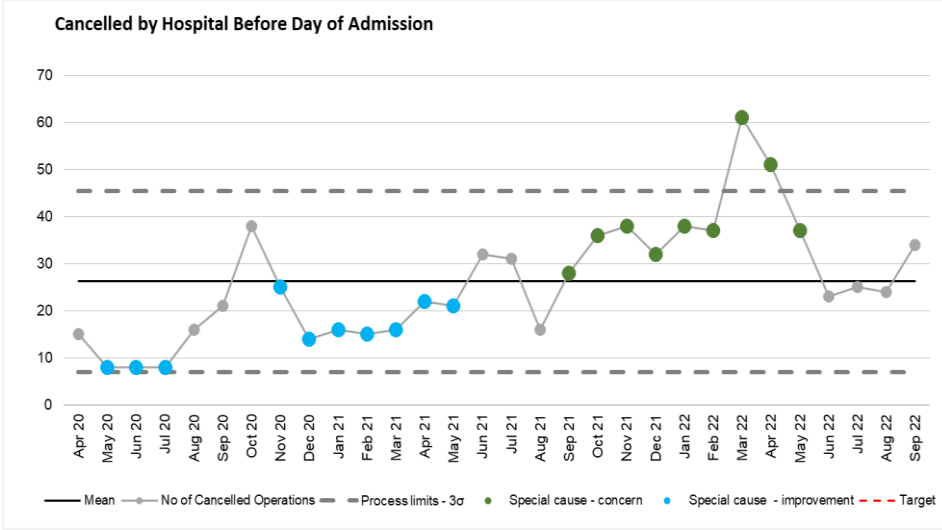
RISKS / ISSUES

Vacancy levels in theatre remain a risk to maximising operational activity with clear plans in place to mitigate where possible. These are currently being monitored both at divisional and executive level by the Chief Operating Officer and Director of Nursing to give appropriate support and focus in this area.

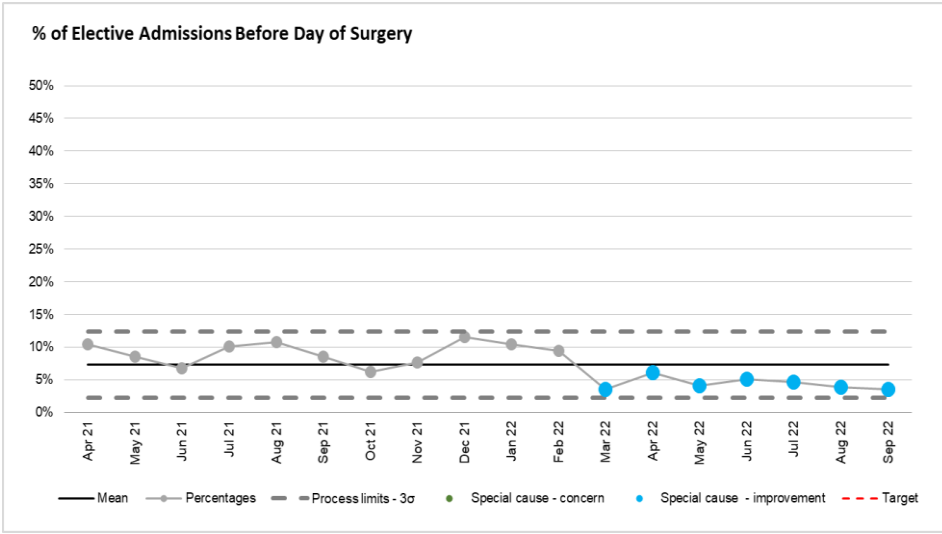
There is a wider review of pay structure and benchmarking to ensure that ROH remain a competitive and attractive choice of work for our theatre nurses and staff.

2. Theatre Utilisation/ Hospital Led Cancellations





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
Sep-21	11	28	28	67	0
Oct-21	6	37	36	79	0
Nov-21	17	28	38	83	0
Dec-21	12	21	32	65	0
Jan-22	11	24	38	73	0
Feb-22	13	29	37	79	0
Mar-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Total	**146**	**373**	**461**	**793**	**4**



2. Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.
There were 8 patients cancelled on the day in September 2022 with reasons detailed as follows;
3 x Lack of theatre staffing (sickness)
2 x Lack of theatre time to complete case
1 x Surgeon was unavailable (sickness)
1 x Medically unfit / Clinical change in condition, / covid related
1 x Kit not being available on the day of surgery (correct kit not identified by Surgeon)

There were 29 patients admitted but where treatment was deferred, with reasons broken down as follows:
14 x Medically unfit / Clinical change in condition / covid related
7 x Patient choice / Surgical choice
5 x Staffing related sickness
1 x Patient compliance
1 x Kit not being available on the day of surgery
1 x Lack of Theatre time

There were 32 patients cancelled by the hospital prior to date of admission.
11 x Medically unfit / Clinical change in condition, / covid related
13 x Staffing related sickness
6 x Surgeon was unavailable (to cover emergency list at UHB)
2 x Replaced by medically urgent cases

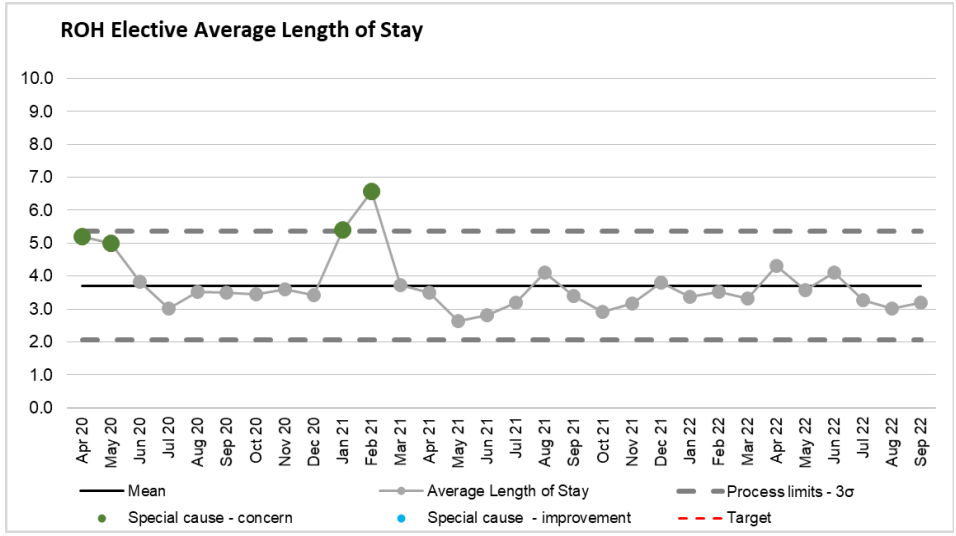
AREAS FOR IMPROVEMENT

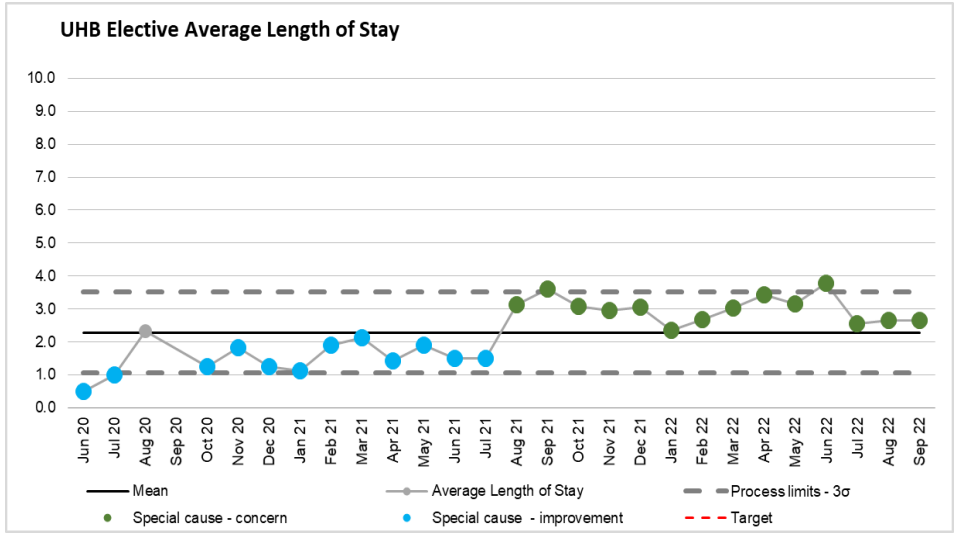
- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus around theatre productivity focused on streamlining VTE pathway on admission and commencing a Block space pathway to help support the high turnover lists.

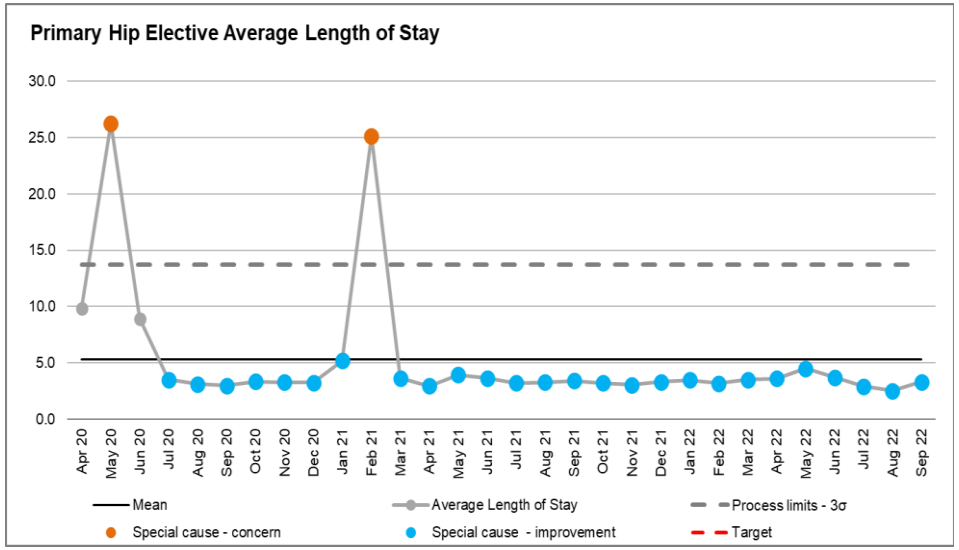
RISKS / ISSUES

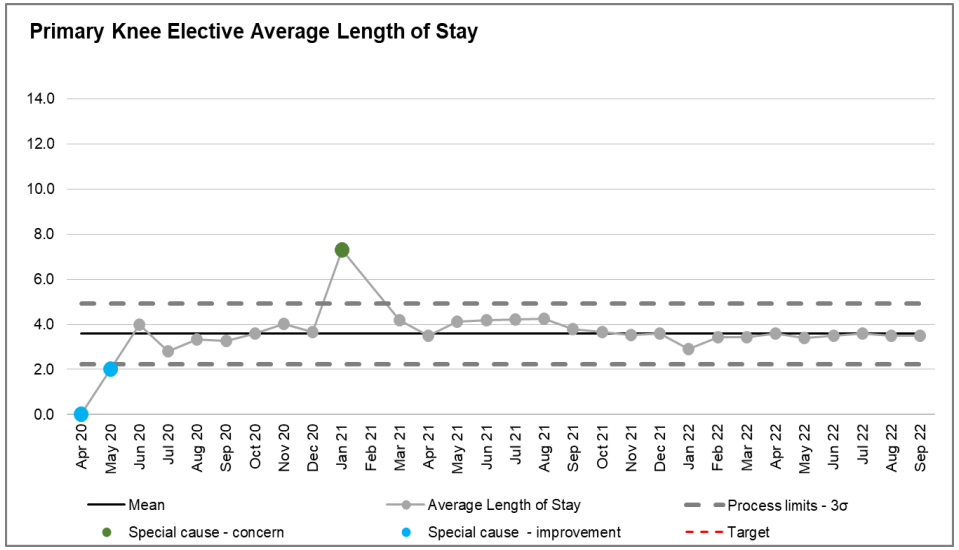
Impact of the continuation in Covid rates impacting on both patients and staff. Additionally the gap in 37.15 WTE of theatre staffing is impacting our ability to deliver of additional lists and a move towards a 6 day working in theatre.

3. Length of Stay









3. Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.19** (3.02 August)

The average length of stay for ROH primary Hips is at 3.3 days (2.7 days August 22) and primary Knees 3.5 days (3.6 August 22)

September length of stay data produced for UHB and ROH, has been reviewed and the following observations made:
10 (13 Aug) UHB arthroplasty patients with LOS greater than 3 days. 5 (5 Aug) with a length of stay greater than 5 days and 0 (0 Aug) with a stay greater than 7 days. (excludes Rehab).
62 (52 Aug) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 29 (23 Aug) with a length of stay greater than 5 days, 16 (13 Aug) with a length of stay greater than 7 days.

In summary 16 ROH arthroplasty and oncology arthroplasty and 0 UHB arthroplasty patients had a length of stay greater than 7 days.
Review of PICS data identifies that the patients with LOS > 7 days were all BIS or had clinical or social care reasons for extending stay. 7 of the 16 ROH patients with a length of stay > than 7days were Oncology arthroplasty patients. All had complex co morbidities, BIS or discharge needs.
Complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors in increased LOS.
In August 184 patients went home via the discharge lounge (159 July). Number of patients discharged home before lunch increased slightly to **33.15%** in August from **33%** in July. (September data not yet available).

AREAS FOR IMPROVEMENT

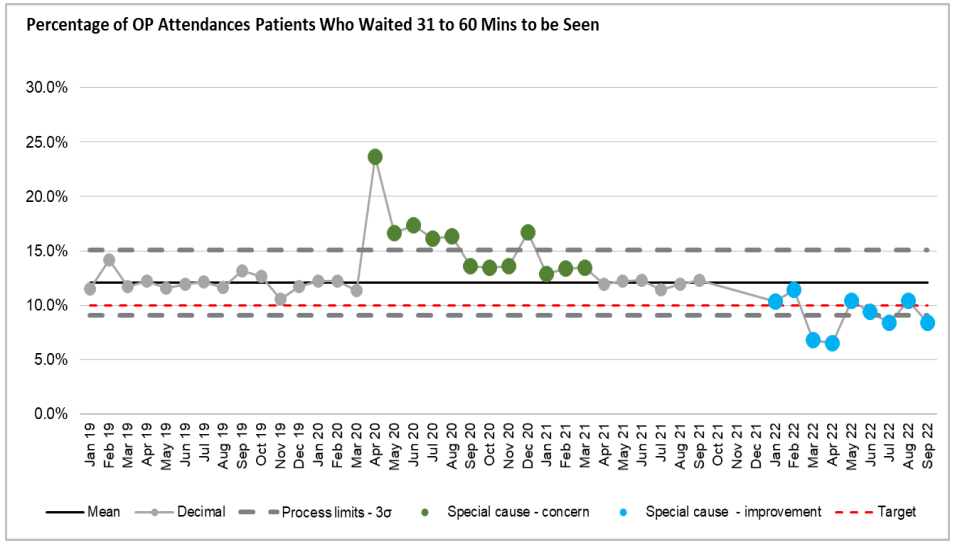
Recommendations being reviewed within operational delivery service improvement board chaired by COO:

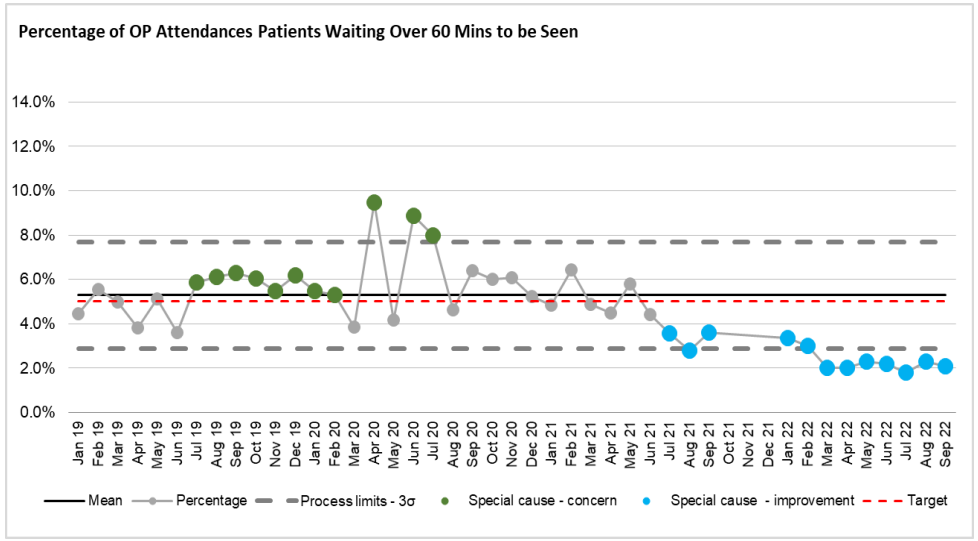
- Progress of physiotherapy provision in place for weekends to enable early mobilisation post management of change process.
- Joint Care and Day Case: Re-launch October 2022. Training completed with relevant staff groups and promoted at Team Brief
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days
- Development and roll out of Day Case pathway well underway– Sign off of Programme at September SIB anticipating 20% of arthroplasty patients will be treated on this pathway
- Progressive roll out of day case programme UKR, THR then TKR patients by March 2023
- Launch of Joint Care my recovery App November 2022 to improve preoperative education and preparation
- Improved preoperative optimisation for anaemic patients – preoperative anaemia iron infusion pathway for review at November SIB aim to reduce cancellation

RISKS/ISSUES

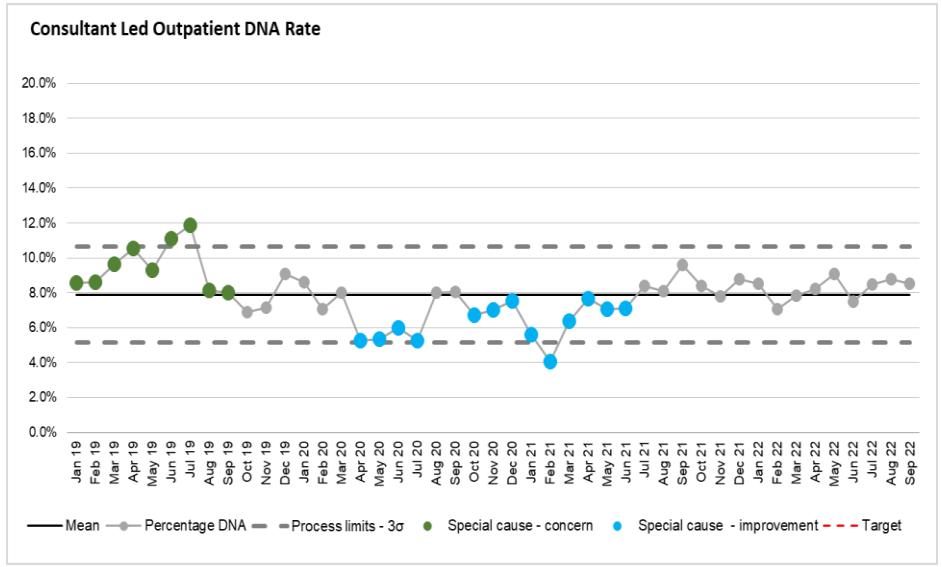
Major Revision Centre/BIS work - The Services are experiencing more complex cases which may lead to an increased length of stay for patients for Major Revision Centre and Bone Infection Unit cases. A service framework currently in development in association with the clinical teams and national programme .
Capacity at other hospital and community placements for repatriation or discharge to. DTOC discussed daily in 1pm meeting, lead by Site Team & Div 1 Matron.
Reports received 3 times a week by Head of Nursing to identify any support .

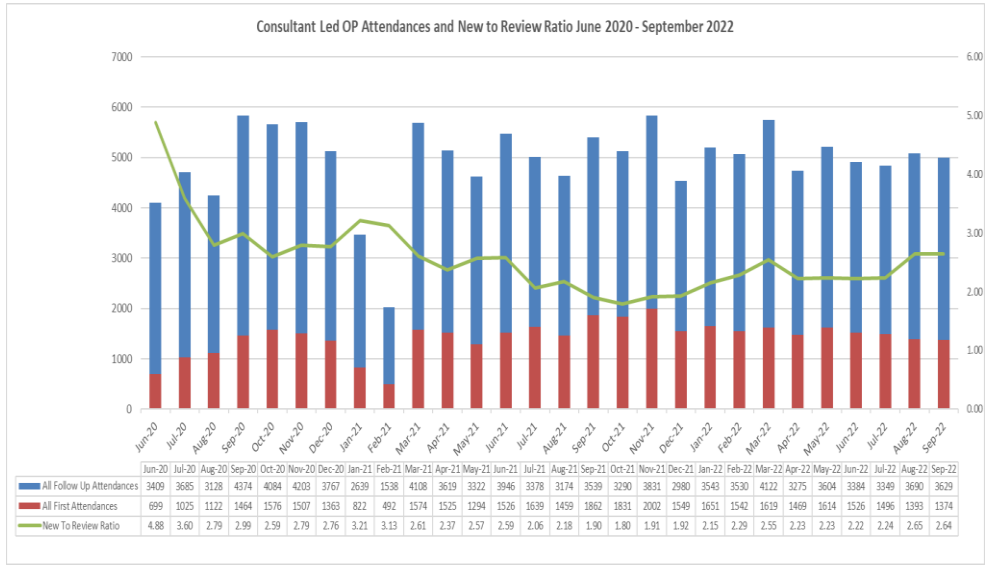
4. Outpatient efficiency

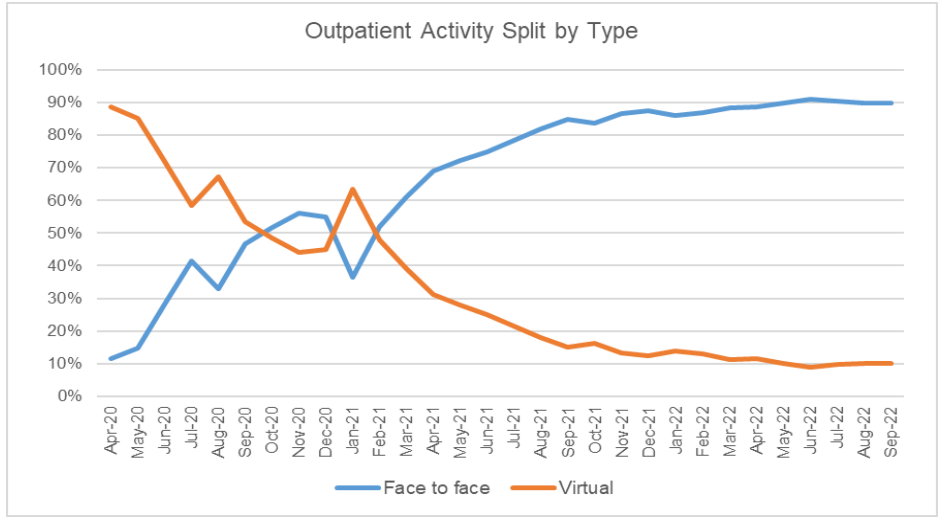


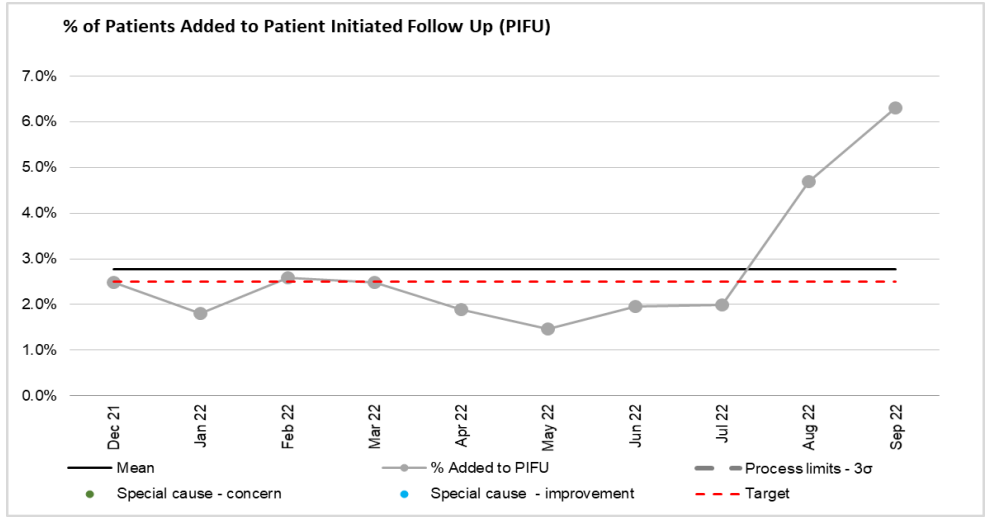


4. Outpatient efficiency









4. Outpatient efficiency

SUMMARY

There were 4443 face to face and 502 virtual appointments carried out in September (10.15% virtual). This is an improvement from August it is in line with Orthopaedics in other regional centres (RJAH currently at 8%). The outpatient modernisation project is focussing on increasing virtual appointments and meetings are being held with the individual specialty teams to increase this by reviewing pathways suitable for Virtual clinics .
The Trust has been running Super October, a regional initiative to maximise the activity through outpatients and focus on non admitted pathways. In the 2 Super October weeks an additional 64 sessions have been set up.
There are currently 1836 PIFU pathways on the PAS system 304 added in September which **is 6.30%** of all OP activity therefore above national target.
Activity data is being used to identify clinical teams with high utilisation to share learning with others

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **8.4%** (Target **10%)**
60 minute delays – **2.1% (**Target **5%)**
30 minute delays are below the Trust target of 10% and so are the 60 minute delays with levels of 2.1% well below the 5% threshold.
The Appointments Team is focusing on scheduling all clinics within the 6 week scheduling window and backfilling cancellations to maximise throughput. Empty appointment slots are monitored on a daily basis.
The DNA rate for September is 8.52 %- slightly above the Trust target which is 8%.
Monthly analysis of the DNA's continues to drive the improvement going forward. Appointments booked with under 3 weeks notice received a telephone call, a letter and a text reminder. Analysis will take place following Super October .
Advice and Guidance (A and G) is already operational, and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In September there were 150 referrals for advice and guidance were received, 10 more than in August, against a GP referral total of 1659 giving a total of 6.35% for advice and guidance.

The Trust have now published a shoulder service as directly bookable a trial which allows patients and GPs to book appointments directly. The intention of this is to improve the Trust's referral rate with consideration to our competitors, facilitate patient choice and improve the efficiency of our appointments team. If this demonstrates an improvement on referral rates more services may go live.

The Electronic Referral Triage system is now live across 14 ERS services and will be rolled out to all specialties by the end of October

RISKS / ISSUES

- Once data is available from the CRIS system this will be added to the outpatient waiting list patient tracking list report and will support the timely and effective booking of scan review appointments on PAS
- Reliance on paper systems is being reduced by the introduction of electronic outcome forms and Young Adult Hips and Clinical Support have both agreed to be part of the pilot when these reports are available

5. Referral to Treatment

Referral to Treatment Snapshot as at 30th September 22 - Combined

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

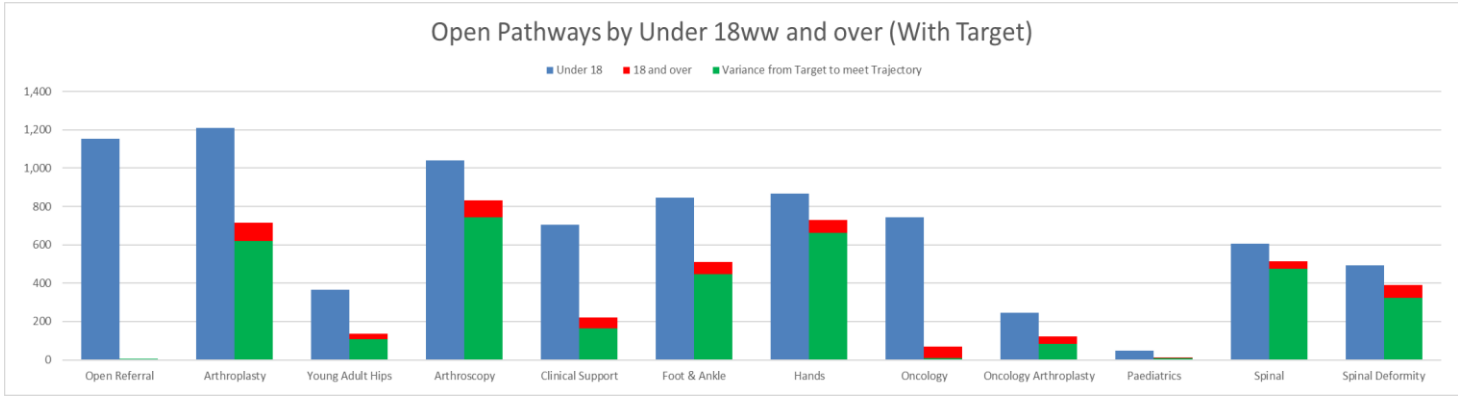
Est Over 18 Clock Stops Required		
To achieve	92.14%	4081
To achieve	92.35%	4105
To achieve	92.53%	4125

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,795**	1,021	512	158	415	223	322	355	359	117	21	162	130
7-13	**3,094**	121	497	149	426	309	374	328	267	108	16	269	230
14-17	**1,426**	10	200	57	200	171	149	184	117	20	11	176	131
18-26	**1,985**	6	267	79	340	173	261	275	52	51	9	274	198
27-39	**1,206**	0	126	47	288	39	118	187	16	46	5	187	147
40-47	**355**	0	58	8	82	6	23	57	2	22	0	51	46
48-51	**36**	0	5	0	13	2	2	11	0	2	0	1	0
52 weeks and over	**676**	0	259	2	107	0	108	200	0	0	0	0	0
Total	**12,573**	1,158	1,924	500	1,871	923	1,357	1,597	813	366	62	1,120	882

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**8,315**	1,152	1,209	364	1,041	703	845	867	743	245	48	607	491
18 and over	**4,258**	6	715	136	830	220	512	730	70	121	14	513	391
Current Month End RTT %	**66.13%**	**99.48%**	**62.84%**	**72.80%**	**55.64%**	**76.16%**	**62.27%**	**54.29%**	**91.39%**	**66.94%**	**77.42%**	**54.20%**	**55.67%**

30/09/2022 Trajectory RTT %	92.14%	100.00%	92.82%	92.65%	92.20%	92.52%	92.93%	92.63%	92.47%	87.08%	92.16%	93.90%	87.88%
Target for RTT Trajectory	709	0	93	29	88	57	64	69	60	36	4	39	68
Variance from Target to meet Trajectory	3549	6	622	107	742	163	448	661	10	85	10	474	323



5. Referral to Treatment

Referral to Treatment Snapshot as at 30th September 22 - Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

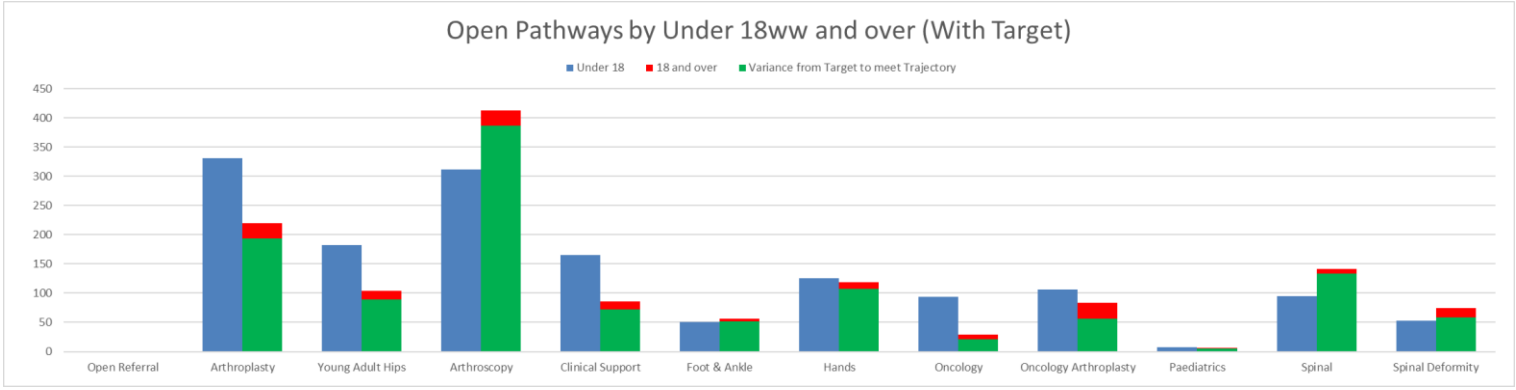
Est Over 18 Clock Stops Required		
To achieve	91.18%	1361
To achieve	92.35%	1386
To achieve	92.53%	1390

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**645**	0	140	78	127	61	21	66	37	54	3	40	18
7-13	**572**	0	112	74	122	62	21	40	39	43	2	36	21
14-17	**303**	0	79	30	63	42	8	19	18	9	2	19	14
18-26	**677**	0	164	63	165	65	26	45	19	33	2	67	28
27-39	**509**	0	54	38	181	18	27	54	8	38	4	55	32
40-47	**125**	0	2	3	52	3	3	17	2	11	0	18	14
48-51	**14**	0	0	0	11	0	0	1	0	1	0	1	0
52 weeks and over	**6**	0	0	0	4	0	0	2	0	0	0	0	0
Total	**2,851**	0	551	286	725	251	106	244	123	189	13	236	127

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,520**	0	331	182	312	165	50	125	94	106	7	95	53
18 and over	**1,331**	0	220	104	413	86	56	119	29	83	6	141	74
Current Month End RTT %	**53.31%**	n/a	**60.07%**	**63.64%**	**43.03%**	**65.74%**	**47.17%**	**51.23%**	**76.42%**	**56.08%**	**53.85%**	**40.25%**	**41.73%**

30/09/2022 Trajectory RTT %	91.18%	100.00%	92.73%	92.60%	92.24%	92.50%	92.00%	91.69%	92.70%	79.56%	93.33%	92.49%	76.95%
Target for RTT Trajectory	147	0	26	15	26	13	4	11	7	27	1	8	16
Variance from Target to meet Trajectory	1184	0	194	89	387	73	52	108	22	56	6	133	58



5. Referral to Treatment

Referral to Treatment Snapshot as 30th September 22 - Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

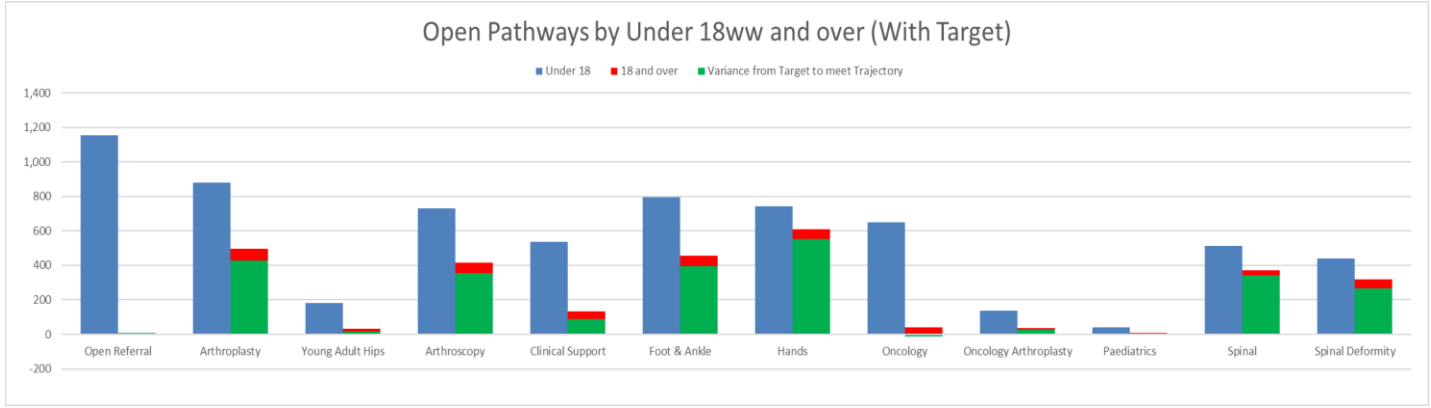
Est Over 18 Clock Stops Required		
To achieve	92.57%	2739
To achieve	92.35%	2719
To achieve	92.53%	2735

Select Pathway Type: Non Admitted

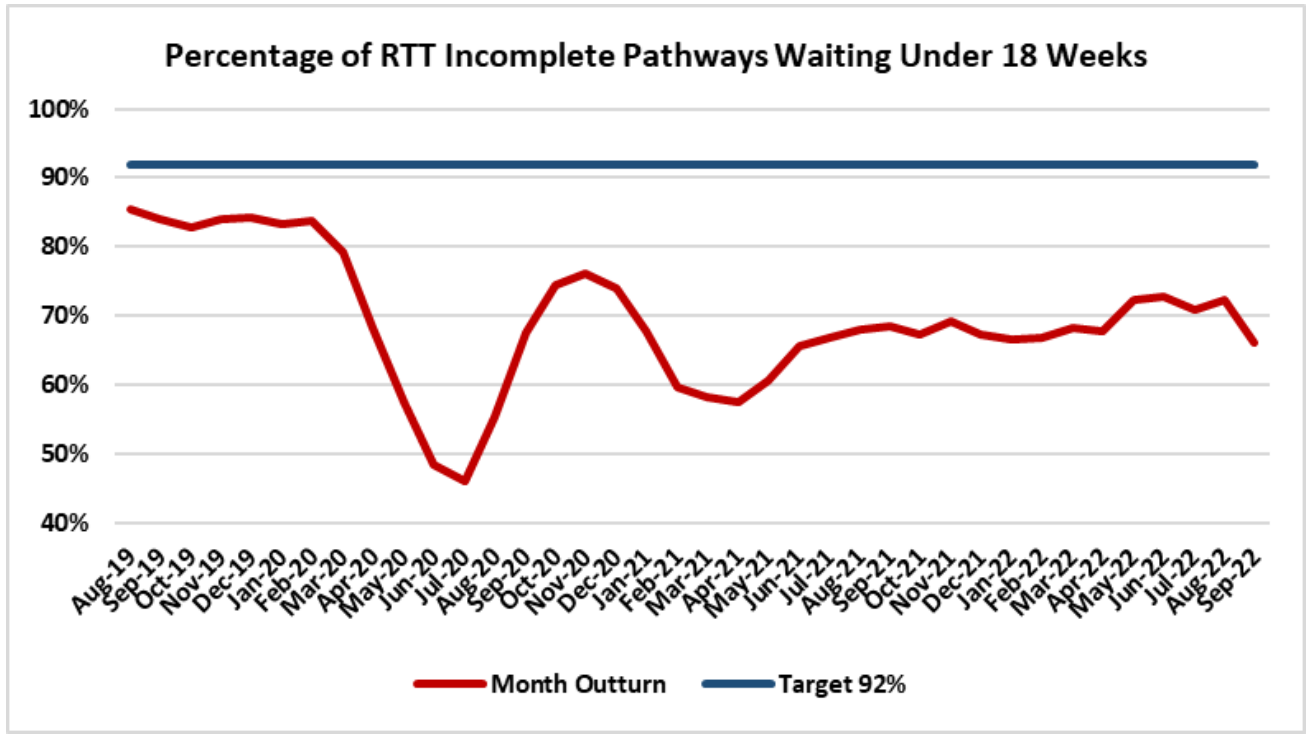
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,150**	1,021	372	80	288	162	301	289	322	63	18	122	112
7-13	**2,522**	121	385	75	304	247	353	288	228	65	14	233	209
14-17	**1,123**	10	121	27	137	129	141	165	99	11	9	157	117
18-26	**1,308**	6	103	16	175	108	235	230	33	18	7	207	170
27-39	**697**	0	72	9	107	21	91	133	8	8	1	132	115
40-47	**230**	0	56	5	30	3	20	40	0	11	0	33	32
48-51	**22**	0	5	0	2	2	2	10	0	1	0	0	0
52 weeks and over	**670**	0	259	2	103	0	108	198	0	0	0	0	0
Total	**9,722**	1,158	1,373	214	1,146	672	1,251	1,353	690	177	49	884	755

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,795**	1,152	878	182	729	538	795	742	649	139	41	512	438
18 and over	**2,927**	6	495	32	417	134	456	611	41	38	8	372	317
Current Month End RTT %	**69.89%**	99.48%	**63.95%**	**85.05%**	**63.61%**	**80.06%**	**63.55%**	**54.84%**	94.06%	**78.53%**	**83.67%**	**57.92%**	**58.01%**

30/09/2022 Trajectory RTT %	92.57%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	92.83%	92.43%	92.20%	92.05%	94.35%	89.60%
Target for RTT Trajectory	545	0	67	14	62	43	60	57	53	12	4	31	51
Variance from Target to meet Trajectory	2382	6	428	18	355	91	396	554	-12	26	4	341	266



5. Referral to Treatment



5. Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for September is 66.13% of 92%.
This reflects the impact of the 1000 patients from UHB received via mutual aid.
There are **676 patients** over 52 weeks, of which there are 6 patients that were originally on the ROH waiting list, all of which will have been treated by the end of October.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on all patients to date. We have 391 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis and the services meet weekly for in-depth review of the PTL.

2851 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals are at 2,154 (79.66%) **when compared to pre covid levels** referrals received in September 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

We are currently scoping capacity to supply additional mutual aid support for patients from RJAH in the spinal specialty.

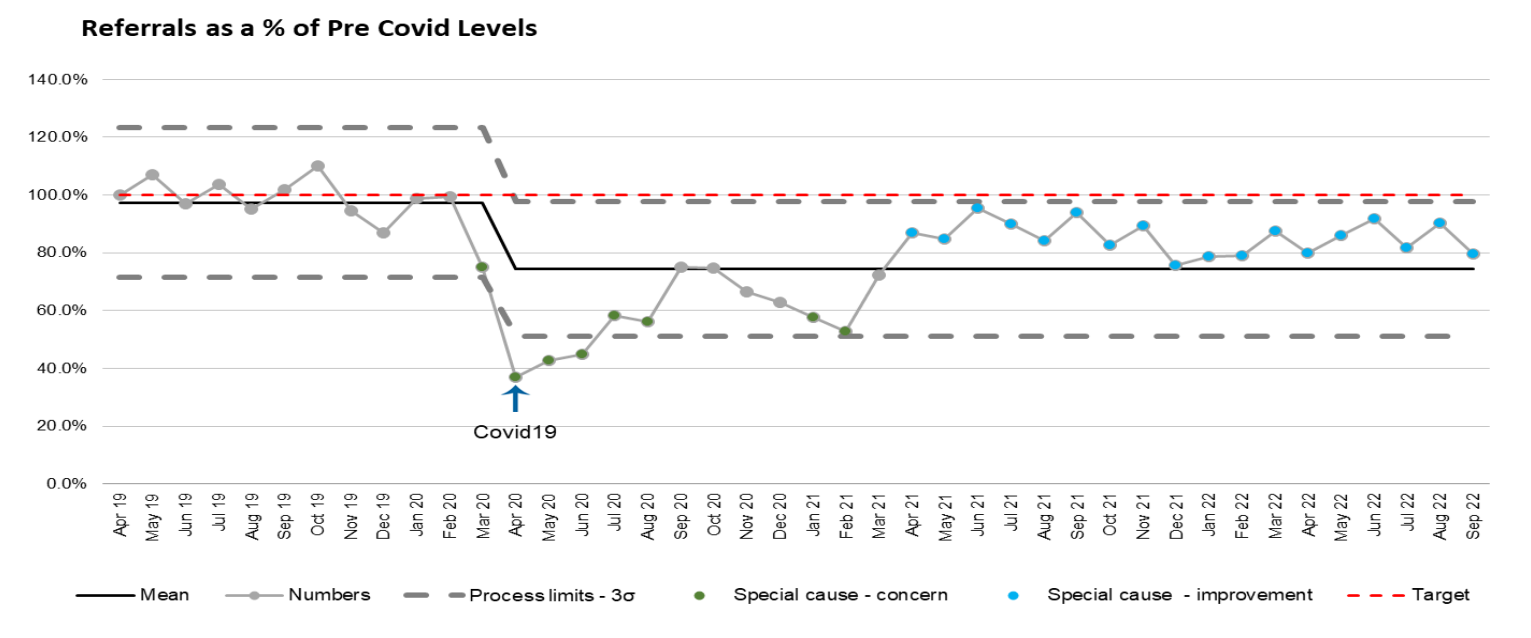
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to support the reduction in our patients waiting over 18 weeks. On-going development work underway to support the delivery of treating UHB mutual aid patients through a clear defined process on how we monitor and track the patients through their pathway, while we ensure we have a focus on clearing 52 week waiting patients.

RISKS / ISSUES

System support with UHB underway offering Mutual Aid for Non-admitted Outpatients: We have received 1000 new patients across large and small joints. To date all patients have been triaged, contacted and registered if they have accepted transfer to ROH from UHB. We are currently booking patients into outpatients and anticipate that a further cohort of 1000 patients will be instructed for transfer by the end of November. We are holding a weekly shared Mutual Aid Operational and Governance meeting with UHB colleagues with a monthly oversight group in place .

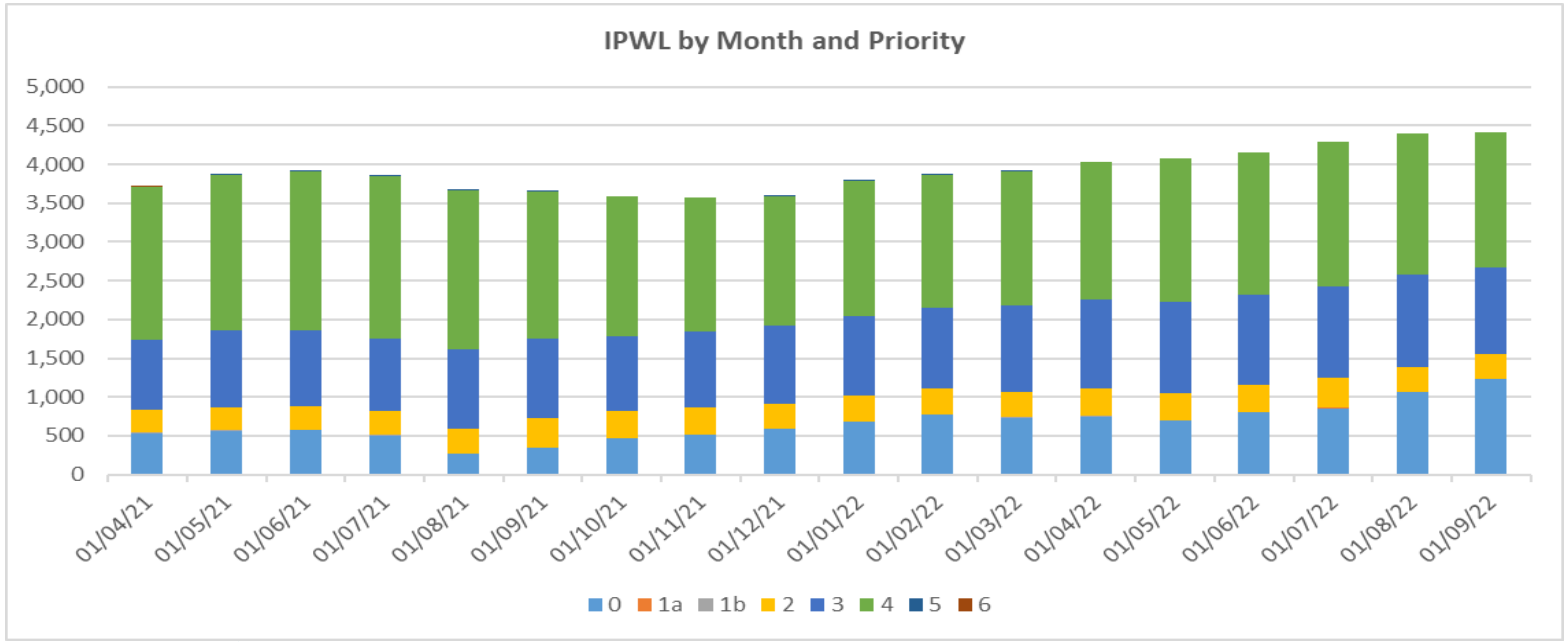
5. Referral to Treatment



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330	2483	2212	2440	2154						
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%	91.83%	81.80%	90.24%	79.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

5. Referral to Treatment



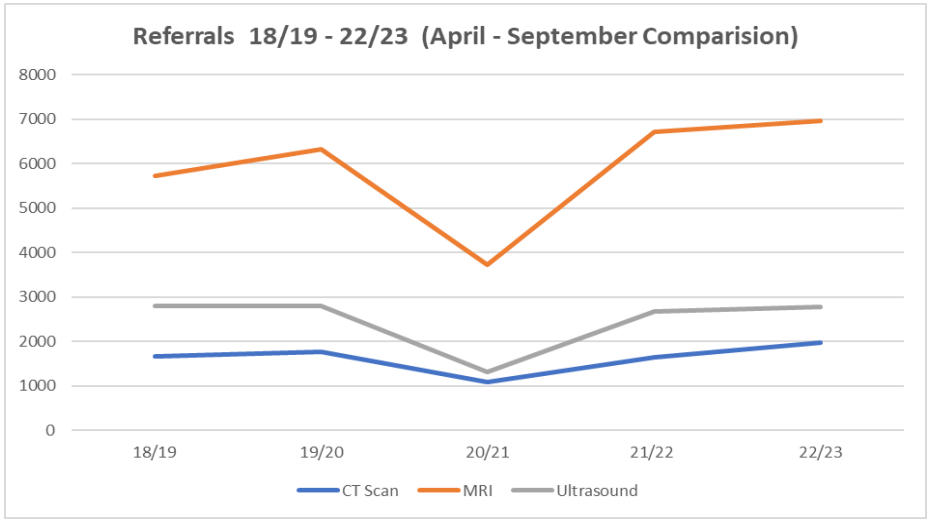
	Number of IP waiting as at	% of IP waiting as at
Priority	30/09/22	30/09/22
0	1226	28%
1a	2	0%
1b	2	0%
2	320	7%
3	1114	25%
4	1745	40%
5		0%
6		0%
Total	4409	100%

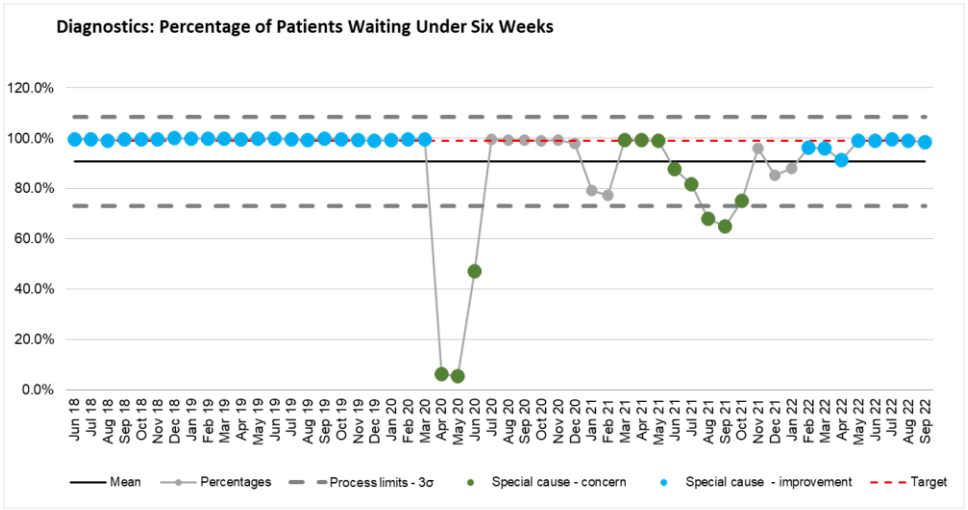
We have seen an increase in the number of patients without a priority status (p0) on our admitted waiting list. A meeting is underway with each speciality to agree an action plan to ensure that all patients have a priority status added on admission to waiting list. A weekly monitoring metric will now be added to the PTL to allow us to monitor improvements.

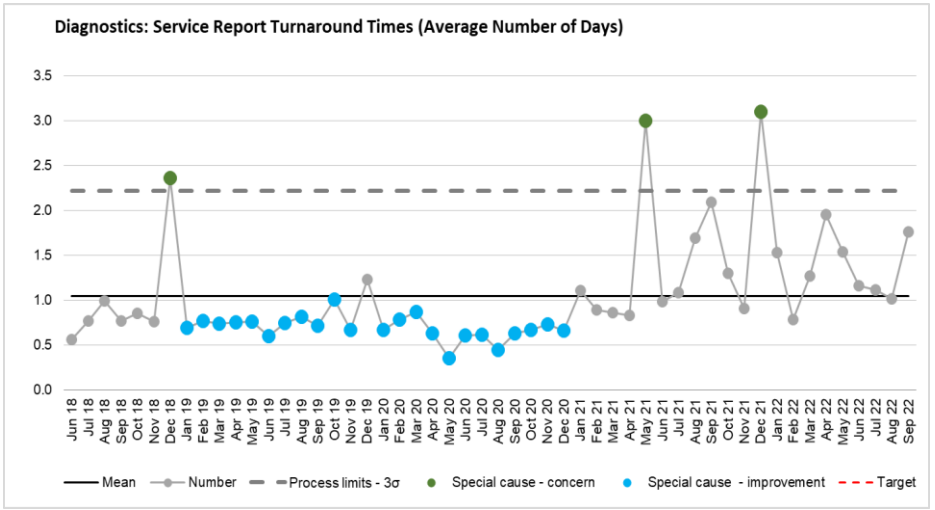
6. Diagnostic Performance

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

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376
May-22	825	75	92	992	9	983	99.1%	947	236	329	1512
Jun-22	752	93	101	946	9	937	99.0%	715	221	261	1197
Jul-22	619	137	107	863	5	858	99.4%	1114	238	383	1735
Aug-22	575	171	117	863	9	854	99.0%	1168	275	365	1808
Sep-22	582	113	128	823	12	811	98.5%	891	198	339	1428







6. Diagnostic Performance

SUMMARY

The Imaging service did not achieve the 99 % in September 2022 closing the month at 98.5%. The main area of challenge remains with paper based referrals being received late into the imaging Department. Patient choice has also impacted within the 12 patients who were outside of the 6 week standard.

National 22/23 operational target remains at 95% which ROH are achieving , however we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

October 22 report times remains on target and additional mobile MRI capacity has been confirmed in October 22 - March 23.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's. Awaiting DrDoctor implementation by end of the year (2022) to enable text messaging to support DNA reduction.

Order Comms to be implemented by December 2022 to ensure the timely transfer of outpatient referrals within the imaging department.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

7. Cancer Performance

Summary Performance Figures – August 2022 (October Submission)

		Aug-22					Jul-22				
	Target	Patients	Compliant	Breach	Total	%	Patients	Compliant	Breach	Total	%
2WW	93%	74	70	4	74	94.60%	73	68	5	73	93.20%
31 day 1st	96%	13	13	0	13	100%	9	9	0	9	100%
31 day sub	94%	9	9	0	9	100%	9	9	0	9	100%
62 days	85%	8	1.5	3.5	5	30%	10	3	4.5	7.5	40%
Upgrade	90%	14	7.5	2	9.5	78.90%	3	1.5	0	1.5	100%
28 day FDS	75%	85	65	20	85	76.50%	74	56	18	74	75.70%
104 days treated at ROH	0	0					0				

Performance

Performance has improved in August 2022 across all metrics and all standards have been met apart from the 62 day standard.

Breaches were reflective of the reduction in the 62 day backlog as patients have been treated. There was a combination of complex shared pathways between Trusts and tertiary referrals being received without a diagnosis. There were 5 pathway patients that had a non-cancer diagnosis after the treatment date which reduced the denominator from 10 to 5.

The pathology database transition has taken place in September and the team are working closely with informatics and pathology to anticipate any avoidable delays as teams become more familiar with the new system. This is managed closely through the weekly Cancer PTL review and escalation process.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery

8. Overall Financial Performance

SUMMARY

The Trust delivered a deficit in month of £210k against a planned £36k surplus. This is contributing towards a year to date deficit of £693k and £927k behind plan.

Income year to date is £2,058k better than plan, as a result of recognising additional inflationary income allocation and higher than planned private patient income. The year to date position now also excludes income provision for ERF clawback for underperformance against target.

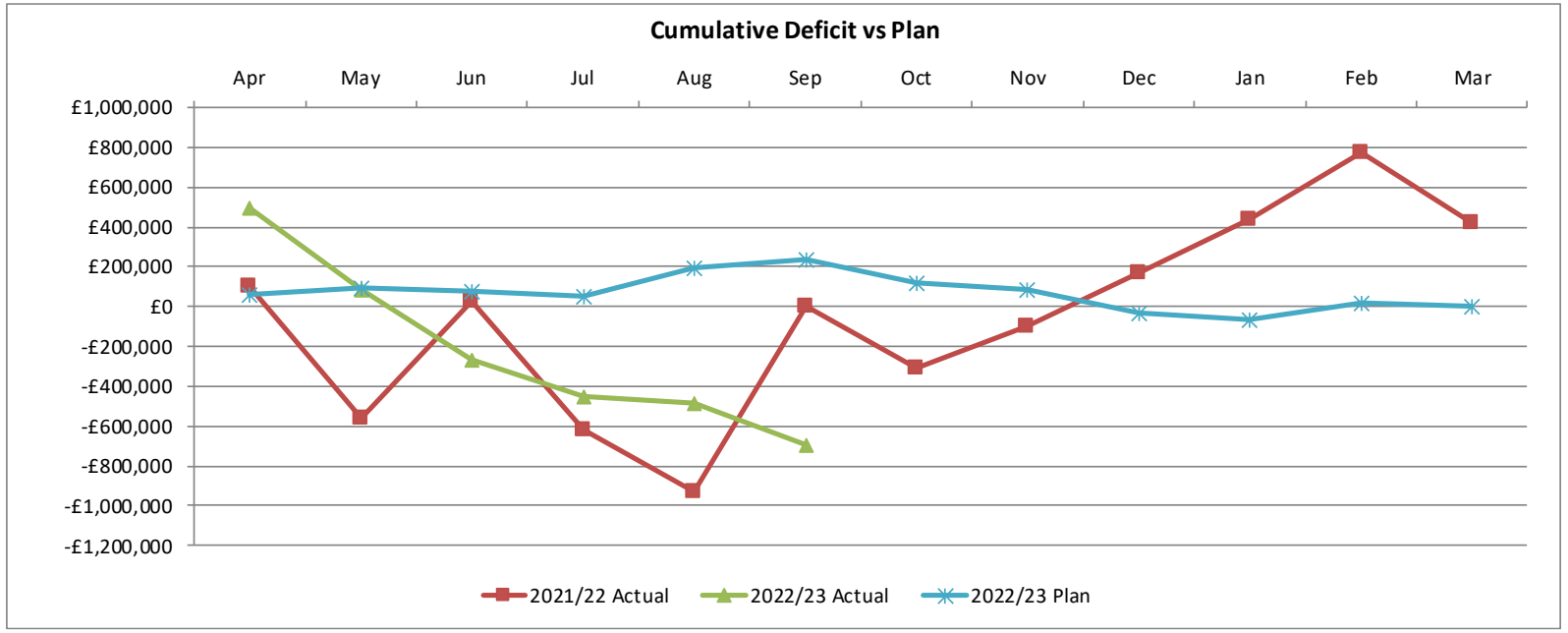
Pay and non pay expenditure overspent year to date by £2,974k, with an overspend on both non-pay and pay.

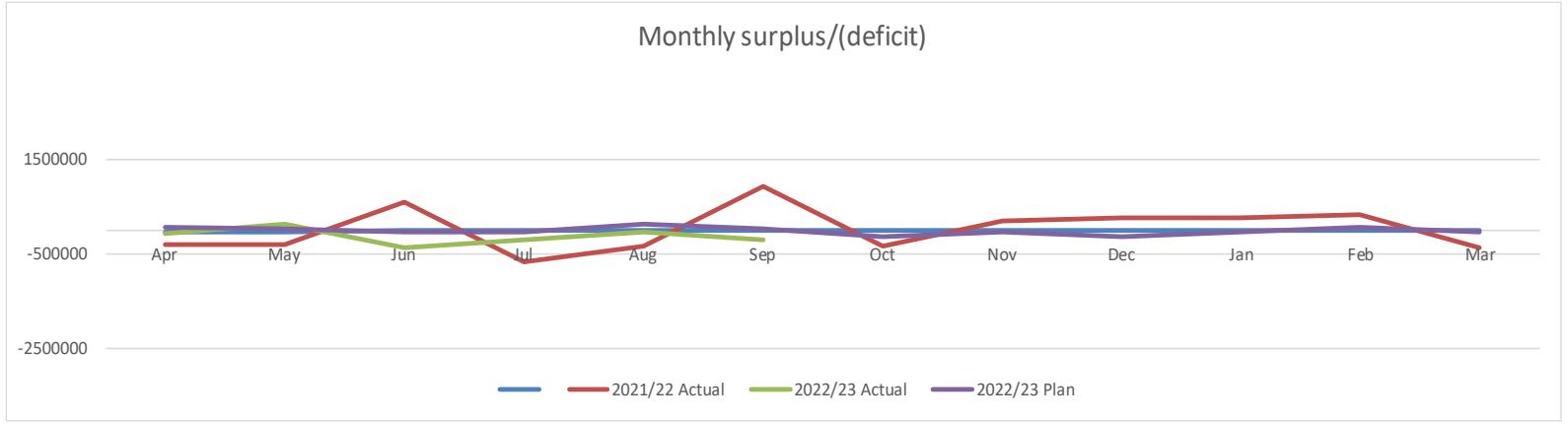
	£'000s				
	Income	Pay	Non Pay	Finance costs and capital donation	Total
Year to date Variance	£2,058	-£632	-£2,342	-£11	-£927
Year to date plan	£58,587	-£33,501	-£24,309	-£544	£233
Year to date actual	£60,645	-£34,133	-£26,651	-£554	-£693
Variance compared previous month	↑ £864	↓ -£824	→ -£293	↑ £7	↑ -£246
Forecast Variance	£2,829	-£989	-£1,963	£123	£0

8. Overall Financial Performance

	Plan	Actual	Variance
	Year to date (£'000)		
Operating Income from Patient Care Activities	£56,385	£58,119	£1,734
Other Operating Income (Excluding top up)	£2,202	£2,525	£323
Employee Expenses (inc. Agency)	-£33,501	-£34,133	-£632
Other operating expenses	-£24,309	-£26,651	-£2,342
Operating Surplus	**£777**	**-£139**	**-£916**
Net Finance Costs	-£584	-£595	-£11
Net surplus/(deficit)	**£193**	**-£734**	**-£927**
Remove donated asset I&E impact	£40	£41	£1
Adjusted financial performance	**£233**	**-£693**	**-£926**

8. Overall Financial Performance





9. Income

SUMMARY

Income year to date is £2,058k better than plan, as a result of recognising Month 1-6's additional inflationary income allocation and the pay award increase.

The year to date position excludes any assumption of ERF clawback for M1-6 underperformance against system activity targets following guidance from NHS England.

Private patient income performed £610k above plan year to date.

AREAS FOR IMPROVEMENT

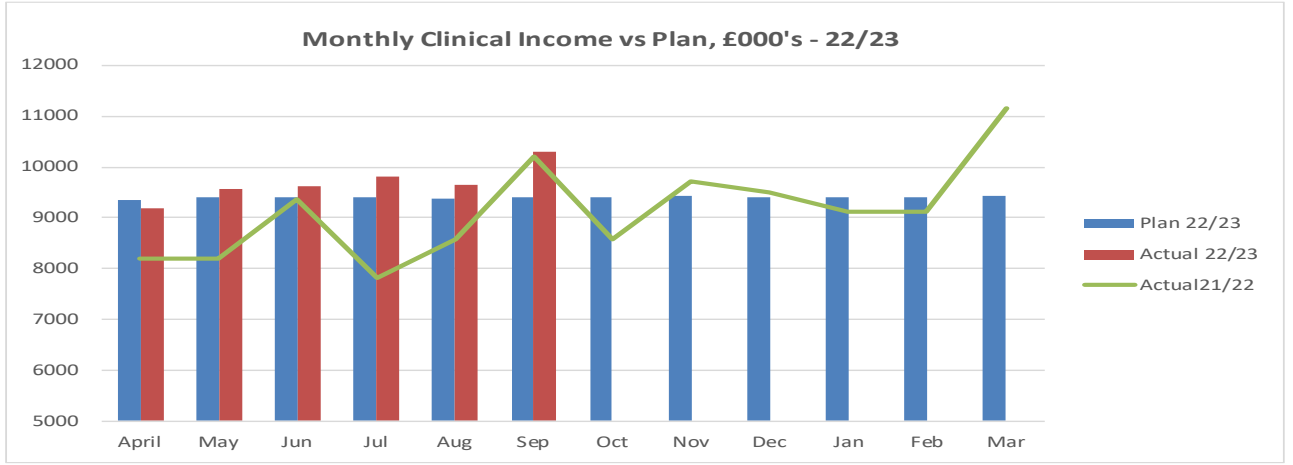
Other income, whilst above plan by £174k year to date, was still below 2019/20 levels. This category of income includes car parking, catering and accommodation.

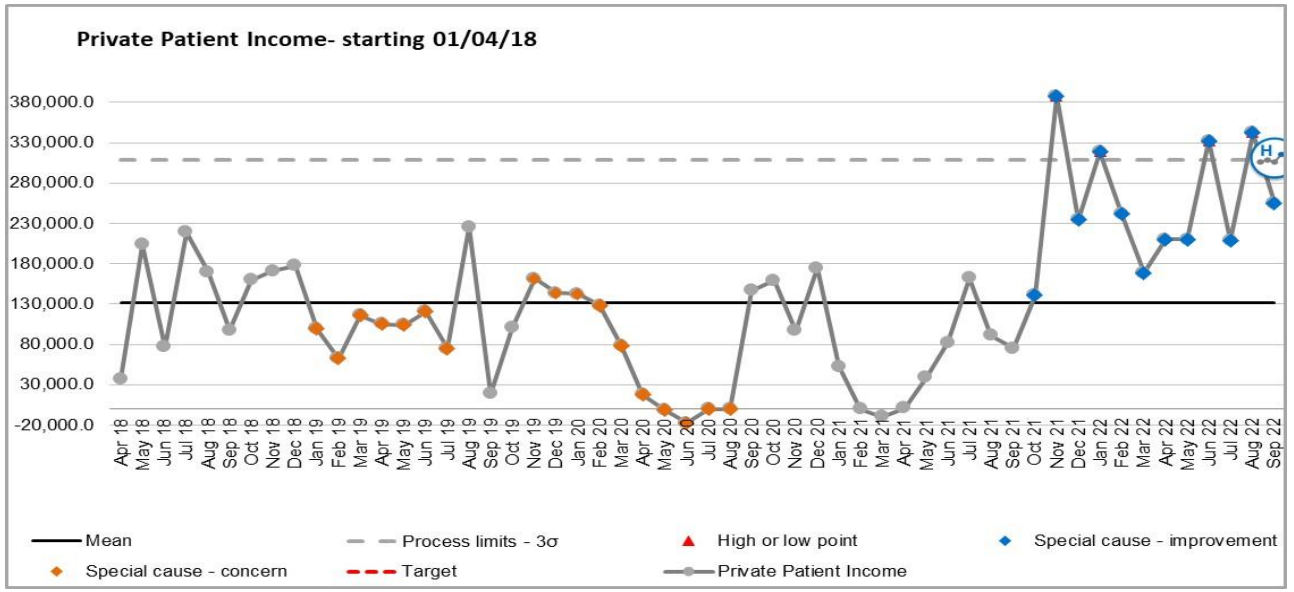
RISKS / ISSUES

Uncertainty remains around the implementation of the elective recovery funding (ESRF) clawback mechanism. The system are performing significantly below target against ESRF. The system have not yet agreed how internal performance against ERF will be managed, and how overperformance against a provider target could be incentivised, within a system break-even or underperformance position.

Non recurrent funding will continue to be received in 2022/23, generating an underlying financial risk for 2023/24 and beyond.

9. Income


Monthly Clinical Income vs Plan, £000's - 22/23
12000
11000
10000
9000
8000
7000
6000
5000
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Plan 22/23
Actual 22/23
Actual21/22


Private Patient Income- starting 01/04/18
380,000.0
330,000.0
280,000.0
230,000.0
180,000.0
130,000.0
80,000.0
30,000.0
-20,000.0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
Dec 18
Jan 19
Feb 19
Mar 19
Apr 19
May 19
Jun 19
Jul 19
Aug 19
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Mar 21
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
Mean
Process limits - 3σ
High or low point
Special cause - improvement
Special cause - concern
Target
Private Patient Income

9. Expenditure

SUMMARY

Pay and non pay expenditure overspent year to date by £2,974k, with overspends both on pay and non-pay.

Overall pay spend is higher than plan year to date by £632k. Agency spend is £1,048k overspent with the key drivers being increase in activity, continued high sickness, and long term continuation of vacancies. Overall agency spend increased in month, particularly in relation to nursing, with a reduction in medical agency. The overspend in agency is partially offset however, by a underspend in bank spend of £387k, and substantive pay of £42k.

Overall non pay spend is higher in month largely as a result of the additional non-pay costs of activity delivery, and inflationary pressures.

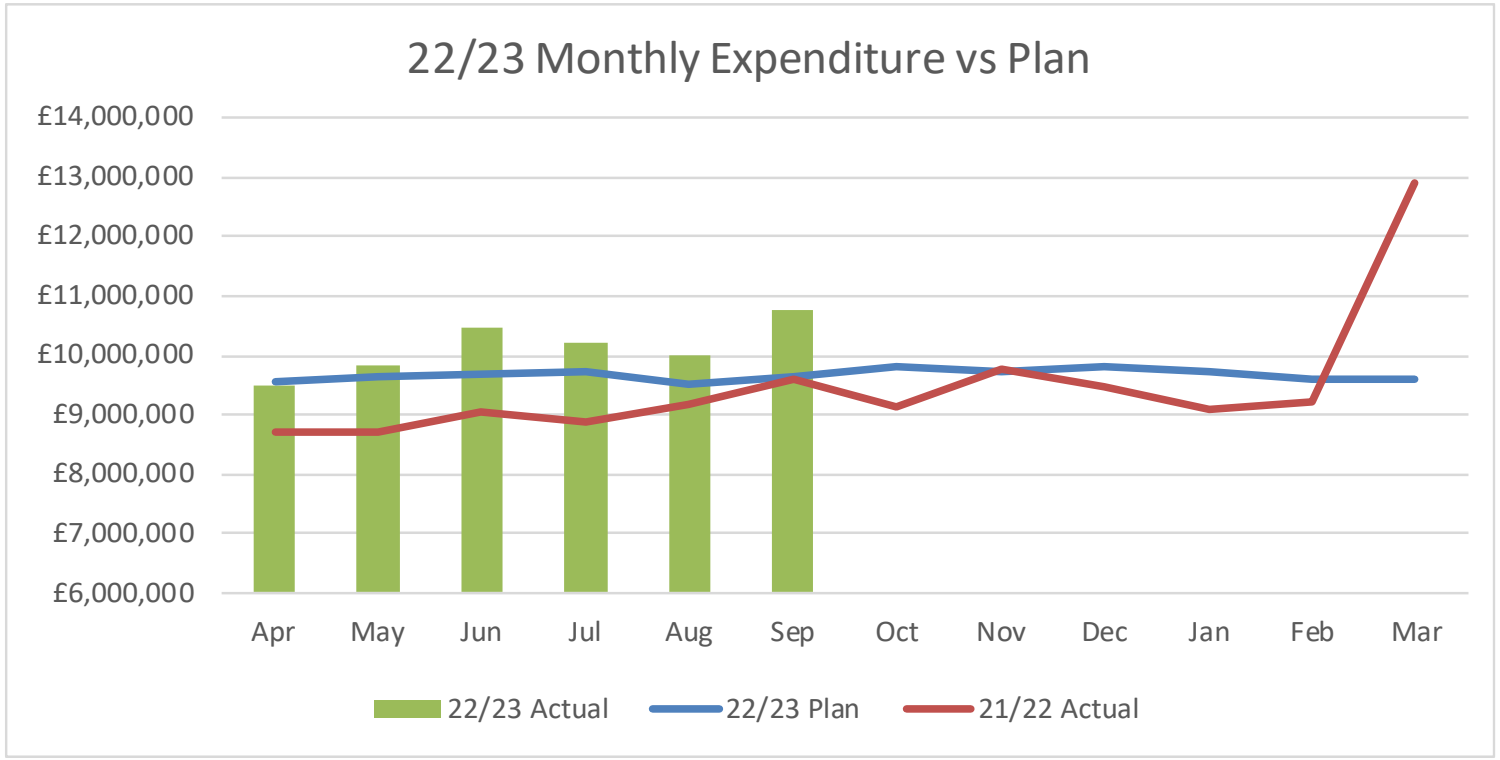
AREAS FOR IMPROVEMENT

Agency spend is above plan year to date by £1,048k. A greater focus by NHS England on agency controls is leading to greater scrutiny in this area of expenditure.

RISKS / ISSUES

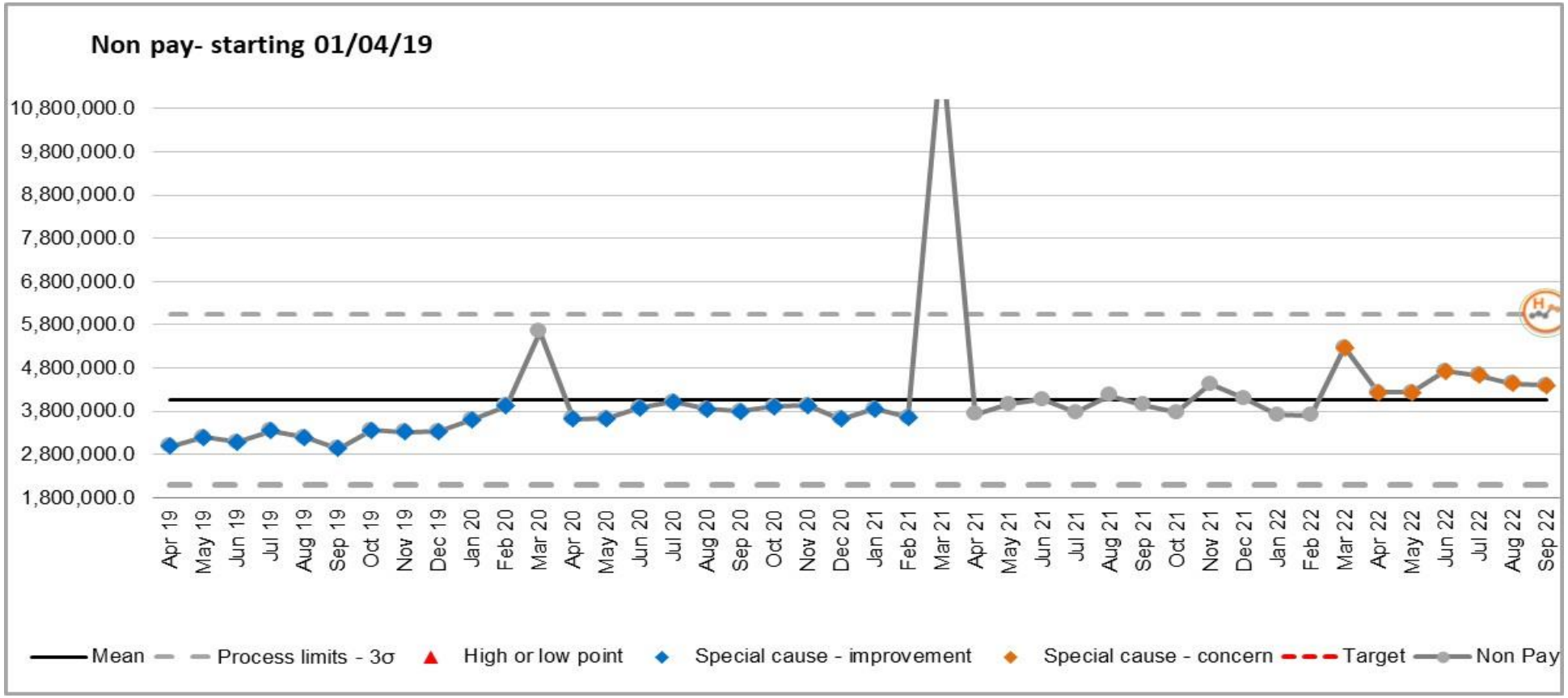
Agency spend remains high causing a significant cost pressure during the year.

9. Expenditure



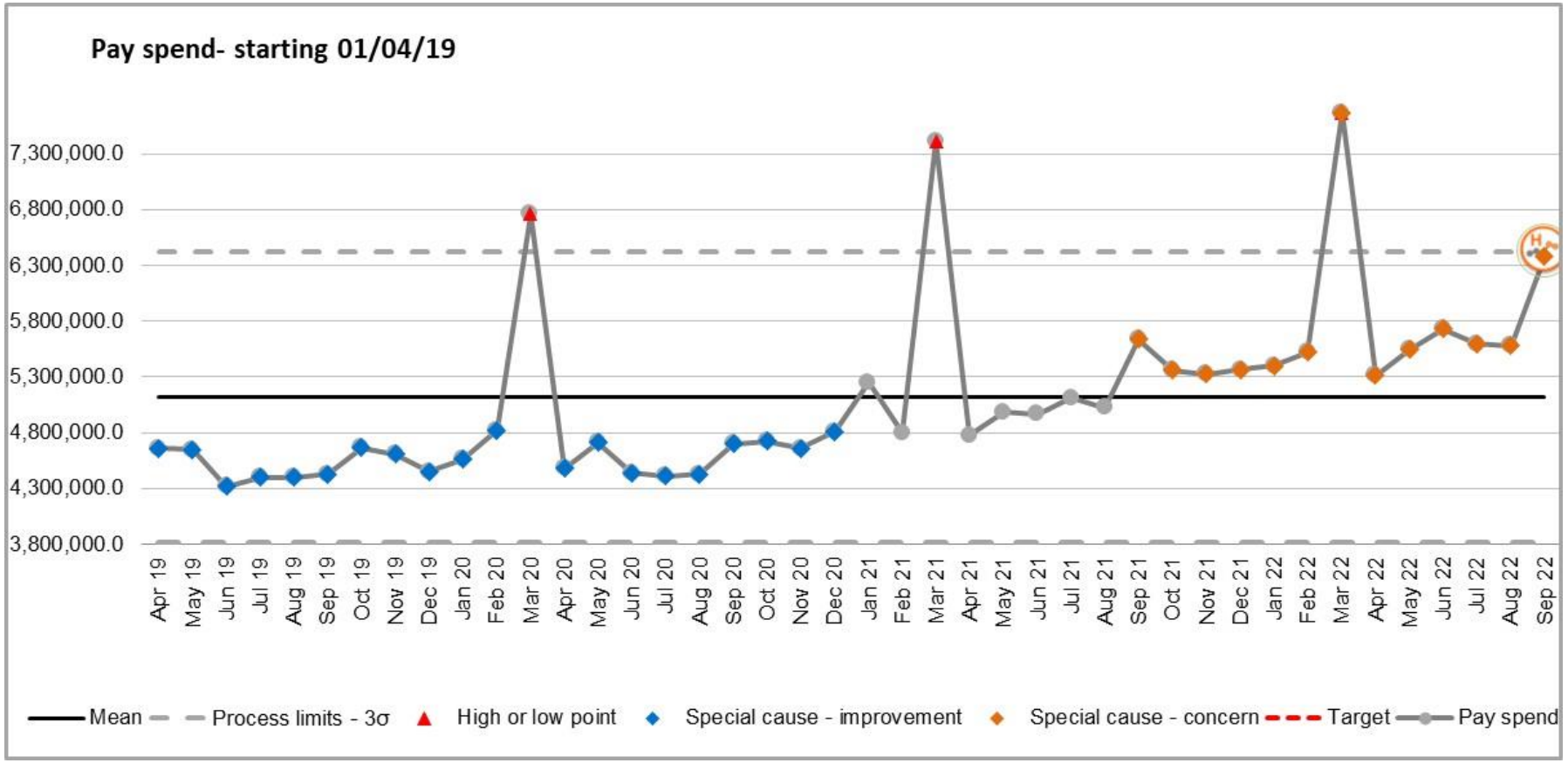
9. Non Pay Expenditure

Non-pay expenditure

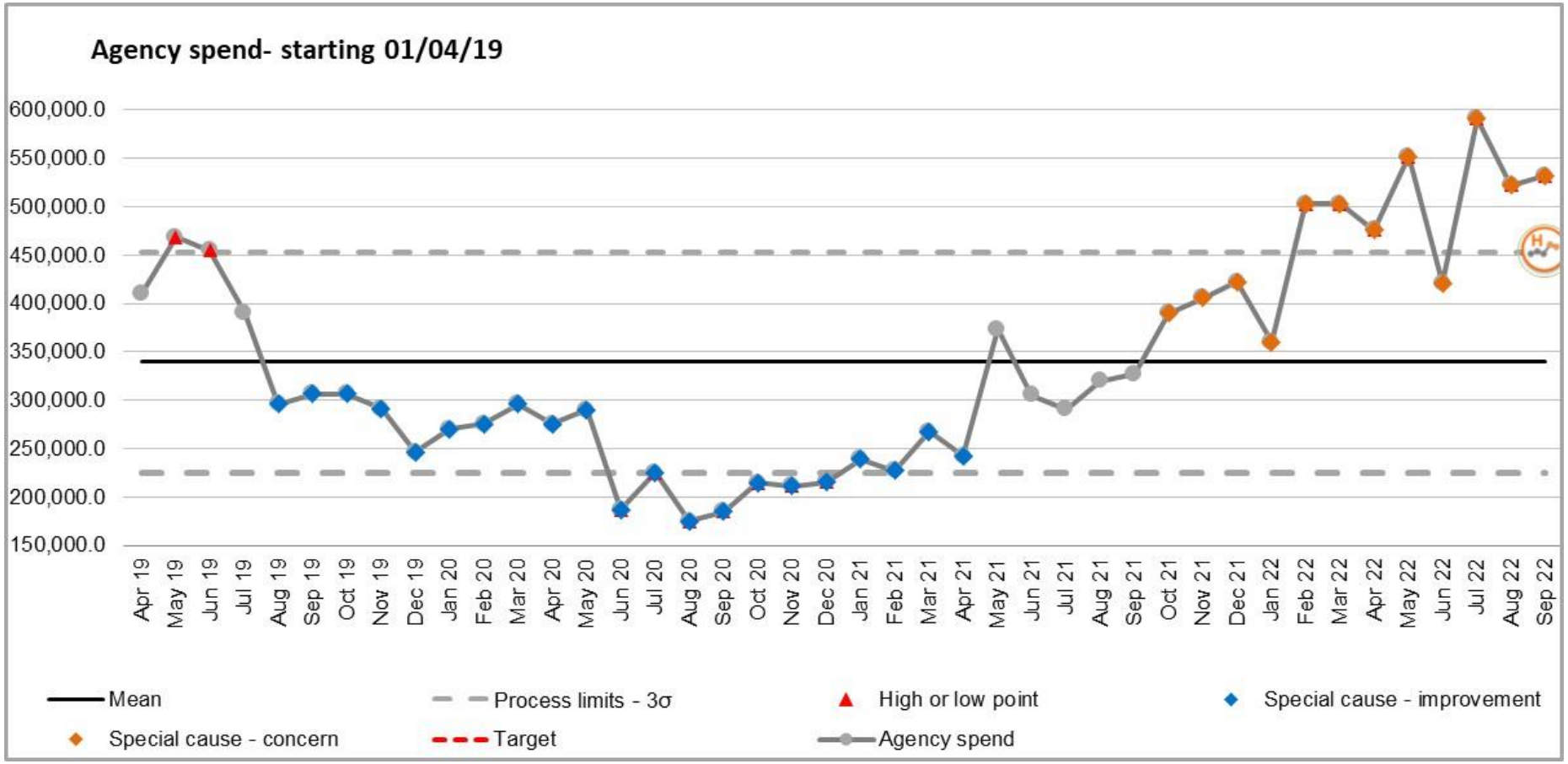


9. Pay Expenditure

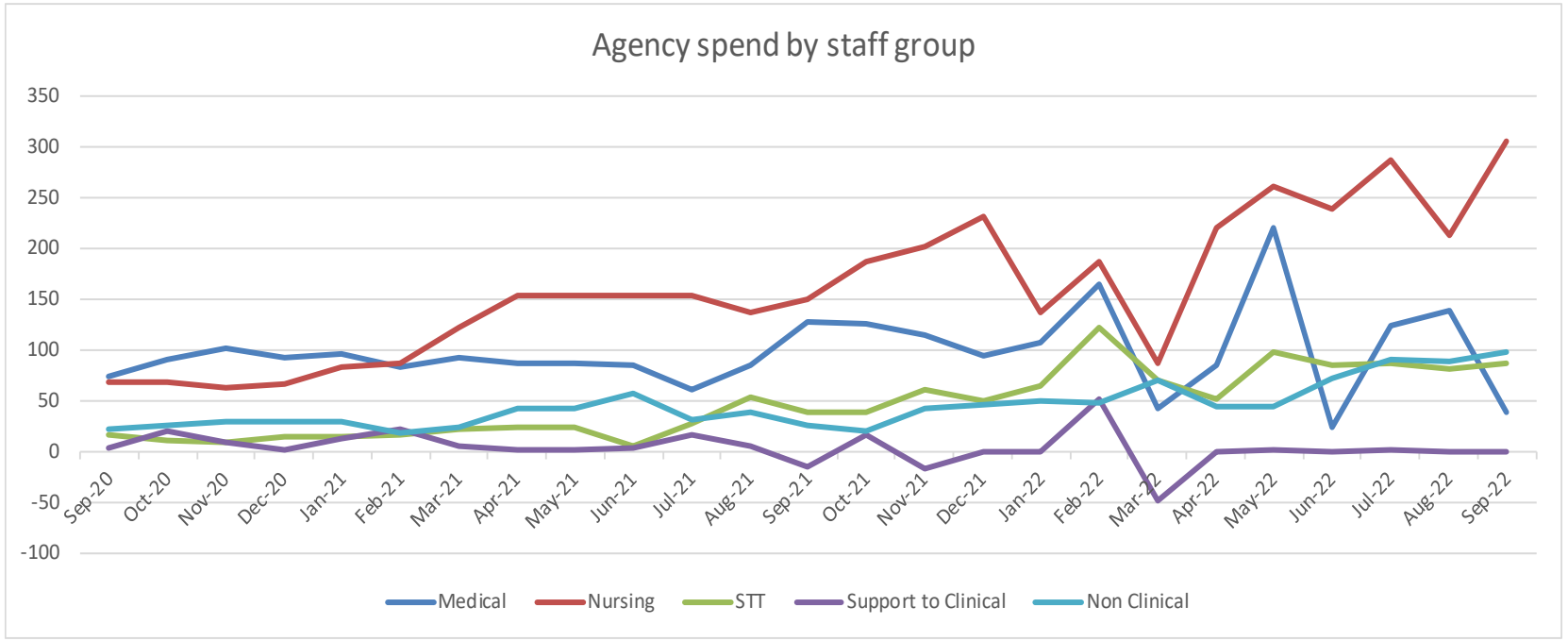
Pay expenditure



11. Agency Expenditure



11. Agency expenditure



12. Cost Improvement Programme Summary

SUMMARY

Year to date savings of £1,098k have been delivered ahead of £967k plan generating a favourable variance of £131k.

CIP Category	Year to date Plan	Year to date Actual	Variance	Forecast
Pay	£100	£13	-£87	£326
Non pay	£732	£625	-£108	£1,724
Income	£135	£461	£326	£717
Grand Total	**£967**	**£1,098**	**£131**	**£2,767**

Scheme		CIP Stage (1-5)	YTD Plan	YTD Actual	Variance
Private patient service expansion	**4- Execution**	High	£60	£461	£401
Procurement - Birmingham Hospital Alliance Collaborative	**4- Execution**	Med	£482	£232	-£250
Hips & Knees Implant Rationalisation / contract negotiation	**5- Review**	Med	£153	£218	£64
Medical Engineering contract reduction due to transfer to GENMED	**4 - Execution**	n/a	£0	£86	£86
Spinal Implant Rationalisation & Modernisation	**3- Planning**	Med	£15	£81	£66
Medical Agency Reduction - Direct Engagement	**5- Review**	Med	£58	£11	-£47
Northfield Shopping Centre - 50 car parking spaces handed back	**4 - Execution**	n/a	£0	£6	£6
Energy efficiency schemes	**1 - Idea**	n/a	£0	£2	£2
Gaffrey reduced PA's	**4 - Execution**	n/a	£0	£2	£2
Mortuary off site service provision	**1 - Idea**	n/a	£0	£0	£0
Training Nurse Associates (TNA)	**4- Execution**	Med	£0	£0	£0
Managed Patient Communications via Synertec	**5- Review**	High	£6	£0	-£6
2nd MRI Scanner (1.5T) - Hire out Days/Radiographers (within STP)	**1 - Idea**	n/a	£0	£0	£0

13. Statement of Financial Position

SUMMARY

The most significant movement on the balance sheet is the implementation of IFRS 16 which has resulted in a substantial uplift in tangible assets and an offsetting increase in borrowings, having an overall limited impact on net assets employed.

	2021/22 M12	2022/23 M6	Movement
	(£'000)		
Intangible Assets	£1,536	£1,320	-£216
Tangible Assets	£45,448	£62,071	£16,623
Total Non Current Assets	**£46,984**	**£63,391**	**£16,407**
Inventories	£359	£362	£3
Trade and other current assets	£9,946	£12,986	£3,040
Cash	£11,147	£11,744	£597
Total Current Assets	**£21,452**	**£25,091**	**£3,639**
Trade and other payables	-£13,323	-£14,468	-£1,145
Borrowings	-£1,057	-£17,986	-£16,929
Provisions	-£7,818	-£9,045	-£1,227
Other Liabilities	-£744	-£2,220	-£1,476
Total Liabilities	**-£22,942**	**-£43,719**	**-£20,777**
Total Net Assets Employed	**£45,494**	**£44,763**	**-£731**
Total Taxpayers' and Others' Equity	**£45,494**	**£44,763**	**-£731**

14. System Financial Performance

Adjusted financial performance surplus / (deficit)	Year to Date			Forecast			YTD Actual Movement
	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Annual Plan £000s	Outturn £000s	Forecast Variance £000s	£000s
B'ham and Solihull MH NHSFT	0	-1,570	-1,570	0	0	0	-279
B'ham Community Healthcare NHSFT	1,262	3,363	2,101	0	0	0	1,363
B'ham Women's and Children's NHSFT	0	3,590	3,590	0	4,590	4,590	1,659
Royal Orthopaedic Hospital NHSFT	233	-689	-922	0	0	0	-206
University Hospitals B'ham NHSFT	0	-15,862	-15,862	0	0	0	-1,358
Provider Total	1,495	-11,168	-12,663	0	4590	4590	1,178
B'ham and Solihull CCG	-100,543	0	100,543	-100,543	0	100,543	0
B'ham and Solihull ICB	100,543	259	-100,284	100,543	0	-100,543	72
Commissioner Total	0	259	259	0	0	0	72
System Total	1,495	-10,909	-12,404	0	4590	4590	1,250

SUMMARY

*Note the above figures are currently draft.

- Birmingham and Solihull ICS are reporting a year to date deficit of £10.9m, which is £12.4m worse than planned for the year to date, although the system is currently forecasting a overall surplus of £4.5m, driven by a movement in BWCH's forecast outturn.
- Capital expenditure on the system business as usual envelope is currently being reported as £10m below plan, whilst spend against the total CDEL allocation is £46m below plan. The forecast for year end is an underspend of £12.2m, driven by UHB's position.
- Providers continue to have strong cash balances at the end of September, with total cash balances £98m greater than planned for. The forecast position is a cash balance £8m ahead of plan.
- The system has delivered 103% of its planned efficiencies in the first six, however there is a significant proportion being delivered non-recurrently.
- The system has been issued with an agency cap, which it is being monitored against from 1st September 2022. This is currently being breached, and the forecast is a £22m overspend against cap.

Trust Workforce Metrics	Aug-22	Sep-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1247	1247	0	-	-
Staff In Post - Full Time Equivalent	1101.61	1101.277	-0.33256	-	-
Staf Turnover % - Unadjusted	18.22%	18.38%	0.16%	↑	<=11.5%
Staf Turnover % - Adjusted	15.32%	15.62%	0.30%	↑	<=11.5%
Total WTE Employed as % of Establishment	79.90%	82.02%	2.12%	↑	>=93%
Total WTE Employed as % of Establishment - Clinical	77.84%	79.70%	1.86%	↑	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	83.68%	86.42%	2.74%	↑	>=96%
% Of Attendance	93.86%	94.05%	0.19%	↑	>=96.3%
% Of 12 mth MAA Attendance	93.62%	93.65%	0.03%	↑	>=96.3%
% Staff received mandatory training last 12 months	87.52%	87.54%	0.02%	↑	>=93%
% Staff received formal PDR/appraisal last 12 months	56.50%	55.88%	-0.62%	↓	>=95%
% of Sickness - Trust wide Long-term	4.10%	2.75%	-1.35%	↓	-
% of Sickness - Trust wide Short-term	4.69%	3.21%	-1.48%	↓	-
Return To Work Completion %	38.10%	40.00%	1.90%	↑	>=80%

Summary / Highlights

In September, 87.5% of staff had completed their mandatory training within the last 12 months which is a slight increase on August. Staff have been completing their mandatory training through e-Learning over the last year, with new starters supported to complete their mandatory training prior to starting. Classroom sessions have now started back up.

Turnover (both Unadjusted and Adjusted) has been increasing over the last few months and at the moment, turnover unadjusted stands at 18.38% which is the highest it has been since 2018.

The percentage of staff attendance in the month has increased to 94.05%.

The Establishment of WTE is still below target but has increased to 82.02% from 79.90% in August.

Risks / Issues

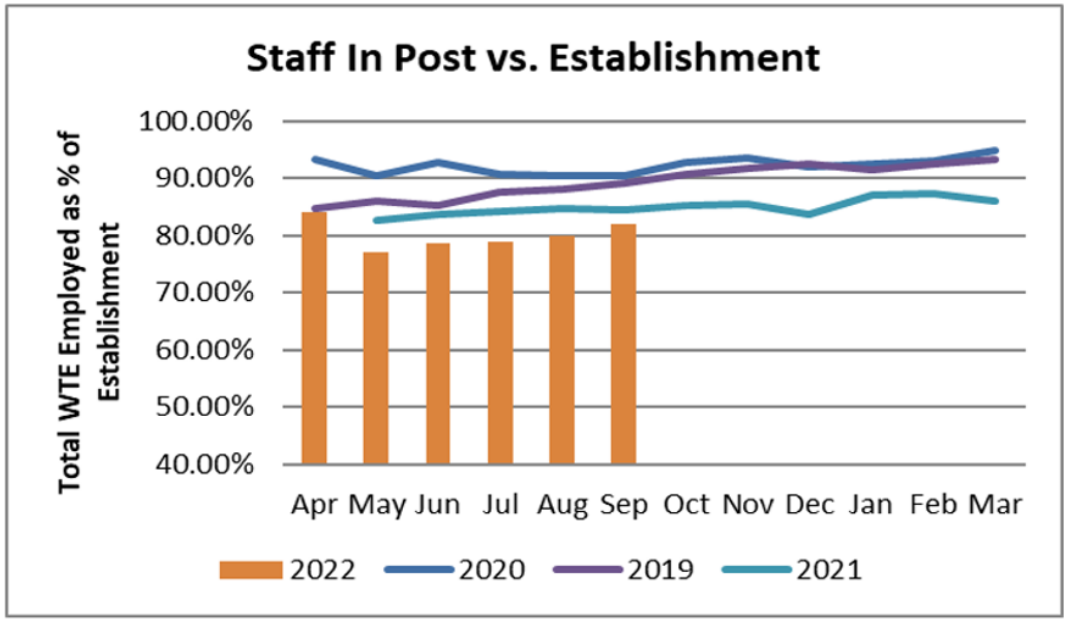
A new process was implemented in April 2021 to support with more accurate reporting of staff turnover. Since this launch the figures have continued to increase.

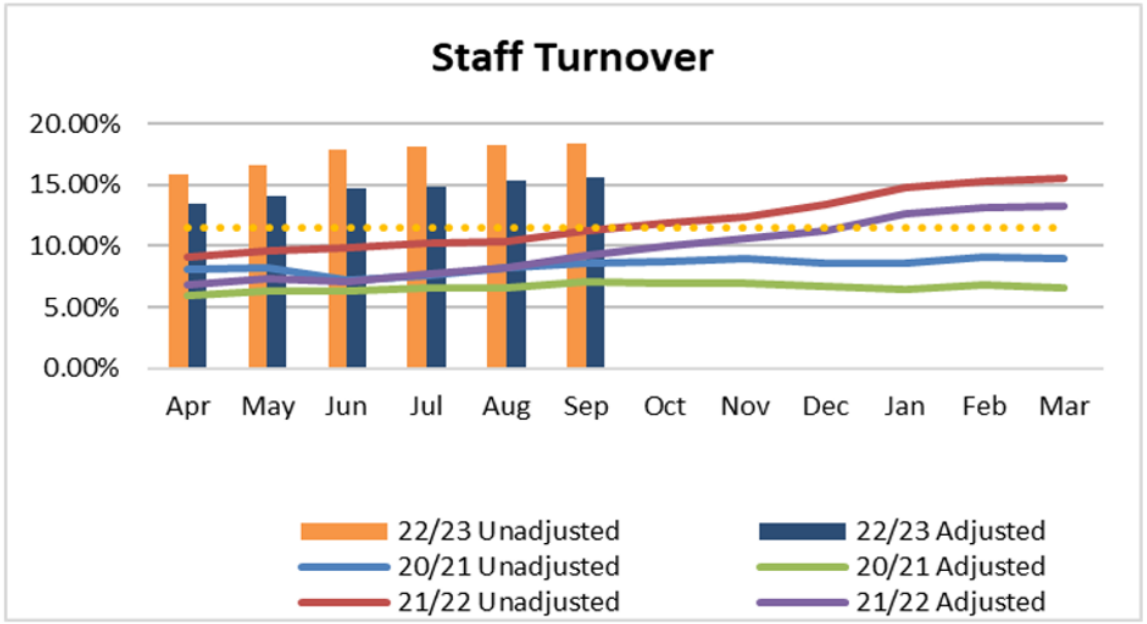
Turnover pre-COVID was just above 10%, so this may not be an unusual trend for the Trust, and also reflect how more staff where retained through the peaks of the COVID pandemic.

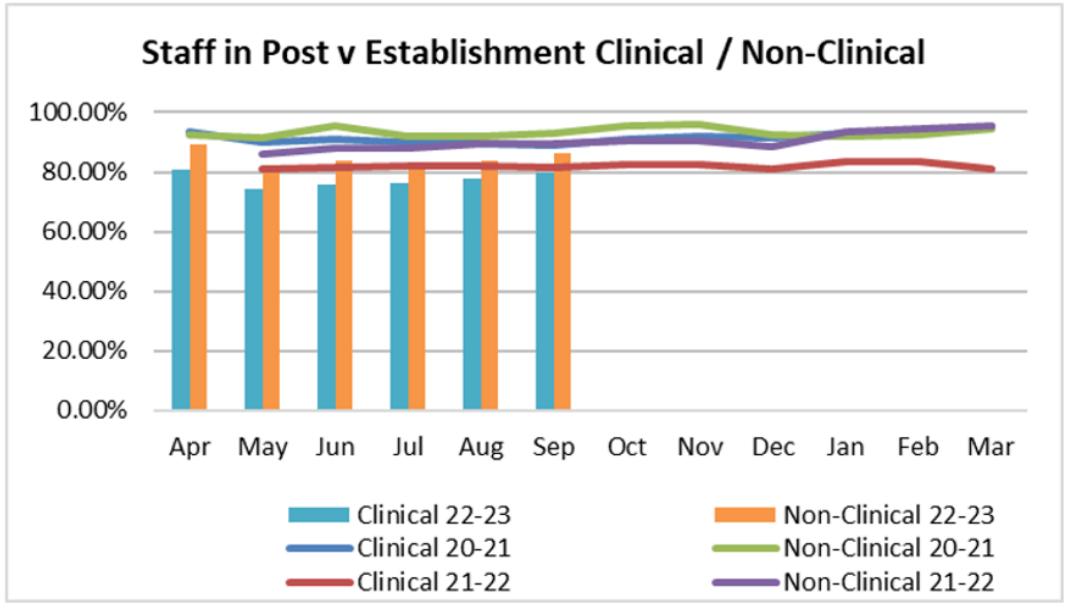
We anticipate that over the next few months, attendance may drop as we come through the winter months. Staff are being encouraged to have their Annual Leave which should hopefully help with minimising the impact of this.

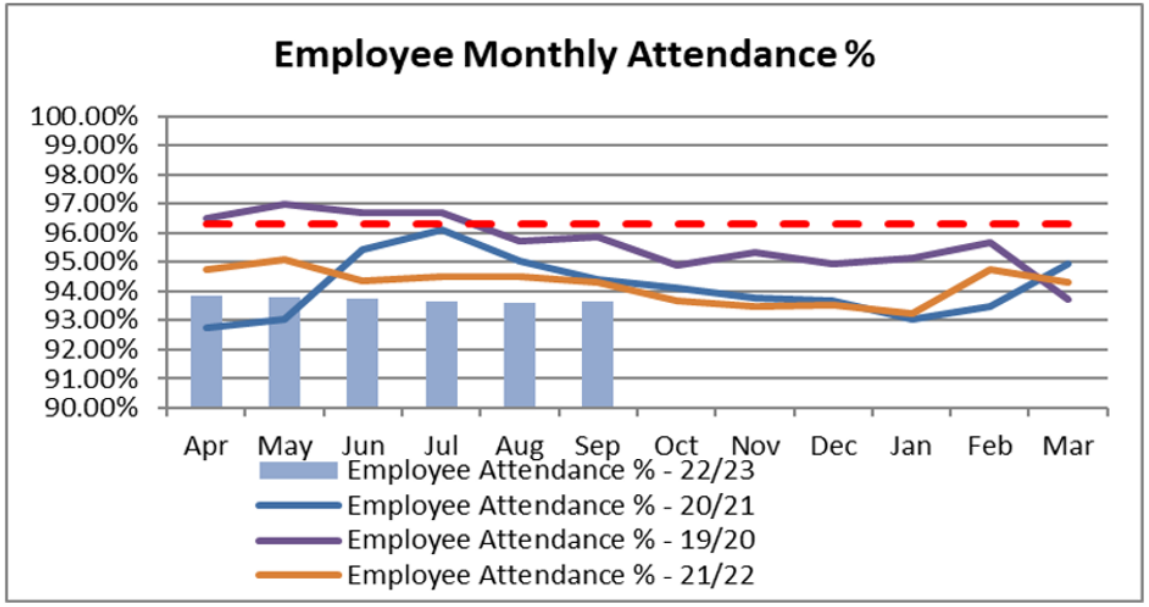
Actions

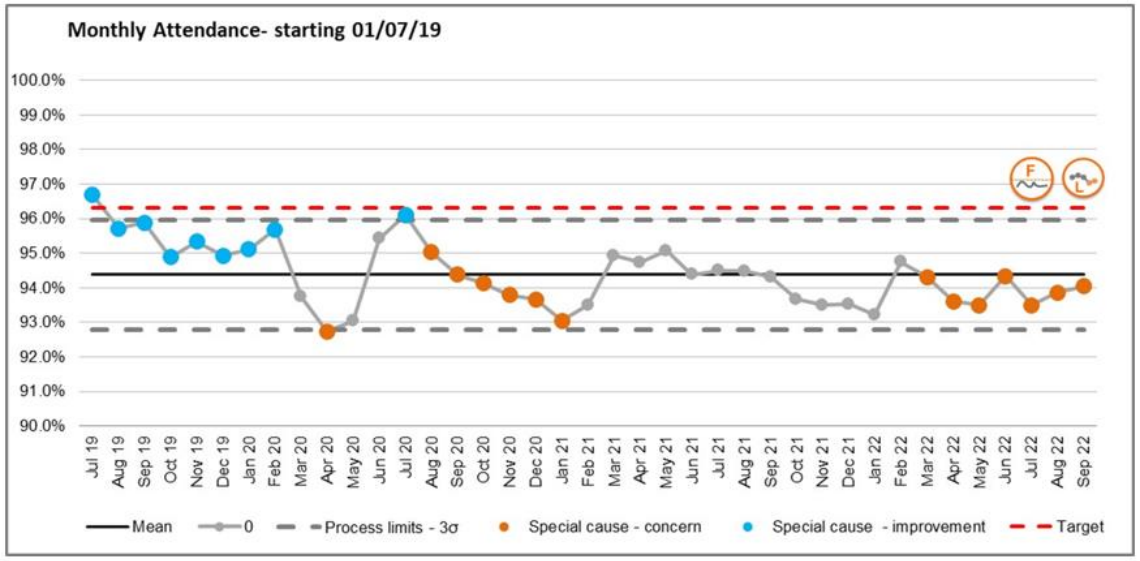
Turnover figures should be monitored over the next few months so we can understand why people are leaving the trust, we will need to analyse the exit questionnaires and exit meetings data.

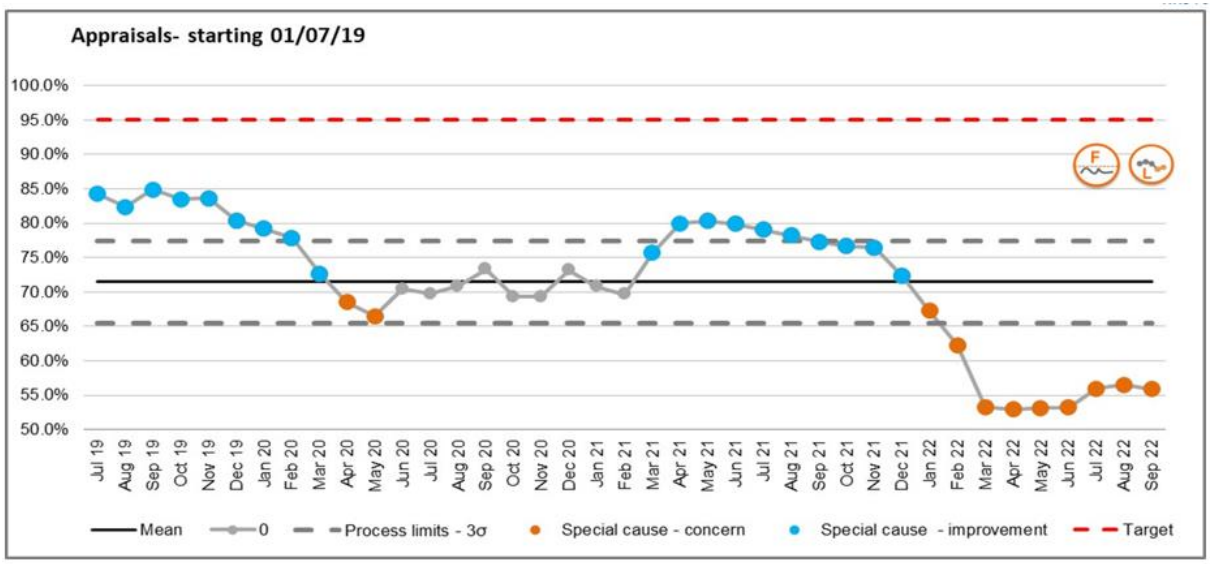

Staff In Post vs. Establishment
Total WTE Employed as % of Establishment
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2022
2020
2019
2021

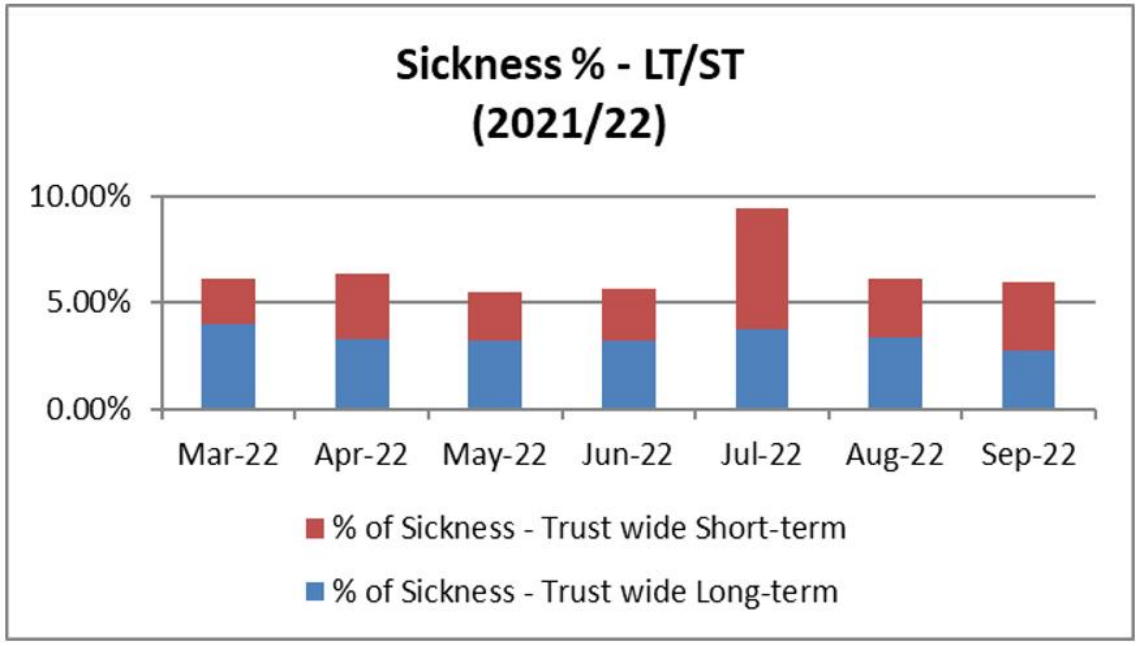

Staff Turnover
20.00%
15.00%
10.00%
5.00%
0.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
22/23 Unadjusted
22/23 Adjusted
20/21 Unadjusted
20/21 Adjusted
21/22 Unadjusted
21/22 Adjusted

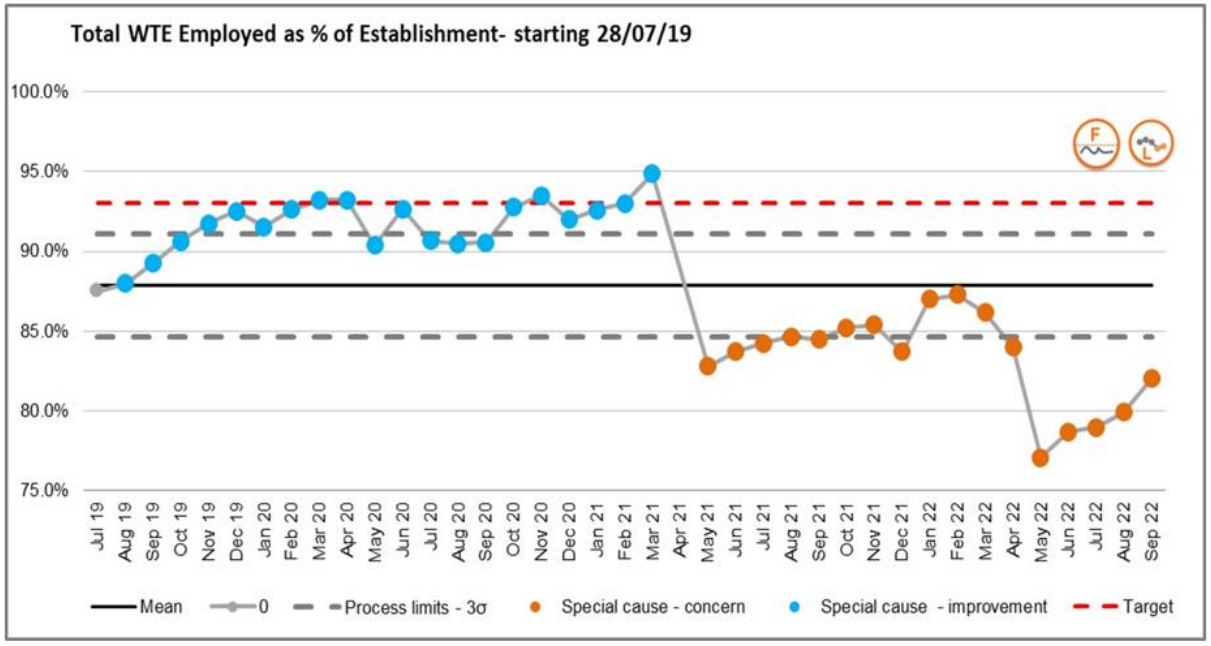

Staff in Post v Establishment Clinical / Non-Clinical
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Clinical 22-23
Clinical 20-21
Clinical 21-22
Non-Clinical 22-23
Non-Clinical 20-21
Non-Clinical 21-22


Employee Monthly Attendance %
100.00%
99.00%
98.00%
97.00%
96.00%
95.00%
94.00%
93.00%
92.00%
91.00%
90.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Employee Attendance % - 22/23
Employee Attendance % - 20/21
Employee Attendance % - 19/20
Employee Attendance % - 21/22


Monthly Attendance- starting 01/07/19
100.0%
99.0%
98.0%
97.0%
96.0%
95.0%
94.0%
93.0%
92.0%
91.0%
90.0%
Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 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
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Appraisals- starting 01/07/19
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 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
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Sickness % - LT/ST
(2021/22)
10.00%
5.00%
0.00%
Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22
% of Sickness - Trust wide Short-term
% of Sickness - Trust wide Long-term


Total WTE Employed as % of Establishment- starting 28/07/19
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20 Sep 20 Oct 20 Nov 20 Dec 20 Jan 21 Feb 21 Mar 21 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
Mean
0
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

The Royal Orthopaedic Hospital NHS Foundation Trust

QUALITY AND SAFETY REPORT

October 2022 (September 2022 Data)

EXECUTIVE DIRECTORS: Simon Grainger Lloyd, Director of Governance
Nikki Brockie, Acting Chief Nurse
Marie Peplow, Chief Operating Officer

AUTHOR: Ash Tullett, Head of Clinical Governance and Assurance

Quality Report – October 2022 (September 2022 Data) – Summary Dashboard

	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	2021/2022	2022/2023
Incidents	308	387	304	289	280	296 (↑)		
Serious Incidents	1	0	1	2	0	1(↑)	13 (Total)	5
Internal RCA investigations	3	4	6	2	1	6(↑)		
VTEs (Avoidable)	0	0	0	0	0	0	2 (Avoidable)	0
Falls	9	10	4	3	5	3(↓)	91 (Total)	34
Pressure Ulcers: Cat 2 (Avoidable)	0	3	0	0	0	0	3 (Avoidable)	3
Pressure Ulcers: Cat 3 (Avoidable)	0	0	0	0	0	0	0 (Avoidable)	0
Complaints	6	5	4	1	2	6(↑)	51 (Total)	25
PALS	57	54	42	51	57	62(↑)		
Compliments	3	1	4	4	3	2(↓)		
FFT Score %	99.39	98.88	98.68	97.82	97.93	98.34(↑)		
FFT Response %	48	30	38	51	42	45(↑)		
Duty of Candour	12	10	16	16	12	10(↓)		
Litigation (New)	0	0	0	1	2	0		
Coroners	0	0	0	0	0	0		
WHO %	99	99	100	100	100	100		
Infections	1	1	2	0	0	1(↑)	7 (Total)	4

CONTENTS

1	Introduction
2	Incidents and Mortality
3	Serious Incidents
4	Internal RCA investigations
5	VTEs
6	Falls
7	Pressure Ulcers
8	Patient Experience
9	Friends & Families Test and Iwantgreatcare
10	Duty of Candour
11	Litigation and Coroners Inquests
12	WHO Surgical Safety Checklist
13	Infection Prevention Control + Covid update
14	CAS Alerts
15	Safeguarding
16	Readmissions - Patients Readmitted to a Hospital Within 30 Days of Being Discharged
17	Freedom to speak up
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19	Process & Flow efficiencies
20	Length of stay
21	Outpatient efficiency
22	Treatment targets
23	Glossary of terms

1. INTRODUCTION

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

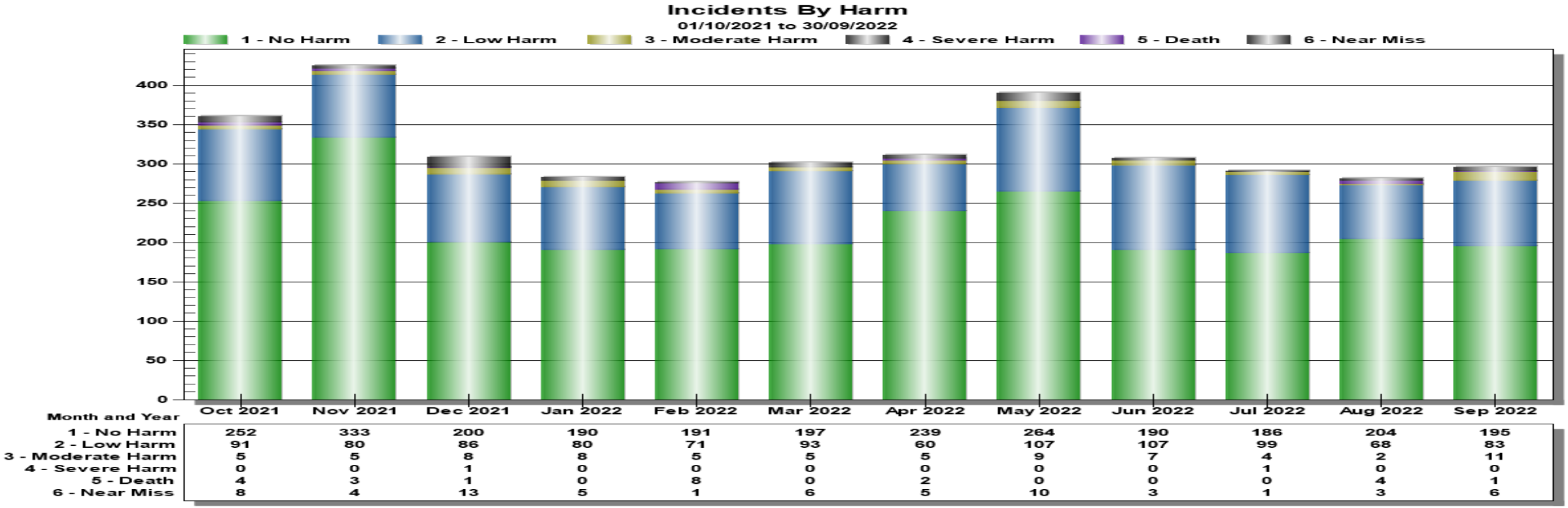
The data being used has been validated by the relevant Trust Leads, and the Governance Department will be organising regular contact with members of ROH to ensure relevant information is included in this report.

Should you have any comments or queries regarding this Quality Report, please contact the ROH Governance Department on;

Email: **roh-tr.governance@nhs.net**

Tel: **0121 685 4000 (ext. 55216)**

2. Incidents Reported – This illustrates all incidents that have been reported at ROH on Ulysses by members of staff during the previous 12 months. The data is presented by month and each month is broken down by the level of actual harm that was caused by each incident.



Month and Year	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
1 - No Harm	252	333	200	190	191	197	239	264	190	186	204	195
2 - Low Harm	91	80	86	80	71	93	60	107	107	99	68	83
3 - Moderate Harm	5	5	8	8	5	5	5	9	7	4	2	11
4 - Severe Harm	0	0	1	0	0	0	0	0	0	1	0	0
5 - Death	4	3	1	0	8	0	2	0	0	0	4	1
6 - Near Miss	8	4	13	5	1	6	5	10	3	1	3	6

In the month of September 2022, there were a total of 296 Incidents reported on the Ulysses incident management system. The breakdown of those incidents is as follows;

195 – No Harm
83 - Low Harm
11 - Moderate Harms
0 - Severe Harm
6 – Near Miss
1 – Death

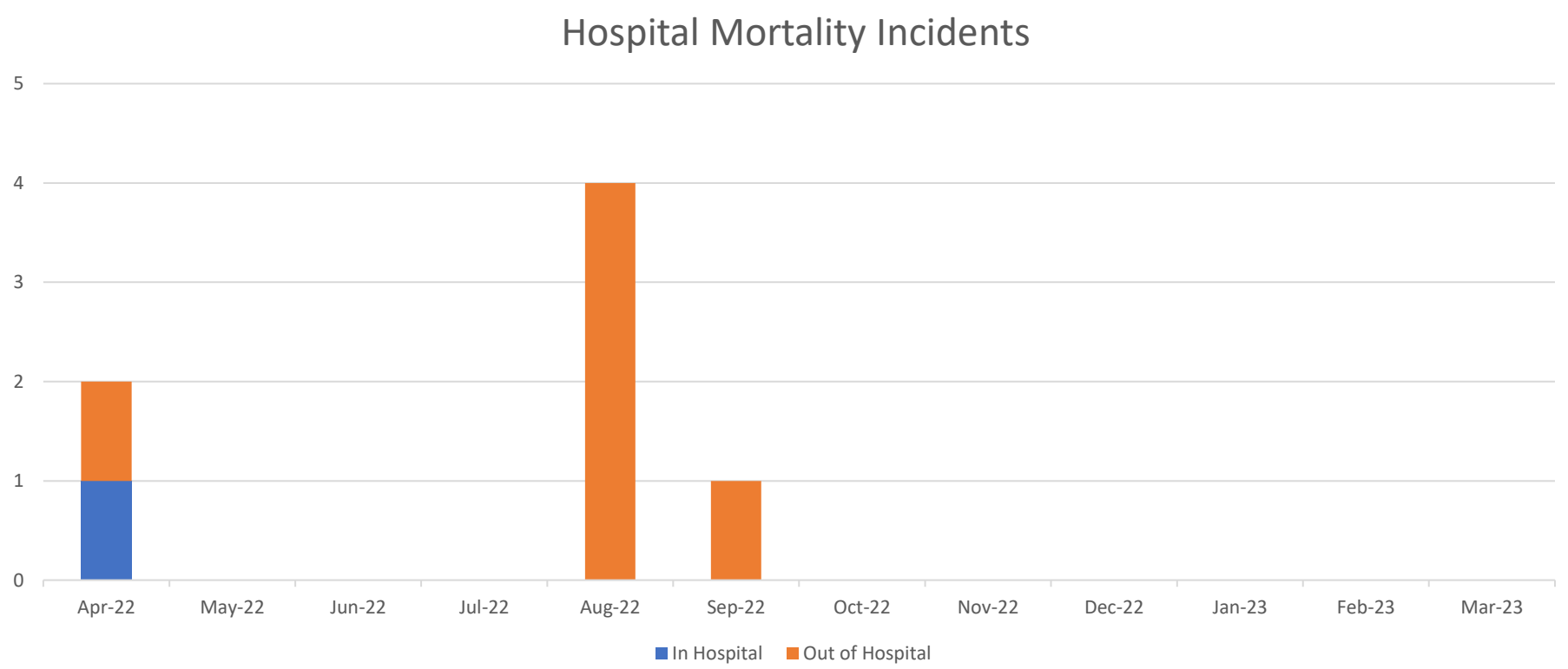
INFORMATION

11 Incidents were reported as Moderate Harm and one death was reported during the month. Three of the Moderate harms incidents reported are related to the death. All are progressing through the incident investigation process at present.

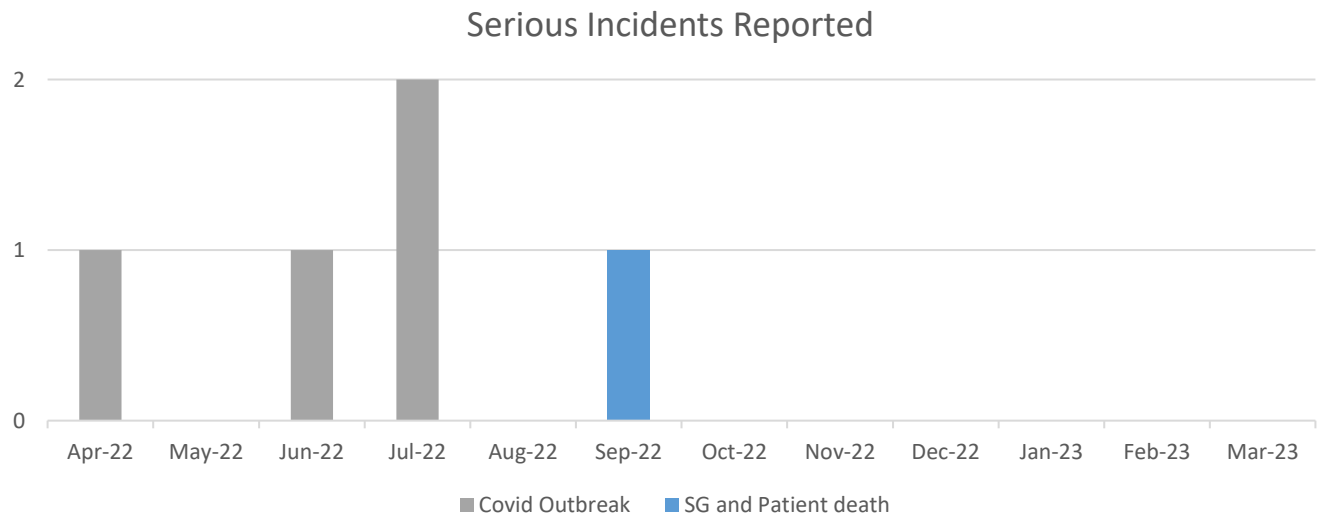
Downgraded Incidents
Currently none of the reported harm incidents in the previous Quality report (September 2022) have been downgraded.

Low Harm Incidents
The Trust has a process within the Incident management process to ensure that all staff are aware of and are following the correct procedure for managing 'no harm' and 'low harm' incidents. All incidents are reviewed at a local level and within the Quality and Safety Sub Groups. Its within these meetings that trends and themes are highlighted and then escalated up to the Clinical Quality Group and Divisional Governance meetings. In September 2022 there was no themes to note within these incidents. Moving forward trends and themes from low harm incidents will be included in the quality report.

In hospital Mortality Incidents reported – All incidents reported will been reviewed as part of the learning from deaths process.



3. Serious Incidents – are incidents that are declared on STEiS to the Commissioners by the Governance Department. The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.

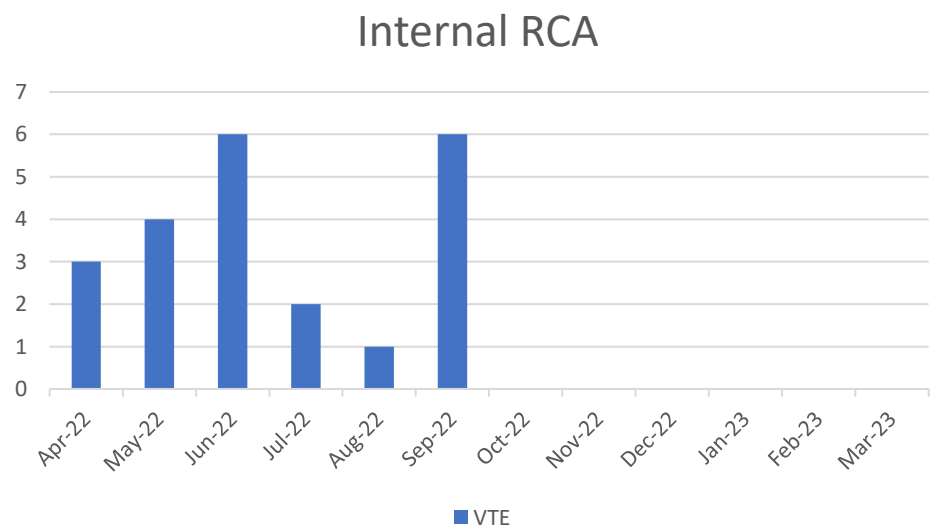


Year Totals	
20/21	11
21/22	13
22/23	5

Data Source – STEIS

INFORMATION
One serious incident was reported in September and is currently being investigated in line with usual Trust processes.
ACTIONS FOR IMPROVEMENT AND LEARNING
NHS England published the Patient Safety Incident Response Framework in August 2022 with a range of information and resources to support providers to prepare to implement the PSIRF. The first project group sat on 21st October 2022.
RISK AND ISSUES
None

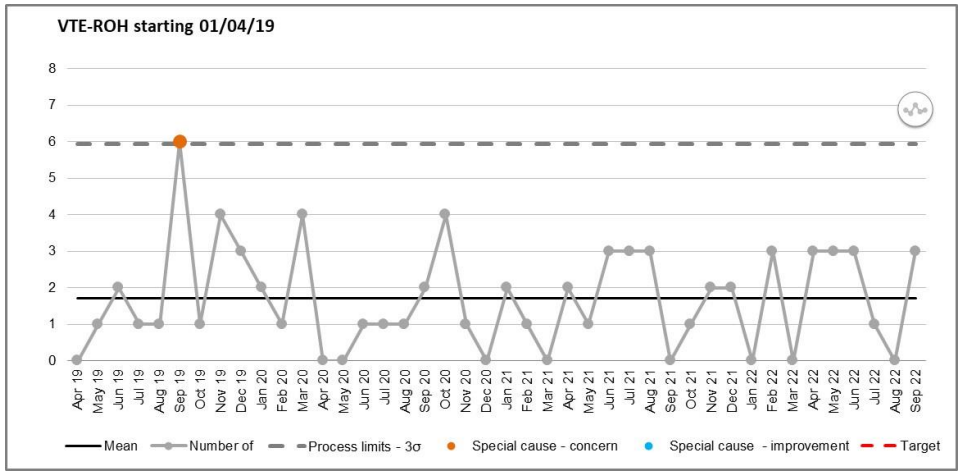
4. Internal Root Cause Analyses (RCAs) - These are incidents that are not declared on STEiS to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide that a heightened level of response is needed for these incidents. All incidents declared as moderate harm or above are reviewed weekly at the Divisional Governance meetings. Each division makes a judgement based on the information available on whether an incident meets the serious incident framework. Internal RCAs incidents are not declared to the Commissioners as they do not meet the serious incident framework. If there is still a potential for learning, the divisions decide, that a heightened level of response is needed for these incidents. Once investigated, if the incident is then deemed to meet the Serious Incident framework, it will be added to STEIS and reported to the CCG retrospectively.

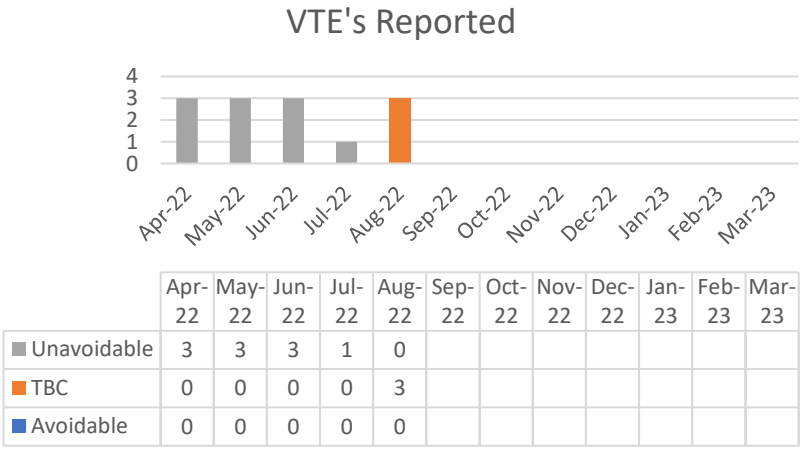


Data Source – Internal RCA tracker

SHARED LEARNING FROM RCA's
One RCAs was closed in September 2022. This related to a VTE and was deemed unavoidable
RISK AND ISSUES
None

5. A venous thrombus is a blood clot (thrombus) that forms within a vein. Thrombosis is a term for a blood clot occurring inside a blood vessel. A common type of venous thrombosis is a deep vein thrombosis (DVT), which is a blood clot in the deep veins of the leg. If the thrombus breaks off (embolises) and flows towards the lungs, it can become a life-threatening pulmonary embolism (PE), a blood clot in the lungs. When a blood clot breaks loose and travels in the blood, this is called venous thromboembolism (VTE). The abbreviation DVT/PE refers to a VTE where a deep vein thrombosis (DVT) has moved to the lungs (PE or pulmonary embolism). Charts below show the number of VTEs (SPC chart) and whether or not they are unavoidable or avoidable (excel chart)





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Unavoidable	3	3	3	1	0							
TBC	0	0	0	0	3							
Avoidable	0	0	0	0	0							

Data Source – Ulysses and VTE leads

Year	Avoidable Year Totals	Total including unavoidable
20/21	1	13
21/22	2	20
22/23	0	13

INFORMATION

3 ROH associated VTEs incidents were reported in September 2022.
These are detailed on page 7 and 8 of this report

On admission assessment

Total possible	**1154**
Total assessed	1122
%	97.23%

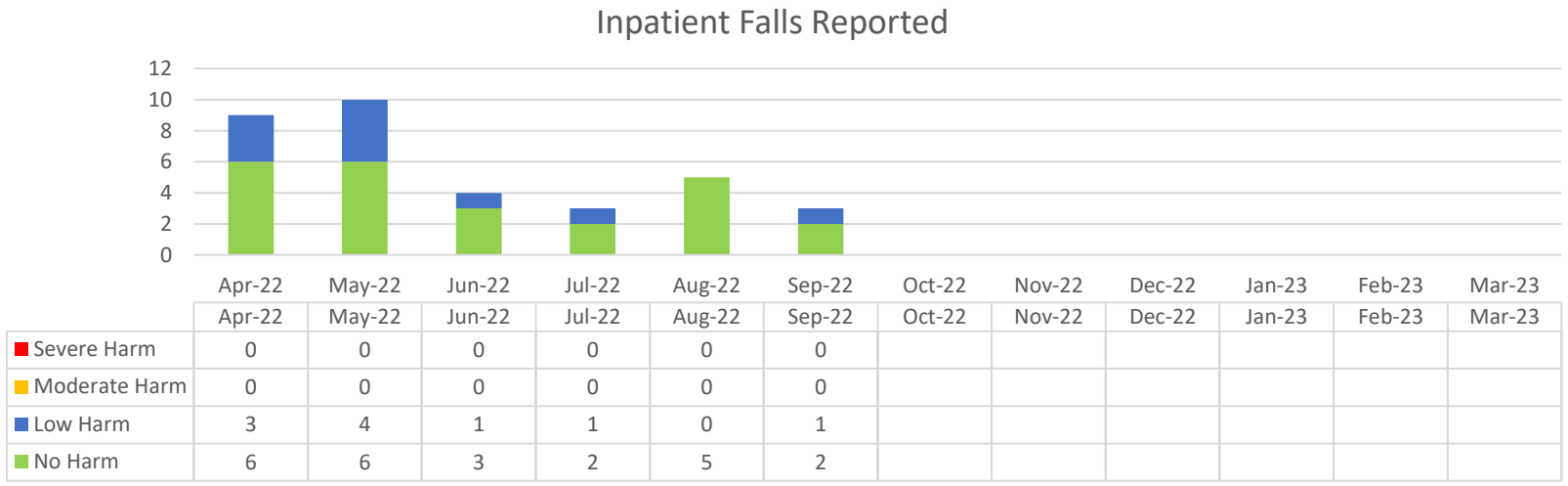
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

- VTE RCA template used to investigate VTES is currently under review to see if we can improve the tool further.
- Re-assessment re-audit to be undertaken by Medical VTE lead.
- Exemplar site- review delayed by the external assessment team. Plan for end of 2022/early 2023.

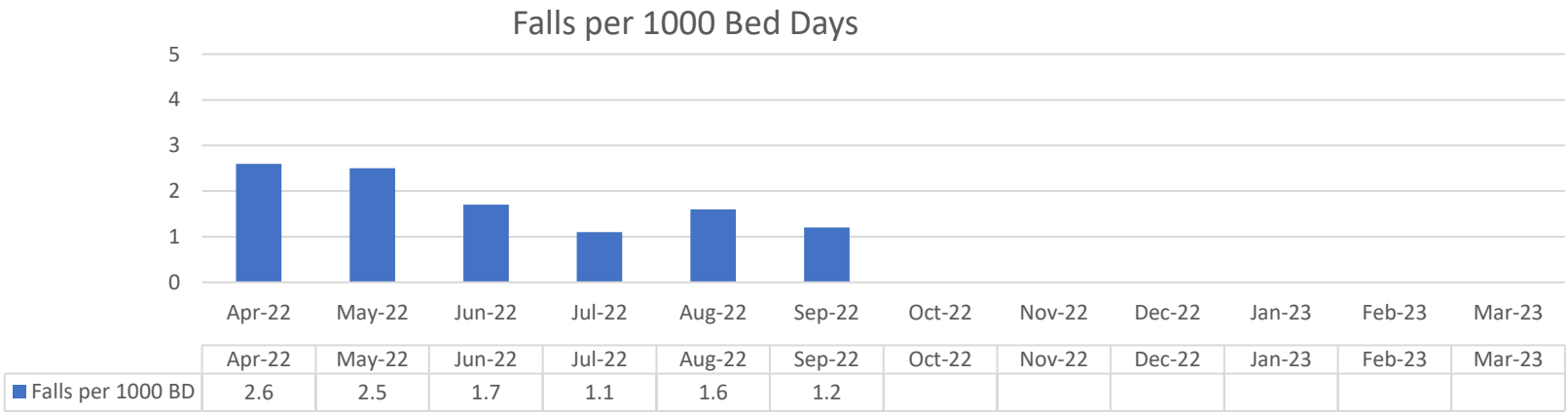
RISK AND ISSUES

None

6. Falls – are incidents that are reported when a patient slips, trips or falls. The data is presented by month and each month is broken down by the level of actual harm that was caused by each fall's incident.

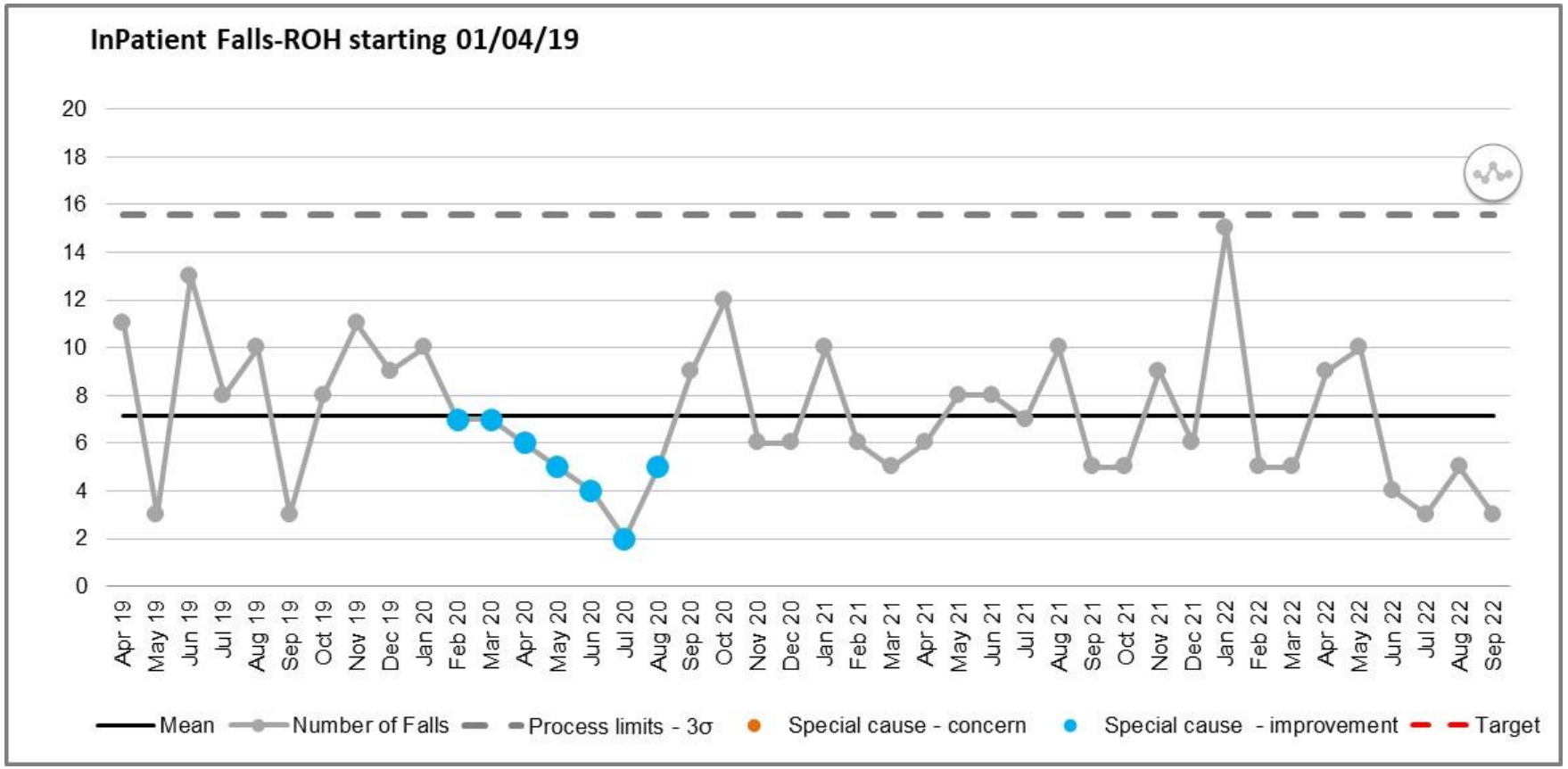


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Severe Harm	0	0	0	0	0	0						
Moderate Harm	0	0	0	0	0	0						
Low Harm	3	4	1	1	0	1						
No Harm	6	6	3	2	5	2						



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Falls per 1000 BD	2.6	2.5	1.7	1.1	1.6	1.2						

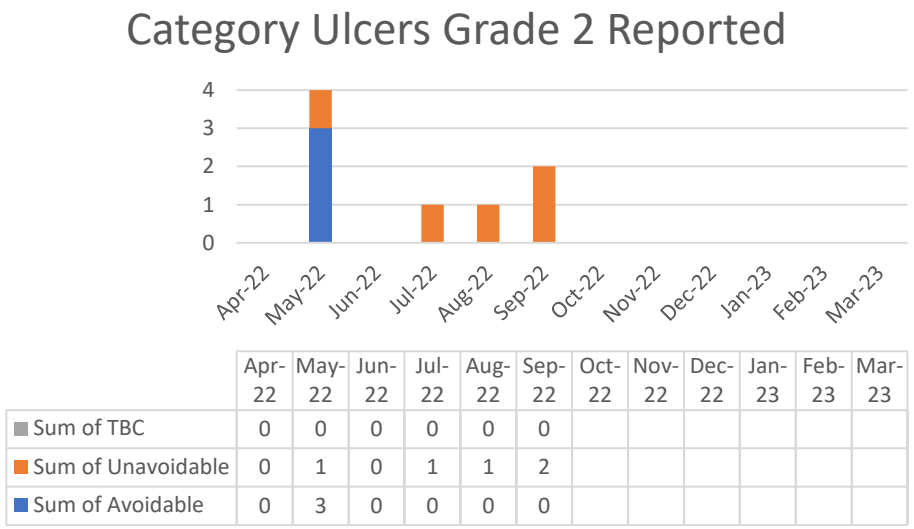
Year Totals	
20/21	76
21/22	91
22/23	34



Data Source – Ulysses and Falls Group

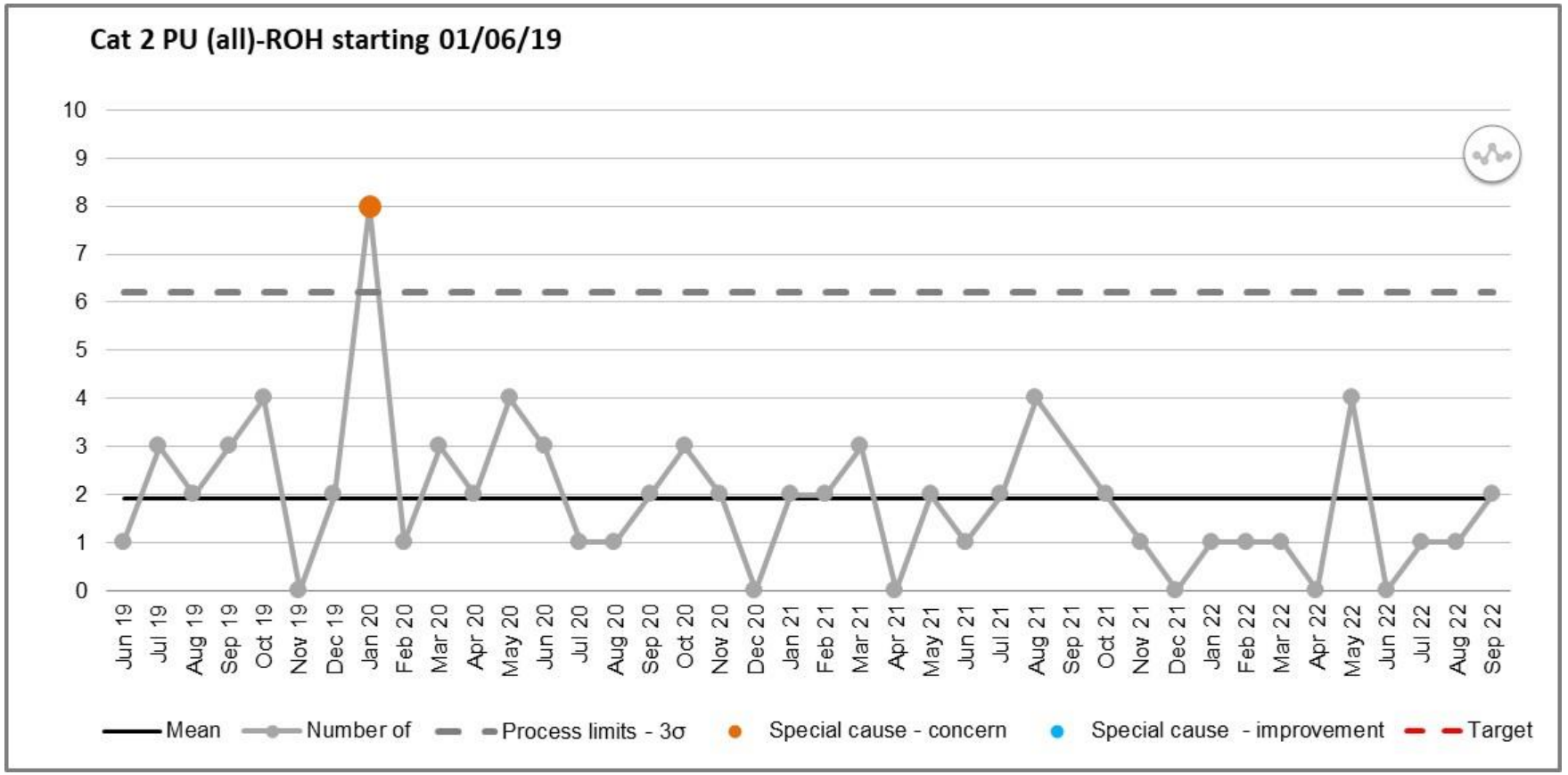
INFORMATION
There were 10 incidents reported across the Trust in September 2022 relating to Falls: 3 x In-Patient Incidents 3 x Lowered to Floor Incidents 4 x Staff/Visitor Incidents The number of in-patient falls remains very low this month, with no identifiable themes.
ACTIONS FOR IMPROVEMENT AND LEARNING
• Throne project remains ISQ from Estates perspective, new equipment has been ordered by wards to meet equipment requirements. • TOR & membership of Dementia & Falls working Group to be reviewed.
RISK AND ISSUES
Throne project ISQ, working party to be set up to review progress and aims of project.

7. Pressure Ulcers - "A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or another device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful" This illustrates the number of ROH acquired pressure ulcers that patients have developed, and they are identified by whether they were avoidable or unavoidable.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Sum of TBC	0	0	0	0	0	0						
Sum of Unavoidable	0	1	0	1	1	2						
Sum of Avoidable	0	3	0	0	0	0						

Number of PU reported total		
Year Total	Cat 2	Cat 3
20/21	25	1
21/22	14	0
22/23	8	0


Cat 2 PU (all)-ROH starting 01/06/19
10
9
8
7
6
5
4
3
2
1
0
Jun 19
Jul 19
Aug 19
Sep 19
Oct 19
Nov 19
Dec 19
Jan 20
Feb 20
Mar 20
Apr 20
May 20
Jun 20
Jul 20
Aug 20
Sep 20
Oct 20
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Jan 21
Feb 21
Mar 21
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
Mean
Number of
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

INFORMATION

September 2022 Incidents

Category – 4	**0**
Category – 3	0
Category – 2 (Non-Device)	2 – no lapses in care.
Category – 2 (Device)	0
Category – 1	X 1
Suspected Deep Tissue Injury	0
ROH Moisture Associated Skin Damage (MASD)	MASD ROH Incontinence – 2 (1 pt had C.diff) MASD ROH Intertriginous dermatitis – 0 MASD admitted with Incontinence x 1 MASD admitted with Intertriginous dermatitis x 1

INFORMATION

Patients admitted with PUs	**PU admitted with Cat 1 – 3 – did not deteriorate** **PU admitted with Cat 2 x 3 – 1 WMM, 1 home none deteriorated.** **PU admitted with Cat 3 – Nil** **PU admitted with SDTI – Nil**

Avoidable only Pressure Ulcer CCG Contracts KPI2021/2022 – Contract to be confirmed.	
2021/2022	
Avoidable Grade 2 pressure Ulcers	3
Avoidable Grade 3 pressure Ulcers	0
Avoidable Grade 4 pressure Ulcers	0
2022/2023	
Avoidable Grade 2 pressure Ulcers limit of 12	3
Avoidable Grade 3 pressure Ulcers limit of 0	0
Avoidable Grade 4 pressure Ulcers limit of 0	0

ACTIONS FOR IMPROVEMENT AND LEARNING

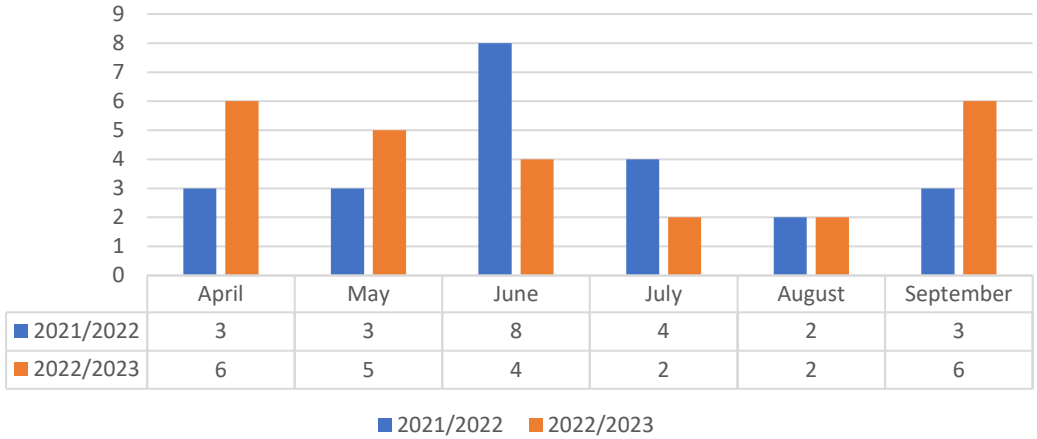
New starter and TV Link Nurses wound care and pressure ulcer management competencies to be undertaken via the HLE/ National Wound Care Strategy Programme (NWCSP). This is in line with the NWCSP.

RISK AND ISSUES

None

8. Patient Experience - this illustrates feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of it.

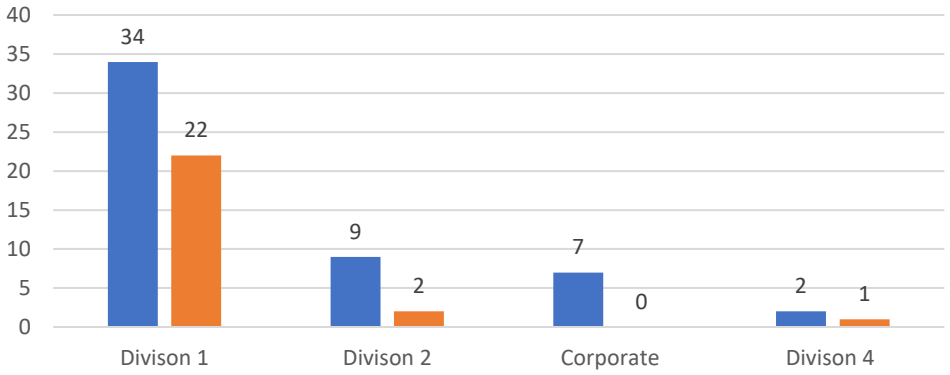
Formal Complaints received 2021/2022 Vs 2022/2023



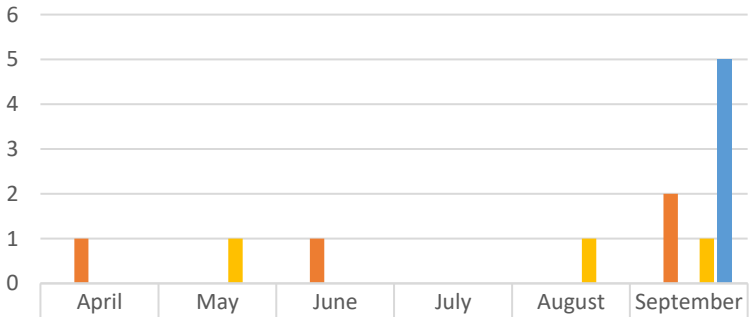
	April	May	June	July	August	September
2021/2022	3	3	8	4	2	3
2022/2023	6	5	4	2	2	6

2021/2022 2022/2023

Formal Complaints Receved per Division 2022/2023 Compared to 2021/2022



Reopended Complaints 2022/2023 Compared to the Last 3 years



	April	May	June	July	August	September
2019-2020	0	0	0	0	0	0
2020-2021	1	0	1	0	0	2
2021-2022	0	0	0	0	0	0
2022-2023	0	1	0	0	1	1
Meetings arranged 2022-23	0	0	0	0	0	5

2019-2020 2020-2021 2021-2022 2022-2023 Meetings arranged 2022-23

Complaint Year Totals	
April 2021 – March 2022	46
April 2022 – March 2023	25

Data Source – Patient Experience team

INFORMATION

The Trust received 6 formal complaints in September 2022
Below is the category and subcategories for formal complaints received.

Values & Behaviour	**1**
Clinical Query	**2**
Appointments	**1**
Communication	**1**
Referral	**1**

In September 2022 the Trust closed 1 formal complaint within the agreed timeframe with the complainant. This means, it gives a 100% completion rate and meets the expected KPI for the month.
At the time of producing this report (7th October 2022) we currently have 9 open formal complaints.

We are currently waiting for one verbal complaint to come back from the complainant and 1 consent form.

In September 2022, the Trust received one formal complaint for the Woodlands Suite

2

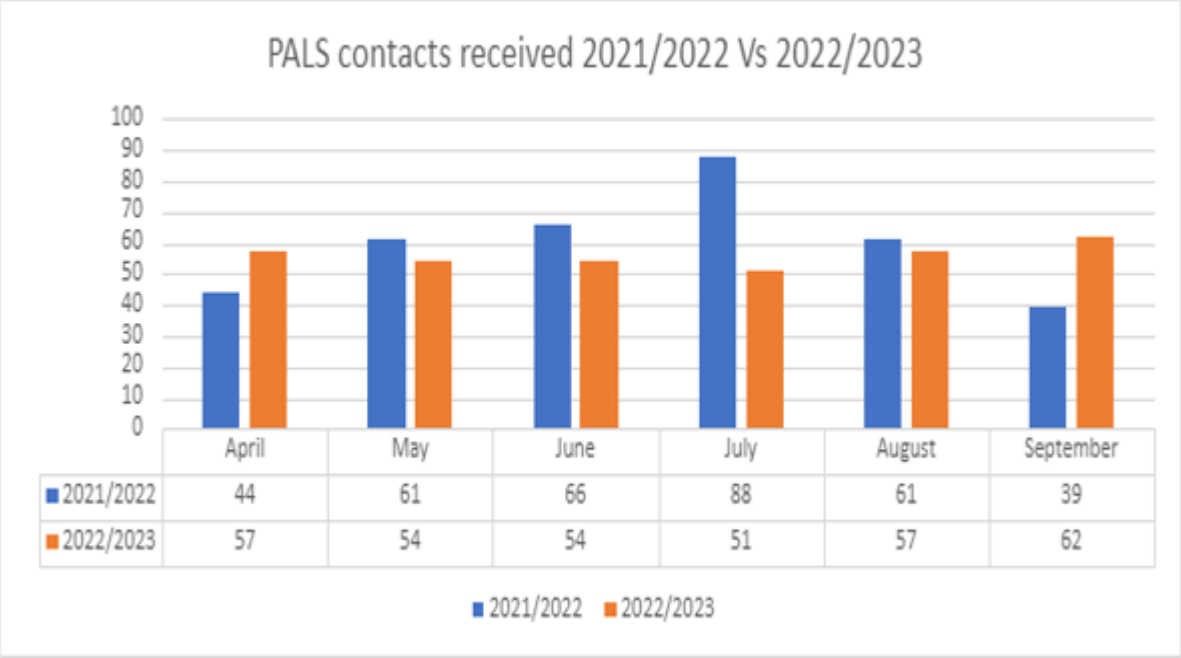
The Trust offers meetings to the complainant in the verbal and written acknowledgement and in the response letter. Often complainants will wait for the first written response before arranging a meeting as they then have a clearer picture of what has happened with the concerns raised within their complaint. Where the Trust did not meet the complainant's expectation in the first response or meeting, the Trust encourages complainants to write to us with any additional comments, questions or recommendations that will satisfy the complainant.
During a period of four years, it is evident that the Trust has received less reopened complaints. It is believed that this is due to the offer to meet with each complainant and a better quality of response letter
In September 2022 the Trust had received no reopened complaints. In September 2022 we received 3 meeting requests following responses to complaints.

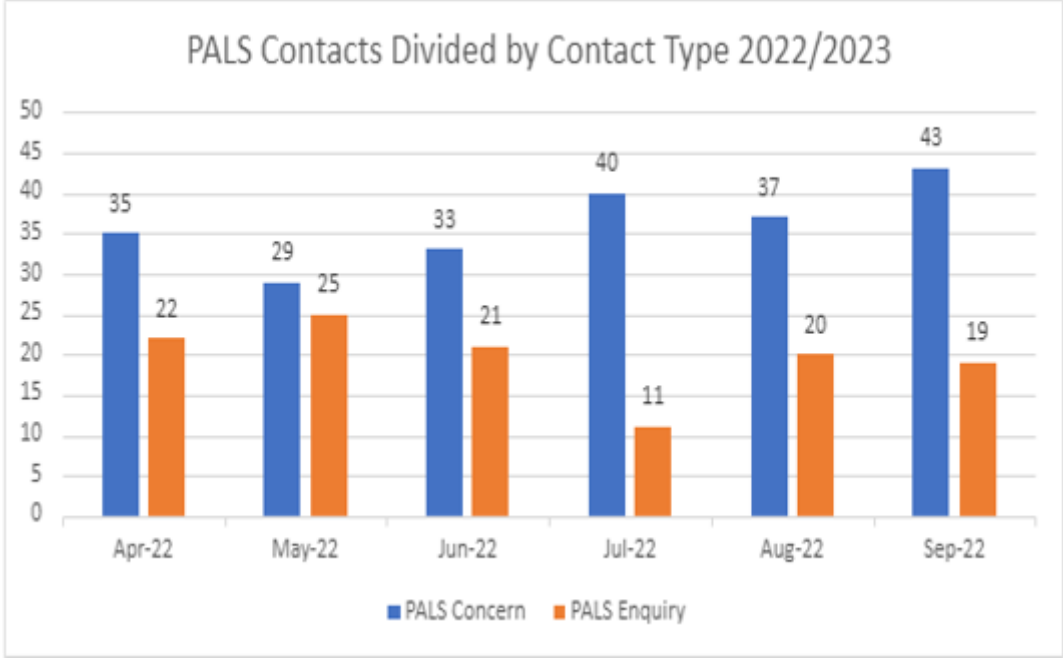
RISK AND ISSUES

None specifically

Patient Advice and Liaison Service – PALS

Below is the comparison of PALS contacts received in 2021/2022 and 2022/2023





INFORMATION

The main themes in the PALS data related to Appointments (22) Clinical Query (11) and Communication (10)
The Trust has set an internal target of 3 working days to respond to enquiries and 7 working days to respond to concerns in 80% of cases.
In September 2022, 99 % of enquiries and concerns were handled meaning one case breached in Large Joints and passed the agreed timeframe. This was communicated to the complainant. However, overall KPIs were met for the month.

Appointments	**22**
Appointment Cancelled	5
Appointment Request	5
Appointment Rescheduled	4
Availability	1
Booked Incorrectly	1
Confirmation Of Appointment	1
Delay	1
Delay To Be Seen In Hospital	1
Failure To Provide Follow Up	1
Virtual Clinic - Call Not Rece	2
Clinical Query	**11**
Appointment Not Satisfactory	2
Appointment Request	1
Delay In Obtaining Results	1
Delay Or Failure To Diagnose	1
Delays With Treatment	2
Dispute Over Diagnosis/Treatme	1
Incorrect Information In Clini	1
Operation - Outcome Not As Exp	1
Request For A Second Opinion	1
Communication	**10**
Communication Failure Between	1
Communication With Relatives/c	1
Communication/Info To Patients	5
Conflicting Information	2
Method/Style Of Communication	1

ACTIONS FOR IMPROVEMENT AND LEARNING

4 case breached in September 2022, due to delayed response from divisions.

RISK AND ISSUES

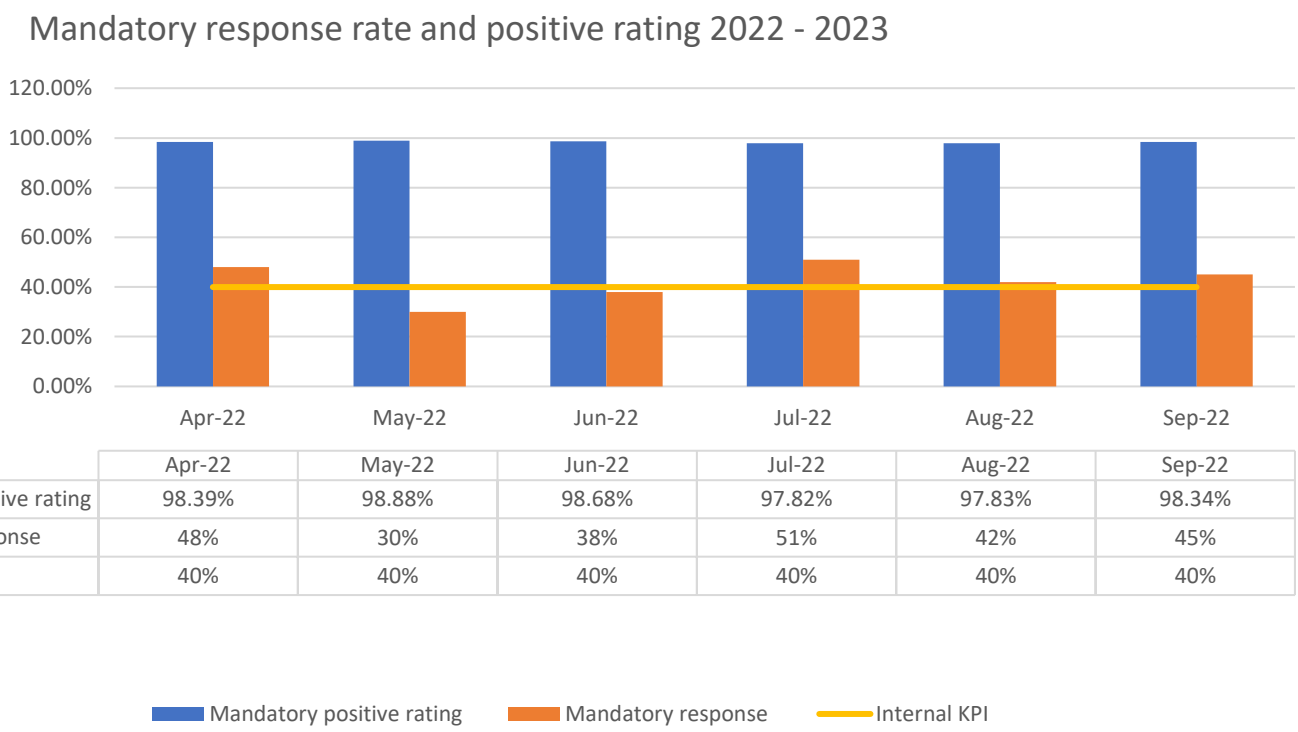
None

Patient Experience KPIs from April 2022 – September 2022

0%-79%
80%-90%
91%-100%

KPI	Complaints %	PALS Concerns %	PALS Enquiries %
April -22	100	95	89
May - 22	100	94	85
June - 22	100	94	100
July – 22	100	87	100
August -22	100	86	100
Sept – 22	100	88	95

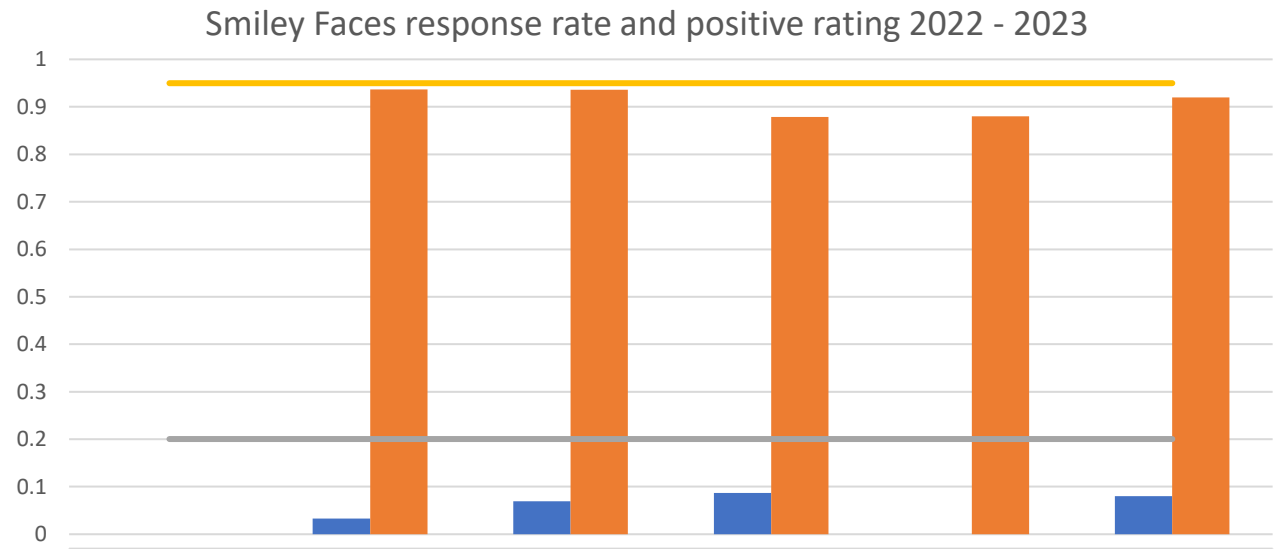
Friends and Family Test Results. FFT Mandatory Reporting FFT Mandatory (inpatient areas) Reporting



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Mandatory positive rating	98.39%	98.88%	98.68%	97.82%	97.83%	98.34%
Mandatory response	48%	30%	38%	51%	42%	45%
Internal KPI	40%	40%	40%	40%	40%	40%

Smiley Faces Report

The Trust has 10 smiley faces devices in all outpatient areas. Below are the results collected through May 2022 - September 2022. The devices were rolled out in May 2022



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Response Rate	0	3%	7%	9%	0%	8%
Positive Experience	0	94%	94%	88%	88%	92%
Positive Experience Target	95%	95%	95%	95%	95%	95%
Response Rate Target	20%	20%	20%	20%	20%	20%

10. Duty of Candour – The Duty of Candour is a legal duty on all providers of NHS Services to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. There is now a statutory duty according to the Health and Social Care Act Regulations 2014: Regulation 20 to apologise to and inform patients where incidents have occurred resulting in moderate harm and above.

There are currently 12 open cases which have been identified as requiring statutory compliance with Duty of Candour. This is currently monitored by a Duty of Candour 'Tracker' to ensure compliance with Regulation 20.

11. Litigation and Coroners

<u>New claims</u>

0 new claims against the Trust were received in Sept 2022.

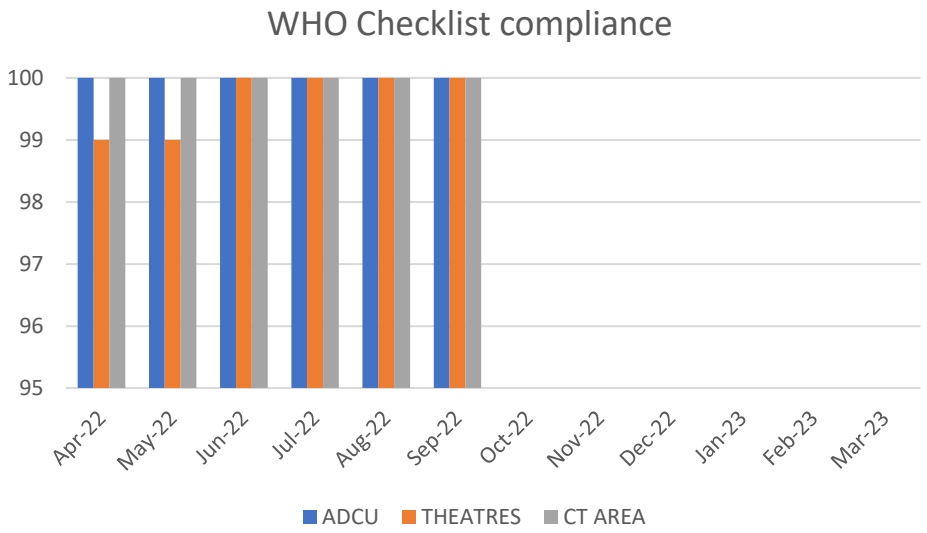
<u>Pre-Application Disclosure</u>

8 new requests for Pre-Application Disclosure of medical records were received in Sept 2022

<u>Coroner's Inquests</u>

0 Inquests in which the Trust was an 'interested person' were held in Sept 2022

12. WHO Surgical Safety Checklist - The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases perioperative care: prior to the induction of anaesthesia, prior to skin incision and before the team leaves the operating room.



Data Source – Theatreman and local audits

INFORMATION

The data is retrieved from Theatre man. On review of the audit process, the incomplete listed patients will have their case notes retrieved, and the WHO Safety Checklist is then examined for any omission incompletion. The following areas examined;

Form evident in notes
Sign in Section
Timeout section
Sign out section

Theatres
Total cases = 822

The total WHO compliance for Theatres in September 2022= 99%

CT area
Total cases = 95
The total WHO compliance for CT September 2022= 100%

ADCU
The total WHO compliance for September 2022= 100%

WHO Visual Audit Results
Overall compliance 97.4%

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

VISIUAL WHO AUDIT RESULTS SEPTEMBER:

24 patients audited

Overall compliance 97.4%

	Scores	Percentages		
Team Brief	24/24	100%		
Sign In	24/24	96%		
Time Out	24/24	100%		
Sign Out	24/24	100%		
Team Debrief	22/24	91%		
Total		97.4%		

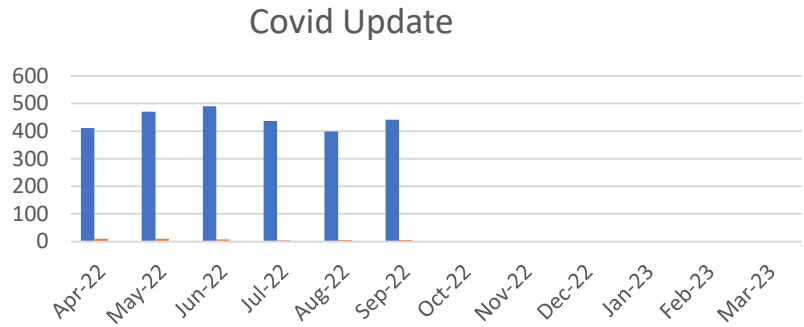
WHO STAGE	REASON FOR NON-COMPLIANCE
Team brief	Compliant
Sign In	Anaesthetist not present (not required LA cases) x3 Sign in not read out loud x1
Time Out	Compliant
Sign Out	Compliant
Debrief	Auditor not available for debrief x2

13. Infection Prevention Control – Below are the Statutory requirement/Reportable Infections and are included within this report for awareness. A detailed IPCC report is submitted to Quality and Safety quarterly. All infections are reported and scrutinised at the IPCC committee.

Infections Recorded in month and Year to Date (YTD)	September 2022 Total	YTD
Methicillin-Resistant Staphylococcus Aureus bloodstream infection (MRSA BSI)	0	0
Post 72-hour Clostridium difficile infection (CDI)	1	4
Methicillin-Sensitive Staphylococcus Aureus bacteraemia (MSSA BSI)	0	0
E.coli BSI	0	0
Klebsiella spp. BSI cases	0	1
Pseudomonas aeruginosa BSI cases	0	0

INFORMATION

The graph below details the reportable infections reported in month and year to date.
The graph below details the number of tests, positives and deaths for Covid-19.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Covid Tests	411	470	490	437	398	441						
Covid Positive	10	10	8	4	5	5						
Covid Deaths	0	0	0	0	0	0						

ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)

None

RISK AND ISSUES

None

14. CAS Alerts - The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

CAS ALERTS 1-30 SEPTEMBER 2022

Reference	Alert Title	Originated By	Issue date by MHRA	Response	Deadline
CEM/CMO/2022/012	Tecovirimat as a treatment for patients hospitalised due to Monkeypox viral infection. Tecovirimat is now available to symptomatic patients hospitalised due to a severe or complicated monkeypox infection in line with the published UK interim clinical policy statement. Supply is being managed via specialist regional adult infectious diseases centres. Clinicians are actively encouraged to support recruitment of patients with laboratory confirmed monkeypox infection and with active skin or mucosal lesions, but who do not require hospital admission, to the PLATINUM trial. An observational study, MOSAIC, is exploring outcomes of patients with monkeypox infection across Europe.	CMO Messaging	20-Sep-22	Issued to pharmacy and IPC for info only.	Response not Required.

15. Safeguarding – Below details the Key performance indicators and metrics in relation to Safeguarding compliance within the Trust.

KPI	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Safeguarding Adult Notifications	26	44	29	33	44	36
Safeguarding Children Notifications	49	40	43	44	57	43
Adult Level 2	91.90%	91.06%	89.98%	87.99%	87.26%	86.01%
Adult Level 3	88.63%	88.84%	88.71%	87.97%	88.41%	86.52%
Level 4	80%	80%	75%	75%	75%	66.67%
Child Level 2	91.64%	90.81%	89.65%	87.66%	87.02%	85.87%
Child Level 3	88.57%	88.84%	88.21%	87.97%	88.41%	84.52%
Mental Capacity Act MCA	91.47%	90.27%	88.97%	87.58%	88.84%	85.78%
Deprivation of Liberty Safeguards DoLs	91.39%	90.27%	88.97%	87.58%	86.84%	85.87%
Prevent Awareness	93.22	93.71	93.34%	98.92%	92.44%	91.70%
WRAP (prevent level 3)	83.98	84.71	85.36%	83.84%	82.51	82.86%
FGM	0	0	1	0	1	0
DOLS	1	6	2	5	3	11
MCA	2	4	3	6	7	4
PIPOT cases	0	0	0	0	2	1
PREVENT Notifications	0	0	0	0	0	0

INFORMATION
The statutory KPIS above are discussed in detail at the Safeguarding Committee and are included within this report for awareness. The lead Nurse for Safeguarding is now remaining at the ROH. The Risk highlighted last month around vacancies can now be closed. The target for all training is 85% - Currently Wrap has fallen below this at 83.84%. It is to be noted that the Safeguarding Level 4 66.67% compliance is in relation to one member of staff.
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)
None
RISK AND ISSUES
WRAP 3 training compliance

16. Patients Readmitted to a Hospital Within 30 Days of Being Discharged

The 30 day readmissions as defined by Monitor for the Quality Accounts

The percentage of patients aged who are readmitted to a hospital which forms part of the trust within 30 days of being discharged during the reporting period.

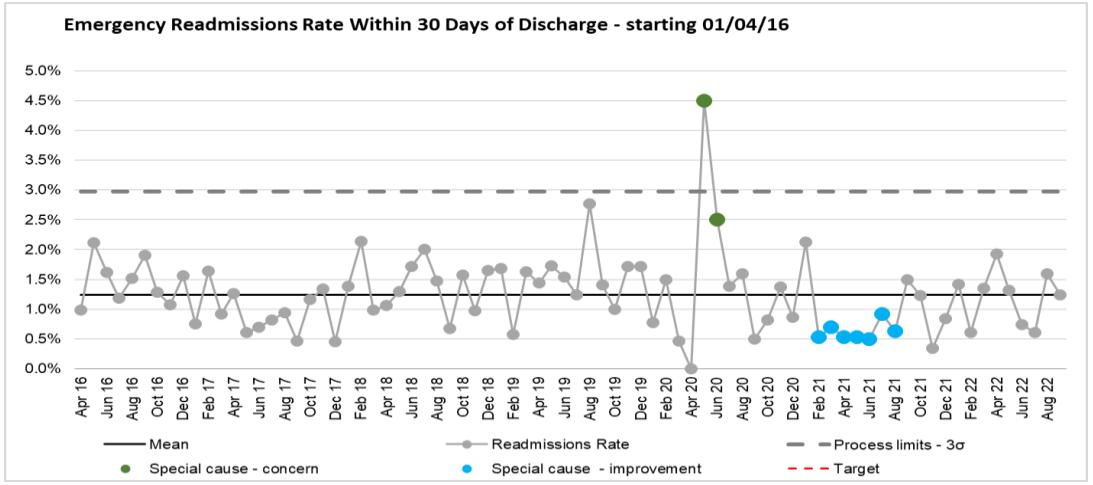
Average Length of Stay

All finished spells in the period excluding day cases

Results

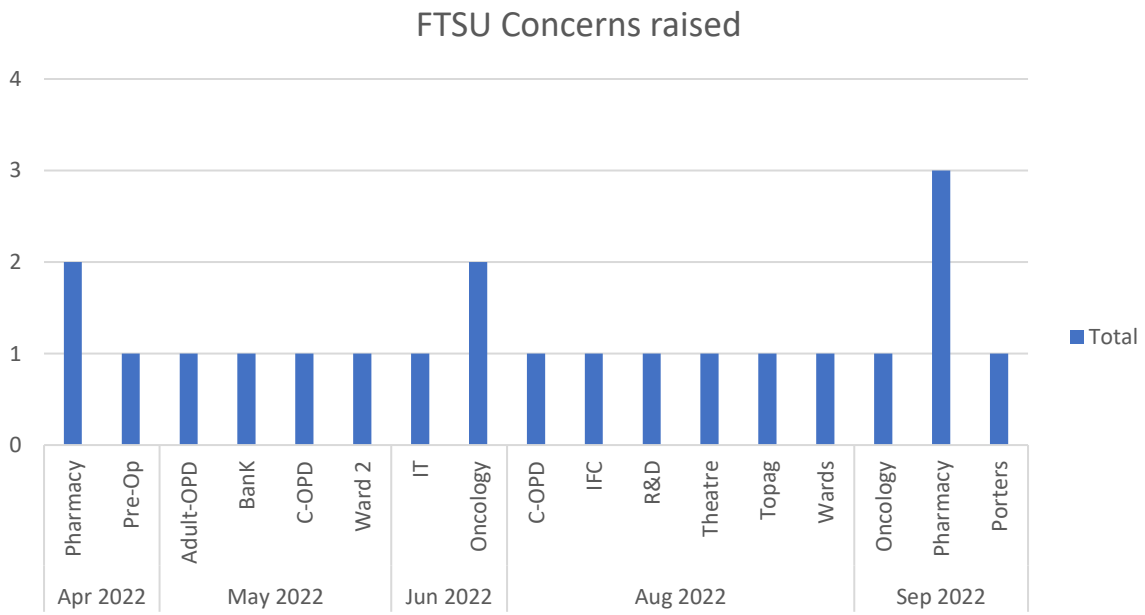
Current Year YTD Apr 15 – Sep 22

	Number of Emergency Readmissions to ROH within 30 Days of Discharge											
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
No of Readmissions	7	2	4	5	3	7	8	7	4	3	7	6
Denominator	567	589	469	423	494	514	415	531	544	495	437	482
% Readmissions	1.2%	0.3%	0.9%	1.2%	0.6%	1.4%	1.9%	1.3%	0.7%	0.6%	1.6%	1.2%



17. Freedom to Speak Up Update

The safety of patients/service and colleagues are a top priority for the Trust. Our endeavour is to ensure that they feel able to speak up about anything which prevent them from doing a good job or improve our service.



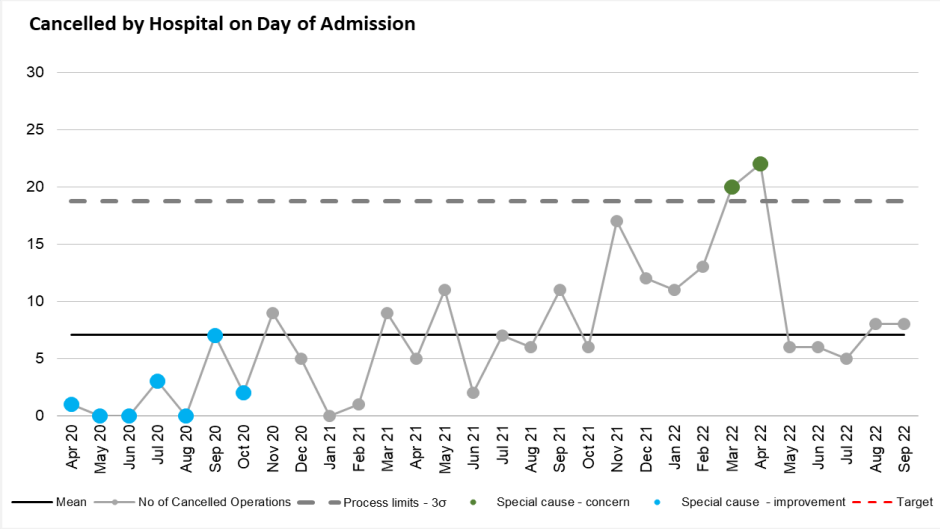


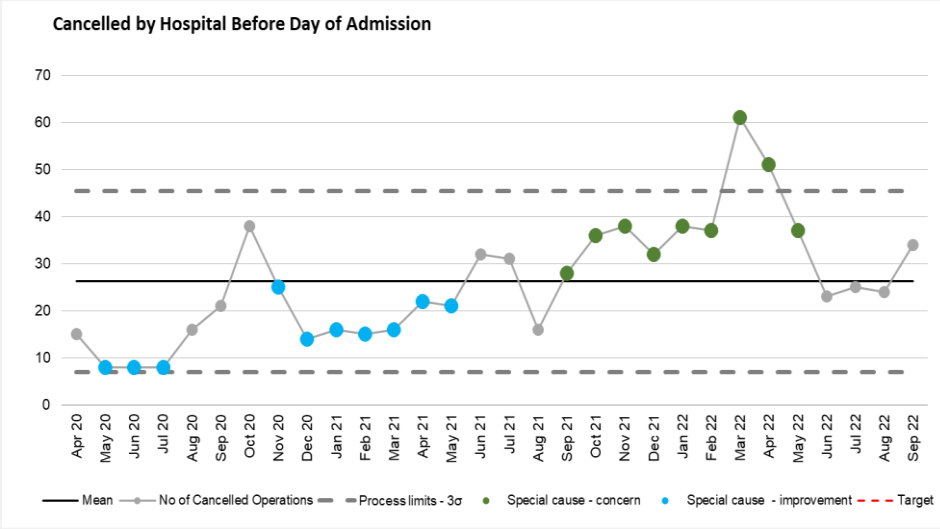
INFORMATION
There were 4 concerns raised in September 2022; these were in relation to the following; 1)Patient being missed due to emphasis on completing paper work as per request from manager 2) Absent from work on sick leave due to poor support from manager 3) Low staffing level and poor communication between departments 4) Poor staff retention resulting in low staffing level affecting patients appointments
ACTIONS FOR IMPROVEMENT AND LEARNING (CLOSED RCA'S FOR SHARED LEARNING)
Every year during the month of October the National Guardian's Office, in partnership with Freedom to Speak Up guardians, various organisation and health sectors join together to celebrate Speak Up Month nationally. This October is the firth year, and it is celebrated under the theme "Freedom to Speak Up for Everyone". The ROH have undertaken a number of activities in October to promote and raise awareness of the Freedom to speak up model at the ROH. Freedom to Speak Up in the Trust this year has been extensive and impactful. We have recruited 9 Freedom to speak Up Champions from across the Organisation. Five of our Champions has now received best spoke training supported by NGO and delivered by our FTSUG. They have also received their Induction by member of the Trust Board who presented them with their certificates, Freedom to Speak Up lanyard and information pack regarding their roles and responsibilities. We are hoping to complete training and induction by the end of November 2022.
RISK AND ISSUES
None

Operational Performance Report

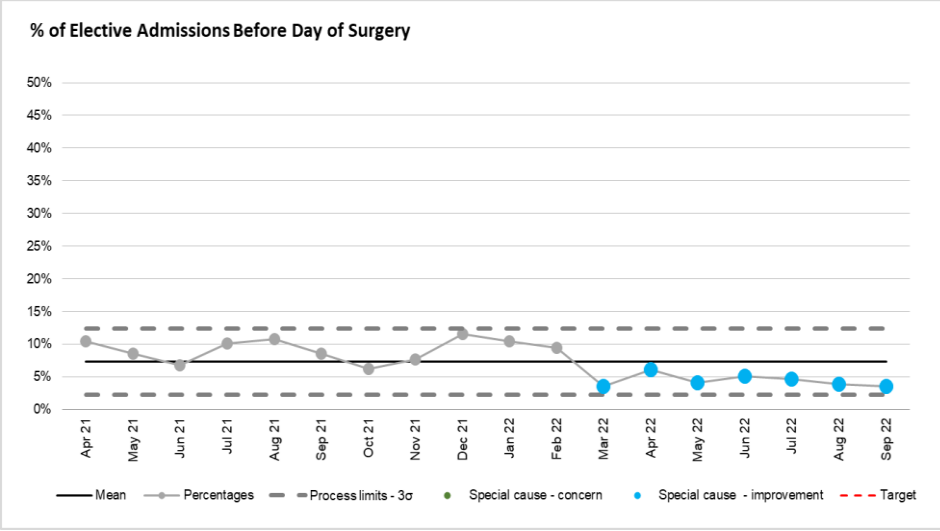
September 2022

18. Theatre Utilisation/ Hospital Led Cancellations





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
Sep-21	11	28	28	67	0
Oct-21	6	37	36	79	0
Nov-21	17	28	38	83	0
Dec-21	12	21	32	65	0
Jan-22	11	24	38	73	0
Feb-22	13	29	37	79	0
Mar-22	20	28	61	109	0
Apr-22	22	25	51	98	2
May-22	6	40	37	83	1
Jun-22	6	28	23	57	1
Jul-22	5	28	25	58	0
Aug-22	9	28	23	60	0
Sep-22	8	29	32	69	0
Total	**146**	**373**	**461**	**793**	**4**



Theatre Utilisation/ Hospital Led Cancellations

SUMMARY

The number of cancellations / deferrals detailed does not include those who were either emergency or urgent cases as these are more difficult to avoid due to the very short notice of being booked.
There were 8 patients cancelled on the day in September 2022 with reasons detailed as follows;
3 x Lack of theatre staffing (sickness)
2 x Lack of theatre time to complete case
1 x Surgeon was unavailable (sickness)
1 x Medically unfit / Clinical change in condition, / covid related
1 x Kit not being available on the day of surgery (correct kit not identified by Surgeon)

There were 29 patients admitted but where treatment was deferred, with reasons broken down as follows:
14 x Medically unfit / Clinical change in condition / covid related
7 x Patient choice / Surgical choice
5 x Staffing related sickness
1 x Patient compliance
1 x Kit not being available on the day of surgery
1 x Lack of Theatre time

There were 32 patients cancelled by the hospital prior to date of admission.
11 x Medically unfit / Clinical change in condition, / covid related
13 x Staffing related sickness
6 x Surgeon was unavailable (to cover emergency list at UHB)
2 x Replaced by medically urgent cases

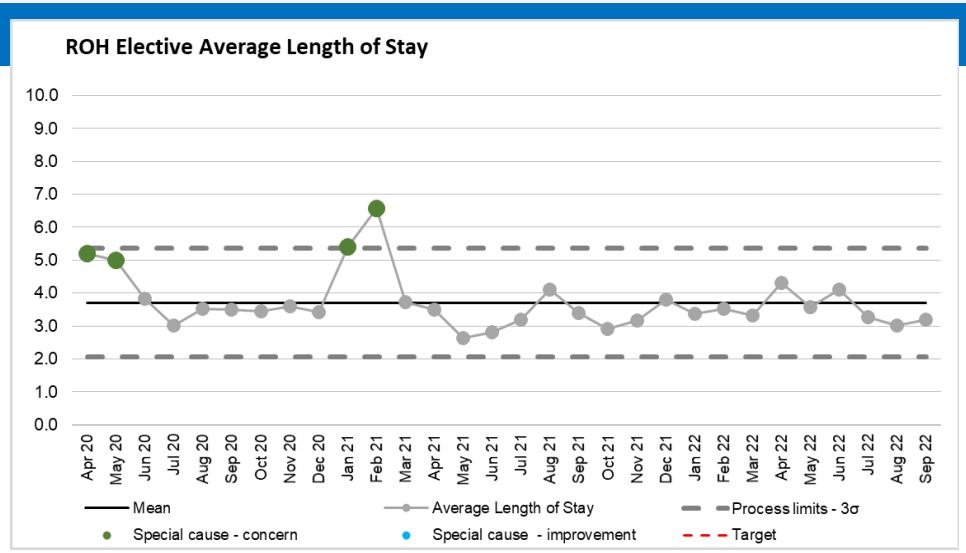
AREAS FOR IMPROVEMENT

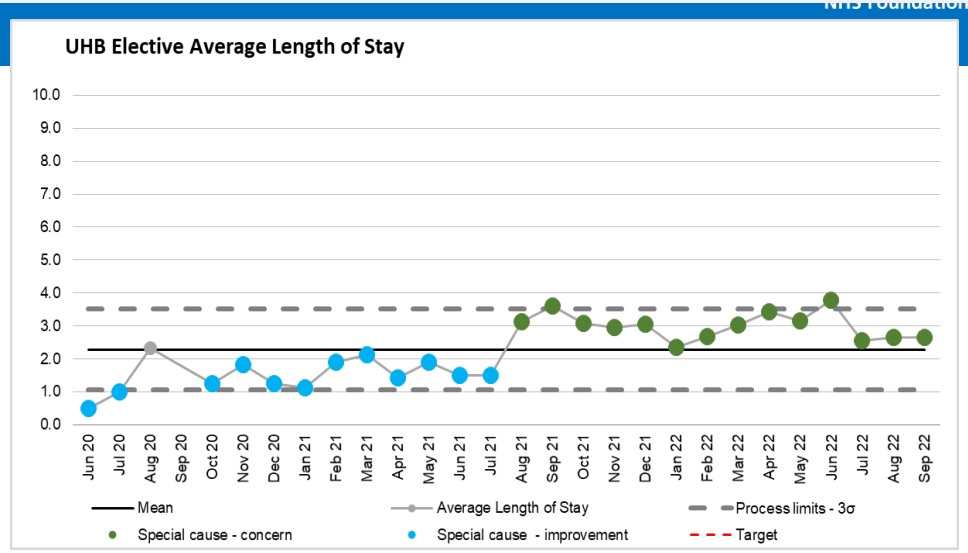
- Deep Dive into reasons for patients being cancelled due to medical fitness with focus on pathways and process to optimise patients prior to surgery
- Continued work from common themes and issues emphasised from 'Seamless Surgery Week' to improve theatre flow and utilisation – October 22 will have a continued focus around theatre productivity focused on streamlining VTE pathway on admission and commencing a Block space pathway to help support the high turnover lists.

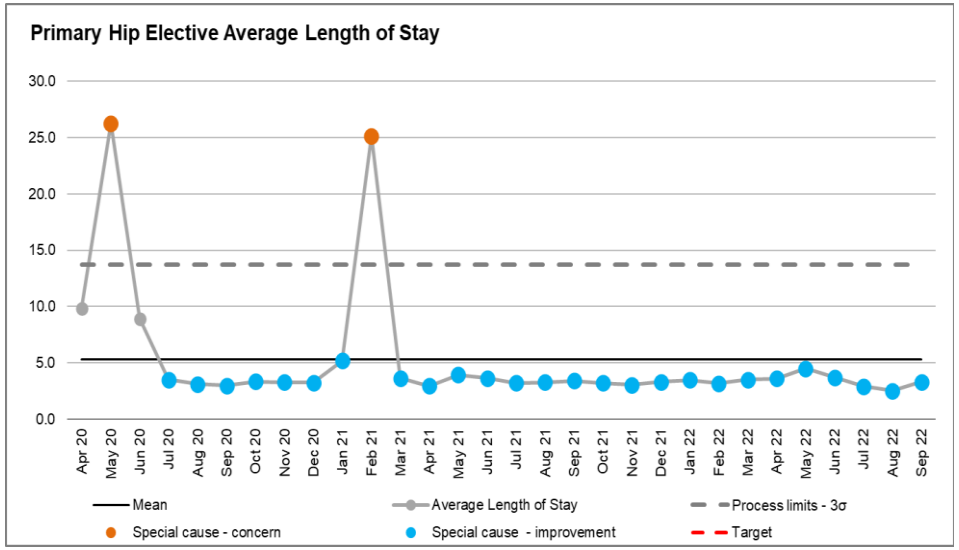
RISKS / ISSUES

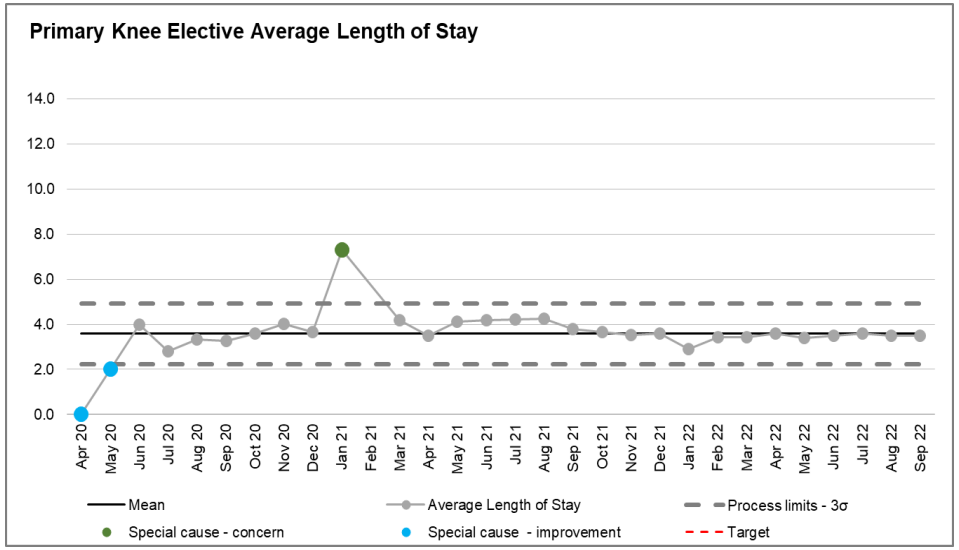
Impact of the continuation in Covid rates impacting on both patients and staff. Additionally the gap in 37.15 WTE of theatre staffing is impacting our ability to deliver of additional lists and a move towards a 6 day working in theatre.

19. Length of Stay









Length of Stay

SUMMARY

The average length of stay for ROH patients excluding Oncology, Young Adult Hip and spinal is **3.19** (3.02 August)

The average length of stay for ROH primary Hips is at 3.3 days (2.7 days August 22) and primary Knees 3.5 days (3.6 August 22)

September length of stay data produced for UHB and ROH, has been reviewed and the following observations made:
10 (13 Aug) UHB arthroplasty patients with LOS greater than 3 days. 5 (5 Aug) with a length of stay greater than 5 days and 0 (0 Aug) with a stay greater than 7 days. (excludes Rehab).
62 (52 Aug) ROH patients, arthroplasty and oncology arthroplasty, with a LOS greater than 3 days. 29 (23 Aug) with a length of stay greater than 5 days, 16 (13 Aug) with a length of stay greater than 7 days.

In summary 16 ROH arthroplasty and oncology arthroplasty and 0 UHB arthroplasty patients had a length of stay greater than 7 days.
Review of PICS data identifies that the patients with LOS > 7 days were all BIS or had clinical or social care reasons for extending stay. 7 of the 16 ROH patients with a length of stay > than 7days were Oncology arthroplasty patients. All had complex co morbidities, BIS or discharge needs.
Complexity of patients either due to co-morbidities or complex social care requirements are significant contributory factors in increased LOS.
In August 184 patients went home via the discharge lounge (159 July). Number of patients discharged home before lunch increased slightly to **33.15%** in August from **33%** in July. (September data not yet available).

AREAS FOR IMPROVEMENT

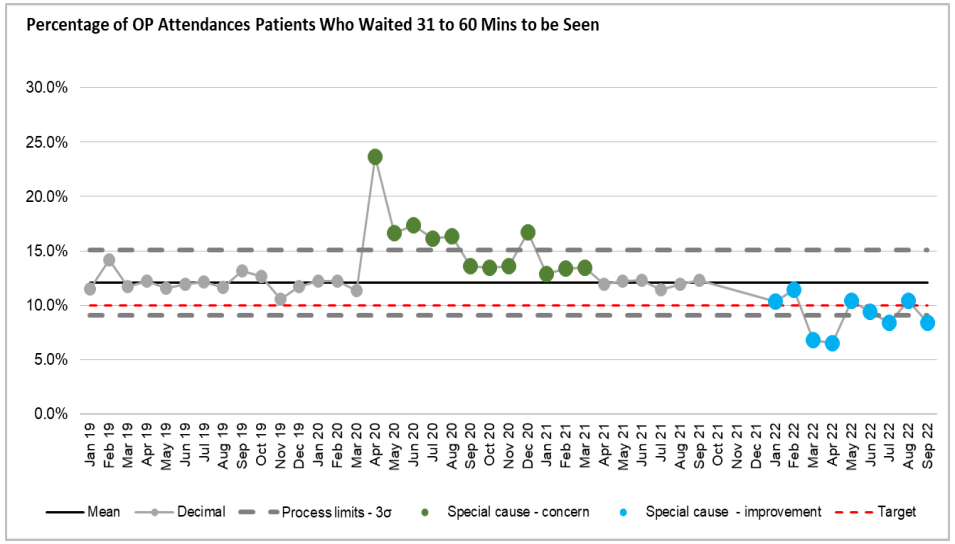
Recommendations being reviewed within operational delivery service improvement board chaired by COO: has this been refreshed from last month as it looks the same

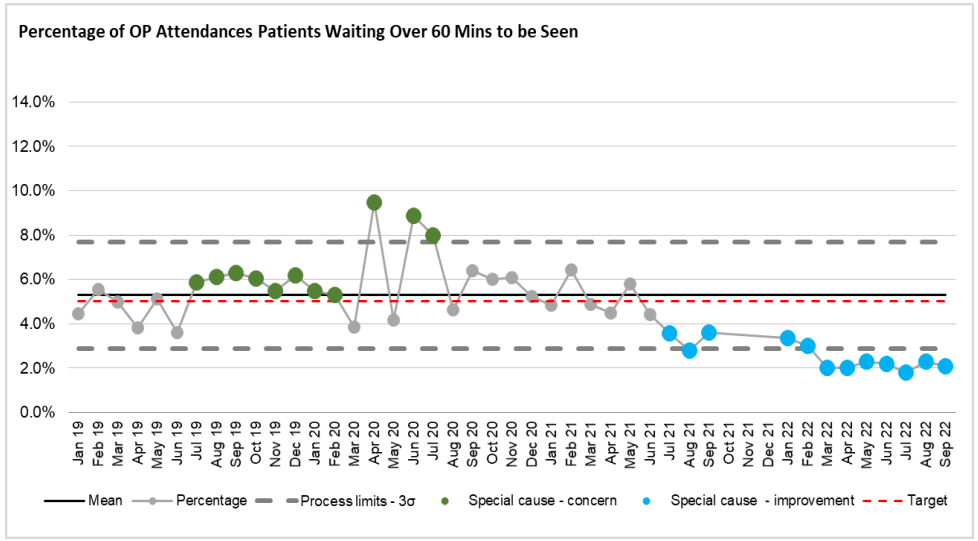
- Progress of physiotherapy provision in place for weekends to enable early mobilisation post management of change process.
- Joint Care and Day Case: Re-launch October 2022. Training completed with relevant staff groups and promoted at Team Brief
- Aspiration for overall Average LOS for primary arthroplasty patients of 2 days
- Development and roll out of Day Case pathway well underway– Sign off of Programme at September SIB anticipating 20% of arthroplasty patients will be treated on this pathway
- Progressive roll out of day case programme UKR, THR then TKR patients by March 2023
- Launch of Joint Care my recovery App November 2022 to improve preoperative education and preparation
- Improved preoperative optimisation for anaemic patients – preoperative anaemia iron infusion pathway for review at November SIB aim to reduce cancellation

RISKS/ISSUES

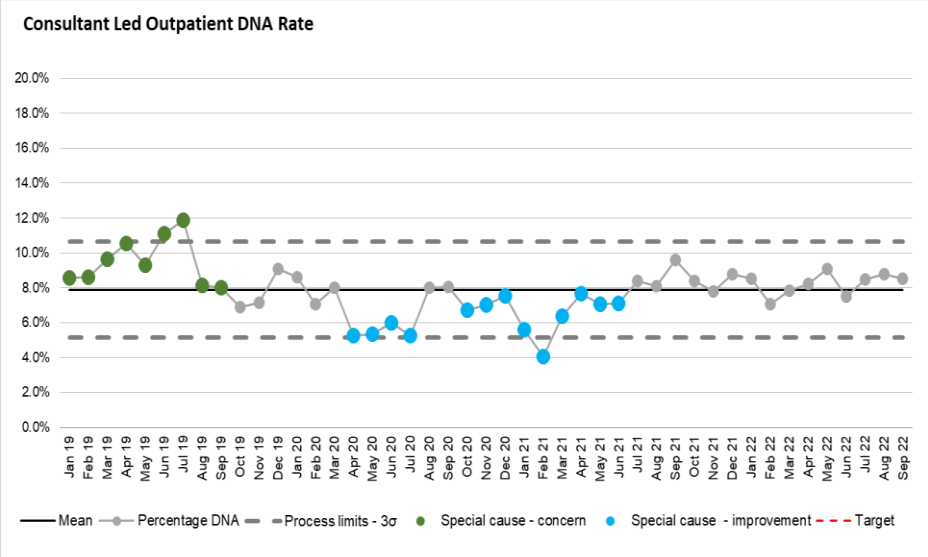
Major Revision Centre/BIS work - The Services are experiencing more complex cases which may lead to an increased length of stay for patients for Major Revision Centre and Bone Infection Unit cases. A service framework currently in development in association with the clinical teams and national programme .
Capacity at other hospital and community placements for repatriation or discharge to. DTOC discussed daily in 1pm meeting, lead by Site Team & Div 1 Matron.
Reports received 3 times a week by Head of Nursing to identify any support .

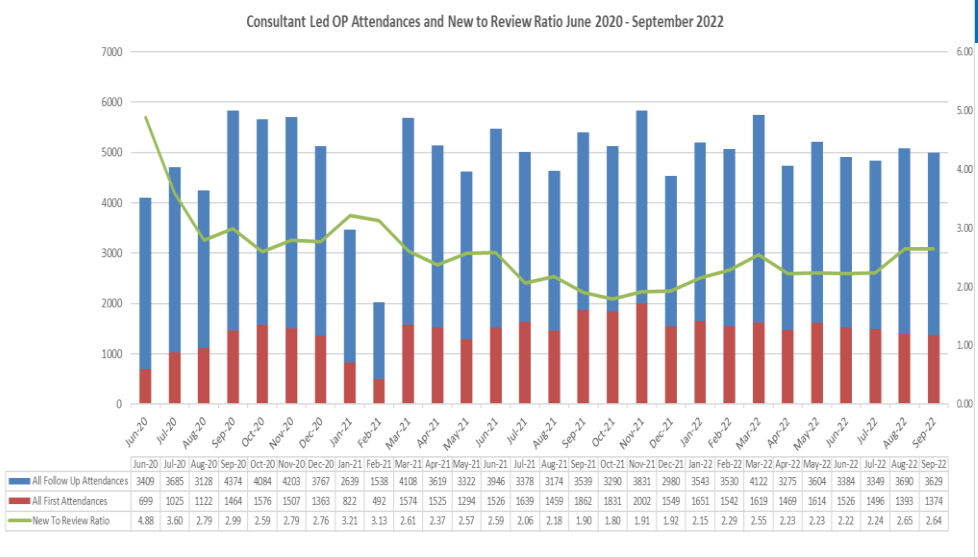
20. Outpatient efficiency

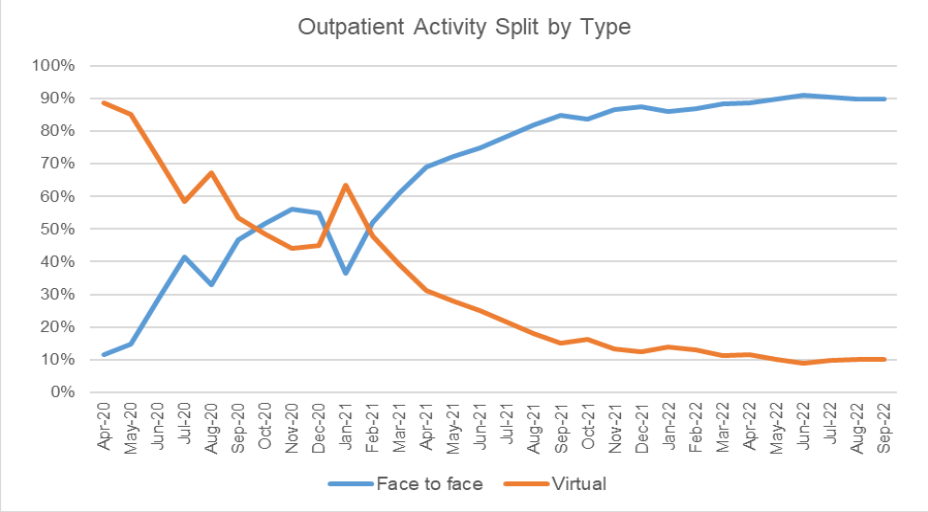


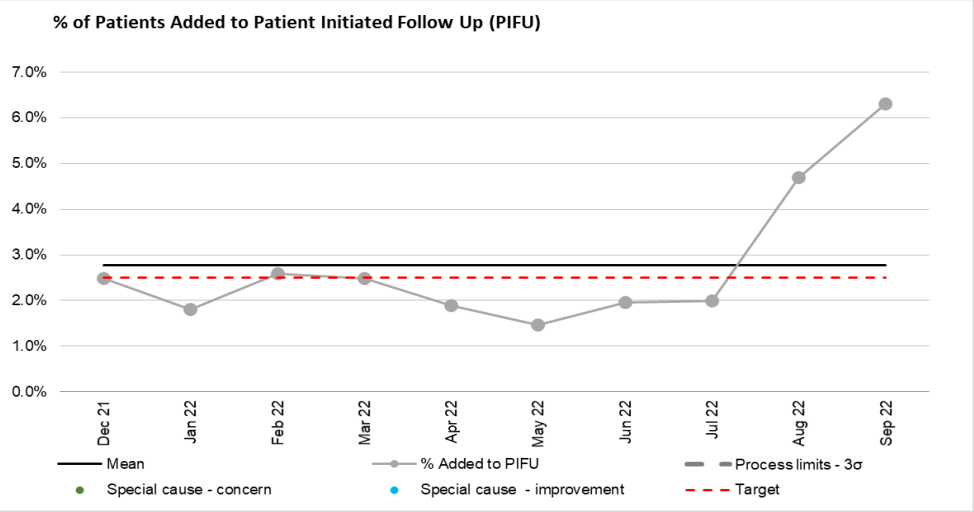


Outpatient efficiency









Outpatient efficiency

SUMMARY

There were 4443 face to face and 502 virtual appointments carried out in September (10.15% virtual). This is an improvement from August it is in line with Orthopaedics in other regional centres (RJAH currently at 8%). The outpatient modernisation project is focussing on increasing virtual appointments and meetings are being held with the individual specialty teams to increase this by reviewing pathways suitable for Virtual clinics .
The Trust has been running Super October, a regional initiative to maximise the activity through outpatients and focus on non admitted pathways. In the 2 Super October weeks an additional 64 sessions have been set up.
There are currently 1836 PIFU pathways on the PAS system 304 added in September which **is 6.30%** of all OP activity therefore above national target.
Activity data is being used to identify clinical teams with high utilisation to share learning with others

AREAS OF IMPROVEMENT

Clinic Delays:
30 minute delays - **8.4%** (Target **10%)**
60 minute delays – **2.1% (**Target **5%)**
30 minute delays are below the Trust target of 10% and so are the 60 minute delays with levels of 2.1% well below the 5% threshold.
The Appointments Team is focusing on scheduling all clinics within the 6 week scheduling window and backfilling cancellations to maximise throughput. Empty appointment slots are monitored on a daily basis.
The DNA rate for September is 8.52 %- slightly above the Trust target which is 8%.
Monthly analysis of the DNA's continues to drive the improvement going forward. Appointments booked with under 3 weeks notice received a telephone call, a letter and a text reminder. Analysis will take place following Super October .
Advice and Guidance (A and G) is already operational, and the national target is to have 15% of referrals through Advice and Guidance by 2022/2023. In September there were 150 referrals for advice and guidance were received, 10 more than in August, against a GP referral total of 1659 giving a total of 6.35% for advice and guidance.

The Trust have now published a shoulder service as directly bookable a trial which allows patients and GPs to book appointments directly. The intention of this is to improve the Trust's referral rate with consideration to our competitors, facilitate patient choice and improve the efficiency of our appointments team. If this demonstrates an improvement on referral rates more services may go live.

The Electronic Referral Triage system is now live across 14 ERS services and will be rolled out to all specialties by the end of October

RISKS / ISSUES

- Once data is available from the CRIS system this will be added to the outpatient waiting list patient tracking list report and will support the timely and effective booking of scan review appointments on PAS
- Reliance on paper systems is being reduced by the introduction of electronic outcome forms and Young Adult Hips and Clinical Support have both agreed to be part of the pilot when these reports are available

Referral to Treatment Snapshot as at 30th September 22 - Combined

21. Referral to Treatment

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

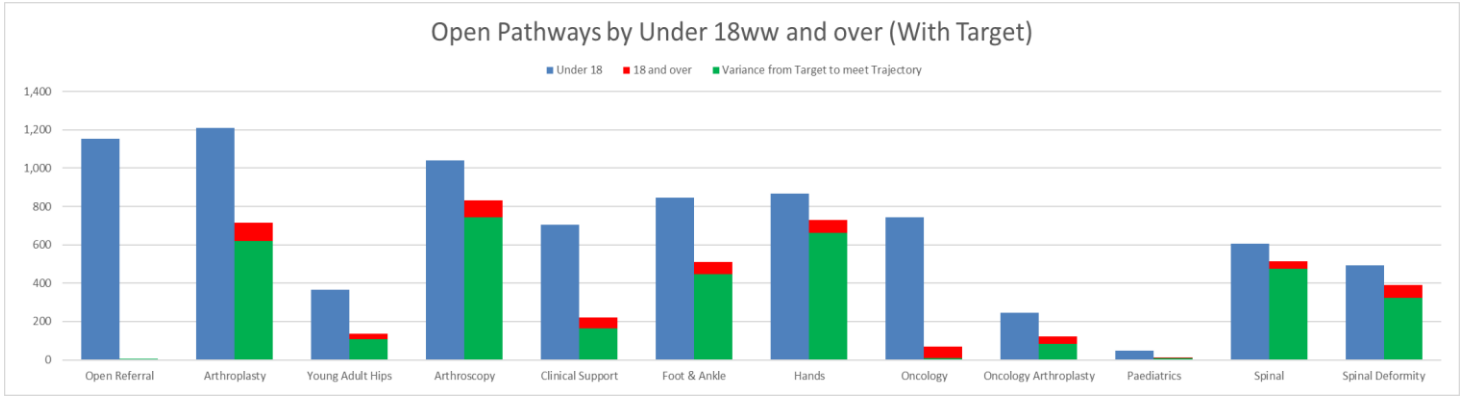
Est Over 18 Clock Stops Required		
To achieve	92.14%	4081
To achieve	92.35%	4105
To achieve	92.53%	4125

Select Pathway Type: Both

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,795**	1,021	512	158	415	223	322	355	359	117	21	162	130
7-13	**3,094**	121	497	149	426	309	374	328	267	108	16	269	230
14-17	**1,426**	10	200	57	200	171	149	184	117	20	11	176	131
18-26	**1,985**	6	267	79	340	173	261	275	52	51	9	274	198
27-39	**1,206**	0	126	47	288	39	118	187	16	46	5	187	147
40-47	**355**	0	58	8	82	6	23	57	2	22	0	51	46
48-51	**36**	0	5	0	13	2	2	11	0	2	0	1	0
52 weeks and over	**676**	0	259	2	107	0	108	200	0	0	0	0	0
Total	**12,573**	1,158	1,924	500	1,871	923	1,357	1,597	813	366	62	1,120	882

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**8,315**	1,152	1,209	364	1,041	703	845	867	743	245	48	607	491
18 and over	**4,258**	6	715	136	830	220	512	730	70	121	14	513	391
Current Month End RTT %	**66.13%**	**99.48%**	**62.84%**	**72.80%**	**55.64%**	**76.16%**	**62.27%**	**54.29%**	**91.39%**	**66.94%**	**77.42%**	**54.20%**	**55.67%**

30/09/2022 Trajectory RTT %	92.14%	100.00%	92.82%	92.65%	92.20%	92.52%	92.93%	92.63%	92.47%	87.08%	92.16%	93.90%	87.88%
Target for RTT Trajectory	709	0	93	29	88	57	64	69	60	36	4	39	68
Variance from Target to meet Trajectory	3549	6	622	107	742	163	448	661	10	85	10	474	323



Referral to Treatment Snapshot as at 30th September 22 - Admitted

22. Referral to Treatment

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

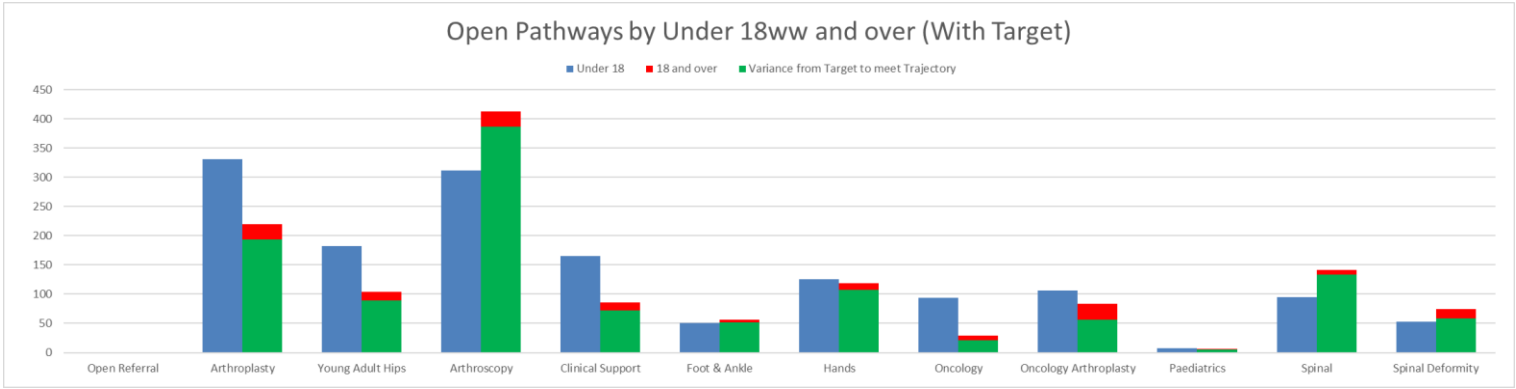
Est Over 18 Clock Stops Required		
To achieve	91.18%	1361
To achieve	92.35%	1386
To achieve	92.53%	1390

Select Pathway Type: Admitted

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**645**	0	140	78	127	61	21	66	37	54	3	40	18
7-13	**572**	0	112	74	122	62	21	40	39	43	2	36	21
14-17	**303**	0	79	30	63	42	8	19	18	9	2	19	14
18-26	**677**	0	164	63	165	65	26	45	19	33	2	67	28
27-39	**509**	0	54	38	181	18	27	54	8	38	4	55	32
40-47	**125**	0	2	3	52	3	3	17	2	11	0	18	14
48-51	**14**	0	0	0	11	0	0	1	0	1	0	1	0
52 weeks and over	**6**	0	0	0	4	0	0	2	0	0	0	0	0
Total	**2,851**	0	551	286	725	251	106	244	123	189	13	236	127

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**1,520**	0	331	182	312	165	50	125	94	106	7	95	53
18 and over	**1,331**	0	220	104	413	86	56	119	29	83	6	141	74
Current Month End RTT %	**53.31%**	n/a	**60.07%**	**63.64%**	**43.03%**	**65.74%**	**47.17%**	**51.23%**	**76.42%**	**56.08%**	**53.85%**	**40.25%**	**41.73%**

30/09/2022 Trajectory RTT %	91.18%	100.00%	92.73%	92.60%	92.24%	92.50%	92.00%	91.69%	92.70%	79.56%	93.33%	92.49%	76.95%
Target for RTT Trajectory	147	0	26	15	26	13	4	11	7	27	1	8	16
Variance from Target to meet Trajectory	1184	0	194	89	387	73	52	108	22	56	6	133	58



Referral to Treatment

Referral to Treatment Snapshot as 30th September 22 - Non Admitted

Royal Orthopaedic Hospital NHS Foundation Trust
Consultant Led Open Pathways as at 30/09/2022

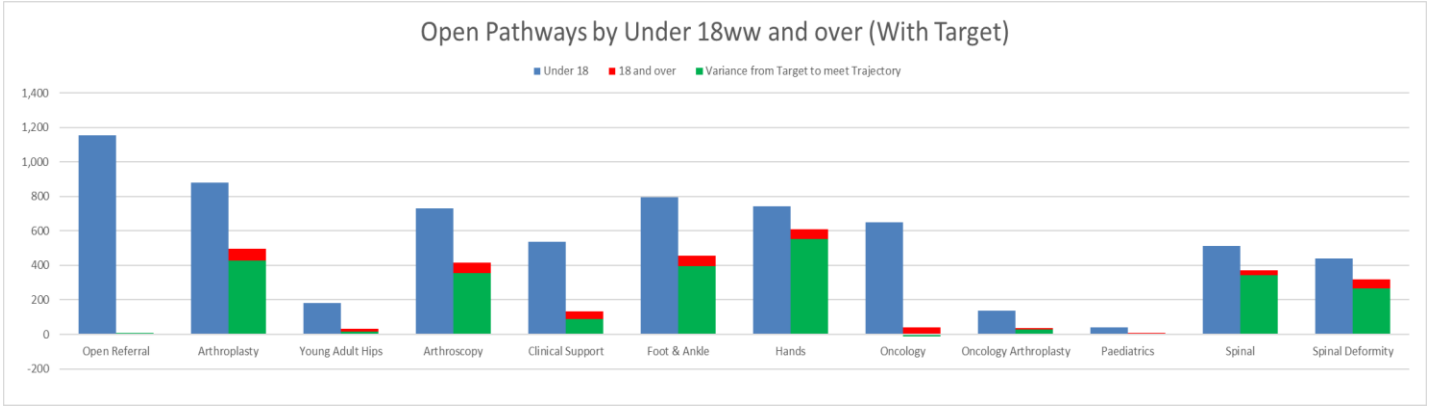
Est Over 18 Clock Stops Required		
To achieve	92.57%	2739
To achieve	92.35%	2719
To achieve	92.53%	2735

Select Pathway Type: Non Admitted

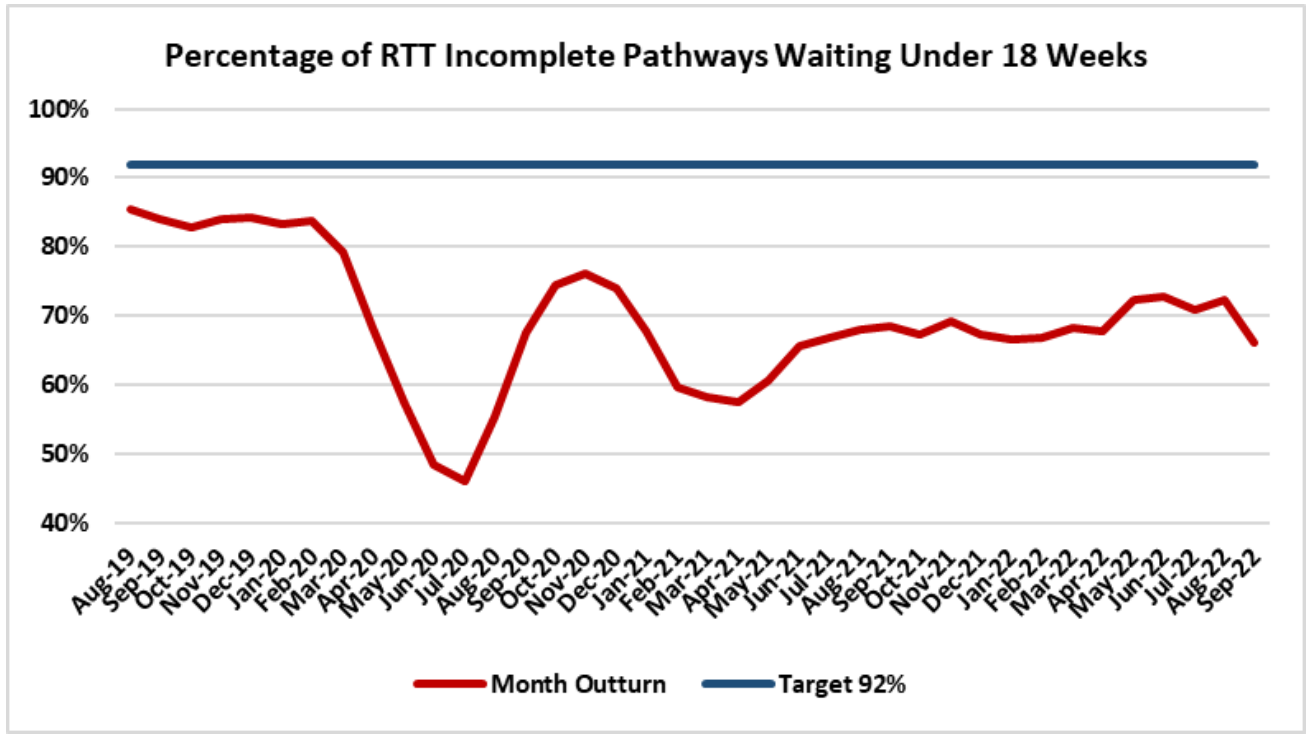
Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics & Young Adults	Spinal	Spinal Deformity
0-6	**3,150**	1,021	372	80	288	162	301	289	322	63	18	122	112
7-13	**2,522**	121	385	75	304	247	353	288	228	65	14	233	209
14-17	**1,123**	10	121	27	137	129	141	165	99	11	9	157	117
18-26	**1,308**	6	103	16	175	108	235	230	33	18	7	207	170
27-39	**697**	0	72	9	107	21	91	133	8	8	1	132	115
40-47	**230**	0	56	5	30	3	20	40	0	11	0	33	32
48-51	**22**	0	5	0	2	2	2	10	0	1	0	0	0
52 weeks and over	**670**	0	259	2	103	0	108	198	0	0	0	0	0
Total	**9,722**	1,158	1,373	214	1,146	672	1,251	1,353	690	177	49	884	755

Weeks Waiting	Total	Open Referral	Arthroplasty	Young Adult Hips	Arthroscopy	Clinical Support	Foot & Ankle	Hands	Oncology	Oncology Arthroplasty	Paediatrics	Spinal	Spinal Deformity
Under 18	**6,795**	1,152	878	182	729	538	795	742	649	139	41	512	438
18 and over	**2,927**	6	495	32	417	134	456	611	41	38	8	372	317
Current Month End RTT %	**69.89%**	**99.48%**	**63.95%**	**85.05%**	**63.61%**	**80.06%**	**63.55%**	**54.84%**	**94.06%**	**78.53%**	**83.67%**	**57.92%**	**58.01%**

30/09/2022 Trajectory RTT %	92.57%	100.00%	92.90%	92.72%	92.15%	92.53%	93.03%	92.83%	92.43%	92.20%	92.05%	94.35%	89.60%
Target for RTT Trajectory	545	0	67	14	62	43	60	57	53	12	4	31	51
Variance from Target to meet Trajectory	2382	6	428	18	355	91	396	554	-12	26	4	341	266



Referral to Treatment



Referral to Treatment

SUMMARY

The Referral To Treatment (RTT) position for September is 66.13% of 92%.
This reflects the impact of the 1000 patients from UHB received via mutual aid.
There are **676 patients** over 52 weeks.

All patients over 52 weeks are being reviewed through the harm review process. No harm has been concluded on all patients to date. We have 391 patients are waiting over 40-51 weeks. All patients in this category are being regularly reviewed by their clinical teams on a monthly basis and the services meet weekly for in-depth review of the PTL.

2851 patients are on the admitted waiting list. at the weekly PTL meetings P1 ,P2 and P3 patients are reviewed weekly to ensure they are booked for surgery in the appropriate timeframe for their set priority in line with the national guidance for clinical prioritisation of patients awaiting surgery.

Referrals are at 2,154 (79.66%) **when compared to pre covid levels** referrals received in September 2022, the average monthly referrals received Pre-Covid (2,704)

We are continuing to working closely with the system and GP's to restore pre COVID referral levels and continued growth patterns. Regular meetings are in place to ensure we keep in contact and update the ICB and GP's on the current position and mutual aid support being provided.

We are currently scoping capacity to supply additional mutual aid support for patients from RJAH in the spinal specialty.

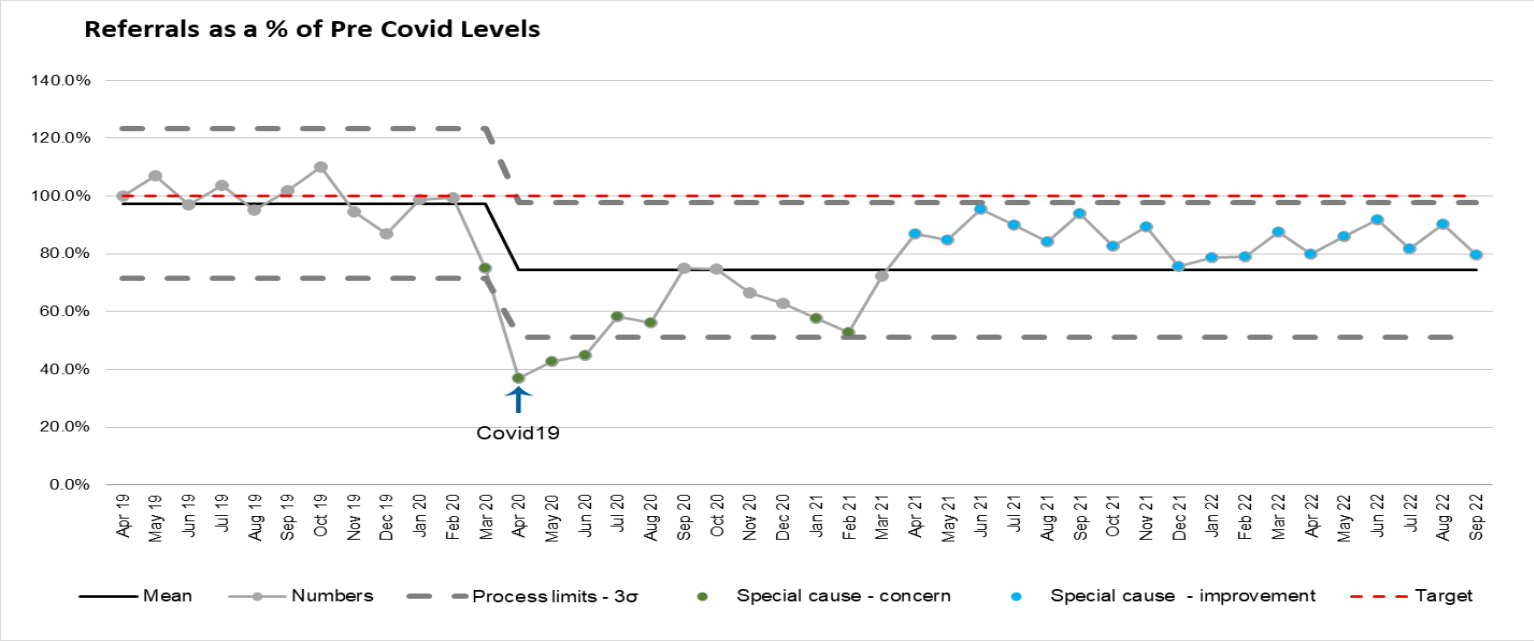
AREAS FOR IMPROVEMENT

Weekly PTL meetings and waiting list monitoring meetings are in place to support the reduction in our patients waiting over 18 weeks. On-going development work underway to support the delivery of treating UHB mutual aid patients through a clear defined process on how we monitor and track the patients through their pathway, while we ensure we have a focus on clearing 52 week waiting patients.

RISKS / ISSUES

System support with UHB underway offering Mutual Aid for Non-admitted Outpatients: We have received 1000 new patients across large and small joints. To date all patients have been triaged, contacted and registered if they have accepted transfer to ROH from UHB. We are currently booking patients into outpatients and anticipate that a further cohort of 1000 patients will be instructed for transfer by the end of November. We are holding a weekly shared Mutual Aid Operational and Governance meeting with UHB colleagues with a monthly oversight group in place .

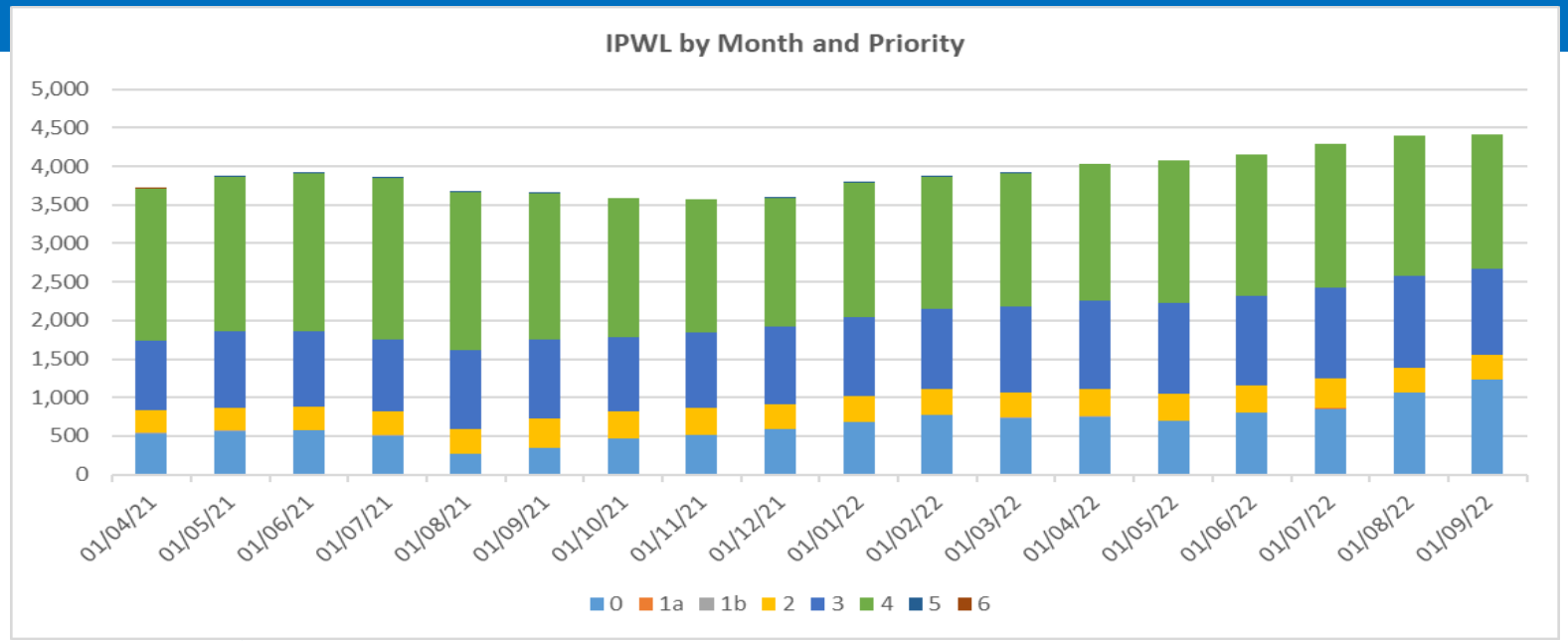
Referral to Treatment



Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of Referrals	2706	2896	2623	2801	2574	2752	2973	2560	2351	2668	2685	2029	996	1154	1213	1576	1521	2032	2019	1796	1702	1561	1432	1956
Referrals as a % of Pre Covid Levels	100.07%	107.10%	97.00%	103.59%	95.19%	101.78%	109.95%	94.67%	86.95%	98.67%	99.30%	75.04%	36.83%	42.68%	44.86%	58.28%	56.25%	75.15%	74.67%	66.42%	62.94%	57.73%	52.96%	72.34%

Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Referrals	2354	2295	2584	2433	2274	2541	2234	2420	2044	2127	2136	2365	2164	2330	2483	2212	2440	2154						
Referrals as a % of Pre Covid Levels	87.06%	84.87%	95.56%	89.98%	84.10%	93.97%	82.62%	89.50%	75.59%	78.66%	78.99%	87.46%	80.03%	86.17%	91.83%	81.80%	90.24%	79.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Referral to Treatment



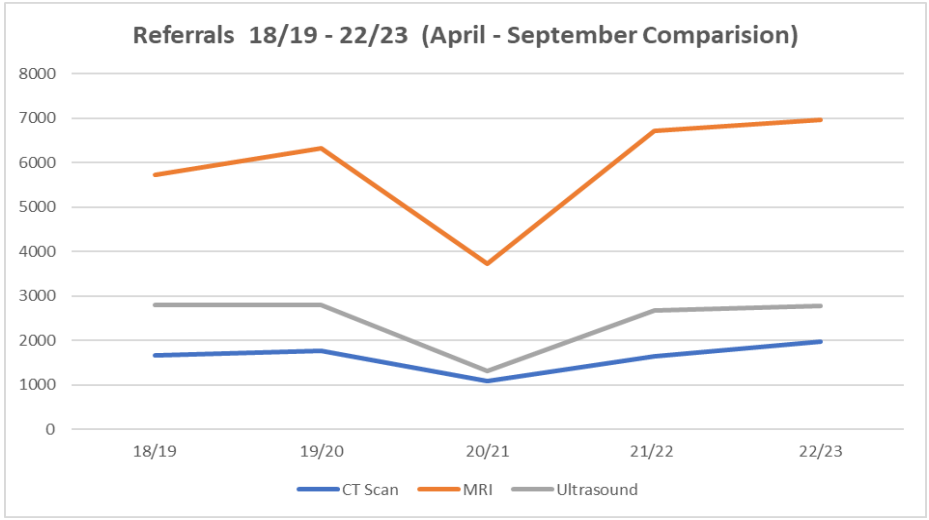
	Number of IP waiting as at	% of IP waiting as at
Priority	30/09/22	30/09/22
0	1226	28%
1a	2	0%
1b	2	0%
2	320	7%
3	1114	25%
4	1745	40%
5		0%
6		0%
Total	4409	100%

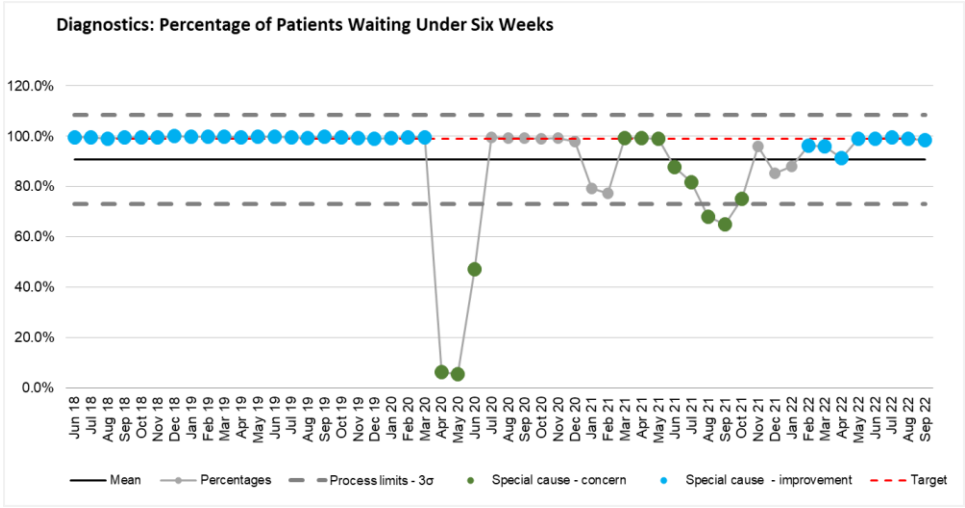
We have seen an increase in the number of patients without a priority status (p0) on our admitted waiting list. A meeting is underway with each speciality to agree an action plan to ensure that all patients have a priority status added on admission to waiting list. A weekly monitoring metric will now be added to the PTL to allow us to monitor improvements.

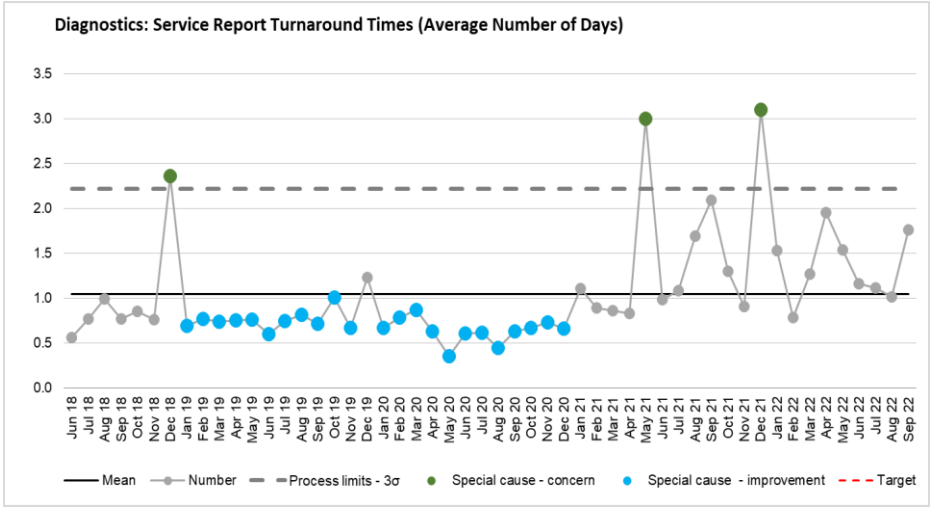
% of Patients Waiting <6 Weeks for Diagnostic Test - National Standard is 99%

22. Diagnostic Performance

	Pending Patients still waiting at month end							Activity			
Month	MRI	CT	US	Total Waiting	Over 6 Weeks	Under 6 Weeks	% Under 6 Weeks	MRI	CT	US	Total Activity
Sep-21	1656	82	504	2242	786	1456	64.9%	1001	171	298	1470
Oct-21	1510	86	450	2046	509	1537	75.1%	533	105	127	765
Nov-21	1176	91	266	1533	63	1470	95.9%	772	121	131	1024
Dec-21	1164	87	286	1537	228	1309	85.2%	606	188	257	1051
Jan-22	1115	123	214	1452	175	1277	87.9%	1098	211	422	1731
Feb-22	1139	135	186	1460	55	1405	96.2%	1049	293	492	1834
Mar-22	1127	87	154	1368	55	1313	96.0%	1181	323	437	1941
Apr-22	1170	91	294	1555	136	1419	91.3%	820	251	305	1376
May-22	825	75	92	992	9	983	99.1%	947	236	329	1512
Jun-22	752	93	101	946	9	937	99.0%	715	221	261	1197
Jul-22	619	137	107	863	5	858	99.4%	1114	238	383	1735
Aug-22	575	171	117	863	9	854	99.0%	1168	275	365	1808
Sep-22	582	113	128	823	12	811	98.5%	891	198	339	1428







Diagnostic Performance

SUMMARY

The Imaging service did not achieve the 99 % in September 2022 closing the month at 98.5%. The main area of challenge remains with paper based referrals being received late into the imaging Department. Patient choice has also impacted within the 12 patients who were outside of the 6 week standard.

National 22/23 operational target remains at 95% which ROH are achieving , however we have retained reporting against the traditional 6 week diagnostic target locally as our aspirational target.

October 22 report times remains on target and additional mobile MRI capacity has been confirmed in October 22 - March 23.

AREAS FOR IMPROVEMENT

To continue to ensure all capacity is fully utilised and minimise DNA's. Awaiting DrDoctor implementation by end of the year (2022) to enable text messaging to support DNA reduction.

Order Comms to be implemented by December 2022 to ensure the timely transfer of outpatient referrals within the imaging department.

RISKS / ISSUES

The lack of an electronic referral system (order comms) is having an impact on performance also there is an increase in risk of having paper referral forms potentially being lost/ delayed. This risk is currently being reviewed in light of increased incidents of late referrals into the imaging service with ongoing discussions with system partners around implementation of e- referrals in imaging to mitigate this risk.

Summary Performance Figures – August 2022 (October Submission)

23 Cancer Performance

		Aug-22					Jul-22				
	Target	Patients	Compliant	Breach	Total	%	Patients	Compliant	Breach	Total	%
2WW	93%	74	70	4	74	94.60%	73	68	5	73	93.20%
31 day 1st	96%	13	13	0	13	100%	9	9	0	9	100%
31 day sub	94%	9	9	0	9	100%	9	9	0	9	100%
62 days	85%	8	1.5	3.5	5	30%	10	3	4.5	7.5	40%
Upgrade	90%	14	7.5	2	9.5	78.90%	3	1.5	0	1.5	100%
28 day FDS	75%	85	65	20	85	76.50%	74	56	18	74	75.70%
104 days treated at ROH	0	0					0				

Performance

Performance has improved in August 2022 across all metrics and all standards have been met apart from the 62 day standard.

Breaches were reflective of the reduction in the 62 day backlog as patients have been treated. There was a combination of complex shared pathways between Trusts and tertiary referrals being received without a diagnosis. There were 5 pathway patients that had a non-cancer diagnosis after the treatment date which reduced the denominator from 10 to 5.

The pathology database transition has taken place in September and the team are working closely with informatics and pathology to anticipate any avoidable delays as teams become more familiar with the new system. This is managed closely through the weekly Cancer PTL review and escalation process.

Risks /actions ongoing

ROH are actively participating and engaging with the weekly System Oversight Group for cancer recovery

Glossary of terms

VTE	Venous thromboembolism (VTE)
UHB	University Hospitals Birmingham
PIR	Post Infection Review
ADCU	Admissions and Daycase Unit
BBRAUN	Medical manufacturer B. Braun Medical Ltd
CQC	Care Quality Commission
DAIR	The DAIR (debridement, antibiotics and implant retention) procedure for infected total knee replacement
STEIS	STEIS
RCA	Root Cause Analyses
OPD	Outpatient Department
CAS	Central Alerting System (CAS)

Monthly Workforce & OD Report

September 2022

CONTENTS

	Introduction
1	Workforce Overview
2	Establishment
3	Turnover & Retention
4	Starters and Leavers Data
5	Attendance & Sickness Absence
6	Workforce Demographics
7	Workforce Wellbeing – Annual Leave
8	Training & Education
9	Workforce Experience & Engagement

Introduction

This report will show the Workforce and OD information for the months of September 2022 compared with the previous month(s).

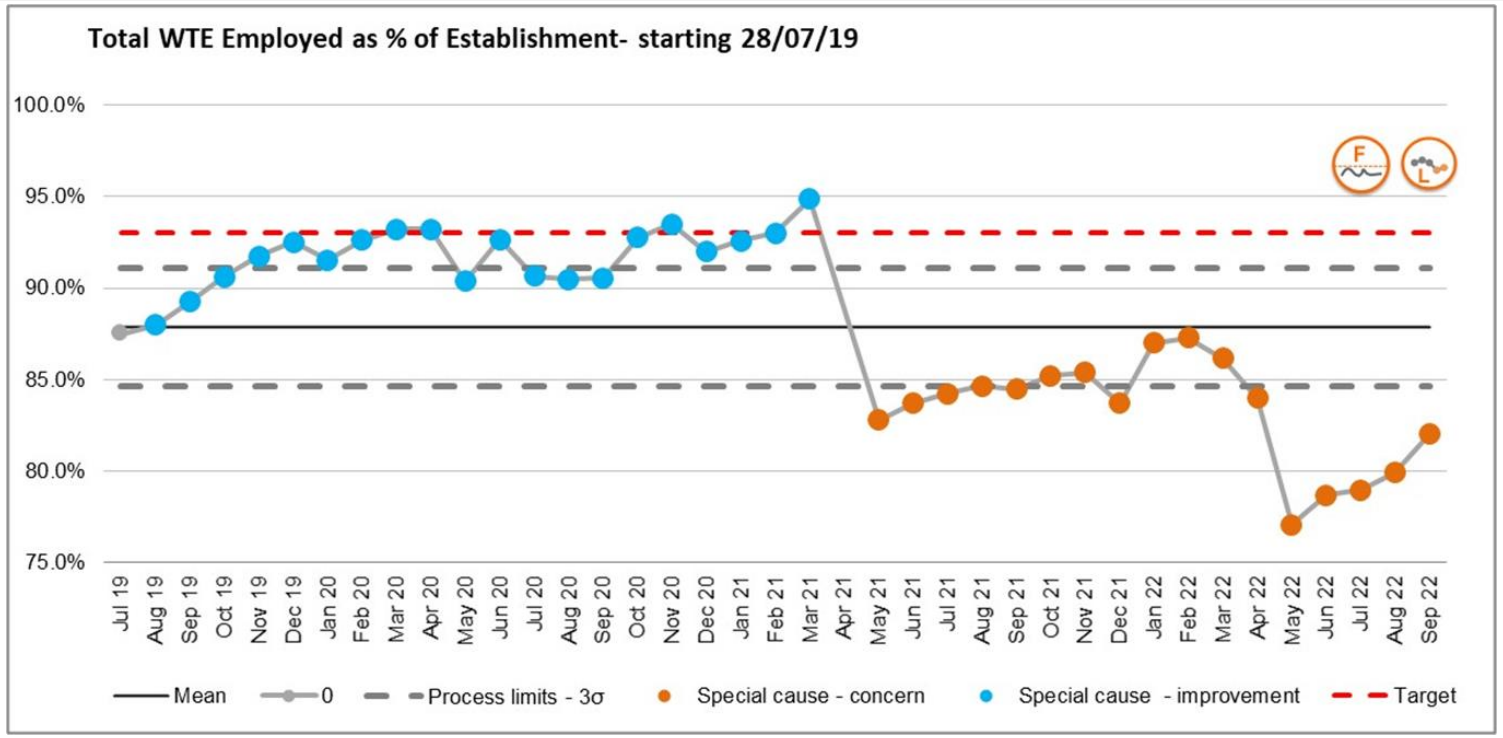
This information is as of the point when the reports are run and relies on the updates from managers and members of staff to keep the data up to date.

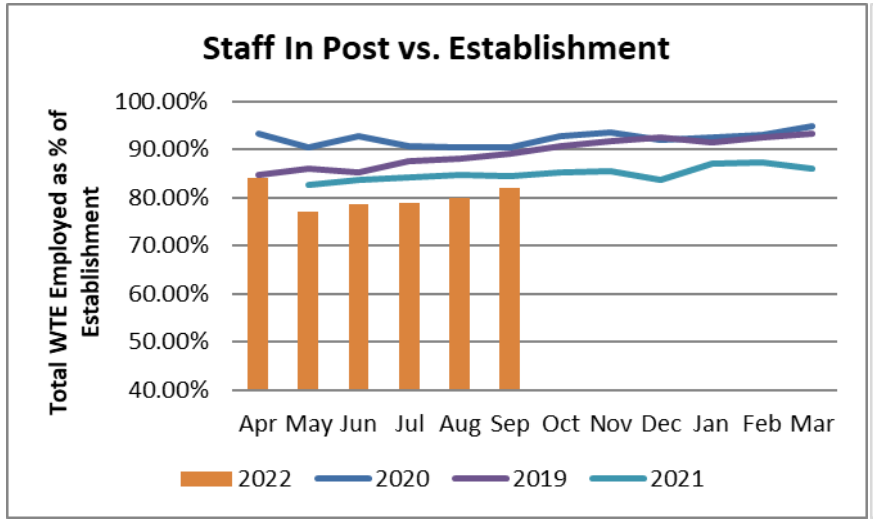
1. Workforce Overview

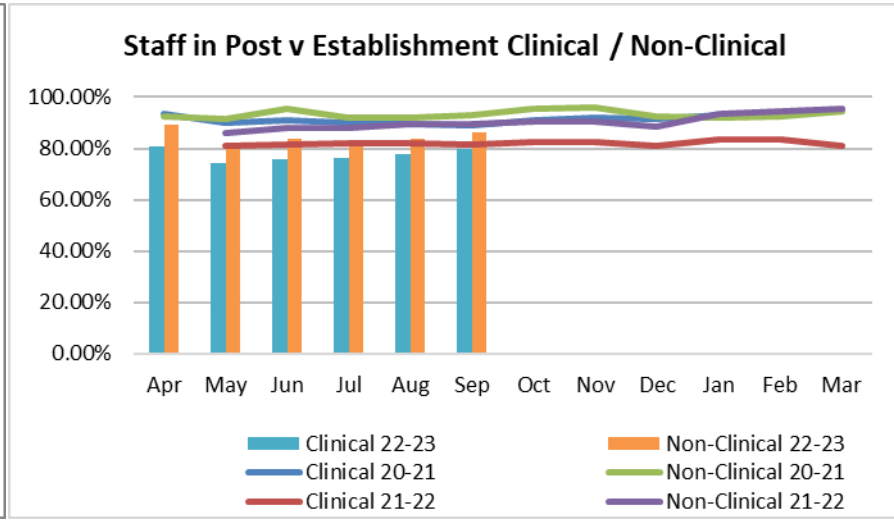
Trust Workforce Metrics	Aug-22	Sep-22	This Month vs Last Month	Trend	KPI
Staff In Post - Headcount	1247	1247	0	-	-
Staff In Post - Full Time Equivalent	1101.61	1101.28	-0.33256	-	-
Staf Turnover % - Unadjusted	18.22%	18.38%	0.16%	⇧	<=11.5%
Staf Turnover % - Adjusted	15.32%	15.62%	0.30%	⇧	<=11.5%
Total WTE Employed as % of Establishment	79.90%	82.02%	2.12%	⇧	>=93%
Total WTE Employed as % of Establishment - Clinical	77.84%	79.70%	1.86%	⇧	>=92%
Total WTE Employed as % of Establishment - Non-Clinical	83.68%	86.42%	2.74%	⇧	>=96%
% Of Attendance	93.86%	94.05%	0.19%	⇧	>=96.3%
% Of 12 mth MAA Attendance	93.62%	93.65%	0.03%	⇧	>=96.3%
% Staff received mandatory training last 12 months	87.52%	87.54%	0.02%	⇧	>=93%
% Staff received formal PDR/appraisal last 12 months	56.50%	55.88%	-0.62%	⇩	>=95%
% of Sickness - Trust wide Long-term	4.10%	2.75%	-1.35%	⇩	-
% of Sickness - Trust wide Short-term	4.69%	3.21%	-1.48%	⇩	-
Return To Work Completion %	38.10%	40.00%	1.90%	⇧	>=80%

2. Establishment

At the end of September, the number of staff on payroll stood at 1247 (WTE 1101.28) which is a decrease of 0.3 WTE from August.
The Total WTE Employed as a % of the Establishment this month was 82.02% which rests well below the Trust Target 93%.



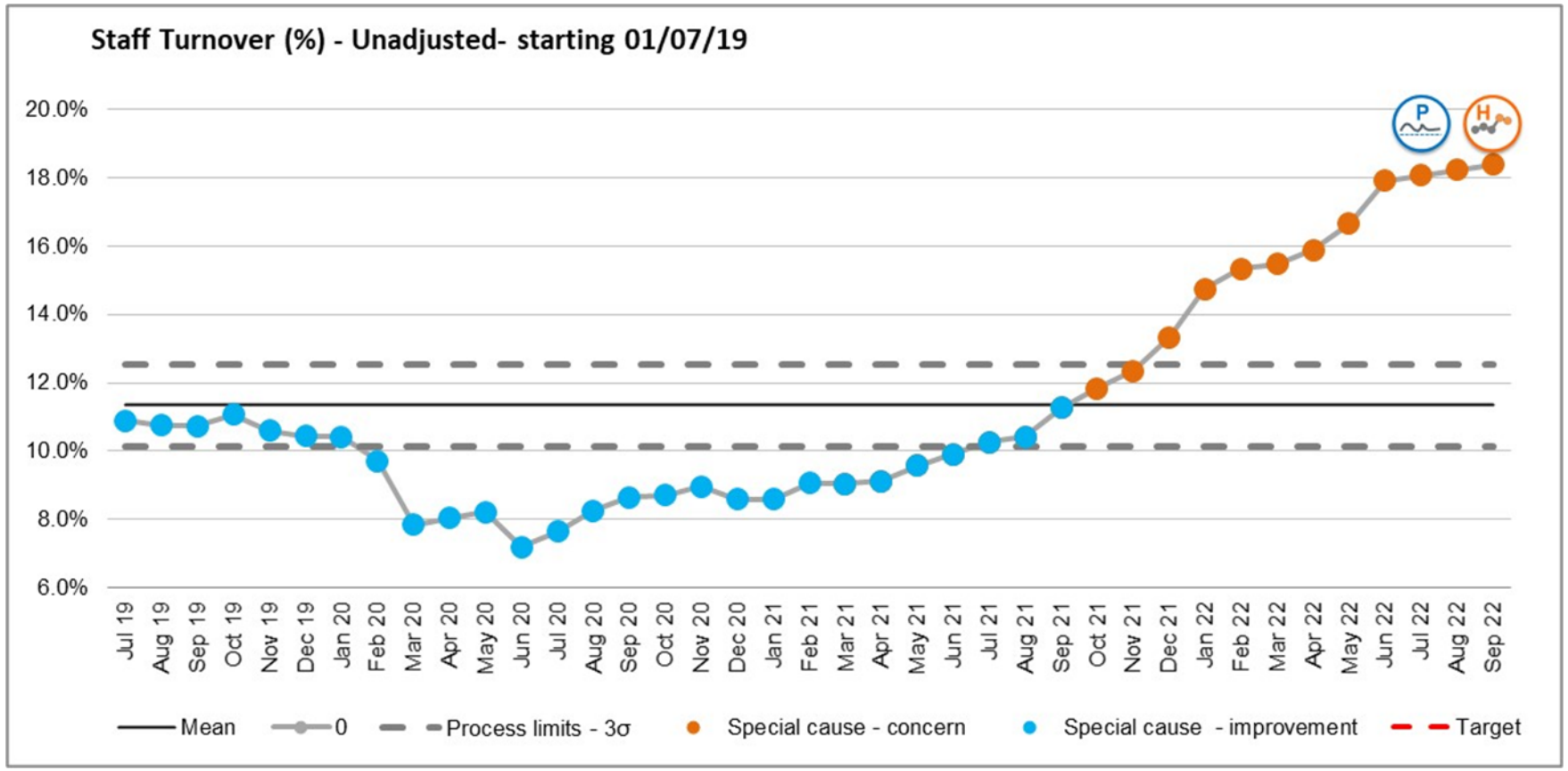




3. Turnover & Retention

Unadjusted turnover for **rolling twelve month reporting period** was 18.4% which is well above the Trust target of 11.5%. For unadjusted turnover by staff group, over the last 12 months, turnover was the highest in the Add Prof Scientific and Nursing, closely followed by Allied Health Professionals which are both in the red category against the Trust target.

Work continues to look into the Recruitment & Retention of staff within the Trust. HR continue to work with Managers to review reasons why employees are leaving.



Staff Group	FTE
Add Prof Scientific and Technic	22.71%
Additional Clinical Services	18.78%
Administrative and Clerical	18.43%
Allied Health Professionals	18.90%
Estates and Ancillary	18.58%
Medical and Dental	9.09%
Nursing and Midwifery Registered	20.24%

Org L4	FTE
303 Corporate Directorate	23.28%
303 Division 1 - Patient Services	20.48%
303 Division 2 - Patient Support	15.22%
303 Division 4 - Estates and Facilities	10.24%

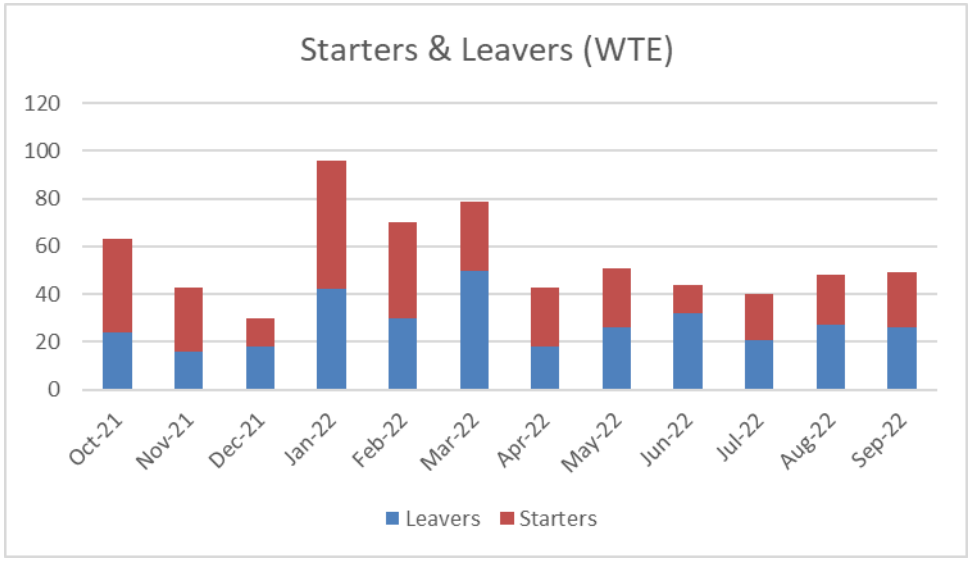
4. Starters & Leavers

Over the last 2 months, the main reasons for staff leaving (according to ESR data) were other not known, Promotion and work life balance which is different to previous months.

Managers need to gauge the reason why employees are leaving, Other/Not known should not be used.

As a Trust we need to find out why people are leaving for Promotions and not securing them within.

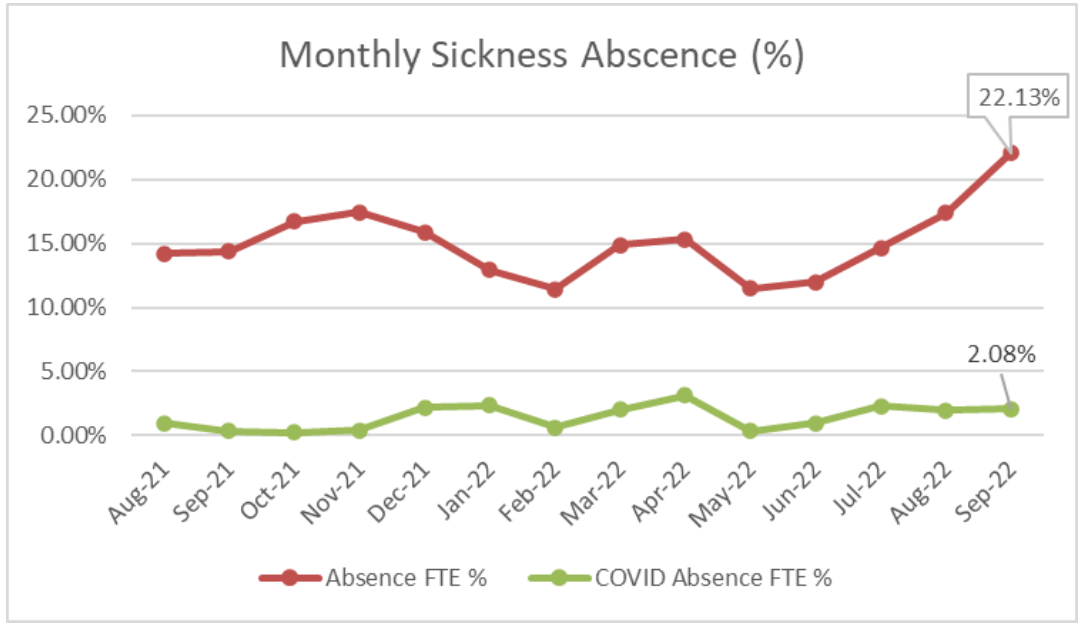




5. Attendance & Sickness

Attendance for this month was 94.05% (sickness absence % = 5.95%) and Attendance for the rolling past 12 months was 93.65%. This currently sits below the Trust target of 96.3% and has remained fairly consistent over the past few months.

The top reasons for sickness absence included Anxiety/stress, cold cough or flu like symptoms (including COVID-19), gastrointestinal problems and musculoskeletal problems.

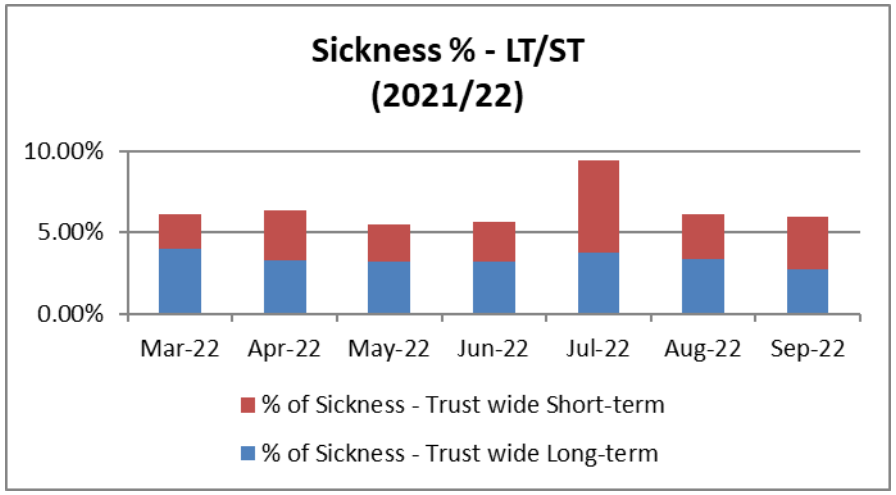


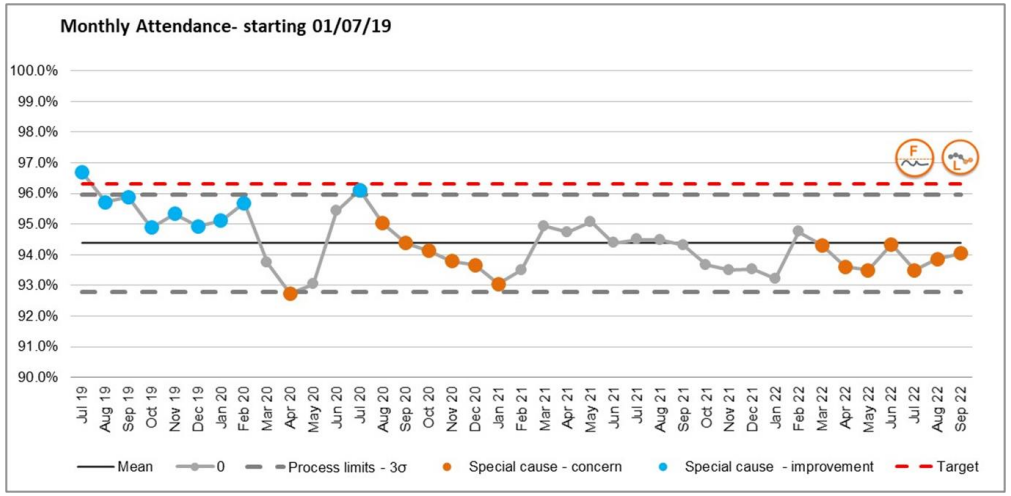
Top Absence Reasons In the Last 12 Months by FTE Days Lost	Count of Episodes	FTE Days Lost	Estimated Cost Of Absence
Cold, Cough, Flu - Influenza	749	5031.27486	£ 522,733.52
Anxiety/stress/depression	239	5595.43365	£ 514,167.17
Musculoskeletal problems	147	2973.61379	£ 268,973.24
Gastrointestinal problems	449	1639.8507	£ 143,677.22
Back Problems	96	1383.83986	£ 131,105.37

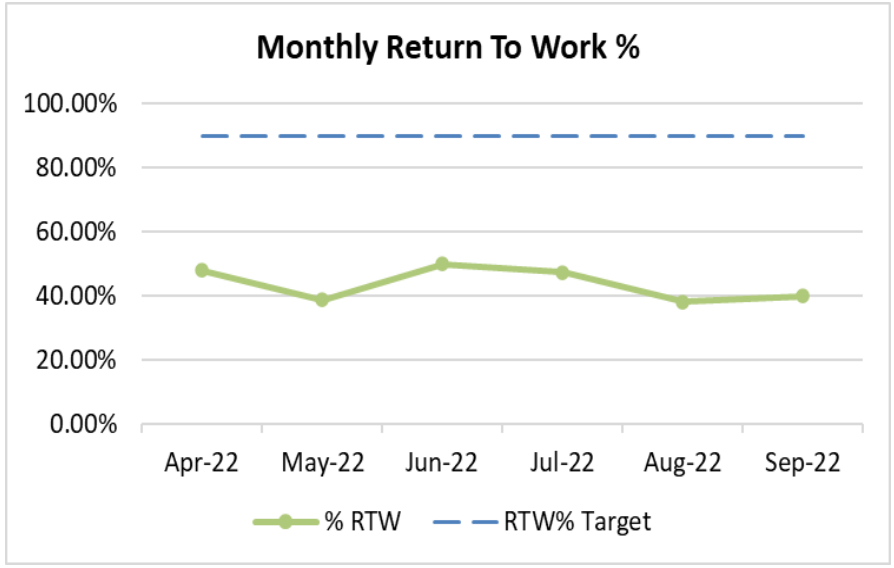
5. Attendance & Sickness

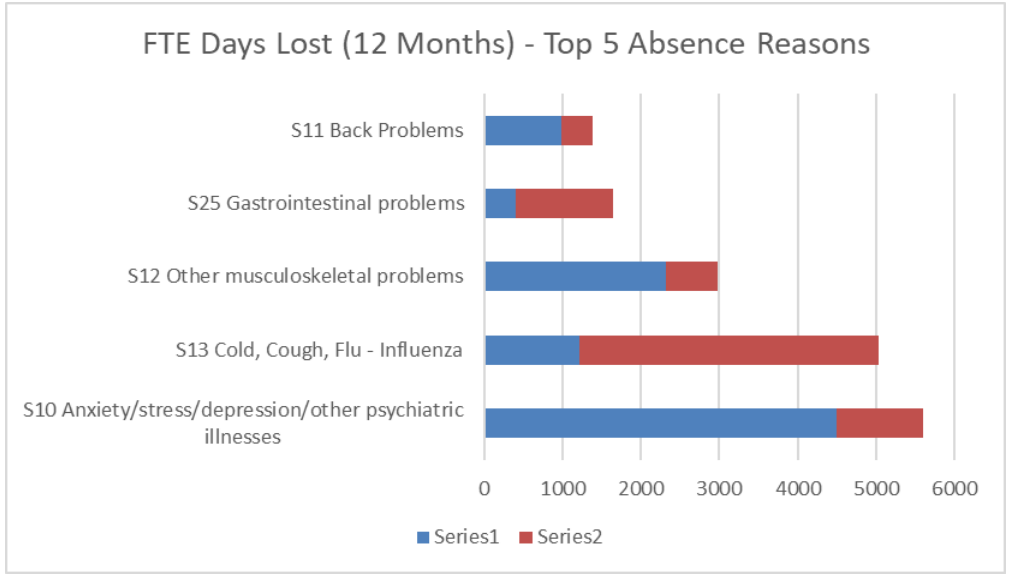
Return To Work Discussion Meetings Following Sickness Absence

Trust wide Return To Work (RTW) interviews increased to 40.00% in September, compared to 38.10% in August. This still remains below the Trust Target of 80%.



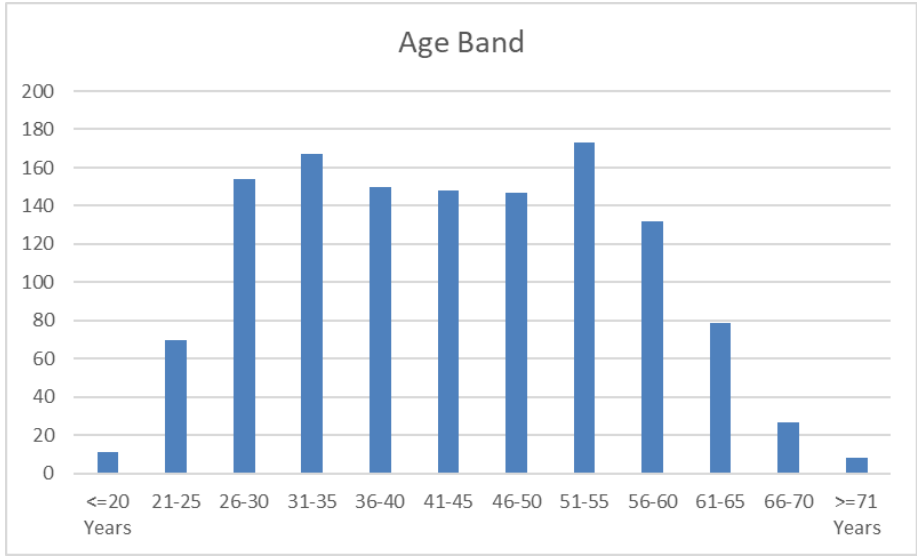


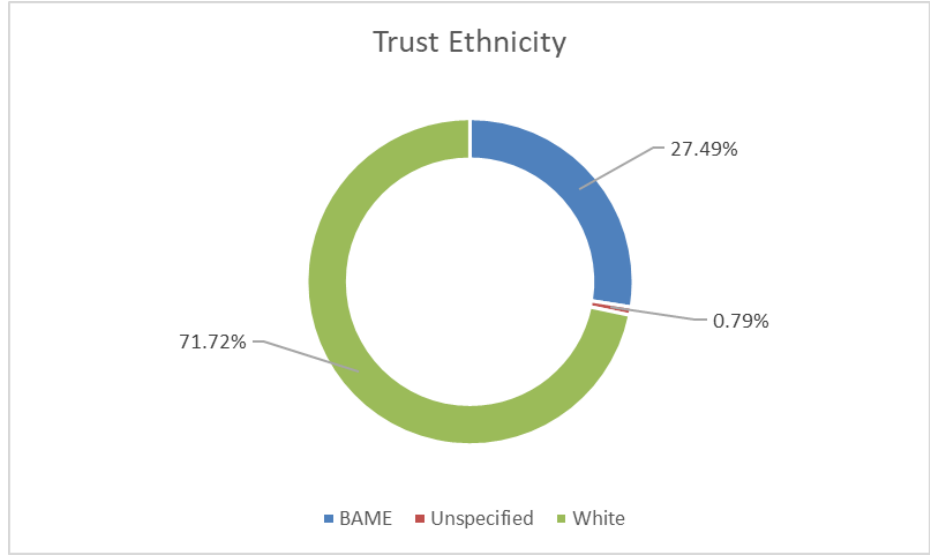


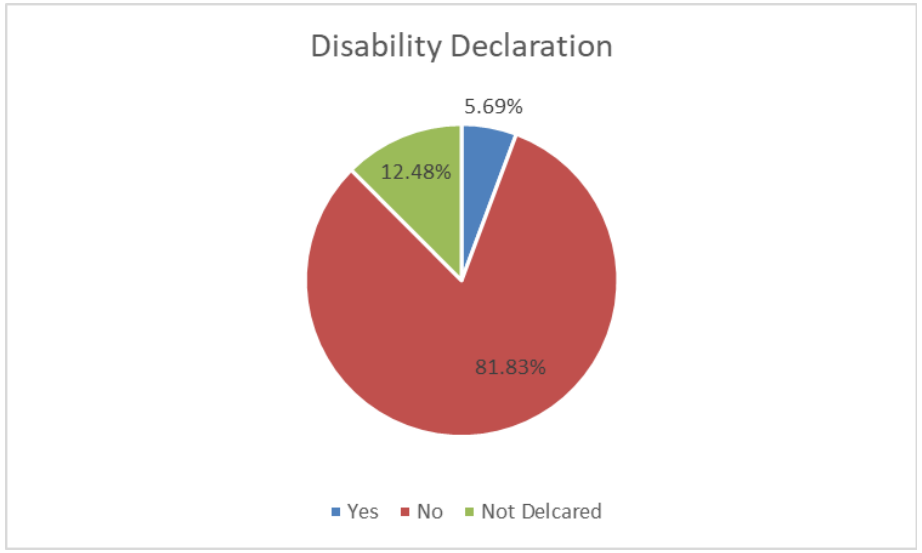


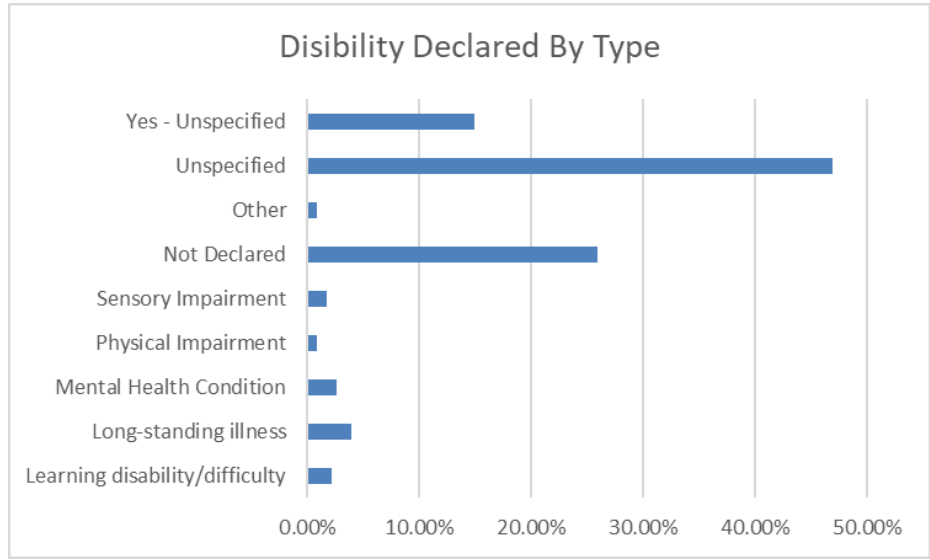
6. Workforce Demographics

The Trust is made up of 70.85% female and 29.15% male staff
Our current status of staff with a disability is 5.69% with 12.48% of staff still to declare their disability status, this has increased slightly due to a new form that asks for new staff members to add their status'. Staff are being encouraged to update their equality and diversity details through Electronic Staff Record.



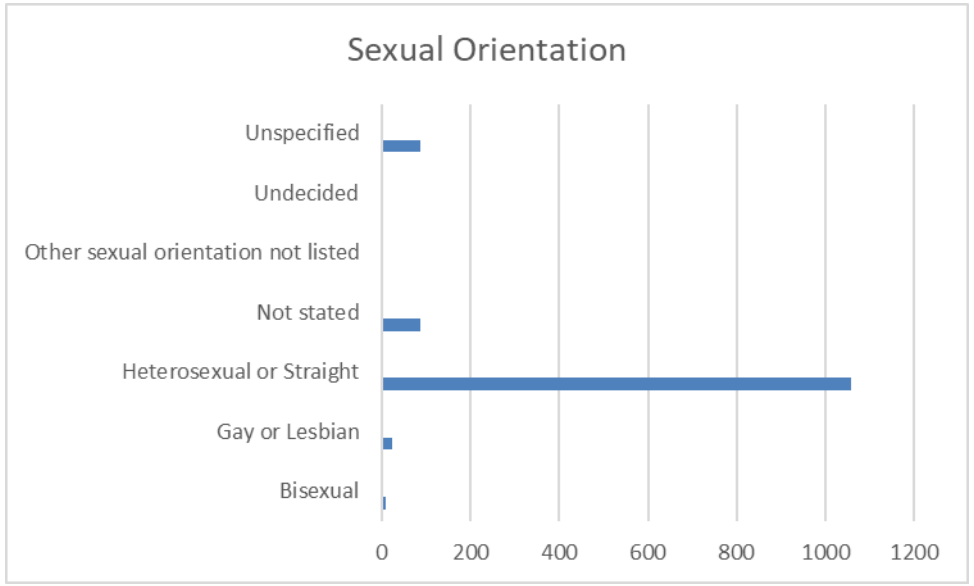


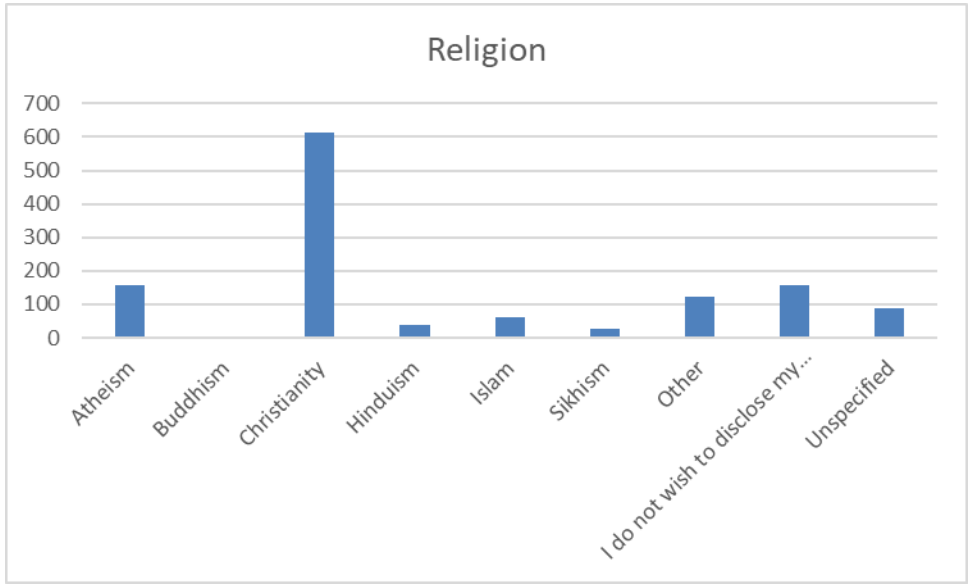


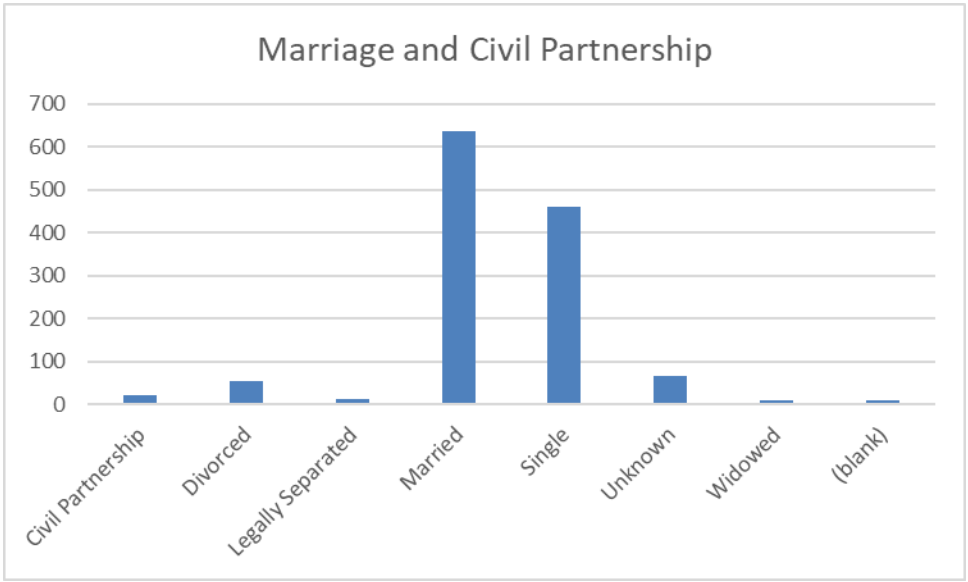


6. Workforce Demographics cont.

Currently in the Trust we have 21 staff members on Maternity or Adoption Leave





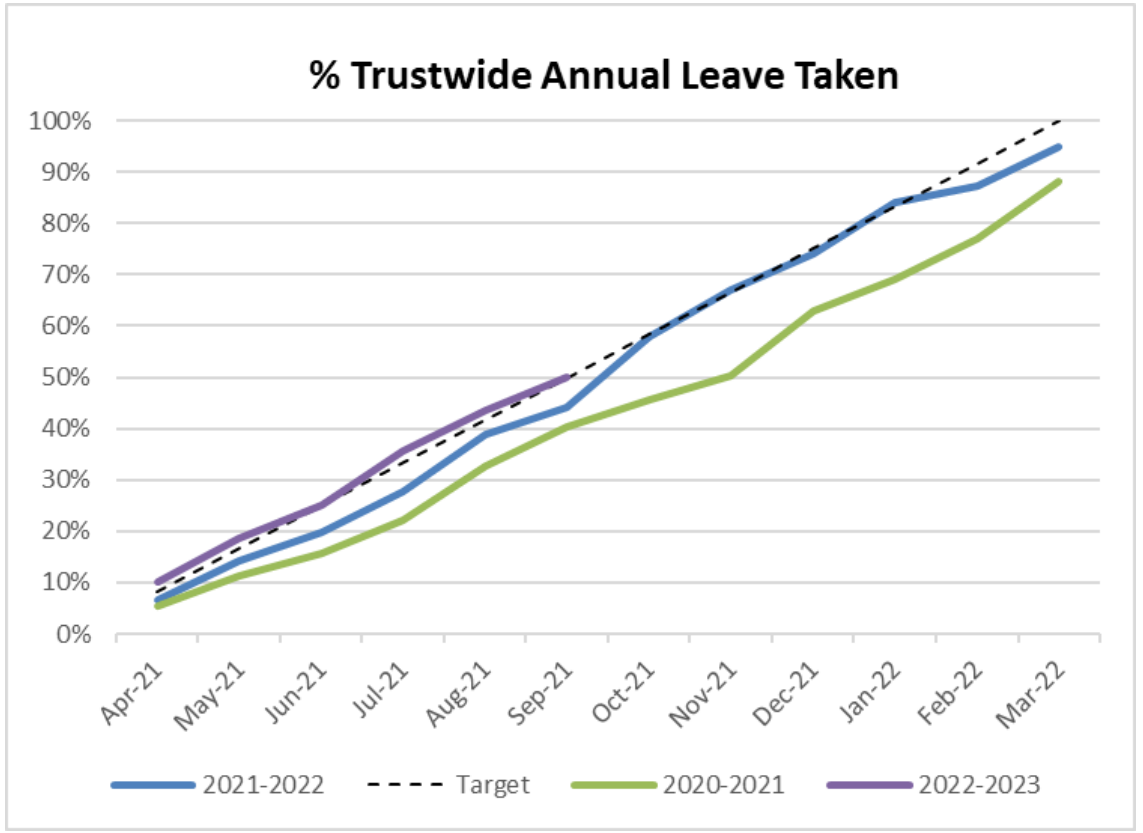


7. Workforce Wellbeing – Annual Leave

Annual Leave

At the end of Q1 (Jun 22) for the financial year, AfC staff have taken 49.95% of their annual leave entitlement. At this point in the year, staff are expected to have taken at least 50% of their annual leave entitlement, to support staff in having regular rest breaks.

As a Trust we look on Target so far for 2022.



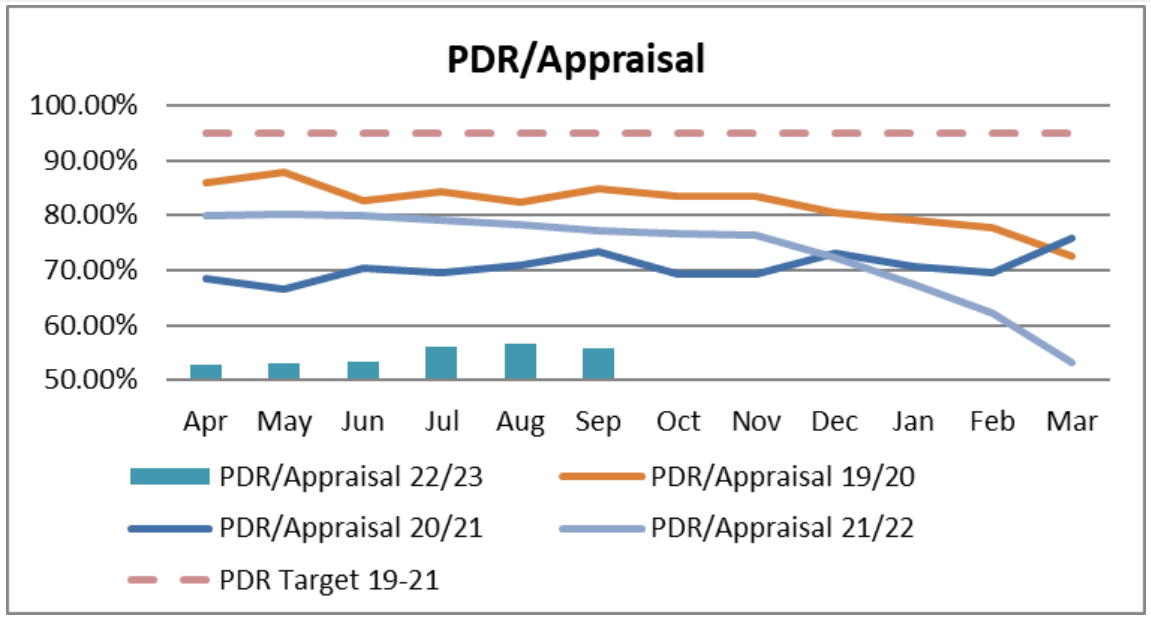
Division	% Annual Leave Taken
303 Corporate Directorate	47.04%
303 Covid-19 Division	48.72%
303 Division 1 - Patient Services	50.35%
303 Division 2 - Patient Support	49.62%
303 Division 4 - Estates and Facilities	53.91%
Trust Total	**49.95%**

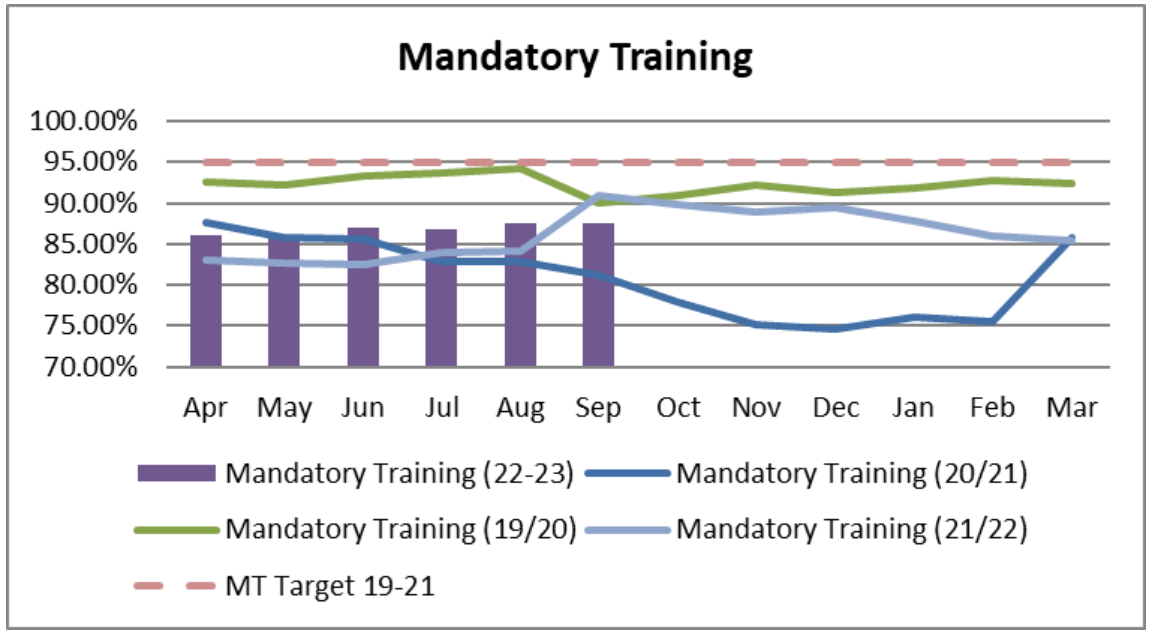
Staff Group	% Annual Leave Taken
Add Prof Scientific and Technic	48.53%
Additional Clinical Services	52.42%
Administrative and Clerical	50.77%
Allied Health Professionals	46.47%
Estates and Ancillary	53.72%
Nursing and Midwifery Registered	49.61%

8. Training & Education

Appraisals completions decreased by 0.62% to 55.88% in September and retains it's red status against the Trust target of 95%

Mandatory training increased by 0.02% to 87.54% in September, staying in the amber status against the Trust's target of 95%. This has declined since September 2021 that staff have been more than 90% compliant in this.





9. Workforce Experience & Engagement

Inclusion

Tracking of Disability Declaration rates (DDR)

DDR 2022				
Jan	Mar	June	Sept	Dec
4.0	5.2	5.3	4.3	

Engagement

Comparison of National Staff Survey (NSS) and National Quarterly Pulse survey (NQPS)

Results					
	People Pulse Quarter 2, 2022/2023	**People Pulse** Quarter 1, 2022/2023	**People Pulse** Quarter 4, 2021/2022	**ROH National Survey (NSS)** October – November 2021	**NSS National Results** October-November 2021
Overall Staff Engagement	**7.04**	**7.0**	**6.94**	**7.4**	**6.8**
Q1. I often/always look forward to going to work.	55%	54%	52%	58%	53%
Q2. I am often/always enthusiastic about my job.	**68%**	67%	65%	73%	67%
Q3. Time often/always passes quickly when I am working.	**68%**	68%	66%	70%	73%
Q4. There are frequent opportunities for me to show initiative in my role.	63%	66%	69%	76%	72%
Q5. I am able to make suggestions to improve the work team/department.	**67%**	66%	65%	75%	70%
Q6. I am able to make improvements happen in my area of work.	**59%**	59%	57%	58%	53%
Q7. Care of patients/service users is my organisations top priority.	**81%**	78%	79%	84%	76%
Q8. I would recommend my organisation as a place to work.	**68%**	66%	71%	74%	59%
Q9. If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.	**87%**	86%	87%	90%	68%

BOARD ASSURANCE FRAMEWORK

Risk Ref	Department	Executive Lead	Risk Statement	Risk category	Strategic Objective	Primary Assurance Body	Initial risk			Summary of Risk Controls and Treatment Plan	Assurance (Internal, Peer or Independent)	Controlled			Risk movement	Risk controls and assurances scheduled / not in place and associated actions	Completion date for actions	Target risk			Date risk reviewed
							Likelihood	Severity	Risk Rating (LxS)			Likelihood	Severity	Residual risk rating				Likelihood	Severity	Residual risk rating	
PATIENTS - there are currently no risks identified for escalation to the BAF for this section of the Risk Register																					
0																					
Covid-19 - 033	Workforce	Chief Executive	There is clear evidence that there is a disproportionate impact of COVID -19 on individuals who are from a BAME (Black & Ethnic Minority) background and those at higher risk due to age, gender, underlying health conditions and pregnancy ('vulnerable groups'). There is also evidence to suggest that BAME colleagues are less likely to speak up and raise concerns. There is a risk that BAME colleagues may unintentionally be placed at higher perceived/actual risk as they may not raise this. Additionally BAME staff and those deemed to be vulnerable may have higher rates of COVID related absence/illness.		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Risk assessments are currently being carried out for all BAME staff and those who fall into vulnerable groups 55% of the total number of BAE staff (297) have had a risk assessment and 82% of all staff with underlying health conditions. Managers have access to a briefing on how to effectively carry out risk assessments and additional support from HR Managers as required. Occupational Health providing support for any complex cases. There is ingoing corporate communications regarding the importance of risk assessment. The Trust achieved 100% compliance for the completion of risk assessments for BAME staff and /or those with underlying health conditions All managers are being reminded to undertake reviews of risk assessments for vulnerable staff and to undertake risk assessments with new/returning members of staff which has recently been underlined in a note to all staff around the need to undertake welfare meetings and revisit risk assessments where needed. The Trust is working with the system to develop a shared approach to embedding risk assessments into the employee wellbeing offer across BSol. Work across the system hasn't progressed in terms of having a shared risk assessment across BSOL. There is an electronic risk assessment which will be rolled out across the Trust by end of May 2021. System wide Risk Assessment Group now meeting. E J DaSilva running drop ins for ethnic minority staff to ask questions about vaccines to encourage uptake. Compassionate conversations happening as part of the mandatory vaccination programme with all colleagues who may be at greater risk due to ethnic background/underlying health conditions/no vaccination.	Report to Trust Board in July 20 on risk assessments; updates to Staff Experience & OD Committee; staff communication and 'Start of the Week messages	2	4	8	↓	September 2022 Associate Director of Workforce and OD: Current risk score reduced to 8 (2Lx4C) the Trust continues to carry out Tier 1 risk assessments for all staff to identify any mitigation which may reduce the impact of Covid 19. Propose this risk for closure.		2	4	8	Sep-22
WF24	Workforce	Chief Executive	There is a risk that sickness absence may increase as a result of staff exhaustion or emotional strain due to different working patterns and exposure to emotional or stressful situations during the Covid pandemic		Highly motivated, skilled and inspiring colleagues	Staff Experience & OD Committee	4	5	20	Sickness absence rates are monitored on a monthly basis through the operational workforce dashboards and on a weekly basis through the Board Scorecard on a weekly basis. HR managers have regular 121s with local managers to review key hr metrics, to pro-actively address any HR concerns and signposting/seeking support from Occupational Health and/or the staff counselling service as appropriate. Staff have accessing to a free EAP service and can self-refer to the staff counselling service and this is promoted through comms and via line managers regularly. The national and regional offers regarding staff health and wellbeing have been promoted to all staff including in house support from trained mental health first aiders. There has been regular communications encouraging staff to take annual leave where business needs allow. There is now a cycle of reporting outstanding annual leave to Execs by directorate and highlighting those areas where no leave has been taken so that there can be targeted conversations about wellbeing, capacity and resourcing The psychological support offer for staff is being reviewed across BSol in response to the NHS People Plan in addition to the provision of a confidential staff counselling offer and Employee Assistance Programme being provided by the Trust. There is system wide psychological support, health checks and psychological first aid training available to staff in addition to Trust level interventions and support. People Committee workshop in May 2021 will focus on supporting individuals with psychological wellbeing. Staff can now self-refer to counselling. Staff can also access support via EAP Vivup. Messages being reterated re staff annual leave and wellbeing day. HRMs working with divisional managers to support wellbeing and absence management. Deep diving into flagged areas where absence is high.	Weekly Board Scorecard Workforce Snapshot Data Intranet pages Communications briefings	4	4	16	↔	September 2022 - Associate Director of Workforce and OD: Report submitted to June SE&OD tro be reviewed.	Ongoing	2	4	8	Sep-22
PARTNERSHIP																					
PROCESS																					
770	Operations	COO	BAF and CRR Theatres' engineering plant is beyond its normal life expectancy and has a high risk of failure, with significant impact on clinical services.		Safe and efficient processes that are patient-centred	Quality & Safety Committee	4	5	20	This remains a very significant risk, and the likelihood of problems will increase as time goes on. Continued undertaking of maintenance where possible. April 2021 - Chief Operating Officer update: Phase 1 and Phase 2 of the theatre expansion programme have been handed over, the Trust have four additional operating theatres, however, activity is planned to increase beyond the current 12 theatre utilisation to 14. In relation to Theatres 1, 2 and 4 the risks remain unchanged. However, the consequence of failure is reduced as the 4 new theatres would be utilised for extended days and weekends in the event of failure to reduce the impact on patient cancellations. A significant risk still remains as the use of the 4 new theatres would not fully mitigate the consequence of failure in full. Full annual maintenance plan now in place commencing April 2022.	Estates maintenance schedule	4	4	16	↓	September 2022 Executive Chief Operating Officer update: 1st phase of Theatre maintenance was successfully completed in April 2022 (Theatres 5, 6 and 7 and Ward 2). Second phase was successfully completed in August 2022 (Theatres 9 and 10 and Ward 1). Further work scheduled for April 2023 (Theatres 11, 12, 14 and 15 and Ward 3), August 2023 (Theatres 3 and 8 and Ward 4) and November 2023 (Theatres 1, 2 and 4 and Ward 10/12). Risk will be reviewed with Director of Estates once work has been completed. Current risk score has been reduced to reflect work carried out to date to control the risk.	Jan-22	1	5	5	Sep-22

FP8	Digital	Exec Dir - F&P	There is a risk that the current IT capacity and functionality will not support the new ways of working developed during the Covid-19 response, such as virtual clinics, remote operation and videoconferencing		With safe and efficient processes that are patient centred	Finance & Performance Committee	4	4	16	Trust use of thin clients and virtual desktop, with the addition of 80 mobile devices, allowed rapid remote access for 567 staff to work from home. Initial widespread use of Loopup videoconferencing and teleconferencing supported internal and external meetings. Business case for VDI hardware replacement proposal approved by the Executive Team on 27 October 2020. The new thick clients will strengthen the capability of the Trust's IT capability to support technology for videoconferencing and to maximise the functionality of Office 365. Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing is continuing prior to the connection of the primary line.	Finance & Performance Committee	2	4	8	↔	January 2022 - Executive Director Finance and Performance update: Whilst most remote consultations have been done by phone, Video Conferencing is being piloted in Pain Management, MSK, Therapies, Foot and ankle and expected to be adopted much wider across the Trust. Attend Anywhere is the application being used (funded centrally for 12 months with a £20k grant to purchase appropriate equipment). Moreover, the Trust has now purchased laptop and desktops as part of the thin client replacement project. Rollout will continue into 21/22. The trust is also part of wider system working around video consultation and new solution is due imminently Additionally, the HSCN line into the Trust is being upgraded. The secondary line has now been replaced and testing will continue prior to replacement of the the primary line. March 2022 - Update: Trust now moving forward with Solution from Doctor Dr which will be provided through Clnical Portal. Web-based version available to use during interim. June 2022: DoctorDr development is continuing HSCN line has been replaced. **September 2022 - Executive Director Finance and Performance has suggested that this risk be removed from the BAF as this is now business as usual.**	Apr-21	2	3	6	Sep-22
OP4	Operations	COO	There is a risk of increased virus transmission and reproduction rates, leading to further waves of the Covid-19 pandemic creating operational pressures in the hospital		Performance, People, Process, Partnerships and Patients	Trust Board	5	4	20	Flow & Cohorting and Testing & Scheduling processes have been implemented agreed Standard Operating Procedure and protocols implemented to minimise the transmission to staff and patients. Operational pathways have been reviewed to implement revised ways of working. Risk Assessments have been completed in all areas of the hospital and changes are in place to ensure staff safety whilst at work, ongoing assurance and monitoring provided at Trust Quality and Safety Committee. Two pathways have been implemented to minimise the transmission of Covid 19. Protected Patient Pathways and a Risk Managed Pathway. The pathways are monitored through the three daily site office meetings. There is continued dialogue between PHE / Microbiology with learning from any outbreaks embedded in ongoing practice. Increase in performance in national vaccine rollout. National and local reduction in infection rates. High proportion of staff have had both vaccinations. Patients clinically triaged as part of pre-operative assessment vaccination status discussed with patients.	Papers from Executive Assurance Group; Recovery and Restoration presentation to Quality & Safety Committee and Finance & Performance Committee	2	4	8	↔	September 2022 Executive Chief Operating Officer update: Current risk score was reduced in June 2022 to meet target risk score, however local guidelines have been reduced, wearing of masks in non-clinical areas is no longer necessary and patients no longer carry out lateral flow/PCR tests prior to surgery. We have seen an increase in Covid cases locally which has impacted operationally. Risk to remain open coming into Winter months. No outbreaks have been reported since new guidance has been implemented.	Ongoing	2	4	8	Sep-22
OP6	Operations	COO	There is a risk that there will be insufficient capacity to handle the activity from the new services being handled by the Trust as part of the restoration and recovery phase		Delivered by highly motivated, skilled and inspiring colleagues and Safe, efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	All 12 theatres operational. Phase 2 Theatre/Ward Expansion installed and scheduled to be commissioned by December 2020 adding two more theatres and an additional 8 beds on Ward 4. Bid for second MRI scanner to support Trust/System wide diagnostics approved and planning permission received. Enabling works commenced to increase ultrasound capacity in the imaging department. Additional mobile MRI 'van days' have been secured to maintain MRI activity and an increase in interventional/ CT capacity by providing extra lists Conversion of Ward 11 into an Adult ward or to increase pre operative assessment capacity. Theatre look back meeting re-instated to monitor any incident raised on a weekly basis. Theatre allocation reviewed monthly to monitor the delivery of the level 2/3 patients. 864 meeting will monitor theatre utilisation weekly. The repatriation of hand and ambulatory trauma back to UHB has been agreed with effect from 5 July 2021. Ongoing system support continues including support for Robert Jones Agnes Hunt.	Recovery and restoration update to Quality & Safety Committee and Finance & Performance Committee; demand and capacity analysis to Finance & Performance Committee	4	4	16	↓	September 2022 Chief Operating Officer update: ROH has now taken an additional 1000 patients from UHB as part of mutual aid support to provide quicker access for patients within the BSol region and to equalize the waiting lists across the system. Capacity remains stable and UHB patients are being scheduled within ROH theatre capacity, which remains.	Ongoing	2	4	8	Sep-22
1298	Finance & Performance	Exec Dir - F&P	BAF AND CRR There is a large and increasing growth in the number and type of malicious attempts to disrupt IT systems and hold organisations to ransom. The Trust is vulnerable to a cyber attack due to the following:- 1.Lack of patching and monitoring 2.Presence of unsupported Systems 3.Poor access and password audit and management 4.Inadequate and untested incident management and disaster recovery processes 5.Poor cyber security user awareness and training.		Safe, efficient processes that are patient-centred	Finance & Performance Committee	5	4	20	The number of risks notified by CareCert each week means that significant effort is required across servers, networking and project teams. Many of these activities are not being actioned due to other priorities. Only High risk items from CareCert will be actioned from now on. Contractor Cyber Security Officer just been appointed at Band 6 for 3 months, so some progress to be made shortly with outstanding tasks. Process implemented to patch corporate windows servers monthly. Further work planned to extend the type of patches installed and the range of operating systems patched (IOS, Cisco, Intel, Linux etc.). Currently talking with 3rd party suppliers (GE, Philips, Siemens, Omnicell) to agree a process for patching their servers and/or isolating them from the corporate network.	IM&T programme board papers Presentation from CORS team to Audit Committee Audit Committee minutes Information Governance Group minutes	4	4	16	↔	March 2022 Executive Director Finance and Performance update: Full update on Cyber Security prepared and submitted to Finance & Performance Committee on March 26th. Improving Cyber Security Resilience Report has been prepared to provide assurances on critical controls to reduce the risks of ransomware and denial of service attacks as recommended by NCSC. June 2022: Further work continues re DSP toolkit, Cyber Security Consultant has been employed to develop Trust's plans.	Ongoing	2	4	8	Jun-22

1719	Finance & Performance	Exec Dir - F&P	Operation SAWMILL - Apache Foundation Log4j 2 vulnerability - CVE - 2021 44228 - Log4j -is one of the most common tools for sending text to be stored in log files and/or databases. It is used in millions of applications and websites in every organization all across the internet. For example, information is sent to keep track of website visitors, note when warnings or errors occur in processing, and help support teams' triage problems. Summary - Log4Shell is an actively exploited remote code execution vulnerability in the open-source Log4j 2 logging library. Log4j is used in numerous Java applications and is present in many services as well as a wide range of cloud services. Widespread usage of Log4j- Log4j is tracked as a dependency in at least 1800 unique code libraries and projects, many of which are then integrated into cloud services and enterprise applications.		Safe and efficient processes that are patient-centred	Finance & Performance Committee	4	4	16	Remediation task update : Objective : Assess and identify ROH systems/apps impacted by this vulnerability and remediate ASAP. Remediation tasks are currently divided into following categories: IT Data Centre Core System/Apps - centrally managed by IT This is work in progress . Most of the impacted systems, products and services have been mitigated against this vulnerability in the last week. There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments IT managed user system/apps- centrally managed by IT This is work in progress . Latest report identifying devices with log4j 2 vulnerability from ITH dashboard is being used by IT team to update the horizon view client to 2111without vRealise Ops - CS, DB There is also a spreadsheet which is being maintained by security team detailing systems/apps being managed by IT and ROH departments Non-IT managed user system/apps- managed by individual departments This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also a spreadsheet which is being maintained by secuirty team detailing systems/apps being managed by IT and ROH departments Digital Suppliers - ROH Clinical Apps This is work in progress . Security team are engaging with system owners , system admins and vendors to identify, mitigate , and update affected products There is also an ROH clinical systems and apps spreadsheet which is being maintained by secuirty team and updated daily.	IMT Programme Board	4	4	16	↔	Risk was added to BAF in January 2022. June 2022 Executive Director of Finance update: Last few servers and end point devices are currently being patched (we have reached 99% completion). These are rather complex remaining ones but we are planning to complete these by the end of the month.	Ongoing	2	3	6	Jun-22
PERFORMANCE																						
1089	Operations	COO	BAF and CRR REFRAMED RISK: The Trust fails to meet the national target of treating 92% and patients waiting 52 weeks increases creating significant delays in patient treatment and as a result of cessation of elective activity mandated as part of the national response to the Covid-19 pandemic		Delivering exceptional patient experience and world class outcomes	Finance & Performance Committee	5	5	25	The March Referral to Treatment position closed at 58.27% against the National Compliance target of 92%. There are 142 patients over 52 weeks. All of these patients are category 4 priority level. Patients waiting in excess of 52 weeks are all going through the Trust harm review process. All patients in this category are being contacted and regularly reviewed by their clinical teams on a monthly basis. Refreshed post-Covid Trajectory is being developed in line with the system backlog reduction working group is monitored by the Finance & Performance Committee monthly. Delivery of restoration and recovery plans as part of the wider system for P2 and P3 elective operating. Progression of second MRI Scanner - due to be operational August 2021. Phase two of theatre expansion delivered December 2020 - 14 theatres operational from 19 April 2021. Continued transformation of Outpatients services maximising the digital opportunities. Ongoing system working for elective orthopaedics for P2, P3 Weekly Elective Care Board in place to monitor and track performance. Restoration and recovery plans now business as usual. All 14 theatres operational and scoping three session days and weekend working. Jan 21 continued monitoring of PTL to ensure delivery of P2/3 procedures in line with RCS guidance and specialty level /harm review process instigated where appropriate	Weekly update to Exec Team & Ops Board; monthly finance overview	5	4	20	↔	September 2022 Chief Operating Officer update: September RTT changed as the Trust accepted 1000 patients from UHB, at end of Novembner for support, as part of BSol ICB mutual aid agreement. The impact of this has been a decrease of 8% against overall performance for the Trust. 52 week patients increased from 13 to 456 and performance is currently at 65.96%. A large number of the cohort of patients transferred from UHB to ROH have currently been waiting over 52 weeks for their 1st appointment which means waiting lists at ROH have increased significantly and patients at ROH will be further delayed. Current risk score is now above the the identified risk score due to system pressures and increased risk to patients.	Ongoing	3	3	9	Sep-22
CE1	Corporate	Chief Executive	Current Financial Modelling suggests that the Trust (and ICS) has a significant run-rate pressure over the next four years		With safe and efficient processes that are patient centred	Trust Board	5	4	20	The ICS has identified a signifiacnt run-rate pressure from 2022 onwards Further work is being undertaken by each Provider to understand the nature of their individual pressure, and the degree to which this is being generated by an expected reduction in Income post COVID, an increase in the cost base of delivering services post COVID, increased costs of service restoration and backlog reduction, or a combination of all of these things. Additionally the ROH is leading system work on the MSK pathway in prepartion for the production of a case-for change document. Further detailed planning work is being undertaken by each provider and is cooridnated through the ICS. A system Investment Committee is being stood up to review investment decisions across providers, and further work around producutivity , efficiency an sustainablity, as well as service transformation is planned The ICS CFOs have commissioned PWC to undertake some intial work for the creation of a unit to spefically support Trusts in reducing the current identified gap.	FPC reports; Board approval for cash borrowing; Finance & Performance overview; 'Perfecting Pathways' update	4	4	16	↔	September 2022 Executive Director Finance and Performance update: After receipt of additional national allocation, both the Trust and System have submitted balanced financial plans. However, given a significant amount of funding is linked to Elective Recovery, there is a significant amount of risk in delivery. There is still a significant underlying deficit for the Trust and System.		3	4	12	Sep-22
CE2		Medical Director	There is a risk of clinical harm due to longer waiting times for treatment following the Covid pandemic resulting in sub-optimal clinical outcomes, reputational and financial loss		Safe and efficient processes that are patient-centred	Trust Board	3	4	12	Harm Prevention Framework designed Summer 2021 Harm Prevention Tracker in use from January 2022 > mitigates risk by identifying clinical priority of patients listed for surgery		3	4	12	↔	June 2022: this risk has also been discussed in Division 1 Governance. Spinal CSL has met and discussed the risk with Deputy Medical Director and Spinal CSM and this risk has now been removed from Division 1 Risk Register. Risk and Policy Officer has requested assurances from Spinal CSM. September 2022 Medical Director update: Clinical priority continues to be tracked and fed back to clinical units monthly as well as clinicians. Tracked at CSL meetings and Executive Quality and Safety meetings. Inpatient clinical priority wait continues to be balanced against RTT associated risk and wider system contribution to improving accedss and mutual aid. New parallel measures being put in place as ROH takes on 1000 patients from UHB maintaining the facility for no and mild harm to be overseen and managed with clinical units and individual clinician level, with the requirement and mechanism to escalate moderate or severe harm.		2	4	8	Sep-22

RISK CATEGORIES

- Financial health and sustainability
- Clinical excellence
- Patient safety
- Patient experience
- Workforce capacity, capability and engagement
- Systems, information and processes
- Regulatory compliance and national targets
- Equipment & estates
- Strategy and system alignment
- Reputation and brand

UPDATED: SEPTEMBER 2022

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Notice of Trust Board Meeting in Public on Wednesday 7 December 2022

The next meeting of the Royal Orthopaedic Hospital NHS Foundation Trust NHS Trust Board will take place on Wednesday 7 December 2022 in the Boardroom, Trust HQ commencing at **0830h**.

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

Questions for the Board should be received by the Trust Board Administrator no later than 24hrs prior to the meeting by post or e-mail to: Trust Board Administrator, Claire Kettle at the Management Offices or via email claire.kettle@nhs.net.



Tim Pile

Chair

The Royal Orthopaedic Hospital NHS Foundation Trust

TRUST BOARD (IN PUBLIC)

Venue Boardroom, Trust Headquarters **Date** 7 December 2022: 0830h – 1215h

Members attending

Mr Tim Pile	Chair	(TP)
Ms Simone Jordan	Vice Chair & Senior Independent Director	(SJ)
Mr Richard Phillips	Non Executive Director	(RP)
Prof David Gourevitch	Non Executive Director	(DG)
Mrs Gianjeet Hunjan	Non Executive Director	(GH)
Mr Les Williams	Non Executive Director	(LW)
Ms Ayodele Ajose	Non Executive Director	(AA)
Mrs Christine Fearns	Non Executive Director	(CF)
Dr Ian Reckless	Non Executive Director	(IR)
Mr Matthew Revell	Executive Medical Director	(MR)
Mr Steve Washbourne	Executive Director of Finance	(SW)
Mrs Marie Peplow	Executive Chief Operating Officer	(MP)
Prof Phil Begg	Executive Director of Strategy & Delivery	(PB)
Mrs Nikki Brockie	Acting Executive Chief Nurse	(NB)

In attendance

Mrs Sharon Malhi	Chief People Officer	(SM)	
Mr Ashleigh Tullett	Head of Clinical Governance & Assurance	(AT)	[Item 9]
Mr Simon Grainger-Lloyd	Director of Governance	(SGL)	[Secretariat]

TIME	ITEM	TITLE	PAPER	LEAD
0830h	1	Patient story	ROHTB (12/22) 001	TBC
0850h	2	Apologies – Jo Williams	Verbal	Chair
	3	Declarations of Interest *Register available on request from the Director of Governance*	Verbal	Chair
	4	Minutes of Board Meeting held in Public on 2 November 2022: *for approval*	ROHTB (11/22) 023	Chair
	4.1	Actions from previous meetings in public: *for assurance*	ROHTB (11/22) 023 (a)	SG-L
0855h	5	Questions from members of the public	Verbal	Chair
0857h	6	Chair's and Chief Executive's update: *for information and assurance*	ROHTB (12/22) 002 ROHTB (12/22) 002 (a)	TP/SGL
0905h	7	Update on supporting staff with financial wellbeing: *for assurance*	ROHTB (12/22) 003 ROHTB (12/22) 003 (a)	SM
0915h	8	CQC Inpatient survey results: *for assurance*	ROHTB (12/22) 004 ROHTB (12/22) 004 (a)	NB

0930h	9	Implementation of the Patient Safety Incident Response Framework: *for assurance*	ROHTB (12/22) 005 ROHTB (12/22) 005 (a)	AT
0945h	10	'Flu vaccination update: *for assurance*	ROHTB (12/22) 006 ROHTB (12/22) 006 (a)	NB
MATTERS TO BE TAKEN BY EXCEPTION ONLY				
0950h	11	Upward assurance reports: • Finance & Performance Committee • Quality & Safety Committee • Staff Experience & OD Committee • Charitable Funds Committee	ROHTB (12/22) 007 ROHTB (12/22) 008 ROHTB (12/22) 009 ROHTB (12/22) 010	
1010h	12	Performance reports: *for assurance* • Finance & Performance • Quality & Safety • Workforce	ROHTB (12/22) 011 ROHTB (12/22) 012 ROHTB (12/22) 013	
BREAK				
CONFIDENTIAL SESSION				
1030h	13	Exclusion of the press and public	Verbal	Chair
	Date of next meeting: Wednesday, 1 February 2022 @ 0900h			

Notes

Quorum

(i) No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and members (including at least one member who is also an Executive Director of the Trust and one Non-Executive Director) is present.

(ii) An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

(iii) If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

ATTENDANCE REGISTER – UPDATED TO NOVEMBER 2022

MEMBER	ATTENDANCE										TOTAL
	6/4/2022	4/5/2022	1/6/2022	6/7/2022	7/9/2022	5/10/2022	2/11/2022	7/12/2022	1/2/2022	1/3/2022	
Tim Pile (Ch)	✓	✓	✓	✓	✓	✓	✓				
Kathryn Sallah	✓	✓	✓	✓	✓						
Christine Fearns					✓	✓	✓				
Richard Phillips	✓	✓	✓	✓	✓	✓	✓				
David Gourevitch	**A**	✓	✓	**A**	✓	**A**	✓				
Simone Jordan	✓	✓	✓	✓	✓	✓	**A**				
Gianjeet Hunjan	✓	✓	✓	✓	✓	✓	✓				
Ayodele Ajose	✓	✓	**A**	✓	✓	✓	✓				
Les Williams	✓	✓	✓	✓	**A**	✓	✓				
Ian Reckless						✓	✓				
Jo Williams	✓	✓	✓	✓	✓	✓	✓				
Matthew Revell	✓	✓	✓	✓	✓	✓	✓				
Garry Marsh	✓	✓	✓								
Nikki Brockie			✓	**A**	✓	✓	**A**				
Phil Begg	**A**	✓	✓	✓	**A**	✓	✓				
Marie Peplow	✓	✓	✓	✓	✓	✓	✓				
Stephen Washbourne	✓	✓	✓	✓	✓	✓	✓				
Sharon Malhi	✓	**A**	✓	✓	✓	✓	✓				
Simon Grainger-Lloyd	✓	✓	✓	✓	✓	✓	✓				

KEY:

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